

## Campbell Clinic QMCSO Procedure

Section 609(a) of ERISA requires that the Campbell Clinic Health and Welfare Plan (the “**Plan**”) extend group health plan benefits to an alternate recipient under a Qualified Medical Child Support Order. This document sets forth the procedures to be followed by the plan administrator of the Plan upon receipt of a medical child support order or a National Medical Support Notice, in order to determine whether such order or notice is a Qualified Medical Child Support Order, or “**QMCSO**.” Once a QMCSO determination is made, this document also describes how the plan administrator will administer the provision of benefits under the QMCSO. These procedures are required by ERISA § 609(a)(5)(B)), and are intended to comply with, and will be administered and interpreted in accordance with, ERISA and other applicable law.

### I. REQUIREMENTS FOR A QUALIFIED MEDICAL CHILD SUPPORT ORDER

A QMCSO creates or recognizes the existence of the right of a participant’s child (called an “**alternate recipient**”) to, or assigns to an alternate recipient the right to, receive group health plan benefits for which the participant (the “**parent-participant**”) is eligible under the Plan. A QMCSO may take either of two forms: a medical child support order or a National Medical Support Notice.

A medical child support order (an “**Order**”) is any judgment, decree, or order (including approval of a settlement agreement) that provides for child support with respect to a child of a participant under a group health plan or provides for health benefit coverage to such a child, is made pursuant to a state domestic relations law (including a community property law), and relates to benefits under such plan; or is made pursuant to a law relating to medical child support described in section 1908 of the Social Security Act (42 U.S.C. § 1396g-1).

A National Medical Support Notice (a “**Notice**”) is a standard form mandated for use by state child support enforcement agencies to enforce the provision of health care coverage to children of non-custodial parents who are required to provide health care coverage through an employment-related group health plan pursuant to a child support order. (A sample Notice is available in two parts on the Department of Labor’s website at <http://www.dol.gov/ebsa/pdf/qmcssoNoticeA.pdf> (the employer notice portion) and <http://www.dol.gov/ebsa/pdf/qmcssoNoticeB.pdf> (the plan administrator notice portion); the complete Notice is also available at: <http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form>).

In order to be considered “qualified” (i.e., a QMCSO), all of the following information must be specified in the Order or Notice:

- the name and the last known mailing address (if any) of the parent-participant and the name and mailing address of each alternate recipient covered by the Order or Notice, except that, to the extent provided in the Order or Notice, the name and mailing address of an official of a state (or a political subdivision thereof) may be substituted for the mailing address of any such alternate recipient;
- a reasonable description of the type of group health plan coverage(s) to be provided to each alternate recipient, or the manner in which such type of coverage is to be determined;
- the period to which such Order or Notice applies; and
- in the case of a National Medical Support Notice, the name of the issuing agency and identification of the Notice’s underlying child support order.

**In addition, the Order or Notice must not require the Plan to provide any type or form of benefit or any option not otherwise provided under the Plan** (except to the extent necessary to meet the requirements of a law relating to medical child support described in section 1908 of the Social Security Act (42 U.S.C. § 1396g-1)). For example, a QMCSO may not require the Plan to cover a child who does not qualify for coverage because he or she does not meet the Plan’s definition of a “dependent child” because of age, nor may a QMCSO require the Plan to provide coverage to a child whose parent is not eligible to participate in the Plan.

### II. THE PLAN’S RIGHTS AND RESPONSIBILITIES RELATING TO QMCSOs

The Plan is not required to provide coverage in accordance with an Order or Notice that is not “qualified” in accordance with ERISA § 609(a). **The plan administrator has the ultimate authority to determine whether an Order or Notice meets the requirements of a Qualified Medical Child Support Order.** If the Order or Notice does not meet these requirements, the Plan will not provide any benefits to the alternate recipient, unless the child is otherwise eligible and is properly enrolled under the Plan, or unless and until the Order or Notice is corrected by the parties. *The plan administrator will act in accordance with ERISA § 609(a) in treating an Order or Notice as being (or not being) a Qualified Medical Child Support Order, and therefore the Plan’s obligations to the participant and each alternate recipient shall be discharged to the extent of any payment made under the applicable provision(s) of the Plan pursuant to such act of the plan administrator.*

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### III. PROCEDURES FOR MAKING A QMCSO DETERMINATION

#### A. Upon Receipt of an Order or Notice

Any Order or Notice received should be promptly provided to the plan administrator of the Plan at the address provided in Section V.

