



athenaPractice™

v25 Release Notes



Document Version 4

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Please send comments to docflex@athenahealth.com

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Version History

The document version number is located at the bottom of the cover sheet.

Version	Update
DRAFT 4	Final Edits, GA Version
DRAFT 3	Edits from testing
DRAFT 2	Edits from testing
DRAFT 1	Beta release

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A stylized, minimalist graphic of a plant with several large, teardrop-shaped leaves and a small circular flower or bud, rendered in a lighter shade of purple against the background.

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.

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.

What's New

Access [What's New](#) for an overview of the features and enhancements appearing in this release.

- **Medication, prescription, and chart updates:** Changes to provider workflows tend to have the most impact on clinical staff and may require internal training on your part. See [Medications and prescribing](#) followed by [General chart and system features](#) for these changes.
- **Administration:** Check for changes to the workflows clinic administrators follow to maintain users and system settings. See [Administration](#) for details.
- **Reports and MEL updates:** Access new [reports](#) or review [MEL changes](#).
- **Patient registration:** Review changes to front desk staff workflows. See [Patient registration](#).

Fixes and Known Issues

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

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Installation and Upgrade

2. Installation and Upgrade

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



Important

Before upgrading your production instances to v25, we highly recommend upgrading to v25 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 product files and documentation](#)
- [Review upgrade path guidance](#)
- [Review supported software platforms](#)

Additional installation and upgrade requirements

- [LDAPS](#)
- [SQL Server 2022](#)
- [Web browser requirement](#)
- [Uninstall previous client](#)
- [SQL Server compatibility level](#)
- [Two load balancers now supported](#)
- [Do not delete GEDeployment folder](#)
- [Known issues for installation and upgrade processes](#)
- [Monthly Knowledgebase and OBS Terms updates](#)
- [Clinical content updates](#)
- [EDI plug-ins](#)
- [ezAccess](#)

- [JBoss EAP upgrade](#)
- [JBoss directory change](#)

2A. Access product files and documentation

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

- To determine your minimum hardware requirements for this release, see *Calculating Hardware Requirements for athenaPractice* (Microsoft Excel spreadsheet).
- For supported software and configuration information, see *Configuring Environments for athenaPractice*.
- For installation and maintenance instructions, see *Install and Maintain athenaPractice v25*.
- For upgrade and maintenance instructions, see *Upgrade and Maintain athenaPractice v25*.

2B. Upgrade path support

You can upgrade directly to v25 from v23, v23.1, v23.2, or v24 (with or without hotfixes applied).

If you have a version earlier than v23.x, you must run the athenaPractice database upgrade portion of the upgrade to v23.x before upgrading to v25. However, you can run the upgrades back-to-back without separate downtimes.



Note

If you use the Chart module to record medications, you must activate Medication Management on v20.1 before upgrading to any later version of this software. We no longer support the use of "classic" medication screens to record prescriptions or medications.

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

2C. Software platforms

This version was validated with the following software platforms at the time of initial release.

athenaPractice v25 server platforms



VALIDATED VERSIONS

SQL Server 2016 SP3
SQL Server 2017
SQL Server 2019
SQL Server 2022

Note: SQL Server 2012 R2 and 2014
are NOT supported



VALIDATED VERSIONS

JBoss 7.4.17 with 64-bit OpenJDK 17.0.14
JBoss Core Services Apache HTTP Server
2.4.62 (load balancer)

(Installed with the product)

DATA EXCHANGE SERVER

MIK, DTS

VALIDATED VERSIONS
Windows 10 Versions 22H2
and later

Windows Server 2016
Windows Server 2019
Windows Server 2022
Standard/Datacenter 64-bit



VALIDATED VERSIONS
4.8 (Installed with the product)
PowerShell 5.1.



PLANNED VERSIONS
Windows Server 2016, 2019 and 2022
Standard/Datacenter 64-bit



POSTGRESQL VERSIONS

PostgreSQL 16 : Windows Server 2019, 2022
PostgreSQL 15 : Windows Server 2016, 2019

DOCUMENT MANAGEMENT

InDxLogic
Server Version: 10.8.2408.02+
Client Version : 10.8.0.8382+

PATIENT PORTAL

ezAccess : 4.0.328.215+

KEY 3RD PARTY PLATFORMS

Qvera Interface Engine (QIE): 24.x
Hospital Connect: 2.21

KEY TECHNOLOGY PLATFORMS

Azure Active Directory

athenaPractice v25 client platforms

WINDOWS CLIENT



VALIDATED VERSIONS
Windows 10 Version 22H2
Windows 11 Versions 22H2 and later



Microsoft Edge
(required as default web browser)

OFFICE APPS



VALIDATED VERSION
Desktop version of Office 365

CLIENT VIRTUALIZATION



Client

VALIDATED VERSION
Citrix Workspace app 2405

Server

VALIDATED VERSION
Citrix Virtual Apps &
Desktops 2203 LT SR



Client

VALIDATED VERSIONS
Windows 10 Versions 22H2
and later

Server

VALIDATED VERSIONS
Windows Server 2016
Windows Server 2019
Windows Server 2022
Standard/Datacenter 64-bit

MOBILE CLIENT (C-Now)



VALIDATED MOBILE
BROWSERS

Chrome, Edge, Firefox

2D. LDAP over SSL (LDAPS)

We strongly recommend that you use LDAPS for this release. For details, see “Plan/prepare for security model changes” and “Configure security” in the Installation or Upgrade guide.

2E. SQL Server 2022

athenaPractice v25 supports SQL Server 2022. If you choose to use SQL Server 2022, note that the Legacy Cardinality Estimation value is OFF by default. If you observe any performance degradation with athenaPractice v25 on SQL Server 2022, consider changing the Legacy Cardinality Estimation value to ON.

2F. Web browser requirement

athenaPractice v25 requires that you install Microsoft Edge as your default web browser.



Note

The athenaPractice v25 client now runs as a standalone desktop application instead of in a web browser.

2G. Uninstall previous client

To upgrade the athenaPractice client, we recommend using the Control Panel to uninstall the previous version of the athenaPractice client and then installing the athenaPractice v25 client from setup.exe or athenaPractice_Client.msi through the network share drive (<drive>:\CentricityStaging\CPS_Client) path.

2H. SQL Server compatibility level

Changing the SQL Server compatibility level to lower than 130 will impact the behavior of athenaPractice applications and queries. We recommend that you set the SQL Server compatibility level to 130 or higher.

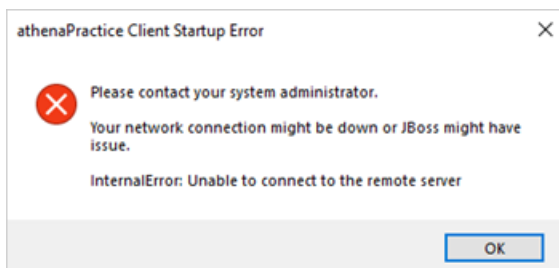
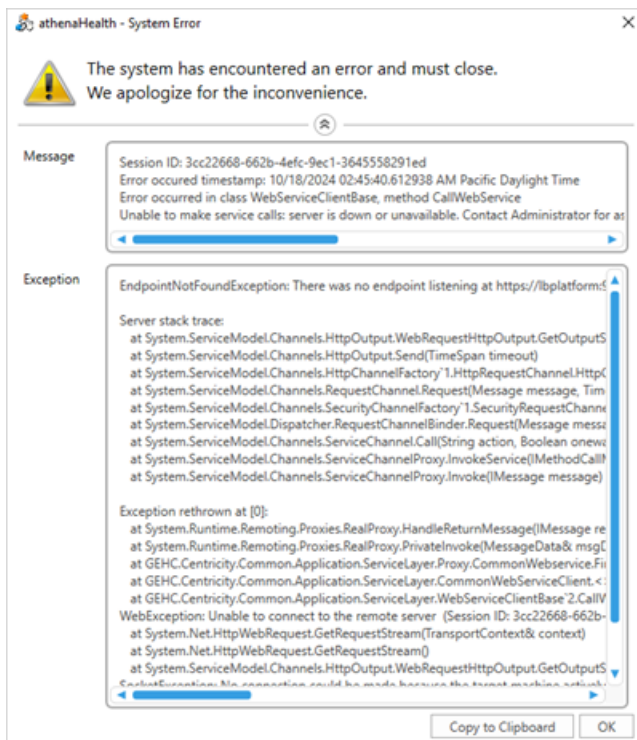
2I. Two load balancers now supported

Previously, in environments with multiple GUI servers, athenaPractice supported the installation of a single load balancer that distributed client requests across the GUI servers.

To improve the reliability of athenaPractice, you can now install another load balancer so that if the first load balancer fails, traffic can be routed to the second load balancer. athenaPractice does not support more than two load balancers.

When using dual load balancers, only one of them will be active at a time. A load balancer alias must be set up to point to the active load balancer. All clients will use a URL based on the load balancer alias, which will automatically direct them to the active load balancer.

If the active load balancer fails, it is the responsibility of the system administrators to monitor and detect the failure. The following errors may indicate a load balancer failure while a client is open or trying to open.



Once a load balancer failure is detected, a system admin must manually switch the load balancer alias to the other load balancer, making it the new active load balancer. Clients will continue using the same URLs based on the load balancer alias and won't need to make any changes.

If the switch happens quickly enough, the clients' retry logic should be able to reconnect to the new active load balancer. In the worst-case scenario, users may need to exit and restart the client, but no reinstallation or configuration changes are necessary.

For more information about setting up a load balancer alias, see the “Apache load balancers” section of the Upgrade or Installation Guide.

2J. Independent load balancer installation

In previous versions of athenaPractice, the load balancer was tightly integrated with the application and was installed along with other JBoss servers. This meant that when a load balancer required an update, all servers needed to be reinstalled.

To allow for greater flexibility and easier management of load balancers, load balancers are now installed independently of the JBoss servers. This change also allows for updates and rollbacks of load balancer versions irrespective of the status of other servers.



Important:

With this change, clicking **Validate & Install** no longer installs the load balancer. To install or upgrade a load balancer, you must now click **LoadBalancer Updater**.

Update to upgrade and installation procedure

Now, when you click the **Validate & Install** button in Server Configurator, only the JBoss servers are installed. If you upgrade or install two or more GUI servers, a load balancer upgrade or installation is required, and the **Client URL** field at the bottom of the screen now displays “Multiple GUI Servers – Undetermined.” The client URL will be available only after the load balancer upgrade or installation is complete.

Server Configurator - Testing Environment

Site Configuration

Application Username: Application Password: [Change Password](#)

Database Server: Database: [Validate Database](#)

Add Server

Hostname: Server Role: Proxy Host: Proxy Port:

Server Validation Result

Server Checks	Results
Operating System	Microsoft Windows Server 2019 Standard64-bit Service Pack 0
Physical Memory (RAM)	16GB
Logical Processors	4
JBoss Windows Service Installed	Not Installed
Hard Disk Space	C:251GB free : (10GB required)
PowerShell Version	5.1
PowerShell Execution Policy	Passed (MachinePolicy = Undefined, UserPolicy = Undefined)
Windows Firewall Service	Running

Server Details for Installation

Server Name	Validation	Installation	FHIR Version	Server Role	Server Details	Install On Drive	Progress		
	✓	✓	NA	GUI Server	Microsoft Windows Server 2019 Stand...	C	100%	View Log	Remove
	✓	✓	NA	GUI Server	Microsoft Windows Server 2022 Stand...	C	100%	View Log	Remove
	✓	✓	R4	CEM with Interop R4 S...	Microsoft Windows Server 2019 Stand...	C	100%	View Log	Remove
			NA	Apache Load Balancer	Microsoft Windows Server 2022 Stand...	C	0%	View Log	Remove

Client URL: [LoadBalancer Updater](#) [Install Standalone eCR](#) [Set Application Logon](#) [Validate](#) [Validate & Install](#)

Client URL will update after: "Validate & Install" action in single JBoss or "LoadBalancer Updater" action in multi JBoss

[eCR Configurator](#) [Patch Updater](#) [Launch API Registration](#) [Close](#)

If upgrade or installation of a load balancer is required, you must complete the following additional steps:

1. If you didn't already **Validate & Add** the load balancer(s) and load balancer alias (which is required if using two load balancers), do so after the Validate & Install step for JBoss servers is complete. The Server Validation Result grid now shows the Load Balancer version (if any).
2. Click the new **LoadBalancer Updater** button at the bottom of Server Configurator.

Server Details for Installation

Server Name	Validation	Installation	FHIR Version	Server Role	Server Details	Install On Drive	Progress		
	✓	✓	NA	GUI Server	Microsoft Windows Server 2019 Stand...	C	100%	View Log	Remove
	✓	✓	NA	GUI Server	Microsoft Windows Server 2022 Stand...	C	100%	View Log	Remove
	✓	✓	R4	CEM with Interop R4 S...	Microsoft Windows Server 2019 Stand...	C	100%	View Log	Remove
			NA	Apache Load Balancer	Microsoft Windows Server 2022 Stand...	C	0%	View Log	Remove

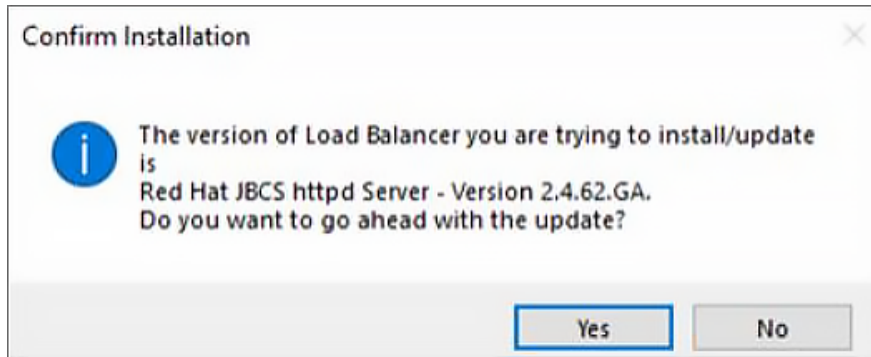
Client URL: [LoadBalancer Updater](#) [Install Standalone eCR](#) [Set Application Logon](#) [Validate](#) [Validate & Install](#)

Client URL will update after: "Validate & Install" action in single JBoss or "LoadBalancer Updater" action in multi JBoss

[eCR Configurator](#) [Patch Updater](#) [Launch API Registration](#) [Close](#)

The version of the load balancer is displayed.

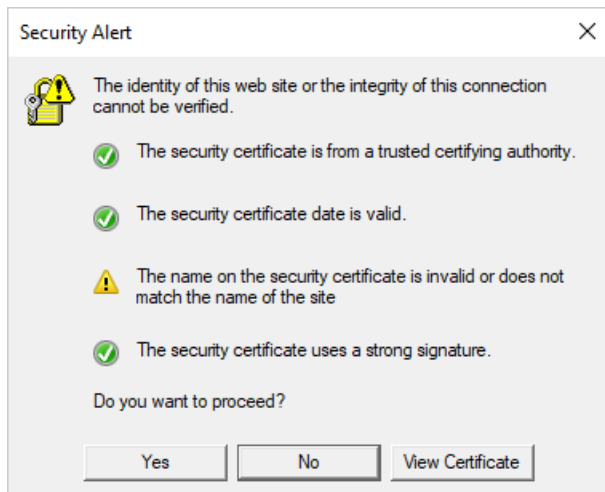
3. Click **Yes** to continue.



A message displays to indicate that the servers will not be available during installation.

4. Click **Yes** again to start the load balancer installation.
5. If you are installing dual load balancers, you must update the URL of your clients to point to the load balancer alias:
 - a. Once the load balancer installation is complete, note the value of the **Client URL** field:
`https://<aliasServerName>/9443/<dbName>/cps.`
 - b. On each client machine, right-click the athenaPractice Client shortcut and click **Properties**.
 - c. In the **Target** field, enter the new URL that points to the load balancer alias and click **OK**.

Note: If you don't complete this step, you will receive the following error while upgrading the client:



2K. Dual FQDN support

The FHIR API server now supports dual FQDNs: one for internal communication on port 9443 and another external, public FQDN without port numbers. With this change, the FHIR API server can now respond to requests with or without port numbers in the URL.

To enable a public-facing FQDN:

1. In the API registration tool, provide the Application Username, Application Password, and Database values and click **Validate**.
2. Once details of the server appear under "Server Details," click **Azure AD Login** and enter your tenant username and password.
3. Select the **Configure Public Endpoint** check box.
4. Enter your public-facing FQDN value in the **Server FQDN** field and a **Server Port** value. (By default, this is set to **9443**.)
5. Click **Configure**.
6. Once the configuration completes, click the **Configure** button under the "Configure Patient Access" section. When the configuration completes, the public FQDN value is updated with sitetype 112 in the INETSERVICES table of the database.

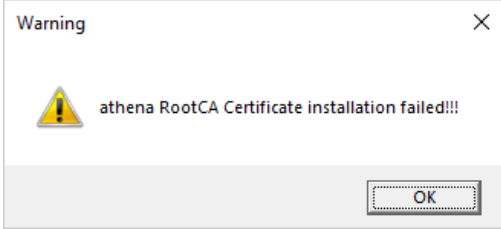
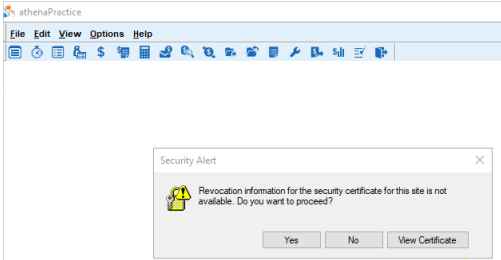
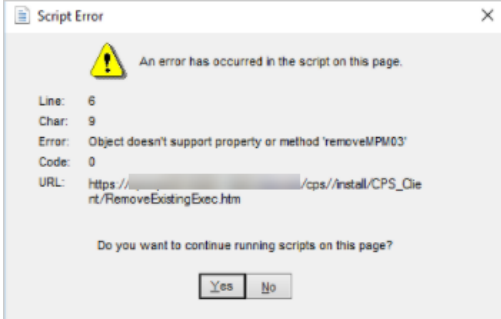
2L. Run API Registration Tool

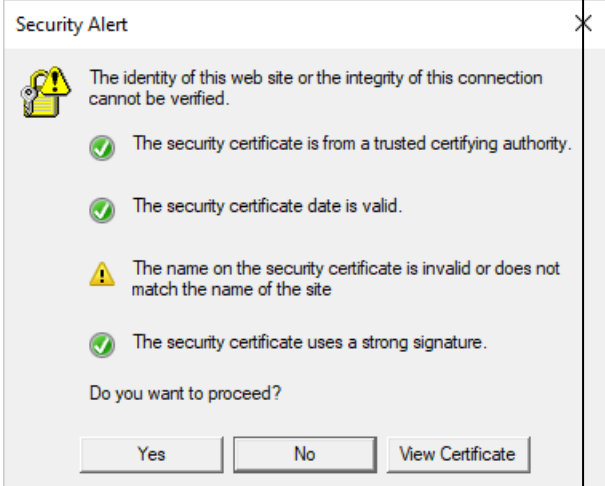
During upgrade or installation of v25, ensure that you run the API Registration Tool from Server Configurator.

2M. Do not delete GEDeployment folder

After upgrading to or installing v25, do not delete the ..\GEDeployment directory. This directory now contains files that are necessary for TLS/SSL certificate installation.

2N. Known installation/upgrade issues

KA	Issue Description	Workaround
113927	<p>During client installation, the following error appears if the Root CA certificate was not installed on client machines:</p>  <p>After logging in to the athenaPractice client, the following message also appears if the Root CA certificate was not installed.</p> 	<p>Install the Root CA certificate:</p> <ol style="list-style-type: none"> 1. On each client machine, run Windows Powershell 5.1 as an Administrator. 2. Navigate to this athenaRootCA Certificate folder: <code>\staging_dir\CPS_Client\ISSetupPrerequisites\athenaRootCA Certificate</code>. 3. Type <code>.\installrootca.crt.bat</code> and press Enter. The client certificate will be imported.
114257	<p>While upgrading the client from an earlier v25 build to a later one through the Update page or while installing EDI plug-ins, you might receive the following script error:</p> 	<p>This error does not affect the installation. Click Yes or No to proceed.</p>

KA	Issue Description	Workaround
	This error does not display if you uninstall and reinstall the client or upgrade clients through GPO push.	
69025	After upgrading to athenaPractice v25, we recommend running the CPNS_Fix SQL script to improve performance of the application.	See the KA for details.
86508	During client upgrade, a message may appear stating, "The installer is unable to uninstall the previous version of athenaPractice. Please go to Control Panel/Add Remove Programs and uninstall athenaPractice." This message occurs randomly.	Click OK and continue to install the client. Or, you can uninstall the existing client from the Control Panel and proceed with the new client installation.
	<p>While upgrading the client, you will receive a security alert if you installed dual load balancers and didn't update the Target of the athenaPractice Client URL.</p> 	<ol style="list-style-type: none"> 1. On each client machine, right-click the athenaPractice Client shortcut and click Properties. 2. In the Target field, enter the URL from the bottom of Server Configurator that points to the load balancer alias: <code>https://<aliasServerName>/9443/<dbName>/cps.</code> 3. Click OK.

20. Monthly updates

Keep current on regularly updated content such as Knowledgebase and OBS terms. Find these updates on the [Customer Portal](#) under **athenaPractice > Product Downloads > Monthly Updates**.

**Important**

These updates should be completed after hours. For ICD and CPT code updates in multi-tenant environments, additional scheduling considerations apply. For more information, see [KA 66429](#) or the Release Notes for ICD and CPT Codes.

2P. Clinical content

If you use SimpleChart, CC Basic, or CC Specialties, you must install the v25 versions of these packages with this release.

**Important**

After installing HTML forms, always clear your cache by clicking **File > Clear Html Cache** in the application. Also use this new **Clear Html Cache** option if you encounter any issues with an HTML form. Clearing your IE cache no longer resolves HTML form issues.

For more information, see the Release Notes for the clinical content packages on the [Customer Portal](#) (under **athenaPractice > Product Downloads > Clinical Content**).

2Q. EDI plug-ins

Your clinic's plug-ins must be reinstalled after upgrade.

If you use the RelayHealth EDI Plug-in, you will also need to install the Amazon Corretto 8 JDK from the Product Update page.

For enhanced security, Microsoft Entra ID-enabled plugins are now available from the Product Updates page and non-Microsoft Entra ID EDI plugins are not supported. See the "Prepare for security model changes" section of the *Upgrade and Maintain athenaPractice Guide* for more information about implementing Microsoft Entra ID or contact Support for assistance.

2R. 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 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 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.

2S. JBoss EAP upgrade

In v25, we upgraded JBoss EAP from 7.4.0 to 7.4.17 GA with 64-bit OpenJDK 17.0.14. This upgrade includes security fixes, which you can review from the [Red Hat website](#).

2T. JBoss directory change

The JBoss directory no longer contains a jdk folder. Files previously located in ...Centricity Practice Solution\jboss\jdk\jre\ are now located in ...Centricity Practice Solution\jboss\jre\.

A stylized, minimalist graphic of a plant with several large, teardrop-shaped leaves and a small circular bud, rendered in a lighter shade of purple against the background.

What's New

3. What's New

Review the following sections for a summary of the enhancements in this release.

- [Medications and prescribing](#)
- [General system and chart updates](#)
- [Administration](#)
- [Reports](#)
- [MEL updates](#)
- [Patient registration](#)

3A. Medications and Prescribing

Review medication and prescription workflow enhancements appearing in this release.

**Note**

The following enhancements may impact the ways in which your providers prescribe. Collaborate with your education team to prepare providers for these changes.

- [Canceled prescription indicators](#)
- [Medication truncation in complex meds](#)
- [Prescription fill status now stored on the database](#)
- [Prescription preference update](#)
- [Send patient's BSA to Medication Management](#)
- [SQL query to identify potential mismatched patients on incoming renewal requests](#)
- [Whitelisting update](#)

Canceled prescription indicators

Previously, if you prescribed a drug for a patient and then canceled the prescription, two actions would display for the prescription within its history, which could appear as if the drug had been prescribed twice.

Now, canceled prescription entries only appear once and indicate that a cancellation has occurred, allowing you to prescribe the drug again should you need to.

In **Medications**, expand a drug to view its history. If canceled, an entry appears with a **Canceled** status and includes the cancellation date.

John Smith
27 Years - Male - DOB: 12-Dec-1997
Home: 031-387-1852

Resp. Provider:
Insurance:
Group:
Patient ID: 38078

Medications

Interactions: ! Active Only ▼ Lexi-Drugs Online ▼

Description	Instructions	Route	Last Rx	Generic	Start Date	Stop Date	Uncoded BMN
lisinopril 5 mg tablet	Take 1 tablet by mouth once a day	BY MOUTH	Pending	lisinopril			N N
Prescriptions Rx Status: Unsigned, Quantity: 3 tablet, Refills: 0, Date: , Prior Auth # Authorized by: Harry S. Winston MD, Rx Method: No information available. Rx ID: 2053629089060710 Pharmacy: Medi-Blue Rapid Clinic (000) 2165-B1 Northpoint Parkway, Santa Rosa, CA 95407, Ph: (707) 644-5578 Fax: (707) 646-5100							
Lipitor 10 mg tablet	Take 1 tablet by mouth once a day	BY MOUTH	27-Jan-2025 #5 tablet...	atorvastatin	27-Jan-2025	06-Feb-2025	N N
Prescriptions Rx Status: Signed, Quantity: 5 tablet, Refills: 1, Date: 27-Jan-2025, Authorized by: Harry S. Winston MD, Rx Method: Electronic. Rx ID: 2053629089060710 Pharmacy: Medi-Blue Rapid Clinic (000) 2165-B1 Northpoint Parkway, Santa Rosa, CA 95407, Ph: (707) 644-5578 Fax: (707) 646-5100							
abacavir 300 mg tablet	Take 1 tablet by mouth twice a day	BY MOUTH	27-Jan-2025 #8 tablet...	abacavir	27-Jan-2025	08-Feb-2025	N N
Prescriptions Rx Status: Canceled, Quantity: 8 tablet, Refills: 2, Date: 27-Jan-2025, Authorized by: Harry S. Winston MD, Rx Method: Electronic. Rx ID: 2053629089060710 Pharmacy: Medi-Blue Rapid Clinic (000) 2165-B1 Northpoint Parkway, Santa Rosa, CA 95407, Ph: (707) 644-5578 Fax: (707) 646-5100							

Field limit indicator for medication instructions

At times, the level of information that appears in **Instructions** for medications can exceed the 1400-character limit for this field. Previously, if the instructional text exceeded this limit, it would appear truncated.

Now, if the text appearing in the Instructions field exceeds the field limit, a three-dot icon appears to visually indicate this limitation.

Medications

Interactions: ! Active Only v Lexi-Drugs Online ref i

Description	Instructions
buprenorphine HCl 8...	take 1 as needed
candesartan 16 mg tab...	Take 1 tablet by mouth once a day
Elquis 2.5 mg tablet	
Long Med 2000	A wonderful serenity has taken possession of my entire soul, like these sweet mornings of spring which I enjoy with my whole heart. I am alone, and feel the charm of existence in this spot, which was created for the bliss of souls like mine. I am so happy, my dear friend, so absorbed in the exquisite sense of mere tranquil existence, that I neglect my talents. I should be incapable of drawing a single stroke at the present moment; and yet I feel that I never was a greater artist than now. When, while the lovely valley teems with vapour around me, and the meridian sun strikes the upper surface of the impenetrable foliage of my trees, and but a few stray gleams steal into the inner sanctuary, I throw myself down among the tall grass by the trickling stream; and, as I lie close to the earth, a thousand unknown plants are noticed by me: when I hear the buzz of the little world among the stalks, and grow familiar with the countless indescribable forms of the insects and flies, then I feel the presence of the Almighty, who formed us in his own image, and the breath of that universal love which bears and sustains us, as it floats around us in an eternity of bliss; and then, my friend, when darkness overspreads my eyes, and heaven and earth seem to dwell in my soul and absorb its power, like the form of a beloved mistress, then I often think with longing, Oh, would I could describe ...

Summary:

Interactions: ! v

Medications:

Added

New medication of Long Med 2000

A wonderful serenity has taken possession of my entire soul, like these sweet mornings of spring which I enjoy with my whole heart. I am alone, and feel the charm of existence in this spot, which was created for the bliss of souls like mine. I am so happy, my dear friend, so absorbed in the exquisite sense of mere tranquil existence, that I neglect my talents. I should be incapable of drawing a single stroke at the present moment; and yet I feel that I never was a greater artist than now. When, while the lovely valley teems with vapour around me, and the meridian sun strikes the upper surface of the impenetrable foliage of my trees, and but a few stray gleams steal into the inner sanctuary, I throw myself down among the tall grass by the trickling stream; and, as I lie close to the earth, a thousand unknown plants are noticed by me: when I hear the buzz of the little world among the stalks, and grow familiar with the countless indescribable forms of the insects and flies, then I feel the presence of the Almighty, who formed us in his own image, and the breath of that universal love which bears and sustains us, as it floats around us in an eternity of bliss; and then, my friend, when darkness overspreads my eyes, and heaven and earth seem to dwell in my soul and absorb its power, like the form of a beloved mistress, then I often think with longing, Oh, would I could describe ...

Signed

Prescription fill status now stored on the database

In 2022, DrFirst released a feature to retrieve the fill status of prescriptions from the pharmacies that make this information available. At the time of that feature release, most large pharmacy networks did not provide prescription fill status information.

To prepare for a time when this information is more widely available from pharmacies, we've ensured that our systems can reliably retrieve and store this information from Medication Management (DrFirst) on the database.

Prescription preference update

In Medication Management preferences, under **Prescribing**, we recommend that you enable **Allow a provider to approve a prescription without entering a signature password**. This option allows providers to prescribe non-controlled substances with greater ease.

Prescribing

☐ Allow prescriptions to be saved as pending without sig and quantity

☒ Allow a provider to approve a prescription without entering a signature password
(Certain states require signature passwords to be used as part of the electronic prescribing process; please refer to your state rules prior to disabling this feature.)



Important

We recommend that you enable practice settings based on your clinic's local laws and regulations. Consult with local agencies and legal experts to determine the settings to use.

Send patient's BSA to Medication Management

If you record patient height and weight information in the Vital Signs-CCC form, the system now synchronizes the patient's **Body Surface Area (BSA)** and displays it in the patient banner to the right of **Height** and **Weight** values in Medication Management.



Note

The **BSA Calc** value in the Vital Signs-CCC form does not automatically display a calculated BSA value. You must click **BSA Calc** to generate this value. Although the Vital Signs-CCC form is frequently used to calculate a patient's BSA, you can use any form that calculates a patient's BSA to display this value in Medication Management.



Note

BSA calculations help when prescribing certain medications, such as chemotherapy or pediatric drugs, more precisely. The BSA calculated in CCC forms does not replace the BMI field in a patient's chart.

ie -- Rx Refill at MHS on 2/27/2025 4:34:26 PM by Yvonne Man MD [Doc ID: 15]

Orders Medications Problems + Medication + Problem End...

Vital Signs Vision Reason Assessments Not Done

Vital Signs: VS View Standard Metric Convert to Metric VS Entered By Care Plan Re

Standard

Height: 60 in Add Previous HT HT Conversion Table Metric

Weight: 150 lb Weight: oz BMI: 29.29 kg/m² Recommended BMI: 19.25

Temp: °F

Temp Site: Pulse: /min

Rhythm: Pulse Standing: /min

Resp: /min

Add Problem for BMI

Suggested Problem: Body mass index (BMI) 29.0-29.9, adult (ICD10-E66.29)

Add Problem for Overweight

BSA Calc: 1.65 m²

Add Medication/Prescription

Meds Module Prescription Summary

PatientAdvisor Patient Scorecard Patient Support Clinical Decision Support Prior Authorizations

lauren L poque | 12/08/1995 | Male | 29 years (ExternalID: 1586099236000010)

Create New Rx ★ CVS Pharmacy # 6222 (CVS Main and 4th) (R) (E) - 120...

Patient

lauren L poque (ExternalID: 1586099236000010) 12/08/1995 male

Patient Consent: Yes No

Pharmacy

CVS Pharmacy # 6222 (CVS Main and 4th) (R) (E) - 120...

SEX	DOB	HEIGHT	WEIGHT	BSA(M ²)	UPDATED	ADDRESS
Male	12/08/1995	152.4 cm	68.04 kg	1.65	02/27/2025	**** lauren Street inglewood, OK 733

SQL query to identify potential mismatched patients on incoming renewal requests

Now, you can run a report that lists patients that may have been incorrectly matched with inbound prescription refill requests.

The query output includes patient information from the incoming pharmacy message matched against information from the patient's registration form. It will indicate elements that differ between the pharmacy request and patient registration records, such as date of birth, first and last names, gender, and the patient's zip code. This will help you to determine whether a mismatch occurred.

Prerequisites

- You must have SQL access to run this report.
- See 'Run the report' for access details.

Run the report

For report details, see [‘How can I get a list of existing aliases from Med Mgmt to review patients who may have been matched incorrectly?’](#) on the Success Community.

Review results

The output contains a list of possible mismatches based on the patient's birth date, first name, last name, gender, and zip code. The patient's registration details are compared against the most recent pharmacy messages.

comments	IsDOBMatch	IsFirstNam	IsLastNam	IsGender	IsZipCode	Pharmacy Notification PID	PatientId	PrescriberPV	Status	PatientFir	SourcePat	PatientM	SourcePat	PatientLa	SourcePa
Zip code does not match. Please review pa Y	Y	Y	Y	N	REFILL	4155279729 1.95839E+15	23532	1.74732E+15	pending_refill	Puppy	Puppy			Minion	Minion
Zip code does not match. Please review pa Y	Y	Y	Y	N	REFILL	4155279730 1.95839E+15	23532	1.74732E+15	pending_refill	Puppy	Puppy			Minion	Minion
Zip code does not match. Please review pa Y	Y	Y	Y	N	REFILL	4155279731 1.95839E+15	23532	1.74732E+15	pending_refill	Puppy	Puppy			Minion	Minion
Zip code does not match. Please review pa Y	Y	Y	Y	N	REFILL	4155279732 1.95839E+15	23532	1.74732E+15	pending_refill	Puppy	Puppy			Minion	Minion
Zip code does not match. Please review pa Y	Y	Y	Y	N	REFILL	4155283397 1.98159E+15	23928	1.74732E+15	refilled	hotfix	hotfix			testing	testing
Zip code does not match. Please review pa Y	Y	Y	Y	N	REFILL	4155283399 1.98159E+15	23928	1.74732E+15	refilled	hotfix	hotfix			testing	testing

Correct manual mismatches

If a patient has been matched incorrectly:

- Open a support case to request unlinking the patient from the prescription. See [KA 92586](#) for details.
- In the support case, include your **Practice User Name**.

- Include a completed and signed copy of the **Technical Response Request and Waiver** with the following information: Patient Names, DOBs, Sex, and the patients who were incorrectly matched. Complete the form by including information in the remaining required fields.

Domain-based network update

This year, DrFirst is migrating Rcopia (Medication Management) to an AWS cloud solution. To ensure continued access from your organization's firewall, we recommend that your IT staff use the following DrFirst domain: ***.DrFirst.com**.

If your organization is already using ***.DrFirst.com**, then no additional action is required on your part.

3B. General System and Chart Updates

Review chart and system enhancements that may impact providers and other users within the system.

- [Audit trail for Order codes](#)
- [Clear HTML cache updates](#)
- [Decommission AUC with Change Health](#)
- [Electronic Case Reporting \(eCR\) updates](#)
- [Encounter date and time in exported clinical visit documents](#)
- [File In Error: New chained medication notifications](#)
- [Growth chart calculation for weight, BMI, and head circumference](#)
- [HCC categories and coefficients in patient charts](#)
- [HCC information in patient demographics](#)
- [HCC elements in search results](#)
- [HCC gap and risk scores in inquiries](#)
- [HCC gap and risk scores on patient banner](#)
- [HCC gap and risk scores on reports](#)
- [HCC: New Problem and Edit Problem updates](#)
- [In-App Notifications](#)
- [Order history enhancement](#)
- [Product version on application screens](#)
- [Service requests — New order codes](#)
- [Sex parameters in patient observations](#)
- [Travel history](#)
- [Update Orders UI enhancements](#)

Audit trail for Order codes

We've introduced a new audit type, "Order Codes Change," to track instances when users add, modify, or remove order codes. This workflow specifically impacts the administrative modules for order codes and applies to all three order types: Services, Tests & Procedures, and Referrals.

The system now generates audit entries for the following actions:

1. **Inserting a New Order Code:** In the Order Codes table, when a user selects any category and then clicks **New** in the codes section, the system records an entry.
2. **Modifying an Existing Code:** If a user selects an existing code, clicks **Change**, and updates the code details, the system generates an entry.
3. **Removing a Code:** The system also generates an entry when a user selects a code and then clicks **Remove**.

The system records these actions in Audit_Event and Audit_Event_Details tables.

You can run a report of these events by navigating to **Chart Reports > Audit Reports**. Select the appropriate audit type, configure the date range, and include contributing users. Click **Print** or **Preview** to access report details.

Clear HTML cache updates

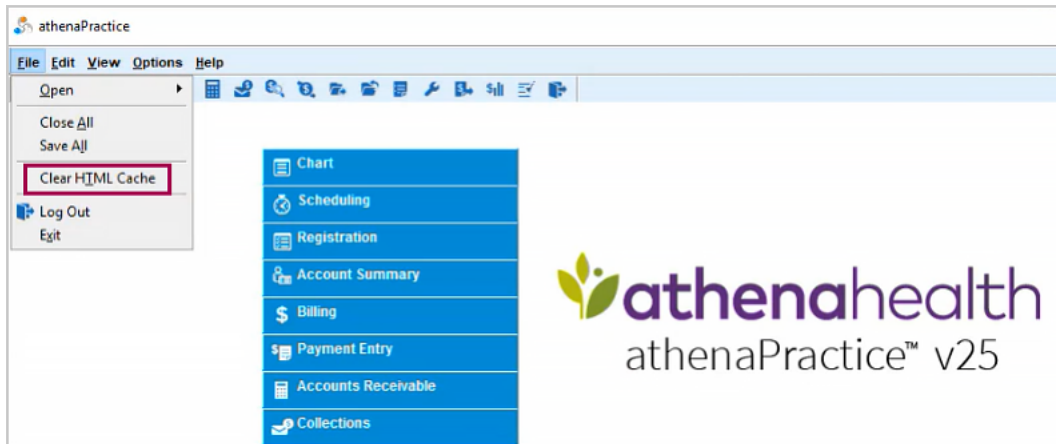
If you have upgraded or modified HTML files on your JBoss application server, it is essential to clear the HTML cache for each user or client instance accessing those files. Additionally, if the Webview2 client cache becomes out of sync on the JBoss server, clearing the HTML cache can help resolve this issue.



Important

Before clearing the HTML cache, close the application first and then log back in.

You can now clear the HTML cache not only from the Chart modules but also directly from the main application menu by selecting **File > Clear HTML Cache**.



- When you select Clear HTML Cache from the main application menu, the CentricityCef, ChartWebView2, and PracticeManagementWebView2 caches are cleared.
- When you select Clear HTML Cache from any of the Chart modules, the CentricityCef and ChartWebView2 caches are cleared.

Decommission AUC with Change Health

On January 1, 2024, the Centers for Medicare & Medicaid Services (CMS) paused the implementation of the Appropriate Use Criteria (AUC) program for reevaluation and rescinded the AUC regulations at 42 CFR 414.94, reserving this section for future use. As a result, athenahealth will not be utilizing AUC with Change Health.

