



COMMONWEALTH of VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
Office of the Commissioner

August 26, 2025

MEMORANDUM

TO: The Honorable Glenn Youngkin
Governor of Virginia

The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable L. Louise Lucas
Senate Finance and Appropriations Committee

Michael Maul
Director, Department of Planning and Budget

FROM: Kevin Erskine, Acting Commissioner

A handwritten signature in black ink, appearing to read "Ke Erskine", with a horizontal line extending to the right.

SUBJECT: Medical Support from Noncustodial Parents

This report is submitted in compliance with Item 327.E. of the 2025 Appropriation Act, which states:

E. The Division of Child Support Enforcement, in cooperation with the Department of Medical Assistance Services, shall identify cases for which there is a medical support order requiring a noncustodial parent to contribute to the medical cost of caring for a child who is enrolled in the Medicaid or Family Access to Medical Insurance Security (FAMIS) Programs. Once identified, the division shall work with the Department of Medical Assistance Services to take appropriate enforcement actions to obtain medical support or repayments for the Medicaid program. The Department of Social Services shall submit a report on the number of identified cases and the enforcement actions taken to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and Director, Department of Planning and Budget by September 1 each year.

Please feel free to contact me with any questions at (804) 726-7011.

KE:kc

Attachment

cc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources



Medical Support from Noncustodial Parents

PREFACE

This report provides an overview of the establishment and enforcement of health care coverage for Medicaid recipients pursuant to Item 327.E of Chapter 2 of the Acts of Assembly of the 2024 Special Session I (Appropriations Act) as amended.¹ The Division of Child Support Enforcement (DCSE) within the Department of Social Services (VDSS) reached out to the Department of Medical Assistance Services (DMAS) this year in preparing the updated report, and there are no changes.

Medicaid plays a pivotal role in ensuring that dependent children receive necessary medical care. In State Fiscal Year 2024, the DMAS' Medicaid program had an average monthly enrollment of 631,480 children.² DCSE assists families with obtaining the child support they need to thrive. As of June 2024, DCSE served 317,408 children across 254,589 cases.³ It is clear that the two have a common purpose in supporting Virginia's families.

Since 2007, DMAS has not referred cases to DCSE, but doing so could greatly benefit families. DCSE has the ability to establish health care orders or pursue reimbursement for Medicaid assistance, providing essential support to those in need. As recently as 2016, staff at the Office of Attorney General advised DCSE that DMAS could choose to not refer cases.⁴ DMAS recently reported that system changes to the Virginia Case Management System (VaCMS)⁵ would be necessary to resume referrals. DCSE establishes health care coverage through orders, serves *National Medical Support Notices* on employers to enforce coverage, and assists with identifying and providing third-party liability information to Medicaid. DCSE is prepared to begin accepting referrals again and to assist DMAS in establishing and enforcing repayment of Medicaid assistance.

The following sections examine the background and current processes regarding the establishment and enforcement of health care coverage in the Medicaid context.

¹ HB 6001, at 412–13 (2024 Special Session I), <https://budget.lis.virginia.gov/get/budget/5012/HB6001/>, as amended by Chapter 725 of the 2025 Acts of Assembly (Reconvened Session), HB 1600.

² Department of Medical Assistance Services, DMAS Enrollment Report July 2024, <https://www.dmas.virginia.gov/data/enrollment-reports/>.

³ Department of Social Services, Case and Participant Data Report (June 2024 period) (unpublished).

⁴ Office of Attorney General, Legal Question: State Plan Compliance and Medicaid Cases (requested Aug. 9, 2016) (unpublished).

⁵ VaCMS is an integrated eligibility determination and case management system.

Table of Contents

Preface.....	i
Medical Support from Noncustodial Parents	iii
Report Mandate.....	iii
Executive Summary	iii
Definitions	1
Program Overview.....	1
Contacts.....	1
Background	2
Health Care Coverage	2
Orders to Reimburse the Cost of Medicaid	3
Current Process.....	4
Appendix A Item 327.E of Chapter 2 of the Acts of Assembly of the 2024 Special Session I	6
Appendix B Absent Parent Record Received by DMAS	7
Appendix C DMAS Absent Parent Master File (Obsolete).....	8

MEDICAL SUPPORT FROM NONCUSTODIAL PARENTS

A Report for the Virginia General Assembly

September 01, 2025

REPORT MANDATE

Item 327.E of Chapter 2 of the Acts of Assembly of the 2024 Special Session I (Appropriations Act) as amended:

The Division of Child Support Enforcement, in cooperation with the Department of Medical Assistance Services, shall identify cases for which there is a medical support order requiring a noncustodial parent to contribute to the medical cost of caring for a child who is enrolled in the Medicaid or Family Access to Medical Insurance Security (FAMIS) Programs.

