QUARTERLY REPORT
March, 2022

Bernalillo County Commissioner Trend Report

UNM HOSPITALS

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A. ACCOUNTABILITY

Balance Sheet
Statements of Net Position

(In Thousands)		(audited)*
Assets	**March 2022**	**June 2021**
Cash and marketable securities	$ 219,689	$ 289,487
Cash restricted by management for capital replacement	138,000	138,000
Cash restricted for donor specified expenses	19,952	19,072
Cash restricted for capital appropriation	-	8,033
Cash restricted for Medicare advance payment program***	37,392	69,713
Cash restricted by Mgmt for capital initiatives	11,600	23,558
Patient receivables, net	162,100	148,942
Other receivables and current assets	164,843	129,107
Capital initiatives receivable	96,000	146,000
Capital assets, net	370,899	272,211
Restricted for mortgage reserve, bonds	23,417	18,169
Other noncurrent assets	41,690	39,459
Total assets	1,285,582	1,301,751
Liabilities		
Accounts payable	53,104	60,631
Payable to related parties (UNM)	64,478	38,284
Interest payable bonds	744	74
Medicare advance payment program	37,392	69,713
Other accrued current liabilities	179,873	191,263
Bonds payable, non current	74,250	74,250
Mortgage Payable - NHT	38,115	-
Other long term liabilities	11,388	11388
Total liabilities	459,344	445,603
Net Position		
Restricted for expendable grants, bequests, and contributions	19,954	19,072
Restricted capital appropriation	-	8,033
Restricted by management for capital replacement	234,000	284,000
Restricted for trust indenture and debt agreement	23,417	18,169
Assets invested in capital	290,544	191,856
Unrestricted from operations	258,323	335,018
Total net assets	$ 826,238	$ 856,148
Current Ratio	**1.80**	**1.82**
Days Cash on Hand**	**65.00**	**96.00**

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

Income Statement

UNM HOSPITALS

Statements of Revenues, Expenses, and Changes in Net Assets
For the nine (9) months ended March 31, 2022

(In Thousands)		**March**
Operating revenues:		
Net Patient Service	$	945,722
Other		44,357
Total Operating Revenues		990,079
Operating expenses:		
Employee Compensation and Benefits		559,056
UNM School of Medicine Medical Services		131,355
Medical Services Oncology		19,089
Medical Services non-SOM		34,323
Medical Supplies		148,995
Oncology Drugs		38,525
Occupancy/Equipment		57,202
Depreciation		25,958
Purchased Services		56,966
Health System Expenses		12,054
Gross Receipts Tax		18,759
Other		13,431
Total Operating Expenses		1,115,713
Operating loss		(125,634)
Nonoperating Revenues (Expenses):		
Bernalillo County Mill Levy		86,302
State Appropriation		9,907
Interest Expense		(2,007)
Other Revenue and (Expense)		1,521
Net Nonoperating Revenues		95,723
Total Increase in Net Assets		(29,911)

Mill Levy Distribution Detail by Department FY2021

(Audited)

Total Bernalillo County Mill Levy $ 112,132,446.00

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

UNMH - 85%

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

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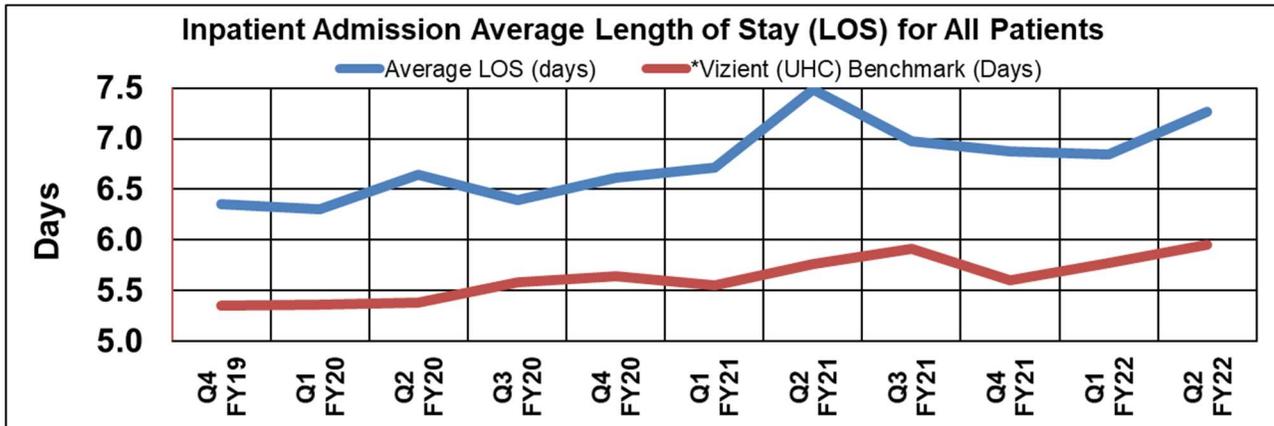
Inpatient Admission Average Length of Stay (LOS) for All Patients

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

Fiscal Quarter	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
Average LOS (days)	6.35	6.31	6.65	6.40	6.61	6.71	7.48	6.98	6.88	6.85	7.27
*Vizient (UHC) Benchmark (Days)	5.36	5.37	5.39	5.59	5.64	5.56	5.76	5.91	5.60	5.77	5.95

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

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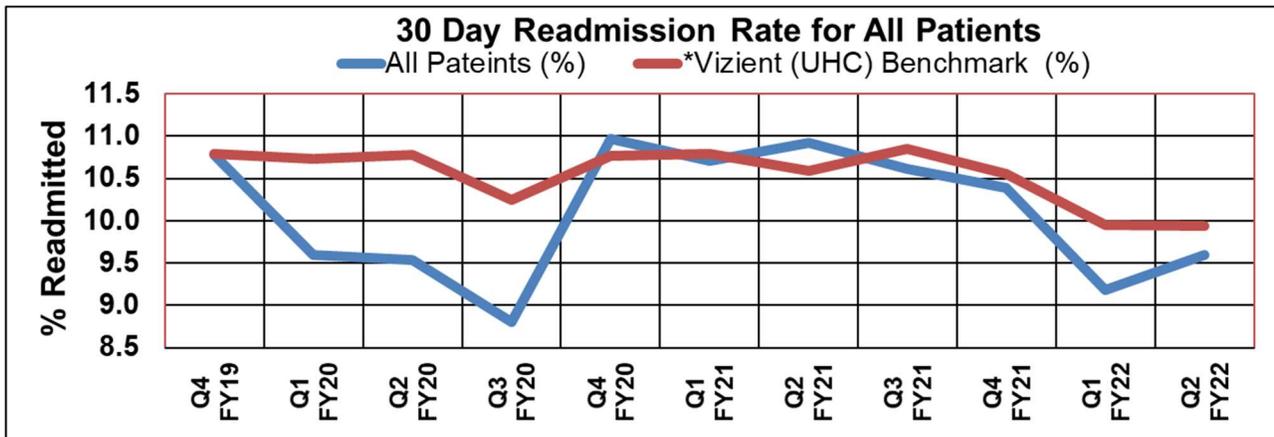
30 Day Readmission Rate for All Patients

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

Fiscal Quarter	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
All Pateints (%)	10.78	9.59	9.54	8.80	10.97	10.70	10.92	10.61	10.39	9.18	9.60
*Vizient (UHC) Benchmark (%)	10.79	10.74	10.78	10.25	10.76	10.79	10.59	10.85	10.56	9.95	9.94

(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
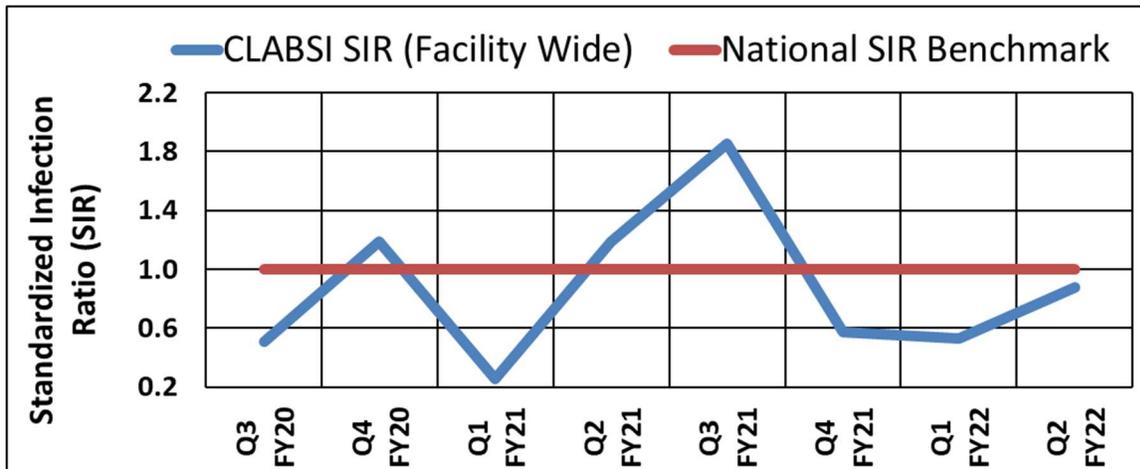
Central Line-associated Bloodstream Infection (CLABSI)	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
CLABSI SIR (Facility Wide)	**0.51**	**1.19**	**0.26**	**1.19**	**1.85**	**0.58**	**0.53**	**0.88**
National SIR Benchmark	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**
CLABSI Count	5	12	3	10	23	7	6	11
*NHSN Expected	9.9	10.1	11.4	12.4	12.4	12.1	11.4	12.5

Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection
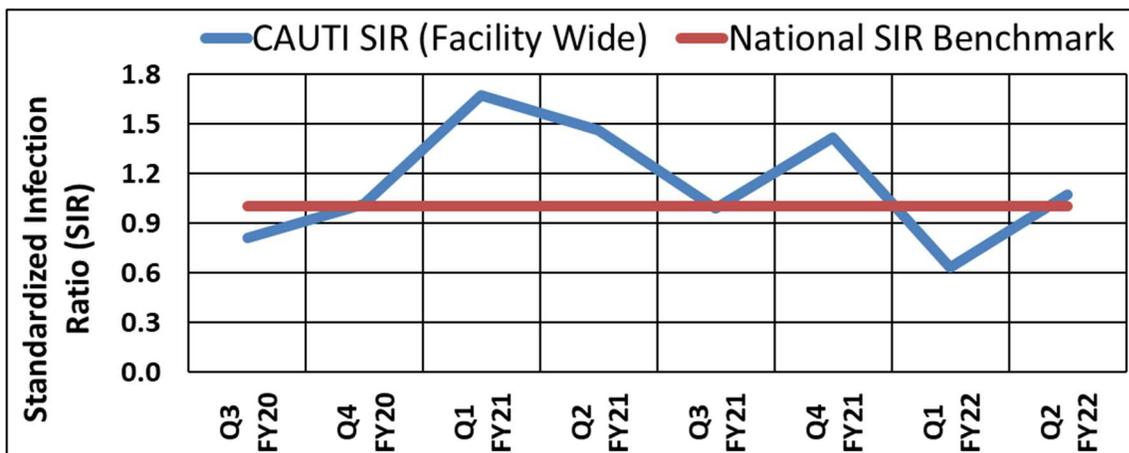
Catheter-Associated Urinary Tract Infection (CAUTI)	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
CAUTI SIR (Facility Wide)	**0.81**	**1.01**	**1.67**	**1.46**	**0.99**	**1.42**	**0.63**	**1.07**
National SIR Benchmark	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**	**1.00**
CAUTI Count	9	12	22	23	14	19	9	17
*NHSN Expected	11.1	11.8	13.1	15.7	14.2	13.4	14.2	15.8

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.

Fiscal Quarter	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
MRSA Standard Infection Ratio	0.39	0.81	0.38	0.00	0.00	0.78	2.30	2.29	1.24	1.33	0.82
**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	1	2	1	0	0	2	6	7	4	3	2
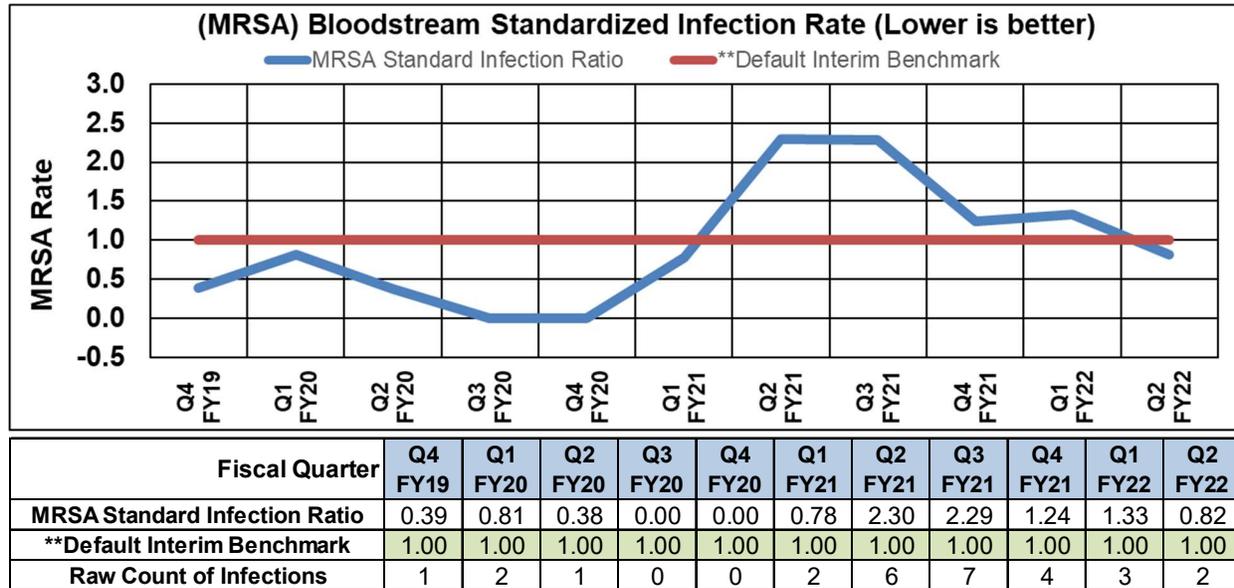
MRSA data is delayed by one quarter.

