



QUARTERLY REPORT September, 2021

Bernalillo County Commissioner Trend Report

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A. ACCOUNTABILITY

Balance Sheet

Statements of Net Position

(In Thousands)

Assets	September 2021	unaudited June 2021*
Cash and marketable securities	\$ 263,437	\$ 289,487
Cash restricted by management for capital replacement	143,000	138,000
Cash restricted for donor specified expenses	18,609	19,072
Cash restricted for capital appropriation	3,989	8,033
Cash restricted for Medicare advance payment program***	59,131	69,713
Cash restricted by Mgmt for capital initiatives	38,042	23,558
Patient receivables, net	162,390	148,942
Other receivables and current assets	164,602	129,107
Capital initiatives receivable	116,000	146,000
Capital assets, net	287,474	272,211
Restricted for mortgage reserve, bonds	20,364	18,169
Other noncurrent assets	40,481	39,459
Total assets	1,317,519	1,301,751
Liabilities		
Accounts payable	59,261	60,631
Payable to related parties (UNM)	76,891	38,284
Interest payable bonds	744	74
Mortgage Payable - NHT	16,222	-
Medicare advance payment program	59,131	69,713
Other accrued current liabilities	157,008	191,263
Bonds payable, non current	74,250	74,250
Other long term liabilities	11,388	11388
Total liabilities	454,895	445,603
Net Position		
Restricted for expendable grants, bequests, and contributions	18,609	19,072
Restricted capital appropriation	3,989	8,033
Restricted by management for capital replacement	259,000	284,000
Restricted for trust indenture and debt agreement	20,364	18,169
Assets invested in capital	207,119	191,856
Unrestricted from operations	353,543	335,018
Total net assets	\$ 862,624	\$ 856,148
Current Ratio	1.89	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 three (3) months ended September 30, 2021

<i>(In Thousands)</i>	<u>September</u>
Operating revenues:	
Net Patient Service	\$ 316,974
Other	15,102
Total Operating Revenues	<u>332,076</u>
Operating expenses:	
Employee Compensation and Benefits	167,488
UNM School of Medicine Medical Services	43,929
Medical Services Oncology	8,609
Medical Services non-SOM	11,088
Medical Supplies	46,151
Oncology Drugs	12,895
Occupancy/Equipment	17,923
Depreciation	8,532
Purchased Services	18,427
Health System Expenses	4,181
Gross Receipts Tax	6,590
Other	4,401
Total Operating Expenses	<u>350,214</u>
Operating loss	<u>(18,138)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	27,676
State Appropriation	3,326
Interest Expense	(669)
Other Revenue and (Expense)	(5,719)
Net Nonoperating Revenues	<u>24,614</u>
Total Increase in Net Assets	<u>6,476</u>
Net Assets Reserved for capital assets*	\$ (5,000)
Net Assets Available for operations*	<u>\$ 1,476</u>

* Presentation has been adjusted from GAAP to reflect sources and uses consistent with operational intent.

Mill Levy Distribution Detail by Department FY2021

UNMH Mill Levy Spending Allocation Non-clinical Exp Support FY2021

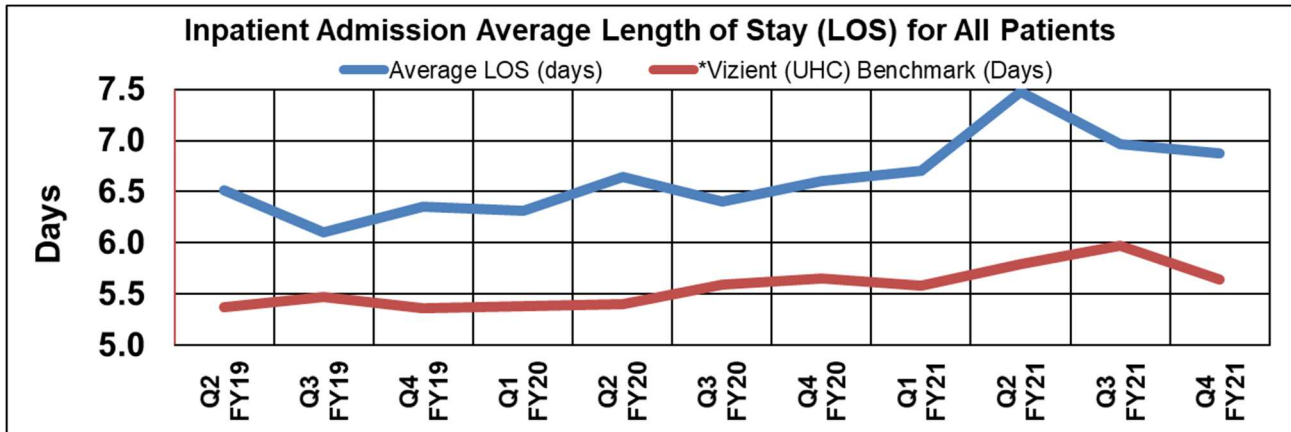
(Unaudited)

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

Note: 15% of the Mill Levy is allocated to Behavioral Health (see p42)

UNMH - 85%	
Mill Levy	\$ 95,312,579
Expenses	Total Spending
<i>Facilities</i>	
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
<i>Information Technology</i>	
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
<i>Revenue Cycle</i>	
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
<i>Other</i>	
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

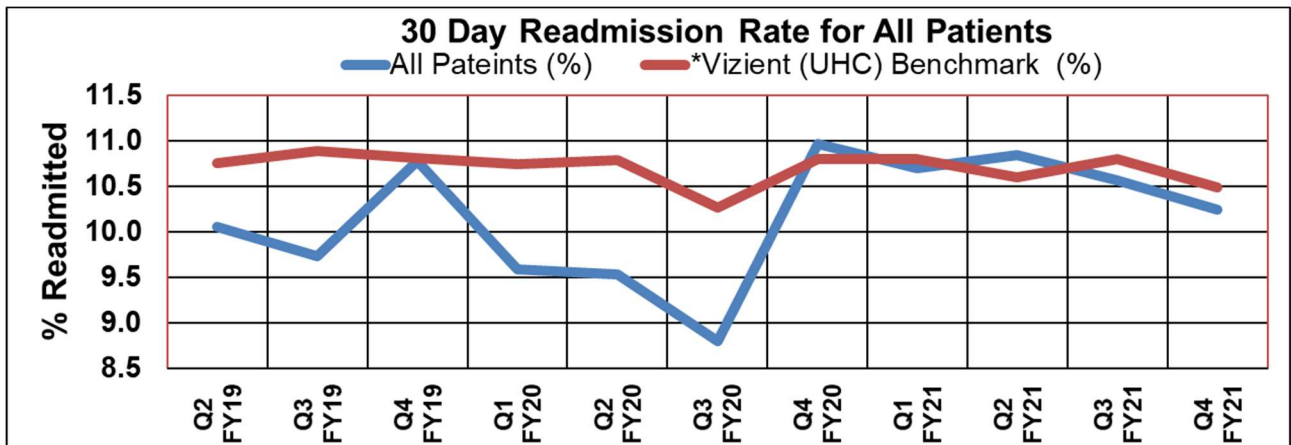
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
Average LOS (days)	6.51	6.10	6.35	6.31	6.65	6.40	6.61	6.71	7.48	6.97	6.88
*Vizient (UHC) Benchmark (Days)	5.37	5.47	5.36	5.38	5.40	5.59	5.65	5.58	5.79	5.97	5.64

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

30 Day Readmission for All Patients

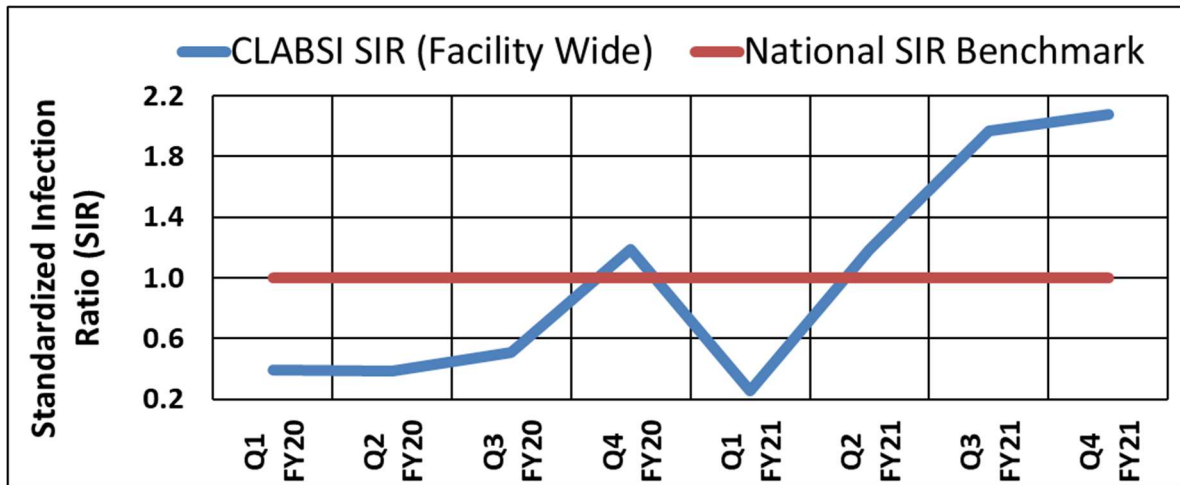


Fiscal Quarter	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
All Patients (%)	10.06	9.74	10.78	9.59	9.54	8.80	10.97	10.70	10.85	10.57	10.25
*Vizient (UHC) Benchmark (%)	10.76	10.89	10.81	10.75	10.79	10.27	10.80	10.80	10.60	10.80	10.49

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

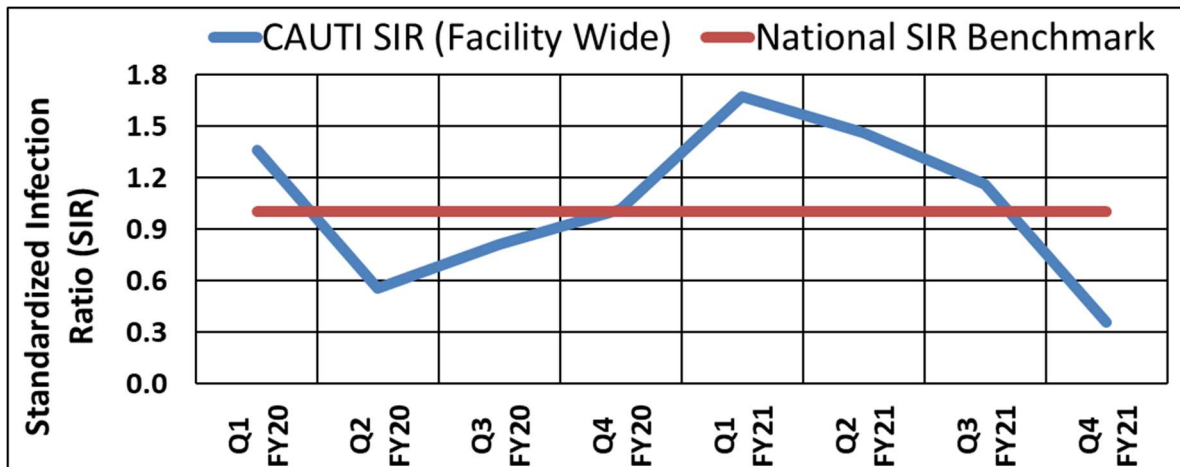
*Vizient, Inc. (formerly, "UHC") is an alliance of the nation's leading academic medical centers ("AMCs") and associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
CLABSI SIR (Facility Wide)	0.39	0.39	0.51	1.19	0.26	1.19	1.97	2.08
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	4	4	5	12	3	10	14	4
*NHSN Expected	10.2	10.4	9.9	10.1	11.4	12.4	7.1	1.9

Catheter Associated Urinary Tract Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
CLABSI SIR (Facility Wide)	0.39	0.39	0.51	1.19	0.26	1.19	1.97	2.08
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	4	4	5	12	3	10	14	4
*NHSN Expected	10.2	10.4	9.9	10.1	11.4	12.4	7.1	1.9

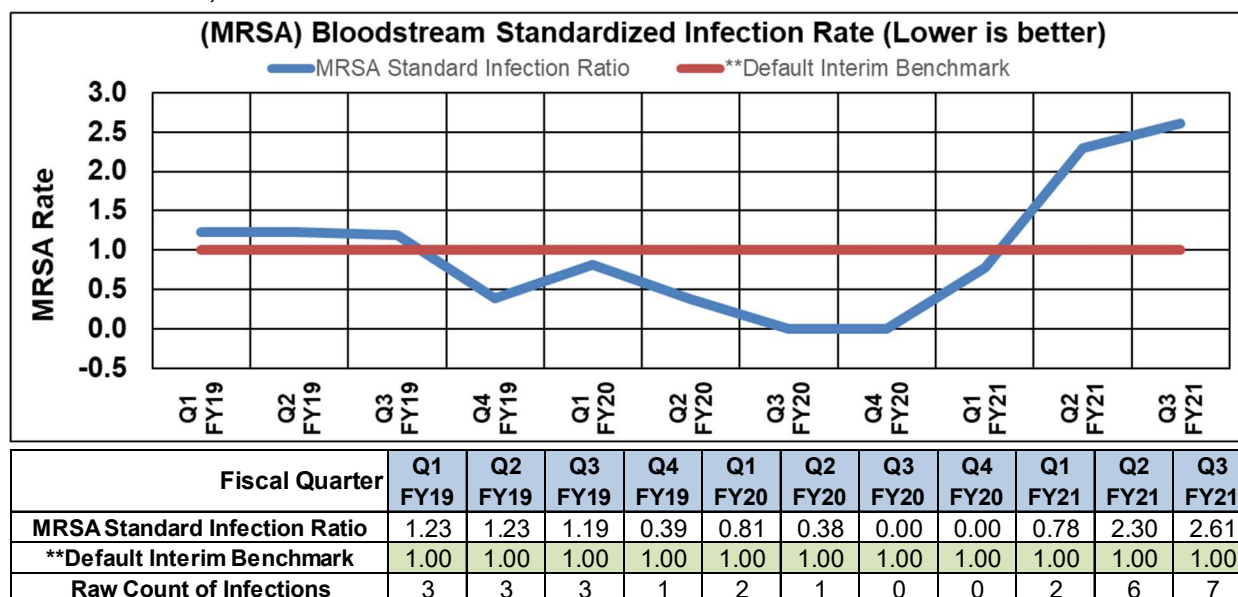
*NHSN = National Healthcare Safety Network.

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

Due to the COVID-19 impact, the Catheter data is delayed by one quarter.

