Planned Release	Task Title	Release Summary Description	Office	SPOT	JIRA Ticket #
C4-1.20.1 (12/17/2025)	Revalidation Intermediate Cycle Letter - Issue	Revalidation Intermediate Cycle Letter trying to insert the Template Parameter 21145 causing a Oracle Constraint Error. Code Fix to remove the the code from inserting the parameter 21145.	Office of Medicaid Operations (OMO)	10417	UTOPS-20674, EVOBRIXUT-38963,
C4-1.20.1 (12/17/2025)	Utah Diagnosis Related Group (DRG) Logic	Utah DRG Logic redesigned to process and price claims according to policy.	Office of Healthcare Policy and Authorization (OHPA)	11456	EVOBRIXUT-47519 RTW, EVOBRIXUT-47731, 47733, 47738, 47742, 47744 DOC, EVOBRIXUT-47732, 47736, 47741, 47743 ENH
C4-1.20.1 (12/17/2025)	Updates to Personal Care Services Reimbursement in Rural Counties	Updates to Personal Care Services Reimbursement in Rural Counties to comply with bill (SB0002) passed by the Utah State Legislature. New Group Code: CLM-PRSPC created. Home Health Pricing updated to include, Procedure code belonging to Group Code CLM-PRSPC will not be processed in this pricing rule due to Exhibit: Personal Care Pricing (Pricing Rule "Charge Mode Multiplier Travel Cap") being higher in the hierarchy.	Office of Healthcare Policy and Authorization (OHPA)	11674	RTW: EVOBRIXUT-46920 DOC: EVOBRIXUT-47319, EVOBRIXUT-47320 ENH: EVOBRIXUT-47321, EVOBRIXUT-47322
C4-1.20.1 (12/17/2025)	Restrictions Error Code 1795 Missing/invalid referring provider NPI for a member on restriction, posting when it should bypass	Groups Template updated to add the following new groups CLM1795-CTInternal Design Document CE UT-I Live Edits Error Code 1795 updated to include, If Claim Type belongs to group Group Code TBD1 and Invoice Type is D.	Office of Medicaid Operations (OMO)	12320	EVOBRIXUT-46880 RTW,EVOBRIXUT-47256 DOC EVOBRIXUT-47257 ENH EVOBRIXUT-47258 DOC EVOBRIXUT-47259 ENH
C4-1.20.1 (12/17/2025)	Create a new edit or use an existing edit to control Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) payments	This change request has created four new group codes 20194PT1, 20194PTAX1, 20194PT2 and 20194PTAX2. Internal Design Document CE UT-I Live Edits have been updated.	Office of Medicaid Operations (OMO)	13648	EVOBRIXUT-47195 RTW EVOBRIXUT-47279 DOC EVOBRIXUT-47280 ENH EVOBRIXUT-47281 DOC EVOBRIXUT-47282 ENH
C4-1.20.1 (12/17/2025)	Electronic Data Interchange 270 file failing in the loading process when a request is submitted with 2100C DTP01=102 & 291	Business rule updated to include, If the DTP*102 is submitted in the 2100C, the system will never use this date in the search criteria. If only DTP*102 is submitted in the 2100C and there isn't any date submitted in the 2110C loop, then the system will use system date as inquiry date for deriving the 271 response.	Office of Medicaid Operations (OMO)	14605	EVOBRIXUT-44785
C4-1.20.1 (12/17/2025)	Internal Design Document (IDD) 1406 Additional Fields for Hybrid Preferred Drug List (PDL)	The following elements to the 1406 File Layout tab. QUANTITY LIMIT, DAYS' SUPPLY, 90_DAYS, STEP ORDER, BRAND_OVER_GENERIC, HYBRID CLASS, DRUGS ON PDL, PREFERRED ON PDL.	Pharmacy Team	15184	EVOBRIXUT-47521 RTW, Doc: 47566, 47568, 47570 Enh: 47567, 47569, 47571
C4-1.20.1 (12/17/2025)	Transaction Acknowledgement (TA1) files not moving to the FileNet archival folders	Archival Queue query logic has been updated to correctly identify, locate and move 999 files to FileNet.	Office of Medicaid Operations (OMO)	15356	UTOPS-32453, EVOBRIXUT-45552
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in PRISM Screen Application- Approve/Reject History Comments	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16143	EVOBRIXUT-47404

C4-1.20.1 (12/17/2025)	Vulnerability issue reported in PRISM Notifications & Correspondence	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16144	EVOBRIXUT-47402
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_GRC_EXECUTION.sql and PK_1117_PRVDRDATATOLEGACY.sql packages	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16273	EVOBRIXUT-47629
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PR_RPT_DRLL_THRGH_PHRM.sql and PR_RPT_DRLL_THRGH.sql packages	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16274	EVOBRIXUT-47625
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the pk_time.sql package of the PRISM Screen Application- Notifications	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16276	EVOBRIXUT-47623
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PR_PRVDRBPWSTATUSUPDATE.sql package of the PRISM Screen Application - Provider Modification	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16278	EVOBRIXUT-47622
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_ACCOUNT_ASSIGNMENT.sql package of the PRISM Screen Application	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16279	EVOBRIXUT-47621
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_APPRV_OR_REJECT_ALL.sql package of the PRISM Screen Application- Reference Screens	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16280	EVOBRIXUT-47620
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_PE_MANAGE_STATUS.sql package of the PRISM Screen Application - Provider Approve/Reject	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16281	EVOBRIXUT-47619
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PR_PRVDR_UPD_HIST_COMMETNS.sql package of the PRISM Screen Application - Provider Audit History	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16282	EVOBRIXUT-47618
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_REF_INVALIDATION.sql package of the PRISM Screen Application - Reference Screen Inactivation	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16283	EVOBRIXUT-47617

Release	Issue	Resolution	Office	ID	JIRA
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PR_PAPOSTRUNERRORLINE.sql package of the PRISM Screen Application- Prior Auth Force Edits	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16284	EVOBRIXUT-47608
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_CALCULATEPREMIUM.sql package & PK_MC_PYMNTCOMMON..sqlof the PRISM Application and Interface Job & Screens	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.	Office of Systems and Project Management (OSPM)	16285	EVOBRIXUT-47607, EVOBRIXUT-47601
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_MCVLDTDATE.sql package of the PRISM Screen Application- MC Program Administration / Contract Administration pages	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.	Office of Systems and Project Management (OSPM)	16286	EVOBRIXUT-47603
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the Electronic Data Interchange (EDI) Application 270/271 Files	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.	Office of Systems and Project Management (OSPM)	16287	EVOBRIXUT-47599
C4-1.20.1 (12/17/2025)	Edit 20201 DSPD Claim PA Rate not found, posted in error. Bypass not working	If the claim DOS (From and to date) do not match but DOS on the claim line overlaps any of the PA service lines (From and to date), system will look for a matching $ amount or an Auth Amount higher than the Submitted Charges on the PA (all applicable lines with overlapping DOS from the claim line on the PA) to the per unit $ amount on the claim. Refer to System Error Code 20201.	Office of Systems and Project Management (OSPM)	16875	EVOBRIXUT-48361
C4-1.20.1 (12/17/2025)	Buyout recurring payments won't allow an end date and are creating a overlapping payment schedule	Code fixed for the modified_by and modified_date to take from Payment Schedule table instead of Payee table.	Office of Eligibility Policy (OEP)	3287	UTOPS-7947, EVOBRIXUT-31575
C4-1.20.1 (12/17/2025)	Recurring buyout payments with a 12/2023 start date issued early	The system has been fixed to prevent payments from going out prior to the start date.	Office of Eligibility Policy (OEP)	6567	UTOPS-13525, EVOBRIXUT-34764(SR), EVOBRIXUT-34765,EVOBRIXUT-37898 (SR)
C4-1.20.1 (12/17/2025)	Department of Professional Licensing (DOPL) bump not updating information	Code fix required for this issue to include and insert the state code 'UT' in the corresponding DOPL tables.	Office of Medicaid Operations (OMO)	7354	UTOPS-14932, EVOBRIXUT-35529
C4-1.20.1 (12/17/2025)	Managed Care Internal Design Document (IDD) 1101 and Provider File Updates	Updates to the interfaces 1101, 1102, CE Live Edits and Provider File to provide accurate information to the plans.	Office of Managed Health Care (OMHC)	9323	EVOBRIXUT-48201 DOC, EVOBRIXUT-42073 RTW EVOBRIXUT-46968 DOC EVOBRIXUT-46969 ENH EVOBRIXUT-46970 DOC EVOBRIXUT-46971 ENH EVOBRIXUT-46972 ENH EVOBRIXUT-46973 DOC
C4-1.20.0.1 (12/5/2025)	Restore CURRENT_FLAG = 'Y' on active row for prev Scenario-2 tables (NC Enhancement)		Office of Systems and Project Management (OSPM)	17055	UTOPS-37646, EVOBRIXUT-48940

Release	Summary	Description	Office	ID	Reference
C4-1.20 (11/19/2025)	Documentation has been uploaded to a Prior Authorization (PA) via Fax, notification is not triggered	PA fax functionality is working as expected. Notifications are being generated in My Inbox.	Office of Long Term Services and Supports (OLTSS)	10016	EVOBRIXUT-38124
C4-1.20 (11/19/2025)	Suspended Letter Template - Issue	Incorrect implementation of business rule. System updated to not insert Template Parameter not configured for UTAH.	Office of Medicaid Operations (OMO)	10484	UTOPS-20860, EVOBRIXUT-39035
C4-1.20 (11/19/2025)	Managed Care (MC) Recoupment with Parent Transaction Discovery date and blank CMS reporting segments	Code fix to populate CMS segment values for Retro Rate consolidation transactions. TCN's Discovery date is populated as System date(date of generation of recoupment TCN).	Office of Financial Services (OFS)	10493	UTOPS 20937, EVOBRIXUT-39048(SR),EVOBRIXUT-39046(SR), EVOBRIXUT-39029, UTOPS-25965, UTOPS-36022
C4-1.20 (11/19/2025)	New Medication Therapy Management (MTM) Pharmacy Claims File (DW Impact)	A new interface will be created for Medication Therapy Management (MTM) Inbound MTM Pharmacy Claims.	Pharmacy Team	1056	EVOBRIXUT-47474 ENH, EVOBRIXUT-47476 DOC, DOC: EVOBRIXUT-39675, EVOBRIXUT-39678, EVOBRIXUT-39681, EVOBRIXUT-39682, EVOBRIXUT-39683, EVOBRIXUT-46553 ENH: EVOBRIXUT-39676, EVOBRIXUT-39680, EVOBRIXUT-
C4-1.20 (11/19/2025)	CHIP member who is copay exempt needs to have the CHIP Cost Share Met Flag set to "Yes"	If a member has the copay exemption indicator of "Y" while they are CHIP eligible then set the CHIP Cost Share Met Flag to "Yes" in the database for the time period of the exemption and CHIP eligibility and report in the 834 as Y in the Cost Share Met in the 2300 HD04 REF Value position 6.	Office of Managed Health Care (OMHC)	1057	21708, RTW: EVOBRIXUT-45091 DOC: EVOBRIXUT-46708 ENH: EVOBRIXUT-46709
C4-1.20 (11/19/2025)	AAA Copy of Notice of Decision needs information to show which client it is for	The issue with incorrect details in the CC letter generation has been fixedand it is displaying records as expected.	Office of Long Term Services and Supports (OLTSS)	10644	UTOPS-21305, EVOBRIXUT-39553
C4-1.20 (11/19/2025)	837P Encounter file submitted 5/10/24 but 277CA response file not sent until 5/12/24	The files failed to load because the total length exceed 80 characters. This issue has been resolved by updating the Edifecs configuration XML file.	Office of Managed Health Care (OMHC)	10666	UTOPS-19948; EVOBRIXUT-38530
C4-1.20 (11/19/2025)	Update to Prior Authorization for Claims Processing	Updates to Prior Authorization (PA) Processing, PA Service Line will have a hyperlink. Clicking on the hyperlink will show a new dialog page with the following information Claim TCN, Claim Status, Utilized Units, Utilized $ Amount. Full access to following Roles for page id dlgPAClaimUtilization CLM - View Inquire Claims CLM- PRISM Support	Office of Healthcare Policy and Authorization (OHPA)	10707	EVOBRIXUT-46522 RTW, EVOBRIXUT-47646, EVOBRIXUT-47157, 47159, 47161, 47163 DOC, EVOBRIXUT-47647, EVOBRIXUT-47158, 47160, 47162, 47164
C4-1.20 (11/19/2025)	Error when uploading documents in Admissions Record when in "Duplicate Admissions"	Fixed the code to handle file uploads in the Duplicate Admission Action functionality.The update ensures that uploaded files are now successfully stored in FileNet. The paper clip icon is visible once the application is submitted.	Office of Long Term Services and Supports (OLTSS)	10851	EVOBRIXUT-39314
C4-1.20 (11/19/2025)	End-dated profile being assigned to new provider users	The service request to correct the data to not to display the Inactive profile (EXT Provider EHR Incentive Specialist) on the User Account Screen is working correctly.	Office of Systems and Project Management (OSPM)	11104	UTOPS-22392, EVOBRIXUT-39884(SR), EVOBRIXUT-40032

C4-1.20 (11/19/2025)	Update Internal Design Document (IDD) 207 to allow two different dates for the same procedure code, servicing provider and care plan ID	PRISM is creating separate Service lines in Prior Authorization if multiple records with the same Care Plan ID, Servicing Provider ID and HCPCS/Procedure code are received from IDD 207. If the Servicing Units is zero for any Service Line PRISM will populate the Service Line as INACTIVE.	Office of Long Term Services and Supports (OLTSS)	12131	EVOBRIXUT-47344 RTW, EVOBRIXUT-47345 DOC, EVOBRIXUT-47346 ENH, EVOBRIXUT-47347 DOC, EVOBRIXUT-47348 ENH, EVOBRIXUT-47350 DOC, EVOBRIXUT-47351 DOC, EVOBRIXUT-47352 ENH,
C4-1.20 (11/19/2025)	Indian Health Services (IHS) Claims over payment per diagnosis pointer	Updated the processing of all IHS claims to pay one AIR rate per day per Invoice Type.	Office of Medicaid Operations (OMO)	12391	UTOPS-25570, UTOPS-25824, UTOPS-26077, EVOBRIXUT-45891 RTW, EVOBRIXUT-47141, 47143 DOC, EVOBRIXUT-47142, 47144 ENH
C4-1.20 (11/19/2025)	Pre-1099 Correspondence Issues	Spelling and the URL capitalized errors have been correct.	Office of Financial Services (OFS)	12566	EVOBRIXUT-41827
C4-1.20 (11/19/2025)	837P File failed in loading due the reporting of double-digit value in 2400- QTY02	Updated the column Length to 15 in OLTP and ODS.	Office of Medicaid Operations (OMO)	12705	EVOBRIXUT-41908(SR), EVOBRIXUT-41960, EVOBRIXUT-47074
C4-1.20 (11/19/2025)	Updates to OPPS Utah State Reduction Factor Application and Procedure Code 41899 Unlisted px dentalvlr strux	Pricing methodology updated on APC Status codes.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	12787	RTW: EVOBRIXUT-46524; Doc:EVOBRIXUT-47226, 47228, 47234, 47237, 47239, 47241, 47243, 47245, 47247, 47249, 47251; Enh: EVOBRIXUT-47227, 47229, 47235, 47238, 47240,
C4-1.20 (11/19/2025)	Utah Diagnosis Related Group (DRG) to add hierarchy for MS DRG 790 and 791	Hierarchy added so that the claims with an MS 790 or 791 can pay at the correct rate.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	12886	EVOBRIXUT-46396 RTW, EVOBRIXUT-47105 DOC, EVOBRIXUT-47106 ENH
C4-1.20 (11/19/2025)	Care Plan (CP) ID changed during transfer	Logic added to copy care plan id from PRG case to agency transfer case.	Office of Long Term Services and Supports (OLTSS)	13560	UTOPS-28633, EVOBRIXUT-43386(SR), EVOBRIXUT-43387(SR), EVOBRIXUT-43390
C4-1.20 (11/19/2025)	In PA_RQST_X_PA_RQST, PA_REQUEST_X_DIAGNOSIS tables FROM_DATE and TO_DATE columns has null values	Code fix to ensure valid date handling during INSERT and UPDATE operations in PA_RQST_X_PA_RQST also, valid and consistent date ranges during INSERT into PA_REQUEST_X_DIAGNOSIS.	Office of Healthcare Policy and Authorization (OHPA)	13626	EVOBRIXUT-41223
C4-1.20 (11/19/2025)	Entity Payment Import into Oracle Financials (OFIN) Failure	The payee identifier will be imported to OFIN and then Entity payment will also be imported subsequently. Warrant number will be updated post payment cycle completion.	Office of Financial Services (OFS)	13706	UTOPS-28924, EVOBRIXUT-43448
C4-1.20 (11/19/2025)	Application Portal Status Display Defect	When the Application Decision is accepted in Pega, the system is sending the correct status to Application Intake sub system.	Office of Long Term Services and Supports (OLTSS)	13762	UTOPS-29129, EVOBRIXUT-43589(SR), EVOBRIXUT-43590

C4-1.20 (11/19/2025)	Add DENT-ADULT BP to TAM with Dental (with and without Restriction) Benefit Letters	This new Benefit Plan will include the following Benefit Letters: Benefit Letter - TAM with Dental without Restriction. Benefit Letter - TAM with Dental and Restriction.	Office of Healthcare Policy and Authorization (OHPA)	13961	RTW: EVOBRIXUT-44903 DOC: EVOBRIXUT-46710 ENH: EVOBRIXUT-46711
C4-1.20 (11/19/2025)	Interface--Missing batch on 4950 File for Healthy U not received as expected - Encounters - expand the line SIDs character limit to 32K - 20902 edit bypass condition failed for 20173 when there is more than 282 lines	Fix implemented to expand the line SIDs character limit to 32K, resolving the issue.	Office of Managed Health Care (OMHC)	14257	UTOPS-30464, EVOBRIXUT-44329
C4-1.20 (11/19/2025)	Preadmission Screening and Resident Review (PASRR) screens not allowing Level II information to be saved	Code has been modified to use the correct sequence name in 930 Interface and to reset the start with value MBR_PASRR_SCRNG_LVL2_SEQ sequence.	Office of Long Term Services and Supports (OLTSS)	14405	UTOPS-30907, EVOBRIXUT-46649(SR), EVOBRIXUT-46650
C4-1.20 (11/19/2025)	Managed Care (MC) eGRID program start after mid month incarceration	Code fix has been implemented for the changes to start eGRID managed care programs one day after incarcerated end date when there is enrollment is present for the 1st of the same month.	Office of Managed Health Care (OMHC)	15212	UTOPS-32954, EVOBRIXUT-46419, EVOBRIXUT-46420(Doc)
C4-1.20 (11/19/2025)	Care Plan List report status incorrect	Code fix to exclude "Not Started" care plans from the Care Plan List report and this will ensure that only started care plans will be displayed in Care Plan List report.	Office of Long Term Services and Supports (OLTSS)	15235	UTOPS-33051, EVOBRIXUT-46039, EVOBRIXUT-46038(SR), EVOBRIXUT-47737 (DOC)
C4-1.20 (11/19/2025)	Limit the System From Reissuing a Single Warrant for Several Voided Payments	An error message has been added to the system to prevent users from attempting to reissue a single warrant for several voided payments at the provider level.	Office of Financial Services (OFS)	15331	EVOBRIXUT-46769 RTW, EVOBRIXUT-46770 DOC, EVOBRIXUT-46771 ENH
C4-1.20 (11/19/2025)	PEGA correspondence format issue	The letter formatting has been updated in "evoBrix-DSDD-CSM-OVR Restriction Enrollment and Continued Enrollment"	Office of Reimbursement, Coordinated Care & Audit (ORCA)	15355	UTOPS-32686, UTOPS-32939, EVOBRIXUT-45799
C4-1.20 (11/19/2025)	Hospice Facility National Provider Identifier (NPI) missing	Java code updated fixing this issue to save the missing fields "Nursing Facility NPI/ID" while submitting the Admission page.	Office of Healthcare Policy and Authorization (OHPA)	15411	UTOPS-33546, EVOBRIXUT-46413
C4-1.20 (11/19/2025)	Provider/Entity Customer record update failure in Oracle Financials (OFIN)- Column Length Mismatch between between OFIN and source subsystems (Provider, Eligibility and Enrollment (EE) and Financials)	Increased the length of column customer name in OFIN AR Staging tables from 100 to 250 characters.	Office of Financial Services (OFS)	15675	UTOPS-33321, EVOBRIXUT-46126(SR), EVOBRIXUT-46127
C4-1.20 (11/19/2025)	Unable to attach the document of Approved BC for Sleep Medicine/Nurse Practitioner Certification/Ultrasound Technician or Sonographer Certificate	Verified upload of documents in Expert mode for the certificates. Confirmed that the Certificates and Licenses are available in the dropdowns in dlgManageAttachment as listed in theInternal Design Document PE UT-11 PE Document List tab.	Office of Medicaid Operations (OMO)	15694	UTOPS-34243, EVOBRIXUT-46636, EVOBRIXUT-46704(SR)

C4-1.20 (11/19/2025)	Documents not uploading in App Intake	This issue is a load balance issue in the Document upload process requiring a code fix.	Office of Long Term Services and Supports (OLTSS)	1571	UTOPS-4800, EVOBRIXUT-29774
C4-1.20 (11/19/2025)	Vulnerability issue reported in below API's/Jar's in EDI application	Removed the unused binary from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15749	EVOBRIXUT-46644
C4-1.20 (11/19/2025)	Vulnerability issue reported in below API's/Jar's in Correspondence application	Removed the unused binary from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15751	EVOBRIXUT-46643
C4-1.20 (11/19/2025)	Vulnerability issue reported in below API's/Jar's in Webservice application	Removed the unused binary from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15753	EVOBRIXUT-46642
C4-1.20 (11/19/2025)	Vulnerability issue reported in below API's/Jar's in MCE application	Removed the unused binary from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15754	EVOBRIXUT-46641
C4-1.20 (11/19/2025)	Vulnerability issue reported in below API's/Jar's in Adjudication application	Removed the unused binary from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15755	EVOBRIXUT-46640
C4-1.20 (11/19/2025)	Vulnerability issue reported in below API's/Jar's in PCS application	To resolve the issue Dom4j version of the binary has to be upgraded from 1.6.1o 2.1.3.	Office of Systems and Project Management (OSPM)	15756	EVOBRIXUT-46615
C4-1.20 (11/19/2025)	Vulnerability issue reported in Correspondence Application	Implement an InputValidation class to validate Input Object from SecurityValidation API that using positive filters (white lists) to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	15759	EVOBRIXUT-46606
C4-1.20 (11/19/2025)	Vulnerability issue reported in EDI Application	Implement an InputValidation class to validate Input Object from SecurityValidation API that using positive filters (white lists) to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	15760	EVOBRIXUT-46605
C4-1.20 (11/19/2025)	Prior Authorization (PA) denial letters are too long and text is cut off	The PDF generation logic will be updated to: Display the first 5 records in a table on the first page and display the remaining records in a new table on the second page, ensuring the table borders are not cut off.	Office of Systems and Project Management (OSPM)	15812	UTOPS-32504, EVOBRIXUT-46810

Release	Title	Description	Office	ID	Tickets
C4-1.20 (11/19/2025)	834 Records Missing	Code fix completed to activate the Managed Care (MC) enrollment history record to report in 834 file.	Office of Managed Health Care (OMHC)	15862	UTOPS-34636, EVOBRIXUT-47222, EVOBRIXUT-47456(SR), EVOBRIXUT-47420(SR)
C4-1.20 (11/19/2025)	Optimize Data Warehouse (DW) Logic and Improve Performance (NC Enhancement)	Remove redundant slice/dice transformations from the Data Warehouse as they are already handled upstream (OLTP). This change reduces complexity, improves data integrity, and enhances system performance.	Office of Systems and Project Management (OSPM)	16127	EVOBRIXUT-47370, EVOBRIXUT-47632
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_BUYOUT_WEBSRV.sql package of the PRISM Screen Application - Buyout Webservice	Validated the Buyout Case summary pages and need to add entry in all grids.	Office of Systems and Project Management (OSPM)	16128	EVOBRIXUT-47419
C4-1.20 (11/19/2025)	Vulnerability issue reported in Database (DB) Jobs (1087/1088) Rate Upload & Approve Rates	Validated the functionality of Rate Upload and approve the rates in the PRISM application as well as DB Jobs (1087/1088).	Office of Systems and Project Management (OSPM)	16129	EVOBRIXUT-47418
C4-1.20 (11/19/2025)	Vulnerability issue reported in 1037 Job and Payment (3509/3514) Jobs 834 Enrollments and Rates	Validated enrollment creation. Rate code is stamped and reported in 834 and in backend enrollment history detail table through Auto Assignment/1037 Job and Payment (3509/3514) Jobs.	Office of Systems and Project Management (OSPM)	16130	EVOBRIXUT-47417
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PR_VALIDATE_DOMAIN_VALUES.sql package of the PRISM Screen Application- Reference Screens- Account Code upload	Validated the Account Code upload from the Reference screen functionality in the Prism Application.	Office of Systems and Project Management (OSPM)	16131	EVOBRIXUT-47416
C4-1.20 (11/19/2025)	Vulnerability issue reported in Appintake Application	Validated all the screen functionalities from the Appintake Application.	Office of Systems and Project Management (OSPM)	16132	EVOBRIXUT-47415
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_ACA_UPLOAD.sql package of the PRISM Screen Application - Reference Screens-Account Code Uploads	Validated the Account Code upload from the Reference screen functionality in the Prism Application.	Office of Systems and Project Management (OSPM)	16133	EVOBRIXUT-47413
C4-1.20 (11/19/2025)	Vulnerability issue reported in PRISM Screen Application- Reference Screens-Group Code Associations	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16134	EVOBRIXUT-47412
C4-1.20 (11/19/2025)	Vulnerability issue reported in Web Service Application - Internal Webservice 158 - GetPADetailsService	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16136	EVOBRIXUT-47411

Release	Issue	Resolution	Office	ID	Ticket
C4-1.20 (11/19/2025)	Vulnerability issue reported in 911/934 interface job	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16137	EVOBRIXUT-47410
C4-1.20 (11/19/2025)	Vulnerability issue reported in PRISM Screen Application - PCS Screens	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16138	EVOBRIXUT-47409
C4-1.20 (11/19/2025)	Vulnerability issue reported in PRISM Screen Application - Buyout Case	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16140	EVOBRIXUT-47407
C4-1.20 (11/19/2025)	Vulnerability issue reported in myHP Application	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16141	EVOBRIXUT-47406
C4-1.20 (11/19/2025)	Vulnerability issue reported in PRISM Screen Application - Reference Screens-Procedure Codes	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16142	EVOBRIXUT-47405
C4-1.20 (11/19/2025)	Completed by user, created date and completed date displaying incorrect.	Code fix completed. System is not displaying the case owner as completed by and displaying the same Created date and Completed date of the task.	Office of Long Term Services and Supports (OLTSS)	1620	UTOPS-5097, EVOBRIXUT-29838
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_PROCESSELGBLTYSTATUS_ACA.sql package of the MCE Queue Application (Auto Assignment)	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16288	EVOBRIXUT-47611
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_MC_PRCS_MBR_ELGBLTY.sql package of the eGrid flow process	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Managed Health Care (OMHC)	16289	EVOBRIXUT-47610
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_MC_COMMON.sql package of the Erep Interface Job- Family Reconnect and Auto Assignment Process	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16290	EVOBRIXUT-47609
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_MC_SRVCBSDENHCMNTPYMNT.sql package of the 3505 Interface Job (SBE Payments)	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16291	EVOBRIXUT-47606

Release	Issue	Resolution	Office	ID	Tickets
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PR_MC_GETCLNTELGBLPRGRM.sql package of the MCE Queue Application (Auto Assignment)	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16292	EVOBRIXUT-47604
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_MC_GETAGERANGE.sql package of the 1037 Interface Job	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16293	EVOBRIXUT-47602
C4-1.20 (11/19/2025)	Vulnerability issue reported in the EDI Application 834 Files	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16294	EVOBRIXUT-47600
C4-1.20 (11/19/2025)	eRep case number not populating in MRB Review Case in PEGA	Due to a mismatch in how the information was labeled inside the system, the value was not passed through to PEGA. The naming inconsistency has been corrected.	Office of Eligibility Policy (OEP)	16344	UTOPS-35881, EVOBRIXUT-47785
C4-1.20 (11/19/2025)	Pharmacy Encounters: Mulitple status of claim in single file	Code fix was required to ensure the system follows the sequence from the file during processing.	Office of Managed Health Care (OMHC)	16348	UTOPS-35887, EVOBRIXUT-47790, EVOBRIXUT-47791(SR)
C4-1.20 (11/19/2025)	Two Managed Care Warrants not tying out to Vantage	Updates to the data archival process to prevent similar issues in the future.	Office of Financial Services (OFS)	16376	UTOPS-35959, EVOBRIXUT-47836, EVOBRIXUT-47913, EVOBRIXUT-47932, EVOBRIXUT-48055
C4-1.20 (11/19/2025)	CC letter not generated for Employment-related Personal Assistant Services (EPAS) program	CC letter is being generated for reports NOD_EPAS Application ReceivedNOD Initial Enrollment Denial and it is working as expected.	Office of Long Term Services and Supports (OLTSS)	16388	EVOBRIXUT-47751
C4-1.20 (11/19/2025)	Vulnerability issue reported in the View History Comment/Remarks for Rates/References PRISM Application Screens	PRISM will use parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16434	EVOBRIXUT-47408
C4-1.20 (11/19/2025)	Employment-related Personal Assistant Service (EPAS PA's) reflecting U2 modifier incorrectly - EPAS has no modifier	Code change is required to remove the U2 as long term fix	Office of Long Term Services and Supports (OLTSS)	1663	UTOPS-5271, EVOBRIXUT-29959(SR), EVOBRIXUT-29961
C4-1.20 (11/19/2025)	System is not notifying and does not change the status when new documentation is attached	Code fix to trigger the notification and in review status change after clicking the "Upload Document" button instead of the save button. So that, even if the user clicks the Xclose or click on a breadcrumb after "Upload Document", Notification and status will be triggered correctly to state.	Office of Long Term Services and Supports (OLTSS)	1898	UTOPS-5653, EVOBRIXUT-31964

Release	Title	Description	Office	ID	References
C4-1.20 (11/19/2025)	Usage of TN Modifier on Waiver claims	Some waiver providers claims are for services that do not fall under a Claim Type 6-Home Health Professional. They pay based off of the Charge Mode for the TN Modifier. Modifier Based pricing rules apply to J-Professional. The Home Health claim types still follow the Home Health Enhancement section.	Office of Long Term Services and Supports (OLTSS)	2613	UTOPS-6684, UTOPS-23361, UTOPS-29413, EVOBRIXUT-46520 RTW, EVOBRIXUT-46846, 46849, 46852, 46855 DOC, EVOBRIXUT-46847, 46851, 46853, 46858 ENH
C4-1.20 (11/19/2025)	Document from App Intake not in system	FileNet document title configuration for the APP Intake Document class will be updated from 255 to 400 characters.	Office of Long Term Services and Supports (OLTSS)	2639	UTOPS-6735, EVOBRIXUT-30902(SR), EVOBRIXUT-31012, UTOPS-29977
C4-1.20 (11/19/2025)	Care Plan PDF incorrect information	Effective date will be populated in all sub case care plans PDF.	Office of Long Term Services and Supports (OLTSS)	2729	UTOPS-6895, EVOBRIXUT-30966 , EVOBRIXUT-30965 (SR)
C4-1.20 (11/19/2025)	SAS information not showing in PEGA	Code fixed, SAS details selection made by the CMA in the Waiver Service Details are showing in the Approve Comprehensive Care Plan step.	Office of Long Term Services and Supports (OLTSS)	3139	UTOPS-7570, EVOBRIXUT-31329
C4-1.20 (11/19/2025)	Default profile not updating	DOH NC Worker role will become the default role for these users.	Office of Long Term Services and Supports (OLTSS)	3213	UTOPS-7718, EVOBRIXUT-32136
C4-1.20 (11/19/2025)	Pre-1099- Amounts are not formatted correctly in IRS 1099-MISC Income	This issue is fixed by changingthe decimal point format in the java script.	Office of Financial Services (OFS)	3488	EVOBRIXUT-29942
C4-1.20 (11/19/2025)	Incident Report (IR) return reason not showing in Incident Summary	Code fixed, the IR return reason is displaying correct.	Office of Long Term Services and Supports (OLTSS)	3702	UTOPS-8502, EVOBRIXUT-31834
C4-1.20 (11/19/2025)	Program (PRG)-4002 not working for Department of Health (DOH) user	System has assign the task to the Workbasket (DOH Application Resubmission-NC Pending WB) of DOH User even though the user of previous task was Provider user AND not to the Provider's workbasket (CMA Application Resubmission-NC Pending WB).	Office of Long Term Services and Supports (OLTSS)	4134	UTOPS-9470, EVOBRIXUT-32424
C4-1.20 (11/19/2025)	Updates to Internal Design Document (IDD) 416	Updated the Compound Code 2 to Optional in IDD 416.	Pharmacy Team	6315	RTW EVOBRIXUT-38981, EVOBRIXUT-46854 RTW, EVOBRIXUT-46856 DOC, EVOBRIXUT-46857 ENH
C4-1.20 (11/19/2025)	PRE-1099's FOR MEDICAID PROVIDERS	Updated Archived Documents for OFIN Correspondence. The 1099-Misc and Pre-1099 are viewable for Profiles: EXT Provider Account Administrator and Claims Inquiry - Provider.	Office of Financial Services (OFS)	6372	UTOPS-13163, EVOBRIXUT-34672 DOC, EVOBRIXUT-34671

