

returned to the provider is resubmitted within the time period as set forth by the Department by regulation.

(b) A provider who fails to submit an invoice within the required time may not recover the amount later from the Program recipient.

15-109.

(a) An individual is not ineligible under the Program solely because social security benefits received by the individual are increased, unless:

(1) The individual is considered ineligible because of the increase under applicable rules or regulations of the United States Department of Health and Human Services; and

(2) As to that individual, federal matching funds for the State program are not available.

(b) [To] EXCEPT AS PROVIDED IN § 15-103(A)(2)(II) OF THIS SUBTITLE, TO determine eligibility under the Program, the Department annually shall set the allowable yearly income levels in amounts at least equal to the following:

(1) Family of 1 - \$2,500.

(2) Family of 2 - \$3,000.

(3) Family of 3 - \$3,500.

(4) Family of 4 - \$4,000.

(5) Family of 5 or more - \$4,500 plus an increase of \$500 for each family member in excess of 5.

(c) This section is effective only to the extent that its provisions do not conflict with federal requirements for the administration of the Program in this State.

(d) As a condition of eligibility for medical assistance, a recipient is deemed to have assigned to the Secretary of Health and Mental Hygiene or the Secretary's designee any rights to medical care support as determined by a court or administrative order and any rights to payment for medical care from health insurance as defined in Article 48A, § 66 of the Code.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1987.

Approved May 14, 1987.