



FY26 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 Progress Report

The Financial Performance Measures forms below are for reference only. Starting with the Required and Optional Financial Performance Measures Progress Report submitted with the FY25 progress report, 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 FY25 progress report. In your FY26 progress report, you must include all Required Financial Performance Measures and any Optional Financial Performance Measures that you included in your FY25 progress report.

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

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:

1. Required Focus Area – NHHCIA Program Grant Cost Per Total Patient (Grant Costs)	
Numeric Progress To Date	Provide recent data to demonstrate ongoing progress toward goal.
Narrative Progress Since August 1, 2025	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: <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	

OPTIONAL FOCUS AREAS (must report on at least one)

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Optional Focus Area – Total Cost Per Total Patient (Costs)	
Target Goal Description	
Numerator Description	Total accrued cost before donations and after allocation of overhead
Denominator Description	Total number of patients
Baseline Data	<p>Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:</p>
Numeric Progress To Date	Provide recent data to demonstrate ongoing progress toward goal.
Narrative Progress Since August 1, 2025	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	<p>Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:</p>
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:</p>
Key Factor and Major Planned Action #3	<p>Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:</p>
Comments	

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?	<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 To Date	Provide recent data to demonstrate ongoing progress toward goal.
Narrative Progress Since August 1, 2025	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: <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	

Optional Focus Area – Financial Viability	
Performance Measure	Non-Federal Matching Funds as a percentage of matching funds as a percentage in the total project budget
Are You Reporting on this Performance Measure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Target Goal Description	
Numerator Description	Non-Federal Matching Funds
Denominator Description	Total Budget
Baseline Data	<p>Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:</p>
Numeric Progress To Date	Provide recent data to demonstrate ongoing progress toward goal.
Narrative Progress Since August 1, 2025	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	<p>Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:</p>
Key Factor and Major Planned Action #2	<p>Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:</p>
Key Factor and Major Planned Action #3	<p>Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p>

Optional Focus Area – Financial Viability	
	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.