

SHARECARE RELEASE NOTES

Version 9.0.5

INTRODUCTION

ShareCare version 9.0.5 includes improvements and bug fixes for some of the HIPAA 274 screens, Service Entry, Daily Transaction Report, and Diagnosis Entry. Statements of Work 15, 22,40, and 80 were also completed. We are also pleased to announce that version 9.0.5 is a beta-test version for Chrome and Edge as work toward browser independence continues.

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 9.0.4 has been installed.

IT IS HIGHLY RECOMMENDED THAT YOU PERFORM AND VERIFY A FULL DATABASE BACKUP PRIOR TO INSTALLING ANY UPGRADES, ENSURING THAT YOUR DATABASE CAN BE RESTORED IF NEEDED.

Please note that users will be unable to access ShareCare while the version is being installed. If you have any questions about this process or items requiring Administration, please contact Echo Technical Support at (510) 238-2727 or email support@echoman.com.

CUSTOMER FUNDED SHARECARE ENHANCEMENT

ADD MEDI-CAL PAID UNITS TO COST REPORT, SC-1461 /SOW-80 (CC ONLY)

Medi-Cal Paid Units are now included in the Cost Report Extract Detail and Summary files in a new field called *PAID-UNITS*. In the Cost Report Extract Detail, it is between *OPEN-AMOUNT* and *WARRANT-NUMBER* (column BB if imported in Excel). In the Cost Report Extract Summary, it is the last column (column AE if imported in Excel).

COST REPORT EXTRACT IMPROVEMENTS, SC-1470/SOW-15

The following fields were added to the Cost Report Extract "detail" output file and the corresponding columns were added to the Reconciliation table (dbo.cost_report_TEMP).

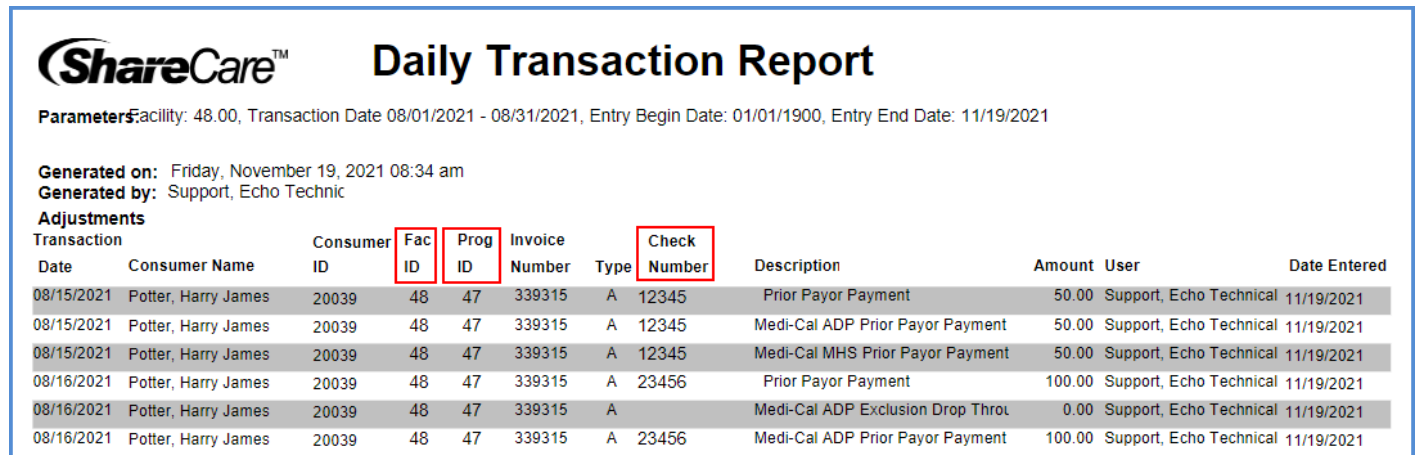
- **APPROVED-AID-CODE:** When viewing the cost report, if there are special aid codes on the claim they are now displayed.
 - The new table column is *approved_aid_code*, which is populated with the value from the 835 in the Medi-Cal reconciliation module.
 - **APPROVED-AID-CODE** is column N if imported in Excel.
 - Previously, only the *MMEF_aid_code* value from the Consumer's Medi-Cal payor plan populated by the MMEF was available.
- **CLAIM-STATUS:** The new table column is *claim_status*.
 - **CLAIM-STATUS** is column BE if imported in Excel.
 - This column shows *Approved*, *Denied*, or *Open* status using codes "A", "D", or "O".
 - The column is populated based on the value in the CLP02 segment from the 835.
 - If there is no 835 uploaded for the latest Medi-Cal claim, whether it is an original claim, rebill, or repay, the status is set to "O" (Open).
 - For values "1", "2", or "3", the status is set to "A" (Approved).
 - If the value is "4", the status is set to "D" (Denied).
- **ELIGIBILITY-STATUS:** This column captures the status at the time of the Medi-Cal Claim.
 - The eligibility status is determined as follows.
 - "MC" – If the "Medi-Cal only" Claim Amount is > 0.
 - "MM" – If the "Medi-Medi" Medi-Cal Claim Amount is > 0.
 - "MI" – If the "Medi-Ins" Medi-Cal Claim amount is > 0.

