

Indiana Medicaid Resolutions Manual

NAME: **3362 MBR NOT ENROLLED IN MANAGED CARE PLAN (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the member is not enrolled with the billing MCO on the from DOS submitted on the claim.

CRITERIA:

Set this edit if the member is in benefit plan group 100008-Encounter Claim Processing or group 2002-LOC and the MCO on the claim is not the MCO and state region the member was enrolled under on the from DOS with, EOB 2022.

The benefit plans can be located in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Other>Benefit Plan Type >Select group number.

DISPOSITION:

Note: EOB 9999 with a Do Not Post status is for internal system use only. This EOB is used to avoid potential system processing abends. This EOB is not posted on the RA and the disposition may be ignored.

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	9999	PAY
02	30	2022	DENY
02	32	2022	DENY
02	33	2022	DENY
02	34	2022	DENY
02	70	2022	DENY
02	72	2022	DENY
02	73	2022	DENY

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02	74	2022	DENY
02	75	2022	PAY
02	76	2022	PAY
02	78	2022	PAY
02	79	2022	PAY

Claim Type: M - Professional Claims

Member Plan: PASMR

Status: Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: MRT **Status:** Do Not Post

Location	Region	EOB	Disposition
02	00	9999	PAY

EOB: 2022 - MEMBER NOT ENROLLED WITH BILLING MANAGED CARE ORGANIZATION.

ARC Code

96

ARC Description

Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Effective Date

19950101

End Date

22991231

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Remark Code	Remark Description	Effective Date	End Date
N30	Patient ineligible for this service.	20000101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

This edit is set to post and pay.

