Improving Medical Support Order Enforcement in Wisconsin

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INTRODUCTION

In 2001 the Wisconsin Bureau of Child Support began a project to improve the enforcement of medical support orders in child support cases. The project upgraded data systems to automate much of the medical support order enforcement process and to allow county child support staff to more easily identify cases needing medical support enforcement action. In addition, health insurance records from private insurers have been made routinely available to the enforcement system. A previous report by the Institute for Research on Poverty detailed the planning and implementation of these changes.[1] This report documents the operation of the upgrades and examines how medical support enforcement outcomes have changed.

BACKGROUND

A longstanding goal of national and state child support policy is to assure that children's health care needs are explicitly addressed in child support orders. Wisconsin adopted legislation directing courts to "specifically assign responsibility for and direct the manner of payment of the child's health care expenses" in child support cases.[2] Although medical support orders may take the form of cash payment for medical expenses, more often a parent who has private health insurance available at a reasonable cost (generally through an employer) will be ordered to initiate or continue health insurance coverage for the children. Enforcement of orders to enroll children in parental health insurance policies has posed difficulties; determining whether the parent has coverage requires identifying and contacting the parent's employer, waiting for a reply, and then entering and maintaining records of that coverage. The implementation of standardized forms for employer contact—the National Medical Support Notice

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[1]Cook, Steven T., Thomas Kaplan and Ingrid Rothe. 2007. "Automated Procedures for Enforcing Medical Support Orders: Developments in Wisconsin and Other States." Report for the Wisconsin Department of Workforce Development. Madison, WI: University of Wisconsin—Madison. Institute for Research on Poverty.

[2]Wis. Stats. §767.513(2)

(NMSN)—and regulations requiring employer cooperation improved this process. Nevertheless, the process remained mostly a manual operation that was time-consuming for county staff and subject to rapid outdating as the employment and health insurance status of parents changed.

With these difficulties in mind, Wisconsin's Bureau of Child Support implemented data system improvements designed to automate the identification of relevant insurance coverage and contacts with employers to enroll eligible children. The improvements include new data fields and automated actions in the Kids Information Data System (KIDS), the bureau's management information system. In addition, the bureau was able to gain access to data on private health insurance coverage collected by the state's Medicaid program. This access to a monthly match of private health insurance coverage for all parents and children subject to a medical support order allows the child support system to determine through an automated process if parents have an insurance plan that covers their children. If a parent with an order is found to have coverage, and the parent's children are not covered, then the system automatically sends an NMSN to the employer to request enrollment of the children.[3]

After several years of planning and design, the bureau activated the data system improvements on August 10, 2007. Data from the first match with the private insurer information was loaded into KIDS on August 25.[4] The state expected several results from the implementation of these system improvements. With data on coverage obtained directly from private health insurers and updated monthly, the state anticipated having much more accurate information about the current health insurance coverage status of parents and children covered by medical support orders. Based on that expectation, data that had been previously collected were dumped from the system.[5] The state expected that the new data would identify

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[3]For a full description of the system improvements see Steven T. Cook, Thomas Kaplan and Ingrid Rothe, "Automated Procedures for Enforcing Medical Support Orders: Developments in Wisconsin and Other States." Report for the Wisconsin Department of Workforce Development. Madison, WI: University of Wisconsin—Madison, 2007. Institute for Research on Poverty.

[4]Matches with the private insurance data were limited to parents and children who were on Medicaid and BadgerCare. Legal authority to perform matches for non-Medicaid cases required passage of legislation that was not enacted until October 2007. The match with all cases (including non-Medicaid) was started on July 25, 2008.

[5]Child support case workers had the option of retaining and reentering old data if they thought the data were still useful.

many more parents with a medical support order who were covered by private insurance while their children were not. Once such cases were identified, NMSNs would be automatically sent to the parent's employer to request enrollment of the children on the parent's health plan. This was expected to lead to an increase in children covered by private health insurance. Because some of these children have been covered by the state's public health insurance programs (Medicaid and BadgerCare), savings in public health insurance costs were also expected.

EARLY RESULTS OF THE SYSTEM CHANGES

Health Insurance Policies

Table 1 displays data collected from the KIDS system concerning the numbers of health insurance policies added to the KIDS system after the match with the private health insurance data. The table compares three points in time: early August 2007, before the new system improvements were activated; late August 2007, after the initial match of Medicaid cases with private health insurance data; and July 2008, after the last match of Medicaid-only cases. The comparisons pose certain problems. BCS staff believe that health insurance information in KIDS before the new system implementation contained obsolete and inaccurate data, since it was difficult to obtain consistently updated information about employer-provided policies under the old system, and since the expectation of the new data from the automated match may have led staff to be less concerned with keeping the pre-match information current. Bureau staff did make an effort to determine if policies listed in the pre-match data were currently active at the time of the transition (referred to as the "good policy report"),[6] and we used the numbers of these "good insurance policies" to reflect the situation before the match.

Table 1 presents figures for different types of insurance policies at each of the three points. The match with the private health insurance data immediately paid large dividends, increasing the number of known policies for child support cases by over six times, from nearly 15,000 estimated current policies in

[6] "Good policy report" data were provided in an extract by John Deits, DWD, BITS.

Table 1
Health Insurance Policies in KIDS

	August 9, 2007 (Good Policy Data)		August 26, 2007 (After First Match)		July 20, 2008 (After Last Medicaid-Only Match)	
	N	%	N	%	N	%
Total Policies	14,747		98,348		212,030	
By Covered Care						
Medical	6,301	42.7%	29,800	30.3%	66,050	31.2%
Dental	3,217	21.8%	34,221	34.8%	68,547	32.3%
Vision	1,067	7.2%	3,342	3.4%	8,392	4.0%
Combination	4,161	28.2%	30,985	31.5%	69,041	32.6%
By Type of Coverage[a]						
Individual			49,935	50.8%	80,959	38.2%
Family			48,343	49.2%	125,352	59.1%
Other			6	0.01%	845	0.4%
By Data Source						
DHFS Match			98,230	99.9%	192,760	90.9%
Other (Employer/Parent)	14,747	100.0%	118	0.1%	19,270	9.1%
With Employer Indicated						
Yes	14,747	100.0%	56,259	57.2%	127,155	60.0%
No			42,089	42.8%	84,875	40.0%

[a]Not available in Good Policy Data

KIDS before the match to over 98,000 known policies after the match in late August 2007. Almost all the policies registered after that point were entered into KIDS from the match with the private health care data, county case workers having entered only a handful of cases.

The increased proportion of dental and combination plans in the post-match data is also noteworthy. When county workers had to collect the data manually, greater attention may have been paid to the major medical component of parents' insurance, and employers or parents may have omitted reporting secondary components of health insurance coverage such as dental or vision. The direct match appears to collect proportionally more of the secondary insurance coverages.

It is important to note that this increase in known plans from before to after the first match does not necessarily represent an increase in actual insurance coverage. Most of the insurance data collected through the match were from policies that existed and may have provided coverage to children before the match, but this coverage was not available in KIDS to support the enforcement of medical support orders.

