Planned Release	Task Title	Release Summary Description	Office	SPOT	JIRA Ticket #
C4-1.11 (5/15/24)	Add Bypass to Error Code 5322 Invalid Rendering Provider, for Applied Behavior Analysis (ABA) Therapy Services	Error code 5322 has been updated to: Error is a Deny status. Provider needs to rebill the claim with the Group NPI in the Billing Provider field and the individual NPI in the Servicing field. Bypass: Crossover claims If claim type belongs to group {{Group Code - CLM5322-CT}}. If procedure code belongs to group {{Group Code - CLM5322-P}}.	Office of Medicaid Operations (OMO)	1919	RTW EVOBRIXUT-33177, CE DOC 33479, CE ENH 33480, BA DOC 33481, BA ENH 33482
C4-1.11 (5/15/24)	Program Enrollment Case ID not displaying as link	System updated to correct one of the multiple conditions to show Program Enrollment Case ID as hyperlink; One of the conditions also checks if the selected role contains "CMA" word; And we found that DOH NC Manager has CMA word in its backend role.	Office of Long Term Services and Supports (OLTSS)	2147	UTOPS-6068, EVOBRIXUT-30573
C4-1.11 (5/15/24)	Add new Edit for Medical Review Board (MRB) Claims Processing	A New Edit "20182" has been created In CE Appendix UT-I CE Live Edits Cloud Edit Logic: For Invoice Type of Professional or Institutional: If there is a valid prior authorization number on the claim that has a PA ORG Unit of Medical Review Board AND Claim has any of the following deny edits at the header or any line: 5558, 5532, 1184, 1934, 1343, 5521, 1928, 1723, 1970, 5319, 5529, 1387, 5551 Then post this edit and remove the above denied edits.	Office of Eligibility Policy (OEP)	2210	RTW EVOBRIXUT-35206, DOC EVOBRIXUT-35661, ENH EVOBRIXUT-35662
C4-1.11 (5/15/24)	Reassign case - CRM-NC-IE-4121 to the Application Resubmission-NC Pending WB.	InPEGA, Case CRM-NC-IE-4121 is reassigned to the Application Resubmission-NC Pending WB, but still another CMA users can see this case in application Resubmission-NC Pending WB.	Office of Long Term Services and Supports (OLTSS)	2423	UTOPS-6419, EVOBRIXUT-30964
C4-1.11 (5/15/24)	Division of Services for People with Disabilities (DSPD) Payments	Change request correcting payments going directly to DSPD providers rather than to DSPD and is also generating collection letters, resulting in confusion with the providers and the need to issue stop payments or invoices to recover the money sent in error	Office of Medicaid Operations (OMO)	2515	UTOPS 5745, UTOPS-9377,EVOBRIXUT-35711 RTW, EVOBRIXUT-36293, 36302, 36304, 36306, 36309, 36311 DOC, 36301, 36303, 36305, 36307, 36310, 36312, 36314 ENH
C4-1.11 (5/15/24)	Updates to Claim Type and PAC Determination to derive correct PAC's	Updates Claim Type and PAC Determination to allow correct PAC's to apply to claims for proper payment.	Office of Medicaid Operations (OMO)	2563	RTW EVOBRIXUT-36433, DOC 36738, 36740, ENH 36739, 36741
C4-1.11 (5/15/24)	Managed Care Enrollment and Re-enrollment	Managed Care Enrollment and Re-enrollment changes to the enrollment process so enrollment and coverage will be more consistent for members.	Office of Managed Health Care (OMHC)	2983	RTW: EVOBRIXUT-36585. ENH: EVOBRIXUT-36911, EVOBRIXUT-36914, EVOBRIXUT-36916, EVOBRIXUT-36918, EVOBRIXUT-36920, EVOBRIXUT-36922. DOC: EVOBRIXUT-36912, EVOBRIXUT-36915, EVOBRIXUT-36917, EVOBRIXUT-36919, EVOBRIXUT-36921, EVOBRIXUT-36924
C4-1.11 (5/15/24)	Correspondence incorrectly sent out when application were returned	Correspondence incorrectly sent out when application were returned OR Denied. System was triggering the NOC_NCW Application Received letter when user clicked on Next button in DOH Case Review task. System will check if decision is Accept then only trigger the NOC_NCW Application Received letter.	Office of Long Term Services and Supports (OLTSS)	3000	UTOPS-7509, EVOBRIXUT-31330
C4-1.11 (5/15/24)	Remove correspondence rule that combines household correspondence in one envelope	Business decision to no longer group correspondence for multiple household members into one envelope. There is a PHI/PII Risk of letters being stuffed into an envelope of a non-household member. Mailing all correspondences in separate envelopes will mitigate this risk.	Director's Office (DO)	3089	UTOPS-7500, RTW EVOBRIXUT-32596, EVOBRIXUT-32719 ENH EVOBRIXUT-32840, EVOBRIXUT-32848. DOC EVOBRIXUT-32842, EVOBRIXUT-32849
C4-1.11 (5/15/24)	Add Prior Authorization Provider notifications to PRISM	Prior Authorization Provider Notifications have been added to PRISM,PA MyInbox Notifications: Delivery Method (Email / MyInbox)	Office of Healthcare Policy and Authorization (OHPA)	3731	RTW EVOBRIXUT-34011, DOC EVOBRIXUT-34012, ENH EVOBRIXUT-34013
C4-1.11 (5/15/24)	CP-149, CP-149-02, and CP-143 Cost Avoidance Reports	The report query has been fixed for CP edits and review the XOVR conditions.	Office of Financial Services (OFS)	3762	UTOPS-8654, EVOBRIXUT-32770
C4-1.11 (5/15/24)	CC on Pega Correspondence not triggered.	Respective business rule was added in the evoBrix-DSDD-CSM-OVR document as per the letter layout and the correspondence data model, this letter is cc'd to case management agency.	Office of Long Term Services and Supports (OLTSS)	3782	UTOPS-8710, EVOBRIXUT-32065, EVOBRIXUT-32066(DOC)
