Release Notes - May 12, 2026

Last modified on 10/08/2026 7:42 pm EDT

New features | Enhancements | Resolutions | Coming soon

Highlights

New Features
eRx Delegation
Clinical notes

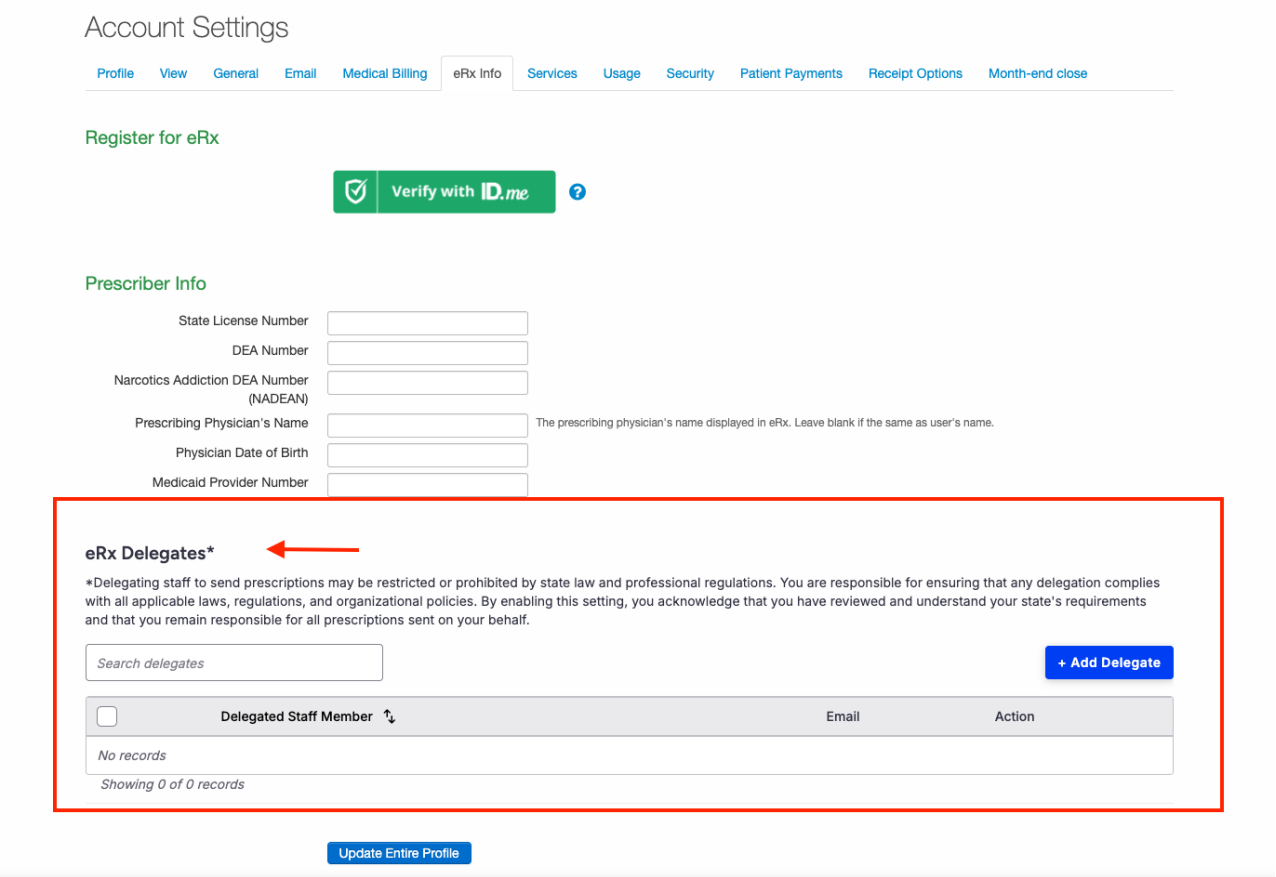
Coming Soon
Improved patient chart Documents
Redesigned Practice Settings management
Patient chart – Appointments redesign
Health Gorilla Integration
Electronic Prior Authorization (ePA)
EverHealth Scribe

New features

eRx Delegation

The **eRx Delegates** feature allows providers to designate staff members to send electronic prescriptions for non-controlled substances on their behalf. This feature helps reduce the administrative time providers spend reviewing and sending routine prescriptions, while maintaining appropriate oversight and compliance.

 Feature rollout will begin on May 19, with full availability expected in the coming weeks.



Related resources

- Setting Up eRx Delegates for Non-Controlled Substance Prescriptions
- Sending Non-Controlled Prescriptions as a Delegate
- eRx Delegation (Video)

Clinical notes

Faster Clinical Note Preview

What's changing

- Clinical note previews now load in about 2–3 seconds, down from 5–10 seconds

Why it matters

- Slow previews interrupted documentation and added delays during patient visits

Benefit and impact

- Less waiting, fewer interruptions
- Faster documentation (supports ~3 minutes per visit)
- Smoother, more responsive experience

Improved Medication List

What's changing

- The medication list in the patient chart now loads faster and displays information more clearly, with improved organization and visibility of key details.

