

ShareCare v9.1.0



Version 9.1.0 Released June 30, 2022

INTRODUCTION

ShareCare version 9.1.0 includes updates for various improvement requests and statements of work, in addition to bug fixes.

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 9.0.6 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 (603) 447-8600 or email support@echoman.com.

Customer Funded ShareCare Enhancements

Telehealth Modifiers for Medicare and Commercial Payers SOW-39

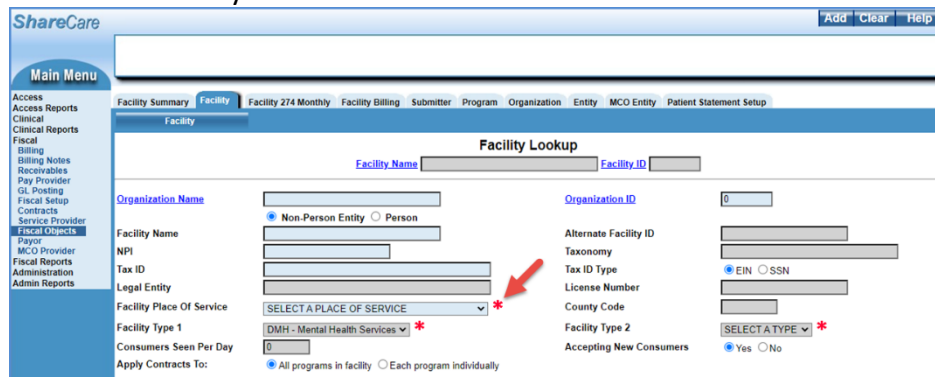
This statement of work addresses the need for new floating modifiers for Medicare and commercial insurance billing. These modifiers were added to the current Telehealth “Place of Service” Option List found in *Facility > Fiscal Objects > Facility* on the Option List Maintenance screen. In addition, the Noridian Medicare 837 claim and CMS1500 claim processes were updated to check for Floating Modifiers based on the consumer service’s Place of Service.

The following configuration tasks should be completed by a ShareCare system administrator.

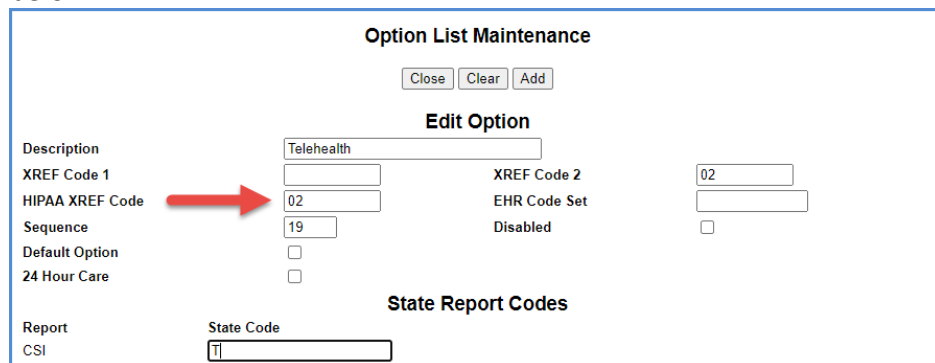
1. Verify or Add the Telehealth Place of Service Option List.

o Verify Existing

- Navigate to the *Fiscal > Fiscal Objects > Facility* screen.
- Locate the Facility Place of Service field and click on the red asterisk.



- In the *Edit Option* screen that opens, find the existing Telehealth Place of Service and ensure the HIPAA XREF Code field value is '02,' as shown below.



o Add New

- Navigate to and Open the Option List Maintenance screen as above.

- To ensure that the ShareCare claim process recognizes this new Place of Service, the option description must contain *Telehealth* by itself or enclosed in parentheses with added description. The following are examples of valid descriptions.
 - (Telehealth) Audio + Visual
 - Covid-19 (Telehealth)
 - Special (Telehealth) Services Audio Visual
- The HIPAA XREF code must be '02.'

2. Configure the Floating Modifiers

- On the same Option List Maintenance Screen, scroll down to the *Bill Format Codes* section and locate the two new modifiers: *Medicare Claim Floating Modifier* and *Insurance Claim Floating Modifier*.

Option List Maintenance

Close Clear Update

Edit Option

Description: Telehealth

XREF Code 1: [] XREF Code 2: []

HIPAA XREF Code: 02 EHR Code Set: 22

Sequence: 0 Disabled:

Default Option:

24 Hour Care:

State Report Codes

Report: CSI State Code: T

Bill Format Codes

Bill Format Code: []

Option List Cross Reference #2: []

- CMS 1500

Option List Cross Reference #4: []

- Flat File

Option List Cross Reference #5: []

- Drug Med/Cal electronic file

- HIPAA 837 Professional

Medicare Claim Floating Modifier: 95

Insurance Claim Floating Modifier: GT

facility table--place of service option list

- The floating modifier fields must be populated for billing Telehealth Services, i.e., setting the *Medicare Claim Floating Modifier* to '95.'

