

SHARECARE RELEASE NOTES

Version 9.0.6

INTRODUCTION

ShareCare version 9.0.6 includes improvements and bug fixes for some HIPAA 274 screens, Service Entry, Daily Transaction Report, and Diagnosis Entry. We are pleased to announce in this release that ShareCare is now compatible with Chrome and Microsoft Edge browsers. In addition, Statements of Work 56, 109, and 136 were also completed.

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 9.0.5 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 not have 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 ENHANCEMENTS

MODIFY 837S TO INCLUDE ICN IN CLAIM LEVEL ID, SC-1680 (SOW-56, SANTA BARBARA)

In HIPAA 837 claim, CLM01 segment contained Transaction_Payor_ID (10 digits) + Trans_Pay_Detail_ID (10 digits).

After this enhancement, CLM01 contains Transaction_Payor_ID (10 digits) + Claim_Frequency_Code (1 digit) + ICN (Interchange Control Number: 9 digits).

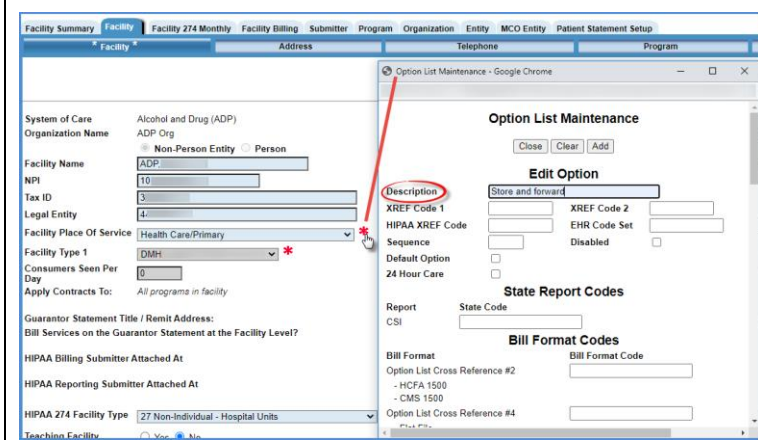
MANDATORY TELEHEALTH AND TELEPHONE MODIFIERS FOR MEDI-CAL BILLING SC-1683 (SOW-109, ALL)

This enhancement addresses the need for Medi-Cal billing to include modifiers for telehealth and telephone Services. The following modifier codes are used.

- Telehealth (synchronous audio and video) service: **GT**
- Telephone (audio-only) service: **SC**
- Store and forward (e-consult in DMC ODS): **GQ**

The **GT** and **SC** modifiers were previously implemented for Mental Health, so this enhancement covers implementing all three modifiers for Alcohol & Drug ODS services and adding just the Store and forward modifier to Mental Health. In addition, the floating modifiers are added to the Medi-Cal 837 claim program based on the Consumer Service's Place of Service.

Counties that provide *Store and forward* services need to add *Store and forward* to the Facility Place of Service options list to be selected as a Place of Service. Do this by navigating to *Fiscal > Fiscal Objects > Facility* and selecting the red asterisk to open the options list window.



To ensure that the ShareCare Medi-Cal claim process recognizes this new Place of Service, the option description must contain *Store and forward* by itself or enclosed in parentheses. The following are examples of valid descriptions.

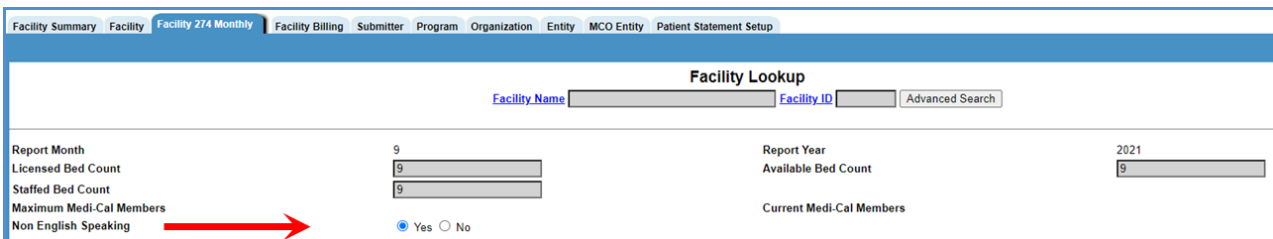
- Store and forward
- (Store and forward) E-consulting
- Physician consultation (Store and forward)
- E-consult (Store and forward) by physician

Due to the previous Mental Health claim implementation, the Telehealth and Telephone Place of Service locations should already be set up.