Why it matters

- Large medication histories previously caused slow load times and could temporarily show incomplete or missing data, creating potential patient safety risks.

Benefit and impact

- Faster load times (typically 1–3 seconds)
- Reduced risk of missing or delayed medication data
- More efficient documentation (supports ~3 minutes per visit)

Enhancements

Month-End Close enhancements

Enhancements to Month-End Close ensure that only active, relevant charges are carried forward and handled appropriately based on the visit date. Charges copied to future visits remain flexible and editable until the appointment occurs, while past and current visit charges are treated as newly created transactions. These updates improve accuracy, preserve month-end integrity, and give users greater control and confidence when managing billing workflows.

Month End Close: An Overview

Inactive billing code alert

The system will automatically flag any inactive ICD-10, CPT, or HCPCS codes at the appointment level as soon as they are applied— whether they come from templates, billing profiles, or manual entry. This real-time alert allows users to quickly identify and correct outdated codes before claim submission, reducing errors, rework, and delays.

Inactive Billing Code Alerts

Patient-level override of Insurance Accept Assignment

A new Insurance Accept Assignment field can be configured at the patient level to override the default assignment settings defined in Insurance Setup or Doctor Settings. This option allows practices to control assignment behavior for individual patients when needed, while maintaining existing defaults for all others.

Patient Level Override - Insurance Accept Assignment

Cash appointment payment profile

Enhancements to the fee schedule logic ensure that the Cash payer fee schedule is consistently applied as the self-pay price, regardless of whether a patient has insurance on file. When an appointment is set to the Cash payment profile, the system now correctly prioritizes the Cash fee schedule during charge entry and billing workflows. This delivers more accurate self-pay pricing, improves billing consistency, and ensures predictable behavior across all scheduling scenarios.

Sample data management – Access control update

We moved sample data activation controls from public-facing **Account Settings** to an internal configuration for tighter compliance and security oversight.

What's changing:

- Removed the **Sample Data** tab and all sample data activation options from **Account Settings**.
- You can no longer activate or remove sample data yourself; these actions are now managed internally.

What's not changing:

- Existing demo data in your account remains intact. This update only affects triggering new or removing existing sample data in the future.

Message Center load performance improvements

The **Message Center** now loads significantly faster thanks to an optimization that consolidates message count retrieval from many separate calls down to a single request, reducing wait time and improving overall responsiveness.

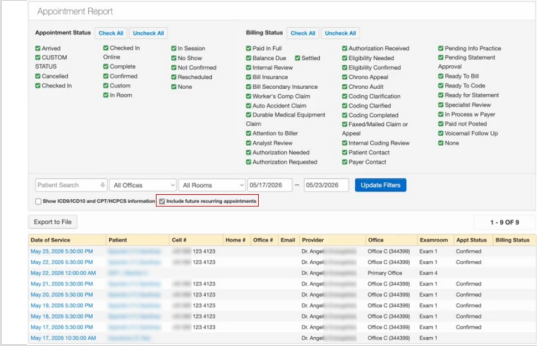
Unread message counts also now update in real time when you:

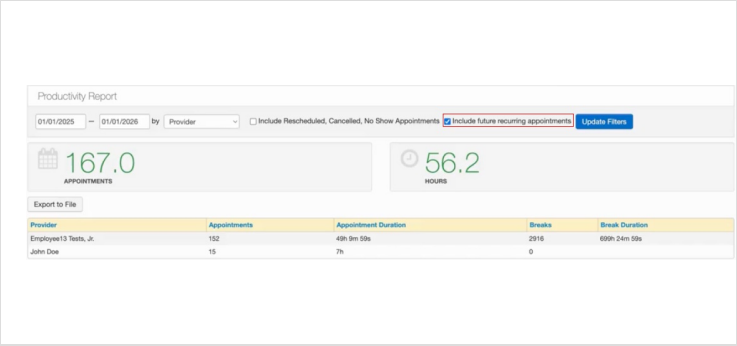
- Read a message
- Mark a message as read or unread
- Archive or unarchive a message

Previously, count updates were delayed following these actions — they now reflect immediately.

Appointment and Productivity Reports include future recurring appointments

An **Include future recurring appointments** checkbox is now available on the **Appointment Report** and **Productivity Report**. Selecting it includes future recurring appointments in the results. Clearing it restores the default behavior. The setting applies immediately when running or refreshing the report.





Related articles

- Appointment Report
- Productivity Report

Email preview updates in real time when composing patient emails

Previously, when you composed an email from **Patients** > **Send Email**, the **Email preview** panel lagged behind user input, so the last few characters you typed didn't appear in the preview. Now, the preview panel updates immediately as you type in the **Email Body** box.