To address this change, we have implemented the following measures:

- Athenahealth will stop all backend calls to Change Health if a system attempts to access the AUC service via API.
- AUC has been disabled in the on-premises system by turning off the admin setting to prevent reactivation.
- The AUC user interface has been removed or hidden.

These changes are intended to align with CMS's decision and ensure that AUC functionalities are effectively disabled.

Electronic Case Reporting (eCR) updates

To meet additional requirements for eCR, we have made the following changes in this release:

- This release uses the 3.1.8 version of the eCR Now app.
- ISO 3166 country codes are now included in the eCR CCDA document when a patient's travel history is recorded in athenaPractice.
- When Response Record (RR) documents are not received, you can see error events in Subscription Monitoring.
- RR documents are now linked to the original document that triggered the eCR submission. If multiple RRs are received for the same document, all the RRs are linked to the original document.
- If your system is set up so that RRs are not signed by default, the linked RR status is displayed so that the user can sign the document. If your system is set up so that RRs are signed by default, the linked RR status is marked as complete.
- In response to AIMS feedback, we are now including the provider's email and the patient's emergency and guardian contacts, detailed race and ethnicity, occupation, occupation industry, and travel history in the eCR CCDA.

Encounter date and time in exported clinical visit documents

Now, when you export the Clinical Visit Summary or transition of care documents, the encounter date and time appears in the Encounters sections of those files.

Encounter date and time stamp in Clinical Visit Summary

In **Documents**, right-click an encounter document and select **Create Clinical Visit Summary**. In the summary, click **Save to File**. Select the export destination and click OK. When you open the exported summary, the encounter date and time now appears in the **ENCOUNTERS** section of the file.

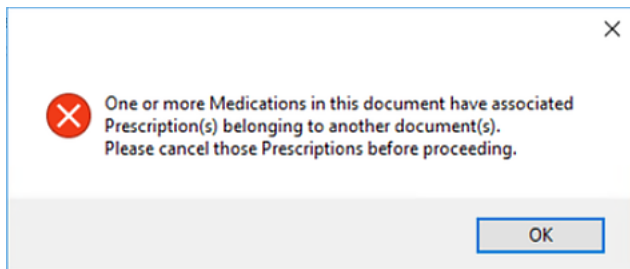
Encounter date and time stamp in transition of care documents

The encounter date and time also appears in the **Encounter** sections of exported transition of care documents. Right-click an order and select **Create Transition of Care Document**. Save to a location and open the file. The encounter date and time appears in the **Encounters** section.

File in Error: New chained medication notifications

When filing a document in error that contains a medication within an in-progress changes, you are now prompted to review and process these changes prior to filing in error.

When this message appears, access Medication Management from the patient's chart and either save your changes to sign for them or cancel your changes before attempting to file in error.



The Filed in Error (FIE) process includes this validation against related items to ensure accuracy, which prevents users from making changes to outdated versions of documents that contain medication updates and informs them of the Med Chain.

- When attempting to file a document in error, the system will check if the document contains medication that has since been updated.
- If the document is not the newest version, the user will be prevented from making updates.
- A prompt will inform the user to review and process any necessary changes before proceeding with the FIE.

User Action Required

1. When the error message appears, locate the newest version of the document.
2. Perform the Filed in Error (FIE) process on the newest version first.
3. Once the latest version has been processed, you may proceed with filing the intended document in error.

This enhancement helps maintain data integrity and ensures that only the most up-to-date medication records are modified.

Growth chart calculations for weight, BMI, and head circumference

The Centers for Disease control (CDC) in connection with the American Academy of Pediatrics (AAP) have increased their focus on monitoring pediatric patient growth, with an emphasis on monitoring instances of childhood obesity.

To aid in this initiative, we've enhanced the math and calculations in Weight and BMI Growth Chart features to plot more accurate values and to display this information in percentiles. We've also enhanced calculations for head circumference measurements.

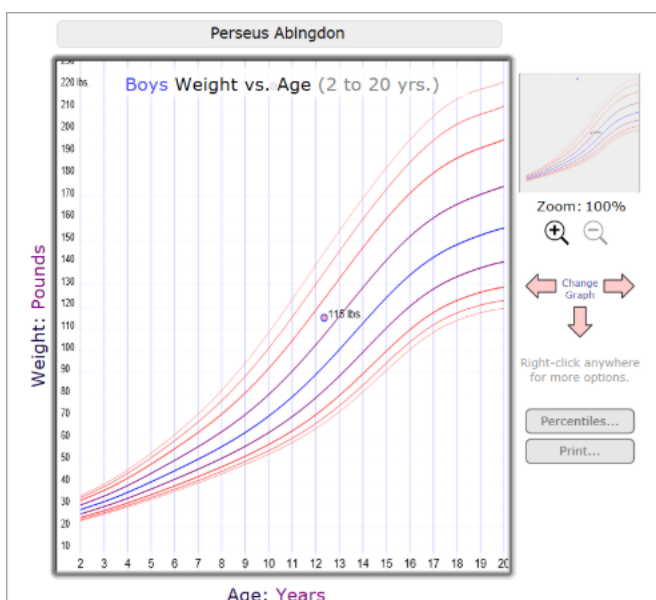
Weight Calculations

Pediatric growth charts now offer visualization for weight values above the 97th percentile. We've enhanced this calculation to plot more accurate values in the growth chart and to display weight information in percentiles.

View weight calculations in the Growth Chart

In left menu of a pediatric patient's chart, click **Graphs**. In **Graph Observations**, click **Growth Chart**. In **Growth Chart**, click the right arrow to navigate to the **Weight Chart**.

In the chart, view the patient's weight compared to the recommended weight range for patients within their age group.



In the growth chart, click **Percentiles** to view the patient's weight in percentages.

Growth Charts (table view) -									
Name:		Age: 12 Years, 4 Months				Gest. Age: 40 wks. ▾			
MRN:		DOB: Sep-01-2012				Print		Close	
Date:	Age:	Weight:		Height:		Head Circ.:		BMI:	
Jan-10-2025	12 Years, 4 Months	115 lbs.	84%	58 in.	30%	n/a		24	94%
Nov-08-2022	10 Years, 2 Months	98 lbs.	100%	54 in.	38%	n/a		22	91%

BMI

In the **Growth Chart**, click the right arrow to navigate to the BMI chart. Review the patient's BMI compared to others in their age range. Click **Percentiles** to view this information in percentages.

Head Circumference

If the patient is less than 24 months of age, you can document the patient's head circumference as an additional measure of growth. Access **Vitals** in the **Pediatric-CCC** form to record this information.

HCC categories and coefficients in patient charts

In Update Problems, **HCC Category** and **HCC Coefficient** columns now appear in the problems table.

Description	ICD-10	Onset Date	End Date	HCC Category	HCC Coef	Entered By
Glaucoma	H40.9	07/20/2009	<No End Date>			
DEGENERATION		07/20/2009	<No End Date>			
INTERVERTEBRAL DISC SITE UNSPEC						
Hypothyroidism	E03.9	04/21/2009	<No End Date>			
ESSENTIAL HYPERTENSION, BENIGN	I10	04/21/2009	<No End Date>			
Arthritis, rheumatoid	M06.9	:No Onset Date:	<No End Date>	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	0.421	
Degenerative joint disease	M19.90	:No Onset Date:	<No End Date>			
Arteriosclerotic heart disease	I25.10	:No Onset Date:	<No End Date>			

HCC Category, HCC Coefficient, and Unassessed indicators in Chart Summary

The Chart Summary Problems pane now includes HCC Category, HCC Coefficient, and Unassessed indicator columns.

Description	ICD-10	Unassessed problem indicator	HCC Category	HCC Coef	Onset Date	End Date	Entered By
ACUT MYOCARD INFARCT	I21.3		Acute Myocardial I...	0.195			
UNS SITE EPIS CARE UNS							
DIAB W/O COMP TYPE II/UNS	E11.9		Diabetes without...	0.105			
NOT STATED UNCCTRL							
CHRONIC OBSTRUCTIVE			Chronic Obstructiv...	0.335			
CHF			Congestive Heart...	0.331	21-Apr-2009		
ATRIAL FIBRILLATION	I48.91		Specified Heart Arr...	0.268	21-Apr-2009		
Decubitus ulcer, buttock	L89.309						
Degenerative joint disease	M19.90						
Diastolic hypertension	I10						
Dyslipidemia	E78.5						
Acid reflux disease	K21.9						
Cerebral infarct, family hx	Z82.3						

Unassessed indicator: This indicator appears for HCC problems that have not been assessed in the current payment year. If you hover over the indicator, the system displays the last assessed date. Once you add a new assessment to the HCC problem, the indicator disappears.

1. In the **Chart Summary Problem** pane, select an HCC problem that has an unassessed indicator.
2. Click the **plus** icon.
3. Click **Add Assessment**.
4. Enter assessment comment.
5. Choose an assessment by selecting **New**, **Improved**, **Unchanged**, or **Deteriorated** from the drop-down list.
6. Click **OK**. The assessment is added and the unassessed indicator is removed.

HCC information in patient demographics

Patient demographics now include HCC information.

- When a user accesses the HCC version of the product, the system adds new rows to patient demographics: at least one row for a RAF score and one row for a GAP score to support the CMS-HCC Model v28 version for the adapted year.
- When the calendar year changes, the system adds a new set of rows for the current calendar year.
- The system runs a nightly job to calculate and update HCC RAF and GAP scores.
 1. If a row already exists for the current calendar year, then the row is updated.
 2. If no rows exist, the system creates a new row with the latest score.

HCC elements in search results

If your organization has enabled the display of Hierarchical Condition Category (HCC) Coefficients, you will now see the HCC Coefficient for each diagnosis in problem search windows such as Find Problem and Quick Search.



Important

HCC Coefficient values are always shown for the current date, regardless of the clinical date of the active document(s).

The system retrieves HCC Coefficient values based on the patient's age. When a patient is less than 65 years old, the system fetches the segment value for **Community Non-Dual Disabled**. When a patient is 65 years or older, the system fetches the segment value for **Community Non-Dual Aged**.

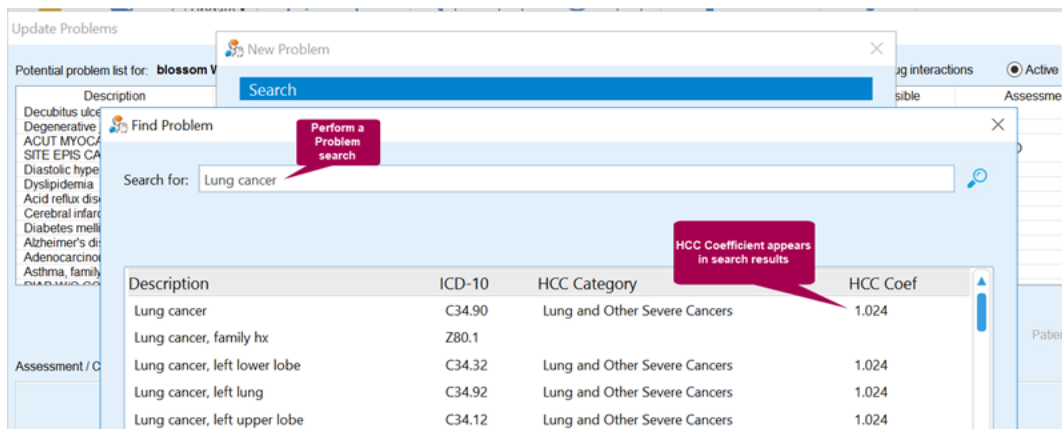


Note

The HCC Category will always appear on the Find Problem window.

Open the Find Problem window

1. In the patient **Problem** list, click **+** (New) or **✎** (Edit) and then click **🔍** (Full Reference Search). The **Find Problem** window opens.
2. Enter search terms in the **Search for** field and press **Enter**. Search results appear in the list, including the diagnosis descriptions, ICD-10 codes, HCC Categories, and HCC Coefficients.



This HCC Coefficient column also appears in the following problem search windows:

- **Find Problem** in the Chart Summary problem pane
- **Quick Search** in the New or Edit Problem window on the Update Problems window and Chart Summary problem pane
- **Quick Search** on Chart Summary problem pane

Chart <<

Documents for Edit (1)
 *Rx Refill: 5/28/2024 End
 New Document

86 Years - Male - DOB: 04-Jan-1939
 Resp. Provider: _____
 Insurance: Medicare
 Group: _____

Problems

+ lung

Active Only

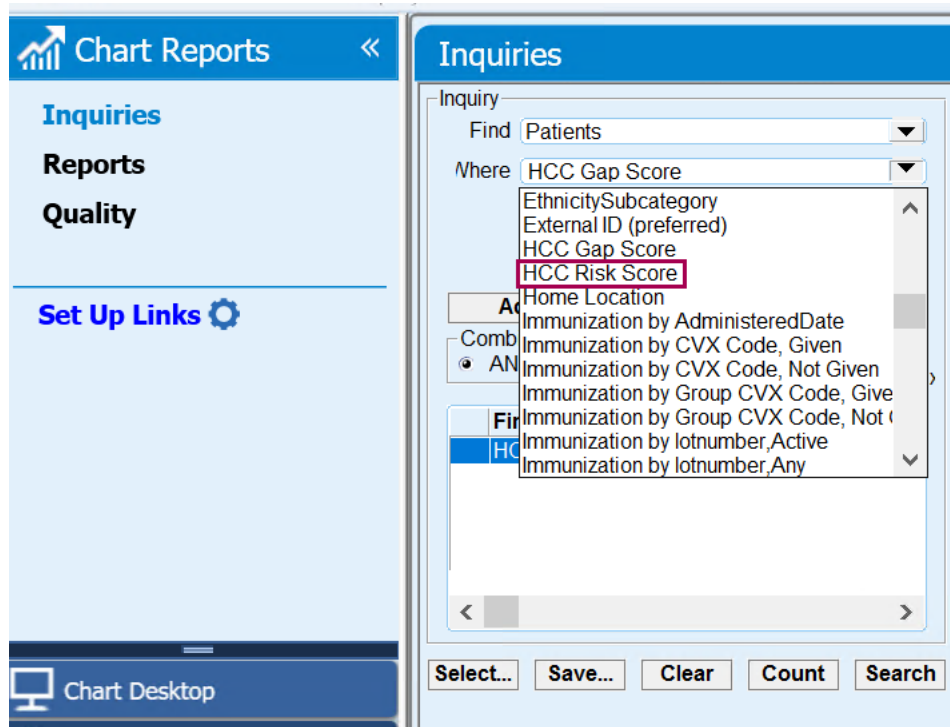
Searching: *Smart List	ICD-10	HCC Category	HCC Coef	Date
Lung Consolidation, right upper lobe (RUL)	J18.1	Pneumococcal Pneumonia, Empyema, Lung Abscess	0.130	
Lung abscess	J85.2	Pneumococcal Pneumonia, Empyema, Lung Abscess	0.130	
Lung cancer	C34.90	Lung and Other Severe Cancers	1.024	
Lung cancer, family hx	Z80.1			
Lung cancer, left lower lobe	C34.32	Lung and Other Severe Cancers	1.024	
Lung cancer, left lung	C34.92	Lung and Other Severe Cancers	1.024	
Lung cancer, left upper lobe	C34.12	Lung and Other Severe Cancers	1.024	
Lung cancer, right lower lobe	C34.31	Lung and Other Severe Cancers	1.024	

HCC gap and risk scores in inquiries

The Inquiries module now includes additional features to find patients who have one or more high risk chronic conditions and checks if they have care gaps to close.

Find patients with HCC Gap and Risk scores

1. In **Chart**, click **Chart Reports** from the left menu, then click **Inquiries**. The Inquiries window opens.
2. In **Find**, select **Patients** from the drop-down list and check the option for **Search Active Patients only**.
3. Set up search criteria.
 - a. In the first **Where** field, select **HCC Gap Score**.
 - b. In the second **Where** field, select **is less than**.
 - c. In the third **Where** field, enter the value to find.
4. Click **Add**.
5. Repeat Steps 2-4 to add **HCC Risk Score**.



6. Click **Search**

Chart Reports

Inquiries

Reports

Quality

Set Up Links

Chart Desktop

Chart

Chart Reports

Inquiries

Inquiry

Find
Patients

Where
HCC Risk Score

is greater than

1

Add
Delete
Replace

Combine With
AN
OR

☒ Active Patients Only

☐ Match case when searching mi

Find Patients where:

HCC Gap Score is greater than '1'

AN|HCC Risk Score is greater than '1'

<
>

Count Res

Search Re: Patients found: 273

<
>

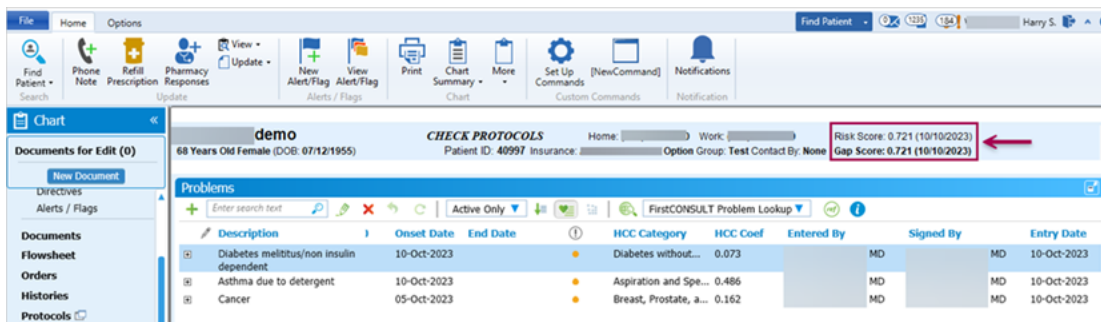
Select...
Save...
Clear
Count
Search
View Item
Select Activ

HCC Gap and Risk scores on Patient Banner

HCC Gap and Risk scores can now appear in the Patient Banner. As a clinic administrator, if you apply the factory-shipped banner **Patient Banner with Protocol Alert**, gap and risk scores will appear in the banner.



Note: The system runs an automation script after hours to automatically recalculate HCC Gap and Risk scores. This means that if you add a new HCC problem for a patient, the risk and gap scores will not update until after the nightly job is completed (the score will not update immediately or on demand).



Apply the banner

You do not need to install a clinical kit to apply this banner. The **Patient Banner with Protocol Alert** is added to the database upon installing or upgrading to this software version.

1. Access **Administration**. In the left menu, navigate to **System > User and Resource Management > Users > Preferences > User Preferences**.
2. In **User Preferences**, select **Patient Banner**.
3. Select the user or group, deselect **Use standard banner**, and select **Patient Banner with Protocol Alert**.

Alternatively, you can add HCC Gap and Risk scores in any banner template by updating the template to include the following:

```
{HCC_SCORE("list","Risk")}
```

```
{HCC_SCORE("list","Gap")}
```

HCC gap and risk scores on reports

In the Reports module, you can now run reports that show HCC Gap and Risk scores in inquiry results.

Preview or Print Patient HCC Summary

1. In **Reports** from top menu, click **Reports**. The Reports window opens.
2. Under **Print Topics**, go to **Chart > Reports> MedicalLogic > HCC**
3. Check the box for **Report only on items in the inquiry results list**.
4. Click **Preview** or **Print**. Preview Print Item window opens.

