#	IMPACTED AREA	ISSUE	BUSINESS IMPACT	IDENTIFIED ISSUES/DEFECTS	PATH TO RESOLUTION	TARGET RESOLUTION DATE
1	All	Quality of delivery (development, testing, and deployment of software fixes/changes) is not adequate for steady-state operations.	Rework to fix problems previously corrected and loss of credibility with the state of Alaska client.	We have experienced instances where defect fixes were deployed but did not actually resolve the issue. We have also experienced instances where defect fixes were deployed but created other issues.	Analysis and continual improvements in process. Releases - changes in release process which includes full regression runs and inviting the user to the test env to ensure quality Heap dumps -> down to 1-2/week from daily Quick UI for travel There was a reduction of 40K in claims DB partitioning in test	1/15/2014
2	Service Authorization (Travel)	New error message received on quick UI		20131213: Yesterday morning the SA representatives reported they could not use the new quick UI screens due to an error message. The QE UI was down entirely. Staff had to use the old screens and could not work them through to approval (had to leave them pended). The fixes required for the QE screens were identified via triage and required a code fix which we expect to receive overnight tonight. The auths not approved via the old screens will have to be revisited.	We are working with our focus team to determine if they can be moved to an approved status via SQL to avoid the rework by staff.	12/14/2013 *for the defect fix specific to the quick UI
3	Service Authorization (Faxes)	Back log of Service Auths faxed Xerox	Timely response to US Travel Increased frustration levels	20131213: We do receive them, scan them for US Travel impacts, communicate those changes to US Travel and then call the providers to	Resources need to be onboarded and assigned to clear back log (Xerox)	12/20/2013 faxes and a model to work with US Travel will be stabilized

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			for end users	let them know the changes have been authorized. Early in the process, we had been doing the MMIS data entry prior to call back, but with the update processing times and the increasing volume, it was determined we could not keep up and be timely in our responses with that approach.	Instructions need to be modified indicating US Travel should not wait to hear back from Xerox on faxed authorizations (Possibly address in the statewide travel call) If members are delayed due to weather conditions, communication should be provided that they can go to the ticket counter for flight changes. (Possibly address in the statewide travel call)	
4	Service Authorization	Back log of DME, Dental and Behavioral Health Service Authorizations are greater than normal levels prior to Enterprise	Timely provider payment for services. Dental services for "Patient in chair" are delayed and the provider does not know the authorized amount. Increased frustration levels for end users and negative impact to fiscal agent operations.	ESPRD00993081- An issue has been identified where SAs are not retaining notes, entire fieldsets of information. This isn't happening on every SA but randomly. Logs have been captured, analysis is in process. No ETA at this time. ESPRD00995888- Address is blanking from service authorizations with increasing frequency. This goes along with ESPRD00993081. Defect fix deployed on 12/8. ESPRD00997714- FAS representatives are experiencing the error of "There was an error in processing, please retry later" on some of the SA's that they are trying to approve. This is preventing these SA's from being able to be approved. Deployed on 12/8.	Xerox has 8 job requisitions open to help clear the backlog. Service Authorization stability issues related to critical defects are getting addressed as priority for closure.	1/15/2014 *For onboarding the 8 temporary staff and for complete stabilization of SA entry screens Need agreement on target date for when Xerox will clear the backlog

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				ESPRD00997717- SA is in approved status but the first line gets changed to pended. A triage revealed a lot of the issues was with Exception A007, there is a parameter that automatically will deny that exception after 5 days due to the pend/recycle process with Service Authorizations. We have changed the exception to "Can Force" so that the SA representative can work the backlog. Deployed on 12/8		
5	Service Authorization/Member	The system is not recognizing a retroactive change to Category Of Eligibility (COE) codes.		ESPRD00986076- If there is an existing span and a retroactive span comes in with a different COE code, the system should end date the existing span and start a new one for the new COE code. This is not happening. Exception A007 has been updated to "Can Force" which will allow users to bypass this exception code until the defect is fixed and the users COE spans are corrected.	Member functional team is fixing the COE issues manually as they come up. SDS to provide Member focus team (Abby Fargo) with any they are experiencing this problem with so the member team can manually fix them until the defect is deployed.	12/21/2013 *Target date for defect fix changed from 12/14/2013 to 12/21/2013 due to testing results in lower environments Actual provider and state realization of improvement will lag the deployment date.
6	Service Authorization	Exception 1035 posting in error for SDS		ESPRD00988622 - SDS is encountering an issue with Exception 1035 posting. This exception is posting in error as it is posting for lines that are set to an 'Approved' status. The exception is posting to multiple lines of an authorization but appears to be resetting the Line 1 SA LI Status from Approved to Pended. Defect was rejected in testing.	Exception 1035 has been changed to ignore so the users shouldn't be able to have this exception bypassed until this issue is fixed	12/14/2013 *Actual provider and state realization of improvement will lag the deployment date.
7	Service Authorization	PCA and Waiver authorization letters have		The direction from Director Brodie is the users should not be getting letters	Create adhoc reports for providers and SDS.	12/21/2013 *target date for the