Release	Title	Description	Office	ID	References
C4-1.20 (11/19/2025)	Edits 5381 Attending physician ID missing or invalid and 5380 Invalid Attending Provider NPI - Attending Provider PAC Determination Logic	Updates to the Edit Logic of Error Codes 5380 and 5381 to post correctly. When a provider has multiple PT/SP/SSP's for the date of service, the edit should look to all active Business Status' to determine the correct PAC.	Office of Managed Health Care (OMHC)	7065	UTOPS-30576, EVOBRIXUT-45996 RTW, EVOBRIXUT-46859 DOC, EVOBRIXUT-46860 ENH
C4-1.20 (11/19/2025)	1099-Misc Correspondence Issues -1099 Correspondence - Recepient's Name & Address have Apostrophe doubled & Font Issues	Double apostrophe and font size has been corrected.	Office of Financial Services (OFS)	8039	EVOBRIXUT-36213, EVOBRIXUT-36212
C4-1.20 (11/19/2025)	1095-B Health Coverage Spacing Issue in Box 4 Street Address	Address is now displayed with correct spacing in Box 4 Street Address	Office of Eligibility Policy (OEP)	8397	EVOBRIXUT-36600
C4-1.20 (11/19/2025)	Internal Design Document (IDD) 416 Update -Pharmacy Name field to Required	Updated IDD 416 to make PHARMACY NAME (NCPDP field 833-5P) Required.	Pharmacy Team	9515	EVOBRIXUT-46521 RTW, EVOBRIXUT-46779 ENH, EVOBRIXUT-46778 DOC
C4-1.19.1 (10/17/2025)	Large amount of unexplained member ID errors on MLER	The BUYIN table configuration has been corrected and reviewed all other 45 related tables to ensure similar issues do not exist.	Office of Managed Health Care (OMHC)	16380	UTOPS-35956, EVOBRIXUT-47827, EVOBRIXUT-47825(SR)
C4-1.19 (9/24/2025)	Update the logic for Edits 5522 - Missing or invalid prior authorization number for Inpatient psychiatric services, and 5560 - IMD Psych exceeds 60 day limit	The Prior Authorization (PA) requirement in Error Code 5522 will be bypassed if the member is under 21 or 65 and older. Error Code 5560 only needs to post if the Member's age is 21 or older and under 65 for the Admit date on the claim. Error Code 5543 is no longer needed.	Office of Healthcare Policy and Authorization (OHPA)	1010	EVOBRIXUT-45611 RTW, EVOBRIXUT-45693, 45699, 45701 DOC, EVOBRIXUT-45694, 45700, 45702 ENH
C4-1.19 (9/24/2025)	Bypass for crossover isn't working for error code 5522 Missing or invalid prior authorization number for Inpatient psychiatric services	5522 edit updated to stop incorrectly posting when Medicare Indicator is "Y".	Office of Medicaid Operations (OMO)	10976	UTOPS-22077, EVOBRIXUT-39649
C4-1.19 (9/24/2025)	1403 Diagnosis Pointer reported at line level (210 Record Type) should be in the order sequence	The diagnosis code will populated in interface as per the diagnosis pointer.	Pharmacy Team	11061	EVOBRIXUT-39728, UTOPS-28630(SR)
C4-1.19 (9/24/2025)	Internal Design Document (IDD) 1415 Updates to begin and end date, and National Drug Code (NDC) Rebate Flag Issues	Updated IDD 1415 to include the rules for the Rebate-Begin-Eff-date and Rebate-End-EFF-date. Added a new rule that slices and dices the data when the existing record overlaps with the start and end dates on the file for the NDC Rebate.	Pharmacy Team	11641	UTOPS-23700, EVOBRIXUT-45610 RTW, EVOBRIXUT-45749 DOC, EVOBRIXUT-45753 ENH
C4-1.19 (9/24/2025)	Wrong documents are being uploaded	Updated the download Attachment logic to support file size greater than 25 MB.	Office of Long Term Services and Supports (OLTSS)	11955	UTOPS-24561, EVOBRIXUT-41040

Release	Summary	Description	Office	ID	References
C4-1.19 (9/24/2025)	Provider Neutral Payments for Fee-For-Service (FFS) Claims	Updated the mass adjustment screens to allow the state to create provider neutral adjustments.	Office of Financial Services (OFS)	12492	EVOBRIXUT-45131 RTW, EVOBRIXUT-46074 DOC, EVOBRIXUT-46075 ENH, EVOBRIXUT-46077 DOC, EVOBRIXUT-46078 ENH, EVOBRIXUT-46079 – DOC, EVOBRIXUT-46080 - ENH, EVOBRIXUT-46082 DOC,
C4-1.19 (9/24/2025)	Update of frequency and date of file generation in Internal Design Documents (IDD) 514, IDD 531, IDD 532 and IDD 533	Updated the frequency and days of the week for file generation in IDD 514, IDD 531, IDD 532 and IDD 53	Pharmacy Team	12515	EVOBRIXUT-45070 RTW (canceled), EVOBRIXUT-45773 RTW, EVOBRIXUT-45774 DOC EVOBRIXUT-45775 ENH, EVOBRIXUT-45777 DOC EVOBRIXUT-45776 ENH, EVOBRIXUT-45778 DOC, EVOBRIXUT-45779
C4-1.19 (9/24/2025)	Interface 1405 file selection needs to be updated to exclude encounters with 20173 - make Interface 1405 configurable	Interface 1405 selection criteria updated to exclude Encounters with edit 20173 posted at the line or header and only encounter claims that have a NDC will be considered for this file. Interface 1405 to be configurable in the event the selection parameters need to be updated in the future.	Office of Managed Health Care (OMHC)	12532	RTW EVOBRIXUT-45497, EVOBRIXUT-45741 ENH, EVOBRIXUT-45740 DOC, EVOBRIXUT-45742 ENH
C4-1.19 (9/24/2025)	Multiple Pre-1099 letters are generated for a provider if there is a name change	A fix has been implemented to ensure that the Pre-1099 correspondence letters reflect the most recent provider name and address when updated within the same financial year.	Office of Financial Services (OFS)	12670	EVOBRIXUT-41903
C4-1.19 (9/24/2025)	Aging Waiver Report Needs to be Generated Weekly	The requested report will be generated weekly.	Office of Long Term Services and Supports (OLTSS)	12883	UTOPS-24944, EVOBRIXUT-41445
C4-1.19 (9/24/2025)	Incorrectly posting error code 5369 Invalid CLIA certificate number	Edit 5369 should only post if following conditions are met: The procedure code is one of those in the group "Tests Subject to CLIA Edits" {{Group Code: CLM-CLIA}} If the provider file CLIA Certification Type is not "1-Regular Certification", "3-Accredited Certification" OR "9-Registered Certification"	Office of Medicaid Operations (OMO)	13185	EVOBRIXUT-42714, EVOBRIXUT-45540 RTW, EVOBRIXUT-45706 DOC, EVOBRIXUT-45707 ENH
C4-1.19 (9/24/2025)	Claim denied for invalid last name but paid when reprocessed.	Updated the 2004 edit logic to check the loading edit in any run.	Office of Medicaid Operations (OMO)	13346	UTOPS-28112, EVOBRIXUT-43016
C4-1.19 (9/24/2025)	LL Mod pricing different rates on procedure code E0483 Hi freq chest wall oscil sys	System will pay/cutback the claim based on billed units instead of PA Available units and available units.	Office of Medicaid Operations (OMO)	13419	UTOPS-28306, EVOBRIXUT-43127
C4-1.19 (9/24/2025)	Two Mass Adjustments stuck in status	Issue fixed to display the claims in the Mass Adjustment Claims List Page for the state users to approve the Mass Batch and does not stay in "Completed Awaiting Review by Approver".	Office of Medicaid Operations (OMO)	13519	UTOPS-28540, EVOBRIXUT-43235
C4-1.19 (9/24/2025)	Edits 5355 - Not a new patient. Cognitive service within 3 years and 5368 - Not new patient. Same specialty in group, still posting after Change Request released	Edit 5355 will not post when there is no other E&M service code billed prior to the current date of service for the same provider. Edit is not posting based on parent claim/TCN.	Office of Medicaid Operations (OMO)	14169	UTOPS-31521, EVOBRIXUT-45065

C4-1.19 (9/24/2025)	FileNet Updates for Searching and Sort (NC Enhancement)	The Case ID has been added for all Beneficiary Letters.	Office of Managed Health Care (OMHC)	14248	EVOBRIXUT-44379, EVOBRIXUT-46735
C4-1.19 (9/24/2025)	Incarceration Facility Details for eREP Interface 911 and 934 and edit update	An additional loop for facility details has been added in the incarceration loop of eREP Interfaces 911/934 to accommodate facility transfers within one incarceration time span.	Director's Office (DO)	14281	RTW: EVOBRIXUT-45691 DOC: EVOBRIXUT-45873, 45874, 45894, 45895, 45898, 45899, 45900, 45901, 45902 ENH: EVOBRIXUT-45903, 45904, 45905, 45906, 45907, 45908, 45909, 45910, 45911, 45912
C4-1.19 (9/24/2025)	Vulnerability issue reported in below API's/Jar's in PCS application	Upgrade the commons-fileupload Jar without Vulnerability Issue. Upgrade the poi Jar without Vulnerability Issue. Upgrade the spring Jar's without Vulnerability Issue. Upgrade the struts2-core without Vulnerability Issue. Upgrade the xmlbeans without Vulnerability Issue. Upgrade the xmlsec without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	14485	EVOBRIXUT-44779
C4-1.19 (9/24/2025)	Vulnerability issue reported in PCS Application	Vulnerability issue reported in PCS Application Veracode - SQL Injection	Office of Systems and Project Management (OSPM)	14492	EVOBRIXUT-44765
C4-1.19 (9/24/2025)	Remit overpayment error's	Code fix in child credit claim to copy the paid amount from parent claim instead of deriving from parent line level paid amount for R-Inpatient claims (Only for DRG Pricing claims).	Office of Medicaid Operations (OMO)	14541	UTOPS-31232, EVOBRIXUT-44905
C4-1.19 (9/24/2025)	834 Term record sent incorrectly	The system will not report the disenrollment for the retro enrollment record's when there is a continuous record present next to the new retro enrollment period.	Office of Managed Health Care (OMHC)	14555	UTOPS-31268, EVOBRIXUT-44926
C4-1.19 (9/24/2025)	OB Claims Issue when billing and servicing NPI is empty, error code 5368 Not new patient. Same specialty in group	Java code updated to handle the empty NPI check for Billing and servicing NPI.	Office of Medicaid Operations (OMO)	14604	EVOBRIXUT-43083
C4-1.19 (9/24/2025)	Error Code 1217 Timely Filing - Attachment available, was denied during resolve and claim denied in UAT environment	Code fixed to uncomment/activate the timely filling process then only, 1217 edit will not post and Force/Deny process is working as expected.	Office of Medicaid Operations (OMO)	14621	UTOPS-31448, EVOBRIXUT-45182
C4-1.19 (9/24/2025)	Edit 1960 Procedure exceeds Lifetime Limit, Outpatient to ASC Indicator rule	For lifetime limits, editing should occur only across same claim types/invoice type.	Office of Medicaid Operations (OMO)	14756	EVOBRIXUT-45248
C4-1.19 (9/24/2025)	System is updating Program (PRG) case status to cancelled after completing disenrollment case	Code fixed, PRG case will not be cancelled and will not create "Wait In Default (Cancel Case)" extra assignment on PRG case.	Office of Long Term Services and Supports (OLTSS)	14757	EVOBRIXUT-45223, UTOPS-31661

C4-1.19 (9/24/2025)	Interface 1501 Coverage Tag Max (NC Enhancement)	1501 coverage tags restriction limit 7, needs to be updated to unbounded as we got a full extract file from ORS and we see coverage tags more than 7 for each member.	Office of Systems and Project Management (OSPM)	14832	EVOBRIXUT-45393, EVOBRIXUT-46794 DOC
C4-1.19 (9/24/2025)	911/934 file Rejecting Member Record instead of Segment - Gap between internal Business Rule and Oracle Error (NC Enhancement)	Data Element Name StartDate, within Incarceration Loop: "When Incarceration Start Date/ End Date is not available, then reject segment, log error on the Member Level Error Report 'Inmate record is not loaded due to missing required fields. Based on documentation, the incarceration segment will be rejected, not the whole member record.	Office of Systems and Project Management (OSPM)	14833	EVOBRIXUT-45291
C4-1.19 (9/24/2025)	Medicaid Insets and separating out the file being sent to DTS State Print (NC Enhancement)	Acentra Health will develop a script and setup a cron job in production to place the "Restriction Enrollment and Continued Enrollment" correspondence files in a separate folder. State Print team validated.	Office of Systems and Project Management (OSPM)	14904	UTOPS-32261, EVOBRIXUT-45603 (ENH)
C4-1.19 (9/24/2025)	Existing waiver services were inactivated after approving Annual Review care plan	System fixed to keep the previous approved care plan waiver services as active as well as current approved care plan waiver services.	Office of Long Term Services and Supports (OLTSS)	14918	EVOBRIXUT-44851
C4-1.19 (9/24/2025)	Posting on the claim when current claim: claim type J with ASC Indicator as Y. Edit 1960 Procedure exceeds Lifetime Limit	Edit 1960 logic is fixed to post for F-Outpatient to J-professional scenario as expected	Office of Medicaid Operations (OMO)	14922	EVOBRIXUT-44975
C4-1.19 (9/24/2025)	The care plan listed under Current Care Plan in PEGA isn't the latest care plan	User can see the care plans with effective and expiration dates of the care plans.	Office of Long Term Services and Supports (OLTSS)	1495	UTOPS-4850, EVOBRIXUT-29643, EVOBRIXUT-34621(SR)
C4-1.19 (9/24/2025)	Error code P0002 Beneficiary is not eligible for the service line. Error persisting	Edit P0002 Should not post if the Procedure code for the member is passed either one of the Business Rule, Post Edit if the Procedure is not present in Associated Procedures AND the Restriction (Include/Exclude) flag is Include Procedure is present in Associated Procedure and Post Edit if the associated Procedures AND the Restriction (Include/Exclude) flag is Exclude.	Office of Healthcare Policy and Authorization (OHPA)	14957	UTOPS-32379, EVOBRIXUT-45662
C4-1.19 (9/24/2025)	Eligibility not showing in Pharmacy Point of Sale (POS)	Code modified to send the prospective eligibility records after eREP monthly.	Pharmacy Team	14963	UTOPS-32428, EVOBRIXUT-45579(SR), EVOBRIXUT-45590
C4-1.19 (9/24/2025)	Incorrectly Posted Inpatient Psych Prior Authorization (PA) - Edit 5542 Units exceed approve PA units for a psychiatric stay	Edit will be validated at the header level as it's belongs to R-Inpatient claim type instead of validating the line level incorrectly.	Office of Medicaid Operations (OMO)	14987	UTOPS-32469, EVOBRIXUT-45758
C4-1.19 (9/24/2025)	Duplicate record in Internal Design Document (IDD) 921 Spenddown file to GHS (Change Health Care)	Issue fixed to send spenddown records only if the bill had been an incurred bill with a X to GHS.	Office of Systems and Project Management (OSPM)	14988	UTOPS-31838, EVOBRIXUT-45591

C4-1.19 (9/24/2025)	Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Screenings Not Matching Birthdates	The logic is to derive the Due date for "EPSDT Periodicity Schedules" has been corrected for the EPSDT configuration that are using "Years".	Office of Healthcare Policy and Authorization (OHPA)	15058	UTOPS-32852, EVOBRIXUT-45975
C4-1.19 (9/24/2025)	Member name incorrect in determination Prior Authorization (PA)	The query logic changed to fetch the correct member name when Correspondence Letter Generation Process.	Office of Healthcare Policy and Authorization (OHPA)	15069	UTOPS-32651, EVOBRIXUT-45886
C4-1.19 (9/24/2025)	Screening Due Column Blank on Screenings Past Due Report	Code logic implemented in report query. Query should be modified to join EPSDT_SCHEDULE_DETAIL table with MBR_X_EPSDT_SCHEDULE table to avoid displaying blank in SCREENING_DUE column and also will avoid displaying duplicate records.	Office of Healthcare Policy and Authorization (OHPA)	15089	UTOPS-32699, EVOBRIXUT-45810
C4-1.19 (9/24/2025)	Vulnerability issue reported in HealthBeat Application - HealthBeat	Using parameterized prepared statements rather than dynamically constructing SQL queries. This will prevent the database from interpreting the contents of bind variables as part of queries.	Office of Systems and Project Management (OSPM)	15141	EVOBRIXUT-45680
C4-1.19 (9/24/2025)	Vulnerability issue reported in below API's/Jar's in PCS application	To resolve the issue cxf-core version of the binary has been upgraded from 3.2.3 to 3.4.10 , cxf-rt-transports-http-3.2.3.jar of the binary has been upgraded from 3.2.3 to 3.4.10 and cxf-rt-databinding-aegis-3.2.3 to . cxf-rt-databinding-aegis-3.5.8.	Office of Systems and Project Management (OSPM)	15142	EVOBRIXUT-45682
C4-1.19 (9/24/2025)	Vulnerability issue reported in below API's/Jar's in Adjudication application	To resolve the issue cxf-core version of the binary has been upgraded from 3.2.3 to 3.4.10 , cxf-rt-transports-http-3.2.3.jar of the binary has been upgraded from 3.2.3 to 3.4.10 and cxf-rt-databinding-aegis-3.2.3 to . cxf-rt-databinding-aegis-3.5.8.	Office of Systems and Project Management (OSPM)	15143	EVOBRIXUT-45682
C4-1.19 (9/24/2025)	Vulnerability issue reported in below API's/Jar's in Webservice application	This binary is not referenced anywhere in the code. The unused binary is removed from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15144	EVOBRIXUT-45684
C4-1.19 (9/24/2025)	Vulnerability issue reported in below API's/Jar's in Prism Screen application	This binary is not referenced anywhere in the code. The unused binary is removed from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15145	EVOBRIXUT-45685
C4-1.19 (9/24/2025)	Vulnerabilities in Pega application	Fix Details: 1. tools.getParamValue() should be wrapped in StringUtils.crossScriptingFilter or converted to the appropriate non-string value. 2. "Require Authentication to run" checkbox needs to be selected for the rules that are flagged.	Office of Systems and Project Management (OSPM)	15274	EVOBRIXUT-45939
C4-1.19 (9/24/2025)	CHIP Enrollment Missing through Auto Assignment (AA) Process	CHIP enrollment is processing through AA, It will not skip when multiple RACs qualifying for new member.	Office of Managed Health Care (OMHC)	15346	UTOPS-32978, EVOBRIXUT-46050

Release	Issue	Resolution	Office	ID	Tickets
C4-1.19 (9/24/2025)	"Restricted Member has regained eligibility." notification is incorrectly generated	Issue is fixed to not generate duplicate notifications.	Office of Systems and Project Management (OSPM)	15495	EVOBRIXUT-46222, EVOBRIXUT-29736
C4-1.19 (9/24/2025)	CR 2470 - ADA Issue - Combo box's displaying two times in JAWS	Upgrade to JAWS Pro 2025 has fixed the issue.	Office of Systems and Project Management (OSPM)	15499	EVOBRIXUT-45973
C4-1.19 (9/24/2025)	pgMCTransactionList(Contract/MC) wrongly populating FROM fields with TO information for Enrollment Batch Transactions	Enrollment Batch will show the Organization and Program in To Organization and To Program fields in Transaction List page.	Office of Managed Health Care (OMHC)	15504	EVOBRIXUT-45764
C4-1.19 (9/24/2025)	Unable to locate the associated 277CA File	Response files were not displayed on the Retrieve Acknowledgement screen due to an issue in the query. This has now been fixed, and the response files are correctly displayed.	Office of Medicaid Operations (OMO)	15528	UTOPS-33825, EVOBRIXUT-46499
C4-1.19 (9/24/2025)	PEGA correspondence - Archived Documents Filters Not Working	Code updated to fix the screen query to return only the PEGA Correspondences of the provider.	Office of Medicaid Operations (OMO)	15582	UTOPS-33995, EVOBRIXUT-46560
C4-1.19 (9/24/2025)	Response files are not displaying when the provider ID is not derived on the X12 file	For State users the screen will display even if the Provider ID is not mapped.	Office of Medicaid Operations (OMO)	15602	EVOBRIXUT-46499
C4-1.19 (9/24/2025)	Webservices not responding from Pega / evoBrix	Connection Pool settings increased to increase the number of database requests the node can handle concurrently.	Office of Systems and Project Management (OSPM)	15808	EVOBRIXUT-46777
C4-1.19 (9/24/2025)	1501 Interface Processing Causing 834 Delays - Optimization Needed (NC Enhancement)	TPL Trigger Query has been fine tuned to reduce the execution time	Office of Systems and Project Management (OSPM)	15840	UTOPS-34585, EVOBRIXUT-46837
C4-1.19 (9/24/2025)	Case missed last task due to the provider user clicked on back button- AR-10067	Back button is not visible when case is at task Upload Comprehensive Care Plan Signed by Client.	Office of Long Term Services and Supports (OLTSS)	2568	UTOPS-6636, EVOBRIXUT-30856(SR), EVOBRIXUT-30857
C4-1.19 (9/24/2025)	Documents attached in Add Attachment action menu are not displaying in Case Details tab IE-3904	Fix applied to Case 360 to display documents uploaded in Add Attachment action menu.	Office of Long Term Services and Supports (OLTSS)	2633	UTOPS-6729, EVOBRIXUT-30885

C4-1.19 (9/24/2025)	Update Edit Logic for Error Code 5555 Provider not enrolled in U of U School of Dentistry Network	Error Code 5555 edit logic updated it checks to see if the rendering provider is paneled with the U of U School of Dentistry Network instead of the billing provider. PRISM to check that the rendering provider has the U of U School of Dentistry Network identifier. The edit is currently information only and needs to be updated to Deny.	Director's Office (DO)	6060	EVOBRIXUT-45293 RTW, EVOBRIXUT-45765, 45767 DOC, EVOBRIXUT-45766, 45769 ENH
C4-1.19 (9/24/2025)	New Choices Waiver care plans are skipping the supervisor approval step when it is required	Documentation updated - If the Care Plan has HCPCS Code: T1016 with units more than or equal to 26, "Approve All" button will only be displayed to DOH Supervisor and not DOH User.	Office of Long Term Services and Supports (OLTSS)	7309	UTOPS-14978, EVOBRIXUT-35569(Doc), EVOBRIXUT-35570
C4-1.19 (9/24/2025)	Task not completed New Choices Waiver - Agency Transfer (TRF-49)	Disable validation flag was set to true and this flag was not removed after adding case wide note causing the issue. The Disable validation flag is removed and routed the case CRM-NC-TRF-49 to Agency Records Facility and Rental Information task.	Office of Long Term Services and Supports (OLTSS)	7751	UTOPS-15618; EVOBRIXUT-35909(SR); EVOBRIXUT-35908
C4-1.19 (9/24/2025)	CRM-NC-TRF-52 re-opened by adding case wide note	Fixed the Cancel Case logic for New Choices Waiver - Substantial Change in Health Status case and New Choices Waiver - Incident Report sub cases	Office of Long Term Services and Supports (OLTSS)	9375	UTOPS-18766, EVOBRIXUT-37753(SR), EVOBRIXUT-37752
C4-1.19 (9/24/2025)	Bypass Record 927 step in Pega ie-4962	Fixed the MemberSearchService webservice query by removing the not used table name and the condition which restricts the data to populate.	Office of Long Term Services and Supports (OLTSS)	9467	EVOBRIXUT-37834
C4-1.19 (9/24/2025)	Internal Design Document (IDD) 1415, Create additional rule for National Drug Code (NDC) Status	Additional PRISM rules created to prevent encounters Fee-For-Service (FFS) from rejecting when the NDC Status is "I" or "O".	Pharmacy Team	9756	RTW EVOBRIXUT-40018, EVOBRIXUT-45743 DOC, EVOBRIXUT-45744 ENH
C4-1.18.3 (8/29/2025)	EXT Provider Account Admin has access to associate users and profiles to other Provider Domains	When Error "Warning: User ID not found in PRISM Login. Please enter a valid User ID" is triggered, the Provider Domain should stay disabled and defaulted to the Provider Domain the Provider is logged under.	Office of Systems and Project Management (OSPM)	15885	UTOPS-34697, EVOBRIXUT-46897
C4-1.18.2 (8/6/2025)	Admission record documents with Protected Health Information (PHI) are viewable from the provider enrollment document screens	The provider screen query has been updated to return only the provider subsystem documents.	Office of Long Term Services and Supports (OLTSS)	15610	UTOPS-34038, EVOBRIXUT-46582
C4-1.18.1 (7/30/2025)	Mismatched Credit and Void Coding on Pharmacy Claims	The account coding derivation logic for credit claims has been updated to copy from the parent claim preventing discrepancies in account codes between the credit and parent claims.	Office of Financial Services (OFS)	15147	UTOPS-32840, EVOBRIXUT-45833
C4-1.18.1 (7/30/2025)	Checks data not sent to Correspondence for Letter Generation	Performance issue fixed for checks data not being sent to correspondence for letter generation.	Office of Systems and Project Management (OSPM)	15285	EVOBRIXUT-46019, EVOBRIXUT-46018(SR)

Release (Date)	Title	Description	Office	ID	Reference
C4-1.18.1 (7/30/2025)	Data Patch for Mismatched Credit and Void Coding on Pharmacy Claims	Code deployed to Accounting codes are matching now in Parent Transaction Control Number (TCN) and Child TCN.	Office of Financial Services (OFS)	15600	EVOBRIXUT-45833
C4-1.18 (7/23/2025)	Update Medically Unlikely Edits (MUE) editing to do line level editing	MUE values will be loaded to Reference as part of an interface. The MUE files are sourced from CMS. An MUE is a claim line edit that compares the UOS (unit of service) reported for the HCPCS/CPT code on the claim line to the MUE value for that code. If the claim line has a date range, a daily unit must be determined which would then be compared against the MUE value.	Office of Healthcare Policy and Authorization (OHPA)	1016	EVOBRIXUT-43216 RTW, EVOBRIXUT-44493 DOC, EVOBRIXUT-4494 ENH
C4-1.18 (7/23/2025)	Rx Delivery Fee - Update PRISM Pharmacy Internal Design Document (IDD)s to include additional data fields	PRISM Pharmacy IDDs now include three new additional data fields to get Rx delivery fee data to data warehouse (DW)	Pharmacy Team	10565	UTOPS-33824, RTW EVOBRIXUT-43843, EVOBRIXUT-44619 DOC, EVOBRIXUT-44620 ENH
C4-1.18 (7/23/2025)	In FileNet under the HIPAA 837 Search option not all transactions types work under Document Title.	Destination folder has been configured properly in property file.	Office of Medicaid Operations (OMO)	10629	UTOPS-21257; UTOPS-31662; EVOBRIXUT-39315(SR); EVOBRIXUT-39306(SR), EVOBRIXUT-39305
C4-1.18 (7/23/2025)	Pre-populate the fingerprinting indicator and the advanced screening indicator	Pre-populate the fingerprinting and the advanced screening indicators for the ownership and managing employee based on PT/SP/SSP high risk providers. This applies to New Enrollment as well as Modifications.	Office of Medicaid Operations (OMO)	1079	EVOBRIXUT-11368 RTW, DOC 11619 11620 11621, ENH 11622
C4-1.18 (7/23/2025)	Pre-populate site visit indicator based on PT/SP/SSP for moderate and high risk	The Indicator type drop down will Pre-populate the "Site Visit By" indicator at the NPI/Provider Indicator level. This applies for New Enrollment as well as Modifications.	Office of Medicaid Operations (OMO)	1080	EVOBRIXUT-11367 RTW, DOC: 11613, 11614, 11615 ENH: 11616
C4-1.18 (7/23/2025)	Code optimization for 452 to improve the performance (NC Enhancement)	Code optimization for 452 to improve the performance in writing the file. Optimization will be implement to all outbound interfaces but in groups.	Office of Systems and Project Management (OSPM)	10936	EVOBRIXUT-39512 (ENH)
C4-1.18 (7/23/2025)	Code optimization for 907, 902 to improve the performance (NC Enhancement)	We recently optimized the 455 code which improved performance by 10 hours as the data volume is more than 700k records. so we are planning to implement the same to all outbound interfaces but in groups.	Office of Systems and Project Management (OSPM)	11079	EVOBRIXUT-39760
C4-1.18 (7/23/2025)	Code optimization for 421, 446 to improve the performance (NC Enhancement)	We recently optimized the 455 code which improved performance by 10 hours as the data volume is more than 700k records. so we are planning to implement the same to all outbound interfaces but in groups.	Office of Systems and Project Management (OSPM)	11080	EVOBRIXUT-39761

Release	Title	Description	Office	ID	References
C4-1.18 (7/23/2025)	Update to add Claims screen data, new Filter By options and 3M output	Update to add Claims screen data, new Filter By options and 3M output. Business needs to have the Medicaid Allowed Amount populated to the claims screens. Business is requesting new Filter By options in various claims screens and a new Show Menu option for 3M output information.	Office of Medicaid Operations (OMO)	1128	26982, RTW EVOBRIXUT-39818 DOC: 44485, 44487, 44489, 44491, 44608, 45783 ENH: 44486, 44488, 44490, 44492, 44609, 45784
C4-1.18 (7/23/2025)	Billing Provider ID updating to Billing Provider NPI on Division of Services for People with Disabilities (DSPD) Adjustment claims	Billing Provider Type CID is set as 7 for Provider ID when Billing Provider ID is stored on the Claim during new child TCN creation in the Adjustment Process of the Claim Header Detail Page.	Office of Medicaid Operations (OMO)	11443	UTOPS-23189, EVOBRIXUT-40256
C4-1.18 (7/23/2025)	835 Transaction Active under two Trading Partner Number's (TPN) for same NPI	The code is fixed to pass the end date to the validation query. This is fixed for all Transaction Types that are restricted to 1 record for a date range for a provider.	Office of Medicaid Operations (OMO)	11858	UTOPS-24491, EVOBRIXUT-41187, EVOBRIXUT-40866(SR), EVOBRIXUT-41392(SR)
C4-1.18 (7/23/2025)	Create Group Codes for Patient Discharge Status	Business is able to update Patient Discharge Status Codes through configurable groups.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	11994	EVOBRIXUT-43218 RTW, EVOBRIXUT-44685, 44687, 44689, 44691 DOC, EVOBRIXUT-44686, 44688, 44690, 44692 ENH
C4-1.18 (7/23/2025)	New Encounter Error Code for Invalid Diagnosis code within dates of service	Restrict the number of Provider Restrictions that are open ended on a Member Record to 20. Add a time stamp to Comments and Restriction Messages and have the sort by date and time stamp. For all list pages - Add the ability to remain on the same page the user was on if the click an action on one of the records. Restriction Benefit Plan to end when member gets Medicare B only (not Part A) and to update the Medicare rules to look at the Medicare Part B Start and End before Inactivation.	Office of Managed Health Care (OMHC)	1216	27933, EVOBRIXUT-43840 RTW, EVOBRIXUT-44497, 44499, 44501, 44503, 45458 ENH, EVOBRIXUT-44498, 44500, 44502, 44504, 45457 DOC
C4-1.18 (7/23/2025)	Prior Authorization (PA) displays "diagnosis code not valid for from date" error for Valid diagnosis (DX) code in basic info section	Basic info Transaction Procedure which validated the Diagnosis information is saving without any errors.	Office of Healthcare Policy and Authorization (OHPA)	12398	UTOPS-25558, EVOBRIXUT-41520
C4-1.18 (7/23/2025)	Pricing Rule incorrect for Encounter (ENC) Indian Health Services (IHS) crossover	The formula for calculating payment amount on crossover claims is "The Medicare allowed amount = Medicare paid amount + patient responsibility. Patient responsibility excludes PR 18 and 96.". All IHS encounter claims are priced at fee schedule.	Office of Managed Health Care (OMHC)	12450	EVOBRIXUT-41306
C4-1.18 (7/23/2025)	Incorrect Line Numbering After Deleting and Re-adding a service line.	The newly added line is positioned correct in the numbering sequence, replacing the deleted line and displaying the appropriate line number.	Office of Healthcare Policy and Authorization (OHPA)	12653	EVOBRIXUT-41582
C4-1.18 (7/23/2025)	Delivery Case Rate logic change	Updates to Exhibit: Service Based Enhancement (SBE) (Encounter) Processing in Logic for SBE Determination Section. Adjustments need to be made to the logic determining the Delivery Case Rate payment.	Office of Managed Health Care (OMHC)	12910	EVOBRIXUT-44191 RTW, EVOBRIXUT-44495 DOC, EVOBRIXUT-44496 ENH
C4-1.18 (7/23/2025)	Archived Documents - PEGA Correspondence Out missing Review Decision Letter is not viewable in PRISM	Archived Documents - PEGA Correspondence Out to have Review Decision Letter is now viewable in PRISM	Office of Medicaid Operations (OMO)	13018	EVOBRIXUT-42555

C4-1.18 (7/23/2025)	1099 Process & Correspondence - Exclude Cash receipts Refunds (NC Enhancement)	New Rule for Documentation & Code Changeincludes, Need to Exclude Cash Receipt Refunds for the 1099s.	Office of Financial Services (OFS)	13318	UTOPS-27563, EVOBRIXUT-43044, EVOBRIXUT-43045(Doc)
C4-1.18 (7/23/2025)	Update ST count limit for 820 transaction	If the number of transactions reported in the 820 file is more than 999999, the system will split the records into chunks of 999999 and place them in separate transaction sets. The provider will receive multiple ST for the same location.	Office of Managed Health Care (OMHC)	13402	UTOPS-20471, EVOBRIXUT-38786, EVOBRIXUT-38785(SR)
C4-1.18 (7/23/2025)	Member Enrollment Admission - Error message is not displaying for the Invalid Diagnosis Code in Admission Information page	Error message should be displayed when invalid diagnosis codes are entered ''Diagnosis codes must be valid diagnosis codes present in System.''	Office of Healthcare Policy and Authorization (OHPA)	13404	EVOBRIXUT-38598
C4-1.18 (7/23/2025)	Member Enrollment Admission - Incorrect error message displaying for Additional Information Needed filed in Admission Information page	":" - colon is displaying twice in the error message which is causing the failure in automation script execution has been corrected and display the correct error message.	Office of Healthcare Policy and Authorization (OHPA)	13405	EVOBRIXUT-38595
C4-1.18 (7/23/2025)	Move case out of CMA workbasket (WB)	Fixed to assign the correct provider when the case is being reassigned from the 'Waiver Service Details' task or Action menu sub tasks to a WB	Office of Long Term Services and Supports (OLTSS)	13415	UTOPS-28297, UTOPS-28303, EVOBRIXUT-43087, UTOPS-29020
C4-1.18 (7/23/2025)	Nondiscrimination notice and Language Access notice for Medicaid and CHIP	Changed all references from 'Nondiscrimination Notice and Taglines" to "Language Access Notice"Two new Appendix UT's have been created for the Nondiscrimination Notice for both English and Spanish, providing the configuration details regarding Nondiscrimination Notice.	Office of Eligibility Policy (OEP)	13427	EVOBRIXUT-44193, DOC EVOBRIXUT-44519, ENH EVOBRIXUT-44520, DOC EVOBRIXUT-44521, ENH EVOBRIXUT-44523, DOC EVOBRIXUT-44524, ENH EVOBRIXUT-44525
C4-1.18 (7/23/2025)	Unable to approve application - Fingerprinting and advance screening indicator not set for the high risk provider	"High" risk providers and "High" risk owners (all Owner Types) with "Percentage Owned" 5% and greater must have the "Finger Printing" indicator and the "Advanced Screening Status" indicators set before the modification can be approved	Office of Medicaid Operations (OMO)	13504	UTOPS-28465, EVOBRIXUT-43319
C4-1.18 (7/23/2025)	Aging Waiver application addresses being changed to Utah County when they are from other counties.	While creating multiple Applications in Appintake, the system keeps the county (UTAH) value entered in the first time in the browsers cache. Database update to remove the Auto populate Attribute from the Drop Down Box.	Office of Long Term Services and Supports (OLTSS)	13547	UTOPS-28591, EVOBRIXUT-43581
C4-1.18 (7/23/2025)	Parent Transaction Control Number (TCN) missing on replacement claims	The system will post the loading edit 1407 when there is a Parent TCN derived using the Parent TCN submitted and the status of the parent is not in "Paid", "Adjusted" or "Adjustment in Progress" status.	Office of Medicaid Operations (OMO)	13578	UTOPS-28671, EVOBRIXUT-43713.
C4-1.18 (7/23/2025)	Add new Closure Reason and Language to PRISM for Members	New Closure Reason and Language to PRISM. The following Spoken Language "KARENNI" has been added for Members.	Office of Eligibility Policy (OEP)	13698	RTW: EVOBRIXUT-44194 DOC: EVOBRIXUT-44916 ENH: EVOBRIXUT-44917

