



QUARTERLY REPORT DECEMBER 31, 2019

Bernalillo County Commissioner Trend Report



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A. ACCOUNTABILITY

Balance Sheet (Statement of Net Assets)

Statements of Net Assets

YTD December 2019 in Comparison to YTD June 2019

Assets	December 2019	June 2019*
<i>(In Thousands)</i>		
Current assets:		
Cash and cash equivalents	\$ 207,987	158,482
Marketable securities	35,951	35,629
Receivables:		
Patient, net	131,827	129,813
University of New Mexico	2,063	2,196
Estimated third-party payor settlements	51,357	84,066
Bernalillo County treasurer	51,093	1,517
Other	35,944	38,453
Total current assets	516,222	450,156
Noncurrent assets:		
Assets whose use is limited:		
Held by trustee	21,692	18,613
Restricted cash - capital appropriation	28,144	-
By UNM Hospital Clinical Operations Board	26,727	26,363
Capital assets, net	223,997	221,867
Total assets	816,782	716,999
Liabilities		
Current liabilities:		
Accounts payable	51,003	48,209
Payable to University of New Mexico	49,021	28,411
Estimated third-party payor settlements	72,168	46,004
Interest payable bonds	82	81
Other accrued liabilities	92,024	88,210
Total current liabilities	264,298	210,915
Bonds payable	92,120	92,120
Total liabilities	356,418	303,035
Net Assets		
Restricted for expendable grants, bequests, and contributions	17,784	17,601
Restricted capital appropriation	28,144	-
Restricted by management	23,000	23,000
Restricted for trust indenture and debt agreement	21,691	18,612
Unrestricted net assets	237,782	225,004
Assets invested in capital	131,963	129,747
Total net assets	\$ 460,364	\$ 413,964
Current Ratio	1.97	2.39
Days Cash on Hand	63.31	52.16

* Net Assets have been reclassified to expanded categories to reflect operational intentions.

Income Statement

Statements of Revenues, Expenses, and Changes in Net Assets
For the six (6) months ended December 31, 2019

<i>(In Thousands)</i>			December
Operating revenues:			
	Net Patient Service	\$	545,677
	Other		26,449
	Total Operating Revenues		572,126
Operating expenses:			
	Employee Compensation and Benefits		273,496
	UNM School of Medicine Medical Services		72,714
	Medical Services Oncology		9,801
	Medical Services non-SOM		16,519
	Medical Supplies		84,530
	Oncology Drugs		24,471
	Occupancy/Equipment		33,353
	Depreciation		17,064
	Purchased Services		61,883
	Health System Expenses		8,112
	Gross Receipts Tax		11,269
	Other		8,301
	Total Operating Expenses		621,514
	Operating loss		(49,388)
Nonoperating Revenues (Expenses):			
	Bernalillo County Mill Levy		52,855
	State Appropriation		6,857
	Interest Expense		(1,469)
	Other Revenue and (Expense)		3,956
	Net Nonoperating Revenues - recurring		62,199
	Increase in Net Assets before other changes		12,811
Other Changes in Net Assets:			
	Capital Appropriation - non-recurring*		33,589
	Total Other Changes in Net Assets		33,589
	Total Increase in Net Assets		46,400
	Net Assets, Beginning of Year		413,964
	Net Assets, End of Year	\$	460,364
* Capital appropriations from the state are for funding the following projects:			
	Adult Psychiatric Regional Crisis Center	\$	424
	Center for Movement Disorders		3,465
	Hospital Tower & Medical Facility Expansion		29,700
	Total Capital Appropriations	\$	33,589

Mill Levy Distribution Detail by Department FY2019

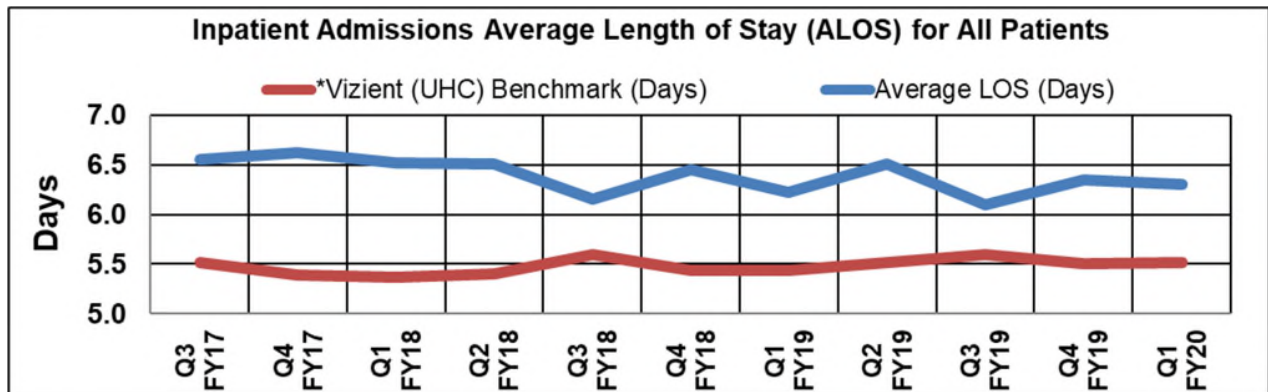
UNMH Mill Levy Spending Allocation Non-clinical Exp Support FY2019

Total Bernalillo County Mill Levy \$ 105,709,584.00

Note: 15% of the Mill Levy is allocated to Behavioral Health (see p27)

UNMH - 85%		
Mill Levy	\$	89,853,146
Expenses		Total Spending
<i>Facilities</i>		
Facilities Maintenance	\$	15,189,389
Environmental Services		10,329,371
Insurance		5,876,622
Plant Operations & Maintenance		4,483,085
Utilities		4,200,903
Clinical Engineering		2,252,997
Parking Structure and Support		2,025,667
Security		3,738,760
Off Site/Ambulatory Maintenance		5,204,515
Life Safety/Fire Protection		2,471,435
Facilities Planning		1,742,899
Other		1,047,710
Total Facilities		58,563,353
Finance		7,119,054
HR		7,684,679
<i>Information Technology</i>		
IT - Open Clinic/Management		5,536,784
IT - Patient Financial Services		3,495,099
Communications		5,208,432
IT Cerner Millennium RHO		4,783,209
Clinical Applications		3,355,494
Customer Service		2,323,845
Network & Infrastructure		2,500,801
Systems Support		3,802,370
System Develop and Applications		2,427,365
IT Cyber Security		1,675,898
IT Non Capital Equipment		1,554,729
Computer Learning Technologies		1,268,122
Medical Records		1,259,762
IT - EVOLVE3		825,918
IT Admin, Oversight and Support		643,636
Other		914,599
Total Information Technology		41,576,063
<i>Revenue Cycle</i>		
Patient Financial Services		20,617,803
Coding		8,757,838
Revenue Cycle Initiatives		1,755,529
Medical Records Support Services		2,258,202
Referral Authorization Management		2,711,368
HIM Clinical Documentation		2,165,209
Collection Agencies		848,290
Other		2,496,739
Total Revenue Cycle		41,610,978
Food & Nutrition		8,419,000
<i>Other</i>		
Administration		15,235,446
FHA Bonds		6,902,657
Admin Support for Facilities/Planning		1,326,955
Other		147,243
Total Other		23,612,301
Total Mill Levy Expenditures	\$	188,585,428

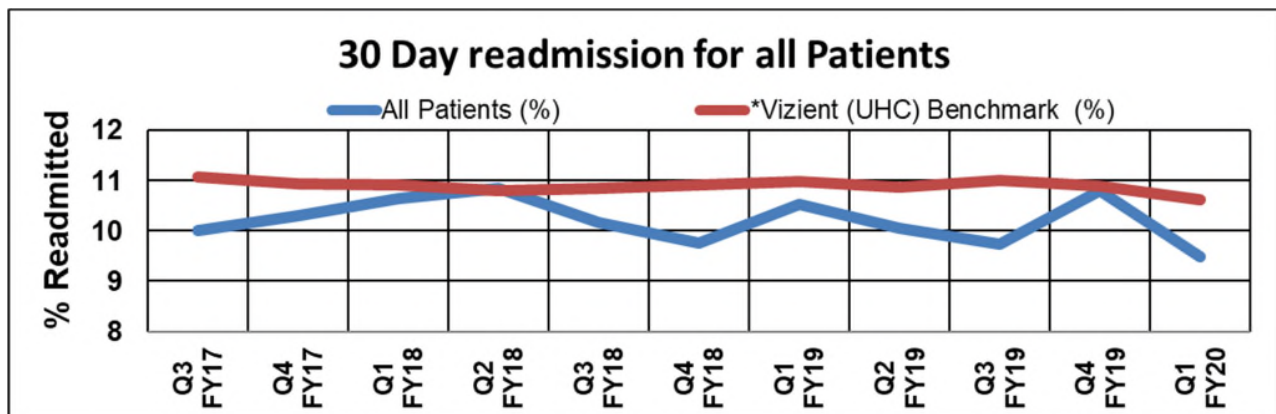
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q3 FY17	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20
Average LOS (Days)	6.55	6.62	6.51	6.51	6.15	6.45	6.22	6.51	6.10	6.35	6.31
*Vizient (UHC) Benchmark (Days)	5.51	5.39	5.37	5.41	5.60	5.44	5.44	5.51	5.60	5.50	5.52

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

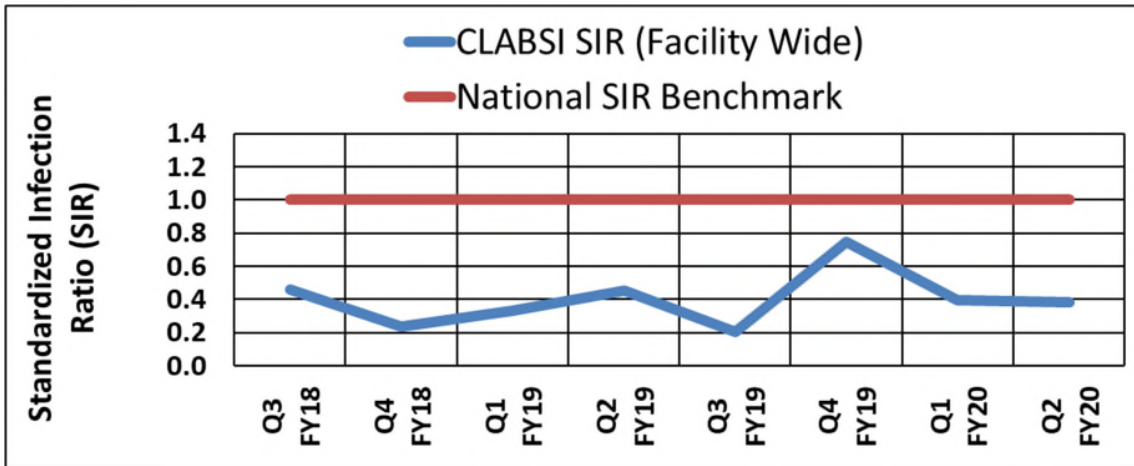
30 Day Readmission for All Patients



Fiscal Quarter	Q3 FY17	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20
All Patients (%)	10.00	10.30	10.64	10.84	10.16	9.77	10.53	10.06	9.74	10.80	9.49
*Vizient (UHC) Benchmark (%)	11.08	10.93	10.92	10.80	10.84	10.91	10.99	10.87	11.01	10.89	10.62

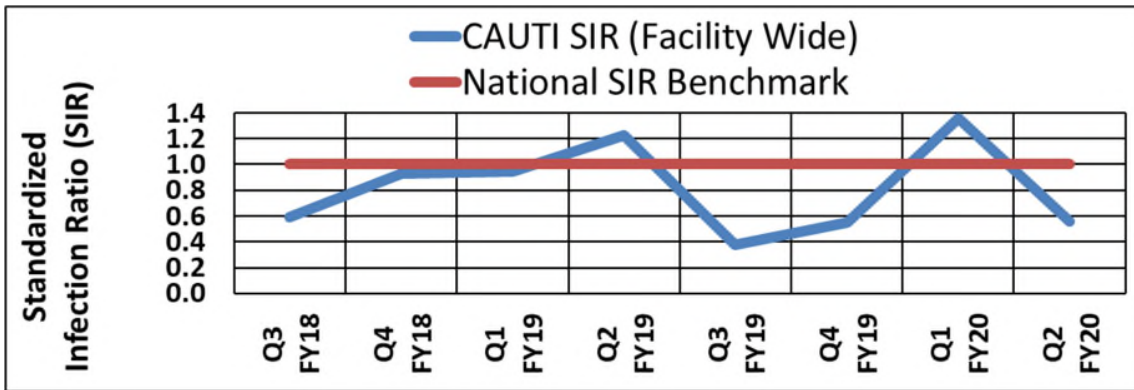
*Vizient, Inc. (formerly, "UHC") is an alliance of the nation's leading academic medical centers ("AMCs") and associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20
CLABSI SIR (Facility Wide)	0.458	0.236	0.334	0.454	0.204	0.749	0.393	0.386
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	5	2	3	4	2	8	4	4
*NHSN Expected	10.9	8.5	9.0	8.8	9.8	10.7	10.2	10.4

Catheter Associated Urinary Tract Infection



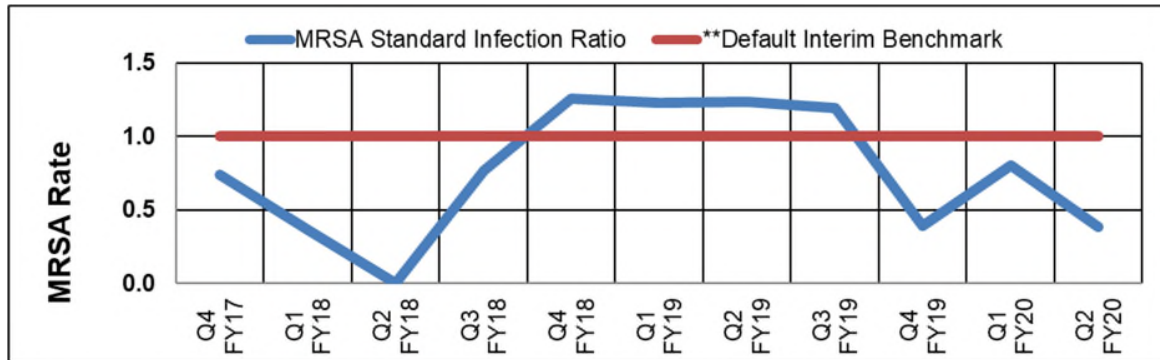
Catheter-Associated Urinary Tract Infection (CAUTI)	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20
CAUTI SIR (Facility Wide)	0.588	0.930	0.945	1.223	0.374	0.547	1.362	0.556
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CAUTI Count	8	11	10	12	4	6	15	7
*NHSN Expected	13.6	11.8	10.6	9.8	10.7	11.0	11.0	12.6

*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.



Fiscal Quarter	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20
MRSA Standard Infection Ratio	0.74	0.36	0.00	0.77	1.26	1.23	1.23	1.19	0.39	0.81	0.38
**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	2	1	0	2	3	3	3	3	1	2	1

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

Total Number of Inpatient Days

FY19 is based on the twelve (12) months ended June 30, 2019.

FY20 is based on the six (6) months ended December 31, 2019.

Inpatient Days	FY2019 Actual	FY2020 Projected	FY20 Actual YTD
Adult	113,244	115,268	57,634
Pediatric	37,195	38,436	19,218
Newborn	5,220	5,344	2,672
Total Inpatient Days	155,659	159,048	79,524

Nursing Hours of Care

	FY2019 Actual	FY2020 Actual
UNMH Nursing Hours of Care Per Patient*	17.12	16.13

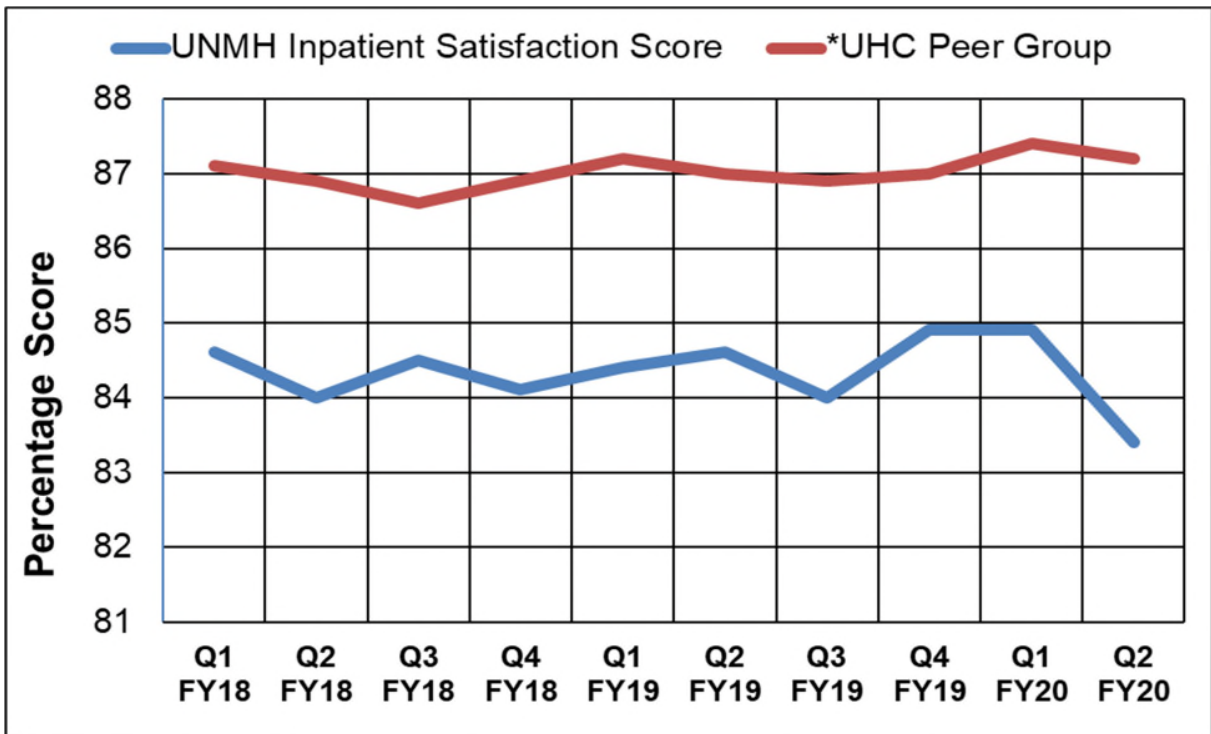
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2019	Number of FTES as of December, 2019	FY2020 Hires (Headcount)	FY2020 Terms (Headcount)	12-Month Rolling Retention Rate
RNs	1,973	1,967	103	179	82.71%
*National Retention Rate Benchmark					82.80%

* Per the 2019 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2018 national RN turnover rate is 17.2%.

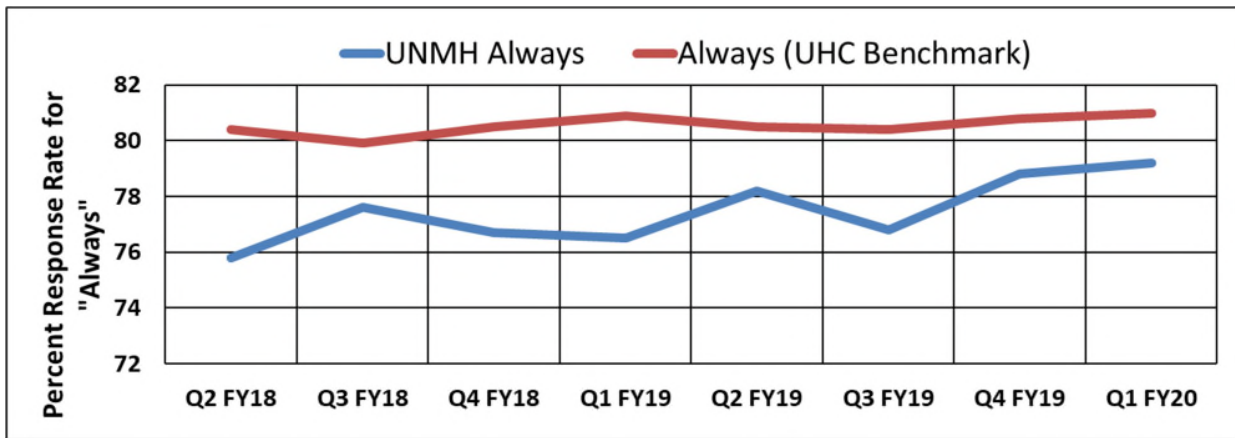
Press Ganey Inpatient Satisfaction Score



Quarter	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20
UNMH Inpatient Satisfaction Score	84.6	84	84.5	84.1	84.4	84.6	84	84.9	84.9	83.4
*UHC Peer Group	87.1	86.9	86.6	86.9	87.2	87	86.9	87	87.4	87.2

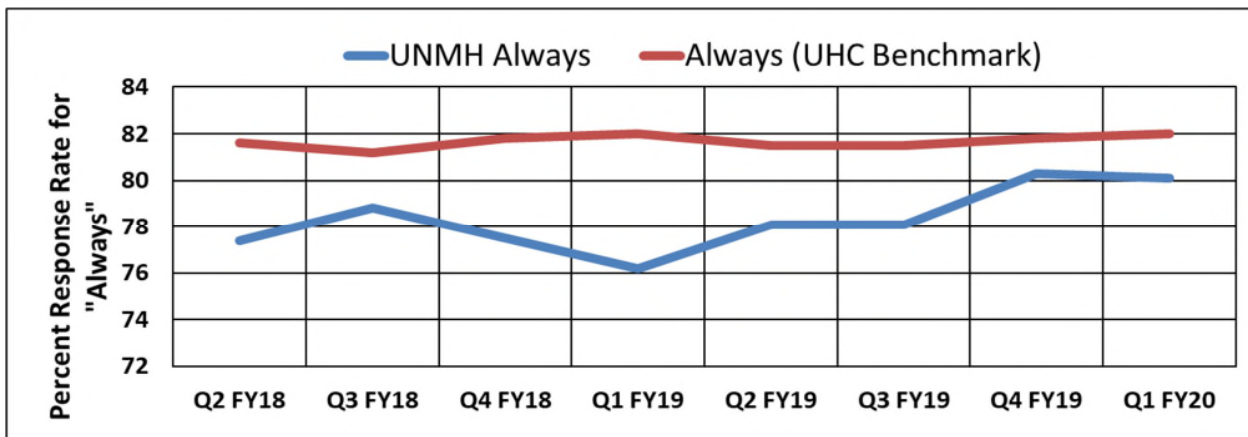
*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

HCAHPS Satisfaction – Communications with Nurses



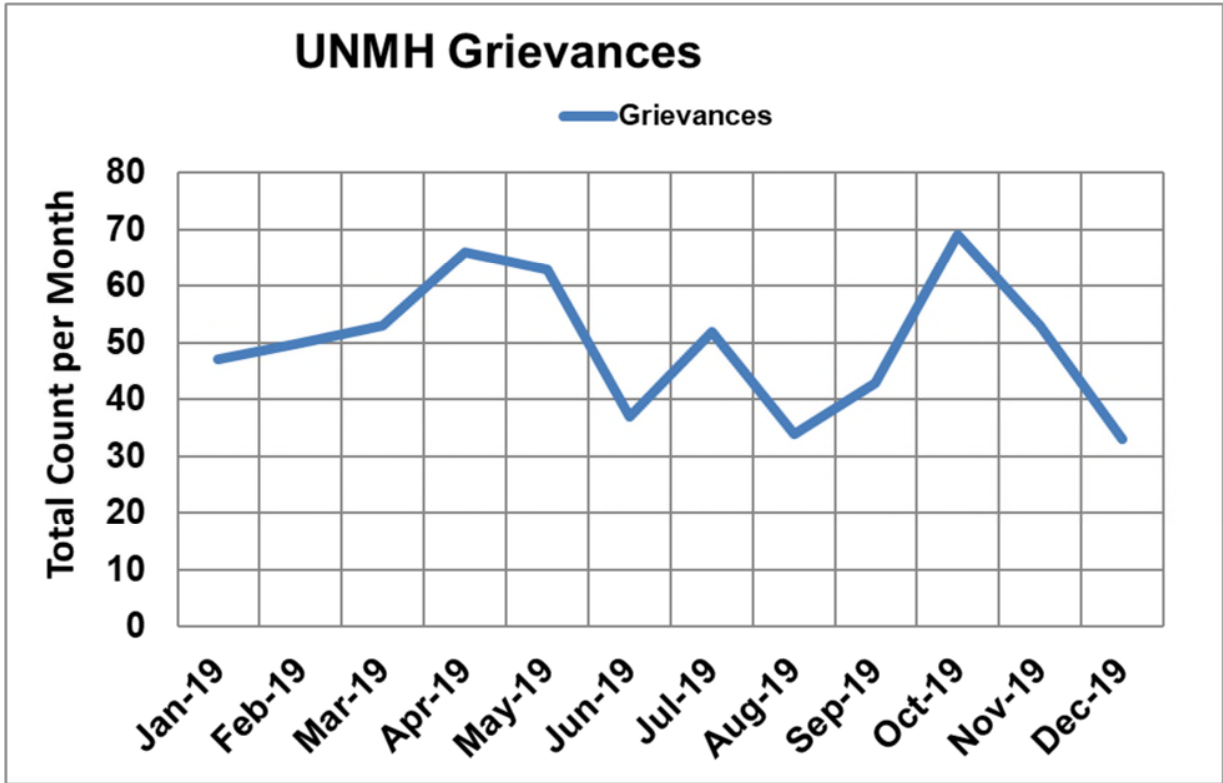
Communication with Nurses	Response	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20
H-COMP-1-A-P	UNMH Always	75.8	77.6	76.7	76.5	78.2	76.8	78.8	79.2
H-COMP-1-U-P	UNMH Usually	19.0	17.8	19.7	19.3	16.5	17.8	16.9	16.7
H-COMP-1-SN-P	UNMH Sometimes/Never	5.2	4.6	4.1	4.2	5.4	5.5	4.3	4.1
UHC Benchmark	Always (UHC Benchmark)	80.4	79.9	80.5	80.9	80.5	80.4	80.8	81.0
UHC Benchmark	Usually (UHC Benchmark)	18.8	15.7	15.4	15.1	15.3	15.3	14.9	14.8

HCAHPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20
H-COMP-2-A-P	UNMH Always	77.4	78.8	77.5	76.2	78.1	78.1	80.3	80.1
H-COMP-2-U-P	UNMH Usually	16.1	15.7	17.5	18.1	14.9	15.7	15.1	15.8
H-COMP-2-SN-P	UNMH Sometimes/Never	6.4	5.4	5.1	5.7	6.9	6.2	4.6	4.1
UHC Benchmark	Always (UHC Benchmark)	81.6	81.2	81.8	82.0	81.5	81.5	81.8	82.0
UHC Benchmark	Usually (UHC Benchmark)	17.5	14.4	14.0	13.7	14.0	14.0	13.8	13.6

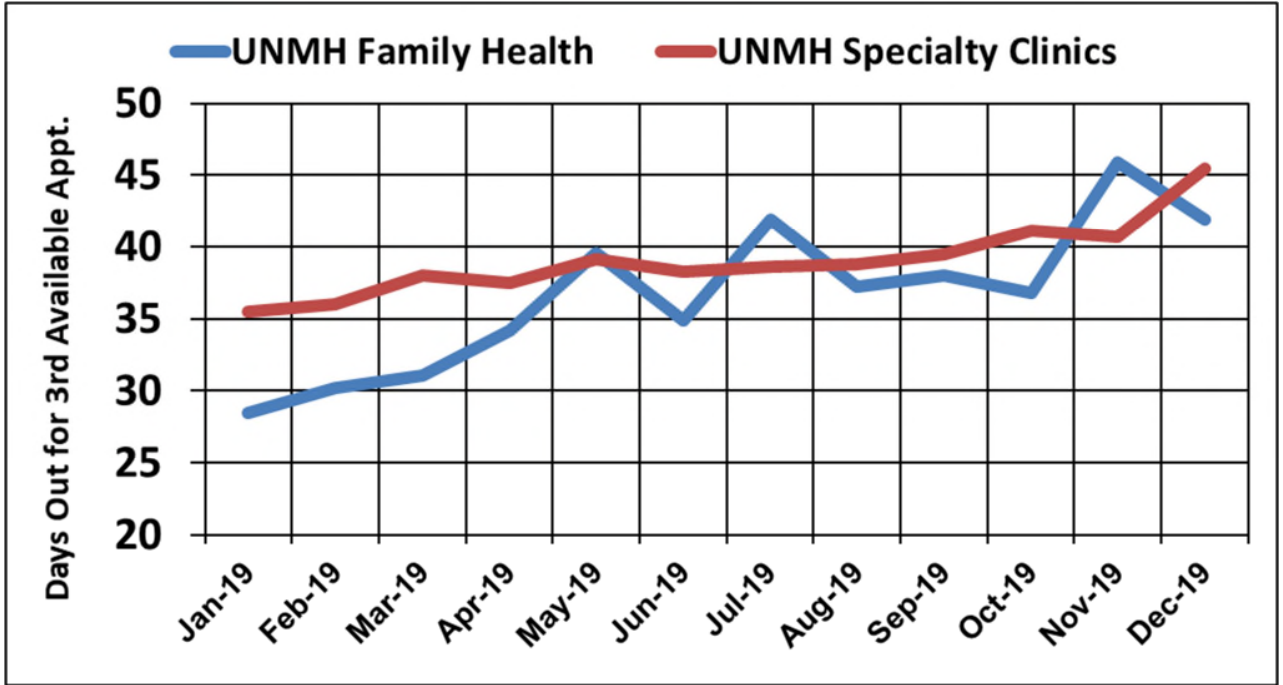
Grievances



Month-Year	Grievances
Jan-19	47
Feb-19	50
Mar-19	53
Apr-19	66
May-19	63
Jun-19	37
Jul-19	52
Aug-19	34
Sep-19	43
Oct-19	69
Nov-19	53
Dec-19	33

Average time for an Appointment for Primary and Specialty Care

Average 3rd Available* Day for Appointments.

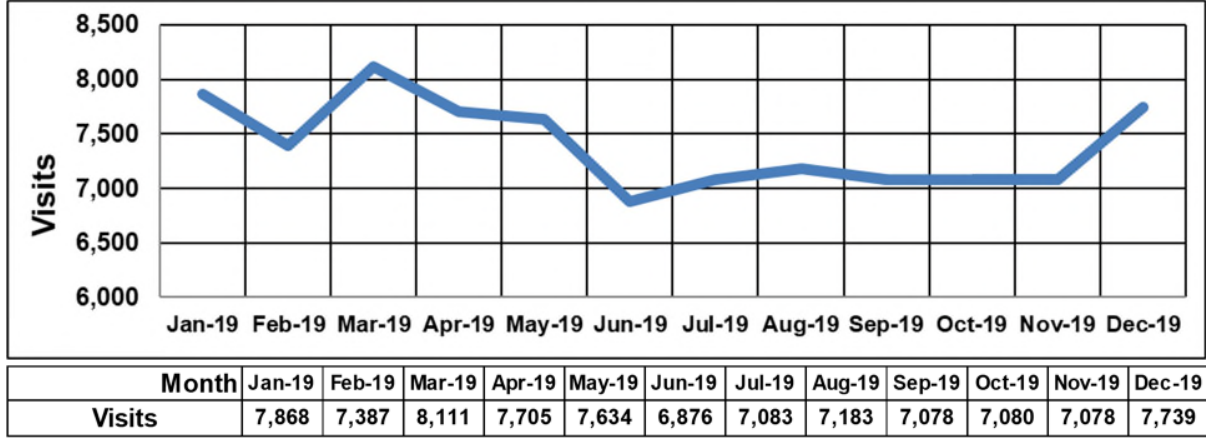


Month	UNMH Family Health	UNMH Specialty Clinics
Jan-19	28.5	35.5
Feb-19	30.3	36.0
Mar-19	31.1	38.0
Apr-19	34.2	37.5
May-19	39.6	39.1
Jun-19	34.9	38.2
Jul-19	41.9	38.6
Aug-19	37.2	38.8
Sep-19	38.0	39.5
Oct-19	36.8	41.2
Nov-19	45.9	40.7
Dec-19	41.9	45.4

