QUARTERLY REPORT
December, 2021

Bernalillo County Commissioner Trend Report

UNM HOSPITALS

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A. ACCOUNTABILITY

Balance Sheet
Statements of Net Position

(In Thousands)		December 2021	(audited)* June 2021
Assets			
Cash and marketable securities	$	287,509 $	289,487
Cash restricted by management for capital replacement		138,000	138,000
Cash restricted for donor specified expenses		18,492	19,072
Cash restricted for capital appropriation		-	8,033
Cash restricted for Medicare advance payment program***		49,033	69,713
Cash restricted by Mgmt for capital initiatives		31,774	23,558
Patient receivables, net		164,314	148,942
Other receivables and current assets		165,388	129,107
Capital initiatives receivable		96,000	146,000
Capital assets, net		328,724	272,211
Restricted for mortgage reserve, bonds		21,222	18,169
Other noncurrent assets		40,887	39,459
Total assets		1,341,343	1,301,751
Liabilities			
Accounts payable		65,521	60,631
Payable to related parties (UNM)		107,152	38,284
Interest payable bonds		74	74
Medicare advance payment program		49,033	69,713
Other accrued current liabilities		149,919	191,263
Bonds payable, non current		74,250	74,250
Mortgage Payable - NHT		32,409	-
Other long term liabilities		11,388	11388
Total liabilities		489,746	445,603
Net Position			
Restricted for expendable grants, bequests, and contributions		18,492	19,072
Restricted capital appropriation		-	8,033
Restricted by management for capital replacement		234,000	284,000
Restricted for trust indenture and debt agreement		21,222	18,169
Assets invested in capital		248,369	191,856
Unrestricted from operations		329,514	335,018
Total net assets	$	851,597 $	856,148
Current Ratio		**1.84**	**1.82**
Days Cash on Hand**		**86.00**	**96.00**

* Net Assets have been reclassified to expanded categories to reflect operational intentions
**Days cash on hand is calculated on unrestricted cash and Advance Medicare Payment funds
*** Cash set aside to repay Medicare Advances but available for use in operations   .

Income Statement

UNM HOSPITALS

Statements of Revenues, Expenses, and Changes in Net Assets
For the six (6) months ended December 31, 2021

(In Thousands)		**December**
Operating revenues:		
Net Patient Service	$	633,829
Other		30,243
Total Operating Revenues		664,072
Operating expenses:		
Employee Compensation and Benefits		360,092
UNM School of Medicine Medical Services		86,901
Medical Services Oncology		14,173
Medical Services non-SOM		22,517
Medical Supplies		98,375
Oncology Drugs		25,478
Occupancy/Equipment		37,070
Depreciation		17,184
Purchased Services		37,707
Health System Expenses		8,056
Gross Receipts Tax		12,338
Other		9,008
Total Operating Expenses		728,899
Operating loss		(64,827)
Nonoperating Revenues (Expenses):		
Bernalillo County Mill Levy		55,352
State Appropriation		6,605
Interest Expense		(1,338)
Other Revenue and (Expense)		(343)
Net Nonoperating Revenues		60,276
Increase in Net Assets before Transfer of Assets		(4,551)

Mill Levy Distribution Detail by Department FY2021

(Audited)

Total Bernalillo County Mill Levy $ **112,132,446.00**

Note: 15% of the Mill Levy is allocated to Behavioral Health

UNMH - 85%		
Mill Levy	$	**95,312,579**
Expenses	Total Spending	
Facilities		
Facilities Maintenance	$ 15,988,679	
Environmental Services	11,309,284	
Insurance	5,930,574	
Plant Operations & Maintenance	5,362,298	
Utilities	4,419,652	
Clinical Engineering	3,669,313	
Parking Structure and Support	2,396,905	
Security	4,245,770	
Off Site/Ambulatory Maintenance	4,431,947	
Life Safety/Fire Protection	1,491,747	
Facilities Planning	2,928,570	
Facilities Other	1,135,766	
Total Facilities		63,310,505
Finance		8,404,361
HR		12,753,965
Information Technology		
IT - Open Clinic/Mgt	5,342,580	
IT - Patient Financial Services	3,485,859	
Communications	6,295,237	
IT Cerner Millennium RHO	8,581,741	
Clinical Applications	3,520,961	
Customer Service	3,099,558	
Network & Infrastructure	2,719,046	
Systems Support	3,514,504	
System Develop and Applications	2,348,622	
Network & Cyber Security	1,884,486	
IT Non Capital Equipment	982,440	
Computer Learning Technologies	1,329,560	
Medical Records	1,369,500	
IT - EVOLVE3	797,905	
IT Admin, Oversight and Support	1,246,091	
IT Other	3,774,645	
Total Information Technology		50,292,735
Revenue Cycle		
Patient Financial Services	14,115,179	
Coding	9,012,081	
Revenue Cycle Initiatives	1,365,454	
Medical Records Support Svcs	2,917,195	
HIM Clinical Documentation	1,755,113	
Collection Agencies	986,821	
Revenue Other	409,349	
Total Revenue Cycle		30,561,192
Food & Nutrition		8,589,671
Other		
Administration	16,975,064	
FHA Bonds	6,536,087	
Admin Support for Facilities/Planning	1,876,222	
Admin Other	567,265	
Total Other		25,954,638
Total Mill Levy Expenditures		**$ 199,867,067**

Average Length of Stay (LOS) for Inpatient Admissions
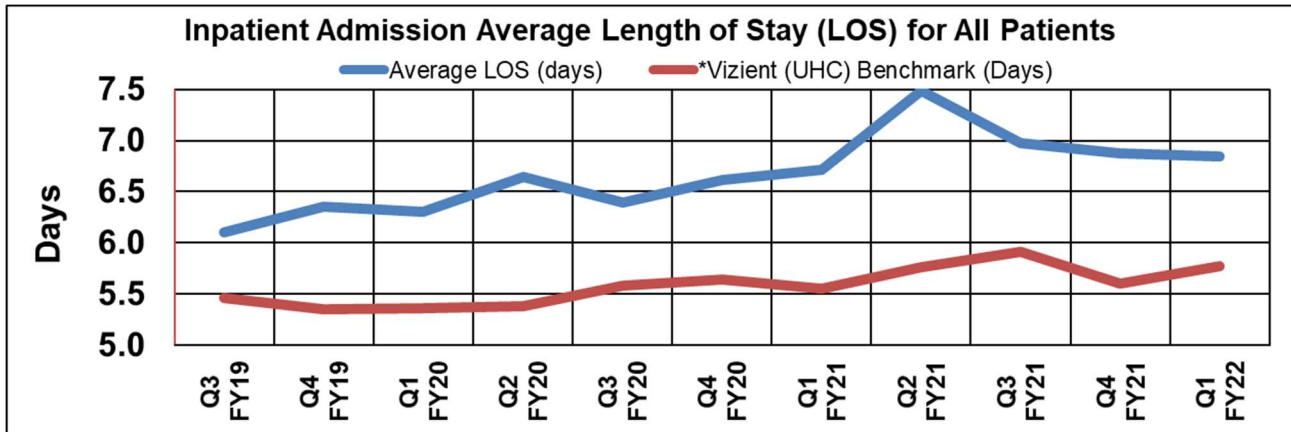
Inpatient Admission Average Length of Stay (LOS) for All Patients

— Average LOS (days)   — *Vizient (UHC) Benchmark (Days)

Fiscal Quarter	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
Average LOS (days)	6.10	6.35	6.31	6.65	6.40	6.61	6.71	7.48	6.98	6.88	6.85
*Vizient (UHC) Benchmark (Days)	5.46	5.36	5.37	5.39	5.59	5.64	5.56	5.76	5.91	5.60	5.77

(There is a three-month delay in Vizient data.)

30 Day Readmission for All Patients
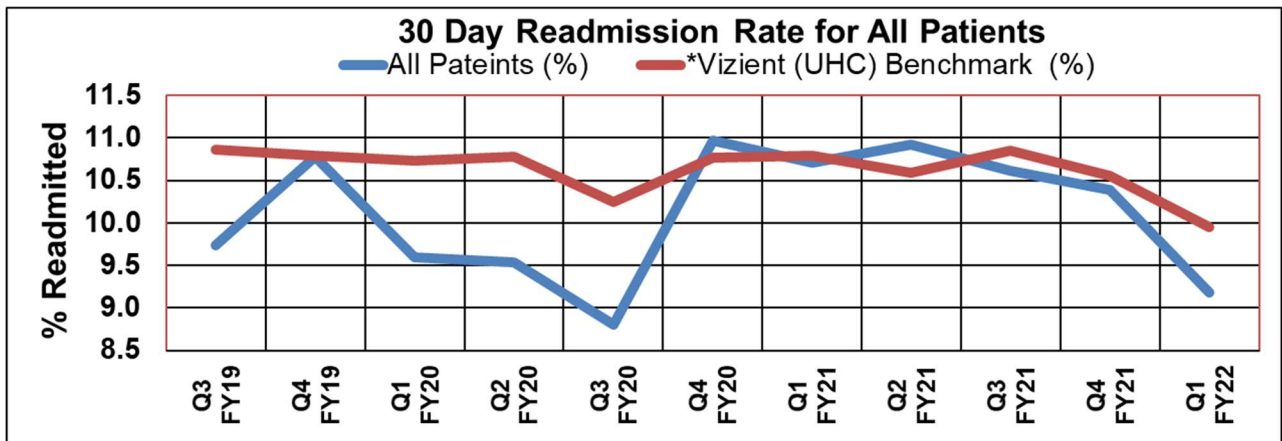
30 Day Readmission Rate for All Patients

— All Pateints (%)   — *Vizient (UHC) Benchmark (%)

Fiscal Quarter	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
All Pateints (%)	9.74	10.78	9.59	9.54	8.80	10.97	10.70	10.92	10.61	10.39	9.18
*Vizient (UHC) Benchmark (%)	10.87	10.79	10.74	10.78	10.25	10.76	10.79	10.59	10.85	10.56	9.95

(There is a three-month delay in Vizient data.)

*Vizient, Inc. (formerly, "UHC") is an alliance of the nation's leading academic medical centers ("AMCs") and associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

Catheter Central Line-associated Bloodstream Infection
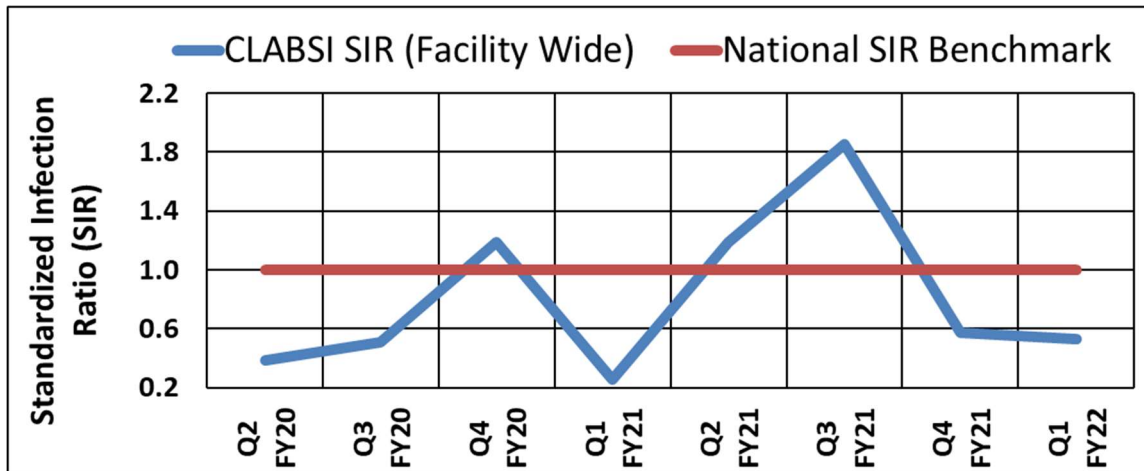
Central Line-associated Bloodstream Infection (CLABSI)	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
CLABSI SIR (Facility Wide)	0.39	0.51	1.19	0.26	1.19	1.85	0.58	0.53
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	4	5	12	3	10	23	7	6
*NHSN Expected	10.4	9.9	10.1	11.4	12.4	12.4	12.1	11.4

Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection
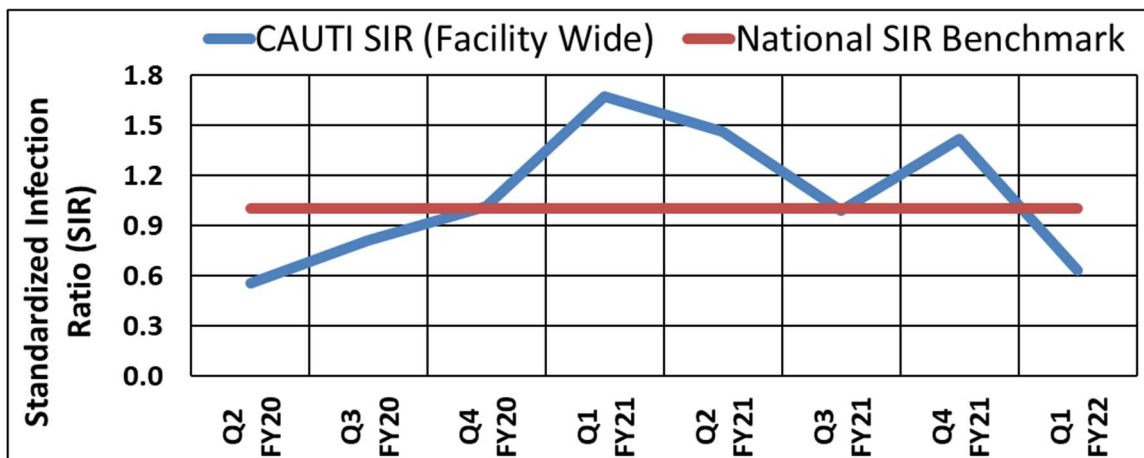
Catheter-Associated Urinary Tract Infection (CAUTI)	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
CAUTI SIR (Facility Wide)	0.56	0.81	1.01	1.67	1.46	0.99	1.42	0.63
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CAUTI Count	7	9	12	22	23	14	19	9
*NHSN Expected	12.6	11.1	11.8	13.1	15.7	14.2	13.4	14.2

Catheter data is delayed by one quarter.

*NHSN = National Healthcare Safety Network.

NHSN provides the figure for Expected. The SIR ratio is calculated by dividing UNMH **Observed** by the NHSN **Expected**, where observed is the count.

MRSA Bloodstream Standardized Infection Rate

For Methicillin-resistant Staphylococcus Aureus (MRSA) Bloodstream Standardized Infection Rate, lower is better.

(MRSA) Bloodstream Standardized Infection Rate (Lower is better)

Fiscal Quarter	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
MRSA Standard Infection Ratio	1.19	0.39	0.81	0.38	0.00	0.00	0.78	2.30	2.29	1.24	1.33
**Default Interim Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Raw Count of Infections	3	1	2	1	0	0	2	6	7	4	3
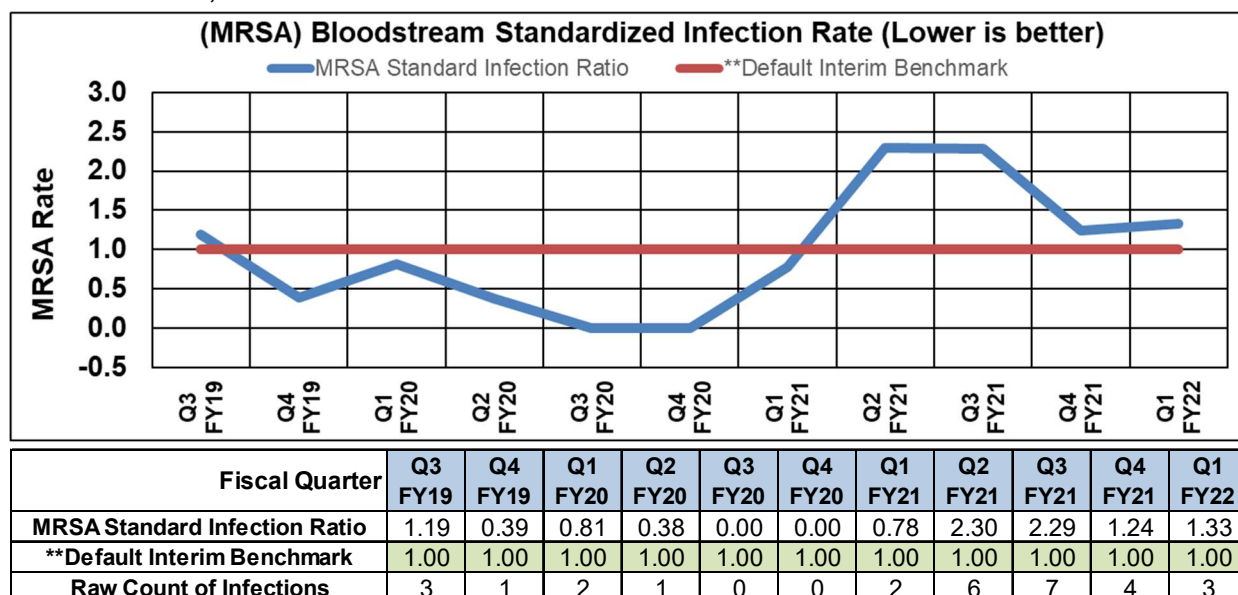
MRSA data is delayed by one quarter.

**Default Interim Benchmark is a temporary measure until a national benchmark is defined.

Total Number of Inpatient Days

FY21 based on the twelve (12) months ended June 30, 2021.

FY22 Actual based on the three (3) months ended December 31, 2021

FY22 Projected is based on the previous twelve (12) months ended December 31, 2021

Inpatient Days	FY21 Actual	FY22 Actual YTD	FY22 Projected
Adult	131,400	73,791	140,650
Pediatric	35,774	20,717	38,288
Newborn	4,498	2,502	4,796
Total Inpatient Days	**171,672**	**97,010**	**183,734**

Nursing Hours of Care

	FY2020 Actual	FY2021 June	FY2022 October
UNMH Nursing Hours of Care Per Patient*	16.75	17.42	16.03

*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2021	Number of FTES as of December, 2021	FY2022 Hires (Headcount)	FY2022 Terms (Headcount)	Rolling Retention Rate
RN's	1,963	1,868	116	262	76.9%
*National Retention Rate Benchmark					82.3%

* Per the 2021 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2020 national RN turnover rate is 17.7%.

