Release Notes - January 28, 2026

Last modified on 02/02/2026 9:31 pm EST

New features | Enhancements | Resolutions | Coming soon |
New feature video overview

Highlights

Beginning **February 2 through February 24**, we will start retiring the legacy Form Builder as part of the transition to **Clinical Form Management**. For more details and answers to common questions, please refer to our **FAQ** article.

Legacy Form Builder Sunset

New features

Allergies, problems, and imaging orders

We're excited to announce significant enhancements that improve how you capture and share patient information—while keeping you compliant with the latest healthcare standards.

What's new

Enhanced allergy documentation

Your allergy records just got smarter. We've added new verification status options and standardized coding to ensure critical allergy information transfers seamlessly when you share records with other providers. Better documentation means better patient safety.

Improved Problem List management

Document patient problems with greater precision using new status options (like "recurrence," "remission," and "relapse") and verification statuses. Plus, the system now automatically identifies Social Determinants of Health (SDOH) diagnoses, helping you paint a more complete picture of your patients' health needs.

Imaging and diagnostic data

Imaging and diagnostic study data is now aligned with USCDI v3 standards, improving consistency and interoperability. These updates happen automatically and help support more complete clinical records, reporting, and continuity of care—without disrupting existing workflows.

Why it matters

☑ **Seamless data sharing** with hospitals, specialists, and health systems
☑ **Regulatory compliance** built right in
☑ **More complete patient records** that support better clinical decisions

📖 ONC HTI-1 Update 2025: USCDI v3

No Show Predictor

No Show Predictor uses AI-powered insights to assign a risk score to each upcoming appointment, helping your practice identify which visits are most likely to no-show. These scores are displayed directly in the **No Show Predictor** widget on the **Dashboard**, giving your team clear visibility and the opportunity to take proactive action before appointments are missed.

Enable No Show Predictor

To enable **No Show Predictor**, go to **Account** > **Account Settings** > **General**, and select the **Enable No Show Predictor** checkbox. Once you've turned on the feature, you can add the **No Show Predictor** widget to your **Dashboard** view.

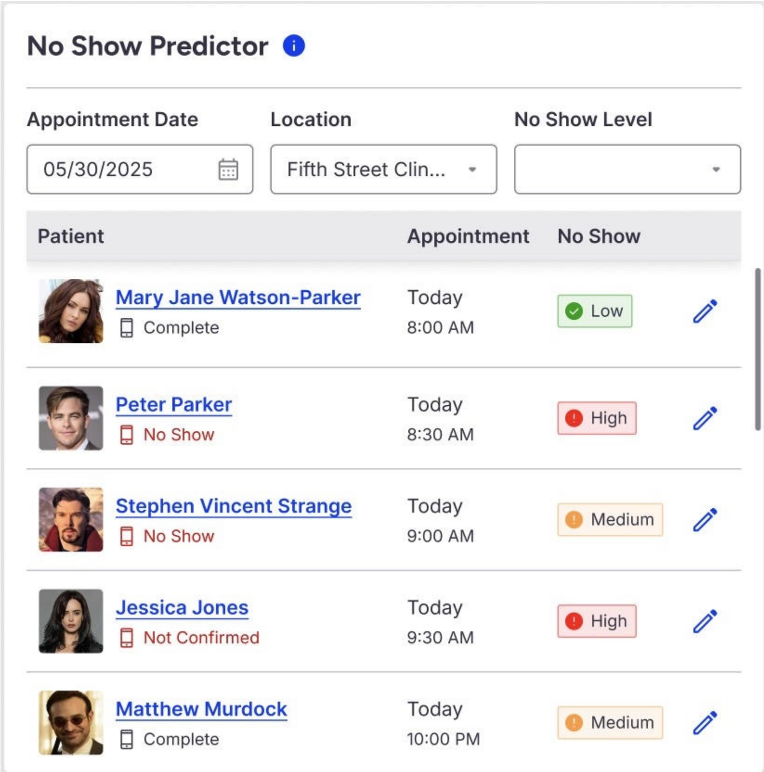
Key benefits

- **Reduce lost revenue:** Minimize empty appointment slots by identifying and addressing high-risk appointments.
- 🩺 **Improve care continuity:** Ensure patients receive timely care by identifying those most likely to miss visits.
- ⏱ **Optimize staff efficiency:** Focus outreach where it matters most instead of calling every patient.
- **Boost patient engagement:** Use personalized reminders or rescheduling strategies for at-risk patients.

📅 Feature rollout will begin on January 28, with full availability by February 2.

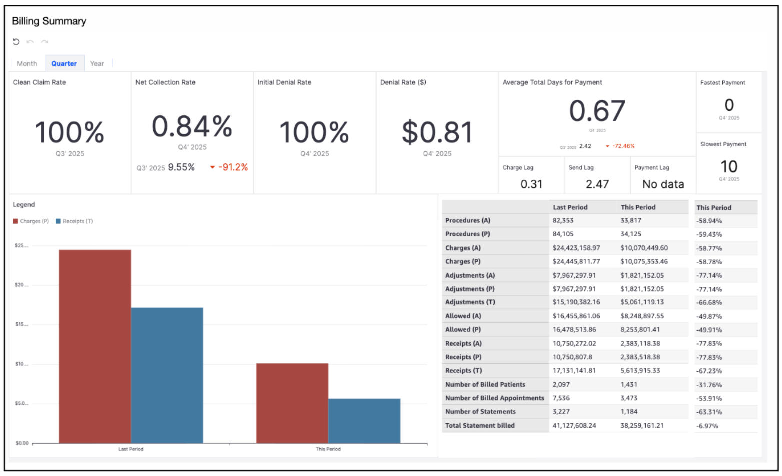
Related resources

- 📖 No Show Predictor
- 📖 No Show Predictor Best Practices for Successful Adoption
- 📖 No Show Predictor FAQ
- 🎥 No Show Predictor (Video)



Billing summary enhancements

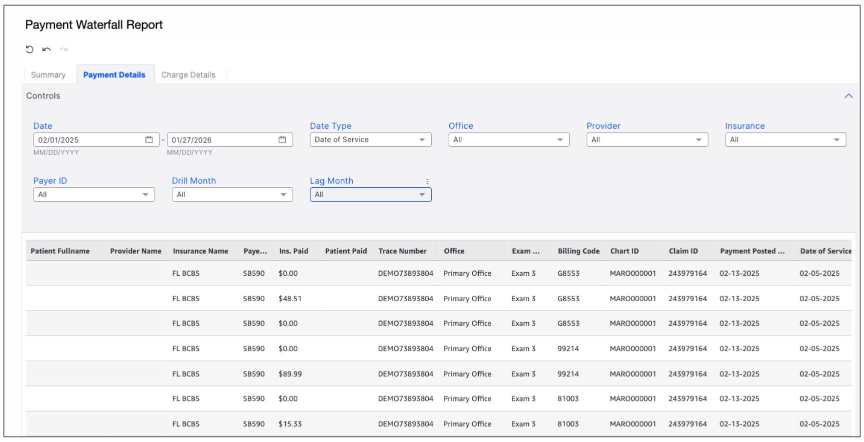
The Billing Summary report provides a clear overview of key performance metrics across monthly, quarterly, and yearly timeframes. It includes measures such as Clean Claim Rate, Net Collection Rate, Initial Denial Rate, Denial Rate (in dollars), Average Total Days for Payment, Charge Lag, Send Lag, and Payment Lag. A dynamic bar chart also allows you to compare charges and payments for the selected period.



Billing Summary Report

Payment Waterfall report

The Payment Waterfall report provides a detailed view of how payments are collected over time following charge generation. This enhancement helps providers assess cash flow timing, monitor payment behavior, and identify trends in reimbursement by visualizing payments by month and quarter. With filtering, drill-down, and export capabilities, users can easily analyze payment performance across providers, offices, and payers.

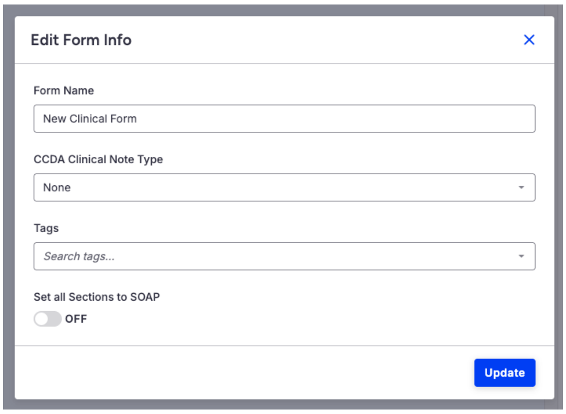


[Payment Waterfall Report]

Enhancements

New form creation

When creating a new clinical form, the **Edit Form Info** window will now open automatically. This allows users to quickly update the form name, CCDA Clinical Note Type, tags, and optionally set all sections to SOAP right away.



What's improved

- Fewer clicks when creating a new form
- Users are immediately prompted to review and update form details

What hasn't changed

The **Edit Form Info** window will not open automatically when editing an existing form.

[Clinical Form Management]

ePA submission flexibility

Users can now submit electronic prior authorizations (ePA) through CoverMyMeds without entering eligibility details (BIN, PCN, or Payer Name upfront). If this information is missing, CoverMyMeds will prompt for it later in the authorization flow, helping prevent errors and reducing workflow interruptions.

Submitting a Prior Authorization using the CoverMyMeds integration (Web)

Improved scrolling in form builder

Scrolling in the Form Builder has been improved so that forms with a large number of fields now load smoothly and continuously, preventing blank areas while navigating long lists.

Clinical Form Management

New workers' compensation payers added

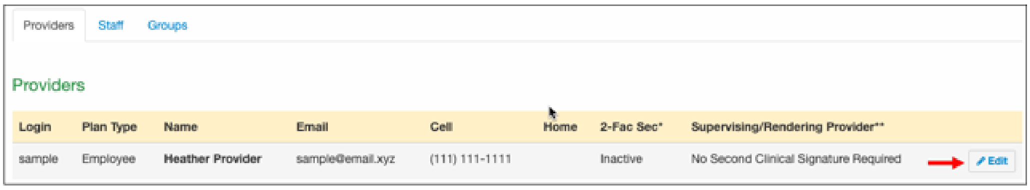
We've added additional Workers' Compensation payers to the DrChrono system to support Carisk Partners:
- Marquee/Amerisys c/o Everest — Payer ID MRQ001
- Insure Max — Payer ID A0028

Unmatched ERA screen

We have optimized the Unmatched ERA Screen that will allow up to 5,000 rows to load and be viewable onscreen. When exporting, all records will be exported.

Edit provider email addresses from the Staff Members page

We added an **Edit** button on the **Providers** tab of the **Staff Members** page, allowing practice administrators to update a provider's email address directly from this page.



Change DrChrono Account Email Addresses

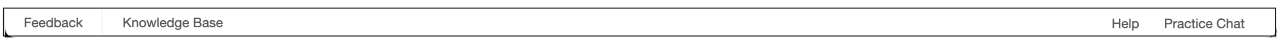
Updated DrChrono footer

We enhanced the DrChrono footer to provide quicker access to key information and resources, improving navigation and support visibility.

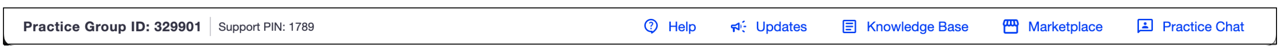
Customer benefits

- Faster access to support, documentation, and product updates.
- More self-service options directly within the application.
- Quicker support interactions with readily available Practice Group ID and Support PIN.

Previous footer



Updated footer



- **Practice Group ID and Support PIN:** Pulled directly from the signed-in user's **Account Settings**
- **Updates:** Opens the changelog, which contains product announcements, including release notes
- **Knowledge Base:** Launches the in-app knowledge base widget
- **Marketplace:** Opens the Marketplace for integrations and add-ons

Related articles

- Access DrChrono Support
- DrChrono Support PIN
- Practice Chat

Updated "Doctor" to "Provider" in DrChrono

We updated all instances of the term "Doctor" to "Provider" across the entire DrChrono application, including field names, labels, descriptions, documentation, and user interfaces. This change ensures the platform accurately represents the full range of healthcare professionals who use the system.

