CHAPTER 13-000 MEDICAL SUPPORT

This chapter outlines the role and responsibility of the Department or County/Authorized Attorney as it pertains to medical support.

13-001 ASSIGNMENT OF MEDICAL SUPPORT RIGHTS: The application for and acceptance of Medicaid assistance by the custodial party transfers only medical support rights to the Department. The medical support assignment includes amounts paid by any third party for the cost of medical care of the dependent child(ren). If a family is receiving Medicaid and has assigned rights to cash medical support, but is no longer receiving TANF, current child support would be paid to the family and assigned cash medical support would be paid to the Medicaid agency.

When a family ceases receiving Medicaid assistance, the assignment of medical support rights terminates, except for the amount of any unpaid medical support obligation that has accrued under the assignment.

13-002 PROVISION OF MEDICAL SUPPORT SERVICES: The IV-D program must establish and enforce medical support as part of a child support order whenever health care coverage is available to the obligated party at reasonable cost. If health insurance is not available at the time the order is entered or modified, the County/Authorized Attorney must file a complaint to include cash medical support that is reasonable in cost until such time as private health insurance becomes available.

The County/Authorized Attorney is required to modify support orders to include private health insurance and/or cash medical support.

Medical support services include the securing of health insurance information and the establishment of health insurance and/or cash medical support and enforcement of the provisions of health care coverage and judgments for previously provided medical support services.

13-002.01 ADC Grant Payment Applicant/Recipients Eligibility: The provision of child support and medical support services is mandatory for recipients of Aid to Dependent Children (ADC) grant payments. Services include establishing paternity, establishing a child and/or medical support order, and enforcing child/spousal/medical support.

13-002.02 Medicaid-Only Applicant/Recipients Eligibility: The provision of medical support services, including establishing paternity and securing medical support, is mandatory for Medicaid only applicant/recipients. All appropriate support services are provided for Medicaid only applicant/recipients unless the applicant/recipient notifies the Department or the County/Authorized Attorney that only services related to establishing paternity and securing medical support are wanted.

13-002.02A Cooperation: Medicaid-only applicant/recipients are required to cooperate with the Department or the County/Authorized Attorney for the provisions of medical support services. See 466 NAC 3-000.

13-003 NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENTS ELIGIBILITY: Medical support services are mandatory for non-public assistance applicant/recipients including former ADC, former foster care, and former Medicaid recipients. See 466 NAC 1-005.

All ADC, Medicaid, and Child Care Subsidy recipients are required to cooperate in good faith with the Department or the County/Authorized Attorney unless a good cause exemption has been allowed in accordance with 466 NAC 3-003.

13-004 ESTABLISHING MEDICAL SUPPORT: The County/Authorized Attorney must petition the court or administrative authority to include, in all IV-D cases, health care coverage that is available to either party at reasonable cost in a new or modified court or administrative orders for support. Medicaid is a means tested benefit and is not considered health care coverage.

In paternity establishment cases, the County/Authorized Attorney must file a complaint to include medical expenses, as outlined in the Nebraska Supreme Court Child Support Guidelines, in any action to establish an order for support.

13-004.01 Providing Health Care Coverage Information to the Third Party Liability Unit: For public assistance applicant/recipients where health insurance is carried by the non-custodial party for the child(ren) in the order, the Department or the County/Authorized Attorney must provide health insurance information to the Third Party Liability Unit, when specific health insurance policy information is available. The following information must be provided:

1. Public assistance case number or the custodial party's Social Security Number;
2. Name of non-custodial party;
3. Social Security Number of the non-custodial party;
4. Name, date of birth, and Social Security Number of child(ren);
5. Home address of non-custodial party;
6. Name and address of non-custodial party's place of employment; and
7. The insurance carrier's name(s), policy number(s), and name(s) of person(s) covered.

