



QUARTERLY REPORT December, 2022

Bernalillo County Commissioner Trend Report

TABLE OF CONTENTS

A. ACCOUNTABILITY _____	5
Balance Sheet _____	5
Income Statement _____	6
Mill Levy Distribution Detail by Department FY2022 _____	7
Average Length of Stay (LOS) for Inpatient Admissions _____	8
30 Day Readmission for All Patients _____	8
Catheter Central Line-associated Bloodstream Infection _____	9
Catheter Associated Urinary Tract Infection _____	9
MRSA Bloodstream Standardized Infection Rate _____	10
Total Number of Inpatient Days _____	10
Nursing Hours of Care _____	10
Number of RN FTE's and Retention Rate _____	11
Press Ganey Inpatient Satisfaction Score _____	11
HCAHPS Satisfaction – Communications with Nurses _____	12
HCAHPS Satisfaction – Communications with Doctors _____	12
Grievances _____	13
Average time for an Appointment for Primary and Specialty Care _____	14
Number of Emergency Department (ED) Visits _____	15
Total ED Patients Left without Being Seen _____	15
ED Average Hours from Arrival to Disposition _____	15
MDC Inmates Receiving Hospital Services _____	16
Bernalillo County Encounters by Funding Source _____	17
Financial Assistance to Patients by County _____	18
Financial Assistance to Bernalillo County Patients by Zip Code _____	19
Financial Assistance to Bernalillo County Patients by Service Type _____	20
Primary Reason for Bernalillo County Indigent Resident Visits _____	21
Revenues by Payor Source _____	22
B. GOOD PRIMARY CARE SYSTEM _____	23
Total Number of Outpatient Clinic Visits _____	23

Number of Evening and Weekend Clinics (To deflect ED visits)	23
Press Ganey Ambulatory Satisfaction Score	23
Percentage of Primary Care Patients with Same Day Clinic Appointments	24
Primary Care Outpatient Appointment Dispositions	25
Specialty Care Outpatient Appointment Dispositions	26
Percentage Abandoned Phone Calls for Primary and Specialty Care	27
Medication Reconciliation Goals Primary and Specialty Care	28
Percentage of Patients with Access to Electronic Medical Record	29
Diabetes Management Indicators for HgbA1C and LDL <100	30
C. FINANCIAL SERVICES	31
UNM Care Enrollment, Self-Pay and Medicaid Applications	31
Total Uncompensated Care – Charity Care and Uninsured	31
Number of Unique Patients Sent to Collections	32
Days Out For Scheduling Financial Assistance Appointment	32
D. BEHAVIORAL HEALTH	33
Average Appointment Time for BH Outpatient Services	33
BH Specialty Care Outpatient Appointment Disposition	34
Number of Unique Outpatients and Number of Encounters CY2021	34
Psychiatric Emergency Department and Urgent Care Encounters	35
Number of Fast Track Patients Seen	35
Law Enforcement Drop offs at Psychiatric Emergency Services	35
Press Ganey Behavioral Health Inpatient Satisfaction Score	36
Press Ganey Behavioral Health Outpatient Satisfaction Score	36
Behavioral Health Inpatient Admitted to Non-UNMH Facilities	37
Behavioral Health Average Length of Inpatient Stay	38
Number of BH Adult and Child/Adolescent Inpatient Days	38
Number of Unique Inpatients and Number of Encounters CY2021	38
Number of COPE Medical Home Encounters for High Needs Patients	39
Total Opioid Patients	39
Number of Methadone and Suboxone Doses	39
Total Methadone Encounters	39
Total Suboxone Encounters	39
30 Day Readmission Rate – Children’s Psychiatric Center (CPC)	40

30 Day Readmission Rate – Adult Psychiatric Center _____	41
30 Day Readmission Rate – Both Adult and CPC Psychiatric Center _____	42
Mill Levy Dollars Allocated to Behavioral Health _____	43
E. NATIVE AMERICAN SERVICES _____	44
Native American UNM Care Enrollment, Outpatient and ED Visits _____	44
Native American Bed Days and Monthly Inpatient Census _____	45
Native American Encounter Distribution by Payor Group _____	46
APPENDIX A _____	47
MOU Exhibit A Progress Updates _____	47
Exhibit A – Reporting _____	47
Exhibit A - Accountability and Transparency _____	48
Exhibit A – Primary Care _____	49
Exhibit A – Financial Assistance _____	50
Exhibit A – Financial Services _____	51
Exhibit A – Native Americans _____	51
Exhibit A - Behavioral Health _____	52
APPENDIX B _____	53
UNM Hospital Semi-Annual Report on the Status of Deliverables _____	53
Exhibit A Reporting Area - Reporting and Interaction _____	53
Exhibit A Reporting Area - Accountability and Transparency _____	54
Exhibit A Reporting Area - Primary Care _____	54
Exhibit A Reporting Area - Native American Care _____	55
Exhibit A Reporting Area - Behavioral Health Services _____	56
Exhibit A Reporting Area - Impact of COVID-19 _____	56

A. ACCOUNTABILITY

Balance Sheet

Statements of Net Position

(In Thousands)

	December 2022	audited June 2022
Assets		
Cash and marketable securities	\$ 240,007	\$ 249,530
Cash restricted by management for capital replacement	95,370	138,000
Cash restricted for donor specified expenses	20,925	19,808
Cash restricted for Medicare advance payment program***	-	15,597
Cash restricted by Mgmt for capital initiatives	-	1,447
Patient receivables, net	161,772	153,988
Other receivables and current assets	178,727	154,017
Capital initiatives receivable	46,000	96,000
Capital assets, net	559,252	450,242
Restricted for mortgage reserve, bonds	21,508	18,176
Other noncurrent assets	38,057	39,408
Total assets	1,361,618	1,336,213
Liabilities		
Accounts payable	94,003	80,078
Payable to related parties (UNM)	86,952	52,111
Interest payable bonds	70	70
Medicare advance payment program	-	15,597
Other accrued current liabilities	149,268	187,282
Bonds payable, non current	67,965	67,965
Mortgage Payable - NHT	106,424	51,689
Other long term liabilities	18,530	19,563
Total liabilities	523,212	474,355
Net Position		
Restricted for expendable grants, bequests, and contributions	20,925	19,810
Restricted by management for capital replacement	141,370	234,000
Restricted for trust indenture and debt agreement	21,508	18,176
Assets invested in capital	368,286	312,976
Unrestricted from operations	286,317	276,896
Total net assets	\$ 838,406	\$ 861,858
Current Ratio	1.82	1.77
Days Cash on Hand**	60.00	66.00

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

**Days cash on hand is calculated on unrestricted cash and Advance Medicare Payment funds

*** Cash set aside to repay Medicare Advances but available for use in operations

Income Statement

UNM HOSPITALS

Statements of Revenues, Expenses, and Changes in Net Assets
For the six (6) months ended December 31, 2022

<i>(In Thousands)</i>	<u>December</u>
Operating revenues:	
Net Patient Service	\$ 631,861
Other	18,830
Total Operating Revenues	<u>650,691</u>
Operating expenses:	
Employee Compensation and Benefits	383,627
UNM School of Medicine Medical Services	89,970
Medical Services Oncology	8,878
Medical Services non-SOM	24,209
Medical Supplies	91,606
Oncology Drugs	27,509
Occupancy/Equipment	36,123
Depreciation	16,537
Purchased Services	37,393
Health System Expenses	9,167
Gross Receipts Tax	12,532
Other	9,677
Total Operating Expenses	<u>747,227</u>
Operating loss	<u>(96,536)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	58,563
State Appropriation	7,931
Interest Expense	(1,258)
Other Revenue and (Expense)	7,847
Net Nonoperating Revenues	<u>73,083</u>
Total Increase in Net Assets	<u>(23,453)</u>

Mill Levy Distribution Detail by Department FY2022

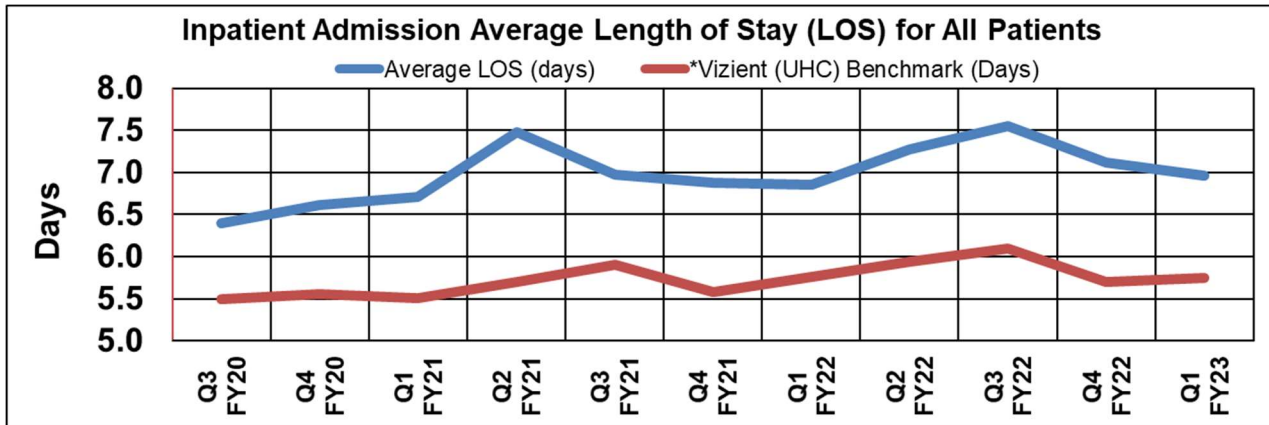
(Audited)

Total Bernalillo County Mill Levy \$ 114,830,101.00

Note: 15% of the Mill Levy is allocated to Behavioral Health (see pg. 43)

UNMH - 85%	
Mill Levy	\$ 97,605,586
Expenses	Total Spending
<i>Facilities</i>	
Facilities Maintenance	\$ 17,652,646
Environmental Services	12,536,830
Insurance	3,741,388
Plant Operations & Maintenance	5,914,276
Utilities	4,661,868
Clinical Engineering	3,186,366
Parking Structure and Support	2,649,608
Security	4,794,547
Off Site/Ambulatory Maintenance	4,842,003
Life Safety/Fire Protection	2,014,994
Facilities Planning	2,917,349
Facilities Other	1,139,492
Total Facilities	66,051,367
Finance	8,565,518
HR	17,984,129
<i>Information Technology</i>	
IT - Open Clinic/Mgt	2,895,271
IT - Patient Financial Services	4,130,335
Communications	6,227,015
IT Cerner Millennium RHO	10,737,315
Clinical Applications	3,413,077
Customer Service	3,598,980
Network & Infrastructure	2,864,259
Systems Support	4,220,299
System Develop and Applications	2,791,694
Network & Cyber Security	2,276,415
IT Non Capital Equipment	1,700,479
Computer Learning Technologies	1,403,505
Medical Records	1,454,890
IT - EVOLVE3	635,265
IT Admin, Oversight and Support	856,784
IT Other	5,473,529
Total Information Technology	54,679,112
<i>Revenue Cycle</i>	
Patient Financial Services	12,368,779
Coding	10,012,226
Revenue Cycle Initiatives	2,189,316
Medical Records Support Svcs	3,120,198
HIM Clinical Documentation	2,017,295
Collection Agencies	1,188,191
Revenue Other	501,802
Total Revenue Cycle	31,397,807
Food & Nutrition	9,598,817
<i>Other</i>	
Administration	3,920,250
FHA Bonds	5,826,010
Admin Support for Facilities/Planning	2,641,949
Admin Other	10,818,358
Total Other	23,206,567
Total Mill Levy Expenditures	\$ 211,483,317

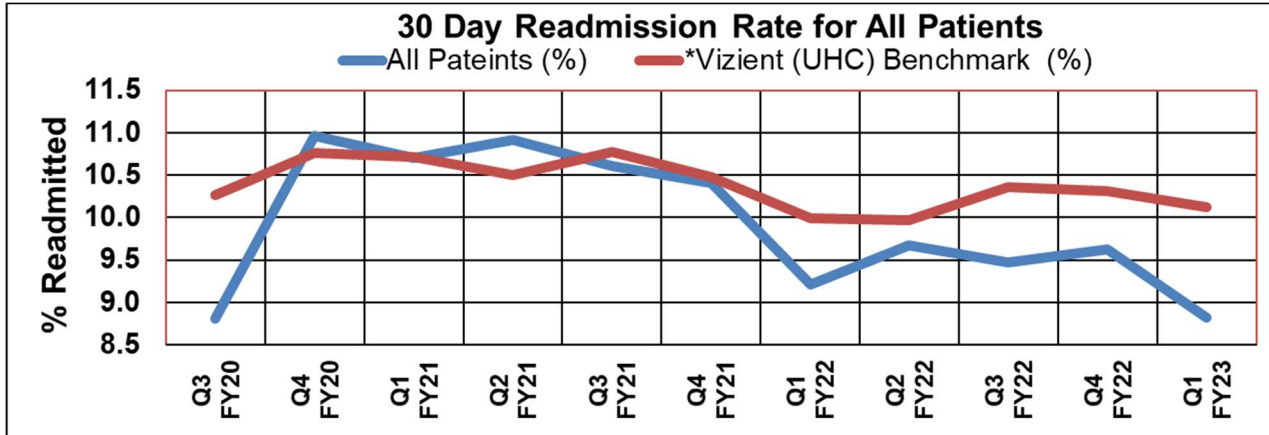
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23
Average LOS (days)	6.40	6.61	6.71	7.48	6.98	6.88	6.85	7.27	7.55	7.12	6.96
*Vizient (UHC) Benchmark (Days)	5.49	5.55	5.50	5.70	5.90	5.58	5.76	5.94	6.09	5.70	5.75

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

30 Day Readmission for All Patients

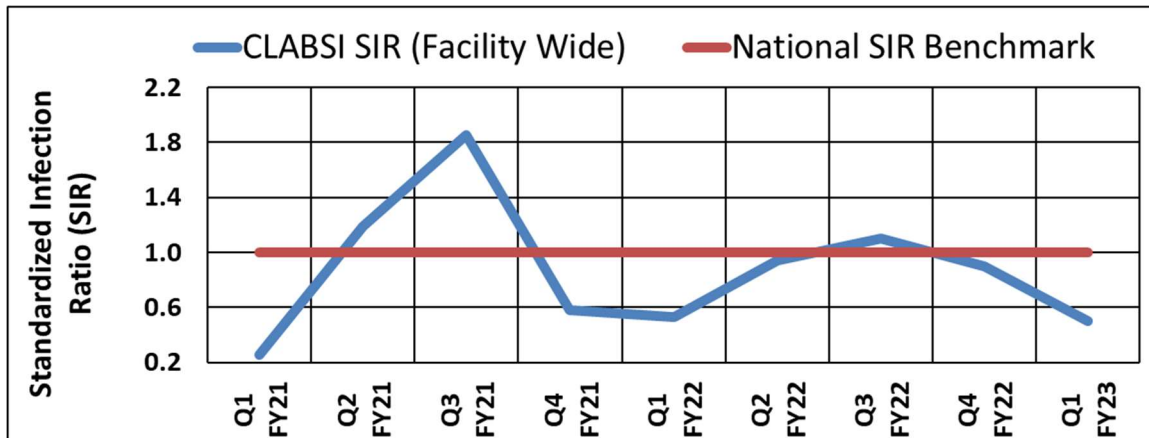


Fiscal Quarter	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23
All Patients (%)	8.80	10.97	10.70	10.92	10.61	10.41	9.22	9.67	9.48	9.62	8.82
*Vizient (UHC) Benchmark (%)	10.27	10.76	10.71	10.51	10.77	10.47	9.99	9.97	10.36	10.31	10.13

(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.

