

# **Electronic National Medical Support Notice**

## **Software Interface Specification**

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Administration for Children and Families  
Office of Child Support Enforcement  
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Washington, DC 20201

## Revision History

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\* See individual appendix files for specific changes to the appendices.

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PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection ACF, pursuant to 45 U.S.C. § 303.32, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PWRORA) Pub. L. 104-193 and the Child Support Performance and Incentives Act of 1998 (CSPIA) Pub. L. 105-200, Sec. 401(c), § 609, is gathering information from states to expedite employer processing of health care coverage in child support cases. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering, maintaining the data needed, and reviewing the collection of information. The NMSN does collect confidential information in order to identify health care recipients. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB Control Number: 0970-0222 and Expiration Date: 11/30/2025. If you have any comments on this collection of information, please contact [OCSEFedSystems@acf.hhs.gov](mailto:OCSEFedSystems@acf.hhs.gov).

## 1 Introduction

Automating the National Medical Support Notice (NMSN) facilitates the electronic exchange of health care coverage information between states, employers, third-party providers, and plan administrators through a centralized process. The goal of centralizing the electronic NMSN (e-NMSN) process is to reduce costs and paperwork and increase efficiency by using the federal Office of Child Support Enforcement (OCSE) Child Support Portal.

Currently, states send NMSNs to employers, and employers and plan administrators send NMSN responses to states — nearly all on paper. The OCSE centralized process is the hub for transmitting files. OCSE picks up e-NMSNs from states and transmits them to employers, third-party providers, and plan administrators. OCSE picks up responses and delivers them to states. This is an efficient process because all stakeholders involved transmit information to OCSE only, minimizing communication setups with individual employers, third-party providers, plan administrators, and states.

Chart 1-1 lists the file type options in which states, employers, third-party providers, and plan administrators must send and receive files.

Chart 1-1: Supported File Types		
Option	File Type	Availability
Programming Option (System-to-System)	Text	States, employers, third-party providers, and plan administrators
	XML	States, employers, third-party providers, and plan administrators
No Programming Option	PDF	Employers, third-party providers, and plan administrators

Depending on the file type used, take the action described below:

- If using the text file type, then use the record layouts in Appendices A through E.

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**Note:** The e-NMSN Software Interface Specification (SIS) Appendices A through F have been broken out into separate files.

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- If using the Extensible Markup Language (XML) file type, then contact the e-NMSN coordinator for the XML Schema Definition (XSD) files. Field-level validations, which are performed by OCSE when files are received, is the same as a text file. For field-level validation details, see Appendices A through E.
- If using the Portable Document Format (PDF) file type, then contact the e-NMSN coordinator for sample PDF files. Field-level validations, which are performed by OCSE when files are received, is the same as for a text file. For field-level validation details, see Chart C-2 in Appendix C, Chart D-2 in Appendix D, and Chart E-2 in Appendix E.

The file naming convention for PDF files is different from text and XML files; for more information, see sections 2.11 and 2.12.

## 1.1 Purpose of Document

This document describes the process required for states, employers, third-party providers, and plan administrators to exchange NMSN requests and responses via the e-NMSN system. The file naming convention, file types, connectivity, emails, and transaction record layouts of the e-NMSN system are included. The transaction record layouts include the following:

- e-NMSN Version Number Record
- e-NMSN Universal File Header and Trailer Record
- e-NMSN Request Record
- Electronic Part-A Response Record
- Electronic Part-B Response Record
- e-NMSN Federal Employer Identification Number (FEIN) Push File Record

Figure 1-1 shows the e-NMSN process.

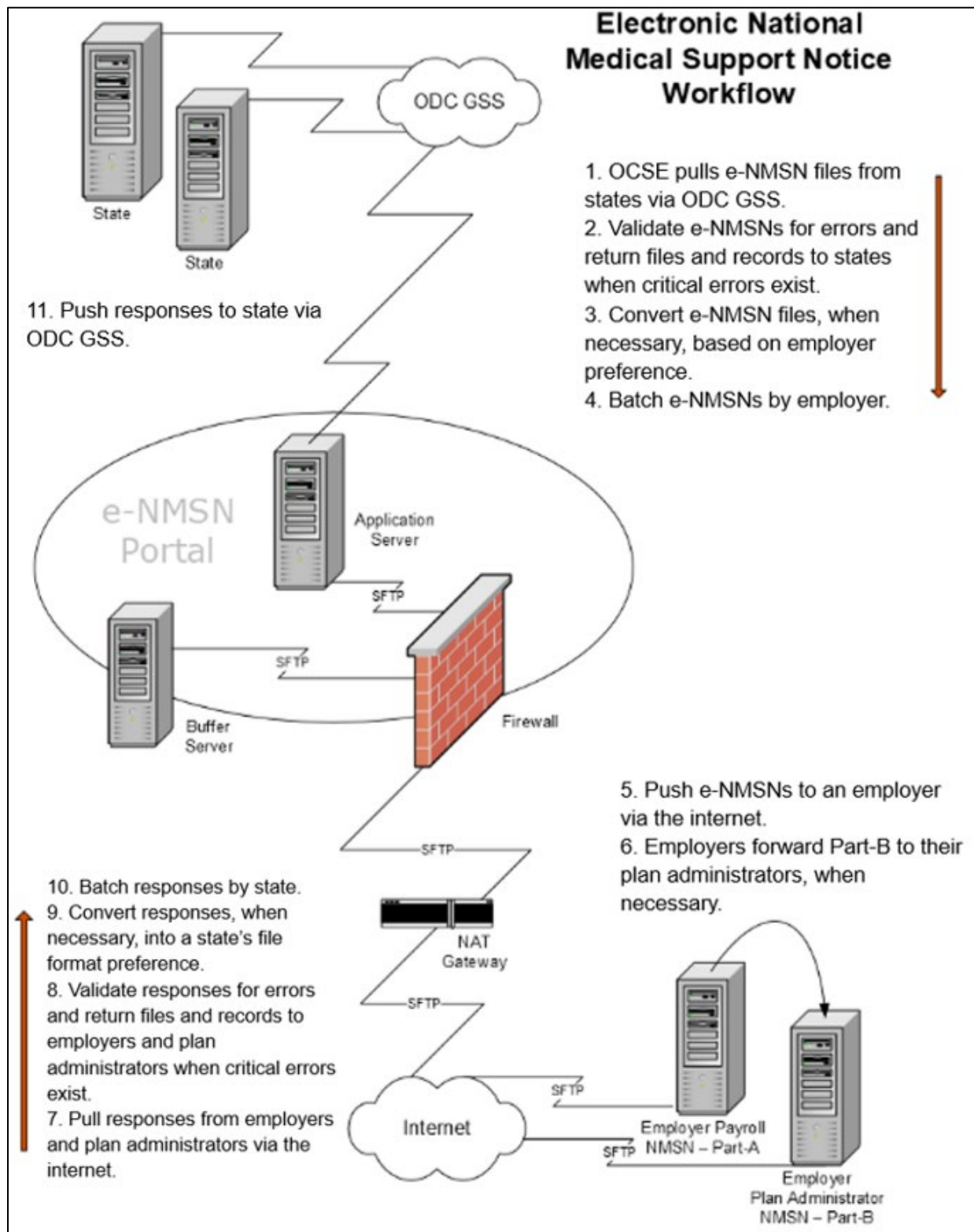


Figure 1-1: Process Diagram

## 2 e-NMSN Files

The Child Support Portal houses the e-NMSN system. The system is capable of transmitting standard, fixed-length files between states, employers, third-party providers, and plan administrators.

The following sections describe the email notification process and the connectivity, file types, file extensions, and formats submitted to the e-NMSN system.

### 2.1 Connectivity

Figure 2-1 shows the site architecture that supports the file transmission and connections needed for the exchange between states, employers, third-party providers, and plan administrators.

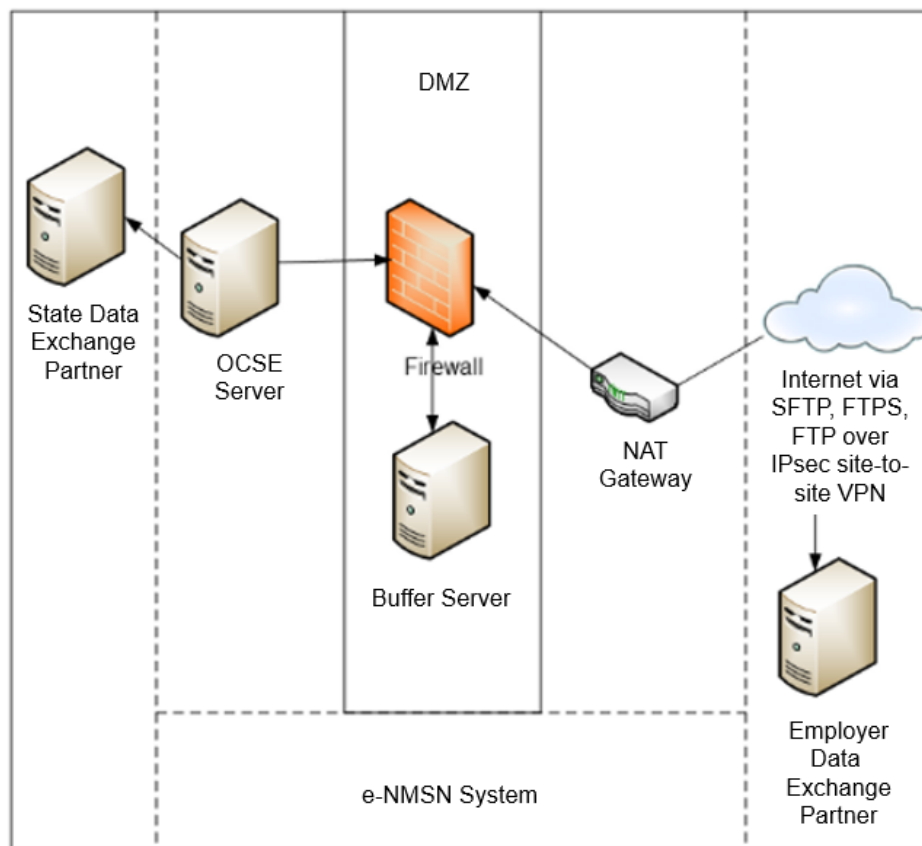


Figure 2-1: Connectivity

### 2.2 Connectivity Requirements

States connect to the OCSE network through Internet Protocol Security (IPsec) site-to-site Virtual Private Networks (VPNs). States exchange e-NMSN data through this connection to a

Secure File Transfer Protocol (SFTP) or File Transfer Protocol Secure (FTPS) server at the state. An IPsec site-to-site VPN must be established between OCSE and the state.

OCSE connects to employers, third-party providers, and plan administrators through the internet with SFTP or FTPS. Employers, third-party providers, and plan administrators using the OCSE electronic Income Withholding for Support Order (e-IWO) process generally use their existing transfer connection as long as the connection is using SFTP or FTPS. If employers and plan administrators do not have an e-IWO connection using SFTP or FTPS, then other options for connecting to the e-NMSN system need to be arranged.

All e-NMSN files require a designated location on the state SFTP or FTPS server for pickup and delivery. This requires a user ID and password to log on to the server. Secure Shell (SSH) key authentication can be used instead of a password if the state, employer, third-party provider, or plan administrator requests it. Read and write privileges on files must be granted to the user ID used by OCSE to log on to the state, employer, third-party provider, or plan administrator server. If using SFTP, the state can use the standard Transmission Control Protocol (TCP) port (22) or another TCP port on request.

The Gnu (<https://www.gnupg.org/>) Privacy Guard (GPG) encryption system is optionally provided by the e-NMSN system to encrypt data after it reaches the employer's server. GPG is an open-source variation of the Pretty Good Privacy system encryption (<https://www.broadcom.com/products/cyber-security/information-protection/encryption>). Employers, third-party providers, and plan administrators must provide public keys for SFTP and GPG.

Use the following process to set up SFTP without a password and to use public-private keys:

1. Create a public-private key pair for a user on the server by running the following command:

```
ssh-keygen -t rsa.
```

2. Create a public-private key pair for the user on the client by running the following command: `ssh-keygen -t rsa.`

The public-private key pair default locations are `/home/xx/.ssh/id_rsa.pub` and `/home/xx/.ssh/id_rsa`.

3. OCSE emails its SSH public key to states, employers, third-party providers, and plan administrators.
4. The employers, third-party providers, and plan administrators append the OCSE SSH public key to the `/home/xx/.ssh/authorized_keys` file on their SFTP servers.

## 2.3 Connectivity Testing

States, employers, third-party providers, and plan administrators can conduct connectivity testing with the e-NMSN system after they supply all necessary keys, Internet Protocol (IP) addresses, host names, user IDs, directories, and related information needed for connectivity. States, employers, third-party providers, and plan administrators can also coordinate a connectivity test by contacting the e-NMSN coordinator.

The suggested series of tests for the e-NMSN system includes:

1. Ping the state, employer, third-party provider, and plan administrator SFTP or FTPS servers.
2. Send a file to the states, employers, third-party providers, and plan administrators using SFTP or FTPS without testing GPG encryption.
3. Send the same file to the states, employers, third-party providers, and plan administrators using SFTP or FTPS and test GPG encryption.

If possible, test the transfer of files between a state and employers, third-party providers, and plan administrators or vice versa.

## 2.4 File Types

The various files transmitted via the e-NMSN system include the following:

- **e-NMSN Request File:** A file generated by the state and sent to employers. At this time, the system does not include cover letters.
- **Part-A Response File:** A file generated by the employer or third-party provider and returned to the state. The file contains records for each request, indicates a response, and, if rejected, the reason for the rejection.
- **Part-B Response File:** A file generated by the employer, third-party provider, or plan administrator and returned to the state. The file contains one of the following possible responses:
  - Insurance information and the date the insurance becomes effective
  - A request for the state to choose a plan option, if multiple are available
  - A waiting period for the employee and its expiration date or other expiration period
  - A reason the NMSN is not a qualified medical child support order
- **State Error File:** A file generated by the e-NMSN system in response to the receipt and validation of a state request. It contains the errors found in these files.
- **Error File:** A file generated by the e-NMSN system in response to the receipt and validation of an employer, third-party provider, or plan administrator response. It contains the errors found in these files.
- **e-NMSN PDF Form Files:** An Office of Management and Budget (OMB)-approved file. OMB renews its approval of these forms every three years.

For a form version of the order created by the e-NMSN system, go to <https://acf.gov/css/form/national-medical-support-notice-forms-instructions>.

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**Note:** Error files are required. e-NMSN PDF Form files are optional, as determined by the completed e-NMSN Profile form; see section 2.13, e-NMSN Profile.

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## 2.5 File Format

The e-NMSN process accepts e-NMSN Request files and sends a State Error file in text or XML file formats. Part-A Response files, Part-B Response files, and error files can be transferred as either XML or flat files. The e-NMSN Form files are sent as PDF files.

## 2.6 File Extensions

States, employers, third-party providers, and plan administrators must include file extensions for all files. If the e-NMSN system receives a file from a state, employer, third-party provider, or plan administrator that does not include a file extension, the file is rejected and a processing summary email is generated with an error message.

