

**CHILDREN'S MEDICAL SERVICES
FINANCIAL ANALYSIS FORM**

COST PARTICIPATION SCALE

All families must complete a Financial Analysis Form to determine: 1) eligibility for the program and 2) cost participation obligation for CMS services. **Patients and their families with adjusted incomes at or less than 150% of Federal Poverty Level (FPL) for their family size have \$0 Cost Participation.** Cost participation obligations are assessed for families with adjusted incomes greater than 150% FPL. Those families with adjusted incomes over 247% of the FPL do not qualify for the CMS program unless they have a Katie Beckett waiver.

Written Formula: (Adjusted family income for the family size) **minus** (150% FPL for the Number of Family Members in Household) **times** 10 percent **equals** the yearly cost participation fee.

Formula: (Adjusted income) – (150% FPL) x 0.10 = (yearly cost participation fee)

Example # 1 - A family of three with an adjusted family income of \$57,881 and has a child on a Katie Beckett. *Income is over 150% FPL baseline (\$31,995) and maximum income level (\$52,685).* $\$57,881 - \$31,995 \times 0.10 = \$2,588.60$ /per year
This means that this family must pay out of pocket \$2,589 during the year.

Example # 2 - A family of two with an adjusted family income of \$33,000 and has a child on PeachCare for Kids. *Income is over 150% FPL baseline (\$25,365).* $33,000 - \$25,365 \times 0.10 = \763.50 / per year
This means that this family must pay out of pocket \$764 during the year.

Example # 3 - A family of six with an adjusted family income of \$52,350 has a child with private insurance. *Income is over 150% FPL baseline (\$51,885).* $52,350 - \$51,885 \times 0.10 = \46.50 / per year
This means that this family must pay out of pocket \$47 during the year.

Example # 4 - A family of four with an adjusted family income of \$25,000 has a child with Medicaid. *Income is below 150% FPL baseline (\$38,625).* This means that this family has no cost participation.

Example # 5 - A family of six with an adjusted family income of \$87,500 has a child with private insurance. *Income is over 247% FPL (\$85,437).* This means that this family does not qualify for the CMS Program.

CMS FY 2020 FINANCIAL PARTICIPATION RANGE

Family Size	100% FPL	CMS Base 150% of FPL	CMS Maximum 247% of FPL
1	\$12,490	\$18,735	\$30,850
2	\$16,910	\$25,365	\$41,768
3	\$21,330	\$31,995	\$52,685
4	\$25,750	\$38,625	\$63,603
5	\$30,170	\$45,255	\$74,520
6	\$34,590	\$51,885	\$85,437
7	\$39,010	\$58,515	\$96,355
8	\$43,430	\$65,145	\$107,272
*	\$4,420	\$6,630	\$10,917

*For families units over 8, add the amount shown for each additional family member.

Child's Name: _____
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Date of Birth: ____ / ____ / ____
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