

# **Medical Support Appendix**

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**Acknowledgment of Request for Informal Conference – Medical, Form  
470-3726**

Purpose	Use form, 470-3276, <i>Acknowledgment of Request for Informal Conference – Medical</i> , to acknowledge the payor’s request for an informal conference and to provide information about the informal conference.
Source	To generate this form, enter the date and time of the informal conference in the CONF SET DATE, TIME, and _M fields on the MEDMTQ screen. ICAR prints this form to your local printer.  Batch generation of this form is not available.
Completion	Complete this form when the payor requests an informal conference.
Distribution	Send one copy of this form by first-class mail to both the payor and the payor’s attorney, if one is identified for the medical process.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ The payor’s name.</li><li>◆ The payor’s mailing address.</li><li>◆ The current date.</li><li>◆ The case number.</li><li>◆ The worker’s ID number and name.</li><li>◆ The Unit’s return address.</li><li>◆ The Unit’s telephone number.</li><li>◆ The name and mailing address of the payor’s attorney, if identified for the medical process.</li></ul> You enter the following information: <ul style="list-style-type: none"><li>◆ If the conference will be by telephone: the date, time, and telephone number for contacting the payor; or</li><li>◆ If the conference will be in person: the date, time, and location of the conference; or</li><li>◆ The reason the payor is not entitled to a conference.</li></ul>

**Change in Medical Support Enforcement, Form 470/3917**

Purpose	Use form 470-3917, <i>Change in Medical Support Enforcement</i> , to notify the payor's employer that an order the Unit is enforcing has ended the payor's health care coverage requirements. The form suggests that the employer review the plan's provisions and talk with the payor to determine whether health insurance coverage for the child should continue.
Source	ICAR generates this form in batch overnight at the EPICS Unit. You can also generate the batch version through FORMLIST which prints to your local batch printer.  You cannot generate this form on-line.
Completion	ICAR completes this form when all of the obligations that include health insurance end. It also issues when the medical support provisions change and the order now requires the payor to pay cash medical support or the payee to provide health care coverage.
Distribution	Send one copy of this form to the employer by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ The employer's name and address.</li><li>◆ The current date.</li><li>◆ The case number.</li><li>◆ The EPICS Unit's return address.</li><li>◆ The payor's name and social security number.</li></ul>

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**Change in Medical Support Enforcement Due to Satisfaction, 470-4741**

Purpose	Use form 470-4741, <i>Change in Medical Support Enforcement Due to Satisfaction</i> , to notify the employer that we are no longer requiring the payor to provide health insurance when specific conditions are met.
Source	Generate this form through the FORMVIEW screen.  Batch generation of this form is not available.
Completion	Complete this form when the case meets the following conditions: <ul style="list-style-type: none"><li>◆ The payor's requirement to provide health insurance is satisfied under Iowa Code section 252E.2A.</li><li>◆ The children are already enrolled in the employment-related policy.</li><li>◆ Form 470-3818, <i>National Medical Support Notice (NMSN)</i>, was previously sent to the employer.</li></ul>
Distribution	Send one copy of this form by first-class mail to the employer.
Data	The ICAR enters the following information: <ul style="list-style-type: none"><li>◆ The current date</li><li>◆ The employer name and address.</li><li>◆ The payor name, date of birth and social security number.</li><li>◆ The court order number.</li><li>◆ The effective date of the medical satisfaction.</li></ul>

**Denial of Request for Medical Satisfaction, Form 470-4729**

Purpose	Use form 470-4729, <i>Denial of Request for Medical Satisfaction</i> , to notify the requestor that the Unit is denying the request for a medical satisfaction.
Source	To generate this form enter "Y" in the DENIED(Y) field on the MEDSAT or CPMEDSAT screen(s).  Batch generation of this form is not available.
Completion	Complete this form when the requestor does not meet the qualifications for a medical satisfaction.
Distribution	Send one copy of this form by first-class mail to the requestor.
Data	The ICAR enters the following information: <ul style="list-style-type: none"><li>◆ The current date.</li><li>◆ The Unit worker's name address and telephone number.</li><li>◆ The name of the person requesting the satisfaction.</li><li>◆ The case number.</li><li>◆ The requestor's address.</li><li>◆ The court order number.</li><li>◆ The satisfaction request date.</li><li>◆ The requestor's attorney name and address, if identified for the medical process.</li></ul> The worker enters one of the following reasons for the denial: <ul style="list-style-type: none"><li>◆ The order does not qualify under 252E.2A.</li><li>◆ The order does not contain medical support.</li><li>◆ The order is from another state.</li><li>◆ The Unit's services have been discontinued.</li><li>◆ Other reason for denial.</li></ul>

