Hearing Summary Report Hearing Report and Summary

Hearing Date: 7/27/2018 Today's Date: 8/3/2018

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-3-01, 5160-3-17, 5160-3-41, 5160-3-57, 5160-3-58, 5160-3-65

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. Click here to enter text.
- 2. Click here to enter text.
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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).	

Click here to enter text.			

Hearing Report and Summary

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

Click here to enter text.			