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Exhibit 6.06E1: PDF Version of the NMSN (FEN302)
1. Background

Federal and state laws require child support orders to include a provision for medical support, which may include a provision for health insurance and/or for cash medical support.\(^1\) IV-D programs must also enforce health insurance obligations when private insurance is available to an obligated party at a reasonable cost.\(^2\)

Federal regulations\(^3\) further require that the IV-D agency provide case, member, and located health insurance information to the Michigan Department of Health and Human Services (MDHHS), Health Services and Family Support (HSFS).

2. Types of Medical Support

The 2017 Michigan Child Support Formula (MCSF) provides guidance regarding the establishment of court orders for child support, including the medical support provisions of those orders. The MCSF includes provisions for different types of medical support such as health care coverage and cash medical support. The court order addresses all of the provisions for medical support; however, every provision may not be applicable to all parties. IV-D staff must review the individual court order to determine the application of each of the types of medical support.\(^4\)

2.1 Health Care Coverage

MCL 552.605(a)(2) requires one or both parents to obtain or maintain health care coverage when it is available to them at a reasonable cost.\(^5\)

Health care coverage order provisions may include:

- Who is ordered to provide insurance (obligated party);\(^6\)
- What type of insurance each party is ordered to provide;
- The dependents for whom to provide insurance; and
- The reasonable cost limitation for the order.

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\(^1\) Ref: Michigan Compiled Law (MCL) 552.605a(2) and 45 Code of Federal Regulations (CFR) 303.31.

\(^2\) Ref: MCL 552.626. For a definition of “reasonable cost,” reference Subsection 3.1.1(C) of this manual section.

\(^3\) Ref: 45 CFR 303.30.

\(^4\) Ref: State Court Administrative Office (SCAO) Memorandum (ADM) 2011-01, Medical Policy for Friends of the Court for more information about the MCSF and medical support obligations.


\(^6\) Pursuant to federal Office of Child Support Enforcement (OCSE)-157 instructions, a court order may allow a party to fulfill his/her insurance obligation through an “other person, such as a step-parent.” However, in this situation, the order must identify the parent who is providing coverage but allow the obligation to be fulfilled through the third-party subscriber’s insurance policy.
45 CFR 303.31(b)(1)\textsuperscript{7} requires the IV-D program to petition the court or administrative authority to include private health insurance coverage in the support order if it is accessible\textsuperscript{8} to the child(ren) as defined by the state. The 2017 MCSF Section 3.05(B)(2) states that many factors may be used to determine whether one or both parents should maintain coverage for their children, including accessibility. The 2017 MCSF Supplement advises against ordering both parents to provide coverage. It states: "To prevent ordering duplicate coverage, extra costs, and unnecessary enforcement actions, avoid automatically requiring both parties to provide coverage."

2.2 Cash Medical Support

The MCSF establishes three different types of cash medical support.\textsuperscript{9} The Michigan Child Support Enforcement System (MiCSES) tracks each of these types differently.

2.2.1 Routine/Remedial Cash Medical Support

Routine/remedial cash medical support includes everyday items such as first-aid supplies, cough syrup, vitamins, etc., and is included in the base support amounts. In MiCSES, IV-D staff track routine/remedial medical support for a case as part of the Child Support (CS) debt type.\textsuperscript{10}

2.2.2 Ordinary Cash Medical Support\textsuperscript{11}

Ordinary cash medical support includes items such as co-payments, deductibles, uninsured costs, and other health care-related costs for children eligible for medical support. In MiCSES, the Medical Support – Client (MS) debt type represents the non-custodial parent’s (NCP’s) portion of the ordinary cash medical support obligation.

2.2.3 Additional Medical Support\textsuperscript{12}

Additional cash medical support includes medical support costs that exceed the annual ordinary cash medical support amount determined for

\textsuperscript{7} Revisions to 45 CFR 303.31 in December 2016 made changes to the definition of insurance coverage to include public coverage. OCS will not incorporate these updates into policy until further analysis is conducted.
\textsuperscript{8} For information on accessibility, refer to Section 4.20 of the Michigan IV-D Child Support Manual.
\textsuperscript{9} Ref: 2013 MCSF 3.04.
\textsuperscript{10} For information regarding all debt types related to medical support, reference Section 5.10, "Debt Types," of the Michigan IV-D Child Support Manual.
\textsuperscript{11} An order may eliminate ordinary cash medical support per the 2017 MCSF. For more information, reference Section 4.20 of the Michigan IV-D Child Support Manual.
\textsuperscript{12} Prior to the 2017 MCSF, “additional medical support” was referred to as “extraordinary cash medical support.” Not all forms have been revised to reflect this terminology change at this time; however, Help Desk ticket INC495447 has been entered to request these updates.
that order. In MiCSES, the Medical Reimbursement (MR) debt type represents the additional cash medical support obligations for an order.

2.3 Birth Expenses

Birth expenses include the reasonable and necessary expenses in connection with a mother’s pregnancy. The support order may include a provision that requires the NCP to repay the custodial party (CP) or the State of Michigan for the birth expenses.

3. Enforcement of Health Care Coverage

3.1 National Medical Support Notice (NMSN) (FEN302)

Federal regulations require state IV-D child support enforcement agencies to enforce the health care coverage provision in a child support order in the IV-D caseload. Federal regulation 45 CFR 303.32(a) requires IV-D agencies to use the NMSN to enforce health care coverage where appropriate. The NMSN is issued under federal law governing IV-D agencies. Federal law does not authorize the IV-D agency or any other entity or person to issue NMSNs in non-IV-D cases. Therefore, IV-D staff must use the NMSN only in IV-D cases. MiCSES will not automatically start a NMSN activity chain on a non-IV-D case and will prevent a IV-D worker from starting a NMSN activity chain on a non-IV-D case.

The design and intent of the federal NMSN is to increase access to health care coverage for children by using a standard form when issuing a medical support notice to an employer.

The NMSN is a Qualified Medical Child Support Order (QMCSO) when it identifies the participant and beneficiary(ies) eligible to receive benefits. To meet the requirements of a QMCSO, the NMSN must also clearly contain the following information:

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13 Birth expenses are formerly known as “confinement medical support.”
14 Ref: MCL 722.712.
16 45 CFR 303.32(c)(1)
17 Michigan uses the NMSN to enforce against both NCPs and CPs ordered to provide insurance. Federal regulations were clarified to allow the use of the NMSN to enforce the provision of health care coverage for CPs at state option in addition to NCPs.
18 Ref: Section 466(a)(19) of the Social Security Act.
19 The NMSN is not like the federal income withholding notice (IWN) which is authorized and required in IV-D and non-IV-D cases and is specifically permitted to be used by IV-D and non-IV-D entities/agencies.
20 If a IV-D worker attempts to open a NMSN activity chain on the Enforcement Processor (ENFP) screen for a non-IV-D case, MiCSES will display an error message.
21 29 United States Code (USC) 1169(a)(2)(A) and (B)
• The name and the last-known mailing address (if any) of the participant (employee); and
• The name and mailing address of each alternate recipient (dependent) covered by the order.  

The plan administrator (an individual who administers an employer’s group health plan) may return NMSNs to the Friend of the Court (FOC), stating that the NMSN received does not constitute a QMCSO if the employee’s and child(ren)’s identifying information is not on the form. Therefore, the NMSN in MiCSES has to provide information for the employer to identify the employee and for the plan administrator to enroll the child(ren) in the insurance policy.

The plan administrator is required to provide the CP with a description of the coverage available. The NMSN also includes a mailing address(es) so the plan administrator can send a notice of insurance coverage information to the parties and/or issuing agency.

**Note:** The following employee’s and child(ren)’s identifying information is not suppressed on the NMSN due to family violence:

- Names;
- Addresses;
- Social Security numbers (SSNs); and
- Dates of birth.

The federal NMSN consists of two parts; each part has its own corresponding instructions:

**Part A** – Allows the employer to respond that health care coverage is not available to the employee for any of the following reasons:

- The employee was never employed;
- The employer does not offer the employee the option to purchase dependent or family health care coverage as a benefit of his/her employment;
- The employee is not eligible for insurance benefits at the place of employment (e.g., employee is part-time, non-union, etc.);
- The employee is no longer employed by the employer; or

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22 The name and mailing address of the issuing agency may be substituted for the mailing address of any alternate recipient when family violence is indicated for the CP and dependent.
23 29 USC 1169(a)(5)(C)(ii)(II)
24 When the Family Violence field is set to “YES” on the Member Demographics (DEMO) screen, the issuing FOC’s name and address will replace the CP information on the NMSN.
• The employer is not able to enroll the dependents of the employee because the cost of insurance premiums exceeds state or federal withholding limitations.

