Instructions for Preparing and Submitting the Fiscal Year (FY) 2019 Native Hawaiian Health Care Improvement Act Program Progress Report for Native Hawaiian Health Care Systems (NHHCS) and Papa Ola Lokahi (POL)

Table of Contents

Purpose *1*

Submission and Award Information *2*

Summary of Funding *2*

Technical Assistance *2*

Reporting *3*

General Instructions *3*

Budget Presentation Instructions *6*

Attachment Instructions *10*

APPENDIX A: Attachment Instructions for Papa Ola Lokahi Only *12*

APPENDIX B: Attachment Instructions for Native Hawaiian Health Care Systems Only *13*

APPENDIX C: Attachment Instructions for Native Hawaiian Health Care Systems and Papa Ola Lokahi *19*

List of Tables

Table 1: Maximum Awards for FY 2019 .... *2*

Table 2: Submission Components *3*

Table 3: Budget Sample for Salary Limitation *8*

Purpose

This Native Hawaiian Health Care Improvement Act (NHHCIA) Program Non-Competing Continuation Progress Report (NCC) (hereafter referred to as the progress report) will provide funding for the fiscal year (FY) 2019 budget period (August 1, 2019 through July 31, 2020). The NHHCIA, as amended (42 U.S.C. 11701 and 11714), is a Congressional Special Initiative for

improving the provision of comprehensive disease prevention, health promotion, and primary health care services to Native Hawaiians.

Continued funding is based on program compliance, organizational capacity to accomplish the project's goals, Congressional appropriation, and a determination that continued funding would be in the best interest of the federal government.

Submission and Award Information

Submissions are due in the HRSA Electronic Handbooks (EHBs) by 5:00 PM ET on April 1, 2019. Awards are expected on or around August 1, 2019. The progress report budget request must not exceed the maximum funding amount shown below in Table 1. Progress reports must describe progress made since submission of the competitive NHHCIA application on May 4, 2018.

Summary of Funding

Submission of this progress report is required to obtain federal funding for FY 2019.[1] Funds are appropriated annually and distributed among the six recipients in consultation with POL (see 42 U.S.C. 11705 and 11706). The specific amount that each organization is eligible to receive for FY 2019 is identified below.

Table 1: Maximum Awards for FY 2019

Recipient Name	Maximum Funding Amount
Ho'ola Lahui Hawai'i	$2,853,366
Hui Malama Ola Na O'iwi	$2,820,697
Hui No Ke Ola Pono	$3,117,125
Ke Ola Mamo	$2,934,835
Na Pu'uwai	$2,347,614
Papa Ola Lokahi (POL)	$1,551,059
Total	**$15,624,696**

Technical Assistance

ASSISTANCE NEEDED	PLEASE CONTACT
General NHHCIA NCC technical assistance (e.g., forms samples)	**Native Hawaiian Health Care Improvement Act Technical Assistance (NHHCIA TA) Webpage** http://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/index.html

[1] For this grant, FY 2019 funding is for the August 1, 2019–July 31, 2020 budget period.

ASSISTANCE NEEDED	PLEASE CONTACT
NHHCIA NCC budget or other fiscal questions	**Christie Walker** Office of Federal Assistance Management Division of Grants Management Operations cwalker@hrsa.hhs.gov or 301-443-7742
NHHCIA progress report questions	**Dave Butterworth** Bureau of Primary Health Care Office of Policy and Program Development bphcnh@hrsa.gov or 301-594-4300
EHBs submission issues (e.g., issues with completing forms in EHBs)	**Health Center Program Support** https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form or 1-877-464-4772

General Instructions

The progress report must not exceed **40 pages** when printed by HRSA (approximately 5 MB). Submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Calibri) and one-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes.

Progress reports lacking all required information will be considered incomplete or non-responsive and will be returned via a "request change" notification in EHBs for the provision of missing information. If HRSA does not receive a progress report by the established deadline or receives an incomplete or non-responsive progress report, a delay in NoA issuance or a lapse in funding could occur.

Required components for submission are listed below, in Table 2. In the Form Type column of Table 2, "Form" refers to structured forms completed online in EHBs and "Attachment" refers to documents that must be created by the applicant and uploaded into EHBs.