C4-1.11 (5/15/24)	C3-CLM-IDD1403-GHS-PAID_MEDICAL_FFS_CLAIMS_TO_GHS - RAC Code not being send (NO COST ENHANCEMENT)	Updated evoBrix-Appendix-UT-8 CLM-IDD1403-GHS-Paid_Medical_FFS_Claims_to_GHS File Layout tab: Excel row# 15 and 97 "Data Element Name" = Patient Aid Code. Patient Aid Code/RAC code will be populated per the rule "If RAC is stored at the header, it will be reported in this field, otherwise it will be reported from the Line". When RAC is reported from line, report the 1st RAC from the first valid Line.	Pharmacy Team	4922	EVOBRIXUT-32926 (ENH) EVOBRIXUT-32925(Doc)
C4-1.11 (5/15/24)	Medicare-Medicaid Association (MMA) file Not Sending Member	Code fix and applied to send MMA file for the members who have no RAC but have SLMB or QI (identified based on benefit subtype or Benefit Plan) and not sent in MMA file for the months they are SLMB or QI.	Office of Eligibility Policy (OEP)	5542	UTOPS-11748, EVOBRIXUT-35713(SR), EVOBRIXUT-35714
C4-1.11 (5/15/24)	Explanation of Medical Benefits (EOMB) Correspondence pulling Pharmacy Services incorrectly	The issue has been fixed to report the Paid amount of the corresponding claim instead of Remittance Advice (RA) Check amount.	Office of Medicaid Operations (OMO)	5605	UTOPS-11833, EVOBRIXUT-33838
C4-1.11 (5/15/24)	PRISM is paying for duplicate capitations	Service Request completed to reprocess the pended payments, keep only one pended payments for the same parent tcn and reject other pended payments for the same parent tcn (Void/recoupments only) and reprocess the pended payment	Office of Managed Health Care (OMHC)	5665	UTOPS-11944, EVOBRIXUT-34344(SR), EVOBRIXUT-34346, EVOBRIXUT-35813(SR)
C4-1.11 (5/15/24)	Internal Design Document (IDD) 452 quantity dispensed length change to 6 characters instead of 5 (No Cost Enhancement)	EVOBRIX-Appendix-UT-22 - CLM-IDD452-DHS-PHARMACY_CLAIMS_TO_PMHP_SUD_DSPD has been updated.	Office of Managed Health Care (OMHC)	5700	UTOPS-12039, UTOPS-11753, EVOBRIXUT-35041, EVOBRIXUT-35042
C4-1.11 (5/15/24)	Missing Managed Care (MC) CHIP capitation payments - October	When enrollment is added for a member the a payment should be made for the enrolled period based on if the enrollment is retro active or prospective. Prospective payments will be made once in a month (4th payment cycle) for the next month.	Office of Managed Health Care (OMHC)	6062	UTOPS-12713, EVOBRIXUT-34384(SR), EVOBRIXUT-34977
C4-1.11 (5/15/24)	1971 Edit Services are covered in the ICF/ID per diem - Claim Level Denials	Error Code 1971 Services are covered in the NH or ICF/ID per diem, is posting as a line level denial.	Office of Healthcare Policy and Authorization (OHPA)	6067	UTOPS-14877, EVOBRIXUT-35499
C4-1.11 (5/15/24)	Correctly derive Diagnosis Related Group (DRG) for Rehab Claims	For claims assigned a Utah DRG, the rate used for pricing in reference is based on a Utah DRG. Correctly derive DRG and Pricing for hospitals with multiple specialties.	Office of Medicaid Operations (OMO)	6139	RTW EVOBRIXUT-36497, DOC 36931, 36933, 36936, 36938, 36940, 36942, 36944, 36946 ENH 36932, 36935, 36937, 36939, 36941, 36943, 36945, 36947
C4-1.11 (5/15/24)	Create Group Domain for PAC's and update Error Code 5380 Invalid Attending Provider NPI and 5381 Attending physician ID missing or invalid.	Update made to Error Codes 5380 Invalid Attending Provider NPI, and 5381 Attending physician ID missing or invalid, to allow additional PAC's to be an attending provider on Institutional claims.	Office of Healthcare Policy and Authorization (OHPA)	6276	RTW EVOBRIXUT-36496, DOC EVOBRIXUT-36998, 37001, 37003, 37008, 37010, 37012, 37015, 37017 ENH 37000, 37002, 37007, 37009, 37011, 37014, 37016, 37018
C4-1.11 (5/15/24)	Missing account codes on claims - GG Tables Sync issues.	A gap load on this table has been completed and initiated the load accordingly correcting GG Tables Sync issues.	Office of Financial Services (OFS)	6385	UTOPS-13213, EVOBRIXUT-34605(SR) EVOBRIXUT-34778

C4-1.11 (5/15/24)	820 file failed in validation	The 820 file data has been corrected. The failed 820 files have been re-processed and posted to UHIN.	Office of Managed Health Care (OMHC)	6446	UTOPS-13230, EVOBRIXUT-34682, EVOBRIXUT-34683(SR)
C4-1.11 (5/15/24)	CHIP Benefit Plan (BP's) Missing	The issue has been fixed. For the member having different head of household (HOH) for the same case in the enrollment period for the reported members.	Office of Managed Health Care (OMHC)	6682	UTOPS-13732, EVOBRIXUT-34939(SR), EVOBRIXUT-34940
C4-1.11 (5/15/24)	Nursing Facility Claims Applied Leave Of Absence Cutback with 0	Code fixed this logic in adjudication to not perform cutback when there is no Leave of absence days reported on the claim.	Office of Medicaid Operations (OMO)	6731	EVOBRIXUT-33592
C4-1.11 (5/15/24)	Edit 1332 Unable to price for the date of service, posting incorrectly	Edit 1332 Unable to price for the date of service, has applied to cross as N. Edit 1332 will not be posted for Transaction Control Number's (TCNs) with the Medicare as the Y.	Office of Medicaid Operations (OMO)	6885	UTOPS-14086, EVOBRIXUT-35061