Eleven months after the initial match, the number of policies known to KIDS increased again, more than doubling between late August 2007 and late July 2008. Policies entered by caseworkers remained a relatively small share (under 10 percent) of the entire set of known policies. However, because the number of known policies is so much larger, that small percentage represents more policies than the entire set of estimated "good" policies before the first match (19,000 compared to 14,700). It may be that the increased information available to child support workers from the match has provided tools that allow them to find even more policies that are not available in the match itself. The table also shows that the first match in July 2007 yielded a small majority of policies that were for individual coverage. In contrast, by July 2008, the system contains 50 percent more family coverage plans than individual plans, suggesting that child support agencies have been able to use the new data to enforce the enrollment of children onto parents' plans.

A little more than half of the policies in both the August 2007 post-match observation and the July 2008 match have employers associated with them. In August 2007 employers were listed on 56,259 policies (57.2 percent), and in July 2008 employers were listed on 127,155 policies (60 percent). Policies

with employers listed are more likely to include dental or vision benefits and are more likely to be individual coverage policies in both time periods. KIDS is programmed to automatically print and send an NMSN to that employer to request the enrollment of the children on the policy if the following conditions apply: a policy is found for the parent, the child is not covered under private health insurance, and a single employer is identified for the covered parent.

National Medical Support Notices

With the large increase in information available to the KIDS system and to child support workers, many more opportunities to pursue health insurance enrollment by sending NMSNs became available. Figure 1 shows the large increases in the NMSNs sent by child support workers in the period immediately following the first match. Monthly mailings of NMSNs had been steadily around 6,000 to 8,000 for the year and a half preceding the match and then immediately soared to 20,000 in August 2007. Another peak of 10,000 occurred in October 2008; many of these NMSNs may have been follow-ups to those mailed in August. Once this initial peak in NMSNs was over, monthly rates fell back to levels similar to those preceding the first match.

Although KIDS does not provide a direct record of employee responses, we can make some inferences from data that are in KIDS. Table 2 shows that of the 19,579 cases that had NMSNs mailed to employers in August 2007, 4,032 had a follow-up NMSN sent in the next 3 months. This is an indication that the employer did not respond or submitted an unacceptable reason for not enrolling the children. On the other hand 5,557 cases had children enrolled on the NCP's health insurance plan within 4 months after the August 2007 mailing.

Insurance Coverage of Children

The goal of adding policy data to KIDS and of automating the process of identifying and contacting employers providing health insurance is to enforce the health insurance orders that are now

Figure 1
NMSNs Sent

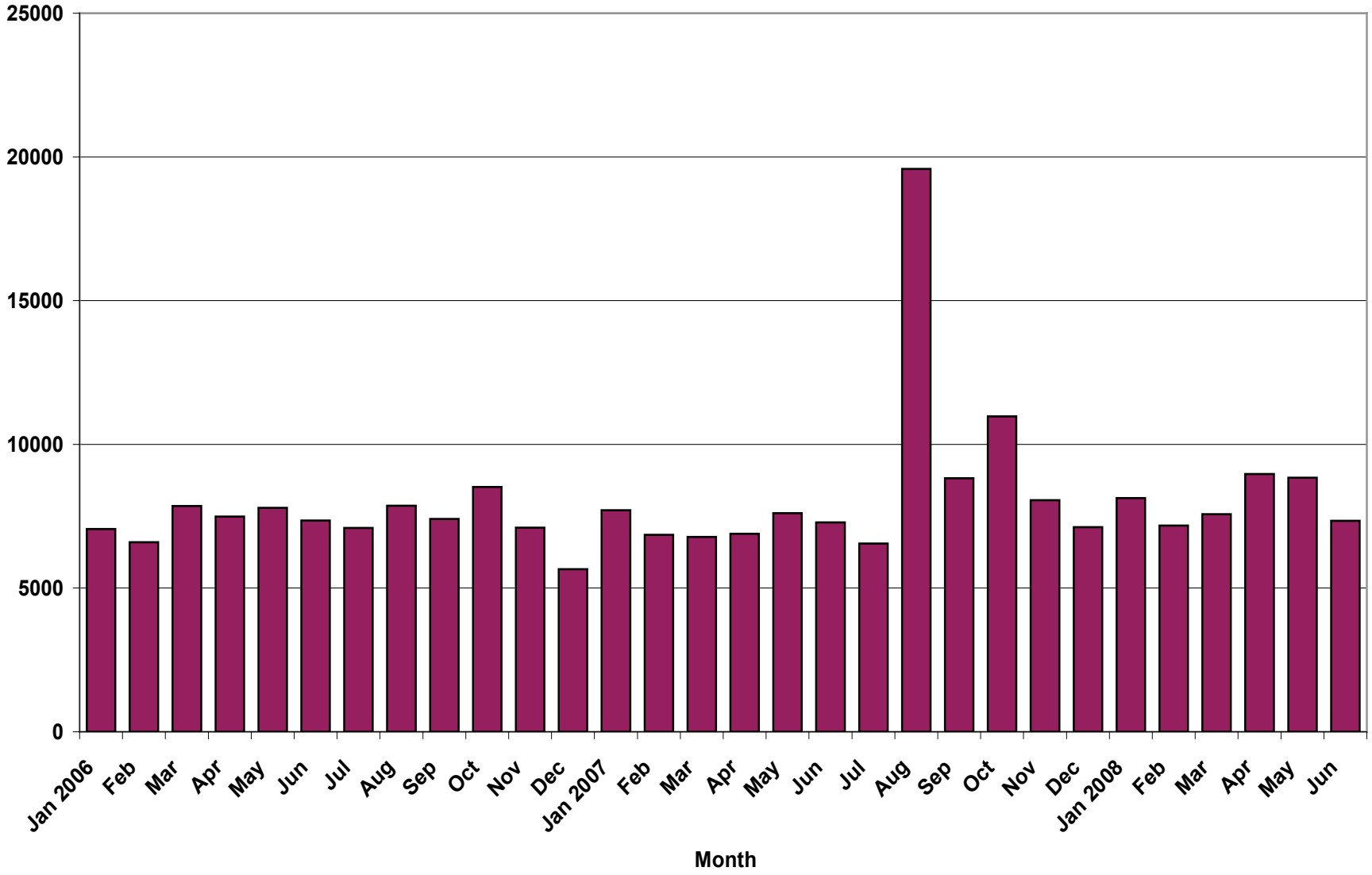

Table 2
Responses to National Medical Support Notices After First Match

Cases with NMSN Sent (August 2007)	19,579	
Requiring Follow-Up within 4 months	4,032	20.6%
Adding a Child to Private Health Insurance	5,557	28.4%

required on all IV-D cases with orders. The ultimate success of these system changes will only become apparent by examining the extent to which children covered by health insurance orders are covered on parents' private insurance.

Although the state's primary enforcement focus has been on enrolling uninsured children on the insurance plan of the noncustodial parent, the matching procedure with the private health insurance data finds private health insurance coverage of children regardless of which parent is the policy holder. Table 3 shows the numbers of children listed as having private insurance, and who the policy holder is, for the immediate post-first match time period in August 2007 and almost a year later in July 2008. These figures consider only the children on IV-D cases because almost all IV-D children have health insurance orders, whereas many non-IV-D cases do not.

The total number of children in IV-D cases increased only slightly during this period. In contrast, the number of children covered by private health insurance doubled. In less than a year, the proportion of IV-D children with private health insurance coverage moved from 10 percent of the caseload to over 20 percent, an increase that contradicts generic trends in children's health insurance coverage. Nationally, coverage of children on private health insurance policies has declined by about 0.4 percentage points per year for the last decade.[7] Table 3 also shows that more of the coverage increase came from noncustodial parents, the focus of the state's recent enforcement efforts, than from custodial parents, although the number of children covered by custodial parents also increased.

From No Insurance or Public Insurance to Private Health Insurance

The increases in children's private health coverage come from two sources. One is children who were previously uninsured, and the other is children who had been participating in public health insurance. To examine these transitions, we look at the children who were enrolled in private coverage in

[7]"Table C-3. Health Insurance Coverage by Age: 1999 to 2007" in Carmen DeNavas-Walt, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, *Current Population Reports, P60-235, Income, Poverty, and Health Insurance Coverage in the United States: 2007*, Washington, DC: U.S. Census Bureau, 2008.

Table 3
IV-D Children, Private Health Insurance Coverage

	August 26, 2007 (After First Match)		July 20, 2008 (After Last Medicaid-Only Match)	
	N	%	N	%
Total Children	354,230		361,226	
Children on Private Health Insurance	35,109	9.9%	72,984	20.2%
By Policy Holder				
Non-Custodial Parent	17,028	48.50%	41,819	57.30%
Custodial Parent	17,274	49.20%	29,632	40.60%
Other	807	2.30%	1,533	2.10%

January-July 2008 and had not been listed on the private health insurance data match any time in August–December 2007. A total of 18,619 IV-D children met this condition of being enrolled in a private health insurance plan in the first half of 2008 without having been enrolled in private coverage in the time between the first match and the end of 2007. Of these, 8,760 (47 percent) experienced time in the Medicaid or BadgerCare programs in the six months prior to enrolling in private coverage. The remaining 9,859 (53 percent) did not participate in public health insurance.

The children who moved from public health insurance to private health insurance during this period represent a potential for savings to the state's public health insurance program. To estimate these savings, we assign each transferring child an expected monthly savings equal to the capitation rate that the state would pay an HMO to cover them under the BadgerCare Plus program Standard All Services Plan that started in February 2008.[8] The capitation rate for the Standard Plan providing all services is dependent on the region of the state, age, and gender of the enrollee and ranges from $52.95 a month for children age 6–14 in the western part of the state to $351.88 for infants in Milwaukee County.[9] A total of 8,760 children enrolled in private insurance in the first half of 2008 after having been on public health insurance in the previous four months. Of these, 3,029 were apparently covered during the 6-month period by both BadgerCare and private insurance. Assigning to each of the 8,760 children who transferred from public health insurance to a private plan the capitation rate based on their characteristics results in a range of estimated cost savings between $442,936 and $735,840 per month. The lower estimate assumes that all the children covered by both private and public health insurance cost the state and federal governments the full standard plan capitation rate, whereas the higher estimate assumes no public cost for these dual-covered children. Because BadgerCare pays supplementary wraparound coverage that

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[8]Capitation rates in the BadgerCare program are classified as "standard" and "benchmark." The benchmark rate is lower than the standard rate, but Department of Health Services enrollment figures indicate that only 2.4 percent of all BadgerCare Plus participants are in the Benchmark Plan. The children in this calculation, who had previously been on Medicaid or BadgerCare, would almost certainly qualify for the standard plan rate.

[9]Wisconsin Department of Health and Family Services. "2008 Managed Care Equivalent and HMO Capitation Rate Development for BadgerCare Plus Standard and Benchmark Plans." January 2008.

amplifies private coverage for many of these children, the true cost savings is somewhere in between the two bounds. Assuming that these dual-covered children cost the state 75 percent of the cost of children only on the standard plan, estimated monthly savings would be $516,162 ($217,000 GPR and $299,000 FED).

EMPLOYER REACTIONS

To gain a sense of how at least some employers react to the health orders system, we asked a total of 6 employers—four in Dane County and two in Jefferson County—to respond to questions about their experiences with the National Medical Support Notices they receive for their employees. The employers we interviewed included two school districts, a state agency, a large retail operation, and two manufacturers. We also talked to a construction company but were told that they send any forms they receive to the unions that provide health insurance for the vast majority of their employees.

The KIDS system has a name and telephone number for most employers. Based on our very small sample, it appears that the employer contact person identified in KIDS is the payroll person responsible for handling paycheck withholding. For the NMSN, that person usually completes question 3 in Part A, which asks whether the obligor is still employed with that employer and, if not, whether any last known contact or new employer information is available. A staff person in the benefits unit usually completes the other Part A and the Part B questions, as well as the supplemental Health Insurance Information form. We interviewed the benefits staff person most extensively.

Training

The benefits staff all said that they had been handling NMSN's since they started on the job, which ranged from 2 years to 7 years previously. None said they had received formal training on the forms, except for the general training they received when they assumed their current positions. All said the instructions on the forms are clear. None said that additional training from child support offices was necessary. They said that filling out the forms was not difficult, although communicating with employees,

when appropriate, about the need to enroll dependents in health insurance programs could be more difficult.

Time Requirements

The amount of time spent on each form depended on whether benefits staff had to actually enroll someone in health insurance. In cases where they determined that the cost of the insurance would exceed the Wisconsin limit (5 percent of gross income), the form took 5 minutes or less to complete. If benefits staff had to send a notice to enroll and then discuss insurance options with the employee, that could take 30 minutes.

Informing the Noncustodial Parent

None of the contacts questioned the legitimacy of the process or the appropriateness of using an employee's health insurance benefits to cover noncustodial children. However, one benefits specialist said that employees are often surprised when told that they have to provide insurance for a nonresident child. She asked why employees do not receive a copy of the same form that goes to the employer. Then, at least, the employer would not be responsible for breaking the news to the employee. (The state has been moving to take over from county staff and automate such communications to parents.)

Frequency of NMSNs

Among our small sample, the number of NMSNs that come in ranged from less than one a month to about 8 per month. One benefits staff person said that the NMSNs come in very irregularly and are usually bunched. All said that they have few questions about how to complete the form, but if they do have questions, the phone number of the child support office is clearly indicated on the form.

Contacts with County Child support Agencies

One respondent said that, the few times she has tried to call the county child support agency, it has been time-consuming to get someone on the line. She had to call a few times before she could get something other than a busy signal, and then she had to listen to a long menu before she received a choice that was relevant. She suggested that child support offices should provide a separate phone number for employers to contact and include that number on the NMSNs.

Children Who Do Not Reside in the HMO Service Area

Two respondents noted that the forms did not seem to accommodate an occasional issue—that employees receive their health insurance through an HMO, and the child does not live in the service region covered by the HMO. In these cases, the child is eligible for only emergency and urgent care. The Health Insurance Information Form contains one blank line for free-form "remarks," and employers sometimes (but not always) use the line to indicate these situations. When employers use the free-form line to say that the HMO would not cover most medical care, state BCS staff instruct county child support offices to exercise discretion in requiring the child's enrollment. However, the two employers who raised this issue said they enroll the child even if the child lives outside of the area.

KIDS contains no field indicating that a child who receives health insurance coverage is eligible only for emergency or urgent care. Even if such a field existed, it would not always be correctly entered, since the only place employers can indicate that situation is on the free-form "remarks" line, which is apparently not used for this purpose in every relevant case. As a result, it is difficult to know how often there is a coverage limitation to a geographic area in which the child does not reside. To increase understanding of this issue, it may be desirable to consider changing the Health Insurance Information Form and the KIDS reporting system to better reflect any geographic limitations. Particularly if health care coverage becomes a performance standard that influences how much funding child support agencies receive, state staff may want to adjust how much credit agencies receive for enrolling children who can

receive only emergency or urgent care under the insurance. At least, it may be desirable to know how prevalent this situation is.

Repetitive Entries

The most frequent criticism of the process from employers was the need to fill out the same material for each NMSN. One employer said that her firm was self-insured and so filled out much of the same information on each Health Insurance Information form. She said she tried to develop post-it notes with the repetitive information that she could attach in the relevant spot of the Health Insurance Information form, but the county agency rejected the form and sent it back, requiring her to type in the information. One benefits staff person, who works for a company that operates factories in both New Jersey and Wisconsin, said that she much preferred filling out NMSNs from New Jersey because they are entirely on-line. As a result, she can easily store repetitive information and then copy it into the relevant place. Postage costs were also reduced. Copies of the on-line New Jersey form and the paper Wisconsin form are attached.

CONCLUSION

It is difficult to come to final conclusions about the effectiveness of the recent systems changes for enforcing medical support orders without better knowledge of the health insurance status of children with support orders before the changes took place. Still, dramatic increases in health insurance data available to staff and a sharp growth in the number of children with private insurance occurred in the first year after implementation. The large increase in NMSN notices shows that the information on private health insurance plans is providing actionable data for staff to use, and these appear to have contributed to a doubling of private insurance coverage rates for IV-D children. The expansion of the data match to non-Medicaid cases that started in July 2008 will likely bring more children into coverage.

A preliminary examination of employer reactions to the NMSN process found some potential room for improvements in the design of forms and in creating a more efficient process for employers, but most respondents did not report a difficult time or an overwhelming burden.

www.nmsn.org/nj

♦ Saves Time - Saves Postage - Saves Trees!

Benefits:

♦ Download compliance instructions

♦ Direct link to NJ New Hire Reporting Directory

♦E-mail notification when NMSN issued

♦ Monitor NMSN compliance status

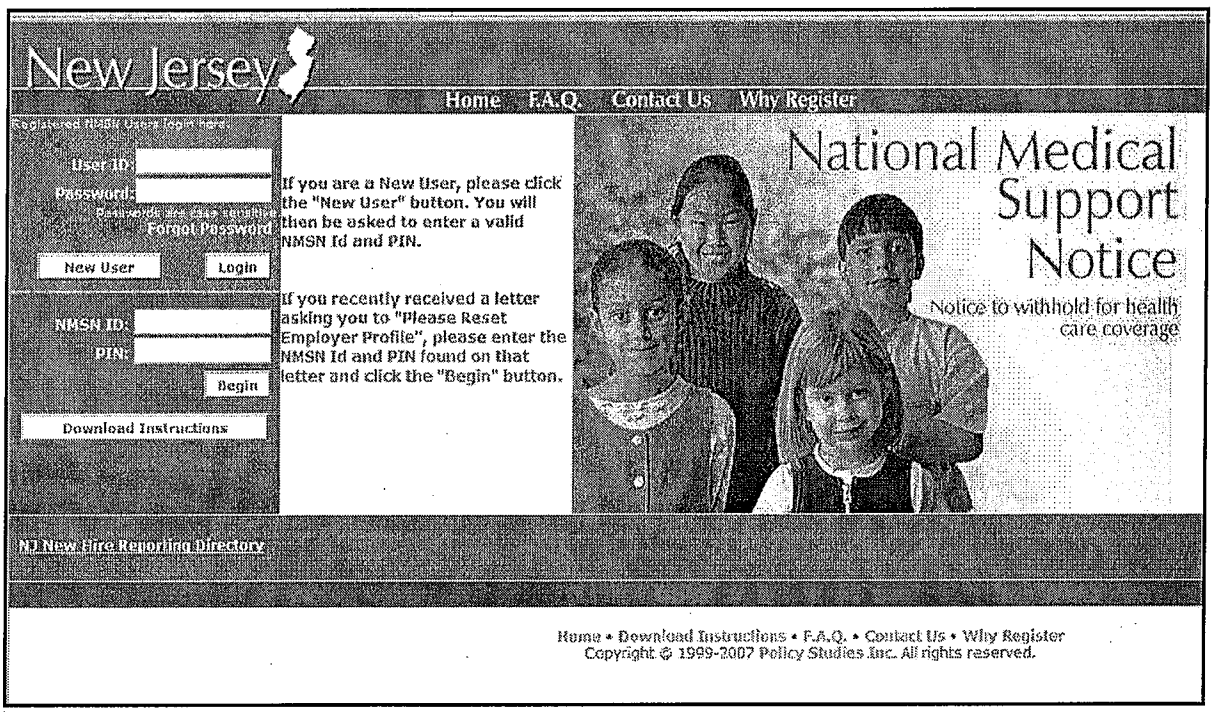
♦ *Now*...supports multiple registered user accounts

