

MAIMONIDES MEDICAL CENTER
2019 SLIDING SCALE FEE DISCOUNT SCHEDULE FOR INPATIENT SERVICES BASED ON MEDICAID RATES

Attachment A

Test A – Income Test¹

Family size	Federal Poverty Guidelines LEVEL I	Income Range LEVEL II		Income Range LEVEL III		Income Range LEVEL IV		Income Range LEVEL V		Income Range LEVEL VI		Income Range LEVEL VII		Asset Test Minimum Resource Level
1	\$12,490	\$12,491	\$15,614	\$15,615	\$18,735	\$18,736	\$24,980	\$24,981	\$31,225	\$31,226	\$37,470	\$37,471	Amt. Above	\$30,900
2	\$16,910	\$16,911	\$21,139	\$21,140	\$25,365	\$25,366	\$33,820	\$33,821	\$42,275	\$42,276	\$50,730	\$50,731	"	\$45,600
3	\$21,330	\$21,331	\$26,664	\$26,665	\$31,995	\$31,996	\$42,660	\$42,661	\$53,225	\$53,226	\$63,990	\$63,991	"	\$50,026
4	\$25,750	\$25,751	\$32,189	\$32,190	\$38,625	\$38,626	\$51,500	\$51,501	\$64,375	\$64,376	\$77,250	\$77,251	"	\$56,550
5	\$30,170	\$30,171	\$37,714	\$37,715	\$45,255	\$45,256	\$60,340	\$60,341	\$75,425	\$75,426	\$90,510	\$90,511	"	\$63,078
6	\$34,590	\$34,591	\$43,239	\$43,240	\$51,885	\$51,886	\$69,180	\$69,181	\$86,475	\$86,476	\$103,770	\$103,771	"	\$69,600
7	\$39,010	\$39,011	\$48,763	\$48,764	\$58,515	\$58,516	\$78,020	\$78,021	\$97,525	\$97,526	\$117,030	\$117,031	"	\$76,120
8	\$43,430	\$43,431	\$54,289	\$54,290	\$65,145	\$65,146	\$86,860	\$86,861	\$108,575	\$108,576	\$130,290	\$130,291	"	\$82,650
9	\$48,510	\$48,511	\$60,639	\$60,640	\$72,765	\$72,766	\$97,020	\$97,021	\$121,275	\$121,276	\$145,530	\$145,531	"	\$89,176
10	\$53,590	\$53,591	\$66,989	\$66,990	\$80,385	\$80,386	\$107,180	\$107,181	\$133,975	\$133,976	\$160,770	\$160,771	"	\$95,700
For each Addtl person add	\$5,080	\$6,350		\$7,620		\$10,160		\$12,700		\$15,240		N/A		\$6,526
Discount amount based on Medicaid DRG	100%	90%		80%		70%		60%		50%		0%		
Percentage Over FPL	100% of FPL	101% to 125% of FPL		126% to 150% of FPL		151% to 200% of FPL		201% to 250% of FPL		251% to 300% of FPL		Over 300% of FPL		

Test B – Liquid Assets Test (only applies if patient has twice (2x) the amount of Medicaid Allowable Resources)

Medicaid DRG / Total Liquid Assets	Greater than 90%	90% to 80%	79% to 70%	69% to 60%	59% to 50%	49% to 0%
Discount Amount	100%	75%	50%	25%	15%	0%
Example: Full Medicaid Rate is \$15,000	\$0	\$3,750	\$7,500	\$11,250	\$15,000	
$\frac{\text{Rate } 15,000}{\text{Assets } 31,000} = 48\% \text{ Patient's responsibility will be } 85\% \text{ of } \$15,000 = \underline{12,750}$						

Full Medicaid Rates are due from patients whose income exceeds 300% of the FPL, or whose charges to liquid assets ratio is 49% or less.