

### ShareCare Version 8.13.0 is now available!

#### INTRODUCTION

ShareCare Version 8.13.0 contains bug fixes and enhancements.

#### SAAS CUSTOMERS

Echo support will contact you to determine the best time to install this version.

#### SELF-HOSTED CUSTOMERS

**Do not install this version until 8.12.16 has been installed.**

IT IS HIGHLY RECOMMENDED THAT YOU PERFORM AND VERIFY A FULL DATABASE BACKUP PRIOR TO INSTALLING ANY UPGRADES, ENSURING THAT YOUR DATABASE CAN BE RESTORED IF NEEDED.

Please note that users will be unable to access ShareCare while the version is being installed.

If you have any questions about this process or about items requiring administration, please contact Echo Technical Support at (510) 238-2727 or e-mail [support@echoman.com](mailto:support@echoman.com).

#### BUG FIXES

Ticket #	Description
SC-41	<b>Error unzipping MMEF file - Getting Error - ColdFusion could not delete the file</b> Z:\Data\CA02_test\200\Parser\Feeddata\68567375.zip for an unknown reason. The error occurred on line 73 when attempting to unzip an MMEF file. – This has been fixed (CASE: 56862 – Contra Costa)
SC-116	<b>Family ATP screen will not refresh - This pertains to a screen bug in which all 'flags' under the 'Family ATP' tab are grayed out, forcing the user to navigate away from the screen and back again to refresh it. – Fixed so no longer grays out flags. (CASE: 60363 – Marin)</b>
SC-122	<b>Final Charge amounts and Counts in BPR Summary is not consistent with Claim File totals and counts. – There was a disparity between the totals in the Bill Print Summary section and the totals shown for each 837. Fixed so totals in the Summary section match the totals reported in the 837's at the bottom of the Batch Bill Print Screen. (CASE: 61120 – Santa Barbara)</b>
SC-139	<b>Discharging an admission updates auth end dates for unassociated authorizations - when you discharged an admission, it updated everything in Authorizations to the end date of the discharged admission. – This has been fixed (CASE: 61592 – Contra Costa)</b>

SC-143	<p><b>Disable ATP link after one click</b> - Customers were experiencing issues with double Family ATP records. We disabled the "Create Family ATP Record" link after a single click to prevent this from happening.</p>
SC-185	<p><b>Unable to add a dollar value greater than 1000.00 on Receivables screen</b> - under Fiscal &gt; Receivables, there was an issue with the 'Amount' field under 'Payor Payments'. After entering 4 digits, ShareCare would only allow one number after the decimal. It would allow up to 6 digits total in the field, and it would automatically enter .00 after it when you tabbed out of the field. – Fixed to allow more than 6 digits to be entered. (CASE: 62148 – Santa Barbara)</p>
SC-191	<p><b>Consumer Summary screen displays consumer guarantor for unauthorized System of Care</b> - When navigating to the consumer summary screen logged in as an ADP-restricted user, the Consumer Guarantor Information section showed two consumer guarantor records with the SoC hidden. Fixed the screen to suppress the non-authorized SoC guarantors as is done on the Clinical Summary screen.</p>
SC-232	<p><b>Change data type on People_Address zip codes columns</b> - The data types for People_Address zip_1 and zip_2 columns is CHAR(5) and CHAR(4) respectively. This may contribute to issues when concatenating the two columns to create a Zip+4 address. Changed the columns to both be VARCHARs of the same length.</p>
SC-285	<p><b>Cannot enter services before end date of a provider’s facility authorization</b> - When you end dated a service provider’s authorization to a facility program, you could not enter services that were dated before the end date of the facility authorization. You would have to go in and delete the end date so the user could enter services, and then go back and end date it again. Fixed so services before the end date of the provider’s facility authorization can now be entered. (CASE: 62205 – Contra Costa)</p>
SC-348	<p><b>ShareCare Error updating a consumer service</b> – When voiding an invoice, and then going to edit the service and clicking update, ShareCare threw an error. The error was because the authorization the service was tied to did not include the service provided. If you clicked on Apply Auth with this authorization in focus, it did apply the service to the authorization. Fixed so when editing a service, you no longer get a ShareCare error (see SC-349). (CASE: 65162 – Contra Costa)</p>
SC-349	<p><b>Billing accepts an authorization that does not include the service being billed</b> - When applying an authorization to a service, billing accepted the service and attached it to an invoice, even though the authorization did not include authorization for the service. This was fixed to look at services</p>

	attached to authorizations when applying an authorization to a service. (CASE: 65162 – Contra Costa)
<b>SC-394</b>	<b>Able to add overlapping admission</b> – When adding two admission for a consumer to the same facility program with non-overlapping start and end dates, and then editing the start date of one of the admissions to overlap the other admission, the change was accepted, leaving the consumer with overlapping admissions to the same fac/prog. This has been fixed to no longer allow overlapping admissions upon editing start and end dates. (CASE: 65992 – Contra Costa)
<b>SC-398</b>	<p><b>SBR05 error on Medi-Cal Claim</b> – A Medi-Cal claim was rejected when element SBR05 is used under certain conditions. It should not be used when element SBR01 is 'P'. "Primary coverages should NEVER have an SBR05 ('47' below).</p> <p>Example from the rejected 837: 35130 2320 SBR*P*18**47***MB</p> <p>Fixed so claim no longer uses '47' in SBR05 when SBR01 is 'P' (CASE: 65993 – Contra Costa)</p>
<b>SC-399</b>	<b>835 Import fails with special characters in file</b> - 835 imports were failing due to invalid characters, such as apostrophes in one of the segments. Fixed so that the submission_reconciliation_MCL835HDR table accepts special characters. (CASE: 65995 – Contra Costa)
<b>SC-460</b>	<b>Deleting an admission can orphan an episode</b> - When deleting an Admission which was the only admission tied to an episode, the episode could no longer be found as an existing episode and prevented the user from adding another new admission. Fixed so that when an admission is deleted and is the only admission tied to an episode, the episode will also be deleted. (CASE: 66737 – Santa Barbara)
<b>SC-462</b>	<b>Show Denied 835 Payments not working</b> – When you selected the “Rebill” checkbox on the 835 Job Review screen, and then went to the Rebill Services tab and clicked “Show Denied 835 Payments” checkbox and clicked Search, it was not bringing up services you selected for rebill on the job review screen. Fixed so now when you process services for rebill on the job review screen, you can click on “Show Denied 835 Payments” on the Rebill screen and hit search, and it will bring up all services you marked for Rebill.
<b>SC-469</b>	<b>Adjustment to Overage creates negative balance at Medi-Cal</b> – When a payment is entered on an invoice and there was an overage, the overage resulted in a negative balance at the next payor line. Fixed so that now when you choose to adjust for overage, there will also be an adjustment made at subsequent payors to balance the invoice. (CASE: 66153 – Contra Costa)

<p><b>SC-471</b></p>	<p><b>Facility Security User not able to open admission to a program they are authorized for –</b>          When a user authorized for a specific Facility/Program tried to enter an admission for this facility/program combination, they got a "No record matching your criteria could be found" message. This was because there were no consumers admitted to that facility/program. Once you entered a consumer to that facility/program combination, the user then could enter an admission for it. Fixed so that user can enter an admission to a facility/program they are authorized for, even if there are no current admissions to that facility/program combination. (CASE: 67039 – Contra Costa)</p>
<p><b>SC-476</b></p>	<p><b>Void is available on the invoice detail screen for a paid claim -</b> On the Invoice lookup screen, an invoice is marked as "Cannot be Voided", but when you moved to the invoice detail flag, both claims were available to be voided, even though both had payments. – Fixed so you cannot void an invoice that has payments attached.</p>
<p><b>SC-482</b></p>	<p><b>CalOms should report discharge assessments for admissions that open and close on same day –</b> When the user entered an admission and discharge on the same day, the admission assessment was sent to CalOms, but the discharge assessment, both administrative and non-administrative, was not. Fixed so that discharge assessments for same day admissions report to CalOms. (CASE: 67298 – San Joaquin)</p>
<p><b>SC-498</b></p>	<p><b>Change the way consumer_service is inserted –</b> The stored procedure that inserts the consumer service was changed to return the scope identity which is the unique ID that was just inserted and uses that to insert the staff record in the service provider time log table. (CASE: 67226, 67572, 67478 – Contra Costa)</p>
<p><b>SC-499</b></p>	<p><b>Refund Medi-Cal fails upon Commit -</b> When run either in batch or single mode, some transactions failed when "Refund Medi-Cal" was selected and the batch or claim was processed. The Stored procedure sc_ReBill_Transaction_Commit was throwing a "Warning: Null value is eliminated by an aggregate or other SET operation." error when executed, causing the commit to fail. The reason it was throwing this error was because it was trying to add up payments made by payor_plan_id 10, which is Medi-Cal MHS, not ADP. As there are no payments for this ADP service by the MHS payor, it failed. Fixed so it no longer looks for just MHS Medi-Cal but also looks for ADP as well. (CASE: 67228 – Contra Costa)</p>
<p><b>SC-500</b></p>	<p><b>AOD Residential Facility creating a 30-day initial authorization and not 10 days –</b> For AOD Residential facilities, the initial authorization period should be creating 10 day authorization periods, but was creating them for 30 days. To tell if a facility is residential, the system is looking for the facility_place_of_service_OL in the facility table. If it is 6465 (Residential Adult) or 2400</p>

