

| Planned Release | Task Title | Release Summary Description | Office | SPOT | JIRA Ticket # |
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| C4-1.10.1 (4/8/24) | Buyout checks printed with weird boxes and characters | Buyout Check and ESI Specific Check templates configuration has been fixed. The checks will be re-generated. | Office of Eligibility Policy (OEP) | 9337 | UTOPS-18629, EVOBRIXUT-37688, EVOBRIXUT-37693(SR) |
| C4-1.10.1 (4/8/24) | Need to regenerate the Buyout checks printed with weird boxes and characters | Checks have been regenerated for those that show as outstanding in the system. | Office of Eligibility Policy (OEP) | 9377 | UTOPS-18629, EVOBRIXUT-37693 |
| C4-1.10 (3/20/24) | Update IDD911/934 to be able to send start and end dates for some elements, have repeatable loops and change the overlapping rules for some elements. | PRISM is now able to, for accurate eligibility and benefits allow eREP to send an updated start or end date to an incarceration record in a different file. For accurate CMS reporting allow eREP to send us that a member has a dual status code of 8 for one month but 2 for another month. For accurate eligibility and benefits allow multiple changes to split month eligibility records in PRISM. | Office of Managed Health Care (OMHC) | 1065 | RTW: 34420 DOC: 34421, 34637, 34638, 34639, 34640, 34642, 34643. ENH: 34423, 34669, 34663, 34664, 34665, 34666, 34667, 34668, 34670 |
| C4-1.10 (3/20/24) | In PEGA, MyTeams: All other State users and CMA provider user are getting displayed or missing | Code released, updating CMA and DOH roles in PEGA. | Office of Long Term Services and Supports (OLTSS) | 1369 | UTOPS-4620, EVOBRIXUT-29452 |
| C4-1.10 (3/20/24) | Case no routed to correct Work Basket (WB) - PEGA disenrollment | Documentation ticket has been update and deployed to production updating, Process Step# 7. System determines role of user who initiated Disenrollment Request;{} | Office of Long Term Services and Supports (OLTSS) | 1576 | UTOPS-5084, EVOBRIXUT-29832 |
| C4-1.10 (3/20/24) | PEGA - Pending cases assigned to wrong work basket. | This defect has been corrected and system will not assign Wait For Signed Freedom of Choice of Providers PDF task to incorrect providers. | Office of Long Term Services and Supports (OLTSS) | 2199 | UTOPS-6244, EVOBRIXUT-30626 |
| C4-1.10 (3/20/24) | Reroute case - IE-3961, Wrong Case Management Agency (CMA) listed in case list. | System is updating the Provider ID so that latest CMA can see the Case in this report but not updating the CMA Name with new CMA selected in resubmission of the application. | Office of Long Term Services and Supports (OLTSS) | 2280 | UTOPS-6225, EVOBRIXUT-30593(SR), EVOBRIXUT-29542 |
| C4-1.10 (3/20/24) | When we do 2nd level of mass resurrect for a Transaction Control Number (TCN) we are getting issues on creating the Super Suspend indicator | This is an issue in PRISM and Acentra has fixed the affected Transaction Control Number (TCN) from the mass batch. | Office of Medicaid Operations (OMO) | 2405 | EVOBRIXUT-30679, EVOBRIXUT-30886 (SR) |
| C4-1.10 (3/20/24) | Interface 410 (PHARMACY_CLAIMS_TO_ORISIS) Isn't populated correct | The following NCPDP filed values were divided by 1000 while loading. In outbound same value need to be multiplied by 1000. 442-E7 QUANTITY DISPENSED 344-HF QUANTITY INTENDED TO BE DISPENSED 460-ET QUANTITYPRESCRIBED This is now corrected in following outbound interfaces, 401, 410, 423, 455, 452 | Office of Systems and Project Management (OSPM) | 2954 | UTOPS-7274, EVOBRIXUT-31151, EVOBRIXUT-34432 |
| C4-1.10 (3/20/24) | Electronic Data Interchange (EDI) - Pharmacy 401 file reports wrong value in DE 301-C1 Group ID | Change Health Care (CHC) will be sending the PRISM provider ID production files will have the new HMO_PROVIDER_NUMBER, Except for if someone did a reversal on a claim that was done before PRISM go live it would contain the LEGACY_PROVIDER_ID as that was the current data used for that claim. | Office of Managed Health Care (OMHC) | 3128 | UTOPS-5718, EVOBRIXUT-31314 |
| C4-1.10 (3/20/24) | User audit information is missing when the user updates the in-review provider record | The system code has been fixed to audit the in-review records. | Office of Medicaid Operations (OMO) | 3156 | UTOPS-7764, EVOBRIXUT-31664 |
| C4-1.10 (3/20/24) | Incorrect data populating on ESP-N 'Request for Additional Information' letter in PEGA. | The defect found in the code has been updated, Currently for Denied-Hold, system is passing Claim association date instead of Date of Service. | Office of Healthcare Policy and Authorization (OHPA) | 3922 | UTOPS-8877, EVOBRIXUT-32081 |
| C4-1.10 (3/20/24) | Data Warehouse (DW): Load report query issue | Updated the quarterly infrastructure patches to be moved to a weekday. Whenever these maintenance activities occur, we will skip the DW Daily load. Data for the skipped day will be processed into DW the following day | Office of Systems and Project Management (OSPM) | 4568 | UTOPS-11875, EVOBRIXUT-32689 |
| C4-1.10 (3/20/24) | OFIN_RECEIVABLES_S, OFIN_RCVBL_ACTIVITY_SNAPSHOT_S, PEGA_CARE_CASE_DTL_S, PEGA_CARE_CASE_PLN_STS_S DataStage code issue | DataStage code has been updated. Now working as expected. | Office of Systems and Project Management (OSPM) | 4571 | EVOBRIXUT-32605 |
| C4-1.10 (3/20/24) | Providers Receive an Error when trying to add license | Code Released, Providers and staff are able to Add/Modify/Delete the license in Enrollment and Manage/Modify Side. | Office of Medicaid Operations (OMO) | 4618 | UTOPS-10231, EVOBRIXUT-33019(SR), EVOBRIXUT-33018 |
| C4-1.10 (3/20/24) | Employment-related Personal Assistant Service (EPAS) annual review not generated for member | This is ais converted case. In Pega annual review cases will be created based on the CCP expiration date and logic mentioned in Pega SLA. For converted cases there is coding issue in creating Annual review case based on latest CCP expiration date.. | Office of Long Term Services and Supports (OLTSS) | 5259 | UTOPS-11307, EVOBRIXUT-33563(SR), EVOBRIXUT-31914 |
| C4-1.10 (3/20/24) | Reversal Pharmacy Encounter did not void previous Original Transaction Control Number (TCN) and Original TCN not posted to pharmacy encounter | A defect fix has been done in the system to check the combination of a previous claim with the same member, NDC, and Date of service with a claim business status of "Accepted". | Office of Managed Health Care (OMHC) | 5304 | UTOPS-11302, EVOBRIXUT-33943 (DOC), EVOBRIXUT-33553 |
| C4-1.10 (3/20/24) | Edit 2030 Invalid diagnosis code and 1110 Diagnosis invalid for date of service are posting incorrectly | Content version has been updated to 2023.3.0 | Office of Systems and Project Management (OSPM) | 5305 | UTOPS-11656, EVOBRIXUT-33933, (SR) EVOBRIXUT-37445 |
| C4-1.10 (3/20/24) | Encounter Pharmacy Claim Duplicate Checking Edit not working | An issue was identified and the fix put in place for duplicate edit '83' check in the system for the Pharmacy encounter which is not posting correctly. | Office of Managed Health Care (OMHC) | 5471 | UTOPS-11593, UTOPS-11302, EVOBRIXUT-33553, |
| C4-1.10 (3/20/24) | PEGA Action menu - Restart Previous Task not working. Incomplete Summary CRM-NC-TRF-22 | Coding issue fixed when determining where system should re-route when Restart Previous Task is selected. | Office of Long Term Services and Supports (OLTSS) | 5483 | UTOPS-11665, EVOBRIXUT-33719 (SR), EVOBRIXUT-29434 |
| C4-1.10 (3/20/24) | Members with Missing Benefit Plans | Code fix released in operations to fix the incorrect implementation of Business the rule. | Office of Managed Health Care (OMHC) | 5596 | UTOPS-12317, UTOPS-12316, UTOPS-11550, UTOPS-11692, UTOPS-11714, UTOPS-11627, UTOPS-11952, EVOBRIXUT-34460, EVOBRIXUT-34127(SR) |
| C4-1.10 (3/20/24) | Member name is not matching on Prior Authorization (PA) screen | Code fixed so the members info will be displayed in PA Beneficiary Info page from Member subsystem and not from PA for any status. Member data will be same in PA Beneficiary and PA Request List page | Office of Healthcare Policy and Authorization (OHPA) | 5613 | UTOPS-11842, EVOBRIXUT-34563(SR), EVOBRIXUT-34569, EVOBRIXUT-34926(SR) |
| C4-1.10 (3/20/24) | 13 records sent for one member on a single 834 including duplicate disenrollments, reinstates and demographic updates | Fixed to not report the Duplicate Enrollment and Disenrollment records in 834, when the enrollment for the same period is created, inactivated and again created on the same day. | Office of Managed Health Care (OMHC) | 5653 | UTOPS-11945, EVOBRIXUT-33926 |

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| C4-1.10 (3/20/24) | Encounter - Procedure code with HQ and 59 modifiers rejected with code 20902 Duplicate Encounter in error | The fix is a code change. The issue is happening for all Modifiers. If the current claim has modifiers, and one of the current claim modifiers is empty. Then the history claim doesn't have modifiers. The system is posting the edit incorrectly. | Office of Managed Health Care (OMHC) | 5768 | UTOPS-12143, EVOBRIXUT-33984; UTOPS-13053 |
| C4-1.10 (3/20/24) | Pharmacy (QX30) not tying out to FINET for QE 9/30 | Defect created to retain staging data in application OFIN tables for 30 days rather than 7 days, so that data can flow into data warehouse (DW). | Office of Financial Services (OFS) | 5774 | UTOPS-12147, SR EVOBRIXUT-35050, Defect EVOBRIXUT-35048 |
| C4-1.10 (3/20/24) | Prior Authorization Unexpected System Error. | Code fix required. Now System will allow to change the org unit and service type. More than one record ORA exception in package got Resolved, handled PA service From date validation in backend to avoid this scenario. | Office of Healthcare Policy and Authorization (OHPA) | 5787 | UTOPS-12201, EVOBRIXUT-34047 |
| C4-1.10 (3/20/24) | Data Warehouse (DW) - Record has Current Flag of 'D' | Code fix has been created to address the linking issue across all DW tables | Office of Managed Health Care (OMHC) | 5865 | UTOPS-12312, EVOBRIXUT-34132(SR), EVOBRIXUT-34133, EVOBRIXUT-36270(DOC) |
| C4-1.10 (3/20/24) | Level of care status is disappearing from nursing facility add on rate Prior Authorization (PAs) | The code has been modified to send the existing value or new value chosen from the level of care value. This status is not disappearing from nursing facility. | Office of Long Term Services and Supports (OLTSS) | 5890 | UTOPS-12377, EVOBRIXUT-34270 |
| C4-1.10 (3/20/24) | TRAD-EPST Missing - Fee for Service (FFS) Benefit Plans (BP) are not being appropriately rederived. | BP Process code fixed not to inactivate the TRAD-EPST BP and derive the required BP as per the BP configure matrix. | Office of Managed Health Care (OMHC) | 5935 | UTOPS-12479, EVOBRIXUT-34254(SR), EVOBRIXUT-34253 |
| C4-1.10 (3/20/24) | EDI-Encounter Rejected in Error | Edits are incorrectly using the Provider Approved Date instead of the Provider Business Status Dates. The Edit in UT-I clearly refers to Business Status not Approved Date Range. This issue was currently fixed for both edits 5380 and 5381. | Office of Managed Health Care (OMHC) | 6099 | UTOPS-12747, UTOPS-14060, EVOBRIXUT-34372, |
| C4-1.10 (3/20/24) | End date of previous nursing facility record changed on discharge screen for auto end due to death | Business rule updated to, the Date of Death (DOD) will only be updated when an eligibility record is received for the month of the current documented DOD and any eligibility records up to and including the month the corrected date of death. | Office of Long Term Services and Supports (OLTSS) | 6119 | UTOPS-12818, EVOBRIXUT-34496, EVOBRIXUT-34564 (DOC) |
| C4-1.10 (3/20/24) | Error 20131 Procedure code must exist for this revenue code, posted when procedure codes existed for revenue code 0450 | Code fixed to insurebased on 0048 OCE edit, corresponding adjudication 20131 edit is not posted as expected on claim Line -8,9,10. | Office of Managed Health Care (OMHC) | 6124 | UTOPS-12816, EVOBRIXUT-34585, (SR) EVOBRIXUT-37447 |
| C4-1.10 (3/20/24) | Prior Authorization getting an error code when trying to approve a service line in PRISM | Code fix required to handle when status value has null value, it will send the Actual status value to the Approval Process. | Office of Healthcare Policy and Authorization (OHPA) | 6156 | UTOPS-12841, EVOBRIXUT-34498 |
| C4-1.10 (3/20/24) | Error Code 1856 Cast post and core/crown buildup - Exceeds limit of 1 in 5 years, posting to claims that have been adjusted | Code released to fix error code 1856 posting incorrectly. Claims that have denied lines for this issue business will have these TCNs reprocessed for provider to get payment. | Office of Medicaid Operations (OMO) | 6408 | UTOPS-13235, EVOBRIXUT-34616, (SR) EVOBRIXUT-37443 |
| C4-1.10 (3/20/24) | Rural Health Clinic (RHC) Claim Pay \$0 with Pricing Rule AIR-All Inclusive | As per Appendix UT-G Lesser of logic should not apply for FQHC and RHC pricing. Code fix has been deployed into production. | Office of Medicaid Operations (OMO) | 6418 | UTOPS-13244, EVOBRIXUT-34618, (SR) EVOBRIXUT-37444 |
| C4-1.10 (3/20/24) | No edit button available in app intake | Edit button is available in app intake. | Office of Long Term Services and Supports (OLTSS) | 6479 | UTOPS-13341, EVOBRIXUT-34680(SR), EVOBRIXUT-34335 |
| C4-1.10 (3/20/24) | Upload Documents Issue, Providers no longer have the option available in the drop down for All others document type and all other documents as document name | Providers and State users are able to upload the documents using All Others as document type and document name in the Upload Document screen. | Office of Medicaid Operations (OMO) | 6491 | UTOPS-13380, EVOBRIXUT-34729 |
| C4-1.10 (3/20/24) | Not receiving notifications when Provider uploads documentation | The system will create / send a notification whenever the document gets uploaded into filenet at additional document popup page and it should not create notification during save button action in the additional document page. | Office of Healthcare Policy and Authorization (OHPA) | 6588 | UTOPS-13538, EVOBRIXUT-35132 |
| C4-1.10 (3/20/24) | PEGA - RN cannot attach a document to CRM-NC-AR-11470 | Current version of Pega doesn't support the Attachment names contains with the special characters ", ? , * , < , > , , ; . Updated the generic error message to: Please upload the attachment without using the special characters ", ? , * { } , < , > , , ; in file name. | Office of Long Term Services and Supports (OLTSS) | 6641 | UTOPS-13624, EVOBRIXUT-35301 (DOC), EVOBRIXUT-35300 |
| C4-1.10 (3/20/24) | Transaction Control Number (TCN) moved to Edit Processing Failure (EPF) Status due to there is 2 tooth number | During adjudication will considered first tooth number to process the Claim instead of selecting both tooth numbers. Ignoring the second tooth number in the table of clm_in_dental_detail. | Office of Medicaid Operations (OMO) | 6645 | UTOPS-13578, UTOPS-13543, EVOBRIXUT-34770 (SR), EVOBRIXUT-34771, (DOC) EVOBRIXUT-36564 |
| C4-1.10 (3/20/24) | 837 Direct Data Entry (DDE) files failed due to missing Diagnosis Qualifier | Code released to modify the query for derivation of diagnosis code qualifier 'DA' issue. DDE files are loading successfully | Office of Medicaid Operations (OMO) | 6648 | UTOPS-13432, EVOBRIXUT-34754(SR), EVOBRIXUT-34761 |
| C4-1.10 (3/20/24) | Exception received when provider was adjusting claim online | Code updated to fix the Appliance Placement Date field value update restriction while user without change this field value. | Office of Systems and Project Management (OSPM) | 6762 | UTOPS-13838, EVOBRIXUT-35067, EVOBRIXUT-35081(SR) |
| C4-1.10 (3/20/24) | 207, 446, 1416, 937 interfaces code optimization (No Cost Enhancement) | The release has optimized the code to ignore the blank rows in the sent excel file and proceed with the rows that have the data in it. | Office of Systems and Project Management (OSPM) | 7049 | EVOBRIXUT-35156(ENH) |
| C4-1.10 (3/20/24) | Change RA Job 1028 for optimization (No Cost Enhancement) | The resolution was introduced to optimize the RA generation process for certain claims due to timing issue. At present someone needs to manually schedule the interface at 12:00 PM on every Monday. The default schedule (Propose to modify the RA DB2DB job 1028 to schedule twice on Monday for better optimization.) is valid now and any deviation is currently done manually. | Office of Systems and Project Management (OSPM) | 7050 | EVOBRIXUT-35184 (ENH) |
| C4-1.10 (3/20/24) | IDD 907 MEMBER_DATA_TO_GHS_OUT-record 160 Interface 907 Temp Schedule Change (No Cost Enhancement) | Interface 907 file schedule updated to run every 6 hours. Midnight, 6 AM, Noon, 6 PM | Pharmacy Team | 7123 | UTOPS-14582, UTOPS-16088, EVOBRIXUT-36175 |
| C4-1.10 (3/20/24) | Benefit Plan (BP) DENT-PREG and TRAD-PRGNT End Dates are incorrect with Recipient Aid Category (RAC) Start Date Mid Month | Verified all the RAC's Start Mid month members and BP is derived correctly. | Office of Eligibility Policy (OEP) | 7422 | EVOBRIXUT-35076 |
| C4-1.10 (3/20/24) | Create 270-271 CORE Realtime transaction data Archival Process(No Cost Enhancement) | CORE Realtime 270/271 transactions are getting increased daily in the transaction tables. We have implemented a data archival job that runs every day early morning and pushes the previous day's transactional data to the archival tables | Office of Systems and Project Management (OSPM) | 7503 | EVOBRIXUT-35670 |
| C4-1.10 (3/20/24) | Inactivate Notification "Member is no longer pregnant and there is still an unborn associated." | Updated the code to not trigger the notification when member has pregnancy indicator for current date (the demographic detail page will show Y if member has pregnancy indicator for the current date). | Office of Systems and Project Management (OSPM) | 7773 | EVOBRIXUT-35939 |

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| C4-1.10 (3/20/24) | Recipient Aid Category (RAC) not loaded/no error on member level error report | Currently there is a constraint in PRISM being able to do multiple changes to a month that has multiple RACs with mid-month start and end dates. The solution to process the mid-month RAC update for the member, as well, in case of any rejection to capture the reason in the interface_run_error table. | Office of Managed Health Care (OMHC) | 7809 | UTOPS-15747, EVOBRIXUT-35995(SR), EVOBRIXUT-36156 |
| C4-1.10 (3/20/24) | XX_DW_OFIN_CASH_RCPTS_T table has duplicate PAYEE_IDNTRF and RECEIPT_NMBR | Code change created to remove the duplicates being populated in XX_DW_OFIN_CASH_RCPTS_T table. | Office of Systems and Project Management (OSPM) | 7841 | EVOBRIXUT-34314 |
| C4-1.10 (3/20/24) | Update overlapping Incarceration Start and End date rule in IDD 911 | Logic updated to: When eREP sends overlapping Incarceration Start and End dates for an ACTIVE (RST1) record already sent for the same member in the same file, an error is recorded on the Member Level Error Report "Incarceration segment is not loaded" and incarceration segment is not loaded. The system should process INACTIVE (RST2) records even if the start and end date overlap an ACTIVE (RST1)Record. | Office of Eligibility Policy (OEP) | 8161 | RTW EVOBRIXUT-36730, DOC: EVOBRIXUT-36750, ENH: EVOBRIXUT-36751 |
| C4-1.10 (3/20/24) | Exception Occurred when remove Decimal Unit Value from the PA Utilization table | Added the condition of removing the decimal value from the PA Utilized unit table using the removePAUtilizationDetail method. The decimal value of the utilized unit has been removed | Office of Healthcare Policy and Authorization (OHPA) | 8495 | UTOPS-16717, EVOBRIXUT-36635 |
| C4-1.10 (3/20/24) | CR 4100 Page IDs: pgEnrollmentHistory is not updated per CR 4100 | This issue is not part of consolidated release issue, but new issue identified now only after regression testing. Working as expected. pgEnrollmentHistory is now showing First, Middle and Last | Office of Systems and Project Management (OSPM) | 8605 | EVOBRIXUT-36768 |
| C4-1.10 (3/20/24) | State User getting error when trying to update sterilization date. | Code fix has been done to address the issue. ADA Correspondence Mode or Sterilization Consent Date hyperlinks are working as expected. | Office of Medicaid Operations (OMO) | 8681 | UTOPS-17403, EVOBRIXUT-36957 |
| C4-1.10 (3/20/24) | Print member screen not showing members name | The code fixed to fetch the Member Name from the Database query based on Member ID | Office of Medicaid Operations (OMO) | 8764 | UTOPS-17555, EVOBRIXUT-36956 |
| C4-1.10 (3/20/24) | 902 file reporting multiple changes to each month | No code fix. The document was updated with changes to send only 2 records (1 record as Y and another record as N) | Office of Eligibility Policy (OEP) | 8774 | EVOBRIXUT-36711 |
| C4-1.10 (3/20/24) | AD_CLM_HDR_ACDNT_LCTN_RLTD_CS (COUNTRY_CODE, STATE_PRVNC_CODE) data quality issue | Derivation logic has been updated and constraint updated to allow all data for: COUNTRY_NAME for COUNTRY_CODE field and STATE_PRVNC_NAME for STATE_PRVNC_CODE field OUT_OF_US_COUNTRY_NAME for OUT_OF_US_COUNTRY_CODE field | Office of Systems and Project Management (OSPM) | 8797 | EVOBRIXUT-32602 |
| C4-1.10 (3/20/24) | DW Audit Framework Issue, Audit record counts not populated randomly | Fixed all for DataStage code. | Office of Systems and Project Management (OSPM) | 8862 | UTOPS-12159, EVOBRIXUT-33746, EVOBRIXUT-34999 |
| C4-1.10 (3/20/24) | Vulnerability issue reported in below files in Webservice application | Code release deployed, verified webservices loaded successfully for 935 and 936 | Office of Systems and Project Management (OSPM) | 8980 | EVOBRIXUT-35322 |
| C4-1.10 (3/20/24) | Vulnerability issue reported in below files in MCE queue application | Code release deployed. Auto assignment is working for the members. | Office of Systems and Project Management (OSPM) | 8981 | EVOBRIXUT-35321 |
| C4-1.10 (3/20/24) | Vulnerability issue reported in below files in Correspondence application | Code release deployed. The Correspondence files are generated. | Office of Systems and Project Management (OSPM) | 8982 | EVOBRIXUT-35320 |
| C4-1.10 (3/20/24) | Vulnerability issue reported in below files in PRISM Screen application | Code release deployed. Uploading documents from BPW and Expert Mode working as expected. | Office of Systems and Project Management (OSPM) | 8983 | EVOBRIXUT-35319 |
| C4-1.10 (3/20/24) | Vulnerability issue reported in below files in Adjudication application | Code release deployed. Executed the list of claims consists of Pricing, Edits, Inpatient and Outpatient with 3M Validation and Encounter files as well. Working as expected | Office of Systems and Project Management (OSPM) | 8984 | EVOBRIXUT-35318 |
| C4-1.9.1.1 (3/5/24) | 1095B -IRS rejected all files that posted last week. | Code fixed to get the latest responsible person for a given member based on the reporting Tax Year (2023). | Office of Eligibility Policy (OEP) | 8554 | EVOBRIXUT-36816 |
| C4-1.9.1.1 (3/5/24) | 1095B file to IRS not applying address rule for Foster Care correctly. | 1095B changes were deployed to production. Verified that when responsible party Head of Household (HOH) member is in foster care, the hard coded address of 195 N 1950 W Salt Lake City, UT - 84116 is used. | Office of Eligibility Policy (OEP) | 8819 | EVOBRIXUT-36997 |
| C4-1.9.1 (2/28/24) | Update member name match logic – claims/ encounters | Column header, Static text and data models of members name to display members name as First: Middle: Last: | Office of Medicaid Operations (OMO) | 4100 | UTOPS-9182, EVOBRIXUT-32373, RTW EVOBRIXUT-34732, EVOBRIXUT-34787, EVOBRIXUT-34788, EVOBRIXUT-34789, EVOBRIXUT-34790, EVOBRIXUT-34791, EVOBRIXUT-34792, EVOBRIXUT-34793, EVOBRIXUT-34794 |
| C4-1.9.1 (2/28/24) | Update current National Drug Code (NDC) pricing logic in CE-UT-G | In CE UT-G Update Exhibit Medical Claims with National Drug Codes (NDC). Pricing Provider Administered Drugs pricing will be based on HCPCS units & rates. | Pricing Pharmacy Team | 5300 | RTW EVOBRIXUT-34734, DOC EVOBRIXUT-34798, EVOBRIXUT-34800, EVOBRIXUT-34802, EVOBRIXUT-34804, ENH EVOBRIXUT-34799, EVOBRIXUT-34801, EVOBRIXUT-34803, EVOBRIXUT-34805 |
| C4-1.9.1 (2/28/24) | Capitation Medicaid Eligibility Group (MEG) rules not working | Fix in place for this issue to avoid rederiving the ACA segment while processing void transaction. | Office of Financial Services (OFS) | 7149 | UTOPS-14548, EVOBRIXUT-35581(SR), EVOBRIXUT-35582 |
| C4-1.9.1 (2/28/24) | MC Recipient Aid Category (RAC) starts with E, but Appropriation not LIS | Fix in place for this issue to avoid rederiving the ACA segment while processing void transaction. | Office of Financial Services (OFS) | 7276 | UTOPS-14783, EVOBRIXUT-35582 |
| C4-1.9.1 (2/28/24) | State CHIP members Cost Share Met Flag Y in error | The code fix has been implemented; New State CHIP plans cost share met flag indicator is displayed in 834 as expected. | Office of Managed Health Care (OMHC) | 7710 | UTOPS-15557, EVOBRIXUT-35983 |
| C4-1.9.1 (2/28/24) | Capitation payments did not get 1115 Waiver | Fix in place for this issue to avoid rederiving the ACA segment while processing void transaction. | Office of Financial Services (OFS) | 7718 | UTOPS-15568, EVOBRIXUT-35582 |
| C4-1.9.1 (2/28/24) | 3M certificate Update in production environment | There is no impact on the 3M calls performed in PROD with test certificates as the data is the same for PROD and Test certificates. | Office of Medicaid Operations (OMO) | 7839 | UTOPS-15808, EVOBRIXUT-36012 |
| C4-1.9.1 (2/28/24) | Mass Adjustment Claims taking more time processing and moving to Edit Processing Failure (EPF) | Removed the looping in the 2017 and 1865 Edits Rule IT Logic. So it will be improved the processing time to resolve this issue. | Office of Medicaid Operations (OMO) | 8138 | UTOPS-16338, EVOBRIXUT-36330 |

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| C4-1.9.1 (2/28/24) | Member has Medical Manage Care (MMED) Benefit Plan (BP) for January but no capitation payment was made | 3500 (Auto review job) should not run when 834 or 820 is running. It will run in parallel with 1003. This will prevent enrolled members in the Auto review job from being missed in both 834 report as well as payments. | Office of Managed Health Care (OMHC) | 8153 | UTOPS-16368, EVOBRIXUT-36404(SR), EVOBRIXUT-36405, UTOPS-16792 |
| C4-1.9.1 (2/28/24) | Hospice Encounter Claims Moved to Edit Processing Failure (EPF) Status | The looping to be removed in the 2017 and 1865 Edits, Rule IT Logic. So it will be improved processing time to resolve this issue and added condition, the rate value is a failure in the hospice rule. Adding the condition, The edit 2095 has posted and claims moved to the proper status. | Office of Medicaid Operations (OMO) | 8288 | UTOPS-16509,EVOBRIXUT-36438 |
| C4-1.9.1 (2/28/24) | Trading Partner Numbers (TPNs) are getting stored in a Data Base Table for Rendering providers | Service request deployed to production to delete the Billing Agent and TPN records from the back-end. Rendering providers are not affiliated with Billing Agents and TPN's. | Office of Systems and Project Management (OSPM) | 8348 | UTOPS-15982, (SR) EVOBRIXUT-36357, (SR) EVOBRIXUT-36562, EVOBRIXUT-36227 |
| C4-1.9.1 (2/28/24) | DW Extraction process (Adhoc activities) (NoCostEnhancement) | Automated DW extraction process for ad hoc activities. The automated process can be utilized for ongoing DW SR's/Defects/any ad-hoc request. There will be no changes or impact to Application or DW tables. | Office of Systems and Project Management (OSPM) | 8602 | EVOBRIXUT-36784 |
| C4-1.9.0.2 (2/16/24) | 1095B generation in Production | We will deploy 1095B code via Service Request route Adhoc deployment. The code will be merged into C4-1.9.1 & C4-1.10 code base | Office of Eligibility Policy (OEP) | 7536 | UTOPS-14772 |
| C4-1.9.0.2 (2/16/24) | Convert Missing 1095B Records | This ticket was created to validate the 1095B setup with DTS and then outline steps to process 1095Bs from PRISM in Jan 2024. IRS processing is completed, Acentra Health will take approval from State and will turn on the interface regular schedule on 02/15/2024, to ingest the IRS updates bi-weekly starting Feb 2024 | Office of Eligibility Policy (OEP) | 7747 | UTOPS-14772, ENH EVOBRIXUT-36299, RTW EVOBRIXUT-36298 |
| C4-1.9.0.2 (2/16/24) | 1095B to IRS (1075.02)Production files incorrect | Generated correspondence has the correct contact information and is now grouped correctly under the Head of Household (HOH) | Office of Eligibility Policy (OEP) | 8047 | UTOPS-16185, EVOBRIXUT-36316, EVOBRIXUT-36317, SR EVOBRIXUT-36315 |
| C4-1.9.0.1 (2/1/24) | Provider ID number listed for the EDI files in the Retrieve Acknowledgement/Response screen. | This ticket has been created to revert the changes that were incorrectly deployed during the C4 1.9 release. | Office of Medicaid Operations (OMO) | 7936 | UTOPS-15982, UTOPS-16292 EVOBRIXUT-36151, EVOBRIXUT-36227 |
| C4-1.9 (1/24/24) | Provider in the Admission Record screens is showing an error code | Code fixed required to remove the provider detail table from the validation to this data issue. | Office of Long Term Services and Supports (OLTSS) | 1358 | UTOPS-4669, EVOBRIXUT-29591(SR), EVOBRIXUT-29806 |
| C4-1.9 (1/24/24) | Error Code 5354 Services not paid when unbundled, Posting Incorrectly to Dental Claim | Instead of posting 5354 edit commonly for all lines, after the fix, edit will be posted at current line which has procedure code belonging to the group. | Office of Medicaid Operations (OMO) | 1474 | UTOPS-4759, EVOBRIXUT-29848, EVOBRIXUT-29958 (DOC) |
| C4-1.9 (1/24/24) | Error - Same record exists with In Review status | Service request applied to inactivate the in review records to clear the error message. | Office of Medicaid Operations (OMO) | 1569 | UTOPS-5017, EVOBRIXUT-29826(SR), EVOBRIXUT-29793 |
| C4-1.9 (1/24/24) | Provider dropdown not available for waiver service in Pega | Provider and frequency dropdown fields are populating with the respective values | Office of Long Term Services and Supports (OLTSS) | 1888 | UTOPS-5830, EVOBRIXUT-30332 |
| C4-1.9 (1/24/24) | Not able to access View Procedure Info (State Flow) Web Page | Procedure info page-Edit button enabled for specified profiles. | Office of Medicaid Operations (OMO) | 1911 | UTOPS-6238, EVOBRIXUT-30694 |
| C4-1.9 (1/24/24) | Utah's Premium Partnership Children's Health Insurance Program (UPP CHIP) plan start date adjustment for newborn - Benefit Plan (BP) Changes | Benefit Plan (BP) name included the eREP process Benefit Plan (BP) code to derive the valid dates. | Office of Managed Health Care (OMHC) | 2033 | EVOBRIXUT-30268 |
| C4-1.9 (1/24/24) | Eligibility & Enrollment (EE) - Hospice Admission/Enrollment Information - Update label for Nursing Facility NPI (No Cost Enhancement) | Hospice Admission/Enrollment information label has been updated to add Nursing Facility NPI/ID | Office of Systems and Project Management (OSPM) | 2079 | EVOBRIXUT-29500, EVOBRIXUT-29499 |
| C4-1.9 (1/24/24) | *Edit Workgroup* Applied Behavior Analysis (ABA) Provider Pricing Rule Charge Mode % of Fee Schedule (No COST ENHANCEMENT) | Specialty Rates has been applied based on the PTSPPSP that was derived during claim type determination for billing provider. PT/SP/SSP A240/B805/C999 has been added to CTD matrix for J along with the below existing configuration and the claim will pick specialty rate. | Office of Systems and Project Management (OSPM) | 2406 | UTOPS-6557, UTOPS-6576, EVOBRIXUT-31316 (DOC), EVOBRIXUT-31317 (ENH) |
| C4-1.9 (1/24/24) | Disenrollment reason not showing - DE-3107 | Disenrollment Decision under Disenrollment Review Decision is showing indrop down selection from "Review Disenrollment Request" task. | Office of Long Term Services and Supports (OLTSS) | 2746 | UTOPS-6940, EVOBRIXUT-30985 |
| C4-1.9 (1/24/24) | Care Plan Amendment (CPA) created for old care plan | System is now comparing with the latest approved care plan expiration date. | Office of Long Term Services and Supports (OLTSS) | 2919 | UTOPS-7267, EVOBRIXUT-31170 |
| C4-1.9 (1/24/24) | Notice of Decision (NOD) Reduction of Care Plan Service letter correspondence being generated incorrectly | While checking reduced units, system was comparing incorrectly when HCPCS code is added multiple times with any provider. | Office of Long Term Services and Supports (OLTSS) | 2941 | EVOBRIXUT-31134 |
| C4-1.9 (1/24/24) | Prior Authorization (PA) units did not restore | Issue exists in adjustment scenario that has been fixed. | Office of Medicaid Operations (OMO) | 3077 | UTOPS-7472, EVOBRIXUT-33133 |
| C4-1.9 (1/24/24) | Buyout Payment information removed | Code Fix completed to fix this issue, so users will be able to change the international/invalid address to valid address. | Office of Eligibility Policy (OEP) | 3103 | UTOPS-7534, EVOBRIXUT-29938 |
| C4-1.9 (1/24/24) | EDI - Pharmacy 401 file has T in Header of Production File not P | Files with 'T' and 'P' are loading successfully. | Office of Managed Health Care (OMHC) | 3122 | UTOPS-5718, UTOPS-7552, EVOBRIXUT-31315 |
| C4-1.9 (1/24/24) | Fingerprint Error Message."To add the fingerprinting indicator for the owner" | We are now able to approve the application with the owners having the same SSN in the Ownership step and we are now able to add the Fingerprinting indicators for all the owners. | Office of Medicaid Operations (OMO) | 3229 | UTOPS-7748, EVOBRIXUT-31423(SR), EVOBRIXUT-31033 |
| C4-1.9 (1/24/24) | Children's Health Insurance Program (CHIP) 834 reporting incorrect rate and Capitations rejecting (NO COST ENHANCEMENT) | Currently 834 is reporting the retro enrollments in the past 13 months. This 13 months will be changed to 24 months to report the retro enrollments. This change will be documented in the 834 mapping document. | Office of Managed Health Care (OMHC) | 3255 | UTOPS-7775, EVOBRIXUT-31445(SR), EVOBRIXUT-33671(ENH), EVOBRIXUT-34102 (Doc) |
| C4-1.9 (1/24/24) | Interface Processing Header Validation Test "T", Production "P" Validations Missing for All Interfaces | Interface Processing Header Validation Test "T", Production "P" Validations are processing correctly for All Interfaces | Office of Systems and Project Management (OSPM) | 3352 | EVOBRIXUT-31315 |
| C4-1.9 (1/24/24) | Internal Design Document (IDD) 934 schedule needs to be updated to exclude the state/federal holidays and weekends (No Cost Enhancement) | The Interface information tab is updated as per description. Internal Design Document (IDD) 934 schedule updated to exclude the state/federal holidays and weekends | Office of Eligibility Policy (OEP) | 3361 | EVOBRIXUT-31111 ENH, EVOBRIXUT-31108 DOC |
| C4-1.9 (1/24/24) | User cannot see any Case Managers or Register Nurse's (RN's) to assign cases to in PRISM | Defect is fixed for converted cases Case managers and RN's are not pulling correctly on the UI when Update Case Manager/Registered Nurse is selected. | Office of Long Term Services and Supports (OLTSS) | 3878 | UTOPS-8777, UTOPS-8778, EVOBRIXUT-32931 |
| C4-1.9 (1/24/24) | Attempt to submit application online-receiving error | The reported issue in App-lintake System from PEGA have been corrected. | Office of Long Term Services and Supports (OLTSS) | 3895 | UTOPS-8822, EVOBRIXUT-32062 |

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| C4-1.9 (1/24/24) | PEGA Cases with Error 'Office of Medicaid Operations (OMO) Decision: This field may not be blank.' | The fix was applied to copy previous claim status system have to pass correct TCN to check if there are any existing claims available in system. | Office of Healthcare Policy and Authorization (OHPA) | 3926 | UTOPS-8881, EVOBRIXUT-32108 |
| C4-1.9 (1/24/24) | Relative Value Unit (RVU) interface processing where records are errored out | The issue has been fixed to update the date ranges of procedure modifier associations when more than one record is available in the system. | Office of Medicaid Operations (OMO) | 3938 | UTOPS-8839, EVOBRIXUT-32076, EVOBRIXUT-32075(SR) |
| C4-1.9 (1/24/24) | PEGA - Old Care Plans (CP) Case Owners assigned new cases | Completed Cases are displaying in Update Case Owner Search Result | Office of Long Term Services and Supports (OLTSS) | 4001 | UTOPS-9031, EVOBRIXUT-32176 |
| C4-1.9 (1/24/24) | Cost Share Met Indicator and Utilization data conflict | Cost Share Met validation happens in the system, whenever there is a change in member eligibility and copay indicator. Code fixed to update Cost Share met flag "Y" only to the individual house hold member, when copay exempt indicator is added | Office of Managed Health Care (OMHC) | 4245 | UTOPS-9464, EVOBRIXUT-32417 |
| C4-1.9 (1/24/24) | Member not enrolled in Prepaid Mental Health Plans (PMHP) | Code fixed for the Benefit Plan eligibility break validation at Benefit Plan level enrolled in the prior month in the respective Prepaid Mental Health Plans (PMHP) | Office of Managed Health Care (OMHC) | 4259 | UTOPS-9467, EVOBRIXUT-32372, EVOBRIXUT-32370 (SR) |
| C4-1.9 (1/24/24) | Incorrect Managed Care (MC) plan and Benefit Plan (BP) dates | Issue fixed to derive the on going Program Enrollment Type (PET) Slice/Dice record correctly after the discharge date. | Office of Managed Health Care (OMHC) | 4363 | UTOPS-9665, EVOBRIXUT-32637, EVOBRIXUT-32470 (SR) |
| C4-1.9 (1/24/24) | Modified Name Missing and replaced with Administrator, Interface | Screen query changed to address this issue. After History Detail Population Job trigger, Modified By name is displaying as expected. | Office of Managed Health Care (OMHC) | 4379 | UTOPS-9676, EVOBRIXUT-32471 |
| C4-1.9 (1/24/24) | System is showing an error message and not allowing end dates to be added to nursing facility admission records | Missing Program Enrollment Type (PET) Code configuration released to fix this issue | Office of Long Term Services and Supports (OLTSS) | 4454 | UTOPS-9776, EVOBRIXUT-32717, EVOBRIXUT-32718 (SR) |
| C4-1.9 (1/24/24) | System is not populating the end date of the LTC-NFAC PET as the review date on the nursing facility admission record | Incorrect implementation of Business rule. Code has been fixed. | Office of Long Term Services and Supports (OLTSS) | 4462 | UTOPS-9805, EVOBRIXUT-32633, EVOBRIXUT-32565 (SR) |
| C4-1.9 (1/24/24) | Excel Download Failure | Gross Adjustment List Page export to excel issue is fixed. | Office of Reimbursement, Coordinated Care & Audit (ORCA) | 4475 | UTOPS-9757, UTOPS-9846 (Dup),EVOBRIXUT-32536, |
| C4-1.9 (1/24/24) | CLM_Claims Detail Recovery Report missing for August 2023 with the error single-row subquery returns more than one row. | Report Query has been corrected to avoid this error | Office of Systems and Project Management (OSPM) | 4500 | UTOPS-9888,EVOBRIXUT-32538, UTOPS-11839, UTOPS-12263, UTOPS-12433 |
| C4-1.9 (1/24/24) | Error when pulling Prior Authorizations (PAs) | Code fix is required to fix PA framework for list page is having issues when searching by NPI and Provider ID | Office of Long Term Services and Supports (OLTSS) | 4518 | UTOPS-9941, EVOBRIXUT-32733 |
| C4-1.9 (1/24/24) | Invalid Electronic Data Interchange file for enrollment 834 Record | Code fixed, Resolving the performance issue. After table is analyzed to gather latest statistics, "View Enrollment Roster" page is returning dataset within 10 seconds | Office of Managed Health Care (OMHC) | 4574 | UTOPS-10038, UTOPS-10719, EVOBRIXUT-33231 |
| C4-1.9 (1/24/24) | Electronic Remittance Advice 835- Value of sub-element PROCEDURE MODIFIER 2 (SVC01-04) has been already used - No Cost Enhancement | 1) Fixed to not report the modifiers when the sub-element SVC01-03 is AD (Dental Claim - Non-Pharmacy) 2) Fixed to display the Distinct Modifiers if the Modifiers are duplicated in any of the four modifiers | Office of Medicaid Operations (OMO) | 4579 | UTOPS-8089, EVOBRIXUT-32737 (ENH) |
| C4-1.9 (1/24/24) | Eligibility Not Updating | Issue has been resolved and the error message updated to, Recipient Aid Category (RAC) not loaded due to multiple RACs for same time period. | Office of Eligibility Policy (OEP) | 4586 | UTOPS-10050, UTOPS-10013, EVOBRIXUT-33457 |
| C4-1.9 (1/24/24) | Deceased member benefit plan does not start on the first of the month and rate code not reported on 834 file (No COST ENHANCEMENT) | Fixed to derive the elements for the Enrollment scenarios based on the Enrollment Begin Date. | Office of Managed Health Care (OMHC) | 4590 | UTOPS-10055, UTOPS-10089, EVOBRIXUT-32992 (ENH) |
| C4-1.9 (1/24/24) | Applicant Waiting List Summary not working correctly | Reported issue is fixed. Applicant Waiting List is displaying data available in the Pending - workbook (WB). | Office of Long Term Services and Supports (OLTSS) | 4598 | UTOPS-10094, EVOBRIXUT-32773 |
| C4-1.9 (1/24/24) | Newborn 834 add record missing rate code (No Cost Enhancement) | Fixed to derive the elements for the Enrollment scenarios based on the Enrollment Begin Date. | Office of Managed Health Care (OMHC) | 4601 | UTOPS-10089, EVOBRIXUT-32992 (ENH) |
| C4-1.9 (1/24/24) | Division of Services for People with Disabilities (DSPD) Claims Stuck "In Process" | Service request applied to production. As per the regular loading process, when there is an adjustment/void to an Fee for Service (FFS) claim will update the parent Transaction Control Number (TCN) status to "In Correction". Once loading is completed, and adjudication is completed for the child claim, the parent status either will go to "Adjusted" or back to its original status. | Office of Systems and Project Management (OSPM) | 4639 | UTOPS-9377, EVOBRIXUT-32542 (SR), EVOBRIXUT-32540 |
| C4-1.9 (1/24/24) | Electronic Data Interchange file for enrollment 834 record created for Prospective Enrollment & Dis-Enrollment for the same period. | When the Enrollment and Dis-Enrollment for the same period is activated and inactivated on the same day, currently Dis-Enrollment 834 transaction triggered for the member. Fixed to not report the Dis-Enrollment record in the 834, if the record respective Enrollment is not sent to Managed Care Organization (MCO) | Office of Managed Health Care (OMHC) | 4658 | UTOPS-10183, EVOBRIXUT-32856 |
| C4-1.9 (1/24/24) | Managed Care Medicare Exclusion Database (MC-MED) associated with Integrated plan | Code fix for whenever the Long Term Care (LTC) admission period overlaps multiple Managed Care (MC) enrollments. | Office of Managed Health Care (OMHC) | 4782 | UTOPS-10415, EVOBRIXUT-33271(SR), EVOBRIXUT-33270 |
| C4-1.9 (1/24/24) | Restriction Rate Cell/Payment not changed with end date | Code fix to add the end date so that correct rate code can be provided and paid for in the correct period and to report the rate change. | Office of Managed Health Care (OMHC) | 4946 | UTOPS-10717, EVOBRIXUT-33196, EVOBRIXUT-33195(SR) |
| C4-1.9 (1/24/24) | Data Warehouse Tables are not all Loaded | Code Fixed. Now ("RR") value is configured in Lookup tables for MC_RCVBL_T.ADJSTMNT_SOURCE_LKPCD in PRDMMIS. | Director's Office (DO) | 4962 | UTOPS-10743, EVOBRIXUT-33377(SR), EVOBRIXUT-33269 |
| C4-1.9 (1/24/24) | Out of State and Managed Care (MC) Enrollment | Defect is fixed so the system will use address end date to disenroll rather than the end of current month. | Office of Managed Health Care (OMHC) | 5029 | UTOPS-10875, EVOBRIXUT-33831 |
| C4-1.9 (1/24/24) | Electronic Remittance Advice 835 failed in validation when reporting Collections and Accounts Receivable System (CARS) | Fix the query, 835 EDI file is successfully generated. | Office of Medicaid Operations (OMO) | 5220 | EVOBRIXUT-33463 |
| C4-1.9 (1/24/24) | Incorrect Date Generating on Disenrollment Letter | Fix in place so the disenrollmentDate correspondence filed is mapped to Disenrollment Date. | Office of Long Term Services and Supports (OLTSS) | 5236 | UTOPS-11178, EVOBRIXUT-33506 |
| C4-1.9 (1/24/24) | Multiple Managed Care (MC) Medical Manage Care (MMED) enrollment with Active Exemption | Code fixed not to derive Multiple MC MMED enrollment with Active Exemption. | Office of Managed Health Care (OMHC) | 5242 | UTOPS-11206, EVOBRIXUT-33504(SR), EVOBRIXUT-33666 |
| C4-1.9 (1/24/24) | Edit 1890 Therapeutic injection/office visit conflict. Bypass 3 if the modifier belong to group. Condition is not working correctly | Issue fixed for Edit 1890 Bypass condition 3. If the modifier belong to group Group Code - MOD-1890. | Office of Healthcare Policy and Authorization (OHPA) | 5243 | UTOPS-11209, EVOBRIXUT-33773 |
| C4-1.9 (1/24/24) | ENCOUNTERS - Error Code 20122 Recipient enrolled with another plan on admission date. Posted Incorrectly | PRISM will not be using any date validation on MBR_IDNTFR table. PRISM will check only if the member is associated with the provider for the date of service (DOS) during the program code derivation logic for encounters. | Office of Managed Health Care (OMHC) | 5249 | UTOPS-11212, EVOBRIXUT-33771 |
| C4-1.9 (1/24/24) | Notification received on missing admission record Transaction Identifier | Code fixed to trigger the notification after the user confirms with OK button in the summary page. | Office of Managed Health Care (OMHC) | 5276 | UTOPS-11308, EVOBRIXUT-33566(SR), EVOBRIXUT-33565 |

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| C4-1.9 (1/24/24) | System is not allowing payment on the first day for an ICF when the member discharged from another facility on the same day - one day overlap | The fix is not to rederive Program Enrollment Type (PET /BP) Benefit Plan on review approval for discharged records. User should go to the Discharge screen and update the discharge date to rederive the PET/BP dates, if there is any change to discharged record. Review Approval is only applicable for ongoing admission records. | Office of Long Term Services and Supports (OLTSS) | 5316 | UTOPS-11318, EVOBRIXUT-33580(SR), EVOBRIXUT-33621 |
| C4-1.9 (1/24/24) | System is not saving denial letters in filenet and adding incorrect information to the correspondence field | Code fixed to populate the correspondence free format param value field and NPI value correctly to save the denial letter in the filenet. | Office of Long Term Services and Supports (OLTSS) | 5319 | UTOPS-11312, EVOBRIXUT-33581 |
| C4-1.9 (1/24/24) | Managed Care (MC) Payment rejected- Member Address Gaps in PRISM Due to eREP interface inactivating Address | Issue fixed not to update the dates when no address changed. Member Address Slice and Dice is working as expected. | Office of Managed Health Care (OMHC) | 5340 | UTOPS-7473, EVOBRIXUT-33542, EVOBRIXUT-33923(SR) |
| C4-1.9 (1/24/24) | 820 Detail Report - blank information | Fixed the query for payment transactions created through conversion process are mapped with mc_rate_cohort_cmbntn_val_sid in mc_final_payment_detail table, and RPT_MCO_820_DTL_VW view | Office of Managed Health Care (OMHC) | 5344 | UTOPS-11420, EVOBRIXUT-33637 |
| C4-1.9 (1/24/24) | 834 Record for OLD TPL info | Fixed to report the Third-Party Liability (TPL) only for the member having the enrollment for the current month. | Office of Managed Health Care (OMHC) | 5411 | UTOPS-11490, EVOBRIXUT-33643 |
| C4-1.9 (1/24/24) | 834 Validation Errors related to an active address not available (NO COST ENHANCEMENT) | New business rule created: The system should report the active residential address as of the 834 file generation date. If is not available, it should report the active mailing address as of the 834 file generation date. If both are not available, it should report the most recent member's residential or mailing address in the respective order. | Office of Managed Health Care (OMHC) | 5415 | UTOPS-11491, EVOBRIXUT-33749 ENH EVOBRIXUT-33894 (DOC) |
| C4-1.9 (1/24/24) | Electronic Remittance Advice 835's failing in Provider systems due to missing or '0' (zero) in the Patient Control Number (CLP01) | Patient Account Number is Fixed in Adjust/Resolve/Inquire Claim Header Detail Pages. | Office of Medicaid Operations (OMO) | 5493 | UTOPS-11659, EVOBRIXUT-33730 (SR), EVOBRIXUT-33731 |
| C4-1.9 (1/24/24) | Error Code 5368 Not new patient. Provider is billing for new patient services, however the Member has seen a provider with the same specialty in a group practice within the last 3 years, not posting | This has been fixed in adjudication process while populating history claim details for the same member claims with servicing provider specialty code details. | Office of Healthcare Policy and Authorization (OHPA) | 5945 | UTOPS-11989, EVOBRIXUT-33702 |
| C4-1.9 (1/24/24) | Vulnerability issue reported in below files in Adjudication application | Defect identified and the issue is fixed for the vulnerability issue reported in files in Adjudication application | Office of Systems and Project Management (OSPM) | 6102 | EVOBRIXUT-34026 |
| C4-1.9 (1/24/24) | Vulnerability issue reported in below files in CorrespondenceApplication | Defect identified and the issue is fixed for the vulnerability issue reported in files in Correspondence Application | Office of Systems and Project Management (OSPM) | 6103 | EVOBRIXUT-34025 |
| C4-1.9 (1/24/24) | Vulnerability issue reported in below files in Electronic Data Interchange (EDI) Application | Defect identified and the issue is fixed for the vulnerability issue reported in files in EDI Application | Office of Systems and Project Management (OSPM) | 6104 | EVOBRIXUT-34024 |
| C4-1.9 (1/24/24) | Vulnerability issue reported in below files in Managed Care Encounters (MCE) Application | Defect identified and the issue is fixed for the vulnerability issue reported in files in Managed Care Encounters (MCE) Application | Office of Systems and Project Management (OSPM) | 6105 | EVOBRIXUT-34022 |
| C4-1.9 (1/24/24) | Vulnerability issue reported in below files in PRISM Application | Defect identified and the issue is fixed for the vulnerability issue reported in files in PRISM Application. | Office of Systems and Project Management (OSPM) | 6106 | EVOBRIXUT-34021 |
| C4-1.9 (1/24/24) | Vulnerability issue reported in below files in Webservice application | Defect identified and the issue is fixed for the vulnerability issue reported in the files in Webservice application. | Office of Systems and Project Management (OSPM) | 6107 | EVOBRIXUT-34020 |
| C4-1.9 (1/24/24) | When SPOT CR3381 goes into production, Add Vaginal DRGs back to group DRG5520-1 | CR3381 Labor and Delivery Inpatient Claims Denials | Office of Healthcare Policy and Authorization (OHPA) | 6112 | |
| C4-1.9 (1/24/24) | 1101 Provider File sending duplicate Provider 100 records again | 1101 code has been modified to support the oracle patches, improving the parallel processing and total/error count display in the interface notification. | Office of Managed Health Care (OMHC) | 6376 | UTOPS-13207, EVOBRIXUT-34758 |
| C4-1.9 (1/24/24) | 1101 interface - blank records and duplication | 1101 code has been modified to support the oracle patches, improving the parallel processing and total/error count display in the interface notification. | Office of Managed Health Care (OMHC) | 6398 | UTOPS-13963, UTOPS-13207, EVOBRIXUT-34758 |
| C4-1.9 (1/24/24) | Plan gets VM_BVM.400195:File Not Found error when trying to download 834 file. Due to Outbound file names are stored with incorrect extensions. | Code fixed so now all the 834/820 files can be downloaded from the Retrieve Ack screen. | Office of Managed Health Care (OMHC) | 6572 | UTOPS-13526, EVOBRIXUT-34779 |
| C4-1.9 (1/24/24) | Strange Diagnosis Related Group (DRG) Trends | Data Warehouse team requesting to prioritize this ticket as DRG Data is needed for their audits. | Office of Financial Services (OFS) | 6636 | UTOPS-13631, EVOBRIXUT-34893, EVOBRIXUT-35175 (Doc), EVOBRIXUT-36044 (SR) |
| C4-1.9 (1/24/24) | Service Oriented Architecture (SOA) code changes to support Oracle patches (includes UOO) Unit of order) | Unit of order (UOO) and Oracle patch changes have been implemented. | Office of Systems and Project Management (OSPM) | 6677 | EVOBRIXUT-34874 |
| C4-1.9 (1/24/24) | Documents not transferring over to Pega from App intake | Enable to run jobs everyday instead of only weekdays. | Office of Long Term Services and Supports (OLTSS) | 6683 | UTOPS-13732, EVOBRIXUT-35002 |
| C4-1.9 (1/24/24) | EE Appendix UT-24 Updates to some Pregnancy notifications for clarification (No Cost Enhancement) | Eligibility & Enrollment (EE) Updates made to Appendix UT-24 PRISM EE Notifications | Office of Systems and Project Management (OSPM) | 6837 | EVOBRIXUT-34827 (ENH) |
| C4-1.9 (1/24/24) | Rate code missing for Managed Care (MC)- Mental Health (MH)-Substance Use Disorder (SUD) 834 record (No Cost Enhancement) | Recipient Aid Category (RAC)'s updated In EE Appendix UT-26 EE RAC Configuration updated column Aid Group MH/SUD from "Blind" to "Disabled" | Office of Systems and Project Management (OSPM) | 6838 | EVOBRIXUT-34887 (ENH) |
| C4-1.9 (1/24/24) | 834 lists two different HOH for same case | There was an issue in the query which pulls the Head of Household (HOH) information for the member. This issue has been fixed to report the correct HOH details in the 834. | Office of Managed Health Care (OMHC) | 7074 | UTOPS-14384, EVOBRIXUT-35219 |
| C4-1.9 (1/24/24) | Health Choice pharmacy 446 response file returned with different plan name than what is defined in the Internal Design Document (IDD) | With the Service Oriented Architecture (SOA) patch changes and unit order changes to 446 for 1.9 release. Inpacted interfaces and 446 have een verified. The correct version code has been deployed. | Office of Managed Health Care (OMHC) | 7601 | UTOPS-15355, EVOBRIXUT-35765, EVOBRIXUT-34874 |
| C4-1.9 (1/24/24) | Non Trad BP has End Date 12/31/2999 and should be 12/31/2023 in UAT and PROD | | Office of Systems and Project Management (OSPM) | 7798 | UTOPS-15733, EVOBRIXUT-35920 |
| C4-1.8.2.1 (1/5/2024) | CR1121- Check if Minimum Essential Coverage (MEC) eligible for all 12 calendar months. (Note: All checkboxes will be checked if member has 12 months of coverage) only one check box is checked in 1095B correspondence | All checkboxes will be checked if member has 12 months of coverage | Office of Eligibility Policy (OEP) | 7405 | EVOBRIXUT-35404 |
| C4-1.8.2.1 (1/5/2024) | CR1121- Address Line 3 is displayed in correspondence recipient address in 1095B correspondence | Updated correspondence data model to include address line 3. The address line 3 will only be populated when the value exists. | Office of Eligibility Policy (OEP) | 7406 | EVOBRIXUT-35565(Doc), EVOBRIXUT-35405 |