Medicare Claim Floating Modifier: 95

Insurance Claim Floating Modifier: GT

When claims are processed, the **Noridian Medicare 837 claim** program was modified to check for a value in the **Medicare Claim Floating Modifier** field in the Options List for the Facility that corresponds to the consumer service's Place of Service. If it is populated, this modifier is added to the Medicare claim. Similarly, the **CMS1500** claims program was modified to check for a value in the **Insurance Claim Floating Modifier** field in the Options List for the Facility that corresponds to the consumer service's Place of Service. If it is populated, this modifier is added to the commercial Payer claim.

Taxonomy Code Option List, SOW-45 Contra Costa Only

This Contra Costa specific enhancement adds a Taxonomy code Option List as a data entry alternative. When entering the Taxonomy for an MHS, MCO, or ADO provider, the user is now able to select from the Option List values.

The screenshot shows a data entry form with the following fields: Email Address, Gender, Social Security Number, Taxonomy Code, Tax ID, PTAN/UPIN, Employee Number, Job Title, ID, DEA Number Expiration Date, and Termination Date. The Taxonomy Code field is open, showing a dropdown menu with the following options: 101YM0800X, 103GC0700X, 103TA0400X, 103TC0700X, 101YP1600X, and 101YP2500X. A red asterisk is visible next to the dropdown arrow.

However, if the needed code is not available, the user can check the *Enter Custom Taxonomy* box next to the Options List, which then replaces the Option List with a regular data-entry field for manual entry of the code.

The screenshot shows the same data entry form as above, but the Taxonomy Code field now contains the text "103TC1900X". The checkbox labeled "Enter Custom Taxonomy" is checked. A red arrow points to this checkbox.

The local ShareCare administrator is responsible for maintaining the list of Taxonomy codes in the Option List which can be accessed by selecting the red asterisk.

The screenshot shows the 'Option List Maintenance' web application. It has a title bar 'Option List Maintenance - Google Chrome' and a URL 'http://nhoegustins1/Admin/OptionList_Mnt/OptionList_Set.cfm?group_id=1111...'. The page has buttons for 'Close', 'Clear', and 'Add'. Below is an 'Edit Option' section with fields for Description, XREF Code 1, XREF Code 2, HIPAA XREF Code, EHR Code Set, Sequence, Disabled, Default Option, Medicare Claim Floating Modifier, and Insurance Claim Floating Modifier. At the bottom is a table of Taxonomy Codes.

Sequence	Changes Allowed	Description	Cross Reference Code 1	Cross Reference Code 2	HIPAA Code 2	EHR Code Set
18	Yes	101YM0800X				
22	Yes	103GC0700X				
38	Yes	103TA0400X				
42	Yes	103TC0700X				
58	Yes	101YP1600X				
62	Yes	101YP2500X				

Clinical Authorizations Changes Update, SOW-101 Contra Costa Only

Changes to the Authorizations screens were completed to improve the tracking of Approval Status. Selecting the Authorization Number lookup on the *Clinical > Authorizations > Authorizations* screen, the displayed list of Authorizations now displays a new column, Approval Status. A value of *Approve*, *Deny*, or *Pending*, is displayed.

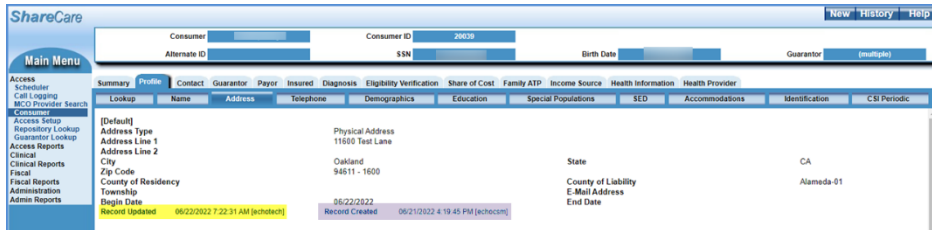
Authorization No.	External Auth No.	Begin Date	End Date	Approval Status	Consumer	ID	Facility	ID	Program	ID	Provider ID
22955		08/01/2020	09/30/2020	Approve							
22970		08/01/2020	12/31/2020	Approve		20039	Susanville	48	MH-Adult Outpatient	47	
22971		01/01/2020	12/31/2020	Approve		20041	Susanville	48	MH-Adult Outpatient	47	
22964		08/15/2019	08/31/2019	Approve		18676					
22943		07/01/2019	12/31/2019	Approve		19331	Susanville	48			
22946		07/01/2019	06/30/2020	Approve		20039	Susanville	48	MH-Adult Outpatient	47	
22950		07/01/2019	07/31/2019	Approve		20040	Susanville	48	MH-Adult Outpatient	47	
22951		07/01/2019	07/31/2019	Pending		20042	Susanville	48	MH-Adult Outpatient	47	
22952		07/01/2019	07/31/2019	Deny		20043	Susanville	48	MH-Adult Outpatient	47	
22953		07/01/2019	07/31/2019	Deny		20044	Susanville	48	MH-Adult Outpatient	47	
22939		03/19/2018	03/18/2019	Pending		143	Susanville	48	Outreach or Engagement	75	
22936		09/12/2014	11/11/2014	Approve		17325					
22933		05/09/2014	11/08/2014	Approve		17974					
22930		08/25/2014	10/24/2014	Approve		18679					
22927		08/21/2014	10/20/2014	Approve		18677					
22924		08/15/2014	10/14/2014	Approve		18674					
22921		08/11/2014	10/10/2014	Approve		18670					
22918		07/30/2014	09/29/2014	Approve		18660					
22915		07/23/2014	09/22/2014	Approve		17576					
22912		07/21/2014	09/20/2014	Approve		14566					

