



NATIONAL ASSOCIATION OF
Community Health Centers®

NACHC is pleased to provide you with this spreadsheet model, designed with Microsoft Excel. The model is for your exclusive use and may not be copied or modified for use by any other party without the permission of

Please be informed of the following disclaimers related to the aforementioned spreadsheet:

NACHC is not responsible for the accuracy and completeness of the information generated with this model and is not responsible for investigating or verifying it. You agree to assume full responsibility for using NACHC-designed spreadsheet models. NACHC will not review or supervise any of the work performed by your personnel working with our models. By providing the model, NACHC is not making management decisions or performing management responsibilities. That responsibility remains with management and the Board of Directors at all times.

NACHC does not provide any warranties in regards to this spreadsheet model. Oversight agencies including, but not limited to, the Department of Health and Human Services (including the Bureau of Primary Health Care), the Office of Inspector General, or any other potential oversight agency may have a different understanding and/or interpretation of the requirements of your organization. The items included do not constitute a guarantee of compliance or acceptance by other oversight agencies.

You agree to assume responsibility for the appropriateness of the workpaper's design and any existing assumptions related to input. You understand that errors may occur due to unknown programming errors (bugs), intentional or unintentional modifications to the workpapers, operator error, data inaccuracy or use other than as intended. We are not responsible for any workpaper malfunctions resulting from these or other errors. Additionally, regulatory standards, applicable laws, regulations and regulators' enforcement activities may change over time requiring modifications to the spreadsheet model. Required modifications to the model are

The spreadsheet model(s) are not designed to prevent or discover errors, misrepresentations, fraud or illegal acts, and you agree NACHC has no such responsibility. Because of the limits in any internal control structure, errors, fraud, illegal acts or instances of noncompliance may occur and not be detected.

This tool was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7,254,766 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit



NATIONAL ASSOCIATION OF
Community Health Centers®

Welcome to the Community Health Center Sliding Fee Discount Utilization Assessment Tool

forv/s
mazars



HRSA Requirement

***HRSA Sliding Fee
Utilization Requirements***



Table Setup

***1. Workbook
Instructions***

2. Document List

3. Required Data Fields

***4. SFD &
UDS Data***

5. Data Spreadsheet

6. Data Summary

7. Data Analysis & Report

8. Data Checks



Helpful Information

Links to HRSA Guidance

***Current Federal
Poverty Guidelines***

***Example Sliding Fee
Discount Schedule***

HRSA Requirements related to Sliding Fee Discount Schedule Utilization Analysis

The Sliding Fee Discount Program (SFDP) utilization analysis is a required element for a Federally Qualified Health Center (FQHC) as depicted in Health Resources Services Administration (HRSA) August 2018 Compliance Manual Chapter 9 Element L. The purpose of this analysis is to inform a health center of the rate at which patients within each of its discount pay classes, as well as those at or below 100 percent of the Federal Poverty Guidelines (FPG), are accessing health center services. A utilization analysis used alongside other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels, etc.) should be used by a Health Center to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care. HRSA's recommendation per the compliance manual is to perform this assessment once every three years.

The utilization analysis and Board Assessment provided will support a Health Center's analysis of patient utilization by Sliding Fee Discount (SFD) category and also provide insight into expected versus actual collections which can be used to evaluate the effectiveness of the SFDP in reducing financial barriers to care.

A utilization analysis should be completed for each Sliding Fee Discount Schedule (SFDS) in place at the health center.

Chapter 9, Element L of the Health Center Program Compliance Manual states the following:

The Health Center evaluates, at least once every three years, its sliding fee discount program. At a minimum, the health center:

- Collects utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services;
- Utilizes this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care; and
- Identifies and implements changes as needed.

Chapter 9, Element L of the Health Center Program Site Visit Protocol states the following:

Site Visit Methodology:

- Interview relevant Health center staff involved in evaluating the SFDP.
 - Interview board member(s) and key management staff.
- Note: Interviews may be conducted in collaboration with the governance / administrative expert
- Review data, reports or any other relevant materials used to evaluate the SFDP

Site Visit Findings:

26. Does the health center evaluate the effectiveness of the SFDP in reducing financial barriers to care? Yes / No - If no, an explanation is required.
27. If Yes: Is the evaluation conducted at least once every 3 years? Yes / No - If no, an explanation is required.
28. Does the health center collect utilization data in order to assess whether patients within each of its discount pay classes are accessing health center services? Yes / No - If no, an explanation is required.
29. If Yes: Does the health center use these data (and, if applicable, any other data, such as collections or patient survey data) to evaluate the effectiveness of its SFDP? Yes / No / Not Applicable - If no, an explanation is required.
30. Has the Health Center implemented any follow-up actions based on evaluation results (for example, changes to SFDP policy by board, implementation of improved eligibility screening processes or notification methods for sliding fee discounts)? Yes / No - If no, an explanation is required.

General Notes:

Note that there is a hyperlink in the upper left corner of every page in this workbook that links back to the Overview tab to streamline use of the tool.

On the tabs of this workbook requiring input, the cells are highlighted light gray use input information in the cells with highlighting on the following tabs:

- SFD and UDS Data
- Data Spreadsheet
- Data Analysis & Report

Please email questions, comments, and / or feedback to Gervean Williams <gwilliams@nachc.com> or Gilpin, Catherine <Catherine.Gilpin@forvis.com> related to the workbook and it's operation.

Step 1: Table Setup

Begin by navigating to the Table Setup section on the Overview Tab. The options in this section will allow you to tailor the workbook to your organization.