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

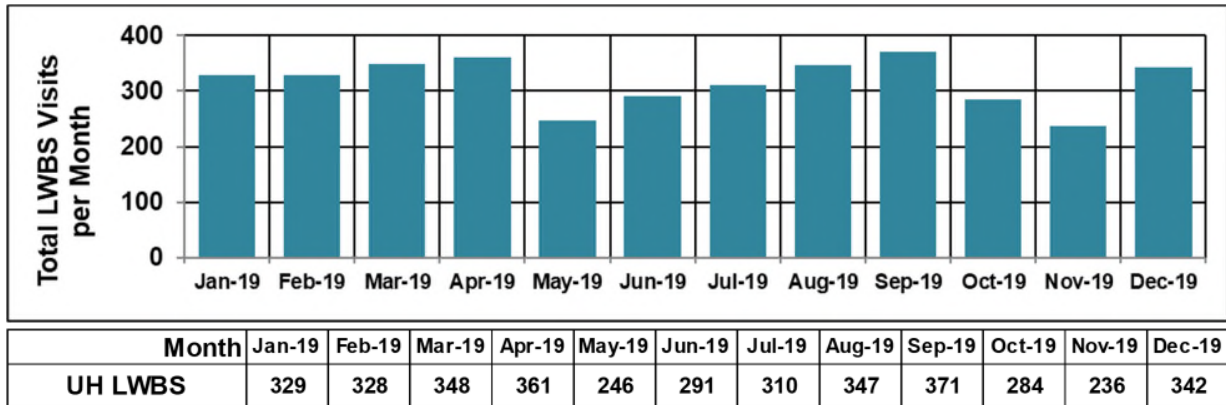
Number of Emergency Department Visits

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

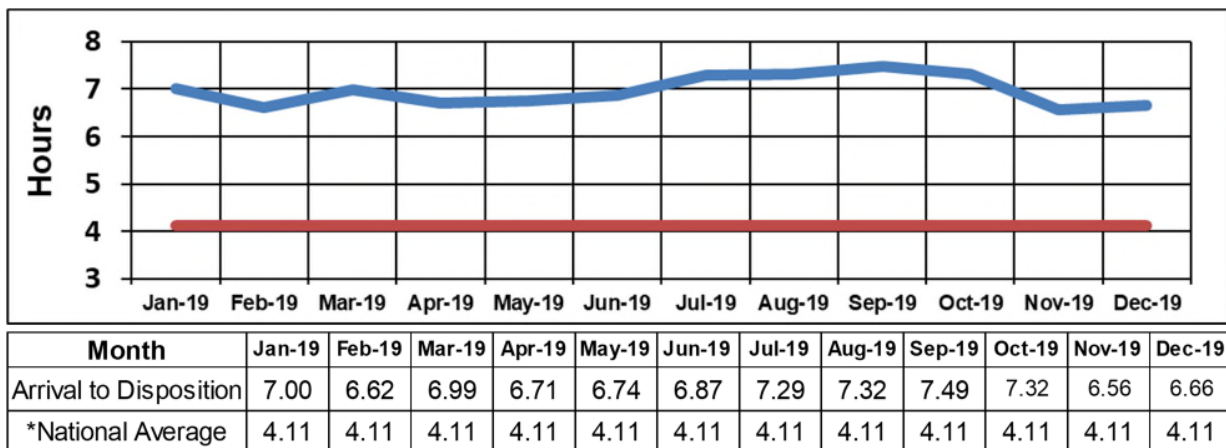


Total ED Patients Left without Being Seen

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

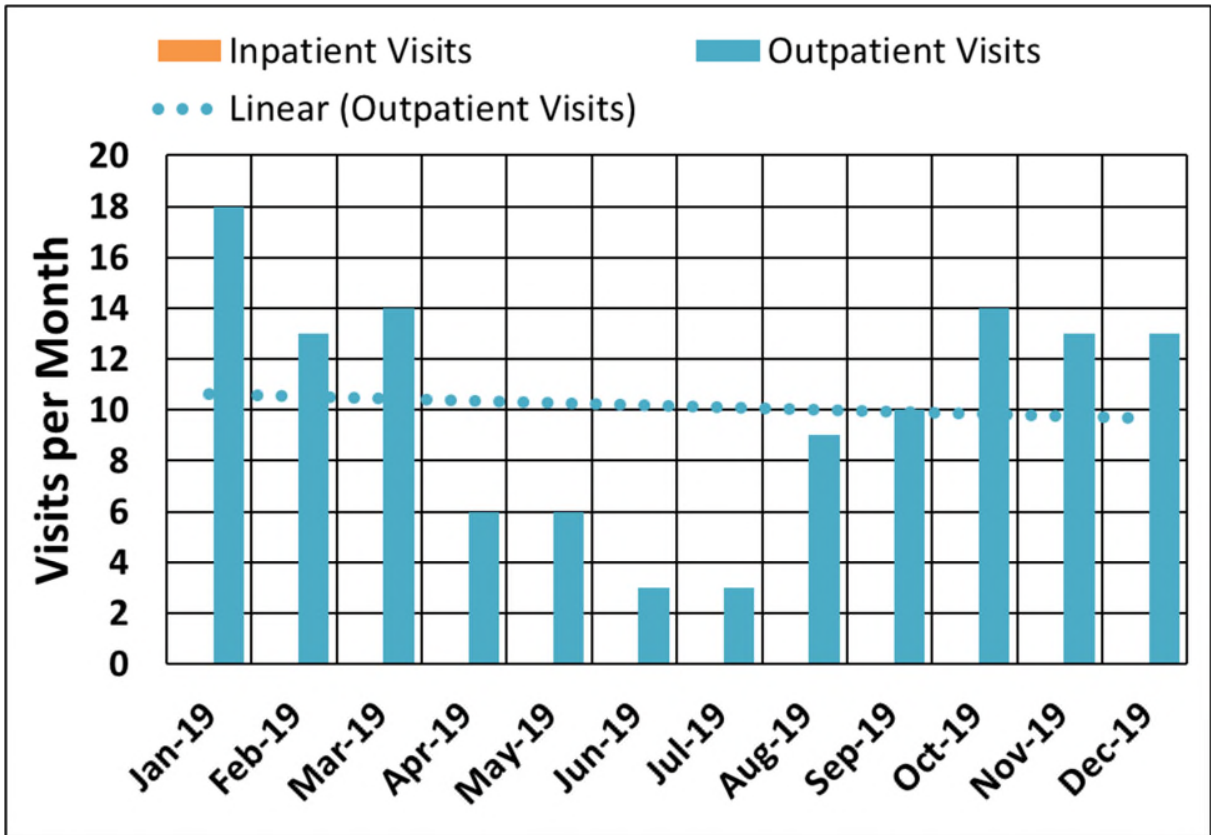


ED Average Hours from Arrival to Disposition



** 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-19	0	18
Feb-19	0	13
Mar-19	0	14
Apr-19	0	6
May-19	0	6
Jun-19	0	3
Jul-19	0	3
Aug-19	0	9
Sep-19	0	10
Oct-19	0	14
Nov-19	0	13
Dec-19	0	13

Bernalillo County Detention Center 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, 2019, broken down by payer source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	5,245
EMSA	270
IHS	1,580
Medicaid	156,488
Medicare	134,616
Uninsured	19,141
HMO's & Insurance	105,143
All Other *	19,579
Total Encounters	442,062
Native American Encounters **	42,282

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, 2019, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 14,304,624	\$ 12,671,953	\$ 26,976,577
Catron	278	3,004	3,282
Chaves	44,054	20,978	65,032
Cibola	332,882	62,448	395,330
Colfax	90,826	4,816	95,642
Curry	3,030	12,892	15,922
De Baca	293	480	773
Dona Ana	144,710	17,020	161,730
Eddy	36,696	49,055	85,752
Grant	26,684	1,808	28,492
Guadalupe	32,296	30,792	63,089
Harding	-	-	-
Hidalgo	12	-	12
Lea	970	55,048	56,018
Lincoln	19,188	90,199	109,387
Los Alamos	9,382	7,759	17,141
Luna	7,110	12,371	19,482
Mc Kinley	285,577	136,587	422,164
Mora	3,559	36	3,595
Otero	22,846	108,920	131,766
Quay	1,886	81	1,967
Rio Arriba	40,483	109,121	149,604
Roosevelt	55,439	46,018	101,457
San Juan	138,157	65,632	203,789
San Miguel	49,284	8,470	57,754
Sandoval	1,347,162	800,817	2,147,979
Santa Fe	229,984	664,569	894,553
Sierra	8,218	24,113	32,331
Socorro	181,344	110,556	291,900
Taos	497,976	101,295	599,271
Torrance	51,531	315,752	367,283
Union	398	45	443
Valencia	930,569	1,755,309	2,685,877
Out Of State	-	1,332,933	1,332,933
Grand Total	\$ 18,897,449	\$ 18,620,876	\$ 37,518,325

* Based on primary and secondary coverage

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, 2019.

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	4	\$4,003	62	\$ 22,688	66	\$ 26,692
87022	8	1,471	134	27,277	142	28,748
87047	4	27,852	170	44,974	174	72,826
87059	10	44,420	411	51,251	421	95,671
87101	1	965	33	5,870	34	6,835
87102	138	831,727	3,732	895,640	3,870	1,727,366
87103	-	-	19	6,429	19	6,429
87104	30	95,982	1,304	256,504	1,334	352,486
87105	256	1,650,597	8,451	2,471,052	8,706	4,121,650
87106	79	332,567	2,569	619,367	2,648	951,934
87107	120	379,711	3,363	865,582	3,483	1,245,294
87108	158	775,475	5,614	1,472,944	5,772	2,248,419
87109	97	429,042	2,790	606,236	2,887	1,035,278
87110	99	432,998	3,342	685,387	3,441	1,118,385
87111	87	521,550	2,359	686,297	2,446	1,207,847
87112	109	401,446	3,334	666,765	3,443	1,068,211
87113	25	76,136	820	145,852	845	221,988
87114	58	607,106	3,066	714,830	3,124	1,321,936
87115	-	-	-	-	-	-
87116	4	11,772	55	67,917	59	79,689
87117	-	-	5	985	5	985
87119	-	-	50	6,298	50	6,298
87120	110	688,086	3,306	729,885	3,416	1,417,971
87121	321	1,419,076	12,906	3,918,037	13,227	5,337,113
87122	13	183,123	332	120,121	345	303,244
87123	136	1,111,065	4,877	1,387,343	5,013	2,498,408
87125	6	2,289	211	16,699	217	18,989
87128	-	-	-	-	-	-
87131	1	28,090	5	1,027	6	29,117
87151	7	208,237	69	42,133	76	250,370
87153	-	-	5	501	5	501
87154	2	1,037	99	11,648	101	12,686
87158	-	-	-	-	-	-
87176	4	4,835	109	15,017	113	19,851
87181	1	247	34	4,522	35	4,769
87184	3	3,198	28	7,130	31	10,328
87185	-	-	1	159	1	159
87187	-	-	29	2,314	29	2,314
87190	1	914	55	3,850	56	4,763
87191	-	-	22	2,568	22	2,568
87192	1	62	46	7,412	47	7,474
87193	2	2,550	47	4,852	49	7,402
87194	-	-	20	5,032	20	5,032
87195	-	-	142	21,167	142	21,167
87196	5	31,149	123	13,757	128	44,906
87197	4	2,419	78	7,364	82	9,783
87198	2	191	85	9,192	87	9,383
87199	-	-	96	13,311	96	13,311
Grand Total	1,906	\$ 10,311,391	64,408	\$ 16,665,186	\$ 66,313	\$ 26,976,577

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the six (6) months ended December 31, 2019.

Bernalillo County Zip	Cancer Count	Medicine Count	Pediatrics Count	Surgery Count	Emergency Medicine Count	Neurology Count	OBGYN Count	Orthopedics Count	Psychiatry Count	Other Count	Total Count
87008	2	27	-	5	7	4	3	5	12	1	66
87022	25	69	-	10	19	5	1	8	1	4	142
87047	24	81	-	11	16	12	1	13	11	5	174
87059	45	191	1	22	38	27	12	21	38	26	421
87101	-	4	-	-	24	-	-	-	4	2	34
87102	304	1,480	10	146	669	221	110	137	427	366	3,870
87103	-	12	-	-	5	-	-	-	1	1	19
87104	101	632	1	96	128	84	39	57	99	97	1,334
87105	808	3,843	20	452	921	507	329	299	576	952	8,707
87106	146	1,093	6	133	301	171	111	90	316	281	2,648
87107	225	1,505	11	176	396	262	116	137	302	353	3,483
87108	288	2,449	14	229	757	298	202	201	672	662	5,772
87109	319	1,315	11	126	275	181	83	115	239	223	2,887
87110	237	1,524	1	190	326	293	91	137	400	242	3,441
87111	133	1,113	5	117	238	202	69	96	250	223	2,446
87112	263	1,633	8	174	293	234	97	144	335	262	3,443
87113	61	407	-	40	72	53	30	43	62	77	845
87114	392	1,373	3	149	222	195	103	123	261	303	3,124
87115	-	-	-	-	-	-	-	-	-	-	-
87116	18	20	-	1	9	6	2	1	1	1	59
87117	-	-	-	-	-	-	-	-	4	1	5
87119	5	21	-	2	5	8	1	-	4	4	50
87120	162	1,588	14	142	324	274	146	147	339	280	3,416
87121	1,064	5,886	40	618	1,312	730	691	457	673	1,756	13,227
87122	34	177	-	20	22	14	1	16	25	36	345
87123	340	2,256	14	220	488	350	205	183	388	569	5,013
87125	52	65	-	6	33	16	4	6	17	18	217
87128	-	-	-	-	-	-	-	-	-	-	-
87131	2	-	-	-	2	-	-	-	1	1	6
87151	3	17	-	8	26	-	1	7	3	10	75
87153	-	4	-	-	1	-	-	-	-	-	5
87154	2	36	-	5	9	24	-	4	10	11	101
87158	-	-	-	-	-	-	-	-	-	-	-
87176	28	43	-	10	7	10	1	2	-	12	113
87181	1	14	-	6	5	2	-	1	2	4	35
87184	2	18	-	6	3	-	-	1	-	1	31
87185	1	-	-	-	-	-	-	-	-	-	1
87187	-	16	-	1	4	1	-	1	4	2	29
87190	10	23	-	2	3	4	-	6	7	1	56
87191	-	18	-	1	1	-	-	-	2	-	22
87192	9	16	-	2	3	11	-	1	3	2	47
87193	6	23	1	-	3	3	-	2	7	4	49
87194	1	9	-	-	3	4	-	1	-	2	20
87195	7	76	-	10	9	4	2	11	12	11	142
87196	31	59	-	2	5	3	-	3	18	7	128
87197	21	36	-	8	3	5	-	2	4	3	82
87198	5	46	-	5	7	10	2	3	4	5	87
87199	34	40	-	7	2	5	1	-	2	5	96
Grand Total	5,211	29,258	160	3,158	6,996	4,233	2,454	2,481	5,536	6,826	66,313

Primary Reason for Bernalillo County Indigent Resident Visits

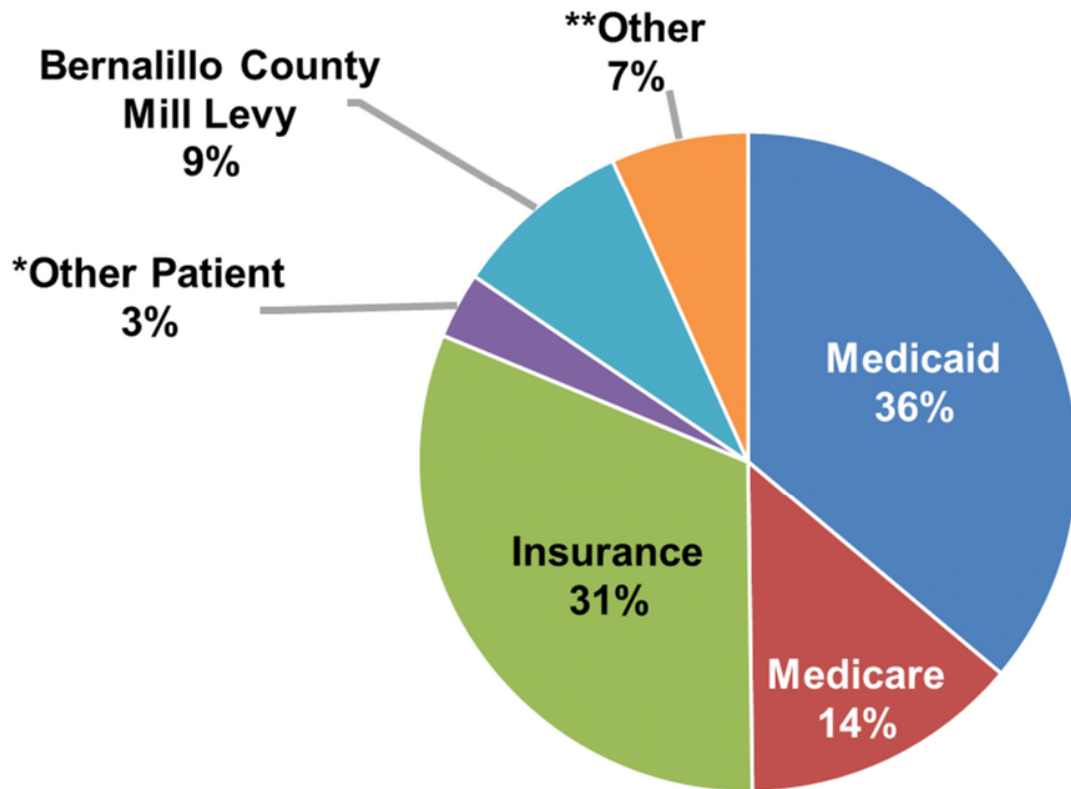
Totals are for each of the eight (8) quarters ended December 31, 2019.

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

Description	FY20 Q2	FY20 Q1	FY19 Q4	FY19 Q3	FY19 Q2	FY19 Q1	FY18 Q4	FY18 Q3
Factors influencing health status and contact with health services	8,317	4,890	7,031	5,574	6,349	7,403	8,357	7,704
Diseases of the musculoskeletal system and connective tissue	3,590	2,093	3,300	2,577	2,702	3,186	3,703	3,500
Symptoms, signs and Ill-Defined Conditions	3,443	1,980	3,065	2,415	2,588	2,917	3,279	3,319
Injury, poisoning and certain other consequences of external causes	2,340	1,505	2,226	1,606	1,854	2,303	2438	2,184
Endocrine, nutritional and metabolic diseases	2,173	1,250	1,896	1,531	1,629	1,870	2208	2,113
Diseases of the respiratory system	2,250	865	1,708	1,802	1,538	1,271	1708	2,799
Mental and behavioral disorders	1,870	1,110	1,629	1,325	1,397	1,684	1961	1,839
Diseases of the circulatory system	2,059	1,182	1,762	1,386	1,453	1,645	1862	1,802
Diseases of the nervous system	1,795	1,051	1,574	1,229	1,218	1,414	1621	1,532
Neoplasms	1,535	1,027	1,614	1,260	1,332	1,494	1669	1,568
Diseases of the genitourinary system	1,480	899	1,327	1,059	1,121	1,278	1459	1,336
Diseases of the digestive system	1,290	765	1,179	922	944	1,095	1293	1166
Diseases of the skin and subcutaneous tissue	1,190	750	1,104	847	908	1,054	1267	1157
Pregnancy, childbirth and the puerperium	930	518	938	709	786	990	1054	959
Diseases of the eye and adnexa	794	518	829	575	591	691	838	815
Certain infectious and parasitic diseases	627	322	524	466	469	488	678	704
Diseases of the ear and mastoid process	466	267	408	399	358	398	465	564
Congenital malformations, deformations, chromosomal abnormalities	289	172	279	215	236	254	284	299
Diseases of the blood, blood-forming organs and immune mechanism	282	172	248	173	201	236	271	240
Certain conditions originating in the perinatal period	48	32	62	37	45	42	50	52
Other (prescription pick-up, etc.)	5,960	2,217	3,279	2,626	2,799	3,094	3,480	3,455
Total Visits	42,728	23,585	35,982	28,733	30,518	34,807	39,945	39,107

Revenues by Payor Source

FY 2019 Revenue (Audited)



		FY2019
Medicaid	\$	433,178,533
Medicare		164,370,367
Insurance		377,306,782
*Other Patient		38,790,704
Bernalillo County Mill Levy		105,709,584
**Other		80,780,558
Total	\$	1,200,136,528

***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, Contributions and Investment Income.

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

FY2019 is based on the twelve (12) months ended June 30, 2019.

FY2020 is based on the twelve (12) months ended December 31, 2019.

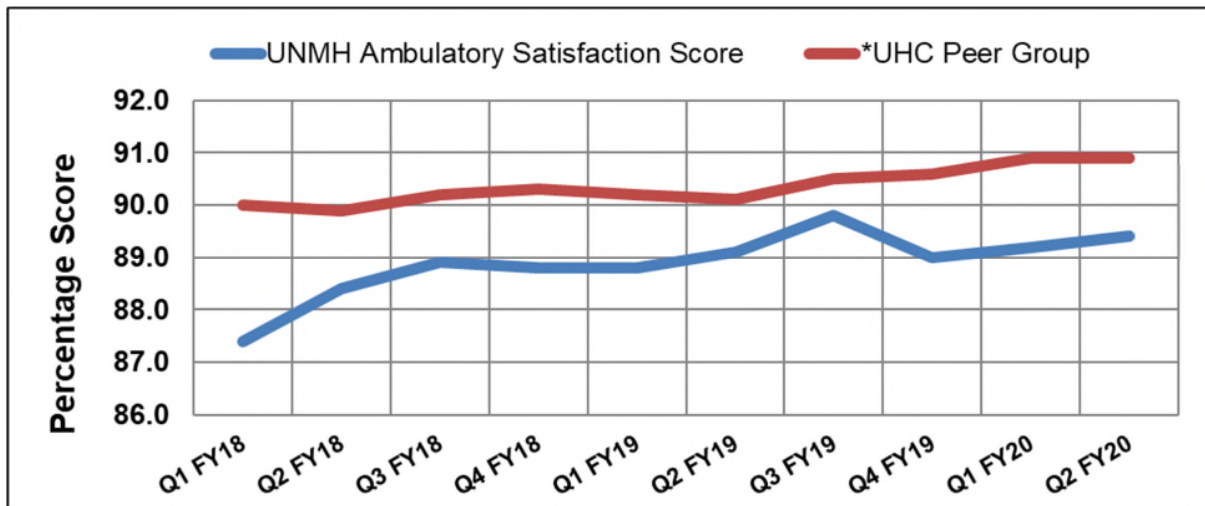
Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.

548,093	FY19 Actual (12 Months)
550,065	FY20 Projected (Based on previous 12 Months)

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 - Sat 7:00am - 6:00pm
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, #A	Mon-Thurs 8am-7pm, Fri 8am-5pm, Sat 9am-2pm

Press Ganey Ambulatory Satisfaction Score

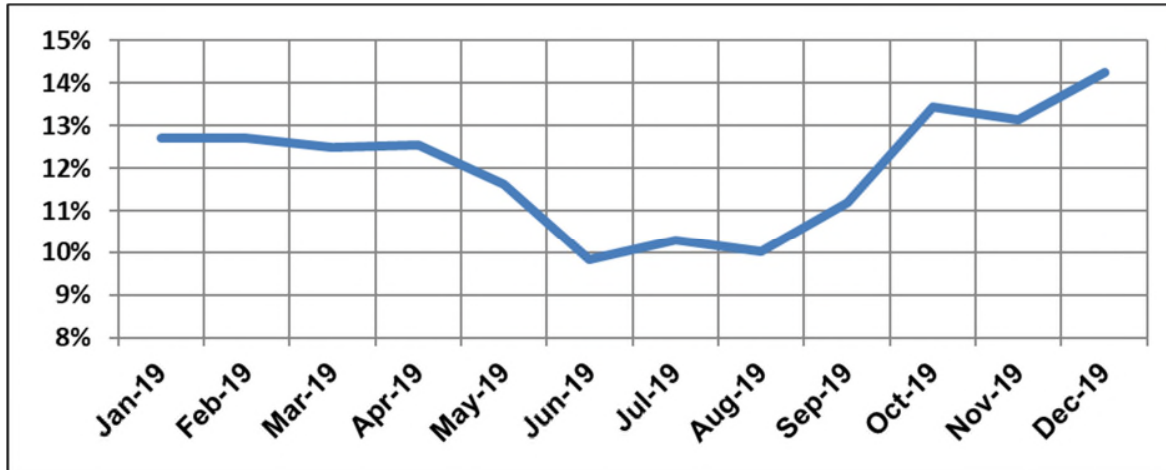


Quarter	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20
UNMH Ambulatory Satisfaction Score	87.4	88.4	88.9	88.8	88.8	89.1	89.8	89.0	89.2	89.4
*UHC Peer Group	90.0	89.9	90.2	90.3	90.2	90.1	90.5	90.6	90.9	90.9

*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.



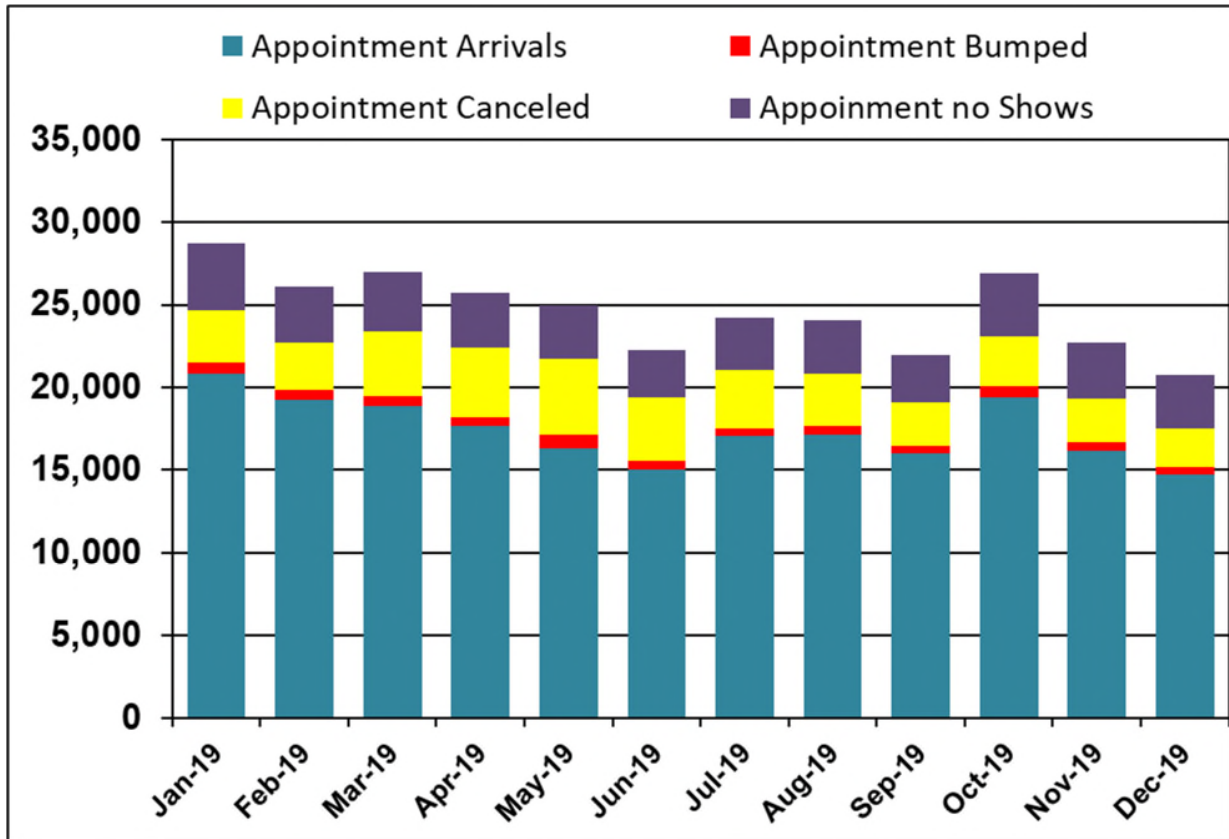
Month	Same Day	Total Arrived	Same Day Rate
Jan-19	2,034	15,974	12.7%
Feb-19	1,883	14,839	12.7%
Mar-19	1,656	13,253	12.5%
Apr-19	1,837	14,630	12.6%
May-19	1,581	13,591	11.6%
Jun-19	1,252	12,734	9.8%
Jul-19	1,435	13,933	10.3%
Aug-19	1,413	14,078	10.0%
Sep-19	1,459	13,036	11.2%
Oct-19	2,127	15,839	13.4%
Nov-19	1,719	13,072	13.2%
Dec-19	1,729	12,135	14.2%

Most recent three (3) month average, October to December 2019, for Same Day Access by Clinic.

Average	Primary Care Clinics
12.4%	1209 Clinic
19.4%	Alamo Primary Care Clinic
9.4%	Family Practice Clinic
8.8%	General Pediatrics Clinic
9.6%	Northeast Heights Clinic
8.7%	Senior Health Center
7.7%	Southeast Heights Clinic
18.1%	Southwest Mesa Clinic
6.9%	SRMC FP Clinic
71.6%	UNM Lobocare Clinic
6.3%	Westside Clinic
9.1%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

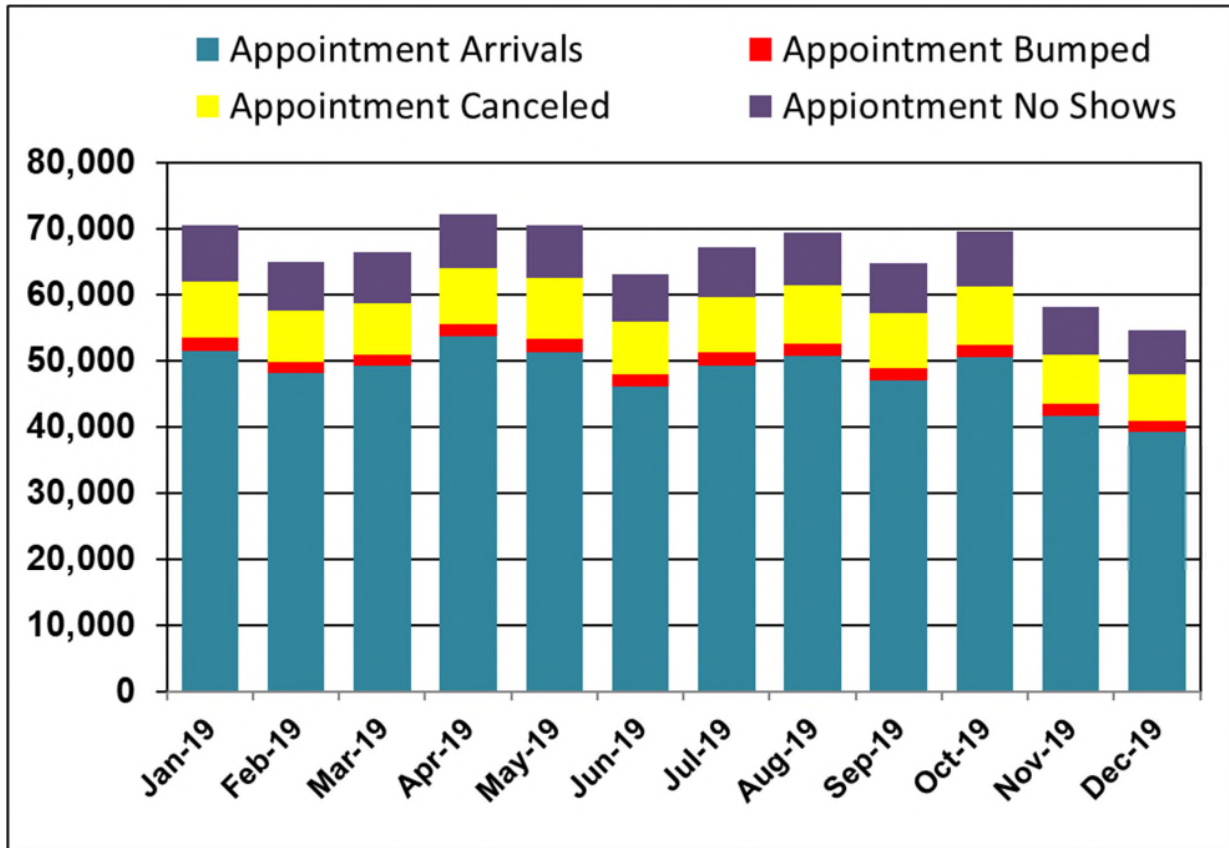
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-19	20,845	659	3,132	4,127
Feb-19	19,209	654	2,808	3,459
Mar-19	18,872	600	3,930	3,570
Apr-19	17,680	538	4,198	3,309
May-19	16,336	811	4,557	3,223
Jun-19	15,052	533	3,823	2,849
Jul-19	17,044	468	3,530	3,146
Aug-19	17,108	564	3,165	3,214
Sep-19	15,998	429	2,650	2,882
Oct-19	19,402	632	3,036	3,825
Nov-19	16,160	536	2,635	3,351
Dec-19	14,736	457	2,327	3,247

