Medical Support

Overview

State and federal laws require that the Child Support Recovery Unit (the Unit) provide medical support services to all cases enforced through the IV-D program which include:

♦ Children of payees who are receiving public assistance through Iowa's Family Investment Program (FIP) or Medicaid and are referred to the Unit.

♦ Children in foster care.

♦ Children of payees who are not receiving public assistance.

Throughout this chapter, the term "medical support services" refers to the establishment and enforcement of a health care coverage or cash medical support obligation. A health care coverage or cash medical support obligation is separate from any obligation that requires the payor to provide monetary child support or alimony.

Health care coverage obligations require the payor or payee to provide a health benefit plan for the children. A health benefit plan may include public coverage, such as Medicaid or hawk-i, or private insurance, such as employment-related or other private individual health insurance coverage.

Cash medical support obligations require the parent to provide a dollar amount of medical support for the children. NOTE: The Unit only establishes and enforces cash medical support obligations against payors.

The medical support services that the Unit provides include:

♦ Seeking medical support in new and modified support orders.

♦ Enforcing both health care coverage and cash medical support provisions against a payor when these provisions are in a support order.

This chapter describes the policies and procedures for:

♦ Establishing and enforcing medical support,

♦ Gathering health insurance information from the payee, payor, and employer,

♦ Entering and updating court ordered medical support requirements (both health care coverage and cash medical support) on ICAR, and

♦ Entering and updating health care coverage details on ICAR.

Legal Basis for Provision of Medical Support Services

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

♦ Title IV-D of the Social Security Act.

♦ ERISA 1974, the Employee Retirement Income Security Act.

♦ Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

♦ OBRA 1993 (P.L. 103-66), the Omnibus Reconciliation Act of 1993.

♦ CSPIA 1998 (P.L. 105-200), the Child Support Performance and Incentive Act of 1998.

♦ 29 United States Code 1169, "Additional Standards for Group Health Plans."

♦ 42 United States Code 666, "Requirement of Statutorily Prescribed Procedures to Improve Effectiveness of Child Support Enforcement."

♦ 45 Code of Federal Regulations 302.33, "Services to Individuals Not Receiving Title IV-A Assistance."

♦ 45 Code of Federal Regulations 303.8, "Review and Adjustment of Child Support Orders."

♦ 45 Code of Federal Regulations 303.30, "Securing Medical Support Information."

♦ 45 Code of Federal Regulations 303.31, "Securing and Enforcing Medical Support Obligations."

♦ 45 Code of Federal Regulations 303.32, "National Medical Support Notice."

♦ 29 Code of Federal Regulations 2590.609-2, "National Medical Support Notice."

♦ Iowa Code Chapter 252B, "Child Support Recovery."

♦ Iowa Code Chapter 252E, "Medical Support."

♦ Iowa Code Chapter 252H, "Adjustment and Modification of Support Orders."

♦ Iowa Code Chapter 598.1, "Definitions."

♦ Iowa Code Chapter 598.21B, "Orders for Child Support and Medical Support."

♦ 441 Iowa Administrative Code Chapter 75, Division I, "Medical Assistance."

♦ 441 Iowa Administrative Code Chapter 98, Division I, "Medical Support Enforcement."

♦ 441 Iowa Administrative Code Chapter 99, Division I, "Child Support Guidelines."

Responsibilities for Medical Support

The following sections summarize the responsibilities of the payor, payee, employer, and plan administrator for medical support coverage for the child. See 9-A, *General Program Information*, for what information you can release to the payor, the payee, and the employer to establish and enforce medical support.

Payor

Legal reference: Iowa Code Sections 598.21B, 252B.14, 252E.2, 252E.3, and 252E.9

If court ordered to provide a health care coverage, the payor must:

♦ Maintain health care coverage for the benefit of the child(ren) throughout the duration of the court order.

♦ Provide health care coverage for the payee as well as the child(ren) when all of the following criteria are met:

- The order requires the payor to provide coverage for the payee.
- The payee is eligible for coverage under the same plan.
- Coverage for the payee is available at no extra cost to the payor.

♦ Inform the payee and the Unit within ten days of a change in the terms or conditions of coverage under a health benefit plan. Such changes may include, but are not limited to:

- The deductible amount.

- The coinsurance amount.

- Pre-admission notification requirements.

- Coverage for dental care, optical services, office visits, prescription drugs, and inpatient and outpatient hospitalization.

- Any other change that affects the coverage.

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

If court-ordered to pay cash medical support, the payor must:

♦ Pay the cash medical support obligation for the benefit of the child throughout the duration of the court order.

♦ Direct the payment of cash medical support to the clerk of the district court or the collection services center.

For more information on collecting cash medical support, refer to 11-F, *Income Withholding*.

Payee

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

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

♦ Receive both FIP and Medicaid must:

- Cooperate with the Unit in the establishment and enforcement of medical and cash child support and in the establishment of paternity, unless good cause for noncooperation is approved.

- Complete and sign form 470-2748, *Payee Medical Support Questionnaire*, upon the request of the Unit.

- Assign to the Department the rights to child support and medical support payments collected by the Unit. This assignment is part of the application form that the payee completes for receipt of FIP and Medicaid.

♦ Receive Medicaid only must cooperate with the Unit in:

- The establishment and enforcement of medical support obligations; and

- The establishment of paternity, unless good cause for noncooperation is approved.

NOTE: A payee who receives only Medicaid has the right to request that child support services be limited to the establishment of paternity and the establishment and enforcement of medical support.

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Responsibilities for Medical Support

♦ Do not receive FIP or Medicaid must:

- Cooperate with the Unit in the establishment and enforcement of medical support obligations, paternity and child support obligations.

- Complete form 470-2748, *Payee Medical Support Questionnaire*, upon the request of the Unit to report the child's current health care coverage.

♦ If court-ordered to provide a health benefit plan, the payee must:

- Maintain the health benefit plan for the benefit of the child throughout the duration of the court order.

- Inform the Unit of the details of the health benefit plan.

NOTE: Although the payee may be court-ordered to provide a health benefit plan for the payee's dependent(s), the Unit does not enforce medical support against payees.

Employer

Legal reference: 45 CFR 303.32; Iowa Code Sections 252E.1, 252E.4, 252E.5, and 252E.8; 441 IAC 98.5 (252E)

The Unit enforces the health care coverage provisions in the court order by issuing form [470-3818, *National Medical Support Notice*](), to the employer. The employer must comply with the provisions in this form. When the employer receives this form, the employer must:

♦ Treat it as an application for health benefit plan coverage for the child if the health benefit plan requires an application.

♦ Complete and return Part A, "Employer Response," to the Unit within 20 business days from the date on the form if:

- The employee has never worked for this employer; or

- The employer does not maintain or contribute to a health benefit plan that provides dependent or family health care coverage; or

- The employee is among a class of employees (for example, a part-time or non-union employee) not eligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes; or

- The health care coverage is not available because the employee is no longer employed by the employer; or

- Limits on withholding prevent enrollment. The amount that an employer withholds from the payor's net pay, including the amount for health benefit plan premiums, is subject to the requirements of the Consumer Credit Protection Act (CCPA). If met, the employer cannot complete enrollment due to limits established for withholding. Refer to 11-F, *Statutory Limits for Income Withholding* for more information on withholding limits.

- The employee is subject to a waiting period based on a specific time-period or another measure other than time, such as hours worked.

♦ Forward Part B, "Plan Administrator Response," to each appropriate plan administrator within 20 business days from the date on the form if a health benefit plan is available to the child.

♦ Upon notification from the plan administrator of the child(ren)'s enrollment, withhold from the payor's compensation, the payor's share (if any) of the required premium for the health benefit plan and forward the premium to the insurer.

♦ Upon notification from the plan administrator that the employee is subject to a waiting period that expires more than 90 days from the date of its receipt of Part B of the *National Medical Support Notice*, notify the Unit of the enrollment timeframe. The employer must also notify the plan administrator when the employee is eligible to enroll in the plan, and that the *National Medical Support Notice* requires the enrollment of the child(ren) named in it.

♦ Continue health benefit plan enrollment for the child unless one of the following conditions exists:

- A court or administrative order requiring coverage in a health benefit plan ends.

- The employer receives form 470/3729, *Discontinuation of Health Insurance Enforcement*, form 470/3917, *Change in Medical Support Enforcement*, or form 470-3933, *Termination of the National Medical Support Notice*, from the Unit.

- The child is eligible for or will be enrolled in a comparable health benefit plan to take effect no later than the effective date of revocation of enrollment in the other plan.

- The employer eliminated dependent health coverage for all employees.

♦ Provide notice to the payee and the Unit within ten days of termination of the payor's employment. The employer is not required to maintain coverage for the child if the premium is no longer paid because:

- The employer no longer owes compensation to the payor; or
- The payor's employment is terminated and the payor does not elect to continue coverage.

♦ Provide notice to the payee or legal custodian of the child and the Unit ten days before termination of coverage under a health benefit plan because:

- The employer no longer offers a health insurance plan; or
- The employer changed insurers.

♦ When the child is enrolled in a health benefit plan, complete form *470/2743, Employer Medical Support Information*, and return this form to the Unit.

Plan Administrator

Legal reference: 29 USC 1169; 29 CFR 2590.609-2; 45 CFR 303.32; CSPIA § 401(e), (f); Iowa Code Sections 252E.1, 252E.5, 252E.7, 252E.8

The plan administrator must:

♦ Accept Part B of form 470/3818, *National Medical Support Notice,* and comply with its provisions.

♦ Complete and return Part B of the *National Medical Support Notice* to the Unit within 40 business days from the date on the form.

♦ Treat the *National Medical Support Notice* as an application for health care coverage for the child, if an application is required to enroll the child.

♦ Notify the employer, the Unit, the payor, and the payee if the payor is subject to a waiting period that expires more than 90 days from the date of receipt of the *National Medical Support Notice* or that is measured in a manner other than the passage of time. Complete the enrollment upon satisfaction of any waiting period or requirement.

♦ Enroll the child, and the payor, if necessary to enroll the child, in the appropriate plan selected.

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

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

> The plan administrator requires that the payor be employed for 90 days before allowing the payor to enroll in health care coverage. The plan administrator does not enroll the child before enrolling the payor.

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

- Enroll a child in the health benefit plan regardless of whether the child is born out of wedlock, the child is not claimed as a dependent on the payor's federal income tax form, or the child does not reside with the payor or live within the plan's service area.

♦ Upon completion of enrollment:

- Notify the payee that coverage is or will become available.

- Provide the payee with a description of the coverage available and the coverage date.

- Notify the employer to determine whether the necessary employee share of the premium is available.

♦ Complete and send the Plan Administrator Response in Part B of the *National Medical Support Notice* to the Unit if the employer is subject to the federal Employee Retirement Income Security Act and the *National Medical Support Notice* does not constitute a QMCSO.

When the *National Medical Support Notice* does not constitute a QMSCO, the child is not enrolled in a health benefit plan. The plan administrator must also notify the payor, payee, and child of the specific reason for the determination.

♦ Make claim forms or enrollment membership cards available to the payee or to the Unit if these forms are required to obtain medical services.

♦ Accept an application for enrollment of the child and medical expense claim forms signed by the payee, legal custodian of the child, or the Department.

♦ Accept the signature of the payee, the legal custodian of the child, or the Department as valid authorization for processing medical expense claims on behalf of the child for payment or reimbursement of medical services.

♦ Make payments directly to:

- The payee, for claims submitted by the payee.
- The Department, for claims submitted by the Department.
- The health care provider, for claims submitted by the health care provider, **if** the payee approves of this arrangement.

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

♦ Releasing information.
♦ Paying claims for services.

When to Provide Medical Support Services

Legal reference: 45 CFR 303.31(b)(1); Iowa Code 252E.1A

State and federal regulations require the Unit to include provisions for medical support in new or modified judicial or administrative orders for support. The Unit is required to petition the court or administrative authority to include health care coverage in the order if it is accessible to the child and is available to the parent responsible for providing medical support at reasonable cost. In appropriate cases, the court may order cash medical support if health care coverage is not available to the child, from either parent, at the time of the order.

The Unit is required to provide medical support services to all cases enforced through the IV-D program when the:

♦   Payee is referred by the state IV-A or Medicaid agency.

♦   Payee has children in foster care.

♦   Payee is not receiving public assistance.

♦   The NPA parent or non-parental caretaker signs form 470-0188, *Application for Nonassistance Support Services*. (See 9-H-Appendix for more information about this form.)

♦   The case is "active."

♦   The case is not approved for "good cause."

♦   The case is not "redirected" to the clerk of court.

The following sections include more detailed information on the establishment and enforcement of medical support for:

♦   Public assistance (PA) cases.
♦   Non-public assistance (NPA) cases.

Public Assistance (PA) Cases

Legal reference: 45 CFR 303.30; 45 CFR 303.31; Iowa Code 252E.1A; 441 IAC
                          98.3

A payee must cooperate with the Unit in the establishment and enforcement of
medical support obligations when the payee is referred by the FIP agency or has a
child in foster care. Medicaid recipients have the option to request services from
the Unit unless they meet the criteria for a required referral. See 9-F, *Case
Referral Process*. Cooperation with the Unit is a condition of eligibility for public
assistance, unless the income maintenance worker approves good cause for
noncooperation.

The following sections contain more information on:

♦ Medical assignments; and
♦ Policies that apply to Medicaid-only cases.

Assignment of Cash Medical Support

Legal reference: Iowa Code Sections 252E.11 and 252E.13; 441 IAC 75.14
                          (249A); 42 CFR 433.146

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

The assignment takes effect on the date the income maintenance worker
approves Medicaid benefits. Refer to 8-C, *Cooperation With Support
Recovery,* for more information on Medicaid benefits and the assignment of
support.

Medicaid-Only Cases

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

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

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.

♦ If the payee previously received FIP and there is potential for reimbursement to the state, start an action to seek an order that establishes:

- Paternity (if at issue);

- Reimbursement for FIP expended on behalf of the child and the payee; and

- Medical support.

♦ If the parties have been served for child support and medical support when the payee requests no child support, continue with the action to seek medical support and paternity (if at issue), but reserve child support in the final order.

♦ If the parties have not been served for child support and medical support when the payee requests no child support, regenerate the notice for your action and serve the parties for medical support only and paternity (if at issue).

Enforcement for Medicaid-Only Cases

When the payee requests only medical support services for an existing case on ICAR (IV-D, ICIS or CSC/17) and that case has an order on it with child support and medical support, enforce both the child support and medical support provisions.

When the payee requests only medical support services for an existing case on ICAR (IV-D, ICIS or CSC/17) and the court order for child support and medical support has **not** been added to the case yet, take the following steps to enforce medical support only:

♦ Review the language in the court order and update the COURTORD, HIUPDATE, OBLIG, and OBLIGDST screens with the appropriate entries.

♦ On the COURTORD screen, update the HI/MS ORDERED field with "Y."

♦ On the HIUPDATE screen, update the PARTY ORDERED TO PROVIDE HEALTH INS? field with "Y" to the left of the party on the case that is ordered to provide health care coverage.

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Public Assistance (PA) Cases

- ♦ On the OBLIG screen, add:

  - A health insurance only (HO) obligation to the case if the payor is required to provide health care coverage.

  - A medical support (MS) obligation to the case if the payor is required to pay cash medical support.

- ♦ On the OBLIGDST screen, update the HI ORDERED field with:

  - "Y" for all children covered under the health care coverage requirement in the court order.

  - "N" for all children covered under the cash medical support requirement in the court order.

See Recording A Medical Support Information On ICAR for more detailed information on how to set up these screens.

NOTE: When Medicaid ends, add the child support obligation and enforce **both** the child support and medical support obligations unless the payee request case closure. See 9-I, *Case Closure* for additional information.

Non-Public Assistance (NPA) Cases

Legal reference: 45 CFR 302.33(a)(5)

An NPA payee must cooperate with the Unit in the establishment and enforcement of medical support and child support. An NPA payee does not have the option of obtaining medical support services only or child support services only. When an NPA payee contacts you requesting the Unit stop providing medical support services, notify the payee the Unit is required to continue enforcing the court order. However, the payee may request the Unit stop providing all IV-D services. If the payee requests termination of all IV-D services, follow current procedures in 9-I, *Case Closure*.

Establishment of NPA Cases

When the payee requests the Unit's services and there is no existing court order, proceed with the establishment process to seek an order that establishes:

- ♦ Paternity (if at issue);
- ♦ Child support; and
- ♦ Medical support.

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Non-Public Assistance (NPA) Cases

<u>Enforcement of NPA Cases</u>

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.

Establishing Medical Support Obligations

Legal reference: Iowa Code Sections 252E.1B, 252E.2 and 252E.4; 441 IAC
                          98.3(252E); 45 CFR 303.31; Iowa Court Rules, Chapter 9

The establishment of a medical support obligation begins when:

♦   A case opens and you determine there are no support orders with medical support
    provisions for the case parties; or

♦   ICAR identifies a case with an existing court order that does not include medical
    support.

State and Federal law require the Unit to include medical support in all new or existing
orders. The type of medical support and the parent the Unit seeks an order against
depends on the case circumstance at the time the order is being sought. Examples of
types of medical support the Unit will seek and whom the Unit will seek the order
against include the following:

♦   The payor may be required to obtain a health benefit plan for the child when a
    health benefit plan is available to the payor at the time the order is entered, or in
    some limited circumstances, becomes available later.

♦   The payee may be required to obtain a health benefit plan for the child when a
    health benefit plan is available to the payee at the time the order is entered.

♦   The payor may be required to provide a dollar amount of medical support when
    there is no health benefit plan available to either parent.

Accessibility and Reasonable Cost

State law requires the Unit to ensure that a health benefit plan is accessible and
reasonable in cost before seeking an order for a parent to provide it.

Consider a health benefit plan accessible when it:

♦   Does not have service area limitations, or
♦   If it has service area limitations, the dependent lives within 30 miles or 30
    minutes of a network primary care provider.

Consider a health benefit plan reasonable in cost when:

♦   The difference between the cost of single coverage for the parent and the cost
    of enrolling the child(ren) in that parent's plan does not exceed 0-5%
    (depending on the parent's income) of that parent's gross income; or

♦   The premium cost exceeds the limit specified above, but the parent consents to
    that amount.

The Unit can seek an order for a parent to provide a health benefit plan if it is not accessible and reasonable in cost when:

♦ Both parents consent that a health benefit plan will be provided even though the plan is not accessible to the child(ren).

♦ The parent the Unit is seeking the health benefit plan requirement against consents to carrying the plan even when the plan exceeds the amount calculated to be reasonable cost.

For more information on the medical support hierarchy and gathering health benefit plan information for establishment purposes, see 10-H, *Determining Medical Support*.

Medical Support Hierarchy

Legal reference: Iowa Code Sections 252E.1A and 252E.1B

When establishing an order for medical support, the Unit must follow the hierarchy set out in State law to determine what type of medical support to seek from which parent. The Unit is required to seek an order for the medical support that is appropriate according to the hierarchy at the time the order is entered. If circumstances change after an order is entered, the order will be subject to modification requirements.

Refer to 10-H, *Medical Support Hierarchy*, for more information regarding medical establishment procedures and the medical support hierarchy.

Caretaker and Foster Care Cases

Legal reference: 441 IAC 99.4(4)

The parents of child(ren) in a non-parental home or in foster care are both liable for the support of the child(ren). See 10-C(3), *Foster Care Parental Liability*, for more information regarding the Department's authority to hold both parents liable for the costs in foster care cases. See also 10-H, *Determining Child Support Obligations,* on setting child support and medical support obligations for these cases.

Modifying Existing Orders to Include Medical Support

Legal reference: 45 CFR 303.31(b)(4); 441 IAC 98.3(2), Iowa Code 252B.5 and 252H

For cases with existing child support orders, federal regulations require the Unit to seek modification of the support order when no medical support provisions exist in the current support order. Federal regulations also require the Unit to identify orders that do not have medical support in a current order based on:

♦ Evidence that health care coverage may be available to either parent; and
♦ Facts that are sufficient to warrant a modification to address the health care needs of the children.

NOTE: When doing a modification on an existing order that does not include medical support and does not meet the 20% variance, you must continue the review. For more information on the criteria used for modifications, see 10-Q, *Administrative Review and Adjustment*.

When deciding whom to establish medical support against when modifying an order, you must follow the medical support hierarchy. For more information on following the medical support hierarchy for establishment and modification, see 10-H, *Determining Medical Support.*

Recording Medical Support Information on ICAR

When you add a new, modified, or existing order to ICAR that requires a parent to provide a health benefit plan or cash medical support, record both the medical support obligation and the health benefit plan information on ICAR.

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

♦ COURTORD screen.
♦ HIUPDATE screen.
♦ MEDINFO screen.
♦ OBLIG screen.
♦ OBLIGDST screen.

There may be a time delay between when you add or update the requirement to provide health care coverage on the COURTORD screen and when you receive information about the health benefit plan. If so, record the court order information initially. To obtain the health care coverage information from the parent ordered to provide coverage, take the following steps:

♦ Call the parent ordered to provide a health care coverage, or
♦ Send form 470-2748, Payee Medical Support Questionnaire, or
♦ Review the information from the health care coverage form that we already sent to the parent.

Instructions for adding a cash medical support obligation and health benefit plan information on ICAR follow.

COURTORD Screen

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

ICAR displays the following screen:

```
D479HC05            IOWA COLLECTION AND REPORTING SYSTEM        DATE:
                            COURT ORDER                         TIME:

CASE NUMBER........:                    DISTRIBUTE PERCENTAGE TO CARETAKER? :
PAYOR:                                  MOD NTC:  00000000 DNY:   00000000
PAYEE:                                  MOD NTC:  00000000 DNY:   00000000
-ORDER OBTAINED IN -                     BYPASS ORDER FOR A/T:    IA FILE:
C.O. COUNTY FIPS...:          -OR- COUNTY NUMBER:
COURT ORDER NUMBER.:                      ORDER DATE: 00 00 0000  TYPE:
ICIS C.O. NUMBER...:                    REG/FILE NO:
 REG/FILE COUNTY FIPS...:     -OR- COUNTY NUMBER:     EFILE:
LAST COURT ACTION..:                  CSRU MOD (Y/N):    HI/MS ORDERED:
           IIW PROVISIONS (Y/N/G/A):    NOTICE (I/M):
PETITIONER (FML)...:                                            MORE?
RESPONDENT (FML)...:                                            MORE?
PAYEE (O/L/A)......:                    IV-D NOTICE:
C.O. REGISTERED IN.:
C.O. TRANSCRIBED TO:                    C.O. TRANSFERS.....:
MOD JUR:      MOD JUR DATE: 00 00 0000    CHOICE OF LAW JUR..:
RELATED ORDERS:    CASES:                    MORE?    LEVY    USE IN   SUSP:
F2=ADD F3=MOD F5=INQ F6=DCO F7=BACK F8=FORWARD F9=REFRESH F10=COURTOR2
F11=REVIEW1 F12=REGIST F13=SUSC1  F14=ADMOD1 F15=SUSP1 F16=HIUPD F17=ASNTRM
 NEXT SCREEN:              NOTES:
PLEASE ENTER CASE NUMBER
```

See 9-E, *Case Setup*, for more information on this screen.

The field on the COURTORD screen that applies to medical support enforcement is:

♦ **HI/MS ORDERED:** Enter "Y" in this field when health care coverage or cash medical support is ordered. After you enter "Y" in this field, ICAR takes you to the HIUPDATE screen to identify the party ordered to provide health care coverage and/or cash medical support.

To record an obligation requiring health care coverage or cash medical support, see Entering Medical Support Orders and Obligations on ICAR.

HIUPDATE Screen

The HIUPDATE screen is court-order specific. One screen exists for each COURTORD screen. You must review the court order for medical support information to determine which entries to make on the HIUPDATE screen.

After you enter "Y" in the HI /MS ORDERED field on the COURTORD screen and press the F2 key to add, or the F3 key to modify, ICAR displays the HIUPDATE screen. You may also press the F16 key to access the HIUPDATE screen from the COURTORD screen.

ICAR displays the following screen:

```
D479HM34            IOWA COLLECTION AND REPORTING SYSTEM          DATE:
                         HEALTH INSURANCE UPDATE                  TIME:


CASE NUMBER:
PAYOR:                                     PAYEE:
COURT ORDER NUMBER:

HEALTH INS (Y/N):                   CASH MED SUPPORT (Y/N):    PAYOR SAT:
                                                              PAYEE SAT:
PARTY ORDERED TO PROVIDE HEALTH INS?
    PAYOR        PAYEE        BOTH        SHARED        OTHER


IF SHARED, ENTER PERCENTAGE OF PREMIUM ORDERED:
      PAYOR          PAYEE


PARTY ORDERED TO PAY CASH MEDICAL SUPPORT?
      PAYOR         PAYEE        BOTH          OTHER


PAYOR'S HEALTH INSURANCE PREMIUM LIMIT (FROM DECRETAL SECTION):
    REAS COST:            TOTAL COST:


COMMENT:
 F3=MODIFY     F6=MEDINFO
```

Press the Pause/Break key from the HIUPDATE screen to return to the COURTORD screen. NOTE: If there is an "N" in the HI/MS ORDERED field on the COURTORD screen, ICAR denies you access to the HIUPDATE screen.

Fields, values and descriptions on the HIUPDATE screen are:

♦ **CASE NUMBER:** ICAR displays the case number.
♦ **PAYOR:** ICAR displays the payor on the case.
♦ **PAYEE:** ICAR displays the payee on the case.
♦ **COURT ORDER NUMBER:** ICAR displays the court order number linked to the HIUPDATE screen.

♦ **HEALTH INS (Y/N):** Place "Y" in this field when the payor, payee, both the payor and payee, there is shared health care coverage, or another person is ordered to provide health care coverage. Enter "N" in this field when no one is ordered to provide health care coverage.

♦ **CASH MED SUPPORT (Y/N):** Place a "Y" in this field when the payor, payee, both the payor and payee, or another person is ordered to pay cash medical support. Enter "N" in this field when no one is ordered to pay cash medical support.

NOTE: ICAR requires you to enter either "Y" or "N" in both the HEALTH INS (Y/N) and CASH MED SUPPORT (Y/N) fields before exiting the HIUPDATE screen. ICAR does not allow you to enter "N" in both HEALTH INS (Y/N) and CASH MED SUPPORT (Y/N) fields at the same time.

♦ **PAYOR SAT:** ICAR displays "Y" in the PAYOR SAT field when there is an active payor medical satisfaction (MEDSAT) on the case. You cannot change this data.

♦ **PAYEE SAT:** ICAR displays "Y" in the PAYEE SAT field when there is an active payee medical satisfaction (CPMEDSAT) on the case. You cannot change this data.

♦ The **PARTY ORDERED TO PROVIDE HEALTH INS?** section identifies the party with the court-ordered requirement for providing health care coverage. Enter "Y" in:

• **PAYOR:** When the payor is court-ordered to provide dependent health care coverage.

• **PAYEE:** When the payee is court-ordered to provide dependent health care coverage.

• **BOTH:** When both parents are court-ordered to provide dependent health care coverage. When you enter "Y" in this field and press F3 twice to update the screen, ICAR enters "Y" in the PAYOR and PAYEE fields. ICAR also takes you to the MEDINFO screen to make an entry in the HEALTH INSURANCE LANGUAGE field. Enter the medical support language from the court order into this field.

• **SHARED:** When the parents are court-ordered to share the cost of the health benefit plan premium. When you enter "Y" in this field, ICAR requires you to enter "Y" in either the PAYOR or PAYEE field to document which parent is court-ordered to provide the health care coverage. ICAR also takes you to the MEDINFO screen to make an entry in the HEALTH INSURANCE LANGUAGE field. Enter the medical support language from the court order into this field.

NOTE: Private orders may include a shared percentage. At this time, the Unit does not order a shared percentage. If you select the shared option, enter the percentage each parent is ordered to provide in the IF SHARED, ENTER PERCENTAGE OF PREMIUM ORDERED field. The percentage amounts must equal 100%.

- **OTHER:** When the person ordered to provide health care coverage is not a party on the case. When you enter "Y" in the OTHER field, ICAR takes you to the MEDINFO screen to make an entry in the OTHER PERSON ORDERED TO PROVIDE HI/MS field. Enter the name of the person ordered to provide health care coverage or cash medical support in this field. ICAR also makes you enter the medical support language from the court order into the HEALTH INSURANCE LANGUAGE field on the MEDINFO screen.

♦ The **PARTY ORDERED TO PAY CASH MEDICAL SUPPORT?** section identifies the party with the court-ordered requirement for paying cash medical support. Enter "Y" in:

- **PAYOR:** When the payor is court-ordered to pay cash medical support for the dependent(s).

- **PAYEE:** When the payee is court-ordered to pay cash medical support for the dependent(s).

- **BOTH:** When both parties are court-ordered to pay cash medical support for the dependent(s). When you enter "Y" in this field and press F3 twice to update the screen, ICAR enters "Y" in the PAYOR and PAYEE fields.

- **OTHER:** When the person ordered to pay cash medical support is not a party on the case.

♦ **PAYOR'S HEALTH INSURANCE PREMIUM LIMIT: REAS COST:** Make the following entries in this field in the following case circumstances:

- Enter "Y" and "0" when the decretal section of the order requires the payor to provide dependent health care coverage when there is no cost to add the child(ren).

- Enter "Y" and the monthly reasonable cost dollar amount when the decretal section of the order requires the payor to provide dependent health care coverage when it is available at a specific dollar amount to add the child(ren).

An entry of "Y" and a dollar amount in this field puts the following language on the *National Medical Support Notice*:

EXCEPTION: The order limits the enrollment of the dependent(s) if the difference between the cost of single coverage for the employee and the cost of enrolling the dependent(s) exceeds this amount: $(dollar amount).

- Valid entries for the dollar amount part of the field are "0" (zero) through "9999.99" in whole dollar amounts and cents.

♦ **PAYOR'S HEALTH INSURANCE PREMIUM LIMIT: TOTAL COST:** Make the following entries in this field in the following case circumstances:

- Enter "Y" and the total monthly premium limit amount when the decretal section of the order requires the payor to provide dependent health care coverage when it is available to the payor at a specific dollar amount.

- Enter "Y" and "0" when the decretal section of an order states that the payor is to provide health care coverage when there is no cost for the coverage.

- An entry of "Y" and a dollar amount in this field puts the following language on the *National Medical Support Notice*:

> EXCEPTION: The order limits the employee's health care coverage deduction from the employee's income to: $(dollar amount).

- Valid entries for the dollar amount part of the field are "0" (zero) through "9999.99" in whole dollar amounts and cents.

NOTE: When the PAYOR'S HEALTH INSURANCE PREMIUM LIMIT: REAS COST and TOTAL COST fields are both blank, ICAR puts the following language on the NMSN:

> EXCEPTION: The order limits the employee's health care coverage deduction from the employee's income to: NO LIMIT STATED IN ORDER.

♦ **COMMENT:** Use this field to enter free form comments regarding the medical support language in the court order.

MEDINFO Screen

The MEDINFO screen is court-order specific. ICAR creates a MEDINFO screen for each court order with "Y" in the BOTH, SHARED, or OTHER field on the HIUPDATE screen.

When you enter "Y" in the BOTH, SHARED, or OTHER field on the HIUPDATE screen and press the F3 key twice to update the screen, ICAR displays the MEDINFO screen and requires you to make an entry in the HEALTH INSURANCE LANGUAGE field.

You can gain view-only access to the MEDINFO screen from a screen other than HIUPDATE by typing "MEDINFO" into the NEXT SCREEN field and pressing ENTER. You can also access the MEDINFO screen by pressing F6 from the HIUPDATE screen. Accessing the MEDINFO screen by pressing F6 from the HIUPDATE screen allows you to make entries on the MEDINFO screen.

```
 D479HM37            IOWA COLLECTION AND REPORTING SYSTEM        DATE:
                            MEDICAL INFORMATION                  TIME:

 CASE NUMBER:                                 LAST UPD: 00/00/0000  BY:
 PAYOR......:                                 COURT ORDER:
 PAYEE......:

 HEALTH INSURANCE LANGUAGE:






 OTHER PERSON ORDERED TO PROVIDE HI/MS:
 MEDICAL COMMENT:



 F3=MODIFY, F5=INQUIRE, F7=PAGE BACK, F8=PAGE FORWARD
 NEXT SCREEN:            NOTES:
```

Press the PAUSE/BREAK key on the MEDINFO screen to return to the HIUPDATE screen.

NOTE: ICAR does not allow you to leave the MEDINFO screen until you enter information in the HEALTH INSURANCE LANGUAGE field and press the F3 key twice to update the screen.

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

♦ **CASE NUMBER:** ICAR displays the case number.

♦ **LAST UPD:** ICAR enters the current date in this field when you enter information in either the HEALTH INSURANCE LANGUAGE or MEDICAL COMMENT field and press the F3 key twice to update the screen.

♦ **BY:** ICAR enters your worker ID in this field when you enter information in either the HEALTH INSURANCE LANGUAGE or MEDICAL COMMENT field and press the F3 key twice to update the screen.

♦ **PAYOR:** ICAR displays the payor's name as it displays on the COURTORD screen.

♦ **COURT ORDER:** ICAR displays the court order number as it displays on the COURTORD screen.

♦ **PAYEE:** ICAR displays the payee's name as it displays on the COURTORD screen.

♦ **HEALTH INSURANCE LANGUAGE:** When you enter "Y" in the BOTH, SHARED, or OTHER fields under PARTY ORDERED TO PROVIDE HEALTH INS or PARTY ORDERED TO PAY CASH MED SUPPORT on the HIUPDATE screen, the MEDINFO screen automatically displays. When BOTH or SHARED are selected, you are required to enter the exact medical support language from the court order in this field.

♦ **OTHER PERSON ORDERED TO PROVIDE HI/MS:** When you enter "Y" in the OTHER field under PARTY ORDERED TO PROVIDE HEALTH INS or PARTY ORDERED TO PAY CASH MED SUPPORT on the HIUPDATE screen, the MEDINFO screen automatically displays. Enter the name of the person ordered to provide health care coverage or cash medical support in the OTHER PERSON ORDERED TO PROVIDE HI/MS field.

♦ **MEDICAL COMMENT:** Enter medical comments that are pertinent to the case and press the F3 key twice to update the screen. When a case has multiple MEDINFO screens, ICAR displays the same entry in the MEDICAL COMMENT field on each MEDINFO screen.

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 COURTORD 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..........:        MINIMUM OBLIG:    RE TYPE:   LOW INC ADJ:
 OBLIGATION TYPE...:        (REIMBURSEMENT ACCT TYPE:   AMT DUE:          )
 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.

- **CS (child support):** Enter "CS" in this field when the payor is court-ordered to provide child support and is also ordered to provide health care coverage. To add a health care coverage obligation to a CS obligation on ICAR, you must also enter "Y" in the HI ORDERED field for all child(ren) ordered to be covered by the health benefit plan on the OBLIGDST screen.

♦ **OBLIGATION AMOUNT:** When there is a court order for the payor to provide cash medical support (MS obligation) or a specific dollar amount to reimburse medical expenses (MR obligation), enter the amount of the obligation in this field.

♦ **MINIMUM OBLIG:** Use this field to determine if a minimum obligation exists on the case when determining whether a payor qualifies for a medical satisfaction. When this field displays:

- "Y" – the payor's obligation is considered to be a minimum obligation.
- "N" – the payor's obligation is not a minimum obligation.
- "D" – this order is a private order and there is no net income available for the payor.

♦ **NCP UME PCNT:** Enter the payor's percentage of unreimbursed medical expenses in this field.

See 11-T, *Distribution*, for more information on this screen.

Obligation Distribution (OBLIGDST) Screen

Update the OBLIGDST screen for new orders, orders adjusted through review and adjustment, orders modified through administrative modification or through a private action. To access this screen from the OBLIG screen, type "OBLIGDST" in the NEXT SCREEN field.

ICAR displays the following screen:

```
 D479HC16              IOWA COLLECTION AND REPORTING SYSTEM          DATE:
                            OBLIGATION DISTRIBUTION                  TIME:
   CASE NUMBER:            CURRENT C/O:                         DISTCOLA: 00 00 00
                         HI ORDERED    COURT ORDER    OBLIGATION     CHANGE
   CHILDS NAME             (Y/N/U)       NUMBER         AMOUNT     DIST. TO:




















                                     TOTAL OBLIGATION:            FREQ:


```

Fields, values, and descriptions related to medical support enforcement on the OBLIGDST screen are:

♦ **HI ORDERED (Y/N/U):** Enter "Y" in this field for each child when the court orders anyone to provide health care coverage for that child. Enter "N" in this field for each child when the court order does not order anyone to provide health care coverage for that child. ICAR displays "U" in this field for each child that is not attached to the court order.

♦ **OBLIGATION AMOUNT:** Enter the amount of the obligation that is distributed to each child in this field.

NOTE: There must be an entry in the HI ORDERED (Y/N/U) field for ICAR to properly display information on the MEDSUM screens. Specifically, ICAR displays the court order number on the MEDSUM screens only when the HI ORDERED (Y/N/U) field contains either a "Y" or an "N" on the OBLIGDST screen. See 11-T, *Distribution*, for more information.

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.

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Medicaid Third-Party Liability Unit

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:

```
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.
```

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.

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♦ **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.

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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.

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♦ 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

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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.

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.

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....:                               POLICY CONTINUING?
INSURANCE CO..: APPLE INSURANCE
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.

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♦ 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.

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Payee Provides Health Care Coverage

Follow these instructions when the payee returns 470-2748, *Payee Medical Support Questionnaire*, or other documentation that indicates the payee provides health care coverage for the child.

The following screen print shows a health benefit plan provided by the payee:

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


CASE NUMBER...: XXXXXXX        PAYOR NAME: PAYOR A. SMITH
                              PROVIDER..PAYOR:   PAYEE: X  PRIVATE:
                              PROVIDER NAME:  PAYEE M. SMITH
EMPLOYER ID...:
EMPLOYER NAME.: PRIVATE INSURANCE              PRIVATE PROVIDER PAYOR?
POLICY NUMBER.: JKL44444                       PAYOR SAT:    PAYEE SAT:
INSURER ID....:                                POLICY CONTINUING?
INSURANCE CO..: JONES INSURERS
ADDRESS LINE 1: 7788 COURT RD                  EMP TERMINATED......:
ADDRESS LINE 2:                                VERIFIED INS TERM...:
CITY/STATE/ZIP: LINCOLN     IA 52222           COMPANY NBR: 9876
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 health benefit plan information on the MEDICAL screen as follows:

♦ Press the F10 key to access the payee and private health benefit plan section of the MEDICAL screen. ICAR displays "PRIVATE INSURANCE" in the EMPLOYER NAME field to indicate that insurance coverage is not employment-related coverage of the payor.

♦ Tab to the PROVIDER section and enter any character in the PAYEE field.

♦ Complete the POLICY NUMBER and EFFECTIVE DATE fields.

♦ Complete the DEP HI NC or PREM/MO fields, if appropriate.

♦ Press the F2 key twice to add the MEDICAL screen to the case. ICAR displays the payee's name in the PROVIDER NAME field.

♦ After you add the MEDICAL screen to the case, ICAR displays the INSURER COMPANY LIST, INSURANCE DEPENDENT LIST, and MEDICAL COVERAGE screens in succession. Information about completing these screens follows. NOTE: The MEDICAL screen is not connected to the Payee Employer Verification (CPEMPVER) screen.

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♦ After entering data on the sub-screens associated with the MEDICAL screen, press the F3 key twice and ICAR displays the MEDICAL screen again.

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

Payor or Third Party Provides Private Health Care Coverage

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

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


CASE NUMBER...: XXXXXXX          PAYOR NAME: PAYOR A. SMITH
                                PROVIDER..PAYOR:   PAYEE:    PRIVATE: X
                                PROVIDER NAME:  PAYOR A. SMITH
EMPLOYER ID...:
EMPLOYER NAME.: PRIVATE INSURANCE              PRIVATE PROVIDER PAYOR?  Y
POLICY NUMBER.: 567890XX                       PAYOR SAT:   PAYEE SAT:
INSURER ID....:                                POLICY CONTINUING?
INSURANCE CO..: BELL STATE INSURANCE
ADDRESS LINE 1: PO BOX 5678                    EMP TERMINATED......:
ADDRESS LINE 2:                                VERIFIED INS TERM...:
CITY/STATE/ZIP: NEW YORK     NY 10101          COMPANY NBR: 8338
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 health benefit plan information on the MEDICAL screen as follows:

♦ Press the F10 key to access the payee and private health care coverage section of the MEDICAL screen. ICAR displays "PRIVATE INSURANCE" in the EMPLOYER NAME field to indicate that the health benefit plan is a private policy.

♦ Tab to the PROVIDER section and enter any character in the PRIVATE field.

♦ Enter the name of the payor or third party in the PROVIDER NAME field.

♦ Complete the POLICY NUMBER and EFFECTIVE DATE fields.

♦ Enter "Y" in the PRIVATE PROVIDER PAYOR?: field if the payor or the payor's spouse provides the private health benefit plan. Enter "N" if the plan is not provided by the payor or the payor's spouse.

♦ 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. Information about completing these screens follows.

♦ Once you complete the screens, press the F3 key twice and ICAR displays the MEDICAL screen.

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

INSURER COMPANY LIST Screen

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

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

```
D479HM10           IOWA COLLECTION AND REPORTING SYSTEM        DATE:
                        INSURER COMPANY LIST                    TIME:
CO. NAME SEARCH..:            CITY SEARCH.:
                             STATE SEARCH:
INSURANCE COMPANY                   CITY              STATE   COMP NBR    SEL
CARES INSURERS

12311 SOUND DR   LINNET   WA        4321

CARETOWN

PO BOX 1313              TEMPLE              NV        8528

CASWELL INSURANCE

PO BOX 9111   AUSTIN   CA        7654

CATREY CHOICES

PO BOX 1012         HILLS   IL   456


PF5=INQUIRY  PF7=PAGE BACK  PF8=PAGE FORWARD   ENTER=SELECT
NEXT SCREEN:           NOTES:
```

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

♦ CO. NAME SEARCH: Press the F5 key after you enter the company name (or partial name) to search for the insurance company.

♦ CITY SEARCH: Press the F5 key after you enter the city to search for insurance companies located in a specific city.

♦ STATE SEARCH: Press the F5 key after you enter the state to search for insurance companies located in a specific state.

♦ INSURANCE COMPANY: ICAR displays the name and address for the insurance company from the TPL insurance company file.

♦ CITY: ICAR displays the city for the insurance company address.

♦ STATE: ICAR displays the state for the insurance company address.

♦ COMP NBR: ICAR displays the number assigned to the insurance company.

♦ SEL: Make an entry to select an insurance company and connect it to the MEDICAL screen.

Function keys on the INSURER COMPANY LIST screen are:

PF5 = INQUIRY:	Press the PF5 key to display insurance company information based on an entry in the CO. NAME SEARCH, CITY SEARCH, or STATE SEARCH field.
PF7 = PAGE BACK	Press the PF7 key to scroll back through INSURER COMPANY LIST screens.
PF8 = PAGE FORWARD	Press the PF8 key to scroll forward through additional INSURER COMPANY LIST screens.
ENTER = SELECT	Press the ENTER key after you make an entry in the SEL field to select an insurance company.

To select the insurance company address:

♦ Type either the company name or a partial name, such as the letters "HART," in the CO. NAME SEARCH field, the city where the company is located in the CITY SEARCH field, or the state where the company is located in the STATE SEARCH field and press the PF5 key to display a list of insurance companies.

♦ Search for the insurer using the address of the company.

♦ Tab to the SEL field that follows the name and address of the insurance company you want to select, enter any character, and press the ENTER key to select the insurer. ICAR adds the insurer to the case.

♦ ICAR displays the INSURANCE DEPENDENT LIST screen.

NOTE: If the insurance company does not appear on the list, send the name and address of the insurer you want added to EPICS who then forwards the information to the Department's TPL designee. The TPL designee is the only person authorized to add insurance companies to the list.

INSURANCE DEPENDENT LIST Screen

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

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

```
 D479HM10          IOWA COLLECTION AND REPORTING SYSTEM        DATE:
                         INSURANCE DEPENDENT LIST              TIME:

 CASE NUMBER:              POLICY NUMBER:
 PAYOR NAME :                                      GEN STATUS LTR (Y):
                                                   END      HI   INS
 DEPENDENTS NAME             SOC-SEC     STATE ID   DATE     ORD  SEL  REL







 PF3=MODIFY
 NEXT SCREEN:            NOTES:
```

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

♦ CASE NUMBER: ICAR displays the case number for the MEDICAL screen you are adding.

♦ POLICY NUMBER: ICAR displays the policy number for the MEDICAL screen you are adding.

♦ PAYOR NAME: ICAR displays the payor's name for the case.

♦ GEN STATUS LTR (Y): When the payee requests a copy of the health care coverage information, enter "Y" to generate form 470-2705, *Notice of Health Insurance Information*.

♦ DEPENDENTS NAME: ICAR displays the dependent's names (payee and child) for the case.

♦ SOC-SEC: ICAR displays the social security number for each dependent.

♦ STATE ID: ICAR displays the state ID for each dependent.

♦ END DATE: Enter the date health care coverage ends for each dependent.

♦ HI ORD: Enter "Y" when the court order requires health care coverage for the dependent. Enter "N" when the court order does not require health care coverage for the dependent.

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INSURER COMPANY LIST Screen

♦ INS SEL: Enter "Y" when the health benefit plan includes the dependent. Enter "N" when the health benefit policy does not include the child. Enter "C" when the dependent's health benefit plan is changing.

♦ REL: Enter the code indicating the relationship of the dependent to the health benefit plan provider (e.g., payor, etc.). Valid entries are:

0	Self
1	Spouse, including a separated spouse.
2	Child
3	Grandchild
4	Sibling
5	Cousin
6	Niece or nephew
7	Parent
8	Stepchild
9	Other or no relation, such as the current spouse for either the payor or payee.

The function key on the INSURANCE DEPENDENT LIST screen is PF3 = MODIFY. Press the PF3 key when you change information on this screen.

Complete the HI ORD, INS SEL, and REL fields and press the PF3 key twice to modify the screen. ICAR displays the MEDICAL COVERAGE screen.

MEDICAL COVERAGE Screen

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

```
D479HM10           IOWA COLLECTION AND REPORTING SYSTEM       DATE:
                         MEDICAL COVERAGE                     TIME:

CASE NUMBER...:          PAYOR NAME...:

   AMBULANCE              HOSPITAL                 PHYSICIAN
   DENTAL                 LAB & X-RAY              SPEC DISEASE - CANCER
   PRESCRIPTION DRUGS     MEDICAL EQUIPMENT        SPEC DISEASE - HEART
   HOME HEALTH AGENCY     NURSING HOME - INTER     VISION
   HOSPICE                NURSING HOME - SKILL

OTHER:
                      SOURCE INFORMATION

        ACCIDENT POLICY             MEDICAID TRUST
        TRICARE                     MEDICARE - PART A ONLY
        CHAMPVA                     MEDICARE - PART B ONLY
        INDEMNITY POLICY            MEDICARE - PART A & B
        MAJOR MEDICAL               VETERANS ADMINISTRATION
OTHER:

PF3=MODIFY
NEXT SCREEN:          NOTES:
```

Enter data on the MEDICAL COVERAGE screen as described below:

♦ Enter "Y" in front of the type of medical coverage the plan includes. For example, Major Medical, Dental, Vision and Prescription Drugs.

   NOTE: When the plan only covers major medical expenses, only enter "Y" in the MAJOR MEDICAL field.

♦ If the health benefit plan changes and coverage previously offered is discontinued, enter "N" over the "Y."

♦ Press the PF3 key to modify the screen.

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

Notifying the Payee of Health Care Coverage

If the payee contacts you and asks for health care coverage information, generate a copy of form 470-2705, *Notice of Health Insurance Information*, for the payee. To generate the form, enter "Y" in the GEN STATUS LTR (Y): field on the INSURANCE DEPENDENT LIST screen. ICAR generates the form during the weekly batch process each Friday. The form is sent to the Department's mailing service and is mailed the following Monday. ICAR issues narrative (CASE120) to document you sent the form.

Recording Changes in Coverage

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

♦ Access the MEDICAL screen for the applicable health benefit plan and press the F14 (SHIFT plus the F2 key) key to access the INSURANCE DEPENDENT LIST screen.

♦ Enter "C" in the INS SEL field for the child whose coverage is changing.

♦ Press the PF3 key to modify the screen. ICAR displays the MEDICAL screen.

♦ If necessary, use the function keys to access sub-screens (e.g., MEDICAL COVERAGE screen, etc.) to record changes in the health care coverage.

♦ ICAR issues narrative CASE33 to document changes to the medical coverage portion of the screen (i.e. ambulance, hospital, etc.) or narrative CASE 32 when the source information section is updated (i.e. accident policy, TRICARE, etc.).

1. A child emancipates and the court order requiring the payor to provide health care coverage for this child ends on that date. Access the MEDICAL screen for this health benefit plan and press the F14 key to access the INSURANCE DEPENDENT LIST screen. Enter "N" in the INS SEL field for the child who emancipated.

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

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MEDICAL COVERAGE Screen

2.   You learn that the payor's employer no longer provides prescription drug coverage for the payor or the child under the major medical plan. Access the MEDICAL screen for this health benefit plan and press the F14 key to access the INSURANCE DEPENDENT LIST screen. Enter "C" in the INS SEL field for each child who no longer has prescription drug coverage.

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

Recording Coverage for an Additional Child

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

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

♦   Enter "Y" in the HI ORD field if the child is covered by a court order that includes health care coverage. Enter "N" if the child is not covered by a court order that includes health care coverage.

♦   Enter "Y" in the INS SEL field when the child is covered by the health benefit plan.

♦   Enter the applicable code in the REL field. Refer to the INSURANCE DEPENDENT LIST Screen section for a list of allowable codes for this field.

♦   Press the F3 key to update the screen.

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

Recording Coverage When a Child Moves to a Caretaker or Foster Care Case

Specific steps are required when a child with health care coverage moves to a caretaker or foster care case. When a child is covered by a health benefit plan and the child moves to a caretaker case, do not change the obligation end date immediately.

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MEDICAL COVERAGE Screen

On the original case:

♦ Make screen prints of the MEDICAL, INSURANCE DEPENDENT LIST, and MEDICAL COVERAGE screens.

♦ Enter the current date in the END field on the MEDICAL screen.

♦ Enter "HEALTH INSURANCE NOW ON CASE (CASE NUMBER) (DATE COMMENT ENTERED)." on the COMMENT field on the MEDSUM2 screen.

By completing these steps before changing the date the obligation ends, ICAR does not generate form 470/3918, *Change in Medical Support Enforcement*, to the employer.

On the caretaker case, do not add the health benefit plan immediately. First:

♦ Add a calendar flag to review the case in two days.

♦ Enter "C/T MED UPDATED ON CASE (CASE NUMBER) (DATE COMMENT ENTERED)." on the COMMENT field on the MEDSUM2 screen.

♦ After the medical programs run and ICAR generates form 470/3818, *National Medical Support Notice*, add the health benefit plan to the caretaker case using the screen prints you made on the original case.

This process ensures the employer and plan administrator receive a new *National Medical Support Notice* with the current payee's name and address. They can send health benefit plan cards and any other documents needed to access benefits under the plan to the new payee.

ICAR Information Transfers to TPL

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

♦ State ID

♦ Case Number

♦ Account type

♦ Court order number.

♦ Name, address, date of birth, social security number (SSN), and address of the dependent(s) enrolled.

♦ Party providing the health benefit plan (e.g., payor, payee or other).

♦ Name and social security number (SSN) of the person providing the health benefit plan.

- The payor's employer (if applicable).

- Name and address of the insurance company.

- Effective date of the policy and policy number.

- Type of medical coverage provided through the policy.

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

MEDSUM, MEDSUM2, and MEDSUM3 Screens

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

Once ICAR identifies a high potential for a payor to obtain health care coverage for the child, ICAR begins automated actions for the Unit to establish a medical support order or to modify an existing order to add medical support provisions. ICAR also displays an entry in the HI POT field on the MEDSUM2 screen. Refer to Batch Processing For Medical Support for more information on how ICAR establishes high potential cases.

ICAR also monitors the payor's and employer's compliance with an obligation to provide health insurance coverage. Review the data on the MEDSUM and MEDSUM2 screens to determine if there is a health benefit plan covering the child(ren). Refer to Monitoring for Return of Health Benefit Information for more information.

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

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

- **Field level help text:** Place the cursor in the specific data field and press the F1 key.

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

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MEDSUM, MEDSUM2, and MEDSUM3 Screens

MEDSUM Screen

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

```
D479HM16             IOWA COLLECTION AND REPORTING SYSTEM        DATE:
                                  MEDSUM                         TIME:

 CASE NUMBER.............:
 COURT ORDER NUMBER......:                        ,            MORE? N

 INTERSTATE.....(Y/BLANK):      INIT STATE:      RSPN STATE:
                                   MEDICAID MS ENF ONLY (Y/N): N




 HIQ TO PAYOR.......(Y/N):
 CT ORD HEALTH INS..(Y/N):               OBLIG ENDED.........(Y/N):
                                         OTHER MED OBL TYPE.....MS:    MR:
                                         HEALTH ONLY OBLIG......(Y/BLANK):
 EMP VERIFIED.......(Y/N):

                                         NOTICE SENT.....(Y/BLANK):  00 00 0000
                                         MED MTQ.........(Y/N/I/M):

 F5=INQUIRY, F6=MEDICAL, F7/F8=SCROLL MEDSUM SCREENS
 F9=MEDSUM2, F10=MORE COURT ORDERS, F13=MEDMTQ, F14=MEDSUM3
 NEXT SCREEN:  NOTES:
C.O. THAT ORDERS H.I. - LAST MEDSUM SCREEN
```

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

♦ CASE NUMBER: Enter the case number and press the F5 key to display case information.

♦ COURT ORDER NUMBER: ICAR displays up to two court order numbers in this field as displayed in the COURT ORDER NUMBER field on the Court Order (COURTORD) screen.

♦ MORE?: ICAR displays a "Y" when more than two court orders with the same health care coverage provisions exist. Press the F10 key to access the ADDITIONAL COURT ORDERS associated with this MEDSUM screen.

♦ INTERSTATE (Y/BLANK): ICAR displays a "Y" on interstate cases with account types of 14, 15, 19, or 17 with a child account type of 16, when there's also an active Interstate Contact Screen A (INTERSTA) screen.

♦ INIT STATE: ICAR displays the two-letter abbreviation for the initiating state if there is a "Y" in the INTERSTATE field.

♦ RESP STATE: ICAR displays the two-letter abbreviation for the responding state if there is a "Y" in the INTERSTATE field.

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MEDSUM, MEDSUM2, and MEDSUM3 Screens

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

- MEDICAID MS ENF ONLY (Y/N): ICAR displays "Y" or "N" as entered in the MEDICAID MS ENF ONLY field on the PAYEE screen. ICAR displays a "Y" when a payee, who receives Medicaid-only, asks the Unit to provide only medical support services. The default for the MEDICAID MS ENF ONLY field on the PAYEE screen is an "N."

- HIQ TO PAYOR (Y/N): The default for this field is "N." ICAR displays a "Y" when there is a "4" in the HI POT field on the MEDSUM2 screen and generates form 470/0413, *Obligor Health Insurance Questionnaire*, to the payor to gather information about the availability of health insurance coverage.

- CT ORD HEALTH INS (Y/N): ICAR displays data you entered in the HI/MS field on the COURTORD screen to indicate whether health insurance coverage for the child is court-ordered. ICAR displays an "N" when there is no court order on the case.

- OBLIG ENDED (Y/N): ICAR displays a "Y" when all child support obligations connected to the court orders for the appropriate MEDSUM screen have ended.

  When the END DATE field on the Obligation (OBLIG) screen is blank or ICAR displays a date greater than the current date (both indicating on-going obligations), ICAR displays an "N" in this field.

- OTHER MED OBL TYPE: MS ___MR ___: ICAR displays a "Y" in the appropriate space when you enter an obligation type of medical support (MS) or medical reimbursement (MR) on the OBLIG screen.

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

- HEALTH ONLY OBLIG (Y/Blank): The default for this field is blank. ICAR displays a "Y" when the only obligation type on a case is health insurance (HO on the OBLIG screen).

- EMP VERIFIED (Y/N): ICAR displays the data you entered in the EMP VERIFIED field on the EMPVER screen.

- NOTICE SENT: (Y/Blank) ICAR displays a "Y" and the date when ICAR generates form 470 2624*, Initiation of Income Withholding/Medical Support*, or form 470/3733, *Initiation of Medical Support Enforcement*.

♦ MED MTQ (Y/N/I/M): ICAR completes this field when there is a medical motion to quash. Valid entries include:

Y   There is an "X" in either the REVOKED, STAYED, or GRANTED field on the MEDMTQ screen.

N   There is an "X" in either the STANDS, DENIED, or WITHDRAWN field on the MEDMTQ screen.

I   The same date displays in either the INFORMAL CONFERENCE REQUESTED DATE, MTQ FILED DATE, or MTQ SERVED DATE field on both the MEDMTQ and Income Withholding Orders 2 (IWO2) screens.

M   The payor is challenging only medical support enforcement on the MEDMTQ screen.

Function keys on the MEDSUM screen are:

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

Multiple MEDSUM Screens on a Case

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

♦ Your entry in the HI/MS field on the COURTORD screen, and
♦ Whether or not court order includes the children on the case in the health
  care coverage provisions.

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

```
 D479HM16              IOWA COLLECTION AND REPORTING          DATE:
                             SYSTEM                           03/10/04
                             MEDSUM                           TIME:
                                                              08:58:07
 CASE NUMBER:XXXX
 COURT ORDER NUMBER:        XXXXXXX                          MORE? N

 INTERSTATE (Y/BLANK):    INIT STATE:   RSPN STATE: NE
                          IA
                               MEDICAID MS ENF ONLY(Y/N): N

 HIQ TO PAYOR(Y/N):       N
 CT ORD HEALTH INS        Y      OBLIG ENDED(Y/N):
 (Y/N):
                                 OTHER MED OBL TYPE:     MS:    MR:
                                 HEALTH ONLY OBLIG    (Y/BLANK):
 EMP VERIFIED (Y/N):

                                 NOTICE SENT(Y/BLANK):    00 00 0000
                                 MED MTQ        (Y/N/I/M:
 PF5=INQUIRY,     PF6=MEDICAL,     PF7/PF8=SCROLL MEDSUM SCREENS
 PF9=MEDSUM2,      PF10=MORE COURT ORDERS    PF13=MEDMTQ    PF14=MEDSUM3
 NEXT SCREEN:           NOTES:
 C.O. THAT ORDERS H.I.
```

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

For any children on the case that are associated to a court order, and are **not**
covered by health insurance provisions,

ICAR displays the following MEDSUM screen for that court order with the on-line message, "C.O. WITH NO H.I. ORDERED."

```
D479HM16              IOWA COLLECTION AND REPORTING SYSTEM        DATE: 03/10/04
                                 MEDSUM                          TIME: 09:38:35
CASE NUMBER:XXXX
COURT ORDER NUMBER:              AAA-111      DM 123          MORE? Y


INTERSTATE (Y/BLANK):  Y        INIT STATE: IA   RSPN STATE: NE   ENF MED:  Y
                                                 MEDICAID MS ENF ONLY(Y/N): N
HIQ TO PAYOR(Y/N):              N
CT ORD HEALTH INS(Y/N):         N           OBLIG ENDED(Y/N):
                                            OTHER MED OBL TYPE:        MS    MR
                                            HEALTH ONLY OBLIG(Y/BLANK):
EMP VERIFIED(Y/N):
                                            NOTICE SENT(Y/BLANK):      00 00 0000
                                            MED MTQ(Y/N/I/M):
                       PF6=MEDICAL,      PF7/PF8=SCROLL MEDSUM SCREENS,
PF5=INQUIRY,
PF9=MEDSUM2,     PF10=MORE COURT         PF13=MEDMTQ              PF14=MEDSUM3
                 ORDERS,
NEXT SCREEN:     NOTES:
C.O. WITH NO H.I. ORDERED
```

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

If there is a "Y" in the MORE? field on the MEDSUM screen, press the PF10 key to view a list of all the court order numbers associated with the MEDSUM or MEDSUM2 screen. ICAR displays the ADDITIONAL COURT ORDERS screen, which lists all associated court order numbers. Press the PAUSE/BREAK key to return to the MEDSUM screen.

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

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

♦ Paternity is not established; or

♦ Paternity is established, but no court order exists; or

♦ A court order exists, but a child does not have an obligation amount displayed on the Obligation Distribution (OBLIGDST) screen; or

♦ All court ordered obligations have ended but a child is not emancipated.

```
 D479HM16            IOWA COLLECTION AND REPORTING SYSTEM          DATE:
                                 MEDSUM                            TIME:

 CASE NUMBER..............:
 COURT ORDER NUMBER......:                          ,            MORE? N

 INTERSTATE.....(Y/BLANK):     INIT STATE:      RSPN STATE:
                                    MEDICAID MS ENF ONLY (Y/N):



 HIQ TO PAYOR.......(Y/N):
 CT ORD HEALTH INS..(Y/N):          OBLIG ENDED.........(Y/N):
                                    OTHER MED OBL TYPE.....MS:    MR:
                                    HEALTH ONLY OBLIG......(Y/BLANK):
 EMP VERIFIED.......(Y/N):

                                    NOTICE SENT.....(Y/BLANK):  00 00 0000
                                    MED MTQ.........(Y/N/I/M):

 F5=INQUIRY,  F6=MEDICAL,  F7/F8=SCROLL MEDSUM SCREENS
 F9=MEDSUM2, F10=MORE COURT ORDERS, F13=MEDMTQ, F14=MEDSUM3
 NEXT SCREEN:          NOTES:
 NOT ASSOC TO CURRENT C.O.
```

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

MEDSUM2 Screen

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

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

ICAR displays the following screen:

```
D479HM17           IOWA COLLECTION AND REPORTING SYSTEM      DATE:
                               MEDSUM 2                      TIME:

CASE NUMBER . :                    ONLINE FORM?          REPRINT?
COURT ORDER NUMBER .... :                 ,                      MORE?
                    HI    HI    FORM   SENT    ENR   RCVD   PROVIDER  END
DEPENDENT NAME      POT   ORD   STAT   DATE    STAT  DATE   PA/PE/PR  DATE


COMMENT:


COMMENT:


COMMENT:

                                        PF7/PF8=SCROLL MEDSUM
 PF3=MODIFY   PF5=INQUIRY   PF6=MEDICAL         SCREENS             PF9=MEDSUM


                              PF11/PF12 SCROLL
  PF10=MORE COURT ORDERS        DEPENDENTS        PF13=MEDMTQ   PF14=MEDSUM3
NEXT SCREEN:                             NOTES:
PLEASE ENTER CASE NUMBER AND PRESS PF5
```

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

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

♦ CASE NUMBER: Enter the case number, and press the F5 key to display case information.

♦ ONLINE FORM?: Use this field to re-generate form 470-3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*, manually to your local printer. Regenerate forms when there is a HI POT of "1," a "P" (pending) or an "I" (ineligible) in the ENR STAT field, and a "5" (temporary ineligibility) in the FORM STAT field on the MEDSUM2 screen*.*

♦ REPRINT?: After ICAR generates the *National Medical Support Notice* and the *Employer Medical Support Information* form for the first time, enter a "Y" in the REPRINT? field to generate a copy of the original forms, if necessary. ICAR generates the forms through the nightly batch programs to the printer at the Employers Partnering in Child Support Unit (EPICS).

♦ COURT ORDER NUMBER: ICAR displays up to two court order numbers on an associated MEDSUM2 screen. When more than two court orders with the same provisions for medical support exist, ICAR displays "Y" in the MORE? field. Press the F10 key to access the ADDITIONAL COURT ORDERS screen. Press the PAUSE/BREAK key to return to the MEDSUM2 screen.

♦ MORE?: ICAR displays a "Y" when more than two court orders with the same health insurance provisions exist. Press F10 to access the ADDITIONAL COURT ORDERS associated with this MEDSUM screen.

♦ DEPENDENT NAME: ICAR displays the name of each child as it appears in the CHILDS NAME field on the OBLIGATION DISTRIBUTION (OBLIGDST) screen. When no court order exists on the case, ICAR displays the name from the CHILDREN'S NAME field on the CHILDREN LIST (CHILDLST) screen. When ICAR displays a "U" (unattached) in the HI ORDERED (Y/N/U) field on the OBLIGDST screen for a child, ICAR does not display that child's name on the MEDSUM2 screen.

HI POT: ICAR processes cases with a high potential for the payor to obtain health insurance coverage and displays an entry in this field. For more information, see Batch Processing for Medical Support.

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

A   The case has a verified employer, health care coverage is court-ordered, and a health benefit plan may be available to the payor.

1   Health care coverage is available through the payor's employer. ICAR generates form *National Medical Support Notice,* and the *Employer Medical Support Information* form.

2   A court order exists that may not have medical support language for all children. The case is being referred for a possible modification of an existing order.

3   The case has a verified employer, but no court order exists or health care coverage is not ordered for a child and the child is not distributed to an existing court order.

4   The case has no verified employer, but health care coverage is court-ordered and the case is received at least one "REG" payment in each of the two months prior to the current month.

♦ HI ORD: ICAR displays "Y" or "N" to indicate if the court order includes health care coverage for a child as shown in the HI ORDERED (Y/N/U) field on the OBLIGDST screen.

♦ FORM STAT: ICAR displays a code to identify the status of forms generated to enforce medical support. Valid entries for the field are:

0   No information is available, or it is not necessary to generate medical forms. ICAR displays a "0" when there is an entry of "N," "W," "A," or "X" in the ENR STAT field, or when you add a health insurance policy to the MEDICAL screen. You enter a "0" when the payor is permanently ineligible for health care coverage.

2   There is a "1" in the HI POT field and ICAR has generated the *National Medical Support Notice* and the *Employer Medical Support Information* forms for the first time. ICAR issues a narrative (MED2) to document the generation of the forms.

4   ICAR changes the "2" entry to "4" 30 days after generating medical forms.

5   Enter a "5" when the payor is **temporarily** ineligible for health care coverage. ICAR allows you to enter a "5" in this field only after you enter an "I" (temporarily ineligible) in the ENR STAT field.

Blank   ICAR displays a blank when there is an "A" in the HI POT field.

♦ SENT DATE: ICAR displays the date it generated the *National Medical Support Notice* and *Employer Medical Support Information* form in the MM/DD/CCYY format. The field is blank if ICAR has not generated the forms.

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MEDSUM, MEDSUM2, and MEDSUM3 Screens

♦ ENR STAT: Complete this field when either the *National Medical Support Notice* is not sent to the employer or the employer/plan administrator returns Part A or Part B of the *National Medical Support Notice*. See [Monitoring for Return of Health Benefit Information](#). Valid entries for this field are:

E   ICAR displays an "E" (enrolled) when you add a health benefit plan to the MEDICAL screen. **You cannot enter an "E."**

N   Enter "N" when the employer returns Part A of the *National Medical Support Notice* and indicates the employer does not offer health care coverage.

P   Enter "P" when the enrollment status is **pending** a decision by the plan administrator.

I   Enter "I" when the child is **ineligible** for health care coverage.

X   Enter an "X" when ICAR identifies a HI POT of "A" and EPICS contacts the employer and finds that the employer does not offer health care coverage or the employer only offers health insurance that exceeds the court-ordered premium limit.

W   Enter "W" when the plan administrator is unable to enroll the child due to **withholding limits** outlined in the Consumer Credit Protection Act (CCPA). The CCPA limit in Iowa is 50%.

A   Enter "A" when the health benefit plans offered by the employer are **not accessible** to the child.

