

Electronic National Medical Support Notice Appendix D

Software Interface Specification

Version 1.6
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Administration for Children and Families
Office of Child Support Services
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Revision History

Date	Revision	Section	Author
3/29/2021	v1.0: Original release	Entire document	H. Rallapalli
6/29/2021	v1.1: Minor updates	Chart D-2: Updated Employer FEIN field	H. Rallapalli
8/18/2021	v1.2: Minor updates	No changes to Appendix D	H. Rallapalli
1/31/2022	v1.3: Minor updates	Chart D-2: Added validation rules to the following fields: • New Employer Name • Plan Administrator Name • Employer Name	H. Rallapalli
4/20/2022	v1.4: Minor Updates		M. Stanczyk
1/27/2023	v1.5: Split document body and appendices into separate files	Entire document	J. Vierow
8/23/2023	V1.6: Field changes	Chart D-1: The Filler field length increased and the location changed. Chart D-2: The following changes were made: • The following fields were added: - o Expected Date of Return - o Plan Administrator FEIN - o Plan Administrator Email - o Plan Administrator Title Text - o Employer Representative Email - o Employer Representative Fax Number • The following fields comment was updated: - o Employer Response Code - o New Employer Name - o New Employer Phone Number - o New Employer Address Line 1 Text - o New Employer Address Line 2 Text - o New Employer Address Line 3 Text - o New Employer ZIP Code Extension - o Plan Administrator Name - o Plan Administrator Phone Number - o Plan Administrator Contact Person Last Name - o Plan Administrator Contact Person First Name • The following fields were deleted: - o Employee's Last Name	M. Stanczyk

Date	Revision	Section	Author
		- o Employee's First Name - o Employee's Middle Name or Initial - o Employee's Name Suffix - o Date • The Filler field length increased and the location changed. • Field locations were updated because of the deleted and added fields. Chart D-3: The Filler field length increased and the location changed.	

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D Electronic Part-A Response Record Layouts

Chart D-1 contains the Electronic Part-A Response Header Record layout.

Chart D-1: Electronic Part-A Response Header Record Layout				
Field Name	Length	Location	A/N	Comments
Record Identifier	4	1-4	A	Required. The letters ARFH, which identify the record as a Part-A Response header.
Employer FEIN	9	5-13	N	Required. The employer FEIN where the NMSN order was originally sent.
Third-party FEIN	9	14-22	N	Conditionally required; must be filled if the third-party provider is responding to Part-A on behalf of the employer or subsidiaries. The FEIN of the third-party provider responding to Part-A. Fill with spaces if the employer is responding to Part-A.
FIPS Code	2	23-24	N	Required. The two-digit locator code of the requesting state.
Processing Date	8	25-32	N	Required. The date the header was generated. Must be in CCYYMMDD format.
Creation Time	6	33-38	N	Required. The time the header was generated. Must be a valid time in HHMMSS format.
Batch ID	6	39-44	A/N	Required. A unique identifier for each batch sent to the Portal daily. Use the unique batch ID only once per day. Left-justified and padded with spaces to the right.

Chart D-1: Electronic Part-A Response Header Record Layout

Field Name	Length	Location	A/N	Comments
Portal Error Code(s)	49	45-93	A/N	For Portal use. Generated when the Portal performed its validation and found errors. Header records with errors return the entire batch. The returned batch contains all the responses originally sent. Valid values: DRVF – Detail Record Validation Failed DBCN – Duplicate Batch Control Number BHCR – Invalid data in a conditionally required field SPDE – State Profile Does Not Exist EPDE – Employer Profile Does Not Exist BHRF – Required field validation error Each code is separated by a comma. Left-justified and padded with spaces to the right.
Filler	1110	94-1203	A/N	This is for future versions. For this version, fill with spaces.

Error: Reference source not found contains the Electronic Part-A Response Detail Record layout.

Chart D-2: Electronic Part-A Response Detail Record Layout				
Field Name	Length	Location	A/N	Comments
Record Identifier	4	1-4	A	Required. The letters ARFD, which identify the record as a Part-A Response Detail record.
Notice Date	8	5-12	N	Required. The date the NMSN was generated by the state. Must be in CCYYMMDD format. Must be returned by the employer or third-party provider in the response.
CSE Agency Case Identifier	15	13-27	A/N	Required. The value assigned by a state to uniquely identify each IV-D case in the state.
Order Identifier	30	28-57	A/N	Conditionally required. A unique identifier associated with a specific child support obligation in a case. Must be returned by the employer or third-party provider in the response if the order identifier is sent in the Request file.
Document Tracking Identifier	30	58-87	A/N	Required. A unique number that assists with tracking a notice through its complete round trip from the state to the employer or third-party provider back to the state. Must be returned by the employer or third-party provider in the response.

Chart D-2: Electronic Part-A Response Detail Record Layout

Field Name	Length	Location	A/N	Comments
Employer Response Code	2	88-89	N	Required. Two-digit code for the employer's response to Part-A. Valid values: 01 – Employee was never employed by the employer. 02 – Employer does not offer employees the option of healthcare coverage for dependents. 03 – Employee is not eligible for family healthcare coverage. 04 – Employee is not eligible for healthcare coverage because they are no longer employed by the employer. 05 – State or federal withholding limitations and/or prioritization prevent withholding from the employee's income. 06 – Other information including new job information, 3rd party child coverage or other reason for no coverage 07 – Participant is subject to a waiting period. 08 – Employee is on an unpaid leave. 09 – Forwarded Part-B to the plan administrator.
Employee Termination Date	8	90-97	N	Conditionally required; if the employer uses 04 for the Employer Response Code field, this field must contain a date. The date the employee was terminated. Must be in CCYMMDD format.
Employee Termination Reason	50	98-147	A/N	Optional if the Employer Response Code field is 04. Not required for other responses. The reason the employee was terminated.
Employee Last Known Phone Number	10	148-157	N	Optional if the Employer Response Code field is 04. Not required for other responses. The last known phone number of the employee.
Employee Last Known Address Line 1 Text	25	158-182	A/N	Optional if the Employer Response Code field is 04. Not required for other responses. The last known street address of the employee.

Chart D-2: Electronic Part-A Response Detail Record Layout

Field Name	Length	Location	A/N	Comments
Employee Last Known Address Line 2 Text	25	183-207	A/N	Optional if the Employer Response Code field is 04. Not required for other responses. The last known street address of the employee.
Employee Last Known Address Line 3 Text	25	208-232	A/N	Optional if the Employer Response Code field is 04. Not required for other responses. The last known street address of the employee.
Employee Last Known City Name	22	233-254	A/N	Conditionally required; must be filled if line 1 of the employee address is provided. The last known city of the employee.
Employee Last Known State Code	2	255-256	A	Conditionally required; must be filled if line 1 of the employee address is provided. The last known state code of the employee.
Employee Last Known ZIP Code	5	257-261	N	Conditionally required; must be filled if line 1 of the employee address is provided. The last known ZIP code of the employee.
Employee Last Known ZIP Code Extension	4	262-265	N	Optional if the Employer Response Code field is 04. Not required for other responses. The last known ZIP code extension of the employee.
New Employer Name	57	266-322	A/N	Optional if the Employer Response Code field is 06. Not required for other responses. The name of the new employer for the employee. Valid special characters: Hyphens (-) Apostrophes (') Commas (,) Periods (.) Spaces The first character cannot be a space.
New Employer Phone Number	10	323-332	N	Optional if the Employer Response Code field is 06. Not required for other responses. The new employer phone number.

Chart D-2: Electronic Part-A Response Detail Record Layout

Field Name	Length	Location	A/N	Comments
New Employer Address Line 1 Text	25	333-357	A/N	Optional if the Employer Response Code field is 06. Not required for other responses. The street address of the new employer.
New Employer Address Line 2 Text	25	358-382	A/N	Optional if the Employer Response Code field is 06. Not required for other responses. The street address of the new employer.
New Employer Address Line 3 Text	25	383-407	A/N	Optional if the Employer Response Code field is 06. Not required for other responses. The street address of the new employer.
New Employer City Name	22	408-429	A/N	Conditionally required; must be filled if line 1 of the new employer address is provided. The city of the employee.
New Employer State Code	2	430-431	A	Conditionally required; must be filled if line 1 of the new employer address is provided. The state code of the employer.
New Employer ZIP Code	5	432-436	N	Conditionally required; must be filled if line 1 of the new employer address is provided. The ZIP code of the new employer.
New Employer ZIP Code Extension	4	437-440	N	Optional if the Employer Response Code field is 06. Not required for other responses. The ZIP code extension of the new employer.
Waiting Period Expiration Date	8	441-448	N	Conditionally required; if the employer uses 07 for the Employer Response Code field, either the Waiting Period Expiration Date field or the Waiting Period Description Text field is required. The date when the waiting period ends, which is more than 90 days from the date of receipt of the notice. Must be in CCYYMMDD format.
Waiting Period Description Text	100	449-548	A/N	Conditionally required; if the employer uses 07 for the Employer Response Code field, either the Waiting Period Expiration Date field or the Waiting Period Description Text field is required. The terms of a waiting period, determined by some measure other than the passage of time.

Chart D-2: Electronic Part-A Response Detail Record Layout

Field Name	Length	Location	A/N	Comments
Expected Date of Return	8	549-556	N	Conditionally required; if the employer uses 08 for the Employer Response Code field, this field must contain a date. The date employee is expected to return from an unpaid leave of absence. Must be in CCYYMMDD format.
Forwarded to Plan Admin Date	8	557-564	N	Conditionally required; if the employer uses 09 for the Employer Response Code field, this field must contain a date. The date Part-B of the NMSN was sent to the employer's plan administrator. Must be in CCYYMMDD format.
Plan Administrator Name	57	565-621	A/N	Conditionally required; if the employer uses 09 for the Employer Response Code field, this field must contain a plan administrator name. The plan administrator's company name. Valid special characters: Hyphens (-) Apostrophes (') Commas (,) Periods (.) Spaces The first character cannot be a space.
Plan Administrator Phone Number	10	622-631	N	Conditionally required; if the employer uses 09 for the Employer Response Code field, this field must contain a phone number. The plan administrator's phone number.
Plan Administrator Contact Person Last Name	20	632-651	A/N	Conditionally required; if the employer uses 09 for the Employer Response Code field, this field must contain a last name. The last name of the person to contact if the state has additional questions. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

Chart D-2: Electronic Part-A Response Detail Record Layout

Field Name	Length	Location	A/N	Comments
Plan Administrator Contact Person First Name	15	652-666	A/N	Conditionally required; if the employer uses 09 for the Employer Response Code field, this field must contain a first name. The first name of the person to contact if the state has additional questions. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Plan Administrator Contact Person Middle Name or Initial	15	667-681	A/N	Optional. The contact person's middle name or initial. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) The first character cannot be a space if the middle name is populated. Fill with spaces if no middle name is available.
Plan Administrator Contact Person Suffix Name	4	682-685	A/N	Optional. The contact person's name suffix – for example, Jr., Sr., or III. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) The first character cannot be a space. Fill with spaces if no name suffix is available.
Plan Administrator FAX Number	10	686-695	N	Optional. The plan administrator's fax number.
Plan Administrator FEIN	9	696-704	N	Optional. The plan administrator's FEIN.

Chart D-2: Electronic Part-A Response Detail Record Layout

Field Name	Length	Location	A/N	Comments
Plan Administrator Email	65	705-769	A/N	Optional. The plan administrator's email address. Valid special characters: Hyphens (-) Underscore (_) Periods (.) At sign (@) The first character cannot be a space.
Plan Administrator Title Text	60	770-829	A/N	Optional. The business title of the plan administrator's contact.
Employer Name	57	830-886	A/N	Required. The name of the employer for the employee. Valid special characters: Hyphens (-) Apostrophes (') Commas (,) Periods (.) Spaces The first character cannot be a space.
Employer Representative Phone Number	10	887-896	N	Required. The employer's phone number.
Employer Representative Last Name	20	897-916	A/N	Required. The last name of the employer representative to contact if the state has additional questions. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

Chart D-2: Electronic Part-A Response Detail Record Layout

Field Name	Length	Location	A/N	Comments
Employer Representative First Name	15	917-931	A/N	Required. The first name of the employer representative to contact if the state has additional questions. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Employer Representative Middle Name or Initial	15	932-946	A/N	Optional. The employer representative's middle name or initial. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) The first character cannot be a space if the middle name is populated. Fill with spaces if no middle name is available.
Employer Representative Suffix Name	4	947-950	A/N	Optional. The employer representative's name suffix – for example, Jr., Sr., or III. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) The first character cannot be a space. Fill with spaces if no name suffix is available.
Employer Representative Title Text	60	951-1010	A/N	Required. The business title of the employer outreach or customer service contact.

Chart D-2: Electronic Part-A Response Detail Record Layout

Field Name	Length	Location	A/N	Comments
Employer Representative Email	65	1011-1075	A/N	Optional. The plan administrator email. Valid special characters: Hyphens (-) Underscore (_) Periods (.) At sign (@) The first character cannot be a space.
Employer Representative Fax Number	10	1076-1085	N	Optional. The employer representative's fax number.
Employer FEIN	9	1086-1094	N	Required. The employer's FEIN. The FEIN in this field must match the employer's FEIN in the batch header for TXT and XML responses. The FEIN in this field must match the employer's FEIN in the filename for PDF responses.
Employee SSN	9	1095-1103	N	Required. The employee's SSN.
Filler	100	1104-1203	A/N	This is for future versions. For this version, fill with spaces.

Chart D -3 contains the Electronic Part-A Response Trailer Record layout.

Chart D-3: Electronic Part-A Response Trailer Record Layout				
Field Name	Length	Location	A/N	Comments
Record Identifier	4	1-4	A	Required. The letters ARFT, which identify the record as a Part-A Response trailer.
Employer FEIN	9	5-13	N	Required. The employer's FEIN where the state sent the NMSN.
Third-party FEIN	9	14-22	N	Conditionally required. The FEIN of the third-party provider responding to Part-A.
FIPS Code	2	23-24	N	Required. The two-digit locator code of the requesting state.
Record Count	6	25-30	N	Required. The total number of records submitted in this batch. The field must be formatted as follows: Numeric Unsigned Right-justified Zero fill to left Zero fill if N/A
Portal Error Message Text	29	31-59	A/N	For Portal use. Generated when the Portal performed its validation and found errors. Trailer records with errors return the entire batch. The returned batch contains all the requests originally sent. Filled with spaces by the requestor. Valid values: BTCR – Invalid data in a conditionally-required field BTRF – Required field validation error Each code is separated by a comma. Left-justified and padded with spaces to the right.
Filler	1144	60-1203	A/N	This is for future versions. For this version, fill with spaces.