

| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration SAMPLE FINANCIAL PERFORMANCE MEASURE | FOR HRSA USE ONLY | |
|---|---|-----------------------------|
| | Grant Number | Application Tracking Number |
| | XYZ | 00000 |
| Focus Area: Costs | | |
| Performance Measure | Medical cost per medical visit | |
| Is this Performance Measure Applicable to your Organization? | Yes | |
| Target Goal Description | By the end of the Project Period, maintain rate of increase not exceeding 5% per year, such that medical cost per medical visit is less than or equal to \$164.83 (current cost is \$123.00). | |
| 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 | Baseline Year: 2013 Measure Type: Ratio Numerator: \$492,000 Denominator: 4000 Calculated Baseline: \$123.00 | |
| Progress Field | Rate of increase in the past five years has remained between 4.5% and 7.1% per year. | |
| Projected Data (by End of Project Period) | \$164.83 | |
| Data Source & Methodology | Data from 2013 UDS report – data based on 2013 audit | |
| Key Factor and Major Planned Action #1 | Key Factor Type: <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Recent addition of nurse practitioner providers increased to XYZ visits. Major Planned Action Description: Continue assessing current patient/provider mix to best utilize resources. | |
| Key Factor and Major Planned Action #2 | Key Factor Type: <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting | |

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| | Key Factor Description: Recently lost our pediatrician to a local competitor, therefore child visits are down. Major Planned Action Description: We are beginning efforts to recruit a NHSC provider to address the shortage. | |
| 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 10-29, Rockville, Maryland, 20857.