**Discontinuation of Health Insurance Enforcement, Form 470/3729**

Purpose	Use form 470/3729, <i>Discontinuation of Medical Support Enforcement</i> , to notify the employer the Unit is no longer requiring the payor to provide health care coverage due to a medical motion to quash.
Source	<p>To generate this form, enter:</p> <ul style="list-style-type: none"><li>◆ "X" in the REVOKED field on the MEDMTQ screen; or</li><li>◆ "X" in the STAYED field on the MEDMTQ screen; or</li><li>◆ "X" in the GRANTED field on the MEDMTQ screen.</li></ul> <p>ICAR generates this form to your local printer. You can manually generate this form through FORMVIEW, if needed.</p> <p>Batch generation of this form is not available.</p>
Completion	<p>Complete this form after a motion to quash hearing or after you hold an informal conference when the payor is no longer required to carry health insurance for the child.</p> <p>Manually generate the form when the case meets the following conditions:</p> <ul style="list-style-type: none"><li>◆ The payor is no longer ordered to provide health insurance.</li><li>◆ The children are enrolled in an employment-related policy.</li><li>◆ Form 470-3818, <i>National Medical Support Notice</i>, was previously sent to the employer.</li></ul>
Distribution	Send one copy of this form by first-class mail to the employer to whom the Unit sent form 470/2743, <i>Employer Medical Support Information</i> , and form 470/3818, <i>National Medical Support Notice</i> .
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none"><li>◆ The employer's name and address.</li><li>◆ The current date.</li><li>◆ The case number.</li><li>◆ The worker's ID number and name.</li><li>◆ The Unit's return address.</li><li>◆ The Unit's telephone number.</li><li>◆ The payor's name and social security number.</li><li>◆ The date the employer must stop enforcing health insurance.</li></ul>

**Employer Insurance Notification, Form 470-3218**

Purpose	<p>Use form 470-3218, <i>Employer Insurance Notification</i>, to ask the payor's employer for information about the status of the payor's post-employment health care coverage for the children. You need this information to determine:</p> <ul style="list-style-type: none"><li>◆ When coverage ends; or</li><li>◆ Whether the payor continues to provide health care coverage privately through COBRA or some other arrangement.</li></ul>
Source	<p>To generate this form on cases with an income withholding order, enter a "Y" in the REMOVE WITHHOLDING field on the Income Withholding Orders (IWO) screen and enter a "D" in the SEL field on the EMPLOYER NAME ADDRESS SEARCH screen to unlink the employer.</p> <p>To generate this form on non-IWO cases, enter a "Y" in the EMP TERMINATED field on the MEDICAL screen.</p> <p>ICAR generates this form on line to your local printer. Batch generation of this form is not available.</p>
Completion	<p>Send this form to the employer to get the status of the payor's post-employment health insurance coverage when you learn a payor's employment ends.</p> <p>ICAR enters the identifying information into this form, and the employer completes the remainder.</p>
Distribution	<p>Send one copy of this form to the employer by first-class mail.</p>
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none"><li>◆ The employer's name and address.</li><li>◆ The current date.</li><li>◆ The case number.</li><li>◆ The payor's name and social security number.</li><li>◆ The EPICS Unit's return address.</li></ul>



**Employer Insurance Second Notification, Form 470/3219**

Purpose	<p>Use form 470/3219, <i>Employer Insurance Second Notification</i>, to ask the payor's employer for information about the payor's post-employment health insurance coverage for the child for a second time. You need this information to determine:</p> <ul style="list-style-type: none"><li>◆ When coverage ends; or</li><li>◆ Whether the payor continues to provide health care coverage privately through COBRA or some other arrangement.</li></ul>
Source	<p>ICAR generates this form in batch overnight to the Department's mailing service when:</p> <ul style="list-style-type: none"><li>◆ A "Y" still displays in the EMP TERMINATED field 30 days after the generation of form 470-3218, <i>Employer Insurance Notification</i>, and</li><li>◆ The VERIFIED INS TERM and END DATE fields remain blank on the MEDICAL screen.</li></ul> <p>You cannot generate this form on line.</p>
Completion	<p>ICAR completes this form 30 days following the generation of the <i>Employer Insurance Notification</i>.</p> <p>ICAR enters the identifying information into this form, and the employer completes the remainder.</p>
Distribution	<p>Send one copy of this form to the employer by first-class mail.</p>
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none"><li>◆ The employer's name and address.</li><li>◆ The current date.</li><li>◆ The case number.</li><li>◆ The payor's name and social security number.</li><li>◆ The Unit's return address.</li></ul>

