



Patient Target Frequently Asked Questions & Calculation Overview Table

In 2017, HRSA's nearly 1,400 Health Center Program award recipients provided comprehensive primary health care services to more than 27 million patients annually. This document describes how HRSA annually calculates patient targets for these nearly 1,400 service areas and provides frequently asked questions and answers. Calculation details are provided in the [Patient Target Calculation Overview](#) table.

1. What is a patient target?

A patient target is the sum of patient projections from awarded Health Center Program applications for operational funding.

2. What is a patient projection?

A patient projection is the number of new, unduplicated Health Center Program patients an applicant commits to serving with requested operational funding, typically on Form 1A: General Information Worksheet or the Patient Impact Form.

3. How does HRSA use the patient target?

HRSA uses the patient target to:

1. Ensure that Service Area Competition (SAC) applicants are aware of the number of patients expected to be served in each announced service area.¹ The patient target is communicated to SAC applicants via the Service Area Announcement Table (SAAT), an online resource that includes information regarding funding.
2. Assess health center progress toward serving the number of patients for which funding was awarded. Future funding for a service area may be tied to that progress. See question 9 for additional information.

4. How does HRSA calculate patient targets?

Each patient target includes a base value, plus patient projections from funded supplemental applications. See the [Patient Target Calculation Overview](#) table for details.

5. What should my health center consider when making an application patient projection?

¹ SAC details are available at the [SAC Technical Assistance website](#).

Relevant factors may include:

- Patient, clinical, and financial data.
- Service area and target population needs.
- Local and state trends (e.g., reimbursement changes, population shifts).
- The current patient target (do not duplicate projected new patients across applications).
- The achievement date (realistic and achievable projection in the calendar year referenced in each NOFO).

Primary Care Associations (PCAs) may serve as a useful resource in developing patient projections. Additional information regarding the impact of patient projections on patient targets will typically be included in the Notice of Award (NoA) for funded applications.

6. How can my health center lower the patient target through SAC?

You can lower the patient target up to 25 percent through the FY 2020 SAC application process by making a patient projection that is *at least 75 percent* of the SAAT patient target. If HRSA funds the SAC application, the patient projection will be the new base value for calculating the patient target.

HRSA will reduce total funding awarded for a service area when a SAC application patient projection is lower than 95 percent of the patient target, according to the table below.

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
Less than 75% of Patient Target	Ineligible application

7. Can the patient target be reduced outside of the SAC application?

Yes, but only to correct inconsistencies in funded applications (e.g., the Form 1A patient projection does not align with the number of unduplicated projected patients indicated elsewhere in the application). If you find this type of inconsistency in a funded application, immediately bring the issue to HRSA’s attention by emailing BPHCPatientTargets@hrsa.gov.

8. When should I request a patient target adjustment through the EHBs Patient Target Management Module?

Current Health Center Program award recipients can use the Patient Target Management Module to view their patient target, including its component values (see the [Patient Target Calculation Overview](#) table). If you find an inconsistent patient projection in a funded application, contact HRSA at

BPHCPatientTargets@hrsa.gov, as instructed above, to receive guidance before requesting an adjustment in the EHBs module.

9. How will HRSA determine patient target achievement?

The measurement period for achievement is the calendar year following the SAC project period start date, and the achievement date is December 31 of that year. HRSA uses the Uniform Data System (UDS) report (number of patients served) to measure progress and achievement.

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 achievement date is December 31, 2019. The measure is the number of patients served, as reported in the 2019 UDS (submitted in early 2020).



10. How is HRSA considering new factors, such as telehealth visits and intensive substance use disorder treatment?

HRSA is considering adjustments to the patient definition and will publish any proposed changes through a PAL ahead of guidance in the UDS manual. Additionally, applicants are encouraged to develop realistic and achievable patient projections in all applications, including those focused on substance use disorder services.

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

HRSA is allowing health centers an opportunity to revisit the patient targets when the service areas are announced in the FY 2018 – 2020 SACs and to make reductions as appropriate.

HRSA will monitor achievement of the patient target, through the methodology outlined in question 9. For example, if a health center awarded an FY 2018 SAC is unable to demonstrate via the 2019 UDS Report that they reached the patient target in 2019, funding for the service area may be reduced when it is announced in the FY 2021 SAC. The same steps are expected for monitoring progress toward the patient targets prior to the FY 2022 and 2023 SACs.

Patient Target Calculation Overview

If the next SAC for your service area is the:	FY 2020 SAC	FY 2020 SAC (FY 2019 NAP new starts)	FY 2021 SAC	FY 2022 SAC
Your Patient Target is the following Base Value:	Lowest value of FY 2017 SAC/SAC-AA: <ul style="list-style-type: none"> • Application patient projection or • SAAT patient target 	FY 2019 NAP patient projection	FY 2018 SAC/SAC-AA patient projection	FY 2019 SAC/SAC-AA patient projection
Plus Patient Projections from:	<ul style="list-style-type: none"> • FY 2016 Oral Health • FY 2017 AIMS • FY 2017 NAP satellite • FY 2017/2018/2019 SAC/SAC-AA supplement • FY 2018 SUD-MH 	TBD	<ul style="list-style-type: none"> • FY 2017 AIMS • FY 2018 SUD-MH • FY 2018/2019 SAC/SAC-AA supplement 	<ul style="list-style-type: none"> • FY 2018 SUD-MH • 2019 SAC/SAC-AA supplement
Patient Target Achievement Date (based on FY 2018 – 2020 SAC)	December 31, 2021	December 31, 2021	December 31, 2019	December 31, 2020

Acronyms

- AIMS – Access Increases in Mental Health and Substance Abuse Services
- Oral Health – Oral Health Service Expansion
- NAP – New Access Points
- SAAT – Service Area Announcement Table
- SAC – Service Area Competition
- SAC-AA – Service Area Competition-Additional Areas
- SUD-MH – Expanding Access to Quality Substance Use Disorder and Mental Health Services