

**Michigan IV-D Child Support Manual**  
**Michigan Department of Health and Human Services**

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[Exhibit 6.06E1: PDF Version of the NMSN \(FEN302\)](#)

[Exhibit 6.06E2: Sample Notice of Noncompliance \(Health Care Coverage\) \(FEN304\)](#)

## 1. Background

Federal and state laws require child support orders to include a provision for medical support, which may include a provision for health care coverage and/or for cash medical support.<sup>1</sup> Health care coverage includes both public and private health care coverage.<sup>2</sup> Public health care coverage includes government benefit programs such as Medicaid, Healthy Michigan Plan, and MICHild (Children’s Health Insurance Program [CHIP]). IV-D programs must also enforce health care coverage obligations when health care coverage is accessible<sup>3</sup> and available to an obligated party at a reasonable cost.<sup>4</sup>

Federal regulations<sup>5</sup> further require that the IV-D agency provide case, member, and located health care coverage information to the Michigan Department of Health and Human Services (MDHHS), Health Services and Family Support (HSFS).

## 2. Types of Medical Support

The [2021 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 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.<sup>6</sup>

### 2.1 Health Care Coverage

MCL 552.605(a)(2) requires the court to order one or both parents to obtain or maintain health care coverage when it is accessible and available to them at a reasonable cost.<sup>7</sup> However, both parents should be ordered to provide health care coverage only when:

- Both parents already provide health care coverage; or
- Both parents agree to provide health care coverage.

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<sup>1</sup> Ref: Michigan Compiled Law (MCL) 552.605(a)(2) and 45 Code of Federal Regulations (CFR) 303.31.

<sup>2</sup> MCL 552.602(n)

<sup>3</sup> Ref: [Section 4.20, “Support Recommendations and Order Entry,” of the Michigan IV-D Child Support Manual](#). Also refer to the 2021 Michigan Child Support Formula (MCSF) 3.05(A) for the definition of accessibility.

<sup>4</sup> Ref: MCL 552.626. For a definition of “reasonable cost,” reference Subsection 3.1.1(C) of this manual section.

<sup>5</sup> 45 CFR 303.30

<sup>6</sup> Ref: [State Court Administrative Office \(SCAO\) Administrative Memorandum \(ADM\) 2011-01, Medical Policy for Friends of the Court](#) for more information about the MCSF and medical support obligations.

<sup>7</sup> For information on determining accessibility and reasonable cost, refer to Section 4.20 of the *Michigan IV-D Child Support Manual*. Also refer to 2021 MCSF 3.05 for more information on reasonable cost and accessibility.

This limitation does not prohibit the court from using its discretion to order both parents to provide health care coverage based on the child's needs and the parents' resources.

Health care coverage order provisions may include:

- Who is ordered to provide insurance (obligated party);<sup>8</sup>
- 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.

45 CFR 303.31(b)(1) requires the IV-D program to petition the court or administrative authority to include health care coverage in the support order if it is accessible<sup>9</sup> to the child(ren) as defined by the state.

## 2.2 Cash Medical Support

The MCSF establishes three different types of cash medical support.<sup>10</sup> 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.<sup>11</sup>

### 2.2.2 Ordinary Cash Medical Support<sup>12</sup>

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.

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<sup>8</sup> Pursuant to federal Office of Child Support Services (OCSS) form 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.

<sup>9</sup> For information on accessibility, refer to Section 4.20 of the *Michigan IV-D Child Support Manual*. Also refer to 2021 MCSF 3.05(A) for the definition of accessibility.

<sup>10</sup> Ref: 2021 MCSF 3.04.

<sup>11</sup> For information regarding all debt types related to medical support, reference [Section 5.10, "Debt Types," of the Michigan IV-D Child Support Manual](#).

<sup>12</sup> A court order may eliminate ordinary cash medical support per 2021 MCSF 3.04(B). For more information, reference Section 4.20 of the *Michigan IV-D Child Support Manual*.

### 2.2.3 Additional Medical Support

Additional cash medical support includes medical support costs that exceed the annual ordinary cash medical support amount determined for that order. In MiCSES, the Medical Reimbursement (MR) debt type represents the additional cash medical support obligations for an order.

### 2.3 Birth Expenses<sup>13</sup>

Birth expenses include the reasonable and necessary expenses in connection with a mother's pregnancy.<sup>14</sup> 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.<sup>15</sup>

## 3. Enforcement of Health Care Coverage

### 3.1 *National Medical Support Notice* (NMSN) (FEN302)

Federal regulations<sup>16</sup> 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.<sup>17</sup> 45 CFR 303.32(a) requires IV-D agencies to use the NMSN to enforce employer-provided health care coverage where appropriate.<sup>18</sup> The NMSN is issued under federal law governing IV-D agencies.<sup>19</sup> Federal law does not authorize the IV-D agency or any other entity or person to issue NMSNs in non-IV-D cases.<sup>20</sup> 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 an IV-D worker from starting a NMSN activity chain on a non-IV-D case.<sup>21</sup>

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.

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<sup>13</sup> Birth expenses are formerly known as "confinement medical support."

<sup>14</sup> Ref: MCL 722.712.

<sup>15</sup> Ref: [Section 4.25, "Birth Expenses," of the Michigan IV-D Child Support Manual](#) for more information.

<sup>16</sup> 45 CFR 303.32(c)(1)

<sup>17</sup> 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.

<sup>18</sup> The NMSN was updated in 2020 to include text and a checkbox to inform the employer that the NMSN was terminated. NMSNs generated in MiCSES will not use this functionality.

<sup>19</sup> Ref: Section 466(a)(19) of the Social Security Act.

<sup>20</sup> 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.

<sup>21</sup> 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.

The NMSN is a Qualified Medical Child Support Order (QMCSO)<sup>22</sup> 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:

- 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.<sup>23</sup>

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.<sup>24</sup> 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;<sup>25</sup>
- 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;

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<sup>22</sup> 29 United States Code (USC) 1169(a)(2)(A) and (B); 29 CFR 2590.609-2

<sup>23</sup> 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.

<sup>24</sup> 29 USC 1169(a)(5)(C)(ii)(II)

<sup>25</sup> 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 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
- 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. This form also allows the employer to list children who are at or above the age at which dependents are no longer eligible for coverage under the employee’s insurance plan. Part B includes the *National Medical Support Notice – Addendum to Part B*, on which the plan administrator enters the health care coverage details for all children listed on the NMSN. This includes the following types of insurance:

- Medical;
- Dental;
- Vision;
- Prescription Drug;
- Mental Health; and
- Other.

MiCSES sends both the FEN302, which is comprised of the federally required NMSN, and a one-page Michigan-specific addendum called the *Michigan-Specific Addendum to the National Medical Support Notice (NMSN) (FEN302A)*. This addendum provides information and resources in one location, which encourages employers/plan administrators to complete the NMSN accurately. 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<sup>26</sup>

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. When the court orders a parent to provide health care coverage for a child who was not included in a previous order, the IV-D worker will add the child to the *Medical Order Provisions* (MORP) screen.<sup>27</sup> MiCSES will generate a new NMSN with the added child.

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). A IV-D worker may manually generate the *Health Insurance Update Letter* (FEN215) to notify parents of available health insurance.<sup>28</sup>

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.<sup>29</sup>

[OCSS 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

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<sup>26</sup> Ref: Subsection 3.1.2(E) of this manual section for information on NMSNs and public health care coverage.

<sup>27</sup> Ref: [MiCSES Quick Reference Guide: MORP – Update Medical Order Provisions](#) for information on updating the MORP screen.

<sup>28</sup> Available health insurance includes both public and private health care coverage.

<sup>29</sup> To request changes to an employer's OTHP record, IV-D workers can submit a *Request for New Entry, Merge or Modification of Other Party Information (OTHP)* (DHS-2011). Ref: [Section 3.16, "Other Parties," of the Michigan IV-D Child Support Manual](#) for more information.



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 *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 *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 *IND Insurance Provided* field on the OTHP screen.<sup>30</sup>

#### 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 administrator within 20 days after the date that the NMSN was sent;<sup>31</sup>
- 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;<sup>32</sup>
- 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;

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<sup>30</sup> Ref: [Section 3.06, “Federal Child Support Portal,”](#) of the *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 Federal Child Support Portal was formerly known as the State Services Portal.

<sup>31</sup> 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.

<sup>32</sup> 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.



- 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<sup>33</sup> 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.<sup>34</sup>
- 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 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.<sup>35</sup>

C. Withholding Limitations/Reasonable Cost and the NMSN

A withholding limitation is the maximum amount of income an employee 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:

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<sup>33</sup> The non-obligated party may be the CP or NCP who is not ordered to provide health care coverage.