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

Total Number of Inpatient Days

FY21 based on the twelve (12) months ended June 30, 2021.
FY22 Actual based on the three (3) months ended December 31, 2021
FY22 Projected is based on the previous twelve (12) months ended March 31, 2022

Inpatient Days	FY21 Actual	FY22 Actual YTD	FY22 Projected
Adult	131,400	108,577	142,867
Pediatric	35,774	31,839	40,887
Newborn	4,498	3,688	4,870
Total Inpatient Days	**171,672**	**144,104**	**188,624**

Nursing Hours of Care

	FY2020 Actual	FY2021 June	FY2022 February
UNMH Nursing Hours of Care Per Patient*	16.75	17.42	16.07

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

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2021	Number of FTES as of March 2022	FY2022 Hires (Headcount)	FY2022 Terms (Headcount)	Rolling Retention Rate
RN's	1,963	1,788	183	428	73.3%
*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
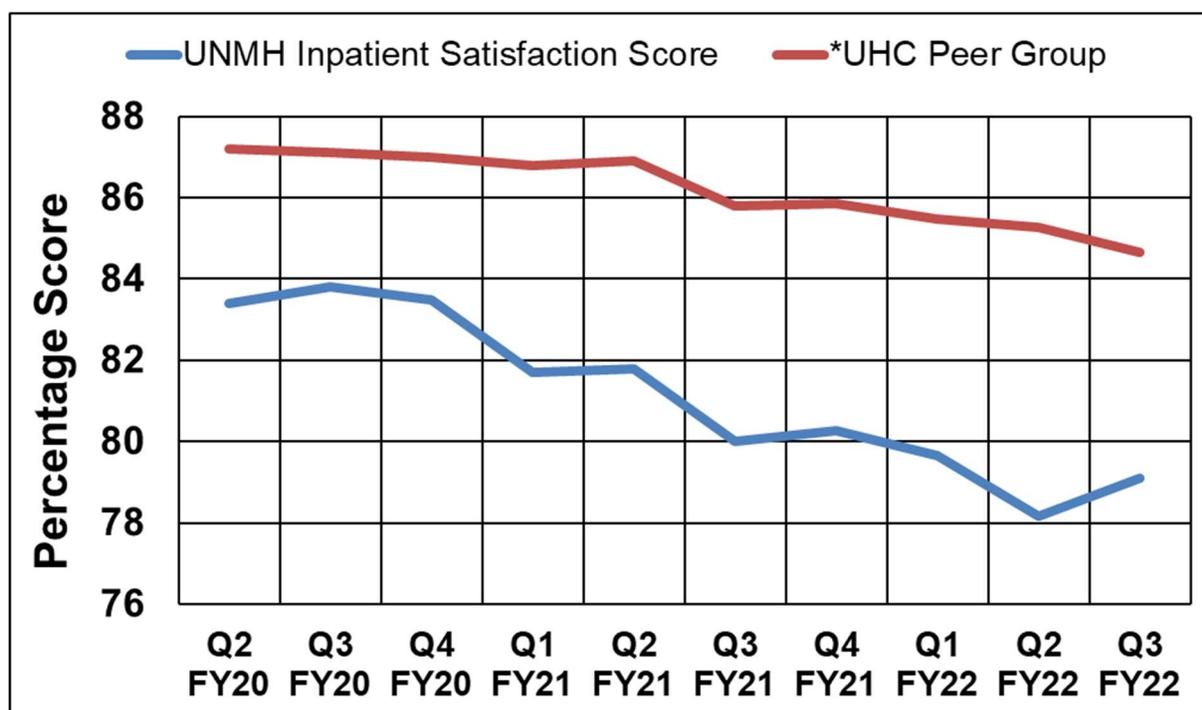
Quarter	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22
UNMH Inpatient Satisfaction Score	83.4	83.8	83.5	81.7	81.8	80.0	80.3	79.6	78.2	79.1
*UHC Peer Group	87.2	87.1	87.0	86.8	86.9	85.8	85.9	85.5	85.3	84.7

*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
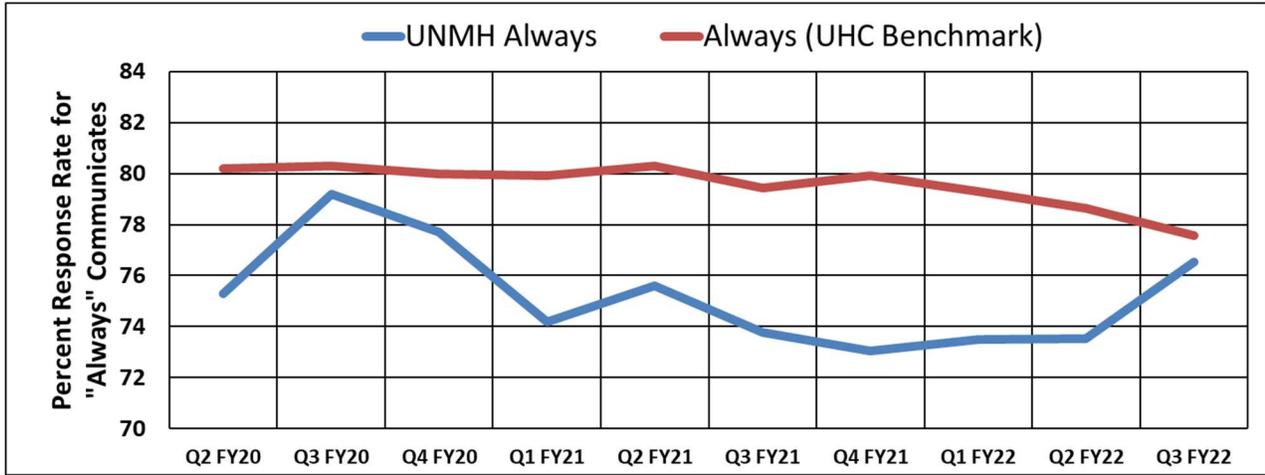
Communication with Nurses	Response	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22
H-COMP-1-A-P	UNMH Always	75.3	79.2	77.7	74.2	75.6	73.8	73.0	73.5	73.5	76.5
H-COMP-1-U-P	UNMH Usually	19.5	15.6	16.9	17.4	18.1	19.7	19.2	18.4	18.8	17.0
H-COMP-1-SN-P	UNMH Sometimes/Never	5.2	5.1	5.4	8.5	6.3	7.2	7.7	8.1	7.7	6.5
UHC Benchmark	Always (UHC Benchmark)	80.2	80.3	80.0	79.9	80.3	79.5	79.9	79.3	78.7	77.6

HCAHPS Satisfaction – Communications with Doctors
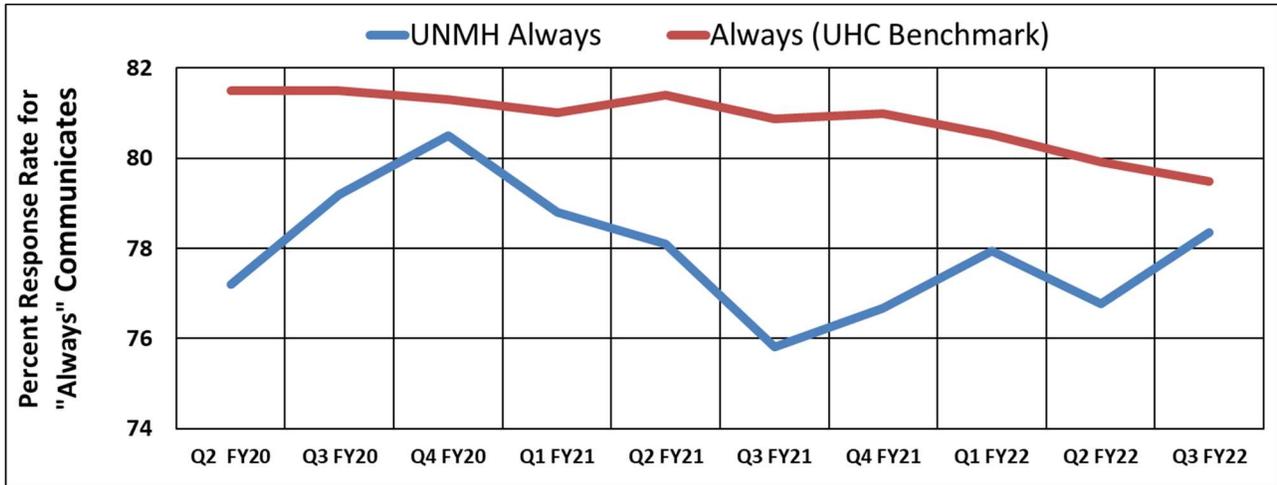
Communication with Doctors	Response	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22
H-COMP-2-A-P	UNMH Always	77.2	79.2	80.5	78.8	78.1	75.8	76.7	77.9	76.8	78.4
H-COMP-2-U-P	UNMH Usually	16.9	15.9	13.4	15.3	14.7	17.3	17.5	15.8	14.5	15.7
H-COMP-2-SN-P	UNMH Sometimes/Never	5.9	4.9	6.2	5.9	7.2	6.9	5.9	6.3	8.7	6.0
UHC Benchmark	Always (UHC Benchmark)	81.5	81.5	81.3	81.0	81.4	80.9	81.0	80.5	79.9	79.5

Grievances
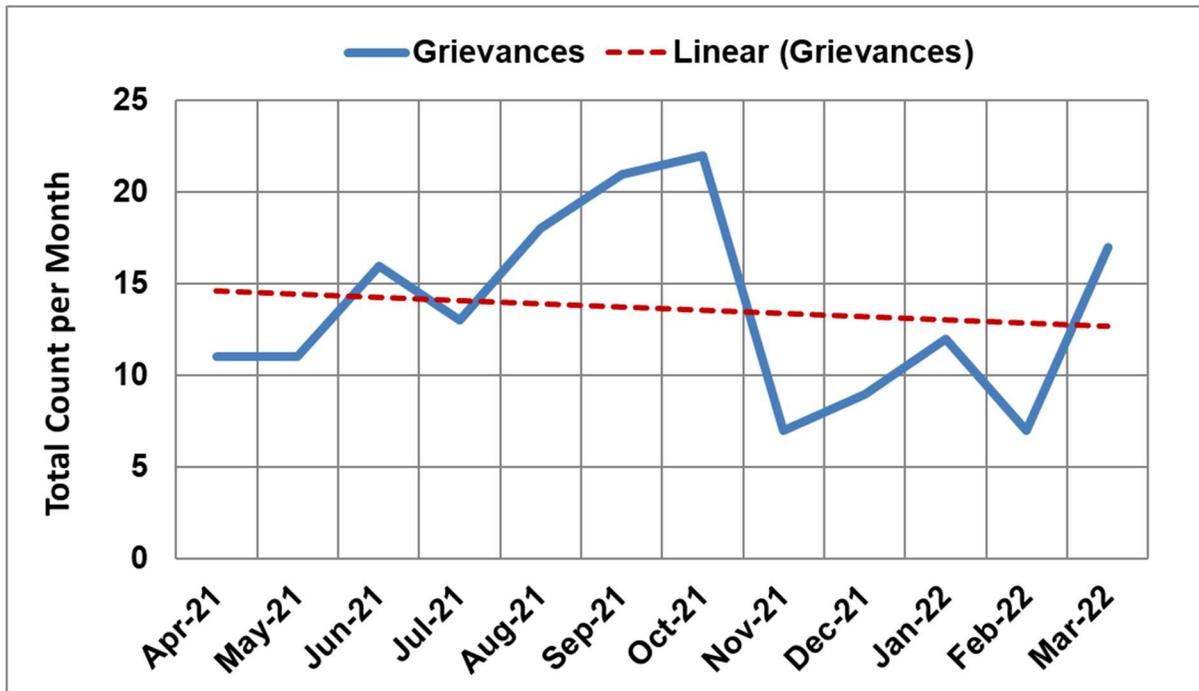
Month-Year	Grievances
Apr-21	11
May-21	11
Jun-21	16
Jul-21	13
Aug-21	18
Sep-21	21
Oct-21	22
Nov-21	7
Dec-21	9
Jan-22	12
Feb-22	7
Mar-22	17

Average time for an Appointment for Primary and Specialty Care

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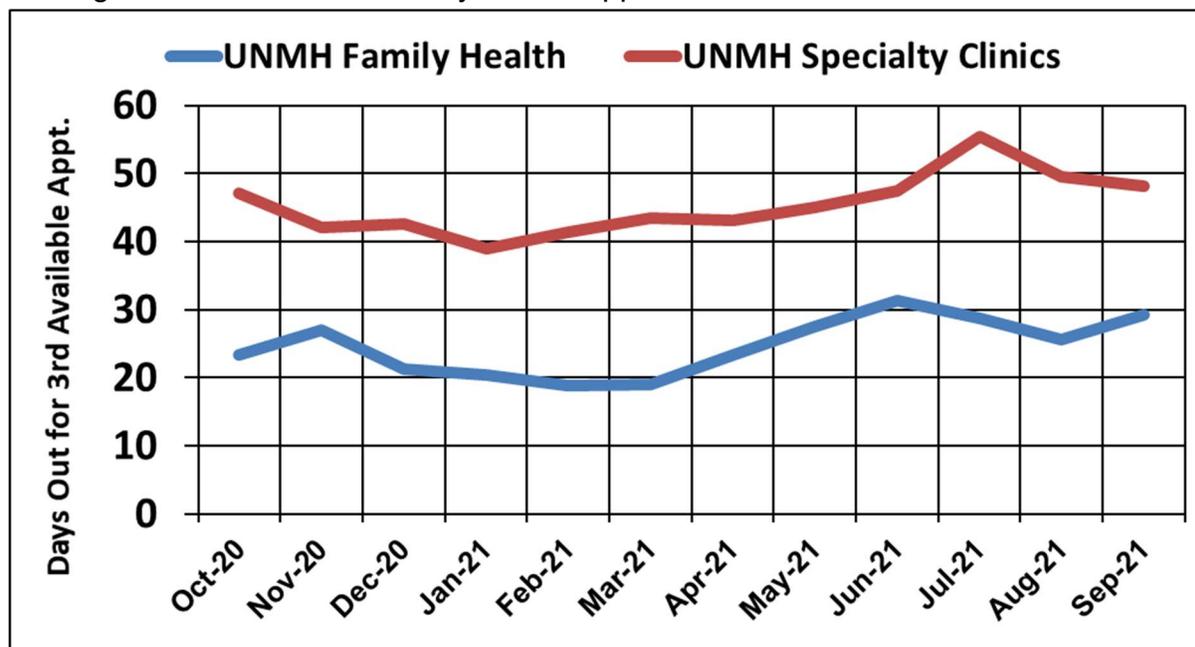
Month	UNMH Family Health	UNMH Specialty Clinics
Oct-20	23.3	47.1
Nov-20	27.0	42.1
Dec-20	21.2	42.7
Jan-21	20.4	38.9
Feb-21	18.8	41.3
Mar-21	19.0	43.5
Apr-21	23.3	43.1
May-21	27.6	45.0
Jun-21	31.4	47.4
Jul-21	28.7	55.5
Aug-21	25.5	49.5
Sep-21	29.3	48.2

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

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

Number of Emergency Department (ED) Visits

Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.
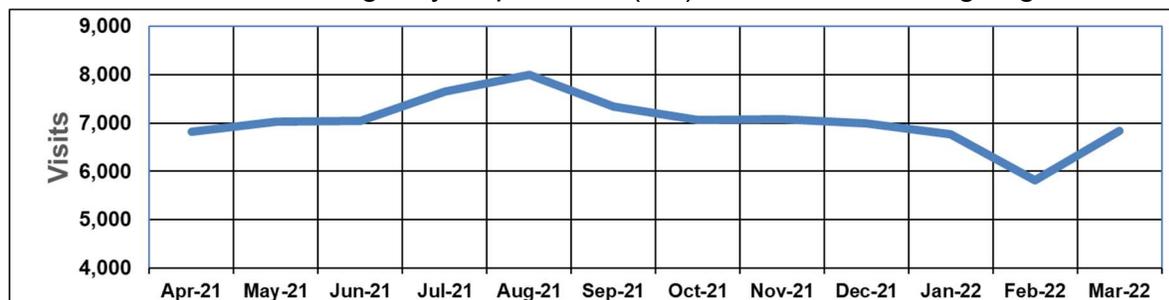
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Visits	6,826	7,029	7,040	7,647	7,991	7,337	7,068	7,075	6,991	6,776	5,815	6,843

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.
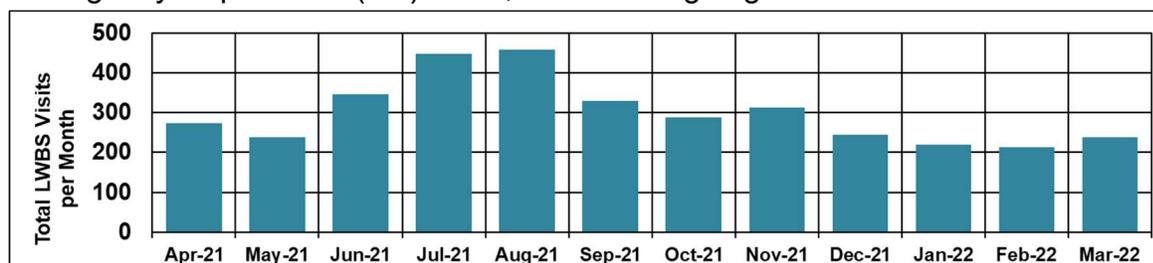
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Arrival to Disposition	6.03	6.18	6.73	7.03	6.67	7.12	7.03	6.67	7.12	5.78	6.10	6.43
*National Average	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11

