



QUARTERLY REPORT September, 2022

Bernalillo County Commissioner Trend Report

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A. ACCOUNTABILITY

Balance Sheet

Statements of Net Position

(In Thousands)

	September 2022	unaudited June 2022
Assets		
Cash and marketable securities	\$ 172,007	\$ 249,530
Cash restricted by management for capital replacement	138,000	138,000
Cash restricted for donor specified expenses	20,233	19,808
Cash restricted for Medicare advance payment program***	-	15,597
Cash restricted by Mgmt for capital initiatives	24,726	1,447
Patient receivables, net	158,096	153,988
Other receivables and current assets	183,807	154,017
Capital initiatives receivable	66,000	96,000
Capital assets, net	489,450	450,242
Restricted for mortgage reserve, bonds	20,431	18,176
Other noncurrent assets	39,131	39,408
Total assets	1,311,881	1,336,213
Liabilities		
Accounts payable	77,782	80,080
Payable to related parties (UNM)	81,429	52,111
Interest payable bonds	699	70
Medicare advance payment program	-	15,597
Other accrued current liabilities	149,953	187,282
Bonds payable, non current	67,965	67,965
Mortgage Payable - NHT	72,784	51,689
Other long term liabilities	19,047	19,563
Total liabilities	469,659	474,357
Net Position		
Restricted for expendable grants, bequests, and contributions	20,233	19,808
Restricted by management for capital replacement	204,000	234,000
Restricted for trust indenture and debt agreement	20,431	18,176
Assets invested in capital	331,606	312,976
Unrestricted from operations	265,952	276,896
Total net assets	\$ 842,222	\$ 861,856
Current Ratio	1.72	1.77
Days Cash on Hand**	42.00	66.00

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

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

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

Income Statement

UNM HOSPITALS

Statements of Revenues, Expenses, and Changes in Net Assets
For the Three (3) months ended September 30, 2022

<i>(In Thousands)</i>	September
Operating revenues:	
Net Patient Service	\$ 316,663
Other	9,896
Total Operating Revenues	<u>326,559</u>
Operating expenses:	
Employee Compensation and Benefits	195,206
UNM School of Medicine Medical Services	45,607
Medical Services Oncology	4,635
Medical Services non-SOM	12,365
Medical Supplies	45,612
Oncology Drugs	14,431
Occupancy/Equipment	19,943
Depreciation	7,853
Purchased Services	18,299
Health System Expenses	4,622
Gross Receipts Tax	6,119
Other	4,333
Total Operating Expenses	<u>379,024</u>
Operating loss	<u>(52,465)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	29,282
State Appropriation	3,966
Interest Expense	(629)
Other Revenue and (Expense)	211
Net Nonoperating Revenues	<u>32,830</u>
Total Increase in Net Assets	<u><u>(19,635)</u></u>

Mill Levy Distribution Detail by Department FY2022

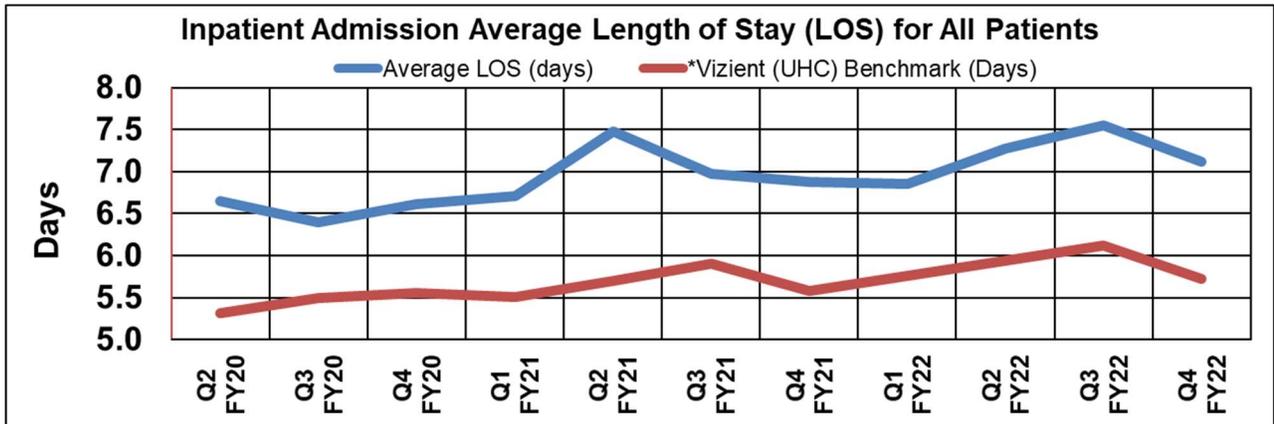
(Unaudited)

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

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

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

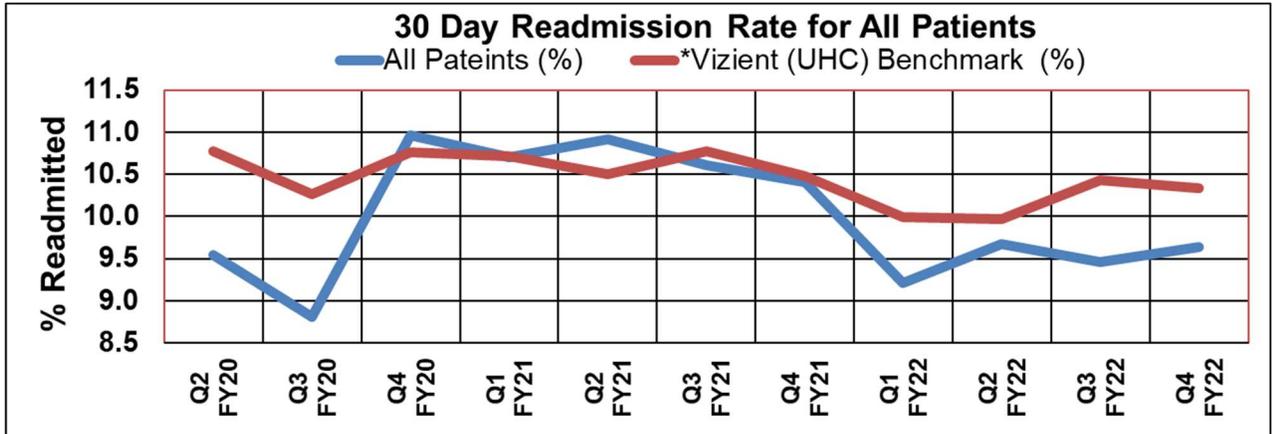
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22
Average LOS (days)	6.65	6.40	6.61	6.71	7.48	6.98	6.88	6.85	7.27	7.55	7.12
*Vizient (UHC) Benchmark (Days)	5.31	5.49	5.55	5.50	5.70	5.90	5.58	5.76	5.94	6.12	5.73

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

30 Day Readmission for All Patients

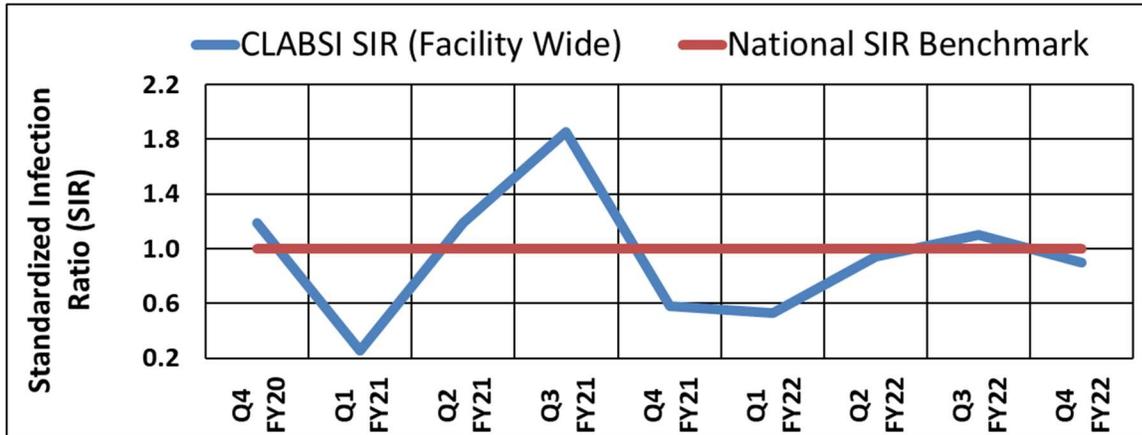


Fiscal Quarter	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22
All Patients (%)	9.54	8.80	10.97	10.70	10.92	10.61	10.41	9.22	9.67	9.46	9.64
*Vizient (UHC) Benchmark (%)	10.77	10.27	10.76	10.71	10.51	10.77	10.47	9.99	9.97	10.43	10.33

(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.

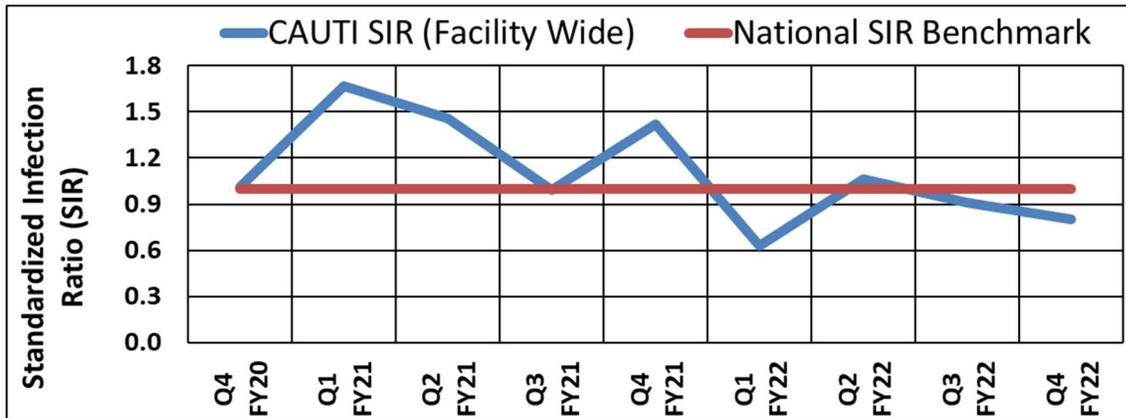
Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22
CLABSI SIR (Facility Wide)	1.19	0.26	1.19	1.85	0.58	0.53	0.94	1.10	0.90
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	12	3	10	23	7	6	11	13	10
*NHSN Expected	10.1	11.4	12.4	12.4	12.1	11.4	12.5	11.9	11.5

Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection



Catheter-Associated Urinary Tract Infection (CAUTI)	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22
CAUTI SIR (Facility Wide)	1.01	1.67	1.46	0.99	1.42	0.63	1.06	0.91	0.80
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CAUTI Count	12	22	23	14	19	9	17	14	12
*NHSN Expected	11.8	13.1	15.7	14.2	13.4	14.2	16.0	15.3	15.3

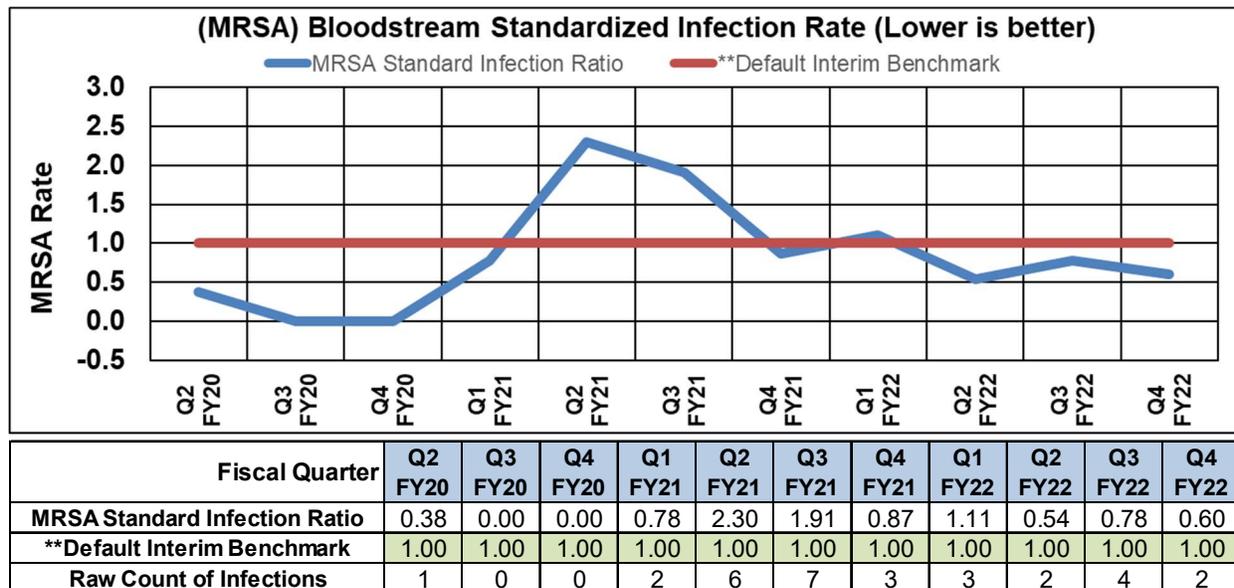
Catheter data is delayed by one quarter.

*NHSN = National Healthcare Safety Network.

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

MRSA Bloodstream Standardized Infection Rate

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



MRSA data is delayed by one quarter.

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

Total Number of Inpatient Days

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

FY23 Actual YTD is based on the three (3) months ended September 30, 2022.

FY23 Projected is based on the previous twelve (12) months ended September 30, 2022.

Inpatient Days	FY22 Actual	FY23 Actual YTD	FY23 Projected
Adult	142,655	34,282	141,406
Pediatric	42,313	9,657	41,893
Newborn	4,895	1,449	5,079
Total Inpatient Days	189,863	45,388	188,378

Nursing Hours of Care

	FY21 June, 2021	FY22 June, 2022	FY23 August, 2022
UNMH Nursing Hours of Care Per Patient*	17.42	15.78	15.72

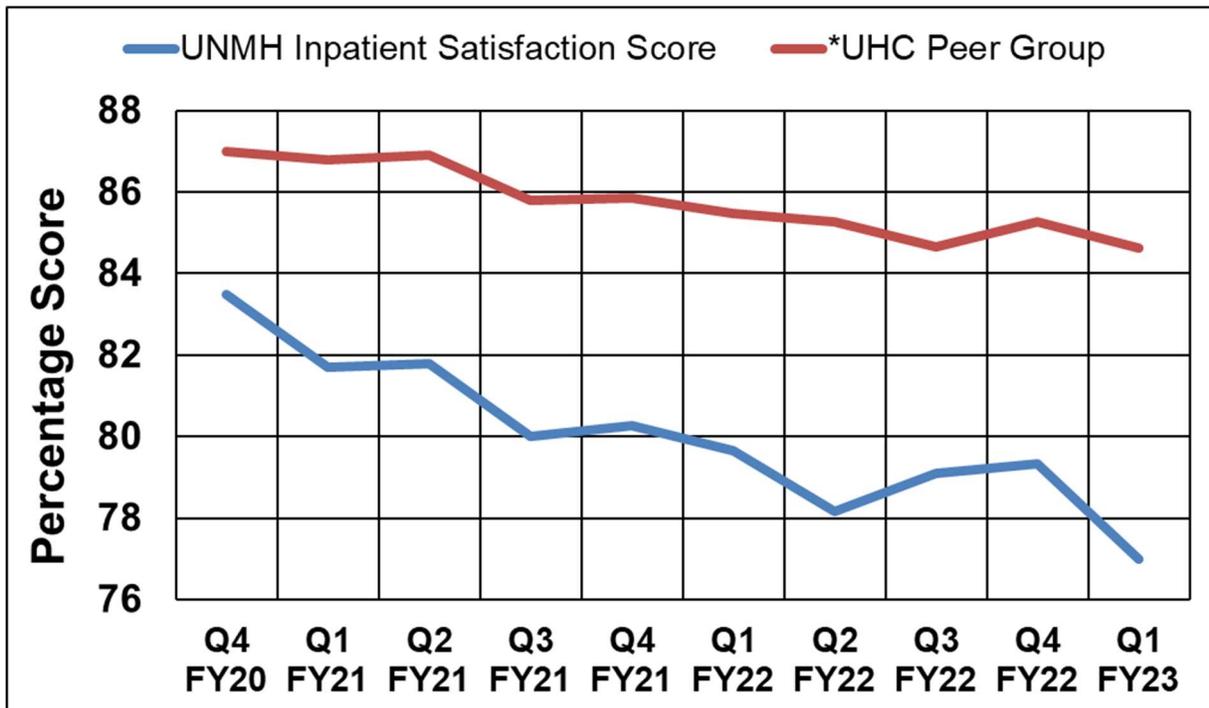
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2022	Number of FTES as of September 2022	FY2023 Hires (Headcount)	FY2023 Terms (Headcount)	Rolling Retention Rate
RN's	1,742	1,746	56	150	91.6%
*National Retention Rate Benchmark					82.3%

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

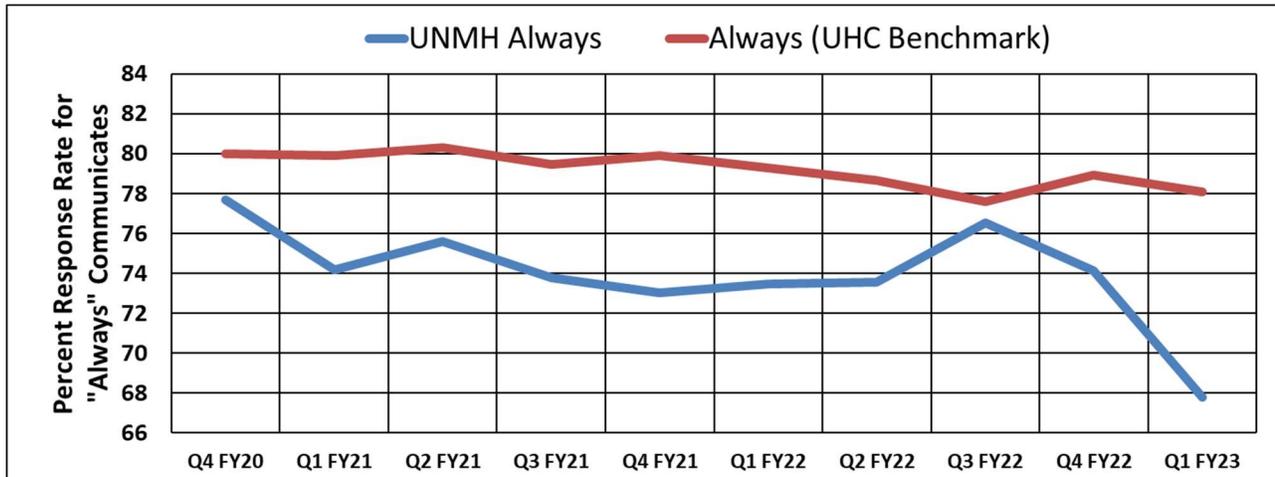
Press Ganey Inpatient Satisfaction Score



Quarter	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23
UNMH Inpatient Satisfaction Score	83.5	81.7	81.8	80.0	80.3	79.6	78.2	79.1	79.3	77.0
*UHC Peer Group	87.0	86.8	86.9	85.8	85.9	85.5	85.3	84.7	85.3	84.6

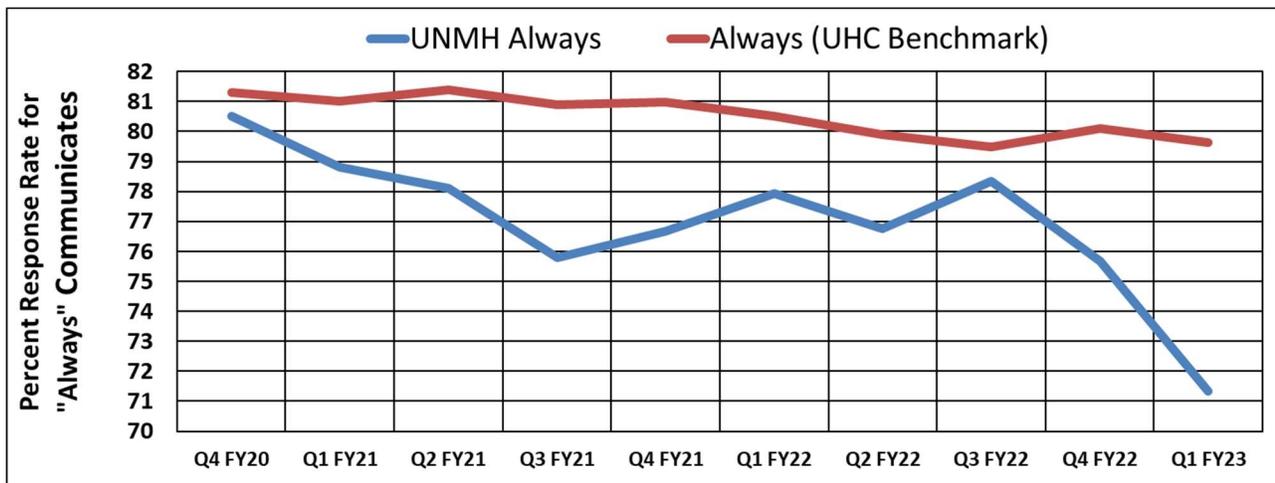
*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

HCAHPS Satisfaction – Communications with Nurses



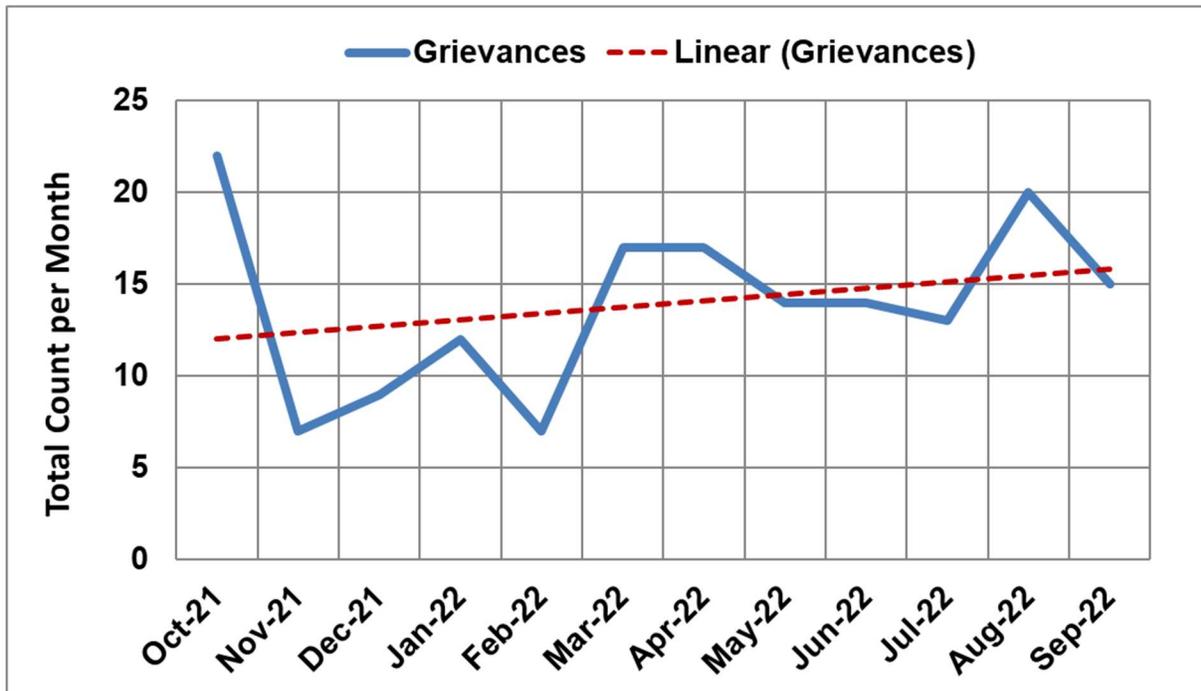
Communication with Nurses	Response	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23
H-COMP-1-A-P	UNMH Always	77.7	74.2	75.6	73.8	73.0	73.5	73.5	76.5	74.1	67.8
H-COMP-1-U-P	UNMH Usually	16.9	17.4	18.1	19.7	19.2	18.4	18.8	17.0	18.4	22.3
H-COMP-1-SN-P	UNMH Sometimes/Never	5.4	8.5	6.3	7.2	7.7	8.1	7.7	6.5	5.8	9.9
UHC Benchmark	Always (UHC Benchmark)	80.0	79.9	80.3	79.5	79.9	79.3	78.7	77.6	78.9	78.1

HCAHPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23
H-COMP-2-A-P	UNMH Always	80.5	78.8	78.1	75.8	76.7	77.9	76.8	78.4	75.7	71.3
H-COMP-2-U-P	UNMH Usually	13.4	15.3	14.7	17.3	17.5	15.8	14.5	15.7	16.0	18.2
H-COMP-2-SN-P	UNMH Sometimes/Never	6.2	5.9	7.2	6.9	5.9	6.3	8.7	6.0	8.3	10.4
UHC Benchmark	Always (UHC Benchmark)	81.3	81.0	81.4	80.9	81.0	80.5	79.9	79.5	80.1	79.6

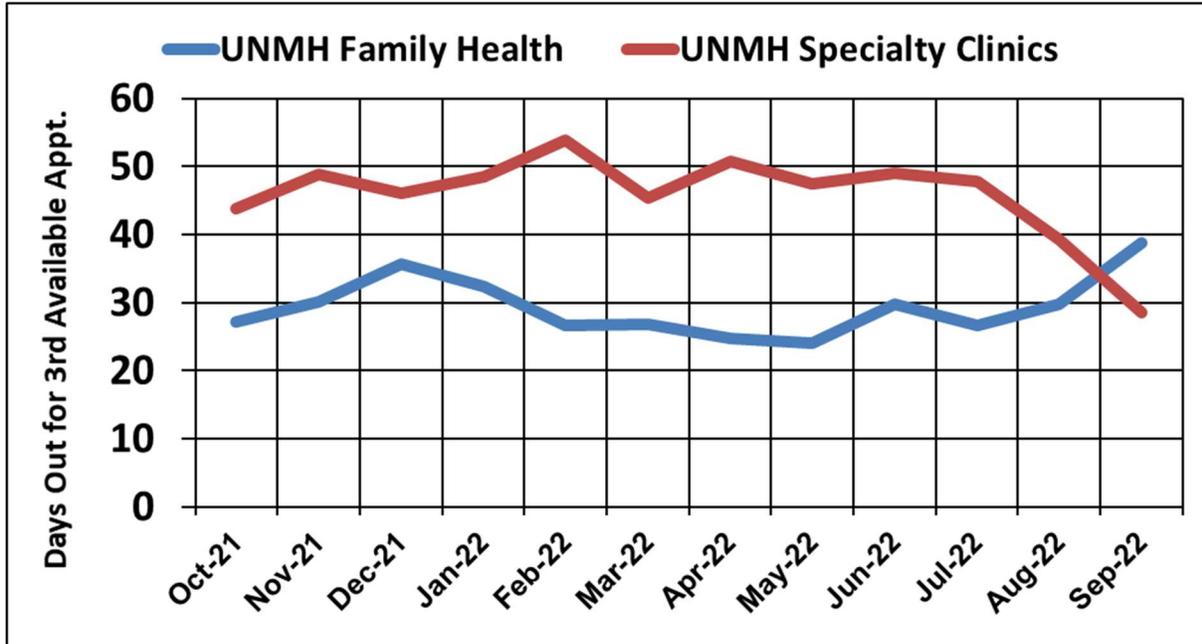
Grievances



Month-Year	Grievances
Oct-21	22
Nov-21	7
Dec-21	9
Jan-22	12
Feb-22	7
Mar-22	17
Apr-22	17
May-22	14
Jun-22	14
Jul-22	13
Aug-22	20
Sep-22	15

Average time for an Appointment for Primary and Specialty Care

Average 3rd Next Available* Day out for Appointments.

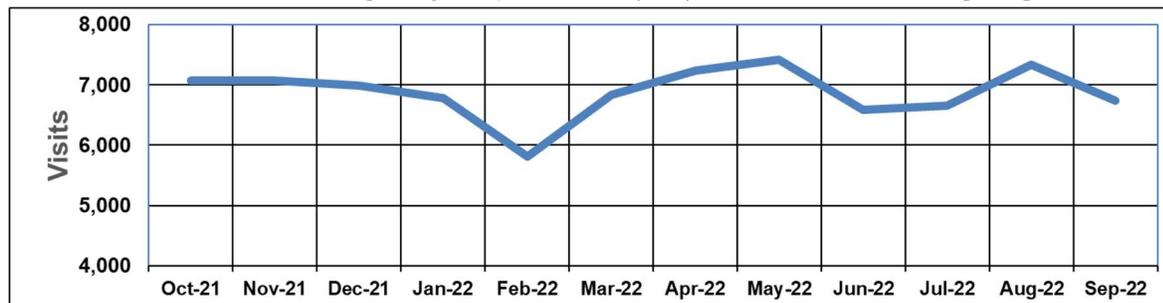


Month	UNMH Family Health	UNMH Specialty Clinics
Oct-21	27.2	43.9
Nov-21	30.1	48.8
Dec-21	35.6	46.0
Jan-22	32.4	48.6
Feb-22	26.6	54.0
Mar-22	26.8	45.3
Apr-22	24.8	50.8
May-22	24.1	47.4
Jun-22	29.7	49.0
Jul-22	26.6	47.9
Aug-22	29.8	39.3
Sep-22	38.7	28.6

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

Number of Emergency Department (ED) Visits

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



Month	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Visits	7,068	7,075	6,991	6,776	5,815	6,843	7,236	7,418	6,591	6,657	7,337	6,736

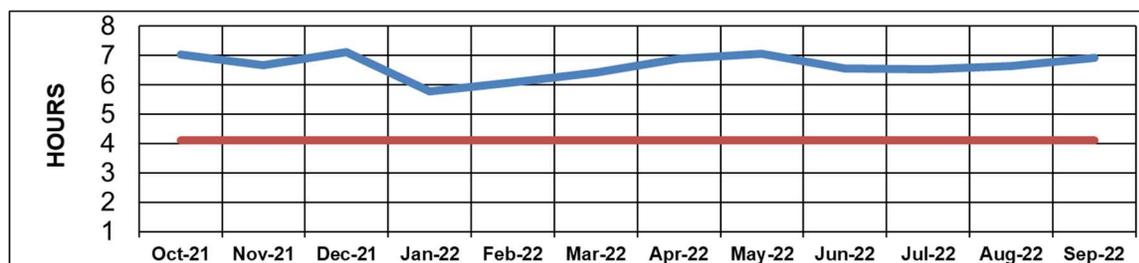
Total ED Patients Left without Being Seen

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



Month	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
UH LWBS	289	312	245	219	214	238	311	318	220	233	278	213

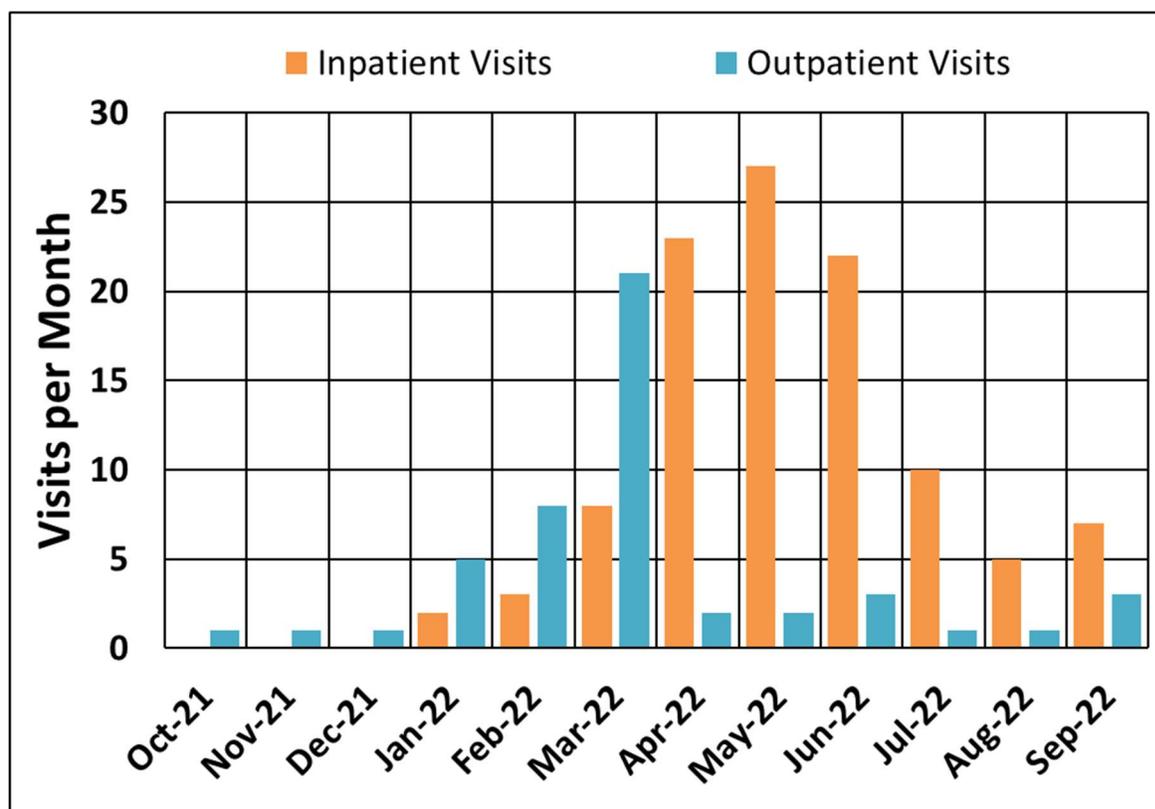
ED Average Hours from Arrival to Disposition



Month	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Arrival to Disposition	7.03	6.67	7.12	5.78	6.10	6.43	6.88	7.07	6.55	6.53	6.63	6.92
*National Average	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11

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

MDC Inmates Receiving Hospital Services



Month	Inpatient Visits	Outpatient Visits
Oct-21	0	1
Nov-21	0	1
Dec-21	0	1
Jan-22	2	5
Feb-22	3	8
Mar-22	8	21
Apr-22	23	2
May-22	27	2
Jun-22	22	3
Jul-22	10	1
Aug-22	5	1
Sep-22	7	3

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

Typically, patients use their own insurance when possible.

