

Questions and Research

Ticket Number	Date	Plan	Impact on Business	Issue and Business Impact	Sub-system	Resolution / Fix	Notes	Status	Close Date
ongoing task 31063			<u>Managed Care</u>	CCO-B & CCO-B & DCO to CCO-A; CCO-E & DCO to CCO-G	Managed Care	31063-0	Workaround until auto assignment process is modified to assign members to highest level of integration.	OPEN	

System Work in Progress										
HP CO #	Opened Date	CR Number	Business Objective	CO Type	Task Type	Sub-system	Resolution Life-Cycle	Resolution Life-Cycle Date	Notes	Status
31052	4/8/2012	18841	CAQH/CORE web attachments (PA w/claims, provider enrollment)	Change Request	Change Order	Web	Ready For Testing	In progress	In progress	OPEN
30825	7/18/2013	19398	Auto Assignment even Distribution at Parent CCO level.	Change Request	Change Order	Managed Care	Change Orders 0,2,4-12 are complete. Remainder are in process or on hold. Taken off hold	In progress	Ready for production	OPEN
31789	8/1/2014	19876	See 18588 - Expansion for Race Ethnicity and FFM Elements	Change Request	Change Order	Recipient	Eligibility interfaces (ONE) to support race/ethnicity/language	In progress	In process	OPEN
	9/2/2011	18588	OMB Directive 15, REAL-D				Expand eligibility ONE system to accept new race and ethnicity including MMIS and 834 enrollment transaction			
		20261	Notify Health Plans via the 834 of a member's Medicare eligibility at least 90 days in advance whenever possible	Change Request	Change Order	Managed Care	We do not always get it 90 days in advance today.	In progress	In process	OPEN

Future CRs											
CR Number	CR Date	Issue Owner	Impact on Business	Issue and Business Impact	Sub-system	Priority	Resolution / Fix	Status	Close Date	HP CO #	NOTES
21040	10/12/2011	C. Norman	Non Capped Enrollment month	MMIS leaves a member assigned to a Plan the month following the end of eligibility with no capitation payment.	Managed Care		Change Order written. Work around: Capitation information is correct in this scenario. If there is enrollment/assignment without capitation the Plan should be consider the member NOT enrolled.	OPEN			Suggested workaround task ran each week to correct enrollment/assignment.
17534		MAP	Capitation Payment	Fee Schedule doesn't give enough detail. This change order was written to create the Fee Schedule.	Financial		Change Request	OPEN			7/15/2014 MAP is working CR approval to move forward.
19200		CCO		The MMIS will provide a downloadable Web Portal User Report. The report would need to include the following: Username (user ID); Contact First Name (Employee First Name); Contact Last Name (Employee Last Name); Assigned Roles (Clerk roles assigned); Last Login Date; Last Password Change Date	Web		Change Request	OPEN			Under MAP consultation.
		Elder		Plan requests Provider Lookup on MMIS web portal 6/18/14	Web			OPEN			MAP to discuss.
17516		CCO	Eligibility	Web Portal- Plan requested Gender, Address, county and Perc to be added to be added to the web portal.	Managed Care		PERC is already on the Web. Gender available on Procedure look up option	OPEN			MAP to discuss.
20163	1/14/2015	Durrant	Claims	Traditional Health Care Workers	Claims		create a new provider type	OPEN			
20127	1/14/2015	Durrant	Claims	FQHC/RHC claims - professional versus institutional format	Claims		as encounters are received convert to needed format				Esitmate received - request for approval
20140	3/16/2015	Krewson	Managed Care	When a member has their eligibility retroactively ended at the beginning of a month for the prior month, enrollment remains for the month of the change but capitation appropriately ends.	Managed Care		Remove extra month of enrollment when no capitation and eligibility is retroactively ended for the prior month	OPEN			
	7/22/2015	Durrant	EDI	Populate the ICN in the 820 at the Ref02 to identify the kick payment	Managed Care		Include the ICN that relates to the triggered kick payment in the 820	OPEN			CR being written
20329	9/1/2015	Durrant	EDI	Region ID missing on term records	Managed Care		Include the Region ID for a term record. See Change Triggers CO 31766	OPEN			
20340	4/3/1931	Durrant	EDI	This change would allow providers to code claims so that these transgender claim denials will be avoided. CMS transmittal 1877 dated December 18, 2009 states the uses for condition code 45 (ambiguous gender category) on any institutional claim and modifier KX for use on physi8cian forms to by-pass the sex related edits.	Managed Care		This change would allow providers to code claims so that these transgender claim denials will be avoided. CMS transmittal 1877 dated December 18, 2009 states the uses for condition code 45 (ambiguous gender category) on any institutional claim and modifier KX for use on physi8cian forms to by-pass the sex related edits.	Open			CR Written
20311	8/28/2015	Durrant	EDI	SSN Reporting within the 834 Enrollment Txn	EDI		Only report the SSN at initial assignment and if the number is changes	OPEN			CR Written