HRSA is committed to continuing access to primary health care services for patients in areas currently funded under the Health Center Program by announcing each service area for competition every three years in the Service Area Competition funding opportunity (SAC). One way HRSA supports this is by tracking patient commitments and calculating the patient target.

This FAQ describes how HRSA calculated the current patient target for each award recipient and answers relevant questions. Calculation details are provided in the Patient Target Calculation Overview at the end of this document.

1. **What is the patient target?**
   The patient target is the total patient commitment for a service area.

2. **What is a patient projection?**
   A patient projection is the number of new unduplicated patients an applicant commits to serving with requested funding (typically on Form 1A).

3. **How does HRSA calculate patient targets?**
   The patient target is the sum of patient projections from funded Health Center Program applications. HRSA calculates the patient target for each service area using a base value, plus patient projections from funded supplemental applications. The base value depends on the award recipient’s project period length.
   - **One-year or three-year project period**
     Base value is the lower of either:
     - The patient projection from the most recently funded SAC application; or
     - The most recent SAC Service Area Announcement Table (SAAT) patient target.
   - **Two-year project period**
     Base value is the patient projection from the fiscal year (FY) 2017 New Access Point (NAP) new start application.
   - **Five-year project period**
     Base value is the higher of either:
     - The average number of patients served as reported in the 2011, 2012, and 2013 UDS; or
     - The patient projection from the application (i.e., SAC, NAP) that established the health center as a Health Center Program award recipient, if the organization was first funded in FY 2011 or later.

4. **Why do the base values of the patient target calculation differ?**
   The base values differ to ensure a consistent approach is applied to calculating patient targets for all service areas over time. See question 9 below.

5. **What is the methodology for determining the base value for a one-year or three-year project period?**
   HRSA uses the lower value of the most recently funded SAC application patient projection or the most recently announced SAAT patient target as the base value. This allows HRSA to build the patient target from the patient commitment in the service area at the time of award.
6. **May a SAC applicant submit a patient projection that is lower than the patient target?**

Yes. A SAC applicant may submit a patient projection that is *up to 25 percent below* the patient target. The patient projection must be at least 75 percent of the patient target for the application to be eligible.

HRSA reduces funding when a SAC application patient projection is lower than 95 percent of the patient target according to the table below. Note that a patient projection may be up to five percent below the patient target without a decrease in funding.

<table>
<thead>
<tr>
<th>Patient Projection Compared to Patient Target (%)</th>
<th>Maximum Funding Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>95-100% of Patient Target</td>
<td>No funding reduction</td>
</tr>
<tr>
<td>90-94.9% of Patient Target</td>
<td>0.5% funding reduction</td>
</tr>
<tr>
<td>85-89.9% of Patient Target</td>
<td>1% funding reduction</td>
</tr>
<tr>
<td>80-84.9% of Patient Target</td>
<td>1.5% funding reduction</td>
</tr>
<tr>
<td>75-79.9% of Patient Target</td>
<td>2% funding reduction</td>
</tr>
</tbody>
</table>

7. **Can the SAC application patient projection exceed the patient target?**

Yes. The SAC application patient projection may be higher than the patient target, but HRSA does not award additional funding in that situation.

8. **What should applicants consider when establishing a patient projection?**

Applicants should consider all relevant factors, including:
- Patient, clinical, and financial data
- Service area and target population needs
- Local and state trends

Applicants should review each notice of funding opportunity (NOFO) and ensure the patient projection is realistic and achievable by the specified UDS measurement deadline. Primary Care Associations (PCAs) may serve as a useful resource in developing patient projections.

Applicants that are current Health Center Program award recipients should also review each Notice of Award (NoA) and their most recent HRSA Electronic Handbook (EHB) patient target email to ensure an understanding of how funded application patient projections impact their service area patient commitment.

9. **Can a health center request to reduce the patient commitment outside of the SAC application?**

No. The SAC application is the means by which the patient commitment for a service area can be reduced.

