PRISM Release Notes 2026. These notes are subject to change based on prioritization of the defects and their impacts.

PRISM Planned Release C4-1.24.1 (9/12/2026)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.24.1 (9/12/2026)	JDK 17 Upgrade & Application Server Upgrade - Phase 1	Phase 1, Application Type- ** EVOBRIX Framework and Standalone Application for Prism Screens, Webservices, EDI Queue, MCE Queue, Claim Adjudication, Correspondence, PCS, Rule IT.	Office of Systems and Project Management (OSPM)	18576
C4-1.24.1 (9/12/2026)	MyInbox Notification Performance Fix	A daily DB2DB archival job will be introduced to move all expired notifications from the current notification tables to corresponding history tables. As a result, the active notification tables will contain only the approximately 4 million active notifications, significantly reducing the volume of data queried by the application and improving My Inbox screen performance.	Office of Healthcare Policy and Authorization (OHPA)	20652

PRISM Planned Release C4-1.24 (8/19/2026)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.24 (8/19/2026)	Prior Authorization triggers error message VM_BVM.400380:E-Codes (External Cause of Injury) not allowed in Diagnosis Code field.	Detailed System Design Document updated adding a new alternative flow, business rule, and error message.	Office of Long Term Services and Supports (OLTSS)	10042
C4-1.24 (8/19/2026)	Member Level Error Report has invalid error records	Validation messages generated during the 1016 Reinstatement process were incorrectly logged to the interface error table. The Member Level Error Report falsely flagged these normal operational logs as errors, even though their description indicated "Success." To resolve this, these informational validation messages will be suppressed from the error table.	Office of Managed Health Care (OMHC)	10157
C4-1.24 (8/19/2026)	837 Failed in loading due to subscriber first name missing	System will reject the file when the members first name is missing.	Office of Medicaid Operations (OMO)	10355
C4-1.24 (8/19/2026)	Interface 431 CLAIM_STATUS_CAT_CODES_IN - ADJUSTMENT_REASON_CODE SETS - INT_BUSINESS ADMINSTRATION INTERFACE REVIEW REPORT STATS 26-SEP-23	The issue has been fixed by updating the interface package logic. Previously, the package returned 'N' instead of 'Y' during interface processing. The code has been corrected to ensure that the package returns the appropriate flag value ('Y') as expected.	Office of Systems and Project Management (OSPM)	10577
C4-1.24 (8/19/2026)	EDI HIPAA INBOUND TRANSACTIONS "UHIN Real time" Summary and Detail counts are not matching	A code fix has been done in report view query to resolve this issue.	Office of Medicaid Operations (OMO)	10578
C4-1.24 (8/19/2026)	NEMT Modivcare Encounter and EDI Submission	PRISM modified so that the NEMT transportation broker can submit and receive encounter related transactions.	Office of Healthcare Policy and Authorization (OHPA)	11060
C4-1.24 (8/19/2026)	Reconcile the Outbound/Ack files generated in PRISM against the files posted to the UHIN MFT Outbound Folders (NC Enhancement)	New program created, that reads the MFT log files to capture the outbound/Ack files posted to the UHIN daily compare them against the Outbound/Ack files generated in the PRISM, and notifies Ops support team with the discrepancy files.	Office of Medicaid Operations (OMO)	11156
C4-1.24 (8/19/2026)	Location filter error in pgLicenseCertificationList Page	Query logic updated correcting the error received on the location Filter in the license/certification/other Provider Page's.	Office of Medicaid Operations (OMO)	11334
C4-1.24 (8/19/2026)	Error Code 20902 Duplicate encounter, updates to line level processing for rendering provider NPI	PRISM Update completed to review the Rendering Provider at the line level instead of the Header.	Office of Managed Health Care (OMHC)	11738
C4-1.24 (8/19/2026)	Prior Authorization Uploaded Documents - Document Name is displaying as Other when an Attachment Description was provided	Document Name is populated instead of Document Title for uploaded documents.	Office of Healthcare Policy and Authorization (OHPA)	12312
C4-1.24 (8/19/2026)	Additional field validations for new PASRR screens created in CR 8462 (NC Enhancement)	Created additional field validations for text box fields on the two new screens created for PASRR in CR 8462: Add Member PASRR Level II Information. Update Member PASRR Level II Information. The allowed values in the fields will match what is allowed in IDD 930 DHS PASRR MEMBER INFO IN	Office of Long Term Services and Supports (OLTSS)	12489
C4-1.24 (8/19/2026)	271 Transactions not linked to the 270 Inquiry Transaction	Code fixed correcting the underlying logic of SQL query which is pulling the data from the screen.	Office of Medicaid Operations (OMO)	12548
C4-1.24 (8/19/2026)	Business is requesting the Mass Adjustment Processing steps to allow other roles to approve in the absence of the submitter.	Business has the ability to step in and submit batches for approval in the event that the staff member who created the batch is out of the office.	Office of Medicaid Operations (OMO)	13058
C4-1.24 (8/19/2026)	Design Document CE UT-I Pharmacy Encounter Edits tab and On-screen configurations	Updated Pharmacy Encounter Edits tab in CE UT-I to separate lines as a no cost enhancements. Also, create on-screen configurations for Pharmacy Edits.	Office of Managed Health Care (OMHC)	13331
C4-1.24 (8/19/2026)	Unable to submit Forgot Password Request for Oracle Financials	The fix required restarting the workflow notification mailer. Email notifications are being sent to the users.	Office of Systems and Project Management (OSPM)	13355
C4-1.24 (8/19/2026)	Pharmacy Encounters Show Null Disposition for Error Code with Disposition Value	The disposition in the error grid is now being displayed. Disposition has NO impact on the final claim/encounter status processing.	Office of Managed Health Care (OMHC)	14759
C4-1.24 (8/19/2026)	Error Code 20160 Procedure has unit limit per year, posting with a valid Prior Authorization on file	Fixed the issue where Procedure Blanket Prior Authorization processing was bypassing standard Prior Authorization validation logic during adjudication. The flow has been updated to ensure blanket Prior Authorization requests follow the appropriate validation and utilization process consistently.	Office of Medicaid Operations (OMO)	15127
C4-1.24 (8/19/2026)	UT-4 Blanket Code Qualifier Y1011-Y1013 is INACTIVE and still allowed on the PA (NC Enhancement)	Validation for the blanket code range has been implemented, including one warning message check and one error message check.	Office of Healthcare Policy and Authorization (OHPA)	15213
C4-1.24 (8/19/2026)	Risk Score's Change Needed, Can't be Changed	Check Waiver Slot Capacity the following changes will be made, If Return to CMA for updates, system routes work to CMA-AG workbasket for the CMA to make updates to the selections/answers. Decision Column E will add Return to CMA for updates.	Office of Long Term Services and Supports (OLTSS)	15394
C4-1.24 (8/19/2026)	Update the error message "PA Access" in Design Document Prior Authorization LG1 Base Use Case Enter New PA Request by Provider(NC Enhancement)	Error message updated to {Last Name, First Name} is working on this PA, try again in 30 minutes.	Office of Healthcare Policy and Authorization (OHPA)	15502
C4-1.24 (8/19/2026)	ViewPharmacyClaimHeaderDetail TCN Hyperlink	Fixed the issue in the Pharmacy Details page, the TCN in the Errors to Resolve section is displayed as a static text.	Pharmacy Team	15531
C4-1.24 (8/19/2026)	Third-Party Liability Paid and Medicaid Paid $0.00. Left Patient Responsibility amount	Resolved pricing and validation logic for line-level submissions.	Office of Medicaid Operations (OMO)	15852
C4-1.24 (8/19/2026)	EDIT 2005 Missing Ambulance Service modifier(s), a single modifier is currently being incorrectly treated as both the source and destination for ambulance claims.	Updated claim validation to verify Origin and Destination modifiers separately and ensure both are present before processing the claim.	Office of Medicaid Operations (OMO)	16065
C4-1.24 (8/19/2026)	PRG-2829 Case Management Agency Correction	While generating "New Choices Waiver Program Comprehensive Care Plan" pdf and the Member is transferred to new Agency. Then system Will pick CMA details from latest Agency Transfer case.	Office of Long Term Services and Supports (OLTSS)	16267
C4-1.24 (8/19/2026)	Member received restriction disenrollment letter in error	Code fix completed. PRISM will not to trigger the restriction letter for the existing end dated restriction records.	Office of Reimbursement, Coordinated Care & Audit (OR	16543
C4-1.24 (8/19/2026)	Reg Alignment issue in the Correspondence Template (NC Enhancement)	Address information updated as per the OVR. Displaying PO BOX. Web page URL updated for NCW, Tech D, EPAS and Medically Complex Children Waiver. Displaying correctly.	Office of Long Term Services and Supports (OLTSS)	16581
C4-1.24 (8/19/2026)	National Drug Code List screen is just spinning and does not resolve	The grid record count has been updated to show 100 records per page.	Office of Medicaid Operations (OMO)	16635
C4-1.24 (8/19/2026)	Edit 5354 Services not paid when unbundled, posting incorrectly	Updated the logic to validate that the current line procedure code is present in the configured groups before posting Edit 5354.	Office of Medicaid Operations (OMO)	16738
C4-1.24 (8/19/2026)	Historical tables proposal for interfaces STG tables(NC Enhancement)	Testing on Data Retention script by passing 12 months as a parameter and verified the 907 interface 130 segment. Running as expected.	Office of Systems and Project Management (OSPM)	16839
C4-1.24 (8/19/2026)	Error Code 5522 Missing or invalid prior authorization number for Inpatient psychiatric services, posted incorrectly	The member age on admission is 20 yrs 10months. System rounded the age to 21. System updated to consider floor value instead of round off.	Office of Medicaid Operations (OMO)	16846
C4-1.24 (8/19/2026)	New DataStage PROD: Sequence generator issue - phase 3 (PRV, GS, PA, TPL, CARE, CASE)	Change for (PRV, GS, PA, TPL, CARE, CASE) Data Warehouse tables that have DataStage code related to the surrogate key function.	Director's Office (DO)	16940
C4-1.24 (8/19/2026)	Edit 1332 Unable to price for the date of service, bypass is not working	Modified the code to force edit 1332 on the claim after adding Manual Units/Price in Resolve claim line detail screen. Claim should be released to adjudication.	Office of Medicaid Operations (OMO)	16960

