

**Note:** Upload completed document to the Electronic Rule Filing System.

Hearing Date: 11/17/2023

Today's Date: 12/7/2023

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-10-02, 5160-10-08, 5160-10-09, 5160-10-11, 5160-10-15, 5160-10-17, 5160-10-18, 5160-10-23, 5160-10-24, 5160-10-27, 5160-10-30, 5160-10-31, 5160-10-32, 5160-10-33, 5160-10-34 with appendix, 5160-10-35

---

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 Association of Medical Equipment Services (OAMES) -- No specific rule

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

6. Click here to enter text.

7. Click here to enter text.

8. Click here to enter text.

9. Click here to enter text.

10. Click here to enter text.

11. Click here to enter text.

12. Click here to enter text.

13. Click here to enter text.

14. Click here to enter text.

15. Click here to enter text.

16. Click here to enter text.

## Hearing Summary Report

### **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).

---

OAMES expressed support for the increases in Medicaid payment.

## Hearing Summary Report

### **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.

---

Because the testimony was in support of the rule package, no change to the rules is needed.