Release 26.160 - May 28th, 2026

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New features | Enhancements | Resolutions

Highlights

New Features

BETA: Modernized Patient Setup Screen
Patient Appointments List Add a Reschedule Action
New Company Setting: Authorization Warning
Validation on patient selection within iScheduler

Enhancements

New Active flag for Appointment Type Setup
Added Tertiary Insurance to Patient Hover Menu (Tooltip)
New Role to Support Communication access of Forwarded Patient Portal Messages
Allow User to Multi-select Attachments for Communications sent from eDocuments

New features

BETA: Modernized Patient Setup Screen

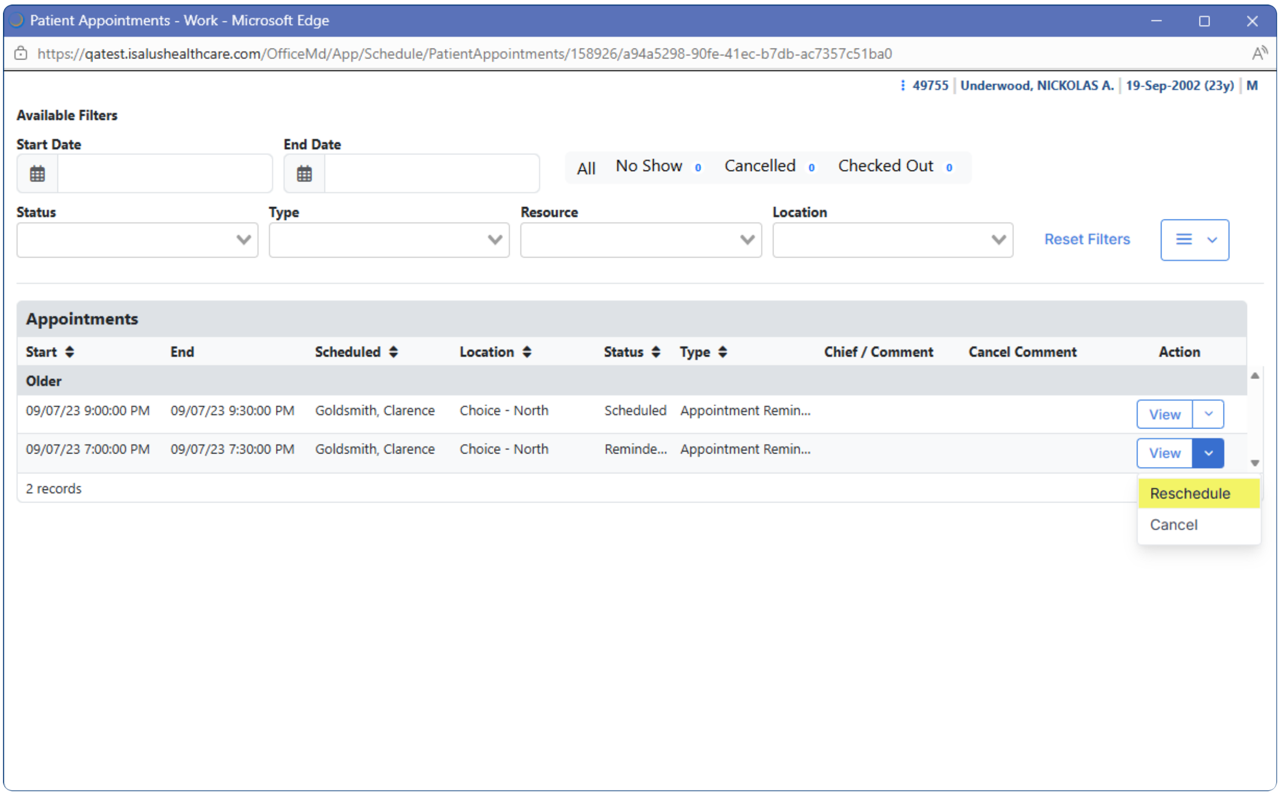
U20039: The Patient Setup container screen has been modernized to establish a consistent UI foundation across demographics, summary, and related person tabs. Key updates include:

- **Modernized Patient Header** – Always visible across tabs for quick reference to key patient details.
- **Enhanced Navigation** – Updated left-hand menu with clear location indicators for easier workflow.
- **Improved Patient Flags** – Flags now display consistently across all Patient Setup tabs, ensuring important alerts are never missed.

More Details Here

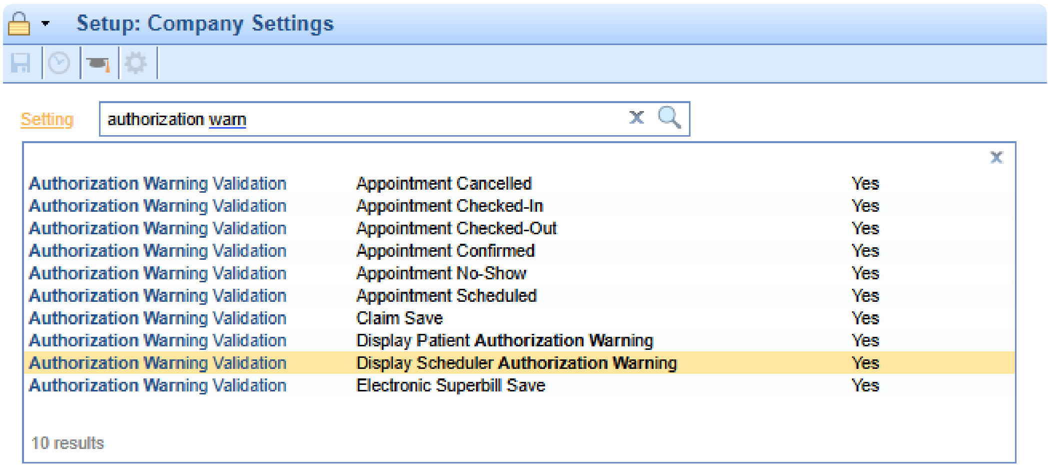
Patient Appointments List Supports a Reschedule Action

U21529: A new **"Reschedule"** option has been added to the Patient Appointment List to simplify and improve appointment management workflows. Users can now reschedule appointments directly from the Action drop-down menu, eliminating the need to navigate to the schedule and right-click the appointment to initiate changes. Additionally, the Cancel option has been moved into the Action drop-down menu, creating a more consistent and centralized experience for appointment-related actions.



New Company Setting - Authorization Warning Validation on patient selection within iScheduler