Part A also allows the employer to respond with the following information:

• The employee is subject to a waiting period that expires on a specific date or has not completed a waiting period that is determined by some measure other than the passage of time (such as the completion of a certain number of hours worked). At the completion of the waiting period, the plan administrator will process the enrollment; and/or
• The employer forwarded Part B to the plan administrator on a specific date.

Part B – Allows the employer, through the employer’s plan administrator, to respond when the employer has enrolled the dependent(s) in available health care coverage.

MiCSES sends both the FEN302, which is comprised of the federally required NMSN, and a Michigan-specific addendum called the Addendum to the National Medical Support Notice (NMSN) (FEN302A). This manual section will refer to the packet that includes both the FEN302 and FEN302A as the “NMSN.”

3.1.1 Sending the NMSN to an Employer

45 CFR 303.32(c)(2) requires a IV-D agency to send the NMSN within two business days of a new employer being located for an NCP in the State Directory of New Hires. MCL 552.626 requires that a NMSN be sent within two business days of any employer being identified for any party (CP or NCP) who is ordered to provide health care coverage.

Therefore, MiCSES will send a NMSN when a verified employer is loaded on the Member Employment History (EHIS) screen for a member ordered to provide insurance. The CP and NCP do not automatically receive copies of the NMSN, but instead receive the Parent Health Care Coverage Explanation Sheet (FEN303). The FEN303 contains language for the reasonable cost percentage and NMSN objection instructions (only the obligated party receives the objection instructions).

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25 As of December 2009, the Health Insurance Update Letter (FEN215) no longer automatically generates because federal regulations no longer require the IV-D agency to send it to the CP. OCS added language to the FEN303 advising the CP to contact the FOC if the CP believes insurance is available but the plan administrator has not provided insurance coverage information within 60 days of the notice.

26 The FEN303 was modified in December 2009 with minor language changes. Frequently Asked Question number 2(C) on the form was modified to allow MiCSES to automatically populate it with the medical support ordered information for accuracy and clarification.
MiCSES uses the address of the obligor’s employer (Type E-Employer) on the Other Party (OTHP) screen when sending the NMSN. However, if there is an alternate employer’s address identified on the OTHP screen in the Source of Income (SOI) Address pop-up window with an ADDR Type I-Insurance, then MiCSES will send the NMSN to the insurance address identified.\textsuperscript{27}

\textbf{OCSE Policy Interpretation Question (PIQ) 02-03, Medical Support Enforcement Policy Clarifications} discusses when the IV-D agency may refrain from sending a NMSN. The PIQ states:

If the employer does not provide health care coverage for employee dependents, there would be no need for the IV-D agency to send the NMSN for those employees. However, the IV-D agency should make appropriate notation in the individual case record of the unavailability of health care coverage through that employer.

MiCSES will not send NMSNs to employers who have an OTHP ID with an “N” in the \textit{IND Insurance Provided} field on the OTHP screen. This “N” indicates that the employer has notified the Office of Child Support (OCS) or FOC staff that the employer does not provide any type of insurance to any of its employees. MiCSES will also populate an “N” in the \textit{INS Provided} field on the EHIS screen when an OTHP ID record is loaded for a member and that OTHP ID has a corresponding “N” in the \textit{IND Insurance Provided} field on the OTHP screen.\textsuperscript{28}

A. NMSN Requirements of an Employer and/or Plan Administrator

45 CFR 303.32 and MCL 552.626a require employers to comply with the NMSN and all of its instructions because it qualifies as a QMCSO. Additionally, because the NMSN is a QMCSO, plan administrators must also comply with its instructions.

1. General requirements of an employer include:

a. Responding to Part A of the NMSN and, if health care coverage is available, forwarding Part B to the insurer or plan

\textsuperscript{27} To request changes to an employer’s OTHP record, IV-D workers can submit a \textit{Request for New Entry, Merge or Modification of Other Party Information (OTHP)} (DHS-2011). Ref: Section 3.16, “Other Parties,” of the \textit{Michigan IV-D Child Support Manual} for more information.

\textsuperscript{28} Ref: Section 3.06, “Child Support Portal,” of the \textit{Michigan IV-D Child Support Manual} for information on searching the eEmployer application for employers to see if they offer insurance to their employees. The Child Support Portal was formerly known as the State Services Portal.
administrator within 20 days after the date that the NMSN was sent; 29  
b. Responding to Part B of the NMSN within 40 days after the date the NMSN was sent if the employer is also the plan administrator; 30  
c. Withholding the necessary employee contribution for health care coverage (premiums) that do not exceed the withholding limitations (Ref: Subsection 3.1.1[C] of this manual section); and  
d. Notifying the FOC if the employee has been terminated.

2. General requirements of a plan administrator include:

a. Responding to Part B of the NMSN within 40 days after the date that the NMSN was sent;  
b. Enrolling the child(ren) in the health plans available to the employee;  
c. Notifying both the NCP and CP when coverage has become available; and  
d. Furnishing the non-obligated party a description of the coverage available and the effective date of the coverage, including a summary plan, description, and any forms, documents, or information necessary to effectuate such coverage, as well as information necessary to submit claims for benefits. 32

B. NMSN and the Health Insurance Portability and Accountability Act (HIPAA)

The Privacy Rule in 45 CFR 164.512(f) permits a covered entity to disclose protected health information to a “law enforcement official” for law enforcement purposes in compliance with court orders, grand jury subpoenas, or certain written administrative requests. An employee of a IV-D agency who is acting in accordance with state or federal law to enforce a medical child support order meets this definition of a law enforcement official. The NMSN, sent by the IV-D

29 MiCSES currently is not designed to record or store the date the employer forwarded the NMSN to the plan administrator in the Insurance Enforcement (NMSN) major activity chain on the ENFP screen. Ref: Subsection 3.1.3 of this manual section for more information.

30 If the employer fails to respond within the required timeframe, the NMSN may be generated at the Letter to Employer Regarding Failure to Respond (LERFR) minor activity located in the NMSN major activity on the ENFP screen. The NMSN instructions are not included at this step since the employer will have received the instructions when the FEN302 was originally generated and sent.

31 The non-obligated party may be the CP or NCP who is not ordered to provide health care coverage.

32 When the Family Violence field is set to “YES” on the DEMO screen, the issuing FOC name and address will display as the CP information on the NMSN. The FOC is required to notify the non-obligated party of the insurance information identified by the plan administrator.
agency to the employer and health plan for completion, constitutes a written administrative request by a law enforcement official. The Privacy Rule allows a health plan to disclose protected health information in response to the NMSN.\footnote{For more information regarding the NMSN and HIPAA, reference \textit{OCSE PIQ-04-03, Guidance Regarding Medical Support Enforcement under the IV-D Program and Privacy Protections under the Health Insurance Portability and Accountability Act.}}

C. Withholding Limitations/Reasonable Cost and the NMSN

A withholding limitation is the maximum amount of income an employer is allowed to deduct from an employee’s pay.

The NMSN provides a general guideline for employers to follow regarding withholding limitations.

The instructions for Part A of the NMSN allow IV-D agencies to indicate to the employer that the employer may not withhold more than the lesser of:

1. The amounts allowed under the Consumer Credit Protection Act (CCPA), which is 50 to 65\% of an individual’s disposable income;\footnote{15 USC 1673(b)(2) Ref: MCL 552.608.}

2. The amounts allowed by the state of the employee’s principal place of employment. (If the principal place of employment is in Michigan, the total amount of income withheld for current support, fees, and health care coverage premiums must not exceed 50\% of the individual’s disposable earnings);\footnote{Ref: Section 4.20 of the \textit{Michigan IV-D Child Support Manual.}} or

3. The amounts allowed by the child support order.\footnote{Ref: Subsection 3.1.5, “NMSN Objection Process,” of this manual section for more information.}

If the employer determines the withholding amount does not exceed limitations provided on the NMSN, the employer must enroll the dependents in the health care coverage available to the party as indicated on the NMSN. If the party does not agree with the employer’s determination, (s)he may contact the FOC for a formal reasonable cost determination.\footnote{For more information about reasonable cost, reference Section 4.20 of the \textit{Michigan IV-D Child Support Manual.}}

Reasonable cost\footnote{Ref: Section 4.20 of the \textit{Michigan IV-D Child Support Manual.}} is the limit to an amount of income that an individual can be ordered to pay toward dependent health care
The cost of dependent health care is reasonable if it does not exceed 5% of the providing parent’s gross income or a reasonable alternative income-based standard designated by the state.\(^{39}\) In applying the 5% or alternative state standard for the cost of private health insurance, the cost of dependent health care is the cost of adding the child(ren) to existing coverage or the difference between self-only and family coverage.\(^{40}\)

If a reasonable cost limitation amount and/or percentage is available on the Medical Order Provisions (MORP) screen, MiCSES will print that amount and/or percentage as the withholding limitation for the court order on the NMSN.\(^{41}\) If no reasonable cost amount and/or percentage is available on the MORP screen, MiCSES will not print any court order limitation on the NMSN.

