

FIELD VERIFICATION. THE HOSPITAL, SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SHALL HAVE THE RIGHT TO REQUEST REVIEW OF THE FIELD VERIFICATION BY AN APPEAL BOARD BY FILING WRITTEN NOTICE WITH THE APPEAL BOARD WITHIN 30 DAYS AFTER RECEIPT OF THE NOTIFICATION FROM THE DEPARTMENT OR ITS AGENT OF THE RESULTS OF THE FIELD VERIFICATION. THE APPEAL BOARD SHALL BE COMPOSED OF A REPRESENTATIVE OF THE INDUSTRY AFFECTED WHO IS A PERSON KNOWLEDGEABLE IN MEDICARE AND MEDICAID REIMBURSEMENT PRINCIPLES, APPOINTED BY THE SECRETARY; A PERSON WHO IS EMPLOYED BY THE STATE AND KNOWLEDGEABLE IN MEDICARE AND MEDICAID REIMBURSEMENT PRINCIPLES AND WHO DID NOT DIRECTLY PARTICIPATE IN THE FIELD VERIFICATIONS, APPOINTED BY THE SECRETARY; THESE TWO PERSONS SHALL THEN PICK THE THIRD MEMBER OF THE BOARD. AFTER THE DEPARTMENT RECEIVES THE FINDINGS OF THE APPEAL BOARD, THE DEPARTMENT SHALL MAKE A DETERMINATION OF THE AMOUNT DUE THE STATE AND SO NOTIFY THE HOSPITAL, SKILLED NURSING FACILITY OR INTERMEDIATE CARE FACILITY OF THAT AMOUNT. EACH HOSPITAL, SKILLED NURSING FACILITY, OR INTERMEDIATE CARE FACILITY SHALL PAY THE AMOUNT DUE THE DEPARTMENT WITHIN 60 DAYS AFTER NOTIFICATION OR, IF NOTICE WAS ISSUED BEFORE JULY 1, 1976, WITHIN 60 DAYS AFTER THAT DATE. [[THE DEPARTMENT SHALL CHARGE 6 PER CENT INTEREST PER ANNUM ON ANY AMOUNT REMAINING UNPAID AFTER THE 60 DAY PERIOD. THE INTEREST CHARGED SHALL NOT BE CONSIDERED A REIMBURSABLE COST TO THE HOSPITAL, SKILLED NURSING FACILITY OR INTERMEDIATE CARE FACILITY.]] AFTER EXPIRATION OF THE 60 DAY PERIOD, THE DEPARTMENT SHALL, IN ADDITION TO OTHER RIGHTS OR REMEDIES WHICH MAY BE AVAILABLE, RECOVER THE UNPAID BALANCE [[AND INTEREST]] BY WITHHOLDING UP TO 20 PER CENT FROM PAYMENTS WHICH WOULD OTHERWISE BE DUE OR PAYABLE TO THE HOSPITAL, SKILLED NURSING FACILITY OR INTERMEDIATE CARE FACILITY.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1976.

Approved May 4, 1976.

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CHAPTER 490

(House Bill 1329)

AN ACT concerning

Medical Assistance Program - Cost Reports

FOR the purpose of authorizing the Department of Health and Mental Hygiene to require certain cost reports be submitted by hospitals, skilled nursing facilities, and intermediate care facilities participating in the Maryland Medical Assistance