Table 2: Submission Components

Progress Report Section	Form Type	POL, NHHCS, or Both	Instructions	Counted in Page Limit?
SF-PPR and SF-PPR-2	Form	Both POL and NHHCS	Instructions are included in the NCC User Guide.	No

Progress Report Section	Form Type	POL, NHHCS, or Both	Instructions	Counted in Page Limit?
Budget Information: Budget Details Form	Form	Both POL and NHHCS	Refer to the Budget Information: Budget Details Form section for detailed instructions.	No
Budget Narrative	Attachment	Both POL and NHHCS	Upload the Budget Narrative. Refer to the Budget Narrative section for detailed instructions.	Yes
Performance Narrative	Attachment	Both POL and NHHCS	Upload the Performance Narrative. Refer to the Attachment Instructions section for detailed instructions.	Yes
Attachment 1: FY 2018 Project Work Plan Progress Report	Attachment	POL Only	Upload the Project Work Plan Progress Report (see Appendix A). A sample is available on the NHHCIA TA webpage.	Yes
Attachment 2: FY 2019 Project Work Plan Update	Attachment	POL Only	Upload the Project Work Plan Update (see Appendix A). A sample is available on the NHHCIA TA webpage.	Yes
Attachment 3: Service Projections Update	Attachment	NHHCS Only	Upload the Service Projections Form Update (see Appendix B). A sample is available on the NHHCIA TA webpage.	Yes

Progress Report Section	Form Type	POL, NHHCS, or Both	Instructions	Counted in Page Limit?
Attachment 4: Clinical Performance Measures Update (Required and Optional)	Attachment	NHHCS Only	Upload the Required Clinical Performance Measures Update Forms; include Optional Clinical Performance Measures Update Forms, as appropriate (see Appendix B). A sample is available on the NHHCIA TA webpage.	Yes
Attachment 5: Financial Performance Measures Update (Required and Optional)	Attachment	NHHCS Only	Upload the Required Financial Performance Measures Update Forms; include Optional Financial Performance Measures Update Forms, as appropriate (see Appendix B). A sample is available on the NHHCIA TA webpage.	Yes
Attachment 6: Income Analysis	Attachment	NHHCS Only	Upload the Income Analysis form (see Appendix B). A sample is available on the NHHCIA TA webpage.	Yes
Attachment 7: Summary of Contracts and Agreements (as applicable)	Attachment	Both POL and NHHCS	Provide a summary describing any new or revised contracts and/or agreements established since the submission of the FY 2018 NHHCIA application (see Appendix C).	Yes

Progress Report Section	Form Type	POL, NHHCS, or Both	Instructions	Counted in Page Limit?
Attachment 8: Other Relevant Documents (as applicable)	Attachment	Both POL and NHHCS	If applicable, provide the indirect cost rate agreement. If desired, provide other documents to support the progress report (e.g., publications, survey instruments, data summary charts) (see Appendix C).	Yes

Budget Presentation Instructions

A complete budget presentation includes the Budget Information: Budget Details Form, to be completed electronically in EHBs for the upcoming FY 2019 budget period (August 1, 2019 through July 31, 2020), and the Budget Narrative attachment.

Funding is limited to the entities listed in Table 1. Funds under this announcement may not be used for the following purposes:

- Funds awarded to NHHCS organizations may not be used to provide inpatient services, make cash payments to intended recipients of health services, purchase or improve real property (other than minor remodeling/repairs), or purchase major medical equipment.
- NHHCS **may not** spend more than 10 percent of grant funds for the purpose of administering the grant (e.g., administrative salaries, office/non-program supplies, audit services), as described in the authorizing statute [42 U.S.C. 11707(e)].

The General Provisions of the Bipartisan Budget Act of 2018 (BBA) (P.L. 115-123), apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2019, as required by law.

Cost Sharing/Matching

Cost sharing/matching is required for this program. As described in the authorizing statute [42 U.S.C. 11705(e)], the NHHCS must accrue non-federal matching funds in an amount equal to $1 for every $5 of federal funds. This means that at least 16.7 percent of the total budget must be paid for with non-federal resources.

Non-federal contributions may be in cash or in-kind. In-kind contributions must be fairly evaluated and may include plant, equipment, or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions. Federal sources may be used as matching funds if received as fees, payments, or

reimbursements for the provision of a specific service, such as patient care reimbursements received under Medicare or Medicaid. Generated program income may be used as matching funds.

