

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
- New Patient Expired Credit Cards View
- New Text to Pay Links Reports
- Saved Credit Cards Report

Enhancements

- New Refund Errors Clean Up Job
- New "Update Date" option added to Payment Plan Detail Actions
- New Company Setting - Override Default referring to rend. provider when Medicare Requirement
- New Company Setting - Populate Primary ICN Number When This Payer is the Secondary
- Dialysis Billing Enhancements
- Release (GA) Global Fishbones & EMR Vitals Summary
- (Limited Beta) Modernize Patient Setup Screen
- CoverMyMeds ePA New Company Settings
- New User Setting for "Unsolicited Results Processor"

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.

Report

Neighborhood Physicians Practice

System Reports

Audit

Appointments

Payment

TPS Activity

Enhanced Access

RX - 3408

Urology Extract

Logins

Security

General

Appointment

Contract Review

Employer

IHS

Appt. Reminders

Data Export

Estimate Approval

Product Roadmap

Client Data

EHI Export

FHIR Summary

Text to Pay Links

Meaningful Use

Disease Management

MU Dashboard

DSI Feedback

PQRS

MIPS Dashboard

Public Health

Case Reporting

Immunization Export

Syndromic Surveillance Export

EMR

Connect

Orders

Summary of Care

iReport

Prescription Log

Telemedicine

Billing

Aging Analysis

Bypass Claim

Chronic Care

Denial Analytics

Payer Mix

Practice Aging

Reconciliation/Practice Summary

Billor Productivity

CARC Analysis

Credit Cards

Location Analysis

Payment Analysis

Practice Summary

Rejection Analysis

eDocuments

Disk Space

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.

PaySimple Credit Card - Work - Microsoft Edge

https://qatest.isalushealthcare.com/officemd/App/billing/PaySimpleCreditCard?useReceipt=true&requirePayment=true&childCallback=...

PaySimple Credit Card

ID	277035
Patient	Clark, test
Payment Amount	\$10.00
Copay	No

Credit Card Capture Method

☒ Existing Card ☐ Manual Entry ☐ Swipe

visa *1111 12/2025

[Inactive Cards](#)

[Remove Credit Card](#) [Submit Payment](#) [View Receipts](#) [Close](#)

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.

Report Neighborhood Physicians Practice

System Reports

Audit Appointments Payment TPS Activity	Enhanced Access RX - 340B Urology Extract	Logins Security	EMR Connect Orders Summary of Care
General Appointment Contract Review Employer IHS	Appt. Reminders Data Export Estimate Approval Product Roadmap	Client Data EHI Export FHIR Summary Text to Pay Links	Billing Aging Analysis Bypass Claim Chronic Care Denial Analytics Payer Mix Practice Aging Reconciliation/Practice Summa
Meaningful Use Disease Management MU Dashboard	DSI Feedback PQRS	MIPS Dashboard	eDocuments Disk Space
Public Health Case Reporting	Immunization Export	Syndromic Surveillance Export	

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.

Report

Credit Cards x

Advanced Search X

▼ **Commonly Used**

Chart

First Name

Last Name

Card Type

Status ☒ N/A ☐ Active ☐ Inactive

Last 4

Expiration Date

Date Added

Date Inactivated

by Chart

Status

Enhancements

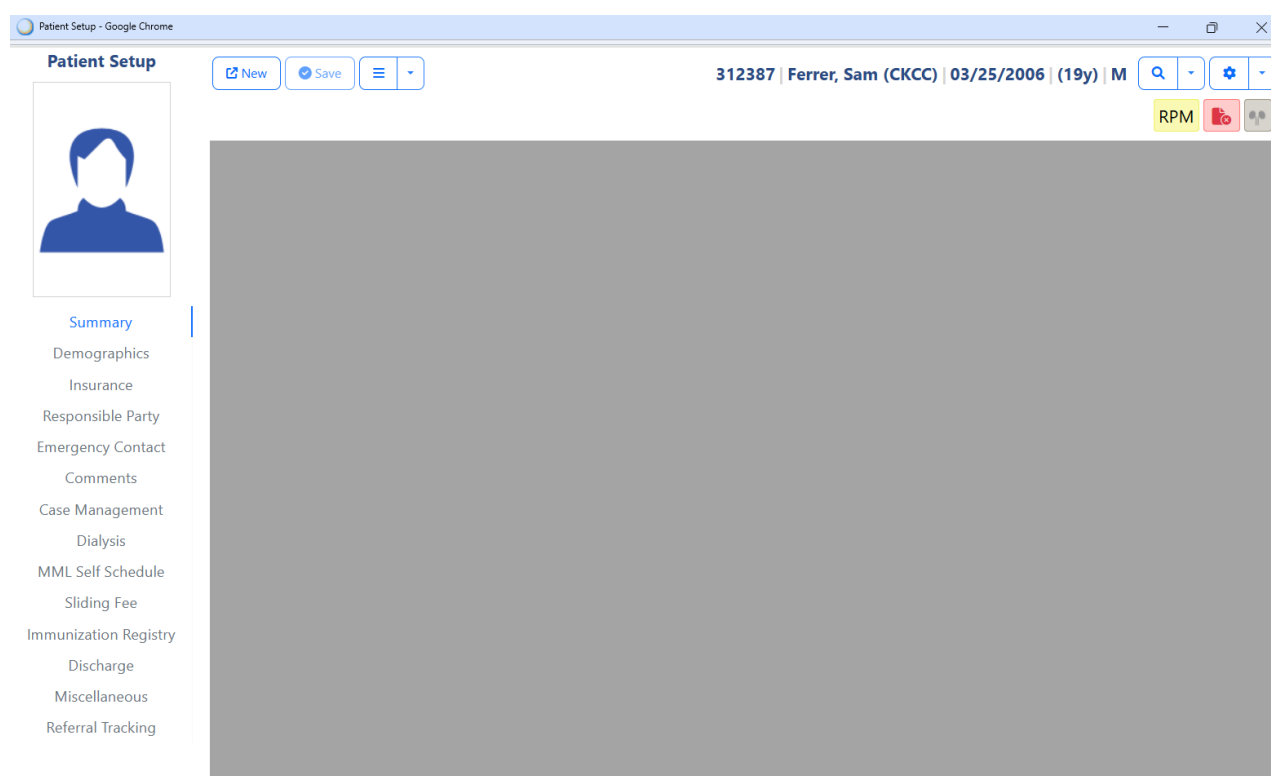
Modernized Patient Setup Screen (Limited Beta)

