SHARECARE RELEASE NOTES

Version 9.0.4

INTRODUCTION

ShareCare version 9.0.4 includes the HIPAA 274 (Provider Directory) submission screen for file creation. In addition, Medi-Cal Reconciliation 835 Module improvements, a Receivables Screen modification, and some bug fixes are also included.

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 9.0.3 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

OVERVIEW - HIPAA 274 (PROVIDER DIRECTORY) IMPLEMENTATION

The California Department of Health Care Services is implementing a Health Care Provider Directory (HIPAA X-12 274 Transaction set) requiring counties to replace the current NACT reporting format with the new 274 submission format in the Fall of 2021. This release includes the necessary screens for the HIPAA 274 submission process, including file creation, error logs, and file preview.
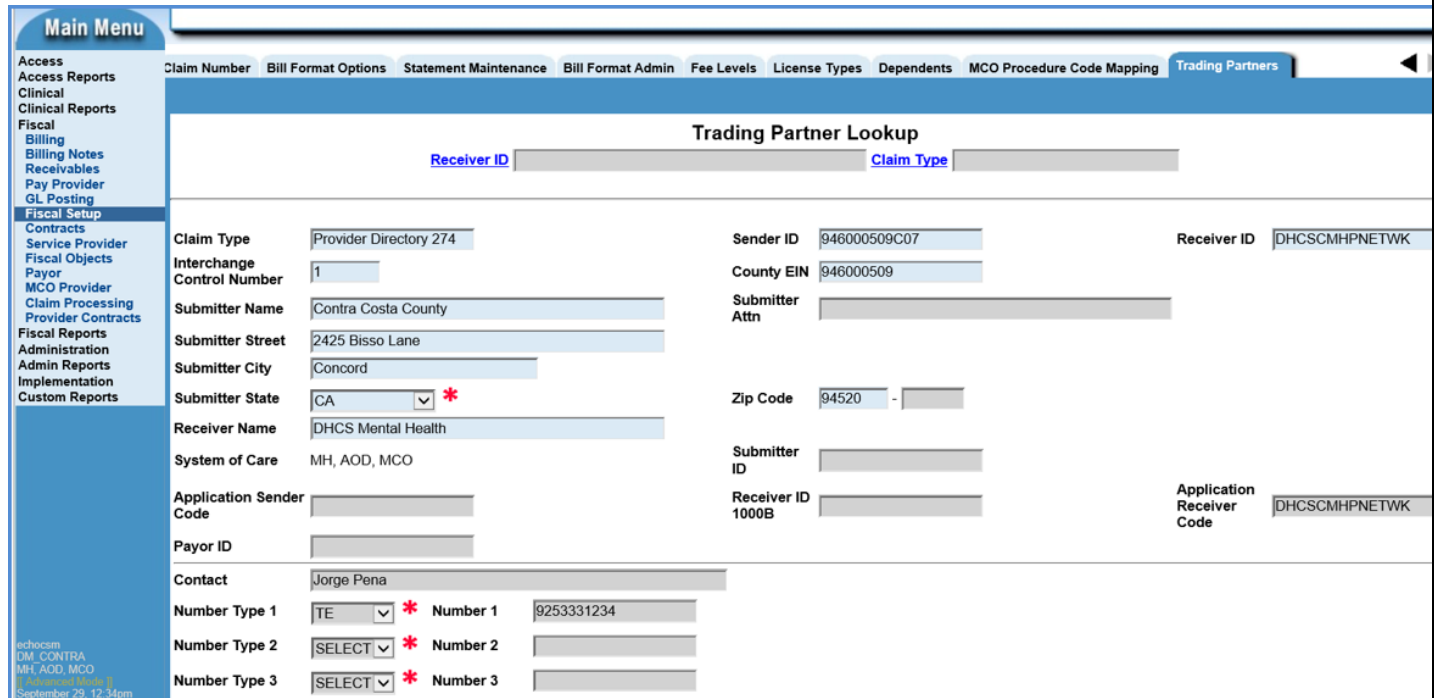
274 TRADING PARTNER CONFIGURATION

A new **State Report** selection of *HIPAA 274* is available in the *Admin Reports > State Reports* screen. However, the configuration of a *Trading Partner* record is required before processing. Navigate to the *Fiscal > Fiscal Setup > Trading Partners* screen and create a new record with the following values. Replace values in <> with your agency-specific values; enter values in ""exactly as shown without the quotation marks.

Field	Value
Claim Type	"Provider Directory 274"
Sender ID	<County Tax ID> + "C" + <Two-digit county code> + <3 spaces>
Receiver ID	"DHCSCMHPNETWK"
Interchange Control Number	"1"
County EIN	<County Tax ID>
Submitter Name	<County Name>
Submitter Street	<Street address line 1>
Submitter City	<City Name>
Submitter State	<State Code>
Zip Code	<Valid Zip Code>
Receiver Name	"DHCS Mental Health"
System of Care	<SoCs for which you will submit 274 files>

Application Receiver Code	"DHCSCMHPNETWK"
Contact	\<Your county's 274 contact person's name\>
Number Type 1:	\<Select a contact number type, i.e. Telephone\>
Number 1:	\<Enter the contact info for the type selected above\>

A sample of a configured *Trading Partners* Provider Directory 274 record is shown below. Please contact DHCS should you need further clarification.