Press Ganey Inpatient Satisfaction Score
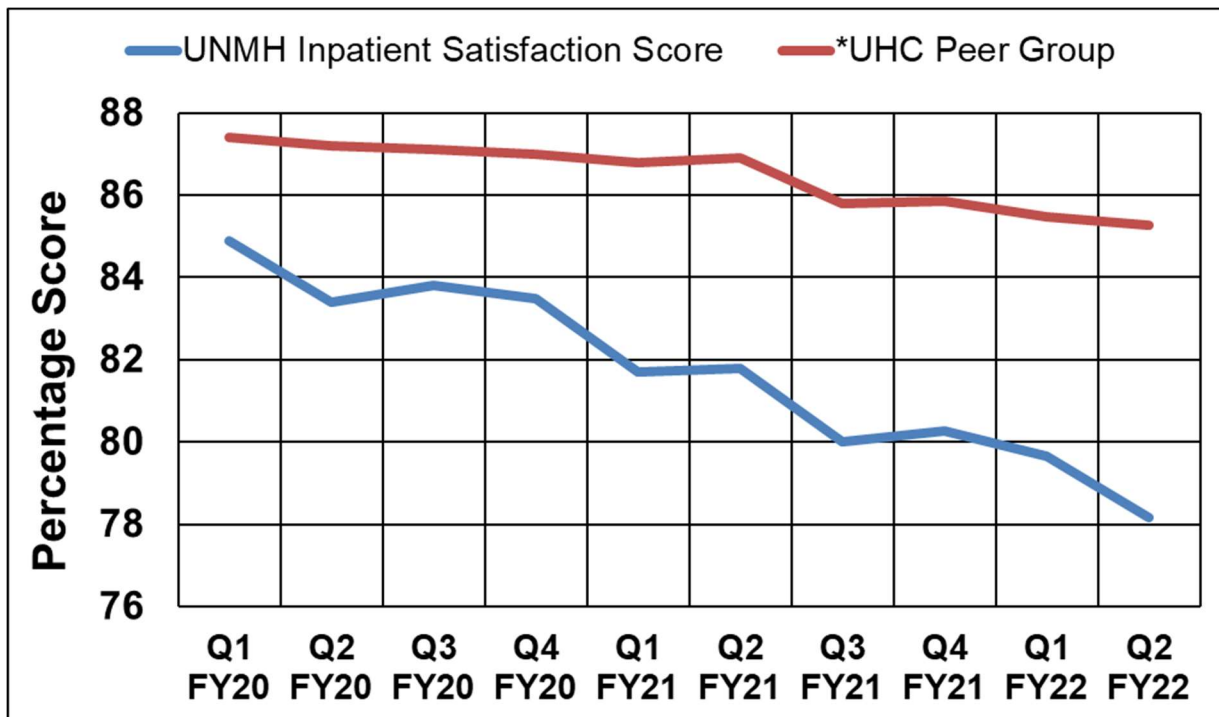
Quarter	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
UNMH Inpatient Satisfaction Score	84.9	83.4	83.8	83.5	81.7	81.8	80.0	80.3	79.6	78.2
*UHC Peer Group	87.4	87.2	87.1	87.0	86.8	86.9	85.8	85.9	85.5	85.3

*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

HCAHPS Satisfaction – Communications with Nurses
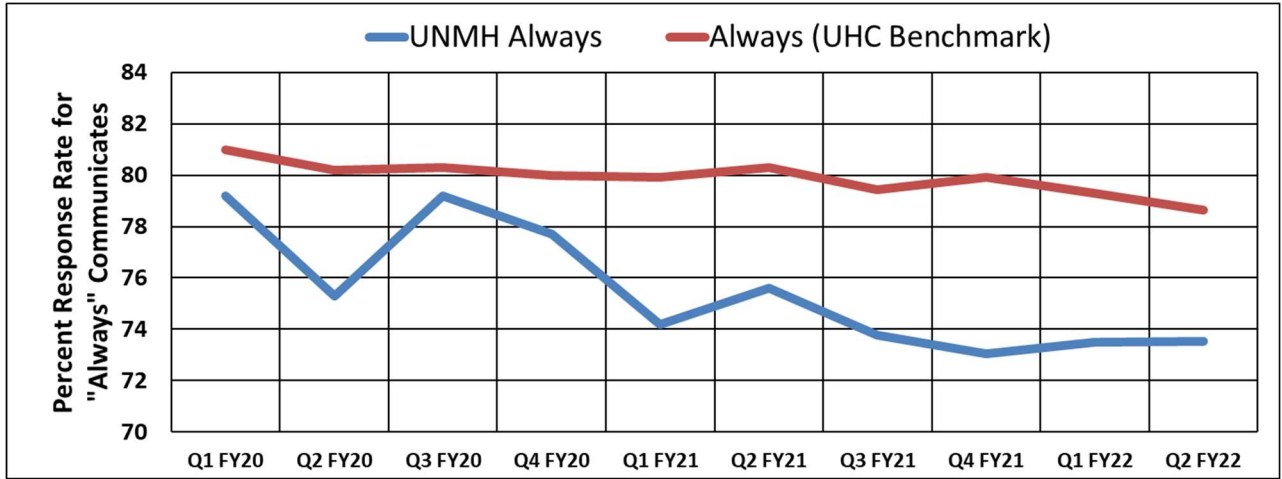
Communication with Nurses	Response	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
H-COMP-1-A-P	UNMH Always	79.2	75.3	79.2	77.7	74.2	75.6	73.8	73.0	73.5	73.5
H-COMP-1-U-P	UNMH Usually	16.7	19.5	15.6	16.9	17.4	18.1	19.7	19.2	18.4	18.8
H-COMP-1-SN-P	UNMH Sometimes/Never	4.1	5.2	5.1	5.4	8.5	6.3	7.2	7.7	8.1	7.7
UHC Benchmark	Always (UHC Benchmark)	81.0	80.2	80.3	80.0	79.9	80.3	79.5	79.9	79.3	78.7

HCAHPS Satisfaction – Communications with Doctors
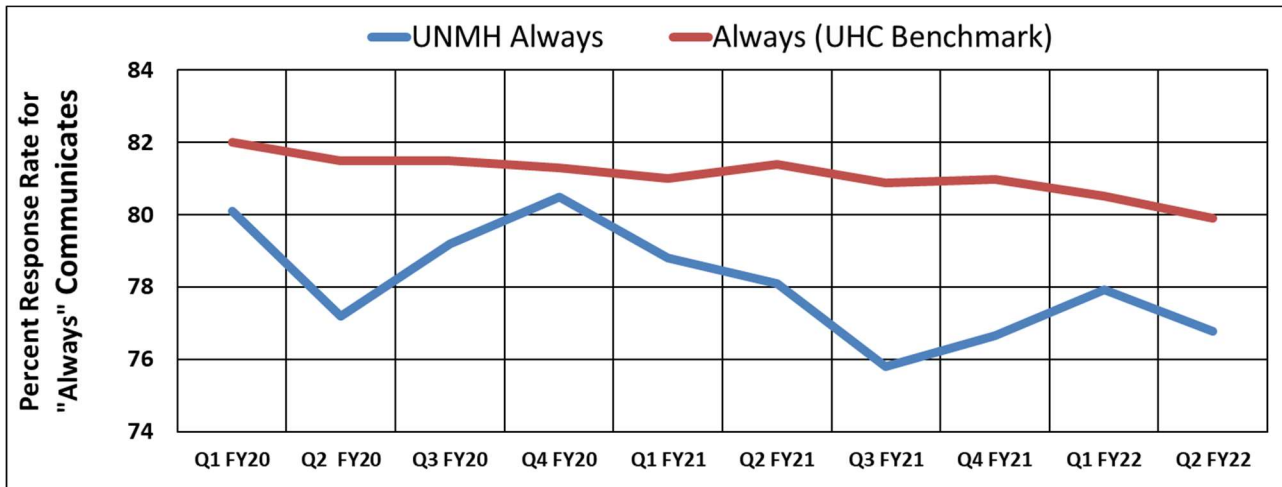
Communication with Doctors	Response	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
H-COMP-2-A-P	UNMH Always	80.1	77.2	79.2	80.5	78.8	78.1	75.8	76.7	77.9	76.8
H-COMP-2-U-P	UNMH Usually	15.8	16.9	15.9	13.4	15.3	14.7	17.3	17.5	15.8	14.5
H-COMP-2-SN-P	UNMH Sometimes/Never	4.1	5.9	4.9	6.2	5.9	7.2	6.9	5.9	6.3	8.7
UHC Benchmark	Always (UHC Benchmark)	82.0	81.5	81.5	81.3	81.0	81.4	80.9	81.0	80.5	79.9

Grievances
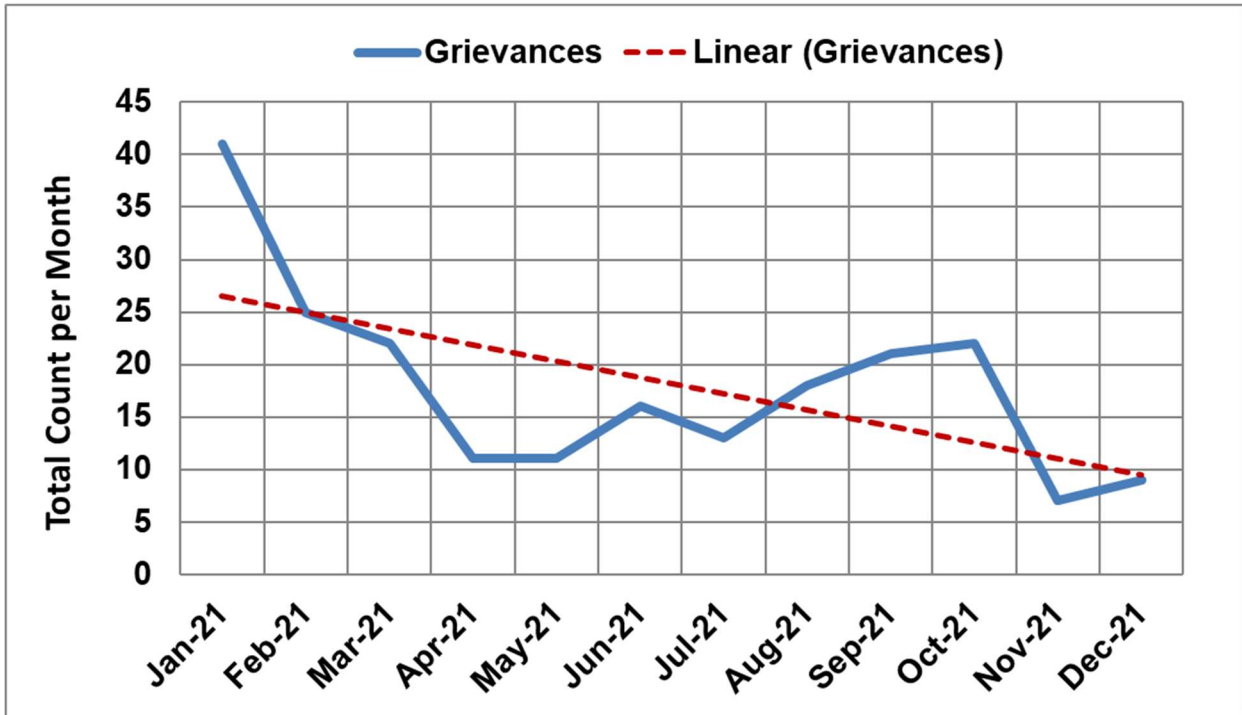
Month-Year	Grievances
Jan-21	41
Feb-21	25
Mar-21	22
Apr-21	11
May-21	11
Jun-21	16
Jul-21	13
Aug-21	18
Sep-21	21
Oct-21	22
Nov-21	7
Dec-21	9

Average time for an Appointment for Primary and Specialty Care

Average 3rd Next Available* Day out for Appointments.
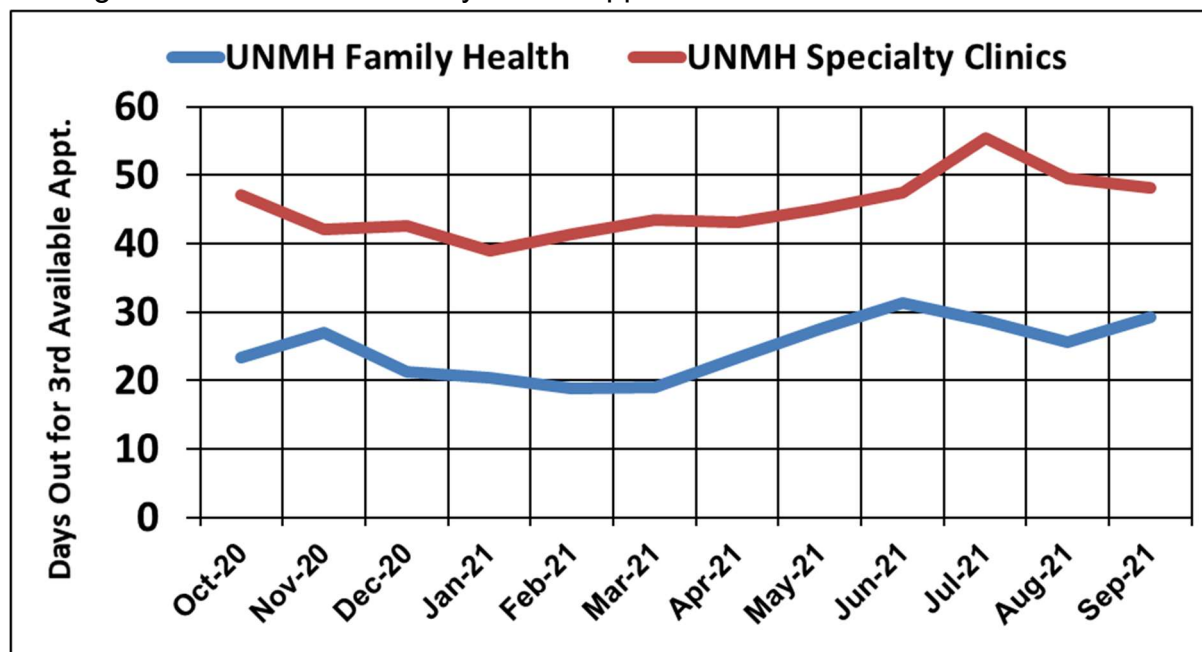
Month	UNMH Family Health	UNMH Specialty Clinics
Oct-20	23.3	47.1
Nov-20	27.0	42.1
Dec-20	21.2	42.7
Jan-21	20.4	38.9
Feb-21	18.8	41.3
Mar-21	19.0	43.5
Apr-21	23.3	43.1
May-21	27.6	45.0
Jun-21	31.4	47.4
Jul-21	28.7	55.5
Aug-21	25.5	49.5
Sep-21	29.3	48.2

More updated information for this metric is not currently available. Updated information will be provided once the new required methodology is implemented.

* "3rd Next Available" is the industry standard for measuring appointment access and best represents the performance of the appointment access system as a whole.

Number of Emergency Department (ED) Visits

Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.
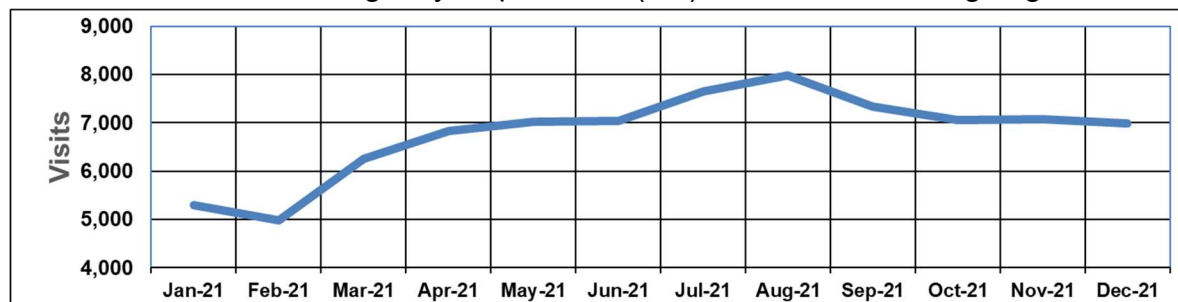
Month	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Visits	5,300	4,975	6,261	6,826	7,029	7,040	7,647	7,991	7,337	7,068	7,075	6,991

Total ED Patients Left without Being Seen

Patients who "Left Without Being Seen" (LWBS), including all Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.
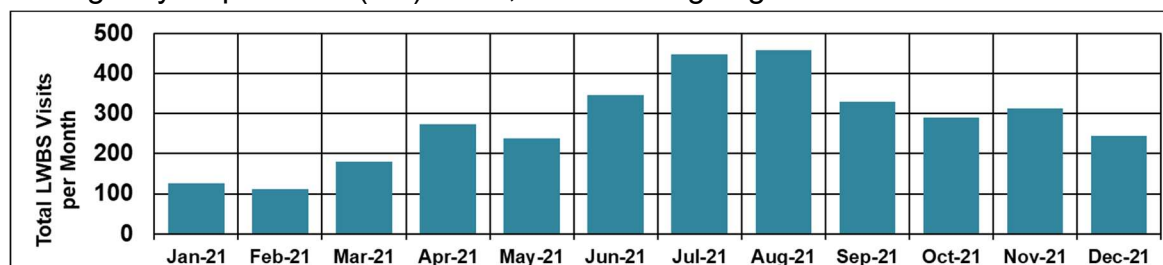
Month	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
UH LWBS	126	112	180	273	238	346	447	458	329	289	312	245

ED Average Hours from Arrival to Disposition
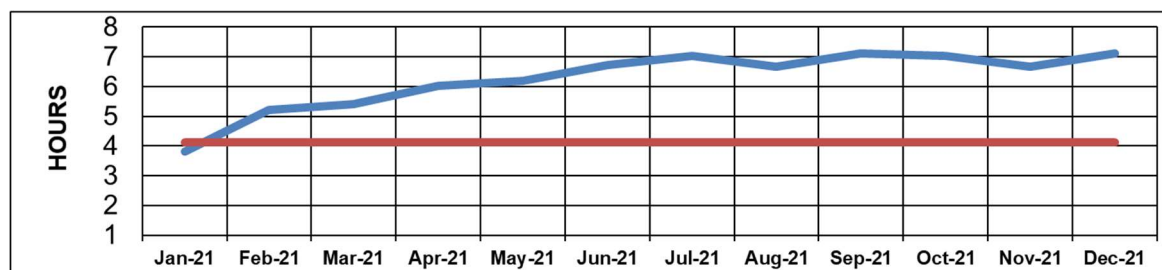
Month	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Arrival to Disposition	3.81	5.22	5.42	6.03	6.18	6.73	7.03	6.67	7.12	7.03	6.67	7.12
*National Average	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11

* Press Ganey, ED Pulse Report, 2010 - Average LOS in ED: 4 hours, 7 minutes.