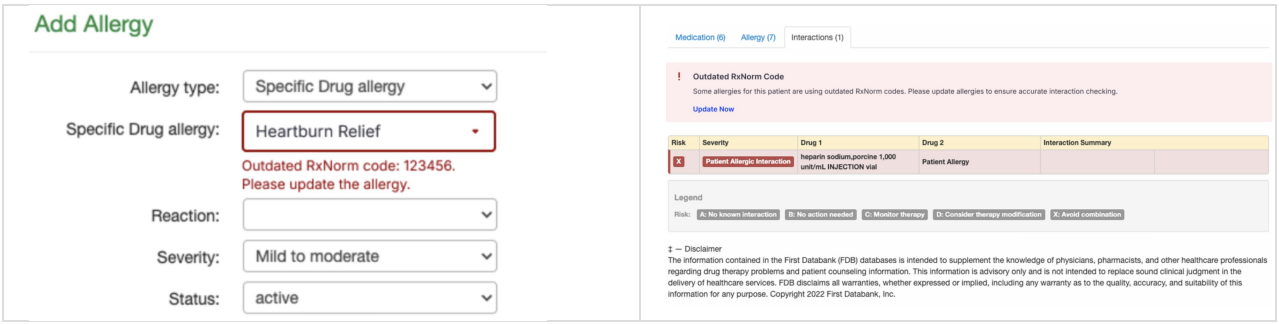
Resolutions

Allergy interaction warning

We've fixed an issue where drug-allergy interactions may not have appeared when prescribing medication due to outdated allergy data.

Now, if an allergy has an outdated RxNorm value, you'll see a clear warning indicating that the allergy needs to be updated in order to detect accurate drug interactions. This warning will appear across key areas, including the Patient Summary, Allergy List, Clinical Notes, Clinical Dashboard, and prescribing workflows.

You can hover over the warning icon for more details and quickly edit the allergy. When editing, outdated entries will be clearly highlighted to guide you in making corrections.



Billing Detail screen update

The **Billing Detail** screen will now clearly distinguish between payer rejections and clearinghouse (ePS) scrubbing rejections with more accurate, specific status labels. This improved visibility will help users to quickly understand the source of a rejection and take the appropriate next steps. As a result, teams can work more efficiently and resolve claim issues with greater confidence and speed.

NDC code line item listed incorrectly in box 24

Reverted CPT/HCPCS line items will now consistently be treated as inactive and excluded from all NDC linking workflows across the platform. This ensures only valid, active line items show when linking NDCs, improving accuracy and reducing confusion. Built-in validation further protects data integrity while maintaining a seamless experience for standard billing workflows.

Settlement auto-adjustment posting

Settlement processing now evaluates and applies automatic adjustments only to active line items, ensuring reversed (inactive) items remain untouched. This preserves accurate appointment balances and maintains financial consistency when marking visits as settled.

Billing totals on Live Claims Feed and Billing Details screen

Updates ensure that reversals preserve the original transaction context—maintaining the correct adjustment type, responsibility, and payer flow—so financials remain consistent and symmetrical. Balance calculations now rely only on active transactions and line items across both the **Billing Details** screen and **Live Claims Feed**, aligning totals between views. Together, these improvements deliver more accurate, reliable financial reporting and greater

confidence in claim data.

Voiding payments within 24 hours

Improvements to the DrChrono Payments void workflow ensure transactions are handled correctly based on their current processing state, automatically routing eligible payments through the appropriate Void or Refund path. This enhances reliability by aligning system behavior with payment processor rules, eliminating unexpected errors during payment processing. The result is a smoother, more predictable payment management flow with accurate status updates and clean audit tracking.

Patient payment plan and floating-point number

Enhancements to the payment plan creation process ensure accurate and consistent total balance calculations across all selected appointments, even at higher selection counts. The system now applies standardized rounding to eliminate floating-point precision discrepancies, ensuring totals remain precise and reliable for validation and processing. As a result, users can seamlessly create payment plans for any number of appointments without calculation-related interruptions, improving both accuracy and workflow continuity.

Sales Tax Report

The **Sales Tax Report** has been enhanced to improve reliability and ensure successful generation across all supported date ranges. The system now processes report requests more consistently while providing clearer feedback when issues occur, improving overall transparency and stability. As a result, the **Sales Tax Report** can be accessed without interruption, supporting smoother financial tracking and compliance workflows.

