

SHARECARE RELEASE NOTES

Version 9.0.3

INTRODUCTION

ShareCare version 9.0.3 includes some bug fixes and seven new screens for Phase II of the HIPAA 274 (Provider Directory) Implementation for collecting, updating, and managing the required submission data. These new screens are detailed in the Statement of Work section 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 9.0.2 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.

STATEMENT OF WORK

Overview - HIPAA 274 (Provider Directory) Implementation - Phase II

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. The seven new screens listed below are included in this release for collecting and managing the required data.

- Facility 274 Monthly
- <u>Service Provider 274 Monthly</u>
- Provider Organization 274 Monthly
- <u>MCO Provider 274 Monthly</u>
- Service Provider Monthly Data Maintenance
- Service Provider Monthly Data Admin Review
- <u>Service Provider Monthly Data</u>

Facility 274 Monthly

The Facility 274 Monthly screen captures additional Facility data that changes monthly. The screen is located between Facility and Facility Billing.

ShareCare	
Main Menu Access Access Reports Clinical	Facility Summary Facility Facility 274 Monthly Facility Billing Submitter Program Organization Entity Site MCO Entity Patient Statement Setup
Clinical Reports Fiscal Billing Billing Notes Receivables Pay Provider GL Posting	Facility Lookup Facility Name Facility ID Advanced Search
Fiscal Setup Contracts Service Provider Fiscal Objects Payor MCO Provider	
Claim Processing Provider Contracts Fiscal Reports Administration Admin Reports Implementation Custom Reports	



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A user must have the **Facility** "User Group" access and the appropriate screen access for the following operations. An error message displays if the user is not authorized to access the selected Facility.

- Insert Enter a Facility Name or ID.
 - A hyperlink is provided to lookup Facility by Name or ID.
 - An error message displays if there is an existing record with this key.
 - Lookup Enter Facility name or ID, Report Month, and Report to locate a record.
 - An error message displays if there is no matching record.
 - Click the "Close" button when done.
- **Update** Enter Facility and Provider to locate the record to update.
 - An error message displays if there is no matching record.
 - Enter changes and click the *Update* button when done.
- **Delete** Enter Facility Name or ID and then tab to locate records for update.
 - An error message displays if there is no matching record.
 - Click the *Delete* button to archive the selected record.
 - Otherwise, click the *Close* button to exit without deleting the record.

The steps to insert a new record is shown in the example below.

- 1. Enter the Facility Name or ID (or use the blue hyperlinks). Once Facility is identified, click the *New* button.
- 2. Enter data and then click the *Add* button to insert the record.

Facility Name AURORA HOSPITAL Facility ID 14			
r donity its			
acility Summary Facility Facility 274 Monthly Facili	ty Billing Submitter Program Organization	Entity Site MCO Entity Patient Statement Setup	
		Facility Lookup	
	Facility Name	Facility ID Advanced Search	
Report Month		Report Year	
icensed Bed Count		Available Bed Count	
staffed Bed Count		Available bed bount	
Aaximum Medi-Cal Members		Current Medi-Cal Members	
Non English Speaking	O Yes No		
Language	SELECT AN OPTION ¥	Speaking Proficiency	SELECT AN OPTION V
100 Telefora			

If Yes is selected for the Non English Speaking field, then at least two languages must be entered. The first language can be added on the initial record Add. The additional language fields are available to populate immediately after the record is added.

	Facility Name	AURORA HOSPIT	AL	Report Year	2021						
	Facility ID	14		Report Month	7						
Facility Summary	Facility	cility 274 Monthly	Facility Billing	Submitter Progra	m Organization	Entity	Site MCO Entity	Patient Statement Setup			
					F	acility L	ookup				
				Facility Name		-	Facility ID	Advanced Search]		
Report Month			7		_		Report Year		2021		
Licensed Bed C	ount		30)			Available Bed Co	ount	5		
Staffed Bed Cou Maximum Media	Cal Members		30	1			Current Medi-Ca	Members	25		
Non English Sp	eaking			Yes O No			Current medi-Ca	Imenibers	25		
Language	SELEC	T AN OPTION	• *		Speakin	g Proficien	су	SELECT AN OF	PTION 🔽 🗶		Add
			*		Deficient			*		Undete	Delete
Language	French	\checkmark	T	S	peaking Proficier	су	JA A E	xcellent or Fluent 🔽 🕈		Update	Delete

One *Language* must be English with a *Speaking Proficiency* of "Poor," and one (or more) other *Language* must have a *Speaking Proficiency* of "Excellent." See the note in the fields table below.



The table below lists the	e fields in the <i>Fa</i>	acility 274 Monthly scre	en.
Field Label	Required	Validation	Comment
Facility Name	YES	Existing facility	Must enter either Facility Name or Facility ID.
Facility ID	YES	Existing facility	Must enter either Facility Name or Facility ID.
Report Month	YES	1-12	
Report Year	YES	4-digit year	
Licensed Bed Count	NO		
Available Bed Count	NO		
Staffed Bed Count	NO		
Maximum # Medi-Cal Members	YES		
Current # Medi-Cal Members	YES		
Non English Speaking	YES		
Important: If this site of 1. English – (HIPAA XRI 2. One or more other I	loes not provide EF Code = "ENG anguages in wh	e services in English, th ") and select Speaking ich a service is provide	en at least two languages must be entered. Proficiency with HIPAA XREF Code = "4" (Poor). d and its Speaking Proficiency must be "Excellent".

Language	Oj	ption List	The drop-down list values pull from the standard Language Option List. The ShareCare administrator should review and update the HIPAA XRef column as needed.
Speaking Proficiency	OĮ	ption List	The drop-down list values pull from the 274 Speaking Proficiency Option List.

Service Provider 274 Monthly

The Service Provider 274 Monthly screen captures **monthly** Provider data specific to a Facility that changes each month. The screen tab is located immediately next to the Service Provider 274 tab. Records created via this screen should be **per Provider**, **per month**, **per Site (Facility)**. For example, if you have a provider who works at three different facilities, enter three records for this provider every month – one for each Facility.