MDC Inmates Receiving Hospital Services
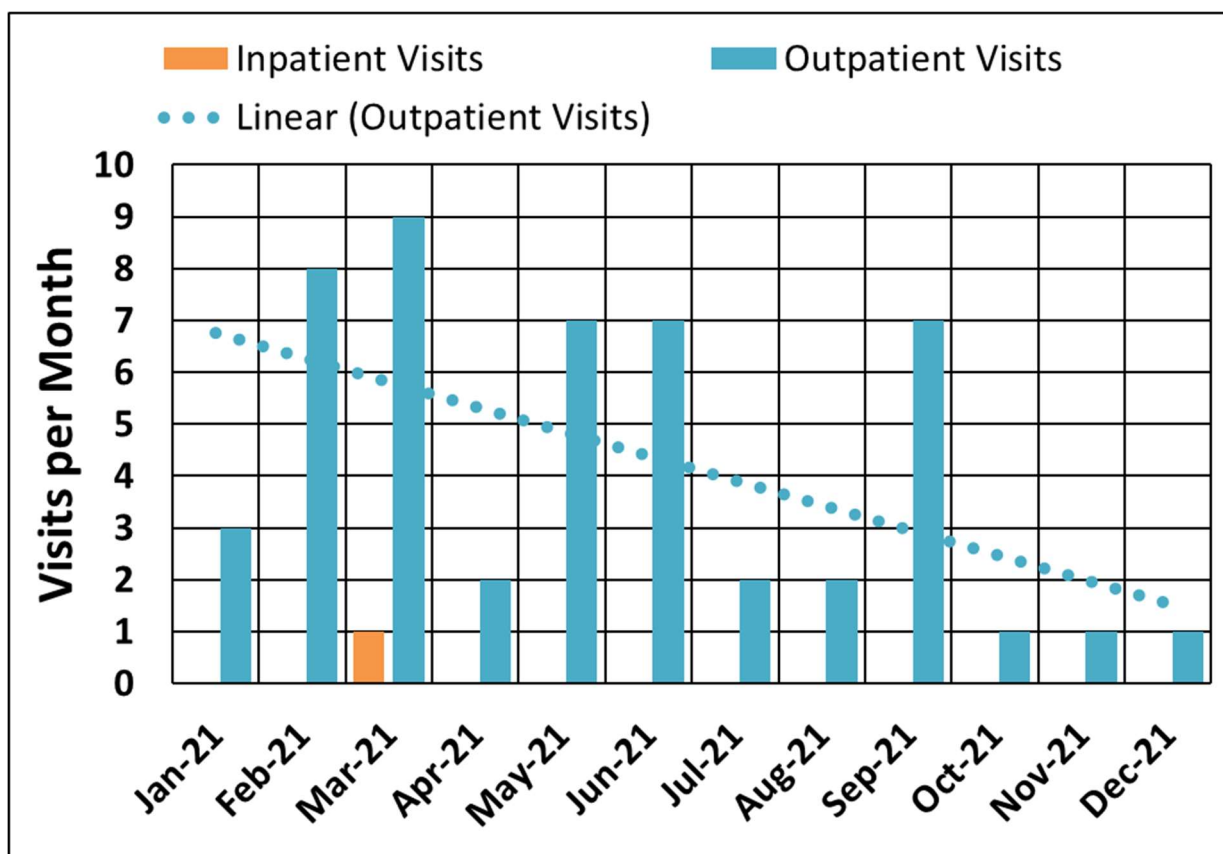
Month	Inpatient Visits	Outpatient Visits
Jan-21	0	3
Feb-21	0	8
Mar-21	1	9
Apr-21	0	2
May-21	0	7
Jun-21	0	7
Jul-21	0	2
Aug-21	0	2
Sep-21	0	7
Oct-21	0	1
Nov-21	0	1
Dec-21	0	1

Bernalillo County Metropolitan Detention Center (MDC) inmates receiving care at UNM Hospitals and registered as Metro BCDC (MDC ABQ Metro).

Typically, patients use their own insurance when possible.

Bernalillo County Encounters by Funding Source

All Bernalillo County encounters for the six (6) months ended December 31, 2021, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	8,129
EMSA	185
IHS	1,687
Medicaid	137,538
Medicare	133,760
Uninsured	17,974
HMO's & Insurance	121,189
All Other *	32,449
Total Encounters	**452,911**
**Native American Encounters **	**54,277**

Encounters:
Bernalillo County consist of Inpatients and Outpatients who provided a Bernalillo County zip code during their registration. Categories are based on Primary Payer Code. Native American Encounters are based on race as provided during registration, are not restricted to only Bernalillo County zip codes and could be duplicate of the Bernalillo encounters by payer above. Includes Acute and Behavioral Health.

***All Other** includes: Champus, Veteran Affairs, Tricare and Out of State Medicaid

****Native American Encounters** are based on race as provided during registration, are not restricted to only Bernalillo County zip codes and could be duplicate of the Bernalillo encounters by payer above.

Financial Assistance to Patients by County

Total financial assistance for the six (6) months ended December 31, 2021, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	$ 16,605,616	$ 8,495,903	$ 25,101,519
Catron	9,095	7,552	16,647
Chaves	186,548	23,997	210,544
Cibola	149,956	104,697	254,653
Colfax	21,503	5,178	26,681
Curry	48,673	43,353	92,026
De Baca	-	-	-
Dona Ana	59,670	48,388	108,057
Eddy	107,951	72,975	180,925
Grant	26,319	14,095	40,414
Guadalupe	9,374	2,893	12,267
Harding	-	-	-
Hidalgo	176	-	176
Lea	6,046	51,746	57,792
Lincoln	86,192	1,463	87,654
Los Alamos	5,916	428	6,344
Luna	124,025	869	124,894
Mc Kinley	372,516	224,012	596,528
Mora	47,718	532	48,250
Otero	53,213	10,992	64,205
Quay	1,668	4,755	6,423
Rio Arriba	223,295	31,591	254,887
Roosevelt	26,405	36,022	62,427
San Juan	440,072	116,560	556,632
San Miguel	56,638	24,223	80,861
Sandoval	997,099	588,980	1,586,079
Santa Fe	442,569	350,002	792,570
Sierra	2,549	90,548	93,097
Socorro	164,465	75,653	240,118
Taos	143,745	100,103	243,848
Torrance	113,935	203,098	317,033
Union	19,651	15,856	35,507
Valencia	2,049,697	1,169,544	3,219,240
Out Of State	-	2,028,151	2,028,151
Grand Total	**$ 22,602,292**	**$ 13,944,156**	**$ 36,546,449**

Total Uncompensated Care Cost: Cost of care for UNM Hospitals is the actual cost of providing care - salary, benefits, supplies, drugs, blood, organs, utilities, depreciation, contracts, services.

Financial Assistance to Bernalillo County Patients by Zip Code

Totals for the six (6) months ended December 31, 2021,

Bernalillo County Zip	Inpatient Encounter Count	Inpatient Charity Care and Uninsured Cost	Outpatient Encounter Count	Outpatient Charity Care and Uninsured Cost	Total Encounter Count	Total Patient Charity Care and Uninsured Cost
87008	2	$34,299	50	$ 13,241	52	$ 47,540
87022	4	17,308	59	14,832	63	32,140
87047	8	34,789	145	68,116	153	102,905
87059	12	43,114	266	39,720	278	82,834
87100	-	-	1	14	1	14
87101	-	-	7	3,668	7	3,668
87102	68	471,924	1,960	668,356	2,028	1,140,280
87103	-	-	14	7,176	14	7,176
87104	31	190,245	619	114,634	650	304,879
87105	186	1,703,646	5,360	2,240,471	5,546	3,944,117
87106	74	499,753	1,612	648,584	1,686	1,148,337
87107	72	546,617	1,799	576,367	1,871	1,122,984
87108	164	1,153,752	3,199	1,397,605	3,363	2,551,357
87109	80	443,437	1,474	367,955	1,554	811,392
87110	84	566,389	2,008	524,553	2,092	1,090,941
87111	54	250,090	1,610	395,536	1,664	645,626
87112	77	492,255	2,101	494,544	2,178	986,800
87113	21	238,833	659	311,540	680	550,373
87114	78	414,806	1,851	570,612	1,929	985,418
87115	-	-	-	-	-	-
87116	2	1,327	44	10,452	46	11,779
87117	-	-	2	608	2	608
87119	1	6,947	32	2,732	33	9,679
87120	70	649,830	1,881	634,373	1,951	1,284,203
87121	276	2,144,934	8,265	3,483,334	8,541	5,628,268
87122	8	7,550	256	72,176	264	79,726
87123	123	943,221	3,031	1,058,858	3,154	2,002,079
87125	6	29,880	110	21,192	116	51,073
87128	-	-	-	-	-	-
87130	-	-	-	-	-	-
87131	-	-	15	2,828	15	2,828
87140	-	-	-	-	-	-
87151	1	11,164	36	29,218	37	40,381
87153	-	-	11	2,089	11	2,089
87154	-	-	80	3,678	80	3,678
87158	-	-	-	-	-	-
87176	2	41,201	42	4,691	44	45,892
87181	1	422	17	2,296	18	2,718
87184	1	1,121	8	5,498	9	6,618
87185	-	-	-	-	-	-
87187	-	-	6	960	6	960
87190	1	1,792	24	3,824	25	5,616
87191	-	-	12	10,303	12	10,303
87192	2	15,779	12	3,825	14	19,604
87193	1	41,986	40	6,198	41	48,184
87194	1	653	7	512	8	1,165
87195	2	20,800	70	5,852	72	26,653
87196	-	-	31	2,386	31	2,386
87197	-	-	65	3,648	65	3,648
87198	5	240,261	52	3,698	57	243,958
87199	1	22	75	8,620	76	8,641
Grand Total	**1,519**	**$ 11,260,144**	**39,018**	**$ 13,841,375**	**$ 40,537**	**$ 25,101,519**

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the six (6) months ended December 31, 2021,

Bernalillo County Zip	Medicine Count	Surgery Count	Cancer Count	Ortho-pedics Count	Womens Health Count	Cardio-vascular/ Respiratory/ Cardiac Care Count	Neuro-sciences/ Neuro-logical Count	Spine Count	Other Count	Neo-natology/ Normal Newborn/ Childrens Count	Behavioral Health Count	Trauma Count	Total Count
87008	13	10	2	11	-	3	2	-	3	-	8	-	52
87022	17	8	11	4	6	6	1	4	-	-	6	-	63
87047	47	23	21	23	3	16	5	7	3	-	5	-	153
87059	82	29	46	21	7	24	14	11	4	-	40	-	278
87100	1	-	-	-	-	-	-	-	-	-	-	-	1
87101	3	-	-	1	-	1	-	-	-	-	2	-	7
87102	646	276	183	172	171	110	94	55	44	7	269	1	2,028
87103	7	3	-	-	-	-	-	-	-	-	4	-	14
87104	212	94	55	56	59	33	22	15	12	3	89	-	650
87105	1,875	792	478	544	636	277	238	167	138	13	386	2	5,546
87106	537	197	122	138	146	72	87	49	43	4	291	-	1,686
87107	652	226	152	158	165	101	78	56	60	4	219	-	1,871
87108	1,244	426	236	225	291	203	135	68	80	10	445	-	3,363
87109	513	167	203	136	86	90	62	29	56	4	208	-	1,554
87110	698	268	190	232	73	149	122	74	58	4	224	-	2,092
87111	517	205	254	123	90	97	111	48	44	4	171	-	1,664
87112	713	240	278	216	115	144	96	65	53	2	256	-	2,178
87113	185	68	222	47	26	46	17	7	12	-	50	-	680
87114	686	238	238	186	95	89	113	58	56	7	162	1	1,929
87115	-	-	-	-	-	-	-	-	-	-	-	-	-
87116	21	1	20	1	1	-	-	-	1	-	1	-	46
87117	-	-	-	-	-	-	-	-	-	-	2	-	2
87119	11	7	-	2	4	6	1	-	-	1	1	-	33
87120	625	231	196	207	152	103	135	64	43	4	190	1	1,951
87121	2,829	1,136	782	856	1,289	489	304	216	196	30	414	-	8,541
87122	104	28	38	21	14	19	7	8	8	-	17	-	264
87123	1,187	395	300	215	330	159	149	88	79	13	237	2	3,154
87125	40	26	2	13	1	5	9	7	3	-	10	-	116
87128	-	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-	-
87131	6	2	-	-	-	-	-	1	6	-	-	-	15
87140	-	-	-	-	-	-	-	-	-	-	-	-	-
87151	11	10	3	4	-	1	1	-	-	-	6	1	37
87153	6	-	-	2	-	1	1	-	1	-	-	-	11
87154	24	5	10	17	-	8	8	3	2	-	3	-	80
87158	-	-	-	-	-	-	-	-	-	-	-	-	-
87176	17	9	2	4	3	3	1	1	-	-	4	-	44
87181	8	3	4	1	-	1	1	-	-	-	-	-	18
87184	-	2	-	3	-	-	3	-	-	-	1	-	9
87185	-	-	-	-	-	-	-	-	-	-	-	-	-
87187	-	-	4	1	-	-	-	-	-	-	1	-	6
87190	3	-	2	1	-	-	14	1	-	-	4	-	25
87191	5	5	-	1	-	-	1	-	-	-	-	-	12
87192	5	-	3	1	-	4	-	1	-	-	-	-	14
87193	7	10	4	6	3	1	4	2	-	-	4	-	41
87194	3	1	-	3	-	-	-	-	-	-	1	-	8
87195	26	18	3	4	3	3	2	3	3	-	7	-	72
87196	19	2	2	4	-	-	1	-	-	-	3	-	31
87197	27	9	6	-	2	7	5	1	5	-	3	-	65
87198	20	7	3	14	2	2	2	2	1	-	4	-	57
87199	21	7	8	9	1	5	7	5	4	-	9	-	76
Grand Total	**13,673**	**5,184**	**4,083**	**3,683**	**3,774**	**2,278**	**1,853**	**1,116**	**1,018**	**110**	**3,757**	**8**	**40,537**

# Primary Reason for Bernalillo County Indigent Resident Visits

Totals are for each of the eight (8) quarters ended December 31, 2021.

Description	2022Q1	2021Q4	2021Q3	2021Q2	2021Q1	2020Q4	2020Q3	2020Q2
Factors influencing health status and contact with health services	4,196	5,024	5,012	5,387	9,584	8,439	13,058	5,800
undefined	2,462	2,156	2,348	2,381	3,649	4,139	6,648	3,085
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1,649	1,930	2,035	1,877	2,484	2,755	3,990	2,578
Diseases of the musculoskeletal system and connective tissue	1,544	1,895	1,980	1,894	2,567	2,942	3,695	2,474
Endocrine, nutritional and metabolic diseases	949	1,190	1,290	1,245	1,596	1,880	2,646	1,519
Injury, poisoning and certain other consequences of external causes	941	1,208	1,233	1,015	1,519	1,979	2,818	1,582
Mental and behavioural disorders	905	1,160	1,314	1,342	1,624	1,813	3,143	1,385
Diseases of the circulatory system	859	988	1,090	1,051	1,435	1,654	2,446	1,412
Diseases of the nervous system	724	836	907	955	1,194	1,287	1,996	1,275
Diseases of the respiratory system	670	664	555	468	938	1,385	1,585	2,097
Neoplasms	635	884	958	841	1,137	1,312	2,010	1,177
Diseases of the genitourinary system	617	744	804	814	1,145	1,363	1,801	1,057
Diseases of the digestive system	538	628	732	744	970	1,101	1,593	913
Pregnancy, childbirth and the puerperium	482	615	631	576	771	880	1,559	691
Diseases of the skin and subcutaneous tissue	444	566	612	547	783	942	1,249	829
Diseases of the eye and adnexa	289	401	423	392	527	633	674	607
Certain infectious and parasitic diseases	227	237	241	198	330	341	549	476
Diseases of the ear and mastoid process	200	236	202	182	241	333	372	403
Codes for special purposes	166	91	55	206	1,117	274	177	0
Congenital malformations, deformations and chromosomal abnormalities	121	147	156	160	200	249	305	195
Diseases of the blood and blood-forming organs and certain disorders involving the	113	137	144	147	198	222	328	184
Certain conditions originating in the perinat	32	35	21	21	26	35	69	24
External causes of morbidity and mortality	1	1	1	1	1	0	2	1
	18,764	21,773	22,744	22,444	34,036	35,958	52,713	29,764

The visit count consists of indigent patients who provided a Bernalillo County zip code during their registration. Categories are based on CMS diagnosis codes.

Revenues by Payor Source

FY 2021 Revenue (Audited)

**Other
9%

Bernalillo Cnty Mill Levy
7%

Other Patient
3%

Insurance
22%

Medicaid
42%
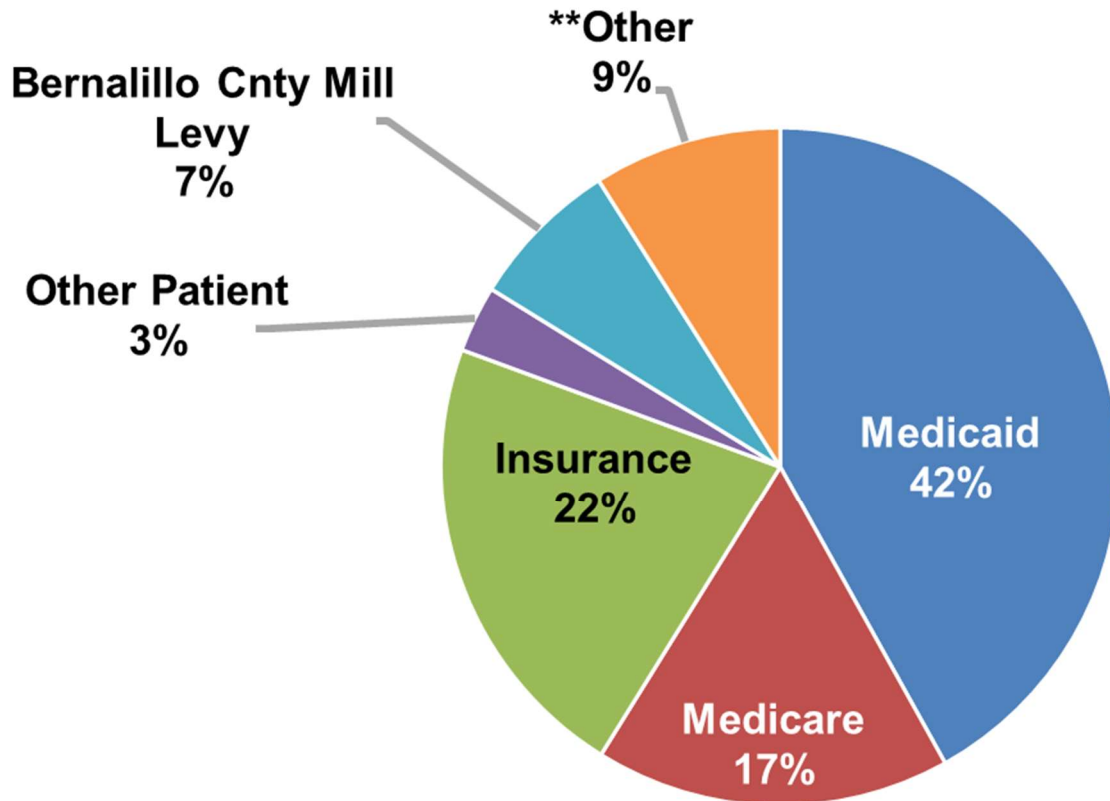
Medicare
17%

	FY2021
Medicaid	$ 649,447,760
Medicare	262,835,228
Insurance	337,499,932
Other Patient	49,228,950
Bernalillo Cnty Mill Levy	112,132,446
**Other	139,472,539
Total	**$ 1,550,616,855**

*Other Patient: Champus, Veteran Affairs, Tricare and Out of State Medicaid

**Other: All other revenues that are not patient related. Such as State and Local Contracts, Other Operating Revenue, State Appropriations, Capital Appropriations, CARES ACT Funding and Contributions, and Investment Income.

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

FY20 is based on the twelve (12) months ended June 30, 2020.

FY21 is based on the twelve (12) months ended June 30, 2021.

FY22 is based on the twelve (12) months ended December 31, 2021

507,363	**FY20 Actual (12 Months)**
534,607	**FY21 Actual (12 Months)**
549,076	**FY22 (Based on Previous12 Months)**

Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.

