| SSR # | Ticket Number | Description |
|---|---|---|
| **Current SSR Listing - Not including the ones scheduled for a promote** | | |
| **Encounters System Service Requests** | | |
| 2017-0102 | 380833 | Modify LTC from Valuation Logic - Allows for valuation of specialty bed revenue codes at a % of charges rather than requiring a Per Diem for these services when one does not exist. |
| 2017-0232 | | Auto Process Inclus Except Prov - Add logic to automatically process "inclusion" exceptions for providers so these overrides do not need to be manually completed |
| 2018-0177 | | Encounter Monthly Dental Tooth HIST DEX - Produce a Monthly Dental Supplemental DEX file for Encounters and Claims from the detail lines containing the following data elements: Tooth, Surface and Area of Oral Cavity |
| 2019-0157 | | Bypass Age/Gender Edits - Eliminate pend conditions for State Only Pseudo ID's which require manual overrides to process the Encounters. |
| 2019-0177 | | New APSI Edit- Create a new edit for forms A and D related to APS. |
| 2019-0190 | | DRG Edit T020 Failures - When DRG Encounters are processed, the underlying TIER logic is still performed, as it drives/interacts with the Standard Service Set and other logic that is used to price things that fall out of the DRG Pricing. Specialty Hospitals and Psych Hospitals for example. Currently we are seeing situations where 3 tiers are qualified for a stay resulting in the failure of T020. There should be default logic used historically in tier processing that accommodates and rolls up these days into the 2 most appropriate qualified tiers. |
| 2019-0197 | | Valid Billing PR Tax ID - Add Edits to verify the Billing Provider Tax ID is valid and know in the ownership table in PMMIS, as well ensure that the Rendering Provider has an association at some level to that Tax ID |
| 2019-0198 | | Add Data Elements EN Sanct Report - To help facilitate the health plans research of encounters that fail the edits for R805 and R806, we would like to have the health plan claim number (HP-CLM-NO) and patient account number (PAT-ACCT-NUM) to the Encounter Sanctions Report (ENC_SANCTIONS_RPT.YYMMDD.TXT). |
| 2019-0219 | | Encounter Non-TXIX Recycle Indicator For Reporting- Create a flag for DW reporting on the identified encounters, when we perform the Non-TXIX recycle as part of encounters processing to ensure that these members have not gained overlapping TXIX for the encounter. Add a comment on the encounter itself for users to be able to see. |
| 2019-0223 | | Adding AHCCCS Value Amount to EC560 - To help ensure that it is clear how the member reached the dental limits on EC560, we would like to include the AHCCCS Value Amount on the screen |
| 2019-0224 | | OPFS - PO Modifier- Effective for dates of service on and after 10/1/2020, implement new OPFS logic that recognizes the PO Modifier (Services, procedures, and/or surgeries furnished at off-campus, provider-based outpatient departments), and values/reimburses services with which it is billed at the normal Physicians capped fee schedule rather than the OPFS rate, consistent with Medicare OPPS policy. |

| 2019-0225 | | FQHC-RHC T1015 Edit- Create an edit to enforce the FQHC/RHC biling requirement, that for T1015 to be paid there must minimally be one other covered service billed by the FQHC/RHC for the date of service/member. |
|---|---|---|
| 2019-0240 | | Alternative Funding Demonstration Project Data - To change the field on Encounters Screens from VBP Contract ID to Demonstration Project Data, Funding Type of Demonstration Project. |
| 2019-0241 | 77705 | AHCCCS Allowed Amount Not Calculating Correctly - This change is to correctly calculate the AHCCCS Allowed Amount by changing the logic back to use the detail line units instead of the Claim Level Total Covered Days. |
| 2019-0248 | | Mercy Care HP Paid Amount Correction - To allow receipt of a post-production file to correct the HP-Paid amount on encounters for all CRNs that were identified sent with the incorrect amounts in that field. |
| 2019-0251 | | Modify Diagnosis Age Check - If member meets the age criteria for a diagnosis at date of admission or during dates of service, they should bypass the age limit edit. |

