

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

Comments received in response to the 30-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
Virginia DCSE Program Guidance Team				
1	The proposed document enhancements primarily address language modification, reformatting and rearranging of document content, material presentation adjustments, added language for clarification, and additional spacing and information such as: • Supplemental resource links • Additional page footer information to include case identifiers • BOLDED language to draw reader's attention to pertinent information The proposed enhancements provide inclusion of additional data for more clarity and an improved format for exchange of sufficient information between the issuer and the recipient. Better clarity provides ease of understanding and reduced time spent on form completion, which may result in			Thank you for your feedback. The second all has been removed from the explanatory language on the State Medical Support Contacts and Program Requirements (Medical Support matrix).

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	quicker return of response. The case identifiers in the footer of the document is very helpful. May assist greatly in locating missing or “mixed up” documents for case information organization. The proposed enhancements do not appear to have a negative impact on state processes for information collection. The State Medical Support Contacts and Program Requirements form as an attachment with Part A is a helpful quick reference tool for users. The State Medical Support Contacts and Program Requirements form Section 7: Question language needs grammatical revision “the sum of all ordered all health coverage?” Should the second “all” be omitted from the question? (Full question shown below). “Do you have a statute or policy that guides what an employer should do if the maximum amount of allowable withholding is less than the sum of all ordered all health coverage?”			
New York Office of Temporary and Disability Insurance				

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1	For purposes of consistency within this sentence and paragraph, NYS OTDA recommends the elimination of the space between “466(a)” and “(19).”	NMSN Part A	Comment 1, Page 1, First Paragraph	Thank you for you feedback. The space has been deleted.
2	The Paperwork Reduction Act of 1995 paragraph includes the parenthetical “(see email from Molly)” between “OMB” and “Expiration.” NYS OTDA recommends the removal of this parenthetical.	NMSN Part A	Comment 2, Page 1, Paperwork Reduction Act of 1995 Paragraph	Thank you for your feedback. The parenthetical has been deleted.
3	For purposes of consistency with the titles of the other sections of the Employer Response, NYS OTDA recommends capitalization of the “e” in “enrollment” and “p” in “possible” so that each word in the section title is capitalized.	NMSN Part A	Comment 3, Page 3, Employer Response, Section 1 – No enrollment possible	Thank you for your feedback. The “e” in “enrollment” and the “p” in “possible” have been capitalized.
4	Regarding Item 5 of Section 1 of the Employer Response, NYS OTDA recommends the insertion of a space between “the” and “plan” at the end of the sentence.	NMSN Part A	Comment 4, Page 3, Employer Response, Section 1 – No enrollment possible, Item 5	Thank you for your feedback. Upon review there does exist a space therefore no change has been made.
5	Item 9 of Section 3 of the Employer Response references the NMSN – Part B. For purposes of consistency, NYS OTDA recommends use of the same (although incorrect) title; that is “Part B – Medical Support Notice to the Plan Administrator.”	NMSN Part A	Comment 5, Page 3, Employer Response, Section 3 – Dependent Coverage Available, Item 9	Thank you for your feedback. The document has been reviewed and the title has been corrected throughout to the title of the form - Part B - Medical Support Notice to Plan Administrator.
6	The fourth paragraph of the Notice and General Instructions to Employer section includes three	NMSN Part A	Comment 6, Page 4, Notice and General	Thank you for your feedback. The document

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	references to the NMSN - Part B. For purposes of consistency, NYS recommends use of the same (although incorrect) title for all three references; that is "Part B - Medical Support Notice to the Plan		Instructions to Employer, Fourth Paragraph	has been reviewed and the title has been corrected throughout to title of the form - Part B - Medical Support Notice to Plan Administrator.
7	For purposes of consistency within this sentence and paragraph, NYS OTDA recommends the elimination of the space between "466(a)" and "(19)."	Sample Form - NMSN - Part A	Comment 7, Page 1, First Paragraph	Thank you for your feedback. The space has been deleted.
8	The formatting of this sample form item varies from its formatting on the National Medical Support Notice - Part A ("actual form"). For purposes of clarity, NYS OTDA recommends the formatting be adjusted to place "(NMSN)" immediately after "National Medical Support Order/Notice." If this is not possible, then NYS OTDA recommends aligning "NMSN" with the above "N" in "National."	Sample Form - NMSN - Part A	Comment 8, Page 1, Item 1a, National Medical Support Order/Notice (NMSN)	Thank you for your feedback. The document format has been updated.
9	The formatting of this sample form item varies from its formatting on the actual form. For purposes of clarity, NYS OTDA suggests the formatting be revised to place "2" on the same line as "page." If this is not possible, then NYS OTDA recommends aligning "2" with the above "T" in "Termination."	Sample Form - NMSN - Part A	Comment 9, Page 1, Item 1b, Termination Order/Notice (Optional)	Thank you for your feedback. Formatting was corrected to ensure that the number 2 aligns with "page".
10	For purposes of consistency with the formatting of the actual form, NYS OTDA recommends the	Sample Form - NMSN -	Comment 10, Page 1, Item 3f, Child(ren)'s	Thank you for your feedback. All formatting

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	elimination of the blank line in Item 3f.	Part A	Mailing Address	will be aligned when the document is converted to the fillable PDF.
11	For purposes of consistency with the formatting of the actual form, NYS OTDA recommends the elimination of the blank line before the “Mailing Address of a Representative of the Child(ren)” in Item 3q.	Sample Form - NMSN – Part A	Comment 11, Page 1, Item 3q, Mailing Address of a Representative of the Child(ren)	Thank you for your feedback. All formatting will be aligned when the document is converted to the fillable PDF.
12	The Paperwork Reduction Act of 1995 paragraph extends on to page 2. For purposes of consistency with the actual form, NYS OTDA recommends the formatting be adjusted to include this entire paragraph on page 1.	Sample Form - NMSN – Part A	Comment 12, Page 1, Paperwork Reduction Act of 1995 Paragraph	Thank you for your feedback. Formatting was reviewed to ensure that the entire paragraph be included on page 1.
13	The wording of the first sentence in the first paragraph of this section does not match the language found on the actual form. For purposes of consistency, NYS OTDA recommends “may have” be changed to “has” so that the sentence reads as follows: “. . . each state has policy or law which prioritizes the kinds of support to be paid.”	Sample Form - NMSN – Part A	Comment 13, Page 2, Priority of Withholding	Thank you for your feedback. This change has been made.
14	The second sentence of Item 7c is indented and separated from the first sentence by a blank line. Because Item 7c pertains to both sentences, NYS OTDA recommends the second sentence be placed immediately after the first sentence.	Sample Form - NMSN – Part A	Comment 14, Page 3, Employer Response, Section 1 – No Enrollment Possible, Item 7c	Thank you for your feedback. This change has been incorporated.
15	On Item 7i of Section 1 of the Employer Response, NYS OTDA recommends the insertion of a space between “the” and “plan” at the end of the	Sample Form - NMSN – Part A	Comment 15, Page 3, Employer Response, Section 1 – No	Thank you for your feedback. The document was reviewed to ensure

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	sentence.		Enrollment Possible, Item 7i	that the formatting matches this suggestion.
16	Item 7n of Section 3 of the Employer Response references the NMSN – Part B. For purposes of consistency, NYS OTDA recommends use of the same (although incorrect) title; that is “Part B – Medical Support Notice to the Plan Administrator.”	Sample Form - NMSN – Part A	Comment 16, Page 3, Employer Response, Section 3 – Dependent Coverage Available, Item 7n	Thank you for your feedback. The document has been reviewed and the title has been corrected throughout to title of the form - Part B - Medical Support Notice to Plan Administrator.
17	The fourth paragraph of the Notice and General Instructions to Employer section includes three references to the NMSN - Part B. For purposes of consistency, NYS recommends use of the same (although incorrect) title for all three references; that is “Part B – Medical Support Notice to the Plan Administrator.”	Sample Form - NMSN – Part A	Comment 17, Page 4, Notice and General Instructions to Employer, Fourth Paragraph	Thank you for your feedback. The document has been reviewed and the title has been corrected throughout to title of the form - Part B - Medical Support Notice to Plan Administrator.
18	Item 10 of the Employer Responsibilities section includes four references to the NMSN - Part B. For purposes of consistency, NYS recommends use of the same (although incorrect) title for all four references; the reference in the first paragraph should be changed to “Part B – Medical Support Notice to the Plan	Supplemental Instructions for Employers, Employer Partners, and Child Support Agencies	Comment 18, Page 2, Employer Responsibilities, Item 10	Thank you for your feedback. The document has been reviewed and the title has been corrected throughout to title of the form - Part B - Medical Support Notice to Plan Administrator.
19	The introductory phrase of Item 11 indicates there has been notification of the child(ren)’s	Supplemental Instructions	Comment 19, Page 3, Employer	Thank you for your feedback. This change has

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	enrollment, but the second bullet following this phrase relates to a situation where enrollment cannot be completed. Therefore, NYS OTDA recommends that the introductory phrase be modified to replace “of the child(rens) enrollment” with “whether the child(ren) is/are enrolled or cannot be enrolled.”	for Employers, Employer Partners, and Child Support Agencies	Responsibilities, Item 11	been made for clarity.
20	The order date is described as the “date order which the court or agency ordered the employee to provide health care coverage for the child(ren).” For purposes of clarity, NYS OTDA recommends that “date order” be changed to “date upon.”	Supplemental Instructions for Employers, Employer Partners, and Child Support Agencies	Comment 20, Page 5, Instructions for Fields of the National Medical Support Notice – Part A, Item 2i, Order Date	Thank you for your feedback. This change has been made for clarity.
21	Item 1)a)ii., the first paragraph at the top of page 8, references the “State Medical Support Contact and Program Information” matrix. However, the actual matrix is titled “State Medical Support Contacts and Program Requirements.” For purposes of consistency, NYS OTDA recommends use of the correct title.	Supplemental Instructions for Employers, Employer Partners, and Child Support Agencies	Comment 21, Page 8, Instructions for Fields of the National Medical Support Notice – Part A, Limitations on Withholding, Step 1 to Enrollment, The Amount of The Employee’s Gross and Disposable Earnings, Item 1)a)ii.	Thank you for your feedback. The entire document was reviewed and updated to State Medical Support Contacts and Program Requirements (Medical Support matrix), for consistency.
22	Item 1)b)iii., the third paragraph under “Allowable	Supplemental	Comment 22, Page 8,	Thank you for your

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	disposable earnings,” references the “State Medical Support Contact and Program Information” matrix. For purposes of consistency, NYS OTDA recommends use of the correct title; that is “State Medical Support Contacts and Program Requirements.”	Instructions for Employers, Employer Partners, and Child Support Agencies	Instructions for Fields of the National Medical Support Notice – Part A, Limitations on Withholding, Step 1 to Enrollment, The Amount of The Employee’s Gross and Disposable Earnings, Paragraph 1)b)iii.	feedback. The entire document was reviewed and updated to State Medical Support Contacts and Program Requirements (Medical Support matrix), for consistency.
23	The last paragraph of Step 1 to Enrollment, The Amount of The Employee’s Gross and Disposable Earnings, references the “State Medical Support Matrix.” For purposes of consistency, NYS OTDA recommends use of the actual title of the matrix; that is, “State Medical Support Contacts and Program Requirements.	Supplemental Instructions for Employers, Employer Partners, and Child Support Agencies	Comment 23, Page 8, Instructions for Fields of the National Medical Support Notice – Part A, Limitations on Withholding, Step 1 to Enrollment, The Amount of The Employee’s Gross and Disposable Earnings, Last Paragraph	Thank you for your feedback. The entire document was reviewed and updated to State Medical Support Contacts and Program Requirements (Medical Support matrix), for consistency.
24	The second paragraph at the top of page 9 references the “OCSE Medical Support Matrix.” For purposes of consistency, NYS OTDA recommends use of the correct title; that is, “State Medical Support Contacts and Program Requirements.”	Supplemental Instructions for Employers, Employer	Comment 24 Page 9, Instructions for Fields of the National Medical Support Notice – Part A,	Thank you for your feedback. The entire document was reviewed and updated to State Medical Support Contacts

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		Partners, and Child Support Agencies	Priority of Withholding, Second Paragraph	and Program Requirements (Medical Support matrix), for consistency.
25	For purposes of consistency with the titles of the other sections of the Employer Response, NYS OTDA recommends capitalization of the “e” in “enrollment” and “p” in “possible” so that each word in the section title is capitalized.	Supplemental Instructions for Employers, Employer Partners, and Child Support Agencies	Comment 25, Page 9, Instructions for Fields of the National Medical Support Notice – Part A, Employer Response, Section 1 – No enrollment possible	Thank you for your feedback. This change has been made.
26	The sentence immediately following Item 7j provides an instruction 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.”	Supplemental Instructions for Employers, Employer Partners, and Child Support Agencies	Comment 26, Page 10, Instructions for Fields of the National Medical Support Notice – Part A, Item 7j, Other	Thank you for your feedback. This change has been made.
27	For purposes of consistency with related Items 8j – 8n, NYS OTDA recommends the description of Item 8i include “or Union” so that the description reads as follows: The name of the contact person for the Plan Administrator or Union to contact for questions.”	Supplemental Instructions for Employers, Employer Partners, and Child Support Agencies	Comment 27, Page 11, Instructions for Fields of the National Medical Support Notice – Part A, Item 8i, Plan Administrator Company/Union Contact Name	Thank you for your feedback. This change has been made.

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Iowa				
1	We agree with the proposed one-year extension of the current version of the NMSN Part A. This will allow us the time needed to make programming changes to the proposed NMSN Part A.		General	Thank you for your feedback.
2	<u>Page 1 of Part A (“Notice to Withhold for Health Care Coverage” section)</u> - 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, “☐ all health coverages available” gives the impression the employer must enroll the dependent(s) in <i>any</i> and <i>all</i> plans available to the employee. If the intent of this statement is tell the employer 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, “☐ a health insurance plan,” thus making the entire section read, The order requires the child(ren) to be enrolled in ☐ a health insurance plan; or ☐ only the following health insurance plan(s): ☐Medical; ☐Dental; ☐Vision; ☐Prescription drug; ☐Mental health; ☐Other (specify):	<u>Notice to Withhold For Health Care Coverage (page 1 of Part A)</u>		Thank you for the feedback. This has not been incorporated. We did not receive comments from employers that this poses a problem for them. This also involves a change to Part B. This comment was also addressed with comments on the 60-day notice.

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	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 185, Monday, September 26, 2022, page 58376. 1.			