ED Average Hours from Arrival to Disposition
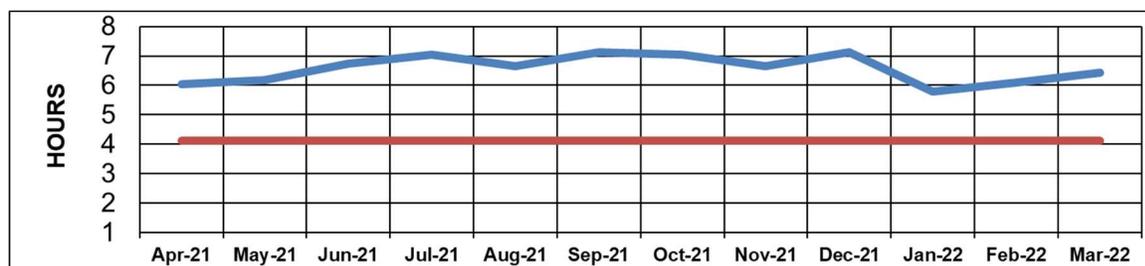
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Arrival to Disposition	6.03	6.18	6.73	7.03	6.67	7.12	7.03	6.67	7.12	5.78	6.10	6.43
*National Average	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11

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

MDC Inmates Receiving Hospital Services
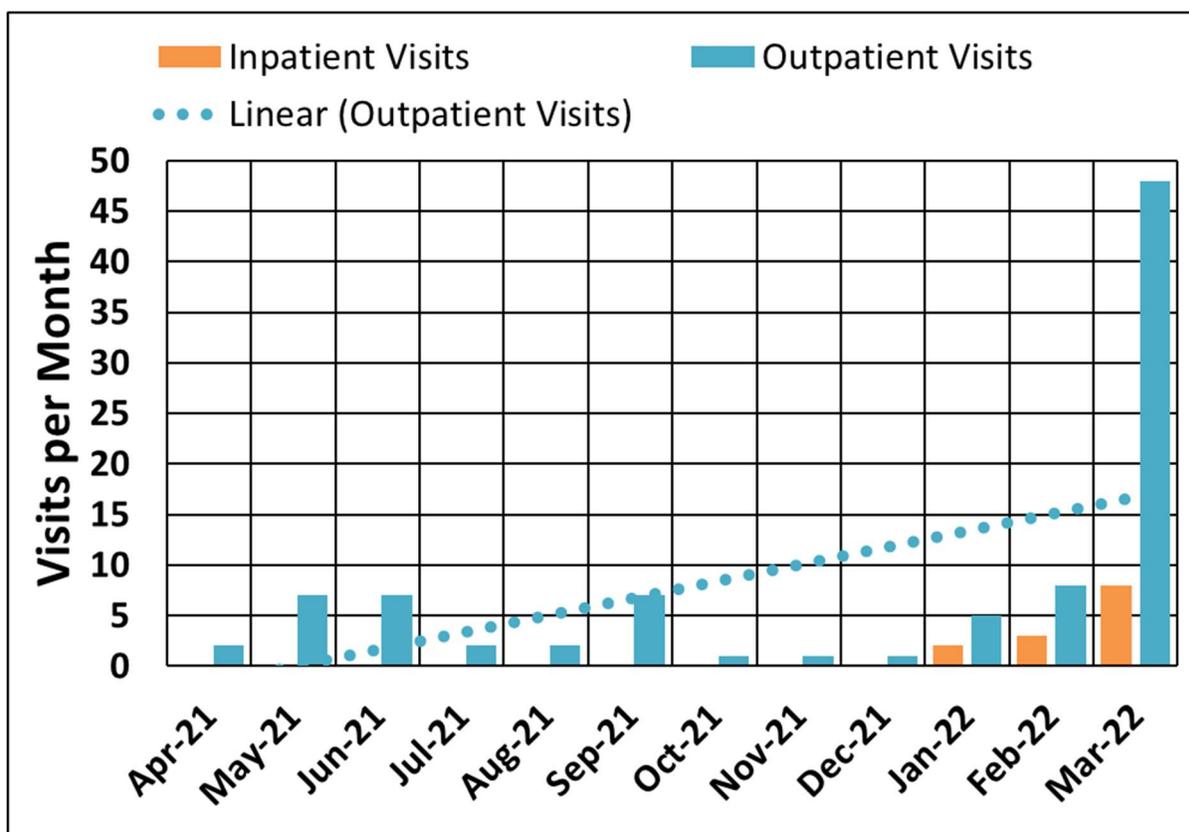
Month	Inpatient Visits	Outpatient Visits
Apr-21	0	2
May-21	0	7
Jun-21	0	7
Jul-21	0	2
Aug-21	0	2
Sep-21	0	7
Oct-21	0	1
Nov-21	0	1
Dec-21	0	1
Jan-22	2	5
Feb-22	3	8
Mar-22	8	48

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 nine (9) months ended March 31, 2022, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	13,127
EMSA	303
IHS	2,480
Medicaid	209,916
Medicare	202,382
Uninsured	25,085
HMO's & Insurance	183,924
All Other *	47,213
Total Encounters	**684,430**
Native American Encounters **	**80,432**

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 nine (9) months ended March 31, 2022, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	$ 24,613,927	$ 13,789,228	$ 38,403,155
Catron	13,995	9,523	23,517
Chaves	389,056	74,117	463,173
Cibola	233,912	233,698	467,610
Colfax	30,758	11,766	42,524
Curry	67,158	7,377	74,535
De Baca	-	-	-
Dona Ana	88,898	68,034	156,932
Eddy	136,739	135,824	272,563
Grant	32,093	21,782	53,876
Guadalupe	18,269	4,494	22,764
Harding	57	-	57
Hidalgo	210	-	210
Lea	37,352	55,456	92,808
Lincoln	119,924	18,888	138,812
Los Alamos	8,715	8,008	16,723
Luna	152,011	1,387	153,399
Mc Kinley	522,459	370,201	892,660
Mora	60,089	911	61,000
Otero	66,694	40,975	107,669
Quay	5,306	37,346	42,652
Rio Arriba	343,353	67,484	410,837
Roosevelt	53,681	5,707	59,388
San Juan	680,966	210,933	891,899
San Miguel	590,242	33,485	623,727
Sandoval	1,448,802	901,787	2,350,589
Santa Fe	1,547,583	550,415	2,097,998
Sierra	7,815	37,684	45,499
Socorro	253,027	128,104	381,131
Taos	191,415	145,159	336,574
Torrance	415,059	205,592	620,651
Union	24,904	15,838	40,742
Valencia	3,315,119	2,814,147	6,129,267
Out Of State	-	2,999,800	2,999,800
Grand Total	**$ 35,469,589**	**$ 23,005,150**	**$ 58,474,740**

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 nine (9) months ended March 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	4	$34,250	86	$ 23,904	90	$ 58,154
87022	4	16,744	81	21,334	85	38,079
87047	13	91,361	195	91,111	208	182,472
87059	17	106,632	326	54,150	343	160,782
87100	-	-	1	18	1	18
87101	-	-	7	3,840	7	3,840
87102	113	853,589	2,713	933,924	2,826	1,787,513
87103	-	-	19	9,259	19	9,259
87104	45	236,351	888	152,662	933	389,013
87105	292	2,599,777	7,874	3,386,636	8,166	5,986,413
87106	105	1,282,135	2,301	1,016,629	2,406	2,298,764
87107	108	1,009,753	2,551	923,750	2,659	1,933,503
87108	250	2,279,535	4,630	2,105,444	4,880	4,384,979
87109	112	577,105	2,108	507,258	2,220	1,084,363
87110	114	617,260	2,802	710,643	2,916	1,327,904
87111	76	339,991	2,123	631,884	2,199	971,875
87112	110	547,681	2,960	682,568	3,070	1,230,248
87113	29	303,440	919	373,524	948	676,964
87114	94	551,384	2,594	839,562	2,688	1,390,946
87115	-	-	-	-	-	-
87116	3	2,231	47	11,159	50	13,390
87117	-	-	3	732	3	732
87119	2	3,083	56	42,211	58	45,294
87120	100	846,427	2,757	957,017	2,857	1,803,444
87121	389	3,620,212	11,976	5,212,378	12,365	8,832,590
87122	12	14,655	387	121,402	399	136,057
87123	168	1,293,487	4,342	1,609,690	4,510	2,903,177
87125	8	32,881	139	32,277	147	65,159
87128	-	-	-	-	-	-
87130	-	-	-	-	-	-
87131	-	-	10	2,794	10	2,794
87140	-	-	-	-	-	-
87151	3	62,199	45	52,072	48	114,271
87153	1	1,910	22	3,331	23	5,241
87154	-	-	104	4,880	104	4,880
87158	-	-	-	-	-	-
87176	2	39,858	78	21,051	80	60,909
87181	1	408	23	4,636	24	5,044
87184	1	1,084	12	6,174	13	7,258
87185	-	-	-	-	-	-
87187	1	46	10	1,046	11	1,092
87190	1	1,734	41	6,531	42	8,265
87191	-	-	11	447	11	447
87192	2	15,265	14	4,457	16	19,722
87193	2	42,228	50	12,352	52	54,580
87194	1	631	14	1,422	15	2,053
87195	3	21,432	93	6,914	96	28,346
87196	-	-	50	2,904	50	2,904
87197	-	-	109	4,244	109	4,244
87198	8	350,492	81	5,199	89	355,692
87199	4	2,012	89	8,470	93	10,483
Grand Total	2,198	$ 17,799,264	55,741	$ 20,603,891	$ 57,939	$ 38,403,155

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the nine (9) months ended March 31, 2022.

Bernalillo County Zip	Medicine Count	Surgery Count	Cancer Count	Ortho-pedics Count	Womens Health Count	Cardio-vascular/ Respiratory/ Cardiac Care Count	Neuro-sciences/ Neuro-logical Count	Spine Count	Other Count	Neo-natology/ Normal Newborn/ Childrens Count	Behavioral Health Count	Trauma Count	Total Count
87008	25	12	16	13	1	4	2	2	4	-	11	-	90
87022	22	10	24	5	7	6	3	4	-	-	4	-	85
87047	65	32	24	29	6	19	13	8	7	-	5	-	208
87059	106	34	53	31	7	26	21	12	6	-	47	-	343
87100	1	-	-	-	-	-	-	-	-	-	-	-	1
87101	2	1	-	2	-	-	-	-	-	-	2	-	7
87102	892	394	229	242	227	152	127	86	70	13	393	1	2,826
87103	8	3	-	-	1	-	1	-	1	-	5	-	19
87104	292	149	74	97	75	51	34	23	22	5	111	-	933
87105	2,695	1,158	679	835	972	464	357	239	194	28	543	2	8,166
87106	724	289	179	210	227	116	117	58	70	7	409	-	2,406
87107	935	334	178	221	261	147	109	73	92	2	307	-	2,659
87108	1,763	607	326	334	463	292	185	96	150	20	644	-	4,880
87109	739	235	256	190	122	150	89	49	77	9	304	-	2,220
87110	960	381	257	320	113	202	182	104	87	8	302	-	2,916
87111	679	276	339	146	126	128	138	62	57	2	246	-	2,199
87112	998	348	340	300	194	212	146	85	85	9	353	-	3,070
87113	267	99	280	65	37	58	34	13	24	1	70	-	948
87114	949	309	300	263	157	130	160	71	74	8	266	1	2,688
87115	-	-	-	-	-	-	-	-	-	-	-	-	-
87116	20	2	20	2	3	-	-	-	2	-	1	-	50
87117	1	-	-	-	-	-	-	-	-	-	2	-	3
87119	20	9	2	10	4	8	2	-	1	1	1	-	58
87120	888	316	304	284	255	140	203	79	71	8	308	1	2,857
87121	4,119	1,616	1,088	1,153	1,921	731	466	284	326	47	614	-	12,365
87122	163	47	48	41	15	25	16	12	11	-	21	-	399
87123	1,686	593	403	324	439	236	212	128	127	16	344	2	4,510
87125	52	32	2	13	1	9	11	7	5	-	15	-	147
87128	-	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-	-
87131	1	2	-	-	-	-	-	1	6	-	-	-	10
87140	-	-	-	-	-	-	-	-	-	-	-	-	-
87151	12	11	3	6	-	2	2	1	1	-	9	1	48
87153	14	1	-	5	-	1	1	-	1	-	-	-	23
87154	33	9	17	21	-	7	9	3	1	-	4	-	104
87158	-	-	-	-	-	-	-	-	-	-	-	-	-
87176	28	19	7	8	3	7	3	1	-	-	4	-	80
87181	9	5	5	1	-	1	2	-	1	-	-	-	24
87184	2	2	-	4	-	-	3	-	1	-	1	-	13
87185	-	-	-	-	-	-	-	-	-	-	-	-	-
87187	2	-	5	2	-	-	1	-	-	-	1	-	11
87190	10	-	6	2	1	1	15	1	-	-	6	-	42
87191	3	5	-	1	-	1	1	-	-	-	-	-	11
87192	5	1	3	1	-	4	-	1	1	-	-	-	16
87193	8	17	5	8	3	1	5	1	-	-	4	-	52
87194	4	2	-	8	-	-	-	-	-	-	1	-	15
87195	33	22	4	9	5	5	2	4	2	-	10	-	96
87196	28	4	2	7	1	-	1	1	2	-	4	-	50
87197	51	16	10	4	1	10	8	1	6	-	2	-	109
87198	36	8	3	15	2	11	2	2	3	-	7	-	89
87199	25	11	9	10	-	5	11	6	4	-	12	-	93
Grand Total	**19,375**	**7,421**	**5,500**	**5,242**	**5,650**	**3,362**	**2,694**	**1,518**	**1,592**	**184**	**5,393**	**8**	**57,939**

# Primary Reason for Bernalillo County Indigent Resident Visits

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

Description	2022Q3	2022Q2	2022Q1	2021Q4	2021Q3	2021Q2	2021Q1	2020Q4
Factors influencing health status and contact with health services	3,908	4,327	5,043	5,017	5,393	9,582	8,425	13,064
undefined	2,403	1,917	2,096	2,313	2,364	3,645	4,138	6,644
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1,502	1,681	1,938	2,041	1,875	2,484	2,761	3,994
Diseases of the musculoskeletal system and connective tissue	1,437	1,557	1,903	1,990	1,895	2,565	2,944	3,688
Endocrine, nutritional and metabolic diseases	851	961	1,192	1,292	1,247	1,596	1,880	2,643
Mental and behavioural disorders	845	979	1,163	1,319	1,345	1,627	1,814	3,140
Diseases of the circulatory system	810	886	991	1,090	1,051	1,436	1,655	2,443
Injury, poisoning and certain other consequences of external causes	788	954	1,209	1,234	1,017	1,524	1,984	2,824
Diseases of the nervous system	644	776	842	910	957	1,195	1,288	1,995
Neoplasms	570	714	886	959	840	1,137	1,312	2,012
Diseases of the respiratory system	556	678	664	555	469	939	1,387	1,586
Diseases of the genitourinary system	550	628	745	802	814	1,145	1,362	1,803
Diseases of the digestive system	491	546	628	731	743	966	1,102	1,591
Pregnancy, childbirth and the puerperium	429	495	614	626	575	772	878	1,562
Diseases of the skin and subcutaneous tissue	422	464	566	612	547	782	943	1,249
Codes for special purposes	296	174	91	55	206	1,120	274	179
Diseases of the eye and adnexa	284	305	402	424	394	528	635	673
Certain infectious and parasitic diseases	189	240	237	242	198	329	341	549
Diseases of the ear and mastoid process	182	206	239	205	182	240	334	371
Congenital malformations, deformations and chromosomal abnormalities	110	127	151	159	162	199	248	303
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	107	117	137	146	148	198	218	329
Certain conditions originating in the perinatal period	28	32	35	22	21	26	35	69
External causes of morbidity and mortality	0	0	1	0	1	1	0	2
	17,402	18,764	21,773	22,744	22,444	34,036	35,958	52,713

