



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Economic Services Administration, Division of Child Support
PO Box 9162 | Olympia WA 98507-9162 | MS 45860
DCS Website: <http://www.dshs.wa.gov/dcs/>

August 23, 2012

Administration for Children and Families
Office of Planning, Research and Evaluation
370 L'Enfant Promenade SW.
Washington DC 20447
Attn: ACF Reports Clearance Officer

G. Christopher Cosby
Department of Labor
Employee Benefits Security Administration
200 Constitution Avenue NW.
Washington DC 20210

RE: Requests for Comments on National Medical Support Notice
OMB No. 0970-0222 Part A
OMB No. 1210-0113 Part B

Dear Colleagues:

On behalf of the state of Washington, The DSHS Division of Child Support (DCS) appreciates the opportunity to provide comments on proposed revisions to the National Medical Support Notice (NMSN), as requested in OCSE Dear Colleague Letter (DCL) 12-09 and in the *Federal Register* under the above-referenced OMB Numbers. We hope it is acceptable to combine our comments on both Part A and Part B in the same submission.

General Comments Applicable to Both Parts of the NMSN:

We respectfully request that the NMSN be simplified in an effort to increase efficiency in reaching our goal of providing more families with medical coverage:

- The NMSN packet is complex and lengthy which creates inefficiencies in the process for both Child Support Agencies and employers. These inefficiencies cause delays in providing health insurance coverage to the families we serve. The provisions of the Child Support Performance and Incentive Act of 1998 (CSPIA, Public Law 105-200), require state child support agencies, under title IV-D of the Social Security Act, to enforce the health care coverage provision in child support orders, and to use the NMSN to aid enforcement. It is our belief that the extent to which the NMSN is actually "aiding" in enforcement is limited and that it is, in fact, acting as a barrier to enforcement.

- In an effort to radically revise the NMSN, we respectfully suggest that you should seek feedback on the notice both child support agencies and from employers, who are our partners in the enforcement process. We understand that the proposed revisions to the NMSN are needed in order to ensure the efficient implementation of the *electronic* NMSN. Ensuring the **efficient** implementation of the NMSN, either in paper or electronically, overall should also be a priority.
- Under 45 CFR 303.32(c)(2), DCS is required to send the NMSN to the noncustodial parent's employer. However, we suggest that this requirement be changed to allow the IV-D agency to send the NMSN to the employer "or to some other entity as directed by the employer." Some employers have indicated that they would prefer that DCS send the NMSN directly to the plan administrator instead of to the employer; this would save time and effort because the employer's payroll office would not have to forward the NMSN on to another location. It would also allow our staff to secure health insurance coverage more quickly and efficiently. One example of this situation is the Boeing Company: an income withholding order (OWI) for a Boeing employee goes to an address in Seattle, Washington, but an NMSN is forwarded on to the Boeing "Qualified Order Team" in Lincolnshire, Illinois, which then responds to the NMSN.

We respectfully request that states be given the authority to track employers who do not offer insurance to their employees and then be excused from serving an NMSN to such employers.

- We have many employers in Washington who do not provide insurance to any employees; they never have and say they never will do so. These employers get rather testy with DCS staff when we send a NMSN on one employee after the employer has already responded to a prior employee's NMSN that insurance is not and will not be available.
- We recognize that the state would have an obligation to verify on a periodic basis that the employer still does not provide health insurance coverage; we suggest an annual check on this status.

We respectfully request that other methods for enforcement of medical support short of the NMSN process be approved:

- DCS solicited input from employers in our state. We found that employers want an NMSN that is "easy to understand," "easy to use," "user friendly," and "efficient," which can be "processed in a timely manner." We heard from employers that the length and complexity of the NMSN caused them to procrastinate in completing the form, which we calculated could add up to 60 days' delay in getting medical information to the children and families we serve. Having a form that estimates it takes 2 hours and 45 minutes to complete the first time and 35 minutes for each additional notice, does not meet the needs of our employers and in the end prevents children and families from getting medical coverage and availability information in a timely manner.

- Employers told us if the time and effort it would take to complete the document was reduced; they would be less likely to procrastinate in responding. Our data supports this information. We found that 46.73% of NMSNs generated and sent to employers either are not returned within 60 days, or are returned showing "no insurance available." We determined that the majority of medical information needed could be obtained informally through a one-page inquiry; this would significantly reduce the impact on employers and would reduce the time it takes to confirm coverage. We believe that if employers were given the option to respond to a one-page inquiry within a short time frame instead of having to complete an NMSN, they would most probably provide the requested information in a timely manner. We believe that use of the one-page inquiry could increase our employer response time by up to 57 days (60 days down to 3 days).
- Accordingly, we suggest that you provide a short-form *Medical Inquiry* form to send to employers prior to serving the NMSN packet. We could combine the first attempt at medical enforcement with the Income Withholding Order (IWO), or send it separately for our Medical Enforcement Only (MEO) cases. We attach, as Exhibit A, a draft *Medical Inquiry* form which we believe would be both efficient and effective.

As an alternative, we respectfully suggest that, instead of returning the hard-copy answer form, employers and/or administrators be given the authority to respond to the NMSN by phone or by postcard, especially if there is no insurance available.