Budget Information: Budget Details Form (*Required for POL and NHHCS*)
In Section A: Budget Summary, in the Federal column, provide the total of federal funding request, based on Table 1.

In the Non-Federal column, provide the total of the non-federal funding sources for your organization. For the NHHCS, the total for the Non-Federal column should equal the Total Non-Federal value on the Income Analysis form. You must demonstrate the required cost sharing/matching. The amount(s) in the Total column will be calculated automatically as the sum of the Federal and Non-Federal columns.

In Section B: Budget Categories, provide a breakdown of the requested funds by object class category (e.g., Personnel, Fringe Benefits). You may want to use the SF-424A included with your FY 2018 competitive application as a point of reference, noting that the total federal request and the value for each object class category may differ year to year based on funding allocations and programmatic changes. The total in Section B should match the federal request in Section A.

The amounts in the Total Direct Charges row and the Total column will calculate automatically. Indirect costs may only be claimed with an approved indirect cost rate (see details in the Budget Narrative section below).

In Section C: Non-Federal Resources, enter the non-federal resources. NHHCS applicants are required to include non-federal matching funds in an amount equal to $1 for every $5 of federal funds. Please see Cost Sharing/Matching for more information about in-kind contributions and matching funds.

Budget Narrative
Include a line-item Budget Narrative explaining the amounts requested for each row in Section B: Budget Categories of the Budget Information: Budget Details form, including details on both the federal request and non-federal resources. The Budget Narrative is for **one year, based on the upcoming FY 2019 budget period (August 1, 2019 through July 31, 2020)**. Upload the Budget Narrative in the Budget Narrative field section in EHBs. The Budget Narrative must contain detailed calculations explaining how each line-item expense is derived. Demonstrate the following in the Budget Narrative:

- The total resources required to achieve the goals and objectives (both federal and non-federal).
- The maximization of non-grant revenue relative to the proposed plan.
- A complete breakdown of the costs for each activity.
- **For NHHCS only**: A detailed presentation of the breakdown and sources for matching funds as required in 42 U.S.C. § 11705(e).

- **For NHHCS only:** A demonstration of adherence to the 10% administrative cap.
- **For POL only**: One-time equipment purchases (see definition of equipment on page 10).

Include the following sections in the Budget Narrative:

Personnel Costs: Explain personnel costs by listing each staff member who will be supported by federal NHHCIA funds, and include the name (if possible), position title, percentage of full time equivalency (FTE), and annual salary. **Reminder**: Federal funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II, currently $189,600. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. An individual's base salary, per se, is **NOT** constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged under the NHHCIA. Provide an individual's actual base salary if it exceeds the cap.

Table 3 provides the information that must be included for each staff position supported in whole or in part with NHHCIA funds.[2]

Table 3 : Budget Sample for Salary Limitation

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary*	Federal Amount Requested
J. Smith	Physician	50	$255,000	$189,600	$94,800
R. Doe	Nurse Practitioner	100	$75,950	no adjustment needed	$75,950
D. Jones	Data/IT Specialist	25	$33,000	no adjustment needed	$8,250

*Used when the base salary is over the limitation of $189,600

Ensure that personnel costs are supported by official records that accurately reflect the work performed and that internal controls provide reasonable assurances that the personnel costs are accurate, allowable, and allocable to the NHHCIA award.

Fringe Benefits: List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). The fringe benefits should be directly proportional to the portion of personnel costs that are allocated for the project. If an individual's base salary exceeds the legislative salary cap, adjust fringe proportionally.

Travel: List travel costs categorized by local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel, and staff/board members completing the

[2] If a full-time staff member is paid from several HRSA funding sources, the total federal contribution to that staff person's salary cannot exceed $189,600.

travel must be outlined. For long distance travel, include the reason for travel (e.g., name of conference and location), staff traveling, as well as itemized costs associated with airfare, ground transportation, per diem, hotel, conference/meeting registration fees, etc. The budget must also reflect travel expenses associated with participating in proposed meetings, trainings, or workshops.

Equipment**:** ***(POL only)*** List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment (a unit cost of $5,000 or more and a useful life of one or more years). For example, large items of medical equipment.

Supplies**:** List the items that will be used to implement the proposed project. Separate items into three categories: office supplies (e.g., paper, pencils), medical supplies (e.g., syringes, blood tubes, gloves), and educational supplies (e.g., brochures, videos). Items must be listed separately.

