

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5101:12-57-99

Rule Type: Amendment

Rule Title/Tagline: Chapter 5101:12-57 forms - enforcement of medical support provisions.

Agency Name: Department of Job and Family Services

Division: Child Support

Address: 30 E Broad Street Columbus OH 43215

Contact: Michael Lynch **Phone:** 614-466-4605

Email: Michael.Lynch@jfs.ohio.gov

I. Rule Summary

1. Is this a five year rule review? No
 - A. What is the rule's five year review date? 2/16/2027
2. Is this rule the result of recent legislation? No
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 3125.25
5. What statute(s) does the rule implement or amplify? 3125.03
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
 - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

To update the revision date of certain forms that are reference if this rule.
8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

The rule contains a compilation of forms within division 5101:12 of the Administrative Code, but first cited within Chapter 5101:12-57 of the Administrative Code. Changes to this rule include amended the revision date of JFS 04031, JFS 04032, JFS 04033, JFS 07053 and JFS 07058.

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code (OAC). This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.75(A)(1)(d).

This rule incorporates one or more references to a form or a digital application into which data is entered. This question is not applicable to any incorporation by reference to forms or digital data applications because such reference is exempt from compliance with RC 121.75 to 121.74 pursuant to RC 121.75(B)(4).

This rule incorporates one or more references to OMB form OMB# 0970-0222. This question is not applicable to those references in this rule because such references are exempt from compliance with ORC 121.71 to 121.74 pursuant to ORC 121.75(A)(2)(c).

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

\$0

Not Applicable.

13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

No new costs.

14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No

15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No

16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable.

III. Common Sense Initiative (CSI) Questions

17. Was this rule filed with the Common Sense Initiative Office? No

18. Does this rule have an adverse impact on business? No

A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No

B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No

C. Does this rule require specific expenditures or the report of information as a condition of compliance? No

D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable

ACTION: Original

DATE: 01/16/2025 2:34 PM

<CSEA_NAME> County CSEA

<CSEA_ADDR1>

<CSEA_ADDR2>

<CSEA_CITY><CSEA_ST><CSEA_ZIP>

Telephone Number: <CSEA_LOCAL_PHONE_NO>

Toll Free Number: <CSEA_800_No>

Fax Number: <CSEA_Fax_No>

CSEA Website: <COUNTY WEBSITE>

<OBLIGOR_NAME>

<OBLIGOR_ADDR1> <OBLIGOR_APT NO>

<OBLIGOR_ADDR2>

<OBLIGOR_CITY><OBLIGOR_ST><OBLIGOR_ZIP>

<OBLIGOR_COUNTRY>

Child Support Obligor: <OBLIGOR_NAME>

Child Support Oblige: <OBLIGEE_NAME>

Date Issued: <PRINT_DATE>

Case Number: <CASE_NO>

Order Number: <Order_No>

Date(s) of Birth:

Child(ren):

<CHILD_NAME>

<Child_DOB>

<CHILD_NAMEF>

<Child_DOB>

Ohio Department of Job and Family Services

NOTICE TO PROVIDE CASH MEDICAL SUPPORT

<1> The CSEA has determined that private health insurance for the child(ren) named above is not being provided as ordered. Therefore, effective the first day of the month private health insurance coverage for the child(ren) named above is not being provided as ordered, the Child Support Obligor shall pay \$<CURR_CHILD_SUPRT_INS_NOT_PROV> per month for current child support when private health insurance coverage is not provided and \$<CURR_CASH_MEDICAL_SUPRT> per month for cash medical support, plus the 2% processing charge.

The Child Support Obligor shall pay any other order not expressly addressed herein, if applicable.

The CSEA will issue a new income withholding or deduction notice, if appropriate.

<2> The CSEA has determined that one of the parties may be able to provide private health insurance coverage for the child(ren) named above but that the private health insurance is not accessible and reasonable in cost. Therefore, the Child Support Obligor is required to continue to pay the current child support obligation when private health insurance is not available and cash medical support, plus the 2% processing charge and both parties are required to continue to report any available private health insurance coverage to the CSEA.

