

AUTHENTICATED, OHIO LEGISLATIVE SERVICE COMMISSION DOCUMENT #241210

Ohio Administrative Code

Rule 5101:12-57-08 Medical support mistake of fact hearing process. Effective: January 15, 2020

(A) This rule describes the medical support mistake of fact hearing process which is only available to an individual whose child support order was issued or modified prior to March 28, 2019, in accordance with section 3119.30 of the Revised Code as adopted under Amended Substitute House Bill 119 of the 127th General Assembly.

(B) An obligor or obligee may submit a request for a medical support mistake of fact hearing to contest the child support enforcement agency's (CSEA) determination regarding whether private health insurance coverage that is accessible and reasonable in cost is available to:

(1) The health insurance obligor(s); or

(2) Either party to the child support order, when a health insurance obligor has not been identified.

(C) The party must file the request for the medical support mistake of fact hearing with the CSEA within fourteen days of the date that the CSEA issues either a:

(1) JFS 04031, "Notice Regarding Cash Medical Support Order" (effective or revised effective date as identified in rule 5101:12-57-99 of the Administrative Code);

(2) JFS 04032, "Notice to Provide Cash Medical Support" (effective or revised effective date as identified in rule 5101:12-57-99 of the Administrative Code); or

(3) JFS 04033, "Notice To Provide Private Health Insurance" (effective or revised effective date as identified in rule 5101:12-57-99 of the Administrative Code).

(D) Upon scheduling the medical support mistake of fact hearing the CSEA shall:

(1) Ensure the medical support mistake of fact hearing to be held on a date that is no later than ten



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days after the date the request was received; and

(2) Issue a JFS 07053, "Notice of Medical Support Mistake of Fact Hearing" (effective or revised effective date as identified in rule 5101:12-57-99 of the Administrative Code), to both parties no later than five days before the date that the medical support mistake of fact hearing is scheduled to be conducted.

(E) The CSEA shall issue a JFS 07058, "Medical Support Mistake of Fact Hearing Determination" (effective or revised effective date as identified in rule 5101:12-57-99 of the Administrative Code), to the requesting party when denying a medical support mistake of fact hearing within fourteen days of the date that the request was filed with the CSEA.

A CSEA may deny a request for a medical support mistake of fact hearing when:

(1) The request is not timely filed.

(2) The request is for a reason other than to contest whether:

(a) Private health insurance that is accessible and reasonable in cost is or is not being provided in accordance with the order, when at least one of the parties has been identified as the health insurance obligor; or

(b) Private health insurance that is accessible and reasonable in cost is or is not available to either party, when neither party has been identified as the health insurance obligor.

(3) The request is not submitted by the obligor, the obligor's representative, or the obligee or the obligee's representative.

(F) No later than the scheduled date of the medical support mistake of fact hearing, the parties may provide the CSEA with any evidence or relevant information necessary for the CSEA to properly review whether private health insurance coverage that is accessible and reasonable in cost is available to:



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(1) The health insurance obligor(s); or

(2) Either party, when a health insurance obligor has not been identified.

(G) At the medical support mistake of fact hearing, the CSEA shall:

(1) Review the information that led to the issuance of the JFS 04031, JFS 04032, or JFS 04033;

(2) Consider any testimony or evidence submitted by either party or received independently from another source that is relevant to the issues to be addressed; and

(3) Determine whether private health insurance coverage that is accessible and reasonable in cost is available to:

(a) The health insurance obligor(s); or

(b) Either party, when a health insurance obligor has not been identified.

(H) No later than fourteen days from the date of the medical support mistake of fact hearing, the CSEA shall:

(1) Issue a JFS 07058 to both parties.

(2) Record the results of the medical support mistake of fact hearing in and make any necessary changes to the support enforcement tracking system based on the results of the hearing.

(I) Each party has the right to file for a court hearing to object to the determination made by the CSEA within fourteen days of the date that the CSEA issues the JFS 07058.