

(II) WITHIN ~~30~~ 60 DAYS AFTER RECEIPT OF THE PROVIDER'S REQUEST, THE ADMINISTRATION SHALL MAKE A DECISION ON THE REQUEST FOR AN ADMINISTRATIVE RESOLUTION.

(III) IF AN ADMINISTRATIVE RESOLUTION ~~CAN NOT~~ CANNOT BE REACHED BETWEEN THE PROVIDER AND THE ADMINISTRATION, THE PROVIDER MAY REQUEST AN EVIDENTIARY HEARING OR AN ORAL HEARING IN ACCORDANCE WITH REGULATIONS OF THE DEPARTMENT.

(C) SUBJECT TO THE PROVISIONS OF SUBSECTIONS (D), (E), AND (F) OF THIS SECTION, THE ADMINISTRATION SHALL PROVIDE PAYMENT TO PRIVATE PROVIDERS FOR THE SERVICES PROVIDED FROM THE FUNDS DESIGNATED IN SUBSECTION (B) OF THIS SECTION IN ACCORDANCE WITH THE FOLLOWING PAYMENT SCHEDULE:

(1) ON OR BEFORE THE THIRD BUSINESS DAY OF THE FISCAL QUARTER BEGINNING JULY 1, 33% OF THE TOTAL ANNUAL AMOUNT TO BE PAID TO THE PROVIDER;

(2) ON OR BEFORE THE THIRD BUSINESS DAY OF THE FISCAL QUARTER BEGINNING OCTOBER 1, 25% OF THE TOTAL ANNUAL AMOUNT TO BE PAID TO THE PROVIDER;

(3) ON OR BEFORE THE THIRD BUSINESS DAY OF THE FISCAL QUARTER BEGINNING JANUARY 1, 25% OF THE TOTAL ANNUAL AMOUNT TO BE PAID TO THE PROVIDER; AND

(4) ON OR BEFORE THE THIRD BUSINESS DAY OF THE FISCAL QUARTER BEGINNING APRIL 1, 17% OF THE TOTAL ANNUAL AMOUNT TO BE PAID TO THE PROVIDER.

(D) THE ADMINISTRATION MAY DEVIATE FROM THE PAYMENT SCHEDULE PROVIDED UNDER SUBSECTION (C) OF THIS SECTION FOR ANY PROVIDER:

(1) THAT IS REIMBURSED THROUGH THE PROSPECTIVE PAYMENT SYSTEM AND FAILS TO SUBMIT PROPERLY COMPLETED PROGRAM ATTENDANCE REPORTS WITHIN 15 DAYS OF THE BEGINNING OF EACH MONTH; OR

(2) THAT PROVIDES SERVICES UNDER THE MEDICAL ASSISTANCE PROGRAM AND FAILS TO SUBMIT THE DESIGNATED FORMS USED BY THE MEDICAL ASSISTANCE PROGRAM TO CLAIM FEDERAL FUND PARTICIPATION WITHIN 30 DAYS AFTER THE END OF EACH MONTH.

(E) A DEVIATION FROM THE PAYMENT SCHEDULE AS PROVIDED UNDER SUBSECTION (D) OF THIS SECTION MAY OCCUR ONLY IF THE ADMINISTRATION HAS:

(1) ADVISED THE PROVIDER THAT:

(I) AN ATTENDANCE REPORT WHICH HAS BEEN SUBMITTED ON TIME IS IN NEED OF CORRECTION; OR

(II) A DESIGNATED MEDICAL ASSISTANCE FORM WHICH HAS BEEN SUBMITTED ON TIME IS IN NEED OF CORRECTION;