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| C4-1.8.2.1 (1/5/2024) | Missing Business related information on 1095 (1075.02 IDD) (No Cost Enhancement) | Update completed to the following documents 1. EE-LG6A-UT-ADDM Use Case – 1075.02 – Generate Form 1094B Upstream Detail [IRS 1095B] 2. EE-LG6B-UT-ADDM Use Case – 1076.01 – Get Transmitter Bulk Request Service Client [IRS1095B] 3. EE-OVR-V3-UT-ADDM - Health Coverage (1095-B) Form | Office of Eligibility Policy (OEP) | 7407 | EVOBRIXUT-35540(Enh), EVOBRIXUT-35539(Doc) |
| C4-1.8.2.1 (1/5/2024) | 1095B - Business address is displayed as 288 North 1460 West, 195 N 1950 W | Business address to populate correct. | Office of Eligibility Policy (OEP) | 7408 | EVOBRIXUT-35534 |
| C4-1.8.2.1 (1/5/2024) | Member address is not same in 1075.02 outbound file as Member Subsystem | Actual member address is not used for foster care members in 1075.2 but a fixed address. The Detailed System Design Document (DSDD) has been updated to include this as a special design consideration or rule. | Office of Eligibility Policy (OEP) | 7410 | EVOBRIXUT-35533 |
| C4-1.8.2 (12/27/23) | 1095B Data Conversion from Legacy for change transactions and 1095 View for myBenefits in 2024 | Updates done to get Transaction IDs and 1095B Data from the legacy system for 2019 forward to be able to send the change transactions to the IRS in PRISM. Updated 1095B data from PRISM in a View for display in the myBenefits portal once the data is generated out of PRISM. | Office of Eligibility Policy (OEP) | 1121 | RTW: EVOBRIXUT-34009 DOC: EVOBRIXUT-34066, EVOBRIXUT-34459, EVOBRIXUT-34458. ENH: EVOBRIXUT-34065, EVOBRIXUT-34454, EVOBRIXUT-34455, EVOBRIXUT-34456. |
| C4-1.8.2 (12/27/23) | Update Code for Covered Days Calculation for Transfer Patient Status Codes | Updated Error Code 1803 to accurately calculate total covered days for Inpatient, Nursing Home and ICF/ID claims. | Office of Medicaid Operations (OMO) | 3234 | RTW: EVOBRIXUT-33476, DOC: EVOBRIXUT-33875, EVOBRIXUT-33877 ENH: EVOBRIXUT-33878, EVOBRIXUT-33876 |
| C4-1.8.2 (12/27/23) | Labor and Delivery Inpatient Claims Denials | Change request approved so Labor and Delivery claims will process for payment or deny correctly. | Office of Healthcare Policy and Authorization (OHPA) | 3381 | RTW EVOBRIXUT-34003, ENH EVOBRIXUT-34063(BA), EVOBRIXUT-34064(CE), DOC EVOBRIXUT-34062(BA), EVOBRIXUT-34061(CE) |
| C4-1.8.2 (12/27/23) | State CHIP Program. Additional programming needed for State CHIP to maintain separation between State and Federally funded programs. | Mandated by legislature. The State will be adding additional locations for State CHIP Medical and State CHIP Dental under the existing CHIP health plans (i.e. SelectHealth, Molina and Premier Access). | Office of Managed Health Care (OMHC) | 5291 | RTW: 34010 DOC: 34067, 34148, 34149, 34150, 34151, 34152, 34153, 34154, 34155, 34156, 34157, 34158, 34160, 34162, 34163 ENH: 34068, 34168, 34166, 34169, 34170, 34171, 34173, 34174, 34175, 34177, 34178, 34179 |
| C4-1.8.2 (12/27/23) | 1095B interfaces 1075.01, 1075.02 tax year update - 2023 (No Cost Enhancement) | As a yearly update for new tax year, we need to modify the 1095B interfaces 1075.01, 1075.02. | Office of Financial Services (OFS) | 6872 | EVOBRIXUT-35026(ENH) |
| C4-1.8.2 (12/27/23) | Overlapping History Detail records in 1037 Job | The code issue is fixed to update the overlapping in MC enrollment history detail record to D. | Office of Systems and Project Management (OSPM) | 6888 | UTOPS-13596, UTOPS-13551, EVOBRIXUT-34842, EVOBRIXUT-35396 (SR) |
| C4-1.8.2 (12/27/23) | 3M Domain Change for Webservice url | 3M Domain change for web service URL is going to happen on Dec 31. This ticket is created to update the domain name in the property file in the adjudication area. | Office of Systems and Project Management (OSPM) | 7008 | UTOPS-14285, EVOBRIXUT-35136 |
| C4-1.8.2 (12/27/23) | Rate Upload for CR 5291 State CHIP Program | Rate Upload for CR 5291 State CHIP Program for the new benefit plans State CHIP Medical and State CHIP Dental. | Office of Systems and Project Management (OSPM) | 7063 | |
| C4-1.8.1 (12/9/23) | Extended 12 month Postpartum coverage | During the 2023 General Session of the Utah State Legislature, Senate Bill 133, "Modifications of Medicaid Coverage", was passed. The legislation requires the Department to seek 1115 Demonstration approval to extend the postpartum period for pregnant women from 60 days to 12 months for certain women. Exceptions are listed in the bill. | Office of Eligibility Policy (OEP) | 1211 | RTW: EVOBRIXUT-33036, DOC: EVOBRIXUT-33063, EVOBRIXUT-33064, EVOBRIXUT-33065, EVOBRIXUT-33066, EVOBRIXUT-33068. ENH: EVOBRIXUT-33070, EVOBRIXUT-33073, EVOBRIXUT-33071. |
| C4-1.8.0.1 (11/17/2023) | Files not being Received by UHIN | Issue is outbound files (271/277/277CA/278/834/820) files are not copying to file_server/Outbound/Data folder. Now, this issue is fixed to copy the generated outbound files to this folder location. | Office of Medicaid Operations (OMO) | 6379 | UTOPS-13205, EVOBRIXUT-34598, EVOBRIXUT-34597(SR) |
| C4-1.8.0.1 (11/17/2023) | Root Cause Analysis (RCA) for files not moving to Outbound folders to UHIN | Root Cause Analysis (RCA) has been identified. Re-post all the 271/277/277CA/834/820 files to UHIN starting from 11/08. The issue is fixed to copy the generated outbound files to this folder location. | Office of Medicaid Operations (OMO) | 6389 | UTOPS-13209, EVOBRIXUT-34597 |
| C4-1.8 (11/8/23) | Obstetrics (OB) Edit logic Updates - Part 1 (update to correctly process the edits) | The following edit codes have been updated to correctly process the OB Editing: 1864, 1993, 1995, 1996, 1992, 1863, 1990, 1862, 1989, 1861, 1991 and 1994. | Office of Medicaid Operations (OMO) | 1044 | RTW EVOBRIXUT-29471, DOC: EVOBRIXUT-30661 EVOBRIXUT-30662, ENH: EVOBRIXUT-30663, EVOBRIXUT-30664 |
| C4-1.8 (11/8/23) | Non-Traditional Sunset - Effective 1/1/2024 the Non- Traditional benefit program will end and members will be moved to Traditional plans | Sunset the non-traditional benefit plan because the federal authority is expiring. Members receiving those Recipient Aid Category (RACs)/benefit plans have been transitioned to receive new RACs and the traditional benefit plan. The Non-Traditional Medicaid - Adult Benefit Plan in PRISM will be ending effective 12/31/2023. The following new RAC codes need to be added and programmed in PRISM: A38, A58, A59, C76, E0B, EPS, E5B, PCS, Q58, Q59, Q76, Q48. End the following RAC codes effective 12/31/2023: A36, A51, A57, C71, C73, E03, E05, EFA, EFB, EFC, EFD, EFE, EFF, EFG, EFH, EP1, ES3, ESS, PCR, Q51, Q57, Q73, Q46, QC1. | Office of Eligibility Policy (OEP) | 1070 | RTW: EVOBRIXUT-28777, DOC: EVOBRIXUT-31667, EVOBRIXUT-31669, EVOBRIXUT-31672, EVOBRIXUT-31670, EVOBRIXUT-31691, EVOBRIXUT-31692, EVOBRIXUT-31693, EVOBRIXUT-31694 ENH: EVOBRIXUT-31542, 32229, 32230, 32231 |
| C4-1.8 (11/8/23) | Immunosuppressive Carveouts | Accountable Care Organizations (ACO) edits will be bypassed for immunosuppressive diagnoses and procedure codes. | Office of Managed Health Care (OMHC) | 1075 | EVOBRIXUT-23357 ENH , EVOBRIXUT-23356 ENH, |
| C4-1.8 (11/8/23) | Provider Enrollment staff need to be able to upload Supporting Documents regardless of the specialty or business status | State staff are able to upload documents regardless of business status or if the provider has a active specialty listed. | Office of Medicaid Operations (OMO) | 1081 | EVOBRIXUT-8308 ENH, EVOBRIXUT-8310 DOC, EVOBRIXUT-8313 RTW |
| C4-1.8 (11/8/23) | House Bill 315 Recreational Therapy Services | This project is required per HB 315 and has a required start date of 1/1/24. Created a new PAC group called Recreational Therapy. Added master therapeutic recreation specialist, therapeutic recreation specialists, and therapeutic recreation technicians as covered providers. Opened two procedure codes and added new CPT codes to edit reference groups. | Office of Healthcare Policy and Authorization (OHPA) | 1214 | RTW EVOBRIXUT-32851, ENH EVOBRIXUT-33081, EVOBRIXUT-33083, EVOBRIXUT-33085, EVOBRIXUT-33087, DOC EVOBRIXUT-33082, EVOBRIXUT-33084, EVOBRIXUT-33086, EVOBRIXUT-33088 |
| C4-1.8 (11/8/23) | Update required documents for Application submitted in App Intake for New Choice Waiver (NCW) | The required documents have been updated for applications submitted in App Intake for New Choice Waivers (NCW) | Office of Long Term Services and Supports (OLTSS) | 1285 | RTW EVOBRIXUT-32867, DOC EVOBRIXUT-33108, ENH EVOBRIXUT-33109 |
| C4-1.8 (11/8/23) | Bulk Action by Provider showing all cases regardless of Case Management Agency (CMA) assigned | Disabled the Case ID links in Bulk Action screen so that other providers cannot go inside the cases that are not assigned to them. | Office of Long Term Services and Supports (OLTSS) | 1367 | UTOPS-4623, EVOBRIXUT-29543 |
| C4-1.8 (11/8/23) | Prior Authorization submission unable to complete due to member not showing eligible for the date of service span | Code fixed to check the PA From Date for the Eligibility Check instead of the PA Service To Date. | Office of Healthcare Policy and Authorization (OHPA) | 1445 | UTOPS-4819, EVOBRIXUT-29759 |
| C4-1.8 (11/8/23) | Claim Detail Recovery Report - pagination updates | Report Page Number will reset for each New Control Number. Additionally, when a control number goes to the next page, the page number will continue (i.e. to page 2). For the next new control number, the page number will again reset to 1. | Director's Office (DO) | 1671 | RTW EVOBRIXUT-31082, DOC EVOBRIXUT-31270, ENH EVOBRIXUT-31271 |
| C4-1.8 (11/8/23) | Update (PA) Prior Authorization Notification to only generate when Provider uploads a document to the PA | Prism will send notification to the Assigned To on the PA when documentation has been uploaded by a Provider User (not a UTAH domain user) for all Service Types except Supplemental for Custody Medical Care (CMC). For Supplemental for CMC send notification regardless of who uploaded the document to the PA. Documentation Upload on PABasicInfo page for a PA in any status other than "Entering". | Office of Healthcare Policy and Authorization (OHPA) | 1726 | EVOBRIXUT-32877 RTW, EVOBRIXUT-32875 DOC, EVOBRIXUT-32876 ENH |

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| C4-1.8 (11/8/23) | K Rate Cell & Substance Use Disorder (SUD) Services | Enrollees who are in the K rate cell (which means they are "carved out" of the PMHP for outpatient mental health and substance use disorder services) will show as enrolled in the MC-MH benefit plan for mental health inpatient, enrolled in the fee for service network for mental health outpatient and enrolled in the fee for service network for substance use disorder services. Enrollees who are in the K rate cell in PRISM, and who reside in a catchment area where there's an MC-MH or MC-MH_SUD plan available, Substance use disorder services have been changed from MC-MH-SUD benefit plan enrollment to the fee for service network, beginning with the month the enrollee was placed in the K rate cell. | Office of Managed Health Care (OMHC) | 1807 | RTW: EVOBRIXUT-32850, DOC: EVOBRIXUT-32989, EVOBRIXUT-32990, EVOBRIXUT-32991, EVOBRIXUT-32993, EVOBRIXUT-32995, EVOBRIXUT-32996, EVOBRIXUT-32997, ENH: EVOBRIXUT-32998, EVOBRIXUT-32999, EVOBRIXUT-33000 |
| C4-1.8 (11/8/23) | Provider Address not correctly Populating in (PA) Prior Authorization | For servicing location ids that are missing in prvdr_lctn_status table which is expected to be not-mandatory. Code fix is required to handle this condition. | Office of Healthcare Policy and Authorization (OHPA) | 1939 | UTOPS-5952, EVOBRIXUT-30744, UTOPS-6357 |
| C4-1.8 (11/8/23) | Incorrect Provider name attached to National Provider Identifier (NPI) | The page query to pull the provider name is incorrect and needs to be updated. Code fix in place to update the query. | Office of Reimbursement, Coordinated Care & Audit (ORCA) | 1971 | UTOPS-5772, EVOBRIXUT-30304, EVOBRIXUT-30488(SR) |
| C4-1.8 (11/8/23) | Error code 1024 (Missing appliance placement date for orthodontia) posting incorrectly | Error code is posting correct. | Office of Medicaid Operations (OMO) | 1972 | UTOPS-5808, EVOBRIXUT-30324 |
| C4-1.8 (11/8/23) | Applied Behavior Analysis (ABA) codes getting no Prior Authorization (PA) required error, when PA is required | Code fixed so that the PA Indicator's To Date validation is handled correctly. | Office of Healthcare Policy and Authorization (OHPA) | 1994 | UTOPS-5826, EVOBRIXUT-30421 |
| C4-1.8 (11/8/23) | Document Upload Notification Missing | Notification recipient configuration gap is fixed Documentation has been uploaded. Notification is triggered for the requestor and listed in the 278. | Office of Healthcare Policy and Authorization (OHPA) | 2130 | UTOPS-6052, EVOBRIXUT-30622 |
| C4-1.8 (11/8/23) | Internal Design Document (IDD) 539 GHS-NDC_LEVEL_DRUG_REBATE_INFO_TO_DW update to accept "S" in CHECK_STATUS field | The Data Description column will be updated for data element CHECK_STATUS OR EFT STATUS to include the following new value: S – Staged when there is not a deposit amount. | Office of Healthcare Policy and Authorization (OHPA) | 2131 | UTOPS-5930, UTOPS-5687, DOC EVOBRIXUT-31695, RTW EVOBRIXUT-31697, ENH EVOBRIXUT-31696 |
| C4-1.8 (11/8/23) | Requestor Location Address Limit - (PA) Prior Authorization | Code fixed. Validate the Provider Info page is displaying requestor location address will be populated based on PE location address | Office of Healthcare Policy and Authorization (OHPA) | 2319 | UTOPS-6357, EVOBRIXUT-30744 |
| C4-1.8 (11/8/23) | Recipient Aid Category (RAC) and County data only populated for 'Credited' claims | The County Code value is now updated. RAC code and county code derived as expected | Office of Financial Services (OFS) | 2376 | UTOPS-6355, EVOBRIXUT-30695 |
| C4-1.8 (11/8/23) | Providers can see other facility and other resident comments for comment type Nursing Facility Admission Comments | The java code has been fixed to handle comments issue. | Office of Long Term Services and Supports (OLTSS) | 2493 | UTOPS-6518, EVOBRIXUT-30836 |
| C4-1.8 (11/8/23) | System is allowing two admission records to be open for the same dates of service | Updated the query to fix the overlap admission record. System is not allowing the user to create the admission record | Office of Long Term Services and Supports (OLTSS) | 2506 | UTOPS-6563, EVOBRIXUT-30810 |
| C4-1.8 (11/8/23) | Update the query to exclude 277CA rejected Claims from several Online Transaction Processing (OLTP) reports | Code deployed to update the Report query so as to exclude the 277CA claim records. | Office of Medicaid Operations (OMO) | 2525 | UTOPS-6059, EVOBRIXUT-30696 |
| C4-1.8 (11/8/23) | "URGENT" Error Code 1869 NDC is non-rebateable, Posting Incorrectly to Rebate Drugs - Interface 1415 | The code has been fixed to restrict entries that do not have rebate date ranges. | Office of Medicaid Operations (OMO) | 2618 | UTOPS-6708, EVOBRIXUT-30888 |
| C4-1.8 (11/8/23) | Claim rejecting less than 365 days - Timely filing errors. Julian date incorrect | Fixed to consider the Julian date as first 5 digits of the parent TCN for the converted TCNs which starts with 2 and contains 17 digits. For non-converted TCNs, 5 digits from the 3rd digit of the parent TCN is considered as the Julian date. | Office of Medicaid Operations (OMO) | 2649 | UTOPS-8259, EVOBRIXUT-31718 |
| C4-1.8 (11/8/23) | System incorrectly looking at an old benefit plan when user is trying to authorize a Pharmacy Prior Authorization and rejecting | System corrected to only look at the active benefit plan based on the Prior Authorization Service From Date on the PA. | Pharmacy Team | 2650 | UTOPS-6894, EVOBRIXUT-31003 |
| C4-1.8 (11/8/23) | Member indicator/eligibility not showing accurate information. | Code fixed to derive the Benefit Plan (BP) correctly based on the Substance Use Disorder (SUD) Treatment Indicator list. | Office of Healthcare Policy and Authorization (OHPA) | 2913 | UTOPS-7493, EVOBRIXUT-31408(SR), EVOBRIXUT-31684 |
| C4-1.8 (11/8/23) | Total Medicaid Amount incorrect on Claim Detail Recovery Report | This is report frontend issue. Code deployment completed to fix the total calculation. | Office of Medicaid Operations (OMO) | 2945 | UTOPS-7184, EVOBRIXUT-31139 |
| C4-1.8 (11/8/23) | Care plans are receiving the M999 error - system is not checking the Prior Authorization (PA) Service lines correctly for the procedure codes 4658, 4682, 4483 | Code change completed to correct the issue system is not checking the PA Service lines correctly for the procedure codes | Office of Long Term Services and Supports (OLTSS) | 3002 | UTOPS-7326, EVOBRIXUT-31585, EVOBRIXUT-31193(SR) |
| C4-1.8 (11/8/23) | Electronic Data Interchange (EDI) - Encounter (ENC) Pharmacy files record count discrepancy - Interface 415 Pharmacy File and Interface 446 Pharmacy Response File (No Cost Enhancement) | MCO Plan Name and MCO Plan ID population logic is added to facilitate file generation logic for Service Oriented Architecture (SOA). These values will be populated into IST tables. The MCO Plan Id is 7 digit value we get from inbound and based on the inbound is Encounter or CHIP Encounter will populate as 9-digit MCO Plan ID with location Id. | Office of Managed Health Care (OMHC) | 3025 | UTOPS-7372, EVOBRIXUT-32067(DOC), EVOBRIXUT-32069(ENH) |
| C4-1.8 (11/8/23) | Benefit Plan record missing from Data Warehouse (DW) | Data Warehouse: After analysis, this record(MBR_X_BNFT_PLN_GRP_SID = 2025302386) is rejected at the time of load due to the parent record(MBR_X_PRGRM_ENLRMNT_TYPE_SID = 2000645969) not loaded at that time. These rejects are happened due to Parent table "MBR_PRGRM_ENLRMNT_TYPE_L" is configured to load Weekly, but the child table "MBR_BNFT_PLN_GRP_L" is configured to load Daily, so child table records are loaded(Daily) even before the parent table loaded(Weekly). Thus the records are rejected at the time of load. Short-Term Fix: Missing records will be recouped by doing GAP LOAD and it will be loaded to MBR_BNFT_PLN_GRP_L table in 9/JUN/2023 weekly load. | Office of Managed Health Care (OMHC) | 3136 | UTOPS-7569, EVOBRIXUT-31337 |
| C4-1.8 (11/8/23) | Unable to assign Organization (ORG) Unit | State users are now able to assign Org Unit PA-Home Health | Office of Healthcare Policy and Authorization (OHPA) | 3267 | UTOPS-7809, EVOBRIXUT-31496 |
| C4-1.8 (11/8/23) | Edit 1989 Delivery Only Maternity claim conflict, posting to claim incorrectly Causing claims to deny. | This will be part of the CR 1044 fix. | Office of Medicaid Operations (OMO) | 3368 | UTOPS-8177, EVOBRIXUT-31665, EVOBRIXUT-30663 |
| C4-1.8 (11/8/23) | Prior Authorization (PA) system not allowing PA - error code stating provider is not eligible | Verified the validation is working as expected. | Office of Long Term Services and Supports (OLTSS) | 3375 | UTOPS-7995, EVOBRIXUT-31582 |
| C4-1.8 (11/8/23) | Notification not correctly triggered - Newborn not eligible for at least two months from date of birth (DOB) month | Issue fixed to trigger the notification based on DOB + 2 months | Office of Managed Health Care (OMHC) | 3406 | UTOPS-8038, EVOBRIXUT-31838 |

