SUBMITTED: 02/18/2025 11:38 AM

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

Hearing Date: 2/14/2025 Toda	ay's Date: 2/18/2025
Agency: Ohio Department of Medicaid	
Rule Number(s): 5160-27-13	
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. CareSource 5160-27-13	
2. Click here to enter text.	
3. Click here to enter text.	
4. Click here to enter text.	
5. Click here to enter text.	
6. Click here to enter text.	
7. Click here to enter text.	
8. Click here to enter text.	
9. Click here to enter text.	
10. Click here to enter text.	
11. Click here to enter text.	
12. Click here to enter text.	
13. Click here to enter text.	
14. Click here to enter text.	
15. Click here to enter text.	
16. Click here to enter text.	

HSR p(204650) d: (880556) print date: 10/16/2025 1:11 AM

## **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).

CareSource stated that it did not have any comments or questions concerning 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.

Not Applicable