C4-1.18 (7/23/2025)	Managed Care (MC) Capitation Recoupment didn't take place	System to consider lookback period (Within 12 months) only.	Office of Managed Health Care (OMHC)	13746	UTOPS-29077, EVOBRIXUT-43639(Doc), EVOBRIXUT-43877, UTOPS-32062, EVOBRIXUT-45430 (SR)
C4-1.18 (7/23/2025)	Attachments missing in program (PRG) cases	Added pagination in attachments section of PRG cases.	Office of Long Term Services and Supports (OLTSS)	13764	UTOPS-29130, EVOBRIXUT-43591
C4-1.18 (7/23/2025)	Siebel notes are not saving. Receiving an undocumented system error	One of the system fields in the Notes Configuration was causing the problem. Renaming it to a different name resolved the issue.	Office of Systems and Project Management (OSPM)	13765	UTOPS-29135, EVOBRIXUT-43783
C4-1.18 (7/23/2025)	Prior Authorization (PA) Manager has lost access to their subordinates inbox notifications in PRISM.	Changed the logic to add when searching the User Name value in the Filter added to get the result value in the list.	Office of Healthcare Policy and Authorization (OHPA)	13770	UTOPS-29175, EVOBRIXUT-43655
C4-1.18 (7/23/2025)	CHIP Out of Pocket (OOP) using rejected claims	The CHIP OOP contributions were updated incorrectly in the system for the rejected lines. Now fixed so only 'Accepted' encounters will be considered for the CHIP OOP contributions.	Office of Managed Health Care (OMHC)	13839	UTOPS-29362, EVOBRIXUT-43764, EVOBRIXUT-43765(SR)
C4-1.18 (7/23/2025)	Sending two addresses in Internal Design Document (IDD) 907, Record Type 110	Issue fixed to send only one address record (latest record) with new address.	Pharmacy Team	13987	UTOPS-29779, EVOBRIXUT-44175, EVOBRIXUT-44177(Doc)
C4-1.18 (7/23/2025)	In loading side, for the encounter claim parent transaction control number (TCN) needs to be derived for void claim.	System updated to identify the Parent_TCN for the Adjustment claim. Service request has been applied to change the status of the claim from "In Void" Status to "ETRR Generated".	Office of Managed Health Care (OMHC)	13989	UTOPS-29372, EVOBRIXUT-43933, EVOBRIXUT-43777(SR)
C4-1.18 (7/23/2025)	Error code 1123 No available units/amounts on prior authorization, still posting after SPOT 11806 released on 03.19.2025	System updated to fix edit 1123 incorrectly posted on the fresh claim where another claim has PA Utilization and it has been voided. For DRG PA one utilization only allowed but, system is incorrectly considering the voided claim PA Utilization to post 1123 edit.	Office of Medicaid Operations (OMO)	14118	UTOPS-30194, EVOBRIXUT-44043, EVOBRIXUT-44311
C4-1.18 (7/23/2025)	Fee-For-Service (FFS) Pharmacy claims discrepancy	The screen query has been fixed. This issue was only on screen. In the table the stored data has only one NDC.	Office of Systems and Project Management (OSPM)	14175	UTOPS-30236, EVOBRIXUT-44362
C4-1.18 (7/23/2025)	Prior Authorization (PA) Correspondence Letters Missing codes	The 2 service lines repeated with same Procedure code. The repeated Procedure code will not displayed in the Generated Letter.	Office of Healthcare Policy and Authorization (OHPA)	14176	UTOPS-30248, EVOBRIXUT-44363

C4-1.18 (7/23/2025)	Restart previous task not working for ie-5904	'Restart Previous task' logic updated to include the 'Waiting' tasks in the logic.	Office of Long Term Services and Supports (OLTSS)	14182	UTOPS-30245, EVOBRIXUT-44319
C4-1.18 (7/23/2025)	Plan reports 150035 error accessing Commercial/Other screen of member benefit level page	Code fixed the SQL query for the Insurance Details Section in the page pgTPLPrvdr	Office of Managed Health Care (OMHC)	14188	UTOPS-30268, EVOBRIXUT-44381
C4-1.18 (7/23/2025)	Letter Archival Failure is not working	Per design, When FileNet cannot be accessed and user clicks Print Review or Print Local button, The System displays[er UT-LetterArchiveFailure] and invokes Error Messages.	Office of Systems and Project Management (OSPM)	14258	EVOBRIXUT-44390
C4-1.18 (7/23/2025)	1501 error (GroupStartDate received as empty tag with space)	The issues with the 1501 interface file, have been corrected and the records are updated correctly in PRISM.	Office of Systems and Project Management (OSPM)	14283	UTOPS-30491, EVOBRIXUT-44434
C4-1.18 (7/23/2025)	CLIA Licenses associated to the servicing location are not getting updated correctly	The process has been updated to read and update the servicing location CLIA license expiration date.	Office of Medicaid Operations (OMO)	14369	EVOBRIXUT-44564
C4-1.18 (7/23/2025)	Document uploaded to PRISM missing	The code fix corrected the issue for when the save button triggers the notification. Followed by cancel button deactivated the uploaded document and deleted the uploaded document in the file net.	Office of Long Term Services and Supports (OLTSS)	14391	UTOPS-30858, EVOBRIXUT-44794
C4-1.18 (7/23/2025)	Unable to approve Prior Authorization (PA) line service line	A error message is not displayed.When attempting to approve all 3 units for the line.	Office of Healthcare Policy and Authorization (OHPA)	14427	UTOPS-30943, EVOBRIXUT-44721(SR), EVOBRIXUT-44810(SR), , EVOBRIXUT-44719
C4-1.18 (7/23/2025)	Vulnerability issue reported in below API's/Jar's in Correspondence application	Upgrade the commons-fileupload Jar without Vulnerability Issue. Upgrade the Json Jar without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	14483	EVOBRIXUT-44782
C4-1.18 (7/23/2025)	Vulnerability issue reported in below API's/Jar's in MCE application	Upgrade the commons-fileupload Jar without Vulnerability Issue. Upgrade the Json Jar without Vulnerability Issue. Please validate basic sanity testing of MCE Queue application.	Office of Systems and Project Management (OSPM)	14484	EVOBRIXUT-44780
C4-1.18 (7/23/2025)	Vulnerability issue reported in below API's/Jar's in EDI application	Upgrade the commons-fileupload without Vulnerability Issue. Upgrade the json Jar without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	14486	EVOBRIXUT-44770

C4-1.18 (7/23/2025)	Vulnerability issue reported in below API's/Jar's in Webservice application	Upgrade the commons-fileupload without Vulnerability Issue. Upgrade the json Jar without Vulnerability Issue. Upgrade the xstream Jar without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	14487	EVOBRIXUT-44769
C4-1.18 (7/23/2025)	Vulnerability issue reported in below API's/Jar's in PRISM Screen application	Upgrade the poi-3.9.jar without Vulnerability Issue. Upgrade the commons-fileupload without Vulnerability Issue. Upgrade the guava Jar without Vulnerability Issue. Upgrade the json Jar without Vulnerability Issue. Upgrade the woodstox Jar without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	14488	EVOBRIXUT-44768
C4-1.18 (7/23/2025)	Vulnerability issue reported in below API's/Jar's in Adjudication application	Removal of bcprov-jdk15on-1.54.jar Upgrade the commons-fileupload without Vulnerability Issue. Upgrade the guava Jar without Vulnerability Issue. Upgrade the json Jar without Vulnerability Issue. Upgrade the woodstox Jar without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	14489	EVOBRIXUT-44767
C4-1.18 (7/23/2025)	Vulnerability issue reported in Webservice Application	Vulnerability issue reported in Webservice Application. Veracode - SQL Injection	Office of Systems and Project Management (OSPM)	14491	EVOBRIXUT-44766
C4-1.18 (7/23/2025)	Vulnerability issue reported in Appintake Application	Vulnerability issue reported in Appintake ApplicationVeracode - SQL Injection	Office of Systems and Project Management (OSPM)	14493	EVOBRIXUT-44764
C4-1.18 (7/23/2025)	Prior Authorization (PA) API Field Case Sensitivity Fixes	The course of action is to make the following fields case-insensitive:Beneficiary First Name, Beneficiary Last Name, Requestor Address, Requestor Address 1, Requestor Address 2, Requestor Address City, Requestor Address State, Diagnosis Code, Procedure Code.	Office of Healthcare Policy and Authorization (OHPA)	14841	EVOBRIXUT-45405
C4-1.18 (7/23/2025)	Rate code is not Reporting on Next Segment when Enrollment History has Split Record	System is now reporting continuous enrollment when member has same rate code.	Office of Managed Health Care (OMHC)	14900	EVOBRIXUT-45467
C4-1.18 (7/23/2025)	MC enrollment only deriving for gap instead of rederiving the full segment with incarceration change	Enrollment segments for the prospective periods are merged when incarceration date is reduced.	Office of Systems and Project Management (OSPM)	14909	EVOBRIXUT-45499
C4-1.18 (7/23/2025)	CR 5240 - Effective date on Justice correspondence unchanged after demographic change	Per documentation evoBrix-DSDD-EE-LG3-UT-ADDM, section 'Use Case - Benefit Letter - Justice', under Business Rules, BR UT-2:, the Effective field within correspondence will be updated based on member demographic change.	Office of Eligibility Policy (OEP)	14924	EVOBRIXUT-45518
C4-1.18 (7/23/2025)	Set HTTPOnly on the cookie	In the recent Bulletproof testing, they recommended setting HTTPOnly on the cookieThis helps mitigate a large part of XSS attacks attempting to capture the cookies.	Office of Systems and Project Management (OSPM)	14965	EVOBRIXUT-45565

Release	Title	Description	Office	ID	References
C4-1.18 (7/23/2025)	DMP Java JDK Upgrade (NC Enhancement)	Upgrade Java JDK version in DMP to suggested version 1.8.0.421 or higher	Office of Systems and Project Management (OSPM)	15055	EVOBRIXUT-44474
C4-1.18 (7/23/2025)	Pega task - CRM-NC-IE-5411, stuck in Pega Task "Record 927 Form Details from DWS"	Code fixed to remove error "Error: Flow Removed" from CRM-NC-IE-5411.	Office of Long Term Services and Supports (OLTSS)	15074	UTOPS-32663, EVOBRIXUT-36090, EVOBRIXUT-45714(SR)
C4-1.18 (7/23/2025)	1501 Interface Performance Issue	Code fix done to improve the performance for the ORS 1501 interface job	Office of Systems and Project Management (OSPM)	15229	EVOBRIXUT-45842
C4-1.18 (7/23/2025)	3M Content Version Update to 2025.2.0 (NC Enhancement)	Notification received from 3M on the new content version availability. Updated the 3M content version to 2025.2.0	Office of Systems and Project Management (OSPM)	15258	UTOPS-33118, EVOBRIXUT-45980(SR)
C4-1.18 (7/23/2025)	Member is having eligibility for next month prior to monthly	Issue fixed If eligibility is received for the current month on a daily file prior to the monthly issuance, PRISM should assume it is ongoing.	Office of Systems and Project Management (OSPM)	15261	EVOBRIXUT-45600
C4-1.18 (7/23/2025)	Benefit plans not being derived when the member has met the spenddown	Issue fixed to create the retro eligibility records.	Office of Eligibility Policy (OEP)	15277	UTOPS-33155, EVOBRIXUT-46028(SR) EVOBRIXUT-46105, EVOBRIXUT-46106 (SR)
C4-1.18 (7/23/2025)	Fingerprinting indicator not getting inactivated	PRISM error message, Finger Printing indicator and Advance Screening Status are set based on this specialty. Inactivating this specialty will inactivate those indicators if available. Please confirm.	Office of Medicaid Operations (OMO)	15529	EVOBRIXUT-44477
C4-1.18 (7/23/2025)	System sending wrong Restriction Notification	Restriction notification populating as expected.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	15543	EVOBRIXUT-46034
C4-1.18 (7/23/2025)	Member is having eligibility for next month prior to monthly	The business rule is working as expected. If eligibility is received for the current month on a daily file prior to the monthly issuance, PRISM should assume it is ongoing. If eligibility is received on a daily file after the monthly issuance file and eligibility is for the current month, only assume it is for the current month and make updates for the current month..	Office of Eligibility Policy (OEP)	15550	UTOPS-33120, EVOBRIXUT-45600

C4-1.18 (7/23/2025)	Restriction updates in PRISM	Restrict the number of Provider Restrictions that are open ended on a Member Record to 20. Add a time stamp to Comments and Restriction Messages and have the sort by date and time stamp. For all list pages - Add the ability to remain on the same page the user was on if the click an action on one of the records. Restriction Benefit Plan to end when member gets Medicare B only (not Part A) and to update the Medicare rules to look at the Medicare Part B Start and End before Inactivation.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	2470	RTW: EVOBRIXUT-42417 DOC: EVOBRIXUT-44444, EVOBRIXUT-44445, EVOBRIXUT-44446, EVOBRIXUT-44447, EVOBRIXUT-44449, EVOBRIXUT-44450 ENH: EVOBRIXUT-44452, EVOBRIXUT-44453, EVOBRIXUT-44454, EVOBRIXUT-
C4-1.18 (7/23/2025)	Interface Design Document (IDD) 907 Accountable Care Organizations (ACO) Update	Updates to Appendix UT-22 - MBR-IDD907-GHS MEMBER_DATA_TO_GHS_OUT File Layout tab: Add DELETE_ENROLL as a new data element after 'MH_END_DATE' Data Description: Flag to 'Void' a prior sent HMO Enrollment record. Values are blank or 'Y'. Additional PRISM Internal Rule: In PRISM, if the full enrollment record is inactivated or the member is disenrolled or transferred for the full date span and has been inactivated, set the DELETE_ENROLL flag to 'Y'. Otherwise, set it to Blank. PRISM will send the original RECIPIENT_ID, HMO_START_DATE, HMO_END_DATE and HMO_PROVIDER_NUMBER when sending the 'Y' records.	Pharmacy Team	3044	RTW EVOBRIXUT-34038, EVOBRIXUT-34661 Doc, EVOBRIXUT-34662 EHN
C4-1.18 (7/23/2025)	271 file failed in translation due to the occurrence of more than 23 providers in 2120C loop for RESTRICTION CARE MANAGEMENT Benefit Plan	This defect fix was going to only report the most recent (latest) 23 restricted providers. CR 2470 will restrict to 20 providers will be the long term fix.	Office of Medicaid Operations (OMO)	3331	UTOPS-6110, EVOBRIXUT-30549, EVOBRIXUT-30535(SR)
C4-1.18 (7/23/2025)	Managed Care Encounters (MCE) - Service Source (PIPUPL, SIPUPL, etc.) Needed for All MCE Rates	Adding additional Service Source options to the plans.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	3707	RTW EVOBRIXUT-43844, DOC EVOBRIXUT-44553, ENH EVOBRIXUT-44555
C4-1.18 (7/23/2025)	Premier CHIP file program ID not derived on HIPAA Response/Acknowledgement Screen	If 837 Encounter file is submitted with a Trading Partner Number which is shared between multiple provider locations, the system should assign least active location id as Provider ID for this file and acknowledgement/response files generated for this file will be accessible from HIPAA Response/Acknowledgement screen for MCO login.	Office of Managed Health Care (OMHC)	4308	UTOPS-9561, EVOBRIXUT-32550
C4-1.18 (7/23/2025)	Explanation of Medical Benefits (EOMB)-system timeout resulting in correspondence not generating	The query related to Pharmacy was missing some date filter logic in the correspondence related has been fixed. DSDD-CE-LG2-UT-ADDM- Special design constraints or considerations. EOMB letters should be generated once per month.	Office of Medicaid Operations (OMO)	4684	UTOPS-10220, EVOBRIXUT-33051
C4-1.18 (7/23/2025)	PRISM Internal Exchange Transaction (IET) Interface Issue	Data elements BFY, FY_DC, and PER_DC will be added to the IET_DOC_VEND section after data element DOC_VEND_LN_NO. For section IET_DOC_ACTG, there will be no changes to the BFY, FY_DC, and PER_DC data elements. They will continue to be sent in the accounting section.	Office of Financial Services (OFS)	6726	RTW EVOBRIXUT-41629, EVOBRIXUT-44624 RTW, EVOBRIXUT-44625 DOC, EVOBRIXUT-44626 ENH
C4-1.18 (7/23/2025)	Case Management Agency (CMA) receiving error on MLA-208	The issue identified when user clicks on Save button and attaches the file in supporting document section of the task and then again clicking on the Save button. The task is moving to user's Worklist as expected.	Office of Long Term Services and Supports (OLTSS)	7818	UTOPS-15765, EVOBRIXUT-36013(SR), EVOBRIXUT-36090
C4-1.18 (7/23/2025)	Transaction Control Number (TCN) stuck in correction	When there is an adjustment to an Fee-For-Service (FFS) claim will update the parent 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 Medicaid Operations (OMO)	9132	UTOPS-18207, EVOBRIXUT-37545 (SR), EVOBRIXUT-37544

Release (Date)	Title	Description	Office	ID	Reference
C4-1.18 (7/23/2025)	Allow National Drug Code (NDC) Prior Authorization (PAs) to be created in PRISM	PRISM will allow State Users to Prior Authorize NDC codes for tracking purposes.	Pharmacy Team	9511	RTW: EVOBRIXUT-42419 DOC: EVOBRIXUT-44600, EVOBRIXUT-44601 ENH: EVOBRIXUT-44602, EVOBRIXUT-44603
C4-1.17.2 (7/10/2025)	277CA Files stamped with wrong Provider ID	HIPAA Response/Acknowledgement screen is pulling only one 277CA for assigned Providers	Office of Medicaid Operations (OMO)	15382	UTOPS-33459, EVOBRIXUT-46258
C4-1.17.1 (6/25/2025)	Why is 834 from 5/20/25 so much larger than expected	When there is any change in the Third-Party Liability (TPL) parameter without change in the TPL coverage dates, The system will report the TPL changes only for the TPL coverage Dates for the current design.	Office of Managed Health Care (OMHC)	14864	UTOPS-32108, EVOBRIXUT-45514
C4-1.17.1 (6/25/2025)	URGENT - Encounter rejected with error code 2079, ERN missing or no matching ERN found on history for replacement/void.	Fix has been applied as part of 1.17.1 for System should ignore the claim with 4XXX TCN and Claim frequency code = 8 combination and derive as a Parent TCN. No edit should be posted on the child claim.	Office of Managed Health Care (OMHC)	15073	UTOPS-32659, EVOBRIXUT-45715
C4-1.17 (5/28/2025)	Provider missing in drop down, unable to complete current care plan step	Providers are loading correctly when editing Employment-related Personal Assistant Service (EPAS) Prior Authorization (PA) waiver services.	Office of Long Term Services and Supports (OLTSS)	10510	UTOPS-21013, EVOBRIXUT-39278
C4-1.17 (5/28/2025)	Financial Information Network (FINET) load file errors	Code fixed to address the first doc id issue for GAX, MD files and to make sure the first doc id matches between information and transmittal files in this scenario where there are multiple state fiscal year and state fiscal period.	Office of Financial Services (OFS)	11050	UTOPS-22259, EVOBRIXUT-39726(SR), EVOBRIXUT-39727
C4-1.17 (5/28/2025)	Warrant number on outbound files for all JVs, IETs, and CRs	The warrant number for all transaction types in the xml files are being sent to FINET.	Office of Financial Services (OFS)	11138	EVOBRIXUT-42415 RTW EVOBRIXUT-43065 DOC EVOBRIXUT-43066 ENH EVOBRIXUT-43067 DOC EVOBRIXUT-43068 ENH EVOBRIXUT-43069 DOC EVOBRIXUT-43070 ENH EVOBRIXUT-43071 ENH
C4-1.17 (5/28/2025)	Encounter Pharmacy rejected for invalid date of birth (DOB) but correct (DOB) submitted on 415 file.	Updated the code to fix the string to date conversion. Storing the converted date value wrongly. This happened due to century issue any year below 1950 currently be stored in current 20th century. Example: 1949 will be stored as 2049.	Office of Managed Health Care (OMHC)	11143	UTOPS-22486, EVOBRIXUT-39855 (SR), EVOBRIXUT-36619
C4-1.17 (5/28/2025)	CLIA-Name Match indicator setting wrongly	This indicator is not in the current UT-ADDM Detailed System Design Document or in PRISM drop downs. Code fixed on the backend to remove the indicator.	Office of Medicaid Operations (OMO)	11590	UTOPS-23556, EVOBRIXUT-40471
C4-1.17 (5/28/2025)	Encounters-multiple members rejecting with error code 20121 recipient enrolled with another plan during service period	Code fix to correct Transaction Control Number (TCN's) that have a Medicare other payer details in the claim. The benefit derived at the line level. Edit 20121 was incorrectly. Benefit plan is validated only on header level for T-Nursing Facility claims edit 20121 is posted incorrectly.	Office of Managed Health Care (OMHC)	11753	UTOPS-24078, EVOBRIXUT-40664, UTOPS-24726

C4-1.17 (5/28/2025)	CMS Interoperability-Prior Authorization API & PRISM Interface	Data from the Prior Authorization API will be transferred to PRISM so that a PA can be created in PRISM and state staff can make decisions and update the status of the Prior Authorization. The status and other elements of the Prior Authorization will be sent from PRISM back to the Prior Authorization API for Providers to receive.	Office of Healthcare Policy and Authorization (OHPA)	11801	RTW: EVOBRIXUT-42831 DOC: EVOBRIXUT-43354, EVOBRIXUT-43356, EVOBRIXUT-43357, EVOBRIXUT-43358, EVOBRIXUT-43359 ENH: EVOBRIXUT-43360, EVOBRIXUT-43361, EVOBRIXUT-43362, EVOBRIXUT-43363, EVOBRIXUT-
C4-1.17 (5/28/2025)	Edit 1960 Procedure exceeds lifetime limit, denied incorrectly	Code updated to match the current edit logic. For Professional Invoice Excluding Claim Type J with ASC indicator = ""Y"" edit 1960 is not posted when history claim type is J-Professional and ASC Indicator is "Y".	Office of Healthcare Policy and Authorization (OHPA)	12004	UTOPS-24773, EVOBRIXUT-42736
C4-1.17 (5/28/2025)	Language Access Notice to include the top 15 languages	Update to Nondiscrimination Notice and Taglines exhibit to include the top 15 languages	Office of Eligibility Policy (OEP)	12006	RTW EVOBRIXUT-42833, DOC EVOBRIXUT-43111 ENH EVOBRIXUT-43112, DOC EVOBRIXUT-43113, ENH EVOBRIXUT-43114
C4-1.17 (5/28/2025)	Unable to terminate Eligibility Restrictions with 935 Termination Record	Verified that eligibility is terminated when the 935 termination request is sent with end date same as that of the Restriction Record end date.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	12069	EVOBRIXUT-40847
C4-1.17 (5/28/2025)	Juvenile Justice and Youth Services (JJYS) Justice Requirements	New benefit plans created for members who are in JJYS custody and in a secure facility or post release. New Account coding for funding streams will be needed for these benefit plans.	Office of Eligibility Policy (OEP)	12238	RTW:42832 DOC:43455, 43456, 43458, 43459, 43460, 43461, 43463, 43467, 43464, 43465, 43466, 43468, 43469, 43470, 43487, 43490 ENH:43516, 43517, 43518, 43519, 43520, 43521,
C4-1.17 (5/28/2025)	Case Management Agency (CMA) needs to be changed on care plan	System considers the latest agency name from agency transfer case when generating "New Choices Waiver Program Comprehensive Care Plan" pdf. System is populating CMA ID and CMA Name from Application tab of PRG case.	Office of Long Term Services and Supports (OLTSS)	12614	UTOPS-26157, EVOBRIXUT-41964(SR), EVOBRIXUT-41965
C4-1.17 (5/28/2025)	Encounter (ENC) Edit 20120 Client has Foster Care Eligibility, posted for date of service where member did not have active foster care override	Code fixed enrollment history detail process to consider inactive rate override segment for rederivation of rate code.	Office of Managed Health Care (OMHC)	12623	UTOPS-26187,EVOBRIXUT-42008(SR), EVOBRIXUT-42007
C4-1.17 (5/28/2025)	Prepaid Mental Health Plans (PMHP) new enrollments triggering for retro months	Business Rule applied: Transaction Date Greater Than or Equal To Eligibility Start Date, but there has not been a break in eligibility coverage then the Benefit plan start date = first day of the month, based upon card cutoff date of the program. The member will be enrolled in the MH or SUD Plan applicable to their county of residence as of 1st of the month for the eligibility period.	Office of Managed Health Care (OMHC)	12797	UTOPS-26652, EVOBRIXUT-42247, UTOPS-27864
C4-1.17 (5/28/2025)	Medicaid provider isn't showing as an option in the PEGA dropdown	When EPAS Personal Assistant Service Details screen is loaded, system will list providers from CRM-IDD010-BA-Get_HCPCS_for_Program based on HCPCS code and county.	Office of Long Term Services and Supports (OLTSS)	12897	UTOPS-26919, UTOPS-27959, EVOBRIXUT-42960
C4-1.17 (5/28/2025)	MC-IMED member reported as MC-MED on 820 Payroll Deducted and Other Premium Payment file	Code fixed, when multiple review extension approval is performed and discharge date is set before the existing review extension approval date. System code updated to correctly retain the existing/initial MC PET. All incorrect MC-MED plans have been updated.	Office of Managed Health Care (OMHC)	12969	UTOPS-27220, EVOBRIXUT-42332(SR), EVOBRIXUT-42875

C4-1.17 (5/28/2025)	Two rate code change records for the same Date or Time or Period Segment (DTP)*348 on the same file with two different rate codes	The system will derive rate code for the reporting period of same DTP*348 instead of considering system date.	Office of Managed Health Care (OMHC)	13015	UTOPS-27336, EVOBRIXUT-42604
C4-1.17 (5/28/2025)	Encounter (ENC) - Foster Care (FC) and Child issued simultaneously, incorrect rate populating	Code fixed. The enrollment history detail process to consider inactive rate override segment for rederivation of rate code.	Office of Managed Health Care (OMHC)	13094	UTOPS-27566, EVOBRIXUT-42007, EVOBRIXUT-42877
C4-1.17 (5/28/2025)	Managed Care (MC) Pended Enrollments created for ineligible members	Code updated, the process is updating the status of disenrollment transaction to approved.	Office of Managed Health Care (OMHC)	13125	UTOPS-27664, EVOBRIXUT-42791
C4-1.17 (5/28/2025)	Notifications that a comment has been added to an admission record are not being posted until the next day	Code Fixed, Nursing Facility Admission Comments and Hospice Admission Comments Notification will be triggered in real time whenever user enters comment in the screen.	Office of Long Term Services and Supports (OLTSS)	13184	UTOPS-27764, EVOBRIXUT-42940
C4-1.17 (5/28/2025)	Missing Cash Receipts in Data Warehouse (DW)	Code fixed to consider the dates with Time Stamp while populating into cash receipt activities into DW tables.	Office of Financial Services (OFS)	13203	UTOPS-27841, EVOBRIXUT-43230 (SR), EVOBRIXUT-43231, EVOBRIXUT-41682
C4-1.17 (5/28/2025)	Enrollment roster does not match 834/Eligibility Details	The Enrollment Roster is matching what is being sent on the 834/Eligibility Details.	Office of Managed Health Care (OMHC)	13239	EVOBRIXUT-42669
C4-1.17 (5/28/2025)	System will not allow an admission record to be approved	Code fix completed for this issue to save the missing fields "Facility contact Name, Facility Phone Number and Diagnosis Code" while submitting the Admission page.	Office of Long Term Services and Supports (OLTSS)	13324	UTOPS-28099, EVOBRIXUT-43350
C4-1.17 (5/28/2025)	Receiving error when attempting to complete and save a PRISM notification.	Code fix to handle the NULL value properly in the code level and the null check for the forward to field.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	13344	UTOPS-28108, EVOBRIXUT-43189
C4-1.17 (5/28/2025)	CLM_Claims Detail Recovery Report not populating for Pharmacy Claims	The query has been updated. CLM_Claims Detail Recovery Report is being generated.	Office of Medicaid Operations (OMO)	13366	UTOPS-28178, EVOBRIXUT-43053 , UTOPS-28672, UTOPS-29357
C4-1.17 (5/28/2025)	Duplicate Maternity Case Rate payments made incorrectly	The base code logic has been updated. Void Payment should process before processing the replacement transaction. Replacement transaction also should pend if respective void transaction is pended and also initial SBE transaction status should not change to "Replaced".	Office of Managed Health Care (OMHC)	13375	UTOPS-28208, EVOBRIXUT-43212

C4-1.17 (5/28/2025)	MMed started mid month. Member wasn't enrolled as of the 1st of the month so should not be re-enrolled mid month to MMed	When the member is not eligible for Managed Care and when member has mid month enrollment, system will remove the mid month enrollment.	Office of Managed Health Care (OMHC)	13423	UTOPS-28849, EVOBRIXUT-43627
C4-1.17 (5/28/2025)	P0002 Error- Beneficiary is not eligible for the service line 1, posting on Prior Authorization (PA) requests and does not align with the members eligibility status	Business rule is correctly implemented. Post Edit if the Procedure is not present in Associated Procedures AND the Restriction (Include/Exclude) flag is Include

Post Edit if the Procedure is present in Associated Procedures AND the Restriction (Include/Excclude) flag is Exclude
If the associated Benefit Plan isvalid from 01/01/2020 to 12/31/2022; but the service is getting adding from 01/01/2024 then P002 edit will also be posted | Office of Healthcare Policy and Authorization (OHPA) | 13425 | UTOPS-28320, EVOBRIXUT-43308 |
C4-1.17 (5/28/2025)	1095B - IRS file incorrect tax year and CorrectedUniqueRecordId value updated in the biweekly run	Code updated the data to populate the recipient ID	Office of Systems and Project Management (OSPM)	13480	UTOPS-27696, EVOBRIXUT-43133,
C4-1.17 (5/28/2025)	CNSI_CASEINFORMATION (PEGA_CASE_H) data quality issue	While loading the data warehouse (DW) load for PEGA_CASE_H , the table failed due to duplicate primary key values present in the Source data. All rejected data has been analyzed. There are no new defects as part of this analysis.	Office of Systems and Project Management (OSPM)	13485	UTOPS-28329, EVOBRIXUT-43100, EVOBRIXUT-43121(SR)
C4-1.17 (5/28/2025)	Bundled Change Requests (CR) for Maintenance & Operations SFY 2025	Bundled change request (CR) for Maintenance & Operations SFY 2025 for OLTP Replication Database for annual invoicing.	Office of Systems and Project Management (OSPM)	13510	
C4-1.17 (5/28/2025)	Pharmacy Claims Detail Report Issues	Pharmacy query has been updated preventing the error.	Office of Systems and Project Management (OSPM)	13577	UTOPS-28672, EVOBRIXUT-43053, UTOPS-29357
C4-1.17 (5/28/2025)	Modifier Required 'Exclude' Functionality not working	The code has been updated, when the Modifier Required Indicator Exclude option is set the modifier will not be required/allowed on the claim.	Office of Healthcare Policy and Authorization (OHPA)	13580	UTOPS-28680, EVOBRIXUT-43353
C4-1.17 (5/28/2025)	Two reject edits posted to pharmacy encounter. Only one returned in data warehouse	Data Warehouse (DW) team created a separate error table that is going to contain full error info and appropriate linkage to parent table will be created accordingly. OLTP source table -AD_RX_P_CLM_HDR_RUN_ERROR	Office of Managed Health Care (OMHC)	13596	UTOPS-28722, EVOBRIXUT-43355, EVOBRIXUT-43685, UTOPS-30866
C4-1.17 (5/28/2025)	Not able to sync Oracle Financials (OFIN) cash activities to data warehouse	Code fix for the data warehouse to sync unidentified cash receipts and for OFIN to have similar structure for cash activity table.	Office of Financial Services (OFS)	13609	UTOPS-28770, EVOBRIXUT-43341(SR), EVOBRIXUT-43342, EVOBRIXUT-43343
C4-1.17 (5/28/2025)	PEGA upgrade (NC Enhanccement)	Pega Upgrade. There is no functionality/UI change (for end user) identified in PEGA Infinity 24.1	Office of Systems and Project Management (OSPM)	13615	UTOPS-28444, EVOBRIXUT-43368

Release	Title	Description	Office	ID	Reference
C4-1.17 (5/28/2025)	Medical Review Board (MRB) (Eligibility Services) Check failure	Code fix to convert the "Correspondence Comments" into a single line while triggering the correspondence from Oracle Financials (OFIN).	Office of Financial Services (OFS)	13616	UTOPS-27515. EVOBRIXUT-42703
C4-1.17 (5/28/2025)	Issues in the correspondence NOD_EPAS Application received, zip and extension are not populated	Issues in the correspondence have been fixed and will display per the Design Document. NOD_EPAS Application letter: zip code extension and extension should map based on Member Address zip code and extension and Case Owner should be mapped from Case Owner in case header.	Office of Long Term Services and Supports (OLTSS)	13628	EVOBRIXUT-37850
C4-1.17 (5/28/2025)	Electronic Data Interchange file for enrollment 834 record and payment not generated	Code fix completed. The system is sending the enrollment records in 834, when the record has previous continuous segment on same day.	Office of Managed Health Care (OMHC)	13646	UTOPS-28845, EVOBRIXUT-43481(SR), EVOBRIXUT-43483
C4-1.17 (5/28/2025)	Pended Enrollment Errors- SYSER- System Exception - Member Date of Birth (DOB) used as transaction date	For newborn prospective enrollment, Transaction date will pass as Enrollment Start Date instead of newborn member DOB date.System to consider address starts for the same even Erep sent address from mid of the month. System to populate same service area and county for the member having in address / eGrid tables.	Office of Managed Health Care (OMHC)	13656	EVOBRIXUT-43380
C4-1.17 (5/28/2025)	Bullet-Proof Fix - To upgrade JDK version 8.0.431	Updated the remote Oracle Linux security host. Preventing unauthenticated attacker with network access via multiple protocols to compromise Oracle Java SE.	Office of Systems and Project Management (OSPM)	13727	EVOBRIXUT-43488
C4-1.17 (5/28/2025)	Family connect not working as expected for managed care (MC) enrollment due to queue timing	Family reconnect is occurring on some members who are going through auto assignment. They have to be updated to the Head of Household (HOH) Plan or if HOH is not enrolled then move them to same plan as one of the family member.	Office of Managed Health Care (OMHC)	13734	UTOPS-28792, EVOBRIXUT-43653
C4-1.17 (5/28/2025)	Issue in complete criteria scoring form- Drop Down Values missing	This issue exists only in SIT environment. Updating score cognitive pattern 4 drop down configuration in SIT has fixed this issue.	Office of Long Term Services and Supports (OLTSS)	13750	EVOBRIXUT-43389
C4-1.17 (5/28/2025)	Update the 934 configuration to environment specific	Updated the interface configuration to update the environment check to load the TEST file in test and PROD file in PROD environment.	Office of Systems and Project Management (OSPM)	13872	EVOBRIXUT-43761
C4-1.17 (5/28/2025)	Pharmacy Encounter edit 6M not working as expected	6M error code at present for CHIP pharmacy encounters. Code fix for the rule. Change the "client not enrolled" edit for CHIP pharmacy encounters so that this edit does not reject claims for "client not enrolled" when the reason is retro-Medicaid over CHIP.	Office of Managed Health Care (OMHC)	13880	UTOPS-29461 , EVOBRIXUT-43798
C4-1.17 (5/28/2025)	In Process letter button triggers AM_PVM.150111:No of records returned is more than 1.	Defect fixed, Error is not triggered for In process letters.	Office of Healthcare Policy and Authorization (OHPA)	14070	EVOBRIXUT-44151