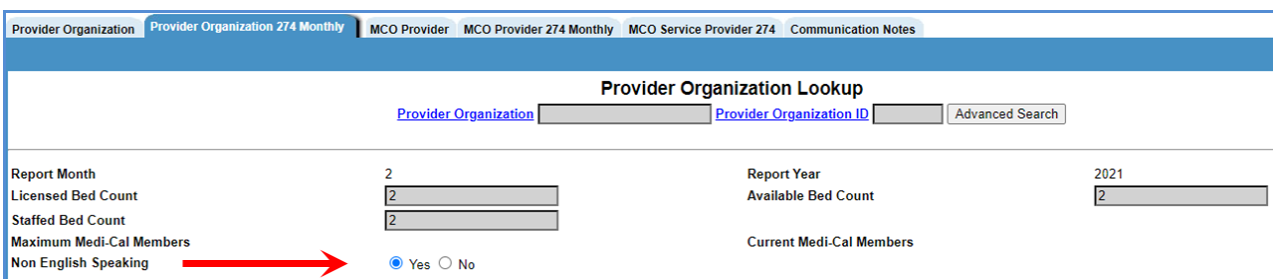
274 ENHANCEMENTS (SOW-136, ALL)

This enhancement includes the following updates to 274 screens and the submission module to address User Group requests and changes in the HIPAA 274 Companion Guide v1.3.

- In the *Facility 274 Monthly* screen, the Maximum Medi-Cal Members and Current Medi-Cal Members fields can no longer be manually updated. Instead, these values are now automatically tallied from its Service Providers' 274 monthly records and display the results after adding or updating records.
 - The number of Medi-Cal Members displayed is tentative.
 - The final total submitted to the State is based on service providers with Include in 274 set to Yes who pass validation.
- In the *MCO Provider 274 Monthly* screen, the Maximum Medi-Cal Members and Current Medi-Cal Members fields can no longer be manually updated. Instead, these values are now automatically tallied from its MCO Providers' 274 monthly records and display the results after adding or updating records.
 - The number of Medi-Cal Members displayed is tentative.
 - The final total submitted to the State is based on service providers with Include in 274 set to Yes who pass validation.
- In the *Facility 274 Monthly* screen, the Language and Speaking Proficiency field was eliminated. When the selected value for the Facility's Non English Speaking field is Yes, the submission was updated to do the following.



- English language and proficiency 4 is auto-generated for the Facility as required by the State to indicate this is a non-English speaking site.
- The active Service Providers' foreign Language(s)/speaking Proficiency from the Service Provider's Demographic screen is collected for each provider authorized to work at this site during the submission year/month.
- The collected Language(s)/speaking Proficiency(s) are formatted for submission in the 274.
 - The individual Service Provider's foreign languages are submitted but are not displayed on the Facility screen.
 - The Facility record is rejected during the Submission process if Non-English Speaking is Yes, but no foreign languages are found for any of the associated Service Providers.
- In the *Provider Organization 274 Monthly* screen, the Language and Speaking Proficiency field was eliminated. When the selected value for the Facility's Non English Speaking field is Yes, the submission was updated to do the following.



- English language and proficiency 4 are auto-generated for the Facility as required by the State to indicate that this is a non-English speaking site.
- The active Service Providers' foreign Language(s)/speaking Proficiency from the Service Provider's Demographic screen is collected for each provider authorized to work at this site during the submission year/month.
- The collected Language(s)/speaking Proficiency(s) are formatted for submission in the 274.
 - The individual Service Provider's foreign languages are submitted but are not displayed on the Facility screen.
 - The Facility record is rejected during the Submission process if Non-English Speaking is Yes, but no foreign languages are found for any of its Service Providers.

Submission Module Changes

- Licensing State is now retrieved from the State field in the *Credential* screen instead of the *License* screen for Service Providers and MCO Service Providers.
 - *Fiscal > Service Provider > Service Provider Credentialing > Credential*
 - *Fiscal > MCO Provider > MCO Provider > Credential*
- The reporting requirement for Type of Licensure, State, and License Number was changed to situational from required.
 - Missing data is no longer considered an error, per the Companion Guide v1.3.
 - Both Credential and License records are only selected if the Begin and End period of the Credential/License covers the submission month and year.
 - If there is no Credential or License record that encompasses the submission month and year, the **most recent record before** the submission month and year is used.
- In *Fiscal > Service Provider > Service Provider 274 Monthly* and *Fiscal > MCO Provider > MCO Provider Monthly*, the Travel Distance field is now limited to 4 digits per the Companion Guide v1.3.