C4-1.11 (5/15/24)	Custody Medical Care (CMC) Supplemental Payment unable to process.	Code fix completed. Address error is fixed and CMC payments are being processed as expected.	Office of Medicaid Operations (OMO)	6886	UTOPS-14387, EVOBRIXUT-32394
C4-1.11 (5/15/24)	Add New Managed Care (MC) CHIP Vendor	Changes to 446 will be a code change and it can routed through the change management process. Change should have a minimal impact since it includes the new HEALTHYUCHIP plan for 446 file generation.	Office of Managed Health Care (OMHC)	6966	UTOPS-15420, RTW EVOBRIXUT-36847, ENH: EVOBRIXUT-36988, EVOBRIXUT-36992. DOC: EVOBRIXUT-36990, EVOBRIXUT-36993
C4-1.11 (5/15/24)	Pharmacy claims in DW tables have no information	A gap load on this table has been completed and initiated the load accordingly correcting GG Tables Sync issues.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	7087	UTOPS-14423, EVOBRIXUT-35293 (SR), EVOBRIXUT-34778
C4-1.11 (5/15/24)	Edit 5354 Services not paid when unbundled, is posting no claim found	System will consider only current line of billed units and history paid units. Instead of considering all lines billed unit from current claim while processing each service line.	Office of Medicaid Operations (OMO)	7135	UTOPS-14688, EVOBRIXUT-35428
C4-1.11 (5/15/24)	Error Code 2017 Professional Services not covered - Member is in the hospital, Suspending Inpatient LTAC Claim	The TCN was priced under LTAC pricing rule and not DRG pricing . The system is now validating whether the claim was paid under DRG pricing.	Office of Healthcare Policy and Authorization (OHPA)	7152	UTOPS-14534, EVOBRIXUT-35315
C4-1.11 (5/15/24)	IMED Capitation didn't recoup with INC Benefit Plan (BP) add	Service request applied in production. OFIN and RA have been completed for the processed payment transaction.	Office of Managed Health Care (OMHC)	7229	UTOPS-14631, EVOBRIXUT-35419(SR), EVOBRIXUT-35420
C4-1.11 (5/15/24)	PEGA - Will not allow me to submit/approve the Care Plan	Code fix to correct editing the added waiver service a empty row is added in the backend and when user submitted for Approve Comprehensive Care Plan user not able to approve care plan because of empty waiver service.	Office of Long Term Services and Supports (OLTSS)	7251	UTOPS-15144, EVOBRIXUT-35643(SR), EVOBRIXUT-35642
C4-1.11 (5/15/24)	Managed Care Enrollment Error - Error Code -SYSER - System Exceptions	Added a new edit "Member is out of service area" when any member is submitted to auto assignment process who is not in program service area. (eGRID has this in exclude criteria but adding this edit will stop processing any incorrect auto assignment initiations)	Office of Managed Health Care (OMHC)	7317	UTOPS-14825, UTOPS-14863, EVOBRIXUT-35754 (SR), EVOBRIXUT-35672 , EVOBRIXUT-35380
C4-1.11 (5/15/24)	Transportation Medicaid (TPMed) capitations not being paid	Transportation Medicaid (TPMed) payments are showing in PROD. TPMed payment schedule configured on first Friday of each month was updated to last payment cycle of each month.	Office of Managed Health Care (OMHC)	7338	UTOPS-14890, EVOBRIXUT-35507(SR), EVOBRIXUT-35508,UTOPS-15305, UTOPS-15803, EVOBRIXUT-36009(SR), UTOPS-16179, EVOBRIXUT-36229(SR)
C4-1.11 (5/15/24)	Error Code 1332 Unable to price for the date of service, posting to Hospice claims	System will consider admission records in "COMPLETED" status for pricing while adjudicating the claims.	Office of Medicaid Operations (OMO)	7364	UTOPS-14934, EVOBRIXUT-35548
C4-1.11 (5/15/24)	934 and 911 dependency checks to avoid simultaneous eligibility issuance requests (No Cost Enhancement)	New business rule has been added to BR UT-4. Eligibility batch file in process, please resubmit after the batch process is complete. Immediate Eligibility issuance is recommended to be submitted during regular business hours." Included with the error will be the TransactionID as a means of identifying the failed file.	Office of Eligibility Policy (OEP)	7399	EVOBRIXUT-35425(Enh), EVOBRIXUT-35947(Doc)
C4-1.11 (5/15/24)	EDI 277(CA)Health Care Claims Acknowledgement --- File Failed in Validation	Updated the revenue code value from erroneous value from the edit of the claim line to the 277CA staging table and regenerated the 277CA file.	Office of Managed Health Care (OMHC)	7530	UTOPS-15246, EVOBRIXUT-35720 (SR), EVOBRIXUT-35719
C4-1.11 (5/15/24)	Edit 5315 Invalid CLIA number for Provider/Location, Denial Error.	Updated the edit logic for edit 5315 to: For Professional Invoice If Procedure code contains a CLIA Indicator of "Y" and the CLIA number submitted for a billing provider on a claim and the service facility location for the line with the CLIA number does not match with the billing Provider record (CLIA number and location combination) in the provider file then post the edit.	Office of Healthcare Policy and Authorization (OHPA)	7625	UTOPS-15406, EVOBRIXUT-36228
C4-1.11 (5/15/24)	Edit 5317 Injection/office visit conflict, posted in error.	Code fix, Edit 5317 will be bypassed for all of the claim lines when, there is a 25 modifier along with procedure code from group Group Code - CON5317-1A on any of the line.	Office of Medicaid Operations (OMO)	7779	EVOBRIXUT-35951
C4-1.11 (5/15/24)	Business requesting more info on Page Processing Constraints (PPC) denials and Hospital-Acquired Conditions (HAC) Status Codes	Code fix has been created to Pass the Diagnosis code and the Corresponding POA as received in the claim to 3M. To derive the expected HAC status code.	Office of Medicaid Operations (OMO)	7782	UTOPS-15711, EVOBRIXUT-36236
C4-1.11 (5/15/24)	Getting system error when returning application	Reverted Back the Service Request# 36116 so that additional condition of accepting return code: 0 can be removed inPEGA.	Office of Long Term Services and Supports (OLTSS)	7916	UTOPS-15978, EVOBRIXUT-36116(SR), EVOBRIXUT-36117
C4-1.11 (5/15/24)	Error Recieved with opening Prior Authorization (PA) comments	The code fix in place should not pass as null value into the Grid Query, if pass the input parameters as null, will take those parameters from the Request to stop the Query Error. No error displayed in the PA Comments list page.	Office of Healthcare Policy and Authorization (OHPA)	7930	UTOPS-16146, EVOBRIXUT-36440
C4-1.11 (5/15/24)	System is not deriving a benefit plan for an approved nursing facility admission record	Code fix, restrict the PET/BP derivation for the discharged record, even when there is no existing Program Enrollment Type (PET) record already created for the discharged admission record.	Office of Long Term Services and Supports (OLTSS)	7959	UTOPS-16034, EVOBRIXUT-36277
C4-1.11 (5/15/24)	COBA & CLIA file consumption	Acentra Health to take the responsibility of downloading the COBA and CLIA files from the CMS server and transferring them to the PRISM MFT site to be loaded into PRISM	Office of Medicaid Operations (OMO)	8095	EVOBRIXUT-37533 RTW, EVOBRIXUT-37628 ENH, EVOBRIXUT-37629 ENH, EVOBRIXUT-37630 DOC
C4-1.11 (5/15/24)	Prior Authorization (PA) Request List not pulling complete data	Provider id search, the system is validating the provider id with the provider sid in the provider table. The provider sid value is a unique value for the provider table and for most of the providers. The system is validating the search provider id with the PROVIDER MMIS identifier value.	Office of Long Term Services and Supports (OLTSS)	8139	UTOPS-16340, EVOBRIXUT-36399
C4-1.11 (5/15/24)	Error In the Amount of Units for Financial Management Services (FMS) Agency	The mapping issue of Multiple EPAS Personal Assistant Waiver Services with same provider combination has been fixed.	Office of Long Term Services and Supports (OLTSS)	8214	UTOPS-16476, EVOBRIXUT-36426(SR), EVOBRIXUT-36424
C4-1.11 (5/15/24)	Provider Business Status Updates - Inactivating incorrectly due to Sanctions	Corrected the code logic. Monthly screening job 6007- inactivating the providers business status incorrectly.	Office of Medicaid Operations (OMO)	8282	UTOPS-16536, EVOBRIXUT-36485

Release	Title	Description	Office	Number	References
C4-1.11 (5/15/24)	Provider Business Status Updates - Causing 1107 (Provider_info_to_GHS) File Failures	Corrected the code logic for CLIA 1061-Job inactivating the providers business status incorrectly.	Office of Medicaid Operations (OMO)	8283	UTOPS-16536, EVOBRIXUT-36521
C4-1.11 (5/15/24)	Fix the State Fiscal Period 13	If the Service End Date is less than July 1st and the transaction date is less than or equal to the Close Date, then the State Fiscal Period is "13". If the Calendar Month is less than "07", then the State Fiscal Period is the Calendar Month plus 6. Otherwise, the State Fiscal Period is the Calendar Month minus 6.	Office of Financial Services (OFS)	8489	UTOPS-17018, EVOBRIXUT-36880
C4-1.11 (5/15/24)	Defect for Coordination of Benefits Agreement (COBA) File Duplication error	Code fixed to REMOVE the 1 Year functionality that was applied in the code with Rule 21 per UT-AP Interchange/Group control number submitted in a file must be unique and may not be reused.	Office of Medicaid Operations (OMO)	8589	EVOBRIXUT-36777(SR), EVOBRIXUT-36776, EVOBRIXUT-36848 (DOC)
C4-1.11 (5/15/24)	IRS 1095B files Rejected - Duplicate Record ID - due to different address	This ticket is created to validate the 1095B setup with DTS and then outline steps to process 1095Bs from PRISM	Office of Eligibility Policy (OEP)	8824	UTOPS-14772, EVOBRIXUT-37203, EVOBRIXUT-37204(SR)
C4-1.11 (5/15/24)	Incorrect Notification sent to MyInbox for State User PA Document Upload	Code has been fixed so providers having no NPI and are getting both notifications., PRISM will send only one notification for document upload even if the associated provider does not have NPI in PRISM.	Office of Healthcare Policy and Authorization (OHPA)	8957	EVOBRIXUT-37225
C4-1.11 (5/15/24)	902 did not generate for changes to new dual status code	When Demographic details not exists for the eligibility dates, system will consider the current date demographic details. DSDD updated to use latest available demographic data if it is not available for the eligibility month.	Office of Eligibility Policy (OEP)	8962	EVOBRIXUT-37287
