QUARTERLY REPORT
MARCH 31, 2020

Bernalillo County Commissioner Trend Report

UNM HOSPITALS

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A. ACCOUNTABILITY

Balance Sheet (Statement of Net Assets)
Statements of Net Assets
YTD March 2020 in Comparison to YTD June 2019

Assets	March 2020	June 2019*
(In Thousands)		
Current assets:		
Cash and cash equivalents	$ 258,368	158,482
Marketable securities	36,916	35,629
Receivables:		
Patient, net	147,646	129,813
University of New Mexico	3,016	2,196
Estimated third-party payor settlements	45,667	84,066
Bernalillo County treasurer	15,013	1,517
Other	36,946	38,447
Total current assets	543,572	450,150
Noncurrent assets:		
Assets whose use is limited:		
Held by trustee	23,945	18,613
Restricted cash - capital appropriation	25,814	-
By UNM Hospital Clinical Operations Board	26,468	26,363
Capital assets, net	225,462	221,867
Total assets	845,261	716,993
Liabilities		
Current liabilities:		
Accounts payable	51,456	48,209
Payable to University of New Mexico	46,224	28,405
Estimated third-party payor settlements	88,029	46,004
Interest payable bonds	816	81
Other accrued liabilities	92,120	88,210
Total current liabilities	278,645	210,909
Bonds payable	92,120	92,120
Total liabilities	370,765	303,029
Net Assets		
Restricted for expendable grants, bequests, and contributions	18,880	17,601
Restricted capital appropriation	25,814	-
Restricted by management	23,000	23,000
Restricted for trust indenture and debt agreement	23,945	18,612
Unrestricted net assets	249,515	225,004
Assets invested in capital	133,342	129,747
Total net assets	$ 474,496	$ 413,964
Current Ratio	**1.97**	**2.16**
Days Cash on Hand	**77.3**	**52.16**

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

Income Statement

Statements of Revenues, Expenses, and Changes in Net Assets
For the nine (9) months ended March 31, 2020

(In Thousands)		March
Operating revenues:		
Net Patient Service	$	834,060
Other		42,921
Total Operating Revenues		876,981
Operating expenses:		
Employee Compensation and Benefits		417,639
UNM School of Medicine Medical Services		110,942
Medical Services Oncology		11,173
Medical Services non-SOM		25,205
Medical Supplies		127,587
Oncology Drugs		38,655
Occupancy/Equipment		53,133
Depreciation		25,744
Purchased Services		87,697
Health System Expenses		12,253
Gross Receipts Tax		17,449
Other		17,456
Total Operating Expenses		944,933
Operating loss		(67,952)
Nonoperating Revenues (Expenses):		
Bernalillo County Mill Levy		80,282
State Appropriation		10,287
Interest Expense		(2,203)
Other Revenue and (Expense)		6,529
Net Nonoperating Revenues - recurring		94,895
Increase in Net Assets before other changes		26,943
Other Changes in Net Assets:		
Capital Appropriation - non-recurring*		33,589
Total Other Changes in Net Assets		33,589
Total Increase in Net Assets		60,532
Net Assets, Beginning of Year		413,964
Net Assets, End of Year	$	474,496

* Capital appropriations from the state are for funding the following projects:		
Adult Psychiatric Regional Crisis Center	$	424
Center for Movement Disorders		3,465
Hospital Tower & Medical Facility Expansion		29,700
Total Capital Appropriations	$	33,589

Mill Levy Distribution Detail by Department FY2019

UNMH Mill Levy Spending Allocation Non-clinical Exp Support FY2019

Total Bernalillo County Mill Levy $ **105,709,584.00**
Note: 15% of the Mill Levy is allocated to Behavioral Health (see p27)

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

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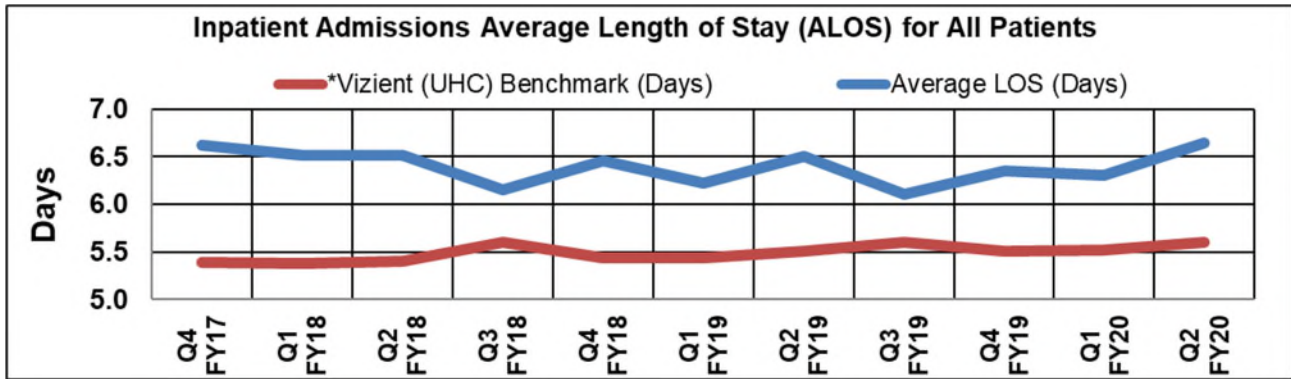
Inpatient Admissions Average Length of Stay (ALOS) for All Patients

Fiscal Quarter	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20
Average LOS (Days)	6.62	6.51	6.51	6.15	6.45	6.22	6.51	6.10	6.35	6.31	6.64
*Vizient (UHC) Benchmark (Days)	5.39	5.37	5.41	5.60	5.44	5.44	5.51	5.60	5.50	5.52	5.60

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

30 Day Readmission for All Patients
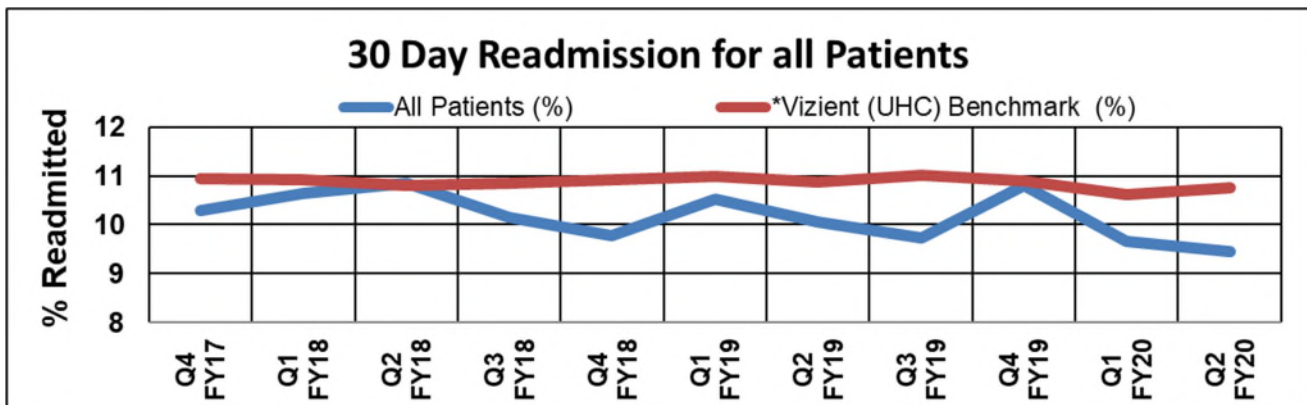
30 Day Readmission for all Patients

Fiscal Quarter	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20
All Patients (%)	10.30	10.64	10.84	10.16	9.77	10.53	10.06	9.74	10.80	9.65	9.44
*Vizient (UHC) Benchmark (%)	10.93	10.92	10.80	10.84	10.91	10.99	10.87	11.01	10.89	10.62	10.75

*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
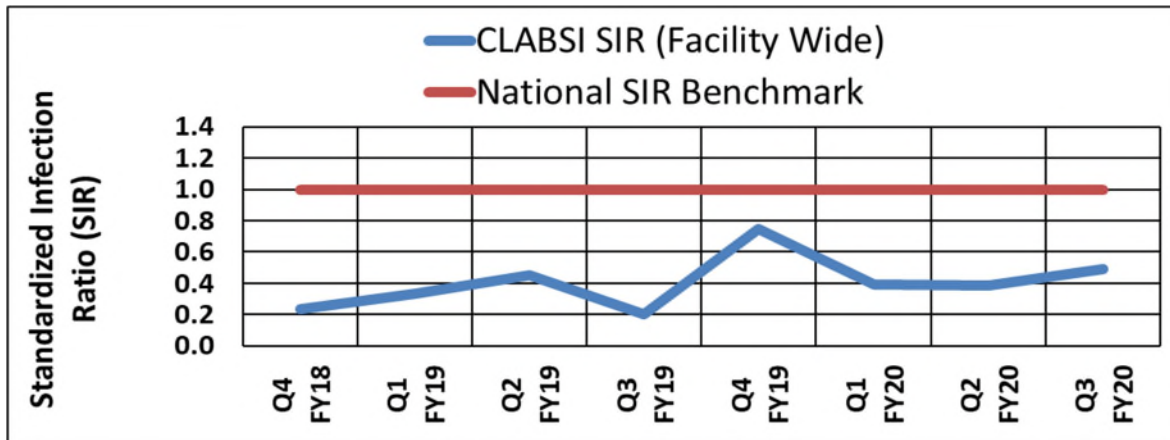
Central Line-associated Bloodstream Infection (CLABSI)	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
CLABSI SIR (Facility Wide)	0.236	0.334	0.454	0.204	0.749	0.393	0.386	0.494
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	2	3	4	2	8	4	4	5
*NHSN Expected	8.5	9.0	8.8	9.8	10.7	10.2	10.4	10.1

Catheter Associated Urinary Tract Infection
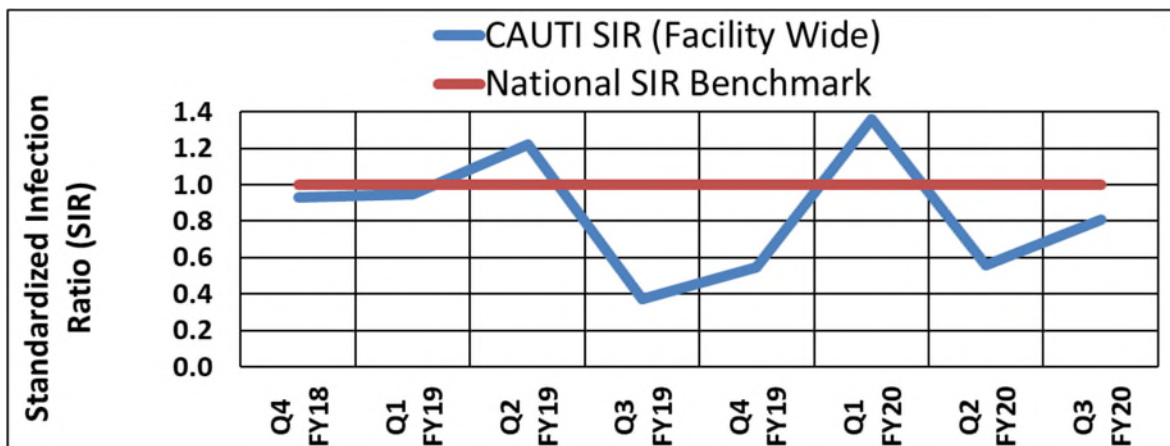
Catheter-Associated Urinary Tract Infection (CAUTI)	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
CAUTI SIR (Facility Wide)	0.930	0.945	1.223	0.374	0.547	1.362	0.556	0.809
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CAUTI Count	11	10	12	4	6	15	7	9
*NHSN Expected	11.8	10.6	9.8	10.7	11.0	11.0	12.6	11.1

*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.
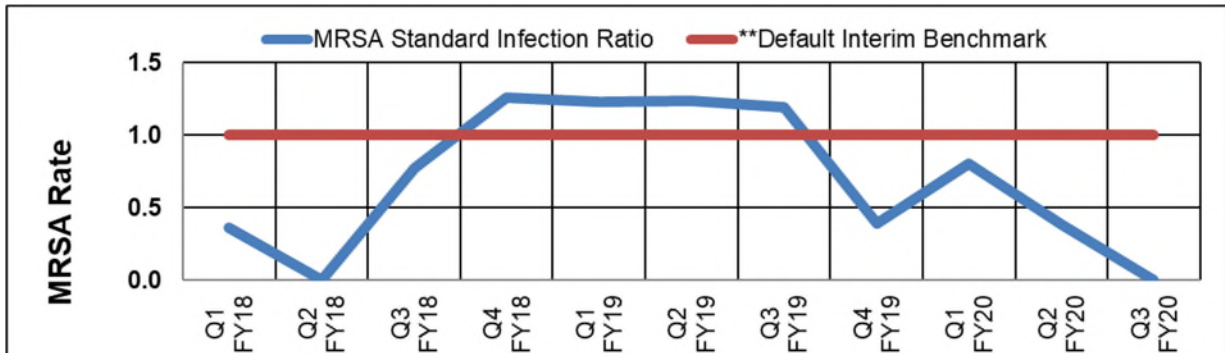
Fiscal Quarter	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
MRSA Standard Infection Ratio	0.36	0.00	0.77	1.26	1.23	1.23	1.19	0.39	0.81	0.38	0.00
**Default Interim Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Raw Count of Infections	1	0	2	3	3	3	3	1	2	1	0

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

Total Number of Inpatient Days

FY19 is based on the twelve (12) months ended June 30, 2019.
FY20 is based on the nine (9) months ended March 31, 2020.

Inpatient Days	FY2019 Actual	FY2020 Projected	FY20 Actual YTD
Adult	113,244	114,467	85,850
Pediatric	37,195	40,613	30,460
Newborn	5,220	5,244	3,933
Total Inpatient Days	**155,659**	**160,324**	**120,243**

Nursing Hours of Care

	FY2019 Actual	FY2020 Actual
UNMH Nursing Hours of Care Per Patient*	17.12	15.93

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

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June. 2019	Number of FTES as of March, 2020	FY2020 Hires (Headcount)	FY2020 Terms (Headcount)	12-Month Rolling Retention Rate
RN's	1,973	1,949	153	243	82.61%
*National Retention Rate Benchmark					82.80%

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

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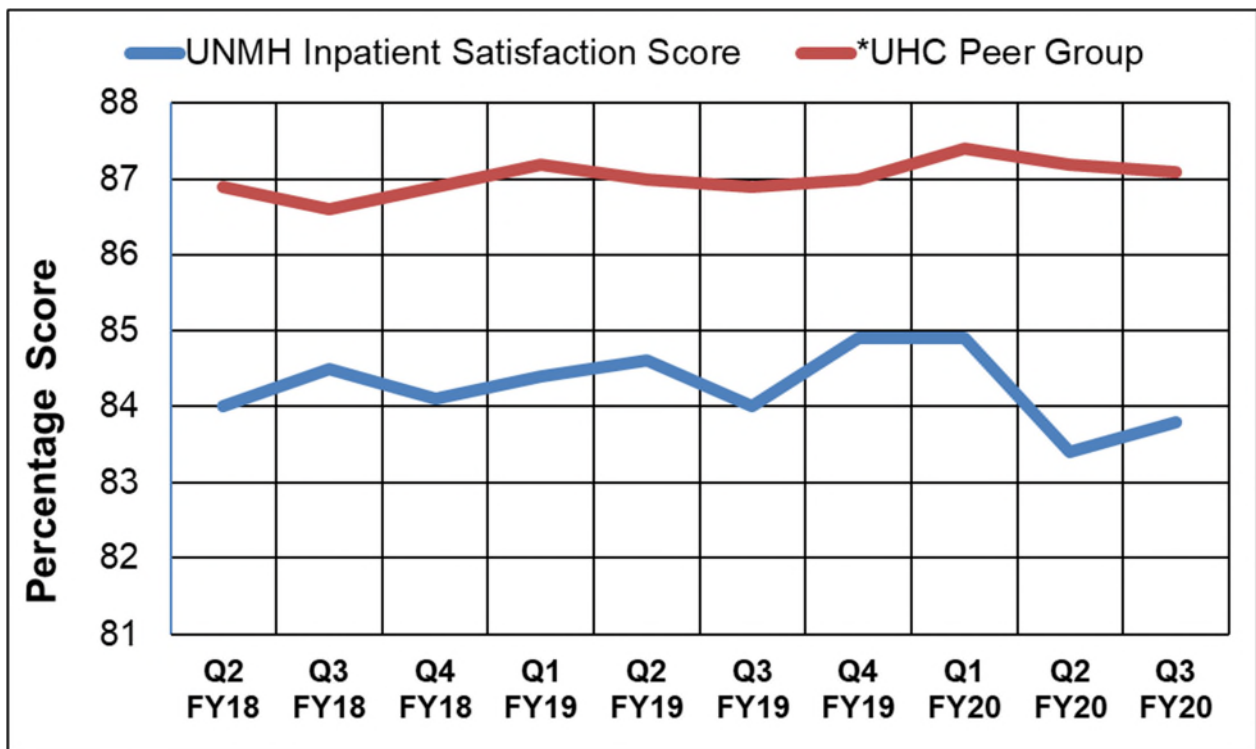
*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

HCAPS Satisfaction – Communications with Nurses
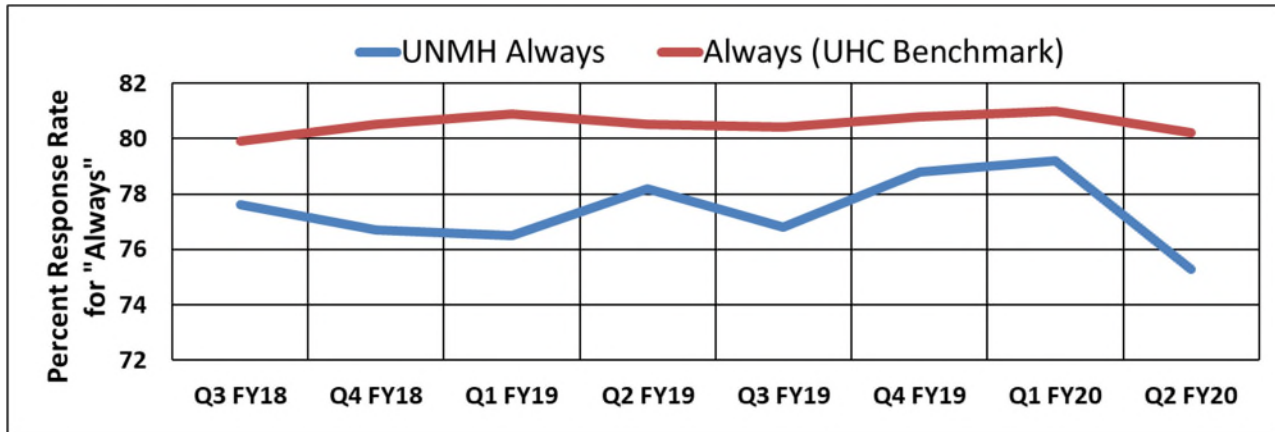
Communication with Nurses	Response	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20
H-COMP-1-A-P	UNMH Always	77.6	76.7	76.5	78.2	76.8	78.8	79.2	75.3
H-COMP-1-U-P	UNMH Usually	17.8	19.7	19.3	16.5	17.8	16.9	16.7	19.5
H-COMP-1-SN-P	UNMH Sometimes/Never	4.6	4.1	4.2	5.4	5.5	4.3	4.1	5.2
UHC Benchmark	Always (UHC Benchmark)	79.9	80.5	80.9	80.5	80.4	80.8	81.0	80.2
UHC Benchmark	Usually (UHC Benchmark)	15.7	15.4	15.1	15.3	15.3	14.9	14.8	15.1

HCAPS Satisfaction – Communications with Doctors
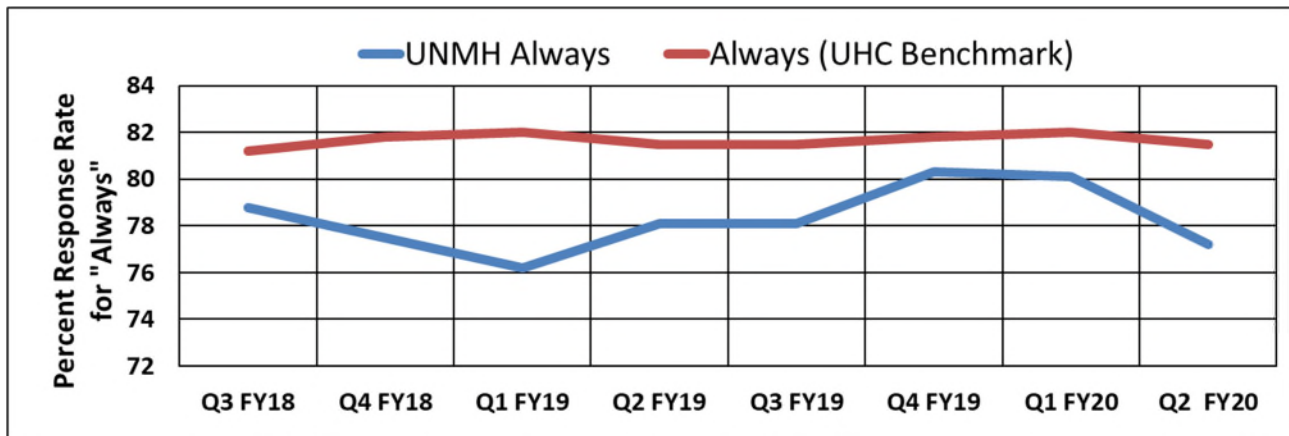
Communication with Doctors	Response	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20
H-COMP-2-A-P	UNMH Always	78.8	77.5	76.2	78.1	78.1	80.3	80.1	77.2
H-COMP-2-U-P	UNMH Usually	15.7	17.5	18.1	14.9	15.7	15.1	15.8	16.9
H-COMP-2-SN-P	UNMH Sometimes/Never	5.4	5.1	5.7	6.9	6.2	4.6	4.1	5.9
UHC Benchmark	Always (UHC Benchmark)	81.2	81.8	82.0	81.5	81.5	81.8	82.0	81.5
UHC Benchmark	Usually (UHC Benchmark)	14.4	14.0	13.7	14.0	14.0	13.8	13.6	13.8

Grievances
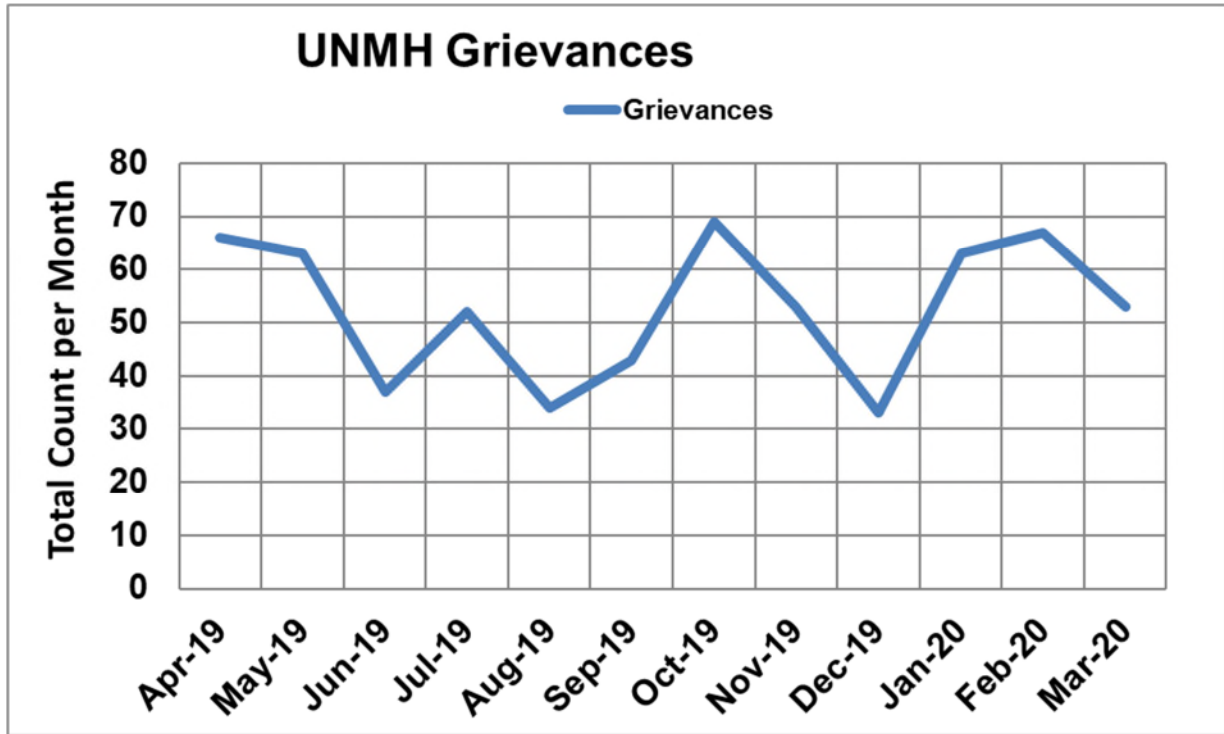
UNMH Grievances

Month-Year	Grievances
Apr-19	66
May-19	63
Jun-19	37
Jul-19	52
Aug-19	34
Sep-19	43
Oct-19	69
Nov-19	53
Dec-19	33
Jan-20	63
Feb-20	67
Mar-20	53

Average time for an Appointment for Primary and Specialty Care

Average 3rd Available* Day for Appointments.
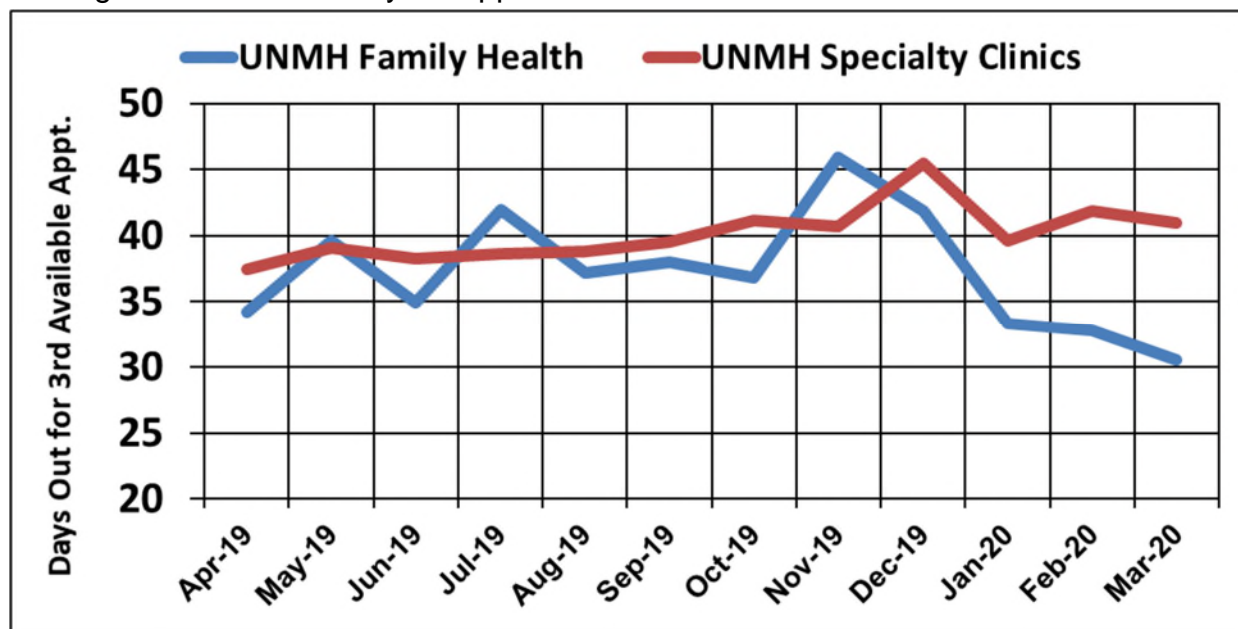
Month	UNMH Family Health	UNMH Specialty Clinics
Apr-19	34.2	37.5
May-19	39.6	39.1
Jun-19	34.9	38.2
Jul-19	41.9	38.6
Aug-19	37.2	38.8
Sep-19	38.0	39.5
Oct-19	36.8	41.2
Nov-19	45.9	40.7
Dec-19	41.9	45.4
Jan-20	33.4	39.7
Feb-20	32.8	41.9
Mar-20	30.5	40.9

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

Number of Emergency Department Visits

Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.
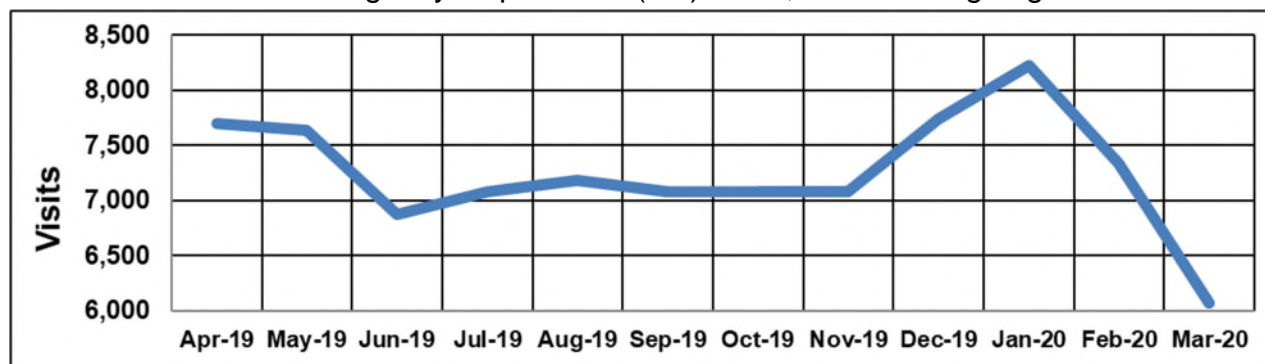
Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Visits	7,705	7,634	6,876	7,083	7,183	7,078	7,080	7,078	7,739	8,226	7,343	6,074

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.
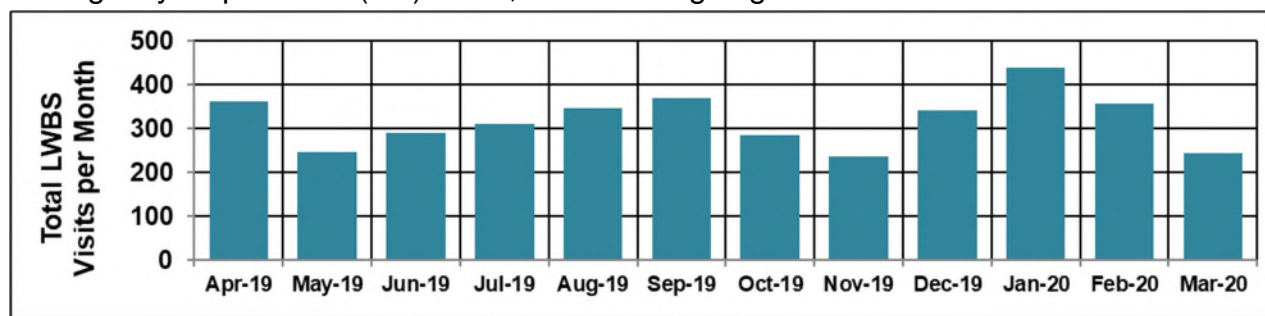
Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
UH LWBS	361	246	291	310	347	371	284	236	342	438	357	245

ED Average Hours from Arrival to Disposition
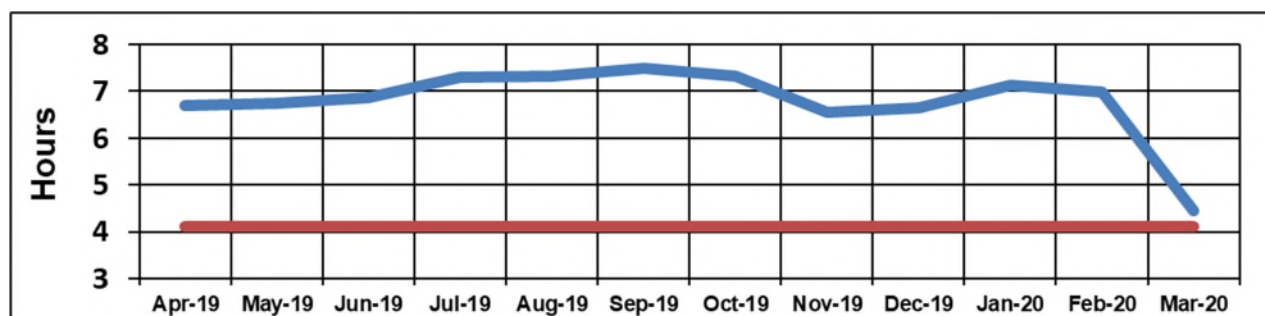
Month	Oct-19	Nov-19	Dec-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Jan-20	Feb-20	Mar-20
Arrival to Disposition	7.32	6.56	6.66	6.71	6.74	6.87	7.29	7.32	7.49	7.14	7.00	4.46
*National Average	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11

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

MDC Inmates Receiving Hospital Services
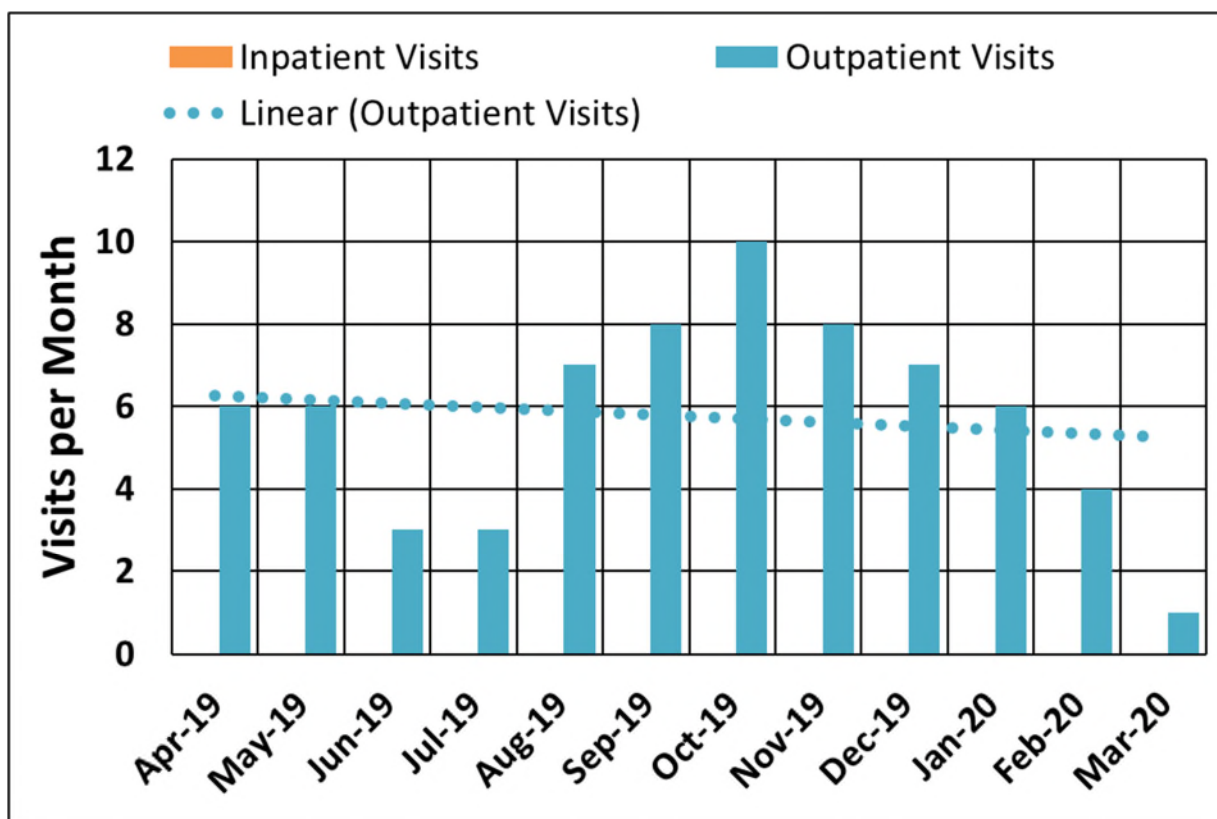
Month	Inpatient Visits	Outpatient Visits
Apr-19	0	6
May-19	0	6
Jun-19	0	3
Jul-19	0	3
Aug-19	0	7
Sep-19	0	8
Oct-19	0	10
Nov-19	0	8
Dec-19	0	7
Jan-20	0	6
Feb-20	0	4
Mar-20	0	1

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

Typically, patients use their own insurance when possible.

Bernalillo County Encounters by Funding Source

All Bernalillo County encounters for the nine (9) months ended March 31, 2020, broken down by payer source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	7,570
EMSA	425
IHS	2,339
Medicaid	236,346
Medicare	195,029
Uninsured	28,138
HMO's & Insurance	156,808
All Other *	29,203
Total Encounters	**655,858**
Native American Encounters **	**63,516**

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, 2020, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	$ 21,943,184	$ 19,295,149	$ 41,238,333
Catron	644	67,556	68,199
Chaves	71,366	119,662	191,028
Cibola	441,196	213,636	654,832
Colfax	103,174	16,743	119,918
Curry	5,514	16,914	22,428
De Baca	331	521	852
Dona Ana	178,508	38,346	216,854
Eddy	44,253	68,450	112,702
Grant	37,891	12,448	50,339
Guadalupe	47,898	94,533	142,431
Harding	398	-	398
Hidalgo	128	2,331	2,459
Lea	964	75,899	76,863
Lincoln	35,565	22,762	58,327
Los Alamos	15,920	7,885	23,805
Luna	9,281	43,147	52,429
Mc Kinley	482,188	280,451	762,638
Mora	4,206	6,680	10,886
Otero	30,864	60,787	91,651
Quay	6,067	11,682	17,749
Rio Arriba	88,912	161,141	250,053
Roosevelt	59,230	66,583	125,813
San Juan	210,131	110,151	320,282
San Miguel	78,376	27,400	105,776
Sandoval	1,956,649	1,134,327	3,090,976
Santa Fe	338,834	958,002	1,296,836
Sierra	10,416	73,025	83,441
Socorro	263,337	120,031	383,368
Taos	600,174	361,677	961,851
Torrance	179,240	346,636	525,875
Union	598	15,025	15,624
Valencia	1,402,351	3,524,367	4,926,719
Out Of State	-	2,111,018	2,111,018
Grand Total	**$ 28,647,785**	**$ 29,464,966**	**$ 58,112,751**

* Based on primary and secondary coverage

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

Financial Assistance to Bernalillo County Patients by Zip Code

Totals for the nine (9) months ended March 31, 2020.

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	6	$2,918	98	$ 32,607	104	$ 35,524
87022	10	17,616	187	33,944	197	51,559
87047	8	5,863	254	63,731	262	69,594
87059	14	49,846	599	87,390	613	137,236
87101	1	976	33	5,935	34	6,912
87102	190	1,011,457	5,396	1,339,607	5,586	2,351,063
87103	-	-	27	8,236	27	8,236
87104	45	369,531	1,839	396,100	1,884	765,631
87105	374	2,074,977	12,190	3,733,772	12,563	5,808,749
87106	123	546,911	3,701	1,042,062	3,824	1,588,973
87107	163	669,865	4,663	1,212,993	4,826	1,882,858
87108	262	1,367,295	8,157	2,288,250	8,419	3,655,545
87109	125	595,903	3,971	927,775	4,096	1,523,678
87110	131	692,652	4,895	1,018,974	5,026	1,711,626
87111	113	697,806	3,556	1,031,946	3,669	1,729,752
87112	153	662,118	4,933	1,151,830	5,086	1,813,948
87113	35	143,200	1,241	252,600	1,276	395,801
87114	92	900,005	4,390	1,057,697	4,482	1,957,701
87115	-	-	1	1,652	1	1,652
87116	4	25,544	80	72,697	84	98,241
87117	-	-	7	1,296	7	1,296
87119	-	-	66	9,251	66	9,251
87120	147	972,010	4,835	1,170,647	4,982	2,142,657
87121	418	2,719,828	18,675	5,972,073	19,093	8,691,901
87122	15	232,396	487	191,769	502	424,166
87123	193	1,580,378	7,175	2,076,820	7,368	3,657,198
87125	12	27,378	281	33,360	293	60,738
87128	-	-	-	-	-	-
87131	-	-	9	1,594	9	1,594
87151	10	243,615	96	70,008	106	313,622
87153	-	-	7	676	7	676
87154	3	1,953	150	23,987	153	25,939
87158	-	-	-	-	-	-
87176	5	4,899	183	27,620	188	32,519
87181	1	250	52	7,483	53	7,733
87184	3	3,403	41	13,541	44	16,943
87185	1	102	1	155	2	257
87187	-	-	31	2,833	31	2,833
87190	2	1,133	74	7,683	76	8,816
87191	1	203	42	4,128	43	4,331
87192	1	63	77	9,626	78	9,689
87193	2	2,769	74	9,772	76	12,541
87194	1	68	32	7,094	33	7,162
87195	3	15,956	231	81,448	234	97,404
87196	7	34,845	176	24,349	183	59,194
87197	6	3,371	121	13,390	127	16,761
87198	4	471	128	15,308	132	15,779
87199	-	-	132	23,056	132	23,056
Grand Total	**2,684**	**$ 15,679,569**	**93,394**	**$ 25,558,765**	**96,077**	**$ 41,238,333**

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the nine (9) months ended March 31, 2020.

Bernalillo County Zip	Cancer Count	Medicine Count	Pediatrics Count	Surgery Count	Emergency Medicine Count	Neurology Count	OBGYN Count	Orthopedics Count	Psychiatry Count	Other Count	Total Count
87008	2	34	-	5	7	9	3	7	15	22	104
87022	24	75	-	12	21	6	1	9	1	48	197
87047	27	98	-	15	23	21	3	15	14	46	262
87059	57	229	2	26	42	33	12	24	53	135	613
87101	-	3	-	-	24	-	-	-	4	3	34
87102	435	1,695	11	179	728	264	121	151	597	1,405	5,586
87103	-	15	-	-	6	-	-	-	-	6	27
87104	121	720	1	102	142	97	41	62	126	472	1,884
87105	1,110	4,366	23	506	1,013	570	357	332	805	3,482	12,564
87106	200	1,215	12	142	340	186	123	108	435	1,063	3,824
87107	309	1,681	11	197	453	275	129	152	383	1,236	4,826
87108	430	2,798	18	269	834	364	241	231	893	2,341	8,419
87109	393	1,526	13	143	323	217	94	133	320	934	4,096
87110	315	1,748	1	217	366	353	111	146	558	1,211	5,026
87111	224	1,320	5	139	274	309	73	108	327	890	3,669
87112	382	1,873	7	214	345	286	107	154	465	1,253	5,086
87113	81	454	-	49	79	61	36	51	80	385	1,276
87114	562	1,569	5	175	251	234	113	143	352	1,078	4,482
87115	-	-	-	-	-	-	-	-	-	1	1
87116	20	29	-	-	9	7	2	1	2	14	84
87117	-	-	-	-	-	-	-	-	7	-	7
87119	6	23	-	2	6	8	1	-	4	16	66
87120	358	1,811	17	165	357	326	168	163	444	1,173	4,982
87121	1,497	6,553	35	694	1,430	848	750	507	863	5,916	19,093
87122	60	208	-	23	20	15	2	19	29	126	502
87123	490	2,650	14	254	534	395	241	196	529	2,065	7,368
87125	53	79	-	6	38	16	4	6	32	59	293
87128	-	-	-	-	-	-	-	-	-	-	-
87131	1	1	-	-	2	-	-	1	1	3	9
87151	2	21	-	9	27	-	-	7	17	22	105
87153	-	5	-	-	2	-	-	-	-	-	7
87154	2	47	-	5	9	31	-	5	11	43	153
87158	-	-	-	-	-	-	-	-	-	-	-
87176	43	60	-	10	25	14	-	4	1	31	188
87181	1	17	-	7	6	2	-	1	2	17	53
87184	4	19	-	6	3	-	-	1	-	11	44
87185	1	1	-	-	-	-	-	-	-	-	2
87187	-	16	-	1	4	1	-	1	4	4	31
87190	14	24	-	2	1	5	-	7	12	11	76
87191	-	25	-	1	1	-	-	1	1	14	43
87192	9	22	-	2	4	14	-	1	1	25	78
87193	9	24	1	2	5	3	-	2	9	21	76
87194	1	11	-	-	3	6	-	1	2	9	33
87195	8	101	-	10	11	10	4	13	19	58	234
87196	33	71	-	2	6	3	-	4	29	35	183
87197	23	45	-	8	4	11	-	2	5	29	127
87198	8	56	-	6	11	11	2	4	7	27	132
87199	40	44	-	8	2	9	1	-	2	26	132
Grand Total	7,355	33,382	176	3,613	7,791	5,020	2,740	2,773	7,461	25,766	96,077

# Primary Reason for Bernalillo County Indigent Resident Visits

Totals are for each of the eight (8) quarters ended March 31, 2020.

Description	FY20 Q3	FY20 Q2	FY20 Q1	FY19 Q4	FY19 Q3	FY19 Q2	FY19 Q1	FY18 Q4
Factors influencing health status and contact with health services	5,658	8,595	4,887	7,029	5,567	6,349	7,408	8,355
Diseases of the musculoskeletal system and connective tissue	2,512	3,634	1,981	3,061	2,420	2,588	2,919	3,278
Symptoms, signs and Ill-Defined Conditions	2,436	3,666	2,094	3,302	2,575	2,701	3,179	3,702
Injury, poisoning and certain other consequences of external causes	2,081	2,484	867	1,707	1,803	1,537	1270	1,709
Endocrine, nutritional and metabolic diseases	1,533	2,471	1,507	2,223	1,606	1,854	2302	2,437
Diseases of the respiratory system	1,487	2,210	1,249	1,897	1,533	1,631	1870	2,211
Mental and behavioural disorders	1,361	2,110	1,182	1,766	1,387	1,452	1646	1,861
Diseases of the circulatory system	1,302	1,965	1,111	1,629	1,323	1,395	1683	1,960
Diseases of the nervous system	1,201	1,875	1,050	1,574	1,230	1,219	1415	1,621
Neoplasms	1,153	1,674	1,028	1,617	1,260	1,330	1492	1,672
Diseases of the genitourinary system	1,034	1,546	901	1,329	1,060	1,125	1278	1,459
Diseases of the digestive system	887	1,356	765	1,178	921	944	1092	1293
Diseases of the skin and subcutaneous tissue	805	1,251	750	1,105	847	908	1055	1269
Pregnancy, childbirth and the puerperium	681	971	517	938	707	784	989	1050
Diseases of the eye and adnexa	585	859	521	830	575	591	692	837
Certain infectious and parasitic diseases	461	694	322	523	466	469	488	677
Diseases of the ear and mastoid process	396	507	267	407	399	358	399	464
Congenital malformations, deformations and chromosomal abnormalities	196	297	172	280	216	235	255	285
Diseases of the blood, blood-forming organs and immune mechanism	183	292	172	248	173	202	235	271
Certain conditions originating in the perinatal period	24	56	32	61	37	45	42	50
Other (prescription pick-up, etc.)	3,788	4,215	2,210	3,278	2,628	2,801	3,098	3,484
Total Visits	**29,764**	**42,728**	**23,585**	**35,982**	**28,733**	**30,518**	**34,807**	**39,945**

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 2019 Revenue (Audited)
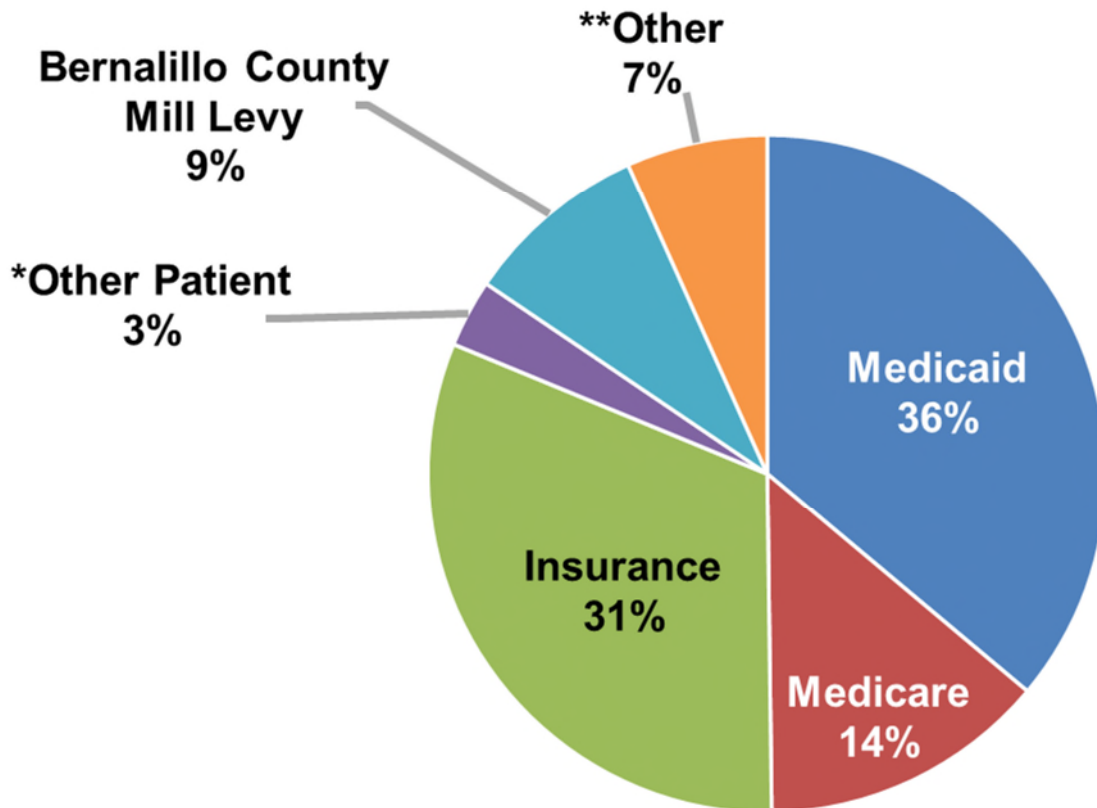
	FY2019
Medicaid	$ 433,178,533
Medicare	164,370,367
Insurance	377,306,782
*Other Patient	38,790,704
Bernalillo County Mill Levy	105,709,584
**Other	80,780,558
Total	$ **1,200,136,528**

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

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

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

FY2019 is based on the twelve (12) months ended June 30, 2019.
FY2020 is based on the twelve (12) months ended March 31, 2020.
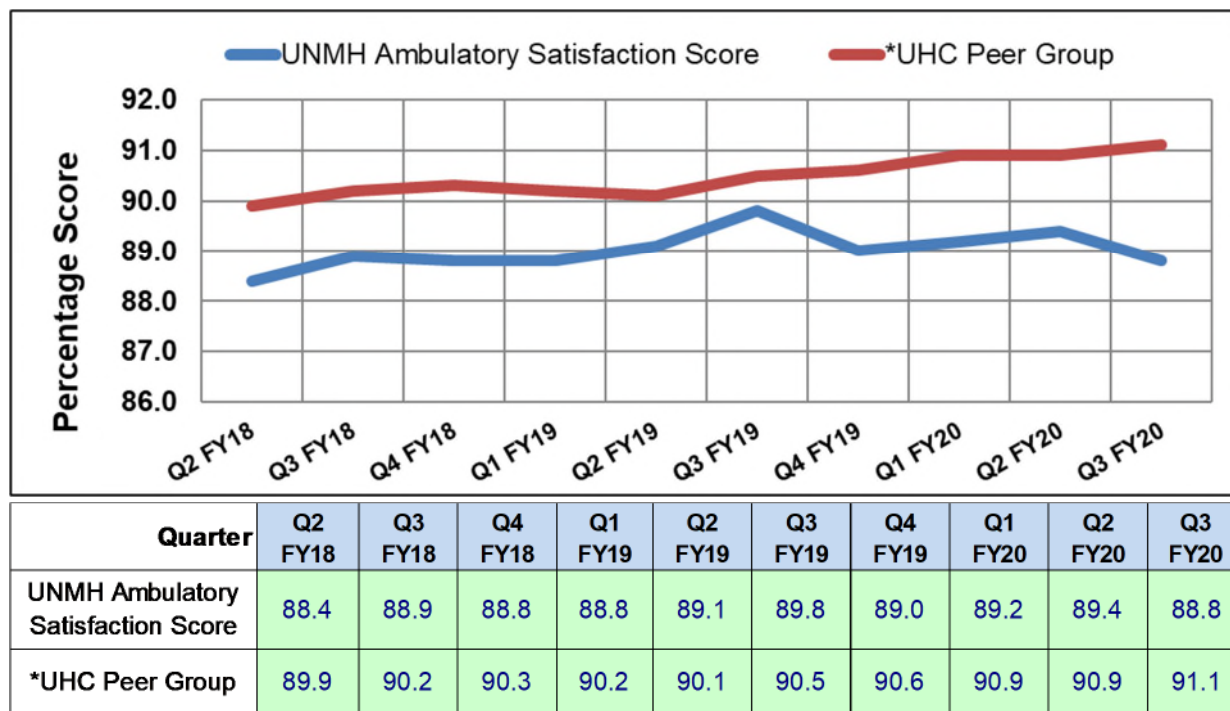
Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.

