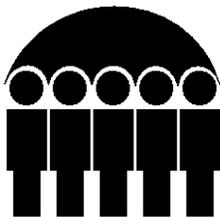


Revised March 4, 2005

Employees' Manual
Title 11
Chapter I

MEDICAL SUPPORT



Iowa
Department
of
Human Services

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CHAPTER OVERVIEW

State and federal laws require that the Child Support Recovery Unit provide medical support services to:

- ◆ Children of obligees who are receiving public assistance through Iowa’s Family Investment Program (FIP) or Medicaid.
- ◆ Children in foster care.
- ◆ Children of obligees who are not receiving public assistance.

Throughout this chapter, the term “medical support services” refers to the establishment and enforcement of a medical support obligation. A medical support obligation is separate from any obligation that requires the obligor to provide monetary child support or alimony. Medical support obligations require the obligor to:

- ◆ Get employment-related or other group health insurance coverage for the child, or
- ◆ Provide a dollar amount of medical support to the child.

The medical support services that the Unit provides include:

- ◆ Attempting to get provisions for health insurance coverage in support orders when children do not have satisfactory insurance. Medicaid is not considered satisfactory insurance.
- ◆ Enforcing both health insurance provisions and obligations for a dollar amount of medical support when these provisions are in a support order.

This chapter describes the policies and procedures for:

- ◆ Establishing and enforcing medical support obligations,
- ◆ Gathering health insurance information from the obligee, obligor, and employer, and
- ◆ Entering and updating medical support information (both health insurance coverage and monetary medical support) on ICAR.

Legal Basis for Provision of Medical Support Services

The following federal and state regulations, laws, and rules authorize the provision of medical services to recipients of the Unit's services:

- ◆ Title IV-D of the Social Security Act.
- ◆ ERISA 1974, the Employee Retirement Income Security Act.
- ◆ OBRA 1993 (P.L. 103-66), the Omnibus Reconciliation Act of 1993.
- ◆ 45 Code of Federal Regulations 303.8, "Review and Adjustment of Child Support Orders."
- ◆ 45 Code of Federal Regulations 303.30, "Securing Medical Support Information."
- ◆ 45 Code of Federal Regulations 303.31, "Securing and Enforcing Medical Support Obligations."
- ◆ 45 Code of Federal Regulations 303.32, "National Medical Support Notice."
- ◆ 29 Code of Federal Regulations 2590.609-2, "National Medical Support Notice."
- ◆ Iowa Code Chapter 252B, "Child Support Recovery."
- ◆ Iowa Code Chapter 252E, "Medical Support."
- ◆ 441 Iowa Administrative Code Chapter 98, Division I, "Medical Support Enforcement."
- ◆ 441 Iowa Administrative Code Chapter 99, Division I, "Child Support Guidelines."

Definition of Medical Support Terms

Legal reference: Iowa Code sections 252E.1(7) and (5), 252E.2, 598.21(4)(a);
441 IAC 98.1(252E)

The following terms are defined for use in this chapter:

Accessible plan: A health benefit plan that:

- ◆ Does not have service area limitations or has an option that is not subject to service area limitations; or
- ◆ Has a network primary care provider within 30 miles or 30 minutes from where the child lives.

Basic coverage: A health benefit plan that, at a minimum, provides coverage for:

- ◆ Emergency care,
- ◆ Inpatient and outpatient hospital care,
- ◆ Physician services inside and outside a hospital, and
- ◆ Laboratory and X-ray services.

Consolidated Omnibus Budget Reconciliation Act (COBRA): A federal law that requires group health insurance plans to provide certain covered individuals an opportunity to elect to continue group health coverage at their own expense for specified periods (up to 18 to 36 months).

Child Support Performance and Incentive Act (CSPIA): A federal law that includes several provisions to improve medical support enforcement in the child support enforcement program.

Dependent: A child for whom a court may order coverage by a health benefit plan under Iowa Code section 252E.3. If the court orders the obligor to provide a health benefit plan for the child, the obligation may include the obligee if:

- ◆ The court order requires the obligor to provide health insurance for the obligee,
- ◆ The obligee is eligible for enrollment under the plan in which the child or obligor is enrolled, and
- ◆ Coverage of the obligee is available at no extra cost.

Health benefit plan: Any policy or contract of insurance, indemnity, subscription or membership issued by an insurer, health service corporation, health maintenance organization (HMO), or any similar corporation, organization, or a self-insured employee benefit plan, for the purpose of covering medical expenses. These expenses may include, but are not limited to:

- ◆ Hospital.
- ◆ Surgical care.
- ◆ Major medical insurance.
- ◆ Dental care.
- ◆ Optical services.
- ◆ Prescription drugs.
- ◆ Office visits.
- ◆ Any combination of these or any other comparable health care expenses.

High potential of obtaining coverage: Health insurance may be available to the obligor at a reasonable cost (i.e., through a verified employer) and either:

- ◆ The obligor is court-ordered to provide health insurance for the child; or
- ◆ A new order can be established or an existing support order modified to require health insurance coverage for the child.

Medical support: Support the obligor provides a child that includes:

- ◆ The provision of a health benefit plan to meet the medical needs of a child, including a group or employment-related or an individual health benefit plan, and the cost of any premium required by a health plan; or
- ◆ The payment of a monetary amount to the obligee in place of providing a health benefit plan.

Medical support obligation: An obligation included in a support order that requires the obligor to:

- ◆ Get employment-related or other group health insurance coverage for the child; or
- ◆ Provide a dollar amount of medical support to the child.

National medical support notice: A notice as prescribed under 42 U.S.C. § 666(a)(19) or a substantially similar notice that is issued and forwarded by the Department to enforce medical support provisions of a support order.

Plan administrator: The employer or sponsor that offers the health benefit plan unless, by agreement, the responsibility is delegated to another person, such as someone in the benefits department or a company contracted to process benefits for the employer. The plan administrator determines the child's eligibility for enrollment in a health benefit plan.

Qualified medical child support order (QMCSO): A child support order that creates or recognizes the existence of a child's right to receive medical support benefits, or assigns to a child the right to receive benefits for which a child is eligible. Form 470/3818, *National Medical Support Notice*, constitutes a "QMCSO" under federal law.

Reasonable in cost: An employment-related health insurance policy or other group health insurance. Neither state nor federal laws define a health insurance premium dollar amount in reference to reasonable in cost.

Responsibilities for Medical Support

The following sections summarize the responsibilities of the obligor, obligee, employer, and plan administrator for medical support coverage for the child. See 9-A, **GENERAL PROGRAM INFORMATION**, for what information you can release to the obligor, the obligee, and the employer to establish and enforce medical support.

Obligor

Legal reference: Iowa Code sections 252E.3, 252E.5, 252E.7, and 252E.9;
441 IAC 98.5(252E)

If court ordered, the obligor must:

- ◆ Enroll the child in the same health benefit plan as the obligor is enrolled. If more than one health benefit plan is available to the obligor, the plan must be accessible to the child.
- ◆ Maintain medical support (specifically, health insurance coverage) for the benefit of the child throughout the duration of the court order.
- ◆ Provide health insurance coverage for the obligee as well as the child when all of the following criteria are met:
 - The order requires the obligor to provide coverage for the obligee.
 - The obligee is eligible for coverage under the plan.
 - Coverage for the obligee is available at no extra cost to the obligor.

The obligor must also:

- ◆ Inform the obligee and the Unit within ten days of a change in the terms or conditions of coverage under a health benefit plan. Such changes may include, but are not limited to:
 - The deductible amount.
 - The coinsurance amount.
 - Pre-admission notification requirements.
 - Coverage for dental care, optical services, office visits, prescription drugs, and inpatient and outpatient hospitalization.
 - Any other change that affects the coverage.

Note: The Unit can recover from the obligor costs incurred by the obligee or the Department because of the obligor's failure to notify the obligee and the Unit of changes in the coverage.

Obligee

Legal reference: 45 CFR 303.30 and 303.31; Iowa Code section 252E.11;
441 IAC 75.14(249A) and 98.2(252E)

The Unit pursues establishment and enforcement of certain types of child support, depending on the receipt of FIP, Medicaid, or non-public assistance services.

Obligees who receive both FIP and Medicaid must:

- ◆ Cooperate with the Unit in the establishment and enforcement of medical and cash child support and in the establishment of paternity, unless good cause for noncooperation is approved.
- ◆ Complete and sign form 470-2748, *PA Medical Support Questionnaire*, upon the request of the Unit.
- ◆ Assign to the Department the rights to child support and medical support payments collected by the Unit. This assignment is part of the application form that the obligee completes for receipt of FIP and Medicaid.

Obligees who receive Medicaid only must cooperate with the Unit in:

- ◆ The establishment and enforcement of medical support obligations; and
- ◆ The establishment of paternity, unless good cause for noncooperation is approved.

Note: An obligee who receives only Medicaid has the right to request that child support services be limited to the establishment of paternity and the establishment and enforcement of medical support. The Medicaid application includes a statement that if a person receives Medicaid, but not FIP, the Unit may pursue child support unless the applicant requests only medical support services.

Obligees that do not receive FIP or Medicaid must:

- ◆ Cooperate with the Unit in the establishment and enforcement of medical support obligations, paternity and child support obligations.
- ◆ Complete form 470/2744, *NPA Medical Support Questionnaire*, upon the request of the Unit to report the child's current health insurance coverage.

Employer

Legal reference: Iowa Code sections 252E.1, 252E.5, and 252E.8

The Unit enforces the provisions of health insurance in the court order by issuing form 470/3818, *National Medical Support Notice*, to the employer. The employer must comply with the provisions in this form. When the employer receives this form, the employer must:

- ◆ Treat it as an application for health benefit plan coverage for the child if the health benefit plan requires an application.
- ◆ Complete and return Part A, “Employer Response,” to the Unit within 20 business days from the date on the form if:
 - The employer does not maintain or contribute to a health insurance plan that provides dependent or family health care coverage; or
 - The employee is among a class of employees (for example, a part-time employee) not eligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes; or
 - The health care coverage is not available because the employee is no longer employed by the employer; or
 - Limits on withholding prevent enrollment. The amount that an employer withholds from the obligor’s net pay, including the amount for health insurance premiums, is subject to the requirements of the Consumer Credit Protection Act (CCPA). If met, the employer cannot complete enrollment due to limits established for withholding. Refer to the income withholding procedures for more information on the CCPA limits.
- ◆ Forward Part B, “Plan Administrator Response,” to each appropriate plan administrator within 20 business days from the date on the form if health insurance is available to the child.
- ◆ Upon notification from the plan administrator of the child’s enrollment, withhold from the obligor’s compensation, the obligor’s share (if any) of the required premium for the health benefit plan and forward the premium to the insurer.

Note: The plan administrator notifies the employer if the obligor is subject to a waiting period that expires more than 90 days from the date of receipt of the *National Medical Support Notice* or that the obligor is subject to a waiting period measured in a manner other than the passage of time. When requirements are met, the employer notifies the plan administrator that the obligor is eligible. The plan administrator enrolls the child and the obligor, if necessary, in the plan.

- ◆ Continue health insurance enrollment for the child unless one of the following conditions exists:
 - A court or administrative order requiring coverage in a health benefit plan ends.
 - The employer receives form 470/3729, *Discontinuation of Medical Support Enforcement*, form 470/3917, *Change in Medical Support Enforcement*, or form 470-3933, *Termination of the National Medical Support Notice*, from the Unit.
 - The child is eligible for or will be enrolled in a comparable health benefit plan to take effect no later than the effective date of revocation of enrollment in the other plan.
 - The employer eliminated dependent health coverage for all employees.
- ◆ Provide notice to the obligee and the Unit within ten days of termination of the obligor's employment. The employer is not required to maintain coverage for the child if the premium is no longer paid because:
 - The employer no longer owes compensation to the obligor; or
 - The obligor's employment is terminated and the obligor does not elect to continue coverage.
- ◆ Provide notice to the obligee or legal custodian of the child and the Unit ten days before termination of coverage under a health benefit plan because:
 - The employer no longer offers a health insurance plan; or
 - The employer changed insurers.

Plan Administrator

Legal reference: Iowa Code sections 252E.1, 252E.5, 252E.7, and 252E.8

The plan administrator must:

- ◆ Accept Part B of form 470/3818, *National Medical Support Notice*, and comply with its provisions.
- ◆ Complete and return Part B of the *National Medical Support Notice* to the Unit within 40 business days from the date on the form.
- ◆ Treat the *National Medical Support Notice* as an application for health insurance for the child, if an application is required to enroll the child.
- ◆ Notify the employer, the Unit, the obligor, and the obligee if the obligor is subject to a waiting period that expires more than 90 days from the date of receipt of the *National Medical Support Notice* or that is measured in a manner other than the passage of time. Complete the enrollment upon satisfaction of any waiting period or requirement.
- ◆ Enroll the child, and the obligor, if necessary to enroll the child, in the appropriate plan selected.

If more than one plan is available and the obligor is not enrolled, forward plan descriptions and documents to the Unit to choose a plan. If the Unit does not choose a plan within 20 business days, enroll the child in the default plan (if available) and return part B of the *National Medical Support Notice* to the Unit.

In addition, the plan administrator must:

- Allow enrollment of the child at any time unless there is a restriction on the obligor's enrollment in coverage.

| |
|--|
| The plan administrator requires the obligor be employed for 90 days before allowing the obligor to enroll in health insurance coverage. The plan administrator does not enroll the child before enrolling the obligor. |
|--|

- Allow enrollment of the child at any time (regardless of seasonal enrollment restrictions) if the child is otherwise eligible to be enrolled in the plan under the terms and conditions of the plan itself.

- Enroll a child in the health benefit plan regardless of whether the child is born out of wedlock, the child is not claimed as a dependent on the obligor's federal income tax form, or the child does not reside with the obligor or live within the plan's service area.
- ◆ Upon completion of enrollment, notify the employer to determine whether the necessary employee share of the premium is available.
- ◆ Complete and send the Plan Administrator Response in Part B of the *National Medical Support Notice* to the Unit if the employer is subject to the federal Employee Retirement Income Security Act and the *National Medical Support Notice* does not constitute a QMCSO.

When the *National Medical Support Notice* does not constitute a QMCSO, the child is not enrolled in a health insurance plan. The plan administrator must also notify the obligor, obligee, and child of the specific reason for the determination.
- ◆ Make claim forms or enrollment membership cards available to the obligee or to the Unit if these forms are required to obtain medical services.
- ◆ Accept the signature of the obligee, the legal custodian of the child, or the Department as valid authorization for processing medical expense claims on behalf of the child for payment or reimbursement of medical services.
- ◆ Make payments directly to:
 - The obligee, for claims submitted by the obligee.
 - The Department, for claims submitted by the Department.
 - The health care provider, for claims submitted by the health care provider, **if** the obligee approves of this arrangement.
- ◆ Accept an application for enrollment of the child and medical expense claim forms signed by the obligee, legal custodian of the child, or the Department.

The insurer has immunity from any civil or criminal liability which might otherwise be incurred or imposed for actions taken in implementing the requirements of Iowa Code Chapter 252E. These actions include, but are not limited to:

- ◆ Releasing information.
- ◆ Paying claims for services.

WHEN TO PROVIDE MEDICAL SUPPORT SERVICES

Legal reference: 45 CFR 303.31(b)(1)

Federal regulations require the Unit to include health insurance in new or modified judicial or administrative orders for support unless the obligee and child have satisfactory health insurance other than Medicaid. The circumstances of the case determine which medical support services to provide.

Provide medical support services when:

- ◆ The obligee receives public assistance (i.e., FIP, foster care, or Medicaid).
- ◆ The obligee no longer receives public assistance.
- ◆ The NPA obligee signs form 470-0188, *Application for Nonassistance Support Services*. (See 9-H-Appendix.)
- ◆ The child lives with a non-parental caretaker. Since the caretaker is not responsible for cash or medical support of the child, establish a medical support obligation to require both parents to provide health insurance (regardless of receipt of public assistance benefits). Refer to the **Caretaker and Foster Care Cases** section in this chapter for more information.

In addition, provide medical support services only when:

- ◆ The case is “active.”
- ◆ The case is not approved for “good cause.”
- ◆ The case is not “redirected” to the clerk of court.

See the following sections for more detailed information on the establishment and enforcement of a medical support obligation for:

- ◆ Public assistance (PA) cases
- ◆ Non-public assistance (NPA) cases

Public Assistance (PA) Cases

Legal reference: 45 CFR 303.30; 441 IAC 98.3

An obligee who does not have satisfactory health insurance must cooperate with the Unit in the establishment and enforcement of medical support obligations when the obligee:

- ◆ Receives FIP or Medicaid; or
- ◆ Has a child in foster care.

Cooperation is a condition of eligibility for public assistance, unless the income maintenance worker approves good cause for noncooperation.

If an obligee receives FIP or Medicaid and provides health insurance (other than Medicaid) for the child, do not attempt to establish a medical support obligation to require the obligor to provide health insurance. In these cases, the obligee must seek modification of the order through a private action.

If the child does not have health insurance other than Medicaid, attempt to establish and enforce a medical support obligation to require the obligor to provide health insurance.

The following sections contain more information on:

- ◆ Medical assignments.
- ◆ Policies that apply to Medicaid-only cases.

Assignment of Cash Medical Support

Legal reference: Iowa Code section 252E.11

An obligee who receives FIP or Medicaid or who has a child in foster care assigns to the Department the right to cash medical support payments collected by the Unit. The Department uses payments collected by the Unit to reimburse the state for medical services expended through Medicaid on behalf of the obligee and the child.

The assignment takes effect on the date the income maintenance worker approves Medicaid benefits. Refer to 8-C, **COOPERATION WITH SUPPORT RECOVERY**, for more information on Medicaid benefits and the assignment of support.

Medicaid-Only Cases

Legal reference: 45 CFR 302.33(a)(5), 303.30; Iowa Code section 252D.18(2); 441 IAC 98.2(2)

If an obligee and child receive Medicaid-only benefits, provide all of the Unit’s services, including the establishment and enforcement of both child support and medical support, unless the Medicaid-only recipient contacts you and asks you to provide **only** medical support services. The obligee is not required to put the request in writing.

If the obligee contacts you to request only medical support services, narrate the request for only medical support services. Enter a “Y” in the MEDICAID MS ENF ONLY field on the PAYEE screen. ICAR issues a narrative (CASE153) to document the obligee’s request for only medical support services.

Refer to the following highlighted field on the PAYEE screen:

| | | |
|--|--------------------------------------|--------------------------------|
| D479HC01 | IOWA COLLECTION AND REPORTING SYSTEM | DATE: 03/10/04 |
| | -- PAYEE-- | TIME: 12:37:21 |
| CASE NUMBER | PAYEE ID NUMBER.: | DRI: FVI: |
| NONCOOPERATION | GOOD CAUSE.....: | ICIS CASE: |
| NAME (LFMS) | : | CARETAKER?..: |
| BANKRUPTCY (Y/N) AND CHAPTER: | | NPA REQUESTS MS ENF.: |
| MAIL ADDR LN 1.....: | | MEDICAID MS ENF ONLY: Y |
| MAIL ADDR LN 2.....: | | UNXREF(Y/N): |
| CITY/STATE/ZIP | : | ICIS PIN NBR: |
| COUNTRY | GEN STATUS: | SIGNATURE ID: |
| PHONE NUMBER | PHONE EXTENSION | REPAY: |
| BIRTHDATE | 00 00 0000 | SEX (F/M) |
| CNTY OF RESIDENCE | SSN..... | |
| STATE I.D..... | NOTIFICATION SENT | 00 00 0000 |
| CURRENT ACCT TYPE | CURRENT START DATE | 00 00 0000 |
| NEXT ACCT TYPE | NEXT START DATE | 00 00 0000 |
| COMMENTS: | | |
| PF3=MODIFY, PF4=DELETE ADDR, PF5=INQUIRY, PF6=PAYEE2 | | |
| PF12=XREF VERIFICATION | | |
| NEXT SCREEN: NOTES: | | |
| PLEASE ENTER CASE NUMBER AND PRESS PF5 | | |

Establishment

When the obligee requests only medical support services, the child is not covered by the obligee's health insurance, and there is no existing court order, do the following:

- ◆ Establish medical support, but do not proceed with the establishment of a child support obligation.
- ◆ If the obligee previously received FIP and there is an 11 account balance due the state:
 - Establish paternity (if at issue).
 - Establish an order to reimburse FIP expended on behalf of the child and the obligee.
 - Establish medical support.

Note: If the child is covered by the obligee's health insurance (other than Medicaid), do not establish medical support or a child support obligation. Request health insurance policy information from the obligee and enter this information on the MEDICAL screen and subscreens. See **Obligee Provides Health Insurance**.

Enforcement

When the obligee requests only medical support services, the child is covered by the obligee's health insurance, and there is a court order, do the following:

- ◆ Review the language in the court order.
- ◆ Check for coverage through Medicaid or the Health Insurance Premium Payment Program (HIPP). If the child has coverage through one of these programs, enforce medical support depending on the language in the court order.
- ◆ If the obligee does not receive Medicaid or HIPP and the language in the court order indicates the obligee is to provide health insurance, update the Health Insurance Update (HIUPDATE) screen and add the medical policy on ICAR. See **RECORDING HEALTH INSURANCE COVERAGE**.

If the child is not covered by the obligee’s health insurance and there is an existing court order ordering the obligor to provide health insurance, enter the court order and update the HIUPDATE screen. Enter a health only (HO) obligation and do not enter a child support obligation.

If we are enforcing a child support obligation with an existing Income Withholding Order (IWO) for current or delinquent support, even if no current assignment of child support exists, continue the IWO for child support. State law allows termination of income withholding only when the current support obligation ends and the delinquent obligation is fully satisfied.

Non-Public Assistance (NPA) Cases

Legal reference: 45 CFR 303.31(b)(1); 441 IAC 98.2(1)

The Unit provides establishment and enforcement of both child support and medical support obligations to NPA obligees. Proceed with medical support establishment and enforcement for NPA case account types only when ICAR displays a “Y” or “C” in the NPA REQUESTS MS ENF field on the PAYEE screen. Refer to the highlighted field:

| | | |
|--|--------------------------------------|-------------------------------|
| D479HC01 | IOWA COLLECTION AND REPORTING SYSTEM | DATE: 03/10/04 |
| | -- PAYEE-- | TIME: 12:37:21 |
| | DRI: | FVI: |
| CASE NUMBER | PAYEE ID NUMBER.: | ICIS CASE: |
| NONCOOPERATION | GOOD CAUSE.....: | CARETAKER?...: |
| NAME (LFMS) | : | : |
| BANKRUPTCY (Y/N) AND CHAPTER: | | NPA REQUESTS MS ENF: Y |
| MAIL ADDR LN 1.....: | | MEDICAID MS ENF ONLY: |
| MAIL ADDR LN 2.....: | | UNXREF (Y/N): |
| CITY/STATE/ZIP | : | ICIS PIN NBR: |
| COUNTRY | GEN STATUS: | SIGNATURE ID: |
| PHONE NUMBER | PHONE EXTENSION | REPAY: |
| BIRTHDATE | 00 00 0000 | SEX (F/M) |
| CNTY OF RESIDENCE.....: | SSN | NOTIFICATION SENT.....: |
| STATE I.D.....: | | 00 00 0000 |
| CURRENT ACCT TYPE.....: | CURRENT START DATE.....: | 00 00 0000 |
| NEXT ACCT TYPE.....: | NEXT START DATE.....: | 00 00 0000 |
| COMMENTS: | | |
| PF3=MODIFY, | PF4=DELETE ADDR, | PF5=INQUIRY, |
| PF12=XREF VERIFICATION | | PF6=PAYEE2 |
| NEXT SCREEN: | NOTES: | |
| PLEASE ENTER CASE NUMBER AND PRESS PF5 | | |

Note: If the obligee or a third party already provides health insurance for the child (other than Medicaid), do not establish an order to require the obligor to provide dependent health insurance.

NPA Obligees Is Court-Ordered to Provide Health Insurance

When an NPA obligee is court-ordered to provide health insurance for the child, proceed as follows:

- ◆ If the obligee provides health insurance for the child, do not alter those provisions. The obligee must seek to modify the court-ordered provisions to require the obligor to provide health insurance through a private action.
- ◆ If the obligee has health insurance available, is court ordered to provide health insurance, and does not provide it for the child, do not attempt to establish or enforce a medical support obligation which requires the obligor to provide health insurance. The obligee has insurance available and should comply with the court order. The obligee must seek to modify the court-ordered provisions to require the obligor to provide health insurance through a private action.
- ◆ If the obligee does not have health insurance available and health insurance is available to the obligor, attempt to modify the court order by adding health insurance provisions that require the obligor to provide health insurance.

NPA Obligees Requests that the Unit Stop Providing Medical Support Services

An NPA obligee may request that the Unit stop providing medical support services. If the Unit is enforcing a health benefit plan provided by an obligor who is court-ordered to provide health insurance, do not cancel that coverage. We must continue to provide these services. Notify the obligee that the Unit is required to continue enforcing the court order.

If the obligee requests a termination of all child support services, follow current procedures in 9-I, **CASE CLOSURE**.

IDENTIFYING EXISTING MEDICAL SUPPORT

Legal reference: Iowa Code section 252E.2; 441 IAC 98.3

Before establishing a medical support obligation, determine if the child has existing health insurance coverage (other than Medicaid or HIPP). If the child is covered by existing health insurance, take no further action to establish medical support.

The child may be covered by health insurance provided by the obligor, the obligee, or a third party. Health insurance provided by the obligor, the obligee, or a third party may either be employment-related or private coverage.

To determine if the child is covered by existing health insurance, check ICAR for existing medical support information. Check the case file for copies of the appropriate court order, completed health insurance questionnaires, NPA applications, and other documentation if you need more information.

If you cannot find information about health insurance coverage on ICAR or in the case file, contact the employer or sources such as Iowa Central Employee Registry (ICER) to determine if health insurance is available through the obligor's employer.

If there is a medical record, ICAR identifies the person providing health insurance on the MEDICAL screen as follows:

- ◆ An entry in the PAYOR field in the PROVIDER section indicates the obligor provides employment-related dependent health insurance.
- ◆ An entry in the PAYEE field in the PROVIDER section indicates the obligee provides dependent health insurance.
- ◆ An entry in the PRIVATE field in the PROVIDER section indicates the provider is a third party who provides private or employment-related dependent health insurance; *or* the obligor provides private dependent health insurance.

See **RECORDING HEALTH INSURANCE COVERAGE** for an explanation of how to record who provides health insurance on the MEDICAL screen.

The following sections describe where to check when attempting to identify if a child is covered by a health insurance plan:

- ◆ MEDSUM, MEDSUM2, and MEDSUM3 screens.
- ◆ Contacting an employer.
- ◆ Contacting the obligor.
- ◆ Contacting the obligee.

MEDSUM, MEDSUM2, and MEDSUM3 Screens

On the MEDSUM, MEDSUM2, and MEDSUM3 screens, ICAR summarizes information about medical support for a case and displays data from records stored throughout ICAR. ICAR uses this data to identify and process cases for the establishment and enforcement of health insurance through batch programs.

Once ICAR identifies a high potential for an obligor to obtain health insurance coverage for the child, ICAR begins automated actions for the Unit to establish a medical support order or to modify an existing order to add medical support provisions. ICAR also displays an entry in the HI POT field on the MEDSUM2 screen. Refer to **BATCH PROCESSING FOR MEDICAL SUPPORT** for more information on how ICAR establishes high potential cases.

ICAR also monitors the obligor's and employer's compliance with an obligation to provide health insurance coverage. Review the data on the MEDSUM and MEDSUM2 screens to determine if a child is covered by a health insurance plan. Refer to **Monitoring for Return of Health Insurance Information** for more information.

Help text is available to assist you in understanding the information that ICAR displays on the MEDSUM, MEDSUM2, and MEDSUM3 screens. Screen help text provides a general description of each screen and field help text describes each field on the screen. Access the help text as described below:

- ◆ **Screen level help text:** Place the cursor anywhere on the screen *except* where ICAR displays data and press the F1 key.
- ◆ **Field level help text:** Place the cursor in the specific data field and press the F1 key.

Once you access a help screen, press the F8 key, if necessary, to page forward to see additional help text. Press the F7 key to page backward to see previous text. Press the F3 key to exit the help text.

MEDSUM Screen

To access the MEDSUM screen, type “MEDSUM” in the NEXT SCREEN field on any ICAR screen and press the ENTER key, or press the F9 key from the MEDSUM2 screen or the F16 key from the MEDICAL screen. ICAR displays the following screen:

| | | |
|--|--------------------------------------|-----------------------------------|
| D479HM16 | IOWA COLLECTION AND REPORTING SYSTEM | DATE: 03/10/04 |
| | MEDSUM | TIME: 10:51:23 |
| CASE NUMBER....: | | |
| COURT ORDER NUMBER | | MORE? |
| INTERSTATE (Y/BLANK): | INIT STATE: | RSPN STATE: ENF MED: |
| NPA REQ MS ENF(Y/N): | | MEDICAID MS ENF ONLY(Y/N): |
| INSURANCE PROVIDED(Y/N): | | PROVIDER: PAYOR PAYEE PRIVATE |
| HIQ TO PAYOR.....(Y/N): | | HIQ TO EMP (Y/N): |
| CT ORD HEALTH INS.....(Y/N): | | OBLIG ENDED..... (Y/N): |
| | | OTHER MED OBL TYPE.....: MS MR |
| | | HEALTH ONLY OBLIG(Y/BLANK): |
| EMP VERIFIED(Y/N): | | DEP HI AVAIL (Y/N): |
| DATE HI AVAIL | 00 00 0000 | DEP ENROLLED (Y/N): |
| DEP HI PREM/MO.....(\$---): |: | NOTICE SENT (Y/BLANK): 00 00 0000 |
| | | MED MTQ (Y/N/I/M): |
| PF3=MODIFY, PF5=INQUIRY, PF6=MEDICAL, | | PF7/PF8=SCROLL MEDSUM SCREENS |
| PF9=MEDSUM2 PF10=MORE COURT ORDERS, | | PF13=MEDMTQ PF14=MEDSUM3 |
| NEXT SCREEN: NOTES: | | |
| PLEASE ENTER CASE NUMBER AND PRESS PF5 | | |

Fields, descriptions, and values on the MEDSUM screen are:

- ◆ **CASE NUMBER:** Enter the case number and press the F5 key to display case information.

- ◆ **COURT ORDER NUMBER:** ICAR displays up to two court order numbers in this field as displayed in the COURT ORDER NUMBER field on the Court Order (COURTORD) screen.
- ◆ **MORE?:** ICAR displays a “Y” when more than two court orders with the same health insurance provisions exist. Press the F10 key to access the ADDITIONAL COURT ORDERS associated with this MEDSUM screen.
- ◆ **INTERSTATE (Y/BLANK):** ICAR displays a “Y” on interstate cases with account types of 14, 15, 19, or 17 with a child account type of 16, which include an active Interstate Contact Screen A (INTERSTA) screen.
 - **INIT STATE:** ICAR displays the two-letter abbreviation for the initiating state if there is a “Y” in the INTERSTATE field.
 - **RESP STATE:** ICAR displays the two-letter abbreviation for the responding state if there is a “Y” in the INTERSTATE field.

If no INTERSTA screen exists on the case, the INTERSTATE field is blank.

- ◆ **ENF MED:** When Iowa is the responding state (RSPN STATE field = IA), enter a “Y” or an “N” to indicate whether the other state wants medical support establishment or enforcement. When Iowa is the initiating state, ICAR defaults this field to blank and you cannot update this field.
- ◆ **NPA REQ MS ENF (Y/N):** The default is “Y.” ICAR checks the entry in this field before proceeding with medical support establishment and enforcement when the case account type is 12. Valid entries for this field are:
 - Y ICAR enters a “Y” in this field when you add a new NPA case to ICAR. You can also enter a “Y” in this field.
 - C ICAR enters a “C” in this field when medical support services are part of the continued services the obligee receives when the case account type changes from public assistance to nonpublic assistance.
 - Z Enter a “Z” when extenuating circumstances prevent either the establishment or enforcement of medical support services. This entry requires supervisor-level security.

- ◆ **MEDICAID MS ENF ONLY (Y/N):** ICAR displays a “Y” or “N” as entered in the MEDICAID MS ENF ONLY field on the PAYEE screen. ICAR displays a “Y” when an obligee, who receives Medicaid-only, asks the Unit to provide only medical support services. The default for the MEDICAID MS ENF ONLY field on the PAYEE screen is an “N.”
- ◆ **INSURANCE PROVIDED (Y/N):** ICAR displays an “N” until you add a medical record to the MEDICAL screen. Once you add the medical record, ICAR displays a “Y” to indicate the child is covered by a health insurance plan.
- ◆ **PROVIDER: PAYOR __PAYEE __ PRIVATE __:** These fields are blank until you update the corresponding field on the MEDICAL screen. ICAR displays which party provides health insurance for a case as follows:
 - PAYOR “Y” The obligor provides insurance through an employer.
 - PAYEE “Y” The obligee provides health insurance.
 - PRIVATE “Y” The obligor or a third party provides health insurance through a private policy.
- ◆ **HIQ TO PAYOR (Y/N):** The default for this field is “N.” ICAR displays a “Y” when there is a “4” in the HI POT field on the MEDSUM2 screen and generates form 470/0413, *Obligor Health Insurance Questionnaire*, to the obligor to gather information about the availability of health insurance coverage.
- ◆ **HIQ TO EMP (Y/N):** The default for this field is “N.” ICAR displays a “Y” when it generates form 470/2240, *Employer Health Insurance Questionnaire*, to gather information about the availability of health insurance.
- ◆ **CT ORD HEALTH INS (Y/N):** ICAR displays data you entered in the HEALTH INS field on the COURTORD screen to indicate whether health insurance coverage for the child is court-ordered. ICAR displays an “N” when there is no court order on the case.
- ◆ **OBLIG ENDED (Y/N):** ICAR displays a “Y” when all child support obligations connected to the court orders for the appropriate MEDSUM screen have ended. When the END DATE field on the Obligation (OBLIG) screen is blank or ICAR displays a date greater than the current date (both indicating on-going obligations), ICAR displays an “N” in this field.

- ◆ **OTHER MED OBL TYPE: MS __MR __:** ICAR displays a “Y” in the appropriate space when you enter an obligation type of medical support (MS) or medical reimbursement (MR) on the OBLIG screen.

An “MS” obligation means the obligor must pay a dollar amount of medical support. An “MR” obligation means the obligor must reimburse a dollar amount of medical support. If there is no “MS” or “MR” obligation on the case, these fields are blank.

- ◆ **HEALTH ONLY OBLIG (Y/BLANK):** The default for this field is blank. ICAR displays a “Y” when the only obligation type on a case is health insurance (HO as shown on the OBLIG screen).
- ◆ **EMP VERIFIED (Y/N):** ICAR displays the data you entered in the EMP VERIFIED field on the EMPVER screen.
- ◆ **DEP HI AVAIL (Y/N):** The default for this field is blank. ICAR displays a “Y” to indicate that the obligor’s employer offers a health insurance plan covering the child. This does not mean the child is enrolled in the plan.

When an employer does not offer a health insurance plan covering the child, ICAR displays an “N” in this field. An “N” prevents the case from processing for health insurance.

- ◆ **DATE HI AVAIL:** The default for this field is zeroes. ICAR displays a date in the MM/DD/CCYY format indicating when insurance coverage is available to the obligor, as displayed on the DATE HI AVAIL field on the EMPVER screen. When the date arrives, ICAR processes the case to determine if there is a high potential for the obligor to obtain health insurance.
- ◆ **DEP ENROLLED (Y/N):** ICAR displays a “Y” if the child is enrolled in the employer’s health insurance plan or an “N” if the child is not enrolled as displayed on the EMPVER screen.
- ◆ **DEP HI PREM/MO: (\$ __.__)** ICAR displays the monthly health insurance premium (if any) the obligor pays to provide coverage for the child through the employer’s health insurance plan, as displayed on the EMPVER screen.
- ◆ **NOTICE SENT: (Y/BLANK)** ICAR displays a “Y” and the date when ICAR generates form 470 2624, *Initiation of Income Withholding/Medical Support*, or form 470/3733, *Initiation of Medical Support Enforcement*.

- ◆ **MED MTQ (Y/N/I/M):** ICAR completes this field. The code depends on the case circumstances, as follows:
 - Y There is an “X” in either the REVOKED, STAYED, or GRANTED field on the MEDMTQ screen.
 - N There is an “X” in either the STANDS, DENIED, or WITHDRAWN field on the MEDMTQ screen.
 - I The same date displays in either the INFORMAL CONFERENCE REQUESTED DATE, MTQ FILED DATE, or MTQ SERVED DATE field on both the MEDMTQ and Income Withholding Orders 2 (IWO2) screens.
 - M The obligor is challenging only medical support enforcement on the MEDMTQ screen.

Function keys on the MEDSUM screen are:

- | | |
|----------------------------------|---|
| F3 = MODIFY | Press the F3 key after you enter a “Y” or “N” or space though the entry in the ENF MED field to modify the screen |
| F5 = INQUIRY | Enter a case number in the CASE NUMBER field and press the F5 key to inquire on a specific case. |
| F6 = MEDICAL | Press the F6 key to access the MEDICAL screen connected to this MEDSUM screen. |
| F7/F8 = SCROLL MEDSUM SCREENS | Press the F8 key to scroll forward or the F7 key to scroll backward through additional MEDSUM screens connected to the case. |
| F9 = MEDSUM2 | Press the F9 key to go to the MEDSUM2 screen connected to the case. |
| F10 = MORE COURT ORDERS | If more than two associated court orders are connected to the MEDSUM screen, press the F10 key to access the additional court order numbers. Press the PAUSE/BREAK key to return to the original MEDSUM screen. |
| F13 = MEDMTQ | Press the F13 key to access the Medical Motion to Quash (MEDMTQ) screen. |
| F14 = MEDSUM3 | Press the F14 key to go to the MEDSUM3 screen connected to the case. |

Multiple MEDSUM Screens on a Case

ICAR displays up to three MEDSUM screens on a case based on:

- ◆ Your entry in the HEALTH INS field on the COURTORD screen, and
- ◆ Whether or not the children are covered by health insurance provisions in the court orders on the case.

