



MERGE OF KIDMED CLAIMS PROCESSING SUBSYSTEM INTO THE MMIS CLAIMS PROCESSING SYSTEM

UNISYS

Effective with date of processing Monday, December 1, 2008, the KIDMED Claims Processing Subsystem will be merged into the MMIS Claims Processing System which processes all other Medicaid claims. This merge will be beneficial for KIDMED providers and should remove many of the current problem areas related to processing KIDMED claims through a separate subsystem prior to allowing the claims data to enter the regular Medicaid Management Information System (MMIS) for processing. Some of the changes/improvements follow:

Submission of KIDMED Claims by Providers:

Submission of KIDMED claims by providers will not change. Providers will continue to submit EDI (electronic) claims using the 837P transaction with the KID extension and the additional K-3 data segment or by using the paper KM-3 claim form.

KIDMED Claims EDI Weekly Cut-Off Day/Time:

KIDMED claims will now be treated like all other claims, and the standard weekly cut-off for submitting electronic claims will become Thursday at 10:00 a.m. (Holidays that fall on a Thursday move the cut-off date to the preceding Wednesday.)

Processing of KIDMED Claim Submissions:

Currently, KIDMED claims must go through a subsystem prior to entering the regular MMIS claims processing system. This KIDMED subsystem is being removed and KIDMED claims submissions will enter the MMIS claims processing system when the electronic file is accepted or the paper claims are keyed. Providers will not receive any rejected claims from the subsystem.

This means KIDMED claims will be processed against all appropriate claims edits during regular processing cycles and be paid or denied through the regular claims processing channels.

Claims Processing Edits:

The KIDMED claim edits that previously appeared on the Denied Claims List (CP-0-50) have been cross-referenced to appropriate MMIS claims processing edits. The KIDMED edits you are accustomed to seeing will go away. A list of the obsolete KIDMED edits cross-referenced to the MMIS edits that will be in effect beginning December 1st accompanies this notice. This list is also posted on the Louisiana Medicaid web site, www.lamedicaid.com, link Forms/Files/User Guides.

Remittance Advice/CP-0-50:

All KIDMED claims will now appear on the standard MMIS remittance advice, even if the claims are denied. Providers will no longer receive a CP-0-50 report. KIDMED claims will be reconciled from the regular remittance advice, just as with all other claims.

Resubmittal Turnaround Documents (RTDs) will be eliminated. Denied Turnaround Documents (DTAs) will be generated where appropriate based on standard MMIS claims edits.

KIDMED Reports:

The following KIDMED subsystem reports will be discontinued:

- CP-0-50 (Denied Claims Report and Resubmittal Turnaround Documents)
- CP-0-51A (Electronic Media Claim Proof List)

11/14/2008

- CP-0-115 (Recycled Claims Listing)
- CNTL-D012 (Direct Biller Process Summary)

RS-O-07 Report:

The RS-O-07 report will continue to be produced but will be transitioned into six (6) reports.

Effective with production of the KIDMED RS-O-07 monthly reports received in late December for January 2009 linkages, a series of RS-O-07 reports will be implemented to replace the current, single RS-O-07 report. This series of reports will allow KIDMED providers to use the data more effectively and efficiently.

Additionally, these reports may be used by ACS nurses when they visit a particular site for clinical monitoring and claims reviews.

This series will include six (6) reports - a complete roster of the eligible recipients assigned/linked to the provider/site and separate reports to identify recipients according to the due date of their screenings.

A separate notice with detailed data related to the individual reports and a short description of each report is located on our website, www.lamedicaid.com, under the CommunityCARE/KIDMED System Transition link on the New Medicaid Information page.

CP-0-92 Report:

Changes related to this systems merge will not impact the CP-0-92 report in any way.

This elimination of processing KIDMED claims through a front-end subsystem and the transition allowing these claims to process directly through the MMIS Claims Processing System will be much more efficient and effective for KIDMED providers.

How to Access Information About the CommunityCARE/KIDMED System Changes:

Providers will find the CommunityCARE/KIDMED notices and instructions from the web site, www.lamedicaid.com, on the Home page and on the New Medicaid Information links.

Providers experiencing concerns about this transition may contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040. Providers with EDI questions may contact Unisys EDI Support at (225) 216-6303. Web technical assistance is provided by the Unisys Technical Support Help Desk at (877) 598-8753.