- The new table column is eligibility_status.
- ELIGIBILITY-STATUS is column BF if imported in Excel.
- DENIAL-REASON1 and DENIAL-REASON2: Two denial code columns were added.
 - These columns are populated with up to two sets of CARC/RARC codes when the Claim Status is type “D” denied.
 - These are columns BG and BH if imported in Excel.
- PRIOR-PCCN and CURRENT-PCCN: Two PCCN columns were added and are populated based on the table below.
 - These are columns BI and BJ if imported in Excel.

Scenario	Prior_PCCN	Current_PCCN
Original claim submitted, no 835 yet	<blank>	<blank>
Only original claim was submitted and paid	<blank>	11111
Both original claim and rebill claim were paid	11111	22222
Original claim was paid, rebill claim has no 835 yet	11111	<blank>

ADDITIONAL FIELDS ON THE DAILY TRANSACTION REPORT, SC-1587/SOW-22 (SJ)

The Daily Transaction Report, accessible in *Fiscal Reports > Receivables*, now includes Facility ID, Program ID, and Check Number. The image below shows the additional fields on the updated Daily Transaction Report.



ShareCare™ Daily Transaction Report

Parameters: Facility: 48.00, Transaction Date 08/01/2021 - 08/31/2021, Entry Begin Date: 01/01/1900, Entry End Date: 11/19/2021

Generated on: Friday, November 19, 2021 08:34 am
 Generated by: Support, Echo Technic

Adjustments

Transaction Date	Consumer Name	Consumer ID	Fac ID	Prog ID	Invoice Number	Type	Check Number	Description	Amount	User	Date Entered
08/15/2021	Potter, Harry James	20039	48	47	339315	A	12345	Prior Payor Payment	50.00	Support, Echo Technical	11/19/2021
08/15/2021	Potter, Harry James	20039	48	47	339315	A	12345	Medi-Cal ADP Prior Payor Payment	50.00	Support, Echo Technical	11/19/2021
08/15/2021	Potter, Harry James	20039	48	47	339315	A	12345	Medi-Cal MHS Prior Payor Payment	50.00	Support, Echo Technical	11/19/2021
08/16/2021	Potter, Harry James	20039	48	47	339315	A	23456	Prior Payor Payment	100.00	Support, Echo Technical	11/19/2021
08/16/2021	Potter, Harry James	20039	48	47	339315	A		Medi-Cal ADP Exclusion Drop Throu	0.00	Support, Echo Technical	11/19/2021
08/16/2021	Potter, Harry James	20039	48	47	339315	A	23456	Medi-Cal ADP Prior Payor Payment	100.00	Support, Echo Technical	11/19/2021

UPDATES

CHROME AND EDGE BETA-TEST VERSION, SC-905

We are pleased to announce that this release is a beta-test version for use in Chrome and Edge (Firefox is not yet tested) when accessing a **TEST** environment. Please note that Internet Explorer should still be used for any production work. Users are encouraged to try Chrome or Edge when working in a test environment and should feel free to contact Support for any issue.

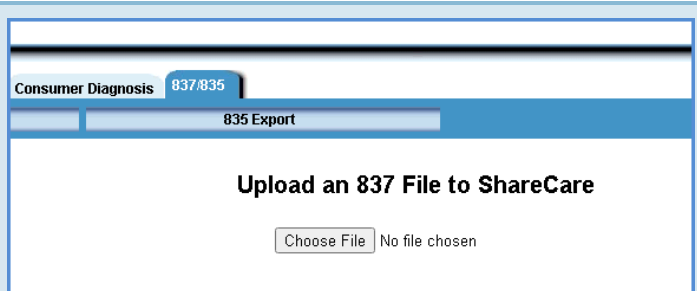
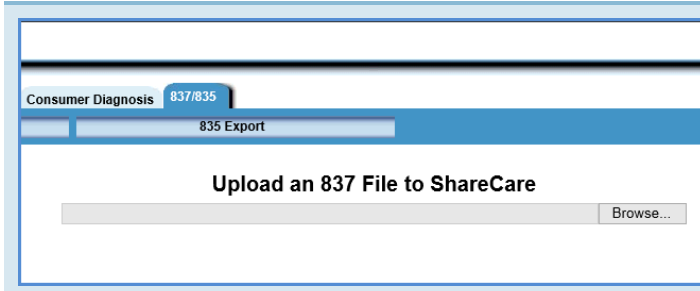
Our testing did discover one feature that looks a bit different in browsers other than Internet Explorer, the File Upload. File Upload is the browser feature that allows users to browse out and select a file to upload from the local drive. Some of the places that use this upload feature are listed below.

- Clinical > Service Entry > 835/837 > Move 837
- Fiscal > Billing > 277CA > Upload 277CA
- Fiscal > Billing > Receivables > Electronic Payments > Electronic Files
- Administration > Repository Download > Download Feed
- Administration > IT > UnVoid Services

The images below are from *Clinical > Service Entry > 835/837 > Move 837*.

