2026 Release Notes

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 b 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, fror 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.

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.

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.

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 in initial claim status

update. If more than 1,000 claims are selected for saving, a modal will appear stating: "*Only 1,000 claims ca* *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.

Release 16.1.0 - January 20, 2026

Enhancements

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.

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
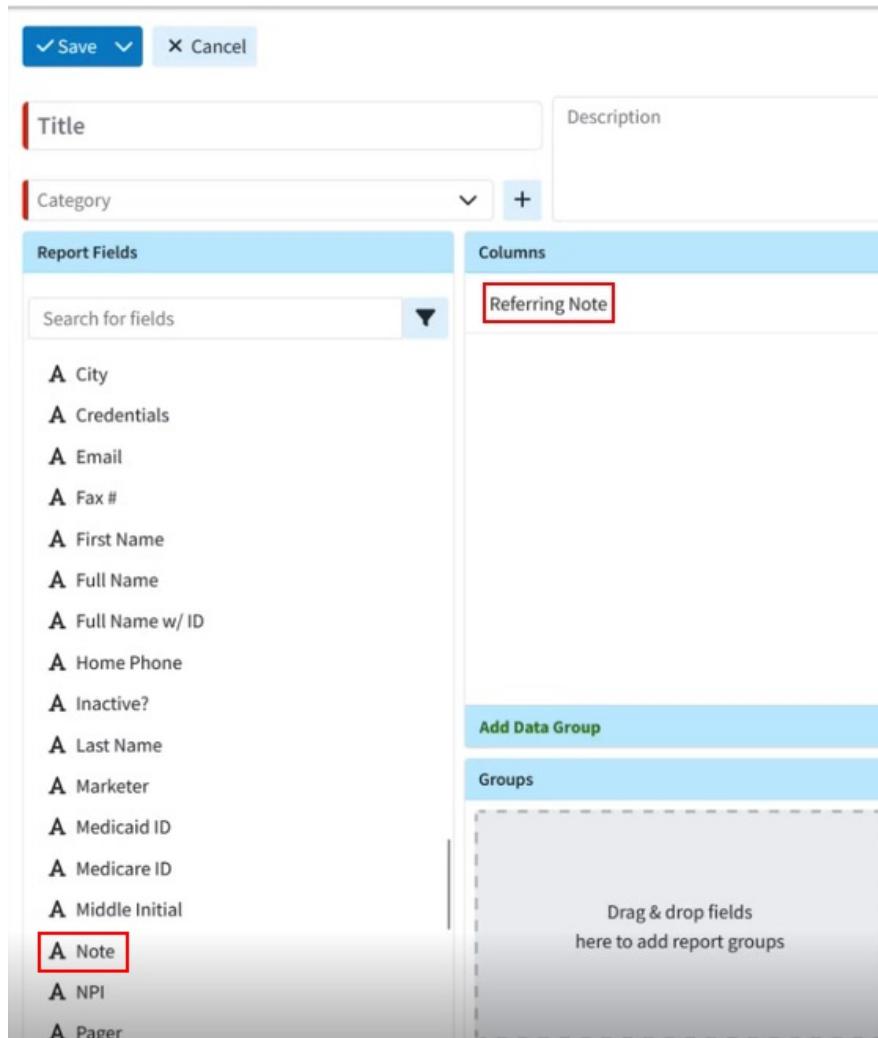
Enhancements

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.

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 fit elsewhere in the application. While integrating fields for workflows across different specialties would be ideal, 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.

Select Columns

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

Done

ERA 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.