Release 25.139 - September 11, 2025

Last Modified on 09/04/2025 12:35 pm EDT

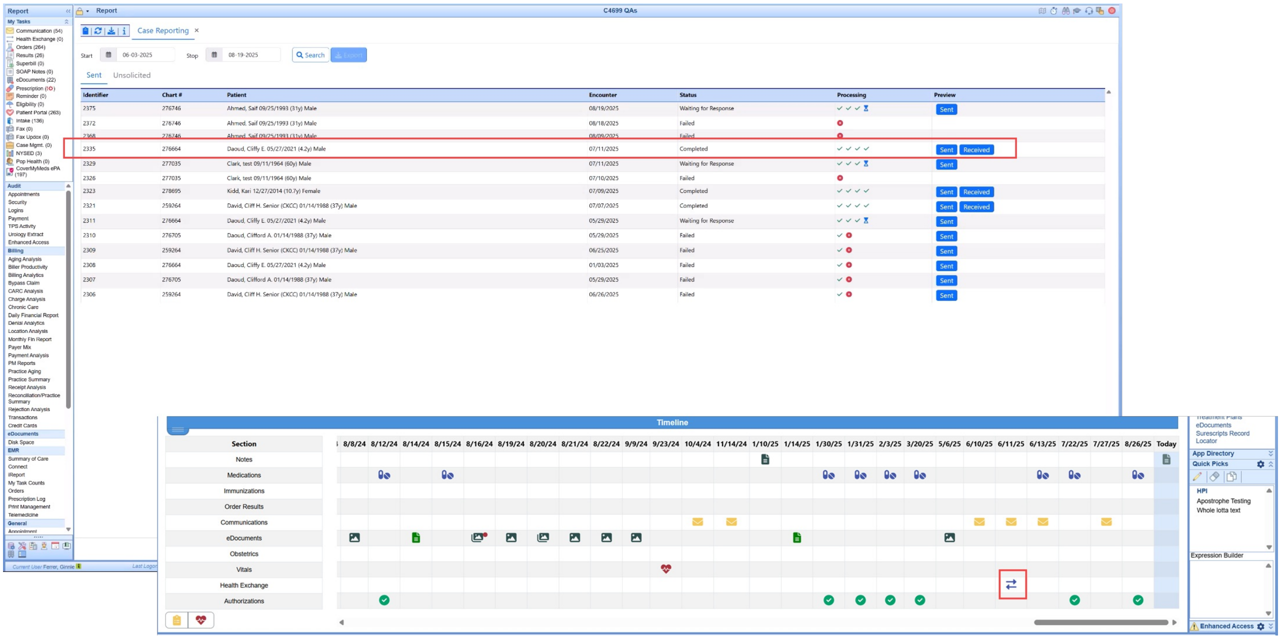
New features | Enhancements |Resolutions

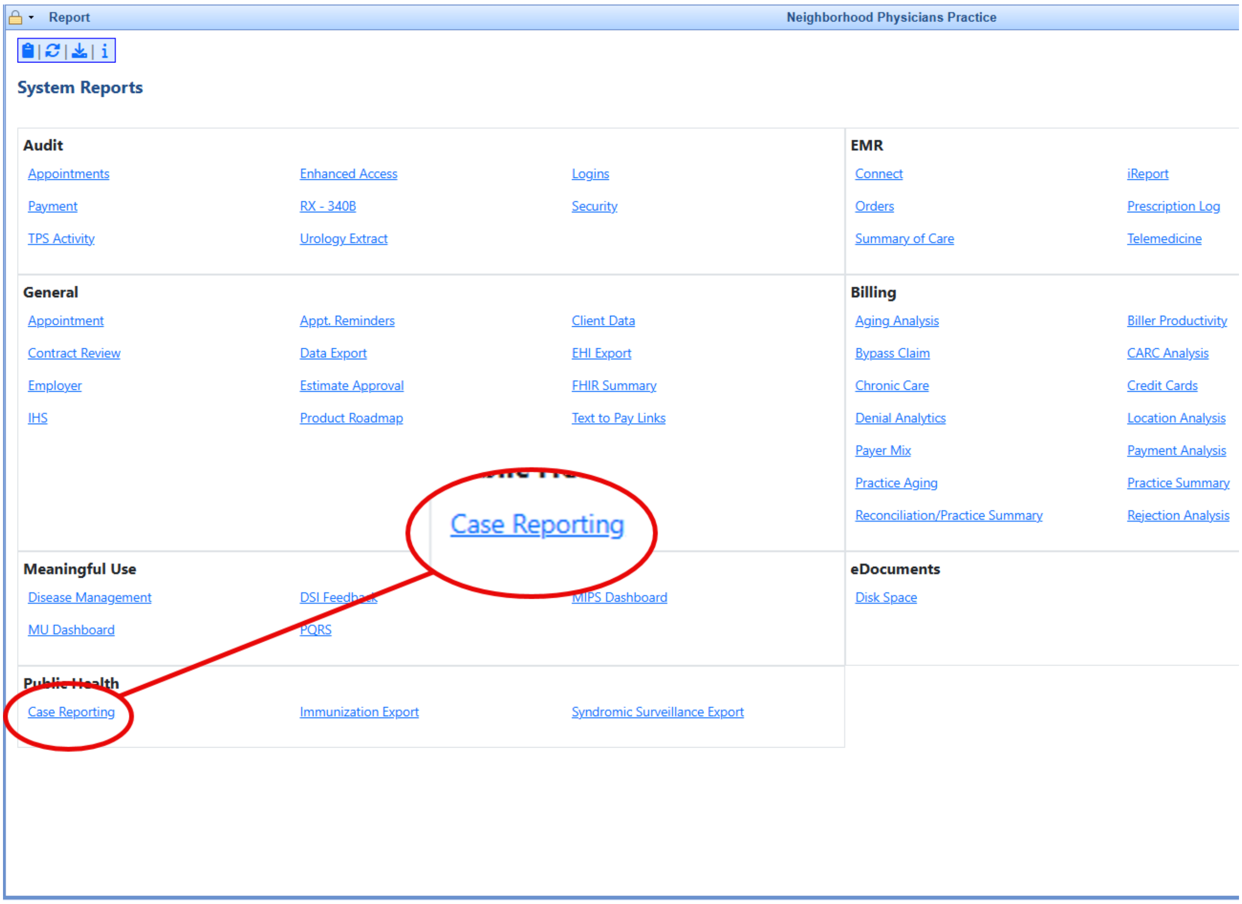
Highlights

New features

New Public Health Case Reporting Dashboard (eICR) and Report

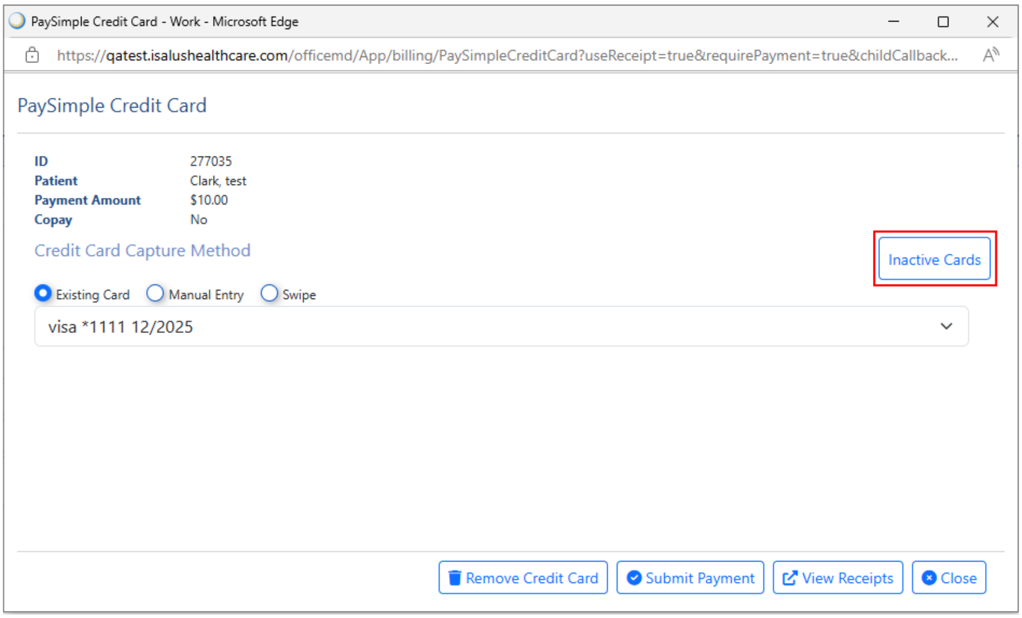
U14157: Electronic Case Reporting Dashboard: This new dashboard is available under Reporting > Public Health > Case Reporting for active eICR clients. The dashboard provides practices with visibility into electronic case reporting events, including the status and preview of reports generated within a specified date range. It supports ONC requirements for electronic initial case reports triggered by industry-defined codes and enhances visibility of unsolicited or failed reports. Practices can use the dashboard to review eICR activity over a given period, access both the outbound eICR record and the corresponding Response Report (RR), and export data for PHA reporting. In addition, patient-level visibility is available in the Public Health section of the patient timeline, where eICR activity is also displayed. Practices must first be approved by their public health agency (APHL/AIMS) before using the dashboard, and detailed instructions for on-boarding are available in the Getting Started with Electronic Public Health Case Reporting article.





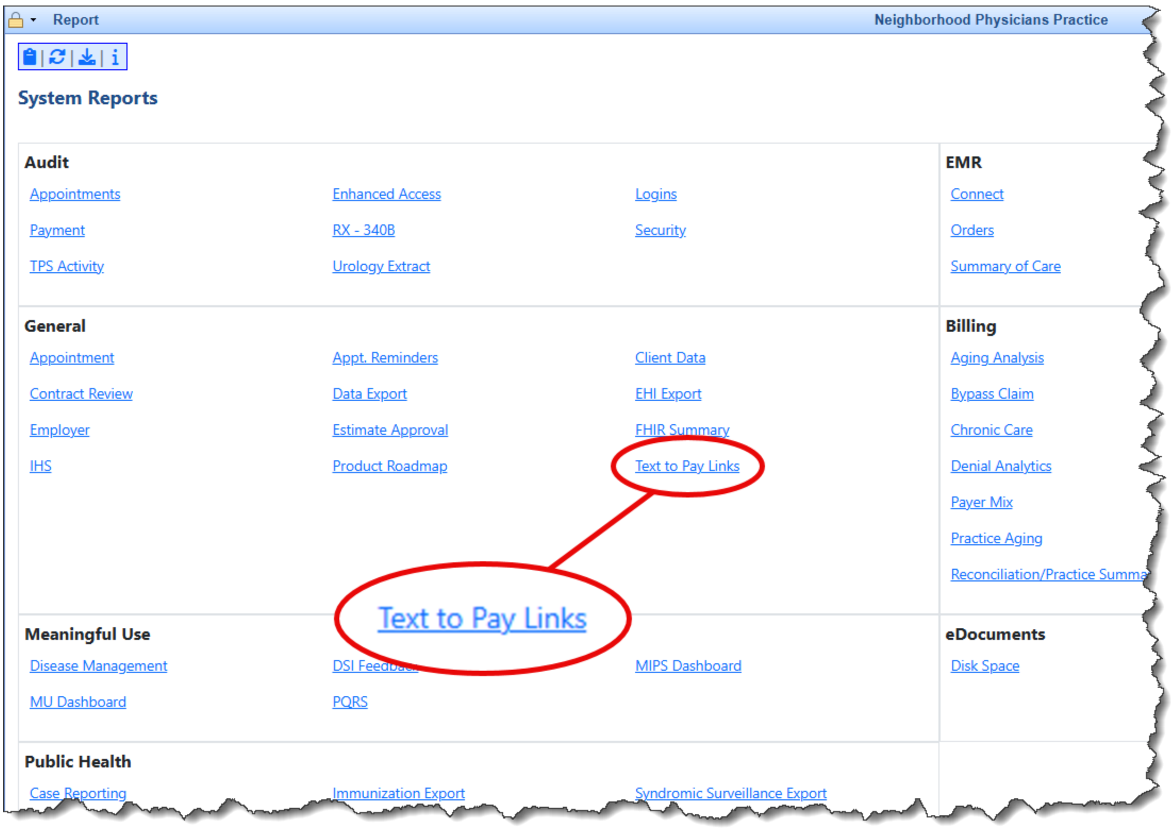
New Patient Expired Credit Cards View

U18048: A new option has been added to view expired (inactive) credit cards saved for an individual patient. An "Inactive Cards" button has been added to the PaySimple Credit Card window (within the Credit Card Capture Method) from both the lock dropdown and the Quick Pay window. Clicking this button displays a list of inactive credit cards and allows a practice to inform a patient that their existing card on file has expired rather than stating that no card is on file.



