



Health Resources & Services Administration

The Financial Performance Measures forms below are for reference only. Start with the Required and Optional Financial Performance Measures Forms submitted with the FY 2018 application, and add two new rows highlighted in red (as shown below) to provide both a numeric data update 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 2018 application.

OMB No.: 0915-0285. Expiration Date: 1/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM REQUIRED FINANCIAL PERFORMANCE MEASURE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
1. Required Focus Area – NHHCIA Program Grant Cost Per Total Patient (Grant Costs)		
Performance Measure	Ratio of total NHHCIA grant funds per patient served in the measurement calendar year	
Is this Performance Measure Applicable to your Organization?	Yes	
Target Goal Description		
Numerator Description	Total NHHCIA grants drawn-down for the period from January 1 to December 31 of the measurement calendar year	
Denominator Description	Total number of patients	
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:	
Numeric Progress since August 1, 2018	<i>Provide recent data to demonstrate ongoing progress toward goal.</i>	
Narrative Progress since August 1, 2018	<i>Provide narrative to explain recent data provided.</i>	
Projected Data (by End of Project Period)		

Data Source & Methodology	
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:
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

2. Optional Focus Area – Total Cost Per Total Patient (Costs)

Performance Measure	Ratio of total cost per patient served in the measurement calendar year
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	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:

Numeric Progress since August 1, 2018	<i>Provide recent data to demonstrate ongoing progress toward goal.</i>
Narrative Progress since August 1, 2018	<i>Provide narrative to explain recent data provided.</i>

Projected Data (by End of Project Period)					
Data Source & Methodology					
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:				
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:				
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:				
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				
	<table border="1"> <tr> <td style="text-align: center;">Grant Number</td> <td style="text-align: center;">Application Tracking Number</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Grant Number	Application Tracking Number		
	Grant Number	Application Tracking Number			
3. Optional Focus Area – Medical Cost Per Medical Visit (Costs)					
Performance Measure	Ratio of total medical cost per medical visit in the measurement calendar year				
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 other medical cost after allocation of overhead, excluding lab and x-ray cost				
Denominator Description	Medical visits, excluding nurse visits				

Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:	
Numeric Progress since August 1, 2018	<i>Provide recent data to demonstrate ongoing progress toward goal.</i>	
Narrative Progress since August 1, 2018	<i>Provide narrative to explain recent data provided.</i>	
Projected Data (by End of Project Period)		
Data Source & Methodology		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
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
4. Optional Focus Area – Financial Viability		
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	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:
Numeric Progress since August 1, 2018	<i>Provide recent data to demonstrate ongoing progress toward goal.</i>
Narrative Progress since August 1, 2018	<i>Provide narrative to explain recent data provided.</i>
Projected Data (by End of Project Period)	
Data Source & Methodology	
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:
Comments	

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-N39, Rockville, Maryland, 20857.

Instructions for Attachment 5: Required and Optional Financial Performance Measures

NHHCS applicants must report on the Grant Costs measure and at least one of the remaining three optional financial performance measures for a total of two financial performance measures. Complete and upload this form. See Appendix B of the Instructions for details.