

MAIMONIDES MEDICAL CENTER
 2024 SLIDING SCALE FEE DISCOUNT SCHEDULE FOR INPATIENT SERVICES BASED ON MEDICAID RATES

Attachment A

Test A - Income Test¹

??

Family Size	Federal Poverty Guidelines LEVEL 1	Income Range II 1.25	LEVEL Income Range III 1.5	LEVEL Income Range IV 2.0	LEVEL Income Range V 2.5	LEVEL Income Range VI 3.0	LEVEL Income Range LEVEL VII	Amt Above	Asset Text Minimum Resource Level					
1	\$15,060	\$15,061	\$18,826	\$18,827	\$22,590	\$22,590	\$30,120	\$37,650	\$37,650	\$45,180	\$45,180	\$45,180	"	\$32,100
2	\$20,440	\$20,441	\$25,551	\$25,552	\$30,660	\$30,660	\$40,880	\$51,100	\$51,100	\$61,320	\$61,320	\$61,320	"	\$49,067
3	\$25,820	\$25,821	\$32,276	\$32,277	\$38,730	\$38,730	\$51,640	\$64,550	\$64,550	\$77,460	\$77,460	\$77,460	"	\$53,043
4	\$31,200	\$31,201	\$39,001	\$39,002	\$46,800	\$46,800	\$62,400	\$78,000	\$78,000	\$93,600	\$93,600	\$93,600	"	\$59,896
5	\$36,580	\$36,581	\$45,726	\$45,727	\$54,870	\$54,870	\$73,160	\$91,450	\$91,450	\$109,740	\$109,740	\$109,740	"	\$66,758
6	\$41,960	\$41,961	\$52,451	\$52,452	\$62,940	\$62,940	\$83,920	\$104,900	\$104,900	\$125,880	\$125,880	\$125,880	"	\$70,431
7	\$47,340	\$47,341	\$59,176	\$59,177	\$71,010	\$71,010	\$94,680	\$118,350	\$118,350	\$142,020	\$142,020	\$142,020	"	\$80,487
8	\$52,720	\$52,721	\$65,901	\$65,902	\$79,080	\$79,080	\$105,440	\$131,800	\$131,800	\$158,160	\$158,160	\$158,160	"	\$87,352
9	\$58,100	\$58,101	\$72,626	\$72,627	\$87,150	\$87,150	\$116,200	\$145,250	\$145,250	\$174,300	\$174,300	\$174,300	"	\$94,222
10	\$63,480	\$63,481	\$79,351	\$79,352	\$95,220	\$95,220	\$126,960	\$158,700	\$158,700	\$190,440	\$190,440	\$190,440	"	\$101,091
For each Addtl person add	\$5,380	\$6,725	\$8,070	\$10,760	\$13,450	\$16,140	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	=47% Patient's entitled 0% discount. Patient responsibility full Medicaid DRG rate				
	31,600					

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

CODE: FIN-28

DATE: 2024

MAIMONIDES MEDICAL CENTER

2024 SLIDING FEE SCALE DISCOUNT SCHEDULE FOR OUTPATIENT AMBULATORY SURGERY, CLINIC, ER DEPT., REFERRED AMBULATORY AND ANCILLARY SERVICES BASED ON MEDICARE APC RATES

Attachment B

Test A - Income Test¹

??

Family Size	Federal Poverty Guidelines LEVEL 1	Income Range II 1.25	LEVEL Income Range III 1.5	LEVEL Income Range IV 2.0	LEVEL Income Range V 2.5	LEVEL Income Range VI 3.0	Income Range LEVEL VII	Amt Above	Asset Test Minimum Resource Level
1	\$15,060	\$15,061	\$18,826	\$18,827	\$22,590	\$22,590	\$30,120	\$37,650	\$32,100
2	\$20,440	\$20,441	\$25,551	\$25,552	\$30,660	\$30,660	\$40,880	\$51,100	\$49,067
3	\$25,820	\$25,821	\$32,276	\$32,277	\$38,730	\$38,730	\$51,640	\$64,550	\$53,043
4	\$31,200	\$31,201	\$39,001	\$39,002	\$46,800	\$46,800	\$62,400	\$78,000	\$59,896
5	\$36,580	\$36,581	\$45,726	\$45,727	\$54,870	\$54,870	\$73,160	\$91,450	\$66,758
6	\$41,960	\$41,961	\$52,451	\$52,452	\$62,940	\$62,940	\$83,920	\$104,900	\$70,431
7	\$47,340	\$47,341	\$59,176	\$59,177	\$71,010	\$71,010	\$94,680	\$118,350	\$80,487
8	\$52,720	\$52,721	\$65,901	\$65,902	\$79,080	\$79,080	\$105,440	\$131,800	\$87,352
9	\$58,100	\$58,101	\$72,626	\$72,627	\$87,150	\$87,150	\$116,200	\$145,250	\$94,222
10	\$63,480	\$63,481	\$79,351	\$79,352	\$95,220	\$95,220	\$126,960	\$158,700	\$101,091
For each Addtl person add	\$5,380	\$6,725	\$8,070	\$10,760	\$13,450	\$16,140	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)

Medicare APC Rate / Total Liquid Assets	Greater than 90%	90% to 80%	79% to 70%	69% to 60%	59% to 50%	49% to 0%
Discount Amount	100%	90%	80%	70%	60%	0%
Example: Amb/Surg \$1,000 APC Rate	\$0	\$100	\$200	\$300	\$400	\$1,000

APC Rate Resources $\frac{\$1,000}{\$31,600}$ = 32% Patient's entitled 0% discount. Patient responsibility Full Medicaid APC rate

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

