



**FY26 Native Hawaiian Health Care Improvement Act (NHHCIA)
Non-Competing Continuation (NCC) Progress Report
Native Hawaiian Health Care Systems (NHHCS)**

Sample Income Analysis Form

You must report on projected income from all sources other than NHHCS funding for the third year of the 3-year period of performance (August 1, 2026 – July 31, 2027). You must record this information using the Income Analysis Form. Instructions on how to complete the Income Analysis Form are located at the bottom of the sample table shown below.

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

Part 1: Patient Service Revenue – Program Income						
Line #	Payer Category	Patients by Primary Medical Insurance	Billable Visits	Income per Visit	Projected Income	Prior FY Income
		(a)	(b)	(c)	(d)	(e)
1	Medicaid					
2	Medicare					
3	Other Public					
4	Private					
5	Self-Pay					
6	Total (Lines 1–5)					

Part 2: Other Income – Other Federal, State, Local and Other Income						
Line #	Payer Category				Projected Income	Prior FY Income
7	Other Federal					
8	State Government					
9	Local Government					
10	Private Grants/ Contracts					
11	Contributions					
12	Other					
13	Applicant (Retained Earnings)					
14	Total Other: (Lines 7–13)					
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)						
15	Total Non-Federal (lines 6+14)					
Comments/Explanatory Notes (if applicable)						

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.

Income Analysis Form Instructions

Field	Instructions
Part 1: Patient Service Revenue—Program Income	<p>You do not need to add any information to this field.</p> <p>Patient service revenue is income directly linked to the provision of services to patients; it includes but is not limited to patients that are reimbursed by:</p> <ul style="list-style-type: none"> • health insurance plans, • managed care organizations, • categorical grant programs (e.g., breast and cervical cancer screening), • employers; and • health provider organizations. <p>Reimbursements may be based upon visits, procedures, member months, enrollees, the achievement of performance goals, or other service-related measures.</p> <p>Part 1 groups billable visits and income into the five payer categories used in the UDS Manual. All patient service revenue is reported in Part 1 of the form. Only include patient service revenue associated with sites and services proposed in this application.</p>
Payer Category/ Income Source (more information on each payer category is listed below the table)*	<p>You do not need to add any information to this field. The payer categories will be pre-populated in the form.</p> <p>The five payer categories (Medicaid, Medicare, Other Public, Private, and Self-Pay) reflect the five payer groupings used in Table 9d of the UDS Manual, which includes definitions for each payer category.</p>
Patients by Primary Medical Insurance (Column a)	<p>You must provide information for this field. For each payer category, you must include the projected number of unduplicated patients. Classify patient payer based on the patient's primary medical insurance (payer billed first). For example:</p> <ul style="list-style-type: none"> • A crossover patient with Medicare and Medicaid coverage is to be classified as a Medicare patient. <p>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.</p>
Billable Visits (Column b)	<p>You must provide information for this field. Include all billable/reimbursable visits. These visits will correspond closely with the visits reported on the UDS Manual Table 5, excluding enabling service visits.</p> <p>Exclude billable services related to laboratory, pharmacy, imaging, and other ancillary services from this column. Note other significant exclusions or additions in the Comments box at the bottom of the form.</p>

Field	Instructions
Income per Visit (Column c)	You must provide information for this field. Calculate this number by dividing the number in the Projected Income Column (d) by the number in the Billable Visits Column (b).
Projected Income (Column d)	<p>You must provide information for this field. Project accrued net revenue, including an allowance for bad debt, from all patient services for each pay grouping. All separate projections of income are consolidated and reported here.</p> <p>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.</p> <p>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.</p>
Prior FY Income (Column e)	You must provide information for this field. Include program income data from the most recent fiscal year, which will be either interim statement data or audit data.
Total: (Lines 1-5)	You must provide information for this field. Calculate the total for each of the columns (a), (b), (d), and (e) and include it in this field at the bottom of the column.
Part 2: Other Income – Other Federal, State, Local and Other Income	<p>You do not need to add any information to this field.</p> <p>In Part 2, you will classify other income by revenue source. This section includes income from the following sources:</p> <ul style="list-style-type: none"> • All income other than the patient service revenue shown in Part 1 (exclusive of the NHHCIA award request). • Other income that is earned but not directly tied to visits, procedures, or other specific services. • 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). • Income from in-house retail pharmacy sales to individuals who are not patients of the health care system.

Field	Instructions
Payer Category/ Income Source (more information on each income source is listed below the table)*	<p>You do not need to add any information to this field. The other income sources categories will be pre-populated in the form.</p> <p>The seven categories of other income are:</p> <ul style="list-style-type: none"> • Other Federal • State Government • Local Government • Private Grants/Contracts • Contributions • Other • Applicant (Retained Earnings)
Projected Income (Column d)	You must provide information for this field. Project accrued net revenue from all other income sources (other federal, state, local and other income).
Prior FY Income (Column e)	You must provide information for this field. Include other income data from the most recent fiscal year, which will be either interim statement data or audit data.
Total Other: (Lines 7-13)	You must provide information for this field. Calculate the total other income from lines 7-13 for columns (d) and (e) and include it at the bottom of each column.
Total Non-Federal (lines 6 and 14)	<p>You must provide information for this field.</p> <p>Locate the sum in Line 6, column (d) and add it to the sum in Line 14, column (d). Include this sum in column (d). This is your total projected income aside from this NHHCIA award.</p> <p>Locate the sum in Line 6, column (e) and add it to the sum in Line 14, column (e). Include this sum in column (e). This is your prior fiscal year income, aside from this NHHCIA award.</p>
Comments	You may provide information for this field, if desired. Use this field to provide any additional context for your income analysis calculations.