**Upon receipt of an Order or Notice, the plan administrator will promptly notify the participant and each alternate recipient (at the address(es) included in the Order or Notice for such alternate recipient(s)) of the receipt of such Order or Notice by mailing a notification of receipt of the Order or Notice, to which will be attached a copy of these procedures.**

If a National Medical Support Notice is received, the plan administrator will coordinate with the employer to complete and, *if applicable*, return to the issuing agency the **Employer Response** portion of the Notice within 20 business days of the date of the Notice, in accordance with the **Instruction to Employer** set forth in the Notice.

#### B. Making the Determination

The determination whether such Order or Notice is a Qualified Medical Child Support Order, and the notification required upon such determination, will be made in accordance with the following, depending on whether the document received by the plan administrator is an Order or a Notice:

**Medical Child Support Order:** The plan administrator will use the **Medical Child Support Order Checklist** in Appendix A to review the Order to determine whether all of the requirements are met for a QMCSO. The plan administrator will make the determination whether the Order is a QMCSO within a reasonable period of time after receiving the Order.

If any of the required information in the **Medical Child Support Order Checklist** is incorrectly stated in, or missing from, the Order, *but is within the plan administrator's knowledge or may be reasonably determined by the plan administrator* (for example, from its records), the plan administrator will supplement the Order with the corrected or missing information, rather than rejecting the Order as not qualified.

**Upon making a determination as to the status of the Order, the plan administrator will promptly notify the participant and each alternate recipient (and his or her designated representative, if any) of such determination.**

**National Medical Support Notice:** The plan administrator will use the **National Medical Support Notice Checklist** in Appendix A to review the Notice to determine whether all of the requirements are met for a QMCSO.

If any of the required information in the **National Medical Support Notice Checklist** is missing from the Notice *but is within the plan administrator's knowledge or may be reasonably determined by the plan administrator* (for example, from its records), the plan administrator will supplement the Notice with the corrected information, rather than rejecting the Notice as not qualified.

The plan administrator will make the determination whether the Notice is a QMCSO and will complete and return to the issuing agency the **Plan Administrator Response** portion of the Notice within a reasonable period of time, but in no event later than 40 business days after the date of the Notice, in accordance with the **Instructions to Plan Administrator** set forth in the Notice.

Upon making a determination as to the status of the Notice, the plan administrator will promptly notify the participant and each alternate recipient (and his or her designated representative, if any) of such determination by mailing to each a copy of the **Plan Administrator Response** (without the Part B cover page attached) that was sent by the plan administrator to the issuing agency.

#### C. Disputes Related to QMCSO Determinations

Within 30 days after the date of the plan administrator's notification of its QMCSO determination, the parties (or their legal counsel) will have the right to submit written comments regarding the determination made by the plan administrator. After considering any comments received, the plan administrator will make a final determination as to the qualified status of the Order or Notice. If no comments are received by the plan administrator within the 30-day time period, the plan administrator's QMCSO determination will be final.

#### D. Resubmitted Orders or Notices

If an Order or Notice is determined by the plan administrator not to be a QMCSO, the parties or the issuing agency may submit a new or revised Order or Notice to cure the deficiencies. Any new or revised Order or Notice will be evaluated in accordance with the procedures set forth in this Section III, as if it were a new Order or Notice. Any revised or new Order or Notice must be approved by the applicable court or agency.

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### IV. ONCE A QMCSO DETERMINATION IS MADE, HOW IS AN ALTERNATE RECIPIENT ENROLLED IN THE PLAN?

#### A. Enrollment in the Plan

Following a determination that an Order or Notice is a QMCSO, the alternate recipient (and the parent-participant, if necessary) will be enrolled as of the earliest possible date following the determination allowed by the Plan and any applicable insurer(s) (for example, if enrollments are only permitted on the first day of a month, the alternate recipient (and the parent-participant, if necessary) will be enrolled as of the first day of the month on which, or immediately following the date on which, the determination is made). The plan administrator will provide notice to, in the form and manner required by, each applicable insurer and/or third party administrator (TPA) of such determination and corresponding enrollment request.

The alternate recipient will generally be treated as a “beneficiary” under the Plan, and will therefore be treated as a dependent of the parent-participant under the Plan. As such, the alternate recipient will be enrolled in the same coverage option(s) that the parent-participant is enrolled in (to the extent they are required to be provided under the QMCSO). However, if the QMCSO requires that the alternate recipient be enrolled in a coverage option or a particular level of coverage that the parent-participant is not enrolled in, the participant’s coverage option or level of coverage may need to be changed by the Plan in order to comply with the QMCSO.

