

# FY25 Native Hawaiian Health Care Improvement Act Non-Competing Continuation (NCC) Progress Report Native Hawaiian Health Care Systems (NHHCS) Sample Required and Optional Financial Performance Measures

The Financial Performance Measures forms below are for reference only. Starting with the Required and Optional Financial Performance Measures Forms submitted with the FY 2024 limited competition application, add two new rows (as seen in red in the table below) to provide numeric data to date and a narrative explanation of progress in relation to the goal. Do not edit any information previously included in the FY 2024 form. In your FY25 progress report, you must include all Required Financial Performance Measures and any Optional Financial Performance Measures that you included in your FY 2024 limited competition application.

OMB No.: 0915-0285. Expiration Date: 4/30/2026

## 1. Required Focus Area – NHHCIA Program Grant Cost Per Total Patient (Grant Costs)

| **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 |
| Are You Reporting on this Performance Measure? | 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, 2024 | Provide recent data to demonstrate ongoing progress toward goal. |
| Narrative Progress Since August 1, 2024 | Provide narrative description to explain recent data provided. |
| Projected Data (by End of Period of Performance) |  |
| Data Source & Methodology |  |
| Key Factor and Major Planned Action #1 | **Key Factor Type**: [\_] Contributing [\_] Restricting  **Key Factor Description**:  **Major Planned Action Description**: |
| Key Factor and Major Planned Action #2 | **Key Factor Type**: [\_] Contributing [\_] Restricting  **Key Factor Description**:  **Major Planned Action Description**: |
| Key Factor and Major Planned Action #3 | **Key Factor Type**: [\_] Contributing [\_] Restricting  **Key Factor Description**:  **Major Planned Action Description**: |
| Comments |  |

## OPTIONAL FOCUS AREAS (must report on at least one)

### Optional Focus Area – Total Cost Per Total Patient (Costs)

| **Optional Focus Area – Total Cost** **Per Total Patient (Costs)** |  |
| --- | --- |
| Performance Measure | Ratio of total cost per patient served in the measurement calendar year |
| Are You Reporting on this Performance Measure? | [\_] Yes [\_] 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, 2024 | Provide recent data to demonstrate ongoing progress toward goal. |
| Narrative Progress Since August 1, 2024 | Provide narrative description to explain recent data provided. |
| Projected Data (by End of Period of Performance) |  |
| Data Source & Methodology |  |
| Key Factor and Major Planned Action #1 | **Key Factor Type**: [\_] Contributing [\_] Restricting  **Key Factor Description**:  **Major Planned Action Description**: |
| Key Factor and Major Planned Action #2 | **Key Factor Type**: [\_] Contributing [\_] Restricting  **Key Factor Description**:  **Major Planned Action Description**: |
| Key Factor and Major Planned Action #3 | **Key Factor Type**: [\_] Contributing [\_] Restricting  **Key Factor Description**:  **Major Planned Action Description**: |
| Comments |  |

### Optional Focus Area – Medical Cost Per Medical Visit (Costs)

| **Optional Focus Area – Medical Cost Per Medical Visit (Costs)** |  |
| --- | --- |
| Performance Measure | Ratio of total medical cost per medical visit in the measurement calendar year |
| Are You Reporting on this Performance Measure? | [\_] Yes [\_] 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, 2024 | Provide recent data to demonstrate ongoing progress toward goal. |
| Narrative Progress Since August 1, 2024 | Provide narrative description to explain recent data provided. |
| Projected Data (by End of Period of Performance) |  |
| Data Source & Methodology |  |
| Key Factor and Major Planned Action #1 | **Key Factor Type**: [\_] Contributing [\_] Restricting  **Key Factor Description**:  **Major Planned Action Description**: |
| Key Factor and Major Planned Action #2 | **Key Factor Type**: [\_] Contributing [\_] Restricting  **Key Factor Description**:  **Major Planned Action Description**: |
| Key Factor and Major Planned Action #3 | **Key Factor Type**: [\_] Contributing [\_] Restricting  **Key Factor Description**:  **Major Planned Action Description**: |
| Comments |  |

### 4. Optional Focus Area – Financial Viability

| **4. Optional Focus Area – Financial Viability** |  |
| --- | --- |
| Performance Measure | Non-Federal Matching Funds as a percentage of matching funds included in the total project budget |
| Are You Reporting on this Performance Measure? | [\_] Yes [\_] 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, 2024 | Provide recent data to demonstrate ongoing progress toward goal. |
| Narrative Progress Since August 1, 2024 | Provide narrative description to explain recent data provided. |
| Projected Data (by End of Period of Performance) |  |
| Data Source & Methodology |  |
| Key Factor and Major Planned Action #1 | **Key Factor Type**: [\_] Contributing [\_] Restricting  **Key Factor Description**:  **Major Planned Action Description**: |
| Key Factor and Major Planned Action #2 | **Key Factor Type**: [\_] Contributing [\_] Restricting  **Key Factor Description**:  **Major Planned Action Description**: |
| Key Factor and Major Planned Action #3 | **Key Factor Type**: [\_] Contributing [\_] Restricting  **Key Factor Description**:  **Major Planned Action Description**: |
| Comments |  |

Public Burden Statement: The OMB control number for this information collection is 0915-0285 and it is valid until 4/30/2026. 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).