

MAIMONIDES MEDICAL CENTER
2023 SLIDING SCALE FEE DISCOUNT SCHEDULE FOR INPATIENT SERVICES BASED ON MEDICAID RATES

Attachment A

Test A - Income Test¹

Family Size	Federal Poverty													Asset Text
	Guidelines	Income Range	LEVEL	Income Range	LEVEL	Income Range	LEVEL	Income Range	LEVEL	Income Range	LEVEL	Income Range		Minimum
	LEVEL 1	II 1.25		III 1.5		IV 2.0		V 2.5		VI 3.0		LEVEL VII		Resource Level
1	\$14,580	\$14,581	\$18,226	\$18,227	\$21,870	\$21,870	\$29,160	\$29,160	\$36,450	\$36,450	\$43,740	\$43,740	Amt Above	\$32,100
2	\$19,720	\$19,721	\$24,651	\$24,652	\$29,580	\$29,580	\$39,440	\$39,440	\$49,300	\$49,300	\$59,160	\$59,160	"	\$49,067
3	\$24,860	\$24,861	\$31,076	\$31,077	\$37,290	\$37,290	\$49,720	\$49,720	\$62,150	\$62,150	\$74,580	\$74,580	"	\$53,043
4	\$30,000	\$30,001	\$37,501	\$37,502	\$45,000	\$45,000	\$60,000	\$60,000	\$75,000	\$75,000	\$90,000	\$90,000	"	\$59,896
5	\$35,140	\$35,141	\$43,926	\$43,927	\$52,710	\$52,710	\$70,280	\$70,280	\$87,850	\$87,850	\$105,420	\$105,420	"	\$66,758
6	\$40,280	\$40,281	\$50,351	\$50,352	\$60,420	\$60,420	\$80,560	\$80,560	\$100,700	\$100,700	\$120,840	\$120,840	"	\$70,431
7	\$45,420	\$45,421	\$56,776	\$56,777	\$68,130	\$68,130	\$90,840	\$90,840	\$113,550	\$113,550	\$136,260	\$136,260	"	\$80,487
8	\$50,560	\$50,561	\$63,201	\$63,202	\$75,840	\$75,840	\$101,120	\$101,120	\$126,400	\$126,400	\$151,680	\$151,680	"	\$87,352
9	\$55,700	\$55,701	\$69,626	\$69,627	\$83,550	\$83,550	\$111,400	\$111,400	\$139,250	\$139,250	\$167,100	\$167,100	"	\$94,222
10	\$60,840	\$60,841	\$76,051	\$76,052	\$91,260	\$91,260	\$121,680	\$121,680	\$152,100	\$152,100	\$182,520	\$182,520	"	\$101,091
For each Addt'l person add	\$5,140	\$6,425		\$7,710		\$10,280		\$12,850		\$15,420		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	\$12,750	\$0
Rate Assets	15,000 31,600	=47% Patient's entitled 0% discount. Patient responsibility full Medicaid DRG rate				

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.