UPDATES

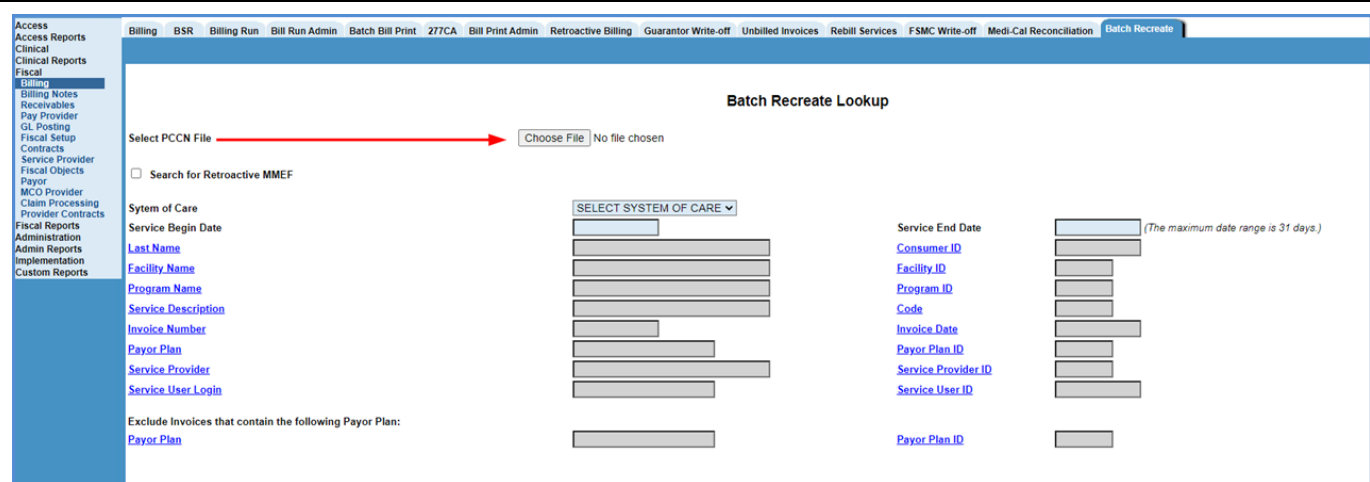
UPDATE REQUIRED FIELDS BASED ON INCLUDE IN 274 SELECTION, SC-1669

ShareCare required a date of birth and a taxonomy code when creating or updating a service provider record even when Include in 274 was set to *No*.

Now, when Include in 274 is set to *No*, these two fields are no longer mandatory.

ADD FILE UPLOAD FOR BATCH RECREATE, SC-1671

The Batch Recreate Lookup screen now accepts a file with consumer service IDs and PCCNs. (The process is like the Rebill Services screen.) These items are submitted through the Batch Recreate process.



The file must contain the *PCCN* and the *consumer_service_ID* separated by a comma and must be a text file. This update does NOT change how Batch Recreate handles upstream payers or adjustments.

ADD UNPAID AMOUNT BACK TO THE COST REPORT, SC-1672 (8991, CC)

On the Cost Report Extract ("detail" view):

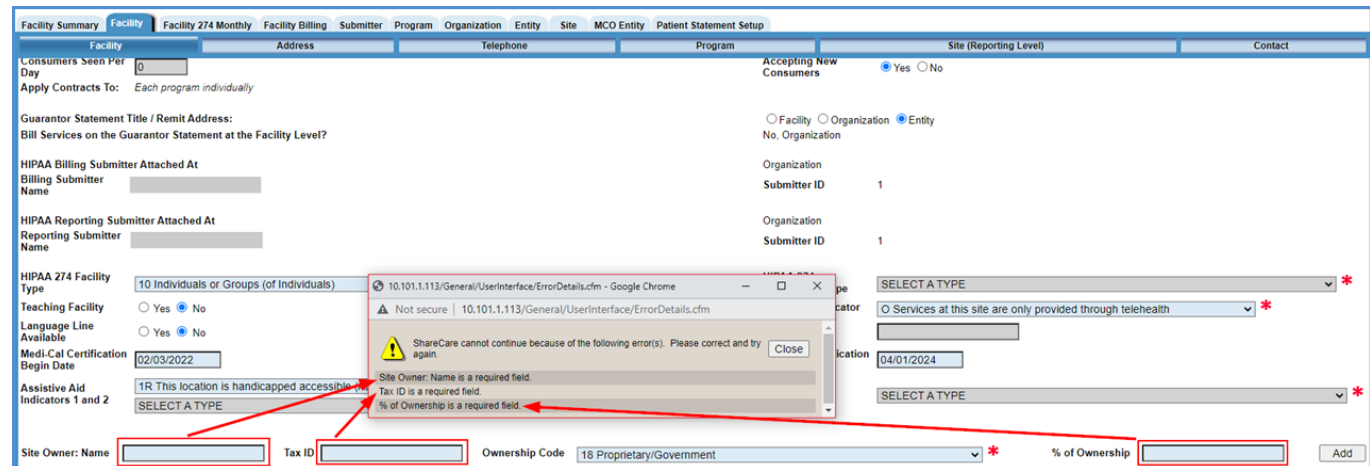
- The "DENIED-AND-UNPAID-AMOUNT" column (column AF when imported in Excel) shows any amount that was not paid, denied, or not.
- The calculation for the column above is "DENIED-AND-UNPAID-AMOUNT" = "CLAIMED_AMOUNT" - "PAID_AMOUNT."
- The "DENIED-AMOUNT" column (column AX when imported in Excel) shows all amounts with a type "4" in the 835.

