

Part B Comments (from DOL)

Commentor	Comment	Form or Addendum	Category	DOL Response
State of Michigan, Department of Health and Human Services				
1	Changes to National Medical Support Notice – Part B. We would suggest that the blank lines after the “Address” and “Case Identifier” fields are the same length as the other lines in this box on page 1.	Form	Formatting	Thank you for the comment. This change has been incorporated.
2	Changes to National Medical Support Notice – Part B. We suggest that a space is added in Subsection 2d between “beenelected” on page 2.	Form	Formatting	Thank you for the comment. This change has been incorporated.
3	Changes to National Medical Support Notice – Part B. We suggest adding Member Number to the footer of page 2 - Plan Administrator Response.	Form	Information, footer	Thank you for the comment. For consistency with Part A of the Form we have added a footer with “employee name” and “case identifier” fields. States may also add a bar code or other additional identifying information.
4	Changes to National Medical Support Notice – Part B. The expiration date is incorrect in the last paragraph of the Paperwork Reduction Act statement on page 5.	Form	OMB expiration	Thank you for the comment. The date will be revised.
5a	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7) Question: Some states created Addendums to Part B to collect critical information from the employer or Plan Administrator. Are states restricted to using the proposed federal addendum to Part B or may states substitute a state-specific version?	Addendum	General	Thank you for your question. States must provide an Addendum with the fields identified in the NMSN Part B Addendum. States may include additional fields.
5b	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7). We suggest adding to page 7, the table with contact information that appears on page 6, so it appears on both pages. This contact information is helpful on	Addendum	Information	Thank you for the comment but we are not incorporating this change. Duplicate information on multiple pages may increase the costs

	both pages if the pages of this document are separated.			associated with the Form. If the pages are separated, they should be able to be identified by the footer which has been revised to include the “employee name” and the “case identifier.”
6	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7). We suggest adding the Employer Name, Employer FEIN, Employee Name, Employee SSN, and minor child(ren) information to the top of pages 6 and 7. The children information should include: • Name • Gender • Date of Birth (DOB) • SSN. This information is requested because it helps identify the employee, employer and child(ren) for whom the Plan Administrator or employer is providing the information. It is also helpful if any of the pages of this document are separated.	Addendum	Information	Thank you for the comment but we are not incorporating this change. Duplicate information on multiple pages may increase the costs associated with the Form. This information can be found in page one of the Form. If the pages are separated, they should be able to be identified by the footer which has been revised to include the “employee name” and the “case identifier.”
7	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7). We suggest adding the following language to page 6 of the Addendum: "The following information may be helpful to you, the employer, or to your plan administrator: The enclosed National Medical Support Notice (NMSN) is used to determine if health care coverage for the minor child(ren) is applicable or available. If health care coverage for the minor child(ren) is available: 1. Automatically enroll the minor child(ren) in a health care coverage plan; 2. Provide information about the health care coverage to	Addendum	Enrollment	Thank you for the comment but we are not incorporating this change. We believe the instructions in the Form to the Plan Administrator cover the process adequately.

	the parents and the issuing agency; and 3. Notify the insurance provider the NMSN is a qualified medical support order."			
8	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7). We suggest adding the following language to the heading on page 6: “The order requires the child(ren) to be enrolled in any health care coverage available at a reasonable cost. Complete ALL of the following information for each type of health care coverage that the child(ren) is receiving (enrolled in) and attach this document to the completed PLAN ADMINISTRATOR RESPONSE. You may attach an additional piece of paper if more room is needed. A company-generated form that includes ALL appropriate health care information requested below may be used instead of this form." This language acknowledges that employers may use their own form to efficiently provide the requested information to the child support agency.	Addendum	General	Thank you for your comment. We have included on page 6 the second sentence of the suggested language. We have not included the first sentence (bolded) because we are not sure what is intended to be conveyed by the language that is different than what is already provided in the instructions, and we think the instructions in the Form to the Plan Administrator cover the process adequately. We did not include the third and fourth sentences acknowledging use of employer generated forms. As noted above, states must provide an Addendum with the fields identified in the NMSN Part B Addendum. States may include additional fields. We do not wish to put a statement in the notice encouraging use of a different employer-generated form, which may or may not be permissible in each state.
9	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7). We suggest inserting the phrase "in which" between "plans" and "child" in Section 1: Health Insurance Details on page 6.	Addendum	Formatting	Thank you for the comment. This change has been incorporated.
10	Changes to National Medical Support Notice – Part B	Addendum	Information	Thank you for the comment but we

	Addendum (pages 6 and 7). We suggest adding a field for Type of Insurance in Section 1: Health Insurance Details on page 6, and including the following checkboxes: • HMO • PPO • Traditional • Other			are not incorporating this change because we did not see a general need for this information to appear on the Form. As noted above, states may include additional fields in the Addendum.
11	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7). When a parent needs to submit a claim to an insurer, the claim address is needed so that it can be shared with parents who may need to submit a claim. States capture this address in their systems. The claim address is not as easily discoverable from other sources as the insurer address. We suggest substituting Claim Address for Insurer Address in the following sections on page 6: • Section 1-1: Medical Insurance; • Section 1-2: Dental Insurance; • Section 1-3: Vision Insurance; • Section 1-4: Prescription Drug Insurance; • Section 1-5: Mental Health Insurance; and • Section 1-6: Other Insurance.	Addendum	Information	Thank you for the comment. This change has been incorporated.
12	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7). We suggest eliminating Section 1-5: Mental Health Insurance as mental health insurance is normally included as part of medical insurance.	Addendum	Information	Thank you for the comment but we are not incorporating this change. Although mental health coverage may not be separate coverage, it may be administered by a third party.
13	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7). We suggest adding this language to the bottom of page 6: "Please notify the appropriate child support issuing agency of any changes and/or lapses in health insurance coverage."	Addendum	Information	Thank you for the comment but we are not incorporating this change. Part A, page 4, states that Part A of the Form can be used to notify the Issuing Agency of any changes or lapses in health care coverage.

14	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7). We suggest adding “Member Number” to the bottom of the page 6.	Addendum	Information, footer	Thank you for the comment. For consistency with Part A of the Form we have added a footer with “employee name” and “case identifier” fields. States may also add a bar code or other additional identifying information.
15	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7). We suggest emphasizing to the employer and Plan Administrator that providing the requested information is not a violation of The Health Insurance Portability and Accountability Act (HIPAA). We suggest adding language to explain this at the end of page 7. Possible suggested language appears below. <u>“NMSN AND HIPAA</u> The Health Insurance Portability and Accountability Act, more commonly known as HIPAA, established a privacy rule (Ref: 45 Code of Federal Regulations [CFR] 164.512[f]) that protects the disclosure of health plan information. However, the privacy rule permits a covered entity to disclose protected health information to a "law enforcement official" (Ref: 45 CFR 164.501) for law enforcement purposes in compliance with court orders, grand jury subpoenas, or certain written administrative requests. According to the rule, a "law enforcement official" would include any representative of the agency empowered by state or federal law to enforce a medical child support order. The issuing agency and/or Medical Support Enrollment Unit staff assist in the enforcement of court-ordered medical child support by collecting enrolled health care coverage information. Employers must disclose this information to any child support issuing agency, or Medical Support Enrollment Unit staff.”	Addendum	General	Thank you for the comment but we are not incorporating this change. This information is already provided in an FAQ on the HHS website, available at https://www.acf.hhs.gov/css/faq/medical-support-answers-employers-questions#G4 . We have added the HHS web address to the Form’s instructions which we think is a more efficient way of directing people to this information rather than duplicating information on the Form.

16	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7). We suggest adding the following language on page 7: <u>“EMPLOYEE DISAGREES WITH ENROLLMENT</u> If the employee disagrees with the enrollment that is directed through the NMSN, (s)he must contact his/her issuing agency office. The employer must proceed in accordance with the NMSN until further documentation is received from the court.”	Addendum	Enrollment	Thank you for the comment but we are not incorporating this change. This language appears directed at the employer but Part B is for the Plan Administrator. This information is already substantially provided in Part A, page 5.
17	Changes to National Medical Support Notice – Part B Addendum (pages 6 and 7). We suggest adding language which notifies the issuing agency not to send the NMSN instructions to the employer or Plan Administrator every time a NMSN is sent. PIQ-02-03, <i>Medical Support Enforcement Policy Clarifications</i>, permits states to send subsequent NMSNs without instructions. We suggest: “Please notify the child support office that issued the NMSN if you do not wish to receive the NMSN Instructions to the Employer or to the Plan Administrator every time a NMSN is sent. A sample NMSN, including instructions, is available to view online at http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form. Select the link "National Medical Support Notice Form and Instructions.”	Addendum	Information	Thank you for the comment but we are not incorporating this change. The employer’s ability to request receipt of the Form without instructions is already addressed on the HHS website, see https://www.acf.hhs.gov/css/policy-guidance/medical-support-enforcement-policy-clarifications . We have added the HHS web address to the Form’s instructions which we think is a more efficient way of directing people to this information rather than duplicating information on the Form.
New York Office of Temporary and Disability Assistance				
1	Implementation Time Frame. The proposed revisions to the	Form	Implementation,	Thank you for the comment. The

	NMSN – Part B would impact centralized notice production by NYS OTDA. At a minimum, text changes would be required to the form and associated cover letters, and the new Addendum would need to be incorporated into Part B. 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 B 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.		timeframe	agencies will provide states one year to implement the changes. States will be permitted to use either version of the Form until the expiration of the one-year period.
2	Footer. The NMSN – Part B 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 B. The inclusion of such information in the footer would facilitate automated processing of returned documents.	Form	Information, footer	Thank you for the comment. For consistency with Part A of the Form we have added a footer with “employee name” and “case identifier” fields. States may also add a bar code or other additional identifying information.
3	Page 6, National Medical Support Notice – Addendum to Part B, Section 1: Health Insurance Details. NY has used its own Plan Administrator Response Addendum for many years. This addendum includes information in addition to the data to be provided on the proposed NMSN – Addendum to Part B. In particular, all children subject to the order of support are listed on the NYS OTDA addendum, and the Plan Administrator must indicate, child by child, whether the child is or is not enrolled in coverage. This information is data captured to ensure the case record accurately reflects the current state of the child’s enrollment. At a minimum, NYS OTDA recommends the NMSN – Addendum to Part B modify Section 2 of the proposed addendum to address the enrollment status of all children subject to the order of support.	Addendum	Information, enrollment status	Thank you for the comment but we are not incorporating this change. As noted above, states must provide an Addendum with the fields identified in the NMSN Part B Addendum. States may include additional fields.
4	Page 7, Section 2: No Longer Eligible Children Details. With reference to Comment 3, NYS OTDA recommends the name of Section 2 be changed from “No Longer Eligible Children Details” to “Children’s Eligibility Information.” In	Addendum	Information, and title	Thank you for the comment but we are not changing the name of Section 2 because it is not necessary for clarity. With respect

	association with that change, NYS OTDA recommends the following columns be added to the proposed table: • Column 5: “Enrolled,” with check boxes for “Yes” and “No”; and • Column 6: “Reason for Disenrollment,” with check boxes for “Age threshold met” and “Other.” If the recommendation in Comment 3 is not accepted, NYS OTDA suggests the name of Section 2 be changed from “No Longer Eligible Children Details” to “Details – Children No Longer Eligible” for purpose of clarification.			to adding columns, we have noted above that states may include additional fields in the Addendum.
5	Page 1 – Medical Support Notice to Plan Administrator, Child(ren)’s Information. NY notes that pursuant to the associated <i>Federal Register</i> notice a specific change was to expand space on the form to allow for the identification of up to six children. Notably, the Child(ren)’s information section on page 1 includes space for the identification of up to eight children. NYS OTDA requests clarification regarding the maximum number of children to be identified on page 1 of the form and recommends states be given flexibility to include additional space for information about the children.	Form	Information, number of children	Thank you for the comment. The Federal Register reference was incorrect. Both Part A and Part B list eight children in all applicable places for consistency. The Form does not preclude programming in additional space.
6	Page 2 – Plan Administrator Response, Item 2. NYS OTDA suggests the following technical corrections to Item 2 of the Plan Administrator Response: • First checkbox, introduction, line 2: A space should be added between “following” and “family.” • Item 2b: Line 2 of the text should be indented to align with the first word of line 1. • Item 2c: Line 2 of the text should be indented to align with the first word of line 1. • Item 2d, line 2: Line 2 of the text should be indented to align with the first word of line 1, and a space should be added between “been” and “elected.”	Form	Formatting	Thank you for the comment. The space between “following” and “family” and between “been” and “elected” has been added and the alignment suggestions will be taken into account in preparing the pdf of the Form.
7	Plan Administrator Response, Item 5. NYS OTDA suggests the following technical corrections to Item 5 of the Plan	Form	Formatting	Thank you for the comment. The alignment and formatting

	Administrator Response: • Fourth check box: Line 2 of the text should be indented to align with the first word of line 1. • Fourth check box: If space permits, a blank line should be inserted after Line 2 of the text and before “Plan Administrator or Representative.”			suggestions will be taken into account in preparing the pdf of the Form.
8	Page 3 – Instructions to Plan Administrator, Item (A)(1). NYS OTDA suggests the following technical corrections: • Item (A)(1)(a)(i) and (A)(1)(ii): Lines of text after line 1 of (i) and line 1 of (ii) should be indented to align with the first word of line 1 (i) and (ii), respectively. • Item (A)(1)(b)(i) and A(1)(b)(ii): Lines of text after line 1 of (i) and line 1 of (ii) should be indented to align with the first word of line 1 (i) and (ii), respectively.	Form	Formatting	Thank you for the comment. The alignment and formatting suggestions will be taken into account in preparing the pdf of the Form.
9	Page 4 – Period of Coverage. NYS OTDA suggests the following technical corrections to Items 1(a) and 1(b): Line 2 of the text should be indented to align with the first word of line 1.	Form	Formatting	Thank you for the comment. The alignment and formatting suggestions will be taken into account in preparing the pdf of the Form.
10	Page 5, Paperwork Reduction Act Statement. The second paragraph of the Paperwork Reduction Act Statement section lists an expiration date of October 31, 2022 (10/31/2022). A prior reference to the expiration date of the form found on page 1 of 7 indicates that the expiration date is to be inserted. NYS OTDA suggests that the expiration date in this paragraph be flagged for revision.	Form	OMB expiration	Thank you for the comment. The date will be revised.
11	Addendum Page 6, National Medical Support Notice – Addendum to Part- B. The title to this section includes a dash between “Part” and “B.” NYS OTDA recommends removal of the dash between these words.	Addendum	Formatting	Thank you for the comment. This change has been incorporated.
12	Page 7, Section 2; No Longer Eligible for Children Details. The column headings for the first and third columns are not centered, while the column headings for the second and fourth columns are centered. NYS OTDA recommends the use of consistent formatting for the column headings of the table in	Addendum	Formatting	Thank you for the comment. The alignment and formatting suggestions will be taken into account in preparing the pdf of the Form.

	Section 2.			
Iowa Department of Human Services				
1	Notice to Withhold For Health Care Coverage (page 1 of Part B). Page 1 of Part B (“Medical Support Notice to Plan Administrator” section) – The Child(ren)’s Name(s) section lists eight children. Page 1 of Part A of the notice lists six children. We recommend that the Part A and Part B sections list the same number of children, either six or eight.	Form	Information, number of children	Thank you for the comment. Changes to Part A have been made to list eight children in all applicable places for consistency. (See also response to New York Office of Temporary and Disability Assistance, item 5 above).
2	Notice to Withhold For Health Care Coverage (page 1 of Part B). Page 1 of Part B (“Medical Support Notice to Plan Administrator” section) - Towards the bottom of the page, a sentence exists telling the plan administrator 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 plan administrator 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 [to] tell the plan administrator 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): Note: We are requesting a similar change on page 1 of Part A of the notice which is currently undergoing solicitation of public comment - OMB Number: 0970-0222, Federal Register Vol. 87 Number 87, Tuesday, May 5, 2022, page 26762.	Form	Information	Thank you for the comment. We are not incorporating your suggested change. We did not receive other comments suggesting this wording was confusing. We don’t think “all health coverages” is the same as “any and all plans available to the employee.” We are concerned that your suggested language could lead to uncertainty because “a health insurance plan” confuses types of coverage with specific plans and does not convey the range of coverage being ordered.

3	Notice to Withhold For Health Care Coverage (page 2 of Part B). Page 2 of Part B (“Plan Administrator Response” section) – In item number 2 in the response section a space is missing between the words “following” and “family” in the first sentence. A space is also missing in number 2 – d between the words “been” and “elected.”	Form	Formatting	Thank you for the comment. The changes have been incorporated.
4	Notice to Withhold For Health Care Coverage (page 2 of Part B). Page 2 of Part B (“Plan Administrator Response” section) – In item number 5 in the response section there is a missing quote mark after the word “order.”	Form	Formatting	Thank you for the comment. The changes have been incorporated.
5	National Medical Support Notice – Addendum to Part – B Pages 6 -7 of Part B (National Medical Support Notice – Addendum to Part – B) - The addendum is new to the National Medical Support Notice Part B. States will need to update programming to add the extra pages and populate the additional required data elements on the top of page 6. Part B currently expires on 10/31/2022. We recommend that you allow states additional time to make these changes (6-12 months). If the addendum is optional, please clarify that, as well.	Addendum	Implementation, timeframe	Thank you for the comment. See response to New York Office of Temporary and Disability Assistance, item 1, regarding implementation timeline. See response to State of Michigan, Department of Health and Human Services, item 5a, regarding use of the addendum.