FURTHER INFORMATION REGARDING THIS NOTICE

In accordance with your order, during any period in which private health insurance that is reasonable in cost and accessible is not being provided for the child(ren) as ordered, the Child Support Obligor is required to pay cash medical support and both parties are required to immediately report to the child support enforcement agency (CSEA) any available private health insurance coverage for the child(ren).

Private health insurance is considered "reasonable in cost" when, in accordance with Ohio Administrative Code 5101:12-47-01, the total, actual out-of-pocket cost of health insurance premiums to a parent does not exceed five percent of the annual gross income of the parent.

Private health insurance is considered "accessible" when primary care services are provided within thirty miles from the residence of the child(ren) subject to the support order, in accordance with ORC section 3119.29, or a greater distance as specified in the support order. Private health insurance is presumed accessible unless determined inaccessible by a CSEA during an administrative proceeding or by a court.

In accordance with Ohio Administrative Code 5101:12-57-08, either party has the right to request a Medical Support Mistake of Fact Hearing to contest whether private health insurance coverage is being provided for the child(ren) named above or whether private health insurance that may be available to one of the parties is accessible or reasonable in cost. To request a Medical Support Mistake of Fact Hearing, the requesting party must complete the attached Request for a Medical Support Mistake of Fact Hearing and submit it to the CSEA within fourteen days of the issuance date of this notice. Upon receipt of the request for a Medical Support Mistake of Fact Hearing, the CSEA will schedule the Medical Support Mistake of Fact Hearing and notify both parties of the date, time, and location of the Medical Support Mistake of Fact Hearing.

If applicable, a new income withholding or deduction notice will be issued even if one or both of the parties request a Medical Support Mistake of Fact Hearing. After the Medical Support Mistake of Fact Hearing, the CSEA will make any necessary changes to the income withholding and deduction notice, based on the Medical Support Mistake of Fact Hearing decision.

This is not a modification of your support order.

<Primary_Worker_Name>
<CSEA_NAME> County CSEA

Child Support Obligor: <OBLIGOR_NAME>
Child Support Obligee: <OBLIGEE_NAME>
Case Number: <CASE_NO>
Order Number: <Order_No>

<CSEA_NAME> County CSEA
<CSEA_ADDR1>
<CSEA_ADDR2>
<CSEA_CITY><CSEA_ST><CSEA_ZIP>

Ohio Department of Job and Family Services
REQUEST FOR A MEDICAL SUPPORT MISTAKE OF FACT HEARING

I hereby request a Medical Support Mistake of Fact Hearing to contest whether or not private health insurance coverage for the child(ren) named above (check the applicable box) that is accessible and reasonable in cost:

- ☐ Is being provided by the health insurance obligor in accordance with the order.
- ☐ Is available to one of the parties, when a health insurance obligor has not been identified.

Signature of Person Requesting the Medical Support Mistake of Fact Hearing

Please Print the Name of Person Requesting the Medical Support Mistake of Fact Hearing

Current mailing address

Current telephone number

Date

Note: The child support enforcement agency (CSEA) must receive the written request for a Medical Support Mistake of Fact Hearing within fourteen (14) days of <PRINT_DATE> or the CSEA may deny the request.

The new income withholding or deduction notice will be issued even if one or both of the parties request a Medical Support Mistake of Fact Hearing. After the Medical Support Mistake of Fact Hearing, the CSEA will make any necessary changes to the income withholding or deduction notice, based on the Medical Support Mistake of Fact Hearing decision.

