

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201773 NOVEMBER 7, 2017

IHCP to identify DSH-eligible CHIP members through the Eligibility Verification System

Disproportionate share hospitals (DSH) are hospitals that serve a disproportionate number of Medicaid and low-income patients. Members who qualify for Indiana Health Coverage Programs (IHCP) benefits are typically included in a hospital's DSH eligibility calculation. However, certain members qualifying for Children's Health Insurance Program (CHIP) benefit plans are **excluded** from the DSH eligibility calculation:

- All members qualifying under CHIP for the Package C – Children's Health Plan (SCHIP) benefit plan are excluded from DSH eligibility calculations.
- Certain members qualifying under CHIP for the Package A – Standard Plan benefit plan are excluded from DSH eligibility calculations; other members with this benefit plan are included in the calculations.



To allow hospitals to identify which CHIP members with Package A – Standard Plan benefits should be included in DSH eligibility calculations and which should not, the IHCP Eligibility Verification System (EVS) has been updated to make that distinction. Effective November 30, 2017, CHIP members with Package A – Standard Plan benefits will show one of two coverage designations:

- Package A – Standard Plan: These members **are eligible for inclusion** in DSH eligibility calculations (see Figure 1).
- Package A – Standard Plan-CHIP: These members **are not eligible for inclusion** in DSH eligibility calculations (see [Figure 2](#)).

Figures 1 and 2 illustrate how these two designations display in the IHCP Provider Healthcare Portal eligibility screen. The Interactive Voice Response (IVR) system and *Health Insurance Portability and Accountability Act* (HIPAA) 271 eligibility response transactions will also be modified to include these same eligibility coverage designations. This change is being made solely to facilitate reporting for DSH hospitals. The change will not affect the eligibility verification process in general nor will it affect member benefits.

Figure 1 – Coverage designation for CHIP members eligible for inclusion in DSH eligibility calculations

Coverage Details for from 10/16/2017 to 10/16/2017			
Member ID XXXXXXXXXXXX		Birth Date XX/XX/XXXX	
Expand All Collapse All			
Verification Response ID 172890001			
Benefit Details			
Coverage	Description	Effective Date	End Date
Package A - Standard Plan	Package A - Standard Plan	10/16/2017	10/16/2017

Figure 2 – Coverage designation for CHIP members not eligible for inclusion in DSH eligibility calculations

Coverage Details for from 10/16/2017 to 10/16/2017			
Member ID	XXXXXXXXXXXX	Birth Date	XX/XX/XXXX Expand All Collapse All
Verification Response ID	1728900001		
Benefit Details -			
Coverage	Description	Effective Date	End Date
Package A - Standard Plan - CHIP	Package A - Standard Plan	10/16/2017	10/16/2017

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