

ShareCare Version 8.14.0 is now available!

INTRODUCTION

ShareCare Version 8.14.0 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 8.13.4 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.

BUG FIXES

Ticket #	Description
SC-41	Error unzipping MMEF file - Getting Error - ColdFusion could not delete the file 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-457	Guarantor Grouping Error on Crystal Report - There is a mistake in how the Guarantor Statement Crystal Report is grouped. The Crystal report groups by guarantor name, appearing to generate one statement for a guarantor’s name (GuaNme), and not each individual guarantor ID. Because of this grouping error in the Crystal Report the amount in the Group Footer is only associated with the last consumer ID, not the total of all the guarantor IDs. – This has been fixed. (CASE: 66661 – Contra Costa)
SC-492	Group Service Entry Duplicate Service Override not showing unless provider is same - A 'warning' is only produced when the Date, Consumer, Service Code, Facility/Program, and Provider are the same. If you enter duplicate Date, Consumer, Service Code, Facility/Program, but a DIFFERENT Provider, a 'warning' is not produced. Fixed so we now show duplicate Service override regardless of provider. It should show when it is same date, consumer, service code and Facility/Program. (CASE: 66948 – Contra Costa)

SC-537	<p>Group Service entry displaying secondary provider twice on edit service screen – When you go to the edit service screen and look up the Consumer Service ID, you will see that 3850 is shown twice and total elapsed time is 464, which is 200 for consumer elapsed time plus 132 elapsed time * 2. If you hit update at the top of the screen, it changes the provider id 3838 to 200 minutes instead of 110, and doubles the secondary provider ID and minutes in the service_provider_time_log table. – This has been fixed (CASE: 68167 – Contra Costa)</p>
SC-538	<p>Group Service Entry Duplicate Service Override not showing up on edit service screen or in table - Entered a group service and on the second screen chose the checkbox for Duplicate Service Override, and then added the service. When you go to edit service Screen, the duplicate override dropdown is not showing it as chosen, and when you look in the consumer_service table, there is no entry in the duplicate_override_OL field. – This has been fixed (CASE: 68167 – Contra Costa)</p>
SC-542	<p>835 Payment commit process fails for claims in Electronic_Payor_Submission - When a claim is in a suspended state for over payment, and the claims are applied, and user tries to commit the claims, the commit fails. These claims are in Electronic_Payor_Submission, and the lookup for uncommitted claims in that table are joined on the user id, meaning only the user who put the claims there can process them. The commit now allows any authorized user to commit the claims. (CASE: 68707 – Contra Costa)</p>
SC-565	<p>Changes to Treatment Appointment Accepted Date in CSI Assessment - When entering a CSI Assessment, user was getting an error message stating that the "First Offered Date must be on or after Provider Treatment Appointment Accepted Date." The error message is wrong. It should state "The Treatment Appointment Accepted Date must be on or after the First Offered Date. (See new CSI assessment edits). The label and warning message was changed from "Provider Treatment Appt Accepted Date" to "Treatment Appointment Accepted Date" (drop 'Provider'). (CASE:68356 – Contra Costa)</p>
SC-568	<p>SC Error deleting a CSI run - When a user checked the Delete box and clicked on Delete to remove this run, they would get the SC error below: Error Executing Database Query. [Macromedia][SQLServer JDBC Driver][SQLServer] The DELETE statement conflicted with the REFERENCE constraint "FK_state_repstate_63BC320A". The conflict occurred in database "CA01_rel", table "dbo.state_report_log", column 'state_report_control_ID'. The error occurred on line 64. – This has been fixed</p>
SC-570	<p>Change CSIMHSA_Assessment table to accept null values for facility and program - Facility and Program entry is optional in CSI Assessment reporting, so Facility_ID and Program_ID should accept null values (CASE: 68562 – San Joaquin)</p>
SC-584	<p>OSHPD Total Charges not right Justified with leading zero's – The OSHPD data dictionary states “whole dollars only with no cents” and right-justified with leading zeros." Changed the logic so it is right justified with leading zeros (CASE: 68661 – San Joaquin)</p>
SC-587	<p>BillPrintShort/Doyle needs to ignore archived Bill Print Runs while setting original claim date. – User was trying to rebill services which they had deleted in an earlier Bill Print Run that</p>