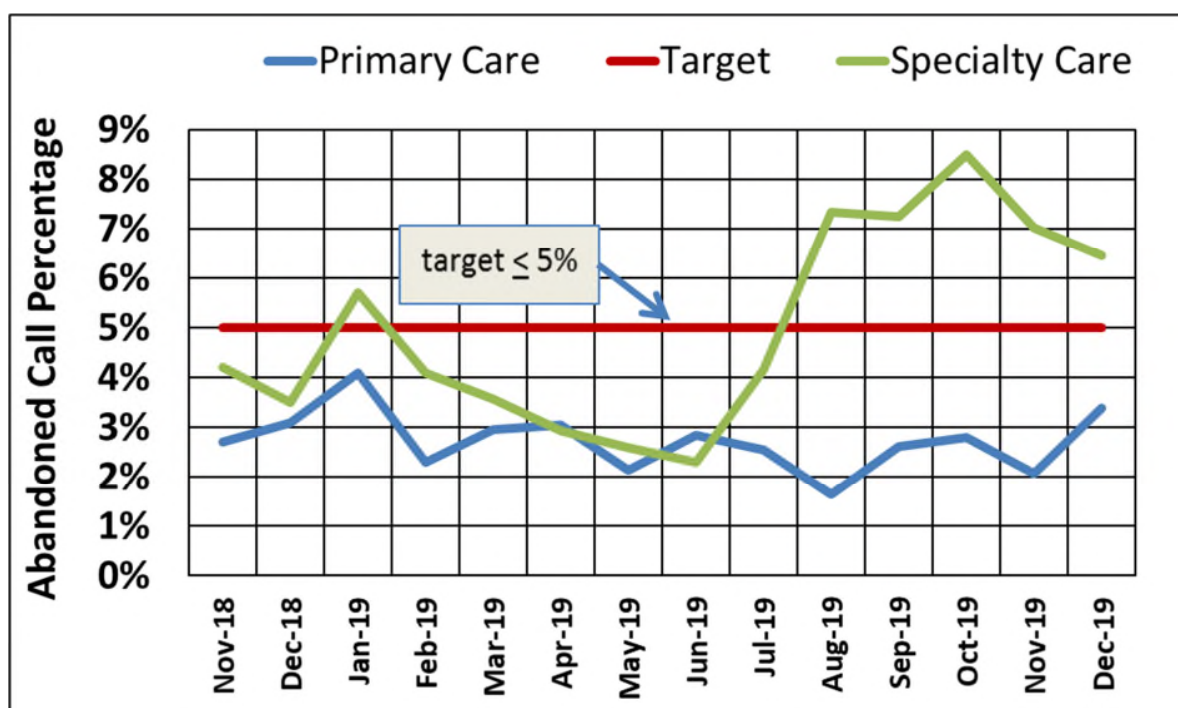
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-19	51,559	2,037	8,448	8,582
Feb-19	48,172	1,725	7,782	7,314
Mar-19	49,170	1,836	7,731	7,656
Apr-19	53,703	1,834	8,597	8,107
May-19	51,323	1,965	9,364	7,868
Jun-19	46,066	1,813	8,095	7,097
Jul-19	49,307	1,968	8,355	7,606
Aug-19	50,710	1,857	8,834	7,958
Sep-19	47,083	1,860	8,262	7,589
Oct-19	50,477	1,945	8,845	8,344
Nov-19	41,719	1,804	7,364	7,293
Dec-19	39,239	1,642	7,010	6,761

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
Nov-18	2.70%	4.20%	5%
Dec-18	3.10%	3.50%	5%
Jan-19	4.10%	5.70%	5%
Feb-19	2.30%	4.10%	5%
Mar-19	2.95%	3.56%	5%
Apr-19	3.06%	2.94%	5%
May-19	2.14%	2.59%	5%
Jun-19	2.84%	2.31%	5%
Jul-19	2.55%	4.15%	5%
Aug-19	1.65%	7.33%	5%
Sep-19	2.61%	7.24%	5%
Oct-19	2.80%	8.50%	5%
Nov-19	2.08%	7.03%	5%
Dec-19	3.39%	6.46%	5%

Medication Reconciliation Goals Primary and Specialty Care

Medication reconciliation based on most recent three (3) month averages.

80.5%	National Patient Safety Goal - Medication Reconciliation Primary Care	
29.0%	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 8, 2020

164,398	Invitations sent out to patients who provided an email address.	
75,273	Patients who have claimed invitation to sign up.	
66,247	*Active Users who have accessed their medical records.	
40%	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 as covered under Children's Online Privacy Protection Act ("COPPA").

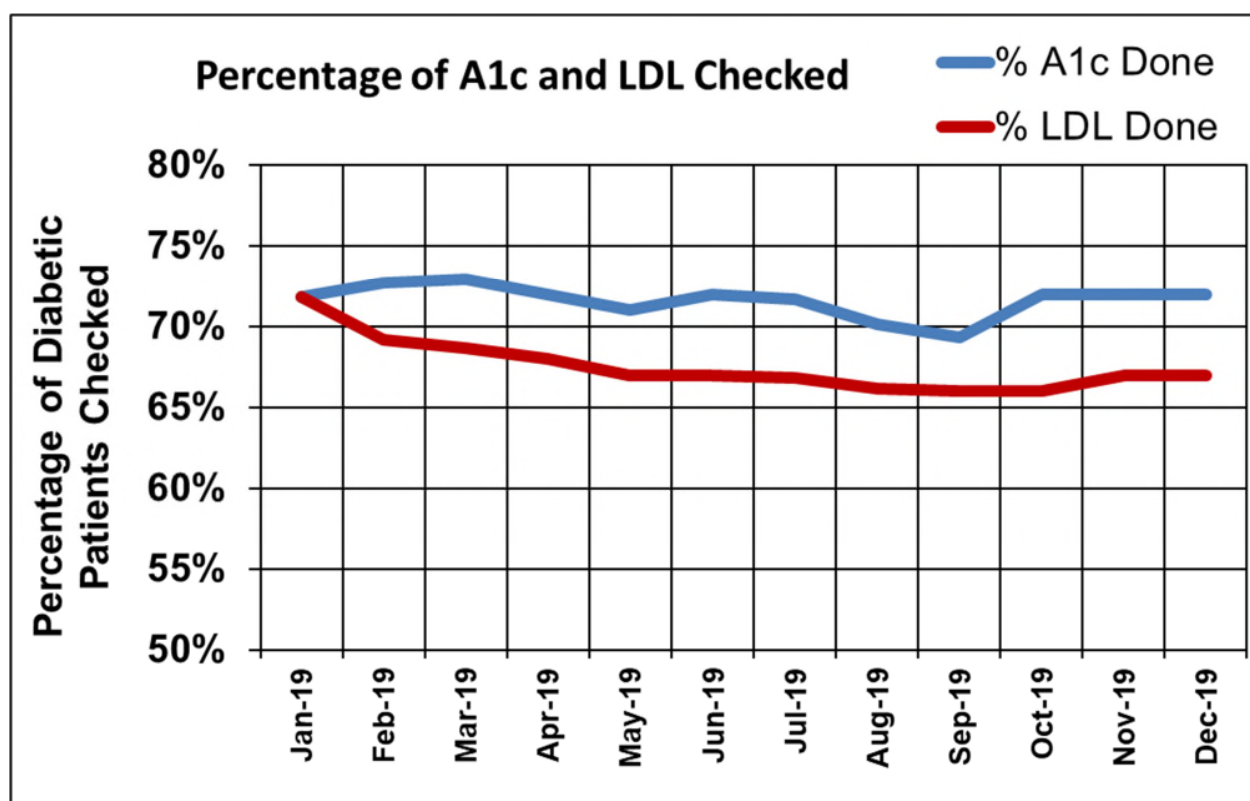
One hundred percent (100%) of all patients may access their medical records in person at UNMH.

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
Jan-19	8,105	5,821	72%	5,821	72%
Feb-19	8,123	5,909	73%	5,620	69%
Mar-19	8,142	5,941	73%	5,592	69%
Apr-19	7,959	5,742	72%	5,394	68%
May-19	7,895	5,635	71%	5,276	67%
Jun-19	7,651	5,507	72%	5,105	67%
Jul-19	7,661	5,461	72%	5,090	67%
Aug-19	7,921	5,556	70%	5,240	66%
Sep-19	8,036	5,573	69%	5,323	66%
Oct-19	7,699	5,527	72%	5,116	66%
Nov-19	7,707	5,573	72%	5,136	67%
Dec-19	7,711	5,562	72%	5,159	67%

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-19	6,992	383	379
Feb-19	7,137	363	323
Mar-19	7,014	380	367
Apr-19	7,145	393	384
May-19	7,114	357	366
Jun-19	7,348	327	341
Jul-19	7,244	381	264
Aug-19	7,311	357	556
Sep-19	7,298	322	500
Oct-19	7,443	333	426
Nov-19	7,306	294	384
Dec-19	7,243	283	322

Total Uncompensated Care – Charity Care and Uninsured

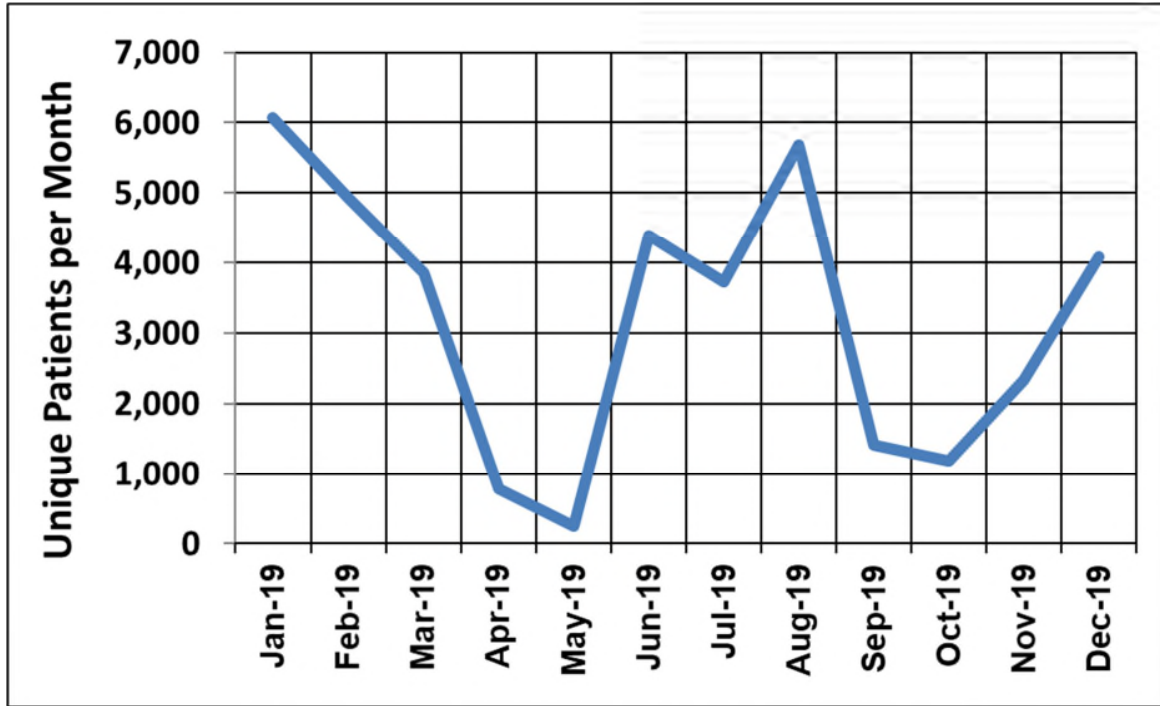
For the six (6) months ended December 31, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	20,549	7,419	27,968
Encounters	49,772	16,543	66,315
Cost	\$ 14,304,624	\$ 12,671,953	\$ 26,976,577

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.

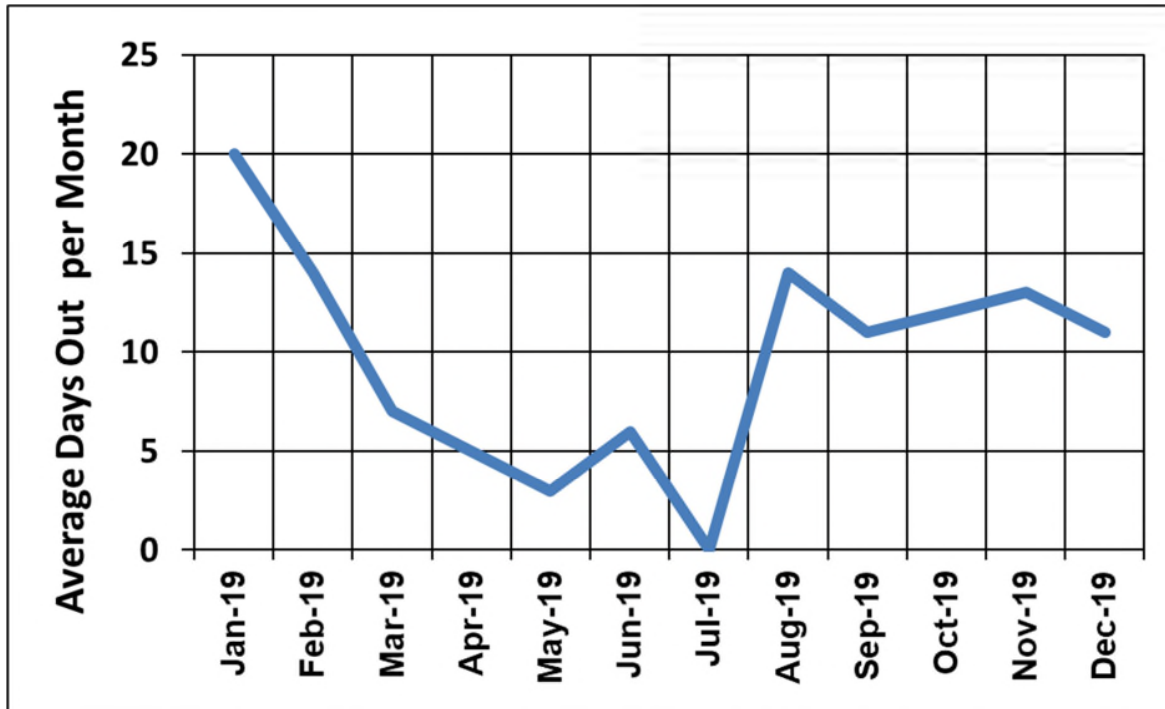
Number of Unique Patients Sent to Collections

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



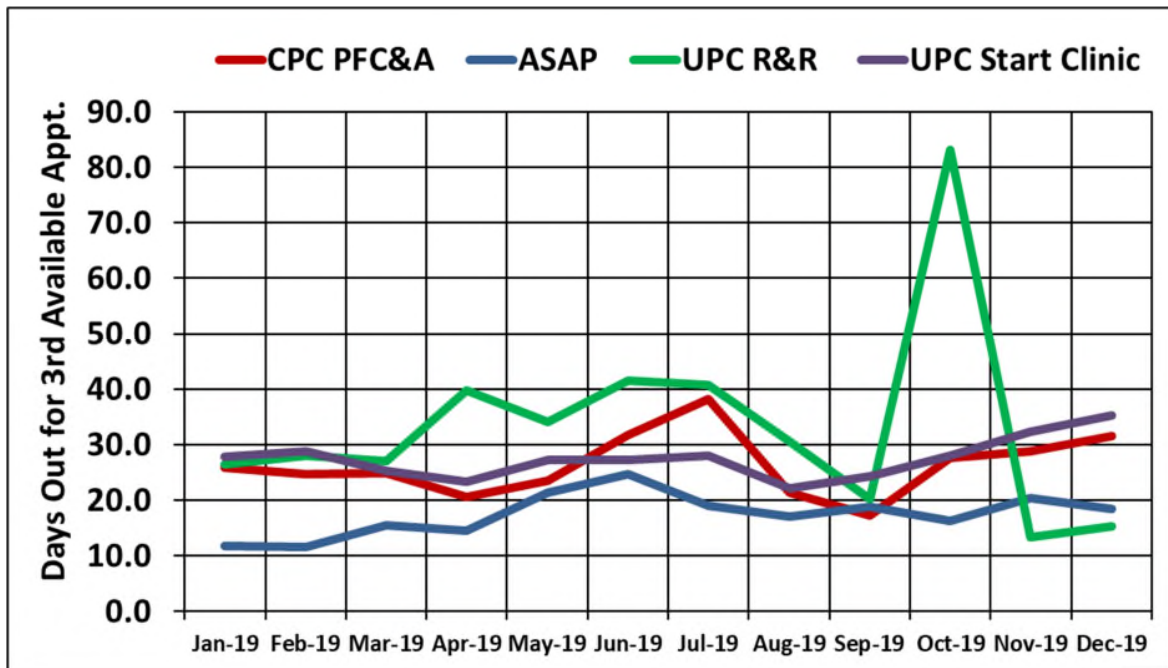
Days Out For Scheduling Financial Assistance Appointment

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



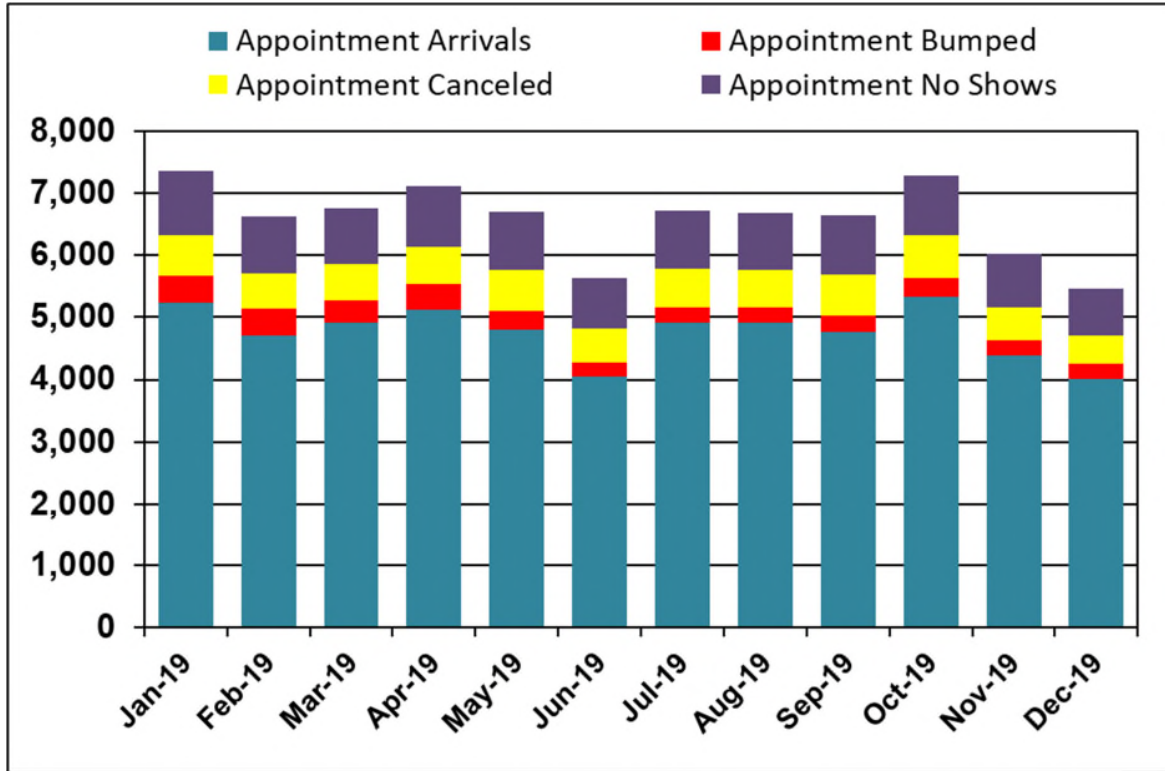
Month	CPC PFC&A	ASAP	UPC R&R	UPC Start Clinic
Jan-19	25.9	11.8	26.5	27.9
Feb-19	24.6	11.5	28.0	28.7
Mar-19	24.9	15.5	27.0	25.3
Apr-19	20.5	14.6	39.7	23.4
May-19	23.5	21.3	34.0	27.2
Jun-19	31.8	24.6	41.5	27.2
Jul-19	38.2	19.1	40.8	28.0
Aug-19	21.4	17.1	30.5	22.1
Sep-19	17.3	18.8	20.2	24.3
Oct-19	27.6	16.2	83.2	28.0
Nov-19	28.7	20.3	13.3	32.3
Dec-19	31.6	18.4	15.3	35.3

Definitions For Above Acronyms

CPC PFC&A	Children's Psychiatric Center Programs for Children and Adolescents
ASAP	Alcohol and Substance Abuse Program
UPC R&R	University Psychiatric - Center Recovery and Resiliency (Continuity of Care)
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.

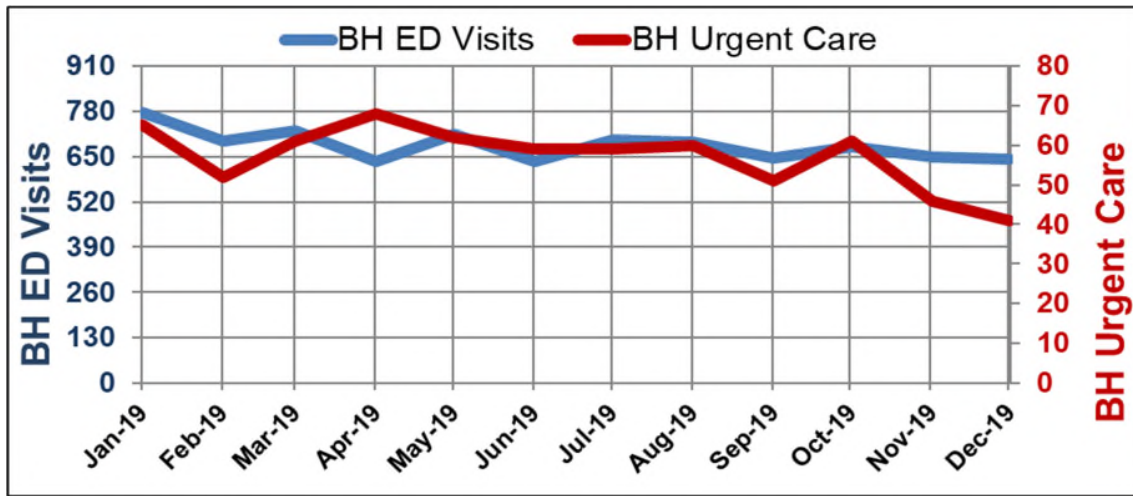


Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-19	5,240	432	648	1,040
Feb-19	4,708	429	561	922
Mar-19	4,907	367	580	901
Apr-19	5,114	417	609	979
May-19	4,802	300	665	941
Jun-19	4,049	222	547	817
Jul-19	4,913	252	615	938
Aug-19	4,922	235	606	918
Sep-19	4,771	262	646	968
Oct-19	5,322	300	701	967
Nov-19	4,387	244	532	860
Dec-19	4,008	242	457	755

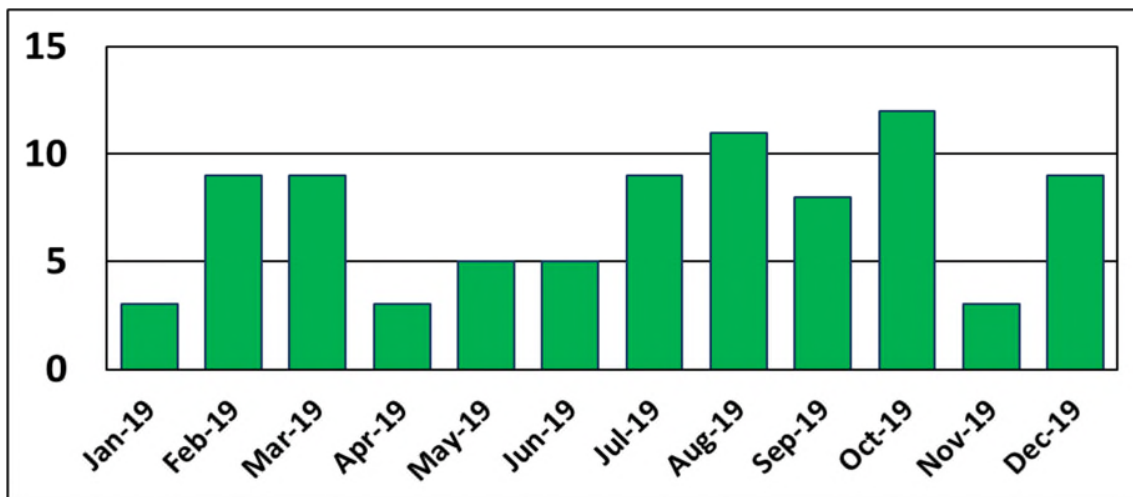
Number of Unique Outpatients and Number of Encounters CY2018

Patient Group	Patients Served	Total Encounters
BH UPC Outpatient	13,439	48,524
BH CPC Outpatient	3,920	13,516

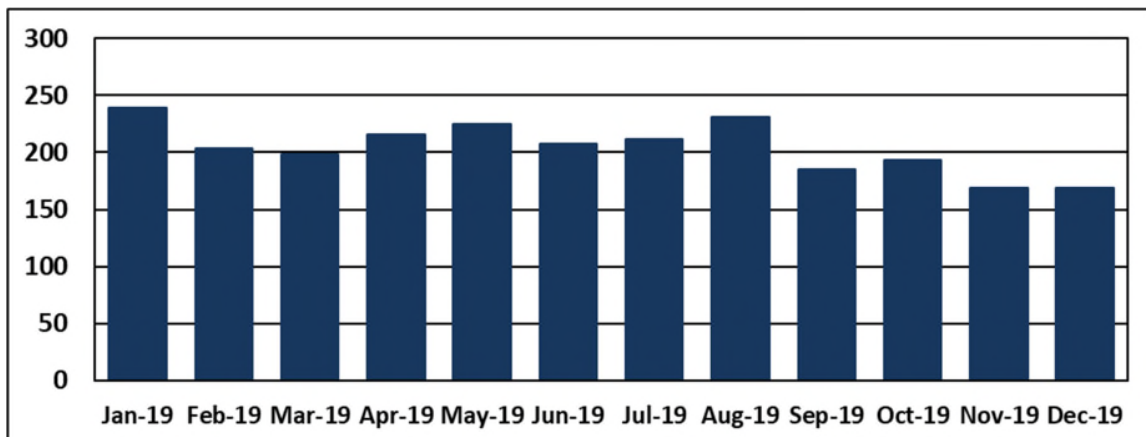
Number of Psychiatric Emergency Department and Urgent Care Encounters



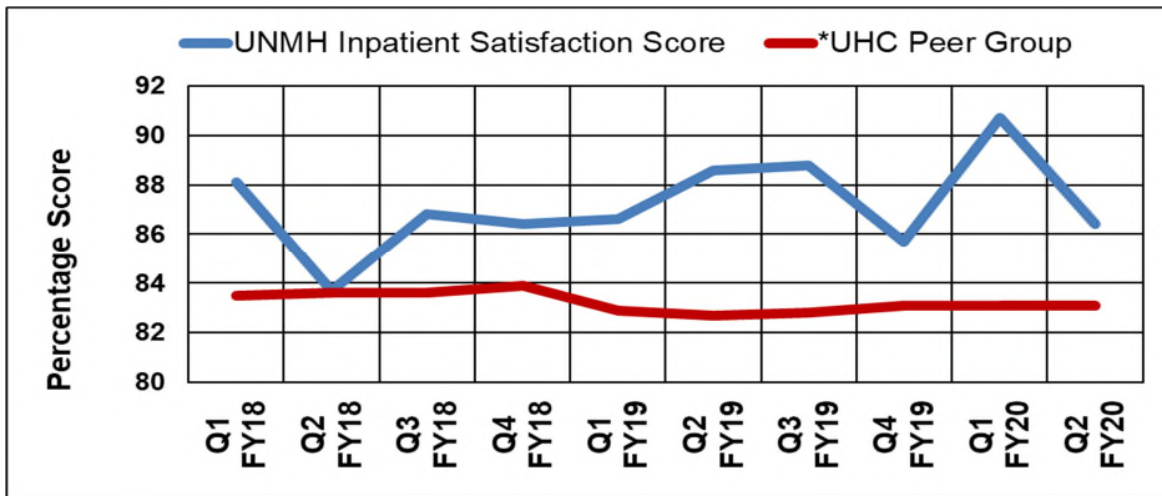
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

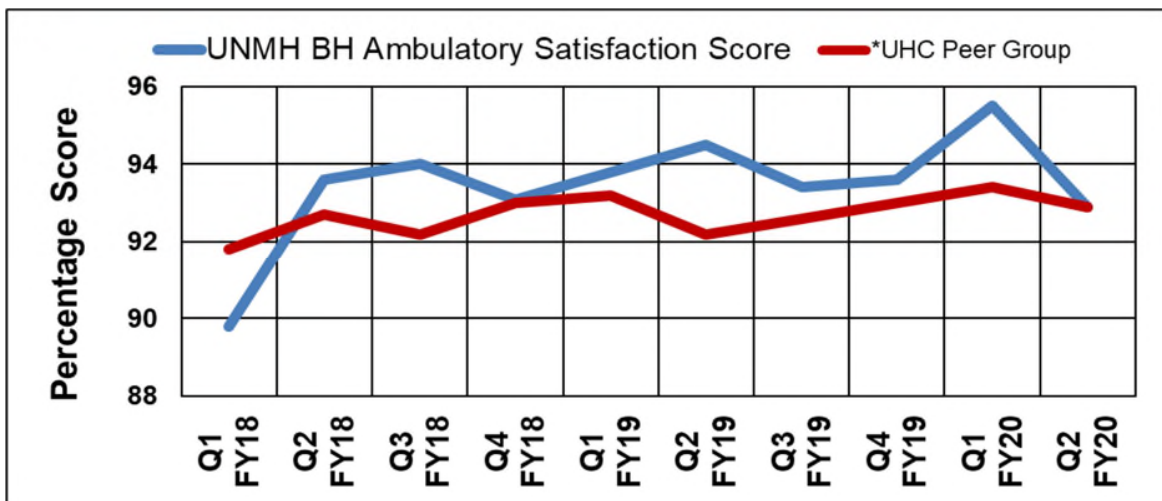


Press Ganey Behavioral Health Inpatient Satisfaction Score



Quarter	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20
UNMH Inpatient Satisfaction Score	88.1	83.7	86.8	86.4	86.6	88.6	88.8	85.7	90.7	86.4
*UHC Peer Group	83.5	83.6	83.6	83.9	82.9	82.7	82.8	83.1	83.1	83.1

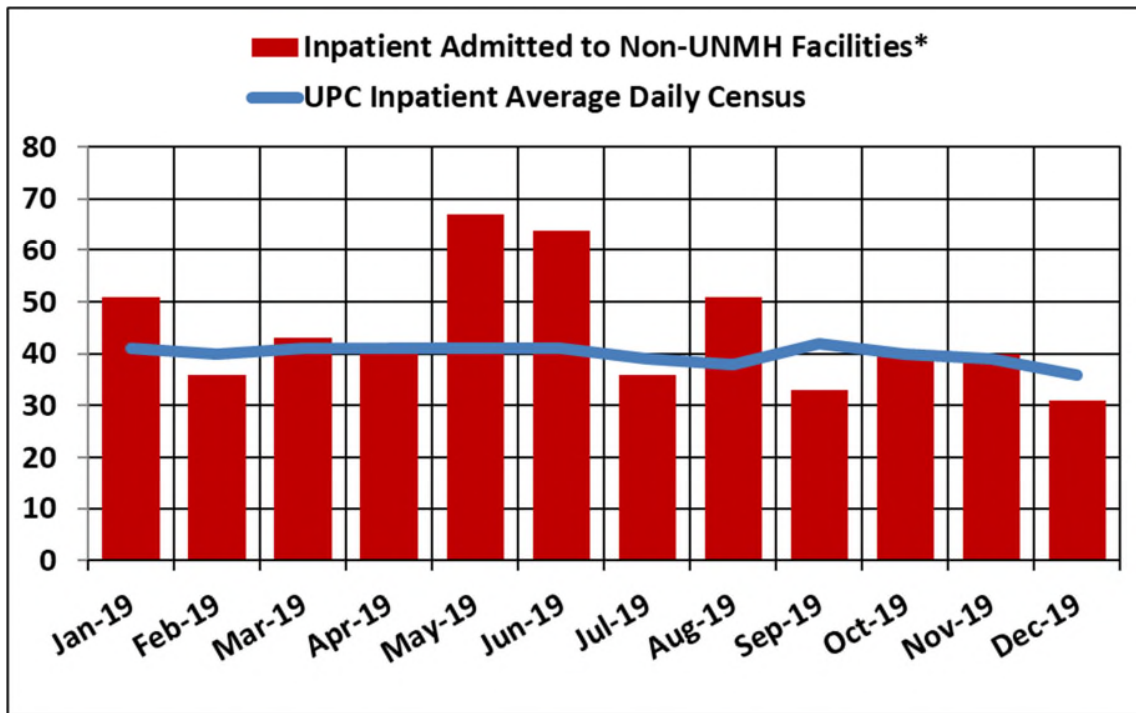
Press Ganey Behavioral Health Outpatient Satisfaction Score



Quarter	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20
UNMH BH Ambulatory Satisfaction Score	89.8	93.6	94.0	93.1	93.8	94.5	93.4	93.6	95.5	92.9
*UHC Peer Group	91.8	92.7	92.2	93.0	93.2	92.2	92.6	93.0	93.4	92.9

*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.

