Hearing Date: 11/16/2020 Today's Date: 12/3/2020

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-3-16.4, 5160-3-18, 5160-3-19, 5160-3-41.3

If no comments at the hearing, please check the box.  $\square$ 

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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- **16.** Click here to enter text.

HSR p(188700) d: (770167) print date: 11/01/2025 4:54 PM

## **Hearing Report and Summary**

## **Consolidated Summary of Comments Received**

| Please review all comments received and complete a consolidated summary paragraph or | f the |
|--|-------|
| comments and indicate the rule number(s).  |       |

| Click here to enter text. |  |  |  |
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## **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.

| Click here to enter text. |  |  |  |
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