

June 17, 2022

## **GENERAL LETTER NO. 11-I-4**

ISSUED BY: Bureau of Collections  
Division of Field Operation

SUBJECT: Employees' Manual, Title 11, Chapter I, **Medical Support**, 12, 15, 27, 30-47, 91, 92, 105-107, 140, 153, 194, revised.

### **Summary**

This chapter is revised to:

- ◆ Update the screen print for the OBLIG screen.
- ◆ Add procedures for entering medical support orders with health insurance only (HO) obligations on ICAR.
- ◆ Update procedures for entering medical support orders with cash medical support (MS) obligations on ICAR.
- ◆ Update procedures for entering medical support orders that require reimbursement (RE) and health insurance only (HO) obligations.
- ◆ Update procedures for batch forms that now print at the Department's Mailing service instead of the Employers Partnering in Child Support Unit (EPICS) office. Those forms include:
  - Form 470/3818, *National Medical Support Notice (NMSN)*,
  - Form 470-2743, *Employer Medical Support Information*, and
  - Form 470-3733, *Initiation of Medical Support Enforcement*
- ◆ Update procedures for medical satisfaction to include the new the Supreme Court Guidelines minimum obligation amounts that were effective January 1, 2022.
- ◆ Add information on the new narrative MED221 and when it issues.

### **Effective Date**

Immediately.

### **Material Superseded**

Remove the following pages from Employees' Manual, Title 11, Chapter I, and destroy them:

<u>Page</u>	<u>Date</u>
12, 15, 27, 30-47, 91, 92, 105-107, 140, 153, 194	October 9, 2020

### **Additional Information**

Refer questions about this general letter to your regional collections administrator.

If the payee 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 payee's request for only medical support services.

Refer to the following bold field on the PAYEE screen, MEDICAID MS ENF ONLY:

```

D479HC01          IOWA COLLECTION AND REPORTING SYSTEM      DATE: 10/25/19
                  -- PAYEE --                               TIME: 13:46:05
                  STOP   DRI:                               FVI:
CASE NUMBER.....:          PAYEE ID NUMBER.: 0000000    ICIS CASE:...:
NONCOOPERATION...:        GOOD CAUSE.....:          TFC:   REPAY:
NAME (LFMS).....:          :                               :
BANKRPTCY & CHAPTR:      00 00 0000  INTERNATIONAL:
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:
                  SET XREF:
BIRTHDATE.....: 00 00 0000    SEX (F/M).....:   NO XREF (Y/N):
CNTY OF RESIDENCE.:          SSN.....:
STATE I.D.....:
CURRENT ACCT TYPE.:          CURRENT START DATE: 00 00 0000
NEXT ACCT TYPE....:          NEXT START DATE...: 00 00 0000
COMMENTS:          ICON.....:

F3=MODIFY, F4=DELETE ADDR, F5=INQUIRY, F6=PAYEE2, F11=PECONTAC
F12=XREF VERIFICATION, F13=PEWEBIVR
NEXT SCREEN:          NOTES:
PLEASE ENTER CASE NUMBER AND PRESS F5
    
```

**Establishment**

When the payee requests only medical support services after the Medicaid agency already referred a case for IV-D services, and there is no existing court order, do not proceed with the establishment of a child support obligation. Instead:

- ◆ If the payee never received FIP, start an action to seek an order that establishes:
  - Paternity (if at issue); and
  - Medical support.

### **Enforcement of NPA Cases**

The Unit does not enforce medical support requirements against payees. However, the Unit can seek an order for a payee to provide health care coverage. A court may order a payee to pay cash medical support for the children in a private action. For these orders, you must update ICAR to show the order requires the payee to provide health care coverage and/or cash medical support.

When an NPA payee is court-ordered to provide health care coverage for the child, proceed as follows:

- ◆ Enter a "Y" in the HI/MS ORDERED field on the COURTORD screen.
- ◆ Enter a "Y" in HEALTH INS (Y/N) field on the HIUPDATE screen.
- ◆ Enter a "Y" in the PARTY ORDERED TO PROVIDE HEALTH INS? field on the HIUPDATE screen, and enter a "Y" to the left of the PAYEE field.
- ◆ When you find out the payee provides a health benefit plan for the child(ren), enter the plan on the MEDICAL screen.

See [Recording Medical Support Information On ICAR](#) and [Recording Health Care Coverage](#) for more information on updating these screens.

When an NPA payee is court-ordered to provide cash medical support for the child, proceed as follows:

- ◆ Enter "Y" in the HI/MS ORDERED field on the COURTORD screen.
- ◆ Enter "Y" in the CASH MED SUPPORT (Y/N) field on the HIUPDATE screen.
- ◆ Enter "Y" in the PARTY ORDERED TO PAY CASH MEDICAL SUPPORT? field on the HIUPDATE screen, and enter a "Y" to the left of the PAYEE field.

NOTE: Do not enter an MS obligation on ICAR when the court order requires the payee to provide cash medical support.

See [Recording Medical Support Information On ICAR](#) for more information on updating the COURTORD and HIUPDATE screens.

## **OBLIG Screen**

For each court order, record each obligation on the OBLIG screen. Update this screen for new and modified orders. To access the OBLIG screen, type "OBLIG" in the NEXT SCREEN field on the COURTORDD screen.

ICAR displays the following screen:

```

D479HC09          IOWA COLLECTION AND REPORTING SYSTEM          DATE:
                   OBLIGATION                                  TIME:

CASE NUMBER.....:
COURT ORDER NUMBER:                CHOICE OF LAW JUR...:
COURT COUNTY.....:                SATISFY OBLIGATION FOR MONTH:
FIPS CODE.....:                    PARTICIPATED:    IMPUTED INC:
SUSPENSE.....:                    (REIMBURSEMENT ACCT TYPE:    AMT DUE:    )
OBLIGATION TYPE...:
OBLIGATION AMOUNT...:    $ .00
OBLIGATION FREQ...:    (SEMI-MONTH DUE ON THE    AND THE    )
EFFECTIVE DATE....:    0000    DEV(Y/N)..:    BY:    REASON:
END DATE.....:                    NCP UME PCNT:    0.00    REJ BYPASS:
PAYMENT FIPS:    SEND TO PAYEE:    PRIORITY INFO:
LAST COURT ACTION.:    LAST COURT ACTION DATE.:    0000
                                CSRU MOD    CORRECTION FLAG:
DISPLAY DATE:    CORRECTION START DATE:
COMMENTS:    CORRECTION RUN DATE:

F2=ADD, F3=MODIFY, F4=DELETE, F5=INQUIRY, F7=PAGE BACK, F8=PAGE FORWARD,
F9=REFRESH, F11=GO TO COLA ADJUST SCREEN, F12=OBLIGDST F13=DISTHST
NEXT SCREEN:    NOTES:
PLEASE ENTER CASE NUMBER
    
```