C4-1.24 (8/19/2026)	Edit 1217 Timely Filing - Attachment available, Forced by User A on 12/12/25 but shows another user and date	Removed the hardcoded profile condition in the existing code. The updated username will be displayed on the Error History page during the post-Claim Adjudication process.	Office of Medicaid Operations (OMO)	17232
C4-1.24 (8/19/2026)	PEGA displaying incorrect age in Medical Review Board Review Case	Fixed the defect in the function that calculates the age in months in PEGA. The age is displayed in months if age is less than 1 and years if he is greater than 1.	Office of Eligibility Policy (OEP)	17316
C4-1.24 (8/19/2026)	Add Medicaid's My Benefits verbiage to Benefit and Welcome Letters (Promote Interoperability)	Direct members to myBenefits through the Welcome and Benefit letters generated out of PRISM. Giving the member the opportunity to review the interoperability payer to payer information and opt in or out.	Office of Managed Health Care (OMHC)	17408
C4-1.24 (8/19/2026)	New Admission Record rule to derive Benefit Plan End Date	PRISM to use the earliest of the following four dates to terminate Admission record PETs (and therefore Benefit Plans): the Review Date, Date of Death, Discharge Date or Medicaid Eligibility End Date.	Office of Long Term Services and Supports (OLTSS)	17663
C4-1.24 (8/19/2026)	Reassign error - Supervisor Review	The "Approve/Return Comprehensive Care Plan Supervisor Review" task will assign to the initially assigned supervisor. The system automatically assigns it to the supervisor of the user who requested the review.	Office of Long Term Services and Supports (OLTSS)	17857
C4-1.24 (8/19/2026)	Screen update to replace Pay Cycle Date with Check date Payment summary list page	Replaced the "Pay Cycle Date" with "Check Date" column (Check date will be displayed) on pgMCPaymentSummaryList page. No data updates only screen changes. The filter dropdown values updated removing "Pay Cycle Date" and add "Check Date" in both the filters.	Office of Managed Health Care (OMHC)	18139
C4-1.24 (8/19/2026)	Duplicate rows on MBR_BUYIN_DETAIL_S	Defect is fixed to not allow Duplicate records in table MBR_BUYIN_DETAIL on OLTP side.	Director's Office (DO)	18276
C4-1.24 (8/19/2026)	System allowed two nursing facility admission records to be approved and open at the same time	Incorrect business rule implementation/Code Issue. Code fixed to not to allow overlapping NF admission/open end date of 12/31/299 same time for multiple admissions.	Office of Long Term Services and Supports (OLTSS)	18300
C4-1.24 (8/19/2026)	1125 Mass adjustment submitted by user for approval, Data Base JOB Needs to be fixed for Mass Void Batch	Modified the code to not copy Provider Neutral indicator to child claim from parent TCN while running the Void Mass adjustment process.	Office of Medicaid Operations (OMO)	18417
C4-1.24 (8/19/2026)	Crossover claim not paying PR 96	When the claim has PR as 96 or 18, the paid amount is derived based on the Medicaid and Medicare amounts.	Office of Medicaid Operations (OMO)	18494
C4-1.24 (8/19/2026)	Warrant number and status not updating for Deduction Authority Entities	Code fixed. Warrant numbers and statuses are updated for Deduction Authority entities once their claims have been processed.	Office of Financial Services (OFS)	18496
C4-1.24 (8/19/2026)	820 Balancing Issue, MC Retro rate payments failed to process all updated rate line items	Code fixed in the retro rate process to consider all rate line items when moving from one fund configuration to multiple fund configurations	Office of Managed Health Care (OMHC)	18510
C4-1.24 (8/19/2026)	270 after load recovery process not updating the file status to success	A code fix has been done in 270 Package to resolve this issue. 271 file is generated successfully when 270 HIPAA file is submitted.	Office of Medicaid Operations (OMO)	18512
C4-1.24 (8/19/2026)	Update 416 and 563 schedules to run on week days (NC Enhancement)	Update 416 and 563 schedules to run on week days instead of daily.	Pharmacy Team	18542
C4-1.24 (8/19/2026)	My License Office MLO - Provider should be end dated based on the license hierarchy.	The fix is implemented in the MLO interface package. The backend procedure will end-date the business based on the license hierarchy.	Office of Medicaid Operations (OMO)	18582
C4-1.24 (8/19/2026)	820 Invalid format	The fix for issue, updates to the logic to check MMed enrollment availability for the 1st day of the payment from date or use the original RMR segment from the parent TCN for SBE retro rate increase/decrease transactions.	Office of Managed Health Care (OMHC)	18629
C4-1.24 (8/19/2026)	Notifications are "Assigned to" Provider	Assignment logic updated: Errors are now forced. The 'Assigned To' field updates to the currently logged-in user who is forcing the edit.	Office of Healthcare Policy and Authorization (OHPA)	18652
C4-1.24 (8/19/2026)	PRISM updated but UTDW_TGT_PROD not updated for DRG fields	Updates required to fix the Defect, DataStage code fix, DB structure fix to match the OLTP and Data patch to fix previously loaded data.	Office of Reimbursement, Coordinated Care & Audit (OR	18657
C4-1.24 (8/19/2026)	Increase defect capacity in the 1.24 release	Increase defect capacity in the 1.24 release	Office of Systems and Project Management (OSPM)	18736
C4-1.24 (8/19/2026)	Recurring payments in Third-Party Liability Buyout did not issue	Fixed code for scheduled payment which is moved to approved after current month process date.	Office of Eligibility Policy (OEP)	18782
C4-1.24 (8/19/2026)	834 Copay status reported incorrectly	The 834 Cost Share Met flag reporting logic updated to ensure it reports the appropriate value based on the latest copay exemption for the quarter.	Office of Managed Health Care (OMHC)	18843
C4-1.24 (8/19/2026)	Department of Professional License Interface Processing Question	The system considers the expiration date from the latest load instead of the maximum expiration date. The provider's business status is also updated based on the expiration date from the latest loaded record.	Office of Medicaid Operations (OMO)	18846
C4-1.24 (8/19/2026)	No "Hospice" availability for provider	Updated the system to ensure that the Program Type selected on the Member Info page is correctly carried forward and displayed across the following screens: Admission Screen, Summary Page, and List Page. The issue was caused by the Program Type session value not being retrieved and assigned correctly across pages. The fix will ensure that the appropriate session key value is consistently populated throughout the workflow.	Office of Healthcare Policy and Authorization (OHPA)	18878
C4-1.24 (8/19/2026)	Error Code 2010 Spenddown possible match, is processing through when no action is taken on the release screen	Edit 2010 was posted as expected when the submitter didn't force the edit using the resolve screen.	Office of Medicaid Operations (OMO)	18893
C4-1.24 (8/19/2026)	Workbasket display showing different cases for same provider for different users	Level of Care Determination tasks displayed after selecting CMA-NC WB for the CMA-NC Manager and CMA-NC Case Manager roles. All roles should be able to view all tasks in the shared provider WB.	Office of Long Term Services and Supports (OLTSS)	18901
C4-1.24 (8/19/2026)	Claim paying zero instead of Patient Responsibility (PR) on crossover claim	The fix is to skip the Medicare Pricing calculation when the reduction was already calculated in the patient based on the Medicaid Max Liability calculation.	Office of Medicaid Operations (OMO)	18909
C4-1.24 (8/19/2026)	Manage Claim Denial Letter Failing	Denial Letter is generated when multiple paragraphs are given in Other Reason field. Multiple paragraphs are sent as single paragraph in the correspondence.	Office of Medicaid Operations (OMO)	18971
C4-1.24 (8/19/2026)	Utah's Premium Partnership Error UT-Invalid RAC is Not Showing for Manual Payments	RAC Code Validation is verified and the error message "RAC Code does not exist for the Member" is received when select a value for [col RAC] that is not currently active for the associated Member.	Office of Eligibility Policy (OEP)	18972
C4-1.24 (8/19/2026)	My License Office MLO, The business end date is not updated accordingly based on license exp date	The issue has been fixed to update the provider's business status based on the license expiration date, including the grace period, when the license end date is in the future and is not an open-ended date.	Office of Medicaid Operations (OMO)	18974
C4-1.24 (8/19/2026)	Not able to create new admission record if PT/SP/SSP does not exist for Logged in Provider user	The issue is NOT that the enrollment cannot be created, but rather that the wrong error message is throwing when a provider with an incorrect SP/SSP combination is attempting to begin an enrollment request. Documentation updated. The error "The provider ID/NPI entered is not associated to this program. " is displayed.	Office of Healthcare Policy and Authorization (OHPA)	19020
C4-1.24 (8/19/2026)	Issue in Remittance Advice RA payment Detail page	Issue was fixed for Rendering Provider ID hyperlink in pgRAPaymentsDetail page. When user selects Rendering Provider hyperlink system navigates to Provider page (pgProviderGeneral) without any error message on the screen.	Office of Medicaid Operations (OMO)	19061
C4-1.24 (8/19/2026)	837 File's are failing due to submitting duplicate in REF|G1| Segment.	In 837 After load Package (Backend Package Changes) Code fixed to populate the data in the 837 table.	Office of Systems and Project Management (OSPM)	19265
C4-1.24 (8/19/2026)	Edit 1981 Exceeds a limit per calendar year for this procedure - PT/OT limits not working (NC Enhancement)	Created a new group to bypass RVU editing for certain procedure codes.	Office of Medicaid Operations (OMO)	19320
C4-1.24 (8/19/2026)	834 ADD record not generated	834 Daily Package code updated. The system will sent the reinstatement for the missing record.	Office of Managed Health Care (OMHC)	19333
C4-1.24 (8/19/2026)	Incorrect Incarceration Dates	Code fixed to have INC-PET for the member even if member does not have RAC eligibility.	Office of Managed Health Care (OMHC)	19343
C4-1.24 (8/19/2026)	Capped rental for DME codes -Configuration testing	Enhanced Edit 5512 validation logic to enforce the required 4-year restriction period in addition to the existing 6-month gap check after 12 consecutive rental months. Claims submitted within the 4-year restriction period should be denied appropriately by posting Edit 5512.	Office of Medicaid Operations (OMO)	19439
C4-1.24 (8/19/2026)	Pega is not redirecting to login screen after session timeout	Code fix required. PEGA is displaying Logoff Timeout warning dialog. After clicking on Close button in the warning message, system is redirecting the user to the application page.	Office of Systems and Project Management (OSPM)	19547
C4-1.24 (8/19/2026)	Third-Party Liability TPL Screen Exception error while reject the records	Changes are made at the DB table structural level to consider the enrollment transactions which are having PARENT_TRNSCTN_FLAG, TRAINEE_USER_FLAG columns as NULL values. Canceling and returning to the reject screen for enrollment and disenrollment transactions performs the desired action as designed	Office of Systems and Project Management (OSPM)	19618
C4-1.24 (8/19/2026)	Medicaid Justice did not rederive	If there is no change to Incarceration and Facility Loop, in subsequent runs of eREP, system will not Inactivate Medicaid Justice Benefit Plan.	Office of Eligibility Policy (OEP)	19648
C4-1.24 (8/19/2026)	IDD529 Pharmacy PA data to PRISM needs to come from two sources Optum and Agadia(PAHub)	PRISM updated to accept the IDD529 from two different sources. The PA Type of S sent by Optum and the PA Type of P sent by Agadia (PA Hub) to PRISM.	Pharmacy Team	19653
C4-1.24 (8/19/2026)	CMTK Application Heap Space Issue	Code fix made to the logic correcting frequent heap space issues in the CMTK application server logs in the production environment	Office of Systems and Project Management (OSPM)	19751
C4-1.24 (8/19/2026)	Member's Fee-For-Service FFS / MC Benefit Plan BPs not rederived after incarceration inactivated (RST2) by eREP	Code fix for the 1016 BP Job Process: Resolved an issue where member records were not rederiving Benefit Plans (BPs) properly after an incarceration period (RST2) was removed.	Office of Eligibility Policy (OEP)	19791

C4-1.24 (8/19/2026)	Capitation Not Paid	A code fix has been done in the 834 daily populate package to resolve this issue.	Office of Managed Health Care (OMHC)	19831
C4-1.24 (8/19/2026)	Bad Request page displayed when canceling out of Pharmacy Claims Comments	Fixed the navigation issue from Claims to Provider Enrollment flow, The "Bad Request" error is no longer displayed.	Office of Systems and Project Management (OSPM)	19880
C4-1.24 (8/19/2026)	SPOT 15028 Incorrect derived Pricing rule -25% and Paid Amount derived as $0, Defect not fixed in last release	Incorrectly derived Pricing rule -25% and Paid Amount derived as $0 issue has been fixed. When a procedure-modifier RVU data is not found, the system should perform a fallback lookup using the Procedure Code alone and use the corresponding RVU data for pricing.	Office of Medicaid Operations (OMO)	20007
C4-1.24 (8/19/2026)	Pay and report not working for error codes 20195, 20197, 20199	Default disposition updated on error codes 20195, 20197, 20199 to "Pay and Report"	Office of Medicaid Operations (OMO)	20009
C4-1.24 (8/19/2026)	IDD1405 Procedure Code (HCPCS) Paid Units Update	Detailed System Design Document File Layout, Row 33 updated Data Element "JCODE NON CONVERTED QUANTITY" to reflect the paid procedure code (CPT/HCPCS) units.	Pharmacy Team	20021
C4-1.24 (8/19/2026)	Bear River Mental Health and Substance Use Disorder enrollment discrepancy	Code fixed to derive the Prepaid Mental Health Plans using card cutoff rule.	Office of Managed Health Care (OMHC)	20078
C4-1.24 (8/19/2026)	Interface file ERRORS with mismatched information to Vantage	Configuration was updated and file names are now being derived correctly. The JV and CR text files are generated with the expected file names.	Office of Financial Services (OFS)	20168
C4-1.24 (8/19/2026)	Impact for not converting past 24 months to member level payments for CR 11060	The consolidated TPMed TCNs will no longer be converting into member level TCNs by creating new TCNs and assigning them to the existing TPMed payments. Since the SR for converting the consolidated TPMed TCNs is no longer in scope for CR 11060, member level payments for TPMed will begin 09/01/2026.	Office of Systems and Project Management (OSPM)	20177
C4-1.24 (8/19/2026)	Interface 907 including too much data per IDD Rules (CR 16722)	Code is fixed to not report the 907 segment data if the end date is prior to 36 months period.	Pharmacy Team	20330
C4-1.24 (8/19/2026)	Admission Record/PET Change Impacts on 140 record Type in Interface 907	Code is fixed to not send changes to the 140 record based on PET changes (NH PETs) as long as the member still has the same Plan/Program and the same dates.	Pharmacy Team	20331
C4-1.24 (8/19/2026)	907 reports only current and prospective eligibility after demographic-only change	When demographic updates are made the 907 interface will not send the member's complete historical eligibility records alongside the demographic update.	Pharmacy Team	20332
C4-1.24 (8/19/2026)	New Provider Enrollment - Canceling AddBasicInformationStep1 triggers Bad Request	Secure bucket updated in provider-Enrl.js. When the user cancels the provider enrollment for an Atypical Individual MCO, the system no longer displays the "Bad Request" error.	Office of Systems and Project Management (OSPM)	20421
C4-1.24 (8/19/2026)	Add Edit 5322 Invalid Rendering Provider, to the list of codes that are overridden by MRB edit code 20182 Member has approved Medical Review Board Prior Authorization	Logic updated adding 5322 edit code to the list of codes that are ignored and overridden with the MRB 20182 edit code.	Office of Eligibility Policy (OEP)	20543
C4-1.24 (8/19/2026)	EDI 271 Transaction returning code 75 instead of eligibility	Updated the validation logic to not include the SSN and DOB fields when the fields values are null.	Office of Medicaid Operations (OMO)	20567
C4-1.24 (8/19/2026)	Bad request error in Claim attachment list screen	Updates in the Secure Bucket has fixed the Reported Browser Security issue. Upload/View Document button is enabled for the View Only Profiles.	Office of Medicaid Operations (OMO)	20614
C4-1.24 (8/19/2026)	IMED Welcome Letters Not Generating in Production(NC Enhancement)	Documentation updated to generate Medicaid Welcome Letter - Mandatory Med (No Dental) IMED Welcome Letter - Mandatory Medical (No Dental)	Office of Managed Health Care (OMHC)	20674
C4-1.24 (8/19/2026)	PEGA Enhancements for EOP/PPC/Manual Reviews	Assigned workbaskets created for each reviewer. BCRP EOP Reviewer WB, BCRP Manual Reviewer WB and BCRP PPC Reviewer WB. Add a hyperlink to FileNet next to Get Next Assignment. A new field "FileNet" added as a hyperlink re-directing the user to FileNet ICN landing page. Adding Policy Review Task Start Date and End Date and ability to enter date spans.	Office of Healthcare Policy and Authorization (OHPA)	2606
C4-1.24 (8/19/2026)	Issue in Add Coverage Type dialog	Updated sequence for the HLTH_SCOPE_CNVRSN_MATRIX table. Adding a new Coverage Type and inactivating records in PRISM using unique values did not flag a system error.	Office of Eligibility Policy (OEP)	3463
C4-1.24 (8/19/2026)	Data missing from pgEnrollmentErrorTransactionList(Member)	As part of this defect fix, the logic on the pgEnrollmentErrorTransactionList (Member) page has been corrected to display the Member ID for approved records.	Office of Managed Health Care (OMHC)	3587
C4-1.24 (8/19/2026)	Case Task not correct in Initial Enrollment Summary	Case summary tab displaying Screen Name of assignments completed for the current selected case, in read-only mode. Case wide notes are not displayed in case 360 summary tab.	Office of Long Term Services and Supports (OLTSS)	3904
C4-1.24 (8/19/2026)	Benefit Letter sent for existing member before benefit issuance	Letter has to be sent out on benefit issuance, when member changes from Managed Care to Fee For Service as well as if member was Fee For Service and is changed to a managed care enrollee.	Office of Managed Health Care (OMHC)	4688
C4-1.24 (8/19/2026)	Interface 429 -ADJUSTMENT_REASON_CODE SETS - Processing Error	An issue was identified in the interface processing where the package returned N instead of Y. The code has been updated. No data patch is required for this run. Since there are no new codes available in the fil	Office of Systems and Project Management (OSPM)	5451
C4-1.24 (8/19/2026)	CORE Real-time returning Unauthorized error when using HT000004-801	278 folder setup is already available in PRISM MFT. This ticket is to accept 270/276 core/batch transactions with an atypical TP id as a receiver id. We will fix the code such that it will accept 278 ftp transactions with the same atypical tp number.	Office of Medicaid Operations (OMO)	5525
C4-1.24 (8/19/2026)	Edits 5356 Servicing provider unaffiliated with group practice & 5320 Servicing provider not enrolled on date of service, still posting after Claim Type added to bypass groups	Edit 5356 and 5320 will get bypassed as per the claim type (Claim type G) and will get posted accordingly when the servicing provider is not affiliated with the billing provider and also when servicing provider is not active for the date of service.	Office of Medicaid Operations (OMO)	6281
C4-1.24 (8/19/2026)	Provider is not able to retrieve 277 response in UAT when Business Status is INACTIVE	A code fix has been done in 276/277 package to resolve this issue.	Office of Medicaid Operations (OMO)	7569
C4-1.24 (8/19/2026)	Healthy U MCHIP-S location error - UAT environment	Verified, when multiple locations are added and approved for MCO enrollment type, clicking the Location type hyperlink works as expected and no exception is displayed.	Office of Managed Health Care (OMHC)	7836
C4-1.24 (8/19/2026)	Revenue Codes for Intensive Outpatient, Partial Hospitalization, and Residential Treatment	Created the ability to accept and process claims for intensive outpatient program (IOP), partial hospitalization program (PHP), or behavioral health residential services when reported with revenue codes.	Office of Healthcare Policy and Authorization (OHPA)	8635
C4-1.24 (8/19/2026)	Provider Credentialing Service Provider Monthly Screening Error	Increased the OFNS column size in the PCS_ADV_SEXOFNS_SCRNG table from 100 to 340 characters same as in the staging table.	Office of Medicaid Operations (OMO)	9928

PRISM Planned Release C4-1.23.2 (7/15/2026)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.23.2 (7/15/2026)	Historical IDD907 and IDD921 files for Optum Rx Implementation	Acentra Health will provide three (3) years of historical eligibility data from PRISM in IDD907 and IDD921, for both test and production environments.	Pharmacy Team	19762
C4-1.23.2 (7/15/2026)	Interface 907 Defects for OPTUM Implementation of CR 16722	Testing in C4-1.23 identified multiple defects with the 36 month look back and file data population in the 907 file. This SPOT is to track the implementation of those defects in the Emergency Interim Release.	Pharmacy Team	20001
C4-1.23.2 (7/15/2026)	Interface 907 Member Eligibility segment required or OPTUM will not load the da	If there is a current date or future date change to any records the system needs to send the most recent retro or current active and the next active prospective (if the change is after monthly issuance) 130 record to Optum for that data to be loaded.	Pharmacy Team	20043
C4-1.23.2 (7/15/2026)	CHIP Out of Pocket report - Issue with interface 3206 with linking encounters wit	Code fixed to link the utilization records correctly in 3206 job, whenever CHIP individual records are updated.	Office of Managed Health Care (OMHC)	20068

PRISM Planned Release C4-1.23.1 (6/24/2026)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.23.1 (6/24/2026)	Provider unable to enter request	The code has been updated to properly synchronize the auto-populated value during validation.	Office of Healthcare Policy and Authorization (OHPA)	19911
C4-1.23.1 (6/24/2026)	Case Number missing from 834's	Code fix has been done in 834 Package and Head of Household Program query to resolve this issue.	Office of Managed Health Care (OMHC)	19927

C4-1.23.1 (6/24/2026)	Bad request error message when changing status on nursing facility admission records	The code has been updated to properly synchronize the auto-populated value during validation.	Office of Long Term Services and Supports (OLTSS)	19940

PRISM Planned Release C4-1.23 (6/17/2026)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.23 (6/17/2026)	Interface 452 Fails full file for Prescriber IDs Not Found for records loaded by Inbound files+B10:B121	A data patch applied to ignore the Pharmacy claims of having an invalid Prescriber NPI received in the Inbound and generate 452 outbound. 452 Outbound file loaded properly and working as expected.	Office of Systems and Project Management (OSPM)	10050
C4-1.23 (6/17/2026)	Step 1 error VM_PRV.406627:This EIN/TIN and Entity Business Name combination is already present in the System.	Code fix system will not validate the EIN/TIN and Entity business name combination when the applicant type is servicing/rendering after clicking ok button in the basic information page	Office of Medicaid Operations (OMO)	10056
C4-1.23 (6/17/2026)	Direct Data Entry Third-Party Liability entry error	Adjust Other Payer Save functionality issue is fixed. System is not throwing an exception if Provider user able add Third-Party Liability in adjust screens and submit.	Office of Medicaid Operations (OMO)	10248
C4-1.23 (6/17/2026)	AM_PVM.150008: Exception in fetching single record when trying to access pharmacy encounter tcn	The system is allowing invalid prescriber NPI and loads the Pharmacy Claim Header Detail page without any exceptions.	Office of Managed Health Care (OMHC)	10336
C4-1.23 (6/17/2026)	Medicare PartB-ID program requirements for PRISM	This Change Request will make it possible for PRISM to receive two new RACs and new Benefit Subtypes from eREP showing which coverage group they are eligible for based on the RAC descriptions.	Office of Eligibility Policy (OEP)	1041
C4-1.23 (6/17/2026)	Send 1095B change transactions for tax year 2023 for Member's who changed from NON-MEC to MEC and MEC to NON-MEC with UTOPS-19222	Send 1095B change transactions for tax year 2023 for Member's who changed from NON MEC to MEC and MEC to NON-MEC	Office of Eligibility Policy (OEP)	10418
C4-1.23 (6/17/2026)	Update to Interface 907 for County Code	InEligibility & Enrollment Appendix UT-22 - MBR-IDD907-GHS-MEMBER_DATA_TO_GHS_OUTFor Data Element Name "COUNTY_CD", the Required column will be updated from "Y" to "N".	Pharmacy Team	11477
C4-1.23 (6/17/2026)	Possible Duplicate Fee-For-Service Payment (or payment incorrectly recorded in warehouse)	Code updated to handle the header level priced paid claims to populate only one time in the OFIN staging table to avoid the duplicate payments issue.	Office of Financial Services (OFS)	11549
C4-1.23 (6/17/2026)	Auto Closure - DOPL file not updating the License and Business Status if no PT/SP/SSP	Business status updating as expected based on license end date when PTSPSSP is missing or inactive.	Office of Medicaid Operations (OMO)	11583
C4-1.23 (6/17/2026)	Multiple Phase for same reporting time frame	Code fixed. The Paid Date is derived from the Paid Date of the Original Claim field even if the claim has been adjusted multiple times.	Office of Financial Services (OFS)	11804
C4-1.23 (6/17/2026)	Missing Data in Data Warehouse	As part of long term fix 1) Remove TAX_ENTITY_SID columns 2) Add TAX_ENTITYI_H_SID (Foreign key references TAX_ENTITY_H table) 3) Update DS Code to load the TAX_ENTITY_H_SID	Office of Reimbursement, Coordinated Care & Audit (OR	11958
C4-1.23 (6/17/2026)	Create a Notification when Buyout, UPP, or ESI payments fail due to account code assignment issues	New notification created and triggered when Buyout, ESI or UPP payments that have gone through the process of approval and have a Status of Error due to account code errors, trigger a weekly notification on Thursdays after the batch process.	Office of Eligibility Policy (OEP)	12062
C4-1.23 (6/17/2026)	Update OFIN interface files from Department 270 to 250.	Interface files from Oracle Financials updated from Department 270 to Department 250. The appropriation and unit for cash receipts have been updated.	Office of Financial Services (OFS)	12108
C4-1.23 (6/17/2026)	Update incident report case in Pega to be routed correctly (must implement with CR 1229)	The system has the ability to update the routing process in PEGA on Incident Report tasks for AG, NC and TD waiver programs	Office of Long Term Services and Supports (OLTSS)	1228
C4-1.23 (6/17/2026)	Critical Incident Types List needs to match (must implement with CR 1228)	The system has the ability to have all waiver programs aligned for Critical Incident Types so that they can be reported to CMS	Office of Long Term Services and Supports (OLTSS)	1229
C4-1.23 (6/17/2026)	Mental Health Group domains is not currently used in the account code derivation process.	Code updated in the system to fix the account code derivation process to use the Mental Health Group domains while deriving the Account Code Assignment segments.	Office of Financial Services (OFS)	13041
C4-1.23 (6/17/2026)	eREP is receiving an undocumented error from PRISM for a Buyout Referral	Code Fix done as INSRNC_TYPE_LKPCD ='1' Condition should not include in query. Documented Error not shown because this is not a valid error message , actually a oracle error. User is able to create buyouts through 1502 interface and there is no error logged.	Office of Eligibility Policy (OEP)	13327
C4-1.23 (6/17/2026)	Update the correct balance amount for the specified Contract Number	The contract balance amount recalculates after the user updates the contract balance amount with the decimal values. The decimal values are rounding off correctly.	Office of Financial Services (OFS)	13409
C4-1.23 (6/17/2026)	Additional Logging needed for Claims Errors	The fix to add additional logs to identify the root cause in detail in the future has been completed.	Office of Systems and Project Management (OSPM)	13486
C4-1.23 (6/17/2026)	Bundled Change Request for Maintenance & Operations SFY 2026	Bundled Change Request for Maintenance & Operations SFY 2026	Office of Systems and Project Management (OSPM)	13602
C4-1.23 (6/17/2026)	Provider Credentialing Service Error invalid characters error message	Code fix required to validate the invalid characters and to show the error message for Legal Entity Name and Entity Business Name in the Provider General Page and Basic Information Page on Add and Modify.	Office of Medicaid Operations (OMO)	14050
C4-1.23 (6/17/2026)	Move Pregnant and EPSDT Eligible Members from Managed Care Dental plans to Fee For Service Network under University of Utah School of Dentistry	Appropriations SB0002 item 138 "Shift Medicaid Dental All to University of Utah" was passed and signed into law during the 2025 General Session of the Utah State Legislature. Per this legislation, Medicaid plans to move pregnant and EPSDT-eligible members from managed care dental plans to the FFS network (University of Utah School of Dentistry)	Office of Healthcare Policy and Authorization (OHPA)	14517
C4-1.23 (6/17/2026)	Updates to the License Expiration Letter for Out of State Providers needed	Updated License/Certification Term in 45 Days Letter and License Term Letter to help with any confusion out of state providers may have.	Office of Medicaid Operations (OMO)	14939
C4-1.23 (6/17/2026)	Incorrect derived Pricing rule -25% and Paid Amount derived as $0	Added the modifier check in the Java method(checkMspIndicator). Multiple surgery pricing working properly, and the pricing rule was stamped as correct.	Office of Medicaid Operations (OMO)	15028
C4-1.23 (6/17/2026)	Patient Eligibility Lookup Tool does not show Other Insurance information	Code issue has been identified and updated to display other Insurance information.	Office of Medicaid Operations (OMO)	15088
C4-1.23 (6/17/2026)	Edit 5053 Missing hospital surgical consent form, not falling off of the claim when surgical date was added	Fix: Prevent Edit 5053 from posting when PA Indicator is 'C' with a valid Surgical Consent Date by populating the date from the PA Package prior to the edit evaluation.	Office of Medicaid Operations (OMO)	15282
C4-1.23 (6/17/2026)	Place of Service Exclude Function	The exclude condition was added on edit 1847 Invalid place of service, and is currently not posting on the claim.	Office of Healthcare Policy and Authorization (OHPA)	15428
C4-1.23 (6/17/2026)	Error CRM-NC-AR-14818 - Pega out-of-the-box (OOTB) currency control is not working	The Out of the Box currency control numeric value updated to convert $1,100 to 1100.	Office of Long Term Services and Supports (OLTSS)	15566
C4-1.23 (6/17/2026)	Notification that a file was attached "sent by" is not current user	Sent by value on notification is populating correctly. when current user who upload document is different from Assign To on Admission record.	Office of Long Term Services and Supports (OLTSS)	15995
C4-1.23 (6/17/2026)	Buyout error code -1422 generated that is not documented	PLSQL code updated to handle the multiple policy records	Office of Systems and Project Management (OSPM)	16028
C4-1.23 (6/17/2026)	Encounter (ENC) Edit 20120 Client has Foster Care Eligibility once again posted for date of service where member did not have active foster care override	Enrollment history detail (1037) process code fixed to consider inactive rate override segment for rederivation of rate code.	Office of Managed Health Care (OMHC)	16030
C4-1.23 (6/17/2026)	Duplicate TCN listing when more than one Claim Filling Indicator value is submitted on the Claim	The list query has been corrected to display each TCN only once, regardless of the number of associated Claim Filing Indicator values.	Office of Medicaid Operations (OMO)	16196
C4-1.23 (6/17/2026)	IDD 1403 Additional Rule for Service Start Date & Service End Date	Updates made to prevent errors during the file generation for claims processed in adjudication using this logic, the interface logic updated to populate the "Service Start Date" and "Service End Date" on the claim line using the corresponding dates from the claim header if they are missing on the claim line.	Pharmacy Team	16518
C4-1.23 (6/17/2026)	IDD 1405 Additional Rule for Provider ID, Prescriber ID, Servicing Provider Medicaid ID, and Servicing Provider NPI	Updated to prevent errors during file generation for claims processed in adjudication using this logic, the interface logic updated to populate the PROVIDER_ID, PRESCRIBER_ID, SERVICING PROVIDER MEDICAID ID, and SERVICING PROVIDER NPI on the claim line using the values from the claim header if they are missing on the claim line.	Pharmacy Team	16519
C4-1.23 (6/17/2026)	pgLicenseCertificationList page significant slowness with PRISM	The issue on thepgLicenseCertificationList page across all environments was identified as a code issue. A code change has been implemented to fix the list page query.	Office of Medicaid Operations (OMO)	16533
C4-1.23 (6/17/2026)	Updates to Interface 907 and 921 for Optum Implementation	Optum requires full eligibility files to be sent for members. When a change to one segment for a member in the file, including historical change. This change requires the 921 file to be sent again if the file was sent for a member who has a change in the 907 file for the current or historical time period.	Pharmacy Team	16722

C4-1.23 (6/17/2026)	Codes paying on a facility claim that are not associated to the Hospital Provider Allowable Codes	System issue fixed. Edit 1343 Procedure not payable to Provider, will post when no PAC association exists for procedure codes V2020 and V2103 with PAC 100 for the reported claim, even though a revenue association exists for the claim. PAC(100) associated with revenue code(0271)	Office of Healthcare Policy and Authorization (OHPA)	16847
C4-1.23 (6/17/2026)	Error when adding user	Personal Phone' validation was failing in the backend. Users are able to create a new user with the 'Personal Phone' field. The respective description is working as expected.	Office of Long Term Services and Supports (OLTSS)	16926
C4-1.23 (6/17/2026)	New DataStage PROD: Sequence generator issue - phase 2 (EE, BA)	Change for EE and BA Data Warehouse tables that have DataStage code related to the surrogate key function.	Director's Office (DO)	16939
C4-1.23 (6/17/2026)	UHIN report for Realtime issues getting no response over time.	As per Appendix UT-AT (tab-270 5010 Validation Edits), Business Rule-10, the system should reject with 999 response when the request is submitted with a Dependent information. Code fixed to generate the 999 response.	Office of Medicaid Operations (OMO)	17007
C4-1.23 (6/17/2026)	Wrong CMA on Care Plan PDF	System is mapping the correct case manager name in Pega care plan pdf after returning application from App intake.	Office of Long Term Services and Supports (OLTSS)	17197
C4-1.23 (6/17/2026)	Redeploy New Fix for Vulnerability issue reported in the EDI Application 270/271 Files	Prevent SQL injection by using parameterized prepared statements instead of dynamic queries. Always validate untrusted input using centralized routines.	Office of Systems and Project Management (OSPM)	17297
C4-1.23 (6/17/2026)	Redeploy Fix for Vulnerability issue reported in the PK_GRC_EXECUTION.sql and PK_1117_PRVDRDATATOLEGACY.sql packages	Prevent SQL injection by using parameterized prepared statements instead of dynamic queries. Always validate untrusted input using centralized routines.	Office of Systems and Project Management (OSPM)	17400
C4-1.23 (6/17/2026)	Redeploy Fix for Vulnerability issue reported in the PK_BUYOUT_WEBSRV.sql package of the Prism Screen Application.	Prevent SQL injection by using parameterized prepared statements instead of dynamic queries. Always validate untrusted input using centralized routines.	Office of Systems and Project Management (OSPM)	17403
C4-1.23 (6/17/2026)	Redeploy Fix for Vulnerability issue reported in Prism Screen Application	Prevent SQL injection by using parameterized prepared statements instead of dynamic queries. Always validate untrusted input using centralized routines.	Office of Systems and Project Management (OSPM)	17405
C4-1.23 (6/17/2026)	Redeploy Fix for Vulnerability issue reported in the EDI Application 834 Files	Prevent SQL injection by using parameterized prepared statements instead of dynamic queries. Always validate untrusted input using centralized routines.	Office of Systems and Project Management (OSPM)	17407
C4-1.23 (6/17/2026)	Redeploy Fix for Vulnerability issue reported in myHP Application	Prevent SQL injection by using parameterized prepared statements instead of dynamic queries. Always validate untrusted input using centralized routines.	Office of Systems and Project Management (OSPM)	17413
C4-1.23 (6/17/2026)	Redeploy Fix for Vulnerability issue reported in Prism Screen Application	Prevent SQL injection by using parameterized prepared statements instead of dynamic queries. Always validate untrusted input using centralized routines.	Office of Systems and Project Management (OSPM)	17415
C4-1.23 (6/17/2026)	Redeploy Fix for Vulnerability issue reported in the pk_time.sql package of the Prism Screen Application- Notifications	Prevent SQL injection by using parameterized prepared statements instead of dynamic queries. Always validate untrusted input using centralized routines.	Office of Systems and Project Management (OSPM)	17417
C4-1.23 (6/17/2026)	Redeploy Fix for Vulnerability issue reported in Prism Screen Application- All Notifications & All Correspondence	Prevent SQL injection by using parameterized prepared statements instead of dynamic queries. Always validate untrusted input using centralized routines.	Office of Systems and Project Management (OSPM)	17419
C4-1.23 (6/17/2026)	Redeploy Fix for Vulnerability issue reported in the PK_ACCOUNT_ASSIGNMENT.sql package of the Prism Screen Application	Prevent SQL injection by using parameterized prepared statements instead of dynamic queries. Always validate untrusted input using centralized routines.	Office of Systems and Project Management (OSPM)	17421
C4-1.23 (6/17/2026)	Provider Neutral Adjustment paid different than original claim	Updated the 1125 DB2DB mass batch process (Provider Neutral Adjustments). For R-Inpatient DRG Pricing claims, the child debit claim now inherits the paid amount directly from the parent claim instead of calculating it from the parent line level.	Office of Medicaid Operations (OMO)	17447
C4-1.23 (6/17/2026)	Error code 1816 Member has medical insurance, posting but Third-Party Liability is end dated	Corrected null claim type matching logic to prevent invalid matches; restricted claim type evaluation to scenarios where the PT/SP/SSP configuration is null.	Office of Medicaid Operations (OMO)	17471
C4-1.23 (6/17/2026)	Edit 08745 is posting in the system, when an extra comma is added in the notification	The base code updated to handle this additional character in the notification for Edit 08745.	Office of Managed Health Care (OMHC)	17494
C4-1.23 (6/17/2026)	The 3M Outpatient Pricing isn't showing the Actual Input Data to 3M and Actual Output Data to 3M on some claims	Added the logic to copy 3M Input and out response data from parent claim to child claim during provider neutral adjustment mass batch processing	Office of Reimbursement, Coordinated Care & Audit (OR	17653
C4-1.23 (6/17/2026)	Provider Enrollment Subsystem Auto Closure code changes for interfaces and DB2DB jobs	Update to the system. Terminate the Revalidation Cycle when the Business Status is updated to Inactive or Deceased and to set the Cycle End Date to be the date the Business Status Ends or create a New Status for when the Business Status becomes a value that is not equal to Active.	Office of Medicaid Operations (OMO)	17672
C4-1.23 (6/17/2026)	Why is error 1958 for Invalid vaccine and/or administration codes, Coordinating vaccine and admin codes must be submitted. And line 2 posting error code 2002 IHS services - Exceeds limited of 1 all inclusive rate per day? The admin and vaccine are valid	Code fix to skip edit 2002 on line level when there is no paid history line.	Office of Medicaid Operations (OMO)	17721
C4-1.23 (6/17/2026)	Error Code 1795 Missing/invalid referring provider NPI for a Member on restriction, is still posting to Outpatient ER claims	The looping condition was not handled properly for the claim and now its be corrected and edit bypass as expected	Office of Medicaid Operations (OMO)	17761
C4-1.23 (6/17/2026)	Prior Authorization missing Provider Info Section	Resolved the issue where provider information was hidden on-screen despite existing in the database. For cases in Approved, Modified Approval, Recon Approved, or Approved/Denied status, the system no longer hides provider data when the PA Service Date falls outside the provider's business date range. All other workflows remain unchanged.	Office of Healthcare Policy and Authorization (OHPA)	17796
C4-1.23 (6/17/2026)	PEGA Error message 'member does not exist'	Fix completed in the Record 927 Form Details from DWS task. The system will not show the error message and case will be in DOH-NC WB.	Office of Long Term Services and Supports (OLTSS)	17842
C4-1.23 (6/17/2026)	Issue 1 - Incorrect Medicare Prorate Process for Encounter Claim Posting Edit 20173 Accepted - Plan Denied	The Medicaid Allowed Amount derived properly for the encounter claims.	Office of Medicaid Operations (OMO)	17929
C4-1.23 (6/17/2026)	Internal Design Document (IDD) Changes for Optum Implementation	Updated the Interfaces between PRISM and Optum, need to be changed to accommodate Optum implementation.	Pharmacy Team	17961
C4-1.23 (6/17/2026)	Member Level Error report : error Invalid Facility NPI. Facility NPI is not available or active in PRISM triggered inaccurately	Validation and error logging in the MLE report should only occur if the Facility NPI Number from eREP is not null. Updated the code to add this conditional check before the validation logic runs.	Office of Managed Health Care (OMHC)	18005
C4-1.23 (6/17/2026)	SFTP INTERFACE--1103 Files Not Consistent	Interface 1103 schedule configuration updated to avoid the run sequence issue with the 1102 interface.	Office of Managed Health Care (OMHC)	18039
C4-1.23 (6/17/2026)	Encounter Edit 1234 Derive MCO Adjudication Date, Posting to Fee-For-Service Claims	Issue fixed by updating the edit posting logic. As per UT-AP, Edit-1234 should post only for encounters.	Office of Systems and Project Management (OSPM)	18101
C4-1.23 (6/17/2026)	Diagnosis Related Group (DRG) Factor List - Rate Detail icon triggers Add DRG Rate Factors	Query issue fixed. DRG rate factors details display as expected for selected DRG code.	Office of Systems and Project Management (OSPM)	18107
C4-1.23 (6/17/2026)	Error code 1332 Unable to price for the date of service, posted incorrectly for 5-Dialysis Center	System to check the load rate instead of the load provider rate	Office of Medicaid Operations (OMO)	18122
C4-1.23 (6/17/2026)	Maternity Case Rate (MCR) payment not generated	3105 interface logic has been enhanced to check for a Revenue Code on the claim when a Procedure Code is not present. The Revenue Code will be used to populate the Procedure field in the MC Staging table during 3105 processing job.	Office of Managed Health Care (OMHC)	18236
C4-1.23 (6/17/2026)	Member has Incorrect Eligibility in the POS - Interface 907 Timing issue with Monthly 934 File and ongoing Eligibility Sent to CHC (NC Enhancement)	PRISM has to hold 907 process before starting 934 (monthly or daily) and resume it once 934 dependents are completed. This will be a change to current 907 scheduling this will prevent overlapping run times.	Pharmacy Team	18272
C4-1.23 (6/17/2026)	Missing Receivable Reversal in FINET	Code fix will pickup all the eligible cash receipt activities happening on different dates to be sent to FINET.	Office of Financial Services (OFS)	18378
C4-1.23 (6/17/2026)	Housing Related Services and Supports Claim Denied in Error	Fix done in the adjudication edit to look at the final derived Paid Amount when calculating the limit.	Office of Long Term Services and Supports (OLTSS)	18381
C4-1.23 (6/17/2026)	Managed Care Organization (MCO) Admin User Account Audit Timeout	Optimized view and now the page is loading faster.	Office of Managed Health Care (OMHC)	1840
C4-1.23 (6/17/2026)	Additional Column Present on Payment Summary List Page	Code changes in the screen. The column NON_PRVDR_NTRL_TRNS will not be displayed on the screen.	Office of Financial Services (OFS)	18415
C4-1.23 (6/17/2026)	Update 1095B Interface schedule (NC Enhancement)	Schedule change for the 1095B (1256 – parent) job to run at 2:00 AM on the 1st and 15th of every month to automate file generation and avoid interrupting the 934 chain.	Office of Systems and Project Management (OSPM)	18450
C4-1.23 (6/17/2026)	Pended Enrollment Errors- SYSER- System Exception - Client Data could not be loaded - Method:loadDuplicateClient	While considering auto enrollment member should pass the current flow. Including members having multiple entry in relationship table.	Office of Managed Health Care (OMHC)	18454
C4-1.23 (6/17/2026)	Duplicate Member Payee records sent to Oracle Financials (OFIN)	DB2DB jobs: 3211 and 3219 updated to fix the code bug which is missing NVL to handle the null addresses, due to this validation duplicate record were created.	Office of Financial Services (OFS)	18455
C4-1.23 (6/17/2026)	1039 Job is not completing. It is looping when an error (Data Issue / Oracle Issue) occurs in the system	If any error occurs interface job process will terminate and complete with error record. It will not continue looping again and again in the same process.	Office of Managed Health Care (OMHC)	18491
C4-1.23 (6/17/2026)	Provider Credentialing Service (PCS) is reporting the wrong name and EIN on the monthly MPES batch	The EIN/TIN field is numeric, it is displaying only numeric value.	Office of Medicaid Operations (OMO)	18499
C4-1.23 (6/17/2026)	Error code 5311 Billing Provider due to Applicant Type, is not posting when Error code 9029 Billing Provider Can Not Be Ordering, Referring, Prescribing Or Servicing Only Provider, has posted	The edit is posting correctly. Adjusted based on the loading edit.	Office of Medicaid Operations (OMO)	18500
C4-1.23 (6/17/2026)	Retrieve Acknowledgement/Response is not present under the My Inbox menu	Updated the script to show Retrieve Acknowledgement/Response Menu for the profile "PRISM SUPPORT"	Office of Systems and Project Management (OSPM)	18502
C4-1.23 (6/17/2026)	Need to update claim header sid in AD_CLM_HDR_OTH_PYR_ADJ_DTL during Adjust Claim	Updated the claim header SID in CLM_HDR_OTH_PYR_ADJ_DTL during the Adjust Claim process for child claims. This resolves the EPF issue.	Office of Medicaid Operations (OMO)	18503
C4-1.23 (6/17/2026)	Increase defect capacity in the 1.23 release	Increased defect capacity in the 1.23 release	Office of Systems and Project Management (OSPM)	18509

