

SHARECARE RELEASE NOTES

Version 9.0.0

INTRODUCTION

ShareCare version 9.0.0 is updated to work with Microsoft SQL Server version 2019, ColdFusion 2018, and includes the first steps towards browser independence. Additional improvements include a Contra Costa agency-specific Screening enhancement for the CSI Assessment and bug fixes, as detailed in the sections below.

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 8.15.6 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 items requiring Administration, please contact Echo Technical Support at (510) 238-2727 or email support@echoman.com.

Please note that if the update to Cold Fusion version 2018, update 10, is not already covered by an arrangement with Echo, it should be purchased independently. Also, note that self-hosted agencies must be current on Microsoft's support for the current version of SQL Server (2019). Click [HERE](#) for the step-by-step instructions for upgrading to ColdFusion 2018.

IMPROVEMENTS

835 Medicare Adjustments

Committing an 835 in *Fiscal > Receivables > Electronic Payments > Job Review* was creating a "data truncation" error because only one MOA adjustment code was processing. Updates to the 835 commit process were made to look for up to five MOA adjustment codes (MOA03-MOA07) and five MIA adjustment codes (MIA05 and MIA21 to MIA23). The 835 commit now processes successfully.

837 Insured Address

If the Insured and the Consumer were not the same person in the generic 837 claim file, the Insured's address was not included. There was no issue when the Insured and Consumer were the same person. Changes were made to the generic 837 processing so that both the Insured and Consumer address are always included.

Global Variable to Lock Units Field

Allow editing consumer service units, a new global variable, is now an available setting in *Administration > Security > Global Variables > Service Entry*. The variable controls the editing of the Units field on the Edit Service screen. The default value is set to NO.

- When set to NO, the Units field is read-only.

Service Entry Queued Service Entry Group Service Entry Group Setup **Edit Services** Consumer Diagnosis 837/835

Single Service # 2967785

Auth Number 0 Consumer First_Name LN_100 ID 2000501 Facility MHS Facility 0001 ID 1 Program Program 0002 ID 2

Provider First_Name PLN_91 ID 1604 Incident to Provider ID 0 Site Elapsed Time 108

Begin Date 03/08/2013 Begin Time 12:00 AM Service Service 25 Code 25 Place of Service Field **Units** 1 Authorized Units Ancillary no Service Charge 238.68

Provider ID Elapsed Time Provider ID Elapsed Time

- When set to YES, users can edit this field.

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Invoice Screen Indicator Descriptions

On the *Fiscal > Receivables > Receive Payments > Invoice* screen, the following indicator descriptions were updated:

- **\$\$** - is now "indicates the payor repay has been submitted" (instead of "the payor has been Repaid")
- **®®** - is now "indicates the payor rebill has been submitted" (instead of "the payor has been Rebilled")

ShareCare Post Payment Print Help

Consumer Name LN_12884, First_Name Consumer ID 21545 Invoice Number 134

Main Menu

Access Reports Clinical Reports Fiscal Billing Notes

Receive Payments Batch Receive Payments Refunds Auto Receive Payments Cash Receipts Electronic Payments Status Reader

Lookup	Invoice	Date	Number	Date	Number	[EXCLUSION REASON]
Payor Plan 10 [10]	®	\$0.00 \$0.00 \$0.00		07/26/2012		
[Detail]		\$114.66 - -		07/26/2012		Charge Schedule Rate
Payor Plan 10 [10]	®	\$0.00 \$0.00 \$0.00		07/26/2012		
[Detail]		- - \$114.66		07/26/2012		ADJ: Payor Payment Adjustment
Guarantor - GLN_95727, First_Name [1822]		- - -		09/10/2007		
[Detail]		- - -		07/26/2012		Charge Schedule Rate
Alternate		\$0.00 \$0.00 \$0.00				
TOTAL		\$114.66 \$0.00 -				

Payor [CHOOSE PAYOR] EOB/Check Number

Adjustment

Reference [CHOOSE REFERENCE] *

Rejection Code [CHOOSE REJECTION CODE] *

New Payments Amount 0.00 Payment Date 11/09/2020 EOB Approval Date 11/09/2020 Receipt Number Payment Description Payment Adjustment Description [CHOOSE ADJUSTMENT] *

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

EXIT

Payor Details Section of Rebill Services Screen

In *Fiscal > Billing > Rebill Services* in the Payor Detail section of the Transaction Details screen, *Not Submitted* now displays in the Status column in place of *Unused*. The Status Messages *Rebill Pending* and *Repay Pending* remain unchanged. The help text below now states: ** Status of 'Rebill Pending' or 'Repay Pending' requires a Batch Bill Print to be run, so an 837 can be sent to the Payor.*

Payor Detail				Transaction Detail	
Name	Rank	*Status	Billed [Bill Print ID]	**PCCN	
Payor Plan 10 [10]	500	Rebill Pending	N		
				Charge	\$178.50 Active: Y Updated: 07/26/2012 Invoice: 17
				Expected To Pay	\$178.50
First_Name_GLN_95194 [115]		Pending Payor	N		
				Charge	\$178.50 Active: N Updated: 07/26/2012 Invoice: 17
				Expected To Pay	\$0.00

Rebill Action

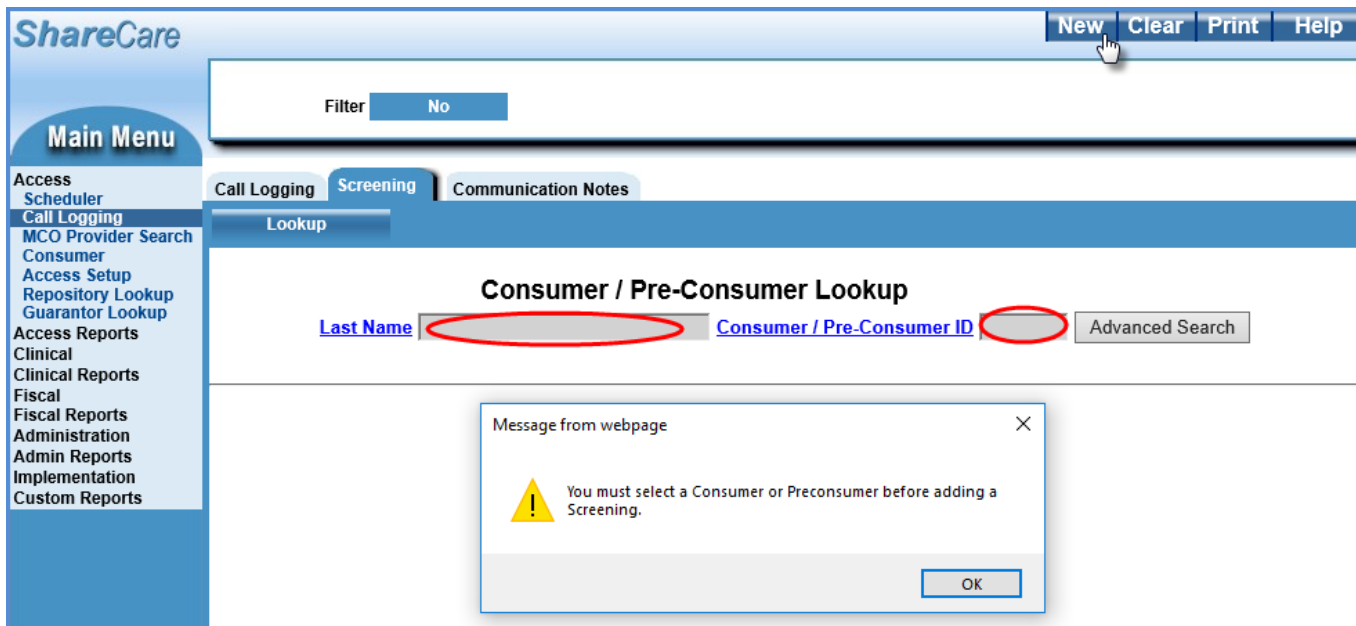
Rebill Medi-Cal
 Refund Medi-Cal (send 837 record)

Reason For Rebill/Void

* Status of 'Rebill Pending' or 'Repay Pending' requires a Batch Bill Print to be run so an 837 can be sent to the Payor.
 ** PCCN - Payor Claim Control Number

Screening Enhancement for CSI Assessment (Contra Costa Only)