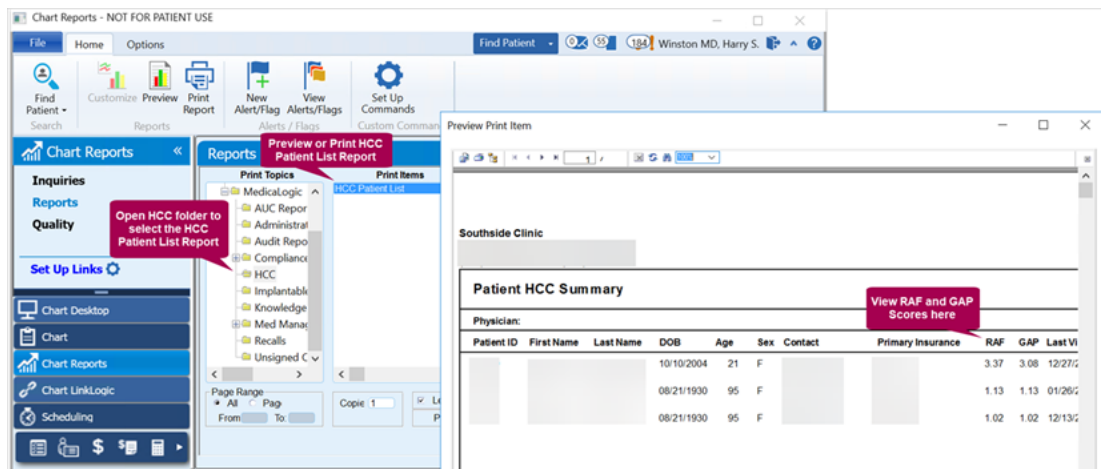


Chart Reports - NOT FOR PATIENT USE

Find Patient: Winston MD, Harry S.

Find Patient Search

Customize Preview Print Report

New Alert/Flag Alerts/Flags

View Alerts/Flags

Set Up Commands

Chart Reports

Inquiries Reports Quality

Set Up Links

Chart Desktop

Chart

Chart Reports

Chart LinkLogic

Scheduling

Print Topics

Print Items

MedicalLogic

AUC Report

Administrat

Audit Repo

Compliance

HCC

Implantable

Knowledge

Med Manag

Recalls

Unsigned C

Page Range

All Page

From To

Copies 1

Preview Print Item

Southside Clinic

Patient HCC Summary

Physician:

View RAF and GAP Scores here

Patient ID	First Name	Last Name	DOB	Age	Sex	Contact	Primary Insurance	RAF	GAP	Last Vi
			10/10/2004	21	F			3.37	3.08	12/27/2
			08/21/1930	95	F			1.13	1.13	01/26/2
			08/21/1930	95	F			1.02	1.02	12/13/2

HCC: New Problem and Edit Problem updates

The HCC Category and HCC Coefficient for a problem now appears on New and Edit Problem windows. We repositioned some fields, such as ICD-10 and Interactions to provide more space to display this information. We've also removed the ICD 9 label and Values fields.

New Problem

Search

Search for: Lung

Using: *Smart List

Problem Details

Description: Lung cancer

Comments:

ICD-10: C34.90

Interactions: ⓘ

HCC Category: Lung and Other Severe Cancers

HCC Coef: 1.024

Onset Date: 5/28/2024 ⓘ ☐ Approximate

End Date: Select a date ⓘ ☐ Approximate

Duration: ☒ Days ☐ Weeks ☐ Months

☐ Add to Custom List

Clinical Reference Patient Education


Health Status Assessments

To accommodate USCDI v3 changes for Health Status Assessments, you can now record Hunger Vital Signs and a patient's Comprehensive Universal Behavior Health Screen (CUBS) disability status, which will appear in the Social History section of CVS, TOC, and VDT documents.

You can record Hunger Vital Signs in a new Hunger Vital Sign-CCC form by selecting from predefined answers to questions. Both the questions and the answers correspond with LOINC codes, which appear in the XML sections of CCDA documents. The codes in these sections will not appear in a human-readable format. To access this information in a human-readable format, access the Social History section of a CCDA document. The Hunger Vital Signs you recorded will appear in this section.

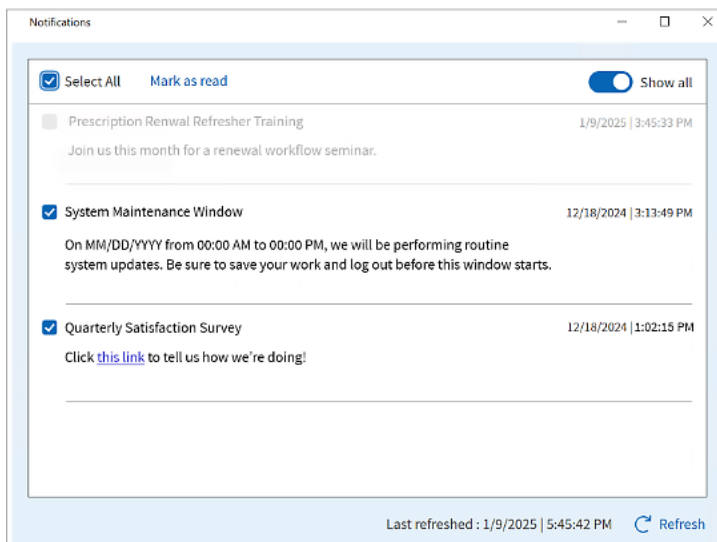
As a part of a behavioral health assessment, you can record a patient's CUBS disability status in a new CUBS-CCC form. The answers you select in the form correspond with LOINC codes, which appear in human-readable format within the Social History section of exported CCDA documents.

In-App Notifications

Now, you can access time-sensitive system notifications directly from Chart Desktop or a patient's chart. Click **Notifications**  in the ribbon to view messages. When you receive new notifications, an unread message count increments in the toolbar button.



In **Notifications**, get the latest updates on service outages, scheduled maintenance windows, upcoming releases, training opportunities, and satisfaction surveys.



Notification Options

- **Select All:** Selects all active messages in Notifications.
- **Mark as Read:** Once you've reviewed your notifications, select individual message checkboxes or click **Select All**. Click **Mark as Read** to hide them.
- **Show All:** Click to access both read and unread notifications. Previously read notifications appear in a light gray font with checkboxes inactive.
- **Refresh:** The system automatically refreshes the Notifications screen every five minutes. To manually trigger an update, click **Refresh**.

**Important**

If you click **Refresh** multiple times in succession, the system will pause each refresh for a minimum of 10 seconds. This is to preserve system performance.

No New Notifications

If no notifications are available, a **No new notifications** message appears.

Order history enhancement

Previously, if you changed an order after signing and sending it, or if you made changes after an order was completed, the system updated the order history to reflect the latest change. In these cases, the system would only add a historical entry if the order's status changed. If you made changes to an order without updating the order's status, the system would overwrite the previous historical entry with the latest entry.

Now, if you make any changes to an order after signing, the system adds new rows to the order's history and retains previous historical entries.



Note

Changes to orders before they are signed are not recorded in Order History.

View Order History

Date	Type	Description	Loc. Of Care	Authorized By	Status	Units	Last Updated By	Last Updated
02/06/2024	Test	Amylase	MHS	Harry S. Winston MD MD	Canceled	1	Harry S. Winston MD MD	02/06/2024 2:14 AM
02/06/2024	Test	[CHANGED] Amylase	MHS	Harry S. Winston MD MD	In Process	1	Harry S. Winston MD MD	02/06/2024 2:13 AM
02/06/2024	Test	[CHANGED] Amylase	MHS	Harry S. Winston MD MD	In Process	1	Harry S. Winston MD MD	02/06/2024 2:12 AM
02/06/2024	Test	[CHANGED] Amylase	MHS	Harry S. Winston MD MD	Admin Hold	1	Harry S. Winston MD MD	02/06/2024 2:11 AM

Multiple historical entries retained

Additional historical details

Code: CPT-82150
 Type: Test
 Authorized By: Harry S. Winston MD MD
 Prime Coverage: 12 Day(s)
 Duration: 12 Day(s)
 Clinical Notes:
 Diagnosis:
 Admin Comments: Order no longer required. Patient now referred to gastroenterologist.
 TOC Reason: Patient requires gastroenterologist.
 Reason for Cancellation: Will have referred gastroenterologist determine whether labs are required.
 Sent to Provider: 02/06/2024 2:13 AM Service Provider: ryzinski (Duncan Regional Hospital)

Additional information in order history entries

When you select an order history row, additional information now appears in the detail view if available. New information includes:

- **TOC Reason:** Displays the reason for a transition of care event, if applicable.
- **Admin Comments:** Lists administrative comments for the order update.
- **Reason for Cancellation:** If canceled, displays the reason for the order cancellation, if available.

Product version on application screens

Previously, not all application screens displayed the requisite software version and copyright details. Now, all screens identified as requiring this information display the following version and copyright details.

© 2025 VVC Holding LLC. All rights reserved.

CPT copyright 2024 American Medical Association.

These changes will be applied to .exe and .dll files.

Service Requests: New order codes

During an encounter, if providers request additional services to assess the social wellbeing of a patient, such as a patient's cognitive or functional status, the codes associated with these services are now included in exported transition of care documents.

For a complete listing of these codes, see [US Core Service Request Category Codes](#) on the HL7 FHIR website.

Sex parameters in patient observations

athenaPractice patient observations now include Sex Parameter fields, which can assist providers in offering appropriate gender-specific care.

For example, if a patient is female-to-male transgender and is early in transition, their provider may benefit from noting that the patient requires a “Female-typical” Lab/imaging device configuration for lab tests/diagnostic scans.

Sex parameter options include female-typical, male-typical, specified, or unknown.


Code	Display	Definition
female-typical	Apply female-typical setting or reference range	Available data indicates that diagnostics, analytics, and treatments should consider best practices associated with female reference populations.
male-typical	Apply male-typical setting or reference range	Available data indicates that diagnostics, analytics, and treatments should consider best practices associated with male reference populations.
specified	Apply specified setting or reference range	Available data indicates that diagnostics, analytics, and treatment best practices may be undefined or not aligned with sex-derived reference populations. Additional information may be available in the form of comments and/or observations. The terms "Other" or "Complex" may be considered synonyms of "Specified".
unknown	Unknown	The value is expected to exist but is not known.

The observation entered is included in exported encounter and transition of care documents.

Travel History

You can now record a patient's travel history including dates, location, and purpose of travel. If you have set up electronic case reporting (eCR), travel history is reported as part of eCR.

To record travel history:

1. On the Chart or Registration toolbar, click Travel History .

2. Enter details about the patient's travel history.

The travel start date, end date, and country are required for each entry. For travel within the US, the state, city, and zip code are also required.

Each time you complete the required fields, one more row appears so you can add another entry. You can add up to five entries at a time.

3. Click **Save**.

Bob Testpatient

DOB: 01-01-1950

Sex: Male

Travel History

Travel Start

Travel End

Country

State

City

Postal/Zip Code

Purpose

MM-DD-YYYY

MM-DD-YYYY



Type or Select -

Type or Select -

Save

1-1 of 9

1/1

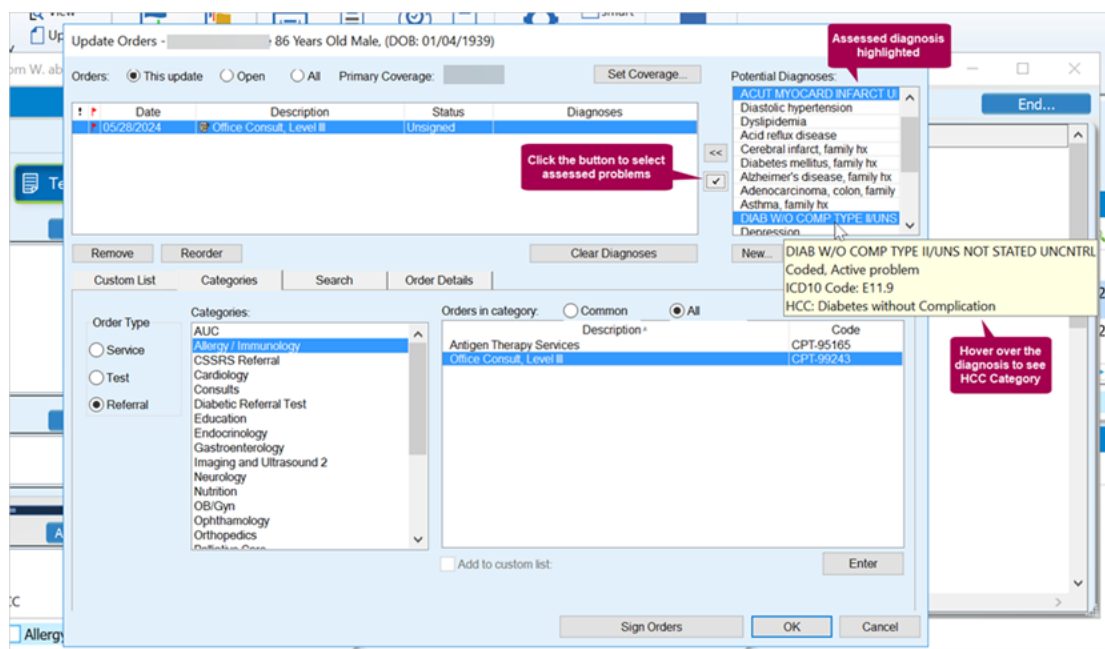
Travel Start	Travel End	Country	State	City	Postal/Zip Code	Purpose	Actions
12-06-2024	12-21-2024	Japan				Tourism	 

Update Orders UI enhancements

In **Update Orders**, you can now associate assessed problems with an order and view associated HCC categories when you hover over a diagnosis.

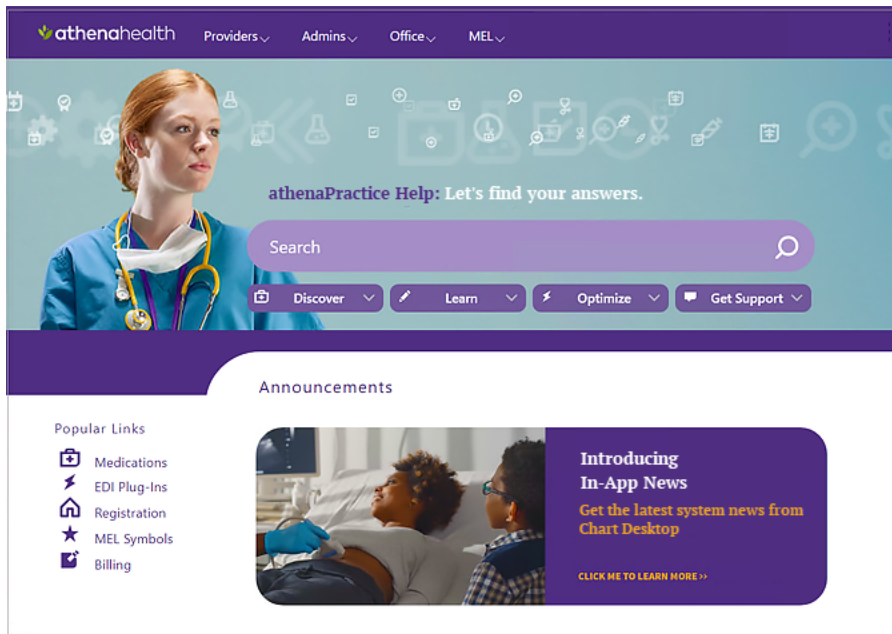
Select assessed diagnoses in the Update Orders window

1. Select a patient with some problem assessments.
2. Open the **Update Orders** window and click the check mark button to select the assessed diagnoses.



New HTML5 Help system

athenaPractice Help systems now appear in a modernized, HTML5 layout, with content updates appearing in real-time.

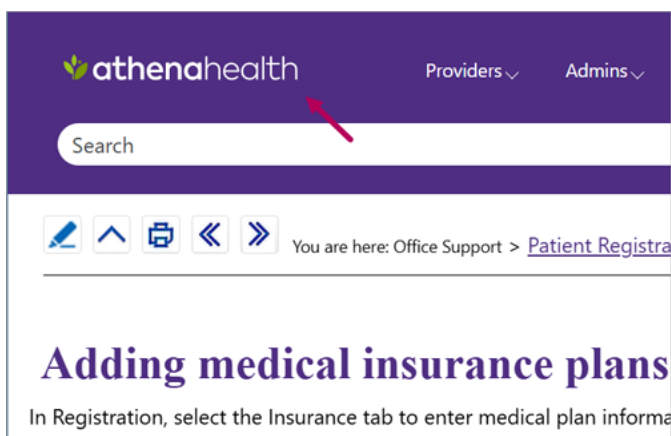


Previously, Help content updates could only occur prior to a release. Now the Help system is hosted separately from the product release, allowing us to share updates in the Help at any time.

Access the Help landing page

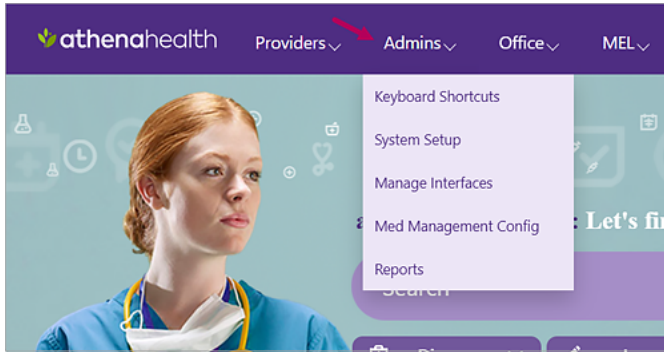
From the main menu, click **Help > athenaPractice Help**. A new landing page appears with announcements and quick links to release highlights.

You can click the athenahealth logo in the upper left corner of any Help topic to return to this page.




Role-based top navigation menu

Hover over top navigation menu buttons to access high-level concepts by user role. From these topics, access related links to explore further.



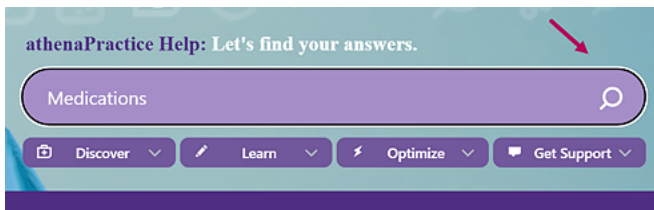
Search by keywords or phrases

Enter keywords or phrases in the search bar; click **Search**  or press ENTER. Click options in results to navigate to topics. The search bar supports special characters and partial word searches to return results.



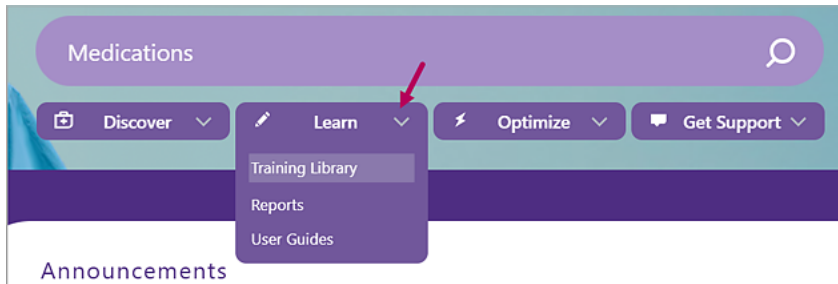
Note

Although the search bar supports special characters, using empty parentheses followed by a semicolon (); will trigger an error message. The search field does support search terms in parentheses and semicolons outside of this context.



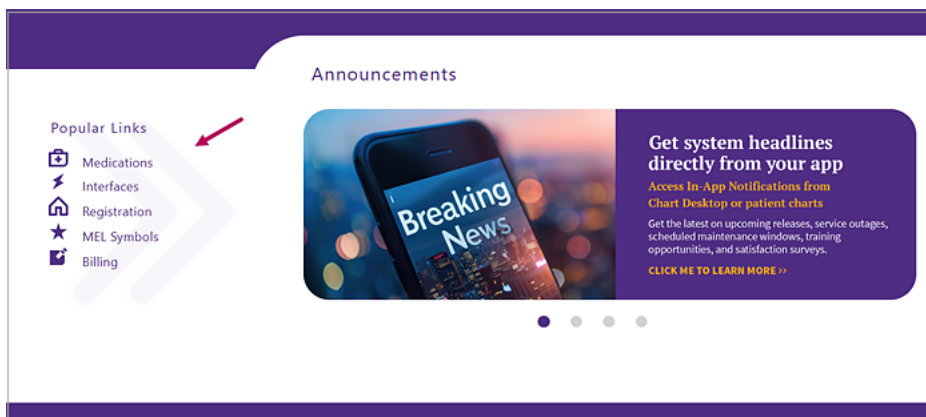
Resource drawers

For quick access to additional resources, click headings in the bar beneath the search field. Click the drawer heading again to close it.