Once identified, the division shall work with the Department of Medical Assistance Services to take appropriate enforcement actions to obtain medical support or repayments for the Medicaid program. The Department of Social Services shall submit a report on the number of identified cases and the enforcement actions taken to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and Director, Department of Planning and Budget by September 1 each year.

EXECUTIVE SUMMARY

DCSE ensures that child support orders include a provision for health care coverage and, where insurance is through a noncustodial parent's employer, DCSE enforces such orders by sending the employer a *National Medical Support Notice* to provide notice of the children to enroll in the employer's health care plan. The *Notice* also requires the employer to withhold employee contributions required by the health care plan in which the children are enrolled.

DCSE also sends a monthly file to DMAS containing information on third-party liability coverage for Temporary Assistance for Needy Families, IV-E Foster Care, and Medicaid cases. DMAS uses this information to identify other medical insurance that can offset Medicaid costs. Pursuing third-party liability is therefore a cooperative method for mitigating Medicaid costs.

Currently, DMAS does not refer cases to DCSE seeking direct reimbursement of Medicaid expenses. DCSE is prepared to begin accepting referrals again and to assist DMAS in establishing and enforcing repayment of Medicaid assistance. Such referrals would require DMAS to calculate the amount to be reimbursed.

About VDSS and DCSE

The Virginia Department of Social Services (VDSS) partners with local departments of social services and community organizations, to promote the well-being of children and families across the Commonwealth. We proudly serve alongside nearly 13,000 state and local human services professionals throughout the Social Services System, who ensure that thousands of Virginia's most vulnerable citizens have access to the best services and benefits available to them.

Together, we work each day to serve, empower, and create opportunities for brighter futures.

Virginia's children need both financial and family support to grow and thrive. Children with actively involved parents perform better in school, have higher self-confidence, and generally achieve greater success in life.

The Virginia Division of Child Support Enforcement (DCSE) is committed to helping parents support their children by focusing on more than just money. DCSE strives to support parents who are receiving support and parents who are paying support.

DEFINITIONS

FAMIS

FAMIS, or the Family Access to Medical Insurance Security Plan, is Virginia's health insurance program for children. It makes health care affordable for children of families who qualify. FAMIS covers all the medical care that growing children need to stay healthy. It also covers medical care if they get sick or hurt.

DMAS

DMAS, or the Department of Medical Assistance Services, is the agency that oversees Medicaid and FAMIS in Virginia. It provides information, eligibility, enrollment, and customer service for health care coverage.

Medicaid

Medicaid is a Medical Assistance program that makes direct payments to health care service providers on behalf of eligible individuals and families who are unable to pay for needed medical services.

DCSE

The Division of Child Support Enforcement is a division within the Department of Social Services and is responsible for child support services, as provided by law. DCSE provides such services through the location of noncustodial parents, establishment of paternity and child support orders, enforcement of orders, and collection and distribution of child support payments.

Cash Medical Support

Refers to payments made by noncustodial parents to help cover the cost of medical expenses for their children. This can include health insurance premiums, co-pays, deductibles, and other out-of-pocket medical costs.

Health Care Coverage

A plan or policy that provides financial protection against medical expenses. This can include insurance provided by an employer, government programs like Medicaid or Medicare, or private insurance plans. Health care coverage typically helps pay for medical services, such as doctor visits, hospital stays, prescription medications, and preventive care.

PROGRAM OVERVIEW

DCSE ensures that children receive the financial and medical support they need from both parents. This includes facilitating health care coverage. Coverage can come from various sources, such as employer-sponsored insurance, government programs like Medicaid or Medicare, or private insurance plans. Such coverage reduces out-of-pocket costs for families and promotes the well-being of children across the state.

CONTACTS

Sandra Brown, Program Guidance Manager

Sandra.brown@dss.virginia.gov, 804.726.7880

Medical Support from Noncustodial Parents

BACKGROUND

Child support in Virginia reflects the federal-state partnership created by Title IV-D of the Social Security Act, as amended.⁶ The Medicare/Medicaid Antifraud and Abuse Amendments of 1977 allow states to require Medicaid applicants to assign their rights to medical support (reimbursement) to the state,⁷ and § 63.2-1908 of the Code of Virginia (Va. Code) makes “[a]ny payment of public assistance money made to or for the benefit of any dependent child” a debt due to the Commonwealth. Va. Code § 63.2-100 includes “medical assistance” in the definition of “public assistance.” Virginia’s administrative Medicaid regulations similarly require cooperation with child support services in establishing paternity, obtaining medical support and payments, and identifying third parties who may be liable to pay for care as a condition of eligibility.⁸

Every child support order must contain a provision for one or both parents to provide medical support for the child or children.⁹ Medical support can be health care coverage, cash medical support, or both. Enforcement can therefore take one of two forms: enforcement of health care coverage or enforcement of cash medical support.

In the context of Medicaid, enforcement can occur through identifying third-party liability (establishing health care coverage through private insurance where available) and obtaining repayment of Medicaid expenses (by calculating expenses and obtaining court orders for repayment).

HEALTH CARE COVERAGE

Health care coverage is any plan providing hospital, medical, or surgical care for dependent children that can be obtained by a parent, parents, or a parent's spouse.¹⁰ Where a child support order does not exist or does not provide for coverage, DCSE seeks to establish (or petition for modification of orders to include) health care coverage.¹¹ Health care coverage is reasonably priced if it does not exceed five percent of the gross income of the parent responsible for providing it.¹² Coverage must be accessible through employers, unions, or other groups, unless the court decides otherwise in the best interests of the child.¹³ This includes cases where the only available coverage exceeds five percent of the parent's gross

⁶ For a concise history of medical support enforcement, see *generally* Office of Child Support Services, *Essentials for Attorneys* at 10-48 (4th ed. 2021), https://www.acf.hhs.gov/sites/default/files/documents/ocse/essentials_for_attorneys_10.pdf.

⁷ *Id.*

⁸ 12VAC30-40-10(6)(a)-(c).

⁹ Va. Code § 20-60.3; § 63.2-1903.

¹⁰ Va. Code § 63.2-1900.

¹¹ § 20-60.3; § 63.2-1903.

¹² § 63.2-1900.

¹³ *Id.*

income, or if the parties mutually agree to an alternative arrangement.¹⁴ Medicaid and FAMIS qualify as health care coverage.¹⁵

When a parent has insurance through an employer, DCSE uses the *National Medical Support Notice (NMSN)* to provide employers with legal notice that an employee has been ordered to provide health care coverage to the employee's children.¹⁶ The *NMSN* directs employers to withhold employee contributions to ensure coverage.¹⁷ This is the most common way in which child support agencies enforce medical support, and it reduces the need for Medicaid by establishing third-party insurance.

Pursuant to 45 C.F.R. §§ 302.80 and 303.30, DCSE also provides information to DMAS regarding whether the noncustodial parent has a health insurance policy for the purpose of determining if there is third-party liability for medical support.¹⁸ This enables DMAS to defray costs to the Commonwealth. As the Center for Law and Social Policy noted in 2003, “if the child support program can use the assignment to obtain private health care coverage for the child—for instance, through a non-custodial parent’s private health insurance—there are potential savings to the Medicaid program.”¹⁹

ORDERS TO REIMBURSE THE COST OF MEDICAID

DCSE will enforce medical support obligations only when they are a specific dollar amount.²⁰ Va. Code § 20-108.2(D) requires parents to pay “in proportion to their gross incomes . . . any reasonable and necessary unreimbursed medical or dental expenses.” Virginia’s statute, therefore, places primary responsibility on the parents to reimburse each other; courts can adjudicate the matter when parents disagree, and DCSE can enforce orders for specified amounts. In the absence of a court order, DCSE has no authority to adjudicate a dispute over unpaid medical bills and would not know when a parent has incurred an unreimbursed medical or dental expense. DCSE is ready to obtain court orders for reimbursement of monthly Medicaid expenses upon receiving such information from DMAS.²¹

In the Medicaid context, Medicaid expenses are “public assistance” debts that are subject to reimbursement. Calculation of reimbursement would require collaboration. A former Commissioner of the federal Office of Child Support Services wrote in a recent article, “[c]hild support assignment to reimburse Medicaid costs is limited to medical support payments

¹⁴ *Id.*

¹⁵ See 45 C.F.R. § 303.31(a)(2) (defining health care coverage as “fee for service, health maintenance organization, preferred provider organization, and other types of private health insurance and *public* health care coverage under which medical services could be provided to the dependent child(ren)”) (emphasis added); see also Child Support Enforcement Program Manual, at 194 (May 2024 ed.); Va. Code § 63.2-1900 (defining “health care coverage” in part as “any plan providing hospital, medical or care coverage”).

¹⁶ See generally OCSS, *Medical Support – Answers to Employers’ Questions* (Oct. 5, 2023), <https://www.acf.hhs.gov/css/faq/medical-support-answers-employers-questions>.

¹⁷ *Id.*

¹⁸ See also 42 U.S.C. § 1396a(a)(25) (Medicaid state plan requirements regarding third-party liability).

¹⁹ Paula Roberts, CTR. FOR LAW AND SOC. POL’Y, *Rethinking the Medicaid Child Support Cooperation Requirement* (May 2003), <https://www.clasp.org/sites/default/files/public/resources-and-publications/files/0126.pdf>.

²⁰ Child Support Enforcement Program Manual, § 7.3.E (May 2025 ed.).

²¹ DMAS has indicated that DMAS could also obtain a court order to establish reimbursement but presently does not do so.

designated in a support order and does not apply to regular child support payments.”²² 45 C.F.R. § 302.50(e) states that, “No portion of any amounts collected which represent an assigned support obligation defined under § 301.1 of this chapter may be used to satisfy a medical support obligation unless the court or administrative order designates a specific dollar amount for medical purposes.” DMAS would have to inform DCSE of the amount requiring repayment, such as by calculating a per-capita cost to provide coverage.

CURRENT PROCESS

As described above, DCSE’s primary role in enforcing medical support is by ensuring health care coverage in child support orders and, when appropriate, sending *National Medical Support Notices* to employers. Each month, DCSE sends a file (Appendix B) to DMAS containing information on third-party liability (TPL) coverage for Temporary Assistance for Needy Families (TANF), IV-E Foster Care, and/or Medicaid cases.

DMAS no longer refers parents to DCSE for services;²³ instead, parents can choose whether to apply. DMAS indicated that in the past, the referral requirement created barriers to obtaining health care for children. Even though the children were not penalized if the parent or guardian did not cooperate with DCSE, some grandparents or parents did not want to cooperate (especially if the noncustodial parent was their child) and dropped the application. In addition, some parents are court-ordered to provide health insurance, which can provide the highest deductible plan, making the child ineligible for FAMIS. Sometimes a parent will buy the plan but will not give the coverage details and ID number to the custodial parent.

On August 21, 2016, DMAS obsoleted its referral report (see Appendix C). The *DMAS Virginia Medical Assistance Eligibility Manual* states as follows:

a. Enrollees who were approved before January 1, 2007

For a Medicaid enrollee who was approved for Medicaid before January 1, 2007, and *was referred to DCSE*, the local agency must take action when notified by DCSE that the enrollee is not cooperating in the pursuit of medical support from the absent parent. The child(ren)’s eligibility for Medicaid is NOT affected.

b. Enrollees who applied on or after January 1, 2007

If the enrollee who applied for Medicaid on/after January 1, 2007, *chooses to apply* for DCSE services and DCSE opens a case for the applicant, the enrollee must cooperate with DCSE in the pursuit of medical support from the absent parent, unless there is good cause for not cooperating. If the agency is notified by DCSE that the enrollee is not cooperating, the agency worker must take appropriate action on the enrollee’s

²² Vicki Turetsky & Diana Azevedo-McCaffrey, CTR. ON BUDGET AND POL’Y PRIORITIES, *Understanding TANF Cost Recovery in the Child Support Program*, at n.12 (Jan. 3, 2024), <https://www.cbpp.org/research/income-security/understanding-tanf-cost-recovery-in-the-child-support-program>.

²³ DCSE, *Fact Sheet for Medicaid Enrollees* (Feb. 2023) (provided to Medicaid enrollees); see also *DMAS, Eligibility Manual*, Chapter M0250.300, at 4 (Jan. 2021) (requiring that applicants receive an offer of DCSE services), available at <https://www.dmas.virginia.gov/media/4whkhkc2/m02-7-1-24.pdf> [hereinafter *DMAS Manual*]; *id.* at 3 (“The individual [applying for Medicaid] is not required to contact DCSE about pursuing support from the absent parent.”).

Medicaid coverage; the child(ren)'s eligibility for Medicaid is NOT affected.²⁴

When Medicaid enrollees apply for child support services, DCSE tracks them as voluntary applications.²⁵ There is no mechanism to track such cases specifically or enforce noncooperation currently. DCSE requested DMAS' comment on whether there are additional Medicaid sanctions for TANF participants who do not cooperate with child support services. DMAS indicated there are no implications unless there is fraud or a mistake in the eligibility determination.