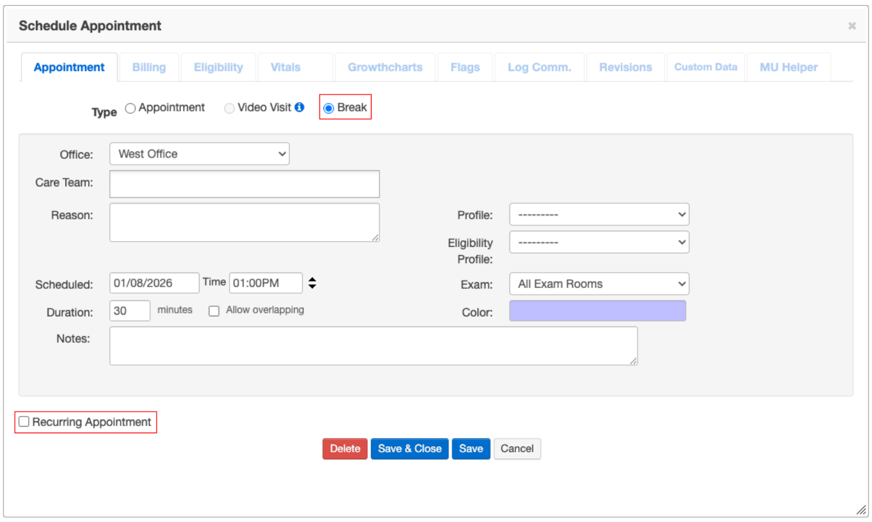
Appointment reminder time zone source

You can choose how time zones are applied to the content of appointment reminders at both the practice group and provider level. To set the time zone source for a practice group, open a support case. Individual providers can set their own preferences directly in **Account Settings**.

Time Zones in Appointment Reminders

Break appointment type improvements

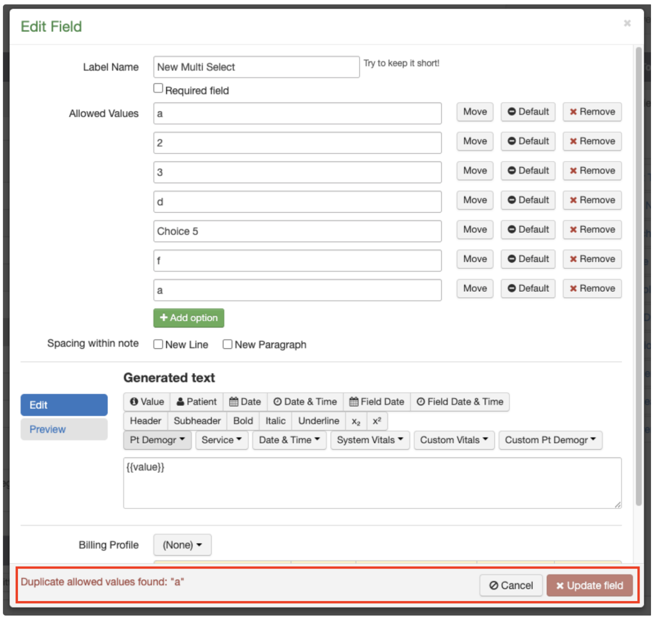
We simplified how break appointments work to make scheduling easier. When you select **Break** as the appointment type, the **Arrange a Follow-up Reminder** checkbox is no longer shown, since reminders aren't needed for breaks. To support recurring breaks on the calendar, the **Recurring Appointment** option remains available, giving front office staff a clear and straightforward way to schedule them.



Resolutions

Validation for multi-select fields

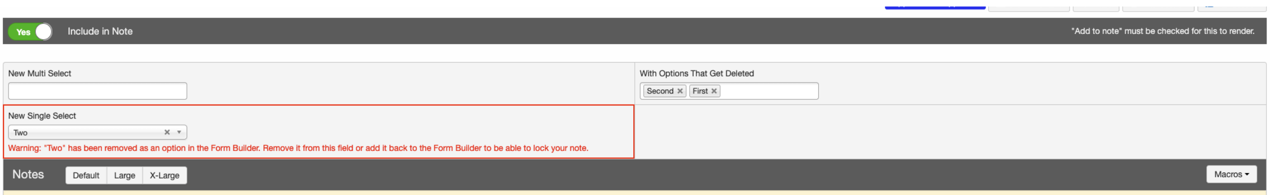
The **Form Builder** now prevents duplicate options in multi-select fields. If duplicate values are detected, users will see a clear message listing the duplicates and will be unable to save changes until the duplicates are removed, helping ensure cleaner and more accurate form.



Clinical Form Management

Improved accuracy and validation in Clinical Notes

Clinical notes now only display information for fields with valid, selected values. If a previously used value is no longer available, it will be clearly highlighted with a warning, and users must resolve the issue before signing and locking the note, helping ensure notes are accurate and complete.



Clinical Note Field Display and Form Builder Values

Feature rollout will begin on February 3, with full availability by February 24.

Search enrolled payers first account setting

We fixed an issue that displayed all payers under the insurance lookup and did not respect the Search enrolled payers first account setting.

Fee schedule not loading

We fixed an issue that was preventing fee schedules from loading.

Fax usage improvements

The fax usage shown in the **Usage** tab in **Account Settings** now correctly reflects the total number of billable fax pages, including both inbound and outbound pages. We also removed included units and calculated charges to make the report clearer and easier to understand.

Current Usage [1 provider(s)] 08/13/2025 – 09/12/2025

Service Period (08/13/2025-0

Description	Usage
Fax	34 pages
SMS segments	13 texts
Phone	1 phone call
Peer 2 peer telemedicine videocall	0 calls
Emdeon electronic claim	0 claims
Emdeon claim sent by mail	0 claims
Emdeon statements	0 statements
IHCFA electronic claims	0 claims
IHCFA mailed claims	0 claims
Gateway Professional Claim EDI	0 claims
Gateway Institutional Claim EDI	0 claims
Gateway Professional Claim by Mail	0 claims
Gateway Institutional Claim by Mail	0 claims
Gateway Real Time Eligibility Check	0 checks

Dashboard access for staff users

We fixed an issue where some staff users received an error when accessing the **Dashboard**. Staff users can now log in and access the **Dashboard** as expected.

Archived task category improvements

We fixed an issue where archived task categories didn't appear in the category edit view but were still available in a task's **Category** dropdown. Archived categories are now removed from the dropdown, helping ensure users only select active and valid task categories.

Duplicate referring sources in patient chart

We fixed an issue where duplicate referring sources appeared in the patient chart. Referring sources now appear only once, making patient information clearer and easier to review.

City field saving issue in patient chart

We fixed an issue where the city associated with ZIP code 55446 didn't persist after being updated and could revert when other fields, such as the phone number, were edited. The city field now consistently saves and shows the user-entered value (for example, Plymouth). We also moved the ZIP code field to the left so it's filled in before the city.

Problem Report loading improvements

We fixed an issue where the **Problem Report** failed to generate. The default date range now loads the last 30 days, filters and pagination work correctly, search returns accurate results, and exports match the displayed data. You can now generate, view, and export reports reliably and efficiently.

Assigned primary provider in appointments

We fixed an issue where scheduling an appointment from a patient chart incorrectly populated the staff member's primary provider as the patient's primary provider. Patients are now automatically assigned to their primary provider as expected.

Documents upload

To reduce confusion, the **Added By** column has been removed from the **General** tab on the Documents page. This column previously displayed the appointment's provider rather than the person who uploaded the document, which could be misleading.

Additionally, on the **Amendments** and **Labs** tabs, the **Added By** column has been renamed to **Provider** to better reflect the information shown.

EHI export reliability improvement

We've fixed an issue that was causing EHI exports to fail due to timeouts. As part of this improvement, race and ethnicity subcategory data is now delivered in separate, clearly labeled files instead of being bundled into the main patients file.

What's changed

- The EHI export now completes successfully without timing out.
- Two new files are included in the patients folder:
  - `race_subcategories_1.csv`
  - `ethnicity_subcategories_1.csv`
- Race and ethnicity subcategory details have been removed from `patients.csv` to improve performance and reliability.

Related articles

- 📖 Single Patient and Bulk Export File Folder Contents (EHI Export)
- 📖 Glossary: Data Elements (EHI Export) v5

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

🧭 Coming soon

Health Gorilla Integration

Health Gorilla is moving to aFHIR-based integration—creating a smoother, more efficient way to access patient information right inside patient charts.

- Simpler access in patient charts – Find Health Gorilla faster with clearer entry points
- Smoother workflows – A more consistent, streamlined experience across the platform
- Easy transition – Seamless account migration for existing users

Improved Patient Chart Documents

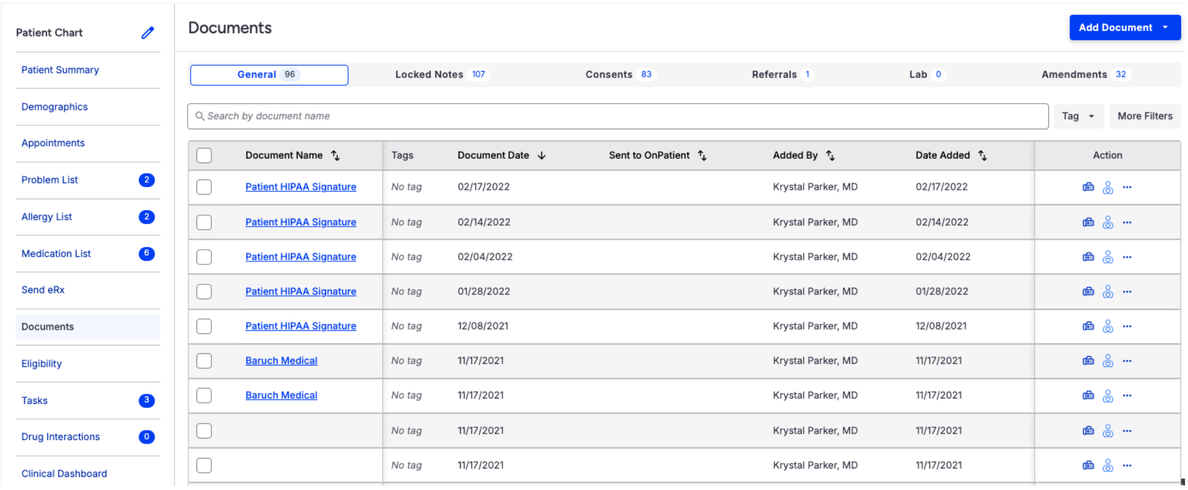
We're updating the **Documents** section in the patient chart to help you work more efficiently.

- Advanced sorting and filtering to quickly find documents
- Improved tag management for better organization
- Faster batch actions, including multi-document faxing
- Redesigned **Labs** section for easier navigation of requisitions and results.

These enhancements make it faster to organize and access patient information—so you can stay focused on care.

Related resources

- Patient Chart Documents
- Patient Chart Documents (Video)



EverHealth Scribe Beta Program (February–March 2026)

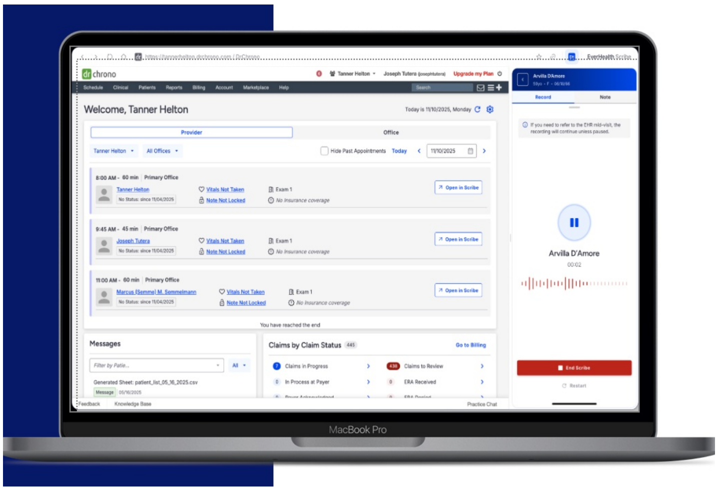
The EverHealth Scribe beta program, available from **February through March 2026**, introduces AI-powered documentation tools designed to reduce clinical note burden and streamline workflows during patient visits. These features help capture conversations, generate structured clinical notes, and prepare information for seamless EHR submission.

Key benefits

- **Less documentation time:** Ambient Scribe listens during visits and automatically generates a complete clinical note.
- **Greater control and accuracy:** Providers can customize AI-generated notes before they are sent to the EHR.
- **Smarter coding support (in testing):** Recommends ICD-10 codes based on visit transcripts and queues them for EHR submission.
- **Improved efficiency:** Reduces manual entry and allows providers to focus more on patient care.

Want to be a beta partner?

Leave a comment in the DrChrono roadmap portal card to become a beta partner for **EverHealth Scribe**.



New feature video overview

Get ready for exciting updates! This month’s release is packed with powerful new features designed to elevate your workflow.

Watch our demo to see the latest enhancements in action and discover how they can boost your productivity and improve your practice experience.