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).
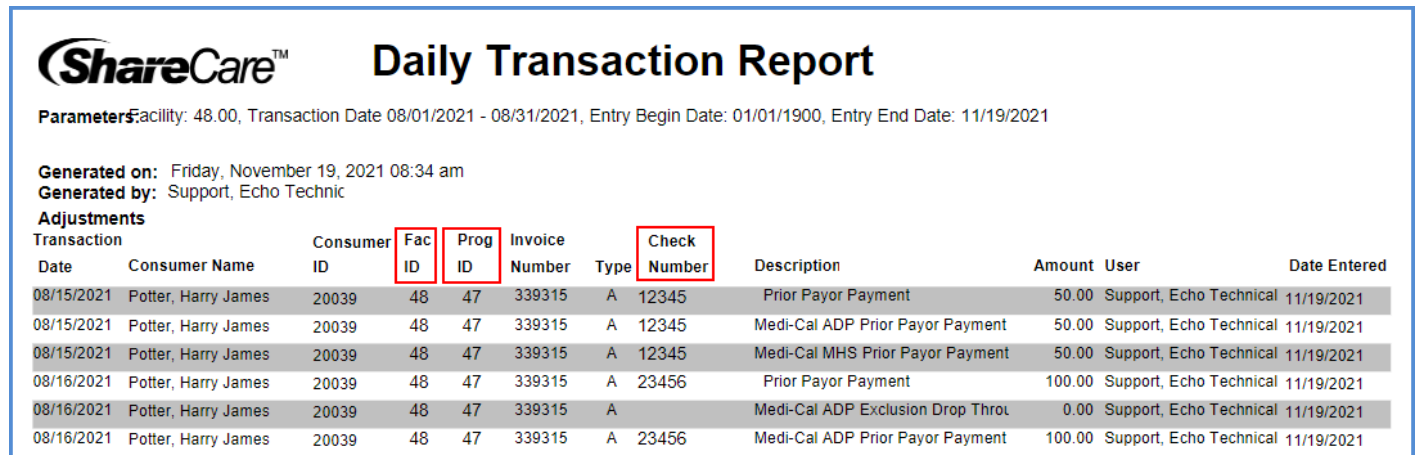
- *APPROVED-AID-CODE:* When viewing the cost report, if there are special aid codes on the claim they are now displayed.
  - The new table column is approved_aid_code, which is populated with the value from the 835 in the Medi-Cal reconciliation module.
  - *APPROVED-AID-CODE* is column N if imported 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.

- o The new table column is eligibility_status.
  - o *ELIGIBILITY-STATUS* is column BF if imported in Excel.
- *DENIAL-REASON1* and *DENIAL-REASON2:* Two denial code columns were added.
  - o These columns are populated with up to two sets of CARC/RARC codes when the Claim Status is type "D" denied.
  - o 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.
  - o 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.

