

**46TH CIRCUIT COURT
CHILDREN'S HEALTH CARE EXPENSE POLICY**

Beginning October 1, 2004, each support order entered was required to include an additional amount for ordinary health care expenses. The base Child Support obligation covers remedial care items, such as band aids and non-prescription medications, so those types of expenses are not included in this category. A person who pays support will pay an additional amount each month to cover their portion of the children's ordinary health care expenses, which is the Medical Support obligation. This process will help custodial parents pay out-of-pocket health care expenses as they incur them. It will also eliminate the need to seek separate reimbursement for every routine health care bill.

ORDINARY HEALTH CARE EXPENSES

Ordinary health care expenses include insurance co-payments, deductibles, and other uninsured health care costs. For support orders entered after January 1, 2017, the 2017 Michigan Child Support Formula considers an average of \$403 per child to be spent on ordinary health care costs per year.

For support orders entered between January 1, 2013 and December 31, 2016, the Formula considers \$357 to be spent annually per child on ordinary health care costs.

For support orders entered between October 1, 2008 and December 31, 2012, the Formula considers \$345 to be spent annually per child on ordinary health care costs.

For support orders entered between October 1, 2004 and October 1, 2008, the Formula considers \$289 to be spent annually per child on ordinary health care costs.

The court may order a higher amount for known or anticipated higher expenses (such as if a child will need braces).

ADDITIONAL ORDINARY (EXTRA ORDINARY) HEALTH CARE EXPENSES

Additional ordinary are expenses that exceed the ordinary health care expenses and should be apportioned between the parents according to the medical expense percentages established in the support order. The percentage reimbursement may be handled between the parents or by following this policy.

To seek reimbursement for additional ordinary health care expenses, the parent who receives support must show that the ordered total annual ordinary medical amount for ALL children has been exceeded within the calendar year. The parent should keep a record of qualifying ordinary health care expenses on the attached tally sheet. In the event the expenses exceed the threshold amount before year's end, reimbursement of the other parent's percentage may be requested.

If the payer of support incurs an extra ordinary health care expense, percentage reimbursement may also be sought using the same policy process.

Note: There is a 28-day timeline requirement for sending the Request to the other parent.

Documentation (copies of insurance Explanation of Benefits, doctor statements, prescription receipts, etc. showing non-insured qualified medical expenses) must accompany the tally sheet when enforcement of the unpaid Request for Health Care Expense Payment is submitted to Friend of the Court as a Complaint by the parent.

It is presumed that the amount in the order for ordinary health care expenses will be spent on uninsured health care expenses. The custodial parent does not have to prove that the health care expenses exceeded that amount unless that parent requests enforcement for additional ordinary health care expenses.

Beginning January 1, 2017, the court may permit handling all medical expenses as additional medical expenses. Complaints for enforcement of any unreimbursed additional medical expenses must meet the minimum threshold before friend of the court is required to act on the Complaint. The minimum “enforcement” amount for additional medical expenses is \$100.00 per child per calendar year, or a lower amount as set by the court. If unreimbursed additional expenses do not exceed the “enforcement” threshold by year’s end, they may be submitted to the friend of the court for enforcement before the deadline.

REIMBURSEMENT OF ORTHODONTIA EXPENSES

If your minor child has braces now, or you are in the process of entering into a contract with an orthodontist for braces or other orthodontia procedures, you may seek reimbursement for out-of-pocket expenses. *You have two options when it comes to large ongoing expenses. Please be sure to read this completely before submitting expenses.*

Option #1: You may follow the Notice of Expense Payment Request and Complaint Process in this Health Care Expense Policy to submit orthodontia payments that you have made to the provider. Note that a request for payment would have to be submitted to the other party for payment within 28 days of each payment being made. This option requires that you meet the total ordinary medical expense each calendar year for all children addressed in the support order. Review your most recent Uniform Support Order for the dollar amount that must be expended before you can submit expenses that exceed that amount to the other party and to the friend of the court for enforcement. Use the tally sheet enclosed with this packet to document the total annual ordinary medical expense.

Option #2: You may file a Motion Regarding Support to add orthodontia to your Uniform Support Order which, if granted, would allow the lump sum amount determined by the court to be charged off monthly and collected along with child and ordinary health care support by the friend of the court. The benefit to this is that you will not have to continue submitting requests for reimbursement through the life of the contract. You must attach the required documents listed below to the motion. A hearing would be held that you must attend. *Please keep in mind that you still must show that you have met the total annual ordinary medical expense for all children as outlined in your Uniform Support Order by submitting the tally sheet as noted in Option #1.*

Required documentation:

- Contract between the requesting party and the Orthodontist: this contract should specify the total amount owed for the braces, monthly payment plan and length of service and must be signed.

- For orthodontia, verification of any payments that have already been applied to the contract, and which party made the payment (copies of receipts, cancelled checks, etc. would be accepted)
- For orthodontia, verification of any insurance payments applied to the contract (explanation of benefits – denial or portion paid)
- Tally sheet showing the ordinary health care expense has been met for all children subject to the Uniform Support Order

NOTICE OF EXPENSE -PAYMENT REQUEST AND COMPLAINT PROCESS

The office of the friend of the court will assist in enforcing payment of health care expenses according to the provisions included in a court order. It is important that you read your court order.

If you are the recipient of support, and your current support order was entered **after** October 1, 2004, it indicates an amount of ordinary health care expense that is to be spent annually per child before you can request payment of any additional out of pocket additional ordinary expenses, you must make sure that you have met the total annual health expense amount for all children before submitting a request to the other party for payment of additional ordinary health care expenses. Use the tally sheet included to help you track the ordinary health care expenses.

If you are the payer of support and have paid out of pocket health care expenses for your child/ren, you may submit the expense to the other party without meeting an apportioned share of ordinary health care contribution as it is already factored into the support order.

The following steps must be taken in order for the friend of the court to assist:

SUBMITTING A REQUEST FOR PAYMENT TO THE OTHER PARENT

The party who is seeking payment must first send a Request for Health Care Expense Payment form (included in this packet) to the other parent(s) for payment within 28 days after the date on the statement from the insurance company indicating the insurers' final payment or denial of coverage or if no insurance is involved, 28 days from the date on the bill for services from the health care provider. The request must include copies of all bills to verify that health care expenses were incurred. Each bill must show:

- A. Name of person receiving service
- B. Name of health care provider
- C. Date of service
- D. Nature of service and appropriate insurance code (Most health care providers furnish both routinely. Should yours not do so routinely, please insist that it be provided when you get the statement)
- E. Actual charge amount for the service provided

If health care insurance is available, the parent providing insurance must coordinate coverage with the other parent. After bills are submitted for insurance coverage, each parent must be provided a statement which shows a breakdown of insured and non-insured expenses. The parents must then pay the percentage of non-insured expenses as indicated in their court order.

The parent receiving the Request for Health Care Expense Payment form has 28 days from the date of the written request to make payment. If payment has not been received within that time frame, proceed to Step Two.

SUBMITTING A COMPLAINT REGARDING ENFORCEMENT TO FRIEND OF THE COURT

Unless otherwise specifically stated in your court order, a Complaint may be submitted to the friend of the court on or before any of the following:

1. One year after the expense was incurred.
2. Six months after the insurers' final payment or denial of coverage of the expense, if all measures necessary to submit a claim for the health care expense to all insurers that might be obligated to pay the expense were completed within 2 months after the expense was incurred.
3. Six months after the parent defaults in paying for the health care expense as required under a written agreement, signed by both parents, that lists the specific bills covered by the agreement, states the amount to be paid in total, and sets forth the schedule for payment of that amount, whether by installments or otherwise.

If a party is unsuccessful in obtaining payment for non-insured expenses that he/she incurred on behalf of the minor child/children, assistance can be requested from the friend of the court by following the procedure outlined below:

1. Complete the Complaint for Enforcement of Health Care Expense Payment form (included in this packet) and attach a copy of the Request for Health Care Expense Payment, copies of all bills referenced on the Request form, a copy of the insurance determination showing the date of final payment or denial of coverage and the tally sheet showing that annual ordinary medical expenses equal or exceed the annual ordinary health care expense amount for all of the children. Make sure that you sign and date the Complaint form.