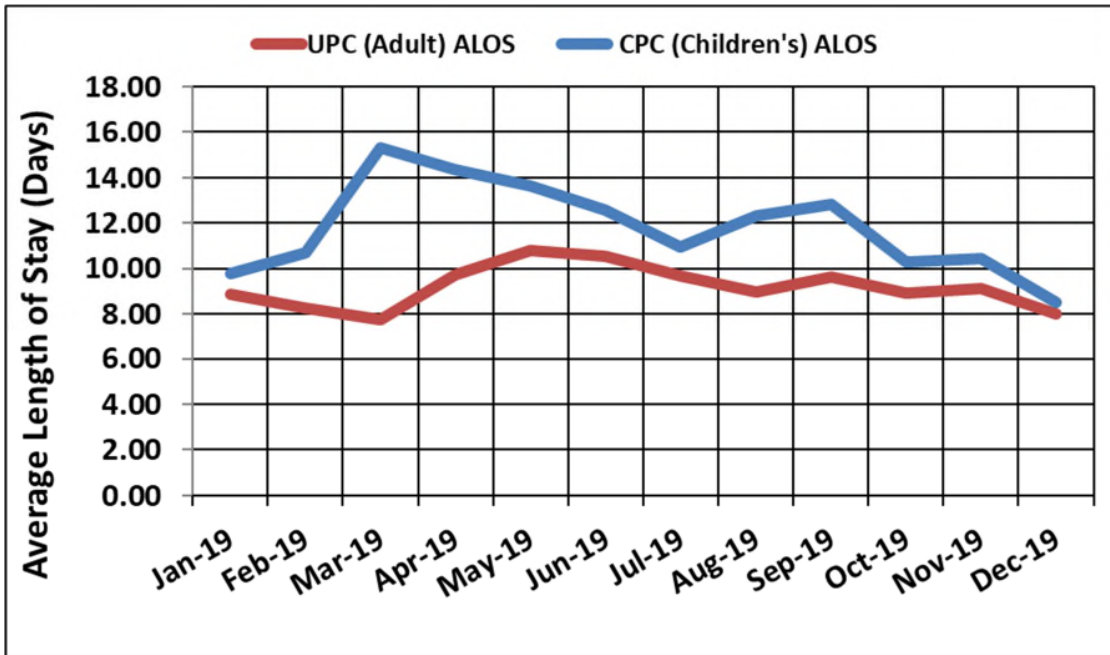
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jan-19	51	41
Feb-19	36	40
Mar-19	43	41
Apr-19	41	41
May-19	67	41
Jun-19	64	41
Jul-19	36	39
Aug-19	51	38
Sep-19	33	42
Oct-19	40	40
Nov-19	40	39
Dec-19	31	36

*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.

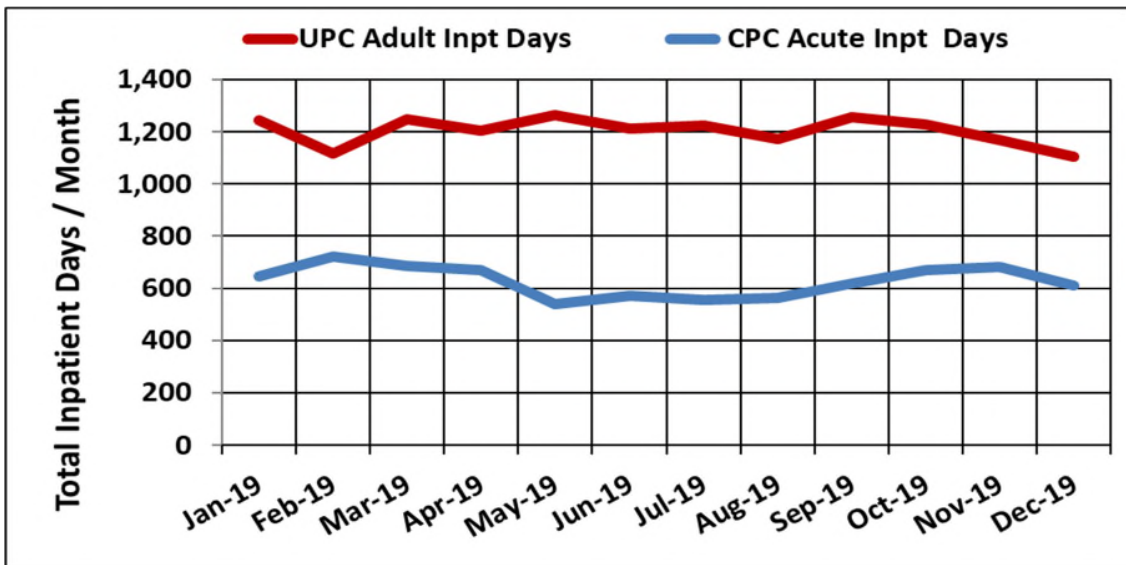
Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC)
University Psychiatric Center (UPC)

Average Child National Benchmark: **7.12**
Average Adult National Benchmark: **10.18**

Number of BH Adult and Child/Adolescent Inpatient Days



Number of Unique Inpatients and Number of Encounters CY2018

Patient Group	Patients Served	Total Encounters
BH UPC Inpatient	1,399	1,824
BH CPC Inpatient	739	874

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2017	11,415
FY2018	12,784
FY2019	11,702
FY2020*	11,241

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

Total Opioid Patients

Month	Census
Jan-19	597
Feb-19	606
Mar-19	608
Apr-19	606
May-19	597
Jun-19	595
Jul-19	595
Aug-19	598
Sep-19	602
Oct-19	604
Nov-19	602
Dec-19	597

Total Methadone Encounters

Month	Count
Jan-19	6,074
Feb-19	5,461
Mar-19	5,958
Apr-19	5,873
May-19	6,003
Jun-19	5,624
Jul-19	6,124
Aug-19	6,055
Sep-19	5,486
Oct-19	5,690
Nov-19	5,209
Dec-19	5,168

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Jan-19	734	25,090	12,910
Feb-19	653	22,864	13,119
Mar-19	601	20,784	12,116
Apr-19	707	24,461	13,194
May-19	693	24,280	11,943
Jun-19	672	24,470	12,940
Jul-19	707	24,639	12,076
Aug-19	647	22,914	14,408
Sep-19	639	22,499	13,092
Oct-19	724	25,513	13,169
Nov-19	669	22,676	13,361
Dec-19	681	24,078	12,898

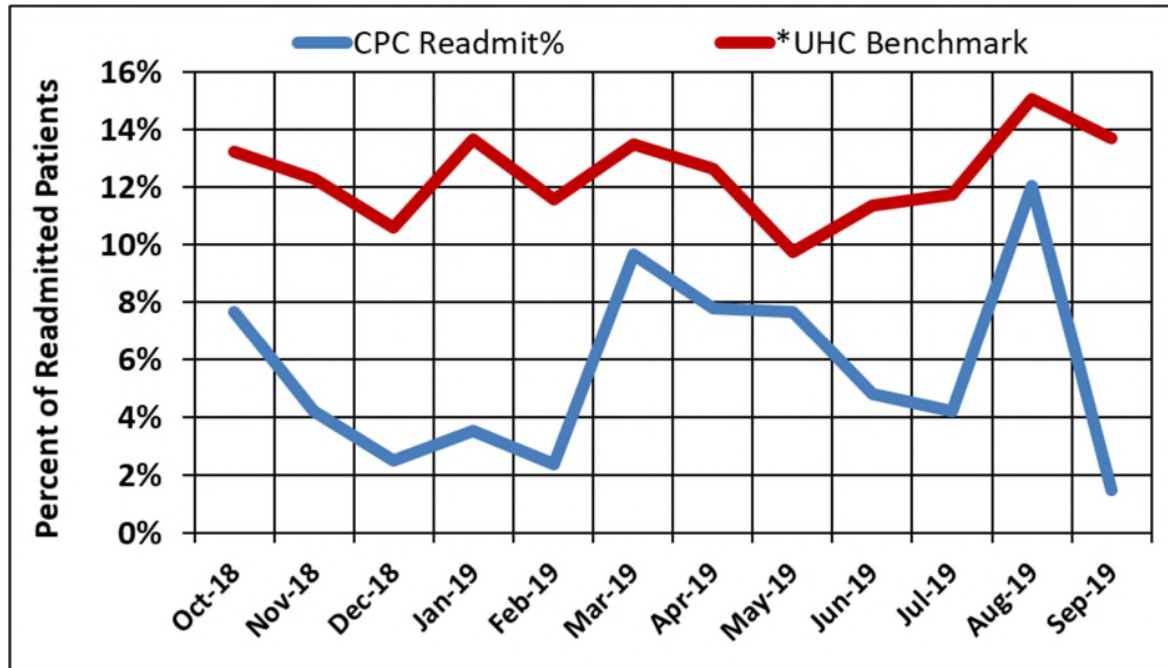
Total Suboxone Encounters

Month	Count
Jan-19	438
Feb-19	346
Mar-19	318
Apr-19	305
May-19	328
Jun-19	276
Jul-19	255
Aug-19	214
Sep-19	271
Oct-19	287
Nov-19	235
Dec-19	199

*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.

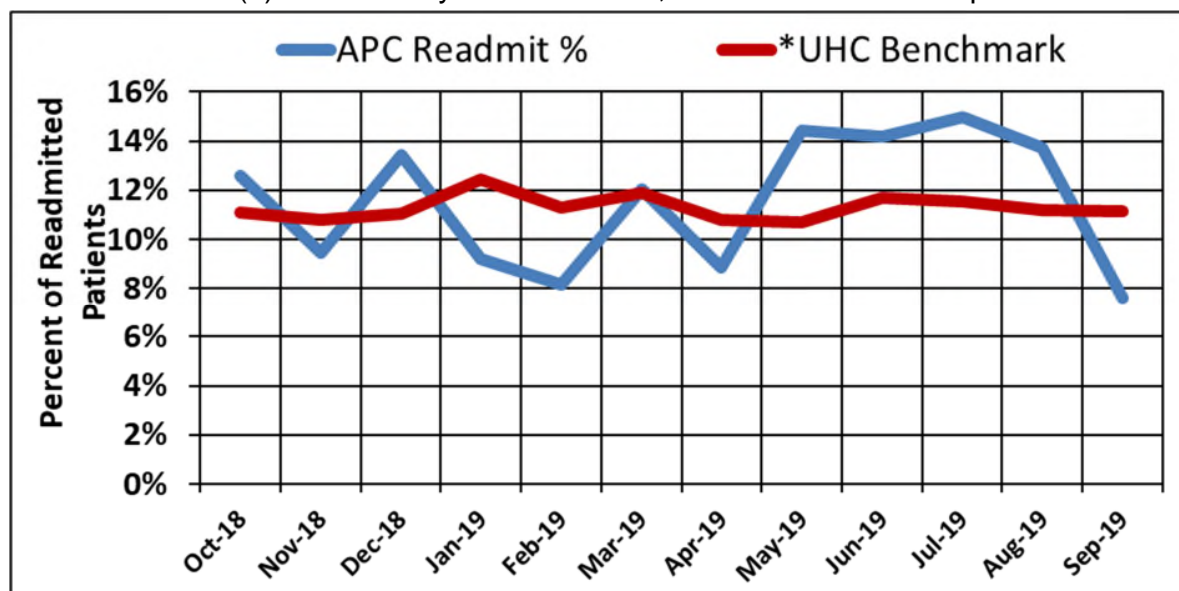


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-18	78	6	7.7%	13.2%
Nov-18	95	4	4.2%	12.3%
Dec-18	79	2	2.5%	10.6%
Jan-19	85	3	3.5%	13.7%
Feb-19	83	2	2.4%	11.6%
Mar-19	62	6	9.7%	13.5%
Apr-19	64	5	7.8%	12.7%
May-19	65	5	7.7%	9.7%
Jun-19	62	3	4.8%	11.4%
Jul-19	71	3	4.2%	11.8%
Aug-19	58	7	12.1%	15.1%
Sep-19	67	1	1.5%	13.7%

*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 ("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.

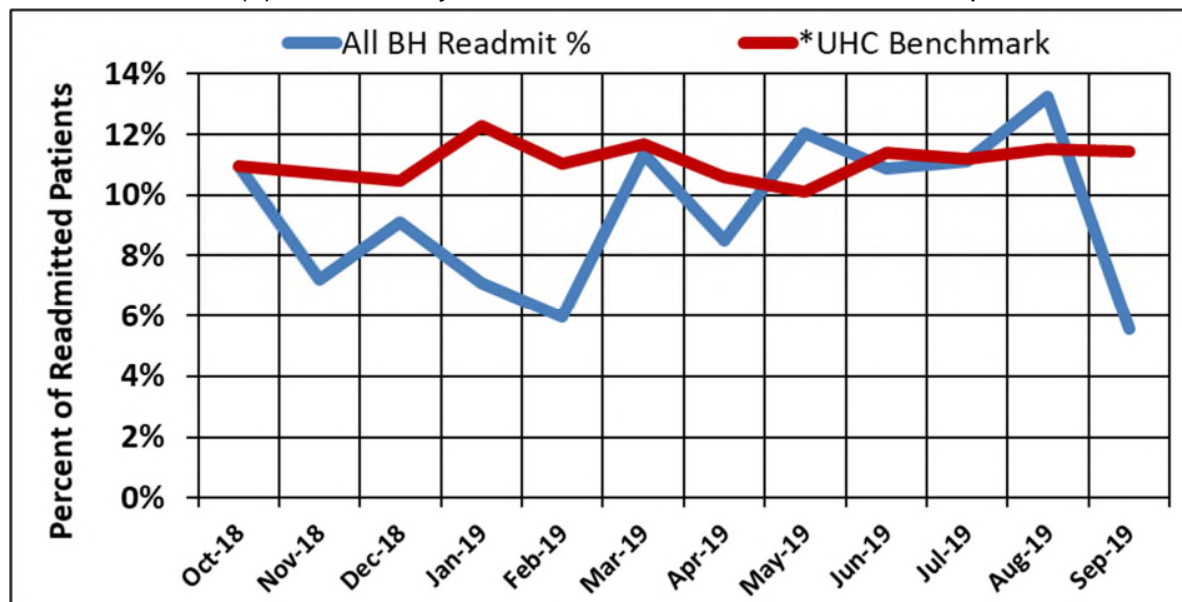


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-18	159	20	12.6%	11.1%
Nov-18	127	12	9.4%	10.8%
Dec-18	119	16	13.4%	11.1%
Jan-19	141	13	9.2%	12.4%
Feb-19	135	11	8.1%	11.3%
Mar-19	158	19	12.0%	11.9%
Apr-19	124	11	8.9%	10.8%
May-19	118	17	14.4%	10.7%
Jun-19	113	16	14.2%	11.7%
Jul-19	127	19	15.0%	11.5%
Aug-19	131	18	13.7%	11.2%
Sep-19	131	10	7.6%	11.1%

*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.