- If the *Submitter* information is the same for all Systems of Care (MH/AOD/MCO), only one new record is required, provided all applicable System of Care values are included in the *System of Care* field. In the example above, MH, AOD, and MCO were selected.
- The 274 Submission can still be run for individual Systems of Care separately, even if a single 274 Trading Partner record is created.
- If the *Submitter* information is different and each has its own 274 Trading Partner record configured, then the 274 submissions should be run separately for each System of Care.
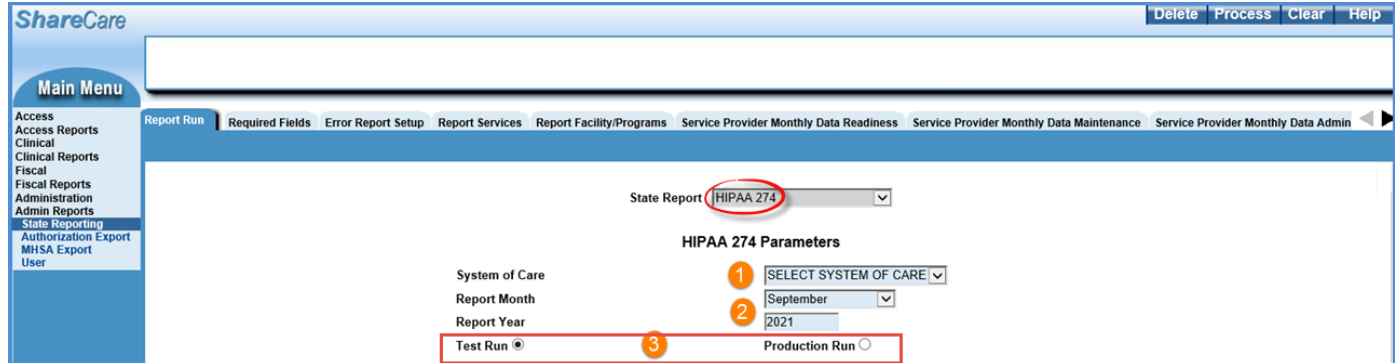
HIPAA 274 SUBMISSION READINESS

Before a 274 submission file is created, ensure that the following items are complete.

- The 274 Trading Partner's record is created.
- The *Include in 274* flags are appropriately set to *Yes* for all *Entity, Facility/MCO Organizations,* and *Service Providers* that need to be reported.
- Ensure all "monthly" records are entered for *Facilities* and *Service Providers.*

CREATING THE HIPAA 274 SUBMISSION

Navigate to *Admin Reports > State Reporting > Report Run* to create a 274 submission file. Select "HIPAA 274" in the *State Report* drop-down list to display the *HIPAA 274 Parameters.*
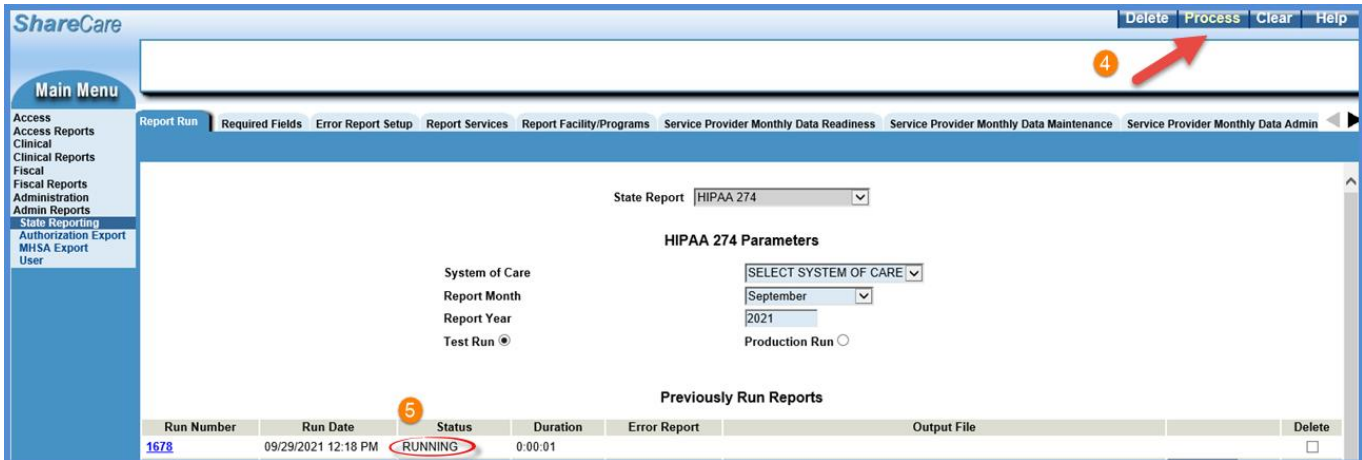

1. **System of Care –** This drop-down list contains the following Systems of Care (SOCs) combinations. Only data from the selected SOCs is included in the 274 submission. As mentioned previously, selected SOCs should have the same submitter/receiver information if they are included in the same submission file.
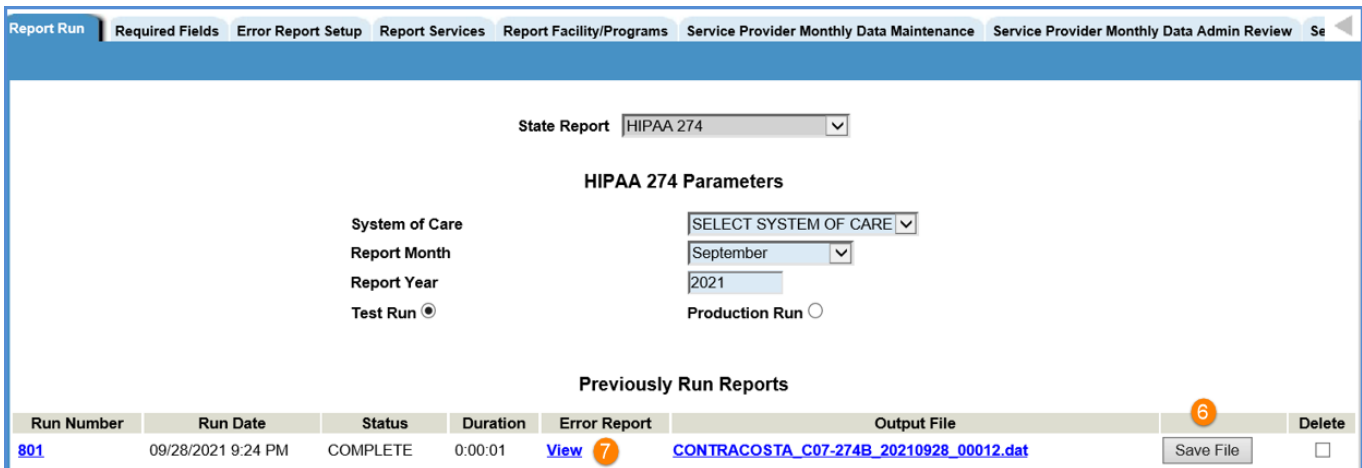

2. **Report Month** and **Report Year** - Only active data in the specified Report Month/Year is included in the output file.
3. There are two options for the submission output.
   - **Production Run –** Outputs files in the following format: **XXXXX-X_HHH_274B_YYYYMMDD_NNNNN.dat** where
     - **XXXXX-X** is the name of the county associated with the Mental Health Plan (MHP). If the MHP manages more than one county, the counties are separated with a dash.
     - **HHH** is the DHCS assigned three-digit Health Plan Code (HCP) for the MHP submitting the provider network information. The format of this code is "C" + the two-digit count code assigned to the MHP. For example, Contra Costa is *C07*
     - **274B** is a constant designating the file as a MHP 274 Provider Network File.
     - **YYYYMMDD** is the date of the submission.
     - **NNNNN** is a unique, sequential numeric transaction identifier used to differentiate data files submitted on the same day by the same health plan.
     - This is the output file to use for submission to the State.
     - A sample output file folder and file name:
       Z:\Data\<DataSourceName>\CONTRACOSTA_C07_274B_20210930_00001.dat
   - **Test Run –** Outputs files following the same naming convention above preceded by *TEST_*
     - A sample Test Run output file folder and file name is
       Z:\Data\<DataSourceName>\TEST_CONTRACOSTA_C07_274B_20210930_00001.dat
   - Both Production Run and Test Run create a comma-delimited text file (.csv) which the user can download. Data in the 274 records is flattened in this file.
     - Sample output file folder and file name for a production run
       Z:\Data\<DataSourceName>\CONTRACOSTA_C07_274B_20210930_00001.csv
     - Click HERE to view Appendix A for a list of the columns included in the CSV file.
   - A new database table named **State_Report_274** was created to store the flattened 274 transaction data.
     - Click HERE to view Appendix B for a list of columns in this table.
   - A log file was also created to show unique counts of Provider Groups, Sites, and Service Providers in this process.

o Sample output file folder name and file name for a production run
Z:\Data\<DataSourceName>\CONTRACOSTA_C07_274B_20210930_00001.log
- For a Test Run, the *TEST_* prefix carries through to all three files .DAT, .CSV, and .LOG

4. When the HIPAA 274 Parameters selections are complete, select the blue *Process* button to trigger the submission creation process.
5. A row is added at the top of the *Previously Run Reports* grid with a *Status* of RUNNING.

6. When the process is COMPLETE, click the *Save File* button to download and save the 274 .DAT file. This is the EDI file for submission to the State.
7. Provider records with incomplete data are skipped and indicated in the Error Report. View these skipped records by clicking on the *View* hyperlink.

8. Export or Print the Error Report by selecting either action in the upper right-hand buttons.

SMA COVERED SHARECARE ENHANCEMENTS

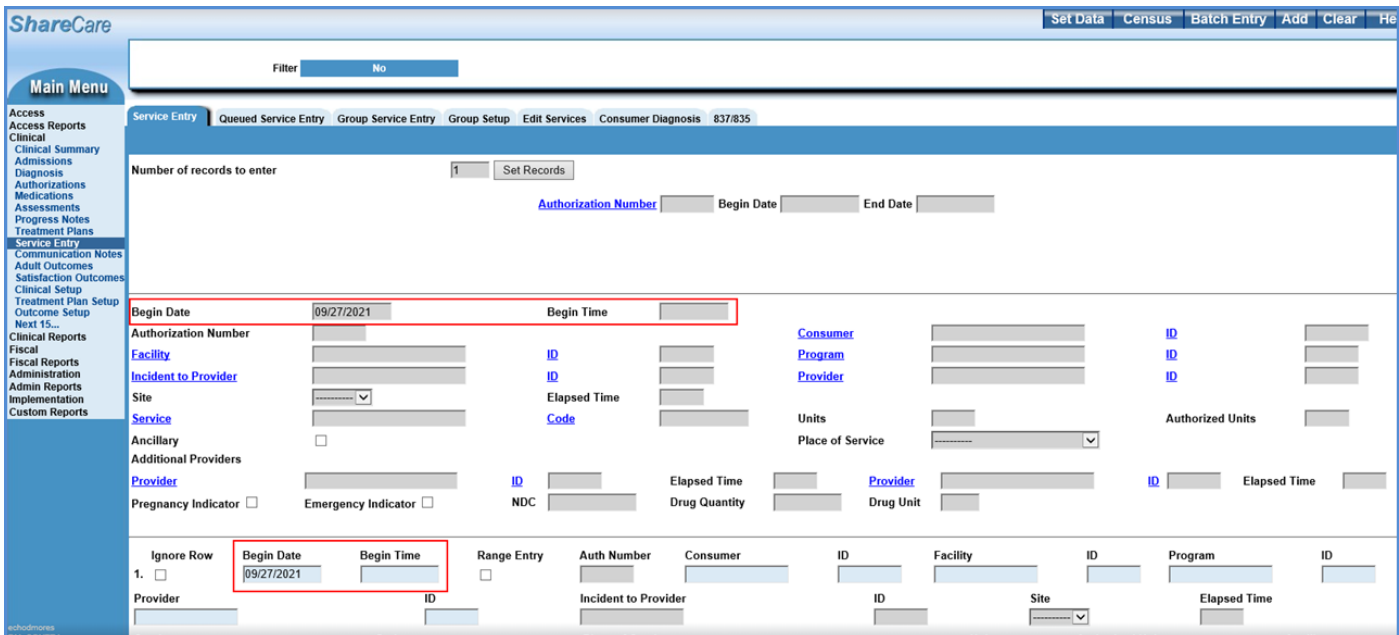### RECEIVE PAYMENTS SCREEN ENHANCEMENT, SC-1463/SOW-40

A modification was made to the **Rejection Code/[Exclusion Reason]** field of the *Fiscal > Receivables > Receive Payments* screen. This field now displays the *Adjustment Group Code* and *Reason Code* from the Medicare and Medi-Cal 835 for **each individual adjustment line** for both Approved and Denied claims. In addition, a detail line will be added to display all *Remark Codes* at the bottom of the claim in the next release.

UPDATES

SERVICE ENTRY SCREEN IMPROVEMENTS, SC-990 (CC, 73985)

In the Service Entry screens, modifying the Begin Date after the other data was entered caused that data to be lost. Now the *Begin Date* and *Begin Time* are located at the beginning of the form which should improve workflow and mitigate data loss due to modifying the Begin Date.