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| C4-1.8 (11/8/23) | SelectHealth received 666 transaction error and then 380 error - Interface 935/936 | Issue fixed to avoid error message "Transaction Rejected" | Office of Managed Health Care (OMHC) | 3436 | EVOBRIXUT-30400 |
| C4-1.8 (11/8/23) | Error Code 5520 UC Modifier Required With Delivery Procedure Code - Diagnosis Related Group (DRG) Group | New group DRG5520-1 has been created. | Office of Medicaid Operations (OMO) | 3437 | EVOBRIXUT-31606, UTOPS-8064, EVOBRIXUT-31851 |
| C4-1.8 (11/8/23) | 135 Transaction Control Numbers (TCN) missing adj. edit tied to loading error 1020 | This issue has been resolved. Adjudication edits are posting for loading edit 1020. | Office of Medicaid Operations (OMO) | 3441 | EVOBRIXUT-31576 |
| C4-1.8 (11/8/23) | 837 file, edit 1219 posted for the Invalid Subscriber name - Member Name populating in incorrect element | Fixed to store the subscriber name in the last name field when only last name is provided in the 837 file. | Office of Medicaid Operations (OMO) | 3468 | EVOBRIXUT-30072 |
| C4-1.8 (11/8/23) | Address doesn't match in BuyOut and Entity Screens | Verified county and country are displayed as expected for for ENTITY and Member | Office of Eligibility Policy (OEP) | 3470 | EVOBRIXUT-30897 |
| C4-1.8 (11/8/23) | Interface 417 required Data Patch for Positive Paid claims with Dummy Check | The logic in 417 interface changed to populate Payment Reference Number based on "CHECK_AMOUNT" | Office of Systems and Project Management (OSPM) | 3471 | EVOBRIXUT-30559, UTOPS-6161 |
| C4-1.8 (11/8/23) | Spenddown Cutback value of Zero | Claim cutback is now not displaying as expected. | Office of Medicaid Operations (OMO) | 3475 | EVOBRIXUT-29323 |
| C4-1.8 (11/8/23) | Loading Edit 9016 is posting in the claim which is not existing in the Appendix UT-5010 loading sheet. Edit should be Suppressed | Fixed the code to not post the loading Edit-9016 in the claim. | Office of Medicaid Operations (OMO) | 3477 | EVOBRIXUT-28515 |
| C4-1.8 (11/8/23) | Reject 270 file with 999 for the existence of a dependent loop in the request (No COST Enhancement) | Edifecs rule implemented to reject the file with 999 acknowledgment if the 270 claim submitted with dependent loop. | Office of Systems and Project Management (OSPM) | 3478 | EVOBRIXUT-30508 ENH, EVOBRIXUT-30513 DOC |
| C4-1.8 (11/8/23) | Electronic Data Interchange (EDI) - Pharmacy 415 multi-ingredient prescriptions. The system should not have rejected for a "0" since they were reporting a compound/multi-ingredient prescription | Code deployment completed. Logic is changed to post the edit correct. | Office of Managed Health Care (OMHC) | 3503 | UTOPS-8111, EVOBRIXUT-32063, EVOBRIXUT-32064(DOC) |
| C4-1.8 (11/8/23) | Letters Sent to deceased person | Code fixed not to generated correspondence to the deceased member. | Office of Managed Health Care (OMHC) | 3521 | UTOPS-8189, EVOBRIXUT-31762, EVOBRIXUT-31775(SR) |
| C4-1.8 (11/8/23) | An Nursing Facility (NF) admission record was approved and did not auto end date the open ended hospice admission record | Updated the query to fix the overlap admission record. System is not allowing the user to create the admission record | Office of Long Term Services and Supports (OLTSS) | 3534 | UTOPS-8215, EVOBRIXUT-30810 |
| C4-1.8 (11/8/23) | Update payment to the correct non restricted rate. | Code fixed for reporting the rate change transaction in the 834 when the Enrollment period doesn't change and the Rate Code change happened for the member. | Office of Managed Health Care (OMHC) | 3571 | UTOPS-8251, EVOBRIXUT-32053 |
| C4-1.8 (11/8/23) | Legacy 10A not converted to PRISM | Fixed the query to pull the inactive records in the filter. Inactive records are populated on Member Enrollment/Admission List | Office of Long Term Services and Supports (OLTSS) | 3620 | UTOPS-8347, EVOBRIXUT-32318, EVOBRIXUT-31976(SR) |
| C4-1.8 (11/8/23) | Multiple benefit letters generated with no changes and incorrect data in the benefit letters | Benefit letters will check for any updates in Benefit Plan (BP) and ignore changes in only the dates if the BP remains the same. The Dates on BP might slice and dice due to address/RAC) Recipient Aid Category segment etc but the BP remains the same. | Office of Managed Health Care (OMHC) | 3648 | UTOPS-8382, EVOBRIXUT-31919 |
| C4-1.8 (11/8/23) | Date of birth in PRISM was not updated when eREP sent new birthdate | When receiving updated DOB from eREP file the same data should reflect in old Admission records. The code was updated to correctly post to the enrollment demographic tables in PRISM that will reflect an update in the admission records. SPOT 5315 is linked to this ticket | Office of Long Term Services and Supports (OLTSS) | 3680 | UTOPS-8441, EVOBRIXUT-31836 |
| C4-1.8 (11/8/23) | System is not rederiving the benefit plan when there is a gap and Admission Records are still open and active | Code fixed to rederive the benefit plan when there is a gap and Admission Records are still open and active | Office of Long Term Services and Supports (OLTSS) | 3681 | UTOPS-8442, EVOBRIXUT-31885 |
| C4-1.8 (11/8/23) | Member is missing Medical CHIP Plan, only has CHIP dental. | Working as expected. MCHIP and DCHIP plans derived successfully | Office of Managed Health Care (OMHC) | 3833 | UTOPS-8766, EVOBRIXUT-32090 |
| C4-1.8 (11/8/23) | Incorrect Program/Phase combinations in Expansion | Configuration for the rule XIXAEP23_Program_FFS_95, has been corrected. | Office of Financial Services (OFS) | 3910 | UTOPS-8870, EVOBRIXUT-32104 |
| C4-1.8 (11/8/23) | Diagnosis Related Group (DRG) Payment Calculating Payment incorrectly | DRG Pricing Calculation Issue has been fixed. | Office of Medicaid Operations (OMO) | 3942 | UTOPS-8894, EVOBRIXUT-32102 |
| C4-1.8 (11/8/23) | DW- Possible Data type issue | | Office of Managed Health Care (OMHC) | 3944 | UTOPS-8919, EVOBRIX-32180, EVOBRIXUT-34553 (SR) |
| C4-1.8 (11/8/23) | Unable to assign Organization (ORG) unit to (PA) Prior Authorization | State users are now able to assign Org Unit PA-Home Health | Office of Healthcare Policy and Authorization (OHPA) | 3982 | UTOPS-8999, EVOBRIXUT-31496, |
| C4-1.8 (11/8/23) | Managed Care (MC) MH/SUD Mental Health/Substance Use Disorder Not enrolling as it should | Working as expected. MC-MH-SUD and MC-MH plans are assigned based on Card cut off dates once the member disenrolled from MHOME. | Office of Managed Health Care (OMHC) | 3991 | UTOPS-8997, EVOBRIXUT-32339 |
| C4-1.8 (11/8/23) | System is not end dating Restriction Benefit plan after 12 month of no Medicaid eligibility. | Issue fixed to run the he notification job on daily basis to end date Restriction benefit plan after 12 month of no Medicaid eligibility. | Office of Reimbursement, Coordinated Care & Audit (ORCA) | 3994 | UTOPS-9001, EVOBRIXUT-32345 |
| C4-1.8 (11/8/23) | Error code 1969 Services included in the global period, posting incorrectly CR 1045 | Verified bypass condition with modifier 80 is getting bypassed as expected | Office of Systems and Project Management (OSPM) | 4048 | EVOBRIXUT-31849 |
| C4-1.8 (11/8/23) | Internal Design Document (IDD) 424 DHS Purchased-DHS Services Claims from CAPS Inbound Issue - Interface needs to consider all the slice and dice provider records to validate the billing NPI | Code fix for interface 424 with start and end date spans across the 2 records. File is loaded successfully without any errors. | Office of Long Term Services and Supports (OLTSS) | 4068 | UTOPS-6096, EVOBRIXUT-31827 |
| C4-1.8 (11/8/23) | eREP(electronic Resource and Eligibility Product)received an undocumented Buyout error not documented in Interface 1502 - TPL (Third Party Liability)-DWS (Department of Workforce Services)- BUYOUT_REFERRAL_FROM_MYCASE_IN | Updated the current error message. To "Buyout Case already has a previous transaction in progress. Please try later." | Office of Eligibility Policy (OEP) | 4106 | UTOPS-9184, EVOBRIXUT-32236 (SR), EVOBRIXUT-32233, EVOBRIXUT-32392 |
| C4-1.8 (11/8/23) | 277CA file failing in validation due to populating the Atypical Id instead of Tax Id | Fixed to report the Tax Id correctly in the Atypical Provider scenario | Office of Medicaid Operations (OMO) | 4147 | UTOPS-9176, EVOBRIXUT-32256, EVOBRIXUT-33606(SR) |
| C4-1.8 (11/8/23) | Service Oriented Architecture (SOA) code changes to support Oracle patches (includes UOO Unit of order) | The issue has been fixed. Interfaces ran successfully and no issues found | Office of Systems and Project Management (OSPM) | 4214 | EVOBRIXUT-32313 |
| C4-1.8 (11/8/23) | 837i fails for Trading Partner Number HT007856-001 | Code has been fixed to resolve this issue. | Office of Medicaid Operations (OMO) | 4248 | UTOPS-9581, EVOBRIXUT-32196 |
| C4-1.8 (11/8/23) | 820 Balancing Discrepancy - EDIFECs should fail this file with a balancing error but it didn't. | Balancing errors are not reported for 820 transaction files due to severity configuration issue. The issue is fixed by enabling the balancing error in the severity xml file. | Office of Managed Health Care (OMHC) | 4299 | UTOPS-9531, EVOBRIXUT-32453 |

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| C4-1.8 (11/8/23) | Release "CNSI" with "Acentra Health" in Copyright Footer in Reports/ Correspondences, Screens, Terms and Agreements Etc | CNSI to Acentra Health is now displaying. | Office of Systems and Project Management (OSPM) | 4402 | EVOBRIXUT-31915 |
| C4-1.8 (11/8/23) | Remove Hard Delete for Managed Care (MC) enrollment_history_detail when merging records | When contiguous similar records are merged in mc_enrollment_history, the duplicate record(s) are being deleted. Updated this process to mark the duplicate record(s) to be inactive. | Office of Managed Health Care (OMHC) | 4421 | EVOBRIXUT-32240 |
| C4-1.8 (11/8/23) | Edit 1962 Inpatient, NH, ICF/ID services conflict with another procedure, Looping Issue causing Claims to go to Edit Processing Failure Status | Looping issue has been Fixed | Office of Medicaid Operations (OMO) | 4422 | EVOBRIXUT-32383 |
| C4-1.8 (11/8/23) | 837P claim loading failure due to single quote in the Parent Transaction Control Number (TCN) field | It is fixed now to post the edit and to not store the parent TCN with single quote value | Office of Medicaid Operations (OMO) | 4423 | EVOBRIXUT-32464, UTOPS-9653 |
| C4-1.8 (11/8/23) | Interface 1009.13 Account Code Assignment (ACA) Specialty Rate Upload Error | Verified interface1009.13 runs successfull without any error displayed | Office of Financial Services (OFS) | 4424 | EVOBRIXUT-31627 |
| C4-1.8 (11/8/23) | 837 Direct Data Entry (DDE) Files failed due to Diagnosis code issue | Code fixed by updating the query which caused DDE file to fail in loading. | Office of Medicaid Operations (OMO) | 4425 | EVOBRIXUT-31819 |
| C4-1.8 (11/8/23) | Returning duplicate National Council for Prescription Drug Programs (NCPDP) Denial Codes on the Pharmacy 835 file | Modified the logic to populate distinct NCPDP Denial codes submitted in 416 inbound file into RS tables to avoid duplicate issue in 835 generation process. | Office of Medicaid Operations (OMO) | 4429 | EVOBRIXUT-32488 |
| C4-1.8 (11/8/23) | Pega upgrade requires change in logic of consuming the webservice response (Pega Upgrade from 8.5 to 8.7) | Pega has been upgraded from 8.5 to 8.7. | Office of Systems and Project Management (OSPM) | 4572 | UTOPS-6224, EVOBRIXUT-32547 |
| C4-1.8 (11/8/23) | edit 1929 posting incorrectly. All bypass requirements are met | Per UT-G, The System will match the service data on the claim (Procedure Code, Diagnosis Code, DRG code, and/or priceable modifier) against the data fields on the PA tables. Edit 1929 no longer is posting incorrectly. | Office of Medicaid Operations (OMO) | 4725 | UTOPS-10295, UTOPS-10373, EVOBRIXUT-32955 |
| C4-1.8 (11/8/23) | Provider Address not Populating in Prior Authorization (PA) field | Code has been fixed for member issue, when system tries to enroll the members for prospective period, it should check whether the address is prospectively available or not. instead of checking address of the enrollment start date. | Office of Healthcare Policy and Authorization (OHPA) | 4823 | UTOPS-10510, EVOBRIXUT-30744 |
| C4-1.8 (11/8/23) | 3500 Job - Auto Enrollment - Auto Review process - Members are not enrolled in the system even members address is available for prospective period | Fix in place update the process to check address for the period being enrolled (prospective) | Office of Managed Health Care (OMHC) | 4935 | UTOPS-10584, EVOBRIXUT-33168 |
| C4-1.8 (11/8/23) | DW - OFIN - Column - RTNG_NMBR | | Office of Systems and Project Management (OSPM) | 5122 | EVOBRIXUT-33089 |
| C4-1.8 (11/8/23) | Implement folder based file storage in Electronic Data Interchange (EDI) servers | Implemented the code to store the submitted files in a new folder every day for Inbound and Outbound generated for that day. | Office of Systems and Project Management (OSPM) | 5185 | EVOBRIXUT-32601 |
| C4-1.8 (11/8/23) | Vulnerability issue reported in below files in Webservice application | Validated the Webservices using Simple Object Access Protocol (SOAP). Working as expected. | Office of Systems and Project Management (OSPM) | 5199 | EVOBRIXUT-32829 |
| C4-1.8 (11/8/23) | Vulnerability issue reported in below files in Managed Care Encounters (MCE) queue application | MCE queues are working fine, Auto assignment is happening for member. | Office of Systems and Project Management (OSPM) | 5200 | EVOBRIXUT-32828 |
| C4-1.8 (11/8/23) | Vulnerability issue reported in below files in Electronic Data Interchange (EDI) application | Claims processed successfully without any issue. | Office of Systems and Project Management (OSPM) | 5201 | EVOBRIXUT-32827 |
| C4-1.8 (11/8/23) | Vulnerability issue reported in below files in Correspondence application | Code deployment completed, correspondence is generated and moved up to filenet archiver. | Office of Systems and Project Management (OSPM) | 5202 | EVOBRIXUT-32826 |
| C4-1.8 (11/8/23) | Vulnerability issue reported in below files in PRISM screen application | Vulnerability issues are working as expected. | Office of Systems and Project Management (OSPM) | 5204 | EVOBRIXUT-32825 |
| C4-1.8 (11/8/23) | Vulnerability issue reported in Adjudication Application | This fix will not have any impact. Loading claims, working as expected | Office of Systems and Project Management (OSPM) | 5205 | EVOBRIXUT-32824 |
| C4-1.8 (11/8/23) | Interface 446 Files Not Processing Provider ID/ MCO Location IDs correctly | PRISM Interface (IDD) 446 has been updated to include the following in the Interface information tab: PRISM will generate a 446 for each individual 415 file submitted. There maybe multiple locations within the 415 file but PRISM will still generate a single 446 file for the corresponding 415 file. | Office of Managed Health Care (OMHC) | 5311 | UTOPS-11300, EVOBRIXUT-33549 |
| C4-1.8 (11/8/23) | System not updating a member's name on the Admission Record when the eligibility screens are showing the correct spelling | This defect is being tracked and fixed in SPOT 3680 | Office of Long Term Services and Supports (OLTSS) | 5315 | UTOPS-11310, EVOBRIXUT-33560(SR), EVOBRIXUT-31836 |
| C4-1.8 (11/8/23) | EDI 837-Several 837 files failed due to a Claims Loading Failure | When the Prior Authorization field is submitted with a value greater than 20 characters, the system will truncate the data to 20 characters and load it into the system. The system will not post any edits. | Office of Managed Health Care (OMHC) | 5401 | UTOPS-11453, EVOBRIXUT-33712(SR), EVOBRIXUT-34073 |
| C4-1.8 (11/8/23) | 834 - Missing Rate Code | Auto Assignment (AA) transactions have an indirect dependency in 3208 (child of 1016 and parent of 1037) interface job. Interface will hold the downstream processing until all the Auto Assignment transactions are complete. This will allow all enrollments created in AA process to go through rate determination in 1037 job, further avoiding blank rate code being reported in 834. | Office of Managed Health Care (OMHC) | 5432 | UTOPS-11540, EVOBRIXUT-33832 |
| C4-1.8 (11/8/23) | 902 file is not capturing members with Date of Death 1year+ | The implementation/code was updated to get DOD from the current demographic record Verified member with with Date of Death 1 year+ are reported in 902 file with Eligibility status as "N" | Office of Systems and Project Management (OSPM) | 5461 | EVOBRIXUT-33683 |
| C4-1.8 (11/8/23) | Unneeded split in Medical Manage Care (MMed) plan segments | Fix was done to create enrollment based on members regain period and not consider retro and prospective as different periods for newborn | Office of Systems and Project Management (OSPM) | 5470 | EVOBRIXUT-33631 |
| C4-1.8 (11/8/23) | "Route of Administration" Staging Data Type needs to be changed to VARCHAR for Internal Design Document (IDD) 410, 401, 423 and 455 | Staging Data Type for IDD 401 - PHARMACY CLAIMS TO MCO OUT IDD 410 - PHARMACY CLAIMS TO ORSIS IDD 423 - FFS CLAIMS TO CHIE OUT IDD 455 - PHARMACY CLAIMS TO CHIE have been updated from NUMBER to VARCHAR. | Pharmacy Team | 5658 | EVOBRIXUT-33866 DOC, EVOBRIXUT-33867 ENH |
| C4-1.8 (11/8/23) | Encounter Through Put Delays - Queue Process Logic is Selecting Claims & Encounters Randomly | Added the logic to pick the claims based on the created date order in adjudication queue to process instead of random order. | Office of Managed Health Care (OMHC) | 6035 | UTOPS-12295, EVOBRIXUT-34229,EVOBRIXUT-34264 (DOC) |

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| C4-1.8 (11/8/23) | Error for Admission Source on Institutional Direct Data Entry (DDE) Submission | An issue has been identified in the AHA interface load performed for 441 which inactivated the records for Admission Source in the system. A fix is required to not inactivate the active record if there is no change in the source file. | Office of Systems and Project Management (OSPM) | 6075 | UTOPS-12719, EVOBRXUT-34352(SR), EVOBRXUT-34001 |
| C4-1.7.1 (9/29/23) | Frequency of Internal Design Document (IDD) 902 - Dual Eligible Members To CMS | Updated the file specifications and frequency to match Medicare Modernization Act (MMA) requirements provided by CMS (Centers for Medicare & Medicaid Services) | Office of Eligibility Policy (OEP) | 2455 | RTW 32541, EVOBRXUT-32709, EVOBRXUT-32710, UTOPS-11646 |
| C4-1.7.1 (9/29/23) | Newborn Enrollment Processing Rules Failing (Voluntary County) | Code fix to enroll newborn in mother's Medical Managed Care plan | Office of Managed Health Care (OMHC) | 4887 | UTOPS-10673, EVOBRXUT-33090 |
| C4-1.7.1 (9/29/23) | 902 MMA (Medicare Modernization Act) file to CMS (Centers for Medicare & Medicaid Services) - PRO (Prospective) records not being pulled based on age criteria | Code fix to Enter PRO if individual is eligible for full Medicaid benefits and although not known to the State as dually eligible is at least 64 years and seven months old or has a disability-related condition. and Set 2 Rules <ul style="list-style-type: none"> • Less than 21 years of age AND • Has a Medicare Number ending in "T" (which indicates End Stage Renal) | Office of Eligibility Policy (OEP) | 5071 | EVOBRXUT-33200 |
| C4-1.7.1 (9/29/23) | 902 MMA (Medicare Modernization Act) File to CMS (Centers for Medicare & Medicaid Services) - PRO (Prospective) Records will be Shown for Next Month | Code fixed so that PRO records for Members will be shown for the current month, as this Monthly MMA file is sent on the first weekday of each month, which includes the successful load of the current month's issuance file. Example: October benefit issuance runs 2nd to the last Saturday in October, so the monthly comprehensive file will run the first weekday of November and the PRO records will be for November. | Office of Eligibility Policy (OEP) | 5072 | EVOBRXUT-33308 |
| C4-1.7.1 (9/29/23) | CMS (Centers for Medicare & Medicaid Services) MMA (Medicare Modernization Act) File Interface 902 - MBI (Medicare Beneficiary Identifier) field Populating M When no MBI Available for Member | Code fix to send blank (empty space) when the Member's MBI is not available | Office of Eligibility Policy (OEP) | 5080 | EVOBRXUT-33337 |
| C4-1.7.1 (9/29/23) | File naming change needed for MMA (Medicare Modernization Act) files Interface 902 - (NO COST ENHANCEMENT) | Code fix to match the file naming convention that is documented in the MMA Data Dictionary 20150519f.docx that is attached to this spot. File naming standard for GENTRAN and MFT Internet Server electronic file transfers - Guid.NONE.MBD.M.CMSxx.ELIGIBLE.P. Where 'xx' = State abbreviation, and Where 'GUID' = EIDM ID/System ID. This format is for either the Monthly complete file or the Daily updates file. | Office of Medicaid Operations (OMO) | 5088 | UTOPS-10954, UTOPS-10940, EVOBRXUT-33368 (ENH), EVOBRXUT-33369 (Doc) |
| C4-1.7.1 (9/29/23) | 937 MMA (Medicare Modernization Act) response file from CMS (Centers for Medicare & Medicaid Services) was not loaded successfully | Code fix to load the Interface 937 MMA Response file from CMS when the file size is 950 MB Or loader and the record length is 4000 character length. | Office of Eligibility Policy (OEP) | 5175 | EVOBRXUT-33429, UTOPS-11117 |
| C4-1.7.1 (9/29/23) | Newborn member enrollment is populated with reason codes as 021/28 instead of 021/02 in 834 | Code fixed to populate the correct reason codes in the 834 | Office of Managed Health Care (OMHC) | 5207 | EVOBRXUT-33058 |
| C4-1.7 (9/13/23) | "High Priority" Files reject inappropriately for Loop 2300, K3 segment - The 837 Institutional HIPAA transactions need to allow for a K3 Segment instead of rejecting. This segment should be allowed based on CFR 414.94 | PRISM will now accept and read the K3 segment sent in the 837 Institutional X12 files and not reject them. The data from this segment will be populated to the Claim Situational data at the line level for Institutional claims | Office of Medicaid Operations (OMO) | 1106 | EVOBRXUT-27226, RTW 31506, DOC 31643, 31648, 31650, ENH 31644, 31649, 31651 |
| C4-1.7 (9/13/23) | State CHIP (formerly known as CHIP Plan D) - Effective 1/1/2024 add a new Children's Health Insurance Program that provides coverage for children under CHIP Plan C who are not traditionally eligible children. | During the 2023 General Session of the Utah State Legislature, Senate Bill 217, "Children's health coverage amendment", was passed. In PRISM we have added a new RAC code for "State CHIP" that will be effective 1/1/2024. "State CHIP" will follow CHIP Plan C at 200% FPL. This will be for children 0 up to 19 who are not US Citizens who have been living in Utah for at least 180 days. | Office of Eligibility Policy (OEP) | 1213 | RTW:EVOBRXUT-31081 DOC: EVOBRXUT-31667, EVOBRXUT-31669, EVOBRXUT-31672, EVOBRXUT-31670, EVOBRXUT-31674, EVOBRXUT-31676, EVOBRXUT-31677 ENH:EVOBRXUT-31543, 32227, 32228, 31543 |
| C4-1.7 (9/13/23) | Interface 907 GHS MEMBER DATA TO GHS OUT Send record 130 month to month - Change for Change Health Care to have the Eligibility (Record 130) sent month to month instead of a span of months- | Change Health Care (CHC) needs the Record 130 in IDD 907 GHS MEMBER DATA TO GHS OUT where eligibility is captured to be sent month to month instead of a span of months, PRISM code updated to send eligibility month to month to CHC | Office of Healthcare Policy and Authorization (OHPA) | 1233 | RTW 31076, DOC 31373, ENH 31374 |
| C4-1.7 (9/13/23) | Prior Authorization Review Info page returning error code | Code fixed to consider the PA Date Type for the Surgical Type to prevent the error. | Office of Healthcare Policy and Authorization (OHPA) | 1316 | UTOPS-4531, EVOBRXUT-29564, EVOBRXUT-29909 (SR), UTOPS-5482 |
| C4-1.7 (9/13/23) | Interface 547- GHS PLAN X NDC FROM GHS IN Plan Type Update needed - Added a new plan type COVID for Change Health Care to send | Added new Plan Type of COVID - COVID 19 to Interface 547 GHS PLAN X NDC from GHS IN for Change Health Care | Office of Healthcare Policy and Authorization (OHPA) | 1322 | RTW- 30828 ENH- 30830 DOC- 30832 |
| C4-1.7 (9/13/23) | Provider is getting an error when trying to upload a document to DMP (Document Management Portal) | Code fixed to prevent Object error when uploading documents to DMP | Office of Medicaid Operations (OMO) | 1382 | UTOPS-4653, UTOPS-5437, EVOBRXUT-30155 |
| C4-1.7 (9/13/23) | Technology Dependent Waiver - unable to generate care plan in Pega | Code fixed to return the error message when the Next button on Approve/Record Comprehensive Care Plan for New Choices Waiver/Technology Dependent Waiver if one or more waiver services is/are in "In Review" status. Instead the user will get the error "Decision: <HCPCS> requires a decision before the care plan can be submitted." | Office of Long Term Services and Supports (OLTSS) | 1402 | UTOPS-4843, EVOBRXUT-29634 |
| C4-1.7 (9/13/23) | Technology Dependent Waiver, unable to complete annual review in Pega | Code fixed to remove the Annual Review option from Add Case in the enrollment cases for Aging Waiver, Technology Dependent Waiver, New Choices Waiver and Employment-related Personal Assistant Services | Office of Long Term Services and Supports (OLTSS) | 1403 | UTOPS-4762, EVOBRXUT-29617 |
| C4-1.7 (9/13/23) | Interface 1107 GHS PROVIDER INFO TO GHS needs to include the Specialty of B556 (Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy) for Change Health Care | In Interface 1107 GHS PROVIDER INFO TO GHS updated the rule to report Pharmacy so that it includes reporting Specialty B556 (Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy) to Change Health Care. If a provider has both PAC 068 and PAC 123, PAC 068 will be the higher priority to report and will report as Pharmacy, both PACs will be reported as Pharmacy. | Office of Healthcare Policy and Authorization (OHPA) | 1448 | RTW 30834, ENH 31041, DOC 31040 |
| C4-1.7 (9/13/23) | Technology Dependent Waiver error message not received when services are in review and submitting the care plan in Pega | Code fixed to return the error message when the Next button on Approve/Record Comprehensive Care Plan for New Choices Waiver/Technology Dependent Waiver if one or more waiver services is/are in "In Review" status. Instead the user will get the error "Decision: <HCPCS> requires a decision before the care plan can be submitted." | Office of Long Term Services and Supports (OLTSS) | 1481 | UTOPS-4950, EVOBRXUT-29634 |
| C4-1.7 (9/13/23) | Employer-Sponsored Insurance Filter issue | Code fixed to update the queries for the Sort and Filter By's for Employer-Sponsored Insurance program screen in PRISM | Office of Eligibility Policy (OEP) | 1541 | UTOPS-4955, EVOBRXUT-29755 |

