

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: 8/29/2025

TIME: 11:00 a.m.

Teleconference Dial-in Phone Number: 614-721-2972

Teleconference Pin: 966577603#

Link to Microsoft Teams Meeting for Hearing: [Join the meeting now.](#)

In-Person Location: 50 West Town Street, Suite 400, Room A501, Columbus, Ohio 43215

Pursuant to section 5164.02 and Chapter 119. of the Ohio Revised Code, the Director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to amend the rule identified below and of a public hearing thereon.

Rule 5160-2-30, entitled Hospital franchise fee program, sets forth the assessment rates applied to all hospitals located in Ohio. This rule is being proposed for amendment to establish the assessment rates for the hospital franchise fee and statewide hospital directed payment programs for the program year that ends in calendar year 2026, and each program year thereafter, and to increase public and regulatory visibility for Ohio's existing hospital franchise fee program.

The amendments to this rule include establishing an assessment rate for the program year ending in calendar year 2026, and for each program year thereafter to be 4.37% of a hospital's total facility costs. In addition to that assessment and for the purpose of supporting a statewide hospital directed payment program, the rule establishes an assessment rate of 3.641923% of a hospital's total facility costs for the program year that ends in calendar year 2026, and each program year thereafter. The rule limits the total aggregate tax collected from hospitals including those referenced in this rule and any other provider tax, to the amount of indirect hold harmless guarantees prescribed by federal law (42 C.F.R. 433.68).

ODM will hold the public hearing for this rule package via teleconference and in person. 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), and 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 no later than one hour before the hearing to be added to the witness list. Those attending in person can also 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, 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 which 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, without charge, to any person at the address listed below. The rule is also available on the internet at <http://www.registerofohio.state.oh.us/>. Requests for a copy of the proposed rule or comments on the rule should be submitted by mail to the Ohio Department of Medicaid, Office of Legal Counsel, 50 W. Town Street, Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at 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, Section 1557 of the Affordable Care Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (braille, large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM's Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, Fax 1-614-644-1434, or Email: ODM_EEO_EmployeeRelations@medicaid.ohio.gov. Requests should be made at least three (3) business days prior to the scheduled hearing. If you believe 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 on these processes and ODM's compliance with civil rights and other applicable laws can be found here: [Notice of Nondiscrimination](#).