PRISM Release 2025

PRISM Planned Release C4-1.20.2 (12/19/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.20.2 (12/19/2025)	Revert the Vulnerability issue reported in the EDI Application 270/271 Files	The Veracode fix has been reverted. No issues observed.	Office of Medicaid Operations (OMO)	17238

PRISM Planned Release C4-1.20.1 (12/17/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.20.1 (12/17/2025)	Revalidation Intermediate Cycle Letter - Issue	Revalidation Intermediate Cycle Letter trying to insert the Template Parameter 21145 causing a Oracle Constraint Error. Code Fix to remove the the code from inserting the parameter 21145.	Office of Medicaid Operations (OMO)	10417
C4-1.20.1 (12/17/2025)	Utah Diagnosis Related Group (DRG) Logic	Utah DRG Logic redesigned to process and price claims according to policy.	Office of Healthcare Policy and Authorization (OHPA)	11456
C4-1.20.1 (12/17/2025)	Updates to Personal Care Services Reimbursement in Rural Counties	Updates to Personal Care Services Reimbursement in Rural Counties to comply with bill (SB0002) passed by the Utah State Legislature. New Group Code: CLM-PRSPC created. Home Health Pricing updated to include, Procedure code belonging to Group Code CLM-PRSPC will not be processed in this pricing rule due to Exhibit: Personal Care Pricing (Pricing Rule "Charge Mode Multiplier Travel Cap") being higher in the hierarchy.	Office of Healthcare Policy and Authorization (OHPA)	11674
C4-1.20.1 (12/17/2025)	Restrictions Error Code 1795 Missing/invalid referring provider NPI for a member on restriction, posting when it should bypass	Groups Template updated to add the following new groups CLM1795-CTInternal Design Document CE UT-I Live Edits Error Code 1795 updated to include, If Claim Type belongs to group Group Code TBD1 and Invoice Type is D.	Office of Medicaid Operations (OMO)	12320
C4-1.20.1 (12/17/2025)	Create a new edit or use an existing edit to control Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) payments	This change request has created four new group codes 20194PT1, 20194PTAX1, 20194PT2 and 20194PTAX2. Internal Design Document CE UT-I Live Edits have been updated.	Office of Medicaid Operations (OMO)	13648
C4-1.20.1 (12/17/2025)	Electronic Data Interchange 270 file failing in the loading process when a request is submitted with 2100C DTP01=102 & 291	Business rule updated to include, If the DTP*102 is submitted in the 2100C, the system will never use this date in the search criteria. If only DTP*102 is submitted in the 2100C and there isn't any date submitted in the 2110C loop, then the system will use system date as inquiry date for deriving the 271 response.	Office of Medicaid Operations (OMO)	14605
C4-1.20.1 (12/17/2025)	Internal Design Document (IDD) 1406 Additional Fields for Hybrid Preferred Drug List (PDL)	The following elements to the 1406 File Layout tab. QUANTITY LIMIT, DAYS' SUPPLY, 90_DAYS, STEP ORDER, BRAND_OVER_GENERIC, HYBRID CLASS, DRUGS ON PDL, PREFERRED ON PDL.	Pharmacy Team	15184
C4-1.20.1 (12/17/2025)	Transaction Acknowledgement (TA1) files not moving to the FileNet archival folders	Archival Queue query logic has been updated to correctly identify, locate and move 999 files to FileNet.	Office of Medicaid Operations (OMO)	15356
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in PRISM Screen Application-Approve/Reject History Comments	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16143
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in PRISM Notifications & Correspondence	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16144
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_GRC_EXECUTION.sql and PK_1117_PRVDRDATATOLEGACY.sql packages	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16273
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PR_RPT_DRLL_THRGH_PHRM.sql and PR_RPT_DRLL_THRGH.sql packages	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16274
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the pk_time.sql package of the PRISM Screen Application- Notifications	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16276
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PR_PRVDRBPWSTATUSUPDATE.sql package of the PRISM Screen Application - Provider Modification	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16278
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_ACCOUNT_ASSIGNMENT.sql package of the PRISM Screen Application	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16279
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_APPRV_OR_REJECT_ALL.sql package of the PRISM Screen Application- Reference Screens	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16280
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_PE_MANAGE_STATUS.sql package of the PRISM Screen Application - Provider Approve/Reject	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16281
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PR_PRVDR_UPD_HIST_COMMETNS.sql package of the PRISM Screen Application - Provider Audit History	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16282
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_REF_INVALIDATION.sql package of the PRISM Screen Application - Reference Screen Inactivation	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16283
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PR_PAPOSTRUNERRORLINE.sql package of the PRISM Screen Application- Prior Auth Force Edits	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.Always validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16284

C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_CALCULATEPREMIUM.sql package & PK_MC_PYMNTCOMMON..sqlof the PRISM Application and Interface Job & Screens	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.	Office of Systems and Project Management (OSPM)	16285
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the PK_MCVLDTDATE.sql package of the PRISM Screen Application- MC Program Administration / Contract Administration pages	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.	Office of Systems and Project Management (OSPM)	16286
C4-1.20.1 (12/17/2025)	Vulnerability issue reported in the Electronic Data Interchange (EDI) Application 270/271 Files	Parameterized prepared statements are used to prevent the database from interpreting the contents of bind variables as part of the query.	Office of Systems and Project Management (OSPM)	16287
C4-1.20.1 (12/17/2025)	Edit 20201 DSPD Claim PA Rate not found, posted in error. Bypass not working	If the claim DOS (From and to date) do not match but DOS on the claim line overlaps any of the PA service lines (From and to date), system will look for a matching $ amount or an Auth Amount higher than the Submitted Charges on the PA (all applicable lines with overlapping DOS from the claim line on the PA) to the per unit $ amount on the claim. Refer to System Error Code 20201.	Office of Systems and Project Management (OSPM)	16875
C4-1.20.1 (12/17/2025)	Buyout recurring payments won't allow an end date and are creating a overlapping payment schedule	Code fixed for the modified_by and modified_date to take from Payment Schedule table instead of Payee table.	Office of Eligibility Policy (OEP)	3287
C4-1.20.1 (12/17/2025)	Recurring buyout payments with a 12/2023 start date issued early	The system has been fixed to prevent payments from going out prior to the start date.	Office of Eligibility Policy (OEP)	6567
C4-1.20.1 (12/17/2025)	Department of Professional Licensing (DOPL) bump not updating information	Code fix required for this issue to include and insert the state code 'UT' in the corresponding DOPL tables.	Office of Medicaid Operations (OMO)	7354
C4-1.20.1 (12/17/2025)	Managed Care Internal Design Document (IDD) 1101 and Provider File Updates	Updates to the interfaces 1101, 1102, CE Live Edits and Provider File to provide accurate information to the plans.	Office of Managed Health Care (OMHC)	9323

PRISM Planned Release C4-1.20.0.1 (12/5/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.20.0.1 (12/5/2025)	Restore CURRENT_FLAG = 'Y' on active row for prev Scenario-2 tables (NC Enhancement)	For the former Scenario-2 tables (remaining Scenario-1), we are enabling the S2-style CURRENT_FLAG computation via a new configuration field in the DW configuration tables.	Office of Systems and Project Management (OSPM)	17055

PRISM Planned Release C4-1.20 (11/19/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.20 (11/19/2025)	Documentation has been uploaded to a Prior Authorization (PA) via Fax, notification is not triggered	PA fax functionality is working as expected. Notifications are being generated in My Inbox.	Office of Long Term Services and Supports (OLTSS)	10016
C4-1.20 (11/19/2025)	Suspended Letter Template - Issue	Incorrect implementation of business rule. System updated to not insert Template Parameter not configured for UTAH.	Office of Medicaid Operations (OMO)	10484
C4-1.20 (11/19/2025)	Managed Care (MC) Recoupment with Parent Transaction Discovery date and blank CMS reporting segments	Code fix to populate CMS segment values for Retro Rate consolidation transactions. TCN's Discovery date is populated as System date(date of generation of recoupment TCN).	Office of Financial Services (OFS)	10493
C4-1.20 (11/19/2025)	New Medication Therapy Management (MTM) Pharmacy Claims File (DW Impact)	A new interface will be created for Medication Therapy Management (MTM) Inbound MTM Pharmacy Claims.	Pharmacy Team	1056
C4-1.20 (11/19/2025)	CHIP member who is copay exempt needs to have the CHIP Cost Share Met Flag set to "Yes"	If a member has the copay exemption indicator of "Y" while they are CHIP eligible then set the CHIP Cost Share Met Flag to "Yes" in the database for the time period of the exemption and CHIP eligibility and report in the 834 as Y in the Cost Share Met in the 2300 HD04 REF Value position 6.	Office of Managed Health Care (OMHC)	1057
C4-1.20 (11/19/2025)	AAA Copy of Notice of Decision needs information to show which client it is for	The issue with incorrect details in the CC letter generation has been fixedand it is displaying records as expected.	Office of Long Term Services and Supports (OLTSS)	10644
C4-1.20 (11/19/2025)	837P Encounter file submitted 5/10/24 but 277CA response file not sent until 5/12/24	The files failed to load because the total length exceed 80 characters. This issue has been resolved by updating the Edifecs configuration XML file.	Office of Managed Health Care (OMHC)	10666
C4-1.20 (11/19/2025)	Update to Prior Authorization for Claims Processing	Updates to Prior Authorization (PA) Processing, PA Service Line will have a hyperlink. Clicking on the hyperlink will show a new dialog page with the following information Claim TCN, Claim Status, Utilized Units, Utilized $ Amount. Full access to following Roles for page id dlgPAClaimUtilization CLM - View Inquire Claims, CLM- PRISM Support	Office of Healthcare Policy and Authorization (OHPA)	10707
C4-1.20 (11/19/2025)	Error when uploading documents in Admissions Record when in "Duplicate Admissions"	Fixed the code to handle file uploads in the Duplicate Admission Action functionality.The update ensures that uploaded files are now successfully stored in FileNet. The paper clip icon is visible once the application is submitted.	Office of Long Term Services and Supports (OLTSS)	10851
C4-1.20 (11/19/2025)	End-dated profile being assigned to new provider users	The service request to correct the data to not to display the Inactive profile (EXT Provider EHR Incentive Specialist) on the User Account Screen is working correctly.	Office of Systems and Project Management (OSPM)	11104
C4-1.20 (11/19/2025)	Update Internal Design Document (IDD) 207 to allow two different dates for the same procedure code, servicing provider and care plan ID	PRISM is creating separate Service lines in Prior Authorization if multiple records with the same Care Plan ID, Servicing Provider ID and HCPCS/Procedure code are received from IDD 207. If the Servicing Units is zero for any Service Line PRISM will populate the Service Line as INACTIVE.	Office of Long Term Services and Supports (OLTSS)	12131
C4-1.20 (11/19/2025)	Indian Health Services (IHS) Claims over payment per diagnosis pointer	Updated the processing of all IHS claims to pay one AIR rate per day per Invoice Type.	Office of Medicaid Operations (OMO)	12391
C4-1.20 (11/19/2025)	Pre-1099 Correspondence Issues	Spelling and the URL capitalized errors have been correct.	Office of Financial Services (OFS)	12566
C4-1.20 (11/19/2025)	837P File failed in loading due the reporting of double-digit value in 2400- QTY02	Updated the column Length to 15 in OLTP and ODS.	Office of Medicaid Operations (OMO)	12705
C4-1.20 (11/19/2025)	Updates to OPPS Utah State Reduction Factor Application and Procedure Code 41899 Unlisted px dentalvlr strux	Pricing methodology updated on APC Status codes.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	12787
C4-1.20 (11/19/2025)	Utah Diagnosis Related Group (DRG) to add hierarchy for MS DRG 790 and 791	Hierarchy added so that the claims with an MS 790 or 791 can pay at the correct rate.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	12886
C4-1.20 (11/19/2025)	Care Plan (CP) ID changed during transfer	Logic added to copy care plan id from PRG case to agency transfer case.	Office of Long Term Services and Supports (OLTSS)	13560
C4-1.20 (11/19/2025)	In PA_RQST_X_PA_RQST, PA_REQUEST_X_DIAGNOSIS tables FROM_DATE and TO_DATE columns has null values	Code fix to ensure valid date handling during INSERT and UPDATE operations in PA_RQST_X_PA_RQST also, valid and consistent date ranges during INSERT into PA_REQUEST_X_DIAGNOSIS.	Office of Healthcare Policy and Authorization (OHPA)	13626
C4-1.20 (11/19/2025)	Entity Payment Import into Oracle Financials (OFIN) Failure	The payee identifier will be imported to OFIN and then Entity payment will also be imported subsequently. Warrant number will be updated post payment cycle completion.	Office of Financial Services (OFS)	13706

C4-1.20 (11/19/2025)	Application Portal Status Display Defect	When the Application Decision is accepted in Pega, the system is sending the correct status to Application Intake sub system.	Office of Long Term Services and Supports (OLTSS)	13762
C4-1.20 (11/19/2025)	Add DENT-ADULT BP to TAM with Dental (with and without Restriction) Benefit Letters	This new Benefit Plan will include the following Benefit Letters: Benefit Letter - TAM with Dental without Restriction. Benefit Letter - TAM with Dental and Restriction.	Office of Healthcare Policy and Authorization (OHPA)	13961
C4-1.20 (11/19/2025)	Interface--Missing batch on 4950 File for Healthy U not received as expected - Encounters - expand the line SIDs character limit to 32K - 20902 edit bypass condition failed for 20173 when there is more than 282 lines	Fix implemented to expand the line SIDs character limit to 32K, resolving the issue.	Office of Managed Health Care (OMHC)	14257
C4-1.20 (11/19/2025)	Preadmission Screening and Resident Review (PASRR) screens not allowing Level II information to be saved	Code has been modified to use the correct sequence name in 930 Interface and to reset the start with value MBR_PASRR_SCRNG_LVL2_SEQ sequence.	Office of Long Term Services and Supports (OLTSS)	14405
C4-1.20 (11/19/2025)	Managed Care (MC) eGRID program start after mid month incarceration	Code fix has been implemented for the changes to start eGRID managed care programs one day after incarcerated end date when there is enrollment is present for the 1st of the same month.	Office of Managed Health Care (OMHC)	15212
C4-1.20 (11/19/2025)	Care Plan List report status incorrect	Code fix to exclude "Not Started" care plans from the Care Plan List report and this will ensure that only started care plans will be displayed in Care Plan List report.	Office of Long Term Services and Supports (OLTSS)	15235
C4-1.20 (11/19/2025)	Limit the System From Reissuing a Single Warrant for Several Voided Payments	An error message has been added to the system to prevent users from attempting to reissue a single warrant for several voided payments at the provider level.	Office of Financial Services (OFS)	15331
C4-1.20 (11/19/2025)	PEGA correspondence format issue	The letter formatting has been updated in "evoBrix-DSDD-CSM-OVR Restriction Enrollment and Continued Enrollment"	Office of Reimbursement, Coordinated Care & Audit (ORCA)	15355
C4-1.20 (11/19/2025)	Hospice Facility National Provider Identifier (NPI) missing	Java code updated fixing this issue to save the missing fields "Nursing Facility NPI/ID" while submitting the Admission page.	Office of Healthcare Policy and Authorization (OHPA)	15411
C4-1.20 (11/19/2025)	Provider/Entity Customer record update failure in Oracle Financials (OFIN)- Column Length Mismatch between between OFIN and source subsystems (Provider, Eligibility and Enrollment (EE) and Financials)	Increased the length of column customer name in OFIN AR Staging tables from 100 to 250 characters.	Office of Financial Services (OFS)	15675
C4-1.20 (11/19/2025)	Unable to attach the document of Approved BC for Sleep Medicine/Nurse Practitioner Certification/Ultrasound Technician or Sonographer Certificate	Verified upload of documents in Expert mode for the certificates. Confirmed that the Certificates and Licenses are available in the dropdowns in dlgManageAttachment as listed in theInternal Design Document PE UT-11 PE Document List tab.	Office of Medicaid Operations (OMO)	15694
C4-1.20 (11/19/2025)	Documents not uploading in App Intake	This issue is a load balance issue in the Document upload process requiring a code fix.	Office of Long Term Services and Supports (OLTSS)	1571
C4-1.20 (11/19/2025)	Vulnerability issue reported in below API's/Jar's in EDI application	Removed the unused binary from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15749
C4-1.20 (11/19/2025)	Vulnerability issue reported in below API's/Jar's in Correspondence application	Removed the unused binary from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15751
C4-1.20 (11/19/2025)	Vulnerability issue reported in below API's/Jar's in Webservice application	Removed the unused binary from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15753
C4-1.20 (11/19/2025)	Vulnerability issue reported in below API's/Jar's in MCE application	Removed the unused binary from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15754
C4-1.20 (11/19/2025)	Vulnerability issue reported in below API's/Jar's in Adjudication application	Removed the unused binary from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15755
C4-1.20 (11/19/2025)	Vulnerability issue reported in below API's/Jar's in PCS application	To resolve the issue Dom4j version of the binary has to be upgraded from 1.6.1o 2.1.3.	Office of Systems and Project Management (OSPM)	15756
C4-1.20 (11/19/2025)	Vulnerability issue reported in Correspondence Application	Implement an InputValidation class to validate Input Object from SecurityValidation API that using positive filters (white lists) to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	15759
C4-1.20 (11/19/2025)	Vulnerability issue reported in EDI Application	Implement an InputValidation class to validate Input Object from SecurityValidation API that using positive filters (white lists) to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	15760
C4-1.20 (11/19/2025)	Prior Authorization (PA) denial letters are too long and text is cut off	The PDF generation logic will be updated to: Display the first 5 records in a table on the first page and display the remaining records in a new table on the second page, ensuring the table borders are not cut off.	Office of Systems and Project Management (OSPM)	15812
C4-1.20 (11/19/2025)	834 Records Missing	Code fix completed to activate the Managed Care (MC) enrollment history record to report in 834 file.	Office of Managed Health Care (OMHC)	15862
C4-1.20 (11/19/2025)	Optimize Data Warehouse (DW) Logic and Improve Performance (NC Enhancement)	Remove redundant slice/dice transformations from the Data Warehouse as they are already handled upstream (OLTP). This change reduces complexity, improves data integrity, and enhances system performance.	Office of Systems and Project Management (OSPM)	16127
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_BUYOUT_WEBSRV.sql package of the PRISM Screen	Validated the Buyout Case summary pages and need to add entry in all grids.	Office of Systems and Project Management (OSPM)	16128
C4-1.20 (11/19/2025)	Vulnerability issue reported in Database (DB) Jobs (1087/1088) Rate Upload & Approve Rates	Validated the functionality of Rate Upload and approve the rates in the PRISM application as well as DB Jobs (1087/1088).	Office of Systems and Project Management (OSPM)	16129
C4-1.20 (11/19/2025)	Vulnerability issue reported in 1037 Job and Payment (3509/3514) Jobs 834 Enrollments and Rates	Validated enrollment creation. Rate code is stamped and reported in 834 and in backend enrollment history detail table through Auto Assignment/1037 Job and Payment (3509/3514) Jobs.	Office of Systems and Project Management (OSPM)	16130
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PR_VALIDATE_DOMAIN_VALUES.sql package of the PRISM Screen Application- Reference Screens- Account	Validated the Account Code upload from the Reference screen functionality in the Prism Application.	Office of Systems and Project Management (OSPM)	16131
C4-1.20 (11/19/2025)	Vulnerability issue reported in Appintake Application	Validated all the screen functionalities from the Appintake Application.	Office of Systems and Project Management (OSPM)	16132
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_ACA_UPLOAD.sql package of the PRISM Screen Application - Reference Screens-Account Code Uploads	Validated the Account Code upload from the Reference screen functionality in the Prism Application.	Office of Systems and Project Management (OSPM)	16133
C4-1.20 (11/19/2025)	Vulnerability issue reported in PRISM Screen Application-Reference Screens-Group Code Associations	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16134
C4-1.20 (11/19/2025)	Vulnerability issue reported in Web Service Application - Internal Webservice 158 - GetPADetailsService	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16136
C4-1.20 (11/19/2025)	Vulnerability issue reported in 911/934 interface job	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16137
C4-1.20 (11/19/2025)	Vulnerability issue reported in PRISM Screen Application - PCS Screens	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16138

