

TITLE 466 - CHILD SUPPORT ENFORCEMENT PROGRAM

CHAPTER 13 - MEDICAL SUPPORT

001. SCOPE AND AUTHORITY. Part D of Title IV of the Social Security Act and other federal laws and regulations set forth requirements for support enforcement. This chapter relates to medical support.

002. NATIONAL MEDICAL SUPPORT NOTICE. The Department uses a National Medical Support Notice as one means to enforce the provision of health care coverage for a child of parents who are required to provide health care coverage pursuant to a court order and for whom the employer is known unless a lawful exception exists.

002.01 NATIONAL MEDICAL SUPPORT NOTICE TIMEFRAMES. Within two (2) business days after the receipt of information regarding employment of an obligor in an IV-D case from the Directory of New Hires, the Department will send a National Medical Support Notice to the obligor's employer. In an IV-D case, when employment information is obtained by the Department from sources other than the Directory of New Hires, a National Medical Support Notice will be sent to the obligor's employer but the notice does not need to be sent within two (2) business days of receipt of the employment information.

002.02 EXCEPTIONS TO THE USE OF THE NATIONAL MEDICAL SUPPORT NOTICE. The Department may elect not to send a National Medical Support Notice when:

- (A) A court or administrative order stipulates alternative health care coverage to employer-based coverage;
- (B) Health care coverage is not available at reasonable cost;
- (C) Health care coverage is not accessible; or
- (D) Health care coverage is not available to the obligor at the time the employment information is received.

002.03 EMPLOYMENT-RELATED HEALTH CARE COVERAGE. The Department will send a National Medical Support Notice if the Department receives information that employment-related health care coverage becomes available to an obligated party through an existing employer unless a lawful exemption exists.

002.04 FAILURE TO TRANSMIT. The failure to transmit a National Medical Support Notice to an employer or organization within any prescribed period will not cause the National Medical Support Notice to be invalid.

002.05 REQUEST FOR ADMINISTRATIVE HEARING. The Department sends a copy of a National Medical Support Notice to the obligor by mail at the obligor's last known address. Within 15 calendar days of the date of the notice, the obligor may request an administrative hearing to appeal the

enforcement action based on evidence that:

- (1) The obligor enrolled the child in an insurance plan providing coverage required by the order;
- (2) The child's portion of the premium amount plus any amounts withheld under the Income Withholding Act exceeds the amount allowed to be withheld under the Consumer Credit Protection Act or is otherwise unreasonable;
- (3) The obligor is not the person named in the court order; or
- (4) The parties have stipulated to, and the court or administrative order specifically provides for an alternative to employer-based health care coverage.

002.05(A) TIMELY REQUEST FOR ADMINISTRATIVE HEARING. A request for hearing is considered timely if it is postmarked within 15 calendar days of the date of the notice.

002.05(B) NO STAY OF ENFORCEMENT ACTION PENDING HEARING. The enforcement action will not be stayed pending the outcome of the hearing.

002.05(C) HEARING. The hearing will be held within 15 calendar days after the request is received by the Department. The Department will notify the obligor of its decision within 15 calendar days after the date the hearing is held.

002.06 ENROLLMENT. Within 20 business days of receipt of a National Medical Support Notice, the employer must forward the National Medical Support Notice to the plan administrator for the appropriate group health care plan for which the child is eligible. The plan administrator must enroll the child specified in the notice within 20 business days of the date of the National Medical Support Notice. If the plan administrator determines that additional information is required before enrollment can be completed, the plan administrator must contact the Department within 20 business days of receipt of the National Medical Support Notice.

002.07 ENROLLMENT OF A DEPENDENT CHILD. The insurer must not deny enrollment of a child in health care coverage on the grounds that the child:

- (A) Was born out of wedlock;
- (B) Is not claimed as a dependent on the obligor's federal income tax return;
- (C) Does not reside with the obligor or in the insurer's service area; or
- (D) Is eligible for medical assistance.

002.08 CANCELLATION OF HEALTH CARE COVERAGE. As long as the obligor is employed, the employer or insurer may not cancel or eliminate health care coverage for any child unless the employer or insurer receives written evidence that the order is no longer in effect or the child is or will be enrolled in comparable health care coverage elsewhere. The employer may not eliminate health care coverage for a child unless the employer eliminates family health insurance coverage for all of its employees.

002.09 INFORMATION AND CLAIMS. When a child has health care coverage provided by an obligor, the insurer must provide information to utilize health care coverage and to submit claims for covered services to the obligee. The obligee may permit a service provider to file claims with the health care provider. The insurer must make payment on valid claims submitted by the obligee, provider, or Department directly to the submitting person or agency.

003. CONFIDENTIALITY. The Department may provide the Social Security Number (SSN) of a child to insurers, health care plans, or the obligor for enrollment purposes if there is a court order requiring health care coverage. If there is no court order but the noncustodial party is willing to provide health care coverage, the Department may provide the Social Security Number (SSN) of a child directly to the insurer or health care plan.