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

Setup: Patients Neighborhood Physicians Practice 311786 Wayne, Bruce X. Jr (Batman) 05/01/1965 (60y) M

Chart 311786

123 Bat Street
Inner Bat Cave #3
Silverthorne CO, 80498
bradkirschling@isalushealthcare.com

Home (832) 228-2524 x123456
Work (317) 523-8871
Other (317) 523-5555

PCP Mutually Defined
Marital Language

Roberts, Test 444-55-1234
Unknown English

Employer Apparatus Inc.
Ethnicity Hispanic or Latino
Race Asian, White

Emergency Contacts

Contact	Home	Work	Other
Catwoman	(019) 293-8492	(234) 092-8340	(230) 498-2341

Responsible Party

Name	Address	Home	Work	Other
Bruce X. Wayne Jr (Blood Relative)	123 Bat Street Inner Bat Cave #3 Silverthorne CO, 80498	(832) 228-2524 x123456	(317) 523-8871	(317) 523-5555
Gotham City (Other)	123 Main Street Bat Cave Y Fishers IN, 46037	(317) 111-2222	(317) 222-3333	(317) 333-4444
The X. Robin (Self)	123 Main Street 5 City Indianapolis IN, 46202	(203) 948-2034	(230) 498-2304	(230) 498-2039
The Catwoman (Blood Relative) Mimi	123 Main Street P.O. Box 123 Fishers IN, 46037	(098) 420-3984	(029) 384-0299 x1234	(002) 938-4029

Insurance (Active)

Payer Name	Type	Start	Signature On File	Copay	Member ID	Group/Policy #
Cigna Government Services Jurisdiction (234) 234-2342	Medicare Part B	01/07/2023	01/01/2021	\$20.00	MB12346023	
Cigna (333) 333-3333	Commercial	03/02/2023	01/01/2021	\$0.00	SECnew123456	
American Family Auto (333) 333-3333	Commercial		01/24/2023	\$0.00	1234	

Cases (Active)

Care Date	Program	Status	Case Manager
06/11/2021	CS: Child Find	Active	
02/14/2023	CKCC	Active	

Appointments - Past

Appointment Date	Duration	Resource	Location	Status	Type
08/18/2023 3:00PM	15m	Bertoli MD, Vincent C.	AAOE 1	Scheduled	Telemedicine
08/16/2023 11:00AM	1h	Bertoli MD, Vincent C.	AAOE 1	Scheduled	Initial Evaluation
08/14/2023 2:00PM	30m	Bertoli MD, Vincent C.	AAOE 1	Scheduled	30 Min Slot

Last Login: 08/20/2023 7:31AM (MDT) with no unsuccessful login attempts Session: 2:00:00 Distributed By: ISALUS Healthcare

Setup: Patients Neighborhood Physicians Practice 311786 Wayne, Bruce X. Jr (Batman) 05/01/1965 (60y) M

Name / DOB

First Name * Bruce
Middle Name X
Last Name * Wayne
Suffix Jr
DOB * 05-01-1965
Preferred Name Batman

Contact

Home * (832) 228-2524
Home Extension 123456 test
Work (317) 523-8871
Work Extension
Mobile/Other (317) 523-5555
Mobile/Other Ext
Email bradkirschling@isalushealthcare.com
Preferred Contact Home
Reminder Phone Work