Fields, values, and descriptions relevant to medical support enforcement on the OBLIG screen are:

- ◆ **OBLIGATION TYPE:** Record an obligation for cash medical support or health care coverage in this field. The following obligation types are relevant to medical support:
  - **MS (medical support):** Enter "MS" in this field when the payor is court-ordered to provide cash medical support.
  - **MR (medical reimbursement):** Enter "MR" in this field when the payor is court-ordered to reimburse medical expenses.
  - **HO (health insurance only):** Enter "HO" in this field when the payor is court-ordered to provide health care coverage for the dependent(s). 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 more information, see [Entering RE and HO Obligations](#).

## **Entering Medical Support Orders and Obligations on ICAR**

The entries you make to record medical support on the COURTORD, HIUPDATE, MEDINFO, OBLIG and OBLIGDST screens in ICAR depend on the specific language in the order. First, determine the types of support to enter on the case (e.g. child support and health care coverage, health care coverage only). Next, update the necessary medical-related fields on those screens to document the medical support provisions from the order. Instructions for the most common scenarios follow.

### **Entering CS obligations with Health Care Coverage Ordered**

When the court order requires health care coverage:

- ◆ Enter the court order information on the COURTORD screen and place "Y" in the HI/MS ORDERED field.
- ◆ On the HIUPDATE screen, place "Y" next to the person(s) ordered to provide health care coverage and/or cash medical support. This includes the payee, payor, the "other parent" not on the case, or any other person ordered to provide health care coverage. See **HIUPDATE Screen** for more information on updating this screen.
- ◆ On the MEDINFO screen, enter the medical support language in the HEALTH INSURANCE LANGUAGE field, if required.
- ◆ Enter the CS obligation on the OBLIG screen and complete all required fields.
- ◆ Enter "Y" in the HI ORDERED (Y/N/U) field on the OBLIGDST screen for each child for whom health care coverage is ordered. Do not make an entry in the HI ORDERED (Y/N/U) field for a child not covered by the court order.

NOTE: When there is only one child on the case, ICAR enters either "Y" or "N" in the HI ORDERED (Y/N/U) field. ICAR distributes the full support obligation amount to the child.

### **Entering HO-Only Obligations**

When the court order requires the **payor** to only provide health care coverage (no child support obligation in the order):

- ◆ Enter the court order information on the COURTORD screen and place "Y" in the HI/MS ORDERED field.
- ◆ On the HIUPDATE screen, place "Y" next to PAYOR under the PARTY ORDERED TO PROVIDE HEALTH INS? field. See **HIUPDATE Screen** for more information on updating this screen.

- ◆ On the MEDINFO screen, enter the medical support language in the HEALTH INSURANCE LANGUAGE field, if required.
- ◆ Enter the HO obligation on the OBLIG screen and complete all required fields.
- ◆ Enter "Y" in the HI ORDERED (Y/N/U) field on the OBLIGDST screen for each child for whom health care coverage is ordered. Do not make an entry in the HI ORDERED (Y/N/U) field for a child not covered by the court order.

NOTE: When there is only one child on the case, ICAR enters either "Y" or "N" in the HI ORDERED (Y/N/U) field. ICAR distributes the full support obligation amount to the child.

### **Entering MS Obligations**

When you add a cash medical support (MS) obligation to the case, you also need to update the COURTORD, HIUPDATE, OBLIG, and OBLIGDST screens for it to correctly process for medical support enforcement. Take the following steps in the situations below so that the case processes correctly for medical support. When:

- ◆ **Neither** parent is ordered to provide health care coverage, but the **payor** is ordered to pay cash medical support:
  - Enter the court order information on the COURTORD screen and update the HI/MS ORDERED field with "Y".
  - On the HIUPDATE screen, enter "N" in the HEALTH INS (Y/N) field, and enter "Y" in the CASH MED SUPPORT (Y/N) field. Place "Y" next to PAYOR under the PARTY ORDERED TO PAY CASH MEDICAL SUPPORT? field.
  - On the OBLIG screen, enter the MS obligation.
  - On the OBLIGDST screen, update the HI ORDERED (Y/N/U) field with "N" for the children included in the order. Distribute the MS obligation amount according to the language in the court order.
- ◆ The **payee** is ordered to provide health care coverage and the **payor** is ordered to pay cash medical support:
  - Enter the court order information on the COURTORD screen and update the HI/MS ORDERED field with "Y".
  - On the HIUPDATE screen, enter "Y" in the HEALTH INS (Y/N) field and enter "Y" in the CASH MED SUPPORT (Y/N) field. Place "Y" next to PAYEE under the PARTY ORDERED PROVIDE HEALTH INS? field. Place "Y" next to PAYOR under the PARTY ORDERED TO PAY CASH MEDICAL SUPPORT? field.
  - On the OBLIG screen, enter the MS obligation.

- On the OBLIGDST screen, update the HI ORDERED (y/n/u) field with "Y" for the children included in the order. Distribute the MS obligation amount according to the language in the court order.
- ◆ The **payor** is ordered to provide health care coverage and pay cash medical support at the same time:
  - Enter the court order information on the COURTORD screen, update the HI/MS ORDERED field with "Y".
  - On the HIUPDATE screen, enter "Y" in the HEALTH INS (Y/N) field and enter "Y" in the CASH MED SUPPORT (Y/N) field. Place "Y" next to PAYOR under the PARTY ORDERED TO PROVIDE HEALTH INS? field. Place "Y" next to PAYOR under the PARTY ORDERED TO PAY CASH MEDICAL SUPPORT? field.
  - On the OBLIG screen, enter the MS obligation.
  - On the OBLIGDST screen, update the HI ORDERED (y/n/u) field with "Y" for the children included in the order. Distribute the MS obligation amount according to the language in the court order.