ACTION: Original

<CSEA_NAME> County CSEA

<CSEA_ADDR1>

<CSEA_ADDR2>

<CSEA_CITY><CSEA_ST><CSEA_ZIP>

<OBLIGOR_NAME>

<OBLIGOR_ADDR1> <OBLIGOR APT NO>

<OBLIGOR_ADDR2>

<OBLIGOR_CITY><OBLIGOR_ST><OBLIGOR_ZIP>

<OBLIGOR_COUNTRY>

Obligor: <OBLIGOR_NAME>

Obligee: <OBLIGEE_NAME>

Telephone Number:

Toll Free Number:

Fax Number:

CSEA Website:

DATE: 01/16/2025 2:34 PM

<CSEA_LOCAL_PHONE_NO>

<CSEA_800_No>

<CSEA_FAX_No>

<COUNTY_WEBSITE>

Date Issued:

Case Number:

Order Number:

<PRINT_DATE>

<CASE_NO>

<Order_No>

Ohio Department of Job and Family Services

NOTICE OF MEDICAL SUPPORT MISTAKE OF FACT HEARING

The Child Support Enforcement Agency (CSEA) has received a request for a Medical Support Mistake-of-Fact Hearing from <OBLIGOR_NAME> or <OBLIGEE_NAME>. The Medical Support Mistake of Fact Hearing has been scheduled on <HEARING_SCHEDULED_DATE> at <HEARING_SCHEDULED_TIME>. The Medical Support Mistake of Fact Hearing will be conducted by the CSEA at:
<Hearing_Location_ADDR1><Hearing_Location_ADDR2><Hearing_Location_City>
<Hearing_Location_ST><Hearing_Location_ZIP>.

The purpose of the Medical Support Mistake of Fact Hearing is to determine whether the ☐ Notice to Provide Cash Medical Support Order (JFS 04032), ☐ Notice to Provide Private Health Insurance (JFS 04033), or ☐ Notice Regarding Cash Medical Support Order (JFS 04031) contains one of the following mistakes of fact:

- The Health Insurance Obligor does/does not have private health insurance coverage available for the child(ren) that is both accessible and reasonable in cost.
- Neither party has been ordered to provide health insurance and the Child Support Obligor or Child Support Obligee does/does not have private health insurance coverage available for the child(ren) that is accessible and reasonable in cost.

Private health insurance is considered "reasonable in cost" when, in accordance with Ohio Administrative Code rule 5101:12-47-01, the total, actual out-of-pocket cost of health insurance premiums to a parent does not exceed five percent of the annual gross income of the parent.

Private health insurance is considered "accessible" when primary care services are provided within thirty miles from the residence of the child(ren) subject to the support order, in accordance with Ohio Revised Code section 3119.29, or a greater distance as specified in the support order. Private health insurance is presumed accessible unless determined inaccessible by a CSEA during an administrative proceeding or by a court.

At the Medical Support Mistake of Fact Hearing, both the Obligor and Obligee may present testimony and evidence to prove that a mistake of fact exists and may bring legal or other representation to the Medical Support Mistake of Fact Hearing.

<Primary_Worker_Name>

CSEA Representative

<CSEA_NAME> County CSEA
<CSEA_ADDR1>
<CSEA_ADDR2>
<CSEA_CITY><CSEA_ST><CSEA_ZIP>

Telephone Number: <CSEA_LOCAL_PHONE_NO>
Toll Free Number: <CSEA_800_No>
Fax Number: <CSEA_Fax_No>
CSEA Website: <County Website>

<OBLIGOR_First, MI, and Last NAME>
<OBLIGOR_ADDR1> <OBLIGOR_APT NO>
<OBLIGOR_ADDR2>
<OBLIGOR_CITY><OBLIGOR_ST><OBLIGOR_ZIP>
<OBLIGOR_COUNTRY>

Ohio Department of Job and Family Services

MEDICAL SUPPORT MISTAKE OF FACT HEARING DETERMINATION

Obligor: <Obligor First, MI, and Last Name>
Obligee: <Obligee First, MI, and Last Name>

Date Issued: <Print Date>
Case Number: <Case_No>
Order Number: <Order_No>

☐ In accordance with Ohio Administrative Code rule 5101:12-57-08, the Medical Support Mistake of Fact Hearing requested on <Hearing_Request_Date> was ☐ denied or ☐ dismissed for the following reason:

<Hearing_Denied_RSN><Hearing_Dismissed_Rsn>

☐ A Medical Support Mistake of Fact Hearing was requested on <Hearing_Request_Date> based on the

- ☐ Notice to Provide Cash Medical Support Order (JFS 04032),
- ☐ Notice to Provide Private Health Insurance (JFS 04033), or
- ☐ Notice Regarding Cash Medical Support Order (JFS 04031).

