

Patient Target Frequently Asked Questions and SAC Patient Target Calculation Overview Table

HRSA is committed to continuing access to primary health care services in areas currently funded under the Health Center Program by announcing each service area for competition every three years. The Patient Target provides Health Center Program award recipients with the number of patients that a recipient has committed to serving through awarded HRSA funding. The SAC Patient Target Calculation Overview at the bottom of this document describes how HRSA calculated/will calculate the Patient Target for each service area announced through the FY 2015 – FY 2017 SACs (as well as the FY 2018 SAC for the small number of current award recipients who have not transitioned from the a five-year project period to the three-year project period).

1. What is the SAC Patient Target?

The Patient Target is the cumulative unduplicated patient projection for the service area. SAC applicants must propose a SAC Patient Projection based on the Patient Target published in the Service Area Announcement Table (SAAT).

For most service areas announced via SAC in FY 2015 – FY 2017, HRSA based the Patient Target on the average number of patients served by the current recipient as reported in the 2011, 2012, and 2013 UDS, and then added new Patient Projections included in funded supplemental applications to this base value. This is also the case for service areas that currently have a five-year project period and will be announced in the FY 2018 SAC.

For service areas announced via SAC for the first time in FY 2015 – FY 2017, HRSA based the Patient Target on the Patient Projection from the newly-funded NAP, SAC, or SAC-Additional Area (AA) application (or the average of the patients reported in UDS in any of the referenced years, whichever was higher) and then added new Patient Projections included in funded supplemental applications to this base.

2. Why is HRSA using the average of 2011, 2012, and 2013 UDS data as the base for the Patient Target, even for FY 2017 SACs that have reported 2014 and 2015 UDS data?

For the FY 2015 SAC, HRSA established the average number of patients served as reported in the 2011, 2012, and 2013 UDS^[1] as the base for the Patient Target. Using this same three-year UDS average as the base for all FY 2015 – 2017 SAC Patient Targets (as well as the FY 2018 SAC for current award recipients with a five-year project period) provides a standard way to build Patient Targets for all service areas.

3. Does this methodology for deriving the Patient Target apply to only FY 2015 – FY 2017 SACs (as well as the FY 2018 SAC for current award recipients with a five-year project period)?

HRSA used/will use this methodology for deriving the SAC Patient Target for FY 2015 – FY 2017 SACs, as well as the FY 2018 SAC for current award recipients with a five-year project period. This will allow HRSA to apply the same methodology to each Health Center Program service area.

4. What is the difference between a SAC Patient Target and a SAC Patient Projection?

The SAC Patient Target is the cumulative unduplicated patient projection for the service area (see #1 above for an explanation). The SAC Patient Projection is the number of patients a SAC applicant projects

^[1] The most current three years of UDS data at the time the FY 2015 SAC was developed.

to serve by the prescribed date within the SAC funding opportunity announcement, which coincides with a UDS reporting period preceding the next SAC announcement of the service area.

5. May a SAC applicant provide a Patient Projection lower than the SAC Patient Target?

An FY 2015 – FY 2017 SAC applicant’s Patient Projection (as well as an FY 2018 SAC applicant’s Patient Projection if the service area is currently in a five-year project period) must be at least 75 percent of the announced Patient Target for the service area in order for the application to be deemed eligible.

However, a SAC applicant may submit a Patient Projection that is up to 25 percent below the announced Patient Target without impacting eligibility. In this case, the SAC funding request must be reduced according to the table below. Note that SAC applicants may provide a Patient Projection up to five percent below the announced Patient Target without a decrease in funding.

