

Release 16.11.0 - June 8, 2026

Modified on 06/08/2026 9:50 am EDT

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Highlights

New Features

Bulk Claim Status Updates Now Available in Follow Up Management
Ability To Search Multiple Statuses At Once From Claim Control

Enhancements

Statement Batch Printing By Last Seen Date
Improved Eligibility Labeling
New Interface Setting To Use CMDs Situational & Default Modifiers
Taxonomy Specialty Can Now Be Overridden Independently in Payer Records

New features

Bulk Claim Status Updates Now Available in Follow Up Management

Previously, when managing claims from the "Follow-up Management" screen, bulk actions were limited to adding notes and setting follow-up dates. The next logical step would be to allow users to update claim statuses in bulk when adding notes or adjusting follow-up dates after contacting a payer.

In this release, we added a new "Update Status" button to the follow up management table that allows you to change the claim status for all selected claims in a single action – making it easier to keep your workflow moving after contacting a payer.

Alerts	Claim #	Balance	Patient Name	DOS	Last Note	Claim Follow Up Date	Current Payer
<input type="checkbox"/>	284263949	\$208.00	HILDEBRAND, MANDERLLE	12/26/2025		05/13/2026	AETNA
<input checked="" type="checkbox"/>	286003648	\$700.00	JUDD, KYLE	01/15/2026	test1	05/07/2026	1199 NATIONAL
<input type="checkbox"/>	282935833	\$102.00				05/07/2026	AMERICHOR (MEDICAID)
<input type="checkbox"/>	198081586	\$711.00	NEASON, RAJA	01/03/2023		05/07/2026	HEALTHFIRST
<input type="checkbox"/>	266237284	\$194.02	TESTENSTEIN, TESTY	06/10/2025		05/07/2026	SOUTH CAROLINA

Note: You can also update a claim's status and add a note directly from the **Check Claim Status** button.

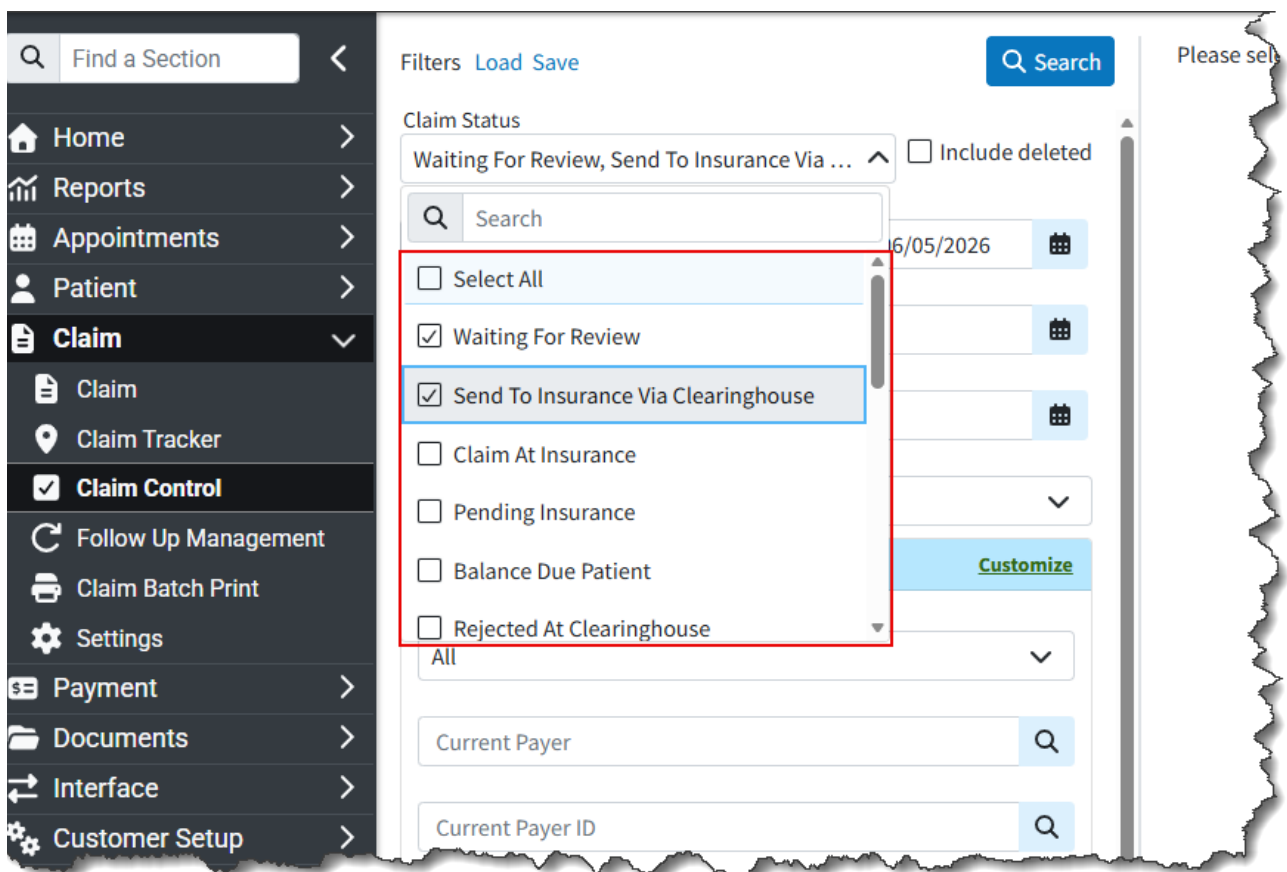
However, these options will only appear when the real-time status check returns results — if no results are found, the update and note options will not be available, as they are tied to the outcome of the status check.