The Medical Support Mistake of Fact Hearing was held on <Date_Hearing_Held>, pursuant to the notice mailed to the Obligor's and Obligee's last known addresses.

Participant(s) in attendance:

<Participant Name>
<Participant Name>
<Participants Name>

Findings of fact and recommendations:

- ☐ Private health insurance that is reasonable in cost and accessible is available to <MI Obligor First, MI, and Last Name>. Therefore, <MI Obligor First, MI, and Last Name>, the Health Insurance Obligor, will provide private health insurance coverage for the following child(ren):

Child(ren)	Date(s) of Birth
<Child First, MI, Last Name>	<Child DOB>
<Child First, MI, Last Name>	<Child DOB>
<Child First, MI, Last Name>	<Child DOB>

The Obligor will cease paying cash medical support when the child(ren) is covered by private health insurance coverage that is reasonable in cost and accessible. The Obligor will pay the child support amount due when private health insurance coverage is being provided.

- ☐ Private health insurance that is reasonable in cost and accessible is not available to <MI Obligor First, MI, and Last Name> or <Obligor First, MI, and Last Name>. Therefore, the Obligor will pay the child support amount due when private health insurance is not being provided and the cash medical support amount due when private health insurance is not being provided.
- ☐ <Data_Entry1>
- ☐ <Data_Entry2>

If the child support enforcement agency (CSEA) had any additional findings and recommendations, those findings and recommendations are attached on a separate page.

The CSEA's findings and recommendations are a final and enforceable determination unless within fourteen days of the issuance date of this form the Obligor or Obligee files an action with the court for a court hearing to determine if a mistake of fact still exists.

<Administrative Officer Name>

Administrative Officer

<CSEA_NAME> County CSEA

<CSEA_NAME> County CSEA

<CSEA_ADDR1>

<CSEA_ADDR2>

<CSEA_CITY> <CSEA_ST> <CSEA_ZIP>

Telephone Number: <CSEA_LOCAL_PHONE_NO>

Toll Free Number: <CSEA_800_No>

Fax Number: <CSEA_Fax_No>

CSEA Website: <County Website>

<Obligor Name>

<OBLIGOR_ADDR1> <OBLIGOR_APT_NO>

<OBLIGOR_ADDR2>

<OBLIGOR_CITY> <OBLIGOR_ST> <OBLIGOR_ZIP>

<OBLIGOR_COUNTRY>

Child Support Obligor: <Obligor Name>

Child Support Oblige: <Obligee Name>

Health Insurance Obligor: <MI_Obligor_Name>

<Sec_MI_Obligor_Name>

Date Issued: <PRINT_DATE>

Case Number: <CASE_NO>

Order Number: <Order_No>

Child(ren)

<Child Name>

<Child Name>

<Child Name>

<Child Name>

<Child Name>

<Child Name>

Date(s) of Birth

<Child_DOB>

<Child_DOB>

<Child_DOB>

<Child_DOB>

<Child_DOB>

<Child_DOB>

Ohio Department of Job and Family Services

NOTICE REGARDING CASH MEDICAL SUPPORT ORDER

The child support enforcement agency (CSEA) has identified that private health insurance is available to <MI_Obligor_Name> <and> <Sec_MI_Obligor_Name>. Therefore, <MI_Obligor_Name> <and> <Sec_MI_Obligor_Name> shall provide private health insurance coverage for the child(ren) named above and comply with the Notice to the Health Insurance Obligor stated below.

