

Practices

Dental · Veterinary · Aesthetics · Chiropractic & Physical Therapy · Optometry & Vision · Behavioral & Mental Health

Six trades, one publication. Every item is something that moves a number on your P&L, changes what you must do by law, or changes what parts and labor cost you.

IN THIS ISSUE	DENTAL CDT 2027 carries 67 code changes, including 28 new codes and 33 revisions, that take effect January 1; the searchable app arrives September 16, 2026.	VETERINARY Colorado's veterinary professional associate role is live under a law effective January 1, 2026; one veterinarian may supervise no more than three, and VPAs cannot prescribe.	AESTHETICS South Carolina's medical board told physicians on August 18 that research-grade peptides may not be used in patient care and that consent waivers do not shield them.	 Read it online This issue, and every one before it
	CHIROPRACTIC & PHYSICAL THERAPY CMS estimates physical therapy codes could gain 1% to 3% overall in 2027 from the practice-expense rewrite, even as the conversion factor falls; comments close September 14.	OPTOMETRY & VISION A Class II recall covering 39,060 bottles of Clear Eyes Maximum Itchy Eye Relief for possible contamination was reported August 20, 2026.	BEHAVIORAL & MENTAL HEALTH Medicaid renewals are backing up in most states before work reporting begins: the national median share left unprocessed rose from 4.3% to 7.0% over three quarters.	
	BACKGROUND SIGNAL The invoice fraud that reads your email first			

RULE · EVERY TRADE IN THIS ISSUE

Treasury made the Corporate Transparency Act exemption permanent on August 11 and the rule took effect August 14, ending beneficial ownership filing for U.S.-formed practices

The Treasury Department's Financial Crimes Enforcement Network issued a final rule on August 11, 2026 that permanently removes the requirement for U.S. companies and U.S. persons to report beneficial ownership information under the Corporate Transparency Act. The rule took effect August 14, 2026. It adopts the exemptions FinCEN first set out in an interim final rule in March 2025 and makes them permanent in regulation. FinCEN also said it will delete beneficial ownership information already reported by U.S. persons from its database, and that businesses do not need to contact the agency to request deletion.

For a practice organized in the United States, the practical effect is that you do not file a beneficial ownership report, and you do not update or correct one you already filed. U.S. persons who obtained a FinCEN identifier no longer have to update or correct the information behind it. The rule also drops the requirement that foreign companies report U.S. person company applicants, and exempts U.S.-registered foreign pooled investment vehicles from reporting a U.S. person in control. Foreign entities that are reporting companies still must report beneficial ownership information for foreign individuals.

This closes a compliance exposure that reached almost every independent practice. Congress enacted the Corporate Transparency Act in 2021 and FinCEN's original reporting rule took effect January 1, 2024. Practices were covered if they employed fewer than 20 people or generated under \$5 million in annual gross receipts, and the filing had to include each beneficial owner's name, date of birth, residential address

and identifying details from a driver's license, passport or state ID. Willful violations carried civil and criminal penalties. The ADA and 120 other trade groups had pressed for relief.

It is not settled forever. The Corporate Transparency Act itself remains on the books; only the reporting regulation changed. Senators Chuck Grassley and Sheldon Whitehouse, who helped write the underlying legislation, criticized the final rule on August 13, arguing that exempting U.S. companies undermines what Congress intended. FinCEN has posted frequently asked questions and says it will announce when the deletion process is complete. Nothing here touches your state's entity filings, annual reports or franchise tax obligations, which run on their own calendars.

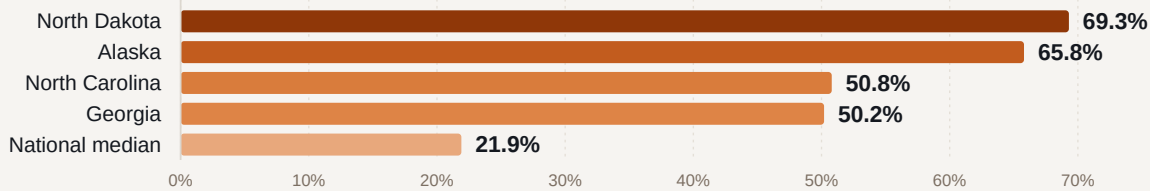
What to do about it: Tell your accountant and attorney in writing to stop any pending or scheduled beneficial ownership filing for U.S.-formed entities, including the practice, any real estate holding company and any equipment leasing entity. Cancel recurring monitoring or filing fees a compliance vendor charges you for this specific obligation, and ask for a refund of anything prepaid past August 14, 2026. If you own or invest through a foreign entity, keep filing for foreign individuals; that obligation survives. Read FinCEN's new FAQs before you tell a lender or a payer that you have no reporting obligation. Keep copies of anything you already filed even though FinCEN will delete its own records, because a buyer's diligence checklist in a future practice sale may still ask what you reported and when.

FinCEN Permanently Ends Beneficial Ownership Reporting Requirements for Millions of Small Business Owners · U.S. Department of the Treasury, August 11, 2026 · FinCEN permanently ends beneficial ownership reporting requirements for U.S. small businesses · ADA News, August 14, 2026

INFOGRAPHIC 1 / THE MEDICAID QUEUE

In four states, more than half of new Medicaid applicants waited over 30 days for a decision in early 2026.

Share of new Medicaid and CHIP applications taking longer than 30 days to process, first quarter 2026, percent. Georgetown University Center for Children and Families analysis of CMS Medicaid and CHIP performance indicators as published July 2026; posted August 24, 2026.



The national median rose to 21.9% in Q1 2026 from 11.5% the prior quarter and 17.8% a year earlier. In four states more than half of applicants waited over a month. Every one of those is a patient who cannot present a card at your front desk, and a claim you either hold or write off. Verify coverage at each visit, not at intake. Source: [H.R. 1 Readiness Tracker Update - Georgetown University Center for Children and Families, August 24, 2026](#)

DENTAL

TWO ITEMS

MONEY

CDT 2027 carries 67 code changes, including 28 new codes and 33 revisions, that take effect January 1; the searchable app arrives September 16, 2026.

Why it matters: The new and revised codes take effect January 1, 2027 and cover direct resin-based composite crowns, removal of screw-retained implant restorations, healing caps, repair or removal of fixed splints, implant-retained interim dentures, adjunctive orthodontic therapy, semi-precision abutments on natural teeth, neuromodulators and chemodenervation, and orofacial pain management. Your team will code at least one wrong in January without training. The full kit is \$159.95 for members, \$234.95 retail; the app arrives September 16, 2026. Order the code set now, block an hour of front-office training before the holidays, and get your practice management vendor's written commitment to a January 1 code update.

[ADA CDT Collection - CDT 2027 and Coding Companion Kit with App - American Dental Association](#)

INSURANCE

The ADA asked CMS on August 4 to treat adult dental coverage as an essential health benefit and to rescind the rule barring states from adding it.

Why it matters: The ADA's comment letter on CMS's Essential Health Benefits request for information, reported August 4, 2026, asks that pediatric and adult dental both count as essential health benefits, that plans inside and outside the Marketplace exchanges include them, and that CMS rescind its prohibition on states adding adult dental. It also argued CMS should not define a 'typical employer plan' as major medical only, since employers routinely offer dental too, and should not benchmark to self-funded plans. The ADA opposes annual and lifetime dollar maximums. CMS has published no timetable. If many of your adult patients buy their own coverage, this proceeding decides whether their plan has to include you.

[ADA urges CMS to recognize adult dental coverage as an essential health benefit - ADA News, August 4, 2026](#)

VETERINARY

TWO ITEMS

LABOR

Colorado's veterinary professional associate role is live under a law effective January 1, 2026; one veterinarian may supervise no more than three, and VPAs cannot prescribe.

Why it matters: Colorado's Proposition 129 (2024) and House Bill 25-1285 created the veterinary professional associate, which requires a master's degree, an American Association of Veterinary State Boards exam, and registration with the Colorado State Board of Veterinary Medicine. The Colorado State University program is three online semesters, 40 credits, 416 in-person hours and a 540-hour internship. A VPA may diagnose, perform surgery and order tests under supervision, but cannot establish a veterinarian-client-patient relationship. A national practice group opposed the role August 6, 2026, joining the AVMA, all 50 state associations, AAHA and NAVTA. If you hire one, your license carries the supervision risk; price that before the salary.

[Mid-Level Practitioners and Veterinary Professional Associates Position Statement - Mission Pet Health, August 6, 2026](#)

MONEY

Small-group health insurers have asked regulators for a median 14% premium increase for 2027, with the middle half of filings between 10% and 18%.

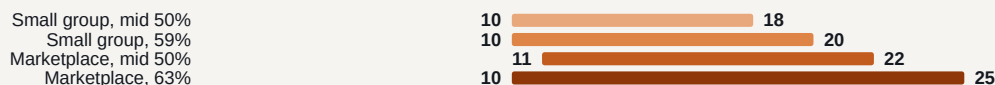
Why it matters: Peterson-KFF (August 6, 2026) analyzed 295 small group insurers across all 50 states and D.C.: the 25th percentile is 10%, the 75th is 18%, and 59% of insurers are asking for 10% to 20%. Small group means employers with roughly 50 or fewer full-time equivalents, which is most practices that insure their teams. Median underlying medical trend is 10.8%. Insurers blame prices and utilization, specialty drugs, GLP-1 and behavioral health use, and healthier groups leaving for level-funded plans, worsening the pool left behind. Fully insured small group enrollment has fallen from about 17 million covered lives in 2013 to 10 million in 2024. Get your renewal quote early and price a level-funded alternative alongside it.

[How much and why premiums are going up for small businesses in 2027 - Peterson-KFF Health System Tracker, August 6, 2026](#)

INFOGRAPHIC 2 / THE 2027 PREMIUM BAND

Insurers have asked regulators for double-digit 2027 increases in both markets a practice owner buys from.

Proposed 2027 premium increases, percent. Small group: 295 insurers across 50 states and D.C. ACA Marketplace: 276 insurers across 50 states and D.C. Peterson-KFF Health System Tracker, August 6, 2026 and July 8, 2026 updated August 3, 2026.



The median small group insurer filed for 14% and the median Marketplace insurer for 15%. The first band is what you pay to cover your own staff; the second is what your self-paying patients pay before they decide what to defer. Median underlying medical trend is 10.8% in small group and 10% in the Marketplace. These are proposed rates; states finalize them in late summer. Source: [How much and why premiums are going up for small businesses in 2027 - Peterson-KFF Health System Tracker, August 6, 2026](#)

AESTHETICS

TWO ITEMS

REGULATION

South Carolina's medical board told physicians on August 18 that research-grade peptides may not be used in patient care and that consent waivers do not shield them.

Why it matters: The South Carolina Board of Medical Examiners (August 18, 2026) says research-grade, non-FDA-approved peptides are not for human use and physicians may not compound, administer, dispense, prescribe, recommend, supply or facilitate them. The ban covers delegating them to a nurse practitioner or physician assistant. A patient cannot waive a provider's duty of care, and a 'research-grade' consent form does not remove professional or legal liability. Drugs and compounding ingredients must come from facilities permitted by the state pharmacy board, which singles out semaglutide salt forms and research-grade powders. If you sell peptides, pull your supplier invoices this week and confirm each source holds a state pharmacy permit.