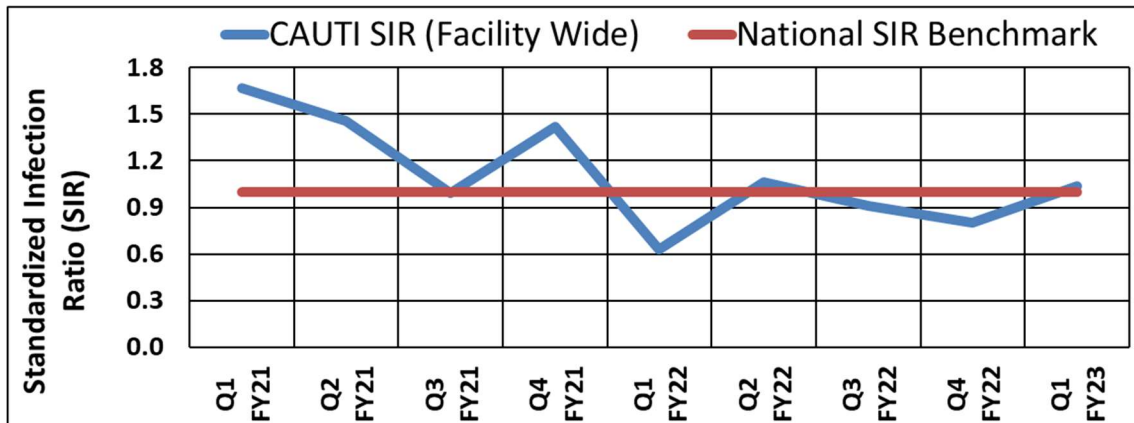
Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23
CLABSI SIR (Facility Wide)	0.26	1.19	1.85	0.58	0.53	0.94	1.10	0.90	0.50
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	3	10	23	7	6	11	13	10	4
*NHSN Expected	11.4	12.4	12.4	12.1	11.4	12.5	11.9	11.5	8.1

Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection



Catheter-Associated Urinary Tract Infection (CAUTI)	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23
CAUTI SIR (Facility Wide)	1.67	1.46	0.99	1.42	0.63	1.06	0.91	0.80	1.04
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CAUTI Count	22	23	14	19	9	17	14	12	11
*NHSN Expected	13.1	15.7	14.2	13.4	14.2	16.0	15.3	15.3	10.5

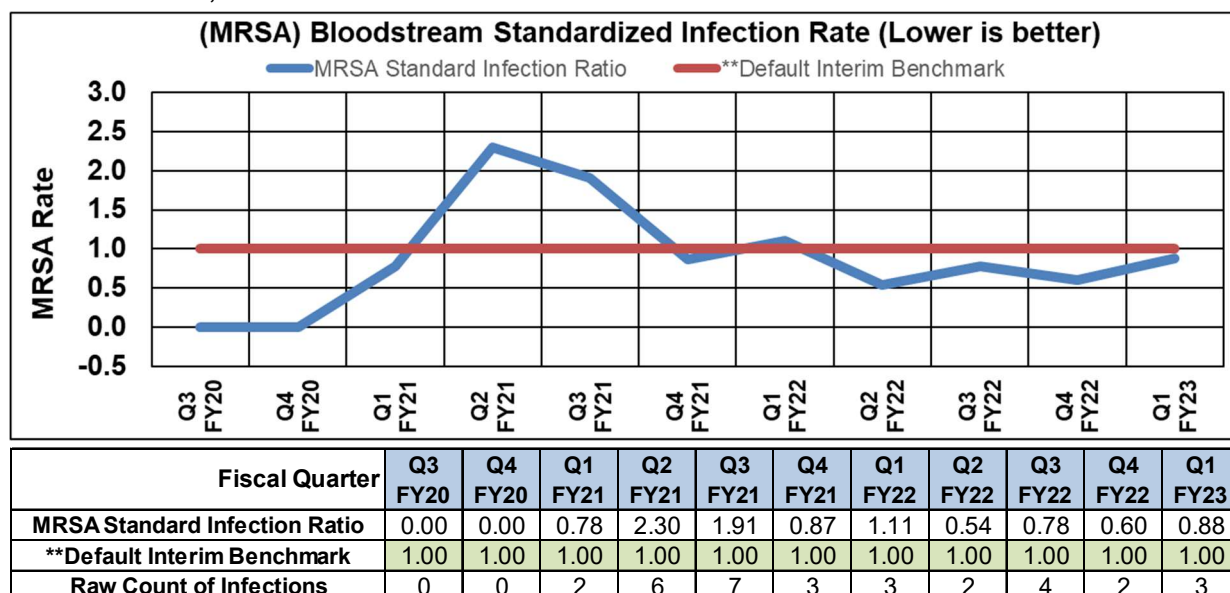
Catheter data is delayed by one quarter.

*NHSN = National Healthcare Safety Network.

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

MRSA Bloodstream Standardized Infection Rate

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



MRSA data is delayed by one quarter.

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

Total Number of Inpatient Days

FY22 Actual based on the twelve (12) months ended June 30, 2022.

FY23 Actual YTD is based on the six (6) months ended December 31, 2022.

FY23 Projected is based on the previous twelve (12) months ended December 31, 2022.

Inpatient Days	FY22 Actual	FY23 Actual YTD	FY23 Projected
Adult	142,655	66,977	135,876
Pediatric	42,313	20,987	42,538
Newborn	4,895	2,761	5,152
Total Inpatient Days	189,863	90,725	183,566

Nursing Hours of Care

	FY21 June, 2021	FY22 June, 2022	FY23 November, 2022
UNMH Nursing Hours of Care Per Patient*	17.42	15.78	15.67

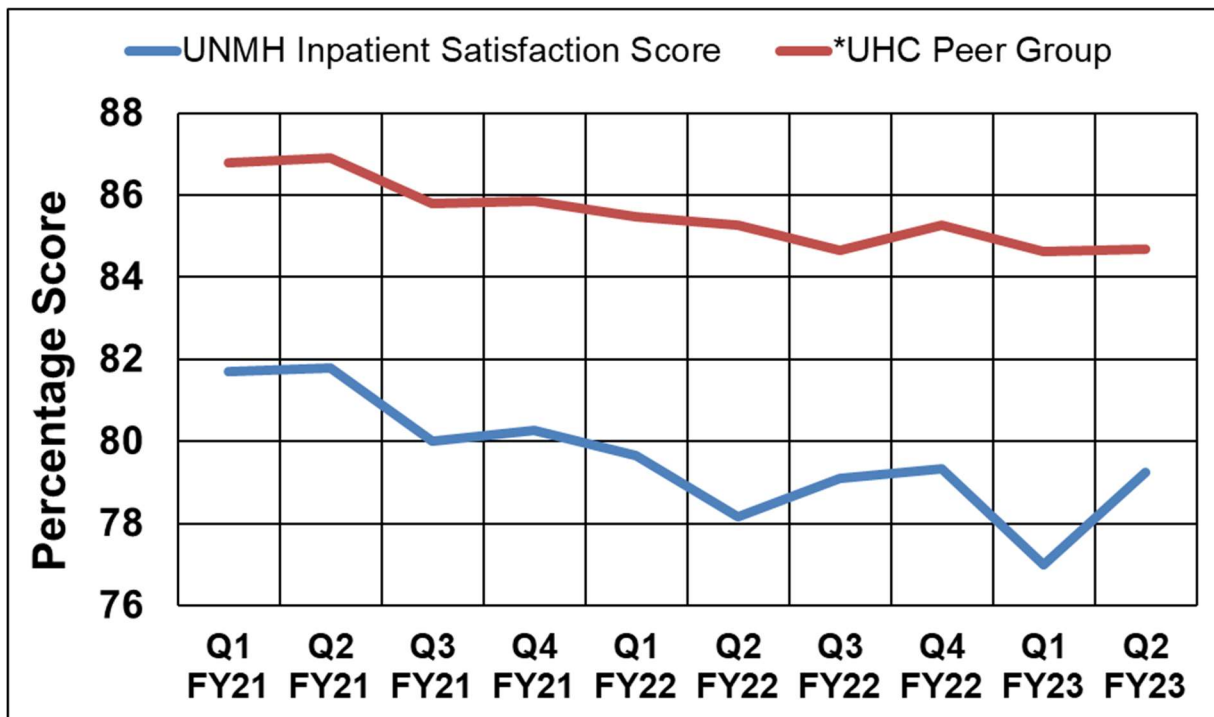
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2022	Number of FTES as of Decemberr 2022	FY2023 Hires (Headcount)	FY2023 Terms (Headcount)	Rolling Retention Rate
RN's	1,742	1,736	119	274	84.2%
*National Retention Rate Benchmark					82.3%

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

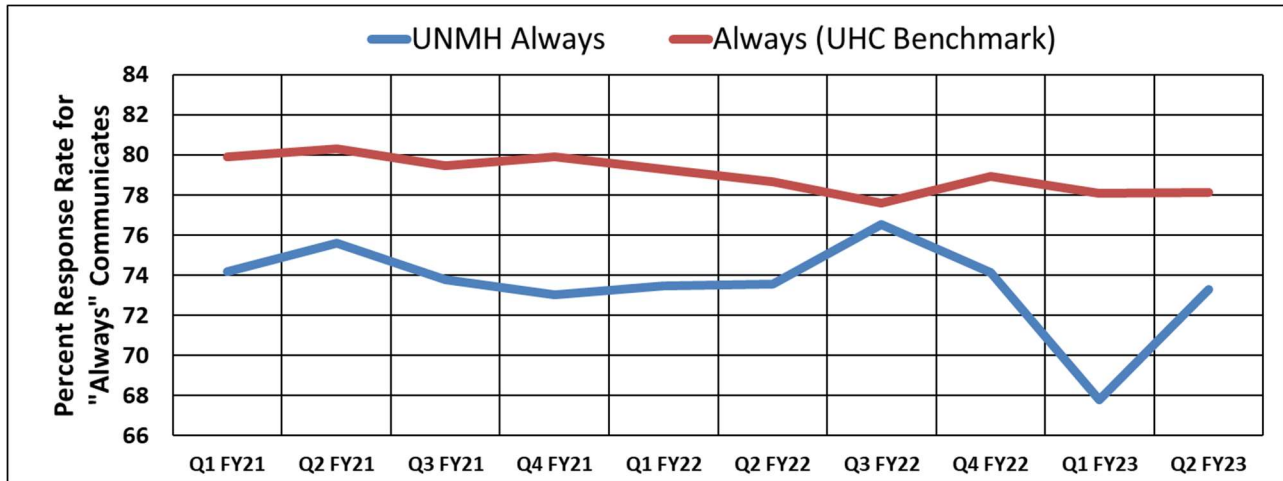
Press Ganey Inpatient Satisfaction Score



Quarter	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23
UNMH Inpatient Satisfaction Score	81.7	81.8	80.0	80.3	79.6	78.2	79.1	79.3	77.0	79.3
*UHC Peer Group	86.8	86.9	85.8	85.9	85.5	85.3	84.7	85.3	84.6	84.7

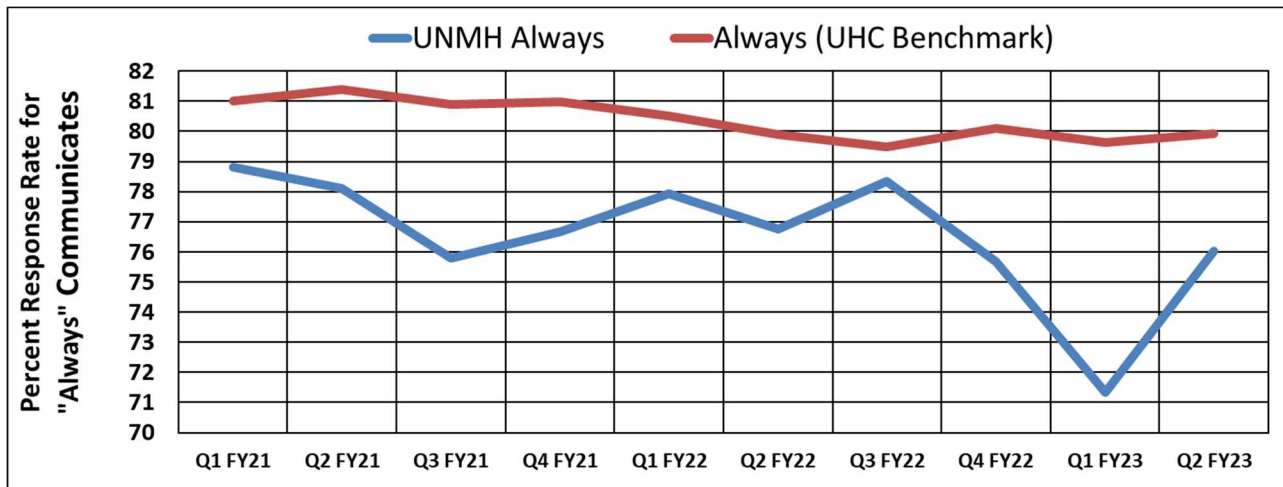
*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

HCAHPS Satisfaction – Communications with Nurses



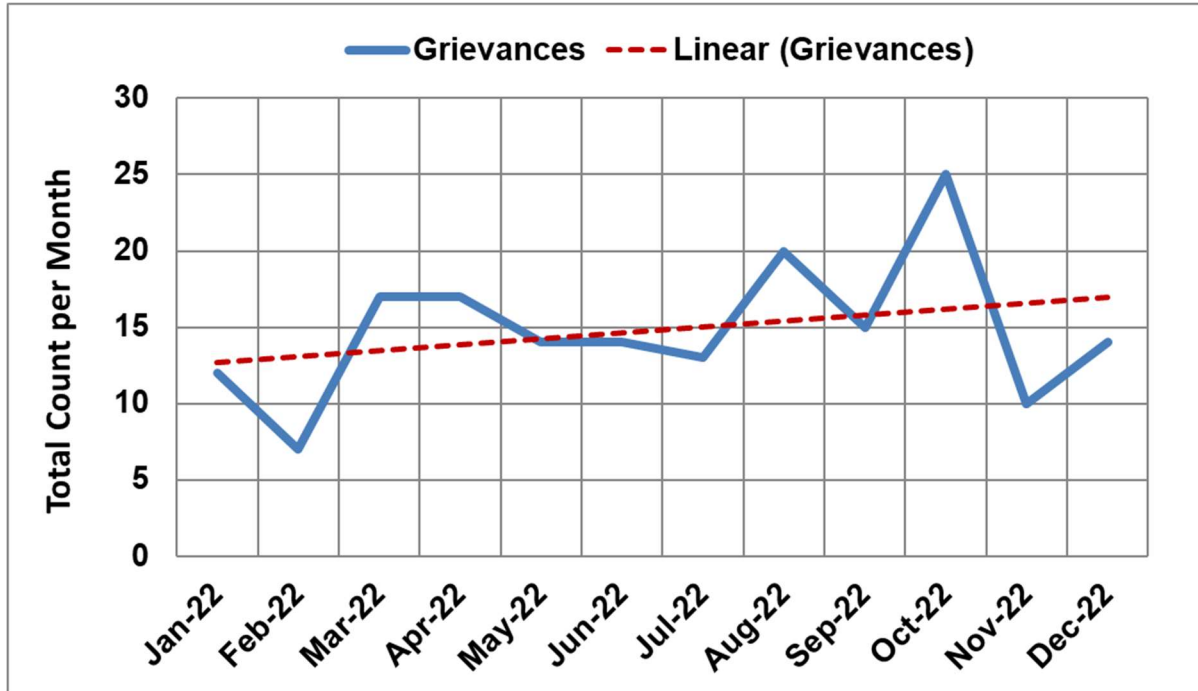
Communication with Nurses	Response	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23
H-COMP-1-A-P	UNMH Always	74.2	75.6	73.8	73.0	73.5	73.5	76.5	74.1	67.8	73.3
H-COMP-1-U-P	UNMH Usually	17.4	18.1	19.7	19.2	18.4	18.8	17.0	18.4	22.3	17.3
H-COMP-1-SN-P	UNMH Sometimes/Never	8.5	6.3	7.2	7.7	8.1	7.7	6.5	5.8	9.9	9.4
UHC Benchmark	Always (UHC Benchmark)	79.9	80.3	79.5	79.9	79.3	78.7	77.6	78.9	78.1	78.1

HCAHPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23
H-COMP-2-A-P	UNMH Always	78.8	78.1	75.8	76.7	77.9	76.8	78.4	75.7	71.3	76.0
H-COMP-2-U-P	UNMH Usually	15.3	14.7	17.3	17.5	15.8	14.5	15.7	16.0	18.2	15.0
H-COMP-2-SN-P	UNMH Sometimes/Never	5.9	7.2	6.9	5.9	6.3	8.7	6.0	8.3	10.4	9.0
UHC Benchmark	Always (UHC Benchmark)	81.0	81.4	80.9	81.0	80.5	79.9	79.5	80.1	79.6	79.9

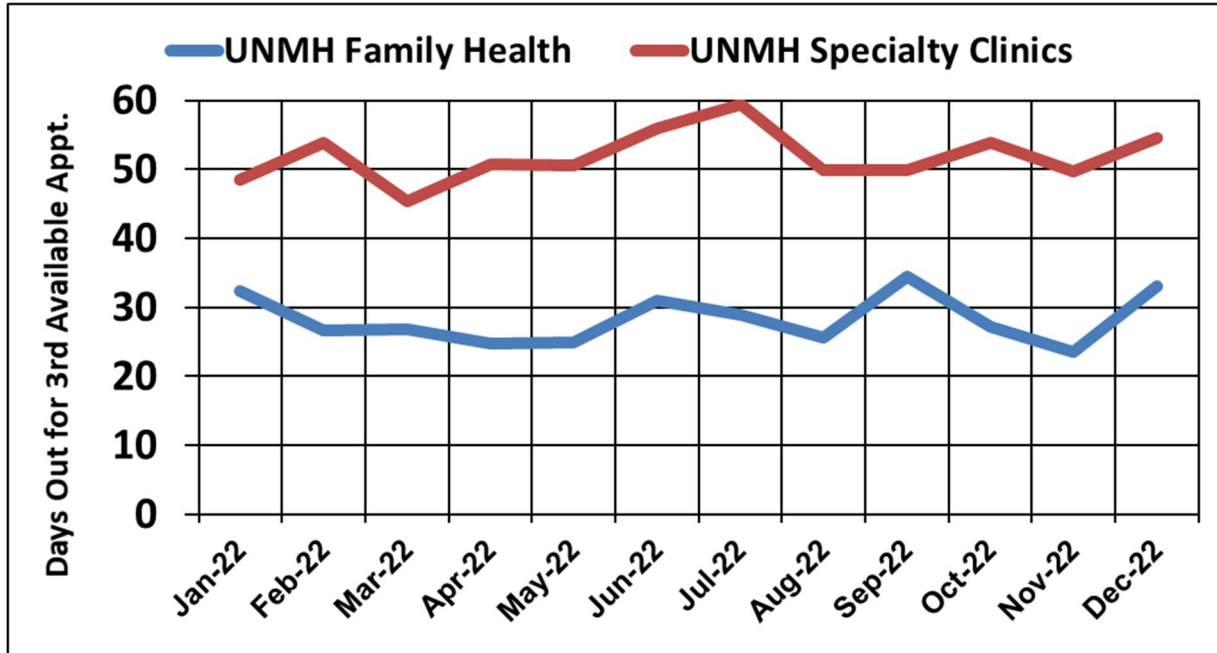
Grievances



Month-Year	Grievances
Jan-22	12
Feb-22	7
Mar-22	17
Apr-22	17
May-22	14
Jun-22	14
Jul-22	13
Aug-22	20
Sep-22	15
Oct-22	25
Nov-22	10
Dec-22	14

Average time for an Appointment for Primary and Specialty Care

Average 3rd Next Available* Day out for Appointments.