For more info on how to update claim statuses from the Follow Up Management screen, visit our [Update Claim Status From F/U Management Help Article](#).

Ability To Search Multiple Statuses At Once From Claim Control

Previously, searching for claims in Claim Control was limited to one status at a time, meaning you had to run separate searches to find claims across different statuses.

With this release, you can now select multiple claim statuses at once when searching in Claim Control. For example, you can search for all claims that are "Pending" and "In Progress" simultaneously, rather than running individual searches for each status. This makes it faster and easier to identify and bulk update a broader group of claims in a single search.



Note: When searching with multiple statuses selected, the date range for the claim's date of service or entry date is limited to a maximum of one year.

For more information on selecting multiple claim statuses in Claim Control, visit our [Update Claim Status Help Article](#).

New Automatic Multi-Payer ERA Splitting

Some payers now use third-party companies to handle their ERA processing. These third-party processors often manage ERAs for multiple payers, which can result in a single ERA file containing checks from more

than one payer. Previously, CMD could only handle one payer per ERA file, which could cause issues when a single ERA contained checks from multiple payers.

With this release, ERA files containing multiple payers will automatically be split into separate ERA files upon receipt. This means that when you go to apply payments, the system will automatically associate the correct payer with each check – no manual corrections needed.

Note: This will affect all new files received from the clearinghouse and all files uploaded after the release.