C4-1.23 (6/17/2026)	Indicators are not displayed with profile Claims Supervisor or Claims Manager	Claims Supervisor and Claims Manager profiles have been associated with the Suspended indicator.	Office of Medicaid Operations (OMO)	18511
C4-1.23 (6/17/2026)	3M Update to Solventum (NC Enhancement)	This enhancement ticket was created to update the 3M web service URL to the new *solventum* domain	Office of Systems and Project Management (OSPM)	18521
C4-1.23 (6/17/2026)	Error Code 1940 Charge Mode error, posting when it shouldn't	Fix done in the Modifier based pricing to bypass when there is a procedure and modifier combination rate available in the system for the claim.	Office of Medicaid Operations (OMO)	18610
C4-1.23 (6/17/2026)	Entity/Member Supplier record creation failure in Oracle Financials (OFIN)	Entity/Member Supplier record creation failures in OFIN have been fixed. The updated logic ensures successful supplier creation going forward.	Office of Financial Services (OFS)	18646
C4-1.23 (6/17/2026)	CHIP Out Of Pocket reported as Met incorrectly	When creating a new record for Member Cost share in PRISM. System is inserting NULL values into TOTAL_COST_SHARE_AMT and TOTAL_UTLZD_AMT. Code fixed to insert the correct values from CHIP.	Office of Managed Health Care (OMHC)	19016
C4-1.23 (6/17/2026)	834 Not Reporting Full Rate Code Period After Enrollment Extension with Rate Change	834 Package Code Fix. When a rate change occurs, the 834 will report the entire effective period of the new rate code, including future dates.	Office of Managed Health Care (OMHC)	19021
C4-1.23 (6/17/2026)	CHIP Cost Share Missing/Inaccurate	Code fixed to update the Cost share met flag to the CHIP eligible individuals who has co-pay exempt indicator.	Office of Managed Health Care (OMHC)	19030
C4-1.23 (6/17/2026)	Head of Household reported incorrectly on 834	The code has been updated to populate the exact Member case identifier for the Head of Household reported in the 834 File.	Office of Managed Health Care (OMHC)	19080
C4-1.23 (6/17/2026)	The system incorrectly redirects to a Bad Request page in PRISM	The Reported Browser Security is Fixed. Mailing Address is a read only field. Read-only fields should be treated as disabled fields and are captured under the Security bucket of the evoBrix framework code.	Office of Systems and Project Management (OSPM)	19381
C4-1.23 (6/17/2026)	Admissions Comments - Special Characters Not Accepted when Copy Paste Used	Comments that include an apostrophe, that are copied and pasted into PRISM are accepted without error.	Office of Long Term Services and Supports (OLTSS)	2064
C4-1.23 (6/17/2026)	PAC Association status was not updated to Complete, Post Procedure Code Association approved	The fix is working throughout the Reference subsystem. The Association Status has been updated appropriately from pending to approved.	Office of Systems and Project Management (OSPM)	2069
C4-1.23 (6/17/2026)	Pre-Admission Screening and Annual Resident Review (PASRR) notifications incorrectly generated	Code fixed to validate the member has an ongoing/open end dated admission records to trigger the notification.	Office of Managed Health Care (OMHC)	2434
C4-1.23 (6/17/2026)	Pregnancy Notifications error on member level error report	Code fixed to handle more than 1 unborn and to stop oracle error logging in the MLE report.	Office of Managed Health Care (OMHC)	2905
C4-1.23 (6/17/2026)	927 Step/Medicaid eligibility check	The system has the ability to add the effective date of HCBS eligibility during the “Record 927 Details from DWS” step so that DOH users can continue to the “Generate Freedom of Choice” step and bypass the validation of the Benefit Plan and Benefit Plan Effective Date	Office of Long Term Services and Supports (OLTSS)	2966
C4-1.23 (6/17/2026)	Benefits Administration (BA) Reference Indicator name and value mixed up	Indicator Value and Indicator Name have been updated correctly in the Cognos. Indicator Value - INDCTR_OPTION_NAME Indicator Name - INDCTR_TYPE_NAME	Office of Systems and Project Management (OSPM)	3242
C4-1.23 (6/17/2026)	1101 missing active providers (Providers with DEA License number more than 9 characters error and are not included on the 1101 Provider file) (NC Enhancement)	Increased the size of the DEA_NUMBER variable length to 20 as present in the license table.	Office of Managed Health Care (OMHC)	3404
C4-1.23 (6/17/2026)	Allow alpha and numeric characters in the invoice number field in Entity payments	Changed the rule to allow alphanumeric values to the invoice field.	Office of Eligibility Policy (OEP)	3440
C4-1.23 (6/17/2026)	Remove Durable Medical Equipment (DME) codes from the Non-Traditional Benefit Plan	Updated Appendix UT-N - Benefit Plan Assignment and Priority Matrix to exclude the codes.	Office of Healthcare Policy and Authorization (OHPA)	3557
C4-1.23 (6/17/2026)	Third Party Liability (TPL) Reports for Certification	New reports created related to TPL as permanent ongoing reports in PRISM for Centers for Medicare & Medicaid Services (CMS).	Office of Medicaid Operations (OMO)	3638
C4-1.23 (6/17/2026)	Error 1500008 posting when adjusting Third Party Liability (TPL)	Parameters updated to pass the correct data while updating the record.	Office of Medicaid Operations (OMO)	3769
C4-1.23 (6/17/2026)	Flextrans vouchers allowed user to update status for future months to Sent to State Print incorrectly	Code fixed to show the error message. Business rule 15 will correctly trigger and user will receive the error message "Status cannot be Sent to State Print as benefit issuance file for the month has not been received."	Office of Medicaid Operations (OMO)	4303
C4-1.23 (6/17/2026)	Interface 1132 Provider re-credentialling reminder correspondence Faling for providers with Pending Approval Business Status	The Revalidation Termination Letter is successfully generated in FileNET when the Business Status is set to 'Pending for Approval'. Functionality is working as expected.	Office of Medicaid Operations (OMO)	4520
C4-1.23 (6/17/2026)	Gross Adjustment Failed in ACA derivation due to data format issue for Paid Date of Original Claim	Modified the account code domain value population logic to populate paid date of original claim domain value with expected format. Gross adjustment creation is now working.	Office of Financial Services (OFS)	4702
C4-1.23 (6/17/2026)	Operational Performance Summary Report has no data	Property updated to run the selected report, instead of the default setting of viewing the most recent report.	Office of Systems and Project Management (OSPM)	4710
C4-1.23 (6/17/2026)	Test file says PROD in Header instead of Test	The value will come as PROD in production and for all other environment this will come as TEST.	Office of Managed Health Care (OMHC)	4948
C4-1.23 (6/17/2026)	Mass Adjustment Status "Failure" is expected to be 'Batch Job Failure"	Updated Mass batch job status name as per the requirement.	Office of Medicaid Operations (OMO)	5007
C4-1.23 (6/17/2026)	Buyout case that is locked and needs to be unlocked for Buyout Referral to get to PRISM	Increased the Column Length of "TPL_LEAD"."MBR_ADDRESS_LINE1 and "TPL_LEAD"."MBR_ADDRESS_LINE2 to length from 32 to 55. This will match Address table length 55.	Office of Eligibility Policy (OEP)	5060
C4-1.23 (6/17/2026)	Error Code Count Report Daily report is blank	Property updated to run the selected report, instead of the default setting of viewing the most recent report.	Office of Medicaid Operations (OMO)	5329
C4-1.23 (6/17/2026)	Converted Claims are missing Patient Responsibility when Patient Pay Amount (PPA)was applied	Patient Responsibility Filter fixed in the Claims Screen functionalities. Modified the query in the screen to retrieve from Cutback tables, displaying both converted and PRISM processed claims.	Office of Medicaid Operations (OMO)	5644
C4-1.23 (6/17/2026)	Duplicate notifications	Notification triggered for each multiple RAC eligibility date segment records. Code fixed to trigger the distinct RAC month changes received in the current month.	Office of Managed Health Care (OMHC)	5800
C4-1.23 (6/17/2026)	Employer-Sponsored Insurance (ESI) Payment not processed	Code fixed, System Checking the RAC code dates based on the Benefit month instead of the Current date.	Office of Eligibility Policy (OEP)	5854
C4-1.23 (6/17/2026)	Unable to download EDI files from PRISM	Outbound file names are being stored with correct extensions. Physical file name and the Data Base file name are matching, All the 834/820 files can be downloaded from the Retrieve Acknowledgment screen.	Office of Medicaid Operations (OMO)	6584
C4-1.23 (6/17/2026)	401 file Header Record inaccurate	Code fixed to populate with actual MCO PRISM PROVIDER ID for "RECEIVER ID" column in interface code logic. Provider records updating properly.	Office of Managed Health Care (OMHC)	6881
C4-1.23 (6/17/2026)	Recycle Count Error message	Message "Please enter a value greater than zero in Recycle Count" has been removed from PRISM.	Office of Medicaid Operations (OMO)	7045
C4-1.23 (6/17/2026)	Pay Cycle Date for the 835 and Paper RA from Adjudication 12/30/2023	The issue is when the YEAR of PYMNT_CYCLE_DATE and RA_DATE are not the same in the PYMNT_CYCLE table. Code fix to the 1008 DB2DB job to consider the previous year's pymnt_cycle_nmbr to pick the corresponding RA_DATE.	Office of Medicaid Operations (OMO)	7370
C4-1.23 (6/17/2026)	276 Hypertext Markup Language (HTML) Report is not generated	When the file is submitted with 0KB size or invalid ISA data, the system is generating HTML report. The report is ready to be downloaded.	Office of Medicaid Operations (OMO)	7411
C4-1.23 (6/17/2026)	Submission errors for MJ Qualifier on Anesthesia Code	Fixed the DDE submission error for the MJ qualifier on anesthesia codes. The system now correctly evaluates the procedure details to verify the anesthesia code whenever the Unit Type is set to AN.	Office of Medicaid Operations (OMO)	7826
C4-1.23 (6/17/2026)	Restriction "Link to PE" default to unchecked	Updates to the Restriction "Link to PE" default to unchecked when submitting a new provider/pharmacy in the restriction screen and when the data from the IDD936 MCO GET MEMBER RESTRICTED PROVIDER FROM MCO is being added.	Office of Reimbursement, Coordinated Care & Audit (OR	8006
C4-1.23 (6/17/2026)	Medical Review Board Benefit Plan paying claim with no Prior Authorization	Error code 5534 Bypass logic updated, Business rule 6. If the Procedure Code or Revenue Code has "Bypass PA with Diagnosis "Indicator with value "Y-Bypass PA with Diagnosis" AND the claim was submitted with diagnosis in any position AND the diagnosis is on the Associated Diagnosis List with "Bypass PA with Diagnosis" = Yes.	Office of Medicaid Operations (OMO)	8320
C4-1.23 (6/17/2026)	Inaccurate payment information in Data Warehouse	Updated the code to include cancelled payable invoices in the Data Warehouse load. The payment status for cancelled invoices will be updated to “Cancelled”, and the corresponding line amount will be set to 0.	Office of Financial Services (OFS)	8406
C4-1.23 (6/17/2026)	Incorrect error message in Member Level Error Report	Fixed the error logging issue within the Member Level Error report. The Member-Level Error report is now displaying messages per the expected behavior.	Office of Managed Health Care (OMHC)	9179
C4-1.23 (6/17/2026)	Rx 1107 interface file update	In IDD 1107 send active records only and do not send providers who are open for 30 days and have the re-enrollment pending indicator equal to "Yes", and the end date is 12/31/2999.	Pharmacy Team	9262
C4-1.23 (6/17/2026)	Loading Edit 1570 INVALID BILL TYPE AT HEADER, posting to PRISM and does not exist in UT-AP	Code fix has been done in JAVA end to remove the edit.	Office of Managed Health Care (OMHC)	9386

PRISM Planned Release C4-1.22.2 (5/06/2026)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.22.2 (5/6/2026)	Adjustments can be made to "static text" fields by a Provider user with browser tools	Code has been fixed preventing Provider Users from changing "static text" fields.	Office of Systems and Project Management (OSPM)	14985
C4-1.22.2 (5/6/2026)	Revalidation Cycle Updating Incorrectly when Modification is completed	The fix is implemented on the Java side to trigger only when the Revalidation Cycle Complete Indicator has been set.	Office of Medicaid Operations (OMO)	18943
C4-1.22.2 (5/6/2026)	Prepaid Mental Health Plans (PMHP) showing on Adult Expansion Members	The Benefit Plan processed incorrectly re-derived PMHPBenefit Plans for Adult Expansion members in IMED county. Code fixed to not derive PMHP for the Adult Expansion members residing in IMED county. All the incorrect PMHP enrollments have been inactivated.	Office of Managed Health Care (OMHC)	18979

PRISM Planned Release C4-1.22.1 (4/29/2026)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.22.1 (4/29/2026)	Identity Cloud SAML PRISM integration	UtahID is transitioning from OnPrem to a Cloud Based solution. OnPrem is expiring in June 2026. The new cloud environment will not support the SOAP API protocol, which PRISM currently uses for authentication, authorization, and pulling user data (e.g., employee details, EIDs).	Office of Systems and Project Management (OSPM)	15587