For any children on the case covered by health insurance provisions in a court order, ICAR displays the following MEDSUM screen for that court order with the on-line message, "C.O. THAT ORDERS HI."

| | | | |
|---------------------------|--------------------------------------|------------------------------|-------------------------------|
| D479HM16 | IOWA COLLECTION AND REPORTING SYSTEM | | DATE: 03/10/04 |
| | MEDSUM | | TIME: 08:58:07 |
| CASE NUMBER : | XXXX | | |
| COURT ORDER NUMBER : | 8908908 | | MORE? N |
| INTERSTATE (Y/BLANK): | INIT STATE: IA | RSPN STATE: NE | ENF MED: Y |
| NPA REQ MS ENF (Y/N): | Y | MEDICAID MS ENF ONLY(Y/N): | N |
| INSURANCE PROVIDED (Y/N): | N | PROVIDER: PAYOR PAYEE | PRIVATE |
| HIQ TO PAYOR (Y/N): | N | HIQ TO EMP (Y/N): | N |
| CT ORD HEALTH INS (Y/N): | Y | OBLIG ENDED (Y/N): | |
| | | OTHER MED OBL TYPE : | MS MR |
| EMP VERIFIED (Y/N): | | HEALTH ONLY OBLIG (Y/BLANK): | |
| DATE HI AVAIL : | 00 00 0000 | DEP HI AVAIL (Y/N): | N |
| DEP HI PREM/MO : | | DEP ENROLLED (Y/N): | N |
| | | NOTICE SENT | 00 00 0000 |
| | | (Y/BLANK): | |
| | | MED MTQ | (Y/N/I/M: |
| PF3=MODIFY, | PF5=INQUIRY, | PF6=MEDICAL, | PF7/PF8=SCROLL MEDSUM SCREENS |
| PF9=MEDSUM2, | PF10=MORE COURT ORDERS | PF13=MEDMTQ | PF14=MEDSUM3 |
| NEXT SCREEN: | NOTES: | | |
| C.O. THAT ORDERS H.I. | | | |

Since the MEDSUM2 screen is an extension of the MEDSUM screen, ICAR also displays a similar on-line message on the MEDSUM2 screen, "DEPEND ASSOC TO C.O. THAT ORDERS H.I."

For any children on the case that are associated to a court order, and are **not** covered by health insurance provisions, ICAR displays the following MEDSUM screen for that court order with the on-line message, "C.O. WITH NO H.I. ORDERED."

| | | | |
|--|--------------------------------------|------------------------------|----------------|
| D479HM16 | IOWA COLLECTION AND REPORTING SYSTEM | | DATE: 03/10/04 |
| | MEDSUM | | TIME: 09:38:35 |
| CASE NUMBER : | XXXX | | |
| COURT ORDER NUMBER : | AAA-111 | DM 123 | MORE? Y |
| INTERSTATE (Y/BLANK): Y | INIT STATE: IA | RSPN STATE: NE | ENF MED: Y |
| NPA REQ MS ENF (Y/N): | N | MEDICAID MS ENF ONLY(Y/N): | N |
| INSURANCE PROVIDED (Y/N): | N | PROVIDER: PAYOR | PAYEE PRIVATE |
| HIQ TO PAYOR (Y/N): | N | HIQ TO EMP (Y/N): | N |
| CT ORD HEALTH INS (Y/N): | N | OBLIG ENDED (Y/N): | |
| | | OTHER MED OBL TYPE : | MS MR |
| EMP VERIFIED (Y/N): | | HEALTH ONLY OBLIG (Y/BLANK): | |
| DATE HI AVAIL : | 00 00 0000 | DEP HI AVAIL (Y/N): | N |
| DEP HI PREM/MO : | | DEP ENROLLED (Y/N): | N |
| | | NOTICE SENT (Y/BLANK): | 00 00 0000 |
| | | MED MTQ (Y/N/I/M): | |
| PF3=MODIFY, PF5=INQUIRY, PF6=MEDICAL, PF7/PF8=SCROLL MEDSUM SCREENS, | | | |
| PF9=MEDSUM2, PF10=ADDITIONAL COURT ORDERS, PF13=MEDMTQ PF14=MEDSUM3 | | | |
| NEXT SCREEN: NOTES: | | | |
| C.O. WITH NO H.I.ORDERED | | | |

Since the MEDSUM2 screen is an extension of the MEDSUM screen, ICAR also displays a similar on-line message on the MEDSUM2 screen, “DEPEND ASSOC TO C.O. WITH NO H.I. ORDERED.”

If there is a “Y” in the MORE? field on the MEDSUM screen, press the F10 key to view a list of all the court order numbers associated with the MEDSUM or MEDSUM2 screen. ICAR displays the ADDITIONAL COURT ORDERS screen, which lists all associated court order numbers. Press the PAUSE/BREAK key to return to the MEDSUM screen.

| | | | |
|---|--------------------------------------|--|----------------|
| D479HM18 | IOWA COLLECTION AND REPORTING SYSTEM | | DATE: 03/10/04 |
| | ADDITIONAL COURT ORDERS | | TIME: 09:08:22 |
| CASE NUMBER....: | XXXX | | |
| COURT ORDER NUMBERS | | | |
| 1. | AAA-111 | | |
| 2. | DM-123 | | |
| 3. | U S 101 | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| CLEAR | | | |
| NOTES: | | | |
| ADDITIONAL COURT ORDERS DISPLAYED, PRESS CLEAR TO GO BACK | | | |

For any children on the case **not associated with a current court order**, ICAR displays the following MEDSUM screen and on-line message, “NOT ASSOC TO CURRENT C.O.” ICAR displays this MEDSUM screen when:

- ◆ Paternity is not established; or
- ◆ Paternity is established, but no court order exists; or
- ◆ A court order exists, but a child does not have an obligation amount displayed on the Obligation Distribution (OBLIGDST) screen; or
- ◆ All court ordered obligations have ended but a child is not emancipated.

| | | | |
|--|--------------------------------------|----------------------------|----------------|
| D479HM16 | IOWA COLLECTION AND REPORTING SYSTEM | | DATE: 03/10/04 |
| | MEDSUM | | TIME: 09:38:35 |
| CASE NUMBER | XXXX | | |
| COURT ORDER NUMBER | | | MORE? N |
| INTERSTATE (Y/BLANK): | INIT STATE: IA | RSPN STATE: NE | ENF MED: Y |
| NPA REQ MS ENF | (Y/N): N | MEDICAID MS ENF ONLY(Y/N): | N |
| INSURANCE PROVIDED(Y/N): | N | PROVIDER: PAYOR | PAYEE PRIVATE |
| HIQ TO PAYOR.....(Y/N): | N | HIQ TO EMP..... (Y/N): | N |
| CT ORD HEALTH INS.....(Y/N): | N | OBLIG ENDED | (Y/N): |
| | | OTHER MED OBL TYPE..... | MS MR |
| | | HEALTH ONLY OBLIG | (Y/BLANK): |
| EMP VERIFIED | (Y/N): | DEP HI AVAIL..... | (Y/N): N |
| DATE HI AVAIL | 00 00 0000 | DEP ENROLLED | (Y/N): N |
| DEP HI PREM/MO.....(\$---): | | NOTICE SENT (Y/BLANK): | 00 00 0000 |
| | | MED MTQ | (Y/N/I/M): |
| PF3=MODIFY, PF5=INQUIRY, PF6=MEDICAL, PF7/PF8 SCROLL MEDSUM SCREENS, | | | |
| PF9=MEDSUM2, PF10=ADDITIONAL COURT ORDERS, PF13=MEDMTQ PF14=MEDSUM3 | | | |
| NEXT SCREEN: | | NOTES: | |
| NO CURRENT C.O. | | | |

Since the MEDSUM2 screen is an extension of the MEDSUM screen, ICAR also displays a similar on-line message on the MEDSUM2 screen, “DEPEND NOT ASSOC A CURRENT C.O.”

MEDSUM2 Screen

On the MEDSUM2 screen, ICAR displays child-specific information related to the automated actions ICAR takes in either the establishment or enforcement of medical support. The screen provides additional information about the child associated with the MEDSUM screen.

To access the MEDSUM2 screen, either type “MEDSUM2” in the NEXT SCREEN field on any ICAR screen and press the ENTER key, or press the F9 key on the MEDSUM screen. Because ICAR creates a MEDSUM and an associated MEDSUM2 screen for each court order on the case, access the MEDSUM2 screen directly from the MEDSUM screen in order to view the appropriate information

ICAR displays the following screen:

| | | | | | | | | | |
|--|--------------------------------------|-------------|-------------------------------|--------|------|-------------|----------------|--------------|--|
| D479HM17 | IOWA COLLECTION AND REPORTING SYSTEM | | | | | | DATE: 03/10/04 | | |
| | MEDSUM 2 | | | | | | TIME: 10:17:55 | | |
| CASE NUMBER: | ONLINE FORM? | | | | | | REPRINT? | | |
| COURT ORDER NUMBER | | | | | | | MORE? | | |
| | HI | HI | FOR | SENT | ENR | RCVD | PROVIDER | END | |
| | | | M | | | | | | |
| DEPENDENT NAME | POT | ORD | STAT | DATE | STAT | DATE | PA/PE/PR | DATE | |
| COMMENT: | | | | | | | | | |
| COMMENT: | | | | | | | | | |
| COMMENT: | | | | | | | | | |
| PF3=MODIFY | PF5=INQUIRY | PF6=MEDICAL | PF7/PF8=SCROLL MEDSUM SCREENS | | | | PF9=MEDSUM | | |
| PF10=MORE COURT ORDERS | | | PF11/PF12 SCROLL DEPENDENTS | | | PF13=MEDMTQ | | PF14=MEDSUM3 | |
| NEXT SCREEN: | | | | NOTES: | | | | | |
| PLEASE ENTER CASE NUMBER AND PRESS PF5 | | | | | | | | | |

ICAR allows entries in the CASE NUMBER, ONLINE FORM, REPRINT?, FORM STAT, ENR STAT and COMMENT fields. All other fields on MEDSUM2 are **display-only** fields.

Fields, descriptions, and values on the MEDSUM2 screen are:

- ◆ **CASE NUMBER:** Enter the case number, and press the F5 key to display case information.
- ◆ **ONLINE FORM?:** Use this field to re-generate form 470-3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*, manually to your local printer. Regenerate forms when there is a HI POT of “1,” a “P” (pending) or an “I” (ineligible) in the ENR STAT field, and a “5” (temporary ineligibility) in the FORM STAT field on the MEDSUM2 screen.
- ◆ **REPRINT?:** After ICAR generates the *National Medical Support Notice* and the *Employer Medical Support Information* form for the first time, enter a “Y” in the REPRINT? field to generate a copy of the original forms, if necessary. ICAR generates the forms through the nightly batch programs to the printer at the Employers Partnering in Child Support Unit (EPICS).
- ◆ **COURT ORDER NUMBER:** ICAR displays up to two court order numbers on an associated MEDSUM2 screen. When more than two court orders with the same provisions for medical support exist, ICAR displays a “Y” in the MORE? field. Press the F10 key to access the ADDITIONAL COURT ORDERS screen. Press the PAUSE/BREAK key to return to the MEDSUM2 screen.
- ◆ **MORE?:** ICAR displays a “Y” when more than two court orders with the same health insurance provisions exist. Press F10 to access the ADDITIONAL COURT ORDERS associated with this MEDSUM screen.
- ◆ **DEPENDENT NAME:** ICAR displays the name of each child as it appears in the CHILDS NAME field on the Obligation Distribution (OBLIGDST) screen. When no court order exists on the case, ICAR displays the name from the CHILDREN’S NAME field on the Children List (CHILDLST) screen. When ICAR displays a “U” (unattached) in the HI ORDERED (Y/N/U) field on the OBLIGDST screen for a child, ICAR does not display that child’s name on the MEDSUM2 screen.
- ◆ **HI POT:** ICAR processes cases with a high potential for the obligor to obtain health insurance coverage and displays an entry in this field. For more information, see **BATCH PROCESSING FOR MEDICAL SUPPORT**.

The entry ICAR displays in this field depends on case circumstances, as follows:

- A The case has a verified employer, health insurance provisions are court-ordered, and health insurance may be available to the obligor.
 - 1 Health insurance is available through the obligor's employer. ICAR generates form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*.
 - 2 The case has a verified employer and an existing court order, but no court-ordered provisions for health insurance.
 - 3 The case has a verified employer, but no court order exists.
 - 4 The case has no verified employer, but the provision of health insurance is court-ordered and the case is receiving regular payments (payments that equal current support for the two months previous to the current month).
- ◆ **HI ORD:** ICAR displays a "Y" or "N" to indicate if the court order includes health insurance coverage for a child as shown in the HI ORDERED (Y/N/U) field on the OBLIGDST screen.
 - ◆ **FORM STAT:** ICAR displays a code to identify the status of forms generated to enforce medical support. Valid entries for the field are:
 - 0 No information is available, or it is not necessary to generate medical forms. ICAR displays a "0" when there is an entry of "N," "W," "A," or "X" in the ENR STAT field, or when you add a health insurance policy to the MEDICAL screen. You enter a "0" when the obligor is permanently ineligible for health insurance coverage.
 - 2 There is a "1" in the HI POT field and ICAR has generated the *National Medical Support Notice* and the *Employer Medical Support Information* forms for the first time. ICAR issues a narrative (MED2) to document the generation of the forms.
 - 4 ICAR changes the "2" entry to "4" 30 days after generating medical forms and generates a narrative (MED109) and calendar flag (MED31) notifying you to contact the employer for health insurance information.
 - 5 Enter a "5" when the obligor is **temporarily** ineligible for health insurance coverage. ICAR allows you to enter a "5" in this field only after you enter an "I" (temporarily ineligible) in the ENR STAT field.
 - Blank ICAR displays a blank when there is an "A" in the HI POT field.

- ◆ **SENT DATE:** ICAR displays the date it generated the *National Medical Support Notice* and *Employer Medical Support Information* form in the MM/DD/CCYY format. The field is blank if ICAR has not generated the forms.
- ◆ **ENR STAT:** Complete this field when either the *National Medical Support Notice* is not sent to the employer or the employer/plan administrator returns Part A or Part B of the *National Medical Support Notice*. See **Monitoring for Return of Health Insurance Information**. Valid entries for this field are:
 - E ICAR displays an “E” (enrolled) when you add a health insurance policy to the MEDICAL screen. **You cannot enter an “E.”**
 - N Enter “N” when the employer returns Part A of the *National Medical Support Notice* and indicates that the employer does not offer health insurance.
 - P Enter “P” when the enrollment status is **pending** a decision by the plan administrator.
 - I Enter “I” when the child is **ineligible** for health insurance coverage.
 - X Enter an “X” when ICAR identifies a HI POT of “A” and EPICS contacts the employer and finds that the employer does not offer health insurance or the employee is no longer employed.
 - W Enter “W” when the plan administrator is unable to enroll the child due to **withholding limits** outlined in the Consumer Credit Protection Act (CCPA). The CCPA limit in Iowa is 50%.
 - A Enter “A” when the health insurance plans offered by the employer are **not accessible** to the child.
- ◆ **RCVD DATE:** ICAR displays the current date in MM/DD/CCYY format when you:
 - Make an entry in the ENR STAT field on the MEDSUM2 screen.
 - Add a health insurance policy on the MEDICAL screen.
- ◆ **PROVIDER PA/PE/PR:** ICAR displays a “Y” in the appropriate field in this section to identify who provides health insurance coverage for the child, as follows:
 - PA The obligor provides insurance through an employer.
 - PE The obligee provides health insurance.
 - PR The obligor or a third party provides health insurance through a private policy.

If more than one party provides health insurance, ICAR displays a “Y” below two or three fields, as appropriate, for each child enrolled.

If the obligor provides employment-related health insurance coverage and a grandparent provides private health insurance coverage, ICAR displays a “Y” below both the PA and PR fields in the PROVIDER field for each enrolled child.

- ◆ **END DATE:** ICAR displays the date, in MM/DD/CCYY format, to indicate the date health insurance coverage ends as displayed in the END DATE field on the INSURANCE DEPENDENT LIST screen.
- ◆ **COMMENT:** Use this field to enter free-form comments about the health insurance coverage for the child. There is a comment line for each child listed on the screen. To remove a comment, space through the text and press the F3 key twice.

Function keys on the MEDSUM2 screen are:

- | | |
|----------------------------------|---|
| F3 = MODIFY | Press the F3 key to modify entries on the MEDSUM2 screen. |
| F5 = INQUIRY | Press the F5 key to inquire on a case number. Begin your review of a different case from the CASE screen to prevent case information carrying over |
| F6 = MEDICAL | Press the F6 key to access the MEDICAL screen. |
| F7/F8 = SCROLL MEDSUM SCREENS | Press the F7 key and the F8 key to scroll through additional MEDSUM2 screens connected to the case. |
| F9 = MEDSUM | Press the F9 key to switch between the MEDSUM2 screen and the MEDSUM screen. |
| F10 = MORE COURT ORDERS | Press the F10 key to access additional court order numbers when there are more than two court orders connected to the MEDSUM2 screen. Press the PAUSE/BREAK key to return to the original MEDSUM2 screen. |
| F11/F12 = SCROLL DEPENDENTS | Press the F11/F12 keys to access additional children when there are more than six children with the same court-ordered medical support provisions on a case. |
| F13 = MEDMTQ | Press the F13 key to access the MEDMTQ screen. |
| F14 = MEDSUM3 | Press the F14 key to go to the MEDSUM3 screen connected to the case. |

MEDSUM3 Screen

On the MEDSUM3 screen, ICAR identifies whether an employer has been or will be processed for medical support. ICAR displays only employers that display on the Payor Employer (PAYEMP) screen. From this screen, you can create an employer-specific MEDSUM trigger for ICAR to review the case for medical support establishment or enforcement.

To access the MEDSUM3 screen, either type “MEDSUM3” in the NEXT SCREEN field on any ICAR screen and press the ENTER key, or press the F14 key on the MEDSUM or MEDSUM2 screen. ICAR displays the following screen:

| | | |
|--|--|----------------|
| D479HL02 | IOWA COLLECTION AND REPORTING SYSTEM | DATE: 07/15/04 |
| | MEDICAL SUMMARY 3 | TIME: 12:49:59 |
| CASE NUMBER: XXXXXXXX | PAYOR NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | |
| EMPLOYER NAME | EMPLOYER ID | PROC END |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXX-XXXXXXX | X X |
| X | | |
| DATE | | |
| XX/XX/XXXX | | |
| | | |
| F3=UPDATE | F5=INQUIRY | F6=MEDICAL |
| F10=MEDSUM | F11=MEDSUM2 | F7=BACK |
| NEXT SCREEN: | | F8=FORWARD |
| ENTER CASE NUMBER AND PRESS F5 TO INQUIRE. | | F9=COURTORD |
| NOTES: | | |

Fields, descriptions, and values on the MEDSUM3 screen are:

- ◆ **CASE NUMBER:** Enter the case number and press the F5 key to display case information.
- ◆ **PAYOR NAME:** ICAR displays the obligor's name for the specific case number. You cannot update this field from the MEDSUM3 screen.
- ◆ **EMPLOYER NAME:** ICAR displays employers that are verified and display on the PAYEMP screen. When ICAR bypasses the employer for medical processing, ICAR shades this field. See **Cases Bypassed for MEDSUM Batch Processing**.
- ◆ **EMPLOYER ID:** ICAR displays the unique number assigned to the employer by ICAR. When ICAR bypasses the employer for medical support, ICAR shades this field. See **Cases Bypassed for MEDSUM Batch Processing**.
- ◆ **PROC:** ICAR completes this field based on actions it takes through MEDSUM batch processing or entries you make on the MEDSUM2 screen. ICAR maintains the entry that displays in the PROC field after you or ICAR update the MEDSUM2 screen, which updates the END field on this screen.

You can also retrigger a specific employer for MEDSUM processing from this field. Valid entries for this field are:

- Blank Employer not processed for medical support since the MEDSUM3 screen was added to ICAR.
- A, 1, ICAR displays the appropriate entry based on the entry (or if multiple
2, or children display on the MEDSUM2 screen, the combination of entries)
3 displayed in the HI POT field on the MEDSUM2 screen.
- M ICAR displays an "M" when there is a "Y" in the MILITARY field on the Employer Maintenance 2 (VEMPLOY2) screen
- Q ICAR displays a "Q" when it attempts to process a case through the MEDSUM program and the case does not meet criteria for a HI POT of "A," "1," "2," or "3."
- R Enter an "R" in this field to retrigger a specific employer for medical support. ICAR clears the entries on the MEDSUM2 and MEDSUM3 screens and reprocesses the employer through the programs. ICAR also issues a narrative (MED129) to document the entry of "R."

Note: When more than one child displays on the MEDSUM2 screen and each child has a different entry in the HI POT field, ICAR uses an internal table to determine which entry to display in the PROC field.

- ◆ **END:** ICAR completes this field based on entries on the MEDSUM2 screen or MEDSUM batch processing. Valid entries for this field are:

Blank The ENR STAT field on the MEDSUM2 screen is blank for all children, indicating that MEDSUM programs either have not started processing for this employer or are currently processing on another employer.

N There is an “N” in the ENR STAT field on the MEDSUM2 screen.

X There is an “X” in the ENR STAT field on the MEDSUM2 screen.

W There is a “W” in the ENR STAT field on the MEDSUM2 screen.

A There is an “A” in the ENR STAT field on the MEDSUM2 screen.

E There is an “E” in the ENR STAT field on the MEDSUM2 screen.

P ICAR displays a “P” in this field when there is a “P” in the ENR STAT field on the MEDSUM2 screen.

0 There is an “I” in the ENR STAT field and a “0” in the FORM STAT field on the MEDSUM2 screen.

5 There is an “I” in the ENR STAT field and a “5” in the FORM STAT field on the MEDSUM2 screen.

T ICAR has ended medical support processing at 75 days because processing begins on a second employer or at 95 days because no health insurance information was received and there is only one verified employer.

S ICAR has stopped processing the employer for medical support because of a change that occurred on the case (reconciliation, change of legal custody, etc.).

Dash A “Q” displays in the PROC field, indicating that the case does not meet the criteria for a HI POT of “A,” “1,” “2,” or “3.”

Note: When more than one child displays on the MEDSUM2 screen and each has a different entry in the ENR STAT field (or the FORM STAT field for entries of “0” or “5”), ICAR uses an internal table to determine which entry to display in the END field.

- ◆ **DATE:** ICAR displays the last date you or ICAR updated either the PROC or END field.

Function keys on the MEDSUM3 screen are:

| | |
|---------------|--|
| F3 = UPDATE | Press the F3 key to update entries on the MEDSUM3 screen. |
| F5 = INQUIRY | Press the F5 key to inquire on a case number. Begin your review of a different case from the CASE screen to prevent case information from carrying over. |
| F6 = MEDICAL | Press the F6 key to access the MEDICAL screen. |
| F7 = BACK | Press the F7 key to scroll to a previous MEDSUM3 screen. |
| F8 = FORWARD | Press the F8 key to scroll forward to the next MEDSUM3 screen. |
| F9 = COURTORD | Press the F9 key to access the COURTORD screen. |
| F10 = MEDSUM | Press the F10 key to access the MEDSUM screen. |
| F11 = MEDSUM2 | Press the F11 key to access the MEDSUM2 screen. |

Contacting an Employer

Information regarding an obligor’s employer is available through a variety of sources, such as the REFER screens, the obligor, or the ICER/ICAR data match. When you learn of an employer for an obligor, you can contact the employer to get health insurance coverage information.

Potential Employer Identified Through REFER System

When an income maintenance worker enters data about a potential employer for the obligor on the IABC/ICAR – REFER2 – NCP Data (REFER2) and IABC/FACS/ICAR – REFER3 – OBL/PAYMT/INS (REFER3) screen, ICAR creates an EMPVER screen to display the employer information.

ICAR issues:

- ◆ A narrative (REFER31) to document a potential employer for the obligor and a calendar flag (REFER34) to alert you when the REFER2 screen is updated with a potential employer.
- ◆ A narrative (REFER32) to document a potential employer for the obligor and a calendar flag (REFER35) to alert you when the REFER3 screen is updated with a potential employer.

For more information about potential employers found through the REFER screens, see 9-E, *CASE SETUP*.

Potential Employer Identified Through Contact With the Obligor

You may learn about an employer from the obligor (for example, the obligor returns form 470/0413, *Obligor Insurance Questionnaire*, and identifies an employer).

When you add the employer to the EMPVER screen, ICAR batch processing determines if there is a high potential for the obligor to provide health insurance. See **BATCH PROCESSING FOR MEDICAL SUPPORT** for more information on how ICAR identifies cases with a high potential for the obligor to obtain health insurance. See also the location process on adding an employer to the case.

Verified Employer From ICER

The automated ICER/ICAR data match may provide an employer for the obligor. These employers are considered verified and ICAR issues a calendar flag (LOC49) as notification that the Iowa Central Employee Registry (ICER) verified an employer for the obligor. At the same time, ICAR displays information from ICER on the EMPVER screen (e.g., the employer's name, address, etc.).

If ICER data indicates the employer offers dependent health insurance to the obligor, ICAR displays a "Y" in the DEP HI AVAIL field on the EMPVER screen. ICAR begins to process the case for medical support establishment or enforcement. If the ICER information indicates when health insurance is available to the obligor, ICAR displays that date in the DATE HI AVAIL field on the EMPVER screen.

ICAR issues a narrative (CASE169) to document the employer and indicate when health insurance is available to the obligor. When health insurance is available on a future date, ICAR processes the case for a high potential when the future date becomes current.

See **BATCH PROCESSING FOR MEDICAL SUPPORT** for more information on how ICAR identifies cases with a high potential for the obligor to obtain health insurance.

Contacting the Obligor

To obtain and verify information about health insurance coverage from the obligor, ICAR reviews cases for a high potential for the obligor to obtain health insurance. ICAR checks the case for a variety of criteria, including payments received for the past two months equal to the child support obligation amount.

If ICAR determines there is a high potential for the obligor to obtain health insurance but there is not a verified employer on the case, ICAR generates form 470/0413, *Obligor Insurance Questionnaire*, to the obligor to ask for employment and health insurance information.

See **BATCH PROCESSING FOR MEDICAL SUPPORT** for more information on how ICAR identifies cases with a high potential for the obligor to obtain health insurance.

Contacting the Obligee

Legal reference: 45 CFR 303.31(b)(1)(7); 441 IAC 98.3

Contact the obligee to obtain and verify health insurance coverage information that is available to the child.

If another person, such as a grandparent, provides health insurance coverage for the child, contact the obligee to gather specific health insurance coverage information. See **RECORDING HEALTH INSURANCE COVERAGE** for more information about adding a medical policy on ICAR.

Note: When the obligee provides health insurance coverage for the child, other than Medicaid or HIPP, take no further action to establish medical support.

To contact the obligee about health insurance coverage available to the child:

- ◆ Send form 470/2744, *NPA Medical Support Questionnaire*, to an NPA obligee.
- ◆ Send form 470-2748, *PA Medical Support Questionnaire*, to an obligee receiving FIP or Medicaid.

Each form tells the obligee to return the form within ten days. If the obligee does not return the form, continue to establish a medical support obligation.

Medicaid Third-Party Liability Unit

Legal reference: 45 CFR 303.30 and 303.31; 441 IAC 98.5(1)

For all cases receiving Medicaid, the Unit exchanges information with the Medicaid Third-Party Liability Unit (TPL) about health insurance provided by the obligor, the obligee, or a third party. The Department's Division of Medical Services contracts with a private corporation to operate the TPL Unit. The TPL Unit's duties are to:

- ◆ Monitor the use of the Medicaid program and the payment of Medicaid claims for the Department.
- ◆ Recover Medicaid expenses by identifying and collecting money from any available medical resource (i.e., a third party) that can pay all or part of a given medical expense.

The TPL Unit performs functions that may provide information about the child's insurance coverage and a new employer for the obligor that may provide health insurance. These functions include:

- ◆ Identifying a third party (e.g., an obligor, etc.) who has health insurance available and is responsible to either pay for or reimburse the Department for medical expenses.
- ◆ Identifying and notifying insurance companies when the insurance company is responsible for paying or reimbursing the Department for medical expenses.

The TPL Unit enters data about health insurance provided by the obligor on the TPL computer system. The TPL Unit sends a weekly file to match against cases on ICAR and updates health insurance information. ICAR issues calendar flags to notify you of updated case information.

When the obligor has employment-related health insurance coverage identified through TPL, ICAR:

- ◆ Creates an EMPVER screen to display the employer information and displays “TPL” in the SOURCE field.
- ◆ Issues a narrative (CASE282) to document that TPL indicates the obligor may provide dependent health insurance and identifies the employer.
- ◆ Issues a calendar flag (CASE147) telling you to verify and update the employer and health insurance information.

If there is no employer information (employer name, address, state ID) for this employer on ICAR, ICAR:

- ◆ Issues a narrative (CASE283) to document that the employer information from TPL was not found on ICAR. The medical information is stored on ICAR as private insurance.
- ◆ Issues a calendar flag (CASE148), which tells you that a private health insurance policy was added because of information from TPL. The calendar flag instructs you to verify the information and update ICAR.

When you receive one of these calendar flags, review the case to determine if the order includes medical support.

- ◆ When an order is not established and dependent coverage is available through the obligor’s employer, include medical support provisions when establishing a support order.
- ◆ When an order does not contain medical support provisions, and dependent coverage is available through the obligor’s employer, refer the case to a review and adjustment worker to include provisions for medical support in the existing support order.

See **Contacting an Employer** and **Contacting the Obligor** sections for more information. See **RECORDING HEALTH INSURANCE COVERAGE** for information on entering health insurance data on ICAR.

Note: Federal and state laws require the Unit to provide information about the health insurance plans to the Medicaid agency when a IV-D recipient receives Medicaid. Data from the MEDICAL, INSURANCE DEPENDENT LIST, and MEDICAL COVERAGE screens are sent weekly to the Medicaid Management Information System.

BATCH PROCESSING FOR MEDICAL SUPPORT

Legal reference: 45 CFR 303.31 and 303.32; Iowa Code chapter 252E; 441 IAC 98

When the obligee does not provide health insurance for the child, ICAR processes the case nightly to determine whether a medical support obligation exists that requires the obligor to provide health insurance coverage. ICAR issues calendar flags telling you to take actions as follows:

- ◆ If no court order exists, establish a medical support obligation.
- ◆ If the existing order does not include provisions for medical support, modify the court order to add a medical support obligation.
- ◆ If there is an existing obligation through a dissolution of marriage decree, paternity order, uniform support order, or administrative order that requires the obligor to provide health insurance or a dollar amount of medical support, enforce that obligation.

Note: The Unit does not establish or enforce a medical support order requiring the obligor to provide health insurance when the child has health insurance coverage other than Medicaid or HIPP.

MEDSUM Programs to Identify High-Potential Cases

Legal reference: 45 CFR 303.31(b)(3)

Federal regulations require states to establish criteria to identify cases with a high potential for the obligor to obtain health insurance coverage. When identified, we are required to modify support orders to include an obligation requiring the obligor to provide health insurance, if no such language exists in the order.

The Unit identifies cases with a high potential for the obligor to obtain health insurance through the MEDSUM batch programs. Using the batch programs, ICAR:

- ◆ Displays an entry in the HI POT field on the MEDSUM2 screen, indicating the potential for the obligor to obtain health insurance.
- ◆ Issues a calendar flag to tell you that the case may meet criteria to add provisions for medical support through review and adjustment or establishment.
- ◆ Issues a calendar flag (MED40) to EPICS to contact the employer to verify the availability of health insurance.
- ◆ Generates form 470/0413, *Obligor Insurance Questionnaire*, to the obligor when specific criteria are met.

ICAR selects cases with a high potential for the obligor to obtain health insurance when:

- ◆ The obligee receives FIP or Medicaid;
- ◆ The child is in foster care; or
- ◆ The NPA obligee completes form 470-0188, *Application for Nonassistance Support Services*. See 9-H-Appendix.

The MEDSUM batch programs use specific criteria to select high potential cases and display an entry in the HI POT field on the MEDSUM2 screen. A blank space in the HI POT field means that ICAR bypassed the case for medical processing. The following table summarizes these criteria. The criteria are listed in the column beneath each code.

| High Potential Codes on MEDSUM2: | A | 1 | 2 | 3 | 4 | N |
|---|----------|----------|----------|----------|----------|----------|
| Court order on case | Y | Y | Y | N | Y | * |
| Health insurance obligation in court order | Y | Y | N | N | Y | * |
| Verified employer | Y | Y | Y | Y | N | * |
| Regular payments received on the case | NA | NA | NA | NA | Y | * |
| Current child support obligation on the case | Y | Y | Y | N | Y | NA |
| Key: Y = yes N= no NA = not applicable * = no high potential exists | | | | | | |

A HI POT code of “A” identifies a case with a court order that has health insurance provisions and a verified employer that may provide health insurance. ICAR generates a narrative (MED11) and calendar flag (MED41) to EPICS to contact the employer to determine if health insurance is available.

When health insurance is available through the obligor’s employer, EPICS changes the code in the HI POT field from “A” to “1.” ICAR generates form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*, at EPICS. EPICS sends these forms to begin enforcement of health insurance and gather information about health insurance coverage for the child.

Note: When two days have passed since an “A” displayed in the HI POT field and EPICS does not change the HI POT field from “A” to “1” or there is no entry in the ENR STAT field, ICAR changes the HI POT field from “A” to “1” and generates the medical forms.

A HI POT code of “2” identifies a case with an existing court order that **does not** include provisions for health insurance but with a verified employer that may provide health insurance. ICAR:

- ◆ Issues a calendar flag (MED6) to instruct you to review and refer the case to a review and adjustment worker, if appropriate.
- ◆ Issues a narrative (MED12) to document that a court order without medical language exists and the worker is determining whether to refer the case for modification since health insurance may be available.

A HI POT code of “3” identifies a case with **no court order** but with a verified employer that may provide health insurance. ICAR:

- ◆ Issues a calendar flag (MED7) to instruct you to review the case for possible referral to an establishment worker.
- ◆ Issues a narrative (MED13) to document the worker is determining whether to refer the case for establishment since a verified employer exists.

A HI POT code of “4” identifies a case with a court order that has health insurance provisions and no verified employer, but is **receiving regular payments** (payments that equal current support for the two months previous to the current month). ICAR generates form 470/0413, *Obligor Insurance Questionnaire*, as follows:

- ◆ When the obligor’s address is verified, ICAR generates the form in batch overnight to the Department’s mailing service. ICAR issues a narrative (CASE47) to document the generation of the form and a calendar flag (CASE12) 15 days later to remind you to check for the return of the form. ICAR generates this form once every six months if the case still meets the criteria for a HI POT of “4.”
- ◆ When the obligor’s address is unverified, ICAR does not generate these forms. ICAR issues a narrative (MED18).

A HI POT code of “N” identifies cases with **no high potential** for the obligor to obtain health insurance coverage.

The MEDSUM batch programs monitor cases daily to detect changes in case data that indicate whether there is a high potential for the obligor to obtain health insurance. When the case no longer meets high potential criteria, ICAR displays an “S” in the ENR STAT field and issues a narrative (MED16) to document that a high potential for the obligor to obtain health insurance no longer exists.

Case Processing for a Second Verified Employer

When the batch programs begin processing for one employer and you verify another employer, ICAR issues a narrative (MED108) to document the verification of another employer. A calendar flag (MED30) notifies you of a second verified employer and tells you to determine if it is appropriate to begin health insurance enforcement for the second employer.

The narrative and calendar flag generate when you verify another employer and:

- ◆ The HI POT field on the MEDSUM2 screen displays an “A” or a “1,” or
- ◆ There is a “5” in the FORM STAT field and an “I” in the ENR STAT field on the MEDSUM2 screen.

When ICAR displays a future date in the DATE HI AVAIL field on the EMPVER screen for a verified employer and you verify a second employer, ICAR begins MEDSUM batch processing for the second verified employer. If health insurance is unavailable through the second verified employer, ICAR continues processing for health insurance when the future date arrives for the first verified employer.

ICAR does not generate a narrative and calendar flag when it bypasses the second verified employer for medical support enforcement if there is:

- ◆ A “Y” in the BYPASS MEDICAL field on the EMPLOYRM2 screen.
- ◆ A “Y” in the BYPASS EMPLOYER field on the EMPLOYRM2 screen.
- ◆ A “Y” in the NMBA field on the EMPVER screen.
- ◆ An “N” in the DEP HI AVAIL field on the EMPVER screen.

Cases Bypassed for MEDSUM Batch Processing

Because some employers do not provide health insurance to their employees, ICAR does not process them through the MEDSUM batch programs. ICAR bypasses cases for medical support establishment and enforcement as follows:

◆ Workers’ Compensation Automated Match

Because health insurance is not available through Workers’ Compensation, when an automated data match between the Workers’ Compensation file and ICAR identifies a verified income provider for the case, ICAR updates the following fields:

- ICAR displays a “Y” in the NMBA or NO MEDICAL BENEFITS AVAILABLE field on the EMPVER screen. ICAR does not generate medical forms to this income provider when a “Y” displays in this field. ICAR generates a narrative (MED92) to document that no medical benefits are available through this income provider.
- ICAR displays an “N” in the DEP HI AVAIL field to indicate that health insurance is not available through this income provider.

◆ **Retirement Agency Automated Match**

Because the retirement agency does not offer health insurance, when an automated data match with a retirement agency, such as IPERS, is identified as a verified income provider for a case, ICAR updates the following fields:

- ICAR displays a “Y” in the NMBA field on the EMPVER screen. ICAR does not generate medical forms to this income provider. ICAR generates a narrative (MED92) to document that no medical benefits are available through this employer.
- ICAR displays an “N” in the DEP HI AVAIL field to indicate that health insurance is not available through this employer.

◆ **BYPASS MEDICAL Field on the EMPLOYRM2 Screen**

If you verify that an employer never offers dependent health insurance to any of its employees, contact the Central Office Maintenance Team to enter a “Y” in the bypass medical field on the EMPLOYRM2 screen.

When there is a “Y” in this field, ICAR bypasses all cases with this employer for all medical establishment and enforcement processes through the MEDSUM batch programs. ICAR issues a narrative (MED97) to indicate the employer does not offer dependent health insurance and is bypassed.

◆ **MILITARY Field on the EMPLOYRM2 Screen**

When the income provider is a branch of the United States Armed Services, ICAR displays a “Y” in the MILITARY field. ICAR prevents the generation of medical support enforcement forms when there is a “Y” in this field.

When medical support enforcement is appropriate, ICAR generates a narrative (MED105) and calendar flag (MED27) to instruct you to contact the obligee to apply for health insurance at the nearest Defense Enrollment Eligibility Reporting System (DEERS) facility. See **Health Insurance for Military Dependents – TRICARE and DEERS**.

Refer to the following highlighted fields on the EMPLOYRM2 Screen.

| | | |
|---|--|---------------------------------|
| D479HE20 | IOWA COLLECTION AND REPORTING SYSTEM EMPLOYER MAINTENANCE 2 | DATE: 2/15/04 TIME: 09:41:51 |
| EMPLOYER ID.....: | | |
| FEDERAL ID.....: | MEDICAL SVC: 00 | CODE: |
| EMPLOYER NAME.....: | | |
| MED EMP NAME.....: | | BYPASS MEDICAL: |
| MED ADDR LINE 1.....: | | MILITARY: |
| MED ADDR LINE 2.....: | | |
| CITY/STATE/ZIP.....: | : : | |
| CONTACT NAME.....: | | |
| EMAIL: | PHONE: 000 000 0000 | EXT: |
| | FAX...: 000 000 0000 | |
| WEBSITE: | | |
| BYPASS EMPLOYER : | SDU NOTICE SENT : | OUTREACH: |
| MULTI ST EMP REP TO: | | |
| COMMENTS..... : | | |
| F3=MODIFY, F5=INQUIRE, F6=DELETE MED, F7=BACKWARD, F8=FORWARD, F9=REFRESH | | |
| F11=EMPLOYRM | | |
| NEXT SCREEN: | NOTES: | |

ESTABLISHING MEDICAL SUPPORT OBLIGATIONS

Legal reference: Iowa Code sections 252E.2 and 252E.4; 441 IAC 98.3(252E)

When the child does not have satisfactory health insurance coverage, establish a medical support obligation in a new or existing order. The required language is included in all ICAR-generated orders. This language:

- ◆ Requires the obligor to obtain “an employment-related or group health benefit plan” for the child.
- ◆ States that the obligor may be required to provide some alternative or additional medical support, which may include a dollar amount of medical support.

The language does not request provision of medical support through:

- ◆ An individual (non-group) health insurance plan.
- ◆ A health insurance plan provided under Iowa Code Chapter 514E.
- ◆ A monetary amount for medical support in lieu of a health insurance plan.

However, your office’s attorney may ask the court to consider provision of medical support through these means, and the court may choose to order it.

In caretaker and foster care cases, establish medical support obligations to require both parents to provide health insurance coverage for the child. See **Caretaker and Foster Care Cases**.

The establishment of a medical support obligation begins when:

- ◆ You establish an initial child support order. If there is no court order, refer the case for establishment of a support order that includes a medical support obligation.
- ◆ ICAR identifies a case with an existing court order that does not include a medical support obligation. Refer the case to the modification process to add a medical support obligation to the order if health insurance is available to the obligor, when appropriate.

Include a medical support obligation in new and modified orders when:

- ◆ Health insurance at reasonable cost is available to the obligor at the time the Unit enters the order and the obligee does not have the children enrolled in a health insurance plan.
- ◆ Current coverage to include the child is immediately possible.

An order that requires the obligor to provide employment-related health insurance coverage for the child is binding on all future employers if the child is eligible for enrollment under the terms and conditions of the applicable health insurance plan.

- | |
|---|
| <ol style="list-style-type: none">1. The employer requires the obligor be employed for six months before the obligor is eligible for health insurance coverage. Enter an order to require the obligor to provide health insurance even though the insurance coverage is not currently available.2. The plan requires the obligor to wait for a period of months to enroll in health insurance coverage because of a pre-existing condition, and the child cannot be enrolled until the obligor is enrolled. Enter an order requiring the obligor to provide health insurance coverage even though it is not currently possible to cover the child. |
|---|

3. The obligor is unemployed. Enter an order that includes a medical support obligation that requires the obligor to provide health insurance coverage, so the obligation may be enforced when the obligor becomes employed and health insurance is available.
4. The obligor gets a new job and the new employer's health insurance plan provides coverage for the employee's child. The order requiring the obligor to provide health insurance is binding on this new employer.

New Support Orders

Legal reference: 45 CFR 303.31(b)(1); Iowa Code Chapter 252E; 441 IAC 98.3(1)

Establish a medical support obligation by including medical support enforcement language in the court order. The required language is included in all ICAR-generated orders, unless the obligee provides health insurance other than Medicaid. This language is based on the language found in Iowa Code Chapter 252E requiring the obligor to provide medical support. It states that:

- ◆ The order requiring coverage under a health benefit plan is authorization for enrollment of the child, if the child is otherwise eligible for enrollment; and
- ◆ The employer shall withhold the obligor's share of premiums for the health benefit plan (if any) from the obligor's pay; and
- ◆ The order is binding on all future employers.

The inclusion of a medical support obligation in an order affects the cash child support amount of the order. In calculating support, the parent providing coverage receives a deduction from gross income for the premium if the child is enrolled in a health insurance policy or proof is received that health insurance is available in the future. The parent receives a deduction even if the current spouse of that parent provides the coverage.

The net effect of including a medical support obligation may be a reduction in the dollar amount of child support ordered. See 10-H, ***DETERMINING CHILD SUPPORT OBLIGATIONS***.

Note: It is not appropriate to establish a new order for ongoing child support or medical support if there is an existing order in Iowa or some other state. When a high potential for the obligor to obtain health insurance exists and medical support is not included in the court order, refer the case for modification to add medical support provisions to the existing support order. See **Review and Adjustment of Existing Orders**.

Review the case thoroughly to determine whether or not to include health insurance (HI) provisions in a new court order.

| PA case? | Who provides HI? | Who has HI available? | Action |
|-----------------|---------------------------------------|------------------------------------|--|
| Yes | √ Obligee Obligor No one | Obligee - yes Obligor - unknown | Do not include health insurance in the new order when the obligee provides health insurance other than Medicaid or HIPP. |
| Yes | Obligee √ Obligor No one | Obligee - no Obligor - yes | Establish an order requiring the obligor to provide health insurance. |
| Yes | Obligee Obligor √ No one | Obligee - no Obligor - unknown | Establish an order requiring the obligor to provide health insurance. |
| No | √ Obligee Obligor No one | Obligee - yes Obligor - no | Do not include health insurance in the new order when the obligee provides health insurance other than Medicaid or HIPP. |
| No | Obligee √ Obligor No one | Obligee - no Obligor - yes | Establish an order requiring the obligor to provide health insurance. |
| No | Obligee Obligor √ No one | Obligee - no Obligor - unknown | Establish an order requiring the obligor to provide health insurance. |

Caretaker and Foster Care Cases

When the child lives with a non-parental caretaker who is not responsible for the child’s support, or the child is receiving foster care, establish a medical support obligation against both parents.

See X-C(3), *FOSTER CARE PARENTAL LIABILITY*, for more information regarding the Department's authority to hold both parents liable for the costs in foster care cases. See also 10-H, *DETERMINING CHILD SUPPORT OBLIGATIONS*.

Medical Cases With Existing Orders

Legal reference: 45 CFR 303.31(b)(3)(4); 441 IAC 98.3(2)

For cases with existing child support orders, federal regulations require you to seek modification of the support order when:

- ◆ A high potential for the obligor to obtain health insurance exists, and
- ◆ Employment-related or other group insurance is available to the obligor.

Through the MEDSUM batch programs, ICAR identifies cases to determine if the existing order includes a medical support obligation. ICAR also identifies existing cases that have a high potential for the obligor to obtain health insurance. If there is an open modification process on the Case Status (CASESTAT) screen, ICAR bypasses the case when identifying obligors with a high potential of obtaining health insurance.

Refer the case for modification of an existing support order to add a medical support obligation when it is not included in the order and the MEDSUM batch programs identify a high potential for the obligor to obtain health insurance.

Note: If an existing order contains cash medical support, review the language in the order. Determine if the medical support was ordered instead of health insurance.

- ◆ If cash medical support was clearly ordered instead of health insurance, include the same amount of cash medical support in the modified order and do not include health insurance.
- ◆ If it is not clear that the cash medical support was ordered instead of health insurance, modify the order to include health insurance and not cash medical support.

Review the case thoroughly to determine whether or not to add health insurance (HI) to an existing court orders.

ESTABLISHING MEDICAL SUPPORT OBLIGATIONS

Iowa Department of Human Services

Medical Cases With Existing Orders

Title 11 Support Enforcement and Distribution

Revised March 4, 2005

Chapter I Medical Support

| PA case? | Who is court-ordered to provide HI? | Who provides HI? | Who has HI available? | Action |
|-----------------|--|---------------------------------------|------------------------------|---|
| Yes | √ Obligee Obligor HI not in order | √ Obligee Obligor No one | Obligee=yes Obligor=unk | Do not modify the order when the obligee provides health insurance for the child other than Medicaid or HIPP . |
| Yes | √ Obligee Obligor HI not in order | Obligee √ Obligor No one | Obligee=no Obligor=yes | Modify the order to require the obligor to provide HI whether or not health insurance is available. |
| Yes | √ Obligee Obligor HI not in order | Obligee Obligor √ No one | Obligee=no Obligor=unk | Modify the order to require the obligor to provide HI whether or not health insurance is available. |
| Yes | Obligee Obligor √ HI not in order | √ Obligee Obligor No one | Obligee=yes Obligor=unk | Do not modify the order when the obligee provides health insurance for the child other than Medicaid or HIPP . |
| No | √ Obligee Obligor HI not in order | √ Obligee Obligor No one | Obligee=yes Obligor=unk | Do not modify the order. |
| No | √ Obligee Obligor HI not in order | Obligee √ Obligor No one | Obligee=no Obligor=yes | Modify the order to require the obligor to provide HI whether or not health insurance is available. |
| No | √ Obligee Obligor HI not in order | Obligee Obligor √ No one | Obligee=yes Obligor=unk | Modify the order to require the obligor to provide HI whether or not health insurance is available. |
| No | √ Obligee Obligor HI not in order | Obligee Obligor √ No one | Obligee=no Obligor=yes | Modify the order to require the obligor to provide HI whether or not health insurance is available. |
| No | √ Obligee Obligor HI not in order | Obligee Obligor √ No one | Obligee=no Obligor=no | Modify the order to require the obligor to provide HI whether or not health insurance is available. |
| No | Obligee Obligor √ HI not in order | √ Obligee Obligor No one | Obligee=yes Obligor=unk | Do not modify the order. |

| PA case? | Who is court-ordered to provide HI? | Who provides HI? | Who has HI available? | Action |
|----------|--|---------------------------------------|---------------------------|---|
| No | Obligee Obligor √ HI not in order | Obligee √ Obligor No one | Obligee-no Obligor-yes | Modify the order to require the obligor to provide HI whether or not health insurance is available. |
| No | Obligee Obligor √ HI not in order | Obligee Obligor √ No one | Obligee-no Obligor-yes | Modify the order to require the obligor to provide HI whether or not health insurance is available. |

The following sections explain how ICAR identifies cases for you to review and how the Unit uses the modification process to add a medical support obligation to a case.

Review and Adjustment of Existing Orders

Legal reference: 45 CFR 303.8 and 303.31; 441 IAC 98.3 and 99.62(252B, 252H)

The MEDSUM batch programs identify court-ordered cases with no provisions for medical support and an obligor with a high potential of obtaining health insurance. However, you may also identify cases that should be referred to a review and adjustment worker.

A parent or the Unit may request a review of the support order solely to add medical support. The parent is not required to wait the normal two-year waiting period to request a review for adding a medical support obligation to the order.

It is appropriate to refer the case to a review and adjustment worker to add a medical support obligation when information available to the Unit indicates that:

- ◆ Health insurance for the child is reasonable in cost to the obligor (employment-related or other group health insurance plan), and
- ◆ The child does not have health insurance other than Medicaid or HIPP.

Note: An order may be modified through review and adjustment to add a medical support obligation even though a review of the case reveals that the parent’s financial status does not meet the 20% reduction in income requirement.

See 10-Q, *ADMINISTRATIVE REVIEW AND ADJUSTMENT*, for more information on the use of the review and adjustment process to establish provisions for medical support on a case.

Referral to Review and Adjustment

When there is a high potential for the obligor to obtain health insurance on a court-ordered case with no provisions for medical support, EPICS refers the case to the field office to add medical support.

Before making a referral for review and adjustment, EPICS determines whether health insurance is available through the obligor's employer, either by:

- ◆ Sending form 470/2240, *Employer Health Insurance Questionnaire*, to the employer, or
- ◆ Calling the employer to verify the obligor is employed and dependent health insurance is available.

If health insurance is not available, or another reason exists for not referring the case for review and adjustment, EPICS enters an "N" in the ENR STAT field on the MEDSUM2 screen and presses F3 twice. ICAR issues a narrative (MED28) for EPICS to enter the reason for not referring the case to the field office.

If health insurance is available, EPICS refers the case to the field office. The field worker determines whether the obligee has a health insurance plan other than Medicaid that covers the child. Steps to gather this information depend on the case account type and include:

- ◆ Sending form 470/2744, *NPA Medical Support Questionnaire*, to the obligee.
- ◆ Sending form 470-2748, *PA Medical Support Questionnaire*, to the obligee.
- ◆ Checking HIPP information on ICAR.
- ◆ Contacting the obligee's income maintenance worker.
- ◆ Sending a detailed status to the obligee asking for information about whether the child is covered by a private insurance plan (e.g., through the obligee's employer, a current spouse, or a grandparent).

Narrate each step to document your findings.

RECORDING A MEDICAL SUPPORT OBLIGATION ON ICAR

When you add a new, modified, or existing order to the case that includes a medical support obligation requiring a party to provide health insurance, record both the medical support obligation and the health insurance information on ICAR.

Upon receipt of a file-stamped court or administrative order that includes a medical support obligation, update the following ICAR screens:

- ◆ COURTORD screen.
- ◆ HIUPDATE screen.
- ◆ OBLIG screen.
- ◆ OBLIGDST screen.

There may be a time delay between when you add or update the requirement to provide health insurance on the COURTORD screen and when you receive information about the health insurance policy. If so, record the court order information initially and record the health insurance information when you receive it.

Instructions for recording a medical support obligation and health insurance information on ICAR follow. On-line messages assist you in entering the required data on the screens.

COURTORD Screen

Record an order that includes a medical support obligation on the COURTORD screen. To access the COURTORD screen, type "COURTORD" in the NEXT SCREEN field on any ICAR screen.

ICAR displays the following screen:

| | | |
|--|---------------------------------------|-------------------------|
| D479HC05 | IOWA COLLECTION AND REPORTING SYSTEM | DATE: 02/10/04 |
| | COURT ORDER | TIME: 09:30:02 |
| CASE NUMBER | DISTRIBUTE PERCENTAGE TO CARETAKER? : | |
| PAYOR: | RIGHT TO REVAD NOTICE: | 00000000 |
| PAYEE: | RIGHT TO REVAD NOTICE: | 00000000 |
| -ORDER OBTAINED IN - | BYPASS ORDER FOR A/T: | |
| C.O. COUNTY FIPS | -OR- COUNTY NUMBER: | |
| COURT ORDER NUMBER | ORDER DATE: 00 00 0000 | TYPE: |
| ICIS C.O. NUMBER | REG FILE NO: | |
| REG FILE COUNTY FIPS : | -OR- COUNTY NUMBER: | |
| LAST COURT ACTION | 0000 | CSRU MOD (Y/N): |
| | IIW PROVISIONS (Y/N/G/A): | NOTICE (I/M): |
| PETITIONER (FML) | | HEALTH INS.: 00 00 0000 |
| RESPONDENT (FML) | | MORE? |
| | JUDGMENT SAT: | EFFECTIVE: 00 00 0000 |
| C.O. REGISTERED IN : | | |
| C.O. TRANSCRIBED TO : | C.O. TRANSFERS : | |
| MOD JUR: | MOD JUR DATE: 00 00 0000, | CHOICE OF LAW JUR : , , |
| RELATED ORDERS: | CASES: | MORE? LEVY |
| PF2=ADD PF3=MOD PF5=INQ PF6=DCO PF7=BACK PF8=FORWARD PF9=REFRESH PF10=COURTOR2 | | |
| PF11=REVIEW1 PF12=REGIST PF13=REVSUM PF14=ADMOD1 PF15=ADMONSUM PF16=HIUPD | | |
| NEXT SCREEN: | NOTES: | |
| PLEASE ENTER CASE NUMBER | | |

See 9-E, **CASE SETUP**, for more information on this screen.

To record an obligation requiring health insurance on a **new order**:

- ◆ Complete all appropriate fields (e.g., county number, court order number, petitioner, respondent etc.) on the **COURTORD** screen.
- ◆ Enter a “Y” in the **HEALTH INS** field.
- ◆ Press the F2 key to add the court order to the case.

To record an obligation requiring health insurance coverage when an order is **modified**:

- ◆ Enter a “Y” in the **HEALTH INS** field on the **COURTORD** screen.
- ◆ Press the F3 key to update the screen.

HIUPDATE Screen

After you enter a “Y” in the HEALTH INS field on the COURTOR screen and press the F2 key to add, or the F3 key to modify, ICAR displays the HIUPDATE screen.

The HIUPDATE screen is court-order-specific. One screen exists for each COURTOR screen. Press the F16 key to access the HIUPDATE screen from the COURTOR screen. Press the PAUSE/BREAK key from the HIUPDATE screen to return to the COURTOR screen. **Note:** If there is an “N” in the HEALTH INS field on the COURTOR screen, ICAR denies you access to the HIUPDATE screen.

ICAR displays the following screen:

| | | |
|---|---|----------------------------------|
| D479HM34 | IOWA COLLECTION AND REPORTING SYSTEM HEALTH INSURANCE UPDATE | DATE: 02/10/04 TIME: 08:04:45 |
| CASE NUMBER.....: XXXXX | | |
| PAYOR: XXXX XXXXXXXXXX | | |
| PAYEE: XXXXXXX XXXXXXXX | | |
| HEALTH INS.: Y | | |
| PETITIONER (FML)...: XXXXX XXXXX | | |
| RESPONDENT (FML)...: XXXXX XXXXXXXXXX | | |
| PARTY ORDERED TO PROVIDE HEALTH INS? | | |
| PAYOR PAYEE BOTH SHARED | | |
| IF SHARED, ENTER PERCENTAGE OF PREMIUM ORDERED: | | |
| PAYOR PAYEE | | |
| COURT ORDERED LIMIT FOR HI PREMIUMS: | | |
| UNREIMBURSED MEDICAL EXPENSE PERCENTAGE ORDERED: | | |
| NCP UME PCNT | | |
| PF3=MODIFY | | |
| SELECT WHICH PARTY IS ORDERED TO PROVIDE HEALTH INSURANCE | | |

ICAR displays data in the CASE NUMBER, PAYOR, PAYEE, HEALTH INS, PETITIONER, and RESPONDENT fields on the HIUPDATE screen as displayed on the COURTOR screen. You cannot change this data.

Review the court order for health insurance information and determine which entries to make on the HIUPDATE screen.

- ◆ The **PARTY ORDERED TO PROVIDE HEALTH INS?** section identifies the party with the court-ordered requirement for providing health insurance. Enter “Y” in:
 - The **PAYOR** field when the obligor is court-ordered to provide dependent health insurance.
 - The **PAYEE** field when the obligee is court-ordered to provide dependent health insurance.
 - The **BOTH** field when both parties are court-ordered to provide dependent health insurance and no percentage amount is ordered.
 - The **SHARED** field when the parents are to share the cost of the health insurance premium.

Note: Other states’ orders may include a shared percentage. At this time, the Unit does not order a shared percentage. If you select the shared option, enter the percentage each parent is ordered to provide. Enter percentage amounts equal to 100% in the **IF SHARED, ENTER PERCENTAGE OF PREMIUM ORDERED** field on the **HIUPDATE** screen.

- ◆ **COURT ORDERED LIMIT FOR HI PREMIUMS:** When the court order limits the health insurance premium amount for the parent ordered to provide health insurance, enter this amount.
- ◆ **UNREIMBURSED MEDICAL EXPENSE PERCENTAGE ORDERED:** ICAR displays the **NCP UME PCNT** from the **OBLIG** screen for the appropriate court order. This percentage is based on the calculation completed during the establishment or modification of the order using the child support guidelines and is the percentage of unreimbursed medical expenses for which the obligor is responsible. For information on how UME is calculated, see 10-H, **DETERMINING CHILD SUPPORT OBLIGATIONS**.

OBLIG Screen

Record each obligation included in the court order on the **OBLIG** screen. To access the **OBLIG** screen, type “**OBLIG**” in the **NEXT SCREEN** field on the **COURTORD** screen.

ICAR displays the following screen:

| | | |
|--|--|----------------------------------|
| D479HC09 | IOWA COLLECTION AND REPORTING SYSTEM OBLIGATION | DATE: 02/10/04 TIME: 12:37:57 |
| CASE NUMBER | | |
| COURT ORDER NUMBER | | |
| COURT COUNTY | CHOICE OF LAW JUR.....: | |
| FIPS CODE | SATISFY OBLIGATION FOR MONTH | |
| SUSPENSE | INTEREST.....: | |
| OBLIGATION TYPE | (REIMBURSEMENT ACCT TYPE: AMT DUE:) | |
| OBLIGATION AMOUNT | \$.00 | |
| OBLIGATION FREQ.....: | (SEMI-MONTH DUE ON THE AND THE) | |
| EFFECTIVE DATE | DEV(Y/N): BY: REASON: | |
| END DATE.....: | NCP UME PCNT: 0.00 | |
| PAYMENT FIPS | SEND TO PAYEE PRIORITY INFO | |
| LAST COURT ACTION.....: | LAST COURT ACTION DATE.: | |
| UNEVEN OBLIGATION PER CHILD? (Y/N) | CSRU MOD : CORRECTION FLAG: | |
| DISPLAY DATE: | CORRECTION START DATE: | |
| COMMENTS: | CORRECTION RUN DATE: | |
| PF2=ADD, PF3=MODIFY, PF4=DELETE, PF5=INQUIRY, PF7=PAGE BACK, | | |
| PF8=PAGE FORWARD, PF9=REFRESH, PF11=GO TO COLA ADJUST. SCREEN | | |
| NEXT SCREEN: NOTES: | | |
| PLEASE ENTER A CASE, COURT ORDER AND AN OBLIGATION | | |

Record a **new obligation** for cash medical support or an obligation for only health insurance as follows:

- ◆ Record the obligation type for cash medical support by entering the applicable code in the OBLIGATION TYPE field. The obligation types for cash medical support are:
 - MS (medical support) Enter when the obligor is court-ordered to provide cash medical support.
 - MR (medical reimbursement) Enter when the obligor is court-ordered to reimburse medical expenses.
- ◆ Record the obligation for only health insurance by entering health only (HO) in the OBLIGATION TYPE field.
- ◆ Complete all other required fields on the OBLIG screen.
- ◆ Press the F2 key to add the new obligation to the case.
- ◆ Indicate whether the order requires health insurance for the child by entering “Y” or “N” in the HI ORDERED field on the OBLIGDST screen for each child. See **Obligation Distribution Screen**.

When the order requires public assistance (PA) reimbursement and health insurance but not current support, enter separate OBLIG screens for the reimbursement (RE) and the health only (HO) obligations.

- ◆ Complete all required fields on the OBLIG screen for the RE obligation.
- ◆ Press the F2 key twice to add the new obligation to the case.
- ◆ Enter “N” in the HI ORDERED field on the OBLIGDST screen for each child and press the F2 key. See **Obligation Distribution Screen**.
- ◆ Press the F9 key to refresh the OBLIG screen.
- ◆ Complete all required fields on the OBLIG screen for the HO obligation.
- ◆ Use the emancipation date of the youngest child if the court order does not identify an obligation end date.
- ◆ Press the F2 key twice to add the HO obligation to the case.
- ◆ Indicate whether the order requires health insurance for the child by entering “Y” or “N” in the HI ORDERED field on the OBLIGDST screen for each child. See **Obligation Distribution Screen**.

When entering an HO obligation, do not make an entry in the EST BY-PASS field on the CHILD2 screen. ICAR recognizes the HO obligation type and does not issue establishment calendar flags that request the addition of a monetary obligation to the court order.

For obligations included in the court order that have been **adjusted** through the review and adjustment process or through a private modification (e.g., the obligation amount is changed, etc.), proceed as follows:

- ◆ Press the F7 or F8 keys to scroll through the existing obligations to find the most current obligation.
- ◆ End the current obligation by entering a date in the END DATE field.
- ◆ Press the F3 key twice to update the screen with the obligation end date.
- ◆ Press the F9 key to refresh the screen.
- ◆ Complete all required fields, including the OBLIGATION TYPE, for the new obligation.

When the court order requires health insurance coverage:

- ◆ Enter a “Y” in the HI ORDERED field for each child for whom health insurance is ordered and distribute the support obligation amount between these children.
- ◆ Enter an “N” in the HI ORDERED field for any child that does not have health insurance ordered, and distribute the support obligation amount between the appropriate children. If a child is not part of this order, enter “N” in the HI ORDERED field and do not distribute the obligation amount to this child.
- ◆ Press the F2 key twice to update the OBLIGDST screen.

When the court order **does not include** health insurance coverage:

- ◆ Enter an “N” in the HI ORDERED field for each child that is part of this order and distribute the support obligation amount between the children, or
- ◆ Enter an “N” in the HI ORDERED field for any child that is not part of this order and do not distribute the support obligation amount for this child.
- ◆ Press the F2 key twice to update the OBLIGDST screen.

Note: If you are only changing the HI ORDERED field on the OBLIGDST screen and not distributing the obligation amount, press the F3 key to update the OBLIGDST screen instead of the F2 key.

There must be an entry in the HI ORDERED field for ICAR to properly display information on the MEDSUM screens. Specifically, ICAR displays the court order number on the MEDSUM screens only when the HI ORDERED field contains either a “Y” or an “N” on the OBLIGDST screen. If there is a “U” in the HI ORDERED field on the OBLIGDST screen for a child, ICAR does not list that child’s name on the MEDSUM2 screen.

See the distribution process in 9-E, *CASE SETUP*, for more information on completing this screen.

RECORDING HEALTH INSURANCE COVERAGE

When you receive information that a child is enrolled in a health insurance plan, enter the plan information on ICAR. You may get information about the child's enrollment in a health insurance plan when:

- ◆ The employer returns Part A of form 470/3818, *National Medical Support Notice*.
- ◆ The plan administrator returns Part B of the *National Medical Support Notice* and form 470/2743, *Employer Medical Support Information*.
- ◆ The obligor returns form 470/0413, *Obligor Insurance Questionnaire*, indicating the obligor provides employment-related health insurance coverage for the child, or the child is enrolled in a private policy.
- ◆ The employer returns form 470-0177, *Employment and Health Insurance Questionnaire*, see the location process or form 470/2240, *Employer Health Insurance Questionnaire*, and indicates the child is enrolled in a health insurance plan and provides the policy number and information about the types of coverage.
- ◆ The NPA obligee returns form 470/2744, *NPA Medical Support Questionnaire*, or the PA obligee returns form 470-2748, *PA Medical Support Questionnaire*, and indicates the child is enrolled in a health insurance plan.

Record health insurance information on the MEDICAL, INSURER COMPANY LIST, INSURANCE DEPENDENT LIST, and MEDICAL COVERAGE screens as described in the following sections. When you begin to record health insurance plan information, ICAR requires an entry on the MEDICAL screen indicating who provides health insurance for the child, e.g., the obligor, the obligee, or a third party.

Record information on additional insurance plans (provided by the obligor, the obligee, or a third party) which cover the child on additional MEDICAL screens and the associated subscreens. Press the F9 key to refresh the MEDICAL screen to enter additional insurance plans. Use the appropriate "F" keys to scroll through the MEDICAL screens on the case to view and modify (if appropriate) information on insurance plans connected to the case.

Note: There may be a delay between establishing an order and receiving information about the health insurance plan.

Medical Insurance (MEDICAL) Screen

On the MEDICAL screen, ICAR displays information about the health insurance policy and who provides the insurance coverage. To access the MEDICAL screen, type “MEDICAL” in the NEXT SCREEN field on any ICAR screen. ICAR displays the following screen:

| | | |
|--|--------------------------------------|-----------------------|
| D479HM10 | IOWA COLLECTION AND REPORTING SYSTEM | DATE: 05/05/04 |
| | MEDICAL INSURANCE | TIME: 10:56:09 |
| CASE NUMBER...: | PAYOR NAME: | LAST TPL UPDATE: |
| | PROVIDER..PAYOR: | PAYEE: PRIVATE: |
| | PROVIDER NAME: | |
| EMPLOYER ID...: | | EMP TERMINATED.....: |
| | | VERIFIED INS TERM...: |
| EMPLOYER NAME.: | | |
| POLICY NUMBER.: | | |
| INSURER ID.....: | | |
| INSURANCE CO.: | | |
| ADDRESS LINE 1: | | |
| ADDRESS LINE 2: | | |
| CITY/STATE/ZIP: | | |
| EFFECTIVE DATE: 00 00 | COMPANY NBR: | |
| END DATE.....: 00 00 | | |
| PF2=ADD, PF3=MODIFY, PF4=DELETE, PF5=INQUIRY, PF6=MEDICAL COVERAGE | | |
| PF7/PF8=SCROLL PAYOR INSURANCE, PF12=INSURER LIST, PF9=REFRESH | | |
| PF10/PF11=SCROLL PAYEE/PRIVATE INSUR, PF14=DEPENDENT LIST, PF16=MEDSUM | | |
| NEXT SCREEN: | NOTES: | |
| PLEASE ENTER CASE NUMBER AND PRESS PF5 | | |

Fields, descriptions, and values on the MEDICAL screen are:

- ◆ **LAST TPL UPDATE:** ICAR displays the last date ICAR updated this MEDICAL screen based on information received from the data match with the Medicaid Third-Party Liability Unit.
- ◆ **CASE NUMBER:** Enter the case number and press the F5 key to display case information.
- ◆ **PAYOR NAME:** ICAR displays the name of the obligor as shown on the PAYOR screen.
- ◆ **PROVIDER PAYOR: __ PAYEE: __ PRIVATE: __:** Enter a “Y” to indicate which party provides health insurance.

- ◆ **PROVIDER NAME:** ICAR displays the obligor's name when the health insurance policy is connected to the obligor's employer. ICAR requires you to enter the provider name when a "Y" displays in the PAYEE or PRIVATE field.
- ◆ **EMPLOYER ID:** ICAR displays the identification number for the employer from the View Employer Maintenance (VEMPLOY) screen.
- ◆ **EMPLOYER NAME:** ICAR displays the name of the employer associated with the employer ID as shown on the VEMPLOY screen.
- ◆ **POLICY NUMBER:** Enter the policy number for the health insurance policy.
- ◆ **INSURER ID:** ICAR displays the identification number for the insurance provider as shown on the INSURER COMPANY LIST screen.
- ◆ **INSURANCE CO:** ICAR displays the name of the insurance company associated with the insurer ID as shown on the INSURER COMPANY LIST screen.
- ◆ **ADDRESS LINE 1:** ICAR displays the first line of the address from the INSURER COMPANY LIST screen for the insurance company.
- ◆ **ADDRESS LINE 2:** ICAR displays the second line of the address from the INSURER COMPANY LIST screen for the insurance company.
- ◆ **CITY/STATE/ZIP:** ICAR displays the city, state, and ZIP code from the INSURER COMPANY LIST screen for the insurance company.
- ◆ **EMP TERMINATED:** ICAR enters a "Y" when you delete the employer associated with this MEDICAL screen from the income withholding order. When there is no income withholding order on the case, enter a "Y" in the EMP TERMINATED field. ICAR generates form 470-3218, *Employer Insurance Notification*, when a "Y" displays in the EMP TERMINATED field.
- ◆ **VERIFIED INS TERM:** Enter a "Y" when the employer provides the date health insurance ends. If you do not enter a "Y," ICAR enters a "Y" in this field 90 days after a "Y" displays in the EMP TERMINATED field. Enter a "C" when health insurance continues through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).
- ◆ **EFFECTIVE DATE:** Enter the date the health insurance policy starts.

- ◆ **END DATE:** Enter the date the health insurance policy ends.
- ◆ **COMPANY NBR:** ICAR displays the number from the INSURER COMPANY LIST screen assigned to the insurance company.

Function keys on the MEDICAL screen are:

| | |
|--------------------------------------|---|
| F2 = ADD | Press the F2 key to add entries on the MEDICAL screen to ICAR. |
| F3 = MODIFY | Press the F3 key to modify entries on the MEDICAL screen. |
| F4 = DELETE | Press the F4 key to delete data that displays on the MEDICAL screen. |
| F5 = INQUIRY | Press the F5 key to inquire on a case number. |
| F6 = MEDICAL COVERAGE | Press the F6 key to access the MEDICAL COVERAGE screen associated with the policy. |
| F7/F8 = SCROLL PAYOR INSURANCE | If there are additional MEDICAL screens for the obligor, press the F7 key and the F8 key to scroll through the screens. |
| F9 = REFRESH | Press the F9 key to display a blank screen. |
| F10/F11 = SCROLL PAYEE/PRIVATE INSUR | Press the F10 and F11 keys to scroll through MEDICAL screens that contain payee/private health insurance plans. |
| F12 = INSURER LIST | Press the F12 key to see the ICAR list of insurance companies. |
| F14 = DEPENDENT LIST | Press the F14 key to access the INSURANCE DEPENDENT LIST screen associated with the policy. |
| F16 = MEDSUM | Press the F16 key to access the MEDSUM screen. |

Instructions for recording health insurance plan information on the MEDICAL screen depend on whether:

- ◆ The obligor provides insurance through an employer.
- ◆ The obligee provides insurance.
- ◆ The obligor or a third party provides private insurance.

Obligor Provides Health Insurance Through an Employer

ICAR displays the name of the verified employer (as shown on the EMPVER screen) in the EMPLOYER NAME field. ICAR creates an EMPVER screen through a data match or you can manually add an EMPVER screen. Once you verify the employer, the name of the employer displays on a blank MEDICAL screen. The following screen print shows employment-related insurance provided by the obligor:

| | | |
|--|--------------------------------------|-----------------------|
| D479HM10 | IOWA COLLECTION AND REPORTING SYSTEM | DATE: 02/10/04 |
| | MEDICAL INSURANCE | TIME: 09:43:08 |
| | | LAST TPL UPDATE: |
| CASE NUMBER: XXXXXX | PAYOR NAME: XXXXX XXXXXXXX | |
| | PROVIDER: .PAYOR: X | PAYEE: PRIVATE: |
| | PROVIDER NAME: XXXXX XXXXXXXX | |
| EMPLOYER ID...: XXXX-XX | | EMP TERMINATED.....: |
| EMPLOYER NAME.: XXXX XXXXX | | VERIFIED INS TERM...: |
| POLICY NUMBER.: 2118-INS | | |
| INSURER ID.....: | | |
| INSURANCE CO.: HARTFORD INSURANCE | | |
| ADDRESS LINE 1: PO BOX 29164 | | |
| ADDRESS LINE 2: | | |
| CITY/STATE/ZIP: SHAWNEE MISSION KS 66201 | | |
| EFFECTIVE DATE: 02 01 2004 | COMPANY NBR...: 540 | |
| END DATE.....: 00 00 | | |
| PF2=ADD, PF3=MODIFY, PF4=DELETE, PF5=INQUIRY, PF6=MEDICAL COVERAGE | | |
| PF7/PF8=SCROLL PAYOR INSURANCE, PF9=REFRESH | | PF12=INSURER LIST, |
| PF10/PF11=SCROLL PAYEE / PRIVATE INSUR, PF14=DEP LIST | | PF16=MEDSUM |
| NEXT SCREEN: MEDICAL | NOTES: | |

Record the information as follows:

- ◆ When you access the MEDICAL screen, ICAR displays the cursor in the PAYOR field in the PROVIDER section. Enter any character in this field to indicate that the obligor provides health insurance. ICAR displays the obligor's name in the PROVIDER NAME field after you update the screen.
- ◆ Complete the POLICY NUMBER and EFFECTIVE DATE fields. ICAR requires you to enter data in the POLICY NUMBER and EFFECTIVE DATE fields before adding the MEDICAL screen.

- ◆ Press the F2 key twice to add the MEDICAL screen.
- ◆ After you add the MEDICAL screen, ICAR displays the INSURER COMPANY LIST, INSURANCE DEPENDENT LIST, and MEDICAL COVERAGE screens in succession. Complete these screens to add the medical insurance plan. Information about completing these screens follows.
- ◆ After entering data on the subscreens associated with the MEDICAL screen, press the F3 key twice, and ICAR displays the MEDICAL screen again.

When you need to record information on additional health insurance plans provided by the obligor through the employer, proceed as follows:

- ◆ Access the MEDICAL screen.
- ◆ Press the F9 key to refresh the screen. ICAR displays the following on-line message, "PLEASE ENTER NEW MEDICAL RECORD."
- ◆ Complete the PROVIDER: PAYOR, POLICY NUMBER and EFFECTIVE DATE fields.
- ◆ Press the F2 key twice to add the screen.
- ◆ After you add the new MEDICAL screen, ICAR displays the INSURER COMPANY LIST, INSURANCE DEPENDENT LIST, and MEDICAL COVERAGE screens in succession. Complete these screens to add the medical record. Information about completing these screens follows.
- ◆ Once you complete the screens, press F3 twice and ICAR displays the MEDICAL screen.

When an obligor provides more than one employment-related health insurance policy for the child, use the F7 and F8 keys to scroll through the MEDICAL screens that display data on the plans.

Note: Either image all health insurance policy information you receive from the employer or retain a paper copy in the case file.

Obligee Provides Health Insurance

Follow these instructions when the obligee returns 470/2744, *NPA Medical Support Questionnaire*, or 470-2748, *PA Medical Support Questionnaire* and indicates that the obligee provides health insurance coverage for the child. The following screen print shows health insurance provided by the obligee:

| | | |
|--|--------------------------------------|-----------------------|
| D479HM10 | IOWA COLLECTION AND REPORTING SYSTEM | DATE: 02/10/04 |
| | MEDICAL INSURANCE | TIME: 09:43:08 |
| | | LAST TPL UPDATE: |
| CASE NUMBER: XXXXXX | PAYOR NAME: XXXXX XXXXX | |
| | PROVIDER: PAYOR: PAYEE: X PRIVATE:: | |
| | PROVIDER NAME: XXXXX XXXXX | |
| EMPLOYER ID...: | | |
| EMPLOYER NAME.: PRIVATE INSURANCE | | EMP TERMINATED.....: |
| POLICY NUMBER.: 2118-INS | | VERIFIED INS TERM...: |
| INSURER ID....: | | |
| INSURANCE CO.: HARTFORD INSURANCE | | |
| ADDRESS LINE 1: PO BOX 29164 | | |
| ADDRESS LINE 2: | | |
| CITY/STATE/ZIP: SHAWNEE MISSION KS 66201 | | |
| EFFECTIVE DATE: 02 01 2004 | COMPANY NBR...: 540 | |
| END DATE.....: 00 00 | | |
| PF2=ADD, PF3=MODIFY, PF4=DELETE, PF5=INQUIRY, PF6=MEDICAL COVERAGE | | |
| PF7/PF8=SCROLL PAYOR INSURANCE, PF9=REFRESH PF12=INSURER LIST, | | |
| PF10/PF11=SCROLL PAYEE / PRIVATE INSUR, PF14=DEP LIST PF16=MEDSUM | | |
| NEXT SCREEN: MEDICAL NOTES: | | |

Record the health insurance plan information on the MEDICAL screen as follows:

- ◆ Press the F10 key to access the payee and private health insurance coverage section of the MEDICAL screen. ICAR displays “PRIVATE INSURANCE” in the EMPLOYER NAME field to indicate that insurance coverage is not employment-related coverage of the obligor.
- ◆ Tab to the PROVIDER section and enter any character in the PAYEE field.
- ◆ Tab to the PROVIDER NAME field and enter the obligee’s name.
- ◆ Complete the POLICY NUMBER and EFFECTIVE DATE fields.

- ◆ Press the F2 key to add the MEDICAL screen to the case. ICAR displays the obligee's name in the PROVIDER NAME field.
- ◆ After you add the MEDICAL screen to the case, ICAR displays the INSURER COMPANY LIST, INSURANCE DEPENDENT LIST, and MEDICAL COVERAGE screens in succession. Information about completing these screens follows. **Note:** The MEDICAL screen is not connected to the Payee Employer Verification (CPEMPVER) screen.
- ◆ After entering data on the subscreens associated with the MEDICAL screen, press the F3 key twice and ICAR displays the MEDICAL screen again.

Use the F10 and F11 keys to scroll through the MEDICAL screens that display data on the health insurance plans provided by the obligee.

Obligor or Third Party Provides Private Health Insurance

Follow these instructions when the obligor provides private (not employment-related) health insurance or a third party provides health insurance. The following screen print shows non-employment-related health insurance provided by the obligor:

| | | |
|--|--------------------------------------|-----------------------|
| D479HM10 | IOWA COLLECTION AND REPORTING SYSTEM | DATE: 02/10/04 |
| | MEDICAL INSURANCE | TIME: 09:43:08 |
| | | LAST TPL UPDATE: |
| CASE NUMBER: 001234 | PAYOR NAME: JASPER POLK | |
| TPL SEQ NUMBER: | PROVIDER..PAYOR: | PAYEE: PRIVATE: X |
| | PROVIDER NAME: JASPER POLK | |
| EMPLOYER ID...: OTHR 15 | | EMP TERMINATED.....: |
| EMPLOYER NAME.: PRIVATE INSURANCE | | VERIFIED INS TERM...: |
| POLICY NUMBER.: 2118-INS | | |
| INSURER ID.....: | | |
| INSURANCE CO.: HARTFORD INSURANCE | | |
| ADDRESS LINE 1: PO BOX 29164 | | |
| ADDRESS LINE 2: | | |
| CITY/STATE/ZIP: SHAWNEE MISSION KS 66201 | | |
| EFFECTIVE DATE: 02 01 1997 | COMPANY NBR...: 540 | |
| END DATE.....: 00 00 | | |
| PF2=ADD, PF3=MODIFY, PF4=DELETE, PF5=INQUIRY, PF6=MEDICAL COVERAGE | | |
| PF7/PF8=SCROLL PAYOR INSURANCE, PF9=REFRESH PF12=INSURER LIST, | | |
| PF10/PF11=SCROLL PAYEE / PRIVATE INSUR, PF14=DEP LIST PF16=MEDSUM | | |
| NEXT SCREEN: MEDICAL | NOTES: | |

Record health insurance plan information on the MEDICAL screen as follows:

- ◆ Press the F10 key to access the payee and private health insurance coverage section of the MEDICAL screen. ICAR displays “PRIVATE INSURANCE” in the EMPLOYER NAME field to indicate that the health insurance plan is a private policy.
- ◆ Tab to the PROVIDER section and enter any character in the PRIVATE field.
- ◆ Enter the name of the obligor or third party in the PROVIDER NAME field.
- ◆ Complete the POLICY NUMBER and EFFECTIVE DATE fields.
- ◆ Press the F2 key twice to add the MEDICAL screen.
- ◆ After you add the MEDICAL screen, ICAR displays the INSURER COMPANY LIST, INSURANCE DEPENDENT LIST, and MEDICAL COVERAGE screens in succession. Information about completing these screens follows.
- ◆ Once you complete the screens, press the F3 key twice and ICAR displays the MEDICAL screen.

Use the F10 and F11 keys to scroll through the MEDICAL screens that display data on the private health insurance plans provided by the obligor or a third party.

INSURER COMPANY LIST Screen

When you complete the MEDICAL screen and press the F2 key twice to add the medical record, ICAR displays the INSURER COMPANY LIST screen. From this screen, select the insurance company claims address.

The following is a screen print of the INSURER COMPANY LIST screen.

| | | | | | |
|--|--------------------------------------|-------------------------------|----------------|----------|--|
| D479HM10 | IOWA COLLECTION AND REPORTING SYSTEM | | DATE: 02/10/04 | | |
| | INSURER COMPANY LIST | | TIME: 09:43:08 | | |
| CO. NAME SEARCH.: HART | CITY SEARCH.: | | | | |
| | STATE SEARCH: | | | | |
| INSURANCE COMPANY STATE | CITY | COMP | NBR | SEL | |
| HARTFORD INSURANCE | | | | | |
| PO BOX 29164 | SHAWNEE MISSION | KS | 540 | <u>X</u> | |
| NATIONAL HOME LIFE | | | | | |
| | VALLEY FORGE | PA | 552 | _ | |
| PHYSICIANS MUTUAL - OMAHA | | | | | |
| 2600 DODGE | | | | | |
| BOX 3313 | OMAHA | NE | 251 | _ | |
| PRUDENTIAL - HIGH POINT, NC | | | | | |
| PO BOX 10100 | HIGH POINT | NC | 891 | _ | |
| PF5=INQUIRY | PF7=PAGE BACK | PF8=PAGE FORWARD ENTER=SELECT | | | |
| NEXT SCREEN: | NOTES: | | | | |
| SELECT INSURANCE COMPANY AND PRESS ENTER | | | | | |

Fields, descriptions, and values on the INSURER COMPANY LIST screen are:

- ◆ **CO. NAME SEARCH:** Press the F5 key after you enter the company name (or partial name) to search for the insurance company.
- ◆ **CITY SEARCH:** Press the F5 key after you enter the city to search for insurance companies located in a specific city.
- ◆ **STATE SEARCH:** Press the F5 key after you enter the state to search for insurance companies located in a specific state.
- ◆ **INSURANCE COMPANY STATE:** ICAR displays the name and claims address for the insurance company from the TPL insurance company file.
- ◆ **CITY:** ICAR displays the city for the insurance company claims address.
- ◆ **COMP:** ICAR displays the state for the insurance company claims address.
- ◆ **NBR:** ICAR displays the number assigned to the insurance company.
- ◆ **SEL:** Enter an “X” to select an insurance company and connect it to the MEDICAL screen.

Function keys on the INSURER COMPANY LIST screen are:

- | | |
|-------------------|---|
| F5 = INQUIRY: | Press the F5 key to display insurance company information based on an entry in the CO. NAME SEARCH, CITY SEARCH, or STATE SEARCH field. |
| F7 = PAGE BACK | Press the F7 key to scroll back through INSURER COMPANY LIST screens. |
| F8 = PAGE FORWARD | Press the F8 key to scroll forward through additional INSURER COMPANY LIST screens. |
| ENTER = SELECT | Press the ENTER key after you make an entry in the SEL field to select an insurance company. |

To select the insurance company claims address:

- ◆ Type either the company name (or a partial name such as the letters “HART”) in the CO. NAME SEARCH field, the city where the company is located in the CITY SEARCH field, or the state where the company is located in the STATE SEARCH field and press the F5 key to display a list of insurance companies.
- ◆ Search for the insurer by listing where you mail the health insurance claims.
- ◆ Tab to the SEL field that follows the name and address of the insurance company you want to select, enter any character, and press the ENTER key to select the insurer. ICAR adds the insurer to the case.
- ◆ ICAR displays the INSURANCE DEPENDENT LIST screen.

Note: If the insurance company does not appear on the list, send the name and claims address of the insurer you want added to the list by FAX to the Department’s TPL designee. The TPL designee is the only person authorized to add insurance companies to the list. Look at page 1 in the current Bureau of Collections phone book to get the name and FAX number of the TPL designee.

INSURANCE DEPENDENT LIST Screen

When you select a company on the INSURER COMPANY LIST screen, ICAR displays the INSURANCE DEPENDENT LIST screen.

The following is a screen print of the INSURANCE DEPENDENT LIST screen.

| | | | | | | |
|--|--------------------------------------|----------|---------------------|-----|-----|-----|
| D479HM10 | IOWA COLLECTION AND REPORTING SYSTEM | | DATE: 02/10/04 | | | |
| | INSURANCE DEPENDENT LIST | | TIME: 09:01:35 | | | |
| CASE NUMBER: XXXX | POLICY NUMBER: XXXXXX | | GEN STATUS LTR (Y): | | | |
| PAYOR NAME : XXXXXXXX XXXXXXXX | | | END | HI | INS | |
| DEPENDENTS NAME | SOC-SEC | STATE ID | DATE | ORD | SEL | REL |
| XXX XXXXXXXX | 333-33-3333 | | | | N | 0 |
| XXXXX XXXXXXXX | 222-22-2222 | | | Y | Y | 3 |
| XXXXX XXXXXXXX | 111-11-1111 | | | Y | Y | 3 |
| PF3=MODIFY | | | | | | |
| NEXT SCREEN: | | | NOTES: | | | |
| MAKE CHANGES TO DEPENDENT COVERAGE AND PRESS PF3 | | | | | | |

Fields, descriptions, and values on the INSURANCE DEPENDENT LIST screen are:

- ◆ **CASE NUMBER:** ICAR displays the case number for the MEDICAL screen you are adding.
- ◆ **POLICY NUMBER:** ICAR displays the policy number for the MEDICAL screen you are adding.
- ◆ **PAYOR NAME:** ICAR displays the obligor’s name for the case.
- ◆ **GEN STATUS LTR (Y):** When the obligee requests another copy of the health insurance information, enter a “Y” to regenerate form 470-2705, *Notice of Health Insurance Information*.

- ◆ **DEPENDENTS NAME:** ICAR displays the dependent's names (obligee and child) for the case.
- ◆ **SOC-SEC:** ICAR displays the social security number for each dependent.
- ◆ **STATE ID:** ICAR displays the state ID for each dependent.
- ◆ **END DATE:** Enter the date health insurance ends for each dependent.
- ◆ **HI ORD:** ICAR displays a "Y" when the court order requires health insurance for the dependent. ICAR displays an "N" when the court order does not require health insurance for the dependent.
- ◆ **INS SEL:** Enter a "Y" when the health insurance policy includes the dependent. Enter an "N" when the health insurance policy does not include the child. Enter a "C" when the dependent's health insurance policy is changing.
- ◆ **REL:** Enter the code indicating the relationship of the dependent to the insurance provider (e.g., obligor, etc.). Valid entries are:
 - 0 Self
 - 1 Spouse, including a separated spouse.
 - 2 Child
 - 3 Grandchild
 - 4 Sibling
 - 5 Cousin
 - 6 Niece or nephew
 - 7 Parent
 - 8 Stepchild
 - 9 Other or no relation. Use for a divorced spouse.

The function key on the INSURANCE DEPENDENT LIST screen is F3 = MODIFY: Press the F3 key when you change information on this screen.

Complete the HI ORD, INS SEL, and REL fields and press the F3 key twice to modify the screen. ICAR displays the MEDICAL COVERAGE screen.

MEDICAL COVERAGE Screen

After you update the INSURANCE DEPENDENT LIST screen, ICAR displays the MEDICAL COVERAGE screen. Record data on the specific coverage the health insurance plan provides. The following is a screen print of the MEDICAL COVERAGE screen.

| | | | |
|----------------------------|--------------------------------------|--------------------|-------------------------|
| D479HM10 | IOWA COLLECTION AND REPORTING SYSTEM | | DATE: 02/10/04 |
| | MEDICAL COVERAGE | | TIME: 09:02:25 |
| CASE NUMBER | XXXX | PAYOR NAME | XXXXX, XXXXXXX |
| Y | AMBULANCE | Y | HOSPITAL |
| Y | DENTAL | Y | LAB & X-RAY |
| Y | PRESCRIPTION DRUGS | Y | MEDICAL EQUIPMENT |
| | HOME HEALTH AGENCY | | NURSING HOME - INTER |
| | HOSPICE | | NURSING HOME - SKILL |
| OTHER: | | | |
| | | SOURCE INFORMATION | |
| ACCIDENT POLICY | | MEDICAID TRUST | |
| | CHAMPUS | | MEDICARE - PART A ONLY |
| | CHAMPVA | | MEDICARE - PART B ONLY |
| | INDEMNITY POLICY | | MEDICARE - PART A & B |
| | MAJOR MEDICAL | | VETERANS ADMINISTRATION |
| OTHER: | | | |
| PF3=MODIFY | | | |
| NEXT SCREEN: | | NOTES: | |
| MAKE CHANGES AND PRESS PF3 | | | |

Enter data on the MEDICAL COVERAGE screen as described below:

- ◆ Enter a “Y” in front of the types of medical coverage the plan includes.
- ◆ If the health insurance plan changes and coverage previously offered is discontinued, enter an “N” over the “Y.”
- ◆ Press the F3 key to modify the screen.

Note: If the health insurance plan includes a type of coverage not listed on this screen, list the additional coverage in the OTHER field.

Notifying the Obligee of Health Insurance Coverage

When you update the INSURANCE DEPENDENT LIST screen and add data to the MEDICAL COVERAGE screen, ICAR generates form 470-2705, *Notice of Health Insurance Information*, directly to the Department's mailing service each week.

The mailing service sends the form to the obligee as notification of the status of the health insurance coverage for the child. ICAR issues a narrative (CASE 27) to document the generation of this form.

If the obligee contacts you and asks for a copy of this form, enter a "Y" in the GEN STATUS LETTER field on the INSURANCE DEPENDENT LIST screen to regenerate the form. ICAR generates the most recent copy of this form directly to the Department's mailing service and issues a narrative (CASE27).

If the *obligee* provides health insurance, ICAR does not generate the *Notice of Health Insurance Information*. In addition, you cannot regenerate a copy of the form. ICAR displays the following on-line message, "CANNOT GENERATE FORM 470-2705 SINCE THE INSURANCE PROVIDER IS THE PAYEE."

Recording Changes in Coverage

Coverage for a child may change after you enter the initial health insurance plan information, or you may receive information that a child emancipated and the obligor is no longer required to provide coverage. Record the changes in coverage or the end date for the child as follows:

- ◆ Access the MEDICAL screen for the applicable health insurance plan and press the F14 (SHIFT plus the F2 key) key to access the INSURANCE DEPENDENT LIST screen.
- ◆ Enter a "C" in the INS SEL field for the child whose insurance coverage is changing.
- ◆ Press the F3 key to modify the screen. ICAR displays the MEDICAL screen.
- ◆ If necessary, use the function keys to access subscreens (e.g., MEDICAL COVERAGE screen, etc.) to record changes in the health insurance coverage.

ICAR generates form 470-2705, *Notice of Health Insurance Information*, to the Department's mailing service.

1. A child becomes emancipated and a court order requiring the obligor to provide health insurance for this child ends on that date. Access the MEDICAL screen for this health insurance plan and press the F14 key to access the INSURANCE DEPENDENT LIST screen. Enter an "N" in the INS SEL field for the child who is emancipated.

Tab to the END DATE field and enter the date health insurance coverage ended. Press the F3 key twice to modify the screen. ICAR displays the MEDICAL screen. If you return to the INSURANCE DEPENDENT LIST screen, the child is now disconnected from the medical record.

2. You learn that the obligor's employer no longer provides dental coverage for the obligor or the child. Access the MEDICAL screen for this insurance plan and press the F14 key to access the INSURANCE DEPENDENT LIST screen. Enter a "C" in the INS SEL field for each child who no longer has dental coverage.

After you press the F3 key to modify the screen, ICAR displays the MEDICAL screen for the case. Press the F6 key to access the MEDICAL COVERAGE screen, change the "Y" in front of the DENTAL COVERAGE field to an "N," and press the F3 key to modify the coverage.

Recording Coverage for an Additional Child

When adding a new child to an existing case, add the health insurance coverage information for that child. This may happen when the court modifies the support order and medical obligation to include a child not previously included in the order.

If necessary, add the child to the case and update the HI ORDERED field on the OBLIGDST screen for the child. ICAR adds the child to the INSURANCE DEPENDENT LIST screen. Complete the INSURANCE DEPENDENT LIST screen for this additional child as follows:

- ◆ Enter a "Y" in the HI ORD field.
- ◆ Enter a "Y" in the INS SEL field.

- ◆ Enter the applicable code in the REL field. Refer to the **INSURANCE DEPENDENT LIST Screen** section for a list of allowable codes for this field.
- ◆ Press the F3 key to update the screen. ICAR generates form 470-2705, *Notice of Health Insurance Information*.

ICAR displays the MEDICAL screen and issues a narrative (CASE 36) to document the inclusion of this child in health insurance coverage.

ICAR Information Transfers to TPL

The Unit shares health insurance plan information added to ICAR for Medicaid cases with the TPL Unit. ICAR sends the following data to the TPL Unit:

- ◆ Court order number.
- ◆ Name of the provider.
- ◆ Name of the child enrolled.
- ◆ Name of the insurance company.
- ◆ Effective date of the policy and policy number.
- ◆ Type of medical coverage provided through the policy.

ICAR transfers this information through a weekly file. Income maintenance staff may use this information to determine eligibility for Medicaid and to generate the *Medical Assistance Eligibility Cards* for the obligee and the child.

ENFORCING MEDICAL SUPPORT OBLIGATIONS

Legal reference: OBRA 1993 (P.L. 103-66); 45 CFR 303.30, 303.31, and 303.32;
Iowa Code Chapter 252E; 441 IAC 98 Division I

Enforcement of a medical support obligation varies according to the circumstances. The procedures for enforcing medical support obligations are in the following sections of this chapter.

Note: If no support order exists on the case and specific criteria are met, the MEDSUM batch programs issue a calendar flag to the worker to refer the case to an establishment worker to establish a new order that includes a medical support obligation.

If a case has an existing order that does not include a medical support obligation, the MEDSUM batch programs issue a calendar flag to the worker to refer the case to a review and adjustment worker when the case meets specific criteria.

When there is an open establishment or modification process on the CASESTAT screen, ICAR bypasses the case for MEDSUM batch processing. See **ESTABLISHING MEDICAL SUPPORT OBLIGATIONS**.

Obligations Requiring Provision of Health Insurance

ICAR selects cases that meet criteria for medical support enforcement. For these cases, ICAR generates the following medical forms to EPICS to enforce an obligation that requires the obligor to provide employment-related health insurance:

- ◆ Form 470/3818, *National Medical Support Notice*, to notify the employer and plan administrator of the obligor's court-ordered requirement to provide health insurance. This form provides detailed enforcement actions for the employer and plan administrator to follow.
- ◆ Form 470/2743, *Employer Medical Support Information*, to provide the Unit with information about the health insurance plan for the child.

EPICS sends these forms to the obligor's employer to begin enforcing health insurance.

After the initial generation of the forms, the MEDSUM batch programs monitor the case for the return of health insurance information. The following sections explain the MEDSUM batch programs:

- ◆ Selection of cases for the enforcement of health insurance.
- ◆ Establishing a HI POT of "A."
- ◆ Enrollment issues.
- ◆ Enforcement of caretaker and foster care cases.

Selection of Cases for the Enforcement of Health Insurance

ICAR selects cases for medical support enforcement when there is a high potential for the obligor to obtain health insurance. These cases meet the following criteria:

- ◆ The case is active with a case account type of 11, 12, 14, 15, 16, 17 with a child account type of 10 or 13, 18, or 19.
- ◆ There is a verified employer and a “Y” or blanks display in the DEP HI AVAIL field on the EMPVER screen. The date in the DATE HI AVAIL field on the EMPVER screen must be less than the current date.
- ◆ The case has a court order for support.
- ◆ The court order includes a provision for health insurance. ICAR displays a “Y” in the HEALTH INS field on the COURTORDE screen and a “Y” in the PAYOR field for the PARTY ORDERED TO PROVIDE HEALTH INS? section on the HIUPDATE screen.
- ◆ The EST BY-PASS field on the CHIL2 screen is blank.
- ◆ The employer or income provider is not bypassed for MEDSUM processing. See the **Cases Bypassed for MEDSUM Batch Processing** section for more information.
- ◆ The child is not currently enrolled in a health insurance plan. (There is a “Y” in the PROVIDER section on the MEDSUM2 screen when the child is enrolled in a health insurance plan.)

ICAR displays an “A” in the HI POT field on the MEDSUM2 screen for cases that meet these criteria. See **BATCH PROCESSING FOR MEDICAL SUPPORT** for more information about how ICAR selects cases for a high potential of obtaining health insurance.

Establishing a HI POT of “A”

When ICAR identifies a high potential of “A” for a child on the case, ICAR:

- ◆ Displays an “A” in the HI POT field on the MEDSUM2 screen.
- ◆ Displays an “A” in the PROC field and the current date in the DATE field on the MEDSUM3 screen.

- ◆ Generates a narrative (MED11) and calendar flag (MED40) to EPICS to contact the employer to determine if health insurance is available and whether the child is enrolled in a health insurance plan.

If the child is enrolled in a health insurance plan, EPICS adds the plan information to ICAR. See **RECORDING HEALTH INSURANCE COVERAGE**. If health insurance is available and the child is not enrolled, EPICS changes the “A” to “1” to generate form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*, in the nightly MEDSUM batch programs.

If the employer does not offer health insurance, the obligor is not eligible for health insurance, or withholding limits or accessibility prevent the enrollment of the child in a health insurance plan, EPICS updates the ENR STAT field on the MEDSUM2 screen. See **MEDSUM2 Screen** for valid entries for the ENR STAT field.

Note: When the HI POT field is not changed from “A” to “1” after two days, and there is no entry in the ENR STAT field, ICAR changes the HI POT field from “A” to “1” and generates the *National Medical Support Notice* and the *Employer Medical Support Information* form in the nightly MEDSUM batch programs.

ICAR displays a “1” in the HI POT field and a “2” in the FORM STAT field on the MEDSUM2 screen when it generates the *National Medical Support Notice* and the *Employer Medical Support Information* form in the nightly MEDSUM batch programs. ICAR displays a “1” in the PROC field and the current date in the DATE field on the MEDSUM3 screen.

ICAR also displays the date it generates the medical forms in the SENT DATE field on the MEDSUM2 screen. This date remains the same throughout the forms monitoring process. ICAR also issues a narrative (MED2) documenting the forms were sent and begins monitoring for the return of the forms to the Unit.

The following screen print highlights the HI POT, FORM STAT, and SENT DATE fields on the MEDSUM2 screen.

| | | | | | | | | | |
|--|--------------------------------------|-----|-----------------------------|----------|-------------|-------------|-------------------------------|------|---------|
| D479HM17 | IOWA COLLECTION AND REPORTING SYSTEM | | | | | | DATE: 02/10/04 | | |
| | MEDSUM 2 | | | | | | TIME: 10:17:55 | | |
| CASE NUMBER : | ONLINE? | | | | | | REPRINT? | | |
| COURT ORDER NUMBER | | | | | | | MORE? | | |
| | HI | HI | FOR | SENT | ENR | RCVD | PROVIDER | END | |
| | | | M | | | | | | |
| DEPENDENT NAME | POT | ORD | STAT | DATE | STAT | DATE | PA/PE/PR | DATE | |
| XXXXX XXXXXXXX | 1 | Y | 2 | 02/09/04 | | | | | |
| COMMENT: | | | | | | | | | |
| COMMENT: | | | | | | | | | |
| COMMENT: | | | | | | | | | |
| PF3=MODIFY | | | PF5=INQUIRY | | PF6=MEDICAL | | PF7/PF8=SCROLL MEDSUM SCREENS | | PF9=MED |
| PF10=ADDITIONAL COURT | | | PF11/PF12 SCROLL DEPENDENTS | | | PF13=MEDMTQ | | | SUM |
| ORDERS | | | | | | | | | |
| NEXT SCREEN: | | | | NOTES: | | | | | |
| PLEASE ENTER CASE NUMBER AND PRESS PF5 | | | | | | | | | |

Enrollment Issues

Many employers have annual open enrollment periods for employees' to enroll in a health insurance plan. OBRA 1993 requires employers to enroll the obligor and the child in a health insurance plan regardless of annual open enrollment periods. However, when the obligor must be employed for 90 days before becoming eligible for the health insurance plan, the child must wait the same length of time.

Federal law requires the plan administrator to enroll the child in the same health insurance plan as the obligor. When the obligor is already enrolled in a health insurance plan, enrollment of the child is immediate.

If the obligor is not enrolled, the plan administrator must enroll both the child and obligor, if the obligor's enrollment is necessary to enroll the child, in a health insurance plan. See **Selecting a Health Insurance Plan**.

Enforcement of Health Insurance for Caretaker and Foster Care Cases

When the child lives with a non-parental caretaker who is not responsible for the child's support, or the child is in foster care, gather information about both parents when enforcing health insurance. Consider the following circumstances when deciding how to proceed:

- ◆ One parent voluntarily enrolls the child in a health insurance plan. The other parent does not. Send the *National Medical Support Notice* for the parent who voluntarily enrolled the child in health insurance.
- ◆ One parent has health insurance available but does not enroll the child. The other parent does not have health insurance available. Send the *National Medical Support Notice* for the parent who has health insurance available.
- ◆ Neither parent has health insurance available. Send the *National Medical Support Notice* when health insurance becomes available to one of the parents.
- ◆ Both parents have health insurance available. Send the *National Medical Support Notice* for both of the established medical support obligations.

See X-C(3), ***FOSTER CARE PARENTAL LIABILITY***, for more information regarding the Department's authority to hold both parents liable for the costs in foster care cases. See 10-H, ***DETERMINING CHILD SUPPORT OBLIGATIONS***.

Selecting a Health Insurance Plan

Legal reference: 45 CFR 303.32(c)(8); Iowa Code section 252E.5(9)

The plan administrator must enroll the child, and if necessary, the obligor in a health insurance plan. The Unit must select a plan when more than one health insurance plan is available and the obligor is not enrolled in a plan.

We may find out about this when the plan administrator returns Part B of form 470/3818, *National Medical Support Notice*, and selects number 3, indicating there is more than one option available under the plan and the participant (obligor) is not enrolled.

The plan administrator provides a summary of the plan description for each plan or other documents that describe available coverage, including health insurance premium costs and whether the plan has a limited service area.

The following sections explain the process:

- ◆ When the obligor is enrolled
- ◆ When the obligor is not enrolled
- ◆ Consulting with the obligee

When the Obligor Is Enrolled

When ICAR generates form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*, to the employer, the employer forwards Part B to the plan administrator when health insurance is available.

The plan administrator returns Part B and checks number 2, part a, b, c, or d, which notifies EPICS that the obligor is or will be enrolled in a health insurance plan. If the obligor is or will be enrolled in a health insurance plan that offers dependent coverage, the plan administrator must enroll the child in the same plan.

When EPICS adds the plan information to ICAR, ICAR generates form 470-2705, *Notice of Health Insurance Information*, to notify the obligee of coverage under the plan. See **RECORDING HEALTH INSURANCE COVERAGE**.

When the Obligor Is Not Enrolled

When the obligor is not enrolled in a health insurance plan, and only one health insurance plan is available to the obligor, the plan administrator must enroll the child and obligor, if necessary, in that plan.

If more than one health insurance plan is available, the plan administrator checks number 3, indicating multiple options for health insurance plans, and returns Part B of form 470/3818, *National Medical Support Notice*. The plan administrator may provide a summary of the plan description for each plan, or EPICS may call the plan administrator and ask the following questions:

- ◆ Which health insurance plans are accessible to the child?
- ◆ Which of the accessible plans provide basic coverage?
- ◆ What is the health insurance premium for the health insurance plans?

When multiple health insurance plans exist and only one plan is accessible to the child, the plan administrator enrolls the child in the accessible health insurance plan. The plan administrator may also enroll the obligor, if it is necessary to enroll the child, in that plan.

ICAR generates form, 470-2705, *Notice of Health Insurance Information*, to notify the obligee about the health insurance coverage. See **RECORDING HEALTH INSURANCE COVERAGE**.

When more than one accessible health insurance plan offers basic coverage, the plan administrator enrolls the child in the plan with the lowest premium cost for the obligor. If multiple plans provide dependent coverage, yet no plan is accessible to the child, EPICS terminates the *National Medical Support Notice* by sending form 470-3933, *Termination of the National Medical Support Notice*, to the employer.

The plan administrator may contact EPICS when:

- ◆ All the plans are accessible and the obligor's share of the premium is the same, but none of the plans offer basic coverage; or
- ◆ All plans are accessible, offer basic coverage, and the obligor's share of the premium is the same.

Consulting With the Obligee

EPICS contacts the obligee when multiple health insurance plans exist, the obligor is not enrolled, and all of the following conditions exist:

- ◆ More than one plan is accessible to the child,
- ◆ More than one plan provides basic coverage, **and**
- ◆ The obligor's share of the health insurance premiums is the same.

EPICS provides the obligee with information about each available plan that meets the above criteria, such as the premium costs, deductibles, copayments, and types of coverage available through the plan.

Allow the obligee ten days to respond.

- ◆ If the obligee responds, EPICS contacts the plan administrator to enroll the child in the plan chosen by the obligee.
- ◆ If the obligee does not respond, EPICS contacts the plan administrator to enroll the child in the company's default plan, if any exists. If no default plan exists, the plan administrator must enroll the child in the plan with the lowest cost for deductibles and copayments.

After EPICS receives the health insurance policy information, add the policy to ICAR. ICAR generates form 470-2705, *Notice of Health Insurance Information*, to tell the obligee about the health insurance coverage. See **RECORDING HEALTH INSURANCE COVERAGE**.

Monitoring for Return of Health Insurance Information

ICAR monitors for the return of health insurance information by checking the data you enter on the MEDICAL screen and its subscreens and updates the RCVD DATE field on the MEDSUM2 screen. ICAR updates the RCVD DATE field when EPICS:

- ◆ Enters a "Y" in the INS SEL field on the INSURANCE DEPENDENT LIST and adds a medical record. ICAR displays an "E" in the ENR STAT field on the MEDSUM2 screen when you add a health insurance policy to the MEDICAL screen. **You cannot enter an "E."**
- ◆ Enters an "N," "P," "I," "X," "W," or "A" for each child in the ENR STAT field on the MEDSUM2 screen, as follows:
 - N EPICS enters "N" when the employer returns Part A of the *National Medical Support Notice* and indicates that the employer does not offer health insurance. ICAR issues a narrative (MED103) documenting the employer's response.
 - P EPICS enters "P" when the enrollment status is **pending** a decision by the plan administrator. After generating the initial medical forms, ICAR issues a narrative (MED110 or MED114) and calendar flag (MED32 or MED38) 60 days later if EPICS does not receive information from the employer or plan administrator.

- I EPICS enters “I” when the child is **ineligible** for health insurance coverage. When EPICS enters an “I” in the ENR STAT field, ICAR requires entry of a “5” or “0” (zero) in the FORM STAT field to indicate whether the child’s ineligibility is temporary or permanent. ICAR generates a narrative to document whether ineligibility is temporary (MED 10) or permanent (MED 5).
- X EPICS enters “X” when ICAR identifies a HI POT of “A” and EPICS contacts the employer and finds that the employer does not offer health insurance or the employee is no longer employed. ICAR generates a narrative (MED116) documenting the employer’s response.
- W EPICS enters “W” when the plan administrator is unable to enroll the child due to **withholding limits** outlined in the CCPA. The CCPA limit in Iowa is 50%. ICAR generates a narrative (MED117) documenting the employer’s response.
- A EPICS enters “A” when the health insurance plans offered by the employer are **not accessible** to the child. ICAR generates a narrative (MED118) documenting the employer’s response. See **Accessibility of a Health Insurance Plan**.

Note: For the employer ICAR is currently processing for health insurance, ICAR updates the END field on the MEDSUM3 screen based on the entry in the ENR STAT field on the MEDSUM2 screen. When there is more than one child on the MEDSUM2 screen and each child has a different entry in the ENR STAT field (or the FORM STAT field for entries of “0” or “5”), ICAR uses an internal table to determine which entry to display in the END field.

ICAR does not continue to process the case for medical support until the obligor is eligible for health insurance, coverage changes or ends, or the obligation ends.

The MEDSUM batch programs monitor the case for health insurance, continue to attempt to gather health insurance information, and search for new employment. See the following sections for more information about the monitoring program:

- ◆ 30-day follow-up
- ◆ 60-day follow-up
- ◆ 75-day follow-up
- ◆ 95-day follow-up

30-Day Follow-Up

ICAR uses the MEDSUM batch programs to monitor for the return of health insurance information from the employer or plan administrator.

When the employer does not provide information about the health insurance plan 30 days after ICAR generates form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*, ICAR issues a calendar flag (MED31). The calendar flag states that medical enforcement began 30 days ago and tells EPICS to verify health insurance enrollment with the employer.

ICAR issues a narrative (MED109) to document the generation of the calendar flag. ICAR issues this calendar flag when:

- ◆ No medical record (i.e., no MEDICAL screen) is connected to a verified employer;
- ◆ The case still meets the medical enforcement selection criteria; and
- ◆ The ENR STAT field on the MEDSUM2 screen is blank.

Note: ICAR generates a different calendar flag (MED37) for employers who receive forms electronically through the EPICS web site. The calendar flag states that medical support enforcement began 30 days ago and tells EPICS to contact the employer to verify health insurance enrollment. ICAR issues a narrative (MED113) to document contact is being made.

When ICAR issues the narrative and calendar flag, whether the forms are sent by mail or electronically, ICAR:

- ◆ Changes the entry of “2” in the FORM STAT field on the MEDSUM2 screen to “4;”
- ◆ Continues to display the original date the medical forms generated in the SENT DATE field on the MEDSUM2 screen; and
- ◆ Monitors for the return of information from the employer if health insurance enrollment is pending a determination from the plan administrator.

60-Day Follow-Up

ICAR continues to monitor for the return of health insurance information when health insurance is pending a determination from the plan administrator.

If the plan administrator does not provide information about the health insurance plan in response to your contact at 30 days, ICAR continues to recognize the high potential of “1” at 60 days and generates a narrative and calendar flag when a “P” displays in the ENR STAT field on the MEDSUM2 screen.

ICAR issues a narrative (MED110) and calendar flag (MED32) stating that medical enforcement began 60 days ago and tells EPICS to contact the employer to verify the child’s enrollment. ICAR issues the narrative and calendar flag when:

- ◆ No medical record (i.e., no MEDICAL screen) is connected to a verified employer;
- ◆ The case still meets the medical enforcement selection criteria; and
- ◆ A “P” displays in the ENR STAT field on the MEDSUM2 screen.

Note: ICAR generates a different calendar flag (MED38) for employers who receive forms electronically through the EPICS web site. The calendar flag states that medical enforcement began 60 days ago and tells EPICS to contact the web site employer to verify health insurance enrollment. ICAR generates a narrative (MED114) to document contact is being made.

75-Day Follow-Up

If you do not receive a response from the employer or plan administrator 60 days after sending form 470/3818, *National Medical Support Notice*, ICAR searches for a second verified employer. If a second verified employer exists, ICAR displays a “T” in the END field and the current date in the DATE field on the MEDSUM3 screen and begins processing for the second employer on the 75th day.

After the 75th day, the nightly MEDSUM batch programs process the case for a high potential for the second employer. Providing the case meets all other criteria, ICAR displays a high potential of “A” in the HI POT field on the MEDSUM2 screen and generates a calendar flag (MED40).

95-Day Follow-Up

If ICAR does not find a new employer at 75 days and you do not update the ENR STAT field on the MEDSUM2 screen, medical support enforcement ends on the 95th day. ICAR issues a narrative (MED26) indicating that ICAR ended processing for medical enforcement for this employer.

Once processing ends, ICAR updates these fields as follows:

- ◆ Changes the FORM STAT field to “0” and the ENR STAT field to “T” on the MEDSUM2 screen.
- ◆ Leaves the RCVD DATE field on the MEDSUM2 screen blank.
- ◆ Enters a “T” in the END field and the current date in the DATE field on the MEDSUM3 screen.

When the Monitoring Program Stops

Changes in case circumstances may cause the monitoring for health insurance to end after EPICS sends form 470/3818, *National Medical Support Notice*, to the employer. When ICAR stops monitoring the case for medical support, ICAR displays an “S” in the ENR stat field on the MEDSUM2 screen and an “S” in the END field and the current date in the DATE field on the MEDSUM3 screen.

The following situations cause the monitoring program to stop immediately:

- ◆ When an obligation is suspended on the Periods of Suspension (SUSPENSE) screen for all children on the case;
- ◆ When the parties reconcile (a “Y” displays in the PAYOR RESIDES WITH PAYEE field on the PAYOR screen); or
- ◆ When a change in legal custody occurs (an “N” displays in the CHILD RESIDES WITH PAYEE field and a “Y” displays in the CT? field on the CHILD screen).

Entries in the following fields stop the monitoring program from continuing to process the case for health insurance:

- ◆ An “N” in the CHILD RESIDES WITH PAYEE field and an “N” in the CT? field on the CHILD screen; or
- ◆ A “Y” in the PAYOR RESIDES WITH PAYEE field on the PAYOR screen.

When you make these entries, the enforcement of health insurance stops on the next monitoring date. For example, if forms generate on the first of the month, the next monitoring date occurs 30 days after the first. If you update the fields listed above between those dates, the MEDSUM batch programs process the case at 30 days and medical enforcement stops.

ICAR resumes processing for health insurance when you either:

- ◆ Change the CHILD RESIDES WITH PAYEE field or the CT? field from “N” to “Y;” or
- ◆ Change the PAYOR RESIDES WITH PAYEE field from “Y” to “N.”

Reprinting Medical Forms

If an employer returns form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*, with incomplete information or the form is lost, EPICS may manually regenerate the form when there is a “2,” “4,” or “5” in the FORM STAT field.

To regenerate the forms, enter a “Y” in either the REPRINT or ONLINE FORM field on the MEDSUM2 screen. ICAR continues to display the date the forms originally generated in the SENT DATE field on the MEDSUM2 screen. The date in the SENT DATE field assists in tracking when the medical enforcement process began.

- ◆ REPRINT field: If you or EPICS enter the “Y” in the REPRINT field, ICAR generates the forms in batch overnight to the printer at EPICS and issues a narrative (MED27) to document the regeneration of the forms.

