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

Agreement to Exchange Electronic National Medical Support Notices

By completing and providing the information on this form, the state agrees it will:

Transmit NMSNs electronically to employers, plan administrators, third-party processors, and agents that participate in OCSE's e-NMSN process.

Treat e-NMSNs in the same manner as mailing paper notices to the employer.

Consider the electronic version of the NMSN admissible as evidence in the same way as paper documents.

Not impersonate any individual, entity, or association; use false headers; or otherwise conceal or provide misleading information when sending NMSNs electronically.

Provide true, correct, current, and complete information about the state identified in the profile form.

Provide written notice to the federal Office of Child Support Enforcement at least 30 days before you intend to stop sending e-NMSNs.

Agree to accept paper versions of the Part-B response from plan administrators, unions, or labor organizations not participating in OCSE's e-NMSN process.

Acknowledge it is the state's responsibility to contact an employer directly if a Part-A and, when appropriate, Part-B response is not received after sending an e-NMSN.

○ Accept   ○ Decline

ΞΘ-NMSN

e-NMSN State Profile Form

Instructions

To complete this form, you must use Adobe Acrobat Reader version 10 or later. To download this free software, go to https://www.adobe.com/acrobat/pdf-reader.html.

You must complete the required fields followed by a red asterisk *. If there are errors, a popup box will appear with information about correcting the error..

General Information

Date:

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

FIPS/Locator

(Enter the FIPS/Locator code as five numeric characters, including three trailing zeros. For example, enter 04000, not 04.)

State Name: *

Address Information

Enter the state child support office's address.

Address Line 1: *

Address Line 2:

City: *   State: *

ZIP Code: *   ZIP Code Extension

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

Contact Information

Enter the state's primary business, primary technical and additional contact information.

Primary Business Contact Information

Enter the business contact information for working with OCSE 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   Phone Ext:
                                    the area code. Format: 1231231111)

Fax Number:

Is the primary business contact also the primary technical contact?   ☐ Yes   ☐ No

Primary Technical Contact Information

Enter a network or system administrator who can provide 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   Phone Ext:
                                    the area code. Format: 1231231111)

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

Additional Business Contact Information

Enter the contact information that will be shared with employers, third-party providers, plan administrators, and other stakeholders for case-specific questions.

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 Processing Information

Use this section of the form to specify whether you will send and receive files in XML or flat file format. You can choose to use the standard e-NMSN file naming convention or your state's file naming convention.

Make selections below based on the best option for your state.

General File Information

Enter information about the file exchange.

Encrypt files: *

○ Yes   ○ No

Select Yes if you want OCSE to encrypt all files delivered to your server. OCSE uses GPG for encryption.
If you select Yes, you must attach in a separate email your state's PGP or GPG encryption key when returning this profile form.

Are your files stored behind your organization firewall?

○ Yes   ○ No

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

Error File

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

- If there are problems with the 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 notice records.
- If there are notice 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.

File Information

Select the file format below.

File format: *

| ◯ Flat file | ◯ XML | Flat files have a .txt file extension. |

1. In the Standard/State-Supplied File Naming Convention column, select whether you want to use your state's file naming convention or OCSE's standard file naming convention.

2. In the File Naming Convention column:
   – Enter the file naming convention if you are using your state's file naming convention. For example, for files with notices (Outgoing State Notice Files), you can enter enmsn.mybiz.notices.txt. This is the name of the file you will send that includes your notices.
   – Select "OCSE Standard" if you are using OCSE's 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.

3. If states will receive FEIN push files, select the **State-Supplied** check box in the Standard/State-Supplied File Naming Convention column and enter the state's file naming convention in the File Naming Convention column. There is no OCSE standard file naming convention for FEIN push files.

File Naming Convention:

File Type	Standard/State-Supplied File Naming Convention	File Naming Convention
Outgoing State Notice Files *	◯ OCSE Standard	(Example: 180000000. ENR.2020011701157.0000.txt)
	◯ State-Supplied	
Incoming Part-A Response Files *	◯ OCSE Standard	(Example: 180000000. PAR.2020011701157.0000.txt)
	◯ State-Supplied	
Incoming Part-B Response Files *	◯ OCSE Standard	(Example: 180000000. PBR.2020011701157.0000.txt)
	◯ State-Supplied	
FEIN Push Files *	State-Supplied	

Server Information

To send and receive e-NMSN files, we need the following server information:

- Separate directory/folder names Server ID
- Server passwords

This information is required for both the production and test environments. An IP address is required; a host name is optional. The following are the only methods available to transmit e-NMSN data to our servers:

- SFTP over a VPN tunnel
- FTPS over a VPN tunnel

We can only use FTPS with a state server that has our Certificate Authority installed, which dedicates that server to exchanging files using only FTPS with our server.

File transfer preference: *

Pick-Up Server Information

Enter your state's server information for file pick-up.

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 state's server information for file drop-off.

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: