

(B) THE STATE ~~MAY~~ SHALL PAY THE INCURRED COSTS OF ALL PRESCRIPTION DRUGS AND OTHER PHARMACEUTICAL PRODUCTS, IN ACCORDANCE WITH RATES ESTABLISHED BY THE DEPARTMENT, THAT ARE DETERMINED TO BE MEDICALLY NECESSARY BY THE RECIPIENT'S PHYSICIAN THAT ARE DETERMINED TO BE MEDICALLY NECESSARY BY THE RECIPIENT'S PHYSICIAN FOR TREATMENT RELATED TO KIDNEY DISEASE IN ACCORDANCE WITH RATES ESTABLISHED BY THE DEPARTMENT.

[(b)] (C) 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)] (D) (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~~ 6 months after the dates of the services given.

(2) An invoice shall be submitted to the Secretary within ~~6~~ 3 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.

~~(4) THE KIDNEY DISEASE PROGRAM SHALL SERVE AS THE PAYOR OF LAST RESORT AFTER ALL APPLICABLE COVERAGES HAVE BEEN DOCUMENTED AND ALL DEDUCTIBLES MET.~~

13-315.

(A) THE PROGRAM SHALL BE THE PAYOR OF LAST RESORT. THE DEPARTMENT IS AUTHORIZED TO REQUIRE PROVIDERS TO SEEK ALL AVAILABLE THIRD PARTY REIMBURSEMENT PRIOR TO BILLING THE PROGRAM.

(B) IF IT IS DETERMINED TO BE IN THE DEPARTMENT'S BEST INTEREST, THE DEPARTMENT MAY PAY THE HEALTH INSURANCE PREMIUMS OF RECIPIENTS, INCLUDING PART B PREMIUMS, TO INSURANCE CARRIERS OR EMPLOYERS UNDER THE PROGRAM.

13-312.

~~(A) (1) IN THIS SECTION, "LIQUID ASSETS" MEANS CASH, BANK ACCOUNTS, AND INVESTMENTS, SUCH AS STOCKS AND BONDS, THAT CAN BE READILY CONVERTED INTO CASH.~~

~~(2) "LIQUID ASSETS" DOES NOT INCLUDE AN INDIVIDUAL'S HOME.~~