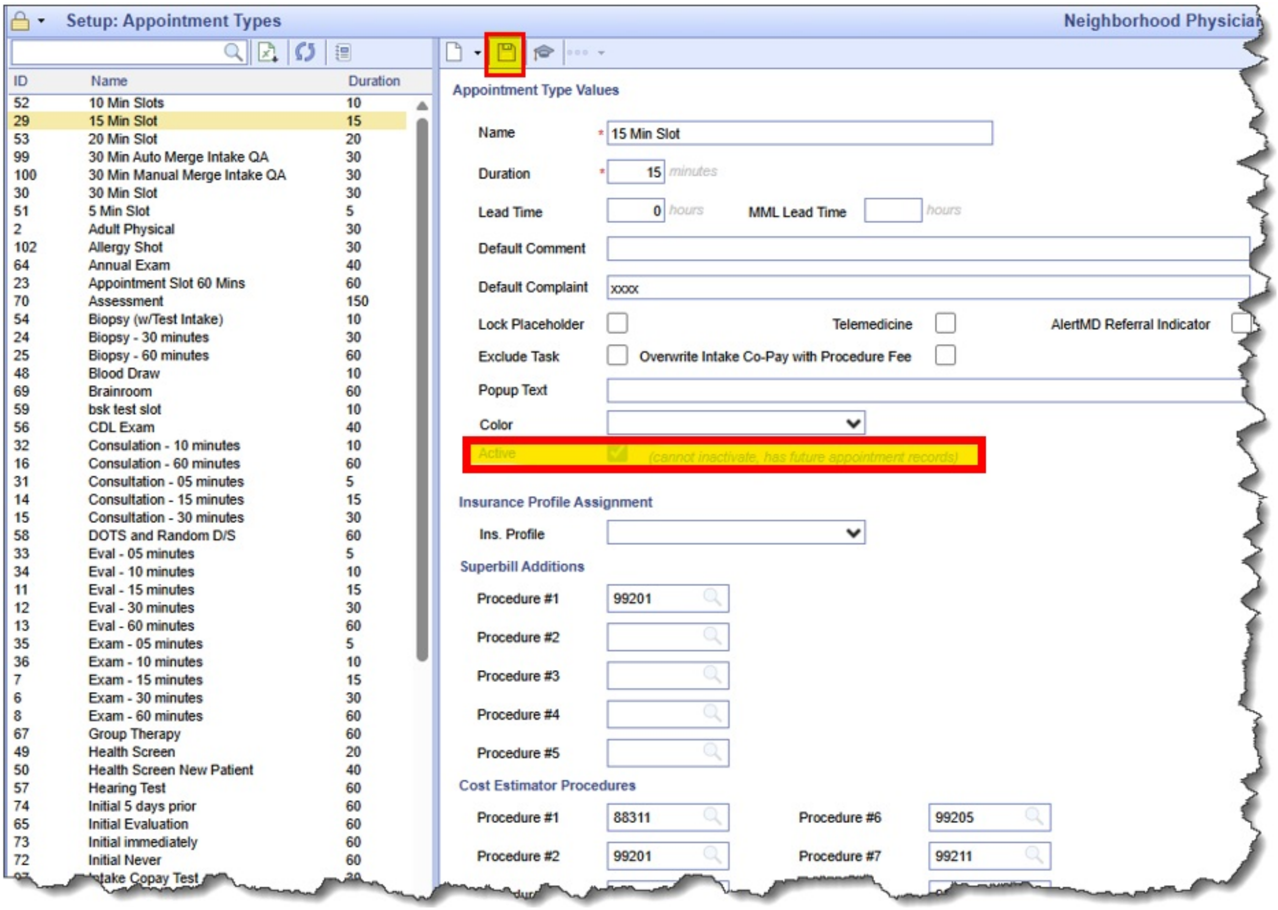
U20177: A new company setting has been added to provide an authorization warning validation when selecting a patient in iScheduler. The new setting is called **"Display Scheduler Authorization Warning".** This setting mirrors the existing Authorization Warning Validation for Appointment Scheduled setting.



Enhancements

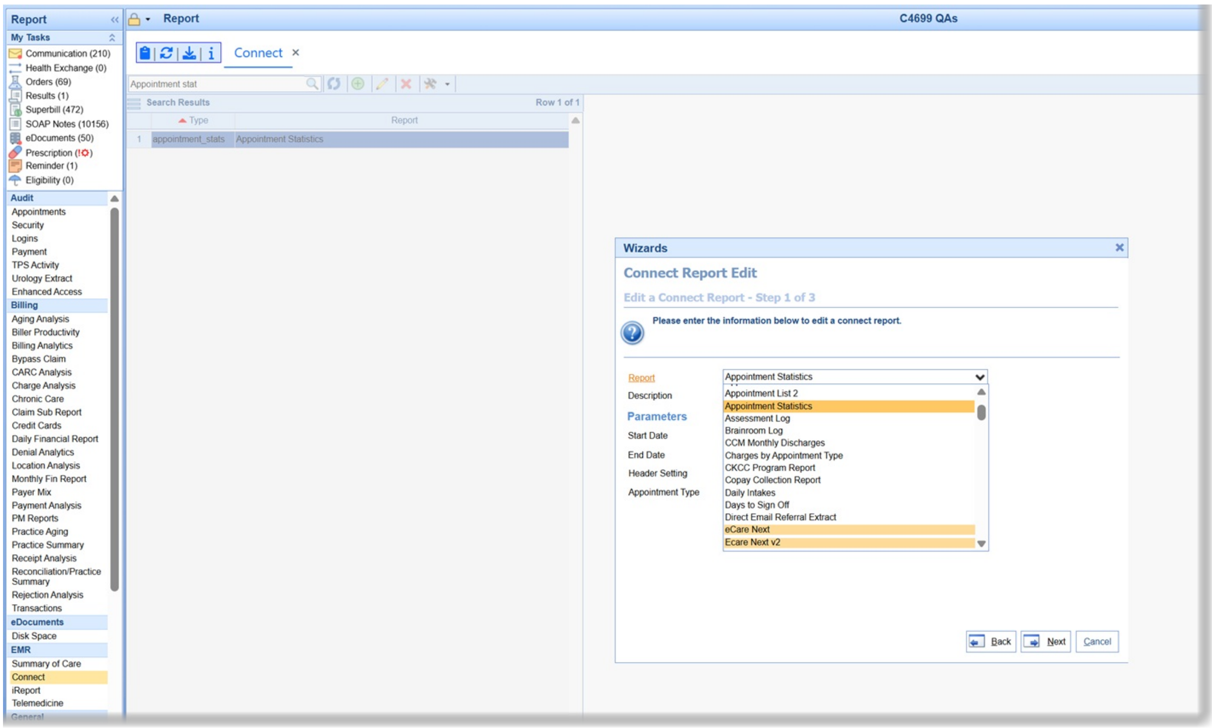
New Active flag for Appointment Type Setup

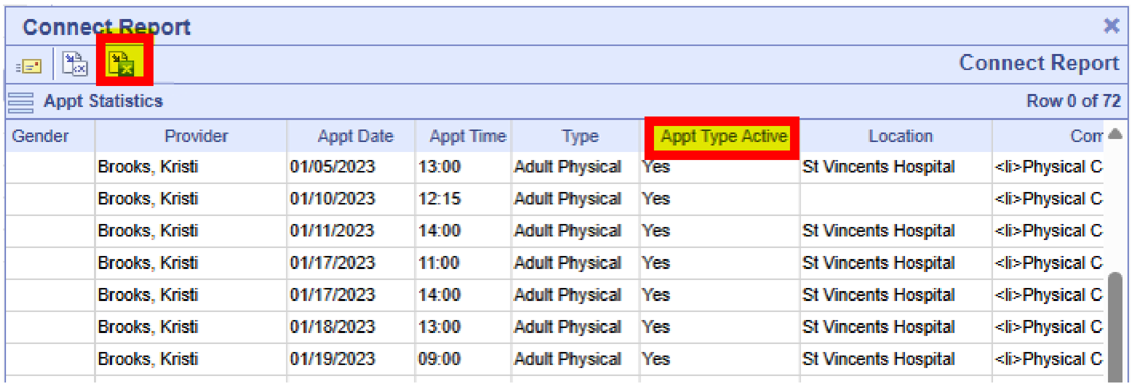
U14950: Previously, appointment types could not be inactivated, forcing practices to add "do not use" or "zzzz" to descriptions to prevent users from selecting outdated options when not being managed via Resource Setup. To improve management of appointment types, we added an "Active" flag to the appointment type setup, allowing practices to deactivate these types without having to modify their descriptions. The add/edit appointment and batch eligibility screens have been updated accordingly. This new flag will be checked by default for all appointment types. Practices will then update (uncheck/inactivate) their own appointment types as needed.