Address

Address1 * 123 Bat Street
Address2 Inner Bat Cave #3
ZIP Code * 80498
City * Silverthorne
State CO
Country USA

Provider

PCP Roberts, Test (123)
Referring TEST, FRED (1234567890)
Primary Doctor Test2, Empower (2222222222)
Appt. Location APUU Omaha
Rx History Parental/Guardian Consent

Chart Settings

RHC
User Defined User Defined Field
Signature on File * Yes 02-22-2024
Chart Settings
Active
Reportable
Do NOT Print Statements
Responsible Party Same as Patient

Demographics

Sex * Male
Gender Identity Identifies as female gender

Identification

Primary Mutually Defined 444-55-1234
Secondary SSN 111-99-9999

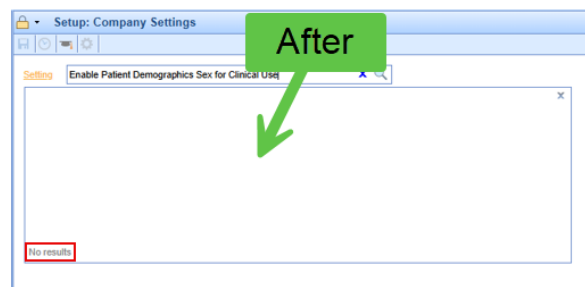
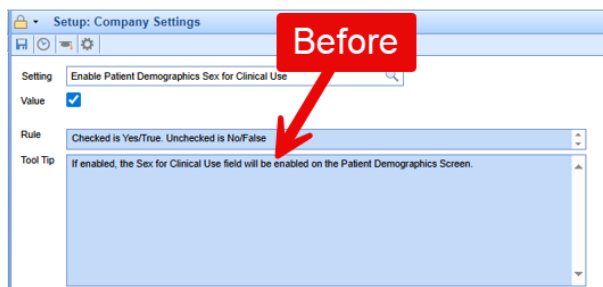
Status

Marital Unknown
Employed Employed part-time

Last Login: 08/05/2023 9:43PM (MDT) with no unsuccessful login attempts Session: 2:00:00 Distributed By: ISALUS Healthcare

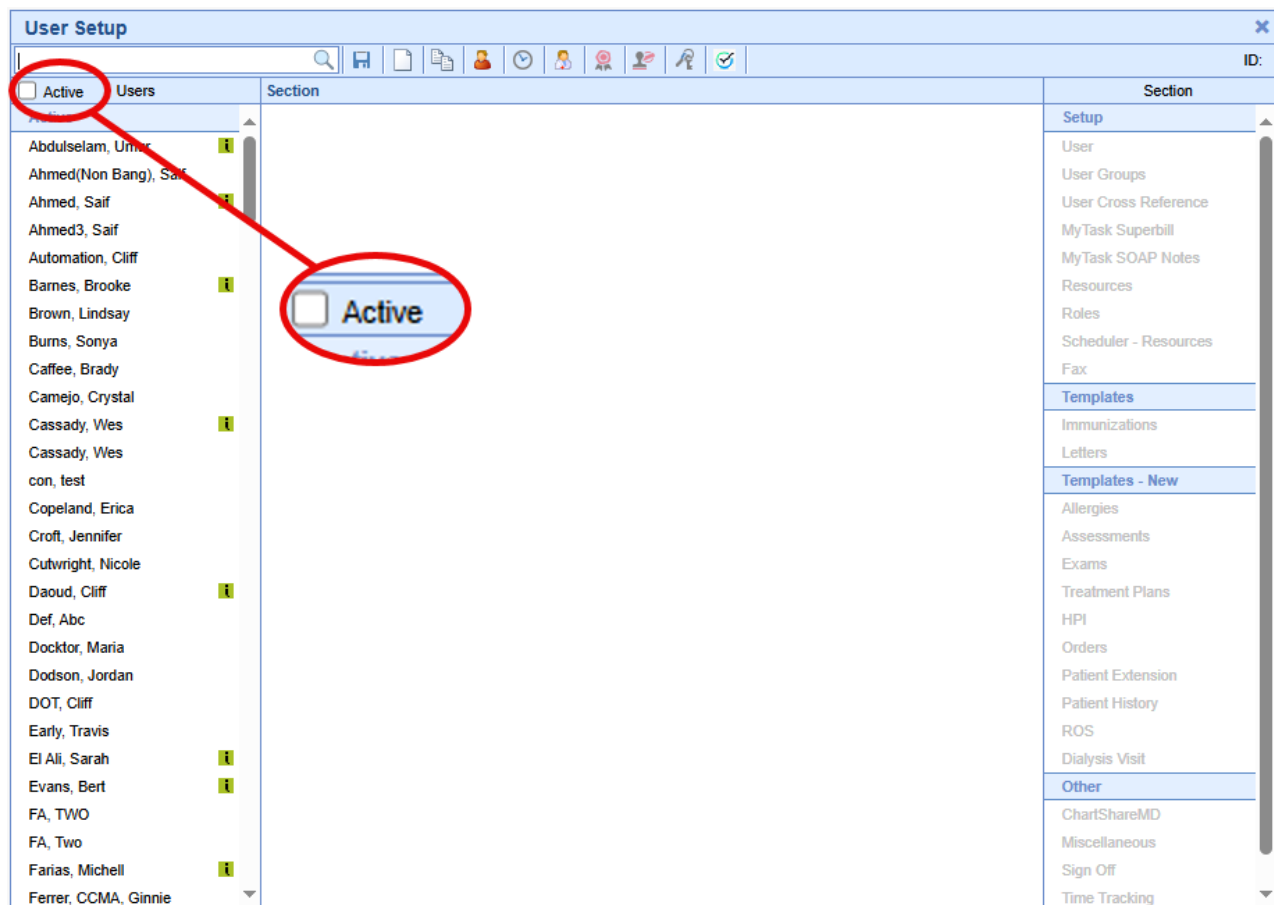
Removed "Sex for Clinical Use" field

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.

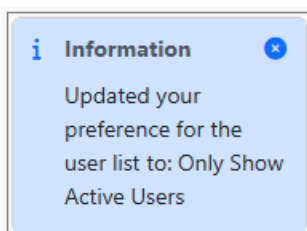


New "Active" checkbox to exclude inactive users from user search

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.

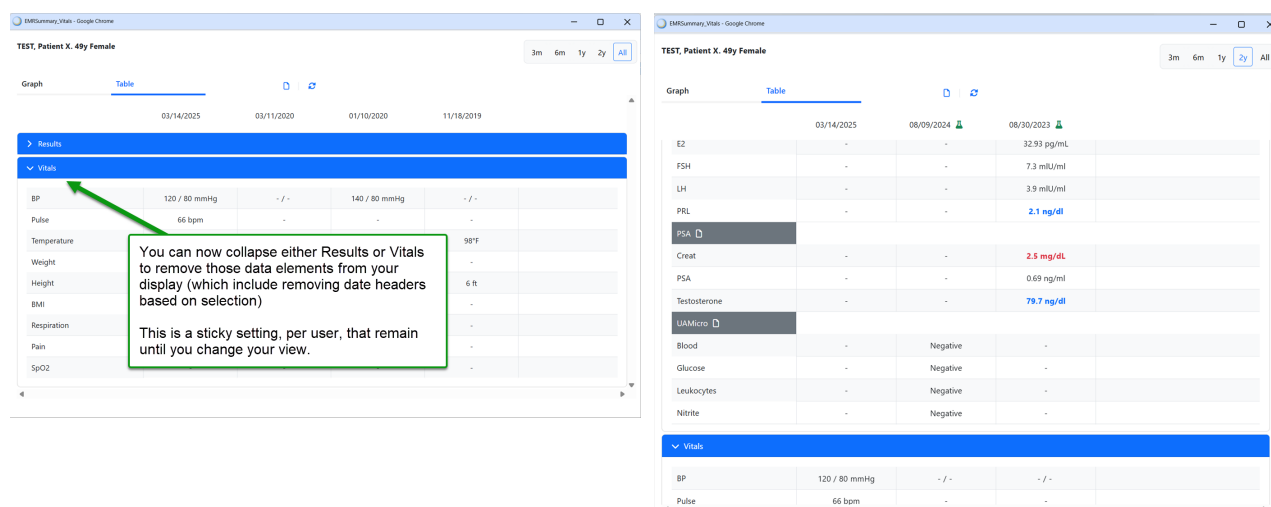


An informational message will indicate that the new user setting was saved. If the user closes the User Setting window with the checkbox checked, the system will remember this selection. Thus, the next time the screen loads, only active users will be visible (users can change this setting at any time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

The image displays three side-by-side screenshots of the 'CoverMyMeds - Real Time Benefit Check' window. Each window shows prescription details, benefit details, and pharmacy information. The 'Send ePA' button is highlighted with a red box in each screenshot.

- Left Screenshot:** Prescription: Olumiant 2 mg tablet, Qty: 4 Tablet Before meals. Benefit details show a plan price of \$4.76. The 'Send ePA' button is highlighted.
- Middle Screenshot:** Prescription: Qty: 90 Tablet. Benefit details show a plan price of \$4.76. The 'Send ePA - Below Minimum Cost' button is highlighted.
- Right Screenshot:** Prescription: Qty: 90 Tablet. Benefit details show a plan price of \$4.76. The 'Send ePA' button is highlighted.

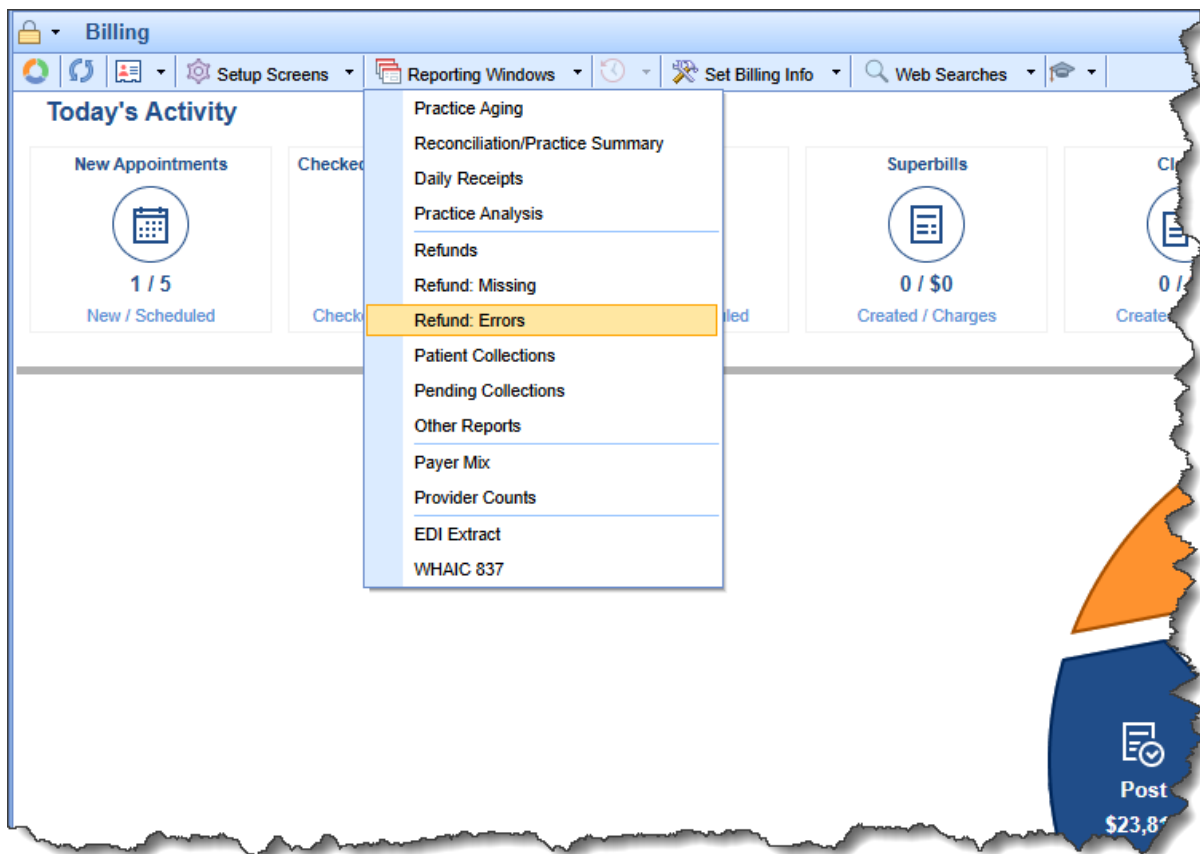
Each window also includes a 'Pharmacy Details' section for Bannockburn Pharmacy and a 'NOTE' section at the bottom.

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

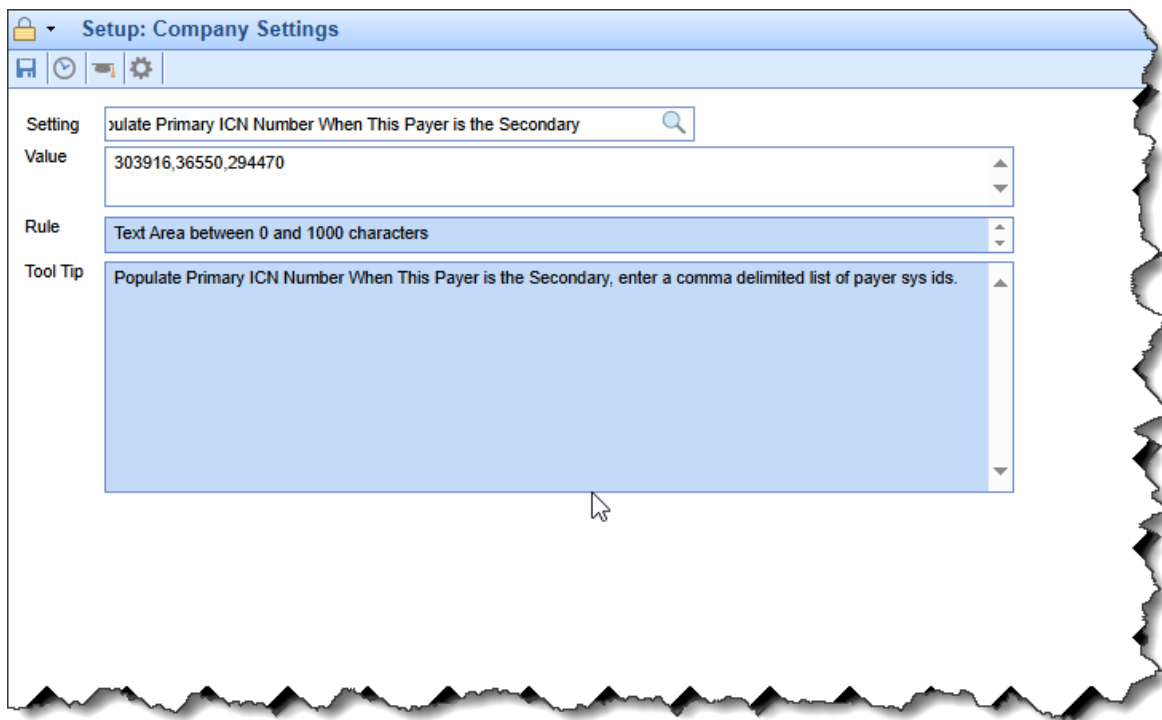
U18975: A new "**Receipt**" link option has been added to the Receipt Details within the Patient Transaction History for receipt payments made on a claim. This mirrors the existing functionality for Deposit Details on deposit payments. When a payment created from a receipt is right-clicked, selecting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