**Employer Medical Support Information, Form 470/2743**

Purpose	Use form 470/2743, <i>Employer Medical Support Information</i> , to request that the employer provide information about the health insurance policy.
Source	<p>ICAR generates this form through the MEDSUM batch program to the Department's mailing service when ICAR displays a "1" in the HI POT field and a "2" in the FORM STAT field on the MEDSUM2 screen.</p> <p>To reprint this form through the overnight MEDSUM batch program, enter a "Y" in the REPRINT? field on the MEDSUM2 screen.</p> <p>To reprint this form on line, enter a "Y" in the ONLINE FORM field on the MEDSUM2 screen. ICAR generates the identical on-line version (470-2743) to your local printer.</p>
Completion	<p>ICAR completes this form when there is a verified employer for the payor, there is a child support order that includes an obligation to provide health insurance for the children, and either:</p> <ul style="list-style-type: none"><li>◆ You change the entry of "A" in the HI POT field to "1," or</li><li>◆ Two days passed since an "A" displayed in the HI POT field and the HI POT field is not changed from "A" to "1" or there is no entry in the ENR STAT field.</li></ul> <p>ICAR enters the identifying information for this form. The employer indicates whether the health insurance plan includes coverage for physician's visits, hospitalization, prescription drugs, dental, etc.</p>
Distribution	<p>The Department's mailing service sends the employer one copy of this form and form 470/3818, <i>National Medical Support Notice</i>, by first-class mail. The program also saves a copy to the imaged case file.</p> <p>When you print the form at a local printer, send it and the <i>National Medical Support Notice</i> form by first-class mail to the employer. Save a copy to the imaged case file.</p>

Data

ICAR enters the following information:

- ◆ The current date.
- ◆ The employer's name and address.
- ◆ The payor's name and social security number.
- ◆ The case number.
- ◆ The EPICS Unit's return address.

**Health Care Benefits from the Military, 470-3755**

Purpose	Use form 470-3755, <i>Health Care Benefits from the Military</i> , to notify the payee that health insurance benefits are available to the children through the military. The payee can use this form to provide information about the payor's health insurance coverage once the children are enrolled.
Source	ICAR issues a calendar flag (MED27) when the payor's income provider is the military. This calendar flag tells you to contact the payee to begin enrollment in TRICARE.  You cannot generate this form on line.
Completion	You complete this form when: <ul style="list-style-type: none"><li>◆ The payor is court ordered to provide health care coverage and</li><li>◆ The payor's employer is the military.</li></ul> <p>You enter the identifying information on this form, and the payee completes the remainder. The payee must initiate the enrollment of the child with TRICARE. TRICARE provides additional documents that the payee must complete when beginning the enrollment process.</p>
Distribution	The EPICS Unit sends one copy of this form to the payee by first-class mail.
Data	You enter the following information: <ul style="list-style-type: none"><li>◆ The current date.</li><li>◆ The payee or caretaker's name and address.</li><li>◆ The Unit's return address.</li><li>◆ The case number.</li><li>◆ The name of the payee.</li><li>◆ Your name.</li></ul>

**Initiation of Medical Support Enforcement, Form 470/3733**

Purpose	Use form 470/3733, <i>Initiation of Medical Support Enforcement</i> , to inform the payor of the right to request an informal conference or motion to quash concerning medical support enforcement.
Source	ICAR generates this form in batch overnight to the Department's mailing service.  You cannot generate this form on-line.
Completion	ICAR completes this form when: <ul style="list-style-type: none"><li>◆ The only obligation on the case is a health insurance-only (HO) obligation,</li><li>◆ There is a verified employer for the payor, and</li><li>◆ The payor has a verified mailing address or last known address (SOURCE OF ADDRESS = HISTORY) within the prior year.</li></ul> <p><b>NOTE:</b> When the case has a court order with a child support obligation and health insurance, ICAR generates form 470 2624, <i>Initiation of Income Withholding/ Medical Support Enforcement</i>, instead. This form tells the payor of the right to request an informal conference or motion to quash for income withholding and medical support enforcement. See the income withholding process.</p>
Distribution	The Department's mailing service sends one copy of this form to the payor by first-class mail. The batch program also saves it to the imaged case file.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ The payor's name and mailing address.</li><li>◆ The current date.</li><li>◆ The case number.</li><li>◆ The worker's ID number.</li><li>◆ The Unit's return address.</li><li>◆ The Unit's telephone number.</li></ul>