Updated Connect Reports to Include New Field for Appointment Types to display Active flag status

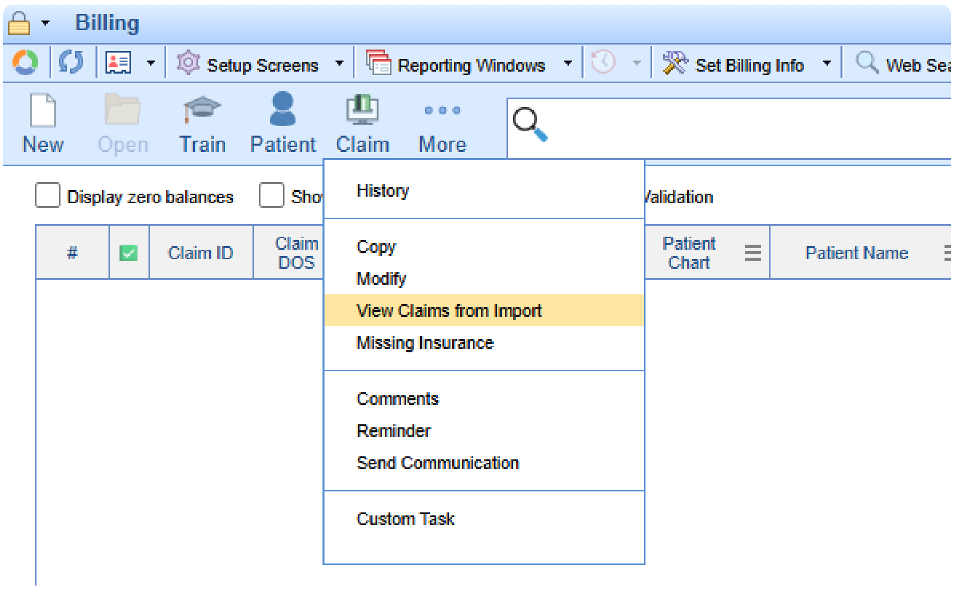
U17130: With the recently added "Active" flag for Appointment Type Setup, we also updated Connect Reports to include a filter for this flag. Three existing Connect Reports now include a new field in the report output that allows the user to see if the Appointment Type is Active (Yes) or Inactive (No). The reports that now include this Appointment Type status flag include the Appointment Statistics, eCare Next, and eCare Next v2 which are all found under the Appointment header in the connect report wizard screen.





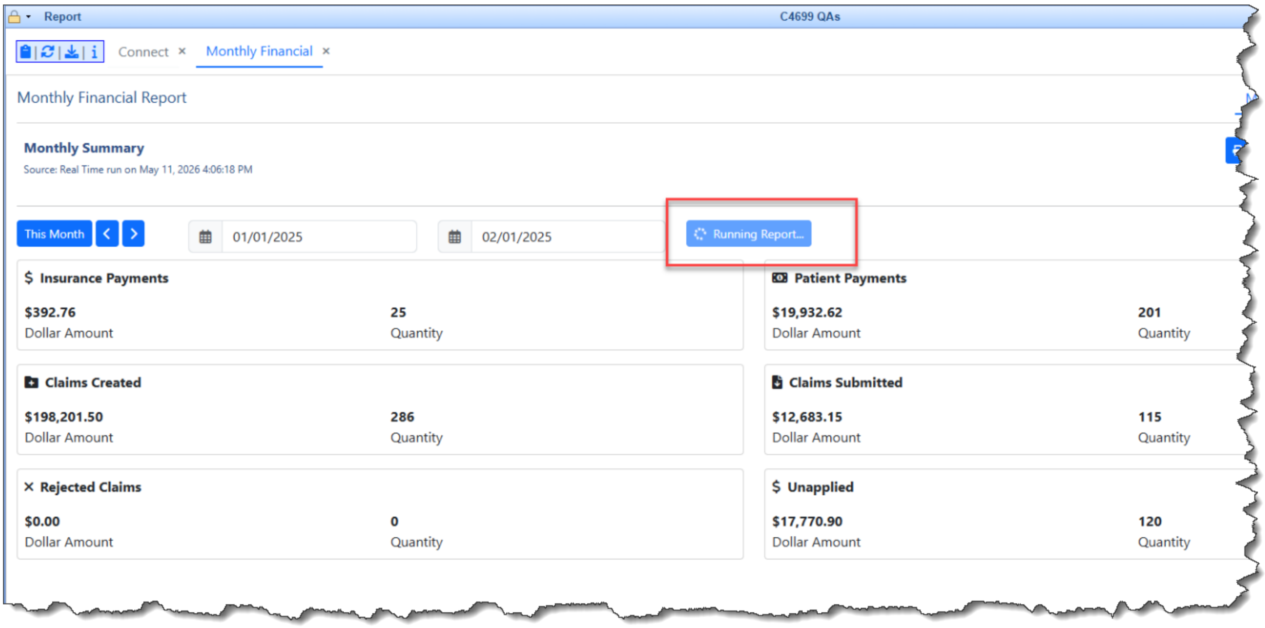
Ability to Import a Claims List to Update Multiple Claims

U20993: A "View Claims from Import" option has been added to the Claim menu within the Claim Query window. This allows users to import a list of claim numbers via CSV file. Once imported, the claims load into the Claim Query, enabling users to apply necessary changes, including the use of the Claim Modify function.



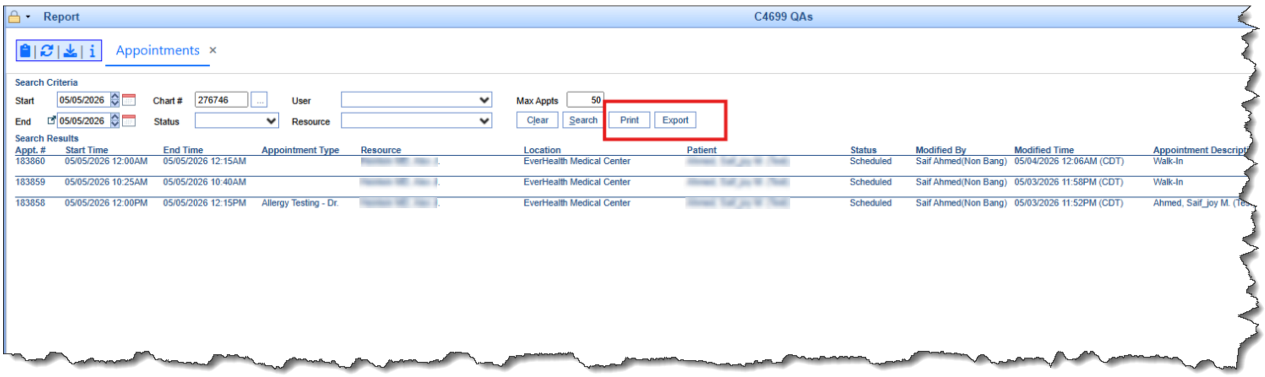
Added Loading Indicator to Monthly Financial Report

U20549: Previously, when performing an Advanced Search within the Monthly Financial report, there was no loading indicator. This caused confusion, as the interface continued to display previous results without indicating that a new query was in progress. In this release, we have implemented a loading indicator to inform users that the system is retrieving data. A progress spinner now appears alongside the "Running Report..." button's text to provide visual feedback.



New Print/Export Options in Appointment Audit Report

U18341: To improve usability and reporting efficiency, Print and Export actions have been added to the Appointments Audit Report within the Reports Portal. These new options allow users to easily print report results or export data for further analysis, sharing, and record-keeping.