C4-1.17 (5/28/2025)	Send To Member button on Admission Record Preview/Print Correspondence Dialog Page	Document defect completed to remove the button from the screen.	Office of Healthcare Policy and Authorization (OHPA)	14071	EVOBRIXUT-44096, EVOBRIXUT-44162(Doc)
C4-1.17 (5/28/2025)	Save / Cancel Letter buttons triggers the error, VM_BVM.400350:An unexpected system error has occurred, please contact Prior Authorization at 801-538 6155.	Fixed the java code to save the letter template to in-process status.	Office of Healthcare Policy and Authorization (OHPA)	14073	EVOBRIXUT-44077
C4-1.17 (5/28/2025)	EPS_Newborn Report-Local Health Department (LHD) Business Rule (BR) UT-1 Not Adhered To	Business Rule (BR) UT-1 -Select all Members whose gender was updated from 'U' to 'M/F' in the report run period (previous month) as well as all members who are Medicaid eligible and under age 9 (include the month they turn 9, but not the month after). Continue to report children monthly if they are Medicaid eligible.	Office of Healthcare Policy and Authorization (OHPA)	14079	EVOBRIXUT-44159
C4-1.17 (5/28/2025)	Map new Hospice Admission letters to filenet	Mapping completed. The three new hospice admissions letter are viewable within the member subsystem and saved in FileNet.	Office of Healthcare Policy and Authorization (OHPA)	14192	UTOPS-30282, EVOBRIXUT-44361, EVOBRIXUT-44388 (DOC)
C4-1.17 (5/28/2025)	Eligibility sent on file and not loaded	Code modified to not end date the Eligibility.	Office of Managed Health Care (OMHC)	14206	UTOPS-30334, EVOBRIXUT-44389(SR), EVOBRIXUT-44618(SR), EVOBRIXUT-44662
C4-1.17 (5/28/2025)	Restriction disenrollment letter not generated when Medicare plan is added	Members with a restriction plan, update that member with a Medicare start date and plan information, restriction gets an end date on the benefit plan and on the Member page, Filenet will send a letter.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	14247	EVOBRIXUT-44174
C4-1.17 (5/28/2025)	Hospice Admissions Incomplete	The fix for this issue is to save the missing fields "Facility contact Name, Facility Phone Number and Diagnosis Code" while submitting the Admission page.	Office of Healthcare Policy and Authorization (OHPA)	14269	UTOPS-30508, EVOBRIXUT-43350
C4-1.17 (5/28/2025)	Edit 2004 Invalid Member name, Posting incorrectly on Reprocessed Claims	System will remove the extra space from the member name at the time of system validated the member name and patient name.	Office of Medicaid Operations (OMO)	14506	UTOPS-31149, EVOBRIXUT-44821
C4-1.17 (5/28/2025)	IOS App upgrade for Myhealthbutton (NC Enhancement)	Upgraded Bundles for the IOS and Android devices for Myhealthbutton	Office of Systems and Project Management (OSPM)	14628	UTOPS-28935, EVOBRIXUT-44993
C4-1.17 (5/28/2025)	Member enrolled January 2025 but capitation not paid	The members end date will be populated using the last segment end date when member has split records with continuous enrollment.	Office of Managed Health Care (OMHC)	14722	UTOPS-31710, EVOBRIXUT-45253(SR), EVOBRIXUT-42669

Release	Title	Description	Office	ID	JIRA
C4-1.17 (5/28/2025)	Managed Care (MC) 834 MH/SUD eligibility not rebuilt after change to other Foster Care (FC) Recipient Aid Category (RAC)	This was caused due to a minor code issue that has been fixed.	Office of Managed Health Care (OMHC)	14764	UTOPS-31848, EVOBRIXUT-42802 , EVOBRIXUT-42669
C4-1.17 (5/28/2025)	HealthBeat High Charts plug-in Updates (NC Enhancement)	The HealthBeat HighChats/Map js plug-in license expires in the month of May 2025. Acentra Health is planning to replace the expiring license key with the renewal license key in the HealthBeat EAR	Office of Systems and Project Management (OSPM)	14827	UTOPS-32026, EVOBRIXUT-45384
C4-1.17 (5/28/2025)	MYHBUpgrade (NC Enhancement)	MYHBUpgrade completed.	Office of Systems and Project Management (OSPM)	14926	
C4-1.17 (5/28/2025)	Justice requirements	New program to provide specific pre-release services for incarcerated individuals to ensure a successful re-entry into the community. The services will be available 90 days prior to the individuals release from incarceration if eligible for Medicaid or 30 days prior to the release if eligible for CHIP.	Director's Office (DO)	5240	See task notes for JIRA tickets
C4-1.17 (5/28/2025)	Unable to approve provider application. Step 10 showing required - Managed Care Network Only	Code updated in the Rules Engine/package for this defect. Per the design, Step 10 - Associate Billing Provider step should be Not Required for Managed Care Network only Provider	Office of Medicaid Operations (OMO)	5255	UTOPS-11222, EVOBRIXUT-33509(SR), EVOBRIXUT-33510
C4-1.17 (5/28/2025)	Babies not eligible for mother's plan in month of birth	Code fix completed for auto assignment process not able to create enrollment for the new member since there are more than one service area available. If member has multiple RACs for unenrolled period. When the member has multiple eligibility segments in eGRID based on RAC or Address.Aid group validation in RuleIT enrollment process is also triggering the system error. This validation will be removed and will be handled through existing edit "06025 - Rate not found", Aid group is used to determine the Rate code. If Aid Group is invalid then it will post this 06025 edit.	Office of Managed Health Care (OMHC)	7347	UTOPS-14923, EVOBRIXUT-35620, EVOBRIXUT-35552(SR)
C4-1.17 (5/28/2025)	Baby not eligible for mother's plan in month of birth when associated to multiple cases	Code updated, system will use the case that the Recipient Aid Category (RAC) is received on in the eligibility file.	Office of Managed Health Care (OMHC)	7967	UTOPS-16057, EVOBRIXUT-36222
C4-1.17 (5/28/2025)	Program (PRG) hyperlink not working PRG-397	Hyperlink has been enabled. System will assign back PRG case to original agency.	Office of Long Term Services and Supports (OLTSS)	8179	UTOPS-16413, EVOBRIXUT-36377
C4-1.17 (5/28/2025)	Member not sent in Medicare-Medicaid Association (MMA) file	Code fixed for the mortality date count variable to be set as 0 for every iteration.	Office of Eligibility Policy (OEP)	8551	UTOPS-17119, EVOBRIXUT-36813(SR), EVOBRIXUT-36902
C4-1.16.1 (5/9/2025)	Data Warehouse (DW) DataStage Migration	The Utah Division of Technology Services (DTS) team is initiating a migration of all DataStage application servers to align with their enhanced security requirements.	Director's Office (DO)	12533	UTOPS-27586, EVOBRIXUT-42647 RTW, EVOBRIXUT-42748 ENH

Release	Issue	Resolution	Office	ID	Reference
C4-1.16.0.1 (4/2/2025)	Admission Approval /Denial letters are not getting sent to FileNet from Print Local	Print Local will store the letter in FileNet.	Office of Healthcare Policy and Authorization (OHPA)	14074	EVOBRIXUT-44100
C4-1.16.0.1 (4/2/2025)	"Document type" field incorrect on the letter template for member screens	The "document type" dropdown field spelling error has been corrected and the "letter type" dropdown updated to generate correspondence from the review page.	Office of Long Term Services and Supports (OLTSS)	14241	UTOPS-30414, EVOBRIXUT-44393
C4-1.16 (3/19/2025)	Encounter (ENC) Pharmacy accepted but not enrolled (MC-Roadmap)	Code fix applied to the past claims to post edit 65 Patient Is Not Covered, and move the claim status to Rejected.	Office of Managed Health Care (OMHC)	10037	UTOPS-20065, EVOBRIXUT-38689, EVOBRIXUT-38718(SR)
C4-1.16 (3/19/2025)	Update frequency of T2029 Specialized medical equipment, not otherwise specified, waiver, on CRM-NC-CPA-8454	System will find the Prior Authorization (PA) Service Lines based on Care Plan ID, Member ID, Provider ID, Healthcare Common Procedure Coding System (HCPCS) code and inactivate all the service lines with the combination; and will create new service lines in existing PA with fresh details.	Office of Long Term Services and Supports (OLTSS)	10146	UTOPS-20224,EVOBRIXUT-38188
C4-1.16 (3/19/2025)	Mass Adjusted claims failed to post duplicate error code to paid claims in the system and changed Claim Type of claim	Edit 1225 - Cloud Edit Logic was updated for Note: #6 to remove "Dupe logic" and replace with "Error 1225" and add ", not Bypass Dupe Indicator" Edit 1227 - Cloud Edit Logic was updated for Note: #5 to remove "Dupe logic" and replace with "Error 1227" and add ", not Bypass Dupe Indicator".	Office of Medicaid Operations (OMO)	10349	UTOPS-20699, EVOBRIXUT-39033 (Doc), EVOBRIXUT-39075
C4-1.16 (3/19/2025)	Retrieve Acknowledgement screen - HIPAA File download Audit (NC Enhancement)	This enhancement is to audit the files downloaded and user information from the Retrieve Acknowledgement screen.	Office of Systems and Project Management (OSPM)	10367	EVOBRIXUT-38896
C4-1.16 (3/19/2025)	Alphanumeric National Provider Identifier (NPI) was submitted on pharmacy encounter and Edit 25 Missing/Invalid Prescriber ID, did not post or cause encounter to reject.	Query logic updated for edit 25 in Encounter NCPDP loading process to validate alphanumeric value with NPI in provider system.	Office of Managed Health Care (OMHC)	10390	UTOPS-20770; EVOBRIXUT-38994(SR); EVOBRIXUT-38993
C4-1.16 (3/19/2025)	Batch is posting timely even though we chose Judgement as the reason	Bypass logic updated to For Resurrection and Adjustment and If the Claim Adjustment Source is any of the Following JUD, JUDO, JUDM, JUDR, PRM"	Office of Medicaid Operations (OMO)	10451	UTOPS-20919, UTOPS-25373, EVOBRIXUT-41630
C4-1.16 (3/19/2025)	Logic needs to be updated for edit 20147 Encounter is greater than 12 months From End Date Of Service.	Edit logic in Detailed System Design Document UT-I Live Edits has been updated to remove edit 1217 from the Cloud Error Code and update the logic to replace 1217 with 20147	Office of Medicaid Operations (OMO)	10580	UTOPS-13614, EVOBRIXUT-34848
C4-1.16 (3/19/2025)	Direct Data Entry (DDE) Claim loading failure for the multiline claim note data.	This issue has been fixed to the query to get the single line claim note data in IRL file generation. Files will not fail in the loading process.	Office of Medicaid Operations (OMO)	10651	UTOPS-12279, EVOBRIXUT-34071

C4-1.16 (3/19/2025)	1206 Job running for a long time due to 834 Audit Job name duplicated with 834 Daily job for a Provider Location	Audit 834 and Daily 834 schedule will be differentiated using a flag 'D' and 'A' as part of the Database Job Name.	Office of Managed Health Care (OMHC)	10691	EVOBRIXUT-39245, EVOBRIXUT-39252(SR)
C4-1.16 (3/19/2025)	Eligibility Inquiry displaying incorrectly with span month search	Code fixed to display on the dates that the member has K rate cell within the inquiry dates, the same should be done for non K rate cell period.	Office of Managed Health Care (OMHC)	10713	UTOPS-21461; EVOBRIXUT-39375
C4-1.16 (3/19/2025)	Encounter 277CA not generated due to the credit claims	277CA generated successfully as expected and credit TCN displayed clm_sbmtr_sid populating as 'Null'.	Office of Managed Health Care (OMHC)	10733	UTOPS-13151, EVOBRIXUT-34577 (SR), EVOBRIXUT-34591
C4-1.16 (3/19/2025)	Edit 20166 Procedure code not valid for dates of service, posting to encounters when procedure code has been covered since 1997	The issue has been resolved. Edit 20166 and 1941 are not posting when claim from date fall under procedure code span dates or to date fall under the procedure code span dates.	Office of Managed Health Care (OMHC)	11041	UTOPS-22215; EVOBRIXUT-39753(SR); EVOBRIXUT-39741
C4-1.16 (3/19/2025)	Service-Based Enhancement (SBE) Payment Rejected - Interface run didn't populated the error details	Code fix to populate error details in interface run error while SBE payments are rejected.	Office of Systems and Project Management (OSPM)	11111	UTOPS-21309, EVOBRIXUT-39436, EVOBRIXUT-39435(SR)
C4-1.16 (3/19/2025)	Provider Subsystem Changes to Support Interoperability	CMS has added new requirements for the Provider Directory. This CR is needed to add the newly identified minimum required information elements/fields to the Provider Subsystem plus add the new data elements to the PRISM Data Warehouse to be consumed by the Provider Lookup Tool/Provider Directory.	Office of Medicaid Operations (OMO)	11319	RTW EVOBRIXUT-41573, DOC EVOBRIXUT-41949, DOC EVOBRIXUT-41950, DOC EVOBRIXUT-41951, ENH EVOBRIXUT-41953, ENH EVOBRIXUT-41954, ENH EVOBRIXUT-41955, ENH EVOBRIXUT-41957,
C4-1.16 (3/19/2025)	Provider License Auto Closure - License Statuses other than Active and Deceased are processing incorrectly	The following licensing statuses have been fixed: Grace period is valid for the following statuses: Pending - Suspension - Administrative Hold The grace period is not valid for the statuses listed. Revoked - Deceased - Surrendered - Inactive - Expired - Denied	Office of Medicaid Operations (OMO)	11516	EVOBRIXUT-40328
C4-1.16 (3/19/2025)	Auto Closure process reverts the Active Business Status End Date to the License End Date	The Active Business Status End Date is the License End Date +60 days, for the CLIA license expiration date + 180 days during the Auto Closure Process.	Office of Medicaid Operations (OMO)	11562	EVOBRIXUT-40403
C4-1.16 (3/19/2025)	Auto Closure - Department of Professional Licensing (DOPL)/My License Office (MLO): Servicing Providers not being inactivated with the Billing Provider	When the only Billing Provider for a servicing Provider is inactivated the Servicing/Rendering Provider will be inactivated regardless of the Servicing/Rendering Provider license.	Office of Medicaid Operations (OMO)	11566	EVOBRIXUT-40358, EVOBRIXUT-40362
C4-1.16 (3/19/2025)	Auto Closure Department of Professional Licensing (DOPL) -DOPL Active Business Status End Date incorrect	When a provider receives a DOPL update with a license that is expired by less than 60 days the Active business status end date will be updated to the License End Date + 60 days.	Office of Medicaid Operations (OMO)	11567	EVOBRIXUT-40168

C4-1.16 (3/19/2025)	Indian Health Services (IHS) Provider Paying multiple lines	Code updated fixing submitted O-Indian Health Services Claim and INC AIR priced line with Paid $0 as expected and Posting edit 2002 IHS services - Exceeds limited of 1 all inclusive rate per day.	Office of Healthcare Policy and Authorization (OHPA)	11642	UTOPS-24114, EVOBRIXUT-40717
C4-1.16 (3/19/2025)	Member Cost Share Met Flag should be Y when Cap amount remaining is 0 or less than zero.	The system has been updated to report the Member Cost Share Met Y when the Cap Amount Remaining is 0 or less than 0.	Office of Managed Health Care (OMHC)	11716	UTOPS-23882, EVOBRIXUT-40864
C4-1.16 (3/19/2025)	Database(DB) Job 1269 - Recycle Pended Payments running longer - Performance issue	Code fixed to improve the performance of running the 1269 job	Office of Systems and Project Management (OSPM)	11784	UTOPS-24049, EVOBRIXUT-40636(SR), EVOBRIXUT-40680
C4-1.16 (3/19/2025)	Edit 1123 No available units/amounts on prior authorization, is posting but units are available	Edit 1123 is posted as expected after the issue fix Edit is working as per design.	Office of Medicaid Operations (OMO)	11806	UTOPS-24166, EVOBRIXUT-41335, evobrixut- 44043
C4-1.16 (3/19/2025)	Report Zero in EDI 271 and 834 cost share remaining amount when amount is negative	Member Cost Share Met Flag should be Y when Cap amount remaining is 0 or less than zero, only for EDI 834/271. Handled negative value cap remaining amount in the code to display as 0 as part of this fix.	Office of Managed Health Care (OMHC)	11979	EVOBRIXUT-40863
C4-1.16 (3/19/2025)	Member has Spenddown Benefit Plan (BP) without Spenddown indicator of N	Issue fixed when eligibility received for Current/Prospective month and spenddown was not met, eligibility and the corresponding BP should create till Current/Prospective month but not open end date.	Office of Eligibility Policy (OEP)	12010	UTOPS-24666, EVOBRIXUT-40956(SR), EVOBRIXUT-40957
C4-1.16 (3/19/2025)	1414 Interface (DW-NDC_RATES_FROM_GHS_IN_WITH_LOAD_DATE) weekly execution to be done as TRUNCATE and LOAD (NC Enhancement)	Enhancement update completed to implement TRUNCATE and LOAD logic.	Office of Systems and Project Management (OSPM)	12096	EVOBRIXUT-40994, EVOBRIXUT-43141 DOC
C4-1.16 (3/19/2025)	End dates on nursing facility admission records not updating benefit plans	Code fix made to end date the existing overlapping Modernizing Continuum of Care (MCC) admission record during the new admission record review approval.	Office of Long Term Services and Supports (OLTSS)	12135	UTOPS-24993, EVOBRIXUT-41846
C4-1.16 (3/19/2025)	The FileNet is creating two types of checks instead of one check	Changes have been made to generate the correct correspondence letters for refund and reissue payments.	Office of Financial Services (OFS)	12237	EVOBRIXUT-41132
C4-1.16 (3/19/2025)	Default Program Codes still coming through - Account Code Assignment (ACA) Segment deriving based on Admission Date instead of System Date	Code fixed to derive ACA segments based on System date for Service-Based Enhancement (SBE) Payments.	Office of Financial Services (OFS)	12255	UTOPS-25281, EVOBRIXUT-41921, UTOPS-26180, EVOBRIXUT-41966(SR)

C4-1.16 (3/19/2025)	Prior Authorization(PA) Correspondences sent to Providers Address Line 2 {?Recipient Addr Line 2?}	PRISM updated so the address on the letter will match the providers address listed in PRISM.	Office of Healthcare Policy and Authorization (OHPA)	12298	EVOBRIXUT-41282
C4-1.16 (3/19/2025)	Regular Revalidation Cycle Start Date Set to Incorrect Date based on the incorrect Revalidation Cycle End Date	The system has been corrected to consider the latest revalidation cycle dates (intermediate and regular) when creating the new cycle.	Office of Medicaid Operations (OMO)	12308	EVOBRIXUT-41284
C4-1.16 (3/19/2025)	All Case Management Agency (CMA) users are appearing in dropdown menu - Bulk Actions	Updated logic to add CMA ID in the comparison of fetching Case Management Agency users list.	Office of Long Term Services and Supports (OLTSS)	12351	UTOPS-25455, UTOPS-25457, EVOBRIXUT-41404
C4-1.16 (3/19/2025)	On-Screen Configurations not retaining remarks in view history	Issue identified in the Procedure General and Group General pages. Remark values are not saving while approve/reject the records on the identified pages. Values are stored in the tables.	Office of Systems and Project Management (OSPM)	12406	UTOPS-25577, EVOBRIXUT-42034
C4-1.16 (3/19/2025)	Report Distribution Schedule (RDS) report -- correspondence section Update for Certification (NC Enhancement)	Correspondences rejected based on the business rule will be flagged with a unique value so that they can be separated from the valid rejections.	Office of Systems and Project Management (OSPM)	12422	UTOPS-25186, EVOBRIXUT-41502,
C4-1.16 (3/19/2025)	Utah Diagnosis Related Group (DRG) Logic not posting Error Code 1380 DRG not on file	Claim is posting Error Code 1380 when the UTAH DRG is not determined. If the Utah DRG cannot be determined, system will post the 1380 error code and suspend the claim.	Office of Healthcare Policy and Authorization (OHPA)	12445	UTOPS-25687, EVOBRIXUT-42338
C4-1.16 (3/19/2025)	Technology Dependent Waiver (TDW) Worker unable to complete PEGA initial determination	Updated system to remove the condition of the checking the Disenrollment case with Open Status before system creates the Annual Review subcase.	Office of Long Term Services and Supports (OLTSS)	12539	UTOPS-25996, EVOBRIXUT-41863(SR), EVOBRIXUT-41856
C4-1.16 (3/19/2025)	Phase assigned incorrectly for Managed Care (MC) transactions	Payment process is modified to consider the same schedule date while reprocessing the pended transactions created during Interim payment or Full payment process.	Office of Financial Services (OFS)	12581	UTOPS-26062, EVOBRIXUT-42237
C4-1.16 (3/19/2025)	Defect and Service Request(SR)-Access to Care-Missing Children's Health Insurance Program (CHIP) Benefit Plan(BP's) Multiple Members	Auto assignment process has been fixed to assign a plan for the CHIP enrollment.	Office of Managed Health Care (OMHC)	12651	UTOPS-26312, EVOBRIXUT-42026(SR), EVOBRIXUT-42286
C4-1.16 (3/19/2025)	Zip code plus four missing from Loop 2100G	This Issue has been fixed in 'PK_5010_834_ROSTER_GENERATION' and MC_834_PRGRM_QUERIES to add the postal code length to 9 digit. The 9 digit zip code is sent in the 834 file when it is available.	Office of Managed Health Care (OMHC)	12652	EVOBRIXUT-41260

C4-1.16 (3/19/2025)	Fee-For-Service (FFS) 277CA - Billing Provider Matching logic is not working for adjustment/void claims	Code update to the system to compare National Provider Identifier (NPI) first and if it is not available compares against the Billing Provider ID.	Office of Medicaid Operations (OMO)	12727	EVOBRIXUT-42138
C4-1.16 (3/19/2025)	Technology Dependent Waiver (TDW) Prior Authorization (PA) Claim Denials	Code fix for TDW providers are getting claims denied due to the system looking at the services start date in the PA. This feature is turned off. Claims shouldn't be rejected.	Office of Long Term Services and Supports (OLTSS)	12757	UTOPS-26808, EVOBRIXUT-42402, EVOBRIXUT-42400(SR), EVOBRIXUT-42409(SR)
C4-1.16 (3/19/2025)	Prior Authorization (PA) - code descriptions that come from reference on all PA pages and in correspondence need to be the long description from reference file	Code fix to Java and database (DB) Object changes to have long description across all the PA screens and PA Letter generation.	Office of Healthcare Policy and Authorization (OHPA)	1282	UTOPS-4403, UTOPS-4382, EVOBRIXUT-29426
C4-1.16 (3/19/2025)	Procedure Code T1001 Nursing assessment/evaluatn, is posting Error Code 1964 Dates of service overlap a claim billed on an Inpatient claim for Discharge Date	Discharge date has been excluded since, discharge date is excluded. Edit 1964 did not post on the claim.	Office of Healthcare Policy and Authorization (OHPA)	12837	UTOPS-26934, EVOBRIXUT-42440
C4-1.16 (3/19/2025)	Encounters--Claims rejecting in naming logic error	Logic updated to: For first name system should stop matching at the first space or after 5 characters. If a match is not found post the edit. OR For last name system should stop matching at the first space or after 5 characters. If a match is not found post the edit.	Office of Managed Health Care (OMHC)	12868	UTOPS-26872, EVOBRIXUT-42471
C4-1.16 (3/19/2025)	Oracle Financials (OFIN) Cash Activities Missed to send to Financial Information Network (FINET)	The code is fixed to pickup all the eligible cash activities to be sent to FINET.	Office of Financial Services (OFS)	12941	EVOBRIXUT-42276
C4-1.16 (3/19/2025)	Increase defect capacity in the 1.16 release. SPOT tickets: 10146 10367 10451 11111 11806 12010 12135 12255 12351 12406 12422 12445 12539 3909 3042 1265212727 12757 12837 12868 3435 6341 7232 7689 12941 5351 3909 3042 12652	Increased defect capacity in the 1.16 release. SPOT defect tickets added: 10146 10367 10451 11111 11806 12010 12135 12255 12351 12406 12422 12445 12539 3909 3042 1265212727 12757 12837 12868 3435 6341 7232 7689 12941 5351 3909 3042 12652	Office of Systems and Project Management (OSPM)	13034	
C4-1.16 (3/19/2025)	Enrollment completely inactivated and not rebuilt on 834	Code fix so the system will send the enrollment records in 834 when the inactive segment has continuous record.	Office of Managed Health Care (OMHC)	13084	UTOPS-27555, EVOBRIXUT-42941(SR), EVOBRIXUT-43372
C4-1.16 (3/19/2025)	Deleted ESMCC Documents in FileNet still show in PRISM	Java code updated as the Document External Id in the Filenet was not properly handled in the java code.	Office of Healthcare Policy and Authorization (OHPA)	13159	EVOBRIXUT-42728
C4-1.16 (3/19/2025)	State and Federal Children's Health Insurance Program (CHIP) Out of Pocket (OOP) Accumulation not working	Modified the code not to inactivate the old CHIP premium details.	Office of Managed Health Care (OMHC)	13313	UTOPS-28204, EVOBRIXUT-43307, EVOBRIXUT-43306(SR), EVOBRIXUT-43314(SR)

Release	Issue	Resolution	Office	ID	Tickets
C4-1.16 (3/19/2025)	System allowed an admission record to be submitted without Preadmission Screening and Resident Review (PASRR) screening information	Code issue fixed, State staff are able to add PASRR from eligibility and from Admission Screen.	Office of Long Term Services and Supports (OLTSS)	13325	UTOPS-28098, EVOBRIXUT-43244
C4-1.16 (3/19/2025)	Member inactivated after incarceration and re-enrollment not reported to Prepaid Mental Health Plans (PMHP) on 834	Code fix deployed to PROD to activate the Managed Care (MC) Enrollment History to reflect in 834 transactions.	Office of Managed Health Care (OMHC)	13341	UTOPS-28109, EVOBRIXUT-43237 (SR), EVOBRIXUT-43372
C4-1.16 (3/19/2025)	Division of Services for People with Disabilities (DSPD) Internal Design Document (IDD) 207 file not loading in PRISM Prior Authorization (PA) Screens	Code fix has been done to handle the Rollback issue for Record wise Processing	Office of Long Term Services and Supports (OLTSS)	13353	UTOPS-28146, EVOBRIXUT-43048, EVOBRIXUT-43054(SR)
C4-1.16 (3/19/2025)	Search for Case Management user roles Program (PRG) Cases not working	Fixed PRG search in Case List and Care Plan List for case management agency user roles.	Office of Long Term Services and Supports (OLTSS)	13396	UTOPS-28250, EVOBRIXUT-43075
C4-1.16 (3/19/2025)	Clean Up the Health Beat (HB) product code to clear Veracode vulnerabilities	There are few vulnerabilities reported in the HealthBeat product code which is not applicable for Utah. So, this ticket is created to comment the unused code from the product to clear these vulnerabilities.	Office of Systems and Project Management (OSPM)	13401	EVOBRIXUT-43072
C4-1.16 (3/19/2025)	DDE failed in loading due to the new line character present in the CLM_COMMENT column in the HT_CLM_LN_NOTE	Corrected the IRL file manually by removing the New Line character and reloaded the Claim.	Office of Medicaid Operations (OMO)	13627	UTOPS-18553, EVOBRIXUT-37654
C4-1.16 (3/19/2025)	Bulk Action by Provider User. Submit is not working/ assigning the new case manager/RN.	Submit is now working/ assigning the new case manager/RN.	Office of Long Term Services and Supports (OLTSS)	1371	UTOPS-4628, EVOBRIXUT-29547
C4-1.16 (3/19/2025)	Provider Admin Domain Roles - Case Management Agency (CMAs) cannot manage their own users.	Issue happens when Provider Admin manages users associated with multiple programs like Aging, New Choices Waiver (NCW) both or NCW, Employment Related Personal Assistant Services (EPAS) both. Code change has fixed the issue.	Office of Long Term Services and Supports (OLTSS)	1373	UTOPS-4624, EVOBRIXUT-29545
C4-1.16 (3/19/2025)	Provider Admin Role - No Options in Drop Down Menu to Update the Role	This is happening when a user is having Provider Admin role for New Choices Waiver (NCW) and Employment Related Personal Assistant Services (EPAS) both. Or Aging or EPAS both.Because in EPAS we have Provider Type field also to get the roles in the dropdown which is not present in NCW and Aging. Code change has fixed the issue.	Office of Long Term Services and Supports (OLTSS)	1375	UTOPS-4617, EVOBRIXUT-29539
C4-1.16 (3/19/2025)	Restriction Disenrollment Letters not being generated.	The logic in the code updated to trigger the Restriction Disenrollment Letter in the benefit plan process once restriction end date 12/31/2999 is updated.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	1384	UTOPS-4757, EVOBRIXUT-29655, EVOBRIXUT-29709(SR)

C4-1.16 (3/19/2025)	Local Health Departments (LHD) Screenings Past Due Report	View query report updated to fix this issue and include in the report Child(ren) Name, Medical Managed Care Plan, Dental Managed Care Plan.	Office of Healthcare Policy and Authorization (OHPA)	13884	UTOPS-29466, EVOBRIXUT-43809
C4-1.16 (3/19/2025)	EPS_Newborn Report- Local Health Department (LHD) and EPS_Unborn Report - LHD has father reported as mother	EPS_Newborn Report-LHD Report Query has been modified to resolve this issue.	Office of Healthcare Policy and Authorization (OHPA)	13904	UTOPS-29560, EVOBRIXUT-43965
C4-1.16 (3/19/2025)	EPS_EPSDT Screenings Past Due Report not consistently reporting Head of Household (HOH) Phone for Phone number	All Local Health Department (LHD) files for EPS_EPSDT Screenings Past Due Report generated files with data have HOH Phone number in the Phone Number column where applicable.	Office of Healthcare Policy and Authorization (OHPA)	13906	UTOPS-29563, EVOBRIXUT-43964
C4-1.16 (3/19/2025)	Technology Dependent Waiver (TDW) unable to complete annual review.	Code fix per documentation Application_document_PRISMCaseBranchApp_CRM-TD, under 3.1.2 02_US_Level of Care Determination - PS- Specification, at the step 6.b when there is a response = no, the system will create a disenrollment subcases and resolve the current annual review subcase.	Office of Long Term Services and Supports (OLTSS)	13979	UTOPS-29741, EVOBRIXUT-44026(SR), EVOBRIXUT-43742
C4-1.16 (3/19/2025)	Report of TCNs impacted from EVOBRIXUT-40717	Report of TCNs from PROD impacted fromEVOBRIXUT-40717 defect fix., Edit posting per UT-I logic as "AIR Pricing".	Office of Medicaid Operations (OMO)	14120	UTOPS-30037 EVOBRIXUT-40717
C4-1.16 (3/19/2025)	Report of TCNs from PROD impacted from EVOBRIXUT-37933 defect fix.	Report of TCNs from PROD impacted, Error Code 5534 posting to claim with valid Prior Authorization (PA).	Office of Medicaid Operations (OMO)	14122	UTOPS-30036 EVOBRIXUT-37933
C4-1.16 (3/19/2025)	Report TCNs impacted from EVOBRIXUT-42440	Report of TCNs from PROD impacted, Procedure Code T1001 is posting Error Code 1964 for Discharge Date	Office of Medicaid Operations (OMO)	14123	UTOPS-30073 EVOBRIXUT-42440
C4-1.16 (3/19/2025)	Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Reports are not satisfying the needs of Local Health Departments	Updated the following reports to be individual reports based on the individual Local Health Department: EPS_EPSDT Screening Past Due Report, EPS_Newborn Report-LHD, EPS_Newly Eligible for EPSDT Report, EPS_Unborn Report, and EPS_EPSDT Services Summary Report. Individual reports are created and stored in Cognos, then dropped in individual SFTP folders for each LHD. An email is sent to the LHD informing them the report is available in the SFTP folder. Updates to the EPS_Newborn Report to report out all children who are on Medicaid who are born up to the month they turn age 9 and continue to report each month until after the month the child turns 9.	Office of Healthcare Policy and Authorization (OHPA)	2489	RTW: EVOBRIXUT-35610 DOC: EVOBRIXUT-36147, EVOBRIXUT-36148 ENH: EVOBRIXUT-36149, EVOBRIXUT-36150
C4-1.16 (3/19/2025)	Expense Data. Contract balances updated incorrectly,	Code fixed, so the process only considers the unprocessed payments and recoveries.	Office of Eligibility Policy (OEP)	3042	UTOPS-7447, EVOBRIXUT-31353, EVOBRIXUT-34087(SR)
C4-1.16 (3/19/2025)	Prior Authorization (PA) Productivity Report - Total Review hyperlink not matching the detail report	The PA Productivity Report was showing more record count than the PA Productivity Detail Report's Record count. The release has fixed the PA's in PA Productivity Report (Summary) in Cognos matching with PA's in PA Productivity Report (Detail)	Office of Healthcare Policy and Authorization (OHPA)	3435	UTOPS-8062, EVOBRIXUT-31617

C4-1.16 (3/19/2025)	Incorrect Address on an Entity in Buyout case	Logic to import address to Oracle Financials (OFIN) has been corrected to account for addresses with multiple lines being replaced by single-line addresses.	Office of Eligibility Policy (OEP)	3909	UTOPS-8852, EVOBRIXUT-32084, EVOBRIXUT-32083(SR), UTOPS-9729,
C4-1.16 (3/19/2025)	Receivable application types are not mapped correctly	Remittance Process has been modified to handle the Expedited Payment scenarios where the recoveries should not get mapped to Expedited Payments during the Remittance Advice (RA) generation.	Office of Medicaid Operations (OMO)	4940	UTOPS-8089, UTOPS-23683, EVOBRIXUT-32509, EVOBRIXUT-40475(SR)
C4-1.16 (3/19/2025)	Undo update is not removing In Review Record and Results in Error Preventing Provider Updates -Unable to complete step 15.	When the checklist response is in review and after doing undo update in the basic information step, system is not inactivating the check-list response in the backend. System to inactivate the checklist response when undo update is selected.	Office of Medicaid Operations (OMO)	5290	UTOPS-11287, EVOBRIXUT-33550(SR), EVOBRIXUT-31867
C4-1.16 (3/19/2025)	Changing the Off Set indicator in Oracle Financials (OFIN) for existing Account Receivables (ARs) asks for a bill date in error.	Update completed to update the Bill Date to receivable creation date for the existing receivables in the system.	Office of Financial Services (OFS)	5351	UTOPS-11378, EVOBRIXUT-33607 (SR), EVOBRIXUT-33608
C4-1.16 (3/19/2025)	Need to stop the auto creation of cases in PEGA for the 60 day holds	Cases in PEGA for the 60 day holds will be manually created.	Office of Medicaid Operations (OMO)	6208	RTW EVOBRIXUT-38985, ENH EVOBIRXUT-41916, ENH EVOBRIXUT-41918, DOC EVOBRIXUT-41917, DOC EVOBRIXUT-41919
C4-1.16 (3/19/2025)	No notifications sent to Managed Care Organization (MCO) or Fee-For-Service (FFS) that member is missing a primary provider.	System updated when there is no Primary Provider or Primary Pharmacy within the Start and End Date of the active Restriction Program. Send notification 24 hrs after the occurrence of no Primary Provider or Primary Pharmacy.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	6230	UTOPS-12949, EVOBRIXUT-34706
C4-1.16 (3/19/2025)	Internal Design Document (IDD) 902 - update to populate the EST time zone (NC Enhancement)	Updatedthe code to populate the EST time zone month value in the header and trailer.	Office of Eligibility Policy (OEP)	6341	EVOBRIXUT-34550 (DOC), EVOBRIXUT-34551 (ENH)
C4-1.16 (3/19/2025)	Unable to find claim in PEGA	Code fixed for the issue of displaying the claim information in PEGA by relaxing the active check performed for the Provider location status. If a provider was inactivated after the claim processed, the claim information can be viewed in the Pega system.	Office of Medicaid Operations (OMO)	6594	UTOPS-13568, UTOPS-16669, EVOBRIXUT-36597
C4-1.16 (3/19/2025)	Managed Care Organization (MCO) receiving notification of missing Primary Provider and Primary Pharmacy in error	Code fixed to generate notification if there is no Primary Provider or Primary Pharmacy within the Start and End Date of the active Restriction Program. Send notification 24 hrs after the occurrence of no Primary Provider or Primary Pharmacy	Office of Reimbursement, Coordinated Care & Audit (ORCA)	6746	UTOPS-13830, EVOBRIXUT-35062
C4-1.16 (3/19/2025)	Member does not have a restriction benefit plan	The code has been fixed to derive the restriction benefit plan (BP) wherever the SPENDDOWN BP dates doesn't overlap on the restriction.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	7117	UTOPS-14487, EVOBRIXUT-35630 (SR), EVOBRIXUT-34316

