PRISM Release 2024

PRISM Planned Release C4-1.14.1 (12/18/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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
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
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
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
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
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
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
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
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
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
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
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
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
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

PRISM Planned Release C4-1.14 (10/30/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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
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
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
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
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
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
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
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
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
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
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
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
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

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
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
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
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
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
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
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
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
C4-1.14 (10/30/24)	Cognos Upgrade 11.1.7 to 11.2 (NC Enhancement)	Cognos Upgrade 11.1.7 to 11.2	Office of Systems and Project Management (OSPM)	11404
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
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
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
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
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
C4-1.14 (10/30/24)	Extend Data Warehouse Operational Support	Extend data warehouse operational support through the end of the contract term.	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
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
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
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
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
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
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
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
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	5840
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
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
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
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
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
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
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
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

C4-1.14 (10/30/24)	MBR_SPENDOWN.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_SDQ 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
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

PRISM Planned Release C4-1.13 (9/4/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

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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
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
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
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
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
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
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
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
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
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
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	3691
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
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
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
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
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
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
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	4913
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
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
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
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
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
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
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	6362
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
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
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
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
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
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
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
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
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
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
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
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
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
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

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
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
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
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
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
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
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
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
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
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
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
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
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

PRISM Planned Release C4-1.12 (7/10/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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
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
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
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
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
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
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
C4-1.12 (7/10/24)	CR 2382 FileNet Access	Requested Access has been provided.	Office of Healthcare Policy and Authorization (OHPA)	10863
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
C4-1.12 (7/10/24)	Report of TCN's from PROD impacted incorrectly paid LTAC Claims (since Go Live)	As per CR Revenue code 0100 should be priced from 07/11/2024. Claims priced based on LTAC before 07/11/2024 for revenue code 0760 are valid. There is no need to do Mass Adjustments for this CR.	Office of Systems and Project Management (OSPM)	10895
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
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
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
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
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
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
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
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
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
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
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
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
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

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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
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
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
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
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
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
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
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
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
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
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
C4-1.12 (7/10/24)	Error when reviewing IE-4503	After successfully saving the case the system will assign the case to worklist of the user and system will remove the completed task and not show on PRG case.	Office of Long Term Services and Supports (OLTSS)	6033
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

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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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

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PRISM Planned Release C4-1.11.1 (6/10/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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

PRISM Planned Release C4-1.11 (5/15/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

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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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
C4-1.11 (5/15/24)	Revise RightFax page counts	This update has no PRISM impact and is Software/Hardware related.	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
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
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
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
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
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
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
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
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

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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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	9220
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
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
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
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
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
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
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
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

PRISM Planned Release C4-1.10.1 (4/8/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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

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

PRISM Planned Release C4-1.10 (3/20/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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
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
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
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
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
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
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
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
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
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
C4-1.10 (3/20/24)	Incrorrect data populating on ESP-N 'Request for Additional Information' letter in PEGA.	The defect found in the code has been updated, Currently for Denied-Hold, system is passing Claim association date instead of Date of Service.	Office of Healthcare Policy and Authorization (OHPA)	3922
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
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
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
C4-1.10 (3/20/24)	Employment-related Personal Assistant Service (EPAS) annual review not generated for member	This is an 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
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
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
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
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
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
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
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
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
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
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
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
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

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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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

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
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
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
C4-1.10 (3/20/24)	Vulnerability issue reported in below files in Adjudcation application	Code release deployed. Executed the list of claims consists of Pricing, Edits, Inpatient and Outpatient with 3M Validation and Encounter files as well. Working as expected	Office of Systems and Project Management (OSPM)	8984

PRISM Planned Release C4-1.9.1.1 (3/5/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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
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

PRISM Planned Release C4-1.9.1 (2/28/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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
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
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
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
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
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
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
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
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
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
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

PRISM Planned Release C4-1.9.0.2 (2/16/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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
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
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

PRISM Planned Release C4-1.9.0.1 (2/1/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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

PRISM Planned Release C4-1.9 (1/24/24)

Planned Release	Task Title	Release Summary Description	Office	SPOT

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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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

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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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

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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
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
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
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
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
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
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
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
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
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
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

PRISM Planned Release C4-1.8.2.1 (1/5/2024)

Planned Release	Task Title	Release Summary Description	Office	SPOT
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
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
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
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
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