Release 16.5.0 - March 16, 2026

New features | **Enhancements| Resolutions**

Highlights

New Features	Enhancements
New Plan Name Details Within the Eligibility Plan Number	ERA Name Mismatch Warning Will Now Ignore the Middle Name

New features

Eligibility Will Now Show Extra Details Within the Plan Number

This item has been delayed due to a bug but will be released soon.

When an eligibility response is received, the "**Plan Number**" field, located under the "Subscriber/Plan Information" tab, previously displayed only the plan number. This number is the unique identifier assigned by the payer to a specific insurance plan, helping the customer distinguish which of the many available plan patient has. It is used to identify the precise benefits, coverage, and cost-sharing amounts associated with the patient's policy.

Accurately identifying a patient's plan is important for any practice, but it is critical for California IPA plans. In California, Independent Physician Associations (IPAs) are often tied to specific medical groups and PCP networks. The plan number acts as a code to identify the exact health plan and managed care plan network, which directly dictates patient benefits, PCP assignment, and required authorization procedures for services. When we receive an eligibility response message, it sometimes includes an additional segment with the name of the Group, Plan, or Network associated with the plan number.

In this release, when the eligibility response message includes an additional segment with the group, plan, or network name, we will now include the plan name when it is provided with the plan number in the response. This will assist practices that handle California IPAs by offering an additional reference point to minimize errors.

Enhancements

ERA: Name Mismatch Warning Will Now Ignore The Middle Name

When reviewing an ERA, if a patient had a mismatched middle initial, the system would always display the "Name Mismatch" warning. This scenario could occur if the ERA and CMD records have a discrepancy in the middle initial, such as one record including it while the other does not, or if the initials themselves differ.

The purpose of this warning is to identify instances where the payer may have a completely different patient. A missing middle initial is not critical and was generating numerous warnings for correct patients due to unmatched or missing initials.

In this release, we updated this process to no longer show this warning based on the middle initial. Instead, will only check if the first and last name do not match, regardless of whether the middle initial is present. This will reduce the time spent reviewing unnecessary warnings.

Resolutions

Missing Tooltip in Dashboards

A bug affecting the A/R Dashboards has been fixed. The bug, introduced in the last release, prevented the over-over feature from displaying the amount represented by a bar or graph point. This functionality has been restored.

Copy Configuration Issues Within Claim Scrubbing

When an authorized representative adds additional services, particularly for billing service customers, they can copy existing service configurations of certain services from one customer to another. This feature is crucial for billing services that frequently onboard new customers, as it significantly reduces data entry and setup times.

The problem was that the copy configuration feature was not working correctly for the "Claim Scrubbing" feature. When Copy Configuration was used for claim scrubbing, the selected specialty was not set up correctly, and the Aptarro submitters were not set up for the enabled customers.

In this release, we corrected this issue so that when the "Copy Configuration" option is used, the system copies and displays the selected specialty and registers the required submitters with Aptarro.

Copy Configuration Issues Within Interface Automation Settings

We also corrected an issue where, the copy configuration option was not working for interface automation settings. This meant that when copying the configuration to other customers, applicable interface automation settings, within features such as address verification and eligibility, were not being copied over.

In this release, we resolved this so that if there are any interface automation options selected, they are also copied over as part of the process.

Address Verification for Customer #10001911 - COLLABORATEMD

ℹ *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]

Claim Tracker: Mark as Fixed Issue

We also corrected an issue stemming from our 16.3 release, where Claim Tracker inconsistently marked some rejections as fixed. When checking the claim-level checkbox next to a claim without expanding it in Claim Tracker, the row would remain checked, but the "Mark as Fixed" and "Task" options would remain grayed out or unavailable. This was causing issues by selecting (checking) "Mark as Fixed" at the claim level instead of the issue level.

Global Period Alert Issue

The Global Period alert ensures the correct modifiers are used for post-surgery procedures. These procedure codes typically have a follow-up period during which charges for normal post-operative care are bundled into the global surgery fee. Therefore, when a claim is saved with a Date of Service (DOS) that falls within the global period of a code on a previous claim, the Global Period alert will appear to warn the user.

In this release, we fixed an issue where the global period alert was not appearing as expected under specific circumstances where, based on the modifier, it should have triggered the alert. We corrected the issue, and the feature now activates when any relevant modifiers are used.

Report Performance Improvements

A change was implemented in our report processor to significantly improve the performance of certain reports, depending on the filters used. Due to the nature of this change, it is difficult to predict which specific reports will experience performance improvements, but we should see better overall performance. It is important to note that this enhancement does not target a specific slow report. Instead, it addresses a pattern of report slowness issues observed within the application environment.

"Find a Time" Option Issue Within the Scheduler

We corrected an issue where the "Find a time" feature in the appointment scheduler did not consider appointment blocks. Appointment blocks are intended to prevent appointments from being scheduled within the blocked time. However, the "Find a time" feature was providing a list of available appointment

lots that included times that should have been blocked.

This issue has been resolved in this release, ensuring that the appointment time-slot list provided via the "Find a time" option does not show appointment slots within blocks that disallow appointments.

Updated Sending All Charges to Secondary Payer After a Payment

Previously, several changes and updates were implemented to ensure all charges are sent to the secondary payer after a primary payer payment. Although this is correct when there are other unpaid charges on a claim, it caused the system to send claims to the secondary payer even when all charges had been paid. In these scenarios, the secondary payer would have no action to take because the charges had already been paid by the primary. The secondary payer would then issue a $0.00 payment, rendering the claim submission inefficient.

In this release, we updated the system to ensure claims are not sent to the secondary payer if all charges are paid. This update will only send charges to the secondary payer if at least one charge has a balance greater than zero dollars ($0.00).

Family Statements: Printing Issue

When printing family statements, selecting "Family Statement" from the master account will generate a statement (Enhanced or Plain Text) for the entire family. However, if printing from a dependent's account with the "Family" option selected, only that dependent's statement will be printed.

In this release, we updated the system so that a family statement can now be printed from the dependent's account. This eliminates the need for users to switch to the master account to print a family statement.

Fee Schedule: Round Prices Up to The Next Whole Dollar Option Not Working

In this release, we updated the option to round prices to the next whole dollar amount (available when updating prices), which was previously not working correctly. With this update, when selecting the "Round prices up to the next whole dollar amount" option, procedure prices will now be correctly rounded up.

Copay Credits Applied to Incomplete Claims

When copays are configured to auto-apply to claims created via interfaces, they should never auto-apply to incomplete claims. We previously found some instances where this occurred, so in this release, we updated the process to prevent copay credits from being auto-applied to claims with an incomplete status.

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