C4-1.11 (5/15/24)	Retro Pregnancy Status does not Update Member	When Demographic details not exists for the eligibility dates, system will consider the current date demographic details. DSDD updated to use latest available demographic data if it is not available for the eligibility month.	Office of Eligibility Policy (OEP)	8963	EVOBRIXUT-37282
C4-1.11 (5/15/24)	834 Inaccurate disenrollment record	The fix has been implemented. Both disenrollment will be reported in the 834 and the payments to be recouped	Office of Managed Health Care (OMHC)	8976	EVOBRIXUT-37376
C4-1.11 (5/15/24)	Edit 20902 is Missing for Dental If Dental Attributes Missing on Encounter	This is now fixed as if dental attributes exists then dental attributes check will done with the existing validation for posting 20902 edit.	Office of Managed Health Care (OMHC)	9010	EVOBRIXUT-37409
C4-1.11 (5/15/24)	Blank Dual Status update not triggering change to 902 MMA File	Issue fixed to send the Dual status code.	Office of Eligibility Policy (OEP)	9025	EVOBRIXUT-36382
C4-1.11 (5/15/24)	Copay exempt indicator end date is incorrect	Issue fixed to correct the date of birth record. If the Member turns 19 on the first day of the month, then the System end-dates Copay Exemption Indicator record to the last day of the previous month. If the member turns 19 on a day other than the first day of the month, then the System end-dates the Copay Exemption Indicator record to the last day of that month	Office of Eligibility Policy (OEP)	9049	EVOBRIXUT-37335
C4-1.11 (5/15/24)	Retro Pregnancy Status does not Update Member	When Demographic details not exists for the eligibility dates, system will consider the current date demographic details. DSDD updated to use latest available demographic data if it is not available for the eligibility month.	Office of Managed Health Care (OMHC)	9052	EVOBRIXUT-37282
C4-1.11 (5/15/24)	Unable to add Education under the HPR and HPR manager profile.	The query used to validate the member, the database issue has been fixed.	Office of Managed Health Care (OMHC)	9144	UTOPS-18211, EVOBRIXUT-37527
C4-1.11 (5/15/24)	Buyout Case list will not pull up and gives an error message	Buyout Case List is now functional and previously inaccessible members are now accessible.	Office of Eligibility Policy (OEP)	9183	UTOPS-18302, EVOBRIXUT-37557(SR), EVOBRIXUT-37556
C4-1.11 (5/15/24)	Managed Care Payment and Enrollment discrepancies	Code fixed for when enrollment is added for a member the a payment should be made for the enrolled period based on if the enrollment is retroactive or prospective. Prospective payments will be made once in a month (4th payment cycle) for the next month.	Office of Managed Health Care (OMHC)	9190	UTOPS-18255, UTOPS-18251, UTOPS-18351, UTOPS-18352, EVOBRIXUT-34977
C4-1.11 (5/15/24)	Unable to send an initial communication message to MCO for a member in PRISM.	The code has been fixed and applied to the query used to validate the member.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	9220	UTOPS-18404, EVOBRIXUT-37527, UTOPS-18211
C4-1.11 (5/15/24)	Error 150111 received when trying to look at eligibility for member	Code fixed to prevent receiving an error when Searching Member ID or when clicking on Member Id.	Office of Eligibility Policy (OEP)	9269	UTOPS-18492, EVOBRIXUT-37621(SR), EVOBRIXUT-37619, UTOPS-18606
C4-1.11 (5/15/24)	Error when trying to transfer CHIP-MED Plan	Code has been modified not to create overlapping records in MBR_DETAIL table.	Office of Managed Health Care (OMHC)	9295	UTOPS-18564, EVOBRIXUT-37651(SR), EVOBRIXUT-37658
C4-1.11 (5/15/24)	Not able to Inactivate MC-CHIP plan or change plans. Overlapping records in MBR_DETAIL table	Code has been modified not to create overlapping records in MBR_DETAIL table.	Office of Managed Health Care (OMHC)	9302	UTOPS-18572, EVOBRIXUT-37658
C4-1.11 (5/15/24)	Error when trying to transfer MC-MED Plan	Code has been modified not to create overlapping records in MBR_DETAIL table.	Office of Managed Health Care (OMHC)	9311	UTOPS-18572, EVOBRIXUT-37652 (SR),EVOBRIXUT-37658
C4-1.11 (5/15/24)	Error While generating PRO records in 902 interface	Code has been modified to INSERT the valid Dual status record while generating PRO records.	Office of Systems and Project Management (OSPM)	9404	UTOPS-18054, EVOBRIXUT-37615
C4-1.11 (5/15/24)	Test claims for UAT on Testing CR's 1919, 2515, and 2563	Reprocessed Transaction Control Number (TCNs) in User Acceptance Test/Testing (UAT) preparing for the current release.	Office of Systems and Project Management (OSPM)	9596	EVOBRIXUT-37969
C4-1.11 (5/15/24)	Error when adding and approving procedure code associations on-screen in production	This is occurring due to database output printing statement in code, this is used to debug issues in unit testing. This has to be commented in the code, these should have been identified in code Scan. Correction required FN_GETBNFTFROMDATE to be modified to comment the DBMS_OUTPUT statement.	Office of Systems and Project Management (OSPM)	9647	UTOPS-19256, EVOBRIXUT-38048, EVOBRIXUT-38049
C4-1.11 (5/15/24)	Pick up the daily COBA file from the AH server and process manually before the release on May 15th	CR 8095 Per the meeting with CMS "COBA folder changes/questions.	Office of Systems and Project Management (OSPM)	9862	UTOPS-19672
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_ORSIS) 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)	Provider Taxonomy Names	Fixed the DS code(Clm_Header_H.dsx). REF_TAXONOMY_H table has been joined with the source data to get the BLNG_PRVDR_LCTN_TXNMY_NAME and srvcng_PRVDR_LCTN_TXNMY_NAME based on the below conditions mentioned in the mapping document.	Office of Financial Services (OFS)	3438	UTOPS-8066, EVOBRIXUT-31610(SR), EVOBRIXUT-31611
C4-1.10 (3/20/24)	Incrorrect 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_ACTVTY_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 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
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-36207(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-EPSDT 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 notificaitons 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_ln_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
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_IDNTFR 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_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)	CLM_LINE_S - data rejects	DW Code fix(PLSQL) in the extraction package for loading finalized claim line table.	Office of Systems and Project Management (OSPM)	8863	EVOBRIXUT-34134
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 Adjudcation 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.	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)	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
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

Release	Issue	Description	Office	ID	References
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 PTSPSSP 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-Iintake System from PEGA have been corrected.	Office of Long Term Services and Supports (OLTSS)	3895	UTOPS-8822, EVOBRIXUT-32062
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 eligiblity 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 isssue. 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 - workbasket (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)

Release	Issue	Description	Office	ID	References
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 trasanction 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)	MC_RCVBL_T.ADJSTMNT_SOURCE_LKPCD data quality issue	Code Fixed. Now ("RR") value is configured in Lookup tables for MC_RCVBL_T.ADJSTMNT_SOURCE_LKPCD in PRDMMIS.	Office of Financial Services (OFS)	5206	EVOBRIXUT-33269
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
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 correspondance 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 Adjuidcation 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)

Release (Date)	Title	Description	Office	#	Tickets
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. Impacted 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	BP "NON-TRAD" End date has been updated from 12/31/2999 to 12/31/2023	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
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 1095] 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) ha 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, 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, EP5, ESB, PCS, Q58, Q59, Q76, QA8. 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, ES5, PCR, Q51, Q57, Q73, QA6, 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

Release	Title	Description	Office	ID	References
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
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. Ssystem 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 authorized 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)

Release	Issue	Resolution	Office	ID	Tickets
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_ENRLMNT_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
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	The issue is fixed to remove any special/space characters in above field.	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 Eligibiilty 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

Release	Issue	Resolution	Office	ID	References
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
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 trys 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	SCR (to increase the column length in DW table) DS code changes (to increase the column length for respective columns)	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)
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, EVOBRIXUT-34352(SR), EVOBRIXUT-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, EVOBRIXUT-32709, EVOBRIXUT-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, EVOBRIXUT-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 • 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	EVOBRIXUT-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 thatPRO 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	EVOBRIXUT-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	EVOBRIXUT-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, EVOBRIXUT-33368 (ENH), EVOBRIXUT-33369 (Doc)