Number of Evening and Weekend Clinics (To deflect ED visits)

Clinic:	Location:	Hours:
Adult Urgent Care	Main Hospital - 1st Floor, 2211 Lomas Blvd NE	Mon-Fri: 7am-8pm, Sat 7am-6pm
Peds Urgent Care	Main Hospital - 3rd Floor, 2211 Lomas Blvd NE	Mon-Fri: 8am-7pm, Sat 9am-2pm
Young Children's Health Center	306 San Pablo ST SE, Suite A	Mon-Fri: 8am-7pm, Sat 9am-2pm

## Press Ganey Ambulatory Satisfaction Score
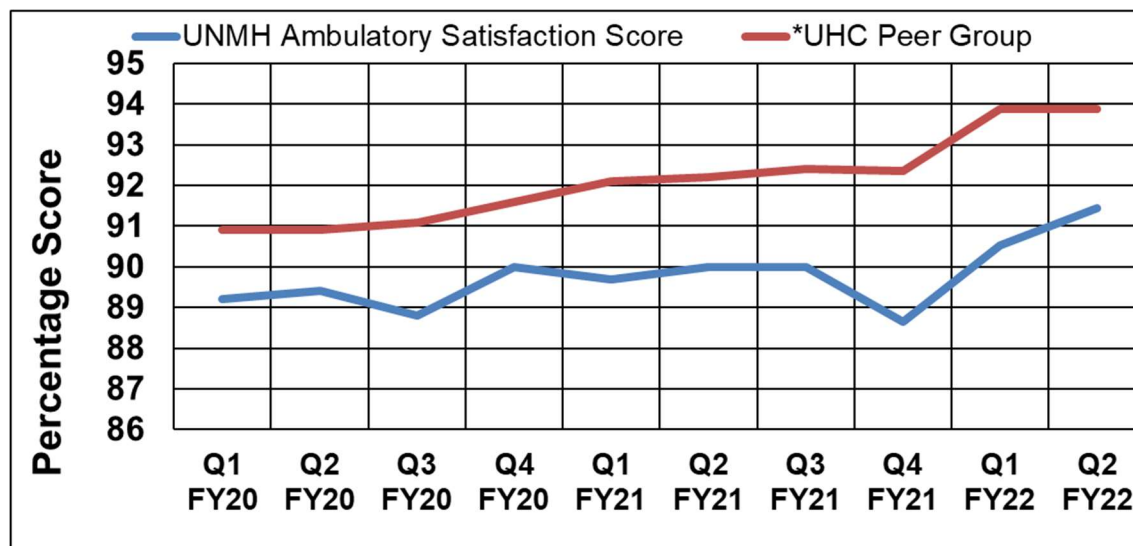
Quarter	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
UNMH Ambulatory Satisfaction Score	89.2	89.4	88.8	90.0	89.7	90.0	90.0	88.7	90.5	91.4
*UHC Peer Group	90.9	90.9	91.1	91.6	92.1	92.2	92.4	92.4	93.9	93.9

*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

Percentage of Primary Care Patients with Same Day Clinic Appointments

Average percentage of Same Day Access for Primary Care Clinics.
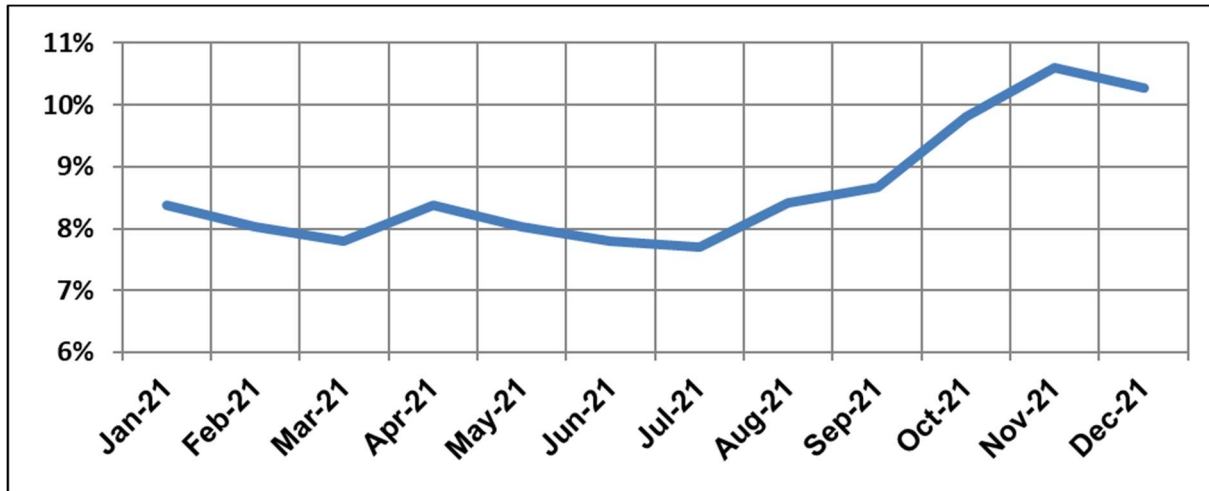
Month	Same Day	Total Arrived	Same Day Rate
Jan-21	1,069	12,755	8.4%
Feb-21	1,030	12,831	8.0%
Mar-21	1,110	14,223	7.8%
Apr-21	1,256	16,344	8.4%
May-21	1,083	14,592	8.0%
Jun-21	1,163	15,458	7.8%
Jul-21	1,096	14,224	7.7%
Aug-21	1,300	15,445	8.4%
Sep-21	1,290	14,890	8.7%
Oct-21	1,525	15,547	9.8%
Nov-21	1,676	15,813	10.6%
Dec-21	1,418	13,810	10.3%

Most recent three (3) month average for Same Day Access by Primary Care Clinic.

Average	Primary Care Clinics
8.1%	1209 Clinic
4.5%	Alamo Primary Care Clinic
10.7%	Family Practice Clinic
6.9%	General Pediatrics Clinic
8.5%	Northeast Heights Clinic
8.9%	Senior Health Center
5.4%	Southeast Heights Clinic
11.4%	Southwest Mesa Clinic
5.5%	SRMC FP Clinic
6.3%	UH 4th Street NV Clinic
9.7%	UH Atrisco Heritage
68.7%	UNM Lobocare Clinic
2.8%	UNMMG Family Health Grande
7.4%	Westside Clinic
7.4%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions
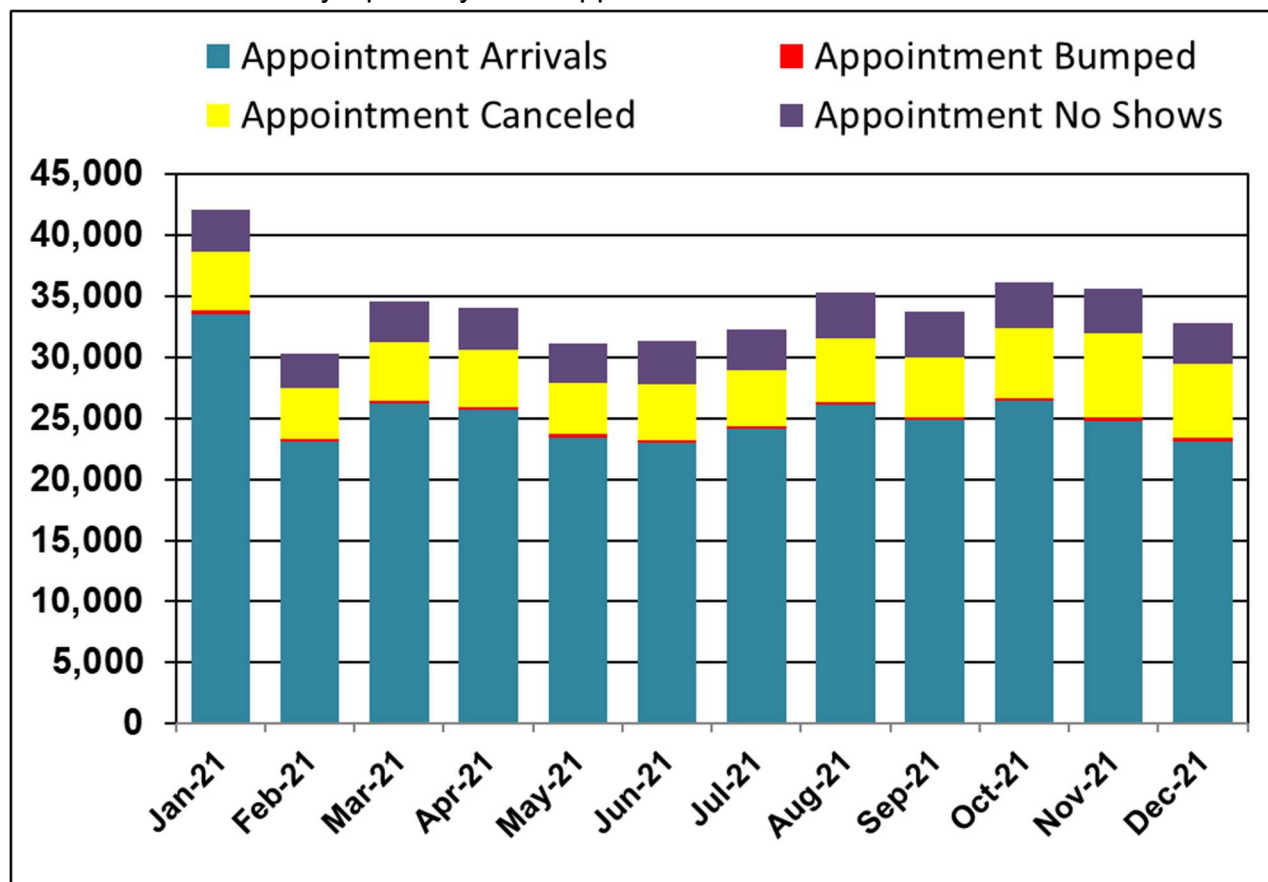
This data includes only Primary Care appointments.
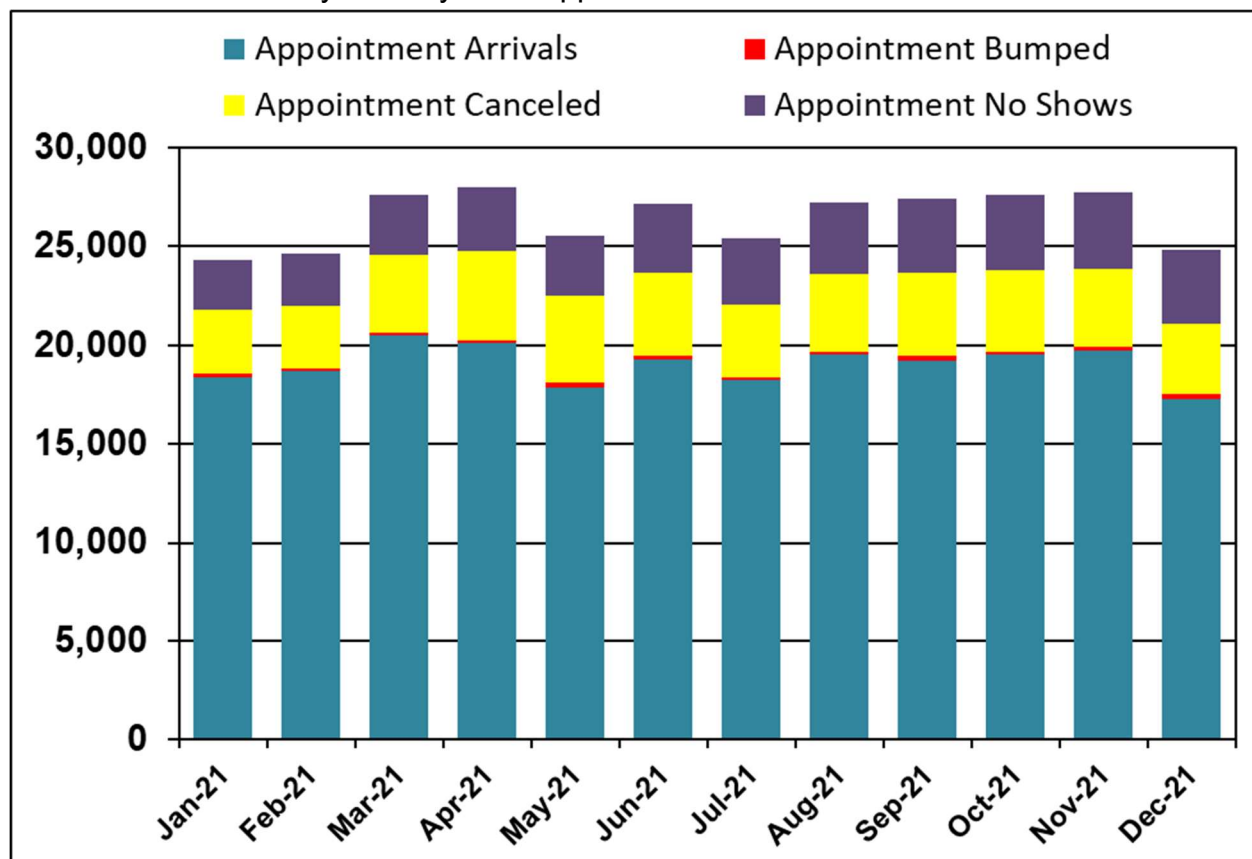
| Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-21	18,367	180	3,221	2,564
Feb-21	18,690	129	3,156	2,651
Mar-21	20,475	157	3,905	3,062
Apr-21	20,099	149	4,535	3,218
May-21	17,876	244	4,376	3,011
Jun-21	19,277	173	4,235	3,440
Jul-21	18,209	152	3,682	3,338
Aug-21	19,519	164	3,915	3,617
Sep-21	19,192	251	4,235	3,720
Oct-21	19,510	168	4,079	3,806
Nov-21	19,725	186	3,920	3,900
Dec-21	17,290	249	3,561	3,735

Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.

Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-21	33,579	325	4,700	3,479
Feb-21	23,098	205	4,154	2,906
Mar-21	26,226	203	4,844	3,297
Apr-21	25,755	214	4,700	3,399
May-21	23,488	235	4,242	3,166
Jun-21	23,052	219	4,571	3,466
Jul-21	24,131	197	4,604	3,372
Aug-21	26,132	248	5,138	3,791
Sep-21	24,875	213	4,896	3,784
Oct-21	26,415	294	5,698	3,767
Nov-21	24,827	292	6,864	3,678
Dec-21	23,101	330	6,096	3,281

Percentage Abandoned Phone Calls for Primary and Specialty Care
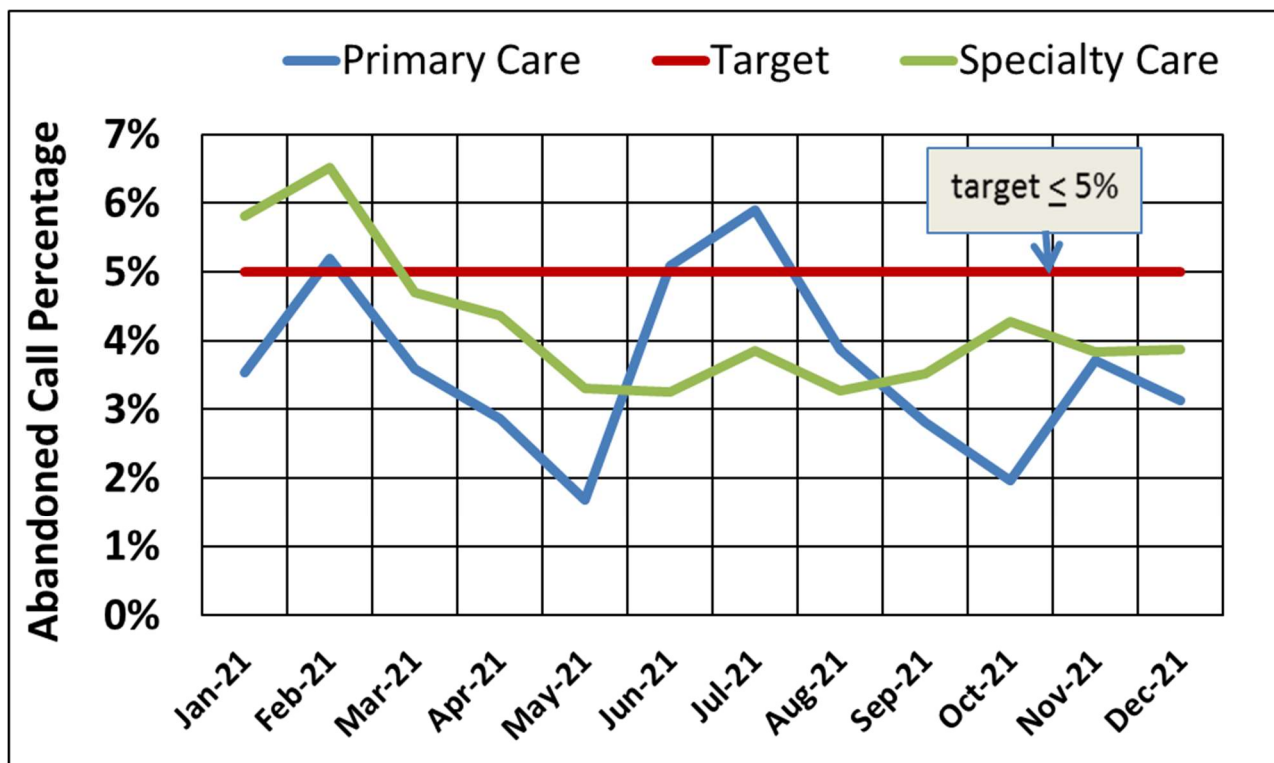
Area: Month	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Jan-21	3.54%	5.82%	5%
Feb-21	5.20%	6.52%	5%
Mar-21	3.59%	4.71%	5%
Apr-21	2.87%	4.36%	5%
May-21	1.68%	3.30%	5%
Jun-21	5.09%	3.25%	5%
Jul-21	5.90%	3.86%	5%
Aug-21	3.87%	3.27%	5%
Sep-21	2.81%	3.52%	5%
Oct-21	1.96%	4.28%	5%
Nov-21	3.72%	3.83%	5%
Dec-21	3.13%	3.88%	5%

Medication Reconciliation Goals Primary and Specialty Care

UNMH Medication reconciliation as of December 2021.

65.0%	National Patient Safety Goal - Medication Reconciliation Primary Care
31.7%	National Patient Safety Goal - Medication Reconciliation Specialty Care

Percentage of Patients with Access to Electronic Medical Record

The statistics below are only for online access to medical records.

As of January 3, 2022.

303,164	Invitations sent out to patients who provided an email address.
140,865	Patients who have claimed invitation to sign up.
122,995	*Active Users who have accessed their medical records.
41%	Percentage of patients who can potentially access their medical records electronically .

*The number of Active Users shown is the current number. It does not allow for deceased patients, nor children under age 13 covered under Children's Online Privacy Protection Act (COPPA).

One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

UNMH turned on the *MyHealth* on October 31, 2012 to provide patients on-line access to their medical records. *MyHealth* is UNM's patient portal where you can manage your health care outside of the traditional office visit.

What to expect from MyHealth at UNM:

- See appointment information anytime.

- See your lab results and data.

- HIPAA-compliant, secure way to communicate with your Doctors and Healthcare Providers.

- View, download, and share parts of your UNM health record.