**Medical Performance Measures Report, S479J013-A**

Purpose	Report S479J013-A, <i>Medical Performance Measures Report</i> , provides monthly statistical information for medical support establishment and enforcement actions.
Source	ICAR generates this one-page report during the month-end batch processing.
Distribution	ICAR generates two copies of the report, one copy at Central Office and one copy at the EPICS Unit. An e-mail generates to each person on the CSRU Policy-Medical distribution list when the report generates.
Data	<p>ICAR separates the report into columns by case account type. The "Total" column is the total number of occurrences for all case account types for that row.</p> <p>CASE OPEN/END-OF FISCAL YEAR: This field displays the number of cases open on ICAR at the end of the fiscal year. ICAR pulls this data from the 157 Report.</p> <p>MEDICAID ONLY/END OF FISCAL YEAR: This field displays the number of Medicaid-only cases open at the end of the fiscal year. ICAR pulls this data from the 157 Report.</p> <p>CASES OPEN/END OF FISCAL YEAR/SUPPORT ORDER ESTABLISHED: This field displays the number of open cases with a support order established at the end of the fiscal year. ICAR pulls this data from the 157 Report.</p> <p>MEDICAID ONLY W/ORDERS/END OF FISCAL YEAR: This field displays the number of Medicaid-only cases with court orders at the end of the fiscal year. ICAR pulls this data from the 157 Report.</p> <p>CASES OPEN/END OF FISCAL YEAR/MEDICAL SUPPORT ORDERED: This field displays the number of open cases with medical support ordered at the end of the fiscal year. ICAR pulls this data from the 157 Report.</p> <p>CASES OPEN/END OF FISCAL YEAR/HEALTH INSURANCE ORDERED: This field displays the number of open cases with health insurance ordered at the end of the fiscal year. ICAR pulls this data from the 157 Report.</p>

CASES OPEN/END OF FISCAL YEAR/HEALTH INSURANCE PROVIDED: This field displays the number of open cases with health insurance being provided at the end of the fiscal year. ICAR pulls this data from the 157 Report.

ACTIVE CASE W/HEALTH INSURANCE: This field displays the number of active cases with a health insurance policy.

HEALTH INSURANCE – PROVIDER/PAYOR: This field indicates the number of active cases with a health insurance policy provided by the payor.

HEALTH INSURANCE – PROVIDER/PAYEE: This field indicates the number of cases with a health insurance policy provided by the payee.

HEALTH INSURANCE – PROVIDER/PRIVATE: This field indicates the number of cases with a health insurance policy provided by the payor (not employment-related) or a third party.

TOTAL CHILDREN ENROLLED: This field indicates the number of children on active ICAR cases who are enrolled in a health insurance policy.

PARTY ORDERED TO PROVIDE HEALTH INS – PAYOR: This field indicates the number of active cases where the court order requires the payor to provide health insurance.

PARTY ORDERED TO PROVIDE HEALTH INS – PAYEE: This field indicates the number of active cases where the court order requires the payee to provide health insurance.

PARTY ORDERED TO PROVIDE HEALTH INS – BOTH: This field indicates the number of active cases where the court order requires both the payor and payee to provide health insurance.

PARTY ORDERED TO PROVIDE HEALTH INS – SHARED: This field indicates the number of active cases where the court order requires the cost of the health insurance premiums to be split between the payor and the payee.

HEALTH INSURANCE POTENTIAL = A: This field indicates the number of times a HI POT of "A" was generated during the reporting month.

HEALTH INSURANCE POTENTIAL = 1: This field indicates the number of times a HI POT of "1" was generated during the reporting month.

HEALTH INSURANCE POTENTIAL = 2: This field indicates the number of times a HI POT of "2" was generated during the reporting month.

NOT SELECTED/HEALTH INSURANCE POT = 2: This field indicates the number of cases with HI POT of "2" that workers ended and did not refer the case to a review worker to add medical support to the court order during the reporting month.

HEALTH INSURANCE POTENTIAL = 3: This field indicates the number of times a HI POT of "3" was generated during the reporting month.

HEALTH INSURANCE POTENTIAL = 4: This field indicates the number of times a HI POT of "4" was generated during the reporting month.

NO INFO RECEIVED AFTER 30 DAYS: This field indicates the number of times during the reporting month that more than 30 days lapsed after the Unit sent medical support enforcement forms to an employer.

NO INFO RECEIVED AFTER 60 DAYS: This field indicates the number of times during the reporting month that more than 60 days lapsed since the Unit sent medical support enforcement forms to an employer and a decision is pending a determination by the plan administrator.

SECOND EMPLOYER VERIFIED: This field indicates the number of times during the reporting month that the Unit was in the process of enforcing medical support with an employer when a worker or ICAR verified another employer for the case.

MEDICAL FORMS REPRINTED: This field indicates the number of times during the reporting month that workers reprinted medical support enforcement forms.

