

Indiana Medicaid Resolutions Manual

NAME: 2037 MEMBER ID IS INACTIVE

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

Set this edit when the member ID is in an inactive status.

CRITERIA:

Set this edit when a member ID is found on the member information panel but is in an inactive status, with EOB 2037.

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	2009	DENY

EOB: 2009 - MEMBER NOT ELIGIBLE FOR INDIANA HEALTH COVERAGE PROGRAM BENEFITS FOR DATES OF SERVICE.

ARC Code	ARC Description	Effective Date	End Date
31	Patient cannot be identified as our insured.	19950101	22991231

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 2037.