### 3.1.2 Special NMSN Situations

#### A. NMSN to Unemployment

The Michigan Unemployment Insurance Agency (MUIA) does not provide health care coverage to its beneficiaries, nor is it considered the beneficiaries' employer; therefore, it is not appropriate to send the NMSN to the MUIA. MiCSES will not send NMSNs when the member ordered to provide insurance has an EHIS record for the MUIA with the OTHP ID 105350962. MiCSES uses this OTHP ID to automatically identify individuals who are receiving MUIA benefits. IV-D staff may also manually load this OTHP ID as an EHIS record.\(^{42}\)

#### B. NMSN and Union-Provided Health Care Coverage

If health care coverage is available to the employee, but the employee’s union provides the coverage, the employer must treat the union as the “plan administrator” for that coverage. Per NMSN instructions and federal regulations (Ref: 45 CFR 303.32[c][3]), the employer must forward Part B of the NMSN to the plan administrator (i.e., the union) within 20 days of the date of the notice.

\(^{39}\) The 2017 MCSF states that the reasonable cost of health care is 6%. Ref: Section 4.20, Subsection 4.2.8(B) of the *Michigan IV-D Child Support Manual* for more information.

\(^{40}\) 45 CFR 303.31

\(^{41}\) Ref: the [May 8, 2017 email notification](mailto:link) for information on a temporary fix to the NMSN to correct an error in the 9.3 Release (December 3, 2016) that resulted in the MORP screen being populated with the wrong reasonable cost percentage. A permanent fix will be implemented by the end of 2017.

\(^{42}\) Ref: Section 3.16 of the *Michigan IV-D Child Support Manual* for information about adding an OTHP ID as an EHIS record.
C. Social Security Administration

The Social Security Administration does not offer medical insurance to benefit recipients. To prevent the generation of a NMSN, FOC staff must enter “N” in the INS Provided field on the EHIS screen.43

D. Generating NMSNs When the Active Enforcement Case Is Non-IV-D

When an order includes both IV-D and non-IV-D cases and the active enforcement case is non-IV-D,44 there are two impacts to NMSN processing:

1. The first impact occurs when MiCSES generates a NMSN on one of the IV-D cases. In rare instances, MiCSES will populate the NMSN with the name(s) of the child(ren) from the non-IV-D active enforcement case. However, the name(s) of the child(ren) from the non-IV-D case cannot appear on the NMSN, which is a IV-D-only enforcement document.

There is no systematic or manual process in MiCSES for changing the child(ren)’s name(s) on the NMSN. When a IV-D worker becomes aware that a NMSN has been generated under these circumstances,45 the IV-D worker will:

- Close the NMSN activity chain;46
- Inform the employer that the NMSN the employer received has the incorrect child(ren)’s name(s) and that the employer will receive a corrected NMSN;
- Manually complete, print and mail a PDF version of the NMSN (Exhibit 6.06E1) with the correct child(ren)’s name(s); and
- Document these activities on the Notes Processor (NOTE) screen.


44 The active enforcement case is the case MiCSES uses to track enforcement activities for an NCP/docket combination. MiCSES selects the active enforcement case in the background. As of August 2017, there are approximately 1,300 cases where the active enforcement case is non-IV-D. This number may change over time, because the functionality that selects the active enforcement case remains unchanged.

45 A IV-D worker would know that the incorrect child’s name is on the NMSN only if the IV-D worker generated the FEN302 on demand and noticed it, reprinted the FEN302 from the Historical Reprints (FHST) or ENFP screens, or was contacted by the CP, NCP or employer.

46 Ref: MiCSES Quick Reference Guide: ENFP – Suspend or Close an Enforcement Remedy Major Activity for information about closing an activity chain.
If an IV-D worker in the NMSN Processing Unit becomes aware that the incorrect child(ren)’s name(s) appears on a NMSN returned from an employer, the IV-D worker will return the NMSN to the FOC.\(^{47}\)

2. The second impact occurs when the non-IV-D active enforcement case is closed. In this scenario, MiCSES will not automatically start a NMSN chain on a IV-D case if a previous NMSN chain for the same NCP or CP and same employer is closed. To generate a NMSN on the IV-D case(s), the IV-D worker must manually start a NMSN activity chain on the IV-D case(s).\(^{48}\)

### 3.1.3 NMSN Response – Employer Forwarded Part B to the Plan Administrator

The employer is required to respond to the NMSN Part A, and if health care coverage is available, the employer must forward Part B to the plan administrator within 20 days after the date the NMSN was sent. The employer must enter on Part A the date the employer forwarded Part B to the plan administrator, and then return Part A to the issuing agency. FOC or NMSN Processing Unit staff must enter the date and other information\(^{49}\) supplied by the employer on the MiCSES NOTE screen.\(^{50}\)

### 3.1.4 NMSN Response – Employee Subject to Waiting Period

The employer is required to respond to the NMSN Part A when the employee is subject to a waiting period more than 90 days from the date of receipt of the NMSN, or has not completed a waiting period that is determined by some measure other than the passage of time (such as the completion of a certain number of hours worked). At the completion of this period, the plan administrator will process the enrollment.

FOC or NMSN Processing Unit staff must enter on the MiCSES EHIS\(^{51}\) screen for the appropriate employer record:

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\(^{47}\) Ref: Subsection 5 of this manual section for more information on the NMSN Processing Unit.

\(^{48}\) Ref: *MiCSES Quick Reference Guide: ENFP – Start an Enforcement Remedy Major Activity* to learn more about opening a NMSN activity chain.

\(^{49}\) Ref: Subsection 5.2.2(I) in this manual section for a list of the information included in the note.

\(^{50}\) IT ticket 21544 was opened to add a field in MiCSES to record the date the NMSN was forwarded to the plan administrator. Currently, the date supplied by the employer is not automatically monitored in MiCSES through the NMSN activity chain on the ENFP screen.

\(^{51}\) When a user enters the date eligible on the EHIS screen in the initial 45-day NMSN response period, MiCSES will automatically select the “FQ” (Future Date for Qualifying) reason code in the NMSN activity chain on the ENFP screen. MiCSES will send another NMSN to the employer upon the due date identified in the minor activity chain, which is seven days prior to the date eligible.
• The “date eligible” identified on the NMSN for the member (employee); and
• Other information supplied by the employer on the NOTE screen.\(^{52}\)

**Note:** If the “date eligible” passes before the NMSN is received, FOC staff or NMSN Processing Unit staff must verify with the employer or insurer that the member (employee) has obtained insurance coverage for the dependents, and staff must update MiCSES as described in Subsection 5.2.2(C) of this manual section.

### 3.1.5 NMSN Objection Process

If the obligated party objects to the NMSN, the party may request an administrative review. The IV-D worker may schedule an administrative review to determine whether:

• Insurance is available at a reasonable cost;
• There is a mistake of identity;
• The party is not ordered to provide coverage; or
• The party is providing health care coverage.

The IV-D worker will use the MiCSES *Topic Objection Fact Finding* (TOFF) activity chain\(^{53}\) to record this administrative review event. The TOFF activity chain is a general administrative review chain.

### 3.2 Show Cause Medical Insurance

MCL 552.626(3)(a) allows the FOC to petition the court for an order to show cause if a parent does not obtain or maintain health care insurance as required.

MiCSES allows IV-D workers to enforce health care coverage against either the CP or NCP via the *Show Cause Medical Insurance* (SCMI) enforcement activity chain. The SCMI activity chain allows IV-D workers the ability to start the chain regardless if any support obligation exists for the case/docket on the *Obligation Maintenance* (OBLG) screen.\(^{54}\) The SCMI activity chain also allows MiCSES to transmit bench warrants to the Law Enforcement Information Network (LEIN) so IV-D workers will not have to create the warrant on the *Bench Warrant* (BWNT) screen or call their sheriff to issue a bench warrant.\(^{55}\)

### 3.3 Settle Costs of Medical Bills

\(^{52}\) Ref: Subsection 5.2.2(G) in this manual section for a list of the information included in the note.