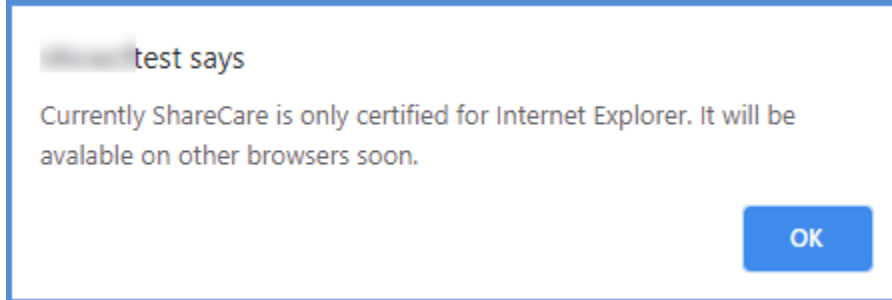
Contra Costa can now manually enter additional Screening and CSI Assessment records for a returning Consumer. Users must select a Consumer or PreConsumer ID before clicking on the newly restored *New* button while working in *Access > Call Logging > Screening*. If a Consumer or PreConsumer is not selected, the Warning message, *"You must select a Consumer or Preconsumer before adding a Screening."*, displays.



The PreConsumer ID generated when records are manually added is created with a high seed number (1,000,000,000) that sequentially increments as additional Screenings are manually entered. This high number prevents the possible duplication of IDs between those generated for the manually added screenings and those from the existing PreConsumer/Screening/CSI Assessment upload workflow.

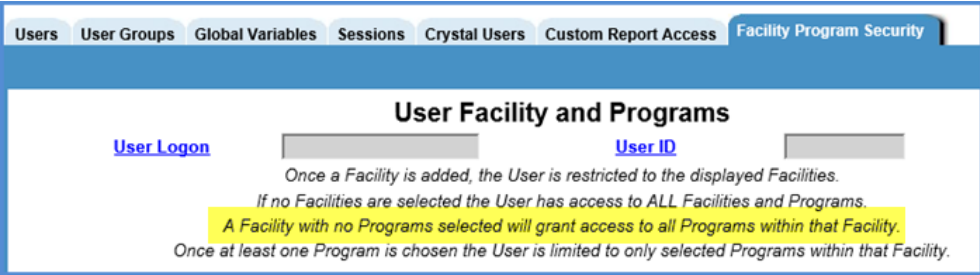
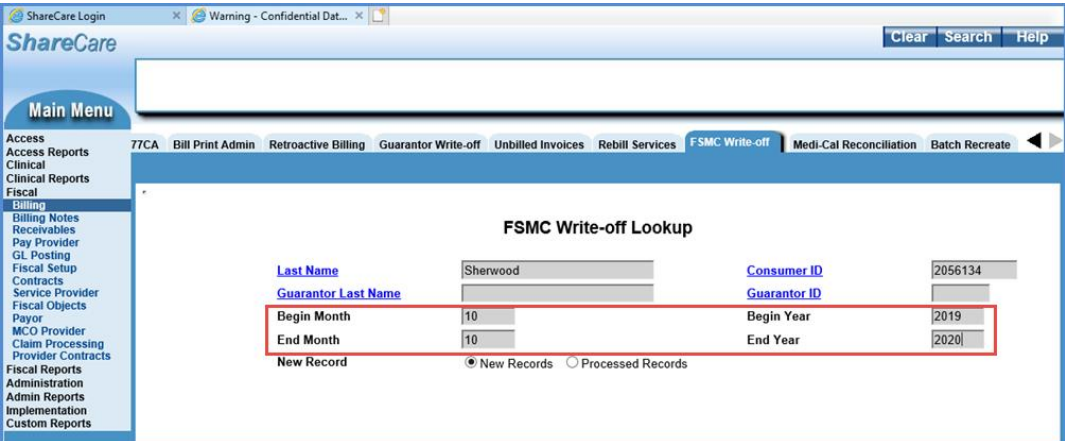
Removing IE Specific Code

The first steps toward browser independence began with version 9.0.0 by stripping away all Internet Explorer references within the codebase. While this sets the stage, continued refinement and testing are required. Currently, ShareCare is still only certified for use with Internet Explorer. When Internet Explorer is not used, the following message displays, and the User is redirected to www.echobh.com when OK is selected.



