

athenaPractice™ v23.2 Release Notes



Document Version 1

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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 v23.2.

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 v23.2 Fixes or Known Issues for corrections or fixes in progress.

installation and upgrade

2. Installation and upgrade

In this section, review changes that may impact the v23.2 upgrade process.

Important

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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 v23*.

If you have any questions about the compatibility of a third party application with v23, please reach out to your third-party application vendor to verify their application's compatibility with this release.

- <u>Access v23.2 product files and documentation</u>
- 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 v23.2.

2B. Upgrade path support

You can upgrade directly to v23.2 from athenaPractice v23 or v23.1 (with or without hotfixes applied).

If you have a version earlier than v23, you must run the athenaPractice database upgrade portion of the upgrade to v23 before upgrading to v23.2. However, you can run the upgrades back-to-back without separate downtimes.

Important

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If you have installed Load Balancer on v23 or v23.1 and applied patch aP v2.4.57 Security Patch 1, when you upgrade to v23.2, the Load Balancer will change to LB v2.4.37 SP11 version. You will need to reapply aP v2.4.57 Security Patch 1.

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. Known Installation/Upgrade Issues

KA	Issue Description	Workaround
<u>113927</u>	<image/>	 Install the Root CA certificate: 1. On each client machine, run Windows Powershell 5.1 as an Administrator. 2. Navigate to this athenaRootCA Certificate folder: \staging_dir\CPS_ Client\ISSetupPrerequisites\athenaRootC A Certificate. 3. Type .\ installrootca_crt.bat and press Enter. The client certificate will be imported.
<u>114257</u>	While upgrading the client from an earlier v23.2 build to a later one through the Update page or while installing EDI plug- ins, you might receive the following script error:	This error does not affect the installation. Click Yes or No to proceed.

KA	Issue Description	Workaround
	Script Error An error has occurred in the script on this page. Line: Char: P Error: Doblect doesn't support property or method 'removeMPM03' Code: URL: Https://(cps//install/CPS_Clie rt/RemoveExistingExec.htm Do you want to continue running scripts on this page? Yes No	
	This error does not display if you uninstall and reinstall the client or upgrade clients through GPO push.	
<u>69025</u>	After upgrading to athenaPractice v23.2, we recommend running the CPNS_Fix SQL script to improve performance of the application.	See this <u>KA</u> for details.
<u>86508</u>	During client upgrade from v23 or v23.1 or v23.2, the message dialog appears stating, "The installer is unable to uninstall the previous version athenaPractice. Please to Control Panel/Add Remove Programs and uninstall ahtenaPractice (1)" after you click OK . Continue to install the client. This message occurs randomly.	Continue to install the client or you can uninstall the existing client from the Control Panel and proceed with the new client installation.
<u>113801</u>	SMPP ClamWin Free Antivirus Scanner Service will not start after installing athenaPractice v23 and SMPP 8.0.20.21 if you use a proxy server.	See this <u>KA</u> for details.
<u>113540</u>	If a lot number was not saved for an immunization lot, the upgrade to v23 fails with "Cannot insert the value NULL into column 'LotNumber', table 'XXX.dbo.LotManagement'; column does not allow nulls. INSERT Number=3621 State=01000 Setuplog attached."	Install the latest Knowledgebase before upgrading to v23, or contact Support if you encounter this issue.

fixed in v23.2

3. Fixed in v23.2

Feature	КА	Issue Description	Resolution
Billing	<u>116413</u>	Adding diagnose codes on the Charges tab using the ENTER or down arrow key was slow.	We improved the performance of adding diagnose codes using the ENTER or down arrow key.
Billing	<u>116413</u>	After upgrading to athenaPractice v23, data entry into the procedures grid slowed down and impacted productivity for some users.	By invoking the new REST endpoint on adding procedures every time, we significantly reduced the slowness caused by the constant in- memory cache update.
Billing	<u>116381</u>	The Patient Access Log Report was not reporting correctly after upgrading to v23.	Patient Access Logs are now captured for reported missing workflows in v23.
Billing	<u>116329</u>	There was a server error that occurred while trying to save a visit with allocation set type as empty.	This issue was fixed by handling null checks at the time of saving visits.
Billing	75275	Billing grid did not update/refresh when Retrieve Charges button was clicked.	This issue was fixed by updating the patient visit details before and after the retrieval of the visit.
Billing	<u>116422</u>	The Supervising Provider field on billing tickets returned information about Responsible and other billable Providers as well as Referring Providers.	This issue was fixed by correcting the business logic to pass the provider type. Now, when you click the Supervising Provider field, only information related to responsible and other billable providers are returned.
Billing	<u>116768</u>	When typing over a diagnosis with a different diagnosis code and then saving, the visit then had both codes: the one that was typed over and the one that was typed. It was then missing a diagnosis pointer on the procedure code.	An update to the database led to inaccurate values for patient visit diagnoses. It has been corrected with accurate values.
Billing	<u>116354</u>	Right-clicking to copy and paste was not possible and deleting text in the Visit Description did not work properly.	This issue is now resolved by handling the null check condition to enable modifying the Visit