<sup>34</sup> 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.

<sup>35</sup> For more information regarding the NMSN and HIPAA, reference [OCSS PIQ-04-03, Guidance Regarding Medical Support Enforcement under the IV-D Program and Privacy Protections under the Health Insurance Portability and Accountability Act.](#)

1. The amounts allowed under the Consumer Credit Protection Act (CCPA), which is 50 to 65% of an individual's disposable income;<sup>36</sup>
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);<sup>37</sup> or
3. The amounts allowed by the child support order.<sup>38</sup>

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.<sup>39</sup>

Reasonable cost<sup>40</sup> is the limit to an amount of income that an individual can be ordered to pay toward dependent health care insurance. 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.<sup>41</sup> The 2021 MCSF 3.05(A)(2) states that the reasonable cost of health care is 6%.<sup>42</sup>

If a reasonable cost limitation amount and/or percentage is available on the MORP screen, MiCSES will print that amount and/or percentage as the withholding limitation for the court order on the NMSN. 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

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<sup>36</sup> 15 USC 1673(b)(2)

<sup>37</sup> Ref: MCL 552.608.

<sup>38</sup> Ref: Section 4.20 of the *Michigan IV-D Child Support Manual*.

<sup>39</sup> Ref: Subsection 3.1.5, "NMSN Objection Process," of this manual section for more information.

<sup>40</sup> For more information about reasonable cost, reference Section 4.20 of the *Michigan IV-D Child Support Manual*.

<sup>41</sup> 45 CFR 303.31(a)(3)

<sup>42</sup> Ref: Section 4.20, Subsection 3.3.1(A) of the *Michigan IV-D Child Support Manual* for more information.

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.<sup>43</sup>

#### 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.

#### 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.<sup>44</sup>

#### 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,<sup>45</sup> 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

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<sup>43</sup> Ref: Section 3.16 of the *Michigan IV-D Child Support Manual* for information about adding an OTHP ID as an EHIS record.

<sup>44</sup> Ref: [Michigan IV-D Child Support Manual Section 6.03, "Income Withholding," Subsection 13.7, "IWNs for Social Security Act \(SSA\) Benefits."](#) for more information on what to document in MiCSES to prevent NMSNs generating for the Social Security Administration.

<sup>45</sup> 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.

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,<sup>46</sup> the IV-D worker will:

- Close the NMSN activity chain;<sup>47</sup>
- 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.

If a 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.<sup>48</sup>

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).<sup>49</sup>

#### E. NMSNs and Public Health Care Coverage

1. FOCs will not send the NMSN when the order for health care coverage does not specify whether the coverage must be private or public, **and** one of the following is true:

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<sup>46</sup> 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.

<sup>47</sup> Ref: [MiCSES Quick Reference Guide: ENFP – Suspend or Close an Enforcement Remedy Major Activity](#) for information about closing an activity chain.

<sup>48</sup> Ref: Subsection 4 of this manual section for more information on the NMSN Processing Unit.

<sup>49</sup> Ref: [MiCSES Quick Reference Guide: ENFP – Start an Enforcement Remedy Major Activity](#) to learn more about opening a NMSN activity chain.

- a. The parent who is required to obtain health care coverage provides proof that the employer's coverage is not accessible<sup>50</sup> to the child or not available to the parent at a reasonable cost;

**or**

  - b. The parent who is required to obtain health care coverage has obtained and maintained health care coverage<sup>51</sup> that is accessible to the child and available to the parent at a reasonable cost.<sup>52</sup>
2. When a parent's child support order allows the parent to provide either private or public health care coverage for his/her child, MiCSES will not automatically generate a NMSN when:
    - a. It is documented on the MORP screen that the parent was ordered to provide either private or public health care coverage;<sup>53</sup> and
    - b. It is documented on the *Member Dependent Insurance* (MDIN)<sup>54</sup> screen that the parent who was ordered to provide health care coverage is providing public health care coverage.

When public health care coverage ends, MiCSES will automatically generate a NMSN for the employer of the parent who is ordered to provide health care coverage.

### 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<sup>55</sup> supplied by the employer on the MiCSES NOTE screen.

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<sup>50</sup> Ref: 2021 MCSF 3.05(A) for the definition of accessibility.

<sup>51</sup> This health care coverage can be private or public.

<sup>52</sup> MCL 552.605(a)(2)

<sup>53</sup> Ref: Section 4.20 of the *Michigan IV-D Child Support Manual* for more information about recommending and documenting the type of health care coverage a parent is ordered to provide.

<sup>54</sup> The MDIN screen is updated automatically with Medicaid data from the *Member Assistance History* (MAHI) screen. IV-D workers can manually update the MDIN screen with public health care coverage information.

<sup>55</sup> Ref: Subsection 4.2.2(I) in this manual section for a list of the information included in the note.

### 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<sup>56</sup> screen for the appropriate employer record:

- The “date eligible” identified on the NMSN for the member (employee); and
- Other information supplied by the employer on the NOTE screen.<sup>57</sup>

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 4.2.2(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;
- Insurance is accessible;
- 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<sup>58</sup> to record this administrative review event. The TOFF activity chain is a general administrative review chain.

## 3.2 Notice of Noncompliance (FEN304)

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<sup>56</sup> 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.

<sup>57</sup> Ref: Subsection 4.2.2(G) in this manual section for a list of the information included in the note.

<sup>58</sup> Ref: [MiCSES Customer Information Guide: TOFF – Topic Objection Fact Finding Activity Chain](#).

If the obligated party does not obtain or maintain health care coverage for their child(ren), the IV-D worker can generate the *Notice of Noncompliance (Health Care Coverage)* (FEN304) ([Exhibit 6.06E2](#)) and send it to the parent. This notice advises parents that they might be able to obtain public health care coverage for their child(ren). The notice provides parents with resources they can use to obtain information about public health care coverage. A parent may provide proof of health care coverage or request a hearing in response to the FEN304.

### 3.3 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.<sup>59</sup> 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.<sup>60</sup>

If a parent was ordered to provide private or public health care coverage or was ordered to provide public health care coverage only,<sup>61</sup> the order to show cause will ask the parent to provide a reason for failing to apply for public health care coverage. Although a parent can be prompted to *apply* for public health care coverage as a result of an order requiring coverage, *obtaining* public coverage may not be possible for the parent. Eligibility for public health care coverage is determined by a public health care agency (e.g., MDHHS) and not by the child support program.

### 3.4 Settle Costs of Medical Bills

A parent may submit a complaint to the FOC that seeks enforcement for payment of health care expenses in excess of \$100 per child.<sup>62</sup> The FOC may resolve the complaint administratively or, if an objection is received, set a court hearing.<sup>63</sup> 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*

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<sup>59</sup> Ref: *MiCSES Quick Reference Guide: ENFP – Start an Enforcement Remedy Major Activity*.

<sup>60</sup> Ref: [Section 6.45, “Bench Warrants/LEIN,” of the Michigan IV-D Child Support Manual](#) for more information.

<sup>61</sup> OCS anticipates that courts will rarely, if ever, order public health care coverage only. Ref: Section 4.20 of the *Michigan IV-D Child Support Manual* for more information about the types of health care coverage that can be included in an order.

<sup>62</sup> Ref: 2021 MCSF 3.04(D)(2).

<sup>63</sup> Ref: MCL 552.511a.



(SCMB) enforcement activity chain.<sup>64</sup> 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. 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.<sup>65</sup> FOC staff participating in centralized NMSN processing forward NMSNs returned from employers and plan administrators to the NMSN Processing Unit.

##### 4.1 FOC Participation in Centralized NMSN Processing

FOC offices that participate in centralized NMSN processing<sup>66</sup> must send NMSNs to the NMSN Processing Unit address shown in Subsection 4.2.1(C) below.

##### 4.2 Staff Responsibilities in Centralized NMSN Processing

###### 4.2.1 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).<sup>67</sup>

**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 KidSTAR.<sup>68</sup>

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<sup>64</sup> Ref: *MiCSES Quick Reference Guide: ENFP – Start an Enforcement Remedy Major Activity*.

<sup>65</sup> The NMSN Processing Unit performs this work for OCS under a vendor contract.

<sup>66</sup> OCS will notify IV-D workers when the NMSN Processing Unit has the capacity to process NMSNs for additional counties.

<sup>67</sup> 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.

<sup>68</sup> IV-D workers will use the *IV-D Program Request for Computer Access* (DHS-393) form to request access to KidSTAR. Ref: [Section 1.10, "Confidentiality/Security," of the Michigan IV-D Child Support Manual](#) for information on completing the DHS-393. Ref: [IV-D Memorandum 2020-028, Transition to a New Vendor for the Michigan State Disbursement Unit \(MiSDU\)](#), for more information about KidSTAR.

- B. Appoint a medical contact<sup>69</sup> 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

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](mailto: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.

#### 4.2.2 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

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<sup>69</sup> Medical contacts are maintained on mi-support on the [Partner Contact Information](#) page under the Partner Activities tab.

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.<sup>70</sup> FOC staff are more familiar with specific case conditions;<sup>71</sup> 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;

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<sup>70</sup> Confidential information must not be included on the form but can be documented in MiCSES.

<sup>71</sup> Further information regarding family violence is provided in [Section 1.15, “Family Violence,” of the Michigan IV-D Child Support Manual](#).

- The group number;<sup>72</sup>
- 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 number from the employer or plan administrator.<sup>73</sup> NMSN Processing Unit staff will process the NMSN on MiCSES by entering the unique identification number in the *Policy NO* field on the MDIN screen. NMSN Processing Unit staff are not required to return NMSNs as incomplete to the FOC.

NMSN Processing Unit staff may contact the employer or plan administrator identified on the NMSN by telephone.<sup>74</sup> As representatives of the IV-D agency, NMSN Processing Unit staff are authorized to share case-identifying information<sup>75</sup> with the employer or plan administrator in order to enforce the medical support order.<sup>76</sup>

3. If contact with the employer or plan administrator has been attempted and complete information is not provided, NMSN Processing Unit staff will return NMSNs that cannot be processed to the corresponding FOC medical contact with the *Returned NMSNs to FOC Staff* letter that explains why the forms have been returned. NMSN Processing Unit staff will:

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<sup>72</sup> Ref: Subsection 6.1.3 of this manual section.

<sup>73</sup> 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.

<sup>74</sup> 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.

<sup>75</sup> Case-identifying information may include the parties' names, dependents' names, SSNs, and information necessary to proceed with the enforcement of the medical support order.

<sup>76</sup> 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. Enter the date of the letter, the name and address of the FOC, and the medical contact to whom the letter is being sent;
  - b. Mark the appropriate box indicating the reason for the return; and
  - c. Attach the letter to the corresponding NMSN(s).
4. If contact with the employer or plan administrator has been attempted and complete information is provided, NMSN Processing Unit staff will process the NMSN appropriately for those members who are or are not enrolled.
- C. NMSN Processing Unit staff will process NMSNs for members (including all children on the NMSN) who **are enrolled** in their employers' insurance programs by:
1. Entering the following information on the MDIN screen:
    - a. Member insurance enrollment information that includes the insurer ID number, employer ID number,<sup>77</sup> credit for insurance and reason code, policy number;<sup>78</sup>
    - b. Group number, policy subscriber last and first name, coverage code, enrollment effective dates,<sup>79</sup> 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;

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<sup>77</sup> NMSN Processing Unit staff will not enter an employer ID number if a union is providing the insurance.

<sup>78</sup> 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.

<sup>79</sup> 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.

- Employer representative name/title;<sup>80</sup> 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.<sup>81</sup>

NMSN Processing Unit staff will:

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:

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<sup>80</sup> 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.

<sup>81</sup> Ref: Subsection 8, “Federal Reporting Requirements Regarding Medical Support,” in this manual section.

- 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;<sup>82</sup>
    - Credit for insurance and reason code;
    - Policy number;<sup>83</sup>
    - Group number;
    - Policy subscriber last and first name;
    - Coverage code, enrollment effective dates;<sup>84</sup> 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:

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<sup>82</sup> NMSN Processing Unit staff will not enter an employer ID number if a union is providing the insurance.

<sup>83</sup> 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.

<sup>84</sup> 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 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:
    - 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<sup>85</sup> indicating that the employer does not provide insurance. The NMSN Processing Unit will also enter:

1. An "N" in the *INS Provided* field on the EHIS screen for the employer who responded to the NMSN;
  2. An "N" in the *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.
- 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.

#### 4.3 OTHP Record Maintenance

OCS Central Operations maintains OTHP records in MiCSES.

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<sup>85</sup> For more information on updating and maintaining OTHP records, reference Section 3.16 of the *Michigan IV-D Child Support Manual*.

#### 4.3.1 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.

#### 4.3.2 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.

### 5. Automated Insurance Matches

#### 5.1 MDHHS, Health Services and Family Support (HSFS)

##### 5.1.1 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;<sup>86</sup> and

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<sup>86</sup> These child support persons receive a health benefit card that identifies them as Medicaid or CSHCS recipients.

- Child support persons who are insurance subscribers for Medicaid or CSHCS recipients<sup>87</sup>

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.<sup>88</sup>

MiCSES does not directly load data returned by HMS.

Michigan law<sup>89</sup> 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.

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

##### A. MiCSES to TPL

Federal regulations<sup>90</sup> 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<sup>91</sup> 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:

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<sup>87</sup> 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.

<sup>88</sup> A Child Support Help Desk ticket was entered to request a direct interface with MDHHS, HSFS, CSHCS and MiCSES.

<sup>89</sup> Ref: MCL 550.283.

<sup>90</sup> Ref: 45 CFR 303.30; 42 CFR 433.146.

<sup>91</sup> This subsection refers to the Medicaid agency as MDCH (Michigan Department of Community Health) because it discusses activities that occurred prior to MDCH's merger with DHS (Department of Human Services).

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.<sup>92</sup> 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.

#### 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.<sup>93</sup>

### 5.2 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

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<sup>92</sup> Ref: 42 USC 1396a(25).

<sup>93</sup> A Child Support Help Desk ticket was submitted to restart this feed.

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.

### 5.3 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]);<sup>94</sup>
- 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.

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.<sup>95</sup>

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.<sup>96</sup>

## 6. Recording Health Coverage Information in MiCSES

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

#### 6.1.1 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

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<sup>94</sup> Blue Cross Blue Shield of Michigan information was added to the exchange in July 2009.

<sup>95</sup> The MiCSES MINT is not case-sensitive when matching information. Ref: Subsection 6.1.3 of this manual section for more information on the group number.

<sup>96</sup> This became effective in September 2009. Prior to September 2009, the information was loaded into the MiCSES DW and then forwarded to MiCSES.



MORP screen. IV-D workers may manually update information on the MORP screen (e.g., reasonable cost percentage).<sup>97</sup> The reasonable cost percentage, as populated on the MORP screen, is also displayed on the EHIS screen in the *Reas Cost %* field.

IV-D workers may also manually update the *Payer HCC Type* and *Payee HCC Type* fields on the *Medical Insurance* tab on the MORP screen.<sup>98</sup>

### 6.1.2 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.<sup>99</sup>

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.

### 6.1.3 Medical Coverage Information Recorded on the MDIN Screen

The MDIN screen<sup>100</sup> 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*. When public health care coverage is documented on the MDIN screen, the *Group Number* and *Policy Number* fields are disabled.

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<sup>101</sup> that may be sent to the parties.

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<sup>97</sup> For information about error correction on the OPRE screen, refer to Section 4.20 of the *Michigan IV-D Child Support Manual*.

<sup>98</sup> Ref: Section 4.20 of the *Michigan IV-D Child Support Manual* for information on how to update these fields on the MORP screen.

<sup>99</sup> Ref: [Section 2.15, “Cooperation/Noncooperation/Good Cause,” of the Michigan IV-D Child Support Manual](#).

<sup>100</sup> 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](#).

<sup>101</sup> For example, the *Health Insurance Update Letter (FEN215)*

Medicaid information for dependents is documented on the MDIN screen. MiCSES automatically updates the MDIN screen with Medicaid information from the MAHI screen. Also, IV-D workers can manually update the MDIN screen with Medicaid or other public health care coverage information.<sup>102</sup> However, IV-D workers cannot update records that MiCSES automatically added to the MDIN screen from the MAHI screen. When a parent has Medicaid or other public health care coverage for their child(ren) that does not appear on the MDIN screen, IV-D workers will manually add the coverage information to the MDIN screen.<sup>103</sup>

IV-D workers will add health care coverage information to the MDIN screen only when it can be verified on a Business Objects report<sup>104</sup> or by the parent with proof of coverage. Public health care coverage will not have an employer; IV-D workers will use the OTHP ID 202235841 (Medicaid Public Health Care Coverage) for all public health care coverage.

## 6.2 NMSN Termination

The NMSN is terminated when the order to provide medical insurance is no longer in effect. Federal regulations<sup>105</sup> 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,<sup>106</sup> the NMSN is terminated because the NMSN is a IV-D-only enforcement remedy.<sup>107</sup>

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.<sup>108</sup> 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.

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<sup>102</sup> Other public health care coverage can include MICHild (Children's Health Insurance Program [CHIP]), or other local or state government benefit programs.

<sup>103</sup> Ref: *MiCSES Quick Reference Guide: MDIN – View and Add a Case's Insurance Information* for information on how to add public health care coverage to the MDIN screen.

<sup>104</sup> Business Objects Report QN-015, *Case Composition by Case Number*

<sup>105</sup> Ref: 45 CFR 303.32(c)(7).

<sup>106</sup> Ref: [Section 3.50, "Case Closure," of the Michigan IV-D Child Support Manual](#).

<sup>107</sup> Ref: Section 466a(19)(A) of the Social Security Act.

<sup>108</sup> The NMSN was updated on July 31, 2020 to include a checkbox that allows IV-D agencies to terminate a NMSN, but OCS will not be using this checkbox for NMSN termination; OCS will continue using the FEN308 as described in this manual section.

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 dependent(s) in health insurance outside of the open enrollment period.<sup>109</sup> 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.<sup>110</sup> 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 *Insurance Order Termination Letter* (IOTL) activity chain and send<sup>111</sup> the FEN308 to a verified employer<sup>112</sup> **only** when a NMSN was previously sent to the employer and one of the following occurs:

- All open orders on a MiCSES case have closed;
- A dependent on a IV-D or MiCSES case is emancipated;
- A dependent on a IV-D or MiCSES case is deceased;
- A dependent's member status is no longer "active;"<sup>113</sup> or
- A dependent's case relationship is no longer "dependent";<sup>114</sup> or
- A IV-D worker removes a child from the MORP screen.

Note: IV-D workers may remove a child from the MORP screen only when:

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<sup>109</sup> 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.

<sup>110</sup> Section 3.50 of the *Michigan IV-D Child Support Manual* contains more details about manual actions required on non-IV-D cases.

<sup>111</sup> MiCSES will automatically print the FEN308 only when the print default is set to "Central Print" on the *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: *MiCSES Screen Description: MDIN – Member Dependent Insurance*.

<sup>112</sup> Verified employers have a "Y" value in the *Action Code* field on the EHIS screen.

<sup>113</sup> Ref: [MiCSES Screen Description: CASE – Case Member Details](#) for information on other possible member status values.

<sup>114</sup> Ref: the CASE screen for other case relationship values.

- A parent is no longer required to provide health care coverage for a child because the court has removed the child from the support order (e.g., revocation of paternity); or
- A IV-D worker added the child to the MORP screen in error.

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.<sup>115</sup>

IV-D workers may manually generate the FEN308 by manually initiating the IOTL activity chain.<sup>116</sup>

### 6.3 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),<sup>117</sup> the *Employer's Disclosure of Health Insurance Information* (FEN306),<sup>118</sup> and the FEN308 from the *Enforcement Forms Matrix* (ENFM) screen. Also, updated reports are included on the *Insurance Enforcement Report* (IREP) screen.<sup>119</sup>

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.

## 7. Medical Support and the Military

### 7.1 NMSN to Military

[OCSS PIQ-06-02, Guidance for Sending the National Medical Support Notice \(NMSN\) to the Defense Manpower Data Center \(DMDC\)](#), indicates that OCSS 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

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<sup>115</sup> The employee's SSN is suppressed on the CP and NCP copies of the FEN308.

<sup>116</sup> Ref: *MiCSES Quick Reference Guide: ENFP – Start an Enforcement Remedy Major Activity*.

<sup>117</sup> This form looks the same as the FOC 22, which is a SCAO form. The FOC 22 may be accessed from the [SCAO website](#).

<sup>118</sup> This form looks the same as the FOC 22a, which is a SCAO form. The FOC 22a may be accessed from the SCAO website.

<sup>119</sup> Ref: [MiCSES Screen Description: IREP – Insurance Enforcement Report](#) and [MiCSES Quick Reference Guide: IREP – Generate Insurance Enforcement Reports](#).

and their dependents.<sup>120</sup> 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 chain<sup>121</sup> reads the military source of income type and prevents the NMSN from generating. The OTHP IDs<sup>122</sup> are marked as “insurance provided,” and MiCSES does not send 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.

## 7.2 Locating Military Personnel (Defense Enrollment and Eligibility Reporting System [DEERS])<sup>123</sup> 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.<sup>124</sup> Military medical coverage that may be found in MiCSES includes information from the July 2009 DEERS report and subsequent DEERS reports.<sup>125</sup> There may be

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<sup>120</sup> 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.

<sup>121</sup> Ref: Subsection 7.4, “MILI Activity Chain,” of this manual section for more information.

<sup>122</sup> Ref: Section 3.16 of the *Michigan IV-D Child Support Manual*.

<sup>123</sup> Ref: OCSS publication: [A Quick Guide to Working With the Military As an Employer](#).

<sup>124</sup> The information is loaded to MiCSES approximately the third week of January, April, July, and October.

<sup>125</sup> The Data Warehouse Business Objects DEERS report was obsoleted on May 8, 2015.

instances where DEERS data is not loaded into MiCSES due to differences in matching criteria between MiCSES and the MiCSES DW.

### 7.3 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:

- 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;<sup>126</sup> 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 *Locate Request* (LREQ) screen in MiCSES.<sup>127</sup>

MiCSES will not send an automatic FPLS request or allow a manual FPLS request unless there is a verified SSN for the member.<sup>128</sup> 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."<sup>129</sup>

### 7.4 MILI Activity Chain<sup>130</sup>

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<sup>131</sup> and has not;<sup>132</sup> and

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<sup>126</sup> A member's *Locate Status* can be viewed on the following MiCSES screens: *Member Address History* (AHIS), *Member Address List* (ALST), *EHIS*, and *Member Employment List* (ELST).

<sup>127</sup> Ref: [MiCSES Screen Description: LREQ – Locate Request](#), [MiCSES Quick Reference Guide: LREQ – Initiating a Manual Locate Request – FPLS](#), and [MiCSES Customer Information Guide: Locate Interface \(BATCH CLFC\) Process](#) for information on submitting a locate request.

<sup>128</sup> A member has a verified SSN if (s)he has an SSN on the *Member SSN History* (MSSN) screen with a *Verification Code* of "Y – Confirmed/Verified Good," "V – Verification Sent," or blank.

<sup>129</sup> Ref: Section 1.15 of the *Michigan IV-D Child Support Manual*.

<sup>130</sup> Ref: [MiCSES Customer Information Guide: MILI – Military Insurance Enforcement Activity Chain](#).

<sup>131</sup> The *Insurance Ordered* value on the MORP screen for the NCP/CP is "Y."

<sup>132</sup> There is no active MDIN record.



- At least one eligible dependent for the docket does not have insurance as ordered.

MiCSES will automatically send the *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.

## 8. Federal Reporting Requirements Regarding Medical Support

### 8.1 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 OCSS is currently requesting for federal reporting.

OCSS 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.

### 8.2 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,<sup>133</sup> including public health care coverage, on the MDIN screen<sup>134</sup> by entering the member's insurance enrollment information that includes the insurer ID number, employer ID number,<sup>135</sup> credit for insurance and reason code, policy number, group number,<sup>136</sup> policy subscriber last and first name, coverage code, enrollment effective dates,<sup>137</sup> and the insurance carrier's name in the *Comment* field;<sup>138</sup>

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<sup>133</sup> Ref: Subsection 6.1.3 of this manual section for more information on recording data on the MDIN screen.

<sup>134</sup> 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.

<sup>135</sup> IV-D staff will not enter an employer ID number if a union is providing the insurance.

<sup>136</sup> Ref: Subsection 6.1.3 of this manual section for more information on entering group numbers and policy numbers.

<sup>137</sup> 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.

<sup>138</sup> 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.

- Updating the *Payee HCC Type* and *Payer HCC Type* on the OPRE and MORP screens to indicate the type of health care coverage the parent was ordered to provide;
- 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);
  - Plan administrator name;<sup>139</sup>
  - 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(a)(3)  
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

OCSS AT-01-02  
OCSS AT-08-08  
OCSS PIQ-06-02  
OCSS PIQ-02-03  
OCSS PIQ-04-03

15 USC 1673(b)  
15 USC 1673(b)(2)  
29 USC 1169(a)(2)

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<sup>139</sup> The name identified in the note does not indicate whether the insurance is provided through employment or through another group provider.



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 552.602(n)  
MCL 552.605(a)(2)  
MCL 552.608  
MCL 552.626  
MCL 552.626(3)(a)  
MCL 552.626a  
MCL 722.712

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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