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| C4-1.7 (9/13/23) | Claims Bypassing Submitted Charge/Paying Above Maximum Allowable Rates | Code fixed to have the Requested and Authorized Amounts on the Prior Authorization display as the Unit Rate from the Care Plan | Office of Long Term Services and Supports (OLTSS) | 1551 | UTOPS-4967, EVOBRIXUT-29775, EVOBRIXUT-29776 |
| C4-1.7 (9/13/23) | Claims in Edit Processing Failure Due to The Number of Lines | A code fix was completed to stop the Claims from going to Edit Processing Failure in this situation | Office of Medicaid Operations (OMO) | 1578 | EVOBRIXUT-29756, UTOPS-4916, UTOPS-4902, UTOPS-4872, UTOPS-4794 |
| C4-1.7 (9/13/23) | Electronic Remittance Advice 835 - Take the lesser of 430 DU and 426 DQ in Interface 416 PHARMACY CLAIMS FROM GHS IN and report in the Gross Amount field on the 835. | System updated for pharmacy claims the lesser value of these two fields, 430-DU and 426-DQ from the IDD 416 Pharmacy Claims from GHS IN, for both Paid and Denied claims will be reported in the submitted charges. | Office of Medicaid Operations (OMO) | 1621 | RTW 31067, DOC 31068 31069, ENH 31070 31071 |
| C4-1.7 (9/13/23) | Transportation Vouchers in FileNet do not reflect number of stickers authorized | Code fixed so the correct addressee and recipient are reflected in the Transportation voucher correspondences. | Office of Medicaid Operations (OMO) | 1667 | UTOPS-5156, EVOBRIXUT-29890, EVOBRIXUT-29892 |
| C4-1.7 (9/13/23) | Restriction Review - Multiple Sub cases being created in Pega incorrectly | Code fix completed to not create child case (sub case) until the Additional Restriction Review task is completed on converted Restriction Review cases | Office of Reimbursement, Coordinated Care & Audit (ORCA) | 1788 | UTOPS-5431, SR EVOBRIXUT-30055, EVOBRIXUT-30056 |
| C4-1.7 (9/13/23) | Provider incorrectly receiving Member EOMB (Explanation Of Medical Benefits) from Clearing house | Archived Documents page FileNet query updated to not show Member correspondences to the provider from the Claims Document Class. | Office of Medicaid Operations (OMO) | 1830 | UTOPS-5486, EVOBRIXUT-30100 |
| C4-1.7 (9/13/23) | EPAS (Employment-related Personal Assistant Service) Service Details Screen Begin Date Error in Pega- T2024 service cannot be prior to the Completed date of Assign an Assessor and Service Coordinator in Initial Enrollment | Code fixed to remove the validation "T2024 service cannot be prior to the completed date of Assign an assessor or service coordinator date" for Care Plan Amendment cases. | Office of Long Term Services and Supports (OLTSS) | 1833 | UTOPS-5498, EVOBRIXUT-30083 |
| C4-1.7 (9/13/23) | Fee For Service Edit 5533 - Service covered under Substance Use Disorder (SUD) contract, denying K rate cell members and should bypass | Code fixed to bypass edit 5533 if member has a K rate cell | Office of Managed Health Care (OMHC) | 1848 | UTOPS-5530, EVOBRIXUT-30110 |
| C4-1.7 (9/13/23) | Provider Pay To Address not loading to OFIN due to State code changing to ZZ | Code fixed so that if ZZ is the State Code OFIN will default the state code to UT when sending to FINET | Office of Financial Services (OFS) | 1890 | UTOPS-5620, EVOBRIXUT-30408, EVOBRIXUT-30409 |
| C4-1.7 (9/13/23) | Direct Data Entry (DDE) Queue logic change to run on multiple servers, so duplicates are not picked up | Implemented the DDE queue lock logic to avoid picking up a record and to avoid creating a duplicate file for loading. | Office of Medicaid Operations (OMO) | 1897 | EVOBRIXUT-29895 |
| C4-1.7 (9/13/23) | Role not showing up after the supervisor updates the Pega role | Code fixed to have the Add Accesss Group button displayed when selecting Maintain Operator Access | Office of Long Term Services and Supports (OLTSS) | 1924 | UTOPS-5814, UTOPS-4628, EVOBRIXUT-29547, EVOBRIXUT-30329, EVOBRIXUT-30328 |
| C4-1.7 (9/13/23) | Transportation Vouchers not sent to members | Code fixed as per the below rules The System will check the Flextrans record with status "Submitted" and changes the Status to "Sent to State Print" automatically if member has any "Traditional" Benefit Plan for the Start Date. The Status will change from "Submitted" to "Sent to State Print" if member remains with any "Traditional" BP for prospective month after Benefit Issuance date (Checked based on indicator (MonthlyIssuanceFlag) in Appendix UT-18 - MBR-IDD934-DWS-ERE_P_MEMBER_ELIGIBILITY_IN_BATCH). Correspondence will not be generated for those members if they have lost any "Traditional" benefits. | Office of Medicaid Operations (OMO) | 2015 | UTOPS-5887, EVOBRIXUT-30411, EVOBRIXUT-30410 |
| C4-1.7 (9/13/23) | Electronic Data Interchange (EDI) 837 Health Care Claim-claim stuck 'In Process' | A code fix was completed to stop the Claims from going to Edit Processing Failure in this situation | Office of Managed Health Care (OMHC) | 2025 | UTOPS-5899, EVOBRIXUT-29756 |
| C4-1.7 (9/13/23) | Nursing home benefit plans not deriving | Code fix required so Admission records are not be inactivated based on the rule "System must inactivate the NF Admission records with Status "In Review - Waiting for MA" or "Completed - Waiting for MA" on System Date + 180 days", system will check additionally review date as well. If no required medicaid eligibility received for the member for 180 days after the review date. System must inactivate the Admission records. | Office of Long Term Services and Supports (OLTSS) | 2144 | UTOPS-6176, EVOBRIXUT-29703, EVOBRIXUT-30982 |
| C4-1.7 (9/13/23) | Electronic Data Interchange (EDI) - Encounter missing discharge hour but institutional encounter accepted and should have rejected | Code fixed so that Edit-1012 is not posted when Occurrence code 42 is not present, Statement To Date is present and Discharge Hour not present. | Office of Managed Health Care (OMHC) | 2194 | UTOPS-6063, EVOBRIXUT-30518 |
| C4-1.7 (9/13/23) | Pega Emergency Services Program for Non-Citizens (EOP) denied- hold cases not routing to correct workbasket | Denied-Hold cases are routed to the correct pending workbasket (WB) in PEGA. | Office of Healthcare Policy and Authorization (OHPA) | 2219 | UTOPS-6131, EVOBRIXUT-30547 |
| C4-1.7 (9/13/23) | Buyout Payments in Approved status but did not generate a payment | Payments are generated for the buyout with Approved status | Office of Eligibility Policy (OEP) | 2249 | UTOPS-6177, UTOPS-7185, EVOBRIXUT-30959, EVOBRIXUT-30960 |
| C4-1.7 (9/13/23) | Member Inquiry does not match Benefit Plan List for Mental Health Plan | Benefit Plan name is now displayed for Mental Health Plan | Office of Managed Health Care (OMHC) | 2252 | UTOPS-6182, EVOBRIXUT-30582 |
| C4-1.7 (9/13/23) | Fee For Service Claims Duplicate payments results from Batch Mass Resurrection due to being allowed to reprocess multiple times | The issue has been resolved. Edits are not posting if procedure code is on same claim. Edits are posting if procedure code is on different claim as expected. | Office of Medicaid Operations (OMO) | 2279 | UTOPS-6222, EVOBRIXUT-31297, UTOPS-7575 |
| C4-1.7 (9/13/23) | Nursing Home claim not paying the Add-On Rate | Nursing home claim is paying the Add-on Rate | Office of Medicaid Operations (OMO) | 2287 | UTOPS-6239, EVOBRIXUT-30623 |
| C4-1.7 (9/13/23) | May 2023 Transportation voucher status not changed to Sent to State Print | All the future date vouchers status are updated to "Sent to State Print" on monthly issuance file run. | Office of Medicaid Operations (OMO) | 2331 | UTOPS-6292, EVOBRIXUT-30411 |
| C4-1.7 (9/13/23) | Prior Authorization (PA) ERROR WITH FORCED ERROR CODES unable to approve the PA | Prior Authorization (PA) WITH FORCED ERROR CODES are able to approve the PA | Office of Healthcare Policy and Authorization (OHPA) | 2373 | UTOPS-6351, EVOBRIXUT-30735 |
| C4-1.7 (9/13/23) | Update the MMIS Case Number to go off of the Service end date of the claim for interface 448 CLM-IDD448-DHS-TRAUMA_CODE_RELATED_CLAIMS_TO_ORIS | System will send the latest case number between from and to date of service, when unavailable, send the latest case number from the Member's file. | Office of Medicaid Operations (OMO) | 2374 | UTOPS-6350, EVOBRIXUT-30660 |
| C4-1.7 (9/13/23) | Benefit Letter sent to a member with incorrect information | Letters are only triggered if the member has future eligibility and if the monthly file has a member with prospective eligibility. Benefit letters are not triggered when a member has lost eligibility. | Office of Managed Health Care (OMHC) | 2399 | UTOPS-6374, EVOBRIXUT-30693 |
| C4-1.7 (9/13/23) | For Manual Pricing Claims Indicator "2168-Is Pricing Done at Header" is not stamped on Adjudication | Indicator issue has been resolved. For Manual Pricing Claims Indicator "2168-Is Pricing Done at Header" is stamped on Adjudication. | Office of Medicaid Operations (OMO) | 2407 | EVOBRIXUT-30647, |
| C4-1.7 (9/13/23) | Employer-Sponsored Insurance (ESI) manual payment not displaying on screens | Manual payments are now displaying as expected | Office of Eligibility Policy (OEP) | 2464 | UTOPS-6488, EVOBRIXUT-30805, SR EVOBRIXUT-30868 |
| C4-1.7 (9/13/23) | Entered Entity Address from Entity screens doesn't match what is displayed on the related Buyout Case | Code fix for the page query to correct the Issue in Payee Schedule Pop up Screen. The order of alias name for county and country wrongly given, | Office of Eligibility Policy (OEP) | 2566 | UTOPS-6641, EVOBRIXUT-30897 |
| C4-1.7 (9/13/23) | Actual paid amount is wrong for May on an Employer-Sponsored Insurance (ESI) case | Code deployed toto populate the total check amount for ESI transactions | Office of Eligibility Policy (OEP) | 2587 | UTOPS-6652, SR EVOBRIXUT-30876, EVOBRIXUT-30878 |

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| C4-1.7 (9/13/23) | UT-FM-6 Count of families below/at/exceeding copay threshold monthly report needed | System Property - COST_SHARE_GO_LIVE_DATE in the wrong format. The fix to correct the Go live date configuration on table level and it is completed now. | Office of Medicaid Operations (OMO) | 2679 | UTOPS-6830, EVOBRIXUT-31387 |
| C4-1.7 (9/13/23) | Member Indicators Wheelchair Final Evaluations and possibly Sterilization Consent Dates not being read by claims and incorrectly posting an edit. | The issue has been resolved. Edit is not posting on claims when indicators set in the member record for Wheelchair Final Eval Form Date that is within the Prior Authorization Service Line Start and End Date. | Office of Medicaid Operations (OMO) | 2734 | UTOPS-6908, EVOBRIXUT-30977 |
| C4-1.7 (9/13/23) | Inquire Claims Filtering for RA Number = # Triggers Error Code : 150035 | Filtering for RA Number = #, now displays No Records Found! as expected for State and Provider Users | Office of Medicaid Operations (OMO) | 2792 | EVOBRIXUT-30723 |
| C4-1.7 (9/13/23) | Claims Occurrence Codes date removed in error | This issue is fixed in afterload to call the procedure to check the accident date is after the service date | Office of Medicaid Operations (OMO) | 2795 | UTOPS-6707, UTOPS 6988, EVOBRIXUT-31042 |
| C4-1.7 (9/13/23) | Provider Claim Inquiry - Adding Beneficiary ID Filter does not dynamically add this column | TCNs are displayed for the Load Date AND the Beneficiary ID column is added as expected | Office of Medicaid Operations (OMO) | 2800 | EVOBRIXUT-30609 |
| C4-1.7 (9/13/23) | Mass Adjustment 76655348 created 173 Transaction Control Numbers (TCNs) in Edit Processing Failure (EPF) | Charge Mode Rate configuration has been updated. Submitted Mass Adjustment, all the claims are processed without moving to EPF | Office of Medicaid Operations (OMO) | 2801 | EVOBRIXUT-30599 |
| C4-1.7 (9/13/23) | System returning errors when accessing reports needed for Certification for Electronic Data Interchange (EDI) Inbound transactions | Verified generated EDI HIPAA Inbound Transactions report and the details in Page 1 and Page 2 are now displayed as expected . | Office of Medicaid Operations (OMO) | 2808 | UTOPS-7020, EVOBRIXUT-31424 |
| C4-1.7 (9/13/23) | Missing months for Employer-Sponsored Insurance (ESI) | Code changed to query, to check identifier table with current date instead of payment date. | Office of Eligibility Policy (OEP) | 2989 | UTOPS-7508, EVOBRIXUT-31304, EVOBRIXUT-31303 (SR) |
| C4-1.7 (9/13/23) | Electronic Data Interchange (EDI) - User Acceptance Testing (UAT) Encounter Pharmacy Files batch number discrepancy | System is following the interface order then only the system will pick up TCNs with the right batch id for the inbound TCNs based on when it loaded into the system. | Office of Managed Health Care (OMHC) | 3022 | UTOPS-7373, EVOBRIXUT-31220, EVOBRIXUT-32356 |
| C4-1.7 (9/13/23) | Interface 415 PHARMACY_CLAIMS_FROM_MCO_IN - Pharmacy Claims Processing for Medicaid Member ID | Verified with TCN loaded, with Cardholder ID(Member ID) and Patient ID is now displaying as expected . | Office of Medicaid Operations (OMO) | 3069 | UTOPS-7456, EVOBRIXUT-31308 |
| C4-1.7 (9/13/23) | COGNOS - Electronic Data Interchange (EDI) HIPAA Inbound Transactions Report possible defects | EDI HIPAA Inbound Transactions report and the details in Page 1 and Page 2 are now displayed as expected | Office of Medicaid Operations (OMO) | 3084 | UTOPS-7492 EVOBRIXUT-31424 |
| C4-1.7 (9/13/23) | Member not included in the Benefit Letters | The code has been updated to remove this batch iteration number logic and process based on the sequence returned by the query. This does not impact any consolidation of letters but only that the member letter is not printed. | Office of Managed Health Care (OMHC) | 3116 | UTOPS-7566, EVOBRIXUT-31293 |
| C4-1.7 (9/13/23) | Transportation Stickers Issues - Special character box instead of alpha characters for some letters | The special character issue has been fixed and it is working as expected | Office of Medicaid Operations (OMO) | 3178 | UTOPS-7698, UTOPS-7700, EVOBRIXUT-31410, EVOBRIXUT-31448, EVOBRIXUT-30411 |
| C4-1.7 (9/13/23) | HealthBeat Reports -Prior Authorization Counts issues for Certification Reporting | The defect in the chart screen query which is causing no data to display in the chart has been identified and fixed. This issue exists in other charts as well. All the charts with this issue will be identified and fixed as part of this release. | Office of Healthcare Policy and Authorization (OHPA) | 3358 | EVOBRIXUT-31534, EVOBRIXUT-30284 |
| C4-1.7 (9/13/23) | 837 Direct Data Entry (DDE) Loading Failure: Due to multi-line Procedure Description at line level | This issue only exists in DDE and NOT 837s. Retested the issue by submitting DDE claims with Procedure description at line level with multiple lines, Claims are loaded successfully without any issues | Office of Medicaid Operations (OMO) | 3451 | EVOBRIXUT-31256 |
| C4-1.7 (9/13/23) | LINE_NUMBER in XX_MAIN_OB_DTL_P_T is not derived correctly | Changes are made to derive the correct invoice line number for theAccount Payables/Account Receivables (AP)/(AR) netting invoices | Office of Financial Services (OFS) | 3453 | EVOBRIXUT-30789 |
| C4-1.7 (9/13/23) | Account Code Assignment (ACA) Duplicate Record Issue on Claims | To Avoid creating duplicate ACA data for claims, we put control on ACA queue selection that if already claims got processed ACA we should not process again. | Office of Financial Services (OFS) | 3454 | UTOPS-6273, EVOBRIXUT-30632, EVOBRIXUT-30631 (SR) |
| C4-1.7 (9/13/23) | Members not picked up by the 3506 Correspondence Job to generate Benefit Letter | Welcome & Benefit letters are generated as expected | Office of Managed Health Care (OMHC) | 3455 | EVOBRIXUT-30820 |
| C4-1.7 (9/13/23) | Pharmacy Claims Not picked on 1008 Job if they are the same Rx (Pharmacy) claim billing provider on a separate Fee for Service (FFS) claim | Changes done in Remittance Advice data population process and Pharmacy Claims picked on 1008 Job and 835 generated successfully. | Office of Medicaid Operations (OMO) | 3469 | UTOPS-6309, EVOBRIXUT-30640 |
| C4-1.7 (9/13/23) | Electronic Data Interchange (EDI) - Encounter Pharmacy Interface 446 MCO-PHARMACY_CLAIMS_FEEDBACK_TO_MCO response file member ID does not match PRISM | Verified with TCN loaded, with Cardholder ID(Member ID) and Patient ID is now displaying as expected . | Office of Managed Health Care (OMHC) | 3483 | EVOBRIXUT-30980 |
| C4-1.7 (9/13/23) | Transaction Control Number's (TCN) moving to Edit Processing Failure (EPF) due to Spenddown Conditions | Verified TCN was loaded and adjudicated successfully with spenddown member as expected and posted edit as expected. | Office of Medicaid Operations (OMO) | 3490 | EVOBRIXUT-31525 |
| C4-1.7 (9/13/23) | 837 Fee For Service (FFS) Health Care Claims are not rejecting with 277CA (Claims Acknowledgement) for missing Parent Transaction Control Number (TCN) on the claim. | Edit posted and Fee for Service (FFS) TCN's are rejecting with 277CA working as expected. | Office of Medicaid Operations (OMO) | 3491 | EVOBRIXUT-30842, UTOPS-7379 |
| C4-1.7 (9/13/23) | Pega Aging Waiver-Same case appearing in four different Area Agency on Aging (AAA) workbaskets | Retested and verified that the returned New Choice Waiver (NCW) application is moved to the Department of Health (DOH) Application Resubmission-NC Pending workbasket (WB). It is not moved to Case Management Agency (CMA) WB. | Office of Long Term Services and Supports (OLTSS) | 4223 | UTOPS-9374, EVOBRIXUT-29977 |
| C4-1.7 (9/13/23) | Pega calculating Case Management rate incorrectly | The Request/Authorized Amount is displaying as the Unit Rate in the Care Plan. | Office of Long Term Services and Supports (OLTSS) | 4594 | UTOPS-4967, EVOBRIXUT-29776 |
| C4-1.7 (9/13/23) | Total Paid Amount on Paper RA does not equal Total Paid Amount on 835 | During Paper RA generation process, code fix to consider only current transaction (CS) payment amount to populate in "Adjusted Amount" in order to populate the "Total Paid Amount" properly. | Office of Medicaid Operations (OMO) | 4644 | EVOBRIXUT-32714, UTOPS-10815 |
| C4-1.7 (9/13/23) | Mass Adjustment - Adjudication Hierarchy | Mass Adjustment Adjudication Hierarchy has been prioritized | Office of Medicaid Operations (OMO) | 4801 | UTOPS-10412, EVOBRIXUT-32943 (SR), EVOBRIXUT-32944 (DOC) |
| C4-1.7 (9/13/23) | Premium Payments stuck in Approved status | Code fixed to correct the issue of premium payments not moving to "To Be Paid" status. | Office of Eligibility Policy (OEP) | 4813 | UTOPS-10460, SR EVOBRIXUT-33017, EVOBRIXUT-31304 |
| C4-1.7 (9/13/23) | Vulnerability issue reported in Webservice Application | Code fix for the Webservice & File upload in Provider & Rate settings page as part of this defect. | Office of Systems and Project Management (OSPM) | 5104 | EVOBRIXUT-31725 |
| C4-1.7 (9/13/23) | Vulnerability issue reported in PRISM Application | Code fix for the File upload in PRISM | Office of Systems and Project Management (OSPM) | 5105 | EVOBRIXUT-31724 |

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| C4-1.7 (9/13/23) | Vulnerability issue reported in Provider Credentialing Service (PCS) Application | Code fix for the Provider Credentialing Service verification for provider enrollment, Business Process Wizard (BPW) modification and Expert mode updates in provider general pag | Office of Systems and Project Management (OSPM) | 5106 | EVOBRIXUT-31723 |
| C4-1.7 (9/13/23) | Vulnerability issue reported in Managed Care Encounters (MCE) Application | Code fix for benefit plan derivation during file acceptance | Office of Systems and Project Management (OSPM) | 5107 | EVOBRIXUT-31722 |
| C4-1.7 (9/13/23) | Vulnerability issue reported in Electronic Data Interchange (EDI) Application | Code fix for submission of Electronic Data Interchange (EDI) transactions to ensure generation of files | Office of Systems and Project Management (OSPM) | 5109 | EVOBRIXUT-31721 |
| C4-1.6.5 (9/9/23) | ID0902 Dual eligibility file incorrect | Code release deployment completed. The change to pull the last 6 months is correct. | Office of Eligibility Policy (OEP) | 4904 | UTOPS-10613 |
| C4-1.6.5 (9/9/23) | Interim Interface 902 MMA (Medicare Modernization Act) File to CMS (Centers for Medicare & Medicaid Services) | Interim file created and passed file acceptance | Office of Eligibility Policy (OEP) | 5003 | UTOPS-10759, EVOBRIXUT-32674 |
| C4-1.6.5 (9/9/23) | CMS(Centers for Medicare & Medicaid Services) MMA (Medicare Modernization Act) File (Interface 902) Header & Trailer Missing | Code fix to include header and trailer values in the file | Office of Eligibility Policy (OEP) | 5081 | UTOPS-10937, EVOBRIXUT-33338 |
| C4-1.6.4 (9/6/23) | Adjustment (FFS) Fee for Service Claims are not able to generate (ACA) Account Code Assignment | Updated the code Adjustment (FFS) Fee for Service Claims are able to generate (ACA) Account Code Assignment Working as expected. | Office of Financial Services (OFS) | 4912 | UTOPS-10622, EVOBRIXUT-33123 |
| C4-1.6.3 (8/31/23) | August Benefit Issuance caused Benefit Plans to be inactivated | Code fixed to handle the Rollback segment failure due to memory space issue | Office of Managed Health Care (OMHC) | 4138 | UTOPS-9262, EVOBRIXUT-32264 (SR), EVOBRIXUT-32282, EVOBRIXUT-32585 |
| C4-1.6.3 (8/31/23) | EDI 277CA (Health Care Claim Acknowledgment)—Not produced as expected | Encounter- 277CA (Health Care Claim Acknowledgment) not generated when there are adjustment claims submitted in the 837. Logic updated in the itnerface rule so the system will update the system generated credit claim application status to ETRR generated in the interface processing without populating it into ETRR report | Office of Managed Health Care (OMHC) | 4371 | UTOPS-9763, EVOBRIXUT-32549, EVOBRIXUT-32551(SR) |
| C4-1.6.3 (8/31/23) | Interface 902 Dual Eligible Member to CMS (IDD 902) - send to CMS | When preparing to send this file to CMS, 2 additional defects found that will be corrected: The trailer record will be updated to reflect the number of records in the file, and the eligibility month and year is going as system date month and year and should be based on month and year of eligibility (RAC) record. | Office of Eligibility Policy (OEP) | 4487 | UTOPS-9849, EVOBRIXUT-32658, EVOBRIXUT-32673 |
| C4-1.6.3 (8/31/23) | Interface 902 Dual Eligible Member to CMS (IDD 902) record type issue | Issue fixed that the Medicaid Beneficiary Identifier (MBI) Should only send MBI and not the HICN. If no MBI then send as Blank. | Office of Eligibility Policy (OEP) | 4519 | UTOPS-9940, EVOBRIXUT-32674 |
| C4-1.6.3 (8/31/23) | Newborn Not Being Added to Mothers Plan Processing Rules Failing-New Rules Needed | - A new rule requested by business for the newborn process - "The newborn will be enrolled in the mother's plan (month of birth the newborn will be enrolled in mother's plan) or in the previous plan until they are 1 year old from the system date (after that they will be treated as a regular member)." | Office of Managed Health Care (OMHC) | 4562 | EVOBRIXUT-32368, EVOBRIXUT-32073(DOC) |
| C4-1.6.3 (8/31/23) | Start Reason is populating as Family Reconnect for newborn member | Code fix to populate the Start Reason correctly for a newborn member. | Office of Eligibility Policy (OEP) | 4720 | EVOBRIXUT-32873 |
| C4-1.6.3 (8/31/23) | Prospective eligibility is being added for Managed Care (MC) Plans retroactively | Code fixe to not add MC plans retroactively with a gap in MC Eligibility | Office of Managed Health Care (OMHC) | 4721 | EVOBRIXUT-32622 |
| C4-1.6.2 (8/23/23) | Member's termination date is not displaying on the 834 (Electronic Data Interchange file for enrollment) file | Member's termination date was updated to be 01/31/2042 to be sent in the 834 (Electronic Data Interchange file for enrollment) file | Office of Managed Health Care (OMHC) | 1241 | UTOPS-4333, EVOBRIXUT-29331 |
| C4-1.6.2 (8/23/23) | CHIP Out of Pocket Met Cost Share reporting incorrect | The fix required a code fix. Out of Pocket Met Cost Share is displaying correct. | Office of Managed Health Care (OMHC) | 1417 | UTOPS-4758, EVOBRIXUT-29615 |
| C4-1.6.2 (8/23/23) | Electronic Data Interchange file for enrollment 834 - Reinstatement record not created | When the enrollment period is inactivated and new enrollment created for the period, the system should have sent the Dis-Enrollment from the date. Instead currently system sent the Dis-Enrollment for the period which is incorrect. This was addressed as part of the defect and the system will set the Dis-Enrollment from the date. | Office of Managed Health Care (OMHC) | 1866 | UTOPS-5600, EVOBRIXUT-30176 |
| C4-1.6.2 (8/23/23) | Electronic Data Interchange file for enrollment 834 - Term and reinstate records for ineligible month | The system is correctly reporting the Dis-Enrollment records. | Office of Managed Health Care (OMHC) | 1950 | UTOPS-5726, EVOBRIXUT-30275 |
| C4-1.6.2 (8/23/23) | Electronic Data Interchange 820 Payment Order - Invoice amount (ADX01) not summing to recoupments | Data in production has to be corrected as total_pymnt_amount, net_pymnt_amount, pymnt_rate should be same in MC_820_PAYMENT_TRANSACTION/MC_FINAL_PAYMENT_TRANSACTION as well as pymnt_rate, total_pymnt_amount should be same in MC_820_PAYMENT_DETAIL/MC_FINAL_PAYMENT_DETAIL. | Office of Managed Health Care (OMHC) | 1978 | UTOPS-5776, EVOBRIXUT-30702 |
| C4-1.6.2 (8/23/23) | Encounter claim rejected for Code 20902 which is Duplicate Encounter on specific service lines. The encounter is applying to services on different dates of service. | Fixed for the following: "Line Service From Date" will be copied to "Line Service To Date" only when the "Line Service To Date" is missing and "Line Service From Date" is Valid. "Line Service From Date" will not be copied to "Line Service To Date" if the "Line Service From Date" is InValid | Office of Managed Health Care (OMHC) | 2222 | UTOPS-6112, EVOBRIXUT-30548, UTOPS-9424, EVOBRIXUT-32348 |
| C4-1.6.2 (8/23/23) | MCO submitted 270 requests are resulted in AAA 51 in the 271 responses due to some missing logic in the Provider validation query. | This issue is fixed by updated the provider validation query logic | Office of Managed Health Care (OMHC) | 2389 | UTOPS-6372, UTOPS-8996, EVOBRIXUT-32142 |
| C4-1.6.2 (8/23/23) | Electronic Data Interchange file for enrollment 834 record not generated for member | The following are being reported in the 834: 1) Reinstatement - with rate code K3 2) Reinstatement - with no rate code | Office of Managed Health Care (OMHC) | 2474 | UTOPS-6515, EVOBRIXUT-30782 |
| C4-1.6.2 (8/23/23) | Cognos - 820 Summary Report by County,Date, and MCO BLANK | This is defect with the Operational Data Store (ODS) query that has been corrected. | Office of Managed Health Care (OMHC) | 2891 | UTOPS-7181, EVOBRIXUT-31173 |
| C4-1.6.2 (8/23/23) | Member language code incorrect | Incorrect implementation of Business rule/Configuration. The code has been updated/reverted to be inline with the Design. | Office of Managed Health Care (OMHC) | 3030 | UTOPS-7444, EVOBRIXUT-31631 |
| C4-1.6.2 (8/23/23) | Managed Care (MC) Payment rejected | Payments have been processed for the inpaced members. | Office of Managed Health Care (OMHC) | 3079 | UTOPS-7473, EVOBRIXUT-31266, SR EVOBRIXUT-31299, UTOPS-10054 |
| C4-1.6.2 (8/23/23) | EDI -Electronic Data Interchange file for enrollment 834 reinstate record for incarcerated member missing rate cell | Rate code is needed in this scenario so the plan knows what benefits the member should have. The enrollments created in the system and all are having the Rate Code K3: | Office of Managed Health Care (OMHC) | 3266 | UTOPS-7805, EVOBRIXUT-31479 |
| C4-1.6.2 (8/23/23) | Newborn Not being added to Mothers Medical Manage Care (MMed) Plan | Newborn will be enrolled in Medical Managed Care (MMED) and considered a new enrollment when the mother is enrolled in the HOME program | Office of Managed Health Care (OMHC) | 3322 | UTOPS-7939, EVOBRIXUT-32073 |
| C4-1.6.2 (8/23/23) | Electronic Data Interchange file for enrollment 834 Recertification Date blank | Changes have been made to derive the Recertification date based on the following dates: 1) Change Transaction - 2000-DTP (i.e., First of the month of the File Generation Date) 2) Enrollment - 2300-DTP (i.e., First of the month of the Enrollment Start Date) 3) Dis-Enrollment - 2300-DTP (i.e., First of the month of the Dis-Enrollment Date) | Office of Managed Health Care (OMHC) | 3385 | UTOPS-7994, EVOBRIXUT-31568 |
| C4-1.6.2 (8/23/23) | Member not enrolled in MMed. Member lives in a mandatory county and should have a MMED plan | Newborn will be enrolled in Medical Managed Care (MMED) and considered a new enrollment when the mother is enrolled in the HOME program | Office of Managed Health Care (OMHC) | 3610 | UTOPS-8341, EVOBRIXUT-31998 |