| Recipient System Service Requests | | |
|---|---|---|
| 2014-0220 | | Absent Parent Indicator - Add an indicator to show an Absent Parent is providing the member's TPL |
| 2016-0202 | | 7030 TRANS SETS ASSESS/REVIEW-On Hold |
| 2017-0195 | | Pended BHS Category - Create a process to ensure members have the correct behavioral health category when they gain/re-gain eligibility |
| 2017-0207 | | Behavioral Health FYI records for Tribal ALTCS - Add member's behavioral health FYI records for Tribal program contractor |
| 2018-0098 | | ALTCS enrollment into PC after CTYPRI - This fix will apply to ALTCS customers to re-enroll with the ALTCS program contractor or tribal contractor prior to their release. |
| 2019-0073 | | AHCCCS Works Suspension - This is the project to where if specific members do not meet the work requirement, they will have their enrollment suspended for two months. |
| 2019-0089 | | Homelessness Data in PMMIS - This will enable access to store and disseminate information in regards to member's homelessness to be able to coordinate the appropriate services. |
| 2019-0155 | | SMI Category Incorrectly built Retroactively - This change will correct the members SMI category appropriately when a PPC period goes priot the the original SMI begin date. |
| 2019-0199 | | Newborn - Mom SMI Contract type - Newborns need to be assigned to the same health plan id (with the appropriate contract type) as the mother when there is in an SMI Integrated contract type. Currently newborns of mother's in SMI Integrated Contract Types are auto-assigned.  For 10/1/2021 |

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|---|---|---|
| 2019-0227 | | Adding Email Address to 834 - Add the member's email address to the daily and monthly 834 |
| 2019-0228 | | Crisis Capitation Paid on SMI Non LTC Members - Crisis service capitation process - This change will remove SMI members who are enrolled in AIHP or ACC plans from the crisis service capitation process. |
| 2019-0258 | 75688 | BH Health Plan Not Changing with Address Change - This fix will ensure the appropriate BH health plan for the county will be made when a member changes their address. |

| BHS and AE System Service Request | | |
|---|---|---|
| 2016-0011 | | QOC Enhancement - Requirements gathering phase, integrate the current internal application with the QM Portal and create a dashboard for internal staff to track cases Proposed prod implementation will be determined after the initial implementation of SSR 2016-0227-01 QM Portal Upgrades |
| 2016-0118 | | DCW IND CONTRACTOR - The DCW application requires changes based on new provider registration requirements. A new provider type will need to be created for Independent Contractors. A new status indicator will need to be established for the DCW IC or employee. |
| 2018-0149 | | IN HOME SVC IND CONT - System changes need to be made in order to operationalize the plans and protocols for providers to utilize an Independent Contractor business model for in-home care services |
| 2019-0189 | | Out of State Placement Form - Health plans are required to notify AHCCCS when a member is placed out of state for treatment. Create an online form for health plans to complete |

| Reference System Service Request | | |
|---|---|---|
| 2017-0258 | | RF113 Min-Max Age Freq. Change - Change the logic on the minimum and maximum age field to accept different frequencies. |
| 2018-0069 | | MEDISPAN PSP FILE PROCESSING - Modifications are required to prevent abend of Weekly Medi-Span(MS) RX File processing jobs |
| 2019-0069 | | REF TABLE RF260-ICD10 FORMAT - Need a modification to the RF260 for the Diagnosis Data to meet the ICD10 Format |
| 2019-0175 | | Implement Comments for Ref Tables - Add the ability to add comments to procedure, diagnosis, and NDC base reference tables to allow users to document pertinent information for codes |

| Provider System Service Requests | | |
|---|---|---|
| 2018-0103 | | NEMT CONTRACT DRIVER DATA - Capture "driver" information for certain NEMT providers |

| Claims Service Requests | | |
|---|---|---|

| 2019-0237 | | Upgrade APR DRG Mapper - Implements the APR DRG 2020 mapping. |