- ◆ The **payor** is ordered to provide health care coverage and the **payee** is ordered to pay cash medical support:
  - Enter the court order information on the COURTORD screen and update the HI/MS ORDERED field with "Y".
  - On the HIUPDATE screen, enter "Y" in the HEALTH INS (Y/N) field and enter "Y" in the CASH MED SUPPORT (Y/N) field. Place "Y" next to PAYOR under the PARTY ORDERED TO PROVIDE HEALTH INS? field. Place "Y" next to PAYEE under the PARTY ORDERED TO PAY CASH MEDICAL SUPPORT? field.

NOTE: Do not enter an MS obligation on the case when the **payee** is ordered to pay cash medical support.

- ◆ The **payee** is ordered to provide health care coverage and the **payee** is also ordered to pay cash medical support:
  - Enter the court order information on the COURTORD screen and update the HI/MS ORDERED field with "Y".
  - On the HIUPDATE screen, enter "Y" in the HEALTH INS (Y/N) field and enter "Y" in the CASH MED SUPPORT (Y/N) field. Place "Y" next to PAYEE under the PARTY ORDERED TO PROVIDE HEALTH INS? field. Place "Y" next to PAYEE under the PARTY ORDERED TO PAY CASH MEDICAL SUPPORT? field.

NOTE: Do not enter an MS or HO obligation on the case when the **payee** is ordered to pay cash medical support and provide health care coverage.

- ◆ The **payee** or the **payor** are ordered to provide health care coverage, but someone other than the payee or payor on the case is ordered to provide cash medical support:
  - Enter the court order information on the COURTORD screen and update the HI/MS ORDERED field with "Y".
  - On the HIUPDATE screen, enter "Y" in the HEALTH INS (Y/N) field and enter "Y" in the CASH MED SUPPORT (Y/N) field. Place "Y" next to appropriate section under the PARTY ORDERED TO PROVIDE HEALTH INS? field. Place "Y" next to OTHER under the PARTY ORDERED TO PAY CASH MEDICAL SUPPORT? field.
- ◆ The **payor** is ordered to provide health care coverage and cash medical support, but the payor is not required to provide **both** at the same time. Based on the order language you determine you need to enforce the cash medical support:
  - Enter the court order information on the COURTORD screen and enter "Y" in the HI/MS ORDERED field.
  - On the HIUPDATE screen, enter:
    - ◇ "N" in the HEALTH INS (Y/N) field.
    - ◇ "Y" in the CASH MED SUPPORT (Y/N) field.
    - ◇ "Y" in the PAYOR field under PARTY ORDERED TO PROVIDE CASH MEDICAL SUPPORT?."
  - On the MEDINFO screen note the court order language.
  - On the OBLIG screen, add the MS obligation. In the COMMENTS field make a note about the court order language.
  - Enter "N" in the HI ORDERED field on the OBLIGDST screen for the MS obligation and for any other obligations on the court order.

The exact wording of the order will dictate how you will enforce the obligations. Keep in mind that ICAR will not enforce the payor's health care coverage requirements when the above entries are made.

When you find out the payor is providing health care coverage, you will need to add the policy to ICAR using the MEDICAL screen and suspend the MS obligation using the PERIODS OF SUSPENSION (SUSPENSE) screen. Begin the suspension with the effective date of the health care policy.

If you later discover the policy is no longer in effect, end the policy on the MEDICAL screen and end the suspension of the MS obligation through the SUSPENSE screen. See 11-T, [Distribution](#), for more information on the SUSPENSE screen and the SUSPENSION UPDATE sub-screen.

Be sure to notify the payor that Iowa Code 252E.9(2) requires the payor to provide CSRU with policy information for any health care coverage the he or she provides for the dependents, as well as any changes in coverage.

NOTE: When adding an MS obligation to the case, you must distribute the cash support obligation between the appropriate children in the OBLIGATION AMOUNT field on the OBLIGDST screen.

### **Entering RE and HO Obligations**

When the order requires reimbursement (RE) and health care coverage, but does not require current child support, enter separate OBLIG screens for the reimbursement (RE) and the health insurance only (HO) obligations. Do the following:

- ◆ Enter the court order information on the COURTORD screen and place "Y" in the HI/MS ORDERED field.
- ◆ On the HIUPDATE screen, place "Y" next to each party ordered to provide health care coverage. See HIUPDATE Screen for more information on updating this screen.
- ◆ On the MEDINFO screen, enter the medical support language in the HEALTH INSURANCE LANGUAGE field, if required.
- ◆ 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.

ICAR displays the OBLIGDST screen. Enter "N" in the HI ORDERED field on the OBLIGDST screen and press the F3 key. Always be sure to enter "N" in the HI ORDERED field for RE obligations. This ensures that ICAR correctly calculates the child's emancipation date and end date for medical support. See 11-T, [Distribution](#), for more information on the OBLIGDST screen.

- ◆ Return to the OBLIG screen. Press the F9 key to refresh the screen.
- ◆ Complete all required fields on the OBLIG screen for the HO obligation.
- ◆ Press the F2 key twice to add the HO obligation to the case.  
ICAR displays the OBLIGDST screen. Indicate whether the order requires health care coverage for each child covered by the court order by entering "Y" or "N" in the HI ORDERED field on the OBLIGDST screen and press the F3 key. Do not make an entry in the field when the court order does not include a child on the case.

### **Entering UME When No One is Ordered to Provide Medical Support**

If you receive an order that requires a parent to provide UME, but does not require a parent to pay child support or medical support, do the following:

- ◆ Enter the court order information on the COURTORD screen and enter "N" in the HI/MS ORDERED field.
- ◆ Enter a PO obligation on the OBLIG screen and then add the UME percentage amount in the NCP UME PCNT field.
- ◆ Narrate that you have added the PO obligation to the case as a way to add the UME obligation to ICAR.
- ◆ If the court modifies the order or establishes a new order that overrides this court order and includes health care coverage or cash medical support, delete the PO obligation and add the updated obligations to the case.

### **Entering an Obligation for the Payee to Provide Health Care Coverage When there is No CS Obligation on the Case**

When the Unit receives a court order that requires the payee to provide dependent health care coverage but orders no current child support, do the following:

- ◆ Add the court order information to the COURTORD screen and place "Y" in the HI/MS ORDERED field on that screen.
- ◆ On the HIUPDATE screen, put "Y" next to the PAYEE field under the PARTY ORDERED TO PROVIDE HEALTH INS? field. Press F3 twice to update the screen.
- ◆ On the CHILD2 screen, enter "OTH" in the EST BY-PASS field **if you are not** proceeding with a modification or establishment action to add support. Narrate why you are bypassing the child.
- ◆ If UME is also ordered, add the UME percentage in the MEDICAL COMMENT field on the MEDINFO screen.

## **Recording Health Care Coverage**

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

- ◆ The payor has a verified employer and MEDSUM processes the employer for medical enforcement;
- ◆ You receive information from the payor regarding the health benefit plan; or
- ◆ You receive information from the payee regarding the health benefit plan.

Employers, payors and payees may provide this information to you in several ways. These include 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 payor returns form 470/0413, *Obligor Insurance Questionnaire*, indicating the payor provides an employment-related plan for the child, or enrolled the child in a private policy.
- ◆ The employer returns form 470-0177M, *Employment and Health Insurance Questionnaire*, and indicates the child is enrolled in a health benefit plan and provides the policy number and information about the types of coverage.
- ◆ The payee returns form 470-2748, *Payee Medical Support Questionnaire*, and indicates the child is enrolled in a health benefit plan.
- ◆ The payor and/or payee send health benefit information to the Unit in other ways (copies of health benefit plan cards, written information regarding a health benefit plan, etc.).

Record health benefit information on the MEDICAL, INSURER COMPANY LIST, INSURANCE DEPENDENT LIST, and MEDICAL COVERAGE screens as described in the following sections. ICAR requires an entry on the MEDICAL screen indicating who provides a health benefit plan for the child (e.g., the payor, the payee, or a third party). For payors, you are also required to enter whether the policy is private or employment-related.

Record each health benefit plan on a separate MEDICAL screen and the associated subscreens.

When more than one health benefit policy exists, you must press F7/F8 to scroll through the employment-related policies and F10/F11 to scroll through the private/payee policies. Press the F9 key to refresh the MEDICAL screen to enter additional health benefit plans. Use the appropriate "F" keys to scroll through the MEDICAL screens on the case to view and modify (if appropriate) information on the health benefit plans connected to the case.

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

### **Contacting an Employer for Health Benefit Plan Information**

Information regarding a payor's employer is available through a variety of sources, such as the REFER screens, the payor, or the ICER/ICAR data match. When you receive this information, update the EMPVER and MEDICAL screens with the employer and health benefit plan information. The Unit identifies employers in several ways. See the following sections for more information.

#### **Potential Employer Identified Through REFER System**

When an income maintenance worker enters data about a potential employer for the payor on the IABC/ICAR – REFER2 – NCP Data (REFER2), ICAR creates an EMPVER screen to display the employer information. ICAR also issues calendar flag (REFER37) to alert you that someone added employer data to the REFER2 screen.

#### **Potential Employer Identified Through Contact with the Payor**

You may learn about an employer from the payor (for example, the payor 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 payor to provide health care coverage.

#### **Verified Employer from ICER**

The automated ICER/ICAR data match may provide an employer for the payor. ICAR considers these employers verified and issues a calendar flag (LOC49) to EPICS as notification that the Iowa Central Employee Registry (ICER) verified an employer for the payor. 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 care coverage to the payor, ICAR displays "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 care coverage is available to the payor, 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 care coverage is available to the payor. When health care coverage is available on a future date, ICAR processes the case for a high potential when the future date becomes current.

### **Contacting the Payor**

To obtain and verify information about health care coverage from the payor, ICAR reviews cases for a high potential for the payor to obtain health care coverage. ICAR checks the case for a variety of criteria, including receipt of "REG" payments in one or both of the two months prior to the current month totaling the full obligation amount for that two-month period.

If ICAR determines there is a high potential for the payor to obtain health care coverage but there is not a verified employer on the case, ICAR generates form 470/0413, *Obligor Insurance Questionnaire*. The Unit sends the form to the payor to ask for employment and health care coverage information. After ICAR sends form 470/0413 the first time, it will only generate subsequent letters every twelve months as long as the case still meets the criteria.

### **Contacting the Payee**

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

Contact the payee to obtain and verify health care coverage that is available to the child. Send form 470-2748, *Payee Medical Support Questionnaire*, to the payee to request information about health care coverage available to the child

If another person, such as a grandparent, provides health care coverage for the child, contact the payee to gather the specific health benefit plan information.

NOTE: When the payee provides health care coverage for the child, other than Medicaid, obtain the health benefit plan information and add it to ICAR. See [Recording Health Care Coverage](#) for more information on adding payee plans to ICAR.

### **Medicaid Third-Party Liability Unit**

**Legal reference:** 45 CFR 303.30 and 303.31; 441 IAC 98.5(3)

For all cases receiving Medicaid, the Unit exchanges information about health benefit plans provided by the payor, the payee, or a third party with the Medicaid Third-Party Liability Unit (TPL). 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 (e.g., a third party) that can pay all or part of a given medical expense.

The TPL Unit performs functions that include:

- ◆ Identifying a third party (e.g., a payor, etc.) who has health benefit plans available for the child and is responsible to either pay for or reimburse the Department for medical expenses.
- ◆ Identifying a new employer for the payor that may provide dependent health care coverage.
- ◆ 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 benefit plans provided by the payor on the Medicaid Management Information System (MMIS).

NOTE: Federal and state laws require the Unit to provide information about health benefit plans to the Medicaid agency when a IV-D recipient receives Medicaid. The Unit sends data from the MEDICAL, INSURANCE DEPENDENT LIST, and MEDICAL COVERAGE screens weekly to MMIS.

### **Screens Related to the Enforcement of Health Care Coverage**

#### **Payor Employer Verification (EMPVER) Screen**

Once either a worker or automated program identifies a verified employer for the payor, the worker or ICAR updates the EMPVER screen. To access the EMPVER screen, type "EMPVER" in the NEXT SCREEN field on any ICAR screen. See the **Payor Provides a Health Benefit Plan Through an Employer** section for more details on updating the EMPVER screen.

ICAR displays the following screen:

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D479HL02          IOWA COLLECTION AND REPORTING SYSTEM          DATE:
                  PAYOR EMPLOYER VERIFICATION                 TIME:
                                                           DRI:          FVI:
CASE NUMBER.....:          SIGNATURE ID.....:
PAYOR LOCATE NAME.:          MISTAKEN ID:
LOCATE SSN.....:          DATE ADDRESS ENTERED:
AUTOSOURCE:          LAST SOURCE:          DATE OF ADDRESS.:
SOURCE OF EMP:          RSPN STATE:          FEDERAL ID.....:
EMPLOYER ID.....:          -          BYP EMP:          UIB AMT:
EMPLOYER NAME.....:          QTR:
ADDRESS LINE 1...:          WAGES:
ADDRESS LINE 2...:          QTR:
COUNTRY.....:          BENEFIT:
CITY/STATE/ZIP...:          :          :          NMBA:
PHONE NUMBER.....: 000 000 0000          EXT:          BYE: 00 00 0000
SEND EMPVER LTR..:          SENT: 00 00 0000          VRSN:
EMP VERIFIED.....:          BY:          DATE: 00 00 0000          REVER: 00 00 0000          UPDATE EMP:
SEASONAL (Y/N)...:          EMPLOYED MONTHS:          TO          PART-TIME (Y/N)...:
DEP HI AVAIL (Y/N):          DATE HI AVAIL: 00 00 0000 DEP ENROLLED (Y/N):
DEP HI NC: OR PREM/MO:          INTERSTATE REFERRAL:          PAY CYCLE:
F2=ADD, F3=UPDATE, F5=INQUIRY, F6=SEARCH, F7=BACK, F8=FORWARD, F9=REFRESH
F10=NEXT AF REC, F11=PRIOR AF REC, F12=EMPSUM, F14=VEMPLOY, F15=COPY
NEXT SCREEN:          NOTES:
ENTER CASE NUMBER AND PRESS F5 TO INQUIRE.
    
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Fields, descriptions, and values on the EMPVER screen related to medical support enforcement are:

- ◆ **EMP VERIFIED:** You or ICAR enter a code to indicate if the income provider is verified. ICAR allows an entry in this field only if there is an entry in the SEND EMPVER LTR field. Valid entries are:
  - Y: The employer is verified as good.
  - R: Enter "R" over "Y" when re-verifying an employer.
  - N: The employer is verified as bad. ICAR issues a narrative (LOC 23) for you to enter the reason the employer is not valid. If the payor was employed by this employer but is no longer working for this employer, enter the dates the individual was employed and the amount of income earned, if known, in the narrative.
  - M: ICAR enters "M" when "Y" is in the MISTAKEN ID field on this screen.
  - Blank: The employer is not verified. No decision has been made on whether it is a good or bad employer.
- ◆ **DEP HI AVAIL (Y/N):** Enter "Y" in this field to indicate the employer provides dependent health care coverage. This entry does not mean the payor is currently enrolled in the plan. Enter "N" in this field to indicate the employer does not provide dependent health care coverage.

NOTE: Entries in this field are either worker-generated or the result of an automated match with ICER.

- ◆ **DATE HI AVAIL:** Enter the future date when dependent health care coverage will be available to the payor through the employer. Enter the date in MM/DD/CCYY format. **Note:** Only enter a future date in this field. Do not enter a current or past date. When a future date is entered, the case will not be selected for the MEDSUM process until the date becomes current.
- ◆ **DEP ENROLLED (Y/N):** Enter "Y" in this field when the child(ren) are enrolled in the dependent health benefit plan. Enter "N" in this field when the employer has indicated the child(ren) are not enrolled in the dependent health benefit plan. Leave this field blank when the employer has not responded or the status of health benefit enrollment is unknown.
- ◆ **DEP HI NC:** Enter "X" in this field when dependent health care coverage is available at no cost to the payor.
- ◆ **OR PREM/MO:** If dependent health care coverage is available to the payor and there is a monthly cost to the payor for a health benefit plan, enter the payor's monthly cost of coverage in this field. The default is blank.

Function keys on the EMPVER screen are:

F2 = ADD	Press the F2 key to add to add an employer to ICAR.
F3 = UPDATE	Press the F3 key to modify entries on the EMPVER screen.
F5 = INQUIRY	Press the F5 key to inquire on a case number.
F6 = SEARCH	Press the F6 key to search for employers.
F7/F8 = BACK/FORWARD	Press the F7 and the F8 keys to scroll through additional EMPVER screens for the payor.
F9 = REFRESH	Press the F9 key to display a blank screen.
F10/F11 = NEXT AF REC/PRIOR AF REC	Press the F10 and the F11 keys to scroll through EMPVER screens that contain the payor's employers.
F12 = EMPSUM	Press the F12 key to see the EMPLOYER SUMMARY screen.
F 14 = VEMPLOY	Press the F14 key to see the VIEW EMPLOYER MAINTENANCE (VEMPLOY) screen.
F15 = COPY	Press the F15 key to create a new screen by copying the income provider from an existing screen to reformat it. There must be a "Y" or "F" in the AUTOSOURCE field in order to use this feature.