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

Revenues by Payor Source

FY 2021 Revenue (Audited)
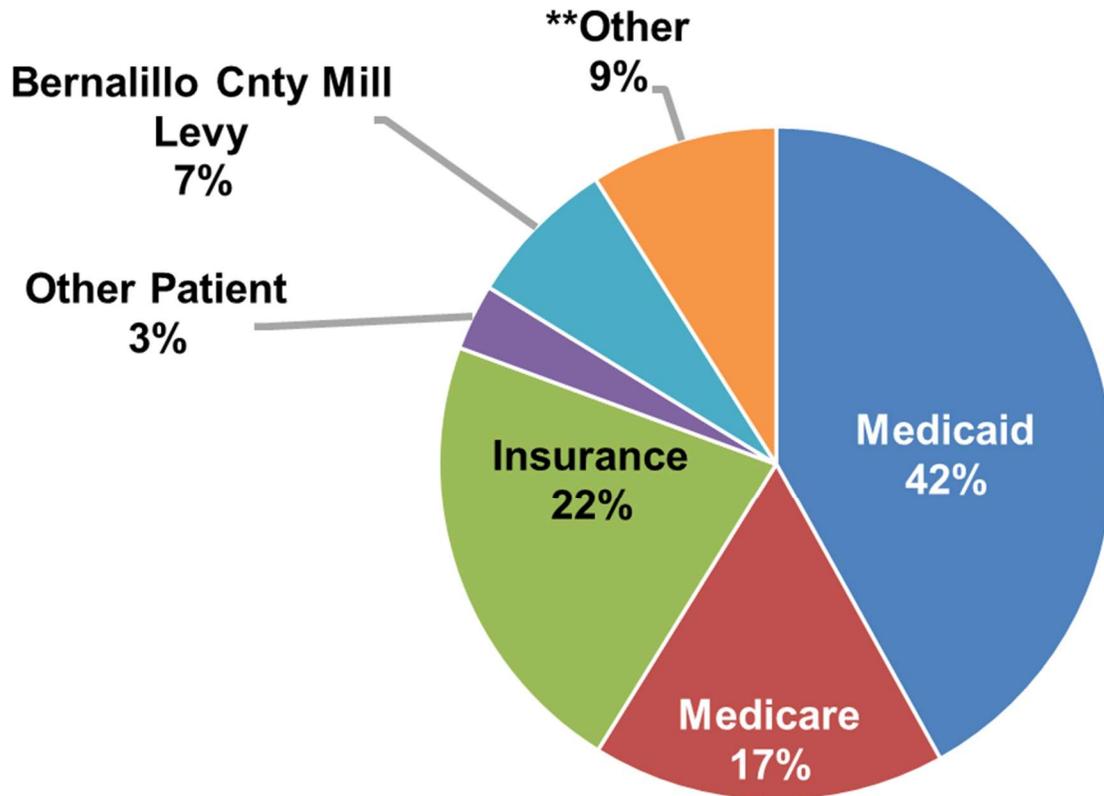
	FY2021
Medicaid	$ 649,447,760
Medicare	262,835,228
Insurance	337,499,932
Other Patient	49,228,950
Bernalillo Cnty Mill Levy	112,132,446
**Other	139,472,539
Total	**$ 1,550,616,855**

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

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

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

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

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

FY22 is based on the twelve (12) months ended March 31, 2022

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

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

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

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

Press Ganey Ambulatory Satisfaction Score
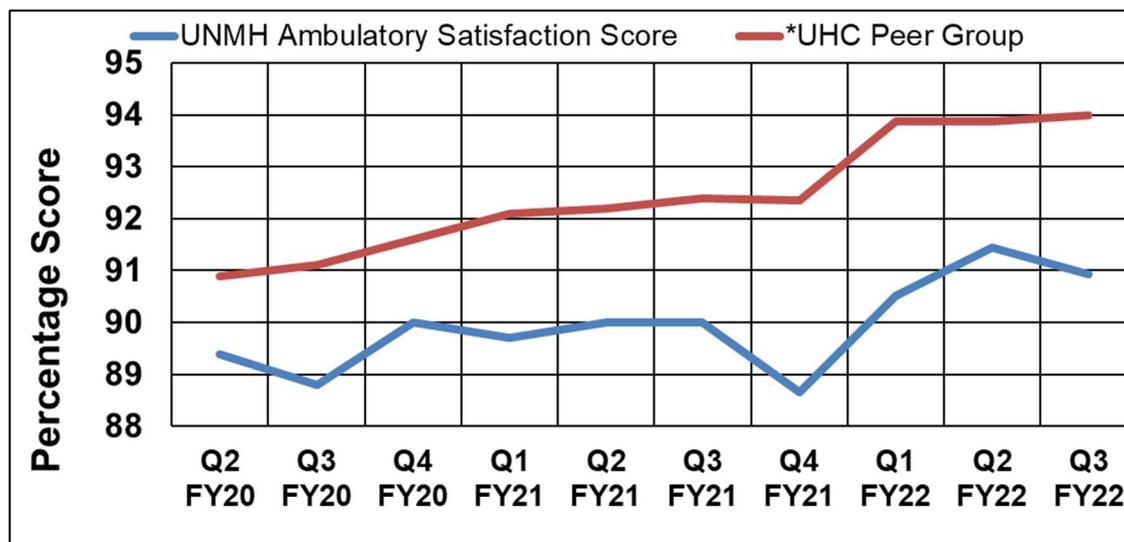
Quarter	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22
UNMH Ambulatory Satisfaction Score	89.4	88.8	90.0	89.7	90.0	90.0	88.7	90.5	91.4	90.9
*UHC Peer Group	90.9	91.1	91.6	92.1	92.2	92.4	92.4	93.9	93.9	94.0

*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.
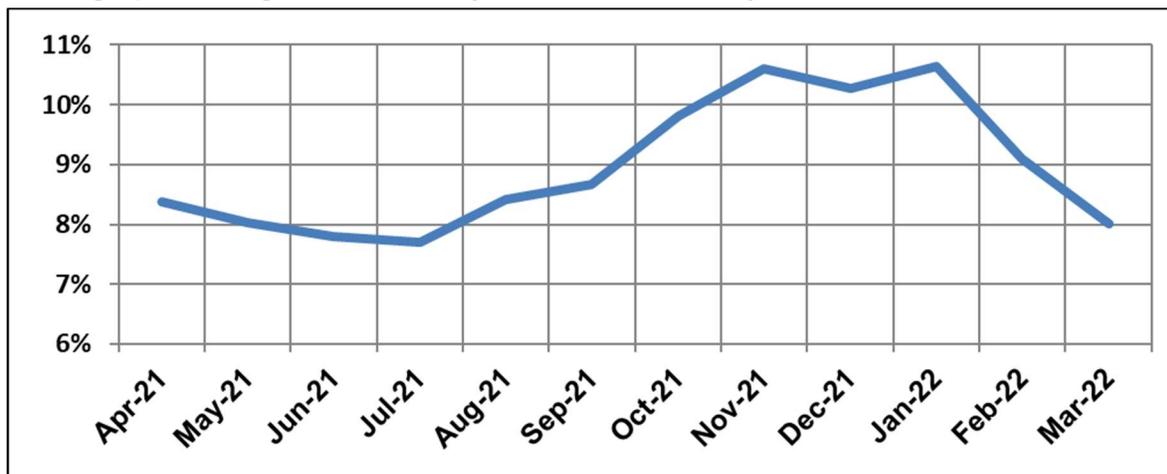
Month	Same Day	Total Arrived	Same Day Rate
Apr-21	1,256	16,344	8.4%
May-21	1,083	14,592	8.0%
Jun-21	1,163	15,458	7.8%
Jul-21	1,096	14,224	7.7%
Aug-21	1,300	15,445	8.4%
Sep-21	1,290	14,890	8.7%
Oct-21	1,525	15,547	9.8%
Nov-21	1,676	15,813	10.6%
Dec-21	1,418	13,810	10.3%
Jan-22	1,751	16,461	10.6%
Feb-22	1,347	14,803	9.1%
Mar-22	1,349	16,837	8.0%

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

Average	Primary Care Clinics
7.1%	1209 Clinic
8.6%	Alamo Primary Care Clinic
10.5%	Family Practice Clinic
4.0%	General Pediatric Clinic
8.4%	Northeast Heights Clinic
7.7%	Senior Health Center
7.1%	Southeast Heights Clinic
6.0%	Southwest Mesa Clinic
3.5%	SRMC FP Clinic
7.4%	UH 4th Street NV Clinic
9.7%	UH Atrisco Heritage
60.4%	UNM Lobocare Clinic
4.0%	UNMMG Family Health Grande
7.4%	Westside Clinic
7.9%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions
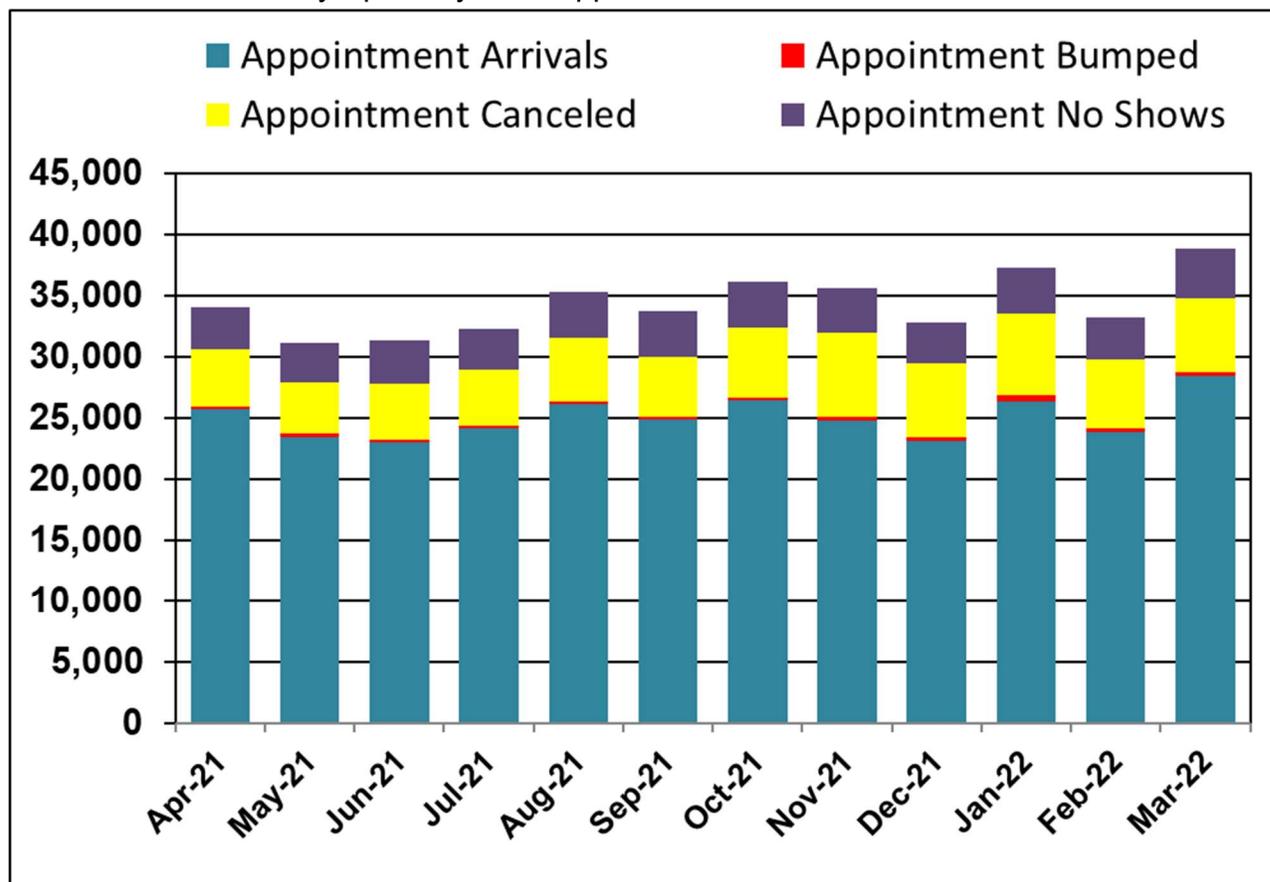
This data includes only Primary Care appointments.
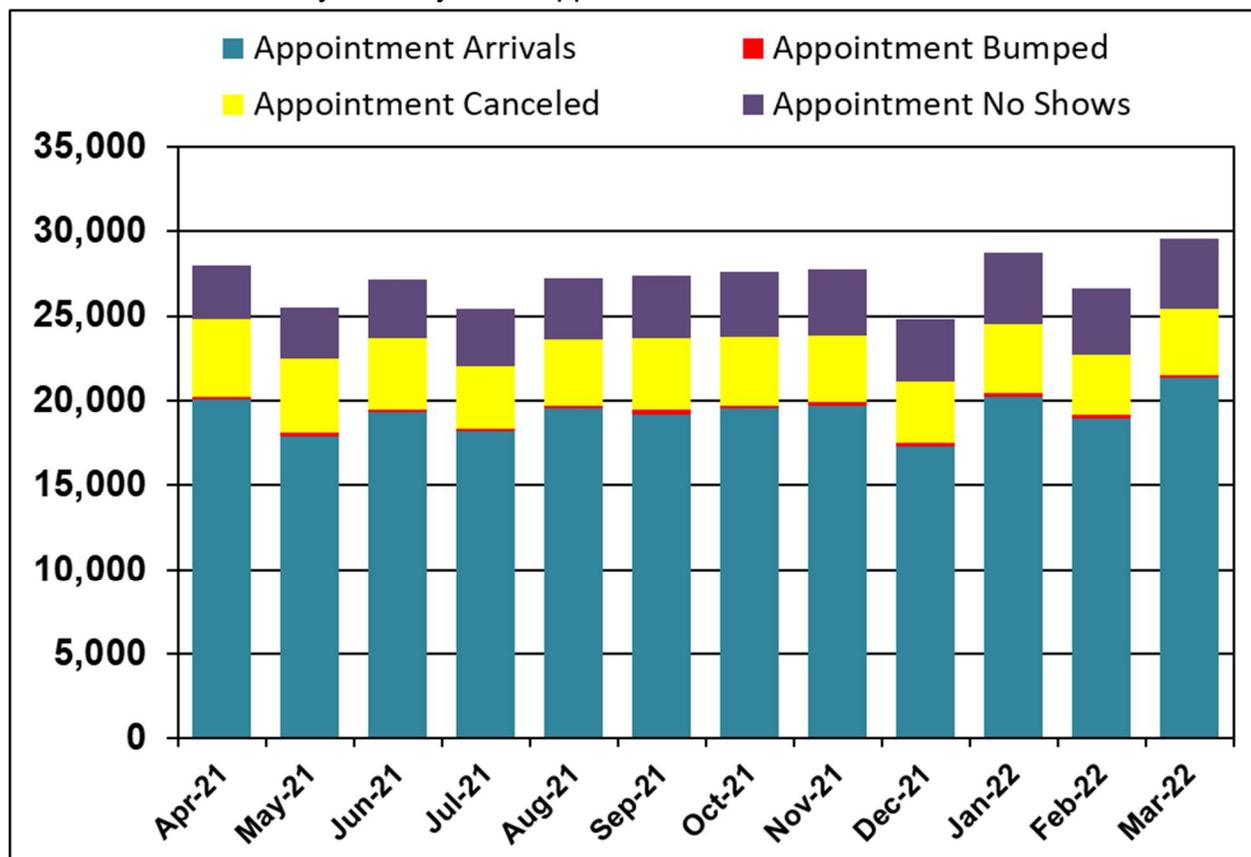
| Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-21	20,099	149	4,535	3,218
May-21	17,876	244	4,376	3,011
Jun-21	19,277	173	4,235	3,440
Jul-21	18,209	152	3,682	3,338
Aug-21	19,519	164	3,915	3,617
Sep-21	19,192	251	4,235	3,720
Oct-21	19,510	168	4,079	3,806
Nov-21	19,725	186	3,920	3,900
Dec-21	17,290	249	3,561	3,735
Jan-22	20,207	242	4,029	4,272
Feb-22	18,946	186	3,609	3,880
Mar-22	21,318	205	3,861	4,188

Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.

Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-21	25,755	214	4,700	3,399
May-21	23,488	235	4,242	3,166
Jun-21	23,052	219	4,571	3,466
Jul-21	24,131	197	4,604	3,372
Aug-21	26,132	248	5,138	3,791
Sep-21	24,875	213	4,896	3,784
Oct-21	26,415	294	5,698	3,767
Nov-21	24,827	292	6,864	3,678
Dec-21	23,101	330	6,096	3,281
Jan-22	26,375	503	6,685	3,687
Feb-22	23,855	328	5,614	3,462
Mar-22	28,420	350	6,048	4,060

Percentage Abandoned Phone Calls for Primary and Specialty Care
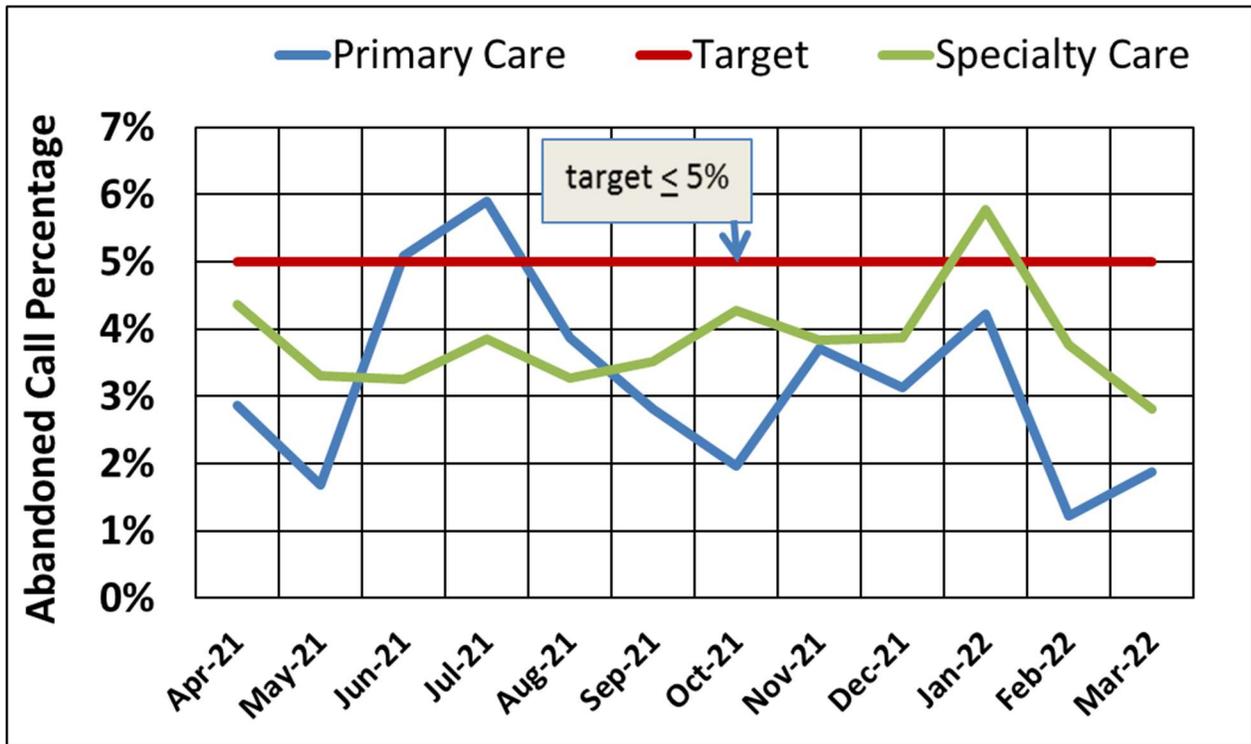
Area: Month	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Apr-21	2.87%	4.36%	5%
May-21	1.68%	3.30%	5%
Jun-21	5.09%	3.25%	5%
Jul-21	5.90%	3.86%	5%
Aug-21	3.87%	3.27%	5%
Sep-21	2.81%	3.52%	5%
Oct-21	1.96%	4.28%	5%
Nov-21	3.72%	3.83%	5%
Dec-21	3.13%	3.88%	5%
Jan-22	4.22%	5.77%	5%
Feb-22	1.23%	3.76%	5%
Mar-22	1.88%	2.82%	5%

Medication Reconciliation Goals Primary and Specialty Care

UNMH Medication reconciliation as of March 2022.

62.4%	National Patient Safety Goal - Medication Reconciliation Primary Care
42.0%	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 April 15, 2022.

325,122	Invitations sent out to patients who provided an email address.
150,660	Patients who have claimed invitation to sign up.
131,002	*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

Percentage of A1c and LDL Checked
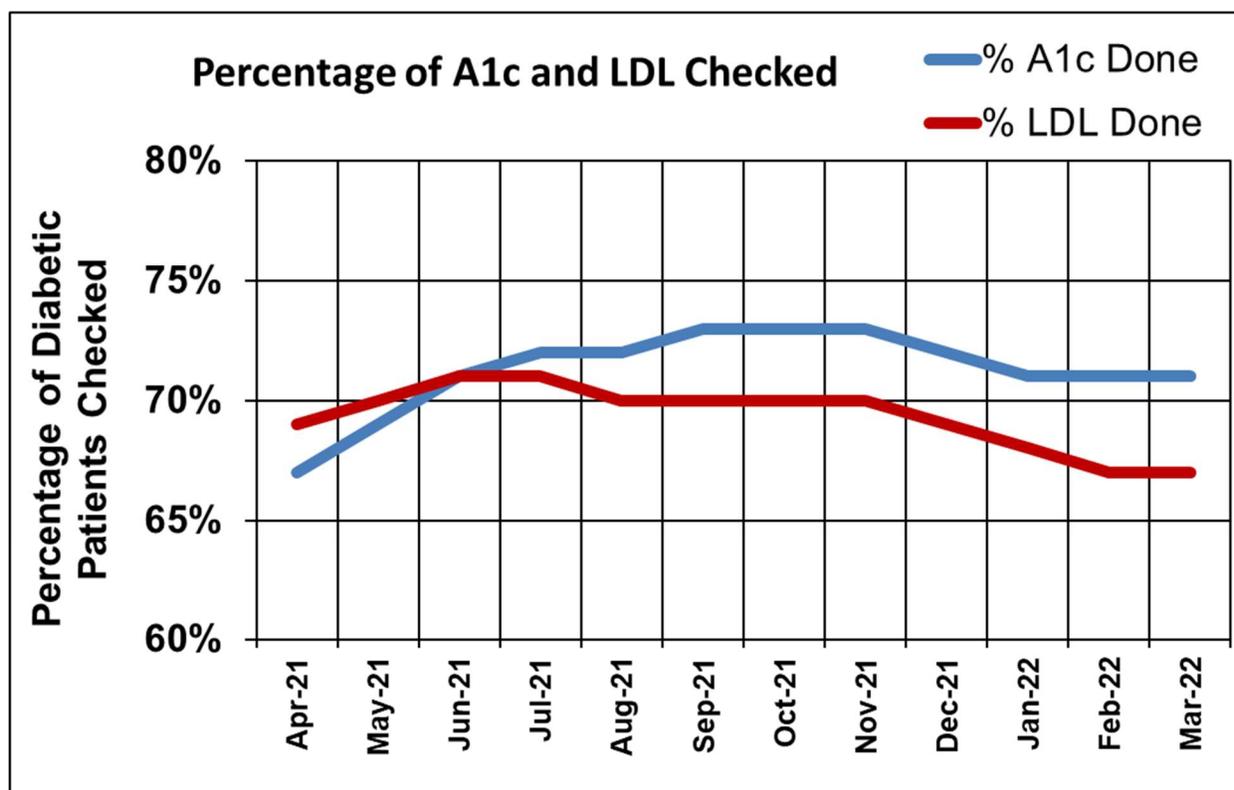
Month	Total Patients		A1c Done	% A1c Done		LDL Done	% LDL Done
Apr-21	7,536		5,077	67%		5,182	69%
May-21	7,597		5,210	69%		5,306	70%
Jun-21	7,604		5,400	71%		5,363	71%
Jul-21	7,574		5,425	72%		5,368	71%
Aug-21	7,687		5,570	72%		5,399	70%
Sep-21	7,697		5,571	73%		5,363	70%
Oct-21	7,723		5,621	73%		5,343	70%
Nov-21	7,797		5,613	73%		5,362	70%
Dec-21	7,851		5,537	72%		5,312	69%
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%

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
Apr-21	4,601	239	103
May-21	4,653	246	102
Jun-21	4,277	234	102
Jul-21	5,848	124	115
Aug-21	5,825	75	141
Sep-21	5,702	57	92
Oct-21	4,305	57	172
Nov-21	4,571	60	126
Dec-21	4,295	45	151
Jan-22	3,680	27	160
Feb-22	5,154	24	129
Mar-22	5,020	17	187

## Total Uncompensated Care – Charity Care and Uninsured

For the nine (9) months ended March 31, 2022, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	13,480	7,489	20,969
Encounters	41,860	16,079	57,939
Cost	$ 24,613,927	$ 13,789,228	$ 38,403,155

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

Number of Unique Patients Sent to Collections

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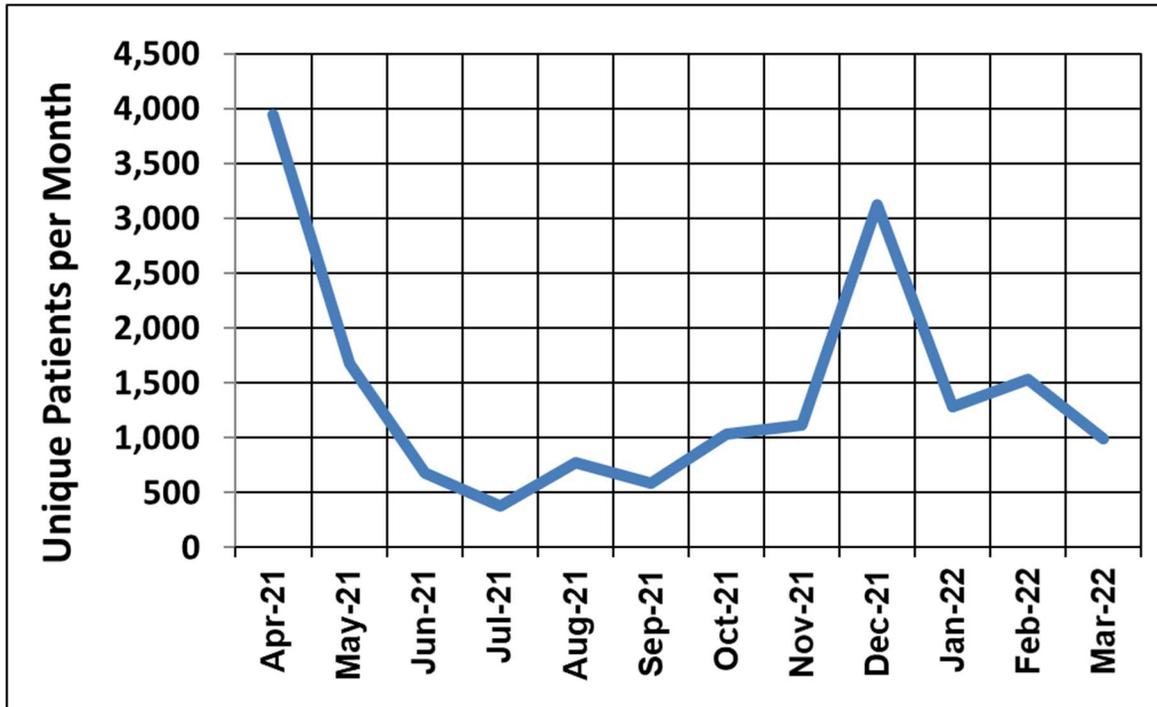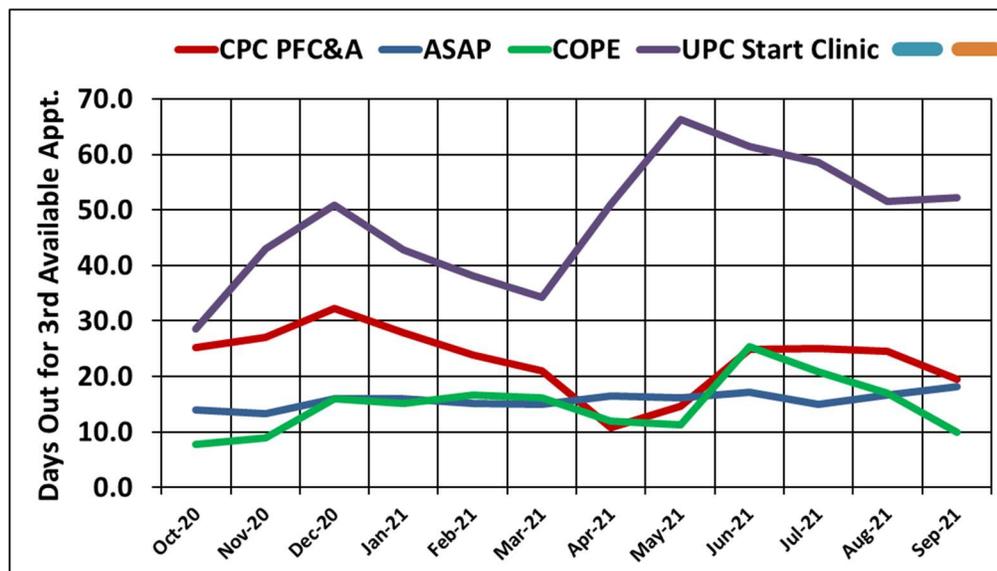

Days Out For Scheduling Financial Assistance Appointment

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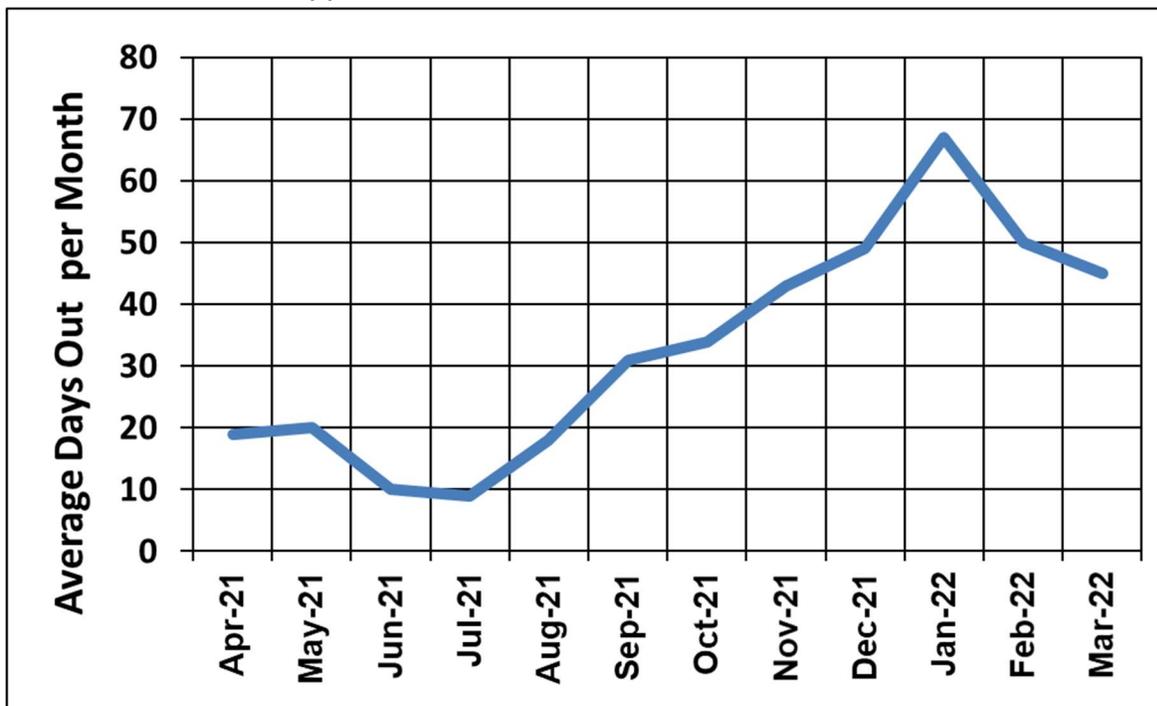
D. BEHAVIORAL HEALTH