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| C4-1.6.2 (8/23/23) | EDI - Electronic Data Interchange file for enrollment 834 reinstatement missing rate code and error when searching for member in Eligibility Inquiry | Fixed to report the different enrollments when there are more than one Rate Code available for the Re-Instatement period. | Office of Managed Health Care (OMHC) | 3612 | UTOPS-8313, EVOBRIXUT-30782 |
| C4-1.6.2 (8/23/23) | Payment - May 2021 capitation recouped but not replaced | This recoupment has been replaced as expected. | Office of Managed Health Care (OMHC) | 3663 | UTOPS-8433, EVOBRIXUT-31806 |
| C4-1.6.2 (8/23/23) | Payment - Capitation recouped June 2021 when member had active enrollment | While creating payment eligible transactions (in 1220 job process), payment transactions which are beyond 24 months (from Current month) should be marked as not eligible for payment. Before fix instead of checking beyond 24 months, system considered months beyond 24 and equal to 24. As a fix, only transactions which are beyond 24 will be considered and not equal to 24. | Office of Managed Health Care (OMHC) | 3670 | UTOPS-8437, EVOBRIXUT-31807, EVOBRIXUT-31806, EVOBRIXUT-31995 |
| C4-1.6.2 (8/23/23) | Payment - Restriction rate continues to be paid after member is no longer on restriction | Payments will be corrected for the restricted rate for the applicable time period. | Office of Managed Health Care (OMHC) | 3672 | UTOPS-8430 / EVOBRIXUT-31266 |
| C4-1.6.2 (8/23/23) | Payment - Technology dependent waiver - child capitations recouped and never replaced | When there is Cohort change happened for a period 01-Jul-2021 to 30-Jun-2022, currently in the 834 staging table only the 01-Jul-2021 is stamped and 30-Jun-2022 is not stamped which is causing issue in the Payments. After the fix when reporting the Cohort change, 834 will stamp both the start Date and the End Date. | Office of Managed Health Care (OMHC) | 3673 | UTOPS-8431, EVOBRIXUT-31806, EVOBRIXUT-31266 |
| C4-1.6.2 (8/23/23) | EDI - Electronic Data Interchange file for enrollment 834 from June 30 2023 sent term date from 2017 | System fixed to not look for an enrollment beyond 13 months when trying to identify the last active enrollment for the disenrollment date for managed care. | Office of Managed Health Care (OMHC) | 3720 | UTOPS-8548, EVOBRIXUT-31863 |
| C4-1.6.2 (8/23/23) | Managed Care (MC) Capitation Missing | Code is fixed. This error occurred only once due to the child job is accessing the data the parent job is populating, the issue is only for the given impacted members. The Parent and child jobs should not run concurrently. This is more of implementation rather than business error, this is the timing of jobs running in parallel and accessing the same data. For now we have increased the wait time for the child job to wait until the parent job is complete. To avoid any further issues we have also introduced rollback so that next time when the child job runs it will pick the unprocessed records as well. | Office of Managed Health Care (OMHC) | 3945 | UTOPS-8918, EVOBRIXUT-32122, EVOBRIXUT-32124 |
| C4-1.6.2 (8/23/23) | Vaccine Cutback not applied correctly CR 1071 | Vaccine Cutbacks applied correctly and claims paid correctly. | Office of Systems and Project Management (OSPM) | 4047 | EVOBRIXUT-32139 |
| C4-1.6.2 (8/23/23) | Capture the Host Name for the Claims Adjudication Queue Monitoring | This ticket fixes issues with Acentra health monitoring of Queue pages, and so this cannot be tested by Acentra Health SQA team or State test team. This is internal, but needed to put into SVN as per process, so logged this ticket | Office of Systems and Project Management (OSPM) | 4304 | EVOBRIXUT-32385 |
| C4-1.6.1 (8/9/23) | Update Duplicate Member Match Score Weight for Last Name | Business rule updated to change the score for Recipient Last Name | Office of Managed Health Care (OMHC) | 1118 | 28291, EVOBRIXUT-31039 ENH, 31065 DOC, 31066 RTW |
| C4-1.6.1 (8/9/23) | Performance improvement for the Oracle Financials (OFIN) payment cycles that run on Friday. | Changes are completed on importing the Managed Care Organization (MCO) recoveries, to improve the performance of the payment cycles. | Office of Financial Services (OFS) | 2614 | UTOPS-6639, EVOBRIXUT-30846 |
| C4-1.6.1 (8/9/23) | Remove 14 Day Offset on All Receivables | Due Date for all Receivables created will be defaulted to system date Account Receivables (A/R) Invoices will be created with the field "Due Date" set to system date Note: Offset flag set to 'N' does not drive the 'Due Date', the receivable should still be due immediately to PRISM. | Office of Financial Services (OFS) | 2819 | EVOBRIXUT-31671, EVOBRIXUT-31675, EVOBRIXUT-31679, EVOBRIXUT-31681, EVOBRIXUT-31682 |
| C4-1.6.1 (8/9/23) | Interface 902 (Dual Eligible Members to CMS) Should be DET | Verified DET records are created in 902 (Dual Eligible Members to CMS) files | Office of Eligibility Policy (OEP) | 3220 | UTOPS-7726 EVOBRIXUT-31618 |
| C4-1.6.1 (8/9/23) | Print batches not being received by State Print | There is a meeting with State Print to continually validate that all print jobs are being received. | Office of Systems and Project Management (OSPM) | 3226 | UTOPS-8864, EVOBRIXUT-32101 |
| C4-1.6.1 (8/9/23) | Electronic Remittance Advice 835 file failed while reporting Inter-Agency Transfer (IET) payments | Verified the Remittance Advice was generated when reporting Inter-Agency Transfer (IET) payments | Office of Medicaid Operations (OMO) | 3291 | EVOBRIXUT-31425 |
| C4-1.6.1 (8/9/23) | Update the start time and day of week for Claims and Encounters (CE) Internal Design Document (IDD) 434 | Schedule has been updated to Saturday Start time 2:00 PM MST and it is working as expected | Office of Medicaid Operations (OMO) | 3635 | EVOBRIXUT-31764, EVOBRIXUT-31765 |
| C4-1.6.1 (8/9/23) | Old Capitation Payment Recouped. | Benefit plans are now rederived for Managed care benefit plans as expected | Office of Managed Health Care (OMHC) | 3744 | UTOPS-8600, EVOBRIXUT-32044, EVOBRIXUT-32264, EVOBRIXUT-31911 |
| C4-1.6.1 (8/9/23) | Electronic Remittance Advice 835 file fails with file level balancing due to incorrect reporting of (PLB) Provider-Level Balance amounts | 835 file passed in outbound validation and now correctly reported PLB amounts | Office of Medicaid Operations (OMO) | 3901 | EVOBRIXUT-32023 |
| C4-1.6.1 (8/9/23) | Electronic Remittance Advice 835 balancing issue for Denied Claim Line with no Deny Edit | Issue Fixed for Edit, posting logic. Now working as expected. | Office of Medicaid Operations (OMO) | 3903 | EVOBRIXUT-31999 |
| C4-1.6.1 (8/9/23) | Account Coding null in both CLM_HEADER_H and CLM_LINE_S in the data warehouse | Account code tables in the data warehouse are loaded with values and no longer null. | Office of Financial Services (OFS) | 3940 | UTOPS-8924, EVOBRIXUT-32110, EVOBRIXUT-32109 |
| C4-1.6.1 (8/9/23) | GG - Data Warehouse (DW) Oracle Financials (OFIN) tables replication issue | Tested and verified, the data in DW tables is replicated as expected. | Office of Financial Services (OFS) | 3967 | UTOPS-8927, EVOBRIXUT-32106, EVOBRIXUT-32105(SR) |
| C4-1.6.1 (8/9/23) | Re-issue and Void Payments are not sent to Data Warehouse (DW) This is causing amounts mismatch. | Oracle Financials (OFIN) DW logic has been modified to include the voided and reissued payments. Tested and verified, the data in DW tables is replicated as expected. | Office of Financial Services (OFS) | 3968 | UTOPS-8505, EVOBRIXUT-31833 |
| C4-1.6.1 (8/9/23) | Missing pharmacy claims/check dates in OFIN_CLM_INTERIM_S a staging table for all types of claims (Pharmacy & Non-Pharmacy) | Design gap identified. The correct validation rules have been updated. | Office of Financial Services (OFS) | 4109 | UTOPS-9187, EVOBRIXUT-32245 |
| C4-1.6.1 (8/9/23) | Update National Drug Code (NDC) code data type Interfaces 1403 GHS-PAID_MEDICAL_FFS_CLAIMS_TO_GHS & , Interface 1405 GHS-JCODES_TO_GHS_OUT - | National Drug Code data type have been updated. Changes are working as expected for 1403 and 1405 interface. | Office of Medicaid Operations (OMO) | 4139 | EVOBRIXUT-32261 |
| C4-1.6.1 (8/9/23) | Electronic Remittance Advice 835 pharmacy file failed due to the missing (CAS) Claim Adjustment Segment | | Office of Medicaid Operations (OMO) | 4140 | EVOBRIXUT-32077 |

The system is populating a CAS segment in 835

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| C4-1.6.1 (8/9/23) | Data Warehouse (DW) main Claims and Pharmacy tables: Remove LKPCD rejections to facilitate reports | Data getting rejected during DW load for main Claims and Pharmacy tables due to data in LKPCD fields for which there are no validations in the PRISM application. Datastage code fix to remove validations on LKPCD fields where NAMEs have been resolved. | Office of Medicaid Operations (OMO) | 4146 | EVOBRIXUT-31852 |
| C4-1.6.1 (8/9/23) | Incorrect Info: Pharmacy claims rejecting for Part D. No active part D in PRSM or CMS (Centers for Medicare and Medicaid Services) | PRISM will not send DUAL_ELIG_CODE for a member who does not have Medicare Part A and/or Part B coverage for the month that the 130 record is being sent. | Office of Healthcare Policy and Authorization (OHPA) | 4184 | UTOPS-9604, SR EVOBRIXUT-32483, EVOBRIXUT-31008 |
| C4-1.6.1 (8/9/23) | Remittance advice #s ~ check amounts not updating correctly - For Scenario I | System updated to generate two different RA's; for regular and expedite payment and have equivalent check detail on it. | Office of Systems and Project Management (OSPM) | 4430 | EVOBRIXUT-32049 |
| C4-1.6.1 (8/9/23) | Pharmacy 835- Out of balance due to missing claims - Negative Balance Scenario | The system was only looking at Pharmacy RA tables while generating pharmacy 835 files. After this fix, it will be checked against both pharmacy and non-pharmacy RA tables. | Office of Medicaid Operations (OMO) | 4469 | EVOBRIXUT-32334 |
| C4-1.6.0.1 (7/27/23) | Electronic Remittance Advice 835 Pharmacy issue with CLPOS | Once the defect gets released, The failed files will be re-processed | Office of Medicaid Operations (OMO) | 3091 | UTOPS-7504, EVOBRIXUT-31290 |
| C4-1.6.0.1 (7/27/23) | Pharmacy Electronic Remittance Advice 835- Out of balance due to missing claims | Currently, the system is only looking at Pharmacy Remittance Advice (RA) tables while generating pharmacy 835 files. After this fix, it will be checked against both pharmacy and non-pharmacy RA tables. | Office of Medicaid Operations (OMO) | 3972 | UTOPS-8089, EVOBRIXUT-31980 |
| C4-1.6.0.1 (7/27/23) | Voided claims' parent claim not reaching end of lifecycle | Released into Production on 7/27/2023 and should be available in the Data Warehouse on 7/28/2023 | Office of Medicaid Operations (OMO) | 3973 | UTOPS-8045, EVOBRIXUT-31898 |
| C4-1.6.0.1 (7/27/23) | Remittance advice #s ~ check amounts not updating correctly - For Scenario II | Updated the logic to populate Check number and check amount in Pharmacy derived element table | Office of Medicaid Operations (OMO) | 4005 | EVOBRIXUT-31900 |
| C4-1.6 (7/19/23) | Error 5535 (Covered by Diagnosis Related Group payment to hospital) edit logic, short and long description needs to be updated | Updated the group code, edit logic, short and long descriptions for system error code 5535 to be a Non-covered service while inpatient instead of covered by Diagnosis Related Group payment to hospital. | Office of Medicaid Operations (OMO) | 1021 | RTW 29470, DOC 30351(CE) & 30353(BA), ENH 30352(CE) & 30354(BA) |
| C4-1.6 (7/19/23) | HIGH PRIORITY- Error 5504 edit logic and resolution text update | Updated the group code, edit logic, short and long descriptions for system error code 5504 to update the Bypass logic to If the Invoice Type is Professional OR Claim Type is from group {{Group Code - CLM20125-C}} AND if HCPCS Code "Claim Line Procedure ICD" is in the National Drug Code to Procedure Crosswalk AND National Drug Code doesn't exists on the claim line or is invalid Bypass: If the claim type is from group {{Group Code - E-OP}} and revenue code from group {{Group Code - REV-EMERG}} is present on any claim line, then bypass the edit. | Office of Healthcare Policy and Authorization (OHPA) | 1035 | RTW 29461, DOC 30356, ENH 30357 |
| C4-1.6 (7/19/23) | Error 5348 Edit Logic and Resolution Text Update | Updated the group code, edit logic, short and long descriptions for system error code 5348 Update Cloud Edit Logic to include, Bypass when Medicare Indicator is set to "Y" (crossovers) Add a second bypass "If inpatient claim has a Pricing Rule of LTAC Pricing." | Office of Medicaid Operations (OMO) | 1040 | RTW 29465, DOC 30358, ENH 30359 |
| C4-1.6 (7/19/23) | Error 1969 Edit Logic and Resolution Text Update | Created Bypass 7 to prevent error not bypassing the ASC denial if the provider is a clinic, Crossover claims. Additional Modifier and Procedure Code bypasses based on combination billed. Benefit Plan is any of benefit plans from group {{Group Code - CLM1969-BP}}; ASC Indicator is Y-Yes Claim Type belongs to group {{Group Code - CLM1969-CT}}; PT/SP/SSP belongs to group {{Group Code - CLPT33}} or {{Group Code - CLPT35}}; Procedure code belongs to group {{Group Code - CLM1969-14}} | Office of Medicaid Operations (OMO) | 1045 | RTW 29463, DOC 30360(CE), ENH 30361(CE), DOC 30367(BA), ENH 30368(BA) |
| C4-1.6 (7/19/23) | 276/277 Fix to Allow Managed Care Organizations to Receive 277 Responses | Business Rule UT-011 updated To If Billing/Service Provider ID submitted in the 276 request is not found or active for the claim service date the system will respond with appropriate claim status category code, claim status code and entity code. System will consider the claim service dates in the following order • 2200D-DTP • 2210D-DTP (Min of From Date – Max of To Date) • 276 Inquiry Date | Office of Managed Health Care (OMHC) | 1066 | RTW 29905, ENH 30207, DOC 30208 |
| C4-1.6 (7/19/23) | Vaccine Group and Edit Updates | Per CMS & AMA guidelines, updated existing vaccine groups logic, group codes, short & long descriptions for impacted edits. This included updates for COVID vaccine & admin codes. | Office of Healthcare Policy and Authorization (OHPA) | 1071 | 29387 RTW, DOC: 29953 29945, ENH: 29954 29955 |
| C4-1.6 (7/19/23) | Update unit calculation for Care Plans in PRISM | Update the documentPA-ID0012-CRM-Create_PA_for_CarePlan for calculating the Requested Units for the following: 1. Including the end date in the calculation for finding the number of requested units (add +1 to the formula) 2. Formula should include ROUND UP (always next number) | Office of Long Term Services and Supports (OLTSS) | 1126 | 30088 DOC, 30089 RTW, 30090 ENH, 30091 SR |
| C4-1.6 (7/19/23) | Remove the validation for required fields in Interface 529 PHARMACY PA DATA IN | The data fields in the interface 529 Pharmacy PA Data In was updated to remove them as being required. All data in the interface file from Change Health Care will be loaded into PRISM. | Office of Healthcare Policy and Authorization (OHPA) | 1321 | EVOBRIXUT-29949 (ENH), EVOBRIXUT-29950 (DOC), EVOBRIXUT-32113(DOC) |
| C4-1.6 (7/19/23) | CAH Indicator - In Review Interface 411 Creating Duplicate indicators | This issue was caused due to an issue in the quarterly interface 411(OUTPATIENT_PROVIDER_SPECIFIC_FILE_FROM_CMS_IN) duplicate indicator records are created on the same provider. This is the defect that has been fixed. | Office of Medicaid Operations (OMO) | 1325 | UTOPS-4544, EVOBRIXUT-29519, EVOBRIXUT-29520 |
| C4-1.6 (7/19/23) | User receives 'Fetching error' when clicking on eREP hyperlink on pgBuyoutList page | Hyperlink correct and error no longer occurs. | Office of Eligibility Policy (OEP) | 1335 | UTOPS-4558, EVOBRIXUT-29525, EVOBRIXUT-29522 |
| C4-1.6 (7/19/23) | Capitation Rate cell isnt updating for gender change | The defect has been corrected and rates should post correct. | Office of Managed Health Care (OMHC) | 1349 | UTOPS-4593, EVOBRIXUT-29825 |
| C4-1.6 (7/19/23) | Mental Health (MH)Med & Substance Use Disorder (SUD)Med Exemption Indicator end dated but Benefit Plan are not derived | MHMed Exemption Indicator and SUDMed Exemption Indicator that is being removed or added is triggering a rederive of the business plans that is successful. | Office of Managed Health Care (OMHC) | 1361 | UTOPS-4615, EVOBRIXUT-29557 |

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| C4-1.6 (7/19/23) | Enrollment and Rate Code not changed with Restriction void | Code changes implemented to consider complete inactivation in rate derivation and also correspondence | Office of Managed Health Care (OMHC) | 1396 | UTOPS-4752,EVOBRXUT-29610 |
| C4-1.6 (7/19/23) | 410 Interface(PHARMACY CLAIMS TO ORSIS) isn't processing 448-ED COMPOUND INGREDIENT QUANTITY correctly | Currently the decimal place being set after the 11th number. The National Council for Prescription Drug Programs (NCPDP) documentation, it shows that the decimal place should be after the 7th number | Office of Medicaid Operations (OMO) | 1401 | UTOPS-4666 , EVOBRXUT-29528, UTOPS-9022 |
| C4-1.6 (7/19/23) | Provider is receiving an exception error when trying to add License for enrollment. | The solution for this defect that has been identified and corrected. Provider should not get an error when adding their license. | Office of Medicaid Operations (OMO) | 1410 | UTOPS-4686, EVOBRXUT-29621 SR, EVOBRXUT-29613 |
| C4-1.6 (7/19/23) | Provider search does not match restriction provider screens | The mismatch between Provider Verification screen and Provider Specialty screen has been verified, All active specialties are displaying | Office of Managed Health Care (OMHC) | 1429 | UTOPS-4799, EVOBRXUT-29702 |
| C4-1.6 (7/19/23) | IDD 539 update file type to compressed/zip file from .txt | System will accept Internal Design Document 539 compressed/zip file sent from Change Health Care | Office of Healthcare Policy and Authorization (OHPA) | 1446 | RTW: 30285, DOC: 30286, ENH: 30287 30288 |
| C4-1.6 (7/19/23) | Address change 834 record as of 4/1/23 but member has had same address since 10/22/21 | A change to the Member Demographic Information made updating the members middle name. 834 interface ran without creating the Daily Roster entry which created entry in the interface run table. This will not happen when running the Daily 834 regularly | Office of Managed Health Care (OMHC) | 1479 | UTOPS-4859,EVOBRXUT-29798 |
| C4-1.6 (7/19/23) | User receives 'fetching error' when accessing pending buyout case | User receives 'fetching error' when clicking on eREP hyperlink on pgBuyoutList page Hyperlink correct and error no longer occurs. | Office of Eligibility Policy (OEP) | 1525 | UTOPS-4939, EVOBRXUT-29734, UTOPS-4558, EVOBRXUT-29522 |
| C4-1.6 (7/19/23) | Buyout Immediate Issuance payment not generated | Verified Buyout Immediate Issuance payment generated | Office of Eligibility Policy (OEP) | 1540 | UTOPS-4949, UTOPS 4956, EVOBRXUT-30000 |
| C4-1.6 (7/19/23) | Optical Character Recognition not reading scanned documents | INBOUND and OUTBOUND EDI Monitoring Reportererrors have been fixed. | Office of Medicaid Operations (OMO) | 1548 | UTOPS-4964, EVOBRXUT-30258 |
| C4-1.6 (7/19/23) | Restriction Internal Design Document (IDD) 936 and IDD935- Healthy U reports transaction error 666 that is not in the IDD936 or IDD935 | The error is now only triggering in valid scenarios and has the correct description. | Office of Managed Health Care (OMHC) | 1552 | UTOPS-4963, EVOBRXUT-29809 |
| C4-1.6 (7/19/23) | Generating Correspondence Letter manually Error received | Generate Correspondence Letter issue has been resolved. User is able to create correspondence letters. Manually price letter and approval/denial letter. | Office of Healthcare Policy and Authorization (OHPA) | 1579 | UTOPS-5004, EVOBRXUT-29812 |
| C4-1.6 (7/19/23) | PA Approval Letter does not show in the Pharmacy PA Generate Correspondence dropdown after Org unit associated | Issue has been resolved. Created new Prior Authorization (PA) approval letter and added Pharmacy Org unit and approved. Submitted new Pharmacy PA and able to see the newly created PA approval letter in Correspondence drop down | Office of Healthcare Policy and Authorization (OHPA) | 1592 | UTOPS-5023, EVOBRXUT-29936, EVOBRXUT-29802 (SR) |
| C4-1.6 (7/19/23) | Interface 539: Remove NULL validation on QROA_INDICATOR | Verified that the Null validation was removed for QROA_INDICATOR. | Office of Systems and Project Management (OSPM) | 1601 | EVOBRXUT-29710, UTOPS-4696 |
| C4-1.6 (7/19/23) | Restriction Interface 936 - Health Choice getting a 190 transaction when from date, to date and NPI match PRISM | The code is validating based on NPI, End Date and Provider Type for Restriction update. Fixed the matching logic to not consider provider type. | Office of Managed Health Care (OMHC) | 1605 | UTOPS-5063, EVOBRXUT-29875, EVOBRXUT-30527 |
| C4-1.6 (7/19/23) | Interface 1501 - Error In Member Insurance Policy and Policy Span Insert-ORA-01400: cannot insert NULL into | Verified no error is displayed now. The Policy Id, Policy Dates, and Member Id errors are being received correctly for both Add and Update records. Valid adds and updates are being processed correctly. | Office of Eligibility Policy (OEP) | 1634 | EVOBRXUT-29730 |
| C4-1.6 (7/19/23) | Interface 3212- Query using Benefit month but need to change as current date. | Verified Utah's Premium Partnership (UPP) payment Transactions created successfully | Office of Eligibility Policy (OEP) | 1635 | EVOBRXUT-29731 |
| C4-1.6 (7/19/23) | (276) Health Care Claim Status Request files failed in loading for multiple submissions of transaction sets | A code fix was needed to handle multiple Transaction set scenarios without failure. The approach to default to non-pharmacy when pharmacy and non-pharmacy 276 are received in the same file. | Office of Medicaid Operations (OMO) | 1636 | EVOBRXUT-29762, UTOPS-4711 |
| C4-1.6 (7/19/23) | Interface 1007 Populate FFS Claims to Staging Tables for OFIN Errors - Impacting Claims RA Generation | Edit to apply to Fee For Service (FFS) only claims. Verified that the Edit is posting on claims with a Denied line and that the claim will move through the process to Remittance Advice (RA) Generated. | Office of Medicaid Operations (OMO) | 1637 | UTOPS-4890, EVOBRXUT-29814 |
| C4-1.6 (7/19/23) | Error - While Retrieving Data. Please contact Administrator when attempting to update the license valid flag to yes | The issue on this ticket was identified as being caused due to duplicate indicators. These duplicate indicators were caused due to a data sync issue in C1 to C3 data migration. The duplicate indicators have been removed, and this error when updating the License Valid Flag from No To Yes should no longer be received. | Office of Medicaid Operations (OMO) | 1665 | UTOPS-5160, EVOBRXUT-29613, EVOBRXUT-29913 (SR) |
| C4-1.6 (7/19/23) | Application 20230413531828 - Provider can't move past the License step | Verified the issue. Able to modify/Add the license without any exceptions. | Office of Medicaid Operations (OMO) | 1669 | UTOPS-5162, EVOBRXUT-29613 |
| C4-1.6 (7/19/23) | Quantity field shows alphanumeric | The Quantity Field is now showing correctly for both Fee-For-Service and Encounter Claims. | Office of Medicaid Operations (OMO) | 1683 | EVOBRXUT-29904 |
| C4-1.6 (7/19/23) | Third-Party Liability (TPL) Payment Error - Interface 3005 Import member/TPL related claims into OFIN | Code fix to update the status of payment transaction to error when any of the required Account Code Assignment (ACA) segments in not derived or null. | Office of Eligibility Policy (OEP) | 1696 | UTOPS-5173, EVOBRXUT-29891 |
| C4-1.6 (7/19/23) | Buyout Immediate Issuance payment not generated | Buyout payment status is now paid with the check number listed. | Office of Eligibility Policy (OEP) | 1705 | UTOPS-5277, EVOBRXUT-30001, EVOBRXUT-30000, EVOBRXUT-30027, UTOPS-4956 |
| C4-1.6 (7/19/23) | Interface 1118 Vital stats - Special Character in middle name | Interface runs without any errors with special characters | Office of Systems and Project Management (OSPM) | 1730 | UTOPS-5047, EVOBRXUT-29893 |
| C4-1.6 (7/19/23) | Optical Character Recognition(OCR) inconsistency and inconsistency of posting the same error (2004) | Optical Character Recognition inconsistencies have been fixed and loading as expected. | Office of Medicaid Operations (OMO) | 1765 | UTOPS-5375, EVOBRXUT-30070 |
| C4-1.6 (7/19/23) | Admission Approval Letter Failures - Filenet Archive Failure Due to Special Character | Code fixed to resolve (, :) character | Office of Long Term Services and Supports (OLTSS) | 1768 | UTOPS-5318, EVOBRXUT-29991, EVOBRXUT-29990 (SR) |
| C4-1.6 (7/19/23) | Need to process all the records in Internal Design Document 727 irrespective of the status | The 727 file was loaded successfully with status as "Deposited" and with status as "Deposit Complete" | Office of Medicaid Operations (OMO) | 1772 | UTOPS-5391, UTOPS-5456, EVOBRXUT-30185 |
| C4-1.6 (7/19/23) | Paper Claim - stuck in Remittance Advice (RA) Generated - Optical Character Recognition (OCR) issues | Verified and the issue has been resolved. Loading edit 1098 is posting on Paper claim when the claim submitted with invalid member id. | Office of Medicaid Operations (OMO) | 1781 | UTOPS-5403, EVOBRXUT-30120 |
| C4-1.6 (7/19/23) | Payment Transaction issue: Business is concerned that they may be unable to properly see all payments sent | Third-Party Liability (TPL) Process adjustment changes done. With this change, the invoices grouping will exclude program segment and there will be one check for the case number. | Office of Eligibility Policy (OEP) | 1793 | UTOPS-5439, EVOBRXUT-30191, EVOBRXUT-30192 |
| C4-1.6 (7/19/23) | Employer-Sponsored Insurance (ESI) File Issue Query using Benefit month, need to change as current date | Code fix done to Use Current date to pick payee instead of benefit month | Office of Eligibility Policy (OEP) | 1806 | UTOPS-5440, EVOBRXUT-29731 |

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| C4-1.6 (7/19/23) | Indexed Relational (IRL) generation system failing for Paper Claims | The Paper claims were processed successfully into PRISM. The Billing and Servicing Line Addresses were added correctly based on the Paper submission. If the address field is blank or unreadable in the Paper claim it will transfer to the Paper claim correct and generate in PRISM successfully. | Office of Medicaid Operations (OMO) | 1809 | UTOPS-4987, EVOBRIXUT-29877 |
| C4-1.6 (7/19/23) | Direct Data Entry (DDE) claim failing for the multiline Procedure Description | Updated the query logic for procedure description metadata to convert the multi line procedure description to single line. Claims were submitted without any error. | Office of Medicaid Operations (OMO) | 1814 | UTOPS-5311, EVOBRIXUT-30037, EVOBRIXUT-30048(SR), |
| C4-1.6 (7/19/23) | Member Eligibility Inquiry screen not displaying full 90 day coverage | Code fixed to display the eligible Benefit Plan in the screen, when multiple provider exist for the given inquiry date range. | Office of Managed Health Care (OMHC) | 1821 | UTOPS-5481,EVOBRIXUT-30112 |
| C4-1.6 (7/19/23) | Hospice Procedure Code: T2046 posting Error code 1332 Unable to price for the date of service incorrectly | Code fix promoted to Production. Working as expected. | Office of Medicaid Operations (OMO) | 1836 | UTOPS-5496, EVOBRIXUT-30082 |
| C4-1.6 (7/19/23) | Interface 1501 - Error In Member Insurance Policy and Policy Span Insert-ORA-01400: cannot insert NULL into | The Policy Id, Policy Dates, and Member Id errors are being received correctly for both Add and Update records. Valid adds and updates are being processed correctly. | Office of Eligibility Policy (OEP) | 1893 | EVOBRIXUT-29730 |
| C4-1.6 (7/19/23) | Interface 3212- Create Utah's Premium Partnership (UPP) Payment Error | Utah's Premium Partnership payments are created now without error. Code promoted to Production. | Office of Eligibility Policy (OEP) | 1894 | EVOBRIXUT-29731 |
| C4-1.6 (7/19/23) | Claims going into Edit Processing Failure (EPF) for rendering/service only, Ordering, Referring, Prescribing (ORP) and Student | Working as expected. Updated HIPAA Trans Mapping 277CA Outbound Business rule 012 To: Billing Provider can not have an applicant type of SER - Rendering/Servicing Only, PRE - Ordering, Referring and Prescribing Only or STU - Students and Other Unlicensed Providers. If not, system will respond with appropriate claim status category code, claim status code and entity code in the loop 2200C - STC. | Office of Medicaid Operations (OMO) | 1912 | UTOPS-5666, EVOBRIXUT-30179, EVOBRIXUT-30194 |
| C4-1.6 (7/19/23) | Electronic Funds Transfer (EFT) wrap not marking all rejected EFTs as void in the system | System is working as expected. EFT's will show as voided. | Office of Financial Services (OFS) | 1914 | UTOPS-5671, EVOBRIXUT-30300, EVOBRIXUT-30299 (SR) |
| C4-1.6 (7/19/23) | Incorrect charges Paper Claim versus PRISM | Verified service line charges are mapped correctly in translation in XML as expected | Office of Medicaid Operations (OMO) | 1923 | UTOPS-5717, EVOBRIXUT-30238 |
| C4-1.6 (7/19/23) | Contract Threshold Revert back to Powerloaded Amounts | MyInbox Notifications based on ticket description got updated to, he contract balance amount for Contract Number <<Contract Number>> is equal to or less than the threshold percentage. Please review the amount spent to date, including any known or anticipated expenses not yet accounted for, and determine if funds need to be added to the contract. An amendment to the contract is required in order to add additional funds to the contract. | Office of Financial Services (OFS) | 1948 | UTOPS-5720, EVOBRIXUT-30262, UTOPS-5605 |
| C4-1.6 (7/19/23) | Claims for Pay Cycle 04/24/2023 - Processing Status "IN Oracle Financials" | Working as expected. Claims status is in Paid and Processing Status is in Remittance Advice (RA) Generated | Office of Financial Services (OFS) | 1964 | EVOBRIXUT-30211, UTOPS-5613, UTOPS-5624 |
| C4-1.6 (7/19/23) | 277CA file is failing in Outbound Validation due to missing Billing Provider | Fixed to include the leading zero of the Billing Provider when the Billing Provider Id is invalid. Fixed to display the 9 digit Tax ID instead of reporting the actual Atypical Id. | Office of Medicaid Operations (OMO) | 1965 | EVOBRIXUT-30059, UTOPS-5698 |
| C4-1.6 (7/19/23) | Error Code 1969 with no paid global code | Global codes scenarios have been reviewed. 1969 Resolution Text updated as per edit template. System is working per design. | Office of Medicaid Operations (OMO) | 2008 | UTOPS-6010, Doc 30815, Enh 30816 |
| C4-1.6 (7/19/23) | HealthyU receiving Restriction Internal Design Document (IDD)936 310 transaction codes in error | Error code is not displayed when Restriction provider has MCO association and Internal Design Document 936 is submitted with valid NPI, provider ID and Plan ID | Office of Managed Health Care (OMHC) | 2018 | UTOPS-5889 EVOBRIXUT-30527 |
| C4-1.6 (7/19/23) | Electronic Data Interchange (EDI) 837 Dental - Claim Type not derived | Issue Fixed. Claim Type is derived for edit. Working as expected. | Office of Managed Health Care (OMHC) | 2026 | UTOPS-5902, EVOBRIXUT-30560 |
| C4-1.6 (7/19/23) | System Updates for BA UT-30 Analysis | Group updates have been verified and are correct. | Office of Systems and Project Management (OSPM) | 2034 | EVOBRIXUT-30339 |
| C4-1.6 (7/19/23) | Electronic Funds Transfer (EFT) payment is shown as Medicaid Check in Filenet | Oracle Financials (OFIN) to add an extra validation to check the payment option at the time of payment generation along with what provider currently has in the file. This will make sure that the EFT payments are not sent to Filenet. Medicaid checks are not generated for EFT payments. | Office of Financial Services (OFS) | 2038 | UTOPS-5789, EVOBRIXUT-30298 |
| C4-1.6 (7/19/23) | Delay in Electronic Remittance Advice (ERA), 835 Generation for Pay Cycle 04/17/2023 | Verified that the job configuration is successfully running and 835s are being generated correctly. | Office of Financial Services (OFS) | 2041 | EVOBRIXUT-29968, UTOPS-5297 |
| C4-1.6 (7/19/23) | Procedure Codes Missing for Group CPY-EXMPT1 | Group Code PMN-5352 having Domains Modifier and Provider ID and Procedure code. Domain values are added. | Office of Systems and Project Management (OSPM) | 2042 | EVOBRIXUT-29603, UTOPS-4755 |
| C4-1.6 (7/19/23) | The Electronic Remittance Advice (ERA), or 835 and the Claims Summary screen under the Remittance Advice List are not showing adjusted amount of \$2.20 | Fix included - RA Data Population logic is not populating GAC amount correctly into 835 tables for the Deduction scenario. 2) 835 PLB population query needs to pickup the Deduction record into consideration and report deduction codes as "Referenced" for TL, TX and DD (All deduction) records. | Office of Medicaid Operations (OMO) | 2047 | EVOBRIXUT-29276 |
| C4-1.6 (7/19/23) | Resolve Pended Enrollment Error - Reasons value "Other" missing | Verified "Other" is now an option | Office of Managed Health Care (OMHC) | 2049 | UTOPS-5941, EVOBRIXUT-30428 |
| C4-1.6 (7/19/23) | No Benefit Plan was assigned based on the factors received in this transaction. error is being trigger constantly | Fixed and verified no errors were received and the correct benefit plans were added. | Office of Managed Health Care (OMHC) | 2051 | EVOBRIXUT-30355 |
| C4-1.6 (7/19/23) | Electronic Remittance Advice 835 file failed in balancing due to incorrect reporting of Forward Balance amount | Updated the logic to populate forward balance amount correctly. Forward balance amount reported with + sign instead it is reporting with -ve sign which is disrupting the transaction balancing. | Office of Medicaid Operations (OMO) | 2061 | EVOBRIXUT-30039 |
| C4-1.6 (7/19/23) | Electronic Remittance Advice 835 and the Claims Summary screen under the Remittance Advice (RA) List- Not showing adjusted amounts. | Paid amount is displaying as expected | Office of Medicaid Operations (OMO) | 2068 | EVOBRIXUT-29276 |
| C4-1.6 (7/19/23) | 3M process change from Simple Object Access Protocol (SOAP) to Representational State Transfer (REST) | "The last GPCS release supporting SOAP is August 2023 and support for SOAP will end on October 2023." REST based services will be used for Grouping and Pricing Services related to Inpatient/ Outpatient claims processing. | Office of Systems and Project Management (OSPM) | 2070 | EVOBRIXUT-29241 |
| C4-1.6 (7/19/23) | New application unable to complete Step 5 - License/Certification | Verified the issue. Now able to modify/Add the license without any exceptions. [| Office of Medicaid Operations (OMO) | 2138 | UTOPS-6023, SR EVOBRIXUT-30492, SR EVOBRIXUT-30628, EVOBRIXUT-29613 |
| C4-1.6 (7/19/23) | Admission record will not allow approval status | Code fixed to correct, Incorrect implementation of Business rule/Conversion Data | Office of Long Term Services and Supports (OLTSS) | 2195 | UTOPS-6111, EVOBRIXUT-30982, EVOBRIXUT-30809, EVOBRIXUT-30986 |
| C4-1.6 (7/19/23) | Encounters - edit 20902 triggering for multiple date submission for the same procedure code | Fixed the logic to copy the Line Service From Date to Service Line Date when the edit 1003 (Line Service Date is valid) is not posted. | Office of Managed Health Care (OMHC) | 2242 | UTOPS-6186, UTOPS-6112, EVOBRIXUT-30548 |

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| C4-1.6 (7/19/23) | Paper Claims failures - INBOUND and OUTBOUND EDI Monitoring Report 4/10/2023. The system is not processing the data for Billing Provider and Service Facility Address fields. So the file is failing. | The Paper claims are now being processed successfully into PRISM. The Billing and Servicing Line Addresses were added correctly based on the Paper submission. If the address field is blank or unreadable in the Paper claim it will transfer to the Paper claim correct and generate in PRISM successfully. | Office of Medicaid Operations (OMO) | 2302 | UTOPS-4987, EVOBRIXUT-30258 |
| C4-1.6 (7/19/23) | Remove the data required validation in Interface 529 PHARMACY PA DATA IN | Data validation is no longer a required field in interface 529 Pharmacy PA Data In. This means that everything is loaded that is received in the file from Change Health Care. This file goes directly to the PRISM data warehouse. | Office of Systems and Project Management (OSPM) | 2304 | EVOBRIXUT-29949 |
| C4-1.6 (7/19/23) | Electronic Data Interchange (EDI) - Encounters in Accepted in the Encounter Transaction Results Report (ETRR) Generated status have no adjudication edits posted | Encounter Claim loading edits are now posting properly, as well as the adjudication edits. | Office of Managed Health Care (OMHC) | 2327 | UTOPS-6297, EVOBRIXUT-30634 |
| C4-1.6 (7/19/23) | Claim is stuck in correction | | Office of Medicaid Operations (OMO) | 2550 | UTOPS-6605, EVOBRIXUT-29814 |
| C4-1.6 (7/19/23) | Cobra Broker Payments for Buyout did not issue | There is a rule in design that the Cobra Broker payment is monthly. The rule was updated in design to not look for monthly issuance, if the payment is immediate or Supplemental. Code was fixed and the Cobra broker payments that are immediate or supplemental paid out. | Office of Eligibility Policy (OEP) | 2879 | UTOPS-7151, EVOBRIXUT-30000, EVOBRIXUT-31129 |
| C4-1.6 (7/19/23) | SelectHealth receiving a Transaction rejection error in the webservice with DHHS for due to potential connectivity errors | The webservice error has been corrected. DHHS users worked a report and deleted duplicate provider NPI's that had the same start and end date. | Office of Reimbursement, Coordinated Care & Audit (ORCA) | 2900 | UTOPS-7186, EVOBRIXUT-29875 |
| C4-1.6 (7/19/23) | Claims moving to Edit Processing Failure (EPF) - 3M issue | Edit Processing Failure (EPF) issue has been resolved. Submitted claims for listed providers and claims are processed without moving to EPF. | Office of Medicaid Operations (OMO) | 3303 | UTOPS-7303, EVOBRIXUT-31232 |
| C4-1.6 (7/19/23) | Wrong data in National Drug Code (NDC) Price | Verified that all records loaded in the file were picked up and populated in Data Warehouse successfully. | Office of Reimbursement, Coordinated Care & Audit (ORCA) | 3512 | EVOBRIXUT-31873, UTOPS-8131 |
| C4-1.6 (7/19/23) | Benefit plan not deriving when start dates are changed and the Program Enrollment Type (PET) code assignment is not correct | For hospice members, once the admission record is added, the benefit plan and the Program Enrollment Type (PET) were correctly assigned. | Office of Long Term Services and Supports (OLTSS) | 3799 | UTOPS-8669, EVOBRIXUT-30986 |
| C4-1.6 (7/19/23) | Transportation Vouchers in FileNet do not reflect number of stickers authorized | The Voucher stickers are now displaying correctly. | Office of Eligibility Policy (OEP) | 4066 | EVOBRIXUT-29890 |
| C4-1.6 (7/19/23) | Service Facility Location - Billing Location State did not get copied from Direct Data Entry (DDE) entry | Service Facility Location - Billing Location State is getting copied from DDE entry | Office of Medicaid Operations (OMO) | 4073 | EVOBRIXUT-30540 |
| C4-1.6 (7/19/23) | Member County Override isn't working correctly | Code fix promoted to Production. Member County Override is working correct. | Office of Managed Health Care (OMHC) | 4074 | EVOBRIXUT-30645 |
| C4-1.6 (7/19/23) | Incorrect Info: Pharmacy Eligibility | Verified that the Active IHS providers are being populated in the 1107 File. | Office of Medicaid Operations (OMO) | 4075 | UTOPS-6994, EVOBRIXUT-31103 |
| C4-1.6 (7/19/23) | Incorrect Benefit Plan for single Member | Code fixed, Prism showing the correct Benefit Plan for the member. | Office of Medicaid Operations (OMO) | 4158 | UTOPS-9296 |
| C4-1.5.4 (07/11/23) | Interface 434 (Recovery Info From ORS IN) Loading Issue in Prod - Recovery Amount coming Incorrect | The proportional recovery amount in TPL_RCVRY_CLM_LN table shows rcvry_amt as '0' even though the Paid amount is a Positive value. This is now resolved. | Office of Medicaid Operations (OMO) | 3866 | UTOPS-8410, EVOBRIXUT-31815 |
| C4-1.5.3 (6/28/23) | Data Warehouse: FIN_CONTRACT_DETAIL data quality issue | Data Warehouse code fixed to validate with the correct fields: CONTACT_SID in FIN_CONTRACT_DETAIL do not map with the master table CONTACT. Use the combination of USER_ACCOUNT, PEOPLE_DETAIL and DOMAIN tables to get the contacts for the FIN contracts. | Office of Systems and Project Management (OSPM) | 2150 | UTOPS-5922, EVOBRIXUT-30479 |
| C4-1.5.3 (6/28/23) | Data Warehouse: AD_RX_P_CLAIM_LINE data quality issue | Data Warehouse: UNIT_OF_MEASURE_LKPCD and DRUG_PRODUCT_TYPE_LKPCD data quality issues. Data validations removed and data loaded as is into the Data Warehouse. | Office of Systems and Project Management (OSPM) | 2155 | UTOPS-5922, EVOBRIXUT-30474 |
| C4-1.5.3 (6/28/23) | Data Warehouse: NATIONAL_DRUG_CODE_H extract rule to include additional filters | Data Warehouse: Extract rule condition cannot be based only on OPRNL_FLAG, but needs to include ACTIVE_STATUS_FLAG = 'A'. Extraction rule for DW table NATIONAL_DRUG_CODE_H have been made and tested | Office of Systems and Project Management (OSPM) | 2171 | UTOPS-5922, EVOBRIXUT-30375 |
| C4-1.5.3 (6/28/23) | Data Warehouse: Update extraction rule to incorporate finalized claims | Data Warehouse: Since only finalized claims flow into DW, all its child tables also need to extract finalized claims. This is already in-place in all CLAIMS child tables that are part of the CLAIMS subsystem. Long-Term Fix: Include the same extract condition for CLAIMS child tables that aren't part of CLAIMS subsystem | Office of Systems and Project Management (OSPM) | 2172 | UTOPS-5922, EVOBRIXUT-30378 |
| C4-1.5.3 (6/28/23) | Data Warehouse: Framework merge SH script failing to disable constraints when loading tables that have Self-RI | Data Warehouse: Fixed the shell script in the Data Warehouse framework and enable constraints. | Office of Systems and Project Management (OSPM) | 2173 | UTOPS-5922, EVOBRIXUT-30376 |
| C4-1.5.3 (6/28/23) | Data Warehouse: CLM_HDR_AMBULANCE_DTL_S - Remove rejection on NAME field resolution for Province Codes | Data Warehouse: For the fields, PICK_UP_STATE_PRVNC_CODE/DROP_OFF_STATE_PRVNC_CODE, NAME fields are resolved in DW. Whenever the parent table STATE_PROVINCE_MASTER does not have these values, records are rejected. PRISM system has no validation rules and all inbound data is accepted. The same rules were applied to the data warehouse. | Office of Systems and Project Management (OSPM) | 2175 | UTOPS-5922, EVOBRIXUT-30379 |
| C4-1.5.3 (6/28/23) | Data Warehouse: PEGA_CASE_H DW table CASE_ID unique constraint needs to be updated | Data Warehouse: Had to remove a unique constraint in the DW for the CASE_ID column. | Office of Systems and Project Management (OSPM) | 2176 | UTOPS-5922, EVOBRIXUT-30470 |
| C4-1.5.3 (6/28/23) | Data Warehouse: PEGA_SUBCASE_DTL_S RI validation update needed | Data Warehouse: Met with PEGA team Ramesh Pandey to determine correct RI rule and change implemented in data pipeline. Data loaded successfully into the DW tables | Office of Systems and Project Management (OSPM) | 2177 | UTOPS-5922, EVOBRIXUT-30471 |
| C4-1.5.3 (6/28/23) | Data Warehouse: PA_RQST_PRCDR_TRANSACTION_S RI validation update needed | Data Warehouse: RI validation needs to be updated for PA_RQST_PRCDR_TRANSACTION.UOM_NAME. Validated the data loaded successfully into the Data Warehouse. | Office of Systems and Project Management (OSPM) | 2178 | EVOBRIXUT-30480 |
| C4-1.5.3 (6/28/23) | (2881) Data Warehouse: Duplicate TCN's in CLM_HEADER_H table and CLM_LINE_S table (In CLM_LINE_S table, the last 3 digits of CLM_LINE_TCN is the line number. TCN and this line number should be unique. But there are many duplicate records) | Data Warehouse: DW team removed the duplicates and also updated the data extraction rule/script for CLM_HEADER_H and CLM_LINE_S tables to avoid duplicates being created in future runs. | Office of Systems and Project Management (OSPM) | 2881 | UTOPS-7154, EVOBRIXUT-31106; EVOBRIXUT-31110(SR) |
| C4-1.5.3 (6/28/23) | (2939) Lines Missing in PRISM DW | Data Warehouse: issue is present in both the tables RX_CLM_HEADER_H and RX_CLM_LINE_S. Updated the extraction rules for DW RX tables to mitigate this issue | Office of Reimbursement, Coordinated Care & Audit (ORCA) | 2939 | UTOPS-7283, EVOBRIXUT-31178 (SR), EVOBRIXUT-31179, EVOBRIXUT-30474, EVOBRIXUT-31841 (SR), EVOBRIXUT-31852 |

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| C4-1.5.2 (6/23/23) | Update rules to process 835 Remittance Advice | Updated rules for processing the 835 Remittance Advice. Assignment Rules for Adjustment Reason Codes for 835 Generation: 1. Zero Paid Header or Lines = Header or Lines paid at zero and there are no other adjustments available at Header or Line (Example: PR or OA) assigned Adjustment Reason Code 97 with reporting submitting charges. 2.If adjustment segment exists (OA or PR), Submitted charge minus Sum adjustment amount = Remaining amount to CO 45. 3. System will report CO 94 when the paid amount is greater than the submitted charges. When reporting CO 94, the paid amount minus the submitted charges will be reported with a negative amount. 4. System will add the other adjustments (Patient Responsibility) amount to the [paid amount - submitted charges] and report the final amount into CO 94 | Office of Medicaid Operations (OMO) | 1607 | EVOBRIXUT-31007 RTW, EVOBRIXUT-30987 DOC(UT-G), EVOBRIXUT-30988 ENH(UT-G), EVOBRIXUT-30989 DOC(UT-P), EVOBRIXUT-30990 ENH(UT-P), EVOBRIXUT-30991 DOC(OVR-V3 ADDM), EVOBRIXUT-30994 ENH(OVR-V2-ADDM), EVOBRIXUT-31269 |
| C4-1.5.2 (6/23/23) | Locate ORS transaction in PRISM | Code fix for IDD 434 Recovery info from ORS In to correct the invalid segments. | Office of Financial Services (OFS) | 2437 | UTOPS-6433, EVOBRIXUT-31064 |
| C4-1.5.2 (6/23/23) | Allow interface 835 (Health Care Claim Payment and Remittance Advice) to be Downloadable beyond 1.5 hours | When providers view remittance advices in PRISM, they are able to download the 835 as long as they view it within 1.5 hours of it posting. It then reverts to a pdf version. As a temporary process until a long term approach change request is completed, State will update the failed 835 file status to "success" for the IHC providers which will enable them to be able to download the RA from PRISM. This will occur on a weekly basis. | Director's Office (DO) | 2843 | UTOPS-7111, EVOBRIXUT-31072(SR) |
| C4-1.5.2 (6/23/23) | Change Default to ERA Enrollment Form to EDI/835 for IHC providers | applied a script in production to update the method of retrieval to paper for the identified 33 providers. | Office of Medicaid Operations (OMO) | 2870 | UTOPS-7144, UTOPS-7148, UTOPS-7122, EVOBRIXUT-31132(SR), EVOBRIXUT-29717, UTOPS-7599 |
| C4-1.5.2 (6/23/23) | EPSDT Due or Overdue for Services letter generated inaccurately (Correspondence was sent multiple times to the same member). | There was a defect in the system that was generating the EPSDT correspondence even when it was not set to Y (on). This defect was corrected to only trigger the correspondence when the EPSDT correspondence is set to Y (on). Although this defect is corrected, State business decided to hold all EPSDT letters until design is again reviewed. | Office of Systems and Project Management (OSPM) | 2886 | UTOPS-7174, EVOBRIXUT-31149, UTOPS-7669 |
| C4-1.5.2 (6/23/23) | Interface 434 (Recovery info from ORS IN) loading issue | The interface 434 (Recovery info from ORS IN) loaded 9 ORSIS recovery files into the system but it has populated with irrelevant ACA information part of it. Null was coming in Segment7 for multiple records. The TPL_RCVRY_INTERIM_T table was corrected to pupulate all records correctly. The SELECT * FROM PRDMMIS.tpl_rcvry_aca_config is now accurately updated as well. All noted changes have been completed successfully. | Office of Medicaid Operations (OMO) | 3080 | UTOPS-7117, EVOBRIXUT-31064 |
| C4-1.5.2 (6/23/23) | Medical Review Board (MRB) (Eligibility Services) Checks and Buyout Check failure: checks are not being generated and correspondence is not getting triggered. | Entity and Payment checks were corrected and generated for payment. Correspondence letters are getting triggered properly. | Office of Systems and Project Management (OSPM) | 3222 | UTOPS-7706, EVOBRIXUT-31377 |
| C4-1.5.2 (6/23/23) | Medicaid Check did not generate for a provider. | This issue is happening as a side effect of the fix released in C4-1.5.0.2 (6/8/2023) Entity and Payment checks were corrected and generated for payment. Correspondence letters are getting triggered properly. | Office of Systems and Project Management (OSPM) | 3235 | EVOBRIXUT-31376 |
| C4-1.5.1 (6/16/23) | Update FINET Interfaces to correctly report transactions in July (Period 13) | A change was done to correctly report transaction in the month of July in the FINET system. To correctly report transactions in July (Period 13), these payments are split into 2 FINET documents when they have more than one State Fiscal Period under one payment, and are reported separately. Additionally, specific fields were moved from the header row to the accounting section. The doc record date is inferred in FINET. | Office of Financial Services (OFS) | 1222 | RTW 30062, DOC 30171 30172 30173 30174 30175, ENH 30188 30187 30186 30183 30189 |
| C4-1.5.0.2 (6/8/23) | Letters to wrong responsible party | This occurs when there is a change in case number on member, where the member is on one case in current month but moved to different case for next month. The benefit letter is pulling the head of household name for the current month and case ID for next month. The Head of household or Case ID derivation logic is inconsistent in the code and the code fix was done to have the same logic for the head of household name and Case ID based on the Member's eligibility. | Office of Managed Health Care (OMHC) | 2718 | UTOPS-6882, EVOBRIXUT-31005 |
| C4-1.5.0.2 (6/8/23) | EPSDT Letter sent on wrong case | This occurs when there is a change in case number on member, where the member is on one case in current month but moved to different case for next month. The benefit letter is pulling the head of household name for the current month and case ID for next month. The Head of household or Case ID derivation logic is inconsistent in the code and the code fix was done to have the same logic for the head of household name and Case ID based on the Member's eligibility. | Office of Managed Health Care (OMHC) | 2720 | UTOPS-6884, EVOBRIXUT-30968 |
| C4-1.5.0.2 (6/8/23) | error message confusion | Code fixed so that Entities payments and checks have been generated in OFIN and FILENET | Office of Eligibility Policy (OEP) | 3427 | UTOPS-8067, EVOBRIXUT-31377 |
| C4-1.5.0.2 (6/8/23) | Missing Medical Reimbursement Check Notice | Medical Reimbursement Check Notice correspondences are being generated correctly. | Office of Eligibility Policy (OEP) | 3686 | UTOPS-8493, EVOBRIXUT-31830 |
| C4-1.5.0.1 (5/30/23) | IDD 907 DUAL_ELIG_CODE is missing | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 1535 | UTOPS-6934, UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility - PART D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2217 | UTOPS-6133, UTOPS-7194 |

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| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2301 | UTOPS-6253, UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility Dual Code | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2323 | UTOPS-6287, UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility Dual Code | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2328 | UTOPS-6287, UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility - Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2346 | UTOPS-6308, UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Part D Eligibility | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2367 | UTOPS-6346, UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/MEDICARE D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2388 | UTOPS-6376, UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility - PART D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2400 | UTOPS-6403, UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | CR 2439 Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended | Interface 907 File Layout Updated for interface GHS MEMBER DATA TO GHS OUT. For DUAL_ELIG_CODE (row 53), the following is added to the Additional PRISM Internal Rule: PRISM will not send DUAL_ELIG_CODE for a member who does not have Medicare Part A and/or Part B coverage for the month that the 130 record is being sent. (Note: Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting.) | Office of Eligibility Policy (OEP) | 2439 | UTOPS-6436, EVOBRIXUT-31011 RTW, 31008 ENH, 31010 DOC, EVOBRIXUT-31060 |

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| C4-1.5.0.1 (5/30/23) | Pharmacy Benefit being denied for Members who no longer have Medicare | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Eligibility Policy (OEP) | 2469 | UTOPS-6494, UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect info: pharmacy claim rejected for "Medicare Part D" but CMS shows they don't have Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2509 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/MEDICARE D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2519 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/MEDICARE D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2526 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/ Medicare Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2528 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/ Medicare Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2531 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Pharmacy denied for Medicare | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Eligibility Policy (OEP) | 2535 | UTOPS-6570, UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Medicare Part D | Member information was updated and a new interface file was sent to Change Health Care (CHC) for all Members that have had Medicare Part D or Dual Eligibility Ended so that CHC can end this in their system. | Office of Healthcare Policy and Authorization (OHPA) | 2577 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | POS rejecting for Part D. No Part D in PRISM. CMS shows Part D ended. | Member information was updated and a new interface file was sent to Change Health Care (CHC) for all Members that have had Medicare Part D or Dual Eligibility Ended so that CHC can end this in their system. | Office of Healthcare Policy and Authorization (OHPA) | 2589 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Medicare Part D Eligibility | Interface 907 (Member Data to Change Health Care) - resent all Members with Medicare Part D and Dual Eligibility Codes to CHC | Office of Healthcare Policy and Authorization (OHPA) | 2594 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | LTD Code removed from Pharmacy File | Long Term fix corrected with a change request: System will not send Dual Elig Code to Change Healthcare if Medicare has ended. | Office of Eligibility Policy (OEP) | 2626 | UTOPS-6721, UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility - Part D | Interface 907 (Member Data to Change Health Care) - resent all Members with Medicare Part D and Dual Eligibility Codes to CHC | Office of Healthcare Policy and Authorization (OHPA) | 2659 | UTOPS-7194 |