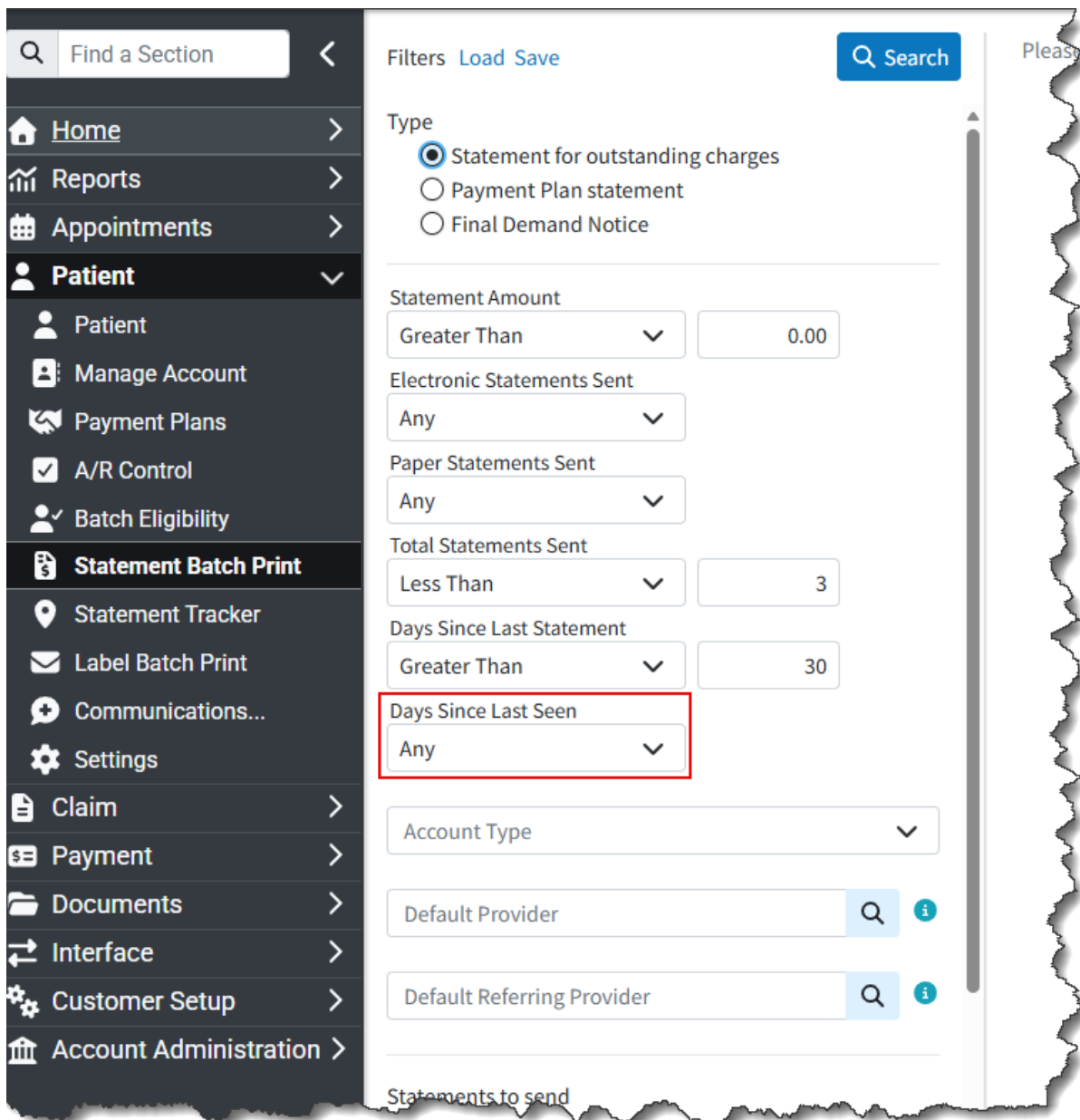
Enhancements

Statement Batch Printing By Last Seen Date

When a patient is admitted to a facility, offices typically submit multiple interim claims to the payer while the patient is still receiving care. During this time, sending the patient a billing statement is often premature and can create a poor experience.

To address this, we previously added a Last Seen Date filter to Statement Automation, allowing you to hold statements until a patient has been discharged. With this release, we've brought that same capability to the **Statement Batch Print** screen.

You can now filter by **Days Since Last Seen** when batch printing statements, ensuring that statements are not sent to patients who are still admitted to a hospital or facility.



Visit our [Batch Print Statements For Outstanding Charges Help Article](#) for more information.

Improved Eligibility Labeling

We've improved the way eligibility responses display certain payer and provider information. Previously, details such as the IPA payer, HMO payer, contracted service provider, and service facility were returned in the eligibility response without clear labels, making it difficult to identify and use that information effectively.

With this release, these fields are now properly labeled in the eligibility response, so you can quickly identify the relevant information and use it with confidence.

New Interface Setting To Use CMDs Situational & Default Modifiers

Previously, we introduced the ability for API customers to use CMD's internal default and situational modifiers, which offer more robust modifier management than what most EHR systems provide natively.

With this release, this setting is now available for **Practice Fusion** and **Elation Health** interfaces. Users of these integrations can enable and configure this option directly from the **Interface Settings** screen.

Set modifiers based on the modifiers received from the Interface? Even if this is set to Yes, default and situational modifiers will be used if they are not received from the Interface.

Yes No

Note: Even if the setting is configured to use modifiers from the interface, default and situational CMD modifiers will still apply if none are received.

Taxonomy Specialty Can Now Be Overridden Independently in Payer Records

When configuring a Payer record, you have always had the option to override the Tax ID, NPI, address, and taxonomy specialty using the **Use Alternate Practice Information** checkbox. However, if you only needed to override the taxonomy specialty, the system previously required you to also override the NPI, Tax ID, and name – even if no changes to those fields were needed.

With this release, you can now override the taxonomy specialty on its own and save the record without being required to populate any other override fields.

Alternate Practice Information

On electronic claims, the below address will override the

Pay-To Address (Loop 2010AB) Main Address (Loop 2010AA)

Name

Address

City State ZIP Code

Tax ID NPI

Taxonomy Specialty
103GC0700X Behavioral Health & Social Service Providers : Clinica...

Resolutions

Updated: ERA Search Now Limited to a One-Year Date Range

To ensure system stability and optimal performance, ERA searches are now limited to a maximum date range of one year when searching by report date. Searches without a specified date range are no longer supported.

Previously, selecting "All" dates while searching by check number required the system to scan every ERA file ever received, which could place significant load on the database and impact overall system performance. This change is necessary to maintain a reliable experience for all users.

What this means for you:

- If you were previously using "All" as your date range, switching to "**Last 12 Months**" should allow you to locate most ERAs you are looking for.
- If you are searching for an older ERA, we recommend narrowing your date range to a short window — such as one week — around the expected check date to quickly locate the file.

Fixed: Residual Balances on Completed Payment Plans Now Handled Correctly

When a patient is on a payment plan and a payer processes a claim resulting in a higher patient responsibility than originally anticipated, a remaining balance can sometimes be left on the charges associated with the payment plan — even after the payment plan itself has been paid in full.

Previously, once a payment plan was completed, any charges with a remaining balance would no longer appear on patient statements and could not have payments applied to them, since they were still tied to the closed payment plan. As a workaround, many customers were manually deleting the completed payment plan to free up those charges.

With this release, this issue has been resolved. Once a payment plan is paid in full, any associated charges with a remaining balance will automatically become available again — appearing on statements and accepting payments as expected. No manual intervention or deletion of the payment plan is required.

Universal Import Resolutions

We've made two updates to the Universal Import feature in this release:

- **Claim Reference # Import** — You can now map and import the Claims Reference Number field, expanding the data available for import.
- **Preview Screen Fix** — The preview screen now correctly displays all fields from your import file, even if the sample patient record does not have a value for a particular field. Previously, fields without a value for the sample patient were not shown, which made it difficult to verify your field mappings before completing the import.

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