DCSE is ready to restart receiving referrals and opening cases. DCSE would prioritize establishment of a health care order, and where there is no ability to issue a health care order, assist in securing reimbursement for on-going Medicaid expenses based on the child support guidelines, not to exceed the total cost to DMAS.

If DCSE were to resume securing reimbursement, DMAS would need to resume referrals and provide information on the amount to be reimbursed, and DCSE could establish a monthly obligation through the courts, based on a parent's ability to pay. DCSE could then reimburse DMAS through collections.

²⁴ *DMAS Manual*, *supra* note 23, at 4 (emphasis added). The Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 (2010) also informed perspectives on child support and Medicaid. See also Office of Child Support Services, *Child Support and the Affordable Care Act – Medicaid (Child Support Fact Sheet Series Number 6)*, at 1 (Sept. 2014) (indicating that child support agencies “should carefully consider how ordering additional coverage for a child eligible for Medicaid or CHIP may impact the amount of, or compliance with, the child support ordered. The child’s household may benefit more from adequate and consistent child support payments.”); Virginia Poverty Law Center, *The Affordable Care Act and Medical Support Orders: The Basics for Advocates and Judges*, at 3–4 (publication year circa 2015) (Common Scenario #1) (explaining that, in a scenario where children live with a custodial parent, the noncustodial parent has no insurance, and the children are enrolled in Medicaid, the court could adjust the child support order by “increasing the cash paid by [the] father”). For a discussion of how ACA expansion affected child support outcomes in relevant jurisdictions, see generally Lindsey Bullinger, INSTITUTE FOR RESEARCH ON POVERTY, *Affordable Care Act’s Medicaid Expansions and Child Support Outcomes* (Jan. 2021) (Eleanor Pratt ed.) (“[E]xpansion states saw an 8.5% increase in the amount of payments made toward arrears compared to the pre-ACA period.”).

²⁵ In 2014, DCSE converted its full services Medicaid cases to regular IV-D cases and closed partial services Medicaid cases. DCSE, *Medicaid Case Coding*, Clearinghouse 14-DD-001 (Feb. 1, 2014) (unpublished) (“Cases where the family receives Medicaid only and the Division has received an application for services will be handled the same as any other NADC [voluntary application] case.”). Earlier editions of the Child Support Enforcement Program Manual defined Medicaid-only cases as “a category of public assistance where the family receives Medicaid, but does not receive TANF . . . [t]he Division also use[d] this term for Medicaid cases in which the CP receive[d] medical services but [did] not seek child support.” *E.g.*, Child Support Enforcement Program Manual, G-44 (Oct. 1, 2006).

APPENDIX A ITEM 327.E OF CHAPTER 2 OF THE ACTS OF ASSEMBLY OF THE 2024 SPECIAL SESSION I

Item 327.E of Chapter 2 of the Acts of Assembly of the 2024 Special Session I states as follows, as amended:

The Division of Child Support Enforcement, in cooperation with the Department of Medical Assistance Services (DMAS), shall identify cases for which there is a medical support order requiring a noncustodial parent to contribute to the medical cost of caring for a child who is enrolled in the Medicaid or Family Access to Medical Insurance Security (FAMIS) Programs. Once identified, the division shall work with the Department of Medical Assistance Services to take appropriate enforcement actions to obtain medical support or repayments for the Medicaid program. The Department of Social Services shall submit a report on the number of identified cases and the enforcement actions taken to the Governor, the Chairs of the House Appropriations and Senate Finance and Appropriations Committees, and Director, Department of Planning and Budget by September 1 each year.

APPENDIX B ABSENT PARENT RECORD RECEIVED BY DMAS

ABSPREC

```
*** ABSENT PARENT RECORD FROM DSS ***
*** FILE NAME   : ABSENT PARENT RECORD FROM DSS ***
*** FILE ID    : TP-F-001 ***
*** COPYBOOK MEMBER : ABSPREC ***
*** DATASET NAME : ??? ***
*** PRIMARY KEYS : NONE ***
*** ALTERNATE KEYS : NONa ***
*** RECORD LENGTH : 8161 ***
*** LAST UPDATE DATE: 12/27/2000 ***
*** DESCRIPTION : CONTAINS THE DATA ELEMENTS REGARDING ABSENT***
***              PARENT INFORMATION WHICH WILL UPDATE THE ***
***              ABSENT PARENT MASTER FILE (ABSMAS) ***
*****
*****
01 ABSENT-PARENT-REC.
03 ABSENT-PARENT-INFO.
04 ABSENT-PARENT-BASE.
DE3790 05 AP-UPDATE-INDICATOR PIC X(01).
DE3741 05 AP-IVD-CASE-NUMBER PIC X(10).
DE3742 05 AP-DISTRICT-CODE PIC X(02).
DE3791 05 AP-DISTRICT-NAME PIC X(15).
DE3743 05 AP-CUST-PAR-MPI-NUMBER PIC X(10).
05 AP-CUST-PAR-NAME.
DE3744 10 AP-CUST-PAR-LAST-NAME PIC X(17).
DE3745 10 AP-CUST-PAR-FIRST-NAME PIC X(15).
DE3746 10 AP-CUST-PAR-MID-INIT PIC X(01).
DE3750 05 AP-CUST-PAR-SSN PIC X(09).
DE3747 05 AP-ABS-PAR-MPI-NUMBER PIC X(10).
05 AP-ABS-PAR-NAME.
DE3748 10 AP-ABS-PAR-LAST-NAME PIC X(17).
DE3751 10 AP-ABS-PAR-FIRST-NAME PIC X(15).
DE3752 10 AP-ABS-PAR-MID-INIT PIC X(01).
DE3754 05 AP-ABS-PAR-SSN PIC X(09).
DE3755 05 AP-ABS-PAR-ADDR-1 PIC X(31).
DE3756 05 AP-ABS-PAR-ADDR-2 PIC X(31).
DE3757 05 AP-ABS-PAR-CITY PIC X(16).
DE3758 05 AP-ABS-PAR-STATE PIC X(02).
DE3759 05 AP-ABS-PAR-ZIP PIC X(9).
```

APPENDIX C DMAS ABSENT PARENT MASTER FILE (OB-SOLETE)

ABSMAS

This program is rendered obsolete as of 08/21/2016.

```
*****
***  ABSENT PARENT MASTER FILE  ***
***                               ***
*** FILE NAME   : ABSENT PARENT MASTER FILE   ***
*** FILE ID    : TP-F-010                     ***
*** COPYBOOK MEMBER : ABSMAST                 ***
*** DATASET NAME : VMP.PRODV.ABSENT.PARENT     ***
*** PRIMARY KEYS : AP-IVD-CASE-NUMBER          ***
*** ALTERNATE KEYS : AP-ABS-PAR-MPI-NUMBER      ***
***              : AP-ABS-PAR-SSN              ***
*** RECORD LENGTH : 411                       ***
*** LAST UPDATE DATE: 12/27/2000              ***
*** DESCRIPTION   : CONTAINS ABSENT PARENT DATA. ***
*****
01 ABSENT-PARENT-HIS-REC.
05 ABSENT-PARENT-KEY.
DE3741    10 AP-IVD-CASE-NUMBER      PIC X(10).
05 ABSENT-PARENT-ALT-KEY1.
DE3747    10 AP-ABS-PAR-MPI-NUMBER    PIC X(10).
05 ABSENT-PARENT-ALT-KEY2.
DE3754    10 AP-ABS-PAR-SSN          PIC X(09).
05 ABSENT-PARENT-BASE-DATA.
DE3790    10 AP-UPDATE-IND           PIC X(01).
DE3722    10 AP-LAST-UPDATE          PIC S9(09) COMP-3.
DE3742    10 AP-DISTRICT-CODE        PIC X(02).
DE3791    10 AP-DISTRICT-NAME        PIC X(15).
DE3743    10 AP-CUST-PAR-MPI-NUMBER   PIC X(10).
10 AP-CUST-PAR-NAME.
DE3744    15 AP-CUST-PAR-LAST-NAME    PIC X(17).
DE3745    15 AP-CUST-PAR-FIRST-NAME   PIC X(15).
DE3746    15 AP-CUST-PAR-MID-INIT     PIC X(01).
DE3750    10 AP-CUST-PAR-SSN          PIC X(09).
10 AP-ABS-PAR-NAME.
DE3748    15 AP-ABS-PAR-LAST-NAME     PIC X(17).
DE3751    15 AP-ABS-PAR-FIRST-NAME    PIC X(15).
DE3752    15 AP-ABS-PAR-MID-INIT      PIC X(01).
DE3755    10 AP-ABS-PAR-ADDR-1        PIC X(31).
DE3756    10 AP-ABS-PAR-ADDR-2        PIC X(31).
```