\(^{54}\) Ref: *MiCSES Quick Reference Guide: ENFP – Start an Enforcement Remedy Major Activity*.

A parent may submit a complaint to the FOC that seeks enforcement for payment of health care expenses in excess of $100 per child. The FOC may resolve the complaint administratively or, if an objection is received, set a court hearing. MiCSES allows IV-D staff to determine the health care expense responsibility of either the CP or NCP via the Settle Costs of Medical Bills (SCMB) enforcement activity chain. IV-D workers will be able to start the SCMB activity chain regardless if any support obligation exists on the OBLG screen for the case/docket.

4. Medicaid and MiChild Health Insurance Coverage

For federal reporting purposes, insurance provided through government-funded assistance programs such as Medicaid or MiChild is considered “non-qualified insurance.” Medicaid and MiChild may satisfy the medical obligation if the NCP is unable to obtain private medical coverage through an employer at a reasonable cost and cash medical support is ordered. MiChild coverage is exclusively identified in MiCSES on the Member Dependent Insurance (MDIN) screen. If the IV-D worker receives information that the dependent(s) is receiving MiChild, the IV-D worker must select the INS Type “S-CHIP” from the Insurance Type pop-up window on the MDIN screen and update the Credit for Ins field with “DEP – No Credit, Dependent” so that the parent or third-party subscriber does not receive credit for the MiChild coverage.

IV-D staff must not track Medicaid insurance information on the MDIN screen. MiCSES tracks a member’s Medicaid information on the Member Assistance History (MAHI) screen.

5. Centralized NMSN Processing

In 2005, OCS centralized NMSN processing to assist FOC staff in processing NMSNs. The NMSN Processing Unit is responsible for reviewing, researching and entering validated medical information for CPs, NCPs, third-party subscribers and dependents into MiCSES. FOC staff participating in centralized NMSN processing forward NMSNs returned from employers and plan administrators to the NMSN Processing Unit.

5.1 FOC Participation in Centralized NMSN Processing

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56 Ref: 2017 MCSF 3.04(D)(2).
57 Ref: MCL 552.511a.
59 Revisions to 45 CFR 303.31 in December 2016 made changes to the definition of insurance coverage to include public coverage. OCS will not incorporate these updates into policy until further analysis is conducted.
60 A “third-party subscriber” is a policy holder who is not one of the child’s parents.
61 Ref: MiCSES Quick Reference Guide: MDIN – View and Add a Case’s Insurance Information.
62 The NMSN Processing Unit performs this work for OCS under a vendor contract.
FOC offices that participate in centralized NMSN processing must send NMSNs to the NMSN Processing Unit address shown in Subsection 5.2.1(C) below.

5.2 Staff Responsibilities in Centralized NMSN Processing

5.2.1 FOC Staff Responsibilities

Participating FOC staff will:

A. Identify whether or not the NMSN Processing Unit staff must return processed NMSNs to the FOC office within 90 days of data entry into MiCSES (participating FOC offices that have requested the return of completed NMSNs will be responsible for any costs associated with the return of these forms).

Note: During NMSN processing, whenever the NMSN Processing Unit staff return a NMSN to the FOC, the FOC will receive a scanned copy of the original NMSN. Authorized FOC workers may also access an electronic copy of a NMSN by searching the Web Resource Center InfoTrac by member ID and/or incident number from the note on the NOTE screen.

B. Appoint a medical contact to facilitate the implementation of the program and act as the point of contact for the NMSN Processing Unit.

C. On a weekly basis, forward to the NMSN Processing Unit all NMSNs that have been returned to the FOC office by the employer or plan administrator. The NMSNs must be mailed to the address below:

NMSN Processing Unit
Attn: NMSN Processing
PO Box 30027
Lansing, MI 48909

63 OCS will notify IV-D workers when the NMSN Processing Unit has the capacity to process NMSNs for additional counties.

64 The NMSN responses no longer need to be retained in order to comply with federal auditing requirements. However, FOCs are still required to have the NMSN data entered into MiCSES on the appropriate screens. Therefore, FOC staff may choose to retain an image or copy of the NMSN response for data reliability prior to forwarding it to the NMSN Processing Unit.

65 IV-D workers will use the IV-D Program Request for Computer Access (DHS-393) form to request access to the Web Resource Center. Ref: Section 1.10, “Confidentiality/Security,” of the Michigan IV-D Child Support Manual for information on completing the DHS-393. Currently, each FOC office has one staff member with access to the Web Resource Center.

66 Ref: MiSDU Info-Trac Web Research Center User Guide on mi-support.

67 Medical contacts are maintained on mi-support on the Partner Contact Information page under the Partner Activities tab.
Note: If FOC staff are unable to forward NMSNs to the NMSN Processing Unit once a week, they must contact OCS Central Operations at mdhhs-ocs-nmsn@michigan.gov to make suitable arrangements.

D. Process all NMSNs that are returned to the FOC office from the NMSN Processing Unit.

NMSN Processing Unit staff will research NMSNs and make appropriate entries in MiCSES only if the ENFP chain associated to the NMSN is open or closed with a "II" reason code (Insurance Coverage for Children). Because FOC staff are responsible for researching and processing NMSNs when the ENFP chain is closed for any reason code other than “II,” NMSN Processing Unit staff will return these NMSNs to the local FOC.

E. Continue to enforce medical support as necessary.

5.2.2 NMSN Processing Unit Responsibilities

A. NMSN Processing Unit staff will review the ENFP screen for the docket identified on the NMSN.

If the child(ren)’s name(s) on the returned NMSN is different from the child(ren)’s name(s) on MiCSES, the NMSN Processing Unit will return the NMSN to the FOC. The NMSN Processing Unit will document that the child(ren)’s name(s) does not match in a docket-level note on the NOTE screen.

If the NMSN activity chain assigned to the employer or plan administrator responding to the NMSN is closed with any reason code other than Insurance Coverage for Children ("II"), NMSN Processing Unit staff will:

1. Enter a case note on the NOTE screen that includes the name of the member (employee), the name of the employer, and an explanation that the NMSN Processing Unit staff are returning the NMSN to the FOC because there has been a change in the status of the NMSN on MiCSES; and

2. Return the NMSN to the FOC without any further research or work on the NMSN, and include the Returned NMSNs to FOC Staff (DHS-1300).

B. If the NMSN activity chain assigned to the employer or plan administrator responding to the NMSN is open or closed with the
reason code “II,” NMSN Processing Unit staff will research forwarded NMSNs. When the employer or plan administrator requests further information from the issuing agency in order to respond with complete information on the NMSN, NMSN Processing Unit staff will do one of the following:

1. Return the NMSN, using the DHS-1300, to the FOC for further processing if family violence is indicated on any party on the case. Select “Other” on the form and add instructions advising FOC staff to view the NOTE screen for additional information.\(^\text{68}\) FOC staff are more familiar with specific case conditions;\(^\text{69}\) or

2. Contact the employer and/or plan administrator to obtain the complete information if family violence is not indicated on MiCSES.

Complete information means that the employer or plan administrator has provided the following information on the NMSN response:

- The name of the carrier;
- The address of the carrier;
- The coverage that the carrier provides (general medical, general medical and prescription, general medical and vision and dental, dental only, etc.);
- The “type” of plan related to the coverage (e.g., HMO, PPO, Traditional, or Managed Care) if the coverage that is being provided includes medical coverage;
- The group number;\(^\text{70}\)
- The policy number;
- The eligibility dates; and
- The names of the children enrolled.

**Note:** NMSN Processing Unit staff will contact the plan administrator only if they are unable to obtain complete information from the employer.

If the employer or plan administrator confirms with the NMSN Processing Unit that policy numbers are not used, NMSN Processing Unit staff will request a unique identification

\(^{68}\) Confidential information must not be included on the form but can be documented in MiCSES.

\(^{69}\) Further information regarding family violence is provided in Family Violence documentation on mi-support.

\(^{70}\) Ref: Subsection 7.1.3 of this manual section.
number from the employer or plan administrator. Some plan administrators use a unique identification number (e.g., a contract number, enrollee ID, member number, etc.) and no longer use a policy number to identify the person or coverage.

NMSN Processing Unit staff may inform an employer of the reasonable cost limitation (amount and/or percentage) indicated within MiCSES. If no information is available in MiCSES, NMSN Processing Unit staff must direct the employer to the FOC for a reasonable cost determination.

