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Medical Support

The Challenge Begins

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In 1998, Congress recognized that health care coverage for children was a critical issue and enacted the Child Support Performance and Incentive Act of 1998 (CSPIA). This legislation required IV-D programs to improve medical support enforcement performance and mandated the development of a National Medical Support Notice (NMSN) to aid states when enforcing medical support orders.

The CSPIA also established a Medical Support Workgroup, whose purpose was to examine Medical Support Enforcement (MSE) on a national level, make recommendations for program changes, and develop a performance measurement tied to incentive funding. In June 2000, the workgroup released a report containing 76 recommendations for improvement. Key among them was the recommendation to add a new medical support performance measurement to the existing federal child support performance measures and incentive funding structure.

That report provided everyone in the child support enforcement community with a compelling reason to care about improved medical support performance. Clearly, there was much room for improvement. For years, state support collection performance continued to rise while medical support performance stagnated. Now, with the decision to move toward a system of incentives and penalties for performance, states are eager for guidance and a federal mandate.

In 2006, the first preliminary federal report examining medical support outcomes showed that only 19.8% of IV-D cases had medical support ordered and provided. The federal Office of Child Support Enforcement is working with states on the development of a medical support performance measurement and has begun data reliability audits (for comment only). However, the actual incentive structure and performance goals that will accompany the measure have not yet been determined. Once those measures are implemented, federal incentive funds for state and local agencies will be affected.

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Naturally, there are other powerful reasons to improve medical support performance. Many children in the IV-D caseload receive government-paid or subsidized health care through state Medicaid and SCHIP programs. The cost of providing government-paid health care is significant for both state and federal governments. Maintaining an effective MSE program can improve the well being of children and reduce public expenditures at the same time.

Arkansas' Early Response

As one of the first states to fully develop and implement an MSE program, Arkansas continues to be an innovator in the child support community. We recognize and firmly believe that children's access to health care is paramount. At the same time, we also understand the importance to our program of accurate and dependable data relating to the coverage of children. When the CSPIA requirements were

enacted, we decided to look to the private sector for new and cost effective solutions to meet the challenge.

In 2003, we began a partnership with HMS that now provides the Arkansas OCSE with health insurance identification for IV-D dependents and their non-custodial or custodial parents through a proven process comprised of national commercial carrier matches, wage and new hire matches, DEERS/Champus matches, NMSN generation, and NMSN employer response processing. The result has been a significant increase in the number of Arkansas' children with health insurance coverage.

A Collaborative Model

At first, our efforts focused only on Arkansas IV-D cases. However, we knew we would achieve much more if we could share information with other states. We also knew that a consortium model would be beneficial. First, consortia greatly simplify the procurement process for potential members. Consortia also magnify the purchasing power of a group of programs by combining them into a larger entity that gives each state or county joining the consortium the best value. Finally, the members of a consortium are able to learn from each other and improve performance.

The result was the creation of the Arkansas Medical Support Services Consortium (MSSC), an organization of child support enforcement agencies dedicated to increasing the number of IV-D children with healthcare insurance coverage through pooled resources and information sharing. It's easy to join, and the agreement is as standardized and generic as possible, providing the same cost for services across all member states.

MSSC membership is open to counties as well, since some states administer child support at the county level. Not surprisingly, some California counties have more cases than the entire state of Arkansas.

It's no secret that there's more to improving medical support performance than sending National Medical Support Notices. Agencies need to find out, ideally at the time of enrollment, all evidence of available and viable health coverage. In addition, child support services are not always localized. Often, a non-custodial parent may reside in a state different from the state where he or she works or may live and work in a state different from the one in which his or her dependents reside. Without a high level of coordination among different agencies, the provision of medical support services in interstate cases can be difficult or nonexistent. The MSSC addresses these needs and more.

The MSSC accomplishes four goals critical to the success of any MSE program:

1. It provides member agencies with a means of quickly increasing the number of children who have health insurance coverage and does so with no upfront costs.
2. It allows member states to comply with federal regulations more effectively.
3. It provides access to a vastly larger pool of insurance carrier data, collected from all member states, as well as access to a national insurance data base of more than 500 million records.
4. It allows members to effectively coordinate medical support efforts across state lines.

No other vehicle has the ability to provide this level of Medical Support Enforcement or has the same potential for success.

Growth and Expansion

From a simple idea, the MSSC has grown into an important and sustainable enterprise. The consortium now boasts ten members, including—in addition to Arkansas—the states of Louisiana, Nebraska, Ohio, Rhode Island, and South Dakota, as well as the California counties of Merced, Riverside, Sacramento, and San Mateo.

The MSSC has a number of powerful features that members can use to their advantage. First, its flexible a la carte services allow members to choose only those services they need, so every consortium program is exactly the right size for each member. Contingency fee pricing takes all the risk out of the process. Ready access to a national insurance carrier database ensures that no evidence of available commercial insurance will go undiscovered. Finally, all of the MSSC case load data is fed into several national databases, like the Federal Case Registry, which are open to all state programs, as well as the consortium.

The MSSC is also working to expand the range of services it provides to member agencies. One promising effort, still early in its development, involves teaming with the current contractor and a national commercial health insurance carrier to create a new and more affordable health insurance product exclusively

for IV-D children. This important development has the potential to change healthcare on a national scale by filling the gap between government-sponsored programs and employer-sponsored insurance offerings. Once implemented, IV-D families will have for the very first time an affordable, viable, effective, and sustainable option for providing their children with healthcare.

Final Words

Arkansas is proud to be the host state for the MSSC, helping other IV-D agencies improve performance and find more healthcare coverage for kids. However, there's still much work left to do. There are still more than nine million children in the United States who have no health insurance.[1] But, we have every confidence that as the consortium grows it will become more valuable to all of its members and the entire child support community, and even more successful at finding coverage for kids. We look forward to sharing those successes with you in the future.

Together with our fellow members and contractors, the Arkansas Office of Child Support Enforcement aims to make sure the Medical Support Services Consortium continues to protect the health of our children and serve as a model for interagency and private-public sector collaboration.

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(Endnotes)

[1] This figure was taken from a report (#7694) issued by the Kaiser Commission on Medicaid and the Uninsured entitled "What happened to the Insurance Coverage of Children and Adults in 2006?" by John Holahan and Allison Cook of the Urban Institute and released in September 2007.