BIRTHDATE AND EMAIL REQUIREMENTS ON MCO & MH SERVICE PROVIDER SCREENS, SC-1673 (9024, CC)

On the *Fiscal > Service Provider > Service Provider* screen, the Date of Birth is now only required if Include in 274 is set to Yes, and the Email Address is always optional regardless of the Include in 274 selection. These same changes were applied to the Date of Birth and Email Address fields on the *Fiscal > MCO Provider > MCO Provider* screen. Again, the Date of Birth is only required if Include in 274 is set to yes; the Email Address is always optional.

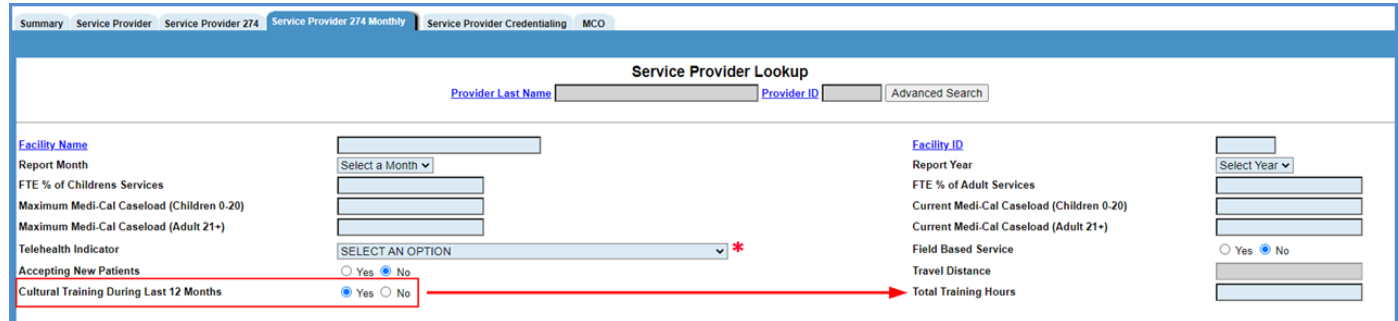
FACILITY SCREEN ERROR, SC-1675 (9159, CC)

On the *Fiscal > Fiscal Objects > Facility > Facility* screen, when completing the "Site Owner, Tax ID, Ownership Code and % of Ownership" data, ShareCare now displays a complete error message if one of the fields is missing.



TRAINING HOURS, SC-1676 (9159, CC)

On the *Fiscal > Service Provider > Service Provider 274 Monthly* screen, the Total Training Hours are only required if Cultural Training During Last 12 Months is set to Yes.



The screenshot shows the 'Service Provider Lookup' form. The 'Cultural Training During Last 12 Months' field is set to 'Yes' and is highlighted with a red box. A red arrow points from this field to the 'Total Training Hours' field, indicating that training hours are only required when this field is set to 'Yes'.

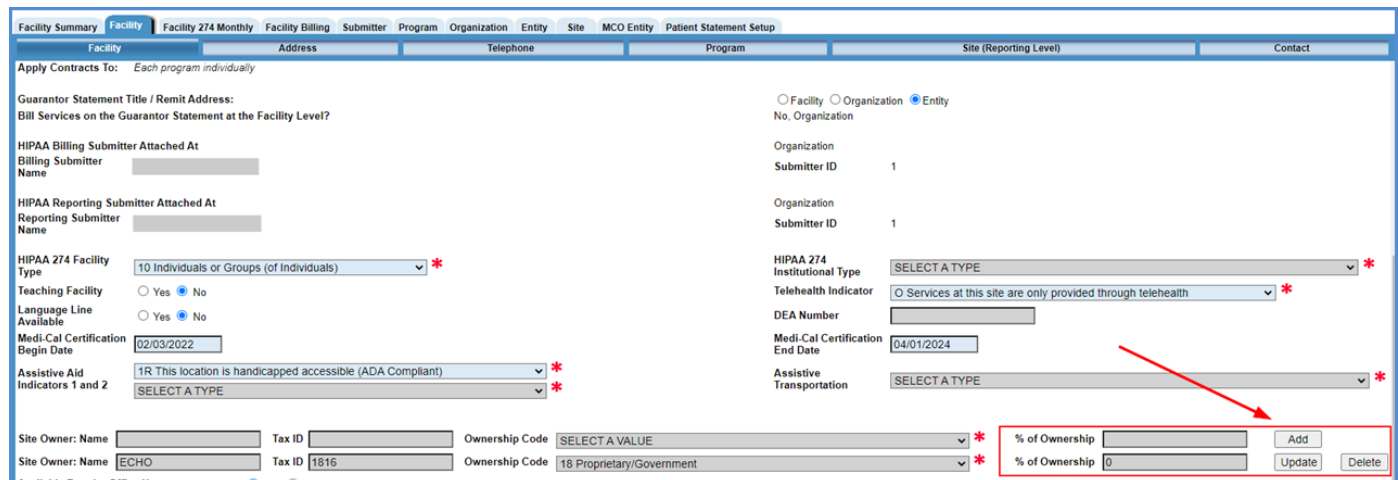
HEARTBEAT ADDED TO MONITOR USER ACTIVITY, SC-1679 (7672, CC)

A new tracking method was implemented to better track user logins, logouts, and sessions with ShareCare and the Crystal Report server. This *Heartbeat* is updated every X minutes according to the setting for the *Session_Timeout* variable found in *Administration > Security > Global Variables > Security*.

This new method permanently resolves the issue found in 9.0.5. The reported problem was that ShareCare sessions could build to the point where ShareCare licenses were consumed, and users could no longer log in when using any browser other than IE. The list of user sessions is found in *Administration > Security > Sessions*.

EDITING OWNERSHIP RECORDS ON FACILITY AND ORGANIZATION SCREENS, SC-1684 (9159, CC)

On the *Fiscal > Fiscal Objects > Facility > Facility* screen, any "% of Ownership" value can now be edited or deleted.



The screenshot shows the 'Facility' screen with ownership records. A red box highlights the '% of Ownership' field, and a red arrow points to the 'Add', 'Update', and 'Delete' buttons, indicating that these actions can now be performed on ownership records.

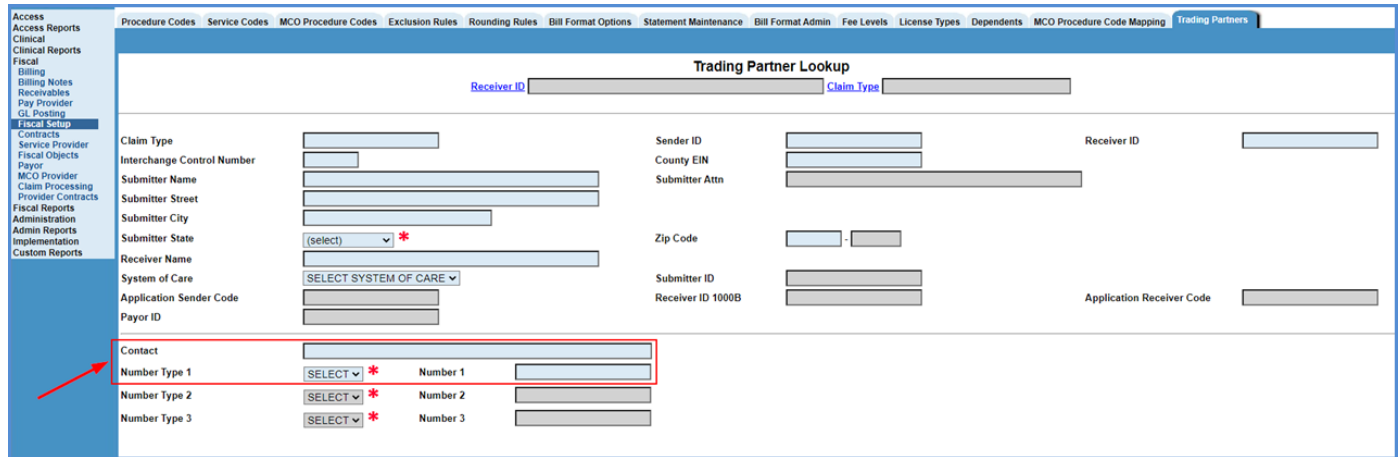
274 – FAX NUMBER NO LONGER REQUIRED, SC-1687

The Fax number is now no longer required when running the report - this was an undocumented 274 specification change. Before this change was applied, a Fax number was required on one of these two screens to run the report.