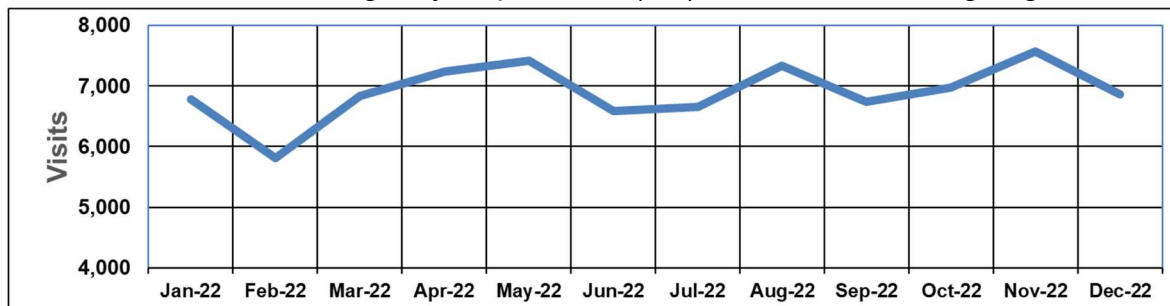


Month	UNMH Family Health	UNMH Specialty Clinics
Jan-22	32.4	48.6
Feb-22	26.6	54.0
Mar-22	26.8	45.3
Apr-22	24.8	50.8
May-22	25.0	50.5
Jun-22	31.1	55.9
Jul-22	29.0	59.3
Aug-22	25.6	49.9
Sep-22	34.5	49.9
Oct-22	27.2	53.9
Nov-22	23.5	49.6
Dec-22	33.1	54.6

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

Number of Emergency Department (ED) Visits

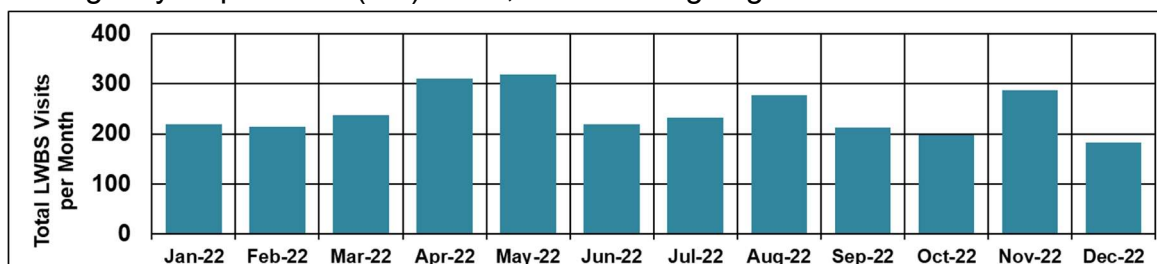
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Visits	6,776	5,815	6,843	7,236	7,418	6,591	6,657	7,337	6,736	6,975	7,577	6,863

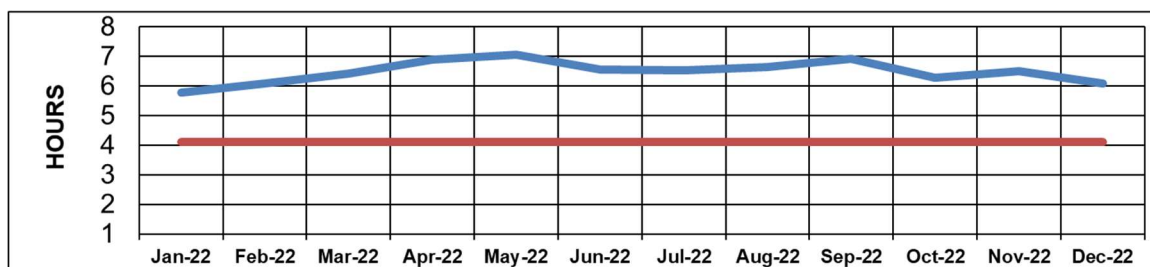
Total ED Patients Left without Being Seen

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



Month	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
UH LWBS	219	214	238	311	318	220	233	278	213	198	287	182

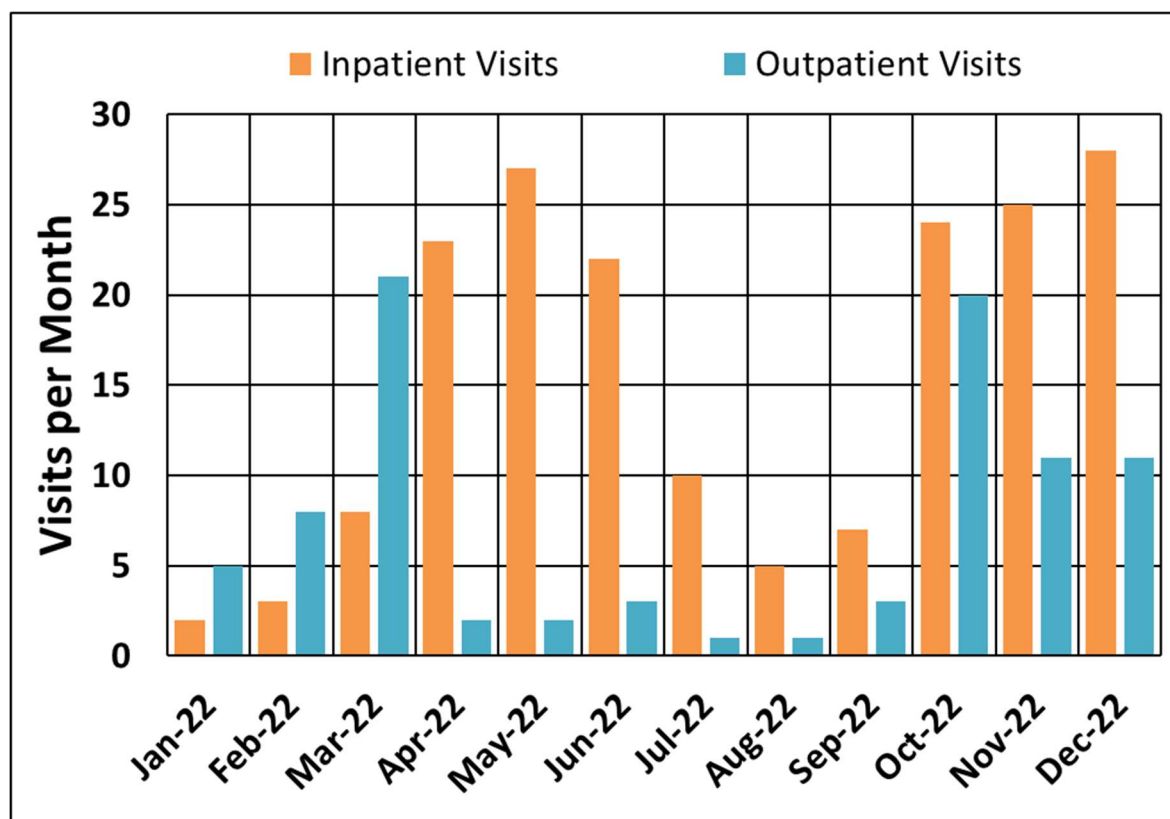
ED Average Hours from Arrival to Disposition



Month	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Arrival to Disposition	5.78	6.10	6.43	6.88	7.07	6.55	6.53	6.63	6.92	6.28	6.52	6.08
*National Average	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11

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

MDC Inmates Receiving Hospital Services



Month	Inpatient Visits	Outpatient Visits
Jan-22	2	5
Feb-22	3	8
Mar-22	8	21
Apr-22	23	2
May-22	27	2
Jun-22	22	3
Jul-22	10	1
Aug-22	5	1
Sep-22	7	3
Oct-22	24	20
Nov-22	25	11
Dec-22	28	11

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

Typically, patients use their own insurance when possible.

Bernalillo County Encounters by Funding Source

All Bernalillo County encounters for the six (6) months ended December 31, 2022, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	9,084
EMSA	275
IHS	1,559
Medicaid	157,634
Medicare	141,869
Uninsured	17,194
HMO's & Insurance	128,676
All Other *	20,559
Total Encounters	476,850
Native American Encounters **	53,981

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, 2022, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 17,942,540	\$ 7,850,370	\$ 25,792,909
Catron	594	3,377	3,971
Chaves	357,973	6,691	364,664
Cibola	225,765	127,793	353,558
Colfax	21,164	28,091	49,255
Curry	8,049	58,861	66,911
De Baca	-	-	-
Dona Ana	98,131	22,116	120,247
Eddy	66,918	4,807	71,726
Grant	6,891	16,697	23,588
Guadalupe	95,561	17,421	112,981
Harding	-	-	-
Hidalgo	1,364	-	1,364
Lea	9,514	24,160	33,673
Lincoln	75,292	9,214	84,506
Los Alamos	25,293	36,294	61,587
Luna	101,124	-	101,124
Mc Kinley	304,923	54,694	359,617
Mora	2,442	-	2,442
Otero	233,795	22,891	256,686
Quay	94,353	716	95,070
Rio Arriba	294,461	347,953	642,413
Roosevelt	9,330	761	10,091
San Juan	282,872	95,343	378,215
San Miguel	14,895	13,964	28,859
Sandoval	550,973	535,561	1,086,534
Santa Fe	1,949,912	183,166	2,133,078
Sierra	189,135	23,266	212,401
Socorro	291,227	78,916	370,143
Taos	138,624	65,269	203,893
Torrance	213,899	75,579	289,478
Union	612	265	877
Valencia	2,491,240	1,060,170	3,551,410
Out Of State	-	908,572	908,572
Grand Total	\$ 26,098,867	\$ 11,672,979	\$ 37,771,846

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, 2022.

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	1	\$235	71	\$ 11,164	72	\$ 11,399
87022	1	182	81	13,439	82	13,621
87047	4	(17,187)	165	19,246	169	2,058
87059	12	13,998	332	43,681	344	57,679
87100	-	-	1	31	1	31
87101	3	70,118	15	4,862	18	74,981
87102	98	459,734	2,768	687,001	2,866	1,146,735
87103	-	-	15	2,690	15	2,690
87104	24	80,476	927	193,272	951	273,747
87105	161	1,251,671	7,196	2,318,549	7,357	3,570,220
87106	65	576,092	2,209	648,409	2,274	1,224,501
87107	74	362,705	2,561	653,932	2,635	1,016,638
87108	132	1,251,735	5,265	1,637,881	5,397	2,889,615
87109	58	645,950	2,043	466,366	2,101	1,112,316
87110	82	552,497	2,875	622,928	2,957	1,175,425
87111	52	1,219,272	1,798	495,325	1,850	1,714,597
87112	81	664,570	3,053	569,956	3,134	1,234,526
87113	8	67,296	757	157,511	765	224,807
87114	57	314,368	2,379	476,532	2,436	790,900
87115	-	-	2	797	2	797
87116	1	48	40	17,433	41	17,480
87117	-	-	-	-	-	-
87119	-	-	23	1,357	23	1,357
87120	61	542,302	2,633	558,453	2,694	1,100,755
87121	285	2,003,929	11,008	3,767,701	11,293	5,771,630
87122	4	4,050	332	93,581	336	97,631
87123	137	678,598	4,399	1,277,000	4,536	1,955,599
87125	4	1,334	106	25,731	110	27,065
87128	-	-	-	-	-	-
87130	-	-	-	-	-	-
87131	-	-	16	2,940	16	2,940
87140	-	-	-	-	-	-
87151	6	50,011	66	38,048	72	88,059
87153	-	-	2	36	2	36
87154	1	15,077	109	8,118	110	23,195
87158	-	-	-	-	-	-
87176	4	9,766	107	10,402	111	20,168
87181	1	15	33	2,253	34	2,267
87184	3	66,487	20	3,528	23	70,015
87185	-	-	2	267	2	267
87187	2	2,829	15	650	17	3,478
87190	1	67	30	1,479	31	1,546
87191	1	1,798	39	2,761	40	4,559
87192	1	322	14	2,769	15	3,092
87193	1	81	54	3,664	55	3,746
87194	1	54	38	1,548	39	1,602
87195	8	8,812	149	20,939	157	29,751
87196	1	756	30	5,462	31	6,218
87197	1	193	59	4,627	60	4,819
87198	-	-	92	12,355	92	12,355
87199	3	1,927	56	4,067	59	5,995
Grand Total	1,440	\$ 10,902,166	53,985	\$ 14,890,743	\$ 55,425	\$ 25,792,909

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the six (6) months ended December 31, 2022.

Bernalillo County Zip	Medicine Count	Surgery Count	Cancer Count	Orthopedics Count	Womens Health Count	Cardio-vascular/ Respiratory/ Cardiac Care Count	Neuro-sciences/ Neuro-logical Count	Spine Count	Other Count	Neo-natology/ Normal Newborn/ Childrens Count	Behavioral Health Count	Trauma Count	Total Count
87008	33	7	1	11	1	3	3	6	-	-	7	-	72
87022	34	9	9	8	2	3	3	3	-	-	11	-	82
87047	65	38	2	19	6	12	16	3	3	-	5	-	169
87059	131	49	22	34	11	30	30	7	3	1	26	-	344
87100	-	1	-	-	-	-	-	-	-	-	-	-	1
87101	6	2	-	-	6	1	-	1	-	-	2	-	18
87102	1,126	452	118	262	141	181	141	74	21	4	346	-	2,866
87103	4	2	-	1	3	-	4	-	-	-	1	-	15
87104	311	149	106	95	64	42	62	19	8	-	95	-	951
87105	2,691	1,085	548	761	637	442	371	185	68	15	554	-	7,357
87106	826	300	130	222	175	104	132	61	27	4	293	-	2,274
87107	896	336	131	249	290	158	170	84	35	11	275	-	2,635
87108	2,091	669	378	491	436	267	275	139	70	6	575	-	5,397
87109	808	323	127	203	127	113	112	60	14	4	210	-	2,101
87110	1,100	403	250	265	130	187	184	76	25	5	332	-	2,957
87111	697	239	128	181	114	82	97	46	11	4	251	-	1,850
87112	1,094	427	323	296	239	161	157	81	30	7	319	-	3,134
87113	291	101	56	49	62	48	50	25	4	-	79	-	765
87114	946	274	151	217	163	118	164	67	31	10	295	-	2,436
87115	1	-	-	-	-	-	-	-	-	-	1	-	2
87116	12	10	1	2	1	7	1	1	-	-	6	-	41
87117	-	-	-	-	-	-	-	-	-	-	-	-	-
87119	14	3	1	-	-	2	1	-	-	-	2	-	23
87120	1,093	335	151	239	195	109	202	64	32	8	266	-	2,694
87121	3,957	1,600	918	1,023	1,540	603	508	314	118	38	673	1	11,293
87122	134	49	30	27	5	22	17	9	2	-	41	-	336
87123	1,827	611	291	416	409	207	207	139	37	11	381	-	4,536
87125	40	15	1	12	1	6	6	2	2	-	25	-	110
87128	-	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-	-
87131	13	1	-	-	-	-	-	-	2	-	-	-	16
87140	-	-	-	-	-	-	-	-	-	-	-	-	-
87151	21	14	3	9	2	2	7	5	2	-	7	-	72
87153	1	-	-	1	-	-	-	-	-	-	-	-	2
87154	35	12	6	17	-	3	14	8	-	-	15	-	110
87158	-	-	-	-	-	-	-	-	-	-	-	-	-
87176	37	15	35	4	3	7	4	1	1	-	4	-	111
87181	9	2	13	-	2	-	1	-	1	-	6	-	34
87184	13	3	2	-	-	3	-	2	-	-	-	-	23
87185	1	-	-	-	-	-	1	-	-	-	-	-	2
87187	6	-	5	-	-	3	1	-	-	-	2	-	17
87190	13	5	2	5	-	1	2	-	-	-	3	-	31
87191	11	15	-	3	3	2	6	-	-	-	-	-	40
87192	3	5	1	1	1	-	-	-	-	-	4	-	15
87193	18	12	4	8	-	1	5	4	-	-	3	-	55
87194	18	6	-	4	-	-	2	5	1	-	3	-	39
87195	66	31	3	17	3	12	3	9	1	-	12	-	157
87196	14	7	-	6	1	-	-	1	-	-	2	-	31
87197	23	4	5	3	4	12	2	-	1	-	6	-	60
87198	40	12	2	4	-	7	-	5	1	-	21	-	92
87199	19	11	2	9	2	2	4	4	-	-	6	-	59
Grand Total	20,589	7,644	3,956	5,174	4,779	2,963	2,965	1,510	551	128	5,165	1	55,425

Primary Reason for Bernalillo County Indigent Resident Visits

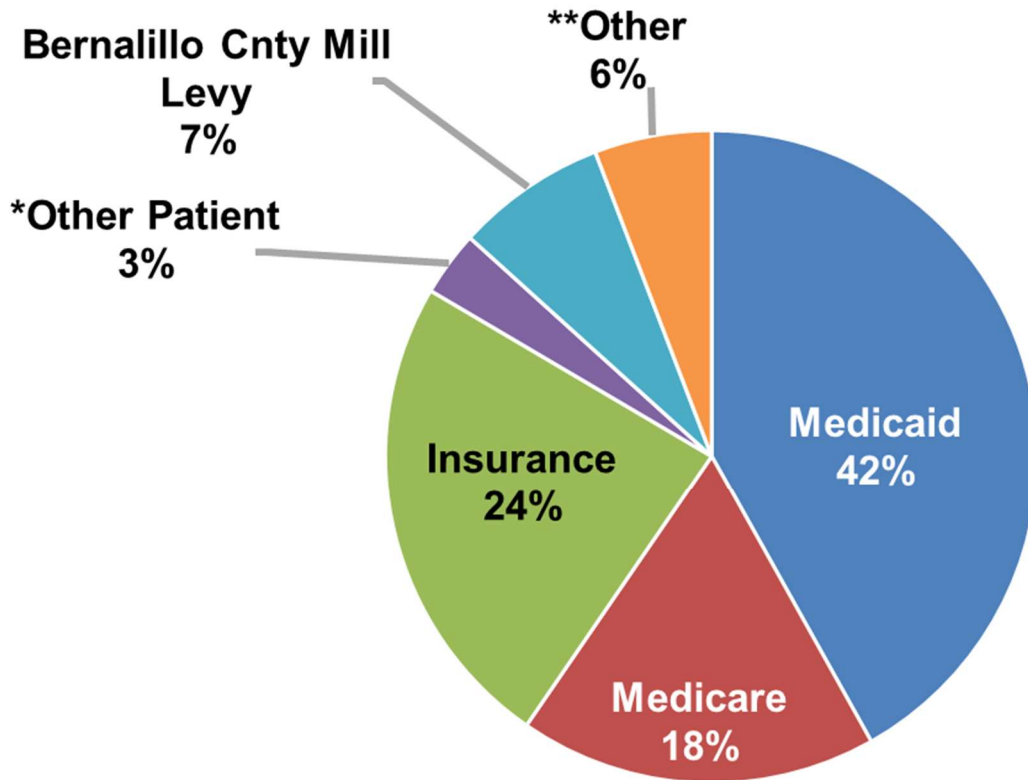
Totals are for each of the eight (8) quarters ended December 31, 2022.