Note: If you are submitting orthodontia expenses, review the Reimbursement of Orthodontia Expenses sheet included in this packet.

2. Return the signed forms with the copies of all bills and/or insurance statements to the friend of the court office.

**RESPONDING TO A COMPLAINT REGARDING ENFORCEMENT
OF HEALTH CARE EXPENSES**

The parent receiving the Complaint for Enforcement of Health Care Expense Payment should do the following:

1. Carefully review the attached bills/statements. If it is noted that a bill has not been submitted to their insurance, the bill should be immediately submitted for payment. The other party should be notified of the action taken and provided a copy of the insurance statement when received showing what was paid by the insurance company.
2. If there is no discrepancy/dispute regarding the entries on the Complaint, contact the party submitting the form to make payment arrangements.
3. If any of the entries are disputed or you are unable to reach an agreement regarding payment with the party submitting the Complaint for Enforcement of Health Care Expense Payment, file a **written** objection with the Clerk of the Court in the county in which your case was filed **and** provide a copy for the friend of the court within 21 days from the date of mailing noted on the Complaint. The objection must specifically state which entry/ies is/are being objected to and the reason(s).

**CONTACTING THE FRIEND OF THE COURT IF
HEALTH CARE EXPENSES ARE NOT PAID**

If the party submitting the Complaint for Health Care Expense Payment has 1) not been contacted by the other parent to make payment arrangements, 2) has not received payment of outstanding health care expenses within 21 days of the date the Complaint was mailed by the friend of the court, and 3) has not received notice of objections being filed and a hearing being scheduled. The other parent's portion of health care expenses will become a health care support arrearage and subject to any enforcement process available to collect a support arrearage.

If the party receiving the Complaint for Enforcement of Health Care Expense Payment files an objection within the 21 day time period, a hearing will be scheduled and notice will be sent to the parties. Both parties must attend the hearing.

Please contact the Friend of the Court office with any questions you may have about this health care procedure and the forms included in this packet.

Tally Sheet for Ordinary and Additional Ordinary Medical Health Care Expenses
FOC 13 Request For Health-Care Expense Payment
FOC13a Complaint and Notice For Health-Care Expense Payment

Otsego County Friend of the Court
800 Livingston Blvd, Ste. 1A
Gaylord, MI 49735
Office: (989)731-7450
Fax: (989)731-0226

**TALLY SHEET FOR ORDINARY & ADDITIONAL ORDINARY HEALTH CARE EXPENSES
FOR CALENDAR YEAR _____**

Case No. _____ Name of Parent seeking reimbursement _____

Parent phone # _____ Parent address: _____

On an average, families will spend \$403.00 for one child per year for ordinary health care expenses. The 2017 Michigan Child Support Formula 3.04(B) table reflects the expense averages by the number of children subject to the order. FOLLOW THE ANNUAL ORDINARY MEDICAL AMOUNT ON YOUR CURRENT ORDER.

Ordinary Medical Expense Averages		
Children	Annual	Monthly
1	\$403	\$33.58
2	\$807	\$67.25
3	\$1,210	\$100.83
4	\$1,614	\$134.50
5 or more	\$2,017	\$168.08

Number of children in this case _____ = total annual amount of \$_____ for ordinary health care expenses.

NOTE: COPIES OF SUPPORTING DOCUMENTS FOR ALL ENTRIES BELOW MUST BE INCLUDED WITH THIS SHEET.

Complete the following lines and maintain a running total for qualified Ordinary Medical Expenses for this calendar year. Arrange entries by date (earliest expense first). When the running total meets or exceeds the Annual Ordinary Medical Expenditure Total, you may request the percentage reimbursement from the other party for future qualified medical expenses (Additional Ordinary Medical Expenses) either voluntarily between the parties or by following the procedure as outlined in the Health Care Packet and using the FOC 13 and FOC 13a forms. **There is a 28-day time line requirement for sending a Request for Health Care Expense Payment to the other parent.**