Diabetes Management Indicators for HgbA1C and LDL <100

Percentage of A1c and LDL Checked
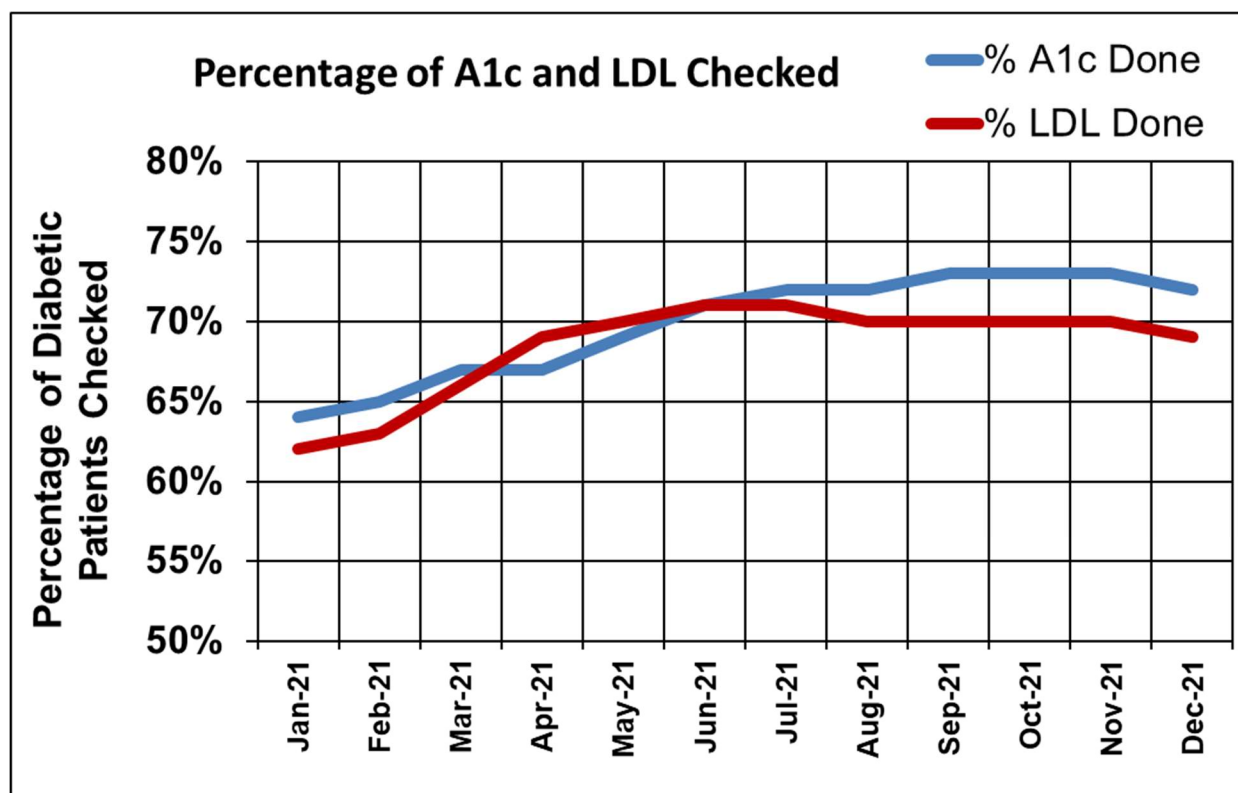
—— % A1c Done
—— % LDL Done

Month	Total Patients		A1c Done	% A1c Done		LDL Done	% LDL Done
Jan-21	8,159		5,203	64%		5,036	62%
Feb-21	7,988		5,172	65%		5,016	63%
Mar-21	7,559		5,038	67%		4,979	66%
Apr-21	7,536		5,077	67%		5,182	69%
May-21	7,597		5,210	69%		5,306	70%
Jun-21	7,604		5,400	71%		5,363	71%
Jul-21	7,574		5,425	72%		5,368	71%
Aug-21	7,687		5,570	72%		5,399	70%
Sep-21	7,697		5,571	73%		5,363	70%
Oct-21	7,723		5,621	73%		5,343	70%
Nov-21	7,797		5,613	73%		5,362	70%
Dec-21	7,851		5,537	72%		5,312	69%

As of January 1, 2019, diabetes reporting converted to a new data source, which resulted in capturing a more complete population of patients. This led to an overall 18% increase in total number of patients captured for tracking Diabetes and LDL.

C. FINANCIAL SERVICES

UNM Care Enrollment, Self-Pay and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Self Pay Patients Seen on Discount Program	Number of Medicaid applications completed at UNMH
Jan-21	4,277	249	153
Feb-21	4,424	229	157
Mar-21	4,499	233	166
Apr-21	4,601	239	103
May-21	4,653	246	102
Jun-21	4,277	234	102
Jul-21	5,848	124	115
Aug-21	5,825	75	141
Sep-21	5,702	57	92
Oct-21	4,305	57	172
Nov-21	4,571	60	126
Dec-21	4,295	45	4

## Total Uncompensated Care – Charity Care and Uninsured

For the six (6) months ended December 31, 2021, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	10,739	5,887	16,626
Encounters	28,989	11,548	40,537
Cost	$ 16,605,616	$ 8,495,903	$ 25,101,519

Total Uncompensated Care Cost: Cost of care for UNM Hospitals is the actual cost of providing care - salary, benefits, supplies, drugs, blood, organs, utilities, depreciation, contracts, services.

Number of Unique Patients Sent to Collections

The following trend is the monthly number of unique patient accounts sent to the UNMH contracted collection agency and includes all counties.
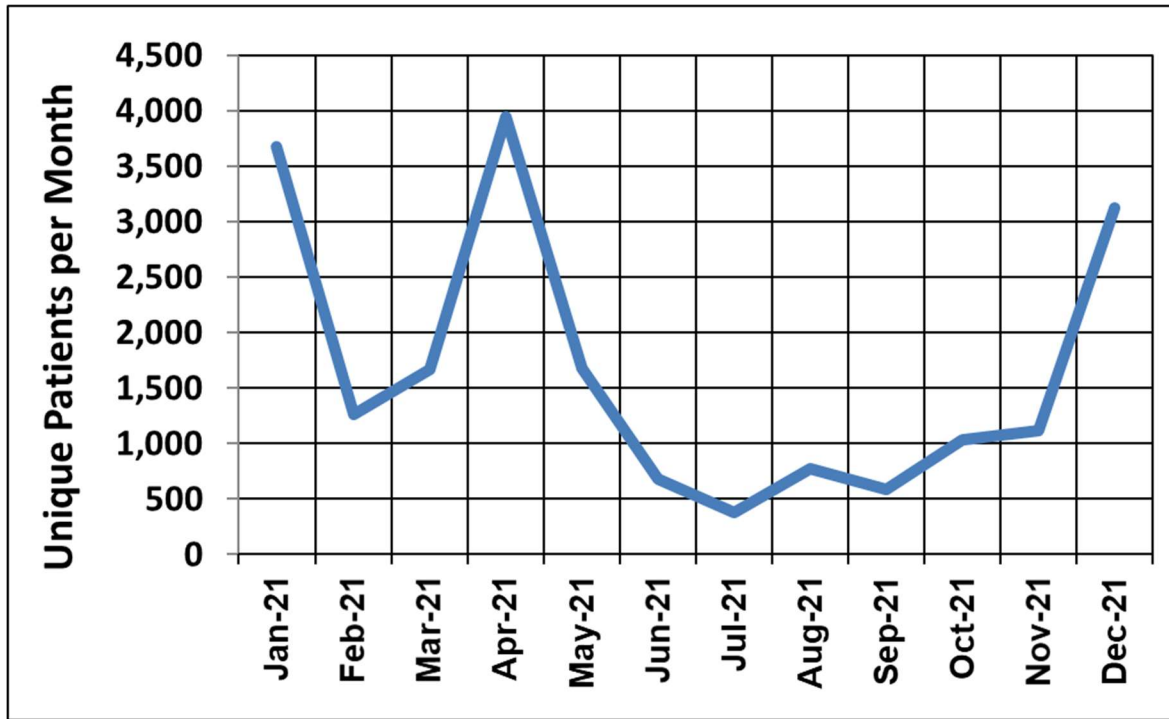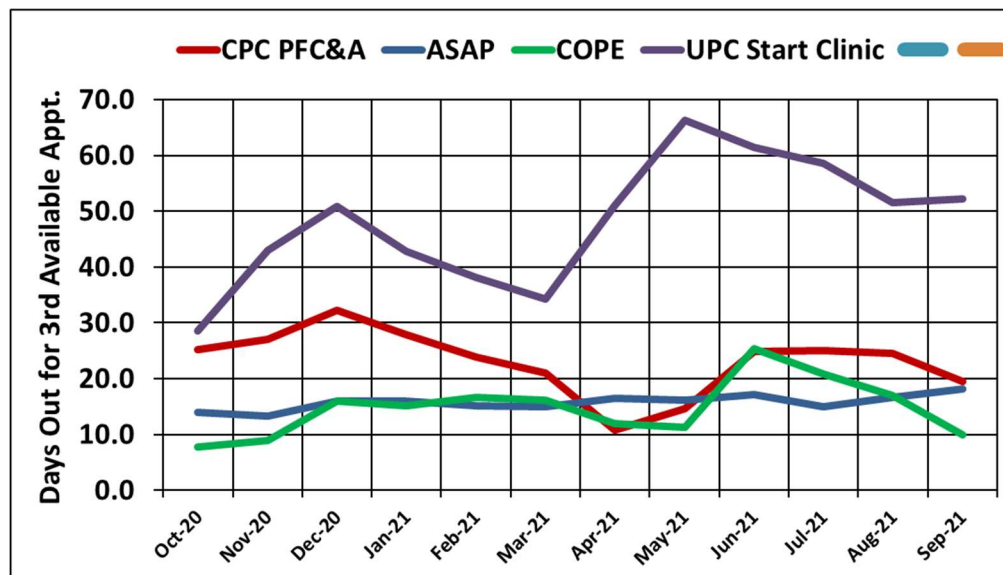

Days Out For Scheduling Financial Assistance Appointment

The statistics below are the average number of "days out" each month for scheduling a financial assistance appointment.
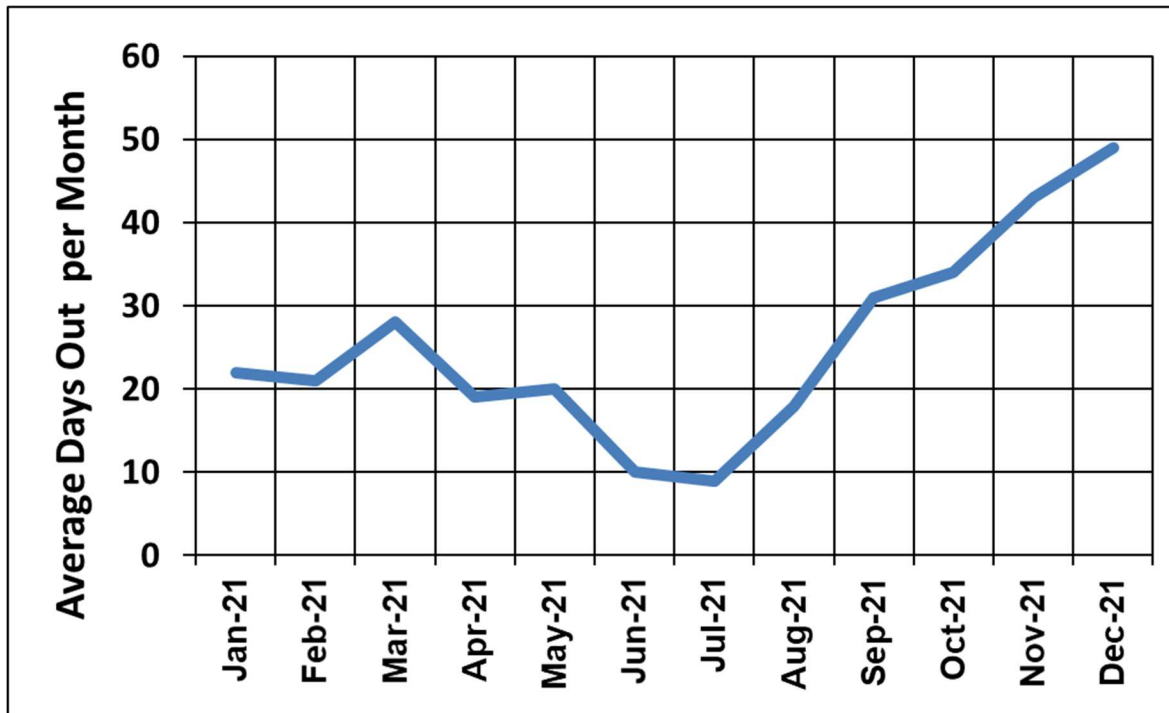
D. BEHAVIORAL HEALTH

Average Appointment Time for BH Outpatient Services

Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Oct-20	25.2	13.9	7.7	28.5
Nov-20	27.0	13.3	8.9	42.9
Dec-20	32.2	16.0	15.9	50.9
Jan-21	27.9	16.0	15.1	42.8
Feb-21	23.8	15.1	16.6	38.2
Mar-21	21.0	15.0	16.1	34.2
Apr-21	10.8	16.4	11.9	51.0
May-21	14.7	16.2	11.2	66.3
Jun-21	24.9	17.2	25.3	61.4
Jul-21	25.1	14.9	20.8	58.5
Aug-21	24.5	16.6	17.0	51.5
Sep-21	19.5	18.1	9.9	52.2

More updated information for this metric is not currently available. Updated information will be provided once the new required methodology is implemented.

Definitions For Above Acronyms

CPC PFC&A	Children's Psychiatric Center Programs for Children and Adolescents
ASAP	Alcohol and Substance Abuse Program
COPE	Chronic Occurrences of Psychotic Episodes Clinic. The Center for Recovery and Resiliency consilidated into COPE
UPC Start Clinic	University Psychiatric - Start Clinic (General Clinic)

More updated information for this metric is not currently available. Updated information will be provided once the new required methodology is implemented.

BH Specialty Care Outpatient Appointment Disposition

The statistics below are for just Behavioral Health (BH) Specialty Care appointments and does not include any BH Primary Care appointments.
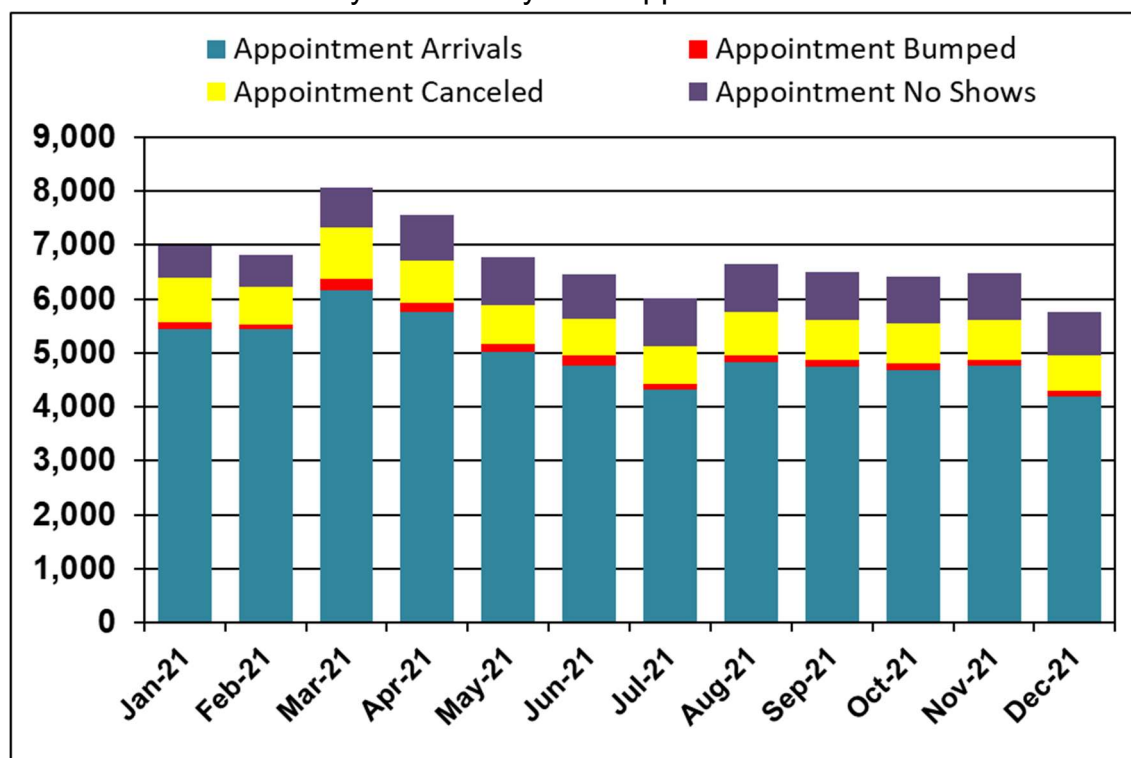

Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-21	5,442	119	825	599
Feb-21	5,439	92	692	605
Mar-21	6,152	228	956	733
Apr-21	5,760	161	787	860
May-21	5,009	169	700	908
Jun-21	4,770	192	668	819
Jul-21	4,315	117	702	888
Aug-21	4,824	134	807	890
Sep-21	4,750	119	744	887
Oct-21	4,682	120	737	877
Nov-21	4,758	115	733	872
Dec-21	4,187	123	645	797

Number of Unique Outpatients and Number of Encounters CY2020

Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	9,168	53,382
BH CPC Outpatient	2,734	15,033

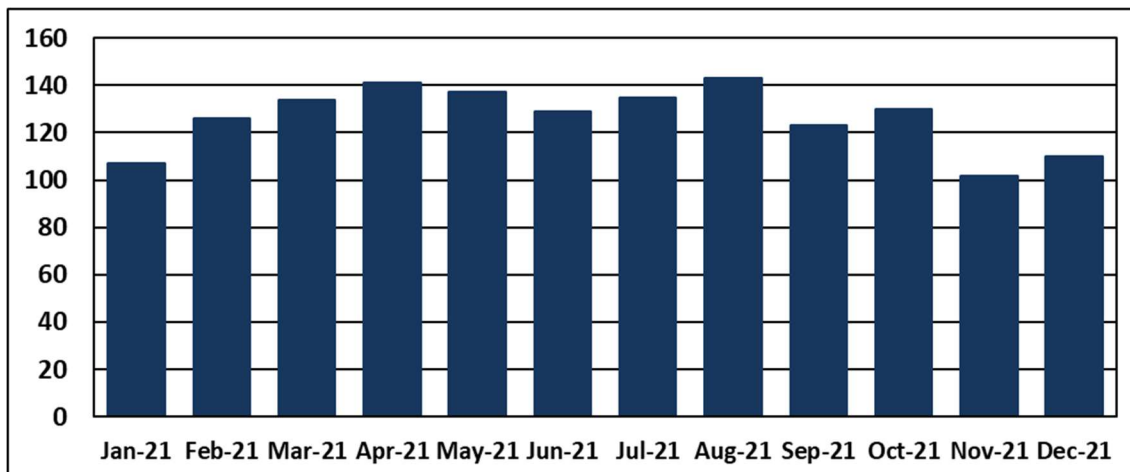* Excluding all Suboxone and Methadone Visits

Psychiatric Emergency Department and Urgent Care Encounters
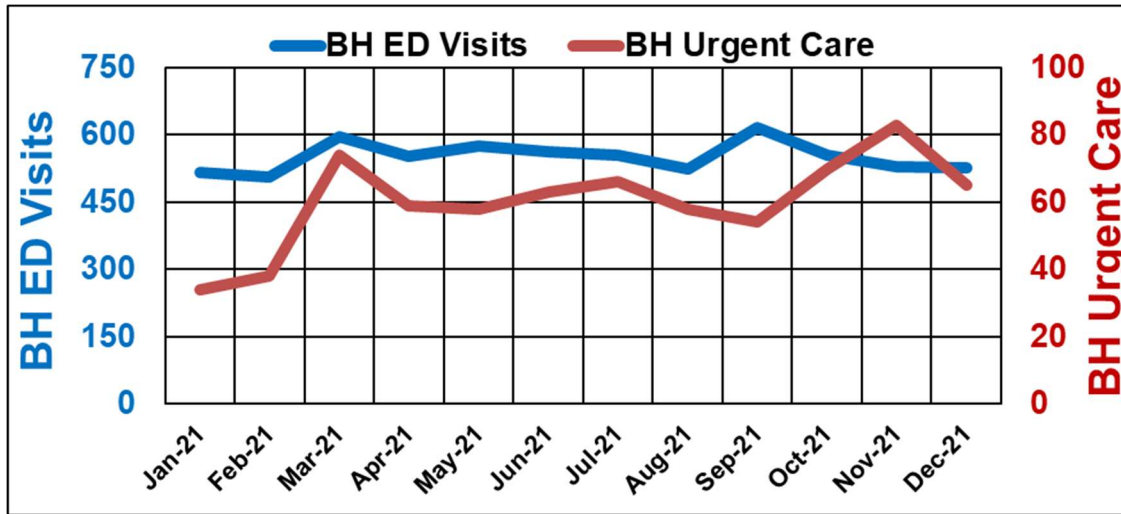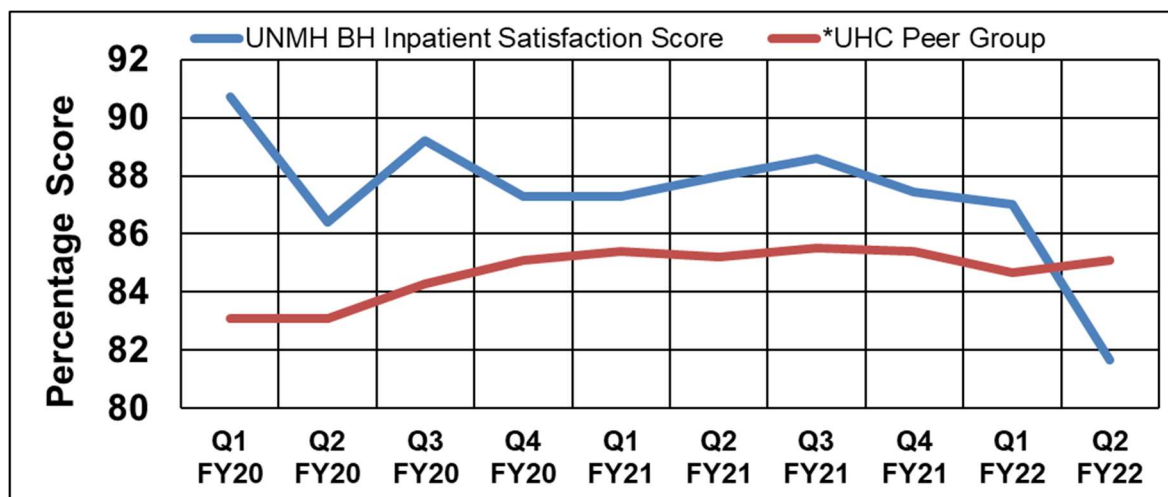

Number of Fast Track Patients Seen
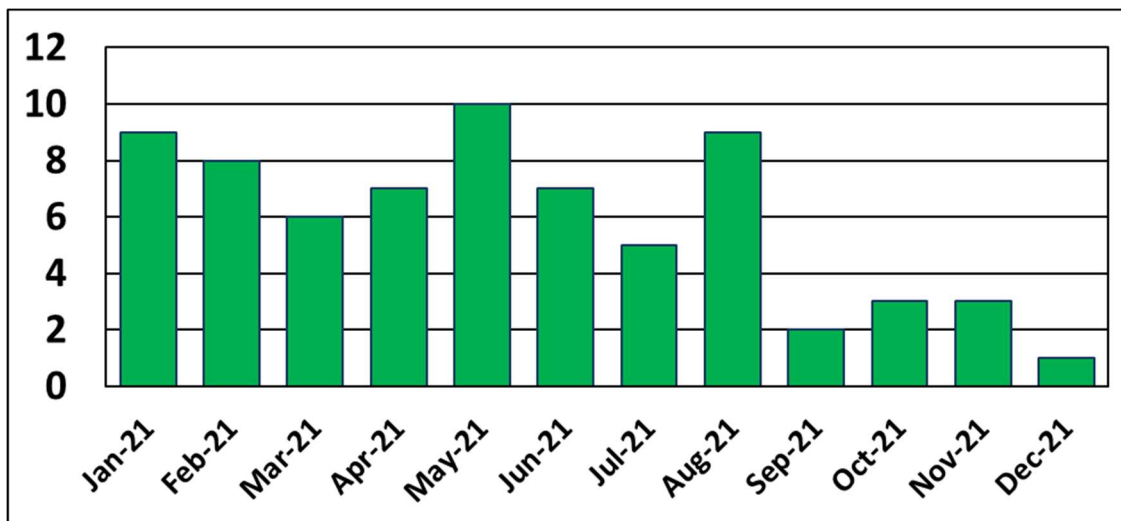
## Law Enforcement Drop offs at Psychiatric Emergency Services

Press Ganey Behavioral Health Inpatient Satisfaction Score

| Quarter	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
UNMH BH Inpatient Satisfaction Score	90.7	86.4	89.2	87.3	87.3	88.0	88.6	87.5	87.0	81.7
*UHC Peer Group	83.1	83.1	84.3	85.1	85.4	85.2	85.5	85.4	84.7	85.1

Press Ganey Behavioral Health Outpatient Satisfaction Score
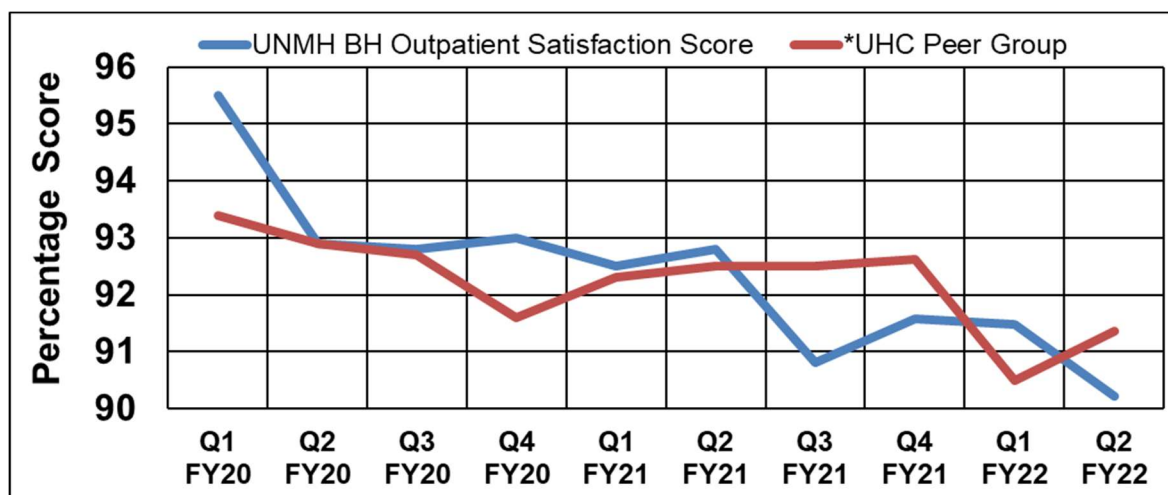
Quarter	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
UNMH BH Outpatient Satisfaction Score	95.5	92.9	92.8	93.0	92.5	92.8	90.8	91.6	91.5	90.2
*UHC Peer Group	93.4	92.9	92.7	91.6	92.3	92.5	92.5	92.6	90.5	91.4

*The University HealthSystem Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

Behavioral Health Inpatient Admitted to Non-UNMH Facilities
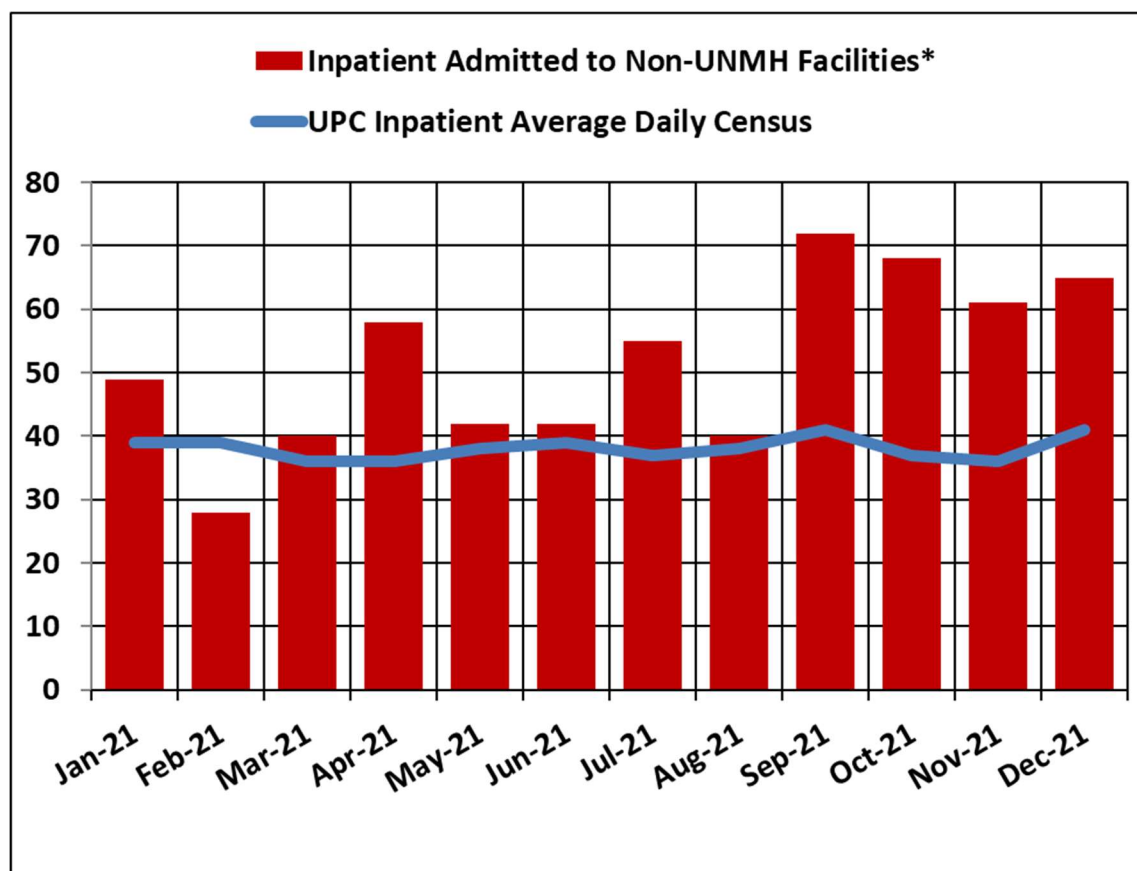
| Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jan-21	49	39
Feb-21	28	39
Mar-21	40	36
Apr-21	58	36
May-21	42	38
Jun-21	42	39
Jul-21	55	37
Aug-21	40	38
Sep-21	72	41
Oct-21	68	37
Nov-21	61	36
Dec-21	65	41

*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

Behavioral Health Average Length of Inpatient Stay
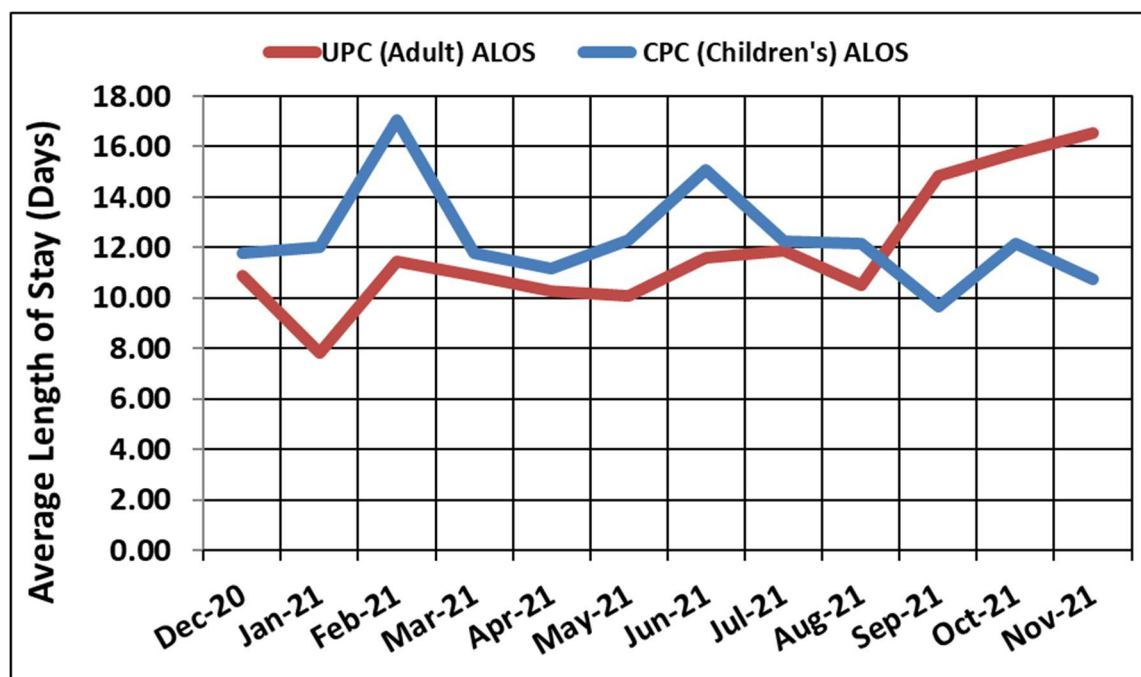
Children's Psychiatric Center (CPC)   Average Child National Benchmark: **7.12**
University Psychiatric Center (UPC)   Average Adult National Benchmark: **10.18**

Number of BH Adult and Child/Adolescent Inpatient Days
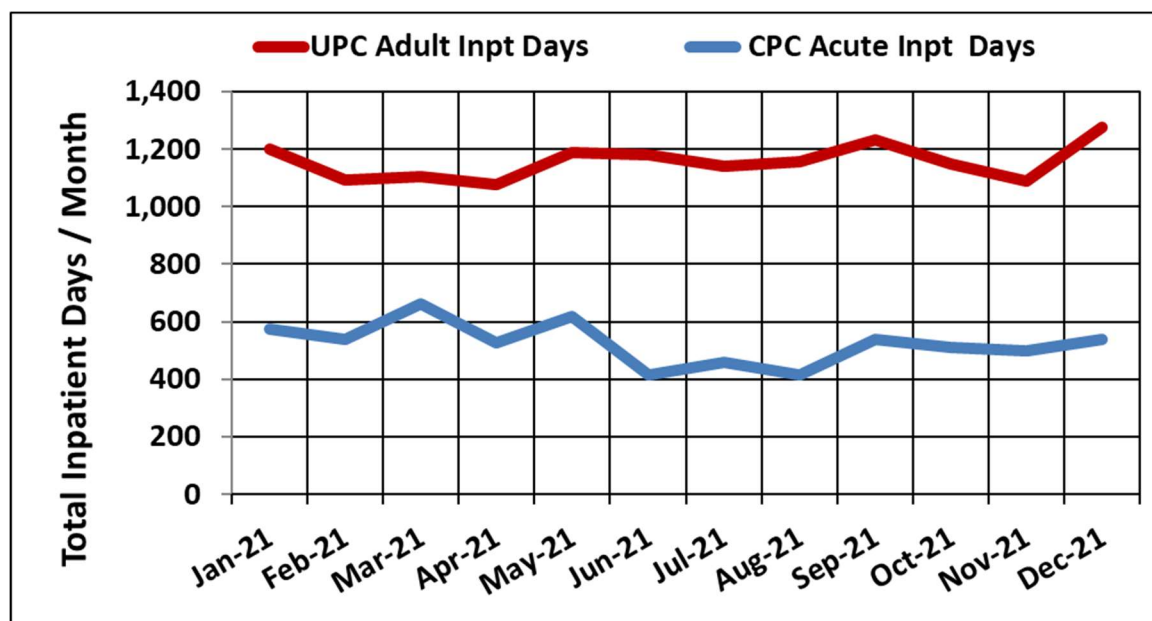
Number of Unique Inpatients and Number of Encounters CY2020

Patient Group	Patients Served	Total Encounters
BH UPC Inpatient	1,161	1,475
BH CPC Inpatient	579	703

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2019	11,702
FY2020	11,170
FY2021	12,615
FY2022*	12,281

* Projected count based upon the previous twelve (12) months.

Total Opioid Patients

Month	Census
Jan-21	639
Feb-21	636
Mar-21	639
Apr-21	644
May-21	644
Jun-21	627
Jul-21	639
Aug-21	634
Sep-21	607
Oct-21	590
Nov-21	573
Dec-21	554

Total Methadone Encounters

Month	Count
Jan-21	1,695
Feb-21	1,719
Mar-21	2,064
Apr-21	1,985
May-21	1,975
Jun-21	2,328
Jul-21	2,309
Aug-21	2,537
Sep-21	2,570
Oct-21	2,555
Nov-21	2,559
Dec-21	2,485

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Jan-21	530	29,850	11,848
Feb-21	534	30,596	19,020
Mar-21	609	32,487	15,124
Apr-21	634	33,958	13,680
May-21	596	32,948	13,282
Jun-21	615	31,036	15,966
Jul-21	601	32,027	13,546
Aug-21	599	32,480	13,133
Sep-21	600	32,837	13,162
Oct-21	526	29,213	12,765
Nov-21	516	28,399	13,113
Dec-21	490	27,023	11,952

Total Suboxone Encounters

Month	Count
Jan-21	32
Feb-21	30
Mar-21	38
Apr-21	31
May-21	42
Jun-21	51
Jul-21	50
Aug-21	47
Sep-21	58
Oct-21	49
Nov-21	46
Dec-21	55

*The total number of Methadone and Suboxone doses per month includes all of the Methadone Liquid doses distributed at ASAP, Suboxone Dispensed at ASAP and all of the prescriptions from the UNM System for buprenorphine-naloxone (Suboxone) doses dispensed through the UNMH pharmacies.

30 Day Readmission Rate – Children's Psychiatric Center (CPC)

There is a three (3) month delay in Vizient data, so statistics are one quarter behind.
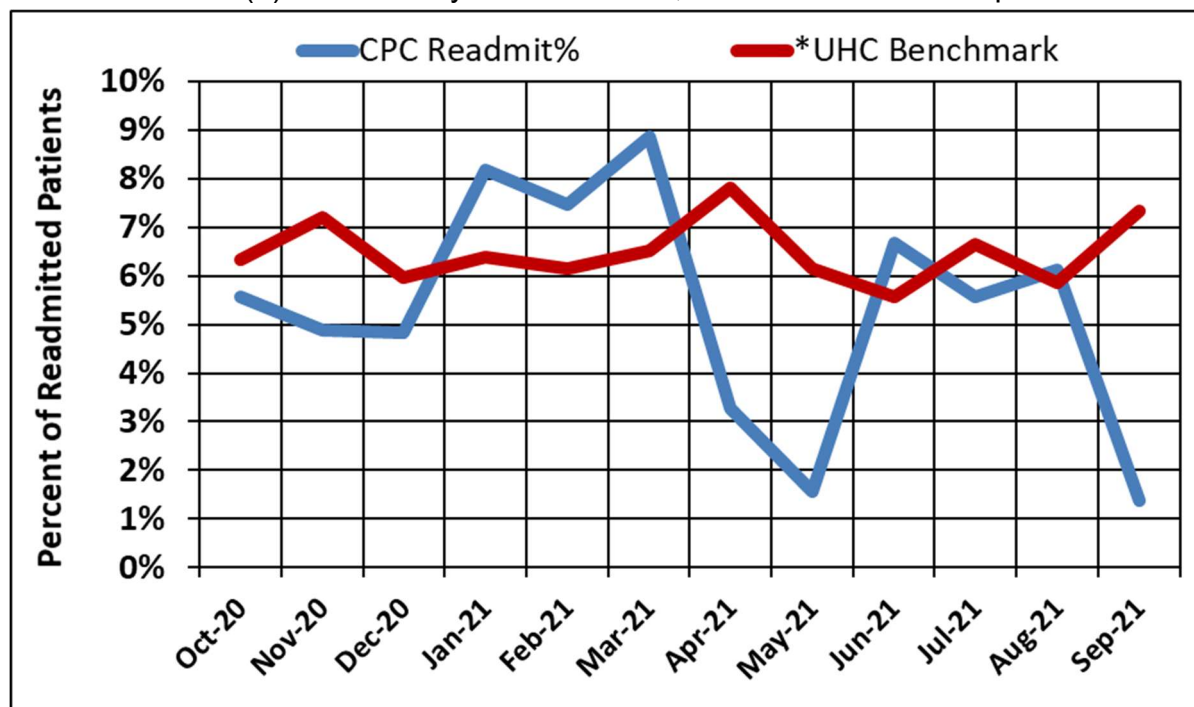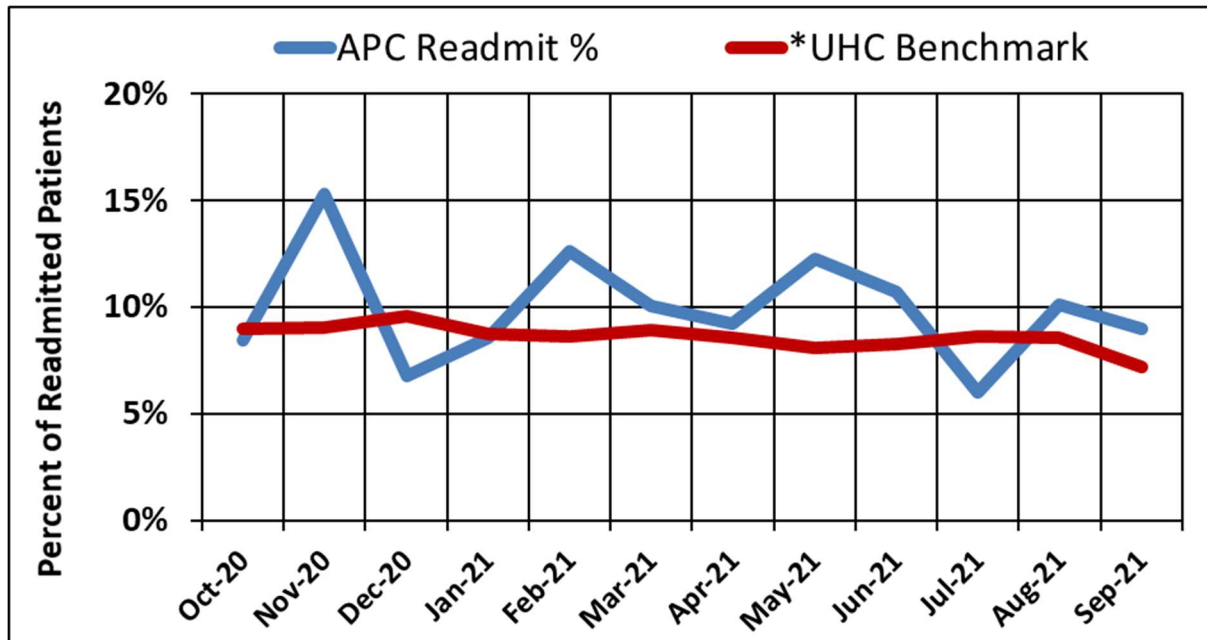

Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-20	54	3	**5.6%**	**6.3%**
Nov-20	41	2	**4.9%**	**7.2%**
Dec-20	62	3	**4.8%**	**6.0%**
Jan-21	49	4	**8.2%**	**6.4%**
Feb-21	67	5	**7.5%**	**6.1%**
Mar-21	79	7	**8.9%**	**6.5%**
Apr-21	61	2	**3.3%**	**7.8%**
May-21	64	1	**1.6%**	**6.2%**
Jun-21	45	3	**6.7%**	**5.6%**
Jul-21	54	3	**5.6%**	**6.7%**
Aug-21	49	3	**6.1%**	**5.8%**
Sep-21	72	1	**1.4%**	**7.3%**

*The University Health System Consortium ("UHC") Benchmark data is based upon only those UHC/Vizient Hospitals with a psychiatric patient volume or greater than the UNM Hospitals facility. Patient population for compare group defined as an assigned MDC code of 19 ("Mental Disease & Disorders) and age of < 18 years old.

30 Day Readmission Rate – Adult Psychiatric Center

There is a three (3) month delay in Vizient data, so statistics are one quarter behind.

Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-20	107	9	**8.4%**	**9.0%**
Nov-20	85	13	**15.3%**	**9.0%**
Dec-20	103	7	**6.8%**	**9.6%**
Jan-21	105	9	**8.6%**	**8.7%**
Feb-21	103	13	**12.6%**	**8.6%**
Mar-21	129	13	**10.1%**	**8.9%**
Apr-21	119	11	**9.2%**	**8.5%**
May-21	114	14	**12.3%**	**8.1%**
Jun-21	103	11	**10.7%**	**8.3%**
Jul-21	83	5	**6.0%**	**8.6%**
Aug-21	99	10	**10.1%**	**8.5%**
Sep-21	78	7	**9.0%**	**7.2%**

*The University Health System Consortium ("UHC") Benchmark data is based upon only those UHC/Vizient Hospitals with a psychiatric patient volume or greater than the UNM Hospitals facility. Patient population for compare group defined as an assigned MDC code of 19 ("Mental Disease & Disorders) and age of > 18 years old.

30 Day Readmission Rate – Both Adult and CPC Psychiatric Center

There is a three (3) month delay in Vizient data, so statistics are one quarter behind.
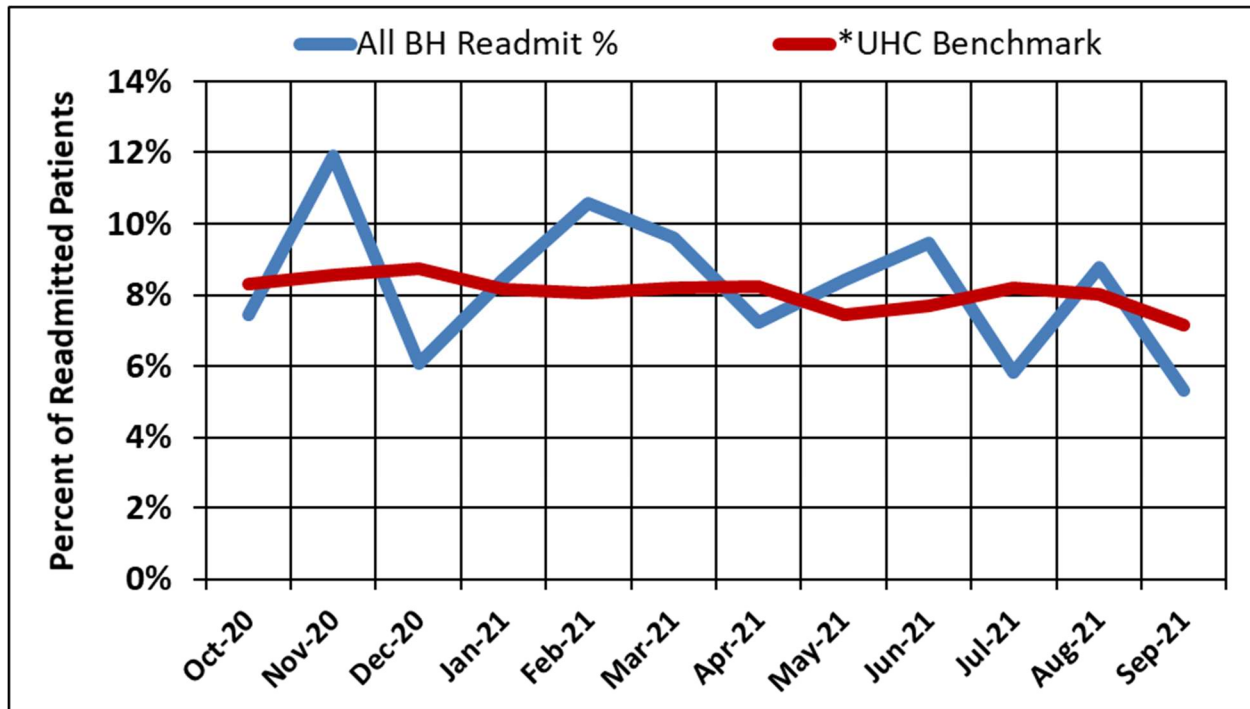

Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-20	161	12	7.5%	8.3%
Nov-20	126	15	11.9%	8.6%
Dec-20	165	10	6.1%	8.7%
Jan-21	154	13	8.4%	8.2%
Feb-21	170	18	10.6%	8.1%
Mar-21	208	20	9.6%	8.2%
Apr-21	180	13	7.2%	8.3%
May-21	178	15	8.4%	7.5%
Jun-21	148	14	9.5%	7.7%
Jul-21	137	8	5.8%	8.2%
Aug-21	148	13	8.8%	8.0%
Sep-21	150	8	5.3%	7.2%

*The University Health System Consortium ("UHC") Benchmark data is based upon only those UHC/Vizient Hospitals with a psychiatric patient volume or greater than the UNM Hospitals facility. Patient population for compare group defined as an assigned MDC code of 19.

Mill Levy Dollars Allocated to Behavioral Health

FY2021 BHO Mill Levy Operating Expense by Category (Audited)
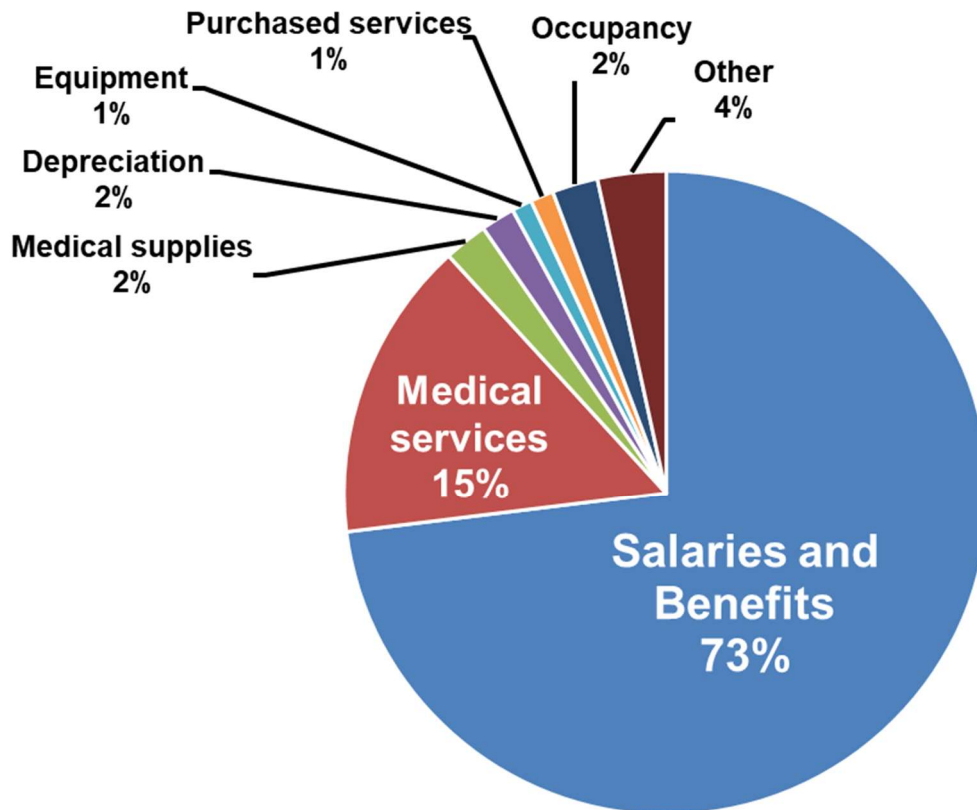
	FY2021
Salaries and Benefits	$ 12,287,888
Medical services	2,546,358
Medical supplies	368,137
Depreciation	286,806
Equipment	170,603
Purchased services	195,849
Occupancy	385,572
Other	578,655
Total Expense	**$ 16,819,867**

The Behavioral Health Mill Levy distribution is proportional to the Income Statement.

E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits

Native American Outpatient and ED Visits
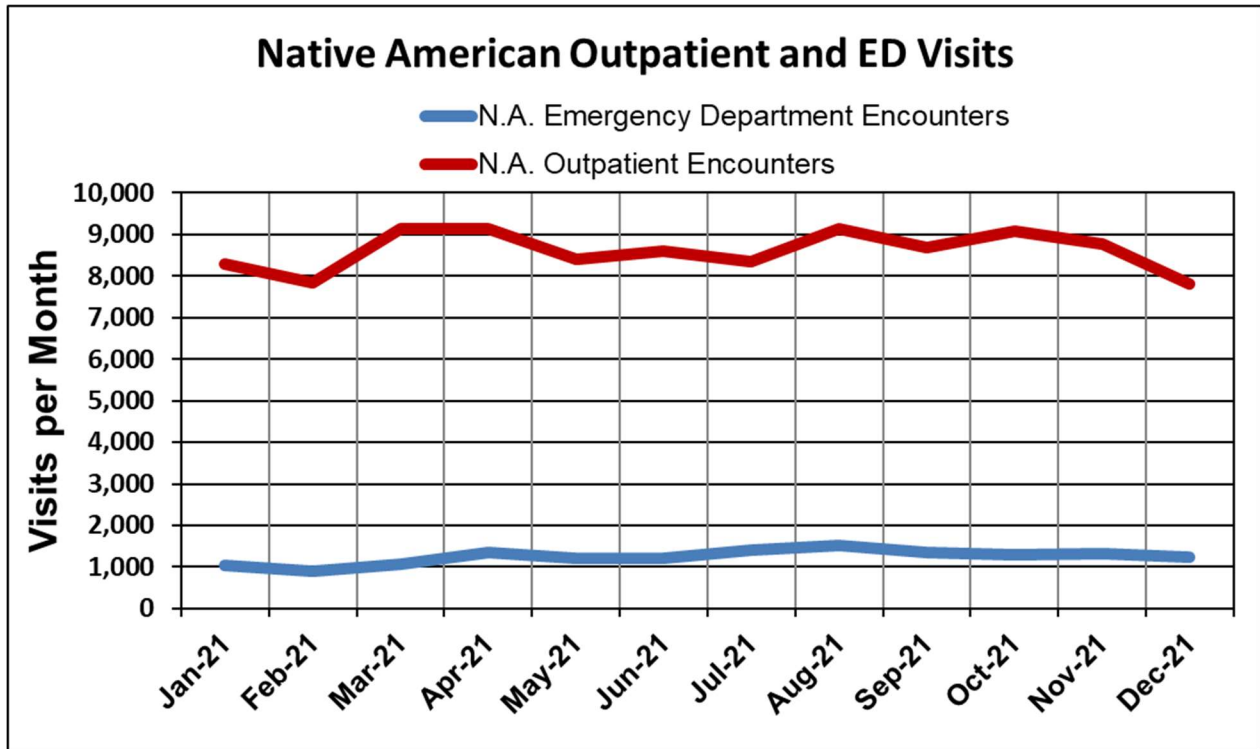
Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Jan-21	17	1,049	8,304
Feb-21	18	903	7,840
Mar-21	19	1,056	9,149
Apr-21	17	1,337	9,146
May-21	15	1,211	8,416
Jun-21	14	1,214	8,616
Jul-21	21	1,395	8,362
Aug-21	22	1,521	9,131
Sep-21	20	1,354	8,700
Oct-21	12	1,281	9,095
Nov-21	13	1,316	8,768
Dec-21	13	1,242	7,812

Native American Bed Days and Monthly Inpatient Census
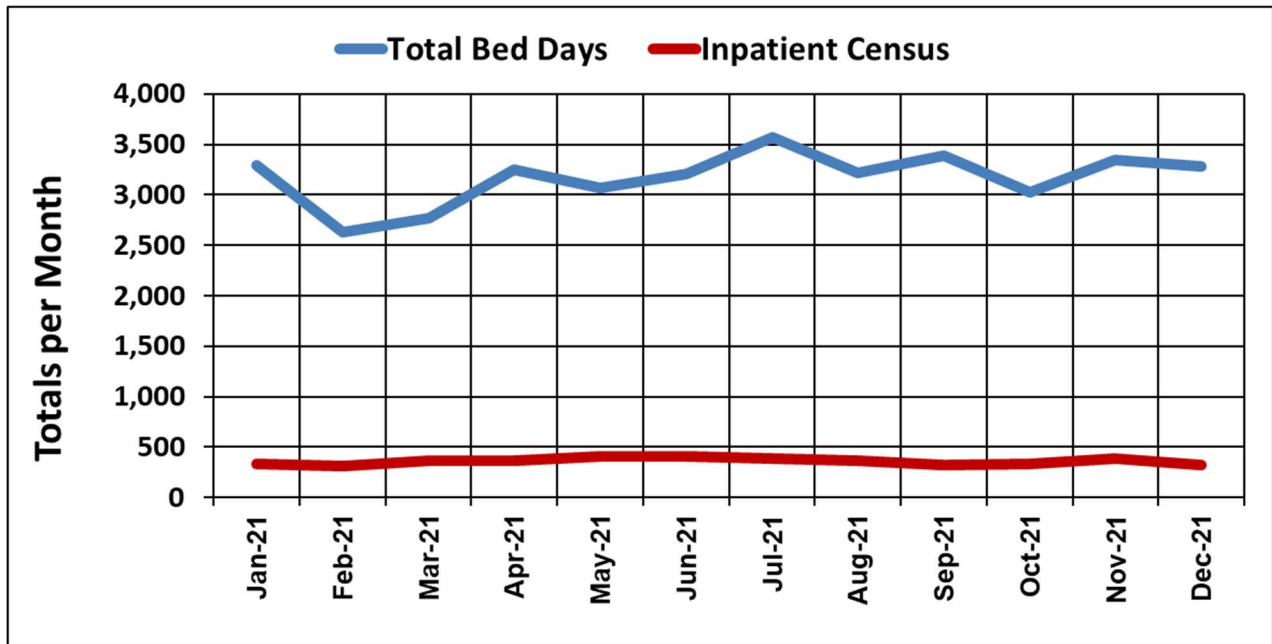
Month	Inpatient Admissions (Census)	Total Bed Days
Jan-21	335	3,294
Feb-21	310	2,628
Mar-21	362	2,765
Apr-21	361	3,253
May-21	413	3,069
Jun-21	404	3,212
Jul-21	382	3,567
Aug-21	368	3,221
Sep-21	322	3,388
Oct-21	338	3,025
Nov-21	386	3,351
Dec-21	327	3,280

