

# 1026 Release Notes

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## Release 16.2.0 - February 3, 2026

### New features | Resolutions

## Highlights

### New Features

#### New Interface Automations

## New features

### New Interface Automations

Our CollaborateMD interface provides a powerful bridge to automatically create patients, appointments, and claims in the CMD application via interface messages (ADT, SIU, DFT). Previously, after a patient appointment or claim was received & created via the interface, users still had to perform manual work such as checking eligibility, reviewing/scrubbing claims, or address verification. Powerful add-on features like Eligibility, Claim Scrubbing, and Address Verification had to be used either through a separate integration with our WebAPI (for Eligibility only) or manually in the application. In this release, these actions can now be automated to occur as soon as the claim, patient, or appointment is received. For more information visit our [Manage Interface Automations](#) Help Article.

We added the following new automations that can be enabled and configured within the services section for Auth Reps:

#### Eligibility Interface Automation

We created 2 new eligibility settings to allow eligibility to be automatically checked when a patient, appointment, or claim is created via the interface:

- **Automatically check eligibility when an appointment or claim is created over an Interface?**
  - Select **Yes** if you want an automatic eligibility check when creating an appointment or claim, from an SIU or DFT message received via the interface.
- **Automatically check eligibility when a patient is created or updated over an Interface?**
  - Select **Yes** if you want an automatic eligibility check when creating a patient from an ADT message received via the interface.

## Eligibility for Customer #10001911 - COLLABORATEMD

*This service is included in your account's price plan*

Enable eligibility checking

### Eligibility Settings

Automatically check eligibility when saving appointment?

Yes  No

Automatically check eligibility when an appointment or claim is created over an Interface?

Yes  No

Automatically check eligibility when a patient is created or updated over an Interface?

Yes  No

Limit automatic eligibility checking to:

Once Every 30 Days

Show user an alert if they lack permissions to check eligibility when saving an appointment that otherwise would have run eligibility automatically?

Yes  No

Save

Copy Configuration

Cancel

For more information visit our [Manage Real-Time Eligibility Help Article](#).

## Claim Scrubbing Interface Automation

We created a new claim scrubbing setting to automatically review claims created via the interface:

- **Automatically review and scrub new claims as they are entered through an Interface?**
  - Select **Yes** if you want to automatically scrub new claims created from a DFT message received via the interface.

## Claim Scrubbing for Customer #10001911 - COLLABORATEMD

*This service is included in your account's price plan*

Enable Claim Scrubbing

### Claim Scrubbing Settings

Specialty

Dermatology

Automatically scrub new claims as they are entered in through the claim section?

Yes  No

Automatically review and scrub new claims as they are entered through an Interface?

Yes  No

Automatically scrub existing claims when coding changes are made?

Yes  No

Only perform automatic claim scrubbing for claims that contain more than one charge?

Yes  No

Exclude procedure codes marked as Retail or Other Medical from the code scrubbing process?

Yes  No

Save

Copy Configuration

Cancel

For more information visit our [Manage Claim Scrubbing Help Article](#).

## Address Verification Interface Automation

We created a new Address Verification setting to automatically scrub addresses when creating/editing a patient record via the interface:

- **Automatically scrub addresses when the above changes are made via Interface?**
  - Select **Yes** if you want to automatically scrub addresses (based on your pre-selected options) when creating or editing a patient record from an ADT/DFT message received via the interface.

Address Verification for Customer #10001911 - COLLABORATEMD

*This service is included in your account's price plan*

Enable Address Verification

**Address Verification Settings**

Automatically scrub the following when changes are made:

Patient Address  
 Insured Address  
 Guarantor Address  
 Statement Recipient Address  
 Payer Address

Automatically scrub addresses when the above changes are made via Interface?

Yes  No

**Save** **Copy Configuration** **Cancel**

For more information visit our [Manage Address Verification Help Article](#).

## Coming Soon - Patient Estimates Interface Automation

The ability to automatically generate patient estimates upon appointment or claim creation via the interface will be added soon!

## Resolutions

### Claim Control for Large Batches

We resolved an issue within Claim Control that could prevent users from changing the status of more than one thousand claims at once. This action would cause a "Maximum call stack size exceeded" console error when updating the claim status. With this new update, when a user updates claim statuses, it is performed in batches of 1,000 and pre-selects all the remaining claims that exceed 1000 after the initial claim status

update. If more than 1,000 claims are selected for saving, a modal will appear stating: "Only 1,000 claims can be saved at once. After the save is complete, the remaining X claims will be selected in the table and can then be saved." Following the save, the selections in the table will be updated accordingly.

## Intelligent Claim Rejections Enabled by Default

The Intelligent Claim Rejection feature was enabled for most customers, but an issue prevented its automatic enablement for new submitters. This issue marked the submitter in CMD with the feature turned on without changing the submitter request sent to ePS. In this release, we corrected this issue to ensure that submitter registrations sent to ePS turns this feature flag on.

## Intelligent Claim Rejections Enabled by Default

In this release, we corrected some appointment reminder issues where some appointments were not sent and others had expired confirmation tokens. This issue was causing the confirm & cancel links in the appointment reminder to stop working after an additional reminder was sent to the patient.

As part of this release, we are continuing our ongoing work to assess, monitor, and address any security vulnerabilities.

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## Release 16.1.0 - January 20, 2026

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### Enhancements

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## Highlights

### Enhancements

New "To Date" Optional Column

New ERA Warning when Patient Name Doesn't Match

## Enhancements

### New "To Date" Optional Column

We have always displayed the "From" Date (Date of Service) as a column in our Claim Control, Claim Tracking, and Follow-Up Management tables. This represents the first date of service on the claim. Customers who treat patients for extended periods (especially those using Institutional claims) could not view the complete range of service dates in these tables. In this release, we added the "To" Date

representing the last date of service on the claim) as an optional, hidden-by-default column.

**Select Columns**

Available Columns		Visible Columns
First Billed Date	+	Check
Last Billed Date	+	Claim #
Follow Up Date	+	DOS
Patient #	+	Patient
Billing Provider	+	Primary Payer
To DOS	+	Review Status

**Done**

## New ERA Warning when Patient Name Doesn't Match

A new ERA Warning has been implemented for instances where the patient's first or last name on the ERA EraClaim.plast and EraClaim.pfirst) does not match the name recorded in our application. The warning message, "Warning: The patient name as sent by the payer does not match your records," will alert users to this discrepancy.

As part of this release, we are continuing our ongoing work to assess, monitor, and address any security vulnerabilities.

## Release 16.0.0 -January 5, 2026

### Enhancements

## Highlights

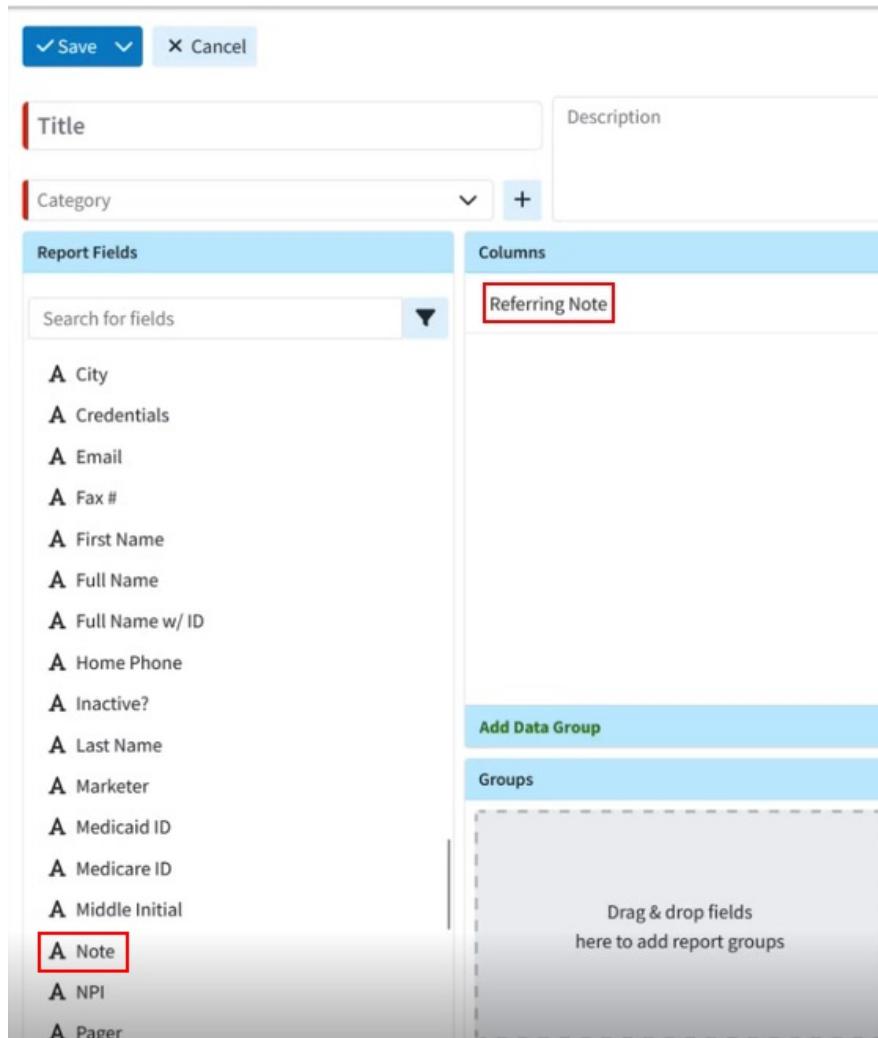
### Enhancements

- New Referring Provider Note Report Field
- New Optional Columns in Claim Control & Follow Up Management
- ERA Claim-level Payments Now Evenly Applied

## Enhancements

### New Referring Provider Note Report Field

In this release, we added a new report field for the Referring Provider's Note text field. This new report field (available under Referring Data) is useful for recording various information. For example, users can note the name of the facility a referring provider is from, allowing them to report on the number of lab samples received from each facility.



The screenshot shows the configuration interface for a new report field. At the top, there are 'Save' and 'Cancel' buttons. Below them are fields for 'Title' and 'Description', and a 'Category' dropdown with a '+' button. The main area is divided into 'Report Fields' and 'Columns' sections. The 'Report Fields' section contains a search bar and a list of fields starting with 'A' (City, Credentials, Email, Fax #, First Name, Full Name, Full Name w/ ID, Home Phone, Inactive?, Last Name, Marketer, Medicaid ID, Medicare ID, Middle Initial, Note, NPI, Pager). The 'Columns' section shows a single field named 'Referring Note' with a red border. At the bottom, there are buttons for 'Add Data Group' and 'Groups', and a dashed box for dragging fields to add report groups, with the text 'Drag & drop fields here to add report groups'.

## New Optional Columns in Claim Control & Follow Up Management

Some customers use the **Account Type** and **Reference #** fields in CMD to store information that does not live elsewhere in the application. While integrating fields for workflows across different specialties would be a deal-breaker, many customer issues can be resolved by allowing them to view this information in various places. In this release, we added these two columns as optional (not visible by default) in both Follow Up Management and Claim Control.

Available Columns		Visible Columns
Last Claim Status	+	Checkbox
Check		Alerts
Insurance Payments	+	Claim #
Patient Payments	+	Patient Name
Patient Account Type	+	DOS
Patient Reference #	+	Current Payer

**Done**

## ERAs Claim-level Payments are Now Evenly Applied

Some payers (particularly for institutional claims) send only a claim-level payment rather than line-item payments. Previously, our system applied these payments by distributing as much of the paid amount on each charge as possible, and then as much of the adjusted amount on each charge as possible, resulting in uneven claim application, and requiring users to manually correct the ERAs for institutional claims. With this release, these payments will now be applied evenly.

As part of this release, we are continuing our ongoing work to assess, monitor, and address any security vulnerabilities.