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GE Healthcare Integrated IT Solutions
540 W. Northwest Highway
Barrington, IL 60010 USA

Who should read this document?

This document is intended for system administrators and clinic managers. It summarizes new features and describes the latest technical requirements for installing / upgrading to Centricity Practice Solution v12.0.13.

This service pack includes content supporting regulatory reporting programs that can impact the 2016-2017 reporting years and content to improve the reporting experience.

Microsoft June 2016 update issue corrected

Updating to Microsoft June IE ciphers update (KB3161608, KB3161606) no longer prevents users from logging into the client and no longer displays the error "Error occurred in class WebServiceClientBase, method CallWebService". SPR 67903

Previous customer communication and workaround here:

engage.gehealthcare.com/docs/DOC-226200

MS SQL Server 2008 R2 SP2 required

Database enhancements for this release require a minimum of **MS SQL Server 2008 R2 SP2**. Please confirm you are on SP2 or higher before upgrading to this release.

Important requirements

To support new features and changes in this release, apply the following updates **AFTER** upgrading to this release:

- **CCC Basic v1.4 and CCC Basic v1.4 Patch**

The patch consolidates important new regulatory content for quality reporting year 2017 with content in an earlier CCC Basic v1.4 Patch. See "[2017 reporting year changes](#)" on [page 7](#).

This patch also includes new Social History / Family History HTML forms previously packaged separately.

See the CCC Basic v1.4 and Patch release notes for fix details, enhancements, and install instructions.

Download CCC Basic v1.4 and Patch packages on the Service Portal here: engage.gehealthcare.com/community/en/cps/clinical-content#ccc_basic

- **Latest 2016 Knowledgebase update**

Supports regulatory and latest forms content and updates Medi-Span database. Download Knowledgebase updates here: engage.gehealthcare.com/community/en/cps/downloads#kbase

- **Latest 2016 Factory Observation Terms Kit**

Supports regulatory and latest forms content. Download kit here:

engage.gehealthcare.com/community/en/cps/obsterms

Before installing the release, read these release notes carefully and ensure that you have a verified backup.



Download your complete documentation library from engage.gehealthcare.com/community/en/cps/documentation.

Unzip to a folder on your system. When you open a document from the Centricity Document Library, you can click links to other guides to open them. Links do not work if you copy a document to a location outside the library folder.

If you are the clinic manager or practice administrator...

Carefully review and consider how changes in this release affect your practice setup and workflows. For questions about how these changes affect your practice, contact Centricity Services at 888.436.8491 option 1, or your Value Added Reseller (VAR).

!!! Important! The installation process for this release has changed from previous service packs. This release is a full upgrade, allowing you to upgrade directly from Centricity Practice Solution v7.1.2, v8.10, v9.x, v10.1.x, v11.x (but not v11.1.3 and v11.1.4), and v12.0.x. (SPR 68346)

Also, the installation process for JBoss and Service Layer was changed in SP10. During install and upgrade, a new **Server Configurator** utility automates the installation and configuration of your servers. See "[Automated server configuration utility](#)" on page 65. Click F1 in the Configurator for online help.

The *Calculating Hardware Requirements* spreadsheet was revised for SP11 and is the latest version is available on the Service Portal at engage.gehealthcare.com/community/en/cps/documentation.

If you are the system administrator...

Before installing or upgrading to this release, review the requirements documented in this release note and the system software/hardware requirements and installation/upgrade instructions in your Centricity Practice Solution documentation library:

- *Configuring Environments for Centricity Practice Solution*
- *Installing Centricity Practice Solution*
- *Upgrading to Centricity Practice Solution*

!!! Important! 3rd-party integration requirements. Some third-party applications may need to be reinstalled following this upgrade. Contact your providers to confirm support for integrations and any new configuration requirements.

EDI Plug-ins. Uninstall, reinstall, and reconfigure your EDI plug-ins after upgrading to Centricity Practice Solution v12.0.13. For information on installation and configuration, open the **Support Document** link next to your plug-in download link on the **Product Updates** page. If your plug-in includes compiled help, it is automatically extracted to the Client folder when you unzip the package.

What's new in this release?

This service pack includes content supporting regulatory reporting programs and can impact the 2016 and 2017 reporting years. Enhancements and fixes impact CQMs, multiple Meaningful Use objectives, the content and timing of sending patient CCDAs for reporting, and CPCi reporting (Comprehensive Primary Care Initiative impact).

Resending 2016 data

If you skipped Service Pack 11 and the subsequent GE-assisted resending of data performed during the 2015 reporting period, and have not independently resent 2016 data to CQR, please work with GE to resend all of your 2016 data. Otherwise, follow the instructions in these release notes for changes that impact you.

Refer to "[What's New since 12.0](#)" on page 29 to see all previous v12.0.x service pack fixes, Important Product Notifications, and new features/enhancements. This content is drawn from release notes published at the time of release on the Services Portal. It has not been updated to remove obsolete information.

2016 reporting year changes

The following fixes and enhancements might impact your 2016 Quality Reporting Program reporting results.

Modify completed order end date for more accurate reporting

Most CQMs (39 of 44 certified CQMs) require activity to be recorded during an encounter or procedure using the order start date and end dates to determine the relevance of other clinical events.

Affected CQMS include:

CMS 2, 22, 50, 61, 64, 65, 68, 69, 117, 122-127, 130, 131, 134-136, 138, 139, 142, 144-149, 153-156, 158, 163-165, 169, and 182

This affects all PQRS providers. CQR allows a minimum of 24 hours for completing orders. When the end date is not defined, the Signed date is used as the end date by default, which may produce a duration that is too short or too long in relation to the action completion time/date.

When the signed date is used as the end date for a service order, the duration may be too short, for example, when the office visit is marked complete before all documentation is done. For tests and referral orders, this can produce a duration that is too long, because completion in the chart often lags the actual completion of the order.

You can now click **Change** for a Completed order and modify the order **End Date** to correct orders for measures that use the order start and end dates to determine the relevance of other clinical events. SPR 67812

Data resend is not required. When you make this change, a new CCDA is automatically generated to be sent to CQR the next time reporting subscriptions are scheduled to run.

Correct completed orders set as Transition of Care in error

Click **Change** for a Completed order and then check or uncheck **Create Transition of Care** to correct orders accidentally checked as Transition of Care. This can happen, for example, when an external provider is replaced with an internal provider for a referral. SPR 67812

Data resend is not required. When you make this change, a new CCDA is automatically generated to be sent to CQR the next time reporting subscriptions are scheduled to run.

Increased time allowed for JSON extract prevents data omission

Multiple Objectives. JSON *Office Visit* and *SeenBy* events are now sent that previously were not captured as a result of occasional nightly stored procedure timeouts. One common criteria for timeouts on databases with greater than 1 million patients and 10 years or more of historic clinical data including orders data.

The JSON extract and stored procedures have been optimized and the timing has been adjusted to accommodate sending larger JSON files. More detailed success/failure error logging is also captured and can be reviewed on the CEM Health page on the JMX console.

Important. If your JBoss configuration settings have been customized by GE Support, you may choose to back up or note the settings before applying this update. Then evaluate your system's performance under the new settings. Some configuration parameters have been changed to the current best recommended settings for your system. These are likely to produce better results than your previous configuration, but in some cases your custom configuration may still be needed. GE recommends that you keep the new default timeout setting at a minimum.

Data resend may be required. GE will monitor and notify customers if any gaps are detected in data transmissions since January 1, 2016, that require data resend. SPR 64546, SPR 64262, SPR 65499, SPR 68138

Avoid JBoss restart while FM subscription is running

When restart happens during Function Measure subscription processing, data loss may occur.

Any scheduled restarts of the JBoss server that are part of normal operation of your site should be scheduled outside the time the Functional Measure and Quality Measure subscriptions are run.

If restart is necessary during this time, GE recommends you disable the subscription first, then re-enable after JBoss is restarted.

If a JBoss restart is unavoidable during FM subscription processing, go to the JMX console and check **displayCEMHealth** for errors. If necessary, reset the Functional Measure subscription to the day before the restart occurred to resend data for that day. For detailed instructions see "[Change subscription initial date in JMX console](#)" on page 11.

After merging patients, new patient's data is used in measures

Objective 8 (Timely Access/VDT), Objective 6 (Patient Education), Objective 7 (Medication Reconciliation), Objective 5 (Transition of Care), and Objective 9 (Secure Messaging). When merging patients, some events recorded in MUActivityLog, such as patient portal registration or patient education, were not moved to the new merged patient and not counted for that patient.

Merge Patient now reassigns the old patient's MUACTIONYLOG data to the new patient, triggering export to CQR for the new patient. All clinical and functional measure data recorded in MUACTIONYLOG for the new patient is sent.

Duplicate patients will still exist in CQR, however now the data will be complete for the new patient. The original patient will remain in the measure denominator and should be excluded from calculations on the CQR **Insight** tab. Search for and select patients with a "MRG" prefix, then click **Exclude**.

If you cannot identify the source patient to be excluded because their name and birth date are the same, exclude the patient with the oldest updated date. Alternatively, use the Inquiries module to find source patients with "MRG" prefix in the last name and send to CQR. Then, in CQR, exclude the duplicate patient with only a single entry in the QDM data for patient characteristics.

Previously merged patients are not migrated. This change only affects patients merged after this update is applied. You can find and re-merge an original patient with the "MRG" prefix to migrate their data. SPR 66584

Data resend is not required. When you merge patients, a new CCDA is generated to be sent to CQR the next time reporting subscriptions are scheduled to run.

Reduced CCDA ingestion failure

The following issues no longer prevent CCDA ingestion failure when CCDA validation is enabled.

- ASCII characters for Tab, Line Feed, Carriage Return, and Space in ORDERS.CODE in Plan of Care CCDA section no longer cause CCDA/PIL ingestion failure. SPR 67328
- CCDA generation of Plan of Care Section no longer causes validation errors if Observation code is blank. SPR 60078

In rare instances, if a patient's chart has an invalid observation code or invalid characters AND if CCDA validation has been enabled in the JMX console, the patient's ID will be visible in CQR measure results but their name missing.

Data Resend may be required for identified patients: As you identify patients with a missing patient name, resend their CCDA to CQR using Inquiries module to resend CCDA to CQR. Click F1 in the Inquiries module for detailed instructions.

Confirm CCDA validation is disabled

CCDA validation is disabled by default and should only be enabled when directed by Support for testing or debugging and then disabled again when testing is completed.

- 1 Access the JMX console via the following URL:

`http://<JBossHost>/jmx-console`

where *JBossHost* refers to the host name and network port where JBoss is installed.

Example: <http://usmkeetmiv936:9080/jmx-console/>



If you are on the machine hosting JBoss, you can use this URL:
<http://localhost:9080/jmx-console/>

- 2 Log in as **admin** with password **cpAdm1n**. Or log in with the unique user name and password you configured in this file:
<JBossHome>\server\default\conf\props\jmx-console-users.properties.
where *JBossHome* is the directory where the JBoss Application Server is installed
- 3 On the JMX Console main page, click **ClinicalDocumentService**.
- 4 Set **ValidateGeneratedDocumentsEnabled** to **False** and then click **Apply Changes**. JBoss restart is NOT required.

Objective 3 - Recommended workflow for CPOE Entering User

Some customers may benefit from the following modified workflow for the CPOE objective for the remainder of the 2016 reporting year for Meaningful Use.

For some multi-user workflows, the wrong entering user is sent to CQR for CPOE:

- 1 Credentialed provider enters an order
- 2 Non-credentialed user enters order
- 3 Credentialed provider enters another order

In this case, the first order will be attributed to the non-credentialed user.

If this workflow is used by your providers, go to **Administration > System > Auditing (Clinical)**, and check **Log clinical data contributions in documents**. Thereafter when orders are entered, complete information for the entering user is included in the audit log and included in the CCDA sent to CQR for reporting.

Getting credit for CMS 50 (Closing the referral loop: receipt of specialist report)

Script packaged separately

This script is available on the Centricity Services Portal with the SP13 service pack download in a separate zip file: **US42173_Conconsult_Obs_CPS.zip** at

engage.gehealthcare.com/community/en/cps/downloads

This package updates the nightly job: **MU_NightlyDataFixes - <your_database_name>**. For instructions to run, see the **readme.txt** included in the package.

For instructions to run, see the **readme.txt** included in the package.

Beginning in 2016, measure CMS50 (Closing the Referral Loop: Receipt of Specialist Report) requires an explicit link indicating the referral order fulfilled by the specialist's report. Only the first referral for each referring provider is considered in this measure.

To get credit for CMS 50 in 2016, when a provider refers a patient to another provider and receives a consultation report back, the nightly job **MU_NightlyDataFixes - <your_database_name>** (running at 8:00 PM) adds an observation term with the

required SNOMED order code and date (CONSULTATION) to the consult report when you select the document, click Complete Orders, and then select the associated order. The observation indicating the report was received and linked with the order is sent to CQR in the patient CCDA and counted for the measure.

This happens when you select a document and mark an order for completion; it also occurs when a consultation report document is imported through LinkLogic and then linked. When an order is linked to multiple consult documents, the CONSULTATION observation is added to each linked document. Likewise, if there are multiple referral orders completed by a single consult report, they each have a CONSULTATION observation.

The first time the script is run, it will find and record the order code and date into the CONSULTATION observation for all previously linked specialist reports.

If you did not use the orders completion workflow to link orders when the specialist report was signed, you can use it on previously signed documents. You may need to select **Show Completed Orders** to find the order you wish to link. When you link the document to the order, the nightly script will pick up the change, and add the observation.

Data resend is not required. When the order is completed, a new CCDA for the patient is generated to be sent to CQR the next time reporting subscriptions are scheduled to run.

2017 reporting year changes

This release includes support for new and revised CCC Basic forms designed to improve the experience for providers and capture information required for reporting. New and revised forms require this release, August Factory Observation Terms, August KnowledgeBase, and the CCC Basic 1.4 patch.

The following form fixes and enhancements might impact your 2017 reporting results.

New CCC Basic forms

The following new forms added to the CCC Basic v1.4 package support Clinical Quality Reporting enhancements for the following quality measures CQM 2, 90, 149, 160. For detailed information, see the *CCC Basic v1.4 Workflow Improvement Patch* release notes available with the package.

Consider how these new forms fit with your providers' workflows and take time to train clinical staff before the 2017 reporting year begins.



The latest 2016 Factory Observation Kit has also been updated to include new terms that support forms and existing workflow enhancements.

NEW Cognitive Assessment (CMS 149)

Previously, assessment forms were not included in the CCC Basic forms package.

- **MMSE - Mini Mental Status Examination (CMS 2).** New forms are based on established and clinically validated Cognitive Assessment Tools. They include a questionnaire based on recently published tools and calculate a score based on the method described in the tool. The forms provide reference information about interpretation and recommended next steps.

- **PHQ-2/PHQ-9 Form (CMS2, CMS 160).** Providers can now document patient screening for psychological status and get the credit for CMS 2 and CMS 160 measures.

This new form lets you capture “Assessment Not Done” using list options for both PHQ-2 and PHQ-9 scores that include *Patient Refused, Not Indicated, and Medical Contraindication*.

Functional Assessment (CMS 56, CMS 66, CMS 90)

- **PROMIS-10 (Patient Reported Outcome Measurement Information System) -** This new form captures discrete information to assess a patient's functional and motor skills. The assessment includes a series of questions with a defined list of options to select from that are used to score a response.

The calculated score for the assessment indicates the level of functional impairment. The form includes reference information and criteria for scoring the functional assessment.

Changed CCC Basic forms

The following enhancements and fixes were made to existing CCC Basic forms to support multiple CQMs (CMS 61, 117, 123, 125, 130, 131, 134, 139, 142).

For detailed information, see the *CCC Basic v1.4 Workflow Improvement Patch* release notes available with the package.

Vital Signs-CCC Form

Vital Signs-CCC form meets all MU 2015 data requirements including the following new features:

- O2 saturation
- Inhaled O2 saturation
- Automatic BMI calculation
- Flowsheet view
- Fall Risk assessment field/question text and observation terms (CMS 139)
- The Reconciliation button is no longer yellow when no documents need reconciliation. SPR 67084
- When user clicks **Convert to Metric**, the Vital Sign-CCC form converts weight in lb to weight in kg correctly and calculates BMI for a pediatric patient with current values of *Height/Weight*. The form does not calculate BMI for a pediatric patient with a previous height value. SPR 67955, 67958, SPR 67060

Urgent Care Management Form

Urgent Care Management form meets all MU 2015 data requirements, including the following new features:

- O2 saturation
- Inhaled O2 saturation
- Automatic BMI calculation
- Flowsheet view
- Fall Risk assessment field/question text and observation terms (CMS 139)
- The Reconciliation button is no longer yellow when no documents need reconciliation. SPR 67084

PMH-PSH-CCC Form - codified history for (CMS 61, 125, 130, 134)

- Kidney transplant (CMS 134)
- Vascular Access for Dialysis (CMS 134)
- Total Colectomy (CMS 130)
- Coronary Stent (CMS 61)
- Mastectomy of Right (CMS 125)
- Mastectomy of Left (CMS 125)
- Mastectomy of Bilateral Breast (CMS 125)

Immunization Management Form (CMS 117)

- Adding adverse reaction or allergy to vaccine adds problem to patient's active problem list.
- Immunization Management form no longer displays Error Code -15 when user tries to update an existing Immunization record. SPR 67626, 64950
- Immunization Management form includes a removal reason in the text translation when the document is put on hold and signed. SPR 67546
- The lot manufacturer field is no longer cleared when toggling between *Given* and *Not Given* options. SPR 67663
- The following fields do not display when user selects Not Given option on the Administer window: *Enable Lot Mgt*, *LM*, *Amt. Given*, and *Units*. SPR 62843
- The *Route* and *Site* lists no longer default to the first option when updating the Immunization record. SPR 67692

PE-CCC Form - Diabetic Retinopathy Exam (CMS 142)

- Macular edema findings (present or not) and level of retinopathy.

PE-CCC Form for Diabetic Foot Exam (CMS 123)

- A single form now captures the assessment and codified information for a diabetic foot exam.

PE-CCC Form - Opt Diabetes Eye Exam Form (CMS 131, CMS 142)

- Form consistently captures observation terms needed for eye examinations for CMS 131. Form updates reduce clicks and ensure capture of codified data for quality reporting. Ophthalmologists can document specific findings and send them in a consult note to the PCP for diabetic patients to get credit for CMS 124.

PE- CCC - Record Dialysis Education for Diabetic (CMS 134)

- Clinicians can use this form to create an order for Dialysis Education for Diabetics (or any patient) undergoing dialysis as part of an order set for dialysis.

Computed Dose Calculation (CQM 154 and CQM 146)

The system now stores the computed dose calculation with the medication information so that the daily dose and frequency per day can be reported in the exported CCDA document, and CQR can compute the cumulative medication dose.

Cumulative medication duration is generally calculated as the number of doses in the interval of interest, divided by the doses per day. For example, if a patient received 60 doses in the interval of interest, and took three doses per day, the CMD would be 20 days ($60 / 3 = 20$).

Previously, the daily dose and frequency per day was not reported in the exported CCDAs and CQR could not compute the cumulative medication dose. So for 2016 CQR uses the medication start and end dates, which might represent a higher cumulative dose than the patient actually received. For 2017 reporting, CMS 154 and CMS146 will be updated to use the prescription details when available. F1774

Location of care associated with procedures and reported to CQR

CPC Initiative (CPCi) and CPC Plus Reporting. Clinics participating in the Comprehensive Primary Care Initiative (CPCi) must report the location of care associated with an encounter or delivery procedure. However, for SNOMEDCT encounter codes, the order location was not included in the CCDAs, so the provider's location is used. For providers practicing in many locations who do not use CPT encounter codes, the CQR default location may be inaccurate.

Now location of care is associated with procedures for encounters so you can report the location of care associated with a procedure when that patient's CCDAs is exported to CQR. This ensures that quality measures associated with procedures are calculated correctly. The generated procedure and location of care meet requirements under edition certification criteria. F1462

Objective 9 - Secure Electronic Messaging to 1 patient

For 2017 reporting, SureScripts now records a *Secure Message Sent to Patient* with event type ID 522 in the MUActivityLog to meet the new 2016 Secure Electronic Messaging (Objective 9) requirement to count messages sent to patients. Eligible providers need only send to one patient to meet the measure for 2016. Historical messages sent are not counted.

Centricity Patient Portal, a.k.a. Secure Messaging Patient Portal (SMPP, Surescripts Portal) v7.0.6 is required for this measure and will be available before the end of 2016.

Quality reporting setup /maintenance changes

The following changes enhance custom data mapping and subscription setup workflows.

Data mapping support for multiple reporting periods

You can now view code mappings from clinical data to coded values used in quality measures for a specified reporting period. On the **eMeasures Explorer** tab under **eMeasures**, you can select your **Reporting Year** (2015, 2016, and 2017 for current year 2016) to see measures and value sets and configure mapped values for that reporting period. Default is the current year.



After May 2016, 2015 value sets will not be included in Knowledgebase updates. In 2016 Q4, 2017 value sets will also be included in updates.

When you select Reporting Year 2015 on the eMeasures Explorer tab, you will not see 2015 measures and value sets. You will see any custom mappings you have created with 2015 values.

Map an observation term and fixed value to concept code

Some measures require result codes (positive, negative) in addition to the concept code. You can now map an observation term or observation term and fixed value, to a

concept code (such as Hep B Antigen Test) and result code (such as Positive). On the **Data Mapping > Data Search** tab, when there is at least one value set that can be used as a result code, you can select the code to map from the list available on the **Result Code** column for the observation. All available values are grouped under the value set name. The next time a CCDa is sent, it reflects any data resulting from that mapping. This change helps keep CQR information up-to-date without requiring services intervention to correct mappings. Patients affected by changed mappings are automatically sent to CQR. See next section. F1460

Data mapping changes now exported automatically

Patient data changed when data mappings are modified is now sent automatically to CQR. A nightly job that runs on Friday evening at 8 PM (MU_NightlyDataFixes-*<your_database_name>*) included in this update helps ensure new and changed data mappings can be pushed to CQR (as scheduled) for current and historical reporting.

The first time the job is run, it will identify every patient seen in 2016 with observations in the past 5 years. Any patients with observations where data mappings were changed since Jan 1, 2016, are resent to CQR via the quality measure subscription the next time it is scheduled to run.

A date value for *lastRunDate* is stored in the SYMBOL table. Whenever the job runs, this date is compared to the *LastModified* date in the CQM_MAP table, so only the latest changed data for patients is sent. SPR 66467

SOP code changes automatically sent to CQR

Patient data changed when SOP codes are added or changed for a patient's insurance carrier is now sent to CQR automatically. A nightly script that runs on Friday evening at 8 PM (MU_NightlyDataFixes-*<your_database_name>*) checks for new and changed SOP codes to be pushed to CQR (as scheduled).

The first time the script runs, for every patient who was seen this year with observations in the past 5 years, any changes/additions to SOP codes since Jan 1, 2016, are resent to CQR via the quality measure subscription the next time it is scheduled to process.

A date value for *InsSOP_db_Updated_Date* is stored in the INSURANCECARRIERS table. Whenever the script runs, this date is checked, so only the latest changed data for patients is sent. SPR 67634

Removed mappings are inactivated, not deleted

Now when you select a mapped observation on the Data Mappings > Data Search tab and click Remove, the mapping remains in the CQM_MAP table but is set to *Inactive*. It no longer displays in search results or produces output in a CCDa that includes data managed by the CQM_MAP table. If you choose to add the same mapping later, the inactive mapping is reactivated.

The next time a CCDa is sent, it reflects any data resulting from that mapping. This change helps keep CQR information up-to-date without requiring services intervention to correct mappings. F1991

Change subscription initial date in JMX console

A **resetSubscription** function is now available under **CEMMonitoring** in the **JMX Console**, which effectively deletes a subscription and recreates it and does not require a JBoss restart.

This method can be used when the subscription **initialDate** must be changed and data resent for Clinical Quality Measures and Functional Measures Reporting. This is a more efficient method than deleting and reimporting the subscription in Administration.

Parameter *p1* (*subscription name*) must contain the name of the CQR subscription to be reset: either *Clinical Quality Measures Reporting* or *Meaningful Use Functional Measures Reporting*.

Parameter *p2* (*initialDate*) specifies the date from which data is to be re-exported. If *initialDate* is not specified, it defaults to the value set when the subscription was created. Resending to CQR begins at the start time configured in the current subscription. The date must be in the format of YYYY-MM-DD. SPR 62360 SPR 57037

resetSubscription	java.lang.String	MBean Operation.	p1	java.lang.String	(no description)	Meaningful Use Function
			p2	java.lang.String	(no description)	2014-01-01
			<input type="button" value="Invoke"/>			
			Subscription to be deleted/recreated.		Date from which data should be re-exported.	

To use this function, do the following:

- 1 Access the JMX console via the following URL:

http://<JBossHost>/jmx-console

where *JBossHost* refers to the host name and network port where JBoss is installed.

Example: http://usmkeetmiv936:9080/jmx-console/



If you are on the machine hosting JBoss, you can use this URL:

http://localhost:9080/jmx-console/

- 2 Log in as **admin** with password **cpAdm1n**. Or log in with the unique user name and password you configured in this file:
<JBossHome>\server\default\conf\props\jmx-console-users.properties
where *JBossHome* is the directory where the JBoss Application Server is installed.
- 3 On the JMX Console main page, click **CEMMonitoringMBean**.
- 4 Scroll down to **displayCEMHealth** and then click **Invoke**.
- 5 Copy the value for **CEM Subscription Name** (for example, "Meaningful Use Functional Measures Reporting"), and then click **Back to MBean** above.
- 6 In **resetSubscription**, paste the subscription name for **p1**.
- 7 For **p2** enter the date you want data sent from, for example "2016-01-01".
- 8 Click **Invoke**. You'll see a success message in the main window: "Reset subscription successful".

Next day....

- 9 Return to **displayCEMHealth** and check for errors in Meaningful Use Functional Measures Reporting.