Average Appointment Time for BH Outpatient Services

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

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

Definitions For Above Acronyms

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

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

BH Specialty Care Outpatient Appointment Disposition

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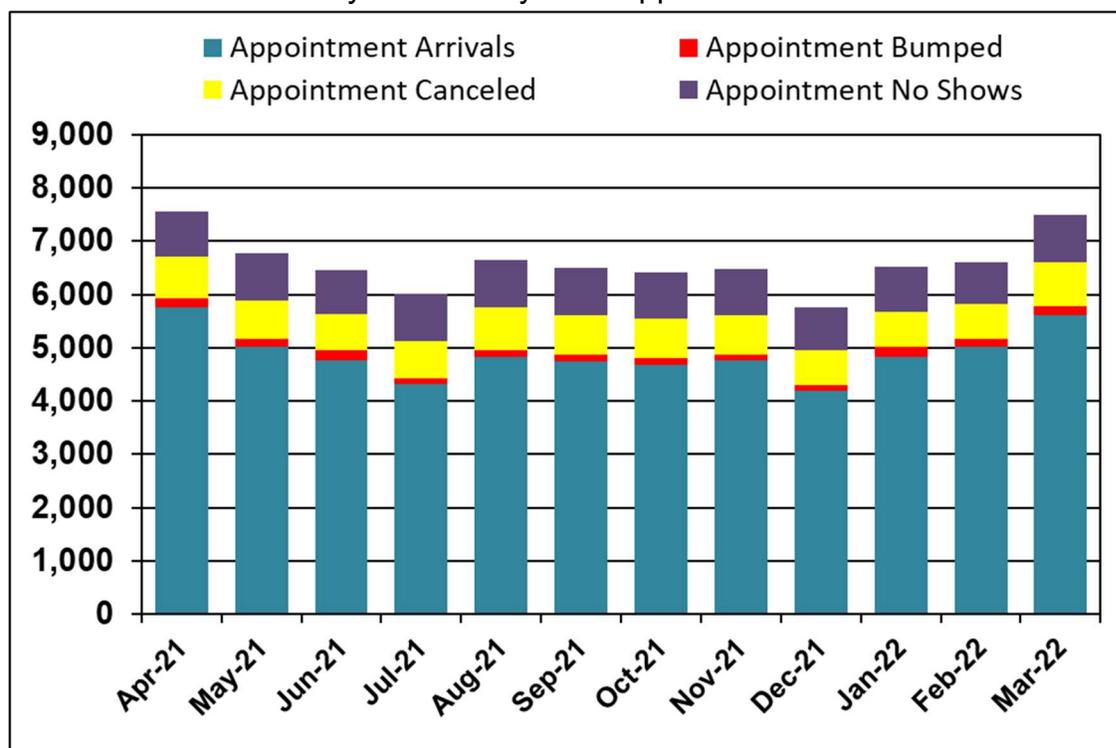

Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-21	5,760	161	787	860
May-21	5,009	169	700	908
Jun-21	4,770	192	668	819
Jul-21	4,315	117	702	888
Aug-21	4,824	134	807	890
Sep-21	4,750	119	744	887
Oct-21	4,682	120	737	877
Nov-21	4,758	115	733	872
Dec-21	4,187	123	645	797
Jan-22	4,837	178	655	842
Feb-22	5,019	150	659	773
Mar-22	5,620	170	824	876

Number of Unique Outpatients and Number of Encounters CY2020

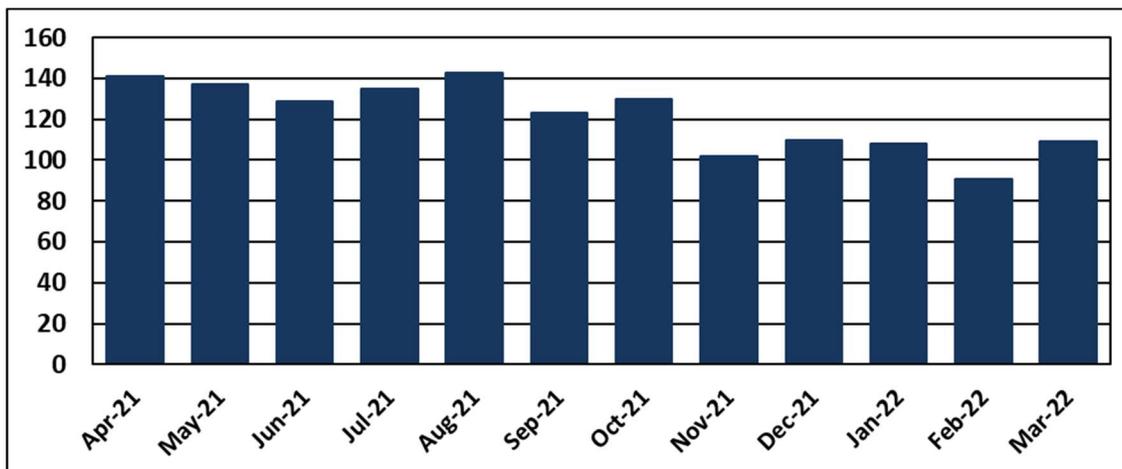| Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	9,168	53,382
BH CPC Outpatient	2,734	15,033

* Excluding all Suboxone and Methadone Visits

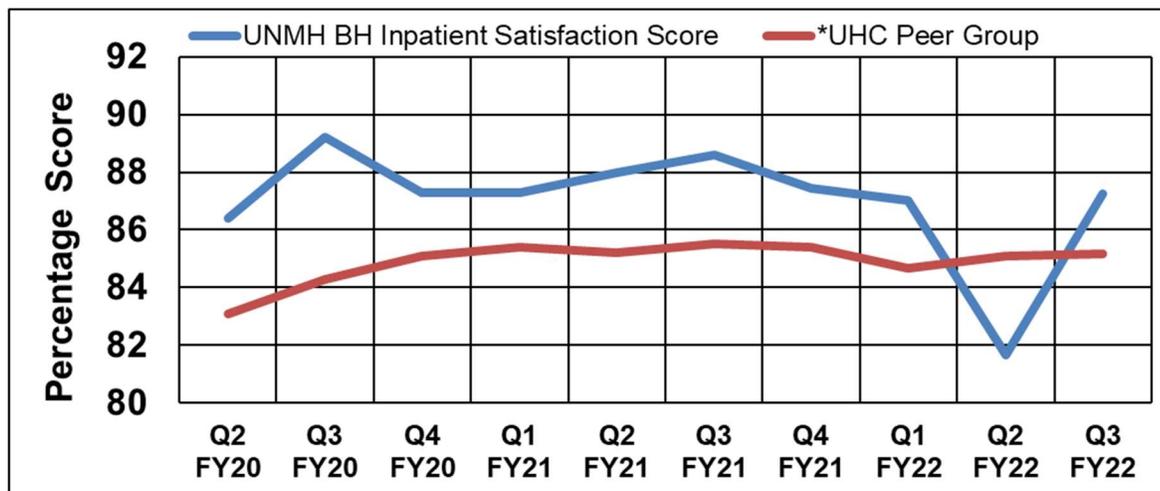## Psychiatric Emergency Department and Urgent Care Encounters
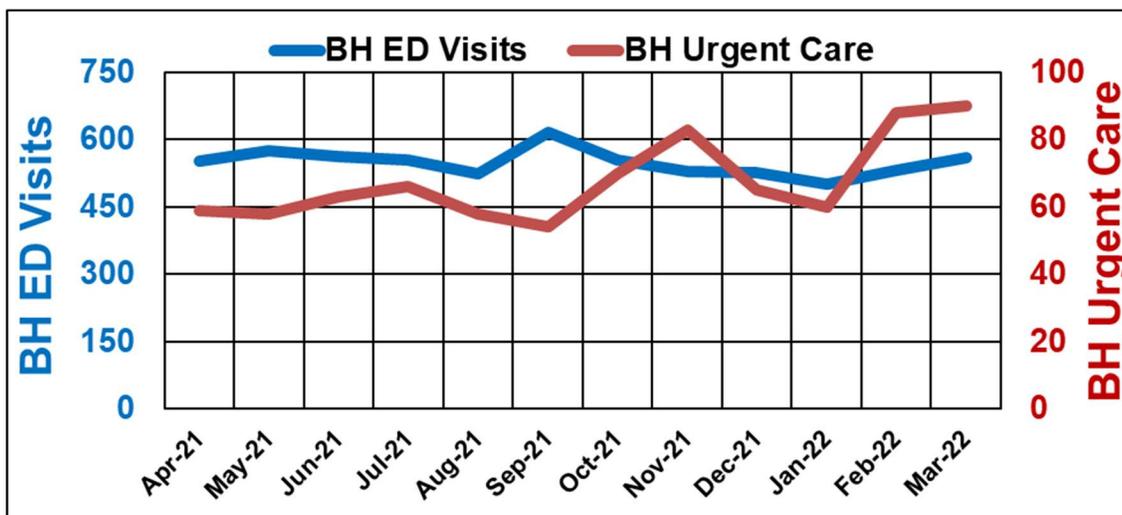
Number of Fast Track Patients Seen
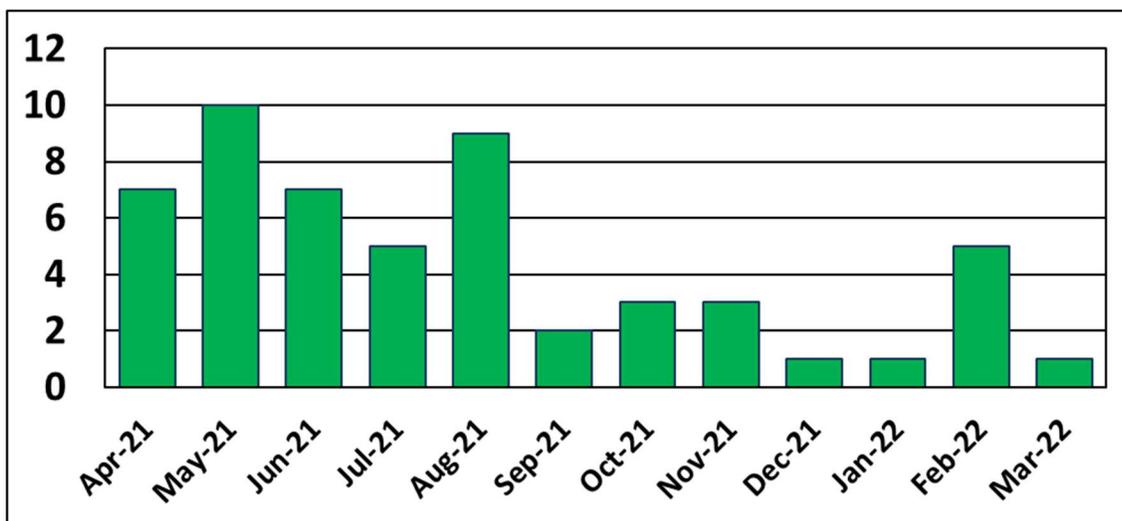
## Law Enforcement Drop offs at Psychiatric Emergency Services

Press Ganey Behavioral Health Inpatient Satisfaction Score

| Quarter	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22
UNMH BH Inpatient Satisfaction Score	86.4	89.2	87.3	87.3	88.0	88.6	87.5	87.0	81.7	87.2
*UHC Peer Group	83.1	84.3	85.1	85.4	85.2	85.5	85.4	84.7	85.1	85.2

Press Ganey Behavioral Health Outpatient Satisfaction Score
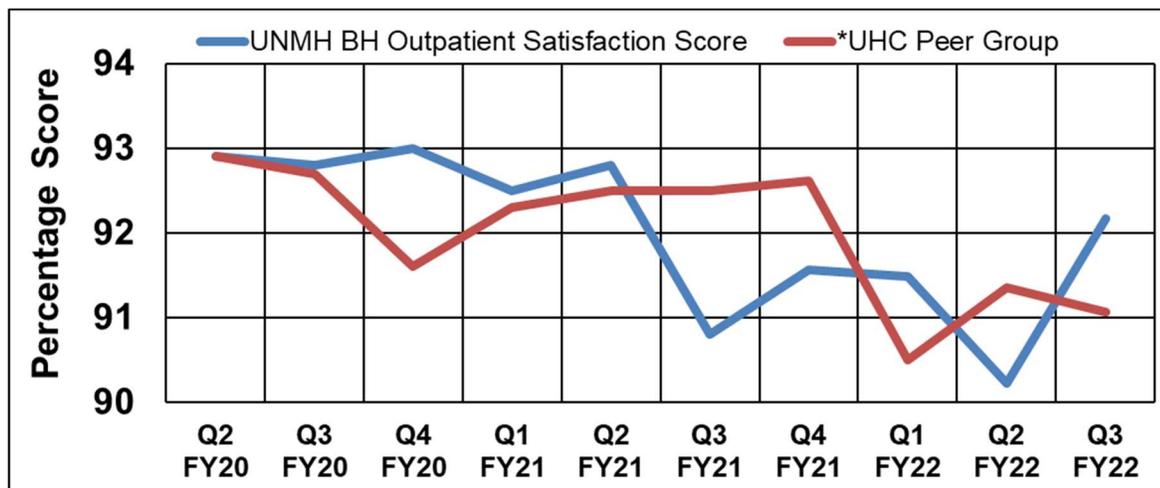
Quarter	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22
UNMH BH Outpatient Satisfaction Score	92.9	92.8	93.0	92.5	92.8	90.8	91.6	91.5	90.2	92.2
*UHC Peer Group	92.9	92.7	91.6	92.3	92.5	92.5	92.6	90.5	91.4	91.1

