

# Release 16.13.0 - July 06, 2026

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## Highlights

### New Features

Simplified Logo & Practice Info Setup for Payment Portal

### Enhancements

Field Renamed: "Net Amount" Now "Expected Revenue"

## New features

### Simplified Logo & Practice Info Setup for Payment Portal

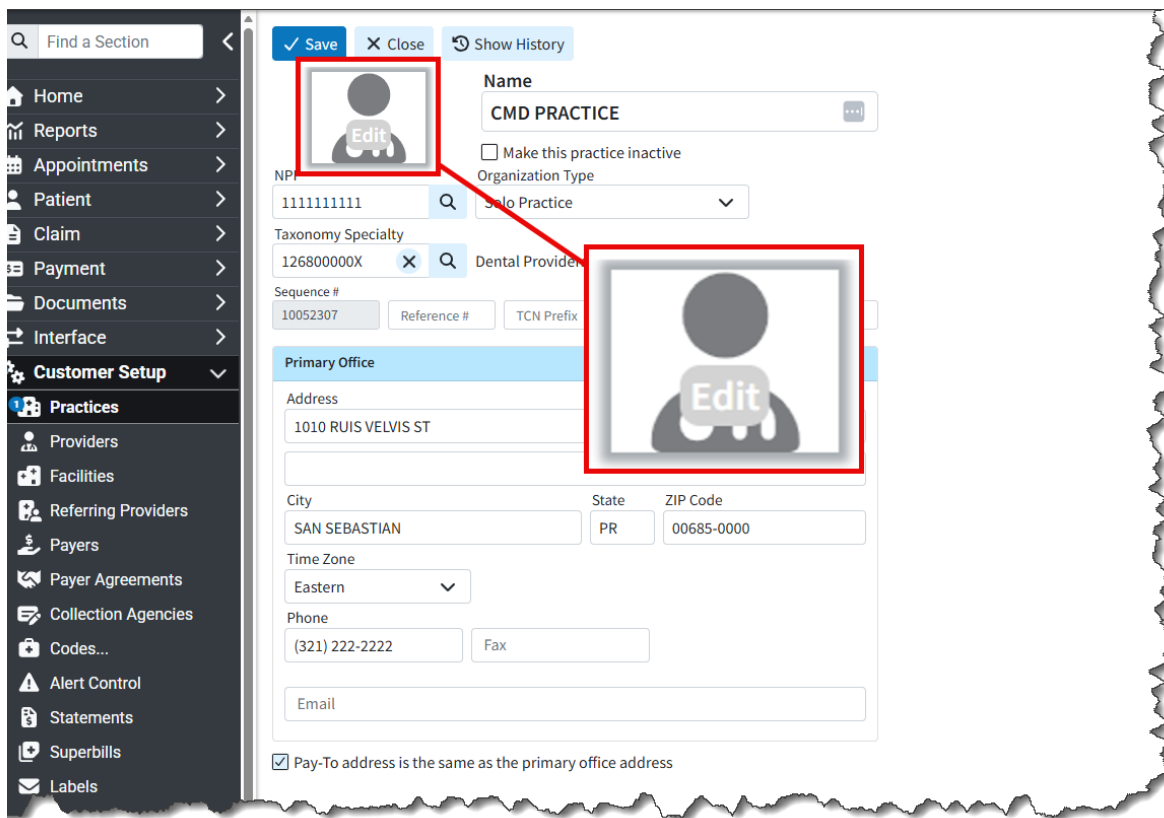
#### What's New

You can now upload your company logo directly within the **Practice** section, instead of setting it up separately in the Payment Portal and Statement configuration screens. Once set at the practice level, your logo will automatically appear on both your patient statements and your payment portal (no need to upload in multiple places).

If you have multiple practices, you can upload a different logo for each one. Statements will automatically use the logo tied to each patient's default practice.

#### Why We Made This Change

Previously, logos had to be configured separately for the Payment Portal (**Services** → **Payment Portal** → **Header Template**) and for statements. This extra setup made it easy to overlook, especially for practices managing multiple locations. A clear, full-color logo on statements has been shown to improve the likelihood that patients follow through on payment, so we wanted to make it as simple as possible to set up.



## What Else Is Changing

- **Practice Info Is Now Pulled Automatically:** Previously, you had to manually enter your practice name, address, and other details in the Payment Portal configuration screen. That step has been removed — this information is now pulled directly from your Practice settings.
- **Custom Contact Info Per Practice (New Option):** If you want different contact details (phone number, website, address, etc.) shown in the payment portal than what's listed in your Practice settings (i.e. multiple practices), you can now enable this using the new "**Use separate contact info for payment portal**" checkbox within the Statement Template setup. This gives you full control over exactly what displays in the payment portal, independent of your practice-level settings.



iving this field a name that better reflects what it represents.

### Why We Made This Change

"Net Amount" wasn't clearly communicating what the value actually means. This field represents the charge amount minus expected (or actual) contractual adjustments — in other words, the revenue you can expect to receive from a service. "Expected Revenue" better conveys this at a glance.

### Where You'll See This Update

Location	Previous Label	New Label
Reports → Net Amount report field	Net Amount	Expected Revenue
Reports → Daily/Monthly Net Charges	Daily/Monthly Net Charges	Daily/Monthly Expected Revenue
Patient → Settings	"Show the Net Amount and balance (based on the allowed or contracted amount) in Patient Activity?"	"Show the Expected Revenue and Net Balance (balance net expected or actual contractual adjustments) in Patient Activity?"
Activity Report	Net Amount column	Expected Revenue column

### New: Tooltip Added to Net Balance

In the Activity Report, we've added an info icon next to **Net Balance** with a brief explanation: "***The current balance minus expected contractual adjustments***"

This is intended to help clarify how Net Balance is calculated, since it relies on the same underlying logic as Expected Revenue.

### Good to Know

- This is a labeling change only — underlying values, formulas, and report data are unchanged.
- Expected Revenue currently reflects primary payer adjustments only; secondary and tertiary payer adjustments are not yet factored in.
- If a claim is denied, Expected Revenue will display as \$0.00, even if an appeal is in progress or still possible.

### Recommended Action

No action is required. If you have saved reports, dashboards, or documentation that reference 'Net Amount,' you may want to update them to reflect the new "Expected Revenue" terminology.

Visit our [Daily/Monthly Expected Revenue Report Help Article](#) for more information.

## New Claim Edit: Admission Date Now Included for Place of Service 33

Certain payers require the admission date for accurate claim processing when billing for Place of Service 33. In this release, CMD has added a new claim edit for payers GREATER ORANGE COUNTY MEDICAL

GROUP (NMM01) & EMANATE HEALTH IPA (MPM62) that automatically includes the admission date on professional claims when the Place of Service code is **33 (Custodial Care Facility)**. This update ensures that information is included automatically, helping reduce denials and rejections for these payers, related to missing admission date data.

## Improvement: Support for Multiple Practice Fusion Interfaces

Some organizations manage more than one Practice Fusion account (for example, across different location or provider groups) but want that data consolidated under a single CMD customer. With this release, we now supports connecting **multiple Practice Fusion accounts to a single CMD customer**. Previously, each CMD customer could only be linked to one Practice Fusion interface.

## Updated Insurance Processing For The ElationHealth API

Elation Health is updating how insurance information is processed through their platform. To stay compatible with this change, CMD is updating how it sends and receives insurance data for customers using the Elation Health integration.

## Resolutions

### Resolved Issues: Universal Import Fixes

This release includes three minor fixes for Universal Import.

#### . Two-Digit Years in Date Fields Interpreted Incorrectly

A recent release introduced an issue where two-digit years in date fields imported from Excel files were not always being interpreted correctly. For example, a two-digit year such as "33" could be converted to "2033" instead of "1933," potentially resulting in inaccurate birthdate values. This issue has been fixed and two-digit years in imported date fields are now interpreted correctly.

#### . Incorrect "Not Enough Information" Error

Universal Import was incorrectly displaying a "not enough information to create complete patients" error, even when the import file contained all the necessary information to create complete patients and claims. This issue has been corrected and Universal Import will no longer display this error when the file contains complete and sufficient information.

#### . Statement Covers From Date Incorrectly Flagged as Duplicate

The Statement Covers From date field was being incorrectly flagged as a duplicate during the import review, even though the field was not actually duplicated and was being mapped correctly upon completion of the import. This issue has also been resolved. The Statement Covers From date field is no longer flagged as duplicate during the import preview.

## Resolved Issue: Batch Eligibility Running for Deselected Payers

When running Batch Eligibility, patients with certain payers were having eligibility checks run even when that payer was excluded from the batch. With this release, Batch Eligibility now correctly honors the selected filters, so patients with deselected payers are excluded from the eligibility run as expected.

## Resolved Issue: Incorrect Last Billed Date in Claim Follow Up Management

In Claim Follow Up Management, the *Last Billed Date* was not always reflecting the most recent billing date for a claim. When using the *Last Billed Ins Date* filter, the system could return a billed date that fell within the filtered range, even when a more recent billing date existed outside that range. We corrected this so the *Last Billed Date* in Follow Up Management now correctly reflects the most recent billing date for a claim, regardless of the date range used in the *Last Billed Ins Date* filter.

## Resolved Issue: Timeline "Claims at Status" Incorrectly Counting Account Debits

When configuring the Timeline to display "Claims at Status," the count could incorrectly include account debits, resulting in an inaccurate claim count at the selected status. This issue has now been fixed so the timeline's "Claims at Status" calculation now excludes account debits, reflecting only actual claims at the selected status.

## Resolved Issue: WebAPI Charge Reference Error

Some customers experienced an error when submitting claim messages containing an excessively long Charge Reference Number (FT1-9.0 field). In these cases, the claim would fail to be created in CMD, and the system would return an exception instead of processing the message.

The application has been updated to automatically truncate the FT1-9.0 value when it exceeds the allowed length, rather than rejecting the message. This allows the claim to now be created successfully without manual intervention.

## Resolved Issue: Batch Eligibility Results Error

We resolved an issue where running Batch Eligibility for a date range could result in an unexpected error, preventing eligibility results from being displayed. This fix ensures the results page now displays correctly.

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

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