



Benefit Management System (BMS) Claims Payment Known Issues & Enhancements

Updated: 4/22/2025

The following sections provide detailed information about known issues impacting claims payments, known issues that have been resolved, and information about change requests (CRs) and enhancements to the Benefit Management System (BMS), for the previous 3 months.

Continue to check this document for updates as the issues are resolved.

Use the following quick links to navigate directly to the section you want to view.

- [Known Issues – Resolved](#)
- [BMS Change Requests \(CRs\) and Enhancements](#)

Known Issues – Open

The following table lists known issues impacting claims payment. We are working to resolve these issues as quickly as possible:

Provider Type(s) Impacted	System Status	System Status Message	Anticipated Fix Date
Claims (CE) - Claims Edits	Fix in Progress	A Provider entered a claim with a different Provider's PA on the claim. The claim was paid and no error was posted to deny the claim. There were no units utilized on the PA due to this issue. The TCN is XXXXXXXXXXXXXXX000 the PA is XXXXXXXXXX. The Member information is correct but there is a discrepancy in the Provider information.	TBD
Claims (CE) - Claims Adjudication	Fix in Progress	TCN XXXXXXXXXXXXXXX000 was denied for limit. The service was billed at 1 unit and there aren't any other office visits paid by the BCC program in the last 12 months for this beneficiary. Issue: The current Limit logic doesn't consider the Benefit plan when checking the history claims.	3/15/2025
Claims (CE) - Claims Edits	Fix in Progress	Provider is receiving error when trying to save a professional claim template in BMS.	3/15/2025

Provider Type(s) Impacted	System Status	System Status Message	Anticipated Fix Date
Claims (CE) - Claims Adjudication	Fix in Progress	Issue with edit 7141 and 7183 not posting on claims when Bene has the TPL coverage. Error code of 7141 (TPL on member's file and not on claim) did not post to TCN XXXXXXXXXXXXXXX000. The claim was received after the member's BCBS of WY coverage was created on 03/22/2024. There are two spans of coverage that overlap or are included in the beginning and end dates of other insurance coverage.	3/15/2025
Claims (CE) - Claims Screens	Fix in Progress	TCN - XXXXXXXXXXXXXXX000 The DX has PA required indicator as 'Yes' and 'ByPass PA with Diagnosis indicator' is not present for the submitted procedure code. The Provider details is not matching between the claim and the PA but the edit 1122 is not posted in the claim. Need to analyze the PA Required indicator derivation logic if DX has the value 'Yes' for PA required indicator.	3/15/2025
Claims (CE) - Claims Adjudication	Fix in Progress	PASRR Edit 7020 posting incorrectly on claims	TBD

Known Issues – Resolved

The following table lists known issues that have been resolved:

Provider Type(s) Impacted	System Status	System Status Message	Date Fixed
Claims (CE) - Claims Screens	Resolved	Operating physician information missing while submitting the claims through DDE screen The OPERATING PHYSICIAN INFORMATION section is not retaining the information entered when any other validation error occurs while submitting a claim. Same issue happening when saving as template.	1/11/2025
Claims (CE) - Claims Adjudication	Resolved	TCN XXXXXXXXXXXXXXX000 - line 1 of the claim should have paid the encounter rate for the revenue code, but the claim actually paid on line 2, which had no billed amount.	1/11/2025
Claims (CE) - Claims Adjudication	Resolved	When the provider submits a claim via DDE, BMS is incorrectly adding service lines from a previously submitted claim during the new claim submission attempt. When submitting multiple DDE claims. The service lines are getting copied from the previous submission during addition of a service line. Providers should make sure to review the service lines and delete if any added from previous submissions before submitting the claim.	1/11/2025

Provider Type(s) Impacted	System Status	System Status Message	Date Fixed
Claims (CE) - Claims Adjudication	Resolved	Edit 1179 is not posting when we have only one Modifier associated with a procedure code and it is Past End Dated. For example, in S5108 we have only U9 associate when we end date the procedure modifier association to back date like 07/31/2024 Claims with DOS on or after 08/01/2024 should get deny with 1179 edit which is not happening. Issue is in function fn_wy_procedure_x_modifier. Work Around: We need to have include option for the procedure X modifier combination until 07/31/2024 and have another record with exclude combination from 08/01/2024 to open end date. Example PROD TCN - XXXXXXXXXXXXXXX000	1/11/2025
Claims (CE) - Claims Adjudication	Resolved	Configuration of Modifier Pricing may have missed Adjustment during Allowed Amount derivation due to the way it's configured in the Reference Rates in BMS.	1/11/2025
Claims (CE) - Claims Adjudication	Resolved	TCN underpaid, the provider rate for procedure code is \$35, and the procedure code has a unit limit per day of 16. The claim paid using lesser logic pricing for the units, but it only paid \$0.56 when it should have paid the billed amount on claim. TCN also has a provider rate of \$35 for the procedure code T2038 and paid 36 units based on the limit but only paid \$52.99. For all the claims the procedure code also has a factor rate for the benefit plan but even with those rates the claims still did not pay correctly. Can this be reviewed to ensure it is paying correctly.	12/14/2024
Prior Authorization (PA) - PA Rules Engine	Resolved	Claim type - F OPPTS not utilizing PA units on claim with revenue/procedure code and PA matches with procedure code. Linked issue Claim type: R is not posting PA edit 1122 Rev code requires PA and code on PA not matching.	12/14/2024

BMS Change Requests (CRs) and Enhancements

Acentra Health and the state of Wyoming Department of Health (WDH) continuously look to improve and enhance the Benefit Management System (BMS). The following table lists the Agency's priority enhancements being developed for implementation:

Provider Type(s) Impacted	System Status	Change Request or Enhancement Description	Anticipated Release Date	Release Date
IVR	In Development	IVR Provider Authentication Requirement	TBD	TBD
Claims (CE) - Claims Adjustments	In Development	Medicare Paying Negative Amount	TBD	TBD

Provider Type(s) Impacted	System Status	Change Request or Enhancement Description	Anticipated Release Date	Release Date
Claims (CE) - Not Applicable	In Development	FWA2 Project	6/14/2025	TBD
Interactive Voice Response (IVR) - IVR CR	In Development	IVR Provider Authentication Requirement	TBD	TBD
Claims (CE) - Claims CR	In Development	Claims with Future Dates	8/16/2025	TBD
Member - Member Screens	In Development	MA/Child Incarceration	TBD	TBD
SOA Interfaces	In Development	Add Certified American-Indian/Alaskan-Native Indicator as a Criteria for IHS	6/14/2025	TBD
Claims (CE) - Claims CR	In Development	Chiropractic Services	8/16/2025	TBD
Claims (CE) - Claims Edits	In Development	Deny Span Billing for CME Claims	4/12/2025	TBD
Claims (CE)	In Dev/Cr SIT	Exhausted Days	12/14/2024	12/14/2024
Financial Services (FS) - Financial CR	In Development/SIT	Remittance Advice Changes for Credit Balances	12/14/2024	12/14/2024