Release 16.17.0 - August 31, 2026

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New features | **Enhancements**| **Resolutions**

Highlights

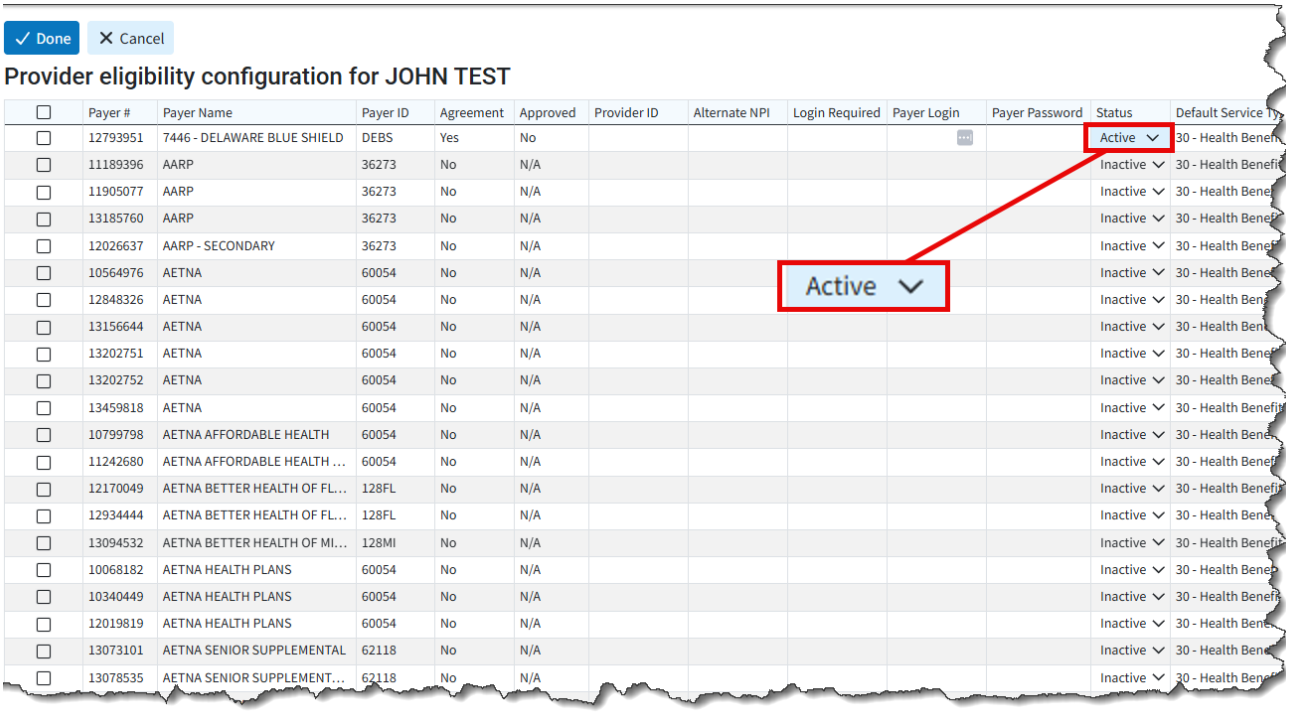
New Features	Enhancements
Eligibility for Newly Added Payers Will Now Be Set to Active by Default	Smarter ERA Automations
New Support for Sending Both Rental and Purchase Price on DME Claims	Fee Schedule Import Now Populates Missing Code Descriptions
	Patient Estimates Now Show In-Network/Out-of-Network 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.



or more info on manually configuring eligibility, please visit ourConfigure Eligibility for Provider Help rticle.

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

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

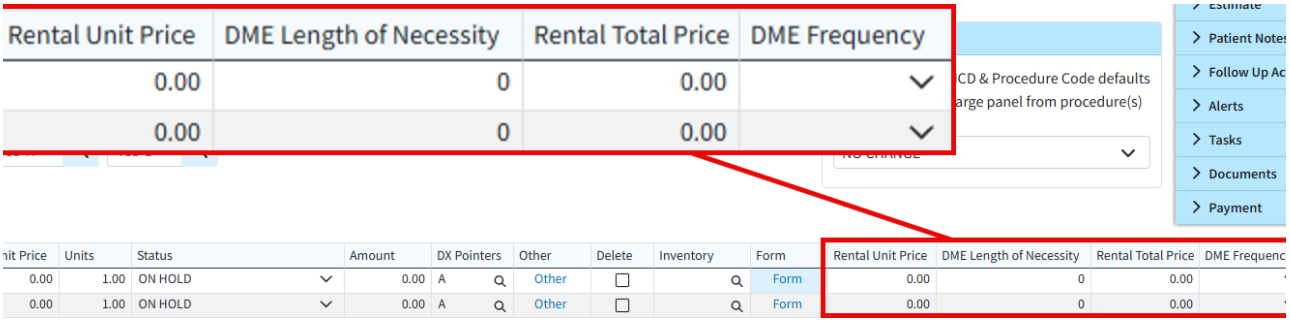
- **Rental Unit Price**
- **Length of Medical Necessity**
- **Frequency**
- **Total Rental Price**

⚠ 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.



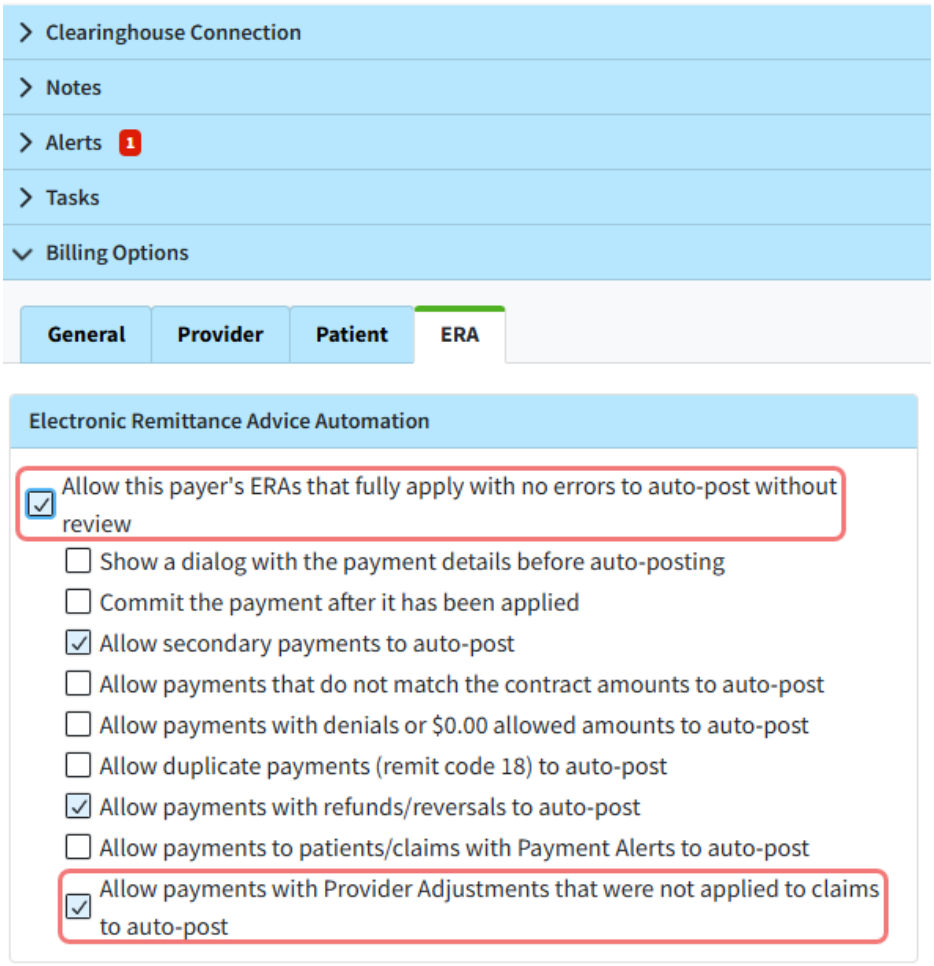
For more information on using this DME options on claims, please visit our DME Form Link Help Article.

Enhancements

Smarter ERA Automations

This release includes two enhancements to the ERA auto-post feature, configured within the Payers sectio 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.



ee Schedule Import Now Populates Missing Code Descriptions

reviously, 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 ne. 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 rocedure Code section. This allows those existing, blank descriptions to be filled in automatically from you nport file.