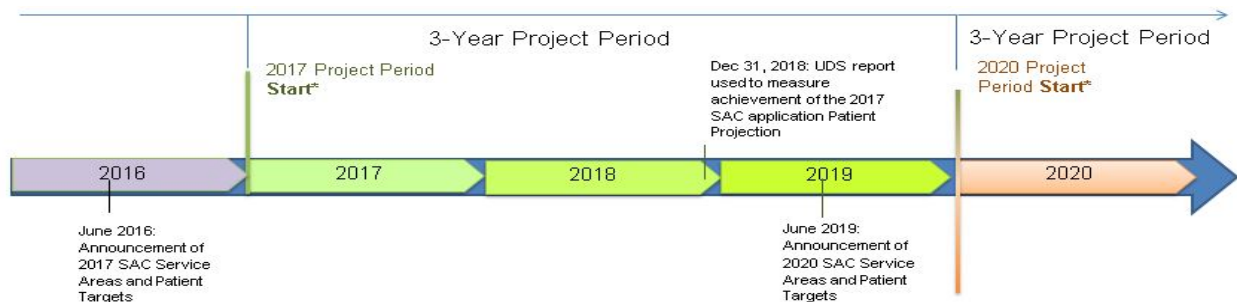
Patient Projection Compared to Patient Target (%)	Maximum Funding Request
95-100% of Patient Target	No funding reduction
90-94.9% of Patient Target	0.5% funding reduction
85-89.9% of Patient Target	1% funding reduction
80-84.9% of Patient Target	1.5% funding reduction
75-79.9% of Patient Target	2% funding reduction

A SAC applicant may submit a SAC Patient Projection that is higher than the announced Patient Target. HRSA does not award additional funding if the Patient Projection exceeds the announced Patient Target.

6. How is achievement of the the SAC Patient Projection measured?

All SAC applicants are instructed to set Patient Projections to be realized by the end of the calendar year preceding the next SAC announcement for the service area, as measured by that specified UDS report. For example, the December 31, 2018 UDS report will be used to measure progress toward the FY 2017 SAC Patient Projection. See the diagram below.

SAC Timeline



* Assume a January 1 Project Period Start Date

7. What happens if a grantee does not meet the Patient Target (or reduced Patient Projection) by the end of the calendar year prior to the next SAC announcement?

If a grantee does not meet the Patient Target or reduced Patient Projection funded through an FY 2015—2017 SAC (as well as an FY 2018 SAC if the service area is currently in a five-year project period), HRSA may reduce the funding to be announced for the next SAC proportionately.

8. Will HRSA entertain requests to reduce a service area Patient Projection outside of the SAC funding opportunity?

The SAC application is the means by which an organization may propose a total Patient Projection lower than the SAC Patient Target. As noted above, the SAC Patient Projection may be as much as 25 percent below the Patient Target.

However, if you note a Patient Projection inconsistency within a supplemental funding application (e.g., the Form 1A Patient Projection was 100,000 unduplicated patients, but everywhere else in the application the Patient Projection is described as 10,000 unduplicated patients), you should immediately bring this issue to HRSA's attention by emailing BPHCPatientTargets@hrsa.gov.

9. What should be considered when establishing a SAC Patient Projection?

Applicants should consider all relevant factors, including internal patient, clinical, and financial data; knowledge of the service area and target population needs; local and state trends; and other factors to ensure that the SAC application Patient Projection is realistic and achievable by the applicable December 31 UDS measurement deadline. In addition, Health Center Program award recipients should review their HRSA EHB email(s) to ensure an understanding of how supplemental funding Patient Projections (e.g., New Access Point satellite application new Patient Projection) impact the Patient Target for their current service area. Primary Care Associations may serve as a useful resource to current and potential health centers in developing SAC Patient Projections.

10. What methodology will HRSA use to derive Patient Targets in the future SACs?

HRSA has committed to: 1) building Patient Targets based on patients served and new unduplicated Patient Projections submitted in funded applications, and 2) assessing progress toward meeting the Patient Projection to be achieved prior to each SAC cycle, using the UDS report prior to announcement of that year's competition. HRSA has not made a final determination for how Patient Targets will be calculated for the FY 2018 – FY 2021 SACs (excluding the FY 2018 SACs with a current five-year project period, see above).