Eligibility Dashboard pagination

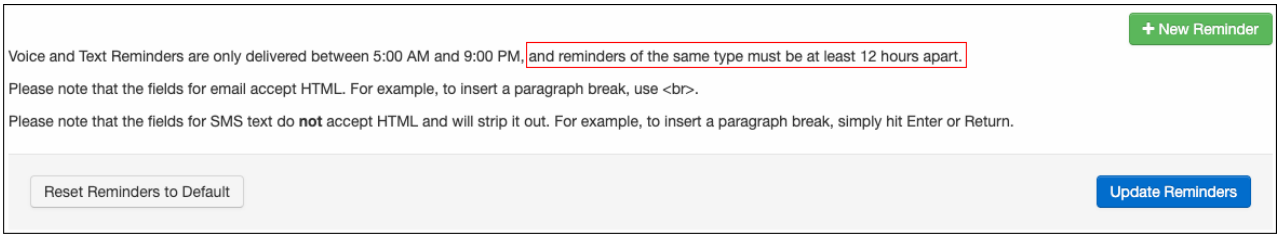
Enhancements to the **Eligibility Dashboard** ensure filtered results are consistently and accurately reflected across all pages when no patient is selected. The system now applies filters before pagination, delivering stable ordering and complete visibility of all matching appointments regardless of eligibility status or date range adjustments. As a result, there will be more reliable navigation and a clearer, more predictable view of eligibility outcomes across the patient population.

Internal notes visible by default in messages

We fixed an issue where internal notes were hidden by default when opening a message from the**Message Center**, breaking parity with existing behavior. Internal notes now show by default when viewing a message, with the **Hide Internal Note** button to collapse them as needed.

Follow-up reminder clarification

We've ensured that the follow-up reminder process is functioning correctly and we updated the UI with guidance below active reminders explaining the 12-hour limit for users setting reminders.



Set Up Follow-up Reminders

Referrals sent using free Send Referral fax option include a valid security code

Previously, referrals sent using the **Send Referral (free)** fax option lacked a security code or included a corrupted one that prevented opening the referral document. Now, a valid security code is generated for every referral sent through this option, correctly decrypting and opening the attached document. The code shown to the sender matches the one needed to access the referral, and referrals are not sent if security code generation fails or produces an invalid code.

Unread OnPatient message count updates immediately

Previously, reading an incoming OnPatient message and returning to the message list caused the unread count to briefly disappear before repopulating after a few seconds instead of updating immediately. Now, the unread message count decrements instantly upon reading an OnPatient message as expected.

Practice group name correctly appears in appointment reminders

Previously, updating practice group settings to show the office name in reminders had no effect—reminders still showed the provider's name, and the preview did not match the sent message. Now, reminders correctly display the practice group name as configured for both regular and follow-up reminders. Preview messages also match what is sent to patients.

eRx unread message count reflects actual unread messages

Previously, the unread message count in the left pane of the **Message Center** for eRx messages didn't match the number of unread messages. It now accurately reflects the true unread count.

Document upload no longer fails when attaching files to patient messages

Previously, uploading a document when sending a patient message caused an "upload failed" error, preventing the attachment from being sent. Now, documents are uploaded and attached successfully to outgoing patient messages.

OnPatient message visibility respects Share Communication settings

Previously, when the **Share among all providers in the PG** permission was disabled, staff and provider accounts could still view OnPatient messages from other providers by switching providers in the dropdown, bypassing the restriction. Now, users can view OnPatient messages only for their assigned provider, regardless of the dropdown

selection. Enabling this permission restores visibility across all providers, and the dropdown fully respects the **Share Communications** permission settings.

Attachments correctly returned in API response for Direct messages

Previously, the API/messages response did not return attachment data for Direct messages containing C-CDA file attachments, leaving the attachment field empty despite attachments. The API now correctly sources attachments from DirectMessageAttachment for Direct message types, ensuring the attachment field populates when attachments exist. Non-Direct message behavior remains unchanged, and messages without attachments still return an empty or null attachment field as expected.

Auto appointment reminders correctly apply to future appointments

Previously, when the **Auto Appointment Reminder** was enabled in **Account Settings**, the last appointment's reminder was not applied to future appointments, causing patients to miss scheduled reminders. Now, with **Auto Appointment Reminder** enabled, the most recent reminder automatically applies to future appointments. Also, the **Use Patient's Last Reminders** option no longer appears in the **Choose a Reminder Profile** dropdown for patients without prior appointments, preventing invalid selections.

Starred message count updates accurately in Message Center

Previously, the starred message count in the **Message Center** was missing or intermittently showed negative values when messages were unstarred. The count now updates immediately and correctly increments or decrements when messages are starred or unstarred, never showing negative values. Archived messages are excluded, and marking starred messages as read or unread doesn't affect the count.

Subject line is editable when replying to OnPatient portal messages

Previously, the subject line was locked and could not be edited when replying to patient messages received from OnPatient in the **Message Center**. The subject line is now editable when composing a reply to OnPatient messages.

Improved modifier dropdown display

We fixed an issue where modifier labels in the CPT and HCPCS sections could overlap with the dropdown arrow or appear truncated. Labels now display clearly with proper spacing, improving readability and selection accuracy.