REQUIRING CORRECTIVE ACTION: This field indicates the number of times during the reporting month that a worker had to correct a field on ICAR before the MEDSUM batch programs processed the case.



WORKER MADE MANUAL ENTRY BEFORE BATCH: This field indicates the number of times during the reporting month a worker entered an "N" in the ENR STAT field before the MEDSUM batch programs ran.

ENROLL STATUS = "P": This field indicates the number of times during the reporting month that insurance was pending a determination from the plan administrator.

ENROLL STATUS = "E": This field indicates the number of times during the reporting month that a health insurance policy was added to ICAR.

ENROLL STATUS = "N": This field indicates the number of times during the reporting month that an employer returned medical support enforcement forms indicating that health insurance was not available.

ENROLL STATUS = "X": This field indicates the number of times during the reporting month that the Unit did not send medical support enforcement forms to an employer because we found out that the employer does not offer health insurance.

ENROLL STATUS = "W": This field indicates the number of times during the reporting month that medical support enforcement ended with an employer because the health insurance premium cost exceeded withholding limits.

ENROLL STATUS = "A": This field indicates the number of times during the reporting month that medical support enforcement ended with the employer because the employer offers more than one health insurance policy and none of the policies are accessible to the child and the payor is not currently enrolled in a policy.

ENROLL STATUS = "I" + FORM STATUS = 0: This field indicates the number of times during the reporting month that medical enforcement ended because the payor is permanently ineligible for health insurance.

ENROLL STATUS = "I" + FORM STATUS = 5: This field indicates the number of times during the reporting month that medical enforcement temporarily ended because the payor was temporarily ineligible for health insurance.

REQUEST FOR INFORMAL CONFERENCE: This field indicates the number of requests for an informal conference during the reporting month.

INFORMAL CONFERENCES HELD: This field indicates the number of informal conferences held during the reporting month.

MTQ FILED OR SERVED: This field indicates the number of motions to quash filed or served during the reporting month.

MTQ GRANTED: This field indicates the number of motions to quash granted during the reporting month.

EMPLOYER DOES NOT OFFER HI-CASE BYPASSED: This field indicates the number of times during the reporting month cases were bypassed for medical support enforcement because the employer is bypassed for medical support.

NMSN – NO INSTRUCTIONS: This field displays the number of times during the reporting month that ICAR sent the NMSN with no instructions as requested by the employer.

**Medical Support Satisfaction, 470-4706**

Purpose	The payor or payee complete form 470-4706, <i>Medical Support Satisfaction</i> , and submit it to the Unit to request a medical satisfaction.
Source	Generate this form through the FORMVIEW screen.  Batch generation of this form is not available.
Completion	Send this form to either payee or payor, when requested, if it appears that parent may qualify for a medical satisfaction.
Distribution	Send one copy of this form by first-class mail to the payee or payor requesting the medical satisfaction.
Data	The worker enters the following information: <ul style="list-style-type: none"><li>◆ The current date.</li><li>◆ The Unit's address.</li><li>◆ The name of the person receiving the form.</li><li>◆ The address of the person receiving the form.</li><li>◆ The first case number.</li><li>◆ The second case number, if needed.</li><li>◆ The third case number, if needed.</li><li>◆ The fourth case number, if needed.</li><li>◆ The fifth case number, if needed.</li></ul>

**National Medical Support Notice, Form 470/3818**

Purpose	Use form 470/3818, <i>National Medical Support Notice</i> , to provide information and instruct the employer (PART A) and the plan administrator (PART B) to enroll the payor's child in a health insurance plan.
Source	<p>ICAR generates the <i>National Medical Support Notice</i> to the Department's mailing service through the overnight MEDSUM batch program when a "1" displays in the HI POT field and a "2" displays in the FORM STAT field on the MEDSUM2 screen.</p> <p>ICAR generates this form when there is a verified employer for the payor, there is a child support order that includes an obligation for the payor to provide health insurance for the child, and either:</p> <ul style="list-style-type: none"><li>◆ You change the entry of "A" in the HI POT field to "1," or</li><li>◆ Two days passed since an "A" displayed in the HI POT field and the HI POT field is not changed from "A" to "1" or there is no entry in the ENR STAT field.</li></ul> <p>ICAR generates instructions for completing PART A and B with this form only when there is a "Y" or blank in the NMSN INSTR field on the EMPLOYRM2 screen.</p> <p>To reprint this form through the overnight batch process, enter "Y" in the REPRINT field on the MEDSUM2 screen. ICAR generates this form to the Department's mailing service the next day when the HI POT field displays a "1."</p> <p>To generate this form on line when there is a HI POT of "1," enter a "Y" in the ONLINE FORM field on the MEDSUM2 screen. ICAR prints the identical on-line version of this form (470-3818) to your local printer.</p>
Completion	<p>ICAR or the worker completes this form when there is a verified employer for the payor and a support order that includes an obligation for the payor to provide health insurance for the child.</p> <p>ICAR enters the identifying information into this form.</p>

The employer completes PART A if the employer does not offer health insurance, the payor does not qualify for health insurance coverage, the payor is no longer employed, or withholding limits prevent enrollment.

