elixir™

Spring '26 Release Notes

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EHR, RCM & Patient Portal Enhancements

Elixir Summer'26 Version 1.1083 Release is available

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Welcome to the Elixir Summer'26 Release!

This release delivers significant improvements across EHR, RCM and Patient Portal, all aimed at enhancing usability, compliance, and operational efficiency.

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EHR and Patient Care

Overview

The Elixir Summer'26 Release introduces enhancements designed to improve clinical efficiency, care coordination, revenue cycle accuracy, and operational scalability across the healthcare ecosystem. These official Elixir EHR release notes cover major functional upgrades focused on strengthening lab order reliability, expanding care plan outcome management, modernizing approval and prescribing workflows, and advancing RCM automation across eligibility, claims, and remittance processing.

Summer'26 also marks a milestone for Elixir: The Elixir Clinical Co-Pilot, the RCM AR Agent, Payer Policy Recommendation, and the Visit Prep Assistant are now part of the platform, each grounded in data that already lives in Elixir and each operating with the provider or billing specialist in the loop.

Lab Orders

Summer'26 delivers enhancements across lab order placement reliability, diagnosis mapping precision, order type separation, and integration performance.

- **Handle Lab Order Placement Errors with Retry Support** - Failed tests and diagnoses now move the order to Error status with appropriate interface error messages, and users can retry the failed transmissions.
- **Lab Order ICD and Tests Callout Optimization** - Diagnosis and test callouts are now issued as separate transactions, preventing platform callout limits on multi-test orders.
- **Enhance Diagnosis Mapping to Support Test-Level Association** - Diagnoses can now be mapped to individual tests rather than to every test in the order, with appropriate test mapping counts, bulk mapping actions, and clear unmapped, partially mapped, and fully mapped indicators carried through to the requisition PDF.
- **Fasting/Non-Fasting Option on Lab Order Screen** - Lab orders now capture a Fasting or Non-Fasting indication and transmit it through the CHC portal integration.
- **Support for Multiple Orders with Separate Lab and Radiology Order Tabs** - Lab and radiology orders can now be managed in separate tabs.

Appointments and Group Events

Summer'26 introduces enhancements to group event scheduling, attendance handling, and documentation governance.

- **Absent Patient Workflow in Group Events** - Patients marked absent no longer receive an unattended individual event; no event is created, or the event is created with a status of No Show. Behavior for present patients is unchanged.
- **Multi-Patient Selection for Groups** - Multiple patients can now be searched, selected, and added to a group event in a single action, with up to five configurable identifier fields such as MRN or date of birth displayed beneath the patient's name.
- **Edit Access for Group Notes Based on Event Status** - Group Notes and Individual Notes become read-only immediately when the event status changes to Completed, without requiring a page refresh.

Care Plan

Summer'26 expands care plan outcome management with outcomes at every level of the care plan hierarchy, status propagation driven by recorded results, and support for both narrative and measurable outcome capture.

- **Outcome-Driven Status Propagation** - Recording an outcome now updates the related goal status and, in turn, the care plan status, so plan level progress reflects recorded results rather than manually maintained statuses.

- **Outcome at Intervention Level** - Outcomes can now be recorded for interventions for capturing intervention level expected outcomes and results
- **Outcome at Care Plan Level** - Outcomes can now be recorded directly on the care plan to capture the overall result of the plan, independent of goal/intervention-level outcomes.
- **Outcome for Descriptive & Measure-Based Outcomes** - Outcomes now support a quantitative value and a descriptive narrative together, both independently optional, with identical fields and layout at intervention and care plan level.

Prescription Orders and ePrescribing

Summer'26 introduces enhancements to prescription order creation, list view usability, allergy synchronization, and prescription transmission validation.

- **Creation of Prescription Orders Independent of List View Navigation** - With this release, a Sync Details action on the prescription order screen creates the order and syncs allergies immediately, supported by a backend job that periodically syncs unsynced records without creating duplicates.
- **Prescription Orders List View Column Management** - The prescription orders list view now supports column management
- **Allergy Sync Elixir to Ensora** - Allergies now sync bi-directionally between Elixir and Ensora.
- **Auto-Create Allergy Template During Allergy Sync When Template Does Not Exist** - Where no matching allergy template exists, the sync now creates one automatically with the allergy name and source allergy ID and continues, removing the need for manual intervention.
- **eRX Validation Updates** - Patient, provider, pharmacy, and prescription data is now validated against the Ensora eRX schemas before XML generation and transmission, blocking transmission with clear messages and reducing downstream rejections.

EHR Workflows

Summer'26 generalizes the approval framework that previously existed only for Forms, making it available across any standard or custom screen, and introduces ORP provider support throughout the approval lifecycle.

- **Reusable Approval Component with Multi-Level Approval and ORP Support** - The Forms approval experience, including approval levels, signing, verification codes, signature capture, and comments, can now be placed on any standard or custom record page, with a configurable status at which the workflow becomes visible.
- **Pluggable Approval Configuration** - Approvals can be configured for any object with up to five levels and Contact Relationship-based approvers. Additionally, terminal Approvers whose signature automatically completes all remaining levels.
- **ORP Provider Contact Data Setup and Provider Relationship Validation** - An ORP provider can be associated with an individual practitioner and configured as an approver at any level, with their signature completing the workflow. Provider Relationship now blocks duplicate and overlapping records.
- **Bulkification of Inventory Addition Code** - Inventory addition logic has been bulkified so lot items with ordered quantities above 10,000 calculate Units Available correctly and orders against them save successfully.

Revenue Cycle Management

Claims Management

Summer'26 modernizes the custom claim entry experience, adds supporting documentation to electronic claim submission, and corrects reconciliation behavior in reversal scenarios.

- **CMS-1500 Custom Claim Form enhancements** - Claim line items now follow the ClaimMD field grouping, section names, and ordering, with common fields shown by default and an Additional Fields expansion, while the CMS-1500 PDF renders all fields.
- **Sending an Attachment Along with Claim**– With this release, supporting documents can be submitted with electronic claims, with multiple PDFs merged into a single file in the selected order and submission blocked with a clear error if platform size limits are exceeded.
- **Reconciliation Summary Retains Original Billed Amount for a Reversal** – Billed Amount value on Claim now always reflects the claim's actual charge amount regardless of ERA posting order, with reversal ERAs excluded from the Billed calculation, preventing negative Billed values and false Overpaid statuses.

Insurance and Eligibility Verification

Summer'26 moves eligibility verification from a record-by-record activity to automated bulk EDI 270 271 eligibility verification, improving the visibility, retention, and scalability of eligibility responses.

- **Bulk EDI 270 Eligibility Request Generation and Transmission** - A Verify via EDI 270 list view action generates and transmits a consolidated EDI 270 file for all valid selected insurance records under ClaimMD, while invalid records are skipped with an error description.
- **Bulk Processing of EDI 271 Eligibility Responses** – EDI 271 files containing multiple insurance responses are now parsed independently per response, creating a separate Eligibility Result linked to each insurance record, with failures isolated to the affected response.
- **Generation of Eligibility Response PDF and JSON Dump During EDI 271 Processing** - Each parsed eligibility response now produces a readable Eligibility Response PDF and a complete JSON dump linked to the Eligibility Result, supporting review, troubleshooting, and audit.
- **Large Eligibility Response JSON Handling** - Where the parsed JSON exceeds the platform text field limit and is stored as a file, PDF generation now falls back to that file so the response PDF is always generated and attached. EDI 271 Files over 12 MB are automatically split into chunks of 12 MB or less across both the Salesforce and Python processing layers, with ordering preserved and no duplicate processing on retry.
- **Display Errors on Insurance Record During Eligibility Verification** - Errors returned by the clearinghouse or payer now set Verification Status to Error and populate Error Description on the insurance record, cleared automatically on a subsequent successful verification.
- **Eligibility Coverage Status for VOB** - Coverage Status, Coverage Start Date, and Coverage End Date are now displayed on the Eligibility Verification component, resolving to Active, Inactive, Not Available, or Error based on the returned coverage dates.

Electronic Remittance Advice

Summer'26 rebuilds the EDI 835 intake path to handle large, multi-ERA remittance files reliably and at scale, providing full support for automated EDI 835 remittance reconciliation while improving the accuracy of claim status determination on posting.

- **EDI 835 Flow Enhancement** - EDI 835 files can be uploaded from the Claim list view to create Parent and child ERAs, with optional background processing, completion notifications, and idempotent handling that prevents duplicate ERA creation. Large EDI 835 files of around 40 MB are stored as a parent staging record and split into

configurable chunks parsed independently by a scheduler, with failed chunks retried without affecting the rest.

- **Split of EDI 835 into different Parent ERAs** - An EDI 835 file containing multiple remittances is split so each ERA becomes its own Parent ERA record linked to the source file, enabling independent reconciliation and posting per ERA.
- **EDI Reconciliation for Parent ERA Summary** – The existing reconciliation batch now summarizes at Parent ERA level and operates within query row limits at high ERA volumes, with the reconciliation sequence keyed to cheque/EFT date.
- **Enhancement for Manual ERA Posting Search with Parent Payer Mapping** - Manual posting search now supports parent ERA payer-based claim search and TPA-to-payor mapping, so claims are discoverable when the ERA payer differs from the claim payer.
- **Marking a Claim as Denied Based on Status Codes Received on ERA** - Claim status now evaluates adjustment codes from the Adjustment Master Configuration alongside the status code, so fully denied claims are marked Denied and mixed claims Partially Paid, never Paid.
- **ROW LOCK Issue While Posting ERAs Using getERAClaimMdBatch (Tech Debt)** - The scheduled ERA posting batch no longer fails on record row locks, improving the reliability of automated posting in high-volume environments.
- **Provider Section Populated in EDI 837** - The referring provider section is now correctly populated on the generated EDI 837, resolving rejections where payers require referring provider identification. In addition to referring provider, ordering and supervising provider details are also mapped to their respective 837 loops and segments, improving first-pass acceptance where payers require ORP identification.
- **ERA Reversal Validation** - Reversals are now validated against the remaining paid amount for the same payer, calculated as total paid less amounts already reversed, and are held with an error when the reversal amount exceeds it. This prevents duplicate reversal files from reversing the same payment more than once.

Kratu Artificial Intelligence

Summer'26 is the release in which Elixir's AI capabilities move from preview to product. All four are grounded in data that already lives in Elixir, run inside existing workflows rather than a separate application, and keep a human in the loop: nothing commits to the chart, the claim, or the record without a clinician or billing specialist approving it.

Elixir Clinical Co-Pilot

The Clinical Co-Pilot works the entire encounter inside the EHR, carrying the same grounded context from the pre-visit briefing to the live note to the close-out.

- **Grounded Pre-Visit Briefing and Chat** - A briefing assembled from scheduling notes, Visit Prep input, and what has changed in the chart, with labs, medications, and prior visits in one place and conversational questions about the patient before the visit.
- **Ambient Scribe with Live Transcript** - Built directly as an ambient AI medical scribe EHR experience, the co-pilot records the conversation and streams a live transcript during the visit, so documentation happens without competing with the keyboard.
- **Real-Time Note Structuring** - The scribe transcript organizes into a structured note as the visit unfolds, SOAP by default with other template layouts selectable on demand.
- **Diagnosis Suggestion** - Diagnoses are surfaced from the encounter and the chart with supporting evidence shown, as proposals for the clinician to accept, edit, or reject.
- **Test Suggestion** - Relevant labs and diagnostic tests are suggested from encounter content and chart history, so ordering happens on the same surface as documentation.
- **Visit Close-Out and Clean Hand-Off** - The provider reviews, edits, and commits the finished note in a click, with an encounter summary and coding and follow-up hand-off generated from what was actually said.
- **Provider in the Loop and Governed in Elixir** - Nothing reaches the chart without clinician approval, with PHI access, scope-of-practice, and a full audit trail governed inside Elixir.

Elixir RCM AR Agent

The AR Agent works accounts receivable from claim submission through resolution, scoring accounts and claims on page load and proposing specific next actions against named payers, claims, and amounts.

- **Account Risk Score and Collections Propensity** - Every patient account is scored 0–100 for financial risk with a collections propensity tier on page load, with plain-English reasoning behind each score and a predictive signal on each KPI tile.
- **Patient Insights and Next Actions** - A structured account summary covers the urgent issue, key drivers, and recommendations referencing real claim IDs and amounts, alongside five prioritised action cards with executable steps and expected outcomes.
- **Denial Risk Score** - Every claim in view is scored 0–100 for denial risk on page load, displayed as a colour-coded inline column with risk row borders, an AI sort toggle, and a row-click insight drawer.
- **Predicted Days to Pay** - Expected days to payment are predicted per claim as a colour-coded range, drawing on payer payment history, days elapsed at current status, denial risk, and account history.
- **Denial Management and Claim Recommendation** - Where a linked ERA carries denial CARC codes, the agent classifies root cause and generates up to five next steps, with Similar Cases, AI Prediction Details, and a Draft Appeal letter available on the claim.

Payer Policy Recommendation

A pre-submission review capability that analyzes claims against payer policy before transmission, so avoidable denials are corrected while the claim is still in hand.

- **Claim Recommendation Based on Payer Policy Rules** - Claims are evaluated against payer coding combinations, modifier requirements, medical necessity rules, documentation dependencies, and frequency limits, returning a recommendation citing the specific rule and correction required.

Visit Prep Assistant

An SMS-initiated pre-visit tool that helps patients arrive with a provider-ready agenda, delivered into the Patient Summary before the visit. It captures and organizes what the patient wants to discuss; it is not a symptom checker and never interprets clinical information.

- **SMS-First Entry with No App or Login** – Patient receives a text from the clinic a configurable number of days ahead which opens the patient's session through a no-login link, with a copy of the agenda texted on the morning of the visit.
- **Identity Verification and PHI Gate** - Name and date of birth are matched to a single appointment record, followed by a one-time passcode, before any protected health information is displayed.
- **Appointment Confirmation and Language Selection** - The appointment is confirmed from the EHR and the patient selects English or Spanish, pre-filled from the preferred-language flag and governing all screens, prompts, and SMS.
- **Recap for Returning Patients** - Returning patients see what has changed since their last visit, drawn only from structured vitals, medications, and labs, presented for selection without clinical interpretation.
- **Medication Adherence Check** - A single bounded question captures an adherence signal, with any issue recorded in the patient's own words and routed to the agenda.
- **Open Agenda Capture** - Patients add anything else in their own words, and the AI layer captures, organizes, and routes it without returning diagnostic, triage, or interpretive content.
- **New-Patient Agenda Seeding** - First-time patients build an agenda from the booking reason plus their own input, with no clinical history required and no history-derived items shown.
- **Patient-Controlled Review and Write-Back** - The patient reviews and edits every item before sending, and the agenda writes to the EHR Patient Summary, never the signed clinical record, with each write audit-logged.