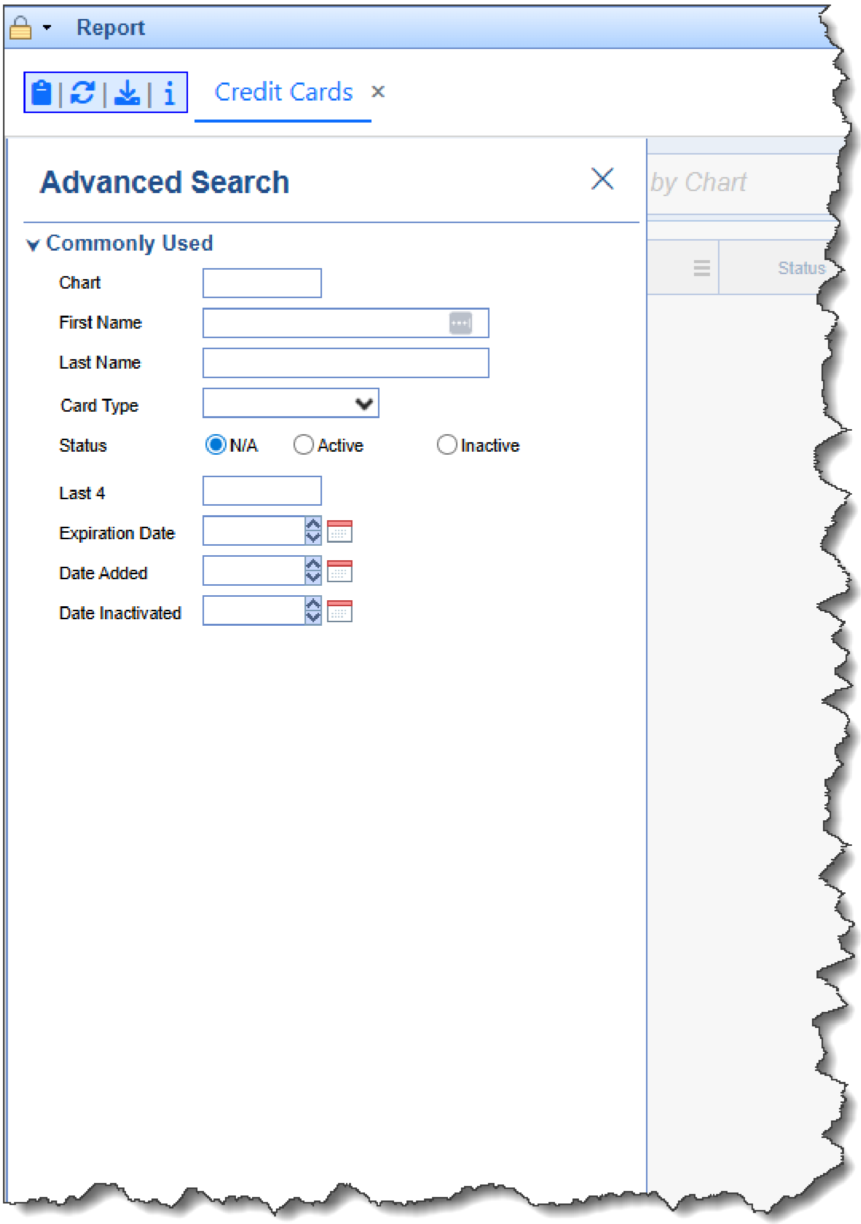
New Text to Pay Links Reports

U18812: Previously, when a Text to Pay link was sent, users could not verify its delivery or payment status. In this release, we addressed this by adding a Text to Pay link report at both the patient and practice levels. Both reports offer a full array of search parameters and fields, as well as a print option. The Text to Pay History can be accessed within the "More" section of the Patient Setup window, while the **Text to Pay Links** practice report is available in the Reports portal under General.



Saved Credit Cards Report

U18047: Along with our new Patient Expired Credit Cards view, we added a new report displaying saved patient credit cards, including inactive or expired ones. This search control screen, located under Reports > Billing > "Credit Cards," enables users to identify patients with recently expired credit cards and potentially contact them for updated card information. Practice administrators can also use this feature to monitor the number of stored cards, ensuring employees actively collect them from patients.



Enhancements

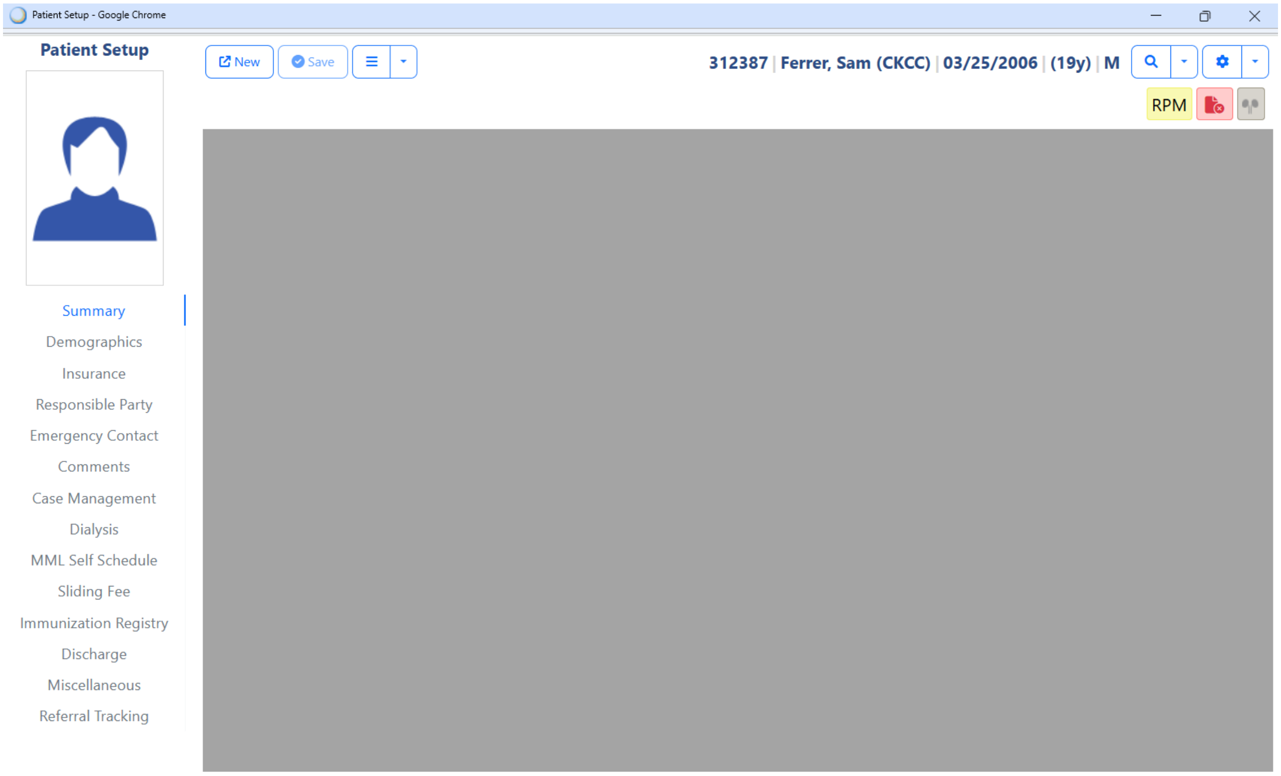
Modernized Patient Setup Screen (Limited Beta)

U-20039 Modernized Patient Setup Screen (including Patient Header). This update is being released behind a Feature Flag for controlled Beta testing. The initial Beta is limited to development testing, with additional enhancements scheduled for our October release. At that point, practices may request early access by contacting Support to be enabled as Beta participants. General availability will follow in a future Q4 2025 release.

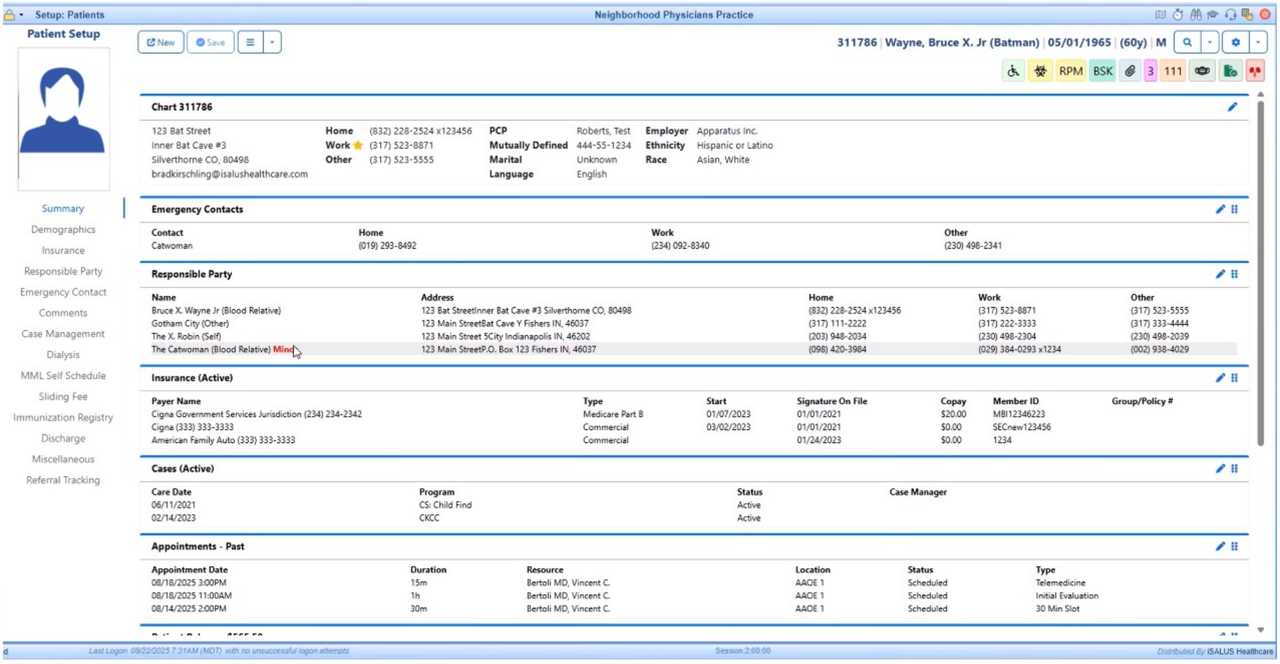
We are modernizing the Patient Setup screen container and navigation menu as part of our transition to the Vue framework. This release introduces a cleaner design and improved performance while laying the foundation for upcoming Patient Demographics modernization to support USCDIv3 and to improve usability. The October release will expand on this foundation with enhancements such as configurable item ordering, header display updates, and further refinements across the Summary and Demographics tabs.