After selecting an authorization, the *Clinical > Authorizations > History* screen now also has an Approval Status field displaying a value of *Approve*, *Deny*, or *Pending*, highlighted in yellow below. In addition, the Action Code and Reason Code, highlighted in orange, match the field names and data from the Authorizations screen. The Updated and By fields, highlighted in purple below, capture the date, time, and user who made the updates.

Authorization	External Auth	Services	Admission	TAR Appeals	History
Approval Status	Approve				Review Date
Updated	06/21/2022 03:48 PM				By echotech
Start Date	08/01/2020				End Date 09/30/2020
Action Code	CT - Contact Payor				Reason Code 32 - Service Inconsistent with Diagnosis
Authorization Dollar Amount	N/A				Authorized Amount N/A
Level of Care Code					Remaining N/A
Authorization Type					Level of Care Description
Facility	Susanville [48]				Authorization Status
					Program MH-Adult Outpatient [47]
Approval Status	Approve				Review Date
Updated	08/26/2020 01:43 PM				By echotech
Start Date	08/01/2020				End Date 09/30/2020
Action Code					Reason Code
Authorization Dollar Amount	N/A				Authorized Amount
Level of Care Code					Remaining N/A
Authorization Type					Level of Care Description
Facility	Susanville [48]				Authorization Status
					Program MH-Adult Outpatient [47]
Approval Status	Approve				Review Date
Updated	08/26/2020 01:43 PM				By echotech
Start Date	08/01/2020				End Date 09/30/2020
Action Code					Reason Code
Authorization Dollar Amount	N/A				Authorized Amount
Level of Care Code					Remaining N/A
Authorization Type					Level of Care Description
Facility	Susanville [48]				Authorization Status
					Program MH-Adult Outpatient [47]

Show Create/Update Users on Various Screens, SOW-114 Contra Costa Only

Two new fields, Record Created and Record Updated, were added to display the associated date, timestamp, and user information for the record creation or update. An example from the *Access > Consumer > Profile > Address* screen is shown below.



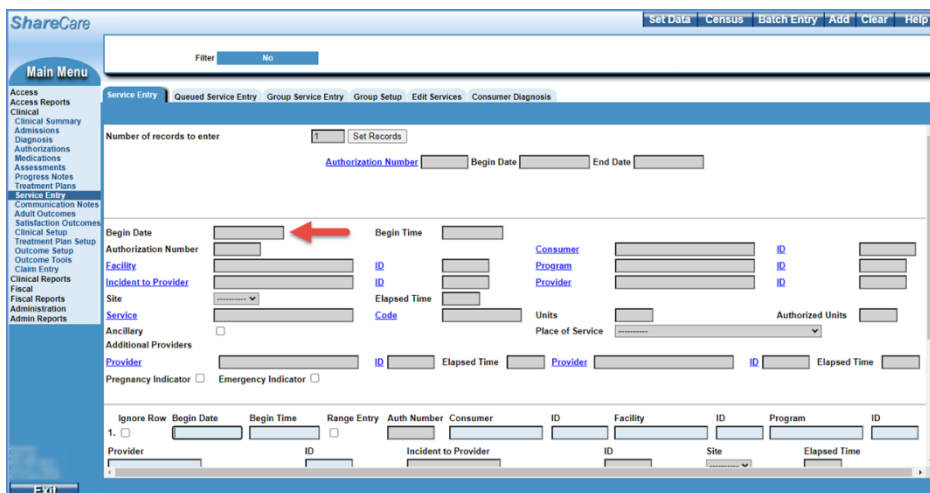
The two new fields were added to the following screens.

<ul style="list-style-type: none"> • <i>Access > Consumer > Summary</i> • <i>Access > Consumer > Profile</i> <ul style="list-style-type: none"> ○ <i>Name</i> ○ <i>Address</i> ○ <i>Telephone</i> ○ <i>Demographics</i> ○ <i>Identification</i> • <i>Access > Consumer > Contact</i> • <i>Access > Consumer > Guarantor</i> <ul style="list-style-type: none"> ○ <i>Name</i> ○ <i>Address</i> ○ <i>Telephone</i> ○ <i>Identification</i> ○ <i>Billing</i> • <i>Access > Consumer > Payor</i> • <i>Access > Consumer > Family ATP</i> <ul style="list-style-type: none"> ○ <i>Family</i> ○ <i>Family Member</i> ○ <i>Family ATP</i> ○ <i>ATP Adjustments</i> ○ <i>UMDAP Worksheet</i> 	<ul style="list-style-type: none"> • <i>Clinical > Admissions > Episodes</i> • <i>Clinical > Admissions > Admission</i> • <i>Clinical > Admissions > Discharge</i> • <i>Clinical > Diagnosis > Summary</i> • <i>Clinical > Diagnosis > Information</i> • <i>Clinical > Service Entry > Edit Services</i> • <i>Clinical > Clinical Summary > Demographic Information</i> • <i>Clinical > Clinical Summary > Gurantor Information</i> • <i>Clinical > Clinical Summary > Emergency Contact Information</i> • <i>Clinical > Clinical Summary > Episodes</i> • <i>Clinical > Clinical Summary > Admissions</i> • <i>Clinical > Clinical Summary > Diagnoses</i> • <i>Fiscal > Receivables > Receive Payments</i> <ul style="list-style-type: none"> ○ <i>Invoice</i>
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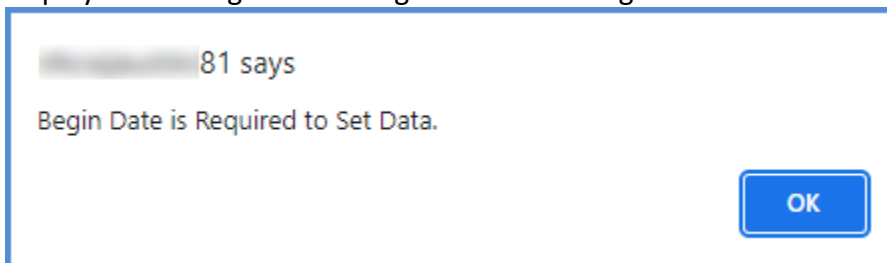
Add Global Option to Default Begin Date Blank on Service Entry, SOW-149 Contra Costa Only

This Contra Costa specific enhancement changes the data entry workflow on the Service Entry screen. A new global option, *Default_Service_Entry_Date* (Yes or No in Administration > Security > Global Variables > Service Entry), controls whether the Begin Date is pre-populated or blank on the Service Entry screen. This option is set to No by default to maintain the existing behavior on this Service Entry page.

When this option is set to Yes, the Begin Date on the *Clinical > Service Entry > Service Entry* screen is blank by default, and users must manually populate the field on the initial entry.



- All *Set Records* set after clicking on *Set Data* have the same Begin Date as the one entered on the *Set Data* screen.
- Any individual record's Begin Date can be modified without changing the other records.
- If the Begin Date is left blank and the *Set Data* button is selected, a warning message displays indicating that the Begin Date is missing.



The Begin Date must be populated in order to proceed.

- A warning also displays when using a lookup in the *Set Data* portion of the Service Entry screen when the Begin Date is blank because some of the lookups depend on this date.
- The existing validation, i.e., *Invalid Date* or *Late Entry*, remain the same.

Populate Bill_Print_File_Results Table When Running MedicareB and Private Insurance Claims, SOW-151 Santa Barbara Only

This Santa Barbara specific enhancement updates the claim billing process to populate the *Bill_Print_File_Results* table with Medicare B and Private Insurance data when a Medicare B and Private Insurance claim is generated. Previously, only MediCal claims data was captured in this table.

HIPAA 274 Enhancements, SOW-159 Contra Costa Only

Enhancement 1

The HIPAA 274 Companion Guide requires that the contract begin and end dates be reported for MH Service Providers. The 274 reporting process was pulling this data for the Service Provider's Begin and End Dates from the Service Provider Screen, but this method did not provide an end date if the Service Provider was still active. This enhancement updated the reporting process to pull the contract dates for MH Service Providers from the Entity screen, as these dates represent the county's contract dates with the Mental Health Plan. In *Fiscal > Fiscal Objects > Entity*, the **Contract Begin Date** and **Contract End Date** were existing fields.

Enhancement 2

A new Global Variable for Entity NPI, *Entity_NPI_Required* (in Administration > Security > Global Variables > Ungrouped), was added to update if Taxonomy, Tax ID, and NPI fields are required.

As illustrated in the table below, that Global Variable only affects the Required/Not Required status of the NPI when the "Include in 274" = "Yes".

Entity_NPI_Required	Include in 274	NPI	Tax ID	Taxonomy
0 or 1	No	Required	Not Required	Required
0	Yes	<i>Not Required</i>	Required	Not Required
1	Yes	<i>Required</i>	Required	Not Required

- When "Include in 274" = "Yes"
 - Taxonomy is not required, Tax ID is required
 - NPI is only required when *Entity_NPI_Required* is set to "1"
- When "Include in 274" = "No"
 - Taxonomy is required, Tax ID is not required
 - NPI is always required (independently of *Entity_NPI_Required* set to "1" or to "0")

Enhancement 3

Two new fields, *Contract Begin Date* and *Contract End Date*, were added to the Provider Organization Screen. These fields are now used instead of the MCO Provider's begin and end dates when reporting contract begin date and contract end date at the Service Provider level for MCO Providers. The two new fields are required when the *Include in 274* radio button is set to Yes on the Provider Organization screen; the contract end date can be future dated. An error message is triggered if the contract dates are missing when creating the 274 submission file.

Enhancement 4

On the *Fiscal > Fiscal Objects > Facility > Facility* screen, the Taxonomy field is only required when *Include in 274* is set to Yes for the Facility.

Required	Not Required
<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Facility Lookup</p> <p>Facility Name <input type="text"/> Facility ID <input type="text"/></p> <p>Include in 274 <input checked="" type="radio"/> Yes <input type="radio"/> No Organization ID <input type="text"/> 6</p> <p>Alternate Facility ID <input type="text"/></p> <p>Taxonomy <input type="text"/></p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Facility Lookup</p> <p>Facility Name <input type="text"/> Facility ID <input type="text"/></p> <p>Include in 274 <input type="radio"/> Yes <input checked="" type="radio"/> No Organization ID <input type="text"/> 6</p> <p>Alternate Facility ID <input type="text"/></p> <p>Taxonomy <input type="text"/></p> </div>

Enhancement 5

On the *Fiscal > MCO Provider > Provider Organization* screen, the Telehealth indicator is only required when *Include in 274* is set to Yes for the Provider Organization.

Required	Not Required
<div style="border: 1px solid black; padding: 5px;"> <p>Include in 274 <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Tax ID <input type="text"/></p> <p>Organization Taxonomy <input type="text"/></p> <p>Alternate Facility ID <input type="text"/></p> <p>End Date <input type="text"/></p> <p>Facility Type 2 <input type="text" value="SELECT A TYPE"/> *</p> <p>Organization ID <input type="text"/></p> <p>Web Address <input type="text"/></p> <p>HIPAA 274 Institutional Type <input type="text" value="SELECT A TYPE"/> *</p> <p>Telehealth Indicator <input type="text" value="SELECT AN OPTION"/> *</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p>Include in 274 <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Tax ID <input type="text"/></p> <p>Organization Taxonomy <input type="text"/></p> <p>Alternate Facility ID <input type="text"/></p> <p>End Date <input type="text"/></p> <p>Facility Type 2 <input type="text" value="SELECT A TYPE"/> *</p> <p>Organization ID <input type="text"/></p> <p>Web Address <input type="text"/></p> <p>HIPAA 274 Institutional Type <input type="text" value="SELECT A TYPE"/> *</p> <p>Telehealth Indicator <input type="text" value="SELECT AN OPTION"/> *</p> </div>

Updates

New Facility Type Option List Fields on MCO Provider Organization Screen, SC-921 (1383,SB)

When creating or editing an MCO Provider Organization, two new fields now show on the screen: Facility Type 1 and Facility Type 2.

- Both fields are tied to existing Option Lists from the Facility record linked to the MCO Provider Organization record
- Saving updates the values on the Facility record linked to the MCO Provider Organization record

The screenshot shows the 'Provider Organization Lookup' form. Two new fields, 'Facility Type 1' and 'Facility Type 2', are highlighted with red boxes and arrows. 'Facility Type 1' is a dropdown menu with 'DMH - Mental Health Services' selected. 'Facility Type 2' is a dropdown menu with 'SELECT A TYPE' selected. Other fields include Organization Name, Contact Name, Tax ID Type, and Organization Taxonomy.

ICD-10 Code Displayed on Diagnosis Expiration Report, SC-933 (1093, CC)

When viewing the Diagnosis Expiration Report in *Clinical Reports > Diagnosis*, the full ICD-10 code is now visible on the report header. Previously, the diagnosis was displayed on the rightmost column.

The screenshot shows the 'Diagnosis Expiration Report' header. The ICD-10 code 'F39 - Unspecified mood [affective] disorder' is displayed in a red box, with a red arrow pointing to it. The report is generated on Friday, June 10, 2022, 10:03 am. Below the header is a table with columns: Con ID, Consumer Name, Fac ID, Facility Name, Prog ID, Program Name, Adm ID, and Begin Date.

Updated Batch Bill Print Options, SC-1002, (1365, SJ)

All references to UB-92 and HCFA have been removed from Batch Bill Print options (HCFA 1500, HCFA 1500 + UB92, UB92 Paper).

Updated Service Provider UPIN Field, SC-1208, (73518, SJ)

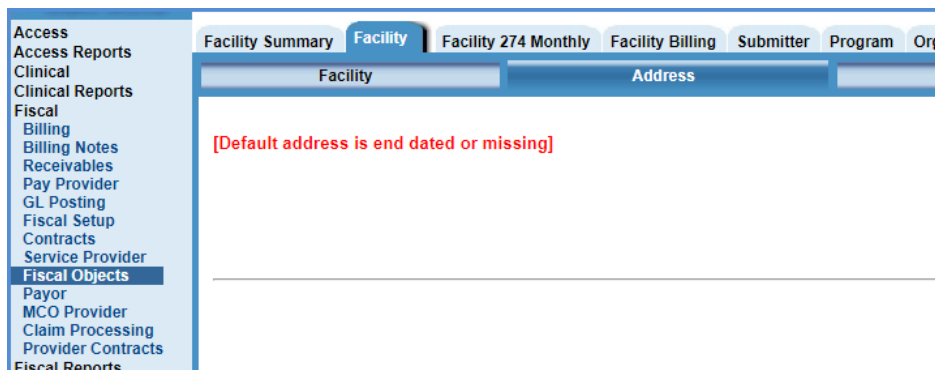
On the *Fiscal > Service Provider > Service Provider* screen, the UPIN Number was updated to accept PTAN (Provider Transaction Access Number, usually 6 digits) values.

Warning for Missing Facility Default Address, SC-1681 (9148, CC)

After running a Batch Bill Print, the BillPrint Error Report was showing an error with “Missing Facility Address” even though the address was present on the Facility/Address screen.

That error message was due to a missing Default address option: where the previous “Default” address was end-dated, the Default status stayed with that address. The new address was not the “Default” address.

Now, when a Default Facility address is end-dated, a warning message [Default address is end dated or missing] informs the user that the Default address is missing.

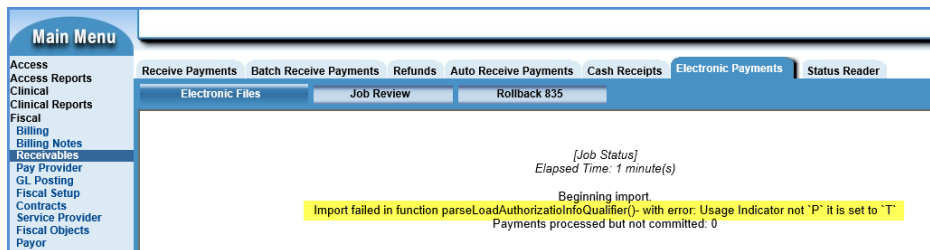


Missing Data When Running Medicare B and Private Insurance Claims, SC-1756 (11650, SB)

When running a claim from MedicareB and Private Insurance the claim_ID field in the Transaction_Payor table is now populated with the data from the REF*6R segment. Previously that claim_ID field was only populated for MediCal claims.

Prevent Processing of 835 Test Envelopes, SC-1769

When trying to import a Test 835 file, ShareCare now displays the error message *Import failed.... Usage Indicator not 'P' it is set to 'T'* and stops the import.



State Report Error Report Consumer Name Display Issues, SC-1784 (10587, CC)

On the CalOMS State Report Error screen, some consumer names were missing. Now, the CalOMS State Report Error screen always shows the expected consumer names.

HIPAA 274 Update for Reported Value for Facility Type 26, SC-1832

The State of California wants a Bed Count reported instead of an empty space when reporting records in the 274 for facilities of type 26. The state is throwing an error when it encounters a space. Per Contra Costa's request, this is being hard coded to report zero instead of blank for this type of facility.

Please note that the CSV file pulls data directly from the database for the various fields, so it WILL include the counts, and may not reflect the data in the .dat file if the facility type does not report bed counts.

Bug Fixes

Ticket Number	Case Number and Agency	Description
SC-30	56778, CC 9339, SB	<p>Remove Family Member Begin and End Dates</p> <p>The Begin Date and End Date fields were removed from the <i>Access > Consumer > Family ATP > Family Member flag</i> screen.</p>
SC-95	59102, CC	<p>Facility Program Security Delete</p> <p>In <i>Administration > Security > Facility Program Security</i>, after selecting a user and adding one or more facilities to the record, clicking on the local Delete button did not delete the Facility/Program. The issue was addressed and now the Delete button works as expected.</p>
SC-607 SC-1095	68014 (CC) 1354 (SJ)	<p>AR Aging Report</p> <p>The <i>Fiscal Reports > AR Aging report</i> was reporting services for consumers covered by a different payor than the one selected in the summary header. Now, the AR Aging Report reports services for consumers covered by the payor selected in the summary header. In addition, changes were made which affect how the report is displayed and what is reported.</p> <p>Display Issues</p> <ul style="list-style-type: none"> • On the top left part of the report, the hierarchy is now indicated with Payor Group/Payor Plan names instead of numbers • Overlapping between the Payor Plan names and the data columns was resolved • The Generated by field now shows the correct User name <p>Reporting Changes</p> <ul style="list-style-type: none"> • When running a report with by “Invoice Print Date”, unclaimed services are not reported (because unclaimed services do not have any Payor Plan attached to them, they are not reported) • Only the remaining balance of an invoice/service is reported

SC-931	1093, CC	<p>Archive Flag on Diagnosis Expiration and Diagnosis Mix Reports</p> <p>In the <i>Clinical Reports > Diagnosis</i> menu, the tabs for the Diagnosis Mix Report and Diagnosis Expiration Report were missing. Echo provided a hot patch to resolve the issue. This ticket makes the fix permanent, and now both reports are accessible in the <i>Clinical Reports > Diagnosis</i> menu.</p>
SC-932	1093, CC	<p>Long Facility Names in the Diagnosis Expiration Report</p> <p>An issue was reported where a long Facility Name overlapped the Program ID when viewing the Diagnosis Expiration Report in <i>Clinical > Clinical Reports > Diagnosis</i>. The issue was addressed, and now the whole Facility Name, even if it is long, is visible without overlapping the Program ID.</p>
SC-942	1101 74341, CC	<p>Clinical Summary Screen Service Count</p> <p>On the Clinical Summary screen in the Admissions section, the count of services for the admission was including archived services. Now, that count only includes services that are NOT archived.</p>
SC-1049	74328, CC 4707	<p>Prior Payor Adjustments on the Cost Report</p> <p>When a claim waterfallled and Prior Payor Adjustments were created, those adjustments were still included in the Cost Report. Now, the Cost Report excludes Prior Payor Adjustments when determining if the claim is still open.</p>
SC-1152	75817, SJ	<p>CalOMS Not Creating PNA Records</p> <p>When setting up a new facility to report CalOMS that had no admissions for the first month, no PNA (Provider No Activity) was created when running the CalOMS report. Now, the expected PNA record is created.</p>
SC-1412	3259	<p>CalOMS Annual Submission and Primary Drug Value of Zero</p> <p>On the CalOMS annual submission, when a user was entering 'None' for Primary Drug, the record was flagged with an error message. Now, when running CalOMS, ShareCare allows zero for the Primary Drug value on annual submissions.</p>

SC-1543	5566	<p>Date Constraint for CSI Periodic</p> <p>When entering CSI Periodic data, ShareCare was throwing an error if there was an existing archived record with the same date as the record being entered. Now, if an archived record exists with the same date, an error is not thrown.</p> <p>If an active record exists with the same date, ShareCare shows a warning message per usual.</p>
SC-1544	5436, SJ	<p>Print to PDF from the Schedule > Provider Screen</p> <p>On the <i>Access > Scheduler > Schedule > Provider</i> screen, selecting <i>Print > Save as PDF</i> resulted in a scrambled PDF. The issue was addressed and now the PDF document shows the schedule as expected.</p>
SC-1731	10734, SJ	<p>Data Truncation While Processing Medicare 835</p> <p>An 835 containing an erroneous CLP line caused a 'truncation error' during the import. Now, the import process ensures that the CLP line matches the expected pattern. If the CLP line on an 835 does not match the expected patter, the claim is not imported.</p>
SC-1740	10982, CC	<p>CalOMS Ownership Flag Always Triggering a Required Field Error</p> <p>Updating data on the <i>Clinical > Assessments > CalOMS > Ownership</i> screen was creating an error message about an unspecified 'required field' that could not be cleared. Now, updating any field on this screen works as expected.</p>

SC-1743	11042, CC	<p>Service Provider Lookup</p> <p>The Service Provider lookup screen was providing inconsistent results depending on whether the name was partially or fully entered. The issue was due to a non-breakable space in the Service Provider name.</p> <p>Now when saving on the Service Provider lookup screen, the non-breakable spaces are stripped from the following fields and replaced by a regular space before saving:</p> <ul style="list-style-type: none"> • Consumer Name • Consumer Contact Name • Guarantor Name • Insured Payor Name • User Name • Provider Name • Service Provider Name
SC-1747	11429, SB	<p>‘Select Fields’ Button on Report 277CA Not Functional in Chrome</p> <p>In the <i>Fiscal > Billing > 277CA > Report 277CA</i> screen, clicking on the ‘Select Fields’ button of the report did nothing rather than display the list options when using Chrome. The issue was addressed and now the ‘Select Fields’ button, when selected, displays the expected list of options</p>
SC-1748	11128, SB	<p>Job Results Query</p> <p>The query for the Job Results screen in <i>Fiscal > Receivables > Electronic Payments</i> was improved to decrease processing time and avoid any SQL server lock. The functionality of this screen has NOT changed.</p>
SC-1749	11538, CC	<p>Close Button Persists After Viewing a HIPAA 274 Additional File</p> <p>While working with the HIPAA 274 State Report in <i>Admin Reports > State Reporting</i>, viewing an ‘Additional File’ and then closing the view resulted in an additional, non-functional CLOSE button staying on the screen. This additional button was also causing a <i>Confirm Form Resubmission</i> screen error.</p> <p>The issue was addressed and now closing a HIPAA 274 State Report ‘Additional File’ works as expected.</p>