Table Setup

1. <i>Workbook Instructions</i>	2. <i>Document List</i>	3. <i>Required Data Fields</i>	4. <i>SFD & UDS Data</i>
5. <i>Data Spreadsheet</i>	6. <i>Data Summary</i>	7. <i>Data Analysis & Report</i>	8. <i>Data Checks</i>

A general overview of the tabs with information related to setup is as follows:

1. Instructions for using the tool.
2. Document List: Information needed to populate tool.
3. Required Data Fields: This tab lists required headers for data and data parameters.
4. SFD and UDS Data: Populate this tab with the Sliding Fee Discount Schedule(s) in use by the Health Center and the most recent visits UDS Data reported by HRSA.
5. Data Spreadsheet: Input claims / visit data from the Health Center's Practice Management System.
6. Data Summary: See step two below.
7. Data Analysis & Report: See step three below.
8. Data Checks: This tab will identify data inconsistencies between the tabs: SFD & UDS Data and Data Spreadsheet. After inputting the required data listed in steps 1-5 above, navigate to this tab to ensure data consistency and integrity.

Step 2: Data Summary

Review and analyze the data results as summarized in each table. As part of the analysis determine if the data is accurate and revise if necessary.

Step 3: Data Analysis & Report

Complete the Data Analysis & Report tab by inputting answers to the questions and summarize the results in a report to be shared with the Board of Directors and executive leaders as appropriate. Document discussion in the board minutes to support utilization analysis and any modifications made to the operations of the Health Center to address utilization issues.

Limitations with the workbook:

- Excel 2016 or higher needed for pivot table functionality on Data Spreadsheet tab (distinct count). If the Health Center does not have Excel 2016 or higher, the information for the first table (Patients by Sliding Fee Discount Category) on the tab: Data Summary will need to be calculated and entered manually.
- The workbook has been set up to accommodate ten different Sliding Fee Discount Schedules. If your Health Center has more than ten you will need to analyze data in multiple separate workbooks.
- The assessment tool accommodates up to four gradations in income levels above 100% and below 200%.
- If the Health Center has a high volume of claims where the Sliding Fee Discount Schedule is percent based but the patient payment is more frequently calculated based off of the minimum payment, the data in the model on the Tables: Required / Average Expected Payment per Sliding Fee Discount Schedule and Average % collected per visit versus Sliding Fee Discount Schedule (Tab: 6. Data Summary) could be skewed (this is not common and the Health Center should research to consider if the fee schedule or Sliding Fee Discount Schedule should potentially be modified).
- If the Health Center's charges varies significantly by slide fee category, this could cause the data in the model on the Tables: Required / Average Expected Payment per Sliding Fee Discount Schedule and Average % collected per visit versus Sliding Fee Discount Schedule (Tab: 6. Data Summary) to be skewed as expected payment is being calculated based off of average gross charge regardless of sliding fee discount category.
- If detailed UDS data is not available for the specific Health Center service category (for example, Dental: Preventive vs Dental: Restorative), judgement will have to be utilized in regards to data input for comparison.

Community Health Center Sliding Fee Discount Utilization Assessment Tool Document List

To be prepared for the setup of the tool - the following information will be needed:

- 1 All of the sliding fee discount schedules in use by the Health Center
- 2 Access to UDS visits data reported by HRSA:
<https://data.hrsa.gov/tools/data-reporting/program-data/national>
- 3 Claims or visits data - report requirements listed on tab: Required Data Fields. It is recommended to use at least 12 months of data if possible. Ideally, this data would represent 12 months of recent patient activity.

Data should be input for claims falling within the services covered by the sliding fee discount schedule. If separate claims are created for one visit (example, medical visit and lab work associated with visit), both claims should be included on the data worksheet. Note that this workbook is actually a count of claims versus a face to face visit count.

Required Data Fields

Note: To ensure reliable results, it is imperative that the Health Center understand how the practice management system processes transactional claim activity related to the SFDP to ensure that accurate data is used for the analysis. Each Health Center will have to analyze output of data from the Practice Management System used and format to the requirements below to use this model.

The structure of the SFDP in regard to number of SFDSs can affect the data that is required. For example, if a health center chooses to have more than one SFDS based on service or service delivery method (for example, having separate SFDSs for broad service types, such as medical or dental, or distinct subcategories or service types, such as preventive dental and restorative dental services) then the extracted claims data will need to contain information that can be used to classify the data into each SFDS category used by the Health Center. This model requires two fields associated with the Sliding Fee Discount Schedule(s) in place at the Health Center: Service and Slide Scale Category.

This may require the use of two data reports out of the practice management system (example, demographic information that reports on the slide scale category and financial information that reports on claims charge / payment activity). If more than one report is needed, the data will need to be combined into one report so that it can be entered into this model.

Claim Report:	Additional information related to data
Claim #	
Patient Account #	Enter account number for patient with visit and not guarantor account number
Service Date	
Provider Name	
Service	Services in this column should align with the Health Center's Sliding Fee Categories reported on tab: SFD & UDS data.
Financial Class	Data represents primary insurance status of claim.
Slide Scale Category	Please utilize categories A, B, C, D, E, or Full Fee that align with the services on tab: SFD & UDS data.
Total Charge	Data needs to be the full charge for service
Total Payment	
Insurance Payment	
Patient Payment	
Total Adjustments	
Contractual Adjustments	
Write Off Adjustments (bad debt, etc.)	
Sliding Fee Discount Adjustments	
Claim Outstanding Balance	

Health Center Sliding Fee Discount Schedule (s)

Instructions: Input the Health Center's sliding fee discount schedule below. Update slide fee category (A, B, C, D, E, Full Fee) to match health centers sliding fee category in the claims data on the 5. Data Spreadsheet column G. If the health center has more service areas, replace "(enter additional)" with appropriate service area names. If a Health Center has percent based sliding fee schedule with minimum fee, Health Center should enter percent value and format cell as percent. Fixed fees should be formatted as number.