Important. To modify the start and stop times for nightly processing, you must still edit these values in a new .xml configuration file for the subscription. Then in

Administration, go to System > Interoperability > Configuration, remove the old subscription, and then import and re-enable the new subscription.

Quality Reporting Guide

For the latest information on measure change details, see the latest posted version of the **Quality Reporting Guide** at engage.gehealthcare.com/community/en/cps/quality-reporting-community.

Important Product Notifications

!!! Administrators and Risk Managers should review these Important Product Notifications for details concerning resolved critical product functionality issues.

The following issues were resolved in this release:

- Client no longer crashes intermittently after signing or after ending an update and then attempting to open another chart from the chart desktop. Clinician is not forced to adopt a non-standard workflow to access chart information. SPR 65713, SPR 65714

Known issues

Internet Explorer 11 (IE11) is not supported in CPS 12.0.13

To avoid potential issues with Growth Charts, Dosage Calculators, and the InfoButton we recommend that you do not upgrade to IE11. Although IE 10 is no longer supported by Microsoft, we anticipate minimal risk if the following precautions are taken.

- 1 Limit the use of Internet Explorer, from the workstation, to the application; do not access the Internet. If access from the workstation to the Internet is required, use a different browser, such as Firefox or Chrome.
- 2 Ensure your anti-virus and other software are up-to-date and enabled on all workstations.
- 3 Implement a proxy server that implements White and Black lists to filter Internet access from the workstation, in order to block unwanted sites while granting access to sites required by the application such as Patient Education and Advanced Problem Search.

CPS 12.2 will required IE11.

Features for future functionality display in SP13

Patient Banner: In Setup| Settings > Chart > Patient Banner, the **[Change] Patient Banner** view for the default (factory) patient banner displays two MEL symbols related to future functionality: PATIENT.MEDICAREADVANTAGE and MEDICARE_ADVANTAGE_FEATURE. This content can be ignored or removed if you edit this banner.

Medication interactions cannot be overridden when using the Medication Administration HTML form

If a patient has an allergy on their Allergy List and a user opens the Medication Administration HTML form in the chart and adds a medication with an interaction to something on the patient's Allergy List, the interaction warning icon appears as soon as they enter the medication in the Select Medication field.

The user clicks "Me", "Today", "Today", then "Commit Request", and then immediately clicks "Administer" to finish the workflow for administering the medication. The user then places the document On Hold with "Sign Clinical List Changes" checked or signs the document and the interaction override box appears, but the boxes are grayed out and cannot be selected.

If the user unchecks "Sign Clinical List Changes" they can put the document on hold, but there is a Clinical List Lock on the document and no other clinical list changes can be made.

Workaround: If the user does the following after requesting the medication on the form, but before administering it, they should not get the interaction:

- 1 Close the Medication Administration form.
- 2 Click **Meds** to add a new medication, click on the Reference List to search for the medication and highlight it, and then click **OK**.
- 3 Click the Interaction Warning icon, check the box to override the warning and choose a reason from the drop-down, and then click **OK**.
- 4 Put the document on hold with "Sign Clinical Lists" checked.
- 5 Open the document and open the Medication Administration form continue to administer the medication.

Alternate workaround: Add the medication to the patient's medication list first, then open the Medication Administration HTML form to create the order and administer.

SPR 62813

Unable to use ICD-10 problem custom lists immediately after importing clinical kit

After importing a custom Problem list that includes both ICD-9 and ICD-10 codes, the list name can be seen but is not accessible in Problem Quick Search because it takes time to re-index search-related resources in the database. SQL Server Agent must also be running for automatic re-indexing for problem search and other automatic refresh features to work properly.

Wait at least 15-20 minutes after import before attempting to search in the custom list. Otherwise the system may crash, you'll have to remove the list, and in some cases a JBoss restart will be required. SPR 62949



Re-indexing also happens after upgrade to this service pack. Wait at least 15-20 minutes after upgrade before testing problem search features.

In some environments CPS Client cannot initialize when JBoss and multiple websites are installed on drive other than primary (C:\)

Install JBoss, Service Layer, and multiple websites on the Primary drive of JBoss target machine when using Server Configurator. SPR 64267

No onset date in Preload Problem Form results in wrong onset date in Edit Problem dialog

When adding problems using the Preload Problem form, if you do not enter an onset date for a selected problem, the date displays as <blank> in the Problem list after saving. If you edit the problem, the default onset date is "1/1/1960" instead of the current (today's) date. T.

Workaround: If you forget to enter an onset date, when you edit the problem correct the default date. SPR 59615

Intermittent errors when upgrading on Windows Server 2012

Occasionally, users on Windows Server 2012 may see the error: "Windows server 2008 R2 is required and SQL server instance is NOT hosted on Windows server 2008 R2. You must select a different SQL server instance." There is no known workaround. SPR 60257

Duplicate diagnosis and procedure codes when retrieving charges

Diagnosis and procedure codes are duplicated multiple times when charges are retrieved from the Billing grid. If you retrieve from the Visit, you may see one duplicate CPT code. You might also see diagnosis codes listed out of order. This issue was reported as fixed in SP12 but continues to be a problem.

Workaround: Manually remove duplicate codes. SPR 64699, SPR 67745

Before you install this release...

Before installing this release, please review the following checklist of system requirements, important pre-installation considerations, and steps to watch out for during the install to ensure a successful upgrade. Plan to install during a time all users will be out of the system.

Supported upgrade paths

You can upgrade to this version from the following versions:

- Centricity Practice Solution v7.1.2, v8.10, v9.x, v10.1.x, v11.x (but not v11.1.3 and v11.1.4), and v12.0.x. (SPR 68346)

Compatible client versions

- **Terminal services/Citrix server:** Centricity Practice Solution v12.0.13 and Centricity EMR 9.8 client applications can be installed on the same server.
- **Standalone client workstation:** Centricity Practice Solution v12.0.13 and Centricity EMR 9.8 clients can be installed on the same workstation.

!!! Install the Centricity EMR 9.8 client FIRST, then install the Centricity Practice Solution 12 (PM-only) client.

Confirm system hardware and software requirements

Review all hardware and software requirements for your system and confirm your system meets minimum requirements.

See [Configuring Environments for Centricity Practice Solution](#) and the [Calculating Hardware Requirements](#) spreadsheet to fine-tune your hardware requirements.

Latest versions of these documents are available on the Centricity Services Web site at engage.gehealthcare.com/community/en/cps/documentation.

Support for interface engines

Qvera Interface Engine (QIE) is the preferred transport mechanism for Meaningful Use and Quality Reporting. Qvera and GE offer and provide direct support for interfaces for all Meaningful Use messaging/reporting. Qvera and relevant interfaces are available directly from GE. Contact your sales representative for additional information.

If you are upgrading to this release and using an unsupported interface engine, contact Centricity Services for information about its compatibility with this release and for help transitioning your existing interfaces to Qvera.

Support for ePrescribing

On Service Pack 9 patch 1 or later, Centricity Advanced ePrescribing requires **Surescripts** (formerly Kryptiq) **eScript Messenger 3.6.0 (eSM)**.

See Surescripts Enterprise Services documentation for latest, detailed configuration requirements and instructions for eScript Messenger, Integrated Secure Messaging, Patient Portal, and Document Management.

Back up customized clinical content

Before upgrading or installing Centricity Practice Solution v12.0.13, verify that any clinical content you have customized (text files used by CCC and customized rpt files, located in the crwrpt folder on the client) have been exported and backed up. Factory forms and reports and other clinical content will be overwritten. You can redeploy custom content to workstations after the update.

Download CCC Basic package from Service Portal

Starting with the Centricity Practice Solution v12.0.12 release, the CCC Basic installation package is delivered separately on the Centricity Services Portal Web site. Refer to the document "[CPS Clinical Content Preferred Content Configurations](#)", available on the portal, to determine which versions of various clinical content packages are suitable for your version of the software.

Go to engage.gehealthcare.com/community/en/cps/clinical-content to download the updated version of CCC Basic and release notes prior to upgrading your database. Refer to the CCC Basic release notes for information on installing updated content.

Configure SQL Server to run the client on the server

If you are running the client on the database server, you must also select (local) named pipes and TCP/IP protocol for remote connection when setting up SQL Server, otherwise you may see a named pipes error when you launch the application.

Read the instructions in this release note document

Even if you have applied previous Centricity Practice Solution releases, you should read and follow the step-by-step instructions in this document to ensure all critical installation steps are addressed.

Install the release

Centricity Practice Solution v12.0.13 is released with different upgrade/install options. Follow the appropriate instructions for your situation:

- [Install the full build](#) - If you are upgrading from a supported older version of CPS.
- [Install the service pack build](#) - If you are upgrading from CPS 12.x.

Database enhancements for this release require a minimum of MS SQL Server 2008 R2 SP2. If you have not yet applied Service Pack 2, please make this change before upgrading to this release.

Install the full build

Detailed instructions for upgrading to Centricity Practice Solution v12.0.13 from supported earlier versions are provided in *Upgrading to Centricity Practice Solution* in your documentation library.



Download the complete documentation from engage.gehealthcare.com/community/en/cps/documentation.



After installing the CPS v12.0.13 update, be sure to apply the latest Knowledgebase update and ICD and CPT codes package. SPR 60480

Upgrade instructions for downloads

For releases available via download links, the download and installation instructions have changed:

- 1 Back up your current staging directory.
- 2 Download the zip file and save it to your server's desktop.
- 3 Right-click on the zip file and make sure it is not blocked. Click **Unblock** if necessary.
- 4 Extract the zipped contents to the root of your staging directory (such as C:\CPS_12_Staging) on the server.
Important. Never extract files across the network.
- 5 **If you are installing the service pack build:** Copy the \CPS_12_Staging\SS\SS contents to \CPS_12_Staging\SS directory to update the DLLs and **serversetup.exe**
- 6 Run **serversetup.exe** and jump to "Install the service pack on a server" within the Upgrade Guide for step-by-step directions to complete the installation



If an upgrade from any version of CPS fails, restore from backup, then upgrade to CPS v12.0, and then apply the latest service pack.

Install the service pack build

Important pre-upgrade step

If your upgrade from v12.0.x fails, check the server.log for the following error:

Cannot find either column "dbo" or the user-defined function or aggregate "dbo.charFormatToStyleId", or the name is ambiguous.

If you experience this error, do the following:

- 1 Navigate to the <CPS Staging>\ss folder and open the **UpgradeCPS.Inf** file for editing.

- 2 Edit the script to insert the following (bold line) at this point in the script:

```
..\Functions\Convert_Date_to_ID_FN.sql=TRUE
..\Functions\Convert_ID_to_date_FN.sql=TRUE
..\Functions\charFormatToStyleId_FN.sql=TRUE
..\Functions\to_date_FN.sql=TRUE
..\Install\Create_GEN_EMR_ID.sql=TRUE..\StoredProcedures\up_cqm_map_from_pat_enc_mu_SP.sql=TRUE
..\Functions\string_to_table_FN.sql=TRUE
```

- 3 Save the file, restore, and then restart your upgrade.

In limited release testing one out of five customers encountered this error which caused the upgrade to fail. At present, the cause is unknown. To avoid the possibility of failure, you might choose to make this change to the upgrade script in advance of upgrading. SPR 68428

Back up the Centricity Practice Solution database

!!! As a precaution, **always** back up your staging directory and the Centricity Practice Solution database before you download and apply a release.

- 1 From the Windows **Start** menu, select **Programs | Microsoft SQL Server 2008 | SQL Server Management Studio**. Click **Connect**.

The Object Explorer window opens.

- 2 Expand **SQL Server Agent**.



To expand **SQL Server Agent**, click the plus sign (+) next to it.

- 3 Under **SQL Server Agent**, click **Jobs**.

A list of jobs displays in the right pane.

- 4 Right-click on the backup job for your Centricity Practice Solution database.

Example: Backup Database - CPS.

- 5 Select **Start Job at Step**.

The Start Job window opens.

- 6 Click **Start**.
You will receive confirmation of success or failure of the backup within this window.
- 7 Click **Close**.
- 8 Exit **SQL Server Management Studio**.

Download the release

- 1 Close the Centricity Practice Solution client on all computers.
- 2 On the server where Server Setup application is located, log in to Microsoft® Windows as the Administrator.
- 3 Right-click on **Server Setup** and select **Run as Administrator**.
- 4 Select **Download Available Updates** and then click **Next**.
The website installation window displays the Centricity Practice Solution websites you have installed.
- 5 Select the website you want to update, then click **Next**.
The Download Available Updates window displays links to updates available for the selected website.
- 6 Do one of the following:
 - To begin downloading the release, click the service pack link.
 - To return to the previous window, click **Back**.The Downloading Update window displays the product version number, download location, total file size, and download progress.



The time to download varies depending on available network bandwidth. Slow progress does not mean that the program is not downloading. The installer window will reappear once the download is complete.

- 7 Do one of the following:
 - When the download is successful, the Downloading Update window displays “Completed” as the status. Go to step 9.
 - If the download was unsuccessful, the Downloading Update window displays “Download Failed. Operation Aborted” as the status. Go to step 11.
- 8 When the download is successful, click **OK** and then click **Exit**, then **Finish**.
Server Setup closes and re-opens.
- 9 Click **Exit** to close Server Setup.
Server Setup closes and you can restart it when you are ready to apply the update.
- 10 Proceed to the next section.
- 11 If the download was unsuccessful, click **OK**, and then click **Cancel** to close the Downloading Update window. Do one of the following:
 - Click **Back** to return to the previous Server Setup window.

- Click **Exit** to stop the download process.



If multiple attempts to download fail, contact Centricity Practice Services at 888.436.8491 option 1 or your Value Added Reseller (VAR).

Before installing the release on a server

Before applying the release, perform the following steps:

Stop the MIK service

If you are running Millbrook Integration Kit (MIK), complete these steps before you install the release on your server(s):

- 1 Start **Server Setup**.
- 2 Select **Advanced Options**, then click **Next**.
- 3 Select **Millbrook Integration Kit Configuration**, then click **Next**.
- 4 Select the server where MIK is installed.
- 5 Click **Stop**.

Back up MIK configurations

If you are running Millbrook Integration Kit (MIK), complete these steps before you install on your server(s). In addition to exporting registry keys (described below), open **Server Setup > Advanced Setup Options > Millbrook Integration Kit Configuration** and take screen shots of your current MIK configuration.

- 1 On the server where the MIK service runs, click **Start** and choose **Run**.
- 2 Type **regedit** and press **Enter**.



Do not do this step on your own if you are unfamiliar with *regedit*. Get help from a qualified network/IT engineer.

- 3 Export the following keys to the Desktop as backup:

HKEY_LOCAL_MACHINE\SOFTWARE\wow6432Node\AHC
HKEY_LOCAL_MACHINE\SOFTWARE\wow6432Node\GE
HKEY_LOCAL_MACHINE\SOFTWARE\wow6432Node\GE Healthcare



If you are installing MIK on a 32-bit system, the keys are located in the folder **HKEY_LOCAL_MACHINE\SOFTWARE**

- 4 Close **regedit**.

Stop the Data Transfer Station


- 1 Stop the Data Transfer Station application or the LinkLogicDTS service.
- 2 Navigate to the **Centricity Practice Solution/Client directory** and copy the **emr.ini** file to your Desktop.

Optional: Shut down Qvera Interface Engine (QIE)

Shutting down QIE before a service pack upgrade is not required or necessary but might be done optionally. If QIE interfaces configured on your system are listening on TCP/IP ports for incoming messages from other systems and feeding them into the LinkLogic inbound folders, they probably do not need to be stopped. If you have the Qvera TOC package installed, however, you might want to stop the TOC channels or shut down QIE while this upgrade is being completed.

Refer to your QIE documentation for detailed instructions.

Install the release on a server

- 1 On the server Desktop, double-click the **CPS 12 Launch** icon.
 - 2 On the launcher Welcome screen, select **Install/Update Server**, and then click **Server Setup**.
Server Setup opens.
 - 3 In Server Setup, select **Advanced Setup Options**, and then click **Next**.
 - 4 Select **Upgrade**, and then click **Next**.
The System Configuration Completed window appears.
 - 5 Click **Next**.
The Setup Directory Path and Log File Path window opens.
 - 6 Click **Next**.
The Server Logon window opens.
 - 7 Enter your SQL Server administrative user name and password if necessary and click **Next**.
Make sure the current server version is correct and the version to upgrade is correct.
-
-  Double-check the server name at the top of the window. It should be the database server hostname.
-
- 8 Click **Next**.
 - 9 Server Setup displays a data validation screen. The screen shows whether any data errors were found in the database.
If there are no data errors, click **Next**.
If there are data errors,
 - a Click **Report** to view details about the error(s).
 - b After correcting the listed errors, click **Re-Run Validations** to make sure there are no additional data errors.
 - c Click **Next** when data validation finds no errors.
 The End User License Agreement window displays.
 - 10 Accept the license agreement and click **Next**.
The License Code window displays.
 - 11 Click **Next** on the License Code window.

If you have purchased Crystal Reports integrated designer, you are prompted for the names of the workstations that utilize the Crystal Reports licenses. Review the information. Click **Modify** to enter the workstation names.

- 12 Click **OK**.

If a database message window displays about users not found locally, read the message and click **OK**.

- 13 Click **Next** to begin the installation.

A window displays update progress.

Note. You might see the following messages:

- If you see the message “You must apply latest ICD/CPT codes package before using the CPS Application.” click **OK**.
- If you see the message “There are custom stored procedures in the database that may need to be updated...” Click **OK**. Then check the Serversetup log for entries like this:

```
10/19/15 12:58:47 The following custom stored procedures
should be checked for validity:
```

```
CusAssignSpecialties
cus_SET_OBS_EXPORTED
cusFindAllPharmacies
cusGetPharmacyByID
```

In SQL Server Management Studio, re-execute each custom stored procedure. To view your custom stored procedures before upgrade, on the **Prerequisite** screen, click **Report**.

- 14 When the update is complete, the **Return** and **Exit** buttons display along with the message, “**Your database upgrade has been completed. Press Return to return to the main menu.**”

- 15 Click **Return**.

The Choose Setup Option to Perform window displays.

- 16 Select the **Server Configurator** radio button to apply updates, install JBoss, Service Layer, and website. Click F1 to access the Server Configurator help for complete details. Server Configurator was initially released with Service Pack 10, and is used for JBoss and Service Layer installation. See “Automated server configuration utility” on page 63 for an overview.

Here are the basic steps:

- a **Modify Connection Information** must be selected to enable the controls.
- b Enter your site information.
- c Click **Validate Database**. If validation is successful, the number of Licensed Concurrent Users is displayed. If not successful, fix the displayed errors before continuing.
- d Enter the number of **Concurrent Users** for your site. Selecting a number less than your actual number can result in insufficient resources.
Optional: For planning purposes, you can enter up to 9999 users to calculate different configuration scenarios.
- e Change the JBoss Port # if needed.

- f Once you know your configuration, click **Add Server** to add one or more servers. Specify the **hostname** (do not use localhost), and select the **server role**. Refer to the help for more information.
 - g Click **Validate & Add**. Correct any errors. When successful, the server is added to the grid.
 - h When all servers are present and validated in the grid, click **Validate** to check the entire configuration. Correct any errors and **Validate** again until all servers show successful validation status.
 - i Ensure all users are logged off for the duration of the installation.
 - j Click **Validate & Install**.
- 17 Setup security by going to **Advanced Setup > Utilities > Security**. Click **Next** on the Security window. If you are using AD security model, you must validate the security.

!!! After installing the CPS v12.0.13 update, be sure to apply the latest ICD and CPT codes package. SPR 60480

Install MIK

!!! Only perform this procedure if you have the Millbrook Integration Kit (MIK). **DO NOT uninstall MIK.**

- 1 On the server where MIK is currently installed, navigate to the location of the MIK installer (default is **C:\CPS_12_Staging\CPS_12_MIK**) and run **setup.exe** As Administrator.
The following message appears:
This setup will perform an upgrade of CPS_12_MIK. Do you want to continue?
- 2 Click **Yes**.
InstallShield will open and step you through the upgrade. Select all the defaults until you see **InstallShield Wizard Complete**.
- 3 Click **Finish**.
- 4 Locate the AHC and GE Registry files you backed up earlier. Double-click the files to import to the Registry.

Install the release on workstations

If you licensed the PM module only, skip to ["Install the release on workstations" on page 26](#).

If you licensed the Chart module and are using LinkLogic, update client workstations in the following order:

- 1 ["Update Data Transfer Station" on page 24](#).
- 2 ["Update LinkLogic on the server" on page 25](#).

- 3 Update all other client workstations. See ["Install the release on workstations" on page 26](#).

!!! DO NOT update any client workstations until you have updated the Data Transfer Station (DTS) and updated LinkLogic.

Before beginning, back up your directories. If you have customized files in the LinkLogic Config\Standard directory, contact Centricity Practice Services at 888.436.8491 option 1 or your Value Added Reseller (VAR), before completing this section.

Update Data Transfer Station


When you apply this release on a workstation, the files in the Client directory are overwritten, including the **emr.ini** file that contains your DTS configuration.

!!! Before you update the client on the DTS, you must back up the **emr.ini** file to preserve the current DTS configuration so you can continue processing data transfers for lab results, transcriptions, and other documents without interruption.

Install the release on a DTS workstation


- 1 Start Centricity Practice Solution on a workstation.

The Product Installer page displays.

 If you are installing on a Windows 7 or Windows 8 workstation, you must run the Internet Explorer application as an administrator.

- 2 Verify your URL points to the correctly updated webpage.
 - a Right click on the Centricity Practice Solution client desktop shortcut.
 - b Select **Properties > Web Document**.
 - c Copy and paste the URL if needed.
- 3 Click the Update link (in red) for **CPS_12_Client**.
- 4 The Installer will detect that an older version of the client application exists and ask you to uninstall it.
- 5 Click **Here** to uninstall.

The removal process uninstalls the application.

 The installer cannot detect pre-9.0 clients. If you think you might have these clients installed, go to **Control Panel > Add/Remove Programs** to select and remove manually.

-
- 6 When the uninstall process is complete, click **Here** to continue to the Client Setup page.



When you uninstall the client application, you do not see a progress indicator for the uninstall. This does not mean that the program is not responding or terminated, however. DO NOT attempt to end this process.

- 7 Click **Install** to download the installer.
The installer window opens.



The time to download varies depending on available network bandwidth. Slow progress does not mean that the program is not downloading. The installer window will reopen when the download is complete.

- 8 Select the **Install Data Transfer Station** option, and then click **Next**.
- 9 Click **Next** on all subsequent screens to accept default settings.
- 10 When the installation is complete, click **Here** to return to the Install page and close the window to exit.
- 11 When the client update on the DTS workstation is complete, open the backup **emr.ini** file you created prior to the upgrade. Copy the **<ComputerName>DTS #** section from the backup file to the new **emr.ini**.

Example:

```
[HOSTNAME DTS 1]
DBNAME_L3ID=1220
DTSDesc=DTS Workstation Description
```

If there are multiple or duplicate HOSTNAME entries, only copy the lines for the current DTS.

- 12 Update **LinkLogic** (next section) before restarting the workstation.

Update LinkLogic on the server

If you are using LinkLogic and Data Transfer Station (DTS) to exchange patient demographic and clinical data with external systems such as labs and transcription services, take the following steps on the machine where DTS is running. This will ensure that the update is properly applied to the LinkLogic configuration.

- 1 Confirm Data Transfer station is not running on the workstation.
 - 2 Navigate to the LinkLogic **standard** folder (usually **C:\Program Files\Centricity Practice Solution 12\Client\llogic\config**).
 - 3 Right-click on the **standard** directory, and then click **Copy**.
 - 4 Navigate to the remote LinkLogic **config** directory on your database/web server (such as **\\<server_name>\llogic\config**).
 - 5 Right-click in the **config** directory, and then click **Paste**.
 - 6 When asked if you want to replace the **standard** folder, click **Yes to All**.
 - 7 On the DTS, navigate to the LinkLogic **upgrade** folder (usually **C:\Program Files\Centricity Practice Solution 12\Client\llogic\config**).
-

- 8 Right-click on the **upgrade** directory, and then click **Copy**.
- 9 Navigate to the remote LinkLogic **config** directory on your database/web server (such as \\<server_name>\logic\config).
- 10 Right-click on the **config** directory, and then click **Paste**.
- 11 When asked if you want to replace the **upgrade** folder, click **Yes to All**.
- 12 Restart Data Transfer Station.

Install the release on workstations



When upgrading a client on the database/web server, you may be required to reboot the machine during the upgrade process.



Important! 3rd-party integration requirements. Some 3rd Party applications may need to be reinstalled following this upgrade. Contact your providers to confirm support for integrations and any new configuration requirements.

EDI Plug-ins. Uninstall, reinstall, and reconfigure your EDI plug-ins after upgrading to Centricity Practice Solution v12.0.13. Refer to the documentation included with your EDI plug-ins for information on installation and configuration.

- 1 Start Centricity Practice Solution on a workstation.


The Product Installer page displays.



If you are installing on a Windows 7 or Windows 8 workstation, you must run the Internet Explorer application as an administrator.

- a Click **Start > All Programs**. The Programs menu displays.
 - b Right-click the Internet Explorer shortcut and click **Run as Administrator**.
 - c Type your user name and password in the User Account Control dialog and click **Submit**. The Internet Explorer application opens.
If you are an administrator, click **Allow** on the User Account Control dialog.
- 2 Verify your URL points to the correctly updated webpage.
 - d Right click on the Centricity Practice Solution client desktop shortcut.
 - e Select **Properties > Web Document**.
 - f Copy and paste the URL if needed.
 - 3 Click the Update link (in red) for **CPS_12_Client**.
The Installer will detect that an older version of the client application exists and ask you to uninstall it.
 - 4 Click **Here** to uninstall.
-


The removal process uninstalls the application.

 When you uninstall the client application, you do not see a progress indicator for the uninstall. This does not mean that the program is not responding or terminated, however. DO NOT attempt to end this process.

