

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	work in progress with vendor	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	In progress with vendor	OPEN
31968	10/1/2014	19906	Encounter claims are placed in a "pay" versus a "pend" status when a provider is inactive, thus creating erroneous Encounter claim data	Change Request	Change Order	Claims/ Encounter	New edit will search for a MCO/CCO on date of service to determine if the Encounter claim should be paid. If provider does not have a contract date range that includes the claims date of service claim will pend for MCO/CCO billing provider.	In progress	Production 9/27/15	CLOSE
31888	11/21/2014	19907	NDC on web portal	Change Request	Change Order	Claims/ Encounter	Display NDC on web portal	In progress	Production 9/27/15	CLOSE
31971	11/10/2014	19956	Managed Care	Change Request	Change Order	Managed Care	PERC Code not changing when recipient becomes eligible for Medicare. Use the Medicare match information from CMS to determine PERC/Group codes and capitation rate.	In progress	HSD finalizing acceptance testing-ETA 11/22/15	OPEN
31798, 31763		19322	Provider Web Portal	Change Request	Change Order	Web	Plan request for HIPAA 837 Transactions name and adjudication date displayed on the MMIS web portal 6/18/14. Adjudication Date was changed see CO 31895 in Systems Work in Progress section	UAT test in progress	Ready for Production/Task Completed	Ready for Prod
32000	1/27/2015	20063	MYKIK limit to 7 months	Change Request	Change Order	Claims/ Encounter	Limit time between delivery claims to 7 months	In progress	Ready for Production 11/8/15	OPEN
29726-132	4/21/2015		SNRG for MFC - M	Change Request	Change Order	Recipient	Add SNRG M for MFC	In progress	System Testing in progress	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			
TBD	8/28/2015	20311	SSN Reporting within the 834 Enrollment Txn	Change Request	Change Order	EDI	Only report the SSN at initial assignment and if the number is changes	Initial Stage		OPEN
20285	7/16/2015	20285	Real time eligibility connectivity CORE CAQH	Change Request	Change Order	EDI/Real Time	Real time eligibility connectivity CORE CAQH	In progress		OPEN
20163	4/29/2015	N/A	Traditional healthcare workers (THW)	Change Request	N/A	Provider/Claims	MMIS to support this provider type	In progress		OPEN
N/A			Transgender				Office of Equity and Inclusion reviewing request			

Future COs

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			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				Estimate 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	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 Refo2 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			