Legend: <input cell>

Sliding Fee Category	Fixed or Percent	Under 100%	133%	150%	200%	0%	Over 200%
		A	B	C	D	E	Full Fee
Medical	Fixed	\$ 10	\$ 15	\$ 20	\$ 25	\$ -	
Mental Health	Fixed	\$ 20	\$ 25	\$ 30	\$ 35	\$ -	
Dental: Preventive	Percent	\$ 15	20%	25%	30%	0%	
Dental: Restorative	Percent	\$ 50	40%	50%	60%	0%	
(enter additional)							
(enter additional)							
(enter additional)							
(enter additional)							
(enter additional)							

Calculation of visits per patient

Instructions: Navigate to HRSA's website by the links in the HRSA Links tab

National

- Scroll down to the "Expanded Summaries of 2021 UDS Data Tables" section
- Select Table 5: Staffing and Utilization.
- Enter information for current data listed below.

—
State

- Utilize the State/Territory dropdown and choose your state.
- Scroll down to the chosen states "Program Awardee Data"
- Select chosen states "Program Awardee Data"
- Scroll down to the "Expanded Summaries of 2021 UDS Data Tables" section
- Select Table 5: Staffing and Utilization.
- Enter information for current data listed below.

Please note that if detailed data is not available for the specific Health Center service category (for example, Dental: Preventive vs Dental: Restorative), judgement will have to be utilized in regards to data input for comparison. A Health Center can choose to compare itself to UDS data at a National or State level or utilize another source. This information does not have to come from the UDS tables on HRSA's website.

<input cell>

Sliding Fee Category	Visits	Patient	Visits per Patient
Medical	80,732,912	25,759,024	3.13
Mental Health	15,135,281	2,659,308	5.69
Dental: Preventive	13,684,481	5,701,053	2.40
Dental: Restorative	13,684,481	5,701,053	2.40
(enter additional)			
(enter additional)			
(enter additional)			
(enter additional)			
(enter additional)			

Health Center Claims Data

Instructions: Input Health Center claims data below. See tab: Example Data fields for additional information related to information requested for each field.

The information below is formatted as an excel table and it is linked to the pivot tables to the right of this table. Please make sure that all of the data pasted into the table is included in the table.

- When inputting data into the table below paste the data as values.
- After inputting data, perform the following steps to ensure that the pivot table (see note) located to the right of the data table that produces distinct patient data populates correctly:
- If there are green triangles in the upper left hand side of your numbered cells, select the cells with the green triangles, click the orange triangle with the exclamation point that pops up, and select convert to number.
- Navigate to the Data tab on the excel ribbon at the top of the page and hit the "Refresh All" button in the Queries and Connections section.
- Since the below is an excel table, if additional data is needed to be added paste in the table and refresh as stated above and the table will automatically update the rows.

Legend: <input cell>

Claim #	Patient Account #	Service Date	Provider Name	Service	Financial Class	Slide Scale Category	Total Charge	Total Payment	Insurance Payment	Patient Payment	Total Adjustments	Contractual Adjustments	Write Off Adjustments (bad debt, etc.)	Sliding Fee Discount Adjustments
200001	9899424	9/4/2022	Psychologist, B.	Mental Health	Commercial	Full Fee	167.00	-\$74	-\$74	\$0	-\$49	-\$49	\$0	\$0
200002	9876577	10/10/2022	Psychologist, A.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200003	9876651	12/23/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200004	9876653	12/25/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$110	\$85	\$25	\$57	\$57	\$0	\$0
200005	9876689	1/30/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200006	9876707	2/17/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$102	\$102	\$0	\$68	\$68	\$0	\$0
200007	9876709	2/19/2022	Psychologist, A.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200008	9876720	3/2/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200009	9876756	4/7/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$102	\$102	\$0	\$68	\$68	\$0	\$0
200010	9876821	6/11/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200011	9876832	6/23/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200012	9876868	6/24/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$110	\$85	\$25	\$57	\$57	\$0	\$0
200013	9876877	6/26/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200014	9876888	6/28/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$102	\$102	\$0	\$68	\$68	\$0	\$0
200015	9876913	6/29/2022	Psychologist, A.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200016	9876931	6/30/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200017	9877000	7/2/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$102	\$102	\$0	\$68	\$68	\$0	\$0
200018	9877025	7/9/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200019	9877043	4/9/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200020	9877056	4/8/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$110	\$85	\$25	\$57	\$57	\$0	\$0
200021	9877081	4/10/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200022	9877092	4/12/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$102	\$102	\$0	\$68	\$68	\$0	\$0
200023	9877101	4/13/2022	Psychologist, A.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200024	9877193	4/14/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200025	9877204	4/16/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$102	\$102	\$0	\$68	\$68	\$0	\$0
200026	9877213	4/23/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200027	9877249	1/20/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200028	9877260	1/21/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$114	\$79	\$35	\$53	\$53	\$0	\$0
200029	9877267	1/23/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200030	9877280	1/25/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$102	\$102	\$0	\$68	\$68	\$0	\$0
200031	9877372	1/26/2022	Psychologist, A.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200032	9877379	1/27/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200033	9877392	1/29/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$102	\$102	\$0	\$68	\$68	\$0	\$0
200034	9877428	2/5/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200035	9877435	11/4/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200036	9877437	11/5/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$110	\$85	\$25	\$57	\$57	\$0	\$0
200037	9877473	11/7/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200038	9877547	11/9/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$102	\$102	\$0	\$68	\$68	\$0	\$0
200039	9877549	11/10/2022	Psychologist, A.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200040	9877585	11/11/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200041	9877603	11/13/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$102	\$102	\$0	\$68	\$68	\$0	\$0
200042	9877605	11/20/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200043	9877616	8/19/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200044	9877652	8/20/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$110	\$85	\$25	\$57	\$57	\$0	\$0
200045	9877717	8/22/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$127	\$102	\$25	\$68	\$68	\$0	\$0
200046	9877728	8/24/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$102	\$102	\$0	\$68	\$68	\$0	\$0
200047	9877764	8/25/2022	Psychologist, A.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200048	9877773	8/26/2022	Psychologist, B.	Mental Health	Commercial	B	167.00	\$85	\$85	\$0	\$57	\$57	\$0	\$0
200049	9877784	8/28/2022	Psychologist, B.	Mental Health	Commercial	B	195.00	\$102	\$102	\$0	\$68	\$68	\$0	\$0



Note: The pivot tables below use a distinct count function in excel. Each grand total might not equal the sum of each service / sliding fee category for this reason and it is intentional. Such as if there are duplicate patient account/claim numbers within multiple service lines or slide categories.