If health insurance is available, the employer forwards PART B to the plan administrator. The plan administrator either enrolls the child in a health insurance plan or indicates when the payor is eligible for health insurance coverage.

Distribution

The Department's mailing service sends one copy of the batch-generated form along with form 470-2743, *Employer Medical Support Information*, by first-class mail to the employer. The program also saves a copy of the form to the imaged case file.

If you print the form to a local printer, send it and the *Employer Medical Support Information* form by first-class mail to the employer. Save a copy to the imaged case file.

Data

ICAR enters the following information:

- ◆ The EPICS Unit's return address.
- ◆ The current date.
- ◆ The case number.
- ◆ The county where the support order is filed.
- ◆ The date the support order was filed.
- ◆ The docket numbers of the support orders that order health insurance.
- ◆ The employer's FEIN, name, and address.
- ◆ The payee's name and address. (When there is a risk associated with releasing this information or it is a foster care case, the EPICS Unit's return address displays in the "Substitute Official/Agency Name and Address" lines.)
- ◆ The payor's social security number, name, and address.
- ◆ The children's names, gender, dates of birth, and social security numbers.
- ◆ The appropriate exception language based on entries on the HIUPDATE screen.
- ◆ The maximum premium amount based on entries on the HIUPDATE screen.

**Notice of Health Insurance Information, Form 470-2705**

Purpose	<p>Use form 470-2705, <i>Notice of Health Insurance Information</i>, to notify the payee when:</p> <ul style="list-style-type: none"><li>◆ The payor begins providing health insurance;</li><li>◆ There is a change in the status of the health insurance coverage provided by the payor (the employer no longer offers specific coverage, etc.); or</li><li>◆ The health insurance coverage ends (the payor becomes unemployed, etc.).</li></ul>
Source	<p>ICAR generates this form when you enter "Y" in the GEN STATUS LTR field on the INSURANCE DEPENDENT LIST screen .</p> <p>ICAR prints this form in batch every Friday to the Department's mailing service.</p> <p>You cannot generate this form on line.</p>
Completion	<p>ICAR completes this form when you enter "Y" in the GEN STATUS LTR field on the INSURANCE DEPENDENT LIST screen when the payee requests information about the health insurance policy.</p>
Distribution	<p>The Department's mailing service sends this form to the payee by first-class mail the following Monday after it prints.</p>
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none"><li>◆ The case number.</li><li>◆ The name of each child.</li><li>◆ Policy numbers, policy holder, insurance company name, dates of coverage, and coverages available under the policy.</li></ul>

**Notice That Order No Longer Qualifies for  
Satisfaction of Medical Support**

Revised June 24, 2022

**Notice That Order No Longer Qualifies for Satisfaction of Medical Support,  
Form 470-4728**

Purpose	Use form 470-4728, <i>Notice That Order No Longer Qualifies for Satisfaction of Medical Support</i> , to notify the clerk of court, the payor and all payees (including caretakers) associated with the court order that the order no longer qualifies for satisfaction of medical support.
Source	To generate this form enter "Y" in the GEN TERM NOTICE(Y) field on the MEDSAT or CPMEDSAT screen(s).  Batch generation of this form is not available.
Completion	Complete this form when the payor or payee no longer qualifies for a satisfaction of medical support.
Distribution	Send one copy of this form by first-class mail to the payor and all payees (including caretakers) associated with the court order. If your case is an interstate case, you must send this form to the other state as well. File one copy with each clerk of court listed in the caption(s).
Data	The ICAR enters the following information: <ul style="list-style-type: none"><li>◆ The current date.</li><li>◆ The case number.</li><li>◆ The payee and Payor names.</li><li>◆ The satisfaction start date.</li><li>◆ The court order number</li><li>◆ The satisfaction end date.</li><li>◆ The name of the person with the medical satisfaction.</li><li>◆ The date the medical obligation begins after the satisfaction.</li><li>◆ The Unit worker's name and address.</li><li>◆ The payor attorney and address, if identified for the medical process.</li><li>◆ The payee attorney and address, if identified for the medical process.</li></ul>

**Notice That Order No Longer Qualifies for  
Satisfaction of Medical Support**

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The worker enters the following information:

- ◆ The reason for ending the medical satisfaction.
- ◆ The file date, county and court order number for the order that terminates the medical support obligation.