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*

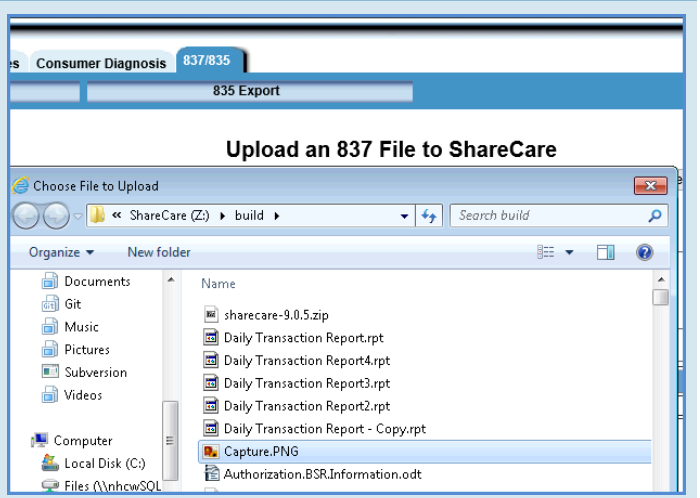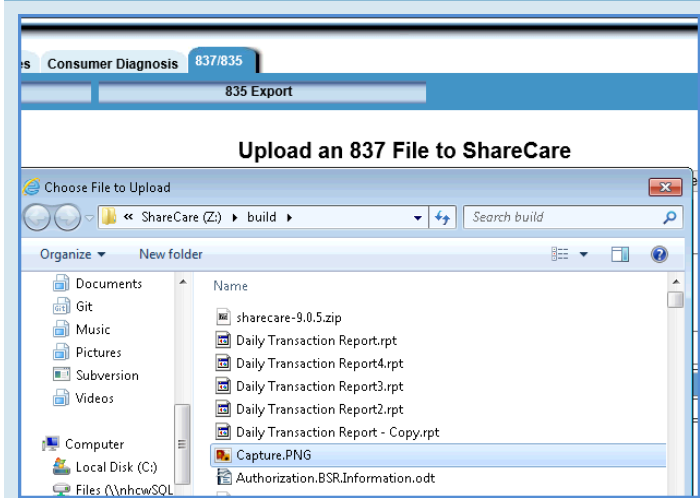The images below are from *Clinical > Service Entry > 835/837 > Move 837.*

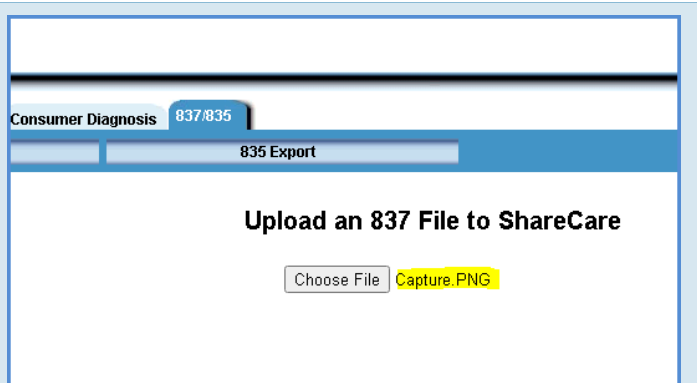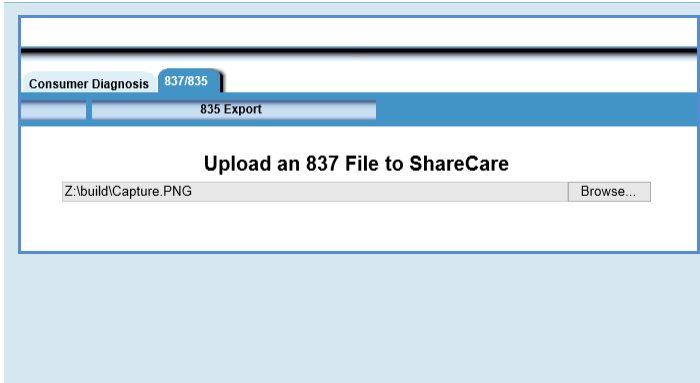| Internet Explorer - Initial Screen	Chrome/Edge - Initial Screen
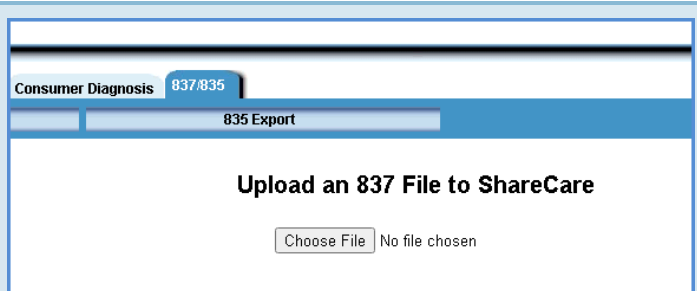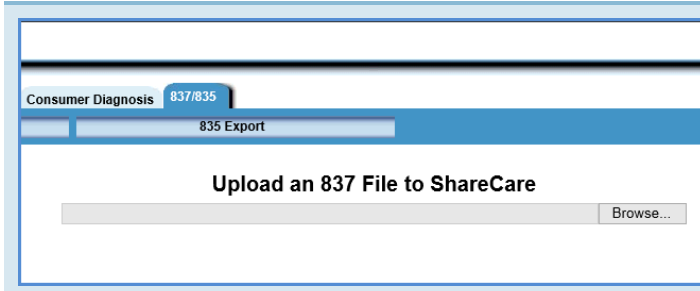
Internet Explorer - After Selecting *Browse*	Chrome/Edge - After Selecting *Choose File*