Claim Outstanding Balance

290.00
-
-
-
-
25.00
25.00
25.00
25.00
25.00
-
-
-
25.00
25.00
25.00
25.00
25.00
-
-
-
25.00
25.00
25.00
25.00
25.00
-
-
-
25.00
25.00
25.00
25.00
25.00
-
-
-
25.00
25.00
25.00
25.00
25.00

Distinct Count of Patient Account #	Column Labels					
Row Labels	A	B	C	D	Full Fee	Grand Total
Dental: Preventive	353	657	227	420	237	1894
Dental: Restorative	25	166	81	97	76	445
Medical	5443	2107	1754	1618	1791	12713
Mental Health	331	648	290	187	249	1705
Grand Total	5988	2927	2310	2266	2055	15546

Utilization Data

Instructions: Review and analyze data. As part of the analysis determine if data is accurate and revise if necessary. No input is needed on this tab.

Patients by Sliding Fee Discount Category

	A	B	C	D	Full Fee	Total
Medical	5,443	2,107	1,754	1,618	1,791	12,713
Mental Health	331	648	290	187	249	1,705
Dental: Preventive	353	657	227	420	237	1,894
Dental: Restorative	25	166	81	97	76	445
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
Total Patients	5,988	2,927	2,310	2,266	2,055	15,546

Patient Analysis by SFD Category: This table calculates the number of unique / unduplicated patients in each service category and slide category who have received care for the period in review.

Considerations: This table can be analyzed by developing an expectation of the Health Center's capacity given service category, geographic location, providers, and other criteria as applicable and comparing to the actual patients served by the Health Center in regards to service line and slide category.

Tools available to Health Center: UDSmapper.org

Data Source: Data Spreadsheet Tab Pivot

Patients by Sliding Fee Discount Category - %

	A	B	C	D	Full Fee	Total
Medical	43%	17%	14%	13%	14%	82%
Mental Health	19%	38%	17%	11%	15%	11%
Dental: Preventive	19%	35%	12%	22%	13%	12%
Dental: Restorative	6%	37%	18%	22%	17%	3%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
Total Patients	39%	19%	15%	15%	13%	100%

Patient Analysis by SFD Category - %: This table calculates the percentage of unique patients in each service category and slide category.

Considerations: This table can support an analysis of the frequency with which patients who qualify for this program are accessing services by service category and slide category by comparing the total patients in a given slide category to the patients accessing services for the specific slide category. Health Center staff should attempt to determine why there would be discrepancies and why greater / fewer patients are accessing services than would be expected.

A large number of patients in a particular category who qualify for the program with a low frequency of visits could be an indication of patients perception of a potential financial barrier to care or a Health Center opportunity to expand services to existing patients through outreach or other methods.

Data Source: Data Spreadsheet Tab

Total Visits by Sliding Fee Discount Category

	A	B	C	D	Full Fee	Total
Medical	8,022	3,585	2,814	2,604	1,791	18,816
Mental Health	518	1,672	595	564	696	4,045
Dental: Preventive	971	2,424	1,338	1,314	681	6,728
Dental: Restorative	25	205	133	97	76	536
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
Total Visits	9,536	7,886	4,880	4,579	3,244	30,125

Visits Analysis by SFD Category: This table calculates the total number of visits in each service category and slide category for the period in review. This depicts the frequency with which patients who qualify for this program have accessed services by service category and slide category.

Considerations: A high population of patients in a particular category who qualify for the program with low frequency of visits could be an indication of patients perception of a potential administrative or financial barrier to care. Analyzing this table in conjunction with the schedules for Patients by sliding fee category and Patient analysis by SFD category should provide insight into why patients are or are not utilizing health center services.

Data Source : Data Spreadsheet Tab Pivot

Total Visits by Sliding Fee Discount Category - %

	A	B	C	D	Full Fee	Total
Medical	43%	19%	15%	14%	10%	62%
Mental Health	13%	41%	15%	14%	17%	13%
Dental: Preventive	14%	36%	20%	20%	10%	22%
Dental: Restorative	5%	38%	25%	18%	14%	2%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
Total Visits	32%	26%	16%	15%	11%	100%

Visits Analysis by SFD Category - %: This table calculates the total number of visits in each service category and slide category as a % for the period in review. This depicts the frequency with which patients who qualify for this program have accessed services by service category and slide category.

Considerations: This table can support an analysis of the frequency with which patients who qualify for this program are accessing services by service category and slide category by comparing the total patients in a given slide category to the patients accessing services for the specific slide category. Health Center staff should attempt to determine why there would be discrepancies and why greater / fewer patients are accessing services than would be expected. Analyzing this table in conjunction with the schedules for Patients by sliding fee category - % and Patient by SFD category should provide insight into why patients are or are not utilizing health center services.

Data Source : Data Spreadsheet Tab Pivot

Visits per patient

	A	B	C	D	Full Fee	Total
Medical	1.47	1.70	1.60	1.61	1.00	1.48
Mental Health	1.56	2.58	2.05	3.02	2.80	2.37
Dental: Preventive	2.75	3.69	5.89	3.13	2.87	3.55
Dental: Restorative	1.00	1.23	1.64	1.00	1.00	1.20
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
Visits per patient by service	1.59	2.69	2.11	2.02	1.58	1.94

Average visits per patient: This table calculates the average number of visits per patient in each service category and slide category.

Considerations: This data helps a health center to understand visits per patient for the period under review within each service category and slide category. Lower numbers could indicate a patients perception of a potential financial barrier to care.

