SUBMITTED: 12/05/2024 11:26 AM

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

Hearing Date: 12/5/24 Today's Date: .12/5/24

Agency: Ohio Bureau of Workers'

Compensation

Rule Number(s): 4123-6-37.1

If no comments at the hearing, please check the box. \mathbf{x}

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

<u>In-Person Comments:</u> No comments received.

Individual(s)/Organization(s)	Rule	Comments

Written Comments: Comments received.

Individual(s)/Organization(s) - The Ohio Hospital Association (OHA)

Rule - 4123-6-37.1 Payment of hospital inpatient services

Comments:

OHA's Director of Health Economics and Policy submitted a letter indicating OHA is supportive of BWC's 2025 proposed rule.

The letter states OHA is supportive of BWC's proposed adoption of the 2025 Medicare rates and the adoption of a payment adjustment factor of 1.192.

Individual(s)/Organization(s) – Paul Scheatzle DO

Rule - 4123-6-37.1 Payment of hospital inpatient services

Comments:

I agree with a fee schedule as printed.

Individual(s)/Organization(s) - Carla Geary, CPC, COC, Branch Manager CorVel Corporation Mid-Atlantic Region Ohio MCO

Rule - 4123-6-37.1 Payment of hospital inpatient services

Comments:

I am replying to the request for MCO review and feedback for the current Inpatient Hospital Reimbursement Rule, Ohio Administrative Code 4123- 6-37.1 effective February 1, 2025, and the current Professional Provider Medical Services Fee Schedule Rule, Ohio Administrative Code 4123- 6-08 effective January 1, 2025. CorVel Ohio MCO has no comments or feedback on the fee schedules Presented.

HSR p(207790) d: (871488) print date: 05/15/2025 1:50 AM

Hearing Summary Report

Individual(s)/Organization(s) – Thomas Andreshak MD Rule - 4123-6-37.1 Payment of hospital inpatient services Comments:

I accept the proposed changes and fee schedules

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).

No comments received.

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.

Comment Received	Rule	How Incorporated

No comments received.