### **Medical Insurance (MEDICAL) Screen**

On the MEDICAL screen, ICAR displays information about health benefit plans and who provides the health care 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: 10/30/19
                                MEDICAL INSURANCE                                TIME: 08:50:41
                                                LAST TPL UPDATE:

CASE NUMBER....:          PAYOR NAME:
                                PROVIDER..PAYOR:    PAYEE:    PRIVATE:
                                PROVIDER NAME:

EMPLOYER ID....:
EMPLOYER NAME..:          PRIVATE PROVIDER PAYOR?
POLICY NUMBER..:          PAYOR SAT:    PAYEE SAT:
INSURER ID....:          POLICY CONTINUING?
INSURANCE CO..:
ADDRESS LINE 1:          EMP TERMINATED.....:
ADDRESS LINE 2:          VERIFIED INS TERM...:
CITY/STATE/ZIP:          COMPANY NBR:
HAWKI:          PREM AMT:    $0.00
EFFECTIVE DATE: 00 00          DEP HI NC:    OR PREM/MO:
END DATE.....: 00 00          DEP PREM DATE:

F2=ADD, F3=MOD, F4=DEL, F5=INQ, F6=MED COV, F7/F8=PAYOR INS, F9=REFRESH
F10/F11=PAYEE/PRIVATE INS, F12=INS LIST, F14=DEP LIST, F16=MEDSUM, F17=MEDINFO

NEXT SCREEN:          NOTES:
PLEASE ENTER CASE NUMBER AND PRESS F5
```

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 payor as shown on the PAYOR screen.
- ◆ PROVIDER..PAYOR:\_\_\_ PAYEE:\_\_\_ PRIVATE:\_\_: Enter "Y" to indicate which party provides health care coverage.
- ◆ PROVIDER NAME: ICAR displays the payor's name when you connect the payor's employer to the health benefit plan. ICAR requires you to enter the provider name when "Y" displays in either 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 benefit plan.

- ◆ 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.
- ◆ HAWKI: ICAR updates this field when at least one child on the case has *hawk-i* health care coverage. Valid entries are "Y" when *hawk-i* is being provided and "N" when *hawk-i* is no longer provided. ICAR does not allow worker entry in this field.
- ◆ PREM AMT: ICAR enters the hawk-i premium amount in this field when there is a "Y" in the HAWKI field. This amount is what the identified head of household pays for coverage. ICAR does not allow worker entry in this field.
- ◆ EFFECTIVE DATE: Enter the date the health benefit plan starts.
- ◆ END DATE: Enter the date the health benefit plan ends.
- ◆ PRIVATE PROVIDER PAYOR? Enter "Y" in this field when the payor or the payor's spouse is providing the private policy on the MEDICAL screen. Enter "N" in this field when the payor or the payor's spouse is no longer providing a private policy on the MEDICAL screen.
- ◆ PAYOR SAT: ICAR enters "Y" in this field when the payor on the case has been granted a medical satisfaction and has an active MEDSAT screen on the case. ICAR enters "N" in this field when the payor on the case has not been granted a medical satisfaction and does not have an active MEDSAT screen on the case.
- ◆ PAYEE SAT: ICAR enters "Y" in this field when the payee on the case has been granted a medical satisfaction and has an active CPMEDSAT screen on the case. ICAR enters "N" in this field when the payee on the case has not been granted a medical satisfaction and does not have an active CPMEDSAT screen on the case.
- ◆ POLICY CONTINUING? Enter "Y" in this field to indicate the parent providing the policy on the MEDICAL screen has been granted a medical satisfaction but has decided to continue enrollment of the child(ren) in the medical policy. Enter "N" in this field to indicate the parent providing the policy on

the MEDICAL screen has been granted a medical satisfaction and has decided not to continue enrollment of the child(ren) in the medical policy.

- ◆ EMP TERMINATED: ICAR enters "Y" when you delete the employer associated with this MEDICAL screen from the income withholding order (IWO). When there is no IWO on the case and the payor no longer works for the employer, enter "Y" in the EMP TERMINATED field. ICAR generates form 470-3218, *Employer Insurance Notification*, when "Y" displays in the EMP TERMINATED field.
- ◆ VERIFIED INS TERM: Enter "Y" when the employer provides the date health care coverage ends. If you do not enter "Y," ICAR enters "Y" in this field 90 days after "Y" displays in the EMP TERMINATED field. Enter "C" when health care coverage continues through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).
- ◆ COMPANY NBR: ICAR displays the number from the INSURER COMPANY LIST screen assigned to the insurance company.
- ◆ DEP HI NC: Enter "X" in this field to indicate that health care coverage is available at no cost to the payor, payee, or other person carrying the policy.
- ◆ OR PREM/MO: Enter the monthly cost of the health benefit plan premium that the payor, payee, or other person carrying the plan pays to provide the plan for the dependent(s).
- ◆ DEP PREM DATE: ICAR enters the date the DEP HI NC or the PREM/MO field(s) were updated.

Function keys on the MEDICAL screen are:

F2 = ADD	Press the F2 key to add to add a health benefit plan to ICAR.
F3 = MOD	Press the F3 key to modify entries on the MEDICAL screen.
F4 = DEL	Press the F4 key to delete data that displays on the MEDICAL screen.
F5 = INQ	Press the F5 key to inquire on a case number.
F6 = MED COV	Press the F6 key to access the MEDICAL COVERAGE screen associated with the policy.
F7/F8 = PAYOR INS	Press the F7 and the F8 keys to scroll through additional employment-related MEDICAL screens for the payor.
F9 = REFRESH	Press the F9 key to display a blank screen.
F10/F11 = PAYEE/PRIVATE INS	Press the F10 and the F11 keys to scroll through MEDICAL screens that contain payee/private health benefit plans.
F12 = INS LIST	Press the F12 key to see the ICAR list of insurance companies.

- F14 = DEP 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.
- F17 = MEDINFO           Press the F17 key to access the MEDICAL INFORMATION screen.

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

- ◆ The payor provides insurance through an employer.
- ◆ The payee provides insurance.
- ◆ The payor or a third party provides private insurance.

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- ◆ The payor provides insurance through an employer.
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**Payor Provides a Health Benefit Plan Through an Employer**

ICAR creates an EMPVER screen for an employer through a data match or a worker can manually add an EMPVER screen. See the EMPVER screen below.

```

D479HL02          IOWA COLLECTION AND REPORTING SYSTEM          DATE:
                   PAYOR EMPLOYER VERIFICATION                 TIME:
                   DRI:                                         FVI:
CASE NUMBER.....:          SIGNATURE ID.....:
PAYOR LOCATE NAME.:          MISTAKEN ID:
LOCATE SSN.....:          DATE ADDRESS ENTERED:
AUTOSOURCE:          LAST SOURCE:          DATE OF ADDRESS.:
SOURCE OF EMP:          RSPN STATE:          FEDERAL ID.....:
EMPLOYER ID.....:          -          BYP EMP:          UIB AMT:
EMPLOYER NAME.....:          QTR:
ADDRESS LINE 1...:          WAGES:
ADDRESS LINE 2...:          QTR:
COUNTRY.....:          BENEFIT:
CITY/STATE/ZIP...:          :          :          NMBA:
PHONE NUMBER.....: 000 000 0000          EXT:          BYE: 00 00 0000
SEND EMPVER LTR...:          SENT: 00 00 0000          VRSN:
EMP VERIFIED.....:          BY:          DATE: 00 00 0000          REVER: 00 00 0000          UPDATE EMP:
SEASONAL (Y/N)...:          EMPLOYED MONTHS:          TO          PART-TIME (Y/N)...:
DEP HI AVAIL(Y/N):          DATE HI AVAIL: 00 00 0000          DEP ENROLLED(Y/N):
DEP HI NC:          OR PREM/MO:          INTERSTATE REFERRAL:          PAY CYCLE:
F2=ADD, F3=UPDATE, F5=INQUIRY, F6=SEARCH, F7=BACK, F8=FORWARD, F9=REFRESH
F10=NEXT AF REC, F11=PRIOR AF REC, F12=EMPSUM, F14=VEMPLOY, F15=COPY
NEXT SCREEN:          NOTES:
ENTER CASE NUMBER AND PRESS F5 TO INQUIRE.
    
```

Once you verify the employer, the name of the employer displays on a blank MEDICAL screen. ICAR displays the name of the verified employer (as shown on the EMPVER screen) in the employer name field on the MEDICAL screen. However, ICAR does not display a blank MEDICAL screen for verified employers bypassed for MEDSUM processing.

The following screen print shows employment-related insurance provided by the payor:

```
D479HM10          IOWA COLLECTION AND REPORTING SYSTEM          DATE:
                                     MEDICAL INSURANCE          TIME:
                                               LAST TPL UPDATE:

CASE NUMBER...: XXXXXX          PAYOR NAME: Payor A. Smith
                                     PROVIDER..PAYOR: X  PAYEE:    PRIVATE:
                                     PROVIDER NAME:

EMPLOYER ID...: OTHR 1234
EMPLOYER NAME.: ABC MANUFACTURING CO          PRIVATE PROVIDER PAYOR?
POLICY NUMBER.: XYZ1234-5          PAYOR SAT:    PAYEE SAT:
INSURER ID....:
INSURANCE CO..: APPLE INSURANCE          POLICY CONTINUING?
ADDRESS LINE 1: 123 GRAND ST          EMP TERMINATED.....:
ADDRESS LINE 2:          VERIFIED INS TERM...:
CITY/STATE/ZIP: DES MOINES          IA 55555          COMPANY NBR: 1234
HAWKI:          PREM AMT:
EFFECTIVE DATE: 12 01 2019          DEP HI NC:    OR PREM/MO:
END DATE.....:          DEP PREM DATE:

F2=ADD, F3=MOD, F4=DEL, F5=INQ, F6=MED COV, F7/F8=PAYOR INS, F9=REFRESH
F10/F11=PAYEE/PRIVATE INS, F12=INS LIST, F14=DEP LIST, F16=MEDSUM,
F17=MEDINFO

NEXT SCREEN:          NOTES:
```

Record the employment-related health care coverage information as follows:

- ◆ When you access the MEDICAL screen, press the F9 key to refresh the screen. ICAR displays the cursor in the PAYOR field in the PROVIDER section. Enter any character in this field to indicate that the payor provides health care coverage. ICAR displays the payor'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.
- ◆ Complete the DEP HI NC or PREM/MO fields, if appropriate.
- ◆ 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 to the case. Information about completing these screens follows.

After entering data on the sub-screens 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 benefit plans provided by the payor 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; and then the DEP HI NC or PREM/MO fields, if appropriate.
- ◆ 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 the F3 key twice. ICAR displays the MEDICAL screen.

When a payor provides more than one employment-related health benefit plan for the child, use the F7 and F8 keys to scroll through the MEDICAL screens that display data on the plans.

NOTE: Image all health benefit plan information you receive in the electronic case file.

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

- ◆ A past date in the SUSPEND DATE FROM field and a future date in the SUSPEND DATE TO field on the SUSPENSE screen, and either
- ◆ An "N" and either "P1," "FOST," "ALTR," or "OTHR" in the CHILD RESIDES WITH PAYEE 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:

- ◆ Change the SUSPEND DATE TO field on the SUSPENSE screen to a past date; and either
- ◆ Change the CHILD RESIDES WITH PAYEE field from "N" to "Y" and remove the entry of "P1," "FOST," "ALTR," or "OTHR;" 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 Department's mailing service and issues a narrative (MED27) to document the regeneration of the forms.

Use this option when a payor's waiting period for enrollment in the health insurance plan 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 FORM 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. You may also send a copy of the previously sent form from the imaged case file.

### **Medicaid Payee Requests Only Medical Support Services**

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 payee 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 a payee who receives *only* Medicaid asks for *only* medical support services:

- ◆ When there is an existing case and that case has an order with child support and medical support, keep enforcing both the child support and medical support, even when no assignment of child support exists.

When there is an existing order for child support and medical support, **but it has not been added to the case yet** add the medical obligation and only enforce medical support. See [Enforcement for Medicaid-Only Cases](#) for the appropriate steps to add medical support to ICAR when the payee request medical support only.

NOTE: When Medicaid ends, add the child support obligation and enforce both the child support and medical support obligations unless the payee requests case closure. See 9-I, [Case Closure](#) for additional information.

- If the requesting parent is not the parent ordered to provide health coverage or cash medical support, the medical satisfaction cannot be granted.
- Finally, check the OBLIG screen to make sure there is an ongoing obligation for the parent to provide health care coverage or pay cash medical support. If the cash medical support obligation has been ended or suspended, a medical satisfaction cannot be granted. Likewise, if the child support obligation also requiring the parent to provide the health care coverage has been ended or suspended, a medical satisfaction cannot be granted.

NOTE: Before denying a medical satisfaction request based on this condition alone, review the current court order to verify the entry in the HI/MS ORDERED field on the COURTOR screen.

The Unit does not grant a medical satisfaction for unreimbursed medical expenses (UME).

- ◆ Does the parent ordered to provide health care coverage or cash medical support meet at least one of the following four criteria?
  - **1. I (inmate):** The parent is an inmate of an institution under the control of the Department of Corrections or a comparable institution in another state. Parents in a work release program, in an operating while intoxicated (OWI) facility, or in a county jail are not inmates. If the parent is not an inmate, a medical satisfaction cannot be granted based on this condition alone.

Check the NARRCASE screen to determine if the parent is an inmate.

- ◇ If the code of "IPSN" or "OPSN" displays as a parental indicator code, that parent is an inmate.
- ◇ If the code of "IPSN" or "OPSN" does not display as a parental indicator code and the parent doesn't provide you with sufficient information to determine if he/she is in prison, a medical satisfaction cannot be granted based on this condition alone.

Or check the Iowa Corrections Offender Network (ICON) website to determine if the parent qualifies for a medical satisfaction. Click on the "Offender Search" icon and search for the parent. Check the Supervision Status.

- ◇ If the Supervision Status is "Prison", the parent is an inmate.
- ◇ If the Supervision Status is not blank but lists something other than "Prison", the parent is not eligible for a medical satisfaction based on this condition alone.

- ◇ If the Supervision Status is blank, look at the address information. If the address lists a prison in another state or a federal prison, the parent is an inmate.

See the location process for additional information on verifying a parent's prison status.

- **2. MO (minimum obligation):** The parent's monthly child support obligation is the minimum obligation amount.

Check the OBLIG screen to determine if the obligation is a minimum obligation.

- ◇ If the MINIMUM OBLIG field displays "Y", the child support obligation is a minimum obligation.
- ◇ If the MINIMUM OBLIG field displays "D", you previously could not determine if the obligation was a minimum obligation; therefore, you must review the guidelines to determine if the order is a minimum obligation.
- ◇ If the MINIMUM OBLIG field is blank, the order was filed before July 1, 2009; therefore, you must review the guidelines to determine if the child support order is a minimum obligation.
- ◇ If the MINIMUM OBLIG field displays "N", the child support obligation is NOT a minimum obligation so a medical satisfaction cannot be granted based on this condition alone.

The court considers an obligation a minimum obligation if the order was entered:

- ◇ After January 1, 2022 and the payor's net monthly income was \$1,100 or below.
- ◇ July 1, 2013 to December 31, 2021 and the payor's net monthly income was \$1,150 or below.
- ◇ July 1, 2009 to June 30, 2013 and the payor's net monthly income was \$850 or below.

In 2000, the court changed the minimum child support obligation amounts to \$50 for one child, \$75 for two children, \$100 for three children, and \$125 for four or more children.

When Iowa's Supreme Court Guidelines were first automated in 1995, the minimum child support obligation amounts were \$50 for one or two children and \$75 for three or more children.

Child support orders filed between 1991 and 1994 were discretionary in the courts for low-income payors. The courts considered payors with an income range of \$0-\$500 per month low income. Review the guidelines and/or court order with your office attorney to determine if the child support obligation was set at the minimum amount.

- **3. PA (parent on assistance):** The parent is receiving assistance from the Medicaid/HIPP program, Iowa Health and Wellness Plan (IHAWP), the Family Investment Program (FIP), or is receiving similar assistance in another state.

Check the Worker Information System Exchange (WISE) to determine if a parent is receiving assistance. See the MAPPS reference document "Worker Information System Exchange (WISE)" for additional information on using WISE. If you are unsure if the parent is receiving assistance after checking WISE, you may also need to check other income maintenance sources such as IABC, ELIAS or SSNI for additional information.

NOTE: If the parent's state identification number (SID/CIN) is not displaying an active status code on a FIP, Medicaid or HIPP case, and the parent doesn't provide you with sufficient information to determine if he/she is receiving similar assistance in a different state, a medical satisfaction cannot be granted based on this condition alone.

- **4. CA (child on assistance):** The parent is residing with any child for whom the parent is legally responsible, and that child is receiving assistance from the Medicaid program, the FIP program, the *hawk-i* program, or receiving similar assistance in another state.

NOTE: In order to qualify for a medical satisfaction in court ordered joint physical care cases where the child is on assistance, the requesting parent must be the parent who actually applied for the child's assistance. If the requesting parent did not apply for the child's Medicaid, FIP, or *hawk-i*, a medical satisfaction cannot be granted based on this condition alone.

Check the Worker Information System Exchange (WISE) to determine if the parent is with a child is receiving assistance. See the MAPPS reference document "Worker Information System Exchange (WISE)" for additional information on using WISE. If you are unsure if the parent is receiving assistance after checking WISE, you may also need to check other income maintenance resources such as IABC, ELIAS or SSNI for additional information.

Based on the review of the above conditions, grant or deny the medical satisfaction request.

## **Contesting the Enforcement of Health Care Coverage**

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

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

The following sections explain.

- ◆ [Notifying the payor 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 COURTOR D screen](#)

### **Notifying the Payor 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 payor of the right to contest the enforcement of health care coverage 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 care coverage, ICAR generates form 470 2624, *Initiation of Income Withholding/Medical Support*.

ICAR generates this form with each new employer and provides the payor with legal notice of the enforcement of health care coverage and information about the right to contest the order for income withholding and health care coverage. 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 HO obligation, ICAR generates form 470/3733, *Initiation of Medical Support Enforcement*. This form provides the payor with legal notice of the enforcement of health care coverage and information about the right to contest the order for health care coverage. ICAR generates narrative (MED89) to document the generation of the form. When the payor has no verified mailing address, ICAR selects the payor's last verified address in "history" if it is from the prior year.

### **Entries for the STANDS Field**

When the enforcement of health care coverage 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 benefit plan is the reason for the informal conference, and the Unit determines that the current health benefit plan is accessible or of value to the child, continue enrollment of the child in the existing health benefit plan.

### **Entries for the REVOKED Field**

When you revoke the enforcement of health care coverage, 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 care coverage 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 (e.g., the payor is not court-ordered to provide health care coverage), enter the correct data on the COURTORD screen or the HIUPDATE screen on ICAR.
- ◆ When you revoke enforcement because the payor is already providing health care coverage (e.g., through a private policy), get the health benefit policy information from the payor. 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 and send to the employer. ICAR issues a narrative (MED93) to document the generation of this form.