C4-1.20 (11/19/2025)	Vulnerability issue reported in PRISM Screen Application - Buyout Case	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16140
C4-1.20 (11/19/2025)	Vulnerability issue reported in myHP Application	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16141
C4-1.20 (11/19/2025)	Vulnerability issue reported in PRISM Screen Application - Reference Screens-Procedure Codes	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16142
C4-1.20 (11/19/2025)	Completed by user, created date and completed date displaying incorrect.	Code fix completed. System is not displaying the case owner as completed by and displaying the same Created date and Completed date of the task.	Office of Long Term Services and Supports (OLTSS)	1620
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_PROCESSELGBLTYSTATUS_ACA.sql package of the MCE Queue Application (Auto Assignment)	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16288
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_MC_PRCS_MBR_ELGBLTY.sql package of the eGrid flow process	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Managed Health Care (OMHC)	16289
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_MC_COMMON.sql package of the Erep Interface Job- Family Reconnect and Auto Assignment Process	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16290
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_MC_SRVCBSDENHCMNTPYMNT.sql package of the 3505 Interface Job (SBE Payments)	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16291
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PR_MC_GETCLNTELGBLPRGRM.sql package of the MCE Queue Application (Auto Assignment)	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16292
C4-1.20 (11/19/2025)	Vulnerability issue reported in the PK_MC_GETAGERANGE.sql package of the 1037 Interface Job	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16293
C4-1.20 (11/19/2025)	Vulnerability issue reported in the EDI Application 834 Files	PRISM is using parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16294
C4-1.20 (11/19/2025)	eRep case number not populating in MRB Review Case in PEGA	Due to a mismatch in how the information was labeled inside the system, the value was not passed through to PEGA. The naming inconsistency has been corrected.	Office of Eligibility Policy (OEP)	16344
C4-1.20 (11/19/2025)	Pharmacy Encounters: Mulitple status of claim in single file	Code fix was required to ensure the system follows the sequence from the file during processing.	Office of Managed Health Care (OMHC)	16348
C4-1.20 (11/19/2025)	Two Managed Care Warrants not tying out to Vantage	Updates to the data archival process to prevent similar issues in the future.	Office of Financial Services (OFS)	16376
C4-1.20 (11/19/2025)	CC letter not generated for Employment-related Personal Assistant Services (EPAS) program	CC letter is being generated for reports NOD_EPAS Application ReceivedNOD Initial Enrollment Denial and it is working as expected.	Office of Long Term Services and Supports (OLTSS)	16388
C4-1.20 (11/19/2025)	Vulnerability issue reported in the View History Comment/Remarks for Rates/References PRISM Application Screens	PRISM will use parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Validating untrusted input to ensure that it conforms to the expected format, using centralized data validation routines when possible.	Office of Systems and Project Management (OSPM)	16434
C4-1.20 (11/19/2025)	Employment-related Personal Assistant Service (EPAS PA's) reflecting U2 modifier incorrectly - EPAS has no	Code change is required to remove the U2 as long term fix	Office of Long Term Services and Supports (OLTSS)	1663
C4-1.20 (11/19/2025)	System is not notifying and does not change the status when new documentation is attached	Code fix to trigger the notification and in review status change after clicking the "Upload Document" button instead of the save button. So that, even if the user clicks the Xclose or click on a breadcrumb after "Upload Document", Notification and status will be triggered correctly to state.	Office of Long Term Services and Supports (OLTSS)	1898
C4-1.20 (11/19/2025)	Usage of TN Modifier on Waiver claims	Some waiver providers claims are for services that do not fall under a Claim Type 6-Home Health Professional. They pay based off of the Charge Mode for the TN Modifier. Modifier Based pricing rules apply to J-Professional. The Home Health claim types still follow the Home Health Enhancement section.	Office of Long Term Services and Supports (OLTSS)	2613
C4-1.20 (11/19/2025)	Document from App Intake not in system	FileNet document title configuration for the APP Intake Document class will be updated from 255 to 400 characters.	Office of Long Term Services and Supports (OLTSS)	2639
C4-1.20 (11/19/2025)	Care Plan PDF incorrect information	Effective date will be populated in all sub case care plans PDF.	Office of Long Term Services and Supports (OLTSS)	2729
C4-1.20 (11/19/2025)	SAS information not showing in PEGA	Code fixed, SAS details selection made by the CMA in the Waiver Service Details are showing in the Approve Comprehensive Care Plan step.	Office of Long Term Services and Supports (OLTSS)	3139
C4-1.20 (11/19/2025)	Default profile not updating	DOH NC Worker role will become the default role for these users.	Office of Long Term Services and Supports (OLTSS)	3213
C4-1.20 (11/19/2025)	Pre-1099- Amounts are not formatted correctly in IRS 1099-MISC Income	This issue is fixed by changingthe decimal point format in the java script.	Office of Financial Services (OFS)	3488
C4-1.20 (11/19/2025)	Incident Report (IR) return reason not showing in Incident Summary	Code fixed, the IR return reason is displaying correct.	Office of Long Term Services and Supports (OLTSS)	3702
C4-1.20 (11/19/2025)	Program (PRG)-4002 not working for Department of Health (DOH) user	System has assign the task to the Workbasket (DOH Application Resubmission-NC Pending WB) of DOH User even though the user of previous task was Provider user AND not to the Provider's workbasket (CMA Application Resubmission-NC Pending WB).	Office of Long Term Services and Supports (OLTSS)	4134
C4-1.20 (11/19/2025)	Updates to Internal Design Document (IDD) 416	Updated the Compound Code 2 to Optional in IDD 416.	Pharmacy Team	6315
C4-1.20 (11/19/2025)	PRE-1099's FOR MEDICAID PROVIDERS	Updated Archived Documents for OFIN Correspondence. The 1099-Misc and Pre-1099 are viewable for Profiles: EXT Provider Account Administrator and Claims Inquiry - Provider.	Office of Financial Services (OFS)	6372
C4-1.20 (11/19/2025)	Edits 5381 Attending physician ID missing or invalid and 5380 Invalid Attending Provider NPI - Attending Provider PAC Determination Logic	Updates to the Edit Logic of Error Codes 5380 and 5381 to post correctly. When a provider has multiple PT/SP/SSP's for the date of service, the edit should look to all active Business Status' to determine the correct PAC.	Office of Managed Health Care (OMHC)	7065
C4-1.20 (11/19/2025)	1099-Misc Correspondence Issues -1099 Correspondence - Recepient's Name & Address have Apostrophe doubled & Font Issues	Double apostrophe and font size has been corrected.	Office of Financial Services (OFS)	8039
C4-1.20 (11/19/2025)	1095-B Health Coverage Spacing Issue in Box 4 Street	Address is now displayed with correct spacing in Box 4 Street Address	Office of Eligibility Policy (OEP)	8397
C4-1.20 (11/19/2025)	Internal Design Document (IDD) 416 Update -Pharmacy Name field to Required	Updated IDD 416 to make PHARMACY NAME (NCPDP field 833-5P) Required.	Pharmacy Team	9515

PRISM Planned Release C4-1.19.1 (10/17/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.19.1 (10/17/2025)	Large amount of unexplained member ID errors on MLER	The BUYIN table configuration has been corrected and reviewed all other 45 related tables to ensure similar issues do not exist.	Office of Managed Health Care (OMHC)	16380

PRISM Planned Release C4-1.19

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.19 (9/24/2025)	Update the logic for Edits 5522 - Missing or invalid prior authorization number for Inpatient psychiatric services, and 5560 - IMD Psych exceeds 60 day limit	The Prior Authorization (PA) requirement in Error Code 5522 will be bypassed if the member is under 21 or 65 and older. Error Code 5560 only needs to post if the Member's age is 21 or older and under 65 for the Admit date on the claim. Error Code 5543 is no longer needed.	Office of Healthcare Policy and Authorization (OHPA)	1010
C4-1.19 (9/24/2025)	Bypass for crossover isn't working for error code 5522 Missing or invalid prior authorization number for Inpatient	5522 edit updated to stop incorrectly posting when Medicare Indicator is "Y".	Office of Medicaid Operations (OMO)	10976
C4-1.19 (9/24/2025)	1403 Diagnosis Pointer reported at line level (210 Record Type) should be in the order sequence	The diagnosis code will populated in interface as per the diagnosis pointer.	Pharmacy Team	11061
C4-1.19 (9/24/2025)	Internal Design Document (IDD) 1415 Updates to begin and end date, and National Drug Code (NDC) Rebate Flag Issues	Updated IDD 1415 to include the rules for the Rebate-Begin-Eff-date and Rebate-End-EFF-date. Added a new rule that slices and dices the data when the existing record overlaps with the start and end dates on the file for the NDC Rebate.	Pharmacy Team	11641
C4-1.19 (9/24/2025)	Wrong documents are being uploaded	Updated the download Attachment logic to support file size greater than 25 MB.	Office of Long Term Services and Supports (OLTSS)	11955
C4-1.19 (9/24/2025)	Provider Neutral Payments for Fee-For-Service (FFS) Claims	Updated the mass adjustment screens to allow the state to create provider neutral adjustments.	Office of Financial Services (OFS)	12492
C4-1.19 (9/24/2025)	Update of frequency and date of file generation in Internal Design Documents (IDD) 514, IDD 531, IDD 532 and IDD	Updated the frequency and days of the week for file generation in IDD 514, IDD 531, IDD 532 and IDD 53	Pharmacy Team	12515
C4-1.19 (9/24/2025)	Interface 1405 file selection needs to be updated to exclude encounters with 20173 - make Interface 1405 configurable	Interface 1405 selection criteria updated to exclude Encounters with edit 20173 posted at the line or header and only encounter claims that have a NDC will be considered for this file. Interface 1405 to be configurable in the event the selection parameters need to be updated in the future.	Office of Managed Health Care (OMHC)	12532
C4-1.19 (9/24/2025)	Multiple Pre-1099 letters are generated for a provider if there is a name change	A fix has been implemented to ensure that the Pre-1099 correspondence letters reflect the most recent provider name and address when updated within the same financial year.	Office of Financial Services (OFS)	12670
C4-1.19 (9/24/2025)	Aging Waiver Report Needs to be Generated Weekly	The requested report will be generated weekly.	Office of Long Term Services and Supports (OLTSS)	12883
C4-1.19 (9/24/2025)	Incorrectly posting error code 5369 Invalid CLIA certificate number	Edit 5369 should only post if following conditions are met: The procedure code is one of those in the group “Tests Subject to CLIA Edits” {{Group Code: CLM-CLIA)) If the provider file CLIA Certification Type is not “1-Regular Certification”, “3-Accredited Certification” OR “9-Registered Certification”	Office of Medicaid Operations (OMO)	13185
C4-1.19 (9/24/2025)	Claim denied for invalid last name but paid when reprocessed.	Updated the 2004 edit logic to check the loading edit in any run.	Office of Medicaid Operations (OMO)	13346
C4-1.19 (9/24/2025)	LL Mod pricing different rates on procedure code E0483 Hi freq chest wall oscil sys	System will pay/cutback the claim based on billed units instead of PA Available units and available units.	Office of Medicaid Operations (OMO)	13419
C4-1.19 (9/24/2025)	Two Mass Adjustments stuck in status	Issue fixed to display the claims in the Mass Adjustment Claims List Page for the state users to approve the Mass Batch and does not stay in "Completed Awaiting Review by Approver".	Office of Medicaid Operations (OMO)	13519
C4-1.19 (9/24/2025)	Edits 5355 - Not a new patient. Cognitive service within 3 years and 5368 - Not new patient. Same specialty in group, still posting after Change Request released	Edit 5355 will not post when there is no other E&M service code billed prior to the current date of service for the same provider. Edit is not posting based on parent claim/TCN.	Office of Medicaid Operations (OMO)	14169
C4-1.19 (9/24/2025)	FileNet Updates for Searching and Sort (NC Enhancement)	The Case ID has been added for all Beneficiary Letters.	Office of Managed Health Care (OMHC)	14248
C4-1.19 (9/24/2025)	Incarceration Facility Details for eREP Interface 911 and 934 and edit update	An additional loop for facility details has been added in the incarceration loop of eREP Interfaces 911/934 to accommodate facility transfers within one incarceration time span.	Director’s Office (DO)	14281
C4-1.19 (9/24/2025)	Vulnerability issue reported in below API's/Jar's in PCS application	Upgrade the commons-fileupload Jar without Vulnerability Issue. Upgrade the poi Jar without Vulnerability Issue. Upgrade the spring Jar's without Vulnerability Issue. Upgrade the struts2-core without Vulnerability Issue. Upgrade the xmlbeans without Vulnerability Issue. Upgrade the xmlsec without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	14485
C4-1.19 (9/24/2025)	Vulnerability issue reported in PCS Application	Vulnerability issue reported in PCS Application Veracode - SQL Injection	Office of Systems and Project Management (OSPM)	14492
C4-1.19 (9/24/2025)	Remit overpayment error's	Code fix in child credit claim to copy the paid amount from parent claim instead of deriving from parent line level paid amount for R-Inpatient claims (Only for DRG Pricing claims).	Office of Medicaid Operations (OMO)	14541
C4-1.19 (9/24/2025)	834 Term record sent incorrectly	The system will not report the disenrollment for the retro enrollment record's when there is a continuous record present next to the new retro enrollment period.	Office of Managed Health Care (OMHC)	14555
C4-1.19 (9/24/2025)	OB Claims Issue when billing and servicing NPI is empty, error code 5368 Not new patient. Same specialty in group	Java code updated to handle the empty NPI check for Billing and servicing NPI.	Office of Medicaid Operations (OMO)	14604
C4-1.19 (9/24/2025)	Error Code 1217 Timely Filing - Attachment available, was denied during resolve and claim denied in UAT environment	Code fixed to uncomment/activate the timely filling process then only, 1217 edit will not post and Force/Deny process is working as expected.	Office of Medicaid Operations (OMO)	14621
C4-1.19 (9/24/2025)	Edit 1960 Procedure exceeds Lifetime Limit, Outpatient to ASC Indicator rule	For lifetime limits, editing should occur only across same claim types/invoice type.	Office of Medicaid Operations (OMO)	14756
C4-1.19 (9/24/2025)	System is updating Program (PRG) case status to cancelled after completing disenrollment case	Code fixed, PRG case will not be cancelled and will not create "Wait In Default (Cancel Case)" extra assignment on PRG case.	Office of Long Term Services and Supports (OLTSS)	14757
C4-1.19 (9/24/2025)	Interface 1501 Coverage Tag Max (NC Enhancement)	1501 coverage tags restriction limit 7, needs to be updated to unbounded as we got a full extract file from ORS and we see coverage tags more than 7 for each member.	Office of Systems and Project Management (OSPM)	14832
C4-1.19 (9/24/2025)	911/934 file Rejecting Member Record instead of Segment - Gap between internal Business Rule and and Oracle Error (NC Enhancement)	Data Element Name StartDate, within Incarceration Loop: "When Incarceration Start Date/ End Date is not available, then reject segment, log error on the Member Level Error Report 'Inmate record is not loaded due to missing required fields. Based on documentation, the incarceration segment will be rejected, not the whole member record.	Office of Systems and Project Management (OSPM)	14833
C4-1.19 (9/24/2025)	Medicaid Insets and separating out the file being sent to DTS State Print (NC Enhancement)	Acentra Health will develop a script and setup a cron job in production to place the "Restriction Enrollment and Continued Enrollment" correspondence files in a separate folder. State Print team validated.	Office of Systems and Project Management (OSPM)	14904
C4-1.19 (9/24/2025)	Existing waiver services were inactivated after approving Annual Review care plan	System fixed to keep the previous approved care plan waiver services as active as well as current approved care plan waiver services.	Office of Long Term Services and Supports (OLTSS)	14918
C4-1.19 (9/24/2025)	Posting on the claim when current claim: claim type J with ASC Indicator as Y. Edit 1960 Procedure exceeds Lifetime	Edit 1960 logic is fixed to post for F-Outpatient to J-professional scenario as expected	Office of Medicaid Operations (OMO)	14922
C4-1.19 (9/24/2025)	The care plan listed under Current Care Plan in PEGA isn't the latest care plan	User can see the care plans with effective and expiration dates of the care plans.	Office of Long Term Services and Supports (OLTSS)	1495