Description	2023Q2	2023Q1	2022Q4	2022Q3	2022Q2	2022Q1	2021Q4	2021Q3
Factors influencing health status and contact with health services	6,117	6,124	4,227	4,048	4,321	5,044	5,042	5,399
undefined	4,149	2,896	1,951	1,703	1,761	1,935	2,115	2,178
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	2,262	2,285	1,600	1,518	1,639	1,871	2,002	1,826
Diseases of the musculoskeletal system and connective tissue	2,258	2,232	1,571	1,436	1,539	1,854	1,949	1,872
Injury, poisoning and certain other consequences of external causes	1,471	1,537	1,045	873	1,068	1,350	1,334	1,134
Endocrine, nutritional and metabolic diseases	1,287	1,318	895	835	917	1,138	1,210	1,169
Diseases of the respiratory system	1,263	766	640	544	635	628	542	460
Neoplasms	1,234	1,160	780	765	883	1,078	1,162	1,029
Diseases of the circulatory system	1,228	1,274	894	832	883	988	1,088	1,060
Diseases of the nervous system	1,198	1,243	824	751	838	908	977	1,032
Mental and behavioural disorders	1,109	1,204	856	828	890	1,053	1,194	1,211
Diseases of the genitourinary system	912	875	618	571	638	747	817	822
Diseases of the digestive system	874	868	621	542	570	653	757	770
Diseases of the skin and subcutaneous tissue	657	705	461	409	435	532	579	522
Pregnancy, childbirth and the puerperium	608	653	464	464	505	637	641	579
Diseases of the eye and adnexa	448	462	318	296	294	387	405	370
Diseases of the ear and mastoid process	377	315	216	185	190	222	193	177
Certain infectious and parasitic diseases	305	289	223	189	222	225	233	195
Congenital malformations, deformations and chromosomal abnormalities	275	282	201	184	194	231	249	245
Codes for special purposes	212	205	119	261	159	84	47	184
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	182	179	121	117	126	151	159	164
Certain conditions originating in the perinatal period	32	46	32	29	35	36	25	23
External causes of morbidity and mortality	2	0	-1	-1	-1	0	-1	0
	28,460	26,918	18,676	17,379	18,741	21,752	22,719	22,421

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 2022 Revenue (Audited)



FY2022

Medicaid	\$ 642,403,173
Medicare	272,247,489
Insurance	366,338,769
*Other Patient	49,398,642
Bernalillo Cnty Mill Levy	114,830,101
**Other	89,173,187

Total Revenues	\$ 1,534,391,361
-----------------------	-------------------------

***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

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

FY22 is based on the twelve (12) months ended June 30, 2022.

FY23 is based on the previous twelve (12) months ended December 31, 2022.

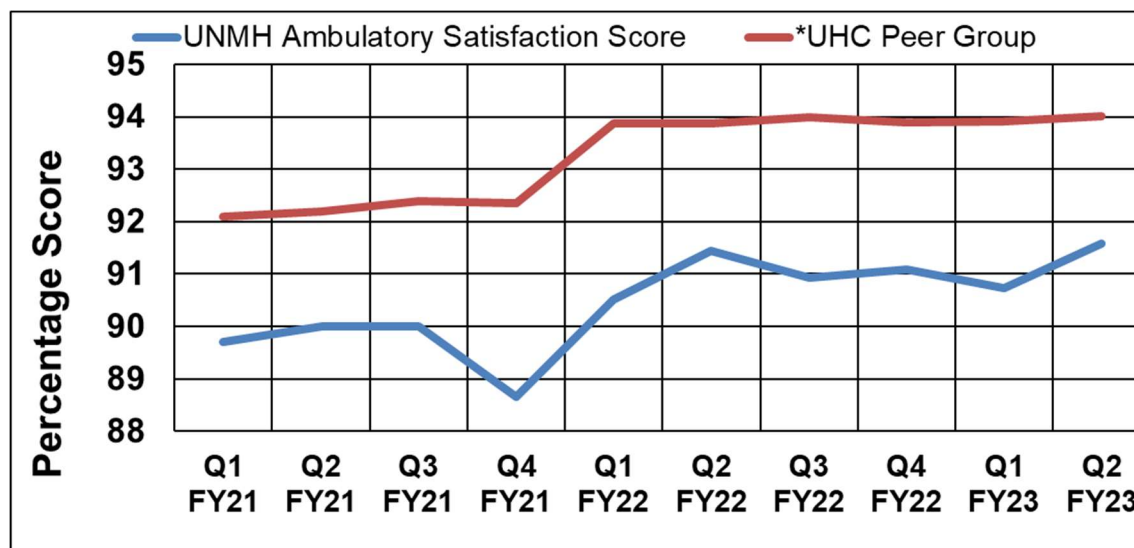
534,607	FY21 Actual (12 Months)
562,253	FY22 Actual (12 Months)
554,468	FY23 Projected (Previous 12 Months)

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-6pm, Sat, Sun 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-Thur: 8am-7pm, Fri 8am-5pm, Sat 9am-2pm

Press Ganey Ambulatory Satisfaction Score

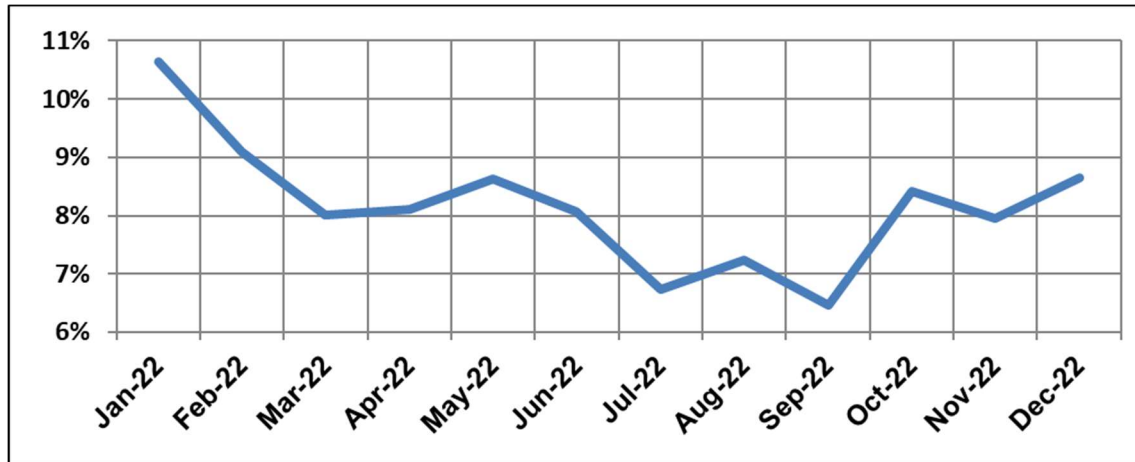


Quarter	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23
UNMH Ambulatory Satisfaction Score	89.7	90.0	90.0	88.7	90.5	91.4	90.9	91.1	90.7	91.6
*UHC Peer Group	92.1	92.2	92.4	92.4	93.9	93.9	94.0	93.9	93.9	94.0

*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.



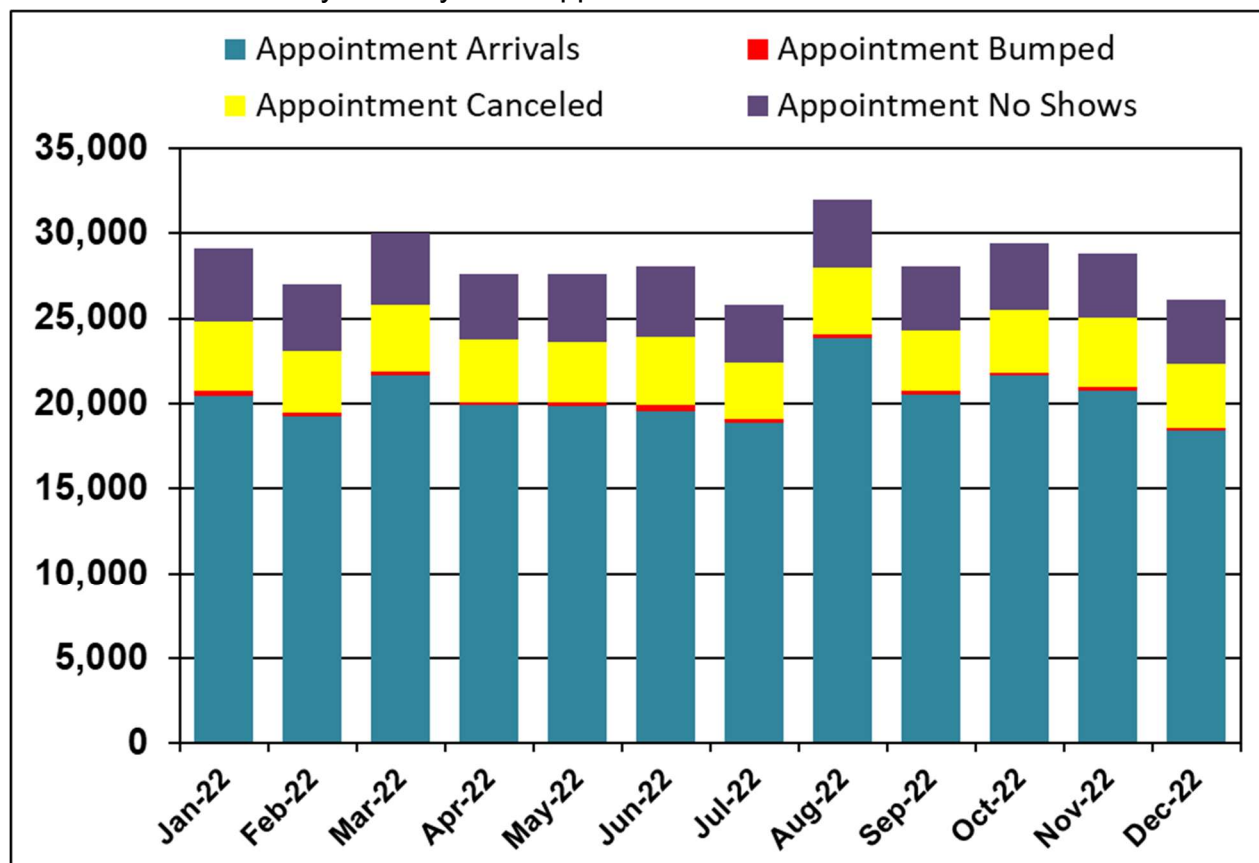
Month	Same Day	Total Arrived	Same Day Rate
Jan-22	1,751	16,461	10.6%
Feb-22	1,347	14,803	9.1%
Mar-22	1,349	16,837	8.0%
Apr-22	1,259	15,525	8.1%
May-22	1,327	15,377	8.6%
Jun-22	1,236	15,304	8.1%
Jul-22	927	13,778	6.7%
Aug-22	1,228	16,957	7.2%
Sep-22	943	14,606	6.5%
Oct-22	1,284	15,272	8.4%
Nov-22	1,185	14,918	7.9%
Dec-22	1,174	13,569	8.7%

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

Average	Primary Care Clinics
9.2%	1209 Clinic
10.8%	Alamo Primary Care Clinic
4.5%	Family Practice Clinic
3.9%	General Pediatric Clinic
6.8%	Northeast Heights Clinic
8.2%	Senior Health Center
7.2%	Southeast Heights Clinic
10.4%	Southwest Mesa Clinic
5.8%	SRMC FP Clinic
6.8%	UH 4th Street NV Clinic
10.3%	UH Atrisco Heritage
22.9%	UNM Lobocare Clinic
8.5%	UNMMG Family Health Grande
7.1%	Westside Clinic
11.6%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

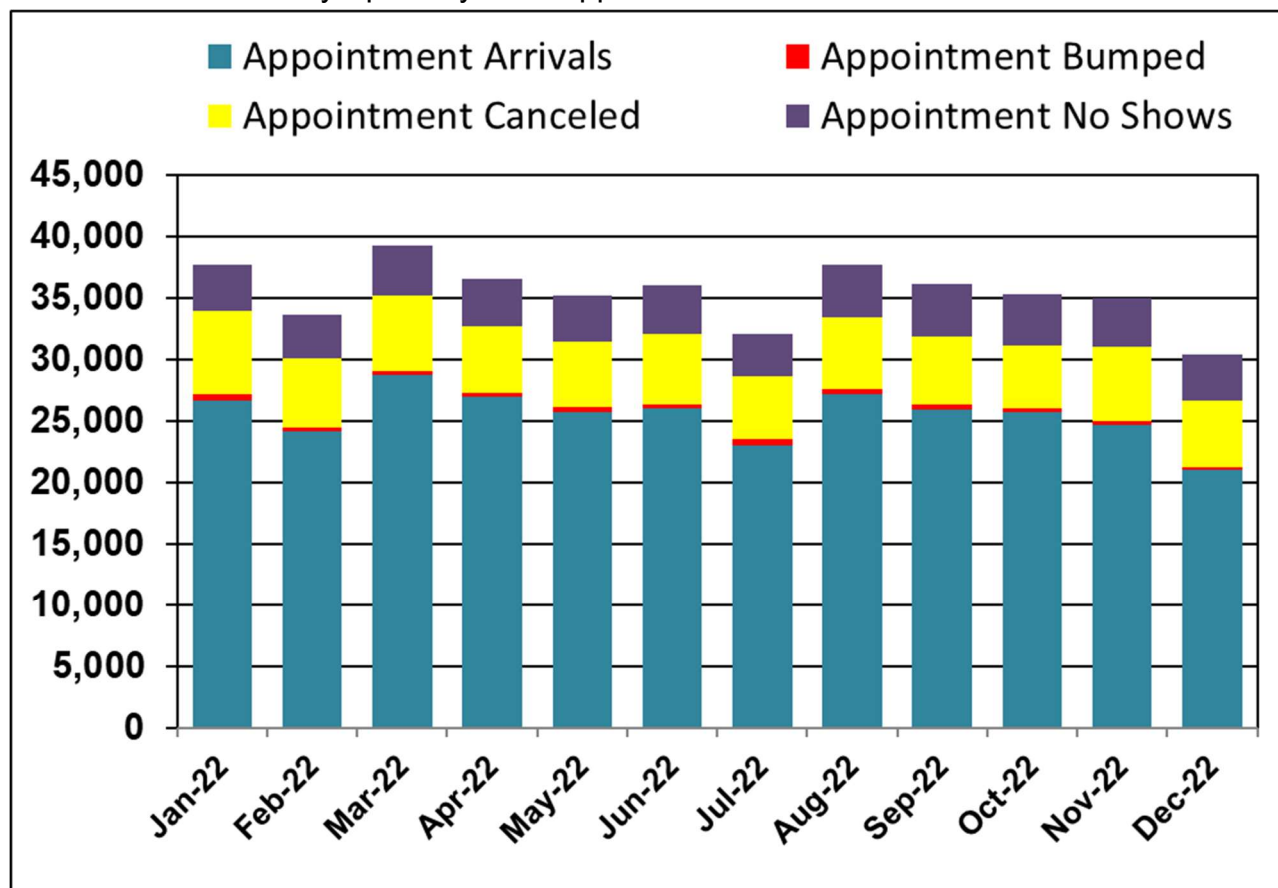
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-22	20,477	242	4,085	4,298
Feb-22	19,237	197	3,678	3,903
Mar-22	21,679	211	3,919	4,232
Apr-22	19,934	140	3,648	3,892
May-22	19,815	233	3,580	3,988
Jun-22	19,559	325	3,988	4,192
Jul-22	18,873	211	3,298	3,417
Aug-22	23,843	227	3,931	3,976
Sep-22	20,505	255	3,539	3,730
Oct-22	21,615	221	3,636	3,956
Nov-22	20,733	234	4,062	3,786
Dec-22	18,378	189	3,774	3,736