Use this option when an obligor’s waiting period passes and the employer or plan administrator asks for another copy of form 470/3818, *National Medical Support Notice*, to begin the enrollment process.

- ◆ ONLINE FORM field: If you enter the “Y” in the ONLINE field, ICAR generates the forms online to your local printer. ICAR issues a narrative (MED27) to document the regeneration of the forms.

Use the on-line version of the forms when an employer or plan administrator asks for another copy of form 470/3818, *National Medical Support Notice*, to immediately enroll the child in a health insurance plan.

Cases With Medical Support Only

Medicaid recipients must cooperate with the Unit in the establishment and enforcement of medical support and the establishment of paternity, if applicable, unless the income maintenance worker approves good cause for noncooperation. Provide all services, including the establishment and enforcement of both child support and medical support, unless a Medicaid-only recipient asks for *only* the establishment and enforcement of medical support.

When the obligee requests only medical support services, enter a “Y” in the MEDICAID MS ENF ONLY field on the PAYEE screen. When the case meets criteria, ICAR generates form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*, through the MEDSUM2 screen as described in the preceding sections.

The following policies apply to enforcing a medical support obligation when an obligee who receives *only* Medicaid asks for *only* medical support services:

- ◆ When there is an existing child support obligation, keep any existing IWO for current support or delinquent support in place, even when no assignment of child support exists. State statute permits termination of income withholding only when the current obligation ends and the obligor completely pays the delinquent obligation.
- ◆ When no assignment of child support exists and an IWO is not in place, do not initiate enforcement of a current child support obligation or any existing delinquency that is due to the obligee.
- ◆ When the existing order does not contain health insurance provisions and the case is selected through the review and adjustment process, add medical support provisions to the order and enforce the medical support provisions.

- ◆ When an assignment of child support exists and a delinquency is due the state of Iowa, continue enforcement even though the obligee requests only medical support services.

The Unit continues efforts that result in reimbursement of public assistance expended. This is true even if the most immediate delinquency is due the obligee and the enforcement efforts result in collection of current support only.

Accessibility of a Health Insurance Plan

Legal reference: Iowa Code section 252E.5.2; 441 IAC 98.4(252E)

When the Unit enters a new order for support, the order requires the obligor to enroll the child in whatever health insurance plan is available, even if the child has limited access to the coverage. As defined in Iowa Code section 252E.1, a health plan is “accessible” when:

- ◆ The plan does not have service area limitations; or
- ◆ The plan has an option not subject to service area limitations; or
- ◆ The child lives within 30 miles or 30 minutes of a network primary care provider.

If the obligor’s employer offers only one health insurance plan, enroll the child in this plan even if the obligor is not currently enrolled in the plan and services do not meet the definition of accessible. This meets the obligor’s court-ordered requirement to provide health insurance.

The obligor is employed in and lives in Omaha, Nebraska. The obligor is enrolled in the health insurance plan available through the employer. The obligor’s child is eligible for enrollment in the health insurance plan. This is the only health insurance plan available to the obligor.

The physicians who are health care providers under the obligor’s insurance plan are located in Omaha. The child lives in Decorah, Iowa, and therefore, cannot easily use the services available through the health insurance plan.

Though this health insurance plan is not accessible, it does meet the obligor’s court-ordered requirement to provide health insurance.

When **enforcing** enrollment in a health insurance plan available through the obligor's employer, the issue of whether a plan is accessible may arise when the plan administrator contacts EPICS or the obligor contests the enforcement. See **Selecting a Health Insurance Plan** and **Contacting the Employer When Accessibility Is an Issue**.

When an employer offers more than one health insurance plan, and the obligor is not enrolled in a health insurance plan or is not enrolled in a health insurance plan that offers dependent coverage, all of the following must apply:

- ◆ If only one plan is accessible to the child, select that plan.
- ◆ If more than one plan is accessible to the child, select the plan that provides basic coverage for which the obligor's share of the premium costs is the lowest.
- ◆ If more than one plan is accessible to the child, but none of the accessible plans provides basic coverage, select the plan that is accessible and for which the obligor's share of the premium costs is the lowest.
- ◆ If the obligor's share of the premium is the same under the two previous scenarios described above, consult with the obligee to select a plan. For more information, see **Selecting a Health Insurance Plan**.

If the obligor is not enrolled in a health insurance plan, the employer offers more than one plan, and none of the plans are accessible to the child, terminate the enforcement of medical support for this employer. Generate form 470-3933, *Termination of the National Medical Support Notice*, through the FORMVIEW screen.

If the obligor requests an informal conference based on the accessibility of the health insurance plan, see **Contacting the Employer When Accessibility Is an Issue**. If the obligor files a motion to quash based on the accessibility of the health insurance plan, see **Contacting the Employer When Accessibility Is an Issue (MTQ)**.

Comparable Coverage Provided by the Obligor

Legal reference: Iowa Code section 252E.5

The employer must enroll the child and the obligor, if necessary, in a health insurance plan available to the obligor. The obligor may consider providing health insurance through a private plan that provides comparable coverage.

If the child is enrolled in the health plan offered by the employer, the employer shall not revoke enrollment or eliminate coverage for a child in the plan, unless the employer receives:

- ◆ Satisfactory written evidence that the coverage under the plan being considered by the obligor is comparable to the coverage provided by the employer's health insurance plan.
- ◆ Written evidence that the child will be enrolled in a comparable plan.
- ◆ Written evidence of the effective date of the comparable plan. The effective date of the plan cannot be later than the revocation date of the employment-related health insurance plan.

The employer must provide the Unit with the following information about the comparable plan:

- ◆ The name of the insurer.
- ◆ The coverage available under the comparable plan.
- ◆ The effective date of the coverage.
- ◆ The enrollment status of the child.

Mr. C, the obligor, and Child C are eligible for enrollment in Mr. C's employer's health insurance plan, which is available through the ABC Insurance Company. Mr. C finds a health insurance plan available through the Hart Insurance Company that provides coverage (e.g., hospital services, physician's services, prescription drugs, etc.) comparable to the plan provided by the employer.

The coverage available through the Hart Insurance Company is less expensive than the coverage provided by Mr. C's employer. Therefore, Mr. C wants to provide coverage for Child C through the Hart Insurance Company plan.

Mr. C. provides written evidence (e.g., policy pamphlets describing the coverage available, enrollment dates, etc.) to the employer to prove that the coverage through Hart Insurance Company is comparable to the coverage through ABC Insurance Company. The employer sends the required information to the Unit and allows Mr. C to enroll in the Hart Insurance Company plan.

Duration of Coverage

Legal reference: Continuing Omnibus Budget Reconciliation Act (COBRA) (P.L. 99-272); Iowa Code sections 252E.6 and 509B; 191 IAC 29(509B)

A **child** is eligible for medical support for the duration of the obligor's child support obligation. However, the plan's provisions govern the child's eligibility for coverage under the plan. These provisions may include, but are not limited to, the eligibility and insurability standards of the plan.

The plan's provisions govern health insurance coverage for the **obligee**. Coverage for the obligee is often available in situations where the couple is separated and not yet divorced. Health insurance plans usually do not cover divorced spouses.

Note: Continued coverage for the child may be available for a limited time under the provisions of COBRA, but the obligor usually has to pay for this coverage. The employer is not required to maintain coverage if the obligor does not elect to continue it.

Reduction of Medical Support to a Dollar Amount

Legal reference: Iowa Code section 252E.12; 441 IAC 98.7(252E)

A court must order the obligor to provide a dollar amount of medical support. To establish such an obligation, your local office attorney may ask the court to issue an order that includes a medical support obligation for a dollar amount.

Begin the enforcement of a cash medical support obligation once you receive the file-stamped copy of the court order. Pursue collection through any means available, which include, but are not limited to, income withholding, federal and state tax offsets, and administrative levy.

Reimbursement of Uncovered Medical Expenses

Court orders often require the obligor to pay a portion of the medical expenses not covered by health insurance. An obligee may ask the Unit to collect these medical expenses, regardless of whether a judgment is obtained through a private action or the Unit.

When an obligee asks that the medical support obligation be reduced to a dollar amount, the obligee is responsible for providing an itemized list of medical expenditures with receipts or other written proof of the expenses claimed.

As time permits, the Unit may reduce these types of unreimbursed medical expenses to a specific dollar judgment. The obligee may also contact a private attorney to obtain a judgment. In order for the Unit to proceed with a medical judgment, the obligee must provide the Unit with:

- ◆ Proof of the total amount due on each of the medical bills.
- ◆ Proof that the obligee personally paid the entire medical bill, including the portion the other parent was to pay.
- ◆ Documentation of the obligee's demand for payment from the other parent.

When the court enters a judgment for the amount of these medical expenses, the Unit collects the judgment through any enforcement process.

National Medical Support Notice Deemed a QMCSO

Legal reference: ERISA 1974; OBRA 1993; 45 CFR 303.32 and 29 CFR 2590.609(2);
Iowa Code sections 252E.2, 252E.5, 252E.8 and 252E.13

A qualified medical child support order (QMCSO) is a child support order that creates or recognizes the existence of a child's right to, or assigns to a child the right to, receive benefits under a group plan or a notice of such order issued by the Unit. A QMCSO must include specific information regarding the participant (obligor), the child, and the health insurance plan.

The *National Medical Support Notice* is deemed a QMCSO. From its implementation July 1, 2002, forward, the Unit is not required to use a separate judicial or administrative order because the *National Medical Support Notice* is a federally mandated form to enforce health insurance. The *National Medical Support Notice* must specify the following information to be deemed a QMCSO:

- ◆ The name and last known mailing address of the participant (obligor).
- ◆ The name and mailing address of each alternate recipient (child) covered by the order. Exceptions: The name and mailing address of the obligee may be used if it is the same address as the child, or the Unit address may be substituted for the mailing address of the child.

If one of the following parties submits a claim, the plan pays for covered benefits or reimbursement directly to the party submitting the claim:

- ◆ A child covered by a QMCSO, or
- ◆ A child's custodial parent, or
- ◆ A legal guardian of the child, or
- ◆ A provider of services to the child, or
- ◆ A state agency to which the child's rights to Medicaid benefits are assigned.

Subject to the Employee Retirement Income Security Act (ERISA), a plan administrator may contact you when the mailing address of the obligor is missing, and refuse to accept the *National Medical Support Notice* as a QMCSO.

Federal regulations state that the *National Medical Support Notice* is a QMCSO even if the mailing address is missing, and the address is reasonably accessible. The plan administrator must accept the *National Medical Support Notice* as a QMCSO, since the address is available through the obligor's employer.

The obligor's employer or insurer is free from any civil or criminal liability that might otherwise be incurred or imposed for releasing information in order to implement the requirements in Iowa Code Chapter 252E.

See **ENFORCING MEDICAL SUPPORT OBLIGATIONS** for instructions on generating form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*.

Health Insurance for Military Dependents (TRICARE and DEERS)

When there is an order for an obligor who is an active or retired member of the military to provide health insurance for the child, assist the obligee in enrolling the child in the military's health insurance coverage.

TRICARE is the Department of Defense's worldwide health care program for active duty and retired uniformed service members and their families. TRICARE provides health insurance coverage for the children of active duty, retired, or deceased members of the military, including unmarried children under 21 and stepchildren who are adopted. In certain circumstances, former military spouses are also eligible for this health insurance.

The Defense Enrollment Eligibility Reporting System (DEERS) is a computerized database of military personnel who are entitled, under the law, to TRICARE benefits. DEERS registration is required for TRICARE eligibility.

Because of the process to enroll a child in TRICARE, ICAR does not generate form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*, for cases when you verify military employment. Instead, ICAR issues a calendar flag (MED27) to tell you to contact the obligee to begin enrollment in TRICARE.

The obligee initiates enrollment of the child with TRICARE and provides the necessary documents to enroll the child. These documents include, but are not limited to, a paternity determination, a birth certificate, and a court order for support.

The obligee must go to a Realtime Automated Personnel Identification System (RAPIDS) enrollment site to register on DEERS. RAPIDS sites are located throughout the country. The obligee can locate the nearest site by contacting the nearest military base, recruiting station, or other military facility; going to the RAPIDS Site Locator on the internet (<http://www.dmdc.osd.mil/rsl/>); or calling the DEERS telephone center (800-583-9552).

The obligee may contact staff at the DEERS site and find out which documents to bring and how to proceed with enrollment. The obligee may begin the enrollment process by mail (e.g., sending copies of documents, completing and returning forms, etc.), but the obligee must sign the final enrollment forms.

Since the military takes the official ID photo, the obligee and the child must go to the RAPIDS enrollment site in person to complete the enrollment. The military issues a military dependent's photo identification card to a child over ten years old.

It may be necessary for you to assist families with TRICARE enrollment. For example, you may contact the RAPIDS enrollment site by telephone to determine what paperwork is necessary for enrollment and provide copies of documents such as court orders.

Send form 470-3755, *Health Care Benefits from the Military*, to the obligee to provide information about how to get health insurance coverage for the children through the military. When the child is covered by TRICARE, record the coverage on the MEDICAL screen and subscreens as you do with other health insurance coverage.

Interstate Cases

On the MEDSUM screen, ICAR displays medical data in the INTERSTATE field when the case is a 14, 15, or 19 case account type, or a 17 case account type with a 16 child account type and there is an active INTERSTA screen.

When setting up an interstate case where Iowa is the responding state (IA = RSPN STATE), check the referral to see if the other state requested the establishment or enforcement of health insurance in the order. If so, enter "Y" in the ENF MED field on the MEDSUM screen and press the F3 key. When a "Y" displays in this field, the MEDSUM batch programs generate medical forms when all criteria are met for a HI POT of "A." See **Establishing a HI POT of "A."**

Note: When you have an out-of-state order with an HO obligation, file a certified copy of the original order and all subsequent modifications with the clerk of court. When you file orders from other states for income withholding enforcement, the orders are also considered filed for medical enforcement when medical language is in the order.

When the other state does not ask Iowa to establish or enforce medical support, enter "N" in the ENF MED field. ICAR displays a narrative (MED96) indicating that the other state does not want medical support establishment or enforcement. When you enter a "Y" in the ENF MED field on the MEDSUM screen, ICAR triggers the case for MEDSUM batch processing for medical support enforcement.

ICAR clears out the ENF MED field when you enter a date in the ACTION DISMISSED/PROCESS ENDED field on the INTERSTA screen and no other active interstate processes exist.

If there is no entry in the ENF MED field when the MEDSUM batch programs run and Iowa is the RSPN STATE, ICAR issues a calendar flag (MED19) to tell you to review the referral from the other state and update the ENF MED field.

If Iowa is the initiating state and there is an active INTERSTA screen, ICAR no longer generates form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*. The state of Iowa sent the responding state an interstate referral to establish and enforce medical support for Iowa as requested. ICAR issues a narrative (MED95) to document that medical enforcement forms did not generate.

HEALTH INSURANCE COVERAGE ENDS OR CHANGES

Legal reference: Iowa Code section 252E.5

Health insurance coverage for the child may end or change for a variety of circumstances. Circumstances which affect the health insurance coverage may include, but are not limited to, the following:

- ◆ The obligor is no longer required to provide health insurance because the child emancipates.
- ◆ The obligor's employment ends and health insurance coverage for the child ends.
- ◆ The obligor's employment ends and the obligor continues to provide health insurance coverage through COBRA or some other arrangement.
- ◆ The child is covered by a policy carried by the obligee or third party, such as a grandparent, and that policy ends.

When you learn that health insurance coverage for the child ends or continues under COBRA or another arrangement, make the appropriate entries on ICAR to end or modify the medical record.

When there is a date in the END DATE field on the MEDICAL screen, ICAR deletes the medical record from the case when that date arrives and updates the MEDSUM and MEDSUM2 screens.

When the Unit's responsibility for enforcing health insurance coverage for the child ends (e.g., due to emancipation of the youngest child), ICAR generates form 470/3917, *Change in Medical Support Enforcement*, to the employer/benefits plan administrator currently providing health insurance coverage for the child. This form:

- ◆ Notifies the employer that the Unit's records show the court order requiring the obligor to provide health insurance is no longer in effect;
- ◆ Tells the employer that the notice does not require the employer to disenroll the child;
- ◆ Suggests that the employer talk to the obligor about whether the obligor wants to continue health insurance coverage for the child; and
- ◆ Suggests that the employer check the plan's provisions to determine if health insurance coverage for the child must continue.

The following sections explain the procedures for recording termination and changes in health insurance coverage (whether provided by the obligor, obligee, or a third party):

- ◆ Employment-related health coverage ends
- ◆ Maintaining the medical record when the employer is unlinked
- ◆ Obligor provides health insurance through COBRA
- ◆ Health insurance coverage provided by a private party ends
- ◆ Medical support obligation for a dollar amount ends

Employment-Related Health Coverage Ends

Legal reference: Iowa Code section 252E.5(7); 441 IAC 98.7(3)

Health insurance coverage for the child may end when the obligor's employment ends. If the health insurance coverage ends, end the medical record.

The obligor may continue to provide dependent health insurance coverage through COBRA or another arrangement. In these cases, change the medical record to show that the obligor provides private insurance. See **Obligor Provides Health Insurance Through COBRA**.

The employer must inform the obligee or legal custodian of the child and the Unit ten days before a change or termination in the health insurance coverage. The obligee or the obligor may also tell you that coverage terminated or changed.

When the obligor's employment ends and you do not receive the date the health insurance policy ends, ICAR generates form 470-3218, *Employer Insurance Notification*, to request information on the status of health insurance coverage. Send this form to the employer to request the following information:

- ◆ The date health insurance terminates.
- ◆ The name of the contact person and insurance carrier if health insurance coverage is continuing through COBRA or some other arrangement.

When the employer does not respond to the *Employer Insurance Notification* form, ICAR generates form 470/3219, *Employer Insurance Second Notification*, 30 days later and asks the employer for information on the status of the health insurance coverage.

When the employer provides information on the post-employment status of the health insurance coverage, enter the data on ICAR. ICAR monitors for the entry of this data.

When you do not enter the date health insurance ends, ICAR deletes the medical record 90 days after it generates the *Employer Insurance Notification* form. When you enter the date health insurance coverage ends before 90 days have passed since the *Employer Insurance Notification* form generated, ICAR deletes the medical record immediately.

Note: If there is more than one health insurance provider on a case, coverage may end for one provider but continue for another. For example, if the obligor and a third party both provide health coverage, the third party may drop the coverage while the obligor maintains it. When you end the policy for one provider, ICAR deletes the record for that policy and maintains the records on any other policies for the case.

Non-IWO Cases

When the obligor provides employment-related health insurance coverage for the child and no IWO exists for the employer, enter a "Y" in the EMP TERMINATED field on the MEDICAL screen and press the F3 key twice. ICAR:

- ◆ Generates form 470-3218, *Employer Insurance Notification*, for the medical record connected to this employer.
- ◆ Monitors the case and generates form 470/3219, *Employer Insurance Second Notification*, 30 days later, if necessary.

- ◆ Monitors the case and deletes the medical record 90 days after you entered the “Y” in the EMP TERMINATED field, if the employer does not provide information about the status of health insurance coverage. If you learn that coverage has ended, enter the date health insurance ends to delete the medical record before 90 days pass.
- ◆ Issues a narrative (MED112) to document the deletion of the medical record and the date health insurance coverage ended. The narrative identifies the employer, policy number, and insurance company previously displayed on the record.
- ◆ Generates form 470-2705, *Notice of Health Insurance Information*, to the Department’s mailing service. The Department’s mailing service sends the form to the obligee to tell the obligee the date health insurance coverage ended.

If you learn that the obligor will continue to provide health insurance coverage under COBRA or another arrangement, you may change the medical record as necessary. See **Obligor Provides Health Insurance Through COBRA** to learn how to change the medical record.

Note: If you enter a “Y” in the EMP TERMINATED field in error, ICAR cannot stop its 90-day processing for deleting the medical record. If you attempt to remove the “Y” in the EMP TERMINATED field, ICAR displays this on-line message: “MEDICAL RECORD TRIGGERED FOR DELETION. IF IN ERROR, ADD POLICY BACK ON ICAR.”

To restore the medical record, you must add all of the policy information on ICAR as follows:

- ◆ Make screen prints of the medical policy information.
- ◆ Enter the current date in the END DATE field on the MEDICAL screen that displays “Y” in the EMP TERMINATED field.
- ◆ Press the PAUSE/BREAK key to clear out of the MEDICAL screen.
- ◆ Enter “MEDICAL” in the NEXT SCREEN field and re-enter the policy information on ICAR.

Income Withholding Order Cases

If the obligor’s employment ends, unlink the employer from the income withholding order (IWO) on the case. When you unlink an employer from an IWO, you are stopping the income withholding process for that employer. See the income withholding process for more information on the IWO process.

To unlink an IWO from an employer providing health insurance, proceed as follows:

- ◆ Access the IWO screen by typing “IWO” in the NEXT SCREEN field of any ICAR screen.
- ◆ Enter a “Y” in the REMOVE WITHHOLDING field on the IWO screen and press the F3 key twice.

Refer to the following highlighted fields on the IWO screen.

| | | |
|--|---|---------------------------------|
| D479HI61 | IOWA COLLECTION AND REPORTING SYSTEM INCOME WITHHOLDING ORDERS | DATE: 02/10/04 TIME: 09:54:5 |
| CASE.....: XXXXXX | SIGNATURE ID: | CSRU ATTY ID: |
| PAYOR.....: XXXXX XXXXXXXX | | CC RP ATTY (Y/N): N |
| PAYEE.....: XXXX XXXXXXXX | | CC CP ATTY (Y/N): N |
| INTERSTATE(Y/N): N | INIT STATE: | RSPN STATE: |
| IIW REQUESTED (AP/CP) | & DATE: | 20 PCT: |
| APPROVED (Y/N): | & DATE: | IMETHOD: C 09 25 1996 |
| NOTICE (I/M/B/W): I M | & DATE: 09 25 1996 | MMETHOD: C 09 25 1996 |
| GENERATE (I/M/L/A): I | COURT ORD: | JO: ON LINE FORM: N |
| 500.00 PER M CURRENT | 50.00 PER M | ARREARS LUMP SUM: |
| FILE DATE: 12 30 1996 | GEN NOTICE (Y/N/R/S): Y | 01 22 1997 |
| IF NO NOTICE, DATE SENT: | | |
| MONITOR FOR: 550.00 | PER: M | |
| EMPLOYER CONTACT: Y | REMOVE WITHHOLDING: | 252D.19A: |
| TERMINATION (Y/C) | FILED DATE: | DATE SENT: |
| BALANCE DUE: 2000.00 | LAST PD: 12 01 1996 | |
| PROCESS ENDED | SUPPRESS IWO: | (I/R/U): |
| NARRATIVE: CALENDAR FLAG | | |
| PF1=HELP PF2=ADD, PF3=UPDT, PF4=DELT, PF5=INQ, PF6=INTERSTA PF7=PG BACK, | | |
| PF8=PG FORWARD, PF9=REFRESH, PF10=EMP LIST, PF11=IWO2 | | |
| NEXT SCREEN: | NOTES: | |
| MORE IWO RECORDS TO VIEW | | |

ICAR displays the EMPLOYER NAME ADDRESS SEARCH screen, which lists the employers attached to the IWO. In some cases, there is a single employer attached to the IWO; in other cases, there are multiple employers attached to the IWO. The following screen print shows multiple employers attached to the IWO.

| | | |
|--|--|--|
| D479HI61 | IOWA COLLECTION AND REPORTING SYSTEM EMPLOYER NAME ADDRESS SEARCH | DATE: 02/10/04 TIME: 09:57:41 |
| SEL | EMPLOYER NAME / FIN ID | ADDRESS / CITY AND STATE |
| — | UNDERWATER EXPLORATIONS FIN: 098765412 - L/U: 12/13/96 | 9654132 CALLE RITA MORENO CAROLINA PR |
| D | RESTAURANTS UNLIMITED * HC40 FIN: - L/U: 07/18/95 | 1818 N NORTHLAKE WAY SEATTLE WA |
| — | B J INDUSTRIAL LIFT TRUCKS INC FIN: 421021935 - L/U: 12/17/96 | P.O. BOX 04210 CEDAR RAPIDS IA |
| | FIN: - L/U: 00/00/00 | |
| | FIN: - L/U: 00/00/00 | |
| | FIN: - L/U: 00/00/00 | |
| PF7-BACK, PF8-FORWARD, PF9-REFRESH | | |
| NEXT SCREEN: NOTES: | | |
| EMPLOYERS FOR CURRENT PAYOR DISPLAYED. | | |

Enter a “D” in the SEL field on the EMPLOYER NAME ADDRESS SEARCH screen for the employers you want to delete from the IWO because the obligor is no longer employed by those employers and press the ENTER key. If the list includes multiple employers, **space** over the SEL field for the employers the obligor is employed by so they remain linked to the IWO. ICAR:

- ◆ Unlinks the employer from the IWO and deletes the employer data from the PAYEMP screen.
- ◆ Displays a “Y” in the EMP TERMINATED field on the MEDICAL screen for the employer unlinked from the IWO.
- ◆ Displays form 470-3218, *Employer Insurance Notification*. Update the form variables, if necessary, and generate the form. Send the form to the employer to determine the post-employment status of the child’s health insurance coverage.
- ◆ Monitors for a response to the *Employer Insurance Notification*.

- ◆ If necessary, generates form 470/3219, *Employer Insurance Second Notification*, to the Department's mailing service 30 days after generating the *Employer Insurance Notification* and issues a narrative (CASE185) to document the generation of the *Employer Insurance Second Notification* form.
- ◆ Monitors the case and deletes the medical record 90 days after you entered the "Y" in the EMP TERMINATED field, if the employer does not provide information about the status of health insurance coverage. If you learn that coverage has ended, enter the date health insurance ends to delete the medical record before 90 days pass.
- ◆ Issues a narrative (MED112) to document the deletion of the medical record and the date health insurance coverage ended. The narrative identifies the employer, policy number, and insurance company previously displayed on the record.
- ◆ Generates form 470-2705, *Notice of Health Insurance Information*, to the Department's mailing service. The Department's mailing service sends the form to the obligee to tell the obligee the date health insurance coverage ended.

If the employer responds to the *Employer Insurance Notification* and provides the name and address of a contact person for health insurance coverage through COBRA or some other arrangement, update the medical record to reflect the change. See **Obligor Provides Health Insurance Through COBRA**.

IWO Cross-Referenced Cases

When you learn that the obligor's employment has ended and the obligor has multiple cases that are cross-referenced, proceed as follows:

- ◆ Access the IWO screen by typing "IWO" in the NEXT SCREEN field of any ICAR screen.
- ◆ Enter a "Y" in the REMOVE WITHHOLDING field on the IWO screen and press the F3 key twice.
- ◆ ICAR displays the EMPLOYER NAME ADDRESS SEARCH screen.
- ◆ Enter a "D" in the SEL field to unlink the employer and press the ENTER key.

ICAR:

- ◆ Unlinks the employers you selected from the IWO on all of the obligor's cross-referenced cases and deletes the employer data from the PAYEMP screen.
- ◆ Displays form 470-3218, *Employer Insurance Notification*, for each cross-referenced case with a medical record connected to the selected employer. Check and update, if necessary, the form variables and generate the form.
- ◆ Displays a "Y" in the EMP TERMINATED field on the MEDICAL screen on all of the obligor's cross-referenced cases.
- ◆ Generates a narrative (IWO72) on all of the obligor's cross-referenced cases. This narrative requires you to enter the reason the income withholding order is no longer in place.
- ◆ Monitors for a response to the *Employer Insurance Notification* and generates form 470/3219, *Employer Insurance Second Notification*, if necessary 30 days later. ICAR deletes the medical record 90 days later, as described in preceding sections of this chapter.

Note: You may delete the medical record before the 90 days pass if you receive an end date for the policy. You may change the medical record if you learn the obligor is continuing to provide insurance through COBRA or another arrangement. See **Obligor Provides Health Insurance Through COBRA.**

Maintaining the Medical Record When the Employer Is Unlinked

You may need to unlink an employer from an IWO because another employer is meeting the full amount of the child support obligation or the obligation is paid in full, but the health insurance coverage continues.

To unlink an IWO connected to an employer providing health insurance coverage, access the IWO screen and enter a "Y" in the REMOVE WITHHOLDING field and press the F3 key twice. ICAR displays the EMPLOYER NAME ADDRESS SEARCH screen. Enter an "X" in the SEL field to remove the employer from the IWO. Space through the SEL field for employers that remain linked to the IWO and press ENTER.

ICAR removes the employer from the IWO, and leaves the employer data on the PAYEMP screen and the insurance policy on the MEDICAL screen. See the income withholding process, for complete information about unlinking employers with an “X.”

Note: You can change the medical record on the case without amending the IWO. Access the INSURANCE DEPENDENT LIST screen (a subscreen of the MEDICAL screen) and enter “C” in the INS SEL field for the appropriate child. Press the F3 key to update the record. Next, access the appropriate MEDICAL screen and record the changes. See **Recording Changes in Coverage**.

Obligor Provides Health Insurance Through COBRA

In most instances, the obligor’s employment-related health insurance coverage ends when the obligor’s employment ends. The obligor may choose to provide health insurance coverage through COBRA or some other arrangement.

The obligor has 90 days from the date employment ends to decide whether to enroll in a COBRA policy. An obligor can elect to continue health insurance coverage through COBRA for up to 18 months after employment ends.

When the obligor chooses to continue coverage under COBRA, the coverage is no longer considered employment-related. It is considered private coverage. When you learn the obligor is continuing coverage through COBRA, enter a “C” in the VERIFIED INS TERM field on the MEDICAL screen, and press the F3 key to update the screen.

ICAR:

- ◆ Changes the obligor’s employment-related health insurance policy (“X” in the PAYOR field on the MEDICAL screen) to a private policy (“X” in the PRIVATE field on the MEDICAL screen).
- ◆ Changes the entry in the EMPLOYER NAME field on the MEDICAL screen to “PRIVATE INSURANCE.”
- ◆ Displays the obligor’s name in the PROVIDER NAME field on the MEDICAL screen.

- ◆ Generates form 470-2705, *Notice of Health Insurance Information*, to the Department's mailing service. The mailing service sends the form to notify the obligee of the change in health insurance coverage.
- ◆ ICAR issues a narrative (MED111) and calendar flags (MED33, MED34, and MED35) that monitor the private COBRA policy to determine the policy's end date. ICAR deletes these calendar flags when you enter a date in the END DATE field on the MEDICAL screen.

Health Insurance Coverage Provided by a Private Party Ends

When health insurance coverage is provided by a private party (the obligee, a grandparent, the obligor through **non-employment-related** insurance, etc.) ends, delete the medical record from ICAR as follows:

- ◆ Type "MEDICAL" in the NEXT SCREEN field on any ICAR screen to access the MEDICAL screen.
- ◆ Press the F10 or F11 (SCROLL PAYEE and PRIVATE INS) keys to scroll through the payee and private health insurance records until ICAR displays the appropriate private medical record.
- ◆ Tab to the END DATE field and enter the date health insurance coverage ends using the MM/DD/CCYY format. ICAR does not allow you to enter a future end date for a private policy. ICAR does allow you to enter the current date or an earlier date.
- ◆ Press the F3 key twice to update the screen. ICAR displays the on-line message, "MEDICAL RECORD FLAGGED FOR DELETION."
- ◆ ICAR issues a narrative (MED112) to document the date coverage ends and identifies the insurance company and policy number of the policy.
- ◆ ICAR generates form 470-2705, *Notice of Health Insurance Information*, to the Department's mailing service. The mailing service sends the form to tell the obligee the date health insurance coverage ended.

Note: ICAR does not generate the *Notice of Health Insurance Information* when the obligee provides health insurance coverage. If health insurance coverage is through a private plan, ICAR prints "Private Insurance" on the form as the provider's name.

Ms. B, the obligee, has private health insurance coverage for her child through the Blue Health Company. On 4/10/04, she tells you that she dropped the coverage effective 4/1/04.

Access the MEDICAL screen on Ms. B's case and press the F10 key to find the record of the medical coverage provided by Ms. B through Blue Health Company. Note that there is an "X" in the PAYEE field of the PROVIDER section on the MEDICAL screen to indicate that this record is for **private coverage provided by the obligee**.

Tab to the END DATE field and enter 04/01/2004. Press the F3 key twice to modify the record. ICAR displays the online message, "MEDICAL RECORD FLAGGED FOR DELETION."

On the NARRCASE screen, ICAR displays the following narrative:

040704 The following health insurance coverage provided by the private ended on 04/01/2004. Monitor for other health insurance coverage.

Employer: Private Insurance
Policy No: 412858745
Insurance Co: Blue Health Company

When you return to the MEDICAL screen and press the F10 or F11 keys to move through the private insurance coverage records on the case, you no longer find this record.

Medical Support Obligation for a Dollar Amount Ends

An obligation that requires the obligor to provide a dollar amount for medical support usually ends when the child support obligation ends. However, the medical support obligation may have a different end date than the child support obligation.

The medical support obligation requiring a dollar amount for medical support ends based on the date you enter in the END DATE field on the OBLIG screen. Enter the end date for the medical support obligation when you enter the obligation on the OBLIG screen.

If the medical support obligation is the only obligation on the case and there is an IWO entered to collect the medical support dollar amount, terminate the IWO when the obligation ends and there is no delinquent balance. See the income withholding process for instructions on terminating an IWO.

CONTESTING THE ENFORCEMENT OF HEALTH INSURANCE

Legal reference: Iowa Code section 252E.6A; 441 IAC 98.8(252E)

The obligor has a right to contest the enforcement of health insurance, by requesting an informal conference with the Unit or filing a motion to quash the enforcement action. An informal conference is handled through the local office either in person or by telephone. The motion to quash is a judicial process that begins when an obligor files a motion with the district court. The obligor is not required to complete an informal conference before filing a motion to quash.

The following sections explain.

- ◆ Notifying the obligor of the right to contest enforcement
- ◆ The Medical Motion to Quash (MEDMTQ) screen
- ◆ Procedures for an informal conference to contest medical support
- ◆ Procedures for a motion to quash
- ◆ Handling changes to employment
- ◆ Making corrections to the COURTORD screen

Notifying the Obligor of the Right to Contest

Legal reference: Iowa Code section 252E.6A
441 IAC 98.8(252E)

The Unit must provide legal notice to the obligor of the right to contest the enforcement of health insurance through an informal conference or a motion to quash. When either you or ICAR verifies an employer and the underlying court order is for cash support and includes provisions for health insurance, ICAR generates form 470 2624, *Initiation of Income Withholding/Medical Support*.

ICAR generates this form with each new employer and provides the obligor with legal notice of the enforcement of health insurance and information about the right to contest the order for income withholding and health insurance. ICAR generates this form at the same time it generates the IWO. ICAR issues a narrative (IWO2) to document the generation of the form.

When either you or ICAR verifies an employer and the only active obligation on the case is a health only (HO) obligation, ICAR generates form 470/3733, *Initiation of Medical Support Enforcement*. This form provides the obligor with legal notice of the enforcement of health insurance and information about the right to contest the order for health insurance. ICAR generates narrative (MED89) to document the generation of the form.

Medical Motion to Quash (MEDMTQ) Screen

On the Medical Motion To Quash (MEDMTQ) screen, ICAR monitors and records the actions you take when an obligor contests an order for health insurance either by requesting an informal conference or filing a motion to quash.

To access the MEDMTQ screen, press the F13 key (press the SHIFT and F1 keys) from the MEDSUM or MEDSUM2 screen. To return to the MEDSUM screen, press the F10 key. Press the F11 key to return to the MEDSUM2 screen.

ICAR displays the following screen:

| | | |
|---|--------------------------------------|---------------------|
| D479HM27 | IOWA COLLECTION AND REPORTING SYSTEM | DATE: 02/10/04 |
| | MEDICAL MOTION TO QUASH | TIME: 07:34:56 |
| | | PAGE: |
| CASE NUMBER: | | CC RP ATTY (Y/N)... |
| PAYOR.....: | | CC CP ATTY (Y/N)... |
| PAYEE.....: | | CSRU ATTY ID.....: |
| INFORMAL CONFERENCE REQUESTED DATE: | | |
| ACKNOWLEDGED.: | | |
| CONF SET DATE: | TIME: :00 M | |
| CONF HELD (Y/N/R): | DATE: | |
| RESULTS: STANDS: REVOKED: | | |
| MTQ FILED DATE: | MTQ SERVED DATE: | |
| RESISTANCE FILED DATE: | GEN PROOF (Y) : | |
| HEARING DATE/TIME: | :00 M HELD (Y/N/R): | |
| RESULTS: MTQ IS DENIED: STAYED: GRANTED: WITHDRAWN: | | |
| COMMENT: | | |
| NARRATIVE: | CALENDAR FLAG: | |
| PF2=ADD PF3=MOD PF4=DELETE PF5=INQUIRY PF6=COUR ORD LIST PF7=BACK PF8=FORWARD | | |
| PF9=REFRESH PF10=MEDSUM PF11=MEDSUM2 PF12=EMPLOYER LIST | | |
| NEXT SCREEN: | NOTES: | |

Fields, values, and descriptions on the MEDMTQ screen are:

- ◆ **CASE NUMBER:** ICAR displays the case number for the case you viewed on the MEDSUM or the MEDSUM2 screen.
- ◆ **PAYOR:** ICAR displays the name of the obligor (last name, first name, middle name, surname) as shown on the PAYOR screen.
- ◆ **PAYEE:** ICAR displays the name of the obligee (last name, first name, middle name, surname) as shown on the PAYEE screen.
- ◆ **CC RP ATTY (Y/N):** Enter a “Y” if the obligor has an attorney handling the case. ICAR displays the ATTORNEY screen. Complete all of the information available. After you add the ATTORNEY screen, ICAR again displays the MEDMTQ screen.

ICAR issues a narrative (MED33) to document that the obligor has an attorney. If you change the “Y” to “N,” ICAR issues a narrative (MED34) that the obligor no longer has an attorney.

- ◆ **CC CP ATTY (Y/N):** Enter a “Y” if the obligee has an attorney handling the case. ICAR displays the ATTORNEY screen. Complete all of the information available. After you add the ATTORNEY screen, ICAR again displays the MEDMTQ screen.

ICAR issues a narrative (MED35) to document that the obligee has an attorney. If you change the “Y” to “N,” ICAR issues a narrative (MED36) that the obligee no longer has an attorney.

- ◆ **CSRU ATTY ID:** Enter the worker ID of the local office attorney handling this legal action.
- ◆ **INFORMAL CONFERENCE REQUESTED DATE:** Enter the date you receive the request for an informal conference in the MM/DD/CCYY format.

Note: When the same date displays in the INFORMAL CONFERENCE REQUESTED DATE field on both the MEDMTQ and IWO2 screens because the obligor is contesting both the enforcement of health insurance and cash support, ICAR displays an “I” in the MED MTQ field on the MEDSUM screen.

When the obligor is only challenging the enforcement of health insurance, ICAR displays an “M” in the MED MTQ field on the MEDSUM screen.

- ◆ **ACKNOWLEDGED:** Enter the date you acknowledge the obligor’s request for an information conference in the MM/DD/CCYY format. ICAR also requires an entry in the CONF SET DATE, TIME, and _M fields.
- ◆ **CONF SET DATE:** Enter the date of the informal conference in the MM/DD/CCYY format. ICAR requires a current or future date if the CONF HELD field contains either an “R” or blank.

ICAR requires a current or past date if the CONF HELD field has a “Y” or “N.” ICAR displays an on-line message and prevents you from making an entry in this field when the CONF HELD field contains a “Y.”

- ◆ **TIME:** Enter the time of the informal conference in the HH:MM format. ICAR requires you to make an entry in this field when you complete the ACKNOWLEDGED, CONF SET DATE, and (CONF SET) _M fields. ICAR displays an on-line message and prevents you from making an entry in this field when the CONF HELD field displays a “Y.”
- ◆ **_M:** Enter an “A” or “P” before the _M field to indicate whether you schedule the informal conference in the morning or afternoon.
- ◆ **CONF HELD (Y/N/R):** Enter a “Y” in this field when you hold the conference. When you enter a “Y,” ICAR requires an entry in one of the RESULTS fields. Enter an “N” when the conference is not held. Reschedule the conference by entering an “R” and a new date or time in the CONF SET DATE or TIME field. Allow the obligor to reschedule the conference one time only.
- ◆ **DATE:** Enter the date you hold the conference in the MM/DD/CCYY format.
- ◆ **RESULTS:** Enter the results of the informal conference by placing an “X” in either the STANDS or REVOKED field. ICAR generates form 470-3727, *Results of Conference Regarding Medical Support*, to the obligor based on the entry in the RESULTS section. ICAR requires an entry in this field when there is a “Y” or “N” in the CONF HELD field. The fields in the RESULTS section are:

STANDS: Select this field when health insurance enforcement remains unchanged after the informal conference. ICAR changes the “I” or “M” to an “N” in the MED MTQ field on the MEDSUM screen when there is an entry in the STANDS field.

REVOKED: Select this field when the health insurance enforcement is incorrect and revoked. ICAR changes the “I” or “M” to a “Y” in the MED MTQ field on the MEDSUM screen when there is an entry in the REVOKED field.

- ◆ **MTQ FILED DATE:** Enter the date the court filed the motion to quash, in MM/DD/CCYY format. This date must be the current date or earlier.

When the same date displays in the MTQ FILED DATE field on both the MEDMTQ and IWO2 screens because the obligor is contesting both the enforcement of health insurance and cash support, ICAR displays an “I” in the MED MTQ field on the MEDSUM screen.

ICAR displays an “M” in the MED MTQ field on the MEDSUM screen when the obligor is challenging only health insurance enforcement.
- ◆ **MTQ SERVED DATE:** Enter the date the Unit is notified of the obligor’s motion to quash, in MM/DD/CCYY format.

When the same date displays in the MTQ SERVED DATE field on both the MEDMTQ and IWO2 screens because the obligor is contesting both the enforcement of health insurance and cash support, ICAR displays an “I” in the MED MTQ field on the MEDSUM screen.

ICAR displays an “M” in the MED MTQ field on the MEDSUM screen when the obligor is only challenging health insurance enforcement.
- ◆ **RESISTANCE FILED DATE:** Enter the date, in MM/DD/CCYY format, your local office attorney responds to the motion to quash.
- ◆ **GEN PROOF (Y):** Enter a “Y” to generate form 470-3728, *Proof of Service of Notice of Medical Enforcement*. ICAR displays the COURT ORDER LIST FOR MEDMTQ screen. When you select the court orders, ICAR displays the EMPLOYER NAME SEARCH ADDRESS screen. Select the employer who received form 470/3818, *National Medical Support Notice*, which the obligor is contesting.
- ◆ **HEARING DATE/TIME:** ICAR requires you to enter the date of the court hearing in MM/DD/CCYY format. If the HELD field has an entry of “R” or is blank, you must enter the current date or later. The HEARING DATE field requires you to enter the time in the (HEARING) TIME field. ICAR prevents you from making an entry in the HEARING DATE field when you enter a “Y” in the HELD field.

TIME: Enter the time set for the hearing in HH:MM format. You cannot enter the time in this field when you enter a “Y” in the HELD field.

_M: Enter an “A” or “P” before the _M field to indicate whether the hearing is in the morning or afternoon.

- ◆ **HELD (Y/N/R):** Enter “Y” if the court hearing was held, “N” if it was not held, or “R” if it was rescheduled. With an entry of “R,” ICAR requires you to enter a new date or time in the HEARING DATE/TIME field. When you enter a “Y” or “N” in this field, ICAR requires an entry in one of the RESULTS fields.
- ◆ **RESULTS: MTQ is:** Enter the results of the motion to quash hearing. You may select only one field. Place an “X” in the appropriate field based on the outcome of the hearing. ICAR requires you to make an entry in one of the results fields when you enter “Y” or “N” in the HELD field.
 - DENIED: Enter an “X” when the court denies the medical motion to quash and the order remains in effect. When you select this field, ICAR changes the “I” or “M” to an “N” in the MED MTQ field on the MEDSUM screen.
 - STAYED: Enter an “X” when the court stays enforcement of health insurance. Entry in this field temporarily stops MEDSUM batch processing for medical enforcement for the case. When you select this field, ICAR changes the “I” or “M” to a “Y” in the MED MTQ field on the MEDSUM screen.
 - GRANTED: Enter an “X” when the court terminates the enforcement of health insurance. This entry stops MEDSUM batch processing for health insurance. When you select this field, ICAR changes the “I” or “M” to a “Y” in the MED MTQ field on the MEDSUM screen.
 - WITHDRAWN: Enter an “X” to indicate that the obligor withdrew the motion to quash. When you select this field, ICAR changes the “I” or “M” to an “N” in the MED MTQ field on the MEDSUM screen.
- ◆ **COMMENT:** Enter the reason why the obligor requested an informal conference or filed a motion to quash. The text remains on the screen for future reference. To remove the text, space through it and press the F3 key. ICAR deletes the text in the COMMENT field when either ICAR or you delete the MEDMTQ screen.
- ◆ **NARRATIVE:** Select this field to enter a worker-completed narrative.
- ◆ **CALENDAR FLAG:** Select this field to enter a worker-completed calendar flag.

Function keys on the MEDMTQ screen are:

| | |
|---------------------|--|
| F1 = HELP | Press the F1 key to access field-level help text with the cursor on the appropriate field. When there is no help text for the field, ICAR displays the screen-level help text. |
| F2 = ADD | Press the F2 key to add information to ICAR. |
| F3 = MOD | Press the F3 key to update information on ICAR. |
| F4 = DELETE | Press the F4 key to delete data that displays in fields on the screen. |
| F5 = INQUIRY | Enter a case number in the CASE NUMBER field and press the F5 key to display information on a specific case. |
| F6 = COUR ORD LIST | Press the F6 key to display the COURT ORDER LIST FOR MEDMTQ screen. |
| F7 = BACK | Press the F7 key to page back through the screens when there are multiple MEDMTQ screens. |
| F8 = FORWARD | Press the F8 key to page forward through the screens when there are multiple MEDMTQ screens. |
| F9 = REFRESH | Press the F9 key to display a clear screen. |
| F10 = MEDSUM | Press the F10 key to access the MEDSUM screen associated with the appropriate court order. |
| F11 = MEDSUM2 | Press the F11 key to access the MEDSUM2 screen associated with the appropriate court order. |
| F12 = EMPLOYER LIST | Press the F12 key to access the EMPLOYER NAME SEARCH ADDRESS screen. |

Informal Conference to Contest Medical Support

Legal reference: Iowa Code section 252E.6A; 441 IAC 98.8(2)

An obligor may request an informal conference when:

- ◆ Either you or ICAR verifies a new employer,
- ◆ Health insurance becomes available,
- ◆ Health insurance is no longer accessible because of where the child lives, or
- ◆ Any time there may be a mistake of fact regarding the identity of the obligor.

The results of the informal conference do not affect the obligor’s right to contest the enforcement of health insurance by filing a motion to quash. See **Motion to Quash (MTQ)** for more information about filing a motion to quash.

1. The obligor is employed with company X, and is not eligible to receive health insurance benefits for six months. The obligor is eligible for an informal conference when health insurance becomes available six months later.
2. The obligor is employed with company Y and has the child enrolled in the employment-related health insurance plan. The child moves out of state and the health insurance plan is no longer accessible for the child. The obligor is eligible for an informal conference since the health insurance is no longer accessible because of where the child lives.
3. The obligor is employed with company Z. The Unit sends form 470/3818, *National Medical Support Notice*, to the obligor’s employer. The child support order requires the obligee to provide health insurance, not the obligor. This is considered a mistake of fact. The obligor is eligible for an informal conference due to the mistake of fact.

Reasons for Requesting an Informal Conference

Legal reference: 441 IAC 98.8(2)

The obligor must request an informal conference to contest the enforcement of health insurance in writing for one of the following reasons:

- ◆ The order does not require the obligor to provide health insurance coverage.
- ◆ The obligor is not the person responsible for providing health insurance coverage.
- ◆ The obligor is already providing health insurance coverage for the child.
- ◆ There is no dependent health insurance coverage available to the obligor.
- ◆ The available dependent health insurance coverage is not accessible to the child because of where the child lives.

Scheduling the Conference

Schedule the conference within 15 calendar days of receipt of the obligor's written request. If the obligor fails to attend the conference, schedule one alternate conference.

The obligor may ask to hold the informal conference either in person at a place and time designated by the Unit, or by telephone. If the obligor requests a conference by telephone, the obligor must supply the telephone number to call for the conference.

When you receive a written request for an informal conference, update the following fields on the MEDMTQ screen and press the F2 key:

- ◆ Enter the date you receive the obligor's request for an informal conference in the INFORMAL CONFERENCE REQUESTED DATE field.
- ◆ Enter the date you acknowledge the obligor's request for an informal conference in the ACKNOWLEDGED field.
- ◆ Enter the date and time of the informal conference in the CONF SET DATE/TIME fields.

ICAR displays the COURT ORDER LIST FOR MEDMTQ screen. Enter "X" in the SEL fields for the court orders the obligor is contesting and press the ENTER key.

Next, the EMPLOYER NAME ADDRESS SEARCH screen displays. Enter "X" in the SEL field for the employer who received form 470/3818, *National Medical Support Notice*, which the obligor is contesting, and press the ENTER key.

| | | | | |
|---|--------------------------------------|------------|------------|----------------|
| D479HM27 | IOWA COLLECTION AND REPORTING SYSTEM | | | DATE: 05/17/02 |
| | COURT ORDER LIST FOR MEDMTQ | | | TIME: 11:26:46 |
| | SEL ORDER NUMBER | ORDER TYPE | ORDER DATE | HI ORDERED |
| | X ZXCABC | DM | 11 01 99 | Y |
| | X DM 123456 | DM | 12 01 98 | Y |
| | __ DFJKLS | UN | 08 01 98 | Y |
| | __ REOWUI | UP | 11 01 90 | Y |
| SELECT APPROPRIATE COURT ORDER(S) FOR FORMS AND PRESS ENTER | | | | |

| | | | | |
|--|--------------------------------------|------------------------------|-----------|----------------|
| D479HM27 | IOWA COLLECTION AND REPORTING SYSTEM | | | DATE: 02/10/04 |
| | EMPLOYER NAME ADDRESS SEARCH | | | TIME: 11:31:53 |
| | SEL | EMPLOYER NAME / FIN ID | ADDRESS / | CITY AND |
| | STATE | | | |
| | X | SUNNY FRESH FOODS INC | | |
| | | FIN: 120612069 L/U: 00/00/00 | | |
| | | FIN: - L/U: 00/00/00 | | |
| | | FIN: - L/U: 00/00/00 | | |
| | | FIN: - L/U: 00/00/00 | | |
| | | FIN: - L/U: 00/00/00 | | |
| | | FIN: - L/U: 00/00/00 | | |
| | | FIN: - L/U: 00/00/00 | | |
| PF7-BACK, PF8-FORWARD, PF9-REFRESH | | | | |
| NEXT SCREEN: NOTES: | | | | |
| EMPLOYERS FOR CURRENT PAYOR DISPLAYED. | | | | |

After you complete the INFORMAL CONFERENCE REQUESTED DATE, ACKNOWLEDGED, and CONF SET DATE/TIME fields, ICAR displays the FORMVIEW screen for form 470-3726, *Acknowledgment of Request for Informal Conference - Medical*.

ICAR completes as many variables as possible. Select the appropriate variable to indicate whether the conference is in person or by telephone and complete information about the date, time, and location or telephone number. Complete and generate the form.

ICAR issues the following:

- ◆ A narrative (MED37) to document the obligor's request for a conference.
- ◆ A narrative (MED76) to document the generation of the *Acknowledgment of Request for Informal Conference – Medical* form.
- ◆ A narrative (MED40) indicating the date and time of the conference after you complete the CONF SET DATE/TIME fields on the MEDMTQ screen.
- ◆ A calendar flag (MED14) as a reminder to enter the results of the conference.
- ◆ When Iowa is the initiating state, a narrative (MED39) to indicate the obligor's request for a conference in the responding state.
- ◆ When Iowa is the initiating state, a narrative (MED41) indicating the date of the conference in the responding state. ICAR also generates:
 - A calendar flag (MED15) ten days after the conference date to check with the responding state for the results.
 - A narrative (MED42) to document that you asked the responding state about the results of the conference after 20 days pass and the CONF HELD field is blank, and a status (MED11) requesting information about the outcome of the obligor's conference.

Reviewing the Court Order for Medical Support Language

Before the conference, review the medical support language in the court order to determine if the language in the order restricts or limits the obligor from enrolling the child in an employment-related health insurance plan. If the Unit created the court order, the order does not include any restrictions on enrollment.

If accessibility is the reason for the informal conference, contact the employer to get more information about the health insurance plans available. See **Contacting the Employer When Accessibility Is an Issue**.

Note: If the language in the order restricts or limits situations in which the obligor is required to provide coverage for the child, follow the language in the order.

Contacting the Employer When Accessibility Is an Issue

When the obligor raises accessibility as an issue and the child is enrolled in the plan, contact the employer to determine if the current health insurance plan is accessible. When you contact the employer, ask the following questions:

- ◆ Does the health insurance plan have a service area?
 - If the employer’s response is “no,” the plan meets the definition of “accessible.” (Proceed to **Conducting the Informal Conference**.)
 - If the response is “yes,” go to the next question.

The child lives in Sioux City. The obligor’s health insurance plan has a service area in the Des Moines metropolitan area. The plan does not meet the definition of “accessible” with this information alone. The worker goes to the next question.

If the health insurance plan did not have a service area, it would meet the definition of “accessible” and the worker would proceed to the informal conference.

- ◆ Does the child live within 30 miles or 30 minutes of a primary care provider for the health insurance plan?
 - If the employer's response is "yes," the plan meets the definition of "accessible" (Go to **Conducting the Informal Conference**.)
 - If the response is "no," go to the next question.

The health insurance plan allows the child to see doctors or services only in Des Moines, and the child lives in Altoona. The plan is accessible, since it is less than a 30-mile or 30-minute drive from where the child lives (Altoona) to where the doctors or services are available (Des Moines).

- ◆ Does the plan allow the child to see another doctor outside of the service area by paying a higher copayment rate?
 - If the employer's response is "yes," the plan meets the definition of "accessible." See **Conducting the Informal Conference**.
 - If the response is "no," contact the obligee to determine whether the health insurance plan is of any value to the child. See **Signed Statement From the Obligee**.

The child lives in Burlington and the participating primary care providers for the obligor's health insurance plan are in the Des Moines metropolitan area, the plan's service area. When the child sees a participating provider, the copayment for an office visit is \$10. The child can see a non-participating provider in Burlington, but the copayment for an office visit is \$30.

Since the child **can** see a doctor at a higher copayment rate, the health insurance plan meets the definition of accessible.

Signed Statement From the Obligee

If the obligor contests the enforcement of health insurance and the health insurance plan does not meet the definition of “accessible,” contact the obligee to determine if the health insurance plan is of value. See **Accessibility of a Health Insurance Plan**. The obligee may consider the health insurance plan is of value to the child if:

- ◆ The child can see a specific doctor and the insurance covers the cost of the visit;
- ◆ The child can receive prescription drug coverage;
- ◆ The child can get emergency care; or
- ◆ The obligee has other valid reasons.

When the obligee indicates whether or not the current health insurance plan is of value to the child, request a signed statement from the obligee before the informal conference or motion to quash hearing.

If you do not receive the obligee’s written statement before the conference or hearing, continue with the conference or hearing based on information the obligee provided verbally.

Conducting the Informal Conference

If possible, determine the reason for the informal conference before the date of the conference. Conduct the informal conference with the obligor at the time scheduled. If the obligor does not attend the conference, reschedule the conference one time. When you reschedule a conference, see **Rescheduled Conference**.

If the obligor requests an informal conference for a reason other than to discuss the accessibility of the health insurance plan, but raises accessibility issues during the conference, end the conference and reschedule. Contact the employer to gather information about the health insurance plan. See **Contacting the Employer When Accessibility Is an Issue**.

Rescheduled Conference

If you reschedule the conference, enter an “R” in the CONF HELD field. Enter a new date or time in the CONF SET DATE or (CONF SET) TIME field. ICAR completes as many variables as possible. Select the reason why the obligor requested a conference and enter information concerning the location of the conference.

After completing the fields for a held or rescheduled conference, ICAR generates form 470-3727, *Result of Conference Regarding Medical Support*, for you to complete. ICAR issues a narrative (MED77) to document the generation and mailing of this form.

Conference Results

Legal reference: 441 IAC 98.8(2)b(7)

The Unit must provide the obligor with the results of the conference in writing within ten calendar days of the conference. ICAR generates form 470-3727, *Result of Conference Regarding Medical Support*, when you update the CONF HELD field and RESULTS section on the MEDMTQ screen. To access the MEDMTQ screen, press the F13 key on either the MEDSUM or MEDSUM2 screen.

Record the results of the conference on the MEDMTQ screen. If the obligor is not eligible for an informal conference, enter an “N” in the CONF HELD field. ICAR requires an entry in the RESULTS field. Enter “X” in the STANDS field. ICAR issues a narrative (MED14) to document the reason the conference was not held.

If you held the conference, enter “Y” in the CONF HELD field. Complete the DATE field to indicate the date you held the conference. To record the outcome of the conference, enter an “X” in either the STANDS or REVOKED field on the MEDMTQ screen. To access the MEDMTQ screen, press the F13 key on either the MEDSUM or the MESDUM2 screen.

Entries for the STANDS Field

When the enforcement of health insurance is correct and remains in effect after the informal conference, do not change the medical record on the MEDICAL screen. In the RESULTS section, enter an "X" in the STANDS field and press the F3 key.

Note: If the accessibility of the health insurance plan is the reason for the informal conference, and the Unit determines that the current health insurance plan is accessible or of value to the child, continue enrollment of the child in the existing health insurance plan.

Entries for the REVOKED Field

When you revoke the enforcement of health insurance, update data on the appropriate ICAR screens. When you select the REVOKED field from the RESULTS section, do the following:

- ◆ When you revoke enforcement because health insurance is not available through the current employer, update the DEP HI AVAIL field on the EMPVER screen and the ENR STAT field on the MEDSUM2 screen. Monitor for new employment.
- ◆ When you revoke enforcement because of a mistake of fact (the obligor is not court-ordered to provide health insurance), enter the correct data on the COURTORD screen or the HIUPDATE screen on ICAR.
- ◆ When you revoke enforcement because the obligor is already providing health insurance (i.e., through a private policy), get the health insurance policy information from the obligor. Press the F10 key to access the MEDICAL screen for a private policy and add the policy to ICAR.

When you select the REVOKED field as the result of the informal conference, ICAR generates form 470-3729, *Discontinuation of Medical Support Enforcement*, for you to complete. ICAR issues a narrative (MED93) to document the generation of this form.

Motion to Quash (MTQ)

Legal reference: Iowa Code sections 252E.6A and 252D.31; 441 IAC 98.8(1)

An obligor may contest an order requiring health insurance enforcement by filing a motion to quash the enforcement action. The motion to quash process does not modify either the medical support provisions of the court order or the court order itself.

The obligor may file a motion to quash with the clerk of court at any time if the obligor's objection to the order concerns a mistake of fact or identity. A mistake of fact may include an error in the availability of dependent coverage under the health insurance plan because the coverage is not accessible to the child.

Note: Even if the plan is not accessible, as defined in Iowa Code section 252E.1, the court may determine that the plan is substantially accessible if the obligee demonstrates that the child may receive a benefit under the plan.

Tracking a Motion to Quash

When the Unit receives notification of a motion to quash the enforcement of health insurance, enter the information on the MEDMTQ screen. This allows the Unit to track the number of motions to quash and the actions taken by the court on the motions. Update one of the following fields:

- ◆ **MTQ FILED DATE:** If you receive a filed copy of the obligor's request for a motion to quash, enter the date the request was filed in the MTQ FILED DATE field. ICAR issues a narrative (MED52) to document the motion to quash filing date.
- ◆ **MTQ SERVED DATE:** If you receive only a notice of the motion to quash and not a copy of the filed motion, enter the date you received the notice in the MTQ SERVED DATE field. When you complete this field, ICAR issues a narrative (MED55) documenting the receipt of the motion to quash.

When the case is an interstate case and Iowa is the initiating state, ICAR issues a narrative (MED57) when you receive information from the responding state indicating the obligor filed a motion to quash.

Generating Proof of Service

When the obligor files a motion to quash, notify the legal staff in your office immediately. Generate and mail form 470-3728, *Proof of Service of Notice of Medical Enforcement*, to the clerk of court.

The proof of service form documents the date the Unit mailed a notice requiring medical support enforcement to a specific employer. Generate the proof of service form as follows:

- ◆ Enter “Y” in the GEN PROOF field on the MEDMTQ screen.
- ◆ ICAR checks for completion of either the MTQ FILED DATE or MTQ SERVED DATE field on the MEDMTQ screen. If neither field is complete, an on-line message displays, “EITHER FILED OR SERVED DATE REQUIRED.” Complete the appropriate field.
- ◆ If the MTQ FILED DATE or MTQ SERVED DATE field is complete, ICAR displays the COURT ORDER LIST FOR MEDMTQ screen, which is a list of court orders connected to the case. This list identifies only court orders with provisions for health insurance. Enter an “X” in the SEL field to indicate the appropriate court orders with health insurance provisions the obligor is attempting to quash.
- ◆ Next, ICAR displays the EMPLOYER NAME SEARCH ADDRESS screen. Enter an “X” in the SEL field for the employer that received form 470/3818, *National Medical Support Notice*, in which the obligor is attempting to quash and press the ENTER key.
- ◆ ICAR displays the *Proof of Service of Notice of Medical Enforcement* and completes the variable information for forms with single-captioned, double-captioned, triple-captioned, or foster care headings.
- ◆ Send the form to the clerk of court and send copies to the obligor and to attorneys representing both the obligee and the obligor, if identified for the medical process. ICAR issues a narrative (MED83) to document the generation of the form.

Notifying Your Local Office Attorney of the Motion to Quash

When you complete either the MTQ FILED DATE or MTQ SERVED DATE field on the MEDMTQ screen, immediately notify your local office attorney of the receipt of the motion to quash. Send the attorney the following documents:

- ◆ Copies of all orders for support, including the order requiring health insurance.
- ◆ A copy of each applicable form 470-3728, *Proof of Service of Notice of Medical Enforcement*.

Resistance Filed

When you notify your local office attorney of the motion to quash, the attorney may file a resistance. When the attorney files a resistance with the clerk of court, enter the date of filing in the RESISTANCE FILED DATE field on the MEDMTQ screen. ICAR issues a narrative (MED58) to document that the attorney filed a resistance.

Steps to Take Before the Hearing

When the obligor files a motion to quash, and no reason is identified for filing the motion to quash, or if the obligor files the motion to quash based on the accessibility of the health insurance plan, take the following steps before the hearing:

- ◆ Review the medical support language in the court order.
- ◆ Contact the employer/plan administrator to determine if the current health insurance plan is accessible.
- ◆ Get a signed affidavit of the health insurance plan information from the employer/plan administrator.
- ◆ Get the name and telephone number of a representative of the employer or plan administrator that can testify to the facts in the affidavit in the event that information must be verified during the motion to quash hearing.

Contacting the Employer When Accessibility Is an Issue (MTQ)

When you determine that the medical support language in the court order does not restrict coverage, contact the employer or plan administrator to determine if the health insurance plan is accessible to the child. Ask the following questions:

- ◆ Does the health insurance plan have a service area?
 - If the employer’s response is “no,” the plan meets the definition of “accessible.” Proceed to the hearing. (See **Hearing Date/Time.**)
 - If the response is “yes,” go to the next question.

The child lives in Sioux City. The obligor’s health insurance plan has a service area in the Des Moines metropolitan area. The plan does not meet the definition of “accessible” with this information alone. The worker goes to the next question.

If the health insurance plan did not have a service area, it would meet the definition of “accessible” and the worker would proceed to the Hearing.

- ◆ Does the child live within 30 miles or 30 minutes of a primary care provider for the health insurance plan?
 - If the employer’s response is “yes,” the plan meets the definition of “accessible.” Proceed to the hearing. (See **Hearing Date/Time.**)
 - If the response is “no,” go to the next question.

The health insurance plan allows the child to see doctors or receive services only in Des Moines, and the child lives in Altoona. The plan meets the definition of “accessible,” since it is less than a 30-mile or 30-minute drive from where the child lives (Altoona) to where the doctors and services are available (Des Moines).

If the child **did not live** within 30 miles or 30 minutes from the primary care provider, the worker would proceed to the next question.

- ◆ Does the plan allow the child to see another doctor outside of the service area by paying a higher copayment rate?

- If the employer's response is "yes," the plan meets the definition of "accessible."
- If the response is "no," contact the obligee to determine whether the health insurance plan is of any value to the child. See information on **Signed Statement from the Oblige (MTQ)**.

The child lives in Burlington and the participating primary care providers for the obligor's health insurance plan are in the Des Moines metropolitan area, the plan's service area. When the child sees a primary care provider, the copayment for an office visit is \$10. The child can see non-participating doctor in Burlington with a \$30 copayment for an office visit, so the health plan is accessible.

Note: When the health insurance plan meets the definition of "accessible," notify the obligee of the motion to quash hearing date and time and the reason the obligor is contesting the enforcement of health insurance.

Signed Statement From the Oblige (MTQ)

If the obligor contests the enforcement of health insurance by filing a motion to quash and the health insurance plan does not meet the definition of accessible, contact the obligee to determine if the health insurance plan is of value. The obligee may consider the health insurance plan is of value to the child:

- ◆ The child can see a specific doctor and the insurance covers the cost of the visit;
- ◆ The child can receive prescription drug coverage;
- ◆ The child can get emergency care; or
- ◆ The obligee has other valid reasons.

Request a signed statement from the obligee indicating whether the health insurance plan is of any value to the child before the motion to quash hearing. If you do not receive a signed statement from the obligee before the motion to quash hearing, continue with the hearing based on information the obligee provided verbally.

When the obligee indicates that the health insurance plan is of value, notify the obligee of the motion to quash hearing date and time and the reason the obligor is contesting the enforcement of health insurance.

Results of Contacting the Oblige

When the obligee indicates that the health insurance plan is of no value to the child, do the following:

- ◆ Notify the obligor that medical enforcement will end.
- ◆ If the obligor withdraws the motion to quash, enter an “X” in the WITHDRAWN field in the RESULTS section on the MEDMTQ screen. ICAR generates form 470-3729, *Discontinuation of Medical Support Enforcement*. Send the form to the employer. ICAR generates a status to the obligee to tell the obligee the results of the motion to quash.
- ◆ File a withdrawal with the court.
- ◆ Press the F4 key to delete the MEDMTQ screen, and:
 - Add a new MEDMTQ screen for an informal conference to document that the Unit is not continuing to enforce health insurance with this employer;
 - Enter the date you spoke to the obligor in the INFORMAL CONFERENCE DATE field;
 - Enter the same date in the ACKNOWLEDGE field;
 - Enter the current date in the CONF SET DATE field;
 - Enter a “Y” in the CONF HELD field; and
 - Enter an “X” in the REVOKED field in the RESULTS section.

If the obligee indicates the health insurance plan is of no value and the obligor does not withdraw the motion to quash, continue with the motion to quash hearing.

Hearing Date/Time

When the clerk of court notifies you of the date and time of the motion to quash hearing, enter the information in the HEARING DATE/TIME fields. ICAR issues a narrative (MED59) to indicate the date and time of the hearing and a calendar flag (MED18) reminding you of the date of the hearing.

Immediately advise your local office attorney who is handling the hearing (by telephone, fax, or E-mail) and forward the hearing notice to the attorney.

When you update the HEARING DATE/TIME fields, ICAR issues additional statuses and narratives, as follows:

- ◆ A status (MED22) to the obligee with information about the date and time of the court hearing and a narrative (MED84) to document a status report was sent to the obligee.
- ◆ A status (MED24) to the initiating state providing information on the hearing date for the motion to quash and a narrative (MED60) documenting the status was sent when Iowa is the responding state.
- ◆ A narrative (MED61) with the date and time of the hearing. ICAR issues a status (MED22) to the obligee that with information about the date and time of the court hearing and a narrative (MED84) to document a status report was sent to the obligee.

Motion to Quash Hearing

If the court determines that the current health insurance plan is accessible or of value, continue with dependent enrollment in the existing health insurance plan.

If the court grants the motion to quash, enforcement ends. Enter an “X” in the GRANTED field in the RESULTS section on the MEDMTQ screen. Enter the date in the END DATE field on the MEDICAL screen. Generate and mail form 470-3729, *Discontinuation of Medical Support Enforcement*, to the employer. When an end date has been entered, ICAR bypasses all MEDSUM processing.

The language in the order granting the motion to quash may allow the Unit to begin health insurance enforcement when a new employer is verified or health insurance becomes accessible. When either you or ICAR verifies a new employer, ICAR issues a calendar flag (MED38) instructing you to review the case to determine if the motion to quash order still applies.

Hearing Held

When you enter a “Y” in the HELD field and make an entry in one of the RESULTS fields, ICAR issues:

- ◆ A status (MED26) to the obligee concerning the outcome of the hearing; and
- ◆ A narrative (MED86) to document that a status report was sent to the obligee.

When Iowa is the responding state, ICAR generates a status (MED27) to the initiating state to provide information about the outcome of the hearing and issues a narrative (MED65) to document that a status report was sent to the initiating state.

When Iowa is the initiating state and you have received information from the responding state that the motion to quash hearing was held, ICAR generates a narrative (MED63) and issues:

- ◆ A calendar flag (MED21) to check with the responding state in ten days for written results of the hearing.
- ◆ A status (MED26) to the obligee concerning the outcome of the hearing and a narrative (MED86) documenting that a status report was sent to the obligee.

Hearing Not Held

When the hearing is not held, enter an “N” in the HELD field. ICAR issues a narrative (MED64) to indicate the motion to quash hearing was not held.

ICAR generates a status (MED25) to the obligee that the motion to quash hearing was not held and a narrative (MED87) documenting that a status report was sent to the obligee.

When Iowa is the responding state, ICAR issues a status (MED28) to the initiating state indicating that the motion to quash hearing was not held. ICAR generates a narrative (MED66) documenting that a status report was sent to the initiating state.

When Iowa is the initiating state and the responding state provided information that the hearing was not held, ICAR issues a narrative (MED67) and generates

- ◆ A status (MED25) to the obligee reporting that the motion to quash hearing was not held; and
- ◆ A narrative (MED87) documenting that a status report was sent to the obligee.

Hearing Rescheduled:

When the court reschedules the hearing, enter an “R” in the HELD field. Enter a new hearing date or time in the HEARING DATE/TIME fields. When you complete these fields, ICAR:

- ◆ Issues a narrative (MED68) to indicate that the motion to quash hearing is rescheduled and a calendar flag (MED22) to remind you to check for the results of the hearing.
- ◆ Issues a status (MED29) to the obligee that the motion to quash hearing is rescheduled and a narrative (MED88) documenting that a status was sent to the obligee.

When Iowa is the responding state, ICAR generates a status (MED31) to tell the initiating state that the hearing is rescheduled and a narrative (MED69) documenting that a status was sent to the initiating state.

When Iowa is the initiating state and you have received information from the responding state that the hearing is rescheduled, ICAR issues a narrative (MED70) and generates:

- ◆ A calendar flag (MED22) to check for the results of the hearing; and
- ◆ A status (MED29) to the obligee that the motion to quash hearing is rescheduled and a narrative (MED88) documenting that a status report was sent to the obligee.

Recording Hearing Results

After the hearing is held, record the results on the MEDMTQ screen. Indicate the results by entering an “X” in one of the fields listed in the RESULTS section of the screen. The fields in the RESULTS section and a description of each field follow:

DENIED: By order of the court, the request for a motion to quash is not granted. ICAR issues a narrative (MED71) to indicate the enforcement of health insurance remains in place after the motion to quash hearing.

STAYED: By order of the court, the enforcement of health insurance is on hold for a time. ICAR issues a narrative (MED72) to indicate the medical support order is stayed due to the motion to quash hearing.

ICAR automatically displays the MEDSUM2 screen and an on-line message instructs you to enter a “5” in the FORM STAT field and an “I” in the ENR STAT field.

Next, ICAR displays a worker-completed calendar flag displays for you to enter a date to check for the results of the next hearing on the case. Forms generation temporarily stops until you update information on ICAR based on a subsequent court hearing.

If the result of the subsequent hearing is DENIED or WITHDRAWN, enter “Y” in the REPRINT field on the MEDSUM2 screen to generate form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*.

GRANTED: By order of the court, the enforcement of health insurance is terminated. ICAR issues a narrative (MED85) to indicate the court granted the motion to quash. ICAR stops all MEDSUM batch processing and forms generation when there is an entry in this field.

If a health insurance policy displays on ICAR for this employer, enter today’s date in the END DATE field for the associated medical record on the MEDICAL screen. Enter an “N” in the ENR STAT field on the MEDSUM2 screen to prevent additional medical forms from generating.

WITHDRAWN: The obligor requested the hearing not be held. ICAR issues a narrative (MED73) to indicate that the obligor withdrew the motion to quash and enrollment continues.

If there is a “Y” in the HELD field and no data in the RESULTS section, ICAR issues a narrative (MED62) with the date and time the motion to quash hearing was held and a calendar flag (MED21) for you to check with the court in ten days for the written results of the hearing.

When you make an entry in a MTQ RESULTS section, ICAR deletes any data that displays in the informal conference section of the screen. Refer to the narratives for information related to the informal conference.

Employment Changes

You must complete the MEDMTQ screen before disconnecting an employer. If you try to disconnect an employer before the RESULTS section is complete for an informal conference or motion to quash hearing, ICAR displays the following on-line message, “MEDMTQ NOT COMPLETE - CHANGE NOT ALLOWED.”

When the MEDMTQ screen only displays informal conference information, the screen information deletes when you unlink the employer. When the MEDMTQ screen displays motion to quash hearing information, the screen information continues to display when you unlink the employer.

Corrections to the COURTORD Screen

If you determine, through the informal conference or motion to quash hearing, that you made an incorrect entry in the HEALTH INS field on the COURTORD screen, complete the MEDMTQ screen before updating the HEALTH INS field. If you try to change the entry from “Y” to “N” before completing the MEDMTQ screen, ICAR displays the following on-line message: “MEDMTQ NOT COMPLETE - CHANGE NOT ALLOWED.”

NARRATIVES

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NARRATIVES

Process: **MED** Number: **1** (Issues only on cases updated before July 2002.)

Text: Employer returned form 470-2743, *Employer Medical Support Information*. No health insurance is provided through the following employer: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------|--------|-------|---------|
| MEDSUM2 | ENR STAT | N | | |

Process: **MED** Number: **2**

Text: Medical forms 470-2743 and 470/3818 were sent to the following employer: _____ . The system will monitor for employer compliance.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|--------|-------|---------|
| MEDSUM2 | HI POT | 1 | 41 | |
| MEDSUM2 | FORM STAT | 2 | | |

Process: **MED** Number: **3** (Issues only on cases updated before March 2001.)

Text: Medical information received indicates the dependent is enrolled in the health benefit plan. Dependent(s): _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------------------------------|--------|-------|---------|
| MEDSUM2 | ENR STAT | E | 3 | 2 |
| MEDICAL | INSURANCE PROVIDED BY PAYOR | Y | | |

Process: **MED** Number: **4**

Text: Dependent health insurance is available to the obligor through the employer: _____. Medical forms have been sent and a determination by the insurer is currently pending for _____:

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------|--------|-------|---------|
| MEDSUM2 | ENR STAT | P | | |

Process: **MED** Number: **5**

Text: The following children are ineligible to be covered under the health plan provided by the employer: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|--------|-------|---------|
| MEDSUM2 | ENR STAT | I | | |
| MEDSUM2 | FORM STAT | 0 | | |

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Process: **MED** Number: **6 (Issues only on cases updated before March 2001.)**

Text: Either no information is available concerning health insurance or it is not necessary to generate medical forms.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------|--------|-------|---------|
| MEDSUM2 | ENR STAT | N | | |

Process: **MED** Number: **7 (Issues only on cases updated before July 2001.)**

Text: Medical forms 470-2743 and 470-2763 were sent to the following employer: _____. The system will monitor for compliance. The forms included the following dependents: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|--------|-------|---------|
| MEDSUM2 | HI POT | 1 | | |
| MEDSUM2 | FORM STAT | 2 | | |

Process: **MED** Number: **8 (Issues only on cases updated before July 2001.)**

Text: 35 days have passed since the original medical forms were sent to the employer. Resending form 470-2743, *Employer Medical Support Information*, to the employer _____ for _____:

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|--------|-------|---------|
| MEDSUM2 | HI POT | 1 | | |
| MEDSUM2 | FORM STAT | 4 | | |

Process: **MED** Number: **9 (Issues only on cases updated before July 2001.)**

Text: 65 days have passed since the original medical forms were sent to the employer. Resending form 470-2743, *Employer Medical Support Information*, to the employer: _____ for: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|--------|-------|---------|
| MEDSUM2 | HI POT | 1 | | |
| MEDSUM2 | FORM STAT | 4 | | |

Process: **MED** Number: **10**

Text: Health insurance will be available at a later date through the following employer: _____. A calendar flag will issue to alert the worker for the following dependents _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|--------|-------|---------|
| MEDSUM2 | FORM STAT | 5 | | |
| MEDSUM2 | ENR STAT | I | | |

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Process: **MED** Number: **11**

Text: A high potential exists for the obligor to provide health ins to the dependent(s). Health Ins is court ordered and may be available through the following verified employer: _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDSUM2 | HI POT | A | 41 | |

Process: **MED** Number: **12**

Text: Text: A court order exists without medical language in the order. The case is being reviewed for referral to the Review/Adjust unit since health insurance may be available through the following employer: _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDSUM2 | HI POT | | 6 | |

Process: **MED** Number: **13**

Text: Case is being reviewed for possible referral to the estab unit to secure an order. Health ins may be available through this verified employer: _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDSUM2 | HI POT | 3 | 7 | |

Process: **MED** Number: **14**

Text: Form 470/0413, *Obligor Insurance Questionnaire*, was sent to the obligor to gather health ins information. Obligor is ordered to provide health insurance, regular payments are received on the case, but no employer has been verified.

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDSUM2 | HI POT | 4 | | |

Process: **MED** Number: **15**

Text: Review of this case indicates a high potential for the obligor to obtain health insurance does not exist at this time for the following: _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDSUM2 | HI POT | N | | |

Process: **MED** Number: **16**

Text: There was a high potential for the obligor to obtain health insurance but the criteria used to select this case has changed. The following dependents are affected: _____

| | | | | |
|---------|-----------------|------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| PAYEMP | UPDATE EMPLOYER | N or blank | | |

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Process: **MED** Number: **17**

Text: Worker notified to update the HI ORD field on the OBLIGDST screen for the following dependent(s): _____

| Screen: | Field: | Entry: | Flag: | Status: |
|----------|------------|------------|-------|---------|
| MEDSUM | HEALTH INS | Any entry | 9 | |
| OBLIGDST | HI ORDERED | Blank or U | | |

Process: **MED** Number: **18**

Text: *Health Insurance Questionnaire* (470/0413) not sent to the obligor. No valid address is available.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---|--------------------|-------|---------|
| MEDSUM | HI POT | 4 | | |
| PAYOR | MAIL /HOME ADDRESS LINE 1 MAIL/HOME CITY, STATE, ZIP | Blank Blank | | |

Process: **MED** Number: **19**

Text: Not in use.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|
|---------|--------|--------|-------|---------|

Process: **MED** Number: **20 (Issues only on cases updated before March 2001.)**

Text: Enforcement of medical support is complete for the following employer: _____.
Medical forms generated over 65 days ago and CSRU followed all enforcement procedures.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|---------------------------------|-------|---------|
| MEDSUM2 | FORM STAT | 90 days following entry of 2 | | |

Process: **MED** Number: **21**

Text: Iowa Workforce Development (IAJS-7) is not a valid employer for medical support enf.
Medical forms did not generate for Iowa Workforce Development.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-------------|--------|-------|---------|
| EMPVER | EMPLOYER ID | IAJS-7 | | |

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Process: **MED** Number: **22 (Issues only on cases updated before March 2001.)**

Text: The obligee on this case was referred or approved for _____. As a result, this case was not selected through MEDSUM for medical support services.

| | | | | |
|---------|------------|---------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| PAYEE | GOOD CAUSE | Y, A, R, or P | | |

Process: **MED** Number: **23**

Text: To continue processing for medical, worker notified to distribute the obligation for court order number: _____. For the following children: _____

| | | | | |
|----------|-------------------|------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| OBLIGDST | OBLIGATION AMOUNT | 0 or blank | 11 | |

Process: **MED** Number: **24**

Text: Worker notified to correct the HI ORDERED field on the OBLIGDST screen to agree with entry in the HEALTH INS field on the COURTORD screen for court order # _____. The children affected are: _____

| | | | | |
|----------|------------|------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| COURTORD | HEALTH INS | Y N | 12 | |
| | | Mismatched | | |
| OBLIGDST | HI ORDERED | N Y | | |

Process: **MED** Number: **25**

Text: The cycle for processing medical forms is now complete. No health ins information received from: _____. Another employer exists. Medical support enforcement will begin with the following employer: _____

| | | | | |
|---------|-----------------|-------------------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDSUM2 | FORM STAT | 75 days after 2 entered | | |
| EMPVER | UPDATE EMPLOYER | Y | | |

Process: **MED** Number: **26**

Text: The cycle for processing medical forms is now complete. No health insurance information received from the following employer: _____.

| | | | | |
|---------|-----------|--|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDSUM2 | FORM STAT | 95 days after 2 entered and no second verified employer. | | |

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Process: **MED** Number: **27**

Text: Worker requested a reprint of medical enforcement forms be generated to :_____.

The form included the following dependents:_____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------|--------|-------|---------|
| MEDSUM2 | REPRINT | Y | | |

Process: **MED** Number: **28**

Text: Case will not be referred to review at this time for the following reason:_____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------|--------|-------|---------|
| MEDSUM2 | HI POT | 2 | | |
| MEDSUM2 | ENR STAT | N | | |

Process: **MED** Number: **29 (Issues only on cases updated before April 2002.)**

Text: Status sent to payee

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|
| LISAN | | | | |

Process: **MED** Number: **30 (Issues only on cases updated before April 2002.)**

Text: Status not sent. No address found for payee.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|
|---------|--------|--------|-------|---------|

Process: **MED** Number: **31**

Text: Worker made a manual entry in the ENR STAT field on the MEDSUM2 screen indicating:

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------|--------|-------|---------|
| MEDSUM2 | ENR STAT | N | | |

Process: **MED** Number: **32**

Text:

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|--------|-------|---------|
| MEDSUM2 | ENR STAT | I | 12 | |
| MEDSUM2 | FORM STAT | 5 | | |

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Process: **MED** Number: **33**

Text: The obligor is represented by an attorney for the medical enforcement process.

| | | | | |
|---------|------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDMTQ | CC RP ATTY | Y | | |

Process: **MED** Number: **34**

Text: The obligor is no longer represented by an attorney for the medical enforcement process.

| | | | | |
|---------|------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDMTQ | CC RP ATTY | Y or N | | |

Process: **MED** Number: **35**

Text: The obligee is represented by an attorney for the medical enforcement process.

| | | | | |
|---------|------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDMTQ | CC CP ATTY | Y | | |

Process: **MED** Number: **36**

Text: The obligee is no longer represented by an attorney for the medical enforcement process.

| | | | | |
|---------|------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDMTQ | CC CP ATTY | Y to N | | |

Process: **MED** Number: **37**

Text: Obligor requested an informal conference concerning the medical notice on _____.

| | | | | |
|---------|---------------------|------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDMTQ | INFORMAL CONFERENCE | Valid date | | |
| | REQUESTED DATE | | | |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **38 (Issues only on cases updated before April 2002.)**

Text: Status sent to the initiating state of _____ concerning the obligor's request for an informal conference.

| | | | | |
|---------|---------------------|------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDMTQ | INFORMAL CONFERENCE | Valid date | | 10 |
| | REQUESTED DATE | | | |
| | RSPN STATE | IA | | |

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Process: **MED** Number: **39**

Text: Status update received indicates that the obligor requested an informal conference in the state of _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|------------|-------|---------|
| MEDMTQ | INFORMAL CONFERENCE | Valid date | | |
| | REQUESTED DATE | | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **40**

Text: Informal conference concerning the medical order is scheduled for _____ at _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------|------------|-------|---------|
| MEDMTQ | CONF SET DATE | Valid date | 14 | |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **41**

Text: For the outcome of the informal conference check with the state of _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------|------------|-------|---------|
| MEDMTQ | CONF SET DATE | valid date | 15 | |
| | INIT STATE | IA | | |

Process: **MED** Number: **42**

Text: Inquiry was made to the responding state concerning the results of the informal conference.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------|------------|-------|---------|
| MEDMTQ | CONF SET DATE | Valid date | | 11 |
| | INIT STATE | IA | | |
| | CONF HELD | Blank | | |

Process: **MED** Number: **43**

Text: Informal conference concerning medical support held on _____. The results of the conference concerning the medical enforcement action are as follows: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|-----------------------|-------|---------|
| MEDMTQ | CONF HELD | Y | 16 | |
| | RESULTS | Any entry marked with | | |
| | INTERSTATE | X | | |
| | RSPN STATE | Blank | | |
| | | IA | | |

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Process: **MED** Number: **44**

Text: Status sent to the initiating state of _____ concerning the outcome of the informal conference held with the obligor regarding medical support enforcement.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | CONF HELD | Y | | 13 |
| | RSPN STATE | IA | | |

Process: **MED** Number: **45**

Text: Status update received indicates that the state of _____ held an informal conference with the obligor regarding medical support enforcement on _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | CONF HELD | Y | 16 | |
| | INIT STATE | IA | | |

Process: **MED** Number: **46**

Text: Informal conference with obligor concerning medical support not held on _____. Based on the information provided, we have reached the following decision: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|-----------------------|-------|---------|
| MEDMTQ | CONF HELD | N | 16 | |
| | RESULTS | Any entry marked with | | |
| | INTERSTATE | X | | |
| | RSPN STATE | Blank | | |
| | | IA | | |

Process: **MED** Number: **47**

Text: Status sent to the initiating state of _____ indicating that we did not hold the informal conference regarding medical support enforcement.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | CONF HELD | N | | 15 |
| | RSPN STATE | IA | | |

Process: **MED** Number: **48**

Text: Status update received indicates that the state of _____ was unable to hold the informal conference concerning medical support. Based on the information provided, the following decision was reached: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|-------------------------|-------|---------|
| MEDMTQ | CONF HELD | N | 16 | |
| | INIT STATE | IA | | |
| | RESULTS | Any entry marked with X | | |

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Process: **MED** Number: **49**

Text: Informal conference regarding medical support rescheduled for _____ at _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | CONF HELD | R | 17 | |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **50 (Issues only on cases updated before April 2002.)**

Text: Status sent to the initiating state of _____ that the informal conference has been rescheduled.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | CONF HELD | R | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **51**

Text: Status update received indicates that the state of _____ rescheduled the informal conference regarding medical support for _____ at _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------|------------|-------|---------|
| MEDMTQ | CONF SET DATE | Valid date | 17 | |
| | CONF HELD | R | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **52**

Text: Medical motion to quash filed with the clerk on _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------------|------------|-------|---------|
| MEDMTQ | MTQ FILED DATE | Valid date | | |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **53 (Issues only on cases updated before April 2002.)**

Text: Status sent to the initiating state of _____ concerning the filing of a medical MTQ by the obligor.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------------|------------|-------|---------|
| MEDMTQ | MTQ FILED DATE | Valid date | | 19 |
| | RSPN STATE | IA | | |

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Process: **MED** Number: **54**

Text: Status update received indicates that the state of ____ received a medical motion to quash.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------------|------------|-------|---------|
| MEDMTQ | MTQ FILED DATE | Valid date | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **55**

Text: Motion to quash medical enforcement notice received on _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------------|------------|-------|---------|
| MEDMTQ | MTQ SERVED DATE | Valid date | | |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **56 (Issues only for cases updated before April 2002.)**

Text: Status sent to the initiating state of ____ concerning the serving of a medical MTQ by the obligor.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------------|------------|-------|---------|
| MEDMTQ | MTQ SERVED DATE | Valid date | | 21 |
| | RSPN STATE | IA | | |

Process: **MED** Number: **57**

Text: Status update received indicates that the obligor served the state of ____ with a medical motion to quash.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------------|------------|-------|---------|
| MEDMTQ | MTQ SERVED DATE | Valid date | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **58**

Text: Resistance to medical MTQ filed with the clerk on _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------------------|------------|-------|---------|
| MEDMTQ | RESISTANCE FILED DATE | Valid date | | |

Process: **MED** Number: **59**

Text: Medical motion to quash hearing is set for _____ at _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------------|------------|-------|---------|
| MEDMTQ | HEARING DATE | Valid date | 18 | |
| | HELD | Blank | | |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

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Process: **MED** Number: **60**

Text: Status sent to the initiating state of _____ concerning the date and time of the medical MTQ hearing.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------------|------------|-------|---------|
| MEDMTQ | HEARING DATE | Valid date | | 24 |
| | HELD | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **61**

Text: Status received from the state of ___ indicates that the medical motion to quash hearing is set for _____ at _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------------|------------|-------|---------|
| MEDMTQ | HEARING DATE | Valid date | 18 | |
| | HELD | Blank | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **62**

Text: Medical motion to quash hearing was held on _____ at _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | HELD | Y | 21 | |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **63**

Text: Status update received indicates that the state of _____ held a medical MTQ hearing.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | HELD | Y | 21 | |
| | INIT STATE | IA | | |

Process: **MED** Number: **64**

Text: Medical motion to quash hearing scheduled for _____ at _____ not held for the following reason:

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | HELD | N | 20 | |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

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Process: **MED** Number: **65**

Text: Status sent to the initiating state of _____ regarding the outcome of the medical MTQ hearing.

| | | | | |
|---------|------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDMTQ | HELD | Y | | 27 |
| | RSPN STATE | IA | | |

Process: **MED** Number: **66**

Text: Status sent to the initiating state of _____ concerning the medical MTQ hearing not being held.

| | | | | |
|---------|------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDMTQ | HELD | N | | 28 |
| | RSPN STATE | IA | | |

Process: **MED** Number: **67**

Text: Status update received indicates that the state of _____ did not hold the medical motion to quash hearing.

| | | | | |
|---------|------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDMTQ | HELD | N | 20 | |
| | INIT STATE | IA | | |

Process: **MED** Number: **68**

Text: Medical motion to quash hearing rescheduled for _____ at _____.

| | | | | |
|---------|------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDMTQ | HELD | R | 22 | |
| | INTERSTATE | Bank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **69**

Text: Status sent to the initiating state of _____ concerning the medical MTQ hearing being rescheduled.

| | | | | |
|---------|------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDMTQ | HELD | R | | 31 |
| | RSPN STATE | IA | | |

Process: **MED** Number: **70**

Text: Based on a status received from the state of _____, the medical motion to quash hearing has been rescheduled for _____ at _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | HELD | R | 22 | |
| | INIT STATE | IA | | |

Process: **MED** Number: **71**

Text: The medical motion to quash was denied per the results of the motion to quash hearing held on _____ at _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|
| MEDMTQ | DENIED | X | 20 | |

Process: **MED** Number: **72**

Text: The court has stayed medical enforcement per the results of the medical motion to quash hearing held on _____ at _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|
| MEDMTQ | STAYED | X | 20 | |

Process: **MED** Number: **73**

Text: The obligor withdrew the medical motion to quash. Therefore, the hearing set for _____ at _____ was not necessary.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|--------|-------|---------|
| MEDMTQ | WITHDRAWN | X | 20 | |

Process: **MED** Number: **74**

Text: Sent form 470-2705 "Notice of Health Insurance Information" to initiating state.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDICAL | INS SEL | Y | | |
| MEDSUM | INTERSTATE | Y | | |
| MEDSUM | RSPN STATE | IA | | |

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Process: **MED** Number: **75** (Issues only for cases updated before April 2002.)

Text: Status sent to the obligee concerning the obligor's request for an informal conference concerning medical enforcement.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---|------------------------------|-------|---------|
| MEDMTQ | INFORMAL CONFERENCE REQUEST DATE INTERSTATE INIT STATE | Valid date Bank IA | | 9 |

Process: **MED** Number: **76**

Text: Form 470-3726, *Acknowledgment of Request for Informal Conference – Medical*, generated and mailed to obligor on _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------------|------------|-------|---------|
| MEDMTQ | ACKNOWLEDGED | Valid date | | |

Process: **MED** Number: **77**

Text: Form 470-3727, *Result of Conference Regarding Medical Support*, generated and mailed to obligor on _____. Results are: _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------------|---------------------------------------|-------|---------|
| MEDMTQ | CONF HELD DATE RESULTS | Valid date Any entry marked with X | | |

Process: **MED** Number: **78**

Text: Status sent to the obligee concerning the outcome of the informal conference regarding medical support.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---|--------------------------------|-------|---------|
| MEDMTQ | CONF HELD CONF HELD DATE INTERSTATE INIT STATE | Y Valid date Blank IA | | 12 |

Process: **MED** Number: **79**

Text: Status sent to the obligee indicating that the informal conference concerning medical support was not held.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------------------------|------------------|-------|---------|
| MEDMTQ | CONF HELD INTERSTATE INIT STATE | N Blank IA | | 14 |

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Process: **MED** Number: **80** (Issues only for cases updated before April 2002.)

Text: Status sent to the obligee indicating that the informal conference has been rescheduled.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | CONF HELD | R | | |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **81** (Issues only for cases updated before April 2002.)

Text: Status sent to the obligee regarding the filing of a medical MTQ by the obligor.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------------|------------|-------|---------|
| LISAN | MTQ FILED DATE | Valid date | | 18 |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **82** (Issues only for cases updated before April 2002.)

Text: Status sent to the obligee regarding the serving of a medical MTQ by the obligor.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------------|------------|-------|---------|
| MEDMTQ | MTQ FILED DATE | Valid date | | |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **83**

Text: Form 470-3728, *Proof of Service of Notice of Medical Enforcement*, generated for this case. The support order with medical provisions was sent to the following employer: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|----------|-----------|--------|-------|---------|
| MEDMTQ | GEN PROOF | Y | | |
| EMPLOYER | SEL | X | | |
| | NAME | | | |
| | ADDRESS | | | |
| | LIST | | | |

Process: **MED** Number: **84**

Text: Status sent to the obligee which contains information on the date and time of the medical MTQ hearing.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------------|------------|-------|---------|
| MEDMTQ | HEARING DATE | Valid date | | 22 |
| | HELD | Blank | | |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |

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Process: **MED** Number: **85**

Text: The medical motion to quash was granted per the results of the motion to quash hearing held on _____ at _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------|--------|-------|---------|
| MEDMTQ | GRANTED | X | 20 | |

Process: **MED** Number: **86**

Text: Status sent to the obligee concerning the outcome of the medical MTQ hearing.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | HELD | Y | | 26 |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **87**

Text: Status sent to the obligee concerning the medical MTQ hearing not being held.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | HELD | Y | | 25 |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **88**

Text: Status sent to the obligee regarding the medical MTQ hearing being rescheduled.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| MEDMTQ | HELD | Y | | 29 |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **89**

Text: Form 470/3733, *Initiation of Medical Support Enforcement*, generated and mailed to the obligor on _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|------------|-------|---------|
| MEDSUM | DATE | Valid date | | |

Process: **MED** Number: **90**

Text: Worker-completed narrative.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|--------|-------|---------|
| MEDMTQ | NARRATIVE | S or X | | |

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Process: **MED** Number: **91**

Text: HI information received from employer through the web site. Medical screens have been updated.

| Screen: | Field: | Entry: | Flag: | Status: |
|-----------|----------------|------------|-------|---------|
| EMPLOYRM | ELECTRONIC | Y | 23 | |
| MEDICAL | EFFECTIVE DATE | MM/DD/CCYY | | |
| INSURANCE | REL | 2 | | |
| DEP LIST | | | | |

Process: **MED** Number: **92**

Text: No medical benefits available through this source of income: _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|
| EMPVER | MNBA | Y | | |

Process: **MED** Number: **93**

Text: Form 470/3729, *Discontinuation of Medical Support Enforcement*, generated and mailed to the following employer: _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|----------|---------|--------|-------|---------|
| EMPOLYER | SEL | X | | |
| NAME | | | | |
| ADDRESS | | | | |
| LIST | | | | |
| MEDMTQ | REVOKED | X | | |
| MEDMTQ | STAYED | X | | |
| MEDMTQ | GRANTED | X | | |

Process: **MED** Number: **94**

Text: The updated EMPVER screen indicates the following employer does not provide dependent health insurance:

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------------|--------|-------|---------|
| EMPVER | DEP HI AVAIL | N | | |

Process: **MED** Number: **95**

Text: Iowa is the _____ state. Medical forms did _____ generate.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------|--------|-------|---------|
| MEDSUM | ENF MED | Y or N | | |

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Process: **MED** Number: **96**

Text: Iowa is the responding state. The initiating state did not request medical support enforcement. No medical forms generated.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------|--------|-------|---------|
| MEDSUM | ENF MED | N | 42 | |

Process: **MED** Number: **97**

Text: _____ does not offer dependent health insurance coverage. Cases for this employer are bypassed for medical support enforcement.

| Screen: | Field: | Entry: | Flag: | Status: |
|-----------|----------------|--------|-------|---------|
| VEMPLOYRM | BYPASS MEDICAL | Y | | |

Process: **MED** Number: **98**

Text: The payee is court ordered to provide health insurance. Verification of coverage is requested by worker.

| Screen: | Field: | Entry: | Flag: | Status: |
|----------|--------|--------|-------|---------|
| HIUPDATE | PAYEE | Y | 24 | |

Process: **MED** Number: **99**

Text: Court order provides for both/shared health insurance coverage. The order states:

| Screen: | Field: | Entry: | Flag: | Status: |
|----------|--------|--------|-------|---------|
| HIUPDATE | SHARED | Y | 25 | |

Process: **MED** Number: **100**

Text: The payor is court ordered to provide health insurance.

| Screen: | Field: | Entry: | Flag: | Status: |
|----------|--------|--------|-------|---------|
| HIUPDATE | PAYOR | Y | | |

Process: **MED** Number: **101 (Issues only for cases updated before July 2002.)**

Text: 35 days have passed since the original medical forms were sent to the employer. No response received. Sending form 470/3866, *Medical Support Notice Inquiry*, to the following employer: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|--|-------|---------|
| MEDSUM2 | HI POT | 35 days after ICAR established a HI POT of "1" | | |
| MEDSUM2 | FORM STAT | 4 | | |

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Process: **MED** Number: **102** (Issues only for cases updated before July 2002.)

Text: 65 days have passed since the original medical forms were sent to the employer.
No response received. Resending form 470/3866, *Medical Support Notice Inquiry*, to the
following employer: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|
|---------|--------|--------|-------|---------|

Process: **MED** Number: **103**

Text: Employer returned medical enforcement forms. No health insurance is available through:
_____. No health insurance is available for the following dependents: _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------|--------|-------|---------|
| MEDSUM2 | ENR STAT | N | | |

Process: **MED** Number: **104**

Text: Medical enforcement stopped due to case account type changing to a 17 (Non-FCRU).

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|
| CHILD | CHILD | 17 | | |

(Note all children on
case must change to a
17 account type)

Process: **MED** Number: **105**

Text: Dept. of Finance & Accounting (military) added as a verified employer. Worker notified
to contact obligee to begin DEERS enrollment.

| Screen: | Field: | Entry: | Flag: | Status: |
|-----------|--------------|--------|-------|---------|
| EMPLOYRM2 | MILITARY | Y | 27 | |
| EMPVER | EMP VERIFIED | Y | | |

Process: **MED** Number: **106**

Text: Dummy narrative to issue calendar flag.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------------|--------------|-------|---------|
| MEDICAL | PROVIDER...PAYEE | Y | 28 | |
| | END DATE | Current date | | |

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Process: **MED** Number: **107**

Text: Medical support enforcement has ended for at least one child as a result of a change in legal custody or reconciliation.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------------------------------|--------|-------|---------|
| PAYOR | PAYOR RESIDES WITH PAYEE | Y | | |
| CHILD | CT? CHILD RESIDES WITH PAYEE | N N | | |

Process: **MED** Number: **108**

Text: Medical support enforcement began for _____. The following second employer has been verified: _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------------|--------|-------|---------|
| EMPVER | UPDATE EMPLOYER | Y | 30 | |

Process: **MED** Number: **109**

Text: 30 days have passed since the original medical forms were sent to the employer. No response received. Contacting employer to determine dependent health insurance enrollment status.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|--------|-------|---------|
| MEDSUM2 | ENR STAT | Blank | 31 | |
| MEDSUM2 | FORM STAT | 2 | | |

Process: **MED** Number: **110**

Text: 60 days have passed since the original medical forms were sent to the employer. No response received. Contacting employer to determine dependent health insurance enrollment.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-----------|--------|-------|---------|
| MEDSUM2 | ENR STAT | P | 32 | |
| MEDSUM2 | FORM STAT | 4 | | |

Process: **MED** Number: **111**

Text: Employment has terminated. The dependent health insurance the employer provided to the obligor will continue. Notification sent to the obligee.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-------------------|--------|------------|---------|
| MEDICAL | VERIFIED INS TERM | C | 33, 34, 35 | |

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Process: **MED** Number: **112**

Text: The following health insurance coverage provided by the _____ ended on _____ .
Monitor for other health insurance coverage.

Employer: _____

Policy No: _____

Insurance Co: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------|------------|-------|---------|
| MEDICAL | END DATE | MM/DD/CCYY | | |

Process: **MED** Number: **113**

Text: 30 days have passed since the original medical forms were sent to the employer. No response received. Contacting web site employer to determine dependent health insurance enrollment status.

| Screen: | Field: | Entry: | Flag: | Status: |
|----------|------------|--------|-------|---------|
| MEDSUM2 | ENR STAT | Blank | 37 | |
| MEDSUM2 | FORM STAT | 2 | | |
| EMPLOYRM | ELECTRONIC | Y | | |

Process: **MED** Number: **114**

Text: 60 days have passed since the original medical forms were sent to the employer. No response received. Contacting web site employer to determine dependent health insurance enrollment status.

| Screen: | Field: | Entry: | Flag: | Status: |
|----------|------------|--------|-------|---------|
| MEDSUM2 | ENR STAT | P | 38 | |
| MEDSUM2 | FORM STAT | 4 | | |
| EMPLOYRM | ELECTRONIC | Y | | |

Process: **MED** Number: **115**

Text: Dummy narrative to issue a calendar flag that deletes calendar flags MED 33, 34, and 35.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|
| | | | 36 | |

Process: **MED** Number: **116**

Text: Forms 470/3818 and 470 2743 not sent to the employer for the following reason: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------|--------|-------|---------|
| MEDSUM2 | ENR STAT | X | | |

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Process: **MED** Number: **117**

Text: Medical support enforcement has ended through the following employer due to 50% CCPA withholding limits: _____

| | | | | |
|---------|----------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDSUM2 | ENR STAT | W | | |

Process: **MED** Number: **118**

Text: Medical support enforcement has ended due to accessibility issues related to the health insurance plan(s) offered by the employer: _____

| | | | | |
|---------|----------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDSUM2 | ENR STAT | A | | |

Process: **MED** Number: **119**

Text: Clean-up program deleted the medical record for the following employer in history: _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **MED** Number: **120**

Text: Dummy narrative to issue calendar flag.

| | | | | |
|---------|--------------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDMTQ | RESULTS: STAYED OR | X | 39 | |
| EMPVER | GRANTED | | | |
| | UPDATE EMPLOYER | Y | | |

Process: **MED** Number: **121**

Text: Form 470/3917, *Change in Medical Support Enforcement*, generated and mailed to the following employer: _____

| | | | | |
|---------|----------|--------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| OBLIG | END DATE | Current date | | |

Process: **MED** Number: **122**

Text: Text: Circumstances prevent the Unit from providing medical support services as long as the case is a nonpublic assistance case account type. The reason why the Unit is not providing medical support services is: _____

| | | | | |
|---------|--------------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| PAYEE | NPA REQUEST MS ENF | Z | | |

Process: **MED** Number: **123**

Text: MEDSUM stopped processing for a HI POT of "2" and there is currently an open modification process.

| Screen: | Field: | Entry: | Flag: | Status: |
|----------|----------------------|--------|-------|---------|
| CASESTAT | MODIFICATION PROCESS | X | | |

Process: **MED** Number: **124**

Text: MEDSUM stopped processing for a HI POT of "3" and there is currently an open establishment process.

| Screen: | Field: | Entry: | Flag: | Status: |
|----------|-----------------------|--------|-------|---------|
| CASESTAT | ESTABLISHMENT PROCESS | X | | |

Process: **MED** Number: **125**

Text: Case updated to proceed with medical support establishment/enforcement.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|-----------------------------------|-------|---------|
| PAYEE | NPA REQUESTS MS ENF | Change entry of "Z" or "N" to "Y" | | |

Process: **MED** Number: **126**

Text: Case updated to proceed with medical support establishment/enforcement. Form 470-4052, *Notification of Medical Support Services*, generated and sent to the obligee.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|------------------------------------|-------|---------|
| PAYEE | NPA REQUESTS MS ENF | ICAR changes entry from "N" to "Y" | | |

Process: **MED** Number: **127**

Text: Case updated to proceed with medical support establishment/enforcement. Notice not sent. No verified address available for the obligee.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|------------------------------------|-------|---------|
| PAYEE | NPA REQUESTS MS ENF | ICAR changes entry from "N" to "Y" | | |
| PAYEE | MAIL ADD LN 1 | blank | | |

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Process: **MED** Number: **128**

Text: Form 470-4052, *Notification of Medical Support Services*, generated and sent to the obligee.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|--------|-------|---------|
| PAYEE | NPA REQUESTS MS ENF | "N" | | |
| EMPVER | EMP VERIFIED | "Y" | | |
| CASE | CURRENT ACCT TYPE | "12" | | |

Process: **MED** Number: **129**

Text: The following employer retrIGGERED for medical support establishment/enforcement:

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|
| MEDSUM3 | PROC | "R" | 3 | |

Process: **MED** Number: **130**

Text: Steps to establish/enforce medical support ended based on past medical processing for the following employer: _____

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|-------------------------------|-------|---------|
| MEDSUM3 | END | "N," "W," "X," "A," or "O" | | |

Process: **CASE** Number: **27**

Text: Health insurance letter (#470-2705) sent to payee.

| Screen: | Field: | Entry: | Flag: | Status: |
|-----------|----------------|--------|-------|---------|
| INSURANCE | | | | |
| DEP LIST | GEN STATUS LTR | Y | | |

Process: **CASE** Number: **28**

Text: Health insurance letter (470-2705) not sent to payee. No valid address.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------------|--------|-------|---------|
| PAYEE | MAIL /HOME | | | |
| | ADDRESS LINE 1 | Blank | | |
| | MAIL/HOME | | | |
| | CITY, STATE, ZIP | Blank | | |

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Process: **CASE** Number: **29**

Text: The effective date for policy number _____
has been changed to _____.

| | | | | |
|---------|--------------------------|------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL | Change in EFFECTIVE DATE | MM/DD/CCYY | | |

Process: **CASE** Number: **30 (No longer issues.)**

Text: The coverage type for medical is listed below:

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **31 (No longer issues.)**

Text: The coverage type is changed to include the following:

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **32**

Text: The medical coverage section called source information for policy number _____
has been changed to include the following: _____.

| | | | | |
|-----------------------|---|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| INSURANCE DEP LIST | INS SEL | C | | |
| MEDICAL COVERAGE | SOURCE INFORMATION SECTION: Any field such as CHAMPUS | Y | | |

Process: **CASE** Number: **33**

Text: The coverage type for policy number _____ has been changed to include the
following _____.

| | | | | |
|---------------------|-------------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL COVERAGE | COVERAGES SECTION | Y | | |

Process: **CASE** Number: **34 (No longer issues.)**

Text: Payor's medical coverage is for the following children:

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

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Process: **CASE** Number: **47 (No longer issues.)**

Text: Health insurance questionnaire (470-0413) sent to payor.

Screen: Field: Entry: Flag: Status:

Process: **CASE** Number: **48 (No longer issues.)**

Text: Health insurance questionnaire (470-0413) not sent. No payor address.

Screen: Field: Entry: Flag: Status:

Process: **CASE** Number: **49**

Text: *Health Insurance Questionnaire* (470/2240) sent to:

Employer name:

Employer address:

City/State/Zip:

Screen: Field: Entry: Flag: Status:
PAYOR SEND HIQ: EMP Y

Process: **CASE** Number: **50 (No longer issues.)**

Text: Health insurance questionnaire (470-2240) not sent to employer. No valid address.

Screen: Field: Entry: Flag: Status:

Process: **CASE** Number: **61 (No longer issues.)**

Text: Attempted to send form 470-2705, medical info no longer exists. Please verify deletion of medical data.

Screen: Field: Entry: Flag: Status:

Process: **CASE** Number: **62 (No longer issues.)**

Text: Medical information for this case is incomplete.

Screen: Field: Entry: Flag: Status:

Process: **CASE** Number: **63 (No longer issues.)**

Text: Health insurance questionnaire not sent. No payor exists.

Screen: Field: Entry: Flag: Status:

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Process: **CASE** Number: **88**

Text: A noncustodial parent insurance questionnaire (form 470-0413) was mailed to the payor on _____.

| | | | | |
|---------|-----------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| PAYOR | SEND HIQ: PAYOR | Y | | |

Process: **CASE** Number: **98 (No longer issues.)**

Text: TPL indicates absent parent's health insurance policy has ended Effective _____

Policy number _____

Insured name _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **99 (No longer issues.)**

Text: TPL indicates absent parent's health insurance information has changed on: _____

Policy number _____

Insured name _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **100 (No longer issues.)**

Text: TPL indicates that there is no absent parent's health insurance coverage on: _____

Policy number _____

Insured name _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **101 (No longer issues.)**

Text: TPL indicates that payor has medical insurance through employer: _____.
The insurance information has been added to the case.

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

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Process: **CASE** Number: **134**

Text: End date on dependent list for following dependent has been changed: _____.

| Screen: | Field: | Entry: | Flag: | Status: |
|-----------|----------|-------------------|-------|---------|
| INSURANCE | INS SEL | Change Y to N | | |
| DEP LIST | END DATE | Date (MM/DD/CCYY) | | |

Process: **CASE** Number: **151 (Issues only for cases updated before December 24, 2003.)**

Text: Non-public assistance obligee requests medical support enforcement.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|--------|-------|---------|
| PAYEE | NPA REQUESTS MS ENF | Y | | |

Process: **CASE** Number: **152 (Issues only for cases updated before January 29, 2004.)**

Text: Non-public assistance obligee declines medical support enforcement.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|--------|-------|---------|
| PAYEE | NPA REQUESTS MS ENF | N | | |

Process: **CASE** Number: **153**

Text: Medicaid-only obligee requests only medical support enforcement.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------------------|--------|-------|---------|
| PAYEE | MEDICAID MS ENF ONLY | Y | | |

Process: **CASE** Number: **159 (No longer issues.)**

Text: Form 470-2744, *NPA Medical Support Request*, was sent to the obligee.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **160 (Issues only for cases updated before December 24, 2003.)**

Text: Form 470/2744, *NPA Medical Support Request*, was sent to the obligee 10 days ago. No response received. Do not pursue medical support services.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|------------------------------|-------|---------|
| PAYEE | NPA REQUESTS MS ENF | 15 days following entry of P | | |

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Process: **CASE** Number: **161 (Issues only for cases updated before December 24, 2003.)**

Text: Form 470/2744, *NPA Medical Support Request*, was generated to the obligee. The status of the NPA REQUESTS MS ENF field is pending a response from the obligee.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|--------|-------|---------|
| PAYEE | NPA REQUESTS MS ENF | P | 3 | 2 |

Process: **CASE** Number: **162**

Text: Case is now an 11 account. All enforcement and establishment services, including medical support, will be pursued.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-------------------|--|-------|---------|
| CASE | CURRENT ACCT TYPE | 18 acct. changes to 11 12 acct. changes to 11 | | |

Process: **CASE** Number: **163**

Text: Case is now an 18 account. All establishment and enforcement services for child support, including medical support, will be pursued.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-------------------|------------------------|-------|---------|
| CASE | CURRENT ACCT TYPE | 12 acct. changes to 18 | | |

Process: **CASE** Number: **164 (No longer issues.)**

Text: This case was selected to review for a response to the NPA REQUESTS MS ENF field. The case is pending a determination of the correct response.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **165**

Text: Employment has been verified. No entry exists in the health ins field on the COURTOR screen. CSRU worker is checking for the correct response to this field before starting establishment or enforcement.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|------------|--------|-------|---------|
| COURTOR | HEALTH INS | Blank | 105 | |

Process: **CASE** Number: **166 (Issues only for cases updated before December 24, 2003.)**

Text: Case meets selection criteria to pursue medical support enforcement. CSRU worker must update the NPA REQUESTS MS ENF field on the PAYEE screen prior to beginning enforcement.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|--------|-------|---------|
| PAYEE | NPA REQUESTS MS ENF | Blank | 106 | |

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Process: **CASE** Number: **167**

Text: CSRU will not proceed with medical support services since the obligee currently provides dependent health insurance coverage for the dependents.

| | | | | |
|---------|------------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL | PROVIDER...PAYEE | Y | | |

Process: **CASE** Number: **168 (No longer issues.)**

Text: The medical forms that follow were sent on _____ to _____:
Form 470-2743, *Employer Medical Support Information*
Form 470-2763, *Medical Support Employer Notice*

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **169**

Text: Health insurance will not be available until _____ with the following employer:
_____.

| | | | | |
|---------|------------|------------------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| EMPVER | DATE AVAIL | Date entered from ICER | 3 | 2 |

Process: **CASE** Number: **170 (Issues only for cases updated before July 2002.)**

Text: Employer returned form 470-2743, *Employer Medical Support Information*. No health insurance is provided through this employer to the _____. The employer is _____.

| | | | | |
|---------|----------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDSUM2 | ENR STAT | N | | |

Process: **CASE** Number: **171 (No longer issues.)**

Text: The following medical form was re-sent on _____ to: _____
Form 470-2743, *Employer Medical Support Information*

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **172 (Issues only for cases updated before December 24, 2003.)**

Text: Case is now an 11 account. When NPA, this obligee declined medical support services. All services will now be pursued.

| | | | | |
|---------|---------------------|-----------------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| PAYEE | NPA REQUESTS MS ENF | N | | |
| CASE | CURRENT ACCT TYPE | Changes from 12 to 11 | | |

Process: **CASE** Number: **173**

Text: Case is now an 11 account. When receiving only Medicaid, the obligee requested only medical support services. All services will now be pursued.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------------------|-----------------------|-------|---------|
| PAYEE | MEDICAID MS ENF ONLY | Y | 3 | |
| CASE | CURRENT ACCT TYPE | Changes from 18 to 11 | | |

Process: **CASE** Number: **174**

Text: The employer provides dependent health insurance to the _____, but the dependents are not enrolled.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|--------|-------|---------|
| EMPVER | EMP PROVIDES DEP HI | Y | | |
| | DEP ENROLLED | N | | |

Process: **CASE** Number: **175**

Text: The employer provides dependent health insurance and the dependents are enrolled. The cost of the health insurance premium to the _____ is \$ ____ .

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|-----------------|-------|---------|
| EMPVER | EMP PROVIDES DEP HI | Y | | |
| | DEP ENROLLED | Y | | |
| | HEALTH INS PREM | A dollar amount | | |

Process: **CASE** Number: **176**

Text: The employer provides dependent health insurance to the _____ and the dependents are enrolled. The cost of the health insurance premium was not provided to CSRU.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|---------|-------|---------|
| EMPVER | EMP PROVIDES DEP HI | Y | | |
| | DEP ENROLLED | N | | |
| | HEALTH INS PREM | Unknown | | |

Process: **CASE** Number: **177**

Text: The employer provides dependent health insurance to the _____. No information was provided concerning the date it is available or if anyone is enrolled.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|---------------------|---------|-------|---------|
| EMPVER | EMP PROVIDES DEP HI | Y | | |
| | DEP ENROLLED | Blank | | |
| | DATE AVAIL | Unknown | | |

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Process: **CASE** Number: **180**

Text:

| Screen: | Field: | Entry: | Flag: | Status: |
|----------|---------------|--------------|-------|---------|
| CPEMPVER | EMP VERIFIED | Y | 109 | |
| CPEMPVER | DATE HI AVAIL | Current date | | |

Process: **CASE** Number: **182**

Text: The obligor's employment has terminated. Form 470-3218, *Employer Insurance Notice*, has been sent to the employer to determine the date the health insurance policy will expire.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------------|--------|-------|---------|
| MEDICAL | EMP TERMINATED | Y | | 19 |

Process: **CASE** Number: **183**

Text: Medical information for this employer will no longer be displayed. 90 days have passed since termination of employment. No information has been received from the employer to indicate the coverage continued.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------------|-----------------------------|-------|---------|
| MEDICAL | EMP TERMINATED | 90 days after Y was entered | | 54 |

Process: **CASE** Number: **184**

Text: Health insurance coverage provided by the _____ terminated on _____. Monitor for other health insurance coverage.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|-------------------|------------|-------|---------|
| MEDICAL | EMP TERMINATED | Y or blank | | |
| | VERIFIED INS TERM | Y | | |
| | END DATE | Date | | |

Process: **CASE** Number: **185**

Text: Form 470/3219, *Employer Insurance Second Notification*, has been sent to the employer. 30 days have passed since the first notice was sent and no response has been received.

| Screen: | Field: | Entry: | Flag: | Status: |
|---------|----------------|--------|-------|---------|
| MEDICAL | EMP TERMINATED | Y | | |

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Process: **CASE** Number: **186 (Issues only for cases updated before April 2002.)**

Text: A status has been sent to the obligee as notification that employment has terminated and CSRU will attempt to verify the expiration date of the health insurance policy.

| | | | | |
|---------|----------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL | EMP TERMINATED | Y | | 19 |

Process: **CASE** Number: **191 (Issues only for cases updated before April 2002.)**

Text: Employment has terminated. The dependent health insurance the employer provided to the obligor will continue. Notification has been sent to the obligee.

| | | | | |
|---------|----------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL | EMP TERMINATED | Y | | |

Process: **CASE** Number: **192**

Text: Case is now a 12 account. Request for only medical support services is no longer valid.

| | | | | |
|---------|----------------------|-----------------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| PAYEE | MEDICAID MS ENF ONLY | Y | | |
| CASE | CURRENT ACCT TYPE | Changed from 18 to 12 | | |

Process: **CASE** Number: **193 (Issues only for cases updated before January 2003.)**

Text: The following health insurance coverage provided by the _____ ended on _____ and the medical record was deleted:

Employer: _____

Insurance Co: _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **197 (No longer issues.)**

Text: Medical insurance policy number _____ provided by _____ has been added. The policy effective date is _____.

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **246**

Text: The _____'s medical insurance policy number _____ provided by _____ has been added. The effective date of the policy is _____.

| | | | | |
|----------|------------------------------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL | SOURCE INFORMATION | Y | | |
| COVERAGE | SECTION: Any field such as CHAMPUS | | | |

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Process: **CASE** Number: **252**

Text: The _____'s medical insurance policy number provided by _____ has been added. The effective date of the policy is _____.

| | | | | |
|---------|----------------|------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL | EFFECTIVE DATE | MM/DD/CCYY | | 26 |

Process: **CASE** Number: **253 (Issues only for cases updated before January 2003.)**

Text: The following health insurance coverage provided by the _____ terminated on _____ and the medical record was deleted:

Employer: _____

Insurance Company: _____

| | | | | |
|---------|-------------------|---|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL | EMP TERMINATED | Y or blank | | 27 |
| | VERIFIED INS TERM | Y | | |
| | END DATE | Date less than or equal to current date | | |

Process: **CASE** Number: **254 (Issues only for cases updated before January 2003.)**

Text: The following health insurance coverage provided by the _____ terminated on _____ and the medical record was deleted:

Employer: _____

Insurance Company: _____

| | | | | |
|---------|----------|------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL | END DATE | MM/DD/CCYY | | 27 |

Process: **CASE** Number: **255 (No longer issues.)**

Text: Additional changes to the coverage type for this policy include: _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| | | | | |

Process: **CASE** Number: **259**

Text: An employer has been deleted from a cross referenced case. All workers with associated cases have been notified to check if the employer is still valid. A status has been generated to notify the obligee that health insurance may have terminated.

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| IWO | SEL | D | 140 | 19 |

Process: **CASE** Number: **260 (No longer issues.)**

Text: A court order exists but no medical language in the order. Health ins is avail through this employer: _____

Case is being reviewed for possible referral to the REVAD unit.

Screen: Field: Entry: Flag: Status:

Process: **CASE** Number: **261 (No longer issues.)**

Text: Case referred to ESTAB to secure an order. The following verified EMP for the obligor provides dependent health ins: _____

Screen: Field: Entry: Flag: Status:

Process: **CASE** Number: **262 (No longer issues.)**

Text: Form 470-0413, *Obligor Health Insurance Questionnaire*, sent to the obligor to gather health ins information. Obligor is ordered to provide health ins, regular payments received, but no verified employer exists.

Screen: Field: Entry: Flag: Status:

Process: **CASE** Number: **263 (No longer issues.)**

Text: Review of case file indicates no high potential for the obligor to obtain health insurance exists at this time.

Screen: Field: Entry: Flag: Status:

Process: **CASE** Number: **264 (No longer issues.)**

Text: Dependent health ins available to the obligor through the employer: _____

_____ Medical forms have been sent and a determination by the insurer is pending.

Screen: Field: Entry: Flag: Status:

Process: **CASE** Number: **265 - No longer issues.**

Text: MEDSUM2 has been updated to show the following dependent is enrolled for health insurance coverage: _____

Screen: Field: Entry: Flag: Status:

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Process: **CASE** Number: **266 - No longer issues.**

Text: Employer returned 470-2743 indicating no dependent health insurance is available. The employer is: _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **267 - No longer issues.**

Text: Dependent is ineligible to receive dependent health insurance coverage through the following employer: _____

The reason is: _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **CASE** Number: **282**

Text: TPL provided an employer for the obligor that may provide dependent health insurance. The employer is: _____

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| EMPVER | SOURCE | TPL | 147 | |

Process: **CASE** Number: **283**

Text: TPL indicates the obligor provides a private health insurance policy. The health insurance company is: _____

| | | | | |
|---------|--------------|---------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL | INSURER ID | Policy number | 148 | |
| MEDICAL | INSURANCE CO | Company name | | |

Process: **CASE** Number: **285 – Issues only for cases updated before January 29, 2004.**

Text: Text: A response to the NPA REQUESTS MS ENF field on the PAYEE screen is pending a decision from the obligee. Pending is no longer an option since the account type recently changed.

| | | | | |
|---------|---------------------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| PAYEE | NPA REQUESTS MS ENF | P | | |

Process: **CASE** Number: **294 – Issues only for cases updated before January 29, 2004.**

Text: Form 470-2744, *NPA Medical Support Request*, was not sent to the obligee. No valid address exists.

| | | | | |
|---------|--------------|---------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL | INSURER ID | Policy number | | |
| MEDICAL | INSURANCE CO | Company name | | |

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Process: **CASE** Number: **392**

Text: The _____'s medical insurance policy number provided by _____
_____ has been added. The effective date of the policy is _____.

| | | | | |
|---------|----------------|------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL | EFFECTIVE DATE | MM/DD/CCYY | | 26 |

Process: **CASE** Number: **393 – Issues only for cases updated before January 2003.**

Text: The following health insurance coverage provided by the _____ terminated
on _____ and the medical record was deleted:

Employer: _____

Insurance Company: _____

| | | | | |
|---------|----------|------------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| MEDICAL | END DATE | MM/DD/CCYY | | 27 |

Process: **LOC** Number: **48**

Text: Possible insurance provider found through workers compensation match.

| | | | | |
|---------|--------|---------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
| EMPVER | SOURCE | WKRCOMP | | |

Process: **LOC** Number: **106 - No longer issues**

Text: _____ is eligible for health benefits from
the military. Verification of possible coverage for the children will be attempted.

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **LOC** Number: **115 - No longer issues.**

Text: _____ is ineligible for health benefits from the military.

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

Process: **LOC** Number: **245 - No longer issues.**

Text: Information received from FPLS that _____ is currently participating in a
health insurance program through his/her employer. Verification of potential coverage for the
child(ren) will be requested.

| | | | | |
|---------|--------|--------|-------|---------|
| Screen: | Field: | Entry: | Flag: | Status: |
|---------|--------|--------|-------|---------|

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Process: **MED** Number: **4**

Text: Not in use.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|
|---------|--------|--------|------------|---------|

Process: **MED** Number: **5**

Text: Not in use.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|
|---------|--------|--------|------------|---------|

Process: **MED** Number: **6**

Text: Review file for referral to Review/Adj. A court order exists without med language but health ins may be avail through the following emp (case# / obligor): _____.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|
| MEDSUM | HI POT | 2 | 12 | |

Process: **MED** Number: **7**

Text: Text: Refer case to establishment to secure an order. A verified employer that may provide dep health ins exists, but there is no court order. Case # obligor: _____.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|
| MEDSUM | HI POT | 3 | 13 | |

Process: **MED** Number: **8**

Text: Not in use

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|
|---------|--------|--------|------------|---------|

Process: **MED** Number: **9**

Text: Update the HI ORD field on the OBLIGDST screen for the following dependent(s) on case#/obligor: _____

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------------------|-----------|------------|---------|
| MEDSUM | COURT ORDER NUMBER | Any entry | 9 | |
| MEDSUM2 | HI ORD | Blank | | |

Process: **MED** Number: **10 (No longer issued.)**

Text: Resend form 470-2743, *Employer Medical Support Information*, to the following employer (case # and obligor):

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|
|---------|--------|--------|------------|---------|

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Process: **MED** Number: **11**

Text: To continue processing for medical, distribute the court ordered obligation for the children listed. Court order #: _____

| Screen: | Field: | Entry: | Narrative: | Status: |
|----------|-------------------|-------------------|------------|---------|
| OBLIGDST | HI ORDERED | Y | 23 | |
| | OBLIGATION AMOUNT | No \$ distributed | | |

Process: **MED** Number: **12**

Text: Correct the HI ORDERED field on OBLIGDST screen to agree with entry in HEALTH INS field on COURTORD screen for court order #: _____

| Screen: | Field: | Entry: | Narrative: | Status: |
|----------|------------|----------------|------------|---------|
| OBLIGDST | HI ORDERED | Blank, N, or U | 24 | |
| COURTORD | HEALTH INS | Y | 32 | |

Process: **MED** Number: **13**

Text: MEDSUM processing bypassed. IA is the responding state. The initiating state did not request medical support enforcement.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|---------|--------|------------|---------|
| MEDSUM | ENF MED | N | | |

Process: **MED** Number: **14**

Text: Enter outcome of informal conference scheduled for _____.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|---------------|------------|------------|---------|
| MEDMTQ | CONF SET DATE | Valid date | 40 | |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **15**

Text: Enter outcome of informal conference scheduled for _____.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|---------------|------------|------------|---------|
| MEDMTQ | CONF SET DATE | Valid date | 41 | |
| | INIT STATE | IA | | |

Process: **MED** Number: **16**

Text: This flag deletes the calendar for the user to enter results of the informal conference.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|------------|--------|------------|---------|
| MEDMTQ | CONF HELD | Y or N | 43 | |
| | INTERSTATE | Blank | 45 | |
| | INIT STATE | IA | 46 | |
| | RSPN STATE | IA | 48 | |

Process: **MED** Number: **17**

Text: Enter outcome of informal conference rescheduled for _____.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|------------|--------|------------|---------|
| MEDMTQ | CONF HELD | R | 49 | |
| | INTERSTATE | Blank | 51 | |
| | INIT STATE | IA | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **18**

Text: Medical motion to quash hearing scheduled for _____.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------------|------------|------------|---------|
| MEDMTQ | HEARING DATE | Valid date | 59 | |
| | HELD | Blank | 61 | |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **19**

Text: MEDSUM processing bypassed. Check case file to see if other state wants Iowa to enforce medical support. Update the ENF MED field on the MEDSUM screen.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|---------|--------|------------|---------|
| MEDSUM | ENF MED | Blank | | |

Process: **MED** Number: **20**

Text: This flag deletes calendar flags 18, 21, and 22, when the hearing results is completed.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|------------|--------|------------|---------|
| MEDMTQ | HELD | N | 64 | |
| | INTERSTATE | Blank | 67 | |
| | INIT STATE | IA | 71 | |
| | RSPN STATE | IA | 72 | |
| | | | 73 | |
| | | | 85 | |

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Process: **MED** Number: **21**

Text: Check for order from the court with the results of the medical motion to quash hearing held _____.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|------------|--------|------------|---------|
| MEDMTQ | HELD | Y | | |
| | INTERSTATE | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **22**

Text: Check results of medical motion to quash hearing rescheduled for _____.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|------------|--------|------------|---------|
| MEDMTQ | HELD | R | 68 | |
| | INTERSTATE | Blank | 70 | |
| | INIT STATE | IA | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **23**

Text: HI information received from employer through the web site. MEDICAL screens have been updated. Review the case to determine further action.

| Screen: | Field: | Entry: | Narrative: | Status: |
|----------|----------------|------------|------------|---------|
| MEDICAL | EFFECTIVE DATE | Valid date | 91 | |
| EMPLOYRM | ELECTRONIC | Y | | |

Process: **MED** Number: **24**

Text: Payee is court ordered to provide health ins. Verify if payee is providing coverage and update MEDICAL screens if appropriate.

| Screen: | Field: | Entry: | Narrative: | Status: |
|----------|--|-----------|------------|---------|
| HIUPDATE | PARTY ORDERED TO PROVIDE HEALTH INS | PAYEE = Y | 98 | |

Process: **MED** Number: **25**

Text: Court order provides either for both parents to provide health insurance or for both parents to share in the cost of the HI premium. Review case to determine next appropriate action.

| Screen: | Field: | Entry: | Narrative: | Status: |
|----------|--------|--------|------------|---------|
| HIUPDATE | BOTH | Y | 99 | |

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Process: **MED** Number: **26**

Text: Duplicate employer with a medical record deleted. Contact the following employer to determine if medical is available:

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|
|---------|--------|--------|------------|---------|

Process: **MED** Number: **27**

Text: Dept. of Finance & Accounting (military) added as a verified employer. Contact obligee to begin enrollment in DEERS. See Medical Best Practices Handbook for more information.

| Screen: | Field: | Entry: | Narrative: | Status: |
|----------|-----------|--------|------------|---------|
| EMPLOYRM | EMPLOYRM2 | Y | 105 | |
| 2 | | | | |

Process: **MED** Number: **28**

Text: Payee health insurance policy ended on the MEDICAL screen. A child may be bypassed on the CHILD2 screen. Review case to determine if bypass code should be removed to begin medical support enf.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|-------------|------------|------------|---------|
| MEDICAL | END DATE | MM/DD/CCYY | 106 | |
| CHILD2 | EST BY-PASS | Any entry | | |

Process: **MED** Number: **29**

Text: Currently not in use.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|
|---------|--------|--------|------------|---------|

Process: **MED** Number: **30**

Text: Second employer verified. Determine if medical support enf is appropriate by contacting the employer that received medical support enf forms. Update the MEDSUM2 screen as needed.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|-----------------|--------|------------|---------|
| EMPVER | UPDATE EMPLOYER | Y | 108 | |

Process: **MED** Number: **31**

Text: Medical support enforcement began 30 days ago. Contact the following employer to verify dependent health insurance enrollment: _____

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|-----------|--------|------------|---------|
| MEDSUM2 | ENR STAT | Blank | 109 | |
| MEDSUM2 | FORM STAT | 2 | | |

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Process: **MED** Number: **32**

Text: Medical support enf began 60 days ago. Employer sent medical forms to the plan admin/insurer. Contact the following employer to verify dependent health insurance enrollment:

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|-----------|--------|------------|---------|
| MEDSUM2 | ENR STAT | P | 110 | |
| MEDSUM2 | FORM STAT | 4 | | |

Process: **MED** Number: **33**

Text: Obligor began COBRA-related health insurance 6 months ago. Verify that the obligor continues enrollment. If no longer enrolled, enter a date in the END DATE field on the MEDICAL screen.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|-------------------|--------|------------|---------|
| MEDICAL | VERIFIED INS TERM | C | 111 | |

Process: **MED** Number: **34**

Text: Obligor began COBRA-related health insurance 12 months ago. Verify that the obligor continues enrollment. If no longer enrolled, enter a date in the END DATE field on the MEDSUM2 screen.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|-------------------|--------|------------|---------|
| MEDICAL | VERIFIED INS TERM | C | 111 | |

Process: **MED** Number: **35**

Text: Obligor began COBRA-related health insurance 18 MONTHS AGO. Verify that the obligor continues enrollment. If no longer enrolled, enter a date

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|-------------------|--------|------------|---------|
| MEDICAL | VERIFIED INS TERM | C | 111 | |

Process: **MED** Number: **36**

Text: Deletes calendar flags 33, 34, and 35.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|
| | | | 115 | |

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Process: **MED** Number: **37**

Text: Medical support enforcement began 30 days ago. Contact the following EPICS web site employer to verify dependent health insurance enrollment: _____

| Screen: | Field: | Entry: | Narrative: | Status: |
|----------|------------|--------|------------|---------|
| MEDSUM2 | ENR STAT | Blank | 113 | |
| MEDSUM2 | FORM STAT | 2 | | |
| EMPLOYRM | ELECTRONIC | Y | | |

Process: **MED** Number: **38**

Text: Medical support enf began 60 days ago. Employer sent medical forms to the plan admin/insurer. Contact the following employer to verify dependent health insurance enrollment: _____

| Screen: | Field: | Entry: | Narrative: | Status: |
|----------|------------|--------|------------|---------|
| MEDSUM2 | ENR STAT | P | 114 | |
| MEDSUM2 | FORM STAT | 4 | | |
| EMPLOYRM | ELECTRONIC | Y | | |

Process: **MED** Number: **39**

Text: New employer verified. Review MEDMTQ screen and case file to determine if MTQ is still valid and if enforcement should begin for new employer. If MTQ no longer valid delete MEDMTQ screen.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|-------------------|--------|------------|---------|
| MEDMTQ | GRANTED OR STAYED | Y | 120 | |
| EMPVER | UPDATE EMPLOYER | Y | | |

Process: **MED** Number: **40**

Text: Contact the following employer to determine if dependent health insurance is available. If available change the "A" in the HI POT field to a "1."

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|
| MEDSUM2 | HI POT | A | | |

Process: **MED** Number: **41**

Text: Flag deletes MED 40.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|
| MEDSUM2 | HI POT | 1 | 2 | |
| | | | 11 | |

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Process: **MED** Number: **42**

Text: Flag deletes MED 19 when you enter an "N" in the ENF MED field.

| | | | | |
|---------|---------|--------|------------|---------|
| Screen: | Field: | Entry: | Narrative: | Status: |
| MEDSUM | ENF MED | N | 96 | |

Process: **CASE** Number: **11**

Text: Health insurance ltr not sent, no payee address, review for acct type change.

| | | | | |
|---------|--------|--------|------------|---------|
| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|

Process: **CASE** Number: **14**

Text: Check employer response to HIQ.

| | | | | |
|---------|--------|--------|------------|---------|
| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|

Process: **CASE** Number: **63 (Issues only for cases updated before September 2003.)**

Text: The payor has failed to obtain court ordered health insurance coverage. Review for coverage thru employment or possible contempt action.

| | | | | |
|---------|--------|--------|------------|---------|
| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|

Process: **CASE** Number: **64 (Issues only for cases updated before September 2003.)**

Text: The payor has failed to maintain required health insurance coverage. Review for coverage thru employment or possible contempt action.

| | | | | |
|---------|--------|--------|------------|---------|
| Screen: | Field: | Entry: | Narrative: | Status: |
| | | | 106 | |

Process: **CASE** Number: **66**

Text: Insurance information received from TPL indicates payor has private insurance coverage. Information added to case.

| | | | | |
|---------|--------|--------|------------|---------|
| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|

Process: **CASE** Number: **67**

Text: Employer info provided by TPL not found on system. Medical info stored as private, please verify.

| | | | | |
|---------|--------|--------|------------|---------|
| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|

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Process: **LISAN** Number: **68** (Issues only for cases updated before March 2004.)

Text: No longer used.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|--------|--------|------------|---------|
|---------|--------|--------|------------|---------|

Process: **CASE** Number: **105**

Text: HEALTH INS field on the COURTORD screen is blank. Review the court order and enter the correct response in this field.

| Screen: | Field: | Entry: | Narrative: | Status: |
|----------|------------|--------|------------|---------|
| COURTORD | HEALTH INS | Blank | 165 | |

Process: **LISAN** Number: **106** (Issues only for cases updated before December 24, 2003.)

Text: NPA REQUESTS MS ENF field on PAYEE screen needs to be completed. Determine correct code and update field so ms enf selection process can continue.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|---------------------|--------|------------|---------|
| PAYEE | NPA REQUESTS MS ENF | Blank | 166 | |

Process: **CASE** Number: **107**

Text: Health insurance is now available through the obligor's employer. Generate medical forms to enforce the medical language.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|---------------|--------------|------------|---------|
| EMPVER | EMP VERIFIED | Y | | |
| EMPVER | DATE HI AVAIL | Current date | | |

Process: **CASE** Number: **109**

Text: Dependent health insurance is now available to the obligee through the obligee's employer. Verify if the obligee is enrolling the child(ren).

| Screen: | Field: | Entry: | Narrative: | Status: |
|----------|---------------|--------------|------------|---------|
| CPEMPVER | EMP VERIFIED | Y | | |
| CPEMPVER | DATE HI AVAIL | Current date | | |

Process: **CASE** Number: **110**

Text: Dependent health insurance is now available to the obligor through the obligor's employer. Proceed with medical enforcement, if appropriate.

| Screen: | Field: | Entry: | Narrative: | Status: |
|---------|---------------|--------------|------------|---------|
| EMPVER | EMP VERIFIED | Y | | |
| EMPVER | DATE HI AVAIL | current date | | |

STATUSES

Process: **MED** Number: **1**

Text: The following children are enrolled in a health benefit plan: _____

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|----------|--------|------------|-------|
| MEDSUM2 | ENR STAT | E | | |

Process: **MED** Number: **2**

Text: The following children are enrolled in a health benefit plan: _____

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|----------|--------|------------|-------|
| MEDSUM2 | ENR STAT | E | | |

Process: **MED** Number: **3 (Issues only for cases updated before April 2002.)**

Text: Dependent health insurance is available to the obligor through the following employer:

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|-----------------|--------|------------|-------|
| EMPVER | UPDATE EMPLOYER | Y | 3 | |

Process: **MED** Number: **4 (Issues only for cases updated before April 2002.)**

Text: The following children are ineligible for coverage under a health insurance plan: _____

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|-----------|--------|------------|-------|
| MEDSUM2 | ENR STAT | P | | |
| MEDSUM2 | FORM STAT | 0 | | 4 |

Process: **MED** Number: **5 (Issues only for cases updated before April 2002.)**

Text: Court ordered health insurance is available through the following verified employer:

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------|--------|------------|-------|
|---------|--------|--------|------------|-------|

Process: **MED** Number: **6 (Issues only for cases updated before April 2002.)**

Text: The case is being reviewed for referral to the Review/Adjust Unit for establishment of health insurance. Health insurance is available through the following employer:

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------|--------|------------|-------|
| MEDSUM2 | HI POT | 2 | | 6 |

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Process: **MED** Number: **7** (**Issues only for cases updated before April 2002.**)

Text: Case is being reviewed for possible referral to the establishment unit to secure an order.
Health insurance is available through the following verified employer: _____

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------|--------|------------|-------|
| MEDSUM2 | HI POT | 3 | | 7 |

Process: **MED** Number: **8**

Text: Not in use.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------|--------|------------|-------|
|---------|--------|--------|------------|-------|

Process: **MED** Number: **9** (**Issues only for cases updated before April 2002.**)

Text: The obligor has requested an informal conference concerning our enforcement of medical obligations. We will advise you of the outcome.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|---------------------|------------|------------|-------|
| MEDMTQ | INFORMAL CONFERENCE | Valid date | 75 | |
| | REQUESTED DATE | | | |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **10** (**Issues only for cases updated before April 2002.**)

Text: The obligor has requested an informal conference concerning our enforcement of medical support. We will advise you of the outcome.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|---------------------|------------|------------|-------|
| MEDMTQ | INFORMAL CONFERENCE | Valid date | 38 | |
| | REQUESTED DATE | | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **11**

Text: The State of Iowa has not received an update on the outcome of the noncustodial parent's request to contest the enforcement of health insurance. Please advise so that we know how to proceed.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|---------------|------------|------------|-------|
| MEDMTQ | CONF SET DATE | Valid date | 42 | |
| | INIT STATE | IA | | |
| | CONF HELD | Blank | | |

Process: **MED** Number: **12**

Text: An informal conference with the noncustodial parent concerning the enforcement of health insurance was held, the following decision was reached: _____

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|------------|--------|------------|-------|
| MEDMTQ | CONF HELD | Y | 78 | |
| | INTERSTATE | blank | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **13**

Text: An informal conference with the noncustodial parent was held on _____ concerning the enforcement of health insurance. We reached the following decision: _____

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|------------|--------|------------|-------|
| MEDMTQ | CONF HELD | Y | 13 | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **14**

Text: The informal conference was not held with the noncustodial parent concerning the enforcement of health insurance. Based on the information provided prior to the informal conference, the following decision was reached: _____

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|------------|--------|------------|-------|
| MEDMTQ | CONF HELD | N | 79 | |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **15**

Text: An informal conference with the noncustodial parent was not held on _____ concerning the enforcement of health insurance. Based on the information provided prior to the informal conference, the following decision was reached: _____

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|------------|--------|------------|-------|
| MEDMTQ | CONF HELD | N | 47 | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **16 (Issues only for cases updated before April 2002.)**

Text: We have rescheduled the informal conference with the obligor concerning medical support for _____.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|------------|--------|------------|-------|
| MEDMTQ | CONF HELD | R | 80 | |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |

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Process: **MED** Number: **17 (Issues only for cases updated before April 2002.)**

Text: We have rescheduled the informal conference with the obligor concerning medical support for _____.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|------------|--------|------------|-------|
| MEDMTQ | CONF HELD | R | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **18 (Issues only for cases updated before April 2002.)**

Text: The obligor has filed a motion to quash medical enforcement. We will advise you of the outcome of any hearing held regarding this matter.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|----------------|------------|------------|-------|
| MEDMTQ | MTQ FILED DATE | Valid date | 81 | |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **19 (Issues only for cases updated before April 2002.)**

Text: The obligor has filed a motion to quash medical enforcement. We will advise you of the outcome of any hearing held regarding this matter.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|----------------|------------|------------|-------|
| MEDMTQ | MTQ FILED DATE | Valid date | 53 | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **20 (Issues only for cases updated before April 2002.)**

Text: The obligor has served a motion to quash medical enforcement. We will advise you of the outcome of any hearing held regarding this matter.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|-----------------|------------|------------|-------|
| MEDMTQ | MTQ SERVED DATE | Valid date | 82 | |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **21 (Issues only for cases updated before April 2002.)**

Text: The obligor has served a motion to quash medical enforcement. We will advise you of the outcome of any hearing held regarding this matter.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|-----------------|------------|------------|-------|
| MEDMTQ | MTQ SERVED DATE | Valid date | 56 | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **22**

Text: Text: The Child Support Recovery Unit enforced the health insurance requirement in the court order. The noncustodial parent is challenging the enforcement of health insurance and a court hearing is set for _____. You may attend the court hearing. For the time and location of the court hearing call 1-888-229-7150. We will let you know the results of the hearing.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------------|------------|------------|-------|
| MEDMTQ | HEARING DATE | Valid date | 84 | |
| | HELD | Blank | | |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **23**

Text: Currently not in use.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------|--------|------------|-------|
|---------|--------|--------|------------|-------|

Process: **MED** Number: **24**

Text: The noncustodial parent challenged the enforcement of health insurance and a court hearing is set for _____. We will advise you of the results of the hearing.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------------|------------|------------|-------|
| MEDMTQ | HEARING DATE | Valid date | 60 | |
| | HELD | Blank | | |
| | RSPN STATE | IA | | |

Process: **MED** Number: **25**

Text: The motion to quash hearing concerning health insurance enforcement was not held on ____ for this reason: _____

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|------------|--------|------------|-------|
| MEDMTQ | HELD | N | 87 | |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |

Process: **MED** Number: **26**

Text: A hearing regarding a motion to quash health insurance enforcement was held on _____. The court reached the following decision: _____

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|------------|--------|------------|-------|
| MEDMTQ | HELD | Y | 86 | |
| | INTERSTATE | Blank | | |
| | INIT STATE | IA | | |

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Process: **MED** Number: **27**

Text: A court hearing regarding the enforcement of health insurance was held on _____. The court reached the following decision: _____

| | | | | |
|---------|--------------------|---------|------------|-------|
| Screen: | Field: | Entry: | Narrative: | Flag: |
| MEDMTQ | HELD RSPN STATE | Y IA | 65 | |

Process: **MED** Number: **28**

Text: The court did not hear the motion to quash concerning the enforcement of health insurance on _____. For this reason the following occurred: _____

| | | | | |
|---------|--------------------|---------|------------|-------|
| Screen: | Field: | Entry: | Narrative: | Flag: |
| MEDMTQ | HELD RSPN STATE | N IA | 28 | |

Process: **MED** Number: **29**

Text: The motion to quash hearing concerning health insurance enforcement is rescheduled for _____. You may attend the court hearing. For the time and location of the court hearing call 1-888-229-9223. We will let you know the results of the hearing.

| | | | | |
|---------|--------------------|------------|------------|-------|
| Screen: | Field: | Entry: | Narrative: | Flag: |
| MEDMTQ | HELD INTERSTATE | R Blank | 88 | |

Process: **MED** Number: **30**

Text: Currently not in use.

| | | | | |
|---------|--------|--------|------------|-------|
| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------|--------|------------|-------|

Process: **MED** Number: **31**

Text: The court rescheduled the hearing regarding the motion to quash the enforcement of health insurance for _____. We will advise you of the results of the hearing.

| | | | | |
|---------|--------------------|---------|------------|-------|
| Screen: | Field: | Entry: | Narrative: | Flag: |
| MEDMTQ | HELD RSPN STATE | R IA | 69 | |

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Process: **CASE** Number: **14 (Issues only for cases updated before April 2002.)**

Text: The noncustodial parent named above has failed to maintain required health insurance coverage for the child(ren) named below. We will review this case periodically to determine whether coverage becomes available through employment or other group health insurance, and take any necessary enforcement action to ensure that the child(ren) named below are enrolled. We will advise you of any change in insurance coverage.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|-----------------|--------------------------|------------|-------|
| EMPVER | UPDATE EMPLOYER | Y | | |
| MEDICAL | EFFECTIVE DATE | Blank, no medical record | | |

Process: **CASE** Number: **16 (Issues only for cases updated before April 2002.)**

Text: As a non-public assistance recipient, you declined medical support services. Since you are now receiving FIP benefits, the CSRU will proceed with all establishment and enforcement actions, including medical support.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|---------------------|-----------------------|------------|-------|
| PAYEE | NPA REQUESTS MS ENF | N | | |
| CASE | CURRENT ACCT TYPE | Changes from 12 to 11 | | |

Process: **CASE** Number: **17 (Issues only for cases updated before April 2002.)**

Text: As a non-public assistance recipient, you declined medical support services. Since you are now receiving Medicaid, CSRU will proceed with all establishment and enforcement actions, including medical support.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|---------------------|-----------------------|------------|-------|
| PAYEE | NPA REQUESTS MS ENF | N | | |
| CASE | CURRENT ACCT TYPE | Changes from 12 to 18 | | |

Process: **CASE** Number: **18**

Text: Your request for only medical support enforcement services is no longer valid since you are currently receiving FIP benefits. The Child Support Recovery Unit will now pursue establishment or enforcement of any child support or medical support obligation.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|----------------------|-----------------------|------------|-------|
| PAYEE | MEDICAID MS ENF ONLY | Y | | |
| CASE | CURRENT ACCT TYPE | Changes from 18 to 11 | | |

Process: **CASE** Number: **19**

Text: Text: The Department of Human Services is required to provide you with health insurance information when the obligor may no longer be covering the dependents. We have received information that the obligor is no longer employed by the employer that was previously providing health insurance. We have sent a letter to the employer to determine if the health insurance covering the dependents has ended. We will contact you when we have more information. If you know the date the health insurance policy ended, please notify the Child Support Recovery Unit.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|----------------|--------|------------|-------|
| MEDICAL | EMP TERMINATED | Y | 182 | 140 |
| | | | 186 | |
| | | | 259 | |

Process: **CASE** Number: **20 (Issues only for cases updated before April 2002.)**

Text: Text: Since you are no longer receiving public assistance, your request for only medical support services is no longer valid. As a non-public assistance obligee, all child support services must be pursued. You may request medical support services. If you request medical support services, CSRU will pursue establishment or enforcement of any child support obligation and medical support obligation.

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|----------------------|-----------------------|------------|-------|
| PAYEE | MEDICAID MS ENF ONLY | Y | | |
| CASE | CURRENT ACCT TYPE | Changes from 18 to 12 | | |

Process: **CASE** Number: **24 (Issues only for cases updated before April 2002.)**

Text: Medical insurance has been added effective _____, provided by: _____

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------|--------|------------|-------|
|---------|--------|--------|------------|-------|

Process: **CASE** Number: **26**

Text: The following medical insurance provided by the _____ was added on _____ .

Employer name: _____

Policy No: _____

Insurance Co: _____

| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|-----------------------|---------------------------------------|------------|-------|
| MEDICAL | INSURANCE PROVIDED BY | Make one selection | 252 | |
| | POLICY NUMBER | Alpha/numeric entry | 392 | |
| | EFFECTIVE DATE | Equal to or less than Current date | | |

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March 4, 2005

Process: **CASE** Number: **27 (Issues only for cases updated before April 2002.)**

Text: The following health insurance coverage provided by the _____ ended on _____ .

Employer name: _____

Policy No: _____

Insurance Co: _____

| | | | | |
|---------|-----------------------|---------------------|------------|-------|
| Screen: | Field: | Entry: | Narrative: | Flag: |
| MEDICAL | INSURANCE PROVIDED BY | Make one selection | 253 | |
| | POLICY NUMBER | Alpha/numeric entry | 393 | |
| | END DATE | MM/DD/CCYY | | |

Process: **CASE** Number: **38 (Issues only for cases updated before April 2002.)**

Text: Case was reviewed and modified on _____ requiring the obligor to carry health insurance on the following child(ren): _____

| | | | | |
|---------|--------|--------|------------|-------|
| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------|--------|------------|-------|

Process: **CASE** Number: **39 (Issues only for cases updated before April 2002.)**

Text: Case was reviewed and the medical support obligation was modified on: _____

| | | | | |
|---------|--------|--------|------------|-------|
| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------|--------|------------|-------|

Process: **CASE** Number: **40 (Issues only for cases updated before April 2002.)**

Text: Case was reviewed and modified to include a medical support obligation on: _____

| | | | | |
|---------|--------|--------|------------|-------|
| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------|--------|------------|-------|

Process: **CASE** Number: **41 (Issues only for cases updated before April 2002.)**

Text: Case was reviewed and modified to include a medical judgment obligation on: _____

| | | | | |
|---------|--------|--------|------------|-------|
| Screen: | Field: | Entry: | Narrative: | Flag: |
|---------|--------|--------|------------|-------|

Process: **CASE** Number: **54**

Text: *****Medical insurance deleted*****

| | | | | |
|---------|--------|--------|------------|-------|
| Screen: | Field: | Entry: | Narrative: | Flag: |
| | | | 183 | |



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

May 25, 1999

GENERAL LETTER NO. 11-I-1

ISSUED BY: Bureau of Collections, Division of Policy Coordination

SUBJECT: Employees' Manual, Title 11, Chapter I, *Medical Support*, Title page, new;
Table of Contents (pages 1-3), new; and pages 1 through 126, new.

Summary

This chapter explains the federal and state requirements for the establishment and enforcement of medical support provisions in a court order. This chapter describes how to use the information contained within ICAR to accomplish the requirements.

Effective Date

Upon receipt

Material Superseded

None

Additional Information

Refer questions about this general letter to your regional collections administrator.



March 4, 2005

GENERAL LETTER NO. 11-I-2

ISSUED BY: Bureau of Collections,
Division of Child Support Recovery, Case Management, and Refugee Services

SUBJECT: Employees' Manual, Title 11, Chapter I, **MEDICAL SUPPORT**, Title page, revised; Contents (pages 1 through 3), revised; Contents (page 4), new; pages 1 through 126, revised; and pages 127 through 200, new.

Summary

This manual on medical support is revised and reorganized to incorporate policy changes and ICAR enhancements. The material is revised to:

- ◆ Add information about:
 - Selecting a health insurance plan.
 - The Medical Summary 3 (MEDSUM3) screen.
 - How to challenge medical support enforcement.
- ◆ Update:
 - Legal and manual references.
 - The sequence in which the information in the manual is provided.
 - Information on medical support services the Child Support Recovery Unit provides.
 - Information about the valid entries on the Medical Summary 2 (MEDSUM2) screen.

Effective Date

Immediately.

Material Superseded

Remove the entire Chapter I from Employees' Manual, Title 11, and destroy it. This includes:

| <u>Page</u> | <u>Date</u> |
|----------------------|--------------|
| Title page | May 25, 1999 |
| Contents (pages 1-3) | May 25, 1999 |
| 1-126 | May 25, 1999 |

Additional Information

Refer questions about this general letter to your regional collections administrator.