C4-1.19 (9/24/2025)	Error code P0002 Beneficiary is not eligible for the service line. Error persisting	Edit P0002 Should not post if the Procedure code for the member is passed either one of the Business Rule, Post Edit if the Procedure is not present in Associated Procedures AND the Restriction (Include/Exclude) flag is Include Procedure is present in Associated Procedure and Post Edit if the associated Procedures AND the Restriction (Include/Exclude) flag is Exclude.	Office of Healthcare Policy and Authorization (OHPA)	14957
C4-1.19 (9/24/2025)	Eligibility not showing in Pharmacy Point of Sale (POS)	Code modified to send the prospective eligibility records after eREP monthly.	Pharmacy Team	14963
C4-1.19 (9/24/2025)	Incorrectly Posted Inpatient Psych Prior Authorization (PA) - Edit 5542 Units exceed approve PA units for a psychiatric	Edit will be validated at the header level as it's belongs to R-Inpatient claim type instead of validating the line level incorrectly.	Office of Medicaid Operations (OMO)	14987
C4-1.19 (9/24/2025)	Duplicate record in Internal Design Document (IDD) 921 Spenddown file to GHS (Change Health Care)	Issue fixed to send spenddown records only if the bill had been an incurred bill with a X to GHS.	Office of Systems and Project Management (OSPM)	14988
C4-1.19 (9/24/2025)	Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Screenings Not Matching Birthdates	The logic is to derive the Due date for "EPSDT Periodicity Schedules" has been corrected for the EPSDT configuration that are using "Years".	Office of Healthcare Policy and Authorization (OHPA)	15058
C4-1.19 (9/24/2025)	Member name incorrect in determination Prior Authorization (PA)	The query logic changed to fetch the correct member name when Correspondence Letter Generation Process.	Office of Healthcare Policy and Authorization (OHPA)	15069
C4-1.19 (9/24/2025)	Screening Due Column Blank on Screenings Past Due Report	Code logic implemented in report query. Query should be modified to join EPSDT_SCHEDULE_DETAIL table with MBR_X_EPSDT_SCHEDULE table to avoid displaying blank in SCREENING_DUE column and also will avoid displaying duplicate records.	Office of Healthcare Policy and Authorization (OHPA)	15089
C4-1.19 (9/24/2025)	Vulnerability issue reported in HealthBeat Application - HealthBeat	Using parameterized prepared statements rather than dynamically constructing SQL queries. This will prevent the database from interpreting the contents of bind variables as part of queries.	Office of Systems and Project Management (OSPM)	15141
C4-1.19 (9/24/2025)	Vulnerability issue reported in below API's/Jar's in PCS application	To resolve the issue cxf-core version of the binary has been upgraded from 3.2.3 to 3.4.10 , cxf-rt-transports-http-3.2.3.jar of the binary has been upgraded from 3.2.3 to 3.4.10 and cxf-rt-databinding-aegis-3.2.3 to . cxf-rt-databinding-aegis-3.5.8.	Office of Systems and Project Management (OSPM)	15142
C4-1.19 (9/24/2025)	Vulnerability issue reported in below API's/Jar's in Adjudication application	To resolve the issue cxf-core version of the binary has been upgraded from 3.2.3 to 3.4.10 , cxf-rt-transports-http-3.2.3.jar of the binary has been upgraded from 3.2.3 to 3.4.10 and cxf-rt-databinding-aegis-3.2.3 to . cxf-rt-databinding-aegis-3.5.8.	Office of Systems and Project Management (OSPM)	15143
C4-1.19 (9/24/2025)	Vulnerability issue reported in below API's/Jar's in Webservice application	This binary is not referenced anywhere in the code. The unused binary is removed from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15144
C4-1.19 (9/24/2025)	Vulnerability issue reported in below API's/Jar's in Prism Screen application	This binary is not referenced anywhere in the code. The unused binary is removed from the application bundle used for deployment.	Office of Systems and Project Management (OSPM)	15145
C4-1.19 (9/24/2025)	Vulnerabilities in Pega application	Fix Details: 1. tools.getParamValue() should be wrapped in StringUtils.crossScriptingFilter or converted to the appropriate non-string value. 2. "Require Authentication to run" checkbox needs to be selected for the rules that are flagged.	Office of Systems and Project Management (OSPM)	15274
C4-1.19 (9/24/2025)	CHIP Enrollment Missing through Auto Assignment (AA) Process	CHIP enrollment is processing through AA, It will not skip when multiple RACs qualifying for new member.	Office of Managed Health Care (OMHC)	15346
C4-1.19 (9/24/2025)	"Restricted Member has regained eligibility." notification is incorrectly generated	Issue is fixed to not generate duplicate notifications.	Office of Systems and Project Management (OSPM)	15495
C4-1.19 (9/24/2025)	CR 2470 - ADA Issue - Combo box's displaying two times in JAWS	Upgrade to JAWS Pro 2025 has fixed the issue.	Office of Systems and Project Management (OSPM)	15499
C4-1.19 (9/24/2025)	pgMCTransactionList(Contract/MC) wrongly populating FROM fields with TO information for Enrollment Batch	Enrollment Batch will show the Organization and Program in To Organization and To Program fields in Transaction List page.	Office of Managed Health Care (OMHC)	15504
C4-1.19 (9/24/2025)	Unable to locate the associated 277CA File	Response files were not displayed on the Retrieve Acknowledgement screen due to an issue in the query. This has now been fixed, and the response files are correctly displayed.	Office of Medicaid Operations (OMO)	15528
C4-1.19 (9/24/2025)	PEGA correspondence - Archived Documents Filters Not Working	Code updated to fix the screen query to return only the PEGA Correspondences of the provider.	Office of Medicaid Operations (OMO)	15582
C4-1.19 (9/24/2025)	Response files are not displaying when the provider ID is not derived on the X12 file	For State users the screen will display even if the Provider ID is not mapped.	Office of Medicaid Operations (OMO)	15602
C4-1.19 (9/24/2025)	Webservices not responding from Pega / evoBrix	Connection Pool settings increased to increase the number of database requests the node can handle concurrently.	Office of Systems and Project Management (OSPM)	15808
C4-1.19 (9/24/2025)	1501 Interface Processing Causing 834 Delays - Optimization Needed (NC Enhancement)	TPL Trigger Query has been fine tuned to reduce the execution time	Office of Systems and Project Management (OSPM)	15840
C4-1.19 (9/24/2025)	Case missed last task due to the provider user clicked on back button- AR-10067	Back button is not visible when case is at task Upload Comprehensive Care Plan Signed by Client.	Office of Long Term Services and Supports (OLTSS)	2568
C4-1.19 (9/24/2025)	Documents attached in Add Attachment action menu are not displaying in Case Details tab IE-3904	Fix applied to Case 360 to display documents uploaded in Add Attachment action menu.	Office of Long Term Services and Supports (OLTSS)	2633
C4-1.19 (9/24/2025)	Update Edit Logic for Error Code 5555 Provider not enrolled in U of U School of Dentistry Network	Error Code 5555 edit logic updated it checks to see if the rendering provider is paneled with the U of U School of Dentistry Network instead of the billing provider. PRISM to check that the rendering provider has the U of U School of Dentistry Network identifier. The edit is currently information only and needs to be updated to Deny.	Director's Office (DO)	6060
C4-1.19 (9/24/2025)	New Choices Waiver care plans are skipping the supervisor approval step when it is required	Documentation updated - If the Care Plan has HCPCS Code: T1016 with units more than or equal to 26, "Approve All" button will only be displayed to DOH Supervisor and not DOH User.	Office of Long Term Services and Supports (OLTSS)	7309
C4-1.19 (9/24/2025)	Task not completed New Choices Waiver - Agency Transfer (TRF-49)	Disable validation flag was set to true and this flag was not removed after adding case wide note causing the issue. The Disable validation flag is removed and routed the case CRM-NC-TRF-49 to Agency Records Facility and Rental Information task.	Office of Long Term Services and Supports (OLTSS)	7751
C4-1.19 (9/24/2025)	CRM-NC-TRF-52 re-opened by adding case wide note	Fixed the Cancel Case logic for New Choices Waiver - Substantial Change in Health Status case and New Choices Waiver - Incident Report sub cases	Office of Long Term Services and Supports (OLTSS)	9375
C4-1.19 (9/24/2025)	Bypass Record 927 step in Pega ie-4962	Fixed the MemberSearchService webservice query by removing the not used table name and the condition which restricts the data to populate.	Office of Long Term Services and Supports (OLTSS)	9467
C4-1.19 (9/24/2025)	Internal Design Document (IDD) 1415, Create additional rule for National Drug Code (NDC) Status	Additional PRISM rules created to prevent encounters Fee-For-Service (FFS) from rejecting when the NDC Status is "I" or "O".	Pharmacy Team	9756

PRISM Planned Release C4-1.18.3 (8/29/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.18.3 (8/29/2025)	EXT Provider Account Admin has access to associate users and profiles to other Provider Domains	When Error "Warning: User ID not found in PRISM Login. Please enter a valid User ID" is triggered, the Provider Domain should stay disabled and defaulted to the Provider Domain the Provider is logged under.	Office of Systems and Project Management (OSPM)	15885

PRISM Planned Release C4-1.18.2

Planned Release	Task Title	Release Summary Description	Office	SPOT

C4-1.18.2 (8/6/2025)	Admission record documents with Protected Health Information (PHI) are viewable from the provider enrollment document screens	The provider screen query has been updated to return only the provider subsystem documents.	Office of Long Term Services and Supports (OLTSS)	15610

PRISM Planned Release C4-1.18.1 (7/30/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.18.1 (7/30/2025)	Mismatched Credit and Void Coding on Pharmacy Claims	The account coding derivation logic for credit claims has been updated to copy from the parent claim preventing discrepancies in account codes between the credit and parent claims.	Office of Financial Services (OFS)	15147
C4-1.18.1 (7/30/2025)	Checks data not sent to Correspondence for Letter Generation	Performance issue fixed for checks data not being sent to correspondence for letter generation.	Office of Systems and Project Management (OSPM)	15285
C4-1.18.1 (7/30/2025)	Data Patch for Mismatched Credit and Void Coding on Pharmacy Claims	Code deployed to Accounting codes are matching now in Parent Transaction Control Number (TCN) and Child TCN.	Office of Financial Services (OFS)	15600

PRISM Planned Release C4-1.18

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.18 (7/23/2025)	Update Medically Unlikely Edits (MUE) editing to do line level editing	MUE values will be loaded to Reference as part of an interface. The MUE files are sourced from CMS. An MUE is a claim line edit that compares the UOS (unit of service) reported for the HCPCS/CPT code on the claim line to the MUE value for that code. If the claim line has a date range, a daily unit must be determined which would then be compared against the MUE value.	Office of Healthcare Policy and Authorization (OHPA)	1016
C4-1.18 (7/23/2025)	Rx Delivery Fee - Update PRISM Pharmacy Internal Design Document (IDD)s to include additional data fields	PRISM Pharmacy IDDs now include three new additional data fields to get Rx delivery fee data to data warehouse (DW)	Pharmacy Team	10565
C4-1.18 (7/23/2025)	In FileNet under the HIPAA 837 Search option not all transactions types work under Document Title.	Destination folder has been configured properly in property file.	Office of Medicaid Operations (OMO)	10629
C4-1.18 (7/23/2025)	Pre-populate the fingerprinting indicator and the advanced screening indicator	Pre-populate the fingerprinting and the advanced screening indicators for the ownership and managing employee based on PT/SP/SSP high risk providers. This applies to New Enrollment as well as Modifications.	Office of Medicaid Operations (OMO)	1079
C4-1.18 (7/23/2025)	Pre-populate site visit indicator based on PT/SP/SSP for moderate and high risk	The Indicator type drop down will Pre-populate the "Site Visit By" indicator at the NPI/Provider Indicator level. This applies for New Enrollment as well as Modifications.	Office of Medicaid Operations (OMO)	1080
C4-1.18 (7/23/2025)	Code optimization for 452 to improve the performance (NC Enhancement)	Code optimization for 452 to improve the performance in writing the file. Optimization will be implement to all outbound interfaces but in groups.	Office of Systems and Project Management (OSPM)	10936
C4-1.18 (7/23/2025)	Code optimization for 907, 902 to improve the performance (NC Enhancement)	We recently optimized the 455 code which improved performance by 10 hours as the data volume is more than 700k records. so we are planning to implement the same to all outbound interfaces but in groups.	Office of Systems and Project Management (OSPM)	11079
C4-1.18 (7/23/2025)	Code optimization for 421, 446 to improve the performance (NC Enhancement)	We recently optimized the 455 code which improved performance by 10 hours as the data volume is more than 700k records. so we are planning to implement the same to all outbound interfaces but in groups.	Office of Systems and Project Management (OSPM)	11080
C4-1.18 (7/23/2025)	Update to add Claims screen data, new Filter By options and 3M output	Update to add Claims screen data, new Filter By options and 3M output. Business needs to have the Medicaid Allowed Amount populated to the claims screens. Business is requesting new Filter By options in various claims screens and a new Show Menu option for 3M output information.	Office of Medicaid Operations (OMO)	1128
C4-1.18 (7/23/2025)	Billing Provider ID updating to Billing Provider NPI on Division of Services for People with Disabilities (DSPD) Adjustment claims	Billing Provider Type CID is set as 7 for Provider ID when Billing Provider ID is stored on the Claim during new child TCN creation in the Adjustment Process of the Claim Header Detail Page.	Office of Medicaid Operations (OMO)	11443
C4-1.18 (7/23/2025)	835 Transaction Active under two Trading Partner Number's (TPN) for same NPI	The code is fixed to pass the end date to the validation query. This is fixed for all Transaction Types that are restricted to 1 record for a date range for a provider.	Office of Medicaid Operations (OMO)	11858
C4-1.18 (7/23/2025)	Create Group Codes for Patient Discharge Status	Business is able to update Patient Discharge Status Codes through configurable groups.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	11994
C4-1.18 (7/23/2025)	New Encounter Error Code for Invalid Diagnosis code within dates of service	Restrict the number of Provider Restrictions that are open ended on a Member Record to 20. Add a time stamp to Comments and Restriction Messages and have the sort by date and time stamp. For all list pages - Add the ability to remain on the same page the user was on if the click an action on one of the records. Restriction Benefit Plan to end when member gets Medicare B only (not Part A) and to update the Medicare rules to look at the Medicare Part B Start and End before Inactivation.	Office of Managed Health Care (OMHC)	1216
C4-1.18 (7/23/2025)	Prior Authorization (PA) displays "diagnosis code not valid for from date" error for Valid diagnosis (DX) code in basic info section	Basic info Transaction Procedure which validated the Diagnosis information is saving without any errors.	Office of Healthcare Policy and Authorization (OHPA)	12398
C4-1.18 (7/23/2025)	Pricing Rule incorrect for Encounter (ENC) Indian Health Services (IHS) crossover	The formula for calculating payment amount on crossover claims is "The Medicare allowed amount = Medicare paid amount + patient responsibility. Patient responsibility excludes PR 18 and 96.". All IHS encounter claims are priced at fee schedule.	Office of Managed Health Care (OMHC)	12450
C4-1.18 (7/23/2025)	Incorrect Line Numbering After Deleting and Re-adding a service line.	The newly added line is positioned correct in the numbering sequence, replacing the deleted line and displaying the appropriate line number.	Office of Healthcare Policy and Authorization (OHPA)	12653
C4-1.18 (7/23/2025)	Delivery Case Rate logic change	Updates to Exhibit: Service Based Enhancement (SBE) (Encounter) Processing in Logic for SBE Determination Section. Adjustments need to be made to the logic determining the Delivery Case Rate payment.	Office of Managed Health Care (OMHC)	12910
C4-1.18 (7/23/2025)	Archived Documents - PEGA Correspondence Out missing Review Decision Letter is not viewable in PRISM	Archived Documents - PEGA Correspondence Out to have Review Decision Letter is now viewable in PRISM	Office of Medicaid Operations (OMO)	13018
C4-1.18 (7/23/2025)	1099 Process & Correspondence - Exclude Cash receipts Refunds (NC Enhancement)	New Rule for Documentation & Code Changeincludes, Need to Exclude Cash Receipt Refunds for the 1099s.	Office of Financial Services (OFS)	13318
C4-1.18 (7/23/2025)	Update ST count limit for 820 transaction	If the number of transactions reported in the 820 file is more than 999999, the system will split the records into chunks of 999999 and place them in separate transaction sets. The provider will receive multiple ST for the same location.	Office of Managed Health Care (OMHC)	13402
C4-1.18 (7/23/2025)	Member Enrollment Admission - Error message is not displaying for the Invalid Diagnosis Code in Admission Information page	Error message should be displayed when invalid diagnosis codes are entered "Diagnosis codes must be valid diagnosis codes present in System."	Office of Healthcare Policy and Authorization (OHPA)	13404
C4-1.18 (7/23/2025)	Member Enrollment Admission - Incorrect error message displaying for Additional Information Needed filed in Admission Information page	":" - colon is displaying twice in the error message which is causing the failure in automation script execution has been corrected and display the correct error message.	Office of Healthcare Policy and Authorization (OHPA)	13405
C4-1.18 (7/23/2025)	Move case out of CMA workbasket (WB)	Fixed to assign the correct provider when the case is being reassigned from the 'Waiver Service Details' task or Action menu sub tasks to a WB	Office of Long Term Services and Supports (OLTSS)	13415

C4-1.18 (7/23/2025)	Nondiscrimination notice and Language Access notice for Medicaid and CHIP	Changed all references from 'Nondiscrimination Notice and Taglines" to "Language Access Notice"Two new Appendix UT's have been created for the Nondiscrimination Notice for both English and Spanish, providing the configuration details regarding Nondiscrimination Notice.	Office of Eligibility Policy (OEP)	13427
C4-1.18 (7/23/2025)	Unable to approve application - Fingerprinting and advance screening indicator not set for the high risk provider	"High" risk providers and "High" risk owners (all Owner Types) with "Percentage Owned" 5% and greater must have the "Finger Printing" indicator and the "Advanced Screening Status" indicators set before the modification can be approved	Office of Medicaid Operations (OMO)	13504
C4-1.18 (7/23/2025)	Aging Waiver application addresses being changed to Utah County when they are from other counties.	While creating multiple Applications in Appintake, the system keeps the county (UTAH) value entered in the first time in the browsers cache. Database update to remove the Auto populate Attribute from the Drop Down Box.	Office of Long Term Services and Supports (OLTSS)	13547
C4-1.18 (7/23/2025)	Parent Transaction Control Number (TCN) missing on replacement claims	The system will post the loading edit 1407 when there is a Parent TCN derived using the Parent TCN submitted and the status of the parent is not in "Paid", "Adjusted" or "Adjustment in Progress" status.	Office of Medicaid Operations (OMO)	13578
C4-1.18 (7/23/2025)	Add new Closure Reason and Language to PRISM for Members	New Closure Reason and Language to PRISM. The following Spoken Language "KARENNI" has been added for Members.	Office of Eligibility Policy (OEP)	13698
C4-1.18 (7/23/2025)	Managed Care (MC) Capitation Recoupment didn't take place	System to consider lookback period (Within 12 months) only.	Office of Managed Health Care (OMHC)	13746
C4-1.18 (7/23/2025)	Attachments missing in program (PRG) cases	Added pagination in attachments section of PRG cases.	Office of Long Term Services and Supports (OLTSS)	13764
C4-1.18 (7/23/2025)	Siebel notes are not saving. Receiving an undocumented system error	One of the system fields in the Notes Configuration was causing the problem. Renaming it to a different name resolved the issue.	Office of Systems and Project Management (OSPM)	13765
C4-1.18 (7/23/2025)	Prior Authorization (PA) Manager has lost access to their subordinates inbox notifications in PRISM.	Changed the logic to add when searching the User Name value in the Filter added to get the result value in the list.	Office of Healthcare Policy and Authorization (OHPA)	13770
C4-1.18 (7/23/2025)	CHIP Out of Pocket (OOP) using rejected claims	The CHIP OOP contributions were updated incorrectly in the system for the rejected lines. Now fixed so only 'Accepted' encounters will be considered for the CHIP OOP contributions.	Office of Managed Health Care (OMHC)	13839
C4-1.18 (7/23/2025)	Sending two addresses in Internal Design Document (IDD) 907, Record Type 110	Issue fixed to send only one address record (latest record) with new address.	Pharmacy Team	13987
C4-1.18 (7/23/2025)	In loading side, for the encounter claim parent transaction control number (TCN) needs to be derived for void claim.	System updated to identify the Parent_TCN for the Adjustment claim. Service request has been applied to change the status of the claim from "In Void" Status to "ETRR Generated".	Office of Managed Health Care (OMHC)	13989
C4-1.18 (7/23/2025)	Error code 1123 No available units/amounts on prior authorization, still posting after SPOT 11806 released on 03.19.2025	System updated to fix edit 1123 incorrectly posted on the fresh claim where another claim has PA Utilization and it has been voided. For DRG PA one utilization only allowed but, system is incorrectly considering the voided claim PA Utilization to post 1123 edit.	Office of Medicaid Operations (OMO)	14118
C4-1.18 (7/23/2025)	Fee-For-Service (FFS) Pharmacy claims discrepancy	The screen query has been fixed. This issue was only on screen. In the table the stored data has only one NDC.	Office of Systems and Project Management (OSPM)	14175
C4-1.18 (7/23/2025)	Prior Authorization (PA) Correspondence Letters Missing codes	The 2 service lines repeated with same Procedure code. The repeated Procedure code will not displayed in the Generated Letter.	Office of Healthcare Policy and Authorization (OHPA)	14176
C4-1.18 (7/23/2025)	Restart previous task not working for ie-5904	Restart Previous task' logic updated to include the 'Waiting' tasks in the logic.	Office of Long Term Services and Supports (OLTSS)	14182
C4-1.18 (7/23/2025)	Plan reports 150035 error accessing Commercial/Other screen of member benefit level page	Code fixed the SQL query for the Insurance Details Section in the page pgTPLPrvdr	Office of Managed Health Care (OMHC)	14188
C4-1.18 (7/23/2025)	Letter Archival Failure is not working	Per design, When FileNet cannot be accessed and user clicks Print Review or Print Local button, The System displays[er UT-LetterArchiveFailure] and invokes Error Messages.	Office of Systems and Project Management (OSPM)	14258
C4-1.18 (7/23/2025)	1501 error (GroupStartDate received as empty tag with space)	The issues with the 1501 interface file, have been corrected and the records are updated correctly in PRISM.	Office of Systems and Project Management (OSPM)	14283
C4-1.18 (7/23/2025)	CLIA Licenses associated to the servicing location are not getting updated correctly	The process has been updated to read and update the servicing location CLIA license expiration date.	Office of Medicaid Operations (OMO)	14369
C4-1.18 (7/23/2025)	Document uploaded to PRISM missing	The code fix corrected the issue for when the save button triggers the notification. Followed by cancel button deactivated the uploaded document and deleted the uploaded document in the file net.	Office of Long Term Services and Supports (OLTSS)	14391
C4-1.18 (7/23/2025)	Unable to approve Prior Authorization (PA) line service line	A error message is not displayed.When attempting to approve all 3 units for the line.	Office of Healthcare Policy and Authorization (OHPA)	14427
C4-1.18 (7/23/2025)	Vulnerability issue reported in below API's/Jar's in Correspondence application	Upgrade the commons-fileupload Jar without Vulnerability Issue. Upgrade the Json Jar without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	14483
C4-1.18 (7/23/2025)	Vulnerability issue reported in below API's/Jar's in MCE application	Upgrade the commons-fileupload Jar without Vulnerability Issue. Upgrade the Json Jar without Vulnerability Issue. Please validate basic sanity testing of MCE Queue application.	Office of Systems and Project Management (OSPM)	14484
C4-1.18 (7/23/2025)	Vulnerability issue reported in below API's/Jar's in EDI application	Upgrade the commons-fileupload without Vulnerability Issue. Upgrade the json Jar without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	14486
C4-1.18 (7/23/2025)	Vulnerability issue reported in below API's/Jar's in Webservice application	Upgrade the commons-fileupload without Vulnerability Issue. Upgrade the json Jar without Vulnerability Issue. Upgrade the xstream Jar without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	14487
C4-1.18 (7/23/2025)	Vulnerability issue reported in below API's/Jar's in PRISM Screen application	Upgrade the poi-3.9.jar without Vulnerability Issue. Upgrade the commons-fileupload without Vulnerability Issue. Upgrade the guava Jar without Vulnerability Issue. Upgrade the json Jar without Vulnerability Issue. Upgrade the woodstox Jar without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	14488
C4-1.18 (7/23/2025)	Vulnerability issue reported in below API's/Jar's in Adjudication application	Removal of bcprov-jdk15on-1.54.jar Upgrade the commons-fileupload without Vulnerability Issue. Upgrade the guava Jar without Vulnerability Issue. Upgrade the json Jar without Vulnerability Issue. Upgrade the woodstox Jar without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	14489
C4-1.18 (7/23/2025)	Vulnerability issue reported in Webservice Application	Vulnerability issue reported in Webservice Application. Veracode - SQL Injection	Office of Systems and Project Management (OSPM)	14491
C4-1.18 (7/23/2025)	Vulnerability issue reported in Appintake Application	Vulnerability issue reported in Appintake ApplicationVeracode - SQL Injection	Office of Systems and Project Management (OSPM)	14493
C4-1.18 (7/23/2025)	Prior Authorization (PA) API Field Case Sensitivity Fixes	The course of action is to make the following fields case-insensitive:Beneficiary First Name, Beneficiary Last Name, Requestor Address, Requestor Address 1, Requestor Address 2, Requestor Address City, Requestor Address State, Diagnosis Code, Procedure Code.	Office of Healthcare Policy and Authorization (OHPA)	14841
C4-1.18 (7/23/2025)	Rate code is not Reporting on Next Segment when Enrollment History has Split Record	System is now reporting continuous enrollment when member has same rate code.	Office of Managed Health Care (OMHC)	14900
C4-1.18 (7/23/2025)	MC enrollment only deriving for gap instead of rederiving the full segment with incarceration change	Enrollment segments for the prospective periods are merged when incarceration date is reduced.	Office of Systems and Project Management (OSPM)	14909
C4-1.18 (7/23/2025)	CR 5240 - Effective date on Justice correspondence unchanged after demographic change	Per documentation evoBrix-DSDD-EE-LG3-UT-ADDM, section 'Use Case - Benefit Letter - Justice', under Business Rules, BR UT-2:, the Effective field within correspondence will be updated based on member demographic change.	Office of Eligibility Policy (OEP)	14924
C4-1.18 (7/23/2025)	Set HTTPOnly on the cookie	In the recent Bulletproof testing, they recommended setting HTTPOnly on the cookieThis helps mitigate a large part of XSS attacks attempting to capture the cookies.	Office of Systems and Project Management (OSPM)	14965
C4-1.18 (7/23/2025)	DMP Java JDK Upgrade (NC Enhancement)	Upgrade Java JDK version in DMP to suggested version 1.8.0.421 or higher	Office of Systems and Project Management (OSPM)	15055
C4-1.18 (7/23/2025)	Pega task - CRM-NC-IE-5411, stuck in Pega Task "Record 927 Form Details from DWS"	Code fixed to remove error "Error: Flow Removed" from CRM-NC-IE-5411.	Office of Long Term Services and Supports (OLTSS)	15074

C4-1.18 (7/23/2025)	1501 Interface Performance Issue	Code fix done to improve the performance for the ORS 1501 interface job	Office of Systems and Project Management (OSPM)	15229
C4-1.18 (7/23/2025)	3M Content Version Update to 2025.2.0 (NC Enhancement)	Notification received from 3M on the new content version availability. Updated the 3M content version to 2025.2.0	Office of Systems and Project Management (OSPM)	15258
C4-1.18 (7/23/2025)	Member is having eligibility for next month prior to monthly	Issue fixed If eligibility is received for the current month on a daily file prior to the monthly issuance, PRISM should assume it is ongoing.	Office of Systems and Project Management (OSPM)	15261
C4-1.18 (7/23/2025)	Benefit plans not being derived when the member has met the spenddown	Issue fixed to create the retro eligibility records.	Office of Eligibility Policy (OEP)	15277
C4-1.18 (7/23/2025)	Fingerprinting indicator not getting inactivated	PRISM error message, Finger Printing indicator and Advance Screening Status are set based on this specialty. Inactivating this specialty will inactivate those indicators if available. Please confirm.	Office of Medicaid Operations (OMO)	15529
C4-1.18 (7/23/2025)	System sending wrong Restriction Notification	Restriction notification populating as expected.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	15543
C4-1.18 (7/23/2025)	Member is having eligibility for next month prior to monthly	The business rule is working as expected. If eligibility is received for the current month on a daily file prior to the monthly issuance, PRISM should assume it is ongoing. If eligibility is received on a daily file after the monthly issuance file and eligibility is for the current month, only assume it is for the current month and make updates for the current month..	Office of Eligibility Policy (OEP)	15550
C4-1.18 (7/23/2025)	Restriction updates in PRISM	Restrict the number of Provider Restrictions that are open ended on a Member Record to 20. Add a time stamp to Comments and Restriction Messages and have the sort by date and time stamp. For all list pages - Add the ability to remain on the same page the user was on if the click an action on one of the records. Restriction Benefit Plan to end when member gets Medicare B only (not Part A) and to update the Medicare rules to look at the Medicare Part B Start and End before Inactivation.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	2470
C4-1.18 (7/23/2025)	Interface Design Document (IDD) 907 Accountable Care Organizations (ACO) Update	Updates to Appendix UT-22 - MBR-IDD907-GHS MEMBER_DATA_TO_GHS_OUT File Layout tab: Add DELETE_ENROLL as a new data element after 'MH_END_DATE' Data Description: Flag to 'Void' a prior sent HMO Enrollment record. Values are blank or 'Y'. Additional PRISM Internal Rule: In PRISM, if the full enrollment record is inactivated or the member is disenrolled or transferred for the full date span and has been inactivated, set the DELETE_ENROLL flag to 'Y'. Otherwise, set it to Blank. PRISM will send the original RECIPIENT_ID, HMO_START_DATE, HMO_END_DATE and HMO_PROVIDER_NUMBER when sending the 'Y' records.	Pharmacy Team	3044
C4-1.18 (7/23/2025)	271 file failed in translation due to the occurrence of more than 23 providers in 2120C loop for RESTRICTION CARE MANAGEMENT Benefit Plan	This defect fix was going to only report the most recent (latest) 23 restricted providers. CR 2470 will restrict to 20 providers will be the long term fix.	Office of Medicaid Operations (OMO)	3331
C4-1.18 (7/23/2025)	Managed Care Encounters (MCE) - Service Source (PIPUPL, SIPUPL, etc.) Needed for All MCE Rates	Adding additional Service Source options to the plans.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	3707
C4-1.18 (7/23/2025)	Premier CHIP file program ID not derived on HIPAA Response/Acknowledgement Screen	If 837 Encounter file is submitted with a Trading Partner Number which is shared between multiple provider locations, the system should assign least active location id as Provider ID for this file and acknowledgement/response files generated for this file will be accessible from HIPAA Response/Acknowledgement screen for MCO login.	Office of Managed Health Care (OMHC)	4308
C4-1.18 (7/23/2025)	Explanation of Medical Benefits (EOMB)-system timeout resulting in correspondence not generating	The query related to Pharmacy was missing some date filter logic in the correspondence related has been fixed. DSDD-CE-LG2-UT-ADDM- Special design constraints or considerations. EOMB letters should be generated once per month.	Office of Medicaid Operations (OMO)	4684
C4-1.18 (7/23/2025)	PRISM Internal Exchange Transaction (IET) Interface Issue	Data elements BFY, FY_DC, and PER_DC will be added to the IET_DOC_VEND section after data element DOC_VEND_LN_NO. For section IET_DOC_ACTG, there will be no changes to the BFY, FY_DC, and PER_DC data elements. They will continue to be sent in the accounting section.	Office of Financial Services (OFS)	6726
C4-1.18 (7/23/2025)	Case Management Agency (CMA) receiving error on MLA-208	The issue identified when user clicks on Save button and attaches the file in supporting document section of the task and then again clicking on the Save button. The task is moving to user's Worklist as expected.	Office of Long Term Services and Supports (OLTSS)	7818
C4-1.18 (7/23/2025)	Transaction Control Number (TCN) stuck in correction	When there is an adjustment to an Fee-For-Service (FFS) claim will update the parent TCN status to "In Correction". Once loading is completed, and adjudication is completed for the child claim, the parent status either will go to "Adjusted" or back to its original status.	Office of Medicaid Operations (OMO)	9132
C4-1.18 (7/23/2025)	Allow National Drug Code (NDC) Prior Authorization (PAs) to be created in PRISM	PRISM will allow State Users to Prior Authorize NDC codes for tracking purposes.	Pharmacy Team	9511

PRISM Planned Release C4-1.17.2 (7/10/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.17.2 (7/10/2025)	277CA Files stamped with wrong Provider ID	HIPAA Response/Acknowledgement screen is pulling only one 277CA for assigned Providers	Office of Medicaid Operations (OMO)	15382

PRISM Planned Release C4-1.17.1 (6/25/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.17.1 (6/25/2025)	Why is 834 from 5/20/25 so much larger than expected	When there is any change in the Third-Party Liability (TPL) parameter without change in the TPL coverage dates, The system will report the TPL changes only for the TPL coverage Dates for the current design.	Office of Managed Health Care (OMHC)	14864
C4-1.17.1 (6/25/2025)	URGENT - Encounter rejected with error code 2079, ERN missing or no matching ERN found on history for replacement/void.	Fix has been applied as part of 1.17.1 for System should ignore the claim with 4XXX TCN and Claim frequency code = 8 combination and derive as a Parent TCN. No edit should be posted on the child claim.	Office of Managed Health Care (OMHC)	15073