S   ICAR displays "S" when a case no longer meets MEDSUM processing criteria and current processing ends. **You cannot enter an "S."**

T   ICAR displays "T" when MEDSUM processing ends for the employer at:

• 75 days when the employer has not responded to the *National Medical Support Notice* and a second employer exists that may provide health insurance, or

• 95 days when no other employers exist that may provide health insurance and the employer has not responded to the *National Medical Support Notice.*

You cannot enter "T."

♦ RCVD DATE: ICAR displays the current date in MM/DD/CCYY format when you:

• Make an entry in the ENR STAT field on the MEDSUM2 screen.
• Add a health benefit plan on the MEDICAL screen.

♦ PROVIDER PA/PE/PR: ICAR displays a "Y" in the appropriate field in this section to identify who provides health care coverage for the child, as follows:

PA   The payor provides coverage through an employer.

PE   The payee provides health care coverage.

PR   The payor or a third party provides health care coverage through a private plan.

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

> If the payor provides employment-related health care coverage and a grandparent provides private health care coverage, ICAR displays a "Y" below both the PA and PR fields in the PROVIDER field for each enrolled child.

♦ END DATE: ICAR displays the date, in MM/DD/CCYY format, to indicate the date health care coverage ends as displayed in the END DATE field on the INSURANCE DEPENDENT LIST screen.

♦ COMMENT: Use this field to enter free-form comments about the health care coverage for the child. There is a comment line for each child listed on the screen. To remove a comment, space through the text and press the F3 key twice.

Function keys on the MEDSUM2 screen are:

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

F13 = MEDMTQ   Press the F13 key to access the MEDMTQ screen.

F14 = MEDSUM3   Press the F14 key to go to the MEDSUM3 screen connected
                   to the case.

MEDSUM3 Screen

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

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

```
  D479HL02          IOWA COLLECTION AND REPORTING SYSTEM      DATE:
                                                              07/15/04
                                  MEDSUM3                     TIME:
                                                              12:49:59


 CASE NUMBER: XXXXXXX     PAYOR NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 EMPLOYER NAME                         EMPLOYER ID    PROC   END     DATE













 F3=UPDATE    F5=INQUIRY  F6=MEDICAL  F7=BACK     F8=FORWARD  F9=COURTORD
 F10=MEDSUM    F11=MEDSUM2
 NEXT SCREEN:              NOTES:
 ENTER CASE NUMBER AND PRESS F5 TO INQUIRE.
```

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

♦ CASE NUMBER: Enter the case number and press the F5 key to display case information.

♦ PAYOR NAME: ICAR displays the payor's name for the specific case number. You cannot update this field from the MEDSUM3 screen.

♦ EMPLOYER NAME: ICAR displays verified employers that display on the PAYEMP screen. When ICAR bypasses the employer for medical processing, ICAR shades this field. See Cases Bypassed for MEDSUM Batch Processing.

♦ EMPLOYER ID: ICAR displays the unique number assigned to the employer by ICAR. When ICAR bypasses the employer for medical support, ICAR shades this field. See Cases Bypassed for MEDSUM Batch Processing.

♦ PROC: ICAR updates this field based on actions it takes through MEDSUM batch processing or entries you make on the MEDSUM2 screen.

You can also retrigger a specific employer for MEDSUM processing from this field by placing "R" in this field when the NMSN has already gone to an employer. Valid entries are:

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

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

♦ END: ICAR completes this field based on entries on the MEDSUM2 screen or MEDSUM batch processing. Valid entries are:

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

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

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

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

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

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

P   There is a "P" in the ENR STAT field on the MEDSUM2 screen.

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

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

T   ICAR ends medical support processing when no health care coverage information is received from the employer at:

         ♦ 75 days and begins processing on a second employer, or
         ♦ 95 days when there is only one verified employer.

S   ICAR stops processing the employer for medical support because of a change in case circumstances (reconciliation, change of legal custody, etc.).

Dash   ICAR did not process the employer for medical support because of case circumstances. A "Q" displays in the PROC field, indicating that the case does not meet the criteria for a HI POT of "A," "1," "2," or "3."

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

♦ DATE: ICAR displays the last date you or ICAR updated either the HI POT or ENR STAT field on the MEDSUM2 screen.

Function keys on the MEDSUM3 screen are:

F3 = UPDATE   Press the F3 key to update entries on the MEDSUM3 screen.

F5 = INQUIRY   Press the F5 key to inquire on a case number. Begin your review of a different case from the CASE screen to prevent case information from carrying over.

F6 = MEDICAL   Press the F6 key to access the MEDICAL screen.

F7 = BACK   Press the F7 key to scroll to a previous MEDSUM3 screen.

F8 = FORWARD   Press the F8 key to scroll forward to the next MEDSUM3 screen.

F9 = COURTORD   Press the F9 key to access the COURTORD screen.

F10 = MEDSUM   Press the F10 key to access the MEDSUM screen.

F11 = MEDSUM2   Press the F11 key to access the MEDSUM2 screen.

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Batch Processing for Medical Support
MEDSUM Processing

Batch Processing for Medical Support

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

The Unit only enforces health care coverage or cash medical support obligations against payors. Because of this, ICAR processes cases nightly to determine whether a medical support obligation exists that requires the payor to provide health insurance coverage. ICAR issues calendar flags telling you to take actions as follows:

♦ If no court order exists, establish a medical support obligation.

♦ If the existing order does not include provisions for medical support, modify the court order to add a medical support obligation.

♦ If there is an existing obligation through a dissolution of marriage decree, paternity order, uniform support order, or administrative order that requires the payor to provide health care coverage or a dollar amount of medical support, enforce that obligation.

MEDSUM Processing

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

Federal regulations require states to establish written criteria to identify orders that do not address the health care needs of the child(ren) based on:

♦ Evidence that health care coverage may be available to either parent at reasonable cost; or

♦ Facts which are sufficient to warrant modification of the existing support order to address the health care needs of the child(ren).

When identified, the Unit is required to modify support orders to include an obligation requiring either parent to provide health care coverage or cash medical support for the child(ren), if no such language exists in the order.

Federal law gives states the option of choosing to enforce health care coverage against payors only or against both the payee and payor. The Unit chose the option of only enforcing medical support against payors. Because of this, the MEDSUM bath programs identify cases with a high potential for the payor to obtain medical support.

When there is medical support available to the payor or no medical support currently exists on the case, the MEDSUM batch programs:

♦ Display an entry in the HI POT field on the MEDSUM2 screen, indicating the potential for the payor to obtain health care coverage for the child(ren).

♦ Issue a calendar flag (MED 7) to tell you that the case may meet criteria to establish an order for medical support..

♦ Issues a report to tell staff which cases may meet the criteria to add provisions for medical support through review and adjustment.

♦ Issue a calendar flag (MED40) to EPICS to contact the employer to verify the availability of health care coverage when there is a verified employer that may offer health care coverage.

♦ Generate form 470/0413, *Obligor Insurance Questionnaire*, to the payor when the case meets specific criteria. NOTE: For these specific criteria, see the information regarding the HI POT 4 code on the MEDSUM2 screen.

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

♦ The payee receives FIP or Medicaid;
♦ The child is in foster care; or
♦ The NPA payee completes form 470-0188, *Application for Nonassistance Support Services*. See 9-H-Appendix for more information on this form.

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

HI POT Codes on MEDSUM2:	A	1	2	3	4	N
Court order on case	Y	Y	Y	N	Y	*
Health insurance obligation in court order	Y	Y	N	N	Y	*
Verified employer	Y	Y	N/A	Y	N	*
REG payments received in one or both of the two months prior to the current month totaling the full obligation amount for that two month period. Subsequent letters issue every 12 months after the first letter.	NA	NA	NA	NA	Y	*
Current child support obligation on the case	Y	Y	Y	N	Y	NA
Key:Y = yesN= noNA = not applicable* = no potential for medical support exists						

Case Processing for a Verified Employer

When a verified employer is loaded to the system and the payor is ordered to provide health care coverage for the child(ren), MEDSUM processing to enforce the medical support obligation begins. In some circumstances, the batch programs also identify cases where medical support may be available but there is no verified employer on the case.

A HI POT code of "**A**" identifies a case with a court order that has health care coverage provisions and a verified employer that may provide health care coverage. ICAR generates a narrative (MED11) and calendar flag (MED40) to EPICS to contact the employer to determine if health care coverage is available.

When health care coverage is available through the payor's employer, EPICS changes the code in the HI POT field from "A" to "1." ICAR generates form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*. The Unit mails the forms to the payor's employer to begin enforcement of health care coverage and gather information about health benefits plans for the child.

NOTE: ICAR changes the HI POT field from "A" to "1" and generates the medical forms if EPICS does not change the HI POT field from "A" to "1" within two business days or there is no entry in the ENR STAT field.

A HI POT code of "**2**" identifies a case with an existing court order that **does not** include provisions for medical support. ICAR adds all identified cases to a report for staff to review and proceed, if appropriate.

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

♦ Issues a calendar flag (MED7) to instruct you to review the case for possible referral to an establishment worker.

♦ Issues a narrative (MED13) to document the worker is determining whether to refer the case for establishment since a verified employer exists.

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Case Processing for a Verified Employer

A HI POT code of "**4**" identifies a case with a court order that has health care coverage provisions, no verified employer, but received "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. ICAR generates form 470/0413, *Obligor Insurance Questionnaire*, as follows:

♦ When the payor's address is verified, ICAR generates the form in batch overnight to the Department's mailing service. ICAR issues a narrative (MED14) to document the generation of the form. ICAR generates this form once every twelve months if the case still meets the criteria for a HI POT of "4."

♦ When the payor's address is unverified, ICAR does not generate these forms. ICAR issues a narrative (MED18).

A HI POT code of "**N**" identifies cases with **no potential** for the payor to obtain health care coverage.

The MEDSUM batch programs monitor cases daily to detect changes in case data that indicate whether there is a potential for the payor to obtain health care coverage for the child(ren). When the case no longer meets the criteria for the MEDSUM programs, ICAR displays "S" in the ENR STAT field and issues a narrative (MED16) to document that a potential for the payor to obtain health care coverage for the child(ren) no longer exists.

Case Processing for a Second Verified Employer

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

The narrative and calendar flag generate when EPICS verifies another employer and:

♦ The HI POT field on the MEDSUM2 screen displays an "A" or a "1," or

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

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

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

♦ A "Y" in the BYPASS MEDICAL field on the VEMPLOY2 screen.
♦ A "Y" in the BYPASS EMPLOYER field on the VEMPLOY2 screen.
♦ A "Y" in the NMBA field on the EMPVER screen.
♦ An "N" in the DEP HI AVAIL field on the EMPVER screen.

Cases Bypassed for MEDSUM Batch Processing

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

♦ **Workers' Compensation Automated Match**

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

• ICAR displays a "Y" in the NMBA or NO MEDICAL BENEFITS AVAILABLE field on the EMPVER screen. ICAR does not generate medical forms to this income provider when a "Y" displays in this field. ICAR generates a narrative (MED92) to document that no medical benefits are available through this income provider.

• ICAR displays an "N" in the DEP HI AVAIL field to indicate that health care coverage is not available through this income provider.

♦ **Retirement Agency Automated Match**

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

• ICAR displays a "Y" in the NMBA field on the EMPVER screen. ICAR does not generate medical forms to this income provider. ICAR generates a narrative (MED92) to document that no medical benefits are available through this employer.

• ICAR displays an "N" in the DEP HI AVAIL field to indicate that health insurance is not available through this employer.

♦ **BYPASS MEDICAL and BYPASS EMPLOYER Fields on the VEMPLOY2 Screen**

If an employer does not offer dependent health care coverage to any of its employees, EPICS contacts the Central Office Maintenance Team to enter "Y" in the bypass medical field on the VEMPLOY2 screen.

When there is "Y" in the BYPASS MEDICAL or the BYPASS EMPLOYER fields, ICAR bypasses processing through the MEDSUM batch programs for all cases with this employer. ICAR issues a narrative (MED97) to indicate it bypassed the employer because it does not offer dependent health insurance.

♦ **MILITARY Field on the VEMPLOY2 Screen**

- Active Duty and Retired Military

  When the income provider is a branch of the United States Armed Services, ICAR displays a "Y" in the MILITARY field on the VEMPLOY2 screen. ICAR prevents the generation of medical support enforcement forms when there is a "Y" in this field.

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

- Civilian Military

  ICAR displays a "C" in the MILITARY field on the VEMPLOY2 screen when the employer is a civilian military employer. When the case meets criteria, ICAR processes the case for either medical support establishment or enforcement. See Health Insurance Benefits Through the Military.

Refer to the following highlighted fields on the VEMPLOY2 Screen.

```
D479HE20          IOWA COLLECTION AND REPORTING SYSTEM      DATE: 11/06/19
                     VIEW EMPLOYER MAINTENANCE 2            TIME: 08:17:58

 EMPLOYER ID.....:     -
 FEDERAL ID......:                  MEDICAL SVC: 00   CODE:
 EMPLOYER NAME...:                               NMSN INSTR:
 MED EMP NAME....:                               BYPASS MEDICAL: N
 MED ADDR LINE 1.:                               MILITARY: N
 MED ADDR LINE 2.:
 CITY/STATE/ZIP..:                   :      :
 CONTACT NAME....:                            PHONE: 000 000 0000    EXT:
 EMAIL:                                       FAX..: 000 000 0000

 WEBSITE:                                      UPDATE ALL MEDADDR:

 BYPASS EMPLOYER : N      SDU NOTICE SENT :       OUTREACH: Y
 MULTI ST EMP REP TO:
 COMMENTS........:



 F3=MODIFY, F5=INQUIRE, F6=DELETE MED, F7=BACKWARD, F8=FORWARD, F9=REFRESH
 F11=EMPLOY1
 NEXT SCREEN:          NOTES:
ENTER EMPLOYER NAME, FIN ID, OR STATE ID AND PRESS F5 TO INQUIRE
```

Enforcing Medical Support Obligations

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

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

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

If a case has an existing order that does not include medical support, the MEDSUM batch programs includes the case on a monthly report.

When there is an open establishment or modification process on the CASESTAT screen, ICAR bypasses the case for MEDSUM batch processing. See Establishing Medical Support Obligations.

Obligations Requiring Provision of Health Insurance

ICAR selects cases that meet criteria for medical support enforcement. For these cases, ICAR generates the following medical forms:

♦ Form 470/3818, *National Medical Support Notice*, to notify the employer and plan administrator of the payor's court-ordered requirement to provide health care coverage. This form provides detailed enforcement actions for the employer and plan administrator to follow.

♦ Form 470/2743, *Employer Medical Support Information*, to provide the Unit with information about the health benefit plans for the child.

The Unit sends these forms to the payor's employer to begin enforcing health care coverage.

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

♦ Selection of cases for the enforcement of health care coverage. .
♦ Establishing a HI POT of "A."
♦ Sending the *National Medical Support Notice* (HI POT of "1").
♦ Enrollment issues.

Selection of Cases for the Enforcement of Health Insurance

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

♦ The case is active with a case account type of 11, 12, 14, 15, 16, 18, 19 or 17 with a child account type of 10 or 13.

♦ There is a verified employer and ICAR displays a "Y" or a space in the DEP HI AVAIL field on the EMPVER screen. When there is a date in the DATE HI AVAIL field on the EMPVER screen, the date must be less than the current date.

♦ The case has a court order for medical support.

♦ The court order includes a provision for the payor to provide health care coverage. ICAR displays a "Y" in the HI/MS ORDERED field on the COURTORD screen and a "Y" in the PAYOR field for the PARTY ORDERED TO PROVIDE HEALTH INS? section on the HIUPDATE screen.

♦ The EST BY-PASS field on the CHILD2 screen is blank.

♦ The employer or income provider is not bypassed for MEDSUM processing. See the Cases Bypassed for MEDSUM Batch Processing section for more information.

♦ The child is not currently enrolled in a health benefit plan. (There is an "E" in the ENR STAT field on the MEDSUM2 screen when the child is enrolled in a health benefit plan.)

ICAR displays an "A" in the HI POT field on the MEDSUM2 screen for cases that meet these criteria. See Batch Processing for Medical Support for more information about how ICAR selects cases for a high potential of obtaining health insurance.

Establishing a HI POT of "A"

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

♦ Displays an "A" in the HI POT field on the MEDSUM2 screen.

♦ Displays an "A" in the PROC field and the current date in the DATE field on the MEDSUM3 screen.

♦ Generates a narrative (MED11) and calendar flag (MED41) telling EPICS to contact the employer to determine if health care coverage is available and whether the child is enrolled in a health benefit plan.

If the child is enrolled in a health benefit plan, EPICS adds the plan information to ICAR. See Recording Health Care Coverage.

Sending the National Medical Support Notice (HI POT of "1")

If health care coverage is available, EPICS changes the "A" to "1" to generate form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*, in the nightly MEDSUM batch programs.

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

NOTE: When EPICS does not change the HI POT field from "A" to "1" within two days, and there is no entry in the ENR STAT field, ICAR changes the HI POT field from "A" to "1" and generates the *National Medical Support Notice* and the *Employer Medical Support Information* form in the nightly MEDSUM batch programs.

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

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

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Obligations Requiring Provision of Health Insurance

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

```
D479HM17       IOWA COLLECTION AND REPORTING SYSTEM    DATE: 02/10/20
                         MEDSUM 2                       TIME: 10:17:55
CASE NUMBER .:                    ONLINE?           REPRINT?
COURT ORDER NUMBER ....:              ,                  MORE?
                   HI    HI   FORM   SENT   ENR   RCVD   PROVIDER   END
DEPENDENT NAME     POT   ORD  STAT   DATE   STAT  DATE   PA/PE/PR   DATE
XXXXX  XXXXXXXX     1     Y    2    02/09/20

COMMENT:


COMMENT:


COMMENT:

PF3=MODIF    PF5=INQUIR   PF6=MEDICA   PF7/PF8=SCROLL MEDSUM      PF9=MEDSUM
Y            Y            L              SCREENS
PF10=MORE COURT ORDERS  PF11/PF12 SCROLL            PF13=MEDMTQ  PF14=MEDSU
                        DEPENDENTS                               M3
NEXT SCREEN:                          NOTES:
PLEASE ENTER CASE NUMBER AND PRESS PF5
```

NOTE: The employer may ask us not to send instructions with the *National Medical Support Notice*. When the employer does not want the instructions, EPICS contacts a member of the Central Office Maintenance Team to enter an "N" in the NMSN INSTR field on the VEMPLOY2 screen. When ICAR generates the *National Medical Support Notice* and the *Employer Medical Support Information* form, ICAR issues a narrative (MED131) documenting the forms did not include instructions.

Enrollment Issues

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

Federal law requires the plan administrator to enroll the child in the same health benefit plan as the payor when the payor is already enrolled in a plan. In this circumstance, enrollment of the child is immediate.

If the payor is not enrolled in a plan, and the payor's enrollment is necessary to enroll the child, the plan administrator must enroll both the child and payor in a health benefit plan. See Selecting a Health Benefit Plan.

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Selecting a Health Benefit Plan

Legal reference: 45 CFR 303.32(c)(8); Iowa Code Section 252E.5(8)(g) and (h)

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

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

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

The following sections explain the process:

♦ When the payor is enrolled
♦ When the payor is not enrolled, and
♦ Consulting with the payee

When the Payor Is Enrolled

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

The plan administrator returns Part B and checks number 2, part a, b, c, or d, which notifies EPICS that the payor is or will be enrolled in a health benefit plan. If the payor is or will be enrolled in a health insurance plan that offers dependent coverage, the plan administrator must enroll the child(ren) in the same plan. See Recording Health Care Coverage for more information.

When the Payor Is Not Enrolled

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

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

♦ Which health benefit plans are accessible to the child?
♦ Which of the accessible plans provide basic coverage?
♦ What is the premium for the health benefit plans?

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

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

The plan administrator may contact EPICS when:

♦ All the plans are accessible and the payor's share of the premium is the same, but none of the plans offer basic coverage; or

♦ All plans are accessible, offer basic coverage, and the payor's share of the premium is the same.

<u>Consulting With the Payee</u>

EPICS contacts the payee when multiple health benefit plans exist, the payor is not enrolled, and all of the following conditions exist:

♦ More than one plan is accessible to the child,
♦ More than one plan provides basic coverage, **and**
♦ The payor's share of the health benefit premiums is the same.

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

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Allow the payee ten days to respond.

♦ If the payee responds, EPICS contacts the plan administrator to enroll the child in the plan chosen by the payee.

♦ If the payee does not respond, EPICS contacts the plan administrator to enroll the child in the company's default plan, if any exists. If no default plan exists, the plan administrator must enroll the child in the plan with the lowest cost for deductibles and copayments.

After EPICS receives the health insurance benefit information, add the policy to ICAR. See Recording Health Care Coverage.

Monitoring for Return of Health Benefit Information

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

♦ Enters "Y" in the INS SEL field for a child on the INSURANCE DEPENDENT LIST and adds a medical record. ICAR displays an "E" in the ENR STAT field for that child on the MEDSUM2 screen. **You cannot enter an "E."**

♦ Enters an "N," "P," "I," "X," "W," or "A" for each child in the ENR STAT field on the MEDSUM2 screen, as follows:

N   EPICS enters "N" when the employer returns Part A of form 470/3818, *National Medical Support Notice* and indicates that the employer does not offer health care coverage. ICAR issues a narrative (MED103) documenting the employer's response.

P   EPICS enters "P" when the enrollment status is **pending** a decision by the plan administrator. After generating the initial medical forms, ICAR issues a narrative (MED110) and calendar flag (MED32) 60 days later if EPICS does not receive information from the employer or plan administrator.

I   EPICS enters "I" when the child is **ineligible** for health care coverage. When EPICS enters an "I" in the ENR STAT field, ICAR requires entry of a "5" or "0" (zero) in the FORM STAT field to indicate whether the child's ineligibility is temporary or permanent. ICAR generates a narrative to document whether ineligibility is temporary (MED 10) or permanent (MED 5).

X   EPICS enters "X" when ICAR identifies a HI POT of "A" and EPICS contacts the employer and finds that the employer does not offer health care coverage, the employee is no longer employed or the employer only offers health benefit plans that exceed the court-ordered premium limit. ICAR generates a narrative (MED116) documenting the employer's response.

W   EPICS enters "W" when the plan administrator is unable to enroll the child
      due to **withholding limits** outlined in the CCPA. The CCPA limit in Iowa is
      50%. ICAR generates a narrative (MED117) documenting the employer's
      response.

A   EPICS enters "A" when the health benefit plans offered by the employer are
      not accessible to the child. ICAR generates a narrative (MED118)
      documenting the employer's response. See Accessibility of a Health Insurance
      Plan.

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

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

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

♦ 60-day follow-up,
♦ 75-day follow-up, and
♦ 95-day follow-up.

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60-Day Follow-Up

ICAR monitors for the return of health benefit information when health care coverage is pending a determination from the plan administrator.

ICAR recognizes the high potential of "1" at 60 days and generates a narrative and calendar flag when a "P" displays in the ENR STAT field on the MEDSUM2 screen.

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

♦ No medical record (e.g., no MEDICAL screen) is connected to a verified employer;

♦ The case still meets the medical enforcement selection criteria; and

♦ A "P" displays in the ENR STAT field on the MEDSUM2 screen.

75-Day Follow-Up

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

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

95-Day Follow-Up

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

Once processing ends, ICAR updates these fields as follows:

♦ Removes the entry in the HI POT field on the MEDSUM2 screen.

♦ Changes the FORM STAT field to "0" and the ENR STAT field to "T" on the MEDSUM2 screen.

♦ Leaves the RCVD DATE field on the MEDSUM2 screen blank.

♦ Enters a "T" in the END field and the current date in the DATE field on the MEDSUM3 screen.

When the Monitoring Program Stops

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

The following situations cause the monitoring program to stop immediately:

♦ When an obligation is suspended on the Periods of Suspension (SUSPENSE) screen for the child, and either

♦ The parties reconcile (a "Y" displays in the PAYOR RESIDES WITH PAYEE field on the PAYOR screen, or

♦ When a change in legal custody occurs (an "N" and either "P1," "FOST," "ALTR," or "OTHR" displays in the CHILD RESIDES WITH PAYEE field on the CHILD screen for the child).

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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.

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♦ 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.

♦ When the existing order does not contain medical support and the case is selected for the review and adjustment process, add medical support provisions to the order and enforce the medical support provisions.

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

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

Accessibility of a Health Benefit Plan

Legal reference: Iowa Code Section 252E.5; 252E.1

When the Unit enters a new order for support, the order requires the payor to enroll the child in whatever health care coverage is available, even if the child has limited access to the coverage. As defined in Iowa Code Section 252E.1, a health benefit plan is "accessible" when:

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

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

> The payor is court ordered to provide health care coverage for the child(ren) on the payor's case. The payor works and lives in Omaha, Nebraska. The payor is enrolled in the health benefit plan available through the employer. The payor's child is eligible for enrollment in the health benefit plan. This is the only health benefit plan available to the payor.
>
> The physicians who are health care providers under the payor's benefit plan are located in Omaha. The child lives in Decorah, Iowa, and therefore, cannot easily use the services available through the plan.
>
> Though this health benefit plan is not accessible, it does meet the payor's court-ordered requirement to provide health care coverage.

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

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

♦ If only one plan is accessible to the child, select that plan.

♦ If more than one plan is accessible to the child, select the plan that provides basic coverage for which the payor's share of the premium costs is the lowest.

♦ If more than one plan is accessible to the child, but none of the accessible plans provides basic coverage, select the plan that is accessible and for which the payor's share of the premium costs is the lowest.

♦ If the payor's share of the premium is the same under the two previous scenarios described above, consult with the payee to select a plan. For more information, see Selecting a Health Benefit Plan.

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

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

Comparable Coverage Provided by the Payor

Legal reference: Iowa Code Section 252E.5

The employer must enroll the child(ren) and the payor, if necessary to enroll the child(ren), in a health benefit plan available to the payor. The payor may also consider providing health care coverage through a private plan that provides comparable coverage.

If the child(ren) are enrolled in the health benefit plan offered by the employer, the employer shall not revoke enrollment or eliminate coverage for the child(ren) in the plan, unless the employer receives:

♦   Satisfactory written evidence that the coverage under the plan being considered by the payor is comparable to the coverage provided by the employer's health benefit plan.

♦   Written evidence that the child(ren) will be enrolled in a comparable plan.

♦   Written evidence of the effective date of the comparable plan. The effective date of the plan cannot be later than the revocation date of the employment-related health benefit plan.

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

♦   The name of the insurer.
♦   The coverage available under the comparable plan.
♦   The effective date of the coverage.
♦   The enrollment status of the child(ren).

> Mr. C, the payor, and Child C are eligible for enrollment in Mr. C's employer's health benefit plan, which is available through the ABC Insurance Company. Mr. C finds a health benefit plan available through the Hart Insurance Company that provides coverage (e.g., hospital services, physician's services, prescription drugs, etc.) comparable to the plan provided by the employer.
>
> The coverage available through the Hart Insurance Company is less expensive than the coverage provided by Mr. C's employer. Therefore, Mr. C wants to provide coverage for Child C through the Hart Insurance Company plan.
>
> Mr. C. provides written evidence (e.g., policy pamphlets describing the coverage available, enrollment dates, etc.) to the employer to prove that the coverage through Hart Insurance Company is comparable to the coverage through ABC Insurance Company. The employer sends the required information to the Unit and allows Mr. C to enroll in the Hart Insurance Company plan.

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Duration of Coverage

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

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

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

NOTE: Continued coverage for the child may be available for a limited time (up to 18 to 36 months) under the provisions of COBRA. The federal law requires group health insurance plans to provide certain covered individuals an opportunity to elect to continue coverage, but the payor usually has to pay for this coverage. The employer is not required to maintain coverage if the payor does not elect to continue it.

Reduction of Medical Support to a Dollar Amount

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

For a parent to be ordered to provide cash medical support for the dependent(s), a court or administrative authority must seek an order for the parent to provide a dollar amount of medical support. Begin the enforcement of a cash medical support obligation once you receive the file-stamped copy of the court order. Pursue collection through any means available, which include, but are not limited to, income withholding, federal and state tax offsets, and administrative levy.

Reimbursement of Uncovered Medical Expenses

Court orders often require a parent to pay a portion of the medical expenses not covered by health insurance. A payee may ask the Unit to collect these medical expenses, regardless of whether the Unit obtains judgment or the payee obtains it in a private action.

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

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

♦ Proof of the total amount due on each of the medical bills.

♦ Proof that the payee personally paid the entire medical bill, including the portion the other parent was to pay.

♦ Documentation of the payee's demand for payment from the other parent.

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

National Medical Support Notice Deemed a QMCSO

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

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

The *National Medical Support Notice* is deemed a QMCSO. Since its implementation on July 1, 2002, the Unit is no longer required to use a separate judicial or administrative order because the *National Medical Support Notice* is a federally mandated form to enforce health insurance. The *National Medical Support Notice* must specify the following information to be deemed a QMCSO:

♦ The name and last known mailing address of the participant (parent ordered to provide the health benefit plan);

♦ The name and mailing address of each alternate recipient (child) covered by the order. Exception: The name and mailing address of the payee may be used if it is the same address as the child, or the Unit address may be substituted for the mailing address of the child;

♦ A reasonable description of the type of coverage to be provided to each alternate recipient (child), or the manner in which the type of coverage is to be determined; and

♦ The time period to which the order applies.

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

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

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

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

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

See Enforcing Medical Support Obligations for instructions on generating form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*.

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Health Insurance Benefits Through the Military

Health Insurance Benefits Through the Military

The military offers health care coverage to active duty and retired uniformed service members and their families, in some circumstances, National Guard and Reserve members and their families and civilian employees. The enrollment process is different for these three groups of employees.

TRICARE is the Department of Defense's worldwide health care program for military members and their families. TRICARE provides health care coverage for the children of active duty, retired, or deceased members of the military, including unmarried children under 21 and stepchildren who are adopted. Coverage may continue beyond age 21 if the child meets the exception for a full-time college student or a young unmarried adult. In certain circumstances, former military spouses or members of the National Guard or Reserves and their families are also eligible for this health care coverage. For more information, see Active Duty, National Guard and Reserve and Retired Military Members.

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

When you verify the military is the payor's employer and there is an order for the payor to provide health care coverage for the child, ICAR generates a calendar flag (MED 27) to tell you to contact the payee to begin enrollment in TRICARE. Because of the process to enroll a child in TRICARE, ICAR does not generate form 470/3818, *National Medical Support Notice*, and form 470/2743, *Employer Medical Support Information*.

Because a child must be enrolled in DEERS to be eligible for TRICARE, the payee must initiate the enrollment process for the child. To do this, the payee must go to a Realtime Automated Personnel Identification System (RAPIDS) enrollment site to register on DEERS. RAPIDS sites are located throughout the country. The payee can locate the nearest site by contacting the nearest military base, recruiting station, or other military facility; going to the RAPIDS Site Locator on the internet (www.dmdc.osd.mil/rsl); or calling the DEERS telephone center (1-800-538-9552).

The payee may contact staff at the DEERS site to find out which documents to bring and how to proceed with enrollment. Generally, these documents may include, but are not limited to: a paternity determination, a birth certificate, and a court order for support. The payee may begin the enrollment process by mail (e.g., sending copies of documents, completing and returning forms, etc.), but the payee must sign the final enrollment forms.

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

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

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

<u>Active Duty, National Guard and Reserve, and Retired Military Members</u>

All **active** duty members of the uniformed services and their family members are eligible to receive TRICARE benefits. The uniformed services include the U.S. Army, U.S. Air Force, U.S. Navy, U.S. Marine Corps, U.S. Coast Guard, Commissioned Corps of the U.S. Public Health Service (PHS) and the Commissioned Corps of the National Oceanic and Atmospheric Association (NOAA).

Some TRICARE benefits are available to **eligible** National Guard and Reserve military members at either a cost or free of charge, depending on military member's status. Members of the "National Guard and Reserve" include members of the Army National Guard,

Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve and U.S. Coast Guard Reserve.

All retired members of active duty military service are eligible to receive TRICARE benefits. Retired National Guard and Reserve members and their families are not eligible for TRICARE benefits until the sponsor reaches the age of 60 and begins receiving retirement pay from the military.

If a payee has questions about whether the child or payee is eligible for TRICARE benefits, the payee can visit the following web-site: http://tricare.mil or call the DEERS contact number at: (800) 538-9552.

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Civilian Military Employees

The Department of Defense (DOD) also employs civilian employees. Civilian employees are not eligible for TRICARE but are eligible for health care coverage through private providers. DOD uses a different human resource address for civilian employees. When you or ICAR verify one of the civilian military employer addresses for a payor, ICAR generates a HI POT of "A" on the case. EPICS reviews the case and sends form 470/3818, *National Medical Support Notice,* to the civilian military employer just as is done with other employers.

Data Match with the Defense Manpower Data Center (DMDC)

Each quarter, DMDC sends TRICARE enrollment information through the Federal Case Registry to the Unit. The information includes children eligible and not yet enrolled in TRICARE, children enrolled in TRICARE, and children no longer enrolled in TRICARE. The record includes the names of the payor, payee, and child, the dates of coverage, and the person that has the child enrolled in TRICARE (sponsor).

When the Unit receives TRICARE information from the DMDC match, ICAR either:

♦ Prompts you to send form 470-3755, *Health Care Benefits from the Military*, to payees whose child(ren) are not yet enrolled in TRICARE.

♦ Adds new TRICARE policies to the corresponding ICAR cases; or

♦ Ends TRICARE policies on the MEDICAL screen that are no longer active.

When the payee returns form 470-3755, *Health Care Benefits from the Military*, with TRICARE policy information, add the health insurance information to the MEDICAL screen.

NOTE: There are no policy numbers associated with TRICARE policies. When either the payor or payee provides the TRICARE policy, the policy number is the payor or payee's SSN, depending on who is providing the TRICARE policy.

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Interstate Cases

Interstate Cases

On the MEDSUM screen, ICAR displays data "Y" in the INTERSTATE field when the case is a 14, 15, or 19 case account type, or a 17 case account type with a 16 child account type and there is an active INTERSTA screen. ICAR processes interstate cases with Iowa as the responding state (IA – RSPN STATE) for medical support establishment and enforcement the same as non-interstate cases.