In accordance with your order, when private health insurance that is accessible and reasonable in cost becomes available to the Health Insurance Obligor, the Health Insurance Obligor shall be required to provide private health insurance coverage for the child(ren) named above and the cash medical support obligation for the child(ren) named above shall cease while private health insurance coverage is being provided as ordered.

In accordance with your support order:

- A. The cash medical support obligation shall cease effective the last day of the month before the month in which the private health insurance is provided as ordered for the child(ren) named above, as indicated by the employer/health insurance administrator.**

The cash medical support obligation shall resume if private health insurance coverage is not provided as ordered for the child(ren) named above.

- B. Effective the first day of the month in which private health insurance coverage is provided as ordered, as indicated by the employer/health insurance administrator, the Child Support Obligor shall pay \$<CURR_CHILD_SUPRT_INS_PROV> per month for current child support when private health insurance coverage is provided, plus the 2% processing charge.**

If private health insurance coverage is not provided as ordered for the child(ren) named above, the Child Support Obligor shall pay \$<CURR_CHILD_SUPRT_INS_NOT_PROV> per month for current child support when private health insurance coverage is not provided and \$<CURR_CASH_MEDICAL_SUPRT> per month for cash medical support, plus the 2% processing charge.

The Child Support Obligor shall pay any other order not expressly addressed herein, if applicable.

- C. The CSEA will issue a new income withholding or deduction notice, if appropriate.
- D. The CSEA will issue a National Medical Support Notice (NMSN), if appropriate.

NOTICE TO THE HEALTH INSURANCE OBLIGOR

1. Within thirty days of the date of this notice, the Health Insurance Obligor must designate the child(ren) named above as covered dependents under any health insurance policy, contract, or plan for which the Health Insurance Obligor contracts.
2. The individuals who are designated to be reimbursed by the health plan administrator for covered out-of-pocket medical, optical, hospital, dental, or prescription expenses paid for the child(ren) named above are:
 - Name: <Obligor Name>_____
 - Address: <OBLIGOR_ADDR1> <OBLIGOR_APT_NO>
<OBLIGOR_ADDR2>
<OBLIGOR_CITY><OBLIGOR_ST><OBLIGOR_ZIP>
<OBLIGOR_COUNTRY>
 - Phone: <Obligor_Home_No>_____

 - Name: <Obligee Name>_____
 - Address: <OBLIGEE_ADDR1> <OBLIGEE_APT_NO>
<OBLIGEE_ADDR2>
<OBLIGEE_CITY><OBLIGEE_ST><Obligee_ZIP>
<OBLIGEE_COUNTRY>
 - Phone: <Obligee_Home_No>_____
3. The health plan administrator that provides the health insurance coverage for the child(ren) named above may continue making payment for medical, optical, hospital, dental, or prescription services directly to any health care provider in accordance with the applicable health insurance policy, contract, or plan.
4. The Health Insurance Obligor may be required to pay the co-payment or deductible costs required under the health insurance policy, contract, or plan that covers the child(ren) named above.
5. The Health Insurance Obligor's employer is required to release to the other parent, any person subject to an order issued under ORC section 3109.19, or the CSEA on written request any necessary information on the private health insurance coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and to otherwise comply with ORC section 3119.32 and any order or notice issued under ORC section 3119.32.
6. If the Health Insurance Obligor obtains new employment, the CSEA shall comply with the requirements of ORC section 3119.34, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the child(ren) named above in private health care insurance coverage provided by the new employer.
7. Within thirty days of the date of this notice, the Health Insurance Obligor must provide to the other party information regarding the benefits, limitations, and exclusions of the coverage, copies of any forms necessary to receive reimbursement, payment or other benefits under the coverage, and a copy of any necessary proof of coverage.

FURTHER INFORMATION REGARDING THIS NOTICE

This is not a modification of your support order. This notice informs you that existing provisions of your current support order have been activated. Both parties have the right to request an administrative review of the support order and provisions for health care thirty-six months from the establishment of the order or from the last child support order, which was issued as a result of a calculation using the Ohio child support guidelines, including a no-change order or sooner, if certain circumstances are present. Contact the <CSEA_NAME> County CSEA for further details.