Case-identifying information may include the parties’ names, dependents’ names, SSNs, and information necessary to proceed with the enforcement of the medical support order.

The Social Security Number Privacy Act (Act 454 of 2004) and MCL 445.83(1)(g)(iii) state that for child support order enforcement, including medical, dental or other health care, it is not a violation to share party information when it is specifically mentioned as part of the child support order.

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71 Some plan administrators use a unique identification number (e.g., a contract number, enrollee ID, member number, etc.) and no longer use a policy number to identify the person or coverage.

72 NMSN Processing Unit staff may inform an employer of the reasonable cost limitation (amount and/or percentage) indicated within MiCSES. If no information is available in MiCSES, NMSN Processing Unit staff must direct the employer to the FOC for a reasonable cost determination.

73 Case-identifying information may include the parties’ names, dependents’ names, SSNs, and information necessary to proceed with the enforcement of the medical support order.

74 The Social Security Number Privacy Act (Act 454 of 2004) and MCL 445.83(1)(g)(iii) state that for child support order enforcement, including medical, dental or other health care, it is not a violation to share party information when it is specifically mentioned as part of the child support order.
a. Member insurance enrollment information that includes the insurer ID number, employer ID number, credit for insurance and reason code, policy number;

b. Group number, policy subscriber last and first name, coverage code, enrollment effective dates, and the insurance carrier’s name in the Comment field; and

c. Dependent insurance enrollment information that includes the beneficiary’s (child’s) policy number, start date and end date (if available), and the employer/plan administrator verification date, for each child as noted on the NMSN addendum.

2. Entering a case note on the NOTE screen that includes the following information:

- Name of the member (employee);
- Plan administrator name;
- Contact person and telephone number for the plan administrator;
- Employer name and telephone number;
- Employer representative name/title; and
- If available, the date the information was verified.

D. NMSN Processing Unit staff will process NMSNs for each member not enrolled in available insurance because the employer has responded that the reasonable cost limitations prevent the enrollment of the dependents.

Tracking the availability of insurance at a reasonable cost will allow federal reports to properly credit the order with medical support compliance.

NMSN Processing Unit staff will:

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75 NMSN Processing Unit staff will not enter an employer ID number if a union is providing the insurance.
76 NMSN Processing Unit staff must not enter an SSN as the policy number for an insurance plan. If an employer and/or plan administrator verifies that an SSN is the correct policy number, NMSN Processing Unit staff will enter the text “SSN” in the Policy Number field and indicate the correct policy number in the case note.
77 IV-D workers should not use hyphens when entering phone numbers, group numbers or policy numbers. The MiCSES medical interfaces do not record hyphens when adding, updating or terminating health insurance information.
78 The name and title identified in the note do not indicate whether the insurance is provided through employment or through another group provider. The name and title refer to the person who provides the insurance information to the IV-D worker.
79 Ref: Subsection 9, “Federal Reporting Requirements Regarding Medical Support,” in this manual section.
1. Process NMSNs for counties that **do not** have a reasonable cost limitation indicated on the MORP screen by entering:

   a. A “Y” in the following fields on the EHIS screen for the employers who have cited that the state or federal withholding limitations prevent the enrollment of the dependents:

      1) *INS Provided*;
      2) *CCPA Limit*; and
      3) *Reasonable Cost*.

   b. A case note on the NOTE screen that includes the following information, if provided on the NMSN:

      - Reason why coverage is not available to the employee;
      - Name of the member (employee);
      - Plan administrator name;
      - Contact person and telephone number for the plan administrator;
      - Employer name and telephone number;
      - Employer representative name/title; and
      - The date the information was verified.

2. Process NMSNs for counties that **do** have a reasonable cost limitation indicated on the MORP screen by entering:

   a. A “Y” in the *INS Provided* field on the EHIS screen for the employers who have cited that the state or federal withholding limitations prevent the enrollment of the dependents;

   b. A “Y” in the *CCPA Limit* field on the EHIS screen for the employers who have cited that the state or federal withholding limitations prevent the enrollment of the dependents;

   c. An “N” in the *Reasonable Cost* field on the EHIS screen for the employers who have cited that the state or federal withholding limitations prevent the enrollment of the dependents; and

   d. A case note on the NOTE screen that includes the following information, if provided on the NMSN:

      - Reason why coverage is not available to the employee;
      - Name of the member (employee);
      - Plan administrator name;
      - Contact person and telephone number for the plan administrator;
      - Employer name and telephone number;
      - Employer representative name/title; and
      - The date the information was verified.
E. NMSN Processing Unit staff will process NMSNs for each member who has not been enrolled because the employer has responded that the member was never employed. Further, the member may no longer be employed, and no insurance was available during the time of employment. NMSN Processing Unit staff will process these NMSNs by:

1. Updating the employer as “Confirmed/Verified Bad” on the EHIS screen for the member (employee). If the member (employee) was a former employee who has been terminated, NMSN Processing Unit staff will enter the word “Termed” along with the termination date, if known, in the Occupation field on the EHIS screen; and

2. Entering a case note on the NOTE screen that includes the following information, if provided on the NMSN:

   - Reason why coverage is not available to the employee;
   - Name of the member (employee);
   - Plan administrator name;
   - Contact person and telephone number for the plan administrator;
   - Employer name and telephone number;
   - Employer representative name/title; and
   - The date the information was verified.

F. NMSN Processing Unit staff will process NMSNs for each member who was previously enrolled, but the employer has responded that the member is no longer employed. NMSN Processing Unit staff will process these NMSNs by:

1. Entering both of the following information on the MDIN screen:

   a. Member insurance enrollment information, including all of the following:

   - Insurer ID number;
   - Employer ID number;\(^{80}\)
   - Credit for insurance and reason code;
   - Policy number;\(^{81}\)
   - Group number;

\(^{80}\) NMSN Processing Unit staff will not enter an employer ID number if a union is providing the insurance.

\(^{81}\) NMSN Processing Unit staff must not enter an SSN as the policy number for an insurance plan. If an employer and/or plan administrator verifies that an SSN is the correct policy number, OCS Central Operations staff will enter the text “SSN” in the Policy Number field and indicate the correct policy number in the case note.
• Policy subscriber last and first name;
• Coverage code, enrollment effective dates; and
• Insurance carrier’s name in the Comment field.

b. Dependent insurance enrollment information for each child as noted on the NMSN addendum, including all of the following:

• The beneficiary’s (child’s) policy number;
• The start date and end date; and
• The employer/plan administrator verification date.

2. Updating the employer as “Confirmed/Verified Bad” on the EHIS screen for the member (employee). NMSN Processing Unit staff will enter the word “Termed” along with the termination date, if known, in the Occupation field on the EHIS screen.

3. Entering a case note on the NOTE screen that includes the following information, if provided on the NMSN:

• Reason why coverage is not currently available to the employee;
• Name of the member (employee);
• Plan administrator name;
• Contact person and telephone number for the plan administrator;
• Employer name and telephone number;
• Employer representative name/title; and
• The date the information was verified.

G. NMSN Processing Unit staff will process NMSNs with information indicating that the employee is subject to a waiting period (more than 90 days from the date of receipt of the NMSN) or has not completed a waiting period that is determined by some measure other than the passage of time (such as the completion of a certain number of hours worked). NMSN Processing Unit staff will process these NMSNs by:

1. Entering on the EHIS screen for the appropriate employer record the “date eligible” identified on the NMSN for the member (employee); and

2. Entering a case note on the NOTE screen that includes the following:

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82 IV-D workers should not use hyphens when entering phone numbers, group numbers or policy numbers. The MiCSES medical interfaces do not record hyphens when adding, updating or terminating health insurance information.
• Reason why coverage is not available to the employee;
• Date eligible as identified on the NMSN;
• Any other information that the employer identified on the NMSN;
• Name of the member (employee);
• Plan administrator name;
• Contact person and telephone number for the plan administrator;
• Employer name and telephone number;
• Employer representative name/title; and
• If available, the date the information was verified.