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

ICAR does not generate form 470/3818, *National Medical Support Notice,* and form 470/2743, *Employer Medical Support Information,* when there is an active INTERSTA screen and Iowa is the initiating state*.*

Child Moves to a Caretaker

A child with health benefit plan on one case may move to a caretaker case. When this happens, complete the following steps before changing the entry in the END DATE field on the OBLIG screen on the original case:

♦ Make screen prints of the MEDICAL, INSURANCE DEPENDENT LIST and MEDICAL COVERAGE screens.

♦ Enter the current date in the END DATE field on the MEDICAL screen.

♦ Enter "HEALTH BENEFIT PLAN NOW ON CSC# (caretaker case number) (current date)." on the COMMENT line on the MEDSUM2 screen.

This prevents ICAR from generating 470/3917, *Change in Medical Support Enforcement*, to the employer. This form tells the employer the Unit is no longer enforcing a medical support obligation and to check with the employee and the plan provisions to determine if health care coverage continues.

Once you have taken the preceding steps on the original case, access the caretaker case. **Do not add the health benefit plan immediately to the case.** Complete the following steps on the caretaker case:

♦ Add a calendar flag to remind you to review the case in two days.
♦ Enter "C/T MED UDPATED ON CSC# (original case number) (current date)." on the COMMENT line on the MEDSUM2 screen.

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Child Moves to a Caretaker

♦ After ICAR generates form 470/3818, *National Medical Support Notice,* to the employer on the caretaker case, add the health benefit plan to the caretaker case using the screen prints from the original case.

When the employer and plan administrator receive a new *National Medical Support Notice* with the current payee's name and address, they can send health benefit plan cards and any other documents the caretaker needs to access benefits for the child under the plan.

Medical Satisfaction

Legal reference: Iowa Code Section 252E.2A

State law allows a medical support order to be satisfied when the person ordered to provide medical support meets specific conditions. The Unit may grant a medical satisfaction to any parent that is required to provide health care coverage and/or pay cash medical support when the parent meets specific qualifying conditions. Iowa Code 252E.2A does not allow the Unit to satisfy an order if we are not providing IV-D enforcement services.

NOTE: Although the Unit does not currently enforce health care coverage or cash medical support orders against payees, payees can request a satisfaction and the Unit will grant the request if the payee meets all the qualifying conditions.

Workers can provide information on the medical satisfaction process, if it appears a parent may qualify for a medical satisfaction and the worker feels it could help the parent.

The payor or payee must notify the Unit that they meet the qualifying conditions for a medical satisfaction. They can do this by submitting one of the following:

♦ Form 470-4706, *Written Statement Regarding Satisfaction of Medical Support,* or
♦ Any written statement requesting a satisfaction.

Send form 470-4706, *Written Statement Regarding Satisfaction of Medical Support*, to either parent. Generate this form from the FORMVIEW screen. Use of this form is not mandatory as Iowa Code 252E.2A states only that the parent must provide a *written* statement to the Unit notifying us they have at least one of the qualifying conditions.

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Qualifications for a Medical Satisfaction

Qualifications for a Medical Satisfaction

Workers determine whether the payor or payee qualifies for a medical satisfaction. When determining if a payor or payee qualifies to have their medical support order satisfied, you must review the following:

♦ Is the order an Iowa order or has the out-of-state order been registered **and** modified in Iowa?

Check the COURTORD screen

- If the C.O. COUNTY FIPS field starts with "19", the order is either an Iowa order or an out-of-state order that has been registered and modified in Iowa.

- If the C.O. COUNTY FIPS field starts with any number other than "19", the out-of-state order has not been registered and modified in Iowa, so a medical satisfaction cannot be granted.

For more information about how to determine if an out-of-state order has been registered and modified, see 9-K, *Interstate Case Processing*.

NOTE: When the court order is filed in a county your offices does not service, do not transfer the file. The Medical Satisfaction process is not a basis for transfer.

♦ Is the parent requesting the satisfaction ordered to provide health care coverage and/or cash medical support?

First, check the COURTORD screen.

- If the HI/MS ORDERED field displays a "Y", a parent is ordered to provide health care coverage or pay cash medical support.

- If the HI/MS ORDERED field displays an "N", a parent is not ordered to provide health care coverage or pay cash medical support, so a medical satisfaction cannot be granted.

- Next, check the HIUPDATE screen by pressing F16 on the COURTORD screen.

- Review the PARTY ORDERED TO PROVIDE HEALTH INS? and PARTY ORDERED TO PAY CASH MEDICAL SUPPORT? fields to determine which parent is ordered to provide health care coverage or cash medical support.

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- 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 COURTORD 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.

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◊ 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.

Medical Satisfaction Screens

When you receive a written request from a parent for a medical satisfaction, you must track the date you received the satisfaction request and other steps in the process. Use the PAYOR MEDICAL SATISFACTION (MEDSAT) screen or the PAYEE MEDICAL SATISFACTION (CPMEDSAT) screen, depending on who is requesting the satisfaction, to record all steps taken.

MEDSAT Screen

To access the MEDSAT screen, go to the COURTORD screen. Select the appropriate court order screen and then type MEDSAT in the NEXT SCREEN field and press ENTER.

ICAR displays the following screen:

```
D479HM27              IOWA COLLECTION AND REPORTING SYSTEM       DATE: 00/00/00
                        PAYOR MEDICAL SATISFACTION               TIME: 00:00:00

CASE NUMBER:        COURT ORD:                      NCP ATTY:   CP ATTY:
PAYOR:                                              SIGNATURE ID:
PAYEE:
SAT REQ DATE:                        SAT REASON(X) I:   MO:  PA:  CA:
GRANTED (Y):                         SAT CRITERIA REVIEWED:
DENIED (Y):                          GEN SAT STATUS TO CP:    NCP:
TYPE OF SAT(X) HI:    MS:
                                          MEDICAL SATISFACTION HISTORY
GEN NOTICE(Y):            REPRINT(Y):          START DATE      END DATE
EFFECTIVE DATE:
NOTICE FILED DATE:

GEN TERM NOTICE(Y):               REPRINT(Y):
TERM DATE:
TERM NOTICE FILED DATE:


                      MULT COURT ORD:
COMMENTS
F2=ADD F3=MOD F4=DEL F6=MEDICAL F7=BCK F8=FWD F9=REFRESH F10/11=SCROLL SAT HIST
NEXT SCREEN:           NOTES:
```

Fields, values and descriptions on the MEDSAT screen are:

♦ **CASE NUMBER**: ICAR displays the case number.
♦ **COURT ORD**: This field displays the court order number attached to the active MEDSAT screen.

♦ **NCP ATTY:** The default entry for this field is blank. Enter "Y" when the payor has an attorney for this process. When you enter "Y", ICAR displays the ATTORNEY screen. Enter information about the payor's attorney. Send all correspondence to the payor's attorney when "Y" displays in this field. Enter "N" when the payor is no longer represented by an attorney for this process. Only enter "N" if the field previously displayed a "Y."

♦ **CP ATTY:** The default entry for this field is blank. Enter "Y" when the payee has an attorney for this process. When you enter "Y", ICAR displays the ATTORNEY screen. Enter information about the payee's attorney. Enter "N" when the payee is no longer represented by an attorney for this process. Only enter "N" if the field previously displayed a "Y."

♦ **PAYOR:** This field displays the name of the payor attached to the court order and medical satisfaction.

♦ **SIGNATURE ID:** This field displays a four-character worker ID. ICAR uses this ID to identify whose worker information to enter on the medical satisfaction forms. If this field is blank when you add the screen, ICAR enters the worker ID from the CASE screen. You may change the worker ID in this field and press F3 twice to update.

♦ **PAYEE:** This field displays the name of the payee attached to the court order and medical satisfaction.

♦ **SAT REQ DATE:** This field displays the date the payor requested a medical satisfaction. Enter the date your office received the payor's request. This field does not allow a future date.

♦ **SAT REASON(X) I: MO: PA: CA:** This field tracks conditions the payor has that qualifies the order for a medical satisfaction. The following codes are reasons a payor's medical support can qualify for a medical satisfaction.

   • **I:** Incarcerated – the payor is an inmate of an institution under the control of the Department of Corrections or a comparable institution in another state.

   • **MO:** Minimum obligation – the payor's monthly child support obligation is the minimum obligation amount.

- **PA:** Parent on assistance – the payor is a recipient of Medicaid, FIP or similar assistance in another state.

- **CA**: Child on assistance – the payor is residing with any child for whom the payor is legally responsible, and that child is a recipient of Medicaid, FIP, hawk-i, or similar assistance in another state.

The default entry for this field is blank. Enter "X" next to the reason(s) the payor was granted a medical satisfaction once you place "Y" in the GRANTED field.

♦ **GRANTED (Y):** This field displays an entry when a request for a medical satisfaction was granted. The default entry for this field is blank. Enter "Y" in this field after you review the case and determine the payor qualifies for a medical satisfaction. When you enter "Y", ICAR requires you to make an entry in the TYPE OF SAT: HI: MS: and displays the current date to the right of the GRANTED (Y) field.

♦ **SAT CRITERIA REVIEWED:** After you enter "X" in one or more of the SAT REASON(X) I: MO: PA: CA: fields, ICAR enters the current date in this field. The current date displays in this field whenever you update the SAT REASON(X) I: MO: PA: CA: fields. You need to review the medical satisfaction every six months to determine the payor still meets the qualifications. If you determine no change needs to be made to the SAT REASON(X) I: MO: PA: CA: fields, enter the current date in the SAT CRITERIA REVIEWED field.

♦ **DENIED (Y):** This field displays whether a request for medical satisfaction was denied. The default entry for this field is blank. Enter "Y" in this field after you review the case and determine the payor does not qualify for a medical satisfaction. When you enter "Y", ICAR generates form 470-4729, *Denial of Request for Medical Satisfaction,* and displays the current date to the right of the "Y."

♦ **GEN SAT STATUS TO CP: NCP:** Use this field to generate a status letter telling the payee or payor the status of the current medical satisfaction. The default entry is blank. When you enter "Y" in either the **CP:** or **NCP:** portion of the field, ICAR generates form 470-4730, *Status of Medical Satisfaction,* to the case party selected.

♦ **TYPE OF SAT (X) HI: MS:** This field displays the type of medical support being satisfied. Entry in this field is required when you enter "Y" in the GRANTED (Y) field. The default entry is blank. Enter "X" in the HI: or MS: portion of the field depending on what the order requires the payor to provide for medical support. If the order requires the payor to provide both types of support, enter "X" in both fields.

♦ **GEN NOTICE (Y):** Enter "Y" when a medical satisfaction is granted. ICAR generates form 470-4727, *Notice that Order Qualifies for Satisfaction of Medical Support.* Send this notice to the payee, payor and the clerk of court. The current date displays to the right of the "Y." The default entry for this field is blank.

♦ **REPRINT (Y):** Enter "Y" in this field to regenerate form 470-4727, *Notice that Order Qualifies for Satisfaction of Medical Support.* The default entry for this field is blank.

♦ **EFFECTIVE DATE:** This field displays a date 30 calendar days after the date in the GEN NOTICE (Y): field. This is the date the medical satisfaction becomes effective.

♦ **MEDICAL SATISFACTION HISTORY – START DATE, END DATE:** These fields display the start and end dates of the payor's medical satisfactions related the identified court order. Use the F10/F11 keys to scroll through the medical satisfaction history.

♦ **NOTICE FILED DATE:** This field displays the date you filed the *Notice that Order Qualifies for Satisfaction of Medical Support* with the clerk of court.

♦ **GEN TERM NOTICE (Y):** This field displays "Y" when the payor no longer meets the conditions for a medical satisfaction. Enter "Y" to generate form 470-4728, *Notice that Order No Longer Qualifies for Satisfaction of Medical Support.* Send this form to the payor, payee and the clerk of court. ICAR displays the date you generate the form to the right of the "Y" entry. The default entry for this field is blank.

♦ **REPRINT (Y):** Enter "Y" to regenerate form 470-4728, *Notice that Order No Longer Qualifies for Satisfaction of Medical Support.* The default entry for this field is blank.

♦ **TERM DATE:** This field displays a date 30 calendar days after the date you generate form 470-4728, *Notice that Order No Longer Qualifies for Satisfaction of Medical Support*. The medical satisfaction ends on that date.

♦ **TERM NOTICE FILED DATE:** This field displays the date you file form 470-4728, *Notice that Order No Longer Qualifies for Satisfaction of Medical Support,* with the clerk of court.

♦ **MULT COURT ORD:** When you add a new MEDSAT screen, ICAR enters "Y" in this field if there is more than one court order on the case. This field is blank when there is only one court order on the case.

♦ **COMMENTS:** This field allows you to enter free form text to clarify information not already addressed on the MEDSAT screen.

Function keys on the MEDSAT screen are:

F2 = ADD Press the F2 key to add a payor medical satisfaction screen.
F3 = MOD Press the F3 key to modify entries on the screen.
F4 = DEL Press the F4 key delete data that displays on the screen.
F6 = MEDICAL Press the F6 key to access the MEDICAL screen.
F7/F8 = BCK/FWD Press the F7 and F8 keys to page through the MEDSAT screens.
F9 = REFRESH Press the F9 key to display a blank screen.
F10/F11 = Press the F10 and F11 keys to page through the SCROLL SAT HIST satisfaction history.

CPMEDSAT Screen

```
D479HM27           IOWA COLLECTION AND REPORTING SYSTEM        DATE: 00/00/00
                     PAYEE MEDICAL SATISFACTION               TIME: 00:00:00

CASE NUMBER:        COURT ORD:                      NCP ATTY:   CP ATTY:
PAYOR:                                              SIGNATURE ID:
PAYEE:
SAT REQ DATE:                        SAT REASON(X) I:   MO:   PA:   CA:
GRANTED (Y):                         SAT CRITERIA REVIEWED:
DENIED (Y):                          GEN SAT STATUS TO CP:   NCP:
TYPE OF SAT(X) HI:    MS:
                                        MEDICAL SATISFACTION HISTORY
GEN NOTICE(Y):              REPRINT(Y):        START DATE      END DATE
EFFECTIVE DATE:
NOTICE FILED DATE:

GEN TERM NOTICE(Y):              REPRINT(Y):
TERM DATE:
TERM NOTICE FILED DATE:


                    MULT COURT ORD:
COMMENTS
F2=ADD F3=MOD F4=DEL F6=MEDICAL F7=BCK F8=FWD F9=REFRESH F10/11=SCROLL SAT HIST
NEXT SCREEN:                          NOTES:
```

Fields, values and descriptions on the CPMEDSAT screen are:

♦ **CASE NUMBER**: ICAR displays the case number.
♦ **COURT ORD**: This field displays the court order number attached to the active CPMEDSAT screen.

♦ **NCP ATTY:** The default entry for this field is blank. Enter "Y" when the payor has an attorney for the medical satisfaction process. When you enter "Y", ICAR displays the ATTORNEY screen. Enter information about the payor's attorney. Send all correspondence to the payor's attorney when "Y" displays in this field. Enter "N" when the payor is no longer represented by an attorney for this process. Only enter "N" if the field previously displayed "Y."

♦ **CP ATTY:** The default entry for this field is blank. Enter "Y" when the payee has an attorney for this process. When you enter "Y", ICAR displays the ATTORNEY screen. Enter information about the payee's attorney. Enter "N" when the payee is no longer represented by an attorney for this process. Only enter "N" if the field previously displayed "Y."

♦ **PAYOR:** This field displays the name of the payor attached to the court order and medical satisfaction.

♦ **SIGNATURE ID:** This field displays a four-character worker ID. ICAR uses this ID to identify whose worker information to enter on the medical satisfaction forms. If this field is blank when you add the screen, ICAR enters the worker ID from the CASE screen. You may change the worker ID in this field and press F3 twice to update.

♦ **PAYEE:** This field displays the name of the payee attached to the court order and medical satisfaction.

♦ **SAT REQ DATE:** This field displays the date the payee requested a medical satisfaction. Enter the date your office received the payee's request. This field does not allow a future date.

♦ **SAT REASON(X) I: MO: PA: CA:** This field tracks conditions the payee has that qualifies the order for a medical satisfaction. The following codes are reasons a payee's medical support can qualify for a medical satisfaction.

- **I:** Incarcerated – the payee is an inmate of an institution under the control of the Department of Corrections or a comparable institution in another state.

- **MO:** Minimum obligation – the payee's monthly child support obligation is the minimum obligation amount.

- **PA:** Parent on assistance – the pay33 is a recipient of Medicaid, FIP or similar assistance in another state.

- **CA**: Child on assistance – the payee is residing with any child for whom the payee is legally responsible, and that child is a recipient of Medicaid, FIP, hawk-i, or similar assistance in another state.

The default entry for this field is blank. Enter "X" next to the reason(s) the payee was granted a medical satisfaction once you place "Y" in the GRANTED field.

♦ **GRANTED (Y):** This field displays an entry when a request for a medical satisfaction was granted. The default entry for this field is blank. Enter "Y" in this field after you review the case and determine the payee qualifies for a medical satisfaction. When you enter "Y", ICAR requires you to make an entry in the TYPE OF SAT: HI: MS: and displays the current date to the right of the GRANTED (Y) field.

♦ **SAT CRITERIA REVIEWED:** After you enter "X" in one or more of the SAT REASON(X) I: MO: PA: CA: fields, ICAR enters the current date in this field. The current date displays in this field whenever you update the SAT REASON(X) I: MO: PA: CA: fields. You need to review the medical satisfaction every six months to determine the payee still meets the qualifications. If you determine no change needs to be made to the SAT REASON(X) I: MO: PA: CA: fields, enter the current date in the SAT CRITERIA REVIEWED field.

♦ **DENIED (Y):** This field displays whether a request for medical satisfaction was denied. The default entry for this field is blank. Enter "Y" in this field after you review the case and determine the payee does not qualify for a medical satisfaction. When you enter "Y", ICAR generates form 470-4729, *Denial of Request for Medical Satisfaction,* and displays the current date to the right of the "Y."

♦ **GEN SAT STATUS TO CP: NCP:** Use this field to generate a status letter telling the payee or payor the status of the current medical satisfaction. The default entry is blank. When you enter "Y" in either the **CP:** or **NCP:** portion of the field, ICAR generates form 470-4730, *Status of Medical Satisfaction,* to the case party selected.

♦ **TYPE OF SAT (X) HI: MS:** This field displays the type of medical support being satisfied. Entry in this field is required when you enter "Y" in the GRANTED (Y) field. The default entry is blank. Enter "X" in the HI: or MS: portion of the field depending on what the court order requires the payee to provide for medical support. If the court order requires the payee to provide both types of support, enter "X" in both fields.

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♦ **GEN NOTICE (Y):** Enter "Y" when a medical satisfaction is granted. ICAR generates form 470-4727, *Notice that Order Qualifies for Satisfaction of Medical Support.* Send this notice to the payee, payor and the clerk of court. The current date displays to the right of the "Y." The default entry for this field is blank.

♦ **REPRINT (Y):** Enter "Y" in this field to regenerate form 470-4727, *Notice that Order Qualifies for Satisfaction of Medical Support.* The default entry for this field is blank.

♦ **EFFECTIVE DATE:** This field displays a date 30 calendar days after the date in the GEN NOTICE (Y): field. This is the date the medical satisfaction becomes effective.

♦ **MEDICAL SATISFACTION HISTORY – START DATE, END DATE:** These fields display the start and end dates of the payee's medical satisfactions related the identified court order. Use the F10/F11 keys to scroll through the medical satisfaction history.

♦ **NOTICE FILED DATE:** This field displays the date you filed form 470-4727, *Notice that Order Qualifies for Satisfaction of Medical Support,* with the clerk of court.

♦ **GEN TERM NOTICE (Y):** This field displays "Y" when the payee no longer meets the conditions for a medical satisfaction. Enter "Y" to generate form 470-4728, *Notice that Order No Longer Qualifies for Satisfaction of Medical Support.* Send this form to the payor, payee and the clerk of court. ICAR displays the date you generate the form to the right of the "Y" entry. The default entry for this field is blank.

♦ **REPRINT (Y):** Enter "Y" to regenerate form 470-4728, *Notice that Order No Longer Qualifies for Satisfaction of Medical Support.* The default entry for this field is blank.

♦ **TERM DATE:** This field displays a date 30 calendar days after the date you generate form 470-4728, *Notice that Order No Longer Qualifies for Satisfaction of Medical Support*. The medical satisfaction ends this date.

♦ **TERM NOTICE FILED DATE:** This field displays the date you file form 470-4728, *Notice that Order No Longer Qualifies for Satisfaction of Medical Support,* with the clerk of court.

♦ **MULT COURT ORD:** When you add a new CPMEDSAT screen, ICAR enters "Y" in this field if there is more than one court order on the case. This field is blank when there is only one court order on the case.

♦ **COMMENTS:** This field allows you to enter free form text to clarify information not already addressed on the CPMEDSAT screen.

Function keys on the MEDSAT screen are:

F2 = ADDPress the F2 key to add a payor medical satisfaction screen.
F3 = MODPress the F3 key to modify entries on the screen.
F4 = DELPress the F4 key delete data that displays on the screen.
F6 = MEDICAL Press the F6 key to access the MEDICAL screen.
F7/F8 = BCK/FWD Press the F7 and F8 keys to page through the MEDSAT screens.
F9 = REFRESH Press the F9 key to display a blank screen.
F10/F11 = Press the F10 and F11 keys to page through the SCROLL SAT HIST satisfaction history.

Tracking a Medical Satisfaction Request

When a parent notifies you in writing that he or she meets the conditions for a medical satisfaction, you must track the date you received the satisfaction request. You track this date on the MEDSAT or CPMEDSAT screen. To access these screens, go to the COURTORD screen. From the appropriate COURTORD screen, type MEDSAT or CPMEDSAT, depending on which party made the request.

♦ When the request is from the payor, enter the date the request was received in the SAT REQ DATE field on the MEDSAT screen.

♦ When the request is from the payee, enter the date to request was received in the SAT REQ DATE field on the CPMEDSAT screen.

When you receive a written statement requesting a medical satisfaction, review all cases associated with the requesting parent, regardless of the case number included on the written statement. Parents cannot choose what order they want to satisfy. When the parent identifies a specific case on the written statement you must track the request in the SAT REQ DATE field on the appropriate MEDSAT or CPMEDSAT screen. You will either grant or deny the request on the specified case. If the parent has additional cases on ICAR, you must review those cases and determine if they qualify for the satisfaction. If an additional case *qualifies* for a medical satisfaction, you must track the request in the SAT REQ DATE field and grant the medical satisfaction. If the additional case *does not qualify*, you do not need to track the request in the SAT REQ DATE field. However, you should narrate your findings.

When a specific case *is not* mentioned on the parent's written statement, you must track the request on all the parent's cases in the SAT REQ DATE field on the appropriate MEDSAT or CPMEDSAT screen. You will either grant or deny the satisfaction as if the parent requested it on that case.

Again, the MEDSAT screen and the CPMEDSAT screen are "sub screens" of the COURTORD screen. You are only able to make updates to the MEDSAT or CPMEDSAT screens if you access them through the COURTORD screen.

If you do not grant or deny the parent's request within five working days, a calendar flag (MED 45 or MED 53) issues, reminding you to grant or deny the parent's request.

Denying a Medical Satisfaction Request

When the parent requesting a medical satisfaction does *not* meet the qualifications, enter a "Y" in the DENIED(Y) field on the appropriate MEDSAT or CPMEDSAT screen(s). This entry generates form 470-4729, *Denial of Request for Medical Satisfaction*. Select the reason(s) for denying the satisfaction before printing the form. The following five options are available when you generate the form:

♦ Order does not qualify under 252E.2A
♦ Order does not contain medical support
♦ Order from another state
♦ CSRU is not providing services under Iowa Code Chapter 252B
♦ Other reasons for denial (you must enter the reason for denial).

Send this form to the requestor by regular mail.

NOTE: When a parent does not agree with the Unit's decision to deny a medical satisfaction and cannot provide proof the parent meets the conditions for a medical satisfaction, the parent can request a court hearing through a private action. CSRU will not assist with this action.

Granting a Medical Satisfaction Request

When the requesting parent meets the qualifications for a medical satisfaction, enter "Y" in the GRANTED(Y) field on the appropriate MEDSAT or CPMEDSAT screen(s). Make the following additional entries on the MEDSAT or CPMEDSAT screen:

♦ TYPE OF SAT(X): Enter "X" in the HI or MS field depending on whether the order requires the parent to provide health insurance (HI) or pay cash medical support (MS).

♦ SAT REASON(X): Enter "X" next to the reason(s) the parent qualifies for a medical satisfaction. Select all reasons that apply. The SAT REASON types are:

  • I (incarcerated)
  • MO (minimum order)
  • PA (parent on assistance)
  • CA (child on assistance)

  See Qualifications for a Medical Satisfaction for a more detailed explanation of the reasons a parent may qualify for a satisfaction.

♦ GEN NOTICE(Y): Enter "Y" to generate form 470-4727, *Notice that Order Qualifies for Satisfaction of Medical Support*. Send this form to the clerk of court, to the payor, and to all the payees (including caretakers) associated with the court order being satisfied. If the case is an interstate case, you must send this form to the other state as well. When you enter "Y" in this field, the current date automatically populates to the right of the "Y."

♦ An entry of "Y" in the GEN NOTICE(Y) field automatically populates the EFFECTIVE DATE field with a date 30 calendar days later than the date ICAR generates form 470-4727, *Notice that Order Qualifies for Satisfaction of Medical Support*. This is the start date for the medical satisfaction. ICAR lists this date in the notice.

♦ The date that displays in the EFFECTIVE DATE field will automatically populate the START DATE field under "MEDICAL SATISFACTION HISTORY."

If the worker does not complete the NOTICE FILED DATE field with the date form 470-4727, *Notice that Order Qualifies for Satisfaction of Medical Support*, was filed with the clerk of court, a calendar flag (MED 46 or MED 55) issues prompting you to check ICIS for the date the notice was filed.

NOTE: The medical satisfaction stays in place until *all* the conditions qualifying the order for medical satisfaction no longer apply or until a court order specifically states otherwise.

A court hearing can be requested through a private action when the parent not ordered to provide medical support does not agree with the Unit's decision to grant a medical satisfaction and is unable to provide proof the Unit should deny the ordered parent a medical satisfaction. CSRU will not assist with this action.

Ending Medical Enforcement After a Medical Satisfaction is Granted

The Unit does not currently enforce a payee's requirement to pay cash medical support or provide health care coverage. When you grant a payee's request for medical satisfaction, you will not contact the payee's employer regarding the satisfaction. Update the CPMEDSAT screen in ICAR to track the medical satisfaction process.

When you grant a medical satisfaction to the payor on a case, you will need to update the MEDSAT screen and take all other appropriate steps to stop the enforcement of cash medical support and/or health care coverage. Those steps vary depending on what type of medical support the payor is ordered.

Ending Enforcement of Cash Medical Support

The Unit enforces a payor's cash medical support order by sending an income withholding notice to valid employers. When you grant a payor's request for medical satisfaction for cash medical support, take the following steps:

♦ Suspend the current MS obligation on the SUSPENSE screen.

♦ In the SUSPEND FROM date on the SUSPENSE screen, enter the date displaying in the EFFECTIVE DATE field on the MEDSAT screen.

♦ In the SUSPEND TO date on the SUSPENSE screen, enter the end date of the obligation.

♦ In the SUSP AMT field, enter the medical support obligation dollar amount.

♦ In the SUSP TYPE field on the SUSPENSE screen, enter the new suspension code, "SAT".

For additional information about suspending support obligations, see 10-S, *Suspension And Satisfaction of Support*.

A calendar flag (IWO 88) issues nine days before the effective date of the satisfaction, telling you to amend the income withholding notice. When you receive the flag (IWO 88), amend the income withholding notice on the IWO screen, removing the current medical support amount.

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For additional information about amending income withholding notices, see 11-F, *Income Withholding*.

Ending Enforcement of Health Care Coverage

The Unit enforces a payor's requirement to provide health care coverage by sending form 470/3818, *National Medical Support Notice (NMSN)*, to qualifying employers. When you grant a payor's request for medical satisfaction of a health care coverage order, the current MEDSUM program will no longer process that order for enforcement. This means ICAR will no longer send the *NMSN* to qualifying employers. However, if Unit already sent the *NMSN* to an employer, you need to notify the employer that we are no longer requiring the payor to provide health care coverage.

To notify an employer that previously received the *NMSN* that the Unit is no longer requiring the payor to provide health care coverage, send one of the two following forms listed below. Generate these forms from the FORMVIEW screen.

Use the address for the employer listed in the MED ADDR LINE fields on the VEMPLOY2 screen. If there is no employer address for medical support matters, use the address listed in the IWO ADDR LINE fields on the VEMPLOY screen. If there is no employer address for IWO matters, use the employer's regular address on the VEMPLOY screen.

♦ Send form 470-3933, *Termination of the National Medical Support Notice*, when the Unit previously sent the *NMSN* to the employer and the employer has not yet enrolled the child(ren) in the employment-related plan. This form is case specific so you must send this form for each case number that meets these conditions.

♦ Send form 470-4741, *Change in Medical Support Enforcement due to Satisfaction*, when the Unit previously sent the *NMSN* to the employer and the employer enrolled at least one of the children in the employment-related plan. This form is court order specific so you must send this form for each court order that meets these conditions.

NOTE: An "E" displays in the ENR STAT field on the MEDSUM2 screen when a child included in the order is currently enrolled in a health benefit plan. A "1" displays in the PROC field on the MEDSUM3 screen if an *NMSN* was previously sent to the employer.

Determining the End Date of a Current Health Benefit Plan Due to Medical Satisfaction

Employment related plans

If there is an employment related health benefit plan for a child on a case when you grant a **payor's** request for a medical satisfaction, send form 470-4741, *Change in Medical Support Enforcement due to Satisfaction*, to the employer. If you do not end the health benefit plan within 15 days of the medical satisfaction being granted, a calendar flag (MED 49) issues to EPICS to contact the employer for an end date of the active policy. This flag will not issue if "Y" displays in the POLICY CONTINUING? field on the employment related policy on the MEDICAL screen.

Employment related health insurance policies for *payees* display on the MEDICAL screen as private policies. For the steps on how to end a payee policy, see the section below, **Private Health Benefit Plan**.

Private Health Benefit Plan

If a payor has a private health benefit plan for a child on a case when you grant the **payor's** request for a medical satisfaction, ICAR issues a calendar flag (MED 50) to tell you to contact the payor for an end date. This flag doesn't issue if "Y" displays in the POLICY CONTINUING? field on the private plan on the MEDICAL screen.

If a payee has a private health benefit plan for a child on a case when you grant the **payee's** request for a medical satisfaction, a calendar flag (MED 51) issues telling you to contact the payee for an end date of the policy. This flag doesn't issue if "Y" displays in the POLICY CONTINUING? field on the payee policy on the MEDICAL screen.

NOTE: When you review a private policy on the MEDICAL screen and identify that the payor is providing the policy, enter "Y" in the PRIVATE PROVIDER PAYOR? field on the MEDICAL screen.

If you receive information from the payor, the payee, or the employer that the policy holder does not want to end the active health insurance policy showing on the MEDICAL screen, enter a "Y" in the POLICY CONTINUING? field.

Monitoring a Medical Satisfaction

You should review a case with an existing medical satisfaction, at minimum, every six months to verify the conditions that previously qualified the order for a medical satisfaction still exist. A calendar flag (MED 48) prompts you to conduct the review on payor medical satisfactions. Another calendar flag (MED 58) prompts you to conduct the review on payee medical satisfactions. Contact from a party on the case also prompts you to conduct the review. When a party contacts you with information that the medical satisfaction conditions are no longer valid, you must conduct a review.

NOTE: A party can request a review at any time. Do not wait for a calendar flag (MED 48 or MED 58) to issue before conducting the review when requested by a case party.

Conditions for a Medical Satisfaction Still Exist

When you conduct a review because you are working a calendar flag (MED 48 or MED 58) and you determine the order continues to qualify for a medical satisfaction, take the following steps:

♦   When the qualification reason does not change, enter the date of the review in the SAT CRITERIA REVIEWED field on the MEDSAT or CPMEDSAT screen. This entry triggers another calendar flag (MED 48 or MED 58) to issue in six months.

♦   When the qualification reason changes, update the SAT REASON(X) I: MO: PA: CA: fields. After you make the update, ICAR automatically populates the current date in the SAT CRITERIA REVIEWED field. This triggers another calendar flag (MED 48 or MED 58) to issue in six months.

When you conduct a review based on a request from a party on the case and you determine that the order continues to qualify for a medical satisfaction, take the following steps:

♦   When the qualification reason does not change, enter the date of the review in the SAT CRITERIA REVIEWED field on the MEDSAT or CPMEDSAT screen. This entry triggers another calendar flag (MED 48 or MED 58) to issue in six months.

♦   When the qualification reason changes, update the SAT REASON(X) I: MO: PA: CA: fields. After you make the update, ICAR automatically populates the current date in the SAT CRITERIA REVIEWED field. This triggers another calendar flag (MED 48 or MED 58) to issue in six months.

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♦ Send form 470-4730, *Status of Medical Satisfaction*, to the party requesting the review.

   • To send the form to the payee, enter "Y" in the GEN SAT STATUS TO CP field.

   • To send the form to the payor, enter "Y" in the GEN SAT STATUS TO NCP field.

Conditions for a Medical Satisfaction No Longer Exist

When you conduct a review and determine the order no longer qualifies for a medical satisfaction, you must end the medical satisfaction by making the following entries on the MEDSAT or CPMEDSAT screen:

♦ Enter Y in the GEN TERM NOTICE (Y): field to generate form 470-4728, *Notice that Order No Longer Qualifies for Satisfaction of Medical Support*. ICAR enters the current date to the right of the "Y." Select the reason(s) for terminating the satisfaction before printing the form. The following four options are available when you generate the form:

   • Order no longer meets any of the conditions under 252E.2A

   • Order no longer requires the parent to provide medical support

   • CSRU is no longer providing services under Iowa Code Chapter 252B

   • A court order terminated the medical satisfaction

   NOTE: You must enter the docket number, county and the date of filing for the order ending the medical satisfaction.

