



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

Updated: 1/17/2025

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 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.	TBD
Prior Authorization (PA) - PA Rules Engine	Fix in Progress	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.	TBD
Claims (CE) - Claims Screens	Fix in Progress	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.	TBD

Provider Type(s) Impacted	System Status	System Status Message	Anticipated Fix Date
Claims (CE) - Claims Adjudication	Fix in Progress	PASRR Edit 7020 posting incorrectly on claims	TBD
Claims (CE) - Claims Adjudication	Fix in Progress	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	TBD
Claims (CE) - Claims Adjudication	Fix in Progress	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.	TBD
Claims (CE) - Claims Adjudication	Fix in Progress	Configuration of Modifier Pricing may have missed Adjustment during Allowed Amount derivation due to the way its configured in the Reference Rates in BMS.	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 Adjudication	Fix in Progress	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	12/14/2024

Provider Type(s) Impacted	System Status	System Status Message	Date Fixed
		rates the claims still did not pay correctly. Can this be reviewed to ensure it is paying correctly.	
Claims (CE) - Claims Adjudication	Resolved	Claim utilized the PA even though Beneficiary ID not matching with PA.	11/16/2024
Inpatient (R) and Outpatient Claims (F)	Resolved	Prior Authorization match logic is not checking Proc code when Rev code submitted	11/16/2024
Claims (CE) - Claims Adjudication	Resolved	PA for Proc 37766 and Mod RT is denying with edit 1123 (PA Units OR Dollars not available)	10/12/2024
Claims (CE) - Claims Adjudication	Resolved	Failing ACA derivation, when there is a PA with Rate for the Revenue (0100) on the line.	10/12/2024
Claims (CE) - Claims Adjudication	Resolved	TPL Pricing needs investigation. Claim Submitted with 3 lines. Two of the lines got Commercial Insurance Payment > \$0 difference between the charge and OI Payment got reported as adjustment with OA-23. On both the lines, the system posted the edit 1293 (OTHER INSURANCE HAS REDUCED THE AMOUNT APPROVED TO ZERO) and derived Medicaid payment amount in full, as if Medicaid is Primary.	10/12/2024
Professional	Resolved	Modifier code not showing up in the code rates section for group rates. procedure code H0038.	10/12/2024
Claims (CE) - Claims Screens	Resolved	PA Utilized Units are not being reduced when on a claim for procedure code E0445.	10/12/2024

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
Financial Services (FS) - Financial CR	In Development	Financial 360	TBD	TBD

Provider Type(s) Impacted	System Status	Change Request or Enhancement Description	Anticipated Release Date	Release Date
Third Party Liability (TPL) - TPL CR	In Development	Operationalize Written Response Notification of Casualty Carrier - HMS	TBD	TBD
Third Party Liability (TPL) - TPL CR	In Development	Policy Changes for EID Premiums - HMS	TBD	TBD
Member - Member Screens	In Development	Increase Number of Filters on Member Search Screen	TBD	TBD
Medicaid Portal	In Development	Fix Mobile View of Wyomingmedicaid.com	TBD	TBD
EDI - EDI Interfaces	In Development	WyFi Outbound Interface	TBD	TBD
Claims (CE) - Not Applicable	In Development	FWA2 Project	TBD	TBD
Interactive Voice Response (IVR) - IVR CR	In Development	IVR Provider Authentication Requirement	TBD	TBD
Third Party Liability (TPL) - TPL CR	In Development	Behavioral Health Redesign TPL Changes at HMS	TBD	TBD
Third Party Liability (TPL) - TPL Correspondence	In Development	Create Letter for Income Trusts	3/15/2025	TBD
Financial Services (FS) - Financial CR	In Development	Calculate Federal and State Share/FMA	TBD	TBD
Claims (CE) - Claims Screens	In Development	Claims Resolver	TBD	TBD
General Services (Arch) - Back End	In Development	WY BMS evoBrix X Workflow Rules Update	TBD	TBD

Provider Type(s) Impacted	System Status	Change Request or Enhancement Description	Anticipated Release Date	Release Date
SOA Interfaces	In Development	Create Anchor Date for Eligibility Interface	TBD	TBD
Claims (CE) - Claims CR	In Development	Error Code 1058	TBD	TBD
Claims (CE) - Claims CR	In Development	Claims with Future Dates	TBD	TBD
Member - Member Screens	In Development	MA/Child Incarceration	TBD	TBD
SOA Interfaces	In Development	CHC Restoration Work	TBD	TBD
Third Party Liability (TPL) - TPL Interfaces	In Development	Implementation of CAV Card for BH	TBD	TBD
Agency	In Development	Change Calculation for SLA 58 and 59	TBD	TBD
SOA Interfaces	In Development	DFS Interface for WYOSAFE Project Phase 2	TBD	TBD
SOA Interfaces	In Development	Adjustment and Void Files to be sent to Carebridge	TBD	TBD
SOA Interfaces	In Development	Add Certified American-Indian/Alaskan-Native Indicator as a Criteria for IHS	TBD	TBD
Claims (CE) - Claims CR	In Development	Chiropractic Services	TBD	TBD
Provider Information View (PRI) - PRI Provider Information	In Development	Billing Provider Taxonomy for Benefit Plan Derivation	TBD	TBD
Platform	In Development	evoBrix X Product Framework Update with Security Updates	TBD	TBD
Claims (CE) - Claims Edits	In Development	Deny Span Billing for CME Claims	3/15/2025	TBD

Provider Type(s) Impacted	System Status	Change Request or Enhancement Description	Anticipated Release Date	Release Date
SOA Interfaces	In Development	Handling of WHIPP Payments	2/15/2025	In Progress
Financial Services (FS) - Financial Screens	In Development/SIT	Utilizing Transportation Screen - Entity Refunds	2/15/2025	In Progress
SOA Interfaces	In Development/SIT	DFS interface for the WYOSAFE Project Phase 1 Part 2	12/14/2024	12/14/2024
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
Claims (CE) - Claims Adjudication	Completed	BCC/COLR Edits	11/16/2024	11/16/2024
Claims (CE)	Completed	Multiple Budget Strings for One Line Item/Sterilization	11/16/2024	11/16/2024
Prior Authorization (PA) - PA Screens	Completed	Ability to alter a saved claims template to update the Prior Authorization	10/12/2024	10/12/2024
Claims (CE) - Claims Edits	Completed	Deny Claims with Medicare/Commercial Insurance Y Flag and No CARC/Group Code at Line/Header Level	10/12/2024	10/12/2024
Claims (CE) - Claims Edits	Completed	Deny Claims with Other Payer Information and Header/Line Level Dollar Amounts Do Not Equal	10/12/2024	10/12/2024
GUI Design & Usability	Completed	Provider Summary Screen	10/12/2024	10/12/2024