MRSA Bloodstream Standardized Infection Rate

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



Due to the COVID-19 impact, the 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 September 30, 2021

FY22 Projected is based on the previous twelve (12) months ended September 30, 2021

Inpatient Days	FY21 Actual	FY22 Actual YTD	FY22 Projected
Adult	131,400	35,566	135,580
Pediatric	35,774	10,032	37,136
Newborn	4,498	1,263	4,607
Total Inpatient Days	171,672	46,861	177,323

Nursing Hours of Care

	FY2020 Actual	FY2021 June	FY2022 August
UNMH Nursing Hours of Care Per Patient*	16.75	17.42	15.72

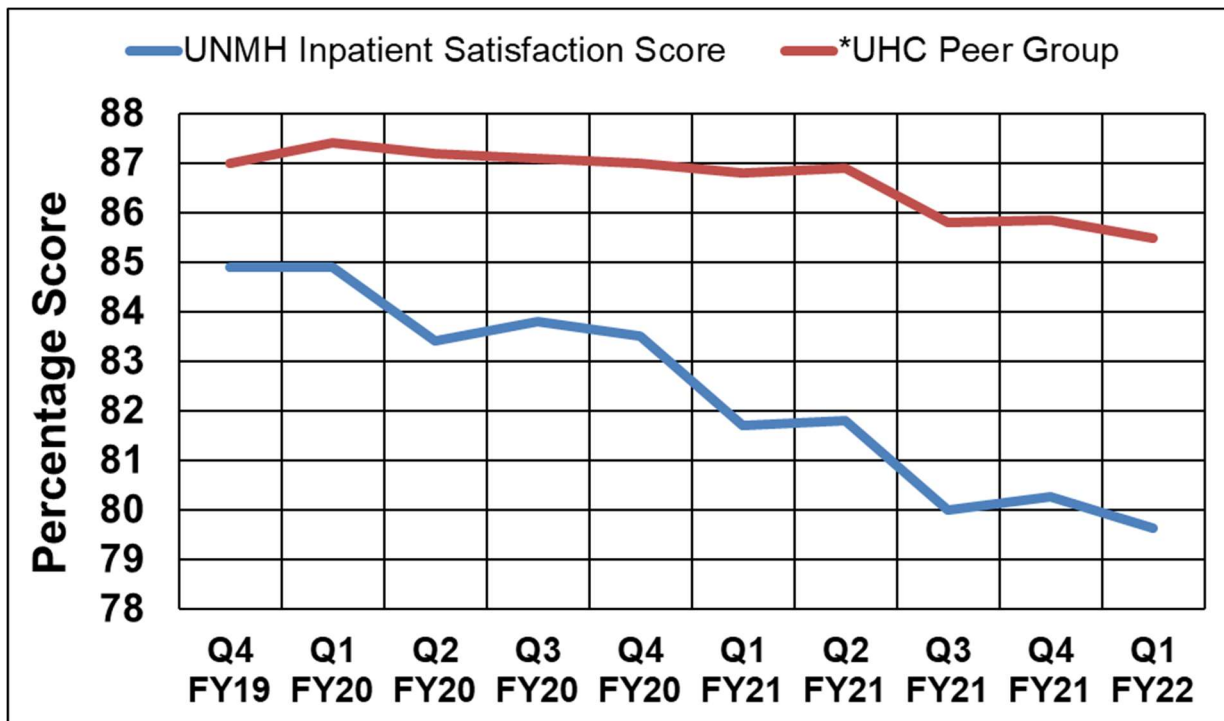
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2021	Number of FTES as of September, 2021	FY2022 Hires (Headcount)	FY2022 Terms (Headcount)	Rolling Retention Rate
RN's	1,963	1,918	52	118	79.4%
*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%.

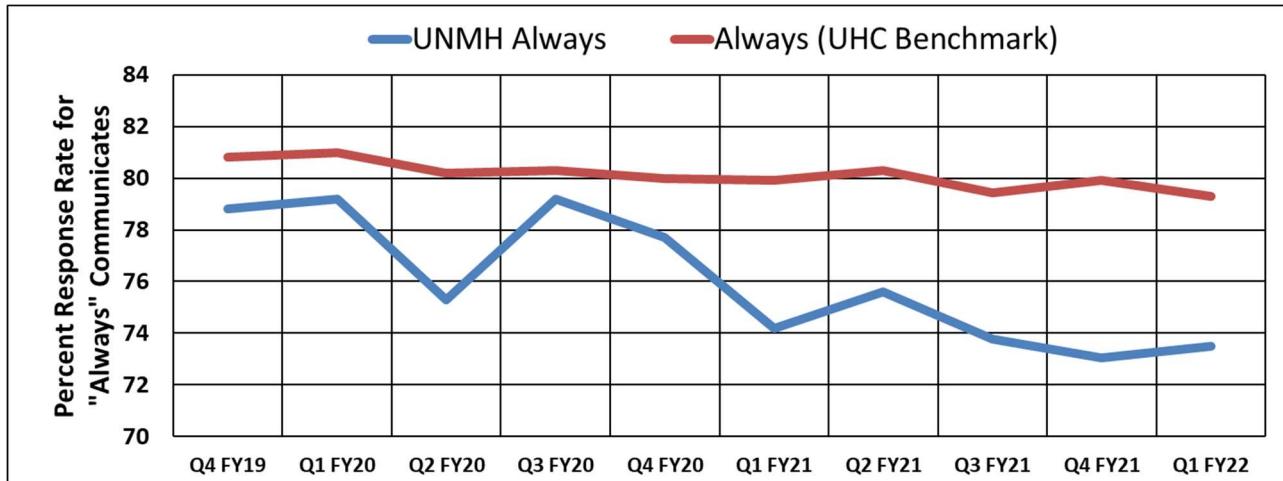
Press Ganey Inpatient Satisfaction Score



Quarter	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
UNMH Inpatient Satisfaction Score	84.9	84.9	83.4	83.8	83.5	81.7	81.8	80.0	80.3	79.6
*UHC Peer Group	87.0	87.4	87.2	87.1	87.0	86.8	86.9	85.8	85.9	85.5

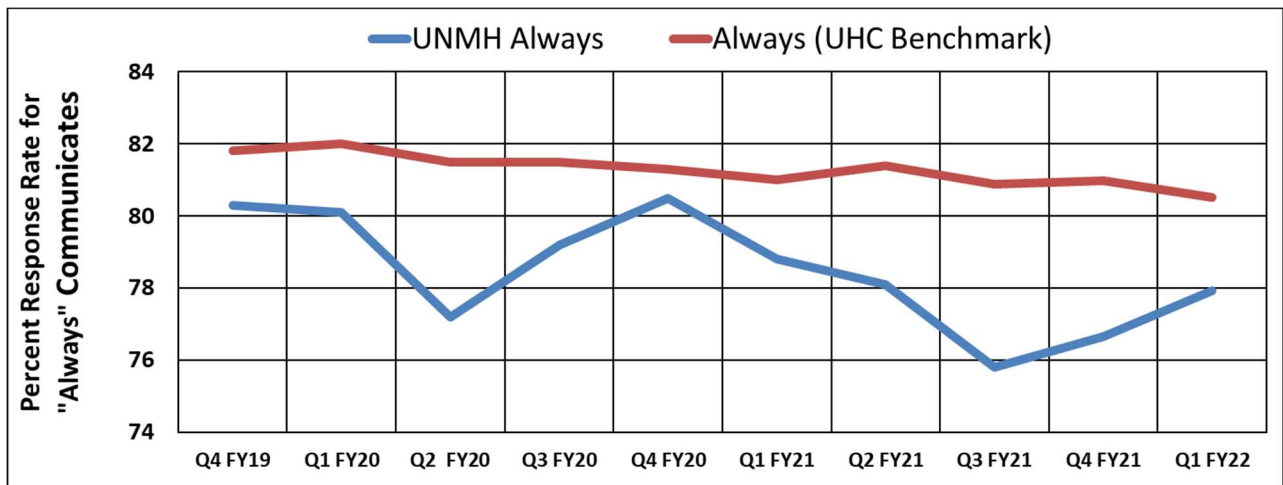
*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

HCAHPS Satisfaction – Communications with Nurses



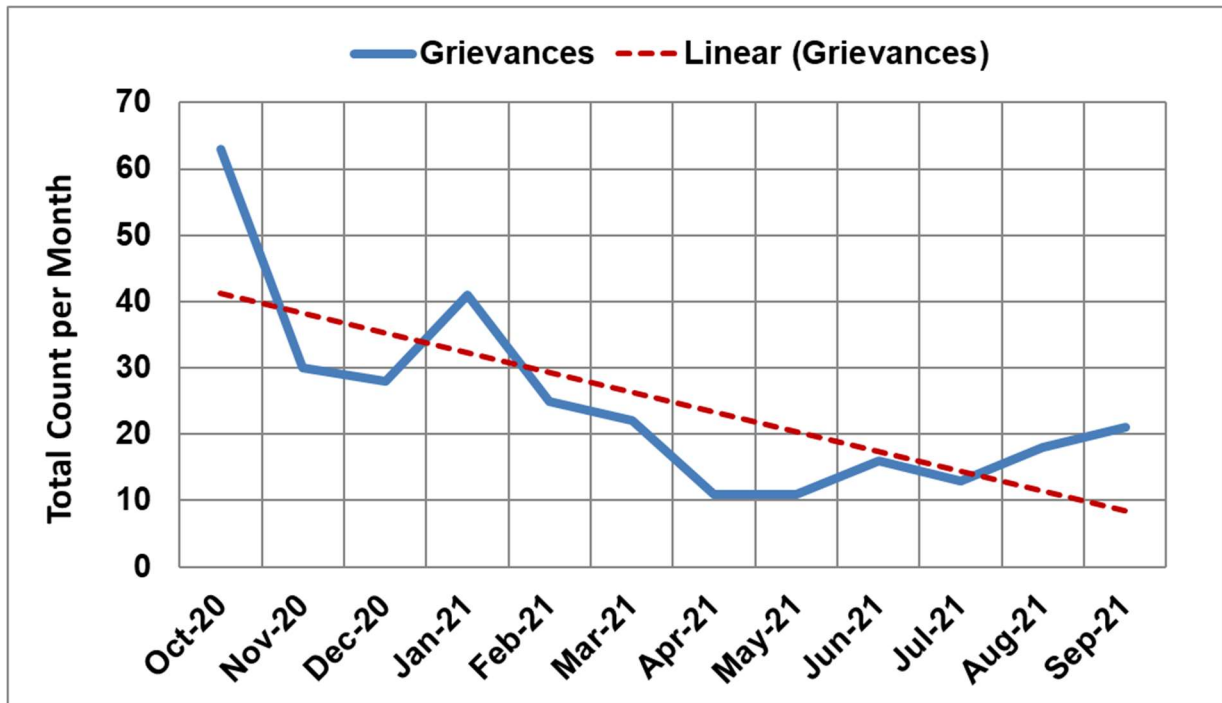
Communication with Nurses	Response	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
H-COMP-1-A-P	UNMH Always	78.8	79.2	75.3	79.2	77.7	74.2	75.6	73.8	73.0	73.5
H-COMP-1-U-P	UNMH Usually	16.9	16.7	19.5	15.6	16.9	17.4	18.1	19.7	19.2	18.4
H-COMP-1-SN-P	UNMH Sometimes/Never	4.3	4.1	5.2	5.1	5.4	8.5	6.3	7.2	7.7	8.1
UHC Benchmark	Always (UHC Benchmark)	80.8	81.0	80.2	80.3	80.0	79.9	80.3	79.5	79.9	79.3

HCAHPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
H-COMP-2-A-P	UNMH Always	80.3	80.1	77.2	79.2	80.5	78.8	78.1	75.8	76.7	77.9
H-COMP-2-U-P	UNMH Usually	15.1	15.8	16.9	15.9	13.4	15.3	14.7	17.3	17.5	15.8
H-COMP-2-SN-P	UNMH Sometimes/Never	4.6	4.1	5.9	4.9	6.2	5.9	7.2	6.9	5.9	6.3
UHC Benchmark	Always (UHC Benchmark)	81.8	82.0	81.5	81.5	81.3	81.0	81.4	80.9	81.0	80.5

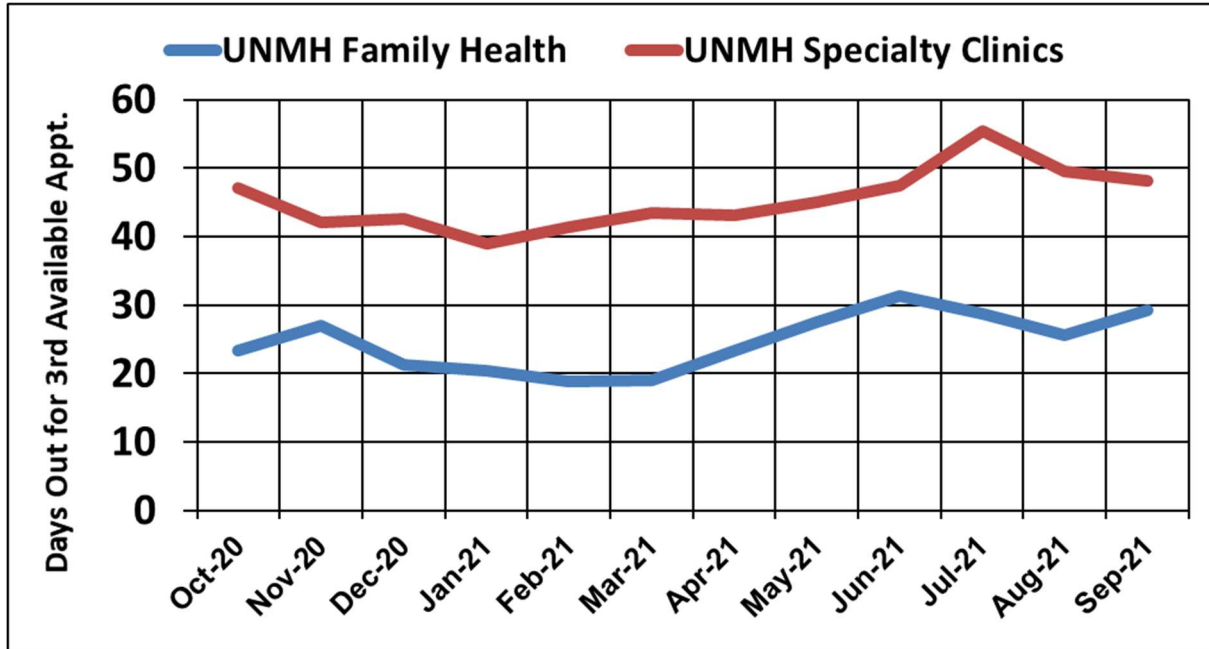
Grievances



Month-Year	Grievances
Oct-20	63
Nov-20	30
Dec-20	28
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

Average time for an Appointment for Primary and Specialty Care

Average 3rd Next Available* Day out for Appointments.

