

AUTHENTICATED, OHIO LEGISLATIVE SERVICE COMMISSION DOCUMENT #234119

## Ohio Administrative Code Rule 5101:12-57-10.5 Court mistake of fact hearing regarding the national medical support notice.

Effective: January 15, 2017

(A) When the health insurance obligor files a timely, written motion for a court hearing, the court is required by section 3119.40 of the Revised Code to:

(1) Send to the health insurance obligor and to any other individual the child support enforcement agency (CSEA) determines appropriate written notice by regular mail of the date, time, place, and purpose of the hearing not later than five days before the date the court hearing is to be held;

(2) Hold the hearing as soon as possible, but not later than ten days after the motion is filed; and

(3) Limit the hearing to determining whether there is a mistake of fact in the OMB 0970-0222,"National Medical Support Notice" (as referenced in rule 5101:12-57-99 of the Administrative Code) (NMSN).

(B) In accordance with section 3119.41 of the Revised Code, when a court mistake of fact process is pending, the employer is required to continue the withholding of amounts for health insurance pursuant to the NMSN.

(C) In accordance with section 3119.40 of the Revised Code, the court is required to determine on conclusion of the hearing whether there is a mistake of fact in the NMSN. The court's determination is final.

(D) In accordance with section 3119.41 of the Revised Code:

(1) When the court determines that no mistake of fact exists in the NMSN, the NMSN shall remain in effect.

(2) When the court determines that a mistake of fact does exist in the NMSN, the court is required to take whatever action is necessary regarding the NMSN, which may include correcting or terminating



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the NMSN.

(E) When the court mistake of fact hearing determines that the person named as the health insurance obligor was named in error, premiums have been deducted, and the court does not address the decision for reimbursement, the decision for reimbursement is the responsibility of the employer and the insurance company health plan administrator.