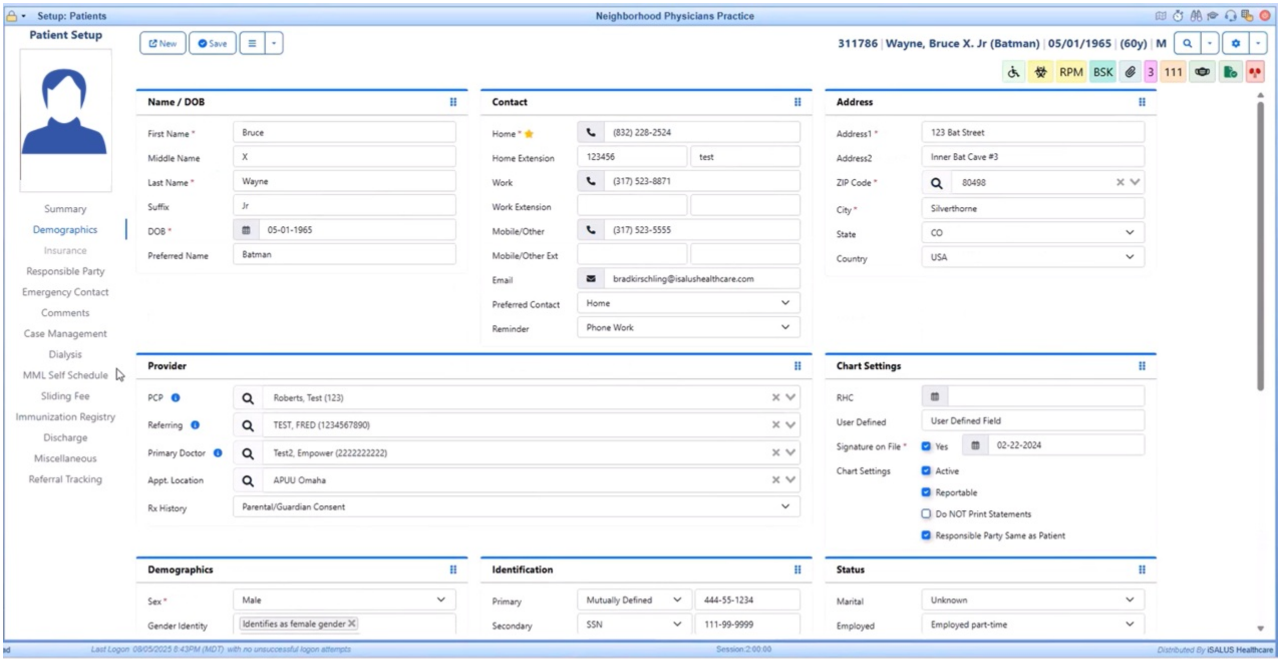
Key benefits include:

- **Modernized Container Framework** – Built with Vue for faster load times and a more consistent user experience.
- **Updated Navigation Menu** – Streamlined layout for easier movement between Patient Setup sections.
- **Patient Header Visibility**– Expanded visibility of the patient header (includes the inclusion of the patient chart number)
- **Future-Ready Design** – Foundational for updating the Summary and Demographics sections for regulatory compliance



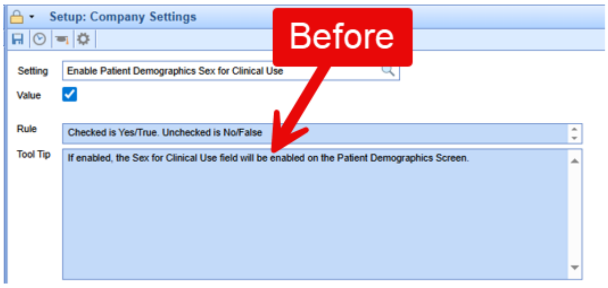
Preview of Upcoming Related Summary and Demographic Enhancement Views

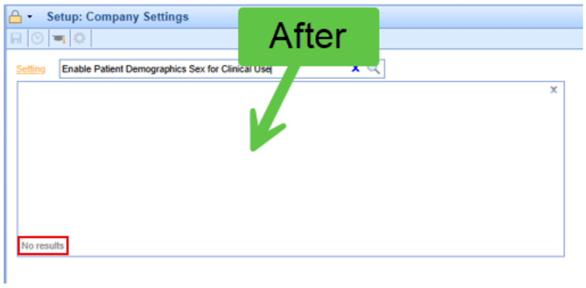




Removed "Sex for Clinical Use" field

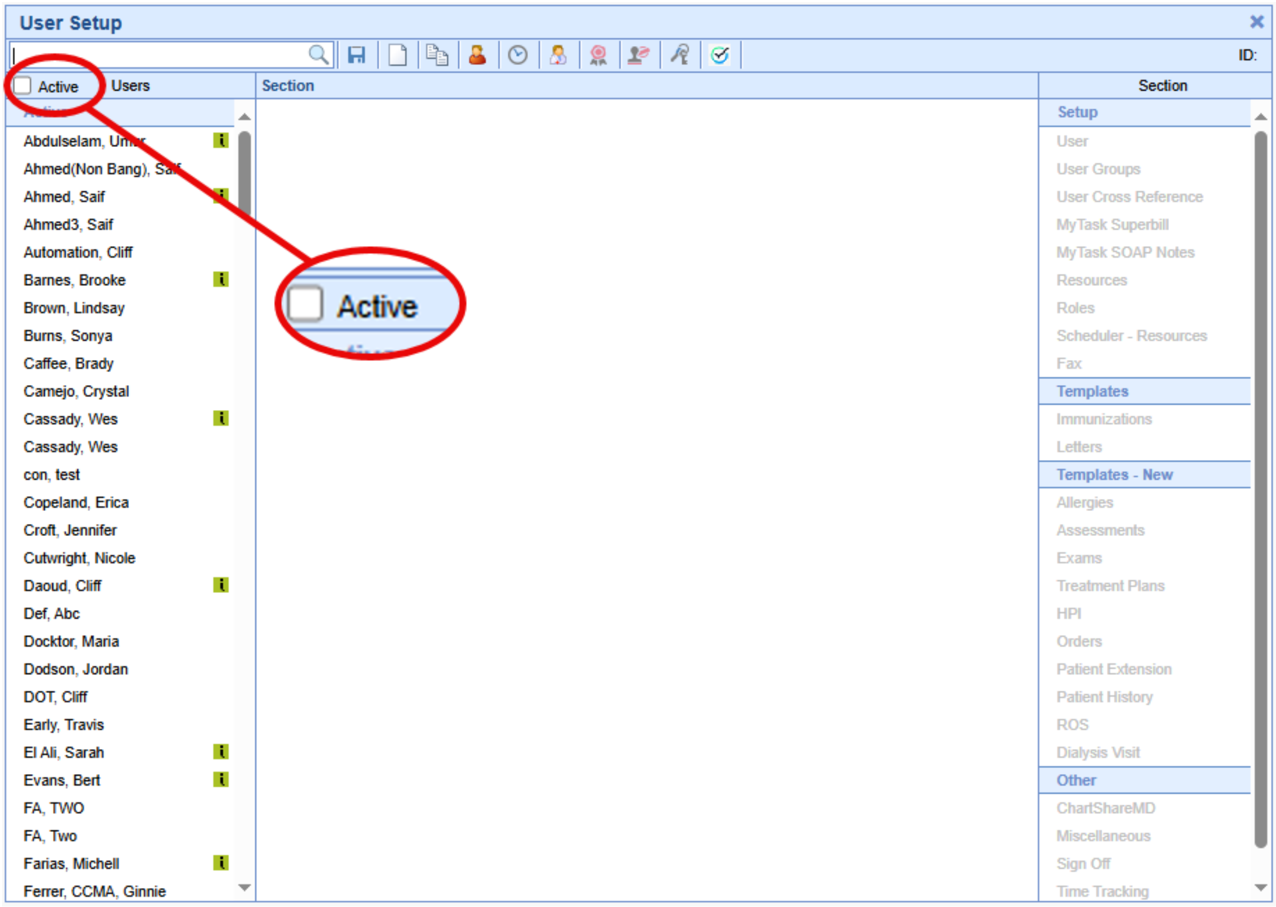
U19755: As part of a broad effort to create more inclusive and accurate patient records in electronic health information, and in line with the latest ONC regulations, we no longer need to support the "Sex for Clinical Use" field. In this release, we removed the "Enable Patient Demographics Sex for Clinical Use" setting from Company Settings, and the "Sex for Clinical Use" field from Patient Demographics.



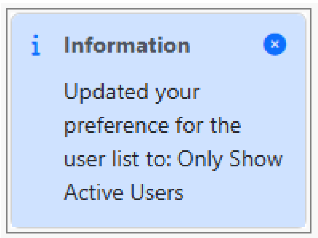


New "Active" checkbox to exclude inactive users from user search

U19540: A new "Active" checkbox has been added to the User Setup screen. When checked, this box, which is unchecked by default, limits the User Search field to active users only, excluding all inactive users from the list.

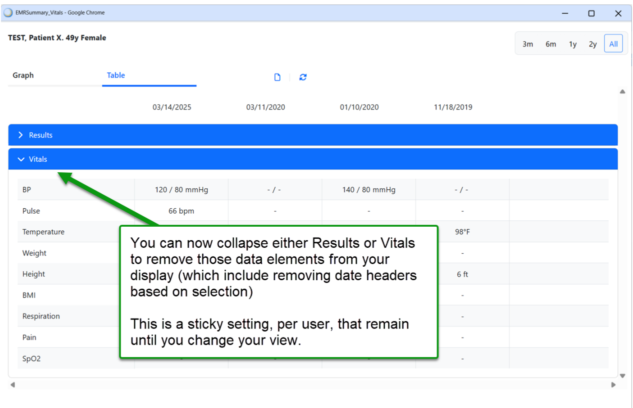


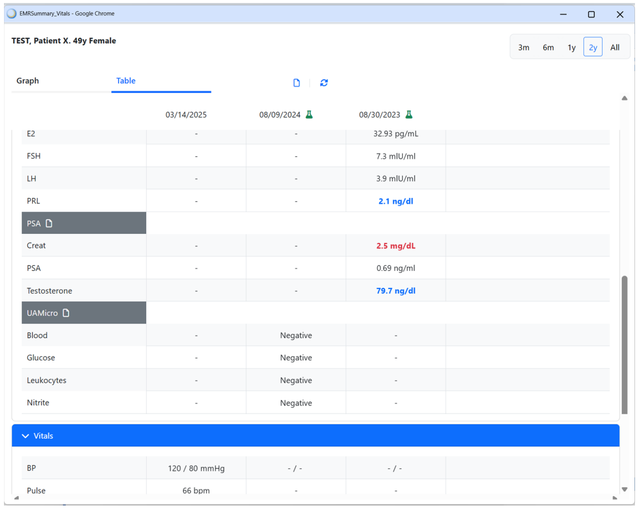
An informational message will indicate that the new user setting was saved. If the user closes the User Setting window with the checkbox checked, the system will remember this selection. Thus, the next time the screen loads, only active users will be visible (users can change this setting at any time by unchecking the "Active" box).



Release (GA) Global Fishbones and EMR Summary Vitals (Table View)

U19941: In Q1 2025, we launched a major initiative to modernize our lab result data framework (Fishbones) with a focus on optimizing system performance. With our **September 11, 2025 release**, the remaining Beta features will be **enabled for all clients**. This means that users can expect to see the modernized EMR Summary Vitals (Table View) screen.





Users can expect the following:

- **Seamless Transition** – No setup required; existing Company and User settings are automatically applied.
- **Optimized Performance** – Faster loading of vital and result data.
- **Expanded Access** – More entry points for launching the Vital Summary screen.
- **Modernized Vitals Table View** – Faster data retrieval and improved usability.
- **Collapsible Table Sections** – Streamlined Result and Vitals data views for better trend analysis.
- **Integrated Lab Result Reports** – Quick access via the result flask icon in Table View.

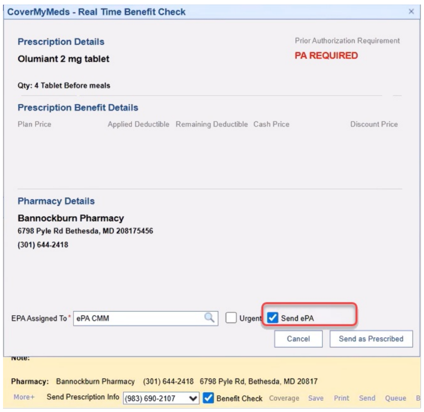
For more info visit our Summary Vitals Screen Help Article.

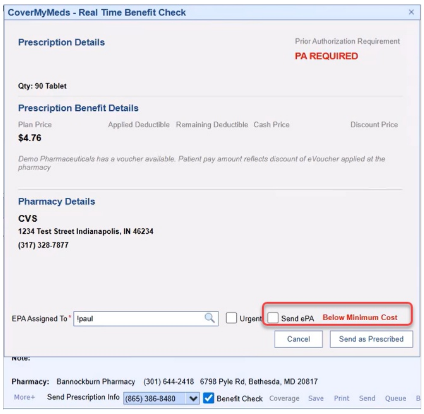
CoverMyMeds ePA New Company Settings

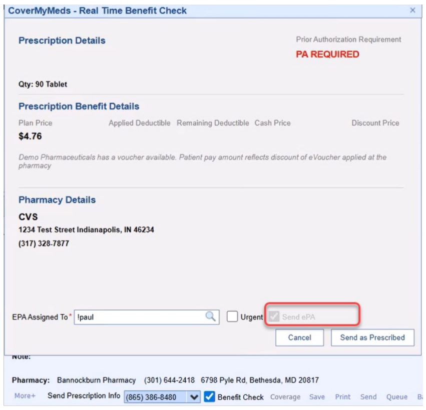
U20132: CoverMyMeds (CMM) Enhancements – Beta (9/11/25 Release): Two new company settings let practices disable auto-send of ePAs or set a minimum prescription cost threshold, giving prescribers more control and reducing unnecessary ePAs. In support of these settings, users will also see a new Send ePA checkbox in the CoverMyMeds Real-Time Benefit Check screen, which clearly indicates when an ePA will be generated, when it will not, and provides override capabilities in most scenarios.

These enhancements will be released as **Beta through September and October**, with General Availability planned for the **November release**. Although labeled Beta, no special flag or opt-in is required—active CMM clients will see these settings automatically. The Beta designation reflects that real-world production use is the first opportunity to fully validate functionality at scale.

Practices interested in enrolling in CMM, or current clients who would like to provide feedback during the Beta period, should contact Support.





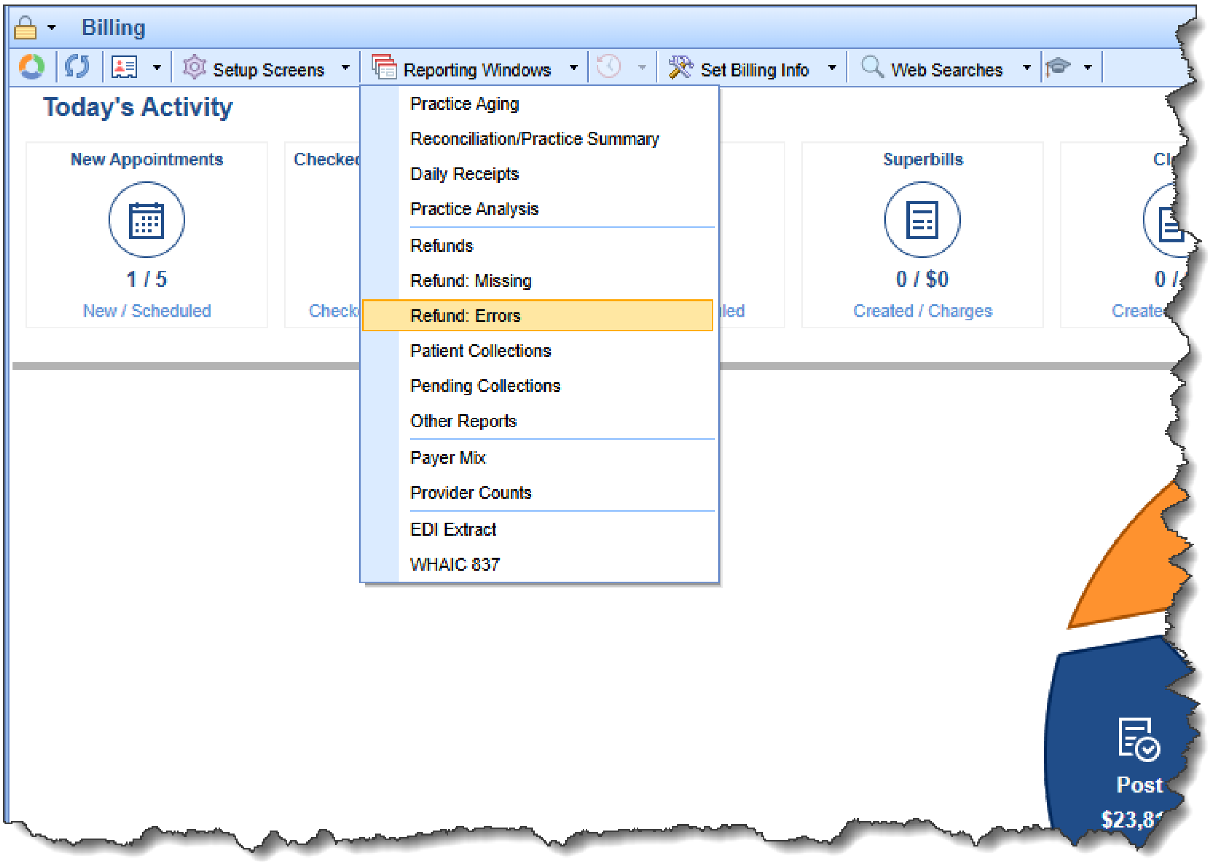


Update to Sign Off Display in EMR

U19250: SOAP Note History – Owner Column and Sign Off Process. We updated the Owner column behavior in the Patient > Progress Notes/SOAP Notes > History tab to ensure it correctly reflects the first signing provider when a SOAP Note is signed off. The History tab now refreshes immediately when saving notes, ensuring ownership details are displayed according to settings.

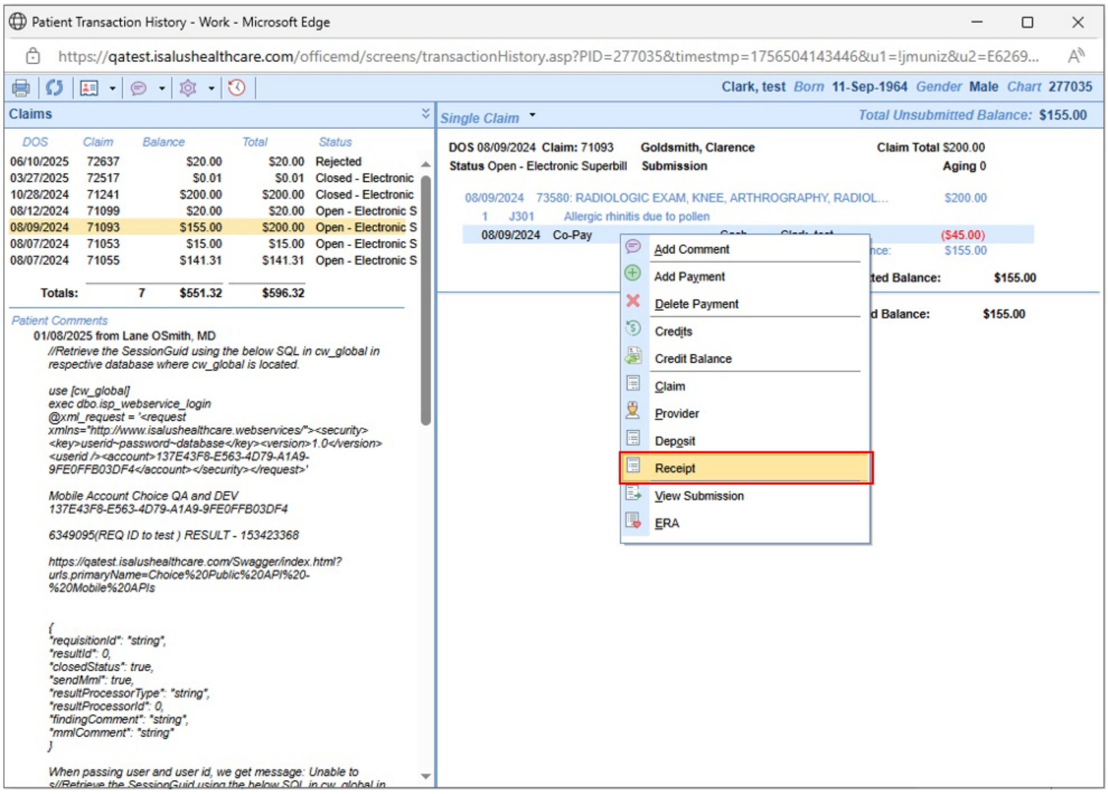
New Refund Errors Clean Up Job

U18973: Refund errors occur when a claim no longer has a credit balance, but a credit is still assigned to the patient or insurance from a previous credit balance. Previously, these errors were cleared manually by running the Refund Maintenance tool for each claim. To automate this process and reduce manual work, we implemented a nightly job that runs daily at 4:00 AM. This job automatically clears background refund errors on claims, eliminating the need for manual intervention by users. The **Refund: Errors** report was also modified to include all claims with a balance greater than or equal to $0, rather than exclusively claims with a $0 balance that had a refund.