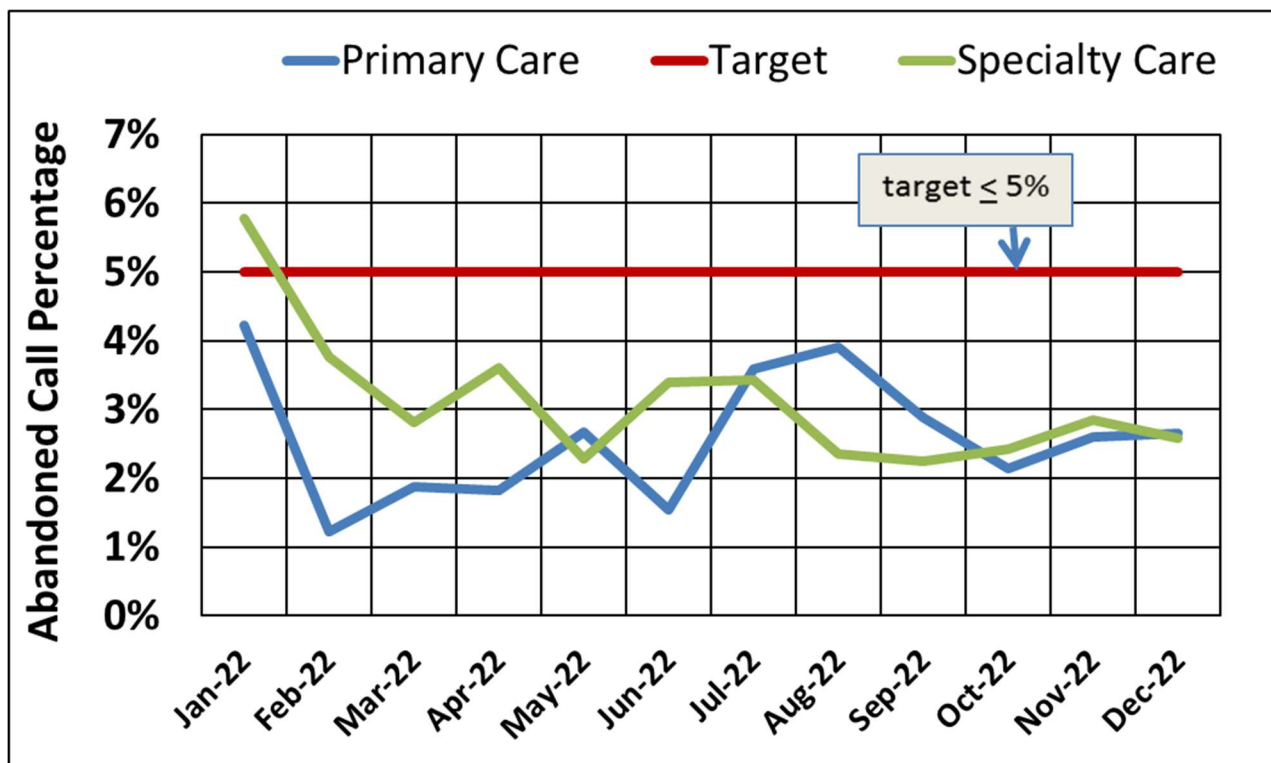
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-22	26,680	507	6,773	3,706
Feb-22	24,124	325	5,666	3,486
Mar-22	28,714	356	6,137	4,065
Apr-22	26,992	295	5,401	3,866
May-22	25,762	346	5,375	3,771
Jun-22	26,004	387	5,707	3,973
Jul-22	23,043	452	5,202	3,364
Aug-22	27,155	457	5,851	4,260
Sep-22	25,945	393	5,505	4,259
Oct-22	25,717	305	5,075	4,216
Nov-22	24,676	344	6,001	3,961
Dec-22	21,039	246	5,428	3,665

Percentage Abandoned Phone Calls for Primary and Specialty Care

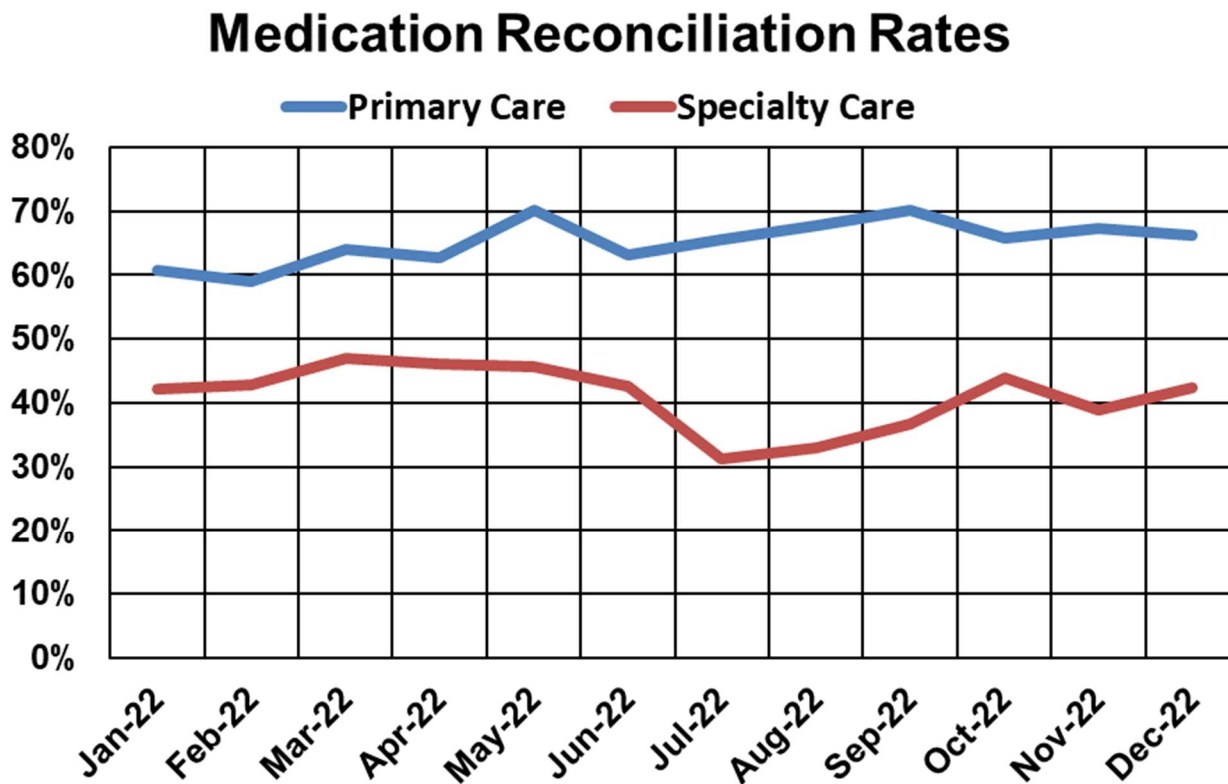


Area:	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Jan-22	4.22%	5.77%	5%
Feb-22	1.23%	3.76%	5%
Mar-22	1.88%	2.82%	5%
Apr-22	1.82%	3.61%	5%
May-22	2.67%	2.29%	5%
Jun-22	1.55%	3.39%	5%
Jul-22	3.59%	3.43%	5%
Aug-22	3.90%	2.35%	5%
Sep-22	2.89%	2.25%	5%
Oct-22	2.14%	2.42%	5%
Nov-22	2.60%	2.85%	5%
Dec-22	2.66%	2.59%	5%

Medication Reconciliation Goals Primary and Specialty Care

National Patient Safety Goal :

UNH Medication Reconciliation Rates for Primary Care and Specialty Care.



Month	Primary Care	Specialty Care
Jan-22	60.8%	42.2%
Feb-22	58.9%	42.9%
Mar-22	64.0%	46.9%
Apr-22	62.7%	46.2%
May-22	70.1%	45.7%
Jun-22	63.1%	42.7%
Jul-22	65.5%	31.2%
Aug-22	67.7%	33.0%
Sep-22	70.1%	36.6%
Oct-22	65.8%	43.8%
Nov-22	67.4%	38.8%
Dec-22	66.3%	42.3%

Percentage of Patients with Access to Electronic Medical Record

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

As of January 4, 2023.

369,547	Invitations sent out to patients who provided an email address.
170,429	Patients who have claimed invitation to sign up.
310	Patients who have self enrolled directly without an invitation.
147,478	*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 covered under Children's Online Privacy Protection Act (COPPA).

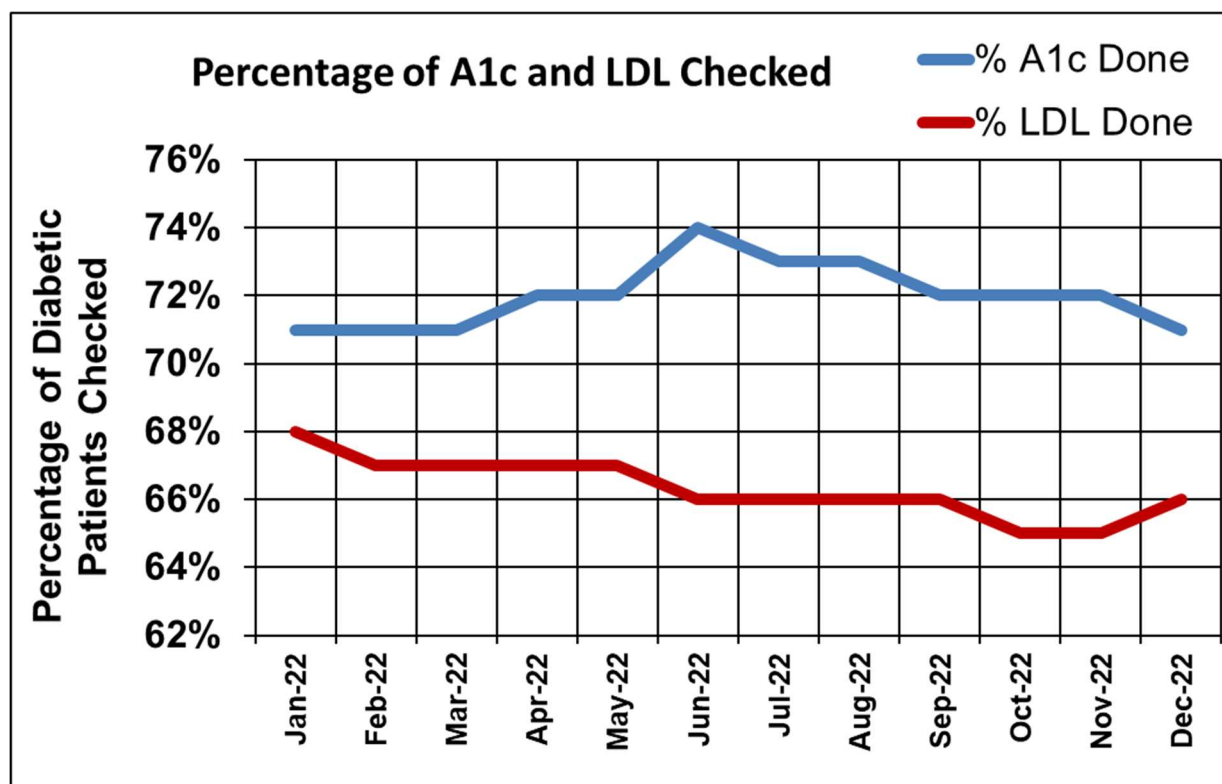
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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
Jan-22	7,876	5,601	71%	5,360	68%
Feb-22	7,892	5,587	71%	5,298	67%
Mar-22	7,957	5,669	71%	5,308	67%
Apr-22	8,023	5,750	72%	5,344	67%
May-22	8,079	5,843	72%	5,379	67%
Jun-22	8,103	5,953	74%	5,381	66%
Jul-22	7,944	5,824	73%	5,228	66%
Aug-22	8,090	5,934	73%	5,357	66%
Sep-22	7,866	5,682	72%	5,150	66%
Oct-22	8,035	5,800	72%	5,254	65%
Nov-22	8,136	5,815	72%	5,310	65%
Dec-22	8,095	5,714	71%	5,325	66%

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-22	3,680	27	160
Feb-22	5,154	24	129
Mar-22	5,020	17	187
Apr-22	4,182	18	126
May-22	5,389	10	163
Jun-22	4,142	13	210
Jul-22	3,193	7	147
Aug-22	2,550	12	133
Sep-22	2,628	6	190
Oct-22	2,276	6	231
Nov-22	3,513	8	204
Dec-22	3,499	3	92

Total Uncompensated Care – Charity Care and Uninsured

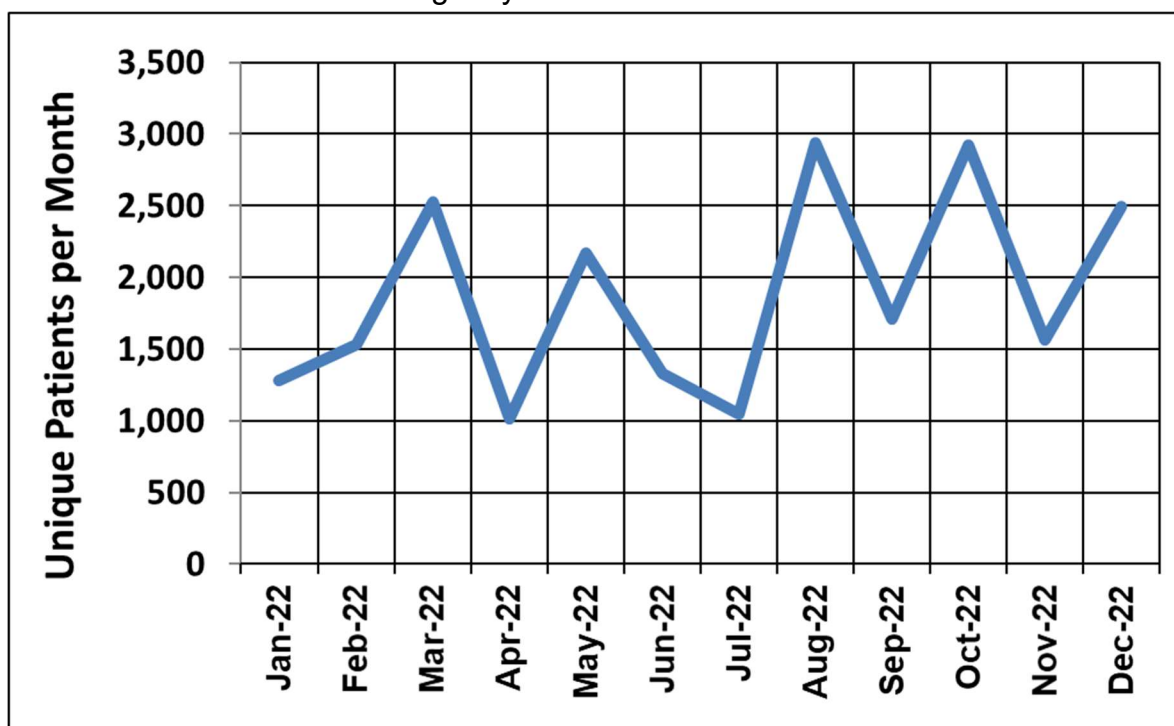
For the six (6) months ended December 31, 2022, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	17,214	5,168	22,382
Encounters	46,094	8,883	54,977
Cost	\$ 17,942,540	\$ 7,850,370	\$ 25,792,909

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.