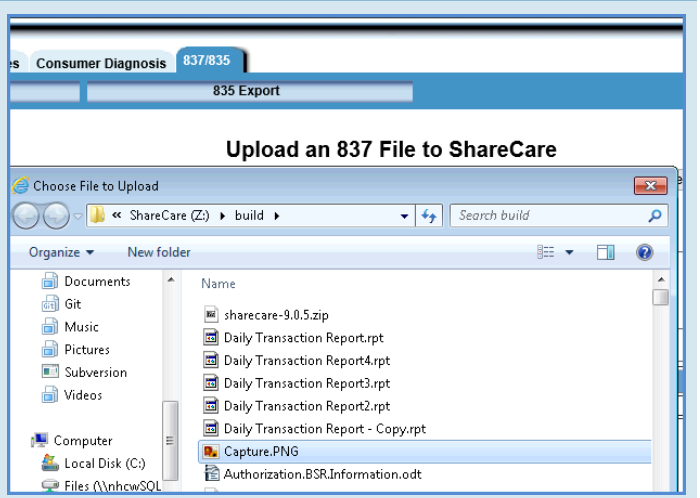
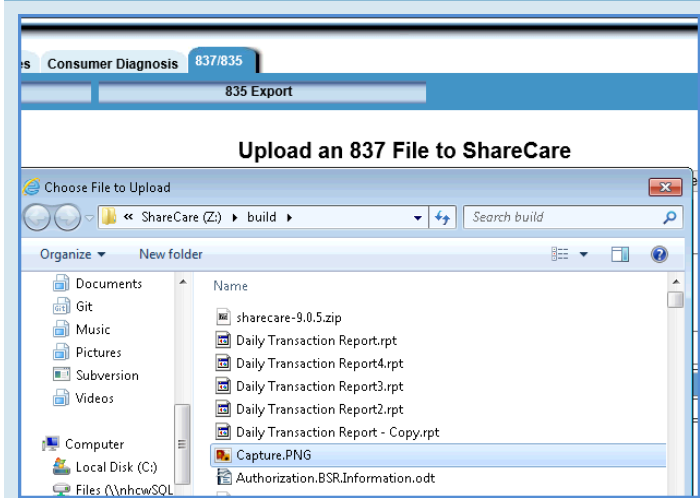
Internet Explorer - Initial Screen

Chrome/Edge - Initial Screen



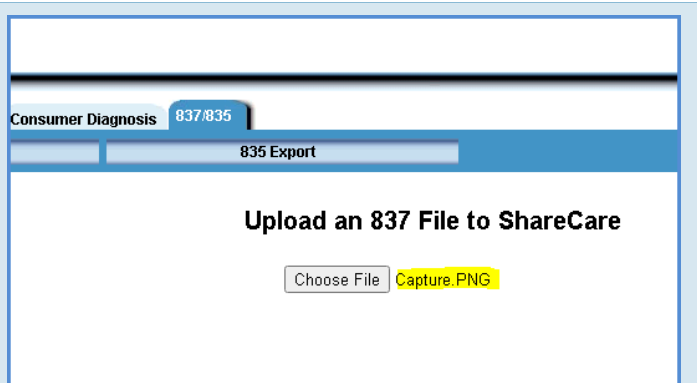
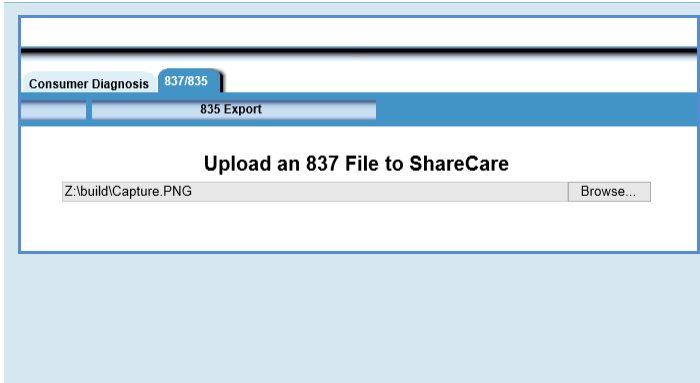
Internet Explorer - After Selecting Browse

Chrome/Edge - After Selecting Choose File



Internet Explorer - Selected File Displayed

Chrome/Edge - Selected File Displayed



SUPPRESS NPI ON LOOP 2310C, SC-1527

Some agencies entered individual NPIs (rendering providers) into the facility NPI field. While the Facility NPI field is a situational field only used for Fee For Service (FFS) and Contract providers, this field is required in ShareCare. The entered individual NPIs did not have negative consequences until the state of California recently added a new validation to the Medi-Cal claim to check that facilities used only facility NPIs. The result of this new state validation for some counties was many Medi-Cal denials with denial code CO-208-N77, mainly for the FFS providers.

