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§16–203.

(a) (1) The cost of care of a recipient of services shall be determined in accordance with the charges for services set under § 16-201 of this subtitle.

(2) Except as otherwise provided in this title:

(i) Payment for this cost of care shall be made by the recipient of services or a chargeable person;

(ii) Their liability for this payment is joint and several; and

(iii) 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.

(3) Liability may not be imposed under this title on any spouse or child of a recipient of services, if the spouse or child has been abandoned by the recipient of services. The Department shall adopt rules and regulations that define abandonment for the purposes of this subsection.

(4) Liability may not be imposed under this title on a responsible relative if any responsible relative has been the victim of sexual abuse, physical abuse, or a crime of violence as defined in § 14-101 of the Criminal Law Article perpetrated by the recipient of services. The Department shall adopt regulations that define “sexual abuse, physical abuse, or a crime of violence” as defined in § 14-101 of the Criminal Law Article for the purposes of this paragraph.

(b) (1) The Department:

(i) Shall set the time and amount of payments; and

(ii) May change its orders as to payments, as circumstances may warrant.

(2) In setting the amount of payments, the Department:

(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, “total lifetime hospitalization” means the sum total of all periods of inpatient hospitalization for a recipient of services in any State hospital

or facility whether these periods are intermittent or continuous.

(2) If a chargeable person has paid for the first 24 months of total lifetime hospitalization of a recipient of services, the liability of that chargeable person for care of the recipient of services after that period may not exceed 15 percent of the charges for services set under § 16-201 of this subtitle.

(3) 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 does not count as payments paid by a chargeable person for the purpose of determining the total lifetime hospitalization of a recipient of services.

(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, agency, or organization that has a summary of financial, medical, or psychological diagnoses about the recipient of services has failed or refused to give that information to the Department when the obtaining and use of this information is connected to the Department's billing and collection functions under this subtitle; or

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

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