



Ohio Administrative Code

Rule 5101:12-57-10.2 Responsibility of health plan administrator.

Effective: June 1, 2022

(A) In accordance with section 3119.37 of the Revised Code, upon receipt of the OMB 0970-0222, "National Medical Support Notice" (as referenced in rule 5101:12-57-99 of the Administrative Code), (NMSN) and the JFS 03377, "Employer/Health Plan Administrator Health Insurance Verification Request" (effective or revised effective date as identified in rule 5101:12-57-99 of the Administrative Code), the health plan administrator is required to:

(1) Complete and return part B of the NMSN to the child support enforcement agency (CSEA) within forty business days of the date of the NMSN; and

(2) Comply with the enrollment requirements in accordance with the instructions contained in the NMSN.

(B) When there is more than one health coverage option available under the plan and the health insurance obligor is not enrolled in any of the options:

(1) The health plan administrator is required to attach to part B copies of applicable summary plan descriptions or other documents that describe available coverage, including the additional participant contribution necessary to obtain coverage for the child under each option and whether there is a limited service area for any option.

(2) When the health plan has a default option and the CSEA fails to notify the health plan administrator of the health coverage selection within twenty business days, the health plan administrator is required to enroll the child in the health plan's default option.

(C) After the child has been enrolled in a health plan option, the health plan administrator is required to complete and return the JFS 03377 to the CSEA.

(D) In accordance with section 3119.422 of the Revised Code, nothing in rule 5101:12-47-01,



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5101:12-57-01, or 5101:12-57-10 to 5101:12-57-10.6 of the Administrative Code shall be construed to require the health plan administrator to accept for enrollment any child who does not meet the underwriting standards of the health insurance or health care policy, contract, or plan for which application is made.