Feature	KA	Issue Description	Resolution
			Description field.
			Note : Right-clicking to copy and paste will not be available post v22. User must use other options for copying and pasting the text.
Billing	<u>116271</u>	The check marks on the Visit screen were not removed after the tickets were batched.	The check marks are now unchecked when tickets are batched from the Visit screen.
Billing	<u>66825</u>	In Visit, when adding the procedure codes using arrow and ENTER keys, the diagnosis pointers were not getting updated.	Now, when adding procedure codes using the down arrow and ENTER keys, the diagnosis pointers are updated.
Billing	<u>116461</u>	The Visit date defaulted to today's date after the allocation set was changed.	Now, the date selected on the Visit Info will hold the value selected by the user.
Billing	<u>117094</u>	Users were unable to delete a visit with closed batches even with batch closing override on. A message appeared stating, "The selected item is currently used in the system, so you cannot delete at this time."	Users can now delete a visit with batch closing Override on.
Billing	<u>117102</u>	A user removed a Workers Compensation Case from a visit and clicked Save . When the batch was closed, the user got a server error while performing the requested operation.	Now, a user can remove a Worker Compensation Case or non-Worker Compensation Case, save, and close the batch without error.
Billing	<u>116981</u>	On the Visit Charges tab, when you use the down arrow on the Diagnosis View List, the cursor does not move to the Procedures View List.	Users can now move from the Diagnosis View to the Procedures View List using the down arrow.
Billing	<u>117338</u>	Updating the facility automatically changed the company already selected on the visit.	Now the company will not update automatically unless the user changes it manually.
Billing	<u>118717</u>	The billing module froze intermittently when multiple CPT codes were entered.	This issue was fixed to ensure the billing module does not freeze when multiple CPT codes are added to the visit.

Feature	KA	Issue Description	Resolution
Billing	<u>62851</u>	When charges were entered in billing, users received error message "Centricity Practice Solution DLL is not responding."	Now, no error appear when charges are entered in billing.
Billing	<u>118008</u>	When bulk retrieving charges in billing, the system required users to apply a deposit on multiple visits instead of just once.	Now, when bulk retrieving charges, users need to apply the deposit to the patient balance just one time.
Billing	<u>118268</u>	In the billing grid, when view-only tickets with external charges were selected, the Resource column was blank.	Now, the Resource column is filled with appropriate resources when view-only tickets with external charges checkbox is selected or not selected.
Billing	<u>117988</u>	The responsible provider was updated on hard closed batch visits when Registration was accessed from the visit and the changes made there were saved.	Now, when there are changes to Registration from the visit with a hard closed batch, the visit information will not be updated.
Billing	<u>117395</u>	When new billing visits were created, the visit owner was no longer defaulted to the top of the list in Administration > System > Visit Owner . The new tickets showed a blank Visit Owner.	Now the visit owner on the top of the list in Administration will be displayed for new tickets.
Billing	<u>118130</u>	In a visit, the hospitalization dates were removed when a case with no dates was added to the visit.	Now, hospitalization dates are not overwritten with case dates.
Billing	<u>117976</u>	An activity log with message "Deleting external charges for visit " gave incorrect information to customers.	Now, the activity log will not appear after retrieving charges.
Billing	<u>116246</u>	When updating a procedure code using the ENTER and down arrow keys, the code was updated along with other values in the row. After the visit was saved and reopened, both the old and new procedure codes were displayed in the Procedures section.	This issue was fixed by removing the old procedure code from the Procedures section after the new procedure code in the visit was saved. Reopening the visit will only show the new procedure code.
Billing	<u>118660</u>	Customers who applied v23.1 Service Layer Hotfix 2 reported there were issues posting charges using the arrow keys or ENTER key when clicking within the Code field of the Procedures section. This occurred if the CPT code had multiple codes.	Now, when users enter the CPT code, the system will display all available codes like active, expired, and codes by specialty.

Feature	KA	Issue Description	Resolution
Billing	<u>118660</u>	After v23.1 Service Layer Hotfix 2 was applied, some customers were unable to post certain CPT codes as the system appeared unresponsive due to a given set of conditions.	Now, when users enter a CPT code, the system will display all available codes like active, expired, and codes by specialty.
Billing	<u>116413</u>	In any fields on the Charges tab, the system took more time to reflect the changes.	We improved the performance of editing values on the Charges tab in the Visit window.
Billing	<u>113884</u>	When opening a visit from the billing grid, it took 4 or 5 seconds to open one visit.	We improved the performance of opening visits from the billing grid.
Billing	<u>116904</u>	The incorrect policy was printed on HCFAs when selecting a patient that had multiple insurance carriers with the same insurance ID but different policy	Changes were made to store accurate values for current insurance and primary insurance carriers to fix the issue.
Billing	<u>116979</u>	Voided procedures were appearing on claims (electronic and paper), causing rejections.	This issue was fixed so that voided procedures will not appear on claims.
Billing	<u>116999</u>	Visits were in incorrect status and the current carrier was not selected on the visit.	The logic of making insurance carriers active or inactive in the visit was corrected.
Billing	75275	Re-approval for Approved & Filed Visits was not updating the Approval status in Billing Grid.	This issue was fixed, and the approval status is updated in the Billing Grid with the correct description.
Billing	<u>117956</u>	When retrieving external charges from the Visit, the external charges with different DOS coming from the MIKPatientVisitProcs table showed the DOS of Visit instead of respective original DOS.	External charges with different DOS coming from the MIKPatientVisitProcs table will show the respective procedure's DOS when retrieved from the visit.
Billing	<u>116413</u>	After upgrading to v23, visits were slow to open from the billing grid.	The amount of time to open a visit from the billing grid has been reduced.
Billing	<u>117956</u>	Users received an alert that the Fee Schedule is changing when changing the DOS From date on a charge in a hospital visit.	This issue was fixed and you can change the DOS From date without the Fee Schedule changing.
Billing	<u>118829</u>	Visits were not showing the correct balance when voiding a procedure that had Do not multiply Quantity Units selected in	The correct balance is now shown when voiding a procedure that has Do not multiply

Feature	KA	Issue Description	Resolution
		Fee Schedule.	Quantity Units selected in Fee Schedule.
Billing	<u>117003</u>	When customers upgraded from athenaPractice v20.1 to v23, imported DFT files appeared with a discharge date of 12/30/1899 if they did not include a value in field PV1-45. Customers were required to manually remove this value to ensure that associated claims were not rejected.	If no value appears in field PV1-45 for imported DFT files, the system ignores this and no longer prepopulates the field with a date.
Billing	N/A	Charges calculation was failing when there were large number like 408499999.30 for fee/allowed/RVU with units 1.000.	Calculation of charges is now fixed to handle these big numbers.
CCDA	<u>115720</u>	Important clinical data more than one year old was missing from VDTs.	Only data related to observations will now be limited to the prior year on a VDT document.
CCDA	<u>118018</u>	JSON file generated for Send Summary Care (PI_HIE_1) doesn't have information about Problems, Medications, and Allergies.	A nightly job will verify that at the time of sending the CCDA the chart contains at least one problem, drug allergy, and medication or a record of "No Known…" for each category. If not, the MUActivityLog.deliverymethod will be updated to exclude the patient from the numerator.
CCDA	<u>117486</u>	When providers using CCDA version v2.1 right-clicked a signed document and selected Create Clinical Visit Summary, medication instructions were not appearing in the summary.	When providers generate a clinical visit summary from a signed document and are using CCDA v2.1, the patient's medication instructions appear in the summary as expected.
CCDA	<u>120302</u>	When the FHIR server was set to include debugging logs and patient observation data was requested, the system was returning patient lab information and its PHI within telemetry data.	If the FHIR server is set to include debugging logs and patient observation data is requested, the information returned no longer includes lab information within telemetry data.
CCDA	120304	The National Institute of Standards and Technology (NIST) validator, which is a part of our cybersecurity framework, was returning errors when it encountered patient observations, procedures, and other system data.	We've made corrections to values in the XSLT so the NIST validator will no longer return these errors.

Feature	KA	Issue Description	Resolution
CCDA	<u>120305</u>	When organizations were using CCDA v2.1 in v23, patient problems with approximate onset dates were not appearing in exported documents.	Now, when using CCDA v2.1 in v23, patient problems with approximate onset dates appear in exported CCDA documents as expected.
CCDA	<u>107070</u>	When organizations were using CCDA v2.1 in v22.0, patient allergies with an approximate onset date were not appearing in exported documents.	Now, when using CCDA v2.1 in v22.0, patient allergies with approximate onset dates appear in exported CCDA documents as expected.
CCDA	<u>120306</u>	When using ezAccess to view a patient's medical information, any provenance details were not appearing on the webpage.	When users select View in ezAccess, provenance details appear on the webpage as expected.
Chart	90533	When users used ampersands (&) in their account passwords to meet special character requirements and Active Directory security was on, they encountered issues when accessing growth charts for patients.	Users with ampersands in their passwords can now access patient growth charts without issues.
Chart	86327	Chart crashes occurred during module-to-module navigation.	This issue was resolved to ensure athenaPractice doesn't crash when you navigate module-to-module.
Chart	<u>114945</u>	The application sometimes freeze then crashed when moving between documents.	This issue was fixed to ensure a smooth and responsive experience when you navigate between documents.
Chart	<u>117955</u>	The Risk Factors-CCC form had performance issues in v23.	We removed diagnostics code added in v23.0, which increased form loading time most noticeably for forms with a lot of data.
Chart	<u>118010</u>	After upgrading to v23.1, users experienced slowness when loading and using the CareManager form.	We removed diagnostics code added in v23.0, which increased form loading time most noticeably for forms with a lot of data.
Chart	120309	In Assessment and Plan, completed problems appeared as active problems, and were appearing for users even if their entry dates were outside of the date range selected by providers.	We've corrected the filtering in Assessment and Plan so that completed problems – or any problems outside of the date range selected – no longer appear as active problems.

Feature	KA	Issue Description	Resolution
Client	<u>118248</u>	Using the percentage (%) symbol in passwords caused athenaPractice to load with errors or not at all.	Users can include the % symbol in their password without any load or hang issue. Users will also not receive a pop-up displaying the password.
Collections	<u>117422</u>	In Collections, the search criteria did not display the correct visits when the Next Contact Date Expired option was selected.	The search now works correctly when the Next Contact Date Expired option is selected.
CQR	<u>119099</u>	Patients are listed as unmet in CQR after running the Summary Of Care Database Patch.	The nightly job was revised to account for changes made after the order creation. If all entries for problems, medications, or allergies are removed before the Summary of Care is sent, they show 'No information available' in the CCDA and does not qualify for the measure. If a document containing a referral order is created, when subsequent additions to problems, medications or allergies are added in a new document, they are not reflected in the CCDA. When changes to problems, medications, or allergies are made in a subsequent document, they are treated as a removal and an addition. Thus, the now inactive entry and the updated entry are not included in the CCDA. Note : If you need to make further corrections to a specific TOC event, refer to <u>KA119099</u> .
CQR	<u>117493</u>	In some cases, Common Event Model (CEM) subscriptions, including the Meaningful Use Functional Measures Reporting and Clinical Quality Measures Reporting subscriptions, failed to output all of the records required for Clinical Quality Reporting (CQR) via the Qvera Interface Engine (QIE).	This issue is resolved. The CEM subscriptions picks up all the required records for sending to CQR.
eCR	<u>120310</u>	Electronic Case Reporting (eCR) Response Records (RRs) were not getting appended to the original document that triggered the electronic case report.	RRs received for an electronic case report are now appended to the original document that triggered the electronic case report.

Feature	KA	Issue Description	Resolution
EDI	<u>64477</u>	The following error occurs while running eligibility checks for the entire day: Error occurred in class SEH Exception, method CHSDialog::WindowProc - class CDIgEDIProgress 0xC00000FD.	Large numbers of eligibility checks now complete successfully without crashing. Note: This fix will be enabled by configuring the CPOPM.exe.config file as shown below (default value will be "false"). <add <br="" key="Patient-Eligibility-
Batch-Mode-Enabled" value="true">/></add>
Faxing	<u>115377</u>	Faxes were not being picked up by Biscom in v22/v23 client. Pipe trace showed "WaitForFileExists failed".	Faxes are now sent via Biscom without an issue.
Immunization Management	<u>120311</u>	If customers configured vaccines to include specific routes, athenaPractice would still list all possible vaccine sites.	Now, if customers configure a vaccine to only show specific sites, only those sites appear to system users for selection.
Immunization Management	<u>120312</u>	Upon administering a vaccine group with a combo vaccine, the vaccine group was still appearing as a recommendation in the patient's immunization form.	If a provider administers a vaccine group as a combo vaccine, the administered vaccine group no longer appears as a recommendation.
Medication Management	<u>99527</u>	Pending prescriptions that had the same Last Modified Date as signed prescriptions weren't processing and were remaining in a pending state instead of appearing as signed.	Now, pending prescriptions that have the same Last Modified date as signed prescriptions are processed and appear as signed prescriptions in the medication's history.
Medication Management	<u>117885</u>	Prescription cancellation messages from pharmacies sometimes caused the system to create an additional document with the same clinical list changes as the original prescription.	Canceled prescription messages from pharmacies no longer generate additional documents with duplicate clinical list changes.
Medication Management	<u>117020</u>	At times, Medication Management sent non-prescription data during a sync that athenaPractice interpreted as a new prescription. This resulted in a blank prescription document that appeared with other prescriptions unmatched with patients.	athenaPractice no longer generates a blank prescription document as a result of additional, non-prescription data that Medication Management generates during a sync.

Feature	KA	Issue Description	Resolution
Orders	<u>118817</u>	When encountering a duplicate order in an order set, the system only prompted users to confirm whether to include the first duplicate order, would fail to prompt users about the remaining duplicate orders, and would stop processing the remaining orders in the order set.	The system now prompts users to confirm whether to include each duplicate order in an order set and processes all orders.
МІК	<u>120313</u>	After upgrading to v23, MIK did not open socket ports and did not process all socket- based or file-based messages.	Added diagnostic logs to check the MIK hang issue at the customer environment. Added switch to disable the Telemetry initialization section to provide a temporary fix.
МІК	<u>110207</u>	Some charges fail to reach MIK or were not available to retrieve in Billing.	All charges can now be retrieved in the visit.
Telemetry	N/A	The following error was being logged: Severity : ERROR, eventMessage : Exception Message - Error in calculateAllocationInformation while calculating allocation Information Throwable Message - Index 0 out of bounds for length 0, methodName : calculateAllocationInformation_ aroundBody8, lineNumber : 197.	This exception is now handled and an error is not logged.
Upgrade	<u>120314</u>	After a MIK installation, popup windows were appearing in Server Setup when clicking Next during MIK configuration. The messages incorrectly indicated that JBoss had "auto-stopped" during a database upgrade.	These popup windows no longer appear when clicking Next during a MIK configuration.
Upgrade	<u>120315</u>	When multiple databases were hosted on a single SQL Server, only one could be upgraded at a time. If multiple databases were upgraded concurrently, the first and/or the second one started would fail.	Multiple databases hosted on a single SQL Server can now be upgraded simultaneously.

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
Admin	<u>113538</u>	When installing a new athenaPractice database, the EHI Data Export user permission is not available on the Security tab in User Management. This issue does not occur when upgrading from v22 to v23.	Contact Support.	23
Admin	<u>67131</u>	When the athenaPractice and athenaFlow applications run on the same machine, the user might get an error when they log into either application using a standard user account in Windows.	If using Citrix, split the athenaPractice and athenaFlow applications onto separate servers. OR Add the Windows user to the local administrator account.	12.3.1
Billing	<u>113536</u>	When approving a visit with athenaPractice HCM, the following error may occur: "The URL https://hcm.idxasp.com/axis2/services/HCMMessageManager configured in the system is incorrect due to which the requested URL was rejected."	In the HCM Proxy Connection settings, add http:// to the URL in the Address field.	23

Feature	KA	Issue Description	Workaround	Version Found In
			1. Go to Administration > System > Application.	
			 With athenaPractice/HCM Visit Approval selected from the Global Approval Plug-In drop-down menu, click Settings. At the bottom of the "athenaPractice/HCM Global Approval Settings" window, add http:// to the URL in the Address field and click OK. 	
Billing	<u>65214</u>	Error occurs when splitting charges for Medicare in Billing module. After the error, the Billing module either crashes or remains open.	No workaround.	12.3
Billing		In v23.2 not all external charges are showing in the Billing grid if the visit has a status of In Progress .	No workaround.	23.2
Billing		When a document having external charges are signed by different provider and the visit is retrieved from within it, the common Responsible Provider field does not get updated.	Refresh the visit, i.e., click Save and Close . Then reopen the visit to see the correct value.	23.2
CC Basic	<u>86320</u>	The folders inside C:\Program Files\Centricity Practice Solution\jboss\standalone\deployments\ < <i>database name</i> >.ear\ CentricityPracticeWS.war\EncounterForms cannot be manually deleted while JBoss is running.	Shut down JBoss before deleting the folders.	19
		These folders do not need to be deleted, but you may encounter this issue if, for example, you want to delete folders for obsolete CC Basic HTML forms.	If folders need to be deleted while JBoss is running, sequentially delete	