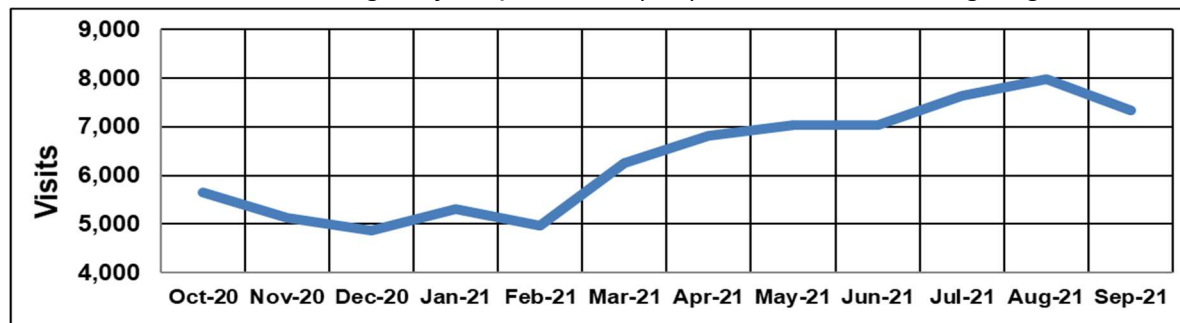


Month	UNMH Family Health	UNMH Specialty Clinics
Oct-20	23.3	47.1
Nov-20	27.0	42.1
Dec-20	21.2	42.7
Jan-21	20.4	38.9
Feb-21	18.8	41.3
Mar-21	19.0	43.5
Apr-21	23.3	43.1
May-21	27.6	45.0
Jun-21	31.4	47.4
Jul-21	28.7	55.5
Aug-21	25.5	49.5
Sep-21	29.3	48.2

* "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

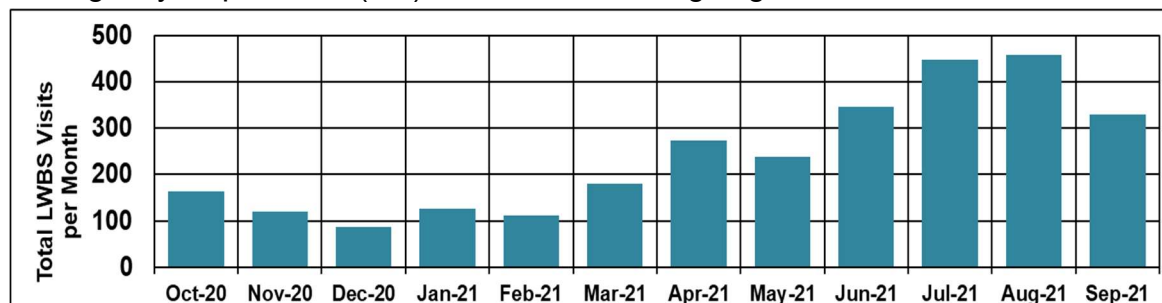
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Visits	5,650	5,120	4,862	5,300	4,975	6,261	6,826	7,029	7,040	7,647	7,991	7,337

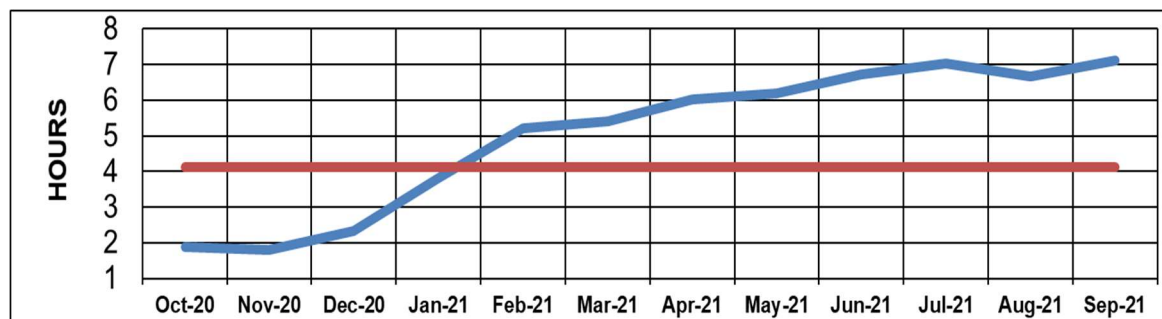
Total ED Patients Left without Being Seen

Patients who “Left Without Being Seen” (LWBS), including all Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
UH LWBS	163	120	86	126	112	180	273	238	346	447	458	329

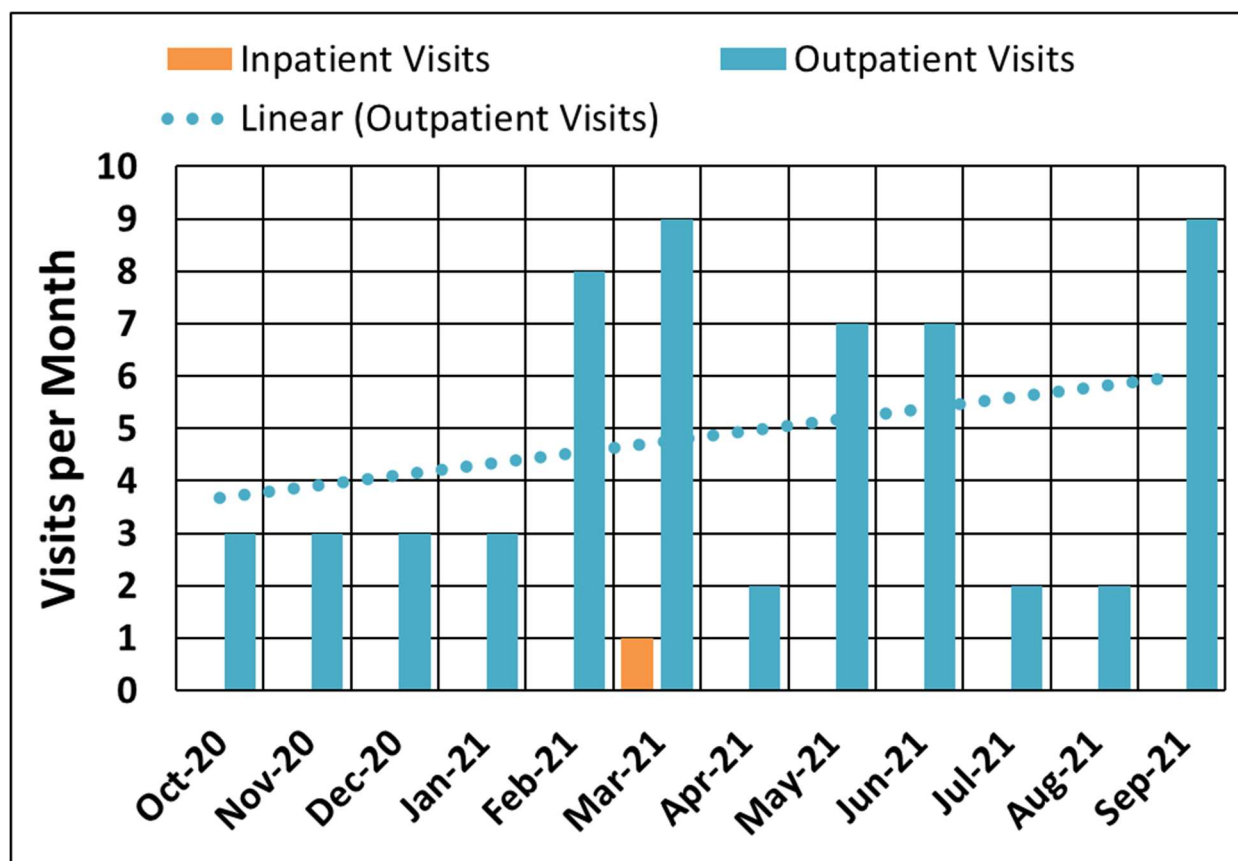
ED Average Hours from Arrival to Disposition



Month	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Arrival to Disposition	1.87	1.79	2.33	3.81	5.22	5.42	6.03	6.18	6.73	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
Oct-20	0	3
Nov-20	0	3
Dec-20	0	3
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	9

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 three (3) months ended September 30, 2021, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	3,836
EMSA	69
IHS	837
Medicaid	69,328
Medicare	68,464
Uninsured	9,817
HMO's & Insurance	61,541
All Other *	13,145
Total Encounters	227,037
Native American Encounters **	27,848

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 three (3) months ended September 30, 2021, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 8,807,203	\$ 3,987,974	\$ 12,795,178
Catron	7,762	3,954	11,716
Chaves	142,471	4,011	146,482
Cibola	105,474	36,155	141,629
Colfax	12,114	93	12,206
Curry	40,140	1,562	41,702
De Baca	-	-	-
Dona Ana	323,334	16,847	340,181
Eddy	66,348	23,416	89,764
Grant	19,918	6,580	26,498
Guadalupe	5,605	2,224	7,829
Harding	-	-	-
Hidalgo	126	84	210
Lea	1,605	18,359	19,964
Lincoln	56,464	1,123	57,588
Los Alamos	3,217	126	3,343
Luna	80,104	662	80,766
Mc Kinley	138,089	31,428	169,517
Mora	39,171	-	39,171
Otero	20,261	3,446	23,707
Quay	1,397	3,905	5,302
Rio Arriba	150,902	7,406	158,308
Roosevelt	15,833	1,790	17,622
San Juan	202,281	13,539	215,820
San Miguel	40,505	17,431	57,937
Sandoval	585,196	256,997	842,192
Santa Fe	180,460	141,279	321,739
Sierra	1,636	889	2,525
Socorro	76,768	27,342	104,109
Taos	30,260	3,189	33,448
Torrance	64,410	57,581	121,991
Union	17,188	57	17,244
Valencia	1,086,029	325,981	1,412,010
Out Of State	-	734,759	734,759
Grand Total	\$ 12,322,269	\$ 5,730,186	\$ 18,052,455

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 three (3) months ended September 30, 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	\$35,470	29	\$ 8,290	31	\$ 43,760
87022	2	1,428	31	6,756	33	8,184
87047	5	31,114	69	14,737	74	45,852
87059	8	13,583	141	20,148	149	33,731
87101	-	-	2	2,766	2	2,766
87102	46	381,548	1,031	351,886	1,077	733,434
87103	-	-	9	5,382	9	5,382
87104	16	69,038	322	39,447	338	108,485
87105	104	921,608	2,805	1,044,050	2,909	1,965,658
87106	39	366,411	939	359,505	978	725,916
87107	39	397,946	975	278,746	1,014	676,691
87108	96	669,024	1,729	683,906	1,825	1,352,929
87109	53	289,766	814	179,037	867	468,803
87110	43	238,279	1,020	277,225	1,063	515,504
87111	31	106,154	920	171,660	951	277,813
87112	39	119,447	1,109	229,422	1,148	348,869
87113	15	40,496	251	114,139	266	154,634
87114	42	124,847	1,033	326,657	1,075	451,504
87115	-	-	-	-	-	-
87116	2	1,372	27	8,300	29	9,673
87117	-	-	2	532	2	532
87119	-	-	14	733	14	733
87120	50	538,280	1,069	421,937	1,119	960,217
87121	132	935,425	4,485	1,746,081	4,617	2,681,506
87122	5	7,772	132	41,737	137	49,509
87123	67	312,760	1,619	535,321	1,686	848,081
87125	4	29,708	60	10,090	64	39,799
87128	-	-	-	-	-	-
87130	-	-	-	-	-	-
87131	-	-	6	581	6	581
87140	-	-	-	-	-	-
87151	-	-	23	22,575	23	22,575
87153	-	-	5	641	5	641
87154	-	-	35	1,579	35	1,579
87158	-	-	-	-	-	-
87176	2	42,608	24	2,234	26	44,842
87181	1	436	7	2,090	8	2,527
87184	-	-	6	3,600	6	3,600
87185	-	-	-	-	-	-
87187	-	-	1	38	1	38
87190	1	1,853	5	1,838	6	3,692
87191	-	-	2	173	2	173
87192	-	-	5	602	5	602
87193	1	85	16	3,946	17	4,031
87194	-	-	5	1,149	5	1,149
87195	-	-	33	1,952	33	1,952
87196	-	-	17	4,068	17	4,068
87197	-	-	29	1,321	29	1,321
87198	4	186,823	21	1,612	25	188,435
87199	-	-	46	3,408	46	3,408
Grand Total	849	\$ 5,863,279	20,923	\$ 6,931,898	\$ 21,772	\$ 12,795,177

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the three (3) months ended September 30, 2021.

Bernalillo County Zip	Medicine Count	Surgery Count	Cancer Count	Orthopedics Count	Womens Health Count	Cardio-vascular/Respiratory/Cardiac Care Count	Neurosciences/Neurological Count	Spine Count	Other Count	Neonatology/Normal Newborn/Childrens Count	Behavioral Health Count	Trauma Count	Total Count
87008	6	5	1	10	-	2	-	-	3	-	4	-	31
87022	8	5	3	3	6	2	-	2	-	-	4	-	33
87047	20	9	12	16	1	5	3	4	2	-	2	-	74
87059	40	15	30	9	4	15	3	7	3	-	23	-	149
87101	1	-	-	-	-	-	-	-	-	-	1	-	2
87102	340	144	100	92	91	52	44	24	30	3	156	1	1,077
87103	6	2	-	-	-	-	-	-	-	-	1	-	9
87104	100	40	32	33	35	16	17	5	2	1	57	-	338
87105	985	407	209	283	323	141	126	87	68	11	267	2	2,909
87106	296	124	78	88	64	35	47	35	22	2	187	-	978
87107	340	111	97	70	87	52	40	26	30	-	161	-	1,014
87108	677	230	146	122	128	92	85	39	32	3	271	-	1,825
87109	267	87	137	71	41	47	39	16	29	3	130	-	867
87110	314	130	101	118	46	78	58	35	39	1	143	-	1,063
87111	301	118	149	75	45	55	39	28	27	1	113	-	951
87112	343	124	190	90	64	73	46	30	32	-	156	-	1,148
87113	88	34	46	19	8	25	8	2	11	-	25	-	266
87114	360	123	139	103	46	65	56	35	32	3	112	1	1,075
87115	-	-	-	-	-	-	-	-	-	-	-	-	-
87116	9	-	19	-	-	-	-	-	-	-	1	-	29
87117	-	-	-	-	-	-	-	-	-	-	2	-	2
87119	6	2	-	2	2	1	1	-	-	-	-	-	14
87120	345	112	139	132	77	61	70	32	29	4	117	1	1,119
87121	1,521	592	470	470	637	244	153	115	107	13	295	-	4,617
87122	53	17	23	10	6	9	5	5	3	-	6	-	137
87123	630	199	158	101	187	87	86	45	37	6	148	2	1,686
87125	23	13	1	6	-	1	6	6	2	-	6	-	64
87128	-	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-	-
87131	6	-	-	-	-	-	-	-	-	-	-	-	6
87140	-	-	-	-	-	-	-	-	-	-	-	-	-
87151	4	6	2	4	-	-	-	-	-	-	6	1	23
87153	2	-	-	1	-	-	1	-	1	-	-	-	5
87154	10	1	7	6	-	3	3	2	-	-	3	-	35
87158	-	-	-	-	-	-	-	-	-	-	-	-	-
87176	9	7	1	3	2	-	1	-	-	-	3	-	26
87181	3	1	3	-	-	-	-	1	-	-	-	-	8
87184	-	1	-	3	-	-	1	-	-	-	1	-	6
87185	-	-	-	-	-	-	-	-	-	-	-	-	-
87187	-	-	1	-	-	-	-	-	-	-	-	-	1
87190	3	-	-	-	-	-	1	-	-	-	2	-	6
87191	1	1	-	-	-	-	-	-	-	-	-	-	2
87192	1	-	2	1	-	-	-	1	-	-	-	-	5
87193	1	6	2	2	2	1	1	1	-	-	1	-	17
87194	1	1	-	2	-	-	-	-	-	-	1	-	5
87195	13	7	1	1	3	1	1	2	1	-	3	-	33
87196	8	1	1	3	-	-	-	-	-	-	4	-	17
87197	12	3	2	-	-	5	2	-	2	-	3	-	29
87198	11	4	1	3	-	2	2	1	-	-	1	-	25
87199	16	6	2	8	-	4	1	1	2	-	6	-	46
Grand Total	7,180	2,688	2,305	1,960	1,905	1,174	946	587	546	51	2,422	8	21,772

Primary Reason for Bernalillo County Indigent Resident Visits

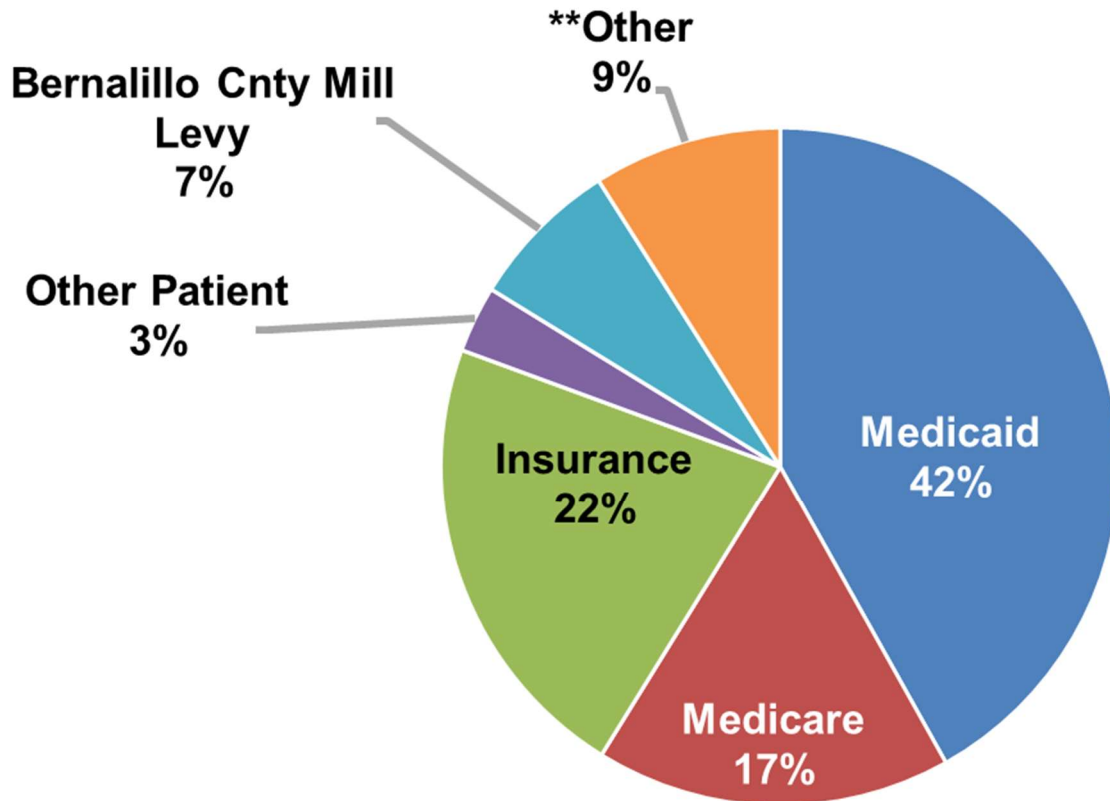
Totals are for each of the eight (8) quarters ended September 30, 2021.

