

## **Indiana Medicaid Resolutions Manual**

**NAME:** 385 WAIVER LIAB DATE SAME AS DOS (HDR)

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the member has waiver liability for the date of service and the obligation has not been met.

### **CRITERIA:**

Set this edit if the member has waiver liability for the date of service and the obligation has not been met for the month with, EOB 0385.

Edit 385 does not apply to the QMB Benefit Plan when the claim type is A or C and will bypass this edit.

For each month covered by the claims Header date of service, the Member's monthly waiver liability obligation are checked (tables t\_re\_spend\_liab, t\_re\_spend\_oblig).

Edit 385 will post if either of the following conditions occurs:

1. The Member has a liability amount, but no obligation amount
2. The Member has an obligation amount, but no liability amount

This edit is bypassed for QMB also members on crossover claims, since only coinsurance and deductibles are paid on crossovers and the member would be eligible for these benefits even if spenddown has not been met.

### **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.

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
02	00	0385	DENY
02	91	0385	SUSPEND

**EOB: 0385** - Members Waiver Liability is not met for the month.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
178	Patient has not met the required spend down requirements.	20050630	22991231

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 0385.