Data Source : Data Summary Tab

Average visits per service - UDS

	A	B	C	D	Full Fee	Total
Medical	3.13	3.13	3.13	3.13	3.13	3.13
Mental Health	5.69	5.69	5.69	5.69	5.69	5.69
Dental: Preventive	2.40	2.40	2.40	2.40	2.40	2.40
Dental: Restorative	2.40	2.40	2.40	2.40	2.40	2.40
(enter additional)						
(enter additional)						
(enter additional)						
(enter additional)						
(enter additional)						
(enter additional)						
Visits per patient by service (UDS Data)	3.09	3.09	3.09	3.09	3.09	3.09

Average visits per Service: This table calculates the average number of visits per patient visits based on UDS data.

Considerations: Health Center staff should compare the data calculated in this table to the Visits per patient table. For example, if the UDS reports that the average patient receiving medical services visits a Health Center 3.13 times per year, this data should be compared to the Health Center's visits per medical patient of 1.48 times per year. The Health Center should work to understand the reasons for the differences in utilization patterns between National / State utilization versus the Health Center's. If the Health Center's visits per patient are lower than national / state averages, this could indicate a potential administrative or financial barrier to the access of care. If detailed UDS data is not available for the specific Health Center service category (for example, Dental: Preventive vs Dental: Restorative), judgement will have to be utilized in regards to data input for comparison.

Data Source : SFD & UDS Data Tab

Required / Average Expected Payment per Sliding Fee Discount Schedule

	Average Charge	Fixed Fee /				Full Fee	Percent
		A	B	C	D		
Medical	\$ 236	\$ 10	\$ 15	\$ 20	\$ 25	\$ 236	Fixed
Mental Health	181	20	25	30	35	181	Fixed
Dental: Preventive	219	15	44	55	66	219	Percent
Dental: Restorative	413	50	165	207	248	413	Percent
(enter additional)	-	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-	-
Total average charge	\$ 228						

Required Payment per Sliding Fee Discount Schedule: This table calculates the average charge per visit and required (or expected) payment for each service category and slide category.

Considerations: By showing the average charge per visit along with the required / expected payment for each service category and slide category, the health center can evaluate the discount offered to patients who qualify for this program based on income and family size. As per the HRSA Compliance Manual if a health center chooses to have a nominal fee for patients qualifying for less than or equal to 100% Federal Poverty Level (FPL), the nominal fee must be a flat rate. Therefore, any required or expected payment amounts for the nominal category will be depicted as flat rates.

Since a slide scale program that is set up as percent of charge doesn't have a defined expected amount to collect from patients outside of the nominal category, using an average charge for each service category and applying the expected collection percentage provides insight into average payment expected from patients by service by slide category. Analyzing required payments is most beneficial for a slide scale discount.

Average Actual payment per visit

	Average Actual payment per visit					
	A	B	C	D	Full Fee	Total
Medical	\$ 3	\$ 4	\$ 7	\$ 9	\$ 19	\$ 6
Mental Health	16	19	22	25	9	18
Dental: Preventive	9	7	12	16	0	9
Dental: Restorative	36	75	44	22	224	77
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
Average collection per visit - \$	\$ 5	\$ 10	\$ 11	\$ 14	\$ 18	\$ -

Average Actual Per Visit Payments per Sliding Fee Discount Schedule - This table shows the actual average per visit payments in each service category and slide category. Compare values to Required Payment per Sliding Fee Discount Program for analysis.

Considerations: If the actual average is less than the expected per visit payment this could indicate improved opportunity to collect amounts due at time of service or that the expected amount to collect is a financial barrier to care. It is also important to ensure that there are not any unapplied payments that have not been posted to a patient account. Unapplied payments could cause the actual payments values in the schedule to be lower than what they actually are.

Data Source : Data Spreadsheet Tab

Average % collected per visit versus Sliding Fee Discount Schedule

	A	B	C	D	Full Fee	Total
Medical	34%	28%	34%	38%	8%	18%
Mental Health	80%	75%	73%	70%	5%	34%
Dental: Preventive	62%	16%	22%	25%	0%	15%
Dental: Restorative	72%	45%	21%	9%	54%	35%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
Average collection per visit - %	42%	33%	31%	32%	8%	21%

Average collection per visit versus Sliding Fee Discount Schedule - This table shows the percentage of expected to actual payments for each service category and slide category.

Considerations: This data is compared to Required Payment per Sliding Fee Discount Program to inform if there is any potential financial opportunity for improving collections. If the actual average is less than the expected per visit payment this could indicate improved opportunity to collect amounts due at time of service or that the expected amount to collect is a financial barrier to care.

Data Source : Data Summary Tab

Percent of visits with no payment

	A	B	C	D	Full Fee	Total
Medical	66%	72%	66%	62%	81%	68%
Mental Health	19%	25%	28%	29%	90%	36%
Dental: Preventive	38%	77%	71%	69%	100%	71%
Dental: Restorative	28%	60%	77%	91%	22%	63%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
(enter additional)	0%	0%	0%	0%	0%	0%
Total visits with no or partial payments - %	61%	63%	63%	61%	86%	64%

Percent of visits with no payment: This table calculates the percentage of visits where no payment was received in each service category and slide category.

Considerations: As important as it is to evaluate the visits paid in full or with a partial payment, it's just as important to understand the volume of visits where no payments are received. This informs a health center how well they are doing overall with collecting per visit and can help determine if a financial barrier to care may exist.

Data Source : Data Spreadsheet Tab

Expected Total Payments per Sliding Fee Discount Schedule

	A	B	C	D	Full Fee	Total
Medical	\$ 80,220	\$ 53,775	\$ 56,280	\$ 65,100	\$ 421,982	\$ 677,357
Mental Health	10,360	41,800	17,850	19,740	125,920	215,670
Dental: Preventive	14,565	106,220	73,289	86,369	149,207	429,650
Dental: Restorative	1,250	33,880	27,476	24,047	31,401	118,054
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
Total expected payments	\$ 106,395	\$ 235,675	\$ 174,895	\$ 195,256	\$ 728,510	\$ 1,440,730

Expected Total Payments per Sliding Fee Discount Schedule: This table calculates the expected total payments in each service category and slide category based on the Health Center's established sliding fee discount schedule(s) and is calculated by multiplying the expected payment (reported or calculated above) by the number of visits for each service category and slide category.

Considerations: This calculation provides a benchmark with which to measure expected payments to actual payments. This shows the impact of the expected total dollars based on volume of unique patients and frequency of visits.

Data Source : Data Summary Tab

Actual Total Patient Payments

	A	B	C	D	Full Fee	Total
Medical	\$ 26,880	\$ 15,285	\$ 18,886	\$ 24,616	\$ 33,615	\$ 119,282
Mental Health	8,335	31,265	12,945	13,830	6,390	72,765
Dental: Preventive	9,045	17,024	15,893	21,287	0	63,249
Dental: Restorative	900	15,323	5,797	2,096	17,024	41,140
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
(enter additional)	-	-	-	-	-	-
Total actual payments	\$ 45,160	\$ 78,897	\$ 53,521	\$ 61,829	\$ 57,029	\$ 296,436

Actual Total Payments per Sliding Fee Discount Schedule: This table calculates the actual total payments in each service category and slide category.

Considerations: This schedule provides the total payments in each service category over the period of time in review. Comparing these values to Expected Total Payments per Sliding Fee Discount Schedule will inform how well the health center does at collecting money owed for each service category and slide category. A lower figure compared to the expected payments indicates potential opportunity to improve collection efforts or could be an indication that a financial barrier to care exists.

Data Source : Data Spreadsheet Tab

Data Analysis & Report

Instructions: Utilize the questions below to help analyze the data in each of the tables on the Data Summary tab. Questions are organized in a manner to be associated with the tables. These questions are intended to help evaluate the activity, financial, and compliance elements as noted in HRSA Compliance Manual Chapter 9. Questions can be added as deemed necessary and appropriate.

Questions pertaining to summary tables for patients: [Patients by Sliding Fee Discount Category & Patients by Sliding Fee Discount Category - %](#)

Question 1: When the total # of patients is compared to the patients being served by service line and discount category, does it appear that patients are accessing services proportionally? If not, an explanation is required.

- For example, if 39% of total patients served are classified as category A, when looking at mental health services, are 39% of patients receiving that service in that slide category? Inversely, if 19% of the Health Center's patients are classified as category B, why would higher ratios of Mental Health and Dental patients be accessing those services?

Medical	<insert discussion>
Mental Health	<insert discussion>
Dental: Preventive	<insert discussion>
Dental: Restorative	<insert discussion>

Question 2: Compare the total patients being seen to Health Center expectations related to capacity. Is the Health Center fully utilizing providers and operating at capacity? What opportunities does the Health Center have to cross serve patients between service lines to facilitate access to care?

- For example, only 1,894 patients of the Health Center's total patients of 15,546 (12%) are accessing Dental: Preventive services. Why aren't more patients accessing this service? Is it related to capacity, scheduling, managing no-shows, etc.? The Health Center should analyze and consider if the organization is creating an administrative or a financial barrier to the access of care that is driving patient utilization.

Medical	<insert discussion>
Mental Health	<insert discussion>
Dental: Preventive	<insert discussion>
Dental: Restorative	<insert discussion>

Questions pertaining to summary tables for visits: [Total Visits, Visits by Sliding Fee Discount Category - %, Visits per Patient, and Average Visits per Service UDS](#)

Question 1: Compare the total visits being generated to Health Center expectations related to capacity. Is the Health Center fully utilizing providers and operating at capacity? What opportunities does the Health Center have to cross serve patients between service lines to facilitate access to care? Is the Health Center providing the appropriate mix of services to meet the needs of the community being served? Does the Health Center need to add providers and create additional capacity to expand services where patients aren't accessing? If the Health Center has low utilization in a service area compared to patients in that same SFD category, they should challenge the data and draw conclusions for the utilization being reported.

- For example, only 536 visits of the Health Center's total dental visits of 7,264 (7%) are for Dental: Restorative Services. Why aren't more patients accessing this service? The Health Center should analyze and consider if the organization is creating an administrative or a financial barrier to the access of care that is driving low patient utilization.

Medical	<insert discussion>
Mental Health	<insert discussion>
Dental: Preventive	<insert discussion>
Dental: Restorative	<insert discussion>

Question 2: Compare the table Visits per patient to the table Average visits per service UDS. On average, are the Health Center's patients accessing services at rates that are comparable to other Health Center's in the State and Nationally? If no, an explanation is required.

- For example, the national average for mental health services is 5.69 visits per year per patient. Why are the Health Center's patients averaging 2.37 visits per year? What is driving this utilization? Is it Health Center capacity or is the Health Center creating an administrative or financial barrier to the access of care that is contributing to utilization pattern (i.e. is it possible patients can't afford services and are not accessing for this reason, etc.)? Additionally, if patients are accessing services at greater than benchmark (for example, Dental: Preventive services), what is the driver behind this utilization pattern?

Medical	<insert discussion>
Mental Health	<insert discussion>
Dental: Preventive	<insert discussion>
Dental: Restorative	<insert discussion>

Questions pertaining to summary tables for collections: Required / Expected payment per SFDS, Average Actual payment per visit, Average % collected per visit vs. Sliding Fee Discount Schedule, Expected total payments versus SFDS, and Actual total payments

Question 1: Review the required or expected payment per the Sliding Fee Discount Schedule. Based on knowledge of Federal Poverty Guidelines for each slide category, are the amounts reasonable for Health Center patients given income levels, utilization, health needs and disparities the Health Center is working to address.

- For example, the average payment required by a patient accessing Dental: Restorative services in slide category B is \$165. Is this amount reasonable given income of patient and average times patient accesses services?

Medical <insert discussion>
Mental Health <insert discussion>
Dental: Preventive <insert discussion>
Dental: Restorative <insert discussion>

Question 2: Analyze the data in table Average actual payment per visit and Average % collected per visit versus expected amount based on SFDS. How consistently is the Health Center collecting the required payment? What is driving collection rates?