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

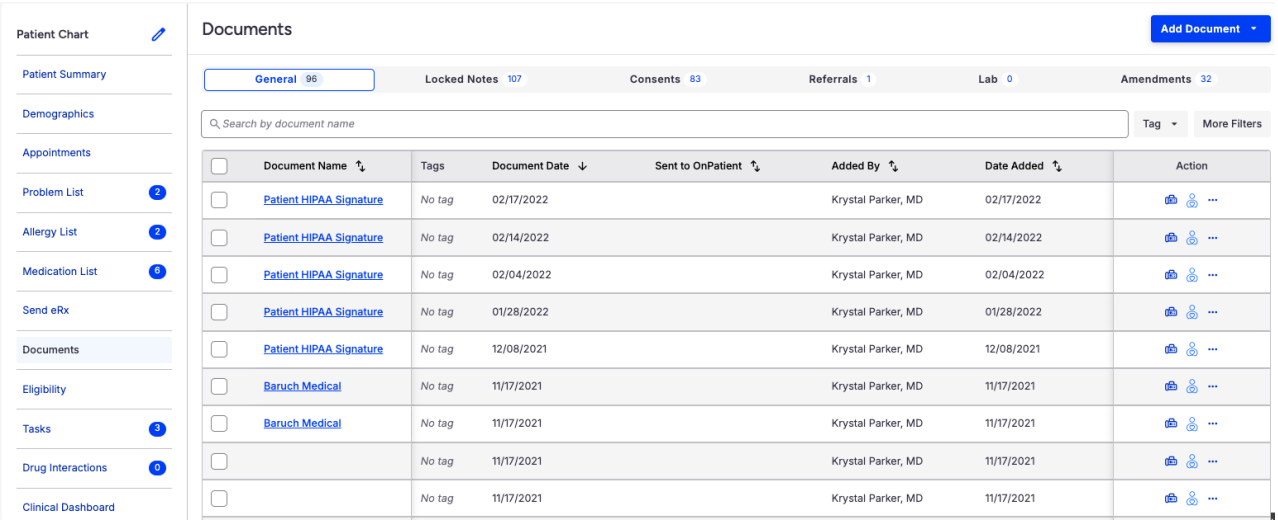
Coming soon

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)

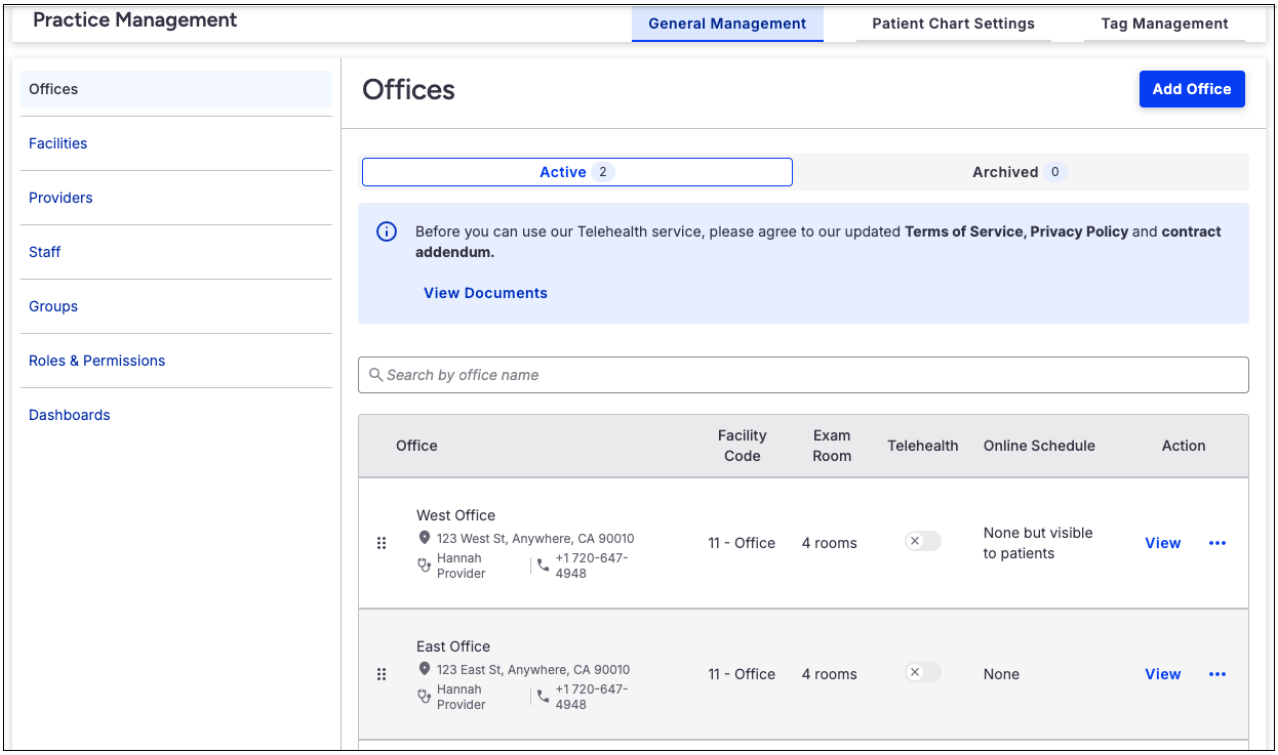
Redesigned Practice Settings Management

We reimagined how practices manage their operational settings from the ground up. The new **Practice Settings** experience brings everything into a single, modern interface — built for the way multi-provider, multi-location, and enterprise healthcare organizations actually work.