H. NMSN Processing Unit staff will process NMSNs for each member who has not been enrolled in an insurance program. Enrollment may not be possible because: (a) the company does not offer employees the option of purchasing dependent or family health care coverage, or (b) the employee is in a class of employees who are not eligible for the employer’s plan. The NMSN Processing Unit will process these NMSNs by submitting a DHS-2011 to OCS Central Operations to request an update to the employer’s OTHP record\(^{83}\) indicating that the employer does not provide insurance. The NMSN Processing Unit will also enter:

1. An “N” in the \textit{INS Provided} field on the EHIS screen for the employer who responded to the NMSN;

2. An “N” in the \textit{Reasonable Cost} field on the EHIS screen for the employer who responded to the NMSN; and

3. A case note on the NOTE screen that includes the following information, if provided on the NMSN:

   • Reason why coverage is not available to the employee;
   • Name of the member (employee);
   • Plan administrator name;
   • Contact person and telephone number for the plan administrator;
   • Employer name and telephone number;
   • Employer representative name/title; and
   • The date the information was verified.

\(^{83}\) For more information on updating and maintaining OTHP records, reference Section 3.16 of the \textit{Michigan IV-D Child Support Manual}. 
I. NMSN Processing Unit staff will process NMSNs for each employer response indicating the employer forwarded the NMSN Part B to the plan administrator. Staff will process these NMSNs by entering a case note that includes the following information:

- Name of the member (employee);
- Plan administrator name;
- Contact person and telephone number for the plan administrator;
- Employer name and telephone number;
- Employer representative name/title;
- The date Part B was forwarded to the plan administrator; and
- If available, the date the information was verified.

J. NMSN Processing Unit staff will return a scanned copy of the original NMSN to the FOC offices when asked.

K. NMSN Processing Unit staff will retain NMSN responses for 90 days.

5.3 OTHP Record Maintenance

OCS Central Operations maintains OTHP records in MiCSES.

5.3.1 Conducting Matches of OTHP Records

Using the insurer’s or insurance carrier’s name and address on the NMSN, OCS Central Operations staff will try to locate an exact match of this information on the Other Party Cross Reference (OTHX) screen.

5.3.2 OTHP Record-Matching Process

A. If an exact match exists, OCS Central Operations staff will enter on the MDIN screen the OTHP ID identified for the insurer or insurance carrier from the OTHX screen.

B. If an exact match does not exist, OCS Central Operations staff will look for other OTHP records for that insurer or insurance carrier.

1. If an OTHP record exists with incorrect or incomplete data, OCS Central Operations staff will research and update the existing OTHP record.

2. If an OTHP record exists with correct, complete, and verified data, but does not match the information on the NMSN, OCS Central Operations staff will add a new OTHP record.
C. If an OTHP entry for that insurer or insurance carrier does not exist, OCS Central Operations staff will add a new OTHP record.

6. Automated Insurance Matches

6.1 MDHHS, Health Services and Family Support (HSFS)

6.1.1 Health Management Systems (HMS) – Michigan Insurance Provider Eligibility Files

HSFS entered into a contract with HMS to perform insurance eligibility searches for Medicaid, child support and Children Special Health Care Services (CSHCS). HMS locates and verifies health insurance coverage for:

- Medicaid and CSHCS recipients;
- Child support persons who also have Medicaid or CSHCS;
- Child support persons who are insurance subscribers for Medicaid or CSHCS recipients

HSFS staff review the HMS response data and load the carrier-approved data into the HSFS Third Party Liability (TPL) system.

Note: HSFS does not consider coverage provided by CSHCS to be commercial insurance that HSFS could coordinate Medicaid claims with; therefore, HSFS has instructed HMS to not return these types of policies.

MiCSES does not directly load data returned by HMS.

Michigan law requires health insurance companies to submit members directly to HSFS. HSFS uses this data to ensure that the information in the TPL Coverage File is accurate.

6.1.2 MDHHS, Health Services and Family Support (HSFS) TPL Insurance Information Exchange

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84 These child support persons receive a health benefit card that identifies them as Medicaid or CSHCS recipients.
85 These child support persons receive a health benefit card from a carrier (e.g., Blue Cross Blue Shield of Michigan). They are identified as subscribers for the insurance but are subsidized by the State of Michigan under the Medicaid or CSHCS programs.
86 Help Desk ticket 299919 was entered to request a direct interface with MDHHS, HSFS, CSHCS and MiCSES.
87 Ref: MCL 550.283.
A. MiCSES to TPL

Federal regulations\(^{88}\) require IV-D agencies to provide located health insurance information for Medicaid persons to the state Medicaid agency.

Prior to 2009, MiCSES provided this information to MDCH\(^{89}\) through a limited Data Warehouse (DW) view. OCS also provided located health insurance information, with the insurance source and DCH carrier ID, to MDCH as part of the project to support the MDCH contract with HMS. However, the TPL group at MDCH did not use the available DW view of MiCSES health insurance information because:

1. The DW view did not include the insurance source. TPL staff do not consider certain sources, such as parent-reported insurance, to be verified sources; and

2. MDCH identifies insurance carriers by their DCH carrier ID, while MiCSES identifies carriers by their OTHP ID.

Both the MiCSES and OCS insurance feeds to MDCH were suspended in September 2009 due to the release of MDCH’s Community Health Automated Medicaid Processing System (CHAMPS).

In February 2016, MiCSES provided an expanded DW view to MDHHS HSFS. This view allows access to data extracted from MiCSES. The expanded view provides data on collections, medical support obligations, and insurance coverage, as well as member data on cases for which there is a current or previous medical support assignment. HSFS TPL staff use this data to determine if insurance is available to cover medical expenses paid by Medicaid to comply with federal law that requires Medicaid agencies to take all reasonable measures to determine third-party liability for Medicaid-paid expenses.\(^{90}\) HSFS TPL staff also use this data to track medical support obligations and collections on cases where members have assigned medical support to the state.

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\(^{88}\) Ref: 45 CFR 303.30; 42 CFR 433.146.

\(^{89}\) This subsection refers to the Medicaid agency as MDCH because it discusses activities that occurred prior to MDCH’s merger with DHS.

\(^{90}\) Ref: 42 USC 1396a(25).
B. TPL to MiCSES

The existing batch process to transfer commercial insurance information entered by TPL staff from the HSFS DW to MiCSES is inactive. An IT ticket (18359) was submitted to restart this feed.

6.2 Medical Support Enforcement System (MSES)

MSES, developed in the mid-1990s for Michigan by the Third Circuit Court, was used by 30 FOC offices for medical child support enforcement.

MSES also exchanged health insurance eligibility information with major Michigan health insurers under subpoenas issued by the Third Circuit Court. The data exchanged with these insurers was used to search for new health insurance and to verify existing insurance for parents and dependents.

FOC users transitioned to MiCSES for all child support enforcement activities, including medical support enforcement, in 2003. User access to MSES was terminated shortly afterward. MSES was renamed internally to the MiCSES MINT, but the health insurance carriers providing health coverage information through the interface still refer to it as MSES.

6.3 MiCSES Medical Interface (MINT)

The MiCSES MINT exchanges health insurance information with insurance companies, and the insurance information is sent directly to MiCSES. The insurers represent approximately 85% of all individuals covered by commercial health insurance in Michigan. These insurers include:

- Blue Cross Blue Shield of Michigan (including Blue Care Network [BCN] and National Account Service Company [NASCO]);\(^\text{91}\)
- Health Alliance Plan;
- Priority Health;
- HealthPlus of Michigan;
- Physicians Health Plan (PHP) of Mid-Michigan; and
- Total Health Care.

MiCSES and the MiCSES MINT perform quality checks on the response data to resolve third-party subscriber data issues, and load the data on the MDIN screen appropriately.

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\(^\text{91}\) Blue Cross Blue Shield of Michigan information was added to the exchange in July 2009.
The MiCSES MINT matches information from the located insurance policies to existing policies in MiCSES based upon the insurance provider, the subscriber, and the group number as identified on the MDIN screen.\footnote{The MiCSES MINT is not case-sensitive when matching information. Ref: Subsection 7.1.3 of this manual section for more information on the group number.}

Any accumulated MiCSES MINT insurance response data is sent as part of a weekly file that contains MiCSES medical information to the MiCSES DW, along with other MiCSES/DW scheduled exchanges.\footnote{This became effective in September 2009. Prior to September 2009, the information was loaded into the MiCSES DW and then forwarded to MiCSES.}

### 7. Recording Health Coverage Information in MiCSES

#### 7.1 Health Coverage Information on the Order Preparation and Entry (OPRE), MORP, and MDIN Screens

##### 7.1.1 Recording Health Coverage Information on the OPRE and MORP Screens

IV-D workers initially record medical support orders on the OPRE screen, and MiCSES subsequently imports the medical order information to the MORP screen. IV-D workers may manually update information on the MORP screen (e.g., reasonable cost percentage).\footnote{For information about error correction on the OPRE screen, refer to Section 4.20 of the Michigan IV-D Child Support Manual.} The reasonable cost percentage, as populated on the MORP screen, is also displayed on the EHIS screen in the Reas Cost % field.