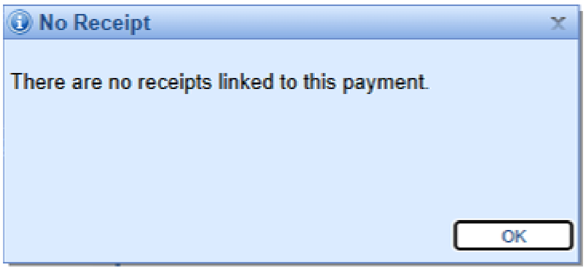


New Patient Transaction History Link for Receipt Details on Receipt Payment

U18975: A new "**Receipt**" link option has been added to the Receipt Details within the Patient Transaction History for receipt payments made on a claim. This mirrors the existing functionality for Deposit Details on deposit payments. When a payment created from a receipt is right-clicked, selecting the "Receipt" option will open the corresponding receipt details.

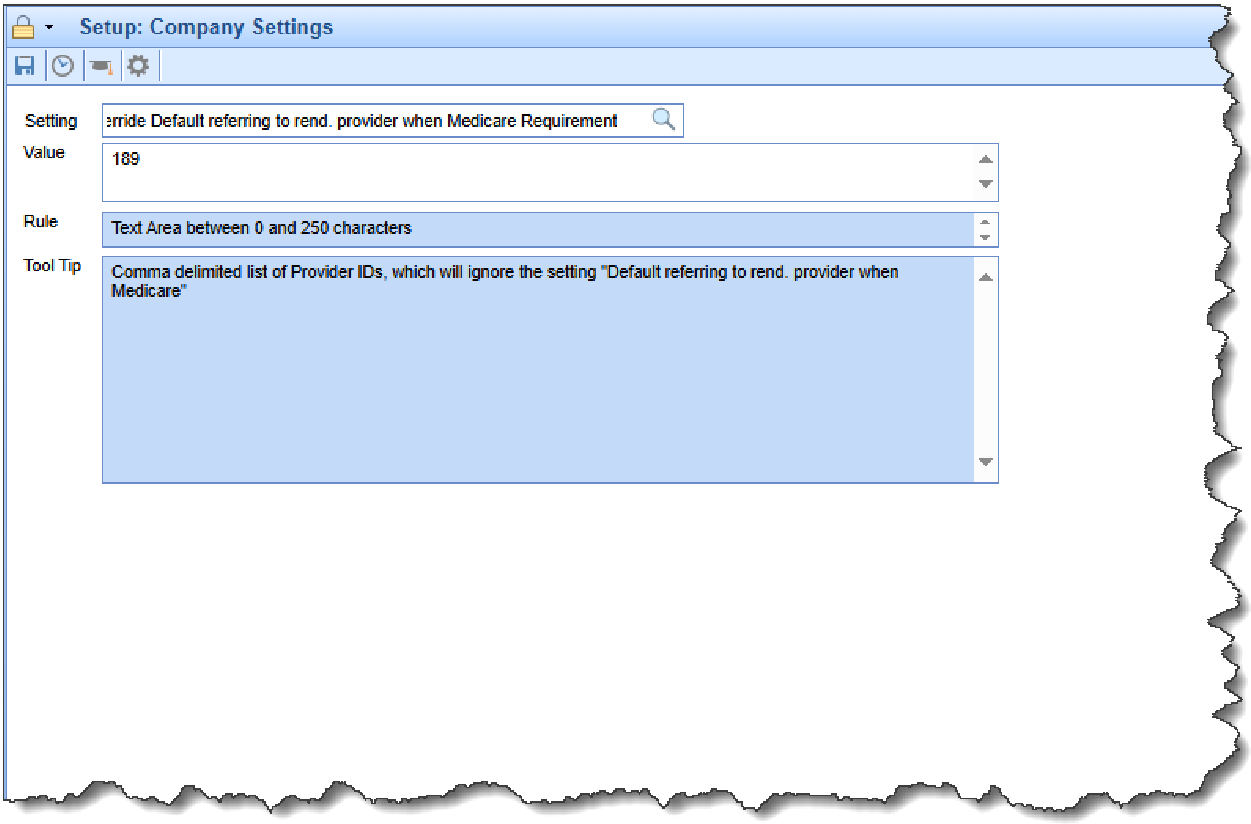


If the right-clicked payment was not created from a receipt, a pop-up message will state, "There are no receipts linked to this payment."



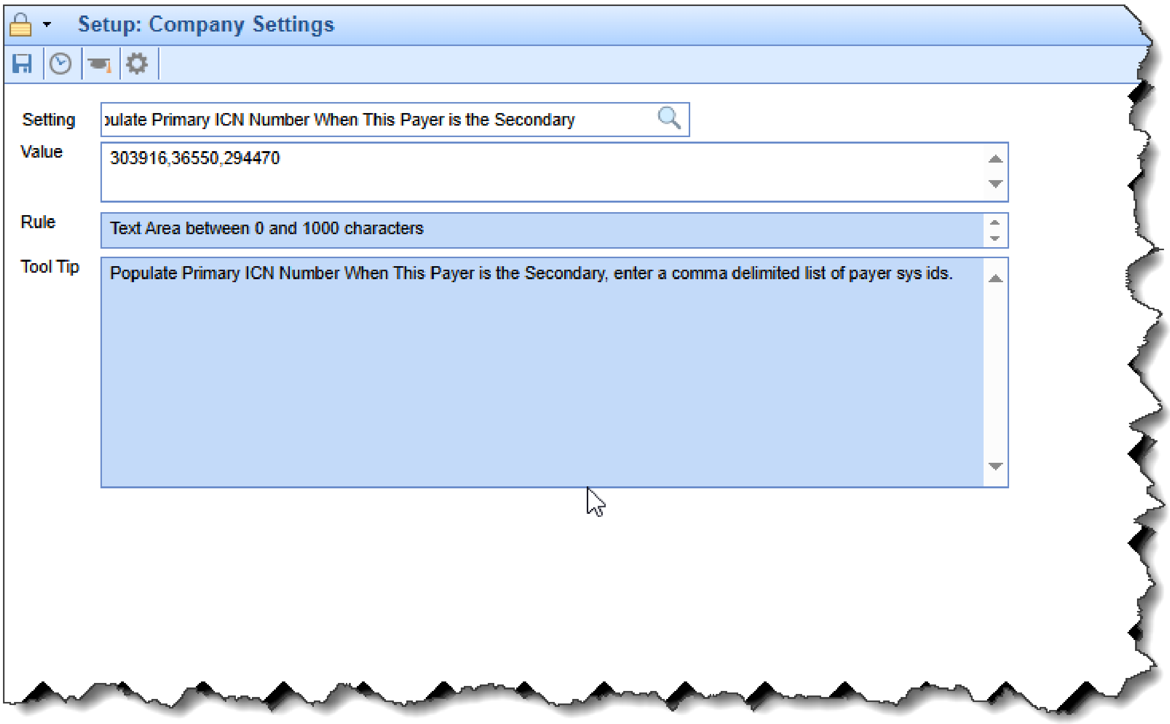
New Company Setting - Override Default referring to rend. provider when Medicare Requirement

U15718: A new company setting within **Setup > Administrative Setup > Company Settings** has been created to mitigate the new Medicare guideline edit that allows Audiologist to provide certain services without the need of a referring provider. When set, Company Setting: *Override Default referring to rend. provider when Medicare Requirement* will allow a comma delimited entry of provider ids that should ignore the setting "Default referring to rend. provider when Medicare". Once a provider ID has been set in the override settings, validation of the referring and rendering providers will not occur when that provider is designated as rendering on a Medicare claim. This eliminates the need for those specific providers to have a referring provider when billing Medicare.



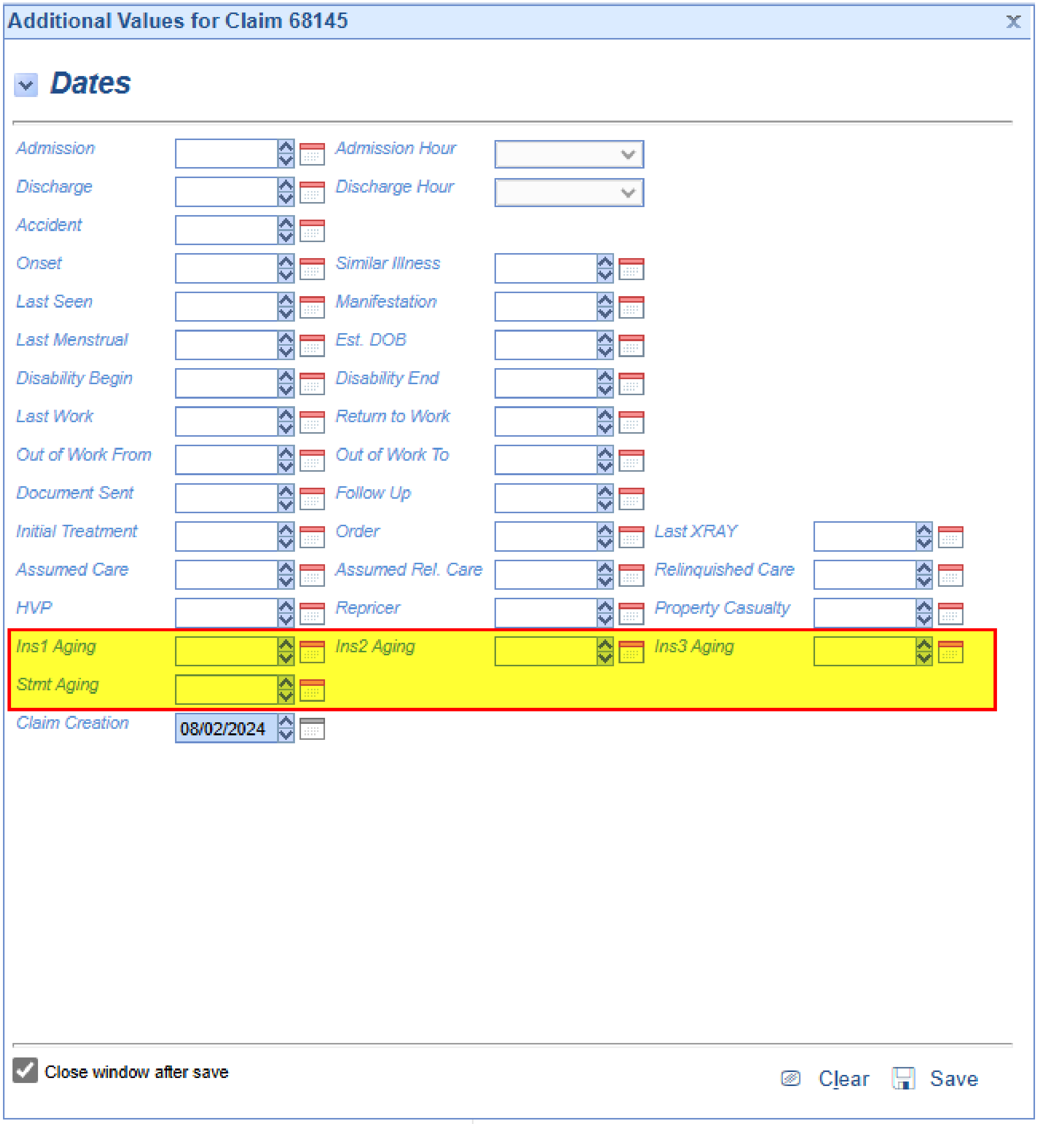
New Company Setting - Populate Primary ICN Number When This Payer is the Secondary

U20277: A new company setting has been created to allow users to to pull the ICN number from the primary payment on the claim when the Payer is Secondary. This is a comma delimited setting for the payer id of the secondary payer that will trigger the ICN number to populate the original reference number. When set, Company Setting: *Populate Primary ICN Number When This Payer is the Secondary* will pull the ICN number from the 835 when the deposit/claim is posted from the primary payer response, and then add the ICN number (from the ERA response) to the Original Reference number field on the claim.