C4-1.7.1 (9/29/23)	937 MMA (Medicare Modernization Act)response file from CMS (Centers for Medicare & Medicate 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 loarder and the record length is 4000 character length.	Office of Eligibility Policy (OEP)	5175	EVOBRIXUT-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	EVOBRIXUT-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 Siituational data at the line level for Institutional claims	Office of Medicaid Operations (OMO)	1106	EVOBRIXUT-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:EVOBRIXUT-31081 DOC: EVOBRIXUT-31667, EVOBRIXUT-31669, EVOBRIXUT-31672, EVOBRIXUT-31670, EVOBRIXUT-31674, EVOBRIXUT-31676, EVOBRIXUT-31677 ENH:EVOBRIXUT-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 Eligiblity (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, EVOBRIXUT-29564, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-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 Speciality 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, EVOBRIXUT-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, EVOBRIXUT-29755
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 updatedfor 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 Additioanl 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 (Explaination Of Medical Benefits) from Clearing house	Archived Documentes 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-EREP_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 eligliblity 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 institutitonal 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_ORSIS	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
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 Evals 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 issues 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 sucessfully.	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 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
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, Buisness 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)	IDD902 Dual eligibilty 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 Eligiblity	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 inpacted 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
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	The system is populating a CAS segment in 835	Office of Medicaid Operations (OMO)	4140	EVOBRIXUT-32077
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 CLP05	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 IID" 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 preventerror 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/Servicing 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

Release	Summary	Description	Office	ID	References
C4-1.6 (7/19/23)	Update unit calculation for Care Plans in PRISM	Update the documentPA-IDD012-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 fille 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, UTOPS-29522
C4-1.6 (7/19/23)	Capitiation 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
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 , EVOBRIXUT-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, EVOBRIXUT-29621 SR, EVOBRIXUT-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, EVOBRIXUT-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,EVOBRIXUT-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, EVOBRIXUT-29734, UTOPS-4558, EVOBRIXUT-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, EVOBRIXUT-30000
C4-1.6 (7/19/23)	Optical Character Recognition not reading scanned documents	INBOUND and OUTBOUND EDI Monitoring Reporterrors have been fixed.	Office of Medicaid Operations (OMO)	1548	UTOPS-4964, EVOBRIXUT-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, EVOBRIXUT-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 corresepondence letters. Manually price letter and approval/denial letter.	Office of Healthcare Policy and Authorization (OHPA)	1579	UTOPS-5004, EVOBRIXUT-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, EVOBRIXUT-29936, EVOBRIXUT-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	EVOBRIXUT-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, EVOBRIXUT-29875, EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-29613, EVOBRIXUT-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, EVOBRIXUT-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	EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-30001, EVOBRIXUT-30000, EVOBRIXUT-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, EVOBRIXUT-29893
C4-1.6 (7/19/23)	Optical Character Recognition(OCR) inconsistency and inconsistency of posting the same error (2004)	Optical Character Recognition inconsistences have been fixed and loading as expected.	Office of Medicaid Operations (OMO)	1765	UTOPS-5375, EVOBRIXUT-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, EVOBRIXUT-29991, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-30191, EVOBRIXUT-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, EVOBRIXUT-29731
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 metadatacid to convert the multi line procedure description to single line. Claims where 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 "ReferenceID" 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 inconstantly	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

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 Transction 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 OPRTNL_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 Wharehouse 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_PROVICE_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 contraing 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 succesfully 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
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. Correspondnece 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. Correspondnece 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
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
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
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	
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
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	EVOBRIXUT-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	EVOBRIXUT-5614 RTW, EVOBRIXUT-5613 DOC, EVOBRIXUT-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	EVOBRIXUT-29014
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	EVOBRIXUT-29008
C4-1.5 (5/24/23)	Diagnosis codes are not available in Page ID: dlgAssociateCodes(Reference)	diagnosis code are now available in Page ID: dlgAssociateCodes(Reference).	Office of Systems and Project Management (OSPM)	1140	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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, modifer3 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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-28610

Release	Issue	Resolution	Office	ID	References
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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-28377, EVOBRIXUT-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	EVOBRIXUT-28223
C4-1.5 (5/24/23)	Unable to get Edit New-1046 Error Code 1878 to Post on Claim	Defect was tested and eployed 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	EVOBRIXUT-26220
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	EVOBRIXUT-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 eployed 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	EOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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 Fedral Fiscal Year, State Fiscal Year, and State Fiscal Period.	Office of Financial Services (OFS)	1184	EVOBRIXUT-28828, EVOBRIXUT-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	EVOBRIXUT-28988
C4-1.5 (5/24/23)	Date of Death/RAC end date/Open BP's in error after death date and RAC Closure	Beneift Plans are end dating appropiately based on death date and RAC closure.	Office of Managed Health Care (OMHC)	1190	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-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	EVOBRIXUT-29166, UTOPS-4304, EVOBRIXUT-29170, EVOBRIXUT-29167, EVOBRIXUT-29168, EVOBRIXUT-30905, EVOBRIXUT-30900, EVOBRIXUT-30912, EVOBRIXUT-30913, UTOPS-6802, UTOPS-6803, EVOBRIXUT-31243, EVOBRIXUT-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	EVOBRIXUT-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, EVOBRIXUT-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	EVOBRIXUT-29337, UTOPS-4335, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-29479, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-29496
C4-1.5 (5/24/23)	Undo Update Not Working	The "undo update" functionality was corrected to remove recently added informaiton when selected.	Office of Medicaid Operations (OMO)	1379	UTOPS-4663, SR EVOBRIXUT-29612, EVOBRIXUT-29719
C4-1.5 (5/24/23)	eREP Receiving Incorrect Error Code on Buy Out Referral	eREP receivied an error code 1(IO-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, EVOBRIXUT-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 EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-29880, EVOBRIXUT-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, EVOBRIXUT-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, EVOBRIXUT-29880, EVOBRIXUT-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, EVOBRIXUT-29282, EVOBRIXUT-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 EVOBRIXUT-30251, EVOBRIXUT-29844, EVOBRIXUT-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, EVOBRIXUT-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	EVOBRIXUT-29373, EVOBRIXUT-29376
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 accepte 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 HocReport 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