##### 7.1.2 Medical-Enforcement-Only Cases

Medical-enforcement-only cases are cases in which the IV-D agency only provides medical support services. These cases are initiated when Medicaid is the only program benefit applied for or received, and the beneficiary requests medical support services only.\footnote{Ref: Section 2.15, “Cooperation/Noncooperation/Good Cause,” of the Michigan IV-D Child Support Manual.}

For medical-enforcement-only cases, the Medical Enf Only checkbox on the OPRE screen Med/Dev Details tab will be populated from the Case Member Details (CASE) screen. The Medical Enf Only checkbox will be checked when the Med ENF Only checkbox is checked on the CASE screen.
7.1.3 Medical Coverage Information Recorded on the MDIN Screen

The MDIN screen is a IV-D case and medical insurance policy-based screen. It allows IV-D staff to determine which parent may receive credit for the insurance (if either) when a third-party subscriber provides the insurance. Group Number is a required field. MiCSES will not allow a IV-D worker to enter an insurance record without a Group Number.

IV-D staff must not enter an SSN as the policy number for an insurance plan. If an employer and/or plan administrator verifies that an SSN is the correct policy number, IV-D staff will enter the text “SSN” in the Policy Number field and indicate the correct policy number/SSN in the case note. This will prevent the SSN being generated on medical support forms that may be sent to the parties.

7.2 NMSN Termination

The NMSN is terminated when the order to provide medical insurance is no longer in effect. Federal regulations require IV-D agencies to notify employers when a current order for medical support that the IV-D agency is responsible for is no longer in effect. The IV-D agency is responsible for medical support orders in IV-D cases; when the IV-D case closes, the NMSN is terminated because the NMSN is a IV-D-only enforcement remedy.

The Michigan IV-D agency sends the Notice Regarding Health Care Coverage (FEN308) to inform employers, NCPs and CPs that the NMSN is no longer in effect for the employee and child(ren) listed on the form. The FEN308 informs employers that the notice does not prevent an employee from voluntarily continuing insurance. It also instructs the employer to check with the employee to confirm that (s)he does not have any other legal obligation to provide insurance, and (s)he wants to discontinue insurance coverage.

When the IV-D case closes and the MiCSES case remains open, one or both parents may still have a court-ordered obligation to provide health insurance for their dependent(s). If an employer terminates health insurance coverage based on the FEN308, it may be very difficult for an employee to reinstate the insurance. The employer may require a new NMSN in order to enroll the

96 Ref: MiCSES Screen Description: MDIN – Member Dependent Insurance and MiCSES Quick Reference Guides: MDIN – Update a Case’s Insurance Information and MDIN – View and Add a Case’s Insurance Information.

97 For example, the Health Insurance Update Letter (FEN215)

98 Ref: 45 CFR 303.32(c)(7).


100 Ref: Section 466a(19)(A) of the Social Security Act.
dependent(s) in health insurance outside of the open enrollment period.\textsuperscript{101} The interruption in health insurance coverage could have serious unintended consequences.

Therefore, MiCSES will not automatically generate a FEN308 when the IV-D case closes and the MiCSES case remains open. This will reduce the risk of an employer terminating insurance coverage when the employee’s (NCP’s or CP’s) court-ordered obligation to provide health insurance continues. However, if a parent requests that the FOC notify his/her employer that the NMSN has terminated after the IV-D case has closed, the FOC worker will manually generate a FEN308.\textsuperscript{102} The act of terminating the NMSN upon request of a parent after the IV-D case has closed is a IV-D-reimbursable activity.

MiCSES will automatically initiate the \textit{Insurance Order Termination Letter} (IOTL) activity chain and send\textsuperscript{103} the FEN308 to a verified employer\textsuperscript{104} only when a NMSN was previously sent to the employer and one of the following occurs:\textsuperscript{105}

\begin{itemize}
  \item All open orders on a MiCSES case have closed;
  \item A dependent on a IV-D or MiCSES case is emancipated;
  \item A dependent on a IV-D or MiCSES case is deceased;
  \item A dependent’s member status is no longer “active”;\textsuperscript{106} or
  \item A dependent’s case relationship is no longer “dependent.”\textsuperscript{107}
\end{itemize}

If all orders on a MiCSES case have closed, the FEN308 will list all of the dependents on the MiCSES case. In all other circumstances, the FEN308 will only reference the emancipated or deceased dependent or the dependent whose member status or case relationship has changed. MiCSES will also send a copy of the FEN308 to the CP and NCP.\textsuperscript{108}

\textsuperscript{101} Open enrollment periods are the dates within which an employee can add or change insurance elections. The NMSN allows the employer to enroll the dependent(s) in health insurance coverage without regard to open enrollment dates.

\textsuperscript{102} Section 3.50 of the \textit{Michigan IV-D Child Support Manual} contains more details about manual actions required on non-IV-D cases.

\textsuperscript{103} MiCSES will only automatically print the FEN308 when the print default is set to “Central Print” on the \textit{Default Print Destination} (DPNT) screen. IV-D staff must review their informational alerts and manually print the FEN308 if the print default is set to “On Demand.” Ref: \textit{MiCSES Screen Description: MDIN – Member Dependent Insurance}.

\textsuperscript{104} Verified employers have a “Y” value in the \textit{Action Code} field on the EHIS screen.

\textsuperscript{105} This became effective in October 2015.

\textsuperscript{106} Ref: \textit{MiCSES Screen Description: CASE – Case Member Details} for information on other possible member status values.

\textsuperscript{107} Ref: the CASE screen for other case relationship values.

\textsuperscript{108} The employee’s SSN is suppressed on the CP and NCP copies of the FEN308.
IV-D workers may manually generate the FEN308 by manually initiating the IOTL activity chain.109

7.3 Form/Report Generation

IV-D staff may generate the FEN302, for IV-D cases only, the Employer’s Disclosure of Income and Health Insurance Information (FEN305),110 the Employer’s Disclosure of Health Insurance Information (FEN306),111 and the FEN308 from the Enforcement Forms Matrix (ENFM) screen. Also, updated reports are included on the Insurance Enforcement Report (IREP) screen.112

IV-D staff may generate the FEN215 and the Return of Uninsured Health Care Expense Submission (FEN255) from the ENFM screen. MiCSES does not automatically send the FEN215. IV-D staff may generate the FEN215 on demand to the CP or NCP.

8. Medical Support and the Military

8.1 NMSN to Military

OCSE PIQ-06-02, Guidance for Sending the National Medical Support Notice (NMSN) to the Defense Manpower Data Center (DMDC), indicates that OCSE considers it inappropriate to send the NMSN to DMDC to enforce health care coverage for dependents of active-duty military or retired military personnel. DMDC is unable to enroll dependents in the military health care program, TRICARE, which is an automatic entitlement for military personnel and their dependents.113 If the parent in the military has not enrolled the dependent, the non-obligated party must go to the nearest military ID card-issuing facility and present documentation to the verifying officer to establish eligibility. Therefore, IV-D agencies must not send the NMSN to DMDC for dependents of active-duty, reserves and retired military personnel.

The MiCSES Military Insurance Enforcement (MILI) activity chain114 reads the military source of income type and prevents the NMSN from generating. The OTHP IDs115 are marked as “insurance provided,” and MiCSES does not send

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110 This form looks the same as the FOC 22, which is a SCAO form. The FOC 22 may be accessed from the SCAO website.
111 This form looks the same as the FOC 22a, which is a SCAO form. The FOC 22a may be accessed from the SCAO website.
112 Ref: MiCSES Screen Description: IREP – Insurance Enforcement Report and MiCSES Quick Reference Guide: IREP – Generate Insurance Enforcement Reports.
113 A legal dependent is a child of a military person (active, reserves or retired) for whom paternity has been established. This applies only to male service members who are not married to the dependent’s mother.
114 Ref: Subsection 8.4, “MILI Activity Chain,” of this manual section for more information.
NMSNs to any Military (M-type) OTHP ID EHIS records associated to the member ordered to provide insurance. The MILI activity chain improves the IV-D worker’s ability to monitor medical coverage compliance by members of the military.

8.2 Locating Military Personnel (Defense Enrollment and Eligibility Reporting System [DEERS]) Information

The Defense Management Data Center (DMDC) provides DEERS information to child support agencies through the Federal Parent Locator Service (FPLS) and the Federal Case Registry (FCR). An electronic match with the FPLS enables IV-D staff to learn whether a dependent:

- Is currently enrolled in DEERS and is receiving TRICARE benefits;
- Is eligible to receive TRICARE benefits but is not enrolled in DEERS; or
- Was previously enrolled in DEERS, but is no longer receiving TRICARE benefits.

DMDC matches the FPLS participants against its DEERS records and reports the results to the FCR. The FCR transmits the matching information to the states on a quarterly basis. A CP or NCP (not a IV-D worker) may confirm eligibility for a child by calling the DMDC Support Office telephone center help line Monday through Friday between 9 a.m. and 6:30 p.m. Eastern Time at 1-800-538-9552.

DEERS information is loaded directly into the MiCSES MDIN screen. Military medical coverage that may be found in MiCSES includes information from the July 2009 DEERS report and subsequent DEERS reports. There may be instances where DEERS data is not loaded into MiCSES due to differences in matching criteria between MiCSES and the MiCSES DW.

8.3 Submitting IV-D Members to the FPLS for DMDC - DEERS Information

DMDC is able to match and provide DEERS information only for IV-D members in the FPLS. Therefore, to receive information for a IV-D member, the member must be submitted to the FPLS.

MiCSES will automatically submit a IV-D member to the FPLS in two ways:

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116 Ref: OCSE publication: A Quick Guide to Working With the Military As an Employer.
117 The information is loaded to MiCSES approximately the third week of January, April, July, and October.
118 The Data Warehouse Business Objects DEERS report was obsoleted on May 8, 2015.
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- MiCSES sends the IV-D member’s information directly to the FPLS if (s)he has a Locate Status of “N” (Not Located) on MiCSES;\footnote{A member’s Locate Status can be viewed on the following MiCSES screens: \textit{Member Address History (AHIS), Member Address List (ALST), EHIS, and Member Employment List (ELST)}.} or
- MiCSES sends a request to add or update the IV-D member’s FCR record (i.e., name, date of birth, SSN, IV-D case number) to the FCR. The FCR then automatically sends the newly added or updated FCR record to the FPLS.

A IV-D worker can also manually submit the member to the FPLS from the \textit{Locate Request (LREQ)} screen in MiCSES.\footnote{Ref:\ MiCSES Screen Description: \textit{LREQ – Locate Request}, MiCSES Quick Reference Guide: \textit{LREQ – Initiating a Manual Locate Request – PLS}, and MiCSES Customer Information Guide: Locate Interface (BATCH_CLFC) Process for information on submitting a locate request.}

MiCSES will not send an automatic FPLS request or allow a manual FPLS request unless there is a verified SSN for the member.\footnote{A member has a verified SSN if (s)he has an SSN on the \textit{Member SSN History (MSSN)} screen with a Verification Code of “Y – Confirmed/Verified Good,” “V – Verification Sent,” or blank.} Additionally, the FPLS will not match and return any DMDC - DEERS information if Michigan or any other state has marked a case with a Family Violence Indicator (FVI) of “Yes.”\footnote{Ref:\ \textit{Family Violence documentation} on mi-support.}

8.4 MILI Activity Chain\footnote{Ref:\ MiCSES Customer Information Guide: \textit{MILI – Military Insurance Enforcement Activity Chain}.}

MiCSES will load the MILI activity chain when:

- A verified EHIS record associated to an OTHP ID with an OTHP Type of “M” (Military) is added for an NCP or CP associated to a docket;
- The party associated to the EHIS record is required to provide insurance\footnote{The \textit{Insurance Ordered} value on the MORP screen for the NCP/CP is “Y.”} and has not;\footnote{There is no active MDIN record.} and
- At least one eligible dependent for the docket does not have insurance as ordered.

MiCSES will automatically send the \textit{Military Insurance Enrollment Letter} (FEN214) notifying the parties about the availability of coverage and the steps necessary to enroll the children in a policy. If a verification of enrollment does not arrive within 45 days of the FEN214 being sent, MiCSES will alert the IV-D worker.
9. **Federal Reporting Requirements Regarding Medical Support**

9.1 **Medical Support Information on Federal Reports**

Medical support information found on the *Office of Child Support Enforcement Annual Data Report* (OCSE-157/DHS 284A) provides the basis of medical support information that OCSE is currently requesting for federal reporting.

OCSE is not currently using medical support as a performance factor for state incentives. However, OCS still tracks the medical-ordered percentage and medical-provided percentage and will continue to analyze medical support in Michigan. This will allow OCS the opportunity to take appropriate action should Michigan’s medical support compliance need improvement.

9.2 **Steps to Ensure Medical Support Is Accurately Reported**

The IV-D worker must enter medical support orders and medical support information timely in MiCSES by:

- Recording provided insurance coverage\(^{126}\) on the MDIN screen\(^{127}\) by entering the member’s insurance enrollment information that includes the insurer ID number, employer ID number,\(^{128}\) credit for insurance\(^{129}\) and reason code, policy number, group number, policy subscriber last and first name, coverage code, enrollment effective dates,\(^{130}\) and the insurance carrier’s name in the *Comment* field;\(^{131}\)

- Entering an “N” (No) in the *Reasonable Cost* field on the NCP’s or CP’s EHIS record(s) if insurance is not available at a reasonable cost;

- Entering the Medical Support – Client (MS), Medical Reimbursement (MR), Birth Expense – Family (CF) and Birth Expense – State (CM) debt types on MiCSES when ordered; and

- Entering a case note on the NOTE screen that includes the following information, if provided on the NMSN:

  - **Name of the member (employee);**

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\(^{126}\) Ref: Subsection 7.1.3 of this manual section for more information on recording data on the MDIN screen.

\(^{127}\) Recording at least one child on the MDIN screen will allow the case to count toward federal reporting when the case meets all other conditions.

\(^{128}\) IV-D staff will not enter an employer ID number if a union is providing the insurance.

\(^{129}\) Ref: Subsection 4, “Medicaid and MiChild Health Insurance Coverage,” in this manual section.

\(^{130}\) IV-D workers must not use hyphens when entering phone numbers, group numbers or policy numbers. The MiCSES medical interfaces do not record hyphens when adding, updating or terminating health insurance information.

\(^{131}\) Recording the dependent insurance information on a party’s MDIN screen will reflect that the party is providing the insurance. The party that is providing the insurance is not currently being tracked for federal reporting; however, accurate entry of the insurance information on the MDIN screen will allow proper tracking if it is needed in the future.
6.06 Medical Support

- Plan administrator name;
- Contact person and telephone number for the plan administrator;
- Employer name and telephone number;
- Employer representative name/title; and
- The date the IV-D worker verified the information.

SUPPORTING REFERENCES:

Federal
Social Security Number Privacy Act (Act 454 of 2004)
Section 466(a)(19) of the Social Security Act
Section 466a(19)(A) of the Social Security Act

29 CFR 2590.609-2
45 CFR 164.512(f)
45 CFR 303.30
45 CFR 303.31
45 CFR 303.31(b)(1)
45 CFR 303.32
45 CFR 303.32(a)
45 CFR 303.32(c)(1)-(3)
45 CFR 303.32(c)(7)
42 CFR 433.146

OCSE AT-01-02
OCSE AT-08-08

OCSE PIQ-06-02
OCSE PIQ-02-03
OCSE PIQ-04-03

15 USC 1673(b)
15 USC 1673(b)(2)
29 USC 1169(a)(2)
29 USC 1169(a)(2)(A) and (B)
29 USC 1169(a)(5)(C)(ii)(II)
42 USC 1396a(25)

State
MCL 445.83(1)(g)(iii)
MCL 550.283
MCL 552.15 to 552.17
MCL 552.511a
MCL 552.605a(2)
MCL 552.608

132 The name identified in the note does not indicate whether the insurance is provided through employment or through another group provider.
MCL 552.626
MCL 552.626(3)(a)
MCL 552.626a
MCL 722.712

2013 MCSF
2013 MCSF Supplement Section 3.02, 3.05(B)(2)
SCAO ADM 2011-01

REVISION HISTORY:

IV-D Memorandum 2017-019
IV-D Memorandum 2016-035
IV-D Memorandum 2016-022
IV-D Memorandum 2016-004
IV-D Memorandum 2015-022
IV-D Memorandum 2013-010
IV-D Memorandum 2012-010
IV-D Memorandum 2010-024
IV-D Memorandum 2010-007
IV-D Memorandum 2009-035
IV-D Memorandum 2009-027