Department of Health and Human Services
Administration for Children and Families
Office of Child Support Services

Agreement to Exchange Electronic National Medical Support Notices

By completing and providing the information included in the Electronic National Medical Support Notice (e-NMSN) Employer Profile Form, the employer or third-party provider agrees that:

The employer, company, or government agency shall have appropriate procedures in place to promptly report confirmed and suspected information security or privacy incidents, including, but not limited to, unauthorized use or disclosure of Personally Identifiable Information (PII) involving confidential child support information submitted through OCSS to your organization. As soon as reasonably practicable after discovery, but in no case later than one hour after discovery of the incident, the employer, company, or government agency shall report confirmed or suspected incidents to OCSS as specified in this paragraph. The requirement for the employer, company, or government agency to report confirmed or suspected incidents involving PII to OCSS is based on federal guidance/requirements from the Office of Management and Budget (OMB), Health and Human Services (HHS), the Federal Information Security Modernization Act of 2014 (FISMA), and the United States Computer Emergency Readiness Team (US-CERT).

Incidents must be reported via email to OCSS using the security mailbox address: ocsssecurity@acf.hhs.gov.

The organization will electronically receive and respond to NMSNs issued by states, tribes, or territories in the same manner as mailed notices within the required timeframes. Response timeframes and other instructions are available at https://www.acf.hhs.gov/css/form/national-medical-support-notice-forms-instructions.

The organization will not impersonate any individual, entity, or association; use false headers; or otherwise conceal or provide misleading information about their identity while receiving NMSNs electronically.

The organization's representative completing this form is authorized to act on behalf of the employer and agrees to provide true, correct, current, and complete information about the entity identified in the profile form.

The organization will consider the electronic version of the NMSN admissible as evidence in the same way as paper documents.

The organization will provide written notice to the federal Office of Child Support Services at least 30 days before it intends to stop accepting e-NMSNs.

A third-party provider certifies that it has authorization to participate in e-NMSN on behalf of their clients and will provide company names, FEINs, and related information to OCSS for the purpose of processing e-NMSNs.

(●) Accept ( ) Decline

e-NMSN Employer/Third-Party Provider Profile

Instructions

To complete this form and to respond to NMSNs using PDF forms, you must use Adobe Acrobat Reader version 10 or later. To download this free software, go to https://acrobat.adobe.com/us/en/acrobat/pdf-reader.html.

You must complete the required fields followed by a red asterisk * and email it to the e-NMSN team (eNMSNmail@acf.hhs.gov). If there are errors, a popup box will appear with information about correcting the error.

Employers:

- Register as an employer with this form.
- If applicable, use the e-NMSN FEINs Spreadsheet to identify each subsidiary for which you will receive e-NMSNs at the server location entered on this form.
- Provide Part-A responses on the Pick-Up server.
- Provide Part-B responses, when applicable, on the Pick-Up server.
- If you are using an external plan administrator, forward Part-B to the external plan administrator.
- If the NMSN is for an employee whose health insurance is through a union or labor organization, forward Part-B to the union or labor organization. If you are receiving e-NMSN orders and using a third-party responder to send responses back to states, it is your responsibility to forward the orders and encourage the third-party responder to register with the e-NMSN system.

Third-Party Providers (Processing e-NSMNs on Behalf of Clients):

- If you will receive and respond to orders, register as a third-party provider using this form.
- If you will only respond to orders, do not continue to use this version of the Profile form. Instead, use the Plan Administrator Profile form and register as **Third Party: Responder Only**. Use the e-NMSN FEINs Spreadsheet to identify each employer and, if applicable, their subsidiaries for whom you will process e-NMSNs.
- Provide Part-A responses on the Pick-Up server.
- Provide Part-B responses, when applicable, on the Pick-Up server.
- If the NMSN is for an employee whose health insurance is through a union or labor organization, forward Part- B to the union or labor organization. Professional employer organizations that want to receive e-NMSNs on behalf of employers must complete the profile form as a third-party provider and use the e-NMSN FEINs spreadsheet to list the FEINs for the employer(s) and any subsidiaries.

Note: Third-party providers, professional employer organizations, plan administrators, or unions that want to receive e-NMSNs for their own employees must register as an employer.

General Information

Date: *

(The date you are completing the form using MM/DD/YYYY format.)

FEIN: *

(Primary Federal Employer Identification Number – enter as nine numeric characters with no hyphen after the second number. This is the FEIN used for the files being transferred.)

Organization Type: *

If you select **Employer**, provide the FEINs spreadsheet with information for your primary organization and any subsidiaries.

If you select **Third Party**, provide the FEINs spreadsheet with client information including employers and subsidiaries.

Organization Name: *

Organization Known as Name (Doing Business As):

Address Information

Enter the employer or third-party provider's address where child support agencies should mail paper NMSNs.

Address Line 1: *

Address Line 2:

City: *

State: *

ZIP Code: *

ZIP Code Extension:

(Enter a five-digit ZIP code and the optional four-digit extension.)

Is this also the address for mailing Income Withholding for Support Orders (IWOs)? ○ Yes ○ No

Contact Information

Enter the organization's business, technical support, and alternate contact information.

Note: At least one person must be designated to received automated emails.

Business Contact Information

Enter business contact information for working with OCSS to set up e-NMSN and assist with issue resolution.

First Name: *

MI:

Last Name: *

Email: *

☐ Send email notifications, including file processing information, to this email address.

Phone Number: *

(Enter numeric characters only. Include the area code. Format: 1231231111)

Phone Ext:

Fax Number:

(Enter numeric characters only. Include the area code. Format: 1231231111)

Technical Contact Information

Enter the network or system administrator who can provide corporate Internet Protocol (IP) address information and batch system information.

First Name: *

MI:

Last Name: *

Email: *

☐ Send email notifications, including file processing information, to this email address.

Phone Number: *

(Enter numeric characters only. Include the area code. Format: 1231231111)

Phone Ext:

Fax Number:

(Enter numeric characters only. Include the area code. Format: 1231231111)

Alternate Business Contact Information

Enter additional business contact information for working with OCSS to set up e-NMSN and assist with issue resolution. None of the fields are required.

First Name:

MI:

Last Name:

Email:

☐ Send email notifications, including file processing information, to this email address.

Phone Number:

(Enter numeric characters only. Include the area code. Format: 1231231111)

Phone Ext:

Fax Number:

(Enter numeric characters only. Include the area code. Format: 1231231111)

Alternate Technical Contact Information

Enter additional technical contact information network or system administrator who can provide corporate Internet Protocol (IP) address information and batch system information. None of the fields are required.

First Name:

MI:

Last Name:

Email:

☐ Send email notifications, including file processing information, to this email address.

Phone Number:

(Enter numeric characters only. Include the area code. Format: 1231231111)

Phone Ext:

Fax Number:

(Enter numeric characters only. Include the area code. Format: 1231231111)

File Information

Review the default selections below and make updates as needed, based on the best option for your organization.

General File Information

Enter information about the file exchange.

Encrypt files: *

○ Yes ○ No

Select **Yes** if you want OCSS to encrypt all files delivered to your server. OCSS uses GPG for encryption.
If you select **Yes**, you must provide your company's PGP or GPG encryption key in a separate email when sending this profile.

Are your files stored behind your organization firewall?

○ Yes ○ No

This field is required only if you selected **No** for the **Encrypt** files option.

If you are an employer or third-party provider, you are responsible for completing Part-A for OCSS to pick up and forwarding Part-B to your organization's plan administrator or a union, if it is acting as a plan administrator.

Are you receiving e-NMSNs and forwarding both Part-A and-Part B to a third-party responder for processing and responding?

○ Yes ○ No

If you select **Yes**, we encourage you to have the third-party responder create a profile to use the e-NMSN system. Until the third-party responder is participating in e-NMSN, it is the employer's responsibility to forward the NMSN orders to the third-party responder and receive them back to place on the employer's Pick-Up server for OCSS.

If you selected **No**, who will return Part-B of the e-NMSN response?

☐ Employer or Third-party Provider
☐ Plan Administrator and/or Union

If you selected **Plan Administrator and/or Union**, complete the e-NMSN FEINs spreadsheet, including the Plan Administrators tab, and return it with this form.

Note: If you are an employer or third-party provider and are using an external plan administrator to respond to Part-B of the NMSN, encourage them to participate in e-NMSN.

File Processing Information

How do you want to receive and respond to e-NMSNs?

○ Programming (System-to-System) ○ No Programming (PDF format)

Programming and No Programming Option information is listed next.

No Programming File Information

- You will receive the NMSN and Parts A and B in PDF format.
- You will receive a daily "Processing Summary" of the files picked up from your server, dropped off to your server, or returned to correct errors.
- The OCSS standard naming conventions (on page 8) must be used for the file names.
- Note: Adobe Reader is the only PDF software compatible with e-NMSN.
- Skip to page 8 for Server Information.

Programming (System-to-System) File Information

Information for the following section is required if the **Programming** option selected on page 6.

Select e-NMSM file format:

○ Flat file ○ XML

The Part-A response file must be in the same format as the e-NMSN file received. Flat files have a .txt file extension.

Select Part-B Response file format:

○ Flat file ○ XML

This field is required if an employer or third-party provider is returning Part-B to OCSS.

Do you want a copy of the NMSN in PDF file format?

○ Yes ○ No

When you select a programming option above, you can also choose to receive individual NMSN PDFs.

Error File

The file submitter will receive an error file for the following conditions:

- If there are problems with file header, file trailer, or other file-level structures, the entire file will be returned.
- If errors are in the batch header or batch trailer, the entire batch will be returned with all response records.
- If there are response record errors, the records with errors are returned in the file with their batch header and trailers. Multiple batches can be returned in the file.
- You will receive a daily "Processing Summary" of the files picked up from your server, dropped off to your server, or returned to correct errors.

File Naming Convention

Files can be named using the OCSS standard file naming convention or the organization's file naming convention. The naming convention for PDF files is standard for this process:

1. In the Standard/Organization-Supplied File Naming Convention column, select whether you want to use your organization's file naming convention or the OCSS standard file naming convention.
2. In the File Naming Convention column, take the following steps:
   - If you are using your organization's file naming convention, enter the file naming convention. For example, for the file with notices (Incoming State Notice Files), you can enter enmsn.mybiz.notices.txt. This is the name of the file you will receive that includes your notices.
   - If you are using the OCSS standard file naming convention, an example file name is in the table below. For more information about file naming conventions and formats, refer to the e-NMSN Software Interface Specifications.

File Type	Standard/Organization-Supplied File Naming Convention	File Naming Convention
Incoming State Notice Files *	☐ OCSS Standard	(Example: 123456789. ENM.200708060115087.0000.txt)
	☐ Organization-Supplied	
Outgoing Part-A Response Files *	☐ OCSS Standard	(Example: 123456789. ARF.200708060115087.0000.txt)
	☐ Organization-Supplied	
Outgoing Part-B Response Files This field is required if you are returning the Part-B responses.	☐ OCSS Standard	(Example: 123456789. BRF.200708060115087.0000.txt)
	☐ Organization-Supplied	

Server Information (Required for Both Options)

This information is required for the No Programming and Programming (System-to-System) file information.

- Separate directory/folder names for file Pick-Up and file Drop-Off (must be different from those used for e-IWO). This information is required for the production environment and optional for the test environment.
- Server ID (may be the same as those used for e-IWO).
- Server passwords.
- IP address.
- Host name is optional.

The only methods offered for transferring e-NMSN data is for our servers to initiate the sending and retrieving of files using SFTP or FTPS. We can only use FTPS with a partner's server that has our Certificate Authority (CA) installed, which dedicates that server to exchanging files with our server using only FTPS.
File transfer preference: *

- ◯ SFTP
- ◯ FTPS

Pick-Up Server Information

If you are receiving orders and using a third-party responder to respond to orders, skip this section.
Enter your organization's server information for the e-NMSN server to retrieve files.

Production Server User ID:

Test Server User ID:

Production Server Password:

Test Server Password:

Production Server IP Address:

Test Server IP Address:

Production Server Host Name:

Test Server Host Name:

Production Server Port:

Test Server Port:

Production Server Directory Name: *

Test Server Directory Name:

Drop-Off Server Information

Enter your organization's server information for the e-NMSN server to deliver notices.

Production Server User ID:

Test Server User ID:

Production Server Password:

Test Server Password:

Production Server IP Address:

Test Server IP Address:

Production Server Host Name:

Test Server Host Name:

Production Server Port:

Test Server Port:

Production Server Directory Name: *

Test Server Directory Name:

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this voluntary information collection is for OCSS to implement the electronic NMSN process and capture preferences for employers. Public reporting estimated burden for this collection of information is 0.22 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. As provided by 42 U.S.C. § 653(m)(2), any confidential information collected for this program is accessed only by authorized users. A federal agency may not conduct or sponsor an information collection without a valid OMB Control Number. No individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, without a current valid OMB Control Number. If you have any comments on this collection of information, please contact OCSSFedSystems@acf.hhs.gov.