Private health insurance is considered "reasonable in cost" when, in accordance with Ohio Administrative Code 5101:12-47-01, the total, actual out-of-pocket cost of health insurance premiums to a parent does not exceed five percent of the annual gross income of the parent.

Private health insurance is considered "accessible" when primary care services are provided within thirty miles from the residence of the child(ren) subject to the support order, in accordance with ORC section 3119.29, or a greater distance as specified in the support order. Private health insurance is presumed accessible unless determined inaccessible by a CSEA during an administrative proceeding or by a court.

In accordance with Ohio Administrative Code 5101:12-57-08, both parties have the right to request a Medical Support Mistake of Fact Hearing to contest whether private health insurance is accessible or whether the private health insurance is reasonable in cost, as indicated in the last child support order guidelines calculation. If either party wants to request a Medical Support Mistake of Fact Hearing, the requesting party must complete the attached Request for Medical Support Mistake of Fact Hearing and submit it to the CSEA within fourteen (14) days of the issuance of this notice. Upon receipt of the request for a Medical Support Mistake of Fact Hearing, the CSEA will schedule the Medical Support Mistake of Fact Hearing and notify both parties of the date, time, and location of the Medical Support Mistake of Fact Hearing.

The NMSN will be issued even if one or both of the parties request a Medical Support Mistake of Fact Hearing. After the Medical Support Mistake of Fact Hearing, the CSEA will make any necessary changes to the NMSN, based on the Medical Support Mistake of Fact Hearing decision.

<Primary_Worker_Name>
<CSEA_NAME> County CSEA

<CSEA_NAME> County CSEA
<CSEA_ADDR1>
<CSEA_ADDR2>
<CSEA_CITY><CSEA_STATE><CSEA_ZIP>

Child Support Obligor: <OBLIGOR_NAME>
Child Support Obligee: <OBLIGEE_NAME>
Case Number: <CASE_NO>
Order Number: <Order_No>

Ohio Department of Job and Family Services
REQUEST FOR A MEDICAL SUPPORT MISTAKE OF FACT HEARING

I hereby request a Medical Support Mistake of Fact Hearing to contest whether or not the private health insurance coverage for the child(ren) that is ordered to be provided is accessible or whether it is reasonable in cost, as indicated in the last child support order guidelines calculation.

Signature of Person Requesting the Medical Support Mistake of Fact Hearing

Please Print the Name of Person Requesting the Medical Support Mistake of Fact Hearing

Current mailing address

Current telephone number

Date

Note: The child support enforcement agency (CSEA) must receive the written request for a Medical Support Mistake of Fact Hearing within 14 (fourteen) days of <PRINT_DATE> or the CSEA may deny the request.

The new income withholding or deduction notice will be issued even if one or both of the parties request a Medical Support Mistake of Fact Hearing. After the Medical Support Mistake of Fact Hearing, the CSEA will make any necessary changes to the income withholding or deduction notice, based on the Medical Support Mistake of Fact Hearing decision.

ACTION: Original

<CSEA_NAME> County CSEA

<CSEA_ADDR1>

<CSEA_ADDR2>

<CSEA_CITY><CSEA_ST><CSEA_ZIP>

Telephone Number:

Toll Free Number:

Fax Number:

CSEA Website:

DATE: 01/16/2025 2:34 PM

<CSEA_LOCAL_PHONE_NO>

<CSEA_800_No>

<CSEA_Fax_No>

<County Website>

<OBLIGOR_NAME>

<OBLIGOR_ADDR1> <OBLIGOR_APT NO>

<OBLIGOR_ADDR2>

<OBLIGOR_CITY><OBLIGOR_ST><OBLIGOR_ZIP>

<OBLIGOR_COUNTRY>

Obligor Name: <OBLIGOR_NAME>

Obligee Name: <OBLIGEE_NAME>

Date Issued: <PRINT_DATE>

Case Number: <CASE_NO>

Order Number: <Order_No>

Child(ren):

