



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

Updated: 10/14/2024

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 (June 2024 – September 2024).

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
Inpatient (R) and Outpatient Claims (F)	Fix in Progress	Prior Authorization match logic is not checking Proc code when Rev code submitted	11/16/2024
Inpatient Hospital (claim type R)	Fix in Progress	Inpatient Hospital (claim type R) posting error code 1755 for NDC not eligible for rebate, with the Default Disposition of S-suspend instead of Alternative Disposition I-Ignore.	11/16/2024
Claims (CE) - Claims Adjudication	Fix in Progress	Failing ACA derivation, when there is a PA with Rate for the Revenue (0100) on the line.	10/12/2024
Claims (CE) - Claims Adjudication	Fix in Progress	PA for Proc 37766 and Mod RT is denying with edit 1123 (PA Units OR Dollars not available)	10/12/2024

Provider Type(s) Impacted	System Status	System Status Message	Anticipated Fix Date
Claims (CE) - Claims Screens	Fix in Progress	PA Utilized Units are not being reduced when on a claim for procedure code E0445.	10/12/2024
Claims (CE) - Claims Adjudication	Fix in Progress	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

## Known Issues – Resolved

The following table lists known issues that have been resolved:

Provider Type(s) Impacted	System Status	System Status Message	Date Fixed
Professional	Fix in Progress	Modifier code not showing up in the code rates section for group rates. procedure code H0038.	10/12/2024
Claims (CE) - Claims Edits	Resolved	Limit with PA override = Y Claim with procedure code has PA required = N Limit should exhaust PA is not matching but we don't deny the claim because PA required = N Expected result: Claim line should get denied for Limit edit as PA is not used for pricing the claim. Data: Unit limit for Claim Type Dental Limit group tested 1P3YD2, D0330 (ALLOWED 1/3 YEARS) Provider on the PA not matching with claim provider (Limit edit is not working)	9/14/2024
Member	Resolved	When Providers check member eligibility through the provider portal for codes that should be covered under the KIDA benefit plan they are given the NO result when the member has not had the service in over 1 years' time frame, and the member has eligibility for more than one benefit plan Scenario from production Procedure code: V2020 Eligibility inquiry is returning as Yes when member is having standalone KIDA benefit plan as of the inquired date. If member has both KIDA and BHC-FULL (or any other benefit plan which don't covers the procedure code), inquiry is returning as "No" for the procedure code.	9/14/2024

Provider Type(s) Impacted	System Status	System Status Message	Date Fixed
Claims (CE) - Claims Adjudication	Resolved	TCN with no Medicare has posted 1343 edit with IGNORE disposition instead of DENY.	9/14/2024
Claims (CE) - Claims Adjudication	Resolved	Claim posting Limit edit needs investigated. The current claim reported 3 units on a line is denying with limit edit because the procedure reported allows only 1 unit per day (based on the limit 1P1CY). Same code reported on another claim for 7 units with Different DOS paid.	8/17/2024
Claims (CE) - Claims Adjudication	Resolved	Utilized units exceed approved units on a PA and utilized units do not agree with the claim.	1/13/2024 Mass 6/12/2024
Claims (CE) - Claims Adjudication	Resolved	For Nursing Facility Claim Type (CT-T), When most recent record of PASRR Level I with Admit Date matching the Admit Date on the Claim got Res Review Flag = Y AND the outcome code is IN (1, 2, 3) AND Claim Month of Service is > RES Review Date + 31 days AND no PASRR Level II determination date on file Then Post the edit at header and deny the claim.7020 edit logic also needs to be checked.	9/14/2024
Claims (CE) - Claims Adjudication	Resolved	Lesser logic is not working and system is paying more units than billed on T-Nursing.	9/13/2024
Claims (CE) - Claims Adjudication	Resolved	Visit limit configured for different servicing provider posting for claims with same servicing provider	7/13/2024

## BMS Change Requests (CRs) and Enhancements

CNSI 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
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

Provider Type(s) Impacted	System Status	Change Request or Enhancement Description	Anticipated Release Date	Release Date
Third Party Liability (TPL) - TPL Interfaces	In Development	Implementation of CAV Card for BH	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
Claims (CE) - Claims Edits	In Development	Deny Span Billing for CME Claims	TBD	TBD
Platform	In Development	evoBrix X Product Framework Update with Security Updates	TBD	TBD
SOA Interfaces	In Development	Handling of WHIPP Payments	TBD	TBD
Claims (CE) - Claims Adjudication	Completed	Edit 1775 bypass condition enhancement		7/13/2024
Prior Authorization (PA) - PA Screens	In Development/UAT	Ability to alter a saved claims template to update the Prior Authorization	10/12/2024	In Progress
Claims (CE) - Claims Edits	In Development/UAT	Deny Claims with Medicare/Commercial Insurance Y Flag and No CARC/Group Code at Line/Header Level	10/12/2024	In Progress
Claims (CE) - Claims Edits	In Development/UAT	Deny Claims with Other Payer Information and Header/Line Level Dollar Amounts Do Not Equal	10/12/2024	In Progress

Provider Type(s) Impacted	System Status	Change Request or Enhancement Description	Anticipated Release Date	Release Date
GUI Design & Usability	In Development/SIT	Provider Summary Screen	10/12/2024	In Progress
Claims (CE) - Claims Adjudication	In Development	BCC/COLR Edits	11/16/2024	In Progress
Claims (CE)	In Development/SIT	Multiple Budget Strings for One Line Item/Sterilization	11/16/2024	In Progress
SOA Interfaces	In Development	CHC Restoration Work	TBD	TBD
Claims (CE)	In Development	Exhausted Days	12/14/2024	In Progress
Financial Services (FS) - Financial CR	In Development/ SIT	Remittance Advice Changes for Credit Balances	12/14/2024	In Progress