



The Financial Performance Measures forms below are for reference only. Start with the Required and Optional Financial Performance Measures Forms submitted with the FY 2019 progress report, 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

| FOR HRSA USE ONLY | |
|---|---|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM REQUIRED FINANCIAL PERFORMANCE MEASURE | Application Tracking Number |
| 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 | <i>This field contains data submitted as part of last year's progress report. Do not edit.</i> |
| 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: <i>This field contains data submitted as part of last year's progress report. Do not edit.</i> Measure Type: Numerator: Denominator: Calculated Baseline: |
| Numeric Progress since August 1, 2018 | <i>This field contains data submitted as part of last year's progress report. Do not edit.</i> |
| Narrative Progress since August 1, 2018 | <i>This field contains information submitted as part of last year's progress report. Do not edit.</i> |

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| Numeric Progress | <i>Provide recent data to demonstrate ongoing progress toward goal.</i> | |
| Narrative Progress | <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 | <i>This field contains data submitted as part of last year's progress report. Do not edit.</i> | |
| Numerator Description | Total accrued cost before donations and after allocation of overhead | |

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| Denominator Description | Total number of patients |
| Baseline Data | Baseline Year: <i>This field contains data submitted as part of last year's progress report. Do not edit.</i> Measure Type: Numerator: Denominator: Calculated Baseline: |
| Numeric Progress since August 1, 2018 | <i>This field contains data submitted as part of last year's progress report. Do not edit.</i> |
| Narrative Progress since August 1, 2018 | <i>This field contains information submitted as part of last year's progress report. Do not edit.</i> |
| Numeric Progress | <i>Provide recent data to demonstrate ongoing progress toward goal.</i> |
| Narrative Progress | <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 | |
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| 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 |
| | | |
| 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? | [] Yes [] No | |
| Target Goal Description | <i>This field contains data submitted as part of last year's progress report. Do not edit.</i> | |
| 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: <i>This field contains data submitted as part of last year's progress report. Do not edit.</i> Measure Type: Numerator: Denominator: Calculated Baseline: | |
| Numeric Progress since August 1, 2018 | <i>This field contains data submitted as part of last year's progress report. Do not edit.</i> | |
| Narrative Progress since August 1, 2018 | <i>This field contains information submitted as part of last year's progress report. Do not edit.</i> | |
| Numeric Progress | <i>Provide recent data to demonstrate ongoing progress toward goal.</i> | |
| Narrative Progress | <i>Provide narrative to explain recent data provided.</i> | |
| Projected Data (by End of Project Period) | | |

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|---|---|------------------------------------|------------------------------------|--|--|
| 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" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Grant Number</td> <td style="width: 50%; text-align: center;">Application Tracking Number</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table> | Grant Number | Application Tracking Number | | |
| | Grant Number | Application Tracking Number | | | |
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| 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 | <i>This field contains data submitted as part of last year's progress report. Do not edit.</i> | | | | |
| Numerator Description | Non-Federal Matching Funds | | | | |
| Denominator Description | Total Budget | | | | |
| Baseline Data | Baseline Year: <i>This field contains data submitted as part of last year's progress report. Do not edit.</i> Measure Type: Numerator: Denominator: Calculated Baseline: | | | | |

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| Numeric Progress since August 1, 2018 | <i>This field contains data submitted as part of last year's progress report. Do not edit.</i> |
| Narrative Progress since August 1, 2018 | <i>This field contains information submitted as part of last year's progress report. Do not edit.</i> |
| Numeric Progress | <i>Provide recent data to demonstrate ongoing progress toward goal.</i> |
| Narrative Progress | <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.

Attachment 5: Financial Performance Measures (Includes Required and Optional Measures)

Required and Optional Financial Performance Measures

In the FY 2018 competitive application, you set goals for the Grant Costs Financial Performance Measure and at least one other Financial Performance Measure. Starting with the Financial Performance Measures Forms submitted with the FY 2019 progress report; add two new rows to provide both a numeric data update and a narrative explanation of such progress in relation to the goal. Refer to the sample on the [NHHCIA TA webpage](#).