BUG FIXES

Ticket #	Sugar Case #	Description
SC-52	56994, MA	Entering a diagnosis in the <i>Clinical > Admissions > Diagnosis</i> screen caused an Input Error when entered with an End Date. Now, adding a diagnosis with an end date no longer receives an error, and the diagnosis saves successfully.
SC-624	69308, CC 73150, CC	When viewing the Service Activity Report sorted by Consumer ID, the elapsed time was missing one digit – ten minutes (10.00) would display as one minute (1.00). Now when viewing the Service Activity Report, the elapsed time always matches what was entered for the Service.
SC-746	71741, SJ	In <i>Access > Consumer > Profile > Demographics</i> , selecting a Gender, and clicking <i>Update</i> more than once was adding multiple records in the People_Demographics table. Now the Update button is disabled immediately after clicking to prevent additional clicks from submitting the form multiple times.
SC-750	69643, SJ 71813, CC	A void transaction denied by a payor can now be processed without issue. The payment_amount column in Void_Transaction_Payment was changed to allow <i>NULLs</i> to prevent the deletes from failing.
SC-774	71241, SJ 71454, SB 71332, SJ	Editing an admission end date caused an "overlapping admission," even when there was no overlap. Now, an admission with no overlap can be end dated.
SC-818	69221, SJ	The CalOMS assessment allowed a user to select a medication even though the facility/program does not have a license to dispense medication. Now the validation rules are: <ul style="list-style-type: none"> • If this is an NTP facility, the prescribed medication must be 2, 3, 4, or 5. • If this is NOT an NTP facility, the prescribed medication cannot be 2, 3, 4, or 5.
SC-836	72719, SJ	In <i>Access > Scheduler</i> , recurring appointments did not show Consumer names, even on the first in a series of appointments. Now when a recurring appointment is created, each appointment shows the Consumer's name.
SC-851	72905, CC	An 835 import/commit caused a ShareCare error when payments were matched to voided invoices using the wrong Payor. Now, an 835 returning for a voided invoice is matched to the correct Payor.
SC-857	72990, CC	The Admission screen did not respect the rules listed on the <i>Administration > Security > Facility Program Security</i> screen. Now when a user is granted access to a Facility with no Programs selected, that User can open a new admission and select any Program within that Facility.

		
SC-860	72990, CC	A user, setup for a Facility and one (or more) Program(s), that tried to add a new Admission by entering the current date, selecting the AOD System of Care, and the Facility ID, received a <i>No records match your criteria</i> message when clicking on the Program lookup. Now, the Admissions screen respects the rules defined in <i>Administration > Security > Facility Program Security</i> and correctly displays the matching Programs in the Program lookup field for the selected Facility ID.
SC-867	73003, CC	In <i>Fiscal > Billing > Batch Bill Print</i> (Bill Print Run Lookup), the <i>Dropped Charges</i> were not correctly dropped for Void MediCal Charges. Now, <i>Initial Charges = Dropped Charges + Final Charges</i> .
SC-874		The Rebill Screen was not showing the correct count of valid PCCNs from a PCCN/CSID list. Now when loading a PCCN list, the number of valid PCCNs is reported.
SC-882	73187, CC	Guarantors that did not have a phone number were not displayed in the <i>Guarantor Information</i> section of the <i>Clinical > Clinical Summary</i> screen. Updates were made to the Guarantor lookup query, and now all Guarantors are visible on the <i>Clinical Summary</i> screen.
SC-888		When viewing the Invoice details in <i>Fiscal > Receivables > Receive Payments</i> , and multiple payments were entered on the same claim, the payments are grouped under a common header for that claim instead of each payment having its own (red) header. Medi-Cal payments continue to display one header per claim submission.
SC-916		Extract reports were not loading the correct report criteria on <i>Select</i> when working in <i>Administration > Data Tools > RoundUp</i> . Now the correct report criteria display for each Report when selected.
SC-919		<p>The Full Scope Medi-Cal Write-off Lookup Screen in <i>Fiscal > Billing > FSMC Write-off</i> was not respecting the aid code effective and expiration dates during lookup. The entered Begin and End values for Month and Year were compared separately and not returning results for a continuous date range. For example, only October 2019 and October 2020, two months were processed when the values were entered: <i>Begin Month 10, Begin Year 2019, End Month 10, End Year 2020</i>.</p>  <p>Now when those same dates are entered, results from October 2019 through December 2020, 13 months, process.</p>
SC-926		On the <i>Batch EVC</i> screen, quickly clicking the <i>Process</i> button more than once launched multiple processes simultaneously. The job total for each process was reported in the same row in the