South Carolina Medical Board Warns Against Use of Research-Grade Peptides - American Med Spa Association, August 18, 2026 · Notice Concerning the Prescribing of Non-FDA Approved (Research-Grade) Peptides - South Carolina Board of Medical Examiners

SUPPLY

Eli Lilly sued six companies including med spas on August 12 over sales of retatrutide, an obesity drug still in trials that cannot lawfully be compounded.

Why it matters: Defendants are U.S. compounding pharmacies, online sellers and medical spas Lilly says marketed retatrutide. The drug is in Phase 3 trials, approved by no regulator, and Lilly plans to file for FDA review in early 2027. The FDA has said selling unapproved retatrutide and other unauthorized GLP-1 products is illegal. Lilly says it has referred more than 200 individuals and entities to the FDA, the Justice Department, state attorneys general, law enforcement and licensing boards, and reported over 14,000 websites, ads and listings in more than 100 countries. A 'research use only' vial label is what Lilly says sellers used. If retatrutide is on your menu or in your fridge, stop dispensing it and call your malpractice carrier.

Lilly Sues Six Companies Over Alleged Sales of Experimental Weight-Loss Drug Retatrutide - American Med Spa Association, August 18, 2026

CHIROPRACTIC & PHYSICAL THERAPY

TWO ITEMS

MONEY

CMS estimates physical therapy codes could gain 1% to 3% overall in 2027 from the practice-expense rewrite, even as the conversion factor falls; comments close September 14.

Why it matters: APTA (July 24, 2026) says CMS estimates physical therapy codes could see an overall payment increase of 1% to 3% from the CY 2027 Medicare Physician Fee Schedule's proposed practice expense rewrite, which APTA calls uniquely beneficial to physical therapists. That runs against the conversion factor, so model 2027 by code family, not by a single percentage. It is proposed, not final: comments close September 14, 2026, and APTA has a comment tool and template letter in its action center. Pull your 2025 and year-to-date 2026 Medicare volume by CPT code, apply the practice-expense direction to the codes that carry most of your revenue, and file a comment before September 14 if the mix moves your number.

Proposed 2027 Medicare Physician Fee Schedule: What PTs Need to Know, Part 1 - APTA, July 24, 2026 · Advancing Payment: What the Proposed 2027 Medicare Fee Schedule Means for PTs - APTA, August 25, 2026

REGULATION

CMS proposes ending the Merit-based Incentive Payment System in 2029 and moving clinicians to MIPS Value Pathways instead.

Why it matters: The proposal reshapes the Quality Payment Program inside the CY 2027 Medicare Physician Fee Schedule rule, per APTA's August 3, 2026 analysis. Participation is mandatory for some therapists and optional for many, and it is how smaller practices earn incentive payments rather than penalties. A 2029 sunset gives you two full reporting years to decide whether to keep building around MIPS measures or move to a MIPS Value Pathway aligned to musculoskeletal care. Check your current MIPS status and exemption threshold before you renew any registry or reporting-vendor contract, and do not sign a multi-year deal that assumes MIPS survives past 2028. Comments on the proposed rule close September 14, 2026.

Proposed 2027 Medicare Physician Fee Schedule: What PTs Need to Know, Part 2 - APTA, August 3, 2026

OPTOMETRY & VISION

TWO ITEMS

SUPPLY

A Class II recall covering 39,060 bottles of Clear Eyes Maximum Itchy Eye Relief for possible contamination was reported August 20, 2026.

Why it matters: Prestige Brands Holdings voluntarily recalled 39,060 bottles over a contamination risk, reported August 20, 2026. Class II means exposure may cause temporary or medically reversible harm and serious injury is unlikely, which is reason to act quickly rather than not at all: the drop sits in dispensary stock, sample drawers and the bags of patients you told to use it. Check dispensary and sample inventory, quarantine what you find, and confirm lot numbers against the manufacturer's recall notice before you return or destroy it. If you recommended it this season, decide now whether to call patients or post a notice. Lot numbers and the recall's initiation date could not be confirmed against FDA's enforcement database in this pass.

