DST POLICIES AND PROCEDURES

DST Reference:	**SHP-POL-1006-SHP**
Title:	**Evaluating Continued Coverage for Dependents with a Disability**
Chapter:	**Plan Integration/Legal**
Current Effective Date:	**April 28, 2022**
Original Effective Date:	**May 22, 2020**

Applies to: **NC Department of State Treasurer – State Health Plan Division**

Keywords: Dependent Child; Eligibility; Disability

Purpose

The purpose of this policy is for the State Health Plan (Plan) to establish a clear process for evaluating the continuation of health benefit coverage pursuant to N.C.G.S. § 135-48.41(b) for a dependent child over the age of 26 if the dependent child has a disability.

Policy

Pursuant to G.S. § 135-48.41(b), coverage of a dependent child may be continued beyond the child's 26th birthday due to disability if the Plan determines that the statutory criteria are met. Notwithstanding the age requirement under G.S. § 135-48.1(9), coverage of a dependent child may be continued beyond the dependent child's 26th birthday if 1) the dependent child has a disability and 2) the dependent was covered by the Plan on the dependent child's 26th birthday. Verification of the dependent child's disability shall be provided to the Plan no later than 60 days after the dependent child's 26th birthday.

Subscriber shall adhere to the procedure and statutory criteria when submitting a request for continued coverage in accordance with the statutes, rules, and requirements set forth herein.

Roles and Responsibilities

Subscriber: The Subscriber is responsible for completing and submitting the *Coverage Request for a Dependent with a Disability Form* (Form) (Appendix A) and any supporting materials (including supporting documentation requested by the Plan) no later than sixty days after the dependent child's 26th birthday.

If the Plan requests documentation, the Subscriber must supply the documentation or state a reason why the request cannot be fulfilled. Failure to timely provide requested documentation may prevent the Plan from approving continued eligibility pursuant to this policy.

If the Plan approves the dependent child's continued health benefit eligibility pursuant to this policy, the Subscriber remains responsible for completing the annual Open Enrollment process for the dependent child, complying with this policy, and fulfilling any requests by the Plan related to this policy that are permitted or required by law.

For a dependent child with a disability for whom the qualified certifying physician indicates the disability is not permanent, the Plan may approve the dependent child's eligibility for a specific period of time spanning the anticipated duration of the disability. The Form and requested supporting materials must be submitted no later than the last day of the final month of the dependent child's current eligibility period.

Upon request from the Plan, the Subscriber must resubmit the Form and requested supporting materials for the Plan to reevaluate the dependent child's eligibility.

Plan: The Plan will review submitted Forms and supporting materials to determine whether a dependent child is eligible to continue receiving health benefit coverage through the Plan. The Plan will ensure compliance with the requirements of Chapter 135 of the North Carolina General Statutes when evaluating each request. The Plan will upload the Form into the Subscriber's secure health benefits eligibility and enrollment system account after the Plan has made a determination of eligibility. The Plan will notify the Subscriber in writing of the final determination of the dependent child's eligibility.

For dependent children with a disability for whom the qualified certifying physician indicates the disability is not permanent, at least sixty days prior to the end of the certification period, the Plan will request an updated Form and supporting materials, as applicable, by mailing a recertification letter to the Subscriber.

The Plan maintains the right to conduct dependent eligibility checks and audits at its discretion.

Implementation

For the purposes of this policy, disability is defined as a physical or mental condition that a qualified physician certifies makes the individual in question incapable of self-sustaining employment for a period of one year or longer.

Evaluation of continued eligibility for a dependent child beyond the age of 26 due to disability:

1. The Subscriber completes and submits to the Plan a *Coverage Request for a Dependent Child with a Disability Form* and supporting materials within the deadline prescribed by this policy. The Subscriber can submit the completed Form and requested supporting materials by mail to:

   NC State Health Plan
   Attn: Customer Experience – Appeal
   3200 Atlantic Avenue
   Raleigh, NC 27604

   Subscribers who prefer an alternative method for submission should contact the Plan by phone (919-814-4400) or email at PPO.inquiries@nctreasurer.com.

2. The Plan evaluates the Form and supporting materials based on G.S. § 135-48.41(b), this policy, and other applicable law. If the form and any supporting materials submitted are insufficient to determine continued eligibility under this policy, the Plan may request additional documentation.

   To determine continued eligibility:
   a. The Plan must determine that the dependent child has a disability.
   b. The Plan must confirm that the dependent child was covered by the Plan on the child's 26th birthday.

3. A determination letter is mailed to the Subscriber stating approval or denial of the request.

The continued coverage of a dependent child whose coverage is approved pursuant to this policy will cease upon the earliest occurrence of any of the following: (A) expiration of the approved period specified in the approval letter, (B) the dependent child no longer has a disability, or (C) the Subscriber is no longer covered by the Plan.

