

Release 16.17.0 - August 31, 2026

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Highlights

New Features

Eligibility for Newly Added Payers Will Now Be Set to Active by Default

New Support for Sending Both Rental and Purchase Price on DME Claims

Enhancements

Smarter ERA Automations

Fee Schedule Import Now Populates Missing Code Descriptions

Patient Estimates Now Show In-Network/Out-of-Network Status

New features

Eligibility for Newly Added Payers Will Now Be Set to Active by Default

Previously, when a new payer was added to a customer's Payer list, that payer would be defaulted to **Inactive** for eligibility on the provider configurations screen, even when the provider was set up to have eligibility active for all payers. This required an additional manual step to activate eligibility for each newly added payer.

Going forward, any newly added payer will now default to **Active** for eligibility, rather than requiring a manual update. This change only applies to payers added after this release; it does not change the eligibility status of payers already in your system. If you have existing payers currently set to Inactive that you'd like to activate, you can still do so using the **Batch Update** option within Configure Eligibility.

Provider eligibility configuration for JOHN TEST

☐	Payer #	Payer Name	Payer ID	Agreement	Approved	Provider ID	Alternate NPI	Login Required	Payer Login	Payer Password	Status	Default Service Type
☐	12793951	7446 - DELAWARE BLUE SHIELD	DEBS	Yes	No						Active	30 - Health Benefit
☐	11189396	AARP	36273	No	N/A						Inactive	30 - Health Benefit
☐	11905077	AARP	36273	No	N/A						Inactive	30 - Health Benefit
☐	13185760	AARP	36273	No	N/A						Inactive	30 - Health Benefit
☐	12026637	AARP - SECONDARY	36273	No	N/A						Inactive	30 - Health Benefit
☐	10564976	AETNA	60054	No	N/A						Inactive	30 - Health Benefit
☐	12848326	AETNA	60054	No	N/A						Inactive	30 - Health Benefit
☐	13156644	AETNA	60054	No	N/A						Inactive	30 - Health Benefit
☐	13202751	AETNA	60054	No	N/A						Inactive	30 - Health Benefit
☐	13202752	AETNA	60054	No	N/A						Inactive	30 - Health Benefit
☐	13459818	AETNA	60054	No	N/A						Inactive	30 - Health Benefit
☐	10799798	AETNA AFFORDABLE HEALTH	60054	No	N/A						Inactive	30 - Health Benefit
☐	11242680	AETNA AFFORDABLE HEALTH ...	60054	No	N/A						Inactive	30 - Health Benefit
☐	12170049	AETNA BETTER HEALTH OF FL...	128FL	No	N/A						Inactive	30 - Health Benefit
☐	12934444	AETNA BETTER HEALTH OF FL...	128FL	No	N/A						Inactive	30 - Health Benefit
☐	13094532	AETNA BETTER HEALTH OF MI...	128MI	No	N/A						Inactive	30 - Health Benefit
☐	10068182	AETNA HEALTH PLANS	60054	No	N/A						Inactive	30 - Health Benefit
☐	10340449	AETNA HEALTH PLANS	60054	No	N/A						Inactive	30 - Health Benefit
☐	12019819	AETNA HEALTH PLANS	60054	No	N/A						Inactive	30 - Health Benefit
☐	13073101	AETNA SENIOR SUPPLEMENTAL	62118	No	N/A						Inactive	30 - Health Benefit
☐	13078535	AETNA SENIOR SUPPLEMENT...	62118	No	N/A						Inactive	30 - Health Benefit

or more info on manually configuring eligibility, please visit our [Configure Eligibility for Provider Help article](#).

New Support for Sending Both Rental and Purchase Price on DME Claims

Previously, DME claims only supported reporting a single price. If you needed to report both a purchase price and a rental price for the same equipment, there was no way to do so. With this release, CMD now supports including both the **purchase price** and the **rental price** on Durable Medical Equipment (DME) claims. Four new columns have been added to DME claims:

- **Rental Unit Price**
- **Length of Medical Necessity**
- **Frequency**
- **Total Rental Price**

⚠ How It Works

- If you're only reporting the **rental price** for a piece of DME, you don't need to fill out these new fields, simply enter the rental amount using the standard Unit Price, Units, and Total Charges fields, just as you would for any other charge.
- The new rental fields are only needed when you want to report **both** the purchase price and the rental price on the same claim.
- The **Total Rental Price** is automatically calculated as **Rental Unit Price × Length of Medical Necessity**. For example, a Rental Unit Price of \$50 (billed monthly) with a Length of Medical Necessity of 4 months results in a Total Rental Price of \$200 (separate from the purchase price, which might be \$500).
- This information is sent electronically via the **SV5 segment** on electronic DME claims. **It is not**

included on paper claims (rental pricing information is only relevant and transmitted for electronic DME claim submission).

With this release, if a payer requires both purchase and rental pricing details for DME, you can now report both values on a single claim, ensuring your electronic submission includes the correct SV5 segment information.

Rental Unit Price	DME Length of Necessity	Rental Total Price	DME Frequency
0.00	0	0.00	▼
0.00	0	0.00	▼

CD & Procedure Code defaults
large panel from procedure(s)

▼

Estimate

► Patient Note

► Follow Up Ac

► Alerts

► Tasks

► Documents

► Payment

Unit Price	Units	Status	Amount	DX Pointers	Other	Delete	Inventory	Form	Rental Unit Price	DME Length of Necessity	Rental Total Price	DME Frequency	
0.00	1.00	ON HOLD	▼	0.00	A	Q	Other	☐	Q	Form	0.00	0	0.00
0.00	1.00	ON HOLD	▼	0.00	A	Q	Other	☐	Q	Form	0.00	0	0.00

For more information on using this DME options on claims, please visit our [DME Form Link Help Article](#).

Enhancements

Smarter ERA Automations

This release includes two enhancements to the ERA auto-post feature, configured within the Payers section. Previously, if auto-post was enabled, the process would stop whenever there was a difference between the patient name on the payer's end and the name entered in CMD. We found this was resulting in a significant number of false positives, unnecessarily preventing ERAs from auto-posting. This update allows auto-posting to proceed even when a name mismatch is detected rather than being held for manual review.

We also fixed the "Allow payments with provider adjustments to auto post" setting, found within the ERA auto-post configuration that was not functioning correctly. This setting is intended to give you control over whether payments containing provider adjustments are eligible for auto-posting. This issue has been corrected, and the setting will now properly take effect.

> Clearinghouse Connection

> Notes

> Alerts 1

> Tasks

▼ Billing Options

General

Provider

Patient

ERA

Electronic Remittance Advice Automation

☒ Allow this payer's ERAs that fully apply with no errors to auto-post without review

☐ Show a dialog with the payment details before auto-posting

☐ Commit the payment after it has been applied

☒ Allow secondary payments to auto-post

☐ Allow payments that do not match the contract amounts to auto-post

☐ Allow payments with denials or \$0.00 allowed amounts to auto-post

☐ Allow duplicate payments (remit code 18) to auto-post

☒ Allow payments with refunds/reversals to auto-post

☐ Allow payments to patients/claims with Payment Alerts to auto-post

☒ Allow payments with Provider Adjustments that were not applied to claims to auto-post

Fee Schedule Import Now Populates Missing Code Descriptions

Previously, Fee Schedule imports would only apply a description when creating a brand-new code, even if our import file included a description column with useful information for existing codes that were missing one. With this release, when importing prices into a Fee Schedule, CMD will now use the description from our import file to populate a code's description, but only if that code's description is currently blank in the Procedure Code section. This allows those existing, blank descriptions to be filled in automatically from your import file.

What This Means for You

- If a code in your Procedure Code section currently has no description, and your Fee Schedule import file includes a description for that code, it will now be filled in automatically.
- If a code already has a description, it will be left unchanged — the import will never overwrite an existing description.

Example Format

Column headers must be the first row. Columns marked with a * are required.

Code *	Description	Default	Price *
99212	If the code on your local list is missing the description, it will be added. OFFICE VISIT	If the code is not on your local list, it will be added with this default price 45.00	50.25

or more information, visit our [Add a Fee Schedule from imported pricesHelp Article](#).