5 When the uninstall process is complete, click **Here** to continue to the Client Setup page.


6 Click **Install** to download the installer.

The installer window opens.

 The time to download varies depending on available network bandwidth. Slow progress does not mean that the program is not downloading. The installer window will reopen when the download is complete.

7 On the installer Welcome screen, click **Next**, and then click **Next** on all subsequent screens to accept default settings.

8 When the installation is complete, click **Here** to return to the Product Update page and close the window to exit.

 If you have not done so already, after updating the client, clear the Internet Explorer browser cache. This prevents old information from a previous version displaying on the main product window when users launch the client for the first time.

9 Restart Centricity Practice Solution on the workstation.

 If installing on Citrix, reboot the Citrix server after installation is complete.

CPS v12.0.13 version information

Login to the client application and select Help > About to verify the build number.

- Client: 12.0.13.2583
- Server: 12.0.13.2583
- BMAC: Build 2097
- DataLink:
- JBoss: Build 2678
- Service Layer: Build 2678

Access updates and services

To download additional services, Knowledgebase updates, or factory observation terms, go to the Centricity Practice Solution website at engage.gehealthcare.com/community/en/cps. On the website, you'll also find release publications, Support contact information, and links to training.

To contact Support by phone, contact Centricity Services at 888.436.8491 option 1, or your Value Added Reseller (VAR).

To receive email announcements of news of service packs, knowledgebase update releases, and other alerts, sign up for the CPS Support Listserv. Enter requested company and contact information and email address here: supportcentral.ge.com/esurvey/takesurvey.asp?p=31088&d=3800053

What's New since 12.0

This is a cumulative list of features, enhancements, important product notifications and fixes for each released Centricity Practice Solution 12.0 Service Pack.



Click on this symbol to return to this summary page.

Fixed issues by service pack

[12](#) - [11](#) - [10](#) - [9](#) - [8](#) - [7](#) - [6](#) - [5](#) - [4](#) - [3](#) - [2](#) Click to jump to the fixes. SP 1 was not released.

Important Product Notifications by service pack

Service Pack 12

- Adding a LinkLogic relationship with a Patient ID set that is already associated with a relationship causes incorrect patient matching
- Forms and text translations disappear from patient chart updates when two users are in the same patient document at the same time
- Documents open in a different chart while using RDP in a terminal services environment
- The previous patient's information is duplicated in the current patient's chart when using clinical content forms
- Form components are removed from the chart update when the blank line above it is selected and the Delete key is pressed
- The patient banner updates, but the previously selected patient's documents remain visible

Service Pack 11

- Pre-existing drug allergies cannot be overridden
- Users without override interaction permissions can acknowledge dosing warnings
- Special characters entered as values on flowsheet cause issues on Immunization History View

Service Pack 10

- Multiple users in a chart note at the same time results in data loss

Service Pack 6

- CPS 12.0.2 - A chart can be Merged even if multiple users have the source or destination chart open
- immun_getlist() is not showing immunization for Synagis CVX code 93
- Immunization migration missing factory obs to be migrated
- Immunization tool associating wrong vaccines with patients and not migrating all data
- Incorrect HDIDs in geimmunizations spreadsheet

Service Pack 2

- The Immunization Migration tool can incorrectly set "was given" and "administered by" when importing
- DTS is forced to match on external ID after importing a fax status document from Biscom
- On the Review Electronic Prescriptions screen, the Authorizing Provider changes to the logged in user and the prescription cannot be sent

New features and enhancements summary by service pack

Service Pack 12

- Data mapping search now includes both start and end range options
- New Active Reports to Activate/Inactivate Codes by Effective and Expiration Date

Service Pack 11

- Patient Portal data masking - added the ability to mask patient data from displaying on your patient portal in the ambulatory summary CCDA-AS
- Transition of Care - shortened and easier for providers to review and customize
- Export ICD-9 or ICD-10 problem code or both in HL7 messages
- Clinical users can capture NKA and NKDA separately

Service Pack 10

- Problem search - enhanced usability with ICD-10 specificity support
- Orders module - enhanced usability and ICD-10 specificity support
- Problem list cleanup
- Cloud-based advanced specificity problem search with clinical attributes options
- Build and manage Task queues with Diagnoses as a criteria
- Interoperability - MIK
- Other usability enhancements
- New forms added to CCC Basic v1.2
- ICD-10 planning and preparation resources on the Service Portal
- ICD-10 Preparedness Custom Reports (Service Portal)
- Automated server configuration utility
- Centricity Immunization Migration Wizard v1.51 available

Service Pack 8

- Updated New Medication window
- Prescriber History Report
- Changes to Electronic Prescriptions settings

Service Pack 7

- Support for 14 additional Clinical Quality Measures
- PQRS updates to capture Medicare FFS (Part B) patient visits
- MU 2014 Functional Measure changes ("MU SQL Patch")

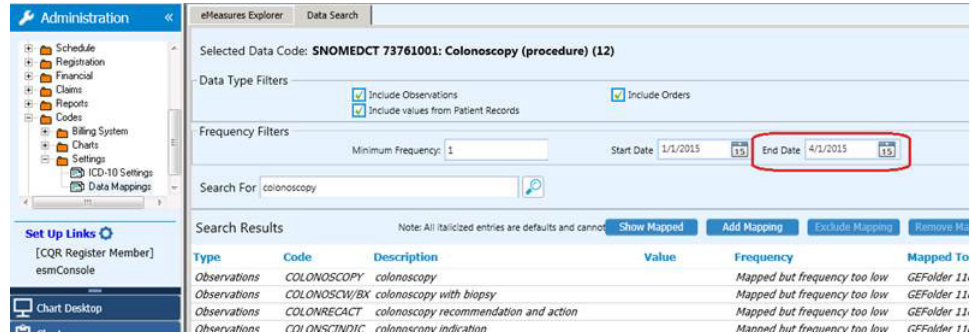
Service Pack 4

- Disable or enable contraindications
- Enable CCDA validation
- Modify CQR channels in QIE

Service Pack 12: New features and enhancements

Data mapping search now includes both start and end range options

New **End Date** can be set when searching for observation terms for a specified date range. SPR 63708, SPR 63706



The screenshot shows the 'Data Search' interface in the eMeasures Explorer. The 'Selected Data Code' is 'SNOMEDCT 73761001: Colonoscopy (procedure) (12)'. Under 'Data Type Filters', 'Include Observations' and 'Include values from Patient Records' are checked. The 'Frequency Filters' section shows 'Minimum Frequency: 1', 'Start Date: 1/1/2015', and 'End Date: 4/1/2015'. The 'Search For' field contains 'colonoscopy'. The 'Search Results' table below shows the following data:

Type	Code	Description	Value	Frequency	Mapped To
Observations	COLONOSCOPY	colonoscopy		Mapped but frequency too low	GEFolder 11
Observations	COLONOSCW/BX	colonoscopy with biopsy		Mapped but frequency too low	GEFolder 11
Observations	COLONRECACT	colonoscopy recommendation and action		Mapped but frequency too low	GEFolder 11
Observations	CDI ONSCINDIC	colonoscopy indication		Mapped but frequency too low	GEFolder 11

New Active Reports to Activate/Inactivate Codes by Effective and Expiration Date

New ICD/CPT codes are often dispersed in advance of becoming effective with a future effective date. Two new reports in the Reports > Administrative folder can be used to set to inactive codes that are not yet effective and to set codes to active when the effective date is met:

- Inactivate Diagnosis Codes by Date report** - This report finds diagnosis codes where your *Input Date* is earlier than *Effective Date* or after or the same as the code's *Expiration Date*. An optional update query will inactivate all codes returned to prevent them from appearing in problem search results in the Chart module. If you perform optional inactivation, you must wait 15-20 minutes for problem search SOLR index files to be fully updated before expecting inactivated codes to disappear from problem search results.
- Activate Diagnosis Codes by Effective Date report** - Use this report to find diagnosis codes where the *Input Date* you specify is earlier than code *Effective Date*. An optional update query will activate all codes returned to make them available to display in problem search results in the Chart module. If you perform optional activation, you must wait 15-20 minutes for problem search SOLR index files to be fully updated before using problem search to retrieve newly activated codes.

Changes impacting Meaningful Use / Quality Measures reporting

This section includes important information about fixes and enhancements impacting Meaningful Use Functional and Quality Measures reporting. in this release and in related Knowledgebase and Clinical Quality Reporting (CQR) web site updates.

Key fixes in the release

The following fixes have impacts on reporting workflows and measures you may be reporting on.

Clinical Quality Measure fixes

In most cases, the following fixes prevent a specified problem going forward. To correct issues in past patient records, you must apply the latest Knowledgebase

updates and manually reset and rerun your CQM subscription for the reporting period before attestation.

Contact GE Support or your supporting VAR organization to configure and resend your data.

JSON data sent to CQR now includes event time and date

Previously, when multiple events were sent for the patient, CQR could not determine their order and used the order in which they were listed in the JSON file. As a result, occasionally Filed in Error events were treated as occurring after the event that was filed in error. Some clinical events were included that should have been removed and calculation results were incorrect. SPR 64674

Important Knowledgebase updates

This section includes information about Knowledgebase updates that work with this release to correct issues.

Knowledgebase update

This update includes/supports and requires the latest Knowledgebase updates:

- **Coded result attribute changes** for CMS 2 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan. SPR 66111
- **2015 Value Set changes** for Clinical Quality Measures.
- **A script to correct SNOMED diagnosis codes** documented after SP10 and impacting CMS 56, CMS 61, CMS 64, CMS 66, CMS 90, CMS 117, CMS 132, CMS 135, CMS 140, CMS 144, CMS 145, CMS 149, CMS 165. Note that after upgrade to SP11 or SP12, all codes entered after upgrade will also be correct. SPR 64275



The latest Knowledgebase updates are available at <https://engage.gehealthcare.com/community/en/cps/downloads#knowledgebase>.

Service Pack 12: Important Product Notifications



The following issues were resolved in this release:

Adding a LinkLogic relationship with a Patient ID set that is already associated with a relationship causes incorrect patient matching

GE recommends you set up a New External ID set for each import interface, not permitting duplicates. You should only share external ID sets across interfaces that generate unique patient IDs from the same source system. For example, Patient Registration and Scheduling are commonly managed in the same application. Do not share ID sets across interfaces if you are unsure if they are from a common origin. Sharing Patient ID sets across unrelated systems can cause incorrect patient matching and save imported data into the wrong charts. See the *Managing Interfaces with Centricity Practice Solution* guide for more information about patient matching using External ID sets.

Resolution: A warning message now displays when a LinkLogic relationship is added with a patient ID set that is already associated with a relationship. SPR 53712

Forms and text translations disappear from patient chart updates when two users are in the same patient document at the same time

If a user creates a document for a patient and adds a form and enters data, and then another user edits the same patient's document on a different computer, they are unable to see the information entered by the first user. If either user puts the document on hold and the first user re-opens the document only the changes made by the second user are shown.

Resolution: Data entered in either location is now seen by both users. SPR 53563

Documents open in a different chart while using RDP in a terminal services environment

While in a terminal services environment, using RDP, when opening or printing a document from the desktop, it occasionally opens or prints the wrong document or patient.

Resolution: The correct document or patient now opens or prints when in a terminal services environment. SPR 55269

The previous patient's information is duplicated in the current patient's chart when using clinical content forms

While using a clinical content form, information such as orders, problem lists, etc. from the previous patient would occasionally appear in the current patient's chart.

Resolution: The previous patient's data no longer appears in the currently opened chart. SPR 57866

Form components are removed from the chart update when the blank line above it is selected and the Delete key is pressed

When a user highlights a form component and the blank line immediately above the form component in a chart note and the delete key is hit, the form component is removed from the chart note without an error message or warning.

Resolution: An error message "This selection contains protected text - Text Protection Error" displays when attempting to delete a form component. SPR 60989

The patient banner updates, but the previously selected patient's documents remain visible

Occasionally, when moving between patients, the banner and the patient documents did not match; the currently selected patient retains documents for the previous patient.

Resolution: This fix addresses most aspects of SPR 62422 and SPR 65552; the patient banner and documents should now both show the currently selected patient's information. SPR 66511

Service Pack 12: Fixed Issues



The following issues were resolved in this release:

Administration

- Fixed an issue under Orders > Service providers where the list of providers did not scroll to view the entire list. SPR 63880

Billing

- Fixed an issue where problem and procedure codes were duplicated in billing. SPR 64699

Chart

- NG Feeds and G-Tube Feeds can now be selected as routes when adding a medication. SPR 66685
- Fixed an issue where, if an encounter form was set to automatically check "Medication list reviewed during this update", the review was not being recorded correctly. SPR 66466
- Addressed specific workflows associated with SPR 62043 where, if the patient had entries in the Provider/User in the FLAGS.TOUSER, FLAGS.FROMUSER, and PERSON.RESPPROV fields, but the user was missing from the USR table, Null exceptions on INSURANC.PSISTATE,IMMUNIZATION.SERIES, the application would crash. This resulted in the application crashing while attempting to add or modify a medication and Rx refills. SPR 66601
- Fixed an issue where the default print items for printing chart documents was incorrect. SPR 66239
- Fixed an issue where printing a form caused the application to freeze. SPR 66335
- Fixed an issue where diagnosis information was not saved correctly when a POA indicator was included. SPR 66336
- Added two scripts and multiple reports to address an issue where document signing was occasionally not signing all Clinical List items. SPR 66205, SPR 66207, SPR 66208, SPR 66211, SPR 66212
- Fixed an issue where new encounters were slow to open, especially on large patient charts. This fix includes an overloading data symbol LIST_OBS, adding a fifth argument "docDetails":

The syntax is: LIST_OBS(observation,status,list_type,format, [**docDetails**])

The new argument "docDetails" is a Boolean type and is set to TRUE by default. When set to FALSE, unnecessary reads to the Document table are eliminated; therefore, the following data from the Document table will not be returned: Location of Care, Document Type, Visible Document ID. This argument is used only for the delimited format.

For example:

```
LIST_OBS("MEDS REVIEW", "Signed", "Delimited", "value", FALSE)
```

Returns:

```
Done^03/14/2016^2:11:57 PM^Harry S. Winston MD^Harry S. Winston MD^^^^^^
```

SPR 65737

- Fixed an issue where users were getting an alert "Another user is editing text, try again later." SPR 61045
- The Immunization and Medication Administration custom list editors now require and check for a valid NDC code Format. The Immunization custom list editor includes an NDC Format field on the Edit Vaccine window that allows user to

specify the standard NDC format 5-4-2 or 4-4-3 when entering an 11-character NDC code. Default format is 5-4-2.

The Medication Administration custom list editor specified the format required on the NDC Code entry field.

The system validates the code with the format before saving it to the database. If the field is blank, you see an "Invalid NDC code" error. If you enter less than or more than 11 characters or include characters other than hyphens, you see the message: "Invalid NDC code. Please enter a valid NDC format (e.g. 5-4-2 or 4-4-3)."



The vaccine administration form displays the NDC number in read only format. If you notice an error during an update, note the correction in the comment field for the administration.

NDC number corrections must be done in the custom list editor. After upgrade, review your custom lists for incorrectly formatted NDC numbers.

SPR 63012, SPR 63014

- Fixed an issue where the "Previous" button was not working properly when navigating between encounter forms. SPR 65856
- Addressed an issue when working in an encounter form and a message opened and was dismissed, the encounter form was resizing to the default size. SPR 66185
- Fixed an issue where loading a new encounter took more time than expected, especially in large charts. SPR 65738
- Fixed an issue where entering vaccines from the Immunization Management form encountered a space limitation and did not appear in the chart, and led to a script error. SPR 61667
- Fixed an issue where the Potential Diagnosis list in Update Orders was showing as not ICD-10 specific, even if they had a valid ICD-10 code. SPR 66163
- Fixed an issue where procedure codes built on the Problem Custom List were not visible when adding new problems. SPR 65669
- Fixed an issue where adding an adverse reaction to an immunization created marked the immunization as "removed" in the Clinical List Changes. This fix relies on an update to the Immunization Management HTML form that was released in March 2016. Make sure you have the Immunization Management HTML Form Patch for CCC Basic v1.4 installed. The patch can be downloaded from the Centricity Services web site at: <https://engage.gehealthcare.com/community/en/cps/clinical-content>. SPR 62173
- Fixed an issue where data from certain forms were not showing in the chart. SPR 65675
- Addressed an issue where, if the application is published and used as a terminal service, CPS crashed when opening a Phone Note. SPR 63691
- Fixed an issue where the Refresh button wasn't working on CCC forms. SPR 64054
- Fixed an issue where the dosing calculator was giving incorrect dosing information for certain medications for pediatric patients. SPR 64780
- Fixed an issue where the ICD-10 code E11.51 was duplicating in the Update Problems window when the application was refreshed. SPR 65629
- Columns in the Chart Desktop now retain their size if the window is closed and reopened. SPR 52648

- Addressed multiple issues with the scrollbar and cursor jumping to the top of the screen. SPR 63553, SPR 64219, SPR 45236
- Fixed an issue where a warning was given when adding problems that a duplicate problem was being added even though the ICD-10 codes were different. SPR 64042
- Fixed an issue where users were unable to select "Additional Signature Required" on a Custom Document type if the permission had been given and then removed. SPR 64128
- Addressed multiple issues where inserting forms into an encounter, the new form did not get inserted directly below the current form. SPR 64307, SPR 55244
- Addressed multiple issues where clicking to go to another form component from the CCC Basic encounter type opened a different component. SPR 58736, SPR 60368
- Addressed multiple issues where old flags were causing the application to crash. SPR 60101, SPR 61330
- Fixed an issue to improve signing transaction protection. Clinical data (such as obs terms, orders, meds, allergies, directives, and the document itself) is not signed if signing a document failed. SPR 63017
- Fixed an issue where the Immunization Custom List Editor was not pre-populating the VIS Date for Vaccine Groups. SPR 63549
- Fixed an issue where non-strength medications in the reference list were not indicating drug interactions when prescribed. SPR 63637

EDI

- Fixed an issue when using Real Time Eligibility in Registration, a warning about "EDI Tracking Enabled" appears across the title of Chart. SPR 58161

General

- Orders that have been sent are no longer marked as unsigned by the Unsigned Clinical List reports. SPR 66767
- The Unsigned Clinical List reports no longer give an error if a the clinical date of a document is very old. SPR 66769
- Fixed an issue where CCDAs were not resent after the Unsigned Clinical List repair script if the corrupted item was from an HTML form. SPR 66772
- The Unsigned Clinical List Auto-Repaired report now shows which problem an assessment was for. SPR 66773
- Fixed performance issues while running the historical repair script after the nightly job. SPR 66779
- Fixed an issue where the local printer was being used for task-based printing rather than the printer indicated for that task. SPR 66668
- Fixed an issue where Dragon crashed when turning on the microphone. If you had previously changed the settings of the Dragon nsapp.ini file for emrTer from 9 to -1, you will need to change it back to 9:
 - a Close Dragon.
 - b Depending on your version, navigate to:
C:\ProgramData\Nuance\NaturallySpeaking12
or
C:\ProgramData\Nuance\NaturallySpeaking11

- c Locate and open the file **nsapp.ini**.
- d Use **Ctrl+F** to search for “EmrTer”.
- e Change the value of this entry to 9, then save and close the file.
- f Relaunch Dragon and test.

This change will need to be made on every machine where Dragon is installed and you previously changed the setting. SPR 66690

- Reverted a fix for SPR 63017 in Service Pack 11 that attempted to improve signing transaction protection, where clinical data (such as obs terms, orders, medications, allergies, directives) was signed, but the document was not signed if signing it failed. SPR 65931
- Fixed an issue where inactive users were not showing in selection lists, even though “Show Inactive Items” was checked. SPR 65579
- Fixed an issue where only 200 active users were visible when selecting a provider. SPR 65346

Meaningful Use

- Fixed an issue where CareTransIn obs values were not being counted correctly in the denominator for the Medication Reconciliation functional measure. A database repair script has also been added to ensure that any existing CareTransIn obs values are counted correctly. SPR 65762, SPR 65921
- Fixed an issue where low numerators may have presented for CPOE Laboratory and Radiology orders in workflows that included non-credentialed and credentialed users making numerous clinical list changes within a document. SPR 65408
- Fixes an issue where documents co-signed after the nightly JSON extract were not associated with the EP unless they were appended. SPR 63961

MIK

- Addressed an issue where, if a CPS database is licensed only for PM and not Chart, the Patient Merge HL7 ADT^A18 message fails to be sent. Previously, an error appeared in the MIK Event Log: “Send done, status=MIK_ERROR, msg = Cannot find any information about patientId mapping for the destination LinkLogic.” SPR 63825

Orders

- Fixed an issue where, if a Problem was added to the chart twice from different lists, an incorrect Diagnosis displayed in Update Orders. SPR 64778
- Fixed an issue where the application would freeze intermittently when placing orders. SPR 65418
- Fixed an issue where the ORDER NEW data symbol did not trigger when the document was signed so the EMR Link Process Order Form did not trigger that the order was signed. SPR 65375
- Fixed an issue where orders did not show on the Orders tab when using a Service Provider with the NO FORM setting enabled. SPR 65378
- Fixed an issue where test order forms printed blank when signing orders at the end of an update. Orders that have previously been processed incorrectly due to this issue may reappear in the document; however, they are not duplicates and will not be sent out again. SPR 65353

- Fixed an issue where duplicate order numbers were occasionally generated. SPR 47153
- Fixed an issue where the printer designated as the default printer for Orders was not being used and the printer was defaulting to the printer selected for “All Other Documents”. SPR 61752
- Fixed an issue where orders were printed to the default printer and not the one selected in “Task Based Printing”. SPR 65281

Performance

- Performance and stability enhancements. SPR 64310, SPR 64114, SPR 64152, SPR 64744, SPR 64818, SPR 65495, SPR 61023, SPR 65758
- Updated Configurator to better handle setting up smaller systems. SPR 66153
- This patch includes performance enhancements that optimize the core stored procedure (processworkstalog) used when refreshing. SPR 66369

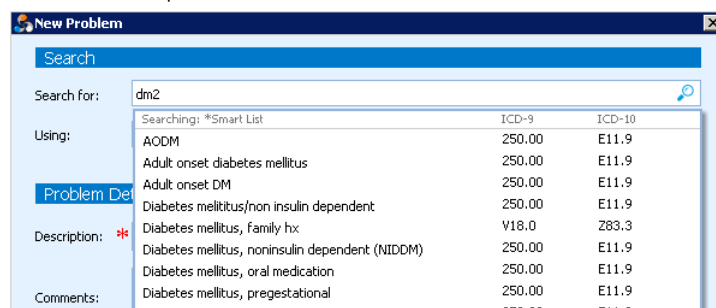
Prescriptions

- Fixed an issue where medications were disappearing on the Prescription Refill form when the MEL symbol MED_LIST_CHANGES(“DELIMITED”) was used in the text component and Prescriptions form. SPR 57312

Problem search

- Fixed multiple issues where Advanced Problem Search gave errors when searching for specific problems. SPR 65944, SPR 65945, SPR 65946, SPR 65966, SPR 65362
- If you enter a search term mapped as a keyword to a problem code in your most recently used problems list (Smart List), any codes mapped to that keyword will appear in search results at the top of the list. For example, if you type the keyword “dm2” and you have problem AODM in your most recently used problem list, then that code will appear at the top of the list followed by other problems mapped to diabetes.

Problem codes on the Smart List that match the entered search term either by keyword or description are listed first. Matches to codes that are not on the Smart List are listed next (up to list maximum of 20). SPR 64142



- When a code has been marked as inactive in the Diagnosis table it is now considered non-billable and is not be displayed in Smart List search results. SPR 64471

Reports

- Updated the Problems Report to include ICD-10 codes. SPR 64168
- Fixed an issue where the Diagnosis search stopped working in reports if the caption of the “config.xml” file was changed. SPR 62562

Schedule

- Schedule limits now honored in the Appointment Search with new override options. If you define daily limits for the day for Appointment Types or Financial Class Limits in the schedule template for a provider and then search for that type of appointment, only available slots in days where the daily limit has not been met will display. Previously, all available slots displayed and you had to select a slot to find out if that day's limit had been met.

Appointment Search - Peterson, Benjamin S. (715)

Criteria: FC Limit check 24th Find at most 15 results Search

Find dates: Starting 03/16/2016 Out 1 Days S M T W Th F S Clear

Include unallocated time slots in search A.M. P.M. Defaults Save

Maximum Time Span minutes

Override search results to return dates where Appointment Type limits have been met

Override search results to return dates where Financial Class limits have been met

Appointments

#	Incl	Resources	Appointment Types	Facilities
1	<input checked="" type="checkbox"/>	Bailey MD, William R	Financial Class Limit 7th march	River Oaks South Pe

New... Delay... Modify... Delete Rules

With proper security, users may override template restrictions on daily limits by selecting one of the following options on the appointment search window. These options are useful when no results are returned for a schedule that contains limits and a user needs to override the limit restriction:

- Override search results to return dates where Appointment Type limits have been met
- Override search results to return dates where Financial Class limits have been met



Implementation tip. If you set up and save default searches, make sure the search name reference any appointment or financial class limits you included.

Example 1: If Dr Jones limits the number of new patient appointments, name the default appointment search criteria "Jones New OB limits 3".

Example 2: If Dr Jones also limits BCBS to four appointments a day, name the search criteria "Jones NewOB limit3 BCBS limit4".

SPR 64294

Settings

- Added the setting "EnableNewSigningTransactScope" to the file mlsetvar.txt to adjust the scope of signing transactions to address an issue where forms with long document temp variables (over 4000 characters), gave an application error while documenting an office visit, and pending observation terms were SIGNED at the moment of the error, even though the note remained unsigned. Set the variable to TRUE to enable the new transaction signing scope, or FALSE to turn it off. SPR 64383

Service Pack 11: New features and enhancements

Patient Portal data masking

This release provides the ability to mask patient data from displaying on your patient portal in the ambulatory summary CCDA-AS, including lab results, problems, medications and procedures (orders). This feature is consistent with the requirements for meeting Meaningful Use *View/Download/Transmit* objectives.

