

The Financial Performance Measures forms below are for reference only. Start with the Required and Optional Financial Performance Measures Forms submitted with the FY 2015 application, and add two rows to each (as shown below) to provide both a numeric data update showing progress to date and a narrative explanation of such progress in relation to the goal. Do not change the data in any of the other rows/cells. In your progress report, you must include all Required Financial Performance Measures and any Optional Financial Performance Measures that you included in your FY 2015 application.

OMB No.: 0915-0285. Expiration Date: 9/30/2016

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b> <b>NATIVE HAWAIIAN HEALTH CARE SYSTEM</b>  <b>REQUIRED FINANCIAL PERFORMANCE MEASURE</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking Number</b>
<b>1. Required Focus Area – Grant Costs</b>		
Performance Measure	Total NHHCIA grant amount per patient	
Is this Performance Measure Applicable to your Organization?	Yes	
Target Goal Description		
Numerator Description	Total NHHCIA grant amount drawn down for the calendar measurement year	
Denominator Description	Total patients for the calendar measurement year	
Baseline Data	<b>Baseline Year:</b> <b>Measure Type:</b> <b>Numerator:</b> <b>Denominator:</b> <b>Calculated Baseline:</b>	
<b>Numeric Progress since August 1, 2015</b>		
<b>Narrative Progress since August 1, 2015</b>		
Projected Data (by End of Project Period)		
Data Source & Methodology		
Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #2	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #3	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
Comments		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL FINANCIAL PERFORMANCE MEASURE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
<b>2. Optional Focus Area – Total Costs</b>		
Performance Measure	Total cost per patient	
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Target Goal Description		
Numerator Description	Total accrued cost before donations and after allocation of overhead	
Denominator Description	Total number of patients	
Baseline Data	<b>Baseline Year:</b> <b>Measure Type:</b> <b>Numerator:</b> <b>Denominator:</b> <b>Calculated Baseline:</b>	
<b>Numeric Progress since August 1, 2015</b>		
<b>Narrative Progress since August 1, 2015</b>		
Projected Data (by End of Project Period)		
Data Source & Methodology		
Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #2	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #3	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
Comments		

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	Grant Number	Application Tracking Number
<b>3. Optional Focus Area – Medical Costs</b>		
Performance Measure	Medical cost per medical visit	
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Target Goal Description		
Numerator Description	Total accrued medical staff and medical other costs after allocation of overhead (excludes lab and x-ray costs)	
Denominator Description	Non-nursing medical visits (excludes nursing [RN] and psychiatrist visits)	
Baseline Data	<b>Baseline Year:</b> <b>Measure Type:</b> <b>Numerator:</b> <b>Denominator:</b> <b>Calculated Baseline:</b>	
<b>Numeric Progress since August 1, 2015</b>		
<b>Narrative Progress since August 1, 2015</b>		
Projected Data (by End of Project Period)		
Data Source & Methodology		
Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #2	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #3	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
Comments		

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	Grant Number	Application Tracking Number
<b>4. Optional Focus Area – Financial Viability</b>		
Performance Measure	Non-Federal Matching Funds (percentage of matching funds included in the total project budget)	
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Target Goal Description		
Numerator Description	Non-Federal Matching Funds	
Denominator Description	Total Budget	
Baseline Data	<b>Baseline Year:</b> <b>Measure Type:</b> <b>Numerator:</b> <b>Denominator:</b> <b>Calculated Baseline:</b>	
<b>Numeric Progress since August 1, 2015</b>		
<b>Narrative Progress since August 1, 2015</b>		
Projected Data (by End of Project Period)		
Data Source & Methodology		
Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #2	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #3	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
Comments		