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		not been sent since go live.		but they should be able to review those online via the provider portal. There are currently issues with the provider portal SA search. When the provider signs in the ID automatically pre-populated the NPI. The user was unable to complete the search as the application was just clocking. We are looking into the NPI issue they are having and trying to determine why this is occurring as the provider ID that they use should be what is automatically populated, not an NPI. We are also looking to see if we may be able to have the letters that would normally be generated could be sent to the inbox of the provider. Follow up meeting will be scheduled.	Manually generate approval letters. Manually generate and publish to the provider's in boxes a list of authorizations until the request can be completed.	defect fix for auto populating the NPI rather than the Medicaid ID (MID)
8	Member Eligibility	CAMA eligible members are not consistently loading to Enterprise.	Claims could deny for eligibility Providers and members could receive inaccurate information when using the portal, AVR, or calling our call centers	ESPRD00998181 - Preliminary analysis of transactions from 11/01 to 11/13 revealed 18 of 470 CAMA records were not committed to the MMIS. A review of the load process will be completed as part of the root cause analysis and will be tracked to resolution in this defect record in CQ. Until the defect is fixed and deployed to production, missing records will continue to be added manually so that the business impact is minimal.	Continue to add missing data until defect fix is deployed. Working the file from DPH preemptively ensures the members are in the system timely and interface files with these updates are sent the next day.	12/18/2013 *Target date for hot fix for code updates
9	Member Eligibility	Missing a row on the Member Coverage for B_SYS_ID = 3001411 with date range = 20130615 thru 20130804. It created the group policy but not the member	Some member insurance information will not get into the system as soon as it is added to EIS. There could be a larger volume of retroactive	ESPRD00929618 - Please note this has been recently implemented into PROD (12/4). The preliminary analysis was although there were still issues and the defect wasn't fully resolved, the issues were not severe enough to prevent it from going into	Validate production results. Complete the previously saved updates. Resolve unresolved issues with this defect fix.	12/13/2013 *Actual provider and state realization of improvement will lag the deployment date.

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			policies added when the data is processed. This risk is lower than running the interface job with the current code which will void existing converted policy data which are valid for cost avoidance. Missing TPL information in Enterprise	PROD. The daily jobs for TPL updates from EIS were previously on hold and have been released for production run tonight on 78 members. The production results will be validated tomorrow and the previously saved updates will be completed in the next few days.		
10	Member Eligibility	EIS updates are not being applied for duplicate and overlapping spans. Due to the lack of information processed from EIS, the conversion effort had to treat each member as a policyholder and thereby giving each member a different policy key for the same policy/carrier/group. Consequently, in order to get the correct data, the rules must change to look at and pull policy information based on the policy, carrier, group and member combination.	Missing TPL information in Enterprise	ESPRD00981905 - The daily jobs for TPL updates from EIS were previously on hold and have been released for production run tonight on 78 members. The production results will be validated tomorrow and the previously saved updates will be completed in the next few days.	Validate production results. Complete the previously saved updates. Resolve unresolved issues with this defect fix.	12/13/2013 *Actual provider and state realization of improvement will lag the deployment date.
11	Member Eligibility	Monthly recon file does not produce data (MEM-ELG-008 - Reconciliation Unmatched Report – Member On Reconciliation File Not Matched On MMIS	State and FAS cannot use this report to manage the member eligibility program.	ESPRD00992481 - We revisited the design spec and modified it to make it perform better. We also corrected some issues with the report mapping.	Validate monthly report when job is executed according to schedule.	12/31/2013