If a coverage request for a dependent child with a disability is approved pursuant to this policy, the Subscriber remains responsible for annually completing the Open Enrollment process for the approved dependent.

For a dependent child with a disability whose coverage is approved for a specific period of time – if, at the expiration of that specified period of time, the disability persists and the Subscriber would like the Plan to consider further continuing the dependent child's coverage, the Subscriber must complete and submit a new *Coverage Request for a Dependent Child with a Disability Form* (Form) and supporting materials. The Form and supporting materials must be submitted no later than the last day of the final month of the current eligibility period. The Plan will review the submission following the procedure set forth by this policy.

Appealing the Plan's Determination of Eligibility

A Subscriber not satisfied with the Plan's determination may submit an appeal within sixty days of the date of the notice of denial. The Subscriber should include any additional information and documentation the Plan should consider when reviewing the appeal. The Plan will mail its decision on the appeal request within fifteen State business days from receipt of the appeal.

The Subscriber should mail their appeal and any additional information or documentation to:

NC State Health Plan
Attn: Customer Experience – Appeal
3200 Atlantic Avenue
Raleigh, NC 27604

Subscribers who prefer an alternative method for submission should contact the Plan by phone (919-814-4400) or email at PPO.inquiries@nctreasurer.com.

Enforcement

The Plan's Executive Administrator shall have the authority to interpret this policy. This policy may be modified or amended at any time.

Related Statutes, Rules, and Policies

1. N.C.G.S. §§ 135-48.40(d)(7); 135-48.41(b)
2. Chapter 135 of the North Carolina General Statutes

Revision/Review History

Version	Date Approved	Description of Changes
1.0	5/22/2020	New Policy
2.0	4/28/2022	Updates related to changes to statute; updates to form to reflect current statute and increase usability; changes to conform to current policy template; removed 'Nature of the Policy' paragraph.

Appendices

Appendix A – *Coverage Request for a Dependent Child with a Disability Form*

For questions or clarification on any of the information contained in this policy, please contact the policy owner: Senior Director, Plan Integration, Caroline.Smart@nctreasurer.com. For general questions about department-wide policies and procedures, contact the DST Policy Coordinator.

Appendix A – Coverage Request for a Mentally or Physically Incapacitated Dependent Child Form

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

Coverage Request for a Dependent Child with a Disability

Please Return Completed Form and Supporting Materials to:
North Carolina State Health Plan Attn: Customer Experience
3200 Atlantic Avenue Raleigh, NC 27604

SECTION A – TO BE COMPLETED BY MEMBER

NAME OF MEMBER	ADDRESS OF MEMBER	MEMBER ID NUMBER

MEMBER EMAIL ADDRESS

NAME OF DEPENDENT CHILD	SOCIAL SECURITY NUMBER OF DEPENDENT	DEPENDENT CHILD DATE OF BIRTH

IS THE DEPENDENT CHILD ELIGIBLE FOR THEIR OWN EMPLOYER SPONSORED COVERAGE? ☐ YES ☐ NO

IS DEPENDENT CHILD ELIGIBLE FOR MEDICARE? ☐ YES → **IF YES,** GIVE EFFECTIVE DATES: PART A EFFECTIVE DATE: PART B EFFECTIVE DATE:
☐ NO

SIGNATURE OF MEMBER: DATE SIGNED:

SECTION B – TO BE COMPLETED BY CERTIFYING PHYSICIAN

DATE YOU LAST SAW THE PATIENT:	IS DISABILITY CONGENITAL? ☐ YES ☐ NO →	**IF NO,** DATE OF DISABILITY **OR** DATE OF ONSET OF DISABILITY (REQUIRED):

DIAGNOSIS OF CONDITION(S) CAUSING DISABILITY STATUS:

IS THIS PATIENT **INCAPABLE** OF SELF-SUSTAINING EMPLOYMENT FOR A PERIOD OF ONE YEAR OR LONGER? ☐ YES → IF YES, HOW LONG? ☐ LESS THAN 1 YEAR ☐ 2-5 YEARS ☐ PERMANANT ☐ NO

PLEASE PROVIDE DETAILS EXPLAINING THE DEGREE OF DISABILITY AND /OR FUNCTIONAL LEVEL, TREATMENT AND PROGNOSIS :

OFFICE MANAGER CONTACT:

NPI OF CERTIFYING PHYSICIAN:	ADDRESS:

SIGNATURE OF CERTIFYING PHYSICIAN:	DATE SIGNED:

SECTION C – FOR INTERNAL OFFICE USE ONLY

DECISION		REVIEWED BY:
APPROVED DURATION: COVERAGE CONTINUES:	DENIED COVERAGE ENDS:	DECISION DATE:

Completed forms should be mailed to:
North Carolina State Health Plan Attn: Customer Experience 3200 Atlantic Avenue Raleigh, NC 27604 or faxed to: 919-855-5817