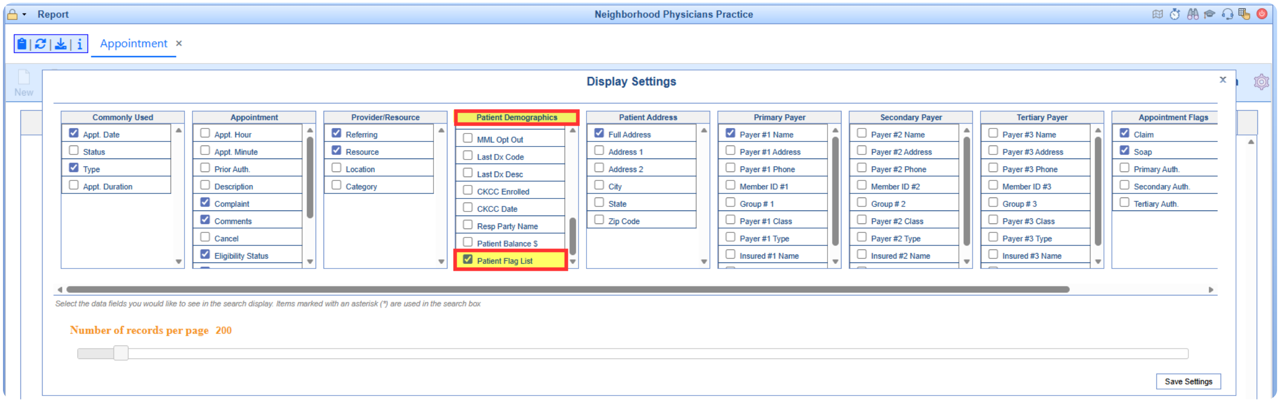


Removed the Database Key Parameter From the CaseManagement2 Connect Report

U21845: The CaseManagement2 Connect report previously utilized a client database key as a parameter to filter specific practices for a specific group/use case. As this use case is obsolete, we removed the parameter to ensure that patients without a database key within Old ID #1 are no longer excluded from the report.

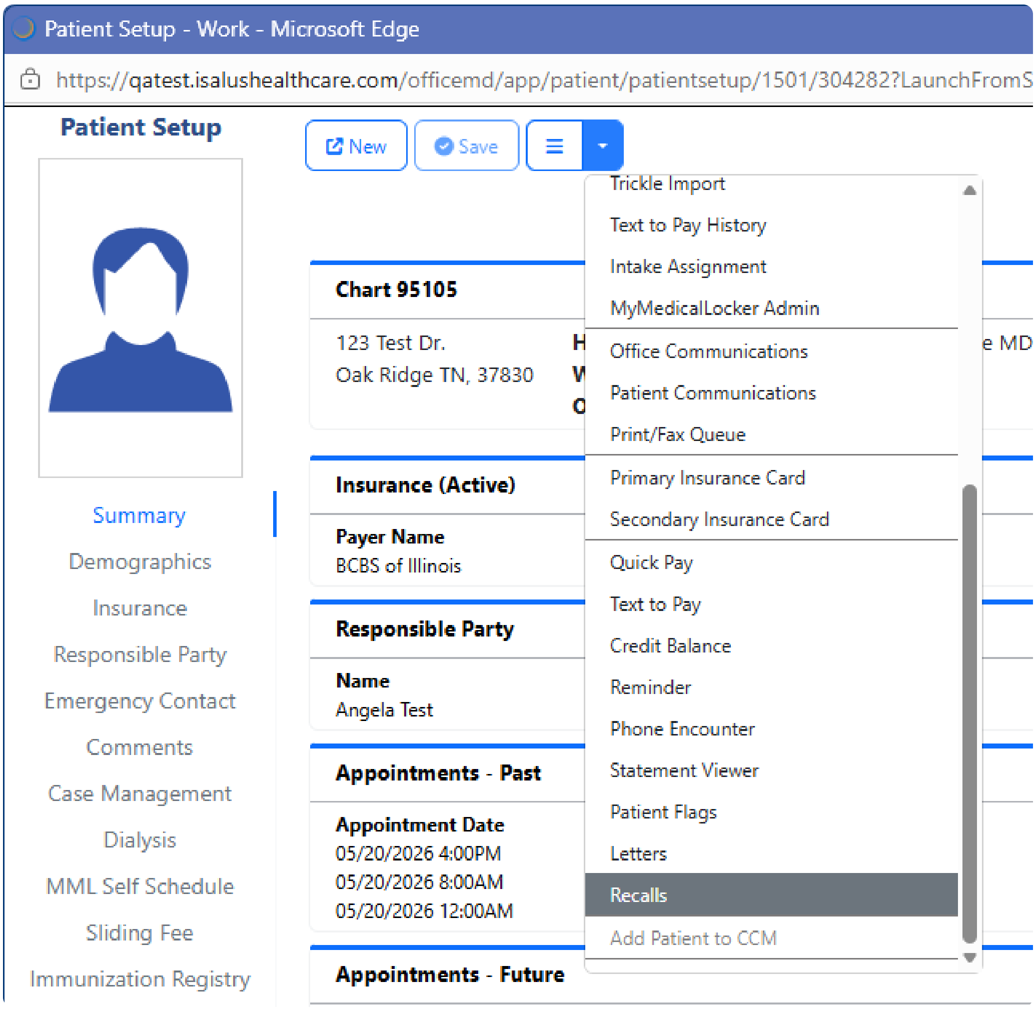
Added Patient Flags As Display Settings in Appointment Report

U21589: Patient flags have been added to the Display Settings under the Patient Demographics section of the Appointment Report. These flags appear as a comma-delimited list, allowing users to generate comprehensive reports for upcoming appointments.



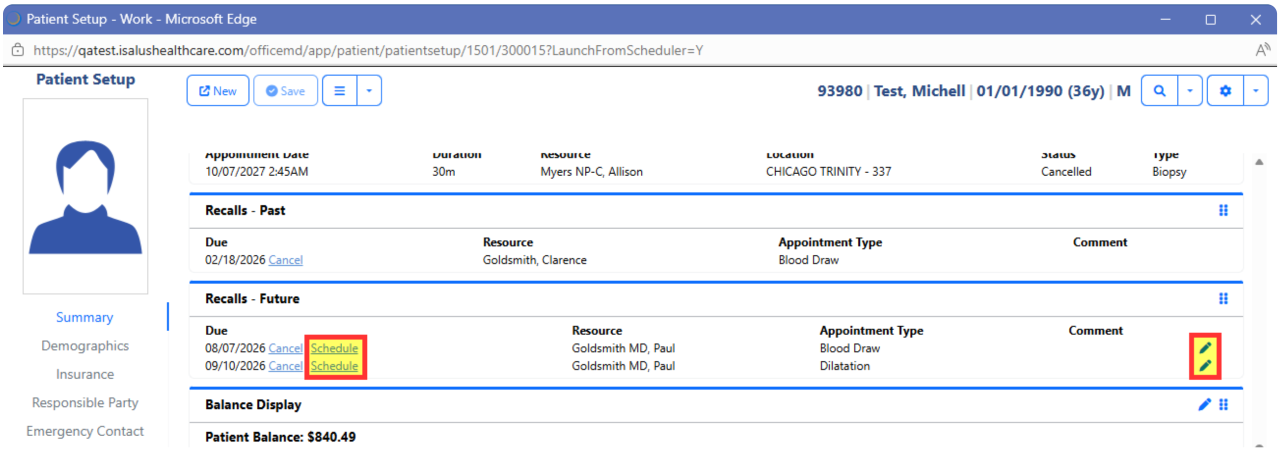
Patient Setup - New Recall Search Link

U21463: A link to the Recall Search window has been added to the Patient Setup screen under the More menu, allowing users to view and edit the patient's recalls.