ADD SPECIAL AID CODES TO COST REPORT, SC-1126 (SJ, 75490)

When viewing the cost report, if there are special aid codes on the claim, they are now displayed.

MEDI-CAL RECONCILIATION 835 MODULE IMPROVEMENTS, SC-1195

The following five fields were added to the "submission_Reconciliation_MCL835" table:

- o claim_status_code
- o share_of_cost_amount
- o approved_amount
- o county_amount
- o SGF_amount

A sixth field was added to the "submission_Reconciliation_MCL835" table: **SC_Units_From_835**. This field is calculated from the units sent back on an 835 ("**units_from_835**" field) using the CA_MediCal_crosswalk table (medical_mode, medical_sfc, and unit_convert_factor_837). For example, an "**SC_units_from_835**" = 90 comes from a "**units_from_835**" = 6 → 90 = 90 minutes converted from 6 reported paid units coming on the 835 with a converting factor of 1/15 from the crosswalk table. The value of the "SC_units_from_835" can be minutes, hours, days – depending on the values in the crosswalk table. The added fields have been populated.

CONVERSION OF SNA CONNECTIONS, SC-1469

The State of California stopped supporting SNA connections on 08/15/2021. ECHO converted existing SNA connections to Host Integration Server, allowing the continuity of all functionalities (MMEF batch eligibility verification, on-line eligibility verification, on-line share of cost spend down and spend down reversal). The necessary files were provided as a temporary solution, and version 9.0.4 contains these same files as a permanent solution.
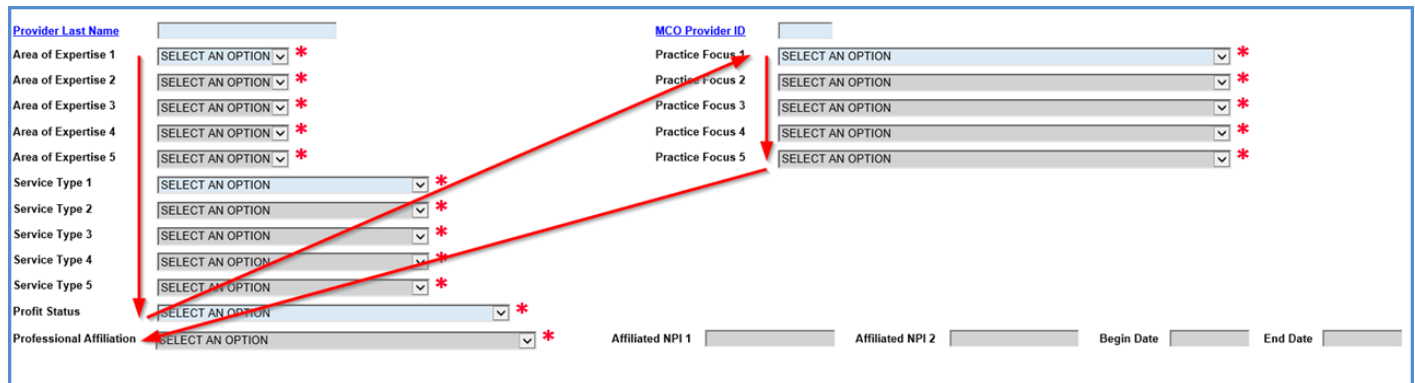
IMPROVED ERROR MESSAGES ON SERVICE PROVIDER 274 SCREEN, SC-1484 (CC, 4326)

An issue was reported where the warning message "No record matching your criteria could be found" was not specific enough when attempting to add the same facility a second time in the *Fiscal > Service Provider > Service Provider 274* screen. Now the warning message displays, "Either the Facility is already assigned to this Provider, or the Provider is not authorized for the Facility or the Facility does not exist."

IMPROVED TAB ORDER ON THE SERVICE PROVIDER 274 SCREEN, SC-1485 (CC, 4315)

The current tab order of the *Fiscal > Service Provider > Service Provider 274* screen took the user back and forth between sections. After updating, the tab order now moves through the fields in the order listed below.

- *Area of Expertise1-5*
- *Service Type1-5*
- *Profit Status*
- *Practice Focus1-5*
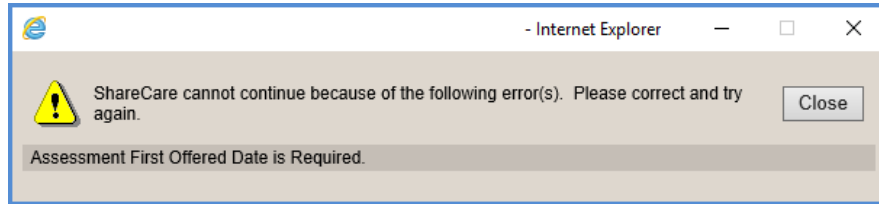- And finally, the 5 fields on the *Professional Affiliation* line

CSI ASSESSMENT SCREEN ERROR, SC-1486 (CC, 4336)

When updating a CSI Assessment record, if the *Assessment Appt First Offered Date* field is not populated, the following error displays when attempting to record the updates "Assessment First Offered Date is Required."

ADD SCREENING AND CALL LOGGING GLOBAL VARIABLE UPDATES, SC-1495 (CC, 4376/4695)

This is a follow-up of SOW-24 and SC-1405 (Contra Costa #3195, 9.0.3 Release Notes page 17).

- The two Global Variables in *Administration > Security > Global Variables*: "**Require a Consumer to Add Screening**" and "**Require a Consumer to Add Call Logging**" are still set to '1' for Contra Costa and are set to '0' for all other counties.
- Having both Global Variables set to '1' (Contra Costa only) prevents the accidental creation of a new consumer record and allows data to be entered for an existing consumer only.

TRAINING EVENT ENTRY TYPE GLOBAL OPTION MOVED, SC-1522 (CC, 5492)

This is an update of the v9.0.3 release notes (page 6):

The new global option which controls how Cultural Competence training is recorded is now found in *Administration > Security > Global Variables > Ungrouped >* Training Event Type. It was previously located in *Implementation > Customer > Implementation Variables.*

MCO PROVIDER 274 MONTHLY ENHANCEMENTS, SC-1535

In *Fiscal > MCO Provider > MCO Provider 274 Monthly* (as well as in *Fiscal > Service Provider > Service Provider 274 Monthly),* the Report Month and the Report Year fields are now drop-down lists.
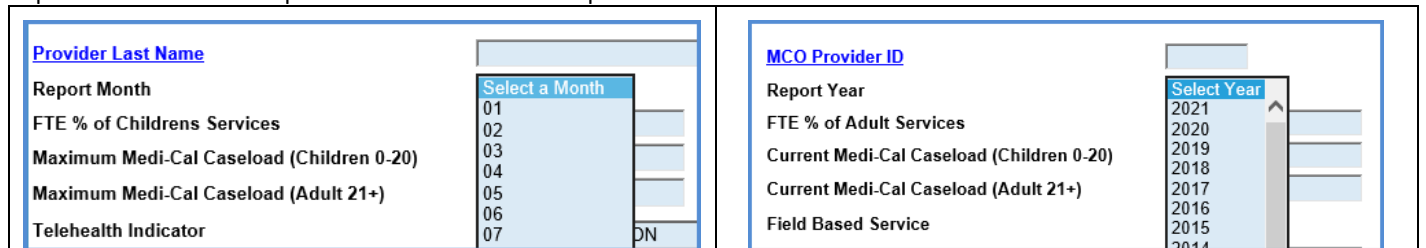
SERVICE PROVIDER 274 MONTHLY ENHANCEMENTS, SC-1537 (CC, 5373)

A validation was added on both the Service Provider 274 Monthly and the MCO Provider 274 Monthly, which requires a value in the **Travel Distance** field when the Yes is selected for **Field Based Services**. Previously, users could save a record without Travel Distance information even when Field Based Services was set to Yes. Attempting to record a record missing the required information results in the following error.
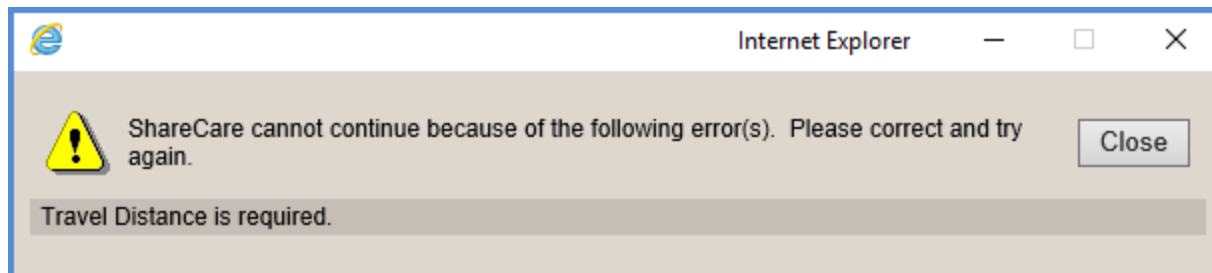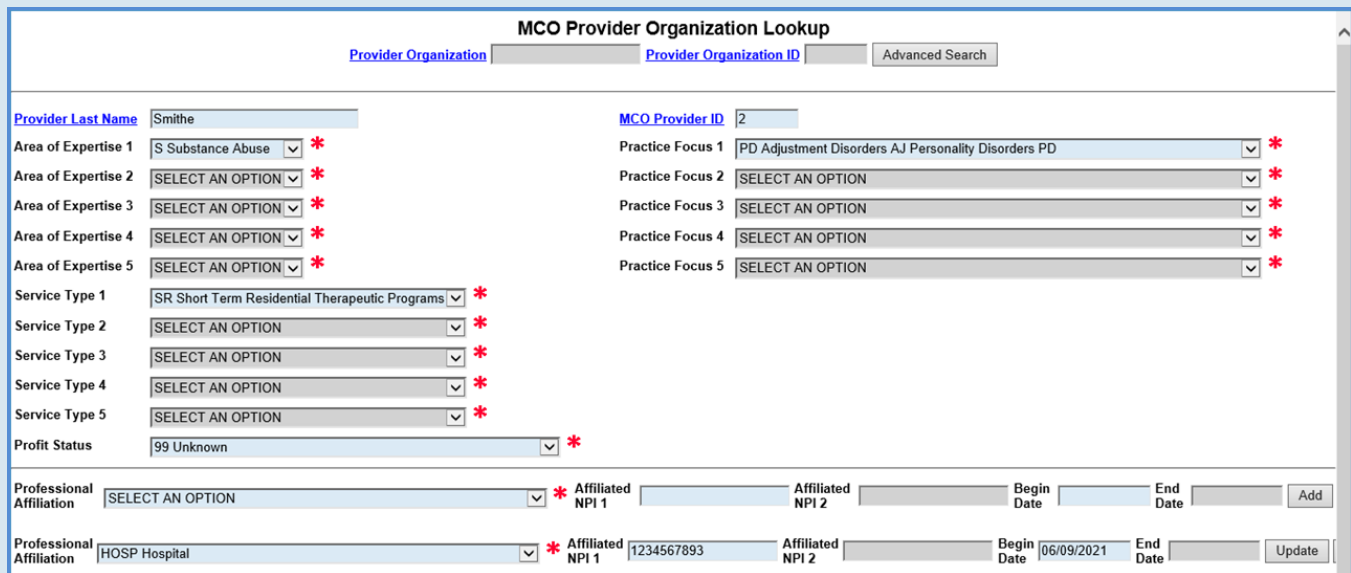
ADDITIONAL FIELDS ON MCO SERVICE PROVIDER 274 SCREEN, SC-1551 (CC, 5902)

Updates were made to the MCO Service Provider 274 screen found in *Fiscal > MCO Provider* to now allow up to five entries for *Area of Expertise, Practice Focus,* and *Service Type,* in the same manner as the Service Provider 274 screen. Images Before and After this change are shown below.