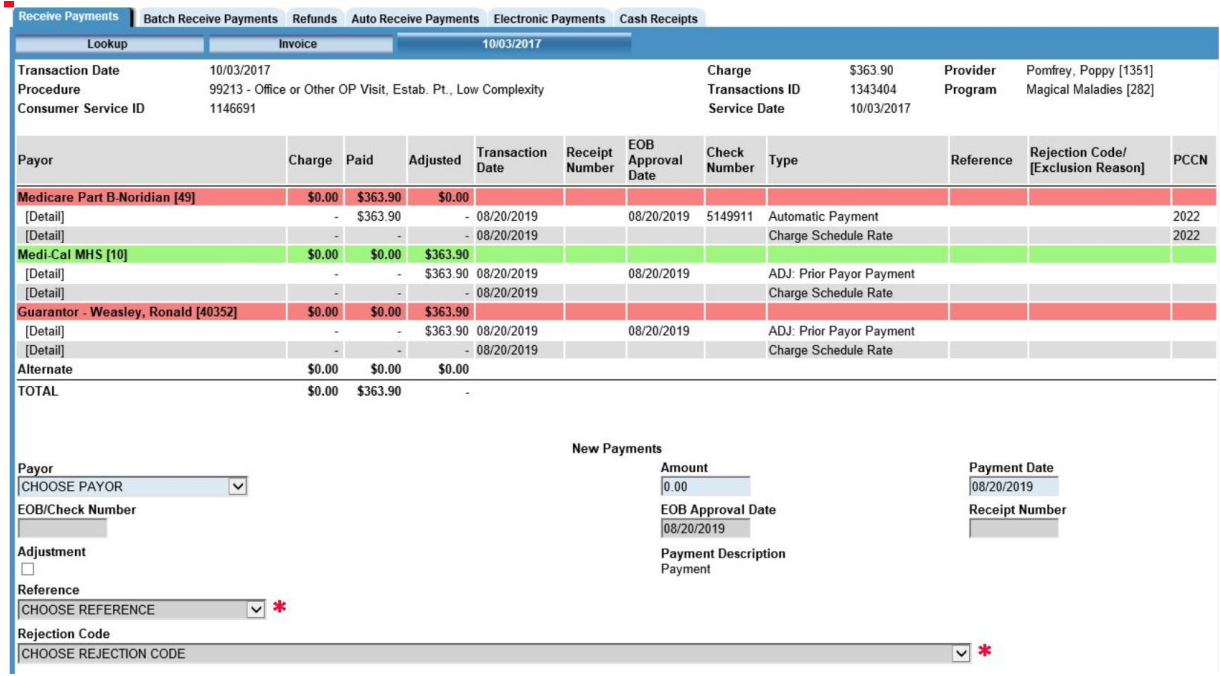
	(Residential Child) both have cross reference code 56. Fixed so it now creates 10-day initial authorizations for Residential Facilities. (CASE: 67562 – Contra Costa)
<b>SC-504</b>	<b>Use current date time as update date for CSI Error and Commit tables -</b> Use the current date time for update_date in the CSIMHSA_Assessment_Com and CSIMHSA_Assessment_Err table instead of the update_date from the CSIMHSA_Assessment_Stage table. This was a request made by Clinician’s Gateway to aid in the upload of CSI Assessment Data to ShareCare.
<b>SC-509</b>	<b>Service Code Update button does not update when NDC Required is checked -</b> When the user checked the NDC Required checkbox on the Service Screen and chose update, the asterisk stayed around the Service Code flag, and when the user tried to navigate away, they got the potential Data Loss popup. This was fixed so the user can now update the NDC Required field on the Service Setup screen. (CASE: 67714 – San Joaquin)
<b>SC-513</b>	<b>It is possible to edit an authorization, so the start date is after the end date –</b> A user was able to change the start date of an authorization to a date after the end date of that same authorization. This was fixed to no longer be allowed to do this.
<b>SC-547</b>	<b>Using single quote in consumer name causes a ShareCare error –</b> If you typed in a consumer name using a single quote you would get the error “Error Error Executing Database Query. [Macromedia][SQLServer JDBC Driver][SQLServer]Incorrect syntax near 'Angelo'. This has been fixed (Case:68313 – San Joaquin)

### ENHANCEMENTS

<b>Ticket #</b>	<b>Description</b>
<b>SC-444</b>	<p><b>Set Facility/Program in Authorization as Required -</b> Contra Costa County requires Authorization records to include Facility and Program as part of the entry or update of authorizations. Prior to this enhancement, entry of Facility/Program was optional.</p> <p>There are two places the enhancement was added:</p> <ol style="list-style-type: none"> <li>1. Authorization screen</li> <li>2. Stored procedure that auto-creates Authorization during Admission (if authorization is required for the Facility/Program).</li> </ol> <p>This enhancement should be turned on under Security &gt; Global Variables &gt; Ungrouped “Require Facility and Program for Authorization”</p>
<b>SC-487</b>	<b>Add Adjustment Description to Option List -</b> When you bring up an invoice under Receivables > Receive Payments and check the Adjustment checkbox you get a list of Adjustment

	<p>Descriptions. New Adjustment Reason descriptions were added to the option list, and when chosen` will act like the current “Contract Adjustment” and adjust the amount off all subsequent payors.</p> <p>The following Adjustment Reasons were added:</p> <ol style="list-style-type: none"> <li>1. Late Charge Adjustment</li> <li>2. Cross Over Adjustment</li> <li>3. Small Balance Adjustment</li> <li>4. Interdepartmental/Jail Adjustment</li> <li>5. Legal Adjustment</li> <li>6. Administrative Adjustment</li> </ol>
<p><b>SC-488</b></p>	<p><b>Add Filters and Export Function to Billing Status Report</b> - Upon the completion of service posting, warnings and errors are included in the BSR. After implementing the new features, user may optionally select “Filter” (drop-down box at top of each column, displaying a unique list of values or text strings) to narrow down the result. Multiple filters may be selected in different columns to refine the search. Click the new “Export” button to save the result in an external file.</p>
<p><b>SC-493</b></p>	<p><b>Enhance BSR Authorization Denial Message</b> - At service posting, the Billing Status Report (BSR) shows an error message without specific details if a service is unauthorized. This enhancement is to include information of the authorization’s “Approval Status” in the error message.</p> <p>The enhancement will also add a Global Variable of “Display Partial Authorization Approval Status” so that when this global variable is set to “No” the Partial approval status will be hidden from the authorization screen.</p>

