



# EMPLOYER OUTREACH NEWS

Volume 13 issue 2

Summer 2019

Michigan Department of Health and Human Services—Office of Child Support, Michigan State Disbursement Unit

## National Medical Support Notice for Employers

### What is a National Medical Support Notice (NMSN)?

The National Medical Support Notice (NMSN) is a federally mandated enforcement document sent by child support agencies to employers. It ensures children receive health care coverage when it is available and required as part of a child support order. Employers perform a vital function ensuring access to health care for dependent children of both non-custodial and custodial parents in Michigan.

Employers and their insurance representatives frequently have questions when completing forms. The intent of this newsletter is to provide employers with information and answers to common NMSN questions.

The NMSN is a two-part notice sent by the Friend of the Court Office and includes:

- Part A - Notice to Withhold for Health Care Coverage includes an Employer's response regarding an employee's eligibility and status for insurance coverage.
- Part B - Medical Support Notice to the Plan Administrator includes a Plan Administrators' response about an employee's insurance eligibility. Part B must be forwarded to the Plan Administrator for the group health plans identified by the employer. Some employers use third party Plan Administrators, while others act as their own Plan Administrator.



### MDHHS Child Support Resources for Employers

The Michigan Department of Health and Human Services (MDHHS) offers employers resources for managing child support orders for their employees.

These resources include information on National Medical Support Notices, Child Support Employer Job Aids, Income Withholding Orders and an electronic option for New Hire Reporting at <https://mi-newhire.com>.

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- Completing the NMSN Part A
- Completing the NMSN Part B
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### NATIONAL MEDICAL SUPPORT NOTICE - PART A NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The information on the Custodial Parent and Child(ren) contained on this page is confidential and should not be shared or disclosed with the employee. NOTE: For purposes of this form, the Custodial Parent may also be the employee when the State opts to enforce against the Custodial Parent.

Issuing Agency: <u>Ingham County Friend of the Court</u> Issuing Agency Address: <u>200 West Michigan Avenue</u> <u>Lansing, MI 48999</u> Notice Date: <u>July 23, 2014</u> CSE Agency Case Identifier: <u>999999999</u> Telephone Number: <u>(555) 555-5555</u> FAX Number: <u>(666) 666-6666</u>	Court or Administrative Authority: <u>99th Ingham County</u> <u>Circuit Court</u> Order Date: <u>September 15, 2013</u> Order Identifier: <u>2013-999999-DS</u> Document Tracking Identifier: _____ Employer web site: _____ See NMSN Instructions: <a href="http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form">http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form</a>
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## What is the National Medical Support Notice (NMSN) ? *Continued from page 1*

The NMSNs are sent to employers when:

- A new child support order is issued requiring a parent to provide medical coverage; or
- An existing child support order is modified; or
- A change in employment occurs with the parent(s) who have been ordered to provide coverage; or
- It is not clear a parent required to provide coverage is complying with an existing order.

## Completing the NMSN Part A

The employer completes Part A if the employee:

- Is not eligible for health insurance; or
- Is not offered health insurance by the employer; or
- Has been terminated; or
- Does not have enough disposable income to cover the health insurance premiums; or

Did you know ...

Omitted or incomplete contact information on the employer response may result in a rejected Employer NMSN form?

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## Completing the NMSN Part A *continued from page 3*

- Is eligible at a future date, or
- The employer acts as their own Plan Administrator

### NATIONAL MEDICAL SUPPORT NOTICE - PART B MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998 (CSPIA). Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law. The information on the Custodial Parent and Child(ren) contained on this page is confidential and should not be shared or disclosed with the employee. NOTE: For purposes of this form, the Custodial Parent may also be the employee when the State opts to enforce against the Custodial Parent.

Issuing Agency: Ingham County Friend of the Court  
 Issuing Agency Address: 200 West Michigan Avenue  
Lansing, MI 48999  
 Notice Date: July 23, 2014  
 CSE Agency Case Identifier: 999999999  
 Telephone Number: (555) 555-5555  
 FAX Number: (666) 666-6666

Court or Administrative Authority: 99th Ingham County  
Circuit Court  
 Order Date: September 15, 2013  
 Order Identifier: 2013-999999-DS  
 Document Tracking Identifier: \_\_\_\_\_  
 Employer web site: \_\_\_\_\_  
 See NMSN Instructions:  
<http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form>

## Completing the NMSN Part B

The employer completes and returns Part A and forwards Part B to the Plan Administrator who manages the employee's insurance.

The Plan Administrator completes Part B if the employee:

- Has insurance coverages available; or
- Is eligible at a future qualifying date, or
- Does not have enough disposable income to cover health care premium

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## Common Issues With Employer NMSN Submissions *Continued from page 3*

*Some common issues are:*

- Incomplete forms.
  - Missing contact information; and
  - Missing Part A or Part B NMSN cover pages
- Checking more than one box on Part A—Employer Response.
  - For example, selecting both # 5 - State and Federal withholding limitations and/or prioritization prevent withholding and # 7 - Employer forwarded Part B to Plan Administrator. Select only one appropriate box on the Part A—Employer Response.
- Incomplete Insurance Addendum. The employer or Plan Administrator should include:
  - All providers for medical, prescription, dental and vision coverages; and
  - All group and policy numbers
  - All dates of eligibility for the dependent children
  - Contact information where follow up calls are required



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## Questions & Answers

### ***1. May I make a copy a NMSN form to use for my multiple employees who have child support cases?***

No. A NMSN form is generated for each child support case an employee has and includes specific Order Identifier and Case Identifier information for processing. Submitting a copied form may result in form rejection and the issuance of a new NMSN. Please contact the Issuing Agency if an employee form is needed.

### ***2. Who do I contact if I have a question completing a NMSN form?***

When employers are completing Part A - Employer Response, be sure to complete the Contact For Questions section at the bottom of the Employer Response, especially where a follow up call is required.

If you have questions about a specific NMSN form, they are handled by the Issuing Agency. For Michigan forms, that will be the Friend of the Court office where the case resides and the form was generated.

The Issuing Agency contact information is found in the upper left side of both the Part A and Part B cover pages.

### ***3. What if my employee is eligible only after a waiting period?***

If there is a waiting period for an employee to become eligible for insurance coverage after receipt of the NMSN form, the Employer should check Box 6 of Part A - Employer Response and include an estimated date of when the waiting period will expire. Additionally, if the waiting period is calculated by a method other than the lapse of time (e.g. the completion of a certain number of hours worked), the employer is required to provide a brief description of the waiting period in the field provided. After Part A - Employer Response is completed and returned by mail, a follow up NMSN will be mailed to the employer prior to the estimated date of eligibility.

### ***4. Am I required to report an employee termination?***

Yes. Employers are required to promptly report employment terminations to the Issuing Agency shown on the NMSN. This requirement may be satisfied by submitting a copy of Part A (including the Employer Response page) with response #4 checked and completed. The employer may also contact the Issuing Agency using the agency's information on Form A or call the MiSDU FOC line at 1-877-543-2660 select option 4, 1 and 1.