13-004.02 Notifying the Applicant/Recipient of Health Insurance Policy Information: When the County/Authorized Attorney establishes an order for medical support, s/he must notify the applicant/recipients of specific health insurance policy information that has been obtained for the child(ren) in the order. Information provided to the applicant/recipient pertaining to the health insurance policy secured for the child(ren) must include the insurance carrier's name and policy number.

13-005 ~~INTERSTATE~~ INTERGOVERNMENTAL REFERRALS: For applicant/recipients determined to be eligible under 466 NAC 13-002, the County/Authorized Attorney must include a request for medical support when initiating an ~~interstate~~ intergovernmental request for services.

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13-006 ENFORCING MEDICAL SUPPORT: Within 30 calendar days of identifying non-compliance, the County/Authorized Attorney or Department must enforce the medical support provisions of an order for support. See 466 NAC 9-000.

13-006.01 Health Care Coverage Inquiry: The employer or insurer must, upon request of the Department or the County/Authorized Attorney, provide the following information regarding the obligor ordered to provide health care coverage for a child(ren):

1. The obligor's Social Security Number;
2. The obligor's address;
3. Whether the obligor has health care coverage available to him/herself and dependent child(ren);
4. Whether the obligor carries health care coverage for him/herself and dependent child(ren);
5. The policy name and number;
6. The names of the obligor's family members covered under the policy; and
7. The cost of the health care coverage to the obligor.

13-006.02 Enrollment in Health Insurance Coverage: In cases in which a party is receiving services under Title IV-D of the Federal Social Security Act, the Department or the County/Authorized Attorney must enroll a child(ren) in health insurance coverage if the obligated party is ordered to provide health care coverage and s/he:

1. Is covered under such health care coverage;
2. Fails to enroll the child(ren) included in the order; and
3. Is eligible for family health care coverage.

13-006.03 National Medical Support Notice (NMSN): The Department or the County/Authorized Attorney must use a NMSN to enforce the provision of health care coverage for child(ren) of parents who are required to provide health care coverage through an employment-related group health plan pursuant to a court order and for whom the employer is known to the Department or the County/Authorized Attorney unless a lawful exception exists.

13-006.03A National Medical Support Notice and Directory of New Hires: Within two business days after the receipt of information regarding employment of an obligor in a IV-D case from the Directory of New Hires, the Department or County/Authorized Attorney must send a NMSN to the obligor's employer. In a IV-D case, when employment information is obtained by the Department or the County/Authorized Attorney from sources other than the Directory ~~or~~ of New Hires, a NMSN will be sent to the obligor's employer but the Notice does not need to be sent within two business days of receipt of the employment information.

13-006.03B Exceptions to the Use of the National Medical Support Notice: The Department or the County/Authorized Attorney is not required to send the NMSN when:

1. A court or administrative order stipulates alternative health care coverage to employer-based coverage;
2. Health care coverage is not available at reasonable cost;
3. Health care coverage is not accessible; or
4. Health care coverage is not available to the obligor at the time the employment information is received.

13-006.03C Employment-Related Health Care Coverage: The Department or the County/Authorized Attorney will send a NMSN if the Department or the County/Authorized Attorney receive information that employment-related health care coverage becomes available to an obligated party through an existing employer unless a lawful exemption exists.

13-006.03D Failure to Transmit: The failure to transmit a NMSN to an employer or organization within any prescribed period will not cause the NMSN to be invalid.

13-006.03E Request for Administrative Hearing: The obligor may request an administrative hearing to appeal the enrollment of the child(ren) in health insurance coverage. The appeal must be based on evidence that:

1. The obligor enrolled the child(ren) in an insurance plan providing coverage required by the order; or
2. The child(ren)'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.
4. The parties have stipulated to, and the court or administrative order specifically provides for an alternative to employer-based health care coverage.

In order to request a hearing, the obligor must send a request for a hearing to the Department. The request must be postmarked within 15 calendar days of the date of the notice of NMSN. If the request is not postmarked within 15 calendar days of the date of the notice, or the appeal request is not based on a reason previously listed, the Department will deny the appeal request.