C4-1.16 (3/19/2025)	Concerns with the daily Benefit Plan (BP) Eligibility and Enrollment (EE) Master Operations Document (MOD) report (NC Enhancement)	Enhancement to the daily BP EE MOD report to include new column for the reason for missing BP, above or below the BP age limit and Recipient Aid Category (RAC) not eligible. Updates to the query, include the member age, missing BP, and the month in which the BP is missing.	Office of Managed Health Care (OMHC)	7232	UTOPS-14340, EVOBRIXUT-35212
C4-1.16 (3/19/2025)	PRISM changed a Provider end date that was already previously end dated in Restriction.	1183 Interface code will be fixed to update the restriction end-date of the member only if it is beyond the provider business status end-date	Office of Reimbursement, Coordinated Care & Audit (ORCA)	7597	UTOPS-15353, EVOBIXUT-35910 (SR), EVOBRIXUT-35911
C4-1.16 (3/19/2025)	CE UT-5 HIPAA Trans Mapping 277CA Outbound, edit 35 Claim/encounter not found, loading questions on processes - NC Enhancement	The system will return the updated status codes listed for the below Business Rules (BR). BR 012 – Billing Provider cannot be SER, PRE or STU. Use Status Code 743 with appropriate Entity Code 85. BR 010 – Billing Provider ID must match Billing Provider ID on Original claim. Use Status Code 153 with Entity Code 85. BR 009 – Adjustment for an already adjusted/resurrected/voided claim (Business status). Use Status Code 495 BR 011 – TCN length (more than 21 characters). Edit 1407 Use Status Code 35	Office of Medicaid Operations (OMO)	7689	UTOPS-16117, UTOPS-19419, ENH EVOBRIXUT-38286
C4-1.16 (3/19/2025)	Part 3 - Resident Assessment process requires Nursing Facility Admission Record/PASRR/Notification changes	Updates to the system to make the Nursing Facility Admission Record process follow current program rules. Allow for Nursing Facility approvals to fall within current timing mandates more accurately.	Office of Long Term Services and Supports (OLTSS)	8463	RTW: 36907 DOC: 36923, 36925, 36465, 36926, 36458, 36487, 36490, 36930, 36491,36982, 36981, 36985 ENH: 37029, 37030, 37031, 37032, 37033, 37034, 37035, EVOBRIXUT-37036, EVOBRIXUT-37038,
C4-1.16 (3/19/2025)	Unable to add Managed Care (MC) dental for a child	Code is fixed to derive DMed eligibility even though there is overlapping configuration.	Office of Managed Health Care (OMHC)	9006	UTOPS-17987, EVOBRIXUT-37440(SR), EVOBRIXUT-38782(SR), EVOBRIXUT-37979(SR),EVOBRIXUT-38066
C4-1.16 (3/19/2025)	Edit 5534 Missing/Invalid Prior Authorization, posting to claim with valid Prior Authorization (PA)	Group Practice logic removed from PA match logic and implemented as prioritized billing provider is used PA match logic if it is not matched then servicing provider used to match PA logic .	Office of Medicaid Operations (OMO)	9380	UTOPS-19049, EVOBRIXUT-37933
C4-1.16 (3/19/2025)	Centers for Medicare & Medicaid Services (CMS) Interoperability- Prior Authorization (PA) Urgent Review and Extended Review fields	To meet the CMS Interoperability and Prior Authorization Final Rule CMS-0057-F additional fields are have been added on the PA Basic Info page, and the data from these fields will flow to the Data Warehouse and be accessible for Utah Division of Technology Service (DTS).	Office of Healthcare Policy and Authorization (OHPA)	9414	RTW: EVOBRIXUT-39817 DOC: EVOBRIXUT-41824, EVOBRIXUT-41828, EVOBRIXUT-41829, EVOBRIXUT-41830 ENH: EVOBRIXUT-41831, EVOBRIXUT-41832, EVOBRIXUT-41833, EVOBRIXUT-41834
C4-1.16 (3/19/2025)	New Dental Benefit Plan for Adults	The new Adult Dental Benefit Plan for members 21 and older has been created. Services under the new Adult Dental Benefit Plan will be provided by the University of Utah School of Dentistry and their associated providers. The following benefit plans will be end dated Dental Program for the Aged, Dental Program for the Blind and Disabled, and TAM SUD Dental	Office of Healthcare Policy and Authorization (OHPA)	9513	RTW: EVOBRIXUT-40126 DOC: EVOBRIXUT-42166, 42171, 42172, 42175, 42176, 42177, 42178, 42179, 42182, 42183, 42184, 42185 ENH: 42187, 42188, 42189, 42191, 42193, 42194, 42195, 42196,
C4-1.15.5 (3/15/2025)	Coordination of Benefits Agreement (COBA) bypass for Coordination of Benefits (COB) with Medicare Secondary Payer (MSP) information from CMS	The solution from Edifecs vendor to suppress the snip edit specific to invoice type(CMS XOVER Professional). Suppressed the SNIP 3 (balancing) validations on the EDI CMS XOver Part B files and XOver Part A files will post the balancing errors and reject with 999 acknowledgment.	Office of Medicaid Operations (OMO)	13516	UTOPS-28553, EVOBRIXUT-43270

C4-1.15.5 (3/15/2025)	CTX segment is not posting in 999 file	Code fix applied to FIX CTX segment in 999 files	Office of Systems and Project Management (OSPM)	13649	EVOBRIXUT-43398
C4-1.15.5 (3/15/2025)	Edifecs Upgrade	This Release is to track Edifecs upgrade in production and to track the associated defects	Office of Systems and Project Management (OSPM)	13891	UTOPS-22477, UTOPS-29162
C4-1.15.4 (3/4/2025)	CTX segment is not posting in 999 file	Emergency release of EDI ticket EVOBRIXUT-43398 in lower environments (Dev, SIT,UAT) on 03/03/2025 EOD. And into production on 03/04/2025 at 7 AM MST.	Office of Managed Health Care (OMHC)	13836	EVOBRIXUT-43398, UTOPS-29307
C4-1.15.3 (2/21/2025)	999 file reporting Accepted with Errors when PRISM shows the file has rejected	This issue is fixed by updating the Edifecs inbound validation profile.	Office of Managed Health Care (OMHC)	13079	UTOPS-27503, EVOBRIXUT-43055
C4-1.15.3 (2/21/2025)	HTC-DMP Mitigate the costs for after hours support	HTC-DMP mitigate the costs for after hours support. Turn off the paper claims functionality as it is no longer being used. Modify support hours for document management support portal to only be during standard business hours; Monday-Friday, 8 am to 6 pm MST. HTC support to be reduced to include only the document management features and no support for imaging.	Office of Medicaid Operations (OMO)	9531	RTW EVOBRIXUT-42052, UTOPS-26350 (Infrastructure)
C4-1.15.1 (2/14/25)	Requesting a Full Replication PRISM Online Transaction Processing (OLTP) and Oracle Financials (OFIN) plus PEGA system Database (DB)	A full replication of the PRISM OLTP and OFIN plus PEGA Database using the Data Guard solution. Will be made available to State staff.	Director's Office (DO)	1125	UTOPS-4181, RTW EVOBRIXUT-40437, ENH EVOBRIXUT-40438, UTOPS-23797, UTOPS-24290
C4-1.15.1 (2/14/25)	PRISM Replication database access	Acentra Health will replicate the full as-is PRISM OLTP database, PEGA database, and OFIN database using the Data Guard solution. The replicated read-only databases will be placed on a separate server within Acentra Health's PRISM AWS environment, where the State DMS instance will be able to access it using the existing eREP PROD VPN tunnel with the Utah AWS environment.	Office of Systems and Project Management (OSPM)	13294	UTOPS-24290, EVOBRIXUT-43255 (RTW), EVOBRIXUT-43262 (ENH)
C4-1.15.2 (2/12/2025)	Family connect not working as expected for managed care enrollment	Family Members enrolled correctly to Head of Household (HOH) plan if available or one of the family member's plan if HOH plan is not enrolled (All Family Members should be on same plan within the program).	Office of Managed Health Care (OMHC)	13055	UTOPS-27444, EVOBRIXUT-42685, EVOBRIXUT-42687(SR), EVOBRIXUT-42851(SR)
C4-1.15.2 (2/12/2025)	Prepaid Mental Health Plans (PMHP) Retro inactivation	Timestamp date issue, During 934 - Benefit Plan (BP) process has been corrected. Due to this incorrect process, system inactivated the PMHP's incorrectly.	Office of Managed Health Care (OMHC)	13234	UTOPS-27899, EVOBRIXUT-42942(SR), EVOBRIXUT-42977 , EVOBRIXUT-42972 (SR)
C4-1.15 (1/22/25)	Encounters rejecting with error code 2092 Unable to determine claim type.	Edit 2092 is not posting when a claim type is derived on the claim based on valid PT-SP-SSP	Office of Managed Health Care (OMHC)	10283	UTOPS-20542; EVOBRIXUT-38883

C4-1.15 (1/22/25)	PRISM application records are different than PRISM Data Warehouse(DW) records - Capitated TAM-introduce validation check in payment process to ensure enrollment existence	Code fixed for validation check in full payment process to ensure enrollment existence for audit payments.	Office of Managed Health Care (OMHC)	10286	UTOPS-20544, EVOBRIXUT-38856 (SR) , EVOBRIXUT-36742, EVOBRIXUT-39907 (SR)
C4-1.15 (1/22/25)	XU modifier not allowed for 87804 Influenza assay w/optic, in PRISM	Code fixed for, if current claim has one of the modifier is empty and history claim doesn't have modifiers, system considered empty modifiers between history and current claim as matching and posted edit incorrectly.	Office of Managed Health Care (OMHC)	10463	UTOPS-21161, EVOBRIXUT-39183
C4-1.15 (1/22/25)	Encounters Claims Rejecting with Error Code 20900 Missing or Invalid original TCN.	Code fix applied in the production environment for correcting the claims which are in the "In Correction" Status to " Encounter Transaction Results Report (ETRR) Generated'.	Office of Managed Health Care (OMHC)	10474	UTOPS-20934; EVOBRIXUT-39131(SR), EVOBRIXUT-39130
C4-1.15 (1/22/25)	CLIA location matching logic updates.	Updates done to the CLIA matching logic. PRISM will look at the first 5 characters or up to the first space on address Line 1 and first 5 characters of the zip code.	Office of Medicaid Operations (OMO)	10531	RTW EVOBRIXUT-41099, DOC EVOBRIXUT-41134, ENH EVOBRIXUT-41135
C4-1.15 (1/22/25)	CHIP Out of Pocket (OOP) Report incorrectly looking non CHIP encounter pharmacy claim.	Modified the CHIP OOP Report logic to populate CHIP encounter pharmacy claims and shared the updated Online Transaction Processing (OLTP) report view to Cognos	Office of Managed Health Care (OMHC)	10558	UTOPS-21160, EVOBRIXUT-39155
C4-1.15 (1/22/25)	Vulnerability issue reported in below Application Programming Interface (API's/Jar's) in Provider Credentialing Service (PCS) application	Vulnerability issue reported in below API's/Jar's in PCS application is working as expected.	Office of Systems and Project Management (OSPM)	10600	EVOBRIXUT-39128
C4-1.15 (1/22/25)	Vulnerability issue reported in Webservice Application	Vulnerability issue reported in Webservice Application is working as expected.	Office of Systems and Project Management (OSPM)	10602	EVOBRIXUT-39127
C4-1.15 (1/22/25)	Vulnerability issue reported in PRISM Screen Application	Vulnerability issue reported in Prism Screen Application is working as expected.	Office of Systems and Project Management (OSPM)	10604	EVOBRIXUT-39126
C4-1.15 (1/22/25)	Vulnerability issue reported in Provider Credentialing Service (PCS) Application	Vulnerability issue reported in PCS Application is working as expected.	Office of Systems and Project Management (OSPM)	10605	EVOBRIXUT-39125
C4-1.15 (1/22/25)	Vulnerability issue reported in Managed Care Encounters (MCE) Application	Vulnerability issue reported in Managed Care Encounters (MCE) Application is working as expected.	Office of Systems and Project Management (OSPM)	10606	EVOBRIXUT-39124

Release	Issue	Description	Office	ID	Reference
C4-1.15 (1/22/25)	Vulnerability issue reported in Appintake Application	Vulnerability issue reported in Appintake Application is working as expected.	Office of Systems and Project Management (OSPM)	10607	EVOBRIXUT-39121
C4-1.15 (1/22/25)	Vulnerability issue reported in Correspondence Application	Vulnerability issue reported in Correspondence Application is working as expected.	Office of Systems and Project Management (OSPM)	10608	EVOBRIXUT-39122
C4-1.15 (1/22/25)	CLM_ERROR_DETAIL.RECYCLE_DISPOSITION_LKPCD data quality issue	While loading Data Warehouse (DW) tables, multiple DW checks are performed LKPCD fields are validated with configured data in LOOKUP config tables. CID fields are validated with parent tables. DW table = CLM_ERROR_DETAIL_S DQ issue: RECYCLE_DISPOSITION_LKPCD =('0') value is coming in this column. This is not available in LOOKUP config tables.	Office of Systems and Project Management (OSPM)	10613	EVOBRIXUT-38692
C4-1.15 (1/22/25)	Need to Change Selection Criteria for Internal Exchange Transaction (IET's) to FINET	This release will modify the selection criteria for Internal Exchange Transaction (IET) 715 interface. This will make sure that IET recovery information is sent only once to FINET. Any cash applications to these recoveries need to be sent in the CR 712 interface. If the recovery is pending for more than 365 days, they need to be sent in the JV 722 interface. All the other scenarios are covered in other interfaces, if the IET recovery should not be part of the netting process.	Office of Financial Services (OFS)	10649	EVOBRIXUT-40125 RTW, EVOBRIXUT-41023 DOC, EVOBRIXUT-41024
C4-1.15 (1/22/25)	Outpatient Claim moved to Edit Processing Failure (EPF) due to Revenue code Invalid.	If revenue code is not available then edit 2050 Revenue code not on file, will post then skip the pricing and moved to suspend status for line.	Office of Medicaid Operations (OMO)	10660	UTOPS-20734, EVOBRIXUT-38946
C4-1.15 (1/22/25)	EPS_EPSDT Services Summary Report only reporting for one Local Health Department (LHD) and numbers seem inaccurate when compared to the CMS 416 report	Query has been fixed so all the Local Health Department's (LHD) are displayed.	Office of Healthcare Policy and Authorization (OHPA)	10669	UTOPS-21367, EVOBRIXUT-39529
C4-1.15 (1/22/25)	AD_CLM_HDR_ADMISSION_DETAIL.ADMISSION_SOURCE_LKPCD data quality issue	While loading Data Warehouse (DW) tables, multiple DW checks are performed LKPCD fields are validated with configured data in LOOKUP config tables. DW table = CLM_HDR_ADMISSION_DTL_S DQ issue: ADMISSION_SOURCE_LKPCD value('d') coming in this column are not available in LOOKUP config tables.	Office of Systems and Project Management (OSPM)	10944	EVOBRIXUT-38777
C4-1.15 (1/22/25)	HIPP_CASE_MBR_DTL.RAC_CODE data quality issue	While loading Data Warehouse (DW) tables, multiple DW checks are performed. LKPCD fields are validated with configured data in LOOKUP config tables. CID fields are validated with parent tables. DW table = HIPP_CASE_MBR_DTL_S DQ issue: RAC_CODE in ('ZZZ') value is coming in this column. This is not available in RECIPIENT_AID_CATEGORY.	Office of Systems and Project Management (OSPM)	10945	EVOBRIXUT-36322
C4-1.15 (1/22/25)	Internal Design Document (IDD) 1403 update. Add the following: Exclude records from the Interface if the [BILLING PROVIDER NPI/ID] field does not include an NPI	Update IDD 1403. If the 310 START DATE or END DATE is blank, populate this field with the Start and End Date from the 300 Record. Also, exclude records if the Billing Provider National Provider Identifier (NPI) is missing.	Pharmacy Team	11064	EVOBRIXUT-40918 RTW, EVOBRIXUT-41029 DOC, EVOBRIXUT-41030 ENH, EVOBRIXUT-41634 DOC, UTOPS-28630 SR
C4-1.15 (1/22/25)	Edit 1322 Claim units/amount exceeds approved prior authorization units/amount, should not post for Diagnosis Related Group (DRG) Cutback	The Fix made for this Issue corrected the Edit 1332. It will not post at header level during Cutback on the Claim.	Office of Medicaid Operations (OMO)	11116	UTOPS-22366, EVOBRIXUT-39739

C4-1.15 (1/22/25)	Primary paid more the expected. Need to fix Coinsurance & Deductible Pricing approved amount derivation	The paid amount incorrectly derived as billed amount instead of the Third-Party Liability (TPL) Problem Report (PR) amount in Coinsurance & Deductible Pricing. The issue has been fixed in rule flow for local variable cache issues.	Office of Medicaid Operations (OMO)	11119	UTOPS-22478, EVOBRIXUT-39943
C4-1.15 (1/22/25)	Federally Qualified Health Center (FQHC) Alternative Payment Methodology (APM) reimbursement change.	Providers with APM Indicator = Yes should pay if the procedure codes on the claim/line are payable to Provider Allowable Codes (PAC) from groupGroup Code TBD (PAC 066 Federally Qualified Health Center (FQHC)). These providers will only have PAC from groupGroup Code TBD (PAC 066) on their Provider file.	Office of Healthcare Policy and Authorization (OHPA)	11236	RTW EVOBRIXUT-40919, DOC EVOBRIXUT-41048, 41050, 41052, ENH EVOBRIXUT-41049, 41051, 41053
C4-1.15 (1/22/25)	Create National Drug Code (NDC)Pricing Logic for claims with Date of Service 04/03/2023 through 02/25/2024	Provider Administered Drugs Procedure Codes are Healthcare Common Procedure Coding System (HCPCS) and/or Current Procedural Terminology (CPT) Provider Administered Drugs claims are identified by procedure codes that are maintained in the NDC crosswalk.	Pharmacy Team	11274	RTW EVOBRIXUT-40917, DOC EVOBRIXUT-40999, 41002, ENH EVOBRIXUT-41000, 41003, SR EVOBRIXUT-41001
C4-1.15 (1/22/25)	PEGA task won't restart- Report & Service Request (SR) needed for any Additional Missed Tasks.	Service request has fixed the reroute case CRM-NC-CPA-8530 from "Approve/Return Comprehensive Care plan DOH Supervisor Review task" to "Approve/Return Comprehensive Care Plan" task.	Office of Long Term Services and Supports (OLTSS)	11278	UTOPS-22796, EVOBRIXUT-40020(SR), EVOBRIXUT-40019, UTOPS-23645
C4-1.15 (1/22/25)	Not eligible and Current Managed Care (MC) on (MC) Enrollment History - MC Not Inactivating when Benefit Plan (BP) is inactivated due to Spenddown (SD).	Code fix to inactivate the MC enrollments history records in the BP process. When the BP gets inactivated and the associated MC enrollments history will also be inactivated.	Office of Managed Health Care (OMHC)	11459	EVOBRIXUT-40142
C4-1.15 (1/22/25)	Retro Rate change payment with New Account Code Assignment (ACA) are not processed.	Code fixed to not rederive ACA segments for retro rate change payment transactions.	Office of Managed Health Care (OMHC)	11532	UTOPS-21951, EVOBRIXUT-39648
C4-1.15 (1/22/25)	Why is claim posting 5315 Invalid CLIA number for Provider/Location.	Defect fix to relax the location code check and only check for the address to ensure it's on the provider's file to fix the match logic.	Office of Medicaid Operations (OMO)	11539	UTOPS-23497, EVOBRIXUT-40850
C4-1.15 (1/22/25)	Creation of Hospice Admission did not end date open ended Long Term Care (LTC-NFAC) admission.	The system should update the end date of a benefit plan when a new record is approved.	Office of Healthcare Policy and Authorization (OHPA)	11555	EVOBRIXUT-40355
C4-1.15 (1/22/25)	Federally Qualified Health Center (FQHC) crossover claims paying Incorrectly.	Pricing rule stamped as "Lesser Than Logic" when there is no rate in reference for the service on the crossover claim, then the service is priced at 80% of the Medicare allowed amount after the pricing logic is updated.	Office of Medicaid Operations (OMO)	11560	EVOBRIXUT-39914
C4-1.15 (1/22/25)	Error: unable to approve Prior Authorization (PA)	Code fix applied in PROD to increase the variable length size to 4000 and then the notification and status change will work without issue.	Office of Healthcare Policy and Authorization (OHPA)	11598	UTOPS-23592, EVOBRIXUT-40473(SR), EVOBRIXUT-40472(SR), EVOBRIXUT-40468

C4-1.15 (1/22/25)	Not recieving ANY state notifications	Users in Prior Authorization (PA) Manager and PA Reviewer are not getting notifications due to size length 1000 defined in the code.Code fix to be released and applied in PROD to increase the Variable length size to 4000	Office of Healthcare Policy and Authorization (OHPA)	11634	UTOPS-23687,EVOBRIXUT-40473(SR) EVOBRIXUT-40468
C4-1.15 (1/22/25)	Providers not receiving notifications for comments added on admission records	Code fixed to trigger the notification to all the NPI/Provider ID user's associated to the transaction ID having profile access "EXT Admission/PA Provider".	Office of Long Term Services and Supports (OLTSS)	11760	UTOPS-23994, EVOBRIXUT-40687
C4-1.15 (1/22/25)	Same service on two separate encounters both accepted Edit 20902 Duplicate encounter and Edit 20173 Accepted - Plan Denied.	Edit 20902 is posting as expected when two separate encounters on two separate 837 files were submitted for the same member, same date of service, same provider NPI and same procedure code.	Office of Managed Health Care (OMHC)	11798	UTOPS-24159, EVOBRIXUT-40714
C4-1.15 (1/22/25)	Buyout Case List not pulling up in PRISM	Code fix completed, fixing the Buyout list screen.	Office of Eligibility Policy (OEP)	11904	UTOPS-24401, EVOBRIXUT-40756, EVOBRIXUT-40755(SR)
C4-1.15 (1/22/25)	1501 Monthly file Creating Duplicate Records	Code fix completed, fixing the restrict the duplicate record creations.	Office of Systems and Project Management (OSPM)	11924	EVOBRIXUT-40729
C4-1.15 (1/22/25)	Tribal Federally Qualified Health Center (FQHC) (Four Walls Policy)	Align Tribal FQHC Policy with CMS requirements	Office of Medicaid Operations (OMO)	1193	RTW EVOBRIXUT-40920, DOC EVOBRIXUT-41054, 41056, 41058, ENH EVOBRIXUT-41055, 41057, 41059
C4-1.15 (1/22/25)	Missing CHIP Benefit Plans-Access to Care issue	With CR 9680 changes the dental program will be considered for re enrollment and Dental CHIP will also be re enrolled based on the prior enrollment.	Office of Managed Health Care (OMHC)	12111	UTOPS-24926, EVOBRIXUT-41022(SR),
C4-1.15 (1/22/25)	SQL Exception Erorr - AM_PVM.150031:SQLException while executing query statement Category Status Code on the Error Code screen	The fix involves the data warehouse end to consume the data with 4 digits.	Office of Systems and Project Management (OSPM)	12179	EVOBRIXUT-40924
C4-1.15 (1/22/25)	Pricing Path name correction needed for Multiple Surgery Reduction Pricing Rules.	Pricing Path name has been corrected as per UT-G: Multiple Surgery Reduction – 100%.	Office of Systems and Project Management (OSPM)	12309	EVOBRIXUT-41292, EVOBRIXUT-41295, EVOBRIXUT-41293
C4-1.15 (1/22/25)	Letterhead updates (NC Enhancment)	Correspondence Header and Footer Exhibit document is updated as per description. Revision History was addedGeneral Tab, all items listed in the description have been updated.	Office of Systems and Project Management (OSPM)	12588	UTOPS-26078, DOC EVOBRIXUT-41900, ENH EVOBRIXUT-42120

C4-1.15 (1/22/25)	Full inactivate 834 records being held incorrectly	Full inactivates for the current month are being delivered as expected.	Office of Systems and Project Management (OSPM)	12880	UTOPS-26876, EVOBRIXUT-42403
C4-1.15 (1/22/25)	AIR for Indian Health Services (IHS) for 2025 for Charge Modes 0866	Charge Mode 0866 Rate has been updated with the Start Date 01/22/2025 End Date 12/31/2999	Office of Reimbursement, Coordinated Care & Audit (ORCA)	12884	UTOPS-26882, EVOBRIXUT-42412 SR
C4-1.15 (1/22/25)	Third Party Liability change record reported but no Third Party Payer informtion on the 834	Code fix done for the restrict the Duplicate Record creation.	Office of Managed Health Care (OMHC)	12894	UTOPS-26907, EVOBRIXUT-40729
C4-1.15 (1/22/25)	Need a report of Production TCNs Impacted by EVOBRIXUT-39183	This report is needed for Mass Adjustment after the implementation date (01/22/2025 or any potential changed date) . Query ran to identify all claims impacted by the defect until C4-1.15 deployment into PROD for business to Mass Adjust these TCN's.	Office of Systems and Project Management (OSPM)	13216	EVOBRIXUT-42899
C4-1.15 (1/22/25)	Need a report of Production TCNs Impacted by EVOBRIXUT-38883	This report is needed for Mass Adjustment after the implementation date (01/22/2025 or any potential changed date) . Query ran to identify all claims impacted by the defect until C4-1.15 deployment into PROD for business to Mass Adjust these TCN's.	Office of Medicaid Operations (OMO)	13217	EVOBRIXUT-42863
C4-1.15 (1/22/25)	Need a report of Production TCNs Impacted by EVOBRIXUT-39130	This report is needed for Mass Adjustment after the implementation date (01/22/2025 or any potential changed date) . Query ran to identify all claims impacted by the defect until C4-1.15 deployment into PROD for business to Mass Adjust these TCN's.	Office of Systems and Project Management (OSPM)	13219	EVOBRIXUT-42864
C4-1.15 (1/22/25)	Need a report of Production TCNs Impacted by EVOBRIXUT-40714	This report is needed for Mass Adjustment after the implementation date (01/22/2025 or any potential changed date) . Query ran to identify all claims impacted by the defect until C4-1.15 deployment into PROD for business to Mass Adjust these TCN's.	Office of Systems and Project Management (OSPM)	13220	EVOBRIXUT-42862
C4-1.15 (1/22/25)	Report of TCNs impacted from EVOBRIXUT-39943	The report of impacted TCNs has been ran and attached to the ticket	Office of Medicaid Operations (OMO)	13285	EVOBRIXUT-39943
C4-1.15 (1/22/25)	Hospice T2042 Hospice routine home care, paying incorrectly (NC Enhancement)	Resolution Text updated for Error code 1332 Unable to price for the date of service.	Office of Medicaid Operations (OMO)	1968	UTOPS-5761, EVOBRIXUT-31466 (DOC),EVOBRIXUT-31467 (ENH)

C4-1.15 (1/22/25)	IDD 411 OUTPATIENT PROVIDER SPECIFIC FILE FROM CMS IN update file format to .csv	CMS changed the file format of the 411 interfaces from .txt to .csv. This CMS change was effective April 1, 2023. The file has also changed. New elements were added, and existing elements were deleted	Office of Reimbursement, Coordinated Care & Audit (ORCA)	3280	RTW EVOBRIXUT-33184, EVOBRIXUT-33471 Doc, EVOBRIXUT-33472 ENH, EVOBRIXUT-41637 DOC
C4-1.15 (1/22/25)	IDD 416 layout update needed for Office of Recovery Services (ORS)	IDD 416 fails to load when values are alphanumeric. These fields also have a high impact for pay and chase for ORS. Keep the [Data Types] as Numerical and default to zeros if the values are outside the normal values on the following fields in IDD 416 and all downstream interfaces.	Pharmacy Team	3524	RTW EVOBRIXUT-37161, EVOBRIXUT-37970 EVOBRIXUT-37968, EVOBRIXUT-41157 SR
C4-1.15 (1/22/25)	Vulnerability issue reported in Adjudication Application	Vulnerability issue reported in below files in Adjudication application. Unreleased Resource: Database - Utility.java	Office of Systems and Project Management (OSPM)	4428	EVOBRIXUT-31719
C4-1.15 (1/22/25)	Overlapping Primary Providers on the Fee-For-Service (FFS) Authorized Provider list	Issue fixed to validate the Primary Restriction for both FFS and Managed Care (MC) Primary Restriction provider records.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	4445	UTOPS-9768, EVOBRIXUT-32671
C4-1.15 (1/22/25)	RVW_CNCLSN column is populating NULL's incorrectly	A code fix in Online Transaction Processing (OLTP) Database (DB) has been applied to fix RVW_CNCLSN field wherever its null so that after the next Data Warehouse (DW) run, data will be fixed in reports.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	4625	UTOPS-10103, UTOPS-12101, EVOBRIXUT-32793
C4-1.15 (1/22/25)	Records Failing to Load in Oracle Financials (OFIN) tables as RTNG_NUMBER has been increased to greater than Column length	Column length has increased in the OFIN tables from 9 to 15.	Office of Financial Services (OFS)	4899	UTOPS-10563, EVOBRIxUT-33076(SR), EVOBRIXUT-33077
C4-1.15 (1/22/25)	Reference file does not match Prior Authorization (PA) descriptor.	Code fixed to pull description from diagnosis_details table.	Office of Healthcare Policy and Authorization (OHPA)	5221	UTOPS-11205, EVOBRIXUT-33515
C4-1.15 (1/22/25)	Member has 2 primary care providers listed in the Fee-For-Service (FFS) Authorized section in Restriction which does not match the Managed Care (MC) Authorized Provider section.	Issue fixed to update the Primary flag based on the Interface request for both FFS and MC Restriction providers.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	5758	UTOPS-12135, EVOBRIXUT-34301(SR), EVOBRIXUT-34300
C4-1.15 (1/22/25)	Update Appendix for IDD 1405 GHS JCODES TO GHS OUT UPDATES	The following is the existing implementation and will be added as Additional PRISM RULESystem will populate with Ordering provider information. Attending Provider ID information will be populated for Invoice Type I and Rendering Provider ID for Invoice Type P	Pharmacy Team	5767	RTW EVOBRIXUT-37179, EVOBRIXUT-37358 DOC, EVOBRIXUT-37359 ENH
C4-1.15 (1/22/25)	Current Procedural Terminology (CPT) Code 41899 Other procedure on teeth and gums, paying at a different rate.	Added additional logs to log the list of specialties available for the provider during claim processing	Office of Medicaid Operations (OMO)	6799	UTOPS-14456, EVOBRIXUT-36769

C4-1.15 (1/22/25)	Primary Provider and Primary Pharmacy was changed from Y to N during a Managed Care Organization (MCO) interface transaction	The fix will update the Primary Provider record with the term date.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	7072	UTOPS-14382, EVOBRIXUT-35382
C4-1.15 (1/22/25)	Unable to update specialty and subspecialty for a pharmacy in PRISM	Due to exceeded maximum idle time while executing the query, the member was locked. This fix is aimed to resolve for all the members to avoid locking issue in future.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	7291	UTOPS-14870; EVOBRIXUT-35627(SR); EVOBRIXUT-35650
C4-1.15 (1/22/25)	Vulnerability issue reported in below Application Programming Interface (API's/Jar's) in EDI application	Upgraded the jackson-databind without vulnerability Issue. Upgrade to the Spring Web Jar without vulnerability Issue.	Office of Systems and Project Management (OSPM)	7574	EVOBRIXUT-35365
C4-1.15 (1/22/25)	Vulnerability issue reported in below Application Programming Interface (API's/Jar's) in Webservice application	Upgrade the jackson-databind without Vulnerability Issue. Upgrade to the Spring Web Jar without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	7575	EVOBRIXUT-35364
C4-1.15 (1/22/25)	Error Code 2063 Invalid date of birth, posting to Division of Services for People with Disabilities (DSPD) claims	In Department of Human Services (DHS) Interfaces 424 and 456, adjusted the length of the Date of Birth field from 6 to 8 and allow MMDDYYYY format.	Office of Long Term Services and Supports (OLTSS)	7693	UTOPS-15516, EVOBRIXUT-40896, EVOBRIXUT-40969 DOC, EVOBRIXUT-40971 DOC, EVOBRIXUT-40972 EHN, EVOBRIXUT-40974 EHN, EVOBRIXUT-40896 RTW
C4-1.15 (1/22/25)	Office of Recovery Services (ORS) weekly Internal Exchange Transaction (IETs) are missing some transactions from ORS's 434 files	The fix has been completed for the Recovery Amounts being missed as there are some identified transactions (legacy TCNs) exists with no account coding.	Office of Financial Services (OFS)	8121	UTOPS-16317, EVOBRIXUT-36354(SR), EVOBRIXUT-32557
C4-1.15 (1/22/25)	Prior Authorization (PA) Documents Upload Grid displaying when a document has not been uploaded	In the Upload Additional Document page the code is modified to validate whether any documents have been uploaded. The system will not display that a document was uploaded in the Grid if the user has not uploaded a document.	Office of Healthcare Policy and Authorization (OHPA)	8409	UTOPS-16868, EVOBRIXUT-36704
C4-1.15 (1/22/25)	Part 2 - Resident Assessment process requires Nursing Facility Admission Record/PASRR/Notification changes	Update the system to make the Nursing Facility Admission Record process follow current program rules. Allow for Nursing Facility approvals to fall within current timing mandates more accurately.	Office of Long Term Services and Supports (OLTSS)	8462	RTW: EVOBRIXUT-36908 DOC: EVOBRIXUT-36445, EVOBRIXUT-36446, EVOBRIXUT-36986, EVOBRIXUT-36464, EVOBRIXUT-36989, EVOBRIXUT-36991 ENH: EVOBRIXUT-37051, EVOBRIXUT-37053, EVOBRIXUT-37054, EVOBRIXUT-
C4-1.15 (1/22/25)	HIPP_CASE_MBR_DTL rejects the rows due to record not present in Parent table RECIPIENT_AID_CATEGORY.	While loading Data Warehouse (DW) tables, multiple DW checks are performed. Records on the table HIPP_CASE_MBR_DTL is rejected due to the RAC_CODE specified in these records are not present in the parent table "RECIPIENT_AID_CATEGORY". DW table = HIPP_CASE_MBR_DTL_S	Office of Systems and Project Management (OSPM)	9557	EVOBRIXUT-35063
C4-1.15 (1/22/25)	Vulnerability issue reported in below Code Management Toolkit (CMT/Jar's) in CMT Application	Vulnerability issue reported in below CMT/Jar's in CMT application is working as expected.	Office of Systems and Project Management (OSPM)	9580	EVOBRIXUT-36671

C4-1.15 (1/22/25)	Vulnerability issue reported in below Application Programming Interface (API's/Jar's) in Adjudication application	Vulnerability issue reported in API's/Jar's in Adjudication application is working as expected.	Office of Systems and Project Management (OSPM)	9582	EVOBRIXUT-35360
C4-1.15 (1/22/25)	Vulnerability issue reported in below Application Programming Interface (API's/Jar's) in PRISM Screen application	Vulnerability issue reported in API's/Jar's in PRISM Screen application is working as expected.	Office of Systems and Project Management (OSPM)	9589	EVOBRIXUT-35361
C4-1.15 (1/22/25)	Auto re-enrollment for additional Managed Care (MC) programs from CR 2983	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)	9680	UTOPS-19307, EVOBRIXUT-38018, RTW: EVOBRIXUT-40025 DOC: EVOBRIXUT-40914 ENH: EVOBRIXUT-40915
C4-1.14.1 (12/18/24)	Members Not Receiving All Available Letters	Members will receive both the Welcome Letter and Benefit letter whenever they are both applicable.	Office of Managed Health Care (OMHC)	10054	EVOBRIXUT-38542, EVOBRIXUT-38703 (Doc)
C4-1.14.1 (12/18/24)	Electronic Data Interchange file for enrollment 834 creating duplicate Dis-Enrollment record when incarceration for a period	The code has been fixed to not report the multiple Dis-Enrollment records when applying the incarceration for a period.	Office of Managed Health Care (OMHC)	10130	UTOPS-20836; EVOBRIXUT-38670; UTOPS-21286
C4-1.14.1 (12/18/24)	Molina Benefit Plan (BP) has been made inactive and retro dated several months back	Code fix to create Program Enrollment Type (PET) records for the reported members.	Office of Managed Health Care (OMHC)	10199	UTOPS-20376, EVOBRIXUT-38783(SR), EVOBRIXUT-38828(SR), EVOBRIXUT-39395
C4-1.14.1 (12/18/24)	Electronic Data Interchange file for enrollment 834 Inaccurate records: term and change records	834 Daily file will be triggered based on the changes happening for the member enrollment on daily basis.	Office of Managed Health Care (OMHC)	10588	UTOPS-21201; EVOBRIXUT-39208; EVOBRIXUT-39400(SR)
C4-1.14.1 (12/18/24)	Mid-month Prepaid Mental Health Plans Benefit Plan (PMHP BP) Derivation	Acentra confirmed that CR6030 should resolve this issue. The system will assign the member the same provider after incarceration end date which the member was associated to prior to the incarceration period.	Office of Managed Health Care (OMHC)	10878	UTOPS-21380, EVOBRIXUT-39334
C4-1.14.1 (12/18/24)	Third-Party Liability (TPL) Termed and a Electronic Data Interchange file for enrollment 834 change record did not go out to the plans	The TPL changes will be reported in the 834 for the retro 12 months based on the Enrollment for the respective member in retro 12 months.	Office of Managed Health Care (OMHC)	11040	UTOPS-22212; EVOBRIXUT-40224
C4-1.14.1 (12/18/24)	PRISM system is creating Address Gap Issue.	Code has been modified to avoid the address segment gap.	Office of Managed Health Care (OMHC)	11100	UTOPS-21489, UTOPS-16133, EVOBRIXUT-39805, EVOBRIXUT-39808(SR)

C4-1.14.1 (12/18/24)	UT_C3_CM_RAC date deriving wrongly while changing the RAC from A38 to E0B	eREP sends Benefit issuance then the Recipient Aid Category (RAC) will be updated for the prospective month. Code fix has correct the issue of the old RAC is still retained for future start date.	Office of Managed Health Care (OMHC)	11244	EVOBRIXUT-39886
C4-1.14.1 (12/18/24)	Managed Care (MC) MH/SUD Enrollment against Card Cut off rules	Code fix to correct the incorrect retro transaction date stamped to the new eligibility record. Resolving the invalid Prepaid Mental Health Plans (PMHP) retro start date.	Office of Managed Health Care (OMHC)	11452	UTOPS-23204, EVOBRIXUT-40289
C4-1.14.1 (12/18/24)	Managed Care (MC) MH/SUD Incorrect prospective enrollment	Code fixed to correct, card cutoff rule code is populating incorrect prospective month, whenever Prepaid Mental Health Plans (PMHP) Benefit Plan (BP) is created for the first time for a member in the system.	Office of Managed Health Care (OMHC)	11613	UTOPS-23603, EVOBRIXUT-40522, EVOBRIXUT-40523(SR), EVOBRIXUT-40486(SR)
C4-1.14.1 (12/18/24)	Exemption for Managed Care Mental Health (MC-MH) and MC-MH-Substance Use Disorder (SUD) and plans in place.	Code fix applied to rederive the Prepaid Mental Health Plans (PMHP) Exemption based on the indicator dates in eREP BP process as well to resolve this issue.	Office of Managed Health Care (OMHC)	12776	UTOPS-26659
C4-1.14.1 (12/18/24)	Managed Care Encounters (MCE) Enrollment and Payment Reporting	Multiple updates are needed for MC enrollment (834) and payment (820) reporting to be more streamlined for business and the managed care plans. The goal of this change request is to reduce the number of 834 and 820 records that get generated and sent to the MC plans	Office of Managed Health Care (OMHC)	6030	RTW: EVOBRIXUT-40114 DOC: EVOBRIXUT-40521, 40811, 40488, 40492, 40489, 40491, 40496, 40494, 40490, 40498, 40811, 41071 ENH: EVOBRIXUT-40532, 40533, 40534, 40535, 40536, 40537,
C4-1.14.1 (12/18/24)	Managed Care (MC) Mental Health/Substance Use Disorder (MH/SUD) enrollment incorrectly processed	Patch script deployed to production. MC-MH/SUD Benefit Plan rederived successfully for all the impacted members.	Office of Managed Health Care (OMHC)	7956	UTOPS-16025, EVOBRIXUT-36217(SR),, EVOBRIXUT-36219
C4-1.14.1 (12/18/24)	County override removed all past Mental Health (MH) enrollments	PRISM will inactivate the existing benefit plan only for the override county date range and rederive the benefit plan correctly.	Office of Managed Health Care (OMHC)	9913	UTOPS-19804, EVOBRIXUT-38473(SR), EVOBRIXUT-38470
C4-1.14 (10/30/24)	Confused on a Transaction Status	The release has fixed the issue where the user should not be able to add a new line for Gross Adjustment (GA) if the status is not "In Process"	Office of Financial Services (OFS)	10057	UTOPS-20500; EVOBRIXUT-38859; EVOBRIXUT-39145(SR)
C4-1.14 (10/30/24)	Lines pricing at zero after edit 1969 Services included in the global period, was forced.	Approved/Paid amount derived incorrectly for Multiple Surgery Reduction pricing. Issue has been fixed in rule flow for local variable cache issue.	Office of Medicaid Operations (OMO)	10132	UTOPS-20321, EVOBRIXUT-39942
C4-1.14 (10/30/24)	Timely filing - Transaction Control Number (TCN) Pay Cycle Date and TCN Load Date inconsistency.	Data patch for the impacted claims to update the correct pay cycle date for claims that were Remittance Advice (RA) Processed and to identify the issue in OFIN.	Office of Medicaid Operations (OMO)	10180	UTOPS-20422, UTOPS-20422,EVOBRIXUT-38842(SR), EVOBRIXUT-38841

C4-1.14 (10/30/24)	Managed Care (MC)-MED not rederived correctly.	Fixed the issue, when member moves out of state only the ongoing eligibility is disenrolled and eligibility till end of current month is active.	Office of Managed Health Care (OMHC)	10405	UTOPS-20782; EVOBRIXUT-39042; EVOBRIXUT-39043(SR)
C4-1.14 (10/30/24)	DW - PRVDR_LCTN_X_ADDRESS	Release has fixed quality issues for, DW table - PRVDR_LCTN_ADDRESS_S Column - STATE_CODE. Currently in the datastage code the column is fetched from the reference table and needs to be corrected. As part of the fix the column value will be populated from the source table(PRVDR_LCTN_X_ADDRESS) itself	Office of Systems and Project Management (OSPM)	10425	EVOBRIXUT-38794
C4-1.14 (10/30/24)	Pregnancy Indicator incorrectly dropped when 934 file sent without eligibility	Issue fixed not to end date the Pregnancy Indicator when Eligibility in not received in eREP file	Pharmacy Team	10449	UTOPS-20866, EVOBRIXUT-39066, EVOBRIXUT-39067(SR)
C4-1.14 (10/30/24)	1095B incremental update not generating correspondence and file for some members/ Turning on the 1095B interface schedule to run every two weeks to post files to IRS and recieve feedback	Code fixed. PROD data loaded to STAGING after correcting the batch issue. Staging data to generate the IRS file.	Office of Systems and Project Management (OSPM)	10560	UTOPS-20979, EVOBRIXUT-39093
C4-1.14 (10/30/24)	Interface 902 Detail Records (DET) records are showing only current month data for a newly created member.	DET records are displayed for the newly created members and for the retro period	Office of Systems and Project Management (OSPM)	10576	EVOBRIXUT-33517
C4-1.14 (10/30/24)	Nursing facility admission record file IDs not showing on all screens	ID column in Upload documents page is populated with admission record Transaction ID.	Office of Long Term Services and Supports (OLTSS)	10716	UTOPS-21505; EVOBRIXUT-39606
C4-1.14 (10/30/24)	Leave of Absence (LOA) Days Calculation from 2023 on 2024 Claims	The system had calculated the LOA days utilization of 2023 to post the edit for the claim DOS 2024 and LOA days submitted on the claim for 2023. This has now been corrected to ensure the edit does not post using the utilization of 2023.	Office of Medicaid Operations (OMO)	10907	EVOBRIXUT-39431
C4-1.14 (10/30/24)	Hospice Records not attach/available in PRISM. Paperclip issue.	Updated the java code to sync with filenet file upload and PRISM.	Office of Healthcare Policy and Authorization (OHPA)	10924	UTOPS-21941, EVOBRIXUT-39614(SR); EVOBRIXUT-39837
C4-1.14 (10/30/24)	Invalid benefit plan error code P0002 Beneficiary is not eligible for the service line, on Prior Authorization (PA)	Code fix done to check the Current eligibility for the member for validating P00024 edit.	Office of Healthcare Policy and Authorization (OHPA)	10933	UTOPS-21956, EVOBRIXUT-39632, EVOBRIXUT-39627
C4-1.14 (10/30/24)	PA_RQST_PRCDR_TRANSACTION table extraction process failed due to discrepancies in nullable between the OTLP and the SRC_STG tables.	This issue has been fixed and Extraction rule fix (configuration data) performed.	Office of Systems and Project Management (OSPM)	10942	EVOBRIXUT-38035

Release	Title	Description	Office	ID	References
C4-1.14 (10/30/24)	Spenddown records sent by eREP not consumed correctly in PRISM	The update has corrected the spenddown indicator, derive the respective BPs and correct Spenddown Met Date where applicable	Office of Eligibility Policy (OEP)	10985	UTOPS-22098, EVOBRIXUT-39688 (SR), EVOBRIXUT-39689, EVOBRIXUT-39703,EVOBRIXUT-39725, EVOBRIXUT-39801(SR), EVOBRIXUT-39802 (SR)
C4-1.14 (10/30/24)	Data Warehouse (DW) extraction framework: Intermediate schema archival - Process improvement (NC Enhancement)	As a process improvement, an archival process is being implemented in PRDMMISDWETL (#3) to keep extraction performance efficient over the long run.	Office of Systems and Project Management (OSPM)	11020	EVOBRIXUT-39687; EVOBRIXUT-40777
C4-1.14 (10/30/24)	FIN_1099_HISTORY.ENTITY_TYPE_LKPCD data quality issue	Release has fixed quality issues for, LKPCD fields are validated with configured data in LOOKUP config tables. CID fields are validated with parent tables DW table = FIN_1099_HISTORY_S DQ issue: ENTITY_TYPE_LKPCD in ('Memb') value is coming in this column. This is not available in LOOKUP config tables.	Office of Systems and Project Management (OSPM)	11070	EVOBRIXUT-39629
C4-1.14 (10/30/24)	Spenddown Met Date not updating	Spenddown met date is now populated as sent in eRep file.	Office of Eligibility Policy (OEP)	11105	UTOPS-22098, EVOBRIXUT-39703
C4-1.14 (10/30/24)	Spenddown Bills incorrectly inactivated in PRISM	Code has been modified not to inactivate Spenddown Bills.	Office of Eligibility Policy (OEP)	11106	UTOPS-22098, EVOBRIXUT-39725
C4-1.14 (10/30/24)	FIN_1099_HISTORY.ENTITY_TYPE_LKPCD data quality issue	Code fix for the 1099 process in OFIN to not consider the void and standalone cash application data for the Members and Other non 1099 reporting providers.	Office of Financial Services (OFS)	11110	EVOBRIXUT-39781
C4-1.14 (10/30/24)	Prior Authorization (PA) not allowing Diagnosis (DX) code even though it is an approved Medicaid DX code.	Update done to the DX Code From J449 to J9620 in Production. The DX Code is listed on the PA as expected.	Office of Long Term Services and Supports (OLTSS)	11169	UTOPS-22561, EVOBRIXUT-39904 (SR), EVOBRIXUT-39905
C4-1.14 (10/30/24)	Indian Health Service (IHS) claims are Paying multiple AIR rates on the same claims same date of service	Edit 2002 is working as expected after included current claim in history claim validation for AIR pricing and line level diagnosis validation is fixed.	Office of Medicaid Operations (OMO)	11314	UTOPS-22887, EVOBRIXUT-40174
C4-1.14 (10/30/24)	Cognos Upgrade 11.1.7 to 11.2 (NC Enhancement)		Office of Systems and Project Management (OSPM)	11404	UTOPS-22089, EVOBRIXUT-40375 (Doc), EVOBRIXUT-40570 (Doc)
C4-1.14 (10/30/24)	BNFT_PLN_ASGNMNT_PARAM_SET_S self-RI issue.	BNFT_PLN_ASGNMNT_PARAM_SET_S: Convert table scenario from 2 to 1 - Patch applied during deployment window MC_ENROLLMENT_S:FK Linking data patch. DS Code change to include linking correction package in DS load post seq	Office of Systems and Project Management (OSPM)	11556	EVOBRIXUT-40204

C4-1.14 (10/30/24)	PEGA_CASE_NOTES duplicate records	In Data stage code fixed. The NOTESADDEDDATE value will be stored in SOURCE_SYSTEM_IDNTFR with the time information.	Office of Systems and Project Management (OSPM)	11606	EVOBRIXUT-40309
C4-1.14 (10/30/24)	Shifted text on checks at State Print (NC Enhancment)	The alignment of the checks has been adjusted to match the approved sample.	Office of Systems and Project Management (OSPM)	11750	UTOPS-23983 EVOBRIXUT-40611
C4-1.14 (10/30/24)	Admission Denial and Approval Correspondence Errors	Code fixed to populate the correspondence address for the Admission approval and Denial letters sent to the providers.	Office of Healthcare Policy and Authorization (OHPA)	11811	EVOBRIXUT-40512(SR), EVOBRIXUT-40511
C4-1.14 (10/30/24)	Corrections to Code optimization for 410, 423, 401 and 417 to improve the performance	The code from 1.13 has been removed and the old code activated.

417 file was generated with valid data. | Office of Systems and Project Management (OSPM) | 11818 | UTOPS-24160 , EVOBRIXUT-40671, EVOBRIXUT-39761 |
C4-1.14 (10/30/24)	Extend Data Warehouse Operational Support		Office of Systems and Project Management (OSPM)	11921	
C4-1.14 (10/30/24)	PROD-Provide a report of Transaction Control Number (TCNs) where the Leave of Absence (LOA) Dates are NOT within the Date of Service (DOS) year	Acentra will run the query after C4-1.14 deployment to PROD to get the impacted TCNs	Office of Medicaid Operations (OMO)	12262	EVOBRIXUT-41240 (SR)
C4-1.14 (10/30/24)	Report of TCN's from PROD impacted Multiple Surgery Reduction not working as expected - Lines pricing at zero after edit 1969 Services included in the global period, was forced.	Query ran to identify all claims impacted by the defect up until C4-1.14 Deployment into PROD for business to Mass Adjust these TCNs.	Office of Systems and Project Management (OSPM)	12303	EVOBRIXUT-41322
C4-1.14 (10/30/24)	Report of TCN's from PROD impacted by CR8573	Query ran to identify all claims impacted by the defect up until C4-1.14 Deployment into PROD for business to Mass Adjust these TCNs.	Office of Systems and Project Management (OSPM)	12322	EVOBRIXUT-41336
C4-1.14 (10/30/24)	Reassigning the cases to CMA-NC Pending WB from Bulk actions cases system didn't associated provider the assignment	The Reassigned Cases of CMA-NC Pending WB from Bulk Actions are not visible to the other CMA providers.	Office of Long Term Services and Supports (OLTSS)	3356	EVOBRIXUT-31180
C4-1.14 (10/30/24)	PRVDR_LCTN_INDICATOR data quality issue	Release has fixed quality issues for, data is from conversion/bad data/test data,If data is generated by the application, the value needs to be configured in LOOKUP config tables	Office of Systems and Project Management (OSPM)	3482	EVOBRIXUT-30455

C4-1.14 (10/30/24)	Provider DRG Factor approval not working on Garfield only	Code fix implemented to correct the data issue in workflow data during Approve Functionality in the Provider DRG Factor List page.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	4112	UTOPS-9193, EVOBRIXUT-32253
C4-1.14 (10/30/24)	CLM_ERROR_DETAIL.CTGRY_STATUS_LKPCD data quality issue	Release has fixed quality issues for, LKPCD fields are validated with configured data in LOOKUP config tables. CID fields are validated with parent tables. DW table = CLM_ERROR_DETAIL_S DQ issue: CTGRY_STATUS_LKPCD=('-2') value is coming in this column. This is not available in LOOKUP config tables.	Office of Systems and Project Management (OSPM)	4567	EVOBRIXUT-32544(SR), EVOBRIXUT-32544(SR), EVOBRIXUT-34865(SR), EVOBRIXUT-34879
C4-1.14 (10/30/24)	REMITTANCE_ADVICE_AMOUNT.ADJUSTMENT_SOURCE_LKPCD, REMITTANCE_ADVICE_AMOUNT.REASON_CODE_LKPCD data quality issue	Release has fixed quality issues for, LKPCD fields are validated with configured data in LOOKUP config tables. CID fields are validated with parent tables. DW table = REMITTANCE_ADVICE_AMT_S DQ issue: ADJUSTMENT_SOURCE_LKPCD in ('PIA') value is coming in this column. This is available in LOOKUP config table, but it is in inactive status. REASON_CODE_LKPCD in ('IET') value is coming in this column. This is not available in LOOKUP config tables.	Office of Systems and Project Management (OSPM)	5213	EVOBRIXUT-32979(SR), EVOBRIXUT-34945(SR), EVOBRIXUT-34811
C4-1.14 (10/30/24)	Restriction IDD 936 system is using the Begin Date sent on a Term transaction when it should be ignored	Code fix, the system to ignore the New begin date when Transaction Type is "T"	Office of Reimbursement, Coordinated Care & Audit (ORCA)	5840	EVOBRIXUT-33997
C4-1.14 (10/30/24)	Moderate Risk provider, the system is setting 3 year revalidation cycle instead of 5 year.	For Moderate and Limited Risk providers the Revalidation Cycle Start Date is set to 5 yrs. High Risk provider has a period of 3 years.	Office of Medicaid Operations (OMO)	6111	UTOPS-12756, EVOBRIXUT-34438
C4-1.14 (10/30/24)	Error when approving Prior Authorization (PA) service line	Existing PA is able to add and approve newly added service lines with Procedure code successfully and able to approve PA as expected after fix.	Office of Healthcare Policy and Authorization (OHPA)	6422	UTOPS-13258, EVOBRIXUT-34657(SR), EVOBRIXUT-34659
C4-1.14 (10/30/24)	1099-Misc Form Corrections $ Sign Duplicated and .00 when no Value	Working as expected. $ sign in boxes values removed .00 value is removed	Office of Systems and Project Management (OSPM)	8052	EVOBRIXUT-36206, EVOBRIXUT-36205(SR)
C4-1.14 (10/30/24)	Updates for Ambulatory Payment Classification (APC) Status Code processing	Updated the pricing and processing of APC Status Codes to allow correct payment of claims.	Office of Medicaid Operations (OMO)	8573	RTW EVOBRIXUT-39967, DOC EVOBRIXUT-40116, ENH EVOBRIXUT-40117
C4-1.14 (10/30/24)	MBR_PRGRM_ENRLMNT_TYPE_L table rejected records	Updates to the DW table - MBR_PRGRM_ENRLMNT_TYPE_L OLTP Table Name - MBR_X_PRGRM_ENRLMNT_TYPE The record is modified in the OLTP(source system) with no update to audit columns (such as from_date / to_date / created_date / modified_date etc..) and causing the downstream impact in the DW.	Office of Systems and Project Management (OSPM)	8858	UTOPS-12402, EVOBRIXUT-32700
C4-1.14 (10/30/24)	MC_ENROLLMENT_HISTORY_DETAIL.COUNTY_SID data quality issue	Release has fixed quality issues for, LKPCD fields are validated with configured data in LOOKUP config tables. CID fields are validated with parent tables. DW table = MC_ENROLLMENT_ADTNL_INFO_S DQ issue: COUNTY_SID in (49035) value is coming in this column. This is not available in COUNTY config table (EVOBRIX and GG).	Office of Systems and Project Management (OSPM)	8860	UTOPS-12693, EVOBRIXUT-33727

C4-1.14 (10/30/24)	REMITTANCE_ADVICE_AMOUNT.ADJUSTMENT_SOURCE_LKPCD data quality issue	Release has fixed quality issues for, LKPCD fields are validated with configured data in LOOKUP config tables. CID fields are validated with parent tables. DW table = REMITTANCE_ADVICE_AMT_S DQ issue: ADJUSTMENT_SOURCE_LKPCD value('PIA') coming in this column are not available in LOOKUP config tables.	Office of Systems and Project Management (OSPM)	9420	EVOBRIXUT-35422
C4-1.14 (10/30/24)	MC_ENROLLMENT_HISTORY_DETAIL.COUNTY_SID data quality issue	While loading DW tables, multiple DW checks are performed. LKPCD fields are validated with configured data in LOOKUP config tables. CID fields are validated with parent tables.	Office of Systems and Project Management (OSPM)	9553	EVOBRIXUT-37375
C4-1.14 (10/30/24)	MBR_SPENDDOWN.SPENDDOWN_TYPE_LKPCD data quality issue	Release has fixed quality issues for, LKPCD fields are validated with configured data in LOOKUP config tables. CID fields are validated with parent tables. DW table = MC_ENROLLMENT_ADTNL_INFO_S DQ issue: COUNTY_SID value coming in this column are not available in COUNTY Parent tables. Affected child tables, MC_APRVD_ENROLLMENT_TRNSCTN_S	Office of Systems and Project Management (OSPM)	9556	EVOBRIXUT-36556
C4-1.14 (10/30/24)	Edit is changing from denied to force	For the edit code, it should save with appropriate action selected by the user from the dlgClaimResolveErrorListWithReason Screen.	Office of Medicaid Operations (OMO)	9618	UTOPS-19209, EVOBRIXUT-38065(SR), EVOBRIXUT-38064
C4-1.13 (9/4/24)	Duplicate lines for Provider Allowable Codes (PAC) associations	Duplicate lines issue has been fixed for the PAC.	Office of Systems and Project Management (OSPM)	10018	UTOPS-19034, EVOBRIXUT-38562
C4-1.13 (9/4/24)	Pended transaction are inactivated and not showing on Enrollment transaction list	Fixed to not inactivate the records in the table mc_wip_enrlmnt_trnsctn with the status 60 in the 1211 interface process.	Office of Managed Health Care (OMHC)	10055	EVOBRIXUT-38036
C4-1.13 (9/4/24)	Code optimization for interface files 410, 423, 401 and 417 to improve the performance (NC Enhancement)	Interfaces are now processing quicker for 410, 423,401 and 417 files.	Office of Systems and Project Management (OSPM)	10142	EVOBRIXUT-38682
C4-1.13 (9/4/24)	1009.13 and CLIA file naming update (NC Enhancement)	Both file names have been updated.	Office of Systems and Project Management (OSPM)	10145	EVOBRIXUT-38685(ENH)
C4-1.13 (9/4/24)	Revise Benefit Letters	Revised the Benefit letters for members whose letters include information about their Prepaid Mental Health Plan (PMHP) enrollment to add information about how the member can access their PMHP's member handbook.	Office of Managed Health Care (OMHC)	1018	EVOBRIXUT-34037, EVOBRIXUT-34517, EVOBRIXUT-34521, EVOBRIXUT-34526, EVOBRIXUT-34528

C4-1.13 (9/4/24)	Encounter (ENC) Admit Date in 1700s Accepted - Edit 20122 Recipient enrolled with another plan on admission date. Not working properly.	The System validated the benefit plan is active against the claim admit date	Office of Managed Health Care (OMHC)	10252	UTOPS-20489,EVOBRIXUT-38796,EVOBRIXUT-38802(SR),EVOBRIXUT-39006(SR)
C4-1.13 (9/4/24)	Managed Care Capitations - Paid but not Enrolled	13 months has been changed to 24 months to report the retro enrollments.	Office of Managed Health Care (OMHC)	10302	UTOPS-20638; EVOBRIXUT-33671; EVOBRIXUT-38907; EVOBRIXUT-38916(SR)
C4-1.13 (9/4/24)	Managed Care Enrollment Inactivated and Not Rederived	Program Enrollment Type (PET) correction logic is modified not to inactivate/disenroll the period when previous ongoing PET end dated with current month.	Office of Managed Health Care (OMHC)	10379	UTOPS-20646, EVOBRIXUT-38922(SR), EVOBRIXUT-38924
C4-1.13 (9/4/24)	Create Documentation on Data Warehouse (DW) Load report (NC Enhancement)	Documentation on DW Load report explaining how to read the report and the meaning of each field in the report.	Office of Systems and Project Management (OSPM)	10421	EVOBRIXUT-34323
C4-1.13 (9/4/24)	SOA Trading Partner Number (TPN) Report is now available in PRISM External	SOA TPN Report is removed from all the environments.	Office of Medicaid Operations (OMO)	10546	UTOPS-21258, EVOBRIXUT-39283(SR), EVOBRIXUT-39341 (defect) EVOBRIXUT-39752 (DOC)
C4-1.13 (9/4/24)	CR 6593 need to update the correspondence name from Manage Claim - Review letter to Manage Claim - Review Letter (NC Enhancement)	Update made to CSM OVR for "Manage Claim - Review Letter - missing documentation" to remove "missing documentation" in the Correspondence Name	Office of Medicaid Operations (OMO)	10550	EVOBRIXUT-39094(ENH), EVOBRIXUT-39111(DOC), EVOBRIXUT-39113(DOC)
C4-1.13 (9/4/24)	System not using Transaction Type in provider derivation logic -Incorrect Provider ID showing in HIPPA Response/Acknowledgement (ClearingHouse submission)	This ticket is to track effort related to evobrixut-38729, Fixed the logic to include transaction type condition.	Office of Medicaid Operations (OMO)	10574	EVOBRIXUT-38949
C4-1.13 (9/4/24)	Vulnerability Critical issue reported in below CMT/Jar's in CMT Application	Code applied to correct vulnerability critical issue reported.	Office of Systems and Project Management (OSPM)	10756	EVOBRIXUT-39299
C4-1.13 (9/4/24)	Change 6 month to 12 month retro for all CHIP programs.	A new rule has been added to the LG7 UT ADDM Use Case Process Enrollment Rules with this change to document that CHIP programs can retro back 12 months.	Office of Systems and Project Management (OSPM)	10758	EVOBRIXUT-39184
C4-1.13 (9/4/24)	Corrected claim for DSPD provider missing Pay to Provider ID 1030359 on child claim	Fixed to copy the Pay to Provider details for the Adjustment/Void claims for the Parent DHS provider	Office of Systems and Project Management (OSPM)	10842	UTOPS-21778, EVOBRIXUT-40012 (DOC), EVOBRIXUT-39696(ENH), EVOBRIXUT-39758(RTW), EVOBRXUT-39759(DOC)

C4-1.13 (9/4/24)	License Auto Closure Process- closing Billing Provider - Servicing Providers remaining Open	When the Billing provider is inactivated the associated servicing providers are inactivated when there is no Professional license/More than one Billing provider associated and even no license are associated for the provider.	Office of Medicaid Operations (OMO)	10868	EVOBRIXUT-39511, EVOBRIXUT-39539, EVOBRIXUT-39549
C4-1.13 (9/4/24)	Provider Business Status wasn't inactivated for DOPL Revoked License	When a license is moved to revoked status the Provider should be inactive and the License Reason - Lapsed is set with the value of Revoked.	Office of Medicaid Operations (OMO)	10874	EVOBRIXUT-39564
C4-1.13 (9/4/24)	GG Refresh issues/ GG RSynch Issues	Tables are synced up with OLTP. AD_RX_P_CLM_HDR_X_ACA_SEGMENT AD_CLM_HDR_X_ACA_SEGMENT AD_CLM_LN_X_ACA_SEGMENT	Office of Systems and Project Management (OSPM)	10943	UTOPS-21948, EVOBRIXUT-39398(SR), EVOBRIXUT-39608
C4-1.13 (9/4/24)	DOPL and CLIA Active Business Status End Date incorrect	This base code issue is fixed now. System will end date the business status as of the license expiry date when the DOPL license has expired by more than 60 days or a CLIA Certification is expired more then 180 days.	Office of Systems and Project Management (OSPM)	10991	EVOBRIXUT-39658
C4-1.13 (9/4/24)	Inpatient Claims Pricing Issue	Issue fixed for mentioned DRG transfer outlier pricing. All inpatient claims should look to the Discharge date for rates.	Office of Medicaid Operations (OMO)	11003	EVOBRIXUT-39597
C4-1.13 (9/4/24)	CLIA Certification that have a future end date are not updating the Business Status	Business Status End Date is updated as expected. The Business Status End Date is updated to 180 days after the CLIA Certification expiration date.	Office of Systems and Project Management (OSPM)	11052	EVOBRIXUT-39575
C4-1.13 (9/4/24)	Login Error Message - Login access denied for other reasons	Code modified. Users are able to login to the domain using the Provider Account Admin profile.	Office of Systems and Project Management (OSPM)	11076	UTOPS-22092, EVOBRIXUT-39749, EVOBRIXUT-39709(SR)
C4-1.13 (9/4/24)	Updates to Edit 5543 Invalid prior authorization for an Inpatient psychiatric services. Bypass condition to change "AND" to "OR" condition	Updates to Edit 5543 Bypass condition to change "AND" Member's age is NOT 21 up to 65. to "OR"Member's age is NOT 21 up to 65.	Office of Medicaid Operations (OMO)	11227	EVOBRIXUT-39959 (RTW), 39961 (DOC), 39963 (ENH)
C4-1.13 (9/4/24)	Interface 408,409, 448 Sending Past Data to ORS	ORS would like to have all missed claims before to CR 2226 going live sent to them	Office of Systems and Project Management (OSPM)	11412	UTOPS-23113
C4-1.13 (9/4/24)	Need a report of Production TCNs falling into Edit 5543 update for CR8719/CR11227	This report is needed for Mass Adjustment after the implementation date (09/04/2024 or any potential changed date) . Query ran to identify all claims impacted by the defect up until C4-1.13 deployment into PROD for business to Mass Adjust these TCN's.	Office of Systems and Project Management (OSPM)	11504	EVOBRIXUT-40343

C4-1.13 (9/4/24)	Normalize CAH Hospital Indicator Data	Inactivated for all existing CAH indicator and added the indicator details for the designated list of current CAH providers	Office of Medicaid Operations (OMO)	11571	EVOBRIXUT-40412(SR)
C4-1.13 (9/4/24)	SR for Post release C4-1.13 - To apply TP records for only exiting providers in PROD with CHECKED BOX of Mode of Submission Electronic Batch	TP records applied to only existing Providers with CHECKED BOX of Mode of Submission Electronic Batch under Provider enrolment subsystem.	Office of Medicaid Operations (OMO)	11579	EVOBRIXUT-40199
C4-1.13 (9/4/24)	Report of TCN's from PROD impacted from CR 6066 Update to Conflict Limit Group processing.	Query has been ran to identify all claims impacted by the CR up until C4-1.13 deployment into PROD for Business to Mass Adjust these TCN's.	Office of Systems and Project Management (OSPM)	11580	EVOBRIXUT-40424
C4-1.13 (9/4/24)	Generate a Report of claims impacted by defect EVOBRIXT-38514	The report included all TCN's that did not derive parent TCN and the Parent TCN. This report will be used to take corrective action once C4-1.13 is released to production.	Office of Medicaid Operations (OMO)	11597	EVOBRIXUT-40439(SR)
C4-1.13 (9/4/24)	Report of duplicate enrollment records Hospice Admission Errors(EVOBRIXUT-38567)	Inactivated duplicate Hospice enrollment/admissions on the back end has been completed.	Office of Systems and Project Management (OSPM)	11600	EVOBRIXUT-39831(SR), EVOBRIXUT-40501(SR)
C4-1.13 (9/4/24)	Report of claims affected by EVOBRIXUT-39597 in Production for Inpatient Claims Pricing Issue	The requested report has been attached to the document vault. The state should create Mass Adjustments for the reported TCNs.	Office of Medicaid Operations (OMO)	11601	EVOBRIXUT-39851
C4-1.13 (9/4/24)	Report of TCNs with Patient (Discharge) Status 63 in PRODUCTION	Report has been created where the Patient Status (Discharge) is equal to 63 and where the final claim indicator is Y.	Office of Medicaid Operations (OMO)	11603	EVOBRIXUT-40219
C4-1.13 (9/4/24)	Member name on the case task within the workbasket/ability to search by application ID	User has the ability to see the Member Names in the workbasket and be able to search by Application ID in the reports search.	Office of Long Term Services and Supports (OLTSS)	1191	RTW EVOBRIXUT-35123, EVOBRIXUT-35289, EVOBRIXUT-35290, ENH EVOBRIXUT-35288
C4-1.13 (9/4/24)	ERROR P0003 Member is currently residing in a facility and the service code is not separately billable. Error is populating inaccurately. Member in a facility	Member Nursing Home or Nursing Home - Exempt benefit plan check is verifying across the PA Procedure from Date,	Office of Healthcare Policy and Authorization (OHPA)	1336	UTOPS-4602, EVOBRIXUT-29553

Release	Title	Description	Office	CR	Tickets
C4-1.13 (9/4/24)	Document Management Portal	When faxes and uploads come into PRISM, they are designated to the appropriate workload.	Office of Medicaid Operations (OMO)	1508	RTW EVOBRIXUT-35182, ENH EVOBRIXUT-35848, ENH EVOBRIXUT-35853, DOC EVOBRIXUT-35850, DOC EVOBRIXUT-35851, EVOBRIXUT-35855
C4-1.13 (9/4/24)	Changes needed for checks sent to State Print	Updates made to Medicaid checks for State Print to print them correctly so financial institutions can process them correctly.	Office of Financial Services (OFS)	1854	RTW EVOBRIXUT-31715, EVOBRIXUT-32576, EVOBRIXUT-32581, EVOBRIXUT-32583, EVOBRIXUT-32578, EVOBRIXUT-32579, EVOBRIXUT-32582, EVOBRIXUT-32584, EVOBRIXUT-33744
C4-1.13 (9/4/24)	Interface 527: Address trailer record issue	As part of fix , the trailer record in the inbound file will be skipped during loading process.	Office of Systems and Project Management (OSPM)	1895	EVOBRIXUT-29846
C4-1.13 (9/4/24)	Interface 408 File is much smaller than expected.	The error occurred due to the Service Provider ID and Provider Name being required for invoice types P and D. These errors will be resolved as part of CR 2226 implementation.	Office of Medicaid Operations (OMO)	2226	UTOPS-6118, UTOPS-6263, UTOPS-17379, EVOBRIXUT-30594, EVOBRIXUT-30669, RTW EVOBRIXUT-31726 , DOC 32152, 32154, 32157, ENH 32153, 32155, 32158, 30669
C4-1.13 (9/4/24)	Fields in warehouse one character long - MC_FINAL_PAYMENT_TRANSACTION_S; decode columns (MC_PYMNT_TYPE and ADJSTMNT_SOURCE_TYPE) into (MC_PYMNT_TYPE_NAME and ADJSTMNT_SOURCE_TYPE_NAME (NC Enhancement)	Updates made to the mapping document "evoBrix-Appendix A2 - PRISM_DW_CM_S2TM.xlsm"	Office of Financial Services (OFS)	2294	UTOPS-6243, EVOBRIXUT-30681, EVOBRIXUT-30682 (SR)
C4-1.13 (9/4/24)	Entity Payments Screens are slow to load	Performance issues have been addressed. Financial list page results are displayed within 15 seconds	Office of Eligibility Policy (OEP)	2974	UTOPS-7321, EVOBRIXUT-31237
C4-1.13 (9/4/24)	IDD 544, 547, 527 full load without rejecting any records (Data Warehouse(DW) Impact)	A full Interface load without rejecting any records for IDD 544, 547 and 527 completed. All data will be inserted into the tables without any rejections.	Pharmacy Team	3257	EVOBRIXUT-39945, EVOBRIXUT-37956 EVOBRIXUT-37957 EVOBRIXUT-37958 EVOBRIXUT-37959 EVOBRIXUT-37952 EVOBRIXUT-37953 EVOBRIXUT-37954 EVOBRIXUT-37955 RTW EVOBRIXUT-37484, UTOPS-4417, UTOPS-8131, UTOPS-
C4-1.13 (9/4/24)	RX_CLM_LINE_S - INGRDNT_DSPNSD_QTY NUMBER(14,3) to INGRDNT_DSPNSD_QTY NUMBER(14,7) based on OLTP changes (NC Enhancement) (Data Warehouse(DW) Impact)	Updates made to the mapping document "evoBrix-Appendix A11 - PRISM_DW_RX_S2TM.xlsm	Office of Systems and Project Management (OSPM)	3346	EVOBRIXUT-30943 (Doc), EVOBRIXUT-30944 (ENH)
C4-1.13 (9/4/24)	PRISM has current_flag of null in Data Warehouse(DW) (should have current_flag of N)	DW configuration statement for PROCEDURE_DETAIL_S FROM_DATE and TO_DATE updated.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	3691	UTOPS-8496, EVOBRIXUT-31967(SR), EVOBRIXUT-31952

C4-1.13 (9/4/24)	Update IDD 1406 GHS CARVED OUT DRUG LIST FROM GHS IN - NDC is not found and Rebate Flag is T	PRISM will successfully process the records that have the Rebate Indicator = T. Also, to ignore the error if the NDC starts with five "9"s (99999)	Pharmacy Team	4132	UTOPS-8960, UTOPS-7637, RTW EVOBRIXUT-35128, EVOBRIXUT-35766 ENH, EVOBRIXUT-35767 DOC
C4-1.13 (9/4/24)	HealthBeat CNSI logo replacement and CNSI email domain change with Acentra Health domain.	HealthBeat CNSI logo replacement and CNSI email domain change with Acentra Health domain completed.	Office of Systems and Project Management (OSPM)	4401	EVOBRIXUT-31916
C4-1.13 (9/4/24)	missing NEXT_RVW_DATE information in UTDW_TGT_UAT.PEGA_CASE_H	Code applied to correct the extraction/load logic in DW.	Office of Systems and Project Management (OSPM)	4406	UTOPS-6261, EVOBRIXUT-31822
C4-1.13 (9/4/24)	PEGA_CASE_H table reject the rows due to unique constraint. Data Warehouse Case Management Issue	Update SSI definition from CASE_ID:CREATED_DATE to CASE_ID	Office of Systems and Project Management (OSPM)	4569	UTOPS-12159, EVOBRIXUT-32672
C4-1.13 (9/4/24)	Stop the 411- Interface from adding the Critical Access Hospital (CAH) indicator to Provider Files.	The CAH indicator will be manually set when the information is received from the hospital	Office of Medicaid Operations (OMO)	4806	UTOPS-10340, RTW EVOBRIXUT-38984, EVOBRIXUT-39212 - DOC EVOBRIXUT-39213 - DOC EVOBRIXUT-39214 - DOC EVOBRIXUT-39215 - ENC EVOBRIXUT-39216 - ENC EVOBRIXUT-39217 - ENC
C4-1.13 (9/4/24)	Deleted doc from Filenet is not removing line in Additional Documents	Deleted document is no longer accessible in Filenet.	Office of Healthcare Policy and Authorization (OHPA)	4903	UTOPS-10615, EVOBRIXUT-33207
C4-1.13 (9/4/24)	EE Correspondence is not Following Provider Correspondence Address Rules	Code fixed as per the DSDD to send the correspondence letters,	Office of Reimbursement, Coordinated Care & Audit (ORCA)	4913	UTOPS-9238, EVOBRIXUT-32797
C4-1.13 (9/4/24)	Allowance of Duplicate Claim Submissions from Stamping on Division of Services for People with Disabilities (DSPD) - OIG Audit Response	Same dates of services/service date spans and a new bypass condition updates have been made for the DSPD alterations to their USTEPS system.	Office of Long Term Services and Supports (OLTSS)	5108	RTW EVOBRIXUT-39144, DOC EVOBRIXUT-39161, 39165, ENH EVOBRIXUT-39164, 39167
C4-1.13 (9/4/24)	Spenddown Utilized Amount populated without Transaction Control Number (TCN) population and not showing on the Claim Cutback	The spenddown cutback will be shown for the paid claims and spenddown utilization is derived as expected.	Office of Medicaid Operations (OMO)	5346	UTOPS-11371, EVOBRIXUT-33769
C4-1.13 (9/4/24)	Spenddown is reporting twice for a single member for the same claim.	Code fixed to validate the spenddown details before inserting same record again.	Office of Medicaid Operations (OMO)	5375	UTOPS-11426,EVOBRIXUT-33710(SR) EVOBRIXUT-33709

C4-1.13 (9/4/24)	Update required to allow Prior Authorization (PA) Stamping on Division of Services for People with Disabilities (DSPD) claims	The care plan version number has been removed. The correct PA can be identified and stamped on DSPD claims for proper PA processing.	Office of Medicaid Operations (OMO)	5832	UTOPS-15591, RTW EVOBRIXUT-37334, EVOBRIXUT-37756, EVOBRIXUT-37757 EVOBRIXUT-37758 EVOBRIXUT-37759 EVOBRIXUT-37760 EVOBRIXUT-37761
C4-1.13 (9/4/24)	Update to Conflict Limit Group processing	Claims received with procedure codes in a Conflict Limit group will be processed across the entire claim, rather than line by line.	Office of Healthcare Policy and Authorization (OHPA)	6066	RTW EVOBRIXUT-38917, DOC EVOBRIXUT-38918, 38920, 38923, 38928, ENH EVOBRIXUT-38919, 38921, 38927, 38929
C4-1.13 (9/4/24)	Update Electronic Batch Functionality	Updates completed to allow Electronic Batch transactions to be processed.	Office of Medicaid Operations (OMO)	6353	EVOBRIXUT-36157 RTW EVOBRIXUT-36158 DOC EVOBRIXUT-36161 DOC EVOBRIXUT-36162 DOC EVOBRIXUT-36163 DOC EVOBRIXUT-36164 DOC EVOBRIXUT-36165 ENH EVOBRIXUT-36166 ENH
C4-1.13 (9/4/24)	Wrong NPI in prvdr_h table for prvdr_h_sid=74724	Data patch applied, update to the Data Base trigger accordingly.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	6362	UTOPS-13127, EVOBRIXUT-34571, EVOBRIXUT-34570(SR)
C4-1.13 (9/4/24)	Pega Letter, Manage Claim Denial Letter not pulling "Other reason" into Letter	When Other reason is blank in the claim service line level, system will send other reason from claim detail level.	Office of Medicaid Operations (OMO)	6489	UTOPS-13386, EVOBRIXUT-34700
C4-1.13 (9/4/24)	Error Code 1795 Missing/invalid referring provider NPI for a Member on restriction, Logic Update.	Edit Logic for restrictions have been updated to allow for correct claims processing.	Office of Medicaid Operations (OMO)	6797	RTW EVOBRIXUT-38635, DOC EVOBRIXUT-39150, 39153, ENH EVOBRIXUT-39151, 39154
C4-1.13 (9/4/24)	Local Health Departments receiving unknown error while trying to input EPSDT Information	Code fixed for the 'Date of Birth (DOB) Field, to add the condition in the code to pick DOB, that member dates fall in the current date.	Office of Healthcare Policy and Authorization (OHPA)	7819	UTOPS-15764,EVOBRIXUT-36023(SR),EVOBRIXUT-36024
C4-1.13 (9/4/24)	IDD 907 GHS-MEMBER_DATA_TO_GHS_OUT. Schedule Update.	Updated the Days of Week and Start Time to allow an irregular schedule configuration.	Pharmacy Team	7996	EVOBRIXUT-37316 RTW, EVOBRIXUT-37317 DOC, EVOBRIXUT-37320 EHN,
C4-1.13 (9/4/24)	Prior Authorization (PA) Notifications: "Assigned to:" is a provider	Code fix done for the Notification "Not Assigned " showing if the request is not assigned.	Office of Healthcare Policy and Authorization (OHPA)	8183	UTOPS-16627, EVOBRIXUT-36737

C4-1.13 (9/4/24)	Department of Professional Licensing (DOPL) interface is inactivating the business status for Managed Care Encounters (MCE) Only Providers	Code logic updated in the corresponding packages fixing the issue of providers business status being inactive/closed after the DOPL interface is ran.	Office of Medicaid Operations (OMO)	8619	EVOBRIXUT-35921
C4-1.13 (9/4/24)	Inpatient Psych Stay Prior Authorization (PA) Edit Issue	Update Claims Error Code 5543 to only post for Inpatient Psych Stays for PT: A350-Hospitals Specialty, SP: B861-Psychiatric Hospital (Not State Hospital), SSP: C999-No Subspecialty and only for members ages 21 through 65.	Office of Healthcare Policy and Authorization (OHPA)	8719	UTOPS-17472, RTW: EVOBRIXUT-38764, DOC: EVOBRIXUT-39157, ENH: EVOBRIXUT-39178
C4-1.13 (9/4/24)	Missing Recoveries in utdw_tgt_prod.TPL_RCVRY_INTERIM_S	GAP Load for the required tables have been updated. Rename columns for TPL_RCVRY_CLM_HDR_L.CLAIM_HEADER_H_SID and TPL_RCVRY_CLM_LN_L.CLAIM_LINE_S_SID. DS code change to remove the transformation rule on CLAIM_HEADER_H and CLAIM_LINE_S	Office of Financial Services (OFS)	8757	UTOPS-17519, EVOBRIXUT-35651, EVOBRIXUT-38965
C4-1.13 (9/4/24)	Data Warehouse (DW) Framework Issue, Getting negative NO_CHANGE_RECORD_COUNT	The audit counts (record counts being processed showing negative counts is the issue). Counts calculation have been fixed in the backend DW framework	Office of Managed Health Care (OMHC)	8857	UTOPS-12972, EVOBRIXUT-33745
C4-1.13 (9/4/24)	Senate Bill 26 Create 3 New Behavioral Health Providers	Three new PAC's and Specialties created so providers can submit claims. Master Addiction Counselor, Behavioral Health Coach, Behavioral Health Technician.	Office of Medicaid Operations (OMO)	9044	EVOBRIXUT-38004 RTW, EVOBRIXUT-38998, EVOBRIXUT-38999, EVOBRIXUT-39000, EVOBRIXUT-39001
C4-1.13 (9/4/24)	MCO Paid Amount - Why does the header level say $0 but the line says $32.96 - 837 - Other Payer Paid amount balancing is not working	Enabled the Edifecs snip edit to post the balancing errors.	Office of Managed Health Care (OMHC)	9369	UTOPS-19048, EVOBRIXUT-38306
C4-1.13 (9/4/24)	MC_TRNSCTN_RPRTNG_SCHDL_DATE_H rejects due to parent does not present in MC_TRNSCTN_RPRTNG_SCHEDULE_S	Table structure change and DataStage code change. Records are captured in the DW framework and will be reprocessed once this fix is released	Office of Systems and Project Management (OSPM)	9421	EVOBRIXUT-35525
C4-1.13 (9/4/24)	AD_CLAIM_LINE (PICK_UP_COUNTRY_CODE, PICK_UP_STATE_PRVNC_CODE) data quality issue	Source data quality issue. Value PICK_UP_STATE_PRVNC_CODE = 'UY' are present in configuration table. DataStage code fixed where reference for COUNTRY_CODE and STATE_PRVNC_CODE are separated.	Office of Systems and Project Management (OSPM)	9427	EVOBRIXUT-36434
C4-1.13 (9/4/24)	Provider edit on *Request Received Date:	The query has been modified to fetch the Create date of that Tracking Number.	Office of Healthcare Policy and Authorization (OHPA)	9498	UTOPS-19215, EVOBRIXUT-38380
C4-1.13 (9/4/24)	Data Warehouse (DW): Unified triggers implementation (NC Enhancement)	Implement unified triggers in Oracle Golden Gate DB to Streamline flow of data from OLTP into DW & ODS. Reduce load on Oracle Golden Gate data replication utility.	Office of Systems and Project Management (OSPM)	9550	EVOBRIXUT-34691(ENH)

C4-1.13 (9/4/24)	Edit 1123 No available units/amounts on prior authorization, is posting but units are available	System should check only a Unit validation.	Office of Medicaid Operations (OMO)	9563	UTOPS-19263, EVOBRIXUT-38652
C4-1.13 (9/4/24)	Managed Care (MC) Payment with no active Benefit Plan (BP) - Add Edit 08815 to the Recycle Pended Payments (NC Enhancement)	Performance issue fixed for 1269 Job (Recycle pended payment process).	Office of Managed Health Care (OMHC)	9641	UTOPS-19257, EVOBRIXUT-38205
C4-1.13 (9/4/24)	Edit 20160 Procedure has unit limit per year, not Bypassing with valid Prior Authorization (PA) number.	InPA Procedure page, the code will be modified to insert the 'B' as qualifier for the Blanket Code.	Office of Medicaid Operations (OMO)	9705	UTOPS-19736, EVOBRIXUT-38650(SR), EVOBRIXUT-38632
C4-1.13 (9/4/24)	Receiving State Notiifications improperly	Code fixed for Auto fwd enabled users to receive notifications only from the specific user's configured in the vacation schedule config table.	Office of Healthcare Policy and Authorization (OHPA)	9783	UTOPS-19525, EVOBRIXUT-38311(SR), EVOBRIXUT-38532
C4-1.13 (9/4/24)	Where is PRISM pulling the provider address from on the Provider Letter Restricted Members	Code fixed for Provider Letter Restricted Members, letter will go to Primary Provider, Primary Pharmacy and Associated Pharmacy.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	9784	UTOPS-19531, EVOBRIXUT-38453
C4-1.13 (9/4/24)	Edit 2044 Covered days not equal to Room and Board units billed, posting to Medicare Crossover claim.	The 'Y' logic is not handled in 2044 edit logic implementation which causes this issue has been fixed. Edit is not posting for crossover claims.	Office of Medicaid Operations (OMO)	9812	UTOPS-19805, EVOBRIXUT-38413
C4-1.13 (9/4/24)	Diagnosis Related Group (DRG) descriptors are incorrect.	Query modified to to fetch the Required Description for the entered DRG Code.	Office of Healthcare Policy and Authorization (OHPA)	9890	UTOPS-19748, EVOBRIXUT-38417
C4-1.13 (9/4/24)	Pricing Rule not generated for Crossover Claims	Pricing Rule = "80% Medicare Allowed Amount" updated as per Documentation Ticket	Office of Medicaid Operations (OMO)	9947	EVOBRIXUT-38215
C4-1.13 (9/4/24)	Hospice Admission Error	Code fix handled to stop creating duplicate records.Service request applied to inactivate the duplicate record added incorrectly .	Office of Healthcare Policy and Authorization (OHPA)	9956	UTOPS-19884, EVOBRIXUT-38566(SR), EVOBRIXUT-38567
C4-1.13 (9/4/24)	Managed Care Dental Is Paying the Incorrect Rate	The 834 process has been fixed to create rate change transactions with Transaction reason cid: 95 with transaction type: 45.	Office of Managed Health Care (OMHC)	9982	UTOPS-19961, EVOBRIXUT-38719 (SR), EVOBRIXUT-38717

Release	Issue	Resolution	Office	ID	Tickets
C4-1.13 (9/4/24)	Managed Care (MC) Mental Health (MH) Substance Use Disorder (SUD) Retro Benefit Plan's inactivated	Procedure list page filter query has been updated to resolve this issue.	Office of Managed Health Care (OMHC)	9983	UTOPS-19967, EVOBRIXUT-38667(SR), EVOBRIXUT-38666, UTOPS-16133
C4-1.13 (9/4/24)	Interface 1213 NCPDP loading errors Due to Encounter Parent TCN was not derived if there is more than one record for the Internal Transaction Number	The fix is by taking the Parent encounter PRISM TCN for the Impacted transaction by selecting the TCN information from the Accepted record.	Office of Systems and Project Management (OSPM)	9991	UTOPS-19709,EVOBRIXUT-38514, EVOBRIXUT-38511(SR)
C4-1.12 (7/10/24)	Incomplete Error Message on Pharmacy Claims Cancel Page ID: dlgViewPharmacyClaimHeaderDetail(Claims)	The error message has been updated to "The Provider does not exist in PRISM".	Office of Systems and Project Management (OSPM)	10032	EVOBRIXUT-38561
C4-1.12 (7/10/24)	Edit 20182 Member has approved Medical Review Board Prior Authorization, on Lines 7-8 and 5521 Invalid procedure to modifier, on Line 2 - Scenario 1 from logic	The base issue is fixed. The "PA Valid" flag value from line 7 is not retained to line 8 and edit 20182 is not posted on the claim.	Office of Systems and Project Management (OSPM)	10035	EVOBRIXUT-38533
C4-1.12 (7/10/24)	Edits from 20182 Member has approved Medical Review Board Prior Authorization, are not getting posted to Adjusted claims	Issue is fixed to retain the deny edits if the Claim Date of Service (DOS) is less than edit 20182 from DOS. Also edit 20182 will not post on the claim as per expectation.	Office of Eligibility Policy (OEP)	10048	EVOBRIXUT-38583, EVOBRIXUT-38604(SR)
C4-1.12 (7/10/24)	Add Dual Status Codes to 271 response	The Medicaid contracted DSNP (Dual Special Needs Plan) require the dual status code to be reported, this is a CMS federal requirement. Managed care entities need to be able to do a 270 inquiry and receive a 271 response. Dual Status Codes need to be reported in the 271 Response (these dual status codes are stored in the member file backend and are provided in the interface files from eREP as the Medicare Eligibility Status).	Office of Managed Health Care (OMHC)	1014	RTW EVOBRIXUT-32871 DOC: EVOBRIXUT-33321, EVOBRIXUT-33322 ENH: EVOBRIXUT-33323
C4-1.12 (7/10/24)	CE UT-G Hospice and Inpatient Claims Pricing updates	Hospice pricing logic for Encounter Claims have been updated to, Encounter processing follows the same logic as FFS claims, except for Posting the edit 20161. Hospice procedure code T2042 will always use the rate (Code Rate using Region or County) irrespective of days of stay (<60 or >60).	Office of Reimbursement, Coordinated Care & Audit (ORCA)	1030	RTW EVOBRIXUT-33182, DOC 33461, ENH 33462
C4-1.12 (7/10/24)	Missing Hospice Benefit	This issue was identified as part of Unit/regression testing during CR 2382 development. The Admission status will be in Completed status for the scenario where user updates the review date.	Office of Healthcare Policy and Authorization (OHPA)	10376	UTOPS-20747; EVOBRIXUT-38995; EVOBRIXUT-38996(SR)
C4-1.12 (7/10/24)	Unable to change PA Decision Summary	Errors are able to be forced and the PAs were able to be approved.	Office of Healthcare Policy and Authorization (OHPA)	10839	UTOPS-21776, EVOBRIXUT-39530
C4-1.12 (7/10/24)	CR 2382 FileNet Access	Requested Access has been provided.	Office of Healthcare Policy and Authorization (OHPA)	10863	UTOPS-21904

C4-1.12 (7/10/24)	Need a report of Production TCNs falling into Edit 5355/CR4580	Please provide the list of TCN's (impacted by updated 5355 Edit / CR-4580) for Mass Adjustment after the implementation date (07/10/2024	Office of Systems and Project Management (OSPM)	10869	EVOBRIXUT-39559(SR)
C4-1.12 (7/10/24)	Report of TCN's from PROD impacted incorrectly paid LTAC Claims (since Go Live)		Office of Systems and Project Management (OSPM)	10895	EVOBRIXUT-39582(SR)
C4-1.12 (7/10/24)	Report of TCN's from PROD impacted Hospice and Inpatient Pricing	Query ran to identify all claims impacted by the defect up until C4-1.12 deployment into PROD for business to Mass Adjust these TCN's.	Office of Systems and Project Management (OSPM)	10902	EVOBRIXUT-39593(SR)
C4-1.12 (7/10/24)	CR 2979 Link between Parent and Child TCN - Patching Activity	Acentra Health will run a script to add Final claim Indicators to Claims dating back to 1/1/2020. No Mass adjustments or resurrections are to be created until Acentra Health finishes the patching for the past claims.	Office of Medicaid Operations (OMO)	10910	EVOBRIXUT-39596(SR)
C4-1.12 (7/10/24)	INTF 434 - [External] INT_CLAIMS INTERFACE- Correct Data for Failed Prod File 26244137	There are multiple Discovery dates present, This is fixed as to pick the latest recovery date if multiple present.	Office of Systems and Project Management (OSPM)	10911	EVOBRIXUT-35658, EVOBRIXUT-39579(SR)
C4-1.12 (7/10/24)	Revert changes from EVOBRIXUT-38604 in PROD for Edit 20182	Associate the list of Deny Edits to 20182 from CR2210 (5558, 5532, 1184, 1934, 1343, 5521, 1928, 1723, 1970, 5319, 5529, 1387, 5551)Set Edit Start Date to 05/16/2024 Not Forcible	Office of Eligibility Policy (OEP)	10912	EVOBRIXUT-39576(SR)
C4-1.12 (7/10/24)	Configuration update to process 276/CrossOvers TA1 files to FileNet	Updated the properties in the production loading server configuration files. For 276 : updated this in property file For 837: Removed the extra space at the end in property file	Office of Systems and Project Management (OSPM)	10913	EVOBRIXUT-39306(SR)
C4-1.12 (7/10/24)	Report of TCNs Impacted By CR 4067	The request report has been ran. Claims with Final Claim Indicator with the value of 'I' are still in the process and will be moved to either 'Y' or 'N' it has been attached to the ticket.	Office of Medicaid Operations (OMO)	10914	EVOBRIXUT-39589(SR)
C4-1.12 (7/10/24)	Provide a report of TCNs where the LOA Dates are NOT within the Claim DOS year	The report of TCNs where the LOA Dates are NOT within the Claim DOS year has been ran and attached to the ticket.	Office of Medicaid Operations (OMO)	10915	EVOBRIXUT-39588(SR)

C4-1.12 (7/10/24)	Report of TCNs impacted from EVOBRIXUT-35929	The report of impacted TCNs has been ran and attached to the ticket.	Office of Medicaid Operations (OMO)	10916	EVOBRIXUT-39584(SR)
C4-1.12 (7/10/24)	Provide list of TCNs impacted by defect EVOBRIXUT-37310 in PROD	Report has been attached to the ticket.	Office of Medicaid Operations (OMO)	10917	EVOBRIXUT-39583(SR)
C4-1.12 (7/10/24)	Report for members affected by EVOBRIXUT36371-834 Triggered Dis-Enrollment record when a enrollment period from date is extended retro	Report has been attached to the ticket.	Office of Managed Health Care (OMHC)	10918	EVOBRIXUT-39356(SR)
C4-1.12 (7/10/24)	Report of PAID TCNs with Enrollment Types for the BNPI	Report has been attached to the ticket.	Office of Financial Services (OFS)	10919	EVOBRIXUT-33460(SR)
C4-1.12 (7/10/24)	Report of ACTIVE Providers with Payment Method = EFT and Account Type values	Report has been attached to the ticket.	Office of Financial Services (OFS)	10920	EVOBRIXUT-33440(SR)
C4-1.12 (7/10/24)	Need a list of all TCNs impacted by SPOT 7845	Report has been attached to the ticket.	Office of Managed Health Care (OMHC)	10931	UTOPS-21954
C4-1.12 (7/10/24)	Rerun services request logic for SPOT 8127	The report is attached to the ticket.	Office of Managed Health Care (OMHC)	10934	UTOPS-21958
C4-1.12 (7/10/24)	Provide list of TCNs impacted by defect EVOBRIXUT-37310 in PROD	Report has been attached to the ticket.	Office of Systems and Project Management (OSPM)	10969	EVOBRIXUT-39583
C4-1.12 (7/10/24)	Update account types in FINET interfaces	OFIN will receive the account type (savings or checking) from the Provider subsystem based upon Provider submitted information available at 'pgManagePaymentDetails'. This information will be stored in the OFIN tables. When provider has checking account selected, the payment will go to checking. When a provider has savings account selected, the payment will go to savings.	Office of Financial Services (OFS)	1778	RTW EVOBRIXUT-31714, EVOBRIXUT-31973, EVOBRIXUT-31974, 31990 enhancement

Release	Title	Description	Office	ID	References
C4-1.12 (7/10/24)	Data Warehouse (DW) PROCEDURE_X_MODIFIER data quality issue	Released has fixed, When loading DW tables if the data is from conversion/bad data/test data, multiple DW checks are performed. And if data is generated by the application, the value needs to be configured in LOOKUP config tables.	Office of Systems and Project Management (OSPM)	2151	UTOPS-5922, EVOBRIXUT-30478
C4-1.12 (7/10/24)	Part 1 - Resident Assessment process requires Nursing Facility Admission Record/PASRR/Notification changes	Update to the system to make the Nursing Facility Admission Record process follow current program rules. Allow for Nursing Facility approvals to fall within current timing mandates more accurately.	Office of Long Term Services and Supports (OLTSS)	2382	RTW: 35164 DOC: 36441, 36442, 36462, 36484, 36447, 36448, 36459, 36463, 36443, 36444 ENH: EVOBRIXUT-37091, EVOBRIXUT-37093, EVOBRIXUT-37094, EVOBRIXUT-37096EVOBRIXUT-37097, EVOBRIXUT-
C4-1.12 (7/10/24)	Link between Parent and Child Transaction Control Number (TCN) when a claim is adjusted	The Parent TCN will be linked when a Child TCN is created regardless of final Child Claim status. Mass Adjust or Replacement claims will need to have a Final Claim Indicator.	Office of Medicaid Operations (OMO)	2979	RTW EVOBRIXUT-38051, DOC EVOBRIXUT-38142, 38145, 38147 ENH EVOBRIXUT-38144, 38146, 38148, 38149
C4-1.12 (7/10/24)	Nursing Home Medicare as Primary with Copay	A new edit has been created and the Groups Template updated. Source for creating the Groups updated to add New Error Code (20183) to following Group Codes: E-NHOM & BP-TRAD.	Office of Medicaid Operations (OMO)	4067	UTOPS-9101, RTW EVOBRIXUT-35144, EVOBRIXUT-35999 DOC EVOBRIXUT-36001 DOC EVOBRIXUT-36002 ENH EVOBRIXUT-36003 ENH
C4-1.12 (7/10/24)	Need the ability to change the Inpatient and Outpatient Ratios for the Provider Diagnosis Related Group (DRG) Factor	Added the ability to add both the Inpatient and Outpatient ratios for the date ranges at the same time for the upload interface 1021.07a and Page ID: pgProviderRateFactorDetail(Rate Settings)	Office of Reimbursement, Coordinated Care & Audit (ORCA)	4313	RTW EVOBRIXUT-34014, EVOBRIXUT-34379 DOC, EVOBRIXUT-34380 DOC,EVOBRIXUT-34381 DOC, EVOBRIXUT-34382 ENH, EVOBRIXUT-34383 ENH
C4-1.12 (7/10/24)	Correction to the error count for interface 727 Cash Receipts Inbound	Released has fixed, the 727 file failed to load with the error "Data value within data element Deposit Amount is not contained in expected values", due to having comma in the amount field. Service Oriented Architecture (SOA) will fail to load the file when there is a comma in the amount field.	Office of Financial Services (OFS)	4330	UTOPS-9661, EVOBRIXUT-32480
C4-1.12 (7/10/24)	Edit 5355 Not a new patient, Needs to be Corrected	Error has been fixed in adjudication process correcting populating history claim details for the same member claims with servicing provider specialty code details.	Office of Healthcare Policy and Authorization (OHPA)	4580	UTOPS-11989, EVOBRIXUT-33702, EVOBRIXUT-37349 RTW, EVOBRIXUT-37350 DOC EVOBRIXUT-37351 ENH
C4-1.12 (7/10/24)	Inpatient Diagnosis Related Group (DRG) Rates Determined by Discharge Date	In evoBrix-Appendix UT-G in section 1.2.8 Exhibit: Inpatient Claims Pricing – DRG Input Parameters. Updated to Note: Discharge dates are used to determine which version of the grouper software to use	Office of Reimbursement, Coordinated Care & Audit (ORCA)	5550	EVOBRIXUT-35698 RTW, EVOBRIXUT-35699 DOC, EVOBRIXUT-35700 ENH
C4-1.12 (7/10/24)	Error when reviewing IE-4503		Office of Long Term Services and Supports (OLTSS)	6033	UTOPS-12665, EVOBRIXUT-34442

C4-1.12 (7/10/24)	Dental CHIP (DCHIP) capitation recouped incorrectly	This issue has been fixed in 834 avoiding the recoupment while enrollment happen for retro period alone.	Office of Managed Health Care (OMHC)	6063	UTOPS-12712, EVOBRIXUT-34474(SR), EVOBRIXUT-34475
C4-1.12 (7/10/24)	Long Term Acute Care (LTAC) Edit Updates	LTAC claims to process in line with Nursing Home and ICF/ID on an R-Inpatient Claim Type. Updates to CE UT-G and CE UT-I and updating Revenue Code for LTAC from 0760 to 0100 have been completed.	Office of Healthcare Policy and Authorization (OHPA)	6220	RTW EVOBRIXUT-37407, DOC EVOBRIXUT-38003, 38013, 38029, ENH EVOBRIXUT-38012, 38014, 38038
C4-1.12 (7/10/24)	Manage Claim - Denial Letter" and "Manage Claim - Review Letter - Missing Documentation letters are not viewable in PRISM	Business needs to have the "Manage Claim - Denial Letter" and "Manage Claim - Review Letter - Missing Documentation" viewable to providers in PRISM.	Office of Medicaid Operations (OMO)	6593	RTW EVOBRIXUT-37993, EVOBRIXUT-38133, EVOBRIXUT-38134, EVOBRIXUT-38135, EVOBRIXUT-38136
C4-1.12 (7/10/24)	Claim from POS (pharmacy point of sale) not showing in PRISM	Code fixed to handle the exception error count to log properly in the interface table as part of the defect to monitor the exception and resolve this in the regular interface operation process.	Pharmacy Team	6604	UTOPS-13829, EVOBRIXUT-34959(SR), EVOBRIXUT-34961, EVOBRIXUT-39186
C4-1.12 (7/10/24)	Data Warehouse (DW) AD_CLM_HDR_OTHER_PAYER_DTL.OTHER_INSURED_ SUFFIX_LKPCD data quality issue	The Values 'JR.', 'SR.', 'J', 'MS', 'MR', 'S' loaded in OTHER_INSURED_SUFFIX_LKPCD column on CLM_HDR_OTHER_PAYER_DTL table while loading 837 file are a valid value correcting the quality issue.	Office of Systems and Project Management (OSPM)	6874	UTOPS-12159,UTOPS-17370, UTOPS-17098, EVOBRIXUT-32567
C4-1.12 (7/10/24)	Interface 1501 optimization for monthly update file load (NC Enhancement)	The code will be optimized in 1501 (once in a month ORS sends high volume data around mid of the month) to process the high volume data more efficiently so that it will take less time to process it.	Office of Systems and Project Management (OSPM)	7068	UTOPS-13505, EVOBRIXUT-35202
C4-1.12 (7/10/24)	Not able to download or view the 999 file with acknowledgement status of "Partially Accepted".	Code fixed to correct PRISM is generating the 999 files in the wrong folder for the partially failed files. Due to this providers are not able to download 999 files form the Retrieve Acknowledgement Screen.	Office of Medicaid Operations (OMO)	7460	UTOPS-15138, EVOBRIXUT-35659
C4-1.12 (7/10/24)	LIS Appropriation not firing correctly (NC Enhancement)	The ticket has been created to bring down and up the adjudication queues before and after the Monthly eligibility load which will avoid accessing incorrect Member information during the Claim Processing for downstream impacts.	Office of Financial Services (OFS)	7544	UTOPS-15271, EVOBRIXUT-36832(ENH)
C4-1.12 (7/10/24)	UC Modifier (Medicaid level of care 12, as defined by each state) falling to Submitted Modifier field when not reported in other payer loop	The system will display the submitted modifier's information on the Claim Line detail page for both the fields Modifiers (1,2,3 and 4) and Submitted Modifiers(1,2,3, and 4).	Office of Medicaid Operations (OMO)	7658	UTOPS-15439, EVOBRIXUT-35929
C4-1.12 (7/10/24)	System will not allow the correct start date on a nursing facility admission record	Code fixed to correct updating effective date for the admission record, we are getting error because the admission table has an inactive record for the same admission date. Validation query should consider only the active record. System incorrectly considered the inactive record in the table and didn't allow to update the effective date.	Office of Long Term Services and Supports (OLTSS)	7721	UTOPS-16176, EVOBRIXUT-36629(SR), EVOBRIXUT-33621, EVOBRIXUT-36673

Release	Issue	Description	Office	ID	References
C4-1.12 (7/10/24)	Encounter edit 20173 Accepted - Plan Denied, is allowing incorrect duplicate encounter edits to occur	Code fixed to correct edit 20173 was posted on the history line which is in current claim. Edit 20902 should not posted based on this History line it should be bypassed.	Office of Managed Health Care (OMHC)	7845	UTOPS-15838; EVOBRIXUT-36063
C4-1.12 (7/10/24)	1075.02 add trim logic to name fields and optimize the file naming convention logic (NC Enhancement)	Enhancement to the MI code for the following issues: For all name fields, the IRS is not accepting the leading and trailing spaces and the code is not handling it. We need to trim the spaces. File naming convention is handled in the SOA code instead of the configuration table. We need to optimize the code to handle lower and higher environments TCC codes from a property file instead of hard coding for each environment.	Office of Systems and Project Management (OSPM)	8021	EVOBRIXUT-36200
C4-1.12 (7/10/24)	Error code 1926- Missing parent code for add on code, posting incorrectly	Code fixed to correct combinations of primary and add-on codes load with the same set of existing date ranges; those combinations are inactivating instead of being skipped.	Office of Medicaid Operations (OMO)	8049	UTOPS-16187, EVOBRIXUT-36329(SR), EVOBRIXUT-36328
C4-1.12 (7/10/24)	Encounters member needs rate code to continue	Code has fixed the Enrollment From Date is extended retro for that enrollment period and the member is not having the eligibility for the retro extended months, the 834 triggered Dis-Enrollment records instead of initiating the Enrollment:	Office of Managed Health Care (OMHC)	8127	UTOPS-16329, EVOBRIXUT-36374(SR), EVOBRIXUT-36371
C4-1.12 (7/10/24)	Receiving Notifications for User Access- Security	The fix has changed the implementation to send User approve/reject access notification based on the Business Security Officer profiles only.	Office of Healthcare Policy and Authorization (OHPA)	8157	UTOPS-16422, EVOBRIXUT-36583
C4-1.12 (7/10/24)	1099 amounts are not mapped correctly to the processing year	These changes identified to the existing 1099 process have been updated. Use document record date instead of warrant date for deriving the processing year, so the payments at FINET and 1099's will match 1099 amounts are not updated correctly, when the provider has only cash receipt activity or voided payments for that week.	Office of Financial Services (OFS)	8527	EVOBRIXUT-36273
C4-1.12 (7/10/24)	Spenddown not applied to claim	Code fixed to retrieve the spenddown bill based on claim Header Date of Service (DOS) if Line DOS is not available on the claim so, that the system will apply "patient responsibility" as per expectation.	Office of Medicaid Operations (OMO)	8593	UTOPS-17198, EVOBRIXUT-36879
C4-1.12 (7/10/24)	Prior Authorization (PA) not allowing approval due to error	All Edits should be shown to PA error list grid in of Review PA page. No need to validate for the service from date.	Office of Long Term Services and Supports (OLTSS)	8617	UTOPS-16725, EVOBRIXUT-37120, EVOBRIXUT-37121(SR), EVOBRIXUT-36843(SR)
C4-1.12 (7/10/24)	Admission Record letters are not saving to filenet	The java issue has been fixed and the SQL query logic updated.	Office of Long Term Services and Supports (OLTSS)	8623	UTOPS-17272, EVOBRIXUT-37028
C4-1.12 (7/10/24)	Hospice record approval did not end date the Nursing Facility (NF) record as required	System is allowing PET CODE slice/dice and end dating existing admission record, when the admission record is entered with discharge details.	Office of Long Term Services and Supports (OLTSS)	8670	UTOPS-17401, EVOBRIXUT-37100

C4-1.12 (7/10/24)	Oracle Financials (OFIN) outbound failures when no records retrieved from the system	OFIN outbound files will not fail when records are retrieved from the system as plsql is returning the out parameters as NULL values instead of zeros.	Office of Systems and Project Management (OSPM)	8671	EVOBRIXUT-36068
C4-1.12 (7/10/24)	TinyMCE version Upgrade Prior Authorization (PA) Letter Templates (NC Enhancement)	Current TinyMCE version is TinyMCE 5 version and need to be upgraded to latest version TinyMCE 7 which will be released in end of march. TinyMCE tool is used for PA letter template changes. This upgrade requires code deployment to include libraries in EAR file so need to map to release.	Office of Systems and Project Management (OSPM)	8790	UTOPS-17532, EVOBRIXUT-37125
C4-1.12 (7/10/24)	Data Warehouse (DW) AD_CLM_LN_DRUG_IDENTIFICTION.DRUG_PRDCT_TYPE_LKPCD data quality issue	Data Warehouse (DW) data quality issue resolved.	Office of Systems and Project Management (OSPM)	8854	UTOPS-14478 ,EVOBRIXUT-35255
C4-1.12 (7/10/24)	Data Warehouse (DW) AD_CLM_HDR_X_PRVDR_LCTN.PRVDR_SUFFIX_LKPCD data quality issue	Data Warehouse (DW) data quality issue resolved.	Office of Systems and Project Management (OSPM)	8855	UTOPS-14478, EVOBRIXUT-35256
C4-1.12 (7/10/24)	Data Warehouse (DW) AD_CLM_LN_X_PRVDR_LCTN.PRVDR_SUFFIX_LKPCD data quality issue	Data Warehouse (DW) data quality issue resolved.	Office of Systems and Project Management (OSPM)	8856	UTOPS-14478, EVOBRIXUT-35257
C4-1.12 (7/10/24)	Data Warehouse (DW) AD_CLM_HDR_DATE and AD_CLM_LN_AMOUNT rejects the rows due to records deleted in Parent tables i.e. CLM_HEADER_H and CLM_LINE_S	GAP Load will be done for CLM_HDR_DATE_S and CLM_LN_AMOUNT_S tables for the rejected records.	Office of Systems and Project Management (OSPM)	8861	UTOPS-13705, EVOBRIXUT-34866
C4-1.12 (7/10/24)	Data Warehouse (DW) CLM_ERROR_DETAIL.CTGRY_STATUS_LKPCD data quality issue	Data Warehouse (DW) data quality issue resolved.	Office of Systems and Project Management (OSPM)	8864	UTOPS-14478,EVOBRIXUT-35253
C4-1.12 (7/10/24)	Data Warehouse (DW) - OFIN_CASH_RCPT_ACTVTY_SNPSHT_S and Column Name- RTNG_NMBR	The length for the RTNG_NMBR was increased from 9 to 15, as part of the CR 830 changes and the changes haven't reflected in DW.	Office of Systems and Project Management (OSPM)	8865	UTOPS-14236, EVOBRIXUT-35111
C4-1.12 (7/10/24)	Seconday claims are over paid for Indian Health Services (IHS) Pricing.	The rule implementation issue has been corrected and the pricing rule is fixed.	Office of Medicaid Operations (OMO)	8870	UTOPS-17781, EVOBRIXUT-37310
C4-1.12 (7/10/24)	Newborn notification generated in error	Newborn notification is triggered as expected. Notification is triggered only if member is not eligible for at least two months from DOB month.	Office of Medicaid Operations (OMO)	9063	EVOBRIXUT-36623

Release	Issue	Description	Office	ID	References
C4-1.12 (7/10/24)	PRISM sent member with K Cell Override an 834 record with B1 rate code	Update was done to the modified_date in enrollment history detail to report the change record in 834 for the impacted members.	Office of Managed Health Care (OMHC)	9089	UTOPS-18112, EVOBRIXUT-37524; EVOBRIXUT-37522(SR)
C4-1.12 (7/10/24)	Overlapping Eligibility Being Created	Code fix to end date the ongoing eligibility Recipient Aid Category (RAC) segments, when prospective spenddown is received from Electronic Reference and Eligibility Product (eREP).	Office of Eligibility Policy (OEP)	9124	UTOPS-18198, UTOPS-18156, EVOBRIXUT-37496(SR),EVOBRIXUT-37516(SR), EVOBRIXUT-37523
C4-1.12 (7/10/24)	Service Line error with attempted line status change	Update to the PA Review page. When status value has null value, it will send the Actual status value to the Approval Process.	Office of Healthcare Policy and Authorization (OHPA)	9149	UTOPS-18415, EVOBRIXUT-37613(SR), EVOBRIXUT-34498, UTOPS-17530, EVOBRIXUT-37239(SR),EVOBRIXUT-35133
C4-1.12 (7/10/24)	Completed Prior Authorization (PA) missing	Prior Authorization (PA) recordare visible in PA Request List and PA Inquire Page	Office of Healthcare Policy and Authorization (OHPA)	9160	UTOPS-18266; EVOBRIXUT-37559(SR); EVOBRIXUT-37558; EVOBRIXUT-37793(SR); UTOPS-19232; EVOBRIXUT-38062(SR); EVOBRIXUT-38260(SR)
C4-1.12 (7/10/24)	Pega Waiver Service - different provider overlap dates	While validating the waiver service of same HCPCS code, System is checking condition Different Provide Overlap Allowed first and Duplicate Allowed next.	Office of Long Term Services and Supports (OLTSS)	9196	UTOPS-18852, EVOBRIXUT-37830
C4-1.12 (7/10/24)	Member Benefit Letter effective date incorrect (in 2031)	Correspondence letter was incorrectly triggered. Business rule, evoBrix-DSDD-CM-LG2-UT-ADDM. use case Generate Benefit Letter - Medicaid with Dental (No Restriction) has been applied.	Office of Managed Health Care (OMHC)	9299	UTOPS-18567,EVOBRIXUT-37685, UTOPS-16133
C4-1.12 (7/10/24)	455 Pharmacy outbound job code optimization and performance improvement (NC Enhancement)	The code has been optimized to improve the performance because we have record length more than 3700 and getting 500k to 600k lines in the file.	Office of Systems and Project Management (OSPM)	9343	EVOBRIXUT-37542
C4-1.12 (7/10/24)	416 interface schedule time update (NC Enhancement)	OPTUM requested us to move the 416 schedule to 10 AM from 8:15 AM as their new system processing time was changed.	Office of Systems and Project Management (OSPM)	9345	EVOBRIXUT-37398
C4-1.12 (7/10/24)	RX_CLAIM_HEADER_H table Data Warehouse (DW) Audit Framework Issue, audit record counts issue.	DataStage code updated.	Office of Systems and Project Management (OSPM)	9423	EVOBRIXUT-36771
C4-1.12 (7/10/24)	Data Warehouse GROSS_ADJSTMNT_DETAIL.SPCLTY_CODE data quality issue	Removed the validation check in the DS job and removed the constraint on the field spclty_code.	Office of Systems and Project Management (OSPM)	9433	EVOBRIXUT-35526

C4-1.12 (7/10/24)	Provider receiving error code in Prior Authorization	PROVIDER_DETAIL Table updated correcting error code issues.	Office of Healthcare Policy and Authorization (OHPA)	9437	UTOPS-18840, EVOBRIXUT-37876
C4-1.12 (7/10/24)	State CHIP Cost Share displaying as exempt	The required fix includes updates to State CHIP RAC(s) in the copay exemption indicator logic, to consider State CHIP RAC(s) and not display the Member Benefit Plan Service Types.	Office of Managed Health Care (OMHC)	9442	UTOPS-18838, EVOBRIXUT-37986
C4-1.12 (7/10/24)	Retroactive Capitations in PRISM recouping twice but paying once	Code fix correcting the issue for the duplicate recoupment issue	Office of Managed Health Care (OMHC)	9444	UTOPS-18255, EVOBRIXUT-37813, EVOBRIXUT-37812(SR)
C4-1.12 (7/10/24)	1095B IRS response file processing issue and BLT view update	The TRN_MEC_BATCH table and the status_type_Cid and Status_CID are both populated.	Office of Eligibility Policy (OEP)	9445	EVOBRIXUT-37617
C4-1.12 (7/10/24)	Data Warehouse CLAIMS_INTERIM_T.SRVC_PRCDR_CODE data quality issue	Validation check on the field SRVC_PRCDR_CODE in DS code has been removed.	Office of Medicaid Operations (OMO)	9548	EVOBRIXUT-37877
C4-1.12 (7/10/24)	Data Warehouse MBR_BNFT_PLN_GRP_L data rejects	Child table records are created before its respective parent table record is created. While creating the child record the column is referenced to the parent column will be populated with "NULL", Later when the parent table record is created, then the PK_SID will be updated to the respective child records.	Office of Managed Health Care (OMHC)	9549	EVOBRIXUT-35623
C4-1.12 (7/10/24)	Year end lock flag is not updated correctly	When the user chooses to lock the 1099 data for the previous financial year, the year end lock flag is updated to all the 1099 records for the providers. Year end lock flag is displayed correctly on screens,	Office of Financial Services (OFS)	9567	EVOBRIXUT-36196
C4-1.12 (7/10/24)	Vulnerability issue reported in below Appintake/Jar's in Appintake Application	Validated the Appintake Screen	Office of Systems and Project Management (OSPM)	9572	EVOBRIXUT-36669
C4-1.12 (7/10/24)	Vulnerability issue reported in below EDI Jar's in EDI Application	Testing positive flow of Loading Edits	Office of Systems and Project Management (OSPM)	9573	EVOBRIXUT-36668
C4-1.12 (7/10/24)	Vulnerability issue reported in below PCS Jar's in PCS Application	Validation completed in the PCS Response in the Provider Screen	Office of Systems and Project Management (OSPM)	9581	EVOBRIXUT-36670

C4-1.12 (7/10/24)	Vulnerability issue reported in below Application Programming Interface (API's)/Jar's in Correspondence application	Sample Correspondence Generation up to file net archive	Office of Systems and Project Management (OSPM)	9587	EVOBRIXUT-35362
C4-1.12 (7/10/24)	Vulnerability issue reported in below Application Programming Interface (API's)/Jar's in Managed Care Encounters (MCE) queue application	EREP File Load testing up to autoenrollment.	Office of Systems and Project Management (OSPM)	9588	EVOBRIXUT-35363
C4-1.12 (7/10/24)	Review operations release capacity to support the deployment of the defects in the 1.12 release. SPOT tickets: 2151, 6874, 7068, 7544, 8790, 8854, 8855, 8856, 8861, 8864, 8865, 9343, 9345, 9423, 9433, 9548, 9549, 9666, 9741	Reviewed operations release capacity to support the deployment of the defects in the 1.12 release.	Office of Systems and Project Management (OSPM)	9721	
C4-1.12 (7/10/24)	434 Failure - INT_CLAIMS INTERFACE REVIEW REPORT STATS 06-JAN-24	Code fixed to look for data with phase segment as null for the TPL recoveries that was loaded and patch the data. The data is sent correctly to FINET.	Office of Systems and Project Management (OSPM)	9741	EVOBRIXUT-35658
C4-1.12 (7/10/24)	Prior Authorization (PA) Error Codes P0011 Servicing Provider is not eligible to perform service for service line, will NOT allow Force	The user is allowed to Select the checkbox to select ALL the Error Codes and click force all at once with the checkbox.	Office of Systems and Project Management (OSPM)	9943	EVOBRIXUT-38448
C4-1.12 (7/10/24)	Forcing ALL Prior Authorization (PA) Error Codes does NOT Force the Error Codes	The user is allowed to Select the checkbox to select ALL the Error Codes and click force all at once with the checkbox.	Office of Systems and Project Management (OSPM)	9944	SR EVOBRIXUT-38784, EVOBRIXUT-38447
C4-1.11.1 (6/10/24)	EDI files being stamped with Provider ID (NPI) when more than one NPI is located inside the file.	The logic has been fixed to include transaction type condition preventing TPNs getting stored in a Database Table for Rendering providers.	Office of Medicaid Operations (OMO)	10097	UTOPS-20104; EVOBRIXUT-38701 (SR); EVOBRIXUT-38763 (SR); EVOBRIXUT-38729
C4-1.11 (5/15/24)	CR 2515 Data Updates and Reports	OFIN - To update the status for the existing DHS payments to RA generated. Claims - All DHS claims be set to paid/denied and RA Generated status and ensure PRISM is not creating duplicate payments. Claims -Any pending DHS Gross Adjustments will be moved to final status and ensure PRISM is not creating duplicate payments/recoveries.	Office of Systems and Project Management (OSPM)	10068	EVOBRIXUT-38610(SR), EVOBRIXUT-38615(SR), EVOBRIXUT-38619(SR), EVOBRIXUT-38624(SR)
C4-1.11 (5/15/24)	Find TCNs where Edit 20902 Duplicate encounter, should have posted but did not due to lack of dental attributes in Production	The requested report showing all claims in production where Dental attributes were missing, causing a duplicate charge to be missed, has been generated and sent to business.	Office of Systems and Project Management (OSPM)	10069	EVOBRIXUT-37743(SR)
C4-1.11 (5/15/24)	SR for Edit 1343 Procedure not payable to Provider	The requested report showing how many providers have multiple PT/SP/SSPs on their file that are posting the 1343 error has been generated and sent to business.	Office of Systems and Project Management (OSPM)	10070	EVOBRIXUT-38622(SR), EVOBRIXUT-38623(SR)

C4-1.11 (5/15/24)	Report TCN that meet Bypass from CR1919 from PROD	The requested report showing TCN's that meet the new Bypass from CR1919 from PROD that denied with Edit 5322 for business to Mass Adjust, has been generated.	Office of Systems and Project Management (OSPM)	10071	EVOBRIXUT-38585(SR)
C4-1.11 (5/15/24)	Existing Members did not go through the new eGRID Rule (CR2983)	Approved to run existing members through the new eGRID in PROD.	Office of Systems and Project Management (OSPM)	10072	EVOBRIXUT-38628
C4-1.11 (5/15/24)	Report of TCNs from PROD impacted from Edit 1380 (DRG not on file)	Query ran to identify all claims impacted by the defect up until C4-1.11 Deployment into PROD for business to Mass Adjust these TCNs.	Office of Systems and Project Management (OSPM)	10073	EVOBRIXUT-38574(SR)
C4-1.11 (5/15/24)	Report of TCNs with Edit 5317 Injection/office visit conflict, in Production	Report has been generated showing all claims in production where Edit 5317 posted.	Office of Systems and Project Management (OSPM)	10074	EVOBRIXUT-37840(SR)
C4-1.11 (5/15/24)	Final SR for Duplicate Capitations - Ops Action Item # 327	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 Systems and Project Management (OSPM)	10075	EVOBRIXUT-38616(SR)
C4-1.11 (5/15/24)	Final SR for Missing MC capitation payments - Ops AI 363	Released into production monthly Service Request no longer needed.	Office of Systems and Project Management (OSPM)	10076	EVOBRIXUT-38625(SR)
C4-1.11 (5/15/24)	Final SR for Monthly - TPMED Capitations Not Being Paid - Ops AI 341	Released into production monthly Service Request no longer needed.	Office of Systems and Project Management (OSPM)	10077	EVOBRIXUT-38626(SR)
C4-1.11 (5/15/24)	Final SR Correct Members due to Auto Assignment Not Happening - Ops AI 350	Released into production monthly Service Request no longer needed.	Office of Systems and Project Management (OSPM)	10078	EVOBRIXUT-38620 (SR)
C4-1.11 (5/15/24)	Report of TCN's from PROD impacted from Edit 1332 (Unable to price for the date of service)	Query ran to identify all claims impacted by the defect up until C4-1.11 deployment into PROD for business to Mass Adjust these TCN's.	Office of Systems and Project Management (OSPM)	10182	EVOBRIXUT-38722 (SR)

C4-1.11 (5/15/24)	Report of TCN's from PROD impacted from Edit 1972 (ICF/ID or NH Leave of Absence Days - Exceeds calendar year limit)	Released into production Mass Adjustment completed for this issue.	Office of Systems and Project Management (OSPM)	10184	EVOBRIXUT-38726 (SR)
C4-1.11 (5/15/24)	Report of TCN's from PROD impacted from Edit 1332 (Unable to price for the date of service)	Query ran to identify all claims impacted by the defect up until C4-1.11 deployment into PROD for business to Mass Adjust these TCN's.	Office of Systems and Project Management (OSPM)	10185	EVOBRIXUT-38727 (SR)
C4-1.11 (5/15/24)	Report of TCN's from PROD impacted from Edit 2017 (Professional Services not covered - Member is in the hospital)	Query ran to identify all claims impacted by the defect up until C4-1.11 deployment into PROD for business to Mass Adjust these TCN's.	Office of Systems and Project Management (OSPM)	10186	EVOBRIXUT-38728 (SR)
C4-1.11 (5/15/24)	Report of TCN's from PROD impacted from Edit 5380/5381 (Invalid Attending Provider NPI)	Released into production Mass Adjustment completed for this issue.	Office of Systems and Project Management (OSPM)	10187	EVOBRIXUT-38730 (SR)
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-
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 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 (NC 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) EVOBRIXUT-33865
C4-1.11 (5/15/24)	Internal Design Document (IDD) 452 quantity dispensed length change to 6 characters instead of 5 (NC 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)	Revise RightFax page counts		Office of Medicaid Operations (OMO)	7158	
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 (NC 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-38587, 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
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)	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

Release (Date)	Issue	Resolution	Office	ID	References
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, EVOBRIXUT-38587
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)	Incrrorrect 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 the rule.	Office of Managed Health Care (OMHC)	5596	UTOPS-12317, UTOPS-12316, UTOPS-11550, UTOPS-11692, UTOPS-11714, UTOPS-11627, UTOPS-11952, EVOBRIXUT-34460, EVOBRIXUT-34127(SR)

C4-1.10 (3/20/24)	Member name is not matching on Prior Authorization (PA) screen	Code fixed so the members info will be displayed in PA Beneficiary Info page from Member subsystem and not from PA for any status. Member data will be same in PA Beneficiary and PA Request List page	Office of Healthcare Policy and Authorization (OHPA)	5613	UTOPS-11842, EVOBRIXUT-34563(SR), EVOBRIXUT-34569, EVOBRIXUT-34926(SR)
C4-1.10 (3/20/24)	13 records sent for one member on a single 834 including duplicate disenrollments, reinstates and demographic updates	Fixed to not report the Duplicate Enrollment and Disenrollment records in 834, when the enrollment for the same period is created, inactivated and again created on the same day.	Office of Managed Health Care (OMHC)	5653	UTOPS-11945, EVOBRIXUT-33926
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

Release	Summary	Resolution	Team	ID	References
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 (NC 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 (NC 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 (NC 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(NC 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_LCTN_RLTD_CS (COUNTRY_CODE, STATE_PRVNC_CODE) data quality issue	Derivation logic has been updated and constraint updated to allow all data for: COUNTRY_NAME for COUNTRY_CODE field and STATE_PRVNC_NAME for STATE_PRVNC_CODE field OUT_OF_US_COUNTRY_NAME for OUT_OF_US_COUNTRY_CODE field	Office of Systems and Project Management (OSPM)	8797	EVOBRIXUT-32602
C4-1.10 (3/20/24)	DW Audit Framework Issue, Audit record counts not populated randomly	Fixed all for DataStage code.	Office of Systems and Project Management (OSPM)	8862	UTOPS-12159, EVOBRIXUT-33746, EVOBRIXUT-34999
C4-1.10 (3/20/24)	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 Adjudication application	Code release deployed. Executed the list of claims consists of Pricing, Edits, Inpatient and Outpatient with 3M Validation and Encounter files as well. Working as expected	Office of Systems and Project Management (OSPM)	8984	EVOBRIXUT-35318
C4-1.9.1.1 (3/5/24)	1095B -IRS rejected all files that posted last week.	Code fixed to get the latest responsible person for a given member based on the reporting Tax Year (2023).	Office of Eligibility Policy (OEP)	8554	EVOBRIXUT-36816
C4-1.9.1.1 (3/5/24)	1095B file to IRS not applying address rule for Foster Care correctly.	1095B changes were deployed to production. Verified that when responsible party Head of Household (HOH) member is in foster care, the hard coded address of 195 N 1950 W Salt Lake City, UT - 84116 is used.	Office of Eligibility Policy (OEP)	8819	EVOBRIXUT-36997
C4-1.9.1 (2/28/24)	Update member name match logic – claims/ encounters	Column header, Static text and data models of members name to display members name as First: Middle: Last:	Office of Medicaid Operations (OMO)	4100	UTOPS-9182, EVOBRIXUT-32373, RTW EVOBRIXUT-34732, EVOBRIXUT-34787, EVOBRIXUT-34788, EVOBRIXUT-34789, EVOBRIXUT-34790, EVOBRIXUT-34791, EVOBRIXUT-34792, EVOBRIXUT-34793, EVOBRIXUT-34794
C4-1.9.1 (2/28/24)	Update current National Drug Code (NDC) pricing logic in CE-UT-G	In CE UT-G Update Exhibit Medical Claims with National Drug Codes (NDC). Pricing Provider Administered Drugs pricing will be based on HCPCS units & rates.	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

Release (Date)	Title	Description	Office	ID	Tickets
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
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 (NC 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 (NC 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 (NC 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), EVOBRXUT-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 (NC 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

Release	Issue	Resolution	Office	ID	Reference
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)

Release	Issue	Resolution	Office	ID	Tickets
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 - (NC 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 (NC 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 (NC Enhancement)	Fixed to derive the elements for the Enrollment scenarios based on the Enrollment Begin Date.	Office of Managed Health Care (OMHC)	4601	UTOPS-10089, EVOBRIXUT-32992 (ENH)
C4-1.9 (1/24/24)	Division of Services for People with Disabilities (DSPD) Claims Stuck "In Process"	Service request applied to production. As per the regular loading process, when there is an adjustment/void to an Fee for Service (FFS) claim will update the parent Transaction Control Number (TCN) status to "In Correction". Once loading is completed, and adjudication is completed for the child claim, the parent status either will go to "Adjusted" or back to its original status.	Office of Systems and Project Management (OSPM)	4639	UTOPS-9377, EVOBRIXUT-32542 (SR), EVOBRIXUT-32540

C4-1.9 (1/24/24)	Electronic Data Interchange file for enrollment 834 record created for Prospective Enrollment & Dis-Enrollment for the same period.	When the Enrollment and Dis-Enrollment for the same period is activated and inactivated on the same day, currently Dis-Enrollment 834 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 (NC 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

Release	Issue	Resolution	Office	ID	Tickets
C4-1.9 (1/24/24)	Plan gets VM_BVM.400195:File Not Found error when trying to download 834 file. Due to Outbound file names are stored with incorrect extensions.	Code fixed so now all the 834/820 files can be downloaded from the Retrieve Ack screen.	Office of Managed Health Care (OMHC)	6572	UTOPS-13526, EVOBRIXUT-34779
C4-1.9 (1/24/24)	Strange Diagnosis Related Group (DRG) Trends	Data Warehouse team requesting to prioritize this ticket as DRG Data is needed for their audits.	Office of Financial Services (OFS)	6636	UTOPS-13631, EVOBRIXUT-34893, EVOBRIXUT-35175 (Doc), EVOBRIXUT-36044 (SR)
C4-1.9 (1/24/24)	Service Oriented Architecture (SOA) code changes to support Oracle patches (includes (UOO) Unit of order)	Unit of order (UOO) and Oracle patch changes have been implemented.	Office of Systems and Project Management (OSPM)	6677	EVOBRIXUT-34874
C4-1.9 (1/24/24)	Documents not transferring over to Pega from App intake	Enable to run jobs everyday instead of only weekdays.	Office of Long Term Services and Supports (OLTSS)	6683	UTOPS-13732, EVOBRIXUT-35002
C4-1.9 (1/24/24)	EE Appendix UT-24 Updates to some Pregnancy notifications for clarification (NC 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 (NC Enhancement)	Recipient Aid Category (RAC's) updated In EE Appendix UT-26 EE RAC Configuration updated column Aid Group MH/SUD from "Blind" to "Disabled"	Office of Systems and Project Management (OSPM)	6838	EVOBRIXUT-34887 (ENH)
C4-1.9 (1/24/24)	834 lists two different HOH for same case	There was an issue in the query which pulls the Head of Household (HOH) information for the member. This issue has been fixed to report the correct HOH details in the 834.	Office of Managed Health Care (OMHC)	7074	UTOPS-14384, EVOBRIXUT-35219
C4-1.9 (1/24/24)	Health Choice pharmacy 446 response file returned with different plan name than what is defined in the Internal Design Document (IDD)	With the Service Oriented Architecture (SOA) patch changes and unit order changes to 446 for 1.9 release. Inpacted interfaces and 446 have een verified. The correct version code has been deployed.	Office of Managed Health Care (OMHC)	7601	UTOPS-15355, EVOBRIXUT-35765, EVOBRIXUT-34874
C4-1.9 (1/24/24)	Non Trad BP has End Date 12/31/2999 and should be 12/31/2023 in UAT and PROD	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) (NC Enhancement)	Update completed to the following documents 1. EE-LG6A-UT-ADDM Use Case – 1075.02 – Generate Form 1094B Upstream Detail [IRS 1095B] 2. EE-LG6B-UT-ADDM Use Case – 1076.01 – Get Transmitter Bulk Request Service Client [IRS1095B] 3. EE-OVR-V3-UT-ADDM - Health Coverage (1095-B) Form	Office of Eligibility Policy (OEP)	7407	EVOBRIXUT-35540(Enh), EVOBRIXUT-35539(Doc)
C4-1.8.2.1 (1/5/2024)	1095B - Business address is displayed as 288 North 1460 West,195 N 1950 W	Business address to populate correct.	Office of Eligibility Policy (OEP)	7408	EVOBRIXUT-35534
C4-1.8.2.1 (1/5/2024)	Member address is not same in 1075.02 outbound file as Member Subsystem	Actual member address is not used for foster care members in 1075.2 but a fixed address. The Detailed System Design Document (DSDD) 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, 34168, 34166, 34169, 34170, 34171, 34173, 34174,
C4-1.8.2 (12/27/23)	1095B interfaces 1075.01, 1075.02 tax year update - 2023 (NC 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,
C4-1.8 (11/8/23)	Immunosuppressive Carveouts	Accountable Care Organizations (ACO) edits will be bypassed for immunosuppressive diagnoses and procedure codes.	Office of Managed Health Care (OMHC)	1075	EVOBRIXUT-23357 ENH , EVOBRIXUT-23356 ENH,

C4-1.8 (11/8/23)	Provider Enrollment staff need to be able to upload Supporting Documents regardless of the specialty or business status	State staff are able to upload documents regardless of business status or if the provider has a active specialty listed.	Office of Medicaid Operations (OMO)	1081	EVOBRIXUT-8308 ENH, EVOBRIXUT-8310 DOC, EVOBRIXUT-8313 RTW
C4-1.8 (11/8/23)	House Bill 315 Recreational Therapy Services	This project is required per HB 315 and has a required start date of 1/1/24. Created a new PAC group called Recreational Therapy. Added master therapeutic recreation specialist, therapeutic recreation specialists, and therapeutic recreation technicians as covered providers. Opened two procedure codes and added new CPT codes to edit reference groups.	Office of Healthcare Policy and Authorization (OHPA)	1214	RTW EVOBRIXUT-32851, ENH EVOBRIXUT-33081, EVOBRIXUT-33083, EVOBRIXUT-33085, EVOBRIXUT-33087. DOC EVOBRIXUT-33082, EVOBRIXUT-33084,EVOBRIXUT-33086, EVOBRIXUT-33088
C4-1.8 (11/8/23)	Update required documents for Application submitted in App Intake for New Choice Waiver (NCW)	The required documents have been updated for applications submitted in App Intake for New Choice Waivers (NCW)	Office of Long Term Services and Supports (OLTSS)	1285	RTW EVOBRIXUT-32867, DOC EVOBRIXUT-33108, ENH EVOBRIXUT-33109
C4-1.8 (11/8/23)	Bulk Action by Provider showing all cases regardless of Case Management Agency (CMA) assigned	Disabled the Case ID links in Bulk Action screen so that other providers cannot go inside the cases that are not assigned to them.	Office of Long Term Services and Supports (OLTSS)	1367	UTOPS-4623, EVOBRIXUT-29543
C4-1.8 (11/8/23)	Prior Authorization submission unable to complete due to member not showing eligible for the date of service span	Code fixed to check the PA From Date for the Eligibility Check instead of the PA Service To Date.	Office of Healthcare Policy and Authorization (OHPA)	1445	UTOPS-4819, EVOBRIXUT-29759
C4-1.8 (11/8/23)	Claim Detail Recovery Report - pagination updates	Report Page Number will reset for each New Control Number. Additionally, when a control number goes to the next page, the page number will continue (i.e. to page 2). For the next new control number, the page number will again reset to 1.	Director's Office (DO)	1671	RTW EVOBRIXUT-31082, DOC EVOBRIXUT-31270, ENH EVOBRIXUT-31271
C4-1.8 (11/8/23)	Update (PA) Prior Authorization Notification to only generate when Provider uploads a document to the PA	Prism will send notification to the Assigned To on the PA when documentation has been uploaded by a Provider User (not a UTAH domain user) for all Service Types except Supplemental for Custody Medical Care (CMC). For Supplemental for CMC send notification regardless of who uploaded the document to the PA. Documentation Upload on PABasicInfo page for a PA in any status other than "Entering".	Office of Healthcare Policy and Authorization (OHPA)	1726	EVOBRIXUT-32877 RTW, EVOBRIXUT-32875 DOC, EVOBRIXUT-32876 ENH
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-
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 (NC Enhancement)	MCO Plan Name and MCO Plan ID population logic is added to facilitate file generation logic for Service Oriented Architecture (SOA). These values will be populated into IST tables. The MCO Plan Id is 7 digit value we get from inbound and based on the inbound is Encounter or CHIP Encounter will populate as 9-digit MCO Plan ID with location Id.	Office of Managed Health Care (OMHC)	3025	UTOPS-7372, EVOBRIXUT-32067(DOC), EVOBRIXUT-32069(ENH)
C4-1.8 (11/8/23)	Benefit Plan record missing from Data Warehouse (DW)	Data Warehouse: After analysis, this record(MBR_X_BNFT_PLN_GRP_SID = 2025302386) is rejected at the time of load due to the parent record(MBR_X_PRGRM_ENRLMNT_TYPE_SID = 2000645969) not loaded at that time . These rejects are happened due to Parent table "MBR_PRGRM_ENRLMNT_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

Release	Issue	Resolution	Office	ID	Reference
C4-1.8 (11/8/23)	Prior Authorization (PA) system not allowing PA - error code stating provider is not eligibile	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 (NC 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
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

Release	Issue	Resolution	Office	ID	Ticket
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

Version	Description	Details	Office	ID	References
C4-1.8 (11/8/23)	New Account Code Templates		Office of Financial Services (OFS)	5886	UTOPS-12367, EVOBRIXUT-34105 (SR), EVOBRIXUT-34092 (DOC)
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 - (NC 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 Instituational 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-31668, 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

Release	Issue	Resolution	Office	ID	References
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

Release	Description	Details	Office	ID	References
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
C4-1.7 (9/13/23)	Update Member Sterilization Consent Dates		Office of Systems and Project Management (OSPM)	5118	UTOPS-10994, EVOBRIXUT-32555, EVOBRIXUT-33613(SR)
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 (NC Enhancement)	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, EVOBRIXUT-32198
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\n\nBypass:\nIf 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\nIf 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\n• 2200D-DTP\n• 2210D-DTP (Min of From Date – Max of To Date)\n• 276 Inquiry Date	Office of Managed Health Care (OMHC)	1066	RTW 29905, ENH 30207, DOC 30208

C4-1.6 (7/19/23)	Vaccine Group and Edit Updates	Per CMS & AMA guidelines, updated existing vaccine groups logic, group codes, short & long descriptions for impacted edits. This included updates for COVID vaccine & admin codes.	Office of Healthcare Policy and Authorization (OHPA)	1071	29387 RTW, DOC: 29953 29945, ENH: 29954 29955
C4-1.6 (7/19/23)	Update unit calculation for Care Plans in PRISM	Update the documentPA-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, EVOBRIXUT-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 eliglible 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)

Release (Date)	Title	Description	Office	ID	References
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-
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, modifier3 or modifier 3 are invalid.. Eg., When modifier = invalid, modifier2 = valid, modifier3 = invalid. We will display Modifier2 in the first position in the outbound file.	Office of Systems and Project Management (OSPM)	1154	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
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 EVOBRIXUT-29448
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