Per 45 CFR § 75.321, property will be classified as supplies if the acquisition cost is under $5,000. Note that items such as laptops, tablets, and desktop computers are classified as supplies if the value is under the $5,000 equipment threshold.

Contracts: Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Include the basis for your cost estimate. You are responsible for ensuring that your organization has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts consistent with the federal procurement standards set forth in 45 CFR Part 75: Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92: Uniform Administrative Requirements for Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

For consultant services, list the total costs for all consultant services. Identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs. Per the Suspension and Debarment rules in the Uniform Administrative Requirements, as implemented by HRSA under 45 CFR § 75.212, non-federal entities and contractors are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, 2 CFR parts 180 and 376. These regulations restrict awards, subawards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities.

Other**:** Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). In some cases, rent and utilities fall under this category if they are not included in an approved indirect cost rate.

Indirect Costs**:** Indirect costs include costs incurred for common or joint objectives that cannot be readily identified but are necessary to organizational operation (e.g., facility operation and maintenance, depreciation, administrative salaries). Visit the Program Support Center to learn more about indirect cost rate agreements, including the process for applying for an agreement. **Note:** If your organization claims indirect costs in your budget, you must upload a copy of your most recent indirect cost rate agreement in Attachment 8: Other Relevant Documents.

Attachment Instructions

Performance Narrative *(Required for POL and NHHCS)*

Provide a brief narrative highlighting **broad issues, significant progress, and challenges** that have impacted the target audience and your organization since submission of the FY 2018 competitive application. The Performance Narrative should include a discussion of the following elements (1 through 7):

1. **Any significant changes of the demographics or needs of the target population, and/or changes in the service area and population served.**

2. **Any significant progress, challenges, and changes to the approved activities**. Include a description of:
   - Specific challenges encountered and the strategies used to overcome them.
   - Significant strategy changes needed to address the unique needs of the target population.

3. **Any significant changes to collaborations, partnerships, and coordinated activities.** Describe significant changes since submission of the FY 2018 NHHCIA competitive application to planned or current collaborations or activities coordinated with other organizations. Address how these changes will impact achievement of the proposed objectives. Refer to Attachment 7: Summary of Contracts and Agreements as appropriate.

4. **Any significant changes to program evaluation plans**. Describe significant changes since submission of the FY 2018 NHHCIA competitive application to the evaluation strategies related to data collection, analysis, and dissemination/sharing.

5. **Any significant changes to project staffing**. Describe staffing updates since submission of the FY 2018 NHHCIA competitive application and address any significant challenges encountered in recruiting and retaining key management/project staff to accomplish the objectives. Contact your Project Officer for guidance regarding Key Management changes.

6. **How the funding match requirement was met. (*NHHCS ONLY*)** Describe how the $1 non-federal match for every $5 of federal funds requirement was met in FY 2018 (August 1, 2018 through July 31, 2019). See Cost Sharing/Matching for additional details.

7. **Recognizing the full universe of NHHCS, as well as certifying NHHCS that have the qualifications and the capacity to provide the services and meet the requirements of the NHHCIA.** ***(POL ONLY)*** Describe progress toward planning, recognizing, and certifying the full universe of NHHCS, such that multiple qualified NHHCS may be positioned to serve one or more of the identified island communities in FY 2021. Include a description of progress made in the area of publicizing to the island communities the NHHCS planning, recognition, and certification processes.

APPENDIX A: Attachment Instructions for Papa Ola Lokahi Only

Overview of Attachments 1 and 2

You will upload two versions of your Project Work Plan:

- One version will provide updates on progress made, thus far, towards goals established in the Project Work Plan submitted as part of the FY 2018 competitive application.
- The second version will provide anticipated changes to the upcoming budget period's Project Work Plan.

Refer to the two sample Project Work Plans on the NHHCIA TA webpage and follow the instructions below to ensure that all required information is provided.

Attachment 1: FY 2018 Project Work Plan Progress Report

Start with the Project Work Plan submitted with your FY 2018 competitive application (or the version approved by your Project Officer if post-award revisions were required). Update it with a column to report progress on planned activities and outcomes since submission of the FY 2018 competitive application. Do not edit any other fields in the FY 2018 Project Work Plan. Refer to the sample FY 2018 Project Work Plan Progress Report on the NHHCIA TA webpage to ensure submission of a complete Progress Report.

Attachment 2: FY 2019 Project Work Plan Update

Start with the FY 2018 Project Work Plan submitted with your FY 2018 competitive application (or the version approved by your Project Officer if post-award revisions were required), and update it as needed to highlight any changes planned for the FY 2019 budget period (August 1, 2019 through July 31, 2020). This version of the Project Work Plan should include all of the fields that were included in the FY 2018 Project Work Plan, with appropriate edits to describe proposed new activities/changes. **Highlight fields with updates to facilitate Project Officer review.** Refer to the sample FY 2019 Project Work Plan Update on the NHHCIA TA webpage to ensure submission of a complete Update.

APPENDIX B: Attachment Instructions for Native Hawaiian Health Care Systems Only

Attachment 3: Service Projections Update

There are three required service projections that link to legislatively-required NHHCS services. All three services must be tracked over the course of the three-year project period. Starting with the Service Projections submitted with the FY 2018 competitive application, add two additional columns to provide numeric data showing progress to date and a narrative explanation of such progress in relation to the goal. Refer to the sample on the NHHCIA TA webpage to ensure that progress is properly reported.

Attachment 4: Clinical Performance Measures (Required and Optional)

Required Clinical Performance Measures
There are six required clinical performance measures that link to legislatively-required NHHCS services. Progress toward all six performance measure goals must be tracked over the course of the three-year project period. Starting with the Required Clinical Performance Measures Forms submitted with the FY 2018 competitive application, add two new rows to provide numeric data showing progress to date and a narrative explanation of such progress in relation to the goal. Refer to the sample on the NHHCIA TA webpage to ensure that progress is properly reported.

Optional Clinical Performance Measures
If optional clinical performance measures were included in the FY 2018 competitive application, progress toward all such measures must be tracked over the course of the three-year project period. Starting with the Optional Clinical Performance Measures Forms submitted with the FY 2018 competitive application, add two new rows to provide numeric data showing progress to date and a narrative explanation of such progress in relation to the goal. Refer to the sample on the NHHCIA TA webpage to ensure that progress is properly reported. If Optional Clinical Performance Measures Forms were not included in the FY 2018 competitive application, do not include any in this submission.

Attachment 5: Financial Performance Measures (Required and Optional)

Required and Optional Financial Performance Measures
In the FY 2018 competitive application, you set a goal for the Grant Costs Financial Performance Measure and at least one other Financial Performance Measure, for a total of at least two Financial Performance Measures. Progress toward the Financial Performance Measures goals must be tracked over the course of the three-year project period. Starting with the Financial Performance Measures Forms submitted with the FY 2018 competitive application, add two new rows to provide numeric data showing progress to date and a narrative explanation of

such progress in relation to the goal. Refer to the sample on the NHHCIA TA webpage to ensure that progress is properly reported.

Attachment 6: Income Analysis Form

Use the Income Analysis Form template posted at the NHHCIA TA webpage to show the expected income sources, projected patient services, and other income from all sources (other than the NHHCIA grant) for the upcoming budget period of August 1, 2019 through July 31, 2020. The Income Analysis form is divided into two parts: (1) program income (known as patient service revenue) and (2) all other income (known as other federal, state, local and other income).

Part 1: Patient Service Revenue—Program Income
Patient service revenue is income directly tied to the provision of services to the organization's patients. Services to patients that are reimbursed by health insurance plans, managed care organizations, categorical grant programs (e.g., breast and cervical cancer screening), employers, and health provider organizations are classified as patient service revenue. Reimbursements may be based upon visits, procedures, member months, enrollees, the achievement of performance goals, or other service related measures.

The program income section groups billable visits and income into the five payer groupings used in the Uniform Data System (UDS) (see the UDS Manual Reporting Instructions for 2018 Health Center Data for details). All patient service revenue is reported in this section of the form.

Do not include patient service revenue for sites or services not in the approved scope of project or pending HRSA approval.

Column (a) Patients by Primary Medical Insurance: The projected number of unduplicated patients classified by payer based upon the patient's ***primary medical insurance*** (payer billed first). The patients are classified in the same way as in the UDS Manual, Table 4, lines 7–12. Do not include patients who are only seen for non-billable or enabling service visits. Examples for determining where to count patients include:

- A crossover patient with Medicare and Medicaid coverage is to be classified as a Medicare patient on line 2.
- A Medicaid patient with no dental coverage who is only seen for dental services is to be classified as a Medicaid patient on line 1 with a self-pay visit on line 5.