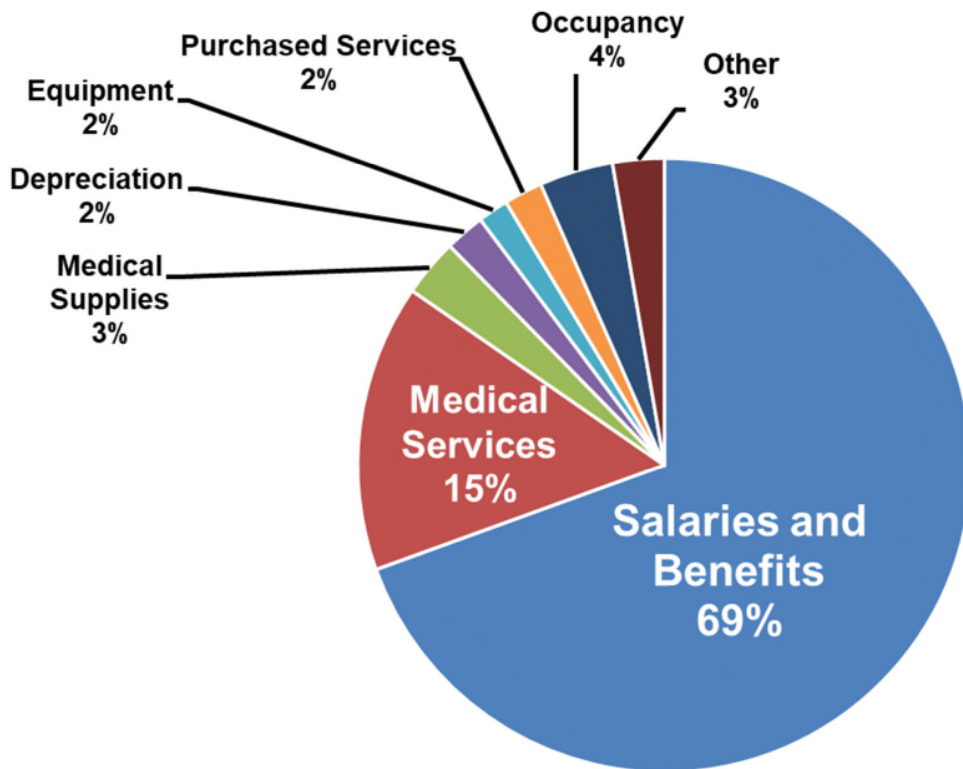


Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-18	237	26	11.0%	11.0%
Nov-18	222	16	7.2%	10.7%
Dec-18	198	18	9.1%	10.5%
Jan-19	226	16	7.1%	12.3%
Feb-19	218	13	6.0%	11.0%
Mar-19	220	25	11.4%	11.7%
Apr-19	188	16	8.5%	10.6%
May-19	183	22	12.0%	10.1%
Jun-19	175	19	10.9%	11.4%
Jul-19	198	22	11.1%	11.2%
Aug-19	189	25	13.2%	11.5%
Sep-19	198	11	5.6%	11.4%

*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

FY2019 BHO Mill Levy Operating Expense by Category (Audited)

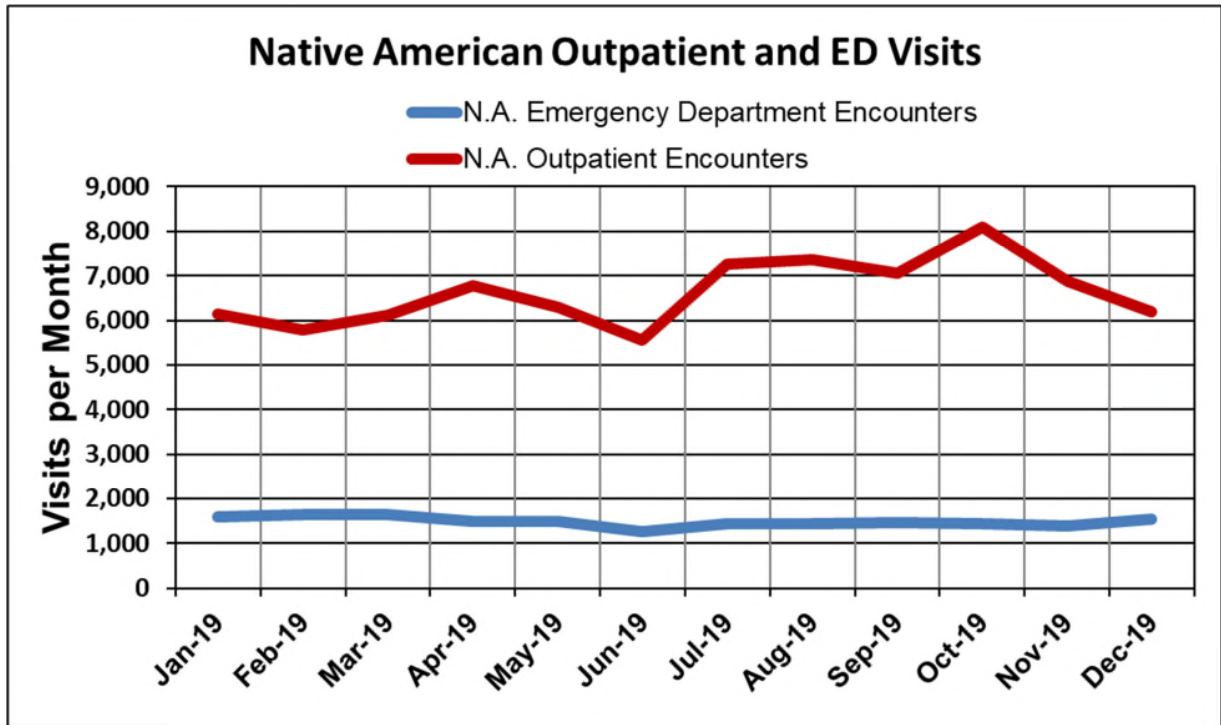


	Audited
Salaries and Benefits	\$ 11,016,658
Medical Services	2,400,497
Medical Supplies	481,451
Depreciation	332,448
Equipment	254,645
Purchased Services	322,576
Occupancy	616,657
Other	431,506
Total Expense	\$ 15,856,438

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

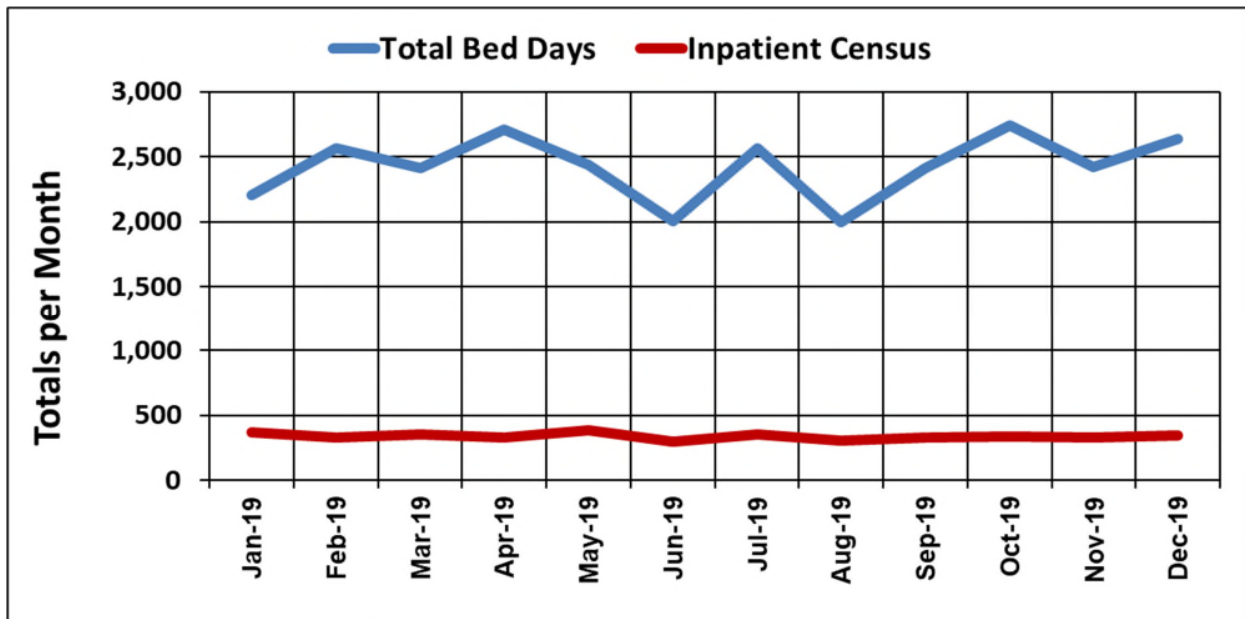
E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Jan-19	44	1,591	6,152
Feb-19	42	1,655	5,784
Mar-19	31	1,653	6,106
Apr-19	28	1,487	6,770
May-19	28	1,501	6,302
Jun-19	23	1,265	5,565
Jul-19	22	1,442	7,269
Aug-19	24	1,434	7,369
Sep-19	21	1,478	7,065
Oct-19	25	1,437	8,100
Nov-19	19	1,385	6,880
Dec-19	18	1,533	6,204

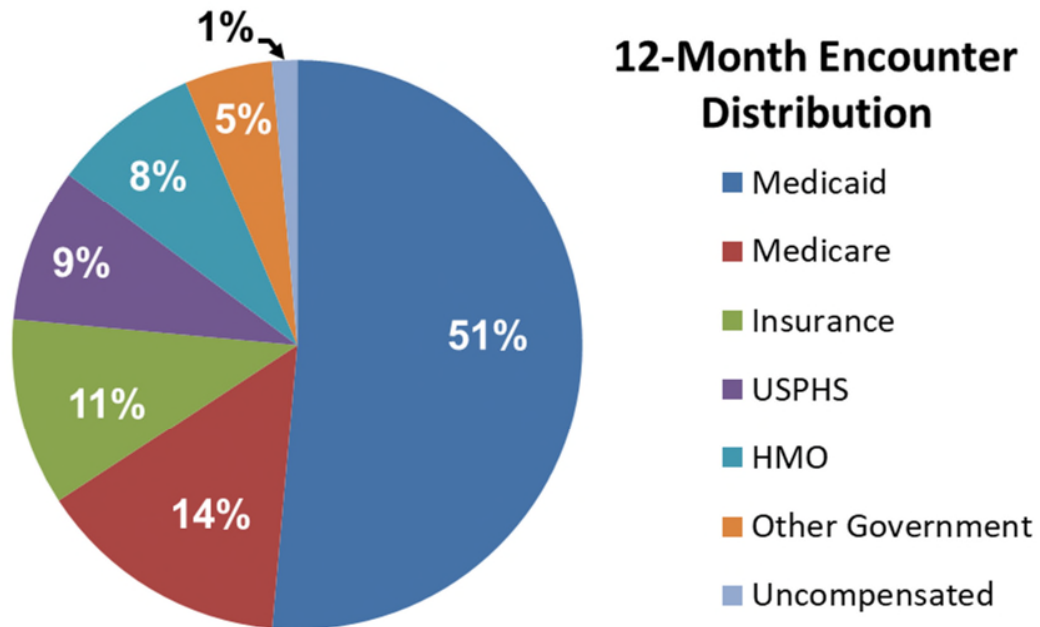
Native American Bed Days and Monthly Inpatient Census



Month	Inpatient Admissions (Census)	Total Bed Days
Jan-19	369	2,203
Feb-19	329	2,568
Mar-19	357	2,414
Apr-19	333	2,714
May-19	383	2,440
Jun-19	297	2,004
Jul-19	357	2,566
Aug-19	306	1,995
Sep-19	331	2,415
Oct-19	341	2,744
Nov-19	330	2,421
Dec-19	349	2,638

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
Jan-19	4,991	1,365	979	855	783	433	117
Feb-19	4,645	1,319	916	799	777	376	129
Mar-19	5,429	1,458	1,158	949	896	466	157
Apr-19	4,322	1,224	918	799	708	420	127
May-19	4,175	1,129	815	738	686	427	138
Jun-19	3,543	1,068	737	660	636	356	112
Jul-19	4,744	1,293	965	803	763	523	126
Aug-19	4,808	1,324	983	717	774	465	128
Sep-19	4,549	1,278	996	728	739	485	122
Oct-19	4,926	1,402	1,067	843	854	459	141
Nov-19	4,432	1,263	929	752	688	447	98
Dec-19	4,148	1,175	884	680	630	425	134
TOTAL	54,712	15,298	11,347	9,323	8,934	5,282	1,529
	51%	14%	11%	9%	8%	5%	1%

APPENDIX A

MOU Exhibit A Progress Updates

UNM Hospital Memorandum of Understanding with Bernalillo County
UNM/Bernalillo County MOU Deliverables Updated July, 2019

- 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	Reporting required in the first two years is being 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	Community Engagement and Native American Services Committee of UNMH Board.	
UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives	Planning underway with Community Health Needs Assessment in 2019. UNMH-County-I.H.S. quarterly meeting. Semi-annual goals planning underway with I.H.S. and Bernalillo Cty	
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.	
UNMH will provide financial information to the County Commission and IHS as to the expenditure of Mil Levy funding by UNMH department.	Expenditures of Mill Levy funding by UNMH department have been provided to the County Commission and to HIS.	
UNMH will provide additional financial information as reasonably requested by the County Manager or IHS.	Ongoing per discussion topics.	
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.	No new requests received.	
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 is actively working with Community partners on primary care capacity needs and increasing primary care access.	Red
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.	There currently is not a material change in status of community provider relationships. Medicaid systems changes could impact. No current plans related to UNMH clinic sites.	Green
UNMH will encourage and assist Bernalillo County Residents and Native Americans to access healthcare coverage	Ongoing outreach and education through community meetings and other forums.	Green
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.	Yellow
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. Main ED solution being determined.	Yellow
UNMH will explore the use of Telemedicine Consultation between UNM HSC and the MDC	UNMH currently working with MDC and Centurion.	Yellow
UNMH shall provide increased funding to recruit two physician specialists in areas most needed by Native Americans.	Eight priority areas identified; recruited specialists in Dermatology, Neurology. Pending: Peds Gastroenterology and Neurosurgery.	Yellow
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 conversations and how to incorporate this.	Yellow

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 updated 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. UNMH continues to work to assure down payment and co-payment policies are related to income.	
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 is actively monitoring.	Yellow
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.	Red
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.	Yellow
UNMH will assist the County in Coordinating Care for individuals released from incarceration.	UNMH continues to operate the Fast Track Program and has started providing staffing to the RRC and MDC.	Green

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.	Green
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.	Green
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.	Yellow
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.	Green
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.	Green
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.	Green

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	Process is ongoing. Health Home Model. Living Room. Provider Capacity Challenge.	Yellow
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.	Yellow
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 as part of broader School Based conversation.	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.	Red

APPENDIX B

UNM Hospital Semi-Annual Report on the Status of Deliverables

Period Ended September 30, 2019

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 March 2019-September 2019	Status Update
A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.	UNMH has established a Community Engagement Committee of the Board of Trustees. A regular agenda item will be established for community input on planning and operational issues with notification to stakeholder groups. UNMH is collaborating with Bernalillo County to host public input forms in order to complete a community health needs assessment to identify areas of focus for clinical service development.
A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.	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.	As part of the FY20 budget planning process UNMH will conduct two budget review meetings with Bernalillo County to obtain comment and input from the county. UNMH has a separate process with IHS including quarterly contract compliance meeting in which to obtain budgetary input.

Exhibit A Reporting Area - Accountability and Transparency

Semi- Annual Focus Areas March 2019-September 2019	Status Update
B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.	UNMH produces 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 and is publicly posted on the UNMH Internet site.
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 has provided draft methodologies on mill levy expenditures by department to Bernalillo County to review. UNMH provides Financial information in the Bernalillo County Quarterly Report and in annual audited financial statements.
B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.	UNMH currently published financial, quality and operational data on the UNMH intranet site including the Bernalillo County Quarterly Report, Audited Financial Statements, as well as other monthly financial and operational reporting.

Exhibit A Reporting Area - Primary Care

Semi- Annual Focus Areas March 2019-September 2019	Status Update
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	<p>UNMH is actively working around increasing access to primary care as well as specialty care services and is working with other community partners to expand access and to build capacity.</p> <p>UNMH offers financial assistance through the UNM Care and other programs to patients and provides enrollment assistance in Medicaid and the Health Exchange.</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.	<p>UNMH has been in consultation with IHS and the All Pueblo Council of Governors to prioritize specialty areas in need of expanded access and capacity.</p> <p>UNMH has improved access to Native American patients in some specialty areas over the last six months as measured by reduced times for appointments.</p>

Exhibit A Reporting Area - Native American Care

Semi- Annual Focus Areas March 2019-September 2019	Status Update
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.
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 . Native American healthcare will be specifically addressed as part of the Community Health Needs Assessment.

Exhibit A Reporting Area - Behavioral Health Services

Semi- Annual Focus Areas March 2019-September 2019	Status Update
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 is currently providing staffing for discharge planning activities for the MDC. This group focuses on identification of high needs patients with behavioral health issues. In addition, UNMH along with members of the Office of Community Health provide staffing to the Resource Re-entry Center operated by the County to connect returning patients to needed services including social service needs.
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 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. UNMH also is actively working with Bernalillo County on services to be developed on the MATS campus operated by the County.