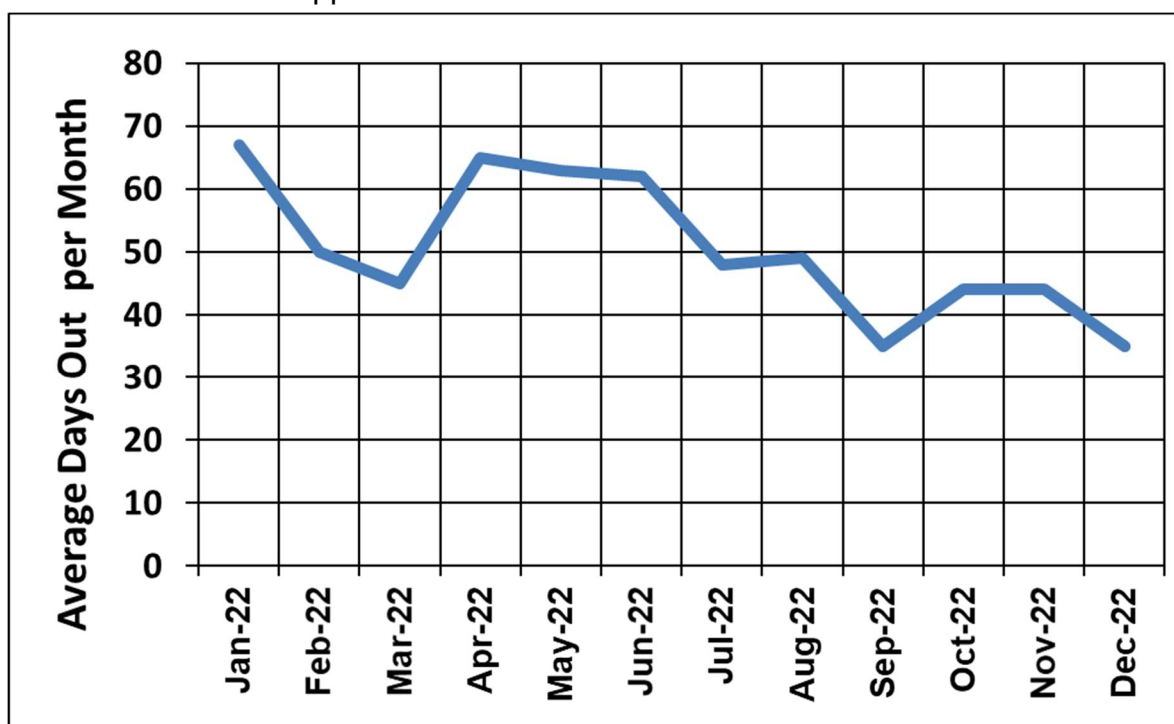
Number of Unique Patients Sent to Collections

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



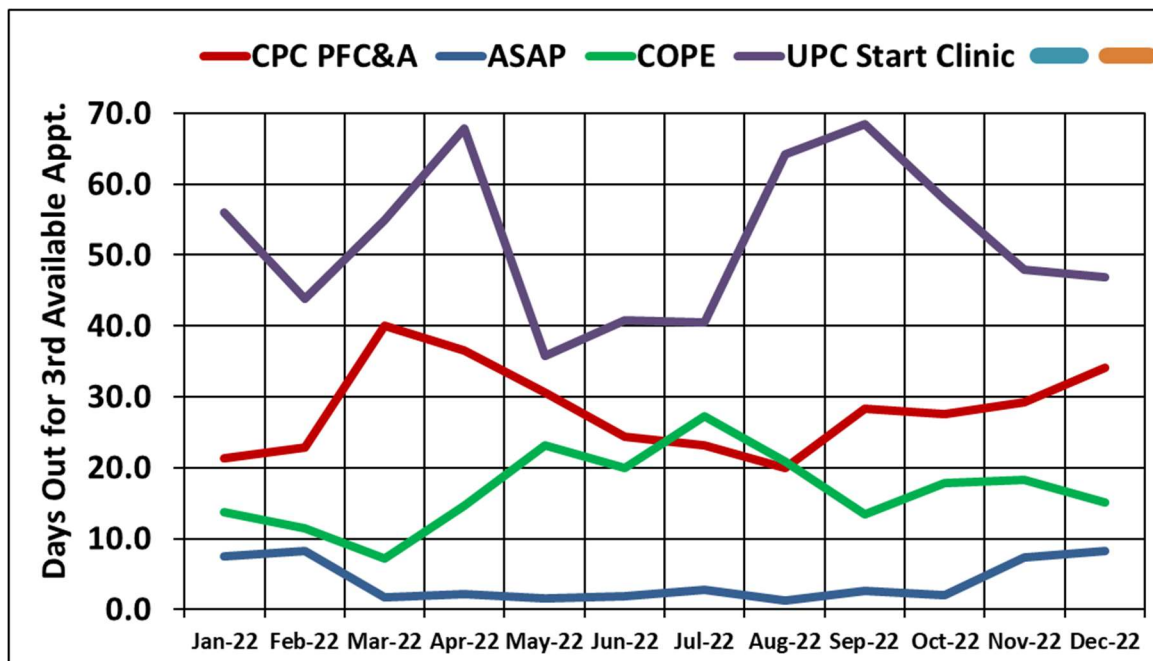
Days Out For Scheduling Financial Assistance Appointment

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



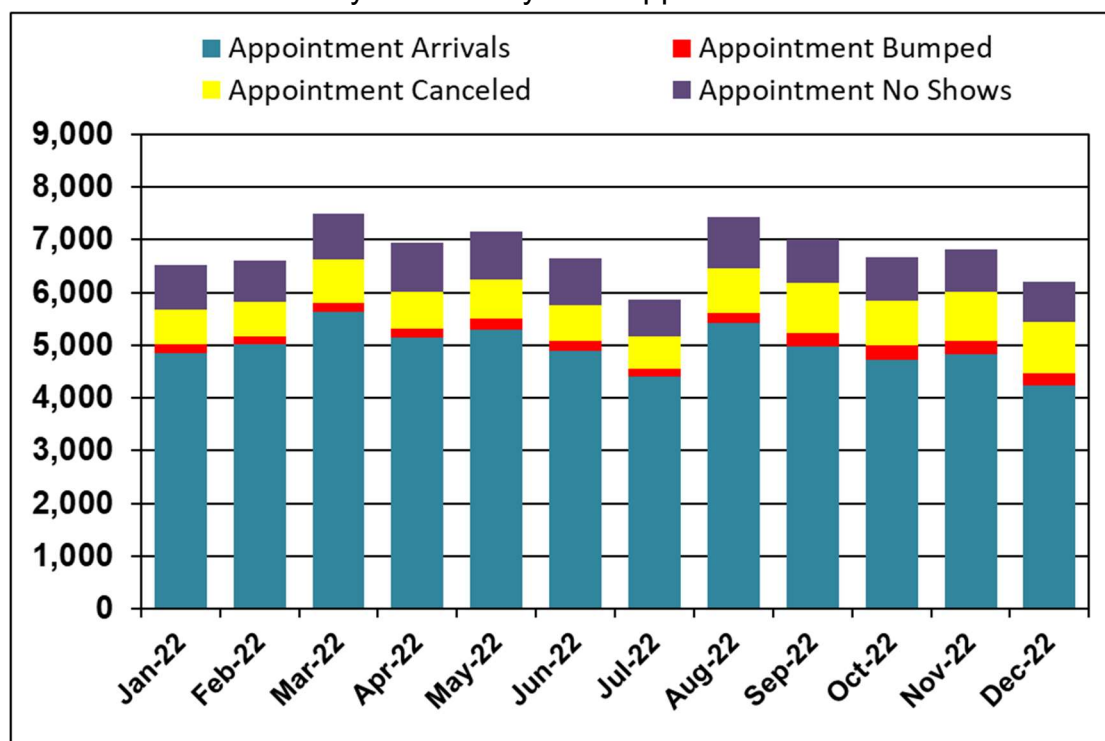
Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Jan-22	21.3	7.5	13.7	56.0
Feb-22	22.9	8.3	11.5	43.9
Mar-22	40.1	1.7	7.2	55.0
Apr-22	36.6	2.1	14.7	67.8
May-22	30.6	1.6	23.2	35.8
Jun-22	24.3	1.9	19.9	40.8
Jul-22	23.2	2.8	27.3	40.5
Aug-22	19.9	1.3	20.9	64.2
Sep-22	28.4	2.6	13.5	68.4
Oct-22	27.5	2.0	17.8	57.8
Nov-22	29.3	7.3	18.3	48.0
Dec-22	34.1	8.2	15.1	46.9

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.



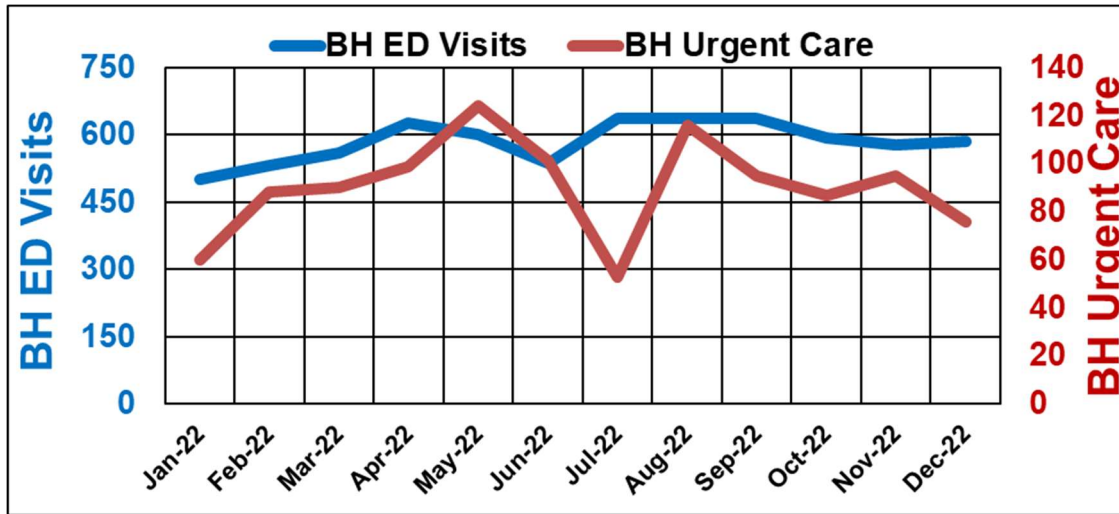
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-22	4,842	178	654	847
Feb-22	5,020	150	659	768
Mar-22	5,635	170	826	864
Apr-22	5,136	177	700	924
May-22	5,295	215	730	914
Jun-22	4,892	182	683	895
Jul-22	4,406	149	604	704
Aug-22	5,417	197	844	980
Sep-22	4,974	266	933	836
Oct-22	4,732	260	852	829
Nov-22	4,823	260	926	804
Dec-22	4,227	236	987	746

Number of Unique Outpatients and Number of Encounters CY2021

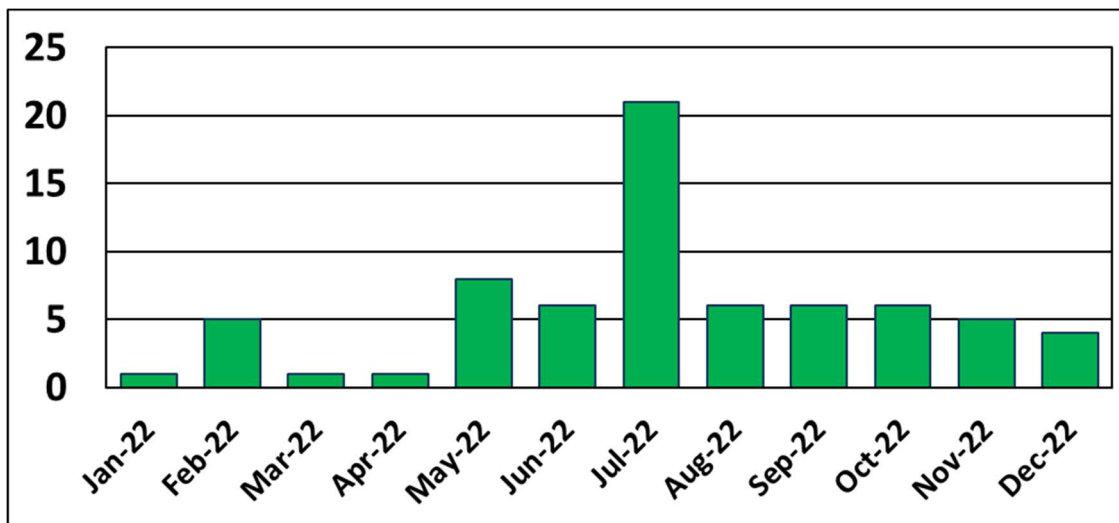
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	10,673	69,895
BH CPC Outpatient	3,186	20,478

* Excluding all Suboxone and Methadone Visits

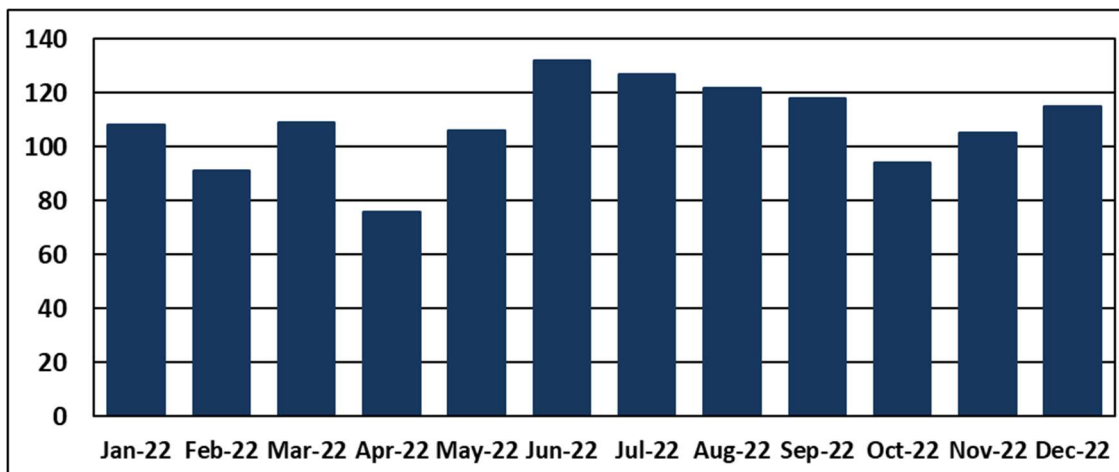
Psychiatric Emergency Department and Urgent Care Encounters



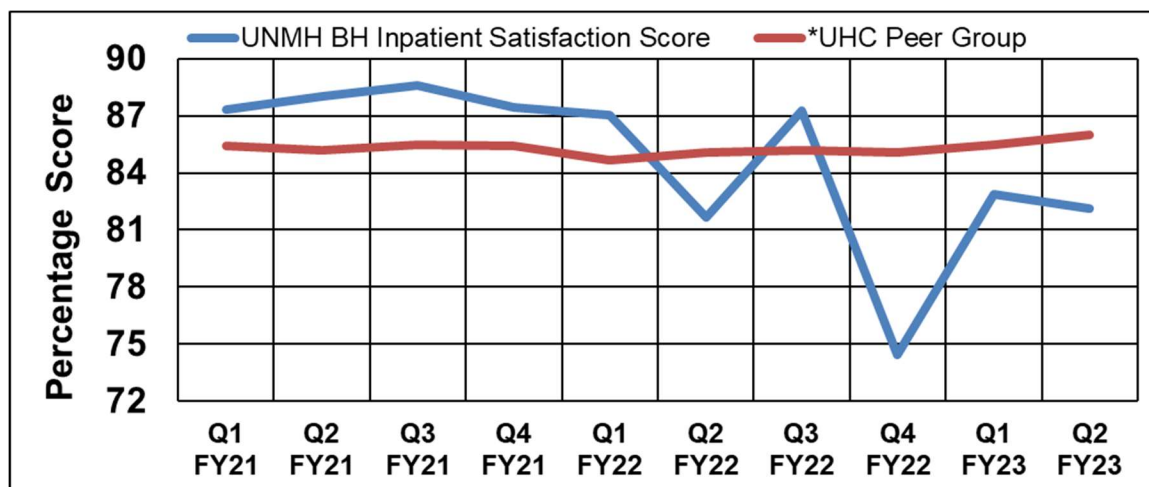
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

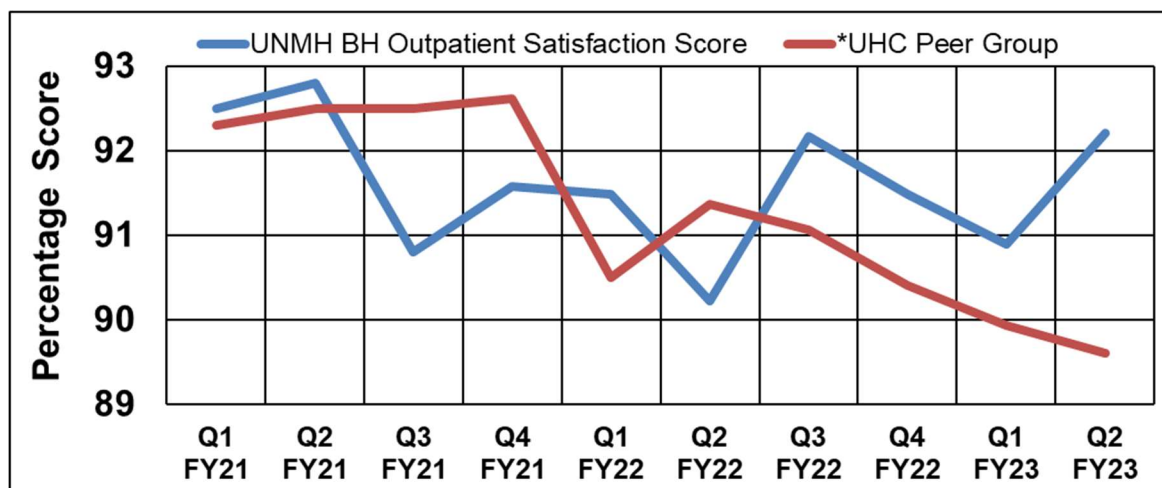


Press Ganey Behavioral Health Inpatient Satisfaction Score



Quarter	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23
UNMH BH Inpatient Satisfaction Score	87.3	88.0	88.6	87.5	87.0	81.7	87.2	74.5	82.9	82.1
*UHC Peer Group	85.4	85.2	85.5	85.4	84.7	85.1	85.2	85.1	85.5	86.0