ShareCare	
Main Menu Access Access Reports Clinical Clinical Reports	Summary Service Provider Service Provider 274 Service Provider 274 Monthly Service Provider Credentialing MCO
Fiscal Billing Billing Notes Receivables Pay Provider GL Posting Fiscal Setun	Service Provider Lookup Provider Last Name Provider ID Advanced Search
Contractor Service Provider Fiscal Objects Payor MCO Provider Claim Processing Provider Contracts Fiscal Reports Administration Admin Reports	
Implementation Custom Reports	





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Users may not create a new record in the Service Provider 274 Monthly screen unless the following requirements are satisfied.

- The Facility is created.
- The Service Provider is created.
- The Provider's Facility Authorization is created to link the provider with the Facility.
- Both the Facility and Service Provider are active (partially active is okay) during the submission year/month.

Users must also have **Facility** and **Service Provider** "User Group" access and the appropriate access for the following operations. (i.e., the user must be authorized to access the Facility and the Service Provider) An error message displays if the user is not authorized to access the selected Facility or Service Provider.

- Insert Enter a Provider Name or ID
 - A hyperlink is provided to lookup Provider by Name or ID.
 - Select the New button and begin data entry.
 - When finished select Add to insert the record.
 - Otherwise, select Close to leaving without inserting the record.
- **Lookup** Enter Provider by Name or ID and then tab to see available records.
- Update Enter Provider by Name or ID and then tab to see available records.
 - o Select the Update button to the right of desired record.
 - Enter changes and select the *Update* button (upper right) to save the changes.
 - Or select the *Close* button to exit without updating.
- **Delete** Enter Provider by Name or ID and then tab to locate records for update.
 - Select the *Delete* button, to the right at the end of the row, to archive the selected record.
 - Otherwise, select the *Close* button to exit without deleting the record.

Examples

Insert - The steps to insert a new record are shown in the example below.

1. Enter the Provider Name or ID or use one of the hyperlinks to lookup the provider.

ShareCare		New Clear Print Help
Main Menu		
Access Access Reports Clinical	Summary Service Provider Service Provider 274 Service Provider 274 Monthly Service Provider Credentialing MCO	
Clinical Reports Fiscal Billing Billing Notes	Service Provider Lookup	
Receivables Pay Provider GL Posting Fiscal Setup Contracts		
Service Provider Fiscal Objects Payor MCO Provider	No Current Records	
Claim Processing Provider Contracts Fiscal Reports Administration		
Admin Reports Implementation Custom Reports		

2. Select a Provider and click the *New* button to begin data entry.

			Clo	se Add Print I
Provider Name ROBINSON, WE	SLE			
Provider ID 553			-	
mmary Service Provider Service Provider 274	Service Provider 274 Monthly Service Prov	vider Credentialing MCO		
	:	Service Provider Lookup		
	Provider Last Name	Provider ID	Advanced Search	
cility Name			Facility ID	
port Month			Report Year	
E % of Childrens Services			FTE % of Adult Services	
ximum Medi-Cal Caseload (Children 0-20)			Current Medi-Cal Caseload (Children 0-20)	
ximum Medi-Cal Caseload (Adult 21+)			Current Medi-Cal Caseload (Adult 21+)	
ehealth Indicator	SELECT AN OPTION	✓ *	Field Based Service	○ Yes ● No
cepting New Patients	⊖ Vas ● No		Travel Distance	

3. When data entry is complete, click the *Add* button to insert this record.



Lookup and Update – The steps to lookup and update a record are shown below.

1. Enter a Provider by Name or ID, then tab to lookup available records.

	Provider Name R	ROBINSON, WESLE					
	Provider ID	553					
Summary 6	Sanuisa Provider Sanui	ee Browider 274	ice Provider 274 Monthly	Service Provider Credentialing MCO			
summary a	Service Provider Servic	ce Provider 274		Service Provider Credentialing MCO			
				Service Drewider Leekun			
				Service Provider Lookup			
			Provider Last Name	Provider ID	Advanced Search		
Eacility ID	2 Eacility Nan		BATES - HEDDICK CAMDI	IS Benort Month	7 Peport Vear	2021	Lindato Doloto
Facility ID		NE ALTA	DATES - HERRICK CAMPO	кероп мони	, Report fear	2021	Delete

2. Select a record and the click on the *Update* button.

						Close Update Print Help
Provider Name ROBINSON, WE	SLE Facility Nam	ALTA BATES - HERRICK CAMP	PUS Re	port Year	2021	
Provider ID 553	Facility I	D 2	Repo	ort Month	7	
Summary Service Provider Service Provider 274	Service Provider 274 Monthly	Service Provider Credentialing	мсо			
	Provider Last Name	Service Provi	der Lookup	Advan	ced Search	
Facility ID	2			Facility Nar	ne	ALTA BATES - HERRICK CAMPUS
Report Month	7			Report Yea	r	2021
FTE % of Childrens Services	20			FTE % of A	dult Services	80
Maximum Medi-Cal Caseload (Children 0-20)	5			Current Me	di-Cal Caseload (Childrer	n 0-20) 2
Maximum Medi-Cal Caseload (Adult 21+)	10			Current Me	di-Cal Caseload (Adult 21	1+) 8
Telehealth Indicator	B Services at this site are provid	led both in-person and through te	elehealth 🔽 粩	Field Based	Service	Yes O No
Accepting New Patients	● Yes ○ No			Travel Dist	ince	5

3. Modify the data, and then select the *Update* button to record the changes. Or select the *Close* button to finish the session with out any updates.

Delete – Follow the same steps to Lookup (step 1 above). Identify the record and select the Delete button to archive the record.

Special Feature

A "carry forward" function is available in this screen for the purpose of reducing the data entry burden. When *New* is selected (for new entry) and the Facility and Month/Year is entered, a popup box appears if a prior month record exists for this Facility/Provider. This popup box contains the message "**Data found for last month (nn/yyyy), Confirm Carry Forward?**".

