

Cobb County Government

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO) PROCEDURES

These Procedures of Cobb County Government (the “Employer”) are intended to comply with the qualified medical child support order provisions that were added to the Employee Retirement Income Security Act in 1993. Although Cobb County is not required to comply with these provisions because it is exempt from ERISA, it has voluntarily chosen to comply.

These procedures apply to the plan that includes medical benefits and that is sponsored by the Employer (the “Plan”).

GENERAL INFORMATION

Effective Date

These QMCSO Procedures are effective as of January 1, 2012 (the “Effective Date”).

Definitions

“Medical Child Support Order” is any judgment, decree or order (including an approval of a property settlement that (1) is made pursuant to state domestic relations law or other state law relating to medical child support and (2) provides for child support or health benefit coverage for a child of a participant under a group health plan and relates to benefits under the plan.

“National Medical Support Notice” is a standardized Medical Child Support Order that is used by state child support enforcement agencies to enforce medical child support obligations. It was developed by the Department of Labor and the Department of Health and Human Services.

“Qualified Medical Child Support Order” is a Medical Child Support Order that (1) recognizes the right of an alternate recipient to receive benefits for which a Plan Participant is eligible or assigns to an alternate recipient the right to receive benefits under a Plan and (2) contains the required information (as described below under Section 2(c).

PROCEDURES

Procedure #1: Receipt of a Request for Information about a Participant’s Coverage

Upon receipt of a request for information about a Participant’s coverage, the Plan will condition disclosure of information such as the summary plan description, plan documents, and a description of any particular coverage options that have been selected by the Participant on receiving information sufficient to reasonably establish that the disclosure request is being made in connection with a child support proceeding.

Procedure #2: Receipt or resubmission of a Medical Child Support Order

Upon receipt or resubmission of a Medical Support Order, the Plan will:

1. Send the plan participant and each alternate recipient named in the order, along with any representative designated by the alternate recipient, an acknowledgement of receipt of the order letter along with a copy of these QMCSO procedures.
2. Determine if the notice meets the legal requirements of a QMCSO using the following QMCSO Procedure Checklist:
 - Is the notice a Medical Child Support Order based on the definition shown above? (If yes, continue. If not, it is not a QMCSO)

- Was the notice issued by a court of competent jurisdiction or an administrative agency authorized to issue child support orders? (If yes, continue. If not, it is not a QMCSO)
- Is the Notice a National Medical Support Order? (If so, it is automatically qualified as a QMCSO as long as all the information is completed.)
- Does the Notice include the following information (factual identifying information that is easily obtainable by the Plan does not need to be included) (If so, it is qualified)
 - Name and last known address of the employee and each alternate recipient (the order can substitute the name and mailing address of a state or local official for the mailing address of an alternate recipient).
 - A reasonable description of the type of health coverage to be provided to each alternate recipient (or the manner in which coverage is to be determined).
 - A period to which the order applies.
 - A requirement to provide only those benefits or options that are available under the Plan (except as otherwise provided by state law)
- **Note - a Medical Child Support Order can be qualified even if the employee is not a participant in the plan at the time the Notice is received. The employee would be required to enroll in order to satisfy the Order
- Does the required employee contribution exceed applicable state and federal withholding limits (specified in the notice)? If so, coverage should not be offered and the Plan will notify all parties that coverage is not available unless the agency or custodial parent modifies the amount of cash support that is provided.

3. Within a reasonable period of time following receipt of the Notice (for a National Medical Support Notice at least within 40 business days), the Plan will notify the plan participant, alternate recipient, alternate recipient's legal representative, state agency, and any other parties listed on the Notice (using the form supplied with the Notice) that the Notice and/or the employee falls into one of the following categories:
- The Notice is a QMCSO and the alternate recipient will be treated as provided in these Procedures
 - The Notice is not a QMCSO (along with the reason for the denial)
 - The alternate recipients list on the Notice are already enrolled in the plan
 - The Plan does not provide dependent coverage
 - The employee is not eligible for coverage under the Plan due to hours work or union status (or another reason) or the employee is not eligible for coverage that includes dependents.

In addition, if the Order is determined to be a QMCSO, the Plan provide the effective date of the child's coverage or steps necessary to enroll, a description of the coverage, a description of payment procedures (if someone other than plan participant is paying), and any forms necessary to enroll.

Procedure #3: When decision regarding validity of order to be QMCSO is disputed

When the decision regarding validity of QMCSO is disputed, the following procedure will be followed:

1. Plan participants, alternate recipients, alternate recipient's legal representative, state agencies, or any other involved parties may dispute the determination within 30 days from the date of the Notice. If no dispute is received within this time, the determination is final.
2. If a written dispute and/or review request is received by the Plan, the Plan Administrator will review the request and make a final determination.

Procedure #4: Alternate Recipients and COBRA

An alternate recipient will be treated as any other qualified beneficiary upon a COBRA qualifying event.

Procedure #5: Alternate Recipients and Plan Information

An alternate recipient, or the alternate recipient's custodial parent, along with any applicable state agency, will be treated as any other plan participant and will be provided copies of all plan related disclosures and notices.

Procedure #6: Effective Date of Enrollment

1. After the later of (1) approval of the Order as a QMCSO, (2) the date provided in the Order, or (3) submission of any necessary enrollment forms, the alternate recipient will be enrolled as of the next regular enrollment date under the plan. The alternate recipient (and/or the employee) will not be required to wait until the next open enrollment period for coverage to become effective.
2. Coverage will not become effective for the alternate recipient until the employee meets his/her applicable waiting period, if the employee has not yet done so.