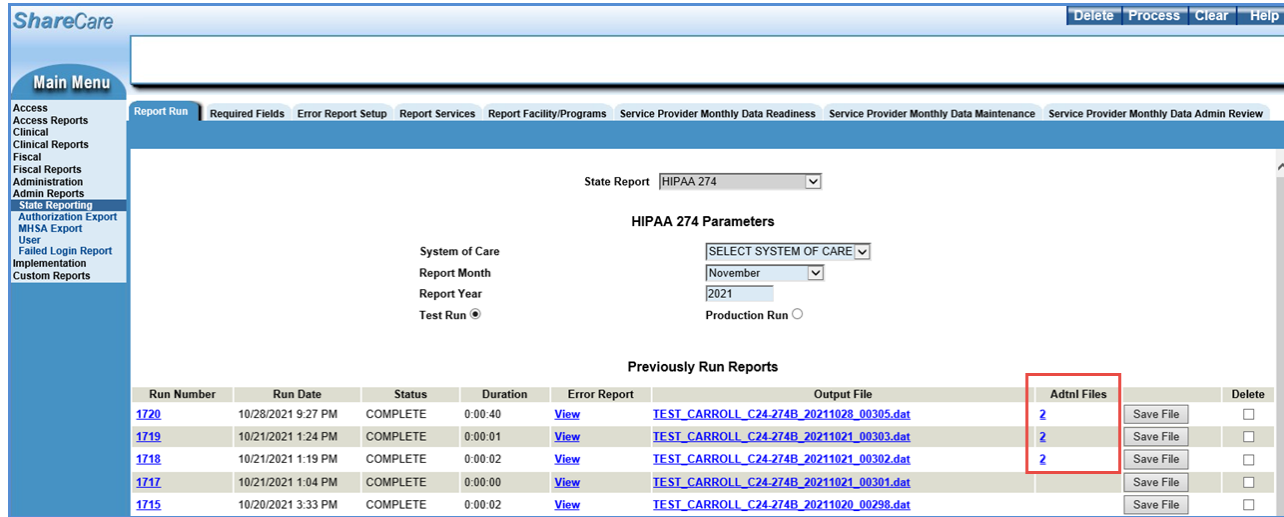
The solution was to change the 837 Medi-Cal claim by adding logic to suppress reporting the facility NPI in loop 2310C if the individual NPI is the same as the facility NPI. In the following example the highlighted number is suppressed if it is the same as the individual NPI.

2310C|NM1*77*2*PEER TO PEER RESIDENTIAL AOD*****XX*1346336807

IN APPLICATION ACCESS TO ADDITIONAL STATE REPORT FILES, SC-1585

When additional files (CSV or Log with 274 reports) are generated, they now can be easily viewed or downloaded within ShareCare. An *Adtnl Files* column was added to the *Admin Reports > State Reporting > Report Run* screen which lists the count of any additional files generated and links to the new *Additional Files For State Report Screen*. Before this improvement, the user needed Server access to the proper path to access the additional reports.

In the image below, the three most recent HIPAA 274 State Reports each generated two additional files.



ShareCare

Main Menu

Access Reports
Clinical Reports
Fiscal Reports
Administration
Admin Reports
State Reporting
Authorization Export
MISA Export
User
Failed Login Report
Implementation
Custom Reports

Report Run | Required Fields | Error Report Setup | Report Services | Report Facility/Programs | Service Provider Monthly Data Readiness | Service Provider Monthly Data Maintenance | Service Provider Monthly Data Admin Review

State Report: HIPAA 274

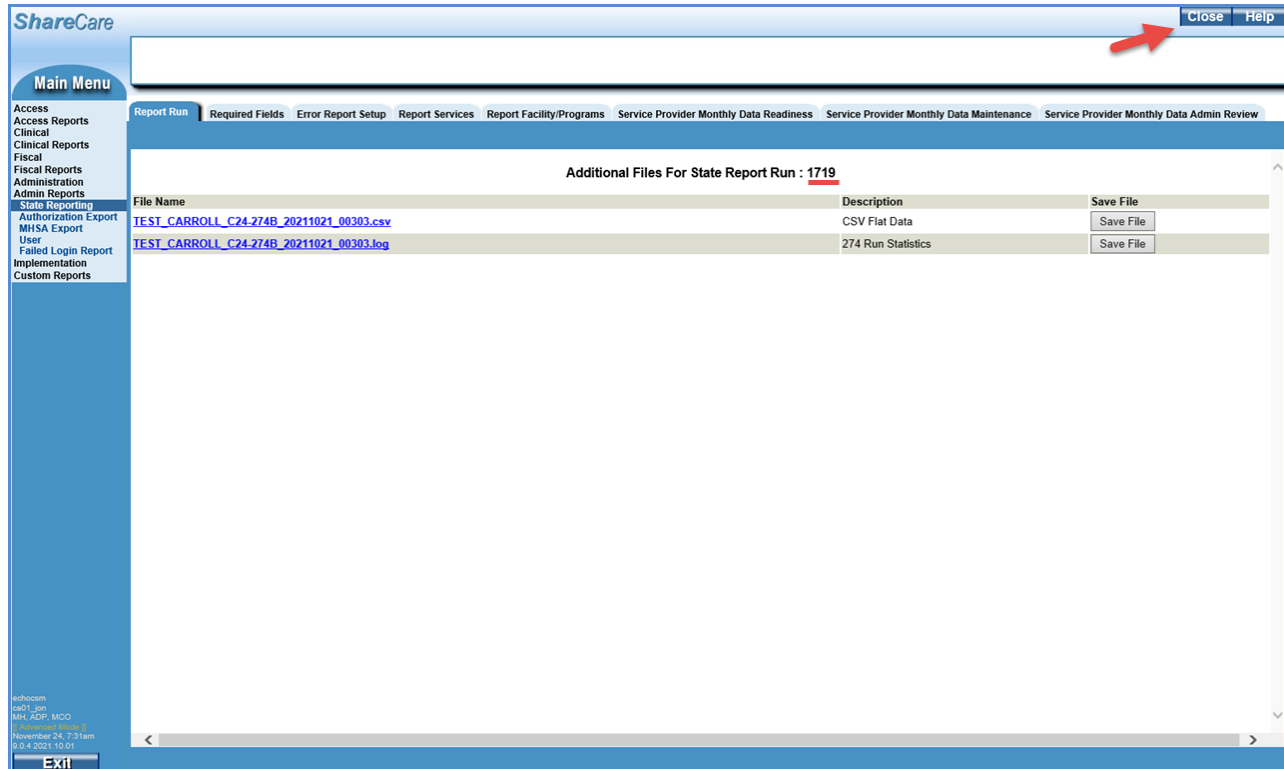
HIPAA 274 Parameters

System of Care: [SELECT SYSTEM OF CARE]
Report Month: November
Report Year: 2021
Test Run: Production Run:

Previously Run Reports

Run Number	Run Date	Status	Duration	Error Report	Output File	Adtnl Files	Delete
1720	10/28/2021 9:27 PM	COMPLETE	0:00:40	View	TEST_CARROLL_C24-274B_20211028_00305.dat	2	<input type="checkbox"/>
1719	10/21/2021 1:24 PM	COMPLETE	0:00:01	View	TEST_CARROLL_C24-274B_20211021_00303.dat	2	<input type="checkbox"/>
1718	10/21/2021 1:19 PM	COMPLETE	0:00:02	View	TEST_CARROLL_C24-274B_20211021_00302.dat	2	<input type="checkbox"/>
1717	10/21/2021 1:04 PM	COMPLETE	0:00:00	View	TEST_CARROLL_C24-274B_20211021_00301.dat		<input type="checkbox"/>
1715	10/20/2021 3:33 PM	COMPLETE	0:00:02	View	TEST_CARROLL_C24-274B_20211020_00298.dat		<input type="checkbox"/>

Selecting the blue underlined two of the second State Report listed (Run Number 1719), displays the *Additional Files for State Report* screen listing the two additional reports for *Run 1719*.



ShareCare

Main Menu

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Admin Reports
State Reporting
Authorization Export
MISA Export
User
Failed Login Report
Implementation
Custom Reports

Report Run | Required Fields | Error Report Setup | Report Services | Report Facility/Programs | Service Provider Monthly Data Readiness | Service Provider Monthly Data Maintenance | Service Provider Monthly Data Admin Review

Additional Files For State Report Run : 1719

File Name	Description	Save File
TEST_CARROLL_C24-274B_20211021_00303.csv	CSV Flat Data	<input type="button" value="Save File"/>
TEST_CARROLL_C24-274B_20211021_00303.log	274 Run Statistics	<input type="button" value="Save File"/>

Close Help

Exit

November 24, 7:31am
9.0.4 2021.10.01

Select the blue, underlined File Name to view the report on the screen OR select the *Save File* button to save a copy of the report locally. When finished, select the blue *CLOSE* button in the upper right-hand corner to return to the *State Reporting > Report Run* screen.

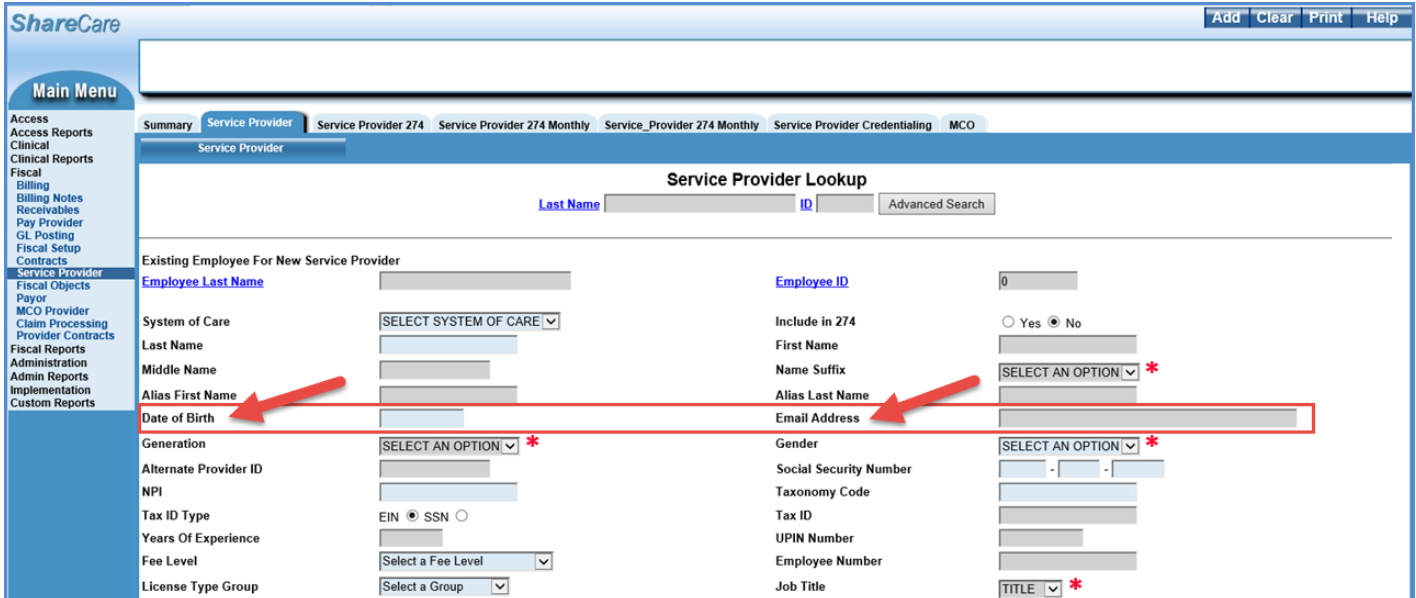
DISPLAY REMARK CODES IN DETAIL LINE ON RECEIVABLES SCREEN, SC-1586/SOW-40

This is a follow-up of SC-1463/SOW-40: the Adjustment Group Codes and Reason Codes from Medicare and Medi-Cal 835. All Remark codes are now displayed in a detail line at the bottom of each Claim on the Receivables screen.

Receive Payments													
Batch Receive Payments Refunds Auto Receive Payments Cash Receipts Electronic Payments Status Reader													
Invoice 10/18/2018													
Transaction Date				10/18/2018				Charge Transactions ID		\$132.60		Provider	
Procedure								Service Date				Program	
Consumer Service ID													
Payor	Charge Paid	Adjusted	Transaction Date	Receipt Number	EOB Approval Date	Check Number	Type	Reference	Rejection Code/ [Exclusion Reason]	PCCN			
	\$0.00	\$0.00											
[Detail]	-	-	12/12/2018				Exclusion Drop Through		[Rule 42]				
Medi-Cal ADP [20]	\$0.00	\$0.00	\$132.60				Charge Schedule Rate						
[Detail]	-	-	12/12/2018										
[Detail]	-	-	12/26/2018		12/21/2018				Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code).				
[Detail]	-	-	12/26/2018		12/21/2018		ADJ. Payor Denial Adjustment		CO-96 CO-B7				
Guarantor -	\$0.00	\$0.00	\$0.00										
[Detail]	-	-	12/12/2018				Charge Schedule Rate		[Rule 25]				
Alternate	\$0.00	\$0.00	\$0.00										
TOTAL	\$0.00	\$0.00	-						[Remarks: N216 N362 N54 N570]				

SERVICE PROVIDER'S DATE OF BIRTH AND EMAIL ADDRESS MOVED, SC-1598

On the *Fiscal > Service Provider > Service Provider* screen, the provider's Date of Birth and Email Address were moved further up the screen and are now located between the line of Alias First Name and Generation. Before this change was made, the Date of Birth and Email Address fields were located near the bottom of the page just above the Module and Sign Privileges sections.



Service Provider Lookup

Last Name: [] ID: [] Advanced Search

Existing Employee For New Service Provider

Employee Last Name: [] Employee ID: [0]

System of Care: [SELECT SYSTEM OF CARE] Include in 274: [] Yes [] No

Last Name: [] First Name: []

Middle Name: [] Name Suffix: [SELECT AN OPTION] *

Alias First Name: [] Alias Last Name: []

Date of Birth: [] Email Address: []

Generation: [SELECT AN OPTION] * Gender: []

Alternate Provider ID: [] Social Security Number: [] - [] - []

NPI: [] Taxonomy Code: []

Tax ID Type: [EIN] [SSN] Tax ID: []

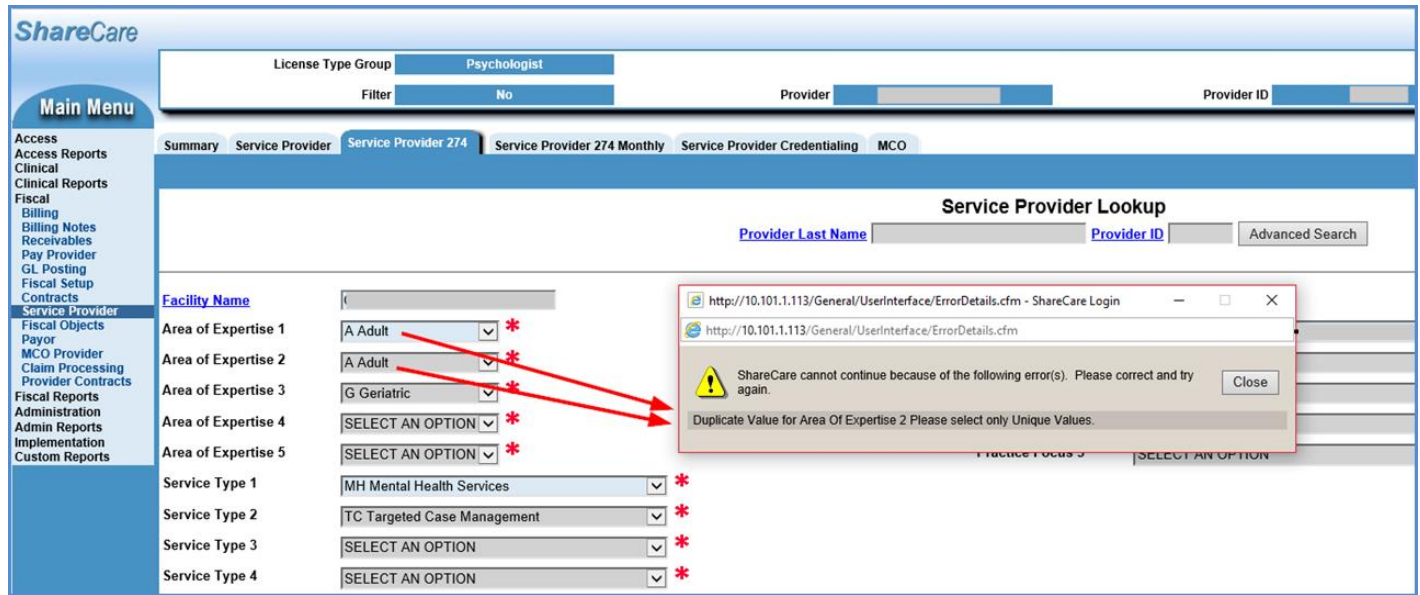
Years Of Experience: [] UPIN Number: []