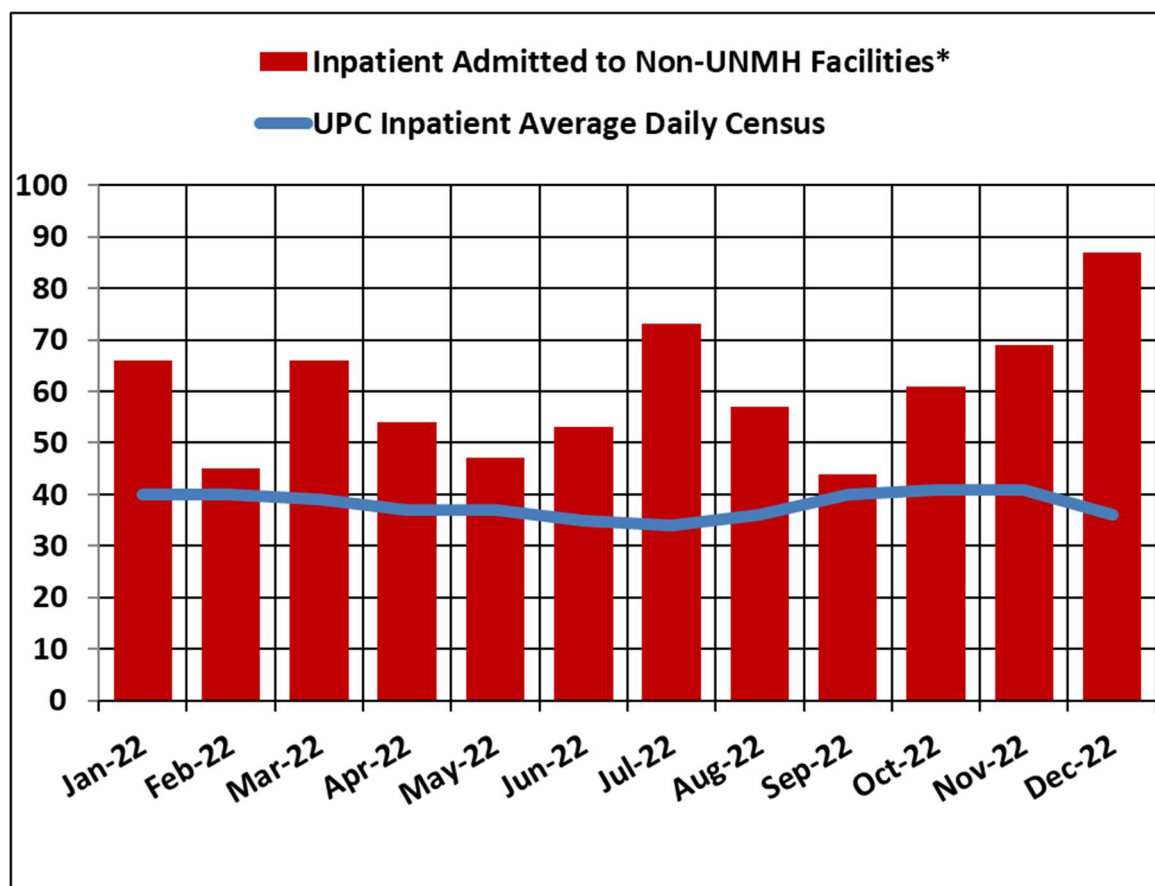
Press Ganey Behavioral Health Outpatient Satisfaction Score



Quarter	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23
UNMH BH Outpatient Satisfaction Score	92.5	92.8	90.8	91.6	91.5	90.2	92.2	91.5	90.9	92.2
*UHC Peer Group	92.3	92.5	92.5	92.6	90.5	91.4	91.1	90.4	89.9	89.6

*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.

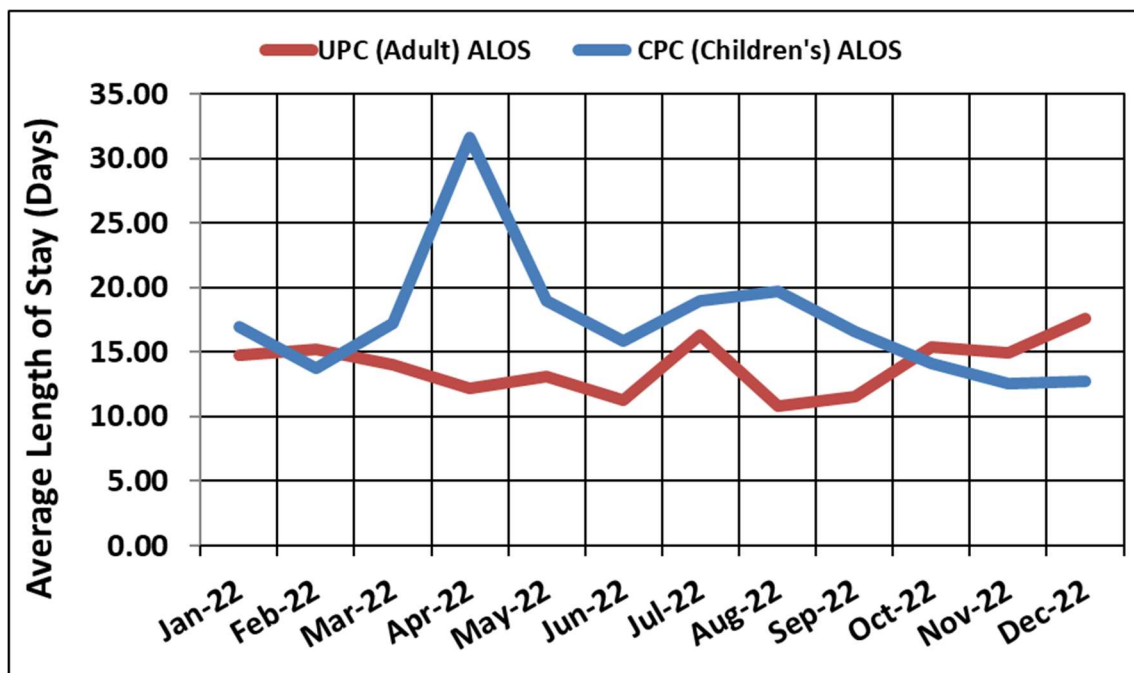
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jan-22	66	40
Feb-22	45	40
Mar-22	66	39
Apr-22	54	37
May-22	47	37
Jun-22	53	35
Jul-22	73	34
Aug-22	57	36
Sep-22	44	40
Oct-22	61	41
Nov-22	69	41

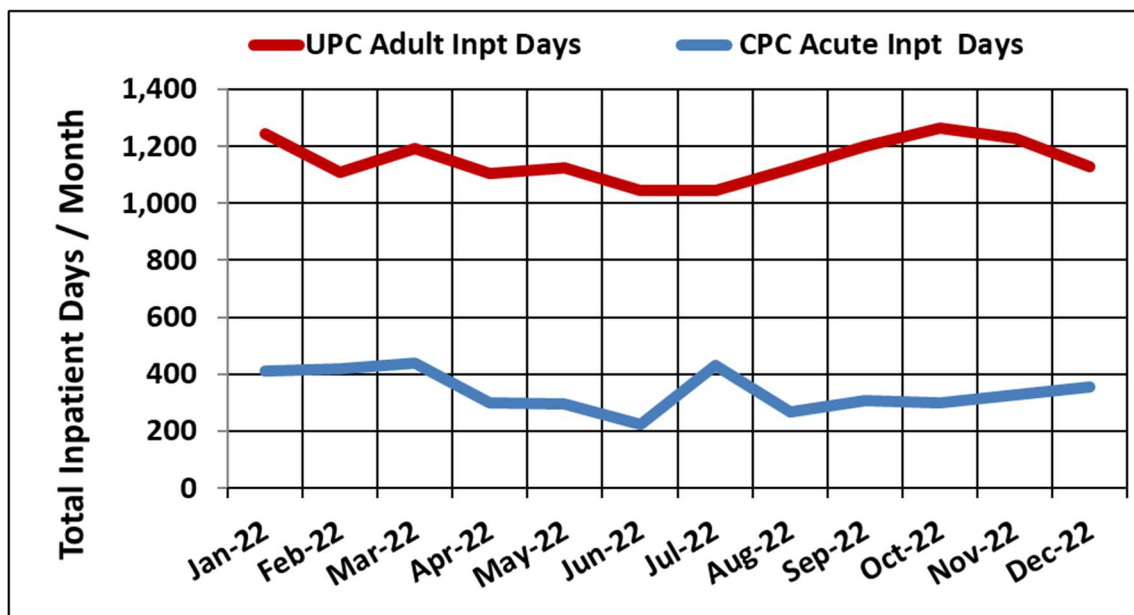
*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

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 CY2021

Patient Group	Patients Served	Total Encounters
BH UPC Inpatient	983	1,352
BH CPC Inpatient	616	725

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2020	11,170
FY2021	12,615
FY2022	11,755
FY2023*	11,496

* Projected Count based upon the previous twelve (12) months. (Jan. 2022 to Dec. 2022)

Total Opioid Patients

Month	Census
Jan-22	540
Feb-22	540
Mar-22	542
Apr-22	537
May-22	538
Jun-22	483
Jul-22	480
Aug-22	476
Sep-22	470
Oct-22	463
Nov-22	461
Dec-22	453

Total Methadone Encounters

Month	Count
Jan-22	2,309
Feb-22	1,807
Mar-22	2,174
Apr-22	2,032
May-22	2,160
Jun-22	2,102
Jul-22	2,093
Aug-22	2,479
Sep-22	2,338
Oct-22	2,290
Nov-22	2,405
Dec-22	2,319

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Jan-22	620	35,480	12,201
Feb-22	534	29,135	12,230
Mar-22	595	30,769	11,224
Apr-22	544	28,468	11,890
May-22	465	24,600	11,699
Jun-22	584	31,596	14,016
Jul-22	520	28,016	9,139
Aug-22	625	34,084	14,121
Sep-22	571	30,252	11,746
Oct-22	521	27,249	11,425
Nov-22	530	29,010	11,456
Dec-22	503	27,119	11,842

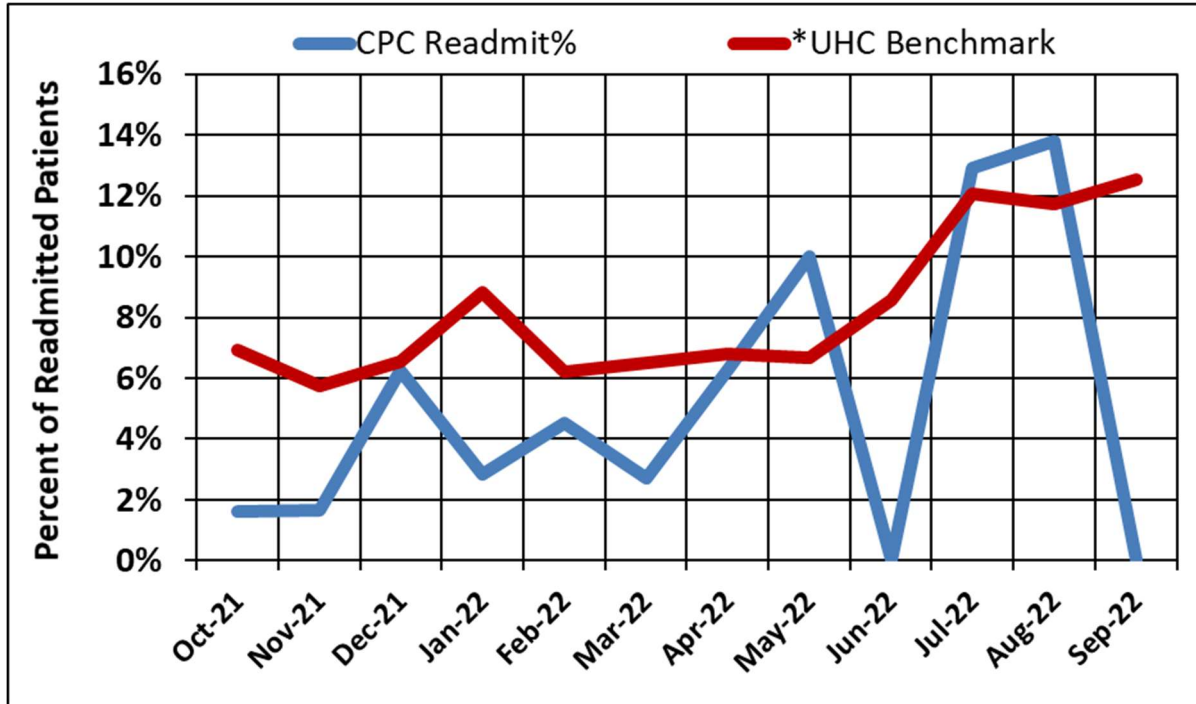
Total Suboxone Encounters

Month	Count
Jan-22	48
Feb-22	30
Mar-22	43
Apr-22	41
May-22	65
Jun-22	72
Jul-22	66
Aug-22	57
Sep-22	60
Oct-22	36
Nov-22	27
Dec-22	25

*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.

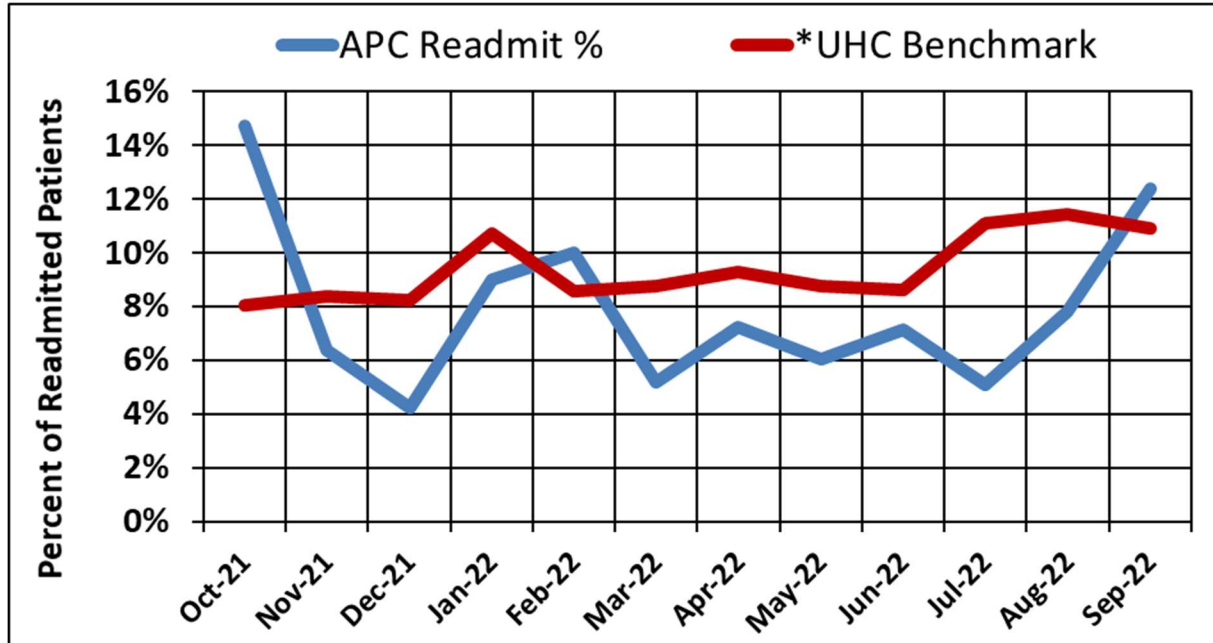


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-21	62	1	1.6%	6.9%
Nov-21	60	1	1.7%	5.7%
Dec-21	48	3	6.3%	6.5%
Jan-22	35	1	2.9%	8.8%
Feb-22	44	2	4.5%	6.2%
Mar-22	37	1	2.7%	6.5%
Apr-22	16	1	6.3%	6.8%
May-22	30	3	10.0%	6.7%
Jun-22	29	0	0.0%	8.6%
Jul-22	31	4	12.9%	12.1%
Aug-22	29	4	13.8%	11.7%
Sep-22	29	0	0.0%	12.5%

*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.

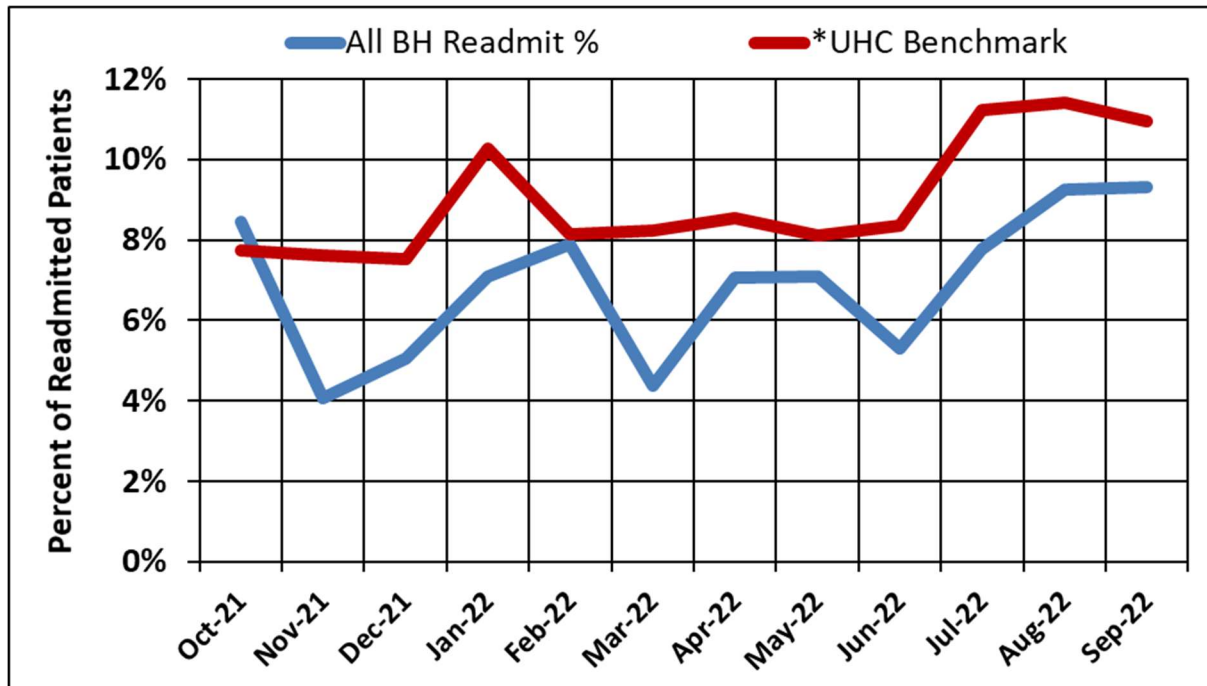


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-21	68	10	14.7%	8.1%
Nov-21	63	4	6.3%	8.4%
Dec-21	71	3	4.2%	8.2%
Jan-22	78	7	9.0%	10.7%
Feb-22	70	7	10.0%	8.6%
Mar-22	77	4	5.2%	8.7%
Apr-22	83	6	7.2%	9.3%
May-22	83	5	6.0%	8.8%
Jun-22	84	6	7.1%	8.6%
Jul-22	59	3	5.1%	11.1%
Aug-22	90	7	7.8%	11.4%
Sep-22	89	11	12.4%	10.9%

*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.