Description	2022Q1	2021Q4	2021Q3	2021Q2	2021Q1	2020Q4	2020Q3	2020Q2
Factors influencing health status and contact with health services	4,908	5,212	5,029	9,402	8,125	13,156	5,714	8,335
undefined	2,866	2,549	2,611	3,734	4,475	6,555	3,151	4,322
Diseases of the musculoskeletal system and connective tissue	1,931	1,708	2,052	2,625	3,060	3,864	2,534	3,774
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1,814	2,173	2,050	2,528	2,386	3,711	2,631	3,724
Endocrine, nutritional and metabolic diseases	1,190	1,194	1,342	1,613	2,047	2,757	1,532	2,253
Mental and behavioural disorders	1,079	1,169	1,434	1,633	1,947	3,237	1,404	1,896
Injury, poisoning and certain other consequences of external causes	1,005	1,319	968	1,543	2,058	2,592	1,622	2,548
Diseases of the circulatory system	975	1,164	974	1,465	1,646	2,559	1,447	2,159
Diseases of the nervous system	814	917	1,000	1,219	1,412	2,086	1,301	1,923
Diseases of the genitourinary system	752	732	772	1,167	1,284	1,876	1,077	1,578
Neoplasms	731	786	709	926	1,217	1,529	834	1,309
Diseases of the respiratory system	666	594	417	962	1,450	1,662	2,155	2,550
Diseases of the digestive system	621	783	611	991	1,022	1,664	931	1,389
Pregnancy, childbirth and the puerperium	616	592	634	795	801	1,633	709	982
Diseases of the skin and subcutaneous tissue	557	648	516	799	875	1,299	834	1,285
Diseases of the eye and adnexa	374	450	374	538	669	706	622	881
Diseases of the ear and mastoid process	241	215	173	247	319	388	413	518
Certain infectious and parasitic diseases	233	197	217	298	373	575	487	706
Congenital malformations, deformations and chromosomal abnormalities	146	160	175	205	236	325	201	302
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	128	102	136	177	221	278	139	235
Codes for special purposes	90	59	226	1,142	300	187	0	0
Certain conditions originating in the perinat	35	20	23	26	35	72	25	56
External causes of morbidity and mortality	1	1	1	1	0	2	1	3
	21,773	22,744	22,444	34,036	35,958	52,713	29,764	42,728

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 (Unaudited)



	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 September 30, 2021

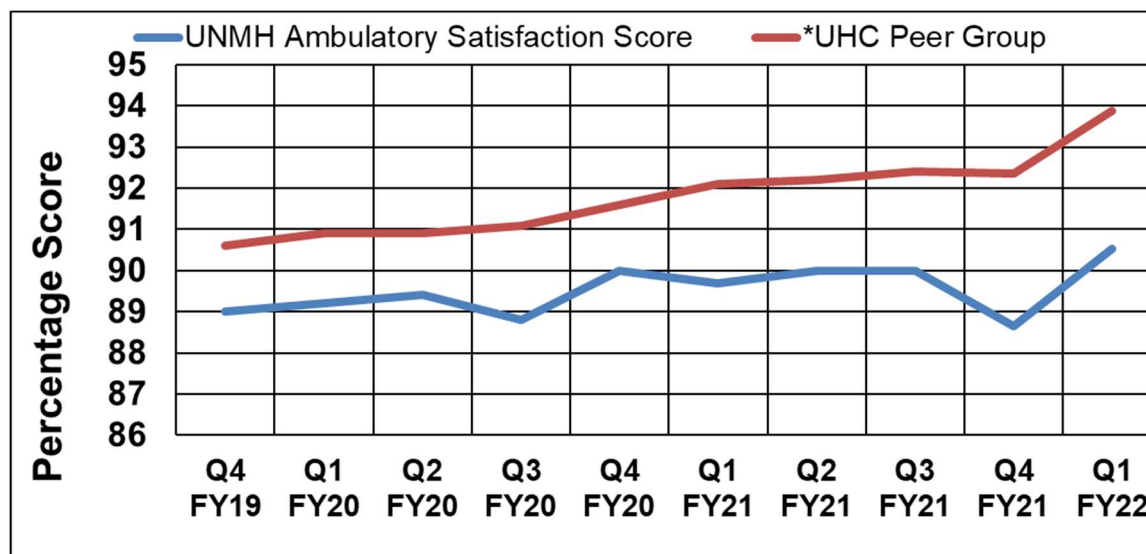
507,363	FY20 Actual (12 Months)
534,607	FY21 Actual (12 Months)
545,898	FY22 (Based on Previous 12 Months)

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

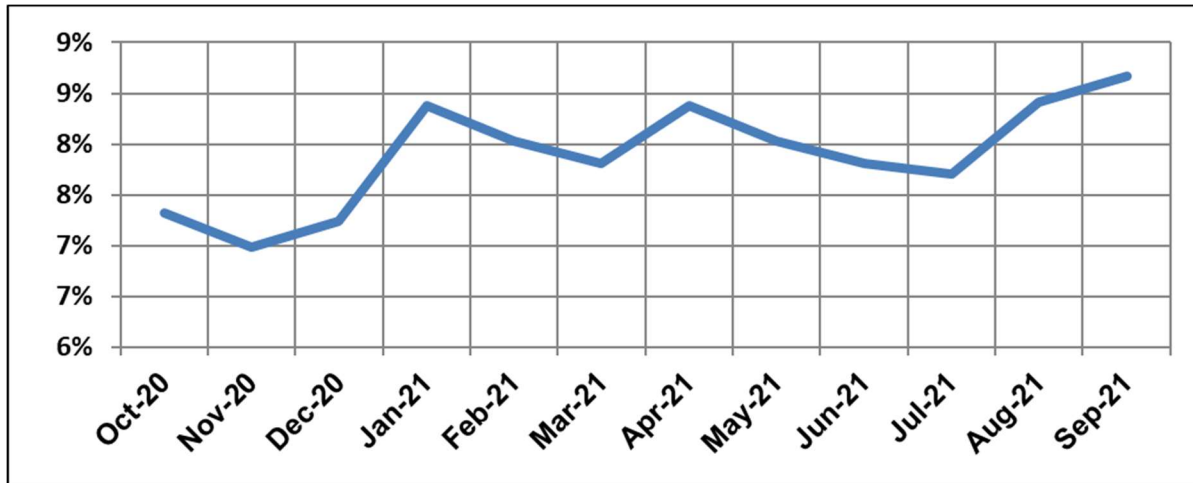


Quarter	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
UNMH Ambulatory Satisfaction Score	89.0	89.2	89.4	88.8	90.0	89.7	90.0	90.0	88.7	90.5
*UHC Peer Group	90.6	90.9	90.9	91.1	91.6	92.1	92.2	92.4	92.4	93.9

*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.



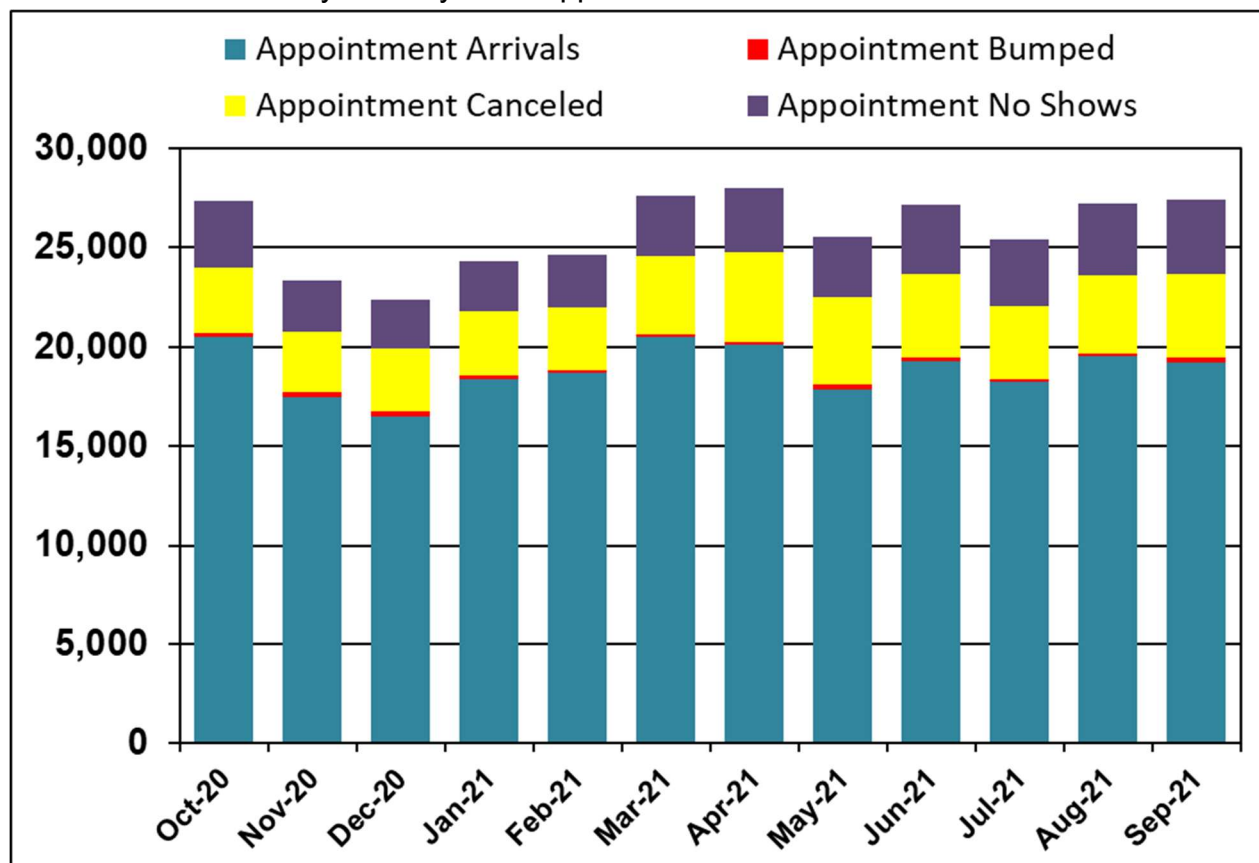
Month	Same Day	Total Arrived	Same Day Rate
Oct-20	1,104	14,143	7.3%
Nov-20	1,089	12,260	7.0%
Dec-20	1,243	11,622	7.2%
Jan-21	1,069	12,755	8.4%
Feb-21	1,030	12,831	8.0%
Mar-21	1,110	14,223	7.8%
Apr-21	1,256	16,344	8.4%
May-21	1,083	14,592	8.0%
Jun-21	1,163	15,458	7.8%
Jul-21	1,096	14,224	7.7%
Aug-21	1,300	15,445	8.4%
Sep-21	1,290	14,890	8.7%

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

Average	Primary Care Clinics
6.6%	1209 Clinic
8.6%	Alamo Primary Care Clinic
6.5%	Family Practice Clinic
5.6%	General Pediatrics Clinic
7.2%	Northeast Heights Clinic
6.6%	Senior Health Center
5.5%	Southeast Heights Clinic
6.1%	Southwest Mesa Clinic
3.3%	SRMC FP Clinic
4.7%	UH 4th Street NV Clinic
9.7%	UH Atrisco Heritage
60.0%	UNM Lobocare Clinic
6.1%	Westside Clinic
6.3%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

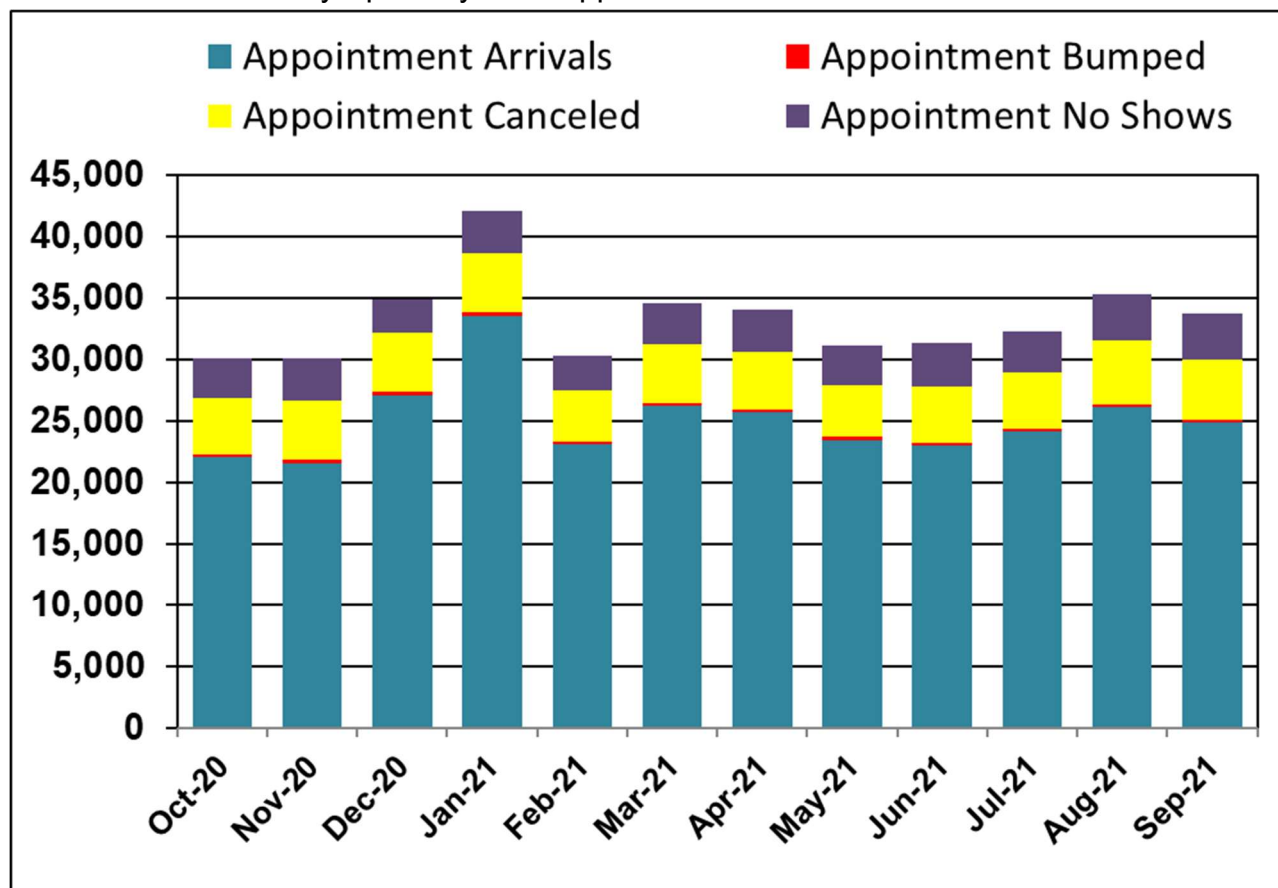
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Oct-20	20,480	212	3,309	3,361
Nov-20	17,482	235	3,027	2,620
Dec-20	16,475	273	3,180	2,418
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

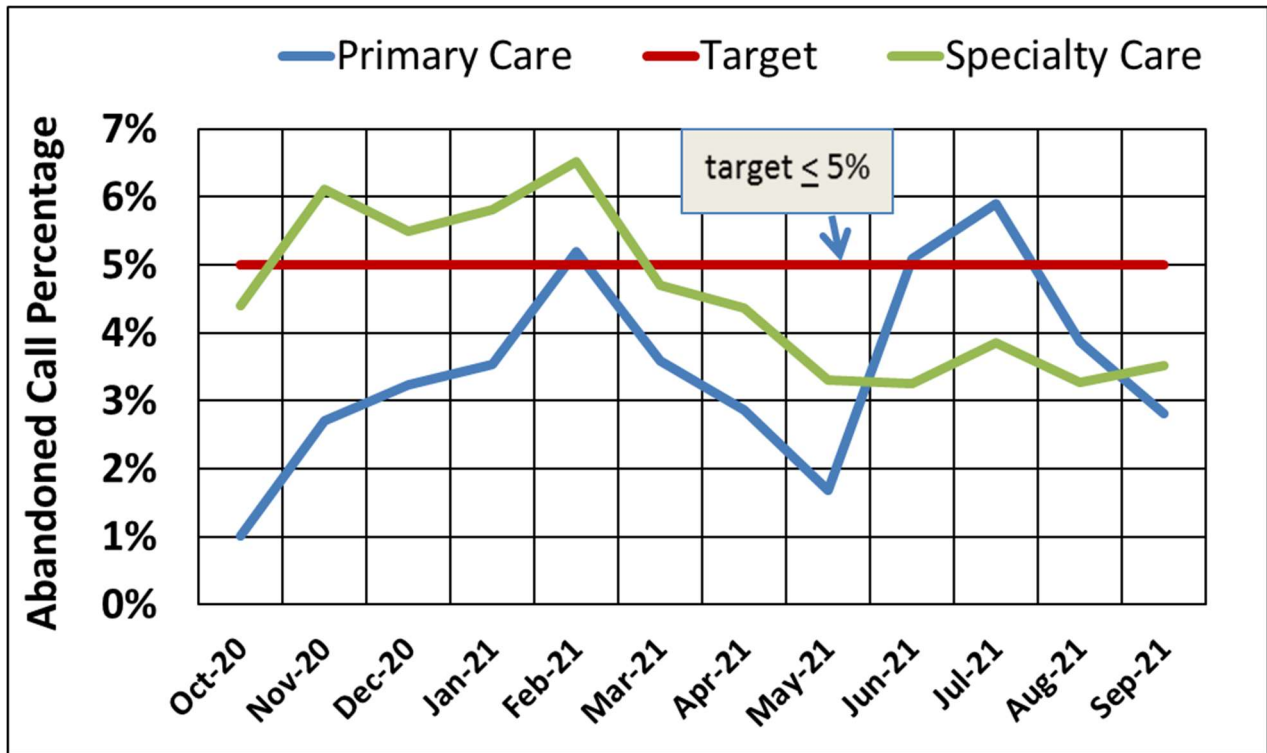
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Oct-20	22,115	220	4,491	3,252
Nov-20	21,604	310	4,769	3,438
Dec-20	27,116	325	4,752	2,727
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

Percentage Abandoned Phone Calls for Primary and Specialty Care



Area:	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Month			
Oct-20	1.02%	4.40%	5%
Nov-20	2.70%	6.11%	5%
Dec-20	3.23%	5.49%	5%
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%

Medication Reconciliation Goals Primary and Specialty Care

UNMH Medication reconciliation as of September 2021

60.3%	National Patient Safety Goal - Medication Reconciliation Primary Care
30.9%	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 October 7, 2021

285,616	Invitations sent out to patients who provided an email address.
133,120	Patients who have claimed invitation to sign up.
116,632	*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).

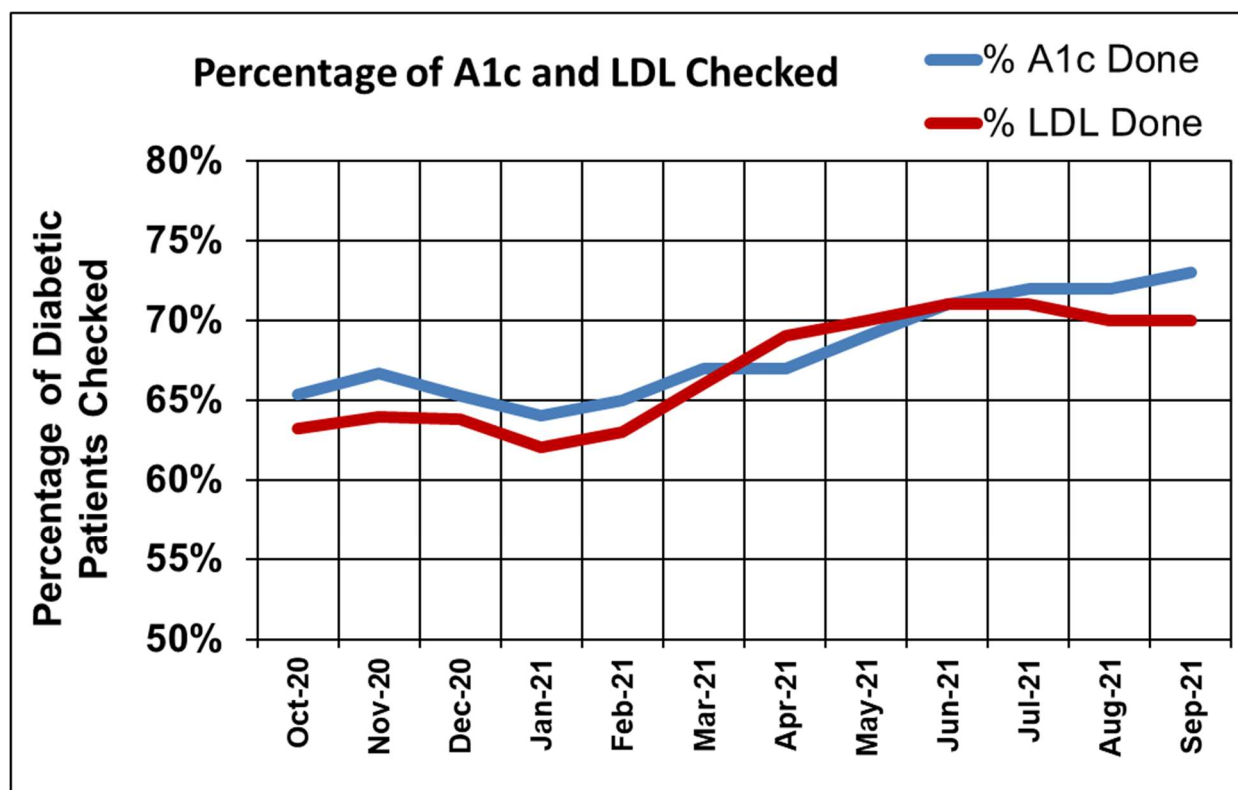
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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



Month	Total Patients	A1c Done	% A1c Done	LDL Done	% LDL Done
Oct-20	7,700	5,028	65%	4,869	63%
Nov-20	7,604	5,068	67%	4,864	64%
Dec-20	7,680	5,015	65%	4,899	64%
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%

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
Oct-20	5,655	221	121
Nov-20	5,333	229	66
Dec-20	5,201	209	103
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

Total Uncompensated Care – Charity Care and Uninsured

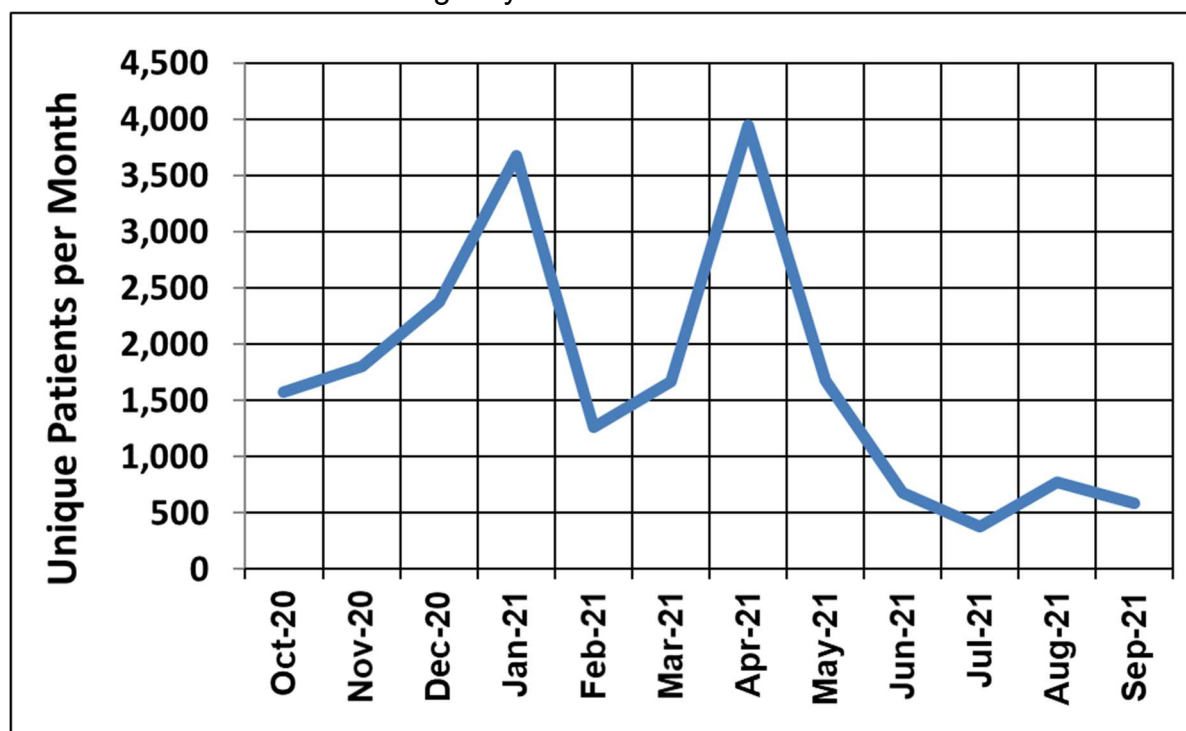
For the three (3) months ended September 30, 2021, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	7,433	3,696	11,129
Encounters	15,476	6,296	21,772
Cost	\$ 8,807,203	\$ 3,987,974	\$ 12,795,178

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.

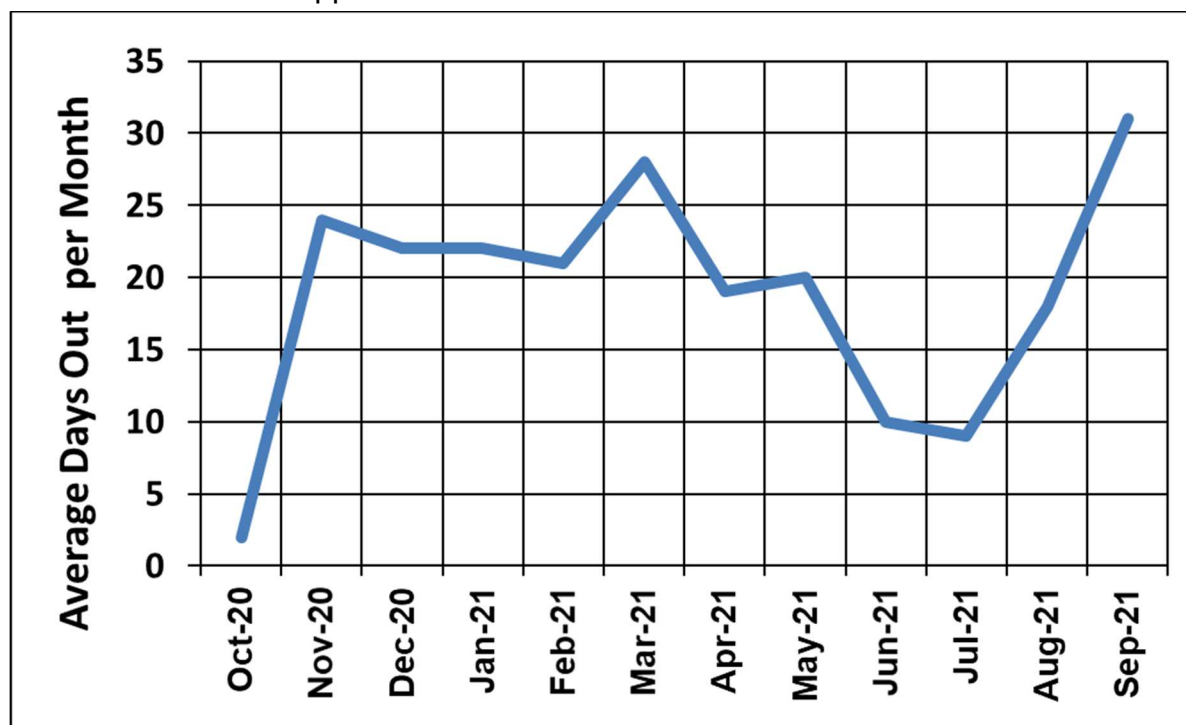
Number of Unique Patients Sent to Collections

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



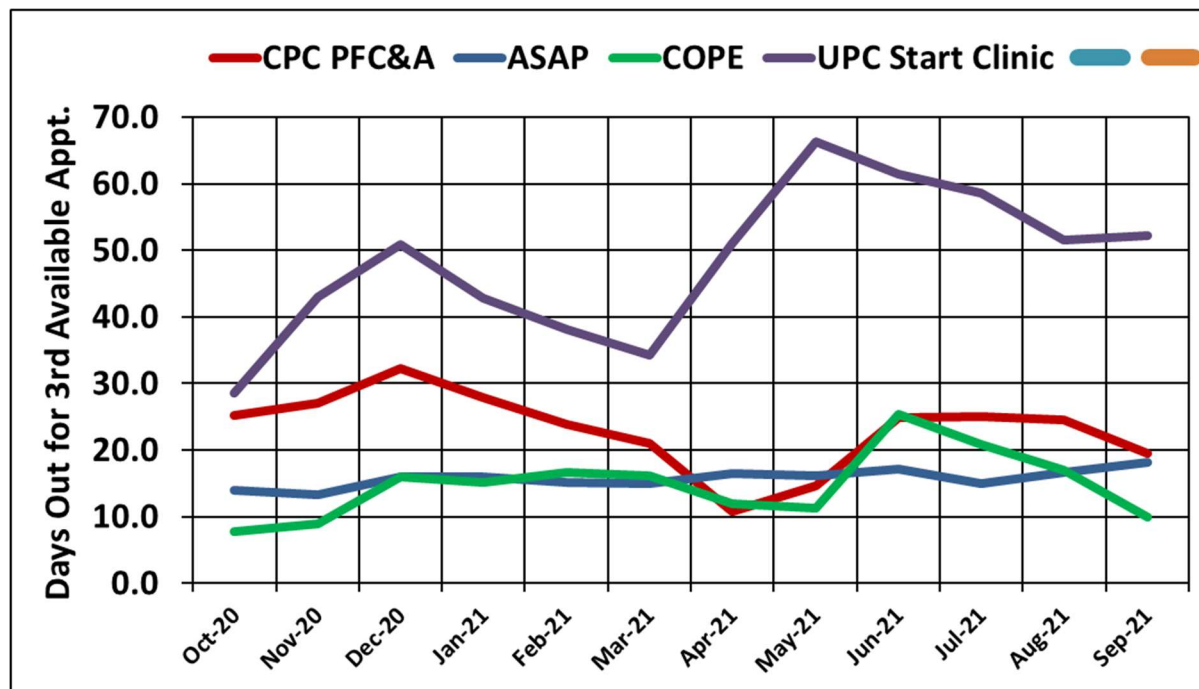
Days Out For Scheduling Financial Assistance Appointment

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



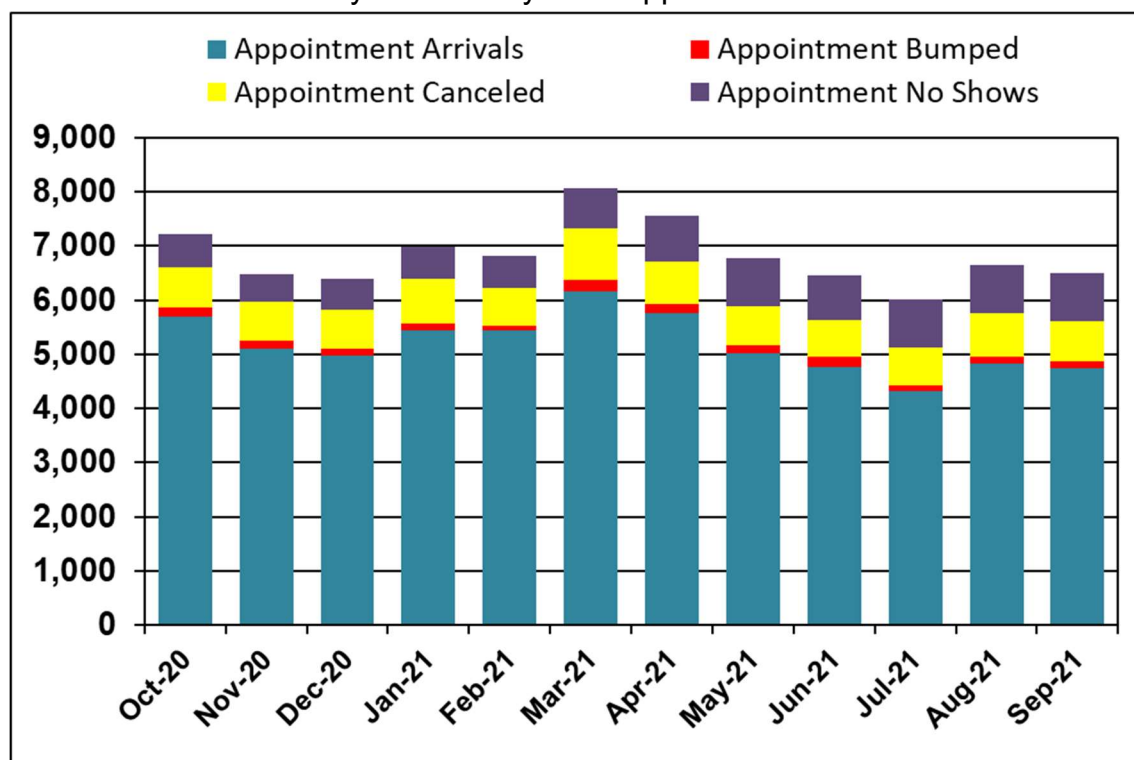
Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Oct-20	25.2	13.9	7.7	28.5
Nov-20	27.0	13.3	8.9	42.9
Dec-20	32.2	16.0	15.9	50.9
Jan-21	27.9	16.0	15.1	42.8
Feb-21	23.8	15.1	16.6	38.2
Mar-21	21.0	15.0	16.1	34.2
Apr-21	10.8	16.4	11.9	51.0
May-21	14.7	16.2	11.2	66.3
Jun-21	24.9	17.2	25.3	61.4
Jul-21	25.1	14.9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

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 consolidated into COPE
UPC Start Clinic	University Psychiatric - Start Clinic (General Clinic)

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.



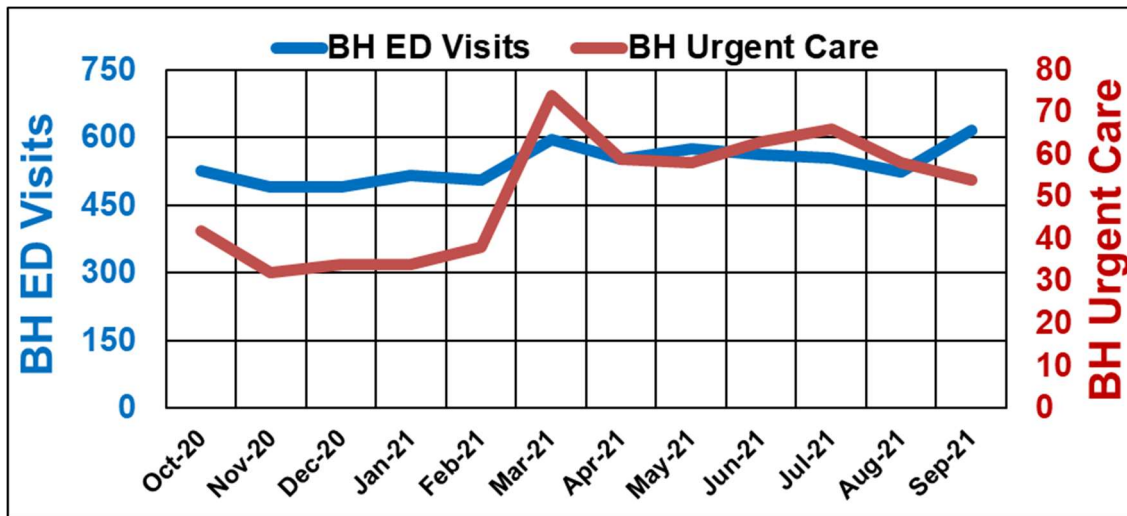
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Oct-20	5,691	179	729	612
Nov-20	5,100	148	733	503
Dec-20	4,984	110	727	573
Jan-21	5,442	119	825	599
Feb-21	5,439	92	692	605
Mar-21	6,152	228	956	733
Apr-21	5,760	161	787	860
May-21	5,009	169	700	908
Jun-21	4,770	192	668	819
Jul-21	4,315	117	702	888
Aug-21	4,824	134	807	890
Sep-21	4,750	119	744	887

Number of Unique Outpatients and Number of Encounters CY2020

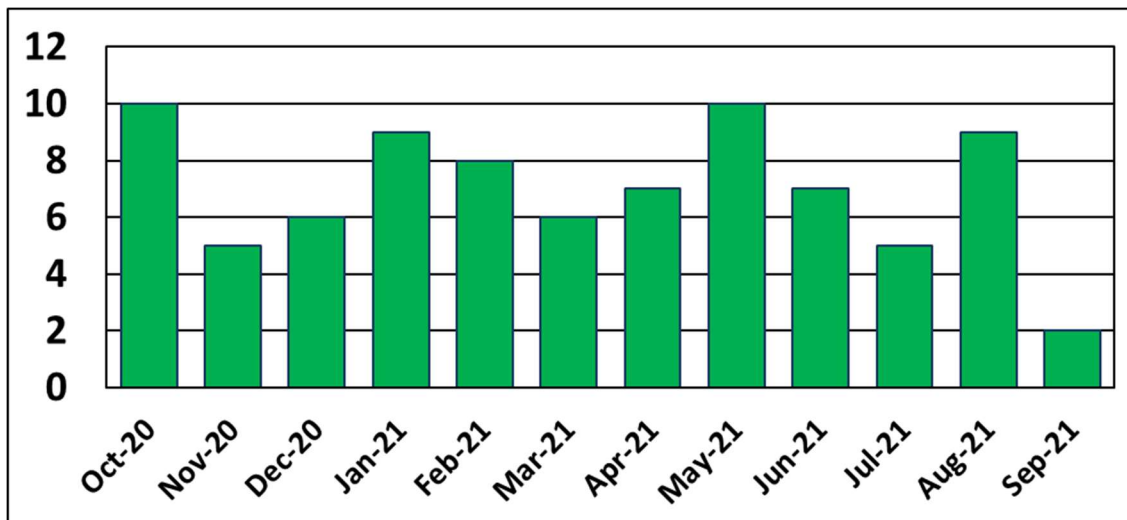
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	9,168	53,382
BH CPC Outpatient	2,734	15,033

* Excluding all Suboxone and Methadone Visits

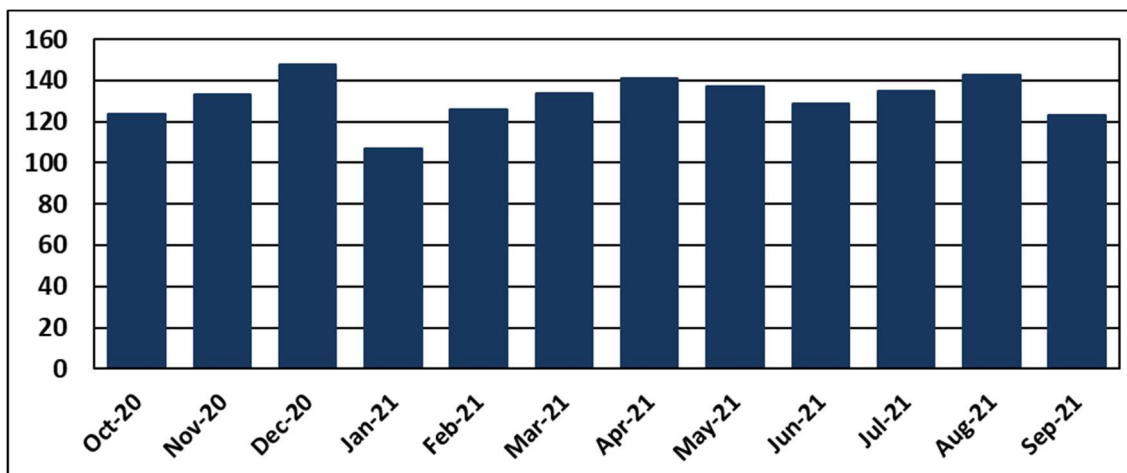
Psychiatric Emergency Department and Urgent Care Encounters



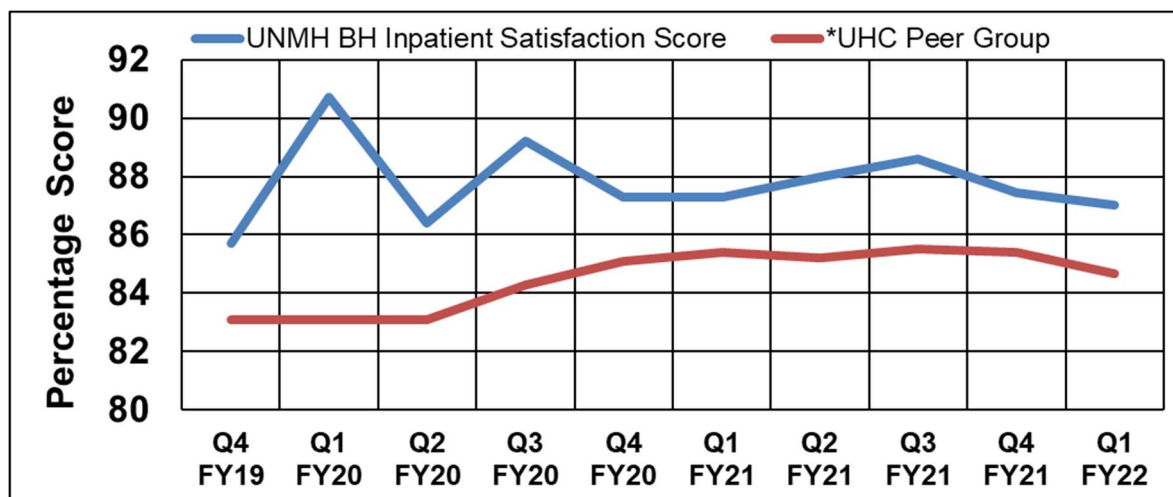
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

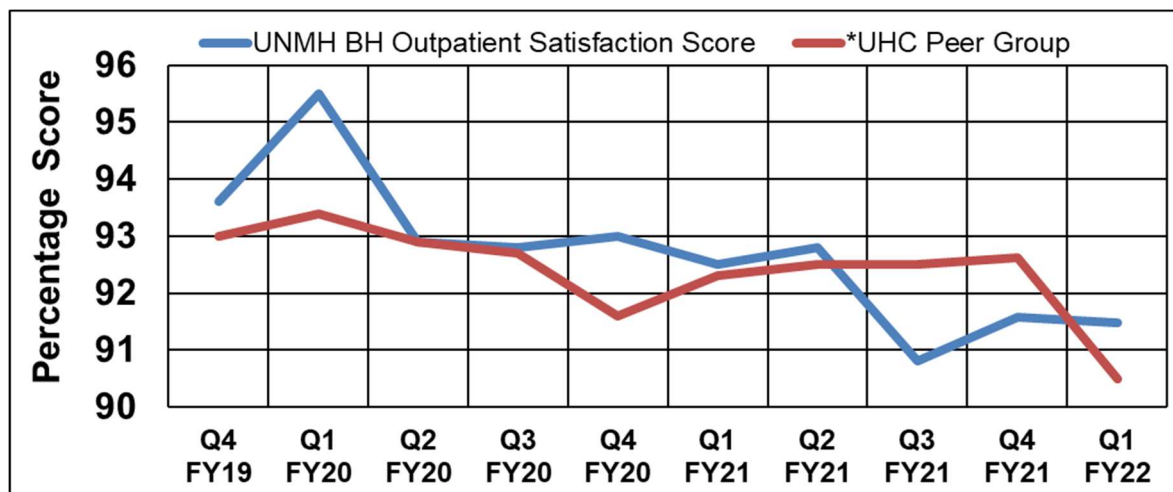


Press Ganey Behavioral Health Inpatient Satisfaction Score



Quarter	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
UNMH BH Inpatient Satisfaction Score	85.7	90.7	86.4	89.2	87.3	87.3	88.0	88.6	87.5	87.0
*UHC Peer Group	83.1	83.1	83.1	84.3	85.1	85.4	85.2	85.5	85.4	84.7

