

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

DATE: NOVEMBER 17, 2023  
TIME: 11:00 A.M.  
TELECONFERENCE PHONE NUMBER: 614-721-2972  
TELECONFERENCE PIN: 584060440#  
ONLINE MEETING LINK (MICROSOFT TEAMS): [Click here to join the meeting](#)  
IN-PERSON LOCATION: ROOM A501, LAZARUS GOVERNMENT CENTER  
50 WEST TOWN STREET  
COLUMBUS, OH 43215

Pursuant to Chapter 119. and section 5164.02 of the Ohio Revised Code, the director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the amendment of the rule identified below and to hold a public hearing on this rule.

Ohio Administrative Code (OAC) rule 5160-28-13 sets forth coverage and payment policies for dialysis services performed at freestanding dialysis centers. In accordance with budget provisions of Am. Sub H.B. 33 of the 135th Ohio General Assembly, ODM is amending this rule to increase total payment for hemodialysis, peritoneal dialysis, and dialysis self-care training by 6.23% starting in calendar year 2024. Payment amounts for covered dialysis services are listed in the appendix to rule 5160-13-02.

ODM is simultaneously conducting five-year rule review. As a result, the frequency of payment for Intermittent Peritoneal Dialysis (IPD) was updated from three sessions per week to seven sessions per week. In addition, the definition of continuous ambulatory peritoneal dialysis and continuous cycling peritoneal dialysis was moved to the coverage and limitations section of the rule for better clarity. The definition was unchanged.

ODM will hold the public hearing for this rule package via teleconference and in person. ODM will not require protective masks for individuals attending in person. However, visitors are welcome to wear masks if they prefer to do so.

The date and time for the public hearing are listed at the top of this Notice as well as the phone number, PIN (access code), link for teleconference attendance, and location for in-person attendance.

All interested parties are invited to participate in the public hearing. Both oral and written testimony will be accepted for this hearing and will be given the same consideration. Persons who want to give oral testimony are asked to send a message by e-mail to [rules@medicaid.ohio.gov](mailto:rules@medicaid.ohio.gov) no later than one hour before the hearing to be added to the witness list. Those attending in person can be added to the witness list at the hearing. There will be a final call at the end of the hearing for persons who wish to offer oral testimony but are not yet on the witness list.

Written comments submitted in person or by e-mail, postal mail, or fax that are received or postmarked no later than the day of the hearing will be accepted as testimony and will become part of the hearing record. All testimony will become public record; therefore, ODM asks that protected health information (PHI) be excluded unless the information belongs to the person submitting the testimony or to a person for whom the submitter is a legal guardian. Written

testimony sent by e-mail is highly recommended. All persons who submit testimony by e-mail will be sent a confirmation of receipt.

A copy of the proposed rule is available to any person, without charge, at the following locations:

Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, OH 43215 or  
On the internet at <http://www.registerofohio.state.oh.us>.

Requests for a copy of the rule, as well as comments on the rule, may be submitted in any of the following ways:

By mail to the Rule Administrator, Office of Chief Legal Counsel, Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, OH 43215;

By fax to (614) 995-1301; or

By e-mail to [rules@medicaid.ohio.gov](mailto:rules@medicaid.ohio.gov).

ODM is committed to providing access and inclusion; and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM's Civil Rights/ADA Coordinator:

Phone: 614-995-9981 Voice / 711 TTY

Fax: 614-644-1434

E-mail: [ODM\\_EEO\\_EmployeeRelations@medicaid.ohio.gov](mailto:ODM_EEO_EmployeeRelations@medicaid.ohio.gov)

Requests should be made no later than three business days prior to the scheduled hearing.

If you believe that ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's Civil Rights Coordinator; and/or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Further information about these processes and ODM's compliance with civil rights laws and other applicable laws can be found here: [Notice of Nondiscrimination](#).