Bernalillo County Encounters by Funding Source

All Bernalillo County encounters for the three (3) months ended September 30, 2022, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	4,015
EMSA	84
IHS	819
Medicaid	79,462
Medicare	72,700
Uninsured	9,604
HMO's & Insurance	65,972
All Other *	8,449
Total Encounters	241,105
Native American Encounters **	27,862

Encounters:

Bernalillo County consist of Inpatients and Outpatients who provided a Bernalillo County zip code during their registration. Categories are based on Primary Payer Code. Native American Encounters are based on race as provided during registration, are not restricted to only Bernalillo County zip codes and could be duplicate of the Bernalillo encounters by payer above. Includes Acute and Behavioral Health.

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

****Native American Encounters** are based on race as provided during registration, are not restricted to only Bernalillo County zip codes and could be duplicate of the Bernalillo encounters by payer above.

Financial Assistance to Patients by County

Total financial assistance for the three (3) months ended September 30, 2022, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 8,445,572	\$ 4,109,681	\$ 12,555,253
Catron	-	2,561	2,561
Chaves	286,037	1,211	287,248
Cibola	144,133	81,984	226,117
Colfax	13,824	21,596	35,420
Curry	6,274	546	6,820
De Baca	-	-	-
Dona Ana	59,750	9,891	69,641
Eddy	45,738	4,726	50,464
Grant	2,599	13,532	16,130
Guadalupe	81,713	1,052	82,766
Harding	-	-	-
Hidalgo	-	-	-
Lea	1,633	21,934	23,567
Lincoln	42,558	9,337	51,895
Los Alamos	21,496	139	21,635
Luna	6,082	27,701	33,784
Mc Kinley	137,027	74,594	211,621
Mora	1,750	-	1,750
Otero	5,106	147	5,253
Quay	73,427	387	73,814
Rio Arriba	210,721	267,258	477,979
Roosevelt	2,169	745	2,913
San Juan	160,167	20,915	181,082
San Miguel	6,487	8,120	14,607
Sandoval	286,101	335,896	621,998
Santa Fe	1,024,014	191,494	1,215,508
Sierra	22,315	23,543	45,858
Socorro	116,528	38,327	154,856
Taos	177,531	54,096	231,627
Torrance	92,562	36,171	128,733
Union	350	683	1,033
Valencia	1,227,670	498,872	1,726,542
Out Of State	-	443,204	443,204
Grand Total	\$ 12,701,337	\$ 6,300,345	\$ 19,001,682

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

Financial Assistance to Bernalillo County Patients by Zip Code

Totals for the three (3) months ended September 30, 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	-	\$0	35	\$ 8,548	35	\$ 8,548
87022	-	-	41	5,086	41	5,086
87047	1	(18,446)	93	14,817	94	(3,629)
87059	5	4,411	172	20,360	177	24,771
87100	-	-	-	-	-	-
87101	-	-	9	4,306	9	4,306
87102	61	280,454	1,267	268,861	1,328	549,315
87103	-	-	5	647	5	647
87104	11	31,192	442	116,169	453	147,360
87105	89	763,195	3,527	1,137,941	3,616	1,901,137
87106	39	330,157	1,062	288,047	1,101	618,203
87107	41	203,345	1,254	328,158	1,295	531,503
87108	67	576,247	2,613	763,565	2,680	1,339,811
87109	33	301,007	1,047	249,071	1,080	550,078
87110	41	207,303	1,375	286,955	1,416	494,258
87111	28	1,040,647	801	185,561	829	1,226,208
87112	39	148,066	1,482	258,924	1,521	406,990
87113	6	37,035	385	92,778	391	129,814
87114	34	175,558	1,175	218,949	1,209	394,507
87115	-	-	1	773	1	773
87116	1	48	15	2,092	16	2,140
87117	-	-	-	-	-	-
87119	-	-	13	841	13	841
87120	23	151,329	1,230	301,739	1,253	453,068
87121	131	983,433	5,419	1,851,260	5,550	2,834,693
87122	2	15,468	141	38,865	143	54,333
87123	56	146,682	2,049	589,660	2,105	736,342
87125	2	796	52	11,139	54	11,936
87128	-	-	-	-	-	-
87130	-	-	-	-	-	-
87131	-	-	12	2,241	12	2,241
87140	-	-	-	-	-	-
87151	5	37,267	35	9,038	40	46,305
87153	-	-	-	-	-	-
87154	1	15,069	64	3,239	65	18,308
87158	-	-	-	-	-	-
87176	4	9,761	68	7,050	72	16,811
87181	1	15	19	1,156	20	1,171
87184	-	-	7	636	7	636
87185	-	-	1	249	1	249
87187	-	-	6	251	6	251
87190	1	67	24	1,202	25	1,269
87191	-	-	13	853	13	853
87192	-	-	9	1,524	9	1,524
87193	-	-	25	1,805	25	1,805
87194	1	54	23	680	24	735
87195	5	5,976	68	13,973	73	19,949
87196	1	755	17	3,616	18	4,371
87197	2	1,372	35	3,789	37	5,161
87198	-	-	57	8,224	57	8,224
87199	2	1,085	21	1,267	23	2,352
Grand Total	733	\$ 5,449,349	26,209	\$ 7,105,904	\$ 26,942	\$ 12,555,253

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the three (3) months ended September 30, 2022.

Bernalillo County Zip	Medicine Count	Surgery Count	Cancer Count	Orthopedics Count	Womens Health Count	Cardio-vascular/Respiratory/Cardiac Care Count	Neuro-sciences/Neuro-logical Count	Spine Count	Other Count	Neo-natology/Normal Newborn/Childrens Count	Behavioral Health Count	Trauma Count	Total Count
87008	11	5	1	7	-	1	1	6	-	-	3	-	35
87022	15	3	7	5	2	-	2	3	-	-	4	-	41
87047	35	19	4	14	1	6	7	2	3	-	3	-	94
87059	67	32	13	17	5	15	15	3	-	-	10	-	177
87100	-	-	-	-	-	-	-	-	-	-	-	-	-
87101	3	2	-	-	2	1	-	1	-	-	-	-	9
87102	514	216	60	113	51	80	60	34	16	4	180	-	1,328
87103	3	-	-	-	1	-	1	-	-	-	-	-	5
87104	150	80	57	37	31	18	21	9	5	-	45	-	453
87105	1,317	531	317	353	318	227	161	81	29	12	270	-	3,616
87106	355	172	65	108	93	47	69	33	11	2	146	-	1,101
87107	422	155	58	134	169	84	85	41	12	4	131	-	1,295
87108	1,042	307	198	243	220	139	143	67	37	5	279	-	2,680
87109	436	157	79	83	68	63	52	31	9	5	97	-	1,080
87110	500	196	119	128	71	103	85	39	11	3	161	-	1,416
87111	325	110	51	73	67	37	37	22	6	2	99	-	829
87112	490	216	189	144	115	79	70	41	11	2	164	-	1,521
87113	133	53	29	33	33	28	28	20	3	-	31	-	391
87114	472	134	78	115	74	67	79	34	22	5	129	-	1,209
87115	1	-	-	-	-	-	-	-	-	-	-	-	1
87116	4	3	1	1	-	4	-	1	-	-	2	-	16
87117	-	-	-	-	-	-	-	-	-	-	-	-	-
87119	5	3	1	-	-	1	1	-	-	-	2	-	13
87120	504	149	92	112	77	62	95	33	14	1	114	-	1,253
87121	1,941	791	484	523	781	302	227	150	53	16	281	1	5,550
87122	62	28	8	10	2	6	7	4	-	-	16	-	143
87123	827	295	161	169	178	104	91	77	21	2	180	-	2,105
87125	16	8	-	5	1	3	4	1	1	-	15	-	54
87128	-	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-	-
87131	9	2	-	-	-	-	-	-	1	-	-	-	12
87140	-	-	-	-	-	-	-	-	-	-	-	-	-
87151	13	8	2	2	2	-	2	3	1	-	7	-	40
87153	-	-	-	-	-	-	-	-	-	-	-	-	-
87154	18	9	4	9	-	1	12	6	-	-	6	-	65
87158	-	-	-	-	-	-	-	-	-	-	-	-	-
87176	20	4	33	4	-	3	2	1	1	-	4	-	72
87181	3	1	13	-	-	-	1	-	-	-	2	-	20
87184	3	1	1	-	-	2	-	-	-	-	-	-	7
87185	1	-	-	-	-	-	-	-	-	-	-	-	1
87187	4	-	2	-	-	-	-	-	-	-	-	-	6
87190	11	4	1	4	-	1	1	-	-	-	3	-	25
87191	4	8	-	-	-	1	-	-	-	-	-	-	13
87192	2	3	1	-	-	-	-	-	-	-	3	-	9
87193	9	5	-	6	-	1	1	2	-	-	1	-	25
87194	12	2	-	2	-	-	2	3	-	-	3	-	24
87195	32	12	2	6	2	5	2	6	-	-	6	-	73
87196	9	4	-	3	1	-	-	1	-	-	-	-	18
87197	15	3	2	2	3	6	2	-	-	-	4	-	37
87198	20	7	1	2	-	6	-	2	1	-	18	-	57
87199	10	3	1	1	-	1	2	-	-	-	5	-	23
Grand Total	9,845	3,741	2,135	2,468	2,368	1,504	1,368	757	268	63	2,424	1	26,942

Primary Reason for Bernalillo County Indigent Resident Visits

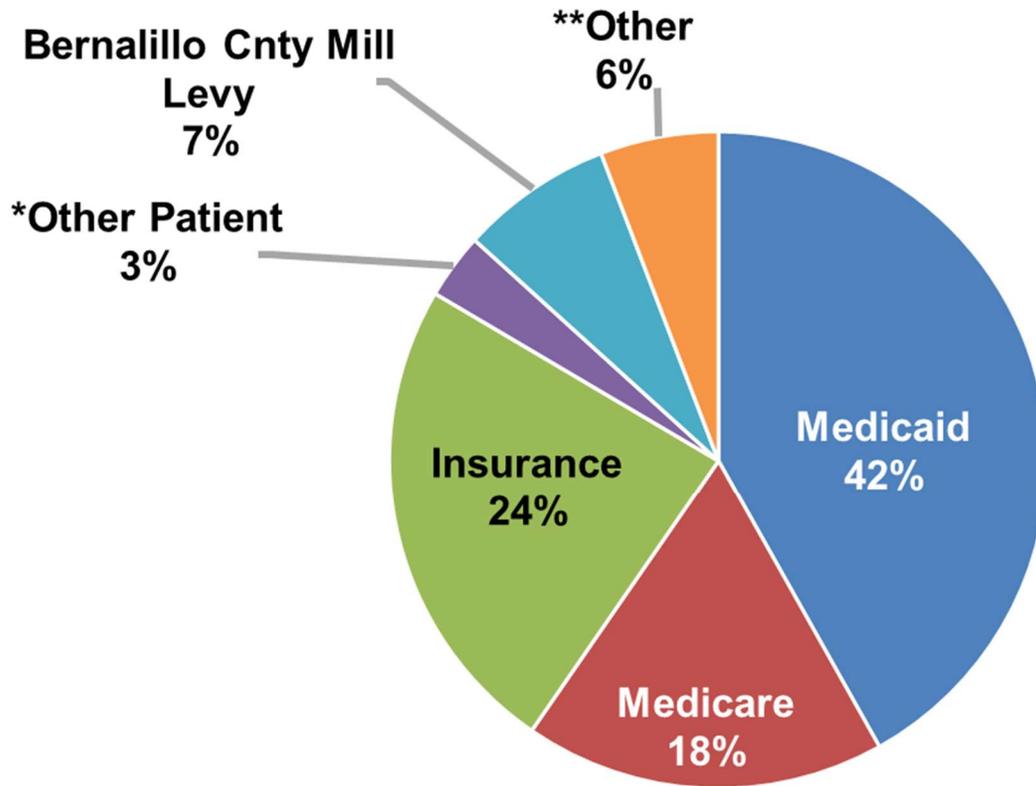
Totals are for each of the eight (8) quarters ended September 30, 2022.

Description	2023Q1	2022Q4	2022Q3	2022Q2	2022Q1	2021Q4	2021Q3	2021Q2
Factors influencing health status and contact with health services	5,907	4,224	4,048	4,322	5,045	5,043	5,400	9,490
undefined	3,793	1,956	1,705	1,762	1,936	2,116	2,179	3,412
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	2,218	1,601	1,519	1,640	1,872	2,003	1,827	2,447
Diseases of the musculoskeletal system and connective tissue	2,173	1,572	1,438	1,540	1,855	1,950	1,873	2,561
Injury, poisoning and certain other consequences of external causes	1,500	1,046	874	1,069	1,351	1,335	1,135	1,734
Endocrine, nutritional and metabolic diseases	1,289	896	836	918	1,139	1,211	1,170	1,531
Mental and behavioural disorders	1,120	857	829	891	1,054	1,195	1,212	1,475
Diseases of the circulatory system	1,204	895	833	884	989	1,090	1,061	1,458
Diseases of the nervous system	1,165	825	752	839	909	978	1,033	1,286
Neoplasms	1,111	781	766	884	1,079	1,163	1,030	1,421
Diseases of the genitourinary system	847	619	572	639	748	818	823	1,159
Diseases of the digestive system	840	622	543	571	654	758	770	1,019
Diseases of the respiratory system	743	640	545	636	629	543	461	903
Diseases of the skin and subcutaneous tissue	683	462	409	436	533	580	523	765
Pregnancy, childbirth and the puerperium	638	465	465	505	638	642	580	766
Diseases of the eye and adnexa	438	319	297	295	388	406	371	509
Diseases of the ear and mastoid process	307	217	186	191	223	194	178	233
Certain infectious and parasitic diseases	271	224	190	223	226	234	196	316
Codes for special purposes	204	120	262	160	85	48	185	983
Congenital malformations, deformations and chromosomal abnormalities	270	202	185	195	232	250	246	317
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	173	122	118	127	152	160	165	218
Certain conditions originating in the perinatal period	47	33	30	36	37	26	24	32
External causes of morbidity and mor	0	0	0	1	0	1	1	0
	26,941	18,698	17,402	18,764	21,774	22,744	22,443	34,035

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

Revenues by Payor Source

FY 2022 Revenue (Unaudited)



	FY2022
Medicaid	\$ 642,403,173
Medicare	272,247,489
Insurance	366,338,769
*Other Patient	49,398,642
Bernalillo Cnty Mill Levy	114,830,101
**Other	89,173,187
Total Revenues	\$ 1,534,391,361

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

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

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

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

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

FY23 is based on the previous twelve (12) months ended September 30, 2022.

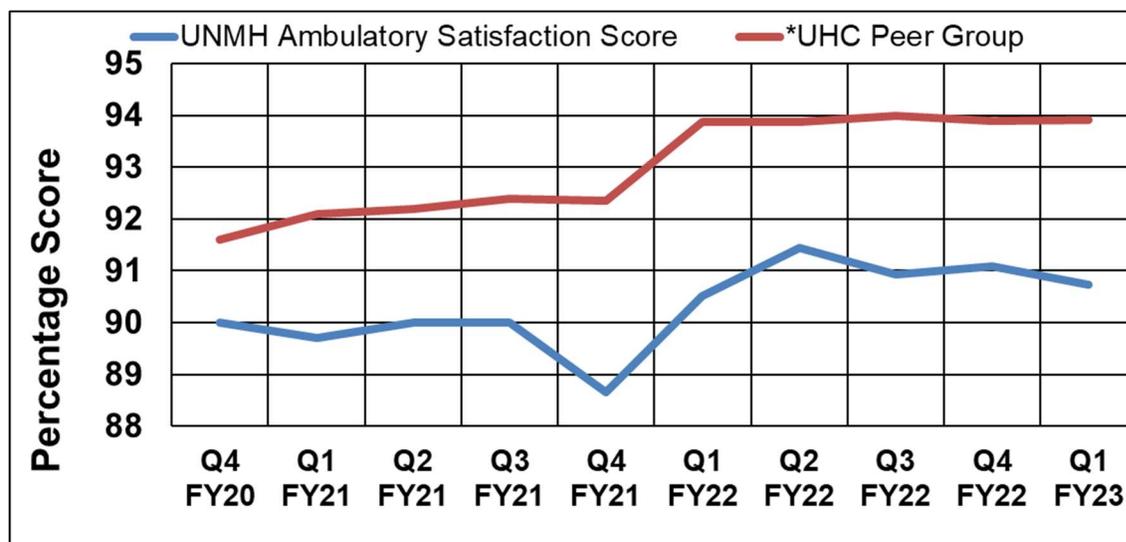
534,607	FY21 Actual (12 Months)
562,253	FY22 Actual (12 Months)
561,554	FY23 Projected (Previous 12 Months)

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

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

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

Press Ganey Ambulatory Satisfaction Score

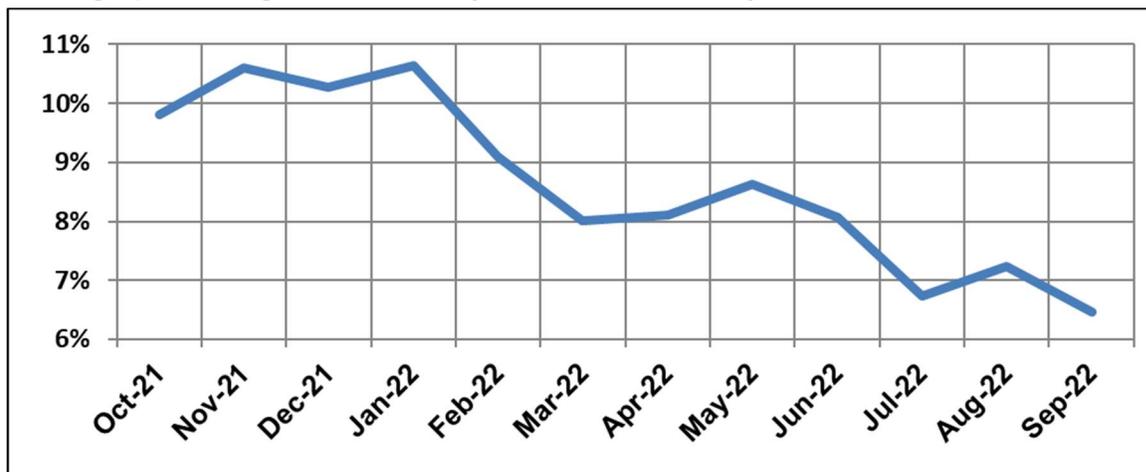


Quarter	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23
UNMH Ambulatory Satisfaction Score	90.0	89.7	90.0	90.0	88.7	90.5	91.4	90.9	91.1	90.7
*UHC Peer Group	91.6	92.1	92.2	92.4	92.4	93.9	93.9	94.0	93.9	93.9

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

Percentage of Primary Care Patients with Same Day Clinic Appointments

Average percentage of Same Day Access for Primary Care Clinics.



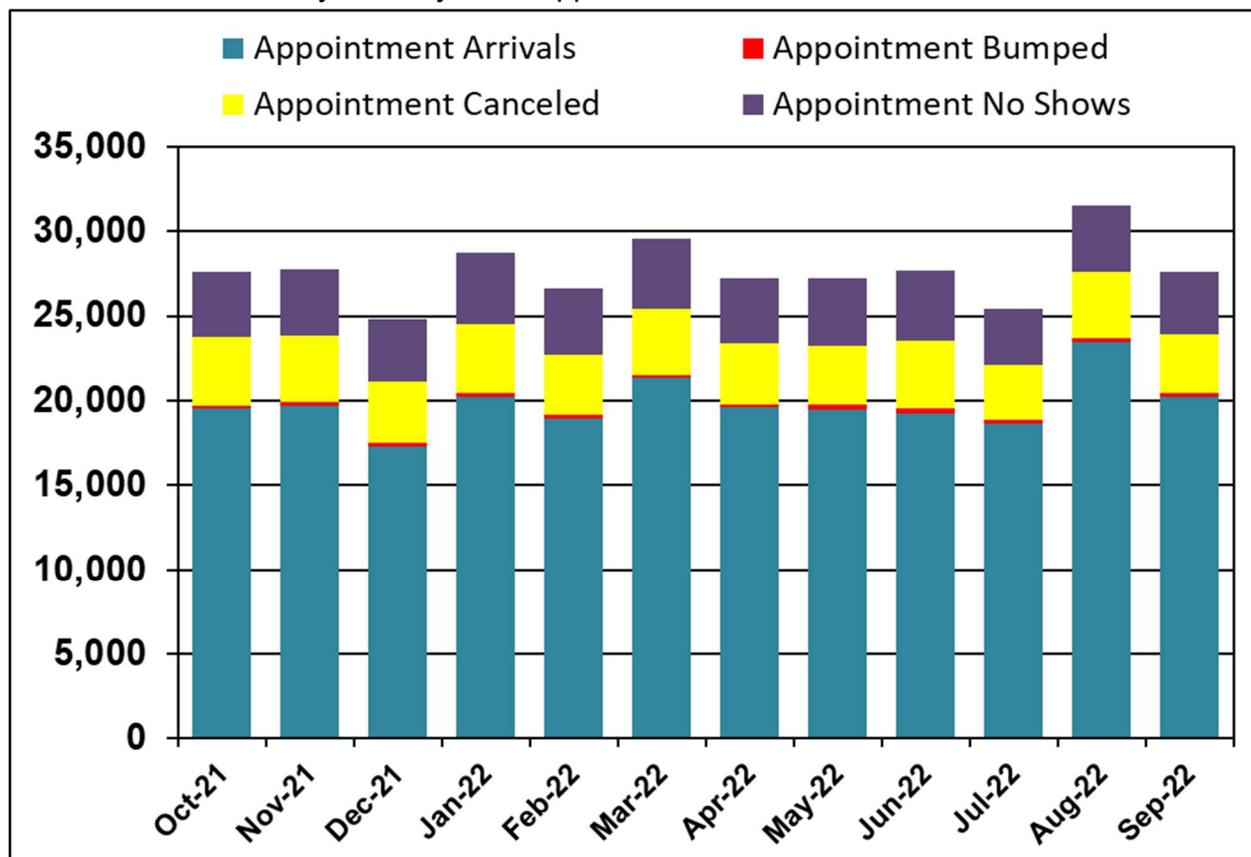
Month	Same Day	Total Arrived	Same Day Rate
Oct-21	1,525	15,547	9.8%
Nov-21	1,676	15,813	10.6%
Dec-21	1,418	13,810	10.3%
Jan-22	1,751	16,461	10.6%
Feb-22	1,347	14,803	9.1%
Mar-22	1,349	16,837	8.0%
Apr-22	1,259	15,525	8.1%
May-22	1,327	15,377	8.6%
Jun-22	1,236	15,304	8.1%
Jul-22	927	13,778	6.7%
Aug-22	1,228	16,957	7.2%
Sep-22	943	14,606	6.5%

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

Average	Primary Care Clinics
7.3%	1209 Clinic
8.6%	Alamo Primary Care Clinic
5.8%	Family Practice Clinic
2.7%	General Pediatric Clinic
6.1%	Northeast Heights Clinic
6.1%	Senior Health Center
5.0%	Southeast Heights Clinic
5.8%	Southwest Mesa Clinic
4.4%	SRMC FP Clinic
4.9%	UH 4th Street NV Clinic
8.3%	UH Atrisco Heritage
34.2%	UNM Lobocare Clinic
6.2%	UNMMG Family Health Grande
4.2%	Westside Clinic
7.0%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

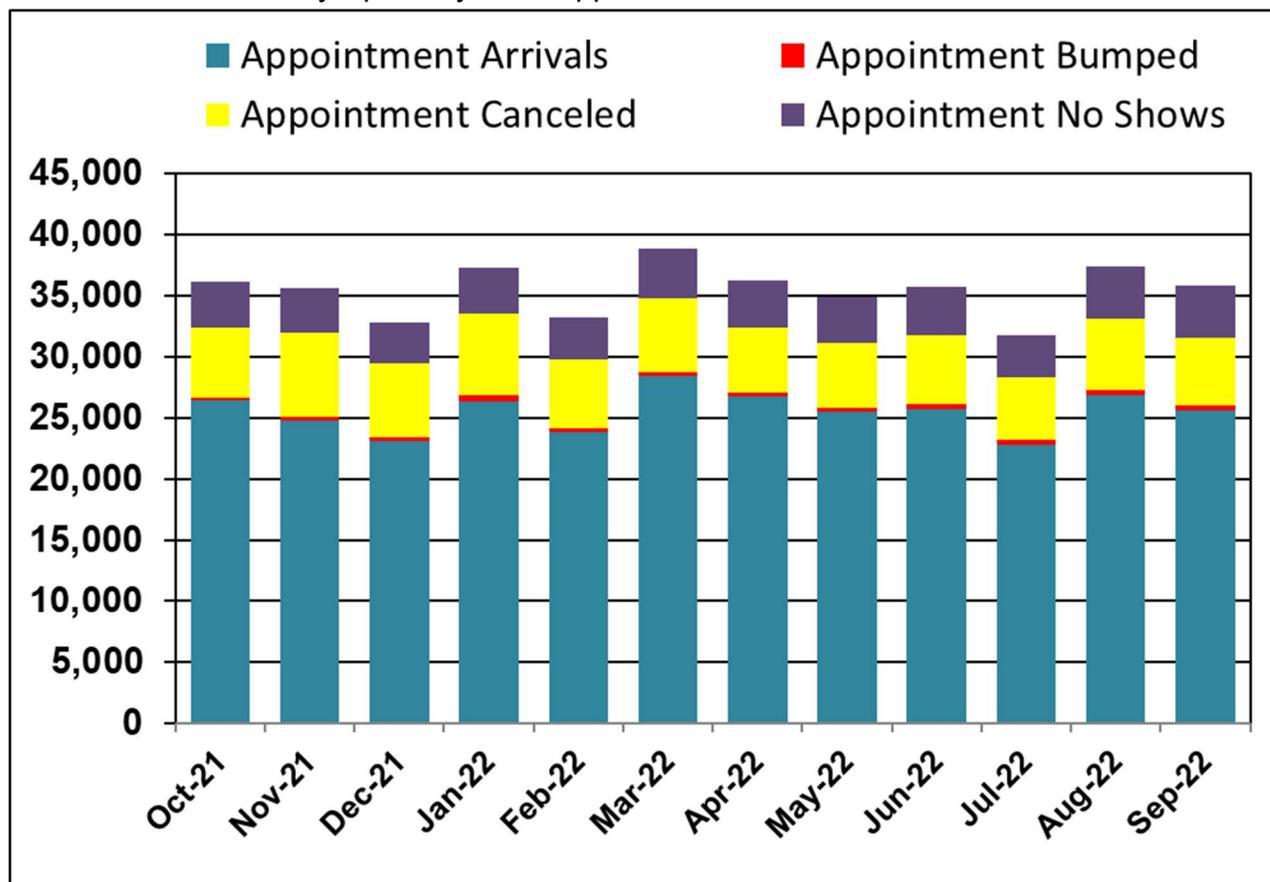
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Oct-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
Apr-22	19,647	128	3,591	3,862
May-22	19,502	232	3,521	3,954
Jun-22	19,260	314	3,939	4,155
Jul-22	18,642	196	3,243	3,371
Aug-22	23,485	220	3,869	3,914
Sep-22	20,204	255	3,474	3,690

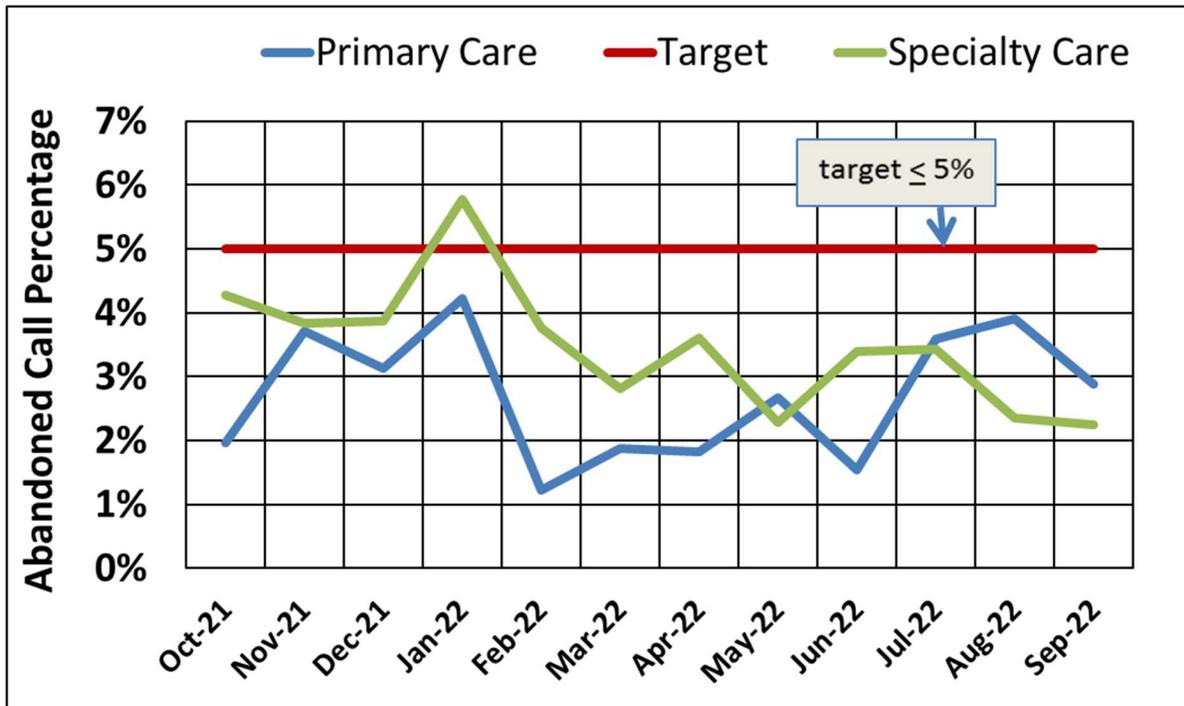
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
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
Apr-22	26,757	285	5,357	3,859
May-22	25,513	341	5,308	3,771
Jun-22	25,718	388	5,662	3,986
Jul-22	22,775	455	5,146	3,355
Aug-22	26,876	454	5,775	4,250
Sep-22	25,655	406	5,462	4,272

Percentage Abandoned Phone Calls for Primary and Specialty Care

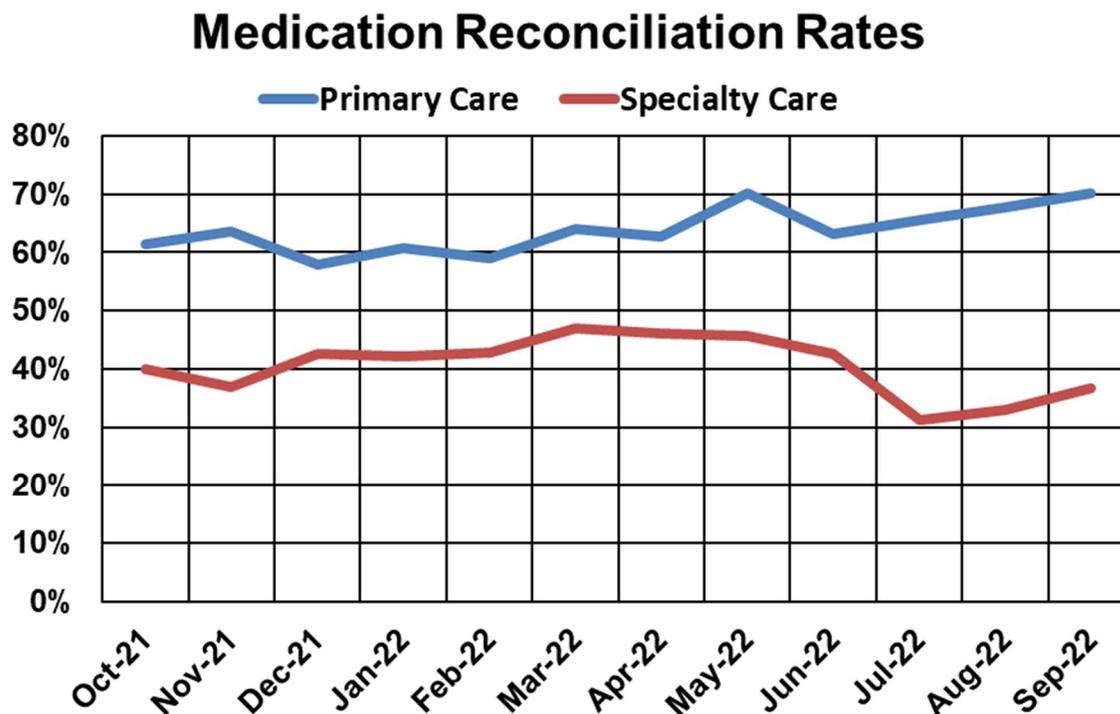


Area:	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Month			
Oct-21	1.96%	4.28%	5%
Nov-21	3.72%	3.83%	5%
Dec-21	3.13%	3.88%	5%
Jan-22	4.22%	5.77%	5%
Feb-22	1.23%	3.76%	5%
Mar-22	1.88%	2.82%	5%
Apr-22	1.82%	3.61%	5%
May-22	2.67%	2.29%	5%
Jun-22	1.55%	3.39%	5%
Jul-22	3.59%	3.43%	5%
Aug-22	3.90%	2.35%	5%
Sep-22	2.89%	2.25%	5%

Medication Reconciliation Goals Primary and Specialty Care

National Patient Safety Goal :

UNH Medication Reconciliation Rates for Primary Care and Specialty Care.



Month	Primary Care	Specialty Care
Oct-21	61.5%	39.9%
Nov-21	63.7%	36.8%
Dec-21	57.9%	42.6%
Jan-22	60.8%	42.2%
Feb-22	58.9%	42.9%
Mar-22	64.0%	46.9%
Apr-22	62.7%	46.2%
May-22	70.1%	45.7%
Jun-22	63.1%	42.7%
Jul-22	65.5%	31.2%
Aug-22	67.7%	33.0%
Sep-22	70.1%	36.6%

Percentage of Patients with Access to Electronic Medical Record

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

As of October 10, 2022.

356,254	Invitations sent out to patients who provided an email address.
164,416	Patients who have claimed invitation to sign up.
142,222	*Active Users who have accessed their medical records.
40%	Percentage of patients who can potentially access their medical records electronically .

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

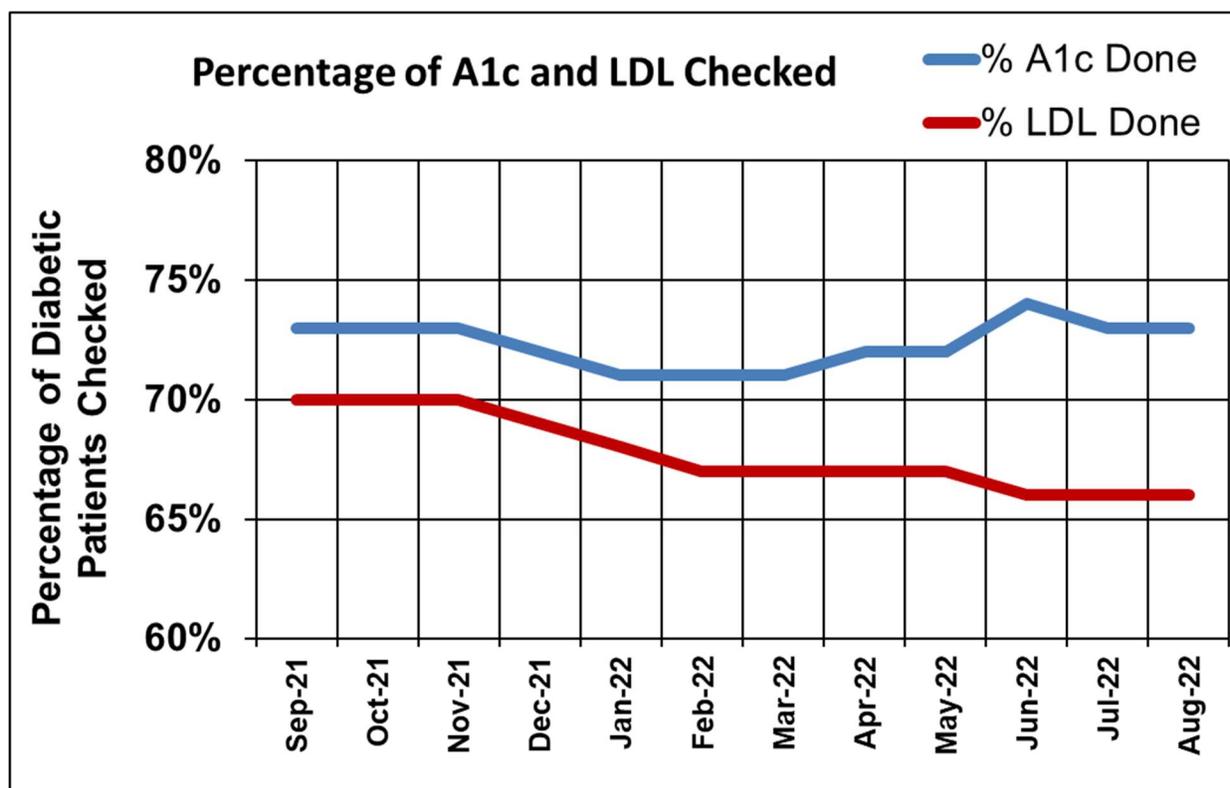
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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

What to expect from MyHealth at UNM:

- See appointment information anytime.
- See your lab results and data.
- HIPAA-compliant, secure way to communicate with your Doctors and Healthcare Providers.
- View, download, and share parts of your UNM health record.

Diabetes Management Indicators for HgbA1C and LDL <100



Month	Total Patients	A1c Done	% A1c Done	LDL Done	% LDL Done
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%
Apr-22	8,023	5,750	72%	5,344	67%
May-22	8,079	5,843	72%	5,379	67%
Jun-22	8,103	5,953	74%	5,381	66%
Jul-22	7,944	5,824	73%	5,228	66%
Aug-22	8,090	5,934	73%	5,357	66%

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.

Note: Due to a database issue, data for September, 2022, is unavailable at this time.

C. FINANCIAL SERVICES

UNM Care Enrollment, Self-Pay and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Self Pay Patients Seen on Discount Program	Number of Medicaid applications completed at UNMH
Oct-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
Apr-22	4,182	18	126
May-22	5,389	10	163
Jun-22	4,142	13	115
Jul-22	4,433	7	128
Aug-22	4,269	12	141
Sep-22	4,094	5	132

Total Uncompensated Care – Charity Care and Uninsured

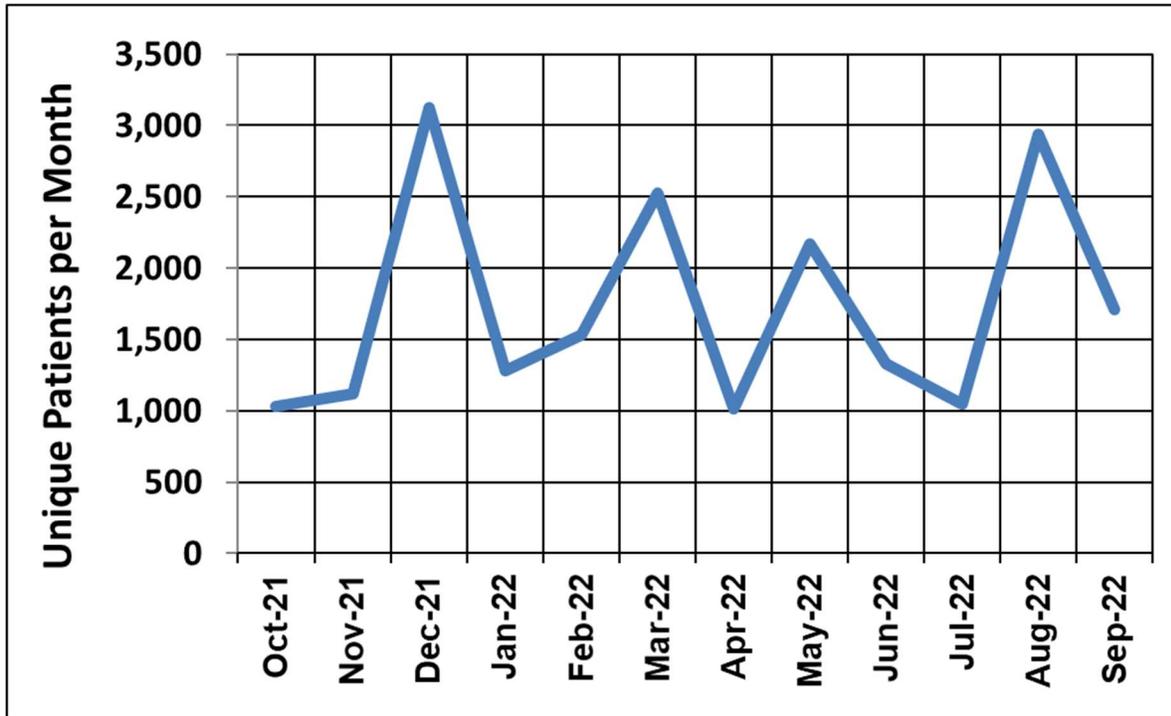
For the three (3) months ended September 30, 2022, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	10,273	3,199	13,472
Encounters	21,817	4,958	26,775
Cost	\$ 8,445,572	\$ 4,109,681	\$ 12,555,253

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.

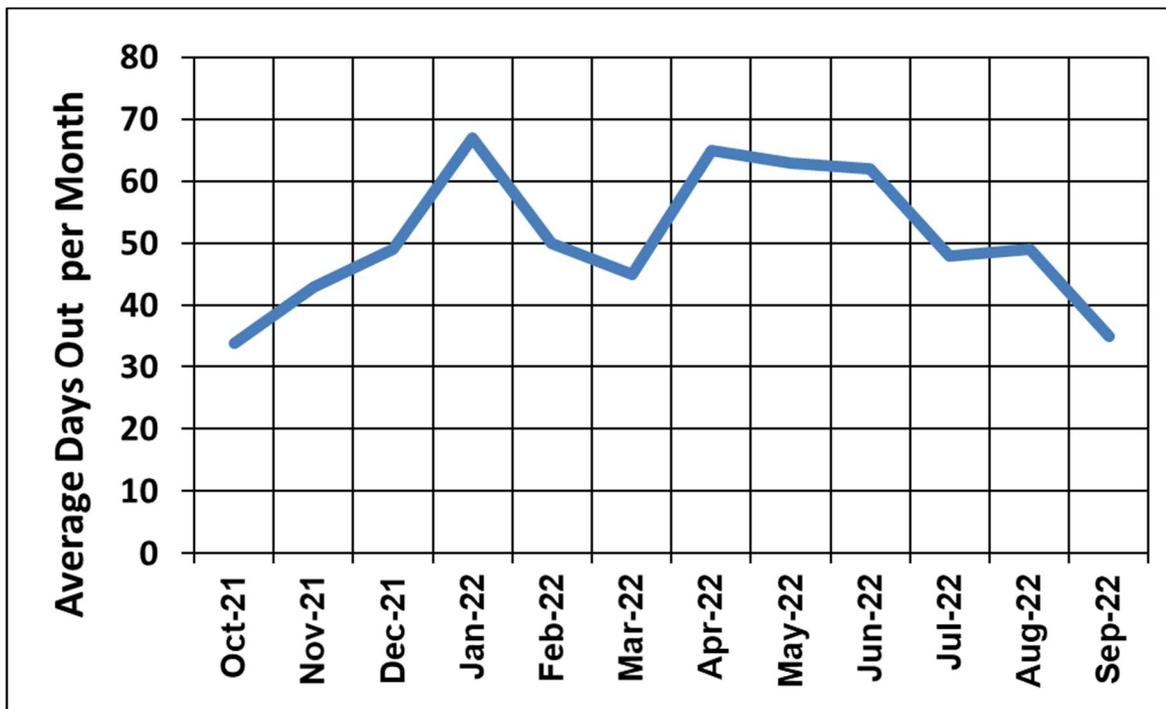
Number of Unique Patients Sent to Collections

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



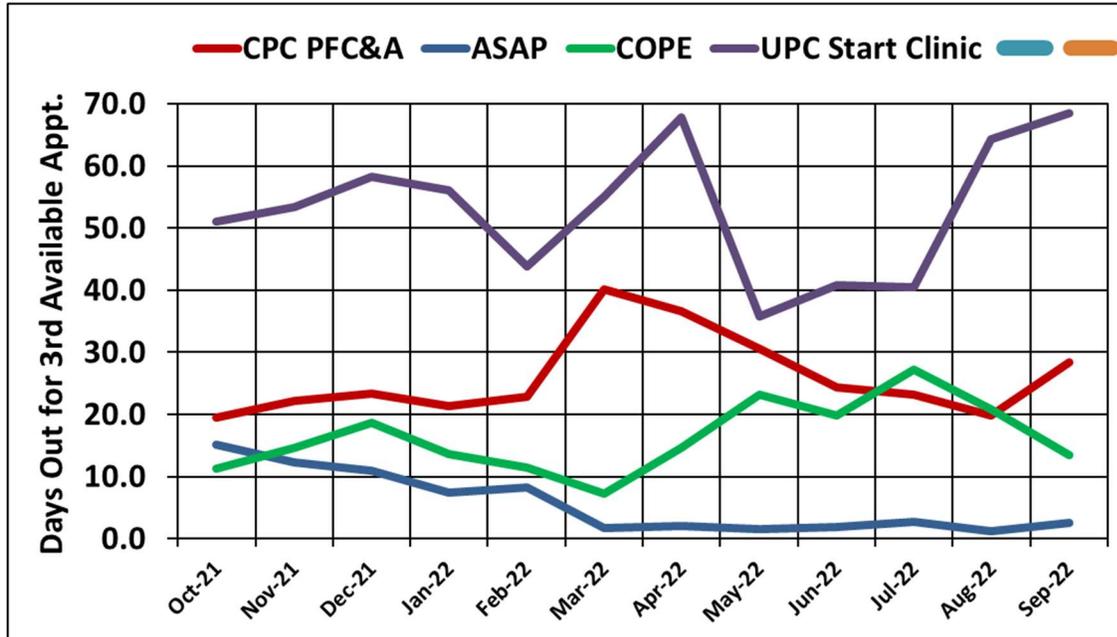
Days Out For Scheduling Financial Assistance Appointment