PRISM Planned Release C4-1.17

Planned Release	Task Title	Release Summary Description	Office	SPOT

C4-1.17 (5/28/2025)	Provider missing in drop down, unable to complete current care plan step	Providers are loading correctly when editing Employment-related Personal Assistant Service (EPAS) Prior Authorization (PA) waiver services.	Office of Long Term Services and Supports (OLTSS)	10510
C4-1.17 (5/28/2025)	Financial Information Network (FINET) load file errors	Code fixed to address the first doc id issue for GAX, MD files and to make sure the first doc id matches between information and transmittal files in this scenario where there are multiple state fiscal year and state fiscal period.	Office of Financial Services (OFS)	11050
C4-1.17 (5/28/2025)	Warrant number on outbound files for all JVs, IETs, and CRs	The warrant number for all transaction types in the xml files are being sent to FINET.	Office of Financial Services (OFS)	11138
C4-1.17 (5/28/2025)	Encounter Pharmacy rejected for invalid date of birth (DOB) but correct (DOB) submitted on 415 file.	Updated the code to fix the string to date conversion. Storing the converted date value wrongly. This happened due to century issue any year below 1950 currently be stored in current 20th century. Example: 1949 will be stored as 2049.	Office of Managed Health Care (OMHC)	11143
C4-1.17 (5/28/2025)	CLIA-Name Match indicator setting wrongly	This indicator is not in the current UT-ADDM Detailed System Design Document or in PRISM drop downs. Code fixed on the backend to remove the indicator.	Office of Medicaid Operations (OMO)	11590
C4-1.17 (5/28/2025)	Encounters-multiple members rejecting with error code 20121 recipient enrolled with another plan during service period	Code fix to correct Transaction Control Number (TCN's) that have a Medicare other payer details in the claim. The benefit derived at the line level. Edit 20121 was incorrectly. Benefit plan is validated only on header level for T-Nursing Facility claims edit 20121 is posted incorrectly.	Office of Managed Health Care (OMHC)	11753
C4-1.17 (5/28/2025)	CMS Interoperability-Prior Authorization API & PRISM Interface	Data from the Prior Authorization API will be transferred to PRISM so that a PA can be created in PRISM and state staff can make decisions and update the status of the Prior Authorization. The status and other elements of the Prior Authorization will be sent from PRISM back to the Prior Authorization API for Providers to receive.	Office of Healthcare Policy and Authorization (OHPA)	11801
C4-1.17 (5/28/2025)	Edit 1960 Procedure exceeds lifetime limit, denied incorrectly	Code updated to match the current edit logic. For Professional Invoice Excluding Claim Type J with ASC indicator = ""Y"" edit 1960 is not posted when history claim type is J-Professional and ASC Indicator is "Y".	Office of Healthcare Policy and Authorization (OHPA)	12004
C4-1.17 (5/28/2025)	Language Access Notice to include the top 15 languages	Update to Nondiscrimination Notice and Taglines exhibit to include the top 15 languages	Office of Eligibility Policy (OEP)	12006
C4-1.17 (5/28/2025)	Unable to terminate Eligibility Restrictions with 935 Termination Record	Verified that eligibility is terminated when the 935 termination request is sent with end date same as that of the Restriction Record end date.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	12069
C4-1.17 (5/28/2025)	Juvenile Justice and Youth Services (JJYS) Justice Requirements	New benefit plans created for members who are in JJYS custody and in a secure facility or post release. New Account coding for funding streams will be needed for these benefit plans.	Office of Eligibility Policy (OEP)	12238
C4-1.17 (5/28/2025)	Case Management Agency (CMA) needs to be changed on care plan	System considers the latest agency name from agency transfer case when generating "New Choices Waiver Program Comprehensive Care Plan" pdf. System is populating CMA ID and CMA Name from Application tab of PRG case.	Office of Long Term Services and Supports (OLTSS)	12614
C4-1.17 (5/28/2025)	Encounter (ENC) Edit 20120 Client has Foster Care Eligibility, posted for date of service where member did not have active foster care override	Code fixed enrollment history detail process to consider inactive rate override segment for rederivation of rate code.	Office of Managed Health Care (OMHC)	12623
C4-1.17 (5/28/2025)	Prepaid Mental Health Plans (PMHP) new enrollments triggering for retro months	Business Rule applied: Transaction Date Greater Than or Equal To Eligibility Start Date, but there has not been a break in eligibility coverage then the Benefit plan start date = first day of the month, based upon card cutoff date of the program. The member will be enrolled in the MH or SUD Plan applicable to their county of residence as of 1st of the month for the eligibility period.	Office of Managed Health Care (OMHC)	12797
C4-1.17 (5/28/2025)	Medicaid provider isn't showing as an option in the PEGA dropdown	When EPAS Personal Assistant Service Details screen is loaded, system will list providers from CRM-IDD010-BA-Get_HCPCS_for_Program based on HCPCS code and county.	Office of Long Term Services and Supports (OLTSS)	12897
C4-1.17 (5/28/2025)	MC-IMED member reported as MC-MED on 820 Payroll Deducted and Other Premium Payment file	Code fixed, when multiple review extension approval is performed and discharge date is set before the existing review extension approval date. System code updated to correctly retain the existing/initial MC PET. All incorrect MC-MED plans have been updated.	Office of Managed Health Care (OMHC)	12969
C4-1.17 (5/28/2025)	Two rate code change records for the same Date or Time or Period Segment (DTP)*348 on the same file with two different rate codes	The system will derive rate code for the reporting period of same DTP*348 instead of considering system date.	Office of Managed Health Care (OMHC)	13015
C4-1.17 (5/28/2025)	Encounter (ENC) - Foster Care (FC) and Child issued simultaneously, incorrect rate populating	Code fixed. The enrollment history detail process to consider inactive rate override segment for rederivation of rate code.	Office of Managed Health Care (OMHC)	13094
C4-1.17 (5/28/2025)	Managed Care (MC) Pended Enrollments created for ineligible members	Code updated, the process is updating the status of disenrollment transaction to approved.	Office of Managed Health Care (OMHC)	13125
C4-1.17 (5/28/2025)	Notifications that a comment has been added to an admission record are not being posted until the next day	Code Fixed, Nursing Facility Admission Comments and Hospice Admission Comments Notification will be triggered in real time whenever user enters comment in the screen.	Office of Long Term Services and Supports (OLTSS)	13184
C4-1.17 (5/28/2025)	Missing Cash Receipts in Data Warehouse (DW)	Code fixed to consider the dates with Time Stamp while populating into cash receipt activities into DW tables.	Office of Financial Services (OFS)	13203
C4-1.17 (5/28/2025)	Enrollment roster does not match 834/Eligibility Details	The Enrollment Roster is matching what is being sent on the 834/Eligibility Details.	Office of Managed Health Care (OMHC)	13239
C4-1.17 (5/28/2025)	System will not allow an admission record to be approved	Code fix completed for this issue to save the missing fields "Facility contact Name, Facility Phone Number and Diagnosis Code" while submitting the Admission page.	Office of Long Term Services and Supports (OLTSS)	13324
C4-1.17 (5/28/2025)	Receiving error when attempting to complete and save a PRISM notification.	Code fix to handle the NULL value properly in the code level and the null check for the forward to field.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	13344
C4-1.17 (5/28/2025)	CLM_Claims Detail Recovery Report not populating for Pharmacy Claims	The query has been updated. CLM_Claims Detail Recovery Report is being generated.	Office of Medicaid Operations (OMO)	13366
C4-1.17 (5/28/2025)	Duplicate Maternity Case Rate payments made incorrectly	The base code logic has been updated. Void Payment should process before processing the replacement transaction. Replacement transaction also should pend if respective void transaction is pended and also initial SBE transaction status should not change to "Replaced".	Office of Managed Health Care (OMHC)	13375
C4-1.17 (5/28/2025)	MMed started mid month. Member wasn't enrolled as of the 1st of the month so should not be re-enrolled mid month to	When the member is not eligible for Managed Care and when member has mid month enrollment, system will remove the mid month enrollment.	Office of Managed Health Care (OMHC)	13423
C4-1.17 (5/28/2025)	P0002 Error- Beneficiary is not eligible for the service line 1, posting on Prior Authorization (PA) requests and does not align with the members eligibility status	Business rule is correctly implemented. Post Edit if the Procedure is not present in Associated Procedures AND the Restriction (Include/Exclude) flag is Include Post Edit if the Procedure is present in Associated Procedures AND the Restriction (Include/Excclude) flag is Exclude If the associated Benefit Plan isvalid from 01/01/2020 to 12/31/2022; but the service is getting adding from 01/01/2024 then P002 edit will also be posted	Office of Healthcare Policy and Authorization (OHPA)	13425
C4-1.17 (5/28/2025)	1095B - IRS file incorrect tax year and CorrectedUniqueRecordId value updated in the biweekly	Code updated the data to populate the recipient ID	Office of Systems and Project Management (OSPM)	13480
C4-1.17 (5/28/2025)	CNSI_CASEINFORMATION (PEGA_CASE_H) data quality issue	While loading the data warehouse (DW) load for PEGA_CASE_H , the table failed due to duplicate primary key values present in the Source data. All rejected data has been analyzed. There are no new defects as part of this analysis.	Office of Systems and Project Management (OSPM)	13485
C4-1.17 (5/28/2025)	Bundled Change Requests (CR) for Maintenance & Operations SFY 2025	Bundled change request (CR) for Maintenance & Operations SFY 2025 for OLTP Replication Database for annual invoicing.	Office of Systems and Project Management (OSPM)	13510

C4-1.17 (5/28/2025)	Pharmacy Claims Detail Report Issues	Pharmacy query has been updated preventing the error.	Office of Systems and Project Management (OSPM)	13577
C4-1.17 (5/28/2025)	Modifier Required 'Exclude' Functionality not working	The code has been updated, when the Modifier Required Indicator Exclude option is set the modifier will not be required/allowed on the claim.	Office of Healthcare Policy and Authorization (OHPA)	13580
C4-1.17 (5/28/2025)	Two reject edits posted to pharmacy encounter. Only one returned in data warehouse	Data Warehouse (DW) team created a separate error table that is going to contain full error info and appropriate linkage to parent table will be created accordingly. OLTP source table -AD_RX_P_CLM_HDR_RUN_ERROR	Office of Managed Health Care (OMHC)	13596
C4-1.17 (5/28/2025)	Not able to sync Oracle Financials (OFIN) cash activities to data warehouse	Code fix for the data warehouse to sync unidentified cash receipts and for OFIN to have similar structure for cash activity table.	Office of Financial Services (OFS)	13609
C4-1.17 (5/28/2025)	PEGA upgrade (NC Enhanccement)	Pega Upgrade. There is no functionality/UI change (for end user) identified in PEGA Infinity 24.1	Office of Systems and Project Management (OSPM)	13615
C4-1.17 (5/28/2025)	Medical Review Board (MRB) (Eligibility Services) Check failure	Code fix to convert the "Correspondence Comments" into a single line while triggering the correspondence from Oracle Financials (OFIN).	Office of Financial Services (OFS)	13616
C4-1.17 (5/28/2025)	Issues in the correspondence NOD_EPAS Application received, zip and extension are not populated	Issues in the correspondence have been fixed and will display per the Design Document. NOD_EPAS Application letter: zip code extension and extension should map based on Member Address zip code and extension and Case Owner should be mapped from Case Owner in case header.	Office of Long Term Services and Supports (OLTSS)	13628
C4-1.17 (5/28/2025)	Electronic Data Interchange file for enrollment 834 record and payment not generated	Code fix completed. The system is sending the enrollment records in 834, when the record has previous continuous segment on same day.	Office of Managed Health Care (OMHC)	13646
C4-1.17 (5/28/2025)	Pended Enrollment Errors- SYSER- System Exception - Member Date of Birth (DOB) used as transaction date	For newborn prospective enrollment, Transaction date will pass as Enrollment Start Date instead of newborn member DOB date.System to consider address starts for the same even Erep sent address from mid of the month. System to populate same service area and county for the member having in address / eGrid tables.	Office of Managed Health Care (OMHC)	13656
C4-1.17 (5/28/2025)	Bullet-Proof Fix - To upgrade JDK version 8.0.431	Updated the remote Oracle Linux security host. Preventing unauthenticated attacker with network access via multiple protocols to compromise Oracle Java SE.	Office of Systems and Project Management (OSPM)	13727
C4-1.17 (5/28/2025)	Family connect not working as expected for managed care (MC) enrollment due to queue timing	Family reconnect is occurring on some members who are going through auto assignment. They have to be updated to the Head of Household (HOH) Plan or if HOH is not enrolled then move them to same plan as one of the family member.	Office of Managed Health Care (OMHC)	13734
C4-1.17 (5/28/2025)	Issue in complete criteria scoring form- Drop Down Values missing	This issue exists only in SIT environment. Updating score cognitive pattern 4 drop down configuration in SIT has fixed this issue.	Office of Long Term Services and Supports (OLTSS)	13750
C4-1.17 (5/28/2025)	Update the 934 configuration to environment specific	Updated the interface configuration to update the environment check to load the TEST file in test and PROD file in PROD environment.	Office of Systems and Project Management (OSPM)	13872
C4-1.17 (5/28/2025)	Pharmacy Encounter edit 6M not working as expected	6M error code at present for CHIP pharmacy encounters. Code fix for the rule. Change the "client not enrolled" edit for CHIP pharmacy encounters so that this edit does not reject claims for "client not enrolled" when the reason is retro-Medicaid over CHIP.	Office of Managed Health Care (OMHC)	13880
C4-1.17 (5/28/2025)	In Process letter button triggers AM_PVM.150111:No of records returned is more than 1.	Defect fixed, Error is not triggered for In process letters.	Office of Healthcare Policy and Authorization (OHPA)	14070
C4-1.17 (5/28/2025)	Send To Member button on Admission Record Preview/Print Correspondence Dialog Page	Document defect completed to remove the button from the screen.	Office of Healthcare Policy and Authorization (OHPA)	14071
C4-1.17 (5/28/2025)	Save / Cancel Letter buttons triggers the error, VM_BVM.400350:An unexpected system error has occurred, please contact Prior Authorization at 801-538-	Fixed the java code to save the letter template to in-process status.	Office of Healthcare Policy and Authorization (OHPA)	14073
C4-1.17 (5/28/2025)	EPS_Newborn Report-Local Health Department (LHD) Business Rule (BR) UT-1 Not Adhered To	Business Rule (BR) UT-1 -Select all Members whose gender was updated from 'U' to 'M/F' in the report run period (previous month) as well as all members who are Medicaid eligible and under age 9 (include the month they turn 9, but not the month after). Continue to report children monthly if they are Medicaid eligible.	Office of Healthcare Policy and Authorization (OHPA)	14079
C4-1.17 (5/28/2025)	Map new Hospice Admission letters to filenet	Mapping completed. The three new hospice admissions letter are viewable within the member subsystem and saved in FileNet.	Office of Healthcare Policy and Authorization (OHPA)	14192
C4-1.17 (5/28/2025)	Eligibility sent on file and not loaded	Code modified to not end date the Eligibility.	Office of Managed Health Care (OMHC)	14206
C4-1.17 (5/28/2025)	Restriction disenrollment letter not generated when Medicare plan is added	Members with a restriction plan, update that member with a Medicare start date and plan information, restriction gets an end date on the benefit plan and on the Member page, Filenet will send a letter.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	14247
C4-1.17 (5/28/2025)	Hospice Admissions Incomplete	The fix for this issue is to save the missing fields "Facility contact Name, Facility Phone Number and Diagnosis Code" while submitting the Admission page.	Office of Healthcare Policy and Authorization (OHPA)	14269
C4-1.17 (5/28/2025)	Edit 2004 Invalid Member name, Posting incorrectly on Reprocessed Claims	System will remove the extra space from the member name at the time of system validated the member name and patient name.	Office of Medicaid Operations (OMO)	14506
C4-1.17 (5/28/2025)	IOS App upgrade for Myhealthbutton (NC Enhancement)	Upgraded Bundles for the IOS and Android devices for Myhealthbutton	Office of Systems and Project Management (OSPM)	14628
C4-1.17 (5/28/2025)	Member enrolled January 2025 but capitation not paid	The members end date will be populated using the last segment end date when member has split records with continuous enrollment.	Office of Managed Health Care (OMHC)	14722
C4-1.17 (5/28/2025)	Managed Care (MC) 834 MH/SUD eligibility not rebuilt after change to other Foster Care (FC) Recipient Aid Category	This was caused due to a minor code issue that has been fixed.	Office of Managed Health Care (OMHC)	14764
C4-1.17 (5/28/2025)	HealthBeat High Charts plug-in Updates (NC Enhancement)	The HealthBeat HighChats/Map js plug-in license expires in the month of May 2025. Acentra Health is planning to replace the expiring license key with the renewal license key in the HealthBeat EAR	Office of Systems and Project Management (OSPM)	14827
C4-1.17 (5/28/2025)	MYHBUpgrade (NC Enhancement)	MYHBUpgrade completed.	Office of Systems and Project Management (OSPM)	14926
C4-1.17 (5/28/2025)	Justice requirements	New program to provide specific pre-release services for incarcerated individuals to ensure a successful re-entry into the community. The services will be available 90 days prior to the individuals release from incarceration if eligible for Medicaid or 30 days prior to the release if eligible for CHIP.	Director's Office (DO)	5240
C4-1.17 (5/28/2025)	Unable to approve provider application. Step 10 showing required - Managed Care Network Only	Code updated in the Rules Engine/package for this defect. Per the design, Step 10 - Associate Billing Provider step should be Not Required for Managed Care Network only Provider	Office of Medicaid Operations (OMO)	5255
C4-1.17 (5/28/2025)	Babies not eligible for mother's plan in month of birth	Code fix completed for auto assignment process not able to create enrollment for the new member since there are more than one service area available. If member has multiple RACs for unenrolled period. When the member has multiple eligibility segments in eGRID based on RAC or Address.Aid group validation in RuleIT enrollment process is also triggering the system error. This validation will be removed and will be handled through existing edit "06025 - Rate not found", Aid group is used to determine the Rate code. If Aid Group is invalid then it will post this 06025 edit.	Office of Managed Health Care (OMHC)	7347
C4-1.17 (5/28/2025)	Baby not eligible for mother's plan in month of birth when associated to multiple cases	Code updated, system will use the case that the Recipient Aid Category (RAC) is received on in the eligibility file.	Office of Managed Health Care (OMHC)	7967
C4-1.17 (5/28/2025)	Program (PRG) hyperlink not working PRG-397	Hyperlink has been enabled. System will assign back PRG case to original agency.	Office of Long Term Services and Supports (OLTSS)	8179
C4-1.17 (5/28/2025)	Member not sent in Medicare-Medicaid Association (MMA) file	Code fixed for the mortality date count variable to be set as 0 for every iteration.	Office of Eligibility Policy (OEP)	8551

PRISM Planned Release C4-1.16.1

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.16.1 (5/9/2025)	Data Warehouse (DW) DataStage Migration	The Utah Division of Technology Services (DTS) team is initiating a migration of all DataStage application servers to align with their enhanced security requirements.	Director's Office (DO)	12533

PRISM Planned Release C4-1.16.0.1 (4/2/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.16.0.1 (4/2/2025)	Admission Approval /Denial letters are not getting sent to FileNet from Print Local	Print Local will store the letter in FileNet.	Office of Healthcare Policy and Authorization (OHPA)	14074
C4-1.16.0.1 (4/2/2025)	"Document type" field incorrect on the letter template for member screens	The "document type" dropdown field spelling error has been corrected and the "letter type" dropdown updated to generate correspondence from the review page.	Office of Long Term Services and Supports (OLTSS)	14241

PRISM Planned Release C4-1.16

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.16 (3/19/2025)	Encounter (ENC) Pharmacy accepted but not enrolled (MC-Roadmap)	Code fix applied to the past claims to post edit 65 Patient Is Not Covered, and move the claim status to Rejected.	Office of Managed Health Care (OMHC)	10037
C4-1.16 (3/19/2025)	Update frequency of T2029 Specialized medical equipment, not otherwise specified, waiver, on CRM-NC-CPA-8454	System will find the Prior Authorization (PA) Service Lines based on Care Plan ID, Member ID, Provider ID, Healthcare Common Procedure Coding System (HCPCS) code and inactivate all the service lines with the combination; and will create new service lines in existing PA with fresh details.	Office of Long Term Services and Supports (OLTSS)	10146
C4-1.16 (3/19/2025)	Mass Adjusted claims failed to post duplicate error code to paid claims in the system and changed Claim Type of claim	Edit 1225 - Cloud Edit Logic was updated for Note: #6 to remove "Dupe logic" and replace with "Error 1225" and add ", not Bypass Dupe Indicator" Edit 1227 - Cloud Edit Logic was updated for Note: #5 to remove "Dupe logic" and replace with "Error 1227" and add ", not Bypass Dupe Indicator".	Office of Medicaid Operations (OMO)	10349
C4-1.16 (3/19/2025)	Retrieve Acknowledgement screen - HIPAA File download Audit (NC Enhancement)	This enhancement is to audit the files downloaded and user information from the Retrieve Acknowledgement screen.	Office of Systems and Project Management (OSPM)	10367
C4-1.16 (3/19/2025)	Alphanumeric National Provider Identifier (NPI) was submitted on pharmacy encounter and Edit 25 Missing/Invalid Prescriber ID, did not post or cause	Query logic updated for edit 25 in Encounter NCPDP loading process to validate alphanumeric value with NPI in provider system.	Office of Managed Health Care (OMHC)	10390
C4-1.16 (3/19/2025)	Batch is posting timely even though we chose Judgement as the reason	Bypass logic updated to For Resurrection and Adjustment and If the Claim Adjustment Source is any of the Following JUD, JUDO, JUDM, JUDR, PRM"	Office of Medicaid Operations (OMO)	10451
C4-1.16 (3/19/2025)	Logic needs to be updated for edit 20147 Encounter is greater than 12 months From End Date Of Service.	Edit logic in Detailed System Design Document UT-I Live Edits has been updated to remove edit 1217 from the Cloud Error Code and update the logic to replace 1217 with 20147	Office of Medicaid Operations (OMO)	10580
C4-1.16 (3/19/2025)	Direct Data Entry (DDE) Claim loading failure for the multiline claim note data.	This issue has been fixed to the query to get the single line claim note data in IRL file generation. Files will not fail in the loading process.	Office of Medicaid Operations (OMO)	10651
C4-1.16 (3/19/2025)	1206 Job running for a long time due to 834 Audit Job name duplicated with 834 Daily job for a Provider Location	Audit 834 and Daily 834 schedule will be differentiated using a flag 'D' and 'A' as part of the Database Job Name.	Office of Managed Health Care (OMHC)	10691
C4-1.16 (3/19/2025)	Eligibility Inquiry displaying incorrectly with span month search	Code fixed to display on the dates that the member has K rate cell within the inquiry dates, the same should be done for non K rate cell period.	Office of Managed Health Care (OMHC)	10713
C4-1.16 (3/19/2025)	Encounter 277CA not generated due to the credit claims	277CA generated successfully as expected and credit TCN displayed clm_sbmtr_sid populating as 'Null'.	Office of Managed Health Care (OMHC)	10733
C4-1.16 (3/19/2025)	Edit 20166 Procedure code not valid for dates of service, posting to encounters when procedure code has been covered since 1997	The issue has been resolved. Edit 20166 and 1941 are not posting when claim from date fall under procedure code span dates or to date fall under the procedure code span dates.	Office of Managed Health Care (OMHC)	11041
C4-1.16 (3/19/2025)	Service-Based Enhancement (SBE) Payment Rejected - Interface run didn't populated the error details	Code fix to populate error details in interface run error while SBE payments are rejected.	Office of Systems and Project Management (OSPM)	11111
C4-1.16 (3/19/2025)	Provider Subsystem Changes to Support Interoperability	CMS has added new requirements for the Provider Directory. This CR is needed to add the newly identified minimum required information elements/fields to the Provider Subsystem plus add the new data elements to the PRISM Data Warehouse to be consumed by the Provider Lookup Tool/Provider Directory.	Office of Medicaid Operations (OMO)	11319
C4-1.16 (3/19/2025)	Provider License Auto Closure - License Statuses other than Active and Deceased are processing incorrectly	The following licensing statuses have been fixed: Grace period is valid for the following statuses: Pending - Suspension - Administrative Hold The grace period is not valid for the statuses listed. Revoked - Deceased - Surrendered - Inactive - Expired - Denied	Office of Medicaid Operations (OMO)	11516
C4-1.16 (3/19/2025)	Auto Closure process reverts the Active Business Status End Date to the License End Date	The Active Business Status End Date is the License End Date +60 days, for the CLIA license expiration date + 180 days during the Auto Closure Process.	Office of Medicaid Operations (OMO)	11562
C4-1.16 (3/19/2025)	Auto Closure - Department of Professional Licensing (DOPL)/My License Office (MLO): Servicing Providers not being inactivated with the Billing Provider	When the only Billing Provider for a servicing Provider is inactivated the Servicing/Rendering Provider will be inactivated regardless of the Servicing/Rendering Provider license.	Office of Medicaid Operations (OMO)	11566
C4-1.16 (3/19/2025)	Auto Closure Department of Professional Licensing (DOPL) - DOPL Active Business Status End Date incorrect	When a provider receives a DOPL update with a license that is expired by less than 60 days the Active business status end date will be updated to the License End Date + 60 days.	Office of Medicaid Operations (OMO)	11567
C4-1.16 (3/19/2025)	Indian Health Services (IHS) Provider Paying multiple lines	Code updated fixing submitted O-Indian Health Services Claim and INC AIR priced line with Paid $0 as expected and Posting edit 2002 IHS services - Exceeds limited of 1 all inclusive rate per day.	Office of Healthcare Policy and Authorization (OHPA)	11642
C4-1.16 (3/19/2025)	Member Cost Share Met Flag should be Y when Cap amount remaining is 0 or less than zero.	The system has been updated to report the Member Cost Share Met Y when the Cap Amount Remaining is 0 or less than 0.	Office of Managed Health Care (OMHC)	11716
C4-1.16 (3/19/2025)	Database(DB) Job 1269 - Recycle Pended Payments running longer - Performance issue	Code fixed to improve the performance of running the 1269 job	Office of Systems and Project Management (OSPM)	11784
C4-1.16 (3/19/2025)	Edit 1123 No available units/amounts on prior authorization, is posting but units are available	Edit 1123 is posted as expected after the issue fix Edit is working as per design.	Office of Medicaid Operations (OMO)	11806
C4-1.16 (3/19/2025)	Report Zero in EDI 271 and 834 cost share remaining amount when amount is negative	Member Cost Share Met Flag should be Y when Cap amount remaining is 0 or less than zero, only for EDI 834/271. Handled negative value cap remaining amount in the code to display as 0 as part of this fix.	Office of Managed Health Care (OMHC)	11979

C4-1.16 (3/19/2025)	Member has Spenddown Benefit Plan (BP) without Spenddown indicator of N	Issue fixed when eligibility received for Current/Prospective month and spenddown was not met, eligibility and the corresponding BP should create till Current/Prospective month but not open end date.	Office of Eligibility Policy (OEP)	12010
C4-1.16 (3/19/2025)	1414 Interface (DW-NDC_RATES_FROM_GHS_IN_WITH_LOAD_DATE) weekly execution to be done as TRUNCATE and LOAD (NC Enhancement)	Enhancement update completed to implement TRUNCATE and LOAD logic.	Office of Systems and Project Management (OSPM)	12096
C4-1.16 (3/19/2025)	End dates on nursing facility admission records not updating benefit plans	Code fix made to end date the existing overlapping Modernizing Continuum of Care (MCC) admission record during the new admission record review approval.	Office of Long Term Services and Supports (OLTSS)	12135
C4-1.16 (3/19/2025)	The FileNet is creating two types of checks instead of one check	Changes have been made to generate the correct correspondence letters for refund and reissue payments.	Office of Financial Services (OFS)	12237
C4-1.16 (3/19/2025)	Default Program Codes still coming through - Account Code Assignment (ACA) Segment deriving based on Admission Date instead of System Date	Code fixed to derive ACA segments based on System date for Service-Based Enhancement (SBE) Payments.	Office of Financial Services (OFS)	12255
C4-1.16 (3/19/2025)	Prior Authorization(PA) Correspondences sent to Providers Address Line 2 {?Recipient Addr Line 2?}	PRISM updated so the address on the letter will match the providers address listed in PRISM.	Office of Healthcare Policy and Authorization (OHPA)	12298
C4-1.16 (3/19/2025)	Regular Revalidation Cycle Start Date Set to Incorrect Date based on the incorrect Revalidation Cycle End Date	The system has been corrected to consider the latest revalidation cycle dates (intermediate and regular) when creating the new cycle.	Office of Medicaid Operations (OMO)	12308
C4-1.16 (3/19/2025)	All Case Management Agency (CMA) users are appearing in dropdown menu - Bulk Actions	Updated logic to add CMA ID in the comparison of fetching Case Management Agency users list.	Office of Long Term Services and Supports (OLTSS)	12351
C4-1.16 (3/19/2025)	On-Screen Configurations not retaining remarks in view history	Issue identified in the Procedure General and Group General pages. Remark values are not saving while approve/reject the records on the identified pages. Values are stored in the tables.	Office of Systems and Project Management (OSPM)	12406
C4-1.16 (3/19/2025)	Report Distribution Schedule (RDS) report -- correspondence section Update for Certification (NC	Correspondences rejected based on the business rule will be flagged with a unique value so that they can be separated from the valid rejections.	Office of Systems and Project Management (OSPM)	12422
C4-1.16 (3/19/2025)	Utah Diagnosis Related Group (DRG) Logic not posting Error Code 1380 DRG not on file	Claim is posting Error Code 1380 when the UTAH DRG is not determined. If the Utah DRG cannot be determined, system will post the 1380 error code and suspend the claim.	Office of Healthcare Policy and Authorization (OHPA)	12445
C4-1.16 (3/19/2025)	Technology Dependent Waiver (TDW) Worker unable to complete PEGA initial determination	Updated system to remove the condition of the checking the Disenrollment case with Open Status before system creates the Annual Review subcase.	Office of Long Term Services and Supports (OLTSS)	12539
C4-1.16 (3/19/2025)	Phase assigned incorrectly for Managed Care (MC) transactions	Payment process is modified to consider the same schedule date while reprocessing the pended transactions created during Interim payment or Full payment process.	Office of Financial Services (OFS)	12581
C4-1.16 (3/19/2025)	Defect and Service Request(SR)-Access to Care-Missing Children's Health Insurance Program (CHIP) Benefit Plan(BP's) Multiple Members	Auto assignment process has been fixed to assign a plan for the CHIP enrollment.	Office of Managed Health Care (OMHC)	12651
C4-1.16 (3/19/2025)	Zip code plus four missing from Loop 2100G	This Issue has been fixed in 'PK_5010_834_ROSTER_GENERATION' and MC_834_PRGRM_QUERIES to add the postal code length to 9 digit. The 9 digit zip code is sent in the 834 file when it is available.	Office of Managed Health Care (OMHC)	12652
C4-1.16 (3/19/2025)	Fee-For-Service (FFS) 277CA - Billing Provider Matching logic is not working for adjustment/void claims	Code update to the system to compare National Provider Identifier (NPI) first and if it is not available compares against the Billing Provider ID.	Office of Medicaid Operations (OMO)	12727
C4-1.16 (3/19/2025)	Technology Dependent Waiver (TDW) Prior Authorization (PA) Claim Denials	Code fix for TDW providers are getting claims denied due to the system looking at the services start date in the PA. This feature is turned off. Claims shouldn't be rejected.	Office of Long Term Services and Supports (OLTSS)	12757
C4-1.16 (3/19/2025)	Prior Authorization (PA) - code descriptions that come from reference on all PA pages and in correspondence need to be the long description from reference file	Code fix to Java and database (DB) Object changes to have long description across all the PA screens and PA Letter generation.	Office of Healthcare Policy and Authorization (OHPA)	1282
C4-1.16 (3/19/2025)	Procedure Code T1001 Nursing assessment/evaluatn, is posting Error Code 1964 Dates of service overlap a claim billed on an Inpatient claim for Discharge Date	Discharge date has been excluded since, discharge date is excluded. Edit 1964 did not post on the claim.	Office of Healthcare Policy and Authorization (OHPA)	12837
C4-1.16 (3/19/2025)	Encounters--Claims rejecting in naming logic error	Logic updated to: For first name system should stop matching at the first space or after 5 characters. If a match is not found post the edit. OR For last name system should stop matching at the first space or after 5 characters. If a match is not found post the edit.	Office of Managed Health Care (OMHC)	12868
C4-1.16 (3/19/2025)	Oracle Financials (OFIN) Cash Activities Missed to send to Financial Information Network (FINET)	The code is fixed to pickup all the eligible cash activities to be sent to FINET.	Office of Financial Services (OFS)	12941
C4-1.16 (3/19/2025)	Increase defect capacity in the 1.16 release. SPOT tickets: 10146 10367 10451 11111 11806 12010 12135 12255 12351 12406 12422 12445 12539 3909 3042 1265212727 12757 12837 12868 3435 6341 7232 7689 12941 5351	Increased defect capacity in the 1.16 release. SPOT defect tickets added: 10146 10367 10451 11111 11806 12010 12135 12255 12351 12406 12422 12445 12539 3909 3042 1265212727 12757 12837 12868 3435 6341 7232 7689 12941 5351 3909 3042 12652	Office of Systems and Project Management (OSPM)	13034
C4-1.16 (3/19/2025)	Enrollment completely inactivated and not rebuilt on 834	Code fix so the system will send the enrollment records in 834 when the inactive segment has continuous record.	Office of Managed Health Care (OMHC)	13084
C4-1.16 (3/19/2025)	Deleted ESMCC Documents in FileNet still show in PRISM	Java code updated as the Document External Id in the Filenet was not properly handled in the java code.	Office of Healthcare Policy and Authorization (OHPA)	13159
C4-1.16 (3/19/2025)	State and Federal Children's Health Insurance Program (CHIP) Out of Pocket (OOP) Accumulation not working	Modified the code not to inactivate the old CHIP premium details.	Office of Managed Health Care (OMHC)	13313
C4-1.16 (3/19/2025)	System allowed an admission record to be submitted without Preadmission Screening and Resident Review (PASRR) screening information	Code issue fixed, State staff are able to add PASRR fromeligibility and from Admission Screen.	Office of Long Term Services and Supports (OLTSS)	13325
C4-1.16 (3/19/2025)	Member inactivated after incarceration and re-enrollment not reported to Prepaid Mental Health Plans (PMHP) on	Code fix deployed to PROD to activate the Managed Care (MC) Enrollment History to reflect in 834 transactions.	Office of Managed Health Care (OMHC)	13341
C4-1.16 (3/19/2025)	Division of Services for People with Disabilities (DSPD) Internal Design Document (IDD) 207 file not loading in PRISM Prior Authorization (PA) Screens	Code fix has been done to handle the Rollback issue for Record wise Processing	Office of Long Term Services and Supports (OLTSS)	13353
C4-1.16 (3/19/2025)	Search for Case Management user roles Program (PRG) Cases not working	Fixed PRG search in Case List and Care Plan List for case management agency user roles.	Office of Long Term Services and Supports (OLTSS)	13396
C4-1.16 (3/19/2025)	Clean Up the Health Beat (HB) product code to clear Veracode vulnerabilities	There are few vulnerabilities reported in the HealthBeat product code which is not applicable for Utah. So, this ticket is created to comment the unused code from the product to clear these vulnerabilities.	Office of Systems and Project Management (OSPM)	13401
C4-1.16 (3/19/2025)	DDE failed in loading due to the new line character present in the CLM_COMMENT column in the HT_CLM_LN_NOTE	Corrected the IRL file manually by removing the New Line character and reloaded the Claim.	Office of Medicaid Operations (OMO)	13627
C4-1.16 (3/19/2025)	Bulk Action by Provider User. Submit is not working/ assigning the new case manager/RN.	Submit is now working/ assigning the new case manager/RN.	Office of Long Term Services and Supports (OLTSS)	1371
C4-1.16 (3/19/2025)	Provider Admin Domain Roles - Case Management Agency (CMAs) cannot manage their own users.	Issue happens when Provider Admin manages users associated with multiple programs like Aging, New Choices Waiver (NCW) both or NCW, Employment Related Personal Assistant Services (EPAS) both. Code change has fixed the issue.	Office of Long Term Services and Supports (OLTSS)	1373

C4-1.16 (3/19/2025)	Provider Admin Role - No Options in Drop Down Menu to Update the Role	This is happening when a user is having Provider Admin role for New Choices Waiver (NCW) and Employment Related Personal Assistant Services (EPAS) both. Or Aging or EPAS both.Because in EPAS we have Provider Type field also to get the roles in the dropdown which is not present in NCW and Aging. Code change has fixed the issue.	Office of Long Term Services and Supports (OLTSS)	1375
C4-1.16 (3/19/2025)	Restriction Disenrollment Letters not being generated.	The logic in the code updated to trigger the Restriction Disenrollment Letter in the benefit plan process once restriction end date 12/31/2999 is updated.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	1384
C4-1.16 (3/19/2025)	Local Health Departments (LHD) Screenings Past Due Report	View query report updated to fix this issue and include in the report Child(ren) Name, Medical Managed Care Plan, Dental Managed Care Plan.	Office of Healthcare Policy and Authorization (OHPA)	13884
C4-1.16 (3/19/2025)	EPS_Newborn Report- Local Health Department (LHD) and EPS_Unborn Report - LHD has father reported as mother	EPS_Newborn Report-LHD Report Query has been modified to resolve this issue.	Office of Healthcare Policy and Authorization (OHPA)	13904
C4-1.16 (3/19/2025)	EPS_EPSDT Screenings Past Due Report not consistently reporting Head of Household (HOH) Phone for Phone number	All Local Health Department (LHD) files for EPS_EPSDT Screenings Past Due Report generated files with data have HOH Phone number in the Phone Number column where applicable.	Office of Healthcare Policy and Authorization (OHPA)	13906
C4-1.16 (3/19/2025)	Technology Dependent Waiver (TDW) unable to complete annual review.	Code fix per documentation Application_document_PRISMCaseBranchApp_CRM-TD, under 3.1.2 02_US_Level of Care Determination - PS- Specification, at the step 6.b when there is a response = no, the system will create a disenrollment subcases and resolve the current annual review subcase.	Office of Long Term Services and Supports (OLTSS)	13979
C4-1.16 (3/19/2025)	Report of TCNs impacted from EVOBRIXUT-40717	Report of TCNs from PROD impacted fromEVOBRIXUT-40717 defect fix., Edit posting per UT-I logic as "AIR Pricing".	Office of Medicaid Operations (OMO)	14120
C4-1.16 (3/19/2025)	Report of TCNs from PROD impacted from EVOBRIXUT-37933 defect fix.	Report of TCNs from PROD impacted, Error Code 5534 posting to claim with valid Prior Authorization (PA).	Office of Medicaid Operations (OMO)	14122
C4-1.16 (3/19/2025)	Report TCNs impacted from EVOBRIXUT-42440	Report of TCNs from PROD impacted, Procedure Code T1001 is posting Error Code 1964 for Discharge Date	Office of Medicaid Operations (OMO)	14123
C4-1.16 (3/19/2025)	Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Reports are not satisfying the needs of Local Health Departments	Updated the following reports to be individual reports based on the individual Local Health Department: EPS_EPSDT Screening Past Due Report, EPS_Newborn Report-LHD, EPS_Newly Eligible for EPSDT Report, EPS_Unborn Report, and EPS_EPSDT Services Summary Report. Individual reports are created and stored in Cognos, then dropped in individual SFTP folders for each LHD. An email is sent to the LHD informing them the report is available in the SFTP folder. Updates to the EPS_Newborn Report to report out all children who are on Medicaid who are born up to the month they turn age 9 and continue to report each month until after the month the child turns 9.	Office of Healthcare Policy and Authorization (OHPA)	2489
C4-1.16 (3/19/2025)	Expense Data. Contract balances updated incorrectly,	Code fixed, so the process only considers the unprocessed payments and recoveries.	Office of Eligibility Policy (OEP)	3042
C4-1.16 (3/19/2025)	Prior Authorization (PA) Productivity Report - Total Review hyperlink not matching the detail report	The PA Productivity Report was showing more record count than the PA Productivity Detail Report's Record count. The release has fixed the PA's in PA Productivity Report (Summary) in Cognos matching with PA's in PA Productivity Report (Detail)	Office of Healthcare Policy and Authorization (OHPA)	3435
C4-1.16 (3/19/2025)	Incorrect Address on an Entity in Buyout case	Logic to import address to Oracle Financials (OFIN) has been corrected to account for addresses with multiple lines being replaced by single-line addresses.	Office of Eligibility Policy (OEP)	3909
C4-1.16 (3/19/2025)	Receivable application types are not mapped correctly	Remittance Process has been modified to handle the Expedited Payment scenarios where the recoveries should not get mapped to Expedited Payments during the Remittance Advice (RA) generation.	Office of Medicaid Operations (OMO)	4940
C4-1.16 (3/19/2025)	Undo update is not removing In Review Record and Results in Error Preventing Provider Updates -Unable to complete step 15.	When the checklist response is in review and after doing undo update in the basic information step, system is not inactivating the check-list response in the backend. System to inactivate the checklist response when undo update is selected.	Office of Medicaid Operations (OMO)	5290
C4-1.16 (3/19/2025)	Changing the Off Set indicator in Oracle Financials (OFIN) for existing Account Receivables (ARs) asks for a bill date	Update completed to update the Bill Date to receivable creation date for the existing receivables in the system.	Office of Financial Services (OFS)	5351
C4-1.16 (3/19/2025)	Need to stop the auto creation of cases in PEGA for the 60 day holds	Cases in PEGA for the 60 day holds will be manually created.	Office of Medicaid Operations (OMO)	6208
C4-1.16 (3/19/2025)	No notifications sent to Managed Care Organization (MCO) or Fee-For-Service (FFS) that member is missing a primary provider.	System updated when there is no Primary Provider or Primary Pharmacy within the Start and End Date of the active Restriction Program. Send notification 24 hrs after the occurrence of no Primary Provider or Primary Pharmacy.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	6230
C4-1.16 (3/19/2025)	Internal Design Document (IDD) 902 - update to populate the EST time zone (NC Enhancement)	Updated the code to populate the EST time zone month value in the header and trailer.	Office of Eligibility Policy (OEP)	6341
C4-1.16 (3/19/2025)	Unable to find claim in PEGA	Code fixed for the issue of displaying the claim information in PEGA by relaxing the active check performed for the Provider location status. If a provider was inactivated after the claim processed, the claim information can be viewed in the Pega system.	Office of Medicaid Operations (OMO)	6594
C4-1.16 (3/19/2025)	Managed Care Organization (MCO) receiving notification of missing Primary Provider and Primary Pharmacy in error	Code fixed to generate notification if there is no Primary Provider or Primary Pharmacy within the Start and End Date of the active Restriction Program. Send notification 24 hrs after the occurrence of no Primary Provider or Primary Pharmacy	Office of Reimbursement, Coordinated Care & Audit (ORCA)	6746
C4-1.16 (3/19/2025)	Member does not have a restriction benefit plan	The code has been fixed to derive the restriction benefit plan (BP) wherever the SPENDDOWN BP dates doesn't overlap on the restriction.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	7117
C4-1.16 (3/19/2025)	Concerns with the daily Benefit Plan (BP) Eligibility and Enrollment (EE) Master Operations Document (MOD) report (NC Enhancement)	Enhancement to the daily BP EE MOD report to include new column for the reason for missing BP, above or below the BP age limit and Recipient Aid Category (RAC) not eligible. Updates to the query, include the member age, missing BP, and the month in which the BP is missing.	Office of Managed Health Care (OMHC)	7232
C4-1.16 (3/19/2025)	PRISM changed a Provider end date that was already previously end dated in Restriction.	1183 Interface code will be fixed to update the restriction end-date of the member only if it is beyond the provider business status end-date	Office of Reimbursement, Coordinated Care & Audit (ORCA)	7597
C4-1.16 (3/19/2025)	CE UT-5 HIPAA Trans Mapping 277CA Outbound, edit 35 Claim/encounter not found, loading questions on processes - NC Enhancement	The system will return the updated status codes listed for the below Business Rules (BR). BR 012 – Billing Provider cannot be SER, PRE or STU. Use Status Code 743 with appropriate Entity Code 85. BR 010 – Billing Provider ID must match Billing Provider ID on Original claim. Use Status Code 153 with Entity Code 85. BR 009 – Adjustment for an already adjusted/resurrected/voided claim (Business status). Use Status Code 495 BR 011 – TCN length (more than 21 characters). Edit 1407 Use Status Code 35	Office of Medicaid Operations (OMO)	7689
C4-1.16 (3/19/2025)	Part 3 - Resident Assessment process requires Nursing Facility Admission Record/PASRR/Notification changes	Updates to the system to make the Nursing Facility Admission Record process follow current program rules. Allow for Nursing Facility approvals to fall within current timing mandates more accurately.	Office of Long Term Services and Supports (OLTSS)	8463

C4-1.16 (3/19/2025)	Unable to add Managed Care (MC) dental for a child	Code is fixed to derive DMed eligibility even though there is overlapping configuration.	Office of Managed Health Care (OMHC)	9006
C4-1.16 (3/19/2025)	Edit 5534 Missing/Invalid Prior Authorization, posting to claim with valid Prior Authorization (PA)	Group Practice logic removed from PA match logic and implemented as prioritized billing provider is used PA match logic if it is not matched then servicing provider used to match PA logic .	Office of Medicaid Operations (OMO)	9380
C4-1.16 (3/19/2025)	Centers for Medicare & Medicaid Services (CMS) Interoperability- Prior Authorization (PA) Urgent Review and Extended Review fields	To meet the CMS Interoperability and Prior Authorization Final Rule CMS-0057-F additional fields are have been added on the PA Basic Info page, and the data from these fields will flow to the Data Warehouse and be accessible for Utah Division of Technology Service (DTS).	Office of Healthcare Policy and Authorization (OHPA)	9414
C4-1.16 (3/19/2025)	New Dental Benefit Plan for Adults	The new Adult Dental Benefit Plan for members 21 and older has been created. Services under the new Adult Dental Benefit Plan will be provided by the University of Utah School of Dentistry and their associated providers. The following benefit plans will be end dated Dental Program for the Aged, Dental Program for the Blind and Disabled, and TAM SUD Dental	Office of Healthcare Policy and Authorization (OHPA)	9513

PRISM Planned Release C4-1.15.5 (3/15/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.15.5 (3/15/2025)	Coordination of Benefits Agreement (COBA) bypass for Coordination of Benefits (COB) with Medicare Secondary Payer (MSP) information from CMS	The solution from Edifecs vendor to suppress the snip edit specific to invoice type(CMS XOVER Professional). Suppressed the SNIP 3 (balancing) validations on the EDI CMS XOver Part B files and XOver Part A files will post the balancing errors and reject with 999 acknowledgment.	Office of Medicaid Operations (OMO)	13516
C4-1.15.5 (3/15/2025)	CTX segment is not posting in 999 file	Code fix applied to FIX CTX segment in 999 files	Office of Systems and Project Management (OSPM)	13649
C4-1.15.5 (3/15/2025)	Edifecs Upgrade	This Release is to track Edifecs upgrade in production and to track the associated defects	Office of Systems and Project Management (OSPM)	13891

PRISM Planned Release C4-1.15.4

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.15.4 (3/4/2025)	CTX segment is not posting in 999 file	Emergency release of EDI ticket EVOBRIXUT-43398 in lower environments (Dev, SIT,UAT) on 03/03/2025 EOD. And into production on 03/04/2025 at 7 AM MST.	Office of Managed Health Care (OMHC)	13836

PRISM Planned Release C4-1.15.3 (2/21/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.15.3 (2/21/2025)	999 file reporting Accepted with Errors when PRISM shows the file has rejected	This issue is fixed by updating the Edifecs inbound validation profile.	Office of Managed Health Care (OMHC)	13079
C4-1.15.3 (2/21/2025)	HTC-DMP Mitigate the costs for after hours support	HTC-DMP mitigate the costs for after hours support. Turn off the paper claims functionality as it is no longer being used. Modify support hours for document management support portal to only be during standard business hours; Monday-Friday, 8 am to 6 pm MST. HTC support to be reduced to include only the document management features and no support for imaging.	Office of Medicaid Operations (OMO)	9531

PRISM Planned Release C4-1.15.1

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.15.1 (2/14/25)	Requesting a Full Replication PRISM Online Transaction Processing (OLTP) and Oracle Financials (OFIN) plus PEGA system Database (DB)	A full replication of the PRISM OLTP and OFIN plus PEGA Database using the Data Guard solution. Will be made available to State staff.	Director's Office (DO)	1125
C4-1.15.1 (2/14/25)	PRISM Replication database access	Acentra Health will replicate the full as-is PRISM OLTP database, PEGA database, and OFIN database using the Data Guard solution. The replicated read-only databases will be placed on a separate server within Acentra Health's PRISM AWS environment, where the State DMS instance will be able to access it using the existing eREP PROD VPN tunnel with the Utah AWS environment.	Office of Systems and Project Management (OSPM)	13294

PRISM Planned Release C4-1.15.2 (2/12/2025)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.15.2 (2/12/2025)	Family connect not working as expected for managed care enrollment	Family Members enrolled correctly to Head of Household (HOH) plan if available or one of the family member's plan if HOH plan is not enrolled (All Family Members should be on same plan within the program).	Office of Managed Health Care (OMHC)	13055
C4-1.15.2 (2/12/2025)	Prepaid Mental Health Plans (PMHP) Retro inactivation	Timestamp date issue, During 934 - Benefit Plan (BP) process has been corrected. Due to this incorrect process, system inactivated the PMHP's incorrectly.	Office of Managed Health Care (OMHC)	13234

PRISM Planned Release C4-1.15 (1/22/25)