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| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/MEDICARE D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Systems and Project Management (OSPM) | 2662 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect info: pharmacy system shows no Part D when member has had Part D since 3/1/2023 | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2675 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Medicare ended but dual status code sent to pharmacy | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Financial Services (OFS) | 2699 | |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/MEDICARE D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2706 | |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility - Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2709 | |
| C4-1.5.0.1 (5/30/23) | Member is being denied pharmacy because of dual status code | Interface 907 File Layout Updated for interface GHS MEMBER DATA TO GHS OUT. For DUAL_ELIG_CODE (row 53), the following is added to the Additional PRISM Internal Rule: PRISM will not send DUAL_ELIG_CODE for a member who does not have Medicare Part A and/or Part B coverage for the month that the 130 record is being sent. (Note: Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting.) | Office of Eligibility Policy (OEP) | 2712 | UTOPS-6877 |
| C4-1.5.0.1 (5/30/23) | Member is being denied pharmacy because of dual status code | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Eligibility Policy (OEP) | 2714 | |
| C4-1.5.0.1 (5/30/23) | Pharmacy Benefits denied and member no longer has Medicare | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Eligibility Policy (OEP) | 2715 | |

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| C4-1.5.0.1 (5/30/23) | Incorrect info: pharmacy claim rejected for "Medicare Part D" but CMS shows they don't have Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2732 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/MEDICARE D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2745 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/MEDICARE D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2775 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Pharmacy Benefit are being denied for Medicare | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Eligibility Policy (OEP) | 2818 | |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility - Medicare Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2825 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility - Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2834 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility - Medicare Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2837 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Interface 434 - recovery amount value needs to be allowed if the format is NUMBER 15,2 | Updated the Interface 434 "DHS Recovery Info From ORS In" to allow the recovery amount in the correct formats Example: 0.04 0.14 -0.04 -0.18 | Office of Medicaid Operations (OMO) | 2842 | EVOBRIXUT-31052 |

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| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/MEDICARE D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2875 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/ Medicare Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2878 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/MEDICARE D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2880 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/ Medicare Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2887 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | Member is being denied pharmacy benefits due to dual status code | Interface 907 - resend all Members with Medicare Part D and Dual Eligibility Codes to CHC. Long Term fix corrected with a change request: System will not send Dual Elig Code to Change Healthcare if Medicare has ended. | Office of Eligibility Policy (OEP) | 2901 | |
| C4-1.5.0.1 (5/30/23) | Member is being denied pharmacy benefits due to dual status code | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Eligibility Policy (OEP) | 2903 | UTOPS-7194, |
| C4-1.5.0.1 (5/30/23) | Incorrect Info: Eligibility/ Medicare Part D | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Healthcare Policy and Authorization (OHPA) | 2927 | UTOPS-7194 |
| C4-1.5.0.1 (5/30/23) | PRISM is sending DUAL_ELIG_CODE for a member who does not have Medicare Part A and/or Part B coverage for the month | Future change in PRISM will include a start and end date from eREP on the DUAL_ELIG_CODE and those dates will be stored in the system for correct reporting. The temporary fix until that change can be implemented is to have CNSI look to see if the member has Medicare Part A or B and if they do not have coverage for the time period, we are sending the 130 record in the IDD 907 GHS MEMBER DATA TO GHS OUT, then suppress sending the DUAL_ELIG_CODE to CHC (Change Health Care). CHC is using the DUAL_ELIG_CODE to determine if the member is Medicare Part D eligible. With the change to the interface to "Do not sent DUAL_ELIG_CODE to CHC if Medicare has ended" CNSI re-ran the updated information for May 2023 and June 2023 so CHC can get the update for members who do not have Medicare Part A and/or Part B. New files were sent to Change Health Care on 05/31/2023 | Office of Systems and Project Management (OSPM) | 3078 | EVORIXUT-31060 |
| C4-1.5 (5/24/23) | IDD 1403 and 1405 – Add Medicare Indicator field | Medicare Indicator field was added to both interface 1403 (GHS-PAID_MEDICAL_FFS_CLAIMS_TO_GHS) and 1405 (GHS-JCODES_TO_GHS_OUT) | Office of Healthcare Policy and Authorization (OHPA) | 1072 | RTW: 28637, DOC: 28638, ENH: 28639, DOC: 29182 |
| C4-1.5 (5/24/23) | 45 Day Letters - Out of State Providers | "License/Certification termination in 45 Day Letter" is generated to Providers who have Required Professional License with issued state other than Utah and is expiring in 45 days | Office of Medicaid Operations (OMO) | 1078 | RTW 12131, DOC 12132 12133 12135, ENH 12136 |
| C4-1.5 (5/24/23) | Add a business rule for the License/Certification Term 45 Days Letter | the "License/Certification Term in 45 Days Letter" internal system job process will trigger the correspondence for the Required licenses that will expire in next 45 days. | Office of Medicaid Operations (OMO) | 1082 | EVORIXUT-5614 RTW, EVORIXUT-5613 DOC, EVORIXUT-5612 ENH |
| C4-1.5 (5/24/23) | Claim Paid based on Code rate instead of PA Priced | PA Pricing Logic has been updated | Office of Systems and Project Management (OSPM) | 1138 | EVORIXUT-29014 |

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| C4-1.5 (5/24/23) | EPF was created in Mass Adjustment Batch | update to change 2056 Lifecycle Edit to Y. This resulted in EDI and Paper claim edit 2056 posted no EPF. | Office of Systems and Project Management (OSPM) | 1139 | EOBRIXUT-29008 |
| C4-1.5 (5/24/23) | Diagnosis codes are not available in Page ID: dljAssociateCodes(Reference) | diagnosis code are now available in Page ID: dljAssociateCodes(Reference). | Office of Systems and Project Management (OSPM) | 1140 | EOBRIXUT-29007 |
| C4-1.5 (5/24/23) | CE UT-I Error code 1958 & 5545 Update | Error Code 1958: Updated the Resolution Text, Short and Long Description updates Error Code 5545: Updated the Short and Long description and resolution text updates | Office of Systems and Project Management (OSPM) | 1141 | EOBRIXUT-29000 |
| C4-1.5 (5/24/23) | Invalid Error when Updating PT/SP/SSP End Date | This was an issue in C1 deployment and no longer an issue in C3 PRISM Operations. Tested and closed. | Office of Medicaid Operations (OMO) | 1142 | EOBRIXUT-28999, UTOPS-4275, UTOPS- |
| C4-1.5 (5/24/23) | System not throwing the expected error messages in page pgRVURateConvFactorsDetail(Reference) | Error posted for below scenarios-Page Id : pgRVURateConvFactorsDetail(Reference) When actor enters invalid data, the system posted the below error message Error: "Please enter 2 digits after the decimal point". Scenario 2: conversion factor value: -0.12 Error: "Please enter a value which only includes the following in <Field Name>: 0-9 ." is posted as expected . | Office of Systems and Project Management (OSPM) | 1145 | EOBRIXUT-28980 |
| C4-1.5 (5/24/23) | Lookup Value PTNT_SRVC_LCTN_LKPCD = '00' need to be configured in LOOKUP config tables | verified the value "00" is now returned in the PRDMMIS table 'ad_rx_p_claim_header' table and also in the corresponding DW table 'RX_CLM_HEADER_H' | Office of Systems and Project Management (OSPM) | 1146 | EOBRIXUT-28960 |
| C4-1.5 (5/24/23) | 835 - Other payer at header level and priced at line level | Updated the below logic and released the changes in RA data population process. Balance the OA-23 amount if Other payer submitted on the claim and not balancing with submitted charges on the claim/line. Populate OA-23 when the paid amount is greater than zero as like CO-45 to avoid the balancing issue in 835 generation. | Office of Systems and Project Management (OSPM) | 1147 | EOBRIXUT-28922 |
| C4-1.5 (5/24/23) | Care Management - Receiving an "Unable to obtain a lock on the work cover. Please Close the work object. reopen and retry." error | This was corrected for the errors: This is expected behavior as per the interface design when member or providers are not available. Please submit new application with correct setup of data and approve the care plan, then it will work. | Office of Systems and Project Management (OSPM) | 1148 | EOBRIXUT-28872 |
| C4-1.5 (5/24/23) | Edits posted to 421 not found in UT-I or UT-AP | Documentation Updates made: Business wants to keep Edit 2660 for Utah and Document in UT-AP. UT-AP- 5010- Loading Edits: Added new Rule UT-328-Admitting Diagnosis Code Missing For Inpatient Claims at Header UT-L - HIPPA Trans Mapping 837 Institutional: Associated Rule UT-328 to Row 343 in Tab 837 I Business | Office of Managed Health Care (OMHC) | 1149 | EOBRIXUT-28869 |
| C4-1.5 (5/24/23) | FFS Only Edits Posting on Encounters | Corrected - only ENC Edits are posted to the ENC TCN | Office of Managed Health Care (OMHC) | 1150 | EOBRIXUT-28865 |
| C4-1.5 (5/24/23) | UT_C3_BA Exception is occurring when modifying the approved record in "Surgical Code Association Detail" page | when modifying the approved record in "Surgical Code Association Detail" page, the exception error is no longer occurring | Office of Systems and Project Management (OSPM) | 1153 | EOBRIXUT-28820 |
| C4-1.5 (5/24/23) | Feb 835 File Failures - Modifier Issues | Fixed to pick the Valid Modifier in order when any of the modifier1, modifier2, modifier3 or modifier 3 are invalid. Eg., When modifier = invalid, modifier2 = valid, modifier3 = invalid. We will display Modifier2 in the first position in the outbound file. | Office of Systems and Project Management (OSPM) | 1154 | EOBRIXUT-28805 |
| C4-1.5 (5/24/23) | Edit 5475 not clarifying which line is missing ordering provider | Edit 5475 was posting in Header level and issue has been Fixed by updating it to line level posting logic. | Office of Managed Health Care (OMHC) | 1155 | EOBRIXUT-28790 |
| C4-1.5 (5/24/23) | Accepted encounter did not show up as accepted on 421 | As per Interface 421 (MEDICAL ENCOUNTER RESPONSE TO MCO OUT) selection criteria in "Interface Information" tab, 421 will populate the edit other than Accept disposition. Since the edit 20173 is Accept disposition, it is not populated as per design as expected and it is not an issue. | Office of Managed Health Care (OMHC) | 1156 | EOBRIXUT-28775, UTOPS-9762 |
| C4-1.5 (5/24/23) | Pharmacy ENC - missing/invalid cardholder ID | Validated with newly loaded Pharmacy encounter TCN's with missing /Invalid Card holder and edit '07' posted as expected with rejected claim status. | Office of Managed Health Care (OMHC) | 1157 | EOBRIXUT-28760 |
| C4-1.5 (5/24/23) | Care Management-EPAS SCD(Special Circumstance Disenrollment) Drop down defect | Drop down fixed to display values per design. Added Disenrollment Reason for Special Circumstance Involuntary Disenrollment in EPAS. | Office of Long Term Services and Supports (OLTSS) | 1158 | EOBRIXUT-28744 |
| C4-1.5 (5/24/23) | Mass Adjustment Batch # 76670662 Claim Count mismatch | Claim count mismatch issue has been resolved. In Process' Business Status added in the Mass Adjustment Batch. Mass Adjustment Job Status page Claim Count matching the # of TCNs in the Claim Inquiry for claims that have the Mass Adjustment Number. | Office of Systems and Project Management (OSPM) | 1159 | EOBRIXUT-28725 |
| C4-1.5 (5/24/23) | Group Code ACO-EPSDT missing Modifier Domain and Modifier | Missing modifier domain configuration for the modifier code 'U' has been associated with the Group code ACO-EPSDT. Group Configuration fixed for ACO-EPSDT to include Modifier domain with value 'UC'. | Office of Systems and Project Management (OSPM) | 1160 | EOBRIXUT-28671 |
| C4-1.5 (5/24/23) | Modifier Code ID Start Date not matching in UT - 35 | The Start date of the modifier codes (D,E,G,H,I,J,N,P,R,S) have been corrected as '07/01/2016' | Office of Systems and Project Management (OSPM) | 1162 | EOBRIXUT-28610 |
| C4-1.5 (5/24/23) | Claim Inquiry - Service Facility Locations Address for State is not getting saved from entering the DDE Claim | PRISM is still utilizing the Billing Location Address as the service facility address even though the address is not getting populated into the DDE screen. Business agrees with the screen functionality. | Office of Systems and Project Management (OSPM) | 1163 | EOBRIXUT-28604 |
| C4-1.5 (5/24/23) | Loading Edit 9073 (ACN is already available in system) Should not post to Encounters | Loading edit 9073 corrected to not post for an encounter claim. | Office of Systems and Project Management (OSPM) | 1164 | EOBRIXUT-28592 |
| C4-1.5 (5/24/23) | Entity Payment List Security Issue | Role Based Access Control updated and information is displaying correctly according to the profile/role assigned. | Office of Eligibility Policy (OEP) | 1165 | EOBRIXUT-28569 |
| C4-1.5 (5/24/23) | OFIN is rounding (727) CASH RECEIPTS amounts | Amounts on Cash receipts are displayed as sent in 727 interface file and no longer rounding. | Office of Financial Services (OFS) | 1166 | EOBRIXUT-28565 |
| C4-1.5 (5/24/23) | Group Description for group codes PRO1933-1 and PRO1997 are incorrect in UAT | Group description code for PRO1933-1 corrected: Anesthesia related qualifying service codes. Group description code for PRO-1997 corrected: Anesthesia related qualifying service codes. | Office of Systems and Project Management (OSPM) | 1167 | EOBRIXUT-28561 |
| C4-1.5 (5/24/23) | Edit 1856 not bypassed when PA available | Edit 1856 bypass logic has been fixed. | Office of Systems and Project Management (OSPM) | 1169 | EOBRIXUT-28455 |
| C4-1.5 (5/24/23) | Bypass PA with Dx | Edits 5534,5048 and 5049 logic are updated. Bypass logic working. | Office of Systems and Project Management (OSPM) | 1170 | EOBRIXUT-28450 |
| C4-1.5 (5/24/23) | 835 Failures for Providers that do not have Remittance Address | Generated Paper RA is shown with Remittance address | Office of Medicaid Operations (OMO) | 1171 | EOBRIXUT-28377, EOBRIXUT-27900 |
| C4-1.5 (5/24/23) | Error 1332 is posting on Claims with Revenue Codes | Submitted claims, paid with Provider rate without posting edit 1332 | Office of Systems and Project Management (OSPM) | 1172 | EOBRIXUT-28223 |
| C4-1.5 (5/24/23) | Unable to get Edit New-1046 Error Code 1878 to Post on Claim | Defect was tested and deployed to production with C4-1.5 release on 05/24/2023. Closed SPOT ticket. Edit 1046, Error Code 1878 is posting on appropriate claims | Office of Systems and Project Management (OSPM) | 1176 | EOBRIXUT-26220 |

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| C4-1.5 (5/24/23) | CR 884-Alt flow - Create Codeset for Modifier Restrictions- Step 1 and Step 2 not working as Expected | Filter By has Modifier Code as Expected. Filter By has Procedure Code as Expected. Reference Subsystem>Benefit plan restrictions > Click on Modifier >Click on Add button, and the title of the page is displayed as "Add Associate Codes". | Office of Systems and Project Management (OSPM) | 1177 | EOBRXUT-23214 |
| C4-1.5 (5/24/23) | Providers do not have access to Adjust Code List Values - CE RBAC Related to CR 918 | Defect was tested and deployed to production with C4-1.5 release on 05/24/2023. Closed SPOT ticket. Providers have Code List available in the Show Menu Drop Down | Office of Systems and Project Management (OSPM) | 1179 | EOBRXUT-28465 |
| C4-1.5 (5/24/23) | Update for LIM2069-3 | Lifetime Limits: Group Code LIM2069-3 is updated with Claim Type 'O' Exclude and Invoice Type 'D' Include. | Office of Systems and Project Management (OSPM) | 1180 | EOBRXUT-28495 |
| C4-1.5 (5/24/23) | System Updates - UT-30 CLPT60 Group Description Needs Correction | Group Description is displaying as expected.Legacy Provider Type 60 (Pharmacy Taxonomies). | Office of Systems and Project Management (OSPM) | 1181 | EOBRXUT-28546 |
| C4-1.5 (5/24/23) | Remove Groups DFSP-VAC & PRO1225-1 | Group codes DFSP-VAC and PRO1225-1 have been removed from the configuration. | Office of Systems and Project Management (OSPM) | 1183 | EOBRXUT-28750 |
| C4-1.5 (5/24/23) | FINET Transactions - State Fiscal Year/Period | FINET transactions correct so all expensess & recoveries are booked against the current Federal Fiscal Year, State Fiscal Year, and State Fiscal Period. | Office of Financial Services (OFS) | 1184 | EOBRXUT-28828, EOBRXUT-28879 |
| C4-1.5 (5/24/23) | 277CA did not generate for partially accepted 837 file | Partially Accepted 837 file generated 277CA | Office of Managed Health Care (OMHC) | 1186 | EOBRXUT-28988 |
| C4-1.5 (5/24/23) | Date of Death/RAC end date/Open BP's in error after death date and RAC Closure | Benefit Plans are end dating appropriately based on death date and RAC closure. | Office of Managed Health Care (OMHC) | 1190 | EOBRXUT-29066 |
| C4-1.5 (5/24/23) | Process Fax Document - Make Beneficiary Last Name Optional | Beneficiary Last Name is Optional only when routing a document to another fax queue. | Office of Medicaid Operations (OMO) | 1195 | EOBRXUT-29082 |
| C4-1.5 (5/24/23) | PLB05 FB Amount on 835 and Paper RA and the PLB03-2 Provider Adjustment Identifier | If positive FB amount, then RA number from previous RA will be sent. If negative FB amount, the Warrant Number for that RA will be given. | Office of Medicaid Operations (OMO) | 1197 | EOBRXUT-29081 |
| C4-1.5 (5/24/23) | PA - DWS-MRB and DHS-CMC unable to modify a PA even though they have the role to do it | user can modify a PA using the correct role | Office of Systems and Project Management (OSPM) | 1205 | EOBRXUT-29056 |
| C4-1.5 (5/24/23) | Child Life Specialist (H2032) is missing from the Specialty/Subspecialty list for Technology dependent Waiver | Earlier TCN went to Edit Processing Failure status. It is now adjudicated and moved to paid status. | Office of Long Term Services and Supports (OLTSS) | 1218 | EOBRXUT-29166, UTOPS-4304, EOBRXUT-29170, EOBRXUT-29167, EOBRXUT-29168, EOBRXUT-30905, EOBRXUT-30900, EOBRXUT-30912, EOBRXUT-30913, UTOPS-6802, UTOPS-6803, EOBRXUT-31243, EOBRXUT-31712 |
| C4-1.5 (5/24/23) | The Case ID search function does not work | In PEGA, using the MRB Mgr role, in the Bulk Actions menu, the Case ID search function now works. | Office of Eligibility Policy (OEP) | 1223 | EOBRXUT-29146 |
| C4-1.5 (5/24/23) | Quarterly update UT-22 | Diagnosis X Procedure Codes updated in the system. | Office of Healthcare Policy and Authorization (OHPA) | 1227 | UTOPS-4308, EOBRXUT-29447 |
| C4-1.5 (5/24/23) | 834 went out to Utah County which is not an active plan | Limited TPL changes reporting up to the past 12 months from system date. | Office of Managed Health Care (OMHC) | 1242 | EOBRXUT-29337, UTOPS-4335, EOBRXUT-29347(SR) |
| C4-1.5 (5/24/23) | Inquire Pharmacy Claim - 50065 Exception in service handler Interceptor error | Updated filter query on Inquire Pharmacy Claims screen | Office of Systems and Project Management (OSPM) | 1291 | UTOPS-4415, EOBRXUT-29454 |
| C4-1.5 (5/24/23) | Provider Upload Document - Document Link Returns Error if user Navigated from Claim Billing Provider Hyperlink | Error message no longer displayed when navigating to this screen. | Office of Systems and Project Management (OSPM) | 1292 | UTOPS-4465, EOBRXUT-29473 |
| C4-1.5 (5/24/23) | Managed Care Gross Adjustment - Missing GARP Codes or Fund sources drop down values | Fixed the drop down values to display on first attempt. | Office of Financial Services (OFS) | 1293 | UTOPS-4400, EOBRXUT-29479, EOBRXUT-29418 |
| C4-1.5 (5/24/23) | Claims - Adjust Claims Docuemnt List - Error Code 150132 displayed while sorting column | Adjust Claims Document Billing List page corrected to result in no error when sorting a column. | Office of Systems and Project Management (OSPM) | 1294 | UTOPS-4409, EOBRXUT-29446 |
| C4-1.5 (5/24/23) | Searching Provider list, filtering with TCN - no records are found | removed Filter By 1 TCN, Filter By 2 TCN, Filter By 3 TCN from the Provider List page. | Office of Systems and Project Management (OSPM) | 1296 | UTOPS-4433, EOBRXUT-29487 |
| C4-1.5 (5/24/23) | EE Enrollment/Admission History Filter by Values incorrect | Filters corrected: Filter By, Date Of Birth, End Date, Gender, Member ID, Name of Member, PET Reason, PET, RAC, Residential Zip Code, Start Date | Office of Systems and Project Management (OSPM) | 1297 | UTOPS-4485, EOBRXUT-29482 |
| C4-1.5 (5/24/23) | EE - Static text should not be a hyperlink on pgProvMedicaid | Updated text on page to be static text instead of a hyperlink | Office of Systems and Project Management (OSPM) | 1298 | UTOPS-4472, EOBRXUT-29488 |
| C4-1.5 (5/24/23) | PE Update Limit code 1855 end date to 12/31/2999 | The End date of the limit code 1855 in Limit_x_Group table has updated as '12/31/2999'. | Office of Systems and Project Management (OSPM) | 1299 | UTOPS-4479, EOBRXUT-29485 |
| C4-1.5 (5/24/23) | Cognos - No Data Displayed on Fee Schedule reports | Data displays on the Fee Schedule reports | Office of Systems and Project Management (OSPM) | 1300 | UTOPS-4489, EOBRXUT-29489 |
| C4-1.5 (5/24/23) | Account Code Segment LOV Result Set - SaveToXLS - nothing exported | Corrected export save to excel feature | Office of Systems and Project Management (OSPM) | 1301 | UTOPS-4451, EOBRXUT-29472 |
| C4-1.5 (5/24/23) | Wildcard search on pgTPLBuyoutPaymentTransactionList(TPL) returns invalid error | Wildcard issue fixed. No errors observed when using the wildcard search functionality. | Office of Systems and Project Management (OSPM) | 1318 | UTOPS-4496, EOBRXUT-29496 |
| C4-1.5 (5/24/23) | Undo Update Not Working | The "undo update" functionality was corrected to remove recently added information when selected. | Office of Medicaid Operations (OMO) | 1379 | UTOPS-4663, SR EOBRXUT-29612, EOBRXUT-29719 |
| C4-1.5 (5/24/23) | eREP Receiving Incorrect Error Code on Buy Out Referral | eREP received an error code 1(O-Coverage Code Not Found In The PRISM) in the 1502 interface. PRISM system updated their code to handle this error. Once tested, this error code is no longer received. | Office of Eligibility Policy (OEP) | 1397 | UTOPS-4679, EOBRXUT-29592 |
| C4-1.5 (5/24/23) | ESI Payment File Error | ESI Premium Payment was corrected to validate the combination of member and payee and not just the payee. System considers if the adjustment being received from eREP is for the same case and the member on the payment | Office of Eligibility Policy (OEP) | 1398 | UTOPS-4667 and EOBRXUT-29818 |
| C4-1.5 (5/24/23) | Invalid tooth number | System corrected to accept a tooth value higher than 9. | Office of Medicaid Operations (OMO) | 1537 | UTOPS-4961, EOBRXUT-29751 |
| C4-1.5 (5/24/23) | Newborn not added to Mothers MMed Plan | Baby born to mother on managed care is assigned to the same MC plan for the month of birth. | Office of Managed Health Care (OMHC) | 1649 | UTOPS-5136, EOBRXUT-29880, EOBRXUT-29985 |
| C4-1.5 (5/24/23) | 834 Audit file has termination dates | The DTP*349 has been removed in the Audit file meaning the DTP segment will not be sent in the 834 Audit file. | Office of Managed Health Care (OMHC) | 1699 | UTOPS-5268, EOBRXUT-29995 |
| C4-1.5 (5/24/23) | Newborn needs to be enrolled in mother's MC-Med plan in month of baby's birth | Baby born to mother on managed care is assigned to the same MC plan for the month of birth. | Office of Managed Health Care (OMHC) | 1741 | UTOPS-5333, EOBRXUT-29880, EOBRXUT-29986 |
| C4-1.5 (5/24/23) | IDD 434 NOT TRIGGERING IET | Account coding was corrected to not have special characters so the IET will properly process. | Director's Office (DO) | 1879 | UTOPS-5615, EOBRXUT-29282, EOBRXUT-29247 |
| C4-1.5 (5/24/23) | Molina end dated a Restriction Benefit Plan but PRISM did not rederive a new Restriction Benefit Plan. | Restriction Plan is end dated correctly when a 935 transaction comes in with end-dating the Restriction | Office of Managed Health Care (OMHC) | 1922 | UTOPS-5736, SR EOBRXUT-30251, EOBRXUT-29844, EOBRXUT-30373 |
| C4-1.5 (5/24/23) | Error for Atypical Provider when submitting professional claims | Atypical Provider Portal issue is fixed for DDE Professional Claim Page. | Office of Medicaid Operations (OMO) | 1976 | UTOPS-5780, EOBRXUT-30303 |
| C4-1.5 (5/24/23) | FileNet - Correspondence Out Provider - Search Template is missing Document Title | Document Title is now displayed in Correspondence Out Provider Class. | Office of Systems and Project Management (OSPM) | 2043 | EOBRXUT-29373, EOBRXUT-29376 |

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| C4-1.5 (5/24/23) | Unexpected system error occurred when attempting to create a PA request. | A member with a long middle name was causing this error. Code updated in the system to accept the members middle name. Test cases ran and passed. | Office of Healthcare Policy and Authorization (OHPA) | 2046 | UTOPS-5921, EVOBRIXUT-30483 |
| C4-1.5 (5/24/23) | ESI payment file issue | Employer Sponsored Insurance (ESI) Premium Payment was corrected to validate the combination of member and payee and not just the payee. System considers if the adjustment being received from eREP is for the same case and the member on the payment | Office of Eligibility Policy (OEP) | 2093 | UTOPS-6013, EVOBRIXUT-29818 |
| C4-1.5 (5/24/23) | EPS_Unborn Report - LHD is not working properly | Service Request to ru Ad Hoc Report from 04/03/2023 Current in Prod after Release as Report is monthly EVOBRIXUT-30972 | Office of Healthcare Policy and Authorization (OHPA) | 2554 | UTOPS-6612, UTOPS-6206, EVOBRIXUT-30829, EVOBRIXUT-30972 |
| C4-1.5 (5/24/23) | IFACE434 Sister Agency Claims - System process is not loading the Phase value correctly | Account coding was corrected to not have special characters so the IET will properly process. | Office of Medicaid Operations (OMO) | 2841 | EVOBRIXUT-29247, UTOPS-7001 |