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**[Notice That Order Qualifies for Satisfaction of Medical Support, Form 470-4727](#)**

Purpose	Use form 470-4727, <i>Notice That Order Qualifies for Satisfaction of Medical Support</i> , to notify the clerk of court, the payor and all payees (including caretakers) associated with the court order that the order qualifies for satisfaction of medical support.
Source	To generate this form enter "Y" in the GEN NOTICE(Y) field on the MEDSAT or CPMEDSAT screen(s).  Batch generation of this form is not available.
Completion	Complete this form when the payor or payee qualifies for a satisfaction of medical support.
Distribution	Send one copy of this form by first-class mail to the payor and all payees (including caretakers) associated with the court order. If your case is an interstate case, you must send this form to the other state as well. File one copy with each clerk of court listed in the caption(s).
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ The current date.</li><li>◆ The case number.</li><li>◆ The payor name.</li><li>◆ The payee name.</li><li>◆ The county of filing and court order number.</li><li>◆ The date the medical satisfaction was requested.</li><li>◆ The name of person receiving the medical satisfaction.</li><li>◆ The effective date of the medical satisfaction.</li><li>◆ The worker's name and phone number</li><li>◆ The Unit's address.</li><li>◆ The payor attorney name and address, if identified for the medical process.</li><li>◆ The payee attorney name and address if identified for the medical process.</li></ul>

**Obligor Insurance Questionnaire, Form 470/0413**

Purpose	Use form 470/0413, <i>Obligor Insurance Questionnaire</i> , to request that the payor provide information about employment and health insurance coverage.
Source	<p>If ICAR displays a "4" in the HI POT field on the MEDSUM2 screen, ICAR generates this form in batch overnight to the Department's mailing service.</p> <p>You can generate this form on line using the FORMVIEW screen.</p>
Completion	<p>ICAR completes this form when:</p> <ul style="list-style-type: none"><li>◆ Health insurance is court ordered;</li><li>◆ The payor is making regular payments (REG payment fund source); and</li><li>◆ The Unit does not have a verified employer for the payor.</li></ul> <p>After ICAR sends the initial form, all subsequent forms will only issue once every 12 months.</p> <p>ICAR enters the identifying information into this form, and the payor completes the remainder.</p>
Distribution	The Department's mailing service sends this form to the payor by first-class mail.
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none"><li>◆ The current date.</li><li>◆ The case number.</li><li>◆ The payor's name and address.</li><li>◆ The names of the payee and the children.</li><li>◆ The worker's name and ID number.</li><li>◆ The Unit's return address.</li></ul>

**Payee Medical Support Questionnaire, Form 470-2748**

Purpose	Use form 470-2748, <i>Payee Medical Support Questionnaire</i> , to ask the payee to provide information about the health care coverage available to the child.
Source	Generate this form from the FORMOSEL screen. When you complete the required data fields, ICAR generates the form on line to your local printer.  Batch generation of this form is not available.
Completion	Send this form when you want to contact the payee directly to get health insurance information.  You enter the identifying information into this form, and the payee completes the remainder.
Distribution	Send one copy of this form to the payee by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ The payee's name and mailing address.</li><li>◆ The current date.</li><li>◆ The case number.</li><li>◆ The Unit's return address.</li></ul> You enter the following information: <ul style="list-style-type: none"><li>◆ The names of the children on the case.</li><li>◆ The office fax number.</li><li>◆ The worker ID.</li></ul>

**Proof of Service of Notice of Medical Enforcement, Form 470-3728**

Purpose	Use form 470-3728, <i>Proof of Service of Notice of Medical Enforcement</i> to provide documentation to the court that the Unit mailed form 470-2743, <i>Employer Medical Support Information</i> and form 470-3818, <i>National Medical Support Notice</i> , to the employer on a specific date.
Source	To generate this form, enter a "Y" in the GEN PROOF field on the MEDMTQ screen. ICAR generates this form to your local printer.  Batch generation of this form is not available.
Completion	Complete this form after providing the <i>Employer Medical Support Information</i> and <i>National Medical Support Notice</i> forms to the employer.
Distribution	Send one copy of this form by first-class mail to the clerk of court, the payor, and the payor's and payee's attorneys, if identified for the medical process.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ The appropriate selection, if the form is single-, double-, or triple-captioned or foster care.</li><li>◆ The county where the order is filed.</li><li>◆ Petitioner information.</li><li>◆ Respondent information.</li><li>◆ The court order number.</li><li>◆ The date the Unit established and filed the obligation to provide medical support with the clerk of court.</li><li>◆ The date the Unit mailed the <i>Employer Medical Support Information</i> and <i>National Medical Support Notice</i> to the employer.</li><li>◆ The name and address of the employer that received 470-2743 and 470/3818.</li><li>◆ The Unit's return address.</li><li>◆ The payor's name.</li><li>◆ The names and mailing addresses of the attorneys for the payor and payee, if identified for the medical process.</li><li>◆ The current date.</li></ul>

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**Result of Conference Regarding Medical Support, Form 470-3727**

Purpose	Use form 470-3727, <i>Result of Conference Regarding Medical Support</i> , to provide the payor with information about the outcome when a conference is held, the Unit's decision if the conference is not held, or the date, time, and location of the rescheduled conference.
Source	<p>To generate this form, enter one of the following codes:</p> <ul style="list-style-type: none"><li>◆ "Y" in the CONF HELD field and an "X" in one of the RESULTS fields in the informal conference section on the MEDMTQ screen.</li><li>◆ "N" in the CONF HELD field and an "X" in one of the RESULTS fields in the informal conference section on the MEDMTQ screen.</li><li>◆ "R" in the CONF HELD field and a new date or time in the CONF SET DATE or TIME field on the MEDMTQ screen.</li></ul> <p>ICAR generates this form to your local printer. Batch generation of this form is not available.</p>
Completion	Complete this form when you hold or reschedule the conference or if the conference is not held.
Distribution	Send one copy of this form by first-class mail to both the payor and the payor's attorney, if one is identified for the medical process.
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none"><li>◆ The current date.</li><li>◆ The payor's name.</li><li>◆ The payor's mailing address.</li><li>◆ The case number.</li><li>◆ The worker's ID number and name.</li><li>◆ The Unit's return address.</li><li>◆ The Unit's telephone number.</li></ul>

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- ◆ If you reschedule the conference: the date and time of the rescheduled conference.
- ◆ If you hold the conference, the results.
- ◆ The name and mailing address of the payor's attorney, if identified for the medical process.

You enter the following information:

- ◆ The reason for the conference request.
- ◆ If you reschedule the conference: the conference location.

**Status of Medical Satisfaction, Form 470-4730**

Purpose	Use form 470-4730, <i>Status of Medical Satisfaction</i> , to notify the party requesting a review of the satisfaction that medical support remains satisfied.
Source	Generate this form and send it to the party requesting the review. To send it to the payee, enter "Y" in the GEN SAT STATUS TO CP field on the MEDSAT or CPMEDSAT screen(s). To send it to the payor, enter "Y" in the GEN SAT STATUS TO NCP field on the MEDSAT or CPMEDSAT screen(s).  Batch generation of this form is not available.
Completion	Complete this form when the Unit receives a request from a party on the case to review the medical satisfaction.
Distribution	Send one copy of this form by first-class mail to the requestor.
Data	The ICAR enters the following information: <ul style="list-style-type: none"><li>◆ The current date</li><li>◆ The Unit worker's name, address and telephone number.</li><li>◆ The case number.</li><li>◆ The county of filing.</li><li>◆ The court order number.</li><li>◆ The effective date of the medical satisfaction.</li><li>◆ The name and address of the person receiving the status.</li><li>◆ The name of the person with the medical satisfaction.</li><li>◆ The name and address of the attorney, if identified for the medical process.</li></ul>

**Termination of the National Medical Support Notice, Form 470-3933**

Purpose	Use form 470-3933, <i>Termination of the National Medical Support Notice</i> , to tell the payor's employer that the Unit is terminating the <i>National Medical Support Notice</i> that it previously sent for the case number listed on the form.
Source	Generate this form through the FORMVIEW screen.  Batch generation of this form is not available.
Completion	Complete this form when: <ul style="list-style-type: none"><li>◆ The payor is not enrolled in a health insurance plan and more than one health insurance plan is available, but none of the plans available are accessible to the child.</li><li>◆ The payor enrolls the child in a private health insurance policy <b>before</b> enrolling the child in an employment-related policy, and the employer requests something in writing from the Unit to stop the enrollment process with the employer.</li></ul>
Distribution	Send one copy of this form to the employer by first-class mail.
Data	The worker enters the following information: <ul style="list-style-type: none"><li>◆ The employer's name and address.</li><li>◆ The current date.</li><li>◆ The case number.</li><li>◆ The EPICS Unit's return address.</li><li>◆ The payor's name and social security number.</li><li>◆ The date of the <i>National Medical Support Notice</i>.</li><li>◆ The worker's name.</li></ul>