*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
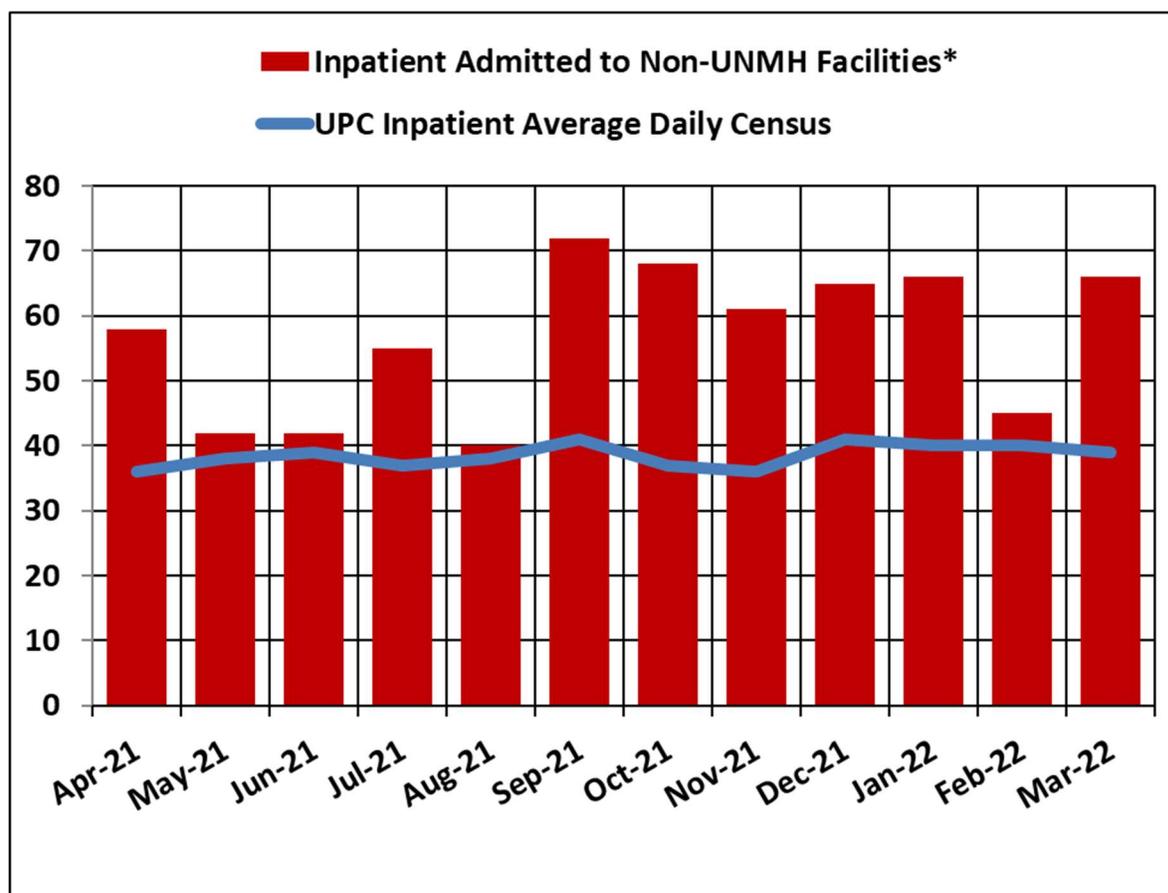
Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Apr-21	58	36
May-21	42	38
Jun-21	42	39
Jul-21	55	37
Aug-21	40	38
Sep-21	72	41
Oct-21	68	37
Nov-21	61	36
Dec-21	65	41
Jan-22	66	40
Feb-22	45	40
Mar-22	66	39

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

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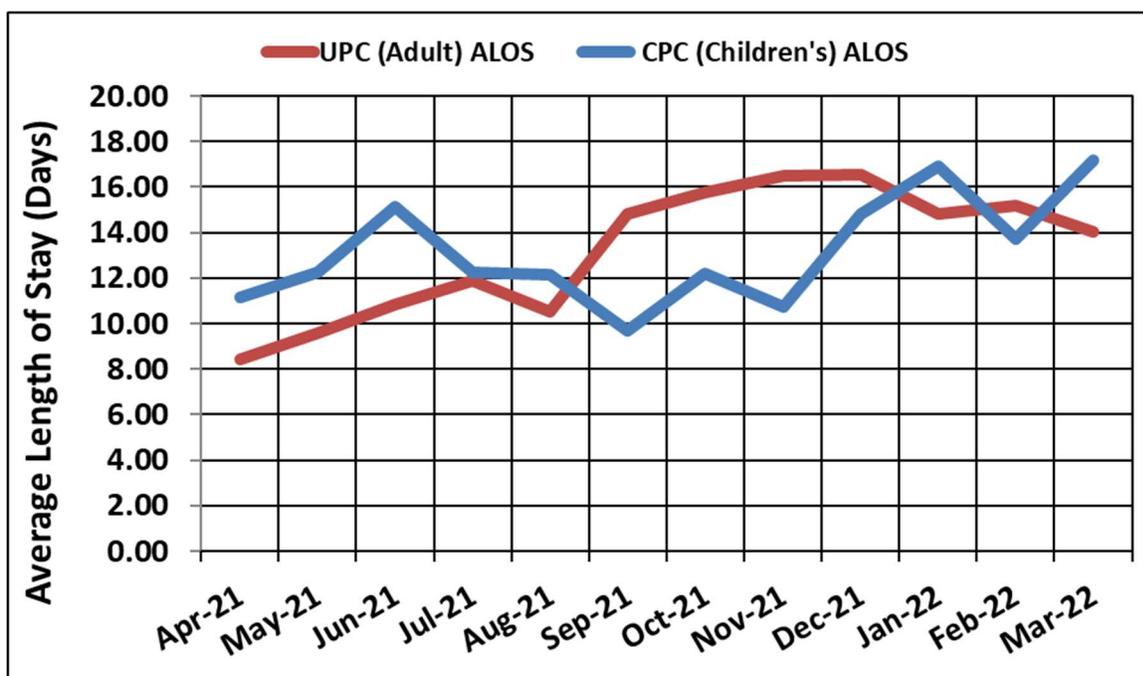
Children's Psychiatric Center (CPC)   Average Child National Benchmark: **7.12**
University Psychiatric Center (UPC)   Average Adult National Benchmark: **10.18**

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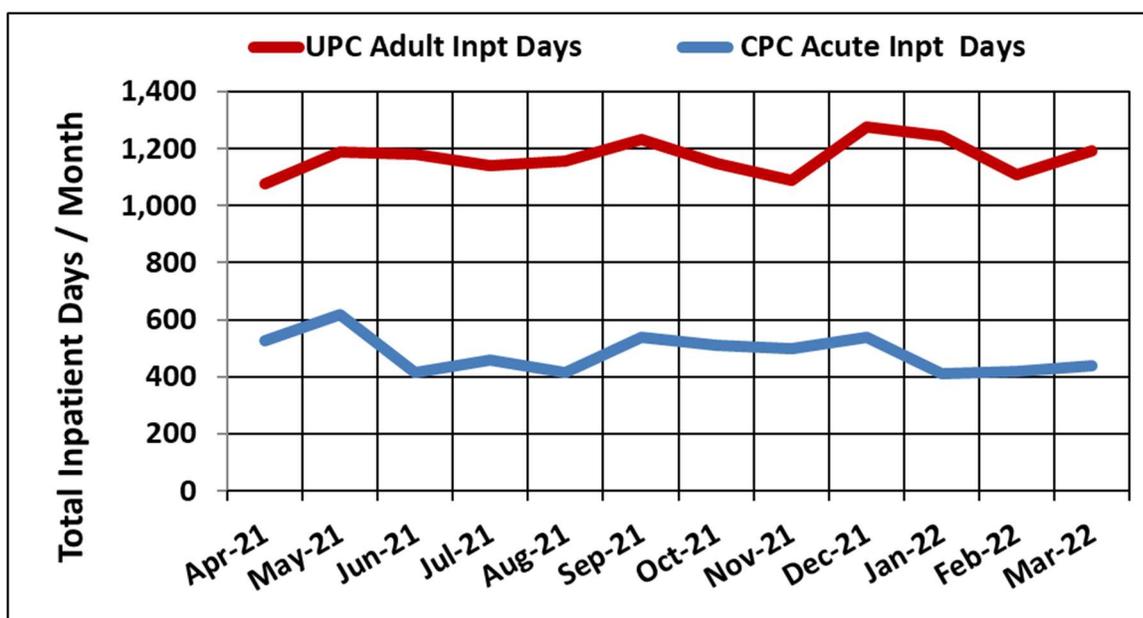
Number of Unique Inpatients and Number of Encounters CY2020

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

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2019	11,702
FY2020	11,170
FY2021	12,615
FY2022*	12,074

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

Total Opioid Patients

Month	Census
Apr-21	644
May-21	644
Jun-21	627
Jul-21	639
Aug-21	634
Sep-21	607
Oct-21	590
Nov-21	573
Dec-21	554
Jan-22	774
Feb-22	540
Mar-22	799

Total Methadone Encounters

Month	Count
Apr-21	1,985
May-21	1,975
Jun-21	2,328
Jul-21	2,309
Aug-21	2,537
Sep-21	2,570
Oct-21	2,555
Nov-21	2,559
Dec-21	2,485
Jan-22	2,309
Feb-22	1,807
Mar-22	2,174

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Apr-21	634	33,958	13,680
May-21	596	32,948	13,282
Jun-21	615	31,036	15,966
Jul-21	601	32,027	13,546
Aug-21	599	32,480	13,133
Sep-21	600	32,837	13,162
Oct-21	526	29,213	12,765
Nov-21	516	28,399	13,113
Dec-21	490	27,023	11,952
Jan-22	620	35,480	12,201
Feb-22	534	29,135	12,230
Mar-22	595	30,769	11,224

Total Suboxone Encounters

Month	Count
Apr-21	31
May-21	42
Jun-21	51
Jul-21	50
Aug-21	47
Sep-21	58
Oct-21	49
Nov-21	46
Dec-21	55
Jan-22	48
Feb-22	30
Mar-22	43

*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.
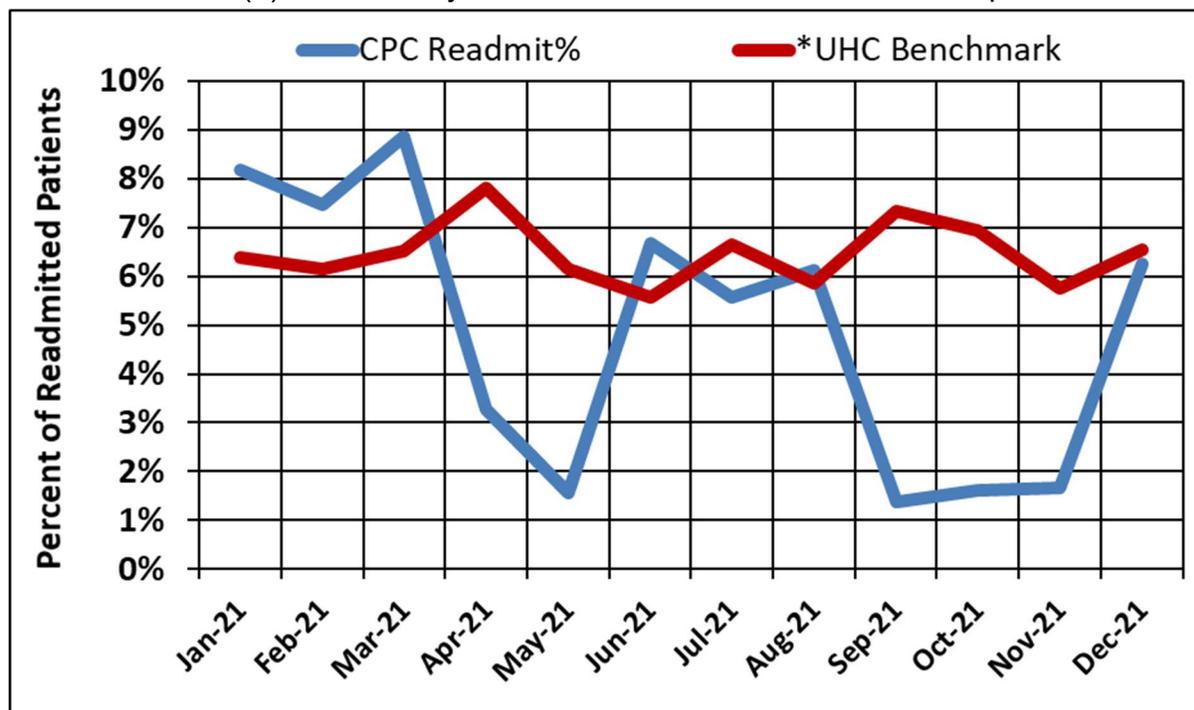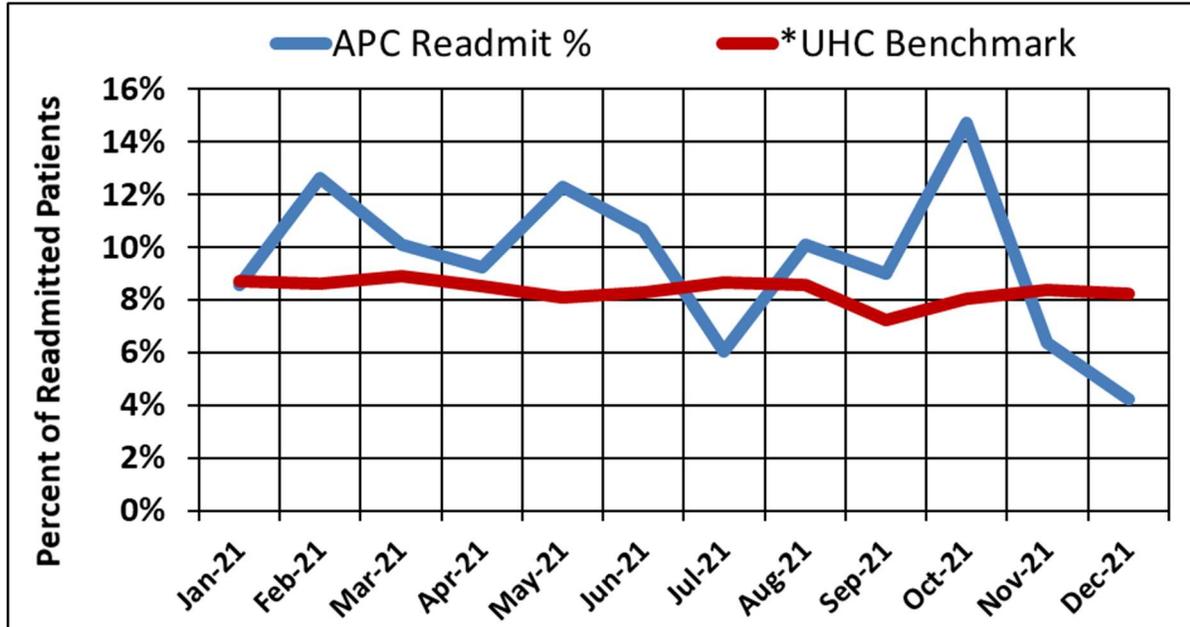

Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-21	49	4	8.2%	6.4%
Feb-21	67	5	7.5%	6.1%
Mar-21	79	7	8.9%	6.5%
Apr-21	61	2	3.3%	7.8%
May-21	64	1	1.6%	6.2%
Jun-21	45	3	6.7%	5.6%
Jul-21	54	3	5.6%	6.7%
Aug-21	49	3	6.1%	5.8%
Sep-21	72	1	1.4%	7.3%
Oct-21	62	1	1.6%	6.9%
Nov-21	60	1	1.7%	5.7%
Dec-21	48	3	6.3%	6.5%

*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
Jan-21	105	9	8.6%	8.7%
Feb-21	103	13	12.6%	8.6%
Mar-21	129	13	10.1%	8.9%
Apr-21	119	11	9.2%	8.5%
May-21	114	14	12.3%	8.1%
Jun-21	103	11	10.7%	8.3%
Jul-21	83	5	6.0%	8.6%
Aug-21	99	10	10.1%	8.5%
Sep-21	78	7	9.0%	7.2%
Oct-21	68	10	14.7%	8.1%
Nov-21	63	4	6.3%	8.4%
Dec-21	71	3	4.2%	8.2%

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

30 Day Readmission Rate – Both Adult and CPC Psychiatric Center

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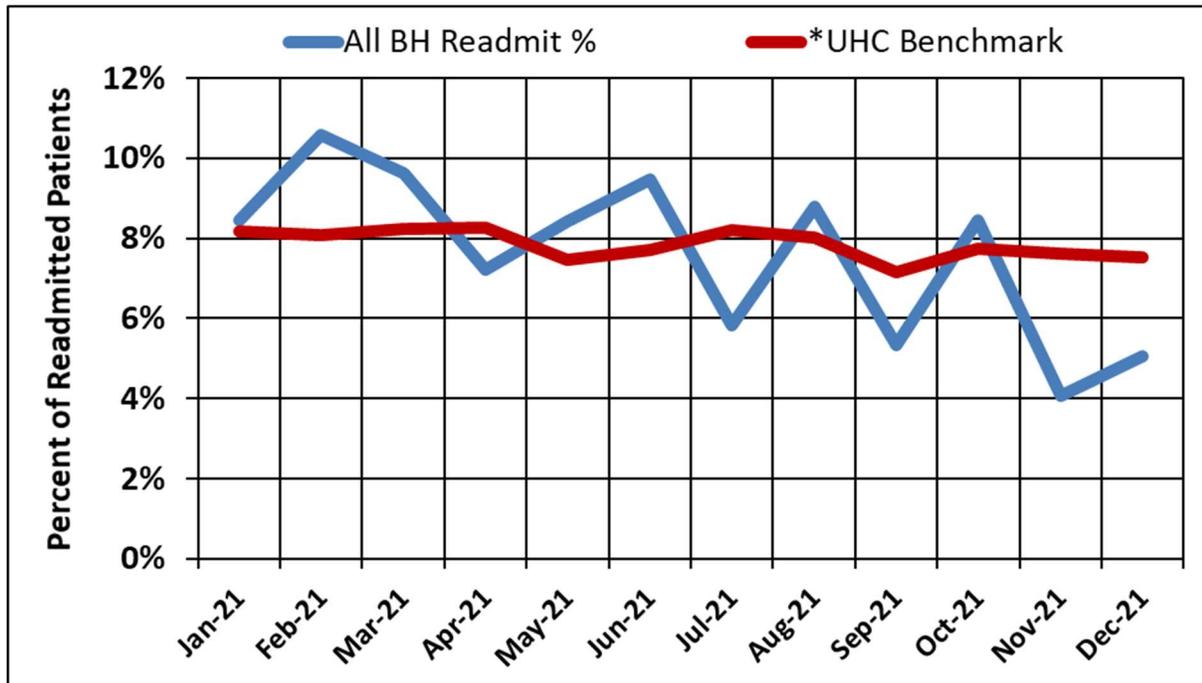

Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-21	154	13	8.4%	8.2%
Feb-21	170	18	10.6%	8.1%
Mar-21	208	20	9.6%	8.2%
Apr-21	180	13	7.2%	8.3%
May-21	178	15	8.4%	7.5%
Jun-21	148	14	9.5%	7.7%
Jul-21	137	8	5.8%	8.2%
Aug-21	148	13	8.8%	8.0%
Sep-21	150	8	5.3%	7.2%
Oct-21	130	11	8.5%	7.7%
Nov-21	123	5	4.1%	7.6%
Dec-21	119	6	5.0%	7.5%

*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.