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



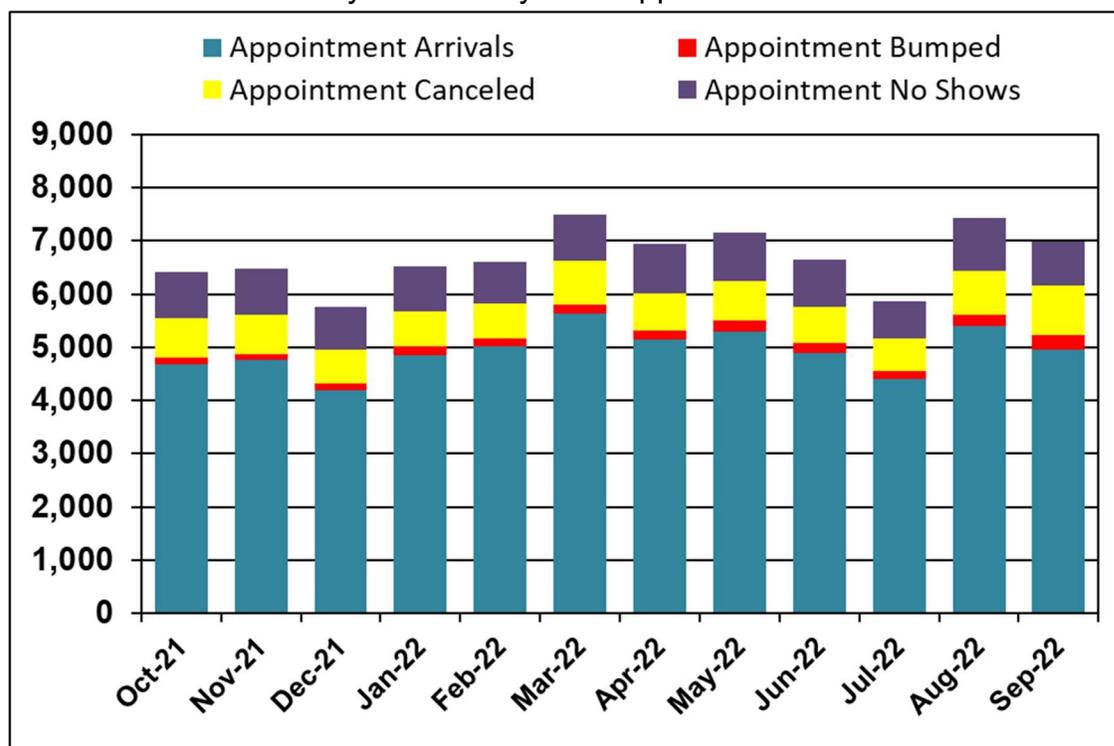
Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Oct-21	19.5	15.1	11.3	51.0
Nov-21	22.2	12.3	14.7	53.3
Dec-21	23.3	10.9	18.6	58.3
Jan-22	21.3	7.5	13.7	56.0
Feb-22	22.9	8.3	11.5	43.9
Mar-22	40.1	1.7	7.2	55.0
Apr-22	36.6	2.1	14.7	67.8
May-22	30.6	1.6	23.2	35.8
Jun-22	24.3	1.9	19.9	40.8
Jul-22	23.2	2.8	27.3	40.5
Aug-22	19.9	1.3	20.9	64.2
Sep-22	28.4	2.6	13.5	68.4

Definitions For Above Acronyms

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

BH Specialty Care Outpatient Appointment Disposition

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



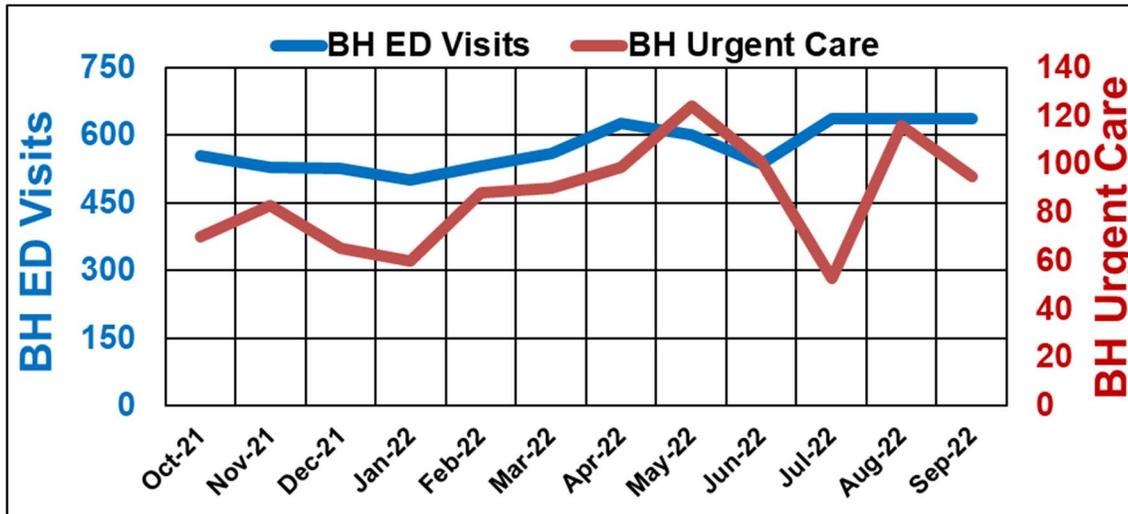
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Oct-21	4,682	120	737	877
Nov-21	4,758	115	733	872
Dec-21	4,188	123	645	797
Jan-22	4,842	178	655	842
Feb-22	5,020	150	659	773
Mar-22	5,635	170	824	876
Apr-22	5,136	177	700	924
May-22	5,295	215	730	914
Jun-22	4,892	182	683	895
Jul-22	4,405	149	604	704
Aug-22	5,406	197	842	980
Sep-22	4,962	265	932	833

Number of Unique Outpatients and Number of Encounters CY2021

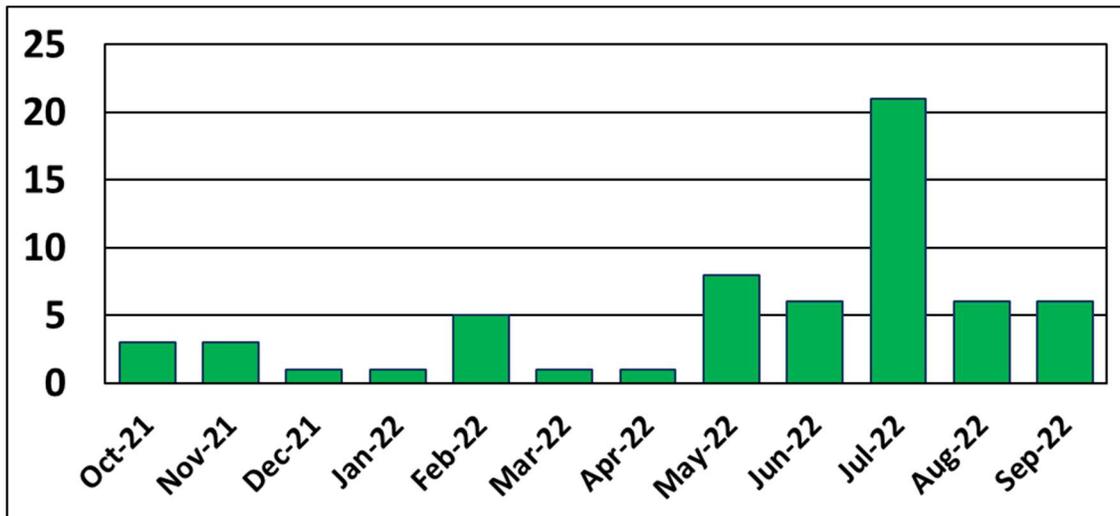
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	10,673	69,895
BH CPC Outpatient	3,186	20,478

* Excluding all Suboxone and Methadone Visits

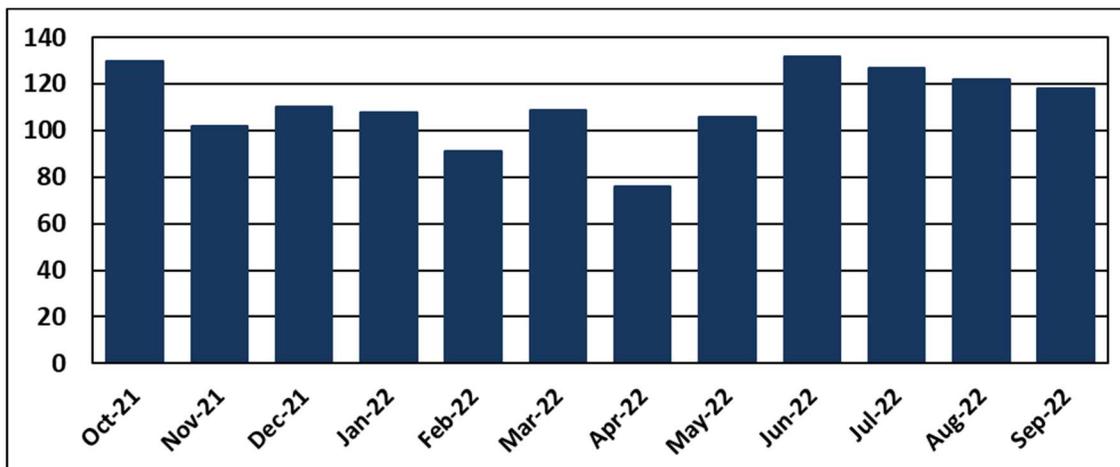
Psychiatric Emergency Department and Urgent Care Encounters



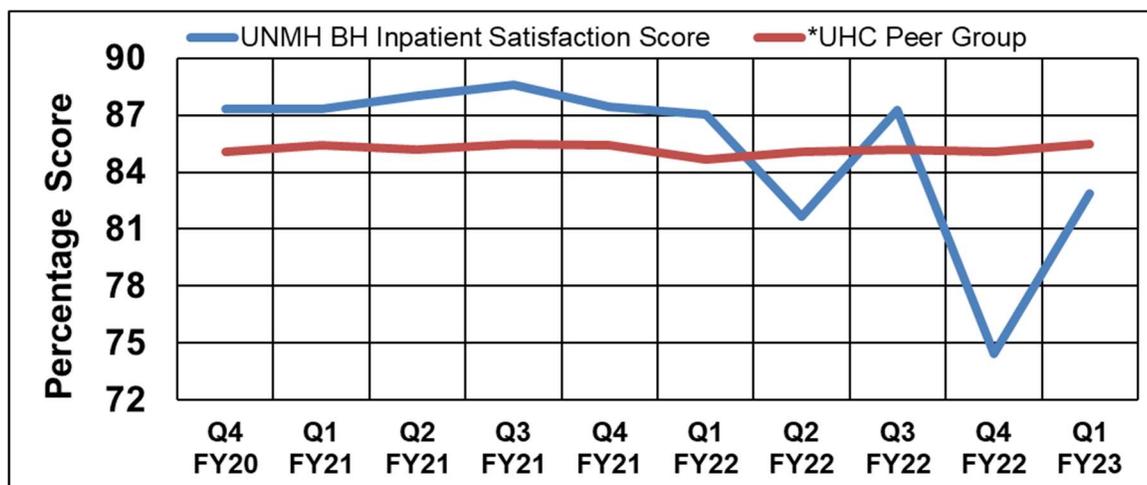
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

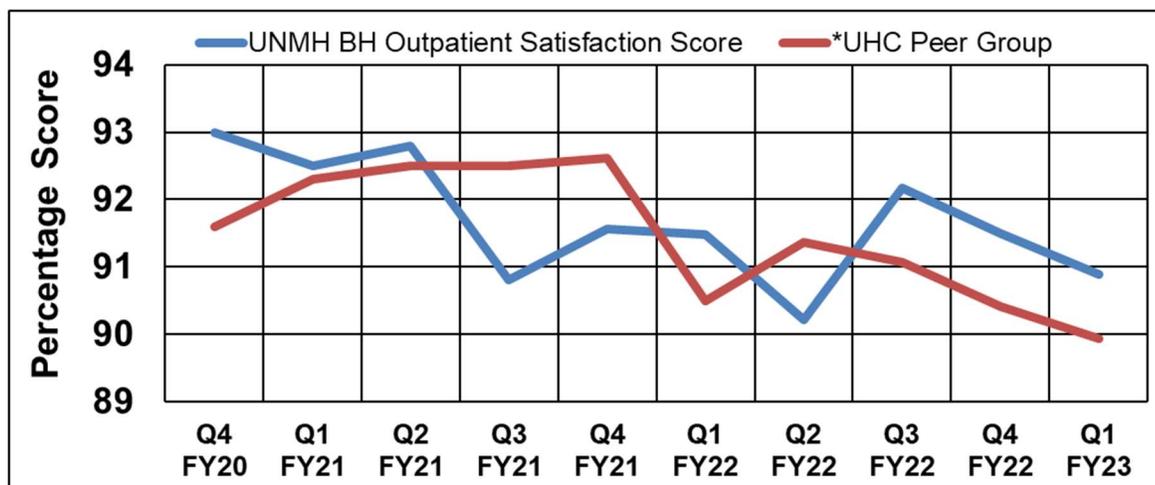


Press Ganey Behavioral Health Inpatient Satisfaction Score



Quarter	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23
UNMH BH Inpatient Satisfaction Score	87.3	87.3	88.0	88.6	87.5	87.0	81.7	87.2	74.5	82.9
*UHC Peer Group	85.1	85.4	85.2	85.5	85.4	84.7	85.1	85.2	85.1	85.5

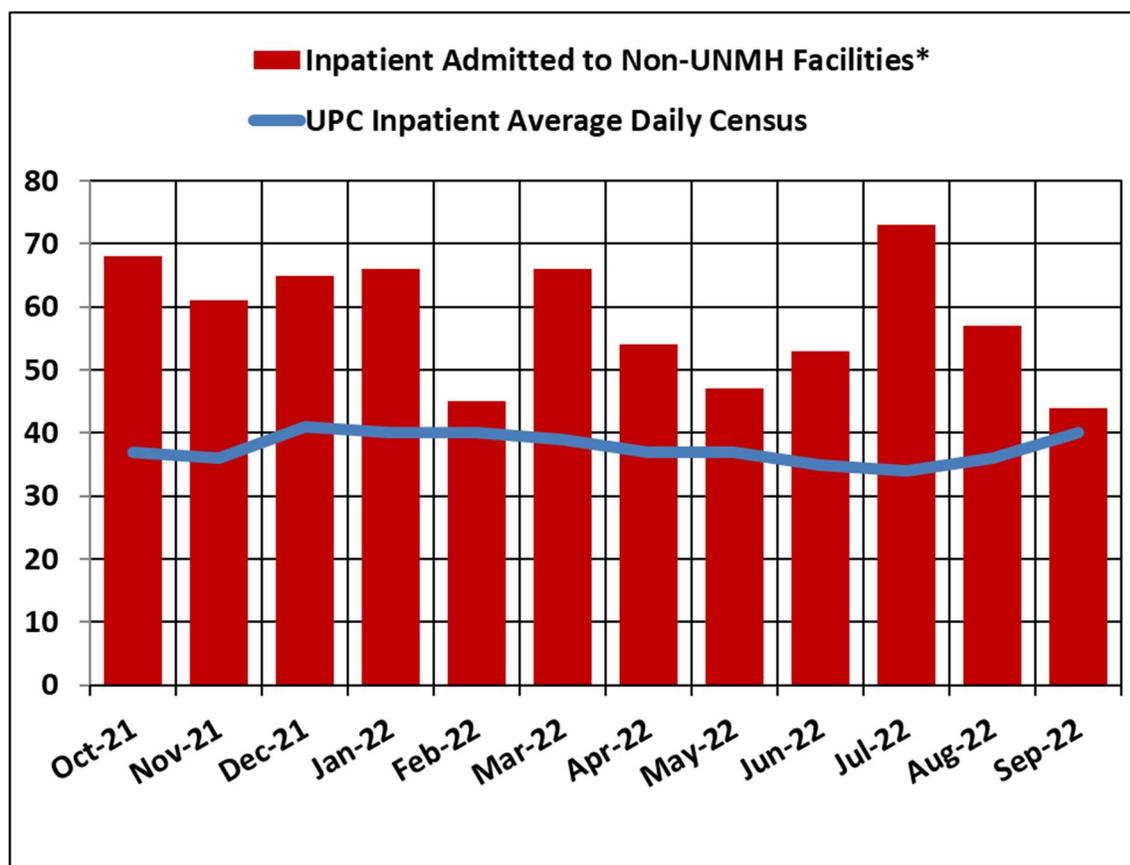
Press Ganey Behavioral Health Outpatient Satisfaction Score



Quarter	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23
UNMH BH Outpatient Satisfaction Score	93.0	92.5	92.8	90.8	91.6	91.5	90.2	92.2	91.5	90.9
*UHC Peer Group	91.6	92.3	92.5	92.5	92.6	90.5	91.4	91.1	90.4	89.9

