



**athenaPractice™**

# **v25.1 Release Notes**



Document Version 1

---

©2026 WC Holding LLC. All rights reserved.

Confidential and Proprietary Materials

## Copyright Notice

©2026 VVC Holding LLC. All rights reserved.

CPT copyright ©2025 American Medical Association. All rights reserved. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

## Confidentiality and Non-Disclosure

This document, and all information contained herein, is the confidential and proprietary information and property of VVC Holding LLC and subject to confidentiality and/or non-disclosure provisions between you and VVC Holding LLC. If you are not both (i) a current customer licensed to use the product referenced on the cover page of this document and (ii) subject to an agreement containing non-disclosure provisions with VVC Holding LLC, you are not authorized to access this document.

No part of this document, or any information contained herein, may be reproduced in any form, or incorporated into any information retrieval system, electronic or mechanical, without the explicit written permission of VVC Holding LLC.

Inquiries regarding copying and/or using the materials contained in this document for any and all purposes outside of the limited scope described herein shall be provided in written form to the address listed below and shall be addressed to the attention of the General Counsel. You should only share sensitive data if required and shall at all times operate in accordance with all applicable laws.

## Trademarks

CPT is a registered trademark of the American Medical Association.

All other product names and logos are trademarks or registered trademarks of their respective companies.

## Disclaimers

Any information related to clinical functionality is intended for clinical professionals, and any use of the software, or the information contained therein, should neither circumvent nor take precedence over required patient care, nor should it impede the human intervention of attending nurses, physicians or other medical personnel in a manner that would have a negative impact on patient health.

This information does not constitute legal, financial, coding, or regulatory advice in connection with your use of the product or service. Please consult your professional advisors for any such advice. The products and services described herein do not code medical procedures. Clinical content accessible via the software is for customer's reference and convenience only and is not a substitute for the knowledge, expertise and judgment of physicians or other healthcare professionals in patient diagnosis and treatment. Customer, and all related users, is solely responsible for using its professional judgment in the use of any clinical content, and for training its healthcare providers on the use of the content. Additionally, all clinical and medical treatment, diagnostic and/or billing decisions are the exclusive responsibility of the Customer and for which the Customer shall retain sole liability.

Any and all forms provided in the software are examples of forms that could be created or revised by professional healthcare providers using the software, and such example forms and content may not have been recently updated. Customer is solely responsible for reviewing all clinical content and forms on an ongoing basis and ensuring they understand how they work.

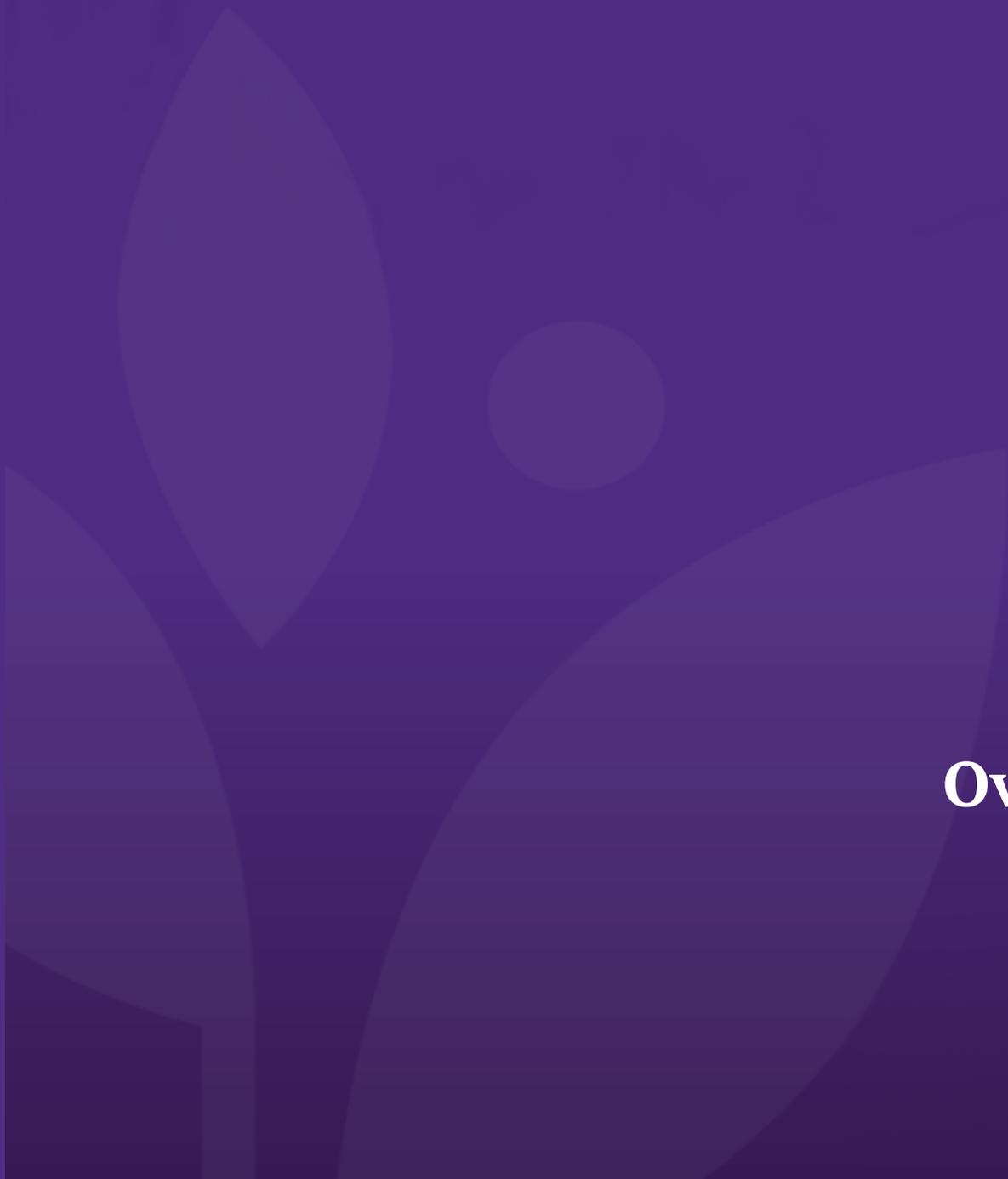
Please send comments to [docflex@athenahealth.com](mailto:docflex@athenahealth.com)

## Company Address

VVC Holding LLC  
80 Guest Street  
Boston, MA 02135

# Table of Contents

<b>1. Overview</b> .....	<b>1</b>
Updates in this release .....	1
Installation and upgrade .....	1
Fixes and Known Issues .....	1
<b>2. Installation and upgrade</b> .....	<b>3</b>
2A. Access product files and documentation .....	4
2B. Upgrade path support .....	4
2C. ezAccess .....	4
2D. EDI plug-ins .....	4
2E. Known Installation/Upgrade Issues .....	5
2F. Roll Back Fix for Accessing Merative Micromedex CareNotes Content .....	5
<b>3. Fixed in v25.1</b> .....	<b>7</b>
<b>4. Known Issues</b> .....	<b>13</b>
<b>5. Getting technical support</b> .....	<b>16</b>

A stylized, light purple graphic of a plant with several leaves and a central circular element, positioned on the left side of the page.

# Overview

# 1. Overview

This document is intended for system administrators and clinic managers. It summarizes new features and describes the latest technical requirements for installing or upgrading to athenaPractice v25.1.

## Updates in this release

### Installation and upgrade

- **Installation and upgrade guidance:** We've organized the content in this document so that any installation or upgrade changes appear first. Your organization may need this information to install this product version. See [Installation and upgrade](#) for details.

### Fixes and Known Issues

- **Fixes and known issues:** See [v25.1 Fixes](#) or [Known Issues](#) for corrections or fixes in progress.



#### Important

To help us quickly detect and resolve issues you may experience, we rely on telemetry data sent to us as system events occur. We have recently upgraded our telemetry system from the older Data Collector API to the new Logs Ingestion API.

To ensure uninterrupted support and monitoring, ask your IT team to add the following to your organization's include list as an allowed URL: <https://atopuse2ehns00.servicebus.windows.net>

This update is essential to keep core system event data flowing to us, enabling proactive issue detection and faster resolution. We appreciate your prompt attention to this change to maintain seamless service.

A decorative graphic in the bottom-left corner of the page, consisting of several overlapping, semi-transparent leaf shapes and a central circle, all in a lighter shade of purple than the background.

# **Installation and Upgrade**

## 2. Installation and upgrade

In this section, review changes that may impact the v25.1 upgrade process.



### Important

We highly recommend upgrading in a test environment first to verify its functionality with any third-party applications you use. See *Test Environment Setup Guide for athenaPractice v25*.

If you have any questions about the compatibility of a third party application with v25, please reach out to your third-party application vendor to verify their application's compatibility with this release.

- [Access v25.1 product files and documentation](#)
- [Review upgrade path guidance](#)
- [See known issues for installation and upgrade processes](#)

## 2A. Access product files and documentation

Download product files and documentation from the [Customer Portal](#).

For upgrade and maintenance instructions, see *Upgrade and Maintain athenaPractice v25.1*.

## 2B. Upgrade path support

You can upgrade directly to v25.1 from athenaPractice v25 (with or without hotfixes applied).

If you have a version earlier than v25, you must run the athenaPractice database upgrade portion of the upgrade to v25 before upgrading to v25.1. However, you can run the upgrades back-to-back without separate downtimes.



### Note

Medication Management must be activated on v20.1 before upgrading to any later version if you use the Chart module to record medications. "Classic" medication screens have been retired.

Contact [Services](#) if you have questions about your upgrade path.

## 2C. ezAccess

If you are upgrading athenaPractice without changing servers, IP addresses, or firewalls, your custom portal buttons will no longer appear after the upgrade. You can request support for replacing the portal buttons by emailing [support@ezaccessmot.com](mailto:support@ezaccessmot.com) with a date and time of your athenaPractice upgrade.

If you are changing servers, IP addresses, or firewalls, a portal reconfiguration is required. Contact ezAccess at [support@ezaccessmot.com](mailto:support@ezaccessmot.com) before upgrading athenaPractice to schedule the portal reconfiguration. This will minimize downtime for clinic staff and patients.

This work is billable, so a quote from athenahealth is required. Once the quote is signed, athenahealth will send a PO to ezAccess/MOT staff to authorize the work. For more assistance, please contact your athenahealth CSM or your athenahealth Value-Added Reseller.

## 2D. EDI plug-ins

After upgrading to version 25.1, all existing **v25 EDI plug-ins** will continue to function as expected, except for **PatientPaymentAutoPost** and **athenaPracticeHCM**. To ensure these two plug-ins operate correctly after the upgrade, please uninstall and then reinstall them from the **Product Updates** page.

## 2E. Known Installation/Upgrade Issues

KA	Issue Description	Workaround
	After upgrading athenaPractice from v25 to v25.1, the SQL procedures for the PatientPaymentAutoPost (PPAP) plug-in were deleted.	After upgrading to athenaPractice v25.1, uninstall and then reinstall the PPAP plug-in from the <b>Product Updates</b> page.
	For the athenaPracticeHCM and PatientPaymentAutoPost plug-ins, some procedures were updated on the plug-in side but were not updated in the core product.	After upgrading to athenaPractice v25.1, uninstall and then reinstall the athenaPracticeHCM and PatientPaymentAutoPost plug-ins from the <b>Product Updates</b> page.

## 2F. Roll Back Fix for Accessing Merative Micromedex CareNotes Content

If users were previously unable to access the Merative Micromedex CareNotes and you applied the alternate setup and workflow described in [KA 000128874](#), you will need to roll back those changes in order to access the Micromedex CareNotes in v25.1.

A decorative graphic in the bottom-left corner consisting of several overlapping, semi-transparent leaf shapes and a central circle, all in a lighter shade of purple than the background.

**Fixed in v25.1**

## 3. Fixed in v25.1

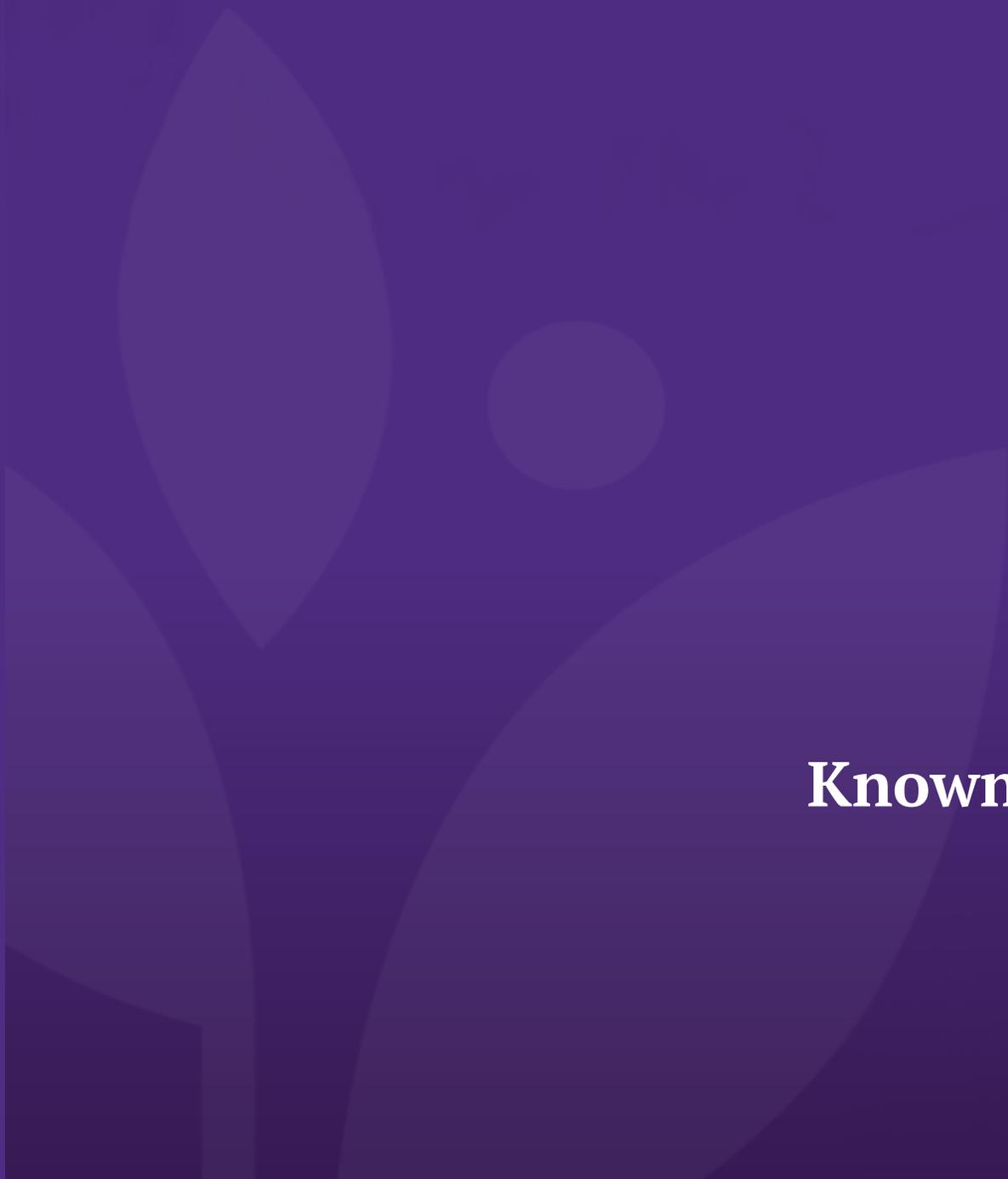
Feature	KA	Issue Description	Resolution
Billing		When making changes to an existing visit, such as adding a new code or creating a refund, an "Unable to complete operation due to closing violation" error message appeared, preventing users from making changes needed to issue corrected claims or send refunds.	A preventive fix has been implemented in v25.1 to ensure that start and end times cannot be saved for procedures that do not fall under the anesthesia category, thereby preventing this validation error.
Billing	<a href="#">000128134</a>	Users encountered a "The system has encountered an error" message in Account Summary when attempting to navigate to Registration. Specifically, clicking the "Go to Registration" link from the Account Summary module failed to open patient registration.	Now, users successfully navigate to Registration from the Account Summary module using the Go to Registration link without encountering system errors. This restores seamless access to patient registration and improves workflow continuity.
Billing	<a href="#">000129484</a>	When batch statement files are processed using any of the statement plug-ins, not all guarantors included in the file were flagged as having received a statement in the guarantor table at the end of the batching process. This flagging occurred only after the file was transmitted via a script workaround, causing discrepancies in the number of items displayed in EDI Submission Management and leading to duplicate statements if files were not transmitted promptly.	All guarantors included in a statement file are now immediately and correctly flagged as having received a statement when files are generated during the batching process. This update ensures accurate visibility in EDI Submission Management, eliminates discrepancies in item counts, and prevents duplicate statements caused by delayed transmission.
Billing	<a href="#">000124453</a>	Notes entered in the Chart under Instructions or Admin Comments did not transfer to the Billing Notes tab when an appointment with an attached case was created and charges were retrieved from within the visit. After signing and completing orders associated with the appointment, the notes failed to appear in billing upon retrieving new diagnosis and procedures.	Now, notes entered in the Chart under Instructions and Admin Comments correctly carry over to the Billing Notes tab when charges are retrieved from a visit. This ensures billing teams have complete and accurate information after orders are signed and diagnoses and procedures are updated, restoring the expected workflow and

Feature	KA	Issue Description	Resolution
			consistency from prior versions.
Billing	<a href="#">000129485</a>	An exception occurred in Production OMS when saving diagnoses, specifically an OptimisticLockException with the message "Batch update returned unexpected row count from update." This happened when two different users attempted to delete different diagnoses for the same visit.	Visits can now be saved successfully without system errors when multiple users modify diagnoses simultaneously. This update enhances stability during concurrent documentation workflows and prevents interruptions caused by conflicting diagnosis updates.
CCDA		Patient visits were incorrectly listed as 'Unmet' in CCDA files containing orders placed in 2024 with end dates occurring in 2025.	This issue was detected in v25 and is now resolved.
CCDA	<a href="#">000129487</a>	In the CCDA Designer, the Document Map failed to display under the List View, the Tree View, or in XML transformations.	The Document Map now appears in both List view and in Tree view. Also, the XML transformations are displayed properly without any errors.
CCDA	<a href="#">000125249</a>	After switching the export charts subscription from CCDA v1.1 to CCDA v2.1, the assessments segment was no longer appearing in exported CCDA files.	The assessments segment appears in exported CCDA v2.1 files as expected.
CCDA	<a href="#">000129488</a>	When the system ran automation scripts, CCDA files failed to generate for some patients.	The system can run automation scripts without causing CCDA generation to fail.
CCDA	<a href="#">000129489</a>	In some cases, CCDA v1.1 generated files had empty sections or sections containing incorrect information.	CCDA v1.1 files do not include empty sections and all content appears as expected.
CCDA	<a href="#">000129490</a>	In exported CCDA files, dose quantities for some medications were incorrectly appearing as null values.	Medications in exported CCDA files with dose quantities have respective values listed.
CCDA	<a href="#">000129491</a>	CCDA v2.1 failed to include CVX codes for vaccines in CQR Insights when vaccines were recorded in the Immunization form. In Insights, the patient visit status appeared as 'Unmet.'	CVX codes appear in CQR Insights as expected and the patient visit status accurately indicates that the patient was 'Met.'
Chart	<a href="#">000128123</a>	When running chart report inquiries for HCC gap and risk scores, the application session would hang and time out before the inquiry	Chart report inquiries for HCC gap and risk scores now generate results without these

Feature	KA	Issue Description	Resolution
		could complete.	performance issues.
Chart	<a href="#">000128642</a>	We've optimized chart functionality by removing obsolete logging code.	Chart module functionality is more streamlined now that obsolete logging code is removed.
eCR	<a href="#">000129494</a>	Reportability response (RR) documents were not being appended to the athenaPractice document that triggered the eICR.	When a RR document is received from AIMS, it is now appended to the document that triggered the eICR.
eCR	<a href="#">000127623</a>	eCR CCDA documents could not be generated if the document triggering eCR was on hold for more than 3 days.	We fixed the issue preventing eCR CCDA generation when the triggering document was on hold for over 3 days by increasing the ambulatory encounter suspend threshold to 10.
eCR	<a href="#">000127622</a>	eICR documents did not include travel history when the user was not authorized in all locations of care (LOCs).	We fixed the issue with missing travel history in eICR documents for users not authorized in 'ALL' (root) LOCs. Travel data now appears correctly.
eCR		Per AIMS, the eCR CCDA version should be 3.1.1.	The eCR CCDA version now defaults to eCR 3.1.1 in Server Configurator.
eCR	<a href="#">000129492</a>	When installing eCR, the Remove button was sometimes clicked, which would remove the eCR server details, and eCR would no longer function.	Server Configurator now displays a new message to warn against removing server details.
eCR		To accommodate the move to eCR CCDA 3.1.1, new data elements need to be supported.	These data elements are now supported: <ul style="list-style-type: none"> <li>• Provider Facility/Office Telecom</li> <li>• Facility Name Healthcare</li> <li>• Organization ID</li> </ul>
eCR	<a href="#">000129493</a>	The eCR CEM subscription was trying multiple times to submit	The eCR CEM subscription now resubmits active documents only.

Feature	KA	Issue Description	Resolution
		documents that were discarded, resulting in a large number of errors.	
eCR	<a href="#">000127718</a>	Reportability response (RR) documents were not being generated when eCR 3.1 was installed for the first time.	RR documents are now generated as expected for new installations of eCR 3.1.
LinkLogic	<a href="#">000127640</a>	LinkLogic was querying the full lab result specimen table each time it received an imported result with specimen source information. This resulted in delays when importing multiple messages.	We've optimized LinkLogic queries so that delays are reduced when receiving and processing inbound lab results.
LinkLogic	<a href="#">000126950</a>	After upgrading to v25, labs with values in OBR-15 (specimen source) failed to import from LinkLogic. LinkLogic errors for lab reports were also appearing under the Activity Log instead of the Errors tab, making labs errors difficult to review and resolve.	Now, labs with OBR-15 values import as expected. LinkLogic errors for lab reports also appear under the Errors tab.
LinkLogic	<a href="#">000128047</a> <a href="#">000128065</a>	Starting in version 25, the LinkLogic activity log began including message codes 0 and 29, whose meanings were unclear. Message code 29 related to socket connections on the DTS and indicated the success or failure of data export attempts, newly logged in the L3eventlog table since version 25. Message code 0 appeared when socket channels were configured but sometimes showed incomplete information, with variations depending on the number of socket channels and possibly differing between aPractice and aFlow environments.	Message codes 0 and 29 no longer appear in the LinkLogic activity log when socket channels are configured on the DTS. This update improves the clarity and consistency of activity logs by removing unclear or incomplete entries, ensuring socket communication messages are accurate and easier to interpret across environments.
Medications	<a href="#">000129482</a>	Under certain conditions, the Purge Pending Prescription subscription that helps maintain the meds list table in the database was not setting the default purge value for pending prescriptions correctly.	The Purge Pending Prescription subscription now assigns the correct default purge date to pending prescriptions, which is after 30 days.
Medications	<a href="#">000126989</a>	When users ended a chart update for a patient's chart accessed from Matched Rx Renewals, selecting the Return to Desktop option in End Update erroneously returned them to Chart Summary instead of Matched Rx Renewals in Chart Desktop, as was expected.	Now, when you end an update for a chart accessed from Matched Rx Renewals and select Return to Desktop in End Update, you are returned to Matched Rx Renewals in Chart Desktop.

Feature	KA	Issue Description	Resolution
System		Webview2 needed to be updated to a newer version.	Webview2 Runtime Version 142 is now installed with the product.
System	<a href="#">000129495</a>	Websites accessed from athenaPractice Main Menu > Support open in IE and not Edge.	Websites accessed from athenaPractice Main Menu > Support now open in Edge.
Upgrade		After upgrading from v24 to v25 in athenaPractice, users were experiencing intermittent performance issues.	These issues have been investigated and resolved.
Upgrade		The Apache Load Balancer needed to be updated to the latest stable version to enhance security, performance, and supportability.	When you install a Load Balancer with the athenaPractice, Apache Load Balancer Version 2.4.62 SP1 is installed.

A stylized, light purple graphic of a plant with several large, pointed leaves and a central circular element, positioned on the left side of the page.

# Known Issues

## 4. Known Issues

We publish a known issues list based on customer reports and issue severity. Not all reported issues are published as known issues. Some issues are resolved real-time during troubleshooting while others require more in-depth research to resolve. While not every support call results in a ticket for a fix or enhancement, every issue moves through an evaluation process. If an issue you are encountering is not listed, it may not have met the eligibility criteria based on available information.

The known issues list is designed to inform customers of specific issues that have completed the initial triage and evaluation process. The list is not a commitment to fix the issues. However, the list contains information to help customers determine how the issue will impact them and how to avoid it, if possible.

Feature	KA	Issue Description	Workaround	Version Found In
Billing	<a href="#">000070213</a>	Users get "Unable to complete operation due to closing violation" when attempting to make any changes to the Visit.	Please see KA <a href="#">000070213</a> for workaround details.	25
CCDA 2.1	N/A	Users without the <b>Setup &gt; View System Settings</b> permission received the following error when trying to generate a Clinical Visit Summary: Could not generate CCDA for CVS. Please try again later or contact your Administrator for assistance.	<p>Add the <b>Setup &gt; View System Settings</b> permission for any user who needs to generate a CVS.</p> <p>In athenaPractice, the user will also need these permissions:</p> <ul style="list-style-type: none"> <li>• Chart &gt; View Charts</li> <li>• Registration (Root folder only)</li> <li>• Schedule (Root folder only)</li> </ul>	25

Feature	KA	Issue Description	Workaround	Version Found In
CCDA 2.1	<a href="#">124820</a>	A new feature switch (InvalidCertificateDNSValue) has been implemented for handling invalid certificates on load balancer machines, with the default setting being ON. When this switch is active, you may encounter issues while completing workflows such as CVS, TOC, or care plan document generation, smart URL launches, external attachment workflows, and some CDA Designer workflows on the FHIR side.	To resolve this, you can fix the invalid certificate for the load balancer or turn off the feature switch. Please contact Support if you want to turn off the feature switch.	25
Chart	N/A	When the Windows color mode is set to Dark, the Clinical Visit Summary form appears black and the content is not visible.	Change the Windows color mode to Light (under <b>Settings &gt; Personalization &gt; Colors</b> ).	25.1
Documentation	N/A	External web links not working in the new Help system.	The new Help system is now published in a cloud container, which allows us to push changes to the Help in real time. Because of how the Help is hosted, external jump links are no longer supported. To access a link to an external site, copy the link and paste it into your browser.	25

A stylized, light purple graphic of a plant with several large, pointed leaves and a central circular element, positioned on the left side of the page.

**Contact Us**

## 5. Getting technical support

If you require help, contact your Value Added Reseller or Services at 888.436.8491 option 1 or online via the Customer Portal.

You can join online communities related to your product and features and view the latest communications, product postings, and other implementation resources.

1. Log in to the [Customer Portal](#) for your product, and then click **Community**.
2. Under Resources, select **Available Communities**.
3. Select **Join** for communication threads you want to follow. Select **Unjoin** to stop following. You'll receive a weekly digest email update when new items are posted to a community you joined.
4. To change how often to receive email updates, visit each joined community and click the **Weekly Digest** email icon the upper right corner. Then select a frequency: Weekly Digest (default), Daily Digest, Every Post, or Limited.
5. To view the latest communications online, log in and look under **Recent Content** or select a community name.