All configuration — offices and facilities, providers and staff, permissions and roles, scheduling rules, and dashboards — will live in one unified workspace.

Key improvements

- Centralized management — Offices, providers, staff, and permissions managed from one structured workspace.
- Office-level access controls — Define operational boundaries per location and control which providers have availability at specific offices, improving scheduling accuracy.
- Streamlined configuration — A modern UI with guided workflows reduces onboarding time and minimizes configuration errors.
- Scalable structure — Add new locations or teams without restructuring. The platform adapts to your organization.



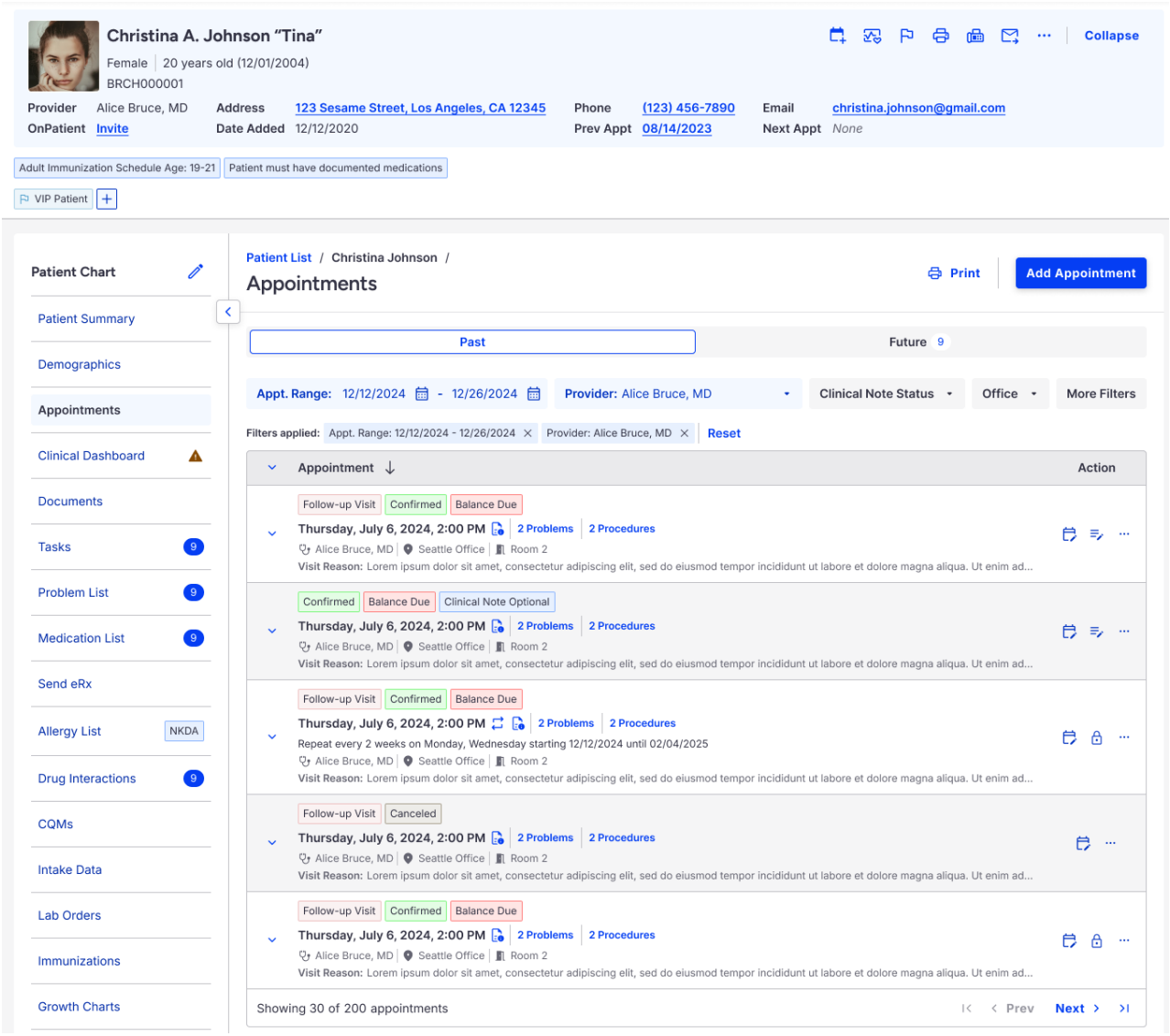
Patient chart – Appointments redesign

We're making it significantly easier to find, manage, and act on appointment information directly from the patient chart.

