Operations, Maintenance, and Enhancements for OCSS Systems

Electronic National Medical Support Notice

Appendix B

Software Interface Specification

Version 1.6

August 23, 2023

Administration for Children and Families
Office of Child Support Services
330 C Street SW, 5th Floor
Washington, DC 20201

Operations, Maintenance, and Enhancements for OCSS Systems   Software Interface Specification
Electronic National Medical Support Notice   Expiration Date: 11/30/2025
OMB Control Number: 1970-0222   Version 1.6

Revision History

Date	Revision	Section	Author
3/29/2021	v1.0: Original release	Entire document	H. Rallapalli
6/29/2021	v1.1: Minor updates	No updates to Appendix B	H. Rallapalli
8/18/2021	v1.2: Minor updates	No updates to Appendix B	H. Rallapalli
1/31/2022	v1.3: Minor updates	No updates to Appendix B	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 B-1: • File ID: Updated comments. • Filler: Length increased and the location changed. Chart B-2: • Filler: Length increased and the location changed.	M. Stanczyk

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List of Charts

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B   e-NMSN System Universal File Header and Trailer Record Layouts

Chart   B -1 contains the e-NMSN Universal File Header Record layout.

Chart B-1: e-NMSN System Universal File Header and Trailer Record Layout				
Field Name	Length	Location	A/N	Comments

Record Identifier	4	1–4	A	Required.
				The first three letters are UNI. The fourth letter indicates the file type.
				File types:
				    S – Request: File sent from a state to an employer (UNIS)
				    A – Part-A Response: File sent from an employer or third-party provider to a state (UNIA)
				    B – Part-B response: File sent from an employer, third-party provider, or plan administrator to a state (UNIB)

Employer FEIN	9	5–13	N	Conditionally required. The employer Federal Employer Identification Number (FEIN) where the state request was initially sent. Fill with spaces if the record type is UNIS. This field is required when the employer is responding to Part-A and Part-B.
Third-party FEIN	9	14–22	N	Conditionally required. The FEIN of the parent company processing NMSNs for its subsidiaries or a third-party provider processing NMSNs for an employer and its subsidiaries. Fill with spaces if you are an employer responding to both Part-A and Part-B. Fill with spaces if the record type is UNIS.
Plan Administrator FEIN	9	23–31	N	Conditionally required. The FEIN of the third-party plan administrator processing NMSNs for an employer. Fill with spaces if the record type is UNIS.
FIPS Code	2	32–33	N	Conditionally required. The two-digit numeric locator code of the requesting state. UNIS – Two-digit state code is required for request file. UNIA – Fill with spaces. UNIB – Fill with spaces.

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Chart B-1: e-NMSN System Universal File Header and Trailer Record Layout				
Field Name	Length	Location	A/N	Comments
Processing Date	8	34–41	N	Required. The date the header was generated. Must be in CCYYMMDD format.
Creation Time	6	42–47	N	Required. The time the header was generated. Must be in HHMMSS format.
File ID	8	48–55	A/N	Required. A unique identifier for each file sent to the Portal. Use the unique file ID only once. Left-justified and padded with spaces to the right. Sample format: YYMMDD01 – If multiple files are being sent to the Portal on the same day, change the last two digits. Leading or embedded spaces are not allowed. For request files generated by OCSS, after processing state request files for an employer or a third-party provider, the first six characters are the date the file is generated in YYMMDD format. The last two characters are the sequence number, which starts as 01. For response files generated by OCSS, after processing employer, third-party provider, or plan administrator response files for the state, the first six characters are the date the file is generated in YYMMDD format. The last two characters are the sequence number, which starts as 01.

Chart B-1: e-NMSN System Universal File Header and Trailer Record Layout			
Field Name	Length	Location	A/N	Comments

Portal Error Code(s)	34	56–89	A/N	Portal use.
				Generated when the Portal performed its validation and found errors. Header records with errors return the entire file. The returned file contains all the requests originally sent.
				Valid values:
				    FHCR – Invalid data in a conditionally-required field
				    FCNR – File control number already received
				    FHRF – Required field validation error
				Each code is separated by a comma.
				Left-justified and padded with spaces to the right.
				Note: When the entire file is rejected for other validation issues, this field has no values. For a list of reasons that the entire file could be rejected, see section 2.10.3, "Reject and Error Processing" of the e-NMSN SIS document. The processing notification email contains details on the reason for the file rejection.

Filler:
    UNIS – State Request
    UNIA – Part-A Response
    UNIB – Part-B Response
	Varies:
	2681
	1114
	2817
		Varies:
		90–2770
		90–1203
		90–2906
			A/N	Optional.
				The filler length varies based on the associated file.

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Chart   B -2 contains the e-NMSN Universal File Trailer Record layout.

Chart B-2: e-NMSN Universal File Trailer Record Layout				
Field Name	Length	Location	A/N	Comments

Record Identifier	4	1–4	A	Required.
				The first three letters are UNI. The fourth letter indicates the file type.
				File types:
				    T – Request: File sent from a state to an employer (UNIT)
				    P – Part-A Response: File sent from an employer or a third-party provider to the state (UNIP)
				    R – Part-B Response: File sent from an employer, a third-party provider, or a plan administrator to the state (UNIR)

Employer FEIN	9	5–13	N	Conditionally required. The employer FEIN where the state request was initially sent. Fill with spaces if the record type is UNIT. This field is required when the employer is responding to Part-A and Part-B.
Third-party FEIN	9	14–22	N	Conditionally required. The FEIN of the parent company processing NMSNs for its subsidiaries or a third-party provider processing NMSNs for an employer and its subsidiaries. Fill with spaces if you are an employer responding to both Part-A and Part-B. Fill with spaces if the record type is UNIT.
Plan Administrator FEIN	9	23–31	N	Conditionally required. The FEIN of the third-party plan administrator processing NMSNs for an employer. Fill with spaces if the record type is UNIT.
FIPS Code	2	32–33	N	Conditionally required. The two-digit numeric locator code of the requesting state. UNIT – Two-digit state code is required for request file. UNIP – Fill with spaces. UNIR – Fill with spaces.

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Chart B-2: e-NMSN Universal File Trailer Record Layout				
Field Name	Length	Location	A/N	Comments

Batch Count	5	34–38	N	Required.
				Indicates the number of batches contained in the file.
				Format the field as follows:
				    Numeric
				    Unsigned
				    Right-justified
				    Zero fill to left
				    Zero fill if N/A

Portal Error Message Text	29	39–67	A/N	Portal use.
				Generated when the Portal performed its validation and found errors. A trailer record with errors returns the entire file. The returned file contains all the requests originally sent.
				Valid values:
				    FTCR – Invalid data in a conditionally-required field
				    FTRF – Required field validation error
				Each code is separated by a comma.
				Left-justified and padded with spaces to the right.
				Note: When the entire file is rejected for other validation issues, this field has no values. For a list of reasons that the entire file could be rejected, see section 2.10.3, "Reject and Error Processing" of the e-NMSN SIS document. The processing notification email contains details on the reason for the file rejection.

Filler:
  UNIT – State Request
  UNIP – Part-A Response
  UNIS – Part-B Response
	Varies:
	2703
	1136
	2839
		Varies:
		68–2770
		68–1203
		68–2906
			A/N	Optional.
				The filler length varies based on the associated file.