Planned Release	Task Title	Release Summary Description	Office	SPOT

C4-1.15 (1/22/25)	Encounters rejecting with error code 2092 Unable to determine claim type.	Edit 2092 is not posting when a claim type is derived on the claim based on valid PT-SP-SSP	Office of Managed Health Care (OMHC)	10283
C4-1.15 (1/22/25)	PRISM application records are different than PRISM Data Warehouse(DW) records - Capitated TAM- introduce validation check in payment process to ensure enrollment	Code fixed for validation check in full payment process to ensure enrollment existence for audit payments.	Office of Managed Health Care (OMHC)	10286
C4-1.15 (1/22/25)	XU modifier not allowed for 87804 Influenza assay w/optic, in PRISM	Code fixed for, if current claim has one of the modifier is empty and history claim doesn't have modifiers, system considered empty modifiers between history and current claim as matching and posted edit incorrectly.	Office of Managed Health Care (OMHC)	10463
C4-1.15 (1/22/25)	Encounters Claims Rejecting with Error Code 20900 Missing or Invalid original TCN.	Code fix applied in the production environment for correcting the claims which are in the "In Correction" Status to " Encounter Transaction Results Report (ETRR) Generated'.	Office of Managed Health Care (OMHC)	10474
C4-1.15 (1/22/25)	CLIA location matching logic updates.	Updates done to the CLIA matching logic. PRISM will look at the first 5 characters or up to the first space on address Line 1 and first 5 characters of the zip code.	Office of Medicaid Operations (OMO)	10531
C4-1.15 (1/22/25)	CHIP Out of Pocket (OOP) Report incorrectly looking non CHIP encounter pharmacy claim.	Modified the CHIP OOP Report logic to populate CHIP encounter pharmacy claims and shared the updated Online Transaction Processing (OLTP) report view to Cognos	Office of Managed Health Care (OMHC)	10558
C4-1.15 (1/22/25)	Vulnerability issue reported in below Application Programming Interface (API's/Jar's) in Provider Credentialing Service (PCS) application	Vulnerability issue reported in below API's/Jar's in PCS application is working as expected.	Office of Systems and Project Management (OSPM)	10600
C4-1.15 (1/22/25)	Vulnerability issue reported in Webservice Application	Vulnerability issue reported in Webservice Application is working as expected.	Office of Systems and Project Management (OSPM)	10602
C4-1.15 (1/22/25)	Vulnerability issue reported in PRISM Screen Application	Vulnerability issue reported in Prism Screen Application is working as expected.	Office of Systems and Project Management (OSPM)	10604
C4-1.15 (1/22/25)	Vulnerability issue reported in Provider Credentialing Service (PCS) Application	Vulnerability issue reported in PCS Application is working as expected.	Office of Systems and Project Management (OSPM)	10605
C4-1.15 (1/22/25)	Vulnerability issue reported in Managed Care Encounters (MCE) Application	Vulnerability issue reported in Managed Care Encounters (MCE) Application is working as expected.	Office of Systems and Project Management (OSPM)	10606
C4-1.15 (1/22/25)	Vulnerability issue reported in Appintake Application	Vulnerability issue reported in Appintake Application is working as expected.	Office of Systems and Project Management (OSPM)	10607
C4-1.15 (1/22/25)	Vulnerability issue reported in Correspondence Application	Vulnerability issue reported in Correspondence Application is working as expected.	Office of Systems and Project Management (OSPM)	10608
C4-1.15 (1/22/25)	CLM_ERROR_DETAIL.RECYCLE_DISPOSITION_LKPCD data quality issue	While loading Data Warehouse (DW) tables, multiple DW checks are performed, LKPCD fields are validated with configured data in LOOKUP config tables. CID fields are validated with parent tables. DW table = CLM_ERROR_DETAIL_S DQ issue: RECYCLE_DISPOSITION_LKPCD =('0') value is coming in this column. This is not available in LOOKUP config tables.	Office of Systems and Project Management (OSPM)	10613
C4-1.15 (1/22/25)	Need to Change Selection Criteria for Internal Exchange Transaction (IET's) to FINET	This release will modify the selection criteria for Internal Exchange Transaction (IET) 715 interface. This will make sure that IET recovery information is sent only once to FINET. Any cash applications to these recoveries need to be sent in the CR 712 interface. If the recovery is pending for more than 365 days, they need to be sent in the JV 722 interface. All the other scenarios are covered in other interfaces, if the IET recovery should not be part of the netting process.	Office of Financial Services (OFS)	10649
C4-1.15 (1/22/25)	Outpatient Claim moved to Edit Processing Failure (EPF) due to Revenue code Invalid.	If revenue code is not available then edit 2050 Revenue code not on file, will post then skip the pricing and moved to suspend status for line.	Office of Medicaid Operations (OMO)	10660
C4-1.15 (1/22/25)	EPS_EPSDT Services Summary Report only reporting for one Local Health Department (LHD) and numbers seem inaccurate when compared to the CMS 416 report	Query has been fixed so all the Local Health Department's (LHD) are displayed.	Office of Healthcare Policy and Authorization (OHPA)	10669
C4-1.15 (1/22/25)	AD_CLM_HDR_ADMISSION_DETAIL.ADMISSION_SOURCE_LKPCD data quality issue	While loading Data Warehouse (DW) tables, multiple DW checks are performed LKPCD fields are validated with configured data in LOOKUP config tables. DW table = CLM_HDR_ADMISSION_DTL_S DQ issue: ADMISSION_SOURCE_LKPCD value('d') coming in this column are not available in LOOKUP config tables.	Office of Systems and Project Management (OSPM)	10944
C4-1.15 (1/22/25)	HIPP_CASE_MBR_DTL.RAC_CODE data quality issue	While loading Data Warehouse (DW) tables, multiple DW checks are performed. LKPCD fields are validated with configured data in LOOKUP config tables. CID fields are validated with parent tables. DW table = HIPP_CASE_MBR_DTL_S DQ issue: RAC_CODE in ('ZZZ') value is coming in this column. This is not available in RECIPIENT_AID_CATEGORY.	Office of Systems and Project Management (OSPM)	10945
C4-1.15 (1/22/25)	Internal Design Document (IDD) 1403 update. Add the following: Exclude records from the Interface if the [BILLING	Update IDD 1403. If the 310 START DATE or END DATE is blank, populate this field with the Start and End Date from the 300 Record. Also, exclude records if the Billing Provider National Provider Identifier (NPI) is missing.	Pharmacy Team	11064
C4-1.15 (1/22/25)	Edit 1322 Claim units/amount exceeds approved prior authorization units/amount, should not post for Diagnosis Related Group (DRG) Cutback	The Fix made for this Issue corrected the Edit 1332. It will not post at header level during Cutback on the Claim.	Office of Medicaid Operations (OMO)	11116
C4-1.15 (1/22/25)	Primary paid more the expected. Need to fix Coinsurance & Deductible Pricing approved amount derivation	The paid amount incorrectly derived as billed amount instead of the Third-Party Liability (TPL) Problem Report (PR) amount in Coinsurance & Deductible Pricing. The issue has been fixed in rule flow for local variable cache issues.	Office of Medicaid Operations (OMO)	11119
C4-1.15 (1/22/25)	Federally Qualified Health Center (FQHC) Alternative Payment Methodology (APM) reimbursement change.	Providers with APM Indicator = Yes should pay if the procedure codes on the claim/line are payable to Provider Allowable Codes (PAC) from groupGroup Code TBD (PAC 066 Federally Qualified Health Center (FQHC)). These providers will only have PAC from groupGroup Code TBD (PAC 066) on their Provider file.	Office of Healthcare Policy and Authorization (OHPA)	11236
C4-1.15 (1/22/25)	Create National Drug Code (NDC)Pricing Logic for claims with Date of Service 04/03/2023 through 02/25/2024	Provider Administered Drugs Procedure Codes are Healthcare Common Procedure Coding System (HCPCS) and/or Current Procedural Terminology (CPT) Provider Administered Drugs claims are identified by procedure codes that are maintained in the NDC crosswalk.	Pharmacy Team	11274
C4-1.15 (1/22/25)	PEGA task won't restart- Report & Service Request (SR) needed for any Additional Missed Tasks.	Service request has fixed the reroute case CRM-NC-CPA-8530 from "Approve/Return Comprehensive Care plan DOH Supervisor Review task" to "Approve/Return Comprehensive Care Plan" task.	Office of Long Term Services and Supports (OLTSS)	11278
C4-1.15 (1/22/25)	Not eligible and Current Managed Care (MC) on (MC) Enrollment History - MC Not Inactivating when Benefit Plan (BP) is inactivated due to Spenddown (SD).	Code fix to inactivate the MC enrollments history records in the BP process. When the BP gets inactivated and the associated MC enrollments history will also be inactivated.	Office of Managed Health Care (OMHC)	11459
C4-1.15 (1/22/25)	Retro Rate change payment with New Account Code Assignment (ACA) are not processed.	Code fixed to not rederive ACA segments for retro rate change payment transactions.	Office of Managed Health Care (OMHC)	11532
C4-1.15 (1/22/25)	Why is claim posting 5315 Invalid CLIA number for Provider/Location.	Defect fix to relax the location code check and only check for the address to ensure it's on the provider's file to fix the match logic.	Office of Medicaid Operations (OMO)	11539
C4-1.15 (1/22/25)	Creation of Hospice Admission did not end date open ended Long Term Care (LTC-NFAC) admission.	The system should update the end date of a benefit plan when a new record is approved.	Office of Healthcare Policy and Authorization (OHPA)	11555
C4-1.15 (1/22/25)	Federally Qualified Health Center (FQHC) crossover claims paying Incorrectly.	Pricing rule stamped as "Lesser Than Logic" when there is no rate in reference for the service on the crossover claim, then the service is priced at 80% of the Medicare allowed amount after the pricing logic is updated.	Office of Medicaid Operations (OMO)	11560

C4-1.15 (1/22/25)	Error: unable to approve Prior Authorization (PA)	Code fix applied in PROD to increase the variable length size to 4000 and then the notification and status change will work without issue.	Office of Healthcare Policy and Authorization (OHPA)	11598
C4-1.15 (1/22/25)	Not recieving ANY state notifications	Users in Prior Authorization (PA) Manager and PA Reviewer are not getting notifications due to size length 1000 defined in the code.Code fix to be released and applied in PROD to increase the Variable length size to 4000	Office of Healthcare Policy and Authorization (OHPA)	11634
C4-1.15 (1/22/25)	Providers not receiving notifications for comments added on admission records	Code fixed to trigger the notification to all the NPI/Provider ID user's associated to the transaction ID having profile access "EXT Admission/PA Provider".	Office of Long Term Services and Supports (OLTSS)	11760
C4-1.15 (1/22/25)	Same service on two separate encounters both accepted Edit 20902 Duplicate encounter and Edit 20173 Accepted - Plan Denied.	Edit 20902 is posting as expected when two separate encounters on two separate 837 files were submitted for the same member, same date of service, same provider NPI and same procedure code.	Office of Managed Health Care (OMHC)	11798
C4-1.15 (1/22/25)	Buyout Case List not pulling up in PRISM	Code fix completed, fixing the Buyout list screen.	Office of Eligibility Policy (OEP)	11904
C4-1.15 (1/22/25)	1501 Monthly file Creating Duplicate Records	Code fix completed, fixing the restrict the duplicate record creations.	Office of Systems and Project Management (OSPM)	11924
C4-1.15 (1/22/25)	Tribal Federally Qualified Health Center (FQHC) (Four Walls Policy)	Align Tribal FQHC Policy with CMS requirements	Office of Medicaid Operations (OMO)	1193
C4-1.15 (1/22/25)	Missing CHIP Benefit Plans-Access to Care issue	With CR 9680 changes the dental program will be considered for re enrollment and Dental CHIP will also be re enrolled based on the prior enrollment.	Office of Managed Health Care (OMHC)	12111
C4-1.15 (1/22/25)	SQL Exception Erorr - AM_PVM.150031:SQLException while executing query statement Category Status Code on the Error Code screen	The fix involves the data warehouse end to consume the data with 4 digits.	Office of Systems and Project Management (OSPM)	12179
C4-1.15 (1/22/25)	Pricing Path name correction needed for Multiple Surgery Reduction Pricing Rules.	Pricing Path name has been corrected as per UT-G: Multiple Surgery Reduction – 100%.	Office of Systems and Project Management (OSPM)	12309
C4-1.15 (1/22/25)	Letterhead updates (NC Enhancment)	Correspondence Header and Footer Exhibit document is updated as per description. Revision History was addedGeneral Tab, all items listed in the description have been updated.	Office of Systems and Project Management (OSPM)	12588
C4-1.15 (1/22/25)	Full inactivate 834 records being held incorrectly	Full inactivates for the current month are being delivered as expected.	Office of Systems and Project Management (OSPM)	12880
C4-1.15 (1/22/25)	AIR for Indian Health Services (IHS) for 2025 for Charge Modes 0866	Charge Mode 0866 Rate has been updated with the Start Date 01/22/2025 End Date 12/31/2999	Office of Reimbursement, Coordinated Care & Audit (ORCA)	12884
C4-1.15 (1/22/25)	Third Party Liability change record reported but no Third Party Payer informtion on the 834	Code fix done for the restrict the Duplicate Record creation.	Office of Managed Health Care (OMHC)	12894
C4-1.15 (1/22/25)	Need a report of Production TCNs Impacted by EVOBRIXUT-39183	This report is needed for Mass Adjustment after the implementation date (01/22/2025 or any potential changed date) . Query ran to identify all claims impacted by the defect until C4-1.15 deployment into PROD for business to Mass Adjust these TCN's.	Office of Systems and Project Management (OSPM)	13216
C4-1.15 (1/22/25)	Need a report of Production TCNs Impacted by EVOBRIXUT-38883	This report is needed for Mass Adjustment after the implementation date (01/22/2025 or any potential changed date) . Query ran to identify all claims impacted by the defect until C4-1.15 deployment into PROD for business to Mass Adjust these TCN's.	Office of Medicaid Operations (OMO)	13217
C4-1.15 (1/22/25)	Need a report of Production TCNs Impacted by EVOBRIXUT-39130	This report is needed for Mass Adjustment after the implementation date (01/22/2025 or any potential changed date) . Query ran to identify all claims impacted by the defect until C4-1.15 deployment into PROD for business to Mass Adjust these TCN's.	Office of Systems and Project Management (OSPM)	13219
C4-1.15 (1/22/25)	Need a report of Production TCNs Impacted by EVOBRIXUT-40714	This report is needed for Mass Adjustment after the implementation date (01/22/2025 or any potential changed date) . Query ran to identify all claims impacted by the defect until C4-1.15 deployment into PROD for business to Mass Adjust these TCN's.	Office of Systems and Project Management (OSPM)	13220
C4-1.15 (1/22/25)	Report of TCNs impacted from EVOBRIXUT-39943	The report of impacted TCNs has been ran and attached to the ticket	Office of Medicaid Operations (OMO)	13285
C4-1.15 (1/22/25)	Hospice T2042 Hospice routine home care, paying incorrectly (NC Enhancement)	Resolution Text updated for Error code 1332 Unable to price for the date of service.	Office of Medicaid Operations (OMO)	1968
C4-1.15 (1/22/25)	IDD 411 OUTPATIENT PROVIDER SPECIFIC FILE FROM CMS IN update file format to .csv	CMS changed the file format of the 411 interfaces from .txt to .csv. This CMS change was effective April 1, 2023. The file has also changed. New elements were added, and existing elements were deleted	Office of Reimbursement, Coordinated Care & Audit (ORCA)	3280
C4-1.15 (1/22/25)	IDD 416 layout update needed for Office of Recovery Services (ORS)	IDD 416 fails to load when values are alphanumeric. These fields also have a high impact for pay and chase for ORS. Keep the [Data Types] as Numerical and default to zeros if the values are outside the normal values on the following fields in IDD 416 and all downstream interfaces.	Pharmacy Team	3524
C4-1.15 (1/22/25)	Vulnerability issue reported in Adjudication Application	Vulnerability issue reported in below files in Adjudication application. Unreleased Resource: Database - Utility.java	Office of Systems and Project Management (OSPM)	4428
C4-1.15 (1/22/25)	Overlapping Primary Providers on the Fee-For-Service (FFS) Authorized Provider list	Issue fixed to validate the Primary Restriction for both FFS and Managed Care (MC) Primary Restriction provider records.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	4445
C4-1.15 (1/22/25)	RVW_CNCLSN column is populating NULL's incorrectly	A code fix in Online Transaction Processing (OLTP) Database (DB) has been applied to fix RVW_CNCLSN field wherever its null so that after the next Data Warehouse (DW) run, data will be fixed in reports.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	4625
C4-1.15 (1/22/25)	Records Failing to Load in Oracle Financials (OFIN) tables as RTNG_NUMBER has been increased to greater than Column length	Column length has increased in the OFIN tables from 9 to 15.	Office of Financial Services (OFS)	4899
C4-1.15 (1/22/25)	Reference file does not match Prior Authorization (PA) descriptor.	Code fixed to pull description from diagnosis_details table.	Office of Healthcare Policy and Authorization (OHPA)	5221
C4-1.15 (1/22/25)	Member has 2 primary care providers listed in the Fee-For-Service (FFS) Authorized section in Restriction which does not match the Managed Care (MC) Authorized Provider	Issue fixed to update the Primary flag based on the Interface request for both FFS and MC Restriction providers.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	5758
C4-1.15 (1/22/25)	Update Appendix for IDD 1405 GHS JCODES TO GHS OUT UPDATES	The following is the existing implementation and will be added as Additional PRISM RULESystem will populate with Ordering provider information. Attending Provider ID information will be populated for Invoice Type I and Rendering Provider ID for Invoice Type P	Pharmacy Team	5767
C4-1.15 (1/22/25)	Current Procedural Terminology (CPT) Code 41899 Other procedure on teeth and gums, paying at a different rate.	Added additional logs to log the list of specialties available for the provider during claim processing	Office of Medicaid Operations (OMO)	6799
C4-1.15 (1/22/25)	Primary Provider and Primary Pharmacy was changed from Y to N during a Managed Care Organization (MCO) interface transaction	The fix will update the Primary Provider record with the term date.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	7072
C4-1.15 (1/22/25)	Unable to update specialty and subspecialty for a pharmacy in PRISM	Due to exceeded maximum idle time while executing the query, the member was locked. This fix is aimed to resolve for all the members to avoid locking issue in future.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	7291
C4-1.15 (1/22/25)	Vulnerability issue reported in below Application Programming Interface (API's/Jar's) in EDI	Upgraded the jackson-databind without vulnerability Issue. Upgrade to the Spring Web Jar without vulnerability Issue.	Office of Systems and Project Management (OSPM)	7574
C4-1.15 (1/22/25)	Vulnerability issue reported in below Application Programming Interface (API's/Jar's) in Webservice	Upgrade the jackson-databind without Vulnerability Issue. Upgrade to the Spring Web Jar without Vulnerability Issue.	Office of Systems and Project Management (OSPM)	7575

C4-1.15 (1/22/25)	Error Code 2063 Invalid date of birth, posting to Division of Services for People with Disabilities (DSPD) claims	In Department of Human Services (DHS) Interfaces 424 and 456, adjusted the length of the Date of Birth field from 6 to 8 and allow MMDDYYYY format.	Office of Long Term Services and Supports (OLTSS)	7693
C4-1.15 (1/22/25)	Office of Recovery Services (ORS) weekly Internal Exchange Transaction (IETs) are missing some transactions from ORS's 434 files	The fix has been completed for the Recovery Amounts being missed as there are some identified transactions (legacy TCNs) exists with no account coding.	Office of Financial Services (OFS)	8121
C4-1.15 (1/22/25)	Prior Authorization (PA) Documents Upload Grid displaying when a document has not been uploaded	In the Upload Additional Document page the code is modified to validate whether any documents have been uploaded. The system will not display that a document was uploaded in the Grid if the user has not uploaded a document.	Office of Healthcare Policy and Authorization (OHPA)	8409
C4-1.15 (1/22/25)	Part 2 - Resident Assessment process requires Nursing Facility Admission Record/PASRR/Notification changes	Update the system to make the Nursing Facility Admission Record process follow current program rules. Allow for Nursing Facility approvals to fall within current timing mandates more accurately.	Office of Long Term Services and Supports (OLTSS)	8462
C4-1.15 (1/22/25)	HIPP_CASE_MBR_DTL rejects the rows due to record not present in Parent table RECIPIENT_AID_CATEGORY.	While loading Data Warehouse (DW) tables, multiple DW checks are performed. Records on the table HIPP_CASE_MBR_DTL is rejected due to the RAC_CODE specified in these records are not present in the parent table "RECIPIENT_AID_CATEGORY". DW table = HIPP_CASE_MBR_DTL_S	Office of Systems and Project Management (OSPM)	9557
C4-1.15 (1/22/25)	Vulnerability issue reported in below Code Management Toolkit (CMT/Jar's) in CMT Application	Vulnerability issue reported in below CMT/Jar's in CMT application is working as expected.	Office of Systems and Project Management (OSPM)	9580
C4-1.15 (1/22/25)	Vulnerability issue reported in below Application Programming Interface (API's/Jar's) in Adjudication application	Vulnerability issue reported in API's/Jar's in Adjudication application is working as expected.	Office of Systems and Project Management (OSPM)	9582
C4-1.15 (1/22/25)	Vulnerability issue reported in below Application Programming Interface (API's/Jar's) in PRISM Screen application	Vulnerability issue reported in API's/Jar's in PRISM Screen application is working as expected.	Office of Systems and Project Management (OSPM)	9589
C4-1.15 (1/22/25)	Auto re-enrollment for additional Managed Care (MC) programs from CR 2983	Managed Care Enrollment and Re-enrollment changes to the enrollment process so enrollment and coverage will be more consistent for members.	Office of Managed Health Care (OMHC)	9680