		BatEVCJob table resulting in the job totals and percentages being out of balance. Now the button is disabled after the first click so that only one instance of the Batch EVC process can run per entry in the BatEBVJob table, allowing the job totals and percentages to balance.
SC-930	73339, SJ	Users can now enter a duplicate service and choose to override and save the record. Previously an error would display stating it was a duplicate and the duplicate record could not be saved.
SC-980	73701, CC	Rebilling a service did not honor the service authorization and was sending the Service in an unbillable state. Now rebilling a Service does not re-check for authorization because the original billing had an authorization applied.
SC-1016	74277, SJ	In <i>Fiscal > Billing > Medi-Cal Reconciliation</i> , attempting to search with <i>Type of Date Range</i> , a <i>Begin Date</i> , and an <i>End Date</i> resulted in an error. Now a search may be performed with those same elements, and the correct information is displayed.
SC-1027	72633, CC	In <i>Fiscal > Receivables > Electronic Payments > Job Reviews</i> , clicking on Action>Map>## did not return anything. Now a complete list of unmapped payments ordered by Consumer IDs is displayed. For additional details, review the <i>Electronic Payments – Job Review Screen Quick Reference Guide</i>.
SC-1032		The Medi-Cal reconciliation did not show archived Consumer Service content. Now 837 and 835 information is displayed for archived/voided ShareCare Consumer Services. The archived content is clearly marked.
SC-1033	72633, CC	The list referenced in SC-1027 above now returns: <ul style="list-style-type: none"> • Information about the unmapped Consumer Service • Information about the possible Consumer Service matches • Information clearly flagged if the Consumer Services have been archived/voided For additional details, review the <i>Electronic Payments – Job Review Screen Quick Reference Guide</i>.
SC-1035	74315, CC	Trying to reopen an MCO admission in the <i>Clinical > Admissions > Admissions</i> tab did not do anything. Now the <i>Reopen</i> button reopens an MCO admission, and the <i>Discharge</i> date shows <i>ACTIVE</i> .
SC-1087		The "Reporting Service Unit Type" was defined in the Blue Cross HIPAA 837 Professional Bill Format Options. Previously this option was not defined, resulting in failed generic 837 Bill Print Runs for Blue Cross.
SC-1105	75287, SJ	In <i>Clinical > Authorizations > Utilization Control</i> , updating anything on the Utilization Control Facility program was not updating the SC_User_ID or the Update_Date fields. Now entering a plan date updates both SC_User_ID and Update_Date in the following tables: Authorization_UC, Authorization_UC_FacProg, and Authorizations. A change to the coordinator only updates the Authorization_UC_FacProg table. **Testing Note** The SC_User_ID and Update_Date columns for the three tables referenced above are not visible in the UI. Use a tool like SSMS to view the tables before and after updates are made. Enter an admission. Run Select statements like the ones listed below before and after updates are made to the admission. <ul style="list-style-type: none"> • Select * from Authorization_UC where consumer_id = <id of new admission consumer> • Select * from Authorization_UC_FacProg where consumer_id = <""> • Select * from Authorizations where consumer_id = <"">
SC-1158		In <i>Clinical > Admissions > Admission</i> , the admission discharge overlap check now takes facility ID into account. A Consumer may not have multiple admissions with overlapping date ranges at the same 24-hour care facility and program.

SC-1165	76041, SJ	The BSR was omitting consumer services (with a 24h service) with a begin date equal to the last day of the search. Now the BSR search results will include 24h services with a begin date equal to the last day of the search.
SC-1169	76033, CC	The Caseload Report was showing the first diagnosis it came across without taking into account the diagnosis end dates. Now, the Caseload Report will only select the most recent diagnosis.
SC-1182		While looking for services with negative balances (only for customers who bill guarantors), there was a problem where ATP was processed twice (only for guarantors without upstream payors or where all upstream payors were excluded). Now, the ATP is only processed once.