<CHILD_NAME>

<CHILD_NAME>

Date(s) of Birth:

<Child_DOB>

<Child_DOB>

Ohio Department of Job and Family Services

NOTICE TO PROVIDE PRIVATE HEALTH INSURANCE

The Child Support Enforcement Agency (CSEA) has identified that private health insurance that is accessible and reasonable in cost is available to <MI_Obligor_Name>. Therefore, <MI_Obligor_Name> shall be the Health Insurance Obligor, provide private health insurance coverage for the child(ren) named above, and comply with the Notice to the Health Insurance Obligor stated below.

In accordance with your support order:

- A. The cash medical support obligation shall cease effective the last day of the month before the month in which the private health insurance is provided as ordered for the child(ren) named above, as indicated by the employer/health insurance administrator.

The cash medical support obligation shall resume if private health insurance coverage is not provided as ordered for the child(ren) named above.

- B. Effective the first day of the month in which private health insurance coverage is provided as ordered, as indicated by the employer/health insurance administrator, the Child Support Obligor shall pay \$<CURR_CHILD_SUPRT_INS_PROV> per month for current child support when private health insurance coverage is provided, plus the 2% processing charge.

If private health insurance coverage is not provided as ordered for the child(ren) named above, the Child Support Obligor shall pay \$<CURR_CHILD_SUPRT_INS_NOT_PROV> per month for current child support when private health insurance coverage is not provided and \$<CURR_CASH_MEDICAL_SUPRT> per month for cash medical support, plus the 2% processing charge.

The Child Support Obligor shall pay any other order not expressly addressed herein, if applicable.

- C. The CSEA will issue a new income withholding or deduction notice, if appropriate.
- D. The CSEA will issue a National Medical Support Notice (NMSN), if appropriate.

NOTICE TO THE HEALTH INSURANCE OBLIGOR

1. Within thirty days of the date of this notice, the Health Insurance Obligor must designate the child(ren) named above as covered dependents under any health insurance policy, contract, or plan for which the Health Insurance Obligor contracts.
2. The individuals who are designated to be reimbursed by the health plan administrator for covered out-of-pocket medical, optical, hospital, dental, or prescription expenses paid for the child(ren) named above are:

Name: <OBLIGOR_NAME>
Address: <OBLIGOR_ADDR1> <OBLIGOR_APT NO>
<OBLIGOR_ADDR2>
<OBLIGOR_CITY><OBLIGOR_ST><OBLIGOR_ZIP>
<OBLIGOR_COUNTRY>
Phone: <Obligor_Home_No>

Name: <OBLIGEE_NAME>
Address: <OBLIGEE_ADDR1> <OBLIGEE_APT NO>
<OBLIGEE_ADDR2>
<OBLIGEE_CITY><OBLIGEE_ST><Obligee_ZIP>
<OBLIGEE_COUNTRY>
Phone: <Obligee_Home_No>

3. The health plan administrator that provides the health insurance coverage for the child(ren) named above may continue making payment for medical, optical, hospital, dental, or prescription services directly to any health care provider in accordance with the applicable health insurance policy, contract, or plan.
4. The Health Insurance Obligor may be required to pay the co-payment or deductible costs required under the health insurance policy, contract, or plan that covers the child(ren) named above.
5. The Health Insurance Obligor's employer is required to release to the other parent, any person subject to an order issued under ORC section 3109.19, or the CSEA on written request any necessary information on the private health insurance coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and to otherwise comply with ORC section 3119.32 and any order or notice issued under ORC section 3119.32.
6. If the Health Insurance Obligor obtains new employment, the CSEA shall comply with the requirements of ORC section 3119.34, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the child(ren) named above in private health care insurance coverage provided by the new employer.
7. Within thirty days of the date of this notice, the Health Insurance Obligor must provide to the other party information regarding the benefits, limitations, and exclusions of the coverage, copies of any forms necessary to receive reimbursement, payment or other benefits under the coverage, and a copy of any necessary proof of coverage.

