



Eligibility for Dependents with Disabilities

I. Policy

University Health Alliance (UHA) will provide medical coverage for members and dependents with disabilities when determined to be medically necessary and when they meet the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Background

UHA recognizes the term “disability” within all the definitions recognized by the federal government. This definition varies depending on the government entity and relevant context.

For the purposes of federal disability nondiscrimination laws (such as the Americans with Disabilities Act (ADA), Section 503 of the Rehabilitation Act of 1973 and Section 188 of the Workforce Innovation and Opportunity Act, the definition of a person with a disability is typically defined as someone who:

1. Has a physical or mental impairment that substantially limits one or more “major life activities;”
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment.

For purposes of Social Security disability benefits, a person with a disability must have a severe disability (or combination of disabilities) that:

1. Has lasted, or is expected to last, at least 12 months or result in death; and
2. Which prevents working at a “substantial gainful activity” level.
3. Which prevents performing work you previously were able to or adjust to other work because of your medical condition.

State vocational rehabilitation (VR) offices define a person with a disability to be eligible for VR services if he or she has:

1. A physical or mental impairment that constitutes or results in a “substantial impediment” to employment for the applicant.

Centers for Medicare & Medicaid Services (CMS) offers a list of Items in the Online Application to Support Eligibility Determinations for Enrollment through the Health Insurance Marketplace and for Medicaid and the Children’s Health Insurance Program at 29 (revised September 2021). The online version of the single streamlined application contains two questions designed to identify people with disabilities:

1. Applicants are asked whether they have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs; and
2. Whether they need help with activities of daily living (such as bathing, dressing, and using the bathroom) or live in a medical facility or nursing home.

III. Criteria/Guidelines

A. UHA recognizes children as dependents under “disability” within the following guidelines:

1. Written documentation has been provided for enrollment demonstrating that:

- a. The child is incapable of self-sustaining support because of a physical or mental disability.
 - b. The child's disability existed before the child turned 26 years of age.
 - c. The child relies primarily on a parent or legal guardian, who is a UHA member, for support and maintenance as a result of their disability.
 - d. The child is enrolled with UHA under this coverage or another qualified health insurance coverage and has had no break in health insurance coverage since before the child's 26th birthday.
 - e. The child has obtained a Social Security disability certification letter or identification card from Centers for Medicare & Medicaid Services (CMS).
2. Member must provide this documentation to UHA within 31 days of the child's 26th birthday and subsequently at our request but not more frequently than annually.
 3. To apply for extended disabled dependent coverage, the employee must do the following:
 - a. Have the dependent's physician complete a Dependent Disability Certification Form.
 - i. The Dependent Disability Certification Form is located under the Employers' Forms and Documents on our UHA website.
 - ii. Please complete duplicate copies as needed for multiple dependents.
 - b. Submit the completed Dependent Disability Certification Form to UHA at least 31 days prior to the dependent's 26th birthday.
 - i. Copies of the dependent's Social Security disability certification letter or identification care from CMS must also be submitted.
 - c. Proof of continuous coverage may also be requested.
 4. Once the completed form and documentation are received, UHA will use the medical information submitted to determine if the child qualifies as a disabled dependent. All Dependent Disability Certification Forms are subject to review by UHA's Chief Medical Officer and/or Medical Director.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

IV. Limitations/Exclusions

- A. Dependent coverage is extended only so long as the dependent remains incapable of self-sustaining employment, relies primarily upon the UHA member for support and maintenance, and is not married.

- B. If a member and his/her family does not provide sufficient verification of disability to UHA:
 - 1. The company will make a referral to its CMS benefits Consultant who will work with the member's family to assist in obtaining CMS Medicaid/Medicare coverage.

V. Administrative Guidelines

- A. Prior authorization is not applicable.
- B. Subscriber must submit attestation and provide copies of their tax returns which validate dependent's legal status.
- C. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria and to ensure proper reimbursement is made.

VI. Policy History

Policy Number: MPP-0118-160101

Current Effective Date: 08/01/2022

Original Document Effective Date: 01/01/2016

Previous Revision Dates: 03/18/2016, 09/19/2018

PAC Approved Date: 03/15/2016

References:

http://www.aetna.com/cpb/medical/data/100_199/0165.html

<https://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family-instructions.pdf>