♦ Registration of multiple FEIN's

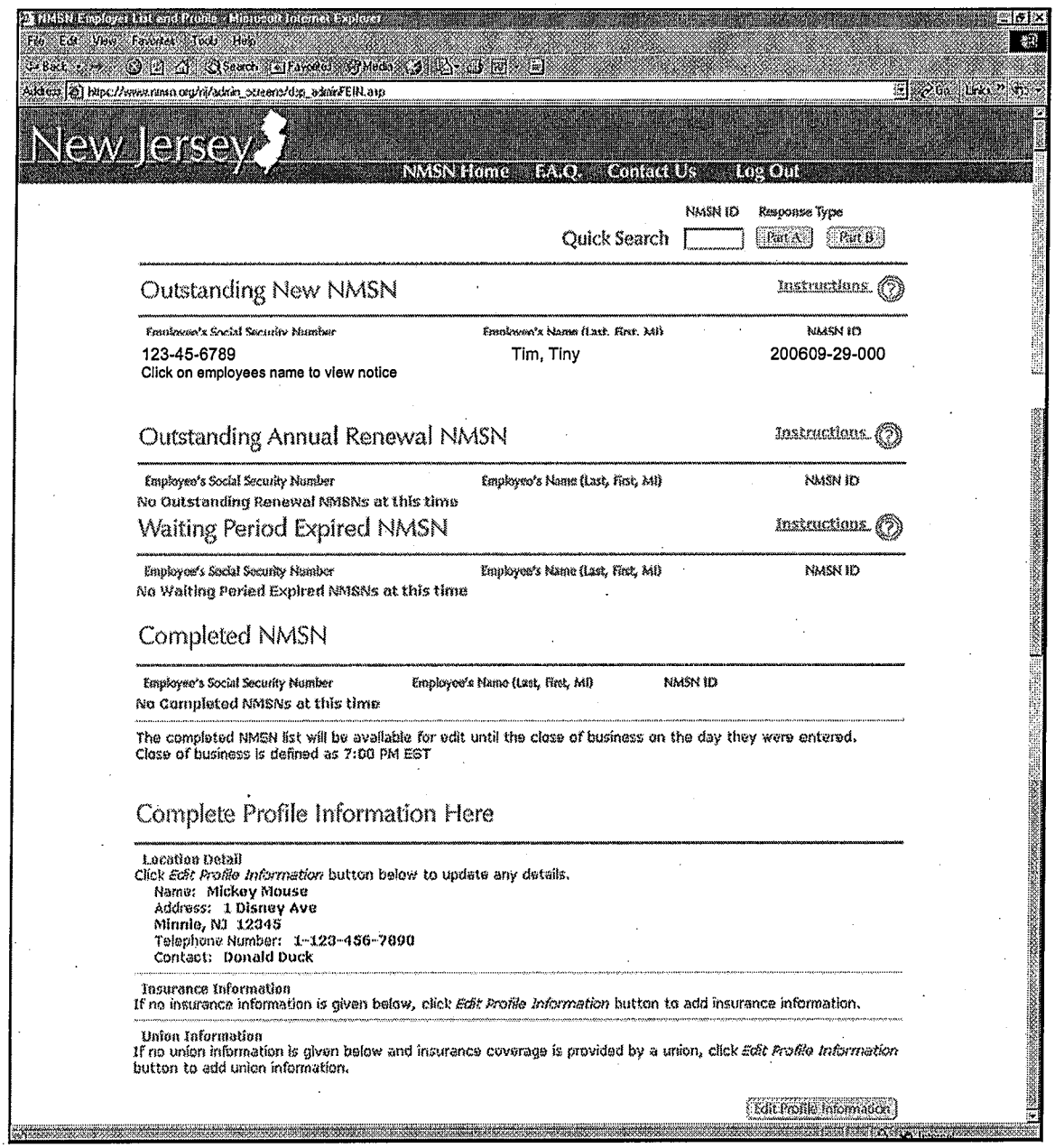
♦ Visit www.nmsn.org/nj to register for online NMSN compliance

♦ A valid New Jersey NMSN ID and PIN are needed to create a New User profile.

♦ Secured registration & login

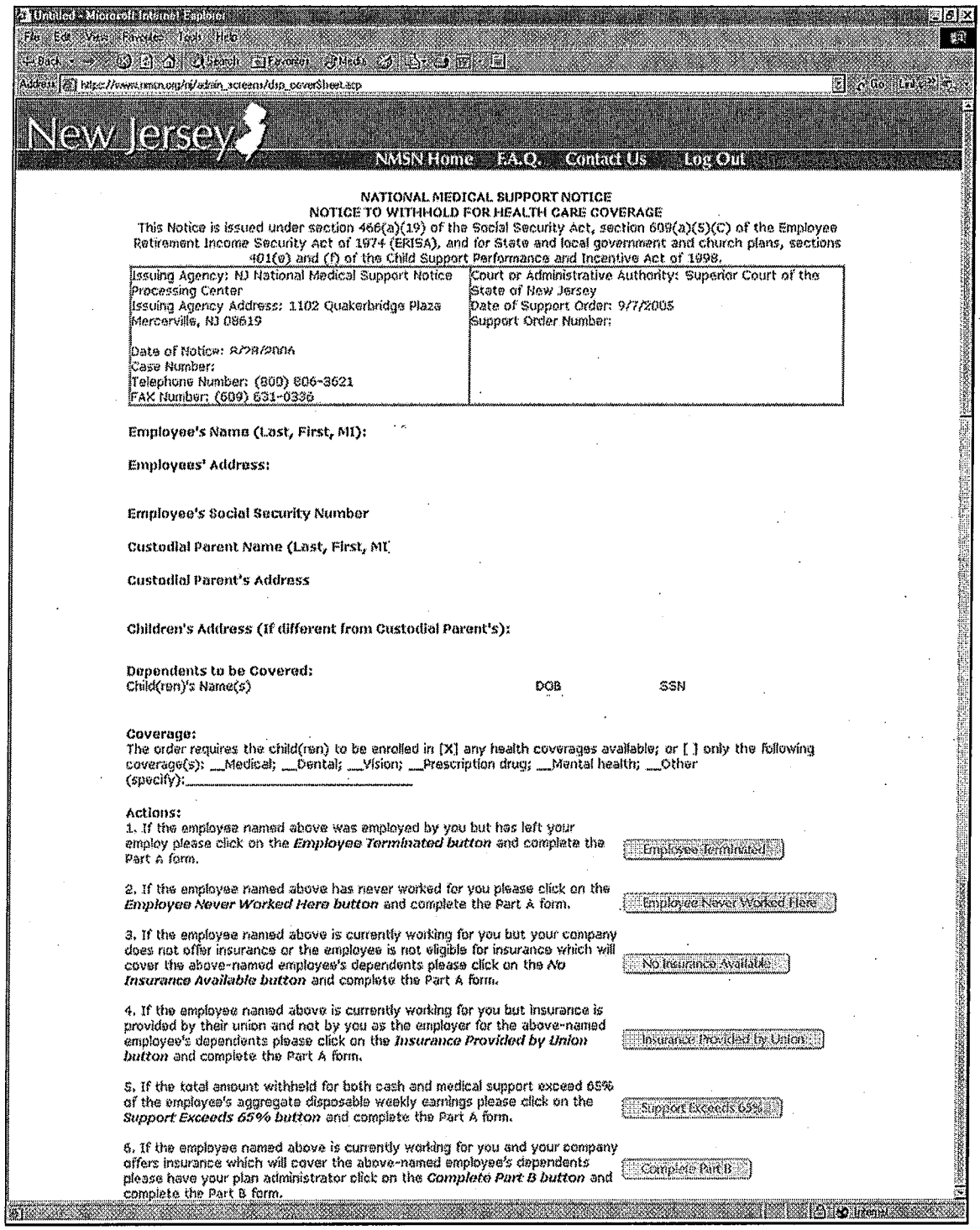


- View all Outstanding NMSN issued but not completed and other account details
  - Build & Edit Employer, Union, and Insurance Data Profiles for auto-population on response forms—less data entry!



- Simple "click" on employee's name provides access to selected Notice to Withhold for Health Care Coverage

Notice to Withhold for Health Care Coverage



New Jersey

NMSN Home F.A.Q. Contact Us Log Out

NATIONAL MEDICAL SUPPORT NOTICE
NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(a) and (f) of the Child Support Performance and Incentive Act of 1998.

Issuing Agency: NJ National Medical Support Notice Processing Center Issuing Agency Address: 1102 Quakerbridge Plaza Mercerville, NJ 08619 Date of Notice: 8/28/2006 Case Number: Telephone Number: (800) 806-3621 FAX Number: (609) 631-0336	Court or Administrative Authority: Superior Court of the State of New Jersey Date of Support Order: 9/7/2005 Support Order Number:

Employee's Name (Last, First, MI):

Employees' Address:

Employee's Social Security Number

Custodial Parent Name (Last, First, MI)

Custodial Parent's Address

Children's Address (If different from Custodial Parent's):

Dependents to be Covered:
Child(ren)'s Name(s) DOB SSN

Coverage:
The order requires the child(ren) to be enrolled in [X] any health coverages available; or [ ] only the following coverage(s): __Medical; __Dental; __Vision; __Prescription drug; __Mental health; __Other (specify):_____

Actions:

1. If the employee named above was employed by you but has left your employ please click on the ***Employee Terminated button*** and complete the Part A form. — Employee Terminated

2. If the employee named above has never worked for you please click on the ***Employee Never Worked Here button*** and complete the Part A form. — Employee Never Worked Here

3. If the employee named above is currently working for you but your company does not offer insurance or the employee is not eligible for insurance which will cover the above-named employee's dependents please click on the ***No Insurance Available button*** and complete the Part A form. — No Insurance Available

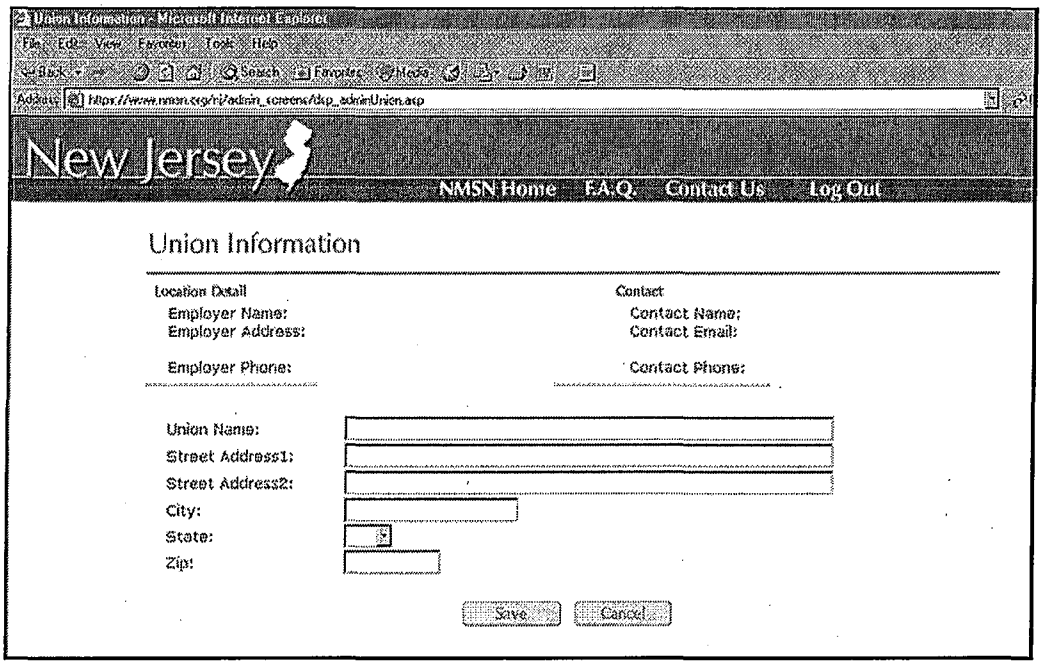
4. If the employee named above is currently working for you but insurance is provided by their union and not by you as the employer for the above-named employee's dependents please click on the ***Insurance Provided by Union button*** and complete the Part A form. — Insurance Provided by Union

5. If the total amount withheld for both cash and medical support exceed 65% of the employee's aggregate disposable weekly earnings please click on the ***Support Exceeds 65% button*** and complete the Part A form. — Support Exceeds 65%

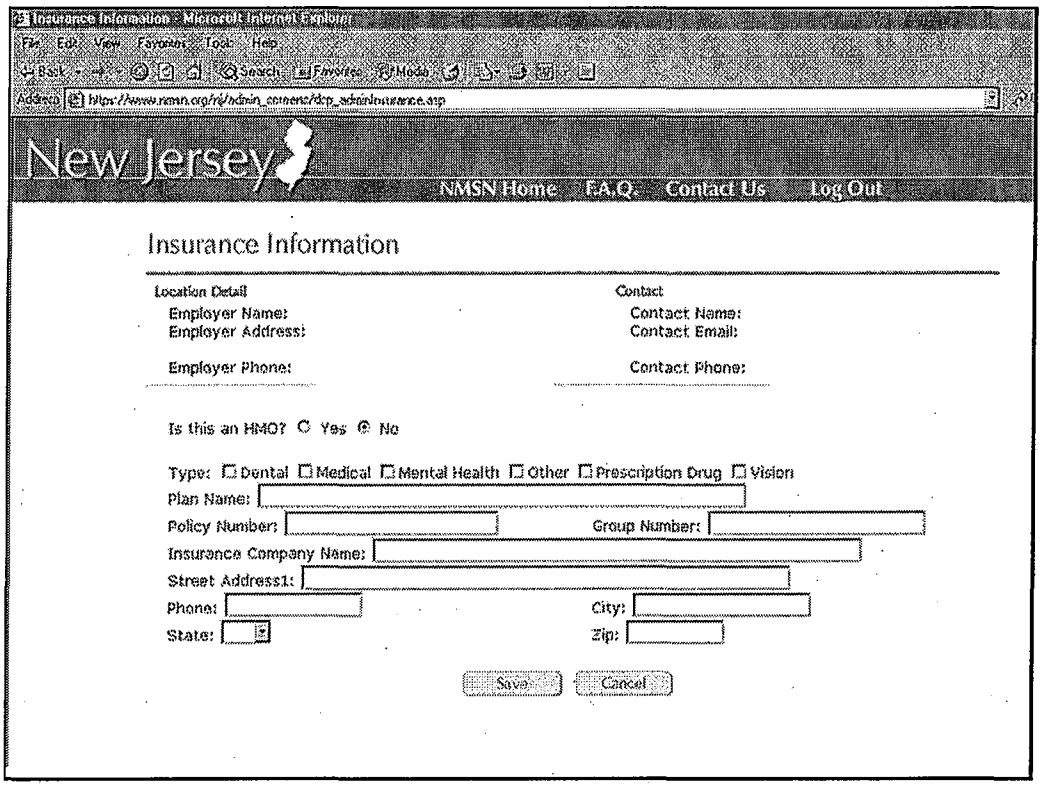
6. If the employee named above is currently working for you and your company offers insurance which will cover the above-named employee's dependents please have your plan administrator click on the ***Complete Part B button*** and complete the Part B form. — Complete Part B

- "Click" action button to select appropriate online response form

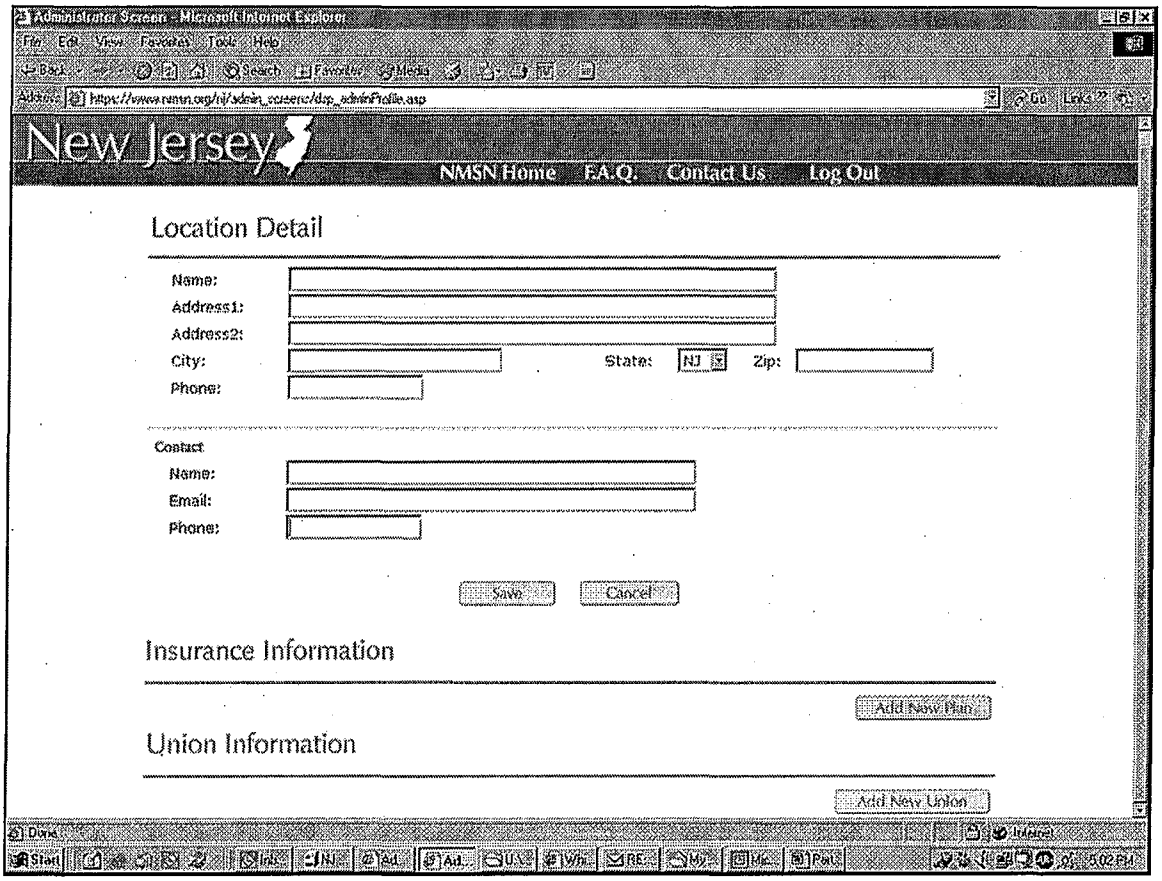
♦ Enter union profile; union data populates onto Part A Response – click to select union
Part B – Automatically Forwarded to Union



♦ Enter & edit insurance profile – Less Data Entry!
Part B Response contains insurance plan grid – Click to select appropriate plans!



♦ Update User Contact Info!



♦ Once response is submitted, user receives Adobe PDF copy of response for files. Online response is editable until 7pm eastern time.

♦ Forgot Password?

Registered user answers series of questions to retrieve forgotten password.

SAMPLE

10/17/07

(auto)

NATIONAL MEDICAL SUPPORT NOTICE
PART A
NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998.

Issuing Agency: COPPER CO CHILD SUPPORT AGENCY Issuing Agency Address: COURTHOUSE BLDG RM 106 123 MAIN ST COPPER, WI 55555 Date of Notice: APRIL 14, 2003 Case Number: 8888884 Telephone Number: (715) 555-1234 FAX Number: (715) 555-1233	Court or Administrative Authority: <BROWN COUNTY COURTHOUSE BR 1> Date of Support Order: <FEBRUARY 01, 2007> Support Order Number: 1322PA222222

3911111111
Employer/Withholder's Federal EIN Number

ACME PRODUCTS CO
Employer/Withholder's Name

PO BOX 123
COPPER WI 55555
Employer/Withholder's Address

DOE JANE
Custodial Parent's Name (Last, First, MI)

555 FOUNTAIN ST
COPPER WI 55555
Custodial Parent's Mailing Address

Child(ren)'s Mailing Address (if different from custodial parent's)

Name, Mailing Address, and Telephone Number of a Representative of the Child(ren)

RE* DOE JANE
Employee's Name (Last, First, MI)

388-12-5555
Employee's Social Security Number

555 FOUNTAIN ST

COPPER WI 55555
Employee's Mailing Address

Substituted Official/Agency Name and Address

Child(ren)'s Name(s)	DOB	SSN
JUNIOR DOE	DECEMBER 12, 2002	888-88-8883

The order requires the child(ren) to be enrolled in [X] any health coverages available; [ ] any health coverages available at reasonable cost; or [ ] only the following coverage(s):
___ Medical; ___ Dental; ___ Vision; ___ Prescription drug; ___ Mental health;
___ Other (specify):_____

Instructions for complying with the terms of this Notice can be found at http://www.dwd.state.wi.us/ bcs/employer.htm. If you have questions about this Notice after reviewing the website, please contact the Issuing Agency listed above for more information.

OMB control number 0970-0222.

SAMPLE

10/17/07

(auto)

EMPLOYER RESPONSE

If either 1, 2, or 3 below applies, check the appropriate box and return this Part A to the Issuing Agency within 20 business days after the date of the Notice, or sooner if reasonable. NO OTHER ACTION IS NECESSARY. If neither 1, 2, or 3 applies, forward Part B to the appropriate plan administrator(s) within 20 business days after the date of the Notice, or sooner if reasonable. Check number 4 and return this Part A to the Issuing Agency if the Plan Administrator informs you that the child(ren) is/are enrolled in an option under the plan for which you have determined that the employee contribution exceeds the amount that may be withheld from the employee's income due to State or Federal withholding limitations and/or prioritization.

[ ] 1. Employer does not maintain or contribute to plans providing dependent or family health care coverage.

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

[ ] 3. Health care coverage is not available because the employee is no longer employed by the employer.

Date of termination: _____

Last known address: _____

Last known telephone number: _____

New employer (if known): _____

New employer address: _____

New employer telephone number: _____

[ ] 4. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan.

[ ] 5. Insurance is available, but the employee has elected not to accept coverage because:
_____ The employee's out-of-pocket share of the premium exceeds 5% of the employee's gross wages.
_____ The employee has provided proof that the child(ren) are covered under a comparable policy.

Employer Representative:

Name: _____ Telephone Number: _____

Title: _____ Date: _____

FEIN (if not provided by Issuing Agency on Notice to Withhold for Health Care Coverage):

_____

Court Case #: 2222PA222222 Employee Name: DOE JOHN Employer KIDS ID#: 1111
Responsible Worker ID#: (XYZ123) Employer Name: ACME PRODUCTS CO

SAMPLE

10/17/07

(auto)

NATIONAL MEDICAL SUPPORT NOTICE OMB NO. 1210-0113
PART B
MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of The Employee Retirement Income Security Act of 1974, and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law.

Issuing Agency: COPPER CO CHILD SUPPORT AGENCY Issuing Agency Address: COURTHOUSE BLDG RM 106 123 MAIN ST COPPER, WI 55555 Date of Notice: APRIL 14, 2003 Case Number: 8888884 Telephone Number: (715) 555-1234 FAX Number: (715) 555-1233	Court or Administrative Authority: <BROWN COUNTY COURTHOUSE BR 1> Date of Support Order: <FEBRUARY 01, 2007> Support Order Number: 1322PA222222

3911111111
Employer/Withholder's Federal EIN Number

RE* DOE JANE
Employee's Name (Last, First, MI)

ACME PRODUCTS CO
Employer/Withholder's Name

388-12-5555
Employee's Social Security Number

PO BOX 123
COPPER WI 55555
Employer/Withholder's Address

555 FOUNTAIN ST
COPPER WI 55555
Employee's Mailing Address

DOE JANE
Custodial Parent's Name (Last, First, MI)

555 FOUNTAIN ST
COPPER WI 55555
Custodial Parent's Mailing Address

Substituted Official/Agency Name and Address

Child(ren)'s Mailing Address (if different from custodial parent's)

Name, Mailing Address, and Telephone Number of a Representative of the Child(ren)

Child(ren)'s Name(s)	DOB	SSN
JUNIOR DOE	DECEMBER 12, 2002	888-88-8883

The order requires the child(ren) to be enrolled in [X] any health coverages available; [ ] any health coverages available at reasonable cost; or [ ] only the following coverage(s):
___ Medical; ___ Dental; ___ Vision; ___ Prescription drug; ___ Mental health;
___ Other (specify):_____

Instructions for complying with the terms of this notice can be found at http://www.dwd.state.wi.us/bcs/employer.htm. If you have questions about this notice after reviewing the website, please contact the Issuing Agency listed above for more information.

SAMPLE

10/17/07

(auto)

PLAN ADMINISTRATOR RESPONSE

(To be completed and returned to the Issuing Agency within 40 business days after the date of the Notice, or sooner if reasonable)

This Notice was received by the plan administrator on _____.

[ ] 1. This Notice was determined to be a "qualified medical child support order," on _____. Complete Response 2 or 3, and 4, if applicable.

[ ] 2. The participant (employee) and alternate recipient(s) (child(ren)) are to be enrolled in the following family coverage.
- [ ] a. The child(ren) is/are currently enrolled in the plan as a dependent of the participant.
- [ ] b. There is only one type of coverage provided under the plan. The child(ren) is/are included as dependents of the participant under the plan.
- [ ] c. The participant is enrolled in an option that is providing dependent coverage and the child(ren) will be enrolled in the same option.
- [ ] d. The participant is enrolled in an option that permits dependent coverage that has not been elected; dependent coverage will be provided.

Health insurance information for the employee and/or the employee's children must be provided on the attached Health Insurance Information Form.

Any necessary withholding should commence if the employer determines that it is permitted under State and Federal withholding and/or prioritization limitations.

[ ] 3. There is more than one option available under the plan and the participant is not enrolled. The Issuing Agency must select from the available options. Each child is to be included as a dependent under one of the available options that provide family coverage. If the Issuing Agency does not reply within 20 business days of the date this Response is returned, the child(ren), and the participant if necessary, will be enrolled in the plan's default option. **Health insurance information for the employee and/or the employee's children must be provided on the attached Health Insurance Information Form.**

[ ] 4. The participant is subject to a waiting period that expires __/__/__ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: _____). At the completion of the waiting period, the plan administrator will process the enrollment. **Health insurance information for the employee and/or the employee's children must be provided on the attached Health Insurance Information Form.**

[ ] 5. This Notice does not constitute a "qualified medical child support order" because:
- [ ] The name of the [ ] child(ren) or [ ] participant is unavailable.
- [ ] The mailing address of the [ ] child(ren) (or a substituted official) or [ ] participant is unavailable.
- [ ] The following child(ren) is/are at or above the age at which dependents are no longer eligible for coverage under the plan _____ (insert name(s) of child(ren)).

[ ] 6. Insurance is available, but the cost for the employee's out-of-pocket share of the premium exceeds 5% of the employee's gross wages.

Plan Administrator or Representative:

Name: _____ Telephone Number:_____

Title: _____ Date: _____

Company Name and Address: _____

Court Case #: 2222PA222222 Employer Name: ACME PRODUCTS CO Employer KIDS ID#: 1111
Resp Worker ID#: (XYZ123) Employee Name: DOE JOHN

SAMPLE

10/17/07

Health Insurance Information Form

Employee: (PH/employee Name) Birth date: (PH/employee DOB) PIN: (PH/employee PIN)

Earns $________ per ______ gross. Hours worked per week: _____

If employee is eligible for coverage under more than three policies, please photocopy and complete a separate Health Insurance Information Form for **each** policy.

Policy Information	**Health Insurance Company**
Subscriber/Member ID:	Name:
Group #:	Address:
Other HI #:	
Ins availability date for employee	Contact phone:
	Should claims be sent to this address?
Employee share of monthly premium	Should claims be sent to employer address?
(Please indicate both)	Coverage types under policy (check all that apply)
Family: $ Single: $	___ Medical ___Prescription ___Vision ___Dental

Policy Information	**Health Insurance Company**
Subscriber/Member ID:	Name:
Group #:	Address:
Other HI #:	
Ins availability date for employee	Contact phone:
	Should claims be sent to this address?
Employee share of monthly premium	Should claims be sent to employer address?
(Please indicate both)	Coverage types under policy (check all that apply)
Family: $ Single: $	___ Medical ___Prescription ___Vision ___Dental

Policy Information	**Health Insurance Company**
Subscriber/Member ID:	Name:
Group #:	Address:
Other HI #:	
Ins availability date for employee	Contact phone:
	Should claims be sent to this address?
Employee share of monthly premium	Should claims be sent to employer address?
(Please indicate both)	Coverage types under policy (check all that apply)
Family: $ Single: $	___ Medical ___Prescription ___Vision ___Dental

If employee is/was covered under this policy, please indicate coverage dates below:

	COVERAGE:	BEG DATE	END DATE	END REASON
<JANE DOE>	<08/28/61>	________	________	____________
<JUNIOR DOE>	<08/27/03>	________	________	____________
(Child: First Last-truncated)	(DOB)	________	________	____________
(Child: First Last-truncated)	(DOB)	________	________	____________
(Child: First Last-truncated)	(DOB)	________	________	____________
(Child: First Last-truncated)	(DOB)	________	________	____________

Remarks: ____

Crt Case#: 2222PA222222 Empl/Carrier Name: ACME PRODUCTS CO Empl/Carrier KIDS ID#: 1111
Resp Worker ID#: (XYZ123)

HI06 attachment