Release 16.15.0 - August 3, 2026

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New Features

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Enhancements

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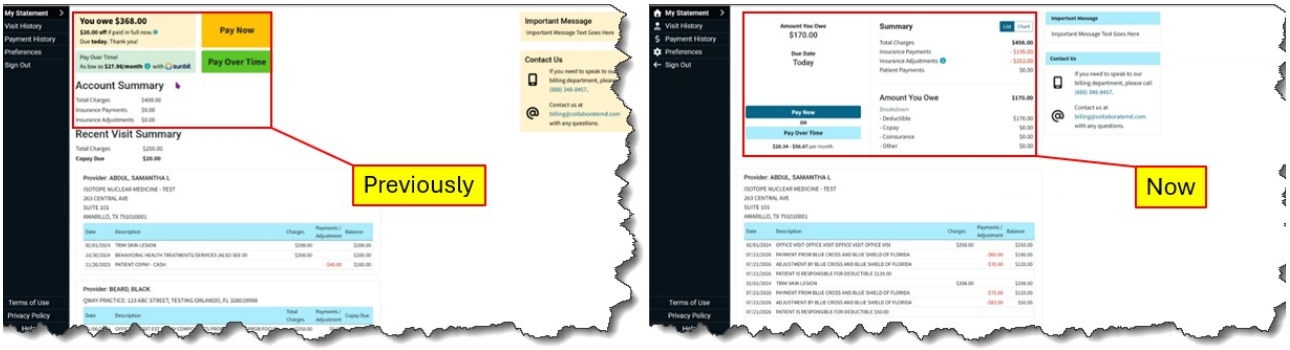
New features

Electronic Statement - Summary Card & Balance Breakdown Improvements

As part of our Electronic Statements Enhancements Project, we've redesigned the top section of the electronic statement to make it clearer and easier for patients to understand exactly what they owe and why. Previously, the electronic statement displayed a prominent "Pay Now" button and "Choose Payment Plan" button, but the actual amount owed and how that amount broke down was difficult to read and understand. This release cleans up and clarifies that experience.

The redesigned statement now leads with a clear**"Amount You Owe"** figure at the top, followed by a breakdown of that balance into **Deductible**, **Co-Pay**, **Co-Insurance**, and **Other**, so patients can see exactly what's contributing to their balance rather than being left to guess.

We've also separated **insurance payments** and **insurance adjustments** into two distinct lines. Previously, these were combined into a single line, which led patients to believe their insurance had paid more than it actually did, since adjustments were being lumped in with actual payments. By splitting these out, patients can now clearly see what insurance actually paid versus what was adjusted off, reducing confusion and, hopefully, the number of patient call-ins asking to explain their balance.



The **"Other"** line under Amount You Owe will typically show as $0 for most patients. This category is

ıtended for charges that aren't directly tied to insurance payment activity, such as late fees or similar ıiscellaneous charges.

'hat said, depending on how payments were posted, it's possible for a balance to show entirely under Other." This does not indicate a bug or issue with the statement itself; it reflects an issue with how the ayment was manually posted rather than an error in this feature.

⚠ For manually posted payments, the correct remittance/unpaid reason code must be entered in the "Unpaid Reasons" column for the balance to display correctly under the appropriate category rather than falling into "Other."

y clarifying the amount owed and breaking down exactly why a patient owes what they owe, this update elps patients better understand their statements at a glance, reducing confusion and unnecessary calls to ıe practice asking for an explanation of their balance.