## 2.7 File Structure

Whether using XML or a flat file, the primary files (State e-NMSN Request file and Error file) adhere to the same file structure. Each file must contain a version number record, file header record, batch header record, detail record, batch trailer record, and file trailer record. These record layouts are presented in section 3, e-NMSN Input Transaction Layouts.

Figure 2-2 shows the file structure to which the text files must adhere.

Version Number Record
File Header
Batch Header
Detail Record
Detail Record
Batch Trailer
File Trailer

**Figure 2-2: File Structure**

The following requirements apply to text files:

- Each file must contain a version number record.
- Each file must contain at least one batch header and a batch trailer.
- Each file must include a file header and trailer.
- All records must start with a three-digit document code identifying the type of record.
- Document code values must display as specified in the record layouts in Appendices A through F.
- The system batches state requests by the employer.

- The system batches Part-A responses by the state.
- The system batches Part-B responses by the state.

## 2.8 Appending Files, Sending Multiple Files, and Zipping

Flat files can be appended. This means if a connectivity issue occurs between a state, employer, or plan administrator and the e-NMSN system, multiple files can be appended for those using flat files. Those using XML files must create separate files.

Each e-NMSN form is created in a separate file.

## 2.9 File Names

States, employers, third-party providers, and plan administrators supply file names through the e-NMSN Profile form. They can use a pre-defined naming standard unique to their organization (which must be a unique constant name, not a variable) or the e-NMSN system's standard file name. File names will be agreed upon between OCSE and the states, employers, third-party providers, and plan administrators during connectivity setup. File names are not case sensitive. File names for the e-NMSN PDF Order forms generated by the system are included in section 2.12, PDF File Creation and Naming.

Chart 2-1 specifies the values of each section of the e-NMSN standard file name.

Chart 2-1: e-NMSN Standard File Name for States	
Field Name	Value
Identifier	Federal Information Processing Standards (FIPS) + 0000000 The nine digits are the two-digit locator code plus seven zeros.
Separator	Period (.)
File Type	ENR: e-NMSN Request file from the state NER: Error file to the state PAR: Valid Part-A Response file to the state PBR: Valid Part-B Response file to the state
Separator	Period (.)
Date – Timestamp	CCYYMMDDHHMMSSS
Separator	Period (.)
Sequence Number	0000
Separator	Period (.)
Extension Type	TXT: Text file extension XML: Extensible Markup Language file extension

Chart 2-2 specifies the values of each section of the e-NMSN standard file name for a Part-A Response from employers and third-party providers.

Chart 2-2: e-NMSN Part-A Response Standard File Name	
Field Name	Value
Identifier	Federal Employer Identification Number (FEIN): If an employer is sending a response to Part-A, this is the nine-digit employer FEIN. If a third-party provider is sending a response to Part-A, this is the nine-digit third-party provider FEIN.
Separator	Period (.)
File Type	ENM: e-NMSN Request file to the employer ARE: Part-A Error file to the employer ARF: Part-A Response file from the employer
Separator	Period (.)
Date – Timestamp	CCYYMMDDHHMMSSS
Separator	Period (.)
Sequence Number	0000
Separator	Period (.)
Extension Type	TXT: Text file extension XML: Extensible Markup Language file extension

Chart 2-3 specifies the values of each section of the e-NMSN standard file name for a Part-B Response from the employer, third-party provider, or plan administrator.

Chart 2-3: e-NMSN Part-B Response Standard File Name	
Field Name	Value
Identifier	FEIN: If an employer is sending a response to Part-B, this is the nine-digit employer FEIN. If a third-party provider is sending a response to Part-B, this is the nine-digit third-party provider FEIN. If a plan administrator is sending a response to Part-B, this is the nine-digit plan administrator FEIN.
Separator	Period (.)
File Type	BRE: Part-B Error file to the employer or plan administrator BRF: Part-B Response file from the employer or plan administrator
Separator	Period (.)
Date – Timestamp	CCYYMMDDHHMMSSS
Separator	Period (.)
Sequence Number	0000
Separator	Period (.)
Extension Type	TXT: Text file extension XML: Extensible Markup Language file extension

Chart 2-4 shows examples of different files and naming conventions for states, employers, third-party providers, and plan administrators.

Chart 2-4: File Name and Naming Convention Examples	
Sample e-NMSN State File Names	Description
180000000.ENR.202002190225081.0001.txt or .xml	e-NMSN Request file from the state
180000000.NER.202002190225081.txt or .xml	Error file to the state
180000000.PAR.202002190225081.0001.txt or .xml	Valid Part-A Response file to the state
180000000.PBR.202002190225081.0001.txt or .xml	Valid Part-B Response file to the state
Sample e-NMSN File Names for Employer	Description
123456789.ENM.202002190225081.0001.txt or .xml	e-NMSN Request file to the employer or third-party provider
123456789.ARE.202002190225081.txt or .xml	Part-A Error file to the employer or third-party provider
123456789.ARF.202002190225081.0001.txt or .xml	Part-A Response file from the employer or third-party provider
Sample e-NMSN Response File Names	Description
123456789.BRE.202002190225081.txt or .xml	Part-B Error file to the employer, third-party provider, or plan administrator
123456789.BRF.202002190225081.0001.txt or .xml	Part-B Response file from the employer, third-party provider, or plan administrator
123456789.987654321.BRF.202002190225081.0001.txt or .xml	Part-B Response file from the employer, third-party provider, or plan administrator in which the second FEIN is the FEIN of the subsidiary or client linked to the responding employer or third-party provider

**Note:** For definitions of the files listed in Chart 2-4, see section 2.4, File Types.

## 2.10 File Processing

### 2.10.1 Daily Processing

Daily file processing starts at 5:30 a.m. ET. The e-NMSN system pushes all files to states, employers, third-party providers, and plan administrators by 6:45 a.m. ET. The e-NMSN system sends email notifications for the day's processing starting at 7:00 a.m. ET.

### 2.10.2 Batching Files

States providing e-NMSN requests must group the orders in a batch by surrounding each group of orders with a batch header and batch trailer.

Employers, third-party providers, and plan administrators must group responses in a batch by surrounding each group of responses with a batch header and batch trailer.

The following assumptions will help states and employers when batching their files:

- States batch e-NMSN requests by employer.
- There can be more than one batch in a state e-NMSN Request file for the same employer.
- Employers, third-party providers, and plan administrators batch responses by state.
- There can be more than one batch in an employer, third-party provider, or plan administrator file for the same state.
- Employer, third-party provider, and plan administrator Response files are batched according to the batches received from a state. For example, if State A sends Batch 1 on Monday and Batch 2 on Tuesday, the employer, third-party provider, or plan administrator Response file sent to the state on Wednesday may include two batches for State A.

### **2.10.3 Reject and Error Processing**

The e-NMSN process performs validation on all inbound files to comply with the specifications. Strict validation occurs for structure and fields. The e-NMSN process rejects or returns files for errors at three levels: file, batch, and record.

Full file rejection can occur for the following reasons:

- Invalid file extension
- Invalid record length
- Invalid record sequencing
- Invalid or missing record identifier
- XML validation failed
- PDF validation error
- Empty files
- Invalid batch count in the file trailer
- Invalid or missing required data in the file header or trailer
- Failed validation for conditionally required fields on the file header or trailer
- Duplicate file
- The total number of records submitted in the batch and the record count do not match
- Invalid or missing required data in the batch header or trailer
- Invalid or missing subsidiary or client FEIN in the file header or trailer

If a file does not have a file extension or the file extension is not the file extension specified in the profile information, the file is returned in its entirety. If a problem occurs when processing the file because of an unusual or unexpected file name, all files for the data exchange provider are returned to the provider.

Batch rejection occurs for the following reasons:

- The FEIN or state code entered may not participate in e-NMSN
- Duplicate batch
- Failed validation for conditionally required fields on the batch header or trailer

Individual records can be returned for errors in the following instances:

- Conditionally required fields do not comply with the validation rules
- Data is invalid due to noncompliance with data type rules or not following specified patterns
- Invalid or missing required data in individual records

#### **2.10.4 Record Processing**

Flat files must adhere to the e-NMSN record layouts. Data element rules are provided in Appendices A through E. XML files must adhere to the XML schema. XML schema files are available on request. The schemas include the record layout and the restrictions used to validate the information. The data element rules supplied through the flat file record layouts adhere to the data element rules defined in the XML schemas.

#### **2.10.5 e-NMSN**

The e-NMSN is a digital alternative to a paper NSMN form. OCSE developed a standard record layout designed to closely match the paper version of the OMB-approved NMSN form. The scope of the e-NMSN system is limited to processing NMSNs on IV-D child support agency cases. The e-NMSN system transfers the e-NMSN as a data file to employers. The e-NMSN system can create and forward a PDF file of the OMB-approved form with the data file to an employer if requested. The record layouts are based on the information in the NMSN form.

### **2.11 PDF Version of NMSN Form**

State child support agencies are required to send the NMSN, comprised of Part-A and Part-B, to employers to enforce medical support orders.

The employer may be required to send a copy of the NMSN to the employee. The employer can opt to create the NMSN or request that the e-NMSN system create a PDF file of the NMSN. If an employer or third-party provider always or never wants a PDF file of the form, they can specify their preference on the e-NMSN Profile form.

Each e-NMSN form is saved as a PDF file. For example, a data file processed by the e-NMSN system that contains five NMSNs generates five PDF files. This action is based on the information provided by the employer on the Profile form.

### 2.11.1 Plan Summary

When employers, third-party providers, and plan administrators respond with Part-B and provide an attachment with an insurance plan summary and insurance coverage information, they must use the following format to name the file and generate the insurance plan summary document:

Y, ThirdPartyorPlanAdministratorFEIN.EmployerFEIN.EmployeeLastname.CCYMMDDHHMM.sequenceNumber.pdf or Word (all versions)

Example: Y, 123456789.999999999.JONE.202105191055.001.pdf

When an employer sends the file, the first node is not required (that is, ThirdPartyorPlanAdministratorFEIN).

---

**Note:** All insurance coverage information must be provided in the Addendum, Section 1. When OCSE generates the PDF, the text “Use Addendum – Section 1” is inserted in the enrollment data field and must use “Section 1” in the Addendum pages to provide the insurance coverage information.

---

If an additional document is attached to the response and option 2 is selected, insert text according to the example below. The values must be comma separated as shown below:

Example: Y, 123456789.999999999.JONE.202105191055.001.pdf

The Y indicator makes the e-NMSN system look for an attachment file with the name provided after Y.

The attachment file will be stored in the same directory as the Part-B Response files.

### 2.11.2 Multiple Insurance Options

If option 3 is selected on the Part-B response and a Plan Options document is available to share with states, use the following naming convention:

Y, ThirdPartyorPlanAdministratorFEIN.EmployerFEIN.EmployeeLastname.CCYMMDDHHMM.sequenceNumber.pdf or Word (all versions)

Example: Y, 123456789.999999999.JONE.202105191055.001.pdf

This naming convention is applicable when attaching the Plan Options document for an e-NMSN response and the plan options are unique for this employee or response.

When an employer has a single PDF or Word document for plan options for multiple e-NMSN responses, the employer can choose to use a name of their choice and a prefix with the employer FEIN and include this name in all Part-B PDF file responses submitted for option 3. This action reduces the number of attachments sent with responses.

Values in this field must be structured as follows:

Example: Y, ThirdPartyorPlanAdministratorFEIN.EmployerFEIN.Employer\_Chosen\_Name.CCYMMDDHHMM.pdf

When an employer sends a file, the first node (that is, ThirdPartyorPlanAdministratorFEIN) is not required.

The Y indicator makes the e-NMSN system look for an attachment with the name provided after Y. Values must be comma separated.

---

**Note:** All plan options must be included in one Word or PDF file.

---

### 2.11.3 Ineligible Children Details

If option 5 is selected on the Part-B response, use Section 2 in the Addendum to provide details about children who are not eligible for insurance coverage.

When OCSE generates the PDF file, the text “Use Addendum – Section 2” is inserted in the “No longer eligible for coverage under the plan enrollment” data field.

## 2.12 PDF File Creation and Naming

This section explains how the e-NMSN system creates PDF files, which are sent with a flat file or XML file.

Chart 2-5 specifies the values of each section of the e-NMSN standard PDF file name for request files generated by OCSE to employers and third-party providers.

Chart 2-5: e-NMSN Standard File Name for PDF Request Files	
Field Name	Value
Third-party Identifier	FEIN (Third-party provider): Nine-digit FEIN of the third-party provider This node is only present if the file is generated for a third-party provider.
Separator	Period (.)
Identifier	FEIN: Nine-digit FEIN of the employer
Separator	Period (.)
Identifier	FIPS: Two-digit locator code of state where the request originated
Separator	Period (.)
File Type	ENM: Request file to the employer or third-party provider
Separator	Period (.)
Employee Order Information	Employee Last Name: Last name of the employee in the PDF order “ _ ” – Separator Document Tracking Identifier – Document Tracking Identifier of the order in the PDF file
Separator	Period (.)
Batch Number	Batch number from the Request file from the state
Separator	Period (.)
Version Number	Version number of the PDF: V1_0: Current Version 1: Major Version Number “ _ ”: Separator 0: Minor Version Number

<b>Chart 2-5: e-NMSN Standard File Name for PDF Request Files</b>	
Field Name	Value
Separator	Period (.)
Sequence Number	0000
Separator	Period (.)
Order Type	OA: Part-A Request PDF OB: Part-B Request PDF
Separator	Period (.)
Extension Type	PDF: Portable Document Format file extension

Chart 2-6 specifies the values of each section of the e-NMSN standard file name for a Part-A Response from employers and third-party providers.

<b>Chart 2-6: e-NMSN Part-A Response Standard File Name for PDF</b>	
Field Name	Value
Third-party Identifier	FEIN (Third-party provider): Nine-digit FEIN of the third-party provider. This node is only required if the file is received from a third-party provider.
Separator	Period (.)
Identifier	FEIN: Nine-digit FEIN of the employer
Separator	Period (.)
Identifier	FIPS: Two-digit locator code of the state where the request originated
Separator	Period (.)
File Type	ARF: Part-A Response file from the employer or third-party provider ARE: Part-A Error File to the employer or third-party provider
Separator	Period (.)
Employee Order Information	Employee Last Name: Last name of the employee in the PDF response " _ " – Separator Document Tracking Identifier – Document Tracking Identifier of the order in the PDF response
Separator	Period (.)
Batch Number	Batch number from the request file from the state
Separator	Period (.)
Version Number	Version number of the PDF: V1_0: Current Version 1: Major Version Number " _ ": Separator 0: Minor Version Number
Separator	Period (.)
Sequence Number	0000
Separator	Period (.)
Extension Type	PDF: Portable Document Format file extension

Chart 2-7 specifies the values of each section of the e-NMSN standard file name for a Part-B response from the employer, third-party provider, or plan administrator.

Chart 2-7: e-NMSN Part-B Response Standard File Name	
Field Name	Value
Identifier	FEIN (Third-party provider): Nine-digit FEIN of the third-party provider. This node is only required if the file is received from a third-party provider or plan administrator.
Separator	Period (.)
Identifier	FEIN: Nine-digit FEIN of the employer
Separator	Period (.)
Identifier	FIPS: Two-digit locator code of the state where the request originated
Separator	Period (.)
File Type	Employer, third-party provider, or plan administrator: BRF: Part-B Response file BRE: Part-B Error file
Separator	Period (.)
Employee Order Information	Employee Last Name: Last name of the employee in the PDF response “_”: Separator Document Tracking Identifier – Document Tracking Identifier of the order in the PDF response
Separator	Period (.)
Batch Number	Batch number from the request file from the state
Separator	Period (.)
Version Number	Version number of the PDF: V1_0: Current Version 1: Major Version Number “_”: Separator 0: Minor Version Number
Separator	Period (.)
Sequence Number	0000
Separator	Period (.)
Extension Type	PDF: Portable Document Format file extension

Chart 2-8 shows examples of files and naming conventions for employers, third-party providers, and plan administrators.

Chart 2-8: File Name and Naming Convention Examples	
Sample e-NMSN Standard File Name for PDF Request Files	Description
999999999.02.ENM.JONE_58288.12345.V1_0.0001.OA.pdf	e-NMSN Part-A Request file to the employer
999999999.02.ENM.JONE_58288.12345.V1_0.0001.OB.pdf	e-NMSN Part-B Request file to the employer

Chart 2-8: File Name and Naming Convention Examples	
123456789.999999999.02.ENM.JONE_58288.12345.V1_0.0001.OA.pdf	e-NMSN Part-A Request file to the third-party provider
123456789.999999999.02.ENM.JONE_58288.12345.V1_0.0001.OB.pdf	e-NMSN Part-B Request file to the third-party provider
Sample e-NMSN Part-A Response File Names for PDF Files	Description
999999999.02.ARF.JONE_58288.12345.V1_0.0001. pdf	Part-A Response file from the employer
999999999.02.ARE.JONE_58288.12345.V1_0.0001. pdf	Part-A Error file to the employer
123456789.999999999.02.ARF.JONE_58288.12345.V1_0.0001.pdf	Part-A Response file from the third-party provider
123456789.999999999.02.ARE.JONE_58288.12345.V1_0.0001.pdf	Part-A Error file to the third-party provider
Sample e-NMSN Part-B Response File Names for PDF Files	Description
999999999.02.BRF.JONE_58288.12345.V1_0.0001.pdf	Part-B Response file from the employer
999999999.02.BRE.JONE_58288.12345.V1_0.0001.pdf	Part-B Error file to the employer
123456789.999999999.02.BRF.JONE_58288.12345.V1_0.0001.pdf	Part-B Response file from the third-party provider or plan administrator
123456789.999999999.02.BRE.JONE_58288.12345.V1_0.0001.pdf	Part-B Error file to the third-party provider or plan administrator

**Note:** For definitions of the files listed in this chart, see section 2.4, File Types.

## 2.13 e-NMSN Profile

To use the e-NMSN system, states, employers, third-party providers, and plan administrators must complete a Profile form. The form must be sent to the e-NMSN Coordinator before initiating any data exchange. Secure information, such as keys and passwords, can be sent directly to the e-NMSN Coordinator. Public keys for connecting to the OCSE servers are provided on request during the connection process.

If an employer indicates it will only send the Part-A Response and either a third-party provider or plan administrator will send the Part-B Response, specify this preference on the e-NMSN Profile form.

## 2.14 Email Notification

After file processing, the e-NMSN system emails a processing summary and any errors to the state, employer, or plan administrator.

Figure 2-3 shows an example of an email sent to a state.

```

Your files have been processed by the e-NMSN System.
** Please do not reply to this email **

Processing Summary for Maryland On Fri, Mar 26, '21 2:49 PM
-----
**FILES RECEIVED FROM YOUR ORGANIZATION**
-----
Total # of request records received: 1
Total # of error records: 0
Total # of records forwarded: 1
Total # of files rejected: 0
Total # of batches received: 1
Total # of batches rejected: 0

-----
**ERRORS**
-----
ERROR:,

-----
**FILES SENT TO YOUR ORGANIZATION**
-----
Total # of Part-A Responses: 0
Total # of Part-B Responses: 0
Total # of Batches Rejected: 0
Total # of Files Rejected: 0
Total # of Error Records: 0

```

**Figure 2-3: Email Notification (States)**

Figure 2-4 shows an example of an email sent to an employer, third-party provider, or plan administrator.

```
Your files have been processed by the e-NMSN System.
** Please do not reply to this email **

Processing Summary for Employer only 2 On Tue, Mar 16, '21 2:55 PM
-----
**PART-A RESPONSE FILES RECEIVED FROM YOUR ORGANIZATION**
-----
Total # of Part-A response records received: 0
Total # of error records: 0
Total # of records forwarded: 0
Total # of files rejected: 0
Total # of batches received: 0
Total # of batches rejected: 0

-----
**ERRORS**
-----
ERROR:
-----
**PART-B RESPONSE FILES RECEIVED FROM YOUR ORGANIZATION**
-----
Total # of Part-B response records received: 1
Total # of error records: 0
Total # of records forwarded: 1
Total # of files rejected: 0
Total # of batches received: 1
Total # of batches rejected: 0

-----
**ERRORS**
-----
ERROR:
-----
**FILES SENT TO YOUR ORGANIZATION**
-----
Total # of e-NMSN Detail Records: 0
Total # of PDF Orders: 0
Total # of Part A Response Batches Rejected: 0
Total # of Part A Response Files Rejected: 0
Total # of Part A Response Error Records: 0
Total # of Part B Response Batches Rejected: 0
Total # of Part B Response Files Rejected: 1
Total # of Part B Response Error Records: 0
```

**Figure 2-4: Email Notification (Employers, Third-party Providers, or Plan Administrators)**

**Note:** If employers send only the Part-A Response, the Part-B Response section in Figure 2-4 is not included in the email.

### **3 e-NMSN Input Transaction Layouts**

Appendices A through F contain the following transaction layouts accepted by the e-NMSN system:

- Appendix A: e-NMSN Version Number Record Layout
- Appendix B: e-NMSN Universal File Header and Trailer Record Layouts
- Appendix C: e-NMSN Request Record Layouts
- Appendix D: Electronic Part-A Response Record Layouts
- Appendix E: Electronic Part-B Response Record Layouts
- Appendix F: e-NMSN FEIN Push File Record Layout

Each record layout in the appendices includes:

- Field name
- Field length
- Location
- Field types (alphabetic, numeric, or alphanumeric)
- Field comments

The comment section in the record layouts indicates whether the field is required for the transaction or describes the conditions for conditionally required fields. The comments also provide an explanation about each field and its relationship to other fields or records. Optional fields must be filled with spaces if they are not used or the data is not available.

#### **3.1 e-NMSN Request File**

The e-NMSN Request file is batched by the FEIN. If a state makes a request to multiple employers, a batch for each FEIN is included in the file sent to the e-NMSN system. A header exists for each employer with its FEIN and the state's FIPS code. The e-NMSN system batches the state request to each employer by FEIN and FIPS code. If multiple states send requests to one employer, the records are batched by the state.

#### **3.2 Part-A Response File**

The Part-A Response file is generated by the employer and batched by the state. If an employer is responding to several state Part-A requests, the file contains one batch header with the employer FEIN for each state. The file also contains the state's locator code for each batch in the file.

If a third-party provider is responding to several state Part-A requests, the response contains one header with the third-party provider and the employer FEINs (the original state request was

sent to this FEIN) for each state in the file. The file also contains the state's locator code for each batch in the file.

### **3.3 Part-B Response File**

The Part-B Response file is generated by the employer, third-party provider, or plan administrator. Depending on the preferences selected on the Profile form, records must be batched by the state.

If an employer is responding to several state Part-B requests, there will be one header with the employer FEIN for each state in the file. The file will also contain the state's locator code for each batch in the file.

If a third-party provider or plan administrator is responding to several Part-B requests, the response will have one header with the third-party provider, plan administrator, and employer FEINs (the original state request was sent to this FEIN) for each state in the file. The file will also contain the state's locator code for each batch in the file.

### **3.4 e-NMSN FEIN Push File**

Currently, employers, third-party providers, and plan administrators provide FEINs for all the subsidiaries they will receive and respond to National Medical Support Notice (NMSN) orders for in an Excel worksheet. These FEINs and the relationships between the organizations are then stored on the e-NMSN system and sent to states so states will know which FEINs to use for each employer.

Employers and third-party providers must keep their FEIN information up to date to receive e-NMSNs for their managed companies and organizations. It is also critical that states receive the latest FEIN information for all employers and third-party providers to ensure they send e-NMSN orders only to FEINs for companies and organizations specified in the employers or third-party providers' FEIN list. This process provides states with active and inactive FEINs participating in the e-NMSN process.

To accommodate the need for an automated solution for receiving and sending FEIN information, an e-NMSN FEIN Push process was developed. States can receive FEIN information electronically in the e-NMSN FEIN Push file layout described in Appendix F. States choosing to receive FEIN information from this automated process must provide a file name in the e-NMSN Profile so the information can be sent to them in the specified file. The e-NMSN FEIN Push file record is generated in a fixed-length format. Appendix F specifies the lengths and locations of each data element in the file. The components of the e-NMSN FEIN Push file includes a data element description, the file layout and format rules, an example e-NMSN FEIN Push file, and the file naming conventions.

The following list is a summary of the formatting rules:

- Each employer's data is on a separate line.
- Each data element has a fixed length.

Currently, states can only receive FEIN information through this e-NMSN FEIN Push process. The Portal pushes the e-NMSN FEIN Push file on the 8th and 22nd of each month.

An e-NMSN FEIN Report file is created by the Portal for any state to use. This file contains active and inactive employer FEINs. When an employer notifies the Portal that it no longer processes e-NMSNs for a particular FEIN, the FEIN is categorized as inactive.

Electronic National Medical Support Notice

# **Software Interface Specification**

## **Appendix A: e-NMSN Version Number Record Layout**

Version 1.7  
April 23, 2025

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

## Revision History

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3/29/2021	v1.0: Original release	Entire document	H. Rallapalli
6/29/2021	v1.1: Minor updates	No changes to Appendix A	H. Rallapalli
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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 change	Chart A-1: <ul style="list-style-type: none"><li>• Version Number: Updated comments.</li><li>• Filler: Length increased and the location changed.</li></ul>	M. Stanczyk
4/23/2025	v1.7: Minor updates	Entire document: <ul style="list-style-type: none"><li>• Added Office of Management and Budget (OMB) information</li><li>• Changed Office of Child Support Services (OCSS) to Office of Child Support Enforcement (OCSE)</li></ul>	EMP team

## A E-NMSN Version Number Record Layout

All file types submitted to the e-NMSN system must contain the version number as the first record.

Chart A-1 contains the e-NMSN Version Number Record layout.

Chart A-1: e-NMSN Version Number Record Layout				
Field Name	Length	Location	A/N	Comments
Record Identifier	4	1–4	A	Required. The record identifier for the version number of the records being submitted to the e-NMSN system. Valid value: VRSN – Version
Version Number	4	5–8	A/N	Required. The version number for the record layout sent to OCSE. Valid Value: V1.0
Filler: State Request Part-A Response Part-B Response	Varies: 2,762 1,195 2,898	Varies: 9–2770 9–1203 9–2906	A/N	Optional. The filler length varies based on the associated file.

Electronic National Medical Support Notice

# Software Interface Specification

## Appendix B: e-NMSN Universal File Header and Trailer Record Layouts

Version 1.8  
April 23, 2025

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

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3/29/2021	v1.0: Original release	Entire document	H. Rallapalli
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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: <ul style="list-style-type: none"><li>• File ID: Updated comments.</li><li>• Filler: Length increased and the location changed.</li></ul> Chart B-2: <ul style="list-style-type: none"><li>• Filler: Length increased and the location changed.</li></ul>	M. Stanczyk
7/2/2024	v1.7: Minor changes	Chart B-1: Employer FEIN comments were updated to make the field optional when the employer is responding to Part-A and Part-B.	M. Stanczyk
4/23/2025	v1.8: Minor updates	Entire document: <ul style="list-style-type: none"><li>• Added Office of Management and Budget (OMB) information</li><li>• Changed Office of Child Support Services (OCSS) to Office of Child Support Enforcement (OCSE)</li></ul>	EMP team

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

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

Chart B-1: e-NMSN Universal File Header 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 optional 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.

**Chart B-1: e-NMSN Universal File Header 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. 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 OCSE, 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 OCSE, 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.
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: FHDR – 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. <b>Note:</b> 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.

**Chart B-1: e-NMSN Universal File Header Record Layout**

Field Name	Length	Location	A/N	Comments
Filler:	Varies:	Varies:	A/N	Optional. The filler length varies based on the associated file.
UNIS – State	2,68	90–		
Request	1	2770		
UNIA – Part-A	1,11	90–		
Response	4	1203		
UNIB – Part-B	2,81	90–		
Response	7	2906		

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.

**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. <b>Note:</b> 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: 2,70 3 1,13 6 2,83 9	Varies: 68– 2770 68– 1203 68– 2906	A/N	Optional. The filler length varies based on the associated file.

