

Public Comments Received on the National Medical Support Notice Part A (NMSN – Part A) (0970-0222)

Comments received in response to the 60-Day Federal Register Notice regarding the NMSN Part A information collection and responses from the Administration for Children and Families Office of Child Support Enforcement (OCSE) follow.

Commentor	Comment	Form, Instructions, or Sample	Category	OCSE Response
District of Columbia, Office of the Attorney General				
	Thank you for the case name and identifier in the footer of each page. No other comments or suggestions at this time.	Form	Footer	Thank you for your feedback.
Iowa Department of Human Services				
1.	Page 1 of Part A (“Notice to Withhold for Health Care Coverage” section) – The Child(ren)’s Name(s) section lists six children. Page 1 of Part B of the notice lists eight children. We recommend that Part A and Part B sections list the same number of children, either six or eight.	Form	Notice to Withhold for Health Care Coverage (Children)	Thank you for the feedback. The changes have been made to list eight children in all applicable places for consistency.
2.	Page 1 of Part A (“Notice to Withhold for Health Care Coverage” section) – Towards the bottom of the page, a sentence exists telling the employer what types of health benefit plans the underlying order requires the employee to provide for the child(ren). The current wording of the phrase “o all health coverages available” gives the impression the employer must enroll the dependents(s) in <i>any</i> and <i>all</i> plans available to the employee. If the intent of this statement is tell the employer	Form	Notice to Withhold for Health Care Coverage	Thank you for the feedback. We have not incorporated your suggested update at this time since we did not receive comments from employers that this poses a problem for them.

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	that the employee must enroll the child(ren) in at least one of any plans available through the employer, we suggest changing the wording of this phrase to, “o a health insurance plan,” thus making the entire section read, The order requires the child(ren) to be enrolled in o a health insurance plan; or only the following health insurance plan(s): o Medical; o Dental; o Vision; o Prescription drug; o Mental health; o Other (specify): Note: If the above language is accepted, a similar change will need to occur on page 1 of Part B of the notice which is currently undergoing solicitation of public comment – OMB Number: 1210-0113. Federal register Vol. 87 Number 76, Wednesday April 20, 2022, page 23570.			
3.	Page 2 of Part A (“Additional Information for Termination Order/Notice” section - This section lists six children. Page 1 of Part B of the notice lists eight children. We recommend that the Part A and Part B sections list the same number of children, either six or eight.	Form	Notice to Withhold for Health Care Coverage (Children)	Thank you for the feedback. The changes have been made to list eight children in all applicable places for consistency.
4.	Page 2 of Part A (footer section) – The footer section of page 2 now lists the employee’s name and case identifier. Iowa currently uses a barcode in the footer section of the form. The barcode assists our centralized mail unit to scan and route this document to the correct staff and electronic case record. There is not enough space to include both the added information and our existing barcode in the footer. While we recognize the importance of including the identifiers on pages 2 and 3, we recommend listing the employee’s name and case identifier in a different location on the page where more white space exists, such as in the header at the top of the page.	Form	Footer	Thank you for your comment. We have not incorporated your suggested change at this time since we did not receive similar feedback from other commentors. Your state may make spacing changes to allow for their barcode in the footer.

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5.	Employer Response (page 3 of Part A) 5. Page 3 of Part A (footer section) - The footer section of page 3 now lists the employee's name and case identifier. Previously, the employee's name was in the "Contact for Questions" section. Iowa currently uses a barcode in the footer section of the form. The barcode assists our centralized mail unit to scan and route this document to the correct staff and electronic case record. There is not enough space to include both the added information and our Iowa's recommended comments to the National Medical Support Notice - Part A 2 existing barcode in the footer. While we recognize the importance of including the identifiers on pages 2 and 3, we recommend listing the employee's name and case identifier in a different location on the page where more white space exists, such as in the header at the top of the page.	Form	Footer	Thank you for your comment. We have not incorporated your suggested change at this time since we did not receive similar feedback from other commentors. Your state may make spacing changes to allow for their barcode in the footer.
6.	Comment: Notice and General Instructions to Employer (pages 4-5 of Part A) 6. Pages 4-5 of Part A (footer section) - The footer section of pages 4 and 5 now lists the employee's name and case identifier. Iowa currently uses a barcode in the footer section of the form. The barcode assists our centralized mail unit to scan and route this document to the correct staff and electronic case record. There is not enough space to include both the added information and our existing barcode in the footer. While we recognize the importance of including the identifiers on pages 2 and 3, we strongly recommend removing the employee's name and case identifier from these two pages since these pages are instructions only and do not contain specific employee/case information. The addition of the identifiers on pages 4 and 5 will require unnecessary programming for states.	Form	Footer	Thank you for your comment. We have not incorporated your suggested change at this time since we did not receive similar feedback from other commentors. Your state may make spacing changes to allow for their barcode in the footer.

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North Dakota				
	We oppose the revision on page 2 under Priority of Withholding, which removes the specific state and territory priority of withholding information from being included on the form and instead requires the employer to reference a matrix online. We ask that the form retain the open field so that jurisdictions can include their specific information on the form itself. Retaining this information on the form promotes efficiency by ensuring the necessary information the employer needs is readily available and accurate, as opposed to burdening the employer with referencing a separate record on a website, determining the correct jurisdiction, and sifting through other various information included in the matrix that does not address priority of withholding.	Form	Priority of Withholding	Thank you for your comment. We have not incorporated your suggested change at this time since we did not receive similar feedback from other commentors.
Illinois Department of Healthcare and Family Services				
1.	On behalf of the Illinois Department of Healthcare and Family Services-Division of Child Support Services (DCSS), thank you for the opportunity to comment on the proposed Information Collection Activity titled National Medical Support Notice Part A (OMB No.: 0970-0222). DCSS has reviewed the revisions to the NMSN Part A form, the revisions to and separation of the instructions into a stand-alone attachment, the Part A Sample and the addition of the State Medical Support Contacts and Program Requirements matrix. DCSS finds the changes to the instructions to be very helpful and should be beneficial to all. One concern that DCSS does have is that an additional page is being added, which increases the number of pages in our NMSN packet from 9 pages to 10 pages. Any additional pages due to Part B changes, could cause the packet to exceed 11 pages,	Form	General	Thank you for your feedback. We understand your concern about increasing the number of pages and are encouraging both states and employers to implement e-NMSN to reduce printing and mailing costs.

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	which would cause an increase in postage, a cost that Illinois is not in a position to be able to absorb, and could result in a slower delivery of the documents and service delays for the families we serve.			
2.	On the changes to the form, DCSS likes the addition of the link to the OCSE Medical Support matrix in the Priority of Withholdings section, the addition of a new leave of absence field, and the wording changes providing clarity throughout. DCSS has one comment on a section that was not changed. The top of the form includes a lot of legalese, which is important to include, but might be better placed toward the bottom of the document. Moving the legalese could promote a smoother flow at the beginning of the form and promote a better understanding for Employer Contacts filling out the form.	Form	Matrix	Thank you for your comment. We will not implement the suggested change because we did not receive similar feedback from other commentors. Also, having the legal requirements at the beginning of the form ensures the recipient understands compliance is required.
Utah Department of Health & Human Services				
1.	Several comments regarding the OMB control number and expiration date. Many employers think that the expiration date is when the NMSN (or Income Withholding Order) expires, so they think that the orders are no longer enforceable and they end enforcement. Can someone PLEASE consider changing the term "Expiration Date" to be more specific to the form? Such as "Form Review Date", since that is what this date is for	Form	OMB Expiration	Thank you for the comment. We made a change to modify the language to read "OMB Expiration Date" for clarity.
2.	Would it be possible to add as part of Option #5 State or Federal withholding limitations (on the Employer Response page) fields that list Hourly Rate, Hours Worked per week, and Cost of Monthly Coverage? The majority of employers return this form with this option checked, but will not include additional information. We have to call them to verify the rate,	Form	State or Federal Withholding Limitations	Thank you for the comment. Employers are not required to provide this information on the form currently and it would add a burden to them when completing the form. You may

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	hours worked and cost in order to verify that it actually does exceed the withholding limitations.			want to consider sending a verification of employment request to obtain the additional information.
3.	Comment 3 – Similar to comment #2 above, o 5. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan. This section would benefit from including the following additional information from employer: 1. Employee Hourly Income 2. Employer's Insurance cost to Employee 3. and/or current Child support deduction if any	Form	State or Federal Withholding Limitations	Thank you for the comment. Employers are not required to provide this information on the form currently and it would add a burden to them when completing the form. You may want to consider sending a verification of employment request to obtain the additional information.
New York Office of Temporary and Disability Assistance, Child Support Services				
1.	Comment 1, Implementation Timeframe The proposed revisions to the NMSN – Part A would impact centralized notice production by NYS OTDA. At a minimum, text changes would be required to the form and associated cover letters. In addition, a notice production data file layout change could be necessary to add a field for the email address of the Issuing Agency. The mapping and data capture procedures for the NMSN – Part A would also require modification. Finally, training manuals and procedures would need to be updated. Therefore, NYS OTDA strongly recommends a time frame for implementation of not less than one year.	Form	Implementation Timeframe	Thank you for the comment. OCSE anticipates providing states one year to implement the changes.
2.	Comment 2, Termination Order/Notice The Notice to Withhold for Health Care Coverage includes a <i>Termination Order/Notice</i> check box, which is checked when the	Form	Termination Order/Notice	Thank you for the comment. States are not required to send Part A of the NMSN to notify an

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	NMSN is being issued to advise the employer/withholder ("employer") to terminate the NMSN/Qualified Medical Child Support Order (QMCSO) and health care coverage for the identified child(ren). Although Title 45 Code of Federal Regulations § 303.32(c)(7) provides that state IV-D agencies must notify the employer when there is no longer a current order for medical support in effect for which the IV-D agency is responsible, there is no requirement that the NMSN contain a termination provision. Therefore, states employ different mechanisms for the termination of the NMSN. In New York, a one-page <i>Termination of National Medical Support Notice Pursuant to Section 5241 of the Civil Practice Law and Rules</i> is issued. Further changes will be needed if states are no longer permitted to send their own standalone termination notice. These changes would require significant resources to shift, realign, and add to the data provided for notice production to accommodate the one, combined NMSN Order/Notice/Termination Order/Notice. In addition, use of the <i>Termination Order/Notice</i> check box requires states, at a minimum, to send the entire NMSN – Part A to terminate a NMSN. For states such as New York, this would result in increased costs for the production and mailing of the full five-page termination order/notice. Further, the mailing of the entire NMSN-Part A to terminate a NMSN is counter to the general trend toward reducing the amount of paper sent to employers and may even foster confusion among employers as most of the information and instructions do not apply when the NMSN is being terminated. Therefore, NYS OTDA strongly recommends continuation of states' optional use of the <i>Termination Order/Notice</i> check box to provide notice of the termination of the NMSN/QMCSO and			employer to terminate the medical support and may continue to use their state-specific termination form.

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	health care coverage.			
3.	Comment 3, Child(ren)'s Information The NMSN – Part A includes input lines for information about six children. NYS OTDA recommends states be given flexibility to include additional space for information about the children.	Form	Child(ren)'s Information	Thank you for the comment. The changes have been made to list eight children in all applicable places for consistency.
4.	Comment 4, Footer The NMSN – Part A should provide states with flexibility to include relevant identifying information (e.g., county code, employer number, and worker code) in the footer of each page of the NMSN – Part A. The inclusion of such information in the footer would facilitate automated processing of returned documents.	Form	Footer	Thank you for your comment. We did not incorporate the suggested change at this time because we only received a similar request from one other commentor. We will continue to monitor feedback and consider making the update in the future.
5.	Comment 5, Page 2, General Information, Item 8c Legal Authority Item 8c of the <i>General Information</i> section references “paragraphs (3) and (4) of section 609(a) of the Employee Retirement Income Security Act (ERISA).” The provided link, however, is to the published final regulation revising the minimum requirements for benefit claims procedures of employee benefit plans covered by Title I of ERISA, and this regulation does not include any references to paragraphs (3) and (4) of section 609(a). If the referenced section of ERISA is to be displayed upon clicking the link, NYS OTDA recommends the address be corrected accordingly and the abbreviation “ERISA” be used, as this term was defined with its first occurrence. If the noted final regulation is to be displayed upon clicking the link, NYS OTDA suggests the displayed text be revised to reference the rule.	Instructions	General Information, Item 8c Legal Authority	Thank you for the comment. The link has been updated.

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	See also related Comment 9 and Comment 11, which concern links to ERISA associated with the same publication in the <i>Federal Register</i> , rather than to the text of the statute and its specific provisions.			
6.	Comment 6, Page 2, Employer Responsibilities, Item 9 Item 9 of the Employer Responsibilities section provides that an employer is to complete and return Part A- Employer Response, but “no later than 20 days from the date of receipt of the NMSN.” This instruction differs from the historical direction to complete and return “this Part A to the Issuing Agency within 20 business days after the date of the Notice, or sooner if reasonable.” NYS OTDA recommends retention of the historical direction. The date of receipt of the notice will vary, while the notice date is known and can be used to determine timely compliance and, for example, whether it is necessary to automatically generate a reminder notice. In addition, the use of business days reflects a more traditional work schedule and provides a longer time frame for response. The bulleted instruction following the first sentence of Item 9 also references the “date of receipt” and lacks a reference to the 20-day time frame. NYS OTDA recommends the direction be modified to replace “from the date of receipt” with “no later than 20 business days from the date of the Notice.”	Instructions	Page 2, Employer Responsibilities, Item 9	Thank you for your comment. We have not incorporated the suggested change because we did not receive similar feedback from other commentors. The reason for proposing the change is that employers may only implement/respond after receiving the NMSN. With implementation of the new e-NMSN process, there is an opportunity for more states and employers to automate sending and receiving the NSMN.
7.	Comment 7, Page 3, Employer Responsibilities, Item 14, Duration of Withholding Item 14 of the <i>Employer Responsibilities</i> section includes an initial reference to “COBRA” without providing a definition of this term. NYS OTDA recommends the third sentence of Item 14 be revised as follows, including the use of the previously defined abbreviation “ERISA”: <i>However, the Consolidated Omnibus Budget Reconciliation Act</i>	Instructions	Page 3, Employer Responsibilities, Item 14, Duration of Withholding	Thank you for the comment. The suggested change has been incorporated.

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	(COBRA) amendment of ERISA may entitle the child to continuation coverage under the plan.			
8.	Comment 8, Page 3, Employer Responsibilities, Item 14, Duration of Withholding Item 14 of the <i>Employer Responsibilities</i> section includes numbered conditions where the employer may discontinue withholding of employee contributions and disenroll (or eliminate coverage) for the children. For purposes of clarity, NYS OTDA recommends the identification of the conditions by letter (i.e., “A,” “B,” and “C”) instead of “1,” “2,” and “3.” Further, NYS OTDA recommends the paragraphs under the current “1” be changed from “a” and “b” to “i” and “ii” respectively. Finally, NYS OTDA recommends indentation of the conditions to enhance readability.	Form	Page 3, Employer Responsibilities, Item 14, Duration of Withholding	Thank you for the comment. We are not implementing the suggested change because we did not receive similar feedback from a majority of the commentors. We will continue to monitor feedback and consider making the update in the future.
9.	Comment 9, Instructions for Fields of the National Medical Support Notice – Part A, Page 5, Third Paragraph, Note The note in the third paragraph of the <i>Instructions for Fields of the National Medical Support Notice – Part A</i> indicates the information that must be stated on the NMSN in order for it to also be a QMCSO and provides a link to ERISA § 609(a)(2) and 609(a)(5)(C). However, the link to the published final regulation does not provide the text of these sections of ERISA or confirm the required information for a QMCSO. NYS OTDA recommends inclusion of a relevant citation. See also related Comment 5 and Comment 11, which concern links to ERISA associated with the same publication in the <i>Federal Register</i>, rather than to the text of the statute and its specific provisions.	Instructions	Instructions for Fields of the National Medical Support Notice – Part A, Page 5, Third Paragraph, Note	Thank you for the comment. This link has been updated.
10.	Comment 10, Instructions for Fields of the National Medical Support Notice – Part A, Page 6, Item 3q, Mailing Address of a Representative of the Child(ren)	Instructions	Instructions for Fields of the National Medical	Thank you for the comment. The change was made to 3q for consistency.

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	The second sentence of Item 3q describes the three address lines as follows: 1) street address, 2) c/o designation, apt/lot/suite/floor number (optional) and 3) city/state/zip. This differs from the description of the three address lines in Item 3n, which is as follows: 1) C/O designation and/or street address, 2) apartment/log number (optional), and 3) city/state/zip. NYS OTDA recommends the use of a consistent description for the three address lines in Item 3n and Item 3q.		Support Notice – Part A, Page 6, Item 3q, Mailing Address of a Representative of the Child(ren)	
11.	Comment 11, Instructions for Fields of the National Medical Support Notice – Part A, Page 6, Item 4, The Types of Coverage Ordered In Item 4, the provided link to ERISA §609(a)(3)(B) is to the published final regulation revising the minimum requirements for benefit claims procedures of employee benefit plans covered by Title I of ERISA, and this regulation does not include any references to paragraphs (3) of section 609(a). NYS OTDA recommends the link be updated to access the noted citation. See also related Comment 5 and Comment 9, which concern links to ERISA associated with the same publication in the <i>Federal Register</i>, rather than to the text of the statute and its specific provisions.	Instructions	Instructions for Fields of the National Medical Support Notice – Part A, Page 6, Item 4, The Types of Coverage Ordered	Thank you for the comment. The link has been updated.
12.	Comment 12, Instructions for Fields of the National Medical Support Notice – Part A, Page 7, Limitations on Withholding, Item 5b, Allowable Insurance Premium Amount, First Paragraph The first paragraph of Item 5b indicates that if there is no court-ordered limit, the Issuing Agency inserts “not applicable” or “n/a.” NYS OTDA recommends that the instruction be modified to also permit the Issuing Agency to leave the line associated with number 3 blank (no insertion required).	Instructions	Instructions for Fields of the National Medical Support Notice – Part A, Page 7, Limitations on Withholding, Item 5b, Allowable Insurance Premium Amount, First	Thank you for your comment. We have not implemented the suggested change because we did not receive similar feedback from other commentors.

Commentor	Comment	Form, Instructions, or Sample	Category	OCSE Response
			Paragraph	
13.	Comment 13, Instructions for Fields of the National Medical Support Notice – Part A, Page 9, Additional Information for Termination Order/Notice (Filled Out by Issuing Agency), Item 6c, Children for Whom the Order/Notice is Terminated NYS OTDA recommends the field name “Child(ren) for whom the order/notice is terminated” be changed to “Name of the Child(ren) for whom the order/notice is terminated” for purposes of accuracy.	Instructions	Instructions for Fields of the National Medical Support Notice – Part A, Page 9, Additional Information for Termination Order/Notice (Filled Out by Issuing Agency), Item 6c, Children for Whom the Order/Notice is Terminated	As there were no other comments received regarding this wording the change was not incorporated at this time.
14.	Comment 14, Instructions for Fields of the National Medical Support Notice – Part A, Page 9, Additional Information for Termination Order/Notice (Filled Out by Issuing Agency), Item 6d NYS OTDA recommends the field name “DOB” be added prior to the Item 6d instruction to enter the day, month, and four-digit year.	Instructions	Instructions for Fields of the National Medical Support Notice – Part A, Page 9, Additional Information for Termination Order/Notice (Filled Out by Issuing Agency), Item 6d	Thank you for your comment. We incorporated your suggested change into the document.
15.	Comment 15, Instructions for Fields of the National Medical Support Notice – Part A, Page 11, Item 8h, Plan Administrator/Union Name For purposes of accuracy, NYS OTDA recommends the Item 8h field name be changed from “Plan Administrator/Union Name”	Instructions	Instructions for Fields of the National Medical Support Notice – Part A, Page 11,	Thank you for your comment. We incorporated your suggested change into the document.

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	to "Plan Administrator Company/Union Name."		Item 8h, Plan Administrator/Union Name	
16.	Comment 16, Instructions for Fields of the National Medical Support Notice – Part A, Page 11, Item 8i, Plan Administrator/Union Contact Name For purposes of accuracy, NYS OTDA recommends the Item 8i field name be changed from "Plan Administrator/Union Contact Name" to "Contact Name."	Instructions	Instructions for Fields of the National Medical Support Notice – Part A, Page 11, Item 8i, Plan Administrator/Union Contact Name	Thank you for your comment. We incorporated your suggested change into the document.
17.	Comment 17, Page 1, Child(ren)'s Information The input lines under the following fields are missing from the first row of the Child(ren)'s information section: <i>Child(ren)'s Names(s), Gender, and DOB</i>. NYS OTDA recommends the insertion of these input lines.	Form	Page 1, Child(ren)'s Information	Thank you for your comment. We incorporated your suggested change into the document.
18.	Comment 18, Page 2, Limitations on Withholding, Item 3 Item 3 in the <i>Limitations on Withholding</i> section references the "child support order." NYS OTDA recommends the inclusion of a space between "support" and "order" to replace "child support order" with "child support order."	Form	Page 2, Limitations on Withholding, Item 3	Thank you for the comment. This change has been incorporated.
19.	Comment 19, Page 4, Notice and General Instructions to Employer The second paragraph of the <i>Notice and General Instructions to Employer</i> section references the NMSN – Part B form. NYS OTDA recommends the proper title of the form be used; that is "Medical Support Notice to Plan Administrator."	Form	Page 4, Notice and General Instructions to Employer	Thank you for the comment. The form was reviewed for accuracy and consistency. Changes were made where necessary.
20.	Comment 20, Page 4, Employer Responsibilities, Item 1a Item 1a of the <i>Employer Responsibilities</i> section references the NMSN – Part B form. NYS OTDA recommends the proper title of the form be used; that is "Medical Support Notice to Plan	Form	Employer Responsibilities, Item 1a	Thank you for the comment. The form was reviewed for accuracy and consistency. Changes were made where

Commentor	Comment	Form, Instructions, or Sample	Category	OCSE Response
	Administrator			necessary.
21.	Comment 21, Page 4, Employer Responsibilities, Item 1b Paragraph 2) of Item 1b of the <i>Employer Responsibilities</i> section directs the employer to complete Section 1, item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding. However, Item 4 relates to the situation where the employee is no longer employed. NYS OTDA recommends “Item 4” be changed to “Item 5,” which concerns withholding limitations and/or prioritization.	Form	Page 4, Employer Responsibilities, Item 1b	Thank you for the comment. This change has been incorporated.
22.	Comment 22, Page 4, Employer Responsibilities, Item 1c Item 1c of the <i>Employer Responsibilities</i> section references the NMSN – Part B form. NYS OTDA recommends the proper title of the form be used; that is “Medical Support Notice to Plan Administrator.	Form	Page 4, Employer Responsibilities, Item 1c	Thank you for the comment. The form was reviewed for accuracy and consistency. Changes were made where necessary.
23.	Comment 23, Page 5, Notice of Termination of Employment The second sentence of the <i>Notice of Termination of Employment</i> section indicates that the employer may provide notice of the employee’s termination by sending the Issuing Agency a copy of the NMSN – Part A with Section 1, item 5, of the Employer Response checked. However, Item 5 relates to state or federal withholding limitations and/or prioritization. NYS OTDA recommends “Item 5” be changed to “Item 4,” which concerns situations where the employer is no longer employed.	Form	Page 5, Notice of Termination of Employment	Thank you for the comment. This change has been incorporated.
24.	Comment 24, Page 1, Title of Sample Form For purposes of consistency with the actual form, NYS OTDA recommends that the second line of the title of the sample form be changed from “National Medical Support Notice – Part A Notice to” to “National Medical Support Notice – Part A.” The third line of the title of the sample form would then be “Notice	Sample Form	Page 1, Title of Sample Form	Thank you for the comment. This change has been incorporated.

Commentor	Comment	Form, Instructions, or Sample	Category	OCSE Response
	to Withhold for Health Care Coverage.”			
25.	Comment 25, Page 1, Child(ren)’s Information The sample form includes input lines for four children in the Child(ren)’s information section, while the actual form includes input lines for six children. For purposes of consistency with the actual form, NYS OTDA recommends the insertion of two additional input lines on the sample form.	Sample Form	Page 1, Child(ren)’s Information	Thank you for the comment. This change has been incorporated.
26.	Comment 26, Page 2, Limitations on Withholding, Item 3 Item 3 in the <i>Limitations on Withholding</i> section of the sample form references the “child support order.” NYS OTDA recommends the inclusion of a space between “support” and “order” to replace “child support order” with “child support order.”	Sample Form	Page 2, Limitations on Withholding, Item 3	Thank you for the comment. This change has been incorporated.
27.	Comment 27, Page 4, Notice and General Instructions to Employer The second paragraph of the <i>Notice and General Instructions to Employer</i> section on the sample form references the NMSN – Part B. NYS OTDA recommends the proper title of the NMSN – Part B form be used; that is “Medical Support Notice to Plan Administrator.	Sample Form	Page 4, Notice and General Instructions to Employer	Thank you for the comment. The sample form was reviewed for accuracy and consistency. Changes were made where necessary.
28.	Comment 28, Page 4, Employer Responsibilities, Item 1a Item 1a of the <i>Employer Responsibilities</i> section of the sample form references the NMSN – Part B. NYS OTDA recommends the proper title of the NMSN – Part B form be used; that is “Medical Support Notice to Plan Administrator.	Sample Form	Page 4, Employer Responsibilities, Item 1a	Thank you for the comment. The sample form was reviewed for accuracy and consistency. Changes were made where necessary.
29.	Comment 29, Page 4, Employer Responsibilities, Item 1b Paragraph 2) of Item 1b of the <i>Employer Responsibilities</i> section of the sample form directs the employer to complete Section 1, item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding. However, Item 4 relates to the	Sample Form	Page 4, Employer Responsibilities, Item 1b	Thank you for the comment. This change has been incorporated.

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	situation where the employee is no longer employed. NYS OTDA recommends "Item 4" be changed to "Item 5," which concerns withholding limitations and/or prioritization.			
30.	Comment 30, Page 4, Employer Responsibilities, Item 1c Item 1c of the <i>Employer Responsibilities</i> section of the sample form references the NMSN – Part B. NYS OTDA recommends the proper title of the NMSN – Part B form be used; that is "Medical Support Notice to Plan Administrator.	Sample Form	Employer Responsibilities, Item 1c	Thank you for the comment. The sample form was reviewed for accuracy and consistency. Changes were made where necessary.
31.	Comment 31, Page 5, Notice of Termination of Employment The second sentence of the <i>Notice of Termination of Employment</i> section of the sample form indicates that the employer may provide notice of the employee's termination by sending the Issuing Agency a copy of the NMSN – Part A with Section 1, item 5, of the Employer Response checked. However, Item 5 relates to state or federal withholding limitations and/or prioritization. NYS OTDA recommends "Item 5" be changed to "Item 4," which concerns situations where the employer is no longer employed.	Sample Form	Page 5, Notice of Termination of Employment	Thank you for the comment. This change has been incorporated.
32.	Comment 32, Page 1, General Information, Item 5 The second bullet of Item 5 in the <i>General Information</i> section includes a link to the National Medical Support Notice (NMSN) – Part B form. NYS OTDA recommends the proper title of the form be used; that is "Medical Support Notice to Plan Administrator."	Sample Form	General Information, Item 5	Thank you for the comment. The sample form was reviewed for accuracy and consistency. Changes were made where necessary.
33.	Comment 33, Page 2, General Information, Item 8 Legal Authority, Please note: For purpose of consistency, NYS OTDA recommends the citation provided in the first bullet under "Please note:" in the <i>General Information</i> section be changed from "29 CFR 2590.701-2" to "29 CFR §2590.701-2."	Instructions	Page 2, General Information, Item 8 Legal Authority,	Thank you for the comment. This change has been incorporated.
34.	Comment 34, Page 2, Employer Responsibilities, Item 9	Instructions	Employer	Thank you for the comment.

Commentor	Comment	Form, Instructions, or Sample	Category	OCSE Response
	The bulleted instruction following the first sentence of Item 9 includes a direction to “Skip to Instruction 8 on page 11.” However, Instruction 8 begins on page 10. Therefore, NYS OTDA recommends “page 11 ” be changed to “page 10 .”		Responsibilities, Item 9	This change has been incorporated.
35.	Comment 35, Page 2 - 3, Employer Responsibilities, Item 10 The first three bulleted instructions of Item 10 of the <i>Employer Responsibilities</i> section reference the NMSN – Part B form. NYS OTDA recommends the proper title of the form be used; that is “Medical Support Notice to Plan Administrator.” In addition, the third bulleted instruction references an incorrect field. NYS OTDA recommends “field 7o ” be changed to “field 7n .”	Instructions	Page 2 - 3, Employer Responsibilities, Item 10	Thank you for the comment. The sample form was reviewed for accuracy and consistency. Changes were made where necessary. The reference (7o to 7n) was updated for accuracy.
36.	Comment 36, Page 3, Employer Responsibilities, Item 11 The second bulleted instruction Item 11 of the <i>Employer Responsibilities</i> section indicates that “item 4” in Section 1 of the “Employer Response” be completed to provide notification that enrollment is not possible due to prioritization or limitation. However, Item 4 relates to the situation where the employee is no longer employed. NYS OTDA recommends “Item 4 ” be changed to “Item 5 ,” which concerns withholding limitations and/or prioritization.	Instructions	Page 3, Employer Responsibilities, Item 11	Thank you for the comment. This change has been incorporated.
37.	Comment 37, Page 3, Employer Responsibilities, Item 12 Item 12 of the <i>Employer Responsibilities</i> section includes two references to the NMSN – Part B form. NYS OTDA recommends the proper title of the form be used; that is “Medical Support Notice to Plan Administrator.” In addition, the final sentence of Item 12 references an incorrect field. NYS OTDA recommends “indicate in field 7m the date” be replaced with “complete Item 9, field 7n , to indicate the date.”	Instructions	Page 3, Employer Responsibilities, Item 12	Thank you for the comment. The sample form was reviewed for accuracy and consistency. Changes were made where necessary. Change was made for accuracy (7m to 7n).
38.	Comment 38, Page 3, Employer Responsibilities, Item 13 In Item 13 of the <i>Employer Responsibilities</i> section, NYS OTDA	Instructions	Page 3, Employer Responsibilities,	Thank you for the comment. This change has been

Commentor	Comment	Form, Instructions, or Sample	Category	OCSE Response
	recommends “Qualified Medical Child Support Order (QMCSO)” be replaced with “QMCSO” since this term was defined with its first occurrence.		Item 13	incorporated.
39.	Comment 39, Page 3, Footer NYS OTDA recommends the formatting of the Page 3 footer be modified to increase the space between the last line of text on the page and the footer.	Form	Page 3, Footer	Thank you for your comment. Spacing on the form is tight and every effort was made to allow for adequate spacing between sections.
40.	Comment 40, Page 4, Employer Responsibilities, Item 16, Notice of Termination of Employment The second sentence of Item 16 of the <i>Employer Responsibilities</i> section directs the employer to check Item 5 in Section 1 of the “Employer Response” and complete fields 7f through 7i in any case in which the employee’s employment terminates. However, Item 5 relates to state or federal withholding limitations and/or prioritization. NYS OTDA recommends “Item 5” be changed to “Item 4” and “fields 7f thorough 7i” be changed to “fields 7e through 7h” to reference situations where the employer is no longer employed.	Instructions	Page 4, Employer Responsibilities, Item 16, Notice of Termination of Employment	Thank you for the comment. This change has been incorporated.
41.	Comment 41, Page 5, Instructions for Fields of the National Medical Support Notice – Part A, First Paragraph The first paragraph of the <i>Instructions for Fields of the National Medical Support Notice – Part A</i> directs the reader to the accompanying document, “Sample Form: NMSN-Part A.” The title of the associated document, however, is titled “Sample Form, National Medical Support Notice – Part A, Notice to Withhold for Health Care Coverage.” For purposes of accuracy and consistency, NYS OTDA recommends directing the reader to “Sample Form: NMSN – Part A, Notice to Withhold for Health Care Coverage (Sample Form).”	Instructions	Page 5, Instructions for Fields of the National Medical Support Notice – Part A, First Paragraph	Thank you for the comment. This change has been incorporated.
42.	Comment 42, Page 5, Instructions for Fields of the National	Instructions	Page 5, Instructions	Thank you for the comment.

Commentor	Comment	Form, Instructions, or Sample	Category	OCSE Response
	Medical Support Notice – Part A, Item 2b, Issuing Agency NYS OTDA recommends the citation at the end of the first sentence of Item 2b be changed from “29 CFR 2590.609-2(e)” to “29 CFR §2590.609-2(e).” NYS OTDA further recommends the citation at the end of the second sentence of Item 2b be changed from “20 CFR §2590.609-2(b)” to “29 CFR §2590.609-2(b).”		for Fields of the National Medical Support Notice – Part A, Item 2b, Issuing Agency	This change has been incorporated.
43.	Comment 43, Page 5, Instructions for Fields of the National Medical Support Notice – Part A, Item 2h, Court or Administrative Authority NYS OTDA recommends the citation “20 CFR §2590.609-2(b)” at the end of Item 2h be changed to “29 CFR §2590.609-2(b).”	Instructions	Page 5, Instructions for Fields of the National Medical Support Notice – Part A, Item 2h, Court or Administrative Authority	Thank you for the comment. This change has been incorporated.
44.	Comment 44, Page 5, Instructions for Fields of the National Medical Support Notice – Part A, Item 2i, Order Date NYS OTDA recommends the citation “20 CFR §2590.609-2(b)” at the end of Item 2i be changed to “29 CFR §2590.609-2(b).”	Instructions	Page 5, Instructions for Fields of the National Medical Support Notice – Part A, Item 2i, Order Date	Thank you for the comment. This change has been incorporated.
45.	Comment 45, Page 6, Instructions for Fields of the National Medical Support Notice – Part A, Item 3h, Child(ren)’s Name(s) The second sentence of Item 3h indicates that there are six lines available in the Child(ren)’s information section, but the sample form provides only four lines. NYS OTDA recommends the instruction or the sample form be changed to reference the same number of lines. In addition, NYS OTDA recommends the citation “20 CFR §2590.609-2(b)” at the end of Item 3h be changed to “29 CFR §2590.609-2(b).”	Instructions	Page 6, Instructions for Fields of the National Medical Support Notice – Part A, Item 3h, Child(ren)’s Name(s)	Thank you for the comment. This change has been incorporated.

Commentor	Comment	Form, Instructions, or Sample	Category	OCSE Response
46.	Comment 46, Page 6, Instructions for Fields of the National Medical Support Notice – Part A, Item 3l, Employee’s Name (Last, First, MI) NYS OTDA recommends the citation “20 CFR §2590.609-2(b)” at the end of item 3l be changed to “29 CFR §2590.609-2(b).”	Instructions	Page 6, Instructions for Fields of the National Medical Support Notice – Part A, Item 3l, Employee’s Name (Last, First, MI)	Thank you for the comment. This change has been incorporated.
47.	Comment 47, Page 6, Instructions for Fields of the National Medical Support Notice – Part A, Item 3n, Employee’s Mailing Address NYS OTDA recommends the citation “20 CFR §2590.609-2(b)” at the end of Item 3n be changed to “29 CFR §2590.609-2(b).”	Instructions	Page 6, Instructions for Fields of the National Medical Support Notice – Part A, Item 3n, Employee’s Mailing Address	Thank you for the comment. This change has been incorporated.
48.	Comment 48, Page 6, Instructions for Fields of the National Medical Support Notice – Part A, Item 4, The Types of Coverage Ordered NYS OTDA recommends the title of this line be changed from “The Types of Coverage Ordered” to “Types of Coverage Ordered.”	Instructions	48, Page 6, Instructions for Fields of the National Medical Support Notice – Part A, Item 4, The Types of Coverage Ordered	Thank you for the comment. This change has been incorporated.
49.	Comment 49, Page 7, Instructions for Fields of the National Medical Support Notice – Part A, Item 4, The Types of Coverage Ordered NYS OTDA recommends the citation “29 CFR 2590.609 2(c)(3)” at the end of Item 4 be changed to “29 CFR §2590.609-2(c)(3).”	Instructions	Page 7, Instructions for Fields of the National Medical Support Notice – Part A, Item 4, The Types of Coverage Ordered	Thank you for the comment. This change has been incorporated.
50.	Comment 50, Page 9, Instructions for Fields of the National Medical Support Notice – Part A, Priority of Withholding,	Instructions	Page 9, Instructions for Fields of the	Thank you for the comment. This change has been

Commentor	Comment	Form, Instructions, or Sample	Category	OCSE Response
	Second Paragraph The second paragraph of the <i>Priority of Withholding</i> section directs the employer to complete Section 1, Item 4 of the “Employer Response” to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholdings. However, Item 4 relates to the situation where the employee is no longer employed. NYS OTDA recommends “Item 4” be changed to “Item 5,” which concerns withholding limitations and/or prioritization.		National Medical Support Notice – Part A, Priority of Withholding, Second Paragraph	incorporated.
51.	Comment 51, Page 9, Instructions for Fields of the National Medical Support Notice – Part A, Additional Information for Termination Order/Notice (Filled Out by Issuing Agency), Item 6c, Children for Whom the Order/Notice is Terminated The second sentence of Item 6c indicates there are six lines available, but the sample form provides only four lines. NYS OTDA recommends the instruction or the form be changed to reference the same number of lines.	Instructions	Page 9, Instructions for Fields of the National Medical Support Notice – Part A, Additional Information for Termination Order/Notice (Filled Out by Issuing Agency), Item 6c, Children for Whom the Order/Notice is Terminated	Thank you for the comment. This has been reviewed and resolved to ensure consistency.
52.	Comment 52, Page 9, Instructions for Fields of the National Medical Support Notice – Part A, Employer Response, Section 1 – No Enrollment Possible, First Paragraph The first sentence of the first paragraph of Section 1 of the Employer Response provides that “options 1-6 are allowable ALLOWABLE REASONS why the employer could not enroll the child(ren) in health care coverage.” NYS OTDA recommends the removal of one “allowable” from this sentence.	Instructions	Page 9, Instructions for Fields of the National Medical Support Notice – Part A, Employer Response, Section 1 – No Enrollment Possible, First	Thank you for the comment. This change has been incorporated.

Commentor	Comment	Form, Instructions, or Sample	Category	OCSE Response
			Paragraph	
53.	Comment 53, Page 10, Instructions for Fields of the National Medical Support Notice – Part A, Employer Response, Section 3 – Dependent Coverage Available, Item 7n Item 7n references the NMSN – Part B form. NYS OTDA recommends the proper title of the form be used; that is “Medical Support Notice to Plan Administrator.”	Instructions	Page 10, Instructions for Fields of the National Medical Support Notice – Part A, Employer Response, Section 3 – Dependent Coverage Available, Item 7n	Thank you for the comment. The Instructions were reviewed for accuracy and consistency. Changes were made where necessary.
54.	Comment 54, Page 10, Instructions for Fields of the National Medical Support Notice – Part A, Footer NYS OTDA recommends the formatting of the footer be modified to increase the space between the last line of text on the page and the footer	Instructions	Page 10, Instructions for Fields of the National Medical Support Notice – Part A, Footer	Thank you for your comment. Spacing on the form is tight and every effort was made to allow for adequate spacing between sections.
55.	Comment 55, Page 11, Instructions for Fields of the National Medical Support Notice – Part A, Item 8i, Plan Administrator/Union Contact Name NYS OTDA recommends the insertion of a period at the end of the sentence in Item 8i.	Instructions	Page 11, Instructions for Fields of the National Medical Support Notice – Part A, Item 8i, Plan Administrator/Union Contact Name	Thank you for the comment. This change has been incorporated.
State of Michigan, Department of Health and Human Services				
1.	PAGE 1 – NATIONAL MEDICAL SUPPORT NOTICE PART A On page 1, in the subsection requesting child(ren) name(s), gender, and date of birth (DOB), it appears that the first line is missing. We suggest adding 3 lines here.	Form	NATIONAL MEDICAL SUPPORT NOTICE PART A	Thank you for the comment. This change has been incorporated.
2.	PAGE 2 – EMPLOYER RESPONSE	Form	EMPLOYER RESPONSE	Thank you for your comment. We have not incorporated the

Commentor	Comment	Form, Instructions, or Sample	Category	OCSE Response
	On page 3, the options are renumbered. The new numbering will be to employers and IV-D workers who are processing the National Medical Support Notices. We suggest leaving the numbering for the options as they currently exist and adding the two additional options as #8 and #9.			suggested change because we did not receive similar feedback from other commentors.
3.	<u>PAGE 2 – EMPLOYER RESPONSE</u> We suggest adding option #6 and option #8 (the proposed new options) after the existing options. This will require renaming the subsection headers “Section 2- Dependent Enrollment Not Yet Available” and “Section 3- Dependent Coverage Available.”	Form	EMPLOYER RESPONSE	Thank you for your comment. We have not incorporated the suggested change because we did not receive similar feedback from other commentors.
4.	<u>PAGE 2 – EMPLOYER RESPONSE</u> We suggest adding the Number in the footer on page 2.	Form	EMPLOYER RESPONSE	The document was reviewed to ensure that the numbering was visible.
5.	<u>PAGES 3-5 – NOTICE AND GENERAL INSTRUCTIONS TO EMPLOYER</u> In the Employer Responsibilities section, we suggest adding the language that was removed which states “If the individual named in this Notice is not your employee, or if the family health care coverage is not available, please complete item 1, 2, 3, 4 or 5 of the Employer Response as appropriate, and return it to the Issuing Agency. NO OTHER ACTION IS NECESSARY.” This language provides clear instructions to the employer on what is required when health care coverage is not available.	Form	NOTICE AND GENERAL INSTRUCTIONS TO EMPLOYER	Thank you for your comment. We have not incorporated the suggested change because we did not receive similar feedback from other commentors.
6.	<u>PAGES 3-5 – NOTICE AND GENERAL INSTRUCTIONS TO EMPLOYER</u> We suggest adding the Member Number in the footer on pages 3-5.	Form	Footer	Thank you for your comment. We did not incorporate your suggested change because we only received a similar request

Commentor	Comment	Form, Instructions, or Sample	Category	OCSE Response
				from one other commentor. We will continue to monitor feedback and consider making the update in the future.