Provider Name ROBINSON, WESI Provider ID 553	E			
Summary Service Provider Service Provider 274	Service Provider 274 Monthly Service Provider Credentiali	ng MCO		
	Service Pro	ovider Lookup Provider ID	Advanced Search	
Facility Name Report Month FTE % of Childrens Services Maximum Medi-Cal Caseload (Children 0-20) Maximum Medi-Cal Caseload (Adult 21+) Telehealth Indicator Accepting New Patients	ALTA BATES - HERRICK CAMPU 08 Message from webpage 2 Data Found for Last Month (7/2021), CO SELECT AN OPTION O Yes No	x unfirm Carry Forward? OK Carnet	Facility ID Report Year FTE % of Adult Services Current Medi-Cal Caseload (Children 0-20) Current Medi-Cal Caseload (Adult 21+) Field Based Service Travel Distance	2 2021 O Yes O No

Answer OK to populate the rest of the fields with previous month's data (shown below).



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Advanced Search						Provider Name ROBINSON, WESI Provider ID 553
Service Provider Lookup Provider Last Name Provider ID Advanced Search acility. Name ALTA BATES - HERRICK CAMPU Facility ID 2 keport Month 08 Report Year 2021 TE % of Childrens Services 20 FTE % of Adult Services 80 laximum Medi-Cal Caseload (Children 0-20) 5 Current Medi-Cal Caseload (Children 0-20) 2 taximum Medi-Cal Caseload (Adult 21+) 10 Current Medi-Cal Caseload (Adult 21+) 8 elehealth Indicator B Services at this site are provided both in-person and through telehealth Field Based Service Yes ® No				entialing MCO	Service Provider 274 Monthly Service Provider Cre	Summary Service Provider Service Provider 274
acility Name ALTA BATES - HERRICK CAMPU Facility ID 2 leport Month 08 Report Year 2021 TE % of Childrens Services 20 FTE % of Adult Services 80 laximum Medi-Cal Caseload (Children 0-20) 5 Current Medi-Cal Caseload (Children 0-20) 2 laximum Medi-Cal Caseload (Adult 21+) 10 Current Medi-Cal Caseload (Adult 21+) 8 elehealth Indicator B Services at this site are provided both in-person and through telehealth V Field Based Service Yes © No			Advanced Search	e Provider Lookup	Servio Provider Last Name	
Report Month 08 Report Year 2021 TE % of Childrens Services 20 5 80 taximum Medi-Cal Caseload (Children 0-20) 5 Current Medi-Cal Caseload (Children 0-20) 2 taximum Medi-Cal Caseload (Adult 21+) 10 Current Medi-Cal Caseload (Adult 21+) 8 elehealth Indicator B Services at this site are provided both in-person and through telehealth V* Field Based Service Ves © No.		2	Facility ID	,	ALTA BATES - HERRICK CAMPU	Facility Name
TE % of Childrens Services 20 FTE % of Aduit Services 80 taximum Medi-Cal Caseload (Children 0-20) 5 Current Medi-Cal Caseload (Children 0-20) 2 taximum Medi-Cal Caseload (Aduit 21+) 10 Current Medi-Cal Caseload (Aduit 21+) 8 elehealth Indicator B Services at this site are provided both in-person and through telehealth V* Field Based Service Ves © No		2021	Report Year		08	Report Month
Maximum Medi-Cal Caseload (Children 0-20) 5 Current Medi-Cal Caseload (Children 0-20) 2 Iaximum Medi-Cal Caseload (Adult 21+) 10 Current Medi-Cal Caseload (Adult 21+) 8 elehealth Indicator B Services at this site are provided both in-person and through telehealth v Field Based Service Ves ® Note		80	FTE % of Adult Services		20	FTE % of Childrens Services
taximum Medi-Cal Caseload (Adult 21+) 10 Current Medi-Cal Caseload (Adult 21+) 8 elehealth Indicator B Services at this site are provided both in-person and through telehealth 🔍 * Field Based Service Ves ® Not		2	Current Medi-Cal Caseload (Children 0-20)		5	Maximum Medi-Cal Caseload (Children 0-20)
elehealth Indicator B Services at this site are provided both in-person and through telehealth 🔽 * Field Based Service 🔿 Yes 🖲 Nu		8	Current Medi-Cal Caseload (Adult 21+)		10	Maximum Medi-Cal Caseload (Adult 21+)
	lo	○ Yes ● No	Field Based Service	nd through telehealth 🔽 粩	B Services at this site are provided both in-person	Telehealth Indicator
Inccepting New Patients O Yes No Travel Distance 5		5	Travel Distance		○ Yes ● No	Accepting New Patients

This data may be optionally updated. If *Cancel* is selected in the popup box, the screen proceeds to data entry without copying data from a prior month.

Cultural Competence

Counties can opt to use the Training Event screen in *Fiscal > Service Provider > Service Provider Credentialing* to record Cultural Competence training hours. A second option is available which requires entry of Cultural Competence information in the *Service Provider 274 Monthly* screen. The new global option which controls how Cultural Competence training is recorded is found in *Implementation > Customer > Implementation Variables*. Select the Training Event Entry Type Option List. By default, the Service Provider 274 Monthly variable is selected in the Training Event Type Option.

Main Menu		
Access Access Reports Clinical Clinical Reports	Identity Implementation Variables	Systems of Care Assessments State Reports
Fiscal Fiscal Reports Administration Admin Reports Implementation	Variable Name: Variable Type: Description:	Training Event Entry Type Option List This setting determines how Provider Training Event is used.
Viewing Mode Customer Screens Option Lists	Variable Value:	Training Event Service Provider 274 Monthly

If the Service Provider 274 Monthly value is selected, the user must enter the Cultural Competence data on the Service Provider 274 Monthly screen. The two fields indicated below display when this option is selected.

Summary Service Provid	er Service Provider 274	Service Provider 274 Monthly	Service Provider Cred	entialing MCO	
	Provider Last Name	Service Provid	er Lookup Provider ID	Advanced Search	
Facility Name				Facility ID	
Report Month				Report Year	
FTE % of Childrens Services				FTE % of Adult Services	
Maximum Medi-Cal Caseload (Children 0-20)		1		Current Medi-Cal Caseload (Children 0-20)	
Maximum Medi-Cal Caseload (Adult 21+)		1		Current Medi-Cal Caseload (Adult 21+)	
Telehealth Indicator	SELECT AN OPTION		× *	Field Based Service	🔾 Yes 🖲 No
Accepting New Patients	O Yes			Travel Distance	
Cultural Training During Last 12 Months	O Yes No	_	\rightarrow	Total Training Hours	,

If the Training Event option is selected, the two training fields are not displayed on the Service Provider 274 Monthly screen.

Summary Service Pro	wider Service Provider	274 Service Provider 274 Monthly	Service Provider C	redentialing MCO	
		Service Provider I	ookup		
	Provider Last Name	<u>P</u>	rovider ID	Advanced Search	h
Facility Name				Facility ID	
Report Month				Report Year	
FTE % of Childrens Services				FTE % of Adult Services	- -
Maximum Medi-Cal Caseload (Children 0-20)				Current Medi-Cal Caseload (Children 0-20)	
Maximum Medi-Cal Caseload (Adult 21+)				Current Medi-Cal Caseload (Adult 21+)	
Telehealth Indicator	SELECT AN OPTION		▼ *	Field Based Service	○ Yes ● No
Accepting New Patients	○ Yes ● No			Travel Distance	



The table below lists the fields in the Service Provider 274 Monthly screen.						
Field Label	Required	Validation	Comment			
Facility Name	YES	Must be existing Facility	Must enter either Facility Name or ID to identify an existing active facility.			
Facility ID	YES	Must be existing Facility	Must enter either Facility Name or ID to identify an existing active facility.			
Provider Last Name	YES	Must be existing Service Provider	Must enter either Provider's Last Name or ID to identify an existing active provider.			
Provider ID	YES	Must be existing Service Provider	Must enter either Provider's Last Name or ID to identify an existing active provider.			
Month	YES	Between 1 to 12				
Year	YES	4-digit year				
FTE % of Children Services	YES	Between 0 and 100				
FTE % of Adult Services	YES	Between 0 and 100				
Maximum Medi-Cal Caseload Children	YES	0 to 9999				
Current Medi-Cal Caseload Children	YES	0 to 9999				
Maximum Medi-Cal Caseload Adult	YES	0 to 9999				
Current Medi-Cal Caseload Adult	YES	0 to 9999				
Telehealth Indicator	YES	Option List				
Field-Based Service	YES					
Accepting New Patient	YES					
Travel Distance	NO		If Field-Based Service is "Yes", then this field must be populated.			
Cultural Training Last 12 Months	YES		See Cultural Competence note above. The default Training Event Entry Type is to display this field and the next. If this option was changed to <i>Training Event</i> , these fields are not displayed.			
Total Training Hours	YES		Same as above.			



Provider Organization 274 Monthly

The *Provider Organization 274 Monthly* screen captures monthly data specific to an MCO Organization that changes each month, for both Multi-provider and Single-provider Organizations. This new screen is located in *Fiscal > MCO Provider* immediately next to *Provider Organization*. Records created via this screen are *per MCO Organization, per month*, and the MCO Organization must already exist before a record is created.

ShareCar	
Main Men	
Access Access Reports Clinical	Provider Organization Provider Organization 274 Monthly MCO Provider MCO Provider 274 Monthly MCO Service Provider 274 Communication Notes Provider Organization Rates Accommodation
Clinical Reports Fiscal Billing Billing Notes	Provider Organization Lookup
Receivables Pay Provider GL Posting Fiscal Setup	
Service Provider Fiscal Objects Payor MOO Provider	
Claim Processing Provider Contracts Fiscal Reports Administration	
Admin Reports Implementation Custom Reports	

Users must have **MCO Provider Organization** "User Group" access and the appropriate access for the following operations. An error message displays if the user is not authorized to access the Provider Organization.

- Insert Enter a Provider Organization Name or ID, Report year, and Month.
 - This is the unique key of record.
 - Hyperlinks are provided to lookup Provider Organization by Name or ID.
 - Select the *New* button and begin data entry; When finished select Add to insert the record.
 - Otherwise, select *Close* to leaving without adding a record.

Facility Name HUGHES, WILLIAM MCO ProvOrg ID 10			
Provider Organization Provider Organization 274 Month	MCO Provider MCO Provider 274 Monthly	MCO Service Provider 274 Communication Notes	Provider Organization Rates Accommodation
	Provide	er Organization Lookup	and Seattle
		Provider organization iD Adva	liced Search
Report Month		Report Year	
Licensed Bed Count		Available Bed Count	
Staffed Bed Count			
Maximum Medi-Cal Members		Current Medi-Cai Members	
Language	SELECT AN OPTION	Speaking Proficiency	SELECT AN OPTION 🗸 *

- Lookup Enter a Provider Organization Name or ID and then tab to see available records.
 - Update Enter Provider Organization Name or ID and then tab to see available records.
 - Select the *Update* button.
 - Enter changes and select *Update* (upper right) to save the changes.
 - Or select the *Close* button to exit without updating.

Facility Name HUGHES, WILLIAM MCO ProvOrg ID 10		
Provider Organization Provider Organization 274 Monthly	MCO Provider MCO Provider 274 Monthly MCO Service Provider 2	74 Communication Notes Provider Organization Rates Accommodation
	Provider Organization Lo	Advanced Search
Report Month 7	Report Year 2021	Update Delete

- Delete Enter Provider Organization Name or ID and then tab to locate records for update.
 - Select the *Delete* button, at the end of the row, to archive the selected record.
 - Otherwise, select the *Close* button to exit without deleting the record.



The table below lists the fields in the Provider Organization 274 Monthly screen.						
Field Label	Required	Validation	Comment			
Provider Organization	YES	Must be existing Facility	Must enter either Provider Organization Name or ID to identify an existing MCO Org.			
Provider Organization ID	YES	Must be existing Facility	Must enter either Provider Organization Name or ID to identify an existing MCO Org.			
Report Year	YES	Valid 4-digit year				
Month	YES	Valid month between 1 - 12				
Licensed Bed Count	NO					
Available Bed Count	NO					
Staffed Bed Count	NO					
Maximum # Medi-Cal Members	YES		Maximum number of Medi-Cal eligible Consumers			
Current # Medi-Cal Members	YES					
Non-English Speaking Site	NO	Default value is "No"	User selects "Yes" if the site does not provide services in English.			

Important: If this site does not provide services in English, then at least two languages must be entered. 1. English – (HIPAA XREF Code = "ENG") and select Speaking Proficiency with HIPAA XREF Code = "4" (Poor).

2. One or more other languages in which a service is provided and its Speaking Proficiency must be "Excellent".

Language	Option List	The drop-down list values pull from the standard Language Option List. The ShareCare administrator should review and update the HIPAA XRef column as needed.
Speaking Proficiency	Option List	The drop-down list values pull from the 274 Speaking Proficiency Option List.

MCO Provider 274 Monthly

The MCO Provider 274 Monthly screen captures monthly data specific to MCO Providers **for each** Provider Organization where they provide services. For example, if a MCO provider works for two Multi-Provider Organizations and are themselves a Single-Provider Organization, three records should be entered for each Organization each month. The screen is in *Fiscal > MCO Provider* between the MCO Provider and MCO Service Provider 274.

ShareCare	Print H	lelp
Main Menu		
Access Access Reports	Provider Organization Provider Organization 274 Monthly MCO Provider MCO Provider 274 Monthly MCO Service Provider 274 Communication Notes Provider Organization Rates Accommode	ation
Clinical Clinical Reports		
Fiscal Billing	Provider Organization Lookup	
Billing Notes Receivables	Provider Organization Provider Organization ID Advanced Search	
Pay Provider GL Posting		
Fiscal Setup Contracts		
Service Provider Fiscal Objects		
Payor MCO Provider		
Claim Processing Provider Contracts		
Fiscal Reports Administration		
Admin Reports Implementation		
Custom Reports		



Users may not create a new record in this screen unless Provider Organization and MCO Provider have been created. For a Single-Provider Organization, either the Provider Organziation or the MCO Provider must have been created. Users must also have **Provider Organization** and **MCO Provider** "User Group" access and the appropriate access for the following operations. An error message displays if the user is not authorized to access the selected Provider Organization.

- Insert Enter a Provider Organization name or ID
 - o Hyperlinks are provided to lookup Provider Organization by Name or ID.
 - Select the *New* button and begin data entry.
 - When complete, select the *Add* button to insert the new record.
 - Or select *Close* to exit with adding a record.

				ose Add Print Help
Provider Organization Name BAY PSYCHIATR	c			
MCO ProvOrg ID 44				
Provider Organization Provider Organization 274 Mo	nthly MCO Provider MCO Provider 274	Monthly MCO Service Provider 274 Communicati	on Notes Provider Organization Rates Accommo	dation
	P	rovider Organization Lookup		
	Provider Organization	Provider Organization ID	Advanced Search	
Provider Last Name			Provider ID	
Report Month			Report Year	
FTE % of Childrens Services			FTE % of Adult Services	
Maximum Medi-Cal Caseload (Children 0-20)			Current Medi-Cal Caseload (Children 0-20)	
Maximum Medi-Cal Caseload (Adult 21+)			Current Medi-Cal Caseload (Adult 21+)	
Telehealth Indicator	SELECT AN OPTION	✓ *	Field Based Service	○ Yes ◉ No
Accepting New Patients	○ Yes ● No		Travel Distance	
Cultural Training During Last 12 Months	○ Yes ● No		Total Training Hours	

• Lookup – Enter Provider Organization name or ID then tab to see available records.

- Click on a row to select a record to view.
- A No Current Records message displays if there are no records for the selected Provider Organization.

Provider Organizatio	on Name	BAY PSYCHIATRIC						
MCO Pro	ovOrg ID	44						
Provider Organization	Provider	Organization 274 Monthly	MCO Provider MCO Provider 27	4 Monthly MCO Service Provider	274 Co	mmunication Notes	Provider Organizat	tion Rates Accommodation
				Provider Organization L	ookur	2		
			Provider Organization	Provider Organia	zation ID	Adva	nced Search	
Provider ID	142	Provider Name	General Staff,	Report Month	7	Report Year	2021	Update Delete
Provider ID	142	Provider Name	General Staff,	Report Month	8	Report Year	2021	Update Delete
1								

- **Update** Enter Provider Organization by Name or ID and then tab to see available records.
 - Select the Update button for the desired Provider (see image above).
 - Enter changes and click on the *Update* button (upper right) to save the changes.
 - Or select the *Close* button to exit without updating.
 - Delete Enter Provider Organization by Name or ID and then tab to locate records for update.
 - Select the *Delete* button to the right of the desired record (see image above).
 - o Otherwise, select *Close* button to exit without deleting the record.

Special Feature

A "carry forward" function is available in this screen for the purpose of reducing the data entry burden. When *New* is selected (for new entry) and the Provider and Month/Year is entered, a popup box appears if a prior month record exists for this Facility/Provider. This popup box contains the message "**Data found for last month (nn/yyyy), Confirm Carry Forward?**".



Provider Organization Name BAY PSYCHIATE MCO ProvOrg ID 44	ic		
Provider Organization Provider Organization 274 M	onthly MCO Provider MCO Provider 274 Monthly MCO Service Provider 274 Commu	nication Notes Provider Organization Rates Accommo	lation
	Provider Organization Lookup		
	Provider Organization Provider Organization ID	Advanced Search	
Provider Last Name	General Staff	Provider ID	142
Report Month	08	Report Year	2021
TE % of Childrens Services	Message from webpage	FTE % of Adult Services	
Maximum Medi-Cal Caseload (Children 0-20)		Current Medi-Cal Caseload (Children 0-20)	
Maximum Medi-Cal Caseload (Adult 21+)	Data Found for Last Month (7/2021), Comfirm Carry Forward?	Current Medi-Cal Caseload (Adult 21+)	
elehealth Indicator	SELECT AN OPTION	Field Based Service	○ Yes ● No
ccepting New Patients	O Yes No Cancel	Travel Distance	
ultural Training During Last 12 Months	○ Yes ● No	Total Training Hours	