♦ ICAR also updates the TERM DATE field with a date 30 calendar days after the date you generated the *Notice that Order No Longer Qualifies for Satisfaction of Medical Support.* This is the date is listed in the notice and is the date the Unit ends the medical satisfaction.

♦ ICAR displays date in the TERM DATE field in the END DATE field under "MEDICAL SATISFACTION HISTORY."

♦ Send the notice to the clerk of court, payor, and all payees (including caretakers) associated with the court order being satisfied. If your case is an interstate case, you must send it to the other state as well.

You may receive a request from a payee to stop IV-D services. Since IV-D enforcement services are a requirement for an order to qualify for a medical satisfaction, you must end the existing medical satisfaction when you receive a request to stop services from the payee. Follow the same steps as listed above to end the medical satisfaction.

Another state may register *and* modify an Iowa order with an existing medical satisfaction. This means the order is no longer considered an Iowa order. Since the Unit can only apply the medical satisfaction procedures to Iowa orders, when this happens you must end the existing medical satisfaction. Follow the same steps as listed above to end the medical satisfaction.

If you do not complete the TERM NOTICE FILED DATE field with the date the Unit filed the *Notice that Order No Longer Qualifies for Satisfaction of Medical Support* with the clerk of court, a calendar flag (MED 47 or MED 62) issues prompting you to check ICIS for the filing date of the notice.

Starting Enforcement After a Medical Satisfaction Ends

When the conditions for a medical satisfaction for longer exist, review the case to determine if it is still appropriate to enforce the medical support provisions in the order.

The Unit does not currently enforce a payee's requirement to pay cash medical support or provide health care coverage. When you end a payee's medical satisfaction, you will not contact the payee's employer.

Starting the Enforcement of a Cash Medical Support Order

When the court order requires the payor to pay cash medical support and the medical satisfaction ends, take the following steps:

♦ End the current MS obligation's suspension on the SUSPENSE screen. In the SUSPEND TO date on the SUSPENSE screen enter the date displaying in the TERM DATE field on the MEDSAT screen. For additional information about reinstating support obligations on the SUSPENSE screen, see 10-T, *REINSTATEMENT OF SUPPORT*.

♦ A calendar flag (IWO 89) issues nine days before the end date of the satisfaction telling you to amend the income withholding notice.

♦ When you receive the calendar flag (IWO 89), amend the income withholding notice on the IWO screen, re-adding the current medical support amount. For additional information about amending income withholding notices, see 11-F, *Income Withholding*.

Starting the Enforcement of a Health Care Coverage Order

When the court order requires the payor to provide health care coverage and the medical satisfaction ends, ICAR will begin processing the order for enforcement of that obligation. When ICAR identifies a qualifying employer, it sends the *NMSN* if appropriate.

Modifying an Order With an Existing Medical Satisfaction

When the Unit modifies an order through the review process or the administrative modification process, you will need to check the MEDSAT and CPMEDSAT screens to see if a medical satisfaction is in place. Two new fields on the HIUPDATE screen will also help you determine if a medical satisfaction is in effect. If "Y" displays in the PAYOR SAT field on the HIUPDATE screen, a satisfaction has been granted on the MEDSAT screen. If "Y" displays in the PAYEE SAT field on the HIUPDATE screen, a satisfaction has been granted on the CPMEDSAT screen. When a satisfaction ends on the corresponding MEDSAT screen, the entry in the PAYOR SAT field on the HIUPDATE screen automatically changes to "N". When a satisfaction ends on the corresponding CPMEDSAT screen, the entry in the PAYEE SAT field on the HIUPDATE screen automatically changes to "N".

If a medical satisfaction is in effect and the conditions for a satisfaction no longer exist, you must end the satisfaction. For the steps on how to end a medical satisfaction, see Conditions for Medical Satisfaction No Longer Exist.

If a satisfaction is in effect and the conditions for a satisfaction still exist, the medical satisfaction stays in place and is "carried over" to the modification order. However, you must include specific language in the modification order stating that the medical satisfaction remains in place. The suggested language to include in a modification order when the conditions for a medical satisfaction still exist is:

> [Parent's name] qualified for a medical satisfaction pursuant to Iowa code 252E.2A effective [effective date] that remains in effect, and is not changed or negated by this order.

During a modification, a parent's medical support requirements may change. A parent who was once required to pay cash medical support may now be required to provide health care coverage, and vice versa. When this happens, update the TYPE OF SAT(X) HI and TYPE OF SAT(X) MS fields on the MEDSAT or CPMEDSAT screen to show the change in medical support.

Private Modification

When there is a private modification and the modified order specifically states, "This modification order supersedes and terminates the medical support satisfaction filed by CSRU," the Unit will enforce the language in the new court order and treat the medical satisfaction as terminated. For the steps on how to end a medical satisfaction, see Conditions for Medical Satisfaction No Longer Exist.

When there is a **private** modification and the modified order references the medical satisfaction and/or 252E.2A but orders medical support anyway, the Unit will seek a court hearing to resolve the inconsistency. Work with your office attorney when this situation occurs.

Suspending an Order With a Medical Satisfaction

When the Unit suspends an order through the suspension process, you need to check the MEDSAT and CPMEDSAT screens to see if a medical satisfaction is in place. If a medical satisfaction is in effect and the conditions for a satisfaction no longer exist, you must end the satisfaction **before** filing the suspension order. For the steps on how to end a medical satisfaction, see Conditions for Medical Satisfaction No Longer Exist.

If a satisfaction is in effect and the conditions for a satisfaction still exist, the medical satisfaction stays in place until the obligation end date. However, the coding for the suspension screen will need to change. Do **not** send form 470-4728, *Notice that Order No Longer Qualifies for Satisfaction of Medical Support* when suspending the order.

When a medical satisfaction is in place for health care coverage and the conditions for the satisfaction still exist, *do not* make updates to ICAR. When a medical satisfaction is in place for cash medical support and the conditions for the satisfaction still exist, you must make updates to ICAR. When the case qualifies for a suspension due to a custody change (CUS) or reconciliation (REC), end the current medical satisfaction (SAT) suspension. Create a new "CUS" or "REC" suspension. To do this, make the following entries on the SUSPENSE UPDATE screen:

♦ For the suspension entry associated with the medical satisfaction, change the SUSPEND TO field to the date one day before the effective date of the *new* suspension.

♦ For the suspension entry associated with the 252B.20 suspension of support, follow the same procedures you use today.

For additional information about suspending support obligations, see 10-S,
Suspension and Satisfaction of Support.

The payor requested a medical satisfaction for a cash medical obligation (MS) due to
being in prison. The payor met the qualifying conditions and the Unit granted the
medical satisfaction, effective 8/15/2020. After you make the updates to the
SUSPENSE screen based on the satisfaction:

The OBLIG screen displays:

OBL TYPE	AMOUNT	FREQ	EFFECTIVE DATE	END DATE
MS	50	M	04/01/15	07/27/22
CS	400	M	04/01/15	07/27/22

The PERIODS OF SUSPENSION screen displays:

CHILD FNAME	OBLIG DIST	OBLIGATION START	END	SUSPEND DATE FROM	TO	SUSP. AMT	SUSP. TYPE
CHILD1	25	04/01/15	07/27/22	08/15/20	07/27/22	25	SAT
CHILD2	25	04/01/15	07/27/22	08/15/20	07/27/22	25	SAT

The payor is released from prison and reconciles with the family. The parties request a
suspension and the Unit files a suspension order, effective 11/01/20. All members of
the household are receiving Medicaid. After you make your entries to the OBLIG and
SUSPENSE screen, the results will look like:

The OBLIG screen displays:

OBL TYPE	AMOUNT	FREQ	EFFECTIVE DATE	END DATE
MS	50	M	04/01/15	04/30/21
CS	400	M	04/01/15	04/30/21

The PERIODS OF SUSPENSION screen displays:

CHILD FNAME	OBLIG DIST	OBLIGATION START	END	SUSPEND DATE FROM	TO	SUSP. AMT	SUSP. TYPE
CHILD1	25	04/01/15	04/30/21	08/15/20	10/31/20	25	SAT
	25	04/01/15	04/30/21	11/01/20	04/30/21	25	REC
CHILD2	25	04/01/15	04/30/21	08/15/20	10/31/20	25	SAT
	25	04/01/15	04/30/21	11/01/20	04/30/21	25	REC

Reinstating an Order with a Medical Satisfaction

When the Unit reinstates an order through the reinstatement process, you will need to check the MEDSAT and CPMEDSAT screens to see if a medical satisfaction is in place.

If a satisfaction is in effect and the conditions for a medical satisfaction no longer exist, you must end the satisfaction at the time you are generating the reinstatement order. For the steps on how to end a medical satisfaction, see Conditions for Medical Satisfaction No Longer Exist.

If a satisfaction is in effect and the conditions for a medical satisfaction still exist, you must include specific language in the reinstatement order stating the medical satisfaction remains in place.

The suggested language to include in the reinstatement order when the conditions for a medical satisfaction still exist is:

> [Payor's name] qualified for a medical satisfaction pursuant to Iowa code 252E.2A effective [effective date] that remains in effect, and is not changed or negated by this order.

Represented by an Attorney for a Medical Satisfaction

When an attorney represents the payor or payee for the medical satisfaction process, enter "Y" in the corresponding NCP ATTY or CP ATTY fields. ICAR displays the ATTORNEY screen, enter the contact information for the payor's attorney and/or payee's attorney. Enter "MEDST" in the PROCESS CODES field on the ATTORNEY screen to link the attorney to a medical satisfaction on a MEDSAT or CPMEDSAT screen. When you make an entry in the NCP ATTY field, and properly link the payor's attorney to the MEDSAT or CPMEDSAT screen, the payor's attorney will receive a copy of all correspondence sent to the payor. When you make an entry in the CP ATTY field and properly link the payee's attorney to the MEDSAT or CPMEDSAT screen, the payee's attorney will receive a copy of all correspondence sent to the payee.

Health Care Coverage Ends or Changes

Legal reference: Iowa Code Section 252E.5

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

♦   The payor is no longer required to provide health care coverage because the child emancipates.

♦   The payor's employment ends and health care coverage for the child ends.

♦   The payor's employment ends and the payor continues to provide health care coverage through COBRA or some other arrangement.

♦   The child's health benefit plan carried by the payee or third party, such as a spouse or grandparent, ends.

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

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

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

♦   Notifies the employer that the Unit's records show the court order requiring the payor to provide health care coverage is no longer in effect;

♦   Tells the employer that the notice does not require the employer to disenroll the child;

♦   Suggests that the employer talk to the payor about whether the payor wants to continue health care coverage for the child; and

♦   Suggests that the employer check the plan's provisions to determine if health care coverage for the child must continue.

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

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

Employment-Related Health Coverage Ends

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

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

The payor may continue to provide dependent coverage through COBRA or another arrangement. In these cases, change the medical record to show that the payor provides private health care coverage. See Payor Provides Health Care Coverage Through COBRA.

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

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

♦ The date health care coverage terminates.
♦ The name of the contact person and company if health care coverage continues through COBRA or some other arrangement.

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

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

When you do not enter the date health care coverage ends, ICAR deletes the medical record 90 days after it generates the *Employer Insurance Notification* form. When you enter the date coverage ends before that 90 days period ends, ICAR deletes the medical record immediately.

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

Non-IWO Cases

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

♦ Generates form 470-3218, *Employer Insurance Notification*, for the medical record connected to this employer.

♦ Monitors the case and generates form 470/3219, *Employer Insurance Second Notification*, 30 days later, if necessary.

♦ Monitors the case and deletes the medical record 90 days after you entered the "Y" in the EMP TERMINATED field, if the employer does not provide information about the status of health coverage. If you learn that coverage has ended, enter the date coverage ends to delete the medical record before 90 days pass.

♦ Issues a narrative (MED112) to document the deletion of the medical record and the date health insurance coverage ended. The narrative identifies the employer, policy number, and insurance company previously displayed on the record.

If you learn that the payor will continue to provide health care coverage under COBRA or another arrangement, you may change the medical record as necessary. See [Payor Provides Health Care Coverage Through COBRA](#) to learn how to change the medical record.

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

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

♦ Make screen prints of the medical policy information.

♦ Enter the current date in the END DATE field on the MEDICAL screen that displays "Y" in the EMP TERMINATED field.

♦ Press the PAUSE/BREAK key to clear out of the MEDICAL screen.

♦ Enter "MEDICAL" in the NEXT SCREEN field and re-enter the policy information on ICAR.

Income Withholding Order Cases

If the payor's employment ends, delete the employer from the IWO on the case. When you delete an employer from an IWO, you are stopping the income withholding process for that employer. See 11-F, *Income Withholding*, for more information on the IWO process.

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

♦ Access the IWO screen by typing "IWO" in the NEXT SCREEN field on any ICAR screen.

♦ Enter a "Y" in the REMOVE WITHHOLDING field on the IWO screen and press the F3 key twice.

Refer to the following highlighted fields on the IWO screen.

```
D479HI61          IOWA COLLECTION AND REPORTING SYSTEM        DATE:
                    INCOME WITHHOLDING ORDERS              TIME:
 CASE.......:                                     CSRU ATTY ID:
 PAYOR......:                                     CC RP ATTY (Y/N):
 PAYEE......:                                     CC CP ATTY (Y/N):
 INTERSTATE(Y/N):            INIT STATE:          RSPN STATE:
 IIW REQUESTED (AP/CP)       & DATE:      0000   20 PCT :
 APPROVED (Y/N):             & DATE:      0000
 NOTICE (O/B):               NOTICE AMENDED:
 GENERATE (I/L/A/V):         COURT ORD:     JO:           FORM:
          PER    CURRENT          PER    ARREARS  LUMP SUM:
                 :            GEN NOTICE:(Y/N/R/S):
 IF NO NOTICE, DATE SENT:                        REPRINT
 MONITOR FOR:                PER:
 EMP GEN CONTACT :           REMOVE WITHHOLDING: Y   252D.19A:
 TERMINATION (Y/C/R)     FILED DATE:              DATE SENT:
 BALANCE DUE:            LAST PD:
 PROCESS ENDED           SUPPRESS IWO:            (I/R/U):
 NARRATIVE:    CALENDAR FLAG
 F2=ADD, F3=UPDT, F5=INQ, F6=INTERSTA, F7=PG BACK, F8=PG FWD,
 F9=RFRSH, F10=EMP LIST, F11=IWO2, F12=IWN F13=HRDSHP
 NEXT SCREEN:                         NOTES:
 ENTER CASE NUMBER AND PRESS F5
```

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

```
D479HI61            IOWA COLLECTION AND REPORTING SYSTEM        DATE:
                     EMPLOYER NAME ADDRESS SEARCH               TIME:

 SEL       EMPLOYER NAME / FIN ID              ADDRESS / CITY AND STATE

 _      CEDAR SCHOOLS                      1000 COURT ST
        FIN: XXXXXXXXX-001  L/U: 09/19/05  CEDAR                        IL
 _      CITY & NATIONAL EMPLOYMENT         PO BOX 3333
        FIN: XXXXXXXXX-002  L/U: 02/07/07  CHICAGO                      IL
 D      ADAMS CO                           321 CROSSROADS BLVD
        FIN: XXXXXXXXX-001  L/U: 09/19/05  CHICAGO                      IL
 _      REGION VII MANUFACTURING           PO BOX 5555
        FIN: XXXXXXXXX-001  L/U: 09/19/05  STERLING                     IL

        FIN:           -    L/U: 00/00/00

        FIN:           -    L/U: 00/00/00

        FIN:           -    L/U: 00/00/00



 NEXT SCREEN:           NOTES:
EMPLOYERS FOR CURRENT PAYOR DISPLAYED
```

Enter "D" in the SEL field on the EMPLOYER NAME ADDRESS SEARCH screen for the employers you want to delete from the IWO because the payor is no longer employed by those employers and press the ENTER key. If the list includes multiple employers, leave the SEL field blank for the employers that need to remain linked to the IWO. ICAR:

♦ Deletes the employer from the IWO and deletes the employer data from the PAYEMP screen.

♦ Displays a "Y" in the EMP TERMINATED field on the MEDICAL screen for the employer deleted from the IWO.

♦ Displays form 470-3218, *Employer Insurance Notification*. Update the form variables, if necessary, and generate the form. Send the form to the employer to determine the post-employment status of the child's health care coverage.

♦ Monitors for a response to the *Employer Insurance Notification*.

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If necessary, generates form 470/3219, *Employer Insurance Second Notification*, to the Department's mailing service 30 days after generating the *Employer Insurance Notification* and issues a narrative (CASE185) to document the generation of the *Employer Insurance Second Notification* form.

♦ Monitors the case and deletes the medical record 90 days after you deleted the employer from the IWO, if the employer does not provide information about the status of health care coverage. If you learn that coverage has ended, enter the date coverage ends to delete the medical record before 90 days pass.

♦ Issues a narrative (MED112) to document the deletion of the medical record and the date health care coverage ended. The narrative identifies the employer, policy number, and insurance company previously displayed on the record.

If the employer responds to the *Employer Insurance Notification* and provides the name and address of a contact person for health care coverage through COBRA or some other arrangement, update the medical record to reflect the change. See [Payor Provides Health Care Coverage Through COBRA](#).

IWO Cross-Referenced Cases

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

♦ Access the IWO screen by typing "IWO" in the NEXT SCREEN field of any ICAR screen.

♦ Enter a "Y" in the REMOVE WITHHOLDING field on the IWO screen and press the F3 key twice.

♦ ICAR displays the EMPLOYER NAME ADDRESS SEARCH screen.

♦ Enter a "D" in the SEL field to delete the employer and press the ENTER key.

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ICAR:

♦ Deletes the employers you selected from the IWO on all of the payor's cross-referenced cases and deletes the employer data from the PAYEMP screen.

♦ Displays form 470-3218, *Employer Insurance Notification*, for each cross-referenced case with a medical record connected to the selected employer. Check and update, if necessary, the form variables and generate the form.

♦ Displays "Y" in the EMP TERMINATED field on the MEDICAL screen on all of the payor's cross-referenced cases.

♦ Generates a narrative (IWO72) on all of the payor's cross-referenced cases.

This narrative requires you to enter the reason the income withholding order is no longer in place with the employer.

♦ Monitors for a response to the *Employer Insurance Notification* and generates form 470/3219, *Employer Insurance Second Notification*, if necessary 30 days later. ICAR deletes the medical record 90 days later, as described in preceding sections of this chapter.

NOTE: You may delete the medical record before the 90 days pass if you receive an end date for the policy. You may change the medical record if you learn the payor is continuing to provide insurance through COBRA or another arrangement. See Payor Provides Health Care Coverage Through COBRA.

NOTE: ICAR does not allow you to delete an employer from the PAYEMP screen when there is a medical policy connected to this employer on one of the payor's cross-referenced cases. ICAR displays the following on-line message, "ALL MEDICAL COVERAGE MUST BE ENDED FOR EMPLOYER." You must end the medical policy on the payor's cross-referenced case before you can delete the employer on the PAYEMP screen.

Maintaining the Medical Record When the Employer Is Unlinked

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

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

ICAR unlinks the employer from the IWO, but leaves the employer data on the PAYEMP screen and the health benefit plan(s) on the MEDICAL screen. See 11-F, *Unlinking the Income Provider*, for complete information about unlinking employers with an "X."

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

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Payor Provides Health Care Coverage Through COBRA

In most instances, the payor's employment-related health care coverage ends when the payor's employment ends. The payor may choose to provide healthcare coverage through COBRA or some other arrangement.

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

When the payor chooses to continue coverage under COBRA, no longer consider the coverage employment-related. Consider it private coverage. When you learn the payor is continuing coverage through COBRA, enter a "C" in the VERIFIED INS TERM field on the MEDICAL screen, and press the F3 key to update the screen.

ICAR:

♦ Changes the payor's employment-related health insurance policy ("X" in the PAYOR field on the MEDICAL screen) to a private policy ("X" in the PRIVATE field on the MEDICAL screen).

♦ Changes the entry in the EMPLOYER NAME field on the MEDICAL screen to "PRIVATE INSURANCE."

♦ Displays the payor's name in the PROVIDER NAME field on the MEDICAL screen.

♦ ICAR issues a narrative (MED190) and calendar flags (MED33, MED34, and MED35) that monitor the private COBRA policy to determine the policy's end date. ICAR deletes these calendar flags when you enter a date in the END DATE field on the MEDICAL screen.

Health Care Coverage Provided by a Private Party Ends

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

♦ Type "MEDICAL" in the NEXT SCREEN field on any ICAR screen to access the MEDICAL screen.

♦ Press the F10 or F11 (SCROLL PAYEE and PRIVATE INS) keys to scroll through the payee and private health benefit records until ICAR displays the appropriate private medical record.

♦ Tab to the END DATE field and enter the date health care coverage ends using the MM/DD/CCYY format. ICAR does not allow you to enter a future end date for a private policy. ICAR allows you to enter the current date or an earlier date.

♦ Press the F3 key twice to update the screen. ICAR displays the on-line message, "MEDICAL RECORD FLAGGED FOR DELETION."

♦ ICAR issues a narrative (MED112) to document the date coverage ends and identifies the insurance company and policy number of the policy.

> Ms. B, the payee, has private health care coverage for her child through the Blue Health Company. On 4/10/2020, she tells you that she dropped the coverage effective 4/1/2020.
>
> Access the MEDICAL screen on Ms. B's case and press the F10 key to find the record of the medical coverage provided by Ms. B through Blue Health Company. Note that there is an "X" in the PAYEE field of the PROVIDER section on the MEDICAL screen to indicate that this record is for **private coverage provided by the payee**.
>
> Tab to the END DATE field and enter 04/01/2020. Press the F3 key twice to modify the record. ICAR displays the online message, "MEDICAL RECORD FLAGGED FOR DELETION."
>
> On the NARRCASE screen, ICAR displays the following narrative:
>
> 040720 THE FOLLOWING HEALTH INSURANCE COVERAGE PROVIDED BY THE
>   PRIVATE ENDED ON 04/01/2020. MONITOR FOR OTHER HEALTH
>   INSURANCE COVERAGE.
>   EMPLOYER: PRIVATE INSURANCE
>   POLICY NO: 412858745
>   INSURANCE CO: BLUE HEALTH COMPANY
>
> When you return to the MEDICAL screen and press the F10 or F11 keys to move through the private medical records on the case, you no longer find this record.

Medical Support Obligation for a Dollar Amount Ends

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

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

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

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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 COURTORD 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.

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If no payor address meets those criteria, ICAR will not generate the form. ICAR generates narrative (MED221) to document why the Unit did not send the form.

Medical Motion to Quash (MEDMTQ) Screen

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

To access the MEDMTQ screen, press the f13 key (press the SHIFT and F1 keys) from the MEDSUM or MEDSUM2 screen. To return to the MEDSUM screen, press the F10 key. Press the F11 key to return to the MEDSUM2 screen.

ICAR displays the following screen:

```
   D479HM27            IOWA COLLECTION AND REPORTING SYSTEM      DATE:
                           MEDICAL MOTION TO QUASH              TIME:
                                                                PAGE:
    CASE NUMBER:                                    CC RP ATTY (Y/N)...:
    PAYOR......:                                    CC CP ATTY (Y/N)...:
    PAYEE......:                                    CSRU ATTY ID.......:


    INFORMAL CONFERENCE REQUESTED DATE:
    ACKNOWLEDGED.:
    CONF SET DATE:                          TIME:    : 00   M
    CONF HELD (Y/N/R):                      DATE:
    RESULTS:      STANDS:        REVOKED:

    MTQ FILED DATE:                         MTQ SERVED DATE:
    RESISTANCE FILED DATE:                  GEN PROOF (Y)  :
    HEARING DATE/TIME:              : 00   M HELD (Y/N/R):
    RESULTS: MTQ IS    DENIED:      STAYED:      GRANTED:       WITHDRAWN:


    COMMENT:
    NARRATIVE:                                  CALENDAR FLAG:
    F2=ADD   F3=MOD   F4=DELETE   F5=INQUIRY   F6=COUR ORD LIST   F7=BACK
    F8=FORWARD
    F9=REFRESH              F10=MEDSUM          F11=MEDSUM2
    F12=EMPLOYER LIST
    NEXT SCREEN:                                 NOTES:
```

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

♦ **CASE NUMBER**: ICAR displays the case number for the case you viewed on the MEDSUM or the MEDSUM2 screen.

♦ **PAYOR**: ICAR displays the name of the payor (last name, first name, middle name, surname) as shown on the PAYOR screen.

♦ **PAYEE**: ICAR displays the name of the payee (last name, first name, middle name, surname) as shown on the PAYEE screen.

- ♦ **CC RP ATTY (Y/N)**: Enter a "Y" if the payor has an attorney handling the case. ICAR displays the ATTORNEY screen. Complete all of the information available. After you add the ATTORNEY screen, ICAR again displays the MEDMTQ screen.

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

- ♦ **CC CP ATTY (Y/N)**: Enter a "Y" if the payee has an attorney handling the case. ICAR displays the ATTORNEY screen.

- ♦ Complete all of the information available. After you add the ATTORNEY screen, ICAR again displays the MEDMTQ screen.

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

- ♦ **CSRU ATTY ID**: Enter the worker ID of the local office attorney handling this legal action.

- ♦ **INFORMAL CONFERENCE REQUESTED DATE**: Enter the date you receive the request for an informal conference in the MM/DD/CCYY format. The date entered must be later than the SENT DATE field on the MEDSUM2 screen.

  NOTE: When the same date displays in the INFORMAL CONFERENCE REQUESTED DATE field on both the MEDMTQ and IWO2 screens because the payor is contesting both the enforcement of health care coverage and cash support, ICAR displays "I" in the MED MTQ field on the MEDSUM screen.

  When the payor is only challenging the enforcement of healthcare coverage, ICAR displays "M" in the MED MTQ field on the MEDSUM screen.

- ♦ **ACKNOWLEDGED**: Enter the date you acknowledge the payor's request for an informal conference in the MM/DD/CCYY format. The date must be greater than or equal to the INFORMAL CONFERENCE REQUESTED DATE field. ICAR also requires an entry in the CONF SET DATE, TIME, and _M fields.

- ♦ **CONF SET DATE**: Enter the date of the informal conference in the MM/DD/CCYY format. ICAR requires a current or future date if the CONF HELD field contains either an "R" or blank.

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

ICAR generates form 470-3726, *Acknowledgment of Request Informal Conference – Medical,* when you complete these fields.

♦ **TIME**: Enter the time of the informal conference in the HH:MM format. ICAR requires you to make an entry in this field when you complete the ACKNOWLEDGED, CONF SET DATE, and (CONF SET) _M fields. ICAR displays an on-line message and prevents you from making an entry in this field when the CONF HELD field displays a "Y."

♦ **_M**: Enter an "A" or "P" before the _M field to indicate whether you schedule the informal conference in the morning or afternoon.

♦ **CONF HELD (Y/N/R)**: Enter a "Y" in this field when you hold the conference. When you enter "Y," ICAR requires an entry in one of the RESULTS fields. Enter "N" when the conference is not held. Reschedule the conference by entering "R" and a new date or time in the CONF SET DATE or TIME field. Allow the payor to reschedule the conference one time only. ICAR generates form 470-3727, *Result of Conference Regarding Medical Support,* when this field is completed.

♦ **DATE**: Enter the date you hold, reschedule or didn't hold the conference in the MM/DD/CCYY format.

♦ **RESULTS**: Enter the results of the informal conference by placing an "X" in either the STANDS or REVOKED field. ICAR generates form 470-3727, *Results of Conference Regarding Medical Support*, to the payor based on the entry in the RESULTS section. ICAR requires an entry in this field when there is a "Y" or "N" in the CONF HELD field. The fields in the RESULTS section are:

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

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

♦ **MTQ FILED DATE**: Enter the date the court filed the motion to quash, in MM/DD/CCYY format. This date must be the current date or earlier and must be equal to or greater than the SENT DATE field on the MEDSUM2 screen.

When the same date displays in the MTQ FILED DATE field on both the MEDMTQ and IWO2 screens because the payor is contesting both the enforcement of health care coverage and cash support, ICAR displays "I" in the MED MTQ field on the MEDSUM screen.

ICAR displays an "M" in the MED MTQ field on the MEDSUM screen when the payor is challenging only the enforcement of health care coverage.

♦ **MTQ SERVED DATE**: Enter the date the Unit is notified of the payor's motion to quash, in MM/DD/CCYY format.

When the same date displays in the MTQ SERVED DATE field on both the MEDMTQ and IWO2 screens because the payor is contesting both the enforcement of healthcare coverage and cash support, ICAR displays "I" in the MED MTQ field on the MEDSUM screen.

ICAR displays an "M" in the MED MTQ field on the MEDSUM screen when the payor is only challenging the enforcement of health care coverage.

♦ **RESISTANCE FILED DATE**: Enter the date, in MM/DD/CCYY format, your local office attorney responds to the motion to quash.

♦ **GEN PROOF (Y)**: Enter "Y" to generate form 470-3728, *Proof of Service of Notice of Medical Enforcement*. ICAR displays the COURT ORDER LIST FOR MEDMTQ screen. When you select the court orders, ICAR displays the EMPLOYER NAME SEARCH ADDRESS screen. Select the employer who received form 470/3818, *National Medical Support Notice*, which the payor is contesting.

♦ **HEARING DATE/TIME**: ICAR requires you to enter the date of the court hearing in MM/DD/CCYY format. If the HELD field has an entry of "R" or is blank, you must enter the current date or later. The HEARING DATE field requires you to enter the time in the (HEARING) TIME field. ICAR prevents you from making an entry in the HEARING DATE field when you enter a "Y" in the HELD field.

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

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

♦ **HELD (Y/N/R)**: Enter "Y" if the court hearing was held, "N" if it was not held, or "R" if rescheduled. With an entry of "R," ICAR requires you to enter a new date or time in the HEARING DATE/TIME field. When you enter a "Y" or "N" in this field, ICAR requires an entry in one of the RESULTS fields.

♦ **RESULTS**: MTQ IS : Enter the results of the motion to quash hearing. You may select only one field. Place an "X" in the appropriate field based on the outcome of the hearing. ICAR requires you to make an entry in one of the results fields when you enter "Y" or "N" in the HELD field.

DENIED: Enter "X" when the court denies the medical motion to quash and the order remains in effect. When you select this field, ICAR changes the "I" or "M" to an "N" in the MED MTQ field on the MEDSUM screen.

STAYED: Enter "X" when the court stays enforcement of health care coverage. Entry in this field temporarily stops MEDSUM batch processing for medical enforcement for the case. When you select this field, ICAR changes the "I" or "M" to a "Y" in the MED MTQ field on the MEDSUM screen.

GRANTED: Enter an "X" when the court terminates the enforcement of health care coverage. This entry stops MEDSUM batch processing for health care coverage. When you select this field, ICAR changes the "I" or "M" to a "Y" in the MED MTQ field on the MEDSUM screen.

WITHDRAWN: Enter an "X" to indicate that the payor withdrew the motion to quash. When you select this field, ICAR changes the "I" or "M" to an "N" in the MED MTQ field on the MEDSUM screen.

♦ **COMMENT**: Enter the reason why the payor requested an informal conference or filed a motion to quash. The text remains on the screen for future reference. To remove the text, space through it and press the F3 key. ICAR deletes the text in the COMMENT field when either ICAR or you delete the MEDMTQ screen.

♦ **NARRATIVE:** Select this field to enter a worker-completed narrative.

♦ **CALENDAR FLAG**: Select this field to enter a worker-completed calendar flag.

Function keys on the MEDMTQ screen are:

F2 = ADD	Press the F2 key to add information to ICAR.
F3 = MOD	Press the F3 key to update information on ICAR.
F4 = DELETE	Press the F4 key to delete data that displays in fields on the screen.
F5 = INQUIRY	Enter a case number in the CASE NUMBER field and press the F5 key to display information on a specific case.
F6 = COUR ORD LIST	Press the F6 key to display the COURT ORDER LIST FOR MEDMTQ screen.
F7 = BACK	Press the F7 key to page back through the screens when there are multiple MEDMTQ screens.
F8 = FORWARD	Press the F8 key to page forward through the screens when there are multiple MEDMTQ screens.
F9 = REFRESH	Press the F9 key to display a clear screen.
F10 = MEDSUM	Press the F10 key to access the MEDSUM screen associated with the appropriate court order.
F11 = MEDSUM2	Press the F11 key to access the MEDSUM2 screen associated with the appropriate court order.
F12 = EMPLOYER LIST	Press the F12 key to access the EMPLOYER NAME SEARCH ADDRESS screen.

Informal Conference to Contest Medical Support

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

A payor may request an informal conference when:

♦   Either you or ICAR verifies a new employer,

♦   Health care coverage becomes available,

♦   Health care coverage is no longer accessible because of where the child lives, or

♦   Any time there may be a mistake of fact regarding the identity of the payor.

The results of the informal conference do not affect the payor's right to contest the enforcement of health care coverage by filing a motion to quash. See Motion to Quash (MTQ) for more information about filing a motion to quash.

---

1.   The payor is employed with company X, and is not eligible to receive health care coverage for six months. The payor is eligible for an informal conference when health care coverage becomes available six months later.

2.   The payor is employed with company Y and has the child enrolled in the employment-related health benefit plan. The child moves out of state and the health benefit plan is no longer accessible for the child. The payor is eligible for an informal conference since the health care coverage is no longer accessible because of where the child lives.

3.   The payor is employed with company Z. The Unit sends form 470/3818, *National Medical Support Notice*, to the payor's employer. The child support order requires the payee to provide health care coverage, not the payor. This is considered a mistake of fact. The payor is eligible for an informal conference due to the mistake of fact.

Reasons for Requesting an Informal Conference

Legal reference: 441 IAC 98.8(2)

The payor must request an informal conference to contest the enforcement of health care coverage in writing for one of the following reasons:

♦   The order does not require the payor to provide health care coverage.

♦   The payor is not the person responsible for providing health care coverage.

♦   The payor is already providing health care coverage for the child.