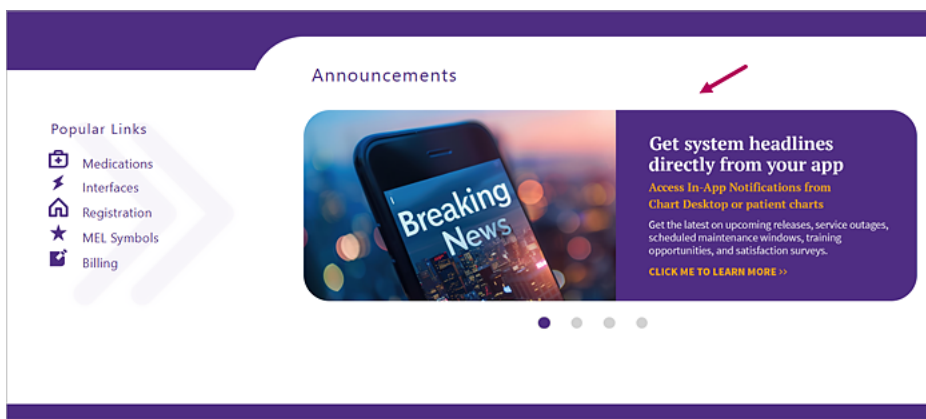
Popular links

Click options in **Popular Links** to visit frequently accessed topics or feature updates.



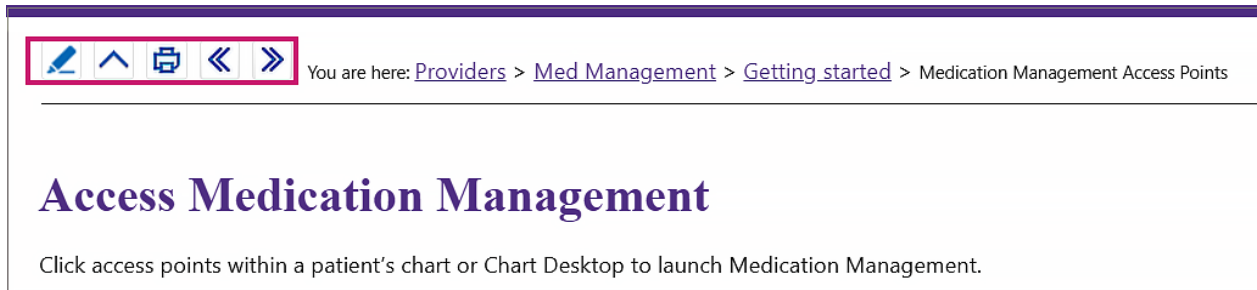
Interactive announcements

In the announcement carousel, click anywhere in an announcement to jump to related topics.




New topic layouts and tools

At the top of each Help topic, a toolbar appears with options to toggle page options, print, or navigate to other pages.



Highlighter toggle


When you perform keyword searches, any keywords you used that appear in the topic will have yellow highlighting. Click **Toggle highlight**  to remove search highlighting. Click again to reapply search highlighting.



Note

The highlighting feature only functions when you use the search bar to locate topics. If you access a topic using methods other than keyword searches, no highlighting appears and the Toggle highlight button is inactive.

Print

Click **Print**  to print a copy of a topic or generate a PDF.



Note

Due to the structure within our legacy topics, the first page in Print Preview may appear blank. Scroll down to access a preview of topic text.

Back and Forward

Click **Back**  to navigate to the previous topic. Click **Forward**  to move to the next topic in a sequence of topics you've accessed.

**Note**

If you haven't accessed more than one topic in a session Forward button is inactive.

Screen Help access

You can continue to press F1 to access topics specific to the screen you're using.

**Note**

To access help content for DTS, perform searches in the main application Help system. Links to Help from DTS are no longer available. Server Configurator and Server Setup help remains unchanged.

3C. Administration

Review enhancements in this release that may impact clinic administrator workflows.

- [Exclude clinical content from CCDA 2.1 and FHIR](#)
- [New classification for order codes](#)
- [Permission to discard documents](#)
- [Social determinants of health \(SDOH\) configuration](#)
- [Updates to Export Admin](#)

Exclude clinical content from CCDA 2.1 and FHIR

As an administrator, you can select specific clinical content to exclude from CCDA 2.1 documents and FHIR resources, as may be required by your state.

To exclude specific clinical content from CCDA and FHIR:

1. Go to **Administration > System > Interoperability > State Exclusion List**.
2. If needed, select ICD, CPT, NDC, or HCPCS at the top of the table to filter the list by code type.
3. Select the check boxes next to each item that you want to exclude from CCDA 2.1 and FHIR, or select the **Exclude All** check box at the top of the table.

State Exclusion List

Filter Code Type

☒ All ☐ ICD ☐ CPT ☐ NDC ☐ HCPCS

Code	Code Type	Code Description	<input type="checkbox"/> Exclude ALL
59851	CPT	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secondaries; with dilation and curettage and/or evacuation	<input type="checkbox"/>
59852	CPT	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secondaries; with hysterotomy (failed intra-amniotic injection)	<input type="checkbox"/>
59856	CPT	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secondaries; with dilation and curettage and/or evacuation	<input type="checkbox"/>
59857	CPT	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secondaries; with hysterotomy (failed medical evacuation)	<input type="checkbox"/>
59859	CPT	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secondaries	<input checked="" type="checkbox"/>
59860	CPT	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secondaries	<input checked="" type="checkbox"/>
59841	CPT	Induced abortion, by dilation and evacuation	<input type="checkbox"/>
59840	CPT	Induced abortion, by dilation and curettage	<input checked="" type="checkbox"/>
59299	CPT	Med abortion inc all ex drug, Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by hcg, ultrasound to confirm duration of pregnancy)	<input type="checkbox"/>
59190	CPT	Mifepristone, oral, 200 mg	<input type="checkbox"/>
59866	CPT	Multifetal pregnancy reduction(s) (MPR)	<input type="checkbox"/>
004	ICD10	Complications following (induced) termination of pregnancy	<input type="checkbox"/>
001	ICD10	Failed attempted termination of pregnancy	<input type="checkbox"/>
004.8	ICD10	(Induced) termination of pregnancy w oth and unsp comp	<input type="checkbox"/>
004.09	ICD10	(Induced) termination of pregnancy with other complications	<input type="checkbox"/>
004.00	ICD10	(Induced) termination of pregnancy with unsp complications	<input type="checkbox"/>
004.86	ICD10	Cardiac arrest following (induced) termination of pregnancy	<input type="checkbox"/>
007.36	ICD10	Cardiac arrest following failed attempted term of pregnancy	<input type="checkbox"/>
031.3	ICD10	Cont preg after elective fetal rdct of one fetus or more	<input type="checkbox"/>
031.31x1	ICD10	Cont preg after elective fetal rdct of 1 fs or more, 1st tr, fs1	<input type="checkbox"/>
031.31x2	ICD10	Cont preg after elective fetal rdct of 1 fs or more, 1st tr, fs2	<input type="checkbox"/>

☒ I agree to Exclude selected Clinical Items from CCDA
User consent is required to save changes

Save

4. At the bottom of the table, select the check box to agree to exclude the selected items from CCDA 2.1 and FHIR.
5. Click **Save**.

SMART on FHIR v2

Previously, we supported SMART on FHIR v1 for external applications, and we now also support SMART on FHIR v2.

SMART on FHIR v2 offers the following benefits:

- Enhanced Scope Definitions
- Enhanced Discovery Capabilities
- Finer-Grained Resource Constraints using Search Parameters
- Improved Security and Privacy

New classifications for order codes

When setting up order codes (under **Administration > Codes > Charts > Codes & Categories** , you can now select from these classifications:

- Laboratory
- Imaging (Radiology)
- Evaluation Procedure
- Social Service Procedure
- Counselling
- Education
- Surgical Procedure
- SDOH
- Functional Status
- Disability Status
- Cognitive Status
- Other

Previously, Laboratory, Radiology, and Other were the only available order classifications.

Add Code

Order Type: Referral
Category: Order Referral

Description:

Code:
Find CPT Code...

Prompt:

Classification:
Other
Laboratory
Imaging
Evaluation Procedure
Social Service Procedure
Counseling
Education
Surgical Procedure
SDOH
Functional Status
Disability Status
Cognitive Status
Other

Duration:
0 Weeks
0 Months

Max Visits:

☐ Common
☐ Required
☒ Use as Transition of Care

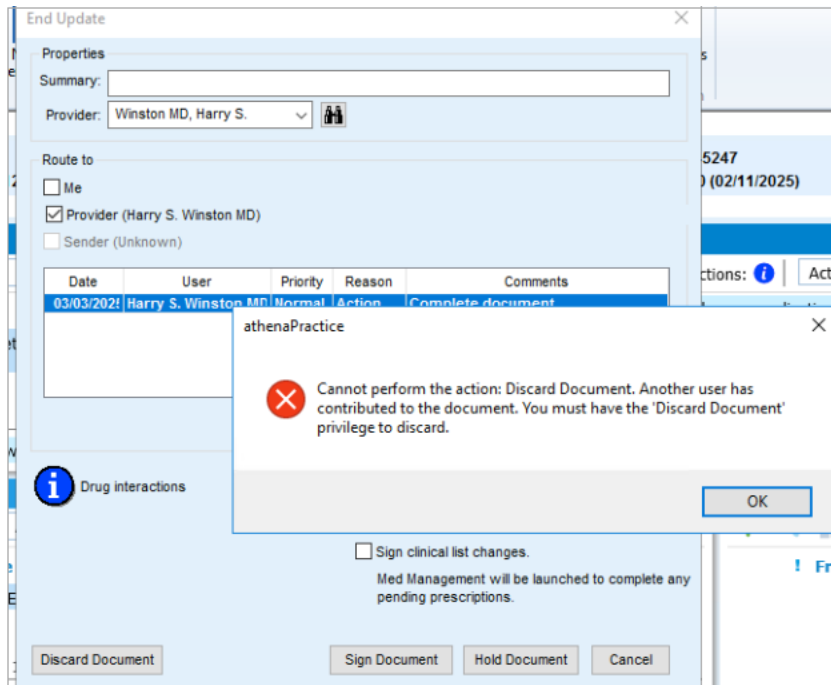
Insurance-spe
Insurance Ca
authorization
Loc. Of Car
New...
View...
Remove

Save & Continue
OK
Cancel

Permission to discard documents

Now, practices can control whether specific system users can discard chart documents. All users can discard their own documents, but only enabled users can discard other's documents.

When enabled for users, they can click **Discard Document** to end a chart update. Users without this permission will receive a popup when attempting to discard:



Configure the Discard Document privilege for system users

In athenaPractice, access **Administration**. In the **Administration** toolbar, click **Application Users**. Double-click a username in the directory. In the user detail, click the **Security** tab. In the **Permission List**, expand **Chart**. Click **Discard Document** to toggle this permission on or off.

Removed Clinical Quality Reporting (CQR) dependency on Qvera Interface Engine (QIE)

In this release, QIE is no longer required for passing information to CQR. If you use CQR, you can now use athenaPractice subscriptions to pass this information instead.

To do this, you will need to:

- [Enter CQR credentials in athenaPractice](#)
- [Import new subscriptions in athenaPractice](#)

Enter CQR credentials in athenaPractice

In athenaPractice, you will need to enter CQR credentials that were previously stored as part of the Qvera channel.

1. In Qvera, go to **Web Service Connections > Clinical Quality Reporting**.
2. Copy the value of the **WSDL URL** and **Username** fields.
3. Go to **Administration > System > Interoperability > Quality Reporting Configuration**.
4. Enter the username, password, and ingestion URL (<https://ci-pil.cqrdt.athenahealth.com/com.ge.hcit.pil.bulkuploadwar-2.0.8-RELEASE/services/secure/bulkupload>) that you copied from Qvera.

Note: If you forgot your password, you can create a new ingestion user in CQR by navigating to **Configuration > User Management > DIS User Management**.

5. Click **Save**.

Import new subscriptions in athenaPractice

You will need to import a new CQR subscription under Outbound Subscriptions.

1. Go to **Administration > System > Interoperability > Subscription Monitoring**.
2. Ensure that “Clinical Quality Measures Reporting” and “Meaningful Use Functional Measures Reporting” both show “0” in the **Jobs** and **Out** columns. If any jobs are taking a while to process, check the Qvera channel to determine if there are any issues before continuing.
3. Go to the Qvera channel and pause the package.
4. Go to **Administration > System > Interoperability > Subscription Configuration**.

5. Click **Import Subscriptions**.
6. Navigate to the Subscriptions folder (.../Centricity Practice Solution/Client/Subscriptions) and select **post_cqr.xml**.
7. Click **Open**.
8. Select **Post Clinical Measures Reporting** and click **Enable**.

After setting up the CQR subscription, check the Post Clinical Measures Reporting status and errors (under **Administration > System > Interoperability > Subscription Monitoring**) to ensure it is functioning properly.

Added CQR 2.1 Document Type

athenaPractice is now able to generate CCDA 2.1 documents for CQR. If version **2.1** is selected (under **Administration > System > Interoperability > CCDA Version**), then CCDA documents sent to CQR will now be version 2.1 instead of 1.1.

Restrict access to data in ezAccess

To help protect patient privacy, a patient can request that specific data in ezAccess not be viewable to themselves or an authorized representative. For example, a patient can request that their medications not be viewable in ezAccess.

To request that a patient record be restricted in ezAccess:

1. Log in to ezAccess as a patient or authorized representative.
2. Click **Messages > New Message**.
3. Select the name of the patient you want to restrict access for.
4. In the **To** field, select **Record Restriction Request**.
5. In the message, specify the user and the type of data that you want to be restricted, and then send the message.

To restrict access to patient data in ezAccess:





1. Log in to ezAccess as an administrator.
2. Go to **Manage Users**.
3. Search for the user you want to restrict access for.
4. In the search results, click **Select** next to the user you want to update.
5. In the **Enable view of** field, click **Modify Settings**.
6. From the drop-down menu, select the patient whose record you want to restrict access to.
7. Unselect the types of information that the user should not be able to access.
8. Click **Update**.

When the user logs in to ezAccess and clicks **View, Download, or Share Medical information**, they will not be able to see the data the restricted data for that patient.

Social Determinants of Health (SDOH) configuration

As an administrator, you can customize the Social Determinants of Health (SDOH) goals and interventions that a user can add to an encounter for each SDOH problem category (such as Homelessness) on the Social, Psych, BH Form PRAPARE tab. You can also associate interventions with orders so that when an intervention is added to an encounter, an associated order is also added.

Customize SDOH goals and interventions

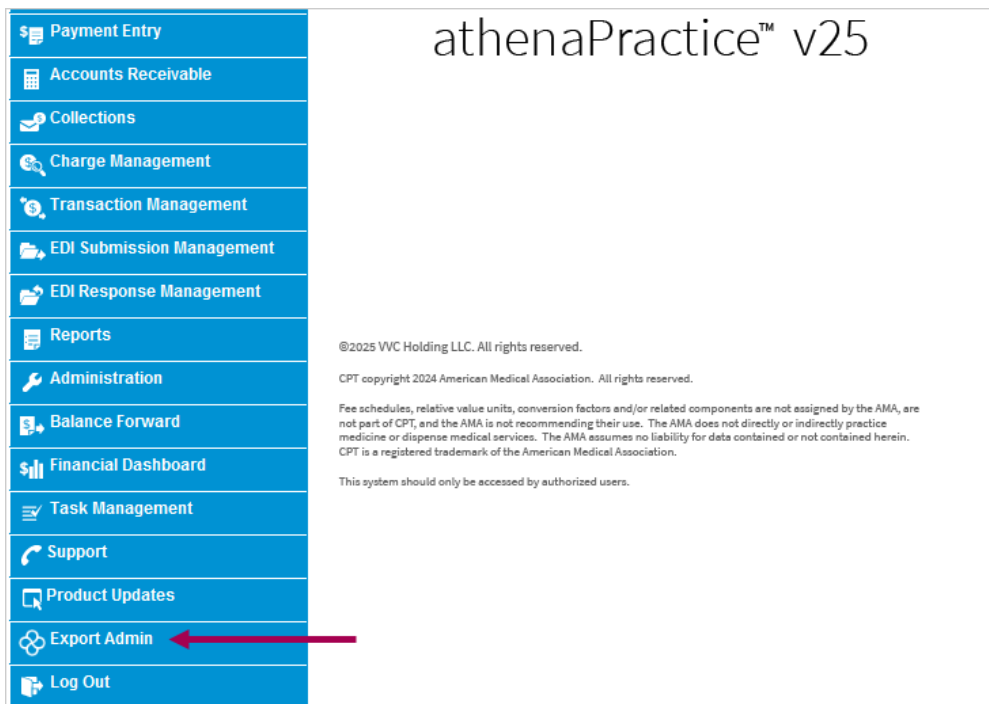
1. From **Administration**, go to **Charts > Chart > SDOH Configuration**.
2. Select an SDOH problem category on the left side of the screen or scroll to the problem category on the right side of the screen.
3. To add goals for a problem category:
 - a. Click  in the Goals column.
 - b. Select the goals that you want users to be able to add to an encounter.
 - c. Click **Save and Close**.
4. To add interventions for a problem category:
 - a. Click  in the Interventions column.
 - b. Select the interventions that you want users to be able to add to an encounter.
 - c. Click **Save and Close**.
5. To associate an order with an intervention:
 - a. In the Associate Orders column, select the check box next to the intervention that you want to associate with an order. When you hover over a selected check box, the order description, category name, and order type is displayed.
 - b. If the intervention has more than one order that can be associated with it, a  icon appears to the right of the check box. Click  to select the appropriate order.
 - c. On the Order Details screen, select the order to associate and click **Select**.
6. On the SDOH Configuration screen, click **Save**.

Updates to Export Admin

Updates to Export Admin

Easier access

You can now access the Export Admin web application from the main athenaPractice menu to export Electronic Health Information (EHI) and view the status of Electronic Case Reporting (eCR) events.



Additional configuration step required for EHI export

To configure athenaPractice to export EHI data through Export Admin, you must now specify a location for external attachments to be exported to.

1. In Administration, go to System > Interoperability > API Server.
2. Click **EHI Export Location API Server**.
3. In the Notes field, specify the shared network location where you want external attachments to be exported.

Example: \\<hostname>\nd_json

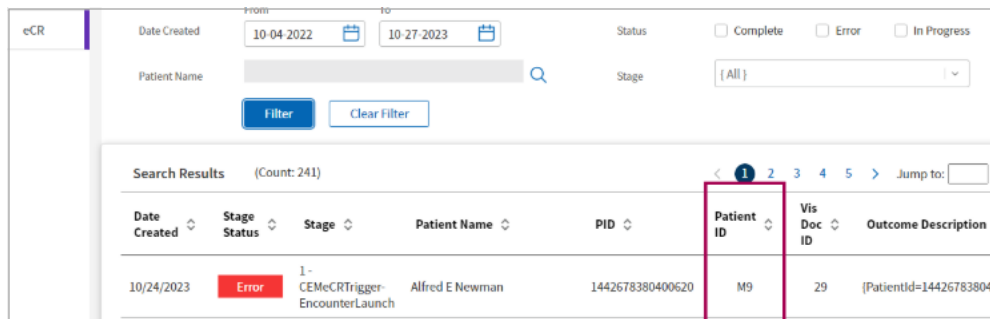
4. Click **Save**.
5. Restart the Qvera Service Manager.

For complete instructions for enabling EHI data to be exported through the web application, see the "Configure your system for Electronic Health Information (EHI) data export" section of the Upgrade guide. For details on using the web application, see the *Export Admin User Guide*.

Export Admin screen changes

We made the following changes to the Export Admin tool:

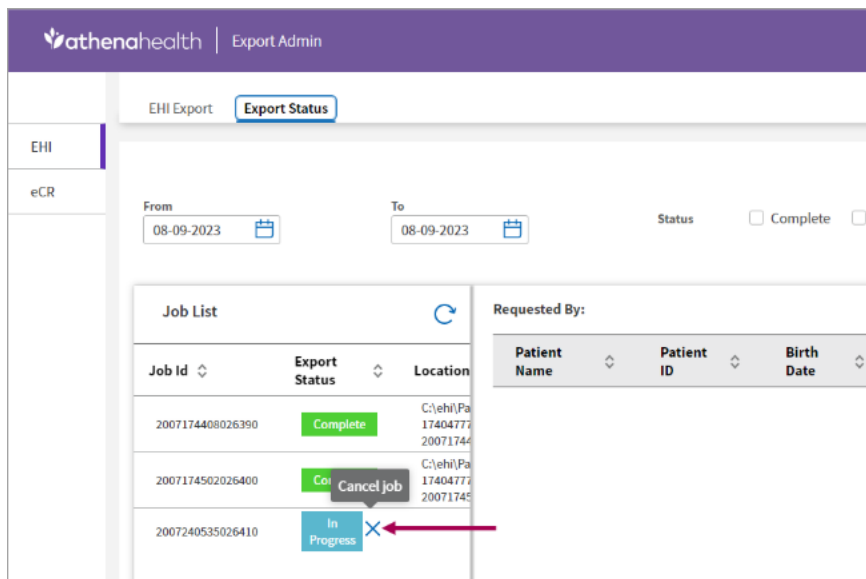
- The eCR screen now contains a Patient ID column to the right of the PID column.



The screenshot shows the eCR screen with search filters and a table of search results. A red box highlights the new 'Patient ID' column in the table.

Date Created	Stage Status	Stage	Patient Name	PID	Patient ID	Vis Doc ID	Outcome Description
10/24/2023	Error	1 - CEMeCRTrigger-EncounterLaunch	Alfred E Newman	1442678380400620	M9	29	[PatientId=14426783804

- On the Export Status tab of the EHI screen, you can now cancel an in-progress job by clicking the X next to the job.



The screenshot shows the Export Status tab in the EHI screen. It displays a job list with columns for Job Id, Export Status, and Location. A red arrow points to the 'Cancel job' button next to an 'In Progress' job.

Job Id	Export Status	Location
2007174408026390	Complete	C:\ehi\Pa 17404777 20071744
2007174502026400	Complete	C:\ehi\Pa 17404777 20071745
2007240535026410	In Progress	

- On the Export Status tab of the EHI screen, recently created jobs are now at the top instead of at the bottom.

3D. Reports

Review new report locations, added reports, and reporting features.

- [Audit report enhancements for routed documents](#)
- [FIE Document\(s\) report reinstated](#)
- [SQL Query to identify potential mismatched patients on incoming renewal requests](#)
- [Specimen information now in lab reports](#)

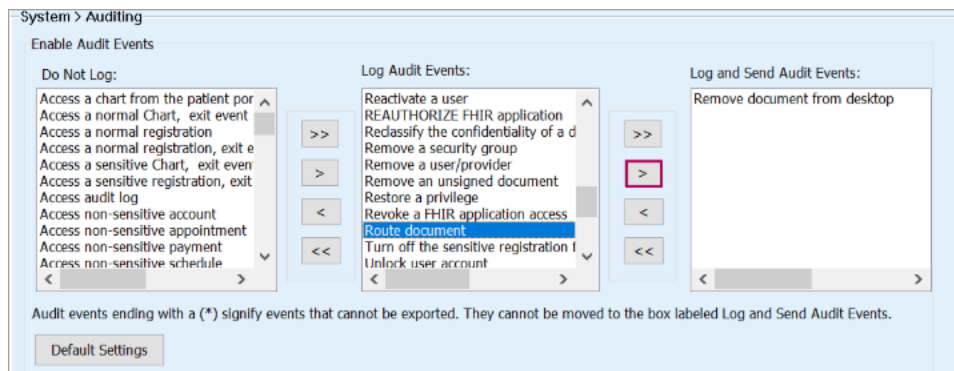
Audit events for routed documents, updated order codes, and removed documents

The following audit event options now appear in **Administration**.

- **Route document:** Logs document routing events and includes them in audit reports.
- **Update an Order code:** Logs audit events when users update order codes in **Order Administration** and includes these events in audit reports.
- **Remove document from desktop:** Logs audit events when users remove documents from **Chart Desktop** and includes these events in audit reports.

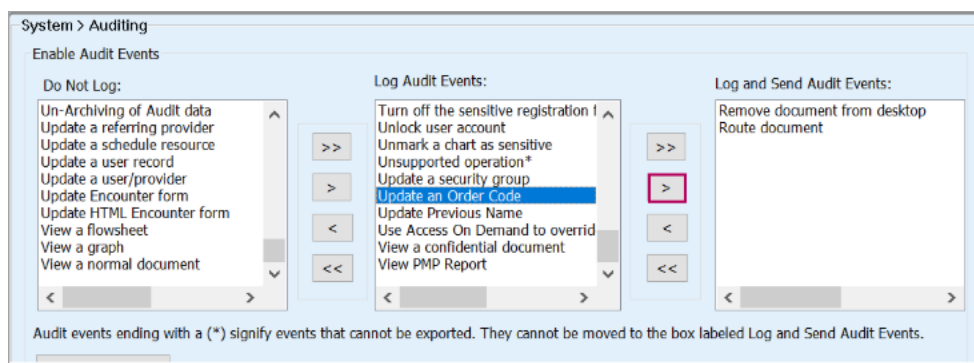
Log document routing events

In the **Administration** module, expand **System** and click **Auditing**. In **Log Audit Events**, select **Route document** and click > to move it to **Log and Send Audit Events**.



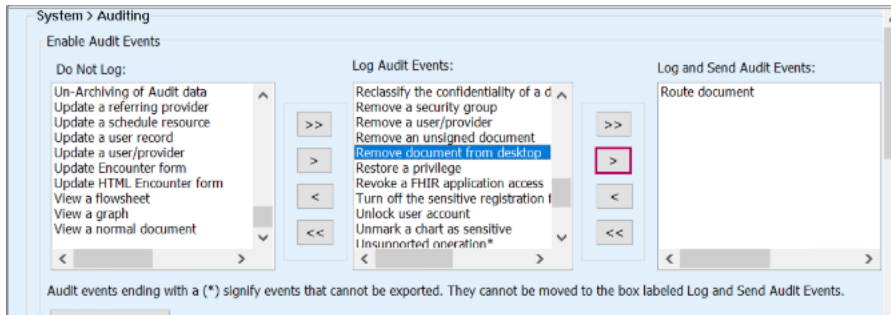
Log order code updates

In the **Administration** module, expand **System** and click **Auditing**. In **Log Audit Events**, select **Update an Order Code** and click > to move it to **Log and Send Audit Events**.



Log order code updates

In the **Administration** module, expand **System** and click **Auditing**. In **Log Audit Events**, select **Remove document from desktop** and click > to move it to **Log and Send Audit Events**.



FIE Document(s) report

When performing a File in Error, a user can enter an FIE reason.

Clinical List Changes

In Document [3] - 03/14/2022 - Office Visit

MEDICATIONS:

Added

New medication of Roxicodone 5 mg tablet (oxycodone)

Take 1 tablet by mouth every three hours while awake ;

Route: BY MOUTH - Signed

Rx of Roxicodone 5 mg tablet (oxycodone)

Take 1 tablet by mouth every three hours while awake ; #31 tablet x 0; Signed;

Entered by: NurseClin Man RN; Authorized by: Yvonne Man MD;

Method used: Print then Give to Patient;

Created By: NurseClin Man RN; Signed By: Yvonne Man MD;

Clinical Date: 03/14/2022 8:47:33 PM

Changing the document type to "Filed in Error" will remove all of these clinical list changes. This cannot be undone! Are you sure you want to continue?

Reason for FIE:

Yes

No

A report is also available to output a list of documents filed in error.

Millennium Health System

address 1 of line 1 Address 2 of line 2, fremont, OK 73127

(501) 130-0003 Fax: (501) 140-0004

03/03/2025 03:58 PM

File in Error Documents

File in Error Documents

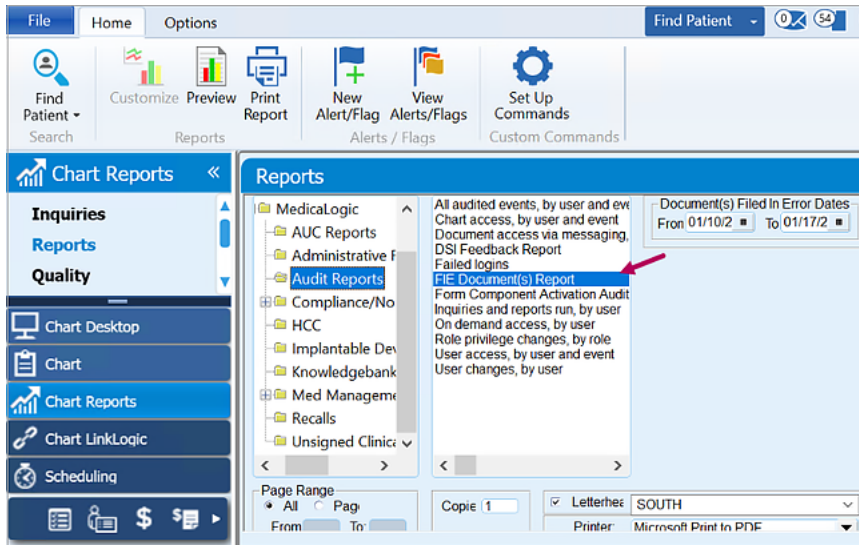
From: 2/24/2025 To: 3/3/2025

Total Items: 1

FIE Date	Patient ID	Patient Name	Doc ID	Doc Summary	Doc Loc	Doc Provider	FIE User	FIE Reason
03/03/25	23199	Wilson, Josef	2		MHS	Man RN, NurseClin	Yvonne Man MD	entered for wrong patient

Run the FIE Document(s) report

In the **Chart** module, click **Chart Reports > Reports**. Expand **MedicaLogic** and select **Audit Reports**. In **Print Items**, select **FIE Document(s) Report**. Configure the date range for the report and then click **Print** or **Preview**.



SQL query to identify potential mismatched patients on incoming renewal requests

Now, you can run a report that lists patients that may have been incorrectly matched with inbound prescription refill requests.

The query output includes patient information from the incoming pharmacy message matched against information from the patient's registration form. It will indicate elements that differ between the pharmacy request and patient registration records, such as date of birth, first and last names, gender, and the patient's zip code. This will help you to determine whether a mismatch occurred.

Prerequisites

- You must have SQL access to run this report.
- See 'Run the report' for access details.

Run the report

For report details, see [‘How can I get a list of existing aliases from Med Mgmt to review patients who may have been matched incorrectly?’](#) on the Success Community.

Review results

The output contains a list of possible mismatches based on the patient's birth date, first name, last name, gender, and zip code. The patient's registration details are compared against the most recent pharmacy messages.

comments	IsDOBMatch	IsFirstNam	IsLastNam	IsGender	IsZipCode	Pharmacy Notification PID	PatientId	PrescriberPV	Status	PatientFir	SourcePat	PatientM	SourcePat	PatientLa	SourcePa
Zip code does not match. Please review pa Y	Y	Y	Y	N	REFILL	4155279729 1.95839E+15	23532	1.74732E+15	pending_refill	Puppy	Puppy			Minion	Minion
Zip code does not match. Please review pa Y	Y	Y	Y	N	REFILL	4155279730 1.95839E+15	23532	1.74732E+15	pending_refill	Puppy	Puppy			Minion	Minion
Zip code does not match. Please review pa Y	Y	Y	Y	N	REFILL	4155279731 1.95839E+15	23532	1.74732E+15	pending_refill	Puppy	Puppy			Minion	Minion
Zip code does not match. Please review pa Y	Y	Y	Y	N	REFILL	4155279732 1.95839E+15	23532	1.74732E+15	pending_refill	Puppy	Puppy			Minion	Minion
Zip code does not match. Please review pa Y	Y	Y	Y	N	REFILL	4155283397 1.98159E+15	23928	1.74732E+15	refilled	hotfix	hotfix			testing	testing
Zip code does not match. Please review pa Y	Y	Y	Y	N	REFILL	4155283399 1.98159E+15	23928	1.74732E+15	refilled	hotfix	hotfix			testing	testing

Correct manual mismatches

If a patient has been matched incorrectly:

- Open a support case to request unlinking the patient from the prescription. See [KA 92586](#) for details.
- In the support case, include your **Practice User Name**.

- Include a completed and signed copy of the **Technical Response Request and Waiver** with the following information: Patient Names, DOBs, Sex, and the patients who were incorrectly matched. Complete the form by including information in the remaining required fields.

Specimen information now in lab reports

Lab reports appearing in a patient's Documents view now list specimen information if captured in the electronic message received from a lab. This information includes the **Specimen Type**, the **Specimen Collection Site**, and the **Specimen Condition**. Select a lab report in **Documents** to view this information below.

3E. MEL Updates

The MEL expression language is a programming language that makes use of data symbols and functions entered in a command line to perform actions within the system. If you or your providers use MEL to complete tasks, review the following MEL symbol updates.

- [CAN_DISPLAY_HCC_COEF](#)
- [HCC_CONTRIBUTORS](#)
- [HCC_SCORE](#)
- [LISTRXFINSAVINGLINKS \(update\)](#)
- [PATIENT_PRONOUN](#)
- [PROB* data symbol update](#)

Data (MEL) symbol changes

CAN_DISPLAY_HCC_COEF

The new CAN_DISPLAY_COEF MEL symbol returns Y or N value based on the system setting **Enable HCC Coefficient display on respective screens**. This symbol allows a form to read the value and have the flexibility to display or hide the HCC Coefficient.

type	Data symbol text
syntax	CAN_DISPLAY_HCC_COEF
arguments	N/A
when to evaluate	When Inserted in Note or Continuously
returns	Y if Enable HCC Coefficient display on respective screens system setting was enabled or else it returns N
comment	This information comes from and can be change under Administration > System > Advanced Features
example	<p>{CAN_DISPLAY_HCC_COEF}</p> <p>returns</p> <p>Y</p> <p>This symbol can be used in other HCC symbols.</p> <p>{HCC_AFTER("delimited", CAN_DISPLAY_HCC_COEF())}</p> <p>returns</p> <p>2004659525819830^Cancer^C80.1^^Breast, Prostate, and Other Cancers and Tumors V24^0.1890</p> <p>Note: The HCC coefficient of Cancer problem was returned at the end.</p>
where used	<p>Chart: Letters and handout templates, text components, chart notes, and quick text</p> <p>Encounter Form Editor: Data Display items Data Display items with a Clinical Function connection and MEL expressions</p>

HCC_CONTRIBUTORS

The new HCC_CONTRIBUTORS MEL symbol returns the HCC Risk score or Gap score contributors. You can format them into a list with Risk score or Gap score contributors in a line or output the same information in

a delimited format.

type	Data symbol function
syntax	HCC_CONTRIBUTORS(list_type, HCC_input_type, year)
arguments	<div> <div>list_type (Optional)</div> <div> <p>List format:</p> <p>list - List Risk score contributor, Gap score contributor for the current Patient.</p> <p>delimited - Delimited return risk and gap score contributors, rows separated by pipes (), fields separated by carets (^).</p> <p>risk - returns the value of Risk score.</p> <p>gap - returns the value of Gap score.</p> <p>both - returns the value of both Risk and Gap scores.</p> <p>If any other character is specified or if this argument is omitted, the default list is returned (both).</p> </div> </div> <div> <div>HCC_input_type (Optional)</div> <div> <p>Payment year</p> </div> </div> <div> <div>Year (Optional)</div> <div> <p>Payment year</p> </div> </div>
when to evaluate	Continuously
returns	Active problems, including changes from the current chart update
comment	<p>list is the default argument for the list_type parameter.</p> <p>both is the default argument for the HCC_input_type parameter.</p> <p>current year is the default argument for the Year parameter.</p> <p>The following fields are returned by HCC_CONTRIBUTORS ("DELIMITED", "BOTH", "YEAR"):</p> <p>sprId^icd10Code^problemDesc^hccCategoryCode^hccDesc^contribFactor^RISK/GAP</p>

example

```
{HCC_CONTRIBUTORS("LIST","RISK","2023")}
```

returns

Chronic bronchiolitis obliterans (ICD10 J42) Opportunistic InfectionsV24 RISK COEF - 0.1870

Heart cancer (ICD10 C38.0) Colorectal, Bladder, and Other Cancers V24 RISK COEF - 0.2570

```
{HCC_CONTRIBUTORS("LIST","GAP","2023")}
```

returns

Chronic bronchiolitis obliterans (ICD10 J42) Opportunistic InfectionsV24 EFFECTIVE GAP - 0.1870

Heart cancer (ICD10 C38.0) Colorectal, Bladder, and Other Cancers V24 EFFECTIVE GAP - 0.2570

```
{HCC_CONTRIBUTORS("LIST","BOTH","2023")}
```

returns

Chronic bronchiolitis obliterans (ICD10 J42) Opportunistic InfectionsV24 RISK COEF - 0.1870

Heart cancer (ICD10 C38.0) Colorectal, Bladder, and Other Cancers V24 RISK COEF - 0.2570

Chronic bronchiolitis obliterans (ICD10 J42) Opportunistic InfectionsV24 EFFECTIVE GAP - 0.1870

Heart cancer (ICD10 C38.0) Colorectal, Bladder, and Other Cancers V24 EFFECTIVE GAP - 0.2570

```
{HCC_CONTRIBUTORS("DELIMITED", "RISK", "2023")}
```

returns

2006735379056800^J42^Chronic bronchiolitis obliterans^6^Opportunistic Infections V24^0.1870^RISK

|2007165029133710^C38.0^Heart cancer^11^Colorectal, Bladder, and Other Cancers V24^0.2570^RISK

```
{HCC_CONTRIBUTORS("DELIMITED", "GAP", "2023")}
```

returns

2006735379056800^J42^Chronic bronchiolitis obliterans^6^Opportunistic InfectionsV24^0.1870^GAP

```
|2007165029133710^C38.0^Heart cancer^11^Colorectal, Bladder, and Other Cancers
V24^0.2570^GAP
```

```
{HCC_CONTRIBUTORS("DELIMITED","BOTH","2023")}
```

returns

```
2006735379056800^J42^Chronic bronchiolitis obliterans^6^Opportunistic
InfectionsV24^0.1870^RISK
```

```
|2007165029133710^C38.0^Heart cancer^11^Colorectal, Bladder, and Other Cancers
V24^0.2570^RISK
```

```
2006735379056800^J42^Chronic bronchiolitis obliterans^6^Opportunistic
InfectionsV24^0.1870^GAP
```

```
|2007165029133710^C38.0^Heart cancer^11^Colorectal, Bladder, and Other Cancers
V24^0.2570^GAP
```

where used

Chart: Letters and handout templates, text components, chart notes, and quick text
Encounter Form Editor: Data Display items Data Display items with a Clinical
Function connection and MEL expressions

HCC_SCORE

The new HCC_SCORE MEL symbol lists the Risk score and Gap score information, including the HCC model, version and segment name details. You can format them into a list with Risk score and Gap score in a line or get the HCC model, version, segment name, risk score and gap score in a delimited format.

type

Data symbol function

syntax

HCC_SCORE(list_type, HCC_input_type, year)

arguments

list_type (Optional)

List format:

list - List Risk score, Gap score for the current Patient.

delimited - Delimited shall return HCC model, version, segment name, risk and gap score details, rows separated by pipes (|), fields separated by carets (^).

HCC_input_type (Optional)

risk - returns the value of Risk score.

		<p>gap - returns the value of Gap score.</p> <p>both - returns the value of both Risk and Gap scores.</p> <p>If any other character is specified or if this argument is omitted, the default list is returned(both).</p>
	Year (Optional)	Payment year
when to evaluate	Continuously	
returns	Active problems, including changes from the current chart update	
comment	<p>list is the default argument for the list_type parameter.</p> <p>both is the default argument for the HCC_input_type parameter.</p> <p>current year is the default argument for the Year parameter.</p> <p>The following fields are returned by HCC_SCORE("DELIMITED","BOTH","YEAR"):</p> <p>model^version^segmentName^riskScore^gapScore</p>	
example	<p>{HCC_SCORE("list", "risk", "2023")}</p> <p>returns</p> <p>Chronic bronchiolitis obliterans (ICD10 J42) Opportunistic InfectionsV24 RISK COEF - 0.1870</p> <p>Heart cancer (ICD10 C38.0) Colorectal, Bladder, and Other Cancers V24 RISK COEF - 0.2570</p> <p>{HCC_SCORE("list", "gap", "2023")}</p> <p>returns</p> <p>Chronic bronchiolitis obliterans (ICD10 J42) Opportunistic InfectionsV24 EFFECTIVE GAP - 0.1870</p> <p>Heart cancer (ICD10 C38.0) Colorectal, Bladder, and Other Cancers V24 EFFECTIVE GAP - 0.2570</p> <p>{HCC_SCORE("delimited", "risk", "2023")}</p> <p>returns</p> <p>2006735379056800^J42^Chronic bronchiolitis obliterans^6^Opportunistic Infections V24^0.1870^RISK</p> <p> 2007165029133710^C38.0^Heart cancer^11^Colorectal, Bladder, and Other</p>	

Cancers V24^0.2570^RISK

```
{HCC_SCORE("delimited", "gap", "2023")}
```

returns

2006735379056800^J42^Chronic bronchiolitis obliterans^6^Opportunistic InfectionsV24^0.1870^GAP

|2007165029133710^C38.0^Heart cancer^11^Colorectal, Bladder, and Other Cancers V24^0.2570^GAP

where used

Chart: Letters and handout templates, text components, chart notes, and quick text

Encounter Form Editor: Data Display items Data Display items with a Clinical Function connection and MEL expressions

LISTRXFINSAVINGLINKS (update)

The LISTRXFINSAVINGLINKS MEL symbol was originally designed to return prescription information if prescriptions had RXWISE coupons associated with them. Our system no longer uses RXWISE, as a coupon system is now available through the Medication Management portal.

PATIENT_PRONOUN

The new PATIENT_PRONOUN MEL symbol returns the patient's pronoun.

type	Data symbol text
syntax	PATIENT_PRONOUN
arguments	N/A
when to evaluate	When inserted in note or continuously
returns	The current patient's pronoun
comment	This information comes from and can be changed on the Registration Patient tab. Click Change to view or change registration data.
example	<pre>{PATIENT.PRONOUN}</pre> <p>returns</p> <p>him</p>
where used	<p>Chart: Patient banners, headers and templates for letters and handouts, text components, chart notes, and quick text</p> <p>Encounter Form Editor: Data Display items with Patient Attribute connections,</p>

visibility conditions, and MEL expressions

PROB* data symbol update

The following data symbols were updated to return the HCC category and HCC coefficient values for relevant HCC problems when the "hcc" argument is specified.

- PROB_ACTIVE
- PROB_AFTER
- PROB_LIST_CHANGES
- PROB_NEW
- PROB_PRIOR
- PROB_REMOVED

Note: If the “Enable HCC Coefficient display on respective screens” option is not selected in **Administration > System > Advanced Features**, the HCC coefficient will not be returned.

Example 1:

```
{PROB_ACTIVE("list", "", "", "hcc")}
```

returns

Stomach cancer (ICD10-C16.9) Lung and Other Severe Cancers V24 HCC Coefficient - 1.0750

Brain cancer (ICD10-C71.9) Lymphoma and Other Cancers V24 HCC Coefficient - 0.5950

Example 2:

```
{PROB_AFTER("list", "prodtype", "com", "", "", "hcc")}
```

returns

Fever (ICD10-R50.9) -- test non hcc

Stomach cancer (ICD10-C16.9) -- test stomach Lung and Other Severe Cancers V24 HCC Coefficient - 1.0750

Example 3:

```
{PROB_LIST_CHANGES("Delim", "Full", "HCC")}
```

returns

Added new problem of Stomach cancer (ICD10-C16.9) Lung and Other Severe Cancers V24 HCC Coefficient - 1.0750

Added new problem of Fever (ICD10-R50.9)

Assessed Fever as improved

Assessed Stomach cancer as unchanged

Example 4:

```
{PROB_NEW("list", "dat", "com", "hcc")}
```

returns

08/29/2023 Stomach cancer (ICD10-C16.9) -- test HCC Lung and Other Severe Cancers V24 HCC Coefficient - 1.0750

08/29/2023 Fracture of alveolus of left mandible, subsequent encounter for fracture with routine healing (ICD10-S02.672D) -- test

Example 5:

```
{PROB_PRIOR("list", "prodtype", "com", "", "", "hcc")}
```

returns

Fever (ICD10-R50.9) -- test

Stomach cancer (ICD10-C16.9) -- test Lung and Other Severe Cancers V24 HCC Coefficient - 1.0750

Example 6:

```
{PROB_REMOVED("delimited", "dat", "com", "hcc")}
```

returns

Dx of^Stomach cancer^ICD-151.9^test^09/01/2023^09/04/2023^S^ICD10-C16.9^2009156478158560.000000^Lung and Other Severe Cancers V24^1.0750

3F. Patient Registration

Review enhancements that may impact front desk staff workflows.

- [New image capture in Registration](#)
- [New patient registration fields](#)
- [Patient sexual orientation, gender identity, and pronouns](#)

New image capture in Registration

We added a new method for capturing photos in Registration.

Benefits of the new image capture method are:

- Webcam image capture now works with Citrix and RDP. Previously, the webcam image capture did not work with newer versions of Citrix or RDP.

Note: To use a webcam with RDP, the client system must have Remote Desktop Services with:

- Remote Desktop Licensing
- Remote Desktop Session Host
- Fewer clicks are required to capture an image.
- Camera settings are saved for each user. Previously, the settings would be reset once the user logged off.

The screenshot displays the 'Patient' tab of the athenaPractice Registration form. A red 'x' icon indicates required fields for ePrescribing. A purple callout bubble labeled 'New image capture' points to the 'Advanced Photo' button. The form includes sections for Patient Information, Addresses, and Insurance. At the bottom, there are buttons for 'Save & Exit', 'Save', and 'Cancel', along with a 'Get Driving Directions' button.

Enrolled Minimal: Needs additional demographic data recommended for electronic prescribing-

Title: *First Name: Middle Name: *Last Name: Suffix: Preferred: ☐ Sensitive Patient

*Birth Date: Birth Time: M Age: 84 Years

☒ Patient Same As Guarantor Marital Status:

Addresses

☒ Primary ☐ Alternate

Address:

City/State: ZipCode:

County: Address Type:

Country:

Subdivision:

Phone: Home

Email:

☐ Patient Data Access Authorized

Contact by:

Sex: Male Pronoun: Gender Identity: Sexual Orientation:

SSN: Patient ID: MRN:

Resp. Provider: Referring: Primary Care:

*Home Location:

Facility: Language: Tribal Affiliation:

Race: Race2:

☐ Quick Entry Mode (this session only)

First Name, Gender, Address Line1, City, State and Zip code are required fields for accurate medication eligibility check and electronic prescribing.

**Note**

The existing image capture workflow accessed through the **Get Photo** button is still available and has not been changed.

To use the new image capture:

1. Open a new or existing patient record in Registration.
2. Click **Advanced Photo**.
3. Select the image source:
 - Clipboard – to paste an image copied from another program
 - File – to use a saved image
 - WebCam – to capture a video snapshot of the patient using a connected WebCam
 - Scanner – to scan an ID using a connected scanner

Note: The scanner option does not work with Citrix or RDP.
4. Once you paste, select, or acquire the image, edit it as needed. If you select the Manual tab, you can crop and rotate the image in any direction.
5. Click **OK**.

Log file

When you use the new image capture, an ImageCapture.Log file is added to <drive>:\Users\<user name>\AppData\Local\Centricity\Logs\.

New Patient Registration Fields

athenaPractice now includes the following registration information in Chart Summary and CCDA exports, and has additional fields to comply with USCDI v3 requirements.

- Related person's relationship from a patient contacts
- Occupation
- Occupation Industry
- Tribal Affiliation
- Date of Death
- Patient Guardian Name
- Emergency Contact

When this information is included in a registration form, it also appears in the Patient Header section of transition of care documents and other relevant CCDA document exchanges.

To support USCDI v3, we've added the following fields to patient Registration forms:

Occupation and Occupation Industry

Two new fields appear in the **Additional** tab under **Additional Employment Information** to capture a patient's **Occupation** and **Occupation Industry**.

The screenshot shows the 'Additional' tab of a patient registration form. It contains several sections: 'Referral Information' with fields for Referral Source, Referral Patient, External ID Set, and External ID; 'Employment Information' with fields for Occupation, Employer, Employment Status, and Employment Status Date; 'Student Information' with fields for Student Status, School Name, and Residence; and 'Additional Employment Information' at the bottom, which contains two new fields: 'Occupation' and 'Occupation Industry'. Red arrows point to the 'Additional' tab and the 'Additional Employment Information' section.

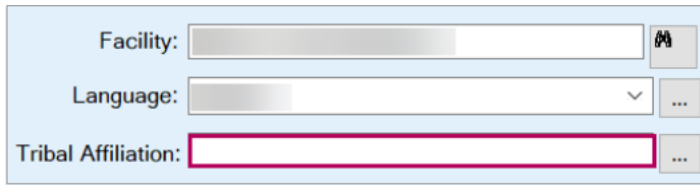



Important


Unlike the **Occupation** field that appears under **Employment Information**, which is a free-text entry field, the new **Occupation** field has a library of coded options to select. You must use the **Occupation** field under **Additional Employment Information** to include a patient's occupation in exported chart documents.


Tribal Affiliation

A new **Tribal Affiliation** field appears in the **Patient** tab. Click the three-dot menu to select the affiliation.



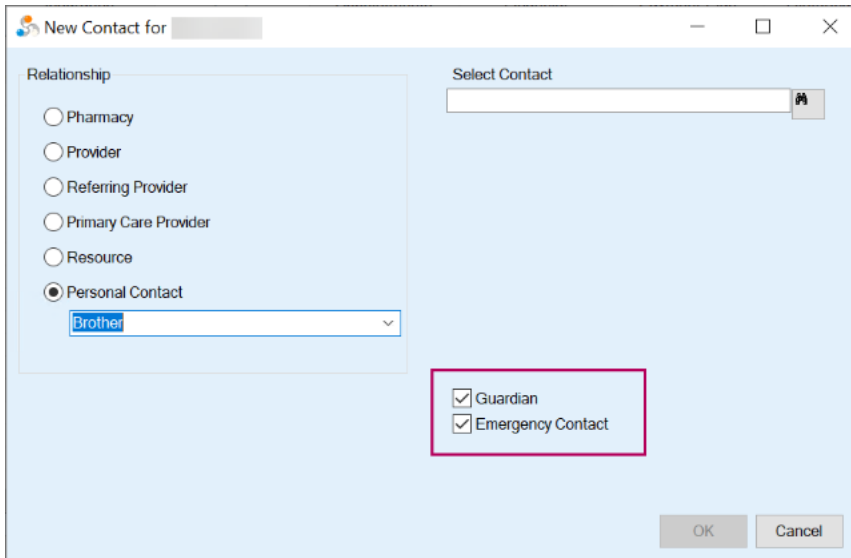
Facility: 

Language: 

Tribal Affiliation: 

Guardian and Emergency Contact options

Now, options appear in **New Contact** to indicate whether a contact is a **Guardian** and/or an **Emergency Contact**. When selected for a contact, this information is included in contact details and is included in exported chart documents.



New Contact for

Relationship

☐ Pharmacy

☐ Provider

☐ Referring Provider

☐ Primary Care Provider

☐ Resource

☒ Personal Contact

Select Contact

☒ Guardian

☒ Emergency Contact

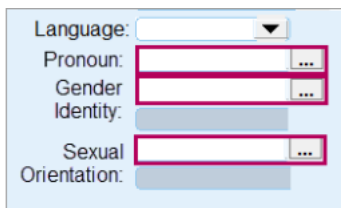
OK Cancel

Patient sexual orientation, gender identity, and pronouns

Patient registration forms now include options to record a patient's gender identity, sexual orientation, and preferred pronouns. When you record gender identity and sexual orientation information for a patient, they are included in exported clinical visit summaries and transition of care documents.

Access Birth Sex, Gender Identity, Sexual Orientation, and Pronoun fields

In the **Patient** tab of a registration form, locate **Birth Sex**, **Gender Identity**, **Sexual Orientation**, and **Pronoun** fields. Select the values indicated by the patient.



A screenshot of a patient registration form. It shows four fields: 'Language:' with a dropdown arrow, 'Pronoun:' with a text input field and a three-dot menu icon, 'Gender Identity:' with a text input field and a three-dot menu icon, and 'Sexual Orientation:' with a text input field and a three-dot menu icon. The 'Pronoun' and 'Gender Identity' fields are highlighted with a red rectangular border.

A stylized, minimalist graphic of a plant with several large, teardrop-shaped leaves and a small circle, rendered in a lighter shade of purple against the background.

Fixed in v25

4. Fixed in v25

Feature	KA	Issue Description	Resolution
Administration	86327	When users navigated from a patient's chart to Administration and then back to a chart, a system crash occurred.	These crashes no longer occur when navigating from chart to Administration and then back to the chart module.
Administration	63341	The feature to automatically sync user groups was causing user logins to fail.	This issue is resolved.
Administration	116381	After v22, the Patient Access Log in the Administrative folder no longer included the same level of detail.	The Patient Access Log now includes the same level of detail that it did for v22.
Administration	122165	When attempting to complete a chart merge with the option to delete the source chart, users received an error that the source chart could not be deleted. This only occurred for patients with eCR information.	These errors no longer occur.
Billing	126170	The PatientPaymentAutopost plug-in was not always populating the credit card type value found in the payment file to Payment Entry.	If the card type value is available in the payment file, the plug-in copies it into Payment Entry.
Billing	64477	In some cases, batch handling errors were occurring due to an incorrect configuration value ('True' instead of 'true').	This issue is resolved.
Billing	105944	Encounter documents for refill requests were failing to open when clicked.	Encounter documents for refill requests now open as is expected.
Billing	112856	The med list ID values appearing in the MID data field under Insurance Carriers Order Category Default Disposition were invalid.	The issue causing invalid med list IDs to appear has been corrected.
Billing	81316	Duplicate charges and payments were appearing on statements when printing statements on demand from the billing module.	Duplicate charges and payments no longer appear when you print billing statements on demand.

Feature	KA	Issue Description	Resolution
Billing	116059	Appointment status was not changing from Arrived to Complete when users entered charges.	Now, when you enter charges for an appointment, the appointment status automatically updates to Complete.
Billing	116271	Visits were not changing to unchecked after a ticket was batched.	Visits are automatically unchecked after a ticket batches.
Billing	116768	When you replaced a procedure code by typing over it, the code you typed over was not deleted and no additional diagnosis pointers were included for the new code entered.	When you type over a procedure code, the code you overwrite is deleted and new diagnosis pointers are included.
Billing	116341	When you retrieved an exception row from a fee schedule within a visit, the application was returning all rows from the fee schedule.	The application only returns the exception row you request.
Billing	116422	At times, the Supervising Provider field within billing tickets included referring providers.	The Supervising Provider field only includes responsible providers or other billable providers, as designed.
Billing	116774	When retrieving charges, the Contract Type did not appear in the Charges 2 tab.	The Contract Type now appears in this tab as expected.
Billing	116904	When patients had multiple entries for the same insurance carrier but with different policies, the system was pulling the oldest policy number for the carrier on the visit and used the first carrier entry listed.	The system now uses the carrier selected and its policy.
Billing	116979	Voided procedures were appearing on claims, electronic and paper, causing rejections.	Voided procedures no longer appear on electronic or paper claim
Billing	116984	In rare cases, the previous patient's insurance was appearing on the current patient's flowsheet.	This issue is resolved.
Billing	75275	At times, the billing grid would fail to refresh after clicking Retrieve Charges .	The billing grid refreshes after clicking Retrieve Charges .
Billing	117094	Users were unable to delete a visit with closed batches, even when the batch closing override was on.	The system was preventing this because in some cases, the selected item was in use by the system.

Feature	KA	Issue Description	Resolution
Billing	117422	When users performed searches in the collections module, searches were not returning the correct visits.	Searches in collections now retrieve related visits as expected.
Billing	117956	When users changed the DOS From value to 'On Charge' for hospital visits that also had incorrect DOS dates, users were receiving erroneous alerts that the fee schedule was changing.	This fee schedule alert no longer appears in these instances.
Billing	118008	When bulk retrieving charges in the billing system, users were being prompted several times to acknowledge the application of a deposit across multiple visits instead of just once.	Users are prompted only once to acknowledge a deposit applied across multiple visits.
Billing	118268	In Billing, the Resource field was blank if criteria was set to only show visits with external charges.	Resource information appears if available.
Billing	120575	In some cases, when users added charges and marked Yes for billing, added charges were not appearing in claims.	Added charges now appear in claims.
Billing	117988	Users were able to change the responsible provider on closed batch visits by accessing Registration from a visit, saving, and exiting. This created problems for accuracy in historical reporting.	Users can no longer change the responsible provider on closed batch visits.
Billing	117395	In some cases, the Visit Owner was not appearing on new tickets and was no longer displaying by default in the Visit Owner field at the top of the Admin view.	The Visit Owner appears as expected.
Billing	118337	Users were unable to add charges or transactions in cases where there was missing Fee Schedule or Responsible Provider information.	Users can add charges or transactions regardless of whether a Fee Schedule or Responsible Provider is defined.
Billing	118660	After applying v23.1 Service Layer Hotfix 2, users were having issues posting charges by using arrow keys or the ENTER key if there were multiple CPT codes.	You can now post charges without issue even if there are multiple CPT codes associated with charges.
Billing	118817	Duplicate order checking was stopping after the first duplicate	Duplicate order checking now continues.

Feature	KA	Issue Description	Resolution
		alert appeared and users selected No .	
Billing	118829	If a procedure had Do not multiply Quantity Units checked in the fee schedule, the procedure would not void properly. The units were correct, but the calculated units were not. The calculated units were coming up as positive numbers when they should have been negative. This was causing the total fee of the procedure to be added instead of subtracted and impacted the visit total.	Now, when you void a procedure with Do not multiply Quantity Units checked, it voids as expected.
Billing	118346	The show payment amount was not saving on initial payment posting.	The show payment amount saves as expected.
Billing	118109	When changing the facility on a visit, a pop-up warning stated that all fees must be recalculated, even if the fee schedule hadn't changed.	This erroneous message no longer appears.
Billing	121105	User names of billing team members (non-providers) were showing up on different patient appointment activity lists as completing visits.	Only appropriate staff who completed visits now appear on appointment activity lists.
Billing	121273	The resource is being randomly changed from the one that was scheduled.	Implemented a potential fix and enhanced logging in OMS and the database during resource modifications initiated from visits and the database.
Billing	122269	Incorrect patient data was being pulled into the wrong visit.	Implemented a potential fix along with enhanced logging in OMS to capture visit-related data during the modify visit workflows.
Billing	126171	Authorization numbers manually entered in the Visit Info tab for visits with workers' comp claims were not being retained.	Authorization numbers entered for workers' comp claims are now retained.
CCDA 2.1	97213	Multiple, concurrent requests to create transition of care documents (v2.1 CCDAs) were causing the server to stall.	This issue is corrected. Multiple, concurrent requests to generate chart documents for exchange with other providers no longer cause server interruptions.
CCDA 2.1	102173	When creating transition of care files, files for large charts	This processing error is now corrected.

Feature	KA	Issue Description	Resolution
		were failing to generate due to an SMPP processing error.	
CCDA 2.1	111011	Previously, when users generated CCDA files for transition of care events, lab result information was appearing in the Vital Signs sections of these documents.	Lab result information no longer appears in Vital Signs.
CCDA 2.1	105904	Results for labs were not appearing grouped by lab order panel as is expected.	Lab results now appear grouped by lab order panel.
CCDA 2.1	105976	When users generated CCDA documents from a patient's chart for transition of care events, the problems listed were not appearing in the generated files if any one of the problems listed had a NULL value.	Now, if a problem listed has a NULL value, any other patient problems still appear in the generated CCDA file.
CCDA 2.1	108084	Imported CDAs occasionally showed the wrong patient name in the document routing entry on a provider's desktop.	This issue is resolved.
CCDA 2.1	117539	The CDA Designer was not working on load balanced systems.	CDA Designer now works on load balanced systems.
CCDA 2.1	118349	When CCDAs were imported with a Document reconcile_status of NULL instead of "N," users were unable to reconcile these documents.	We've ensured that imported CCDAs have the reconcile_status attribute set to "N."
Chart	126172	Previously, the ProcessLoincExtract stored procedure was retrieving incorrect LOINC codes.	Now, this stored procedure retrieves the correct LOINC codes.
Chart	112840	When users selected a preferred site to retrieve Problem information, their preference was not stored as the default and they were required to select it again.	The preferred Problems site is retained as the default site.
Chart	111196	Users were unable to perform LOINC code mapping to document types.	The issue preventing LOINC code mapping to document types is resolved.
Chart	111528	Truven Care Notes displays an error message after selecting the language to use.	This error message no longer appears when selecting a language.
Chart	111527	Transition of care events were not appearing in the	Transition of care events now appear in the MU log as

Feature	KA	Issue Description	Resolution
		Meaningful Use log for some patients.	they occur.
Chart	113197	In rare cases, the wrong past medical history was appearing in charts.	The system retrieves the correct past medical history for patients.
Chart	113833	CNow was failing to display vital signs for some patients.	Now, CNow displays vital signs for patients if this information is available.
Chart	126173	The signed document DID (SDID) was not appearing in the Document table.	These IDs now appear in the table.
Chart	114340	In rare cases, previous observation values were appearing in the most current lab results.	This no longer occurs.
Chart	114834	Allergies with commas in their descriptions were causing crashes.	We've introduced corrections to prevent crashes from occurring in these instances.
Chart	76650	The insurance carrier selected for a visit was not appearing in the visit.	The selected carrier appears in the visit.
Chart	117338	Updating the facility on a visit also updated the company if the company was different from what users selected for a visit.	The originally selected company is retained.
Chart	117379	Smartlaunch FHIR clients, such as third-party billing systems, were displaying an error pop-up "protocol = https host = null" upon opening if the hostname contained "fhir."	This error message no longer appears.
Chart	117461	After v23, users were unable to backdate an order's start date to a day prior to an active visit's clinical date.	Now, you can enter a date prior to an active visit's clinical date.
Chart	117464	When using the percentage variance on protocol events, obs values entered outside of this range were showing as Done, when they were actually Due Now.	This issue is resolved.
Chart	113884	Visits were slow to open.	This issue is resolved.
Chart	117995	The Clinical Visit Summary was displaying comments but was not displaying problems in patient instructions and care	Documented problems display in the Clinical Visit Summary as expected.

Feature	KA	Issue Description	Resolution
		plans.	
Chart	118130	For visits with hospitalization information, hospitalization dates were being removed if a case was added with no dates defined.	Hospitalization dates persist regardless of whether added cases have dates defined
Chart	126174	When clicking through the chart module, the application would sometimes crash with access violation "method GEFData::act - action =."	This issue is resolved.
Chart	121304	Clients were experiencing intermittent performance issues when accessing the chart from the main menu.	These performance issues are resolved.
Chart	120213	The Vital Signs-CCC form was automatically writing the observation value of "No" for Overweight when this was previously recorded as "Yes."	The previously recorded value is retained unless manually changed by the provider.
Chart	69893	Upon completing orders, an incorrect alert appeared, resulting in additional clicks.	This alert no longer appears.
Chart	74873	Using the option to add a new service provider to an organization was resulting in that provider being associated with historical orders.	New providers are not erroneously associated with historical orders.
Chart	122318	Users were unable to remove unsigned documents due to rows existing in the ECRACTIVITY log.	This issue is resolved.
Client	124443	After logging in, the Main Menu window does not appear and an error is displayed.	This Main Menu window issue has been resolved.
EDI	125718	When using athenaPracticeRT to run an eligibility request, the 271 response from the payer was not being entered into the Notes field in Registration, and the eligibility status remained as Pending. If Quatris was used in addition to athenaPracticeRT, an error message "Unable to retrieve patient insurance data" was received.	When running eligibility checks with athenaPracticeRT, 271 responses from the carrier are updated in the Notes field in Registration, and the status is updated accordingly based on the payer's response. If Quatris is used in addition to athenaPracticeRT, the 271 response is now processed correctly.
EDI	121749	The PatientStatements plug-in from the installer was not	This plug-in now removes old DLLs as designed.

Feature	KA	Issue Description	Resolution
		removing old DLLs upon upgrading.	
EDI	64477	The following error occurred while running eligibility checks for the entire day: "Error occurred in class SEH Exception, method CHSDialog::WindowProc - class CDlgEDIProgress 0xC00000FD."	<p>Large numbers of eligibility checks now complete successfully without any crash.</p> <p>Important: To enable this fix, you must configure the CPOPM.exe.config file as shown below:</p> <pre><add key="Patient-Eligibility-Batch-Mode-Enabled" value="true" /></pre> <pre><add key="Patient-Eligibility-Option" value="30" /></pre> <p>By default, the value of these keys are set as "false" and "0."</p>
Med Management	111234	A significant increase in Medication Management pop-ups was occurring after the v22 upgrade.	This issue is resolved.
Med Management	101467	When creating multiple controlled substances using the "Do not fill before" date, duplicate rows were created on the Chart Summary.	This processing error is now corrected.
Med Management	126168	Previously, medication and prescription MEL symbols were not returning office comments as designed.	This issue has been resolved. Now, prescription MEL symbols return office comments as expected.
Med Management	102496	A pop-up message we retired in v20, reading "Prescription for controlled substance is added. Proceeding to sign the document without viewing patient's drug history in Controlled Drug Report?" was still appearing.	This pop-up no longer appears.
Med Management	126169	In some cases, the system name was not transmitting to Dr. First, resulting in a sync error.	The system name now transmits as expected.
Med Management	103475	The API receiving patient demographic responses from Rcopia was not recognizing when the information received contained errors.	Now, if the system receives demographic responses from Dr. First that contain errors, these instances are identified.

Feature	KA	Issue Description	Resolution
Med Management	114471	Even though an Rx was sent successfully, it was appearing in the system as "Signed Not Sent."	Successfully transmitted prescriptions appear as "Sent."
Med Management	114916	After clicking Create New Rx in Med Management, users expect the cursor to automatically appear in the drug search field, which was not occurring.	Now, the cursor automatically appears in the drug search field.
Med Management	107943	<p>Previously, if a pharmacy sent a renewal with a drug description that did not match the description in Medication Management, this sometimes resulted in the system creating an additional, inactive medication entry.</p> <p>Example: A pharmacy sends a renewal request with Lipitor 10mg tablet as the drug description.</p> <p>a) The drug description in Medication Management is Lipitor 10mg oral tablet. b) Medication Management recognizes that these are the same drug. c) athenaPractice observes a difference in drug names and proceeds to create an additional, inactive medication with the drug description Lipitor 10mg tablet. d) Providers must review and manually remove these additional, inactive medication entries.</p>	Resolved. If a pharmacy sends a renewal with a drug description that does not match the description in Medication Management, the system no longer creates a separate, inactive medication entry for the renewal.
Med Management	93956	Previously, duplicate medication entries could occur when users sent multiple prescriptions and then closed the Medication Management window before the system could send the prescriptions completely.	Now, when you close the Medication Management window, athenaPractice immediately downloads all medications and prescriptions from Medication Management. This prevents duplicate medication entries from occurring in these instances.
Med Management	117340	Diagnoses associated with medications were not consistently displaying in the View Medications window.	Associated diagnoses now appear in View Medications.
Med	117885	A prescription cancellation could cause the system to create	Prescription cancellations no longer cause the system

Feature	KA	Issue Description	Resolution
Management		an additional document that contained the same clinical list changes.	to create additional documents.
Med Management	116921	When closing the Med Management window, if a medication was added that does not have a corresponding ICD-10 code, the system would check for an ICD-10 diagnosis ID and would throw an exception if not found.	Added medications without ICD-10 diagnosis codes no longer cause these exceptions.
Med Management	118431	EPCS invitations to complete Identity Proofing were being sent when new locations of care were added for an organization. Organizations were asked to tell providers to ignore these invitations unless they required enrollment.	Now, when a new location is created, existing users already enrolled who are a part of that location are added to Medication Management without receiving invitations.
Med Management	126167	When launching Medication Management from the Manage Medications button in a patient's chart, the portal was not defaulting to the Patient Info page (Medication Management main page).	Medication Management launches with the Patient Info page opened, as expected.
MEL	111789	ORDERS_NEW, ORDERS_AFTER, and ORDERS_ALL data symbols (delimited) failed to return ICD codes when users navigated to another chart and back.	These data symbols now return ICD codes for a chart, even if a user navigates away from the chart and then returns to it.
MEL	115379	For referral orders, MEL_ADD_ORDER was not retrieving duration values.	MEL_ADD_ORDER can retrieve duration information for referral orders.
MEL	118179	The LISTRXNEWFULL data symbol was returning all prescriptions written in the chart instead of prescriptions written in the last update.	This data symbol now returns prescriptions from the last update as expected.
MEL	123053	The data symbols used to "round" or "truncate" values weren't functioning as expected when the number of places after a numerical decimal point was greater than two.	This issue is resolved.
MEL	123066	When using the "delimited" argument with the allergy ALL_AFTER, ALL_ACTIVE, and ALL_NEW data symbols, the allergy "Reaction" label was not pulled into the document.	This issue is resolved.

Feature	KA	Issue Description	Resolution
Practice Management	118067	In Practice Management, if the WebView2 is out of sync, there was no way to clear or reset it.	Now, when you click Main module > Actions > Clear Html Cache, WebView2 resets.
Registration	112747	An erroneous alert was received when saving Registration changes.	This alert no longer appears.
Registration	112826	In some cases, the system would crash when users attempted to save information in Registration.	This was identified as a database table issue that is now resolved.
Reports	91755	The Test Order Crystal Report was missing modifiers when it was run.	This report now includes modifiers when it is run.
Reports	114919	When users ran the Chart Access report and configured settings to include INACTIVE users, these users were not appearing in the report.	Now, when you configure the Chart Access report to include INACTIVE users, these users are included in report results.
Reports	117358	Users were unable to generate a good faith estimate report.	This issue is resolved.
Scheduling	111076	Appointment queries were failing to retrieve appointments containing an ampersand (&).	Queries no longer fail when an appointment includes an ampersand.
Scheduling	110832	The green insurance eligibility check marks were only appearing on patient appointments on the date of the appointment.	Now, insurance eligibility check marks appear once a patient's insurance is verified.
Scheduling	117517	Users were unable to add or update correspondence notes or next contact dates for multiple tickets.	This issue is resolved.
Scheduling	119315	WeInfuse is an external system for infusions that sends appointment messages to LinkLogic, which updates appointments in the system. However, the status of these appointments was not updating to Booked or Scheduled when these messages were received.	Appointment messages sent from WeInfuse now update the status of appointments.
Subscription	97649	Interop or single JBoss services fail to start when references to CEM subscription shutdown is in the server log.	This issue is resolved.
System	104101	The system was allowing the current database backup to be	Deletions of most recent database backups are not

Feature	KA	Issue Description	Resolution
		deleted if the SQL backup job ran past midnight.	permitted, regardless of when backup jobs complete.
System	111630	CPU issues occurred when configuring multiple websites on the server.	The server can support multiple website configurations.
System	111731	After upgrading to v22, DTS failed to run as a service.	DTS runs as a service as expected.
System	126166	Some organizations requested a process or scripts to update an athenaPractice test environment on a nightly basis.	athenaPractice now runs a nightly job to perform routine maintenance or update tasks.
System	113997	In some cases, the data mapping functionality was crashing.	Data mapping functionality works as expected.
System	119550	Security vulnerabilities were detected in Apache for v23.	These vulnerabilities are patched.
System	115377	In some cases, 'Wait For File Exists Failed' errors occurred when users attempted to fax from athenaPractice.	These errors no longer occur when faxing.
System	107657	An athenaPractice DLL stopped working when users were inputting charges.	This DLL no longer stops working as you enter charges.
System	119550	Log4j 1.x security vulnerabilities were detected on JBoss servers.	These vulnerabilities were addressed.
System	119759	In OpenJDK version 11.0.8, security vulnerabilities were detected.	These vulnerabilities were addressed.
System	87487	Excessive logging was causing performance issues.	The configuration that allows for verbose database logging with no benefit has been switched off for organizations that were using it and experiencing these issues.
Upgrade	107744	A '403 Forbidden' error was appearing for websites launched from Setup Links.	This error no longer appears when accessing web pages from Setup Links.
Upgrade	120313	After upgrading to v23, MIK would not process all socket-based or file-based messages.	This issue is resolved.
Upgrade	118922	After upgrading to v23, not all problems were appearing on the Clinical Visit Summary documents generated by users.	All problems appear in generated Clinical Visit Summary documents.

Feature	KA	Issue Description	Resolution
Upgrade	122731	Update.jsp does was not refreshing to show the latest status of the client.	This issue is resolved.
Upgrade	123382	Organizations upgrading to v24 encountered install failure due to a hyphen in the database name.	Hyphens in a database name no longer cause upgrades or installations to fail.

5. 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	67131	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	113536	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. 1. Go to Administration > System > Application . 2. With athenaPractice/HCM Visit Approval selected from the	23

Feature	KA	Issue Description	Workaround	Version Found In
			<p>Global Approval Plug-In drop-down menu, click Settings.</p> <p>3. At the bottom of the “athenaPractice/HCM Global Approval Settings” window, add http:// to the URL in the Address field and click OK.</p>	
Billing	65214	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
CC Basic	86320	<p>The folders inside C:\Program Files\Centricity Practice Solution\jboss\standalone\deployments\ <database name>.ear\ CentricityPracticeWS.war\EncounterForms cannot be manually deleted while JBoss is running.</p> <p>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.</p>	<p>Shut down JBoss before deleting the folders.</p> <p>OR</p> <p>If folders need to be deleted while JBoss is running, sequentially delete folders starting from the lowest folder in the structure and working upward.</p>	19
CCDA 2.1	124820	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
CCDA 2.1	107697	An error occurs while trying to create a CCDA 2.1 document if	In some cases, the proxy can be	22

Feature	KA	Issue Description	Workaround	Version Found In
		the JBoss server tries to make a request to itself or the Interop server and the request is routed to the proxy.	bypassed by setting the six API Web Services* Internet Sites to use an IP address rather than the FQDN (in Administration > Charts > Internet Sites).	
Chart	63646	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	80939	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	86336	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	62913	Old Orders appeared in the new encounter when only new Orders should display.	No workaround	20.1
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
Chart		When using Hospital Connect's Reconcile form and other QIE-based Reconcile Forms during an update, the text translation is not properly updated.	Switch to another patient and then back to the original patient. The text translation will display properly.	20.2

Feature	KA	Issue Description	Workaround	Version Found In
Chart Desktop	114945	A crash sometimes occurs when opening Chart Desktop. Logs specify an exception inside SftTree_IX86_A_75.DLL.	Instead of opening Chart Desktop directly, go to Registration and then go to Chart Desktop.	23
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
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.	<p>Update a value in application.properties to 50% of total CPUs configured for the eCR Now machine as follows:</p> <ol style="list-style-type: none"> Stop the eCR Now application: <ol style="list-style-type: none"> Open the Windows Services app. In the Services window, locate and select the eCR Now service and click the Stop Service icon. Open eCR-Now_<DBName>\eCRNow\ecr-now.war with 7Zip software to update the properties inside the 	23

Feature	KA	Issue Description	Workaround	Version Found In
			<p>ecr-now.war file.</p> <ol style="list-style-type: none">3. In 7Zip, navigate to the subfolder ecr-now.war\WEB-INF\classes\, right-click the application.properties file, and select Edit.4. 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. 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 2.5. Save and close the modified file.6. Exit the 7Zip software.7. Start the eCR Now application:<ol style="list-style-type: none">a. Open the Windows Services	

Feature	KA	Issue Description	Workaround	Version Found In
			<p>app.</p> <p>b. In the Services window, locate and select the eCR Now service and click the Start Service icon.</p>	
Help		<p>When accessing online Help, a 'Cannot open file' error message appears, and the Help system fails to launch under the following conditions:</p> <ul style="list-style-type: none"> • 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. • After a LinkLogic import. 	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
LinkLogic	96400	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	107943	When users change the dosage of a medication in Active Medications and then cancel the original prescription, the new dosage appears for the canceled prescription within text translation instead of the original dosage.	After canceling an Rx, do not make medication changes in the same session. Close the Med Management window and reopen, then make changes.	23
Medication Management	113831	When users enter an Employer in Registration > Contacts, select the Is Pharmacy check box in New Professional Contact, and	Select the Patient tab and then click Change. In Change Patient, select the	23

Feature	KA	Issue Description	Workaround	Version Found In
		then Save, attempts to change or delete the contact cause Medication Management to launch. Users are then unable to change or delete the contact.	Contacts tab. Select the contact in the table and then click Change or Remove.	
Medication Management	113834	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 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).	The custom pharmacies you add to 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	23

Feature	KA	Issue Description	Workaround	Version Found In
			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	113838	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	113815	<p>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.</p> <p>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 > Pharm Msg. This is not an issue if the renewal was started from the patient chart.</p>	View the full clinical list changes by right-clicking on the document. Copy the text and append it to the document.	23
Medication Management	113816	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	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	23

Feature	KA	Issue Description	Workaround	Version Found In
		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.	<p>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.</p> <p>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.</p>	
Medication Management	93904	<p>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:</p> <p>SSO-209: The time value is missing or invalid.</p> <p>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.</p>	<p>Adjust your JBoss server's time to within 30 seconds of the official time for your time zone. To see how far off your clock is, go to https://www.time.gov/ from the server.</p>	20

Feature	KA	Issue Description	Workaround	Version Found In
Medication Management	96402	If a hard crash occurs with Medication Management open, an error occurs upon signing a document with an existing medication that was renewed in Medication Management. "Cannot sign this document. Clinical data synchronization in progress." This indicates that a synchronization error is being prevented.	Select End to the right of the document. In End Update, select Hold Document, Sign Document, or Cancel . Open the Medication Management module and then close it. See Resolving synchronization error due to outage for detailed workflow information.	20
Medication Management	67921	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	113841	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	113484	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

Feature	KA	Issue Description	Workaround	Version Found In
Registration	63667	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 Disable Quick Entry Mode.	12.3.3
Reports	107683	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
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: http://athenahealth.webex.com/ Application Variables: https://[hostname]:9443/[DatabaseName]/cps/support/app_status.jsp Browser Capabilities:	23

Feature	KA	Issue Description	Workaround	Version Found In
			https://[hostname]:9443/[DatabaseName]/cps/support/browser_cap.jsp HTTP Server: https://[hostname]:9443/[DatabaseName]/cps/support/server.jsp Screen Capabilities: https://[hostname]: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: <ol style="list-style-type: none"> 1. Right-click on the desktop and select Display settings. 2. 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. 3. Restart the workstation. 	19

Feature	KA	Issue Description	Workaround	Version Found In
			With these settings, the application should be scaled to optimal size. You may still experience some display clipping, sizing, or other unusual behavior depending on the screen being used.	

6. 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 in the top navigation bar, click **Groups**.
2. Under **Available Groups**, select a group you want to follow.
3. Click **Join Group**. You'll receive a weekly digest email update when new items are posted to a group 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 select a group name.