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

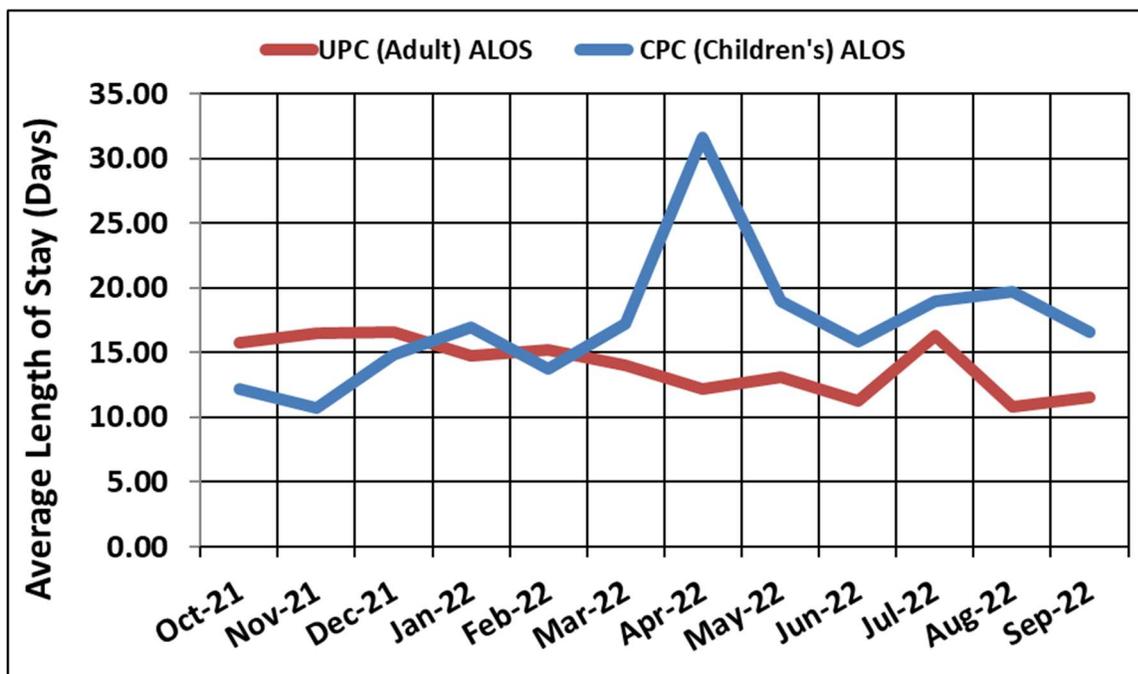
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Oct-21	68	37
Nov-21	61	36
Dec-21	65	41
Jan-22	66	40
Feb-22	45	40
Mar-22	66	39
Apr-22	54	37
May-22	47	37
Jun-22	53	35
Jul-22	73	34
Aug-22	57	36
Sep-22	44	40

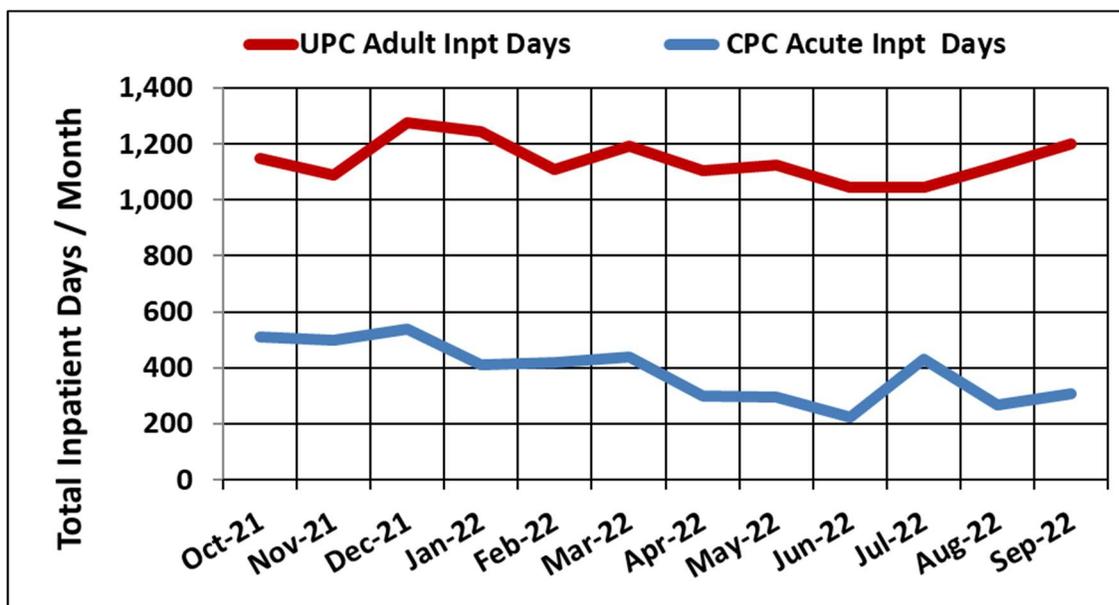
*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

Behavioral Health Average Length of Inpatient Stay



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

Number of BH Adult and Child/Adolescent Inpatient Days



Number of Unique Inpatients and Number of Encounters CY2021

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

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2020	11,170
FY2021	12,615
FY2022	11,755
FY2023*	11,574

* Projected Count based upon the previous twelve (12) months. (Oct. 2021 to Sep. 2022)

Total Opioid Patients

Month	Census
Oct-21	590
Nov-21	573
Dec-21	554
Jan-22	540
Feb-22	540
Mar-22	542
Apr-22	537
May-22	538
Jun-22	483
Jul-22	480
Aug-22	476
Sep-22	470

Total Methadone Encounters

Month	Count
Oct-21	2,555
Nov-21	2,559
Dec-21	2,485
Jan-22	2,309
Feb-22	1,807
Mar-22	2,174
Apr-22	2,032
May-22	2,160
Jun-22	2,102
Jul-22	2,093
Aug-22	2,479
Sep-22	2,338

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
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
Apr-22	544	28,468	11,890
May-22	465	24,600	11,699
Jun-22	584	31,596	14,016
Jul-22	520	28,016	9,139
Aug-22	625	34,084	14,121
Sep-22	571	30,252	11,746

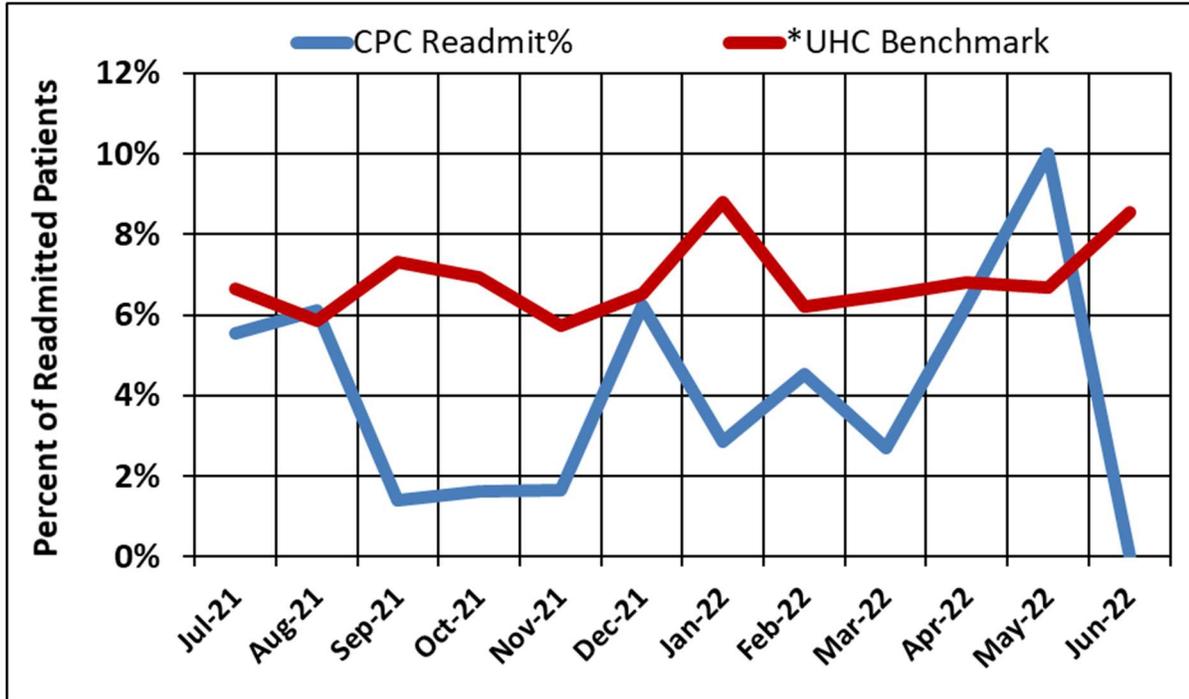
Total Suboxone Encounters

Month	Count
Oct-21	49
Nov-21	46
Dec-21	55
Jan-22	48
Feb-22	30
Mar-22	43
Apr-22	41
May-22	65
Jun-22	72
Jul-22	66
Aug-22	57
Sep-22	60

*The total number of Methadone and Suboxone doses per month includes all of the Methadone Liquid doses distributed at ASAP, Suboxone Dispensed at ASAP and all of the prescriptions from the UNM System for buprenorphine-naloxone (Suboxone) doses dispensed through the UNMH pharmacies.

30 Day Readmission Rate – Children’s Psychiatric Center (CPC)

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

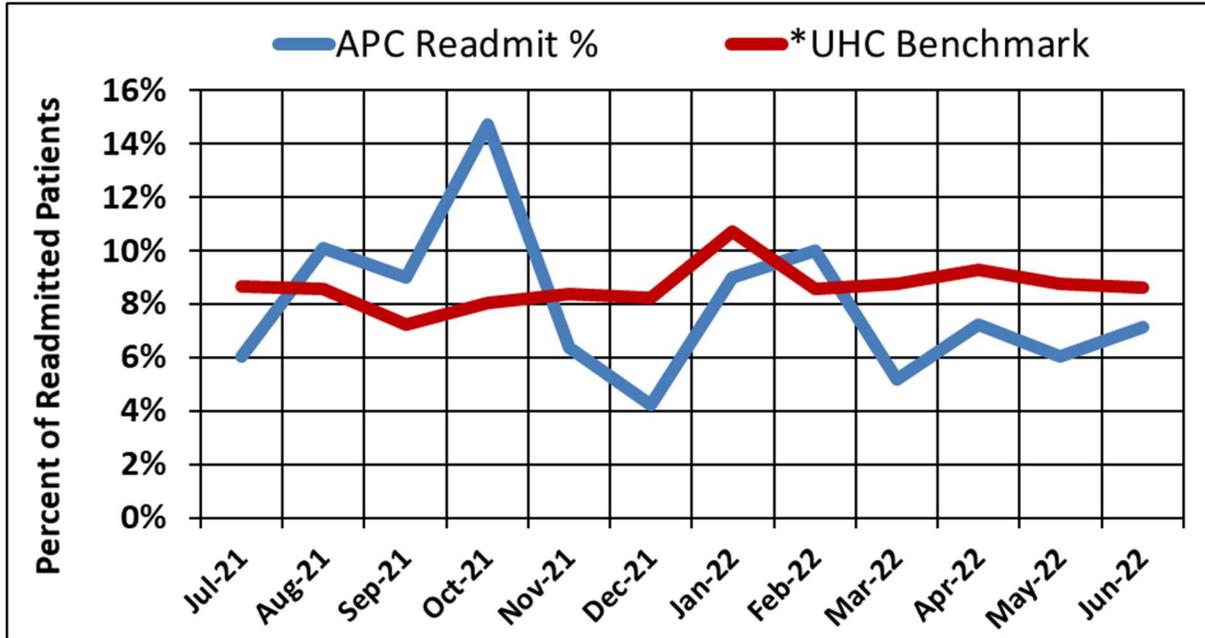


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-21	54	3	5.6%	6.7%
Aug-21	49	3	6.1%	5.8%
Sep-21	72	1	1.4%	7.3%
Oct-21	62	1	1.6%	6.9%
Nov-21	60	1	1.7%	5.7%
Dec-21	48	3	6.3%	6.5%
Jan-22	35	1	2.9%	8.8%
Feb-22	44	2	4.5%	6.2%
Mar-22	37	1	2.7%	6.5%
Apr-22	16	1	6.3%	6.8%
May-22	30	3	10.0%	6.7%
Jun-22	29	0	0.0%	8.6%

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

30 Day Readmission Rate – Adult Psychiatric Center

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

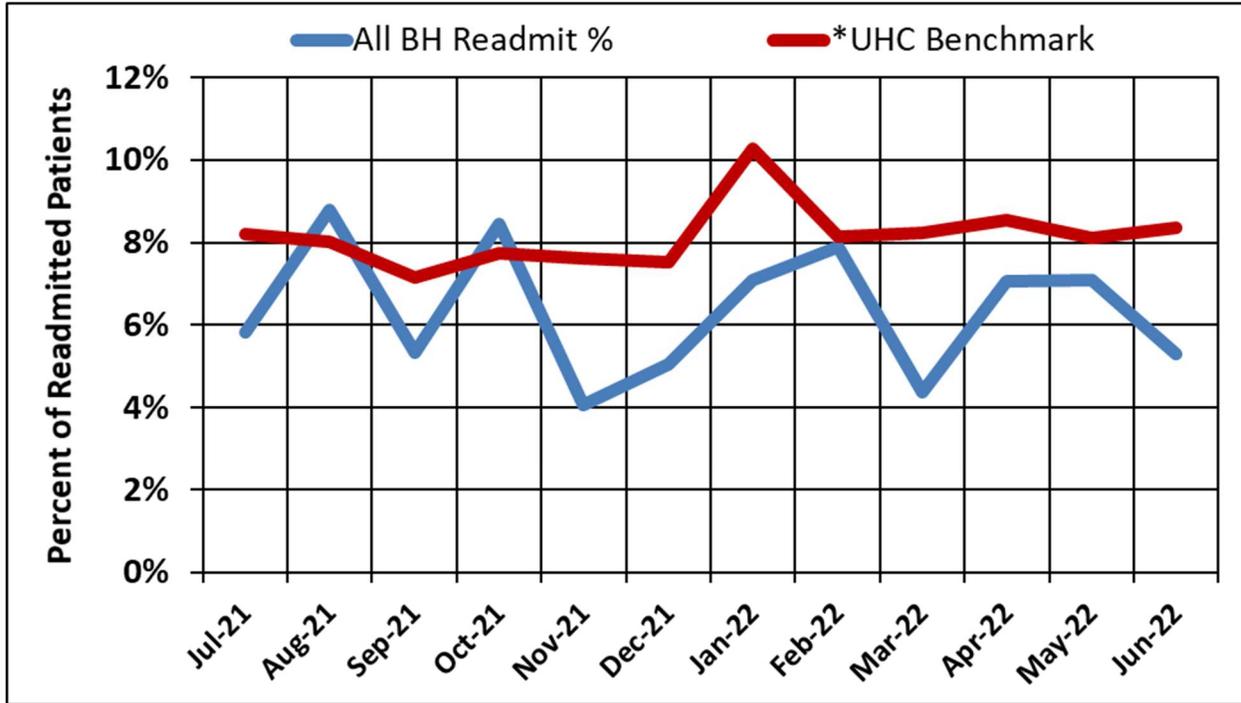


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-21	83	5	6.0%	8.6%
Aug-21	99	10	10.1%	8.5%
Sep-21	78	7	9.0%	7.2%
Oct-21	68	10	14.7%	8.1%
Nov-21	63	4	6.3%	8.4%
Dec-21	71	3	4.2%	8.2%
Jan-22	78	7	9.0%	10.7%
Feb-22	70	7	10.0%	8.6%
Mar-22	77	4	5.2%	8.7%
Apr-22	83	6	7.2%	9.3%
May-22	83	5	6.0%	8.8%
Jun-22	84	6	7.1%	8.6%

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

30 Day Readmission Rate – Both Adult and CPC Psychiatric Center

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

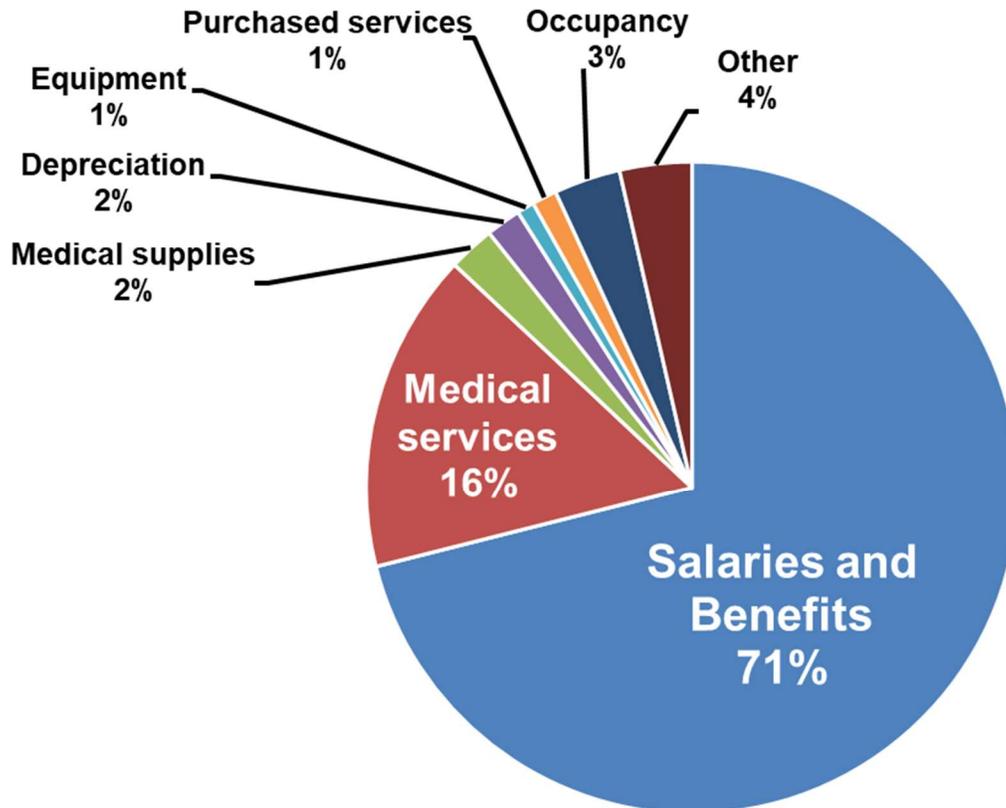


Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-21	137	8	5.8%	8.2%
Aug-21	148	13	8.8%	8.0%
Sep-21	150	8	5.3%	7.2%
Oct-21	130	11	8.5%	7.7%
Nov-21	123	5	4.1%	7.6%
Dec-21	119	6	5.0%	7.5%
Jan-22	113	8	7.1%	10.3%
Feb-22	114	9	7.9%	8.1%
Mar-22	114	5	4.4%	8.2%
Apr-22	99	7	7.1%	8.5%
May-22	113	8	7.1%	8.1%
Jun-22	113	6	5.3%	8.4%

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

Mill Levy Dollars Allocated to Behavioral Health

FY2022 BHO Mill Levy Operating Expense by Category (Unaudited)

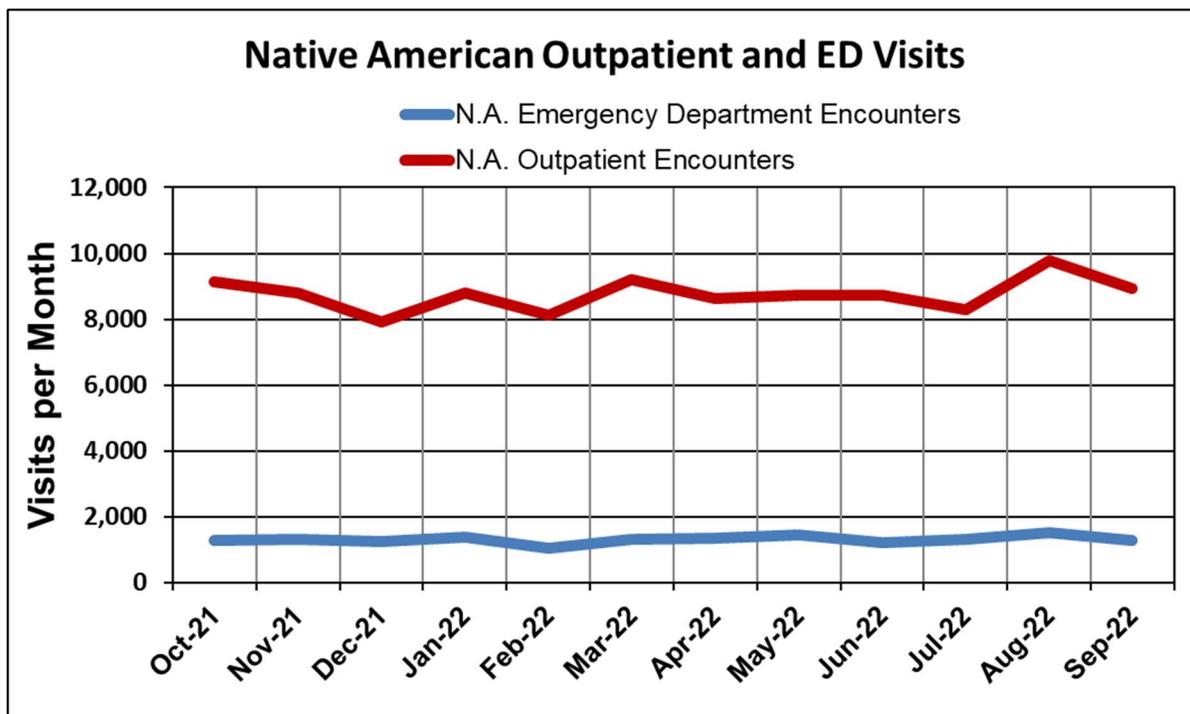


	FY2022
Salaries and Benefits	\$ 12,242,837
Medical services	2,742,704
Medical supplies	395,743
Depreciation	299,106
Equipment	147,417
Purchased services	211,391
Occupancy	567,962
Other	617,354
Total Expense	\$ 17,224,515

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

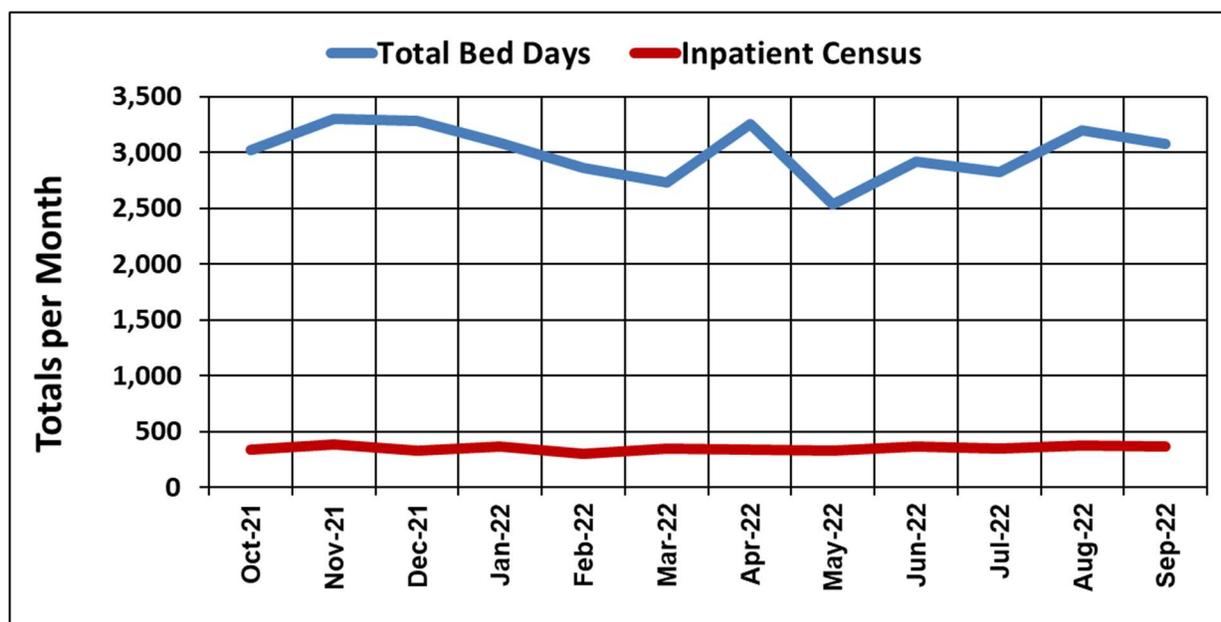
E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Oct-21	12	1,282	9,124
Nov-21	13	1,322	8,799
Dec-21	13	1,236	7,922
Jan-22	12	1,391	8,803
Feb-22	12	1,060	8,125
Mar-22	13	1,299	9,215
Apr-22	9	1,349	8,618
May-22	11	1,456	8,723
Jun-22	10	1,206	8,741
Jul-22	7	1,307	8,292
Aug-22	8	1,524	9,786
Sep-22	9	1,267	8,920

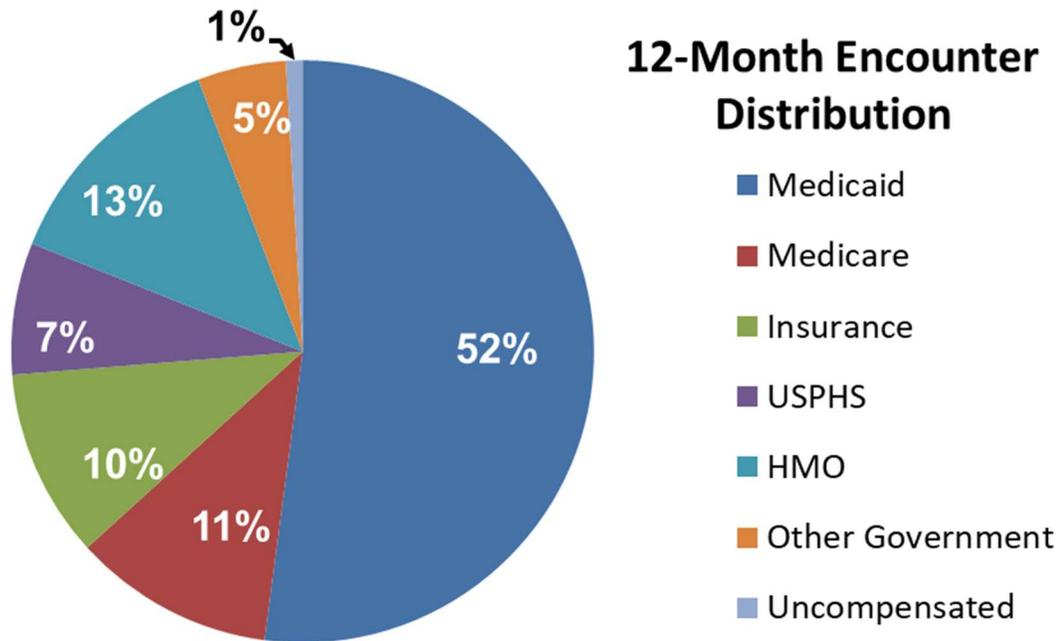
Native American Bed Days and Monthly Inpatient Census



Month	Inpatient Admissions (Census)	Total Bed Days
Oct-21	338	3,022
Nov-21	386	3,302
Dec-21	327	3,288
Jan-22	365	3,088
Feb-22	306	2,861
Mar-22	348	2,733
Apr-22	343	3,258
May-22	330	2,532
Jun-22	363	2,918
Jul-22	352	2,830
Aug-22	379	3,204
Sep-22	364	3,078

Native American Encounter Distribution by Payor Group

The following summary of Native American encounters by payor group is based on the previous 12-month period.



<i>Month</i>	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Oct-21	5,522	1,251	1,108	767	1,675	511	101
Nov-21	5,592	1,290	1,105	758	1,350	514	95
Dec-21	4,897	1,090	992	768	1,320	434	93
Jan-22	5,502	1,187	1,184	750	1,439	506	99
Feb-22	4,906	1,077	1,004	745	1,340	478	95
Mar-22	5,852	1,219	1,159	813	1,371	511	88
Apr-22	5,365	1,264	1,109	750	1,340	514	90
May-22	5,735	1,174	1,082	757	1,375	572	62
Jun-22	5,523	1,158	1,182	717	1,298	566	77
Jul-22	5,267	1,118	976	732	1,230	538	96
Aug-22	6,277	1,169	1,285	881	1,490	541	112
Sep-22	5,490	1,106	1,073	826	1,389	528	154
TOTAL	65,928	14,103	13,259	9,264	16,617	6,213	1,162
	52%	11%	10%	7%	13%	5%	1%

APPENDIX A

MOU Exhibit A Progress Updates

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

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

Exhibit A – Reporting

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

Exhibit A - Accountability and Transparency

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

Exhibit A – Primary Care

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

Exhibit A – Financial Assistance

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

Exhibit A – Financial Services

Action Item	Implementation Status	
UNMH will subject to CMS regulations assure that no indigent patient is sent to collections.	Implemented with 2015 policy change. UNMH monitors on ongoing basis.	
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.	
UNMH will evaluate the expansion of Behavioral Health services within its own operation and with other community providers	UNMH has worked with the County on service expansion at the Care Campus and is in the process of Development of a Crisis Center at UNM including expanded PES capacity.	
UNMH shall engage with County and IHS on the programming and design of future space for UNMH Behavioral Health Services including Crisis Services.	UNMH and Bernalillo County are actively working on short and long-term planning on crisis services.	
Any changes impacting integrated behavioral health and primary care integrated services or peer services will be discussed with the County and IHS prior to implementation	No current planned changes with these services.	
UNMH will evaluate the ability to provide identifiable patient information to first responders consistent with applicable laws.	MOU completed with City related to providing information to APD Crisis response from Psychiatric Emergency Services.	
Evaluate the viability of expanding behavioral health services in school based clinics	TBD on hold based on COVID-19.	
UNMH will evaluate the possible provision of expanding existing BH services or new programs in a wide range of service categories.	UNMH continues to evaluate service expansion within provider availability.	
UNMH will evaluate data sharing with the County for analyzing outcome data for behavioral health patients and to track utilization of behavioral health patients across programs consistent with State and Federal law.	Legal issues created by New Mexico Mental Health code limit providing identifiable information.	

APPENDIX B

UNM Hospital Semi-Annual Report on the Status of Deliverables

Period July 2022 - December 2022

UNM Lease MOU with Bernalillo County - Exhibit C

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

Exhibit A Reporting Area - Reporting and Interaction

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

Exhibit A Reporting Area - Accountability and Transparency

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.	UNMH continues to produce the Bernalillo County Quarterly Report outlining patient safety, quality, operational and financial data with corresponding benchmark data where available. The report is provided to Bernalillo County, IHS and APCG. The report is publically available on the UNMH and Bernalillo County Websites.
B.4 UNMH will provide financial information to the County Commission and IHS as to the expenditure of mill levy finding by UNMH Departments.	UNMH currently published financial, quality and operational data on the UNMH intranet site that include mill levy funding by department as part of the Bernalillo County Quarterly Report. The format and information were agreed to by Bernalillo County.
B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.	Bernalillo County Quarterly Reports are available online at: https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html

Exhibit A Reporting Area - Primary Care

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	<p>UNMH has opened a mulita-specialty clinic in Gallup that has been well received. UNMH is also in the process of expanding primary care access through expansion of the LoboCare Clinic, Senior Health Clinic and is in the planning phase for a new clinic located in Southwest Mesa.</p> <p>UNMH offers financial assistance through the UNM Care and other programs to patients.</p> <p>UNMH is moving forward with the New Tower Project to expand Access to Critical Care, Trauma, Surgical and other inpatient services for patients.</p>
C.7 UNMH shall provide increased funding to either the UNM School of Medicine or UNM Medical Group to recruit and retain specialist for a minimum of two medical specialties most needed by Native Americans.	UNMH continues to discuss need specialty access at ongoing quarterly lease compliance meetings with representation from IHS and the Tribes. Reporting is provided quarterly on access and services to Native Americans.

Exhibit A Reporting Area - Native American Care

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
E1. UNMH in collaboration with the IHS, the All Pueblo Council of Governors and the county shall develop a written methodology acceptable to the parties on the 100 bed Native American patients' provision in the Federal Contract.	UNMH in conjunction with the All Pueblo Council of Governors and with review by IHS has developed an operational guideline for addressing access issues for Native American patients under the requirements of the Federal Contract. UNMH has started reporting Inpatient Utilization by tribe at the request of IHS.
E.4 UNMH will consult with the IHS to review compliance with Federal Contract and for the provision of additional services, the quality of care for Native Americans, and priorities for additional services.	UNMH has ongoing quarterly operational meetings with IHS to discuss compliance with the Federal Contract and operational issues affecting Native Americans. UNMH also participates in Semi-annual Consultations with IHS and the APGC.
E.5 UNMH will evaluate the opportunity to sustain and improve healthcare services available to Native Americans.	UNMH meets with the IHS quarterly to review utilization and access data for Native American patients and to discuss opportunities for improved performance. Reporting on access and utilization by tribe is provided as a part of these meetings.

Exhibit A Reporting Area - Behavioral Health Services

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
<p>F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.</p>	<p>UNMH continues to provide staffing for discharge planning activities for the MDC and to assist with staffing the Resource Re-entry Center. This group focuses on identification of high needs patients with behavioral health issues. Law enforcement and first responders will have a dedicated entry in the new Crisis triage Center.</p>
<p>F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.</p>	<p>UNMH is currently working on expanded Behavioral Health programming within the UNMH infrastructure in the forms of health home implementation, Crisis Triage Center Development with the County and expanded Psychiatric Emergency Capacity.</p> <p>UNMH also continues to work with the County to expand Behavioral Health services at the Cares Campus and on new programs within UNMH including development of a transitional age program, partial hospital programs, and intensive outpatient programs to expand system resources.</p>

Exhibit A Reporting Area - Impact of COVID-19

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