Fee Level: [Select a Fee Level] Employee Number: []

License Type Group: [Select a Group] Job Title: [TITLE] *

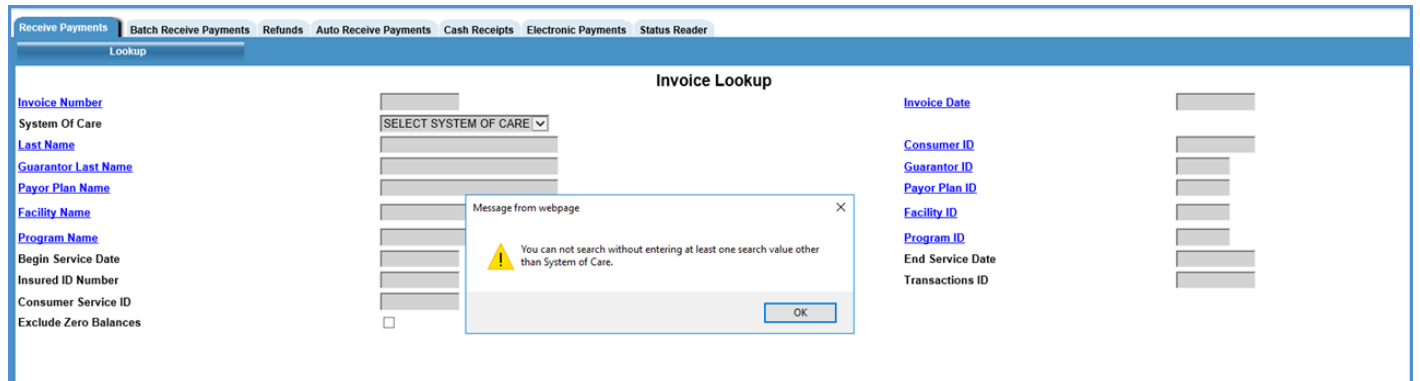
PREVENT DUPLICATE VALUES IN SERVICE PROVIDER AND MCO SERVICE PROVIDER 274 SCREENS, SC-1599

In Area of Expertise (1 to 5), Practice Focus (1 to 5), and Service Type (1 to 5), the same option value could be repeated multiple times without being detected as an error. For example, "A Adult" could be selected for both "Area of Expertise 1" as well as for "Area of Expertise 2". These two screens were updated to prevent an option value from being selected more than once.



RECEIVABLES SCREEN SEARCHES, SC-1601 (CC)

Performing a search in *Fiscal > Receivables* without entering search criteria was causing ShareCare to slowdown considerably because it was searching for all invoices in the database. Now a warning message informs the user that at least one search value (other than System of Care) must be entered before for the Search to successfully run. Users are also prevented from initiating another search while a search is currently running.



DISTANCE TRAVEL VALIDATION, SC-1605

A change was made to the Distance Travel validation added to the Service Provider 274 Monthly and the MCO Provider 274 Monthly screens in v9.0.4 (SC-1537) to now allow up to a 4-digit value.

DEA NUMBER IN 274 SUBMISSION, SC-1607

DEA Number is now situational per the v1.3 companion guide (not mentioned in Change Control History). The 274 submission was failing if the DEA number was not present. The 274 submission was modified so that it does not fail when the DEA number is not entered.

DRUG UNIT VALUES ON SERVICE ENTRY, SC-1648 (CC, 7747)

A validation was added to the Drug Unit field on the Service Entry screen to record the entered values as uppercase only. Previously free-form characters could be entered in this field which resulted in a rejected claim when the Drug Unit was lowercase. There was no way to correct the entry in the UI because edit is not available once the Service is billed.

BUG FIXES**END-DATED FACILITIES, SC-897 (CC, 2826/1089)**

An issue was addressed where a Service for an end-dated facility could be entered but the Service could not be billed, even if it was between the start and end dates of the facility. Now when billing a Service for an end-dated facility, the BSR (Billing Statement Report) no longer reports an error if the Service date is between the facility start and end dates.

PROVIDER ORGANIZATION LOOKUP SEARCH, SC-1559 (CC, 5950)

In very specific cases, the Provider Organization lookup screen in *Fiscal > MCO Provider > Provider Organization* was skipping some results. Now the lookup screen provides all results as expected.

CSI REPORT ERRORS, SC-1588 (SJ, 6259)

The CSI report was picking up archived data, causing it to fail. Archived data is now excluded, and the CSI report successfully runs.

MMEF NOT EXTENDING MEDI-CAL PAYOR PLANS, SC-1593 (CC,6374; SJ,6810)

The MMEF process did not extend the payor_plan end_dates, some primary_aid_code values were not populated during eligibility load and some EVC numbers were missing.

These issues are resolved and now the MMEF process completes as expected.

SEARCH FOR RETROACTIVE MMEF, SC-1640 (CC, 7317)

On the *Fiscal > Billing > Batch Recreate* screen, selecting the "Search for Retroactive MMEF" checkbox and then clicking on Search resulted in a ShareCare error. The cause of the error has been resolved and now selecting the option works as expected.

RECREATING SERVICES REQUIRING AUTHORIZATION, SC-1642 (CC,7318)

An issue was reported where Services missing a required authorization did not display in the *Fiscal > Billing > Batch Recreate* screen results. In the *Fiscal > Receivables > Receive Payments* screen, the Services missing a required authorization could be recreated which resulted in them being voided. They would then fail the BSR on recreate which resulted in the Services ending up unbilled.