548,093	**FY19 Actual (12 Months)**
544,770	**FY20 Projected (Based on previous 12 Months)**

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

Clinic:	Location:	Hours:
Adult Urgent Care	Main Hospital - 1st Floor, 2211 Lomas Blvd NE	Mon - Sat 7:00am - 6:00pm
Peds Urgent Care	Main Hospital - 3rd Floor, 2211 Lomas Blvd NE	Mon-Fri: 8am-7pm, Sat 9am-2pm
Young Children's Health Center	306 San Pablo ST SE, #A	Mon-Thurs 8am-7pm, Fri 8am-5pm, Sat 9am-2pm

Press Ganey Ambulatory Satisfaction Score

Quarter	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
UNMH Ambulatory Satisfaction Score	88.4	88.9	88.8	88.8	89.1	89.8	89.0	89.2	89.4	88.8
*UHC Peer Group	89.9	90.2	90.3	90.2	90.1	90.5	90.6	90.9	90.9	91.1

*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.
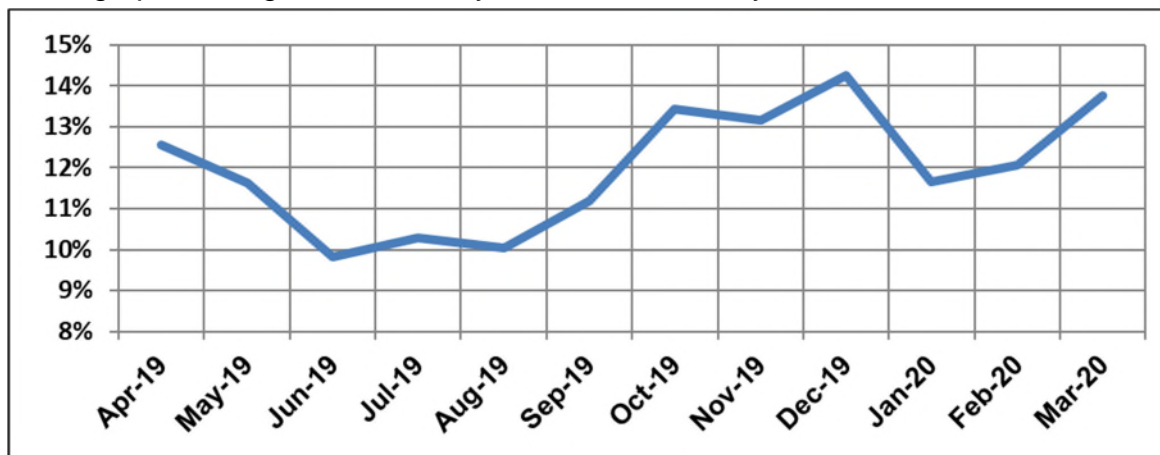
Month	Same Day	Total Arrived	Same Day Rate
Apr-19	1,837	14,630	12.6%
May-19	1,581	13,591	11.6%
Jun-19	1,252	12,734	9.8%
Jul-19	1,435	13,933	10.3%
Aug-19	1,413	14,078	10.0%
Sep-19	1,459	13,036	11.2%
Oct-19	2,127	15,839	13.4%
Nov-19	1,719	13,072	13.2%
Dec-19	1,729	12,135	14.2%
Jan-20	1,762	15,103	11.7%
Feb-20	1,596	13,229	12.1%
Mar-20	1,595	11,590	13.8%

Most recent three (3) month average, Same Day Access by Clinic.

Average	Primary Care Clinics
8.8%	1209 Clinic
20.4%	Alamo Primary Care Clinic
9.6%	Family Practice Clinic
4.3%	General Pediatrics Clinic
10.1%	Northeast Heights Clinic
7.1%	Senior Health Center
8.2%	Southeast Heights Clinic
9.4%	Southwest Mesa Clinic
6.3%	SRMC FP Clinic
69.4%	UNM Lobocare Clinic
7.2%	Westside Clinic
11.5%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

This data includes only Primary Care appointments.
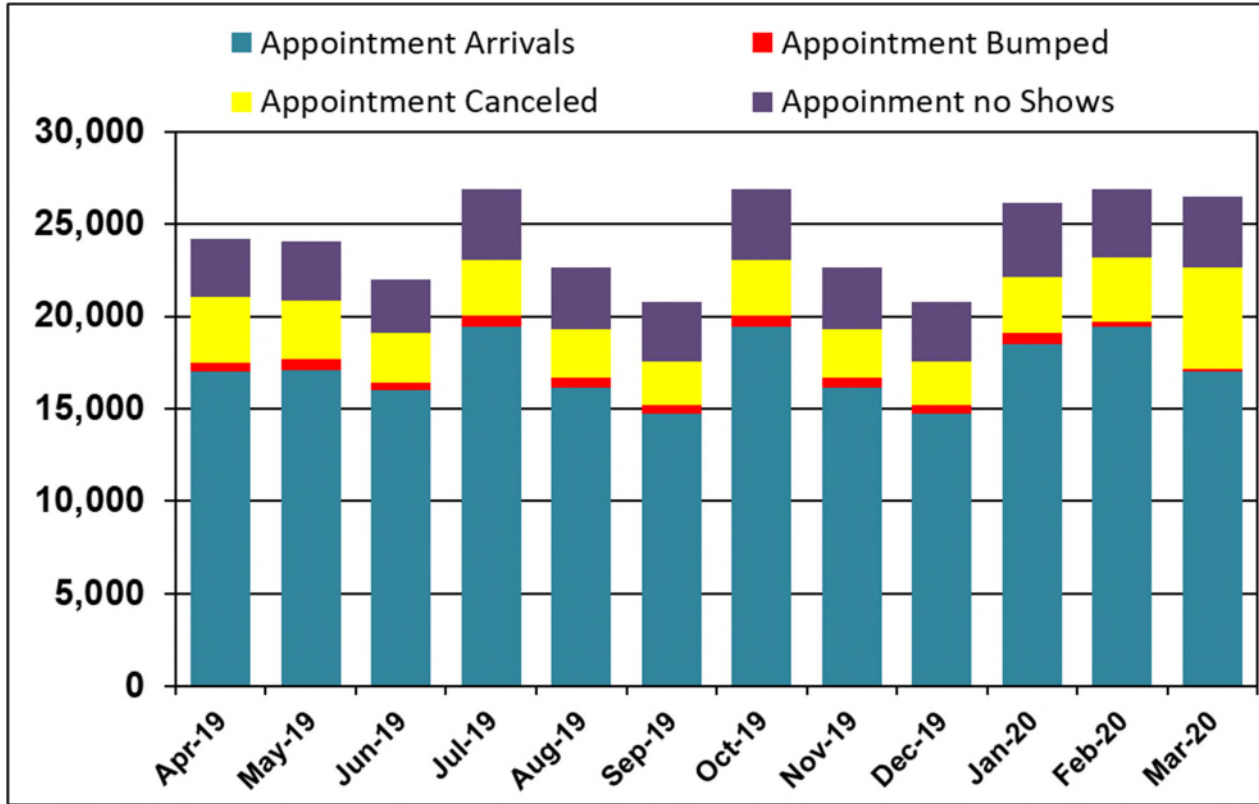
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-19	17,044	468	3,530	3,146
May-19	17,108	564	3,165	3,214
Jun-19	15,998	429	2,650	2,882
Jul-19	19,402	632	3,036	3,825
Aug-19	16,160	536	2,635	3,351
Sep-19	14,736	457	2,327	3,247
Oct-19	19,402	632	3,036	3,825
Nov-19	16,160	536	2,635	3,351
Dec-19	14,736	457	2,327	3,247
Jan-20	18,513	555	3,084	4,017
Feb-20	19,463	224	3,495	3,714
Mar-20	17,048	113	5,516	3,838

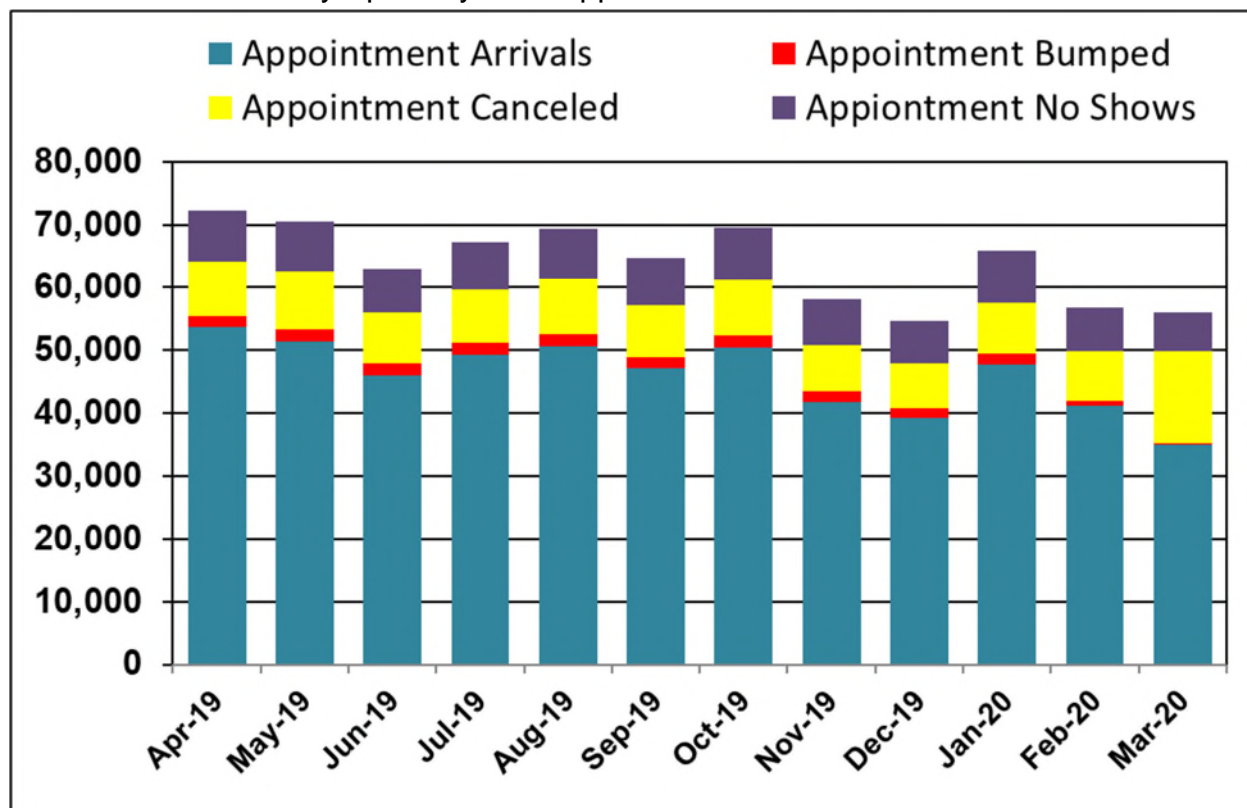# Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.

Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-19	53,703	1,834	8,597	8,107
May-19	51,323	1,965	9,364	7,868
Jun-19	46,066	1,813	8,095	7,097
Jul-19	49,307	1,968	8,355	7,606
Aug-19	50,710	1,857	8,834	7,958
Sep-19	47,083	1,860	8,262	7,589
Oct-19	50,477	1,945	8,845	8,344
Nov-19	41,719	1,804	7,364	7,293
Dec-19	39,239	1,642	7,010	6,761
Jan-20	47,838	1,629	8,170	8,294
Feb-20	41,152	714	8,011	6,912
Mar-20	34,924	290	14,592	6,228

Percentage Abandoned Phone Calls for Primary and Specialty Care
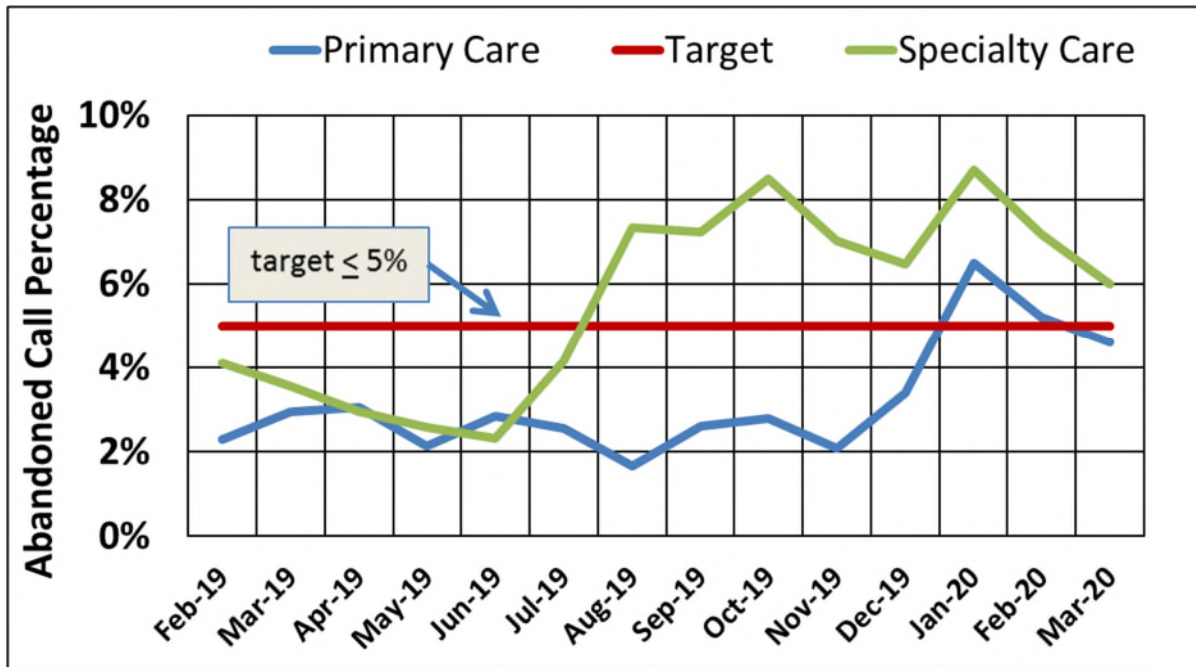
Area: Month	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Feb-19	2.30%	4.10%	5%
Mar-19	2.95%	3.56%	5%
Apr-19	3.06%	2.94%	5%
May-19	2.14%	2.59%	5%
Jun-19	2.84%	2.31%	5%
Jul-19	2.55%	4.15%	5%
Aug-19	1.65%	7.33%	5%
Sep-19	2.61%	7.24%	5%
Oct-19	2.80%	8.50%	5%
Nov-19	2.08%	7.03%	5%
Dec-19	3.39%	6.46%	5%
Jan-20	6.49%	8.70%	5%
Feb-20	5.21%	7.17%	5%
Mar-20	4.60%	6.01%	5%

Medication Reconciliation Goals Primary and Specialty Care

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

81.2%	National Patient Safety Goal - Medication Reconciliation Primary Care	
29.0%	National Patient Safety Goal - Medication Reconciliation Specialty Care	

Percentage of Patients with Access to Electronic Medical Record

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

As of April 8, 2020

176,833	Invitations sent out to patients who provided an email address.
80,375	Patients who have claimed invitation to sign up.
70,580	*Active Users who have accessed their medical records.
40%	Percentage of patients who can potentially access their medical records electronically .

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

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

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

What to expect from MyHealth at UNM:

- See appointment information anytime.

- See your lab results and data.

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

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

Diabetes Management Indicators for HgbA1C and LDL <100

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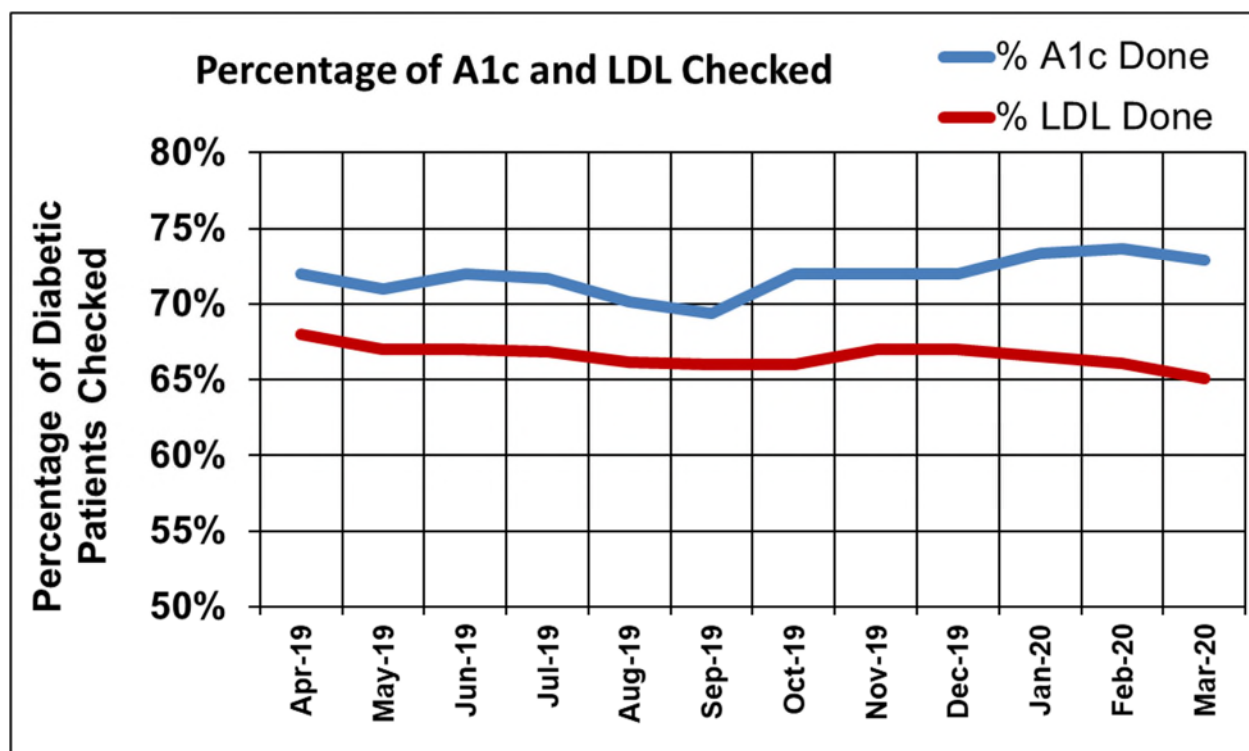
— % A1c Done
— % LDL Done

Month	Total Patients		A1c Done	% A1c Done		LDL Done	% LDL Done
Apr-19	7,959		5,742	72%		5,394	68%
May-19	7,895		5,635	71%		5,276	67%
Jun-19	7,651		5,507	72%		5,105	67%
Jul-19	7,661		5,461	72%		5,090	67%
Aug-19	7,921		5,556	70%		5,240	66%
Sep-19	8,036		5,573	69%		5,323	66%
Oct-19	7,699		5,527	72%		5,116	66%
Nov-19	7,707		5,573	72%		5,136	67%
Dec-19	7,711		5,562	72%		5,159	67%
Jan-20	7,685		5,636	73%		5,116	67%
Feb-20	7,680		5,656	74%		7,736	66%
Mar-20	7,736		5,641	73%		5,032	65%

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-19	7,973	393	384
May-19	7,927	357	366
Jun-19	8,033	327	341
Jul-19	7,987	381	264
Aug-19	8,040	357	556
Sep-19	8,003	322	500
Oct-19	8,001	333	426
Nov-19	7,844	294	384
Dec-19	7,690	283	322
Jan-20	7,227	323	419
Feb-20	6,760	329	215
Mar-20	6,768	292	140

## Total Uncompensated Care – Charity Care and Uninsured

For the nine (9) months ended March 31, 2020, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	25,250	10,042	35,292
Encounters	71,584	24,493	96,077
Cost	$ 21,943,184	$ 19,295,149	$ 41,238,333

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

Number of Unique Patients Sent to Collections

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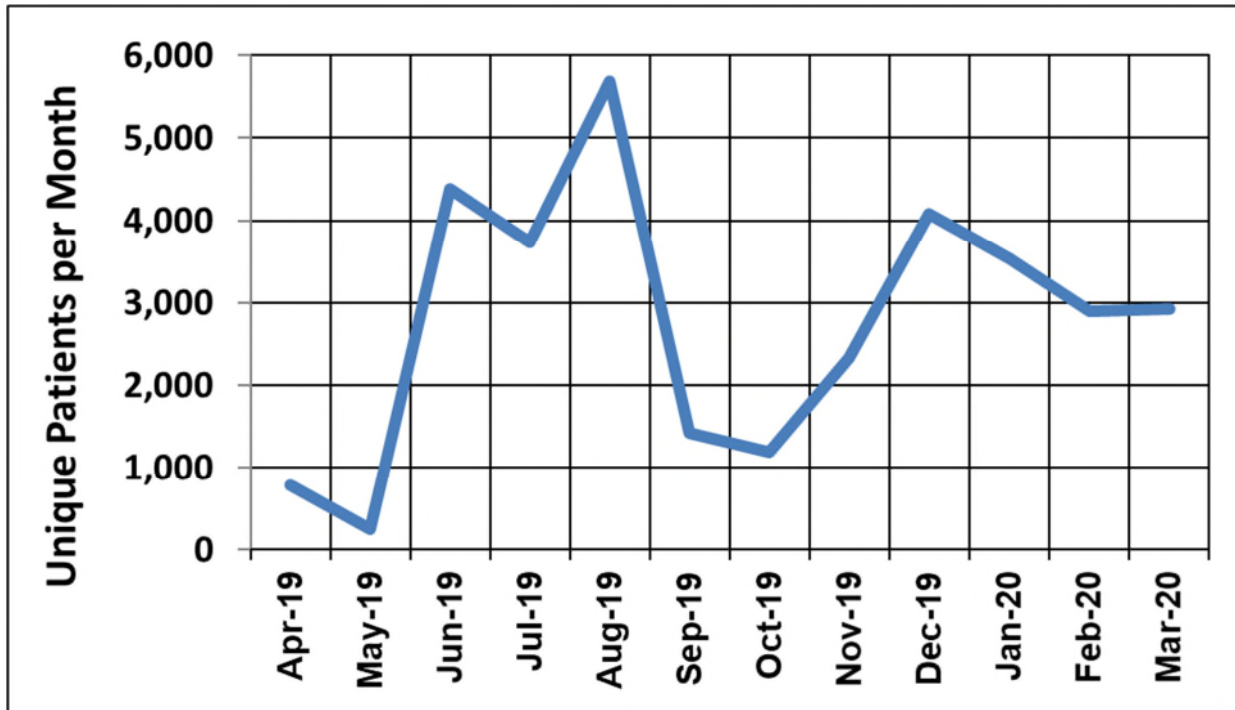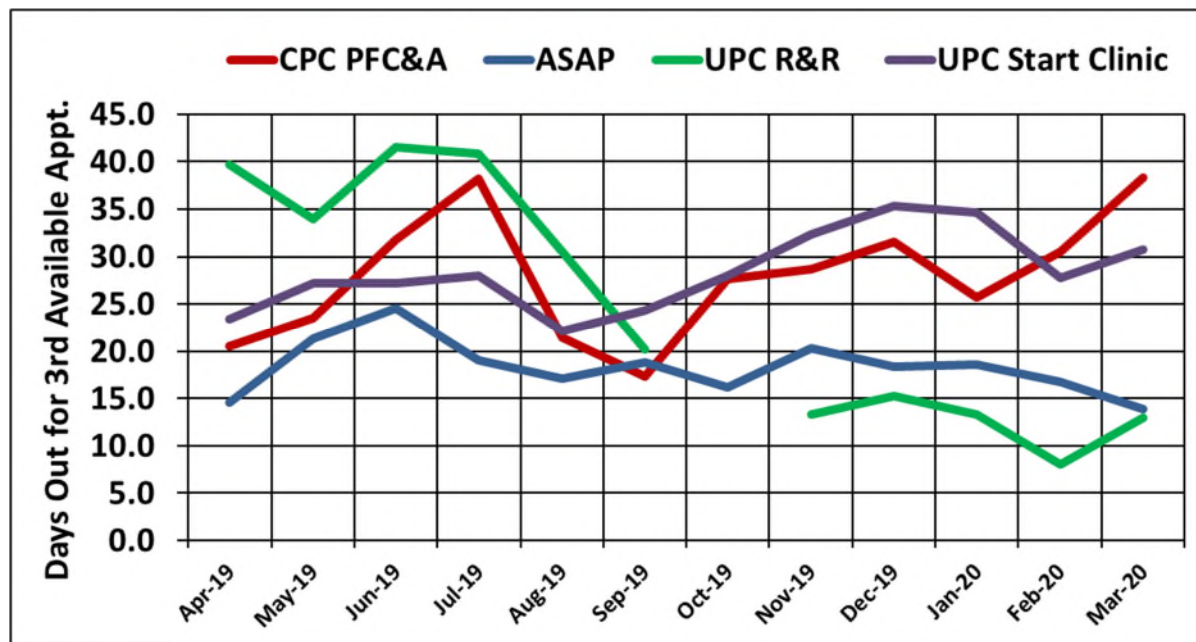

Days Out For Scheduling Financial Assistance Appointment

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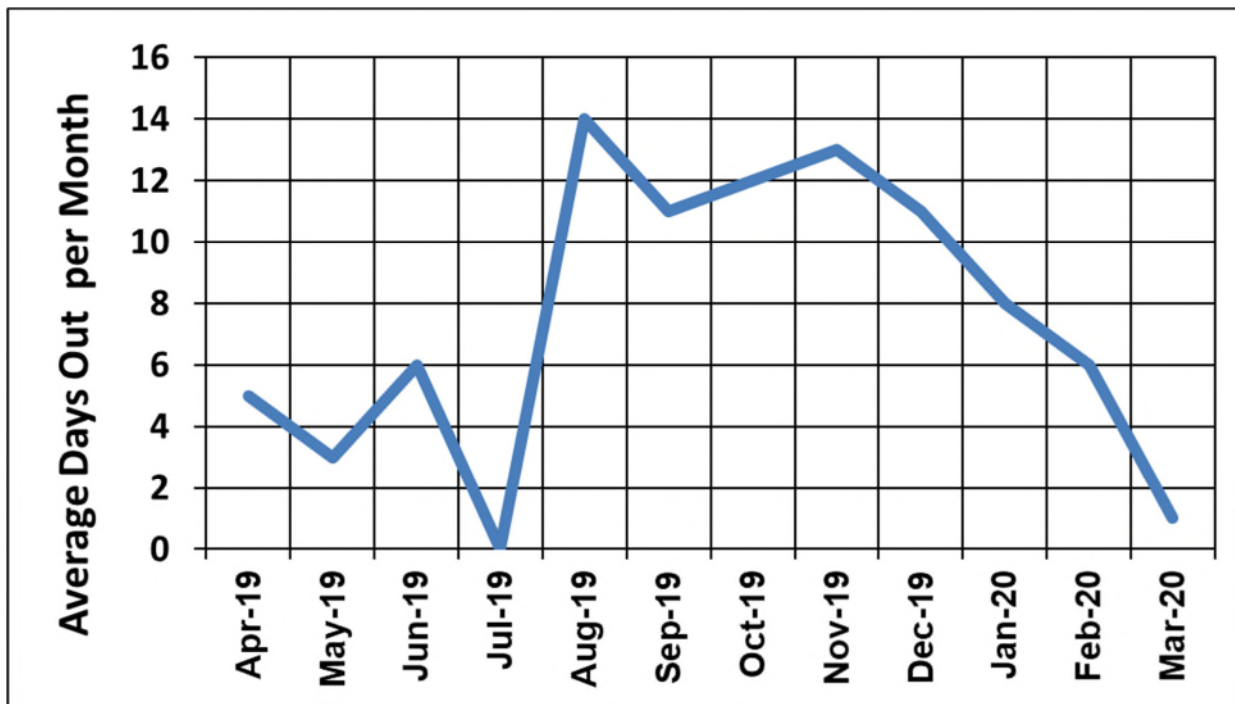
D. BEHAVIORAL HEALTH

Average Appointment Time for BH Outpatient Services

Month	CPC PFC&A	ASAP	UPC R&R	UPC Start Clinic
Apr-19	20.5	14.6	39.7	23.4
May-19	23.5	21.3	34.0	27.2
Jun-19	31.8	24.6	41.5	27.2
Jul-19	38.2	19.1	40.8	28.0
Aug-19	21.4	17.1	30.5	22.1
Sep-19	17.3	18.8	20.2	24.3
Oct-19	27.6	16.2		28.0
Nov-19	28.7	20.3	13.3	32.3
Dec-19	31.6	18.4	15.3	35.3
Jan-20	25.7	18.6	13.3	34.6
Feb-20	30.5	16.7	8.0	27.8
Mar-20	38.3	13.9	13.0	30.8

Definitions For Above Acronyms

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

BH Specialty Care Outpatient Appointment Disposition

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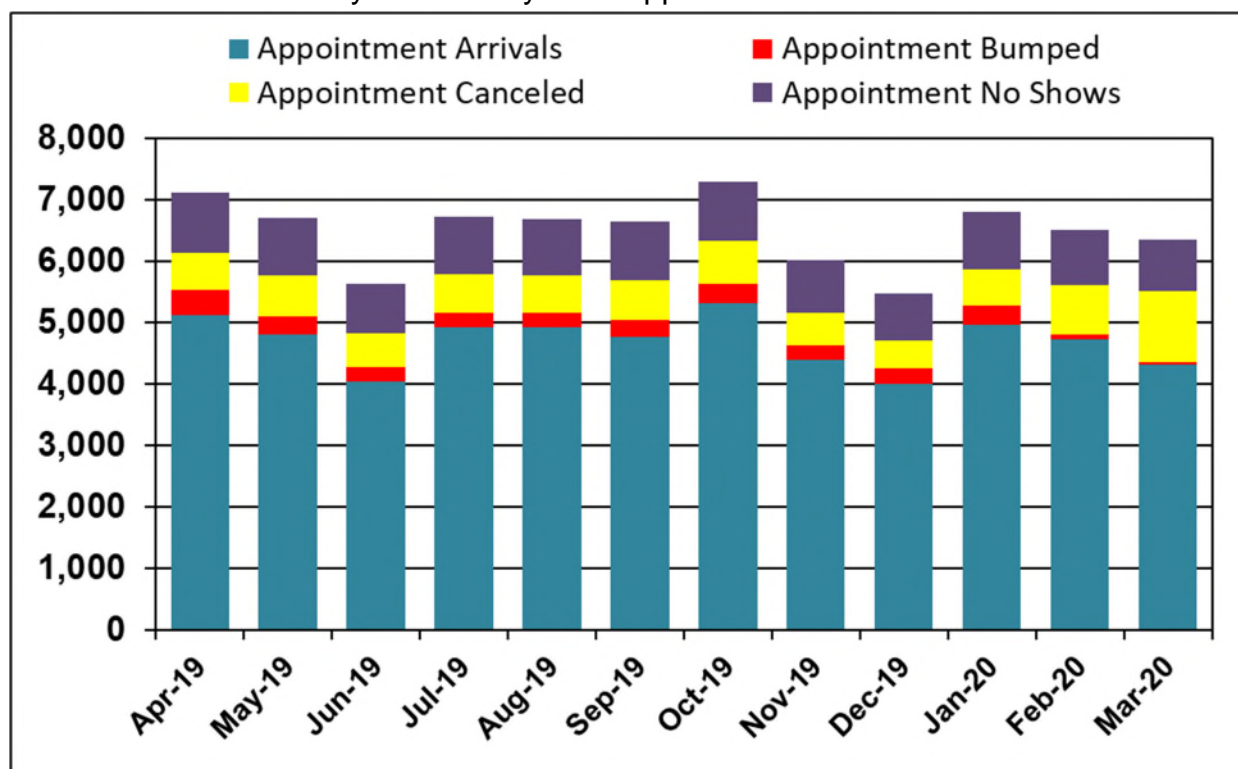

Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-19	5,114	417	609	979
May-19	4,802	300	665	941
Jun-19	4,049	222	547	817
Jul-19	4,913	252	615	938
Aug-19	4,922	235	606	918
Sep-19	4,771	262	646	968
Oct-19	5,322	300	701	967
Nov-19	4,387	244	532	860
Dec-19	4,008	242	457	755
Jan-20	4,953	315	590	943
Feb-20	4,719	76	807	903
Mar-20	4,313	34	1,166	848

Number of Unique Outpatients and Number of Encounters CY2018

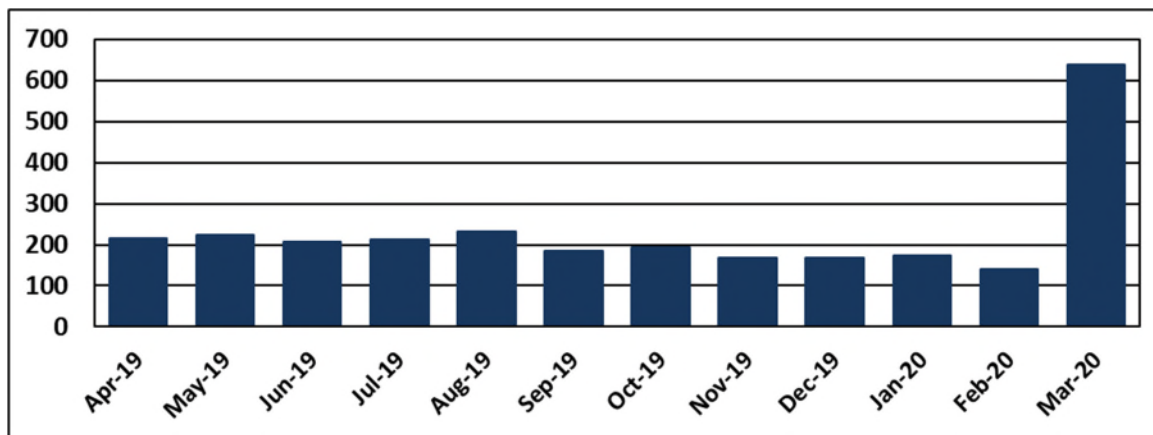| Patient Group	Patients Served	Total Encounters
BH UPC Outpatient	13,439	48,524
BH CPC Outpatient	3,920	13,516

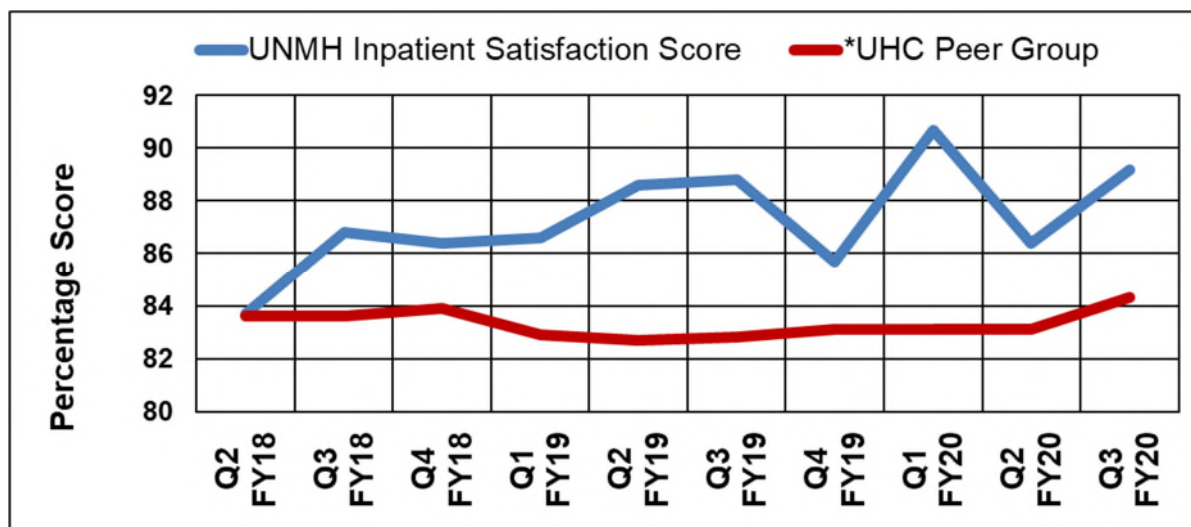## Number of Psychiatric Emergency Department and Urgent Care Encounters
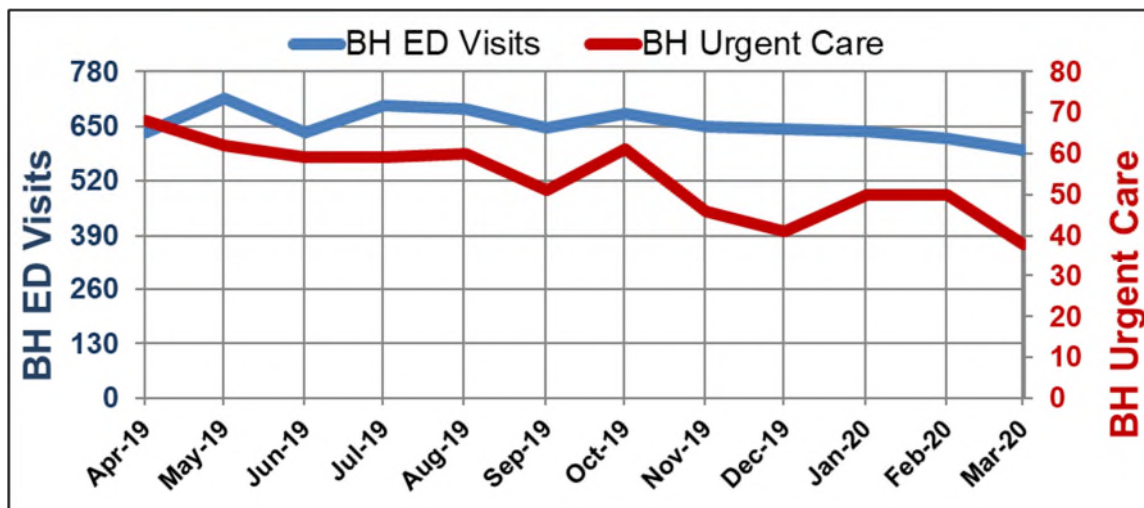
Number of Fast Track Patients Seen
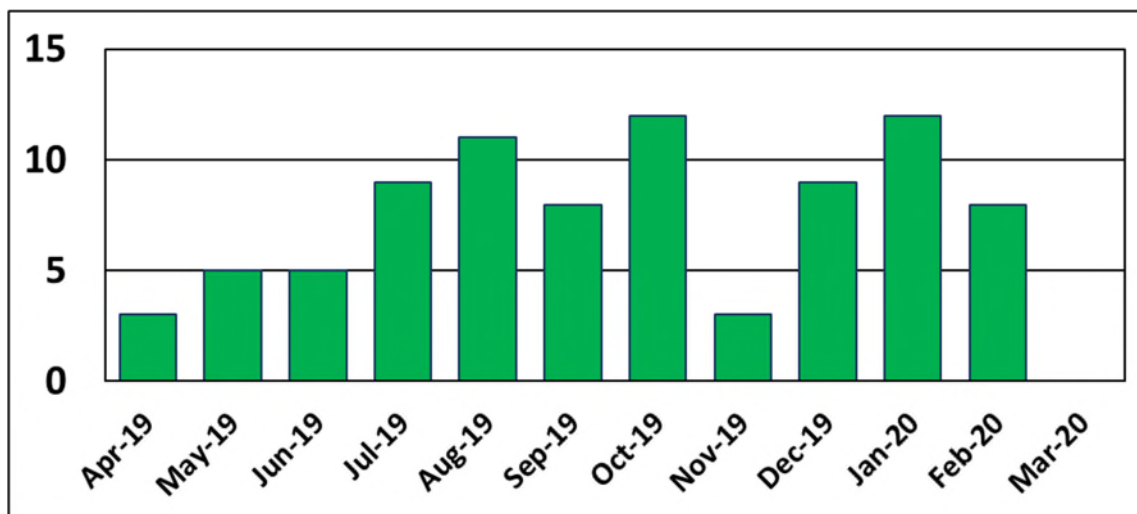
Law Enforcement Drop offs at Psychiatric Emergency Services

Press Ganey Behavioral Health Inpatient Satisfaction Score

Quarter	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
UNMH Inpatient Satisfaction Score	83.7	86.8	86.4	86.6	88.6	88.8	85.7	90.7	86.4	89.2
*UHC Peer Group	83.6	83.6	83.9	82.9	82.7	82.8	83.1	83.1	83.1	84.3

Press Ganey Behavioral Health Outpatient Satisfaction Score
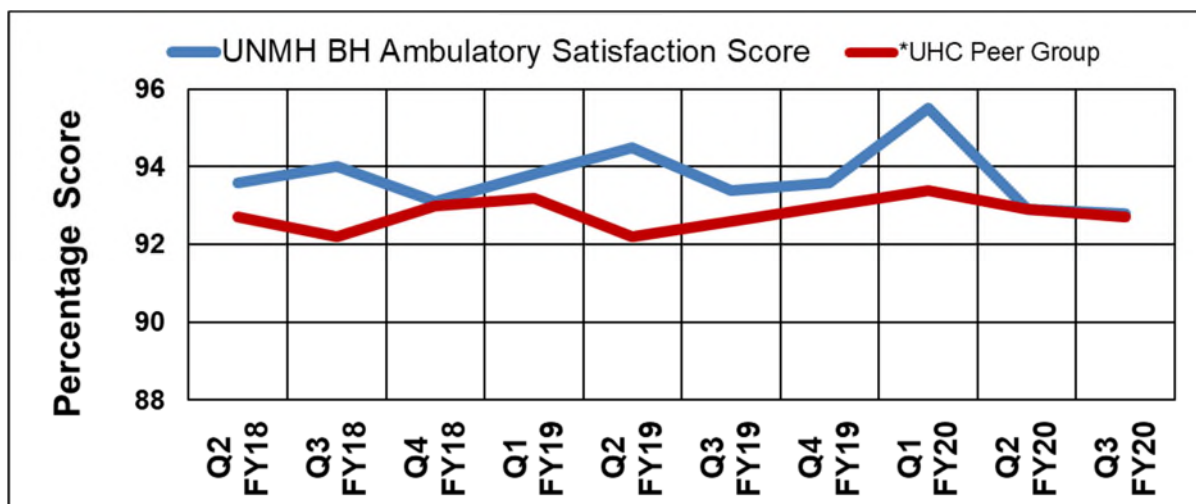
Quarter	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
UNMH BH Ambulatory Satisfaction Score	93.6	94.0	93.1	93.8	94.5	93.4	93.6	95.5	92.9	92.8
*UHC Peer Group	92.7	92.2	93.0	93.2	92.2	92.6	93.0	93.4	92.9	92.7

*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
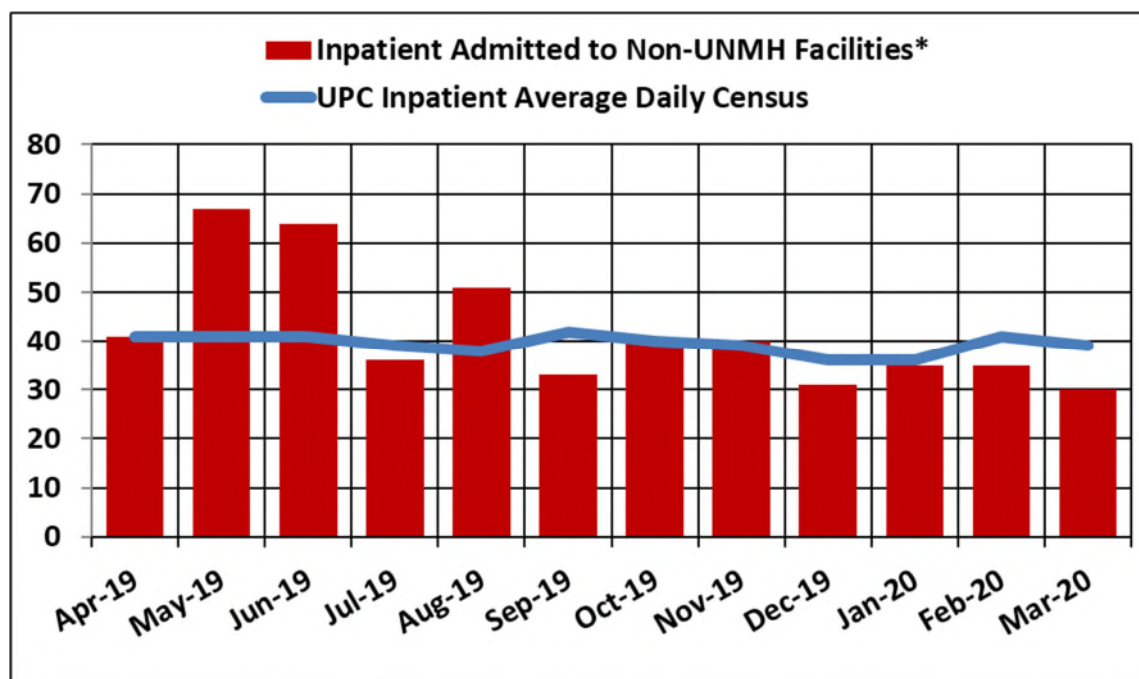
Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Apr-19	41	41
May-19	67	41
Jun-19	64	41
Jul-19	36	39
Aug-19	51	38
Sep-19	33	42
Oct-19	40	40
Nov-19	40	39
Dec-19	31	36
Jan-20	35	36
Feb-20	35	41
Mar-20	30	39

*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
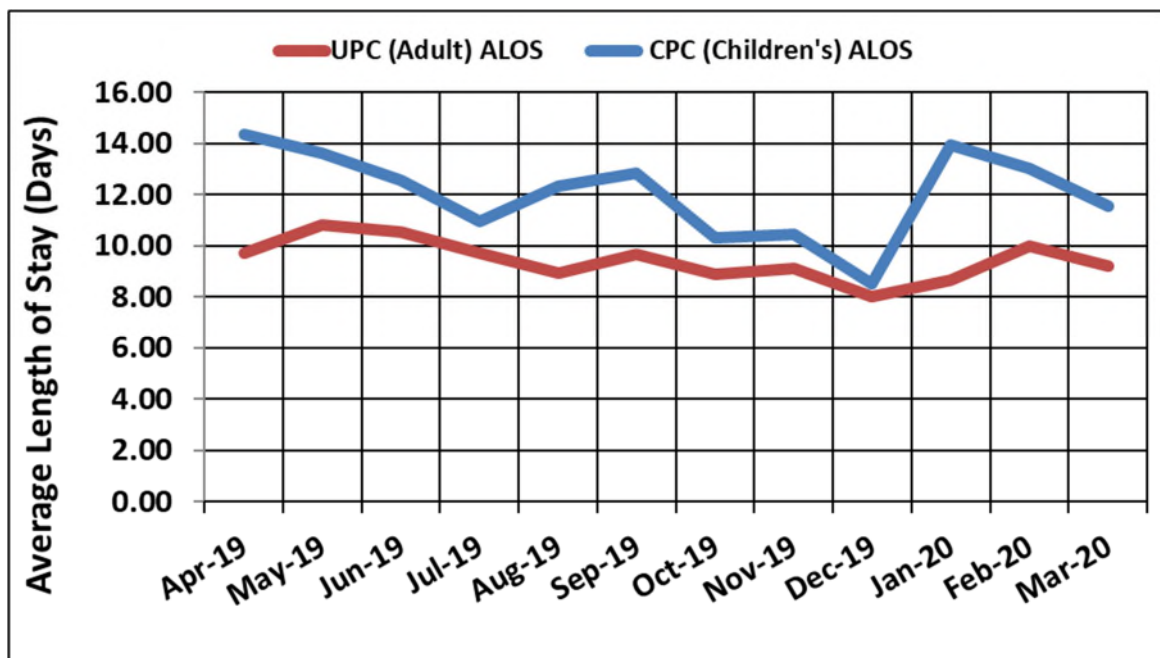
Children's Psychiatric Center (CPC)   Average Child National Benchmark: **7.12**
University Psychiatric Center (UPC)   Average Adult National Benchmark: **10.18**