### WATERFALL BILLING

Ticket #	Description
SC-124	<p><b>Only close Medi-Cal Group payors on 0 balance and payment</b> - When a consumer had a liable payor ahead of Medi-Cal and the payor made a payment for the service, Medi-Cal would become inactive rather than remain ready to bill. This code was enhanced so that when a prior payor makes a payment, Medi-Cal will remain active and is able to be picked up on a claim.</p>  <p>The screenshot displays a payment summary table with columns: Payor, Charge, Paid, Adjusted, Transaction Date, Receipt Number, EOB Approval Date, Check Number, Type, Reference, Rejection Code/[Exclusion Reason], and PCCN. It shows payments from Medicare Part B-Noridian and Medi-Cal MHS, with a total charge of \$0.00 and a total paid of \$363.90. Below the table is a 'New Payments' form with fields for Payor, Amount, Payment Date, EOB/Check Number, EOB Approval Date, Receipt Number, Adjustment, Reference, and Rejection Code.</p>
SC-125	<p><b>Bill Print Search looks for expected to pay not active = 'Y'</b> - The bill print search was looking for expected to pay greater than zero, and that was preventing active zero balance Medi-Cal claim lines from claiming to Medi-Cal. This has been enhanced to look for criteria of trans_pay_detail active equals “yes” instead of expected to pay greater than zero, so SMA can be captured.</p>
SC-126	<p><b>Medi-Cal 835 overpayments need auto SMA adjustment (applies to guarantor as well)</b> - Medi-Cal 835 overpayments or multiple 835 adjudications were waterfalling to the guarantor, leaving a negative balance at the guarantor. Now when the 835 comes back and the payment is greater than the expected to pay, an adjustment is created to write off the difference of what was expected and what was received to zero both of them out. (Negative Adjustments)</p>

In this invoice, Medicare paid full amount of charge and Medi-Cal Paid \$75.00, leaving a negative \$75.00 adjustment at both Medi-Cal and the Guarantor.

Receive Payments												
Lookup		Invoice			10/03/2017							
Transaction Date	10/03/2017				Charge	\$363.90	Provider	Pomfrey, Poppy [1351]				
Procedure	99213 - Office or Other OP Visit, Estab. Pt., Low Complexity				Transactions ID	1343404	Program	Magical Maladies [282]				
Consumer Service ID	1146691				Service Date	10/03/2017						
Payor	Charge	Paid	Adjusted	Transaction Date	Receipt Number	EOB Approval Date	Check Number	Type	Reference	Rejection Code/[Exclusion Reason]	PCCN	
<b>Medicare Part B-Noridian [49]</b>	<b>\$0.00</b>	<b>\$363.90</b>	<b>\$0.00</b>									
[Detail]	-	\$363.90	-	08/20/2019		08/20/2019	5149911	Automatic Payment			2022	
[Detail]	-	-	-	08/20/2019				Charge Schedule Rate			2022	
<b>Medi-Cal MHS [10]</b>	<b>\$0.00</b>	<b>\$75.00</b>	<b>\$288.90</b>									
[Detail]	-	-	(\$75.00)	08/20/2019		08/20/2019		ADJ. Medi-Cal SMA Adjustment			9716291900244	
[Detail]	-	-	\$363.90	08/20/2019		08/20/2019		ADJ. Prior Payor Payment			9716291900244	
[Detail]	-	\$75.00	-	08/20/2019		08/20/2019	EM-6802744	Automatic Payment			9716291900244	
[Detail]	-	-	-	08/20/2019				Charge Schedule Rate			9716291900244	
<b>Guarantor - Weasley, Ronald [40352]</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$363.90</b>									
[Detail]	-	-	\$363.90	08/20/2019		08/20/2019		ADJ. Prior Payor Payment				
[Detail]	-	-	\$75.00	08/20/2019		08/20/2019		ADJ. Prior Payor Payment				
[Detail]	-	-	(\$75.00)	08/20/2019		08/20/2019		ADJ. Medi-Cal SMA Adjustment				
[Detail]	-	-	-	08/20/2019				Charge Schedule Rate				
<b>Alternate</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>									
<b>TOTAL</b>	<b>\$0.00</b>	<b>\$438.90</b>	<b>-</b>									

New Payments		
Payor	Amount	Payment Date
[CHOOSE PAYOR]	0.00	08/20/2019
EOB/Check Number	EOB Approval Date	Receipt Number
	08/20/2019	
Adjustment	Payment Description	
<input type="checkbox"/>	Payment	
Reference		
[CHOOSE REFERENCE] *		
Rejection Code		
[CHOOSE REJECTION CODE]		

In this invoice Medicare only allowed 136.46 to waterfall to Medi-Cal. Paid 136.46, contractually adjusted \$90.98, and assigned \$136.46 to patient responsibility. TriCare paid \$40.00 and Medi-Cal paid \$93.72 and adjusted \$46.86 for a credit balance of (\$44.12), which created an SMA Adjustment which fell to the guarantor, closing both Medi-Cal and the guarantor

