

**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 January 1, 2021 and after under the 2021 Michigan Child Support Formula, \$454.00 per child is considered the average to be spent on ordinary health care costs per year. 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.

Support orders entered January 1, 2017 through December 31, 2020; 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 prior or January 1, 2017, refer to your support order for the per child amount that must be spent annually on ordinary health care expenses.

Always check your current support order to verify the amount as the court may have ordered an amount greater due to known or anticipated higher expenses; orthodontic, special needs, or ongoing treatments. Subsequently, the court may determine that no ordinary medical expense is appropriate and handle all qualifying medical expenses as additional medical expenses when certain circumstances exist as described in the 2021 Michigan Child Support Formula Manual.

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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 Court's Health Care Reimbursement Policy.

To seek reimbursement for additional ordinary health care expenses, the parent who receives support must show that the ordered total annual ordinary medical threshold expense 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, so in the event the expenses exceed the threshold amount before year's end, reimbursement of the other parent's percentage may be requested. The tally sheet for ordinary & additional ordinary medical expenses for a calendar year is attached to this policy.

The minimum enforcement threshold for any unreimbursed additional medical expenses must be met before friend of the court is required to act on the complaint. The threshold is \$100.00 per child each calendar year, or a lower amount set by the court. If unreimbursed additional expenses do not exceed the "enforcement" threshold by year's end, the expenses may be submitted to the friend of the court for enforcement before the deadline as stated under MCL 552.511a 1(c).

The court may determine that no ordinary medical expense is appropriate and handle all qualifying medical expenses as additional medical expenses when certain circumstances exist. Such instances are when both parents routinely take one or more children-in-common for medical care and incur qualifying medical expenses, or the support payer will likely incur most qualifying out-of-pocket costs for the children, or an incapacitated payer's base support obligation is set at zero, or the recipient has an employer-paid benefit that pays the recipient's initial; out-of-pocket expenses for the child(ren). described in the 2021 Michigan Child Support Formula Manual.

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 process as defined in this Health Care Expense Policy for reimbursement to submit orthodontia payments that you have made to the provider. A Request for Payment form (FOC 13) 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**

**FOC13 (Request for Health-Care Expense Payment)
FOC 13a (Complaint and Notice for Health Care Expense Payment,**

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 the Request form (FOC 13) to the other parent 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. Also use form FOC 13.

There is a 28-day timeline requirement for sending the Request to the other parent. If the payer of support incurs an extra ordinary health care expense, percentage reimbursement may also be sought using the same Policy process. 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.

Submit a Request for Payment (FOC 13) to the other parent

The following steps must be taken for the friend of the court to assist with enforcement.

The party who is seeking payment must first send a Request for Health Care Expense Payment form (FOC 13) to the other parent 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 Request for Payment to make payment. If payment has not been received within that time frame, the parent seeking reimbursement may file a Complaint and Notice for Health Care Expense Payment (FOC 13a).

Submit a Complaint and Notice for Health Care Expense Payment (FOC 13a) to the Friend of the Court office

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.

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 and Notice Regarding 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 is being objected to and the reason(s).

Contact the Friend of The Court If Health Care Expenses Are Not Paid

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 parent submitting the Complaint and Notice for Health Care Expense Payment has

- 1) not been contacted by the other parent to make payment arrangements, and
- 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.

If the parent receiving the Complaint for Enforcement of Health Care Expense Payment files an objection within allowable 21-day objection 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 where your case is file with any questions you may have about the 46th Circuit Friend of the Court Health Care Expense Policy and your support order. Attachments included.

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

Crawford Friend of the Court
200 W. Michigan Avenue
Grayling, MI 49738
989-344-3272
Fax 989-344-3292

Kalkaska Friend of the Court
605 N. Birch Street
Kalkaska, MI 49646
231-258- 9744
Fax 231-258-0129

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