11. What will happen if my health center does not meet our SAC Patient Projection in FY 2018 or after?

HRSA understands that many factors may impact the ability of a health center to achieve its Patient Projection. HRSA is still determining how future service area announcement funding levels and Patient Targets may be impacted if a health center does not achieve its SAC Patient Projection (plus the Patient Projections from supplemental awards issued after the service area was announced via SAC that can be monitored in the same timeframe as the SAC Patient Projection). HRSA welcomes your feedback via BPHCPatientTargets@hrsa.gov.

SAC Patient Target Methodology Overview¹

FY 2015 – 2018 SACs	FY 2015 SAC	FY 2016 SAC	FY 2017 SAC	FY 2018 SAC (current five-year project period only)
<p>SAC Patient Target Calculation</p>	<p>Higher value of 1) average of unduplicated patients reported in the 2011, 2012, and 2013 UDS; or 2) Patient Projection from new Health Center Program application, plus the sum of Patient Projections from the following:</p> <ul style="list-style-type: none"> • FY 2013/2014 NAP supplemental award • FY 2013/2014 SAC/SAC-AA supplemental award 	<p>Higher value of 1) average of unduplicated patients reported in the 2011, 2012, and 2013 UDS; or 2) Patient Projection from new Health Center Program application, plus the sum of Patient Projections from the following:</p> <ul style="list-style-type: none"> • FY 2013/2014 NAP supplemental awards • FY 2013/2014/2015 SAC/SAC-AA supplemental awards • FY 2014 ES-EMC supplemental award • FY (May) 2015 NAP satellite award 	<p>Higher value of 1) average of unduplicated patients reported in the 2011, 2012, and 2013 UDS; or 2) Patient Projection from new Health Center Program application, plus the sum of Patient Projections from the following:</p> <ul style="list-style-type: none"> • FY 2013/2014/2015 NAP supplemental awards • FY 2013/2014/2015/2016 SAC/SAC-AA supplemental awards • FY 2014 ES-EMC and FY 15 ES supplemental awards • FY 2016 Substance Abuse supplemental award 	<p>Higher value of 1) average of unduplicated patients reported in the 2011, 2012, and 2013 UDS; or 2) Patient Projection from new Health Center Program application, plus the sum of Patient Projections from the following:</p> <ul style="list-style-type: none"> • FY 2013/2014/2015 NAP supplemental awards • FY 2013/2014/2015/2016 SAC/SAC-AA supplemental awards • FY 2014 ES-EMC and FY 15 ES supplemental awards • FY 2016 Substance Abuse supplemental award • FY 2016 Oral Health supplemental award

¹ See applicable SAC Funding Opportunity Announcement for additional details.

FY 2015 – 2018 SACs	FY 2015 SAC	FY 2016 SAC	FY 2017 SAC	FY 2018 SAC (current five-year project period only)
FY 2018 – 2021 SACs²	FY 2018 (current three-year project period) SAC	FY 2019 SAC	FY 2020 SAC	FY 2021 SAC
What is being measured	Previous SAC Patient Projection plus new Patient Projections made since that SAC award (e.g., for the FY 2016 SAC, the FY 2016 SAC Patient Projection, FY 2015 ES, FY 2015 SAC/SAC-AA, FY 2015 August NAP, FY 2016 Substance Abuse, and other FY 2016 supplemental funding Patient Projections)			
Measure of Progress toward SAC Patient Projection	2016 UDS Report	2017 UDS Report	2018 UDS Report	2019 UDS Report
Patient Target and Funding Adjustments	If the UDS value does not meet or exceed the funded SAC applicant’s “what is being measured” value above, the funding announced for this service area may be reduced proportionately.			

² HRSA has not made a final determination for how Patient Targets will be calculated for the FY 2018 – FY 2021 SACs. However, HRSA has committed to assessing progress toward meeting the Patient Target to be achieved prior to each of these SAC cycles using the UDS report prior to announcement of that year’s competition and to a methodology of building Patient Targets based on patients served and new Patient Projections submitted in funded supplemental applications.