

Hearing Date: 7/9/2018

Today's Date: 7/11/2018

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-2-05, 5160-2-65, 5160-2-75

If no comments at the hearing, please check the box. ☐

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Ohio Hospital Association: 5160-2-05, 5160-2-65, 5160-2-75

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Hearing Report and Summary

Consolidated Summary of Comments Received

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

For OAC rule 5160-2-05, OHA expressed support for the Department's clarification of the definition of a rural hospital. They also expressed appreciation for the Department's clarification of how rates are determined for new, replacement, acquired, or merged hospitals. For OAC rule 5160-2-65, OHA indicated they understood the Department's decision to reform and modernize inpatient hospital reimbursement to update inpatient relative weights using more recent hospital cost report data. They recommended the Department consider implementing a budget neutral approach to the DRG relative weight adjustments. For OAC rule 5160-2-75, OHA indicated they appreciated and support the Department's decision to modernize and reform the outpatient hospital reimbursement methodology. They also indicated they are in support of the Department removing discounting factors applicable to observation services and to include acupuncture services in an outpatient setting. They also expressed appreciation for the Department's decision to not recalibrate EAPG relative weights at this time.

Hearing Report and Summary

Incorporated Comments into Rule(s)

Indicate how comments received during the hearing process were incorporated into the rule(s).
If no comments were incorporated, explain why not.

OHA's comment about the Department implementing a budget neutral approach was not incorporated into OAC rule 5160-2-65 due to the fact that a pure recalibration cannot be achieved by way of a budget neutral approach. A recalibration uses newer cost data to measure the resource intensity of claims. As hospitals become more efficient, costs generally trend downward which results in lower relative weights and downward pressure on total system payments, while also providing more resources for cases that consume more resources relative to all cases. While the Department understands OHA's preference for budget neutrality, that is not a commitment the Department can make at this time.