FDA recalls eye drop that relieves ocular itch for potential contamination - Optometry Times, August 20, 2026 · Allergy Eye Drop Recall Affects More Than 39,000 Bottles - Optometry Advisor

DEMAND

Marketplace insurers have filed a median 15% increase for 2027 on top of a 2026 in which enrollment fell by three million and post-subsidy payments rose 58%.

Why it matters: Peterson-KFF (July 8, updated August 3, 2026, all 50 states and D.C.) finds 276 ACA Marketplace insurers proposing a median 15% increase for 2027, a second straight year of double-digit requests after a median 18% proposed and 20% finalized for 2026. Proposals range from -1% to 54%; 63% fall between 10% and 25%. The enhanced premium tax credits expired at the end of 2025. KFF's worked example: a 40-year-old in Indianapolis on a silver plan goes from \$316 a month in 2025 to \$477 in 2026 to \$546 in 2027 if rates are approved. Routine exams, second pairs and lens upgrades are what a bronze-plan household defers first. Build a payment-plan option and a defensible entry-price frame before your fourth-quarter push.

How much and why ACA Marketplace premiums are going up in 2027 - Peterson-KFF Health System Tracker, July 8, 2026, updated August 3, 2026

BEHAVIORAL & MENTAL HEALTH

TWO ITEMS

INSURANCE

Medicaid renewals are backing up in most states before work reporting begins: the national median share left unprocessed rose from 4.3% to 7.0% over three quarters.

Why it matters: Georgetown's Center for Children and Families (August 24, 2026) tracks the median share of monthly renewals left unprocessed at month's end: 4.3% in Q2 2025, then 5.3%, 6.2% and 7.0% in Q1 2026, with 30 states and D.C. worse in Q1. New applications taking over 30 days hit a median 21.9%, up from 11.5% the prior quarter. Call center waits rose in 36 of 50 reporting states and D.C., median hold time from six to seven minutes, abandonment to 9.2%. Where unwinding-era ex parte waivers lapsed, procedural terminations jumped: California's went from 65.2% to 82.4% in one quarter. That is patients losing coverage for paperwork, not eligibility. Add coverage verification at every visit and flag renewal months in your scheduler now.

H.R. 1 Readiness Tracker Update: Strain Is Building Before the Work Reporting Requirements Clock Starts - Georgetown University Center for Children and Families, August 24, 2026

MONEY

SAMHSA's CCBHC planning and implementation round closed August 17 with \$94 million for 94 awards of up to \$1 million a year each.

Why it matters: SAMHSA's FY 2026 CCBHC notice (SM-26-014) posted on Grants.gov June 17, 2026 and closed August 17, 2026; the page was last updated August 18, 2026. The \$1 million cap covers direct and indirect costs in any project year. By statute, eligibility is limited to community-based nonprofit behavioral health organizations, entities within a local government behavioral health authority, and tribal and urban Indian organizations. Continuation awards depend on funds and alignment with SAMHSA and administration priorities. If you missed this cycle, start meeting CCBHC certification criteria now, since 24-hour crisis response and same-day access take a year or more to build, and watch SAMHSA's forecast page for the FY 2027 notice.

Certified Community Behavioral Health Clinic (CCBHC): Planning, Development, and Implementation Grant (SM-26-014) - SAMHSA

INFOGRAPHIC 3 / RENEWALS BACKING UP

The share of Medicaid renewals states cannot finish on time has risen for three straight quarters, before work reporting even starts.

National median share of Medicaid renewals due in a month and not acted on by the last day of that month, percent, by quarter. Georgetown University Center for Children and Families analysis of CMS performance indicator data as published July 2026; posted August 24, 2026.



Thirty states and D.C. got worse in Q1 2026 alone. The level is still far below the 18% median at the peak of unwinding in Q3 2023, but the post-unwinding improvement has clearly reversed, and semi-annual renewals plus work reporting land on top of it. North Dakota more than doubled in one quarter, from 11.2% to 24.8%. Source: [H.R. 1 Readiness Tracker Update](#) - Georgetown University Center for Children and Families, August 24, 2026

THE BACKGROUND SIGNAL

The fraud that reads your invoices before it sends one

The FBI's Internet Crime Complaint Center took 24,768 business email compromise reports in 2025, with losses of \$3.05 billion — a record, after dipping to \$2.77 billion in 2024 from \$2.95 billion in 2023. Across all internet crime it logged 1,008,597 complaints and \$20.88 billion in losses. Reported cases only, so read it as a floor.

Business email compromise, not ransomware, is the one that should concern an independent practice. Someone gets into a mailbox, reads until they understand how

you invoice and who pays you, then sends a real-looking progress billing with different bank details. No malware, no warning — just a payment that never arrives and an argument about who eats it. A practice that emails claims, statements and supplier invoices all day is the shape this is built for. The quieter number is adoption: under 20% of firms with fewer than 20 staff use AI at all.

What to do about it: You don't need a security program. You need multi-factor authentication on email and your accounting login, and one rule everybody follows: nobody changes bank details on the strength of an email or a call — you ring the number you already had on file and confirm. That covers most of it, and costs nothing. The part it doesn't — how the systems are set up — is the day job of our parent company, CyberSainya.

FBI Internet Crime Complaint Center, 2025 Internet Crime Report — reported cases only, rounded from \$2,946,830,270, \$2,770,151,146 and \$3,046,598,558. U.S. Census Bureau, Business Trends and Outlook Survey, May 3, 2026.

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Everything the two desks actually do — turning a lead into a booked, paid job. [See it live at cernoglobus.com](#)

Answering now, 24/7 100% of calls answered Live in days, not months Keep your own number

1 THE REVENUE ENGINE

More leads answered, more jobs booked, more revenue.

EVERY LEAD

Phone call
Inbound text
After-hours
Web / ad
Referral

CERNODESK · FRONT DESK · LIVE

Capture every lead

Answers, qualifies, books — around the clock

Answers every call & text, 24/7
Live warm transfer to you
Instant text-back to callers
Spam & robocall screening
Booking reminders
Pushes every lead to your other tools, in real time
Bilingual (on request)
Outbound campaigns
"Your front desk never sleeps."
Reception \$209 · Growth \$439 · Full Engine \$899 /mo

Qualifies & captures the job
Books onto your calendar
Custom intake questions
Call recordings + transcripts
Review requests
Emergency escalation to cell
Multi-location
Monthly ROI report

CERNO · DEAL DESK · LIVE

Close every deal

Turns the call into a priced quote that books itself

AI drafts the estimate from YOUR price book
You approve from your phone
Accept → book a time window
Tech photo line (techs text photos in)
Shared job room (AI, tech, owner, customer)
"From first call to booked job."
Deal Desk \$149 · Pro \$249 · Bundle +\$100 /mo

Itemized good / better / best options
Customer page: options, photos, plain English
Automatic follow-up until booked
Financing & maintenance-plan display
Works with your stack or standalone

\$

Booked, paid job

The lead becomes revenue

SEEN IN YOUR DASHBOARD

2 SEE EVERYTHING — YOUR DASHBOARDS

Read-only, branded, one-key login. Two clear views of the money.

CERNODESK · OWNER DASHBOARD

example view · this month

ANSWERED 312
47 calls caught after hours — a 9-to-5 desk would have missed them

BOOKED 88

CAPTURED 124

MISSED 0

CERNO DEAL DESK · OWNER DASHBOARD

example view · this month

OPEN 12
6 min average from request to quote sent · 71% estimate → won

AWAITING 4

SENT 18

WON 71

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