	included the service which would have been timely. Changed logic so it now ignores an archived (deleted) Bill Print run.
SC-593	<p>SC Error on Family ATP - When the family member flag is accessed, the SC error below comes up. When the end date is removed, the family members can be accessed with no error. ShareCare has encountered an error. Please contact technical support at Support@echoman.com.</p> <p>Error Type Request Error Executing Database Query. [Macromedia][SQLServer JDBC Driver][SQLServer]Incorrect syntax near the keyword 'AND'. The error occurred on line 233. . – This has been fixed (CASE: 68873 – San Joaquin)</p>
SC-598	<p>ShareCare Error when using Unbilled Invoices tab – get the following error: Error Executing Database Query. [Macromedia][SQLServer JDBC Driver][SQLServer]Subquery returned more than 1 value. This is not permitted when the subquery follows =, !=, <, <=, >, >= or when the subquery is used as an expression. The error occurred on line 30. . – This has been fixed (CASE: 68869 – Santa Barbara)</p>
SC-603	<p>Strange error on group service entry – When entering a group service for 239 minutes, user got an error with an override check box saying: "Elapsed time must be no less than 1 for this service." – This has been fixed (CASE: 68952 – Contra Costa)</p>
SC-604	<p>No longer getting a duplicate override on group service entry – Happens when adding a group service and then entering another set of services for the same group members on the same day with different start times. I was able to add the second set of services with no duplicate service warning. – This has been fixed (CASE: 68952 – Contra Costa)</p>
SC-610	<p>CSI Assessment not creating Output File when completed – User was getting a CSI_Closure_reason_OL can't be null. It's null in 277 of the 280 records. Fixed so the sql sets all nulls to zero in the CSA_Assessment table. (CASE: 68650 – San Joaquin)</p>
SC-615	<p>BillPrintShortDoyle2 needs to check unit type when validating fractional convert factors. - A customer was getting erroneous warning message like:</p> <p style="padding-left: 40px;">Xwalk cnvt fac <1 and not minutes SvcCD:761- Minutes:35 Units:1 (01/18/01)</p> <p>even though the unit type for the service was "minute". – This has been fixed</p>
SC-618	<p>835 Commit failing. – A customer was experiencing an abnormal ending when processing 835s. The process couldn't find a PCCN to assign to the new payment structure. – This has been fixed (CASE: 69230 – Contra Costa)</p>
SC-636	<p>Update on Admission creates two authorizations – When updating an episode and then updating the admission date to the same and then changing the admission date back, two authorizations for the same admission were created. – This has been fixed (CASE: 69346 – Contra Costa)</p>
SC-640	<p>Add elapsed time to Medi-Cal duplicate check A Clinician's Gateway customer is getting Medi-Cal duplicate errors on import into the staging table when services are identical except for the elapsed time. Added elapsed time to the Medi-Cal check so that the times must be identical as well as all current conditions. (CASE: 69102 – San Joaquin)</p>

SC-641	<p>Medi-Cal Reconciliation Status checkbox does not stay checked upon download – A customer reported that on the 'Medi-Cal Reconciliation' tab, if you enter search parameters, and then check one of the check boxes under 'Record Status' (such as 'Adjudicated Void'), the check box does not stay checked after the search results are returned. If you do not re-check the check box again, and you click 'Download', it will download a file with ALL services for the parameters you entered (system of care, date range, etc.). Fixed it so the check box stays checked after 'Search' is clicked, so the 'Download' only contains those services that were returned in the search results. (CASE: 69675 – San Joaquin)</p>
SC-616	<p>CSI_Assessment and CSI_Assessment_History set any existing null values to zero - CSI_Assessment and CSI_Assessment_History set any existing null values to zero and set the columns to default zero and not null for these three columns: CSI_Closure_reason_OL CSI_Referred_to_OL CSI_Referral_source_OL</p>
SC-653	<p>Remove Begin Date from Guarantor Statement screen – The way the new Patient Statement guarantor balance forward works, there is no need for a begin date when running statements.</p>
SC-662	<p>A date can be entered in the treatment accepted field with no date in the offered field - After adding first contact and assessment offered dates, I entered a date in the Treatment Appt Accepted Date field. I was able to update the assessment even with no treatment offered dates. – This has been fixed</p>

SMA COVERED SHARECARE ENHANCEMENTS

Ticket #	Description
SC-517	<p>Add PCCN Number Search to Rebill Screen – We added a PCCN as a search option on the Rebill Services tab. (CASE: 67534 – Contra Costa)</p>
SC-524	<p>Add warning/error message to BPSR if Provider city and state not populated - Created a warning/error message on the Bill Print Status Report, so it warns you if the Provider Address fields 'City' and 'State' are not populated. (CASE: 67836 – Contra Costa)</p>
SC-525	<p>NDC 2400 Loop not showing on Medi-Cal Reconciliation Screen – When opening up the 837 in EDI notepad the "LIN" Segment is shown, but when it is brought up on the reconciliation screen that Loop/Segment is not included on the screen. The problem on the reconciliation screen was the '&' character in the 2310C-N3 Address loop Suites 12A & 14 which causes the HTML to quit in the CF page. Fixed so the "LIN" segment now shows on the Medi-Cal reconciliation screen. (CASE: 67970 – San Joaquin)</p>

SC-588	<p>Enhancement to add New Patient Statement Crystal Report - a new Crystal Report was created based on Image 1 below. This report, when printed, will position the Guarantor Name, Address, City, State, and Zip Code in the window of a standard 10 envelope. A Global Variable was created to choose which report that will be run when a user runs a Guarantor Statement under Batch Bill Print. The Global Variable will be called “Use Patient Bill” and when ‘yes’ is selected the Patient Statement report (Image below) will be used and when ‘no’ is selected the current Guarantor Statement will be used. A new screen Fiscal Objects titled “Guarantor Statement Setup” was created. On this screen there are places to set up the Organization’s Letterhead, phone number used under “For Billing Inquiries Call:”, and Name and Address to use under “Make checks payable to:” (CASE: 67303 – San Joaquin)</p>
SC-599	<p>Add Dropped Consumer lookup to Consumer Merge History - Under Administration > Data Merge > Consumer Merge History a Dropped Consumer Lookup was added to the Lookup screen below the Consumer Lookup that will allow you to look up the drop_consumer_id in the consumer_merge table to show you what the keep_consumer_id was (CASE: 68882 – Contra Costa)</p>
CUSTOMER FUNDED SHARECARE ENHANCEMENTS	
SC-501	<p>[ENHANCEMENT] Add Guarantor Lookup - A new Main Menu screen under Access was created called Guarantor. This allows the user to enter the last name or guarantor ID to locate a guarantor, and all associated consumers will be displayed. (CASE: 65508 – Contra Costa)</p>
SC-539	<p>[ENHANCEMENT] Add Med Coordinator - Since NDC information is required for certain Medi-Cal billable services (HCPC S5000 & S5001), a Customer requested to add Med Coordinator as part of Admission data entry/update as well as making it an input parameter and output display in the Caseload Report. Two new fields “Med Coordinator” and “ID” were added to the Admissions screen below “Service Coordinator”. Entry of these two fields are optional and the validation behaves similarly to the other three provider fields. This person must be an active provider assigned to the Facility/Program of the admission. User may enter either the name or the ID or click either of the hyperlinks to select a provider. Med Coordinator will be stored in the Admission table. “Med Coordinator” and “Med Coordinator ID” were also added as input parameters to the Admission Caseload report. (CASE: 67225 – Santa Barbara)</p>
SC-564	<p>[ENHANCEMENT] Enhance invoice lookup in Receivables to include Guarantor Balance - Contra Costa County requested Echo to enhance the Invoice Lookup function in the Receivables screen so that the user can, at a glance, see the Guarantor's charge information from the invoices. Currently the user must look up one invoice at a time to find out the Guarantor's charge amount. (CASE: 67538 – Contra Costa)</p>
SC-581	<p>[ENHANCEMENT] Add cluster to auto-created authorization - When this enhancement is completed, Sharecare Admin will add new clusters to the system via Clinical/Clinical</p>

	<p>Setup/Service Clusters screen. Once the clusters are available, staff can go to each of the selected Facilities/Programs to assign a specific service cluster. The assigned cluster will then be used for Admission’s auto-created Authorization. During service entry and “Apply Auth” in Authorization, service code will be validated against all active authorizations in which the begin/end date cover the service date. If a consumer service is covered by overlapping authorizations, the process will scan all of them and stamps (links) the consumer service to the authorization in which the service cluster contains a matching service code. (CASE: 66663 – Contra Costa)</p>
<p>SC-637</p>	<p>[ENHANCEMENT] Change AOD Initial residential authorization to 14 days - If a new admission is added to a consumer within AOD system of care, OR if the consumer has active admissions within the AOD system of care, the end date is 30 days from the Initial Start Date. AOD Residential: The initial authorization period is now 14 days.</p> <p>NOTE: To tell if a facility is residential, it is looking for the facility_place_of_service_OL in the facility table. If it is 6465 (Residential Adult) or 2400 (Residential Child) both have cross reference code 56 (CASE: 69092 – Contra Costa)</p>

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 Conway, NH 03818-0141
 p: (603)-555-0141
 e: patientstatement@echobh.com

Please complete payment information			
Account No.	Statement Date	Acct. Balance	Payment Date
10140121	12/09/2019	\$91.50	
Credit Card	Select Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Card No.	Exp. Date		
Signature	CVV Number		
Check	Check No.	Amount Paid	

Make checks payable to:

Potter, Harry
 4 Privet Drive
 Conway, NH 03818

Echo Behavioral Health Services
 15 Washington St.
 Suite 141
 Conway, NH 03818-0141

Check if your billing information has changed. Provide update(s) above or on reverse side Please detach and return top portion with Payment

Invoice	Date of Service	Description	Charges	Payments	Adjustments	Balance
675549	04/15/2019	MHS Service 1	\$191.50	\$0.00	\$150.00	\$41.50
675549	04/17/2019	MHS Service 2	\$100.00	\$0.00	\$75.00	\$25.00
675549	04/19/2019	MHS Service 3	\$100.00	\$0.00	\$75.00	\$25.00
Totals:			\$391.50	\$0.00	\$300.00	\$91.50

Balance Forward: \$0.00
 Amount owed by client: \$91.50
 Minimum Due: \$91.50
 Due Date: 01/08/2020