Before Update

After Update

PREVENT FTE% FROM EXCEEDING 100%, SC-1552 (CC, 5373)

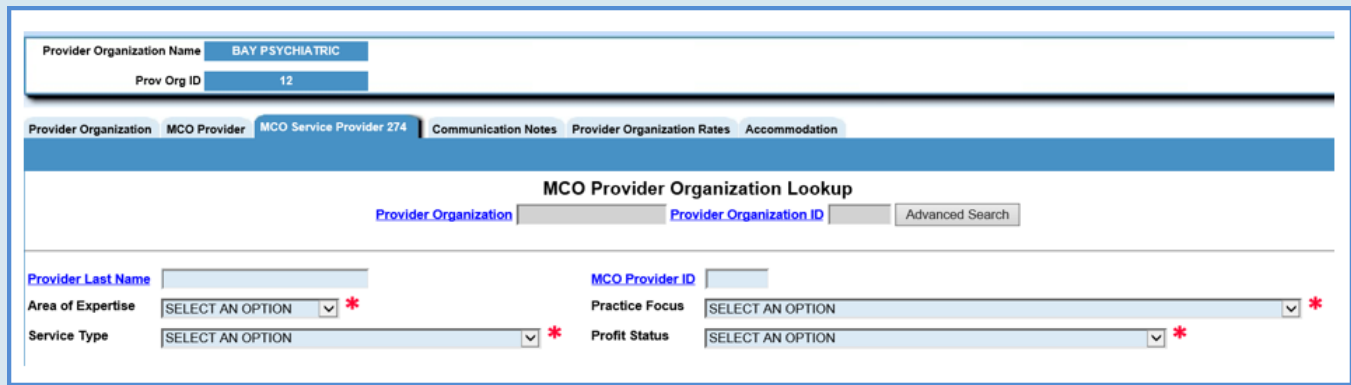A validation was added when inserting a new or updating an existing provider record in both the *Fiscal > Service Provider > Service Provider 274 Monthly* and the *Fiscal > MCO Provider > MCO Provider 274 Monthly* screens.
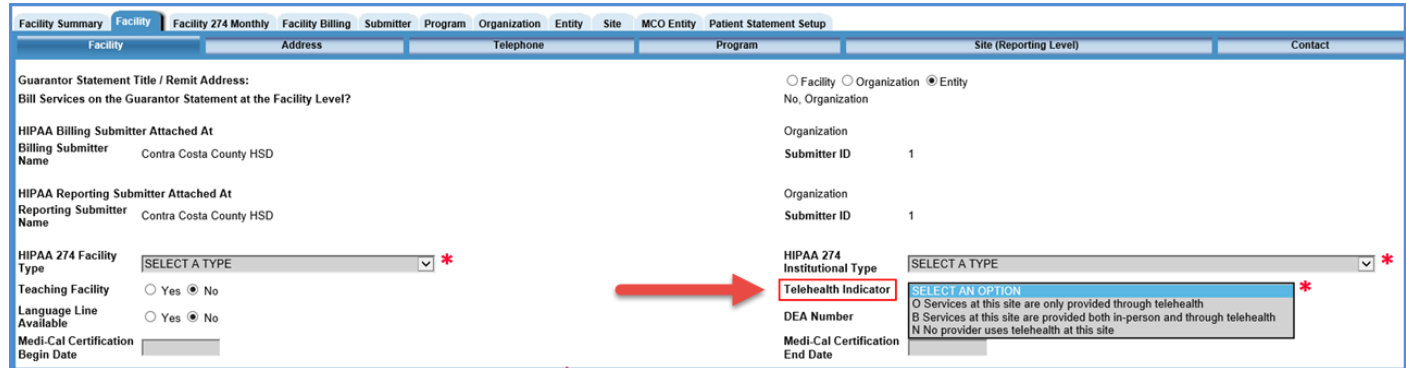
- The validation adds the Service Provider's Adult and Children FTE% for the same month/year across all Facilities/MCO Organization in MHS and MCO, or all Facilities in ADP and displays an error message if the total FTE% exceeds 100.
- MHS and MCO FTE% are counted together for a provider if s/he works in both Systems of Care. An AOD provider's total FTE% is not included in the MHS/MCO tally.

274 RELATED FIELDS ON FACILITY SCREEN, SC-1553 (CC)

In *Fiscal > Fiscal Objects > Facility,* when YES is selected for the **Include in 274** field, the 274 specific fields become required and have a blue background. When the **Include in 274** field is set to NO, the 274 specific fields are no longer required.
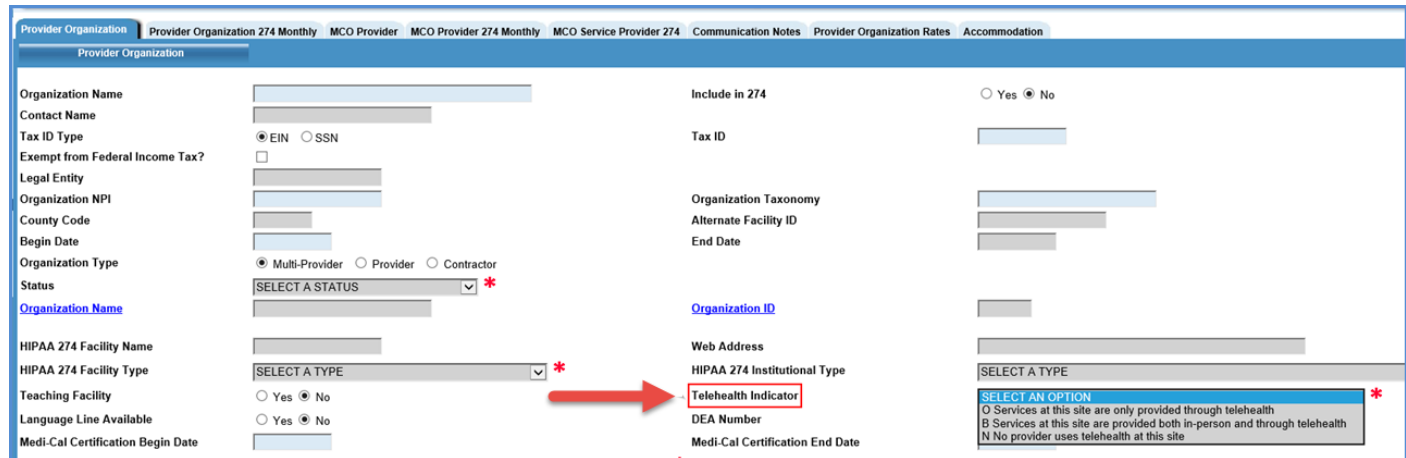
TELEHEALTH INDICATOR ON FACILITY AND PROVIDER ORGANIZATION SCREEN, SC-1573 (CC, 6179)

The field *Telehealth Equipment (Y/N)* at the Facility level was upgraded by the State to a *Telehealth Indicator* with an option list. This change was implemented on the *Fiscal > Fiscal Objects > Facility* screen.