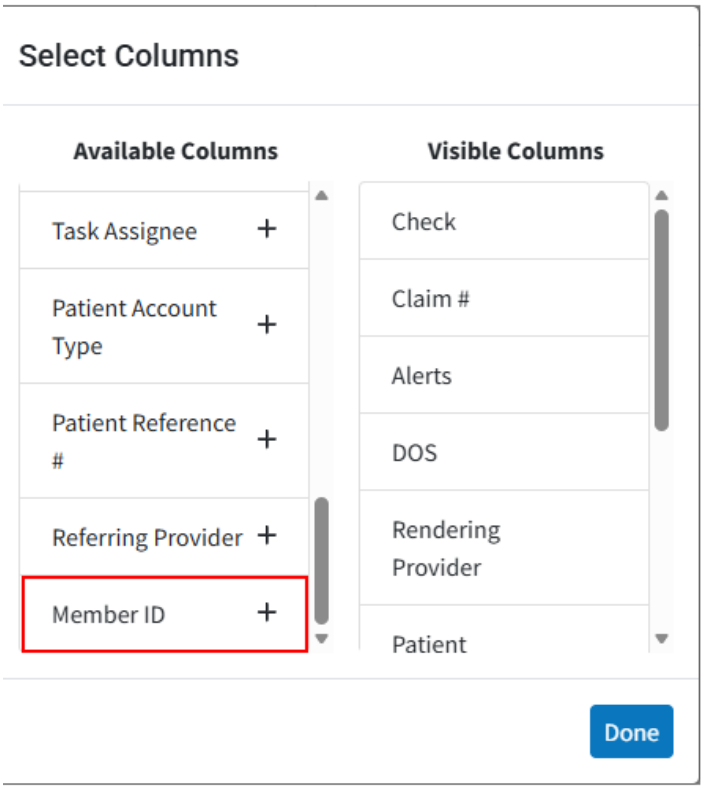
or more info, please visit ourElectronic Statement Overview and Using The Payment Portal Help Articles.

Enhancements

Claim Control – New Optional Member ID Column

Claim Control now supports an optional Member ID column, giving experienced billers a fast, at-a-glance ıay to catch potential claim issues before submission. A missing or incorrectly formatted Member ID is ften an early warning sign that a claim is likely to be rejected, and many billers are already familiar with th ypical Member ID formats used by major payers such as Medicare, Aetna, and Blue Cross. With this ıformation visible directly in Claim Control, billers can quickly spot something that looks off without eeding to open individual claims to check.

'he new Member ID column is optional and not displayed by default, keeping the standard Claim Control iew uncluttered for users who don't need it, while making it easy for billers who rely on this information tc dd it to their view whenever they choose. You can access the additional fields by clicking the "+" symbol in ıe top-right corner of the Claim Control screen or by right-clicking the table header and selecting Available Columns."



VebAPI – Support for Supervising Provider & Resubmitted Claim Fields (XML)

his release adds two enhancements to the WebAPI interface for customers submitting claims via XML, nproving support for supervising providers and enabling resubmission of previously submitted claims.

upervising Provider Support

he WebAPI now supports specifying a**Supervising Provider** on Professional Claim submissions through ne XML endpoints. This allows customers integrating via XML to send supervising provider information irectly as part of their claim submission, rather than requiring a workaround. This enhancement applies pecifically to the XML Professional Claim endpoints and does not apply to HL7 submissions.

upport for Resubmitted Claims (Claim Frequency & Claim Control Numbers)

reviously, WebAPI had no way to submit claims that had already been submitted once before, since the elds needed to indicate claim frequency and claim control number weren't available through the interface Vhile this isn't something that can reasonably be added to HL7 due to limitations in the standard itself, it's ully supportable in XML, so we've added it there.

VebAPI now supports an optional **Frequency** field for Professional claims, which defaults to 1 if not pecified and accepts valid values of 1, 7, or 8. This field is not used on Institutional claims, since those rely n the Type of Bill field instead.

longside frequency, WebAPI now also supports **Claim Control 1, Claim Control 2, and Claim Control 3** elds. Each is optional and limited to 50 characters, and each posts into the corresponding claim control fie ased on the payer, such as ctrlNo1 and ctrlNo2. If a corresponding payer isn't present on the claim, for

xample, a secondary claim control number without a secondary payer on file, the value won't be posted nto that field. In that case, the claim will still process successfully, but a warning will appear in Interface racker to flag that the value wasn't applied.

Jniversal Import – Admission Hour & Discharge Hour as Separate Columns

reviously, when importing files through Universal Import, the Admission Date & Time and Discharge Date Time each had to be combined into a single column. However, on the claim itself, these fields are actually eparate, and only the hour is captured rather than a full time value. This meant the import format didn't uite match how the data is actually structured on a claim.

With this release, the hour component for both Admission and Discharge can now be mapped as its own ndependent column during import, separate from the corresponding date column. This aligns Universal mport with how these fields work natively on a claim, giving customers more flexibility in how their source les are structured.

eCAPTCHA Whitelisting by Username

reviously, whitelisting a user from reCAPTCHA required both a dedicated username and a known, fixed II ddress. This worked well for many automation setups, but became a limitation for RPA bots running in nvironments where a consistent IP address isn't available or practical to configure.