Column (b): Billable Visits: Includes all billable/reimbursable visits. The value is typically based on assumptions about the amount of available clinician time, clinical productivity (visits per unit of time), and mix of billable by payer. Billable services related to laboratory, pharmacy, imaging, and other ancillary services are not to be included in this column. Note other significant exclusions or additions in the Comment/Explanatory Notes box at the bottom of the form.

Note: The patient service income budget is primarily based upon income per visit estimates. However, some forms of patient service income do not generate reportable visits, such as income from laboratory or pharmacy services, capitated managed care, performance incentives, wrap payments, and cost report settlements. Based on historical experience, you may choose to include some or all of this income in the income per visit assumption. You may also choose to separately budget for some or all of these sources of patient service income.

Column (c): Income per Visit: Calculated by dividing projected income in Column (d) by billable visits in Column (b).

Column (d): Projected Income: Projected accrued net revenue, including an allowance for bad debt, from all patient services for each pay grouping. Pharmacy income, if applicable, may be estimated using historical data to determine the number of prescriptions per medical visit and the average income per prescription. All separate projections of income are consolidated and reported here.

Column (e): Prior FY Income: The income data from the most recent fiscal year, which will be either interim statement data or audit data. The fiscal year was specified because the interim data can eventually be compared to actual audit data.

(Lines 1–5) Payer Categories: The five payer categories (Medicaid, Medicare, Other Public, Private, and Self-Pay) reflect the five payer groupings used in Table 9d of the UDS. The UDS instructions are to be used to define each payer category (see the UDS Manual Reporting Instructions for 2018 Health Center Data).

Visits are reported on the line of the primary payer (payer billed first). Income is classified by the payer groupings where the income is earned. When a single visit involves more than one payer, attribute each portion of the visit income to the payer group from which it is earned. In cases where there are deductibles and co-payments to be paid by the patient, report that income on the self-pay line. If the co-payment is to be paid by another payer, report that income on the other payer's line. It is acceptable if you cannot accurately associate the income to secondary and subsequent sources.

All service income is to be classified by payer, including pharmacy and other ancillary service revenue. If you do not normally classify the projected ancillary or other service revenue by payer category, allocate the projected income by payer group using a reasonable allocation method, such as the proportion of medical visits or charges. The method used should be noted in the Comments/Explanatory Notes section at the bottom of the form.

(Line 1) Medicaid: Income for services billed to and paid for by Medicaid (Title XIX), regardless of whether they are paid directly or through a fiscal intermediary or a Health Maintenance Organization. Medicaid income may include fee-for-service reimbursement, capitated managed care, fee-for-service managed care, Early Periodic Screening, Diagnosis, and Treatment (EPSDT),

Children's Health Insurance Program (CHIP), and other reimbursement arrangements administered either directly by the state agency or by a fiscal intermediary. It includes all projected Medicaid income from managed care capitation, incentives, and primary care case management income.

(Line 2) Medicare: Includes income from fee-for-service reimbursement, capitated managed care, fee-for-service managed care, Medicare Advantage plans, and other reimbursement arrangements administered either directly by Medicare or by a fiscal intermediary. It includes all projected income from managed care capitation, risk pool distributions, performance incentives, and case management fee income.

(Line 3) Other Public: Income from federal, state, or local government programs earned for providing services that are not reported elsewhere. A CHIP operated independently from the Medicaid program is an example of other public insurance. Other Public also includes income from categorical grant programs when the grant income is earned by providing services. Examples of these include CDC's National Breast and Cervical Cancer Early Detection Program.

(Line 4) Private: Income from private insurance plans, managed care plans, insurance plans, and other private contracts for services or pharmaceuticals. This includes plans such as Blue Cross and Blue Shield, commercial insurance, managed care plans, self-insured employer plans, group contracts with unions and employers, service contracts with employers and Veteran's Administration Community Based Outpatient Clinic (CBOC) contracts. Income from health benefit plans which are earned by government employees, veterans, retirees, and dependents, such as TRICARE, the federal employee health benefits program, state employee health insurance benefit programs, teacher health insurance, and similar plans are to be classified as private insurance. Private insurance is earned or paid for by the beneficiary and other public insurance is unearned or based upon meeting the plan's eligibility criteria.

(Line 5) Self-Pay: Income from patients, including full-pay, self-pay, and sliding fee patients, as well as the portion of the visit income for which an insured patient is personally responsible.

(Line 6) Total: This is the sum of lines 1-5.

Part 2: Other Income – Other Federal, State, Local and Other Income

This section includes all income other than the patient service revenue shown in Part 1 (exclusive of the BPHC Native Hawaiian grant request). It includes other federal, state, local, and other income. It is income that is earned but not directly tied to visits, procedures, or other specific services. Income is to be classified based on the source of revenue. Income from services provided to non-health care system patients (patients of an entity with which the health care system is contracting) either in-house or under contract with another entity such as a hospital, nursing home or other health care system is to be reported in Part 2: Other Income (see examples below). This would include income from in-house retail pharmacy sales to individuals who are not patients of the health care system. See Lines 9 and 10 for examples of services provided to non-health care system patients.

(Line 7) Other Federal: Income from direct federal funds where your organization is the recipient of a Notice of Award from a federal agency. It does not include the Native Hawaiian grant request in this NCC or federal funds awarded through intermediaries (see Line 9 below). It includes grants from federal sources such as the Centers for Disease Control and Prevention (CDC); Housing and Urban Development (HUD); Centers for Medicaid and Medicare Services (CMS); Department of Health and Human Services (DHHS) grants under the Ryan White Part C program; Facility Investment Program (FIP) grants; and others. The CMS electronic health record (EHR) incentive program income is reported here in order to be consistent with the UDS Manual.

(Line 8) State Government: Income from state government funding, contracts, and programs, including uncompensated care funding; state indigent care income; emergency preparedness funding; mortgage assistance; capital improvement funding; school health funding; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); immunization funding; and similar awards.

(Line 9) Local Government: Income from local government grants, contracts, and programs, including local indigent care income, community development block grants, capital improvement project funding, and similar awards. For example: (1) a health care system that contracts with the local Department of Health to provide services to the Department's patients is to report all the income earned under this contract on this line, and (2) Ryan White Part A funds are federal funds awarded to municipalities who in turn make awards to provider organizations, so Ryan White Part A funding received directly from the municipality would be shown on this line.

(Line 10) Private Grants/Contracts: Income from private sources such as foundations, non-profit entities, hospitals, nursing homes, drug companies, employers, other health care systems, and similar entities. For example, a health care system operating a pharmacy in part for its own patients and in part as a contractor to another health care system is to report the pharmacy income for its own patients in Part 1 and the income from the contracted health care system on this line.

(Line 11) Contributions: Income from private entities and individual donors that may be the result of fund raising.

(Line 12) Other: Incidental income not reported elsewhere and includes items such as interest income, patient record fees, vending machine income, dues, and rental income. Applicants typically have at least some "Other" income to report on Line 12.

(Line 13) Applicant (Retained Earnings): The amount of funds needed from your organization's retained earnings or reserves in order to achieve a breakeven budget. Explain in the Comments/Explanatory notes section why applicant funds (retained earnings) are needed to

achieve a breakeven budget. Amounts from non-federal sources, combined with the BPHC Native Hawaiian funds, should be adequate to support normal operations.

(Line 14) Total Other: This is the sum of lines 7–13.

(Line 15) Total Non-Federal (Non-BPHC Native Hawaiian) Income (Program Income Plus Other): The sum of Lines 6 and 14 (the total income aside from this BPHC Native Hawaiian grant).

Note that in-kind donations are not included as income on the Income Analysis form. Applicants should discuss in-kind donations in the Performance Narrative.

APPENDIX C: Attachment Instructions for Native Hawaiian Health Care Systems and Papa Ola Lokahi

Attachment 7: Summary of Contracts and Agreements *(as applicable)*

If changes to contracts and agreements have been made since submission of the FY 2018 competitive application, upload a brief summary describing project-related contracts and agreements. The summary must address the following items for each contract or agreement:

- Name and contract information for each affiliated agency;
- Type of contract or agreement (e.g., contract, affiliation agreement);
- Brief description of the purpose and scope (i.e., type of services provided, how/where services are provided); and
- Timeframe for each agreement/contract/affiliation.

Attachment 8: Other Relevant Documents *(as applicable)*

If your budget request includes indirect costs, include your indirect cost rate agreement. Additional documents to support the progress report may be provided, as desired.