- *Fiscal > Fiscal Objects > Facility > Telephone*
- *Fiscal > MCO Provider > Provider Organization > Phone*

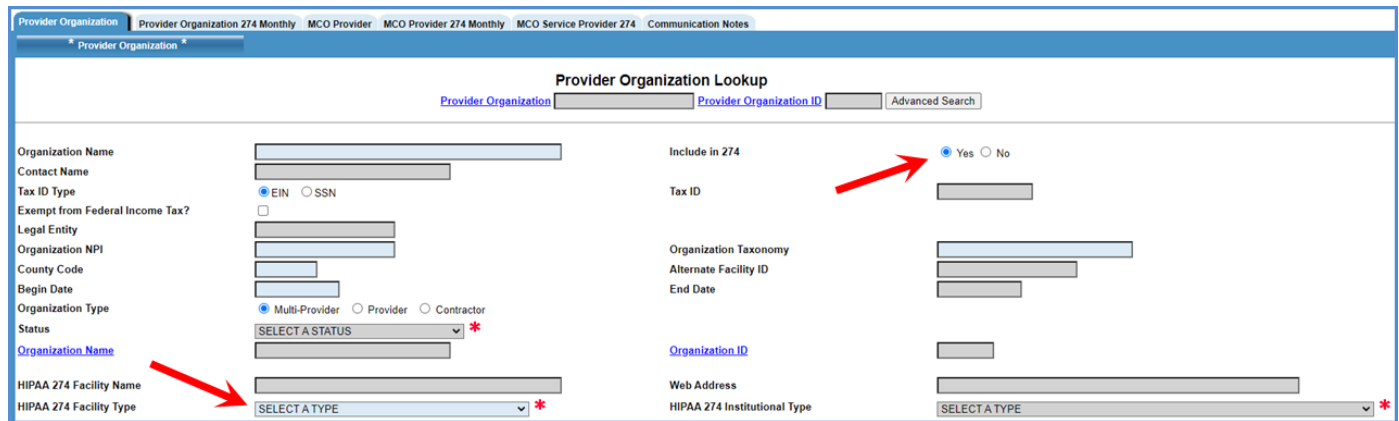
PRIMARY CONTACT FIELDS ON TRADING PARTNER SCREEN, SC-1690 (9346, CC)

On the *Fiscal > Fiscal Setup > Trading Partners* screen, the first Contact, Contact Type, and Contact Number fields are now required. Before saving the Trading Partner screen, these three fields must be completed to avoid a confusing error message "PER03 Invalid Primary Communication Type".



274 – FACILITY TYPE REQUIRED ON TRADING PARTNER SCREENS, SC-1691 (9194, CC)

On the *Fiscal > MCO Provider > Provider Organization > Provider Organization* screen, the field "HIPAA 274 Facility Type" is now mandatory.



274 – EXPAND HIPAA 274 FACILITY NAME FIELD, SC- 1699 (9820, CC)

On the *Fiscal > MCO Provider > Provider Organization > Provider Organization* screen, the IPAA 274 Facility Name field was expanded to 100 characters from the previous ten characters.

SITE OWNER INFORMATION, SC-1707

On the *Fiscal > Fiscal Objects > Facility > Facility* screen, when Include in 274 is set to Yes, the Site Owner information is no longer required. **Note:** when any data is entered in one of the Site Owner fields, all fields in that specific row become required (all the boxes in that row turn from grey to blue).

ADMISSIONS SCREEN STYLING UPDATES FOR CHROME, SC-1714 (10328, CC)

Some columns were misaligned on the following two screens when using Edge or Chrome.

- *Clinical > Admissions > ... consumer... / Episodes*
- *Clinical > Admissions > Auto Close/Transfer*

The alignment was updated and is now the same as in Internet Explorer.

HELP BUTTON BROWSER CHANGES, SC-1729

The Help button now works in all browsers.

BUG FIXES

MULTI-ORGANIZATION PROVIDERS, SC-1670 (10817, CC)

When trying to update an MCO Provider attached to both an active MCO Provider Organization AND an end-dated MCO Provider Organization, ShareCare was showing an error: *The end date is required because the provider organization has an end date (mm/dd/yyyy).*

Now an MCO Provider can be updated even if linked to an active MCO Provider Organization AND an end-dated MCO Provider Organization.

PROVIDER FEE LEVELS LINK ON THE BSR, SC-1677 (6286, CC)

This ticket is a Contra Costa specific issue. When using the *Fee Levels*, the BSR was not checking the different Fee Levels assigned to a provider, causing the invoice to show a charge that did not reflect the correct Charge Schedule Fee Level. Now, the BSR works as expected when more than one Fee Level is used.

CHANGE HOW STRIP REFERRER WORK, SC-1678 (8936, MO)

This ticket is specific to Azure customers and related to http/https issues that created an error when trying to update a Service provider.

