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Title 22@ Social Security

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Division 13@ Department of Child Support Services

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Chapter 6@ Enforcement Actions

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Subchapter 6.1@ Immediate Enforcement Actions

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Article 2@ Medical Support Enforcement

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Section 116118@ Processing the National Medical Support Notice

**116118 Processing the National Medical Support Notice****(a)**

Upon receipt of a completed National Medical Support Notice, Part A, from an obligor's employer indicating that court-ordered health insurance coverage for the minor child(ren) cannot be provided, a local child support agency shall: (1) Provide written notification to the obligor within 10 business days of receipt of Part A that other group health insurance coverage must be provided when it is available at no or reasonable cost. (2) Provide written notification to the obligee within 10 business days of receipt of Part A that the court-ordered health insurance coverage cannot be enforced for one of the following reasons: (A) The obligor's employer does not maintain or contribute to a plan providing dependent or family health care coverage. (B) The obligor is among a class of employees ineligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes. (C) The obligor is no longer employed by the employer. (D) State or federal withholding limitations prevent withholding from the obligor's disposable earnings the amount required to obtain coverage under the terms of the employer's group health insurance plan. (3) Request written or oral notification from the obligor's employer within 15 days of any change in status or circumstance which would result in the eligibility of the obligor's child(ren) for health insurance coverage.

**(1)**

Provide written notification to the obligor within 10 business days of receipt of Part A that other group health insurance coverage must be provided when it is available at no or reasonable cost.

**(2)**

Provide written notification to the obligee within 10 business days of receipt of Part A that the court-ordered health insurance coverage cannot be enforced for one of the following reasons: (A) The obligor's employer does not maintain or contribute to a plan providing dependent or family health care coverage. (B) The obligor is among a class of employees ineligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes. (C) The obligor is no longer employed by the employer. (D) State or federal withholding limitations prevent withholding from the obligor's disposable earnings the amount required to obtain coverage under the terms of the employer's group health insurance plan.

**(A)**

The obligor's employer does not maintain or contribute to a plan providing dependent or family health care coverage.

**(B)**

The obligor is among a class of employees ineligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes.

**(C)**

The obligor is no longer employed by the employer.

**(D)**

State or federal withholding limitations prevent withholding from the obligor's disposable earnings the amount required to obtain coverage under the terms of the employer's group health insurance plan.

**(3)**

Request written or oral notification from the obligor's employer within 15 days of any change in status or circumstance which would result in the eligibility of the obligor's child(ren) for health insurance coverage.

**(b)**

Upon receipt of a completed National Medical Support Notice, Part B, indicating that the minor child(ren) of the obligor is/are, or will be enrolled under the obligor's health insurance coverage, a local child support agency shall take the action required by Section 116114(d), if the obligor's child(ren) is/are receiving Title IV-A or IV-E services.

**(c)**

Upon receipt of a completed National Medical Support Notice, Part B, from a Plan Administrator indicating there is more than one option available under a health insurance coverage plan, and the obligor is not enrolled in any option under the plan or refuses to enroll in one of the options, a local child support agency shall:

(1) Provide written notification to the obligee within five business days of receipt of Part B of all of the following: (A) A description of the health insurance coverage plan options available through the obligor's employment, including whether additional contributions will be necessary by the obligor to obtain coverage for the child(ren) under each option, and whether there is a limited service area for any option. (B) Notice that the obligee must select a plan for the child(ren) from the available health insurance plans within 10 days of receipt of the written notification from the local child support agency. (C) Notice that failure by the obligee to select a health insurance coverage plan option within 10 days of receipt of the written notification from the local child support agency will result in enrollment of the child(ren) in the default option, if any. (D) Notice that if the plan does not have a default option the local child support agency shall determine and select the

available plan that will provide the lowest cost plan that provides coverage where the child resides. (2) Provide written notification to the Plan Administrator, within 20 business days after the postmark date of the receipt of Part B, of the option selected by the obligee or the local child support agency.

**(1)**

Provide written notification to the obligee within five business days of receipt of Part B of all of the following: (A) A description of the health insurance coverage plan options available through the obligor's employment, including whether additional contributions will be necessary by the obligor to obtain coverage for the child(ren) under each option, and whether there is a limited service area for any option. (B) Notice that the obligee must select a plan for the child(ren) from the available health insurance plans within 10 days of receipt of the written notification from the local child support agency. (C) Notice that failure by the obligee to select a health insurance coverage plan option within 10 days of receipt of the written notification from the local child support agency will result in enrollment of the child(ren) in the default option, if any. (D) Notice that if the plan does not have a default option the local child support agency shall determine and select the available plan that will provide the lowest cost plan that provides coverage where the child resides.

**(A)**

A description of the health insurance coverage plan options available through the obligor's employment, including whether additional contributions will be necessary by the obligor to obtain coverage for the child(ren) under each option, and whether there is a limited service area for any option.

**(B)**

Notice that the obligee must select a plan for the child(ren) from the available health insurance plans within 10 days of receipt of the written notification from the local child

support agency.

**(C)**

Notice that failure by the obligee to select a health insurance coverage plan option within 10 days of receipt of the written notification from the local child support agency will result in enrollment of the child(ren) in the default option, if any.

**(D)**

Notice that if the plan does not have a default option the local child support agency shall determine and select the available plan that will provide the lowest cost plan that provides coverage where the child resides.

**(2)**

Provide written notification to the Plan Administrator, within 20 business days after the postmark date of the receipt of Part B, of the option selected by the obligee or the local child support agency.

**(d)**

Upon receipt of a completed National Medical Support Notice, Part B, indicating that the notice does not constitute a qualified medical child support order because:

(1) The name or mailing address of the minor child(ren) or obligor is unavailable, a local child support agency shall take all actions necessary to obtain missing information, including accessing all appropriate locate sources specified in Section 113100, and resubmit a National Medical Support Notice to the Plan Administrator within five business days after obtaining all necessary information. (2) The child(ren) identified in the notice is/are at or above the age at which dependents are no longer eligible for coverage under the plan, a local child support agency shall verify the information provided to the Plan Administrator is correct within five business days of the receipt of the completed Part B. (A) If erroneous information pertaining to the age of the child(ren) was provided, a local child support agency

shall inform the Plan Administrator in writing, by telephone, or electronic means of the error and provide documentation to the Plan Administrator verifying the age of the child(ren) within five business days of the receipt of the completed Part B. (B) If the child(ren) is/are at or above the age at which dependents are no longer eligible for coverage under the plan, a local child support agency shall provide written notification of such to the obligee within five business days of receipt of the completed Part B.

**(1)**

The name or mailing address of the minor child(ren) or obligor is unavailable, a local child support agency shall take all actions necessary to obtain missing information, including accessing all appropriate locate sources specified in Section 113100, and resubmit a National Medical Support Notice to the Plan Administrator within five business days after obtaining all necessary information.

**(2)**

The child(ren) identified in the notice is/are at or above the age at which dependents are no longer eligible for coverage under the plan, a local child support agency shall verify the information provided to the Plan Administrator is correct within five business days of the receipt of the completed Part B. (A) If erroneous information pertaining to the age of the child(ren) was provided, a local child support agency shall inform the Plan Administrator in writing, by telephone, or electronic means of the error and provide documentation to the Plan Administrator verifying the age of the child(ren) within five business days of the receipt of the completed Part B. (B) If the child(ren) is/are at or above the age at which dependents are no longer eligible for coverage under the plan, a local child support agency shall provide written notification of such to the obligee within five business days of receipt of the completed Part B.

**(A)**

If erroneous information pertaining to the age of the child(ren) was provided, a local child support agency shall inform the Plan Administrator in writing, by telephone, or electronic means of the error and provide documentation to the Plan Administrator verifying the age of the child(ren) within five business days of the receipt of the completed Part B.

**(B)**

If the child(ren) is/are at or above the age at which dependents are no longer eligible for coverage under the plan, a local child support agency shall provide written notification of such to the obligee within five business days of receipt of the completed Part B.

**(e)**

A local child support agency shall provide written notification to an obligee within five business days of receiving notice from a Plan Administrator of any lapse of health insurance coverage for the minor child(ren).