Feature	KA	Issue Description	Workaround	Version Found In
			folders starting from the lowest folder in the structure and working upward.	
CCDA 2.1	<u>107697</u>	An error occurs while trying to create a CCDA 2.1 document if the JBoss server tries to make a request to itself or the Interop server and the request is routed to the proxy.	In some cases, the proxy can be bypassed by setting the six API Web Services* Internet Sites to use an IP address rather than the FQDN (in Administration > Charts > Internet Sites).	22
CCDA	<u>64341</u>	CCDA generation sometimes results in error "Flowsheet details are not modifiable." It can be retried at a later date with no error.	Resolve error in QIE.	12.3.1
Chart	<u>63646</u>	When a user clicks the down arrow to see the historical 0 to 24- month chart in a growth chart, it's blank.	No workaround.	12.3
Chart	<u>80939</u>	When placing document on hold, a user cannot sign the clinical list changes after making direct changes to the flowsheet.	Either leave the clinical list changes unsigned and place the document on hold or sign the document.	12.3
Chart	<u>86336</u>	In Windows 10, various Chart workflows cause the application to crash if the Windows scale and layout setting is not set to 100%	 Change the screen resolution: 1. Right-click on the Windows desktop and select Display settings. 2. Under "Scale and layout," change the size of text, apps, and other items to 100%. 3. Restart the application. 	19
Chart	<u>62913</u>	Old Orders appeared in the new encounter when only new Orders should display.	No workaround	20.1

Feature	KA	Issue Description	Workaround	Version Found In
Chart	<u>114950</u>	When using the "Start Renewal Document" icon from the Matched RX Renewals screen, the new document's location is different from the location in Med Management.	This affects aPractice only. The Rx Refill document created takes on the PROVIDER's current or last logged on location. To ensure the desired location is selected for the Rx Refill Document, please use the "Open chart" button and click "New Document" and make changes to Document location as needed. The Default location is where the end user is logged on to.	20.1
Chart	<u>114302</u>	The following error sometimes appears after clicking OK on the Update Order screen after bypassing an order that requires AUC checking: Error 32785 Possibly too much data for field. Retry? This issue occurs when bypassing an AUC check for one order, adding another AUC order, and bypassing the check for that order.	 Use one of the following options: Add all the orders and bypass the AUC checking at one time. OR 1. Add an order and click OK on the Update Order dialog. 2. Relaunch the Update Order dialog, bypass the order, and click OK. 3. Repeat steps 1 and 2 for every AUC order that you want to add and bypass. 	23
Chart		Users may notice a banner stating "Patient Demographics have changed. Please close and refresh the window for latest sync updates," which appears and then reappears again after the user has already closed Med Management to refresh the chart.	Users may review patient's registration page for changes if needed. Otherwise, ignore the duplicate notification.	23
eCR	113510	With eCR Now, CPU usage may spike to 100%. This is due to a huge workload on the thread pool of the eCR Now scheduler.	Update a value in application.properties to 50% of total CPUs configured for the	23

Feature	KA	Issue Description	Workaround	Version Found In
			eCR Now machine as follows:	
			1. Stop the eCR Now application:	
			 a. Open the Windows Services app. 	
			 In the Services window, locate and select the eCR Now service and click the Stop Service icon. 	
			2. Open eCR-Now_ < <i>DBName</i> >\eCRNow\ecr-now.war with 7Zip software to update the properties inside the ecr-now.war file.	
			 In 7Zip, navigate to the subfolder ecr-now.war\WEB-INF\classes right-click the application.properties file, and select Edit. 	
			 Modify the following property value to 50% of CPUs configured for the eCR Now machine: 	
			db-scheduler.threads=10 – This is the existing property and its value, which is 10.	

Feature	KA	Issue Description	Workaround	Version Found In
			 db-scheduler.threads=<new_ value> - Modify the value to 50% of CPUs configured for the eCR Now machine. For example, if there are 4 CPUs configured for eCR, update the value to 2.</new_ 5. Save and close the modified file. 6. Exit the 7Zip software. 7. Start the eCR Now application: a. Open the Windows Services app. b. In the Services window, locate and select the eCR Now service and click the Start Service icon. 	
Help		 When accessing online Help, a 'Cannot open file' error message appears, and the Help system fails to launch under the following conditions: After importing a clinical kit. After generating a CSV document from the application, such exporting a custom report as a CSV file. After importing custom reports in the PM reports module. 	If this error message appears, log out of athenaPractice, relaunch, and then log back in. Press F1 or select Help > Help with athenaPractice to access the Help system.	23