The screenshot shows a software window titled "Setup: Company Settings". It contains a table with the following data:

Setting	Value	Rule	Tool Tip
Override Default referring to rend. provider when Medicare Requirement	189	Text Area between 0 and 250 characters	Comma delimited list of Provider IDs, which will ignore the setting "Default referring to rend. provider when 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 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.

Additional Values for Claim 68145

Dates

Admission

Admission Hour

Discharge

Discharge Hour

Accident

Onset

Similar Illness

Last Seen

Manifestation

Last Menstrual

Est. DOB

Disability Begin

Disability End

Last Work

Return to Work

Out of Work From

Out of Work To

Document Sent

Follow Up

Initial Treatment

Order

Last XRAY

Assumed Care

Assumed Rel. Care

Relinquished Care

HVP

Repricer

Property Casualty

Ins1 Aging

Ins2 Aging

Ins3 Aging

Stmnt Aging

Claim Creation

08/02/2024

☒ Close window after save

Clear
Save

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.

Payment Plan

Payment Plan Details

Plan Information	ID: 43 Initial: \$200.00 Writeoff: \$0.00 Type: Monthly Created by: wescassady				
Patient Information	Chart: 92901 Name: Test, Wes (Email) DOB: 04/14/1990				
Responsible Party	Sys ID: 294702 Name: Test, Wes (Email)				
Comment					
Status	Past Due	Total	\$200.00	Card on File	Yes
Installment Start Date	10/16/2024	Paid	\$50.00	Recurring Payments	No
Installment End Date	01/16/2025	Remaining (3)	\$150.00	Exclude Claims from Statement	No
Next Due Date	11/16/2024	Installment (4)			No

Included Payment Plan Balance Claims

#	Claim ID	Claim DOS	Status	Payer	Charges	Payments	Adjustments	Balance
<input type="checkbox"/>	66207	09/17/2021	In process - step 1, Statement	Aetna	\$200.00	(\$50.00)	\$0.00	\$150.00

Patient Balance Claims

#	Claim ID	Claim DOS	Status	Payer	Charges	Payments	Adjustments	Balance
<input type="checkbox"/>	66020	11/19/2020	In process - step 1, Statement	Aetna	\$50.00	(\$27.00)	(\$2.00)	\$21.00
<input type="checkbox"/>	66201	09/17/2021	In process - step 1, Statement	Aetna	\$220.00	(\$82.00)	(\$1.00)	\$137.00
<input type="checkbox"/>	66204	09/17/2021	In process - step 1, Statement	Aetna	\$200.00	\$0.00	\$0.00	\$200.00
<input type="checkbox"/>	66208	09/17/2021	In process - step 1, Statement	Aetna	\$425.00	\$0.00	\$0.00	\$425.00
<input type="checkbox"/>	66210	09/17/2021	In process - step 1, Statement	Aetna	\$5,000.00	\$0.00	\$0.00	\$5,000.00
<input type="checkbox"/>	66214	10/06/2021	In process - step 1, Statement	Aetna	\$220.00	\$0.00	\$300.00	\$520.00
<input type="checkbox"/>	66224	10/20/2021	In process - step 1, Statement	Aetna	\$600.00	\$0.00	\$0.00	\$600.00

Detail Actions

Print Plan

Update Date

Update Plan

Update Status

Resp. Party

Deferment

Add Card

Claim Actions

Remove Claim

Balance Actions

Add Claim

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

Update Payment Plan Date

Starting Date

New Due Date

09-01-2025

Installment Type

☒ Monthly
 ☐ Weekly
 ☐ Biweekly

Save

Close

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.