hat 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

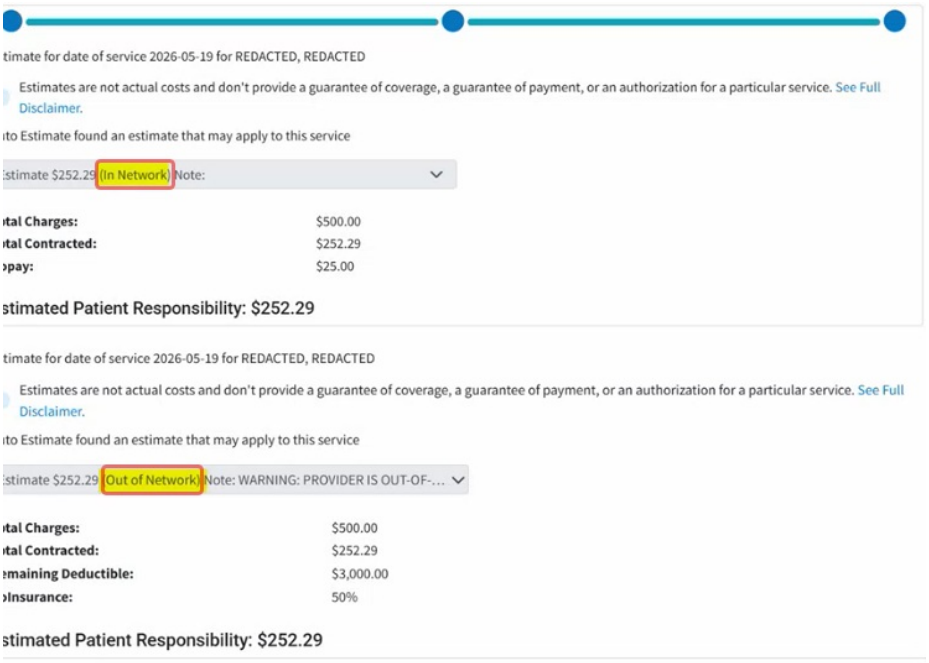
Column headers must be the first row. Columns marked with a * are required.

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.

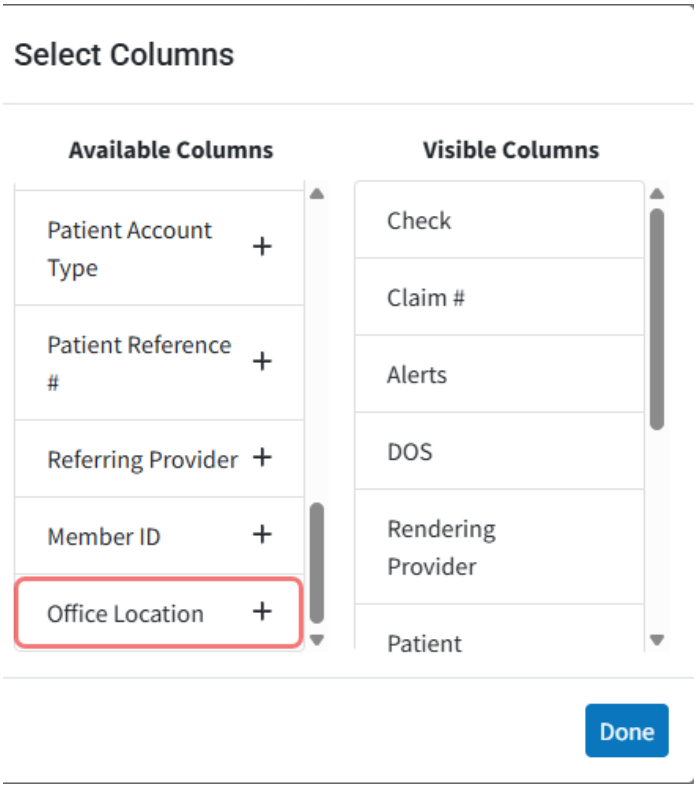
?atient Estimates Now Show In-Network/Out-of-Network Status

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



lew Optional Office Location Column in Claim Control

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



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 that 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

ollowing our previous release, some users were unable to add a new group to a user account (for example hen granting a user access to an additional customer). This issue affected a number of customers and was dentified and corrected via a hotfix, allowing you to add new groups to user accounts (including granting ccess 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 isplay as a "Payment Plan Credit" in Manage Account, even though the plan itself had been paid off or eleted.

This release corrects this issue so when a Payment Plan is paid off or deleted, any associated credit is now utomatically converted into a regular Account Credit, allowing it to be applied normally like any other redit 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. nstead of showing the balance for the entire family, the statements only reflected charges for the ndividually selected patient. This issue has been fixed, and Family Statements now correctly display the alance for all linked patients, providing a complete and accurate view of charges and balances across the ntire family.

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