♦ There is no dependent health care coverage available to the payor.
♦ The available dependent health care coverage is not accessible to the child because of where the child lives.

Scheduling the Conference

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

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

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

♦ Enter the date you receive the payor's request for an informal conference in the INFORMAL CONFERENCE REQUESTED DATE field.

♦ Enter the date you acknowledge the payor's request for an informal conference in the ACKNOWLEDGED field.

♦ Enter the date and time of the informal conference in the CONF SET DATE/TIME fields.

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

```
 D479HM27              IOWA COLLECTION AND REPORTING SYSTEM              DATE:
                     TIME:

     SEL ORDER NUMBER                ORDER   ORDER              HI
                                     TYPE     DATE           ORDERED
      X  ZXCABC                       DM     11 01 99            Y
      X  DM 123456                    DM     12 01 98            Y
      __ DFJKLS                       UN     08 01 98            Y
      __ REOWUI                       UP     11 01 90            Y




     SELECT APPROPRIATE COURT ORDER(S) FOR FORMS AND PRESS ENTER
```

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

```
 D479HM27            IOWA COLLECTION AND REPORTING SYSTEM          DATE:
                       EMPLOYER NAME ADDRESS SEARCH                 TIME:
       SEL      EMPLOYER NAME  /  FIN  ID              ADDRESS  /   CITY AND
 STATE
        X       SUNNY FRESH FOODS INC
                FIN: XXXXXXXX   L/U: 00/00/00


                FIN:      -  L/U: 00/00/00


                FIN:      -  L/U: 00/00/00


                FIN:      -  L/U: 00/00/00


                FIN:      -  L/U: 00/00/00


                FIN:      -  L/U: 00/00/00


                FIN:      -  L/U: 00/00/00



 NEXT SCREEN:              NOTES:
 EMPLOYERS FOR CURRENT PAYOR DISPLAYED.
```

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

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

ICAR issues the following:

♦ A narrative (MED37) to document the payor's request for a conference.

♦ A narrative (MED76) to document the generation of the *Acknowledgment of Request for Informal Conference – Medical* form.

♦ A narrative (MED40) indicating the date and time of the conference after you complete the CONF SET DATE/TIME fields on the MEDMTQ screen.

♦ A calendar flag (MED14) as a reminder to enter the results of the conference.

Reviewing the Court Order for Medical Support Language

Before the conference, review the medical support language in the court order to determine if the order provides any limits or exceptions to the payor enrolling of the child in an employment-related health benefit plan.

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

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

Contacting the Employer When Accessibility Is an Issue

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

♦ Does the health benefit plan have a service area?

   • If the employer's response is "no," the plan meets the definition of "accessible." (Proceed to Conducting the Informal Conference.)

   • If the response is "yes," go to the next question.

> The child lives in Sioux City. The payor's health benefit plan has a service area in the Des Moines metropolitan area. The plan does not meet the definition of "accessible" with this information alone. The worker goes to the next question.
>
> If the health benefit plan does not have a service area, it would meet the definition of "accessible" and the worker proceeds to the informal conference.

♦ Does the child live within 30 miles or 30 minutes of a primary care provider for the health benefit plan?

   • If the employer's response is "yes," the plan meets the definition of "accessible." (Go to Conducting the Informal Conference.)

   • If the response is "no," go to the next question.

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

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

  • If the employer's response is "yes," the plan meets the definition of
    "accessible." See Conducting the Informal Conference.

  • If the response is "no," contact the payee to determine whether the
    health benefit plan is of any value to the child. See Signed Statement
    From the Payee.

> The child lives in Burlington and the participating primary care providers for
> the payor's health benefit plan are in the Des Moines metropolitan area, the
> plan's service area. When the child sees a participating provider, the
> copayment for an office visit is $10. The child can see a non-participating
> provider in Burlington, but the copayment for an office visit is $30.
>
> Since the child **can** see a doctor at a higher copayment rate, the health
> benefit plan meets the definition of accessible.

Signed Statement From the Payee

If the payor contests the enforcement of health care coverage and the health
benefit plan does not meet the definition of "accessible," contact the payee to
determine if the health benefit plan is of value. See Accessibility of a Health
Benefit Plan. The payee may consider the health benefit plan is of value to
the child if:

♦ The child can see a specific doctor and the insurance covers the cost of
  the visit;

♦ The child can receive prescription drug coverage;

♦ The child can get emergency care; or

♦ The payee has other valid reasons.

When the payee indicates whether the current health benefit plan is of value
to the child, request a signed statement from the payee before the informal
conference or motion to quash hearing.

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

Conducting the Informal Conference

If possible, determine the reason for the informal conference before the date of the conference. Conduct the informal conference with the payor at the time scheduled. If the payor does not attend the conference, reschedule the conference one time. See Rescheduled Conference.

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

Rescheduled Conference

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

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

Conference Results

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

The Unit must provide the payor with the results of the conference in writing within ten calendar days of the conference. ICAR generates form 470-3727, *Result of Conference Regarding Medical Support*, when you update the CONF HELD field and RESULTS section on the MEDMTQ screen. Record the results of the conference on the MEDMTQ screen. If you don't hold the conference, enter an "N" in the CONF HELD field. ICAR issues a narrative (MED46) to document the reason you didn't hold the conference.

If you held the conference, enter "Y" in the CONF HELD field. Complete the DATE field to indicate the date you held the conference. To record the outcome of the conference, enter an "X" in either the STANDS or REVOKED field on the MEDMTQ screen.

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.

Motion to Quash (MTQ)

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

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

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

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

Tracking a Motion to Quash

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

♦ MTQ FILED DATE: If you receive a filed copy of the payor's request for a motion to quash, enter the file date of the request in the MTQ FILED DATE field. ICAR issues a narrative (MED52) to document the motion to quash filing date.

♦ MTQ SERVED DATE: If you receive only a notice of the motion to quash and not a copy of the filed motion, enter the date you received the notice in the MTQ SERVED DATE field. When you complete this field, ICAR issues a narrative (MED55) documenting the receipt of the motion to quash.

Generating Proof of Service

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

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

♦ Enter "Y" in the GEN PROOF field on the MEDMTQ screen.

♦ ICAR checks for completion of either the MTQ FILED DATE or MTQ SERVED DATE field on the MEDMTQ screen. If neither field is complete, an on-line message displays, "EITHER FILED OR SERVED DATE REQUIRED." Complete the appropriate field.

♦ If the MTQ FILED DATE or MTQ SERVED DATE field is complete, ICAR displays the COURT ORDER LIST FOR MEDMTQ screen, which is a list of court orders connected to the case. This list identifies only court orders with provisions for health insurance. Enter an "X" in the SEL field to indicate the appropriate court orders with health care coverage provisions the payor is attempting to quash.

♦ Next, ICAR displays the EMPLOYER NAME SEARCH ADDRESS screen. Enter "X" in the SEL field for the employer that received form 470/3818, *National Medical Support Notice*, which the payor is attempting to quash and press the ENTER key.

♦ ICAR displays the *Proof of Service of Notice of Medical Enforcement* and completes the variable information for forms with single-captioned, double-captioned, triple-captioned, or foster care headings.

♦ Send the form to the clerk of court and send copies to the payor and to attorneys representing both the payee and the payor, if identified for the medical process. ICAR issues a narrative (MED83) to document the generation of the form.

Notifying Your Local Office Attorney of the Motion to Quash

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

♦ Copies of all orders for support, including the order requiring health insurance.

♦ A copy of each applicable form 470-3728, Proof of Service of Notice of Medical Enforcement.

Resistance Filed

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

Steps to Take Before the Hearing

When the payor files a motion to quash, and doesn't identify a reason for filing the motion to quash, or if the payor files the motion to quash based on the accessibility of the health benefit plan, take the following steps before the hearing:

♦ Review the medical support language in the court order.

♦ Contact the employer/plan administrator to determine if the current health benefit plan is accessible.

♦ Get a signed affidavit of the health benefit plan information from the employer/plan administrator.

♦ Get the name and telephone number of a representative of the employer or plan administrator that can testify to the facts in the affidavit in the event you must verify that information during the motion to quash hearing.

Contacting the Employer When Accessibility Is an Issue (MTQ)

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

♦ Does the health benefit plan have a service area?

  • If the employer's response is "no," the plan meets the definition of "accessible." Proceed to the hearing. (See Hearing Date/Time.)

  • If the response is "yes," go to the next question.

> The child lives in Sioux City. The payor's health benefit plan has a service area in the Des Moines metropolitan area. The plan does not meet the definition of "accessible" with this information alone. The worker goes to the next question.
>
> If the health insurance plan does not have a service area, it meets the definition of "accessible" and the worker proceeds to the hearing.

♦ Does the child live within 30 miles or 30 minutes of a primary care provider for the health benefit plan?

- If the employer's response is "yes," the plan meets the definition of "accessible." Proceed to the hearing. (See Hearing Date/Time.)

- If the response is "no," go to the next question.

> The health benefit plan allows the child to see doctors or receive services only in Des Moines, and the child lives in Altoona. The plan meets the definition of "accessible," since it is less than a 30-mile or 30-minute drive from where the child lives (Altoona) to where the doctors and services are available (Des Moines).
>
> If the child **does not live** within 30 miles or 30 minutes from the primary care provider, the worker proceeds to the next question.

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

- If the employer's response is "yes," the plan meets the definition of "accessible."

- If the response is "no," contact the payee to determine whether the health benefit plan is of any value to the child. See information on Signed Statement from the Payee (MTQ).

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

NOTE: When the health benefit plan meets the definition of "accessible," notify the payee of the motion to quash hearing date and time and the reason the payor is contesting the enforcement of health care coverage.

Signed Statement From the Payee (MTQ)

If the payor contests the enforcement of health care coverage by filing a motion to quash and the health benefit plan does not meet the definition of accessible, contact the payee to determine if the health benefit plan is of value. The payee may consider the health benefit plan of value to the child if:

♦ The child can see a specific doctor and the insurance covers the cost of the visit;

♦ The child can receive prescription drug coverage;

♦ The child can receive emergency care; or

♦ The payee has other valid reasons.

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

When the payee indicates that the health benefit plan is of value, notify the payee of the motion to quash hearing date and time and the reason the payor is contesting the enforcement of health care coverage.

Results of Contacting the Payee

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

♦ Notify the payor that medical enforcement will end.

♦ If the payor withdraws the motion to quash, enter an "X" in the WITHDRAWN field in the RESULTS section on the MEDMTQ screen. ICAR generates form 470-3729, *Discontinuation of Medical Support Enforcement*. Send the form to the employer. ICAR generates a status to the payee to tell the payee the results of the motion to quash.

♦ File a withdrawal with the court.

♦ Press the F4 key to delete the MEDMTQ screen, and:

- Add a new MEDMTQ screen for an informal conference to document that the Unit is not continuing to enforce health insurance with this employer;

- Enter the date you spoke to the payor in the INFORMAL CONFERENCE DATE field;

- Enter the same date in the acknowledge field;

- Enter the current date in the CONF SET DATE field;

- Enter a "Y" in the CONF HELD field; and

- Enter an "X" in the REVOKED field in the RESULTS section.

If the payee indicates the health benefit plan is of no value and the payor does not withdraw the motion to quash, continue with the motion to quash hearing.

Hearing Date/Time

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

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

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

♦ A status (MED22) to the payee with information about the date and time of the court hearing and a narrative (MED84) to document the Unit sent a status report to the payee.

♦ A status (MED24) to the initiating state providing information on the hearing date for the motion to quash and a narrative (MED120) documenting the Unit sent the status when Iowa is the responding state.

Motion to Quash Hearing

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

If the court grants the motion to quash, enforcement ends. Enter an "X" in the GRANTED field in the RESULTS section on the MEDMTQ screen. ICAR stops all MEDSUM batch processing and forms generation. If the HI POT field on the MEDSUM2 screen is "A," "1," "2," or "3," enter "N" in the ENR STAT field to prevent additional medical forms from generating. If a health benefit plan displays on ICAR for this employer, enter today's date in the END DATE field for the associated medical record on the MEDICAL screen. Generate form 470/3729, *Discontinuation of Medical Support Enforcement*, to inform the employer the payor is no longer required to carry health insurance or pay cash medical support for the child.

The language in the order granting the motion to quash may allow the Unit to begin medical enforcement when the Unit verifies a new employer or health care coverage becomes accessible. When either you or ICAR verifies a new employer, ICAR issues a calendar flag (MED39) instructing you to review the case to determine if the motion to quash order still applies.

Hearing Held

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

♦ A status (MED26) to the payee concerning the outcome of the hearing; and

♦ A narrative (MED86) to document that the Unit sent a status report to the payee.

When Iowa is the responding state, ICAR generates a status (MED27) to the initiating state to provide information about the outcome of the hearing and issues a narrative (MED213) to document that the Unit sent a status report to the initiating state.

Hearing Not Held

When the court does not hold the hearing, enter an "N" in the HELD field. ICAR issues a narrative (MED64) to indicate the court did not hold the motion to quash hearing.

ICAR generates a status (MED25) to the payee that the court did not hold the motion to quash hearing and a narrative (MED87) documenting the Unit sent a payee status.

When Iowa is the responding state, ICAR issues a status (MED28) to the initiating state indicating that the court did not hold the motion to quash hearing. ICAR generates a narrative (MED217) documenting that the Unit sent a status report to the initiating state.

Hearing Rescheduled

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

♦ Issues a narrative (MED68) to indicate that the court rescheduled the motion to quash hearing and a calendar flag (MED22) to remind you to check for the results of the hearing.

♦ Issues a status (MED29) to the payee that the court rescheduled the motion to quash hearing and a narrative (MED88) documenting that the Unit sent a status to the payee.

When Iowa is the responding state, ICAR generates a status (MED31) to tell the initiating state that the court rescheduled the hearing and a narrative (MED215) documenting that the Unit sent a status to the initiating state.

Recording Hearing Results

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

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

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

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

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

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

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

                 If the HI POT field on the MEDSUM2 screen is "A," "1," "2" or "3" enter an "N" in the ENR STAT field to prevent additional medical forms from generating. Generate form 470/3729, *Discontinuation of Medical Support Enforcement*, to inform the employer the payor is no longer required to carry health insurance for the child or pay cash medical support.

                 If a health insurance policy displays on ICAR for this employer, enter today's date in the END DATE field for the associated medical record on the MEDICAL screen. Generate form 470/3729, *Discontinuation of Medical Support Enforcement*, to inform the employer the payor is no longer required to carry health insurance or pay cash medical support for the child.

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

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

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

Employment Changes

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

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

Corrections to the COURTORD Screen

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

Narratives

Process: **MED**   Number: **1** (**This stopped issuing in July 2002**.)

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

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

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

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

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

Process: **MED**   Number: **3** (**This stopped issuing in March 2001**.)

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

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

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

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

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

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

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

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

Process: **MED**   Number: **6** (**This stopped issuing in March 2001**.)

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

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

Process: **MED**   Number: **7** (**This stopped issuing in July 2001**.)

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

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

Process: **MED**   Number: **8 (This stopped issuing in July 2001**.)

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

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

Process: **MED**   Number: **9** (**This stopped issuing in July 2001**.)

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

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

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

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

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

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

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

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

Process: **MED**   Number: **12 (Issued on cases prior to May 2009.)**

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

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

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

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

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

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

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

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

Process: **MED**   Number: **15 (No longer issues.)**

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

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

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

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

Screen:	Field:	Entry:	Flag:	Status:
PAYEMP	UPDATE EMPLOYER	N or blank		

Process: **MED**   Number: **17**

Text: Worker notified to update the HI ORD field on the OBLIGDST screen for the following dependent(s): _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM	CT ORD HEALTH INS	Any entry	9	
OBLIGDST	HI ORDERED	Blank or U		

Process: **MED**   Number: **18**

Text: *Health Insurance Questionnaire* (470-0413) not sent to the obligor. No valid address is available.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM	HI POT	4		
PAYOR	MAIL /HOME			
	ADDRESS LINE 1	Blank		
	MAIL/HOME			
	CITY, STATE, ZIP	Blank		

Process: **MED**   Number: **20** (**Issued on cases updated before March 2001**.)

Text: Enforcement of medical support is complete for the following employer: _____. Medical forms generated over 65 days ago and CSRU followed all enforcement procedures.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	FORM STAT	90 days following entry of 2		

Process: **MED**   Number: **21 (No longer in use.)**

Text: Iowa Workforce Development (IAJS-7) is not a valid employer for medical support enf. Medical forms did not generate for Iowa Workforce Development.

Screen:	Field:	Entry:	Flag:	Status:
EMPVER	EMPLOYER ID	IAJS-7		

Process: **MED**   Number: **22** (**This stopped issuing in March 2001**.)

Text: The obligee on this case was referred or approved for___. As a result, this case was not selected through MEDSUM for medical support services.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	GOOD CAUSE	Y, A, R, or P		

Process: **MED**   Number: **23**

Text: To continue processing for medical, worker notified to distribute the obligation for court order number:____. For the following children:

Screen:	Field:	Entry:	Flag:	Status:
OBLIGDST	OBLIGATION AMOUNT	0 or blank	11	

Process: **MED**   Number: **24**

Text: Worker notified to correct the HI ORDERED field on the OBLIGDST screen to agree with entry on the HIUPDATE screen for court order #___. The children affected are: _____.

Screen:	Field:	Entry:	Flag:	Status:
COURTORD	HI/MS	Y N Mismatched	12	
OBLIGDST	HI ORDERED	N Y		

Process: **MED**   Number: **25**

Text: The cycle for processing medical forms is now complete. No health ins information received from:＿＿. Another employer exists. Medical support enforcement will begin with the following employer:＿＿

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	FORM STAT	75 days after 2		
EMPVER	UPDATE EMPLOYER	entered		
		Y		

Process: **MED**   Number: **26**

Text: The cycle for processing medical forms is now complete. No health insurance information received from the following employer:＿＿.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	FORM STAT	95 days after 2		
		entered and no second		
		verified employer.		

Process: **MED**   Number: **27**

Text: Worker requested a reprint of medical enforcement forms be generated to:＿＿. The form included the following dependents:＿＿.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	REPRINT	Y		

Process: **MED**   Number: **28 (No longer issues.)**

Text: Case will not be referred to review at this time for the following reason:

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	HI POT	2		
MEDSUM2	ENR STAT	N		

Process: **MED**   Number: **29**

Text: Status sent to payee

Screen:	Field:	Entry:	Flag:	Status:

Process: **MED**   Number: **30**

Text: Status not sent. No address found for payee.

Screen:	Field:	Entry:	Flag:	Status:

Process: **MED**   Number: **31**

Text: Worker made a manual entry in the ENR STAT field on the MEDSUM2 screen indicating:
_____

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

Process: **MED**   Number: **32**

Text: Blank narrative.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	ENR STAT	I	12	
MEDSUM2	FORM STAT	5		

Process: **MED**   Number: **33**

Text: The obligor is represented by an attorney for the medical enforcement process.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CC RP ATTY	Y		

Process: **MED**   Number: **34**

Text: The obligor is no longer represented by an attorney for the medical enforcement process.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CC RP ATTY	Y or N		

Process: **MED**   Number: **35**

Text: The obligee is represented by an attorney for the medical enforcement process.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CC CP ATTY	Y		

Process: **MED**   Number: **36**

Text: The obligee is no longer represented by an attorney for the medical enforcement process.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CC CP ATTY	Y to N		

Process: **MED**   Number: **37**

Text: Obligor requested an informal conference concerning the medical notice on _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	INFORMAL CONFERENCE REQUESTED DATE	Valid date		
MEDSUM	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **38** (**This stopped issuing in April 2002**.)

Text: Status sent to the initiating state of _____ concerning the obligor's request for an informal conference.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	INFORMAL CONFERENCE REQUESTED DATE	Valid date		10
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **39**   **(No longer issues.)**

Text: Status update received indicates that the obligor requested an informal conference in the state of _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	INFORMAL CONFERENCE REQUESTED DATE	Valid date		
	INIT STATE	IA		

Process: **MED**   Number: **40**

Text: Informal conference concerning the medical order is scheduled for _____ at _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF SET DATE	Valid date	14	
MEDSUM	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **41**   **(No longer issues.)**

Text: For the outcome of the informal conference check with the state of _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF SET DATE	valid date	15	
MEDSUM	INIT STATE	IA		

Process: **MED**   Number: **42**

Text: Inquiry was made to the responding state concerning the results of the informal conference.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF SET DATE	Valid date		11
	CONF HELD	Blank		
MEDSUM	INIT STATE	IA		

Process: **MED**   Number: **43**

Text: Informal conference concerning medical support held on _____. The results of the conference concerning the medical enforcement action are as follows:

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	Y	16	
	RESULTS	Any field with X		
MEDSUM	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **44 (No longer issues as of January 2019.)**

Text: Status sent to the initiating state of _____ concerning the outcome of the informal conference held with the obligor regarding medical support enforcement.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	Y		13
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **45**   **(No longer issues.)**

Text: Status update received indicates that the state of _____ held an informal conference with the obligor regarding medical support enforcement on _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	Y	16	
MEDSUM	INIT STATE	IA		

Process: **MED**   Number: **46**

Text: Informal conference with obligor concerning medical support not held on _____. Based on the information provided, we have reached the following decision: _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	N	16	
	RESULTS	Any field with X		
		Blank		
MEDSUM	INTERSTATE	IA		
	RSPN STATE			

Process: **MED**   Number: **47 (No longer issues.)**

Text: Status sent to the initiating state of _____ indicating that we did not hold the informal conference regarding medical support enforcement.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	N		15
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **48 (No longer issues.)**

Text: Status update received indicates that the state of _____ was unable to hold the informal conference concerning medical support. Based on the information provided, the following decision was reached: _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	N	16	
	RESULTS	Any field with X.		
	INIT STATE	IA		

Process: **MED**   Number: **49**

Text: Informal conference regarding medical support rescheduled for _____ at _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	R	17	
MEDSUM	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **50** (**This stopped issuing in April 2002**.)

Text: Status sent to the initiating state of _____ that the informal conference has been rescheduled.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	R		
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **51 (No longer issues.)**

Text: Status update received indicates that the state of _____ rescheduled the informal conference regarding medical support for _____ at _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF SET DATE	Valid date	17	
	CONF HELD	R		
MEDSUM	INIT STATE	IA		

Process: **MED**   Number: **52**

Text: Medical motion to quash filed with the clerk on _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	MTQ FILED DATE	Valid date		
MEDSUM	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **53** (**This stopped issuing in April 2002**.)

Text: Status sent to the initiating state of _____ concerning the filing of a medical MTQ by the obligor.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	MTQ FILED DATE	Valid date		19
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **54 (No longer issues.)**

Text: Status update received indicates that the state of _____ received a medical motion to quash.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	MTQ FILED DATE	Valid date		
MEDSUM	INIT STATE	IA		

Process: **MED**   Number: **55**

Text: Motion to quash medical enforcement notice received on _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	MTQ SERVED DATE	Valid date		
MEDSUM	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **56** (**This stopped issuing in April 2002**.)

Text: Status sent to the initiating state of _____ concerning the serving of a medical MTQ by the obligor.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	MTQ SERVED DATE	Valid date		21
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **57**   (**No longer issues.**)

Text: Status update received indicates that the obligor served the state of _____ with a medical motion to quash.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	MTQ SERVED DATE	Valid date		
MEDSUM	INIT STATE	IA		

Process: **MED**   Number: **58**

Text: Resistance to medical MTQ filed with the clerk on _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	RESISTANCE FILED DATE	Valid date		

Process: **MED**   Number: **59**

Text: Medical motion to quash hearing is set for _____ at _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HEARING DATE	Valid date	18	
	HELD	Blank		
MEDSUM	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **60 (No longer issues.)**

Text: Status sent to the initiating state of _____ concerning the date and time of the medical MTQ hearing.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HEARING DATE	Valid date		24
	HELD	Blank		
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **61 (No longer issues.)**

Text: Status received from the state of _____ indicates that the medical motion to quash hearing is set for _____ at _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HEARING DATE	Valid date	18	
	HELD	Blank		
MEDSUM	INIT STATE	IA		

Process: **MED**   Number: **62**

Text: Medical motion to quash hearing was held on _____ at _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	Y	21	
MEDSUM	INTERSTATE	Bank		
	RSPN STATE	IA		

Process: **MED**   Number: **63 (No longer issues.)**

Text: Status update received indicates that the state of _____ held a medical MTQ hearing.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	Y	21	
MEDSUM	INIT STATE	IA		

Process: **MED**   Number: **64**

Text: Medical motion to quash hearing scheduled for _____ at _____ not held for the following reason:

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	N	20	
MEDSUM	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **65 (No longer issues.)**

Text: Status sent to the initiating state of _____ regarding the outcome of the medical MTQ hearing.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	Y		27
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **66 (No longer issues.)**

Text: Status sent to the initiating state of _____ concerning the medical MTQ hearing not being held.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	N		28
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **67 (No longer issues.)**

Text: Status update received indicates that the state of _____ did not hold the medical motion to quash hearing.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	N	20	
MEDSUM	INIT STATE	IA		

Process: **MED**   Number: **68**

Text: Medical motion to quash hearing rescheduled for _____ at _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	R	22	
MEDSUM	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **69 (No longer issues.)**

Text: Status sent to the initiating state of _____ concerning the medical MTQ hearing being rescheduled.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	R		31
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **70   (No longer issues.)**

Text: Based on a status received from the state of _____, the medical motion to quash hearing has been rescheduled for _____ at _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	R	22	
MEDSUM	INIT STATE	IA		

Process: **MED**   Number: **71**

Text: The medical motion to quash was denied per the results of the motion to quash hearing held on _____ at _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	DENIED	X	20	

Process: **MED**   Number: **72**

Text: The court has stayed medical enforcement per the results of the medical motion to quash hearing held on _____ at _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	STAYED	X	20	

Process: **MED**   Number: **73**

Text: The obligor withdrew the medical motion to quash. Therefore, the hearing set for _____ at _____ was not necessary.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	WITHDRAWN	X	20	

Process: **MED**   Number: **74 (No longer issues.)**

Text: Sent form 470-2705 "*Notice of Health Insurance Information*" to initiating state.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	INS SEL	Y		
MEDSUM	INTERSTATE	Y		
	RSPN STATE	IA		

Process: **MED**   Number: **75** (**Issued on cases updated before April 2002**.)

Text: Status sent to the obligee concerning the obligor's request for an informal conference concerning medical enforcement.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	INFORMAL CONFERENCE REQUEST DATE	Valid date		9
MEDSUM	INTERSTATE	Bank		
	INIT STATE	IA		

Process: **MED**   Number: **76**

Text: Form 470-3726, *Acknowledgment of Request for Informal Conference – Medical*, generated and mailed to obligor on _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	ACKNOWLEDGED	Valid date		

Process: **MED**   Number: **77**

Text: Form 470-3727, *Result of Conference Regarding Medical Support*, generated and mailed to obligor on_____. Results are: _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD DATE	Valid date		
	RESULTS	Any field with X		

Process: **MED**   Number: **78**

Text: Status sent to the obligee concerning the outcome of the informal conference regarding medical support.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	Y		12
	CONF HELD DATE	Valid date		
MEDSUM	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **79**

Text: Status sent to the obligee indicating that the informal conference concerning medical support was not held.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	N		14
MEDSUM	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **80** (**Issued on cases updated before April 2002**.)

Text: Status sent to the obligee indicating that the informal conference has been rescheduled.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	R		
MEDSUM	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **81** (**Issued on cases updated before April 2002**.)

Text: Status sent to the obligee regarding the filing of a medical MTQ by the obligor.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	MTQ FILED DATE	Valid date		18
MEDSUM	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **82** (**Issued on cases updated before April 2002**.)

Text: Status sent to the obligee regarding the serving of a medical MTQ by the obligor.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	MTQ FILED DATE	Valid date		
MEDSUM	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **83**

Text: Form 470-3728, *Proof of Service of Notice of Medical Enforcement*, generated for this case. The support order with medical provisions was sent to the following employer: _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	GEN PROOF	Y		
EMPLOYER	SEL	X		
NAME				
ADDRESS LIST				

Process: **MED**   Number: **84**

Text: Status sent to the obligee which contains information on the date and time of the medical MTQ hearing.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HEARING DATE	Valid date		22
	HELD	Blank		
MEDSUM	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **85**

Text: The medical motion to quash was granted per the results of the motion to quash hearing held on _____ at _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	GRANTED	X	20	

Process: **MED**   Number: **86**

Text: Status sent to the obligee concerning the outcome of the medical MTQ hearing.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	Y		26
MEDSUM	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **87**

Text: Status sent to the obligee concerning the medical MTQ hearing not being held.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	Y		25
MEDSUM	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **88**

Text: Status sent to the obligee regarding the medical MTQ hearing being rescheduled.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	Y		29
MEDSUM	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **89**

Text: Form 470/3733, *Initiation of Medical Support Enforcement*, generated and mailed to the obligor on _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM	DATE	Valid date		

Process: **MED**   Number: **90**

Text: Worker-completed narrative.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	NARRATIVE	S or X		

Process: **MED**   Number: **91 (Issued on cases updated before July 2006.)**

Text: HI information received from employer through the web site. Medical screens have been updated.

Screen:	Field:	Entry:	Flag:	Status:
EMPLOYRM	ELECTRONIC	Y	23	
MEDICAL	EFFECTIVE DATE	MM/DD/CCYY		
INSURANCE	REL	2		
DEP LIST				

Process: **MED**   Number: **92**

Text: No medical benefits available through this source of income: _____.

Screen:	Field:	Entry:	Flag:	Status:
EMPVER	NMBA	Y		

Process: **MED**   Number: **93**

Text: Form 470-3729, *Discontinuation of Medical Support Enforcement*, generated and mailed to the following employer: _____.

Screen:	Field:	Entry:	Flag:	Status:
EMPLOYER NAME ADDRESS LIST	SEL	X		
MEDMTQ	REVOKED	X		
MEDMTQ	STAYED	X		
MEDMTQ	GRANTED	X		

Process: **MED**   Number: **94**

Text: The updated EMPVER screen indicates the following employer does not provide dependent health insurance:

Screen:	Field:	Entry:	Flag:	Status:
EMPVER	DEP HI AVAIL	N		

Process: **MED**   Number: **95 (This stopped issuing in May 2013.)**

Text: Iowa is the _____ state. Medical forms did _____ generate.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM	ENF MED	Y or N		

Process: **MED**   Number: **96 (This stopped issuing in February 2007.)**

Text: Iowa is the responding state. The initiating state did not request medical support enforcement. No medical forms generated.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM	ENF MED	N	42	

Process: **MED**   Number: **97**

Text: _____ does not offer dependent health insurance coverage. Cases for this employer are bypassed for medical support enforcement.

Screen:	Field:	Entry:	Flag:	Status:
VEMPLOY2	BYPASS MEDICAL	Y		

Process: **MED**   Number: **98 (This stopped issuing in April 2012.)**

Text: The payee is court ordered to provide health insurance. Verification of coverage is requested by worker.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PROVIDE HEALTH INS? PAYEE	Y	24	

Process: **MED**   Number: **99 (This stopped issuing in February 2006.)**

Text: Court order provides for both/shared health insurance coverage. The order states:

_____

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PROVIDE HEALTH INS? SHARED	Y	25	

Process: **MED**   Number: **100 (This stopped issuing in April 2012.)**

Text: The payor is court ordered to provide health insurance.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PROVIDE HEALTH INS? PAYOR	Y		

Process: **MED**   Number: **101** (**This stopped issuing in July 2002**.)

Text: 35 days have passed since the original medical forms were sent to the employer. No response received. Sending form 470/3866, *Medical Support Notice Inquiry*, to the following employer: _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	HI POT	35 days after ICAR established a HI POT of "1".		
MEDSUM2	FORM STAT	4		

Process: **MED**   Number: **102** (**This stopped issuing in July 2002**.)

Text: 65 days have passed since the original medical forms were sent to the employer. No response received. Resending form 470/3866, *Medical Support Notice Inquiry,* to the following employer: _____

Screen:	Field:	Entry:	Flag:	Status:

Process: **MED**   Number: **103**

Text: Employer returned medical enforcement forms. No health insurance is available through: _____. No health insurance is available for the following dependents: _____.

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

Process: **MED**   Number: **104**

Text: Medical enforcement stopped due to case account type changing to a 17 (Non-FCRU).

Screen:	Field:	Entry:	Flag:	Status:
CHILD	CURRENT ACCT TYPE	17 (Note all children on case must change to a 17 account type)		

Process: **MED**   Number: **105**

Text: Dept. of Finance & Accounting (military) added as a verified employer. Worker notified to contact obligee to begin DEERS enrollment.

Screen:	Field:	Entry:	Flag:	Status:
EMPLOYRM2	MILITARY	Y	27	
EMPVER	EMP VERIFIED	Y		

Process: **MED**   Number: **106**

Text: Blank narrative to issue calendar flag.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	PROVIDER...PAYEE	Y	28	
	END DATE	Current date		

Process: **MED**   Number: **107**

Text: Medical support enforcement has ended for at least one child as a result of a change in legal custody or reconciliation.

Screen:	Field:	Entry:	Flag:	Status:
PAYOR	PAYOR RESIDES WITH PAYEE	Y		
	CHILD RESIDES WITH PAYEE			
CHILD		N		

Process: **MED**   Number: **108**

Text: Medical support enforcement began for _____. The following second employer has been verified: _____.

Screen:	Field:	Entry:	Flag:	Status:
EMPVER	UPDATE EMP	Y	30	

Process: **MED**   Number: **109 (No longer issues as of July 2012.)**

Text: 30 days have passed since the original medical forms were sent to the employer. No response received. Contacting employer to determine dependent health insurance enrollment status.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	ENR STAT	Blank	31	
MEDSUM2	FORM STAT	2		

Process: **MED**   Number: **110**

Text: 60 days have passed since the original medical forms were sent to the employer. No response received. Contacting employer to determine dependent health insurance enrollment.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	ENR STAT	P	32	
MEDSUM2	FORM STAT	4		

Process: **MED**   Number: **111 (No longer issues as of December 2009.)**

Text: Employment has terminated. The dependent health insurance the employer provided to the obligor will continue. Notification sent to the obligee.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	VERIFIED INS TERM	C	34	

Process: **MED**   Number: **112**

Text: The following health insurance coverage provided by the ___ ended on _____ . Monitor for other health insurance coverage.
Employer: _____
Policy No: _____
Insurance Co:

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	END DATE	MM/DD/CCYY		

Process: **MED**   Number: **113 (Issued on cases before July 2006.)**

Text: 30 days have passed since the original medical forms were sent to the employer. No response received. Contacting web site employer to determine dependent health insurance enrollment status.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	ENR STAT	Blank	37	
MEDSUM2	FORM STAT	2		
EMPLOYRM	ELECTRONIC	Y		

Process: **MED**   Number: **114 (Issued on cases before July 2006.)**

Text: 60 days have passed since the original medical forms were sent to the employer. No response received. Contacting web site employer to determine dependent health insurance enrollment status.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	ENR STAT	P	38	
MEDSUM2	FORM STAT	4		
EMPLOYRM	ELECTRONIC	Y		

Process: **MED**   Number: **115**

Text: Dummy narrative to issue a calendar flag that deletes calendar flags MED 33, 34, and 35.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	END DATE	Valid date	36	
	VERIFIED INS TERM	c		

Process: **MED**   Number: **116**

Text: Forms 470/3818 and 470 2743 not sent to the employer for the following reason: _

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	ENR STAT	X		

Process: **MED**   Number: **117**

Text: Medical support enforcement has ended through the following employer due to 50% CCPA withholding limits: _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	ENR STAT	W		

Process: **MED**   Number: **118**

Text: Medical support enforcement has ended due to accessibility issues related to the health insurance plan(s) offered by the employer: _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	ENR STAT	A		

Process: **MED**   Number: **119**

Text: Clean-up program deleted the medical record for the following employer in history:

Screen:	Field:	Entry:	Flag:	Status:

Process: **MED**   Number: **120**

Text: Dummy narrative to issue calendar flag.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	RESULTS: STAYED OR GRANTED	X	39	
EMPVER	UPDATE EMPLOYER	Y		

Process: **MED**   Number: **121**

Text: Form 470/3917, *Change in Medical Support Enforcement*, generated and mailed to the following employer: _____

Screen:	Field:	Entry:	Flag:	Status:
OBLIG	END DATE	Current date		

Process: **MED**   Number: **122 (No longer issues as of November 2004.)**

Text: Text: Circumstances prevent the Unit from providing medical support services as long as the case is a nonpublic assistance case account type. The reason why the Unit is not providing medical support services is: ____

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	NPA REQUEST MS ENF	Z		

Process: **MED**   Number: **123**

Text: MEDSUM stopped processing for a HI POT of "2" and there is currently an open modification process.

Screen:	Field:	Entry:	Flag:	Status:
CASESTAT	MODIFICATION PROCESS	X		

Process: **MED**   Number: **124**

Text: MEDSUM stopped processing for a HI POT of "3" and there is currently an open establishment process.

Screen:	Field:	Entry:	Flag:	Status:
CASESTAT	ESTABLISHMENT PROCESS	X		

Process: **MED**   Number: **125**

Text: Case updated to proceed with medical support establishment/enforcement.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	MEDICAID MS ENF ONLY	Change entry of "Y" to "N"		

Process: **MED**   Number: **126 (No longer issues as of Dec 2006.)**

Text: Case updated to proceed with medical support establishment/enforcement. Form 470-4052, *Notification of Medical Support Services*, generated and sent to the obligee.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	NPA REQUESTS MS ENF	ICAR changes entry from "N" to "Y"		

Process: **MED**   Number: **127 (No longer issues as of Dec 2006.)**

Text: Case updated to proceed with medical support establishment/enforcement. Notice not sent. No verified address available for the obligee.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	NPA REQUESTS MS ENF	ICAR changes entry from "N" to "Y"		
PAYEE	MAIL ADD LN 1	Blank		

Process: **MED**   Number: **128 (This no longer issues as of Dec 2006.)**

Text: Form 470-4052, *Notification of Medical Support Services*, generated and sent to the obligee.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	NPA REQUESTS MS ENF	"N"		
EMPVER	EMP VERIFIED	"Y"		
CASE	CURRENT ACCT TYPE	"12"		

Process: **MED**   Number: **129**

Text: The following employer retriggered for medical support establishment/enforcement: _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM3	PROC	"R"	3	

Process: **MED**   Number: **130**

Text: Steps to establish/enforce medical support ended based on past medical processing for the following employer: _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM3	END	"N," "W," "X," "A," or "0"		

Process: **MED**   Number: **131**

Text: Medical forms 470-2743 and 470/3818 were sent to the following employer: _____ Instructions for the *National Medical Support Notice* were not included. ICAR will monitor for employer compliance.

Screen:	Field:	Entry:	Flag:	Status:
VEMPLOY2	NMSN INSTR	"N"	41	

Process: **MED**   Number: **132   (No longer issues.)**

Text: ICAR sent form 470 4052, *Request for Health Insurance Information*, to the payee.

Screen:	Field:	Entry:	Flag:	Status:

Process: **MED**   Number: **134**

Text: Medicaid-only payee requests all enforcement and establishment services.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	MEDICAID MS ENF ONLY	N to Y		

Process: **MED**   Number: **135 (No longer issues.)**
Text: Form 470-3755, *Health Care Benefits from the Military*, sent to the payee. Recent match with the military indicates child is eligible for health insurance through the military and not yet enrolled.

Screen:	Field:	Entry:	Flag:	Status:

Process: **MED**   Number: **136**
Text: The _____ monthly premium for policy number with _____ changed from $_____ to $ _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	PREM/MO	Any change to the entry.		

Process: **MED**   Number: **137 (No longer issues.)**
Text: Medical form _____ sent to

Screen:	Field:	Entry:	Flag:	Status:

Process: **MED**   Number: **140 (Issued on cases prior to April 2012.)**
Text: The payor is court ordered to pay cash medical support.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PAY CASH MEDICAL SUPPORT PAYOR	Y		

Process: **MED**   Number: **141 (Issued on cases prior to April 2012.)**
Text: The payee is court ordered to pay cash medical support.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PAY CASH MEDICAL SUPPORT PAYEE	Y		

Process: **MED**   Number: **142**
Text: _____ provides for both parties to pay cash medical support.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PAY CASH MEDICAL SUPPORT BOTH	Y		

Process: **MED**   Number: **143**
Text: _____ provides for both parties to provide health insurance coverage.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PROVIDE HEALTH INSURANCE BOTH	Y		

Process: **MED** Number: **144**
Text: _____ provides for shared health insurance coverage.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PROVIDE HEALTH INSURANCE SHARED	Y		

Process: **MED** Number: **145**
Text: Payor requested medical satisfaction on _____.

Docket number:

Reason for request is:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	SAT REQ DATE	Valid date	45	

Process: **MED** Number: **146**
Text: _____'s request for satisfaction of HI has been granted.

Docket number:

The ordered parent:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	GRANTED (Y):	Y		
	TYPE OF SAT (X): HI	X		

Process: **MED** Number: **147**
Text: _____' request for satisfaction of an MS obligation has been granted.

Docket number:

The ordered parent:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	GRANTED (Y):	Y		
	TYPE OF SAT (X): MS:	X		

Process: **MED** Number: **148**
Text: _____'s request for satisfaction of an MS obligation and HI obligation has been granted. Docket number:

The ordered parent:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	GRANTED (Y)	Y		
	TYPE OF SAT (X) HI: MS:	X in both fields		

Process: **MED**   Number: **149**
Text: Form 470-4729, Denial of Request for Medical Satisfaction, has been sent to the
_____.

Docket number:

Reason for denial is: <worker input>

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	DENIED (Y):	Y		
CPMEDSAT	DENIED (Y):	Y		

Process: **MED**   Number: **150**
Text: Form 470-4727, Notice of Medical Satisfaction, on docket number_____
reprinted for:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	REPRINT (Y)	Y		
CPMEDSAT	REPRINT (Y)	Y		

Process: **MED**   Number: **151**
Text: Form 470-4727, Notice of _____'s Medical Satisfaction, filed with clerk of
court on _____.

Docket Number:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	NOTICE FILED DATE:	Any valid date.		
CPMEDSAT	NOTICE FILED DATE:	Any valid date		

Process: **MED**   Number: **152**
Text: Effective date of _____'s medical satisfaction is _____.

Satisfaction will remain in place until CSRU is notified all criteria no longer apply. Form 470-4727, Notice of Medical Satisfaction, sent to the payor, payee and clerk of court.

Docket number:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	GEN NOTICE(Y)	Y		
CPMEDSAT	GEN NOTICE(Y)	Y		

Process: **MED**   Number: **153**
Text: _____'s medical satisfaction termination effective _____.

Form 470-4728, Notice of Termination of medical Satisfaction, sent to the payor, payee and clerk of court.

Docket number:

Reason for end of satisfaction:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	GEN TERM NOTICE (Y)	Y		
CPMEDSAT	GEN TERM NOTICE (Y)	Y		

Process: **MED**   Number: **154**
Text: Form 470-4728, Notice of _____'s Termination of Medical Satisfaction, filed with the clerk of court on _____.
Docket Number:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	TERM NOTICE FILED DATE:	Any valid date		
CPMEDSAT	TERM NOTICE FILED DATE:	Any valid date		

Process: **MED**   Number: **155**
Text: Form 470-4728, Notice of Termination of Medical Satisfaction, on docket number _____ reprinted for:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	REPRINT (Y)	Y		
CPMEDSAT	REPRINT (Y)	Y		

Process: **MED**   Number: **156**
Text: Criteria for _____'s medical satisfaction reviewed today for docket number _____. Outcome of review is:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	SAT CRITERIA REVIEWED	Any valid date.		
CPMEDSAT	SAT CRITERIA REVIEWED	Any valid date		

Process: **MED**   Number: **159**
Text: The reason for _____'s medical satisfaction has changed.
Docket number:

The ordered parent:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	SAT REASON(X): I: MO: PA: CA:	X		
CPMEDSAT	SAT REASON(X) I: MO: PA: CA:	X		

Process: **MED**   Number: **161**
Text: Form 470-4730, Status of Medical Satisfaction, sent to the _____'s medical satisfaction continues.
Docket number:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	GEN SAT STATUS NCP:	Y		
CPMEDSAT	GEN SAT STATUS TO CP:	Y		

Process: **MED**   Number: **163**
Text: A court order exists that may not have medical support language for all children. The case is being referred for possible modification of the existing order.

Screen:	Field:	Entry:	Flag:	Status:
MEDSUM2	HI POT	2		

Process: **MED**   Number: **165**
Text: Payee requested a medical satisfaction on _____.

Docket number:

Reason for request is:

Screen:	Field:	Entry:	Flag:	Status:
CPMEDSAT	SAT REQ DATE	Any valid date		

Process: **MED**   Number: **166**
Text: _____'s medical satisfaction screen has been deleted.

Docket number:

Sat req date:

The reason for the deletion is:

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	F4=DEL			
CPMEDSAT	F4=DEL			

Process: **MED**   Number: **167**
Text: The _____'s type of medical satisfaction for docket number _____ has been changed from _____ to _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDSAT	TYPE OF SAT(X) HI: MS:	X		
CPMEDSAT	TYPE OF SAT(X) HI: MS:	X		

Process: **MED**   Number: **180**
Text: A medical policy has been marked as continuing even though a medical satisfaction exists on the case.

Policy number:

Insurance company:

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	POLICY CONTINUING?	Y		

Process: **MED**   Number: **181**
Text: The policy continuing field on the medical screen has been changed to N.

Policy number:

Insurance company:

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	POLICY CONTINUING?	N		

Process: **MED**   Number: **182**
Text: A private medical policy has been identified as being provided by the payor.
Policy number:
Insurance company:

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	PRIVATE PROVIDER PAYOR?	Y		

Process: **MED**   Number: **183**
Text: The private provider payor field on the medical screen has been changed to N.
Policy number:
Insurance company:

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	PRIVATE PROVIDER PAYOR?	Change Y to N		

Process: **MED**   Number: **190**
Text: Employment has terminated. The dependent health insurance the employer provided to the payor will continue.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	VERIFIED INS TERM	C	33, 34, 35	

Process: **MED**   Number: **191**
Text: _____ contains a health insurance premium limit for the payor.
Reasonable cost is $_____ per month.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	REAS COST	Y and a dollar amount		

Process: **MED**   Number: **192**
Text: _____ no longer contains a reasonable cost premium limit for the payor.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	REAS COST	Entry is removed and no entry is made in the TOTAL COST field.		

Process: **MED**   Number: **193**
Text: _____ contains a health insurance premium limit for the payor. Total cost is $_____ per month.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	TOTAL COST	Y and dollar amount		

Process: **MED**   Number: **194**

Text: _____ no longer contains a total cost premium limit for the payor.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	TOTAL COST	Entry is removed and no entry is made in the REAS COST field.		

Process: **MED**   Number: **195**

Text: _____ provides for a party other than the payor or payee to provide health insurance.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PROVIDE HEALTH INSURANCE: OTHER	Y		

Process: **MED**   Number: **196**

Text: _____ provides for a party other than the payor or payee to pay cash medical support.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PAY CASH MEDICAL SUPPORT?: OTHER	Y		

Process: **MED**   Number: **197**

Text: _____ orders the payee to provide health insurance.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PROVIDE HEALTH INS? PAYEE	Y		

Process: **MED**   Number: **198**

Text: _____ orders the payor to provide health insurance.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PROVIDE HEALTH INS? PAYOR	Y		

Process: **MED**   Number: **199**

Text: _____ orders the payee to pay cash medical support.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PAY CASH MEDICAL SUPPORT? PAYEE	Y		

Process: **MED**   Number: **200**

Text: _____ orders the payor to pay cash medical support.

Screen:	Field:	Entry:	Flag:	Status:
HIUPDATE	PARTY ORDERED TO PAY CASH MEDICAL SUPPORT? PAYOR	Y		

Process: **MED**   Number: **203**
Text: Status sent on the outcome of the informal medical support enforcement conference
to _____

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	Y		13
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **205**
Text: The informal medical support enforcement conference was not held. Status update
sent to

_____

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	CONF HELD	N		15
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **210**
Text: Status sent with the date and time of the medical motion to quash hearing to
_____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HEARING DATE	Valid date		24
MEDSUM	HELD	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **213**
Text: Status update was sent on the outcome of the medical motion to quash hearing to
_____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	Y		27
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **215**
Text: Medical motion to quash hearing is being rescheduled. Status sent to
_____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	R		31
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **217**
Text: The medical motion to quash hearing was not held. Status was sent to
_____.

Screen:	Field:	Entry:	Flag:	Status:
MEDMTQ	HELD	N		28
MEDSUM	RSPN STATE	IA		

Process: **MED**   Number: **218**

Text: _____ is bypassed for medical enforcement for the following reason:

Screen:	Field:	Entry:	Flag:	Status:
CASESTAT	MEDICAL	B	69	

Process: **MED**   Number: **219**

Text: _____ is no longer bypassed for medical enforcement for the following reason:

Screen:	Field:	Entry:	Flag:	Status:
CASESTAT	MEDICAL	N	71	

Process: **MED**   Number: **221**

Text: Form 470/3733, Initiation of Medical Support Enforcement, was not sent due to no payor address.

Screen:	Field:	Entry:	Flag:	Status:
Batch				

Process: **CASE**   Number: **27 (No longer issues.)**

Text: Health insurance letter (#470-2705) sent to payee.

Screen:	Field:	Entry:	Flag:	Status:
INSURANCE DEP LIST	GEN STATUS LTR	Y		

Process: **CASE**   Number: **28 (No longer issues.)**

Text: Health insurance letter (470-2705) not sent to payee. No valid address.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	MAIL /HOME ADDRESS LINE 1	Blank		
	MAIL/HOME CITY, STATE, ZIP	Blank		

Process: **CASE**   Number: **29**

Text: The effective date for policy number _____
has been changed to _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	Change in EFFECTIVE DATE	MM/DD/CCYY		

Process: **CASE**   Number: **30** (**No longer issues**.)

Text: The coverage type for medical is listed below:

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **31** (**No longer issues**.)

Text: The coverage type is changed to include the following:

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **32**

Text: The medical coverage section called source information for policy number
_____ has been changed to include the following: _____.

Screen:	Field:	Entry:	Flag:	Status:
INSURANCE DEP LIST	INS SEL	C		
MEDICAL COVERAGE	SOURCE INFORMATION SECTION: Any field such as TRICARE	Y		

Process: **CASE**   Number: **33**

Text: The coverage type for policy number _____ has been changed to include the following _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL COVERAGE	COVERAGES SECTION	Y		

Process: **CASE**   Number: **34** (**No longer issues**.)

Text: Payor's medical coverage is for the following children:

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **35** (**No longer issues**.)

Text: The payor's medical coverage for dependents is changed to _____.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **36**

Text: The _____'s medical coverage for policy number _____ has been changed to include the following dependent(s): _____

Screen:	Field:	Entry:	Flag:	Status:
DEP LIST	INS SEL	Y		

Process: **CASE**   Number: **37** (**No longer issues**.)

Text: The payor's medical coverage for dependents is changed to _____.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **38**

Text: The end date for policy _____ has been changed to_____.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	END DATE	MM/DD/CCYY		

Process: **CASE**   Number: **39**

Text: The insurance company for policy number _____
has been changed to: _____.

Screen:	Field:	Entry:	Flag:	Status:
INSURANCE COMPANY LIST	INSURER COMPANY	Change from original name		

Process: **CASE**   Number: **46**

Text: Policy number _____ has been changed to _____ .

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	POLICY NUMBER	New number entered on an established policy		

Process: **CASE**   Number: **47** (**No longer issues**.)

Text: Health insurance questionnaire (470-0413) sent to payor.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **48** (**No longer issues**.)

Text: Health insurance questionnaire (470-0413) not sent. No payor address.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **49 (No longer issues as of Oct 2018.)**

Text: *Health Insurance Questionnaire* (470/2240) sent to:

    Employer name:
    Employer address:
    City/State/Zip:

Screen:	Field:	Entry:	Flag:	Status:
PAYOR	SEND HIQ: EMP	Y		

Process: **CASE**   Number: **50** (**No longer issues**.)

Text: Health insurance questionnaire (470-2240) not sent to employer. No valid address.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **61** (**No longer issues**.)

Text: Attempted to send form 470-2705, medical info no longer exists. Please verify deletion of medical data.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **62** (**No longer issues**.)

Text: Medical information for this case is incomplete.

Screen: Field: Entry: Flag: Status:

Process: **CASE**   Number: **63** (**No longer issues**.)

Text: Health insurance questionnaire not sent. No payor exists.

Screen: Field: Entry: Flag: Status:

Process: **CASE**   Number: **88**

Text: A noncustodial parent insurance questionnaire (form 470-0413) was mailed to the payor on_____.

Screen: Field: Entry: Flag: Status:

MEDSUM2   HI POT   4

Process: **CASE**   Number: **98** (**No longer issues**.)

Text: TPL indicates absent parent's health insurance policy has ended
Effective _____
Policy number _____
Insured name _____

Screen: Field: Entry: Flag: Status:

Process: **CASE**   Number: **99** (**No longer issues**.)

Text: TPL indicates absent parent's health insurance information has changed on:
_____
Policy number _____
Insured name _____

Screen: Field: Entry: Flag: Status:

Process: **CASE**   Number: **100** (**No longer issues**.)

Text: TPL indicates that there is no absent parent's health insurance coverage on:
_____
Policy number _____
Insured name _____

Screen: Field: Entry: Flag: Status:

Process: **CASE**   Number: **101** (**No longer issues**.)
Text: TPL indicates that payor has medical insurance through employer:
_____. The insurance information has been added to the case.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **105** (**No longer issues**.)
Text: The payor has failed to obtain health insurance coverage as required by a court order
for: _____, _____, _____, _____, _____,
_____.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **106 (No longer issues.)**
Text: The payor has failed to maintain required health insurance coverage for:
_____.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	POLICY NUMBER	Blank		

Process: **CASE**   Number: **114** (**No longer issues**.)
Text: TPL indicates that payor has private medical insurance
through: _____
The insurance information has been added to the case.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **116** (**No longer issues**.)
Text: Employer information from TPL not found on system. Medical info stored as private
insurance.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **117** (**No longer issues**.)
Text: Employer information provided by TPL.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **120**
Text: Sent form 470-2705 "*Notice of Health Insurance Information*" to CP

Screen:	Field:	Entry:	Flag:	Status:
INSURANCE DEP LIST	GEN STATUS LTR	Y		

Process: **CASE**   Number: **134**

Text: End date on dependent list for following dependent has been changed:
_____ .

Screen:	Field:	Entry:	Flag:	Status:
INSURANCE	INS SEL	Change Y to N		
DEP LIST	END DATE	Date (MM/DD/CCYY)		

Process: **CASE**   Number: **151** (**This stopped issuing in December 2003**.)

Text: Non-public assistance obligee requests medical support enforcement.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	NPA REQUESTS MS ENF	Y		

Process: **CASE**   Number: **152** (**This stopped issuing in January 2004**.)

Text: Non-public assistance obligee declines medical support enforcement.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	NPA REQUESTS MS ENF	N		

Process: **CASE**   Number: **153**

Text: Medicaid-only obligee requests only medical support enforcement.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	MEDICAID MS ENF ONLY	Y		

Process: **CASE**   Number: **159** (**No longer issues as of October 2018**.)

Text: Form 470-2744, *NPA Medical Support Request*, was sent to the obligee.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **160** (**This stopped issuing in December 2003**.)

Text: Form 470/2744, *NPA Medical Support Request*, was sent to the obligee 10 days ago. No response received. Do not pursue medical support services.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	NPA REQUESTS MS ENF	15 days following entry of P		

Process: **CASE**   Number: **161 (Issued on cases before December 2003**.)

Text: Form 470/2744, *NPA Medical Support Request*, was generated to the obligee. The status of the NPA REQUESTS MS ENF field is pending a response from the obligee.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	NPA REQUESTS MS ENF	P	3	2

Process: **CASE**   Number: **162**

Text: Case is now an 11 account. All enforcement and establishment services, including medical support, will be pursued.

Screen:	Field:	Entry:	Flag:	Status:
CASE	CURRENT ACCT TYPE	18 acct. changes to 11		
		12 acct. changes to 11		

Process: **CASE**   Number: **163**

Text: Case is now an 18 account. All establishment and enforcement services for child support, including medical support, will be pursued.

Screen:	Field:	Entry:	Flag:	Status:
CASE	CURRENT ACCT TYPE	12 acct. changes to 18		

Process: **CASE**   Number: **164** (**No longer issues**.)

Text: This case was selected to review for a response to the NPA REQUESTS MS ENF field. The case is pending a determination of the correct response.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **165**

Text: Employment has been verified. No entry exists in the HI/MS ordered field on the COURTORD screen. CSRU worker is checking for the correct response to this field before starting establishment or enforcement.

Screen:	Field:	Entry:	Flag:	Status:
COURTORD	HI/MS ORDERED	Blank	105	

Process: **CASE**   Number: **166** (**Issued on cases before December 2003**.)

Text: Case meets selection criteria to pursue medical support enforcement. CSRU worker must update the NPA REQUESTS MS ENF field on the PAYEE screen prior to beginning enforcement.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	NPA REQUESTS MS ENF	Blank	106	

Process: **CASE**   Number: **167**

Text: CSRU will not proceed with medical support services since the obligee currently provides dependent health insurance coverage for the dependents.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	PROVIDER…PAYEE	Y		

Process: **CASE**   Number: **168** (**No longer issues**.)

Text: The medical forms that follow were sent on _____ to _____:
Form 470-2743, *Employer Medical Support Information*
Form 470-2763, *Medical Support Employer Notice*

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **169**

Text: Health insurance will not be available until _____ with the following
employer:_____.

Screen:	Field:	Entry:	Flag:	Status:
EMPVER	DATE HI AVAIL	Any valid date		

Process: **CASE**   Number: **170** (**Issued on cases before July 2002**.)

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

_____. The employer is _____

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

Process: **CASE**   Number: **171** (**No longer issues**.)

Text: The following medical form was re-sent on _____ to: _____
Form 470-2743, *Employer Medical Support Information*

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **172** (**Issued on cases before December 2003**.)

Text: Case is now an 11 account. When NPA, this obligee declined medical support services.
All services will now be pursued.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	NPA REQUESTS MS ENF	N		
CASE	CURRENT ACCT TYPE	Changes from 12 to 11		

Process: **CASE**   Number: **173**

Text: Case is now an 11 account. When receiving only Medicaid, the obligee requested only
medical support services. All services will now be pursued.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	MEDICAID MS ENF ONLY	Y		
CASE	CURRENT ACCT TYPE	Changes from 18 to 11		

Process: **CASE**   Number: **174**

Text: The employer provides dependent health insurance to the _____, but the
dependents are not enrolled.

Screen:	Field:	Entry:	Flag:	Status:
EMPVER	EMP PROVIDES DEP HI	Y		
	DEP ENROLLED	N		

Process: **CASE**   Number: **175**

Text: The employer provides dependent health insurance and the dependents are enrolled. The cost of the health insurance premium to the _____ is $ _____ .

Screen:	Field:	Entry:	Flag:	Status:
EMPVER	DEP HI AVAIL	Y		
	DEP ENROLLED			
	DEP HI NC: OR PREM/MO	Y		
		A dollar amount		

Process: **CASE**   Number: **176**

Text: The employer provides dependent health insurance to the _____ and the dependents are enrolled. The cost of the health insurance premium was not provided to CSRU.

Screen:	Field:	Entry:	Flag:	Status:
EMPVER	DEP HI AVAIL	Y		
	DEP ENROLLED	N		
	HEALTH INS PREM	Unknown		

Process: **CASE**   Number: **177**

Text: The employer provides dependent health insurance to the _____. No information was provided concerning the date it is available or if anyone is enrolled.

Screen:	Field:	Entry:	Flag:	Status:
EMPVER	EMP PROVIDES DEP HI	Y		
	DEP ENROLLED	Blank		
	DATE AVAIL	Unknown		

Process: **CASE**   Number: **180**

Text: Blank

Screen:	Field:	Entry:	Flag:	Status:
CPEMPVER	EMP VERIFIED	Y	109	
CPEMPVER	DATE HI AVAIL	Current date		

Process: **CASE**   Number: **182**

Text: The obligor's employment has terminated. Form 470-3218, *Employer Insurance Notice*, has been sent to the employer to determine the date the health insurance policy will expire.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	EMP TERMINATED	Y		19

Process: **CASE**   Number: **183**

Text: Medical information for this employer will no longer be displayed. 90 days have passed since termination of employment. No information has been received from the employer to indicate the coverage continued.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	EMP TERMINATED	90 days after Y was entered		54

Process: **CASE**   Number: **184**

Text: Health insurance coverage provided by the _____ terminated on _____
.Monitor for other health insurance coverage.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	EMP TERMINATED	Y or blank		
	VERIFIED INS TERM	Y		
	END DATE	Date		

Process: **CASE**   Number: **185**

Text: Form 470/3219, *Employer Insurance Second Notification*, has been sent to the employer. 30 days have passed since the first notice was sent and no response has been received.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	EMP TERMINATED	Y		

Process: **CASE**   Number: **186** (**Issued on cases before April 2002**.)

Text: A status has been sent to the obligee as notification that employment has terminated and CSRU will attempt to verify the expiration date of the health insurance policy.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	EMP TERMINATED	Y		19

Process: **CASE**   Number: **191** (**Issued on cases before April 2002**.)

Text: Employment has terminated. The dependent health insurance the employer provided to the obligor will continue. Notification has been sent to the obligee.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	EMP TERMINATED	Y		

Process: **CASE**   Number: **192**

Text: Case is now a 12 account. Request for only medical support services is no longer valid.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	MEDICAID MS ENF ONLY	Y		
CASE	CURRENT ACCT TYPE	Changed from 18 to 12		

Process: **CASE**   Number: **193** (**Issued on cases before January 2003**.)

Text: The following health insurance coverage provided by the _____ ended on _____ and the medical record was deleted:
Employer:_____
Insurance Co:_____

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **197** (**No longer issues**.)

Text: Medical insurance policy number _____ provided by _____
has been added. The policy effective date is_____.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **246**

Text: The _____'s medical insurance policy number _____ provided by
_____has been added. The effective date of the policy is_____.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	EFFECTIVE DATE	Any valid date.		
MEDSUM	INTERSTATE	Blank or Y		
	INIT STATE	If interstate case, IA		

Process: **CASE**   Number: **252**

Text: The _____'s medical insurance policy number provided by
_____ has been added. The effective date of the policy is _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	EFFECTIVE DATE	MM/DD/CCYY		26
MEDSUM	INTERSTATE	Y		
	RSPN STATE	IA		

Process: **CASE**   Number: **253**

Text: The following health insurance coverage provided by the _____ terminated on
_____ and the medical record was deleted:
Employer: _____
Insurance Company: _____

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	EMP TERMINATED	Y or blank		27
	VERIFIED INS TERM	Y		
	END DATE	Date less than or equal to current date		

Process: **CASE**   Number: **254** (**Issued on cases before January 2003**.)

Text: The following health insurance coverage provided by the _____ terminated on _____
and the medical record was deleted:
Employer: _____
Insurance Company: _____

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	END DATE	MM/DD/CCYY		27

Process: **CASE**   Number: **255** (**No longer issues**.)

Text: Additional changes to the coverage type for this policy include: _____

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **259 (No longer issues.)**

Text: An employer has been deleted from a cross referenced case. All workers with associated cases have been notified to check if the employer is still valid. A status has been generated to notify the obligee that health insurance may have terminated.

Screen:	Field:	Entry:	Flag:	Status:
IWO	SEL	D	140	19

Process: **CASE**   Number: **260** (**No longer issues**.)

Text: A court order exists but no medical language in the order. Health ins is avail through this employer: _____
Case is being reviewed for possible referral to the REVAD unit.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **261** (**No longer issues**.)

Text: Case referred to ESTAB to secure an order. The following verified EMP for the obligor provides dependent health ins: _____

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **262** (**No longer issues**.)

Text: Form 470-0413, *Obligor Health Insurance Questionnaire*, sent to the obligor to gather health ins information. Obligor is ordered to provide health ins, regular payments received, but no verified employer exists.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **263** (**No longer issues**.)

Text: Review of case file indicates no high potential for the obligor to obtain health insurance exists at this time.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **264** (**No longer issues**.)
Text: Dependent health ins available to the obligor through the employer:
_____ Medical forms have been sent and a determination by the insurer is pending.

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **265** (**No longer issues**.)
Text: MEDSUM2 has been updated to show the following dependent is enrolled for health insurance coverage: _____

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **266** (**No longer issues**.)
Text: Employer returned 470-2743 indicating no dependent health insurance is available. The employer is: _____

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **267** (**No longer issues**.)
Text: Dependent is ineligible to receive dependent health insurance coverage through the following employer: _____
The reason is: _____

Screen:	Field:	Entry:	Flag:	Status:

Process: **CASE**   Number: **282 (No longer issues.)**
Text: TPL provided an employer for the obligor that may provide dependent health insurance. The employer is:_____

Screen:	Field:	Entry:	Flag:	Status:
EMPVER	SOURCE	TPL	147	

Process: **CASE**   Number: **283 (No longer issues.)**
Text: TPL indicates the obligor provides a private health insurance policy. The health insurance company is:_____

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	INSURER ID	Policy number	148	
MEDICAL	INSURANCE CO	Company name		

Process: **CASE**   Number: **285 (Issued on cases before January 2004**.)

Text: Text: A response to the NPA REQUESTS MS ENF field on the PAYEE screen is pending a decision from the obligee. Pending is no longer an option since the account type recently changed.

Screen:	Field:	Entry:	Flag:	Status:
PAYEE	NPA REQUESTS MS ENF	P		

Process: **CASE**   Number: **294 (Issued on cases before January 2004**.)

Text: Form 470-2744, *NPA Medical Support Request*, was not sent to the obligee. No valid address exists.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	INSURER ID	Policy number		
MEDICAL	INSURANCE CO	Company name		

Process: **CASE**   Number: **392**

Text: The _____'s medical insurance policy number provided by _____ has been added. The effective date of the policy is _____.

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	EFFECTIVE DATE	MM/DD/CCYY		26
MEDSUM	RSPN STATE	IA		

Process: **CASE**   Number: **393**

Text: The following health insurance coverage provided by the _____ terminated on _____ and the medical record was deleted:
Employer: _____
Insurance Company: _____

Screen:	Field:	Entry:	Flag:	Status:
MEDICAL	END DATE	MM/DD/CCYY		27
INTERSTA	active screen			

Process: **INTER**   Number: **227**

Text: _____ has added medical insurance for case ID_____.

The carrier name is _____ and the policy number is_____.

Screen:	Field:	Entry:	Flag:	Status:
Batch			137	

Process: **INTER**   Number: **228**

Text: _____ has deleted medical insurance for case ID _____. The carrier name is _____ and the policy number is _____.

Screen:	Field:	Entry:	Flag:	Status:
Batch			138	

Process: **LOC**   Number: **48**

Text: Possible insurance provider found through workers compensation match.

Screen:	Field:	Entry:	Flag:	Status:
EMPVER	SOURCE	WKRCOMP		

Process: **LOC**   Number: **106** (**No longer issues.)**

Text: _____ is eligible for health benefits from
the military. Verification of possible coverage for the children will be attempted.

Screen:	Field:	Entry:	Flag:	Status:

Process: **LOC**   Number: **115** (**No longer issues**.)

Text: _____ is ineligible for health benefits from the military.

Screen:	Field:	Entry:	Flag:	Status:

Process: **LOC**   Number: **245** (**No longer issues**.)

Text: Information received from FPLS that_____ is currently participating in
a health insurance program through his/her employer. Verification of potential coverage for
the child(ren) will be requested.

Screen:	Field:	Entry:	Flag:	Status:

Process: **LOC**   Number: **304**

Text: _____ returned an insurance carrier and policy number for .

Screen:	Field:	Entry:	Flag:	Status:
			119	

Process: **REFER**   Number: **31**

Text: IM has entered new comments on REFER2.