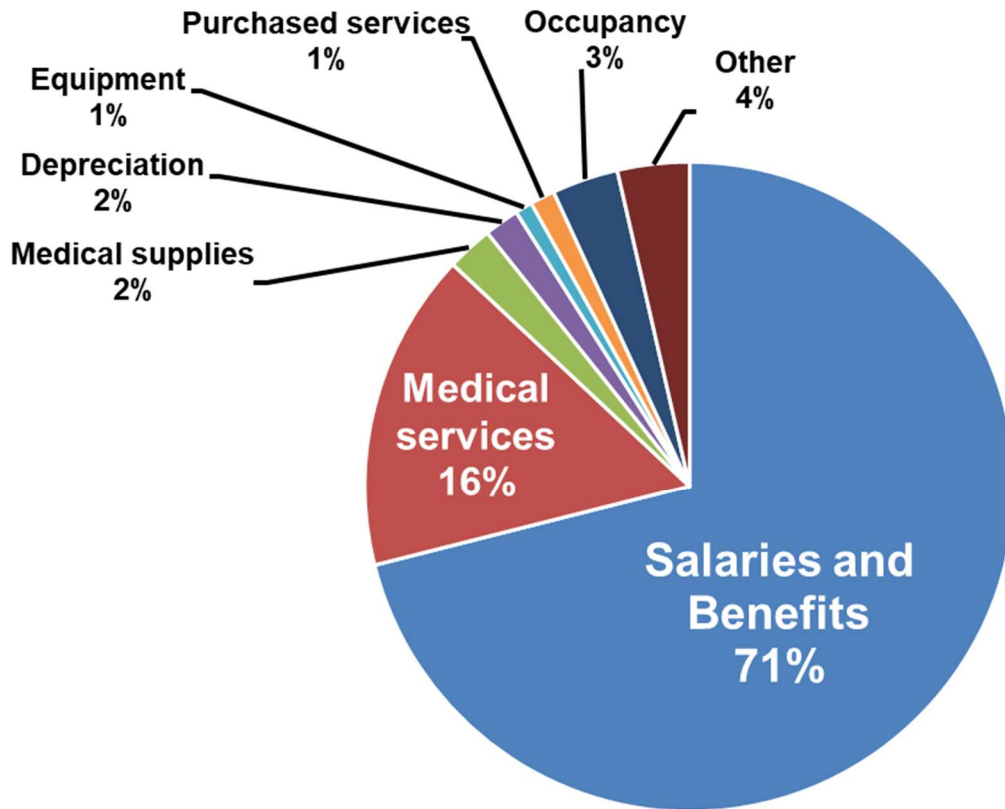


Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-21	130	11	8.5%	7.7%
Nov-21	123	5	4.1%	7.6%
Dec-21	119	6	5.0%	7.5%
Jan-22	113	8	7.1%	10.3%
Feb-22	114	9	7.9%	8.1%
Mar-22	114	5	4.4%	8.2%
Apr-22	99	7	7.1%	8.5%
May-22	113	8	7.1%	8.1%
Jun-22	113	6	5.3%	8.4%
Jul-22	90	7	7.8%	11.2%
Aug-22	119	11	9.2%	11.4%
Sep-22	118	11	9.3%	10.9%

*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

FY2022 BHO Mill Levy Operating Expense by Category (Audited)

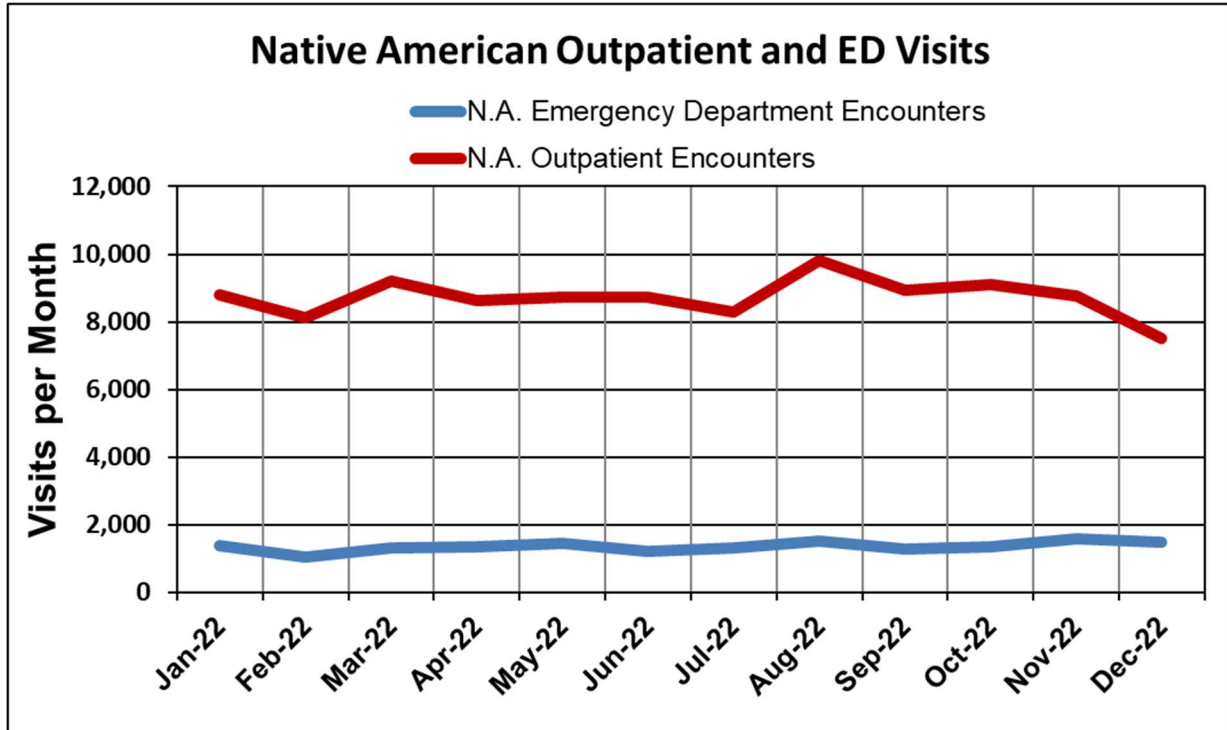


FY2022	
Salaries and Benefits	\$ 12,242,837
Medical services	2,742,704
Medical supplies	395,743
Depreciation	299,106
Equipment	147,417
Purchased services	211,391
Occupancy	567,962
Other	617,354
Total Expense	\$ 17,224,515

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

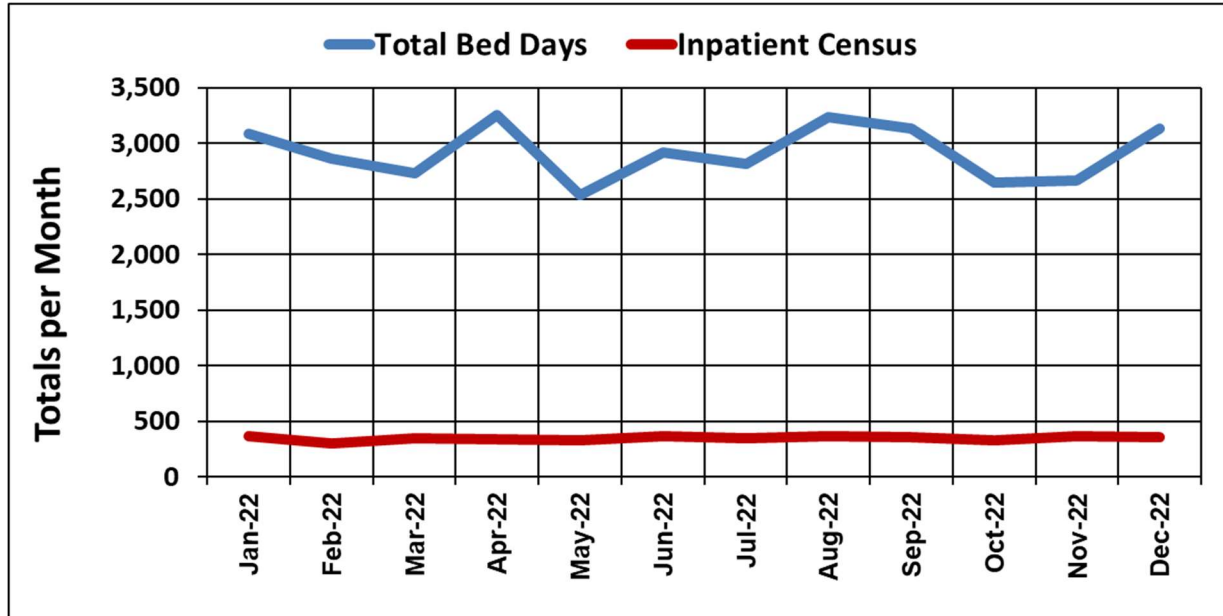
E. NATIVE AMERICAN SERVICES

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-22	12	1,391	8,803
Feb-22	12	1,060	8,125
Mar-22	13	1,299	9,215
Apr-22	9	1,349	8,618
May-22	11	1,456	8,723
Jun-22	10	1,206	8,741
Jul-22	7	1,314	8,300
Aug-22	8	1,532	9,812
Sep-22	9	1,281	8,921
Oct-22	4	1,341	9,102
Nov-22	17	1,596	8,770
Dec-22	30	1,483	7,521

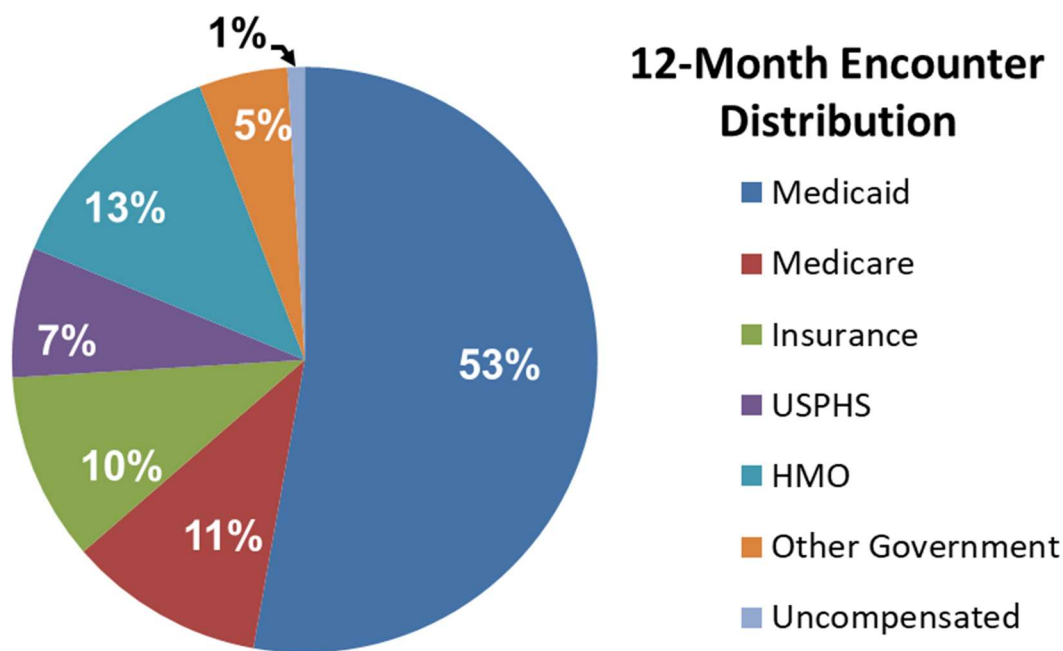
Native American Bed Days and Monthly Inpatient Census



Month	Inpatient Admissions (Census)	Total Bed Days
Jan-22	365	3,088
Feb-22	306	2,861
Mar-22	348	2,733
Apr-22	343	3,258
May-22	330	2,532
Jun-22	363	2,918
Jul-22	350	2,818
Aug-22	366	3,238
Sep-22	356	3,135
Oct-22	325	2,646
Nov-22	366	2,667
Dec-22	362	3,131

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-22	5,502	1,187	1,184	750	1,439	506	99
Feb-22	4,906	1,077	1,004	745	1,340	478	95
Mar-22	5,852	1,219	1,159	813	1,371	511	88
Apr-22	5,365	1,264	1,109	750	1,340	514	90
May-22	5,735	1,174	1,082	757	1,375	572	62
Jun-22	5,523	1,158	1,182	717	1,298	566	77
Jul-22	5,273	1,114	981	728	1,235	539	101
Aug-22	6,305	1,161	1,298	844	1,504	537	124
Sep-22	5,593	1,113	1,076	788	1,388	515	100
Oct-22	5,687	1,119	1,066	711	1,582	476	129
Nov-22	5,857	1,086	1,074	803	1,318	503	118
Dec-22	5,100	1,001	912	662	1,151	453	125
TOTAL	66,698	13,673	13,127	9,068	16,341	6,170	1,208
	53%	11%	10%	7%	13%	5%	1%

APPENDIX A

MOU Exhibit A Progress Updates

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

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

Exhibit A – Reporting

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

Exhibit A - Accountability and Transparency

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

Exhibit A – Primary Care

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

Exhibit A – Financial Assistance

Action Item	Implementation Status	
UNMH will maintain the current Financial Assistance policy as it relates to Native Americans. Any proposed changes will 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 2021 including coverage for undocumented patients and elimination of copayments.	
UNMH's financial assistance program will offer financial assistance to medically necessary care for low income patients at UNMH facilities	UNMH Financial Assistance and other programs continue in place with expansion of undocumented patients.	
UNMH will endeavor to assure that any fees, down payments, or co-payments for medically necessary care will be reasonably related to income.	Financial Policy Revisions in October 2021 eliminated all required copayments for patients on financial assistance.	
UNMH will establish patient payment policies for low income patients who are not financial assistance-eligible that do not create a material barrier to such patients' access to medically necessary care.	Financial Assistance program changes approved in October 2021 allowing for coverage of undocumented patients. The change was effective 7/1/2021.	
Patients with income levels that do not meet the requirements for financial assistance or other programs will be given the opportunity to establish re-payment plans which are reasonably related to income.	Patients have the opportunity to create repayment plans with Patient Financial Services.	
UNMH will make reasonable efforts to notify patients with outstanding bills of their right to seek financial assistance or to establish payment plans	Patient bills have information incorporated in them on how to contact financial assistance. Patients also receive other notifications at the time of services.	

Exhibit A – Financial Services

Action Item	Implementation Status	
UNMH will subject to CMS regulations assure that no indigent patient is sent to collections.	Implemented with 2015 policy change. UNMH monitors on ongoing basis.	Green
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.	Green
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.	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.	
UNMH will evaluate the expansion of Behavioral Health services within its own operation and with other community providers	UNMH has worked with the County on service expansion at the Care Campus and is in the process of Development of a Crisis Center at UNM including expanded PES capacity.	
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 July 2022 - December 2022

UNM Lease MOU with Bernalillo County - Exhibit C

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

Exhibit A Reporting Area - Reporting and Interaction

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
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. The group continues to meet bi-monthly</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 periodically around programmatic public and community health initiatives.
A.6 UNMH will establish procedures related to it budget development, which will allow meaningful input into the budget by the County and IHS.	UNMH established budget planning meetings with both the County and IHS for updates and input related to the Budget and Capital process for the new Hospital Tower. These meeting occur prior to finalizing the UNMH budget each year.

Exhibit A Reporting Area - Accountability and Transparency

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
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 July 2022 - December 2022	Status Update as of July 6, 2022
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	<p>UNMH has opened a mulita-specialty clinic in Gallup that has been well received. UNMH is also in the process of expanding primary care access through expansion of the LoboCare Clinic, Senior Health Clinic and is in the planning phase for a new clinic located in Southwest Mesa.</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 July 2022 - December 2022	Status Update as of July 6, 2022
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 July 2022 - December 2022	Status Update as of July 6, 2022
<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. Law enforcement and first responders will have a dedicated entry in the new Crisis triage Center.</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, Crisis Triage Center Development with the County and expanded Psychiatric Emergency Capacity.</p> <p>UNMH also continues to work with the County to expand Behavioral Health services at the Cares Campus and on new programs within UNMH including development of a transitional age program, partial hospital programs, and intensive outpatient programs to expand system resources.</p>

Exhibit A Reporting Area - Impact of COVID-19

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
<p>Operational Note.</p>	<p>During this period all areas of the Hospital were impacted by ongoing capacity challenges from delayed procedures, COVID-19 patients and other factors.</p>