



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

MEMORANDUM

DATE: June 16, 2020

TO: Deputy Secretaries
Directors of Program Administration
Health Officers
Superintendents of Facilities
Directors of Grantee Programs

FROM: Robert R. Neall, Secretary

SUBJECT: FY 2021 Ability to Pay Schedule – Outpatient Services

I have reviewed and approved the Ability to Pay Schedule to be used by all Local Health Departments and Private Vendors, who receive funds through the Maryland Department of Health for all outpatient services. This schedule becomes effective July 1, 2020. Please take the necessary steps to implement this change.

If you have questions, please contact the program representative or Nedina Broy Stevenson, Division of Cost Accounting and Reimbursement at (410) 767-5129. Please visit our website at <https://www.health.maryland.gov/dca>

EFFECTIVE DATE: July 1, 2020

MARYLAND DEPARTMENT OF HEALTH
ABILITY TO PAY SCHEDULE
OUTPATIENT SERVICES FY2021

GROSS ANNUAL INCOME

NUMBER OF FAMILY MEMBERS

GROSS ANNUAL INCOME		NUMBER OF FAMILY MEMBERS									
BOTTOM	TOP	1	2	3	4	5	6	7	8	9	10
ELIGIBLE FOR MEDICAL ASSISTANCE											
	6,610										
6,611	6,730	\$5									
6,731	7,630	\$5	\$5								
7,631	8,310	\$5	\$5	\$5							
8,311	8,862	\$5	\$5	\$5	\$5						
8,863	9,485	\$5	\$5	\$5	\$5	\$5					
9,487	10,350	\$5	\$5	\$5	\$5	\$5	\$5				
10,351	11,118	\$5	\$5	\$5	\$5	\$5	\$5	\$5			
11,119	11,798	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5		
11,799	11,978	\$5	\$5	\$5	\$6	\$5	\$5	\$5	\$5	\$5	
11,979	12,760	\$5	\$5	\$5	\$6	\$6	\$5	\$5	\$5	\$5	\$5
12,761	14,488	5%	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
14,489	17,240	10%	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
17,241	17,992	15%	5%	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
17,993	19,094	20%	10%	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
19,095	21,720	25%	15%	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
21,721	23,107	30%	20%	10%	\$5	\$5	\$5	\$5	\$5	\$5	\$5
23,108	26,200	35%	25%	15%	\$5	\$5	\$5	\$5	\$5	\$5	\$5
26,201	27,010	40%	30%	20%	10%	\$5	\$5	\$5	\$5	\$5	\$5
27,011	30,680	50%	35%	25%	15%	\$5	\$5	\$5	\$5	\$5	\$5
30,681	31,284	60%	40%	30%	20%	10%	\$5	\$5	\$5	\$5	\$5
31,285	35,160	70%	45%	35%	25%	15%	\$5	\$5	\$5	\$5	\$5
35,161	34,930	80%	50%	40%	30%	20%	10%	\$5	\$5	\$5	\$5
34,931	39,640	90%	55%	45%	35%	25%	15%	\$5	\$5	\$5	\$5
39,641	42,275	100%	60%	50%	40%	30%	20%	10%	\$5	\$5	\$5
42,276	44,120	100%	70%	55%	45%	35%	25%	15%	\$5	\$5	\$5
44,121	44,195	100%	80%	60%	50%	40%	30%	20%	10%	\$5	\$5
44,196	48,800	100%	90%	65%	55%	45%	35%	25%	15%	\$5	\$5
48,801	49,745	100%	100%	70%	60%	50%	40%	30%	20%	10%	\$5
49,746	53,080	100%	100%	75%	65%	55%	45%	35%	25%	15%	\$5
53,081	53,000	100%	100%	80%	70%	60%	50%	40%	30%	20%	10%
53,001	55,710	100%	100%	90%	75%	65%	55%	45%	35%	25%	15%
55,711	58,875	100%	100%	100%	80%	70%	60%	50%	40%	30%	20%
58,876	61,600	100%	100%	100%	85%	75%	65%	55%	45%	35%	25%
61,601	63,470	100%	100%	100%	90%	80%	70%	60%	50%	40%	30%
63,471	65,890	100%	100%	100%	100%	90%	80%	65%	55%	45%	35%
65,891	67,760	100%	100%	100%	100%	100%	90%	70%	60%	50%	40%
67,761	69,925	100%	100%	100%	100%	100%	100%	80%	65%	55%	45%
69,926	71,795	100%	100%	100%	100%	100%	100%	90%	70%	60%	50%
71,796	73,665	100%	100%	100%	100%	100%	100%	95%	75%	65%	55%
73,666	75,535	100%	100%	100%	100%	100%	100%	100%	80%	70%	60%
75,536	77,405	100%	100%	100%	100%	100%	100%	100%	85%	75%	65%
77,406	80,753	100%	100%	100%	100%	100%	100%	100%	90%	80%	70%
80,754	82,623	100%	100%	100%	100%	100%	100%	100%	95%	85%	75%
82,624	84,493	100%	100%	100%	100%	100%	100%	100%	100%	90%	80%
84,494	86,363	100%	100%	100%	100%	100%	100%	100%	100%	95%	85%
86,364	88,233	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%
88,234	89,025	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%
89,026	90,895	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
90,896	92,765	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
92,766	94,635	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
94,636	96,505	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

(Clients with income above this line should have a Medical Assistance card. If not, instruct them to go to Social Services to apply).

100% OF POVERTY LINE

116% OF POVERTY LINE FOR MEDICAID PARENTS

ESTIMATED 250% OF POVERTY

ESTIMATED 185% OF POVERTY LINE
(Clients with income above this line are possibly eligible for W.L.C. and or other financial assistance)

THE MINIMUM CHARGE FOR INDIVIDUALS WITH INCOMES LESS THAN 100% OF POVERTY WILL BE \$5.00, EXCEPT

INDIVIDUALS WITH INCOMES BELOW THE FEDERAL POVERTY LINE MAY NOT BE ASSESSED A FEE FOR FAMILY PLANNING SERVICES AND RYAN WHITE.

THE MINIMUM CHARGE FOR INDIVIDUALS WITH INCOMES MORE THAN 100% OF POVERTY WILL BE \$8.00

NO ONE WILL BE DENIED SERVICE DUE TO INABILITY TO PAY.

THE FEE AS DETERMINED BY THIS ABILITY-TO-PAY SCALE SHALL BE THE PERCENTAGE APPLIED TO THE TOTAL COST OF THE SERVICES AS ESTABLISHED BY COST ACCOUNTING & REIMBURSEMENT

DWI EDUCATION PROGRAMS APPROVED BY THE ALCOHOL AND DRUG ABUSE ADM. ARE NOT SUBJECT TO THE SLIDING FEE SCALE.

Family Size	100% of Poverty	116% of Poverty	185% of Poverty	250% of Poverty
1	12,760	14,802	23,606	31,900
2	17,240	19,998	31,894	43,100
3	21,720	25,195	40,182	54,300
4	26,200	30,392	48,470	65,500
5	30,680	35,589	56,758	76,700
6	35,160	40,786	65,046	87,900
7	39,640	45,982	73,334	99,100
8	44,120	51,179	81,622	110,300
9	48,600	56,376	89,910	121,500
10	53,080	61,573	98,198	132,700

FY 2021 SCALE