8. The health insurance obligor may request an administrative review and adjustment of the child support order in order to receive credit for total, actual out-of-pocket expenses for providing health insurance coverage for the child(ren) subject to the order.

FURTHER INFORMATION REGARDING THIS NOTICE

This is not a modification of your support order. This notice informs you that existing provisions of your current support order have been activated. Both parties have the right to request an administrative review of the support order and provisions for health care thirty-six months from the establishment of the order or from the date of the last child support order, which was issued as a result of a calculation using the Ohio child support guidelines, including a no-change order or sooner, if certain circumstances are present. Contact the <CSEA_NAME> County CSEA for further details.

In accordance with your order, when private health insurance that is accessible and reasonable in cost becomes available to one of the parties, that party shall be deemed the Health Insurance Obligor and be required to provide private health insurance coverage for the child(ren) named above and the cash medical support obligation for the child(ren) named above shall cease while private health insurance coverage is being provided as ordered.

Private health insurance is considered "reasonable in cost" when, in accordance with Ohio Administrative Code 5101:12-47-01, the total, actual out-of-pocket cost of health insurance premiums to a parent does not exceed five percent of the annual gross income of the parent.

Private health insurance is considered "accessible" when primary care services are provided within thirty miles from the residence of the child(ren) subject to the support order, in accordance with ORC section 3119.29, or a greater distance as specified in the support order. Private health insurance is presumed accessible unless determined inaccessible by a CSEA during an administrative proceeding or by a court.

In accordance with Ohio Administrative Code 5101:12-57-08, both the parties have the right to request a Medical Support Mistake of Fact Hearing to contest whether private health insurance is accessible or whether the private health insurance is reasonable in cost, as indicated in the last child support order guidelines calculation. If either party wants to request a Medical Support Mistake of Fact Hearing, the requesting party must complete the attached Request for a Medical Support Mistake of Fact Hearing and submit it to the CSEA within fourteen (14) days of the date of issuance. Upon receipt of the request for a Medical Support Mistake of Fact Hearing, the CSEA will schedule the Medical Support Mistake of Fact Hearing and notify both parties of the date, time, and location of the Medical Support Mistake of Fact Hearing.

The NMSN will be issued even if one or both parties submit a request for a Medical Support Mistake of Fact Hearing. After the Medical Support Mistake of Fact Hearing, the CSEA will make any necessary changes to the NMSN, based on the Medical Support Mistake of Fact Hearing decision.

<Primary_Worker_Name>
<CSEA_NAME> County CSEA

<CSEA_NAME> County CSEA
<CSEA_ADDR1>
<CSEA_ADDR2>
<CSEA_CITY><CSEA_STATE><CSEA_ZIP>

Child Support Obligor: <OBLIGOR_NAME>
Child Support Oblige: <OBLIGEE_NAME>
Case Number: <CASE_NO>
Order Number: <Order_No>

Ohio Department of Job and Family Services
REQUEST FOR A MEDICAL SUPPORT MISTAKE OF FACT HEARING

I hereby request a Medical Support Mistake of Fact Hearing to contest whether or not the private health insurance coverage for the child(ren) that is ordered to be provided is accessible or whether it is reasonable in cost, as indicated in the most recent Child Support Guidelines calculation.

Signature of Person Requesting the Medical Support Mistake of Fact Hearing

Please Print the Name of Person Requesting the Medical Support Mistake of Fact Hearing

Current mailing address

Current telephone number

Date

Note: The child support enforcement agency (CSEA) must receive the written request for a Medical Support Mistake of Fact Hearing within fourteen (14) days of <PRINT_DATE> or the CSEA may deny the request.

The National Medical Support Notice (NMSN) will be issued even if the Child Support Obligor or Child Support Oblige does request a Medical Support Mistake of Fact Hearing. After the Medical Support Mistake of Fact Hearing, the CSEA will make any necessary changes to the NMSN, based on the Medical Support Mistake of Fact Hearing decision.