## 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 included in the Electronic National Medical Support Notice (e-NMSN) Plan Administrator Profile Form, the organization agrees that:

The plan administrator, union, or third-party responder 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 OCSE to your organization. As soon as reasonably practicable after discovery, but in no case later than one hour after discovery of the incident, plan administrator, union, or third-party responder shall report confirmed or suspected incidents to OCSE as specified in this paragraph. The requirement for the plan administrator, union, or third-party responder to report confirmed or suspected incidents involving PII to OCSE 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 OCSE using the security mailbox address: ocsesecurity@acf.hhs.gov

The organization will electronically process and respond to NMSN notices received from an employer or third-party provider 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 responding to NMSNs electronically.

The organization's representative completing this form is authorized to act on behalf of the plan administrator, union, or third-party responder 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 Enforcement at least 30 days before it intends to stop sending e-NMSN responses.

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 OCSE for the purpose of processing e-NMSNs.

Accept          Decline

# e-NMSN Plan Administrator 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.

**Plan Administrators and Unions:**

- Register as either a plan administrator or union using this form.
- Complete the e-NMSN FEINs Spreadsheet to identify each employer and, if applicable, their subsidiaries for whom you will process and return Part-B responses.
- Receive Part-B forms from the employer.
- Provide Part-B responses on the Pick-Up server.


**Third-party Responders (only responding to e-NSMNs on behalf of clients):**

- Register as **Third Party: Responder** Only using this form.
- Use the e-NMSN FEINs Spreadsheet to identify each employer FEIN for whom you will provide e-NMSN responses.
- Receive e-NMSNs from employers.
- 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.
- If you are receiving e-NMSN orders and using a union or labor organization 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.


**Note**: Third-party responders, 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: *

Select **Third Party: Responder Only** if you are responding to Part-A and, when applicable, Part-B.

Select **Union** if you are a union acting as a plan administrator and are responding to Part-B.)

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.)

## Contact Information

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

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

## Business Contact Information

Enter 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: *                                                                          Phone Ext:

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

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: *                                                                          Phone Ext:

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

Fax Number:

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

## Alternate Business Contact Information

Enter additional business contact information for working with OCSE 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:                                                                                                Phone Ext:

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

Fax Number:

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

## Alternate Technical Contact Information

Enter additional technical contact information for 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:                                                                                                Phone Ext:

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

Fax Number:

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

# File Processing 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 OCSE to encrypt all files delivered to your server. OCSE uses GPG for encryption.

If you select **Yes**, you must attach your company's PGP or GPG encryption key when returning this profile form.

Are your files stored behind your organization's firewall?

| Yes | No |
|-----|-----|

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

## File Processing Information

How do you want to receive and respond to e-NMSNs?  Note:  If you are registering as a Third-Party Responder, you will only respond to e-NMSNs.

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

No Programming and Programming Option information is listed below.

## No Programming File Information

- You will receive the NMSN and Part-B in PDF format from the employer.  If you are a third-party responder, you may also receive Part-A in PDF format from the employer.
- 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 OCSE standard naming conventions (in the chart below) 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 is selected in the File Processing Information section above.

Select e-NMSN/Part-A file format:

| Flat file | XML |
|-----|-----|

If you chose **Third Party: Responder Only** as your organization type, select a Part-A Response File format.  If you are a plan administrator or a union, skip this question. Flat files have a .txt file extension.

Select Part-B Response File format: *

| Flat file | XML |
|-----|-----|

Flat files have a .txt file extension.

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 PDF forms.

## 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. There can be multiple batches 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 OCSE's 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 OCSE's standard file naming convention.
2. In the File Naming Convention column, take one of 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 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.

| File Type | Standard/Organization-Supplied File Naming Convention | File Naming Convention |
|---|---|---|
| Outgoing Part-A Files<br><br>If you are returning the Part-A responses, this field is required. | OCSE Standard | (Example: 123456789. ARF.200708060115087.0000.txt) |
| | Organization-Supplied | |
| Outgoing Part-B Files * | OCSE 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

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: