

REVISOR'S NOTE: This section is new language derived without substantive change from former Article 43, § 787 and the second sentence of § 785(b).

This section is revised to clarify that an individual is accepted for treatment and, then, certified for State payments. See revisor's note to § 13-307 of this subtitle.

Defined terms: "Commission" § 13-301
"Department" § 1-101

13-311. PAYMENTS BY STATE.

(A) IN GENERAL.

THIS STATE MAY PAY THE INCURRED COST OF ALL TREATMENT THAT A CERTIFIED PATIENT IS GIVEN, FOR ANY CAUSE, ON OR AFTER THE DATE OF CERTIFICATION OF THAT PATIENT, IF THE TREATMENT IS GIVEN IN:

(1) A CERTIFIED DIALYSIS OR TRANSPLANT CENTER THAT IS IN THIS STATE;

(2) A DIALYSIS OR TRANSPLANT CENTER THAT IS IN A CONTIGUOUS STATE AND IS APPROVED BY THAT CONTIGUOUS STATE AND THE COMMISSION; OR

(3) A HOME DIALYSIS PROGRAM THAT IS APPROVED BY THE COMMISSION.

(B) PROHIBITED PAYMENTS.

THE SECRETARY MAY NOT PAY FOR ANY TREATMENT THAT AN INDIVIDUAL RECEIVES AT A FACILITY OR PROGRAM THAT IS NOT CERTIFIED OR OTHERWISE APPROVED.

(C) INVOICES.

(1) EXCEPT FOR AN INVOICE SUBMITTED TO A MEDICARE INTERMEDIARY OR ANY OTHER INSURANCE PROVIDER, THE SECRETARY MAY NOT MAKE ANY PAYMENT FOR AN INVOICE THAT THE SECRETARY RECEIVES MORE THAN 12 MONTHS AFTER THE DATES OF THE SERVICES GIVEN.

(2) AN INVOICE SHALL BE SUBMITTED TO THE SECRETARY WITHIN 6 MONTHS AFTER PAYMENT OR REJECTION BY THE MEDICARE INTERMEDIARY OR OTHER INSURANCE PROVIDERS.

(3) A PROVIDER WHO FAILS TO SUBMIT AN INVOICE WITHIN THE REQUIRED TIME MAY NOT RECOVER THE AMOUNT LATER FROM EITHER THE PATIENT OR THE SECRETARY.

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