Feature	KA	Issue Description	Workaround	Version Found In
		After a LinkLogic import.		
LinkLogic	<u>96400</u>	A basic LinkLogic Demographics Import does not require an IXP or XRF cross reference file unless the import needs to support different interfaces or translate the data field values to be recognized by the application, which needs an IXP or XRF file to be configured. Configuring inappropriate IXP or XRF files for a Demographics Import may lead to an application crash.	Refer to the <i>Managing Interfaces with athenaPractice v23</i> guide before configuring the Demographics Import.	12.3.4
Medication Management	<u>113831</u>	When users enter an Employer in Registration > Contacts, select the Is Pharmacy check box in New Professional Contact, and then Save, attempts to change or delete the contact cause Medication Management to launch. Users are then unable to change or delete the contact.	Select the Patient tab and then click Change. In Change Patient, select the Contacts tab. Select the contact in the table and then click Change or Remove.	23
Medication Management	<u>113834</u>	When users update patient preferred pharmacies in Medication Management launched from a patient's chart and then execute the REGPHARMACY MEL symbol immediately after to return preferred pharmacies, the previous pharmacies appear in results for up to six minutes after the pharmacy update occurred. This is due to a DrFirst CEM job, which runs every five minutes to sync cloud-stored pharmacy information with on-premises chart data.	 Workaround: a. Wait up to five or six minutes after updating patient preferred pharmacies in Medication Management to run REGPHARMACY. OR - b. Launch Medication Management from Registration > Contacts or Registration > Insurance, immediately close Medication Management to trigger a refresh, and then run REGPHARMACY. 	23
Medication Management	113836	If a patient has a custom pharmacy added as a preferred pharmacy and a user deletes the custom pharmacy from	The custom pharmacies you add to	23

Feature	KA	Issue Description	Workaround	Version Found In
		Medication Management for the practice (Utilities -> Pharmacy List Maintenance -> Pharmacy search -> Remove from Practice List), the deleted custom pharmacy continues to appear for the patient in their Contacts list (Registration > Contacts tab).	Medication Management for a practice will persist as long as any patients have the custom pharmacy added as a preferred pharmacy. To remove completely, delete the custom pharmacy for each patient that has it listed as a preferred pharmacy (Medication Management launched from Chart > Patient Info > Select in Pharmacy > Remove Patient Pharmacy). Then remove the pharmacy from the Practice list in Utilities > Pharmacy List Maintenance. Alternatively, providers can verify that the custom pharmacy is not selected as the active pharmacy while prescribing and can delete it from patient pharmacies when discovered.	
Medication Management	<u>113838</u>	The contact details text box beside the Contacts table in the Registration -> Contacts tab shows the details of the previously selected contact row in the table. Details persist in the text box even when the patient has all contacts removed.	Exit the application and log in again to refresh.	23
Medication Management	<u>113815</u>	When responding to renewals and change requests from Chart Desktop > Pharm Msg (Multi-Patient Mode), the system automatically signs the prescription and electronically transmits the fill response to the pharmacy with the prescription's details. If the pharmacy response cannot be sent electronically and is sent as a fax, the prescription refill information doesn't appear in the text translation window but does appear in the patient's Medications list and in Clinical List Changes. This is an issue only for renewal responses that are sent from Chart Desktop >	View the full clinical list changes by right-clicking on the document. Copy the text and append it to the document.	23

Feature	KA	Issue Description	Workaround	Version Found In
		Pharm Msg . This is not an issue if the renewal was started from the patient chart.		
Medication Management	<u>113816</u>	When responding to renewals and change requests from Chart Desktop > Pharm Msg (Multi-Patient Mode), if the prescription does not complete and is pending a provider signature (e.g., a clinical user who is not assigned as an agent or an agent renewing a controlled substance tries to send a response), this pending prescription will not appear in Prescription Status. This is because a pending prescription must be generated from a chart document to appear in Prescription Status and activities in Pharmacy Messages that haven't reached a final state do not yet have a chart document.	Respond to refill requests by launching Medication Management from within the patient's chart. Alternatively, have the provider or an agent assigned to the provider respond, ensuring the prescription was sent successfully as confirmed by the green notification after sending. If you do respond to refill requests for other providers from Pharmacy Messages, remove the alert generated for the event in Alerts and Flags. The pending prescription will not appear in Prescription Status. Run the Pharmacy Responses reports to identify messages with pending or unsigned prescriptions that require additional action. In Reports, expand the MedicaLogic folder and select Med Management. In Print Items, select Pharmacy Responses by Prescriber or Pharmacy Responses by Sender, select the users to include, and click Print or Preview. Scan the Doc ID column of the report. Blank fields indicate pharmacy messages with pending/unsigned prescriptions.	23
Medication Management	93904	If you access Medication Management and your JBoss server's time is ahead or behind the official time by more than 30 seconds, the following error displays:	Adjust your JBoss server's time to within 30 seconds of the official time for your time zone. To see how far off your	20