And on the *Fiscal > MCO Provider > Provider Organization* screen.

This field was already in place on the *Fiscal > Service Provider > Service Provider 274 Monthly* screen. In addition, the 274 Submission module was modified to retrieve and process the new Telehealth Indicator.

BUG FIXES

MISSING CHECK ON INCIDENT TO PROVIDER FIELD, SC-991 (CC, 73985)

If the provider was end-dated, ShareCare allowed that provider to be added in the *Incident to Provider* field on the standard Service Entry screen. Now, ShareCare does not allow an end-dated provider to be added to this field.

ORIGINAL DATE NOT SAVING WHEN CREATING A NEW LICENSE, SC-1037 (CC, 74407)

In Fiscal > Service Provider > Service Provider Credentialing > License > NEW, all fields were saved when updating except the "Original Date" field. Now, all fields are saved when updating.

UNBALANCED INVOICES, SC-1398 (CC, 1228)

An error was reported where some invoices were unbalanced when the consumer had more than one active guarantor. Now the invoice is balanced even with a consumer with multiple active guarantors.

DROP-DOWN OPTIONS UNAVAILABLE AFTER BILL FORMAT OPTIONS COPY, SC-1464 (SJ, 3522)

An error was reported where the drop-down options were unavailable in the format screen after copying Payor Group options in *Fiscal > Fiscal Setup > Bill Format Options.* Now, after the copy all options are present.

ERROR WHILE CLEARING OUT DATASOURCES, SC-1465 (CC, 3407)

When attempting to clear out the DataSource Registry to reenter the credentials, ShareCare gave an error message. Despite the error message, the DataSource was actually cleared. Now, when clearing the DataSource Registry, the error message is gone, and the DataSource is cleared.

SERVICE PROVIDER 274 NOT SAVING WHEN REQUIRED FIELDS MISSING, SC-1483 (CC, 4325)

In *Fiscal >Service Provider > Service Provider 274,* entering incomplete mandatory data in the bottom section of the page (Professional Affiliation, Affiliated NP 1, etc.) and clicking the *ADD* caused the data to disappear. Now a warning message displays to alert the user that the mandatory data is incomplete.

EDITING AN OPEN EPISODE, SC-1510 (CC, 5226)

An error was reported where updating a Provider (name or ID) in *Clinical > Admissions > Episodes > Episode* record caused the error message: "Episode Close Date is required." The issue was resolved, and now the Provider (name or ID) can be updated without creating an error message.

INVALID COLUMN IN UNDUPLICATED CONSUMER EXTRACT, SC-1511 (CC, 5206)

An issue was reported where running a Consumer Data Extract in *Administration > Data Tools > RoundUp* caused a ShareCare error "Invalid column name date_of_birth." No running a Consumer Data Extract works as expected.

MMEF PARSING ISSUE, SC-1533 (CC, 5558; CC, 5419; CC, 5252; SJ, 5835)

At the end of the File Parsing Process, deleting the eligibility records from the previous month was taking too long (in the order of 5.5 days for 500,000 records) and was leaving the Parsing Job unfinished. Adding two indexes in two tables brought that duration to less than one minute, speeding up the File Parsing Process considerably.

PROVIDERS LIST NOT LIMITED ON MCO PROVIDER 274 MONTHLY SCREEN, SC-1534 (CC, 5902/5666)

An issue was reported where the Providers available to select on the MCO Provider 274 Monthly Screen in *Fiscal > MCO Provider* was not limited to those providers authorized with the selected Organization. Now, only providers authorized with the selected Organization can be selected.

SUBMISSION_RECONCILIATION_MCL837, SC-1546

A new field *eligibility_status* was added to the *submission_reconciliation_MCL837* table. This new field is populated during BillPrint ShortDoyle and is accessible in the Cost Report. The field values are not backfilled as there is no way of knowing what coverages were in effect. Moving forward,

- If the consumer has coverage from another Payor, the filed contains "MI"
- If the consumer has Medicare coverage, the file contains "MM"
- If the consumer has MediCal coverage, the field contains "MC"
- If the claim is a repay AND the consumer does not have any coverages, the field contains "NA"
- If the claim is NOT a repay AND the consumer does not have any coverages, an error message is created in the Bill Print Status Report
- Sample error messages are included below

    Error - Consumer has no coverages - and not repay - Skipping

    Error - Consumer has no coverages - and not repay - Skipping

    Error - Consumer has no Medi-Cal coverage - and not repay - Skipping
-

BILL PRINT DATE OF BIRTH ERRORS, SC-1549 (CC, 5826)

The Bill Print process was showing an error "Bill Print Errors with Error - DOB' 19000101' invalid – Skipping" because the MediCal specific birthdate was "NULL," causing ShareCare to use a date of birth = "1900-01-01". Now ShareCare is using the consumer's primary date of birth when the MediCal specific birthdate is missing.

GENDER FIELD ON SERVICE PROVIDER SCREEN, SC-1550 (CC, 5901)

An issue was reported where the Gender field was not required on the *Fiscal > Service Provider > Service Provider* screen. (It was mandatory on the *Fiscal > MCO Provider > MCO Provider* screen.) Now, this field is mandatory.

APPENDIX A

The HIPAA 274 Submission Production Run and Test Run create comma-delimited text files (.csv), which can be downloaded. Data in the 274 records is flattened in these files. The following grid lists the columns included in the CSV files, including an additional clarifying note for some columns.

Column Name	Additionl Notes
providerId	MH Service Provider ID
mcoProviderId	MCO Provider ID if submitting MCO record; otherwise "0"
provider274Id	Unique ID pointing to a Service Provider 274 record
provider274MonthlyId	Unique ID pointing to a Service Provider 274 Monthly record
mcoProvider274Id	Unique ID pointing to a MCO Provider 274 record
mcoProvider274MonthlyId	Unique ID pointing to a MCO Provider 274 Monthly record
providerType	System of Care label ("MH", "MCO", "ADP")
lastName	
firstName	
middleName	
npi	
ftePercentChildServices	
ftePercentAdultServices	
gender	
dateOfBirth	
teleHealthIndicator	
profitStatus	
maxMediCalChildren	
currentMediCalChildren	
maxMediCalAdult	
currentMediCalAdult	
fieldBaseServices	
maxTravelDistance	
acceptingNewPatient	
statelicenseNumber	
licenseType	
licenseState	
certificationType	
providerExpertise1	
providerExpertise2	

providerExpertise3	
providerExpertise4	
providerFocus1	
providerFocus2	
providerFocus3	
providerFocus4	
providerFocus5	
providerService1	
providerService2	
providerService3	
providerService4	
providerService5	
culturalCompetence	
providerEmail	
participationBeginDate	Affiliation (Contract Provider) participation Begin Date
participationEndDate	Affiliation (Contract Provider) participation Begin Date
systemOfCare	
affiliations	All Professional Affiliations and their NPIs are in this field
providerLanguages	All languages and their proficiency are in this field
providerAdditionalTaxonomies	All additional taxonomy codes are in this field
siteType	
siteName	
siteIdType	
siteId	
facility274MonthlyId	Unique ID pointing to a Facility 274 Monthly record
mcoProvOrg274MonthlyId	Unique ID pointing to a MCO Provider Org 274 Montly record
siteTaxId	
facilityType	
facilityInstType	Institutional Type
countyCode	
licensedBedCount	
availableBedCount	
staffedBedCount	
teachingFacility	
maxMedicalMembers	
currentMedicalMembers	
siteTelehealthIndicator	

Field	Description
languageLineAvailable	
facilityId	
mcoProvOrgId	
medicalBeginDate	
medicalEndDate	
assistiveAid1	
assistiveAid2	
assistiveTransportation	
deaNumber	
medicaidProviderNumber	
address1	
address2	
city state	
zip	
zipExtension	
siteContacts	All contact info (email, office/fax number, URL) are in this field
siteLanguages	Both language and proficiency are in this field
siteSchedule	
siteAdditionalTaxonomies	All additional taxonomy codes are in this field
siteOwners	
ProviderGroupName	
ProviderGroupId	
groupTaxId	
groupOwnershipCode	
ContractEffectiveDate	
ContractExpirationDate	
TaxonomyCode	
legalEntity	
GroupType	
EntityId	

APPENDIX B

A new database table named **State_Report_274** was created to store the flattened 274 transaction data included in the CSV file. The following grid lists the columns and column definitions for this new table.

Column Name	Definition
State_Report_274_ID	int, Identity (0,1) Not Null, PK
State_report_control_id	int, Not Null, FK references dbo.State_Report_Control.state_report_control_id
reportYear	int
reportMonth	int
controlNumber	VARCHAR(20)
providerId	int
mcoProviderId	int
provider274Id	int
provider274MonthlyId	int
mcoProvider274Id	int
mcoProvider274MonthlyId	int
providerType	VARCHAR(10)
lastName	VARCHAR(200)
firstName	VARCHAR(20)
middleName	VARCHAR(200)
npi	VARCHAR(10)
ftePercentChildServices	VARCHAR(5)
ftePercentAdultServices	VARCHAR(5)
gender	VARCHAR(5)
dateOfBirth	DATE
providerTeleHealthIndicator	CHAR(1)
profitStatus	VARCHAR(5)
maxMediCalChildren	int
currentMediCalChildren	int
maxMediCalAdult	int
currentMediCalAdult	int
fieldBaseServices	CHAR(1)
maxTravelDistance	int
acceptingNewPatient	CHAR(1)

statelicenseNumber	VARCHAR(20)
licenseType	VARCHAR(20)
licenseState	VARCHAR(2)
certificationType	VARCHAR(10)
providerExpertise1	VARCHAR(2)
providerExpertise2	VARCHAR(2)
providerExpertise3	VARCHAR(2)
providerExpertise4	VARCHAR(2)
providerFocus1	VARCHAR(2)
providerFocus2	VARCHAR(2)
providerFocus3	VARCHAR(2)
providerFocus4	VARCHAR(2)
providerFocus5	VARCHAR(2)
providerService1	VARCHAR(2)
providerService2	VARCHAR(2)
providerService3	VARCHAR(2)
providerService4	VARCHAR(2)
providerService5	VARCHAR(2)
culturalCompetence	CHAR(1)
providerEmail	VARCHAR(200)
participationBeginDate	DATE
participationEndDate	DATE
affiliations	VARCHAR(200)
providerLanguages	VARCHAR(200)
providerAdditionalTaxonomies	VARCHAR(200)
siteType	VARCHAR(200)
siteName	VARCHAR(200)
siteIdType	VARCHAR(200)
siteId	VARCHAR(10)
facility274MonthlyId	int
mcoProvOrg274MonthlyId	int
siteTaxId	VARCHAR(20)
facilityType	VARCHAR(20)
facilityInstType	VARCHAR(20)

countyCode	VARCHAR(20)
licensedBedCount	int
availableBedCount	int
staffedBedCount	int
teachingFacility	CHAR(1)
maxMedicalMembers	int
currentMedicalMembers	int
siteTelehealthindicator	CHAR(1)
languageLineAvailable	CHAR(1)
facilityId	int
mcoProvOrgId	int
medicalBeginDate	DATE
medicalEndDate	DATE
assistiveAid1	VARCHAR(20)
assistiveAid2	VARCHAR(20)
assistiveTransportation	VARCHAR(20)
deaNumber	VARCHAR(20)
medicaidProviderNumber	VARCHAR(20)
address1	VARCHAR(200)
address2	VARCHAR(200)
city	VARCHAR(200)
state	VARCHAR(5)
zip	VARCHAR(10)
zipExtension	VARCHAR(10)
siteContacts	VARCHAR(200)
siteLanguages	VARCHAR(200)
siteSchedule	VARCHAR(200)
siteAdditionalTaxonomies	VARCHAR(200)
siteOwners	VARCHAR(200)
providerGroupName	VARCHAR(200)
providerGroupId	VARCHAR(20)
groupTaxId	VARCHAR(200)
groupOwnershipCode	VARCHAR(200)
contractEffectiveDate	DATE

contractExpirationDate	DATE
taxonomyCode	VARCHAR(20)
legalEntity	VARCHAR(20)
groupType	varchar(100)
systemOfCare	int
entityId	int
UpdateDate	DateTime, Constraint DF_StateReport274_UpdateDate, Default getDate()