You can mask data that is confidential or sensitive, data that is required by state law or more appropriate to be communicated to a patient in person, or any data that might need to be masked for the safety and well-being of patients. When implemented, this enterprise-wide solution automatically excludes or includes data you have configured whenever a CCDA is triggered to be sent to the patient portal.



This solution does not affect the Clinical Visit Summary or Transition of Care CCDAs you create and customize within the application. It does not affect patient CCDAs sent to CQR for quality reporting analysis.

It will affect CCDA-AS you send to an HIE or to other systems using Qvera interfaces for sending CCDA-AS. If you support an integration where patient portal data masking preferences should be bypassed, please contact GE Support if GE is your reseller or Qvera Support if you purchased direct.

Implementing data masking - overview

To trigger data masking, you'll do the following:

- 1 Create a custom list for problems, medications, and procedures and a flowsheet for lab results, with the following names required to trigger data masking:

Data Masking for Problems

Portal Data Masking for Meds

Portal Data Masking for Procs

Portal Data Inclusion for Obs [flowsheet]

Until these items are present in the database, all patient information is sent.



Optionally, import **redaction.ckt**, a clinical kit containing these items with a small set of sample clinical values. You'll find this optional clinical kit posted on the Centricity Services Portal Download page at <https://engage.gehealthcare.com/community/en/cps/downloads>.

- 2 Add the values you want to exclude to the problem, medication, and procedures custom lists and add observations to include in the observation flowsheet.



Important. The values included in the optional factory custom lists and flowsheet are sample values that might be excluded/included. You must update the custom lists and flowsheet with the values you want.

Data masking begins automatically at the enterprise level when these named items are created; values in the lists are excluded and only values present in the flowsheet are included. To delay this until your lists are complete, build them in your test environment and import to production when you are ready. Or simply build each list with a different name and then change it to the required name when you are ready.

Data masking for problems, medications, and orders

Data masking for these clinical list items is accomplished using custom lists that prevent data from being sent to the portal when a problem, medication, or order in the custom list is added to a patient's chart.

- Portal Data Masking for Problems** - The optional factory starter kit contains a small set of problems likely to be masked. Edit this list of sample problems to add or remove problems you want to exclude.

Chart > Problem Custom Lists

Portal Data Masking for Problems

- Respiratory
- Sprains/Strains
- Strep
- URI
- Urinary Tract
- Urology

Diagnoses

Description	ICD-9	ICD-10	Duration
ACTIVE STAGE TRACHOMA	076.1	A71.1	0
Acute hepatitis B with delta-agent without	070.31	B16.1	0
Adenopathy due to secondary syphilis	091.4	A51.49	0
Adult physical abuse, confirmed, initial enc	995.81	T74.11xA	0
Adult physical abuse, confirmed, sequela	909.9	T74.11xS	0
Adult physical abuse, confirmed, subsequ	V58.89	T74.11xD	0

- Portal Data Masking for Meds** -The optional factory starter kit contains a small set of medications likely to be masked. Edit this list of sample medications to add or remove medications you want to exclude.

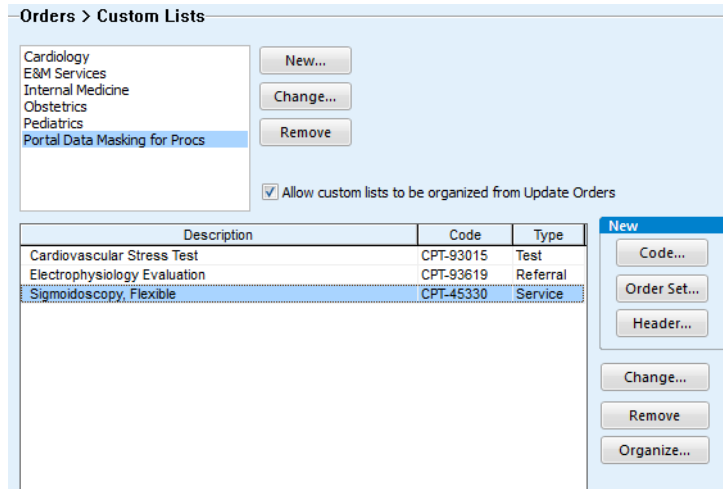
Chart > Medication Custom Lists

Portal Data Masking for Meds

- Respiratory
- Sprains/Strains
- Strep
- URI
- Urinary Tract
- Urology

Name	Instructions	BMN?	Qua
A-200 0.33-4 % GEL			
A-200 0.5-0.33-4 % KIT			
A-200 MAXIMUM STRENGTH 0.33			
AMITRIPTYLINE HCL 10 MG TABS			
AMITRIPTYLINE HCL 100 MG TAE			
AMITRIPTYLINE HCL 150 MG TAE			
AMITRIPTYLINE HCL 25 MG TABS			
AMITRIPTYLINE HCL 50 MG TABS			
AMITRIPTYLINE HCL 75 MG TABS			
AMITRIPTYLINE HCL POWD			
AMARANTH 25 MG CAPS			

- Portal Data Masking for Procs** - The optional factory starter kit contains a small set of procedures orders likely to be masked. Edit this list of sample procedures to add or remove orders you want to exclude.



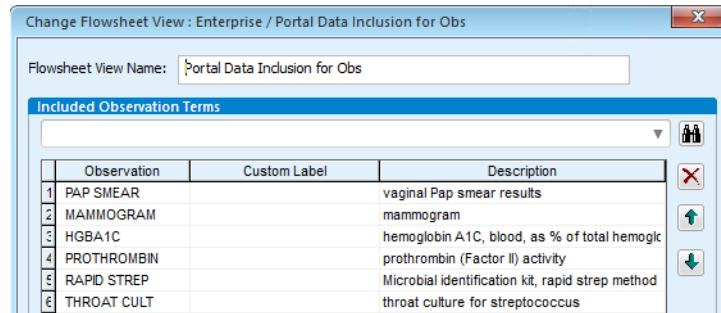
Data masking for observations included in lab results

Data masking for observations is accomplished using the flowsheet view **Portal Data Inclusion for Obs**. This is an inclusion list because the number of observations you'll want to send is likely much smaller than the total list of factory observation values (3000+). You'll want to also add your custom observations.



If you create your own flowsheet, save it to the root of the **Enterprise** folder to ensure the system can access it.

Only values on this flowsheet will be sent when they are saved to the chart. Edit this view to add all values you want to display on the portal.



To start with a larger list and remove selected observations, do the following:

- 1 In **Administration**, go to **Chart > Flowsheet Views** and then open the **Enterprise > Interfaces > CCD** folder.
- 2 Select the **Diagnostic Results** view and click **Copy**.
- 3 Name the new view to **Portal Data Inclusion for Obs** or to a temporary name for building, and then rename when you are ready. All observations will be sent until you create a flowsheet with this name with only the terms you want.

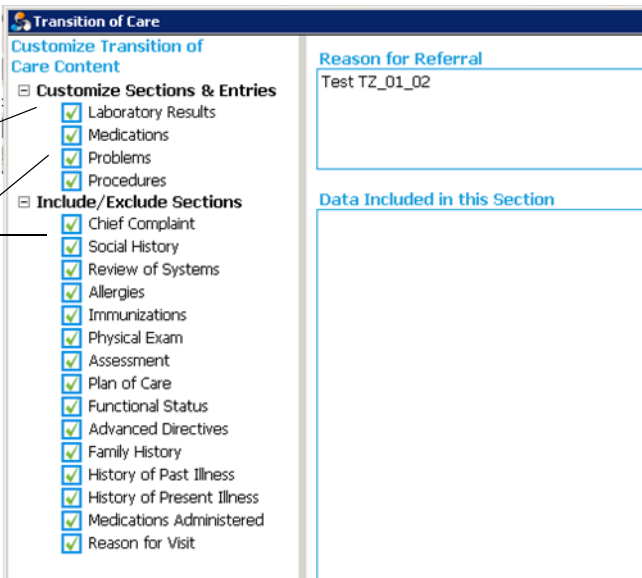
Important. This new view must be at the root of the **Enterprise** folder with the name **Portal Data Inclusion for Obs**.

Transition of Care document enhancements

In this release, the Transition of Care (TOC) CCDA has been shortened and is easier for providers to review and customize.

- **TOC document is now encounter-specific, except where CMS requires** otherwise, such as all active medications and problems.
- **All chart sections with data that was updated in the encounter are included in the TOC document** and the provider can choose to remove sections that are not relevant for the transition of care.

Create a Transition of Care Document in the Orders module by right-clicking on an order. On the Preview screen, you can remove an entire section or customize its content.



Select one of these sections to view individual items to exclude. Check/uncheck displayed items to include.

Uncheck a section to remove all its content. The section heading appears in the document with a note that content is not available.

- **Sections added for customization:** Review of Systems, Physical Exam, Advanced Directives, Family History, History of Past Illness. These sections are included because they might include information relevant to the transition of care. Providers can customize the document to exclude these sections if appropriate.
- **Displayed data is Visit Specific, Date Based, or Most Recent.** While some sections require display of All Active data (problems, medications), most data are included that were added in the visit. The latest lab results observations are sent, including historical observation data.

Certain other recent data prior to the clinical date of the parent document might be included if the provider chooses to include them. For example, when social history, family history, advanced directives, and functional status assessments are checked for inclusion, if there is no relevant data from the current visit then data entered in a previous encounter will be included.

Export ICD-9 or ICD-10 problem code or both in HL7 messages

New LinkLogic export diagnosis code constraints for problems, procedures, and orders replace previous single option to export diagnoses with only ICD-9 codes.



To configure settings, in Administration, go to **System > LinkLogic > Task Options > Export Tasks** and then select the appropriate export task.

Under Export diagnosis code settings, you can now choose from the following options:

- **Export diagnoses with 2 codes** - sends ICD-10 and ICD-9 codes if both are available. Sends ICD-10 code and SNOMED code if no ICD-9 code is available. (Default setting for new installations)



On upgrade to SP11 from earlier versions your previously selected value will be retained.

- If *Export diagnoses with only ICD-9 codes* was checked before upgrade, then on upgrade *Export diagnoses with only ICD-9 codes* is set.
 - If *Export diagnoses with only ICD-9 codes* was unchecked before upgrade, then *Export diagnoses with 2 codes* is set.
-

- **Export diagnoses with only ICD-9 codes** - sends only the ICD-9 code for each diagnosis.
- **Export diagnoses with only ICD-10 codes** - sends only the ICD-10 code for each diagnosis. SPR 63757



Clinical users can capture NKA and NKDA separately

Chart users can now capture No Known Drug Allergies (NKDA) when an environmental or food allergy is present in the patient chart. When no allergies are documented, the No Known Allergies (NKA) check box is available. Once a food or environmental allergy is added, the No Known Drug Allergies (NKDA) check box is available. SPR 64053

Cloud-based Advanced Specificity Problem Search available

Cloud-based Advanced Specificity Problem Search previously in limited availability for testing in SP10 is now available for all customers. In this release, search methods are enhanced to improve the specificity of results returned.

When this feature is enabled in **Administration** (in **Advanced Features**), all providers (enterprise-wide) using **Full Reference Search** in **Chart** or users searching in **Billing** and **Case Management** will access the latest HLI ICD-9 and ICD-10 code database and can quickly find and select the most specific diagnosis code for billing.

- Advanced Specificity Problem Search has been modified so it returns precisely the result a user selects from the Advanced Specificity Problem Search window. SPR 64113
- The Internet URL site type for Advanced Specificity Problem Search cannot be inadvertently changed in Administration and interrupt the connection. SPR 64140

Changes impacting Meaningful Use / Quality Measures reporting

This section includes important information about fixes and enhancements impacting Meaningful Use Functional and Quality Measures reporting. in this release and in related Knowledgebase and Clinical Quality Reporting (CQR) web site updates.

Functional Measures fixes

Important. In most cases, the following fixes prevent a specified problem going forward. To correct issues in past patient records, you must manually reset and rerun your FM subscription for the reporting period before attestation.

Contact GE Support or your supporting VAR organization to configure and resend your data.

Objective 5: Referral orders included in Summary of Care measure denominator

Previously, when a user completed a Transition of Care referral order on the same day that it is signed, it was not sent to CQR even though it was marked as Transition of Care. In this release, a script finds these events and resends them to CQR for inclusion in the calculation. Affected measures include:

FNC_2_Core_15v2 Summary of Care Measure B
FNC_2_Core_15v1 Summary of Care
FNC_1_Menu_8v1 Transition of Care Summary



With the Modifications to Meaningful Use in 2015 Through 2017, the second and third measures are now obsolete.

Important. To correct these omissions historically, you must manually reset and rerun your FM subscription for the reporting period.

If you use **Centricity Clinical Messenger** with **Centricity Patient Portal**, you must also upgrade to v6.4.15, available separately from GE or your VAR or from Surescripts. SPR 64332

Objective 5: Summary of Care numerator and denominator match if order is changed after being signed

Under several workflow scenarios, when a Transition of care document was sent electronically, the numerator might be recorded using the wrong ID to link the numerator to the denominator, causing unmet measure results. In this release, a script finds these misattributed events and resends them to CQR Web site for inclusion in the calculation.

This affects **FNC_2_Core_15v2 Summary of Care Measure B**.

Important. To correct these errors historically, you must manually reset and rerun your FM subscription for the reporting period.

If you use **Centricity Clinical Messenger** with **Centricity Patient Portal**, you must also upgrade to v6.4.15, available separately from GE or your VAR or from Surescripts. SPR 64718

Centricity Clinical Messenger / Centricity Patient Portal v6.4.15

Surescripts has made the following TOC-related changes in v6.4.15:

- TOC workflows and the SM-TOC encounter form now write the correct order ID to the MUActivityLog, increasing CQR numerator counts for measure 15.
- When there is more than one order associated with an encounter document, the correct referral order information is identified by Surescripts, entered in the MUActivityLog, and sent to CQR.
- All transition of care messages contain the required CCDA when Direct protocol is used. The workflow is compliant with CMS requirements and all messages are counted for Meaningful Use. SPR 64630

Contact GE, your Value-Added Reseller, or Surescripts for upgrade information.

Objective 8: PATPORTALPIN correctly counted Electronic Access measures

A change in Service Pack 7 designed to add historical MUActivityLog entries for the PATPORTALPIN observation term used an incorrect parameter to determine whether to report patient access to the portal. As a result some patients' access was not counted toward Stage 1-2 Patient Electronic Access measures:

FNC_1_Core_11v1 Patient Electronic Access

FNC_2_Core_7v1 Patient Electronic Access

In this release, a script checks for these errors and automatically resends reporting data for affected patients and providers to the CQR Web site for inclusion in the calculation. Manual reset of FM subscription is not required. SPR 64741

Objective 4: ePrescribing (eRx) patients provided medications with Samples Given method excluded from denominator

According to CMS, only prescriptions written for drugs requiring a prescription to be dispensed should be included in the denominator. Samples given do not require a prescription. A patient who received a medication with the prescribing method of Samples Given is now excluded. Affected measures include:

FNC_1_Core_4v1

FNC_2_Core_2v1

Important. To correct these errors, you must manually reset and rerun your FM subscription for the reporting period. SPR 64839

Clinical Quality Measure fixes

In most cases, the following fixes prevent a specified problem going forward. To correct issues in past patient records, you must apply the September Full Knowledgebase update and manually reset and rerun your CQM subscription for the reporting period before attestation.

Contact GE Support or your supporting VAR organization to configure and resend your data.

CCDA failure for getAssessmentDataforProblem errors no longer occur

Previously, in larger databases occasionally some patient charts included problem assessments that were not linked to problem. The CCDA builder failed when it encountered these orphaned assessments, causing the CQR Dashboard to display the only the PID for a patient with no other demographic information. SPR 64706

CCDA sends Physical Exam section and includes BMI% observation value

Previously, a physical exam section was not imported into CQR. Exam sections for the following measures are now always sent. SPR 62743

- **CMS 123** Diabetes Foot Exam
- **CMS 131** Diabetes Eye Exam
- **CMS 155** Wt Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - BMI% observation term is now included.

See also ["CAMs not required for procedures, interventions, physical exam elements" on page 49](#).

CCDA builder exports procedures or interventions

The CCDA builder now exports procedures and interventions recorded as observations that were previously not included. See also ["CAMs not required for procedures, interventions, physical exam elements" on page 49](#). SPR 62850

Impacted measures include:

- **CMS 22** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented – exercise counseling sent.
- **CMS 130** Colorectal Cancer Screening – risk factors form and colonoscopy result recorded as observation sent.
- **CMS 68** Documentation of Current Medications in the Medical Record – Meds Reviewed observation sent.
- **CMS 155** Wt Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents – counseling elements provided during a visit recorded as observations sent.
- **CMS 169** Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use – “How much do you drink” results sent.

Clinical list entries removed as Entered in Error excluded

CCDA builder now excludes clinical list entries (problem, medication, allergy, and so on) removed with reason Entered in Error so they are excluded from measures. This change impacts all CQMS. SPR 64230

CCDA physical exam section includes a coded result attribute

Observation values now have a mapped coded value type that will send a code for values like “positive” or “negative” previously recorded as text for CMS2 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan. CQM_MAP table has two new columns *ResultCode* and *ResultCodeSet* to store these values. SPR 59756

SNOMED diagnosis codes missing in SP 10 restored

Problem Full Search now stores certain SNOMED codes needed for Quality Reporting when a CCDA is generated. The impact is limited to the following measures and to values used to exclude patients from the count for a measure: **CMS 56, CMS 61, CMS 64, CMS 66, CMS 90, CMS 117, CMS 132, CMS 135, CMS 140, CMS 144, CMS 145, CMS 149, CMS 165.**

Important. This release corrects the problem going forward. Apply the September Knowledgebase update to address post-SP10 entries. SPR 64176, SPR 64275

Feature enhancements impacting reporting workflows

CAMs not required for procedures, interventions, physical exam elements

Prior to this release, using Conditional Action Metrics (CAMs) to add orders when an observation is recorded was the only way to add certain codes. The application now automatically sends codes for observations to CQR in the CCDA for codes in these QDM categories: **Procedures** and **Intervention and Diagnostic Study**. After installing this service pack, procedures such as **Colonoscopy** and **Meds Reviewed** do not require orders to be sent to CQR. You may disable CAMs for these data after the upgrade. See "[CCDA builder exports procedures or interventions](#)" on page 48.

In addition, the physical exam elements for foot exam and eye exam are included as observations with exam codes specified in the quality measures. See "[CCDA sends Physical Exam section and includes BMI% observation value](#)" on page 48. You may also disable CAMs for these after upgrade.

Data Mapping allows users to exclude values such as Patient Refused

Users can now map an observation to a code and exclude selected values such as "patient refused," "medical reason," and other unique values used by providers that should not be mapped. A new map type, *NotExactCodeDescription*, is added to the CQM_Map table to store excluded values. SPR 63708

To map observation values for exclusion, do the following:

- 1 Go to **Administration**, in **Codes > Settings > Data Mappings** and access the Data Search tab.
- 2 To view observation values used in your organization, enter a text string or code for an observation in the **Search** field and then check **Include Observations** and **Include Values from Patient Records** before searching.
- 3 In the list of returned values, when you select an observation term value mapped to a code, the **Exclude Mapping** button becomes available.

- Select a value that should not be mapped to the code and then click **Exclude Mapping** to exclude it. The code will be crossed out in the **Mapped To** column for the excluded value. (See screenshot below)

System > Data Mapping

eMeasures Explorer Data Search

Selected Data Code: **LOINC 59574-4: Body mass index (BMI) [Percentile]**

Data Type Filters

Include Observations Include Orders

Include values from Patient Records

Frequency Filters

Minimum Frequency: 1 Start Date: 6/15/2015

Search For: dep

Search Results

Note: All italicized entries are defaults and can be [Show Mapped](#) [Add Mapping](#) [Exclude Mapping](#) [Remove Mapping](#)

Type	Code	Description	Value	Frequency	Mapped To
Observations	<i>DEPAKOTELVL</i>	<i>depakote (divalproex sodium) level, serum</i>		<i>Mapped but frequency too low</i>	<i>GEFolder 1234</i>
Observations	<i>MAXSTLEVEL</i>	<i>Maximum ST level (maximum ST depression)</i>		<i>Mapped but frequency too low</i>	<i>GEFolder 1105</i>
Observations	<i>TRICYC.TOT</i>	<i>tricyclic antidepressants, serum, quantitative</i>		<i>Mapped but frequency too low</i>	<i>GEFolder 1248</i>
Observations	DEPSCREEN	Depression Screening	negative	1	LOINC 59574-4
Observations	DEPSCREEN	Depression Screening			LOINC 59574-4
Observations	DEPSCREEN	Depression Screening	negative		LOINC 59574-4
Observations	DEPSCREEN	Depression Screening		1	

Important Knowledgebase updates

When upgrading to a service pack, you should always apply ALL the latest full and incremental Knowledgebase updates.

This section includes information about specific Knowledgebase updates that work with this release to correct issues.

September Full Knowledgebase update

This update includes/supports:

- **Coded result attribute changes** for CMS 2 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan.
- **2015 Value Set changes** for Clinical Quality Measures.
- **A script to correct SNOMED diagnosis codes** documented after SP10 and impacting CMS 56, CMS 61, CMS 64, CMS 66, CMS 90, CMS 117, CMS 132, CMS 135, CMS 140, CMS 144, CMS 145, CMS 149, CMS 165. Note that after upgrade to SP11, all codes entered after upgrade will also be correct. SPR 64275



For full details, see the **September Full Knowledgebase** release notes available at <https://engage.gehealthcare.com/community/en/cps/downloads#knowledgebase>.

Other relevant changes

This section describes other important recent changes related to Clinical Quality and Functional measures.

See the latest posted version of the **Quality Reporting Guide** for all measure change details at <https://engage.gehealthcare.com/community/en/cps/quality-reporting-community>.

CQR v1.5 (November 13, 2015)

Refer to the CQR 1.5 release notes for full details of this release, which includes these measure-related fixes:

- **CMS 126 / NQF 0036 / PQRS 311 Use of Appropriate Medications for Asthma -** All medications ordered and medications administered are treated as Medication, Dispensed in the numerator.
- When a patient encounter uses a SNOMED code and another encounter uses a CPT code, they are counted as two episodes for the same visit for episode-based measures. Now CQR treats these two encounters as one episode if they meet these three criteria:
 - Encounters are performed by the same provider.
 - Encounters have the same start date.
 - Encounters belong to the same value set.

This fix applies to these three episode-based measures.

- **CMS68 / NQF 0419 / PQRS 130** Documentation of Current Medications in the Medical Record
- **CMS146 / NQF 0002 / PQRS 66** Appropriate Testing for Children with Pharyngitis
- **CMS154 / NQF 0069 / PQRS 65** Appropriate Treatment for Children with Upper Respiratory Infection (URI)

CQR v1.4.5 (October 2, 2015)

The **CQR v1.4.5 release** supports these new measures:

- **CMS 2 v4 (NQF 0419 / PQRS 134 / GPRO PREV-12)** - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan - **Requires SP11 and September Full Knowledge Base update.**
- **CMS 64 v4 (PQRS 316)** - Risk-Stratified Fasting LDL-C (for PQRS combined with 61v4)
- **CMS 66 v3 (PQRS 375)** - Functional Status Assessment for Knee Replacement
- **CMS 90 v 4 (PQRS 377)** - Functional Status Assessment for Complex Chronic Conditions
- **CMS 145 v4 (NQF 0070 / PQRS 7)** - Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
- **CMS 149 v4 (PQRS 281)** - Dementia: Cognitive Assessment
- **CMS 158 v3 (NQF 0608 / PQRS 369)** - Pregnant Women that had HBsAg Testing
- **CMS 169 v3 (/ NQF 0110 / PQRS 367)** - Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use

CQR v1.4.5.1 (October 9, 2015)

- **Functional Measure: Stage 1 and Stage 2 Medication Reconciliation -** Previously, Medication Reconciliation was counted the first time a patient was seen by any provider in each provider's denominator. Medication Reconciliation is now counted in the denominator only for the first provider who sees the patient within the same clinic. If the patient sees two providers on the same day for the first time, the Medication Reconciliation is counted in the denominator for both providers. (ALM 1493 and SPR 63836)

CQR v.1.4.4 (August 2015)

In the CQR v1.4.4 update, all 36 measures supported by CQR were modified to meet the July 2014 specifications, required for the 2015 reporting period. This is also reflected in the August Incremental Knowledgebase update noted above.

Service Pack 11: Important Product Notifications

!!! Administrators and Risk Managers should review these Important Product Notifications for details concerning resolved critical product functionality issues.



The following issues were resolved in this release:

Application allows users without override interaction permissions to acknowledge dosing warnings

Corrected a problem that allowed a user without the override interaction privilege to acknowledge the dosing warnings by clicking Override in the Drug Dosing suggestion window. SPR 63586

!!! The behavior of the product has changed. Some users might be unable to dismiss a message they were previous able to dismiss and unable to sign the document as result. Other users might be prompted during an encounter for an interaction override reason where previously they were not required to give a reason.

Please check provider permission settings to confirm desired behavior and understand why this might be occurring.

Special characters entered as values on flowsheet cause issues on Immunization History View

Immunization Migration Wizard v1.51 released earlier this year automatically removes special characters that might cause problems. This corrected an issue causing Immunization History View to display MEL functions above Table when special characters were entered as values prior to running Immunization Migration Wizard. If you are running an earlier version consider upgrading to this version. SPR 62073

Service Pack 11: Fixed issues



The following issues were resolved in this release:

- **Preferences** - Administrator-set Schedule preferences for individual users now persist in the Administrator's view after making changes for a user and logging out. Previously, Administrator's changes were saved and visible to the user but not for the Administrator. SPR 53757
- **Problem Search**
 - Quick Search using Smart List no longer displays problems marked as Inactive (non-billable). SPR 64471
 - Advanced Specificity Search has been modified to return precisely the result a user selects from the Advanced Specificity Problem Search window. SPR 64113

- **Advanced Specificity Problem Search** - Client no longer crashes when Advanced Specificity Search is enabled and user adds certain ICD-10 codes to the patient chart. SPR 64553
- **Transition of Care (TOC) CCDA**
 - Checked/unchecked data items in Transition of Care "Customize Sections & Entries" sections are now properly included/excluded in the generated CCDA document. SPR 64509
 - Restored the ability to see latest historical labs in the Lab Results section of the TOC CCDA per recently finalized 2015 Proposed Rules for Stage 2. SPR 64655
- **KB Update** - Upgrade to SP11 after applying September KB update does not fail. A mismatch in the cqm_map.dsv file between the application and the September KB update has been corrected. SPR 64618

Administration

- Customize Letter Window in Administration now includes full view option. Click the maximize icon in the upper right corner to expand. Click again to minimize. SPR 63964
- The Internet URL site type for Advanced Specificity Search cannot be inadvertently changed in Administration and interrupt the connection. SPR 64140

Billing

- A user without appropriate permission is not prevented from using Batch Closing Override. SPR 60778

CCDA

- Corrected an issue causing CCDA validation errors when spaces are included in the Immunizations section Translation Code attribute value. SPR 59946
- CCDA now always includes the manufacturer Organization's standardIndustryClassCode. SPR 62374

Centricity Framework

- When running the Chart module in the Framework, Medication Override Reason list can now be accessed. SPR 64107

Chart

- Chart document view no longer randomly resizes to a smaller size. SPR 62420
- Corrected an issue where after an application error while documenting an office visit, pending observation terms were SIGNED at the moment of the error, even though the note remained unsigned. SPR 63017
- Patient Banner no longer disappears occasionally when the Enter key is pressed, for example, after discarding an open document or immediately after selecting a patient's chart. SPR 63923
- Immunization Management form no longer crashes on Save when using the "Preload" encounter type. Previously, the form crashed if it was the only or first form listed in the document template associated with the encounter type. SPR 63821
- TOC document now linked to master document directly instead of as a child of append. SPR 64158
- Corrected issue that prevented users from double-clicking to open an on-hold Clinical Visit Summary. SPR 59408

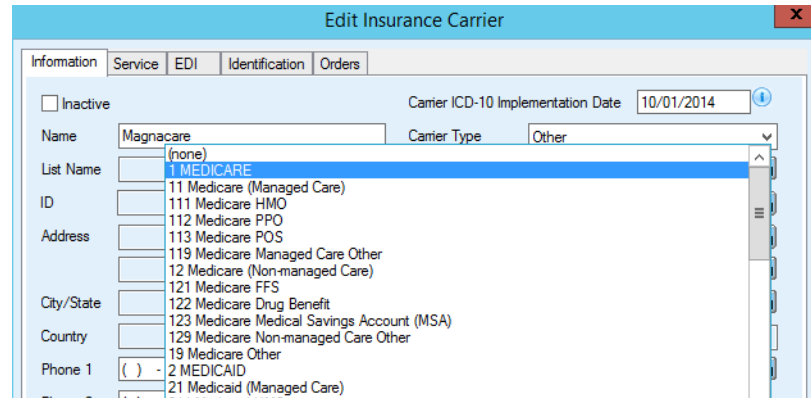
- Application allows users without medication override privileges to acknowledge dosing warnings. SPR 64036

Common Event Model

- Corrected coding to prevent "Payload is not generated for the Job" errors in JMX Console when encountering certain null and empty values. SPR 63095

ICD-10

- Source Of Payments list on Insurance Carrier Information tab now displays the SOP Code before the Description to facilitate updates required for PQRS reporting. Previously only the Description displayed. SPR 64108



- Superbill report no longer prints ICD-10 code as ICD-9 code. SPR 62314
- Problem Custom Lists now permit users to edit the ICD-10 code field. SPR 63941
- Find Problem workflow for some billable codes no longer returns an ICD-10 diagnosis SNOMED code link that is a duplicate of the ICD-10 code when the SNOMED code should be null. SPR 64272

LinkLogic / DTS

- DTS Export Hereafter setting now works properly with multiple DTS and starts exporting changes from the hereafter time value as soon as it is set. SPR 61427
- LinkLogic now provides a way to send only an ICD-10 or ICD-9 code. For details, see ["Export ICD-9 or ICD-10 problem code or both in HL7 messages"](#) on page 44. SPR 63757

Messaging implementations

- ChartLinx messaging now sends/receives data directly from chart to messaging. The messaging tab also correctly identifies when unsigned clinical list items are present. Previously, the Attach Chart window displayed a warning message for presence of unsigned clinical list items when there were no unsigned items on the patient chart. SPR 63978, 63982, 63823

Performance

- Addressed a performance issue in archive_obs. Resolution also prevents archive_obs from being repeatedly exported by DTS. SPR 63363, SPR 62373
- Corrected a coding issue that caused exception in "CMainFrame::OnClose" when user clicked the X button multiple times on the application main menu page. SPR 64152
- Application no longer crashes when the New Medication window is forced to close during an Idle Timeout. SPR 64122

- Improved coding to enhance performance and reduce Chart open time. SPR 64123
- Fixed an issue where *Lastmodified* and *Lastmodifiedby* columns were not updating when making a change to a patient contact. SPR 63030
- Enhanced DocRoute (route lost documents job) to run more quickly. SPR 64144

Printers / Printing

- Printers specified for a service provider are now honored when tests and referrals are printed out during an update. SPR 63920

Problem Search

- Find Problem workflow for some billable codes no longer returns an ICD-10 diagnosis SNOMED code link that is a duplicate of the ICD-10 code when the SNOMED code should be null. SPR 64272
- Users can search for any keyword in quick search, using the *Smart List with a searchable entry in the Most Used Problem list. SPR 64142
- Problem Full Search now stores the SNOMED code needed for Meaningful Use when a CCD is generated. SPR 64176
- The Internet URL site type for Advanced Specificity Search cannot be inadvertently changed in Setup and interrupt the connection. SPR 64140

Service Pack 10: New features and enhancements



Problem search - enhanced usability with ICD-10 specificity support

This release provides enhanced problem content and search capability / usability. It includes enhanced synonym support for Smart List searching, more accurate and complete mappings, simplified search workflows, and the ability to identify and quickly select the most specific (billable) codes.



A *billable* code contains enough specificity to be considered a valid diagnosis for billing. Factors such as clinical documentation, associated procedures, and individual payer requirements all affect the actual reimbursement of a specific diagnosis.

These changes address a variety of reported issues related to incorrect mappings and descriptions returned in search for ICD-9 and ICD10 codes. SPR 53769, SPR 53822, SPR 53823, SPR 54143, SPR 54975, SPR 59334, SPR 56429, SPR 59456, SPR 59579, SPR 59615, SPR 59796, SPR 59796, SPR 60121, SPR 60123, SPR 60125, SPR 61405, SPR 62002, SPR 62053, SPR 62142, SPR 62336, SPR 62238, SPR 62247, SPR 62259, SPR 62260, SPR 62336, SPR 62338, SPR 62415, SPR 62509, SPR 62510, SPR 62805, SPR 62930, SPR 63082, SPR 63173, SPR 62247, SPR 62930, SPR 63082, SPR 63173, SPR 63347.

- **Problem descriptions increased** from 27k to 97k in the database for richer code set.
- **Search algorithm enhanced** to increase precision and accuracy of the search.

- **Quick Search Problem Search only displays codes that are specific enough for billing.** *Specific* codes are defined as Active and with appropriate specificity (no child codes).



Once a provider selects a diagnosis three times, it's added to their Smart List to speed up searching. Smart Lists are used in the Quick Search and Full Reference Problem Search features.

Some codes added to a provider's Smart List might be invalid, incorrectly mapped, or lacking specificity. Now, however, only codes that are specific enough for billing are returned in Smart List search.

Quick Search, Full Search, and Smart Search for Problems will not filter out codes that are outside the bounds of an Effective and Expiration date range specified in Administration > Edit Diagnosis.

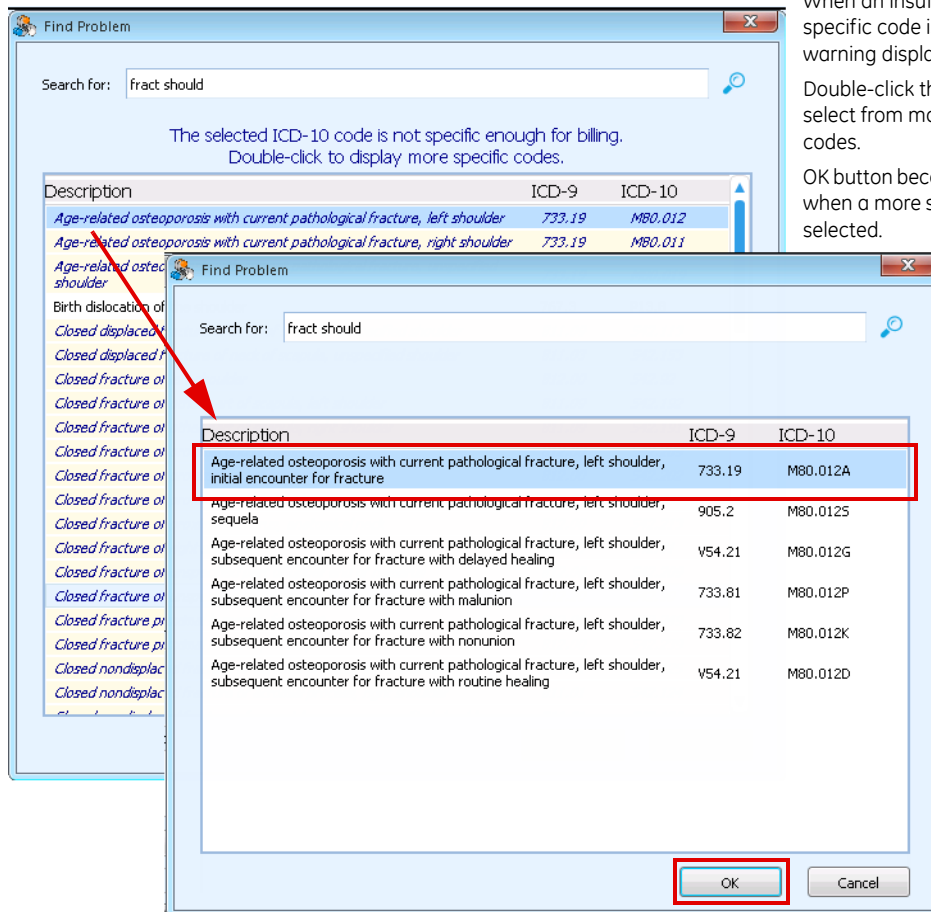
- **Problem Custom Lists** - Codes that are not specific enough for billing purposes do not display in problem lists.



You should review custom lists to remove/replace invalid codes with more specific codes and to assure accuracy in the mapped ICD-10 codes. See "[Problem list cleanup](#)" on page 58, for help identifying problem codes that should be updated.

- **Full Reference Search no longer displays the ICD-9 folder "drill down" hierarchy.** Instead, the search displays group level codes and more specific codes depending on the search. Show Inactive Codes check box is also removed from the search window.
- **Full Reference Search always searches both ICD-9 and ICD-10 codes** and retrieves codes based on clinical concept, so it is no longer necessary to choose a code type before searching. SPR 54777
- **Group codes or other codes not specific enough for billing display in *italic* in the results window and cannot be used.** Double-click these codes to drill down to related codes with greater specificity that can be used.

- **Insufficiently specific codes cannot be added to the patient's problem list.** When you select a code that is not specific enough for billing, the OK button is disabled and a warning displays.



When an insufficiently specific code is selected, a warning displays.

Double-click the code to select from more specific codes.

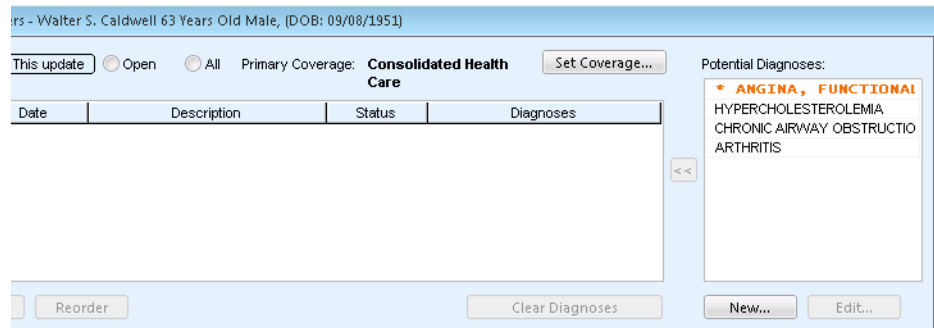
OK button becomes available when a more specific code is selected.

Orders module - enhanced usability and ICD-10 specificity support

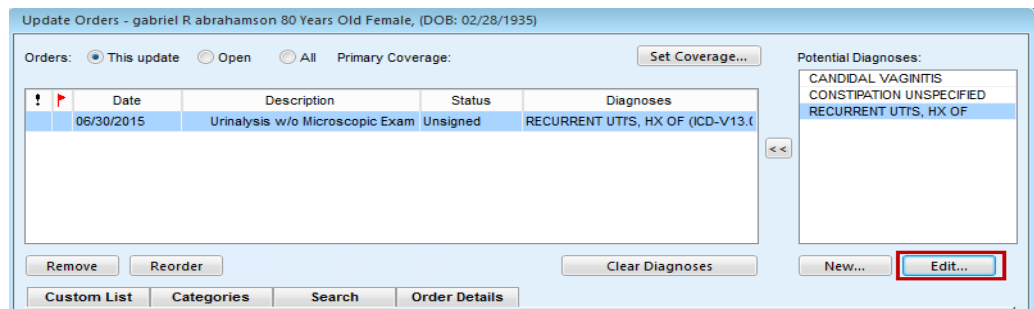
- **Orders module - ICD-10 specificity indicator.** When you select a diagnosis from the Orders **Potential Diagnoses** list, a code that is not sufficiently specific for ICD-10 displays in orange with an asterisk like this example: * **BRONCHITIS** and should not be associated with the order. The system will display a warning but will not prevent you from associating the code with an order.

To see more information associated with the code description, hover over the code to see the ICD-9 and mapped ICD-10 code. You must select another diagnosis code from the list for the order, or click **Edit** and search for a more

specific code (see below). This workflow preserves the history with the previous code.



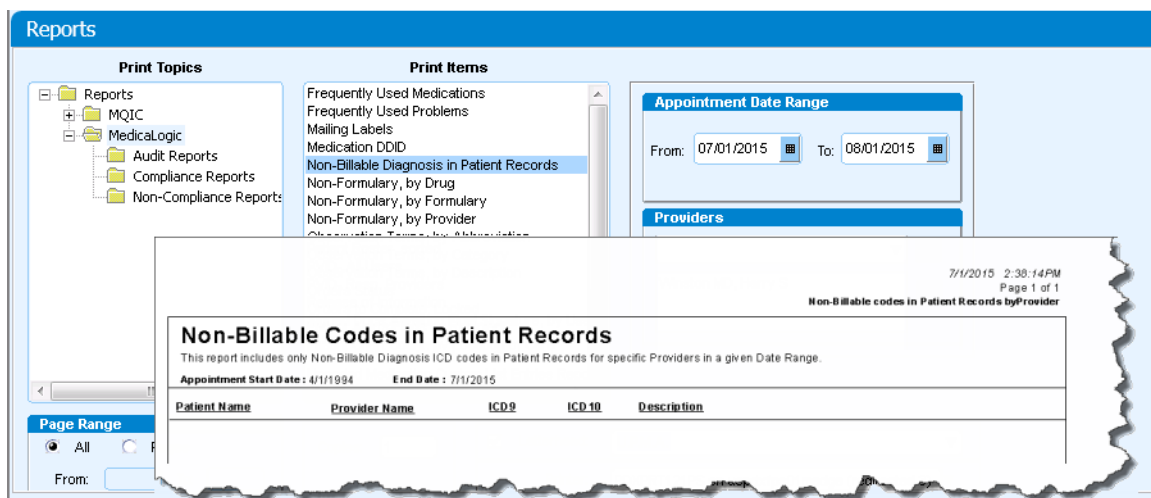
- Orders module - Edit a diagnosis for an order in the Orders module** - To change a diagnosis in the **Potential Diagnoses** list, select it and then click **Edit**. Then search for and change the diagnosis on the **Edit Problem** window.



Problem list cleanup

With the transition from ICD-9 to ICD-10, it is necessary to review existing active problem lists for patients because they were originally coded with ICD-9 concepts and more specificity might be required. Custom problem lists should also be reviewed for accuracy in mapped ICD-10 codes or redesigned altogether to accommodate new coding concepts.

Existing problems in a patient chart may have codes that are not sufficiently specific for billing, so you can run **Non-Billable Diagnosis in Patient Records** (Crystal) report to identify such problem codes for patients with past or future appointments and gradually update charts with more specific codes.





Additional ICD-10 planning and preparation and problem list clean up resources are available on the Services Portal ICD-10 Web page. For details, see "[ICD-10 planning and preparation resources on the Service Portal](#)" on page 62.

Cloud-based advanced specificity problem search with clinical attributes options

Cloud-based **Advanced Specificity Problem Search** is available in limited release to select customers based on number of users. If this feature is enabled for your organization, when you use the **Full Reference Search** in **Chart** or in **Billing** and **Case Management**, you'll access the latest HLI ICD-9 and ICD-10 code database where you can quickly find and select the most specific diagnosis code for billing. This feature must be enabled by GE Support.

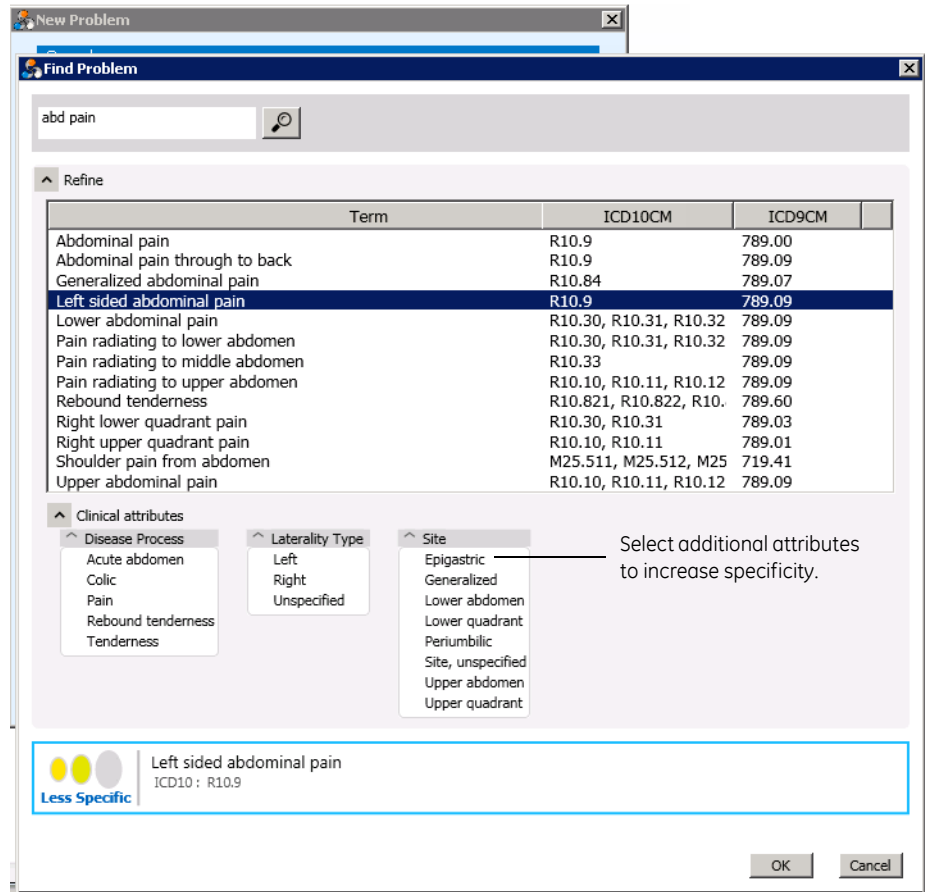
- **Enable cloud-based problem search** - If enabled for your organization, in Administration, go to **Advanced Features** and check **Enable Advanced Specificity Problem Search**.
-






Confirm your firewall permits workstation access to this URL:
<https://ge1.healthlanguage.com/le-services-342/soap/query>

- If your site loses Internet access, return to setup and uncheck this option to switch to the on-premise version of problem search.
- **Search for and select the most specific code using Clinical Attributes** - From search results, select a term to review its level of specificity for ICD-10 billing. Where relevant, select additional Clinical Attributes for a more specific code, such

as disease process, anatomical site, causative agent, episode of care, laterality, stage, healing, time course, fracture type, and so on.



As you select attributes, icons indicate the level of specificity.

If you see this...	Do this...
 Not Specific	This code is not sufficiently specific to be billable. Select another code or select additional clinical attributes.
 Less Specific	This code is billable, but additional clinical attributes will make it more specific.
 Most Specific	This code meets all specificity requirements.

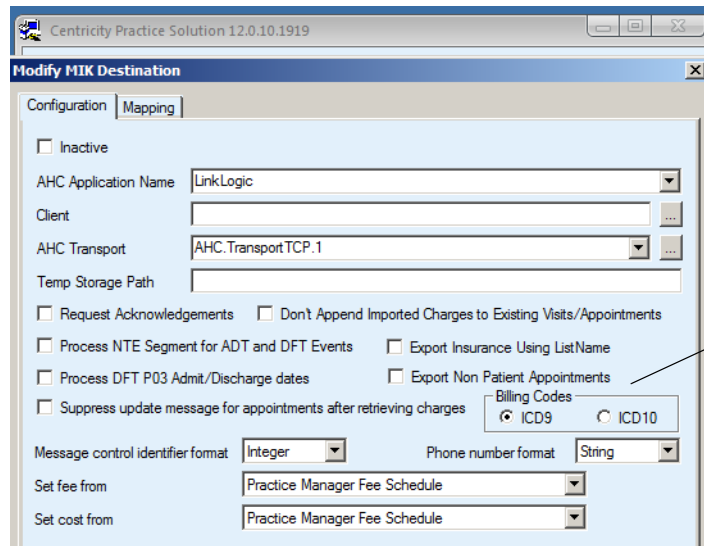
Build and manage Task queues with Diagnoses as a criteria

In **Task Management > Queue Administration > Build Queues**, the **Queue Criteria** pane allows users to search for and add one or more diagnoses to associate with the visit using the Find Diagnosis window. The application also alerts you when you have entered an invalid code.

Interoperability - MIK

MIK can determine the correct ICD code when duplicate code names exist in ICD 9 and ICD 10. When problem codes are received from an external system without a coding system name value, sometimes a unique match cannot be found based on the code value alone if the code value exists in both ICD9 and ICD10 code databases. When this happens, MIK sends “???” for the code to the Notes tab and notes that “MIK import found multiple codes matching the diagnosis”. To prevent these unmatched codes, MIK now matches using both the code value and the code system name. The coding system database to search is set to ICD9 by default in MIK Destination setup.

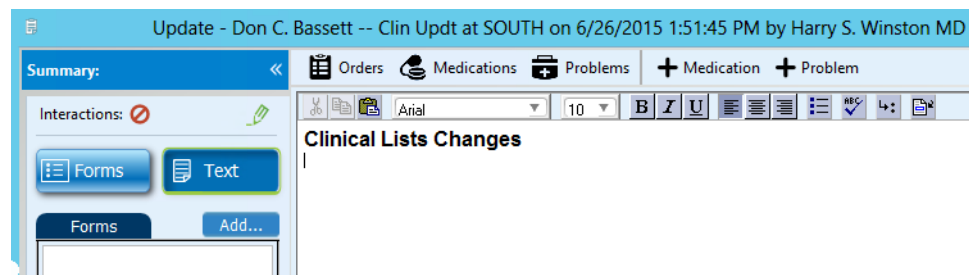
Important. When your organization implements ICD10, change this setting to ICD10. SPR 63443



MIK searches and matches to ICD9 code type by default. Switch option when you implement ICD10.

Other usability enhancements

Launch Update Medications, Problems, and Orders windows from Chart Update viewer. Buttons have been added to the Update Chart window to open Update Medications, Update Problems, and Update Orders. SPR 63076



New forms added to CCC Basic v1.2

- **Patient Education Form:** Added new demo form which recommends handouts based on the patients problems, medication and age. The user edit file CCCQE-User-Edit-Patient-Education.txt located in the CCC folder of the package contains information on how to customize and use this form.
- **Patient Education-WCC:** New form helps provide appropriate handouts based on the patient's age. Designed for pediatric specialty. The user edit file CCCQE-User-Edit-Patient-Education.txt located in the CCC folder of the package contains information on how to customize and use this form.

- **Referral Loop-CCC:** Can be used to review consultation reports. The form generates orders for the visit with appropriate SNOMED codes. Click “About” while in the form for full instructions.

ICD-10 planning and preparation resources on the Service Portal

- **ICD-10 portal community** - Go to this area on the Service Portal for ICD-10 planning and preparation tools, active discussion forum, Webinars, and other external resources. Go to the main portal page for your product and then under **Communities** select the **ICD-10** link.
<https://engage.gehealthcare.com/community/en/cps>
- **ICD-10 Webinar series** - numerous webinars presented over the past year provide detailed start-to-finish guidance for every aspect of your ICD-10 implementation. Find slides in PDF format and webinar Webex recordings on the ICD-10 community site under **View Past Webinars**.
- **Referral sources to outside vendors** offering coding training, auditing at:
[https://engage.gehealthcare.com/community/en/cps/cps-icd-10/content?filterID=contentstatus\[published\]~category\[referral-services\]](https://engage.gehealthcare.com/community/en/cps/cps-icd-10/content?filterID=contentstatus[published]~category[referral-services]).
- **ICD-10 tools** - see Webinar and Site Roadmap for details. Resources include:
 - **ICD-10 Readiness Assessment** - step through requirements for ICD-10
 - **ICD-10 Project Plan** - spreadsheet project planning tool
 - **ICD-10 Preload EMR Clinical Kit** - Review active problem lists in prep for the transition & flag reviewed charts as ready
 - **Crystal Reports for PM ICD-10 Prep** - Top carriers by charges & visits, Top procedures by charges & visits, and top 100 diagnosis codes
 - **PM-Only Setup & Workflow Guide** - A companion to the PM setup and workflow webinars
 - **Problems CCC Editor** - Use this tool to assist in revamping your problems list
 - **Provider Audit Guide** - Audit documentation through claims payment to identify areas of improvement
 - **Specialty Specific Coding** - learn more about how to plan by specialty

ICD-10 Preparedness Custom Reports (Service Portal)

The following new Crystal Reports are available in a package on the Service Portal ICD-10 Web page. Additional report details and instructions for installing and using the reports is included with the package.

The first two reports listed below can be used if you are running the joint (EMR and PM) version of Centricity Practice Solution. The remaining reports can be used by PM-only or joint customers,

- **Billed ICD-9 Problems linked to Orders with Mappings** - This report runs against orders within the Chart module and lists problem descriptions previously associated to orders, the associated ICD-9 and ICD-10 codes linked to the patient problem, and the GEMS Mapped ICD-9 Related Diagnosis that would pull from the claim if the ICD-10 code were to be sent into billing after the IDC-10 Enterprise Date. If your practice is on the joint product and flipping the switch prior to October 1, 2015, this report will help you understand whether current problems will map from the ICD-10 code to the originally selected ICD-9 for billing purposes.

To identify any variations, use *Billed ICD-9 Prob Orders with Mapping Variations* report described below.

Responsible Provider: hariri jo		<u>ProblemICD9</u>	<u>ProblemICD10</u>	<u>Diagnosis Related1</u>	<u>Diagnosis Related2</u>
<u>Problem Description</u>					
Abdomen, acute		789.00	R10.9	789.00	
	Total Orders:	22			
Acid reflux disease		530.81	K21.9	530.81	
	Total Orders:	13			

- Billed ICD-9 Prob Orders with Mapping Variations** - Like the previous report, this report runs against orders within the Chart module and returns the same types of information only for problems where the ICD-9 code does not match the GEMS mapped ICD-9 code linked to the diagnosis. If your practice is on the joint product and is flipping the switch prior to October 1, 2015, it will help you understand which current patient problems if used as ICD-10 codes do not map back to the originally selected ICD-9 for billing purposes.

Sample variation			
CLOSED FRACTURE OF UNSPECIFIED PART OF FIBULA	823.81	S82.401A	823.21
Total Orders:	1		
Sample patient drill down			
CLOSED FRACTURE OF UNSPECIFIED PART OF FIBULA	823.81	S82.401A	823.21
<u>PatientId</u>	<u>ServiceOrdered</u>	<u>Order Description</u>	<u>Patient DOB</u>
10/6/2008 12:00:00AM	CPT-99215	Ofc Vst, Est Level V	8/16/1926 12:00:00AM
1337	walkington W raymundo		
Total Orders:	1		

- GEMS Diagnosis Mapping Variations Report** - This report returns results only if a user has edited preloaded GEMS mapped Diagnosis codes from the original GEMS mappings.

GEMS Mapped ICD-9 Diagnosis Variations										
<u>DxCode</u>	<u>description</u>	<u>GEMS Code1</u>	<u>GEMS Code2</u>	<u>DxCode2</u>	<u>GEMS Code3</u>	<u>DxCode3</u>	<u>GEMS Code4</u>	<u>DxCode4</u>	<u>LastModifiedBy</u>	<u>LastModified</u>
F06.32	Mood disorder due to known physiological condition with major depressive-like episode	293.83	293.83	293					hwinston	07/15/2015

- Reset GEMS Diagnosis Mapping Variations Active Report** - This report contains the same information as the GEMS Mapping Variation report. It only returns

results when the ICD-10 Diagnosis mappings have been edited. As with any active report, this will update data within the database and should only be used if you are confident your mappings should be reset to CMS GEMS mappings.

GEMS Mapped ICD-9 Diagnosis Variations

WARNING

This report can make data changes in your system. Please read these instructions carefully.

This report gives you the opportunity reset your ICD-10 related codes back to the CMS GEMS Mapped codes if they have been edited. If you select yes to update the database after printing or previewing this report the diagnosis related codes will be reset to the GEMS mapped codes from CMS.

<u>DxCode</u>	<u>description</u>	<u>DxCode1</u>	<u>GEMSCode1</u>	<u>GEMSCode2</u>	<u>DxCode2</u>	<u>GEMSCode3</u>	<u>DxCode3</u>	<u>GEMSCode4</u>	<u>DxCode4</u>	<u>LastModifiedBy</u>	<u>LastModified</u>
F06.32	Mood disorder due to known physiological condition with major depressive-like episode	293.83	293.83	293						hwinston	07/15/2015

- Insurance Carrier List by Payer Date Report** - This report identifies your insurance carrier ICD-10 Payer Readiness dates and any carriers that may not be set to an appropriate ICD-10 Ready date. You can filter by ICD-10 Payer Readiness Date, Insurance Carrier, Insurance Group, and the ability to Include inactive carriers.

Insurance Carrier List by PayerDate

<u>Name</u>	<u>dotid</u>	<u>Active</u>	<u>Address</u>	<u>City/State</u>
ICD-10 Payer Readiness Date: 10/1/2014				
Americhoice of NJ Personal Care Plus	62	Y	62 Americhoice of Street	sterling heights, AZ
Amerihealth HMO - NJ & DE	75	Y	75 Amerihealth HMO Street	port st. lucie, PA
Health Network America	354	Y	354 Health Network Street	toronto, NY

- Appointments with Balance & BillCode Report** - This report allows staff to prepare to ask patients for copay amounts and prior balances for the days appointments. It contains appointments for specified criteria such as resource, facility, appointment from, and appointment to dates. It displays patients

appointment times, patient name, billcode, budget amount, allocation set, patient balance, guarantor balance, and guarantor deposits.

Appointments with Balance BillCode							
Winston MD, Harry FMC 8/6/2015 12:00:00AM							
<u>Time</u>	<u>Patient Name</u>	<u>Patient ID</u>	<u>Appt. Type</u>	<u>Phone</u>	<u>Type</u>	<u>DOB</u>	
<u>Guarantor Name</u>	<u>Billcode</u>	<u>budget</u>	<u>AllocationSet</u>	<u>Patient Balance</u>	<u>Guarantor Balance</u>	<u>Guarantor Deposits</u>	
9:00 AM	galli, my A	2435		(434) 600-0537	Cell	07/31/1941	
	**galli, my A		\$0.00 35 Copay	(\$45.00)	(\$45.00)	\$45.00	
	Financial Class: Medicare	Status:		(864) 700-0139	Home	Age: 74 yrs	
10:00 AM	Zygler SR, Harrold P	5455		(972) 349-3993	9995Home	01/01/1983	
	**Zygler SR, Harrold P		\$0.00 Insurance 100%	\$0.00			
	Financial Class: Commercial	Status:				Age: 32 yrs	
3:00 PM	Petrov, Ivan	5466				05/08/1953	
	**Petrov, Ivan		\$0.00	\$0.00	\$0.00	\$0.00	
	Financial Class:	Status:				Age: 62 yrs	
Total Number of Patient Appointments:		3					

- **Appointments with Balance BillCode and Same Day Payment Report** - Like the previous report, this report contains appointments for specified criteria. It provides a way to monitor how much of your patient share is being collected the same day as the appointment, so you can track when payments are not collected on the same day.

Automated server configuration utility

The **Server Configurator** calculates, installs and deploys the recommended JBoss and Service Layer configuration for your site. You can add/remove servers to meet the recommended configuration, validate, and then automatically install JBoss to support the selected configuration.

The **Apply Updates, Install JBoss, Install Service Layer, Install Website, and Change App Logon** buttons have been removed from Server Setup. You must use Server Configurator for these tasks.

Server Configurator is launched after you have installed or updated your database with Server Setup. The Server Configurator button is located on the main Server Setup menu.

Press **F1** after launching Server Configurator to access the online help.

Prerequisites

- Run this utility logged in with a domain account within the administrator group on all the servers. The servers should be on the same domain.
- Confirm or create an inbound rule on the database server for the firewall to allow the appropriate port to communicate with the database:
Centricity Practice Solution on SQL Server: Port **1433**
- Confirm all servers have static IP addresses.
- Confirm the **Windows Firewall** service is running. The firewall can be turned off or on, but the service must be running (status=**Started**) for **netsh** commands to run.

- Run this utility from your Centricity staging folder on a Windows based server. Do not run this utility remotely from a mapped drive.
- Verify target servers are running **Windows Server 2012** or **Windows Server 2008 R2 Service Pack 1**.
- Verify servers have at least **10 GB** free disk space.
- Check the memory on your JBoss server. For servers with more than 64GB:
 - a RDP to the JBoss target deployment Server.
 - b Launch (right click) **PowerShell ISE** (Integrated Scripting Environment) and select **Run ISE as Administrator**.
 - c Run this script in the PowerShell window

```
winrm set winrm/config/winrs '@{MaxMemoryPerShellMB="5120"}'
Get-Item WSMAN:\localhost\Shell\MaxMemoryPerShellMB
Set-Item WSMAN:\localhost\Plugin\Microsoft.PowerShell\Quotas\MaxMemoryPerShellMB 3072
Get-Item WSMAN:\localhost\Plugin\Microsoft.PowerShell\Quotas\MaxMemoryPerShellMB
Restart-Service winrm
```

- d Verify there are no errors in the output window. If you see the following warning, restart the service.

WARNING: The updated configuration is effective only if it is less than or equal to the value of global quota WSMAN:\localhost\Shell\MaxMemoryPerShellMB. Verify the value for the global quota using the PowerShell cmdlet "Get-Item WSMAN:\localhost\Shell\MaxMemoryPerShellMB". WARNING: The configuration changes you made will only be effective after the WinRM service is restarted. To restart the WinRM service, run the following command: 'Restart-Service winrm'

- Open a Command Prompt as administrator, and run the **WinRM quickconfig** command on all JBoss servers without generating any errors. For example:
winrm qc
Refer to the Troubleshooting tab of the Server Configurator online help for other useful WinRM commands and possible errors.
- Install **Microsoft .NET Framework 4.5 (dotNetFx45_Full_setup.exe)**.
Available here: <http://go.microsoft.com/fwlink/?LinkID=242919>
- PowerShell 3.0 or greater is required on each server in the configuration. You can determine the version of PowerShell on the system by executing the command `$psversiontable` in the PowerShell ISE window. PowerShell is part of the Windows Management Framework. If necessary, install PowerShell 3.0 installation is included in the Centricity Staging folder. Navigate to: *your staging folder*\ServerConfigurator\PowerShell 3.0 Installer and double-click **Windows6.1-KB2506143-x64.msu**.
- Ensure **Windows Management Instrumentation Service (WMI)** is running on the servers. For more information, see <https://msdn.microsoft.com/en-us/library/aa394582%28v=vs.85%29.aspx>
- Enable **Network Discovery** and **File and Printer Sharing for Windows Server 2012** systems.
- Ensure **Network Admin Shares** are enabled for Windows Server 2008 R2 SP1. Enabled is the default. To verify network shares are enabled:
 - a Log in as local administrator on the JBoss server (for example *JBoss_ServerName*).

- b Verify you can browse to the deployment drive (for example *DeployDrive*):

`\\Boss_ServerName\DeployDrive`

If you are unable to browse to the network share, perform the Enable Network Admin Shares procedure.

Enable Network Admin Shares

These steps are only required on Windows Server 2008 R2 SP1 if Network Admin Shares are been disabled.

- 1 Click **Start** and then click **Run**.
- 2 In the **Open** box, type **regedit** and click **OK**.
- 3 Locate, and then click the following registry subkey:

HKEY_LOCAL_MACHINE\SYSTEM\CurrentControlSet\Services\LanmanServer\Parameters\AutoShareServer



The registry subkey **AutoShareServer** must be set as type **REG_DWORD**. When this value is set to **0** (zero), Windows does not automatically create administrative shares. Be aware that this does not apply to the IPC\$ share or shares that you create manually.

- 4 On the **Edit** menu, click **Modify**.
- 5 Enter **1** for **Value data** and click **OK**.
- 6 Exit Registry Editor.
- 7 Stop and then start **Server** service:
 - a Click **Start**, and then **Run**.
 - b In the **Open** box, type **cmd** and click **OK**.
 - c At the command prompt, type the following lines. Press Enter after each line:
net stop server
net start server
 - d Type **exit** to close the Command Prompt window.

Basic workflow for Server Configurator

Here is the basic workflow for the Server Configurator.

1. Select Modify Connection Information
2. Check if you are deploying multiple web sites. Select range from list.
3. Enter site information and Validate Database.
4. Calculate server configuration based on Concurrent Users.

The screenshot shows the Centricity Server Configurator - CPS interface. It is divided into several sections:

- Site Configuration:** Includes a checkbox for 'Modify Connection Information', a 'Multi-Website' dropdown set to '2 - 4 Websites', and fields for 'Application Username' (autotest), 'Application Password' (masked), 'Database Server' (IPVSPCPS12-33), and 'Database' (cps120). A 'Validate Database' button is present.
- Configuration Parameters:** Fields for 'Licensed Concurrent Users' (30), 'Concurrent Users' (50), and 'JBoss Port #' (9080). A 'Calculate' button is next to the Concurrent Users field.
- Recommended Configuration:** A text box stating 'Single Application Server. This will cater to both the GUI and Interop Operations.'
- Add Server:** Fields for 'Hostname' (IPVSPCPS12-11) and 'Server Role' (Single Server). A progress bar shows 0% completion. A 'Validate & Add' button is at the bottom.
- Server Validation Result:** A table showing system checks and their results.

Server Checks	Results
Operating System	Microsoft Windows Server 2012 Standard64-bit Service Pack 0
Physical Memory (RAM)	8GB
Logical Processors	8
JBoss Windows Service Installed	Not Installed
Hard Disk Space	C:58GB free : E:91GB free : F:3GB free : (10GB required)
Net Framework 4.5	Installed
PowerShell Version	3.0
JBoss Port (9080) Availability	Available
- Server Details for Installation:** A table showing the status of servers.

Server Name	Validation	Installation	Server Role	Server Details	Install On Drive	Progress	
IPVSPCPS12-11	✓		Single Server	Microsoft Windows Server 2012 Stand...	C	100%	View Log Remove

At the bottom of the window, there are buttons for 'Set Application Logon', 'Validate', 'Validate & Install', and 'Close'.

5. Validate & Add servers and roles. When successful, server is added to Server Details.
6. Validate entire configuration.
7. Ensure all users are logged off and start final Validate & Install.

Change password

The change password functionality has moved into the new Server Configurator tool. Before changing the password, stop the JBoss service on all existing machines in the current server configuration. Failure to do this may cause the SQL System Administrator account to be locked. The button appears in the middle of the dialog.



The password is set during installation. It is not necessary to change the password as part of an upgrade. This procedure is only needed if you want to change the existing password.

Click **Change Password** and enter the following information:

- **Database Server** - enter the server name or SQL instance.
- **Sys Admin User** - enter the user to log into the database.
- **Sys Admin Password** - enter the password to log into the database.
- **Database** - select from the list of available databases.
- **Application User** - enter the application user name for the Service Layer.

- **New Application Password** - enter the application password for the Service Layer.
- **Confirm Application Password** - reenter the application password for the Service Layer.
- Click **Continue...** and wait for confirmation that the password has been successfully changed.



- !!! Important!** After changing the Application Password in the database, the new password must be set for the servers in the current configuration.
- In the connection information area of Server Configurator enter the required information including new Application Password and re-Validate the Database.
 - Upon successful Re-Validation, the Server Details for Installation grid will be populated with the current server configuration.
 - Click **Set Application Logon** to set the new password to the servers in the configuration.

Centricity Immunization Migration Wizard v1.51 available

This release includes the latest version of the Immunization Migration Wizard released earlier this year. The updated tool is located here:

<install path_staging_directory>DMImmunization\DMImmunization.exe.



Important. DO NOT run this tool without first reviewing the release notes and associated user guide *Migrating and Managing Immunization Data*.

Download release notes and guide at

<https://engage.gehealthcare.com/community/en/cps/downloads>


GE recommends re-running migration with the latest tool version

If you migrated data using an earlier version of the tool, GE recommends you re-run the migration to find and include partially recorded immunizations that were missed, clean up duplicates and Undetermined vaccines, and increase the accuracy of your records. Migrating again does not overwrite any previously migrated data or create duplicates. See *Migrating and Managing Immunization Data* for details.

For information about how GE can help with your immunization migration process, contact inside.sales@med.ge.com.

Service Pack 10: Important Product Notifications

!!! Administrators and Risk Managers should review these Important Product Notifications for details concerning resolved critical product functionality issues.


 The following issues were resolved in this release:

Multiple users in a chart note at the same time results in data loss

When two users are entering data into the same chart note, as the lock is transferred from one user to the other user, the data in the note does not refresh. For example, if one user puts the document on hold and the other user signs the document and saves their changes, the other user's changes are lost.

Resolution: When the lock is cleared the chart note for the active user is refreshed with the data entered by the previous user. SPR 63336

Service Pack 10: Fixed issues

 The following issues were resolved in this release:

- Performance and stability enhancements. SPR 61049, SPR 61385, SPR 61797, SPR 61923, SPR 63166, SPR 63333, SPR 63349, SPR 63374, SPR 63412, SPR 63434, SPR 63438, SPR 63441, SPR 63466, SPR 63470, SPR 63474, SPR 63572, SPR 63655, SPR 63816, SPR 63696
- Addresses various login issues. SPR 60959, SPR 60996, SPR 61011, SPR 61026, SPR 61027, SPR 61028, SPR 61044
- Stability improvements during CCDA generation. SPR 56521
- Addresses an issue where the application would crash if the user tabbed out of the Prescribing Method field in the Refill Medication window. SPR 56999
- Addresses an issue where clicking to go to another form component from the CCC Basic encounter type opened a different component. SPR 58736
- Entering historical medications where the pharmacy's prescribing method is electronic and the user does not change the prescribing method to Historical no longer prompts the user that a quantity is needed. SPR 59543
- Addresses an issue where users received a message about incomplete orders on every visit that had a test order that is not in a status of "Complete". SPR 61402
- Updates to the Immunization Management HTML form to associate an allergy with an immunization adverse reaction. Users can now add, update, or remove an allergy (including criticality) to an immunization. The text translation has also been enhanced to translate criticality from an associated allergy and displays it in the chart note:
 - New data symbols:
 - MEL_ADD_ALLERGY_GET_GROUPID – Adds a new allergy or adverse reaction to the patient's allergy list and returns the reference (allergyGroupID) for an added allergy.
 - MEL_GET_ACTIVE_ALLERGY – Returns the latest active allergy detail associated with a given allergyGroupID for a patient.
 - MEL_GET_SDID() – Returns the current active document's SDID.

- Updated data symbols:
 - IMMUN_ADD, IMMUN_UPDATE, IMMUN_GETLIST – AllergyGroupId added to values returned for an immunization

SPR 61975

- Addresses an issue where the client crashed when putting an update on hold with a required field not filled in. SPR 62092
- Addresses an issue where entering two medications on the Medication Administration HTML form resulted in only the first text translation. SPR 62516
- Addresses an issue where bulk retrieving charges procedure codes were randomly duplicated multiple times for each charge on the visit. SPR 62595
- Addresses an issue where the scrollbar suddenly jumps to the top of the window during a refresh. SPR 62933
- Diagnosis codes are now saved correctly to the visit. SPR 62977
- Addresses various issues with formatting options in updates and letters not working correctly. SPR 57724, SPR 63069, SPR 63087
- Addresses an issue where the application crashed if the user clicked the close window (X) button multiple times. SPR 63164
- Addresses an issue where the application froze when adding problems from the orders window. SPR 63169
- Addresses an issue where CCDA generation caused an error in the Allergy section. SPR 63179
- Addresses an issue where, if LinkLogic is configured to create an on-hold document when appointments arrive, if an arrived appointment is then modified, a second on-hold document is created through DTS. SPR 63239
- Addresses an issue where the Transition of Care box was not staying checked if there were on hold documents. SPR 63262
- Corrects the data symbol ADD_ATTACHMENT() to restore the ability to specify a UNC moniker path for an image attachment starting with \\ . Now a moniker can either be a relative path name or a UNC (absolute) path name, beginning with \\ or a URL, or something like "E://..." Backslash in the path names followed by special characters such as \t, \n, \r are also supported and properly interpreted. For example, "C:\radiology\tumor images\normal_mam.bmp". See data symbols help for ADD_ATTACHMENT() for details and examples. SPR 63281
- Addresses an issue where the message "Error Occurred in Class, Method Window::event - WMsg = 273" appeared and the application crashed when users opened various CCC Basic and Orthopedic forms. SPR 63372
- Only adjudicated procedures are considered to be included in the residual column once an ERA payment has been posted. SPR 63383



Important. This changes goes into effect when the July 2015 Centricity, Availity, and RelayHealth plug-ins are released and implemented.

- Adds diagnostic code to analyze the occurrence of "CurrentDomainOnUnhandledException" errors. SPR 63387
- Addresses certain situations that would cause the error "Error occurred in class , method CMLRouteDocumentDlg::OnSign". SPR 63391
- Addresses an issue where clicking the New Document button caused the application to crash. SPR 63419

- Addresses an issue where, if a user uses the refill button and the NDC Number has changed due to a Knowledgebase update, the new prescription failed due to an NDC number mismatch. SPR 63515
- Addresses an issue where users were asked to override interactions that were already overwritten. SPR 63520
- The document type is now included in the CCDA. SPR 63524
- Addresses an issue where one DTS appeared to be processing another DTS' messages when there were multiple DTS instances. SPR 63530
- The prescription report for New Jersey now prints one medication per page. An additional report (prescnj_4up.rpt) is available if the requirement changes to allow multiple medications on a page. To use this report, rename the original prescnj.rpt file to any other name (for example, prescnj_1up.rpt) and rename prescnj_4up.rpt to prescnj.rpt. SPR 63560
- Addresses an issue where a patient's date of birth falls in the current year, on initial load of CQR Subscription, the CCDA is not generated for that patient. SPR 63598
- Addresses an issue where Functional Measure subscriptions were timing out while creating CCDAs, resulting in inaccurate CQR reports. SPR 63602
- Addresses an issue where DDIDs rolled over and were out of order, causing the application to crash. SPR 63629
- Addresses an issue where refilling a prescription from the chart caused the error "Refill is either 0 or the prescribing method is fax or electronic". SPR 63211/SPR 63670
- Addresses an issue where forms were not opening correctly when double-clicked in the navigation pane. SPR 63779
- Addresses an issue where the application crashed when appending a document with an embedded image. SPR 63884
- Addresses an issue where client crashed when a user closed a form and then logged out and logged in again as same user. SPR 63895
- Corrected issue on the Inquiries windows, where tabbing from the Find section caused client to crash. SPR 59262, SPR 56999
- CCDA now sends authorized by provider instead of signing provider for encounters and procedures so the patient is included for Clinical Quality Measures reporting. This corrects a problem where patient was not included in the CQM results even though a SNOMED code was appended to a qualifying office visit during the reporting period. SPR 63326
- Addresses an issue where an encounter form is hidden behind the chart module when a user logs out of the client during a chart update, and then logs back in as different user with "return to Chart". SPR 63904
- Title bar for Confidential Encounter type now displays all relevant information instead of being blank. SPR 58142
- Addresses application error that occurs when attempting to approve a visit from the Visit window. SPR 63924
- Fixes an issue where the application crashes while a prescription printing is in progress, when the user selects a different form from the form list pane. SPR 63851

Issues addressed for GA release:

- Quick and full problem search results that are an exact match for text entered now appear at the top of the list of returned results. SPR 63967

- Corrected some keywords data content for problem search with incorrect associations. SPR 63808
- CPOE for Lab & Rad now calculating correctly in CQR if non-licensed staff enters the first in a series of orders for the patient. SPR 63686
- In the Advanced Specificity Problem Search if a user selects a valid but less specific code with multiple refinement options, the search now returns the parent code. Previously, it returned the more specific first code from the refinement list, which could result in an incorrect problem being added to the patient's chart. SPR 63999
- Advanced Specificity Problem Search attribute filtering now functioning properly and returning all appropriate codes. Previously, clinical concepts that require a circumstance code in addition to a primary diagnosis could not be refined to select the circumstance code. SPR 64002
- Addresses performance and stability issues occurring at sites running more than 3 website/JBoss deployments. Now on Server Configurator you can choose configuration settings options for 2-4 or 5-8 web site deployments. See "[ICD-10 planning and preparation resources on the Service Portal](#)" on page 62. SPR 63974
- Now when opening Chart from Schedule for the very first time, the Chart module is in front of the schedule and not minimized. SPR 63969
- Now when adding a form in a Full Append Update, the form is no longer occasionally hidden behind the chart window. SPR 63918
- The width of the desktop summary column now remains after it is adjusted. SPR 53561/SPR 58368
- Fixes an issue where documents co-signed after the nightly JSON extract were not associated with the EP unless they were appended. SPR 63961

CCC Basic v1.2 includes the following fixes:

- You can now preload PCV7 in Immunization Administration. Vaccine Pneumococcal PCV13 is renamed to PneumoPCV in the Imm_vaccinegroupname table. **SPR 64039**
- The CPOE A&P-CCC Form now pulls in medications for all diagnosis codes. SPR 61951
- The Entry Form editor now opens the correct library file when "Open text file to edit" is clicked. SPR 63034
- Deleting a series in the middle of an immunization custom list no longer causes an error while loading the Immunization Management form. SPR 63444
- Fixed an issue where adding a problem in the CPOE A&P form resulted in an error during order generation. SPR 63315
- Fixed an issue in the Immunization Management form where, if the Amount Given field contained both a numeric value and a unit dose, the vaccination record would not save. SPR 62141
- The Problem- CCC form now correctly returns the mapped Problem Custom List. SPR 62202
- Fixed label in the Risk Factors-CCC form to read "Felt guilty about drinking:". SPR 62400
- ICD-10 codes now show in the CPOE A&P-CCC form in the Order Information message. SPR 62750
- The Entry-CCC form no longer adds MEL in the chart update. SPR 62866

- In the Urgent Care Management form, the drop-down values can now be cleared under the Reasons Not Performed tab. Data no longer shows in the chart note after the values are irrelevant. SPR 62751
- The Add/Update dialog now allows users to edit the details if there was a validation error in the data entered. SPR 62845
- NDC and CVX are now added to the immunization translation to chart note. SPR 63544
- Lot management fields are now cleared after deleting the lots. SPR 62836
- The correct Test Management form and editor are now included in the package. SPR 64033

Service Pack 9: Fixed issues



The following issues have been addressed in this release:

- Fixed an issue where provider names were not correctly displaying a suffix. SPR 51010
- Inquiries can now be run to find patients based on Race Subcategory and Ethnicity Subcategory. SPR 62218
- An end date is no longer required when changing a Test Order. SPR 62535/SPR 58666
- Fixed an issue where the default printer randomly changed. SPR 62575/SPR 61077
- Fixed an issue where removed items on the medication list appeared in the wrong order. SPR 62578/SPR 62174
- Providers no longer get the error “The parameter is incorrect” when trying to sign a document while a prescription is pending with a prescription method of “Samples Given”. SPR 62618/SPR 60046
- Updated copyright information on the login window. SPR 62619/SPR 58409
- TOC documents can now be created when an order status is “In Process”.

A change from “Admin Hold” to “In Process” status is a trigger for an automated TOC send and can have implications depending on your workflows:

- a This change affects customers using the Orders Module to create Referral Orders that have a status of “In Process” when signed and are using an automated TOC CCDA generation process (QIE TOC).

A CCDA TOC automatically generates when a Referral Order is “In Process” and has a service provider with an electronic address. When an order like this is signed, the TOC generates and sends an un-customized TOC. When a Referral Coordinator returns to the Referral Order to customize, create, and send a TOC at a later time, a second TOC is generated and sent to the recipient provider. The recipient provider can expect to receive two different TOCs, whose difference depends on the amount of customization, at two different times, depending on the duration between original signing and TOC/ referral coordination.

It does not affect the MANUAL Surescripts Secure Message workflow.

- b This change affects all customers; GE's definition of “In Process” is changed. Previously, “In Process” meant that all referral coordination was completed, and the order was sent. Now it means the CCDA can still be generated and modified. This may cause some confusion to users that are used to how the orders module works.

- SPR 61535/SPR 62646
- The Immunization HTML form now records clinical list changes for historical vaccines. SPR 62647/SPR 61973
- Providers no longer get the error “An Authorizing Provider is Missing for Order” when ordering more than one SPR 62649/SPR 56446
- Improved application stability when a network or server error is encountered. SPR 62694/SPR 61410
- TOC and CVS documents now print fully when it was previously saved in the chart. SPR 62724/SPR 59084
- Signing a received lab result no longer causes the auto-completion of orders to regenerate CCDA documents. SPR 62747/SPR 62714
- Fixed an issue where an “Undefined” message appeared on certain medications. SPR 62763/SPR 62224
- Assessments are now included in the CCDA as structured data. SPR 62774/SPR 62822
- CCDA GE General Observation section now includes all observation data. SPR 62775/SPR 62825
- CCDA documents now include tracer IDs. SPR 62776/SPR 62816
- Document types “Clinical Visit Summary”, “History and Physical Note - Imp”, “Progress Note - Exp” and “Progress Note - Imp” have been removed from the Document Type drop-down list in the Update Chart dialog. SPR 62793/SPR 58047
- Fixed an issue where patients were randomly left off a statement run when batching them from Reports > File > Statements. SPR 62849/SPR 61659

Service Pack 8: New features and enhancements

Updated New Medication window

A route can now be selected when defining the medication to be prescribed. By default, the route information from Medispan is automatically entered, but an alternative route may be selected from the drop-down. If route information is not available from Medispan, this field is blank and can be manually selected. For existing medications, the route information is blank. Users may update the route information in the Change Medication window. The updated route will not appear in MEL symbols or CCDA documents. SPR 62121

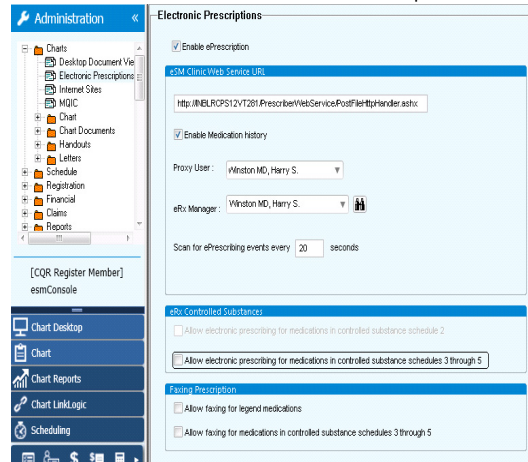
Prescriber History Report

A new audit report has been added that retrieves the list of prescribed medications for a specific date range and user. SPR 62347

Changes to Electronic Prescriptions settings

The Electronic Prescriptions settings have been updated to allow for more granularity when specifying methods for sending prescriptions via fax or electronically. Previously, enabling/disabling electronic prescribing and direct faxing of prescriptions to a pharmacy were combined. To better support practices in States that allow electronic prescribing, but disallow direct faxing of prescriptions, these selections have been

separated. Please consult your State law and configure appropriately. Access the settings via Administration > Charts > Electronic Prescriptions. SPR 62080



The settings for electronic prescribing of controlled substances now include:

- Allow Electronic Prescribing For Medications In Controlled Substance Schedule 2
- Allow Electronic Prescribing For Medications In Controlled Substance Schedules 3 Through 5

The settings for faxing prescriptions now include:

- Allow Faxing For Legend Medications
- Allow Faxing For Medications In Controlled Substance Schedules 3 Through 5



Users must have the privilege "Change Electronic Prescribing Setting" to be able to set these parameters.

Service Pack 8: Fixed issues

!!! If you have previously installed CCC Basic v1.1, do not install the CCC content included with the service pack. CCC Basic v1.1 includes newer content not present in the service pack.



The following issues have been addressed in this release:

- Fixed meaningful use calculations for the NQF 0028 and CPOE Qualification reports. SPR 48663, SPR 48670
- Problems that were Filed in Error no longer appear on the Clinical Visit Summary or CCDA. SPR 61225/61201
- Redesigned CVS layout so that it is easier to read. The header (patient information) is clearly separated from the rest of the CVS sections and content. SPR 61416/61181
- Generic or uncoded medications that were administered now appear on the CVS and TOC. SPR 61418/61242
- Only Immunizations administered during the current visit are included on the CVS and TOC. SPR 61420/61338
- Fixed an issue with CCDA import validation, but does not address validation issues with reconciliation of medications, problems, allergies, or procedures. SPR 61810/59244

- The electronic and print versions of the CVS now contain the same sections. SPR 61886/61828
- Performance enhancements to DTS processing. SPR 61527/61937
- Fixed an issue where LinkLogic would occasionally import insurance information in the reversed order of precedence. SPR 62178/60754
- Fixed an issue where the Care Provider on the CVS was listed as the user who created the document rather than the responsible provider of the document. SPR 62179/61649
- When there are items on the CVS that are too long for the page, the text now wraps appropriately and the text size no longer shrinks. SPR 62476
- On the CPOE A&P-CCC form, the capacity of the drop-down field for problems has been approximately doubled. The total number of problems contained in the list is limited to about 80, depending on the length of the description and ICD codes included. SPR 62209/59444, SPR 62282
- On the Medication Administration HTML form, the NDC for the selected medication can now be selected from a drop-down if multiple NDC codes have been configured. The selected NDC code is also added to the comment field. SPR 62211/60102
- Changes to the Immunization Management HTML form:
 - The NDC for the selected vaccine now displays on the Administer window. The field is not editable in this window and must be configured using the Immunization Custom List Editor. SPR 57657/62280
 - Entering an immunization on the form and selecting to auto-generate orders now correctly creates an Administration Order. SPR 62283/60022
 - On the Immunization Management form, the Administered Date can now be the patient's DOB. Previously, an error was given that the Administered Date could not be earlier than the DOB. SPR 62318/59793
 - The 'Adverse Reaction' button has been removed from the 'Administer <Vaccine Group>' window. An adverse reaction cannot be recorded until the immunization record has been committed.
 - The 'Details <Vaccine Group/Series>' dialog (opened by clicking the green check icon), for an immunization with an adverse reaction already noted, now has two buttons; 'View Adv Reaction' and 'Edit Adv Reaction'.
 - Use the 'View Adv Reaction' button to open the 'Adverse Reaction for <vaccine group>' window.
 - Use the 'Edit Adv Reaction' button to open the 'Update Adverse Reaction' window.
 - The 'Adverse Reaction for <vaccine group>' dialog now includes an 'Edit' button. Use this button to open the 'Update Adverse Reaction for <vaccine>' dialog. SPR 62215/61441
 - Lot Numbers may be entered in two ways: using Manage Lots to maintain lists of lot numbers with expiration dates, or free text entry of lot numbers. Lot numbers entered as free text are not 'remembered' for future selection.
 - A checkbox enables use of Manage Lots. The checkbox remembers each user's last selection.
 - If Checked, the 'LM' (Lot Management) button is enabled and the Lot number field is a drop-down list of defined lots. As before, selection of a lot number includes the expiration date. Click 'LM' to open the 'Lot Management for <vaccine>' dialog.

- If unchecked. The 'LM' button is disabled. The lot number can be entered as free text in the Lot # field. The expiration date is entered as before. SPR 62213/61532
- When Lot Management is used, lots will eventually expire. Now, these lots (numbers and associated expiration dates) will be automatically removed from the lot number list. Scanning for expired lots will occur with the opening of any immunization custom list for the first time for the day by any user. SPR 62212/61531
- There are two places where historical immunization records can be entered. Previously, for Preload, the name "Unknown" appeared at the bottom of the drop-down list of users. This no longer appears. When using the Preload dialog to enter a historical record, the user may leave "Administered by" blank or they may select a user from the list. You may add a user to your system (such as "Unknown" or "External Immunization Provider") as a substitute to indicate the individual is unknown or from another clinic. SPR 62216/59141
- Fixed an issue where a script error occurred while using the form. SPR 62214/61998
- The Immunization History View and Letter no longer include lines for vaccine groups that were not given. SPR 58148/62281
- The SP7 release notes included partial information regarding the Clinical Quality Reporting v1.3 update. For complete details, refer to the CQR v1.3 release notes available on the [services portal](#). SPR 62261
- In order to export patient data for Clinical Quality Measure reporting, the Clinical Quality Measures Reporting subscription must be enabled and configured in your interface engine, and you must also have the **Inquiries/Reports > Export Patients** permission. SPR 62113
- Fixes for problem search:
 - Results now include descriptions with special characters. SPR 62434/54197
 - The quick search function now displays up to 10 results. SPR 62446
 - The smart search filter now returns results if the keyword(s) phrase is longer than 15 characters. SPR 62435/52881
 - ICD search now includes full synonym search capability. The next ICD and CPT updates after January 2015 must be installed. SPR 62455/54247
- Fixed an issue where an appended order created "Seen By" visit with Append and not with parent document ID. An order added in an append logged a "Seen By" visit with the append document and did not match with the numerator when the Clinical Visit Summary (CVS) was generated. SPR 62493/62735

This release corrects these contributing causes:

- A clinical visit summary attached to an order created within an append and logged as a "seen by" visit was not correctly associated with the parent visit by CQR and therefore not counted in the numerator. Appended encounters now always point to the parent document.
- If you were using custom document types for functional measures and identified an order code without a CPT- prefix, these codes were not sent to CQR. We automatically send for office visit, office procedure and home health visit, but other document types won't be counted as Seen By. Now service orders matching orders in the GE Office Visit value set that have no prefix as well as those with CPT-, SCT-, SNO-, SNOMED-, or CDT- prefixes are sent. If a code with no prefix is a service order and it is in the value set, it is sent. SPR 62302

- Fixed an issue where patients sometimes appeared in both numerator met and unmet counts for 13 Clinical Visit Summary (Stage 1). When a patient visit was appended using the full append option and selecting Document Type of Office Visit, the patient was counted twice in the denominator and only once the numerator even when a Clinical Visit Summary was printed for the original visit (parent document). If both the original and the appended document are office visits, each document is counted in the denominator; however, the appended Office Visit is counted as CVS unmet because the event of providing a Clinical Summary (printing, sending, declining) is only linked to the parent document. Now the chain of documents is counted as one encounter. SPR 62514/62737



The CVS measure is based on "Office Visits" like the Electronic Notes Measure. You will know you have the problem if the denominators for the two measures are not the same.

- The application now checks for a valid service provider when generating a TOC. SPR 62872

Service Pack 7: New features and enhancements



Support for 14 additional Clinical Quality Measures

This release includes support for 14 additional Clinical Quality Measures, bringing the total of supported CQMs to 36. For detailed information about each measure and how to ensure you are capturing the correct data, see *Achieving Meaningful Use with Centricity Practice Solution*.

CMS50 / PQRS 374 Closing the Referral Loop: Receipt of Specialist Report
CMS56 / PQRS 376 Functional Status Assessment for Hip Replacement
CMS61 / PQRS 316 Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed
CMS68 / NQF 0419 / PQRS 130 Documentation of Current Medications in the Medical Record
CMS135 / NQF 0081 / PQRS 5 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS136 / NQF 0108 / PQRS 366 ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
CMS142 / NQF 0089 / PQRS 19 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
CMS144 / NQF 0083 / PQRS 8 GPRO HF-6 Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS146 / NQF 0002 / PQRS 66 Appropriate Testing for Children with Pharyngitis
CMS153 / NQF0033 / PQRS 310 Chlamydia Screening for Women
CMS154 / NQF 0069 / PQRS 65 Appropriate Treatment for Children with Upper Respiratory Infection (URI)
CMS156 / NQF 0022 / PQRS 238 Use of High-Risk Medications in the Elderly
CMS160 / NQF 0712 / PQRS 371 Depression Utilization of the PHQ-9 Tool
CMS164 / NQF 0068 / PQRS 204 GPRO IVD-2 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

PQRS updates to capture Medicare FFS (Part B) patient visits

This release includes the ability to associate an insurance carrier with a Source of Payment (SOP) code so patient visits are recognized for the PQRS program. CMS requires SOP data for all payers as part of the PQRS 2014 submission. In addition, providers participating in the PQRS program must satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries. Medicare FFS patients are identified based on values in the primary & secondary insurance fields.

The following steps must be completed before February 7, 2015, when the PQRS reporting period ends.

Install Service Pack 7 in order to ensure the correct data is being reported for measure selection.

In order to simplify measure selection, we recommend that you apply Source of Payment (SOP) codes in a 2-part process. In part 1, apply **only the Medicare FFS SOP code** and any other *non-Medicare* SOP codes so the filter can help you easily determine if you have a qualifying FFS patient for each selected measure. In part 2, after selecting measures, we recommend applying the remaining Medicare SOP codes prior to measure authorization. Follow these steps by February 7, 2015 to perform the above:

Part 1

- 1 Complete insurance carrier associations using Medicare FFS SOP codes only & non-Medicare SOP codes. Do NOT apply any other Medicare SOP codes at this time.
- 2 Push updated information to CQR. Separate instructions for this step will be posted to the CQR page of the Service Portal: <https://engage.gehealthcare.com/community/en/cps/cqr>.
- 3 Within CQR, for each PQRS provider:
 - Configure member setting to select all CQMs.
 - If provider is also reporting for Meaningful Use, select appropriate stage & year.
 - Calculate for reporting period January 1, 2014 - December 31, 2014.
 - On dashboard, filter results for "Insurance: Medicare".
 - Review provider performance (using dashboard).
 - For each provider, select 9 measures across 3 domains that each represent a significant Medicare FFS initial patient population or, if that is not possible, at least one Medicare FFS patient. At the very minimum, ensure at least one Medicare FFS patient in the initial patient population for one measure.
 - Confirm valid consent forms have been submitted for each provider.

Part 2

- 4 Complete insurance carrier associations for remaining Medicare SOP codes.
- 5 Push updated information to CQR.
- 6 Within CQR, for each PQRS provider:
 - a Calculate for reporting period January 1, 2014 - December 31, 2014.
 - b On dashboard, filter results for "Insurance: Medicare".

- c Review provider performance (using dashboard) one more time prior to submission to confirm zero errors.

For detailed information about performing these steps, review the webinar slides (updated January 23) and watch the recording of *PQRS 2014 Capturing Medicare FFS Insurance* available on the CQR page of the Service Portal: <https://engage.gehealthcare.com/community/en/cps/cqr>

recorded webinar: <https://engage.gehealthcare.com/videos/1730>

updated slides: <https://engage.gehealthcare.com/docs/DOC-96453>

To complete the remaining required steps for the PQRS program, see additional instructions in the January 22, 2015 webinar on Measure Selection and Provider Authorization. The slides and recording are posted to the Service Portal.

Slides: <https://engage.gehealthcare.com/docs/DOC-111789>

Recording: <https://engage.gehealthcare.com/videos/1745>

MU 2014 Functional Measure changes ("MU SQL Patch")

The following changes address MU 2014 workflows and data capture variations identified across our customer base. It updates how data is stored to ensure it is appropriately sent to CQR for calculations, revises how data is used in CQR, and also resolves relevant historical data so customers can calculate updated results.

Changes include SQL scripts that change how data is identified and gathered for 8 Meaningful Use Functional measures and scripts that run nightly to address missing data in the MU Activity Log and make adjustments in what data is being sent to CQR. Data omitted previously is identified and sent, and data sent wrongly is set to *Filed in Error* on the CQR site so it will not be included in calculations

After the update, the system resends all Functional measure (JSON) data sent from October 1, 2014 (the start date for reporting for Q4) to the time of application of the service pack. The Functional Measure subscription does not need to be changed for this to occur. However, if your reporting period begins before Q4, you can change the start date. For instructions and additional details, see "[Optionally change epoch date](#)" on page 85.

Performance and reliability updates

Updates were applied to reduce the likelihood of JSON generation failing due to long running scripts. This risk is addressed by improving the efficiency of stored procedure processing and by changing the date range for data to be resent to CQR to October 1, 2014 to the time of this service pack is applied. In the limited release, the system resent data from the time of upgrade to Centricity Practice Solution v12.0.x SPR 61986

Changes include the following:

MU_NightlyDataFixes nightly job

This new nightly job runs nightly at 8 pm per local server time by default and does the following:

- Updates data in appended docs to point to the parent visit or "seen by" document so that events recorded in appends can be counted for Meaningful Use. This ensures that Meaningful Use data for a provider that is included in an appended document is properly counted.
- Writes PATPORTALPIN observation term to the MUActivityLog so grants of patient access to portal are counted. SPR 61860

Core Measure 1: CPOE for Medication, Laboratory and Radiology Orders (Stage 1 & 2)

The system now counts CPOE for the licensed/credentialed user who entered the lab or radiology order or prescription/refill. That person can be the Eligible Professional or a licensed/credentialed staff person. Previously, it counted CPOE only for the user who signed the document.

Users who enter orders, such as Medical Assistants, need to be credentialed per their state, local, or professional guidelines.

Medications orders: If you use the Medication Administration form, *Requested By* provider should be the EP. Licensed/credentialed ancillary staff members can perform the administration and document the details and auto-generate the orders.

Reprinting, re-faxing, historical prescribing methods, or zero quantity prescriptions are no longer counted in the denominator.

Lab/Radiology orders: Now only counts the licensed/credentialed user who enters the order and does not remove it from the numerator if the order is modified after it is signed, for example, when a Referral Coordinator updates the order with administrative information and sends it out. Previously, if a qualifying order was modified by someone not licensed/credentialed, it was removed from the numerator, counting against the EP.

Orders entered in an Admin Hold state are also counted now.

Core Measure 2: ePrescribing (eRx) (Stage 2)

Otherwise qualifying electronic prescriptions will count as long as an eligibility check is received even if no formulary is available or if a formulary is linked to the patient's medical insurance. Previously, if the patient did not have a Surescripts formulary, the prescription was not be counted in the numerator of the measure, even though an eligibility check was done or another formulary was selected.

Be sure to view the eligibility status to ensure that formulary response has been received within 24 hours.

Only prescriptions sent with Electronic prescribing method count in numerator.

Core Measure 5 & Core Measure 7: Patient Electronic Access (Stage 1 & 2)

System is now tracking and counting when PATPORTALPIN workflow is used to grant patients portal access. Previously, populating the observation term PATPORTALPIN was not included in MU Activity Log which resulted in under counting patients with portal access.



Portal Access must be granted **within 4 business days of the first visit** in the reporting period.

See also "["MU_NightlyDataFixes nightly job"](#) on page 81, for more information about how PATPORTALPIN observations are counted.

Core Measure 13 & Core Measure 8: Clinical Summaries (Stage 1 & 2)

If a patient declines a Clinical Visit Summary (CVS), it is now counted in the numerator whenever recorded even if a document is signed at a later date, or recorded in an appended document. Previously, declines were incorrectly excluded from the numerator if the document was not signed within 4 days or if included in an appended document.

See also "["MU_NightlyDataFixes nightly job"](#) on page 81, for more information about how appended documents are counted.

Menu Measure 2 & Core Measure 10: Clinical Lab-Test Results (Stage 1 & 2)

A new Chart Document View **Structured Lab Results (MU)** is used to determine which documents to count as structured lab results for the measure. Only documents with document types in this view that include structured lab results will count toward the measure. The view includes the *Lab Report* document type by default. Only use this document type for documents with structured lab results.

After the service pack is applied, all documents created with this document type will be sent to CQR and count toward the measure. If you change a document to a document type that is not included in this view, it will be resent to CQR as *Filed in Error* and will not be included in the calculations.

Custom lab document types. After the service pack is applied, add any custom document types you use for lab reports to this view. When the document type is added to the view, any documents with that document type dating back to October 1, 2014 (the start date for reporting for Q4) are automatically resent to CQR.



If your reporting period begins before Q4, you can adjust the range of data sent. See "["Optionally change epoch date"](#) on page 85.

Issues corrected for this measure include:

- Structured lab results are counted if they are "pos", "neg", "positive," or "negative". Numeric values and the values "Y", "N", "Yes", or "No" are also counted. SPR 61856, 61861
- *Preliminary* lab results that are replaced with *Final* structured results are now treated as *Filed in Error* in CQR and not counted in either the numerator or the denominator. SPR 61239, 61252
- If the EP changes the lab report to a different document type, such as *Pathology Report*, to indicate that it does not contain structured lab results, it is no longer counted in the denominator. SPR 61854

In the LinkLogic LabLink interface, some HL7 clinical document codes are mapped to the *Lab Report* document type on import. You may also have custom cross-reference files that map document codes to this or other standard document types or to custom document types. Check your implementation and cross-reference files to make certain imported lab results with structured results are mapped to document types in the new Structured Lab Results (MU) view and that documents that do not include structured results, such as *Pathology Report*, are mapped to a document type that is not included in the view.

Menu Measure 7 & Core Measure 14: Medication Reconciliation (Stage 1 & 2)

Medication reconciliations for transitions of care are now counted when the EP manually checks the medication reconciliation box within an append to the office visit. See also "["MU_NightlyDataFixes nightly job"](#) on page 81, for more information about how appended documents are counted.

Menu Measure 3: Imaging Results (Stage 2)

A new Chart Document View **Imaging Results (MU)** is used to determine which documents to count as Imaging Results. Only documents with document types in this

view will count toward the measure. The view includes the *Imaging Report* document type by default. This document type should only be used for documents that include imaging results or links to imaging results.

After this update is applied, all documents created with this document type created will be sent to CQR and count toward the measure.

Custom imaging document types. After the service pack is applied, add any custom document types you use for imaging reports to this view. When the document type is added to the view, any documents with that document type dating back to October 1, 2014 (the start date for reporting for Q4) are automatically resent to CQR.



If your reporting period begins before Q4, you can adjust the range of data sent. See ["Optionally change epoch date" on page 85](#).

Important. If you 1) only use *Imaging Report* document type for imaging results and 2) add any custom document types to the view, your measure results should be accurate. However, if *Imaging Report* is also associated with documents that are not imaging results, such as scanned written reports or PDF documents from a document management system, your results will be inaccurate.

To correct this, identify any documents with *Imaging Report* document type that are not imaging results and associate them with a new document type that is not included in the Imaging Results (MU) view using Change Document Properties. When you change the document type to one that is not in the view, the document will be resent to CQR with a *Filed In Error* message so it is not counted in the measure.

In the LinkLogic ImageLink interface, some HL7 clinical document codes are mapped to the *Imaging Report* document type on import. You may also have custom cross-reference files that map document codes to this document type or other custom document types. Check your implementation and cross-reference files to make certain imported imaging results are mapped to document types in the Imaging Results (MU) view and that non-imaging documents are mapped to a document type that will not be included in the view.

Menu Measure 4: Family Health History (Stage 2)

System now counts when EP checks **No Known Family History** for a first degree relative. This corrects a known issue for documenting Family History in the released product.

Confirming data updates to CQR

After the service pack is applied, Functional Measure data will be resent to CQR. Once data is ingested, you can recalculate your data.

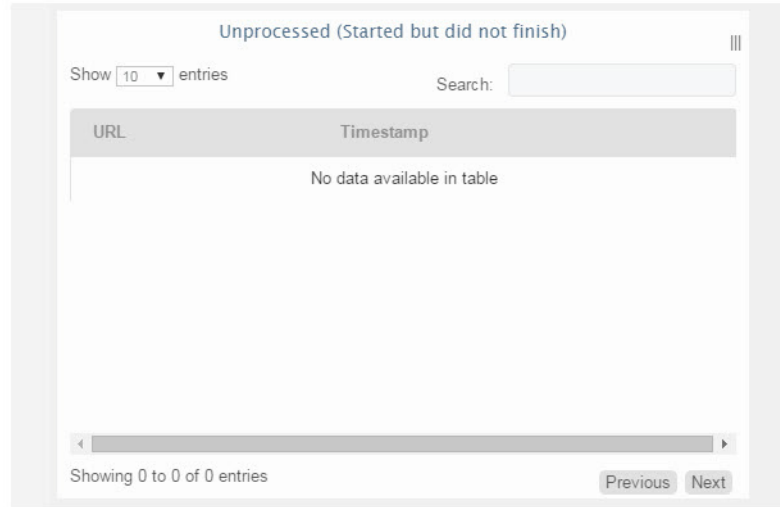


To ensure all data sent to CQR is corrected, this update resends data from October 1, 2014 (the start date for reporting for Q4). This increases the size and duration of the MU Functional measure data feed on the first run after this update is applied.

If your reporting period begins before Q4, you can adjust the range of data resent. See ["Optionally change epoch date" on page 85](#).

-
- 1 Apply the service pack update and restart JBoss before subscription processing begins for the day.

- 2 If appropriate, change the date range for data to be resent. See "[Optionally change epoch date](#)" on page 85. This step should also be accomplished before subscription processing begins.
- 3 Wait over night for new nightly jobs to run, functional measure subscription to process data to be resent, and Qvera Interface Engine to send queued data.
- 4 After 9 am the following morning (or whenever QIE processing is scheduled to complete in your environment), log into CQR as administrator or Quality Champion.
- 5 Go to **Member Insight > Data Ingestion** tab to and check if ingestion is complete.



- 6 Next, look above this list at the **Last Received Data** value to determine when the last CCDA was ingested.
- 7 Wait at least 4 hours after the last CCDA was ingested and then click **Calculate Now**.
- 8 Wait another 4 hours and then check your results on the Dashboard.

Optionally change epoch date

To ensure all data sent to CQR is corrected, all Functional measure (JSON) data is resent sent from October 1, 2014 (the start date for reporting for Q4) to the time of application of this update. This increases the size and duration of the MU Functional measure data feed on the first run after this update is applied.

Moreover, whenever you make changes to Document Views used by Imaging Results and Structured Lab Results, the data feed will include information for document types added or removed back to the date you upgraded.

If your reporting period begins before Q4, you can change the start date.



If providers in your organization use different reporting periods, use the earliest reporting period.

What is my epoch date?

Run this SQL query:

```
select value from symbol where  
object='MU_Functional_epoch_date' and name='Date'
```

How do I update the epoch date?

Run these SQL statements using date format 'mm/dd/yyyy' for the start of your reporting period:

```
update symbol set value='MM/DD/YYYY' where id=2 and  
object='MU_Functional_epoch_date' and name='Date';
```

Service Pack 7: Fixed issues



The following issues have been addressed in this release:

- EPID has been added to the CCDA generated for CQR. SPR 61185
- Fixed an issue where, on the CCDA, prescribed medications were listed as “ordered” instead “active”. SPR 61205/59103
- The start/stop dates of medication orders on the CCDA are taken from the prescribing/refill time rather than from the medication duration date. SPR 61207/59173
- Insurance carries now load correctly when using **System > Load Insurance Carrier > Search**. SPR 61259/61255
- The CCDA now includes the Risk Category Assessment category in the Procedure subsection of the Results section. SPR 61317/59226
- On the CCCDA, the Procedure and Performed stop and start dates for GE Negated Observations are now the same. SPR 61318/59954
- Fixes an issue where a CVS created for one patient was attached to a document on a different patient. SPR 61800/60572
- The FH-SH-CCC form no records “No Known Relative” and “No Known Family History” as a first degree relative to allow for adopted patients to get credit for MU Family History measures. SPR 61858
- Fixed an issue where the Care Provider on the CVS was listed as the user who created the document rather than the provider of the document. SPR 61649

Service Pack 6: Important Product Notifications

!!! Administrators and Risk Managers should review these Important Product Notifications for details about critical product functionality fixes.



CPS 12.0.2 - A chart can be Merged even if multiple users have the source or destination chart open

When two users have the same source chart open one of them can merge this chart into another chart. When this is done the second user is not notified and can continue to Start Updates and add and sign clinical data.

Resolution: When merging patient charts, the application now checks if another user has the same patient chart open. SPR 60594

immun_getlist() is not showing immunization for Synagis CVX code 93

The MEL symbol immun_getlist() was not showing immunizations for CVX code 93 because the vaccine group was not entered in the Imm_VaccineGroupName table.

Resolution: The vaccine group RSV-MAb has been added to the Immunization Management form. SPR 60663

Immunization migration missing factory obs to be migrated

Some immunization obs terms were not included in initial migration.

Resolution: More vaccines from the factory obs kit are now included in the geimmunizationsmap.csv spreadsheet, including all vaccines explicitly used by the Immunization Management form. However, some vaccines are not in the spreadsheet and, if you use them, are not migrated. These vaccines can be added to the custom immunizationmap.csv file. Re-running the tool will add the missing vaccines. A list of obs terms from the factory kit that are not migrated is available upon request. SPR 60731

Immunization tool associating wrong vaccines with patients and not migrating all data

When migrating data using the Immunization Migration tool, incorrect vaccines are reported for patients and not all data are migrated.

Resolution: Fixed an issue where Immunization Migration tool associating wrong vaccines with patients and not migrating all data. SPR 60737

Incorrect HDIDs in geimmunizations spreadsheet

HDIDs for many vaccine attributes were missing or incorrect in the original spreadsheet.

Resolution: All HDIDs in the geimmunizationsmap.csv spreadsheet now correspond to observation terms from the vaccine group (1246) in the factory observations kit. All observation values are collected in reference to a migrated vaccine, including attributes such as Reason Not Given, Adverse Reaction, Administered Date, and so on. Previously, correct HDIDs for many vaccine attributes were missing in the original spreadsheet. If you already migrated production data, re-running the tool will pick up missed Adverse Reaction and Reason Not Given attributes, but other attributes are not recovered. SPR 59659, 60741

Service Pack 6: Fixed issues



- Changed the behavior of the GET_MUActivity_Log data symbol so that printing must always finish before the log is retrieved. SPR 58925
- Immunization Migration tool now creates a required index that prevents slowness previously experienced by some customers without timing out. The tool creates an index on the OBS table required for faster performance. Previously, the index had to be created manually on OBS.OBSID. SPR 59296, SPR 59458
- Vaccine groups on the Immunization Management form now appear on the text translation. SPR 60127
- All vaccines entered on the Immunization Management form now appear on the document view. SPR 60141
- CVS documents now inherit the confidentiality settings of the parent document. SPR 60165
- The Location of Care for a document is retrieved from the associated location. SPR 60220
- Various stability fixes. SPR 60217, SPR 60263, SPR 60552, SPR 60598

- TOC documents now inherit the confidentiality settings of the parent document. SPR 60435
- Fixed an issue where an instance of a patient visit is open at the same time an instance of a patient billing is also open would generate a system error when the visit is saved. SPR 60525, SPR 60609
- Registries created in LinkLogic now show on the Registry tab. SPR 60562
- Uninstalling a CPS website on a JBoss server with multiple CPS websites no longer causes a crash when searching for problems in Chart. SPR 60567
- When generating a statement for a patient who has a balance under two companies, statements are generated for both companies. SPR 60568
- Significantly improved performance is expected with a change to the tool design that eliminates the need for the DM_MIGRATION_OBS_MIGRATED table to back up migrated rows from the OBS table. Previously tool performance was degraded and consumed more I/O resources than necessary, especially when running with parallel threads. SPR 60569
- If a patient chart is open and has no updates in progress, users can now print documents from the desktop. SPR 60578
- Only active medications are displayed in the update medications dialog. Removing a medication no longer causes a duplicate listing. SPR 60587
- After using the Medication Administration form the Medications tab no longer includes duplicates. SPR 60590
- Uncoded medications are no longer counted for CPOE measure calculations. SPR 60601
- Fixed an issue where multiple instances of the same patient visit would crash the application when the visit is saved. SPR 60608
- The Immunization Migration Wizard now correctly ignores time information in the adverse reaction field. SPR 60620
- Now able to generate an on Demand Statement for an account that has a credit balance. SPR 60637
- Fixed an issue where a resource does not get released properly, and causes a resource leak. SPR 60640
- All vaccines entered on the Immunization Management form now appear on the text of the chart document. SPR 60658
- The Data Migration tool now migrates "pneuped (Prevnar unspecified)" to CVX-152. SPR 60666
- Fixed an issue where an order number is not being generated for every order. SPR 60673
- On the Immunization Management form, administering Proquad now indicates that Varicella, Measles, Mumps, and Rubella have been administered. SPR 60676
- The Immunization Management history view now lists Measles, Mumps, and Rubella individually when an MMR is given. SPR 60681
- The Immunization Management form now produces a text translation in the chart note. SPR 60682
- Growth chart data point tool-tip popup now shows correctly in Internet Explorer 10. SPR 60707
- Fixed an issue where CCDAs generated allow invalid values for ethnicity codes. SPR 60713

- Fixed an issue where Immunization Migration Wizard generates undetermined vaccines. SPR 60727
- Changes to the Common Event Model default parameters for stability and performance enhancements. SPR 60733
- Common Event Model configuration parameters are now editable in the JMX console. SPR 60734
- The Immunization Migration tool now evaluates additional values in determining whether an immunization Was Given. A separate post-processing SQL script is available to clean up Undetermined vaccines if you already migrated data. The script can also be customized to look for values unique to your site. SPR 60740
- Enhanced *Administered Date* calculation. The tool first checks to see if a valid 'AD' value exists. If so, that date is used. If not, it parses the main observation value for a date, and uses that if found. Otherwise, it uses the obsdate of the main observation. SPR 60743
- Fixed an issue where vaccines for Reason Not Given or Adverse Reactions are not migrating. SPR 60744
- Fixed an issue where clicking Rx Refill would hang and crash the application. SPR 60845
- Redesigned CVS layout so that it is easier to read. The header (patient information) is clearly separated from the rest of the CVS sections and content. SPR 60962, SPR 60964
- CVS preview now matches CVS printout. SPR 60965

Service Pack 5: Fixed issues




- Combo vaccine series are now calculated for the Immunization History View and Immunization Letter consistent with the Immunization Management form. SPR 59929
- The installer no longer fails with the error "Foreign Key Constraint 'FK_PatientRace_PID'". SPR 60034
- Opening multiple list views no longer causes application crashes due to "out of memory" errors. SPR 60331
- The Clinical Visit Summary now prints only information from the current visit except for problems, medications, and allergies. Previously, all previous visits were included for all categories. SPR 60383
- Fixed an issue where CPT codes were being incorrectly identified as SNOMED in the CCD. SPR 60385
- The client installer now correctly places registry values in the correct registry for 64-bit operating systems. SPR 60459
- Fixed an issue where payment entry gave an error and caused an application crash. SPR 60446
- Applying the July Knowledgebase update after applying the June ICD and CPT codes no longer causes the Knowledgebase update to fail. SPR 60349

Service Pack 4: New features and enhancements


Disable or enable contraindications

!!! This is a global configuration change that allows you to turn off any combination of Drug – Problem, Drug – Gender, or Drug – Age contraindications for your site. It does not affect how users see Drug - Drug or Drug - Allergy contraindications.

New functionality in this release lets users disable and enable drug-gender, drug-age, and drug-problem contraindication checks. Three flags let customers independently turn off and on drug-gender, drug-age, and drug-problem contraindication checking in the client on the JBoss JMX Console.

 If the client application is open during flag changes, it must be restarted before the changes are reflected.

- To access JMX console go to
https://<your_server-name>:9443/jmx-console
where **your_server-name** refers to your JBoss Application Server name.
- Log in as user **admin** with password **cpAdm1n**. This is the default login. Use your own configured credentials if they are different.
- Select the **com.gehcit.cp.<deploy-id>** link under **Object Name Filter** to display available JMX beans in the right pane.
- Next, select the **DrugInteractionService** node (shown below).



The screenshot displays the JBoss JMX Agent View interface. On the left, the 'Object Name Filter' pane shows a list of beans, with 'com.gehcit.cp.Default' selected and highlighted in a red box. An arrow points from this selection to the main pane on the right, which shows the details for 'com.gehcit.cp.Default'. In this pane, the 'name=DrugInteractionService' entry is also highlighted in a red box.

You'll see three types of contraindication checking alert that can be excluded (shown below):

DrugAgeCheckingEnabled
DrugGenderCheckingEnabled
DrugProblemCheckingEnabled

- Choose **False** for each type of contraindication checking alert you want to exclude, and then click on **Apply Changes**. (Default setting for all flags is True.)

This change is immediate and does not require a JBoss restart. All flag changes are logged to `<DeployId>.CentricityPractice.log`.

JBoss by Red Hat

JMX MBean View Back to Agent Refresh MBean View

WKS-KI-WIN8x64 Tue Jul 15 08:55:47 PDT 2014

Name	Domain	Value
name	com.gehcit.cp.Default	DrugInteractionService
Java Class	com.gehcit.cp.infrastructure.jmx.DrugInteractionServiceManagedResource	
Description	Information about Drug Interaction Service.	

Attribute Name	Access	Type	Description	Attribute Value
DrugAgeCheckingEnabled	RW	boolean	Indicates if the drug-age interaction check will be performed.	<input checked="" type="radio"/> True <input type="radio"/> False
DrugGenderCheckingEnabled	RW	boolean	Indicates if the drug-gender interaction check will be performed.	<input checked="" type="radio"/> True <input type="radio"/> False
DrugProblemCheckingEnabled	RW	boolean	Indicates if the drug-problem interaction check will be performed.	<input checked="" type="radio"/> True <input type="radio"/> False

Enable CCDA validation



This section is required only if your site has a live interface to our production CQR environment.

This will enable the CCDA validation before CCDAs are sent to CQR. The invalid CCDAs will be written to C:\Program Files\Centricity Practice Solution\jboss\server\default\log folder with the extension "xml".

- 1 Click **ClinicalDocumentService**.

JBoss by Red Hat

JMX Agent View ObjectName Filter (e.g.: "jboss:*", "*/:service=invoker,*"): Apply Filter Clear Filter

IP-VP-LP-DB11 (0.0.0.0) - default Wed Jun 18 12:32:16 CDT 2014

JMImplementation

- name=Default_service=LoaderRepository
- type=MBeanRegistry
- type=MBeanServerDelegate

com.arjuna.ats.properties

- module=arjuna
- module=ita
- module=txoi

com.gehcit.cp.demo

- name=ApplicationConfiguration
- name=AtnaExportManager
- name=CEMMonitoringMBean
- name=CheckDatabaseStatusService
- name=ClinicalDocumentService**
- name=ExceptionHandler
- name=GetConfigService

- 2 Click **True**, then **Apply Changes**.

The screenshot shows the JBoss JMX MBean View for the 'ClinicalDocumentService' MBean. The 'ValidateGeneratedDocumentsEnabled' attribute is highlighted, and its value is set to 'True'. The 'Apply Changes' button is also highlighted.

Name	Domain	com.gehct.cp.demo
name		ClinicalDocumentService
Java Class		com.gehct.cp.infrastructure.jmx.ClinicalDocumentServiceManagedResource
Description		Information about Clinical Document Service.

Attribute Name	Access	Type	Description	Attribute Value
ValidateGeneratedDocumentsEnabled	RW	boolean	Indicates if the generated Clinical Documents will be validated prior to export.	<input checked="" type="checkbox"/> True False

Operation	Return Type	Description	Parameters

Modify CQR channels in QIE



This section is required only if your site has a live interface to our production CQR environment.

- 1 Download the latest channel from Qvera at: www.qvera.com/ge-oem-cqr-download.html. The latest CQR channels are in the file **cqrConfig-2014-07-11.zip**, which will begin downloading automatically.
- 2 When importing the configuration, under **Web Service Connections**, uncheck the boxes that you do NOT want the web service URL/username/password to change.
- 3 Checking Clinical Quality Reporting web service connection will update the PIL endpoint to Production URL.
- 4 Check **Overwrite Endpoints** so the settings inside the channels will be updated.

The screenshot shows the 'Import Configuration' dialog box. The 'Web Service Connections' section is expanded, and the 'Clinical Quality Reporting' checkbox is checked. The 'Overwrite Endpoints' checkbox is also checked. The 'Import' button is visible at the bottom right.


Item	Zone	Import To	Action
Qvera Interface Engine			
MU2 - CQR Zone	MU2 - CQR Zone - Orig		
Channels	MU2 - CQR Zone - Orig		
CQR: Functional Measures	MU2 - CQR Zone - Orig	CQR: MU Measures	The existing chan...
CQR: Quality Measures	MU2 - CQR Zone - Orig	CQR: Quality Measures	The existing chan...
Web Service Connections	MU2 - CQR Zone - Orig		
Common Event Model	MU2 - CQR Zone - Orig	Common Event Model	
Clinical Quality Reporting	MU2 - CQR Zone - Orig	Clinical Quality Reporting	The existing wsC...

3 items selected

Overwrite Endpoints
 Import Sample Messages
 Update Channel Cache Only


Import Cancel

Service Pack 4: Fixed issues

- 
 - Race information for “White” and “Native Hawaiian or Other Pacific Islander” were being removed from the database when upgrading to Centricity Practice Solution 12. SPR 60190
 - Upgrading to Centricity Practice Solution 12 was causing Foreign Key constraint errors. SPR 60212
 - Recover race entries for “White” and “Native Hawaiian or Other Pacific Islander” that were removed from the database when a site upgraded to two builds of CPS 12; for example, a site installed CPS 12.0 and then upgraded to a later version of 12.0 or to an unpatched service pack. SPR 59449
 - The application crashes with the error message “Error occurred in class , method CChartSummaryTabView::onUIRefresh”. SPR 60202
 - Combo vaccines that had some of the series entered prior to installing the Immunization Management HTML form now track the correct series number. SPR 60203
 - Users are seeing too many drug contraindication results, specifically drug-problem, drug-age and drug-gender contraindications. These displays make it more difficult to see truly critical health alerts and causes alert fatigue.
To reduce the number of contraindications, users can optionally exclude three less critical drug contraindication types in the JMX console under JBoss. This configuration option will be available in the application user interface in the forthcoming release. See [“Use JBoss JMX Console” on page 15 of the Service Pack 4 release notes](#). SPR 60204
 - Some customers have experienced a failure when the QIE interface engine pulls data from Centricity Practice Solution to send to the CQR server. When this occurs, the WebService requests made by the QIE server get locked up in requests to the ActiveMQ queuing system, which causes QIE to timeout and retry the request. These requests pile up and use all the threads available in the JBoss server, making the server unable to respond. SPR 60208
This release includes a change to update to a newer version of Active MQ which addresses these issues.

!!! When redeploying the Service Layer you must re-install CCC Basic and other HTML form content on all deployments.

Service Pack 3: Fixed issues

- 
 - Fixed an issue where LinkLogic created documents when importing appointment messages when it was configured not to. SPR 53957
 - The Immunization Management HTML form no longer gives errors if the CVX code is empty. SPR 59087
 - Added details for counting ePrescribing events towards measures to the Meaningful Use Guide. SPR 59147
 - Generated CCDA documents are now validated before exporting to CQR. SPR 59187
 - Stop times can now be entered for Functional Measure subscriptions. SPR 59193
 - The FH-SH-CCC form no longer translates inactive records into the chart note. SPR 59195

- Line breaks are now removed from lab results, preventing CCDA validation errors. SPR 59199
- Race subcategories are now included in CCDA calculations. SPR 59204
- Invalid characters no longer appear in the CCDA, causing validation failures. SPR 59208
- Invalid document types no longer cause CCDA failures. SPR 59211
- Revised information in several workflows in the Meaningful Use guide. SPR 59220
- Modified the signature of the ADD_MUACTIVITY_LOG() method to make it easier to use and more relevant for form developers. SPR 59254
- Problem search in custom lists and quick search now includes results where the term is contained as a word anywhere in the description as long as it is a word by itself and not a suffix. For example, a search for "pain" will return results for head pain, stomach pain, hip pain, etc. It will not return results where "pain" is not a separate word such as "hippain". SPR 59266

Service Pack 2: Important Product Notifications

!!! Administrators and Risk Managers should review these Important Product Notifications for details about critical product functionality fixes released in this version.



The Immunization Migration tool can incorrectly set "was given" and "administered by" when importing

For a given vaccine, the migration tool loops through every time the vaccine was given. For each vaccine, the tool attempts to find who administered it. If the tool finds an obsterm for the hdid associated with "given by" or "admin by" it sets the vaccine as "was given". If there is no entry for either of those hdids, the value for the last patient that had an observation for those hdids is used. This caused the "was given" and "administered by" being set incorrectly.

Resolution: The "administered by" value is now set to NULL when there is no entry for "given by" or "admin by". SPR 59105

DTS is forced to match on external ID after importing a fax status document from Biscom

Biscom uses a generic name of FAX STATUS for the patient name so it is forced to match only on external ID. After the DTS imports one of these .HD files from Biscom, it tries to match every import on external ID only, which generates patient matching errors.

Resolution: Forced account match mode is now turned off when any interface uses an external ID set. SPR 52515

Service Pack 2: Fixed issues



- On the Immunization Management HTML form, the Preload function now stores the data to history. SPR 57803
- On the Immunization Management HTML form, the blue question mark can now be used multiple times inside the form. SPR 58146
- Care Alert warning messages now display on top of other windows so the user must acknowledge it before continuing. SPR 58320
- Invalid email addresses no longer cause CCDA validation errors. SPR 58673

- Invalid characters are now removed during CCDAs document generation. Previously, invalid characters were being included, causing NIST validation to fail. SPR 58704
- Fixed an issue where Immunization data converted from OBS data would contain units that caused the CCDAs to fail validation. SPR 58706
- CCDAs generation no longer fails if there is not a responsible provider. SPR 58711
- JBoss completes processing a CEM job for patient charts with certain observation values that previously got stuck being processed. SPR 58712
- The FixGroupID script now runs successfully if there are documents "Filed in Error". SPR 58715
- Clinical Visit Summary prints all problems, medications, and allergies, but only items from the current visit for other entries. Previously, all previous visits were included for all categories. SPR 58774
- CCDAs no longer fails validation if the observation unit is empty. SPR 58781
- If a new Immunization or Med Admin custom list has been created by copying a factory custom list and editing it, there is a risk of it being broken when installing a quarterly Full Knowledgebase update. To prevent data loss, prior to installing the next Full Knowledgebase update, for each Immunization and Med Admin custom list:
 - a Open the Custom List editor in CPS Admin.
 - b Make a new copy of the custom list and give it a new name.
 - c Remove the old custom list.
 - d Rename the new custom list to the original name.SPR 58783
- Language codes are now correct in the CCDAs. SPR 58787
- CCDAs generation no longer fails if observations have no value. SPR 58788
- Immunizations with NDC codes that contain hyphens now migrate correctly. SPR 58789
- Dosage and units are now migrated correctly when they are entered as a single value with one obsterm. SPR 58790
- The CQM Query to load events on a new system no longer times out when processing a large number of charts. SPR 58792
- The Functional Measure query generates successfully when processing a long date range. SPR 58794
- Changes made in the Select Printers window are now remembered correctly. SPR 58816
- The Immunization Management form no longer gives a script error when loading the form in charts that contain migrated immunization data. SPR 58848
- Copying factory lists in the Custom List Editor now correctly sets the owner to "C" for custom. SPR 58856
- The MU Checklist form now correctly records height and BMI for a visit if the values are the same as previously. SPR 58863
- ICD-9 codes now convert to ICD-10 codes correctly when updating from previous versions of CPS. Previously, some codes were showing as SNOMED codes. SPR 58868

- The Immunization Migration tool now migrates items with invalid VIS or NDC codes. When an invalid VIS or NDC is encountered during migration, they are listed as “null” and the original is appended to the Admin Comment. SPR 58936
- When the Immunization Management tool encounters entries with invalid VIS or NDC codes it now migrates them and sets the values to NULL and appends the original to the Admin comment. Previously, the tool flagged these as invalid and did not migrate them. SPR 58939
- When the Service Layer is configured to “Disable Interfaces” the service layer now loads properly. SPR 58945
- eRx renewal requests now match items on the active medication list based on GPI, reducing the risk of mismatches. SPR SPR 58947
- Do not use Stop Date on custom forms using the immun_add, immun_update, and immun_getlist data symbols. Immunizations created with a stop date are not exported in the CCDA and are not counted for CQMs. SPR 59013
- Print handouts now increment the numerator for option (ii) of MU Stage 2 patient education with handouts. SPR 59018
- Language codes that contain invalid or non-standard entries are now listed as “unknown” when generating a CCDA. SPR 59043
- During CCDA validation, if anything other than the five valid race codes are used, the Primary race code is set to “unknown” and the entry in the patient record is added as a secondary race code. SPR 59046
- Lab results with line breaks no longer cause a CCDA validation failure. SPR 59049
- The “doseQuantity” value in the CCDA no longer contains extraneous decimal units. SPR 59052
- Medication precondition codes with spaces no longer cause a CCDA validation failure. SPR 59056

On the Review Electronic Prescriptions screen, the Authorizing Provider changes to the logged in user and the prescription cannot be sent.

Resolution: A signing provider with the Access Electronic Prescribing privilege can create, sign, and send an electronic prescription authorized by another provider. As long as the signing provider is not the Responsible Provider for the document, when they sign the prescription they are listed on the Review screen as Prescribing Agent along with the Authorizing Provider. However, a Prescribing Agent cannot electronically prescribe medications for more than one authorizing provider in a single update. You must change the medications to a single authorizing provider or create separate updates for each authorizing provider. SPR 58817

Service Pack 1



Not released.