- For example, when analyzing payment patterns for Dental: Preventive services, if the Health Center is collecting 62% of the expected payment for patients in sliding category A, why does this amount drop to 16% - 25% for categories B-D? Is the lower collections percentage because Health Center patients can not afford required payment in these slide categories or is another factor driving this collection pattern?

Medical <insert discussion>
Mental Health <insert discussion>
Dental: Preventive <insert discussion>
Dental: Restorative <insert discussion>

Question 3: In general, how well does the Health Center collect expected payments from patients in each of the slide scale categories? If the Health Center determines that low collections rates are not driven by financial barriers to the access of care, what processes or changes can the Health Center implement to improve collection rates?

Medical <insert discussion>
Mental Health <insert discussion>
Dental: Preventive <insert discussion>
Dental: Restorative <insert discussion>

Health Center Specific Questions

Question 1: <Insert question>

Medical <insert discussion>
Mental Health <insert discussion>
Dental: Preventive <insert discussion>
Dental: Restorative <insert discussion>

Question 2: <Insert question>

Medical <insert discussion>
Mental Health <insert discussion>
Dental: Preventive <insert discussion>
Dental: Restorative <insert discussion>

Questions pertaining to summary tables for compliance considerations as per HRSA Compliance Manual Chapter 9.

Question 1a: Does the health center evaluate the effectiveness of the SFDP in reducing financial barriers to care? Yes / No. If no: An explanation is required.

Yes NO Not Applicable

<insert response if NO>

Question 1b: If Yes: Is the evaluation conducted at least once every 3 years? Yes / No. If no: An explanation is required.

Yes NO Not Applicable

<insert response if NO>

Question 2a: Does the health center collect utilization data in order to assess whether patients within each of its discount pay classes are accessing health center services? Yes / No. If no: An explanation is required.

Yes NO Not Applicable

<insert response if NO>

Question 2b: If Yes: Does the health center use these data (and, if applicable, any other data, such as collections or patient survey data) to evaluate the effectiveness of its SFDP? Yes / No / Not Applicable - If no, an explanation is required.

Yes NO Not Applicable

<insert response if NO>

Question 3: Has the Health Center implemented any follow-up actions based on evaluation results (for example, changes to SFDP policy by board, implementation of improved eligibility screening processes or notification methods for sliding fee discounts)? Yes / No - If no, an explanation is required.

Yes NO Not Applicable

<insert response if NO>

[Return to Overview](#)

Data Checks

Services per tab: SFD & UDS Data	Services per tab: Data Spreadsheet	Service Check - Data error between tabs
Medical	Dental: Preventive	OK
Mental Health	Dental: Restorative	OK
Dental: Preventive	Medical	OK
Dental: Restorative	Mental Health	OK
(enter additional)		Additional research may be required
(enter additional)		Additional research may be required
(enter additional)		Additional research may be required
(enter additional)		Additional research may be required
(enter additional)		Additional research may be required
(enter additional)		Additional research may be required
Services per tab: SFD & UDS Data	Categories per tab: Data Spreadsheet	Service Check - Data error between tabs
A	A	OK
B	B	OK
C	C	OK
D	D	OK
E	Full Fee	Additional research may be required - Value OK if category in column A is unused by the Health Center
Full Fee		OK
Total Visits per tab: Utilization Data Summary	Count of rows per tab: Data spreadsheet	Service Check - Data error between tabs
30,125	30,125	OK

NACHC Note: If there are duplicate patient numbers in different sliding fee discount categories for a valid reason (for example, because a patients' SFD classification changed during the year) a variance in this check formula could be okay. Each individual circumstance will have to be reviewed. You can research a variance in the 5. Data Spreadsheet tab starting with the pivot tables.

[Return to Overview](#)

Current Federal Poverty Guidelines

2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

		Example Health Center Sliding Fee Schedule				
Family Size	Slide Scale	A	B	C	D	E
	Poverty Level	<=100%	101%-125%	126%-175%	176%-200%	>200%
		<i>100%</i>	<i>125%</i>	<i>175%</i>	<i>200%</i>	<i>201%</i>
1	\$15,060.00	\$15,060.00	\$18,825.00	\$26,355.00	\$30,120.00	\$30,270.60
2	\$20,440.00	\$20,440.00	\$25,550.00	\$35,770.00	\$40,880.00	\$41,084.40
3	\$25,820.00	\$25,820.00	\$32,275.00	\$45,185.00	\$51,640.00	\$51,898.20
4	\$31,200.00	\$31,200.00	\$39,000.00	\$54,600.00	\$62,400.00	\$62,712.00
5	\$36,580.00	\$36,580.00	\$45,725.00	\$64,015.00	\$73,160.00	\$73,525.80
6	\$41,960.00	\$41,960.00	\$52,450.00	\$73,430.00	\$83,920.00	\$84,339.60
7	\$47,340.00	\$47,340.00	\$59,175.00	\$82,845.00	\$94,680.00	\$95,153.40
8	\$52,720.00	\$52,720.00	\$65,900.00	\$92,260.00	\$105,440.00	\$105,967.20
>8	Add \$5,380 per person					

<https://www.federalregister.gov/documents/2024/01/17/2024-00796/annual-update-of-the-hhs-poverty-guidelines>

Updated 1/17/2024

Example Sliding Fee Discount Schedule

Community Health Center Sliding Fee Discount Schedule

% of Federal Poverty Guidelines:	0 - 100%		101% - 150%		151% - 175%		176% - 200%		Over 200 %	
	A	B	C	D	E	F	G	H	I	J
Medical	\$10.00	\$20.00	\$25.00	\$30.00	\$30.00	FULL PAY				
Dental: Preventive	\$15.00	\$20.00	\$25.00	\$30.00	\$30.00	FULL PAY				
Dental: Restorative	\$20.00	Minimum - \$21	Minimum - \$30	Minimum - \$40	Minimum - \$40	FULL PAY				
Mental Health	\$0.00	\$10.00	\$15.00	\$20.00	\$20.00	FULL PAY				
Lab Services	\$0.00	Minimum - \$1	Minimum - \$5	Minimum - \$10	Minimum - \$10	FULL PAY				
FAMILY SIZE										
1	\$ 14,580 & Below	\$ 14,581 to \$ 21,870	\$ 21,871 to \$ 25,515	\$ 25,516 to \$ 29,161	\$ 29,162 to \$ 32,807	\$ 32,808 to \$ 36,453	\$ 36,454 to \$ 40,099	\$ 40,100 to \$ 43,745	\$ 43,746 to \$ 47,391	\$ 47,392 & Above
2	\$ 19,720 & Below	\$ 19,721 to \$ 29,580	\$ 29,581 to \$ 34,510	\$ 34,511 to \$ 39,440	\$ 39,441 to \$ 44,370	\$ 44,371 to \$ 49,300	\$ 49,301 to \$ 54,230	\$ 54,231 to \$ 59,160	\$ 59,161 to \$ 64,090	\$ 64,091 & Above
3	\$ 24,860 & Below	\$ 24,861 to \$ 37,290	\$ 37,291 to \$ 43,505	\$ 43,506 to \$ 49,720	\$ 49,721 to \$ 55,935	\$ 55,936 to \$ 62,150	\$ 62,151 to \$ 68,365	\$ 68,366 to \$ 74,580	\$ 74,581 to \$ 80,795	\$ 80,796 & Above
4	\$ 30,000 & Below	\$ 30,001 to \$ 45,000	\$ 45,001 to \$ 52,500	\$ 52,501 to \$ 60,000	\$ 60,001 to \$ 67,500	\$ 67,501 to \$ 75,000	\$ 75,001 to \$ 82,500	\$ 82,501 to \$ 90,000	\$ 90,001 to \$ 97,500	\$ 97,501 & Above
5	\$ 35,140 & Below	\$ 35,141 to \$ 52,710	\$ 52,711 to \$ 61,495	\$ 61,496 to \$ 70,280	\$ 70,281 to \$ 79,065	\$ 79,066 to \$ 87,850	\$ 87,851 to \$ 96,635	\$ 96,636 to \$ 105,420	\$ 105,421 to \$ 114,205	\$ 114,206 & Above
6	\$ 40,280 & Below	\$ 40,281 to \$ 60,420	\$ 60,421 to \$ 70,490	\$ 70,491 to \$ 80,560	\$ 80,561 to \$ 90,630	\$ 90,631 to \$ 100,700	\$ 100,701 to \$ 110,770	\$ 110,771 to \$ 120,840	\$ 120,841 to \$ 130,910	\$ 130,911 & Above
7	\$ 45,420 & Below	\$ 45,421 to \$ 68,130	\$ 68,131 to \$ 79,485	\$ 79,486 to \$ 90,840	\$ 90,841 to \$ 102,195	\$ 102,196 to \$ 113,550	\$ 113,551 to \$ 124,905	\$ 124,906 to \$ 136,260	\$ 136,261 to \$ 147,615	\$ 147,616 & Above
8	\$ 50,560 & Below	\$ 50,561 to \$ 75,840	\$ 75,841 to \$ 88,480	\$ 88,481 to \$ 101,120	\$ 101,121 to \$ 113,760	\$ 113,761 to \$ 126,400	\$ 126,401 to \$ 139,040	\$ 139,041 to \$ 151,680	\$ 151,681 to \$ 164,320	\$ 164,321 & Above

** For family units of more than 8, add \$5140 for each additional member. ***
 Federal Poverty Guidelines last updated 01/19/2023

Note: The following items are excluded from the Health Center's Sliding Fee Discount Schedule and the patient will be charged an amount in addition to the amount required above as established by the fee schedule in place at the health Center.

- Eye glasses
- Dentures
- Cost of prescription drug

Board Approved: _____

Instructions: Tailor input cells based off of Health Center Board approved Sliding Fee Discount Schedule and Federal Poverty Guidelines - (hyperlink below).

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

150.00%	175.00%	200.00%	0.00%
---------	---------	---------	-------

Note: The amounts and percent's correlated with each Sliding Fee Discount category on this worksheet are for example purposes only and are not required amounts set by NACHC or HRSA. Each Health Center should prepare a schedule of discounts appropriate to community being served as approved by the Health Center's Board of Directors.

Legend: <input cell>

\$ 14,580	\$ 14,581	\$ 21,871	\$ 25,516	\$ 29,161	\$ 29,161
\$ 19,720	\$ 19,721	\$ 29,581	\$ 34,511	\$ 39,441	\$ 39,441
\$ 24,860	\$ 24,861	\$ 37,291	\$ 43,506	\$ 49,721	\$ 49,721
\$ 30,000	\$ 30,001	\$ 45,001	\$ 52,501	\$ 60,001	\$ 60,001
\$ 35,140	\$ 35,141	\$ 52,711	\$ 61,496	\$ 70,281	\$ 70,281
\$ 40,280	\$ 40,281	\$ 60,421	\$ 70,491	\$ 80,561	\$ 80,561
\$ 45,420	\$ 45,421	\$ 68,131	\$ 79,486	\$ 90,841	\$ 90,841
\$ 50,560	\$ 50,561	\$ 75,841	\$ 88,481	\$ 101,121	\$ 101,121

Compliance Manual	Last updated August 20, 2018	https://bphc.hrsa.gov/sites/default/files/bphc/compliance/hc-compliance-manual.pdf
On Site Visit Guide	Last updated May 26, 2022	https://bphc.hrsa.gov/sites/default/files/bphc/compliance/site-visit-protocol.pdf
HRSA National		https://data.hrsa.gov/tools/data-reporting/program-data/national
HRSA State		https://data.hrsa.gov/tools/data-reporting/program-data