This release introduces a redesigned **Appointments** section built for clinical staff, providers, scheduling coordinators, and front desk teams — reducing time spent searching and streamlining common scheduling workflows.

Key improvements

- Advanced filtering and search — Quickly locate past or future appointments by date range, provider, location, or clinical note status, without manually scrolling through lists
- Recurring appointment grouping — A new toggle on the **Future Appointments** tab consolidates recurring series into a single row, reducing clutter for patients with long-term treatment schedules
- Batch actions — Select multiple future appointments at once to perform scheduling actions simultaneously, eliminating repetitive steps
- Card-based layout — A redesigned appointment view surfaces visit type, provider, location, exam room, visit reason, and linked problems and procedures at a glance
- **Past** and **Future** tabs — Appointments are now split into two focused tabs, reducing scrolling while preserving full detail

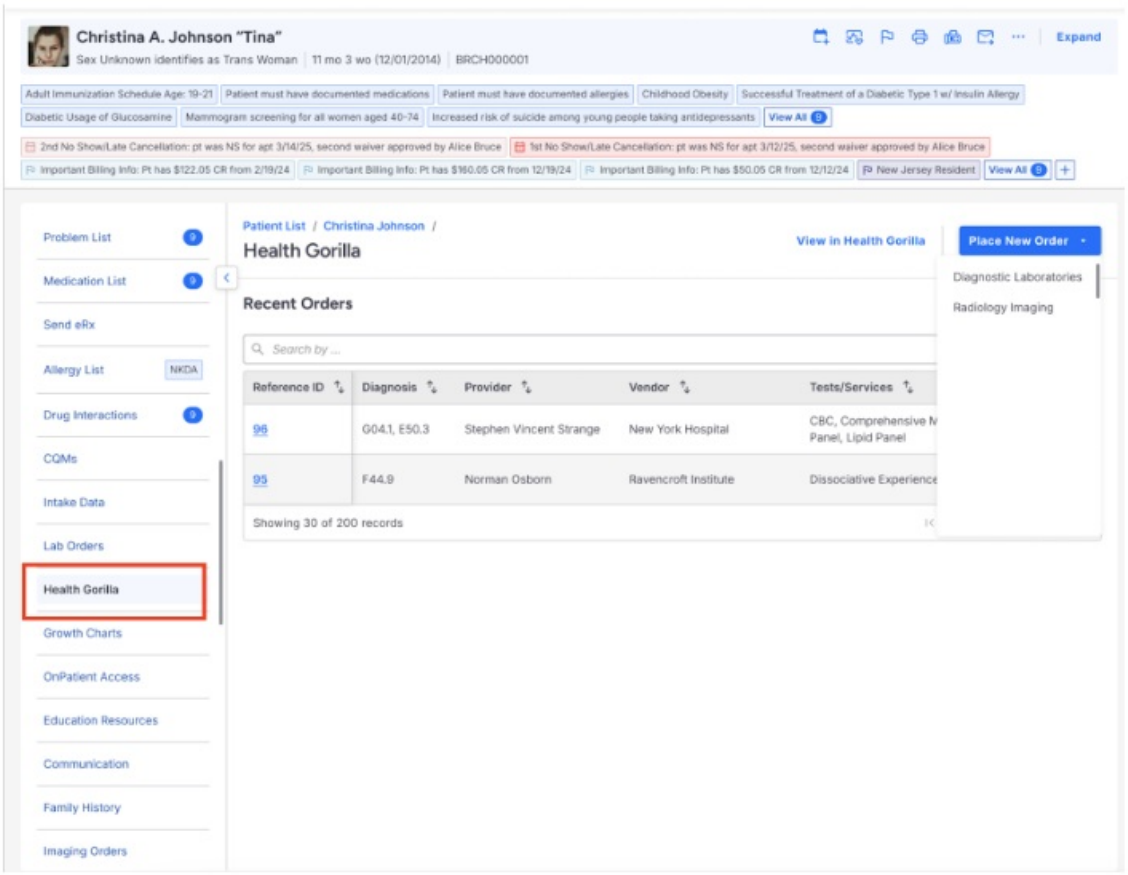


Patient Chart Appointments

Health Gorilla integration

Health Gorilla is moving to a FHIR-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



Using Health Gorilla (improved workflow)

Streamlined Prior Authorizations (ePA) in Prescribing

What's changing
Prior authorizations can now be started automatically during prescribing and added later if missed—without leaving the platform.

Why it matters
Previously, many users had to switch to an external portal to complete ePAs, creating extra steps, delays, and fragmented workflows.

Benefit and impact

- Fewer steps to start and complete ePAs
- No need to switch to external systems
- Ability to recover missed ePAs after prescribing

Related resources

- 📖 Auto-Start ePA using the CoverMyMeds Integration (Web)
- 📽️ Auto-Start ePA using the CoverMyMeds Integration Web (Video)

EverHealth Scribe

Rich text editor

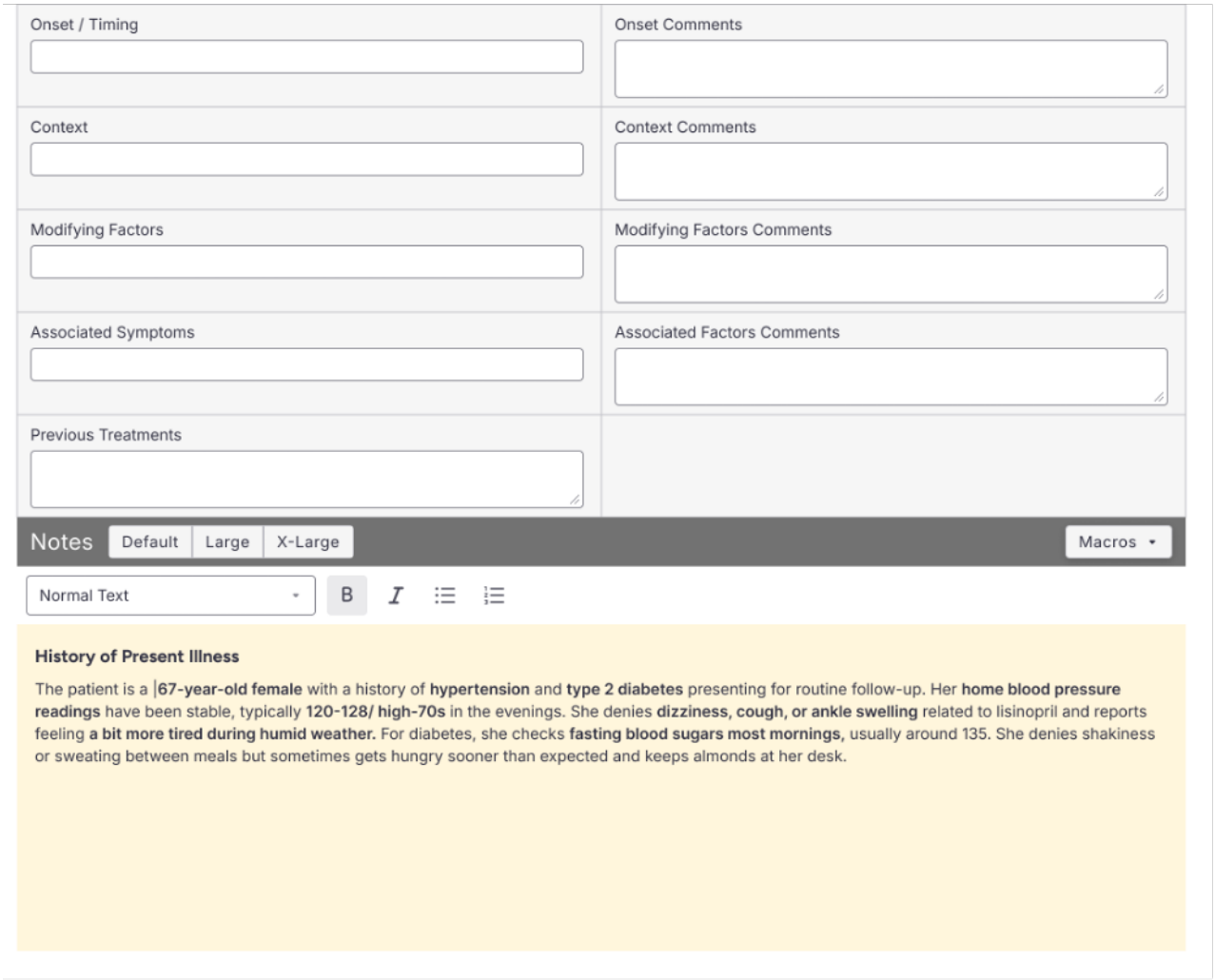
What's changing

Yellow Notes in Clinical Notes now support rich text editing, preserving formatting from EverHealth Scribe.

Why it matters
Previously, formatting was lost, requiring manual edits and creating inconsistencies between EverHealth Scribe and the clinical note.

Benefit and impact

- Preserves formatting between EverHealth Scribe and Clinical Notes
- Reduces time spent reformatting and editing notes
- Creates a more consistent, reliable documentation experience



AI CPT and diagnosis recommendations

What's changing
AI-generated diagnoses and CPT recommendations in **Clinical Notes** now better follow billing rules and coding best practices.

Why it matters
Previously, AI suggestions could require manual corrections (e.g., incorrect code order), increasing the risk of billing errors and extra work for clinicians and staff.

Benefit and impact

- More accurate, compliant coding suggestions

- Fewer manual corrections and code reordering
- Reduced risk of claim denials or audits