Patient Estimates Now Show In-Network/Out-of-Network Status

Previously, users could not easily tell which estimate applied to an in-network provider versus an out-of-network provider when multiple estimates were available for the same patient. In this release, when generating an Auto Estimate for a patient, each available estimate in the dropdown will now display whether it is "In Network" or "Out of Network" directly in parentheses next to the estimate. This is especially helpful in cases where a payer sends both an in-network and out-of-network estimate for the same visit, making it difficult to know which one to select.

Estimate for date of service 2026-05-19 for REDACTED, REDACTED

Estimates are not actual costs and don't provide a guarantee of coverage, a guarantee of payment, or an authorization for a particular service. [See Full Disclaimer.](#)

Auto Estimate found an estimate that may apply to this service

Estimate \$252.29 (In Network) Note:

Initial Charges:

\$500.00

Initial Contracted:

\$252.29

Patient Pay:

\$25.00

Estimated Patient Responsibility: \$252.29

Estimate for date of service 2026-05-19 for REDACTED, REDACTED

Estimates are not actual costs and don't provide a guarantee of coverage, a guarantee of payment, or an authorization for a particular service. [See Full Disclaimer.](#)

Auto Estimate found an estimate that may apply to this service

Estimate \$252.29 (Out of Network) Note: WARNING: PROVIDER IS OUT-OF-...

Initial Charges:

\$500.00

Initial Contracted:

\$252.29

Remaining Deductible:

\$3,000.00

Insurance:

50%

Estimated Patient Responsibility: \$252.29

New Optional Office Location Column in Claim Control

In this release, you can now add the **Office Location** as a column to your Claim Control view to see each claim's assigned office at a glance. This is especially helpful for verifying claim accuracy and reviewing claim office location directly within the table. This column will be hidden by default but available by using the right-click select columns feature on this screen.

Select Columns

Available Columns

Patient Account Type

+

Patient Reference #

+

Referring Provider

+

Member ID

+

Office Location

+

Visible Columns

Check

Claim #

Alerts

DOS

Rendering Provider

Patient

Done

Guarantor Email Now Supported via Inbound HL7 WebAPI

This release also added support for receiving the **Guarantor Email** through inbound HL7 WebAPI endpoints. Guarantor Email was already supported via XML through the WebAPI, but not through HL7. This update brings HL7 in line with XML, allowing WebAPI vendors using HL7 to also send Guarantor Email information.

Resolutions

Resolved Issue: Patient Record Not Updating When Patient Texts "STOP"

Patients can opt out of all text messages including appointment reminders and statements. They can do this at any time by texting the word "STOP." However, when a patient did this, their patient record in CMD would still display as opted in, even though the system was correctly honoring the opt-out and no further messages were being sent. This made it difficult for staff to know, at a glance, that a patient had opted out.

In this release, we corrected this issue so when a patient texts "STOP," their patient record will now update to correctly reflect that they've opted out and will not receive further text messages.

⚠ Please note that once a patient sends **"STOP,"** CMD cannot send that patient any further text messages (including opt-in messages). The patient must send **"RESUME"** to the same text message thread, or text **"RESUME"** to **74121**, in order to begin receiving messages again.

Resolved issue: Unable to Add a New Group to a User

Following our previous release, some users were unable to add a new group to a user account (for example when granting a user access to an additional customer). This issue affected a number of customers and was identified and corrected via a hotfix, allowing you to add new groups to user accounts (including granting access to additional customers) without issue.

Resolved Issue: Payment Plan Credit Not Converted to Regular Credit When Plan Is Paid Off or Deleted

Corrected an issue where, when a Payment Plan was paid off or deleted, any associated Payment Plan credit was not being properly converted into a regular Account Credit. As a result, the credit continued to display as a "Payment Plan Credit" in Manage Account, even though the plan itself had been paid off or deleted.

This release corrects this issue so when a Payment Plan is paid off or deleted, any associated credit is now automatically converted into a regular Account Credit, allowing it to be applied normally like any other credit on the account.

Resolved Issue: Family Statements Not Showing Balances for All Linked Patients

We've resolved an issue where **Family Statements** were not displaying charges for all linked patients. Instead of showing the balance for the entire family, the statements only reflected charges for the individually selected patient. This issue has been fixed, and Family Statements now correctly display the balance for all linked patients, providing a complete and accurate view of charges and balances across the entire family.

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