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Hearing Date: 10/8/2021 Today's Date: 11/1/2021
Agency: Ohio Department of Medicaid
Rule Number(s): 5160-12-08
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. Ohio Association of Physician Assisstants
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HSR p(190675) d: (789135) print date: 07/05/2025 7:31 PM

## **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).

The comments provided asked ODM to refer to physician assistants rather than physician's assistants and to change references to physicians to the term providers throughout the rule.

## **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.

As the current rule change is limited to implementing the rate adjustment funded in HB 110, no change was made at this time. However, ODM is currently completing a comprehensive review of this rule and the comments will be addressed as part of that process.