Native American Encounter Distribution by Payor Group

The following summary of Native American encounters by payor group is based on the previous 12-month period.
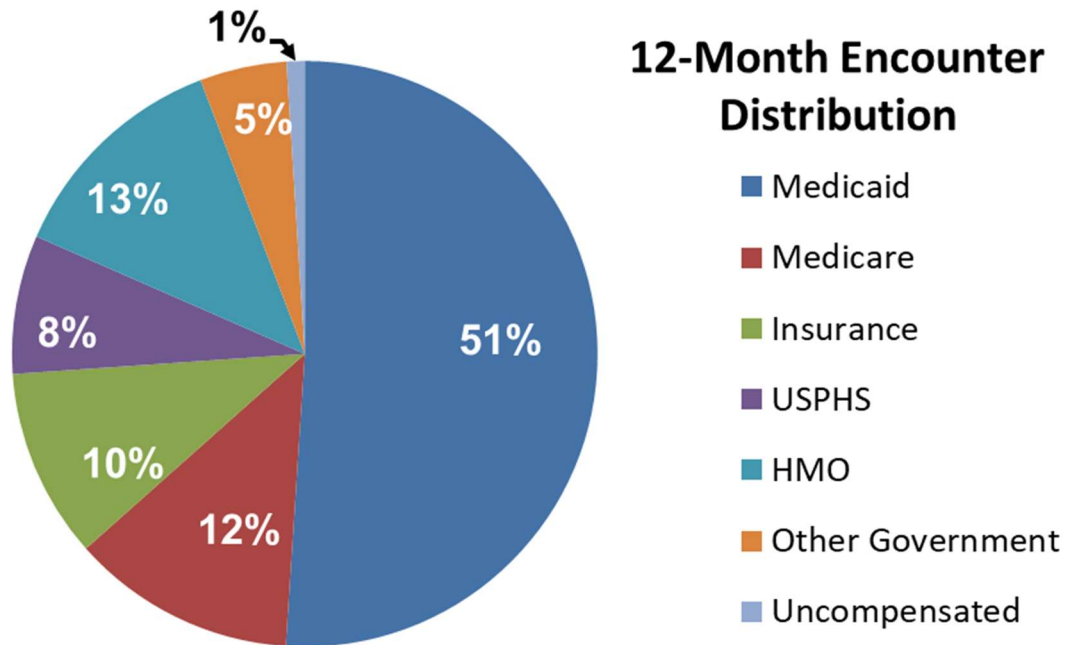
Month	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Jan-21	4,813	1,268	1,023	755	1,537	405	87
Feb-21	4,709	1,218	1,017	759	1,126	386	82
Mar-21	5,455	1,480	1,143	836	1,312	499	82
Apr-21	5,766	1,387	1,141	876	1,262	593	124
May-21	5,368	1,278	1,047	793	1,170	505	84
Jun-21	5,282	1,328	1,050	803	1,225	548	129
Jul-21	5,366	1,213	1,107	743	1,262	574	104
Aug-21	5,764	1,391	1,194	861	1,416	499	104
Sep-21	5,391	1,309	1,202	809	1,256	545	93
Oct-21	5,503	1,251	1,111	781	1,652	508	100
Nov-21	5,568	1,304	1,087	782	1,315	508	112
Dec-21	4,835	1,074	973	781	1,276	435	142
TOTAL	63,820	15,501	13,095	9,579	15,809	6,005	1,243
	51%	12%	10%	8%	13%	5%	1%

APPENDIX A

MOU Exhibit A Progress Updates

UNM Hospital Memorandum of Understanding with Bernalillo County
UNM/Bernalillo County MOU Deliverables Updated November, 2021

- Covenants:
  - UNMH will allocate at least 15% of the Mill Levy transferred from Bernalillo County to Behavioral Health.
  - UNMH will fund one or more navigational services and a transition planning and case management service (Re-entry Center) at $2,060,000 adjusted annually
  - UNMH will provide efforts in compliance with Exhibit A and B to the Lease MOU

Exhibit A – Reporting

Action Item	Implementation Status	
UNMH will report on a quarterly basis to the County Commission on the items identified in Exhibit B along with national benchmarks	Information requested by Bernalillo County is collected and reported in the Bernalillo County Quarterly Report.	
UNMH will establish mechanisms for public input on Board Committees including representation from the County and IHS consistent with existing Bylaws	Healthcare Taskforce workgroup established with community participation. Native American and Community Engagement Committees of the Board.	
UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives	UNMH completed the 2020 Community Health Needs Assessment with extensive community input in March 2020. Regular meetings with IHS and Bernalillo County.	
Enable the County and the IHS to have input to and comment on the goals for the upcoming year for each area outlined in Exhibit A	Bernalillo County, IHS and UNMH established Semi-Annual goals outlined in Exhibit C.	
UNMH will cooperate with the County's Behavioral Health Initiatives regarding evaluation of needed programs	UNMH is significantly involved in the planning for Behavioral Health Initiatives with the County.	
UNMH will obtain meaningful input to the UNMH Budget from Bernalillo County and IHS prior to the UNMH budget being adopted by the Hospital Board.	UNMH Currently holds periodic budget meetings with County Commissioners and quarterly meetings with IHS.	

Exhibit A - Accountability and Transparency

Action Item	Implementation Status	
UNMH will report on National Patient Safety Goals with Benchmark data.	This information is included in the Bernalillo County Quarterly Report.	
UNMH will provide reports on its financial audits to the County Manager and IHS, and shall participate in meetings as reasonably requested to discuss the information	Audits are provided to Bernalillo County and IHS. Quarterly Financial Information is part of the Quarterly Report.	
UNMH will provide financial information to the County Commission and IHS as to the expenditure of Mil Levy funding by UNMH department.	UNMH and Bernalillo County have developed a methodology for reporting Mil Levy funding by department. Reported as part of the Quarterly Report.	
UNMH will provide additional financial information as reasonably requested by the County Manager or IHS.	Ongoing per discussion topics and requests.	
UNMH will work with the County and IHS to update and change data reporting as requested on a frequency of not greater than semi-annually.	Data and program priorities reviewed and outlined in Exhibit C on a Semi Annual Basis.	
UNMH will publish the data reported to Bernalillo County on its public website unless prohibited by law.	Bernalillo County Report Financial Information, and Financial Audits are available on the UNMH website.	
UNMH will collect all Grievances regarding the patient payment polices and financial assistance programs and will report that information to the County and IHS on a quarterly basis.	Grievance information has been added to the quarterly report.	

Exhibit A – Primary Care

Action Item	Implementation Status	
UNMH will access its current primary care network with the intent to attempt to increase its number of primary care facilities by one per year over the next four (4) years	UNMH is working on new Primary Care access and has completed a survey to inform possible sites. Expanded access in progress for Lobocare and Senior Health.	🟨
UNMH will inform the County and IHS prior to any material change to coordinated care delivery programs with other community providers. UNMH will work to provide space to NM Department of Health Clinics at future UNMH Clinical sites.	UNMH continues to work to build community partnerships to increase access and to coordinate care. No new sites have been added to consider addition of DOH Clinics with Hospital sites.	🟩
UNMH will encourage and assist Bernalillo County Residents and Native Americans to access healthcare coverage	Ongoing outreach through the office of Native American Services at UNMH.	🟩
To reduce Emergency Room wait times UNMH will explore alternative care venues for care consistent with EMTALA	Active Transfer agreements allow UNM to move low acuity admits to SRMC and Lovelace; alleviates some ER congestion.	🟨
UNMH will coordinate with the County to make available secure parking and a secure entry for patients from the Metropolitan Detention Center (MDC)	Law enforcement parking dedicated at Psychiatric Emergency. MDC part of planning for new UNMH Tower.	🟩
UNMH will explore the use of Telemedicine Consultation between UNM HSC and the MDC	Possible discussion topic with new MDC vendor.	🟨
UNMH shall provide increased funding to recruit two physician specialists in areas most needed by Native Americans.	IHS continues to identify priority needs to UNMH at quarterly meetings.	🟩
UNMH will consult with the County, Albuquerque Public Schools and any tribal schools in Bernalillo County on the provision of medical and behavioral health for school based clinics. UNMH may collaborate with UNMMG or other providers as needed.	Initial discussion with Bernalillo County on current school based services currently on hold based on COVID-19.	🟨

Exhibit A – Financial Assistance

Action Item	Implementation Status	
UNMH will maintain the current Financial Assistance policy as it relates to Native Americans. Any proposed changes will discussed with IHS prior to the change.	UNMH continues to offer financial assistance for Native Americans with no proposed changes.	
UNMH will adopt patient payment policies and financial assistance program policies that are designed to improve access to healthcare services	UNMH Financial Assistance policies developed and approved by Board in October 2021 including coverage for undocumented patients and elimination of copayments.	
UNMH's financial assistance program will offer financial assistance to medically necessary care for low income patients at UNMH facilities	UNMH Financial Assistance and other programs continue in place with expansion of undocumented patients.	
UNMH will endeavor to assure that any fees, down payments, or co-payments for medically necessary care will be reasonably related to income.	Financial Policy Revisions in October 2021 eliminated all required copayments for patients on financial assistance.	
UNMH will establish patient payment policies for low income patients who are not financial assistance-eligible that do not create a material barrier to such patients' access to medically necessary care.	Financial Assistance program changes approved in October 2021 allowing for coverage of undocumented patients. The change was effective 7/1/2021.	
Patients with income levels that do not meet the requirements for financial assistance or other programs will be given the opportunity to establish re-payment plans which are reasonably related to income.	Patients have the opportunity to create repayment plans with Patient Financial Services.	
UNMH will make reasonable efforts to notify patients with outstanding bills of their right to seek financial assistance or to establish payment plans	Patient bills have information incorporated in them on how to contact financial assistance. Patients also receive other notifications at the time of services.	

Exhibit A – Financial Services

Action Item	Implementation Status	
UNMH will subject to CMS regulations assure that no indigent patient is sent to collections.	Implemented with 2015 policy change. UNMH monitors on ongoing basis.	🟩
UNMH will work with other component entities of the UNMH Health System to look at producing one consolidated bill for services.	UNMH working on tools to have consolidated account information across entities.	🟥
UNMH will coordinate and consult with community organizations and the County to maximize outreach to patients needing financial assistance or having difficulty accessing insurance or Medicaid including those released from incarceration.	UNMH currently works with various community navigator groups around financial assistance issues.	🟩
UNMH will assist the County in Coordinating Care for individuals released from incarceration.	UNMH continues to operate the Fast Track Program and provides discharge planning at MDC and the RRC.	🟩

Exhibit A – Native Americans

Action Item	Implementation Status	
UNMH shall develop a written methodology related to the 100 bed language in the Federal Contract.	UNMH Board has approved the Pueblo Preference Policy related to the Federal Contract language.	🟩
UNMH will provide care to Native Americans consistent with the Federal Contract.	Access to some services remains challenging. UNMH continues to work on improving wait times.	🟩
UNMH will evaluate and improve Native American access to specialty clinics.	Access to specialty care continues to be an issue. Progress made in some areas.	🟨
UNMH will consult with IHS to review compliance with the Federal Contract and for the provision of needed additional services and Native American Service priorities.	Quarterly Federal Contract meetings with IHS.	🟩
UNMH will complete an evaluation of how to sustain and improve Native American healthcare services in primary and specialty care clinics operated by UNMH. The evaluation will be presented to the County and IHS.	Reporting has been reviewed with APCG and IHS as part of quarterly meetings. Data updated quarterly.	🟩
UNMH will establish written procedures for the identification of Native Americans and will ensure Native American patients receive any financial assistance for which they are eligible.	Ongoing through office of Native American Health Services and Financial Services.	🟩

Exhibit A - Behavioral Health

Action Item	Implementation Status	
UNMH will work with the SOM to provide medical staff for the MDC Triage Center and will provide case management services for the RRC.	UNMH is staffing the RRC in conjunction with the pathways program.	(green)
UNMH will evaluate the expansion of Behavioral Health services within its own operation and with other community providers	UNMH has worked with the County on service expansion at the Care Campus and is in the process of Development of a Crisis Center at UNM including expanded PES capacity.	(green)
UNMH shall engage with County and IHS on the programming and design of future space for UNMH Behavioral Health Services including Crisis Services.	UNMH and Bernalillo County are actively working on short and long-term planning on crisis services.	(green)
Any changes impacting integrated behavioral health and primary care integrated services or peer services will be discussed with the County and IHS prior to implementation	No current planned changes with these services.	(green)
UNMH will evaluate the ability to provide identifiable patient information to first responders consistent with applicable laws.	MOU completed with City related to providing information to APD Crisis response from Psychiatric Emergency Services.	(green)
Evaluate the viability of expanding behavioral health services in school based clinics	TBD on hold based on COVID-19.	(yellow)
UNMH will evaluate the possible provision of expanding existing BH services or new programs in a wide range of service categories.	UNMH continues to evaluate service expansion within provider availability.	(yellow)
UNMH will evaluate data sharing with the County for analyzing outcome data for behavioral health patients and to track utilization of behavioral health patients across programs consistent with State and Federal law.	Legal issues created by New Mexico Mental Health code limit providing identifiable information.	(yellow)

APPENDIX B

UNM Hospital Semi-Annual Report on the Status of Deliverables

Period October 2021 – March 2022
UNM Lease MOU with Bernalillo County - Exhibit C

The following semi-annual goals are prepared in response to Exhibit A, item A4 that enables Bernalillo County and the Indian Health Services to have input and to comment on the semi-annual goals for each section of Exhibit A. (Priorities from previous period are continued forward after all parties reviewed 10/2021)

Exhibit A Reporting Area - Reporting and Interaction

Semi - Annual Focus Areas October 2021 - March 2022	Status Update as of October 21
A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.	The UNMH Community Health Needs Assessment was completed in the spring of 2020 and is available online at: https://hsc.unm.edu/health/about/community-health-needs-assessment.html UNMH has established meetings with Community Stakeholders that served on the Bernalillo County Lease Taskforce to discuss status of deliverables under the lease and to discuss other topics of concern from the group. The group continues to meet bi-monthly
A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.	IHS, UNMH and Bernalillo County have established a small working group with representatives from the three organizations to meet periodically around programmatic public and community health initiatives.
A.6 UNMH will establish procedures related to it budget development, which will allow meaningful input into the budget by the County and IHS.	UNMH established budget planning meetings with both the County and IHS for updates and input related to the Budget and Capital process for the new Hospital Tower.

Exhibit A Reporting Area - Accountability and Transparency

Semi - Annual Focus Areas October 2021 - March 2022	Status Update as of October 21
B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.	UNMH continues to produce the Bernalillo County Quarterly Report outlining patient safety, quality, operational and financial data with corresponding benchmark data where available. The report is provided to Bernalillo County, IHS and APCG. The report is publically available on the UNMH and Bernalillo County Websites.
B.4 UNMH will provide financial information to the County Commission and IHS as to the expenditure of mill levy finding by UNMH Departments.	UNMH currently published financial, quality and operational data on the UNMH intranet site that include mill levy funding by department as part of the Bernalillo County Quarterly Report. The format and information were agreed to by Bernalillo County.
B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.	Bernalillo County Quarterly Reports are available online at: https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html

Exhibit A Reporting Area - Primary Care

Semi - Annual Focus Areas October 2021 - March 2022	Status Update as of October 21
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	UNMH is in the process of working with a consulting group around recommendations to expand throughput and capacity in our primary and specialty clinics. UNMH is working on opening a new clinic site in Uptown and also a multispecialty clinic in Gallup. UNMH is also doing a survey of primary care needs in Bernalillo County. UNMH offers financial assistance through the UNM Care and other programs to patients. UNMH is moving forward with the New Tower Project to expand Access to Critical Care, Trauma, Surgical and other inpatient services for patients.
C.7 UNMH shall provide increased funding to either the UNM School of Medicine or UNM Medical Group to recruit and retain specialist for a minimum of two medical specialties most needed by Native Americans.	UNMH continues to discuss need specialty access at ongoing quarterly lease compliance meetings with representation from IHS and the Tribes. Reporting is provided quarterly on access and services to Native Americans.

Exhibit A Reporting Area - Native American Care

Semi - Annual Focus Areas October 2021 - March 2022	Status Update as of October 21
E1. UNMH in collaboration with the IHS, the All Pueblo Council of Governors and the county shall develop a written methodology acceptable to the parties on the 100 bed Native American patients' provision in the Federal Contract.	UNMH in conjunction with the All Pueblo Council of Governors and with review by IHS has developed an operational guideline for addressing access issues for Native American patients under the requirements of the Federal Contract. UNMH has started reporting Inpatient Utilization by tribe at the request of IHS.
E.4 UNMH will consult with the IHS to review compliance with Federal Contract and for the provision of additional services, the quality of care for Native Americans, and priorities for additional services.	UNMH has ongoing quarterly operational meetings with IHS to discuss compliance with the Federal Contract and operational issues affecting Native Americans. UNMH also participates in Semi-annual Consultations with IHS and the APGC.
E.5 UNMH will evaluate the opportunity to sustain and improve healthcare services available to Native Americans.	UNMH meets with the IHS quarterly to review utilization and access data for Native American patients and to discuss opportunities for improved performance. Reporting on access and utilization by tribe is provided as a part of these meetings.

Exhibit A Reporting Area - Behavioral Health Services

Semi - Annual Focus Areas October 2021 - March 2022	Status Update as of October 21
F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.	UNMH continues to provide staffing for discharge planning activities for the MDC and to assist with staffing the Resource Re-entry Center. This group focuses on identification of high needs patients with behavioral health issues.
F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.	UNMH is currently working on expanded Behavioral Health programing within the UNMH infrastructure in the forms of health home implementation, Crisis Triage Center Development with the County and expanded Psychiatric Emergency Capacity.

UNMH also continues to work with the County to expand Behavioral Health services at the Cares Campus and is near completion of schematic design on the Crisis Center at UNMH. |

Exhibit A Reporting Area - Impact of COVID-19

Semi - Annual Focus Areas October 2021 - March 2022	Status Update as of October 21
Operational Note.	During this period all areas of the Hospital were impacted by ongoing capacity challenges from delayed procedures, COVID-19 patients and other factors.