

In subsection (a)(2) of this section, the defined term "Program recipient" is substituted for the word "patient", for consistency.

Also in subsection (a)(2) of this section, the former phrase "but not be limited to" is deleted as unnecessary in light of the definition of "includes"/"including".

In subsection (b)(1) of this section, the reference to not being "civilly liable" is substituted for the phrase "may not be monetary liability ... or a cause of action for damages", for brevity.

The only other changes are in style.

The third and fourth sentences of former Article 43, § 42(c), which required the review to include drug prescribing practices and a report on these practices to be made by December 31, 1977, are deleted as obsolete. To the extent that the former third sentence was intended to require a continuing review of drug prescribing practices, the sentence is unnecessary in light of the broad reference in subsection (a)(2) of this section to review of the "proper use of the services by ... the provider".

Defined terms: "Includes"/"including" § 1-101
 "Program" § 15-101 "Secretary" § 1-101
 "Program recipient" § 15-101

15-107. COST REPORTS OF PROGRAM PARTICIPANTS.

(A) "FACILITY" DEFINED.

IN THIS SECTION, "FACILITY" MEANS A HOSPITAL, INTERMEDIATE CARE HOME, OR SKILLED NURSING HOME.

(B) REPORTS AUTHORIZED; WITHHOLDING PAYMENTS.

(1) THE DEPARTMENT MAY REQUIRE FACILITIES THAT PARTICIPATE IN THE PROGRAM TO SUBMIT COST REPORTS, AS DEFINED BY THE DEPARTMENT, WITHIN THE TIME SET BY THE DEPARTMENT.

(2) IF A REPORT IS NOT SUBMITTED WITHIN THAT TIME, THE DEPARTMENT SHALL WITHHOLD FROM THE FACILITY UP TO 10 PERCENT OF CURRENT INTERIM PAYMENTS FOR THE CALENDAR MONTH IN WHICH THE REPORT IS DUE AND ANY LATER CALENDAR MONTHS UNTIL THE REPORT IS SUBMITTED.

REVISOR'S NOTE: This section formerly appeared as Article 43, § 42F.