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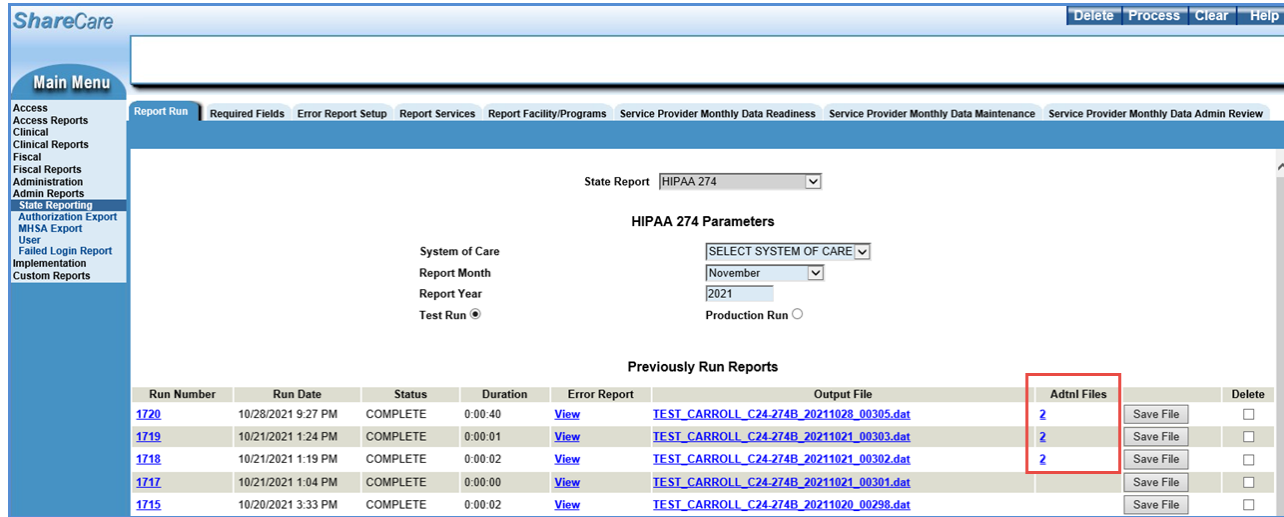
The solution was to change the 837 Medi-Cal claim by adding logic to suppress reporting the facility NPI in loop 2310C if the individual NPI is the same as the facility NPI. In the following example the highlighted number is suppressed if it is the same as the individual NPI.

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.

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*.

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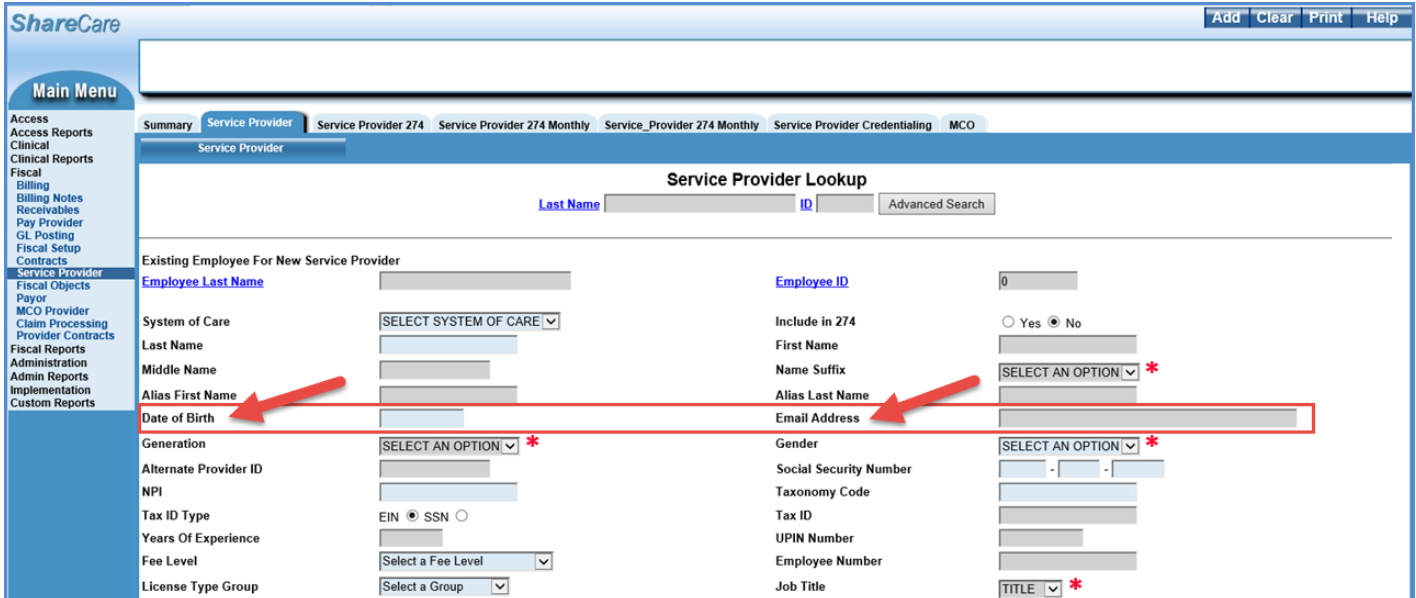
DISPLAY REMARK CODES IN DETAIL LINE ON RECEIVABLES SCREEN, SC-1586/SOW-40

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.

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.

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

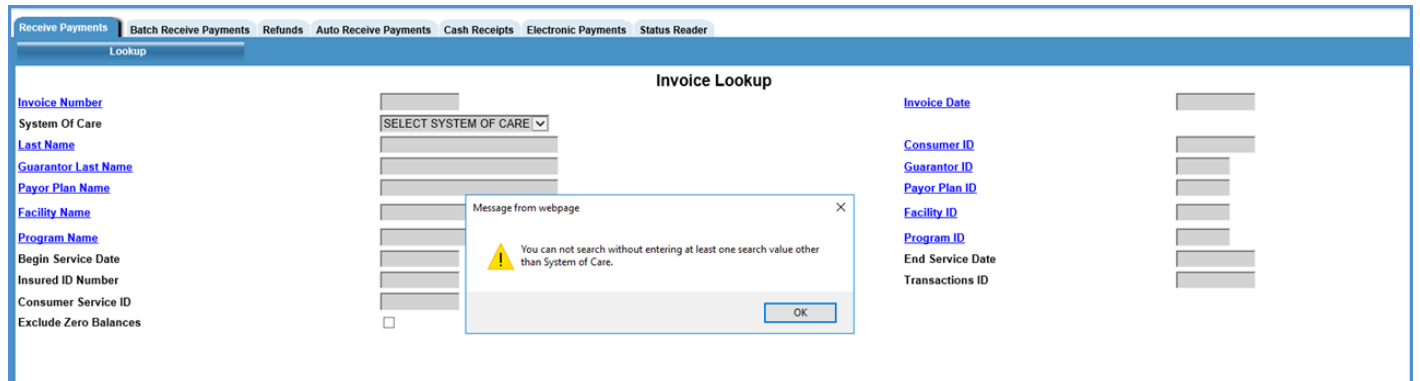In Area of Expertise (1 to 5), Practice Focus (1 to 5), and Service Type (1 to 5), the same option value could be repeated multiple times without being detected as an error. For example, "A Adult" could be selected for both "Area of Expertise 1" as well as for "Area of Expertise 2". These two screens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

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

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

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.