PRISM Planned Release C4-1.22 (4/15/2026)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.22 (4/15/2026)	Clicking on the Member ID link in pharmacy claim header detail leads to a blank Member Demographic Detail page	The Patient information for the member record is displayed in the Inquire Pharmacy Header Detail.	Office of Managed Health Care (OMHC)	10259
C4-1.22 (4/15/2026)	Unable to search warrant numbers in claims system	Query logic has been corrected for the Warrant/EFT Filter in the Inquire State List Page.	Office of Medicaid Operations (OMO)	10420
C4-1.22 (4/15/2026)	Medicare-Medicaid Association (MMA) (IDD 902) File updates	IDD 902 file has been updated. Incorrect data is no longer being sent to CMS for federal reporting.	Office of Eligibility Policy (OEP)	1063
C4-1.22 (4/15/2026)	Changes to Interface 1416 error message	Error message updated to Warning: Admission Date must not be more than 3 days from the Statement From Date.	Office of Healthcare Policy and Authorization (OHPA)	1068
C4-1.22 (4/15/2026)	Provider Revalidation Process Updates	Updates to the process to avoid the addition of days and reworks to the process and allow the system to set correct revalidation periods on an ongoing basis.	Office of Medicaid Operations (OMO)	1077
C4-1.22 (4/15/2026)	Send same State Fiscal Year & State Fiscal Period in JV, IET and CR interface files when multiple State Fiscal Year & Periods are possible, month of July only.	The ability has been created to send same State Fiscal Year & State Fiscal Period in JV, IET and CR interface files when multiple State Fiscal Year & Periods are possible, month of July only.	Office of Financial Services (OFS)	11342
C4-1.22 (4/15/2026)	New employees not filtering in Resolve Claims	Claims Supervisor can view the claims for the new assigned users using Assigned To Filter in the Claims Resolve List Page.	Office of Medicaid Operations (OMO)	12018
C4-1.22 (4/15/2026)	CLAIM_SUBMISSION_REASON_LKPCD column is getting updated in the Resolve Claim Header Detail Functionality	CLM_FRQNCY_CODE will not set and update in the CLAIM_SUBMISSION_REASON_LKPCD column during the Resolve Claim Header Detail Page Save functionality.	Office of Systems and Project Management (OSPM)	12240
C4-1.22 (4/15/2026)	Members Pregnancy Due Date blank when eREP file has no Eligibility Segment	Code fixed to not remove pregnancy due date, when no eligibility loop record in passed in 911/934 file.	Office of Managed Health Care (OMHC)	12293
C4-1.22 (4/15/2026)	Duplicate Prior Authorization (PA) Error Description is listing the same PA twice	Code fix required a condition to be added in status_cid in(1,2) for the Provider_detail table and also add distinct in Listagg.	Office of Healthcare Policy and Authorization (OHPA)	12305
C4-1.22 (4/15/2026)	Duplicate Prior Authorization (PA) warning error missing when provider created Duplicate PA	Providers are getting the warning pop up error message and duplicate PA's are created.	Office of Healthcare Policy and Authorization (OHPA)	12306
C4-1.22 (4/15/2026)	Provider could only upload 19 documents and should be allowed to upload 20	Defect has been fixed. Provider are able to upload up to 20 documents without receiving a error message.	Office of Healthcare Policy and Authorization (OHPA)	12310
C4-1.22 (4/15/2026)	Admission Record - Uploaded Documents - National Provider Identifier (NPI) is Missing	NPI column name was mismatch between the java code and the FileNet. java code updated fixing this error.	Office of Healthcare Policy and Authorization (OHPA)	12335
C4-1.22 (4/15/2026)	Upload Mass Transaction - Triggers Exception in service handler interceptor	The file formatting issue has been corrected Batch ID is created without error.	Office of Managed Health Care (OMHC)	12496
C4-1.22 (4/15/2026)	Failed Mass Adjustment batch reports in Cognos	Modified 1006 Database Job logic to validate and log one invalid error message instead of process error.	Office of Medicaid Operations (OMO)	12700
C4-1.22 (4/15/2026)	Missing claims on 277CA report	This requires code change to fix this query issue. The query will pull the record and populate the billing provider information with a reject code in the 277CA.	Office of Medicaid Operations (OMO)	12739
C4-1.22 (4/15/2026)	Pended Enrollment Start Date Feb 2025 and end date Dec 2024	Code fix correcting the Pended Enrollment start and end dates.	Office of Managed Health Care (OMHC)	13050
C4-1.22 (4/15/2026)	Capped rental for procedure code E0562 Humidifier heated, used with positive airway pressure device	Capped rental item with units billed monthly. After 12 consecutive months of reimbursement, Medicaid considers the equipment paid for in full and owned by the member. REQUIRED: Providers must append the LL modifier when reporting capped rental equipment.	Office of Medicaid Operations (OMO)	13420
C4-1.22 (4/15/2026)	Direct Data Entry (DDE) claim loading failure occurs when multi-line data is added to various note fields throughout the DDE Prof claim submission process	All multi-line data is converted to single line data in the Internal Record Layout file generation process and the claim loads properly appearing in search queries.	Office of Medicaid Operations (OMO)	13579
C4-1.22 (4/15/2026)	Actions are not showing correctly for Approve/Return Comprehensive Care Plan (DOH Supervisor Review) task	Code fix enabled actions at NCW CPA case and "Approve/Return Comprehensive Care Plan DOH Supervisor Review" task.	Office of Long Term Services and Supports (OLTSS)	13629
C4-1.22 (4/15/2026)	CLM_HDR_VALUE_AMOUNT_S.AMOUNT_TYPE_LKPCD data quality issue	Data Warehouse team will remove the validation check on the column AMOUNT_TYPE_LKPCD in DS code.	Office of Medicaid Operations (OMO)	13655
C4-1.22 (4/15/2026)	Filtering for Spenddown Met Indicator is Case Sensitive	System updated, filtering Spenddown Met Indicator is not case sensitive.	Office of Eligibility Policy (OEP)	13755
C4-1.22 (4/15/2026)	Ability to update Case Owner task in MRB Review Case in PEGA does not work	All MRB cases are loading at a time on the screen and causing the performance issue. Solution: Load first 50 records with Pagination and loading remaining records on click of pagination numbers. Add database index on Case ID, Case Type and Case Owner.	Office of Eligibility Policy (OEP)	13871
C4-1.22 (4/15/2026)	Opening Doula Services for Coverage	A new PAC and Provider Type for Doulas created. Opened codes T1032 and T1033 with new limit codes.	Office of Healthcare Policy and Authorization (OHPA)	14339
C4-1.22 (4/15/2026)	Assessment Date must be earlier than Effective Date error message not working	Rule logic updated to show the correct error message: "Assessment Date must be earlier than Effective Date."	Office of Long Term Services and Supports (OLTSS)	14561
C4-1.22 (4/15/2026)	Pended Enrollment Errors- SYSER- System Exception - Zip Code Not Found	Code fixed to populate the address for the missing period.	Office of Managed Health Care (OMHC)	14730
C4-1.22 (4/15/2026)	Benefit Plan (BP) Information and Service Types links do not display for future start dated BP	The query has been updated. The Member screen, Benefit Plan Information and Service Types hyperlinks are displaying as expected.	Office of Systems and Project Management (OSPM)	14897
C4-1.22 (4/15/2026)	Outpatient Prospective Payment System, (OPPS) the pricing needs to be updated	Groups created for APC status indicators to help facilitate pricing rules. Clarify Fee Schedule versus OPPS for not payable by Medicare or no APC reported.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	14992
C4-1.22 (4/15/2026)	Interface IDD 411 - April 2025 Full file was rejected	Data elements to interface IDD 411 updated.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	15196
C4-1.22 (4/15/2026)	Change how Original Transaction Control Numbers (TCNs) are mapped to capitation replacements	System updated so business has the ability to populate the original TCN and original payment date for each capitation.	Office of Financial Services (OFS)	15270
C4-1.22 (4/15/2026)	New DataStage PROD: Sequence generator issue - phase 1 (DW Framework, CE, RX, CM, OFIN)	Data Warehouse tables that have DataStage code related to the surrogate key functions have been updated.	Director's Office (DO)	15310
C4-1.22 (4/15/2026)	Pended Enrollment Errors - SYSER - System Exception - All Plans for the program MMed/DMed in the member's county are closed for auto-assignment	System updated to populate service area and county same for the member having expected address/eGrid data for the enrollment period.	Office of Managed Health Care (OMHC)	15344

C4-1.22 (4/15/2026)	CHIP Out of Pocket Due Process Months incorrect	Code fixed to assign the cost share met flag to "Y", when the cost share remaining amount is 0.	Office of Managed Health Care (OMHC)	15617
C4-1.22 (4/15/2026)	Other Payer Claim Filing Indicator Code is not populating for Direct Data Entry (DDE) claims	Service Request deployed will populate the Other payer group name and the other payer claim control numbers from the IG_ to processing tables.	Office of Medicaid Operations (OMO)	15633
C4-1.22 (4/15/2026)	PRISM did not close out restriction correctly based on 12 months of ineligibility	Code fixed, After 12 months of ineligibility, the system will close the restriction and end date all providers/pharmacies.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	15673
C4-1.22 (4/15/2026)	Incomplete RMR segment on 820	Code updated to add the active records only validation in the both IND & ORG cursor query.	Office of Managed Health Care (OMHC)	15720
C4-1.22 (4/15/2026)	Fee-For-Service (FFS) Edit 5345 Diagnosis not present on admission for Inpatient claim, posted to Encounter	Updated to bypass this edit for Encounter claims.	Office of Managed Health Care (OMHC)	15821
C4-1.22 (4/15/2026)	Modification to Outpatient Prospective Payment System (OPPS) Process	Modification to OPPS Outpatient 3M Process completed.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	15856
C4-1.22 (4/15/2026)	Select Health reports receiving notification of missing primary care provider and/or pharmacy when the primary's are listed on the restriction	Code fix required updating the notification interface triggers	Office of Reimbursement, Coordinated Care & Audit (ORCA)	15867
C4-1.22 (4/15/2026)	Managed Care (MC) Transportation Medicaid (TPMed) Payments did not run	Payment cycle did not run due to incorrect logic in updating payment job schedule. Logic has been updated and payment cycle is running as scheduled.	Office of Managed Health Care (OMHC)	16066
C4-1.22 (4/15/2026)	Pharmacy Edit 65 Patient Is Not Covered, not triggering	Edit 6M will post if the patient has an eligible benefit plan for the date of service. If no eligible benefit plan exists for that date for service, edit 65 will be posted.	Office of Managed Health Care (OMHC)	16158
C4-1.22 (4/15/2026)	Edit 2081 Other payer amount missing/invalid, posted to encounter	Updated the implementation logic and excluded the negative condition check from the loading edit logic to align with UT-I. Loading Edits 1621, 1622 and 1611 did not post when the values are zero or negative. Edit 2081 is not posting on encounter claims.	Office of Managed Health Care (OMHC)	16201
C4-1.22 (4/15/2026)	Add Bear River Mental Health as a Managed Care (MC) Substance Use Disorder (SUD) provider	The SUD program has been added to Bear River Mental Health catchment area effective 7/1/2026.	Office of Managed Health Care (OMHC)	16230
C4-1.22 (4/15/2026)	Benefit Plans not derived when Incarceration Date is updated	Code fixed to rederive the Benefit Plan whenever incarceration dates change.	Office of Eligibility Policy (OEP)	16422
C4-1.22 (4/15/2026)	Missing 834 Record and 820 Payment	Code fixed in the 834 package, to sent the enrollment and disenrollment in 834 file.	Office of Managed Health Care (OMHC)	16454
C4-1.22 (4/15/2026)	Duplicate logic not separating Physician Services vs Facility Services	The logic now performs duplicate checks within the same invoice type, rather than across different types, resolving the reported issue.	Office of Managed Health Care (OMHC)	16460
C4-1.22 (4/15/2026)	Incident report returned to DOH WB incorrectly IR-2939	Routing logic issue has been updated. When an incident report is returned, it will only go to the workbasket of the user type that created it.	Office of Long Term Services and Supports (OLTSS)	16465
C4-1.22 (4/15/2026)	Pended Enrollment Errors - SYSER - System Exception - 21:21:Client Prospective Eligibility could not be loaded	Code Fixed. System will skip the transaction and not populate SYSER edit when members do not have prospective eligibility to enroll for DMed Program.	Office of Managed Health Care (OMHC)	16485
C4-1.22 (4/15/2026)	Pharmacy encounter processed 8/21/25 but edit posted 10/8/25	Screen logic updated to fetch the date from correct field for "Assigned Date/Denied Date" in "Error To Resolve" Grid in Pharmacy claims screen.	Office of Managed Health Care (OMHC)	16531
C4-1.22 (4/15/2026)	Service Coordinator unable to enter care plan S5125	Once the user reviews/edits the returned service and the status is "In Review", the User will be able to proceed with the case without error.	Office of Long Term Services and Supports (OLTSS)	16630
C4-1.22 (4/15/2026)	XL output from lists page only shows two records when on screen you can see three	While updating the Gross Adjustments to RA Generated Status the modified by column for GA was incorrectly updated as 31. Code fix for Interface Process. '10' is used as user id.	Office of Financial Services (OFS)	1664
C4-1.22 (4/15/2026)	IDD 712 Appropritaion account code length needs to be increased to 9 length (NC Enhancement)	IDD 712 Appropriation account code length has been increased from 4 to 9 length to align with other FINET outbound interfaces.	Office of Financial Services (OFS)	16644
C4-1.22 (4/15/2026)	Edit was forced but is showing as no action	The fix ensures the actions selected on the previous page are retained and used when performing the Save button action.	Office of Medicaid Operations (OMO)	16705
C4-1.22 (4/15/2026)	Member spenddown Electronic Reference and Eligibility Product (eREP) amount was not utilized	Code fix to handle to NULL in spenddown utilization amount.	Office of Medicaid Operations (OMO)	16793
C4-1.22 (4/15/2026)	Case number is incorrect in PRISM	The Code is fixed to not inactivate and re-create the eligibility for the same RAC and case from eREP.	Office of Eligibility Policy (OEP)	16830
C4-1.22 (4/15/2026)	Replacement to Add Provider New User Domain link (UMD Webservice)	DTS is migrating from Forgerock (Legacy) to Identity Cloud and DTS will decommission the Forgerock API. With this change PRISM has been updated creating, New User Domain Registration link added. A new page for Provider User Registration. Create User as Provider User. New notification to the all the Provider External Admin when a new request is available for approval. New email correspondence to send to the Domain user after the application is approved. User should be able to register on the following scenarios– If the user is end dated for the respective domain If the provider administrator is not associated to the respective domain. If the user is a new user for that respective domain	Office of Medicaid Operations (OMO)	16862
C4-1.22 (4/15/2026)	Prepaid Mental Health Plans (PMHP) after incarceration end not deriving accurately	PMHP plans derive as expected when the Incarceration end date is on the last day of the future month.	Office of Managed Health Care (OMHC)	16878
C4-1.22 (4/15/2026)	Remove Medication Therapy Management (MTM) Claims from Filter on Provider Inquire Pharmacy Claims Screen	The MTM filter has been removed from the filter options on Inquire Pharmacy Claims screen for provider user. For state user the filter value was not removed.	Pharmacy Team	16925
C4-1.22 (4/15/2026)	Audit - Recoup Capitations paid after death (NC Enhancement)	System will be modified to recoup TCNs based on the following: From the provided list ("Impacted TCNs for ENH 49625.xlsx"), only TCNs that exist in PRISM (OLTP) and have payments made after the Date of Death (DOD) month shall be recouped. Recoupments will apply for months following the DOD. Generate 820 transactions for these recoupments.	Office of Managed Health Care (OMHC)	16929
C4-1.22 (4/15/2026)	Modifier(s) making Prior Authorization's (PA) invalid	The issue is fixed by removing the modifier match logic in the Prior Authorization so that claims can derive the Prior Authorization as valid without considering the modifier.	Office of Medicaid Operations (OMO)	16931
C4-1.22 (4/15/2026)	Managed Care (MC) Enrollments without Capitation Payments	This required a code fix correcting the system of not sending the enrollment for the record having previous continuous segment and the same record is inactivated and recreated with multiple active segments.	Office of Managed Health Care (OMHC)	16950
C4-1.22 (4/15/2026)	Interface Schedule Update IDD 416 (NC Enhancement)	Adjusted 1213 (416 - FFS pharmacy file) schedules time back to 8 AM MST.	Office of Systems and Project Management (OSPM)	17069
C4-1.22 (4/15/2026)	1035.02 GHI response file from CMS interface schedule adjustment (NC Enhancement)	The interface schedule updated to check for the file on the 11th and 26th of every month.	Office of Systems and Project Management (OSPM)	17070
C4-1.22 (4/15/2026)	Data Warehouse (DW) - Report - CP149	Updates made to the DW report query/script.	Office of Systems and Project Management (OSPM)	17154
C4-1.22 (4/15/2026)	Adjust Claims screen performance issues when Interface 1028 running	The mass adjustment and the adjust/void claims window loads successfully when the RA job 1028 is running in the background. The user could submit the mass adjustments without any errors and also claim adjustment could also be done without any screen error due to job.	Office of Medicaid Operations (OMO)	17185
C4-1.22 (4/15/2026)	Prior Authorization (PA) Inquire Online Help update - re: CR 10707	Two new options added to the screen, To return to the PA Utilization page, click the Close Button and To return to the PA Inquire page, click the Close button.	Office of Systems and Project Management (OSPM)	17205
C4-1.22 (4/15/2026)	Hospice Edit Processing Failure (EPF) due to member admission record	EPF issue has been resolved. Hospice claims are moving to EPF when the occurrence code provided on the file is not matching the Hospice Admission record.	Office of Medicaid Operations (OMO)	17219
C4-1.22 (4/15/2026)	Error Code 1225 Exact duplicate of a Paid claim/line, posting when modifiers on the claim are different	The system is checking all the modifiers from history Claim while checking for current claims in 1225 edit logic.	Office of Medicaid Operations (OMO)	17220
C4-1.22 (4/15/2026)	Double notifications for any files attached to nursing facility admission records	The notification "Documentation has been uploaded to an Admission Record " is generated only once for each of the document uploaded in the Upload Documents page in the Admission record	Office of Long Term Services and Supports (OLTSS)	17289
C4-1.22 (4/15/2026)	Denial letter correspondence issue for multiple paragraphs.	The letter failed to generate due to the unexpected line break in the data. Re-triggered the correspondence with denial reason in a single paragraph. Working as expected.	Office of Long Term Services and Supports (OLTSS)	17488
C4-1.22 (4/15/2026)	Provider Security Administrator roles users are not coming in Update Operators List.	Removed extra condition where system is checking extra condition where role does not contains "Admin".	Office of Long Term Services and Supports (OLTSS)	17489
C4-1.22 (4/15/2026)	PA_REQUEST_PROCEDURE data quality issue	Release has fixed quality issues for PA_REQUEST_PROCEDURE and its impacted tables.	Office of Systems and Project Management (OSPM)	17492
C4-1.22 (4/15/2026)	Member enrolled in MC-MH and MC-MH-SUD but capitation not paid	Benefit Plan process will not consider this regain eligibility to derive the PMHP's retroactively.	Office of Managed Health Care (OMHC)	17588
C4-1.22 (4/15/2026)	No Access error message for Modify PA Surgery, wrong body part	Error "no access" is NOT documented and is no longer displaying.	Office of Healthcare Policy and Authorization (OHPA)	17597
C4-1.22 (4/15/2026)	Prior Authorization (PA) Additional Documents Page throws an error	The Remark field was modified from the backend, which led to the Additional Document page not displaying the data. Screen level query updated to not throw an error when a comment is added to the remark column.	Office of Healthcare Policy and Authorization (OHPA)	17599

C4-1.22 (4/15/2026)	837 file loading - HTML REPORT file not found	The code has been fixed to display the error message when the file is not found.	Office of Medicaid Operations (OMO)	17600
C4-1.22 (4/15/2026)	The web upload doesn't work for EDI files with invalid ISA06 segment	If a file was received through web upload with an invalid ISA06, the system previously marked the clm_source_code as '33'. This issue has been fixed so that it is now populated as '01', allowing the file to appear in the Retrieve Acknowledgment screen and be downloaded successfully.	Office of Medicaid Operations (OMO)	17601
C4-1.22 (4/15/2026)	Qualifier Field Allowed the -2 Value in Claims Screen - Error	This issue was indirectly resolved in the C4-1.18 release while implementing CR 1128.	Office of Medicaid Operations (OMO)	17603
C4-1.22 (4/15/2026)	Incorrect Removal of Pregnancy Indicator	Code fixed. The ongoing pregnancy indicator dates will not be inactivated or updated when the retroactive dates do not fall within the current ongoing pregnancy period.	Office of Managed Health Care (OMHC)	17611
C4-1.22 (4/15/2026)	Payment Process Jobs Timing Check - Delayed 934 dependents Impact on Managed Care (MC) payments (NC Enhancement)	934 job start time to determine if the start date is on Thursday and then trigger the payment process. If payment date is Thursday but the 934 start date is not on Thursday or 934 started on Thursday but payment process started on next day then error is logged in interface run which will be notified to PRISM operations support team through automated email for further action and manually trigger payments/update data if needed.	Office of Managed Health Care (OMHC)	17628
C4-1.22 (4/15/2026)	No Eligibility Data returned in the 271 or AAA Code(NC Enhancement)	This ticket is to just check-in the code into the SVN.	Office of Medicaid Operations (OMO)	17691
C4-1.22 (4/15/2026)	834 Add Record sent for inactivated enrollment	834 Package has been fixed to resolving this issue.	Office of Managed Health Care (OMHC)	17694
C4-1.22 (4/15/2026)	Retro Incarceration slice and dice and incorrect 834	Updated the 834 file logic to ensure these internal data segments are reported correctly. The system is now fixed to send enrollment start date of October 1, 2025, and a final disenrollment date of December 31, 2027.	Office of Managed Health Care (OMHC)	17734
C4-1.22 (4/15/2026)	Prior Authorization (PA) Edits Posting and Must be Forced with CR 13975	Code fix completed to handle the edit posting if the procedure from and to dates falling between multiple record for the same benefit plan.	Office of Long Term Services and Supports (OLTSS)	17835
C4-1.22 (4/15/2026)	Rate change triggered erroneously in 820 (not reported in 834)	Fix has been done to resolve this issue. Now payment process will stamp the expected rate code and amount	Office of Managed Health Care (OMHC)	17901
C4-1.22 (4/15/2026)	Issue in MyHB iOS and android setup	After added the Debug Certificate in the apk bundle myHB application is working as expected in Android Device	Office of Systems and Project Management (OSPM)	17926
C4-1.22 (4/15/2026)	RAC code CI3 not deriving correctly CHIP for full or partial periods	Code update fixed the case where multiple eREP RAC eligibilities for the same enrollment period result in the same program and allow auto-enrollment.	Office of Managed Health Care (OMHC)	17928
C4-1.22 (4/15/2026)	UT Cognos Daily Report - Adverse Action Report – NPI Level - FAILURE	Code fix required in RPT_PRVDR_AVR_ACT_OWN_SANC_SHD to handle provider owners associated with multiple sanction states.	Office of Medicaid Operations (OMO)	17988
C4-1.22 (4/15/2026)	Retro Disenrollment with retro INCAR record	Fix required: To ensure the system retains the previous enrollment period instead of removing it when applying the business rule.	Office of Managed Health Care (OMHC)	18007
C4-1.22 (4/15/2026)	Unable to edit nursing home exemption	Java code fix. Edit exempt scenario is working as expected.	Office of Managed Health Care (OMHC)	18156
C4-1.22 (4/15/2026)	PA-API Documents are not getting fetched from DHS tables into GDR tables	PA-API Documents are getting fetched from DHS tables into GDR tables and available in PA screens	Office of Systems and Project Management (OSPM)	18278
C4-1.22 (4/15/2026)	Prepaid Mental Health Plans (PMHP) system discrepancy	Required a code fix for the PMHP enrollments with non-matching System Identifier records.	Office of Managed Health Care (OMHC)	18281
C4-1.22 (4/15/2026)	PA API - Error 1010, 300 and 460 received in error	Code updated, Service type of Dental, did not receive the error 1010, 300 and 460.	Office of Systems and Project Management (OSPM)	18292
C4-1.22 (4/15/2026)	PA API - Error 670 received in error for Dental Care	Code updated, Service type of Dental, is not getting the 670 error.	Office of Systems and Project Management (OSPM)	18392
C4-1.22 (4/15/2026)	New User Domain Registration link (CR16862)	New User Domain Registration link has been updated to display " New User Registration Web Page"	Office of Systems and Project Management (OSPM)	18435
C4-1.22 (4/15/2026)	Penetration - MOB.03 - Application signed with a debug certificate	A debug certificate is required to upload the application on iOS and Android devices.	Office of Systems and Project Management (OSPM)	18465
C4-1.22 (4/15/2026)	Show file not found message in the Retrieve Acknowledgment screen when the file not available on server	The code has been fixed to display the error message when the file is not found.	Office of Medicaid Operations (OMO)	18538
C4-1.22 (4/15/2026)	T1032 & T1033 Doula Services configuration	Created a new PAC and Provider Type for Doulas. Limit codes configured.	Office of Systems and Project Management (OSPM)	18590
C4-1.22 (4/15/2026)	Update edits to show as accepted on Interface 421	The selection criteria for the interface will be updated to retrieve all encounters in ETRR Generated status with and without edits.	Office of Managed Health Care (OMHC)	2248
C4-1.22 (4/15/2026)	Updates needed for Spenddown, Nursing Home and 100 Record Type	A rule has been added to IDD 907 to populate the SPEND_DOWN_MET_DATE with the first of the spenddown month, if the Spenddown Met Indicator is Y and there is not a Spenddown Date Met populated on the Member file.	Pharmacy Team	2341
C4-1.22 (4/15/2026)	Create the ability to generate a Freedom of Choice Form from the action menu	The ability to generate a Freedom of Choice Form from the action menu in any case (including Enrollment Case) review Screen. In this task the user will be able to select the county they would like to generate the Freedom of Choice Form.	Office of Long Term Services and Supports (OLTSS)	2368
C4-1.22 (4/15/2026)	Case Routed incorrectly generated a denial letter.	System was using a incorrect deadline of 30 calendar days. Code fixed, 60 business calendar days is the correct deadline.	Office of Long Term Services and Supports (OLTSS)	2524
C4-1.22 (4/15/2026)	National Drug Code (NDC) Rates - Showing both Active and Inactive Rates	The NDC Rates List page query has been modified to display only the active records on the NDC Detail page.	Pharmacy Team	2661
C4-1.22 (4/15/2026)	Search by member name function does not work in Buyout Case List	Screen Page Query updated, filtering the Member name using First Name or Last Name is filtering the correct columns.	Office of Eligibility Policy (OEP)	2855
C4-1.22 (4/15/2026)	Member Name not showing Initial Enrollment (IE)-3912	Member information is showing in Production Case Header from Application information.	Office of Long Term Services and Supports (OLTSS)	2953
C4-1.22 (4/15/2026)	Filter not working on Inquiry Pharmacy list under claims tab	In the Inquire Pharmacy Claims List page, under Claim Status, it will display only 'Void' when the status is void and all other claim status, including Accepted, Credit, Denied, Paid, and Rejected.	Office of Medicaid Operations (OMO)	3224
C4-1.22 (4/15/2026)	System is creating duplicate lines when applicant type is updated	Code updates fixing the date segments and removing the duplicate provider lines.	Office of Medicaid Operations (OMO)	3347
C4-1.22 (4/15/2026)	Inquire Claims with Filter = Federal Report Codes triggers Error Code : 150035	Federal Codes Filter dropdown is not applicable UTAH Program. It has been removed from Inquire State List Page.	Office of Medicaid Operations (OMO)	3719
C4-1.22 (4/15/2026)	Pharmacy Encounter - Change Batch ID from "Number" to "String"	Updated to send BATCH NUMBER as a String to store the actual number received in the 415 inbound files and allow MCO plans to receive full batch ids on their 446 response files.	Office of Managed Health Care (OMHC)	4113
C4-1.22 (4/15/2026)	Multiple National Drug Code (NDC) records being added in the system	Fix applied in the system to not create duplicate entries with operational flag Inactive status, if DRUG_NDC, NDC Status, NDC Status Start date, and NDC Status End Date already exist with the exact value in the OLTP system then ignore the record.	Pharmacy Team	5280
C4-1.22 (4/15/2026)	Recipient Aid Category (RAC) Long Descriptions do not match design	Update made to all RAC Long and Short descriptions that do not match exhibit EE Appendix UT-26.	Office of Eligibility Policy (OEP)	5563
C4-1.22 (4/15/2026)	Interface 1199 Provider Enrollment Inactivating for Not Billed Medicaid for 24 Months Incorrectly	Job code fixed to check if the provider has been active in PRISM for the last 24 months before inactivating. These 24 months will be calculated for the period that the applicant type not in SER, STU, PRE. When a provider is re-enrolled, the DB2DB job should consider the Re-enrollment Pending indicator(No) end date and give another 24 months from the indicator end date to the provider to submit a claim	Office of Medicaid Operations (OMO)	5733
C4-1.22 (4/15/2026)	Annual Review task still visible PRG-1033	System will delete Initialize Annual Review task when disenrollment case is Resolved-completed.	Office of Long Term Services and Supports (OLTSS)	6055
C4-1.22 (4/15/2026)	Files are getting stuck in the outbound translation	The copy logic has been updated, to ensure files are copied/moved successfully and reach the final status.	Office of Managed Health Care (OMHC)	6922
C4-1.22 (4/15/2026)	Would like option to not send a "Restriction Enrollment and Continued Enrollment" Letter	Created a checkbox giving the ability to not send a "Restriction Enrollment and Continued Enrollment" letter.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	7116
C4-1.22 (4/15/2026)	Modify PRISM Editing of Medicare Crossover Claims	The ability to modify PRISM editing of Medicare crossover claims when the principal diagnosis on the claim is psychiatric so that the ACO edit posts correctly has been added to the system.	Office of Managed Health Care (OMHC)	8818
C4-1.22 (4/15/2026)	Inbound files (270/837/276/278) with an ISA string that is less than 105 characters fails in the validation.	When the system receives a file with an ISA string less than 105 characters, the system will generate the TA1 and HTML files in the Retrieve Acknowledgement screen. The user will be able to download the files from the Retrieve Acknowledgement screen.	Office of Medicaid Operations (OMO)	8873
C4-1.22 (4/15/2026)	Failed Mass Adjustment Batch 76696630	When a mass batch submitted in "XLS" mode and more than one claim contains "Lock Indicator = Y", Mass batch shouldn't move to "Failure" status instead logging those TCNs in Invalid_TCN report and process rest of the claims correctly in 1006 DB job Process.	Office of Medicaid Operations (OMO)	9217

PRISM Planned Release C4-1.21.1 (2/25/2026)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.21.1 (2/25/2026)	1380 Error code DRG not on file, is posting to a lot of Inpatient claims incorrectly	Updates to the Utah DRG Logic (CR 11456) are now clarified. Edit 1380 DRG not on file, is not triggering as expected for LTAC and General Acute Care claims	Office of Medicaid Operations (OMO)	17317
C4-1.21.1 (2/25/2026)	Error when posting HMO's - Exception occurred while fetching record using procedure	Updated the Java implementation to resolve an issue where incorrect parameters were being passed to the procedure during the Transfer Enrollment process.	Office of Managed Health Care (OMHC)	17947
C4-1.21.1 (2/25/2026)	Add edit 1816 Member has medical insurance, to the list of edit codes that are overridden by edit 20182 Member has approved Medical Review Board Prior Authorization	Edit list has been updated and applied in all environments.	Office of Eligibility Policy (OEP)	18113

PRISM Planned Release C4-1.21 (2/11/2026)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.21 (2/11/2026)	Managed Care Auto Assignment Based on Quality Measures	PRISM updated to allow managed care auto assignments to be configurable based on a plan's performance on specific quality measures.	Office of Managed Health Care (OMHC)	11796
C4-1.21 (2/11/2026)	Provider Neutral Payments for Managed Care	For screen component Contract/Managed Care Masthead. A new hyperlink under the PAYMENT ADMINISTRATION section, under the[mh Contract/MC], named “Payment Transaction List” has been added.	Office of Financial Services (OFS)	12485
C4-1.21 (2/11/2026)	Employment-related Personal Assistant Services (EPAS) Service Coordinator (SC) needs access to the file and DOH manager needs to get out of "employment details"	User is not able to move/remove the task, as back button is not available to move from "Employment History Details" and validate error is coming on the screen on click of Next. Fix is to make the back button available for PRG sub tasks and remove address validation.	Office of Long Term Services and Supports (OLTSS)	13890
C4-1.21 (2/11/2026)	New Benefit Plan for Housing Related Services and Supports (HRSS)	A new benefit plan created for Housing Related Services and Supports. The codes included in this benefit plan will be T2017, T2024, T2038, T2003. This benefit plan will need to be given to members who have certain RACs or if they are within 12 months of having the Medicaid Justice benefit plan.	Office of Long Term Services and Supports (OLTSS)	13975
C4-1.21 (2/11/2026)	Community Health Worker New PAC and Provider Type	Creation of a new PAC, Community Health Worker, provider type, certifications, enrollments, and allowed services. This service will be limited to members who are incarcerated and eligible for services under the Justice Waiver benefit.	Office of Healthcare Policy and Authorization (OHPA)	14075
C4-1.21 (2/11/2026)	Update Requirement for QW Modifier	Updated the QW Modifier to not be required for some of the Certification Types.	Office of Healthcare Policy and Authorization (OHPA)	14515
C4-1.21 (2/11/2026)	Edit 20122 Recipient enrolled with another plan on admission date, not working	Code fixed to derive the Members Benefit Plan based on the Admit date.	Office of Managed Health Care (OMHC)	14525
C4-1.21 (2/11/2026)	Claim type T - Nursing Facility claim submitted with Prior Authorization (PA), Invalid revenue code and procedure code is empty moved to Edit Processing Failure (EPF) status	Code fixed to handle the Procedure code check in PA validation.	Office of Medicaid Operations (OMO)	14606
C4-1.21 (2/11/2026)	Update Medicare Crossover Claims Pricing Rules	Modified the pricing rules for Medicare crossover claims.	Office of Medicaid Operations (OMO)	14630
C4-1.21 (2/11/2026)	Edit 2082 Place of service invalid, posting to institutional encounter type	In order to fix the edit, the logic has been updated to remove "ORIf Claim Type is F-Outpatient, and OCE Editor returns 0053, 0055, post the edit."	Office of Managed Health Care (OMHC)	14955
C4-1.21 (2/11/2026)	Providers need ability to adjust claims	Edit 2040 Billing deadline exceeded - No attachment, will not be posted without Date of Service (DOS) at Line level. If there is no line DOS, It will consider Claim Header DOS.	Office of Medicaid Operations (OMO)	15287
C4-1.21 (2/11/2026)	Missing Special Payment Checks in Data Warehouse	Service Request has been applied to update correct warrant number in Hipp_interim_t table. All the transactions in the table are corresponding with the original warrants now.	Office of Financial Services (OFS)	15293
C4-1.21 (2/11/2026)	Service-Based Enhancement (SBE) Process Account Codes not sent - Issue in Obtaining Payment Schedule Date	SBE payment transactions failed due to account code issues. Code fixed for Service Begin Date ACA domain, formatted to Character and sent to Account Code derivation.	Office of Managed Health Care (OMHC)	15347
C4-1.21 (2/11/2026)	Urban Counties should be stored on a back-end table	County values are hardcoded into the system and these values are stored in a back-end table to support dynamic updates.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	15509
C4-1.21 (2/11/2026)	Diagnosis Related Group (DRG) Hierarchy Rule Not followed for DRG 8803 /8804	This issue has been fixed and UTAH DRG 8803 assigned as per precedence over DRG 8804.	Office of Medicaid Operations (OMO)	15513
C4-1.21 (2/11/2026)	Nursing Facility benefit plan not rederived when eligibility is resent	Code fixed ensuring the Admission Record benefit plan derivation process is triggered as part of the 911 workflow.	Office of Long Term Services and Supports (OLTSS)	15522
C4-1.21 (2/11/2026)	Member Early Periodic Screening, Diagnosis, and Treatment (EPSDT) List - Screening/Immunization hyperlink incorrect	Screening/Immunization hyperlink has been updated on the pgScreeningImmunizationGeneral Page.	Office of Healthcare Policy and Authorization (OHPA)	15590
C4-1.21 (2/11/2026)	Unable to pull Cognos report	The report query updated to handle cases where a provider is associated with multiple sanction states. The "Adverse Action Report - Owner Level Report" will not throw an error.	Office of Medicaid Operations (OMO)	15641
C4-1.21 (2/11/2026)	Employment-related Personal Assistant Service (EPAS) reenrollment case went to the assessor 4 months prior to the renewal period.	System will create EPAS Annual Review 44 business days prior to the expiration date.	Office of Long Term Services and Supports (OLTSS)	15645
C4-1.21 (2/11/2026)	Medicaid allowed amounts showing the same amount as the submitted charges and the claim payment should be $0.00	The discrepancy has been corrected, changing the billed amount to claim line allowed amount.	Office of Medicaid Operations (OMO)	15767
C4-1.21 (2/11/2026)	Reports in Pega are not pulling correct	Code fixed correcting the functionality to export reports while applying filters at "Detail View Data Elements".	Office of Long Term Services and Supports (OLTSS)	15782
C4-1.21 (2/11/2026)	Risk level is being end dated when new applications are approved	Code change completed to fix the incorrect risk-level indicator end date issue.	Office of Medicaid Operations (OMO)	15886
C4-1.21 (2/11/2026)	Admission record is able to be approved without a PASRR Level I	The Java codebase updated reintroducing the PASRR Level I validation in the approval logic for NF Admission records to enforce a mandatory check for PASRR Level I information.	Office of Long Term Services and Supports (OLTSS)	15945
C4-1.21 (2/11/2026)	Managed Care (MC) member enrolled in MC-MH and MC-MH-SUD but capitation not paid	The 834 Enrollment Functionality (Backend Package Changes) updated to fix the enrollment segments for the member.	Office of Managed Health Care (OMHC)	16159
C4-1.21 (2/11/2026)	Lock claim indicator will not release	The indicator was initially set to 'Y' and later updated to 'N'. A Lock Claim Indicator 'Y' record still exists in Inactive status. PRISM will exclude Inactive Lock Claim Indicator records during a mass batch validation process.	Office of Medicaid Operations (OMO)	16300
C4-1.21 (2/11/2026)	Member showing as spenddown but no eligibility has been sent	Logic updated, if eligibility received for Current/Prospective month when spenddown was not met, eligibility and the corresponding benefit plan should create till Current/Prospective month but not open-end date.	Office of Managed Health Care (OMHC)	16307
C4-1.21 (2/11/2026)	Eligibility Missing from Pharmacy System - Mid Month Incarceration Release not sent in 907 interface	Code fix completed to send the eligibility segment records after the mid-month end dated INCAR period.	Pharmacy Team	16410
C4-1.21 (2/11/2026)	Error Code 1940 Charge Mode error, posting	System updated to bypass the Modifier-Based Pricing exhibit for the rate value that has for the procedure and the modifier combined claims.	Office of Medicaid Operations (OMO)	16424
C4-1.21 (2/11/2026)	Missing Cash Receipt in Data Warehouse	Code updated to send the Reversed Cash Receipt activities to FINET.	Office of Financial Services (OFS)	16431
C4-1.21 (2/11/2026)	CR 15184 Internal Design Document (IDD) 1406 Additional Fields for Hybrid Preferred Drug List (PDL) - DW evoBrix-Appendix A1 - PRISM_DW_BA_S2TM (NC Enhancement)	The 8 new fields have been added to the OLTP Table NDC_INDICATOR.	Pharmacy Team	16435
C4-1.21 (2/11/2026)	Vulnerability issue reported in the Pharmacy FFS, ENC and MTM Claim Loading Packages	PRISM will use parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Always validate 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)	16482
C4-1.21 (2/11/2026)	Vulnerability issue reported in the PK_MASSADJUSTMENT.sql Package	PRISM will use parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Always validate 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)	16483
C4-1.21 (2/11/2026)	Vulnerability issue reported in the PK_MC_ASGNMNT_PLANWGHTG.sql Package	PRISM will use parameterized prepared statements to prevent the database from interpreting the contents of bind variables as part of the query. Always validate 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)	16484
C4-1.21 (2/11/2026)	Invalid Coverage Found Code of ERR in Internal Design Document (IDD) 1501 not processing correctly	Updated to thePLSQL code to process the Invalid Coverage Found Code of ERR in IDD 1501.	Office of Systems and Project Management (OSPM)	16506

C4-1.21 (2/11/2026)	Verification of Prior Authorization (PA) Priced pricing logic in Detailed System Design Document CE UT-G (CR 10707)	Documentation has been updated, If PA amount is zero, then PA priced should not be stamped at line level, instead of claim should be pay with Default Fee Schedule Pricing.	Office of Medicaid Operations (OMO)	16656
C4-1.21 (2/11/2026)	Change in Oracle Financials (OFIN) Process to ignore offset flag for $0 invoices	When two zero amount invoices are created in OFIN with a mismatch of invoice header amount and invoice line amount. The system will ignore the offset code for the $0 invoices.	Office of Financial Services (OFS)	16761
C4-1.21 (2/11/2026)	Dynamic Update on designated tables for regular Operations Maintenance (NC Enhancement)	Code update implemented to support a dynamic mechanism that can modify specific columns in any designated table based on provided parameters. This approach will automate update operations, significantly reducing manual effort and improving efficiency.	Office of Systems and Project Management (OSPM)	16890
C4-1.21 (2/11/2026)	Field values showing as '0' selected in the error code details screen	Adjustment Reason Code, Remittance Remark Code and Claim Status Code field value showing as expected	Office of Systems and Project Management (OSPM)	16909
C4-1.21 (2/11/2026)	834 ADD record not generated	A code fix has corrected the system. Reinstate/ADD record will generate when the enrollment for the record has a previous continuous segment and also the same record is inactivated then recreated with multiple active segments.	Office of Managed Health Care (OMHC)	17233
C4-1.21 (2/11/2026)	Unable to locate the 277CA Files on the Retrieve Acknowledgement/Response screen	For State users the screen will display even if the Provider ID is not mapped.	Office of Medicaid Operations (OMO)	17318
C4-1.21 (2/11/2026)	Archived Documents Filters not working under My Inbox tab	The code has been merged for Archival Document page. This is working correctly.	Office of Medicaid Operations (OMO)	17664
C4-1.21 (2/11/2026)	Obstetrics (OB) Edit logic Updates - Part 2	The following edit codes have been updated to correctly process the OB Editing: 1864, 1993, 1995, 1996, 1992, 1863, 1990, 1862, 1989, 1861, 1991 and 1994.	Office of Medicaid Operations (OMO)	2363
C4-1.21 (2/11/2026)	New Error Codes for Global Editing	Updates to error code 1969 Services included in the global period, to reflect the correct processing for Global Surgery codes.	Office of Medicaid Operations (OMO)	2543
C4-1.21 (2/11/2026)	Deadline date not updated - Care Plan Amendment (CPA)-4233	When a case is returned for additional information system has been updated to consider latest created/updated date time.	Office of Long Term Services and Supports (OLTSS)	4061
C4-1.21 (2/11/2026)	Care plan not populating in care plan history CRM-NC-CPA-6024	Code updated to so the child case required information will copy to the parent case when users working on different child cases of same parent.	Office of Long Term Services and Supports (OLTSS)	6091
C4-1.21 (2/11/2026)	Claims are paid without the units getting used on the Prior Authorization (PA) if the Diagnosis (DX) Codes do not Match 9	Code fixed, Units to get updates in PA when units are paid on a claim.	Office of Long Term Services and Supports (OLTSS)	9012
C4-1.21 (2/11/2026)	CHS-17 - Completed task information is not coming in Summary tab after attaching Required/optional attachments	Health Status Screening Report task has been added back in the Summary Tab.	Office of Long Term Services and Supports (OLTSS)	9105

PRISM Planned Release C4-1.20.3 (1/16/2026)

Planned Release	Task Title	Release Summary Description	Office	SPOT
C4-1.20.3 (1/16/2026)	Unable to subscribe/unsubscribe to PRISM notifications	The Veracode fix was reverted in the procedure call to restore and ensure the Subscription functionality works as expected.	Office of Reimbursement, Coordinated Care & Audit (ORCA)	17230
C4-1.20.3 (1/16/2026)	Managed Care Edit 08745 - System Error	System error was due to formatting error caused by an issue with the vulnerability ticket in C4-1.21 release. Emergency Release C4-1.20.3 has reverted this change.	Office of Managed Health Care (OMHC)	17342
C4-1.20.3 (1/16/2026)	Database Error when adding Prior Authorization Indicator in the reference file.	The Veracode fix has been reverted. No issues observed.	Office of Medicaid Operations (OMO)	17385
C4-1.20.3 (1/16/2026)	Revert Vulnerability issue reported in the PK_GRC_EXECUTION.sql and PK_1117_PRVDRDATATOLEGACY.sql packages	The Veracode fix has been reverted. No issues observed.	Office of Systems and Project Management (OSPM)	17399
C4-1.20.3 (1/16/2026)	Revert Vulnerability issue reported in the PK_BUYOUT_WEBSRV.sql package of the Prism Screen Application	The Veracode fix has been reverted. No issues observed.	Office of Systems and Project Management (OSPM)	17402
C4-1.20.3 (1/16/2026)	Revert Vulnerability issue reported in Prism Screen Application	The Veracode fix has been reverted. No issues observed.	Office of Systems and Project Management (OSPM)	17404
C4-1.20.3 (1/16/2026)	Revert Vulnerability issue reported in the EDI Application 834 Files	The Veracode fix has been reverted. No issues observed.	Office of Systems and Project Management (OSPM)	17406
C4-1.20.3 (1/16/2026)	Revert Vulnerability issue reported in myHP Application	The Veracode fix has been reverted. No issues observed.	Office of Systems and Project Management (OSPM)	17412
C4-1.20.3 (1/16/2026)	Revert Vulnerability issue reported in Prism Screen Application	The Veracode fix has been reverted. No issues observed.	Office of Systems and Project Management (OSPM)	17414
C4-1.20.3 (1/16/2026)	Revert Vulnerability issue reported in the pk_time.sql package of the Prism Screen Application- Notifications	The Veracode fix has been reverted. No issues observed.	Office of Systems and Project Management (OSPM)	17416
C4-1.20.3 (1/16/2026)	Revert Vulnerability issue reported in Prism Screen Application- All Notifications & All Correspondence	The Veracode fix has been reverted. No issues observed.	Office of Systems and Project Management (OSPM)	17418
C4-1.20.3 (1/16/2026)	Revert Vulnerability issue reported in the PK_ACCOUNT_ASSIGNMENT.sql package of the Prism Screen Application	he Veracode fix has been reverted. No issues observed.	Office of Systems and Project Management (OSPM)	17420
C4-1.20.3 (1/16/2026)	1095B Tax year 2025 for interface 1075.02 (NC Enhancement)	Updates to the SOA code to generate the files from the IRS for the tax year 2025.	Office of Eligibility Policy (OEP)	17422