With this update, if a whitelisted username has no IP address specified (left null or blank), that user will nov e allowed through the reCAPTCHA check regardless of which IP address the login request originates fron his gives customers a way to whitelist RPA bots even when their automation runs from dynamic or npredictable IP addresses.

s with existing whitelisting practices, each RPA bot should continue to use its own dedicated user login ather than sharing credentials with a human user, ensuring login activity remains properly attributed and ecure.

Resolutions

Claim File Indexer Restored

Due to an underlying indexing issue, 837 files for claims sent in July were not available for download within he application. We've since identified the root cause and corrected the problem and resolved the issue. In ddition to fixing the underlying issue, we ran a re-indexing process across all affected July claim files to estore their availability. As a result, 837 files for claims sent in July are now fully accessible for download gain.

ee Schedule Import Fix

reviously, when creating a new fee schedule by uploading an Excel or CSV file through the Import Prices ption, users would encounter an unexpected error instead of having the fee schedule successfully created om the imported file. This issue has been corrected. and users can now successfully create a new fee chedule by uploading a file through the Import Prices option, with the fee schedule populating correctly om the imported data.

esolved issue: Charge History Shown in Wrong Order

hen multiple charge history entries shared the same timestamp, those rows were sorted arbitrarily rathe an in a consistent, predictable order. As a result, the last entry shown to users did not always reflect the harge's actual current status, potentially leading to confusion when reviewing charge history.

his sorting issue has been corrected. Entries sharing the same timestamp are now sorted in a consistent rder, ensuring the last row displayed in Charge History accurately reflects the charge's true, current tatus.

roof of Timely Filing Letter Fix

We've resolved an issue affecting the **Proof of Timely Filing** letter. This feature was occasionally failing to enerate a letter for certain claims that were submitted in batch on specific days. The root cause was trace o incorrect information being sent to our clearinghouse partner, EPS, when requesting the timely filing etter. Specifically, the system was sending an incorrect **responsibility code** and **process date**, which revented EPS from returning the completed form.

oth the responsibility code and process date being sent to EPS have been corrected, ensuring the ecessary information is now submitted accurately when a Proof of Timely Filing letter is requested.

elease Notes: Practice Fusion – Repeating Appointments Fix

We've resolved an issue affecting repeating appointments created in Practice Fusion and transferred into MD. When a repeating appointment was set up and saved in Practice Fusion, only the first occurrence wa ransferring correctly into CMD. Subsequent occurrences of the repeating appointment were being blocke y duplicate message protection, which was incorrectly treating them as duplicate messages rather than istinct, valid occurrences.

his issue has been corrected so that all occurrences of a repeating appointment created in Practice Fusior ow transfer correctly into CMD, without being blocked by duplicate message protection.

RA - Resolving Charge Not Found Issue by "Find Charge" Not Applying djustment Codes

We've resolved an issue affecting ERA processing when resolving a "Charge Not Found" error using the **ind Charge** option. When a user resolved a "Charge Not Found" error by using Find Charge and selecting he correct available charge, the system correctly marked the issue as resolved and added the charge to the RA. However, the associated **CO-16 adjustment code** for the unpaid amount was not being applied.

ecause that adjustment code was missing, the associated payment automation tied to it also failed to run.

his issue has been corrected. Resolving a "Charge Not Found" error via Find Charge now correctly applies he appropriate adjustment code for the unpaid amount, allowing the associated payment automation to un as expected.

Medicare Fee Schedule 2026 – Incorrect Prices Fix

When creating or updating a fee schedule based on the Medicare Fee Schedule 2026, the system could pdate the wrong prices instead of the intended ones. This was traced back to an issue with our initial nport of the 2026 Medicare Fee Schedule data. The underlying Medicare Fee Schedule 2026 data has bee orrected, ensuring that fee schedules set up using it now update with the correct, intended prices.

Elation Health – Insurance Data Message Inconsistency Fix

We corrected an issue where the Elation Health messages were found to be inconsistent in how they ncluded insurance information. This update ensures that insurance information is now included onsistently within Elation Health messages.

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