SC-1752	11604, MO 11577, CC 11526, SB 11602, SJ	<p>Batch Bill Print 837 Error Processing Claims</p> <p>An issue was reported where processing claims using the Batch Bill Print 837 resulted in the following error <i>NoSuchFieldError: claim_frequency_code</i>. The issue was resolved by replacing ten updated .class files.</p>
SC-1759	11991, CC	<p>Authorization Screen Display Issues in Chrome</p> <p>On the <i>Authorizations</i> screen, opening an Authorization for a consumer, clicking on any of the flags (External Auth, Services, Admission, TAR Appeals) and searching again for another Authorization was causing two screens to overlap.</p> <p>The issue was addressed and now the screens do not overlap.</p>
SC-1762	12001, CC	<p>Tab Flow in Service Entry Screen</p> <p>When using Tab to move from one box to the next on the Service Entry screen, the cursor goes back to the first box on the screen, <i>Number of Records Set</i>, when data is entered in any of the boxes.</p> <p>Now, the cursor does not lose its position after entering data in any of the boxes.</p>
SC-1763	11790, CC	<p>Cost Report denied_amount Column Update to Work with Rebills</p> <p>This is a follow-up of ticket SC-1672 “ADD UNPAID AMOUNT BACK TO THE COST REPORT” where the DENIED-AMOUNT column was not showing any amounts when running a Cost Report on 9.0.6.</p> <p>Now, the “DENIED-AMOUNT” column works as expected.</p>
SC-1766	CC	<p>Receivables Screen Display Issues in Chrome</p> <p>An issue occurred when using Chrome where clicking on an invoice flag on the Receivables screen, then returning to the invoice, and trying to post a payment created a bleed effect between the <i>Post the Payment</i> screen and the <i>Receivables</i> screen. The issue has been addressed, and there is no longer a problem moving between these two screen when using Chrome.</p>

SC-1770	12498, CC	<p>HIPAA 274 Language Proficiency Issue</p> <p>When running a 274 report, the following error message displayed “<i>Error processing MH Site [850] Echo MH Facility - null.</i>” The issue has been fixed and the report now runs as expected.</p>
SC-1774	12572, CC	<p>274 Monthly Data Maintenance/Readiness Screen Issues</p> <p>For ShareCare users with MCO access only, the following three tabs were not returning existing records: 1) Service Provider 274 Monthly Data Maintenance, 2) Service Provider 274 Monthly Data Admin Review, and 3) Service Provider 274 Monthly Data Readiness - from <i>Admin Reports > State Reporting</i>. Now, these three tabs return the expected data.</p>
SC-1790	9671, MO	<p>Mono’s VHR to ShareCare Interface</p> <p>This is a Mono specific ticket.</p> <p>Services imported from CDT through the VHR interface were imported twice in ShareCare causing duplicate issues.</p> <p>Now, if a service is imported a second time in ShareCare, a warning message informs the user about the potential duplicate allowing the user to flag that service as ‘already imported’ in CDT.</p>
SC-1794	12898, CC	<p>Entity/MCO ProvOrg When Searching Monthly Data Readiness</p> <p>In <i>Admin Reports > State Reporting</i>, the three Service Provider Monthly screens were displaying records without taking into account the user’s Entity/Facility access permissions. In addition, the Service Provider 274 Monthly Data Readiness screen also displayed the incorrect Entity ID.</p> <p>Now, a user can only view the records permissible based on their access permissions, Entity and Facility. In addition, the correct Entity ID is displayed on the Service Provider 274 Monthly Data Readiness screen.</p>
SC-1795	12949, CC	<p>274 Service Provider Monthly</p> <p>On the <i>Fiscal > Service Provider > Service Provider 274 Monthly</i> screen, clicking on <i>Delete</i> to delete a specific Report Month was removing the wrong one. Now, the selected Report Month is correctly deleted.</p>

SC-1814	13335, CC	<p>Open Admission and Closed Episode</p> <p>On the Clinical Summary screen, viewing or editing an open admission attached to a closed episode displayed a different admission than the one selected due to ShareCare only displaying open admissions attached to open episodes. Now, ShareCare displays all open admissions regardless of their attached episode status.</p>
SC-1821	13527, CC 13416, SB	<p>Heartbeat Timing</p> <p>This is an improvement of SC-1676 (9.0.6 Release Notes). The calculations are now in seconds instead minutes to avoid rounding issues with the timestamps, and a new HeartBeat is created as soon as the user logs in to avoid premature logouts.</p> <p>(the HeartBeat process is necessary for ShareCare to be fully compatible with Edge and Chrome)</p>