- (1) provide to the noninsuring parent membership cards, claims forms, and any other information necessary for the child to obtain benefits through the health insurance coverage; and
- (2) process the claims forms and make appropriate payment to the noninsuring parent, health care provider, or Department of Health and Mental Hygiene if the noninsuring parent incurs expenses for health care provided to the child.
- (F) WITHIN 20 BUSINESS DAYS AFTER RECEIPT OF A MEDICAL SUPPORT NOTICE FROM AN EMPLOYER, THE CARRIER:
- (1) SHALL DETERMINE WHETHER THE MEDICAL SUPPORT NOTICE CONTAINS:
  - (I) THE EMPLOYEE'S NAME AND MAILING ADDRESS; AND
- $\underline{\rm (II)}$   $\underline{\rm THE}$  CHILD'S NAME AND THE CHILD'S MAILING ADDRESS OR THE ADDRESS OF A SUBSTITUTED OFFICIAL,
- (2) IF THE MEDICAL SUPPORT NOTICE DOES NOT CONTAIN THE INFORMATION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION, SHALL COMPLETE AND FORWARD THE APPROPRIATE PART OF THE MEDICAL SUPPORT NOTICE TO THE ISSUING CHILD SUPPORT ENFORCEMENT AGENCY ADVISING THAT THE MEDICAL SUPPORT NOTICE DOES NOT CONSTITUTE A QUALIFIED MEDICAL CHILD SUPPORT ORDER; AND
- (3) IF THE MEDICAL SUPPORT NOTICE CONTAINS THE INFORMATION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION, SHALL COMPLY WITH THE FOLLOWING REQUIREMENTS:
  - (I) DETERMINE THE CHILD'S ELIGIBILITY FOR ENROLLMENT;
- (III) ENROLL THE CHILD IF THE CHILD IS ELIGIBLE FOR ENROLLMENT, SUBJECT TO SUBSECTION (G) OF THIS SECTION;
- (IV) SEND TO THE EMPLOYEE, CHILD, AND CUSTODIAL PARENT OF THE CHILD A WRITTEN NOTICE THAT EXPLAINS THAT THE COVERAGE OF THE CHILD IS OR WILL BECOME AVAILABLE TO THE CHILD; AND
- $\frac{(V)}{\text{DESCRIPTION OF:}} \quad \frac{\text{SEND TO THE CUSTODIAL PARENT OF THE CHILD A WRITTEN}}{\text{DESCRIPTION OF:}}$ 
  - 1. THE HEALTH INSURANCE COVERAGE;
  - 2. THE EFFECTIVE DATE OF COVERAGE;
  - 3. THE EMPLOYEE'S COST FOR THE HEALTH INSURANCE

COVERAGE; AND