

(i) Shall consider the financial means and abilities of the recipient of services and any chargeable person; and

(ii) May agree to accept less than the charges set for the services provided.

(c) (1) In this subsection, "continuous hospitalization" means all hospitalization where each period of inpatient care begins within 1 year after the last period of inpatient care ended.

(2) If payment has been made for the first 30 months of continuous hospitalization, the liability of a chargeable person for care of the recipient of services after that period may not exceed the greater of:

(i) The sum of any proceeds of applicable insurance, group health plan, or prepaid medical care that the insurer or plan pays because of liability for the payment of or repayment for the cost of care provided to the recipient of services; or

(ii) 15 percent of the charges for services set under § 16-201 of this subtitle.

(d) The Department may set the amount of payments retroactively:

(1) For a period of not more than 6 months from the date when the Department sets the amount of payments; and

(2) After inquiry by the Department, for a greater period, if:

(i) The recipient of services, the responsible relatives of the recipient, or any other person who has financial information about the recipient of services has failed or refused to give that information to the Department; or

(ii) Any charges assessed third party insurers have been denied wholly or partly.

16-404.

(a) If there is any insurance, group health plan, or prepaid medical care coverage for part or all of the cost of the care provided, the Department shall seek to collect the proceeds of the insurance, plan, or coverage to the full extent required to pay for the charges for services set under § 16-201 of this title. THE INSURED OR POLICYHOLDER MAY NOT WITHHOLD THE PAYMENT AND SHALL ASSIGN TO THE DEPARTMENT ANY BENEFITS AVAILABLE UNDER THE POLICY FOR SERVICES RENDERED BY THE DEPARTMENT TO ANY INSURED COVERED BY THE POLICY.