

A HOSPITAL OR FACILITY MAY APPEAL THE RESULTS OF A FIELD VERIFICATION BY FILING WRITTEN NOTICE WITH THE APPROPRIATE BOARD WITHIN 30 DAYS AFTER THE HOSPITAL OR FACILITY RECEIVES THE NOTICE FROM THE DEPARTMENT OR ITS AGENT.

(E) DETERMINATION AND PAYMENT OF AMOUNT DUE STATE.

(1) AFTER THE DEPARTMENT RECEIVES THE FINDINGS OF A BOARD, THE DEPARTMENT SHALL DETERMINE THE AMOUNT THAT IS DUE TO THIS STATE AND NOTIFY THE HOSPITAL OR FACILITY OF THAT AMOUNT.

(2) WITHIN 60 DAYS AFTER NOTIFICATION, THE HOSPITAL OR FACILITY SHALL PAY THE AMOUNT DUE THE DEPARTMENT. AFTER THE 60-DAY PERIOD ENDS, THE DEPARTMENT, IN ADDITION TO ANY OTHER RIGHTS OR REMEDIES THAT MAY BE AVAILABLE, SHALL RECOVER THE UNPAID BALANCE BY WITHHOLDING UP TO 20 PERCENT FROM PAYMENTS THAT OTHERWISE WOULD BE DUE OR PAYABLE TO THE HOSPITAL OR FACILITY.

REVISOR'S NOTE: Subsection (a) of this section is new language added to avoid the former references to "the appeal board", since, in practice, the Secretary has established 2 permanent boards to hear the appeals under this section of hospitals and of nursing homes.

Subsection (b)(1) of this section is new language added to state expressly that the Secretary may create one or more boards.

Subsections (b)(2) through (e) of this section formerly appeared as Article 43, § 42E.

In subsection (c) of this section, the reference to field verification "of the costs and allowable charges" is added for clarity.

In subsection (e)(2) of this section, the former reference to notices "issued before July 1, 1976" is deleted as obsolete.

The only other changes are in style.

Defined terms: "Department" § 1-101  
"Program" § 15-101 "Secretary" § 1-101

15-109. ELIGIBILITY.

(A) SOCIAL SECURITY BENEFITS.

AN INDIVIDUAL IS NOT INELIGIBLE UNDER THE PROGRAM SOLELY BECAUSE SOCIAL SECURITY BENEFITS RECEIVED BY THE INDIVIDUAL ARE INCREASED, UNLESS: