



## Compass Health Sliding Fee Category Determination Chart

Good Thru January 31, 2022 [or unless otherwise updated by Department of Health and Human Services]

| Sliding Fee Category       | A               |                | B                 |                     | C                 |                     | D                 |                     | Full Fee  |       |         |
|----------------------------|-----------------|----------------|-------------------|---------------------|-------------------|---------------------|-------------------|---------------------|---|-------|---------|
|                            | 0 - 100% of FPL |                | 101 - 135% of FPL |                     | 136 - 165% of FPL |                     | 166 - 200% of FPL |                     |   |       |         |
| Family Size                | Monthly Income  | Yearly Income  | Monthly Income    | Yearly Income       | Monthly Income    | Yearly Income       | Monthly Income    | Yearly Income       | <b>Note:</b><br>Monthly & Yearly Incomes That are Above the Limits in Slide Category D are Ineligible for the sliding fee scale program and are charged the full amount of standard fees. If paid in full on the DOS pts are eligible to pay Same Day Discount (SDD). |       |         |
| 1                          | \$0 - \$1,073   | \$0 - \$12,880 | \$1,074 - \$1,449 | \$12,881 - \$17,388 | \$1,450 - \$1,771 | \$17,389 - \$21,252 | \$1,772 - \$2,147 | \$21,253 - \$25,760 |   |       |         |
| 2                          | \$0 - \$1,452   | \$0 - \$17,420 | \$1,453 - \$1,960 | \$17,421 - \$23,517 | \$1,961 - \$2,395 | \$23,518 - \$28,743 | \$2,396 - \$2,903 | \$28,744 - \$34,840 |   |       |         |
| 3                          | \$0 - \$1,830   | \$0 - \$21,960 | \$1,831 - \$2,471 | \$21,961 - \$29,646 | \$2,472 - \$3,020 | \$29,647 - \$36,234 | \$3,021 - \$3,660 | \$36,235 - \$43,920 |   |       |         |
| 4                          | \$0 - \$2,208   | \$0 - \$26,500 | \$2,209 - \$2,981 | \$26,501 - \$35,775 | \$2,982 - \$3,644 | \$35,776 - \$43,725 | \$3,645 - \$4,417 | \$43,726 - \$53,000 |   |       |         |
| 5                          | \$0 - \$2,587   | \$0 - \$31,040 | \$2,588 - \$3,492 | \$31,041 - \$41,904 | \$3,493 - \$4,268 | \$41,905 - \$51,216 | \$4,269 - \$5,173 | \$51,217 - \$62,080 |   |       |         |
| 6                          | \$0 - \$2,965   | \$0 - \$35,580 | \$2,966 - \$4,003 | \$35,581 - \$48,033 | \$4,004 - \$4,892 | \$48,034 - \$58,707 | \$4,893 - \$5,930 | \$58,708 - \$71,160 |   |       |         |
| 7                          | \$0 - \$3,343   | \$0 - \$40,120 | \$3,344 - \$4,514 | \$40,121 - \$54,162 | \$4,515 - \$5,517 | \$54,163 - \$66,198 | \$5,518 - \$6,687 | \$66,199 - \$80,240 |   |       |         |
| 8                          | \$0 - \$3,722   | \$0 - \$44,660 | \$3,723 - \$5,024 | \$44,661 - \$60,291 | \$5,025 - \$6,141 | \$60,292 - \$73,689 | \$6,142 - \$7,443 | \$73,690 - \$89,320 |   |       |         |
| Each additional person add | \$378           | \$4,540        | \$511             | \$4,541             | \$6,129           | \$624               | \$6,130           | \$7,491             |   | \$757 | \$7,492 |

  

| Primary Care  | A           | B           | C           | D           | Ineligible for Discount  |
|---|-------------|-------------|-------------|-------------|--|
|   | \$20 co-pay | \$30 co-pay | \$40 co-pay | \$50 co-pay | Standard Fees  |
| Co-pay includes the office visit, labs, and all other ancillary services / **Well Woman Exam - Pap test are included in co-pay<br>Flu and Pneumo vaccination only visits to be slid on separate scale - See medical sliding fee schedule by CPT for details<br>Full Fee patients are charged fee schedule rates for all office visits, procedures and labs<br>Full Fee patients may have additional charges after the office visit based on the Fee Ticket completed by the Medical Provider.<br>Full Fee patients will be notified of additional charges prior to any procedure and/or labs. |             |             |             |             | New Pt. -varies, SDF \$130<br>Est. Pt. - varies, SDF \$70<br>Preventative new/est-FF charge varies, SDF \$90 |

  

| Dental Care   | A                                       | B                                       | C                                       | D                                       | Ineligible for Discount  |
|---|---|---|---|---|--|
|   | \$20 co-pay - Plus 50% of Standard Fees | \$30 co-pay - Plus 50% of Standard Fees | \$40 co-pay - Plus 65% of Standard Fees | \$50 co-pay - Plus 65% of Standard Fees | FF charge varies<br>SDF \$100 exam/X-rays plus<br>80% of Standard Fees |
| Co-pay includes examination and x-rays. Charges for additional procedures are slid based on % of charges<br>Certain additional procedures shall charged to patients on a nominal fee structure (rather than % of charge) - See dental sliding fee schedule by CPT for details |   |   |   |   |  |

  

| Behavioral Health | Service Provided               | A                     | B    | C     | D     | Full Fee (FF) | Same Day Fee (SDF) |
|-------------------|--------------------------------|-----------------------|------|-------|-------|---------------|--------------------|
|                   |                                | General Therapy/Psych | \$30 | \$40  | \$50  | \$60          | \$132-263 (varies) |
|                   | Group Therapy                  | \$10                  | \$20 | \$30  | \$40  | \$52          | \$45               |
|                   | Psychiatric Evaluation         | \$60                  | \$80 | \$100 | \$120 | \$303         | \$140              |
|                   | Psychological Testing          | \$30                  | \$40 | \$50  | \$60  | \$204         | \$70               |
|                   | Adult EIP (4 week program)*    | \$40                  | \$64 | \$80  | \$104 | \$240         | \$180              |
|                   | Early Intervention Screening** | \$10                  | \$16 | \$20  | \$26  | \$60          | \$45               |
|                   | SUD Residential Adult*         | \$40                  | \$64 | \$84  | \$102 | \$730         | \$143              |
|                   | SUD Partial Hospitalization*   | \$33                  | \$53 | \$69  | \$84  | \$206         | \$118              |
|                   | SUD Intensive Outpatient*      | \$26                  | \$37 | \$46  | \$55  | \$145         | \$77               |

\* Per Day Rate

\*\* Adult Early Intervention Program screening must be paid at time of service. Pay as you go up front.

Note: Update green yearly income column with FPL and rest of columns will calculate.