Payer Eligibility for: 46045

Payer Options

Subscriber
☐ All
☐ 30
☒ None

Dependent
☐ All
☐ 30
☒ None

☐ Participating
☐ Provider ID
☐ Provider Taxonomy

☐ NPI
☐ Provider PIN
☐ Submitter ID

☐ Fed. Tax ID
☐ Exclude Subscr N3/N4 Segments

Subscriber Options

Any subscriber information will be removed

Dependent Options

Any dependent information will be removed

Refresh
Save

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.

Dialysis Claim Creation

This window will allow you to create a claim from the selected 3 "Home Hemodialysis" visits after filling out the following information.

837 Type
☒ Professional
☐ Institutional

Type
Medical

Status

DOS
First Visit Date

Location
First Visit Date
Last Visit Date
Primary Insurance EOM
First Day of Month
Last Day of Month
Date Span
Repeated Procedure
Procedure for Visit Dates
Claims for Visit Dates

Provider

Procedure
☒ Code Based
☐ User Specified

Units
☐ Visit Days
☒ User Specified
1

Diagnosis
Code 1
Code 2
Code 3
Code 4

☐ Create Claims in "Batch" mode.
Reset Criteria
Create 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.

Wizards

Connect Report Edit

Edit a Connect Report - Step 1 of 3

?

Please enter the information below to edit a connect report.

Report

Claim Pt Demo Export

Description

Claim Pt Demo Export

Parameters

Date Type

DOS

Start Date

07/01/2025

End Date

08/15/2025

Rendering Provider

*** All

Service Location

*** All

Back

Next

Cancel

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.

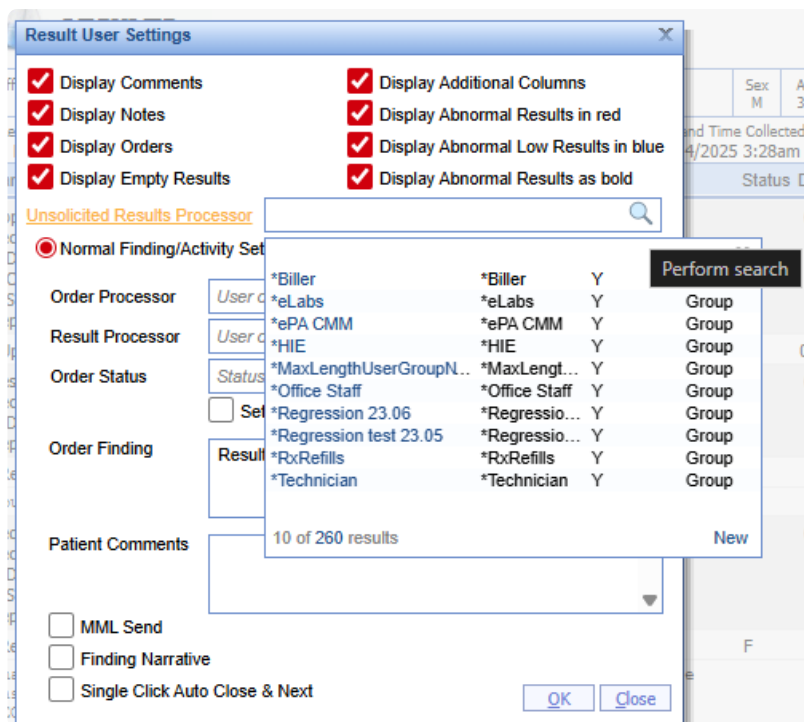
Task Results						
<div> <div> <div>Open - Results Received</div> <div>30</div> </div> <div> <div>Open - Pending Results</div> <div>0</div> </div> <div> <div>Closed - Completed</div> <div>2</div> </div> <div> <div>Closed - No Results</div> <div>0</div> </div> <div> <div>Closed - No Findings</div> <div>12</div> </div> </div>						
<div> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> </div>						
M	Chart	Patient	Ord	Reassign	Orders	Received
			06/04/2025	08/30/2025 2:00PM	UpperNONPI2 Respiratory Cultures Result Request Problem	08/20/2025
			06/04/2025	08/30/2025 2:00PM	Upper9DIGITNPI Respiratory Cultures Result Request Problem	08/20/2025
			06/04/2025	08/30/2025 2:00PM	UpperELEVENDIGITNPI Respiratory Cultures Result Request Problem	08/20/2025
			06/04/2025	08/30/2025 2:00PM	UpperALPHANUM Respiratory Cultures Result Request Problem	08/20/2025
			06/04/2025	08/30/2025 2:00PM	UpperNPImissing Respiratory Cultures Result Request Problem	08/20/2025
			06/04/2025	08/30/2025 2:00PM	UpperGROUPNPI10 Respiratory Cultures Result Request Problem	08/20/2025
			06/04/2025	08/30/2025 2:00PM	UpperGROUP Respiratory Cultures Result Request Problem	08/18/2025
			06/04/2025	08/30/2025 2:00PM	UpperUSER2 Respiratory Cultures Result Request Problem	08/18/2025

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 Deprecation

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.

Setup: Patients | Neighborhood Physicians Practice | joy, test Born 05/01/1986(39y)

New Save Train More

Health Information Exchange

Consent: ☐ Unknown ☐ Granted ☐ Denied

Effective Date:

MDRevolution Status

CCM Status: ☐ Unknown ☐ Enrolled ☐ Disenrolled ☐ Opted-Out

CCM Date:

RPM Status: ☐ Unknown ☐ Enrolled ☐ Disenrolled ☐ Opted-Out

RPM Date:

CKCC Status

CCM Status: ☐ Unknown ☐ Enrolled ☐ Disenrolled ☐ Opted-Out ☐ Deceased

CCM Date:

Record Locator Consent

Consent Given: ☐

Sync Status: Not synced with Surescripts yet [Sync](#)

Sync Error: The patient has not opted into to RLE

Sep 1, 2025 4:25:29 PM

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

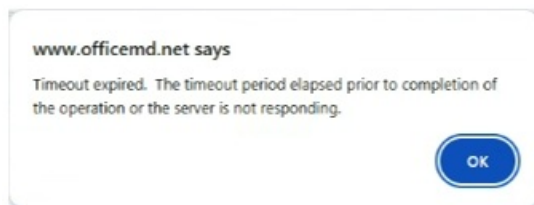
issue so that the EMR Summary Vitals screen displays results data based on Company/User wireframe settings, regardless of the timeline view setting (Vitals enabled/disabled).

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

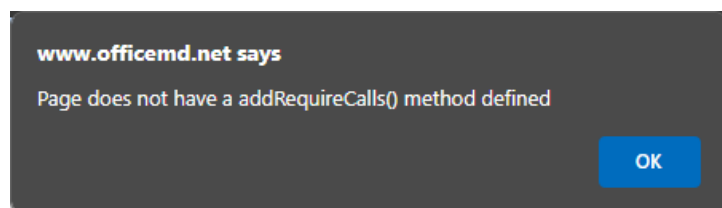
B18558: Corrected an issue that prevented the Claim Query window from displaying the full provider name for a specific provider/database. The issue was that the resource entity was attached only to the last name. We added code to change how the full entity name is crafted when the entity type is a resource,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



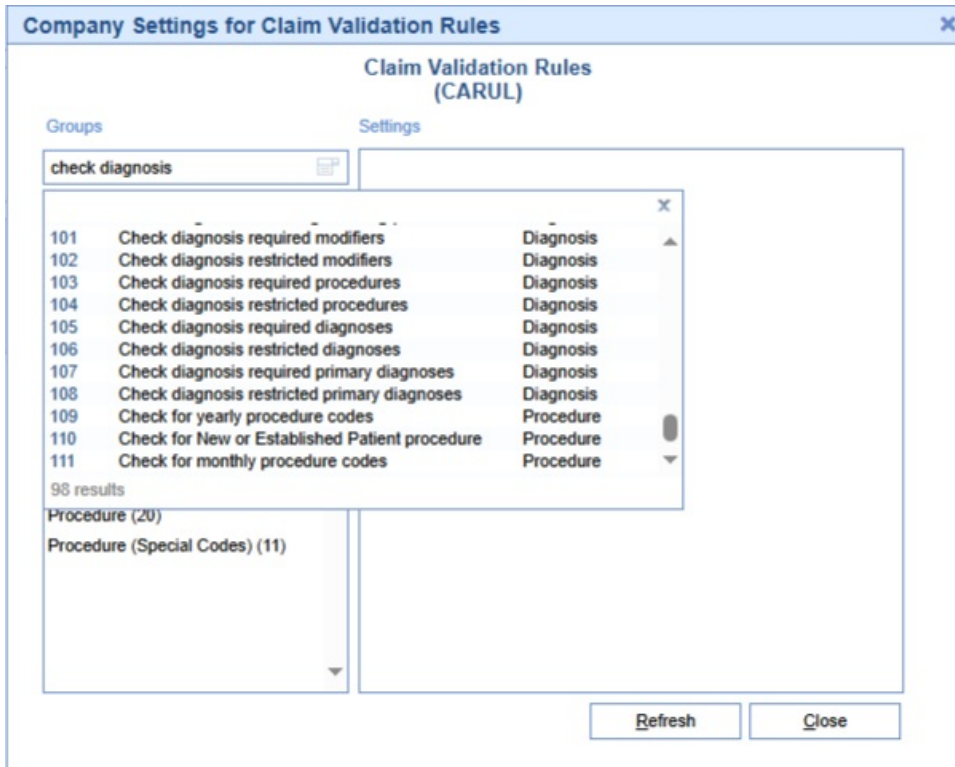
Prompt Insurance Assignment Setting not working when Patient has more than 3 insurances listed

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.

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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.
