



Child Support Enforcement Agency

Cash Medical and Health Insurance

(JULY 21, 2008 – MARCH 27, 2019)

(For MARCH 28, 2019 to present, see Issue 27)

What Is Cash Medical Support?

Cash medical support is an amount of support intended to be paid toward the child(ren)'s health care expenses when the child(ren) do not have private health insurance coverage.



Why Is There A Need For Cash Medical Support?

Beginning July 21, 2008 federal and state laws require that child support guidelines consider not only health insurance that may be available to either or both parents, but also how the parents will meet the child's health care needs when no insurance is available, or when the cost of insurance is beyond the reasonable means of the parent(s) or where the cost is extraordinary or not reimbursable by insurance. If private health insurance is **NOT** available to a child, the child support obligor may be ordered to pay CASH MEDICAL support until such time as reasonable insurance becomes available.

How Will I Know When An Obligation For Cash Medical Support Is In Effect?

If an order for private health insurance is in effect and coverage is being provided by the parent ordered to provide coverage for the child pursuant to this order, no cash medical support will be required. However, in the event the person(s) required to provide the health insurance loses coverage, the child support obligor's obligation to begin paying Cash Medical Support will begin on the first day of the month following

the date which coverage was terminated/lost. **A NOTICE REGARDING CASH MEDICAL SUPPORT (JFS04031) WILL BE ISSUED TO THE PARTIES ADVISING OF THE CHANGE IN THE INSURANCE COVERAGE/AVAILABILITY.**



This notice provides an opportunity to request a Medical Support Mistake of Fact Hearing. A request for hearing must be received within **14 business days** of the date provided on the letter.

Who Receives The Cash Medical Support?

The child support obligor pays cash medical support to child support obligee unless the child receives Medicaid. Then, the cash medical support is paid to the state of Ohio to defray the cost of Medicaid expenditures.

Determination Of Reasonable Cost for Health Insurance Coverage

The mother, the father, or both parents can be ordered to provide private health insurance—but only if it is reasonable in cost and is accessible.

Private health insurance is considered reasonable in cost if the annual cost does NOT exceed 5% of that parent's gross income. Private health insurance is accessible if primary care services are available within thirty miles of the child's home.



Fully subsidized coverage through Ohio Medicaid (including Healthy Start) does **NOT** meet the requirements to provide private health insurance. Cash Medical Support is only paid when private health insurance is not provided. Cash Medical Support is only ordered to be paid by the non-residential parent(s) AND only if their gross income exceeds 150% of the federal poverty level for an individual. (150% of the Federal Poverty Level for an individual in 2018 is \$18,210 per year).

If I Am Ordered To Provide Health Insurance, Can I Provide This Through My Spouse?

As long as the Administrative or Court order allows for alternate coverage, a spouse can provide health insurance for the child of the order and this will suffice as valid insurance.

What If The Cost Of My Health Insurance Has Changed And Is No Longer Considered Reasonable Or My Income Has Been Reduced?

When determining reasonableness of insurance, the CSEA is required to consider the cost of the insurance based on the last Guideline Worksheet used to establish or modify the support order. If the cost of health insurance has changed, either party may request a Review & Adjustment of the support order to determine whether the cost is no longer reasonable. If so, the order will be adjusted accordingly.