13-006.03E1 Enrollment Not Suspended: Enrollment by the Department or the County/Authorized Attorney of the child(ren) in health care coverage must take place pending the outcome of the hearing process.

13-006.03E2 Administrative Hearing: Any administrative hearing must be conducted in accordance with 465 NAC 6-000 ff, and the Administrative Procedure Act, Neb. Rev. Stat. § 84-901, et seq.

13-006.03E3 Hearing Date: The hearing must take place within 15 calendar days of the date of receipt of the hearing request.

13-006.03E4 Hearing Results: The Department must notify the obligor and County/Authorized Attorney of the hearing results within 15 calendar days of the hearing.

13-006.03E5 Judicial Review: Any person aggrieved by a decision of the Department, upon exhaustion of the procedures for administrative appeals may seek a judicial review of the hearing findings by filing a petition with the court in which the support order was issued or registered.

13-006.04 Enrollment: Within 20 business days of receipt of a NMSN, the employer must forward the NMSN to the plan administrator for the appropriate group health care plan for which the child(ren) is/are eligible. The plan administrator must enroll the child(ren) specified in the notice within 20 business days of receipt of the NMSN. If the plan administrator determines that additional information is required before enrollment can be completed, the plan administrator must contact the Department or the County/Authorized Attorney within 20 business days of receipt of the NMSN.

13-006.05 Withholding Health Insurance Premiums: Upon enrollment by an employer of a child(ren) in health insurance coverage, the employer must deduct the premium from the obligor's income and remit it directly to the insurer.

The total amount of support to be withheld from the obligor's net disposable income, including child support, medical support, spousal support, the administrative fee for withholding plus the child(ren)'s portion of the health insurance premium must not exceed the maximum amount permitted to be withheld under the Consumer Credit Protection Act.

13-006.05A Priority of Withheld Amounts: Any support ordered to be withheld through the Notice to Withhold Income must have priority over health insurance premiums ordered through the NMSN.

13-006.06 Enrollment of a Dependent Child(ren): The insurer must not deny enrollment of a child(ren) in health insurance coverage on the grounds that the child(ren):

1. Was born out of wedlock;
2. Is not claimed as a dependent on the obligor's federal income tax return;
3. Does not reside with the obligor or in the insurer's service area; or
4. Is eligible for medical assistance.

13-006.07 Enrollment Season Restriction: The employer or insurer must, in any case in which a obligor is required by an order to provide health care coverage for a child(ren), permit the obligor to enroll the child(ren) without regard to any enrollment season restriction.

13-006.08 Cancellation of Health Insurance Coverage: As long as the obligor is employed the employer or insurer may not cancel or eliminate health insurance coverage for any child(ren) unless the employer or insurer receives written evidence that the order is no longer in effect or the child(ren) is or will be enrolled in comparable health insurance coverage through another insurer. The employer may not eliminate health insurance coverage for a child(ren) unless the employer eliminates family health insurance coverage for all of its employees.

13-006.09 Lapses in Coverage: For recipients of medical assistance, benefits, the Third Party Liability Unit must notify the Department or County/Authorized Attorney when health insurance coverage is lapsed or terminated.

The Department or County/Authorized Attorney must request employers and insurers to notify them of lapses in ordered health insurance coverage.

13-006.10 Information Provided: When a child(ren) has health care coverage provided by an obligor, the insurer must provide information to utilize health insurance coverage and to submit claims for services covered under the policy to the obligee. The obligee may permit a service provider to file claims with the insurer.

The insurer must make payment on claims submitted by the obligee, provider or Department directly to the submitting person or agency.

13-007 CONFIDENTIALITY: The Department or County/Authorized Attorney may provide Social Security Numbers of child(ren) to insurance companies or the obligor for enrollment purposes if there is a court order requiring health care coverage. If there is no court order, but the non-custodial party is willing to provide health care coverage, the Department or County/Authorized Attorney may provide Social Security Numbers of child(ren) directly to insurance companies.