To address this issue, these two screens now display an authorization validation error along with a message describing the problem with the authorization. This prevents the user from proceeding with the recreate until the authorization is fixed. The new authorization Error Messages are listed below. Examples of these messages on both the Batch Recreate and Receivables screen follow.

- Pended Authorization
- Denied Authorization
- Requires Authorization

The *Fiscal > Receivables > Receive Payments* screen image below lists Services with missing required authorizations or denied authorizations. These Services cannot be recreated.

Receive Payments										
Batch Receive Payments Refunds Auto Receive Payments Cash Receipts Electronic Payments Status Reader										
Lookup					Invoice					
Invoice Number		Invoice Date		Total Charge	\$772.12	Balance Due	\$0.00			
Guarantor		Consumer		Billing Organization						
Service Facility										
Bill Print Control ID										
Payor Coverage	No Insurance									
No	Service Date	Transactions ID	Consumer Service ID	Procedure	Program	Provider	Charge	Guarantor Due	Void Select All	Recreate Select All
1	08/10/2021						\$226.86	N/A	<input type="checkbox"/>	Requires Authorization
2	08/05/2021						\$163.18	N/A	<input type="checkbox"/>	Requires Authorization
3	08/12/2021						\$382.08	N/A	<input type="checkbox"/>	Denied Authorization

The *Fiscal > Billing > Batch Recreate* screen image below lists Services with *Required*, *Pended*, or *Denied* authorizations. These Services cannot be recreated.

Billing BSR Billing Run Bill Run Admin Batch Bill Print 277CA Bill Print Admin Retroactive Billing Guarantor Write-off Unbilled Invoices Rebill Services FSMC Write-off Medi-Cal Reconciliation Batch Recreate											
Batch Recreate Lookup											
<input type="checkbox"/> Search for Retroactive MMEF											
System of Care	Mental Health (MH) <input type="button" value="v"/>										
Service Begin Date	08/01/2021			Service End Date	08/30/2021 (The maximum date range is 31 days.)						
Last Name				Consumer ID							
Facility Name				Facility ID							
Program Name				Program ID							
Service Description				Service Code							
Invoice Number				Invoice Date							
Payor Plan				Payor Plan ID							
Service Provider				Service Provider ID							
Service User Login				Service User ID							
Exclude Invoices that contain the following Payor Plan:				Payor Plan ID							
Payor Plan				Payor Plan ID							
Batch Recreate Services											
5 services returned.											
Invoice/Service ID	Consumer Name	Invoice ID	Service Date	ID	Facility Name	ID	Program Name	Code	Service Description	Service Entry User	Select All
Service			08/10/2021								Requires Authorization
Service			08/05/2021								Requires Authorization
Service			08/16/2021								Requires Authorization
Service			08/23/2021								Pended Authorization
Service			08/12/2021								Denied Authorization

The following Batch Recreate screen image has a single invoice that is eligible to be recreated.

Billing BSR Billing Run Bill Run Admin Batch Bill Print 277CA Bill Print Admin Retroactive Billing Guarantor Write-off Unbilled Invoices Rebill Services FSMC Write-off Medi-Cal Reconciliation **Batch Recreate**

Batch Recreate Lookup

Search for Retroactive MMEF

System of Care: Mental Health (MH)

Service Begin Date: 08/01/2021 Service End Date: 08/30/2021 (The maximum date range is 31 days.)

<p>Last Name</p> <p>Facility Name</p> <p>Program Name</p> <p>Service Description</p> <p>Invoice Number</p> <p>Payor Plan</p> <p>Service Provider</p> <p>Service User Login</p> <p>Exclude Invoices that contain the following Payor Plan:</p> <p>Payor Plan</p>	<p>Consumer ID</p> <p>Facility ID</p> <p>Program ID</p> <p>Service Code</p> <p>Invoice Date</p> <p>Payor Plan ID</p> <p>Service Provider ID</p> <p>Service User ID</p> <p>Payor Plan ID</p>
---	---

Batch Recreate Services

5 services returned.

Invoice/Service	ID	Consumer Name	Invoice ID	Service Date	ID	Facility Name	ID	Program Name	Code	Service Description	Service Entry User	Select All
Service				08/10/2021								Requires Authorization
Service				08/05/2021								Requires Authorization
Service				08/16/2021								Requires Authorization
Invoice				08/23/2021								<input type="checkbox"/>
Service				08/12/2021								Denied Authorization

SERVICE ENTRY PROVIDER LOOKUP, SC-1649 (CC, 7712)

On the Service Entry screen, after using the hyperlink to select Provider Name or Provider ID from the dropdown, the Provider/Provider_ID boxes were not populated automatically. Now, using the hyperlink to select Provider Name or Provider ID from the dropdown populates the boxes as expected.

SERVICE ACTIVITY REPORT RESULTS, SC-1650 (CC, 7766)

Running the Service Activity Report with only program and dates selected was producing incorrect results and taking an unusually long time to complete. Now, running the Service Activity Report with only program and dates selected quickly produces the expected results.

DIAGNOSIS ON EPISODE REPORT, SV-1663 (CC, 8087)

In *Clinical > Admissions > Episode*, running a report was showing an erroneous diagnosis code. Now, the correct Episode diagnosis is shown if one exists.