

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 (\$32,580) and maximum income level (\$53,648).* $\$57,881 - \$32,580 \times 0.10 = \$2,530.10$ /per year
This means that this family must pay out of pocket \$2,530.10 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 (\$25,860). $33,000 - \$25,860 \times 0.10 = \714 / per year
This means that this family must pay out of pocket \$714 during the year.

Example # 3 - A **family of six** with an adjusted family income of \$53,350 has a child with private insurance. Income is over 150% FPL baseline (\$52,740). $53,350 - \$52,740 \times 0.10 = \61 / per year
This means that this family must pay out of pocket \$61 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 (\$39,300). 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 (\$86,845). This means that this family does not qualify for the CMS Program.

CMS FY 2021 FINANCIAL PARTICIPATION RANGE

Family Size	100% FPL	CMS Base 150% of FPL	CMS Maximum 247% of FPL
1	\$12,760	\$19,140	\$31,517
2	\$17,240	\$25,860	\$42,583
3	\$21,720	\$32,580	\$53,648
4	\$26,200	\$39,300	\$64,714
5	\$30,680	\$46,020	\$75,780
6	\$35,160	\$52,740	\$86,845
7	\$39,64	\$59,460	\$97,911
8	\$44,120	\$66,180	\$108,976
*	\$4,480	\$6,720	\$11,066

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