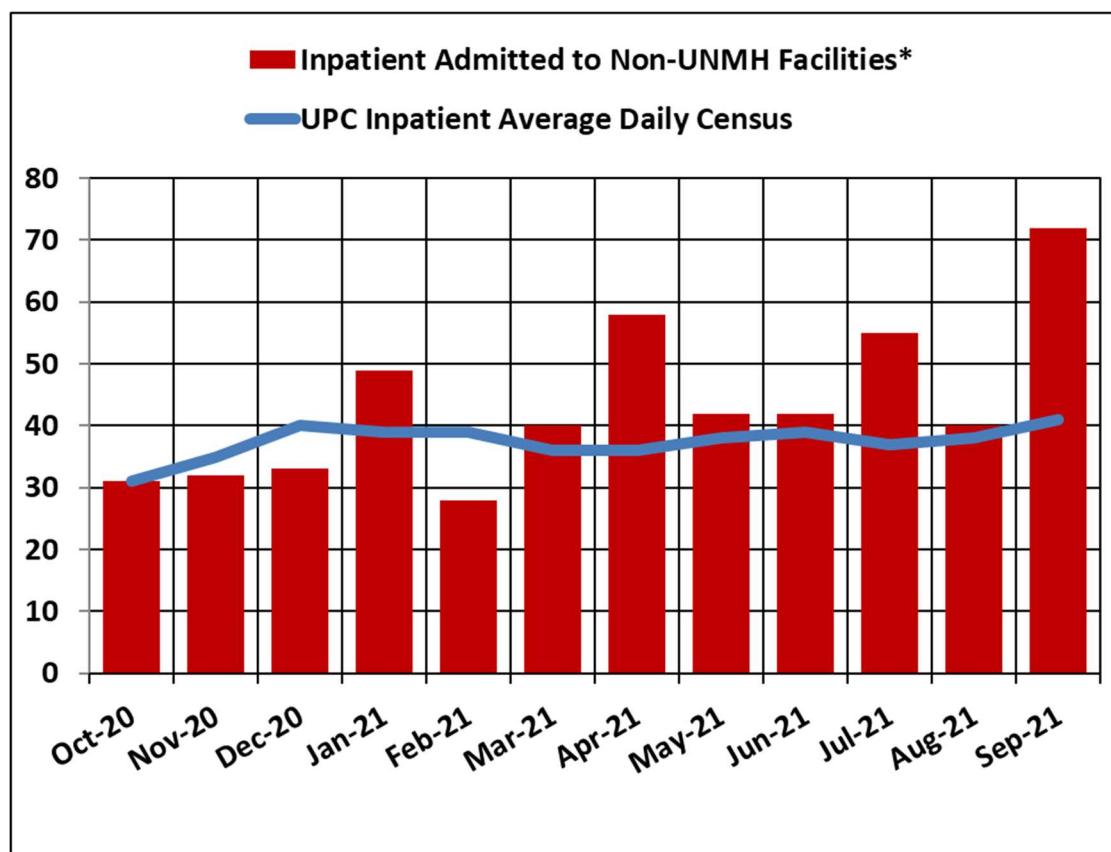
Press Ganey Behavioral Health Outpatient Satisfaction Score



Quarter	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22
UNMH BH Outpatient Satisfaction Score	93.6	95.5	92.9	92.8	93.0	92.5	92.8	90.8	91.6	91.5
*UHC Peer Group	93.0	93.4	92.9	92.7	91.6	92.3	92.5	92.5	92.6	90.5

*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.

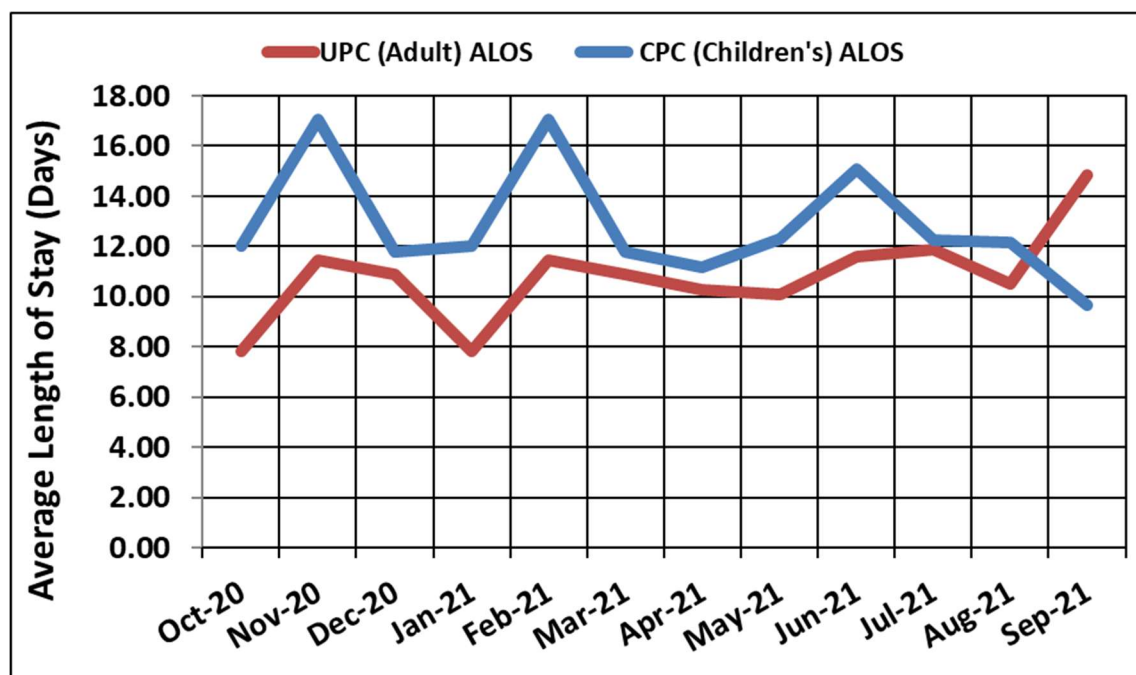
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Oct-20	31	31
Nov-20	32	35
Dec-20	33	40
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

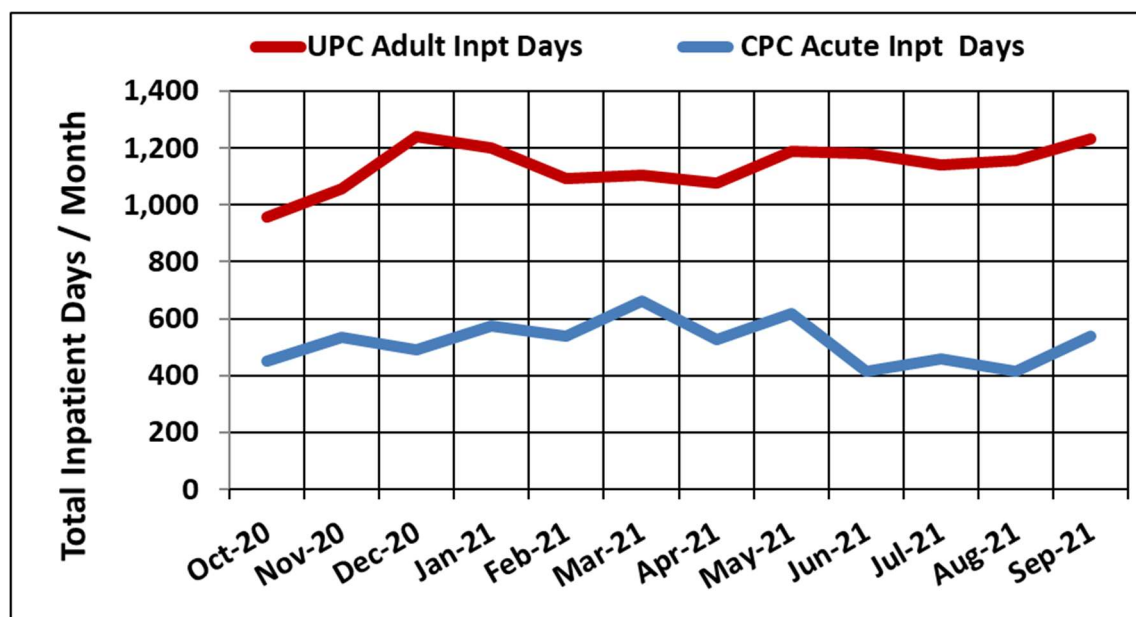
*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

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*	12,647

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

Total Opioid Patients

Month	Census
Oct-20	622
Nov-20	637
Dec-20	638
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

Total Methadone Encounters

Month	Count
Oct-20	2,161
Nov-20	1,864
Dec-20	1,796
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

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Oct-20	594	32,154	13,385
Nov-20	569	29,502	15,063
Dec-20	599	33,980	14,688
Jan-21	530	29,850	13,419
Feb-21	534	30,596	20,497
Mar-21	609	32,487	16,810
Apr-21	634	33,958	15,047
May-21	596	32,948	14,614
Jun-21	615	31,036	11,675
Jul-21	601	32,027	13,546
Aug-21	599	32,480	13,133
Sep-21	600	32,837	26,679

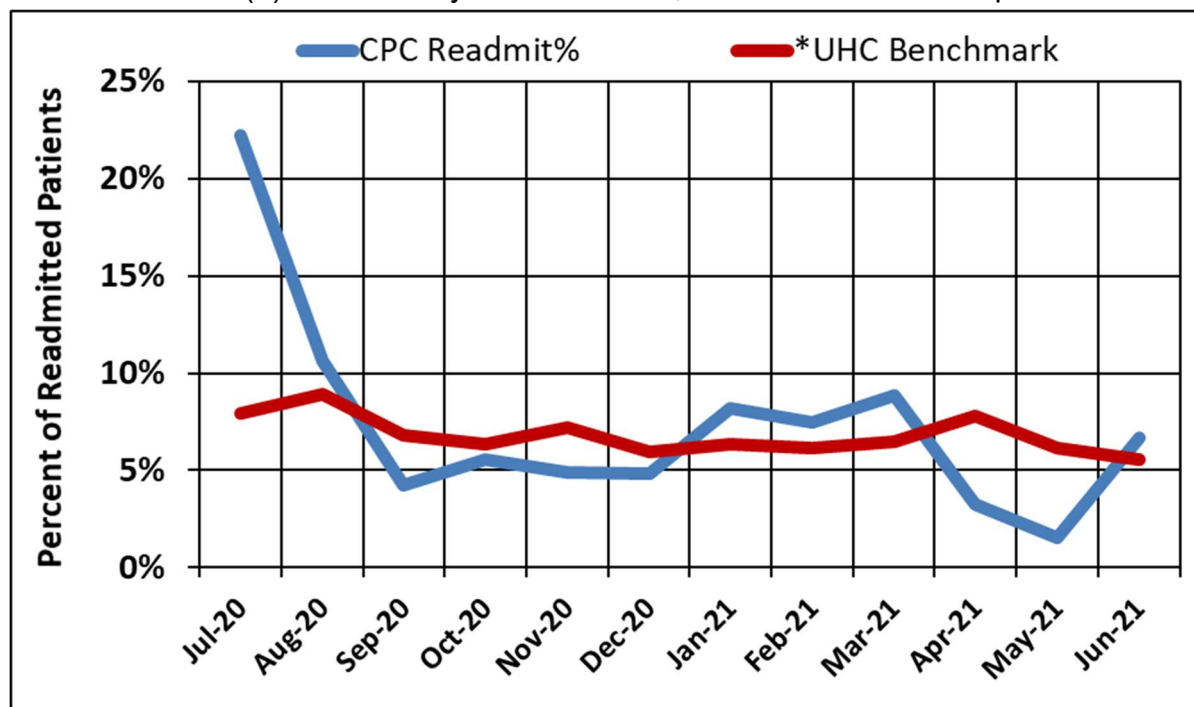
Total Suboxone Encounters

Month	Count
Oct-20	44
Nov-20	48
Dec-20	49
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

*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.

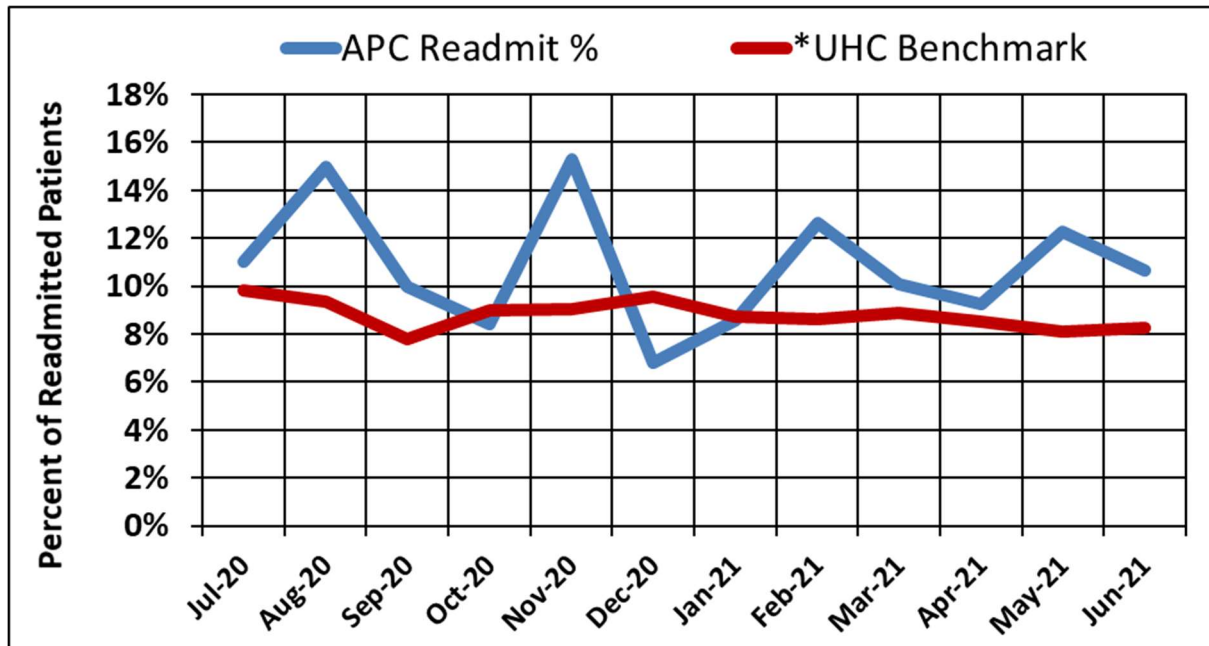


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-20	54	12	22.2%	7.9%
Aug-20	47	5	10.6%	8.9%
Sep-20	71	3	4.2%	6.8%
Oct-20	54	3	5.6%	6.3%
Nov-20	41	2	4.9%	7.2%
Dec-20	62	3	4.8%	6.0%
Jan-21	49	4	8.2%	6.4%
Feb-21	67	5	7.5%	6.1%
Mar-21	79	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%

*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.

