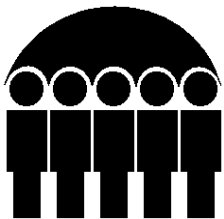


Revised March 4, 2005

Employees' Manual
Title 11
Chapter I-Appendix

MEDICAL SUPPORT APPENDIX



Iowa
Department
of
Human Services

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470/0413, Obligor Insurance Questionnaire

Purpose	Use form 470/0413, <i>Obligor Insurance Questionnaire</i> , to request that the obligor provide information about the obligor's employment and health insurance coverage.
Source	<p>If ICAR displays a "4" in the HI POT field on the MEDSUM2 screen, ICAR generates this form in batch overnight to the Department's mailing service.</p> <p>You cannot generate this form on line.</p>
Completion	<p>ICAR completes this form when:</p> <ul style="list-style-type: none">◆ Health insurance is court ordered;◆ The obligor is making regular payments; and◆ The Unit does not have a verified employer for the obligor. <p>ICAR enters the identifying information into this form, and the obligor completes the remainder.</p>
Distribution	The Department's mailing service sends one copy of this form to the obligor by first-class mail.
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none">◆ The current date.◆ The case number.◆ The obligor's name and address.◆ The names of the obligee or caretaker and the children.◆ The worker's name and ID number.◆ The Unit's return address.

470/2240, Employer Health Insurance Questionnaire

Purpose	Use form 470/2240, <i>Employer Health Insurance Questionnaire</i> , to request that the employer provide information about the obligor's health insurance coverage and employment.
Source	When you enter a "Y" in the SEND HIQ: EMP field on the PAYOR screen, ICAR generates the form in batch overnight to the Department's mailing service. You cannot generate this form on line.
Completion	Complete this form when: <ul style="list-style-type: none">◆ You verify an employer for the obligor; or◆ You need to verify health or employment information when the employer is already connected to an IWO; or◆ You need to verify health insurance or employment information for review and adjustment when the employer is connected to an IWO. ICAR enters the identifying information into this form, and the obligor completes the remainder.
Distribution	The Department's mailing service sends one copy of this form to the employer by first-class mail with a return envelope.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ The current date.◆ The case number.◆ The employer's name and address.◆ The obligor's name and social security number.◆ The worker's name and ID number.◆ The Unit's return address.

470-2705, Notice of Health Insurance Information

Purpose	<p>Use form 470-2705, <i>Notice of Health Insurance Information</i>, to notify the obligee when:</p> <ul style="list-style-type: none">◆ The obligor begins providing health insurance;◆ There is a change in the status of the health insurance coverage provided by the obligor (the employer no longer offers specific coverage, etc.); or◆ The health insurance coverage ends (the obligor becomes unemployed, etc.).
Source	<p>ICAR generates this form when:</p> <ul style="list-style-type: none">◆ You add or make changes to the MEDICAL screen on the case; or◆ You reprint this form by entering a “Y” in the GEN STATUS LTR field on the INSURANCE DEPENDENT LIST screen when an obligee requests a copy. <p>ICAR prints this form in batch overnight to the Department’s mailing service.</p> <p>You cannot generate this form on line.</p>
Completion	<p>ICAR completes this form when:</p> <ul style="list-style-type: none">◆ You first enter health insurance information on the INSURANCE DEPENDENT LIST screen (a subscreen of the MEDICAL screen).◆ You record changes in the health insurance coverage for any of the dependents listed on the INSURANCE DEPENDENT LIST screen (a child emancipates, the employer no longer provides health insurance, etc.).◆ You add a child to the case, change the medical support obligation to include this child in the health insurance coverage, and update the INSURANCE DEPENDENT LIST screen to include this child.

- ◆ You record coverage type changes (the employer no longer provides dental insurance, etc.) on the MEDICAL COVERAGE screen.
- ◆ ICAR deletes the medical record 90 days after employment terminates because the employer does not provide the date health insurance coverage ends.
- ◆ You delete the medical record before ICAR deletes the record when the employer provides the date health insurance coverage ends.
- ◆ You enter a “Y” in the GEN STATUS LTR field on the INSURANCE DEPENDENT LIST screen when the obligee requests information about the health insurance policy.

Distribution

The Department’s mailing service sends one copy of this form to the obligee by first-class mail.

Data

ICAR enters the following information:

- ◆ The case number.
- ◆ The name of each child.
- ◆ Policy numbers, dates of coverage, and coverages available under the policy.

470/2743, Employer Medical Support Information

Purpose	Use form 470/2743, <i>Employer Medical Support Information</i> , to request that the employer provide information about the health insurance policy.
Source	<p>ICAR generates this form through the MEDSUM batch program to the printer at the EPICS Unit when ICAR displays a “1” in the HI POT field and a “2” in the FORM STAT field on the MEDSUM2 screen.</p> <p>To reprint this form through the overnight MEDSUM batch program, enter a “Y” in the REPRINT? field on the MEDSUM2 screen.</p> <p>To reprint this form on line, enter a “Y” in the ONLINE FORM field on the MEDSUM2 screen. ICAR generates the identical on-line version (470-2743) to your local printer.</p>
Completion	<p>ICAR completes this form when there is a verified employer for the obligor, there is a child support order that includes an obligation to provide health insurance for the children, and either:</p> <ul style="list-style-type: none">◆ You change the entry of “A” in the HI POT field to “1,” or◆ Two days passed since an “A” displayed in the HI POT field and the HI POT field is not changed from “A” to “1” or there is no entry in the ENR STAT field. <p>ICAR enters the identifying information for this form. The employer indicates whether the health insurance plan includes coverage for physician’s visits, hospitalization, prescription drugs, dental, etc.</p>
Distribution	Send the employer one copy of this form and form 470/3818, <i>National Medical Support Notice</i> , by first-class mail.
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none">◆ The current date.◆ The employer’s name and address.◆ The obligor’s name and social security number.◆ The case number.◆ The Unit’s return address.

470/2744, NPA Medical Support Questionnaire

Purpose	Use form 470/2744, <i>NPA Medical Support Questionnaire</i> , to ask the NPA obligee to provide information about health insurance coverage available to the child (if any).
Source	Generate this form through the FORMOSEL screen. When you complete the required data fields, ICAR generates the form on line to your local printer.
Completion	Complete this form when you must contact the obligee directly to get health insurance information.
Distribution	Send one copy of this form to the obligee by first-class mail.
Data	The worker enters the following information: <ul style="list-style-type: none">◆ The obligee's name and mailing address.◆ The current date.◆ The case number.◆ The names of the children on the case.◆ The Unit's return address.◆ The worker's ID number.

470-2748, PA Medical Support Questionnaire

Purpose	<p>Use form 470-2748, <i>PA Medical Support Questionnaire</i>, to:</p> <ul style="list-style-type: none">◆ Ask the PA obligee to provide information about the health insurance coverage available to the child.◆ Inform the obligee that, as a recipient of public assistance, the obligee must cooperate with the Unit in the establishment and enforcement of medical support.
Source	<p>Generate this form from the FORMOSEL screen. When you complete the required data fields, ICAR generates the form on line to your local printer.</p> <p>Batch generation of this form is not available.</p>
Completion	<p>Complete this form when you want to contact the obligee directly to get health insurance information.</p> <p>You enter the identifying information into this form, and the obligee completes the remainder.</p>
Distribution	<p>Send one copy of this form to the obligee by first-class mail.</p>
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none">◆ The obligee's name and mailing address.◆ The current date.◆ The case number.◆ The Unit's return address. <p>You enter the names of the children on the case.</p>

470-3218, Employer Insurance Notification

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

470/3219, Employer Insurance Second Notification

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

470-3726, Acknowledgment of Request for Informal Conference - Medical

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

470-3727, Result of Conference Regarding Medical Support

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

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

You enter the following information:

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

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

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

- ◆ The name and address of the employer that received the *Employer Medical Support Information* and *National Medical Support Notice*.
- ◆ The Unit's return address.
- ◆ The obligor's name.
- ◆ The names and mailing addresses of the attorneys for the obligor and obligee, if identified for the medical process.
- ◆ The current date.

470/3729, Discontinuation of Medical Support Enforcement

Purpose	Use form 470/3729, <i>Discontinuation of Medical Support Enforcement</i> , to notify the employer to stop deducting health insurance premiums or withholding dollar amounts for medical support.
Source	To generate this form, enter: <ul style="list-style-type: none">◆ “X” in the REVOKED field on the MEDMTQ screen; or◆ “X” in the STAYED field on the MEDMTQ screen; or◆ “X” in the GRANTED field on the MEDMTQ screen. ICAR generates this form to your local printer. Batch generation of this form is not available.
Completion	Complete this form after a motion to quash hearing or after you hold an informal conference when the obligor is no longer required to carry health insurance for the child or pay cash medical support.
Distribution	Send one copy of this form by first-class mail to the employer to whom the Unit sent form 470/2743, <i>Employer Medical Support Information</i> , and form 470/3818, <i>National Medical Support Notice</i> .
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ The employer’s name and address.◆ The current date.◆ The case number.◆ The worker’s ID number and name.◆ The Unit’s return address.◆ The Unit’s general telephone number.◆ The obligor’s name and social security number.◆ The date the employer must stop enforcing health insurance.

470/3733, Initiation of Medical Support Enforcement

Purpose	Use form 470/3733, <i>Initiation of Medical Support Enforcement</i> , to inform the obligor of the right to request an informal conference or motion to quash concerning medical support enforcement.
Source	ICAR generates this form in batch overnight to the printer at the EPICS Unit. You cannot generate this form on-line.
Completion	ICAR completes this form when. <ul style="list-style-type: none">◆ The only obligation on the case is a health-only (HO) obligation; and◆ There is a verified employer for the obligor. <p>Note: When the case has a court order with a child support obligation and health insurance, ICAR generates form 470 2624, <i>Initiation of Income Withholding/Medical Support Enforcement</i>, instead. This form tells the obligor of the right to request an informal conference or motion to quash for income withholding and medical support enforcement. See the income withholding process.</p>
Distribution	Send one copy of this form to the obligor by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ The obligor's name and mailing address.◆ The current date.◆ The case number.◆ The worker's ID number.◆ The Unit's return address.◆ The Unit's general telephone number.