Mill Levy Dollars Allocated to Behavioral Health

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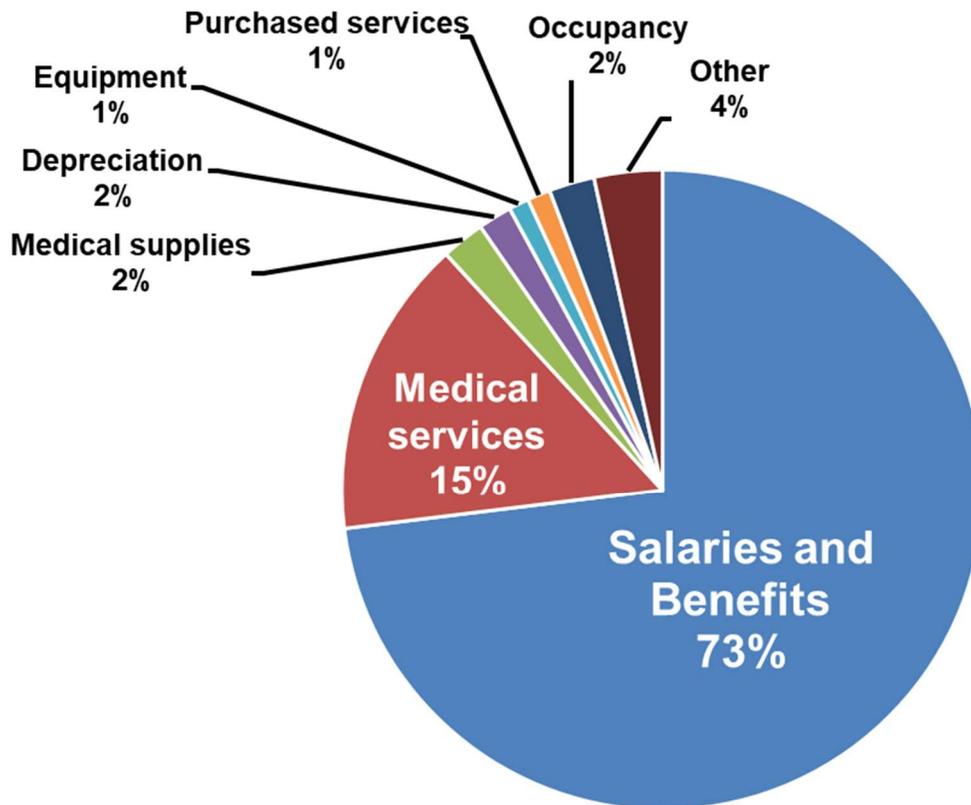
	FY2021
Salaries and Benefits	$ 12,287,888
Medical services	2,546,358
Medical supplies	368,137
Depreciation	286,806
Equipment	170,603
Purchased services	195,849
Occupancy	385,572
Other	578,655
Total Expense	**$ 16,819,867**

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

E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits

Native American Outpatient and ED Visits
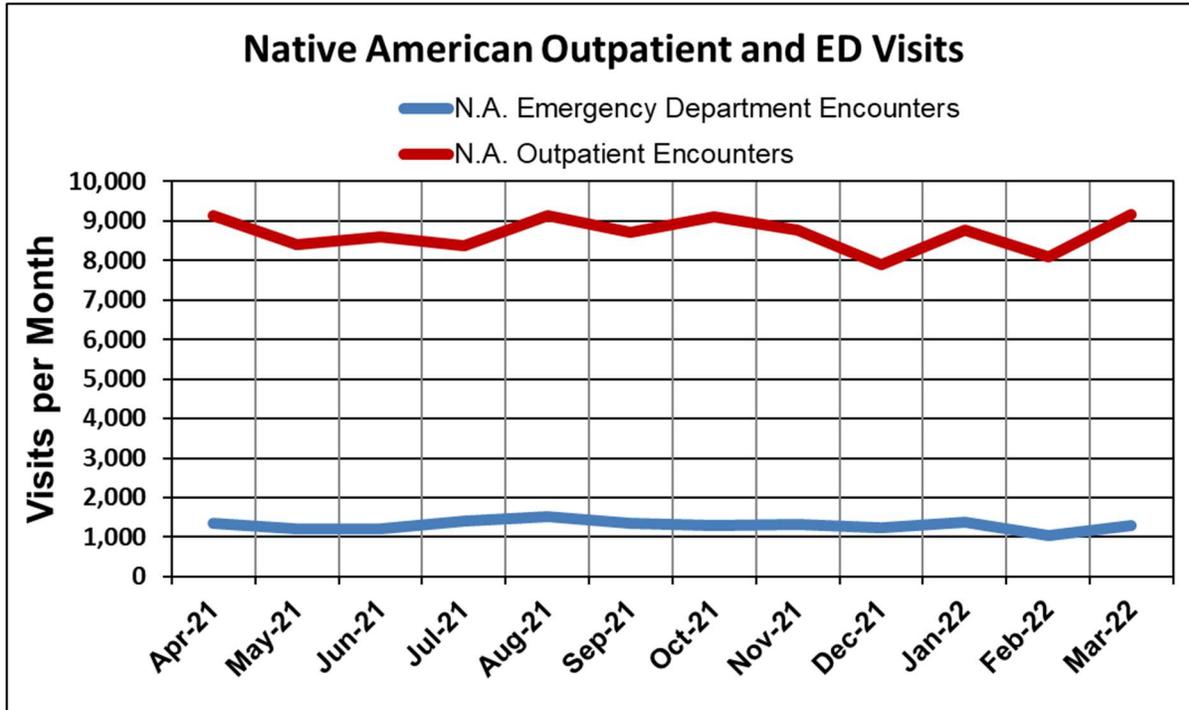
Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Apr-21	17	1,337	9,146
May-21	15	1,211	8,416
Jun-21	14	1,214	8,616
Jul-21	21	1,395	8,368
Aug-21	22	1,522	9,139
Sep-21	20	1,356	8,711
Oct-21	12	1,281	9,103
Nov-21	13	1,322	8,777
Dec-21	13	1,246	7,891
Jan-22	12	1,378	8,770
Feb-22	12	1,049	8,085
Mar-22	13	1,284	9,155

Native American Bed Days and Monthly Inpatient Census
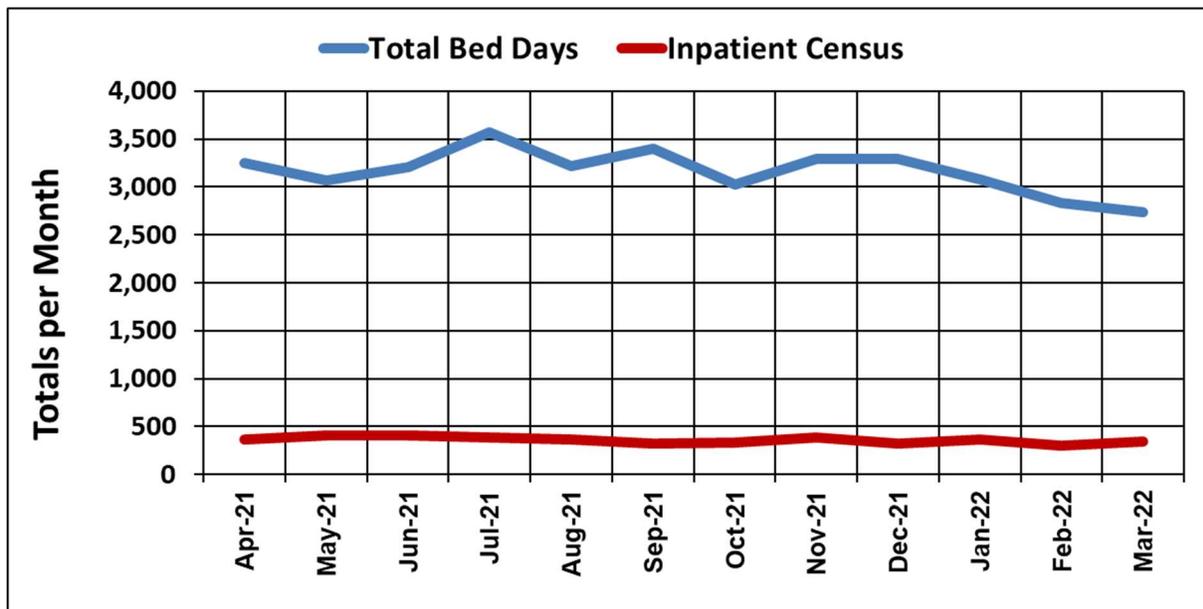
Month	Inpatient Admissions (Census)	Total Bed Days
Apr-21	361	3,253
May-21	413	3,069
Jun-21	404	3,212
Jul-21	382	3,567
Aug-21	368	3,221
Sep-21	322	3,397
Oct-21	338	3,022
Nov-21	386	3,298
Dec-21	327	3,291
Jan-22	365	3,084
Feb-22	306	2,839
Mar-22	348	2,738

Native American Encounter Distribution by Payor Group

The following summary of Native American encounters by payor group is based on the previous 12-month period.
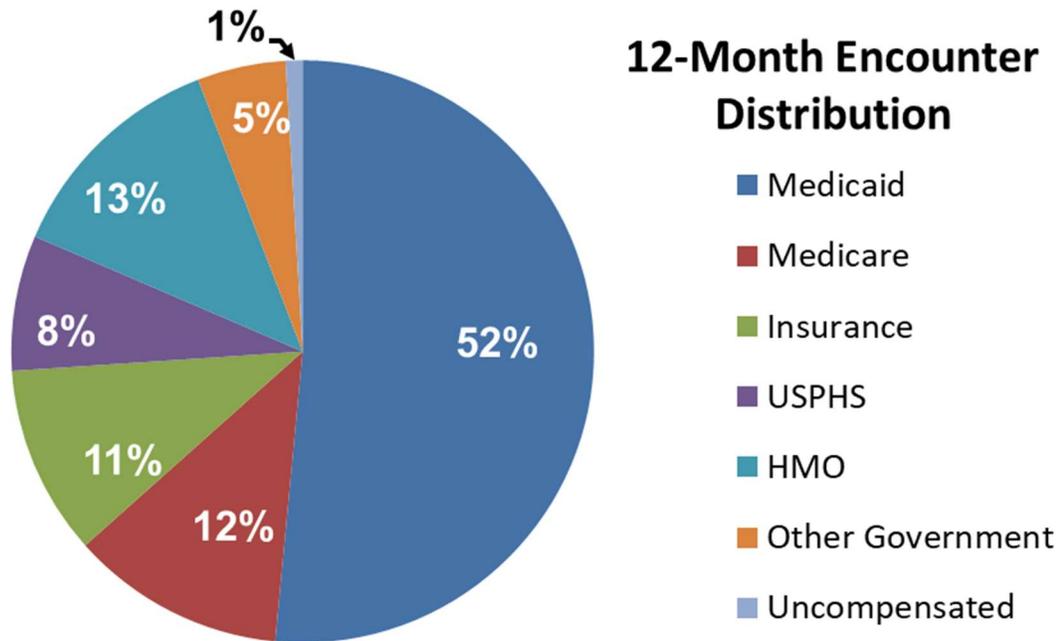
Month	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Apr-21	5,766	1,387	1,141	876	1,262	593	124
May-21	5,368	1,278	1,047	793	1,170	505	84
Jun-21	5,282	1,328	1,050	803	1,225	548	129
Jul-21	5,374	1,218	1,119	742	1,262	573	94
Aug-21	5,780	1,398	1,197	862	1,416	499	92
Sep-21	5,408	1,313	1,202	812	1,260	543	87
Oct-21	5,521	1,249	1,112	762	1,666	512	97
Nov-21	5,586	1,287	1,093	757	1,351	513	97
Dec-21	4,893	1,086	985	770	1,323	432	85
Jan-22	5,475	1,183	1,192	758	1,432	503	84
Feb-22	4,856	1,077	1,006	756	1,335	470	98
Mar-22	5,779	1,230	1,160	818	1,344	509	111
TOTAL	65,088	15,034	13,304	9,509	16,046	6,200	1,182
	52%	12%	11%	8%	13%	5%	1%

APPENDIX A

MOU Exhibit A Progress Updates

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

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

Exhibit A – Reporting

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

Exhibit A - Accountability and Transparency

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

Exhibit A – Primary Care

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

Exhibit A – Financial Assistance

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

Exhibit A – Financial Services

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

Exhibit A – Native Americans

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

Exhibit A - Behavioral Health

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

APPENDIX B

UNM Hospital Semi-Annual Report on the Status of Deliverables

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

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

Exhibit A Reporting Area - Reporting and Interaction

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

Exhibit A Reporting Area - Accountability and Transparency

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

Exhibit A Reporting Area - Primary Care

Semi - Annual Focus Areas October 2021 - March 2022	Status Update as of October 21
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	UNMH is in the process of working with a consulting group around recommendations to expand throughput and capacity in our primary and specialty clinics. UNMH is working on opening a new clinic site in Uptown and also a multispecialty clinic in Gallup. UNMH is also doing a survey of primary care needs in Bernalillo County.

UNMH offers financial assistance through the UNM Care and other programs to patients.

UNMH is moving forward with the New Tower Project to expand Access to Critical Care, Trauma, Surgical and other inpatient services for patients. |
| C.7 UNMH shall provide increased funding to either the UNM School of Medicine or UNM Medical Group to recruit and retain specialist for a minimum of two medical specialties most needed by Native Americans. | UNMH continues to discuss need specialty access at ongoing quarterly lease compliance meetings with representation from IHS and the Tribes. Reporting is provided quarterly on access and services to Native Americans. |

Exhibit A Reporting Area - Native American Care

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

Exhibit A Reporting Area - Behavioral Health Services

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

Exhibit A Reporting Area - Impact of COVID-19

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