Number of BH Adult and Child/Adolescent Inpatient Days
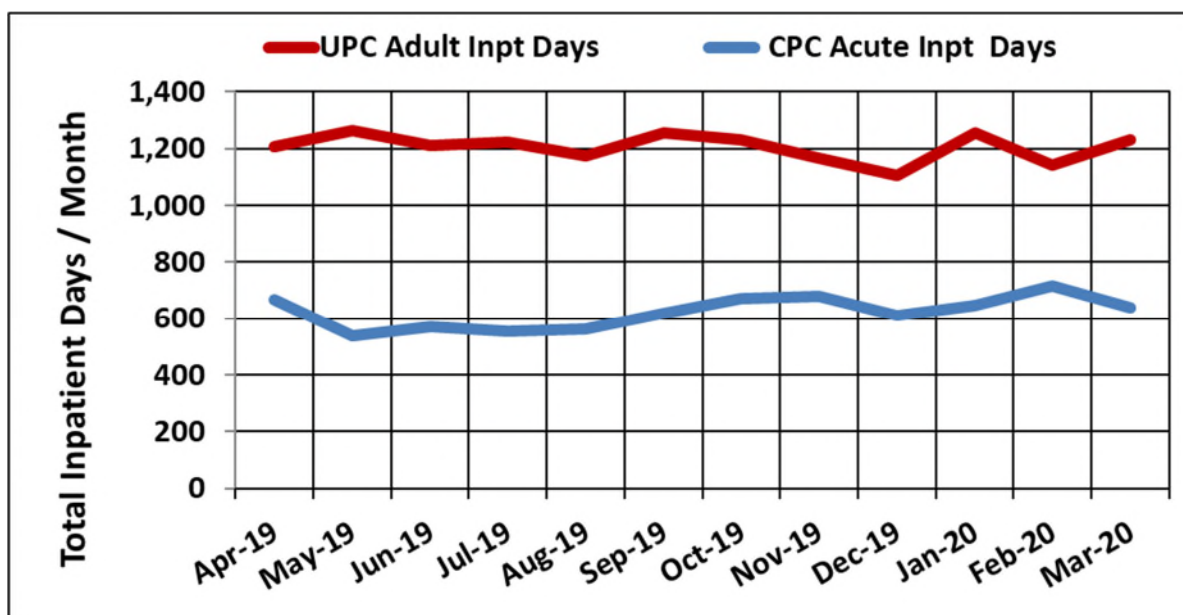
Number of Unique Inpatients and Number of Encounters CY2018

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

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2017	11,415
FY2018	12,784
FY2019	11,702
FY2020*	11,036

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

Total Opioid Patients

Month	Census
Apr-19	606
May-19	597
Jun-19	595
Jul-19	595
Aug-19	598
Sep-19	602
Oct-19	604
Nov-19	602
Dec-19	597
Jan-20	594
Feb-20	600
Mar-20	610

Total Methadone Encounters

Month	Count
Apr-19	5,873
May-19	6,003
Jun-19	5,624
Jul-19	6,124
Aug-19	6,055
Sep-19	5,486
Oct-19	5,690
Nov-19	5,209
Dec-19	5,168
Jan-20	5,587
Feb-20	5,331
Mar-20	4,039

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Apr-19	707	24,461	13,194
May-19	693	24,280	11,943
Jun-19	672	24,470	12,940
Jul-19	707	24,639	12,076
Aug-19	647	22,914	14,408
Sep-19	639	22,499	13,092
Oct-19	724	25,513	13,169
Nov-19	669	22,676	13,361
Dec-19	681	24,078	12,898
Jan-20	746	24,633	13,268
Feb-20	653	22,754	10,996
Mar-20	707	37,880	10,886

Total Suboxone Encounters

Month	Count
Apr-19	305
May-19	328
Jun-19	276
Jul-19	255
Aug-19	214
Sep-19	271
Oct-19	287
Nov-19	235
Dec-19	199
Jan-20	234
Feb-20	249
Mar-20	171

*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.
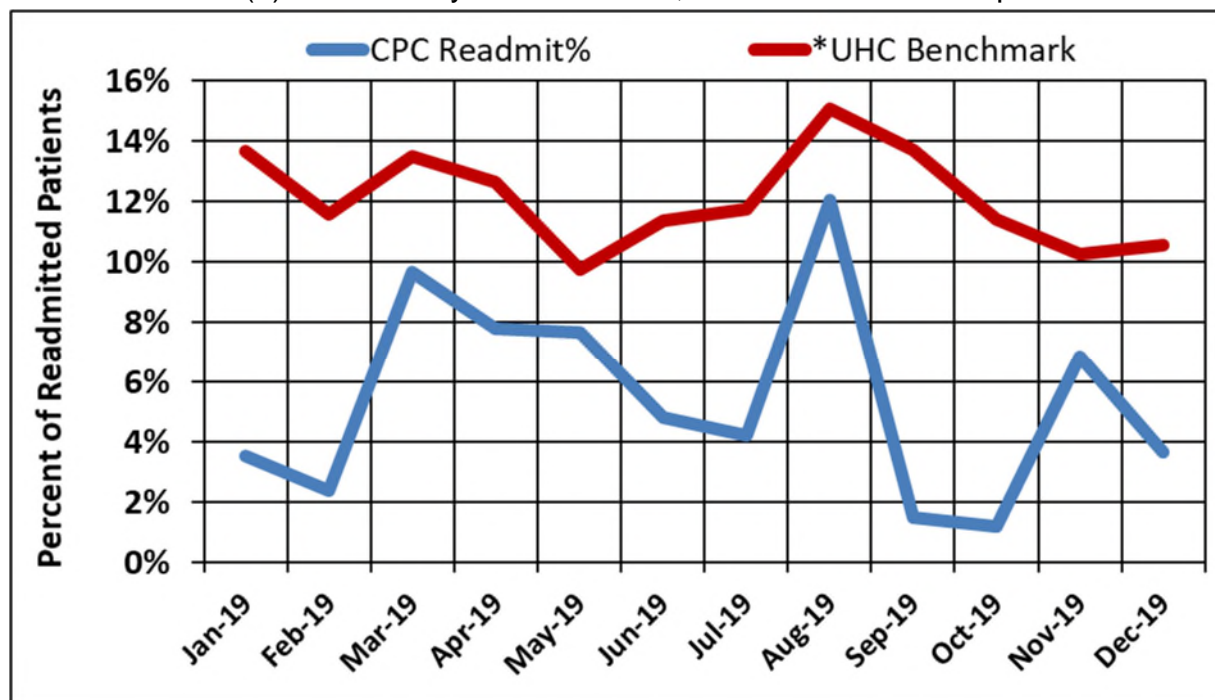
Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-19	85	3	3.5%	13.7%
Feb-19	83	2	2.4%	11.6%
Mar-19	62	6	9.7%	13.5%
Apr-19	64	5	7.8%	12.7%
May-19	65	5	7.7%	9.7%
Jun-19	62	3	4.8%	11.4%
Jul-19	71	3	4.2%	11.8%
Aug-19	58	7	12.1%	15.1%
Sep-19	67	1	1.5%	13.7%
Oct-19	84	1	1.2%	11.4%
Nov-19	73	5	6.9%	10.3%
Dec-19	82	3	3.7%	10.6%

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

30 Day Readmission Rate – Adult Psychiatric Center

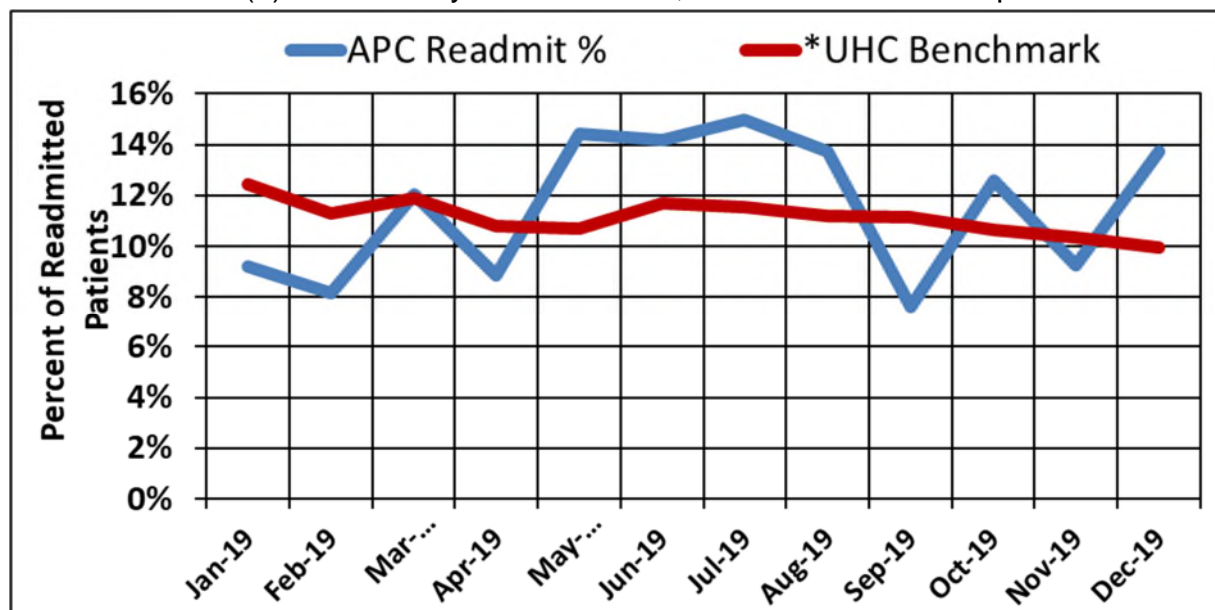There is a three (3) month delay in Vizient data, so statistics are one quarter behind.

Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-19	141	13	9.2%	12.4%
Feb-19	135	11	8.1%	11.3%
Mar-19	158	19	12.0%	11.9%
Apr-19	124	11	8.9%	10.8%
May-19	118	17	14.4%	10.7%
Jun-19	113	16	14.2%	11.7%
Jul-19	127	19	15.0%	11.5%
Aug-19	131	18	13.7%	11.2%
Sep-19	131	10	7.6%	11.1%
Oct-19	135	17	12.6%	10.7%
Nov-19	119	11	9.2%	10.3%
Dec-19	124	17	13.7%	9.9%

*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.
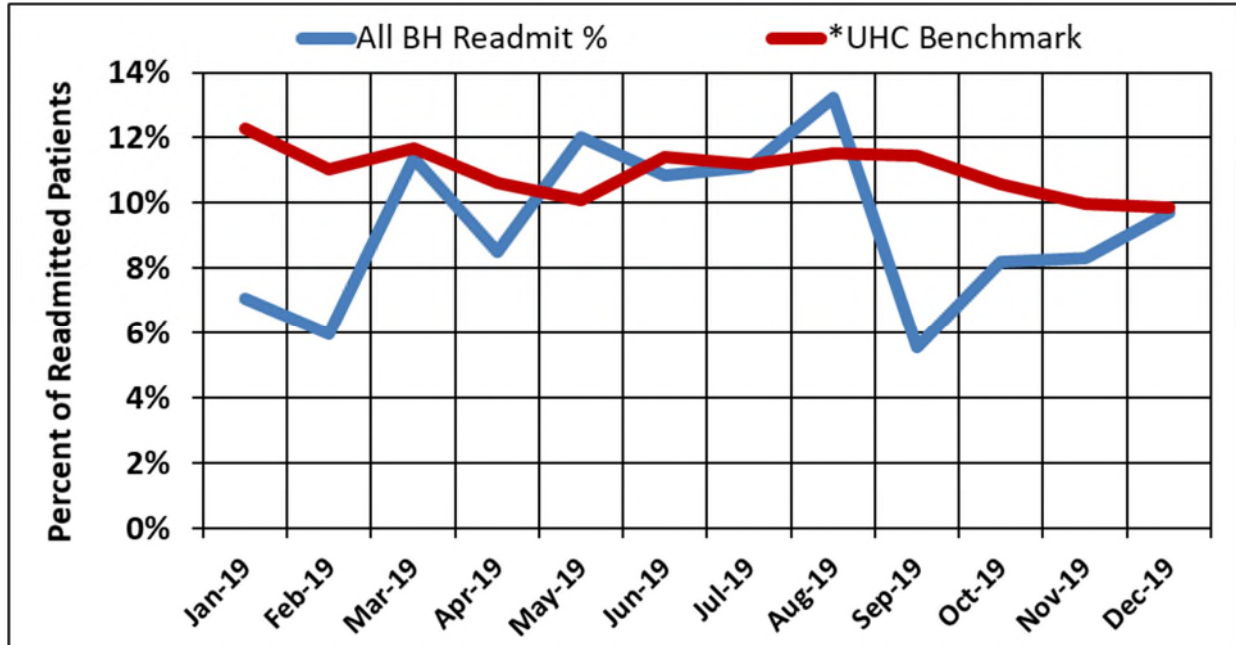

Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-19	226	16	7.1%	12.3%
Feb-19	218	13	6.0%	11.0%
Mar-19	220	25	11.4%	11.7%
Apr-19	188	16	8.5%	10.6%
May-19	183	22	12.0%	10.1%
Jun-19	175	19	10.9%	11.4%
Jul-19	198	22	11.1%	11.2%
Aug-19	189	25	13.2%	11.5%
Sep-19	198	11	5.6%	11.4%
Oct-19	219	18	8.2%	10.6%
Nov-19	192	16	8.3%	10.0%
Dec-19	206	20	9.7%	9.9%

*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

FY2019 BHO Mill Levy Operating Expense by Category (Audited)
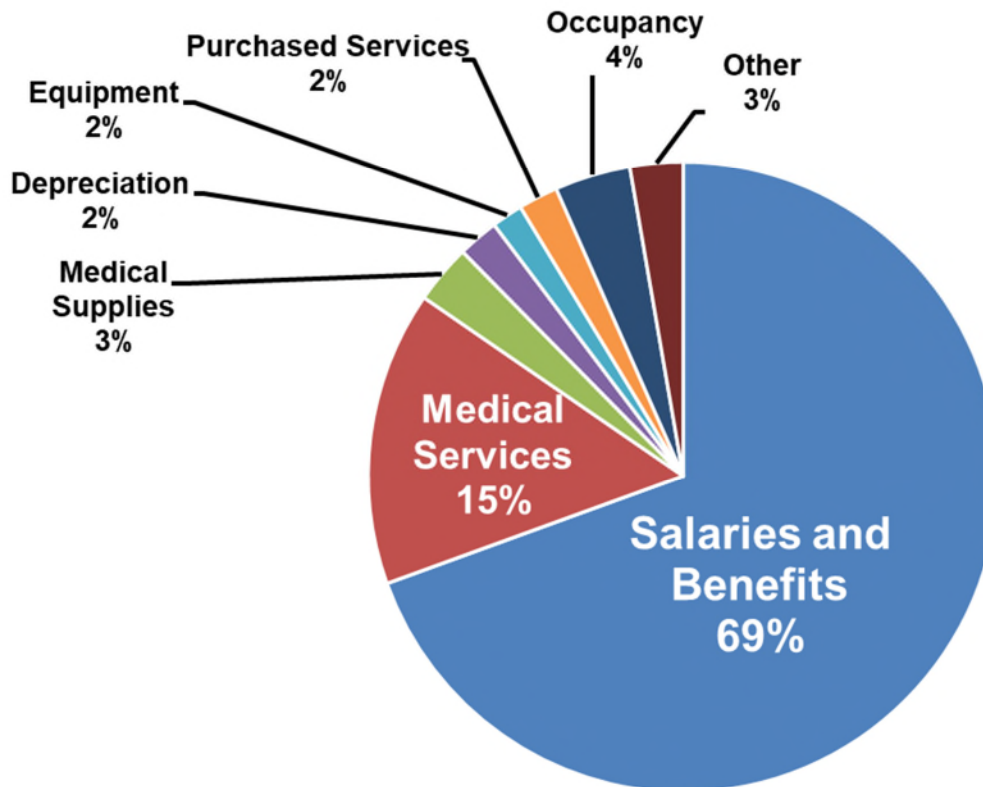
	Audited
Salaries and Benefits	$ 11,016,658
Medical Services	2,400,497
Medical Supplies	481,451
Depreciation	332,448
Equipment	254,645
Purchased Services	322,576
Occupancy	616,657
Other	431,506
Total Expense	**$ 15,856,438**