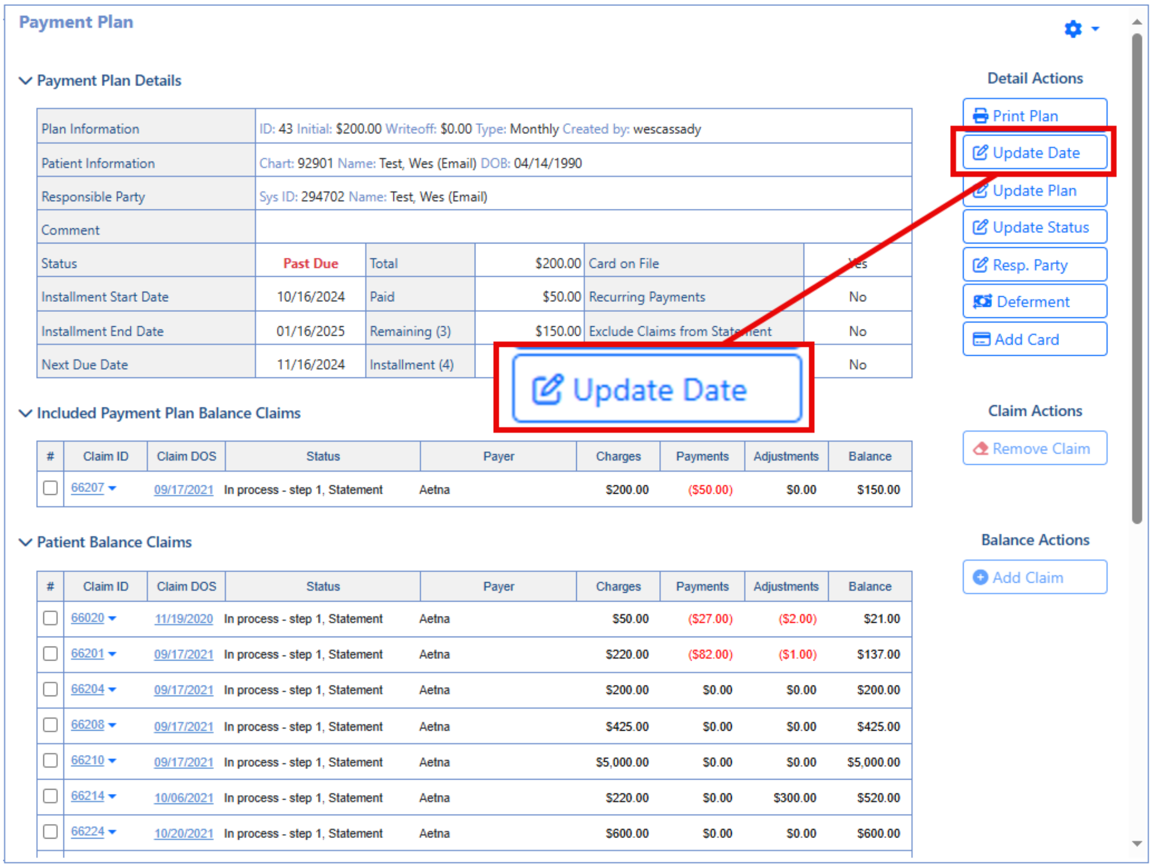
Billing Analytics Claim Aging Dates Addition

U19564: Claim aging dates have been added to the Billing Analytics Cube. These new PivotTable Fields, including Ins1 Aging, Ins2 Aging, Ins3 Aging, and Stmt Aging, are located under the Date Fields folder. allowing user to develop better custom reporting with aging claims data.

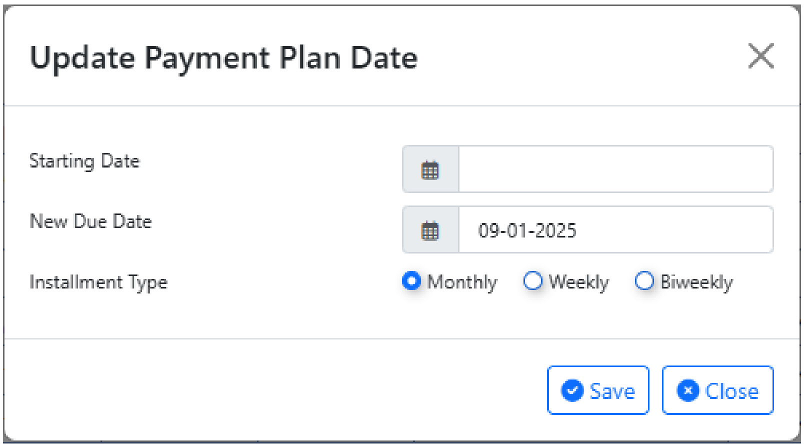


New "Update Date" option added to Payment Plan Detail Actions

U19297: We added the capability of updating the installment due date for a payment plan when a patient needs to modify the date they need to make the payment for their payment plan. We added a new "Update Date" button to the Detail Actions of the Payment Plan Details screen, which will provide the user with the option to update the Installment Due Dates. When the installment due date is updated, all past installments will be left with the previous installment date and all upcoming installments (greater than today's date) will have the installment date updated to the new installment date.

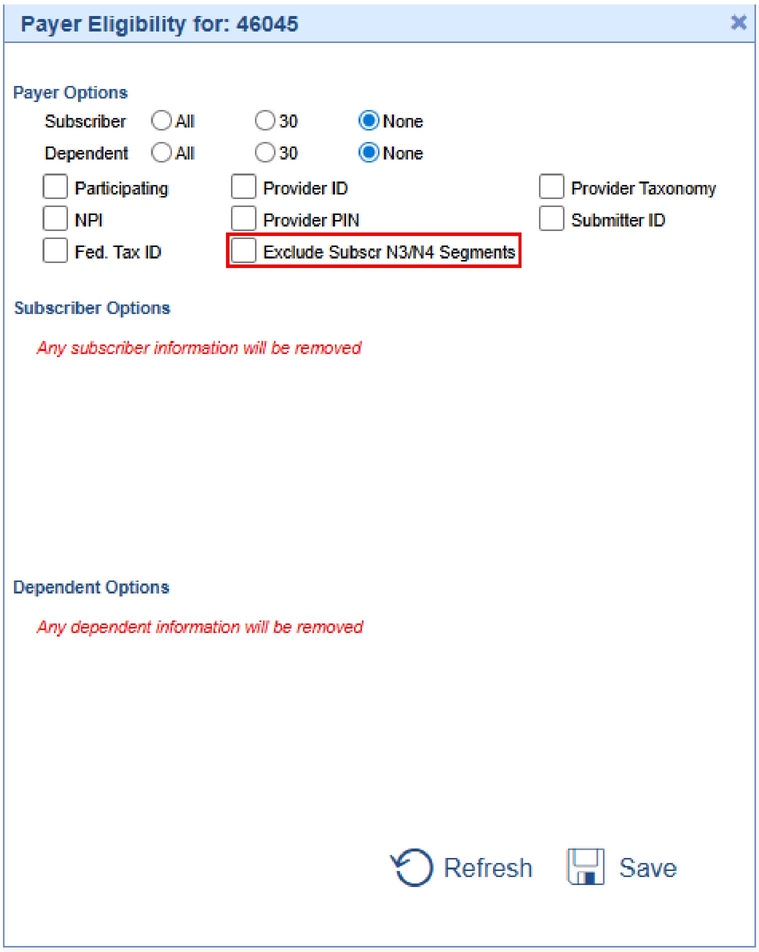


When selected, this new option allows users to update the "Installment Type" along with the installment "Start" and "Due" dates.



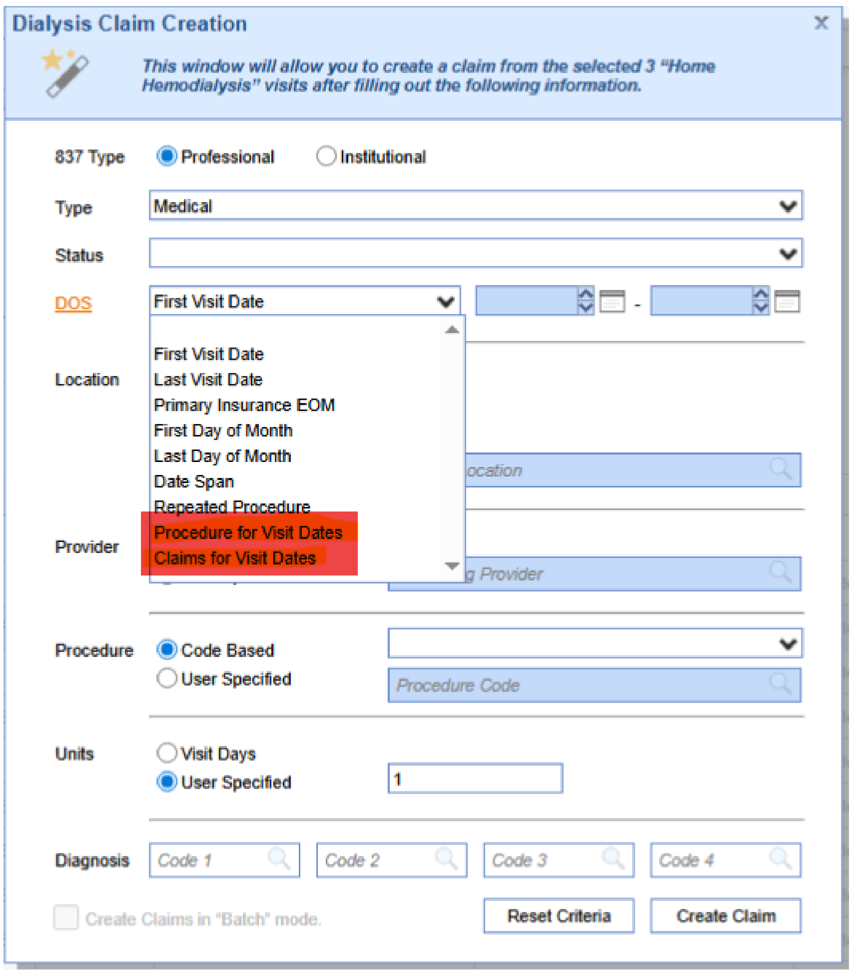
Eligibility - 270 File N3 & N4 Exclusion Flag

U20206: Change Healthcare indicates that payer Avera Health Plan (Payer ID 46045) requires the removal of Loop 2100C Segments N3 & N4, containing the subscriber address, from the 270 file for eligibility checks. To achieve this, a payer-specific flag was created to nullify Loop 2100C Segments N3 & N4, as both are situational and not mandatory. Since this flag is set to exclude the subscriber's N3/N4 segments, they will not be added to the 270 file based on the payer ID during eligibility verification.



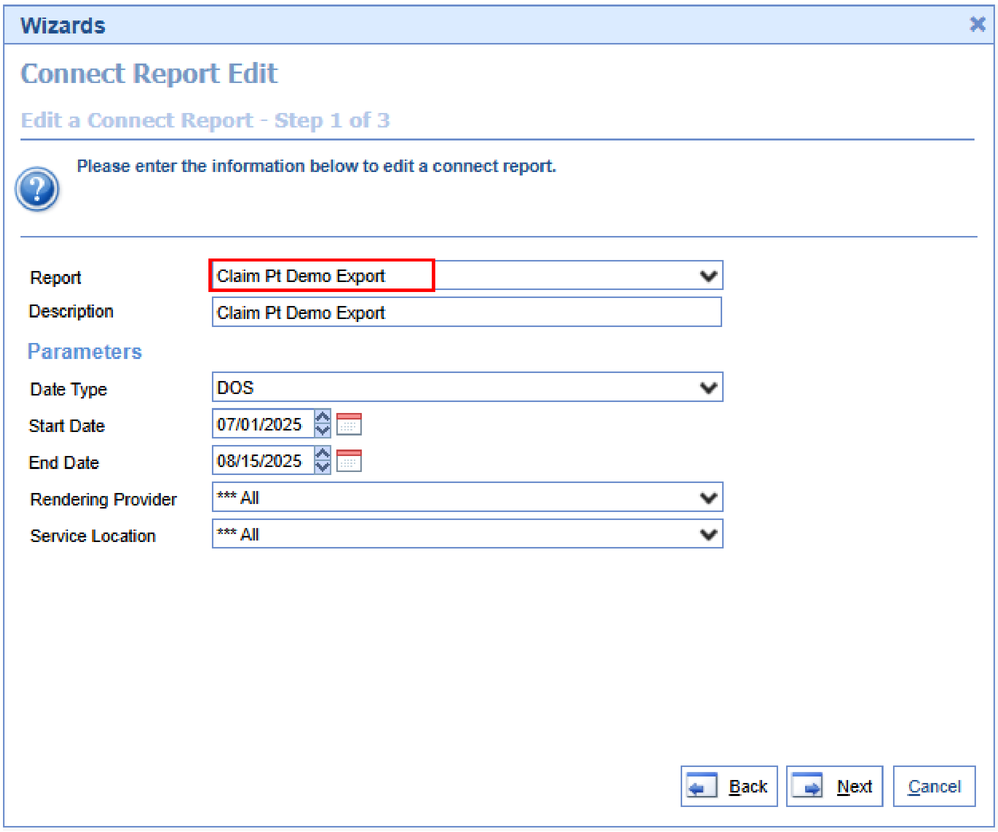
Dialysis Billing Enhancements

U8774: Currently, in dialysis billing, monthly billing for in-center hemodialysis is driven by visit counts within the current month, with a single claim submitted based on total visits. In this release, we added support for dialysis billing to create a claim with a procedure for each visit date and an option for a claim to be created for each visit date based on AKI dialysis billing. We added two new options to the "DOS" dropdown in the Dialysis Billing window: "Procedure for Visit Dates" and "Claims for Visit Dates." If "**Procedure for Visit Dates**" is selected, a single claim with multiple procedures will be created based on each visit date. If "**Claims for Visit Dates**" is selected, multiple claims will be created, with each visit date generating its own claim.



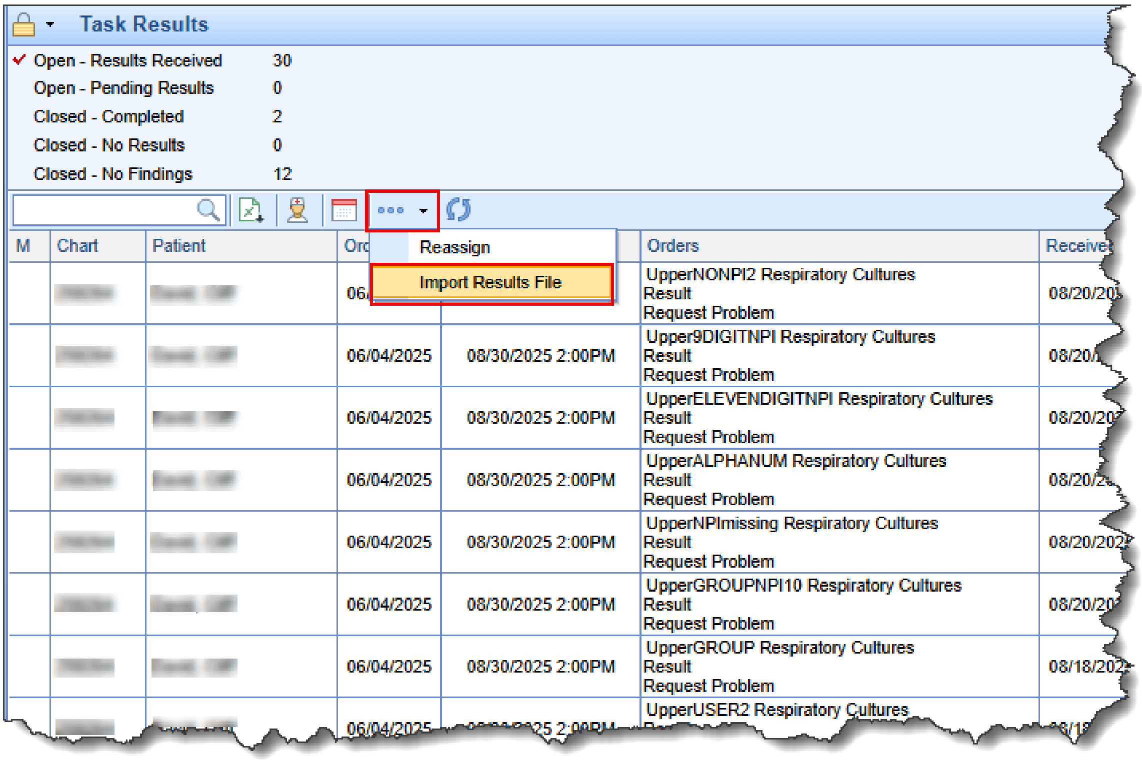
New Connect Report for Claim Pt Demo Export

U20325: We created a new Connect Report that allows users to retrieve claims with patient demographic data based on a given posting or service date range, rendering provider, or service location. This enables users to export the data for import into another system, where the RCM team can submit and process the claims.



Moved the HL7 Import Button to the header of My Tasks Results

U19112: We relocated the HL7 Import Button to the to the More (...) menu within the My Tasks Results header. This ensures continued access to HL7 file import functionality, which remains relevant despite the planned removal of My Task Order > Unsolicited (we will remove this legacy screen once it is no longer in use). The import screen has been updated to process both .HL7 and .txt files, consistent with previous capabilities.

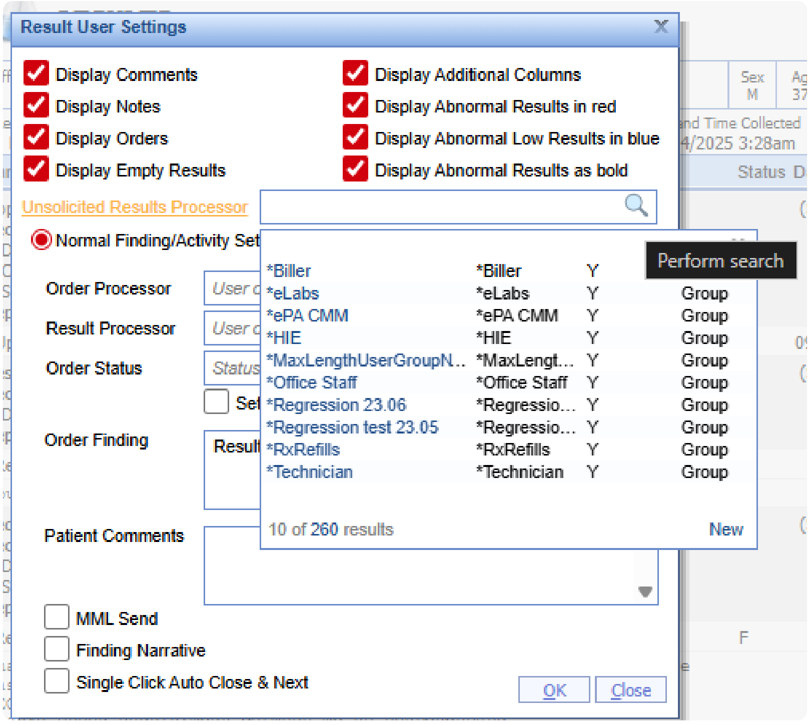


New User Setting -Unsolicited Results Processor

Automate the Result Processor assignment based on the Ordering Provider NPI for Unsolicited Results

U20325: A common complaint from practices leveraging unidirectional HL7 interfaces, specifically a "Results Only" lab interface (ORU Inbound), is the need to process unsolicited results to the ordering provider manually. Currently, ancillary medical staff typically perform this task, manually assigning the result to the ordering provider via the "Result Processor" field. In this release, we added additional logic to the result processing to extract an NPI from the ORU as the Result Processor, based on the ID.me *User:Provider* mapping containing a matching NPI. This mapping ensures a single association from User to Billing Provider ID, eliminating duplicate mappings. The new User Setting: Unsolicited Results Processor allows the office to set a User or User Group to assign Unsolicited Results to based upon the NPI received for the Ordering Provider within the HL7 file when there is a missing or Invalid Requisition ID.

Please note that not all interfaces are created equally, therefore this setting may only be effective if the HL7 mapping already attempts to pull the ordering provider and the value within the HL7 file is an NPI. It is possible that customers may need to work with Support and/or their Vendor to get this working as expected.



My Task Orders - Unsolicited Labs Queue Deprication

U19143: The My Task Orders > **Unsolicited Lab** queue is being deprecated. The items currently in the Unsolicited Labs queue will remain intact until they have been worked down. Once the count = 0 for this queue, it will no longer be displayed. Only legacy interfaces previously dropped Unsolicited Results to this section. These will now flow into My Tasks - Results > Open - Results Received queue. Be sure to confirm that users who previously managed this queue have access to My Tasks - Results.

RLE: Attempt MPI load if patient not found on RLE chart page.

U19586: When MPI information fails to send during a scheduled task, an error message, "Surescripts RLE could not find this patient," appears when viewing the Surescripts RLE Chart. Although the information is saved in the queue, there was no clear way to display this to the practice. This release adds support for displaying the reason for failure to load the patient into Surescripts when the patient cannot be found. The reason for failure will now be displayed in Patient Setup > Miscellaneous > Record Locator Consent - Sync Status, showing any sync errors.

Resolutions

Patient Comment updates not updating the user

B17778: Corrected an issue where, upon editing and saving changes to existing patient comments, the user making the edit was initially displayed. However, after closing and reopening the comment screen, the user name reverted to the original creator. Additionally, while the comment's date/time updated to reflect the most recent edit, the comment did not reposition to the top of the comments list. We resolved this, ensuring comment edits now display the username/author of the comment as the user making the change/saving, and that the comment row is displayed based on the updated date/time of the save.

Prescription Refill Validation Update

B20427: Prescription Refill for EPSC Script - In response to a single report of a patient mismatch in a refill, additional validations were added to have the database ensure that refill in question matches the prescription's patient. In the event of a mismatch between the received request and outbound response, then an error occurs and the user will be unable to continue without resetting their screen, and then the user can attempt the refill again.

EMR Summary Vitals: Results not displaying when Vitals Timeline Category Is disabled

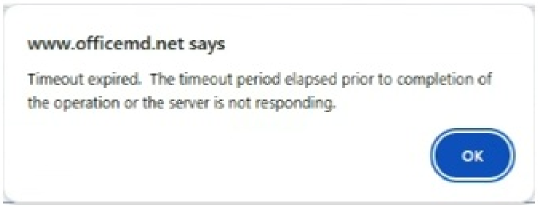
B20064: Corrected an issue where, . We recently modernized the EMR Summary Vitals screen and enhanced accessibility by allowing users to launch it via the heart icon from any timeline entry (previously only accessible by clicking the heart icon in the bottom-left corner of the timeline). The issue was that when the Vitals category was disabled in a user’s timeline view, launching the EMR Summary Vitals screen using the heart icon (bottom-left corner of the timeline) would result in the Table View not displaying any Results data. We corrected this issue so that the EMR Summary Vitals screen displays results data based on Company/User wireframe settings, regardless of the timeline view setting (Vitals enabled/disabled).

eDocuments "Clear All" timing out when client tries to empty their large volume Inactive folder

B20097: Corrected an issue within eDocuments where clients with larger volumes of documents encountered an error when using the "Clear All" function to remove items from their "Inactive" folder. The code, which previously used a CURSOR to loop through all items for deletion, was updated to now employ a bulk action for copying documents, significantly improving speed.

Cost Estimator Screen Time Out

B19458: Corrected an issue that caused the Patient Cost Estimator window to time out within one minute of opening when data was entered under specific circumstances. SQL code updates were implemented to prevent future occurrences.



Security Audit Report Utilizing Old Table Search Control Filter

B19957: Resolved an issue affecting the Security Audit Report results window. Previously, if a user filtered results and then selected "Refresh" (Maintain Results Filters option), the results would clear, and the old table search filter option would display upon clicking the filtered column. This issue has been fixed, and the table control updated so the sort/filter popup does not appear when there are no rows.

Deposit showing Disbursed W/Errors after errors had been resolved

B20117: Corrected an issue that caused a specific deposit to display as "disbursed with errors" instead of "disbursed," despite having no current claims with errors or deposit errors. The issue arose because claims were marked as "posted" upon deposit, even if unresolved errors existed.

Intelligent Intake encoding issues for Spanish characters

B20155: Resolved an encoding issue affecting Spanish characters in Intelligent Intake. Some of the Spanish characters entered into OfficeEMR were not being captured correctly in the intake letter. A modification was implemented to utilize the mmlweb API for retrieving intake section information, preserving all Spanish characters.

Prompt Insurance Assignment failing to update correct coverage on the Appointment

B20183: Corrected an error occurring when the company setting for "Prompt Insurance Assignment" is enabled and a new primary insurance is added. If the patient has only one inactive insurance, and the prompt is set to update all current and future appointments, the insurance would be added as secondary coverage on the appointments instead of primary. The code was updated to recognize the correct insurance level under these circumstances and update accordingly.

Claim Query - Rendering Provider name not displaying Provider Full Name

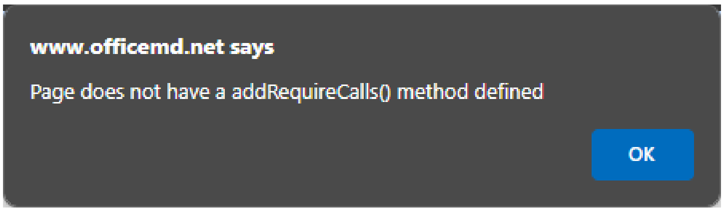
B18558: Corrected an issue that prevented the Claim Query window from displaying the full provider name for a specific provider/database. The issue was that the resource entity was attached only to the last name. We added code to change how the full entity name is crafted when the entity type is a resource, so that it now includes a last name, first name, and suffix.

Deposit Payment Type for CO45 incorrectly set Due to ignored Denial Indicator on Payer Override

B19947: Corrected a database issue where a deposit's CO45 for all claims was incorrectly treated as an "ERA Information Only" payment type instead of the expected "Insurance Contract Adjustment." This occurred because the company setting "No-pay Denial Payment ID" updates the CO45 payment type when a CARC code with a denial indicator and a $0.00 payment is present on a claim. However, this should not have happened in this instance, as the payer has a Payer ERA Override for CO24, which does not have the denial indicator set. Since the Payer ERA Override Denial indicator flag was not being taken into account, we modified the function to include deposit fields that would allow us to check the payer overrides.

Aging Analysis Report error

B20165: Resolved an error displayed when running the "Aging Analysis Report" with specific criteria for a specific database. The error, "page does not have an addRequiredCalls() method defined," was specific to some users using Microsoft Edge. We updated the code to ensure the report runs and downloads correctly.



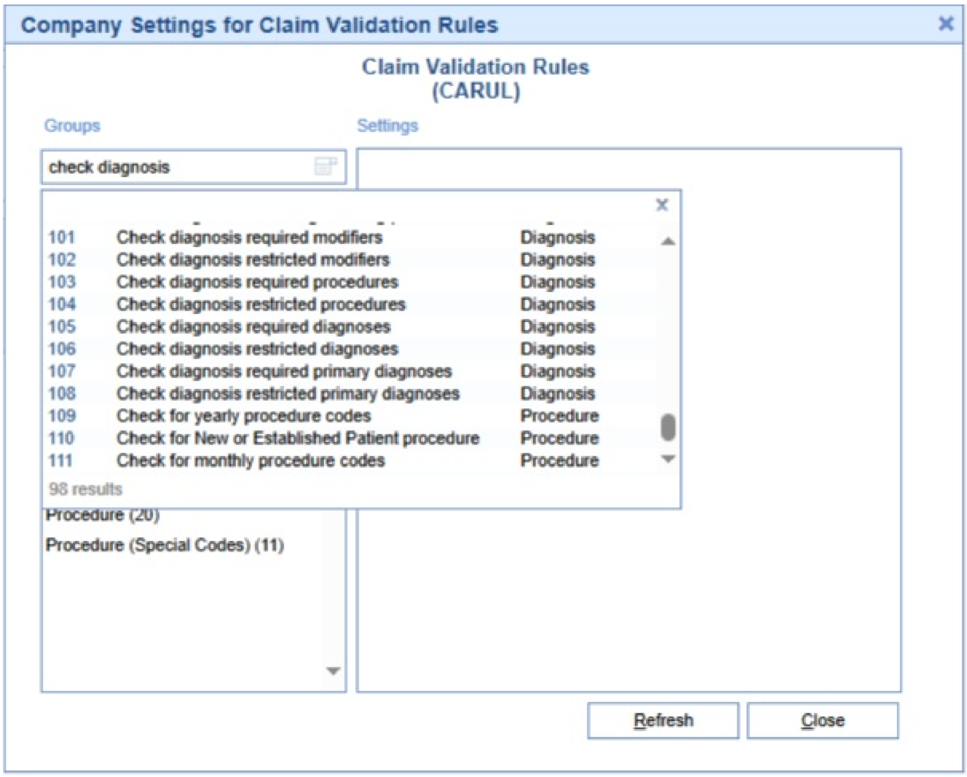
Prompt Insurance Assignment Setting not working when Patient has more than 3 insurances listed

B20139: We resolved an issue that prevented the "Prompt Insurance Assignment" setting from functioning when a patient had more than three insurance policies listed. The prompt would not appear if the "Prompt Insurance Assignment for Appointments Missing an Insurance" company setting was enabled and the patient had more than three insurance policies (e.g., when adding a fourth insurance policy). To correct this, we updated the logic to retrieve the correct insurance level and apply updates appropriately.

Check Diagnosis Claim Validation company settings not displayed from

Company Settings

B20223: Resolved an issue where Company Settings for "Check Diagnosis," which enable Diagnosis Validation Setup, were inaccessible from both the Company Settings and Diagnosis Setup screens, preventing the enablement of diagnosis validations. To correct this, the Multi-Company Setting window with Claim Rules was added to the Procedure Code and Diagnosis Code Setup windows. Support was also added to automatically trigger a refresh after company settings are configured in the Multi-Company Settings window. We also added access from the Gear icon on the setup windows; however, opening it from here will not automatically refresh the window.



Claim Inspector Desktop Graph not showing data as expected

B20257: With the update of our graphing tool, the Claim Inspector Desktop gadget had been set with a pie graph as opposed to the previous line graph. To correct this, we updated the gadget back to a line graph, as it allows users to view trends and data more easily.

Provider Signature not loading for all pages on HCFA batch

B20077: Resolved an issue within the Claim Submission window where the Provider Signature failed to load on all pages upon the initial attempt to print a HCFA Batch. The provider's signature would only populate on all pages after closing the print preview and initiating multiple print attempts. The issue stemmed from the print function being triggered before images could fully load. To correct this, a 0.5-second timeout was implemented prior to triggering the print, ensuring signatures (image data) are loaded before printing.

Apostrophes entered into MML portal messages incorrectly displayed as (???)

B18492: Corrected an issue where "???" was displayed when an apostrophe was added via Safari on "MyMedicalLocker" Portal Messages. We resolved this by adding paste validation to remove invalid XML characters upon pasting, ensuring this is no longer an issue with any special characters.

Security Audit Report Utilizing Old Table Search Control Filter

B19957: Resolved an issue affecting the Security Audit Report results window. Previously, if a user filtered results and then selected "Refresh" (Maintain Results Filters option), the results would clear, and the old table search filter option would display upon clicking the filtered column. This issue has been fixed, and the table control updated so the sort/filter popup does not appear when there are no rows.

Intelligent Intake encoding issues for Spanish characters

B20155: Resolved an encoding issue affecting Spanish characters in Intelligent Intake. Some of the Spanish characters entered into OfficeEMR were not being captured correctly in the intake letter. A modification was implemented to utilize the mmlweb API for retrieving intake section information, preserving all Spanish characters.

MML/Intake | Family accounts unable to complete intakes for relatives

B19796: With the concept of family accounts, it is not uncommon for a relative to complete intake paperwork on behalf of a child or elderly parent. Previously, when attempting this via MML, users received an "Invalid Input" message during the first section (demographics). To correct this, we added logic to properly handle scenarios where a user (e.g., a parent) logs into their MML account, switches to a family member's account (e.g., a child's account), completes paperwork on their behalf, to ensure the intake submits correctly.

MML Issue for lab results on iPhone PDFs

B10837: Corrected an issue where viewing MML lab results on an iPhone, in either Safari or Chrome, would only display the first page when multiple pages existed (e.g., 1 of X pages). On a computer browser, all pages were viewable. To correct this, we removed the PDF viewer page and made the Main Lab Result + attachment dynamically built buttons to ensure all content is viewable from an iPhone.

Intelligent Intake Reminders associated to cancelled appointments

B19588: Corrected an issue where Intelligent Intake reminders were sent to patients despite the intake being associated with a cancelled appointment. These intakes should have been excluded from reminders, as they were marked as 'historical' and displayed as "Appointment (Cancelled)" in the UI. We rectified this to ensure appointments with a canceled or rescheduled status are excluded from the reminder list.