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		Database Report)				
12	Provider Enrollment	Provider enrollment backlog is greater than normal levels received prior to Enterprise.	Potential access to care issues.	There was an issue with the system allowing application approvals by the enrollment staff. That defect was resolved. However, there are other system issues identified with approving an application for a provider with an inactive status. The work around is for the provider enrollment staff to escalate the application to the technical teams for approving at the database level. This defect is unique to those providers with an inactive status only. Other system issues which create additional work around or additional validation steps include random changes to date fields when approving an application and cleaning up errant information submitted on the application such as the incorrect provider ID.	Other than resolving the identified defect fixes, Xerox staff are working overtime to help clear the back log.	1/15/2014
13	Claims Payment/Pricing	Claims processing and payment accuracy not adequate for steady-state Fiscal Agent operations.	Creates large suspense inventory Delay in provider payments. Inaccurate payments to Providers	Critical defects identified and tracked in Claims Tiger team tracker.	Need to apply defect fixes and change requests as required to (a) reduce suspended claims inventory and (b) increase/improve accuracy of payments to providers. Need to review the detail in the table below titled "Suspense Volume Non Defect Related" for additional actions to reduce the suspense volume.	1/15/2014 Xerox expects that we will not be at full pre Go Live numbers but will have targeted and resolved those areas having the greatest impact and allow for the State to begin recoupments.
14	Claims	Issues with the	Significant underpayment	Defects related to the Qualis file were	We identified 99 inpatient	12/13/2013 –

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	Payment/Processing/Service Authorization	processing of the Qualis files initially after go live created claims paid the average LOS and not the full authorized per the Service Authorization	to providers. Because there is no requirement for a SA on inpatient claims, if a provider submits a SA and if it is on file and covers more than the length of stay, it is used to determine covered days and non-covered days. The average LOS is 3 days except 2 for vaginal birth and 4 for C-section	resolved in November. Xerox needs to identify the claims and perform mass adjustments/suspense release until all impacted claims are reprocessed.	claims for Providence Hospital where calculation and payment was not included for the non-covered days. Those claims were mass adjusted and suspense released. Several claims suspended and denied as they hit other edits. For claims that suspended, Xerox is working those claims as priority this week anticipating completion prior to preliminary cycle. Tiger team review of the denials is in process.	Providence 1/15/2014 – all other impacted claims
15	Claims	National Correct Coding Initiative Edits (NCCI edits) and impacts on Behavioral Health providers	Suspense claim volume	ESPRD00989340 - The solution is to modify the McKesson ClaimsXten Dictionary for provider type 107 (Behavioral Health) to exclude provider specialties other than 070 (Pharmacy) from the NCCI editing process. A CRA needs to be sent to McKesson to request this change to the McKesson dictionary.	This change request is in testing now by the Xerox Richmond staff.	12/31/2013 *tentative target date for defect fix deployment; will be deployed earlier depending on test results
16	Pharmacy	Pharmacy file has not been updated since Go Live	Pharmacy File at MMA is out of date, causing dis-enrolled pharmacies to be able to render and newly enrolled pharmacies to not be able to render/bill	Defect ESPRD00989962 was in place to create a crosswalk for the service providers (pharmacies and dispensing physicians). This was provided to Magellan on 12/13. At go-live, we had to do a conversion crosswalk to crosswalk the legacy ids to the new Enterprise ids. We provided this over go-live and there are two categories –	When Magellan was waiting on the crosswalk, they held off running our daily pharmacy provider update so the pharmacy PBM could have been lacking in some updates as a result. Without the crosswalk, new records would have been built for the pharmacies but there	12/31/2013 *tentative target date with dependency for Magellan to run it through their test region first before applying it into production

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				pharmacies/dispensing providers, and practitioners (who prescribe the drugs). It looks that the crosswalk only provided the practitioners so any pharmacies that had not re-enrolled properly and should have been end-dated did not occur.	wasn't a cross reference created between the old/new ids (overall shouldn't impact billing but more data setup). Things should be back on track this week. One exception: We have a few scenarios where we have duplicate information in our provider setup in Enterprise and this is causing issues with some provider information going to Magellan. We are working with the provider team on this but will have to work those manually until corrected. Two main items we see: One, two new Medicaid ids created for the same provider – have sent examples to the provider team, asking for clarification of which record is correct and if one needs to be cleaned up/closed out Two, providers have multiple active NPIs – this is causing an issue with our back end extracts as a provider is only supposed to have one NPI on file.	

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					However, the provider enrollment group states that this is allowed. Still working through this because it will cause issues when taking a p_sys_id and mapping it back to a NPI for extracts to any outside source.	

Suspense Volume Non Defect Related

The following table is presented for awareness of other actions (not defect related) needed to reduce the suspended claims inventory. The content was analyzed and agreed to by the claims tiger team participants. The individuals named as the "Owner" are those participants of the tiger team who accepted the role of the primary person working an item to closure, and involving others as needed for input, action, etc. Not one person is the sole owner of the content under "Action Needed", it will take the entire project team working together to resolve and clear the total claims impacted.

Edit	Description	Total Claims Impacted	Action Needed	Action Owner	Target Date
3620	Bill Prov NPI match mult IDs	~13K	After provider outreach is complete, will set disposition to deny and reprocess claims. Providers will need to resubmit claims per instructions received via provider outreach. **Just need Bldg L (Linda Walsh or other) approval to deny.**	Jo Burdeau	**12/17/2013 meeting for Bldg L approval to deny**
6604	Poss Conflict/dif Provider	~12K	**Need additional criteria for dupe check edit** so that claims will auto-adjudicate (i.e., not require staff intervention). In the meantime, claims fiscal agent staff are working these claims daily; however, volume is higher then Legacy so need to address.	Lisa Seymour	**TBD**

Edit	Description	Total Claims Impacted	Action Needed	Action Owner	Target Date
3600	Cat of Svc Cant be Determined	~11K	**Need category of service (COS) criteria for Professional, Outpatient, and Part B Crossovers.** Note that majority of these believed to be due to NPI issue, which mainly needs provider outreach because providers are billing incorrectly. NPI multi-match defects (ESPRD00997130 and ESPRD00997136, both targeted for release 12/21/2013). There is also defect (ESPRD00998065, target release 12/18/2013) on the edit dependency that affects this and goes hand in hand with 3620 above. **As with 3620 above, need Bldg L (Linda Walsh or other) approval to deny after provider outreach is complete.**	Lisa Seymour	**12/17/2013 meeting for Bldg L approval to deny;** 12/21/2013 for defect fixes; **TBD for COS criteria**
4125	Diagnosis Requires FA Review	~9K	Rule set to look at all diagnosis codes; if any require review, suspend. **Need to see if the rules should be changed to only look at first/principle diagnosis code.** Need clarity by form. At this time, claims fiscal agent staff are working these, and **Sherry LaRue is writing workorder to change rules**.	Christina Sprague	**12/17/2013 meeting for work order to change rules**
4645	Out of State Prc Seg not found	~7K	Provider outreach complete. Need criteria for Vision and Independent Labs to allow auto-adjudication (i.e., no staff intervention). Bypass out of state for Waivers? **Christina Sprague is working with Bldg L (Linda Walsh and Cindy Christensen).**	Christina Sprague	12/17/2013
6430	Cost Avoid for no TPL $ w/EOB	~5K	Need to ensure claims images are imported into the Electronic Document Management System (EDMS), and then claims operations staff need to work this inventory (i.e., must enter the TPL dollars). **Christina Sprague will work with Jim Wood to make sure images get to EDMS.** Inventory will slowly reduce as long as claims operations staff can access the images in the EDMS. Defect (ESPRD00995101, target release 12/21/2013) is causing inflated inventory. (after fix for TPL matrix to only look at active policies, expect inventory will decrease).	Christina Sprague	12/21/2013
3700	Provider on review	~5K	Unless the state wants to change the business rules, these claims need to be manually reviewed by state staff. **Further discussion on 12/13/2013 identified that other edits should be worked before this edit should be posted and the claim put in location for state review. Jo requested provider team to take the location off the review spans. After data update via SQL has been completed by Provider team, claims team will reprocess these claims using suspense release and expect them to go to a different location for claims fiscal agent staff to work what they can. After work by claims fiscal agent staff, then claims can go to state location when appropriate. Kristina Hearn to follow-up with Randy Demuth.**	Kristina Hearn	12/16/2013