Screen:	Field:	Entry:	Flag:	Status:
EMPVER	All required fields	EMPVER screen completed by system when IM completes REFER2	34	

Process: **REFER**   Number: **32**

Text: IM has entered new comments on REFER3.

Screen:	Field:	Entry:	Flag:	Status:
REFER3	All required fields		35	
		Review the HEALTH INSURANCE section if completed.		

Calendar Flags

Process: **MED**   Number: **6**   **(No longer issues.)**

Text: Review file for referral to Review/Adj. A court order exists without med language but health ins may be avail through the following emp (case# / obligor): _____.

Screen:	Field:	Entry:	Narrative:	Status:
MEDSUM	HI POT	2	12	

Process: **MED**   Number: **7**

Text: Text: Refer case to establishment to secure an order. A verified employer that may provide dep health ins exists, but there is no court order. Case # obligor: _____.

Screen:	Field:	Entry:	Narrative:	Status:
MEDSUM	HI POT	3	13	

Process: **MED**   Number: **9**

Text: Update the HI ORD field on the OBLIGDST screen for the following dependent(s) on case#/obligor:_____

Screen:	Field:	Entry:	Narrative:	Status:
OBLIGDST	HI ORD	Blank	17	

Process: **MED**   Number: **10**   (**No longer issues**.)

Text: Resend form 470-2743, *Employer Medical Support Information*, to the following employer (case # and obligor):

Screen:	Field:	Entry:	Narrative:	Status:

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

Text: To continue processing for medical, distribute the court ordered obligation for the children listed. Court order #: _____

Screen:	Field:	Entry:	Narrative:	Status:
OBLIGDST	HI ORDERED	Y	23	
	OBLIGATION AMOUNT	No $ distributed		

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

Text: Correct the HI ORDERED field on OBLIGDST screen to agree with entries made on the HIUPDATE screen for court order #: _____

Screen:	Field:	Entry:	Narrative:	Status:
OBLIGDST	HI ORDERED	Blank, N, or U	24	
HIUPDATE				
	any entry			

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

Text: MEDSUM processing bypassed. IA is the responding state. The initiating state did not request medical support enforcement.

Screen:	Field:	Entry:	Narrative:	Status:
MEDSUM	ENF MED	N		

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

Text: Enter outcome of informal conference scheduled for _____.

Screen:	Field:	Entry:	Narrative:	Status:
MEDMTQ	CONF SET DATE	Valid date	40	
	INTERSTATE	Blank		
	RSPN STATE	IA		

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

Text: Enter outcome of informal conference scheduled for _____.

Screen:	Field:	Entry:	Narrative:	Status:
MEDMTQ	CONF SET DATE	Valid date	41	
	INIT STATE	IA		

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

Text: This flag deletes the calendar for the user to enter results of the informal conference.

Screen:	Field:	Entry:	Narrative:	Status:
MEDMTQ	CONF HELD	Y or N	43	
	INTERSTATE	Blank	45	
	INIT STATE	IA	46	
	RSPN STATE	IA	48	

Process: **MED**   Number: **17**

Text: Enter outcome of informal conference rescheduled for _____.

Screen:	Field:	Entry:	Narrative:	Status:
MEDMTQ	CONF HELD	R	49	
	INTERSTATE	Blank	51	
	INIT STATE	IA		
	RSPN STATE	IA		

Process: **MED**   Number: **18**

Text: Medical motion to quash hearing scheduled for _____.

Screen:	Field:	Entry:	Narrative:	Status:
MEDMTQ	HEARING DATE	Valid date	59	
	HELD	Blank	61	
	INTERSTATE	Blank		
	INIT STATE	IA		
	RSPN STATE	IA		

Process: **MED**   Number: **19**

Text: MEDSUM processing bypassed. Check case file to see if other state wants Iowa to enforce medical support. Update the ENF MED field on the MEDSUM screen.

Screen:	Field:	Entry:	Narrative:	Status:
MEDSUM	ENF MED	Blank		

Process: **MED**   Number: **20**

Text: This flag deletes calendar flags 18, 21, and 22, when the hearing results is completed.

Screen:	Field:	Entry:	Narrative:	Status:
MEDMTQ	HELD	N	64	
	INTERSTATE	Blank	67	
	INIT STATE	IA	71	
	RSPN STATE	IA	72	
			73	
			85	

Process: **MED**   Number: **21**

Text: Check for order from the court with the results of the medical motion to quash hearing held _____.

Screen:	Field:	Entry:	Narrative:	Status:
MEDMTQ	HELD	Y		
	INTERSTATE	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **22**

Text: Check results of medical motion to quash hearing rescheduled for _____.

Screen:	Field:	Entry:	Narrative:	Status:
MEDMTQ	HELD	R	68	
	INTERSTATE	Blank	70	
	INIT STATE	IA		
	RSPN STATE	IA		

Process: **MED**   Number: **23 (No longer issues.)**

Text: HI information received from employer through the web site. MEDICAL screens have been updated. Review the case to determine further action.

Screen:	Field:	Entry:	Narrative:	Status:
MEDICAL	EFFECTIVE DATE	Valid date	91	
EMPLOYRM	ELECTRONIC	Y		

Process: **MED**   Number: **24 (No longer issues.)**

Text: Payee is court ordered to provide health ins. Verify if payee is providing coverage and update MEDICAL screens if appropriate.

Screen:	Field:	Entry:	Narrative:	Status:
HIUPDATE	PARTY ORDERED TO PROVIDE HEALTH INS	PAYEE = Y	98	

Process: **MED**   Number: **25 (No longer issues.)**

Text: Court order provides either for both parents to provide health insurance or for both parents to share in the cost of the HI premium. Review case to determine next appropriate action.

Screen:	Field:	Entry:	Narrative:	Status:
HIUPDATE	BOTH	Y	99	

Process: **MED**   Number: **26**

Text: Duplicate employer with a medical record deleted. Contact the following employer to determine if medical is available:

Screen:	Field:	Entry:	Narrative:	Status:

Process: **MED**   Number: **27**

Text: Dept. of Finance & Accounting (military) added as a verified employer. Contact obligee to begin enrollment in DEERS. See Medical Best Practices Handbook for more information.

Screen:	Field:	Entry:	Narrative:	Status:
EMPLOYRM2	EMPLOYRM2	Y	105	

Process: **MED**   Number: **28 (No longer issues.)**

Text: Payee health insurance policy ended on the MEDICAL screen. A child may be bypassed on the CHILD2 screen. Review case to determine if bypass code should be removed to begin medical support enf.

Screen:	Field:	Entry:	Narrative:	Status:
MEDICAL	END DATE	MM/DD/CCYY	106	
CHILD2	EST BY-PASS	Any entry		

Process: **MED**   Number: **29**

Text: Currently not in use.

Screen:	Field:	Entry:	Narrative:	Status:

Process: **MED**   Number: **30 (No longer issues.)**

Text: Second employer verified. Determine if medical support enf is appropriate by contacting the employer that received medical support enf forms. Update the MEDSUM2 screen as needed.

Screen:	Field:	Entry:	Narrative:	Status:
EMPVER	UPDATE EMPLOYER	Y	108	

Process: **MED**   Number: **31 (No longer issues.)**

Text: Medical support enforcement began 30 days ago. Contact the following employer to verify dependent health insurance enrollment: _____

Screen:	Field:	Entry:	Narrative:	Status:
MEDSUM2	ENR STAT	Blank	109	
MEDSUM2	FORM STAT	2		

Process: **MED**   Number: **32**

Text: Medical support enf began 60 days ago. Employer sent medical forms to the plan admin/insurer. Contact the following employer to verify dependent health insurance enrollment: _____

Screen:	Field:	Entry:	Narrative:	Status:
MEDSUM2	ENR STAT	P	110	
MEDSUM2	FORM STAT	4		

Process: **MED**   Number: **33 (No longer issues.)**

Text: Obligor began COBRA-related health insurance 6 months ago. Verify that the obligor continues enrollment. If no longer enrolled, enter a date in the END DATE field on the MEDICAL screen.

Screen:	Field:	Entry:	Narrative:	Status:
MEDICAL	VERIFIED INS TERM	C	111	

Process: **MED**   Number: **34**

Text: Obligor began COBRA-related health insurance 12 months ago. Verify that the obligor continues enrollment. If no longer enrolled, enter a date in the END DATE field on the MEDSUM2 screen.

Screen:	Field:	Entry:	Narrative:	Status:
MEDICAL	VERIFIED INS TERM	C	111	

Process: **MED**   Number: **35 (No longer issues.)**

Text: Obligor began COBRA-related health insurance 18 MONTHS AGO. Verify that the obligor continues enrollment. If no longer enrolled, enter a date

Screen:	Field:	Entry:	Narrative:	Status:
MEDICAL	VERIFIED INS TERM	C	111	

Process: **MED**   Number: **36**

Text: Deletes calendar flags 33, 34, and 35.

Screen:	Field:	Entry:	Narrative:	Status:
			115	

Process: **MED**   Number: **37**

Text: Medical support enforcement began 30 days ago. Contact the following EPICS web site employer to verify dependent health insurance enrollment: _____

Screen:	Field:	Entry:	Narrative:	Status:
MEDSUM2	ENR STAT	Blank	113	
MEDSUM2	FORM STAT	2		
EMPLOYRM	ELECTRONIC	Y		

Process: **MED**   Number: **38**   **(No longer issues.)**

Text: Medical support enf began 60 days ago. Employer sent medical forms to the plan admin/insurer. Contact the following employer to verify dependent health insurance enrollment: _____

Screen:	Field:	Entry:	Narrative:	Status:
MEDSUM2	ENR STAT	P	114	
MEDSUM2	FORM STAT	4		
EMPLOYRM	ELECTRONIC	Y		

Process: **MED**   Number: **39**

Text: New employer verified. Review MEDMTQ screen and case file to determine if MTQ is still valid and if enforcement should begin for new employer. If MTQ no longer valid delete MEDMTQ screen.

Screen:	Field:	Entry:	Narrative:	Status:
MEDMTQ	GRANTED OR STAYED	Y	120	
EMPVER	UPDATE EMPLOYER	Y		

Process: **MED**   Number: **40**

Text: Contact the following employer to determine if dependent health insurance is available. If available change the "A" in the HI POT field to a "1."

Screen:	Field:	Entry:	Narrative:	Status:
MEDSUM2	HI POT	A		

Process: **MED**   Number: **41**

Text: Flag deletes MED 40.

Screen:	Field:	Entry:	Narrative:	Status:
MEDSUM2	HI POT	1	2	
			11	

Process: **MED**   Number: **42**   **(No longer issues.)**

Text: Flag deletes MED 19 when you enter an "N" in the ENF MED field.

Screen:	Field:	Entry:	Narrative:	Status:
MEDSUM	ENF MED	N	96	

Process: **MED**   Number: **45**

Text: Medical satisfaction requested 5 days ago. Determine if satisfaction should be granted or denied for the payor.

Docket number:

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	SAT REQUEST DATE	Any valid date		

Process: **MED**   Number: **46**

Text: *Notice of Payor's Medical Satisfaction*, 470-4727, was sent to the clerk of court 15 days ago. Check for filed date.

Docket number:

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	GEN NOTICE(Y)	Any valid date		
MEDSAT	NOTICE FILED DATE	blank		

Process: **MED**   Number: **47**

Text: *Notice of Payor's Termination of Medical Satisfaction*, 470-4728, sent 15 days ago to the clerk of court. Check for filed date.

Docket number:

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	GEN TERM NOTICE (Y)	Any valid date		
MEDSAT	TERM NOTICE FILED DATE	blank		

Process: **MED**   Number: **48**

Text: Review the payor's medical satisfaction criteria and update sat criteria reviewed field on the MEDSAT screen.

Docket number:

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	SAT CRITERIA REVIEWED	6 months after the entry of any valid date.		

Process: **MED**   Number: **49**   **(Stopped issuing in 2012.)**

Text: Payor's medical satisfaction forms generated 15 days ago. If no other court order for HI, check for end date of medical policy(ies) with the following employer:

_____

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	GEN NOTICE (Y)	Any valid date		

Process: **MED**   Number: **50**   **(Stopped issuing in 2012.)**

Text: Payor's medical satisfaction forms generated 15 days ago. Check if private policy(ies) are provided by the payor. If no other court order for HI, check for end date of policy(ies).

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	GEN NOTICE(Y)	Any valid date		

Process: **MED**   Number: **51**   **(Stopped issuing in 2012.)**

Text: Payee's medical satisfaction forms generated 15 days ago. If no other court order for HI, check for end date of payee's medical policy(ies).

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	GEN NOTICE (Y)	Any valid date		

Process: **MED**   Number: **52**

Text: Flag is used to delete MED 45.

Screen:	Field:	Entry:	Narrative:	Status:

Process: **MED**   Number: **53**

Text: Medical satisfaction requested 5 days ago. Determine if satisfaction should be granted or denied for the payee.

Docket number:

Screen:	Field:	Entry:	Narrative:	Status:
CPMEDSAT	SAT REQ DATE	5 days after entry of a valid date		
CPMEDSAT	GRANTED or DENIED	blank		

Process: **MED**   Number: **54**

Text: Blank – ICAR uses this flag to delete MED 53.

Screen:	Field:	Entry:	Narrative:	Status:

Process: **MED**   Number: **55**

Text: *Notice of Payee's Medical Satisfaction*, 470-4727 was sent to the clerk of court 15 days ago. Check for filed date.

Docket number:

Screen:	Field:	Entry:	Narrative:	Status:
CPMEDSAT	GEN NOTICE	15 days after the entry of a valid date		
CPMEDSAT	NOTICE FILED DATE	Blank		

Process: **MED**   Number: **56**

Text: Blank – ICAR uses this flag to delete MED 46.

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	NOTICE FILED DATE	Any valid date		

Process: **MED**   Number: **57**

Text: Blank – ICAR uses this flag delete MED 55

Screen:	Field:	Entry:	Narrative:	Status:
CPMEDSAT	NOTICE FILED DATE	Any valid date		

Process: **MED**   Number: **58**

Text: Review the payee's medical satisfaction criteria and update sat criteria reviewed field on the CPMEDSAT screen.

Docket number:

Screen:	Field:	Entry:	Narrative:	Status:
CPMEDSAT	SAT CRITERIA REVIEWED	6 months after the entry of a valid date.		

Process: **MED**   Number: **59**

Text: Blank – ICAR uses this flag to delete MED 48.

Screen:	Field:	Entry:	Narrative:	Status:

Process: **MED**   Number: **60**

Text: Blank – ICAR uses this flag to delete MED 58.

Screen:	Field:	Entry:	Narrative:	Status:

Process: **MED**   Number: **61**

Text: Blank – ICAR uses this flag to delete MED 47

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	NOTICE FILED DATE	Any valid date.		

Process: **MED**   Number: **62**

Text: Notice of Payee's Termination of medical Satisfaction, 470-4728, sent 15 days ago to the clerk of court. Check for filed date.

Docket number:

Screen:	Field:	Entry:	Narrative:	Status:
CPMEDSAT	GEN TERM NOTICE	15 days after entry of a valid date		
CPMEDSAT	TERM NOTICE FILED DATE	blank		

Process: **MED**   Number: **63**

Text: Blank – ICAR uses this flag to delete MED 62.

Screen:	Field:	Entry:	Narrative:	Status:
CPMEDSAT	NOTICE FILED DATE	Any valid date.		

Process: **MED**   Number: **65**

Text: Medical satisfaction granted to the payor 5 days ago. Generate notice on MEDSAT screen.

Docket number:

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	GRANTED	Any valid date.		
MEDSAT	GEN NOTICE(Y)	Blank		

Process: **MED**   Number: **66**

Text: Medical satisfaction granted to the payee 5 days ago. Generate notice on CPMEDSAT screen.

Docket number:

Screen:	Field:	Entry:	Narrative:	Status:
CPMEDSAT	GRANTED	Any valid date.		
CPMEDSAT	GEN NOTICE (Y)	Blank		

Process: **MED**   Number: **67**

Text: Flag used to delete MED 65.

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	GEN NOTICE(Y)	Y		

Process: **MED**   Number: **68**

Text: Flag used to delete MED 66

Screen:	Field:	Entry:	Narrative:	Status:
CPMEDSAT	GEN NOTICE (Y)	Y		

Process: **MED**   Number: **69**

Text: Payor is bypassed for medical enforcement on the CASESTAT screen. Review if bypass is still valid. Remove bypass on the CASESTAT screen if it's no longer valid.

Screen:	Field:	Entry:	Narrative:	Status:
CASESTAT	MEDICAL	B		

Process: **MED**   Number: **70**

Text: Payor bypassed for medical enforcement. Comparable coverage determination shows payee's Medicaid is as good or better than employer plan. End employer policy on the MEDICAL screen.

Screen:	Field:	Entry:	Narrative:	Status:
CASESTAT	MEDICAL	B		
MEDSUM2	ENR STAT	E		

Process: **CASE**   Number: **11**

Text: Health insurance ltr not sent, no payee address, review for acct type change.

Screen:	Field:	Entry:	Narrative:	Status:

Process: **CASE**   Number: **14**

Text: Check employer response to HIQ.

Screen:	Field:	Entry:	Narrative:	Status:

Process: **CASE**   Number: **63 (Stopped issuing in September 2003**.)

Text: The payor has failed to obtain court ordered health insurance coverage. Review for coverage thru employment or possible contempt action.

Screen:	Field:	Entry:	Narrative:	Status:

Process: **CASE**   Number: **64 (Stopped issuing in September 2003.)**

Text: The payor has failed to maintain required health insurance coverage. Review for coverage thru employment or possible contempt action.

Screen:	Field:	Entry:	Narrative:	Status:
			106	

Process: **CASE**   Number: **66**   (No longer issues.)

Text: Insurance information received from TPL indicates payor has private insurance coverage. Information added to case.

Screen:	Field:	Entry:	Narrative:	Status:

Process: **CASE**   Number: **67**   (No longer issues.)

Text: Employer info provided by TPL not found on system. Medical info stored as private, please verify.

Screen:	Field:	Entry:	Narrative:	Status:

Process: **CASE**   Number: **105**

Text: HI/MS ORDERED field on the COURTORD screen is blank. Review the court order and enter the correct response in this field.

Screen:	Field:	Entry:	Narrative:	Status:
COURTORD		Blank	165	
	HI/MS ORDERED			

Process: **CASE**   Number: **106 (Stopped issuing in December 2003**.)

Text: NPA REQUESTS MS ENF field on PAYEE screen needs to be completed. Determine correct code and update field so ms enf selection process can continue.

Screen:	Field:	Entry:	Narrative:	Status:
PAYEE	NPA REQUESTS MS ENF	Blank	166	

Process: **CASE**   Number: **107**

Text: Health insurance is now available through the obligor's employer. Generate medical forms to enforce the medical language.

Screen:	Field:	Entry:	Narrative:	Status:
EMPVER	EMP VERIFIED	Y		
EMPVER	DATE HI AVAIL	Current date		

Process: **CASE**   Number: **109 (No longer issues.)**

Text: Dependent health insurance is now available to the obligee through the obligee's employer. Verify if the obligee is enrolling the child(ren).

Screen:	Field:	Entry:	Narrative:	Status:
CPEMPVER	EMP VERIFIED	Y	180	
CPEMPVER	DATE HI AVAIL	Current date		

Process: **CASE**   Number: **110**

Text: Dependent health insurance is now available to the obligor through the obligor's employer. Proceed with medical enforcement, if appropriate.

Screen:	Field:	Entry:	Narrative:	Status:
EMPVER	EMP VERIFIED	Y		
EMPVER	DATE HI AVAIL	current date		

Process: **CASE**   Number: **140**

Text: Employer has been deleted from cross referenced case. Review if following employer is still valid:

Screen:	Field:	Entry:	Narrative:	Status:
				19

Process: **CASE**   Number: **147**   **(No longer issues.)**

Text: TPL indicates the obligor has the following employer and health ins. Verify and update ICAR. Case # / obligor: _____

Screen:	Field:	Entry:	Narrative:	Status:
			282	

Process: **IWO**   Number: **88**

Text: Suspension of cash medical support is starting for this case. Review IWO and amend as appropriate.

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	GEN NOTICE(Y)	Y		
MEDSAT	TYPE OF SAT(X)	MS		

Process: **IWO**   Number: **89**

Text: Suspension of cash medical support is ending on this case. Review IWO and amend as appropriate.

Screen:	Field:	Entry:	Narrative:	Status:
MEDSAT	GEN TERM NOTICE(Y)	Y		
MEDSAT	TYPE OF SAT(X)	MS		

Process: **LOC**   Number: **28**   **(No longer issues.)**

Text: Absent parent is eligible for health benefits from the military. Check on coverage for the children.

Screen:	Field:	Entry:	Narrative:	Status:

Process: **LOC**   Number: **53**   **(No longer issues.)**

Text: Check on CP employer/health insurance letter.

Screen: Field: Entry: Narrative: Status:

Process: **LOC**   Number: **83**

Text: Locate individual is participating in a health insurance program through his/her employer. Request verification of potential coverage for child(ren).

Screen: Field: Entry: Narrative: Status:

Process: **LOC**   Number: **119**   **(No longer issues.)**

Text: CSENET returned the following insurance information. Verify coverage and enter onto ICAR appropriately.

Screen: Field: Entry: Narrative: Status:
                                                                304

Process: **INTER**   Number: **137**

Text: CSENET indicates that the following state has added medical insurance. The state, case number, carrier name and policy number are listed below:

Screen: Field: Entry: Narrative: Status:
Batch   None   None   227

Process: **INTER**   Number: **138**

Text: CSENET indicates that the following state has deleted medical insurance. The state, case number, carrier name and policy number are listed below:

Screen: Field: Entry: Narrative: Status:
Batch   228

Statuses

Process: **MED**   Number: **1**

Text: The following children are enrolled in a health benefit plan:_____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDSUM2	ENR STAT	E		

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

Text: The following children are enrolled in a health benefit plan:_____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDSUM2	ENR STAT	E		

Process: **MED**   Number: **3 (This stopped issuing in April 2002**.)

Text: Dependent health insurance is available to the obligor through the following employer:_____

Screen:	Field:	Entry:	Narrative:	Flag:
EMPVER	UPDATE EMPLOYER	Y	3	

Process: **MED**   Number: **4 (This stopped issuing in April 2002.)**

Text: The following children are ineligible for coverage under a health insurance plan:_____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDSUM2	ENR STAT	P		
MEDSUM2	FORM STAT	0		4

Process: **MED**   Number: **5** (**This stopped issuing in April 2002**.)
Text: Court ordered health insurance is available through the following verified employer:

_____

Screen:	Field:	Entry:	Narrative:	Flag:

Process: **MED**   Number: **6** (**This stopped issuing in April 2002**.)

Text: The case is being reviewed for referral to the Review/Adjust Unit for establishment of health insurance. Health insurance is available through the following employer:

Screen:	Field:	Entry:	Narrative:	Flag:
MEDSUM2	HI POT	2		6

Process: **MED**   Number: **7** (**This stopped issuing in April 2002**.)

Text: Case is being reviewed for possible referral to the establishment unit to secure an order. Health insurance is available through the following verified employer:_____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDSUM2	HI POT	3		7

Process: **MED**   Number: **9** (**This stopped issuing in April 2002**.)

Text: The obligor has requested an informal conference concerning our enforcement of medical obligations. We will advise you of the outcome.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	INFORMAL CONFERENCE REQUESTED DATE	Valid date	75	
	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **10** (**This stopped issuing in April 2002**.)

Text: The obligor has requested an informal conference concerning our enforcement of medical support. We will advise you of the outcome.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	INFORMAL CONFERENCE REQUESTED DATE	Valid date	38	
	RSPN STATE	IA		

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

Text: The State of Iowa has not received an update on the outcome of the noncustodial parent's request to contest the enforcement of health insurance. Please advise so that we know how to proceed.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	CONF SET DATE	Valid date	42	
	INIT STATE	IA		
	CONF HELD	Blank		

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

Text: An informal conference with the noncustodial parent concerning the enforcement of health insurance was held, the following decision was reached:_____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	CONF HELD	Y	78	
	INTERSTATE	blank		
	INIT STATE	IA		

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

Text: An informal conference with the noncustodial parent was held on _____ concerning the enforcement of health insurance. We reached the following decision: _____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	CONF HELD	Y	203	
	RSPN STATE	IA		

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

Text: The informal conference was not held with the noncustodial parent concerning the enforcement of health insurance. Based on the information provided prior to the informal conference, the following decision was reached: _____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	CONF HELD	N	79	
	INTERSTATE	Blank		
	INIT STATE	IA		

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

Text: An informal conference with the noncustodial parent was not held on _____ concerning the enforcement of health insurance. Based on the information provided prior to the informal conference, the following decision was reached: _____

Screen:	Field:	Entry:	Narrative:2	Flag:
MEDMTQ	CONF HELD	N	05	
	RSPN STATE	IA		

Process: **MED**   Number: **16** (**This stopped issuing in April 2002**.)

Text: We have rescheduled the informal conference with the obligor concerning medical support for _____.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	CONF HELD	R	80	
	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **17** (**This stopped issuing in April 2002**.)

Text: We have rescheduled the informal conference with the obligor concerning medical support for _____.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	CONF HELD	R		
	RSPN STATE	IA		

Process: **MED**   Number: **18** (**This stopped issuing in April 2002**.)

Text: The obligor has filed a motion to quash medical enforcement. We will advise you of the outcome of any hearing held regarding this matter.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	MTQ FILED DATE	Valid date	81	
	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **19** (**This stopped issuing in April 2002**.)

Text: The obligor has filed a motion to quash medical enforcement. We will advise you of the outcome of any hearing held regarding this matter.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	MTQ FILED DATE	Valid date	53	
	RSPN STATE	IA		

Process: **MED**   Number: **20** (**This stopped issuing in April 2002**.)

Text: The obligor has served a motion to quash medical enforcement. We will advise you of the outcome of any hearing held regarding this matter.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	MTQ SERVED DATE	Valid date	82	
	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **21** (**This stopped issuing in April 2002**.)

Text: The obligor has served a motion to quash medical enforcement. We will advise you of the outcome of any hearing held regarding this matter.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	MTQ SERVED DATE	Valid date	56	
	RSPN STATE	IA		

Process: **MED**   Number: **22**

Text: Text: The Child Support Recovery Unit enforced the health insurance requirement in the court order. The noncustodial parent is challenging the enforcement of health insurance and a court hearing is set for _____. You may attend the court hearing. For the time and location of the court hearing call 1-888-229-7150. We will let you know the results of the hearing.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	HEARING DATE	Valid date	84	
	HELD	Blank		
	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **24**

Text: The noncustodial parent challenged the enforcement of health insurance and a court hearing is set for _____. We will advise you of the results of the hearing.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	HEARING DATE	Valid date	210	
	HELD	Blank		
	RSPN STATE	IA		

Process: **MED**   Number: **25**

Text: The motion to quash hearing concerning health insurance enforcement was not held on ___ for this reason: _____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	HELD	N	87	
	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **26**

Text: A hearing regarding a motion to quash health insurance enforcement was held on
_____. The court reached the following decision: _____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	HELD	Y	86	
	INTERSTATE	Blank		
	INIT STATE	IA		

Process: **MED**   Number: **27**

Text: A court hearing regarding the enforcement of health insurance was held on _____.
The court reached the following decision: _____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	HELD	Y	213	
	RSPN STATE	IA		

Process: **MED**   Number: **28 (No longer issues.)**

Text: The court did not hear the motion to quash concerning the enforcement of health
insurance on _____. For this reason the following occurred: _____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	HELD	N	28	
	RSPN STATE	IA		

Process: **MED**   Number: **29**

Text: The motion to quash hearing concerning health insurance enforcement is rescheduled
for _____. You may attend the court hearing. For the time and location of the court
hearing call 1-888-229-9223. We will let you know the results of the hearing.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	HELD	R	88	
	INTERSTATE	Blank		

Process: **MED**   Number: **31**

Text: The court rescheduled the hearing regarding the motion to quash the enforcement of
health insurance for _____. We will advise you of the results of the hearing.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDMTQ	HELD	R	215	
	RSPN STATE	IA		

Process: **CASE**   Number: **6** (**This stopped issuing in April 2002**.)

Text: We would like to inform you that the current medical insurance company for the
above-mentioned case is _____

Screen:	Field:	Entry:	Narrative:	Flag:

Process: **CASE**   Number: **7** (**This stopped issuing in April 2002**.)

Text: We would like to inform you that the payor's insurance company has changed to _____.

Screen:	Field:	Entry:	Narrative:	Flag:

Process: **CASE**   Number: **8** (**This stopped issuing in April 2002**.)

Text: We would like to inform you that the current medical coverage type for the above mentioned case is _____

Screen:	Field:	Entry:	Narrative:	Flag:

Process: **CASE**   Number: **9** (**This stopped issuing in April 2002**.)

Text: There has been a change in the health insurance coverage for the above mentioned case and the coverage is changed to _____

Screen:	Field:	Entry:	Narrative:	Flag:

Process: **CASE**   Number: **10** (**This stopped issuing in April 2002**.)

Text: This is to inform you of the medical coverage for the above mentioned case. The medical coverage is for the following child(ren) _____

Screen:	Field:	Entry:	Narrative:	Flag:

Process: **CASE**   Number: **11** (**This stopped issuing in April 2002**.)

Text: There has been a change in the payor's medical insurance coverage for his dependent(s). The medical coverage is for the following child(ren): _____

Screen:	Field:	Entry:	Narrative:	Flag:

Process: **CASE**   Number: **14** (**This stopped issuing in April 2002**.)

Text: The noncustodial parent named above has failed to maintain required health insurance coverage for the child(ren) named below. We will review this case periodically to determine whether coverage becomes available through employment or other group health insurance, and take any necessary enforcement action to ensure that the child(ren) named below are enrolled. We will advise you of any change in insurance coverage.

Screen:	Field:	Entry:	Narrative:	Flag:
EMPVER	UPDATE EMPLOYER	Y		
MEDICAL	EFFECTIVE DATE	Blank, no medical record		

Process: **CASE**   Number: **16** (**This stopped issuing in April 2002**.)

Text: As a non-public assistance recipient, you declined medical support services. Since you are now receiving FIP benefits, the CSRU will proceed with all establishment and enforcement actions, including medical support.

Screen:	Field:	Entry:	Narrative:	Flag:
PAYEE	NPA REQUESTS MS ENF	N		
CASE	CURRENT ACCT TYPE	Changes from 12 to 11		

Process: **CASE**   Number: **17** (**This stopped issuing in April 2002**)

Text: As a non-public assistance recipient, you declined medical support services. Since you are now receiving Medicaid, CSRU will proceed with all establishment and enforcement actions, including medical support.

Screen:	Field:	Entry:	Narrative:	Flag:
PAYEE	NPA REQUESTS MS ENF	N		
CASE	CURRENT ACCT TYPE	Changes from 12 to 18		

Process: **CASE**   Number: **18**

Text: Your request for only medical support enforcement services is no longer valid since you are currently receiving FIP benefits. The Child Support Recovery Unit will now pursue establishment or enforcement of any child support or medical support obligation.

Screen:	Field:	Entry:	Narrative:	Flag:
PAYEE	MEDICAID MS ENF ONLY	Y		
CASE	CURRENT ACCT TYPE	Changes from 18 to 11		

Process: **CASE**   Number: **19**

Text: Text: The Department of Human Services is required to provide you with health insurance information when the obligor may no longer be covering the dependents. We have received information that the obligor is no longer employed by the employer that was previously providing health insurance. We have sent a letter to the employer to determine if the health insurance covering the dependents has ended. We will contact you when we have more information. If you know the date the health insurance policy ended, please notify the Child Support Recovery Unit.

Screen:	Field:	Entry:	Narrative:	Flag:
MEDICAL	EMP TERMINATED	Y	182	140

Process: **CASE**   Number: **20** (**This stopped issuing in April 2002**.)

Text: Text: Since you are no longer receiving public assistance, your request for only medical support services is no longer valid. As a non-public assistance obligee, all child support services must be pursued. You may request medical support services. If you request medical support services, CSRU will pursue establishment or enforcement of any child support obligation and medical support obligation.

Screen:	Field:	Entry:	Narrative:	Flag:
PAYEE	MEDICAID MS ENF ONLY	Y		
CASE	CURRENT ACCT TYPE	Changes from 18 to 12		

Process: **CASE**   Number: **24** (**This stopped issuing in April 2002**.)

Text: Medical insurance has been added effective _____, provided by:_____

Screen:	Field:	Entry:	Narrative:	Flag:

Process: **CASE**   Number: **26**

Text: The following medical insurance provided by the _____ was added on _____ .

Employer name: _____
Policy No: _____
Insurance Co: _____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDICAL	INSURANCE PROVIDED BY	Make one selection	252	
	POLICY NUMBER	Alpha/numeric entry	392	
	EFFECTIVE DATE	Equal to or less than Current date		

Process: **CASE**   Number: **27** (**This stopped issuing in April 2002**.)

Text: The following health insurance coverage provided by the _____ ended on _____ .

Employer name: _____
Policy No: _____
Insurance Co: _____

Screen:	Field:	Entry:	Narrative:	Flag:
MEDICAL	INSURANCE PROVIDED BY	Make one selection	253	
	POLICY NUMBER	Alpha/numeric entry	393	
	END DATE	MM/DD/CCYY		

Process: **CASE**   Number: **40** (**This stopped issuing in April 2002**.)

Text: Case was reviewed and modified to include a medical support obligation on: _____

Screen:	Field:	Entry:	Narrative:	Flag:

Process: **CASE**   Number: **41** (**This stopped issuing in April 2002**.)

Text: Case was reviewed and modified to include a medical judgment obligation on: _____

Screen:	Field:	Entry:	Narrative:	Flag:

Process: **CASE**   Number: **54 (No longer issues.)**

Text: ***Medical insurance deleted***

Screen:	Field:	Entry:	Narrative:	Flag:
			183	

Process: **CASE**   Number: **60**
Text: The following medical insurance provide by the _____ was added on
_____.
Employer name:
Policy No:
Insurance Co:
Screen: Field: Entry: Narrative: Flag: