

SHARECARE RELEASE NOTES

Version 9.0.1

INTRODUCTION

ShareCare version 9.0.1 contains improvements, bug fixes, and new functionality for MMEF based on SOW-23 and SOW-31. Any improvement or bug fix included in the previously released v8.15.7 is indicated in parentheses and references the prior version ticket number.

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 9.0.0 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.

STATEMENTS OF WORK

MMEF Gender and Birthday, SC-1193 (SOW-23)

This project enhances ShareCare's Medi-Cal billing to use gender and date of birth from the MMEF file for Medi-Cal claim submission. These enhancements address the need for the consumer's gender and date of birth to match the State's record exactly when a claim is adjudicated. When these do not match, the claim is denied.

- Two new fields labeled "Eligibility Date of Birth" and "Eligibility Gender" were added in the top section of the *Consumer > Payor > Payor Plans* screen.
- Entry is optional, and the values entered by the user are replaced if this consumer has a matching MMEF record.
- These two new fields were also added to the Additional Eligibility Information detail section and are view only.
- The eligibility load process was enhanced to capture these fields on record creation for both tables and update of *consumer_payor*.
- The Medi-Cal claim process was modified to use these two new fields from the Consumer Payor Plan record for billing if populated. If not populated, the application falls back and uses Gender from *Consumer > Profile > Demographics* and Date of Birth from *Consumer > Profile > Identification*.

MMEF Retroactive MediCal, SC-1194 (SOW-31)

This project automates the process of identifying and rebilling most of the services eligible for retroactive billing to Medi-Cal due to a consumer retroactively becoming Medi-Cal eligible. Billing staff no longer need to manually identify retroactive periods and void/recreate invoices for the services eligible for a Medi-Cal claim.

- A new table stores retroactive the Medi-Cal eligibilities identified by the MMEF process.
- The Batch Recreate screen is enhanced to include a new MMEF Batch ID input parameter.
- If an MMEF Batch ID is entered, *Service Begin Date* and *Service End Date* are not required, and no other inputs are considered.
- Select the *Recreate* button for services in all three Systems of Care (MHS, MCO, and ADP) to process and create invoices.
- After each record is processed, the "processed flag" is updated to prevent the service from accidentally being processed again.

- Errors can occur after selecting the *Recreate* button when
 - There is no record in the table with the selected MMEF Batch ID
 - All records for the selected MMEF Batch ID have already been processed (per the processed flag)
- Invoices are not voided/recreated under the following conditions:
 - If Global Option *Prevent Recreate or Void for Pending Claims* is set to Yes, then the process does not recreate the invoice if payment has not been posted to the pending claim
 - If the service has no authorization

IMPROVEMENTS

Bill Print Control Name Parameter, SC-128 (61295, MA)

When entering a Batch Bill Print file name with more than 50 characters, the screen cut off everything after the 50th character and saved only those first 50 characters in the table. Now the file name can have up to 100 characters. (Included in v8.15.7 release, ticket SC-1262.)

Deleting Guarantor Statements, SC-1196

A change was made to prevent deleting a committed Guarantor Statement. Now, only the most recent Guarantor Statement can be deleted because a new Guarantor Statement can only be run if the previous one is committed. Once committed, that Guarantor Statement cannot be deleted.

837 Uploads: Retry File Move, SC-1209 (77287, SJ)

ShareCare could not move an 837 file from the incoming directory to the processed directory, causing an error in the log and "blocking" any further attempt to proceed with that file. Now ShareCare tries 5 times with a 1-second interval to move that file before sending an error to the log. (Included in v8.15.7 release, ticket SC-1258.)

CSI State Report Performance, SC-1268

Significant performance improvements were made to the CSI State Report with the addition of an index on the *CSIMHSA_Service_History* table. The report now processes approximately 10x faster, about 150,000 records per hour compared to 14,000 records per hour without the added index. (Included in v8.15.7 release, ticket SC-1269.)

BSR Search, SC-1205 (76041, SJ)

The search query for the BSR was updated to include any service with a start date in the reporting date range entered, regardless of the service end date. Previously when searching the BSR, ShareCare only returned services that started and ended between the dates used in the search.

Truncate Transaction_Payment_Share_of_Cost, SC-1191 (76756, MA)

An old table that was no longer in use was removed; the lingering data was causing problems with *Share_of_Costs*. (Included in v8.15.7 release, ticket SC-1261.)

Guarantor Statement Refinements, SC-1200

The Guarantor Statement process was refined, which resulted in increased processing speeds. (Included in v8.15.7 release, ticket SC-1259.)

OSHPD Diagnosis, SC-1202

The OSHPD Report now allows Diagnosis codes with more than 5 characters to accommodate values from the new ICD10 codes list. Previously codes were limited to 3-5 characters. (Included in v8.15.7 release, ticket SC-1253.)

Rebill Screen, SC-1215 (77364, CC)

The rebill screen was showing duplicate payments due to a duplicate invoice structure. Now the Rebill Screen does not show values from different transactions_IDs. (Included in v8.15.7 release, ticket SC-1263.)

Updated Edit Services Screen Rights, SC-1220

Service Edit and *Service Entry* are now two different User Group Screen Access options. The Screen Access rights for *Service Edit* defaults to the current rights for *Service Entry* to maintain existing functionality. Nothing changes unless updates are made to a User Group's Screen Access rights.

Force Highest Compatibility Mode, SC-1244 (78046, SJ)

Sharecare 9.0.x needs to run with Internet Explorer with the *Compatibility View Settings > Display intranet sites in Compatibility View* turned off. The changes in this task ensure ShareCare has that option turned off by default.

Add Date of Birth to Admission Extract, SC-1267

The date of birth has been added to the Admission report. (Included in v8.15.7 release, ticket SC-1252.)

BUG FIXES**ShareCare ↔ CDT VHR Connector, SC-1018**

Updates were made so that the ShareCare ↔ CDT VHR connector now works in CF2018.

Guarantor Statement Screen, SC-1185

The Guarantor Statement bill print screen has three optional radio buttons:

- Display Print Run messages
- Display Conditional messages
- Display Global messages

When selected, the messages appear on the Guarantor Statement.

Receivables Screen and ATP Adjustment, SC-1190

Entering a payment at the Guarantor line was creating an ATP adjustment. Now, ShareCare does not create any ATP adjustment when entering a payment at the Guarantor line.

CalOMS Missing Records, SC-1192 (76814, CC)

An issue was addressed where admissions missing an admission assessment were not included on the CalOMS Error Report. Now the CalOMS Error Report correctly includes the admissions without the admission assessment. (Included in v8.15.7 release, ticket SC-1254.)

Online Eligibility Lookup, SC-1197 (76920,MH; 76919,LC; 76915,MS; 76914,SJ; 76911, SB)

In *Access > Consumer > Eligibility Verification*, the "Year" dropdown list allows the selection of the current year (automatically updated every year) and the 10 prior years.

Receivables Screen, SC-1198 (76425, CC)

The Receivables screen was showing duplicate Payor Plan details under unusual circumstances. The duplication has been fixed.

Cost Report Negative Payment Correction, SC-1210 (77288, CC)

The Cost Report Extract was reporting incorrect amounts with negative payments. Now the Cost Report Extract reports the correct values. (Included in v8.15.7 release, ticket SC-1255.)

[Bill Print Options for Payor Type Dropdowns, SC-1222 \(77516, SJ\)](#)

In Bill Format Options, when selecting "UB04" and Payor Group Type = "Other," the options could not be changed. Now, all the options are populated and can be changed.

[Adjudication Unbalance Message during 835 Processing, SC-1226 \(77822, SJ\)](#)

During 835 processing, a non-ShareCare payment was causing an "Adjudication Unbalance" message/abort. Now the balance check is correct even with a non-ShareCare payment. (Included in v8.15.7 release, ticket SC-1257.)

[Automatic ATP Adjustments, SC-1229 \(76240, MA\)](#)

The automatic FATP was ignoring the previously set manual FATP. Once the update is applied, the *ApplyRetroATP.sql* script needs to be run. The *ApplyRetroATP.sql* script checks and fixes all ATPs where ATP balance adjustments were ignored and also applies ATP adjustments to consumer services when ATPs (UMDAP/Sliding Scale) were entered late. This script can be run anytime. (Included in v8.15.7 release, ticket SC-1256.)

[Group Service Entry Service Cutoff, SC-1232 \(77924, CC\)](#)

Group Service entry now warns the user if he/she exceeds the Late Entry warning, the same as the single Service entry.

[Updated Recreate Process, SC-1246 \(76425, CC; 76822, CC\)](#)

The recreate process has been improved to avoid partial invoice data that created duplication issues and erroneous payments in invoices.

[SQL Error Copying CalOMS Assessments, SC-1247 \(78046, SJ\)](#)

In *Clinical > Assessments > CalOMS*, copying an assessment was creating a ShareCare error. Now, a CalOMS assessment can be copied without error.

[Edge Browser, SC-1249](#)

If a user attempts to log into ShareCare using an Edge browser, a message displays that ShareCare only runs on Internet Explorer 11. When the user clicks on OK, the page is redirected and loads the Echo website.

[SMA Adjustments and Medi-Cal Adjudication, SC-1300](#)

SMA Adjustments for services with upstream payors were not compensating for payments, deferred payments, and adjustments, leaving negative balances at Medi-Cal. Now, the SMA process covers the entire adjudication.

[Missing Loop 2010AA "Billing Provider", SC-1303 \(1157, CC\)](#)

In an 837, the expected Billing Provider Loop 2010AA NM1*85 was missing for different facilities with the same NPI. Now the Billing Provider Loop 2010AA NM1*85 appears when the facility ID changes.

[Cost Report, SC-1305 \(78392, CC\)](#)

If a service was denied, rebilled, and then paid, the cost report displayed the denied amount. Now, the denied amount is not added to the cost report.

[Guarantor Not Showing on Access > Consumer > Summary, SC-1306 \(2156, SJ\)](#)

Some consumers with one (or more) guarantor(s) show as "No Guarantor" on the *Access > Consumer > Summary* screen. Now, all guarantors are visible on the *Access > Consumer > Summary* screen. (A similar issue in the *Clinical > Summary* screen was addressed in 9.0.0 with SC-882.)