## Electronic National Medical Support Notice

# Software Interface Specification

## Appendix C: e-NMSN Request Record Layouts

Version 1.9  
April 23, 2025

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

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3/29/2021	v1.0: Original release	Entire document	H. Rallapalli
6/29/2021	v1.1: Minor updates	Chart C-2: Updated FEIN Text field	H. Rallapalli
8/18/2021	v1.2: Minor updates	No changes to Appendix C	H. Rallapalli
1/31/2022	v1.3: Minor updates	Chart C-2: Added validation rules to the following fields: <ul style="list-style-type: none"><li>• Issuing Agency Name</li><li>• Court or Administrative Authority Name</li><li>• Employer Name</li><li>• Substituted Official/Agency Name</li></ul>	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 C-1: The Filler field length increased and the location changed. Chart C-2: The following changes were made: <ul style="list-style-type: none"><li>• The Withholding Prioritization Text was removed.</li><li>• The following fields were added:<ul style="list-style-type: none"><li>○ Issuing Agency Email Address</li><li>○ Child 7 Last Name</li><li>○ Child 7 First Name</li><li>○ Child 7 Middle Name or Initial</li><li>○ Child 7 Suffix Text</li><li>○ Child 7 Gender</li><li>○ Child 7 Date of Birth</li><li>○ Child 7 SSN</li><li>○ Child 8 Last Name</li><li>○ Child 8 First Name</li><li>○ Child 8 Middle Name or Initial</li><li>○ Child 8 Suffix Text</li><li>○ Child 8 Gender</li><li>○ Child 8 Date of Birth</li><li>○ Child 8 SSN</li><li>○ Child 4 Last Name to be Terminated Health Care Coverage</li><li>○ Child 4 First Name to be Terminated Health Care Coverage</li><li>○ Child 4 Middle Name or Initial to be Terminated Health Care Coverage</li><li>○ Child 4 Suffix Name to be Terminated Health Care Coverage</li><li>○ Child 4 Date of Birth to be Terminated Health Care Coverage</li></ul></li></ul>	M. Stanczyk

Date	Revision	Section	Author
		<ul style="list-style-type: none"> <li>○ Child 5 Last Name to be Terminated Health Care Coverage</li> <li>○ Child 5 First Name to be Terminated Health Care Coverage</li> <li>○ Child 5 Middle Name or Initial to be Terminated Health Care Coverage</li> <li>○ Child 5 Suffix Name to be Terminated Health Care Coverage</li> <li>○ Child 5 Date of Birth to be Terminated Health Care Coverage</li> <li>○ Child 6 Last Name to be Terminated Health Care Coverage</li> <li>○ Child 6 First Name to be Terminated Health Care Coverage</li> <li>○ Child 6 Middle Name or Initial to be Terminated Health Care Coverage</li> <li>○ Child 6 Suffix Name to be Terminated Health Care Coverage</li> <li>○ Child 6 Date of Birth to be Terminated Health Care Coverage</li> <li>○ Child 7 Last Name to be Terminated Health Care Coverage</li> <li>○ Child 7 First Name to be Terminated Health Care Coverage</li> <li>○ Child 7 Middle Name or Initial to be Terminated Health Care Coverage</li> <li>○ Child 7 Suffix Name to be Terminated Health Care Coverage</li> <li>○ Child 7 Date of Birth to be Terminated Health Care Coverage</li> <li>○ Child 8 Last Name to be Terminated Health Care Coverage</li> <li>○ Child 8 First Name to be Terminated Health Care Coverage</li> <li>○ Child 8 Middle Name or Initial to be Terminated Health Care Coverage</li> <li>○ Child 8 Suffix Name to be Terminated Health Care Coverage</li> <li>○ Child 8 Date of Birth to be Terminated Health Care Coverage</li> <li>● The Filler field length increased and the location changed.</li> <li>● Field locations were updated because of the deleted and added fields.</li> </ul> <p>Chart C-3: The Filler field length increased and the location changed.</p>	

Date	Revision	Section	Author
3/31/2025	v1.7: Field changes	Chart C-2: Due to Executive Order 14168, the following fields were renamed: <ul style="list-style-type: none"><li>• Child 1 Gender to Child 1 Sex</li><li>• Child 2 Gender to Child 2 Sex</li><li>• Child 3 Gender to Child 3 Sex</li><li>• Child 4 Gender to Child 4 Sex</li><li>• Child 5 Gender to Child 5 Sex</li><li>• Child 6 Gender to Child 6 Sex</li><li>• Child 7 Gender to Child 7 Sex</li><li>• Child 8 Gender to Child 8 Sex</li></ul>	M. Stanczyk
4/14/2025	v1.8: Field changes	Chart C-2: Due to Executive Order 14168, the comments for the following fields were updated to remove U – Unknown as a valid value: <ul style="list-style-type: none"><li>• Child 1 Sex</li><li>• Child 2 Sex</li><li>• Child 3 Sex</li><li>• Child 4 Sex</li><li>• Child 5 Sex</li><li>• Child 6 Sex</li><li>• Child 7 Sex</li><li>• Child 8 Sex</li></ul>	M. Stanczyk
4/23/2025	v1.9: Minor updates	Cover page: Changed Office of Child Support Services to Office of Child Support Enforcement Entire document: Added Office of Management and Budget (OMB) information	EMP team

## List of Charts

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## C e-NMSN Request Record Layouts

Chart C-1 contains the e-NMSN Request Header Record layout.

Chart C-1: e-NMSN Request Header Record Layout				
Field Name	Length	Location	A/N	Comments
Record Identifier	4	1–4	A	Required. The letters <b>ENRH</b> , which identify the record as a request header.
Employer FEIN	9	5–13	N	Required. Employer FEIN.
Third-party FEIN	9	14–22	N	Optional. FEIN of the third-party provider that will respond on behalf of the employer. Fill with spaces if the state does not know the FEIN of the third-party provider.
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 C-1: e-NMSN Request 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 requests 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	2,677	94–2770	A/N	This field is for future versions. For this version, fill with spaces.

Chart C-2 contains the e-NMSN Request Record layout.

Chart C-2: e-NMSN Request Record Layout				
Field Name	Length	Location	A/N	Comments
Record Identifier	4	1–4	A	Required. The letters ENRD, which identify the record as a request detail.
Order Type	4	5–8	A	Required. A code that indicates the type of NMSN order. Valid values: ORIG – Original: new order for the submitted case identifier by the submitting state TERM – Termination: closure of an order; termination of insurance for the submitted case identifier by the submitting state
Notice Date	8	9–16	N	Required. Date the NMSN was generated by the state in CCYYMMDD format.
CSE Agency Case Identifier	15	17–31	A/N	Required. A value assigned by a state to uniquely identify each IV-D case in the state.
Issuing Agency Name	57	32–88	A/N	Required. Name of the child support agency issuing the NMSN order. Valid special characters: Hyphens (-) Apostrophes (') Commas (,) Periods (.) Spaces The first character cannot be a space.
Issuing Agency Address Line 1 Text	25	89–113	A/N	Required. The street address of the child support agency issuing the NMSN.
Issuing Agency Address Line 2 Text	25	114–138	A/N	Optional. The street address of the child support agency issuing the NMSN.
Issuing Agency Address Line 3 Text	25	139–163	A/N	Optional. The street address of the child support agency issuing the NMSN.
Issuing Agency Address City Name	22	164–185	A/N	Required. The city of the child support agency issuing the NMSN.
Issuing Agency Address State Code	2	186–187	A	Required. The state code of the child support agency issuing the NMSN.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Issuing Agency Address ZIP Code	5	188–192	N	Required. The ZIP code of the child support agency issuing the NMSN.
Issuing Agency Address ZIP Code Extension	4	193–196	N	Optional. The ZIP code extension of the child support agency issuing the NMSN.
Issuing Agency Phone Number	10	197–206	N	Required. The phone number of the organization issuing the NMSN.
Issuing Agency Email Address	65	207–271	A/N	Required. The email address of the organization issuing the NMSN. Valid special characters: Hyphens (-) Underscore (_) Periods (.) At sign (@) The first character cannot be a space.
Issuing Agency Fax Number	10	272–281	N	Optional. The fax number of the organization issuing the NMSN.
Court or Administrative Authority Name	57	282–338	A/N	Required. The name of the court or administrative authority in the state that issued the NMSN. Valid special characters: Hyphens (-) Apostrophes (') Commas (,) Periods (.) Spaces The first character cannot be a space.
Court Order Date	8	339–346	N	Required. The date generated by the state that the court ordered the employee or noncustodial parent to get medical insurance/coverage Must be in CCYYMMDD format.
Order Identifier	30	347–376	A/N	Optional. A unique identifier associated with a specific child support obligation in a case.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Document Tracking Identifier	30	377–406	A/N	Required. A unique number assigned to assist with tracking of a notice through its complete “round trip” from the state to the employer or plan administrator and back to the state. The document tracking identifier sent to the Portal must be unique for the files received the same day.
State Agency Employer Web Site Text	50	407–456	A/N	Optional. The URL for a state child support agency’s employer section of its website. If this field is filled, it must begin with http:// or https://.
FEIN Text	9	457–465	N	Required. Employer FEIN. The FEIN in this field must match the employer FEIN in the batch header.
Employer Name	57	466–522	A/N	Required. Name of the employer. Valid special characters: Hyphens (-) Apostrophes (') Commas (,) Periods (.) Spaces The first character cannot be a space.
Employer Address Line 1 Text	25	523–547	A/N	Required. The street address of the employer.
Employer Address Line 2 Text	25	548–572	A/N	Optional. The street address of the employer.
Employer Address Line 3 Text	25	573–597	A/N	Optional. The street address of the employer.
Employer Address City Name	22	598–619	A/N	Required. The city of the employer.
Employer Address State Code	2	620–621	A	Required. The state code of the employer.
Employer Address ZIP Code	5	622–626	N	Required. The ZIP code of the employer.
Employer Address ZIP Code Extension	4	627–630	N	Optional. The ZIP code extension of the employer.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Custodial Parent's Last Name	20	631–650	A/N	Conditionally required; either the custodial parent's (CP's) last name or the name of the substituted official or agency is required. The CP's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Custodial Parent's First Name	15	651–665	A/N	Conditionally required; must be filled if the CP's last name is provided. The CP's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Custodial Parent's Middle Name or Initial	15	666–680	A/N	Optional. The CP'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.
Name Suffix	4	681–684	A/N	Optional. The CP'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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Custodial Parent Address Line 1 Text	25	685–709	A/N	Conditionally required; must be filled if the CP’s last name is provided. The street address of the CP.
Custodial Parent Address Line 2 Text	25	710–734	A/N	Optional. The street address of the CP.
Custodial Parent Address Line 3 Text	25	735–759	A/N	Optional. The street address of the CP.
Custodial Parent Address City Name	22	760–781	A/N	Conditionally required; must be filled if the CP’s last name is provided. The city of the CP.
Custodial Parent Address State Code	2	782–783	A	Conditionally required; must be filled if the CP’s last name is provided. The state code of the CP.
Custodial Parent Address ZIP Code	5	784–788	N	Conditionally required; must be filled if the CP’s last name is provided. The ZIP code of the CP.
Custodial Parent Address ZIP Code Extension	4	789–792	N	Optional. The ZIP code extension of the CP.
Children Address Line 1 Text	25	793–817	A/N	Optional. The street address of the children.
Children Address Line 2 Text	25	818–842	A/N	Optional. The street address of the children.
Children Address Line 3 Text	25	843–867	A/N	Optional. The street address of the children.
Children Address City Name	22	868–889	A/N	Conditionally required; must be filled if the Children Address Line 1 field is provided. The city of the children.
Children Address State Code	2	890–891	A	Conditionally required; must be filled if the Children Address Line 1 field is provided. The state code of the children.
Children Address ZIP Code	5	892–896	N	Conditionally required; must be filled if the Children Address Line 1 field is provided. The ZIP code of the children.
Children Address ZIP Code Extension	4	897–900	N	Optional. The ZIP code extension of the children.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Representative Last Name	20	901–920	A/N	Optional. The last name of the children’s agent or guardian. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Representative First Name	15	921–935	A/N	Conditionally required; must be filled if the last name of the representative is provided. The first name of the children’s agent or guardian. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Representative Middle Name or Initial	15	936–950	A/N	Optional. The middle name or initial of the children’s agent or guardian. 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.
Representative Name Suffix	4	951–954	A/N	Optional. The representative’s name suffix – for example, Jr., Sr., or III. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space. Fill with spaces if no suffix name is available.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Representative Address Line 1 Text	25	955–979	A/N	Conditionally required; must be filled if the last name of the representative is provided. The street address of the representative.
Representative Address Line 2 Text	25	980–1004	A/N	Optional. The street address of the representative.
Representative Address Line 3 Text	25	1005–1029	A/N	Optional. The street address of the representative.
Representative Address City Name	22	1030–1051	A/N	Conditionally required; must be filled if the last name of the representative is provided. The city of the representative.
Representative Address State Code	2	1052–1053	A	Conditionally required; must be filled if the last name of the representative is provided. The state code of the representative.
Representative Address ZIP Code	5	1054–1058	N	Conditionally required; must be filled if the last name of the representative is provided. The ZIP code of the representative.
Representative Address ZIP Code Extension	4	1059–1062	N	Optional. The ZIP code extension of the representative.
Representative Phone Number	10	1063–1072	N	Conditionally required; must be filled if the last name of the representative is provided. The phone number of the representative.
Employee's Last Name	20	1073–1092	A/N	Required. The employee's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Employee's First Name	15	1093–1107	A/N	Required. The employee's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Employee's Middle Name or Initial	15	1108–1122	A/N	Optional. The employee'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.
Employee's Name Suffix	4	1123–1126	A/N	Optional. The employee'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.
Employee SSN	9	1127–1135	N	Required. The employee's Social Security number (SSN).
Employee Address Line 1 Text	25	1136–1160	A/N	Optional. The street address of the employee.
Employee Address Line 2 Text	25	1161–1185	A/N	Optional. The street address of the employee.
Employee Address Line 3 Text	25	1186–1210	A/N	Optional. The street address of the employee.
Employee Address City Name	22	1211–1232	A/N	Conditionally required; must be filled if line 1 of the employee's address is provided. The city of the employee.
Employee Address State Code	2	1233–1234	A	Conditionally required; must be filled if line 1 of the employee's address is provided. The state code of the employee.
Employee Address ZIP Code	5	1235–1239	N	Conditionally required; must be filled if line 1 of the employee's address is provided. The ZIP code of the employee.
Employee Address ZIP Code Extension	4	1240–1243	N	Optional. The ZIP code extension of the employee.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Substituted Official/Agency Name	57	1244–1300	A/N	Conditionally required; either the CP’s last name or the name of the substituted official or agency is required. The name of the substituted official or agency. Valid special characters: Hyphens (-) Apostrophes (’) Commas (,) Periods (.) Spaces The first character cannot be a space.
Substituted Official/Agency Address Line 1 Text	25	1301–1325	A/N	Conditionally required; must be filled if the name of the substituted official or agency is provided. The street address of the substituted official or agency.
Substituted Official/Agency Address Line 2 Text	25	1326–1350	A/N	Optional. The street address of the substituted official or agency.
Substituted Official/Agency Address Line 3 Text	25	1351–1375	A/N	Optional. The street address of the substituted official or agency.
Substituted Official/Agency Address City Name	22	1376–1397	A/N	Conditionally required; must be filled if the Substituted Official/Agency Name field is provided. The city of the substituted official or agency.
Substituted Official/Agency Address State Code	2	1398–1399	A	Conditionally required; must be filled if the Substituted Official/Agency Name field is provided. The state code of the substituted official or agency.
Substituted Official/Agency Address ZIP Code	5	1400–1404	N	Conditionally required; must be filled if the Substituted Official/Agency Name field is provided. The ZIP code of the substituted official or agency.
Substituted Official/Agency Address ZIP Code Extension	4	1405–1408	N	Optional. The ZIP code extension of the substituted official or agency.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 1 Last Name	20	1409–1428	A/N	Required. Child 1's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 1 First Name	15	1429–1443	A/N	Required. Child 1's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 1 Middle Name or Initial	15	1444–1458	A/N	Optional. Child 1'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.
Child 1 Suffix Text	4	1459–1462	A/N	Optional. Child 1'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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 1 Sex	1	1463–1463	A	Required. Child 1’s sex. Valid values: F – Female M – Male
Child 1 Date of Birth	8	1464–1471	N	Required. Child 1’s date of birth (DOB) in CCYYMMDD format.
Child 1 SSN	9	1472–1480	N	Required. Child 1’s SSN.
Child 2 Last Name	20	1481–1500	A/N	Optional. Child 2’s last name. Valid special characters: Hyphens (-) Apostrophes (’) Periods (.) Spaces The first character cannot be a space.
Child 2 First Name	15	1501–1515	A/N	Conditionally required; must be filled if child 2’s last name is provided. Child 2’s first name. Valid special characters: Hyphens (-) Apostrophes (’) Periods (.) Spaces The first character cannot be a space.
Child 2 Middle Name or Initial	15	1516–1530	A/N	Optional. Child 2’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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 2 Suffix Text	4	1531–1534	A/N	Optional. Child 2'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.
Child 2 Sex	1	1535–1535	A	Conditionally required; must be filled if child 2's last name is provided. Child 2's sex. Valid values: F – Female M – Male
Child 2 Date of Birth	8	1536–1543	N	Conditionally required; must be filled if child 2's last name is provided. Child 2's DOB in CCYYMMDD format. Fill with spaces if child 2's last name is not provided.
Child 2 SSN	9	1544–1552	N	Conditionally required; must be filled if child 2's last name is provided. Child 2's SSN.
Child 3 Last Name	20	1553–1572	A/N	Optional. Child 3's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 3 First Name	15	1573–1587	A/N	Conditionally required; must be filled if child 3's last name is provided. Child 3's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 3 Middle Name or Initial	15	1588–1602	A/N	Optional. Child 3'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.
Child 3 Suffix Text	4	1603–1606	A/N	Optional. Child 3'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.
Child 3 Sex	1	1607–1607	A	Conditionally required; must be filled if child 3's last name is provided. Child 3's sex. Valid values: F – Female M – Male
Child 3 Date of Birth	8	1608–1615	N	Conditionally required; must be filled if child 3's last name is provided. Child 3's DOB in CCYYMMDD format. Fill with spaces if child 3's last name is not provided.
Child 3 SSN	9	1616–1624	N	Conditionally required; must be filled if child 3's last name is provided. Child 3's SSN.
Child 4 Last Name	20	1625–1644	A/N	Optional. Child 4's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 4 First Name	15	1645–1659	A/N	Conditionally required; must be filled if child 4's last name is provided. Child 4's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 4 Middle Name or Initial	15	1660–1674	A/N	Optional. Child 4'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.
Child 4 Suffix Text	4	1675–1678	A/N	Optional. Child 4'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.
Child 4 Sex	1	1679–1679	A	Conditionally required; must be filled if child 4's last name is provided. Child 4's sex. Valid values are: F – Female M – Male
Child 4 Date of Birth	8	1680–1687	N	Conditionally required; must be filled if child 4's last name is provided. Child 4's DOB in CCYYMMDD format. Fill with spaces if child 4's last name is not provided.
Child 4 SSN	9	1688–1696	N	Conditionally required; must be filled if child 4's last name is provided. Child 4's SSN.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 5 Last Name	20	1697–1716	A/N	Optional. Child 5's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 5 First Name	15	1717–1731	A/N	Conditionally required; must be filled if child 5's last name is provided. Child 5's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 5 Middle Name or Initial	15	1732–1746	A/N	Optional. Child 5'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.
Child 5 Suffix Text	4	1747–1750	A/N	Optional. Child 5'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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 5 Sex	1	1751–1751	A	Conditionally required; must be filled if child 5's last name is provided. Child 5's sex. Valid values are: F – Female M – Male
Child 5 Date of Birth	8	1752–1759	N	Conditionally required; must be filled if child 5's last name is provided. Child 5's DOB in CCYYMMDD format. Fill with spaces if child 5's last name is not provided.
Child 5 SSN	9	1760–1768	N	Conditionally required; must be filled if child 5's last name is provided. Child 5's SSN.
Child 6 Last Name	20	1769–1788	A/N	Optional. Child 6's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 6 First Name	15	1789–1803	A/N	Conditionally required; must be filled if child 6's last name is provided. Child 6's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 6 Middle Name or Initial	15	1804–1818	A/N	Optional. Child 6'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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 6 Suffix Text	4	1819–1822	A/N	Optional. Child 6'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.
Child 6 Sex	1	1823–1823	A	Conditionally required; must be filled if child 6's last name is provided. Child 6's sex. Valid values: F – Female M – Male
Child 6 Date of Birth	8	1824–1831	N	Conditionally required; must be filled if child 6's last name is provided. Child 6's DOB in CCYYMMDD format. Fill with spaces if child 6's last name is not provided.
Child 6 SSN	9	1832–1840	N	Conditionally required; must be filled if child 6's last name is provided. Child 6's SSN.
Child 7 Last Name	20	1841–1860	A/N	Optional. Child 7's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 7 First Name	15	1861–1875	A/N	Conditionally required; must be filled if child 7's last name is provided. Child 7's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 7 Middle Name or Initial	15	1876–1890	A/N	Optional. Child 7'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.
Child 7 Suffix Text	4	1891–1894	A/N	Optional. Child 7'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.
Child 7 Sex	1	1895–1895	A	Conditionally required; must be filled if child 7's last name is provided. Child 7's sex. Valid values: F – Female M – Male
Child 7 Date of Birth	8	1896–1903	N	Conditionally required; must be filled if child 7's last name is provided. Child 7's DOB in CCYYMMDD format. Fill with spaces if child 7's last name is not provided.
Child 7 SSN	9	1904–1912	N	Conditionally required; must be filled if child 7's last name is provided. Child 7's SSN.
Child 8 Last Name	20	1913–1932	A/N	Optional. Child 8's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 8 First Name	15	1933–1947	A/N	Conditionally required; must be filled if child 8's last name is provided. Child 8's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 8 Middle Name or Initial	15	1948–1962	A/N	Optional. Child 8'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.
Child 8 Suffix Text	4	1963–1966	A/N	Optional. Child 8'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.
Child 8 Sex	1	1967–1967	A	Conditionally required; must be filled if child 8's last name is provided. Child 8's sex. Valid values: F – Female M – Male
Child 8 Date of Birth	8	1968–1975	N	Conditionally required; must be filled if child 8's last name is provided. Child 8's DOB in CCYYMMDD format. Fill with spaces if child 8's last name is not provided.
Child 8 SSN	9	1976–1984	N	Conditionally required; must be filled if child 8's last name is provided. Child 8's SSN.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
All Health Coverage Type Indicator	1	1985–1985	A	Conditionally required: Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled. If the order type is TERM, this field is not required. Indicates that all types of health coverage available are required. Valid value: Y – All types of coverages needed. Fill with spaces if a specific healthcare coverage type is required.
Specific Health Coverage Indicator	1	1986–1986	A	Conditionally required: Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled. If the order type is TERM, this field is not required. Specifies that specific health coverage is required. Valid value: Y – Specific health coverage needed. Fill with spaces if the All Health Coverage type is filled.
Medical Coverage Indicator	1	1987–1987	A	Conditionally required: Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled. If the order type is TERM, this field is not required. Specifies that medical health coverage is required. Valid value: Y – Medical coverage needed. Fill with spaces if the All Health Coverage type is filled.
Dental Coverage Indicator	1	1988–1988	A	Conditionally required: Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled. If the order type is TERM, this field is not required. Specifies that dental coverage is required. Valid value: Y – Dental coverage needed. Fill with spaces if the All Health Coverage type is filled.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Vision Coverage Indicator	1	1989–1989	A	Conditionally required: Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled. If the order type is TERM, this field is not required. Specifies that vision coverage is required. Valid value: Y – Vision coverage needed. Fill with spaces if All Health Coverage type is filled.
Prescription Drug Coverage Indicator	1	1990–1990	A	Conditionally required: Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled. If the order type is TERM, this field is not required. Specifies that prescription drug coverage is required. Valid value: Y – Prescription drug coverage needed. Fill with spaces if the All Health Coverage type is filled.
Mental Health Coverage Indicator	1	1991–1991	A	Conditionally required: Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled. If the order type is TERM, this field is not required. Specifies that mental health coverage is required. Valid value: Y – Mental health coverage needed. Fill with spaces if the All Health Coverage type is filled.
Other Health Coverage Indicator	1	1992–1992	A	Conditionally required: Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled. If the order type is TERM, this field is not required. Specifies that specific health coverage is required. Valid value: Y – Other type of health coverage needed. Fill with spaces if the All Health Coverage type is filled.
Other Coverage Type Description	60	1993–2052	A/N	Conditionally required: Required if the Other Health Coverage Indicator field is filled. If the order type is TERM, this field is not required. Description of the type of coverage is needed.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Income Withholding CCPA Percent Rate	4	2053–2056	N	Required. The highest percentage of income that can be withheld from the employee's or obligor's wages. Two-digit decimal is assumed. The field must be formatted as follows: Numeric Decimal assumed Unsigned Right justified Zero fill to left
Allowable Insurance Premium Amount	10	2057–2066	N	Optional. The amounts allowed for health insurance premiums by the child support order. Two-digit decimal is assumed. Fill with zeros if not available. The field must be formatted as follows: Numeric Decimal assumed Unsigned Right justified Zero fill to left Zero fill if N/A
Effective Date of Medical Support Termination	8	2067–2074	N	Conditionally required; must be filled if the order type is TERM. The effective date of medical support termination. Must be in CCYYMMDD format. Fill with spaces if the order type is not TERM.
Reason for Termination	100	2075–2174	A/N	Conditionally required; must be filled if the order type is TERM. Description of the reason the termination notice is being sent.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 1 Last Name to be Terminated Health Care Coverage	20	2175–2194	A/N	Conditionally required; must be filled if the order type is TERM. Child 1's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 1 First Name to be Terminated Health Care Coverage	15	2195–2209	A/N	Conditionally required; must be filled if the Last Name of Child 1 to be Terminated Health Care Coverage field is filled. Child 1's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 1 Middle Name or Initial to be Terminated Health Care Coverage	15	2210–2224	A/N	Optional. Child 1'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.
Child 1 Suffix Name to be Terminated Health Care Coverage	4	2225–2228	A/N	Optional. Child 1'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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 1 Date of Birth to be Terminated Health Care Coverage	8	2229–2236	N	Conditionally required; must be filled if the Last Name of Child 1 to be Terminated Health Care Coverage field is filled. Child 1's DOB in CCYYMMDD format.
Child 2 Last Name to be Terminated Health Care Coverage	20	2237–2256	A/N	Optional. Child 2's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 2 First Name to be Terminated Health Care Coverage	15	2257–2271	A/N	Conditionally required; must be filled if the Last Name of Child 2 to be Terminated Health Care Coverage field is filled. Child 2's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 2 Middle Name or Initial to be Terminated Health Care Coverage	15	2272–2286	A/N	Optional. Child 2'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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 2 Suffix Name to be Terminated Health Care Coverage	4	2287–2290	A/N	Optional. Child 2'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.
Child 2 Date of Birth to be Terminated Health Care Coverage	8	2291–2298	N	Conditionally required; must be filled if the Child 2 Last Name to be Terminated Health Care Coverage field is filled. Child 2's DOB in CCYYMMDD format.
Child 3 Last Name to be Terminated Health Care Coverage	20	2299–2318	A/N	Optional. Child 3's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 3 First Name to be Terminated Health Care Coverage	15	2319–2333	A/N	Conditionally required; must be filled if the Last Name of Child 3 to be Terminated Health Care Coverage field is filled. Child 3's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 3 Middle Name or Initial to be Terminated Health Care Coverage	15	2334–2348	A/N	Optional. Child 3'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.
Child 3 Suffix Name to be Terminated Health Care Coverage	4	2349–2352	A/N	Optional. Child 3'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.
Child 3 Date of Birth to be Terminated Health Care Coverage	8	2353–2360	N	Conditionally required; must be filled if the Last Name of Child 3 to be Terminated Health Care Coverage field is filled. Child 3's DOB in CCYYMMDD format.
Child 4 Last Name to be Terminated Health Care Coverage	20	2361–2380	A/N	Optional. Child 4's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 4 First Name to be Terminated Health Care Coverage	15	2381–2395	A/N	Conditionally required; must be filled if the Last Name of Child 4 to be Terminated Health Care Coverage field is filled. Child 4's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 4 Middle Name or Initial to be Terminated Health Care Coverage	15	2396–2410	A/N	Optional. Child 4'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.
Child 4 Suffix Name to be Terminated Health Care Coverage	4	2411–2414	A/N	Optional. Child 4'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.
Child 4 Date of Birth to be Terminated Health Care Coverage	8	2415–2422	N	Conditionally required; must be filled if the Last Name of Child 4 to be Terminated Health Care Coverage field is filled. Child 4's DOB in CCYYMMDD format.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 5 Last Name to be Terminated Health Care Coverage	20	2423–2442	A/N	Optional. Child 5's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 5 First Name to be Terminated Health Care Coverage	15	2443–2457	A/N	Conditionally required; must be filled if the Last Name of Child 5 to be Terminated Health Care Coverage field is filled. Child 5's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 5 Middle Name or Initial to be Terminated Health Care Coverage	15	2458–2472	A/N	Optional. Child 5'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.
Child 5 Suffix Name to be Terminated Health Care Coverage	4	2473–2476	A/N	Optional. Child 5'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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 5 Date of Birth to be Terminated Health Care Coverage	8	2477–2484	N	Conditionally required; must be filled if the Last Name of Child 5 to be Terminated Health Care Coverage field is filled. Child 5's DOB in CCYYMMDD format.
Child 6 Last Name to be Terminated Health Care Coverage	20	2485–2504	A/N	Optional. Child 6's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 6 First Name to be Terminated Health Care Coverage	15	2505–2519	A/N	Conditionally required; must be filled if the Last Name of Child 6 to be Terminated Health Care Coverage field is filled. Child 6's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 6 Middle Name or Initial to be Terminated Health Care Coverage	15	2520–2534	A/N	Optional. Child 6'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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 6 Suffix Name to be Terminated Health Care Coverage	4	2535–2538	A/N	Optional. Child 6'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.
Child 6 Date of Birth to be Terminated Health Care Coverage	8	2539–2546	N	Conditionally required; must be filled if the Last Name of Child 6 to be Terminated Health Care Coverage field is filled. Child 6's DOB in CCYYMMDD format.
Child 7 Last Name to be Terminated Health Care Coverage	20	2547–2566	A/N	Optional. Child 7's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 7 First Name to be Terminated Health Care Coverage	15	2567–2581	A/N	Conditionally required; must be filled if the Last Name of Child 7 to be Terminated Health Care Coverage field is filled. Child 7's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 7 Middle Name or Initial to be Terminated Health Care Coverage	15	2582–2596	A/N	Optional. Child 7'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.
Child 7 Suffix Name to be Terminated Health Care Coverage	4	2597–2600	A/N	Optional. Child 7'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.
Child 7 Date of Birth to be Terminated Health Care Coverage	8	2601–2608	N	Conditionally required; must be filled if the Last Name of Child 7 to be Terminated Health Care Coverage field is filled. Child 7's DOB in CCYYMMDD format.
Child 8 Last Name to be Terminated Health Care Coverage	20	2609–2628	A/N	Optional. Child 8's last name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Child 8 First Name to be Terminated Health Care Coverage	15	2629–2643	A/N	Conditionally required; must be filled if the Last Name of Child 8 to be Terminated Health Care Coverage field is filled. Child 8's first name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Child 8 Middle Name or Initial to be Terminated Health Care Coverage	15	2644–2658	A/N	Optional. Child 8'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.
Child 8 Suffix Name to be Terminated Health Care Coverage	4	2659–2662	A/N	Optional. Child 8'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.
Child 8 Date of Birth to be Terminated Health Care Coverage	8	2663–2670	N	Conditionally required; must be filled if the Last Name of Child 8 to be Terminated Health Care Coverage field is filled. Child 8's DOB in CCYYMMDD format.
Filler	100	2671–2770	A/N	This is for future versions. For this version, fill with spaces.

Chart C-3 contains the e-NMSN Request Trailer Record layout.

Chart C-3: e-NMSN Request Trailer Record Layout				
Field Name	Length	Location	A/N	Comments
Record Identifier	4	1–4	A	Required. The letters ENRT, which identify the record as a Request Trailer.
Employer FEIN	9	5–13	N	Required. Employer FEIN.
Third-party FEIN	9	14–22	N	Optional. FEIN of the third-party provider that will respond on behalf of the employer. Fill with spaces if the state does not know the FEIN of the third-party provider.
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. 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	2,711	60–2770	A/N	This is for future versions. For this version, fill with spaces.

## Electronic National Medical Support Notice

# Software Interface Specification

## Appendix D: Electronic Part-A Response Record Layouts

Version 1.8  
April 23, 2025

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

## 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: <ul style="list-style-type: none"><li>• New Employer Name</li><li>• Plan Administrator Name</li><li>• Employer Name</li></ul>	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: <ul style="list-style-type: none"><li>• The following fields were added:<ul style="list-style-type: none"><li>○ Expected Date of Return</li><li>○ Plan Administrator FEIN</li><li>○ Plan Administrator Email</li><li>○ Plan Administrator Title Text</li><li>○ Employer Representative Email</li><li>○ Employer Representative Fax Number</li></ul></li><li>• The following fields comment was updated:<ul style="list-style-type: none"><li>○ Employer Response Code</li><li>○ New Employer Name</li><li>○ New Employer Phone Number</li><li>○ New Employer Address Line 1 Text</li><li>○ New Employer Address Line 2 Text</li><li>○ New Employer Address Line 3 Text</li><li>○ New Employer ZIP Code Extension</li><li>○ Plan Administrator Name</li><li>○ Plan Administrator Phone Number</li><li>○ Plan Administrator Contact Person Last Name</li><li>○ Plan Administrator Contact Person First Name</li></ul></li><li>• The following fields were deleted:<ul style="list-style-type: none"><li>○ Employee's Last Name</li><li>○ Employee's First Name</li></ul></li></ul>	M. Stanczyk

Date	Revision	Section	Author
		<ul style="list-style-type: none"><li>○ Employee's Middle Name or Initial</li><li>○ Employee's Name Suffix</li><li>○ Date</li></ul> <ul style="list-style-type: none"><li>• The Filler field length increased and the location changed.</li><li>• Field locations were updated because of the deleted and added fields.</li></ul> <p>Chart D-3: The Filler field length increased and the location changed.</p>	
2/5/2024	v1.7: Minor updates	Headers: Updated to include the e-NMSN Part-A Form OMB Control Number and Expiration Date  Introduction: Added Paper Reduction Act text	N. Crawford
4/23/2025	v1.8: Minor updates	Cover page: Changed Office of Child Support Services to Office of Child Support Enforcement  Introduction: Removed Paper Reduction Act text	EMP team

## List of Charts

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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	1,110	94–1203	A/N	This is for future versions. For this version, fill with spaces.

Chart D-2 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 CCYYMMDD 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.
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.

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

Field Name	Length	Location	A/N	Comments
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.
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.

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

Field Name	Length	Location	A/N	Comments
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.

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

Field Name	Length	Location	A/N	Comments
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.
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.

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

Field Name	Length	Location	A/N	Comments
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.
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: BTCT – 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	1,144	60–1203	A/N	This is for future versions. For this version, fill with spaces.

Electronic National Medical Support Notice

# **Software Interface Specification**

## **Appendix E: Electronic Part-B Response File Record Layouts**

Version 1.9  
April 23, 2025

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

## 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 E-2: Updated the following fields: <ul style="list-style-type: none"><li>• Other Coverage Type Description</li><li>• Other Insurance Provider Name</li></ul>	H. Rallapalli
8/18/2021	v1.2: Minor updates	Changed .PDF to .pdf in all locations with sample filenames Chart E-2: Updated the following fields: <ul style="list-style-type: none"><li>• Medical Insurance Policy Number</li><li>• Dental Insurance Policy Number</li><li>• Vision Insurance Policy Number</li><li>• Prescription Drug Insurance Policy Number</li><li>• Mental Health Insurance Policy Number</li><li>• Other Insurance Policy Number</li></ul>	H. Rallapalli
1/31/2022	v1.3: Minor updates	Chart E-2: Updated the length of the following fields: <ul style="list-style-type: none"><li>• Medical Insurance Provider Name</li><li>• Medical Insurance Group Number</li><li>• Dental Insurance Provider Name</li><li>• Dental Insurance Group Number</li><li>• Vision Insurance Provider Name</li><li>• Vision Insurance Group Number</li><li>• Prescription Drug Insurance Provider Name</li><li>• Prescription Drug Insurance Group Number</li><li>• Mental Health Insurance Provider Name</li><li>• Mental Health Insurance Group Number</li><li>• Other Insurance Provider Name</li><li>• Other Insurance Group Number</li></ul>	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 E-1: The Filler field length increased and the location changed. Chart E-2: The following changes were made: <ul style="list-style-type: none"><li>• The following fields were added:<ul style="list-style-type: none"><li>○ Ineligible Child 7 Last Name</li><li>○ Ineligible Child 7 First Name</li><li>○ Ineligible Child 7 Middle Name or Initial</li><li>○ Ineligible Child 7 Suffix Text</li><li>○ Ineligible Child 7 Gender</li></ul></li></ul>	M. Stanczyk

Date	Revision	Section	Author
		<ul style="list-style-type: none"> <li>○ Ineligible Child 7 Date of Birth</li> <li>○ Ineligible Child 7 Social Security Number</li> <li>○ Ineligible Child 8 Last Name</li> <li>○ Ineligible Child 8 First Name</li> <li>○ Ineligible Child 8 Middle Name or Initial</li> <li>○ Ineligible Child 8 Suffix Text</li> <li>○ Ineligible Child 8 Gender</li> <li>○ Ineligible Child 8 Date of Birth</li> <li>○ Ineligible Child 8 Social Security Number</li> <li>○ Plan Administrator or Representative Email Address</li> <li>○ Medical Effective Date of Coverage</li> <li>○ Medical Phone Number for Claims</li> <li>○ Dental Effective Date of Coverage</li> <li>○ Dental Phone Number for Claims</li> <li>○ Vision Effective Date of Coverage</li> <li>○ Vision Phone Number for Claims</li> <li>○ Prescription Effective Date of Coverage</li> <li>○ Prescription Phone Number for Claims</li> <li>○ Mental Insurance Effective Date of Coverage</li> <li>○ Mental Phone Number for Claims</li> <li>○ Other Insurance Effective Date of Coverage</li> <li>○ Other Phone Number for Claims</li> <li>• The Filler field length increased and the location changed.</li> <li>• Field locations were updated because of the added fields.</li> </ul> <p>Chart E-3: The Filler field length increased and the location changed.</p>	
3/31/2025	v1.7: Field changes	<p>Chart E-2: Due to Executive Order 14168, the following fields were renamed:</p> <ul style="list-style-type: none"> <li>• Ineligible Child 1 Gender to Ineligible Child 1 Sex</li> <li>• Ineligible Child 2 Gender to Ineligible Child 2 Sex</li> <li>• Ineligible Child 3 Gender to Ineligible Child 3 Sex</li> <li>• Ineligible Child 4 Gender to Ineligible Child 4 Sex</li> <li>• Ineligible Child 5 Gender to Ineligible Child 5 Sex</li> </ul>	M. Stanczyk

Date	Revision	Section	Author
		<ul style="list-style-type: none"><li>• Ineligible Child 6 Gender to Ineligible Child 6 Sex</li><li>• Ineligible Child 7 Gender to Ineligible Child 7 Sex</li><li>• Ineligible Child 8 Gender to Ineligible Child 8 Sex</li></ul>	
4/14/2025	v1.8: Field changes	Chart E-2: Due to Executive Order 14168, the comments for the following fields were updated to remove U – Unknown as a valid value: <ul style="list-style-type: none"><li>• Ineligible Child 1 Sex</li><li>• Ineligible Child 2 Sex</li><li>• Ineligible Child 3 Sex</li><li>• Ineligible Child 4 Sex</li><li>• Ineligible Child 5 Sex</li><li>• Ineligible Child 6 Sex</li><li>• Ineligible Child 7 Sex</li><li>• Ineligible Child 8 Sex</li></ul>	M. Stanczyk
4/23/2025	v1.9: Minor updates	Cover page: Changed Office of Child Support Services to Office of Child Support Enforcement Entire document: Added Office of Management and Budget (OMB) information	EMP team

## List of Charts

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## E Electronic Part-B Response Record Layouts

Chart E-1 contains the Electronic Part-B Response Header Record layout.

Chart E-1: Electronic Part-B Response Header Record Layout					
No.	Field Name	Length	Location	A/N	Comments
1	Record Identifier	4	1–4	A	Required. The letters BRFH, which identify the record as a Part-B Response header.
2	Employer FEIN	9	5–13	N	Required. The employer’s FEIN where the NMSN order was sent initially.
3	Third-party FEIN	9	14–22	N	Conditionally required; must be filled if the third-party provider is responding to Part-A and Part-B. The FEIN of the third-party provider responding to both Part-A and Part-B.
4	Plan Administrator FEIN	9	23–31	N	Conditionally required. The FEIN of the third-party plan administrator processing only a Part-B response for an employer.
5	FIPS Code	2	32–33	N	Required. The two-digit locator code of the requesting state.
6	Processing Date	8	34–41	N	Required. The date the header was generated. Must be in CCYYMMDD format.
7	Creation Time	6	42–47	N	Required. The time the header was generated. Must be in HHMMSS format.
8	Batch ID	6	48–53	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 E-1: Electronic Part-B Response Header Record Layout**

No.	Field Name	Length	Location	A/N	Comments
9	Portal Error Code(s)	49	54–102	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.
10	Filler	2,804	103–2906	A/N	This is for future versions. For this version, fill with spaces.

Chart E-2 contains the Electronic Part-B Response Detail Record layout.

Chart E-2: Electronic Part-B Response Detail Record Layout				
Field Name	Length	Location	A/N	Comments
Record Identifier	4	1–4	A	Required. The letters BRFD, which identify the record as a Part-B 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, third-party provider, and plan administrator 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. Must be returned by the employer, third-party provider, and plan administrator in the response.
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 in tracking a notice through its complete “round trip” from the state to the employer or third-party provider and the plan administrator back to the state. Must be returned by the employer, third-party provider, and plan administrator in the response.
Notice Received Date	8	88–95	N	Required. The date when the notice was received by the plan administrator of an in-house employer or a third-party provider. Must be in CCYYMMDD format.
Qualified Medical Child Support Order Determination Code	2	96–97	N	Optional. Indicates the order is a qualified medical child support order. Valid value: 01 – This notice was determined to be a qualified medical child support order. Either the Qualified Medical Child Support Order Indicator field or the Not Qualified Medical Child Support Order Indicator field is required.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Qualified Medical Child Support Order Determination Date	8	98–105	N	Conditionally required; must be filled if the Qualified Medical Child Support Order Determination Code field is 01. The date when the notice is determined to be a qualified medical support order. Must be in CCYYMMDD format.
Coverage Response Code	2	106–107	N	Conditionally required; must be filled if the Qualified Medical Child Support Order Determination Code field is 01. Indicates whether the response will have coverage details for insurance or data for multiple options. Valid values: 02 – The participant (employee) and alternate recipients (children) are to be enrolled in the family coverage. 03 – Multiple options are available for insurance. 04 – Waiting period indicator.
Family Coverage Enrollment Indicator Type	2	108–109	N	Conditionally required; must be filled if the Coverage Response Code field is 02. Indicates the type of family coverage the children will be enrolled in. Types of family coverage. Valid values: 01 – The children are currently enrolled in the plan as a dependent of the participant. 02 – There is only one type of coverage provided under the plan. The children are included as dependents of the participant under the plan. 03 – The participant is enrolled in an option providing dependent coverage, and the children will be enrolled in the same option. 04 – The participant is enrolled in an option that permits dependent coverage that has not been elected; dependent coverage will be provided.
Coverage Effective Date	8	110–117	N	Conditionally required; must be filled if the Coverage Response Code field is 02. The date when the medical coverage becomes effective. Must be in CCYYMMDD format.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Plan Summary Description Text	160	118–277	A/N	Optional. Summary of plans for the insurance being provided to the children. If a summary plan document is being provided as an additional attachment, follow the instructions below. Specifies whether an additional attachment is provided. Valid value: Y – Additional document provided. File naming format: ThirdPartyorPlanAdministratorFEIN.EmployerFEIN.EmployeeLastname.CCYMMDDHHMM.sequenceNumber.pdf or Word (all versions). Comma-separated values must be provided. When an additional document is being provided, values in this field must be formatted as follows: Y, 123456789.999999999.JONE.202005191015.001.pdf. When an employer sends a file, the first node is not required—that is, ThirdPartyorPlanAdministratorFEIN. If a summary plan document is being provided as a downloadable file from the cloud, add the URL in this field.
Medical Insurance Provider Name	60	278–337	A/N	Optional. The name of the medical insurance provider that will cover the children.
Medical Insurance Group Number	11	338–348	A/N	Conditionally required; if the Medical Insurance Provider Name field is filled, this field must be filled. The group number of the medical insurance provider that will cover the children.
Medical Insurance Policy Number	20	349–368	A/N	Conditionally required; if the Medical Insurance Provider Name field is filled, this field must be filled. The policy number for the medical insurance of the children’s healthcare coverage. If Policy Number is not available when sending this response, enter Not Yet Available.
Medical Insurance Address Line 1 Text	25	369–393	A/N	Conditionally required; if the Medical Insurance Provider Name field is filled, this field must be filled. The street address of the medical insurance provider.
Medical Insurance Address Line 2 Text	25	394–418	A/N	Optional. The street address of the medical insurance provider.
Medical Insurance Address Line 3 Text	25	419–443	A/N	Optional. The street address of the medical insurance provider.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Medical Insurance Address City Name	22	444–465	A/N	Conditionally required; if the Medical Insurance Provider Name field is filled, this field must be filled. The city of the medical insurance provider.
Medical Insurance Address State Code	2	466–467	A	Conditionally required; if the Medical Insurance Provider Name field is filled, this field must be filled. The state code of the medical insurance provider.
Medical Insurance Address ZIP Code	5	468–472	N	Conditionally required; if the Medical Insurance Provider Name field is filled, this field must be filled. The ZIP code of the medical insurance provider.
Medical Insurance Address ZIP Code Extension	4	473–476	N	Optional. The ZIP code extension of the medical insurance provider.
Dental Coverage Indicator	1	477–477	A	Optional; if the medical insurance also includes dental insurance coverage, this field must be filled. Valid value: Y – Dental coverage included. Fill with spaces if the medical insurance does not include dental insurance coverage.
Vision Coverage Indicator	1	478–478	A	Optional; if the medical insurance also includes vision insurance coverage, this field must be filled. Valid value: Y – Vision coverage included. Fill with spaces if the medical insurance does not include vision insurance coverage.
Prescription Drug Coverage Indicator	1	479–479	A	Optional; if the medical insurance also includes prescription drug insurance coverage, this field must be filled. Valid value: Y – Prescription drug coverage included. Fill with spaces if the medical insurance does not include prescription drug insurance coverage.
Mental Health Coverage Indicator	1	480–480	A	Optional; if the medical insurance also includes mental health insurance coverage, this field must be filled. Valid value: Y – Mental health coverage included. Fill with spaces if the medical insurance does not include mental health insurance coverage.
Other Health Coverage Indicator	1	481–481	A	Optional; if the medical insurance also includes other health insurance coverage, this field must be filled. Valid value: Y – Other health coverage included. Fill with spaces if the medical insurance does not include other health insurance coverage.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Other Coverage Type Description	60	482–541	A/N	Conditionally required; must be filled if the Other Health Coverage Indicator field is filled. A description of the type of coverage provided.
Dental Insurance Provider Name	60	542–601	A/N	Optional. The name of the dental insurance provider that will cover the children.
Dental Insurance Group Number	11	602–612	A/N	Conditionally required; if the Dental Insurance Provider Name field is filled, this field must be filled. The group number of the dental insurance provider that will cover the children.
Dental Insurance Policy Number	20	613–632	A/N	Conditionally required; if the Dental Insurance Provider Name field is filled, this field must be filled. The policy number for the dental insurance provider of the children’s healthcare coverage. If Policy Number is not available when sending this response, enter Not Yet Available.
Dental Insurance Address Line 1 Text	25	633–657	A/N	Conditionally required; if the Dental Insurance Provider Name field is filled, this field must be filled. The street address of the dental insurance provider.
Dental Insurance Address Line 2 Text	25	658–682	A/N	Optional. The street address of the dental insurance provider.
Dental Insurance Address Line 3 Text	25	683–707	A/N	Optional. The street address of the dental insurance provider.
Dental Insurance Address City Name	22	708–729	A/N	Conditionally required; if the Dental Insurance Provider Name field is filled, this field must be filled. The city of the dental insurance provider.
Dental Insurance Address State Code	2	730–731	A	Conditionally required; if the Dental Insurance Provider Name field is filled, this field must be filled. The state code of the dental insurance provider.
Dental Insurance Address ZIP Code	5	732–736	N	Conditionally required; if the Dental Insurance Provider Name field is filled, this field must be filled. The ZIP code of the dental insurance provider.
Dental Insurance Address ZIP Code Extension	4	737–740	N	Optional. The ZIP code extension of the dental insurance provider.
Vision Insurance Provider Name	60	741–800	A/N	Optional. The name of the vision insurance provider that will cover the children.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Vision Insurance Group Number	11	801–811	A/N	Conditionally required; if the Vision Insurance Provider Name field is filled, this field must be filled. The group number of the vision insurance provider that will cover the children.
Vision Insurance Policy Number	20	812–831	A/N	Conditionally required; if the Vision Insurance Provider Name field is filled, this field must be filled. The policy number for the vision insurance of the children’s healthcare coverage. If Policy Number is not available when sending this response, enter Not Yet Available.
Vision Insurance Address Line 1 Text	25	832–856	A/N	Conditionally required; if the Vision Insurance Provider Name field is filled, this field must be filled. The street address of the vision insurance provider.
Vision Insurance Address Line 2 Text	25	857–881	A/N	Optional. The street address of the vision insurance provider.
Vision Insurance Address Line 3 Text	25	882–906	A/N	Optional. The street address of the vision insurance provider.
Vision Insurance Address City Name	22	907–928	A/N	Conditionally required; if the Vision Insurance Provider Name field is filled, this field must be filled. The city of the vision insurance provider.
Vision Insurance Address State Code	2	929–930	A	Conditionally required; if the Vision Insurance Provider Name field is filled, this field must be filled. The state code of the vision insurance provider.
Vision Insurance Address ZIP Code	5	931–935	N	Conditionally required; if the Vision Insurance Provider Name field is filled, this field must be filled. The ZIP code of the vision insurance provider.
Vision Insurance Address ZIP Code Extension	4	936–939	N	Optional. The ZIP code extension of the vision insurance provider.
Prescription Drug Insurance Provider Name	60	940–999	A/N	Optional. The name of the prescription drug insurance provider that will cover the children.
Prescription Drug Insurance Group Number	11	1000–1010	A/N	Conditionally required; if the Prescription Drug Insurance Provider Name field is filled, this field must be filled. The group number of the prescription drug insurance provider that will cover the children.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Prescription Drug Insurance Policy Number	20	1011–1030	A/N	Conditionally required; if the Prescription Drug Insurance Provider Name field is filled, this field must be filled. The policy number for the prescription drug insurance of the children’s healthcare coverage. If Policy Number is not available when sending this response, enter Not Yet Available.
Prescription Drug Insurance Address Line 1 Text	25	1031–1055	A/N	Conditionally required; if the Prescription Drug Insurance Provider Name field is filled, this field must be filled. The street address of the prescription drug insurance provider.
Prescription Drug Insurance Address Line 2 Text	25	1056–1080	A/N	Optional. The street address of the prescription drug insurance provider.
Prescription Drug Insurance Address Line 3 Text	25	1081–1105	A/N	Optional. The street address of the prescription drug insurance provider.
Prescription Drug Insurance Address City Name	22	1106–1127	A/N	Conditionally required; if the Prescription Drug Insurance Provider Name field is filled, this field must be filled. The city of the prescription drug insurance provider.
Prescription Drug Insurance Address State Code	2	1128–1129	A	Conditionally required; if the Prescription Drug Insurance Provider Name field is filled, this field must be filled. The state code of the prescription drug insurance provider.
Prescription Drug Insurance Address ZIP Code	5	1130–1134	N	Conditionally required; if the Prescription Drug Insurance Provider Name field is filled, this field must be filled. The ZIP code of the prescription drug insurance provider.
Prescription Drug Insurance Address ZIP Code Extension	4	1135–1138	N	Optional. The ZIP code extension of the prescription drug insurance provider.
Mental Health Insurance Provider Name	60	1139–1198	A/N	Optional. The name of the mental health insurance provider that will cover the children.
Mental Health Insurance Group Number	11	1199–1209	A/N	Conditionally required; if the Mental Health Insurance Provider Name field is filled, this field must be filled. The group number of the mental health insurance provider that will cover the children.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Mental Health Insurance Policy Number	20	1210–1229	A/N	Conditionally required; if the Mental Health Insurance Provider Name field is filled, this field must be filled. The policy number for the mental health insurance of the children’s healthcare coverage. If Policy Number is not available when sending this response, enter Not Yet Available.
Mental Health Insurance Address Line 1 Text	25	1230–1254	A/N	Conditionally required; if the Mental Health Insurance Provider Name field is filled, this field must be filled. The street address of the mental health insurance provider.
Mental Health Insurance Address Line 2 Text	25	1255–1279	A/N	Optional. The street address of the mental health insurance provider.
Mental Health Insurance Address Line 3 Text	25	1280–1304	A/N	Optional. The street address of the mental health insurance provider.
Mental Health Insurance Address City Name	22	1305–1326	A/N	Conditionally required; if the Mental Health Insurance Provider Name field is filled, this field must be filled. The city of the mental health insurance provider.
Mental Health Insurance Address State Code	2	1327–1328	A	Conditionally required; if the Mental Health Insurance Provider Name field is filled, this field must be filled. The state code of the mental health insurance provider.
Mental Health Insurance Address ZIP Code	5	1329–1333	N	Conditionally required; if the Mental Health Insurance Provider Name field is filled, this field must be filled. The ZIP code of the mental health insurance provider.
Mental Health Insurance Address ZIP Code Extension	4	1334–1337	N	Optional. The ZIP code extension of the mental health insurance provider.
Other Insurance Provider Name	60	1338–1397	A/N	Optional. The name of the state-requested other insurance provider that will cover the children.
Other Insurance Group Number	11	1398–1408	A/N	Conditionally required; if the Other Insurance Provider Name field is filled, this field must be filled. The group number of the other type of insurance, requested by the state, that will cover the children.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Other Insurance Policy Number	20	1409–1428	A/N	Conditionally required; if the Other Insurance Name field is filled, this field must be filled. The policy number of the other type of insurance, requested by the state, that will cover the children. If Policy Number is not available when sending this response, enter Not Yet Available.
Other Insurance Address Line 1 Text	25	1429–1453	A/N	Conditionally required; if the Other Insurance Name field is filled, this field must be filled. The street address of the other insurance provider.
Other Insurance Address Line 2 Text	25	1454–1478	A/N	Optional. The street address of the other insurance provider.
Other Insurance Address Line 3 Text	25	1479–1503	A/N	Optional. The street address of the other insurance provider.
Other Insurance Address City Name	22	1504–1525	A/N	Conditionally required; if the Other Insurance Name field is filled, this field must be filled. The city of the other insurance provider.
Other Insurance Address State Code	2	1526–1527	A	Conditionally required; if the Other Insurance Name field is filled, this field must be filled. The state code of the other insurance provider.
Other Insurance Address ZIP Code	5	1528–1532	N	Conditionally required; if the Other Insurance Name field is filled, this field must be filled. The ZIP code of the other insurance provider.
Other Insurance Address ZIP Code Extension	4	1533–1536	N	Optional. The ZIP code extension of the other insurance provider.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Multiple Plan Options Description Text	160	1537–1696	A/N	<p>Conditionally required; must be filled if the Coverage Response Code field is 03.</p> <p>Notify the issuing agency of multiple plan options and any description, text, or URL the employer, third-party provider, or plan administrator wants to share with state agencies. If a multiple plan options document is being provided as an additional attachment, follow the instructions below.</p> <p>Specifies whether an additional attachment is provided.</p> <p>Valid value: Y – Additional document provided</p> <p>File naming format: ThirdPartyorPlanAdministratorFEIN.EmployerFEIN.EmployeeLastname.CCYMMDDHHMM.sequenceNumber.pdf or Word (all versions).</p> <p>Comma-separated values must be provided.</p> <p>When an additional document is provided, values in this field must follow this example: Y, 123456789.999999999.JONE.202005191015.001.pdf.</p> <p>When the employer has a single PDF or Word document for plan options for multiple e-NMSN responses, the employer can use a name of its choice and a prefix with the employer’s FEIN and include that name in all Part-B responses:</p> <p>Values in this field must follow this example: Y, ThirdPartyorPlanAdministratorFEIN.EmployerFEIN.Employer_Chosen_Name.CCYMMDDHHMM.pdf.</p> <p>When an employer sends a file, the first node is not required – that is, ThirdPartyorPlanAdministratorFEIN.</p>
Waiting Period Expiration Date	8	1697–1704	N	<p>Conditionally required; if the employer uses 04 for the Coverage Response Code field, either the Waiting Period Expiration Date field or the Waiting Period Description Text field is required.</p> <p>The date when the waiting period ends, which is more than 90 days from the date of receipt of the notice.</p> <p>Must be in CCYMMDD format.</p>
Waiting Period Description Text	100	1705–1804	A/N	<p>Optional.</p> <p>The terms of a waiting period that is determined by some measure other than the passage of time.</p> <p>If the employer uses 04 for the Coverage Response Code field, either the Waiting Period Expiration Date field or the Waiting Period Description Text field is required.</p>

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Not Qualified Medical Child Support Order Indicator	2	1805–1806	N	Conditionally required; either the Qualified Medical Child Support Order Determination Code field or the Not Qualified Medical Child Support Order Indicator field is required. Indicates the order is not a qualified medical child support order. Valid value: 05 – This notice does not constitute a qualified medical child support order Fill with spaces if N/A.
Not Qualified Medical Child Support Order Indicator Reasons	2	1807–1808	N	Conditionally required; must be filled if the Not Qualified Medical Child Support Order Indicator field is 05. This notice does not constitute a qualified medical child support order. Valid values: 01 – The name of the children or participant is unavailable 02 – The mailing address of the children (or a substituted official) or participant is unavailable 03 – Children are above the age at which dependents are no longer eligible for coverage under the plan
Ineligible Child 1 Last Name	20	1809–1828	A/N	Conditionally required; must be filled if the Not Qualified Medical Child Support Order Indicator field is 05. The last name of child 1 who is not eligible for healthcare coverage. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Ineligible Child 1 First Name	15	1829–1843	A/N	Conditionally required; must be filled if the Ineligible Child 1 Last Name field is filled. The first name of ineligible child 1. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Ineligible Child 1 Middle Name or Initial	15	1844–1858	A/N	Optional. The middle name or initial of ineligible child 1. 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.
Ineligible Child 1 Suffix Text	4	1859–1862	A/N	Optional. The name suffix of ineligible child 1 – 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.
Ineligible Child 1 Sex	1	1863–1863	A	Conditionally required; must be filled if the Ineligible Child 1 Last Name field is filled. The sex of ineligible child 1. Valid values: F – Female M – Male
Ineligible Child 1 Date of Birth	8	1864–1871	N	Conditionally required; must be filled if the Ineligible Child 1 Last Name field is filled. Ineligible child 1's date of birth (DOB) in CCYYMMDD format.
Ineligible Child 1 Social Security Number	9	1872–1880	N	Conditionally required; must be filled if the Ineligible Child 1 Last Name field is filled. The SSN of ineligible child 1.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Ineligible Child 2 Last Name	20	1881–1900	A/N	Optional. The last name of child 2 who is not eligible for healthcare coverage. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Ineligible Child 2 First Name	15	1901–1915	A/N	Conditionally required; must be filled if the Ineligible Child 2 Last Name field is filled. The first name of ineligible child 2. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Ineligible Child 2 Middle Name or Initial	15	1916–1930	A/N	Optional. The middle name or initial of ineligible child 2. 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.
Ineligible Child 2 Suffix Text	4	1931–1934	A/N	Optional. The name suffix of ineligible child 2 – 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.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Ineligible Child 2 Sex	1	1935–1935	A	Conditionally required; must be filled if the Ineligible Child 2 Last Name field is filled. The sex of ineligible child 2. Valid values: F – Female M – Male
Ineligible Child 2 Date of Birth	8	1936–1943	N	Conditionally required; must be filled if the Ineligible Child 2 Last Name field is filled. Ineligible child 2's DOB in CCYYMMDD format.
Ineligible Child 2 Social Security Number	9	1944–1952	N	Conditionally required; must be filled if the Ineligible Child 2 Last Name field is filled. The SSN of ineligible child 2.
Ineligible Child 3 Last Name	20	1953–1972	A/N	Optional. The last name of child 3 who is not eligible for healthcare coverage. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Ineligible Child 3 First Name	15	1973–1987	A/N	Conditionally required; must be filled if the Ineligible Child 3 Last Name field is filled. The first name of ineligible child 3. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Ineligible Child 3 Middle Name or Initial	15	1988–2002	A/N	Optional. The middle name or initial of ineligible child 3. 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.
Ineligible Child 3 Suffix Text	4	2003–2006	A/N	Optional. The name suffix of ineligible child 3 – 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.
Ineligible Child 3 Sex	1	2007–2007	A	Conditionally required; must be filled if the Ineligible Child 3 Last Name field is filled. The sex of ineligible child 3. Valid values: F – Female M – Male
Ineligible Child 3 Date of Birth	8	2008–2015	N	Conditionally required; must be filled if the Ineligible Child 3 Last Name field is filled. Ineligible child 3's DOB in CCYYMMDD format.
Ineligible Child 3 Social Security Number	9	2016–2024	N	Conditionally required; must be filled if the Ineligible Child 3 Last Name field is filled. The SSN of ineligible child 3.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Ineligible Child 4 Last Name	20	2025–2044	A/N	Optional. The last name of child 4 who is not eligible for healthcare coverage. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Ineligible Child 4 First Name	15	2045–2059	A/N	Conditionally required; must be filled if the Ineligible Child 4 Last Name field is filled. The first name of ineligible child 4. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Ineligible Child 4 Middle Name or Initial	15	2060–2074	A/N	Optional. The middle name or initial of ineligible child 4. 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.
Ineligible Child 4 Suffix Text	4	2075–2078	A/N	Optional. The name suffix of ineligible child 4 – 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.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Ineligible Child 4 Sex	1	2079–2079	A	Conditionally required; must be filled if the Ineligible Child 4 Last Name field is filled. The sex of ineligible child 4. Valid values: F – Female M – Male
Ineligible Child 4 Date of Birth	8	2080–2087	N	Conditionally required; must be filled if the Ineligible Child 4 Last Name field is filled. Ineligible child 4’s DOB in CCYYMMDD format.
Ineligible Child 4 Social Security Number	9	2088–2096	N	Conditionally required; must be filled if the Ineligible Child 4 Last Name field is filled. The SSN of ineligible child 4.
Ineligible Child 5 Last Name	20	2097–2116	A/N	Optional. The last name of child 5 who is not eligible for healthcare coverage. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Ineligible Child 5 First Name	15	2117–2131	A/N	Conditionally required; must be filled if the Ineligible Child 5 Last Name field is filled. The first name of ineligible child 5. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Ineligible Child 5 Middle Name or Initial	15	2132–2146	A/N	Optional. The middle name or initial of ineligible child 5. 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.
Ineligible Child 5 Suffix Text	4	2147–2150	A/N	Optional. The name suffix of ineligible child 5 – 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.
Ineligible Child 5 Sex	1	2151–2151	A	Conditionally required; must be filled if the Ineligible Child 5 Last Name field is filled. The sex of ineligible child 5. Valid values: F – Female M – Male
Ineligible Child 5 Date of Birth	8	2152–2159	N	Conditionally required; must be filled if the Ineligible Child 5 Last Name field is filled. Ineligible child 5's DOB in CCYYMMDD format.
Ineligible Child 5 Social Security Number	9	2160–2168	N	Conditionally required; must be filled if the Ineligible Child 5 Last Name field is filled. The SSN of ineligible child 5.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Ineligible Child 6 Last Name	20	2169–2188	A/N	Optional. The last name of child 6 who is not eligible for healthcare coverage. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Ineligible Child 6 First Name	15	2189–2203	A/N	Conditionally required; must be filled if the Ineligible Child 6 Last Name field is filled. The first name of ineligible child 6. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Ineligible Child 6 Middle Name or Initial	15	2204–2218	A/N	Optional. The middle name or initial of ineligible child 6. 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.
Ineligible Child 6 Suffix Text	4	2219–2222	A/N	Optional. The name suffix for ineligible child 6 – 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.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Ineligible Child 6 Sex	1	2223–2223	A	Conditionally required; must be filled if the Ineligible Child 6 Last Name field is filled. The sex of ineligible child 6. Valid values: F – Female M – Male
Ineligible Child 6 Date of Birth	8	2224–2231	N	Conditionally required; must be filled if the Ineligible Child 6 Last Name field is filled. Ineligible child 6’s DOB in CCYYMMDD format.
Ineligible Child 6 Social Security Number	9	2232–2240	N	Conditionally required; must be filled if the Ineligible Child 6 Last Name field is filled. The SSN of ineligible child 6.
Ineligible Child 7 Last Name	20	2241–2260	A/N	Optional. The last name of child 7 who is not eligible for healthcare coverage. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Ineligible Child 7 First Name	15	2261–2275	A/N	Conditionally required; must be filled if the Ineligible Child 7 Last Name field is filled. The first name of ineligible child 7. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Ineligible Child 7 Middle Name or Initial	15	2276–2290	A/N	Optional. The middle name or initial of ineligible child 7. 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.
Ineligible Child 7 Suffix Text	4	2291–2294	A/N	Optional. The name suffix for ineligible child 7 – 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.
Ineligible Child 7 Sex	1	2295–2295	A	Conditionally required; must be filled if the Ineligible Child 7 Last Name field is filled. The sex of ineligible child 7. Valid values: F – Female M – Male
Ineligible Child 7 Date of Birth	8	2296–2303	N	Conditionally required; must be filled if the Ineligible Child 7 Last Name field is filled. Ineligible child 7's DOB in CCYYMMDD format.
Ineligible Child 7 Social Security Number	9	2304–2312	N	Conditionally required; must be filled if the Ineligible Child 7 Last Name field is filled. The SSN of ineligible child 7.
Ineligible Child 8 Last Name	20	2313–2332	A/N	Optional. The last name of child 8 who is not eligible for healthcare coverage. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces  The first character cannot be a space.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Ineligible Child 8 First Name	15	2333–2347	A/N	Conditionally required; must be filled if the Ineligible Child 8 Last Name field is filled. The first name of ineligible child 6. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Ineligible Child 8 Middle Name or Initial	15	2348–2362	A/N	Optional. The middle name or initial of ineligible child 8. 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.
Ineligible Child 8 Suffix Text	4	2363–2366	A/N	Optional. The name suffix for ineligible child 8 – 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.
Ineligible Child 8 Sex	1	2367–2367	A	Conditionally required; must be filled if the Ineligible Child 8 Last Name field is filled. The sex ineligible child 8. Valid values: F – Female M – Male
Ineligible Child 8 Date of Birth	8	2368–2375	N	Conditionally required; must be filled if the Ineligible Child 8 Last Name field is filled. Ineligible child 8's DOB in CCYYMMDD format.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Ineligible Child 8 Social Security Number	9	2376–2384	N	Conditionally required; must be filled if the Ineligible Child 8 Last Name field is filled. The SSN of ineligible child 8.
Plan Administrator or Representative Last Name	20	2385–2404	A/N	Required. The last name of the plan administrator to contact if the state has additional questions. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Plan Administrator or Representative First Name	15	2405–2419	A/N	Required. The first name of the plan administrator to contact if the state has additional questions. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Spaces The first character cannot be a space.
Plan Administrator or Representative Middle Name or Initial	15	2420–2434	A/N	Optional. The plan administrator'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.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Plan Administrator or Representative Suffix Name	4	2435–2438	A/N	Optional. The plan administrator’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 or Representative Telephone Number	10	2439–2448	N	Required. The plan administrator’s phone number.
Plan Administrator or Representative Title Text	60	2449–2508	A/N	Required. The business title of the plan administrator, representative, or customer service contact.
Plan Administrator Response Completion Date	8	2509–2516	N	Required. The date when the plan administrator or employer representative completed the Plan Administrator Response. Must be in CCYYMMDD format.
Plan Administrator or Representative Address Line 1 Text	25	2517–2541	A/N	Required. The street address of the plan administrator or representative.
Plan Administrator or Representative Address Line 2 Text	25	2542–2566	A/N	Optional. The street address of the plan administrator or representative.
Plan Administrator or Representative Address Line 3 Text	25	2567–2591	A/N	Optional. The street address of the plan administrator or representative.
Plan Administrator or Representative Address City Name	22	2592–2613	A/N	Required. The city of the plan administrator or representative.
Plan Administrator or Representative Address State Code	2	2614–2615	A	Required. The state code of the plan administrator or representative.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Plan Administrator or Representative Address ZIP Code	5	2616–2620	N	Required. The ZIP code of the plan administrator or representative.
Plan Administrator or Representative Address ZIP Code Extension	4	2621–2624	N	Optional. The ZIP code extension of the plan administrator or representative.
Plan Administrator or Representative Email Address	65	2625–2689	A/N	Optional. The plan administrator or representative email. Valid special characters: Hyphens (-) Underscore (_) Periods (.) At sign (@) The first character cannot be a space.
Medical Effective Date of Coverage	8	2690–2697	N	Conditionally required; if the Medical Insurance Name field is filled, this field must be filled. The effective date of medical coverage. Must be in CCYYMMDD format.
Medical Phone Number for Claims	10	2698–2707	N	Conditionally required; if the Medical Insurance Name field is filled, this field must be filled. Telephone number for medical claims.
Dental Effective Date of Coverage	8	2708–2715	N	Conditionally required; if the Dental Insurance Name field is filled, this field must be filled. The effective date of dental coverage. Must be in CCYYMMDD format.
Dental Phone Number for Claims	10	2716–2725	N	Conditionally required; if the Dental Insurance Name field is filled, this field must be filled. Telephone number for dental claims.
Vision Effective Date of Coverage	8	2726–2733	N	Conditionally required; if the Vision Insurance Name field is filled, this field must be filled. The effective date of vision coverage. Must be in CCYYMMDD format.
Vision Phone Number for Claims	10	2734–2743	N	Conditionally required; if the Vision Insurance Name field is filled, this field must be filled. Telephone number for vision claims.

**Chart E-2: Electronic Part-B Response Detail Record Layout**

Field Name	Length	Location	A/N	Comments
Prescription Effective Date of Coverage	8	2744–2751	N	Conditionally required; if the Prescription Insurance Name field is filled, this field must be filled. The effective date of prescription coverage. Must be in CCYYMMDD format.
Prescription Phone Number for Claims	10	2752–2761	N	Conditionally required; if the Prescription Insurance Name field is filled, this field must be filled. Telephone number for prescription claims.
Mental Insurance Effective Date of Coverage	8	2762–2769	N	Conditionally required; if the Mental Insurance Name field is filled, this field must be filled. The effective date of mental insurance coverage. Must be in CCYYMMDD format.
Mental Phone Number for Claims	10	2770–2779	N	Conditionally required; if the Mental Insurance Name field is filled, this field must be filled. Telephone number for mental claims.
Other Insurance Effective Date of Coverage	8	2780–2787	N	Conditionally required; if the Other Insurance Name field is filled, this field must be filled. The effective date of other insurance coverage. Must be in CCYYMMDD format.
Other Phone Number for Claims	10	2788–2797	N	Conditionally required; if the Other Insurance Name field is filled, this field must be filled. Telephone number for other insurance claims.
Employee SSN	9	2798–2806	N	Required. The employee's SSN.
Filler	100	2807–2906	A/N	This is for future versions. For this version, fill with spaces.

Chart E-3 contains the Electronic Part-B Response Trailer Record layout.

Chart E-3: Electronic Part-B Response Trailer Record Layout				
Field Name	Length	Location	A/N	Comments
Record Identifier	4	1–4	A	Required. The letters BRFT, which identify the record as a Part-B Response trailer.
Employer FEIN	9	5–13	N	Required. The employer’s FEIN.
Third-party FEIN	9	14–22	N	Conditionally required; must be filled if the third-party provider is responding to Part-A and Part-B. The FEIN of the third-party provider responding to both Part-A and Part-B.
Plan Administrator FEIN	9	23–31	N	Conditionally required. The FEIN of the third-party plan administrator processing only a Part-B response for an employer.
FIPS Code	2	32–33	N	Required. The two-digit numeric locator code of the requesting state.
Record Count	6	34–39	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	40–68	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: BTCT – 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	2,838	69–2906	A/N	This is for future versions. For this version, fill with spaces.

## Electronic National Medical Support Notice

# Software Interface Specification

## Appendix F: e-NMSN FEIN Push File Record Layout

Version 1.7  
April 23, 2025

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

## 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 changes were made to Appendix F.	H. Rallapalli
8/18/2021	v1.2: Minor updates	No changes were made to Appendix F.	H. Rallapalli
1/31/2022	v1.3: Minor updates	No changes were made to Appendix F.	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: Minor updates	The dates that the Portal pushes the FEIN file were changed to the 8th and 25th of each month.	M. Stanczyk
4/23/2025	v1.7: Minor updates	<ul style="list-style-type: none"><li>• Moved text from sections F and F.1 to e-NMSN SIS main body section 3.4</li><li>• Entire document:<ul style="list-style-type: none"><li>– Added Office of Management and Budget (OMB) information</li><li>– Changed Office of Child Support Services (OCSS) to Office of Child Support Enforcement (OCSE)</li></ul></li></ul>	EMP team

## **List of Charts**

Chart F-1: e-NMSN FEIN Push File Record Layout .....	3-1
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## F e-NMSN FEIN Push File Record

Chart F-1 contains a description of the fields included in the e-NMSN FEIN Push File Record layout.

Chart F-1: e-NMSN FEIN Push File Record Layout				
Field Name	Length	Location	A/N	Comments
FEIN	9	1–9	N	Required. Employer’s FEIN.
Start Date	8	10–17	N	Required. The date the employer will begin to exchange e-NMSN orders. Must be in CCYYMMDD format.
Employer Name	100	18–117	A/N	Required. Name of the employer.
Address Line 1	100	118–217	A/N	Required. The employer’s printed form address.
Address Line 2	100	218–317	A/N	Optional. The employer’s printed form address.
Address Line 3	100	318–417	A/N	Optional. The employer’s printed form address.
City	30	418–447	A/N	Required. The employer’s printed form city code.
State	2	448–449	A	Required. The employer’s printed form state code.
ZIP Code	5	450–454	N	Required. The employer’s ZIP code.
ZIP Code Extension	4	455–458	N	Optional. The employer’s ZIP code extension.

**Chart F-1: e-NMSN FEIN Push File Record Layout**

Field Name	Length	Location	A/N	Comments
Contact Name	50	459–508	A/N	Required. Business contact’s full name. Valid special characters: Hyphens (-) Apostrophes (') Periods (.) Space The first character cannot be a space.
Phone Number	10	509–518	N	Required. The business contact’s phone number.
Phone Number Extension	6	519–524	N	Optional. The business contact’s phone extension.
Email	65	525–589	A/N	Required. The business contact’s email address.
Active/Inactive Indicator	1	590–590	A	Required. Indicates whether the FEIN is active or inactive for the e-NMSN system. Valid values: A – Active I – Inactive
Inactive Date	8	591–598	N	Conditionally required: required if the Active/Inactive Indicator field is I. The date the FEIN became inactive in the e-NMSN system. Must be in CCYYMMDD format.
Organization Known As Name	20	599–618	A/N	Optional. The name an organization may be known as in addition to its legal business name.