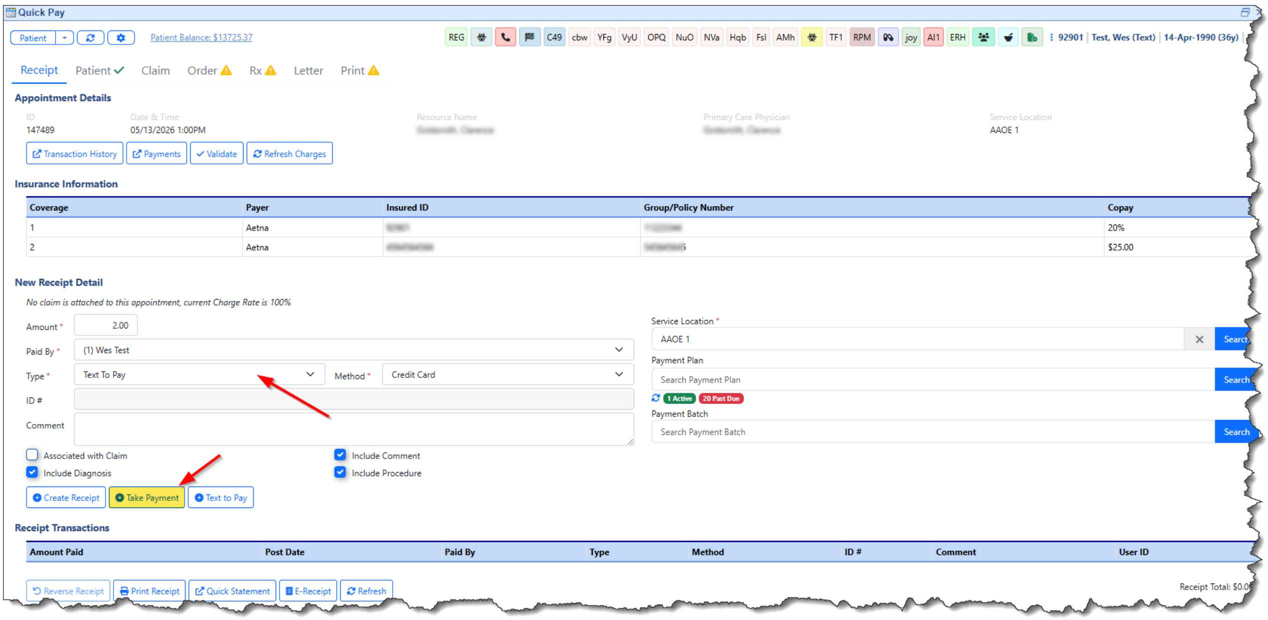
Added Additional Actions to Recall On Patient Setup Summary Tab

U21260: The Patient Setup Summary screen now allows users to add a "Scheduled" action to the Recalls - Future. Additionally, we added an edit option to the recall to open the recall setup for the specific recall.



Disabled Take Payment Button Within Quick Pay "Text to Pay" Payment Type

U21901: In the Quick Pay window, selecting "*Text to Pay*" as the payment type and "*Credit Card*" as the payment method previously enabled the "**Take Payment**" button, which initiated a standard credit card transaction instead of sending a payment link. This release disables the "**Take Payment**" button when "Text to Pay" is selected, preventing the creation of unlinked receipts and ensuring the integrity of the reversal process.



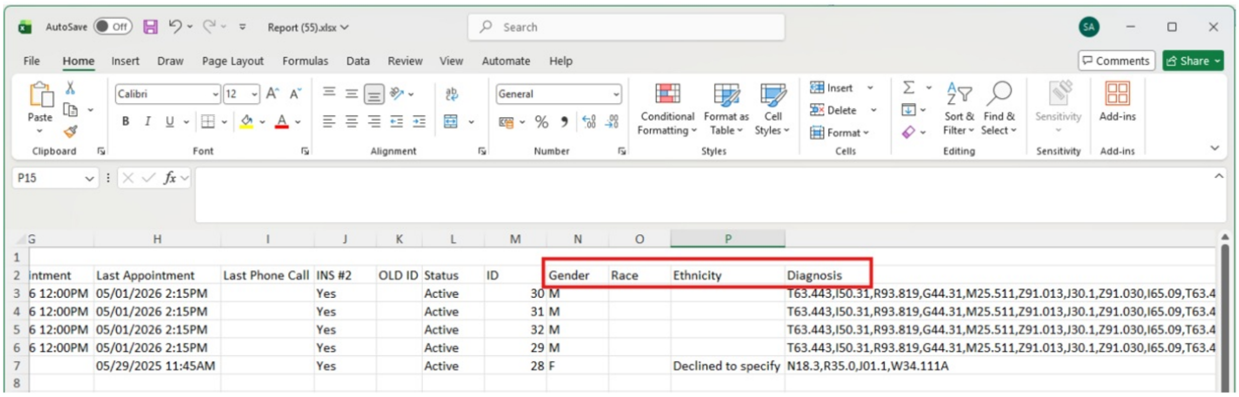
Add Letters to the Patient Setup More Menu

U20892: Back-office staff often need to generate patient letters based on balances or authorization status. Previously, users were required to navigate to Patient Setup > Quick Pay > Letters or reload the patient within the EMR portal to access the Letters tab. In this release, "Letters" has been added to the Patient Setup "More" menu, streamlining the workflow by providing direct access to patient letter generation.

Added New Fields to Case Management Export Option (My Tasks)

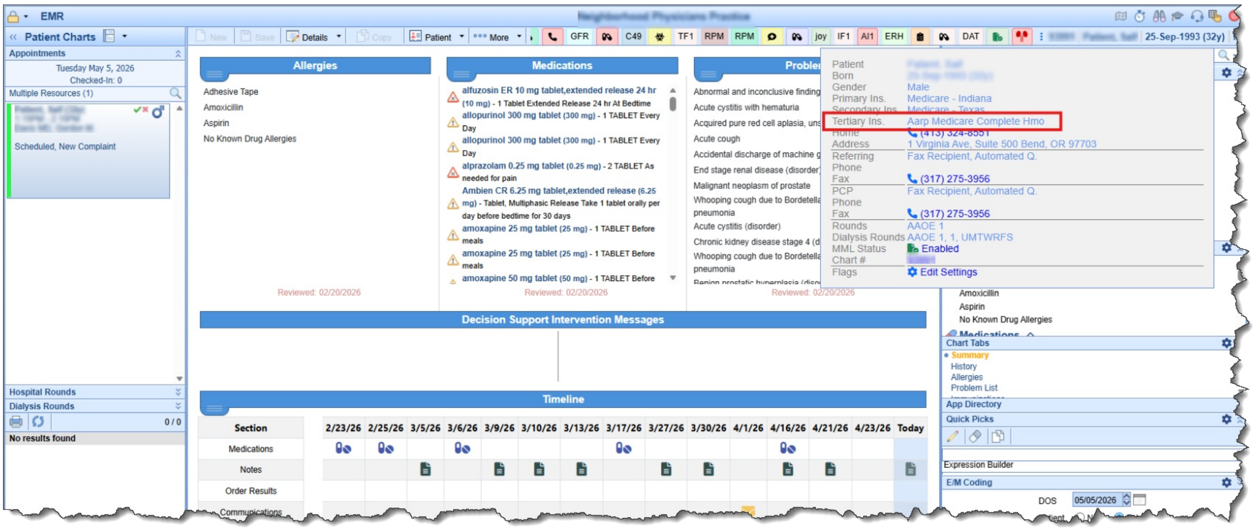
U17406: Some customers use the export from (My Tasks > Case Management) for Joint Commission audits; however, the Joint Commission requires additional data. In this release, we have updated the export output to include additional fields for improved audit compliance. When a user navigates to My Tasks > Case Management > [selected folder] and clicks the Export icon, the file now includes the following data elements:

- Patient Gender
- Patient Race
- Patient Ethnicity
- Patient's Problem list (consisting of a comma separated list for all active problem list ICD codes)



Added Tertiary Insurance to Patient Hover Menu (Tooltip)

U20452: The tertiary insurance was previously missing from the patient header hover menu, which only displayed the primary and secondary insurance. To improve practice efficiency, we have updated this tooltip to include the patient's third active insurance (tertiary) coverage.



New Role to Support Communication access of Forwarded Patient Portal Messages

U21806: With the latest update to the enforcement of the security security role for My Tasks - Patient Portal, the system now mandates role-based access to open the Patient Portal Review window from My Tasks. Consequently, users lacking the "Task – Patient Portal" role can receive forwarded messages but are unable to open the direct link to the message within the Review window. This restriction disrupts established internal workflows for larger organizations, where users require the ability to review and respond to specific forwarded Patient Portal messages without needing full access to the My Tasks – Patient Portal module.

This release introduces a dedicated security role for the Patient Portal Review window, enabling controlled access to forwarded messages while maintaining security boundaries. Users assigned this role can interact with the review window independently of the My Tasks > Patient Portal access setting. Users who currently have **My Tasks > Patient Portal** access have been automatically granted this new role, so no action is needed for existing workflows.

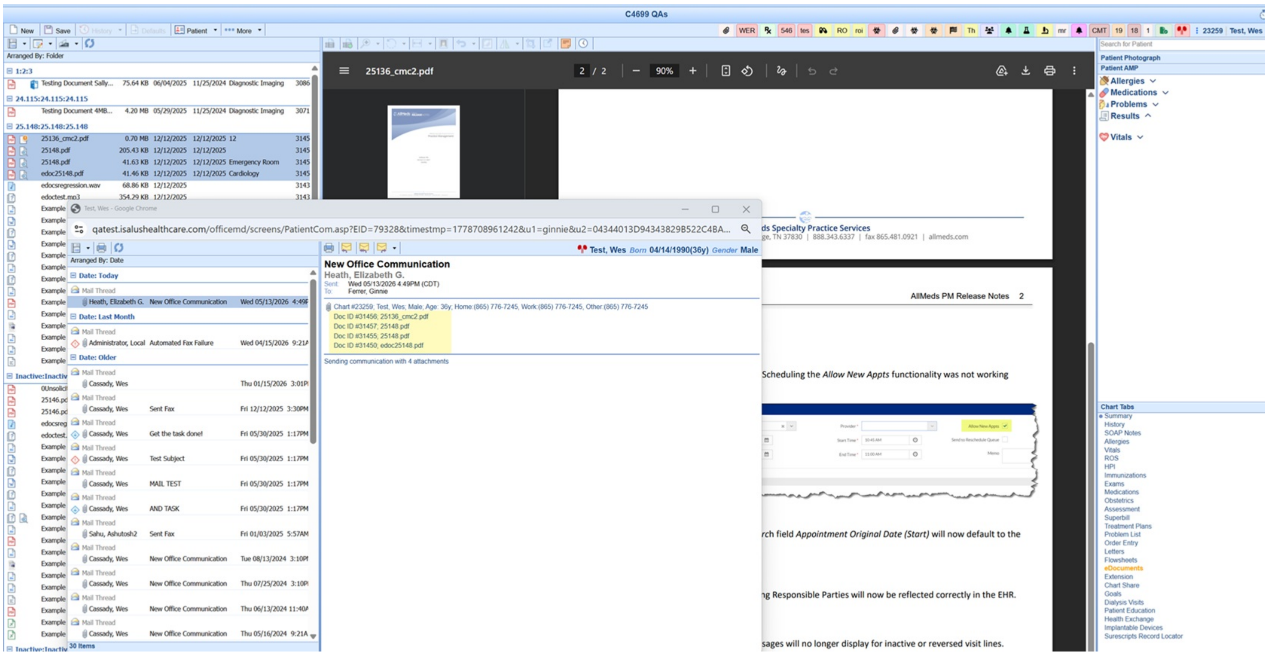
More Details Here

Allow User to Multi-select Attachments for Communications sent from eDocuments

U13853: Previously, the "Send Communication" process within a patient's eDocuments allowed users to select only a single item via right-click when accessed through the patient chart. Although users could multiselect documents, if accessing it directly from eDocuments, the system did not support this action and would generate an error, forcing them to restart and send documents individually. To streamline the process and address this inefficiency, we updated the "Send Communication" feature within the eDocuments portal and the EMR eDocuments chart tab to allow users to multi-select & send documents. From the eDocuments tab, you can select documents using the following methods:

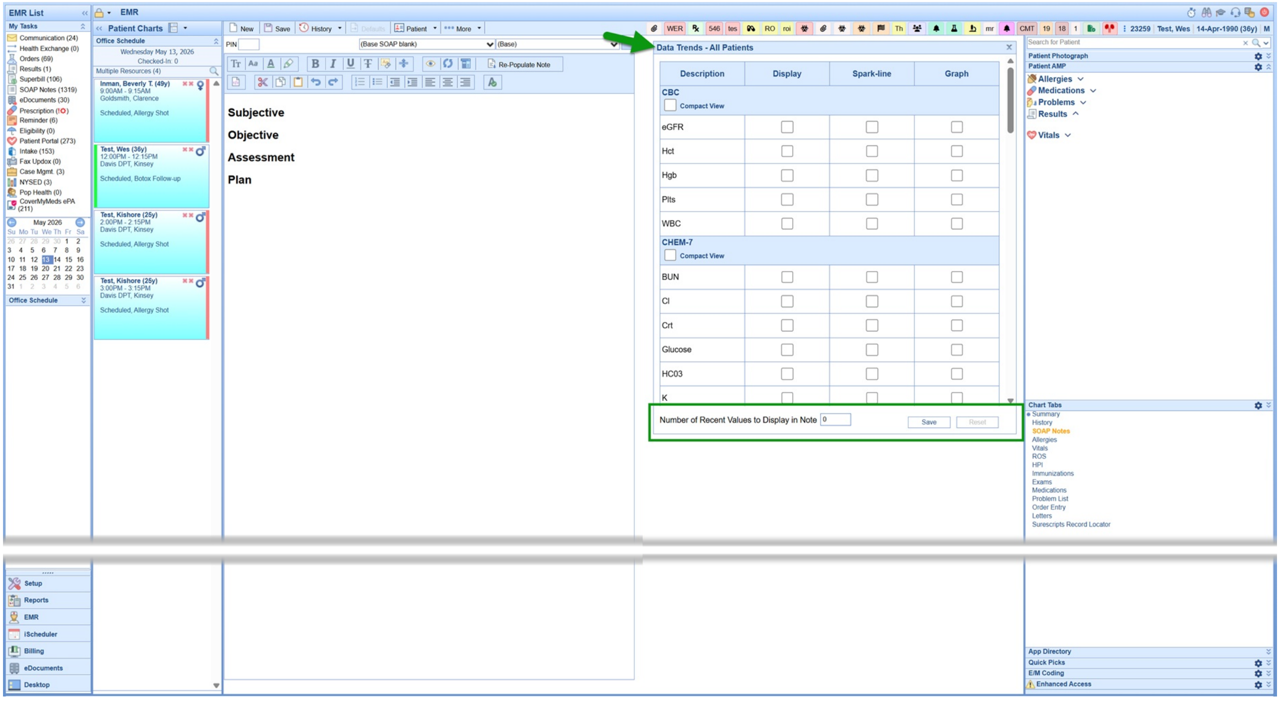
- **Shift + Click** to select a range of documents
- **Ctrl + Click** to select individual documents

Once selected, right-click and choose **Send Communication**. All selected documents will be attached and sent together in a single communication.



EMR > Data Trends – Move “Values to Display in Note” Setting

U21414: We've made it easier to control how lab result data appears in your SOAP Notes. The **Number of Recent Values to Display in Note** setting has been moved to the footer of the Data Trends screen (for both All Patients and Current Patient views), making it more visible and easier to find. We've also added a helpful prompt: if the setting is left at **0**, you'll be reminded that no lab values will display in your SOAP Notes, and you'll be encouraged to choose a number between **1 and 5** to show that many of the most recent result values for your configured lab elements. This update is designed to make the setting more intuitive, so you can quickly confirm your lab data displays the way you expect.



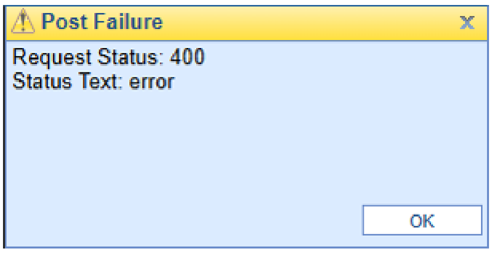
Resolutions

Users Unable to Open Forwarded Patient Messages

B21803: An issue introduced in release 26.156 prevented users from viewing forwarded patient messages unless they possessed the "My Task Patient Portal" role. This has been resolved; users can now access forwarded messages without requiring this specific role permission.

Error Deleting Faxes

B21799: An error occurring when deleting faxes (My Tasks > Fax Updox) following the 26.156 release has been resolved. This issue was caused by an incorrect parameter passed to the API.



New Company Setting "Always Include Supervising Provider for Prescribers" is missing; EPA Processor display name overwritten

B21858: Corrected an issue where the new company setting "*Always Include Supervising Provider for*

Prescribers" was inaccessible in QA and Production environments. The EPA Processor display name was inadvertently overwritten before the last release, rendering the setting inaccessible and preventing practices from configuring it. This has been hot-fixed in Production and clients using the new supervising provider setting report that it is functioning as expected. As per the original acceptance criteria, this setting defaults to OFF.

Resource Group Not Displayed & Dropdown Broken Within Intake Assign Schedule

B21022: Resolved an issue in the new Intake Assign Schedule where resource groups failed to display in the appropriate field upon loading, and the dropdown menu did not function as expected. The system has been updated to ensure both resource group and resource names display correctly when launched from the scheduler.

Intake Assign Schedule | Automatically Refresh the list when Filters/Status are changed

B21021: Resolved an issue in the Intake Assign Schedule where users were confused by missing patients after applying new filters or status changes. Patients were missing from the list because they had already submitted their intake and moved to "Forms to Merge" or "Completed" statuses. The screen failed to clearly indicate that users must click the "Search" button to refresh the list after updating these selections. This was particularly apparent when viewing records for a date other than the one currently selected in iScheduler (e.g., viewing tomorrow's schedule while the iScheduler remains set to today). We have modified the system so that a refresh now occurs automatically whenever any filters, including radio buttons, are changed.

Previous <<Patient Email>> on another Patient's SOAP

B16106: An issue was corrected where the incorrect patient's email appeared on another patient's SOAP note. The customer uses VitalTech, an integration requiring patient email data. Within the SOAP note, the system pulls the patient's email to allow practices to verify or update demographics. Previously, while the first patient's email populated correctly, the field failed to refresh for subsequent patients, causing the previous patient's email to persist. This was due to Quick Picks within SOAP notes not refreshing when switching patients; this has been fixed in this release.

Text to Pay Receipts Date & Time Discrepancy Between Receipt & Security Audit

B20888: Resolved an issue where Text to Pay receipt timestamps were inconsistent with security audit logs. Previously, receipts were incorrectly set four hours ahead of the audit time, despite the expected one-hour difference between the CDT database and EST audit logs. This release ensures all Text to Pay receipts are now generated using Eastern Time.

Statement Comments Being Duplicated Every Time a Statement Batch is Created

B21154: Claim comments flagged with "Include claim comment in statement" were previously duplicated each time a statement batch was created. This release eliminates these duplicate comments.

Patient Audit No Longer Includes View Audit Type

B21432: Resolved an issue where the Patient Audit log in the demographics tab failed to display "View Audit

Type" entries. The system previously only retrieved logs containing detailed records; the code has been updated to include all audit logs, regardless of whether a detail record exists.

NDC Values Being Cleared When Superbill/Claim Changes Occur

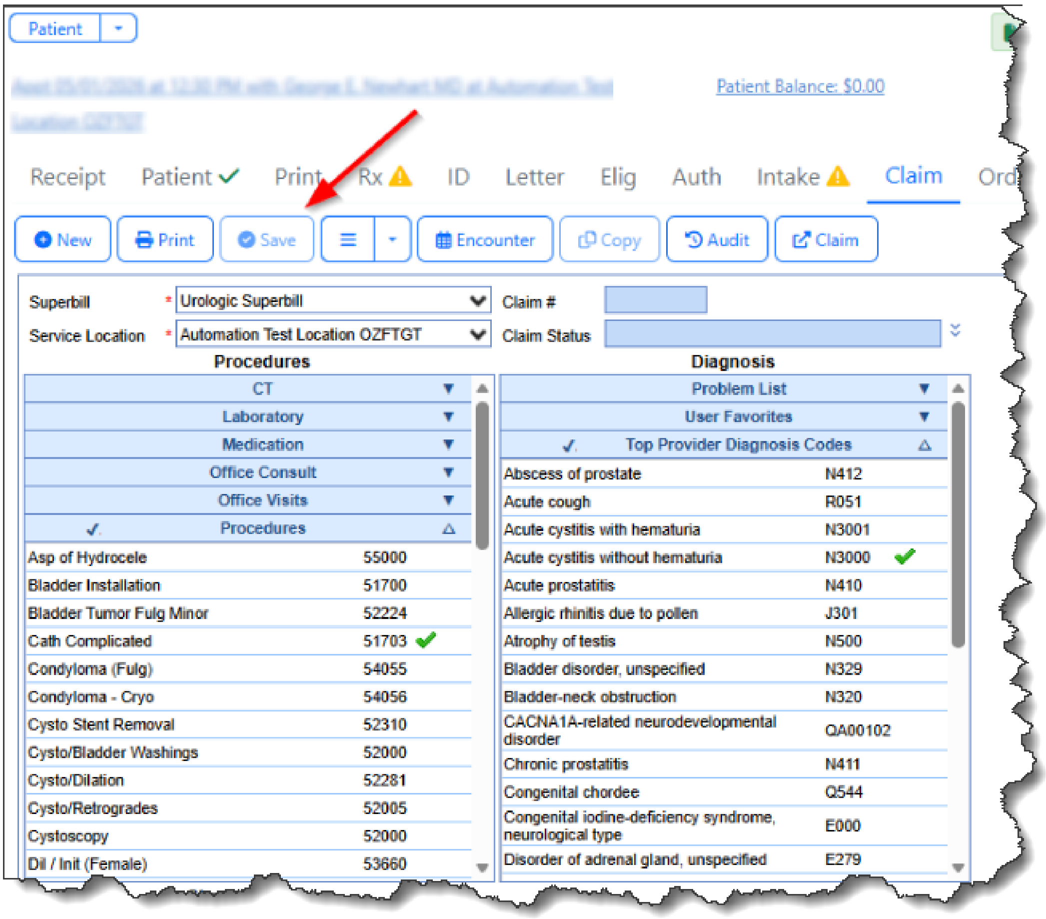
B21831: Following the recent addition of NDC tables, specific scenarios caused existing NDC values to be removed when updating a superbill or claim with a new procedure code. Adding a subsequent procedure code incorrectly cleared the NDC information from previously entered codes. This issue has been resolved, and NDC information will no longer be cleared.

Loop 2400 REF04 Should Not be Sent When the Claim Does Not Have an Other Payer Loop 2330B

B21670: Previously, Loop 2400 REF was sent with the G1 on claims containing an authorization linked to the procedure code. Segment REF04 within this loop should only apply if another payer is listed on the claim and the authorization pertains to that payer. In this release, we updated the logic for this segment to include the 2U qualifier in REF04 only when the authorization applies to the other payer (Loop 2330B) listed on the claim.

Check In/Out Dashboard Claim Save Remaining Grayed Out

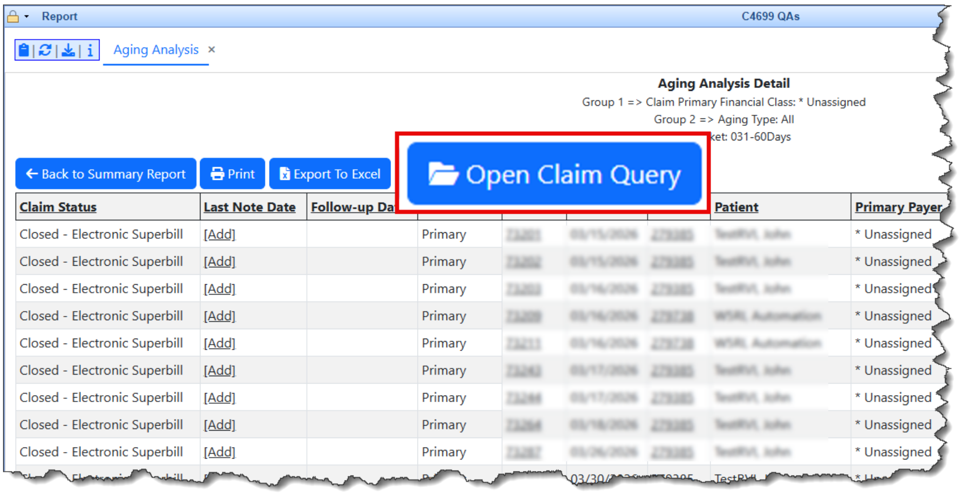
B21838: Resolved an issue where the Save button remained disabled (grayed out) within the Check In/Out Dashboard under the Claim tab, preventing claim creation. This issue did not affect Quick Pay or EMR windows. The code was updated to ensure the Save button enables correctly.



Aging Analysis Drill Down Open In Claim Query Not Functioning In the

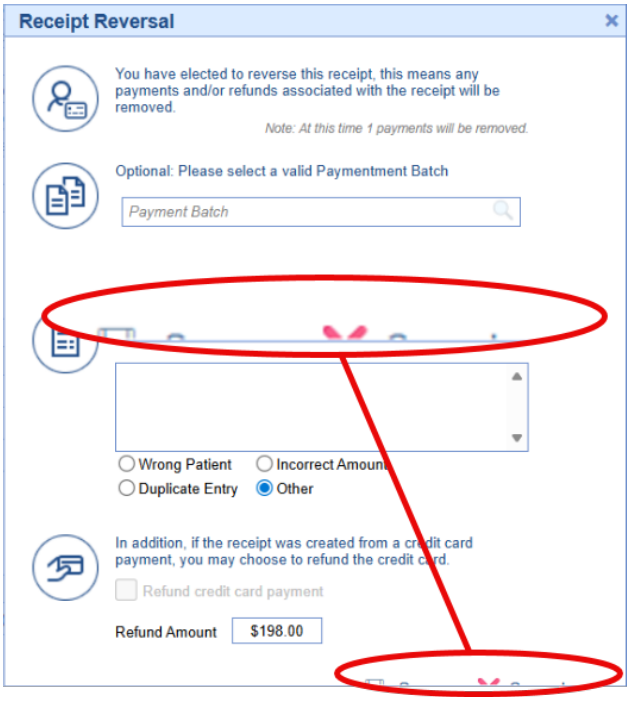
Reports Portal

B21400: An issue was identified where the "Open Claim Query" button in the Aging Analysis report failed to function when accessed via the Reports portal, despite working correctly from the Billing portal. Code has been added to ensure the claim query window opens consistently, regardless of the portal from which the report is triggered.



Receipt Reversal Save Button Being Cutoff

B21407: Fixed an issue where the Save and Cancel buttons on the Receipt Reversal screen were cut off when accessed from Receipt Details on laptop displays. We added logic to detect screen size; if the display is smaller, the window now opens non-modally with an increased height to ensure the buttons remain visible.



Aging Analysis Drill Down Not Yielding Results

B21820: Resolved an issue where the Aging Analysis Report occasionally returned zero results during drill-down operations without displaying an error.

Patient Appointment List View is Not Linking to the Appointment Time in the Schedule

B21433: Resolved an issue in the Patient Appointment List where appointments falling outside the scheduled start time failed to display when clicking "View." This error was caused by the redirect failing to focus on the correct appointment time.

Claim Submission Report Utilizing Acknowledgment Date Instead of Claim Batch Processed Date

B21210: Resolved an issue where the Claim Submission report incorrectly displayed the last acknowledgement date as the claim submission date. Because this date fluctuates based on updates from clearinghouses, trading partners, and payers, it caused discrepancies with the Claim Submission History report. The report view has been updated to align the submission date with the logic used in the legacy Claim Submission History screen.

CARC Analysis - Location Filter Causing It To Fail To Retrieve Results

B21265: Resolved an issue where selecting a Service Location or Provider filter while running a CARC Analysis caused the report to fail and display "No Data Found." This was corrected by fixing the provider and location parameters, which were previously inverted when sent to the stored procedures.

ICN Company Setting Allowing String Value Causing Deposit Posting To Get Hung Up

B20529: An issue was corrected regarding the new ICN company setting where entering an alphanumeric value (e.g., U20277) caused the deposit posting job to hang. The stored procedure was updated to restrict input to numeric values. The new code validates the comma-delimited list for non-numeric entries, displays an error message if found, and prevents the record from being saved.

Billing Analytics Total RVU Incorrectly Calculated If One of the Fees Had the RVU Set to Zero

B21491: Resolved an issue in Billing Analytics where Total RVU was calculated incorrectly when a procedure code's fee schedule RVU was set to zero. The billing cube's RVU calculation was not fee schedule-specific, causing it to retrieve the first available value for a given CPT code. The code has been updated to utilize the existing negotiated fee function.

Cost Estimate Calculating Co-Insurance Based of Charge Amount Instead of The Remaining Charge Minus the Deductible

B21538: Corrected an issue where the cost estimate was calculating the co-insurance percentage based on the total charge amount rather than the remaining amount after the deductible. We updated this so that Co-insurance is now correctly calculated based on the remaining allowed amount after the deductible is applied.