

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FINANCIAL PERFORMANCE MEASURES</b>	<b>FOR HRSA USE ONLY</b>	
	Grant Number	Application Tracking Number
	Project Period Date	

**Focus Area: Costs**

<b>Performance Measure:</b> Total cost per patient			
Is this Performance Measure Applicable to your Organization?		Yes	
Target Goal Description			
Numerator Description		Total accrued cost before donations and after allocation of overhead.	
Denominator Description		Total number of patients.	
Baseline Data	<b>Baseline Year:</b>	Projected Data (by End of Project Period)	
	<b>Measure Type:</b>		
	<b>Numerator:</b>		
	<b>Denominator:</b>		
Data Source & Methodology			
Key Factor and Major Planned Action #1		<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #2		<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #3		<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>	
Comments			

**Focus Area: Costs**

<b>Performance Measure:</b> Medical cost per medical encounter			
Is this Performance Measure Applicable to your Organization?		Yes	
Target Goal Description			
Numerator Description		Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray cost).	
Denominator Description		Non-nursing medical visits (excludes nursing (RN) and psychiatrist visits).	
Baseline Data		<b>Baseline Year:</b> <b>Measure Type:</b> <b>Numerator:</b> <b>Denominator:</b>	Projected Data (by End of Project Period)
Data Source & Methodology			
Key Factor and Major Planned Action #1		<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #2		<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #3		<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>	
Comments			

**Focus Area: Financial Viability**

**Performance Measure Description:** Change in Net Assets to Expense Ratio (Note: Net Assets = Total Assets – Total Liabilities).

Is this Performance Measure Applicable to your Organization?  Yes  No

Target Goal Description

Numerator Description

Ending Net Assets - Beginning Net Assets.

Denominator Description

Total Expense.

Baseline Data

**Baseline Year:**

Projected Data (by  
End of Project Period)

**Measure Type:**

**Numerator:**

**Denominator:**

Data Source & Methodology

Key Factor and Major Planned Action #1

**Key Factor Type:**  Contributing  Restricting  Not Applicable

**Key Factor Description:**

**Major Planned Action Description:**

Key Factor and Major Planned Action #2

**Key Factor Type:**  Contributing  Restricting  Not Applicable

**Key Factor Description:**

**Major Planned Action Description:**

Key Factor and Major Planned Action #3

**Key Factor Type:**  Contributing  Restricting  Not Applicable

**Key Factor Description:**

**Major Planned Action Description:**

Comments

**Focus Area: Financial Viability**

<b>Performance Measure: Working Capital to Monthly Expense Ratio</b>			
Is this Performance Measure Applicable to your Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Target Goal Description			
Numerator Description	Current Assets - Current Liabilities.		
Denominator Description	Total Expense / Number of Months in Audit.		
Baseline Data	<b>Baseline Year:</b> <b>Measure Type:</b> <b>Numerator:</b> <b>Denominator:</b>	Projected Data (by End of Project Period)	
Data Source & Methodology			
Key Factor and Major Planned Action #1	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>		
Key Factor and Major Planned Action #2	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>		
Key Factor and Major Planned Action #3	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable  <b>Key Factor Description:</b>  <b>Major Planned Action Description:</b>		
Comments			

**Focus Area: Financial Viability**

<b>Performance Measure: Long Term Debt to Equity Ratio</b>			
Is this Performance Measure Applicable to your Organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Target Goal Description			
Numerator Description		Long Term Liabilities.	
Denominator Description		Net Assets.	
Baseline Data		<b>Baseline Year:</b>	Projected Data (by End of Project Period)
		<b>Measure Type:</b>	
		<b>Numerator:</b>	
		<b>Denominator:</b>	
Data Source & Methodology			
Key Factor and Major Planned Action #1		<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable	
		<b>Key Factor Description:</b>	
		<b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #2		<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable	
		<b>Key Factor Description:</b>	
		<b>Major Planned Action Description:</b>	
Key Factor and Major Planned Action #3		<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <input type="checkbox"/> Not Applicable	
		<b>Key Factor Description:</b>	
		<b>Major Planned Action Description:</b>	
Comments			

**Focus Area: Other**

<b>Performance Measure:</b>			
Is this Performance Measure Applicable to your Organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Target Goal Description			
Numerator Description			
Denominator Description			
Baseline Data		Baseline Year: Measure Type: Numerator: Denominator:	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 <input type="checkbox"/> Not Applicable	
		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 <input type="checkbox"/> Not Applicable	
		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 <input type="checkbox"/> Not Applicable	
		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 .5 hours 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 10-33, Rockville, Maryland, 20857.