470-3755, Health Care Benefits from the Military

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

470/3818, National Medical Support Notice

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

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

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

Distribution

Send one copy of this form along with form 470/2743, *Employer Medical Support Information*, by first-class mail to the employer.

Data

ICAR enters the following information:

- ◆ The EPICS Unit's return address.
- ◆ The current date.
- ◆ The case number.
- ◆ The county where the support order is filed.
- ◆ The date the support order was filed.
- ◆ The numbers of the support orders that order health insurance.
- ◆ The employer's FEIN, name, and address.
- ◆ The obligee's name and address. (When there is a risk associated with releasing this information or it is a foster care case, the EPICS Unit's return address displays in the "Substitute Official/Agency Name and Address" lines.)
- ◆ The obligor's social security number, name, and address.
- ◆ The children's names, dates of birth, and social security numbers.
- ◆ The court or administrative authority.
- ◆ The maximum premium amount.

470/3917, Change in Medical Support Enforcement

Purpose	Use form 470/3917, <i>Change in Medical Support Enforcement</i> , to notify the obligor's employer that an order for which the Unit is responsible for enforcing health insurance requirements has ended. The form suggests that the employer review the plan's provisions and talk with the obligor to determine whether health insurance coverage for the child should continue.
Source	ICAR generates this form in batch overnight at the EPICS Unit. You cannot generate this form on-line.
Completion	ICAR completes this form when all of the obligations that include health insurance end.
Distribution	Send one copy of this form to the employer by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ The employer's name and address.◆ The current date.◆ The case number.◆ The EPICS Unit's return address.◆ The obligor's name and social security number.

470-3933, Termination of the National Medical Support Notice

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

S479J013-A, Medical Performance Measures Report

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

INIT STATE REQUESTED MEDICAL ENF: This field indicates the number of interstate cases on ICAR where the initiating state requested medical support services.

INIT STATE DID NOT REQUEST MEDICAL ENF: This field indicates the number of interstate cases on ICAR where the initiating state did not request medical support services.

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

S479H263, TPL Data Not Matched on ICAR Report

Purpose	Report S479H263, <i>TPL Data Not Matched on ICAR Report</i> , lists cases that did not successfully match when the Medicaid Third-Party Liability Unit sent case information to ICAR. The Unit receives a tape from the state's TPL Unit each week to match against cases on ICAR.
Source	ICAR generates this report weekly in the Hoover Building and it is delivered to Central Office.
Distribution	Distribute this report to policy staff assigned to the medical process for review to determine if it is appropriate to update ICAR with the information received. Destroy the report 60 days after the "run date."
Data	<p>PAYOR NAME: This field indicates the payor's name.</p> <p>PAYOR ADDRESS: This field indicates the payor's address.</p> <p>PAYOR SOCIAL SECURITY #: This field indicates the payor's social security number.</p> <p>PAYOR DATE OF BIRTH: This field indicates the payor's date of birth.</p> <p>PAYOR SEX: This field indicates the payor's gender.</p> <p>PAYOR PHONE #: This field indicates the payor's telephone number.</p> <p>CASE #: This field indicates the ICAR case number.</p> <p>INSUREE NAME: This field indicates the name of the child associated to the health insurance policy.</p> <p>INSUREE SOCIAL SECURITY #: This field indicates the social security number of the child associated to the health insurance policy.</p> <p>INSUREE DATE OF BIRTH: This field indicates the date of birth for the child associated to the health insurance policy.</p>

INSUREE SEX: This field indicates the gender of the child associated to the health insurance policy.

INSUREE PHONE #: This field indicates the telephone number of the child associated to the health insurance policy.

INSUREE COUNTY: This field indicates the county where the child associated to the health insurance policy lives.

INSUREE REGION: This field indicates the region where the child associated to the health insurance policy lives.

INSUREE STATE ID: This field indicates the state ID for the child associated to the health insurance policy.

EMPLOYER NAME: This field indicates the name of the obligor's employer.

EMPLOYER ADDRESS: This field indicates the address of the obligor's employer.

INSURER NAME: This field indicates the name of the insurer for the health insurance policy.

INSURER ADDRESS: This field indicates the address of the insurer for the health insurance policy.

POLICY NUMBER: This field indicates the policy number for the health insurance policy.

COURT ORDERED: This field indicates whether the court order includes health insurance.

POLICY END DATE: This field indicates the date the health insurance policy ends. When there is no end date for the policy, 99/99/9999 displays in this field.

CARRIER NUMBER: This field indicates the carrier number for the insurer.

POLICY EFFECTIVE DATE: This field indicates the date the health insurance policy starts.

INSUREE END DATE: This field indicates the date the health insurance policy ends for the child associated with the health insurance policy.

COVERAGES: A “Y” displays before each type of coverage the health insurance policy includes.

SOURCES: A “Y” displays before the source of the health insurance policy.