- We suggest that the NMSN be revised to advise the employer as follows: "You are required to respond to the Issuing Agency by calling or returning this Employer Response regardless of whether you provide group health benefits or the employee named herein is no longer employed by your organization. Information for the Plan Administrator and the Employer Representative at the bottom of this section is required."
- Or, we suggest that an employer who does not provide any insurance coverage be allowed to return a postcard which contains the employee's identifying information and a statement that insurance is not available.

Finally, we have some IT-related suggestions that apply to both Part A and Part B:

- At the minimum, the left margin of all forms should be no less than 0.75" to allow for the use of a barcode.
- Please provide more space on each line and avoid side-by-side fields when possible.
- The DCS IT Unit would prefer to address any NMSN programming changes at the same time, not separately. DCS incurs costs each time we change the form. The IT burden depends on the scope of the required changes:
 - Minor changes (those which do not require form layout modifications or adding new data fields) such as updating the expiration date of the form will require minimal SEMS resources.

- DCS must provide translated forms in the language of the parent who receives the form (forms which go to employers only can be in English, but if the parent receives a copy we must provide a translation). At a minimum, DCS incurs a translation cost of \$16 per language into which the form is translated (approximately \$500).
- Form layout changes which do not add new data fields, such as moving columns, will use a minimum of 40 hours (approximately \$2000) and DCS incurs a cost of \$40 per language the form is translated (approximately \$1300). In addition, the form must pass through staff and policy reviews.
- For changes that require modifications to the forms database, DCS will incur substantially more costs for analyst and developer hours.

Comments Applicable only to Part A of the NMSN:

On Page 1, we respectfully suggest the following changes:

- Clarify the instructions with regard to the term "employee" by adding a new fourth sentence in the Header Paragraph that reads: "NOTE: For purposes of this form, the Custodial Parent may also be the employee when the State opts to enforce against the Custodial Parent."
- In the agency information box, change "Case Number" to read "Case Identifier."
- In the agency information box, add space for "Order Identifier."
- In the agency information box, add space for the "Document Tracking Number."
- Add additional space for substituted official/agency name and address.
- Add additional space for name, telephone number, and mailing address of the representative of the child(ren).
- In the section where the child(ren)'s name(s) are listed, add a column to include the gender of each child.
- In the section where the order identifies the coverage for the children, add check boxes for the different types of coverage.

On Page 2, we respectfully suggest the following changes:

- Under the Employer Response heading, add "and complete item 6" to the end of the third sentence.
- Under the Employer Response heading, add a new check box # 6 that reads as follows:
"Employer forwarded to Plan Administrator on _____."
MM/DD/YY

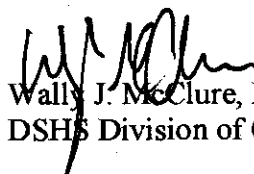
Comments Applicable only to Part B of the NMSN:

- Page 1 lists the Gender, SSN, and DOB for each child. Part B Response asks the plans administrator for the same information. Remove the SSN identifier from Part B Response.

- Part B Response asks the plan administrator to provide the NAIC Code.
 - Is this the National Association of Insurance Commissioners Code?
 - Where can states find a searchable NAIC Code table?
 - Does every insurance company have their own unique NAIC Code?
 - If insurance companies are not required to have an NAIC Code, or the code is registered to the parent company instead of the specific insurance carrier, the code is likely of little use to states.
- Many large employers, and those who use an administrator, already have preprinted information regarding insurance companies. States, employers, and plan administrators who have an existing document for collecting or providing insurance information should be allowed to continue to use their existing document rather than having to incur the cost of creating a new document.

Thank you for the opportunity to provide input on the NMSN. If you have any questions about the recommendations contained in this letter, please contact me at 360-664-5440 or wally.mcclure@dshs.wa.gov.

Sincerely,



Wally J. McClure, Director
DSHS Division of Child Support

Attachment

cc: Levi Fisher, Region X Program Manager

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

Medical Inquiry

TO:

RE:

The Division of Child Support (DCS) is enforcing the above-named parent's obligation to provide health insurance for the child(ren) named below:

Child Name

Other Information Needed

Prompt response to this form may eliminate the need for the *National Medical Support Notice*. Please provide the following information.

Is this employee eligible for health insurance? ☐ Yes. ☐ No.

Future eligibility date: _____

Employer does not offer: ☐

No longer employed: ☐

Other: _____

If "yes", is coverage provided for any dependent(s) ☐ Yes. ☐ No. Please name covered dependent(s).

FG VER: (1.0)

Insurance Carrier Information

Company name: _____

Claim filing address: _____

Telephone number: () _____

Policy/Group numbers: _____

Effective date: _____

Type of coverage: ☐ Medical ☐ Vision ☐ Dental ☐ Prescription

Cost for dependent coverage: \$ _____

Is there a specific amount per child? ☐ Yes. ☐ No. If yes, what is the amount? \$ _____

Please return this form either by fax or mail to the fax number or address listed below. If you have questions, contact DCS at the address or telephone numbers listed below.

DATE

AUTHORIZED REPRESENTATIVE
DIVISION OF CHILD SUPPORT

DIVISION OF CHILD SUPPORT
PO BOX 11520
TACOMA WA 98411-5520

Within _____ calling area _____

Outside _____ calling area _____

Fax: 1-866-668-9518

TTY/TDD services available for the speech or hearing impaired.
Visit our web site at: www.dshs.wa.gov/dcs

In reply, refer to case numbers:

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.

FG VER: (1.0)