Answer OK to populate the rest of the fields with previous month's data. Select *Cancel* to continue to a new entry screen.

rovider Organization Name BAY PSYCHIAT				
vider Organization Provider Organization 274 M	onthly MCO Provider MCO Provider 274 Mon	thly MCO Service Provider 274 Communi	cation Notes Provider Organization Rates Accommod	dation
	Pro	vider Organization Lookup		
	Provider Organization	Provider Organization ID	Advanced Search	
0. 685+076-1485 (* 11			e7. State 2011	
ovider Last Name	General Staff		Provider ID	142
port Month	08		Report Year	2021
E % of Childrens Services	0		FTE % of Adult Services	100
aximum Medi-Cal Caseload (Children 0-20)	10		Current Medi-Cal Caseload (Children 0-20)	0
aximum Medi-Cal Caseload (Adult 21+)	20		Current Medi-Cal Caseload (Adult 21+)	15
lehealth Indicator	B Services at this site are provided both in-	person and through telehealth 🛛 😽	Field Based Service	O Yes No
cepting New Patients	• Yes O No		Travel Distance	

Users then have the option to update the data that was carried forward before selecting the Add to insert the new record.

The table below lists the fields in the MCO Provider 274 Monthly screen.

Field Label	Required	Validation	Comment
Provider Organization	YES	Must be existing MCO Provider Org	Must enter either Provider Organization Name or ID to identify an existing MCO Provider Organization.
Provider Organization ID	YES	Must be existing MCO Provider Org	Must enter either Provider Organization Name or ID to identify an existing MCO Provider Organization.
Provider Last Name	YES	Must be existing MCO Provider	Must enter either MCO Provider Last Name or ID to identify an existing MCO provider
MCO Provider ID	YES	Must be existing MCO Provider	Must enter either MCO Provider Last Name or ID to identify an existing MCO provider
FTE % of Children Services	YES	Between 0 and 100	
FTE % of Adult Services	YES	Between 0 and 100	
Maximum Medi-Cal Caseload Children	YES	0 to 9999	



Current Medi-Cal Caseload Children	YES	0 to 9999	
Maximum Medi-Cal Caseload Adult	YES	0 to 9999	
Current Medi-Cal Caseload Adult	YES	0 to 9999	
Telehealth Indicator	YES	Option List	The drop-down list values are pulled from the 274 <i>Telehealth Indicator</i> Option List.
Field-Based Service	YES		
Accepting New Patient	YES		
Travel Distance	NO		
Cultural Training Last 12 Months	YES	Since MCO Provider does not h using Training Event is not app entered directly in this screen.	have a "Training Event" screen, the global option of licable here. Cultural Competence information is

Service Provider Monthly Data Maintenance

The Service Provider Monthly Data Maintenance screen is one of three new screens that allows users to monitor and manage the readiness of monthly submissions. Users need the appropriate Organization, Facility, and Provider User Group access, and the appropriate screen access for the following actions.

In *Admin Report > State Reporting,* select the *Service Provider Monthly Data Maintenance* tab. The initial screen displays the following.

ShareCare								Clear Se	arch Help
Main Menu	Filter	No							
Access Access Reports Clinical Clinical Reports	Report Run Required Field	s Error Report Setup	Report Services	Report Facility/Programs	Service Provider Month	nly Data Maintenance	Service Provider Monthly	y Data Admin Review	Service Pr
Fiscal Fiscal Reports Administration Admin Reports			:	Service Provider 2	74 Monthly Data	Maintenance			
State Reporting Authorization Export MHSA Export User Failed Login Report Implementation Custom Reports		System Report_I	of Care Month	SELECT S	STEM OF CARE	Report_Year	Г		

If *Mental Health* or *Alcohol and Drug* are selected in the System of Care drop-down, additional fields are displayed and may be used to narrow the scope of the search.

Report Run	Required Fields	Error Report Setup	Report Services	Report Facility/Programs	Service Provider N	Ionthly Data Maintenance	Service Provider Monthly Data Admin	Review	Service Pr	
			s	Service Provider 2	74 Monthly D	ata Maintenance				
		System Entity N Facility Report	of Care <u>ame</u> <u>Name</u> Month	Mental Hea	lith (MH)	Entity ID Facility ID Report_Year]		
		Report_	Month			Report_Year				



Manage rganizati	ed Care is ion ID are	selected in the Systen displayed and may be	n of Care drop-o e used to narro	down, additior w the scope of	nal fields for f the search	Provider Organiza	tion and Provider
Report Run	Required Fields	Error Report Setup Report Services	Report Facility/Programs	Service Provider Monthl	y Data Maintenance	Service Provider Monthly Data	Admin Review Service Provider Monthly Data
			Service Pro	ovider 274 Month	nly Data Maint	enance	
		System of Care <u>Provider Organizatio</u> Report_Month	n	anaged Care (MCO)	₽ R	rovider Organization ID eport_Year	

Click on the *Search* button in the upper right-hand corner to display the search results. The resulting list is sorted by Entity, Facility, and then Provider. Please note that users can only see the *Facilities or MCO Organizations* that he or she is authorized to access.

R	eport Run	Required I	Fields	Erro	or Repo	ort Setup Re	port Services	Report Facility/Programs	Service Provider Monthly Data Maintenan	servic	e Provid	er Monthly Dat	a Admin Re	view Service Pr	rovider Monthly Dat	a
												,			,,	
Г																· · · · ·
L								Sarvica Pr	ovidor 274 Monthly Data Mai	intonanc						
								Service Pro	Ovider 2/4 Monthly Data Ma	intenanc	e					
						System	of Care	M	lental Health (MH)							
L						Entity N	ame			Entity ID						
L						Facility	Name			Facility ID	2					
						Report_	Month	7		Report_Y	ear			2021		
-																
L									3 records returned.							
I.						Madi Cal	Constant									
Fa	acility	Provider		FT	E %	Maximum	Current	Telehealth			Accept	Field-Based	Travel	Cultural Comp	petence Training	
ID) Li	ast Name	ID	Child	Adult	Child/Adult	Child/Adult	Service			Patient	Service	Distance	Last 12 Mo.	Total Hours	
16	6 G	eneral Staff	142	100	0	30/0	25/0	B Services at this site are	provided both in-person and through telef	health	No	Yes		No		Update
8	G	eneral Staff	142	0	100	0/20	0/20	N No provider uses telehe	ealth at this site		Yes	No	5	No		Update
8	LI	GHT	550	0	100	0/20	0/20	N No provider uses telehe	ealth at this site		No	No		No		Update
C	ompleted	Yes 〇	No	۲												
_																

Select the *Update* button on the far right of a row to make corrections to missing or incorrect data for that individual record. Selecting *Update* opens the corresponding *Service Provider 274 Monthly* screen for MH/ADP records or the corresponding *MCO Provider 274 Monthly* screen for MC records.

Report Run Required Fields Error Report Setup	Report Services Report	Facility/Programs Service Provider Monthly Data	
	Provider Las	Service Provider Lookup Name Provider ID Advanced Search	
Facility ID Report Month FTE % of Childrens Services Maximum Medi-Cal Caseload (Children 0-20) Maximum Medi-Cal Caseload (Adult 21+) Telehealth Indicator Accepting New Patients	2 7 10 5 10 B Services at this site are	Facility Name Report Year FTE % of Adult Servic Current Medi-Cal Case Current Medi-Cal Case Current Medi-Cal Case Field Based Service Travel Distance	ALTA BATES - HERRICK CAMPUS 2021 90 eload (Children 0-20) 2 eload (Adult 21+) 8 © Yes O No 5

When the update is complete or the user decides to *Close* without updating, *control returns to the Service Provider Monthly Data Maintenance* screen.



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report	tan Required	rielas	End	л керо	n setup Ke	port Services	Report Facility/Frograms		Service	Provid	er wondnig Dat	a Admin Re	view Service	Provider Monthly Dat	a
							Service Pre	ovider 274 Monthly Data Mair	ntenance						
					System	of Care	M	ental Health (MH)							
					Entity N	ame			Entity ID						
					Facility	Name			Facility ID						
					Report_	Month	Message from w	vebpage ×	Report_Yea	r			2021		
							? Lackn	owledge that all is complete and valid.							
	Description			- 0/	Medi-Cal	Caseload	Teleberski				Field Bernd	T	0.11		
acility	Provider Last Name	ID	Child	E %	Maximum Child/Adult	Child/Adult	Service		P	atient	Service	Distance	Last 12 Mo.	Total Hours	
6	General Staff	142	100	0	30/0	25/0	B Services at this site are	provided both in-person and through teleh	ealth N	0	Yes		No		Updat
	General Staff	142	0	100	0/20	0/20	N No provider uses telehe	ealth at this site	Y	es	No	5	No		Updat

At the bottom of the list there is a *Completed* field with Yes/No radio buttons.

					Medi-Cal	Caseload
Facility	Provider		FT	E %	Maximum	Current
ID	Last Name	ID	Child	Adult	Child/Adult	Child/Adult
16	General Staff	142	100	0	30/0	25/0
8	General Staff	142	0	100	0/20	0/20
8	LIGHT	550	0	100	0/20	0/20
Comple	ted Yes 〇	No	۲	4		1

If the Yes is selected, a pop-up box displays the message "I acknowledge that all is complete and valid." Selecting OK sets a "complete" flag to true for the records. The Complete flag for each record is visible on the Service Provider Monthly Data tab.

At this time, the flag for records marked complete cannot be reversed to No.

Service Provider Monthly Data Admin Review

The Service Provider Monthly Data Admin Review screen functions identically to the previous screen but has an added Copy function. The same User Group and screen access requirements apply. When the search results are displayed after entering the System of Care, Report_Month, and Report_Year, a Copy to Next Month button is displayed at the top of the results list.

						Service Provider 274 Monthly Data A	dmin Revie	ew					
				System	of Care	Mental Health (MH)							
				Entity Na	ame		Entity ID						
				Facility N	Name		Facility ID	2					
				Report_I	Month	07	Report_Y	ear			2021		
						3 records returned.							
				Medi-Cal	Caseload	3 records returned.	-						
acility	Provider		FTE %	Medi-Cal Maximum	Caseload Current	3 records returned. Copy to Next Month	-	Accept	Field-Based	Travel	Cultural Cor	npetence Training	
acility)	Provider Last Name	ID	FTE % Child Adult	Medi-Cal Maximum Child/Adult	Caseload Current Child/Adult	3 records returned. Copy to Next Month Telehealth Service	-	Accept	Field-Based Service	Travel Distance	Cultural Cor Last 12 Mo.	npetence Training Total Hours	
acility) 6	Provider Last Name General Staff	ID 142	FTE % Child Adult 100 0	Medi-Cal Maximum Child/Adult 30/0	Caseload Current Child/Adult 25/0	3 records returned. Copy to Next Month Telehealth Service B Services at this site are provided both in-person and through I	telehealth	Accept Patient No	Field-Based Service Yes	Travel Distance	Cultural Cor Last 12 Mo. No	npetence Training Total Hours	Upda
acility D	Provider Last Name General Staff General Staff	ID 142 142	FTE % Child Adult 100 0 0 100	Medi-Cal Maximum Child/Adult 30/0 0/20	Caseload Current Child/Adult 25/0 0/20	3 records returned. Copy to Next Month Telehealth Service B Services at this site are provided both in-person and through I N No provider uses telehealth at this site	telehealth	Accept Patient No Yes	Field-Based Service Yes No	Travel Distance	Cultural Cor Last 12 Mo. No No	npetence Training Total Hours	Upda



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Selecting the *Copy to Next Month* button results in a confirmation pop-up box with the following message "Are you sure you want to copy these records to the next month? Records that already exist in the next month will be copied."



Select OK to copy all records in the results list to the following month.

Report R	un Required	Fields	Error Re	port Setup R	eport Services	Report Facility/Programs Service Provider Mon	thly Data Maintenance	Service Provid	er Monthly Data	Admin Revi	ew Service P	rovider Monthly Dat	a
						Service Provider 274 Mont	thly Data Admin	Review					
				System Entity № Facility Report_	of Care <u>kame</u> Name _Month	Mental Health (MH)	En Fa Re	ntity ID ccility ID sport_Year			2021		
				Madi C	a Caseload	Copy to Nex	ct Month						
acility	Provider		FTE %	Maximum	Current	Telehealth		Accer	t Field-Based	Travel	Cultural Com	petence Training	
)	Last Name	ID	Child Adu	It Child/Adul	t Child/Adult	Service		Patier	t Service	Distance	Last 12 Mo.	Total Hours	
;	General Staff	142	100 0	30/0	25/0	B Services at this site are provided both in-personal	on and through telehealt	h No	Yes		No		Update
	General Staff	142	0 100	0/20	0/20	N No provider uses telehealth at this site		Yes	No	5	No		Update
	LIGHT	550	0 100	0/20	0/20	N No provider uses telehealth at this site		No	No		No		Update
omplet	ed Yes 🔾	No	۲										

These new records display on the screen after the copy action is completed. The *Report_Month* is now 8 in the example above.

Important Considerations

- The Copy to Next Month action does not need to be performed at the System of Care level. If Entity and even Facility are entered, then only a subset (the results in the list after selecting Search) are copied.
- A Service Provider's data may change monthly, and some may stop working. It is the agency's responsibility to review the accuracy of copied data. If a Provider has stopped working for a facility, users should delete his or her autogenerated monthly record.
- It is possible that individual monthly records are entered into the system for the next month before a user visits this screen. For this reason, the *Copy to Next Month* considers *System of Care, Entity, Facility, Service Provider ID, Month, and Year,* and does not create a duplicate if a record already exists.



Service Provider Monthly Data

The *Service Provider Monthly Data* screen was created to monitor the readiness of a Service Provider's 274 monthly data at the Site (Facility or MCO Organization) level.

ShareCare					Clear Search Help
Main Menu	Filter	lo			
Access Access Reports Clinical Clinical Reports	Report Run Required Fields Error Report	Setup Report Services Report	Facility/Programs Service Provider Monthly Da	ta Maintenance Service Provider Monthly Dat	ta Admin Review Service Provider Monthly Data
Fiscal Fiscal Reports Administration Admin Reports State Reporting			Service Provider 274 Monthly	Data Readiness	
Authorization Export MHSA Export User Failed Login Report		System of Care Report Month	SELECT SYSTEM OF CARE	Report Year	
Custom Reports					

Users first select a System of Care. Additional optional fields for *Entity Name* and *Entity ID* are displayed if *Mental Health* or *Alcohol and Drug* are selected for the System of Care.

Report Run	Required Fields	Error Report Setup	Report Services	Report Facility/Programs	Service Provider Monthly Data Maintenance	Service Provider Monthly Data Admin Review	Service Provider Monthly Data
				Service P	rovider 274 Monthly Data Rea	diness	
				_			
		Syst	tem of Care	M	ental Health (MH)		
		Enti	ty Name			Entity ID	
		Rep	ort Month			Report Year	

If *Managed Care* is selected for the System of Care, additional optional fields for *Provider Organization* and *Provider Organization ID* are displayed.

Report Run	Required Fields	Error Report Setup	Report Services	Report Facility/Programs	Service Provider Monthly D	ata Maintenance	Service Provider Monthly Data A	Admin Review	Service Provider Monthly Data	1
				Service P	rovider 274 Monthl	y Data Read	diness			
		Svst	em of Care	M	anaged Care (MCO)	<u> </u>				
		Prov	vider Organization	n 🗖			rovider Organization ID	Γ		
		Rep	ort Month			R	leport Year	Γ		

Once entry is complete, click on *Search*. The results are displayed, sorted by *Provider Groups* (Entity or MCO Organization) and Sites (Facility or MCO Organization).

		Service Provider 274 Monthly Data R	eadiness		
	System of Care	Mental Health (MH)			
	Entity Name		Entity ID		
	Report Month	7	Report Year	2021	
		3 records returned.			
Entity Name	Entity ID	Facility Name		Facility ID	Completed
Contra Costa County HSD	2	BAYFRONT YOUTH AND FAM	ILY SERVICES	16	Yes
Contra Costa County HSD	2	COMMUNITY HEALTH FOR ASIAN	AMERICANS(07HX)	8	Yes
0	2	COMMUNITY HEALTH FOR ASIAN	AMERICANS(07HX)	8	Yes

The totals on the bottom left provide a count of the total Facilities or Provider Organizations that have all Monthly records audited and marked as Completed (or incomplete) in the *Service Provider Monthly Data Admin Review* screen.



BUG FIXES

ShareCare Error When Printing, SC-1449 (SJ, 3254)

In *Fiscal > Billing > Billing Run*, selecting a Billing Run ID and clicking on "Print" resulted in a ShareCare error. Now, printing a Billing Run ID works as expected.

Restored Global Functionality to Set Consumer ID from Pre_Consumer ID, SC-1405 (CC, 3195)

As a follow-up of SOW-24: Screening Enhancement for CSI Assessment for ContraCosta (see release notes for ShareCare 9.0.0) and New Global Variables to Control Adding Screening and Call Logging, SC-1382 (CC, 2990: see release notes for ShareCare 9.0.2), the Global functionality to set the Consumer ID from the Pre_Consumer ID was restored. Both Global Variables are still set to '1' for Contra Costa and are set to '0' for all other counties in *Administration > Security > Global Variables > Screening/Call Logging*. To create a consumer with the same pre_consumer id:

- Select Edit/View.
- Then choose a System of Care value and select the Update button.
- The following Consumer Request message displays.



Medi-Cal Eligibility DOB and Gender Fields, SC-1396 (CC, 3140)

An issue was addressed where the *Date of Birth* and *Gender* information on Medi-Cal claims did not always match the data coming from MMEF. An update was made to ensure the MMEF *Date of Birth* and *Gender* data is always loaded into the Consumer_Payor file, ensuring the claim information provided to Medi-Cal is correct.