Feature	KA	Issue Description	Workaround	Version Found In
		SSO-209: The time value is missing or invalid. This issue can occur if Windows Server is not set up properly for Network Time Protocol (NTP) sync or is prevented from contacting the configured NTP server.	clock is, go to <u>https://www.time.gov/</u> from the server.	
Medication Management	<u>67921</u>	For organizations using SMPP only with the application, we no longer recommend entering Cell as a patient phone type. SMPP does not recognize this as a valid type and will default to the patient's home or work phone if encountered. Enter Mobile as the phone type for patient cell numbers.	Enter Mobile as the phone type instead of entering Cell.	20
MEL	<u>113841</u>	MEL symbol GET_USER_LIST_BY_SPECIALTY only returns results if users enter 'SPECIALITY' in the symbol, which is the British spelling of specialty. The symbol should return results if users enter the US spelling, which is 'SPECIALTY.'	Until resolved, enter GET_USER_ LIST_BY_SPECIALITY instead of GET_USER_LIST_BY_SPECIALTY to return results.	22
MEL	<u>113484</u>	HCC_AFTER MEL symbol returns unsigned changes from other chart documents. This is a deviation from the existing *_AFTER MEL symbol behavior.	No workaround.	23
MEL	96403	When the time zone of the SQL and JBoss servers are not properly set to ET, CT, MT, or PT with auto-adjust for daylight saving time, this can cause incorrect results from the MEDSPRIOR MEL symbol. The timestamps from an unsupported times zones can result in returning medication updates from the current chart update as well as the prior update.	No workaround.	20
Registration	<u>63667</u>	When a user has Quick Entry Mode enabled in Registration Preferences, the Save & Continue button does not save changes to the Patient Data Authorized check box.	In Quick Entry Mode, click Save before clicking Save & Continue to save changes to the Patient Data Authorized check box. OR	12.3.3

Feature	KA	Issue Description	Workaround	Version Found In
			Disable Quick Entry Mode.	
Reports	<u>115888</u>	Duplicate charges and payments appeared on the Statements when printing on demand from the Billing grid.	No workaround.	12.3
Reports	<u>107683</u>	Printing from Practice Management Reports is slow when using Crystal Reports .NET.	Preview the report and print from the Preview Report window instead of printing directly from the report. Note : This workaround is applicable only for users who have activated Crystal Reports .NET.	22
Scheduling	<u>116059</u>	Appointment Status is not changing from Arrived to Completed on the schedule when the charges are entered.	Right click on the schedule of the patient that should have changed. Change to Completed	23
System	113481	If you do not have Internet Explorer (IE) installed or have completely uninstalled IE from your environment, you may not be able to view the Support links such as Webex Connect on the main athenaPractice menu.	Access the Support links using the following URLs in any web browser in your environment. Webex Connect: <u>http://athenahealth.webex.com/</u> Application Variables: <u>https://[hostname]:9443/</u> [<i>DatabaseName</i>]/cps/support/app_ status.jsp Browser Capabilities: <u>https://[hostname]:9443/</u>	23

Feature	KA	Issue Description	Workaround	Version Found In
			[<i>DatabaseName</i>]/cps/support/browser_ cap.jsp	
			HTTP Server: <u>https://[hostname]:9443/</u> [<u>DatabaseName]/cps/support/server.jsp</u>	
			Screen Capabilities: <u>https://[hostname]</u> :9443/ [DatabaseName]/cps/support/screen_ cap.jsp	
Workstation	92844	When viewing the application on high-resolution screens, such as 4K displays, boxes may appear small, buttons or titles may be clipped, selected display areas may be unviewable, or other controls may not be accessible.	 If you are experiencing display issues: Right-click on the desktop and select Display settings. Under "Scale and layout," change the size of text, apps, and other items to 100% and set the Resolution to either 1920 x 1200 or 1280 x 1024. Restart the workstation. With these settings, the application should be scaled to optimal size. You may still experience some display clipping, sizing, or other unusual 	19

Feature	KA	Issue Description	Workaround	Version Found In
			behavior depending on the screen being used.	

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.