

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

Focus Area: Costs

Performance Measure: Ratio of Total cost per patient served in the measurement calendar year			
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.	
Progress Field (for Service Area Competition and non-competing continuation applications)			
Baseline Data		Baseline Year: Measure Type: Numerator: Denominator:	Projected Data Goal (by December 31, 2018 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			

Focus Area: Costs

Performance Measure: Ratio of total mMedical cost per medical encountervisit in the measurement calendar year			
Is this Performance Measure Applicable to your Organization?		Yes	
Target Goal Description			
Numerator Description		Total accrued medical staff and other medical other cost after allocation of overhead, (excluding nesg medical lab and x-ray cost):	
Denominator Description		Non-nursing medical visits, excluding nurse visits(excludes nursing (RN) and psychiatrist visits).	
Progress Field (for Service Area Competition and non-competing continuation applications)			
Baseline Data		Baseline Year: Measure Type: Numerator: Denominator:	Projected Data Goal (by December 31, 2018 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			

Focus Area: Grant costs~~Financial Viability~~

Performance Measure Description: Ratio of total BPHC section 330 grant funds per patient served in the measurement calendar year~~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 BPHC section 330 grants drawn-down for the period from January 1 to December 31 of the measurement calendar year~~Ending Net Assets – Beginning Net Assets.~~

Denominator Description Total number of patients~~Expense.~~

Progress Field (for Service Area Competition and non-competing continuation applications)

Baseline Data	Baseline Year:	Projected <u>Data Goal</u> (by <u>December 31, 2018</u> End of Project Period)
	Measure Type:	
	Numerator:	
	Denominator:	

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

Focus Area: Financial Viability

Performance Measure: Working Capital to Monthly Expense Ratio

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	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			

Focus Area: Financial Viability

Performance Measure: Long Term Debt to Equity Ratio			
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		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			

Focus Area: Other

Performance Measure:			
Is this Performance Measure Applicable to your Organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Target Goal Description			
Numerator Description			
Denominator Description			
Progress Field (for Service Area Competition and non-competing continuation applications)			
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator:	Projected Data Goal (by December 31, 2018 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 1.5 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 14N-390-33, Rockville, Maryland, 20857.