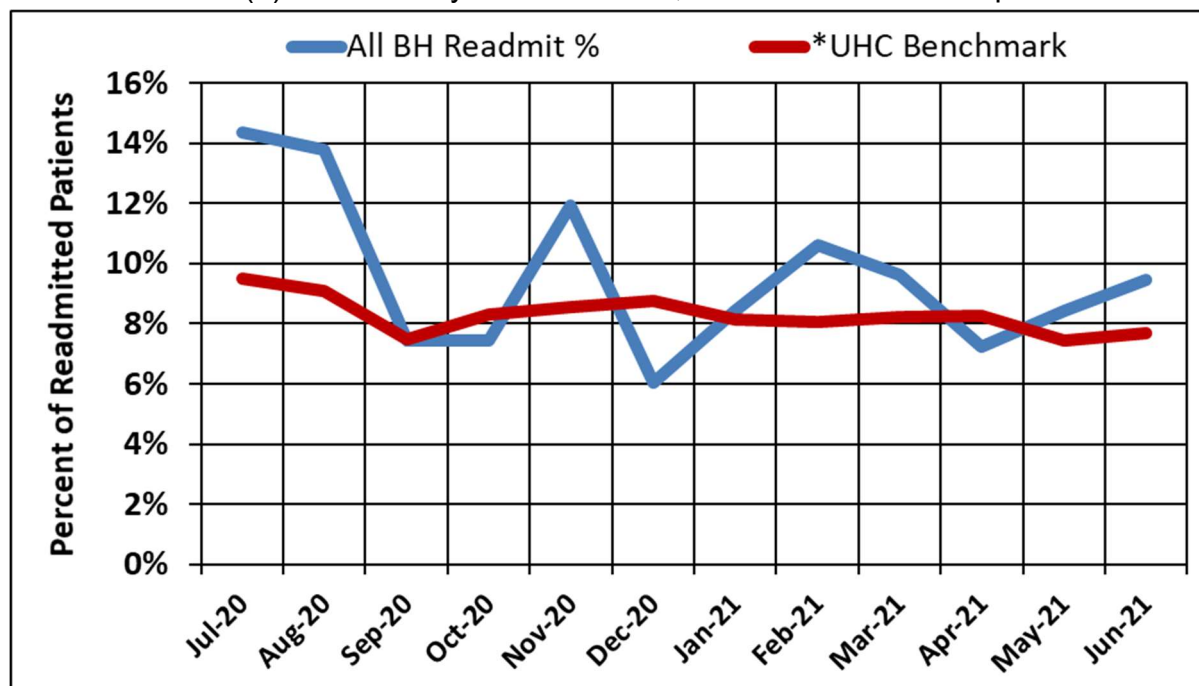


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-20	127	14	11.0%	9.8%
Aug-20	120	18	15.0%	9.4%
Sep-20	90	9	10.0%	7.8%
Oct-20	107	9	8.4%	9.0%
Nov-20	85	13	15.3%	9.0%
Dec-20	103	7	6.8%	9.6%
Jan-21	105	9	8.6%	8.7%
Feb-21	103	13	12.6%	8.6%
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%

*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.

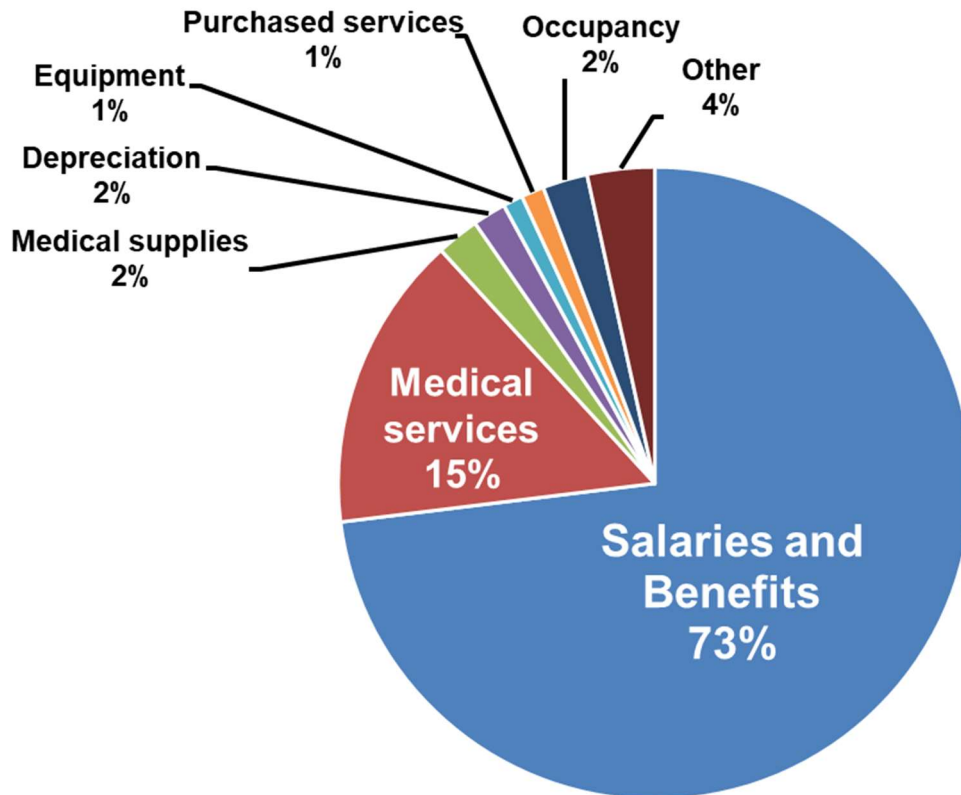


Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-20	181	26	14.4%	9.5%
Aug-20	167	23	13.8%	9.1%
Sep-20	161	12	7.5%	7.5%
Oct-20	161	12	7.5%	8.3%
Nov-20	126	15	11.9%	8.6%
Dec-20	165	10	6.1%	8.7%
Jan-21	154	13	8.4%	8.2%
Feb-21	170	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%

*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 (Unaudited)

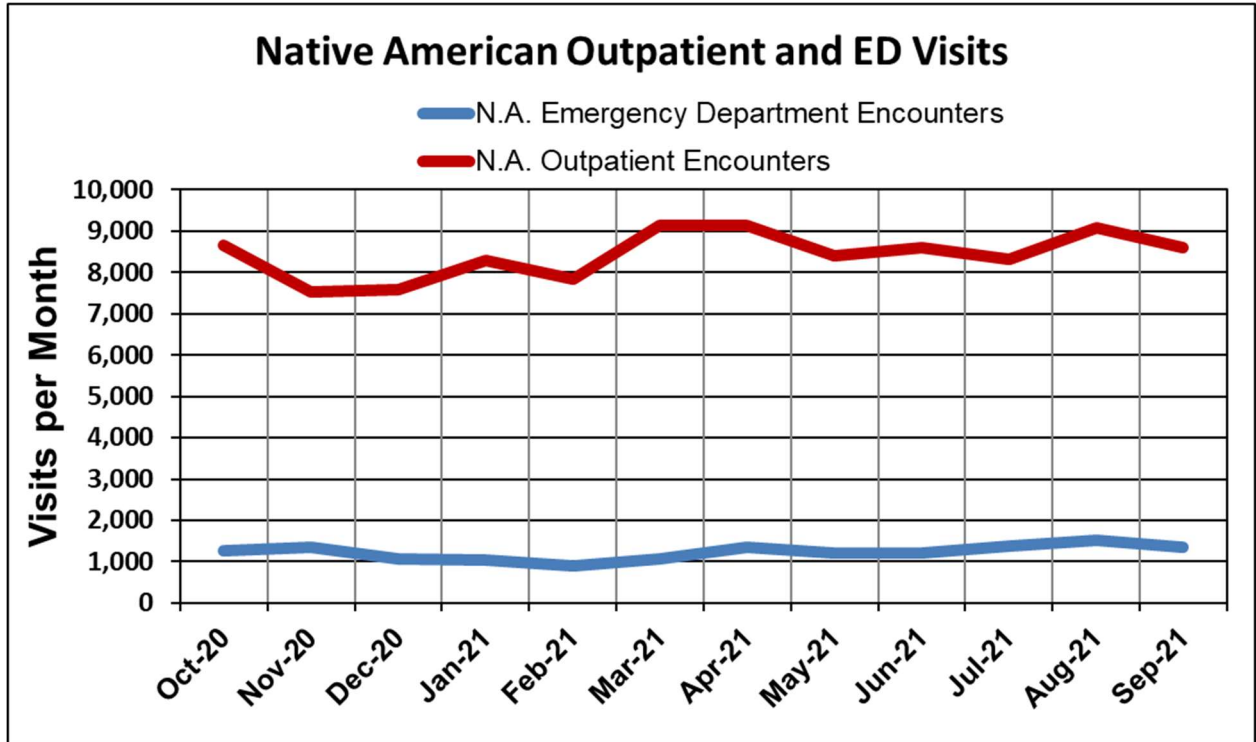


	FY2021
Salaries and Benefits	\$ 12,287,888
Medical services	2,546,358
Medical supplies	368,137
Depreciation	286,806
Equipment	170,603
Purchased services	195,849
Occupancy	385,572
Other	578,655
Total Expense	\$ 16,819,867

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

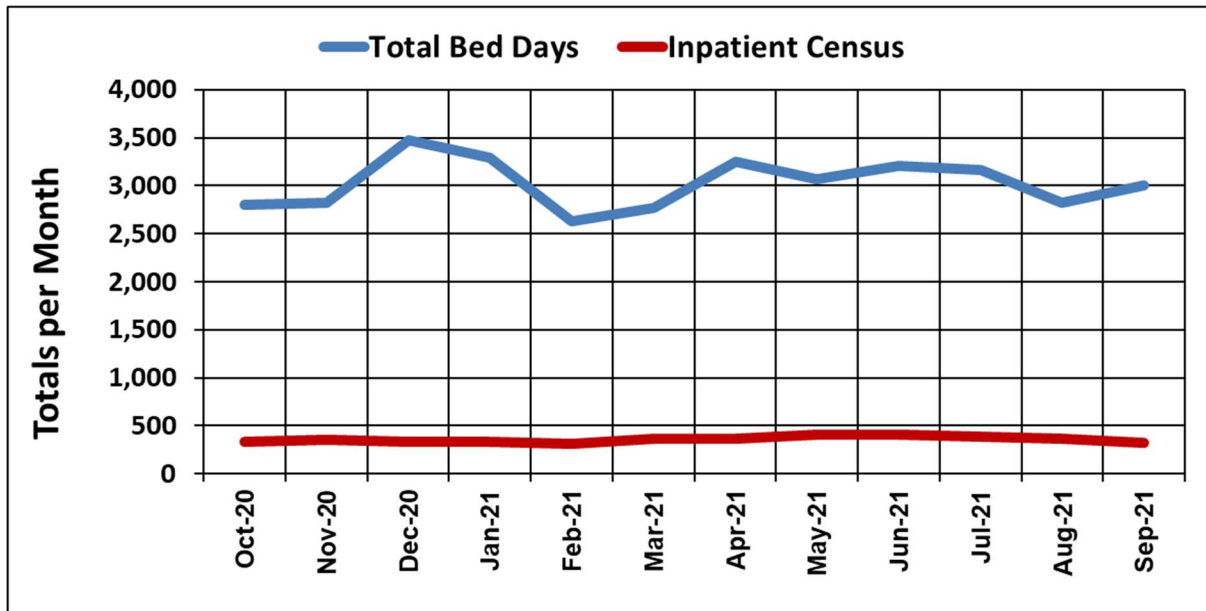
E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Oct-20	16	1,279	8,658
Nov-20	14	1,341	7,525
Dec-20	16	1,068	7,582
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	1,388	8,309
Aug-21	22	1,517	9,089
Sep-21	20	1,349	8,608

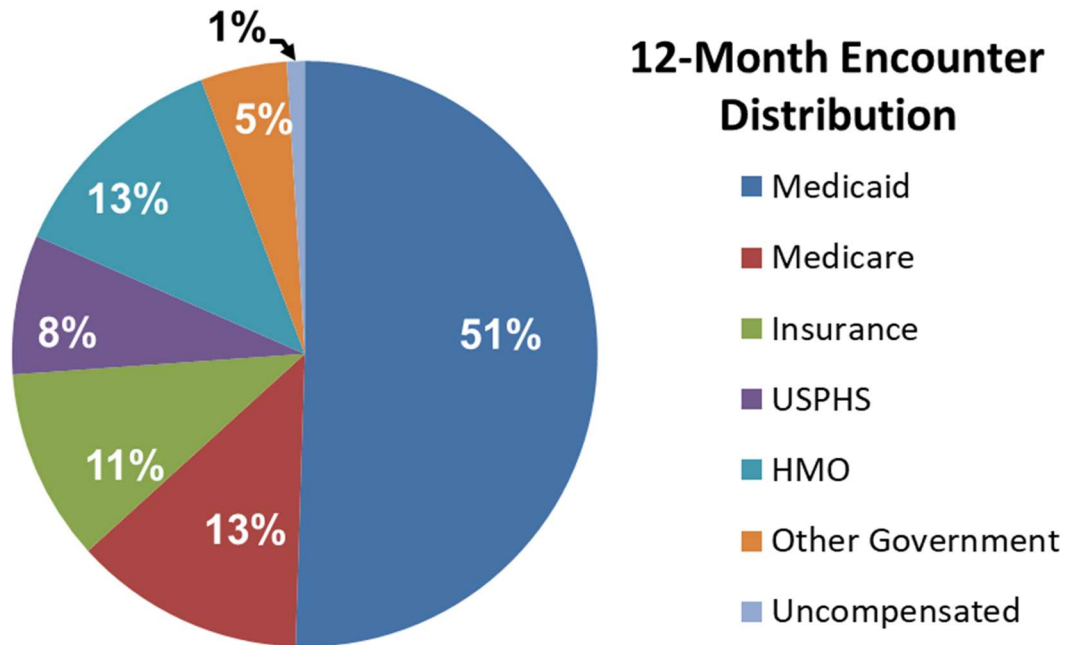
Native American Bed Days and Monthly Inpatient Census



Month	Inpatient Admissions (Census)	Total Bed Days
Oct-20	337	2,804
Nov-20	350	2,825
Dec-20	337	3,473
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	3,166
Aug-21	368	2,827
Sep-21	322	3,000

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.



<i>Month</i>	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Oct-20	5,178	1,366	1,084	785	1,547	497	119
Nov-20	4,687	1,287	1,033	775	1,131	412	98
Dec-20	4,428	1,190	1,031	666	1,374	411	83
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	5,343	1,210	1,097	749	1,245	573	107
Aug-21	5,707	1,381	1,198	868	1,402	501	102
Sep-21	5,304	1,283	1,173	801	1,220	542	112
TOTAL	62,040	15,676	13,037	9,466	15,551	5,872	1,209
	51%	13%	11%	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 October, 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.	
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 4 years	UNMH continues to work with community partners on primary care capacity needs and increasing primary care access.	
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	UNMH has had discussions with MDC but limited current use.	
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 be 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 2017.	
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.	
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 2017 with copayment structure related to income level.	
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.	Self Pay Discount Policy approved in October 2017 and clarified payment obligations of patients not qualifying for financial assistance.	
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. Website is in the process of being updated.	
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

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.	
UNMH will evaluate the expansion of Behavioral Health services within its own operation and with other community providers	Process is ongoing with PES expansion. Significant Health Home expansion accomplished.	
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.	
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.	
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.	
Evaluate the viability of expanding behavioral health services in school based clinics	TBD on hold based on COVID-19.	
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.	
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.	

APPENDIX B

UNM Hospital Semi-Annual Report on the Status of Deliverables

Period Ended September 30, 2021

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.

Exhibit A Reporting Area - Reporting and Interaction

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 21
A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.	<p>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</p> <p>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.</p>
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 quarterly 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 FY 22 Budget and Capital process for the new Hospital Tower.

Exhibit A Reporting Area - Accountability and Transparency

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 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 June 2020 - March 2021	Status Update as of March 21
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	<p>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.</p> <p>UNMH offers financial assistance through the UNM Care and other programs to patients.</p> <p>UNMH is moving forward with the New Tower Project to expand Access to Critical Care, Trauma, Surgical and other inpatient services for patients.</p>
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 June 2020 - March 2021	Status Update as of March 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 June 2020 - March 2021	Status Update as of March 21
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>UNMH is currently working on expanded Behavioral Health programming within the UNMH infrastructure in the forms of health home implementation, Psychiatric Emergency Services, pediatric behavioral Health services and exploring other service line development.</p> <p>UNMH also continues to work with the County to expand Behavioral Health services at the Cares Campus and has started the process to construct a Crisis Triage Center on a UNM HSC site.</p>

Exhibit A Reporting Area - Impact of COVID-19

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 21
<p>Operational Note.</p>	<p>During this period all areas of the Hospital were impacted by COVID-19 and extensive operational changes were implemented daily over several months to provide access to care and to build needed capacity. Despite this challenge the hospital has been successful at meeting the needs of our patients and community including focus on the deliverables under the Lease MOU.</p>