274 – OUTPUT FILE NAME NOW USES UNDERSCORES, SC-1688 (9731, CC)

The HIPPA 274 output file name incorrectly had one hyphen before the 274B. Now, the output file has the correct format with underscores only: XXXXX-X_HHH_274B_YYYYMMDD_NNNNN.dat

274 ISA02 HEADER, SC-1689 (9754, CC)

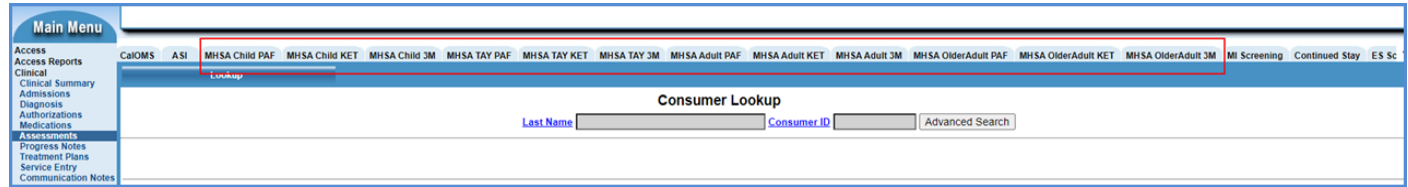
On the 274 report, (in the header on ISA02) the date format is now correctly trimmed back to 4 digits (YYMM) . For example, 10/2021 will report 2110 and 02/2021 will report 2102.

274 – NM1 SEGMENT, SC-1693 (10847, CC)

During 274 phase 1 testing, the State pointed out that the Organization names in the 2100AB|NM1*NN segment needed correction. As a result, the Organization name in 2100AA|NM103 is now repeated in 2100AB|NM103 when there is no sub-network.

SHARECARE ERROR ADDING ANY MHSA ASSESSMENT, SC-1722 (10205, LA)

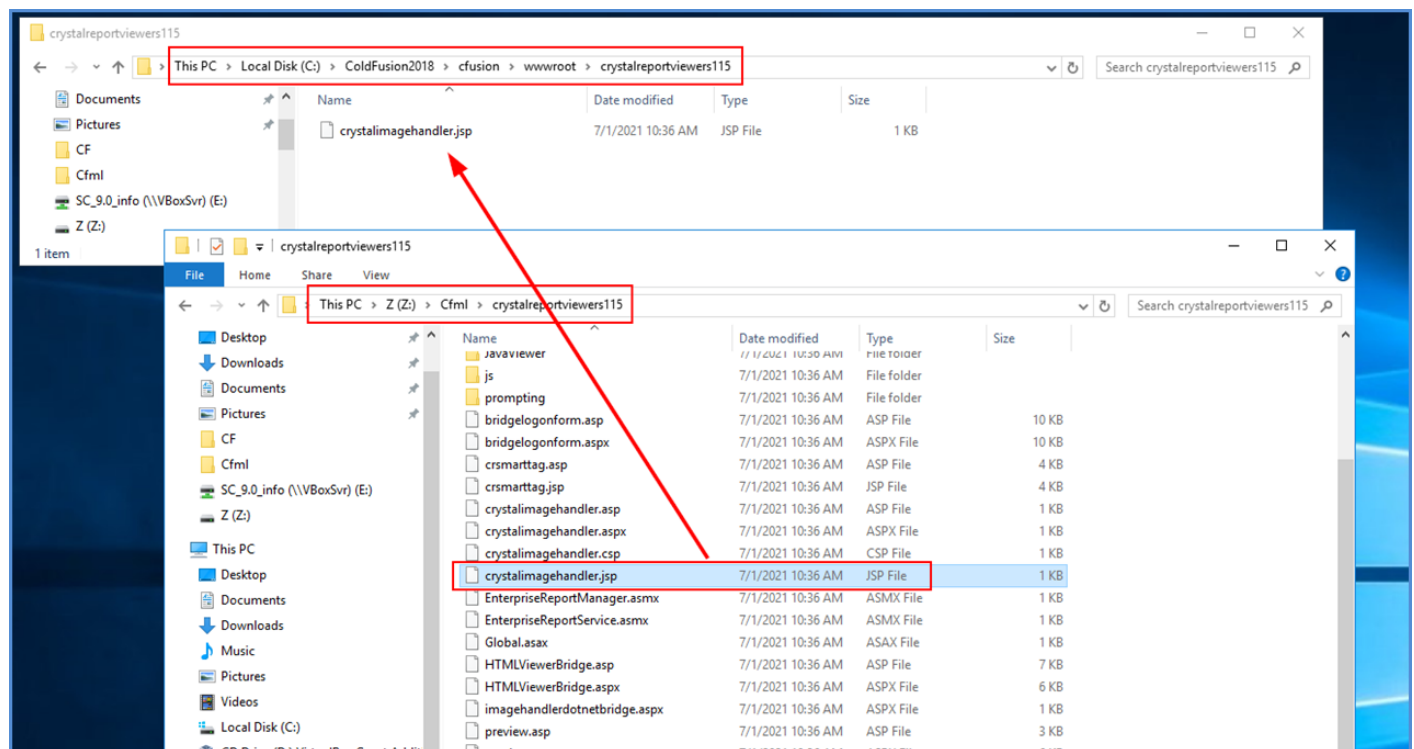
In *Clinical > Assessments*, all the 12 MHSA lookup tabs created an error when adding or updating a record. Now, all the MHSA lookup tabs work as expected when creating or updating a record.



SHARECARE LOGO NOT DISPLAYING ON REPORTS, SC-1723 (10381, CC)

An issue was reported where the ShareCare logo was missing on all Crystal reports. The fix (it can be applied in 9.0.4, 9.0.5, and 9.0.6) consists of copying a file from one folder to another in the Cold Fusion server (there is no need to restart the Cold Fusion service).

- Step #1: on the Cold Fusion server, go to `c:\coldfusion2018\cfusion\wwwroot\` and create a new folder called `crystalreportviewers115`
- Step #2: go to `z:\cfml\crystalreportviewers115` and copy the file called `crystalimagehandler.jsp` into the previously created folder `c:\coldfusion2018\cfusion\wwwroot\crystalreportviewers115\`



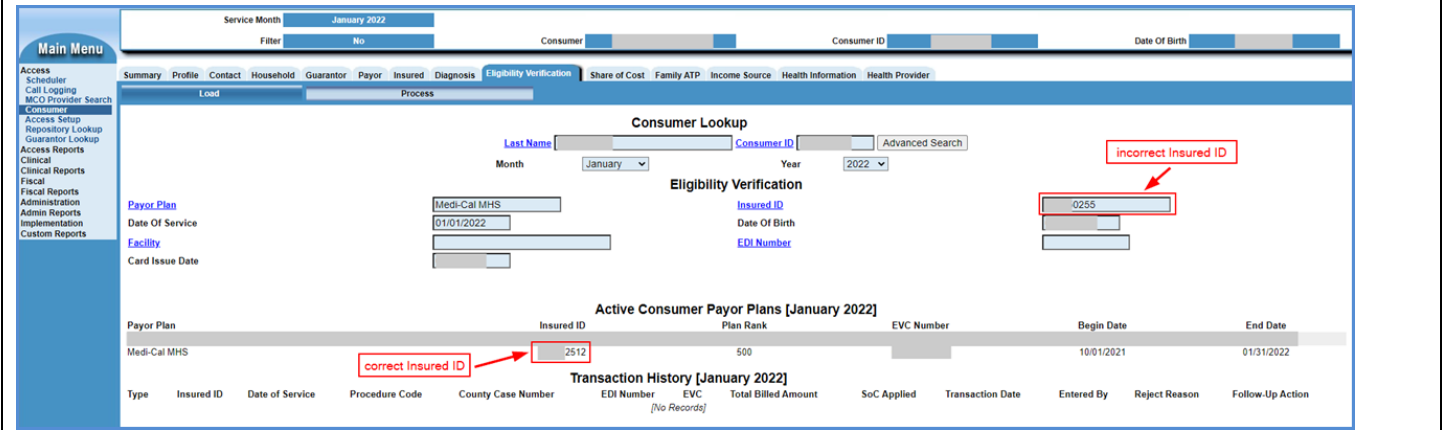
After this fix is applied, any Crystal Report will display the ShareCare logo.

SERVICE PROVIDER LICENSE, SC-1728 (10670, SB)

On the *Fiscal > Service Provider > Service Provider Credentialing > License* screen, the License Number and State were required when updating an existing record – this is only the correct behavior when adding a new license. Now, the License Number and State are no longer required when updating a record

ELIGIBILITY VERIFICATION PAYOR PLAN LOOKUP, SC-1739 (10961, CC)

On the *Access > Consumer > Eligibility Verification > Consumer Lookup* screen, when selecting the Payor Plan hyperlink and then the Consumer Payor Plan hyperlink, the Insured ID number returned was not the correct one. Also, choosing the Insured ID hyperlink was not returning any insured ID. Now, both links are working as expected.



Consumer Lookup

Last Name: [] Consumer ID: [] Advanced Search

Month: January Year: 2022

Eligibility Verification

Payor Plan: Medi-Cal MHS Insured ID: 0255 (incorrect Insured ID)

Date of Service: 01/01/2022 Date of Birth: []

Facility: [] EDI Number: []

Card Issue Date: []

Active Consumer Payor Plans [January 2022]

Payor Plan	Insured ID	Plan Rank	EVC Number	Begin Date	End Date
Medi-Cal MHS	2512 (correct Insured ID)	500	[]	10/01/2021	01/31/2022

Transaction History [January 2022]

[No Records]