The plan administrator will provide to the alternate recipient’s custodial parent (or a substituted state official, if applicable), a description of the coverage available under the Plan (including the summary plan description for the applicable coverage(s), which includes the information necessary to submit claims for benefits) and any forms or documents necessary to effectuate such coverage (for example, enrollment forms).

If the parent-participant is not yet enrolled in the Plan because he or she has not yet satisfied the required waiting period for enrollment in the Plan at the time the QMCSO determination is made, the alternate recipient will be enrolled as of the date the parent-participant is first enrolled in the Plan.

**Enrollment Rules – Medical Child Support Order:** If an Order does not make clear what type of coverage is to be provided, the child will be enrolled as a dependent in the same coverage option(s) as the parent-participant. If the Order does not make clear what type of coverage is to be provided and the parent is not enrolled in the Plan, the plan administrator will contact the submitting party for that information. If, after 20 business days following that inquiry, the plan administrator is still unable to determine what type of coverage is to be provided under the Order, the child (and parent-participant) will be enrolled in the **80% medical plan option**, which is the Plan’s **default enrollment option for this purpose**.

**Enrollment Rules – National Medical Support Notice:** If a Notice does not make clear what type of coverage is to be provided, the plan administrator will follow the instructions in the Notice regarding multiple options available under the Plan. The default option for purposes of a Notice shall be the same as for an Order, above.

Subject to the applicable requirements under the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended, and the regulations issued thereunder (“**COBRA**”), coverage for the alternative recipient will end if the alternate recipient ceases to be eligible to participate in the Plan for any reason, including, but not limited to, the following:

- the period of coverage required by the QMCSO ends;
- the QMCSO is revoked or materially amended by a court of competent jurisdiction or through an administrative process that has the force and effect of law under applicable state law;
- the parent-participant ceases to be a participant, or ceases to be eligible for the applicable coverage(s), under the terms of the Plan; or
- similarly situated beneficiaries cease to be eligible for the applicable coverage(s) under the terms of the Plan.

#### B. How Coverage Under a QMCSO Is Paid For

**Medical Child Support Order:** A Medical Child Support Order will ordinarily establish the obligations of the parties for the child’s support. In most cases, the obligor under a Medical Child Support Order will be the non-custodial parent who is the participant in the Plan (the parent-participant) and is responsible for the payment of any costs associated with the provision of coverage. If federal or state withholding limitations prevent withholding from the parent-participant’s paycheck, the additional contribution required to provide coverage to the child under the terms of the Plan, the employer (via the plan administrator) will notify the custodial parent and the child support enforcement agency, if the agency is involved. **Unless the employer is able to withhold the necessary contribution from the parent-participant’s paycheck, the Plan is not required to extend coverage to the child.** However, the custodial parent or the agency may be able to modify the amount of cash support to be provided, in order to enable the employer to withhold the required contribution to the Plan. *If allowed by applicable law, the parent-participant may also voluntarily consent to the withholding of an amount otherwise in excess of applicable withholding limitations (any such consent must be in writing).*

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**National Medical Support Notice:** The National Medical Support Notice provides that the employee named in the Notice (the parent-participant) is liable for any employee contributions required under the Plan for enrollment of the child. **However, if federal or state withholding limitations prevent the withholding of the required employee contributions from the employee's paycheck, the Plan is not required to provide coverage to the child.** The employer is required to notify the issuing agency if such withholding limitations prevent the withholding of the required employee contributions, in accordance with the instructions in the Notice.

### C. An Alternate Recipient's Rights Under a QMCSO

An alternate recipient may designate a representative for receipt of copies of notices that are sent to him or her with respect to an Order or Notice. Any such designation must be submitted in writing to the plan administrator whose contact information appears below in Section V.

An alternate recipient under a QMCSO shall be considered a "beneficiary" under the Plan for purposes of ERISA; provided, however, that the alternate recipient under a QMCSO shall be considered a "participant" under the Plan for purposes of the reporting and disclosure requirements of ERISA (for example, an alternate recipient will be provided with the Plan's summary plan description (SPD) and any summaries of material modifications (SMMs) thereto, the annual Women's Health and Cancer Rights Act (WHCRA) notice, summary annual reports (SARs), etc.).

Any payment for benefits made by the Plan pursuant to a QMCSO in reimbursement for expenses paid by an alternate recipient or an alternate recipient's custodial parent or legal guardian shall be made to the alternate recipient or the alternate recipient's custodial parent or legal guardian. However, payment of benefits by the Plan to an official of a state or a political subdivision thereof whose name and address have been substituted for the address of an alternate recipient in a QMCSO shall be treated as payment of benefits to the alternate recipient.

The alternate recipient shall be treated as a "qualified beneficiary" under COBRA, if he or she loses coverage under the Plan as a result of a "qualifying event."

### V. WHERE QUESTIONS SHOULD BE DIRECTED

Any questions regarding QMCSOs should be directed to Human Resources, which acts on behalf of the plan administrator with respect to the day-to-day matters of the Plan, at the following:

Campbell Clinic, P.C.  
Attention: *Human Resources*  
1400 South Germantown Road  
Germantown, TN 38138

Telephone: (901) 759-3105

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### Medical Child Support Order Checklist

A medical child support order, or "Order," will be considered a QMCSO by the plan administrator only if all of the following requirements are met.\* The plan administrator will complete this checklist as soon as possible after receiving the Order in order to make that determination:

- ☐ It is a judgment, decree, or order (including an approval of a property settlement) that is made pursuant to a state domestic relations law (including a community property law) or certain other state laws relating to medical child support. The Order may be issued by a court of competent jurisdiction or through an administrative process that has the force and effect of law under applicable state law. **Agreements made by the parties but not formally approved by a court are not acceptable.**
  - ☐ It provides for child support or health benefit coverage for a child of a participant under a group health plan (e.g., medical and/or dental) and *relates to benefits under the Plan*.
  - ☐ It contains the name and the last known mailing address (if any) of the parent-participant.
  - ☐ It contains the name and mailing address of each alternate recipient covered by the Order, except that, to the extent provided in the Order, the name and mailing address of an official of a state or a political subdivision thereof may be substituted for the mailing address of any such alternate recipient.
  - ☐ It contains a reasonable description of the type of coverage to be provided to each such alternate recipient, or the manner in which such type of coverage is to be determined (see Section IV of the QMCSO procedures).
  - ☐ It contains the period to which such Order applies, or the period can be reasonably ascertained.
  - ☐ It does not override Plan eligibility provisions generally applicable to dependent coverage (for example, it does not make eligible a child who is otherwise ineligible under the Plan because of age, or because his or her parent is not eligible to participate in the Plan).
  - ☐ It does not require the Plan to provide any type or form of benefit or any option not otherwise provided under the Plan (except as necessary to comply with the requirements of a state law relating to medical child support described in Section 1908 of the Social Security Act). For example, the Order cannot require the Plan to cover a child in a group health plan that does not include coverage for dependents.
  - ☐ The required employee contribution does not exceed applicable state and/or federal withholding limitations (see subsection B of Section IV of the QMCSO Procedures).
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### National Medical Support Notice Checklist

A National Medical Support Notice, or "Notice," will be considered a QMCSO by the plan administrator only if all of the following requirements are met.\* The plan administrator will complete this checklist as soon as possible after receiving the Notice in order to make that determination:

- ☐ It constitutes a National Medical Support Notice (a sample Notice is available at <http://www.dol.gov/ebsa/pdf/qmcsNoticeA.pdf> (the employer notice portion) and <http://www.dol.gov/ebsa/pdf/qmcsNoticeB.pdf> (the plan administrator notice portion) or at <http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form>).
- ☐ It contains the name of the issuing agency.
- ☐ It contains the name and mailing address of the parent-participant who is obligated by a state court or administrative order to provide medical support for each named alternate recipient.
- ☐ It contains the name and mailing address of each alternate recipient covered by the Notice (the name and address of a state or local official may be substituted for the address of the alternate recipient).
- ☐ It identifies the underlying support order.
- ☐ The required employee contribution does not exceed applicable state and/or federal withholding limitations (see subsection B of Section IV of the QMCSO Procedures).

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\* If any of the required information in the applicable Checklist is incorrectly stated in, or missing from, the Order or Notice, but is within the plan administrator's knowledge or may be reasonably determined by the plan administrator (for example, from its records), the plan administrator will supplement the Order or Notice with the corrected or missing information, rather than rejecting the Order or Notice as not qualified.