Receive Payments												
Lookup		Invoice			10/06/2017							
Transaction Date	10/06/2017				Charge	\$363.90	Provider	Pomfrey, Poppy [1351]				
Procedure	99213 - Office or Other OP Visit, Estab. Pt., Low Complexity				Transactions ID	1343407	Program	Magical Maladies [282]				
Consumer Service ID	1146694				Service Date	10/06/2017						
Payor	Charge	Paid	Adjusted	Transaction Date	Receipt Number	EOB Approval Date	Check Number	Type	Reference	Rejection Code/[Exclusion Reason]	PCCN	
<b>Medicare Part B-Noridian [49]</b>	<b>\$0.00</b>	<b>\$136.46</b>	<b>\$227.44</b>									
[Detail]	-	-	\$90.98	08/20/2019		08/20/2019		ADJ. Contract Adjustment			2024	
[Detail]	-	-	\$136.46	08/20/2019		08/20/2019		ADJ. Payor Payment Adjustment			2024	
[Detail]	-	\$136.46	-	08/20/2019		08/20/2019	0797596	Automatic Payment			2024	
[Detail]	-	-	-	08/20/2019				Charge Schedule Rate			2024	
<b>TriCare for Life [76]</b>	<b>\$0.00</b>	<b>\$40.00</b>	<b>\$323.90</b>									
[Detail]	-	-	\$90.98	08/20/2019		08/20/2019		ADJ. Prior Payor Adjustment				
[Detail]	-	-	\$136.46	08/20/2019		08/20/2019		ADJ. Prior Payor Payment				
[Detail]	-	\$40.00	-	08/20/2019		08/20/2019		Payment				
[Detail]	-	-	-	08/20/2019				Charge Schedule Rate				
[Detail]	-	-	\$96.46	08/20/2019				ADJ. Manual ETP Transfer				
<b>Medi-Cal MHS [10]</b>	<b>\$0.00</b>	<b>\$93.72</b>	<b>\$270.18</b>									
[Detail]	-	-	(\$44.12)	08/20/2019		08/20/2019		ADJ. Medi-Cal SMA Adjustment			9716291900248	
[Detail]	-	-	\$40.00	08/20/2019		08/20/2019		ADJ. Prior Payor Payment			9716291900248	
[Detail]	-	-	\$46.86	08/20/2019		08/20/2019		ADJ. Contract Adjustment			9716291900248	
[Detail]	-	-	\$90.98	08/20/2019		08/20/2019		ADJ. Prior Payor Adjustment			9716291900248	
[Detail]	-	-	\$136.46	08/20/2019		08/20/2019		ADJ. Prior Payor Payment			9716291900248	
[Detail]	-	\$93.72	-	08/20/2019		08/20/2019	EM-0453950	Automatic Payment			9716291900248	
[Detail]	-	-	-	08/20/2019				Charge Schedule Rate			9716291900248	
<b>Guarantor - Longbottom, Neville [40353]</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$363.90</b>									
[Detail]	-	-	\$136.46	08/20/2019		08/20/2019		ADJ. Prior Payor Payment				
[Detail]	-	-	\$90.98	08/20/2019		08/20/2019		ADJ. Prior Payor Adjustment				
[Detail]	-	-	\$93.72	08/20/2019		08/20/2019		ADJ. Prior Payor Payment				
[Detail]	-	-	\$46.86	08/20/2019		08/20/2019		ADJ. Prior Payor Adjustment				
[Detail]	-	-	(\$44.12)	08/20/2019		08/20/2019		ADJ. Medi-Cal SMA Adjustment				
[Detail]	-	-	-	08/20/2019				Charge Schedule Rate				
[Detail]	-	-	\$40.00	08/20/2019		08/20/2019		ADJ. Prior Payor Payment				
<b>Alternate</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>									



In this invoice Blue Cross only allowed \$121.30 to waterfall to Medi-Cal. Paid \$121.30 and contractually adjusted \$121.30. Medi-Cal paid \$156.30 which created an SMA Adjustment of \$35.00, which fell to the guarantor, closing both Medi-Cal and the guarantor

Receive Payments												
Batch Receive Payments			Refunds		Auto Receive Payments		Electronic Payments		Cash Receipts			
Lookup			Invoice				06/01/2019					
Transaction Date	06/01/2019				Charge	\$242.60	Provider	Pomfrey, Poppy [1351]				
Procedure	96372 - Therapeutic, prophylactic, or diagnostic				Transactions ID	1343437	Program	Magical Maladies [282]				
Consumer Service ID	1146733				Service Date	06/01/2019						
Payor	Charge	Paid	Adjusted	Transaction Date	Receipt Number	EOB Approval Date	Check Number	Type	Reference	Rejection Code/ [Exclusion Reason]	PCCN	
<b>Blue Cross [50]</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$242.60</b>									
[Detail]	-	-	\$121.30	08/27/2019		08/27/2019		ADJ: Contract Adjustment				
[Detail]	-	-	-	08/27/2019		08/27/2019		Payment				
[Detail]	-	\$121.30	-	08/27/2019		08/27/2019		Payment		Payment made to patient/insured/responsible party/employer.		
[Detail]	-	-	-	08/27/2019		08/27/2019		Charge Schedule Rate				
[Detail]	-	-	\$121.30	08/27/2019		08/27/2019		ADJ: Manual ETP Transfer				
<b>Medi-Cal MHS [10]</b>	<b>\$0.00</b>	<b>\$156.30</b>	<b>\$86.30</b>									
[Detail]	-	-	\$121.30	08/27/2019		08/27/2019		ADJ: Prior Payor Payment		Payment made to patient/insured/responsible party/employer.	9716291900306	
[Detail]	-	-	\$121.30	08/27/2019		08/27/2019		ADJ: Prior Payor Adjustment			9716291900306	
[Detail]	-	-	-	08/27/2019		08/27/2019		Charge Schedule Rate			9716291900306	
[Detail]	-	-	(\$35.00)	09/04/2019		09/04/2019		ADJ: Medi-Cal SMA Adjustment			9716291900306	
[Detail]	-	\$156.30	-	09/04/2019		09/04/2019	EM-0976934	Automatic Payment			9716291900306	
<b>Guarantor - Moody, Alastor [40364]</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$242.60</b>									
[Detail]	-	-	-	08/27/2019		08/27/2019		Charge Schedule Rate				
[Detail]	-	-	\$121.30	08/27/2019		08/27/2019		ADJ: Prior Payor Adjustment				
[Detail]	-	-	\$121.30	08/27/2019		08/27/2019		ADJ: Prior Payor Payment		Payment made to patient/insured/responsible party/employer.		
[Detail]	-	-	\$156.30	09/04/2019		09/04/2019		ADJ: Prior Payor Payment				
[Detail]	-	-	(\$35.00)	09/04/2019		09/04/2019		ADJ: Medi-Cal SMA Adjustment				
Alternate	\$0.00	\$0.00	\$0.00									
<b>TOTAL</b>	<b>\$0.00</b>	<b>\$156.30</b>	<b>-</b>									

**\*\*\*Please note that enhancements to ShareCare to address the SMA rate may result in an overpayment. The County is responsible for the overpayment, changes to the application do not, and should not be taken to, represent a position that this overpayment should be considered payment on the original service. The system flags the overpayment as an SMA adjustment. Counties are responsible to follow Medi-Cal guidelines in managing the overpayment in relation to the billed amount of the service.**

**SC-152**

**Medi-Cal Share of Cost is written off twice** - The Share of Cost processing was erroneously creating an adjustment (Share of Cost/Ability to Pay) before it claimed to Medi-Cal. The CA State eligibility system keeps track of monthly share of cost. Consumers are not considered eligible until their share of costs are encumbered in any given month. Encumbering a share of cost is achieved by presenting a specific service and assigning all or part of its service charge to the consumer's outstanding share of cost for the service month. We no longer write off the Share of Cost Spend down. We wait for the 835 CAS\*PR segments to apply share of cost to the service.

**SC-169**

**Medi-Cal Rebill Enhancements** - Rebill did not account for the service charge in any but the first 835 adjudication. The incoming 835 from the replacement claim is now accounted for in the transaction\_payment and trans\_pay\_detail tables and on the invoice screen.

Repay is now applied during the second 835 adjudication process, and requires you to wait for the 835 to come back after the void claim is sent.

SC-325

**Changes to the Invoice screen display when rebilling/refunding** - The invoice screen was not displaying results when an 835 adjudication was received for void and replacement claims. This is now being displayed on the invoice screen and grouped by PCCN.

### Invoice before Void/Refund

Receive Payments   Batch Receive Payments   Refunds   Auto Receive Payments   Electronic Payments   Cash Receipts												
Lookup		Invoice										02/01/2019
Transaction Date	02/01/2019					Charge	\$424.55		Provider	Pomfrey, Poppy [1351]		
Procedure	60 - Medication Support - MD15-SF60					Transactions ID	1343477		Program	Magical Maladies [282]		
Consumer Service ID	1146757					Service Date	02/01/2019					
Payor	Charge	Paid	Adjusted	Transaction Date	Receipt Number	EOB Approval Date	Check Number	Type	Reference	Rejection Code/[Exclusion Reason]	PCCN	
Medi-Cal MHS [10]	\$0.00	\$424.55	\$0.00									
[Detail]	-	\$424.55	-	08/30/2019		08/30/2019	EM-4420105	Automatic Payment			9716291900302	
[Detail]	-	-	-	08/30/2019				Charge Schedule Rate			9716291900302	
Guarantor - Patil, Padma [40362]	\$0.00	\$0.00	\$424.55									
[Detail]	-	-	\$424.55	08/30/2019		08/30/2019		ADJ. Prior Payor Payment				
[Detail]	-	-	-	08/30/2019				Charge Schedule Rate				
Alternate	\$0.00	\$0.00	\$0.00									
TOTAL	\$0.00	\$424.55	-									

Payor

CHOOSE PAYOR

EOB/Check Number

Adjustment

Reference

CHOOSE REFERENCE  \*

Rejection Code

CHOOSE REJECTION CODE  \*

\$ - indicates the payor repay is Pending.  
 \$\$ - indicates the payor has been Repaid.  
 @ - indicates the payor rebill is Pending.  
 @@ - indicates the payor has been Rebilled.  
 \*\* - adjustment total is based on active Payor only.

New Payments

Amount

EOB Approval Date

Payment Description

Payment Date

Receipt Number

### Invoice after Void/Refund is Processed

Receive Payments   Batch Receive Payments   Refunds   Auto Receive Payments   Electronic Payments   Cash Receipts												
Lookup		Invoice										02/01/2019
Transaction Date	02/01/2019					Charge	\$424.55		Provider	Pomfrey, Poppy [1351]		
Procedure	60 - Medication Support - MD15-SF60					Transactions ID	1343477		Program	Magical Maladies [282]		
Consumer Service ID	1146757					Service Date	02/01/2019					
Payor	Charge	Paid	Adjusted	Transaction Date	Receipt Number	EOB Approval Date	Check Number	Type	Reference	Rejection Code/[Exclusion Reason]	PCCN	
Medi-Cal MHS [10]	\$0.00	\$424.55	\$0.00									
[Detail]	-	\$424.55	-	08/30/2019		08/30/2019	EM-4420105	Automatic Payment			9716291900302	
[Detail]	-	-	-	08/30/2019				Charge Schedule Rate			9716291900302	
Guarantor - Patil, Padma [40362]	\$0.00	\$0.00	\$424.55									
[Detail]	-	-	\$424.55	08/30/2019		08/30/2019		ADJ. Prior Payor Payment				
[Detail]	-	-	-	08/30/2019				Charge Schedule Rate				
Alternate	\$0.00	\$0.00	\$0.00									
TOTAL	\$0.00	\$424.55	-									

Payor

CHOOSE PAYOR

EOB/Check Number

Adjustment

Reference

CHOOSE REFERENCE  \*

Rejection Code

CHOOSE REJECTION CODE  \*

\$ - indicates the payor repay is Pending.  
 \$\$ - indicates the payor has been Repaid.  
 @ - indicates the payor rebill is Pending.  
 @@ - indicates the payor has been Rebilled.  
 \*\* - adjustment total is based on active Payor only.

New Payments

Amount

EOB Approval Date

Payment Description

Payment Date

Receipt Number

### Invoice after the Batch Bill Print is run and Void/Refund 837 is created:

Receive Payments   Batch Receive Payments   Refunds   Auto Receive Payments   Electronic Payments   Cash Receipts												
Lookup		Invoice										
Transaction Date		02/01/2019			Charge		\$424.55		Provider		Pomfrey, Poppy [1351]	
Procedure		60 - Medication Support - MD15-SF60			Transactions ID		1343477		Program		Magical Maladies [282]	
Consumer Service ID		1146757			Service Date		02/01/2019					
Payor	Charge	Paid	Adjusted	Transaction Date	Receipt Number	EOB Approval Date	Check Number	Type	Reference	Rejection Code/ [Exclusion Reason]	PCCN	
Medi-Cal MHS [10] <b>\$\$</b>	\$0.00	\$424.55	\$0.00									
[Detail]	-	\$424.55	-	08/30/2019		08/30/2019	EM-4420105	Automatic Payment			9716291900302	
[Detail]	-	-	-	08/30/2019				Charge Schedule Rate			9716291900302	
Guarantor - Patil, Padma [40362]	\$0.00	\$0.00	\$424.55									
[Detail]	-	-	\$424.55	08/30/2019		08/30/2019		ADJ: Prior Payor Payment				
[Detail]	-	-	-	08/30/2019				Charge Schedule Rate				
Alternate	\$0.00	\$0.00	\$0.00									
<b>TOTAL</b>	<b>\$0.00</b>	<b>\$424.55</b>	<b>-</b>									

Payor: [CHOOSE PAYOR]

EOB/Check Number: [ ]

Adjustment:

Reference: [CHOOSE REFERENCE] \*

Rejection Code: [CHOOSE REJECTION CODE] \*

**New Payments**

Amount: [0.00]      Payment Date: [08/30/2019]

EOB Approval Date: [08/30/2019]      Receipt Number: [ ]

Payment Description: [Payment]

\$ - indicates the payor repay is Pending.  
 \$\$ - indicates the payor has been Repaid.  
 @ - indicates the payor rebill is Pending.  
 @@ - indicates the payor has been Rebilled.  
 \*\* - adjustment total is based on active Payor only.

### Example of a Void/Refunded Payment after 835 is received

Receive Payments   Batch Receive Payments   Refunds   Auto Receive Payments   Electronic Payments   Cash Receipts												
Lookup		Invoice										
Transaction Date		10/10/2017			Charge		\$363.90		Provider		Pomfrey, Poppy [1351]	
Procedure		60 - Medication Support - MD15-SF60			Transactions ID		1343402		Program		Magical Maladies [282]	
Consumer Service ID		1146689			Service Date		10/10/2017					
Payor	Charge	Paid	Adjusted	Transaction Date	Receipt Number	EOB Approval Date	Check Number	Type	Reference	Rejection Code/ [Exclusion Reason]	PCCN	
Medi-Cal MHS [10] <b>\$\$ Y</b>	\$363.90	\$0.00	\$0.00									
[Detail]	-	\$363.90	-	08/20/2019		08/20/2019	EM-4019646	Automatic Payment			9716291900241	
[Detail]	-	-	-	08/20/2019				Charge Schedule Rate			9716291900241	
[Detail]	-	(\$363.90)	-	09/05/2019		09/05/2019	EM-7294295	Automatic Payment			9716291900241	
Guarantor - Granger, Hermione [40351]	\$363.90	\$0.00	\$0.00									
[Detail]	-	-	\$363.90	08/20/2019		08/20/2019		ADJ: Prior Payor Payment				
[Detail]	-	-	-	08/20/2019				Charge Schedule Rate				
[Detail]	-	-	(\$363.90)	09/05/2019		09/05/2019		ADJ: Prior Payor Payment				
Alternate	\$0.00	\$0.00	\$0.00									
<b>TOTAL</b>	<b>\$363.90</b>	<b>(\$363.90)</b>	<b>-</b>									

Payor: [CHOOSE PAYOR]

EOB/Check Number: [ ]

Adjustment:

Reference: [CHOOSE REFERENCE] \*

Rejection Code: [CHOOSE REJECTION CODE] \*

**New Payments**

Amount: [0.00]      Payment Date: [09/05/2019]

EOB Approval Date: [09/05/2019]      Receipt Number: [ ]

Payment Description: [Payment]

\$ - indicates the payor repay is Pending.  
 \$\$ - indicates the payor has been Repaid.  
 @ - indicates the payor rebill is Pending.  
 @@ - indicates the payor has been Rebilled.  
 \*\* - adjustment total is based on active Payor only.

### Invoice before Replace/Rebill:

Receive Payments												
Batch Receive Payments Refunds Auto Receive Payments Electronic Payments Cash Receipts												
Lookup Invoice 02/02/2019												
Transaction Date	02/02/2019				Charge	\$424.55	Provider	Pomfrey, Poppy [1351]				
Procedure	60 - Medication Support - MD15-SF60				Transactions ID	1343478	Program	Magical Maladies [282]				
Consumer Service ID	1146758				Service Date	02/02/2019						
Payor	Charge	Paid	Adjusted	Transaction Date	Receipt Number	EOB Approval Date	Check Number	Type	Reference	Rejection Code/[Exclusion Reason]	PCCN	
Medi-Cal MHS [10]	\$0.00	\$424.55	\$0.00									
[Detail]	-	\$424.55	-	08/30/2019		08/30/2019	EM-4420105	Automatic Payment			9716291900303	
[Detail]	-	-	-	08/30/2019				Charge Schedule Rate			9716291900303	
Guarantor - Patil, Padma [40362]	\$0.00	\$0.00	\$424.55									
[Detail]	-	-	\$424.55	08/30/2019		08/30/2019		ADJ: Prior Payor Payment				
[Detail]	-	-	-	08/30/2019				Charge Schedule Rate				
Alternate	\$0.00	\$0.00	\$0.00									
TOTAL	\$0.00	\$424.55	-									

Payor: [CHOOSE PAYOR]

EOB/Check Number: [ ]

Adjustment:

Reference: [CHOOSE REFERENCE] \*

Rejection Code: [CHOOSE REJECTION CODE] \*

New Payments

Amount: [0.00] Payment Date: [08/30/2019]

EOB Approval Date: [08/30/2019] Receipt Number: [ ]

Payment Description: [Payment]

\$ - indicates the payor repay is Pending.  
 \$\$ - indicates the payor has been Repaid.  
 @ - indicates the payor rebill is Pending.  
 @@ - indicates the payor has been Rebilled.  
 \*\* - adjustment total is based on active Payor only.

### Invoice after Replace/Rebill is processed

Receive Payments												
Batch Receive Payments Refunds Auto Receive Payments Electronic Payments Cash Receipts												
Lookup Invoice 02/02/2019												
Transaction Date	02/02/2019				Charge	\$424.55	Provider	Pomfrey, Poppy [1351]				
Procedure	60 - Medication Support - MD15-SF60				Transactions ID	1343478	Program	Magical Maladies [282]				
Consumer Service ID	1146758				Service Date	02/02/2019						
Payor	Charge	Paid	Adjusted	Transaction Date	Receipt Number	EOB Approval Date	Check Number	Type	Reference	Rejection Code/[Exclusion Reason]	PCCN	
Medi-Cal MHS [10] @	\$0.00	\$424.55	\$0.00									
[Detail]	-	\$424.55	-	08/30/2019		08/30/2019	EM-4420105	Automatic Payment			9716291900303	
[Detail]	-	-	-	08/30/2019				Charge Schedule Rate			9716291900303	
Medi-Cal MHS [10] @	\$424.55	\$0.00	\$0.00									
[Detail]	\$424.55	-	-	08/30/2019				Charge Schedule Rate				
Guarantor - Patil, Padma [40362]	\$0.00	\$0.00	\$424.55									
[Detail]	-	-	\$424.55	08/30/2019		08/30/2019		ADJ: Prior Payor Payment				
[Detail]	-	-	-	08/30/2019				Charge Schedule Rate				
Alternate	\$0.00	\$0.00	\$0.00									
TOTAL	\$424.55	\$0.00	-									

Payor: [CHOOSE PAYOR]

EOB/Check Number: [ ]

Adjustment:

Reference: [CHOOSE REFERENCE] \*

Rejection Code: [CHOOSE REJECTION CODE] \*

New Payments

Amount: [0.00] Payment Date: [08/30/2019]

EOB Approval Date: [08/30/2019] Receipt Number: [ ]

Payment Description: [Payment]

\$ - indicates the payor repay is Pending.  
 \$\$ - indicates the payor has been Repaid.  
 @ - indicates the payor rebill is Pending.  
 @@ - indicates the payor has been Rebilled.  
 \*\* - adjustment total is based on active Payor only.

### Invoice after the Batch Bill Print is run and Replace/Rebill 837 is created:

Receive Payments | Batch Receive Payments | Refunds | Auto Receive Payments | Electronic Payments | Cash Receipts

Lookup Invoice 02/02/2019

Transaction Date: 02/02/2019 Charge: \$424.55 Provider: Pomfrey, Poppy [1351]  
 Procedure: 60 - Medication Support - MD15-SF60 Transactions ID: 1343478 Program: Magical Maladies [282]  
 Consumer Service ID: 1146758 Service Date: 02/02/2019

Payor	Charge	Paid	Adjusted	Transaction Date	Receipt Number	EOB Approval Date	Check Number	Type	Reference	Rejection Code/ [Exclusion Reason]	PCCN
Medi-Cal MHS [10] @@	\$0.00	\$424.55	\$0.00								
[Detail]	-	\$424.55	-	08/30/2019		08/30/2019	EM-4420105	Automatic Payment			9716291900303
[Detail]	-	-	-	08/30/2019				Charge Schedule Rate			9716291900303
Medi-Cal MHS [10] @@	\$424.55	\$0.00	\$0.00								
[Detail]	\$424.55	-	-	08/30/2019				Charge Schedule Rate			
Guarantor - Patil, Padma [40362]	\$0.00	\$0.00	\$424.55								
[Detail]	-	-	\$424.55	08/30/2019		08/30/2019		ADJ. Prior Payor Payment			
[Detail]	-	-	-	08/30/2019				Charge Schedule Rate			
Alternate	\$0.00	\$0.00	\$0.00								
TOTAL	\$424.55	\$0.00	-								

New Payments

Payor: [CHOOSE PAYOR] Amount: 0.00 Payment Date: 08/30/2019  
 EOB/Check Number: EOB Approval Date: 08/30/2019 Receipt Number:  
 Adjustment: Payment Description: Payment  
 Reference: [CHOOSE REFERENCE] \*  
 Rejection Code: [CHOOSE REJECTION CODE] \*

\$ - indicates the payor repay is Pending  
 \$\$ - indicates the payor has been Repaid  
 @ - indicates the payor rebill is Pending  
 @@ - indicates the payor has been Rebilled  
 \*\* - adjustment total is based on active Payor only.

SC-516

**FIX PCCNs in historical records** - The Receivables screen needs entire adjudications, including their original debits assigned the same PCCN so they look correct on the receivables screen.

**\*\*\*NOTE\*\*\* This script will be provided separately and will need to be run off hours and/or over the weekend.**