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

E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits

Native American Outpatient and ED Visits
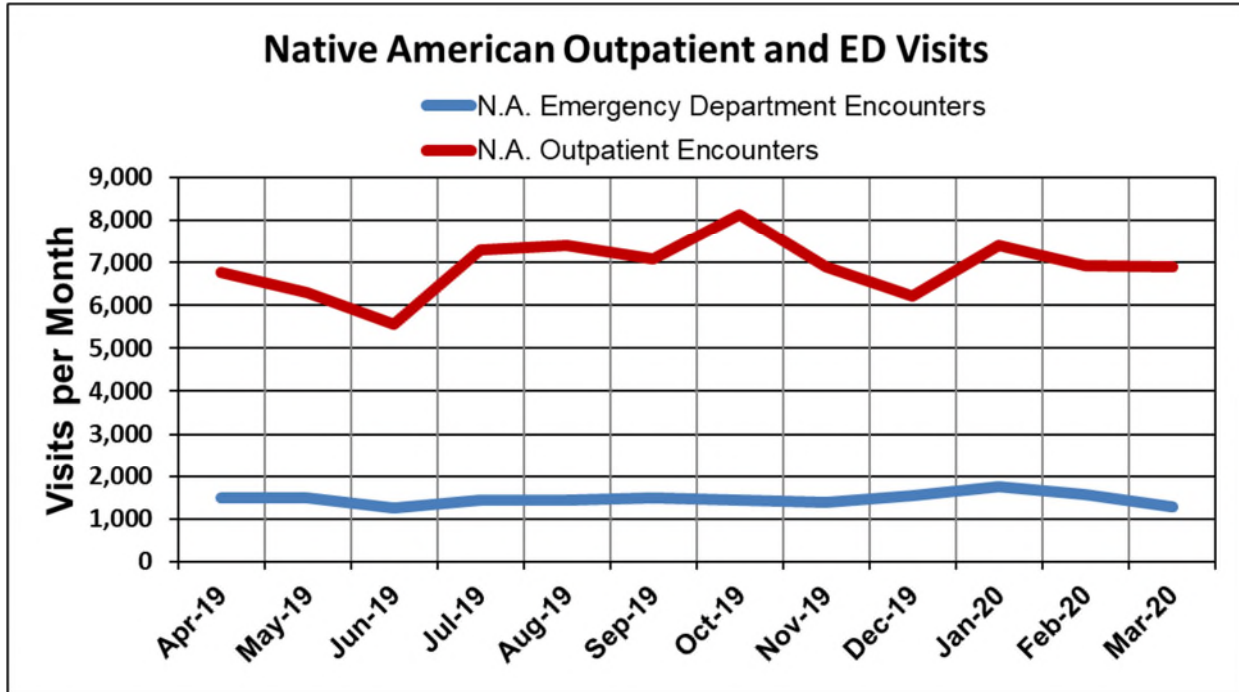
Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Apr-19	28	1,487	6,770
May-19	28	1,501	6,302
Jun-19	23	1,265	5,565
Jul-19	22	1,447	7,288
Aug-19	24	1,442	7,390
Sep-19	21	1,480	7,085
Oct-19	25	1,436	8,140
Nov-19	19	1,388	6,898
Dec-19	18	1,536	6,223
Jan-20	14	1,742	7,393
Feb-20	17	1,580	6,937
Mar-20	16	1,288	6,886

Native American Bed Days and Monthly Inpatient Census
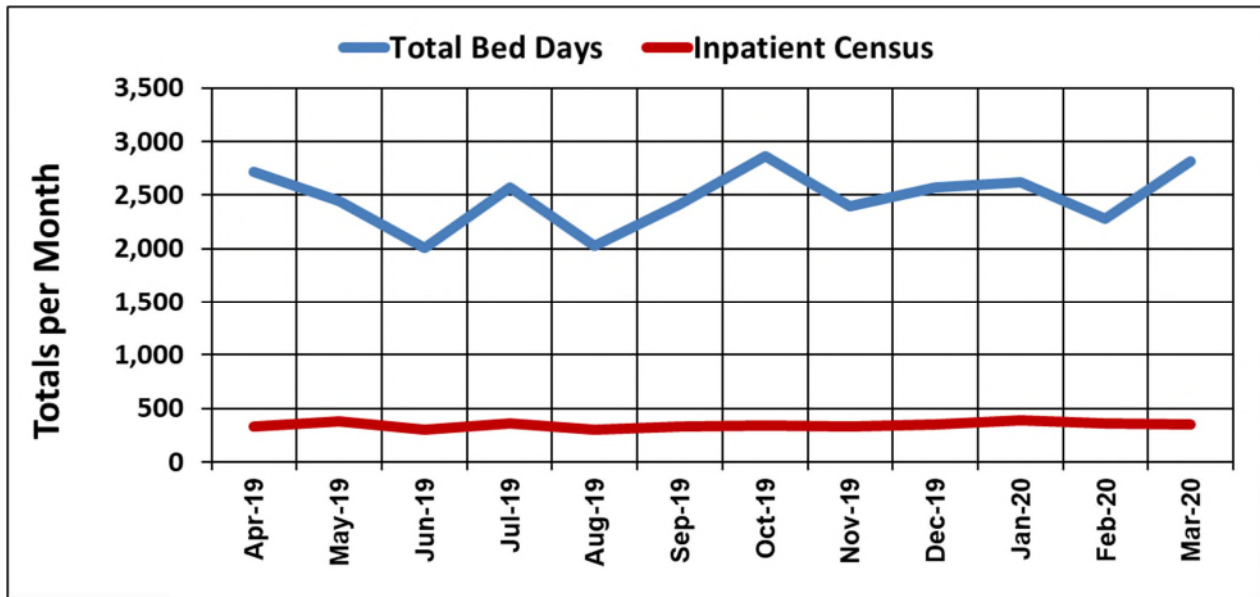
Month	Inpatient Admissions (Census)	Total Bed Days
Apr-19	333	2,714
May-19	383	2,440
Jun-19	297	2,004
Jul-19	357	2,569
Aug-19	306	2,027
Sep-19	331	2,419
Oct-19	341	2,866
Nov-19	330	2,394
Dec-19	349	2,573
Jan-20	391	2,616
Feb-20	364	2,278
Mar-20	353	2,813

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.
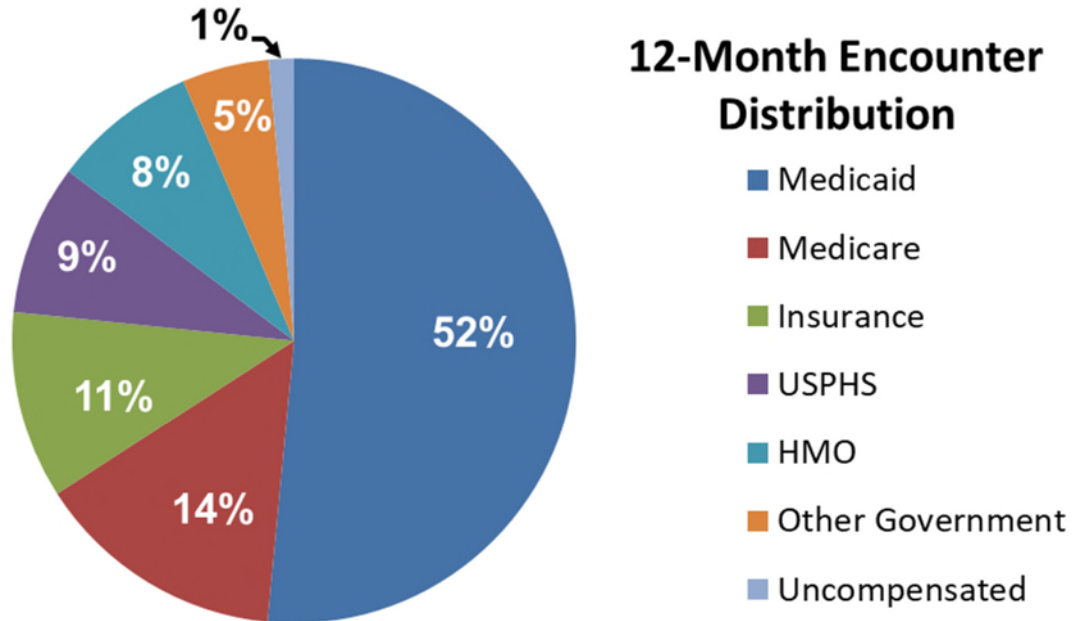
Month	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Apr-19	4,322	1,224	918	799	708	420	127
May-19	4,175	1,129	815	738	686	427	138
Jun-19	3,543	1,068	737	660	636	356	112
Jul-19	4,751	1,298	972	805	766	523	125
Aug-19	4,821	1,312	1,002	718	770	464	130
Sep-19	4,556	1,271	1,011	737	740	486	118
Oct-19	4,943	1,397	1,085	840	853	455	143
Nov-19	4,460	1,261	933	741	697	443	97
Dec-19	4,231	1,181	896	676	632	446	109
Jan-20	5,034	1,360	1,080	783	802	423	138
Feb-20	4,714	1,333	930	801	744	414	130
Mar-20	4,473	1,233	890	757	685	364	149
TOTAL	54,023	15,067	11,269	9,055	8,719	5,221	1,516
	52%	14%	11%	9%	8%	5%	1%

APPENDIX A

MOU Exhibit A Progress Updates

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

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

Exhibit A – Reporting

Action Item	Implementation Status	
UNMH will report on a quarterly basis to the County Commission on the items identified in Exhibit B along with national benchmarks	Reporting required in the first two years is being collected and reported in the Bernalillo County Quarterly Report.	🟩
UNMH will establish mechanisms for public input on Board Committees including representation from the County and IHS consistent with existing Bylaws	Community Engagement and Native American Services Committee of UNMH Board.	🟨
UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives	Planning underway with Community Health Needs Assessment in 2019. UNMH-County-I.H.S. quarterly meeting. Semi-annual goals planning underway with I.H.S. and Bernalillo Cty	🟩
Enable the County and the IHS to have input to and comment on the goals for the upcoming year for each area outlined in Exhibit A	Bernalillo County, IHS and UNMH established Semi-Annual goals outlined in Exhibit C.	🟩
UNMH will cooperate with the County's Behavioral Health Initiatives regarding evaluation of needed programs	UNMH is significantly involved in the planning for Behavioral Health Initiatives.	🟩
UNMH will obtain meaningful input to the UNMH Budget from Bernalillo County and IHS prior to the UNMH budget being adopted by the Hospital Board.	UNMH Currently holds periodic budget meetings with County Commissioners and quarterly meetings with IHS.	🟩

Exhibit A - Accountability and Transparency

Action Item	Implementation Status	
UNMH will report on National Patient Safety Goals with Benchmark data.	This information is included in the Bernalillo County Quarterly Report.	
UNMH will provide reports on its financial audits to the County Manager and IHS, and shall participate in meetings as reasonably requested to discuss the information	Audits are provided to Bernalillo County and IHS.	
UNMH will provide financial information to the County Commission and IHS as to the expenditure of Mil Levy funding by UNMH department.	Expenditures of Mill Levy funding by UNMH department have been provided to the County Commission and to HIS.	
UNMH will provide additional financial information as reasonably requested by the County Manager or IHS.	Ongoing per discussion topics.	
UNMH will work with the County and IHS to update and change data reporting as requested on a frequency of not greater than semi-annually.	No new requests received.	
UNMH will publish the data reported to Bernalillo County on its public website unless prohibited by law.	Bernalillo County Report Financial Information, and Financial Audits are available on the UNMH website.	
UNMH will collect all Grievances regarding the patient payment polices and financial assistance programs and will report that information to the County and IHS on a quarterly basis.	Grievance information has been added to the quarterly report.	

Exhibit A – Primary Care

Action Item	Implementation Status	
UNMH will access its current primary care network with the intent to attempt to increase its number of primary care facilities by one per year over the next 4 years	UNMH is actively working with Community partners on primary care capacity needs and increasing primary care access.	■
UNMH will inform the County and IHS prior to any material change to coordinated care delivery programs with other community providers. UNMH will work to provide space to NM Department of Health Clinics at future UNMH Clinical sites.	There currently is not a material change in status of community provider relationships. Medicaid systems changes could impact. No current plans related to UNMH clinic sites.	■
UNMH will encourage and assist Bernalillo County Residents and Native Americans to access healthcare coverage	Ongoing outreach and education through community meetings and other forums.	■
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. Main ED solution being determined.	■
UNMH will explore the use of Telemedicine Consultation between UNM HSC and the MDC	UNMH currently working with MDC and Centurion.	■
UNMH shall provide increased funding to recruit two physician specialists in areas most needed by Native Americans.	Eight priority areas identified; recruited specialists in Dermatology, Neurology. Pending: Peds Gastroenterology and Neurosurgery.	■
UNMH will consult with the County, Albuquerque Public Schools and any tribal schools in Bernalillo County on the provision of medical and behavioral health for school based clinics. UNMH may collaborate with UNMMG or other providers as needed.	Initial discussion with Bernalillo County on current school based conversations and how to incorporate this.	■

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 updated in October 2017.	
UNMH's financial assistance program will offer financial assistance to medically necessary care for low income patients at UNMH facilities	UNMH Financial Assistance and other programs continue in place.	
UNMH will endeavor to assure that any fees, down payments, or co-payments for medically necessary care will be reasonably related to income.	Financial Policy Revisions in October 2017. UNMH continues to work to assure down payment and co-payment policies are related to income.	
UNMH will establish patient payment policies for low income patients who are not financial assistance-eligible that do not create a material barrier to such patients' access to medically necessary care.	Self Pay Discount Policy approved in October 2017 and clarified payment obligations of patients not qualifying for financial assistance.	
Patients with income levels that do not meet the requirements for financial assistance or other programs will be given the opportunity to establish re-payment plans which are reasonably related to income.	Patients have the opportunity to create repayment plans with Patient Financial Services.	
UNMH will make reasonable efforts to notify patients with outstanding bills of their right to seek financial assistance or to establish payment plans	Patient bills have information incorporated in them on how to contact financial assistance. Patients also receive other notifications at the time of services.	

Exhibit A – Financial Services

Action Item	Implementation Status	
UNMH will subject to CMS regulations assure that no indigent patient is sent to collections.	Implemented with 2015 policy change. UNMH is actively monitoring.	🟨
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 has started providing staffing to the RRC and MDC.	🟩

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.	🟩
UNMH will evaluate the expansion of Behavioral Health services within its own operation and with other community providers	Process is ongoing. Health Home Model. Living Room. Provider Capacity Challenge.	🟨
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 as part of broader School Based conversation.	🟨
UNMH will evaluate the possible provision of expanding existing BH services or new programs in a wide range of service categories.	UNMH continues to evaluate service expansion within provider availability.	🟨
UNMH will evaluate data sharing with the County for analyzing outcome data for behavioral health patients and to track utilization of behavioral health patients across programs consistent with State and Federal law.	Legal issues created by New Mexico Mental Health code limit providing identifiable information.	🟥

APPENDIX B

UNM Hospital Semi-Annual Report on the Status of Deliverables

Period Ended September 30, 2019
UNM Lease MOU with Bernalillo County Exhibit C

The following semi-annual goals are prepared in response to Exhibit A, item A4 that enables Bernalillo County and the Indian Health Services to have input and to comment on the semi-annual goals for each section of Exhibit A.

Exhibit A Reporting Area - Reporting and Interaction

Semi- Annual Focus Areas March 2019-September 2019	Status Update
A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.	UNMH has established a Community Engagement Committee of the Board of Trustees. A regular agenda item will be established for community input on planning and operational issues with notification to stakeholder groups. UNMH is collaborating with Bernalillo County to host public input forms in order to complete a community health needs assessment to identify areas of focus for clinical service development.
A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.	UNMH and Bernalillo County have established a small working group with representatives from the three organizations to meet quarterly around programmatic public and community health initiatives.
A.6 UNMH will establish procedures related to it budget development, which will allow meaningful input into the budget by the County and IHS.	As part of the FY20 budget planning process UNMH will conduct two budget review meetings with Bernalillo County to obtain comment and input from the county. UNMH has a separate process with IHS including quarterly contract compliance meeting in which to obtain budgetary input.

Exhibit A Reporting Area - Accountability and Transparency

Semi- Annual Focus Areas March 2019-September 2019	Status Update
B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.	UNMH produces the Bernalillo County Quarterly Report outlining patient safety, quality, operational and financial data with corresponding benchmark data where available. The report is provided to Bernalillo County and is publicly posted on the UNMH Internet site.
B.4 UNMH will provide financial information to the County Commission and IHS as to the expenditure of mill levy finding by UNMH Departments.	UNMH has provided draft methodologies on mill levy expenditures by department to Bernalillo County to review. UNMH provides Financial information in the Bernalillo County Quarterly Report and in annual audited financial statements.
B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.	UNMH currently published financial, quality and operational data on the UNMH intranet site including the Bernalillo County Quarterly Report, Audited Financial Statements, as well as other monthly financial and operational reporting.

Exhibit A Reporting Area - Primary Care

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

Exhibit A Reporting Area - Native American Care

Semi- Annual Focus Areas March 2019-September 2019	Status Update
E1. UNMH in collaboration with the IHS, the All Pueblo Council of Governors and the county shall develop a written methodology acceptable to the parties on the 100 bed Native American patients' provision in the Federal Contract.	UNMH in conjunction with the All Pueblo Council of Governors and with review by IHS has developed an operational guideline for addressing access issues for Native American patients under the requirements of the Federal Contract.
E.4 UNMH will consult with the IHS to review compliance with Federal Contract and for the provision of additional services, the quality of care for Native Americans, and priorities for additional services.	UNMH has ongoing quarterly operational meetings with IHS to discuss compliance with the Federal Contract and operational issues affecting Native Americans. UNMH also participates in Semi-annual Consultations with IHS and the APGC.
E.5 UNMH will evaluate the opportunity to sustain and improve healthcare services available to Native Americans.	UNMH meets with the IHS quarterly to review utilization and access data for Native American patients and to discuss opportunities for improved performance. Native American healthcare will be specifically addressed as part of the Community Health Needs Assessment.

Exhibit A Reporting Area - Behavioral Health Services

Semi- Annual Focus Areas March 2019-September 2019	Status Update
F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.	UNMH is currently providing staffing for discharge planning activities for the MDC. This group focuses on identification of high needs patients with behavioral health issues. In addition, UNMH along with members of the Office of Community Health provide staffing to the Resource Re-entry Center operated by the County to connect returning patients to needed services including social service needs.
F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.	UNMH is currently working on expanded Behavioral Health programing within the UNMH infrastructure in the forms of health home implementation, Psychiatric Emergency Services, pediatric behavioral Health services and exploring other service line development. UNMH also is actively working with Bernalillo County on services to be developed on the MATS campus operated by the County.