However, if you discover a patient projection inconsistency or mistake in a funded application (e.g., the Form 1A patient projection does not align with the intended number of unduplicated patients to be served as indicated elsewhere in the application), immediately bring this issue to HRSA’s attention by emailing BPHCPatientTargets@hrsa.gov.

10. **How will HRSA measure achievement of the patient target?**

The measurement period for achievement is the calendar year following the project period start date. HRSA uses the UDS report (number of patients served) for that period to measure progress.
For example, for a health center awarded an FY 2018 SAC for a three-year project period, the measurement period is calendar year 2019 and the measure is the number of patients served as reported in the 2019 UDS (submitted in early 2020).

11. What happens if a health center does not achieve the patient target by the achievement date?

The FY 2018 SAC NOFO will provide information about potential HRSA action if a health center does not achieve their patient target. The first NOFO will be released in June 2017. HRSA welcomes feedback and questions about patient targets at BPHCPatientTargets@hrsa.gov.

12. What methodology will HRSA use to calculate future patient targets?

We anticipate using the current method through 2019 (applicable to FY 2020 SAC). Details are provided in the Patient Target Calculation Overview below. HRSA has not made a final determination for how patient targets will be calculated in 2020 (applicable to FY 2021 SAC).
## Patient Target Calculation Overview

<table>
<thead>
<tr>
<th>Next SAC</th>
<th>FY 2018 SAC (current one-year project period)</th>
<th>FY 2018 SAC (current three-year project period)</th>
<th>FY 2018 SAC (current five-year project period)</th>
<th>FY 2019 SAC (current two-year project period)</th>
<th>FY 2019 SAC (current three-year project period)</th>
<th>FY 2020 SAC (current three-year project period)</th>
</tr>
</thead>
</table>
| **Patient Target Calculation: Base Value** | Lowest value of 2015 SAC/SAC-AA:  
  - New or competing continuation application patient projection  
  or  
  - SAAT patient target | Lowest value of 2015 SAC/SAC-AA:  
  - New or competing continuation application patient projection  
  or  
  - SAAT patient target | Highest value of:  
  - Average of unduplicated patients reported in the 2011, 2012, and 2013 UDS  
  or  
  - FY 2011, or later, application that established the health center as a Health Center Program award recipient | FY 2017 NAP new start application patient projection | Lowest value of 2016 SAC/SAC-AA:  
  - New or competing continuation application patient projection  
  or  
  - SAAT patient target | Lowest value of 2017 SAC/SAC-AA:  
  - New or competing continuation application patient projection  
  or  
  - SAAT patient target |
| **Patient Target Calculation: Applicable supplemental application patient projections added to the base value** | • FY 2016 Oral Health  
  • FY 2017 SAC/SAC-AA competing supplement  
  • FY 2017 NAP satellite | • FY 2014 ES-EMC  
  • FY 2015 ES  
  • FY 2015/2016/2017 SAC/SAC-AA competing supplement  
  • FY 2015/2017 NAP satellite  
  • FY 2016 Substance Abuse  
  • FY 2016 Oral Health | • FY 2013/2014/2015/2016/2017 SAC/SAC-AA competing supplement  
  • FY 2013/2014/2015/2017 NAP satellite  
  • FY 2014 ES-EMC  
  • FY 15 ES  
  • FY 2016 Substance Abuse  
  • FY 2016 Oral Health | Not applicable | • FY 2015 ES  
  • FY 2015/2017 NAP satellite  
  • FY 2016/2017 SAC/SAC-AA competing supplement  
  • FY 2016 Substance Abuse  
  • FY 2016 Oral Health | • FY 2016 Oral Health  
  • FY 2016/2017 SAC/SAC-AA competing supplement  
  • FY 2017 NAP satellite |
| **Patient target achievement date based on the next SAC** | December 31, 2019 | December 31, 2019 | December 31, 2019 | December 31, 2020 | December 31, 2020 | December 31, 2021 |