QUARTERLY REPORT
March 31, 2021

Bernalillo County Commissioner Trend Report

UNM HOSPITALS

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A. ACCOUNTABILITY

Balance Sheet
Statements of Net Position

(In Thousands) Assets		March 2021		audited June 2020*
Cash and marketable securities	$	284,649	$	191,110
Cash restricted by management for capital replacement		93,000		63,000
Cash restricted for donor specified expenses		20,076		19,297
Cash restricted for capital appropriation		15,741		18,044
Cash restricted for Medicare advance payment program***		78,830		78,830
Patient receivables, net		162,224		135,631
Other receivables and current assets		114,999		106,707
Capital assets, net		243,462		232,124
Restricted for mortgage reserve, bonds		23,335		18,168
Other noncurrent assets		34,495		28,579
Total assets		1,070,811		891,490
Liabilities				
Accounts payable		57,672		45,975
Payable to related parties (UNM)		51,833		32,168
Interest payable bonds		783		78
Medicare advance payment program		78,830		78,830
Other accrued current liabilities		178,986		136,148
Bonds payable, non current		80,355		80,355
Other long term liabilities		6,071		6,071
Total liabilities		454,530		379,625
Net Position				
Restricted for expendable grants, bequests, and contributions		20,076		19,297
Restricted capital appropriation		15,741		18,044
Restricted by management for capital replacement		93,000		63,000
Restricted for trust indenture and debt agreement		23,335		18,168
Assets invested in capital		157,151		145,819
Unrestricted from operations		306,978		247,537
Total net assets	$	616,281	$	511,865
Current Ratio		**2.09**		**2.09**
Days Cash on Hand**		**88.00**		**71.00**

* 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

Statements of Revenues, Expenses, and Changes in Net Assets
For the nine (9) months ended March 31, 2021

(In Thousands)		**March**
Operating revenues:		
Net Patient Service	$	923,405
Other		38,719
Total Operating Revenues		962,124
Operating expenses:		
Employee Compensation and Benefits		513,912
UNM School of Medicine Medical Services		117,434
Medical Services Oncology		19,544
Medical Services non-SOM		31,833
Medical Supplies		133,721
Oncology Drugs		39,139
Occupancy/Equipment		56,410
Depreciation		25,536
Purchased Services		54,967
Health System Expenses		11,811
Gross Receipts Tax		19,352
Other		12,963
Total Operating Expenses		1,036,622
Operating loss		(74,498)
Nonoperating Revenues (Expenses):		
Bernalillo County Mill Levy		80,228
State Appropriation		9,695
Interest Expense		(2,114)
Other Revenue and (Expense)		91,105
Net Nonoperating Revenues		178,914
Total Increase in Net Assets		104,416
Net Assets, Beginning of Year		511,865
Net Assets, End of Year	$	616,281
Net Assets Reserved for capital assets	$	50,000
Net Assets Available for operations	$	54,416

Mill Levy Distribution Detail by Department FY2020

UNMH Mill Levy Spending Allocation Non-clinical Exp Support FY2020

Total Bernalillo County Mill Levy $ **108,619,093.00**

Note: 15% of the Mill Levy is allocated to Behavioral Health

	UNMH - 85%	
Mill Levy	$	**92,326,229**
Expenses	Total Spending	
Facilities		
Facilities Maintenance	$ 14,943,279	
Environmental Services	10,427,142	
Insurance	6,147,578	
Plant Operations & Maintenance	4,455,839	
Utilities	4,071,076	
Clinical Engineering	2,328,411	
Parking Structure and Suport	2,173,993	
Security	3,911,376	
Off Site/Ambulatory Maintenance	5,734,811	
Life Safety/Fire Protection	1,382,351	
Facilities Planning	3,111,019	
Other	1,188,203	
Total Facilities		59,875,078
Finance		8,249,652
HR		8,020,942
Information Technology		
IT - Open Clinic/Mgt	6,538,821	
IT - Patient Financial Services	3,630,397	
Communications	5,883,092	
IT Cerner Millennium RHO	4,581,886	
Clinical Applications	3,552,335	
Customer Service	2,433,885	
Network & Infrastructure	2,692,119	
Systems Support	3,432,574	
System Develop and Applications	2,470,961	
IT CyberSecurity	1,755,079	
IT Non Capital Equipment	1,113,167	
Computer Learning Technologies	1,331,655	
Medical Records	1,313,885	
IT - EVOLVE3	814,605	
IT Admin, Oversight and Support	1,112,086	
Other	1,792,976	
Total Information Technology		44,449,523
Revenue Cycle		
Patient Financial Services	13,578,701	
Coding	8,847,290	
Revenue Cycle Initiatives	2,884,239	
Medical Records Support Svcs	2,174,901	
HIM Clinical Documentation	2,106,520	
Collection Agencies	954,894	
Other	1,217,023	
Total Revenue Cycle		31,763,568
Food & Nutrition		8,351,321
Other		
Administration	14,655,237	
FHA Bonds	6,572,341	
Admin Support for Facilities/Planning	2,025,012	
Other	505,362	
Total Other		23,757,952
Total Mill Levy Expenditures		**$ 184,468,036**

Average Length of Stay (LOS) for Inpatient Admissions
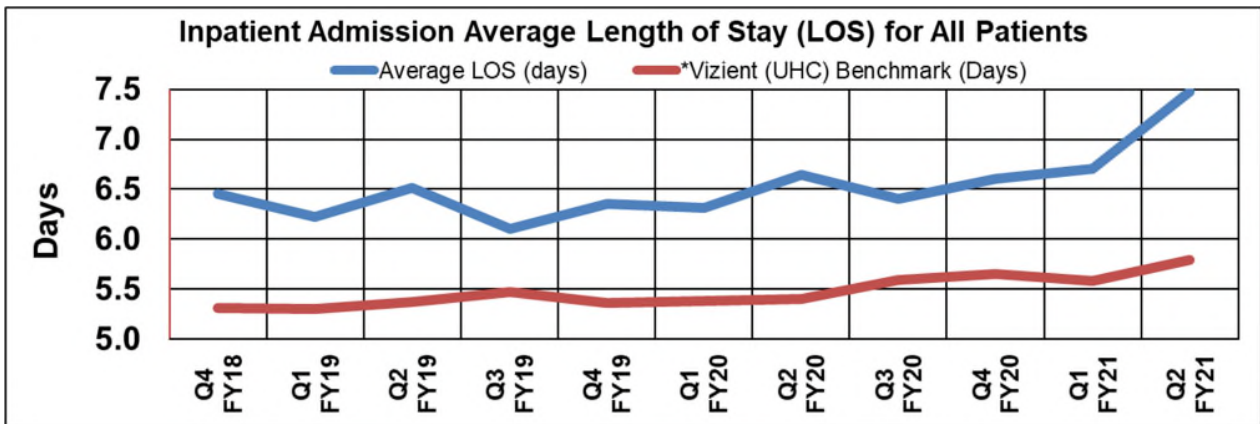
Inpatient Admission Average Length of Stay (LOS) for All Patients
— Average LOS (days) — *Vizient (UHC) Benchmark (Days)

Fiscal Quarter	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21
Average LOS (days)	6.45	6.22	6.51	6.10	6.35	6.31	6.65	6.40	6.61	6.71	7.48
*Vizient (UHC) Benchmark (Days)	5.31	5.30	5.37	5.47	5.36	5.38	5.40	5.59	5.65	5.58	5.79

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

30 Day Readmission for All Patients
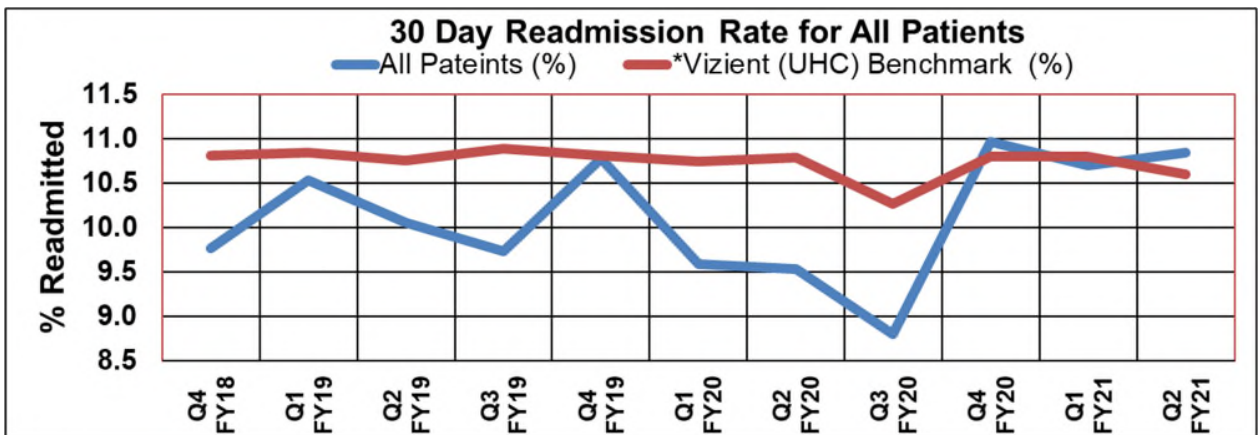
30 Day Readmission Rate for All Patients
— All Pateints (%) — *Vizient (UHC) Benchmark (%)

Fiscal Quarter	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21
All Pateints (%)	9.77	10.53	10.06	9.74	10.78	9.59	9.54	8.80	10.97	10.70	10.85
*Vizient (UHC) Benchmark (%)	10.81	10.85	10.76	10.89	10.81	10.75	10.79	10.27	10.80	10.80	10.60

(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
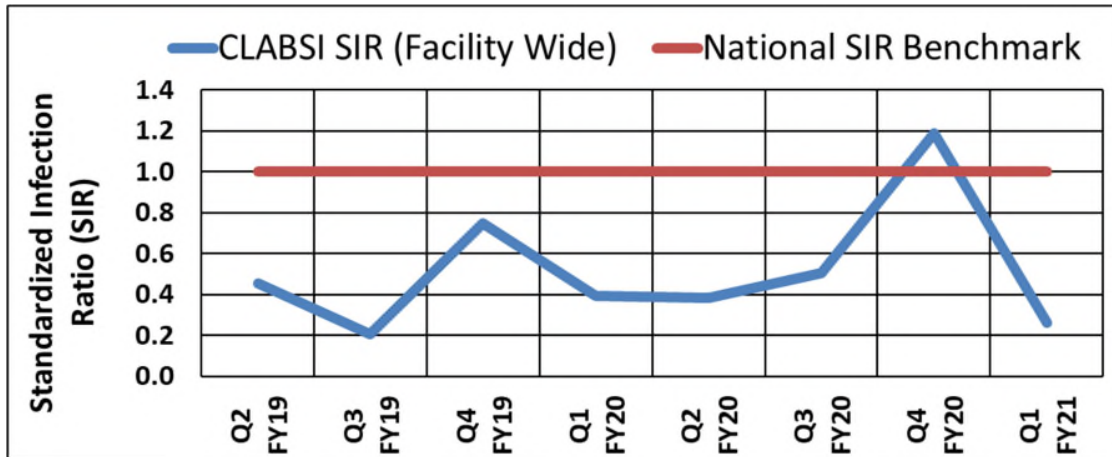
Central Line-associated Bloodstream Infection (CLABSI)	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21
CLABSI SIR (Facility Wide)	0.45	0.20	0.75	0.39	0.39	0.51	1.19	0.26
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	4	2	8	4	4	5	12	3
*NHSN Expected	8.8	9.8	10.7	10.2	10.4	9.9	10.1	11.4

Due to the COVID-19 impact, the CLABSI data is delayed by two quarters.

Catheter Associated Urinary Tract Infection
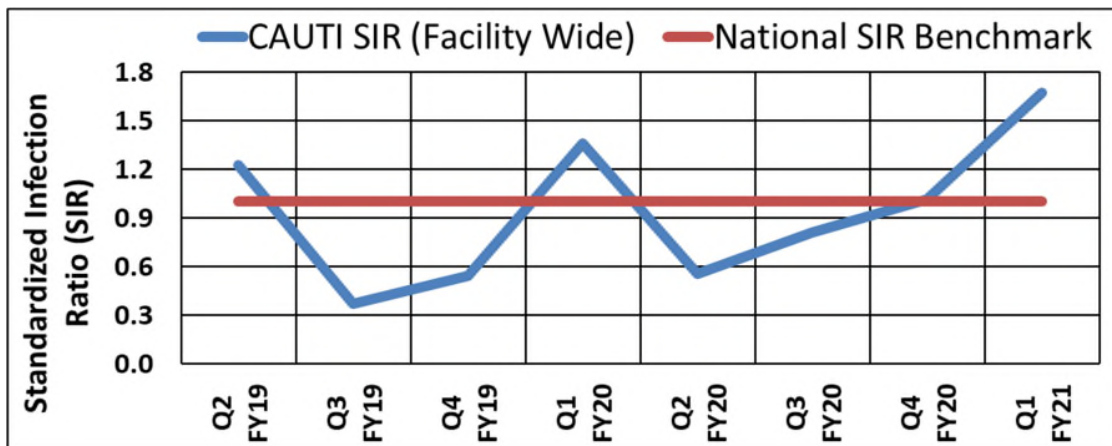
Catheter-Associated Urinary Tract Infection (CAUTI)	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21
CAUTI SIR (Facility Wide)	1.22	0.37	0.55	1.36	0.56	0.81	1.01	1.67
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CAUTI Count	12	4	6	15	7	9	12	22
*NHSN Expected	9.8	10.7	11.0	11.0	12.6	11.1	11.8	13.1

Due to the COVID-19 impact, the CAUTI data is delayed by two quarters.

*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	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21
MRSA Standard Infection Ratio	0.77	1.26	1.23	1.23	1.19	0.39	0.81	0.38	0.00	0.00	0.78
**Default Interim Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Raw Count of Infections	2	3	3	3	3	1	2	1	0	0	2
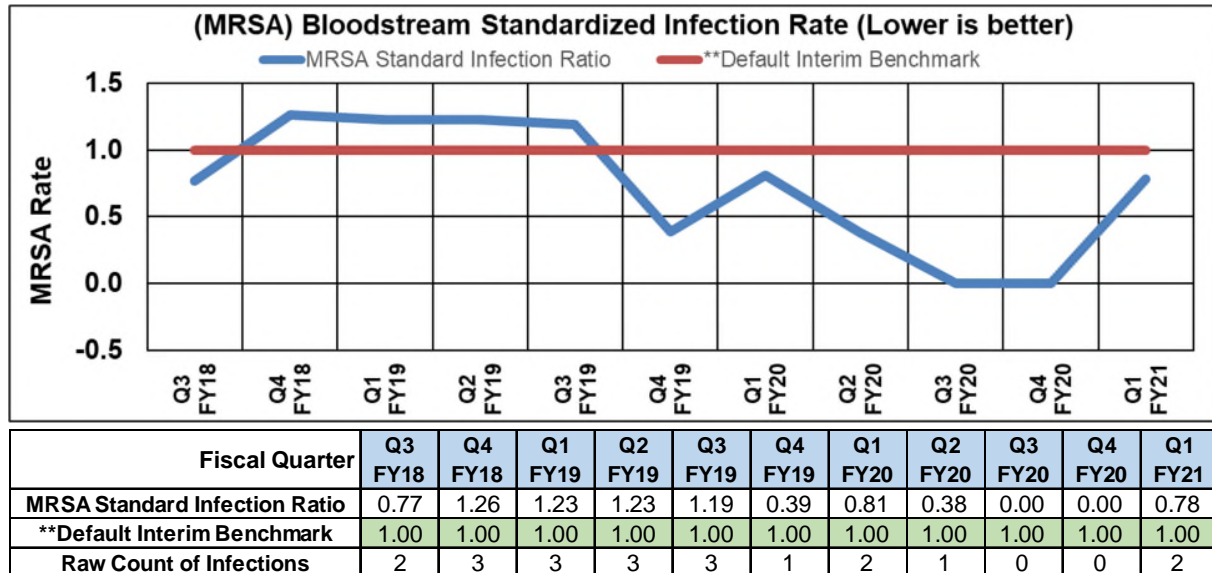
Due to the COVID-19 impact, the MRSA data is delayed by two quarters.

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

Total Number of Inpatient Days

FY20 based on the twelve (12) months ended June 30, 2020.
FY21 Actual YTD is based on the nine (9) months ended March 31, 2021
FY21 Projected is based on the twelve (12) months ended March 31, 2021.

Inpatient Days	FY20 Actual	FY21 Actual YTD	FY21 Projected
Adult	112,012	97,015	123,288
Pediatric	39,029	26,747	35,312
Newborn	4,980	3,318	4,365
Total Inpatient Days	**156,021**	**127,080**	**162,965**

Nursing Hours of Care

		FY2019 Actual	FY2020 Actual	FY2021 February
UNMH Nursing Hours of Care Per Patient*		17.12	16.75	20.00

*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, 2020	Number of FTES as of March, 2021	FY2021 Hires (Headcount)	FY2021 Terms (Headcount)	Rolling Retention Rate
RN's	1,968	1,948	183	255	83.09%
*National Retention Rate Benchmark					82.80%

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

Press Ganey Inpatient Satisfaction Score
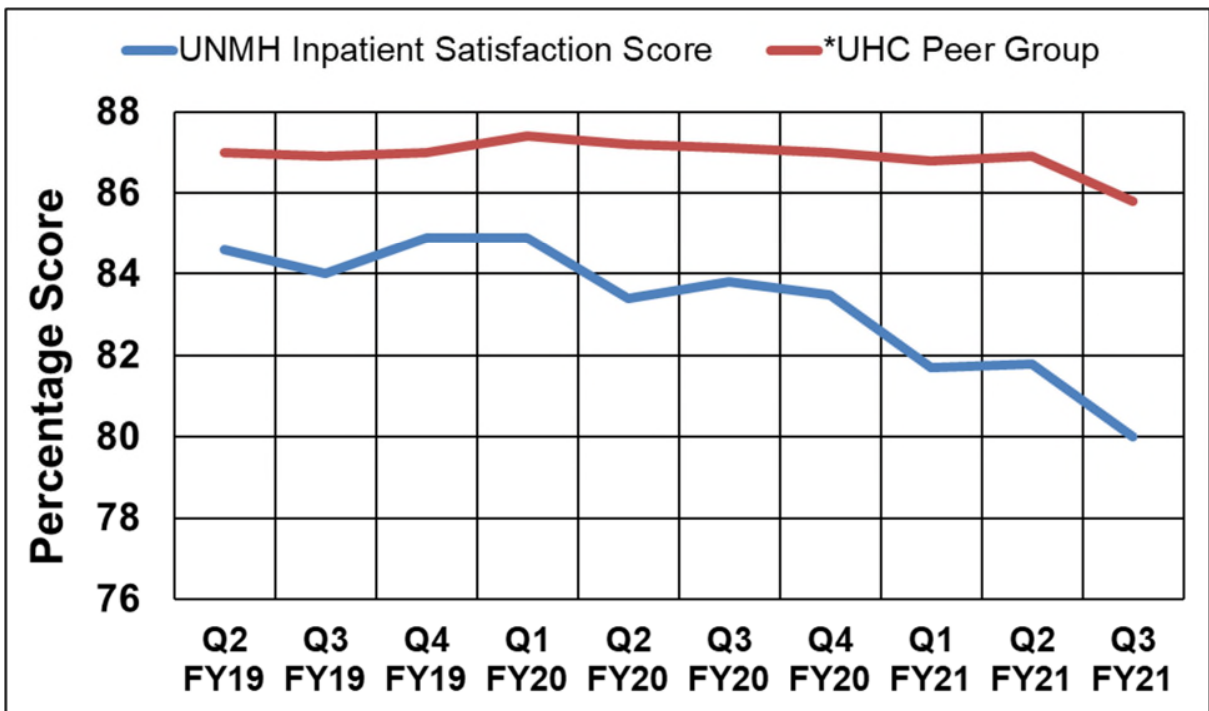
Quarter	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21
UNMH Inpatient Satisfaction Score	84.6	84.0	84.9	84.9	83.4	83.8	83.5	81.7	81.8	80.0
*UHC Peer Group	87.0	86.9	87.0	87.4	87.2	87.1	87.0	86.8	86.9	85.8

*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
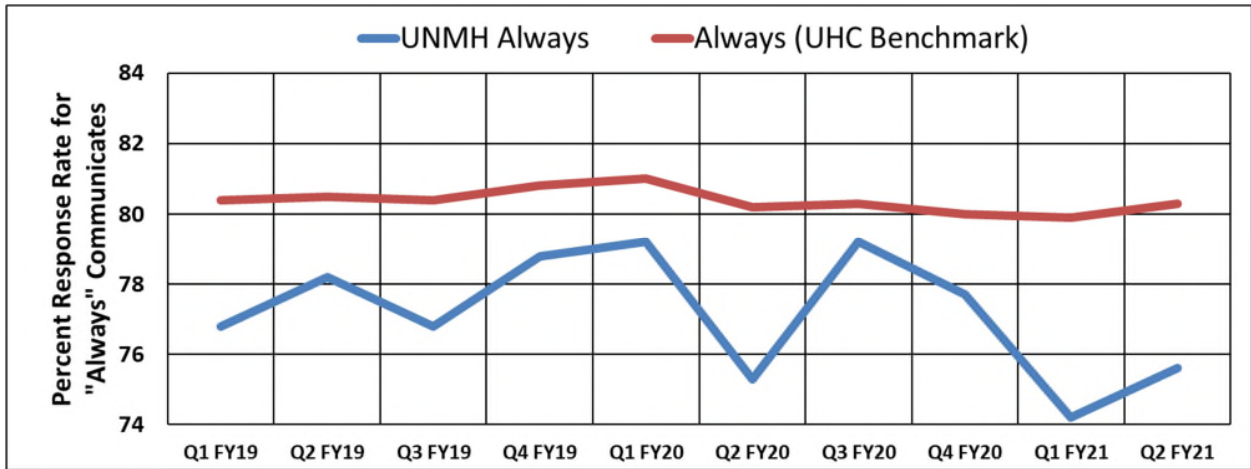
Communication with Nurses	Response	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21
H-COMP-1-A-P	UNMH Always	76.8	78.2	76.8	78.8	79.2	75.3	79.2	77.7	74.2	75.6
H-COMP-1-U-P	UNMH Usually	17.8	16.5	17.8	16.9	16.7	19.5	15.6	16.9	17.4	18.1
H-COMP-1-SN-P	UNMH Sometimes/Never	5.5	5.4	5.5	4.3	4.1	5.2	5.1	5.4	8.5	6.3
UHC Benchmark	Always (UHC Benchmark)	80.4	80.5	80.4	80.8	81.0	80.2	80.3	80.0	79.9	80.3
UHC Benchmark	Usually (UHC Benchmark)	15.3	15.3	15.3	14.9	14.8	15.1	15.0	15.0	15.3	14.9

There is a 3-month delay in in HCAPS data.

HCAPS Satisfaction – Communications with Doctors
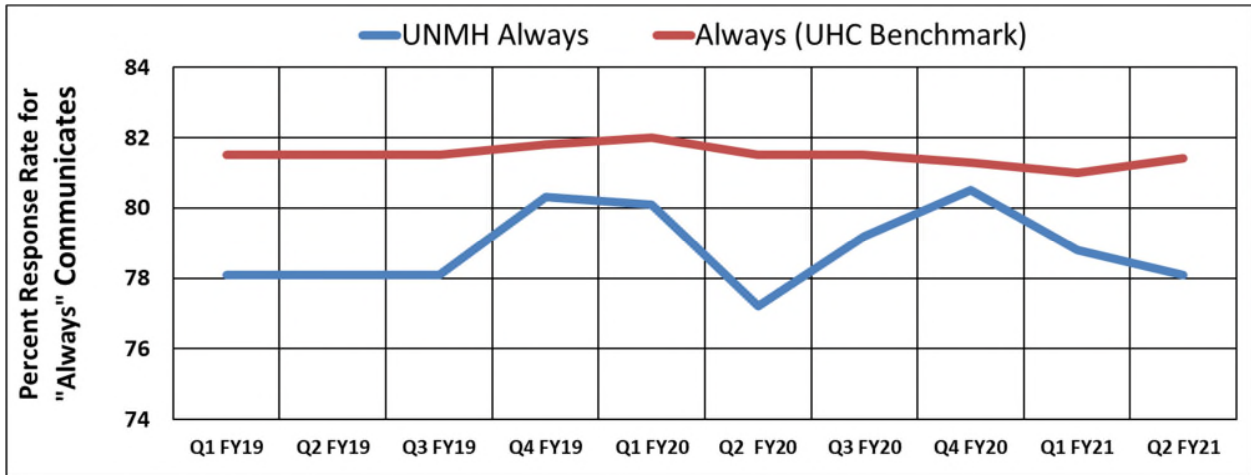
Communication with Doctors	Response	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21
H-COMP-2-A-P	UNMH Always	78.1	78.1	78.1	80.3	80.1	77.2	79.2	80.5	78.8	78.1
H-COMP-2-U-P	UNMH Usually	15.7	14.9	15.7	15.1	15.8	16.9	15.9	13.4	15.3	14.7
H-COMP-2-SN-P	UNMH Sometimes/Never	6.2	6.9	6.2	4.6	4.1	5.9	4.9	6.2	5.9	7.2
UHC Benchmark	Always (UHC Benchmark)	81.5	81.5	81.5	81.8	82.0	81.5	81.5	81.3	81.0	81.4
UHC Benchmark	Usually (UHC Benchmark)	14.0	14.0	14.0	13.8	13.6	13.8	13.9	13.7	14.0	13.9

There is a 3-month delay in in HCAPS data.

Grievances
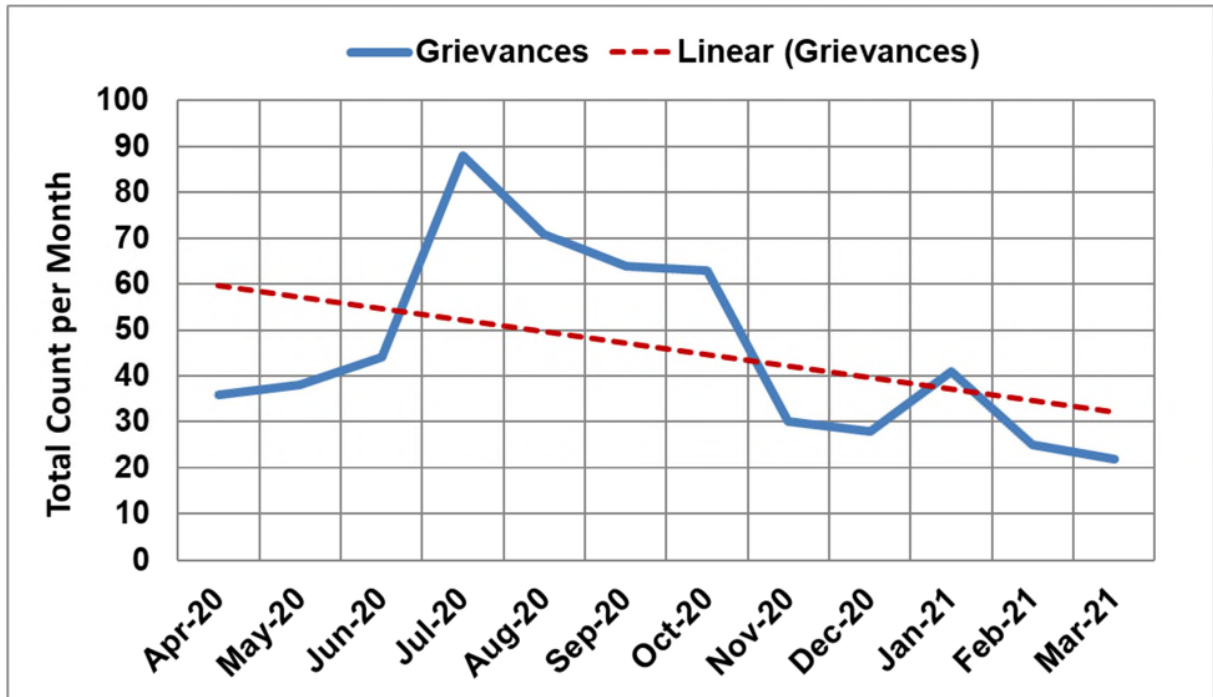
Month-Year	Grievances
Apr-20	36
May-20	38
Jun-20	44
Jul-20	88
Aug-20	71
Sep-20	64
Oct-20	63
Nov-20	30
Dec-20	28
Jan-21	41
Feb-21	25
Mar-21	22

Average time for an Appointment for Primary and Specialty Care

Average 3rd Next Available* Day out for Appointments.
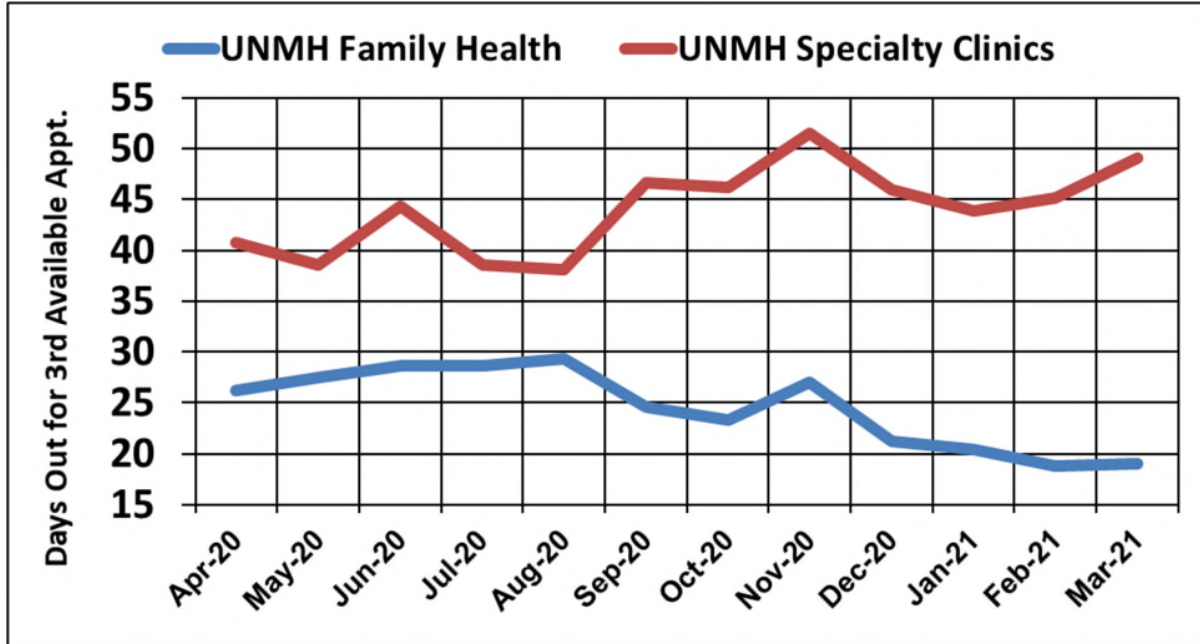
Month	UNMH Family Health	UNMH Specialty Clinics
Apr-20	26.2	40.7
May-20	27.5	38.6
Jun-20	28.6	44.3
Jul-20	28.6	38.5
Aug-20	29.3	38.0
Sep-20	24.6	46.6
Oct-20	23.3	46.1
Nov-20	27.0	51.5
Dec-20	21.2	45.9
Jan-21	20.4	43.8
Feb-21	18.8	45.2
Mar-21	19.0	49.0

* "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.
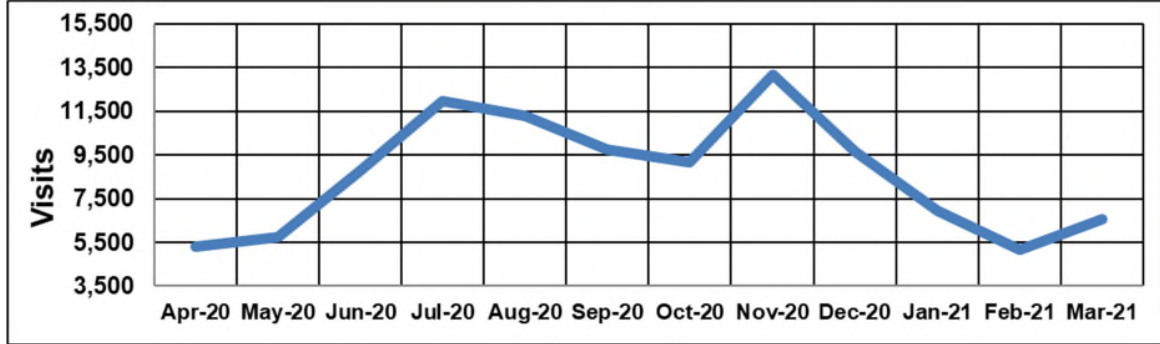
Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Visits	5,286	5,765	8,780	11,969	11,302	9,764	9,173	13,184	9,654	6,969	5,161	6,550

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.
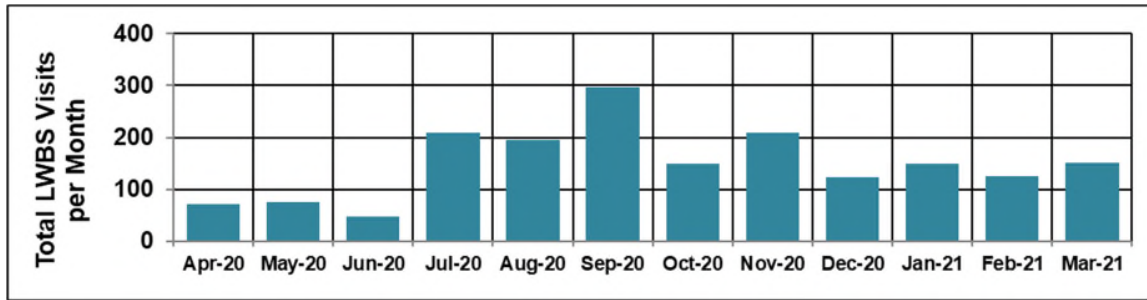
Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
UH LWBS	71	76	48	209	196	297	150	210	124	150	126	151

ED Average Hours from Arrival to Disposition
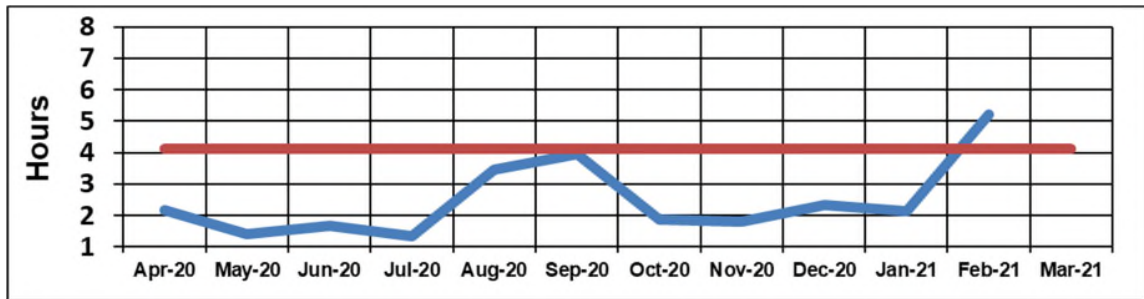
Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Arrival to Disposition	2.16	1.4	1.68	1.35	3.45	3.95	1.87	1.79	2.33	2.15	5.22	**
*National Average	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11

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

** *Due to the COVID-19 impact, the ED Disposition time data is delayed by one month.*

MDC Inmates Receiving Hospital Services
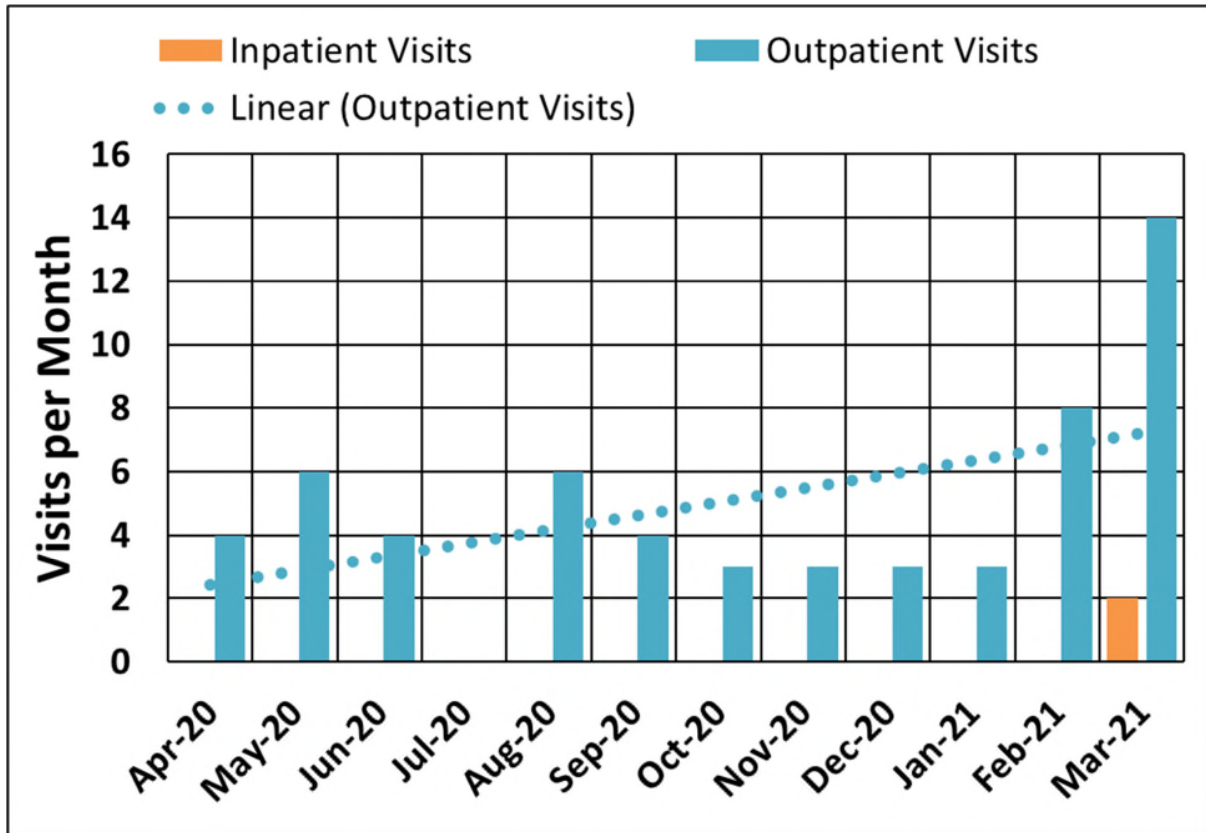
Month	Inpatient Visits	Outpatient Visits
Apr-20	0	4
May-20	0	6
Jun-20	0	4
Jul-20	0	0
Aug-20	0	6
Sep-20	0	4
Oct-20	0	3
Nov-20	0	3
Dec-20	0	3
Jan-21	0	3
Feb-21	0	8
Mar-21	2	14

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

Typically, patients use their own insurance when possible.

Bernalillo County Encounters by Funding Source

All Bernalillo County encounters for the nine (9) months ended March 31, 2021, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	6,625
EMSA	394
IHS	2,557
Medicaid	199,657
Medicare	200,828
Uninsured	35,176
HMO's & Insurance	187,610
All Other *	42,951
Total Encounters	**675,798**
Native American Encounters **	**75,387**

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, 2021, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	$ 16,098,043	$ 16,943,774	$ 33,041,817
Catron	27,624	11,332	38,956
Chaves	26,840	43,825	70,665
Cibola	562,863	128,512	691,374
Colfax	23,113	101,066	124,179
Curry	1,250	53,755	55,005
De Baca	18	398	416
Dona Ana	262,938	126,378	389,316
Eddy	309,320	120,095	429,414
Grant	7,102	126,149	133,250
Guadalupe	83,905	16,738	100,642
Harding	18,627	-	18,627
Hidalgo	-	-	-
Lea	7,246	53,942	61,188
Lincoln	22,745	32,491	55,236
Los Alamos	22,700	11,670	34,370
Luna	25,072	1,194	26,266
Mc Kinley	1,528,806	233,696	1,762,502
Mora	47,154	11,695	58,849
Otero	228,761	23,957	252,718
Quay	5,707	19,013	24,719
Rio Arriba	313,575	104,262	417,837
Roosevelt	12,557	139,329	151,885
San Juan	1,199,196	238,498	1,437,693
San Miguel	56,349	14,328	70,677
Sandoval	1,597,748	1,165,804	2,763,553
Santa Fe	829,953	755,360	1,585,313
Sierra	74,843	13,524	88,367
Socorro	92,038	291,446	383,483
Taos	96,589	178,231	274,820
Torrance	159,883	201,162	361,045
Union	3,747	35,498	39,244
Valencia	1,274,475	2,046,367	3,320,842
Out Of State	-	2,128,416	2,128,416
Grand Total	**$ 25,020,785**	**$ 25,371,902**	**$ 50,392,688**

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, 2021.

Bernalillo County Zip	Inpatient Encounter Count	Inpatient Charity Care and Uninsured Cost	Outpatient Encounter Count	Outpatient Charity Care and Uninsured Cost	Total Encounter Count	Total Patient Charity Care and Uninsured Cost
87008	1	$211	114	$ 21,886	115	$ 22,097
87022	4	19,115	144	20,081	148	39,196
87047	16	11,986	230	44,119	246	56,105
87059	14	54,221	536	116,973	550	171,194
87101	1	(22)	21	8,140	22	8,118
87102	182	1,040,288	4,951	991,648	5,133	2,031,936
87103	1	12,814	28	4,407	29	17,221
87104	61	321,195	1,660	271,253	1,721	592,448
87105	407	2,549,040	11,925	2,600,745	12,332	5,149,785
87106	131	874,141	3,787	1,012,436	3,918	1,886,577
87107	101	331,691	4,199	1,070,575	4,300	1,402,267
87108	296	1,260,366	8,314	1,915,932	8,610	3,176,298
87109	133	388,898	3,618	806,782	3,751	1,195,679
87110	123	679,311	4,646	953,467	4,769	1,632,778
87111	104	748,287	3,254	664,896	3,358	1,413,183
87112	136	447,655	4,834	958,607	4,970	1,406,262
87113	29	115,147	1,269	276,010	1,298	391,157
87114	124	587,293	4,011	816,920	4,135	1,404,213
87115	-	-	2	(95)	2	(95)
87116	3	17,923	104	25,397	107	43,321
87117	-	-	4	3,832	4	3,832
87119	2	5,016	55	5,808	57	10,824
87120	146	279,622	4,438	754,044	4,584	1,033,666
87121	484	2,659,365	18,647	4,566,161	19,131	7,219,591
87122	10	4,980	484	94,506	494	99,486
87123	199	831,677	6,724	1,400,611	6,923	2,232,288
87125	10	14,389	192	27,215	202	41,603
87128	-	-	-	-	-	-
87130	-	-	1	25	1	25
87131	1	(2,005)	17	3,196	18	1,191
87140	-	-	1	(1,962)	1	(1,962)
87151	4	59,636	74	49,247	78	108,883
87153	1	1,089	21	865	22	1,954
87154	5	19,430	130	13,801	135	33,231
87158	-	-	-	-	-	-
87176	10	16,072	103	19,164	113	35,236
87181	2	1,495	43	11,576	45	13,071
87184	1	3,595	53	19,952	54	23,547
87185	-	-	3	251	3	251
87187	2	529	14	1,370	16	1,899
87190	-	-	48	4,159	48	4,159
87191	2	63	37	6,804	39	6,867
87192	1	43	49	2,322	50	2,366
87193	1	9,041	86	22,294	87	31,334
87194	1	(19,684)	39	1,568	40	(18,117)
87195	10	1,998	245	27,938	255	29,937
87196	-	-	127	13,830	127	13,830
87197	2	1,072	128	16,517	130	17,589
87198	6	5,842	172	23,109	178	28,951
87199	2	1,229	87	25,318	89	26,547
Grand Total	**2,769**	**$ 13,354,054**	**89,669**	**$ 19,693,699**	**$ 92,438**	**$ 33,041,818**

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the nine (9) months ended March 31, 2021.

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	1	7	-	1	-	1	-	2	8	95	115
87022	20	9	1	1	3	-	-	-	11	103	148
87047	8	12	-	1	4	7	4	4	1	205	246
87059	21	43	-	4	7	7	7	9	25	427	550
87101	-	1	-	1	1	-	-	-	2	17	22
87102	206	422	7	56	144	55	48	26	371	3,798	5,133
87103	1	1	-	2	1	-	-	-	2	22	29
87104	82	154	1	24	44	30	17	11	105	1,253	1,721
87105	618	963	29	145	238	141	134	73	597	9,394	12,332
87106	189	257	9	42	79	43	47	21	337	2,894	3,918
87107	216	338	4	30	90	60	32	37	260	3,233	4,300
87108	420	694	14	139	224	120	97	62	636	6,204	8,610
87109	310	322	13	39	77	63	41	25	248	2,613	3,751
87110	265	366	5	63	88	80	30	39	335	3,498	4,769
87111	179	302	5	31	61	51	42	21	293	2,373	3,358
87112	248	419	10	46	90	80	49	31	249	3,748	4,970
87113	147	81	-	10	25	24	16	2	35	958	1,298
87114	229	309	9	42	63	62	54	33	225	3,109	4,135
87115	-	-	-	-	-	-	-	-	1	1	2
87116	14	7	1	-	3	1	2	-	1	78	107
87117	-	-	-	-	-	1	-	-	-	3	4
87119	1	3	-	-	-	-	6	1	3	43	57
87120	220	417	17	40	90	75	57	37	261	3,370	4,584
87121	1,068	1,291	44	154	335	216	279	79	641	15,024	19,131
87122	54	27	1	4	7	3	1	2	17	378	494
87123	346	618	15	57	133	92	78	43	296	5,245	6,923
87125	12	7	-	3	15	2	2	1	14	146	202
87128	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	1	1
87131	-	1	-	-	-	-	-	-	-	17	18
87140	-	-	-	-	-	-	-	-	1	-	1
87151	-	4	-	2	7	1	-	1	2	61	78
87153	1	-	-	4	-	-	-	-	1	16	22
87154	10	12	-	2	3	2	2	-	7	97	135
87158	-	-	-	-	-	-	-	-	-	-	-
87176	6	24	-	-	3	1	1	-	5	73	113
87181	4	2	-	2	-	-	-	-	-	37	45
87184	6	3	-	1	-	1	1	1	5	36	54
87185	-	-	-	-	-	-	1	-	-	2	3
87187	3	1	-	-	1	1	-	1	1	8	16
87190	1	4	-	-	1	-	-	-	6	36	48
87191	1	9	-	1	-	-	-	-	-	28	39
87192	1	7	-	1	-	2	-	1	2	36	50
87193	20	13	1	1	1	1	-	-	-	50	87
87194	-	5	-	2	3	1	-	-	1	28	40
87195	8	27	1	6	2	5	3	2	5	196	255
87196	4	10	-	1	5	3	-	2	18	84	127
87197	6	17	-	5	-	9	1	2	7	83	130
87198	9	17	-	6	1	2	1	1	6	135	178
87199	5	2	-	-	3	-	-	-	1	9	89
Grand Total	**4,960**	**7,228**	**187**	**969**	**1,852**	**1,244**	**1,052**	**571**	**5,050**	**69,325**	**92,438**

## Primary Reason for Bernalillo County Indigent Resident Visits

Totals are for each of the eight (8) quarters ended March 31, 2021.

Description	2021Q3	2021Q2	2021Q1	2020Q4	2020Q3	2020Q2	2020Q1	2019Q4
Factors influencing health status and contact with health services	5,016	9,597	8,641	12,319	6,028	8,547	4,840	7,232
Other (prescription pick-up, etc.)	3,588	3,841	4,361	7,084	2,488	4,364	2,396	3,466
Diseases of the musculoskeletal system and connective tissue	1,855	2,622	2,923	3,785	2,454	3,713	2,015	3,322
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1,779	2,525	2,865	3,995	2,584	3,667	2,019	3,041
Mental and behavioural disorders	1,147	1,553	1,546	2,904	1,434	1,988	1,082	1,427
Endocrine, nutritional and metabolic diseases	1,144	1,647	1,829	2,752	1,604	2,268	1,335	1,920
Diseases of the circulatory system	1,028	1,478	1,633	2,540	1,442	2,090	1,163	1,780
Injury, poisoning and certain other consequences of external causes	979	1,468	1,958	2,824	1,599	2,413	1,524	2,220
Diseases of the nervous system	890	1,197	1,291	2,118	1,343	1,905	821	1,269
Neoplasms	787	1,046	1,194	2,003	1,195	1,649	1,031	1,631
Diseases of the genitourinary system	777	1,113	1,392	1,871	1,108	1,560	933	1,404
Diseases of the digestive system	716	995	1,113	1,663	911	1,394	783	1,175
Pregnancy, childbirth and the puerperium	563	800	881	1,620	730	930	525	822
Diseases of the skin and subcutaneous tissue	523	797	924	1,179	825	1,139	788	1,100
Diseases of the respiratory system	434	668	1,321	1,517	2,080	2,432	824	1,796
Diseases of the eye and adnexa	333	537	629	679	609	845	514	812
Codes for special purposes	216	1,164	287	190	0	0	0	0
Certain infectious and parasitic diseases	186	329	336	543	497	697	321	536
Diseases of the ear and mastoid process	169	245	324	386	410	478	279	426
Congenital malformations, deformations and chromosomal abnormalities	150	201	255	326	207	296	176	288
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	142	186	218	342	191	296	182	249
Certain conditions originating in the perinat:	19	26	37	72	24	54	34	64
External causes of morbidity and mortality	1	1	0	1	1	3	0	2
	22,442	34,036	35,958	52,713	29,764	42,728	23,585	35,982

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 2020 Revenue (Audited)
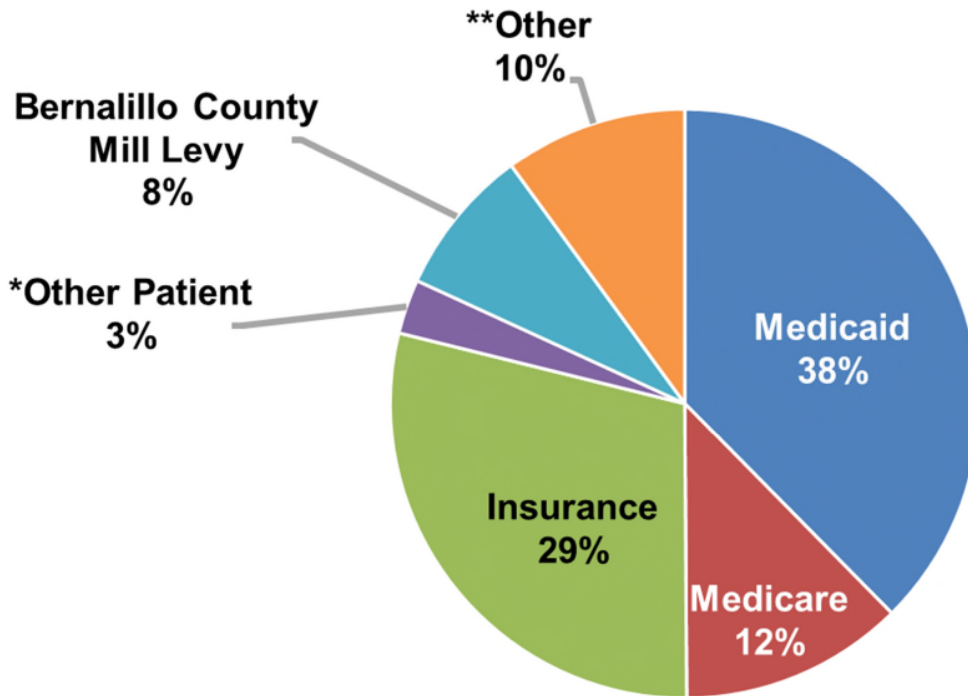
	FY2020
Medicaid	$ 502,689,863
Medicare	164,449,552
Insurance	387,152,622
*Other Patient	39,965,345
Bernalillo County Mill Levy	108,619,093
**Other	134,235,343
Total	**$ 1,337,111,817**

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

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

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

FY20 is based on the twelve (12) months ended June 30, 2020.
FY21 is based on the twelve (12) months ended March 31, 2021.

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

507,363	**FY20 Actual (12 Months)**
491,816	**FY21 Actual (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-Fri: 7am-8pm, Sat 7am-6pm
Peds Urgent Care	Main Hospital - 3rd Floor, 2211 Lomas Blvd NE	Mon-Fri: 8am-7pm, Sat 9am-2pm
Young Children's Health Center	306 San Pablo ST SE, Suite A	Mon-Fri: 8am-7pm, Sat 9am-2pm

Press Ganey Ambulatory Satisfaction Score
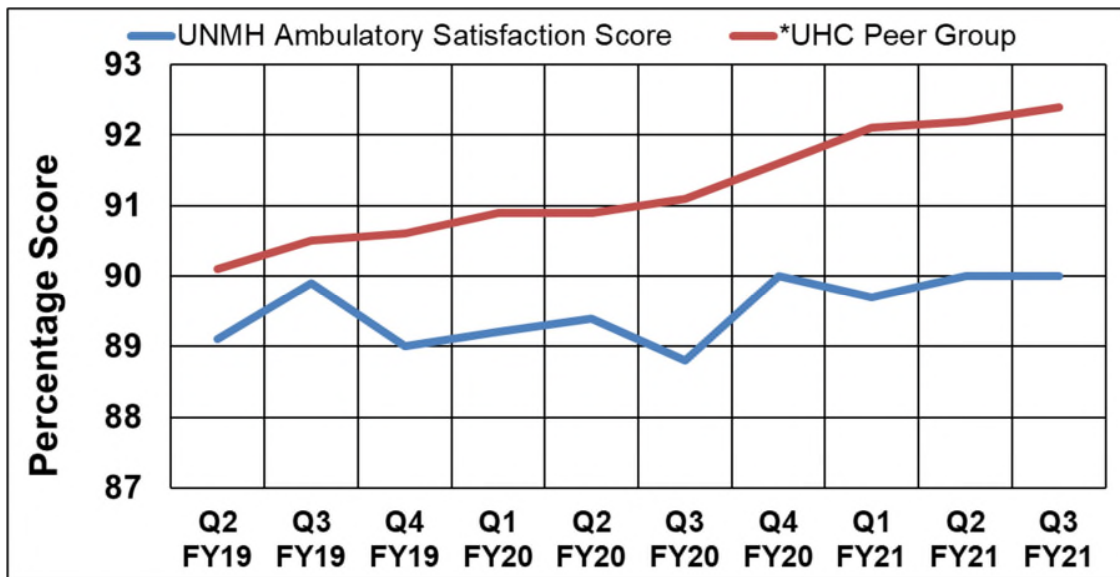
Quarter	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21
UNMH Ambulatory Satisfaction Score	89.1	89.9	89.0	89.2	89.4	88.8	90.0	89.7	90.0	90.0
*UHC Peer Group	90.1	90.5	90.6	90.9	90.9	91.1	91.6	92.1	92.2	92.4

*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.
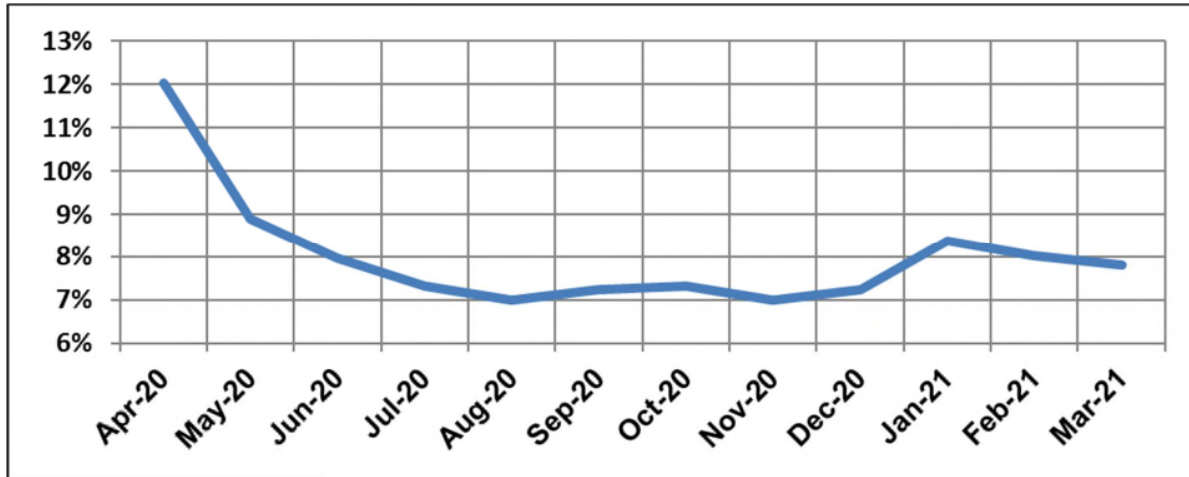
Month	Same Day	Total Arrived	Same Day Rate
Apr-20	1,172	9,732	**12.0%**
May-20	863	9,703	**8.9%**
Jun-20	986	12,375	**8.0%**
Jul-20	940	12,830	**7.3%**
Aug-20	910	13,023	**7.0%**
Sep-20	932	12,871	**7.2%**
Oct-20	1,104	14,143	**7.3%**
Nov-20	1,089	12,260	**7.0%**
Dec-20	1,243	11,622	**7.2%**
Jan-21	1,069	12,755	**8.4%**
Feb-21	1,030	12,831	**8.0%**
Mar-21	1,110	14,223	**7.8%**

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

Average	Primary Care Clinics
5.9%	1209 Clinic
13.3%	Alamo Primary Care Clinic
5.5%	Family Practice Clinic
6.2%	General Pediatrics Clinic
7.0%	Northeast Heights Clinic
7.5%	Senior Health Center
6.3%	Southeast Heights Clinic
7.4%	Southwest Mesa Clinic
3.9%	SRMC FP Clinic
65.8%	UNM Lobocare Clinic
5.8%	Westside Clinic
4.2%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

This data includes only Primary Care appointments.
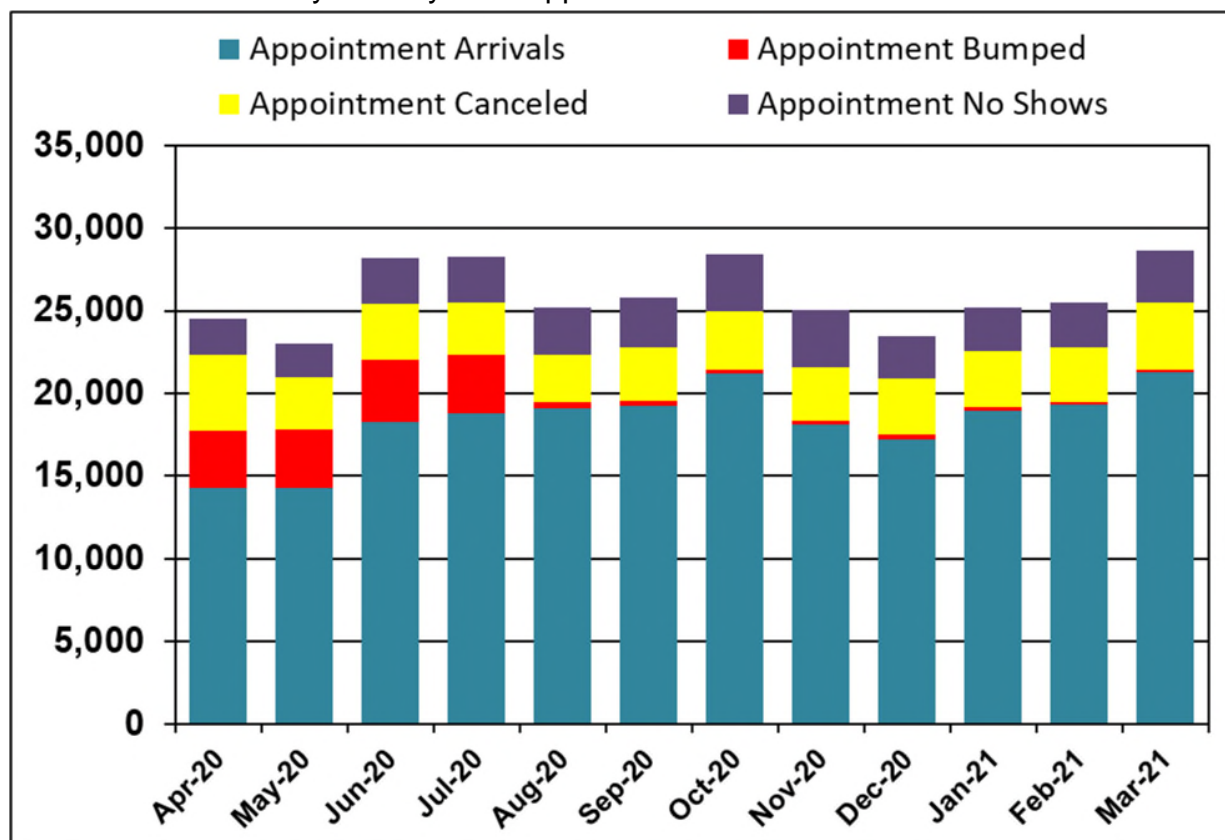
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-20	14,276	3,454	4,592	2,203
May-20	14,274	3,509	3,161	2,030
Jun-20	18,264	3,765	3,405	2,730
Jul-20	18,807	3,550	3,148	2,781
Aug-20	19,063	385	2,851	2,860
Sep-20	19,266	269	3,232	2,999
Oct-20	21,220	238	3,522	3,478
Nov-20	18,112	255	3,205	3,478
Dec-20	17,218	300	3,399	2,528
Jan-21	18,940	189	3,398	2,647
Feb-21	19,318	137	3,313	2,745
Mar-21	21,277	163	4,079	3,157

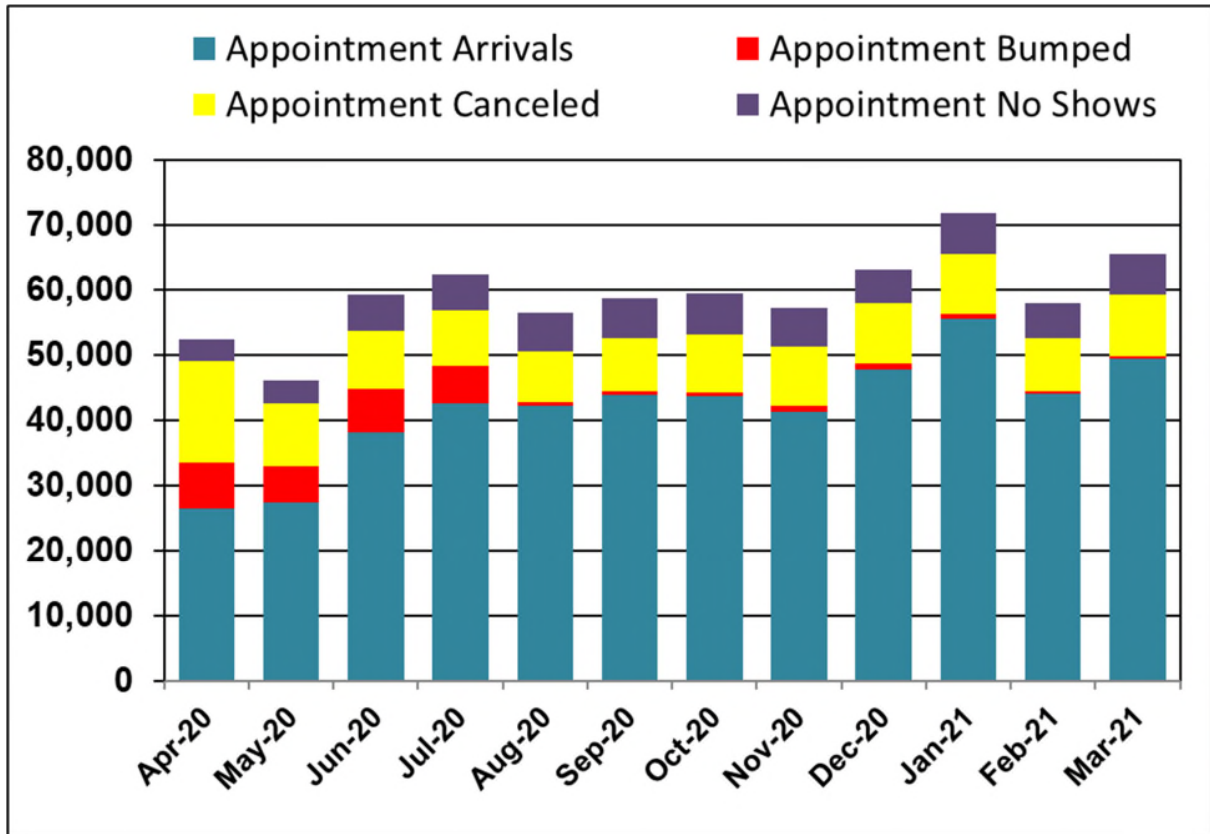## Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.

Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-20	26,462	7,143	15,540	3,335
May-20	27,419	5,557	9,594	3,557
Jun-20	38,066	6,806	8,866	5,509
Jul-20	42,519	5,757	8,508	5,702
Aug-20	42,209	643	7,765	5,815
Sep-20	43,914	551	8,049	6,221
Oct-20	43,656	583	8,982	6,278
Nov-20	41,295	895	9,192	5,882
Dec-20	47,815	797	9,364	5,212
Jan-21	55,601	614	9,419	6,164
Feb-21	44,011	391	8,199	5,420
Mar-21	49,416	391	9,491	6,300

Percentage Abandoned Phone Calls for Primary and Specialty Care
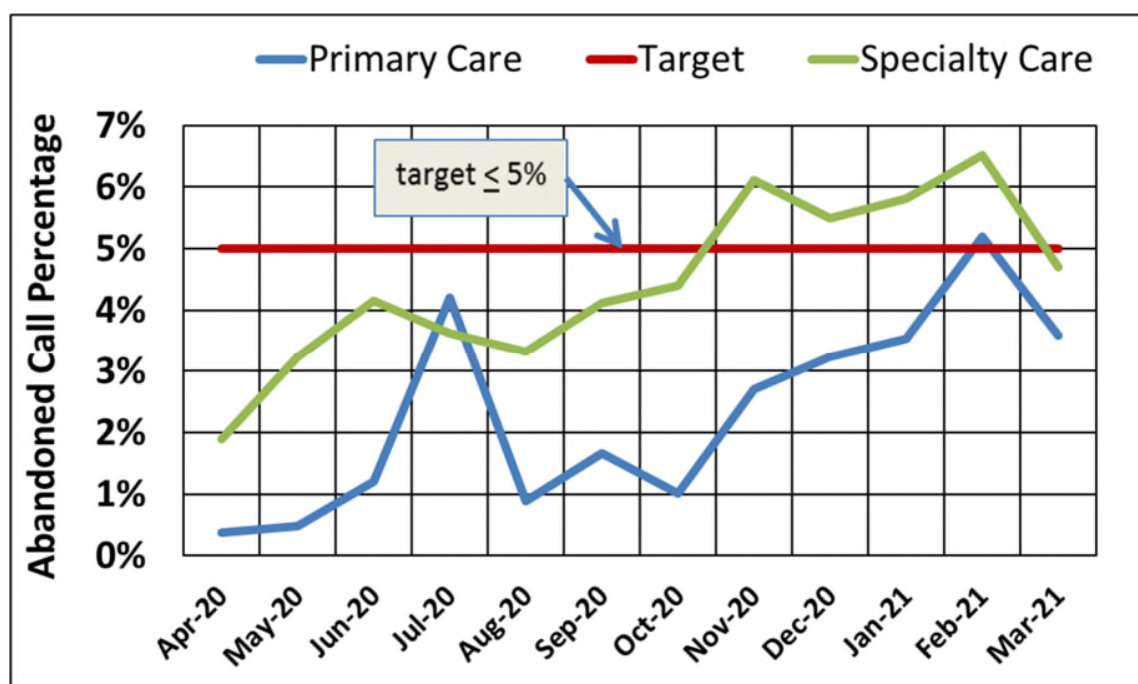
Area: Month	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Apr-20	0.38%	1.90%	5%
May-20	0.48%	3.24%	5%
Jun-20	1.21%	4.16%	5%
Jul-20	4.20%	3.63%	5%
Aug-20	0.88%	3.32%	5%
Sep-20	1.67%	4.12%	5%
Oct-20	1.02%	4.40%	5%
Nov-20	2.70%	6.11%	5%
Dec-20	3.23%	5.49%	5%
Jan-21	3.54%	5.82%	5%
Feb-21	5.20%	6.52%	5%
Mar-21	3.59%	4.71%	5%

Medication Reconciliation Goals Primary and Specialty Care

Medication reconciliation. As of December 31, 2020

58.1%	National Patient Safety Goal - Medication Reconciliation Primary Care	
37.5%	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 6, 2021

245,348	Invitations sent out to patients who provided an email address.
116,291	Patients who have claimed invitation to sign up.
102,401	*Active Users who have accessed their medical records.
42%	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
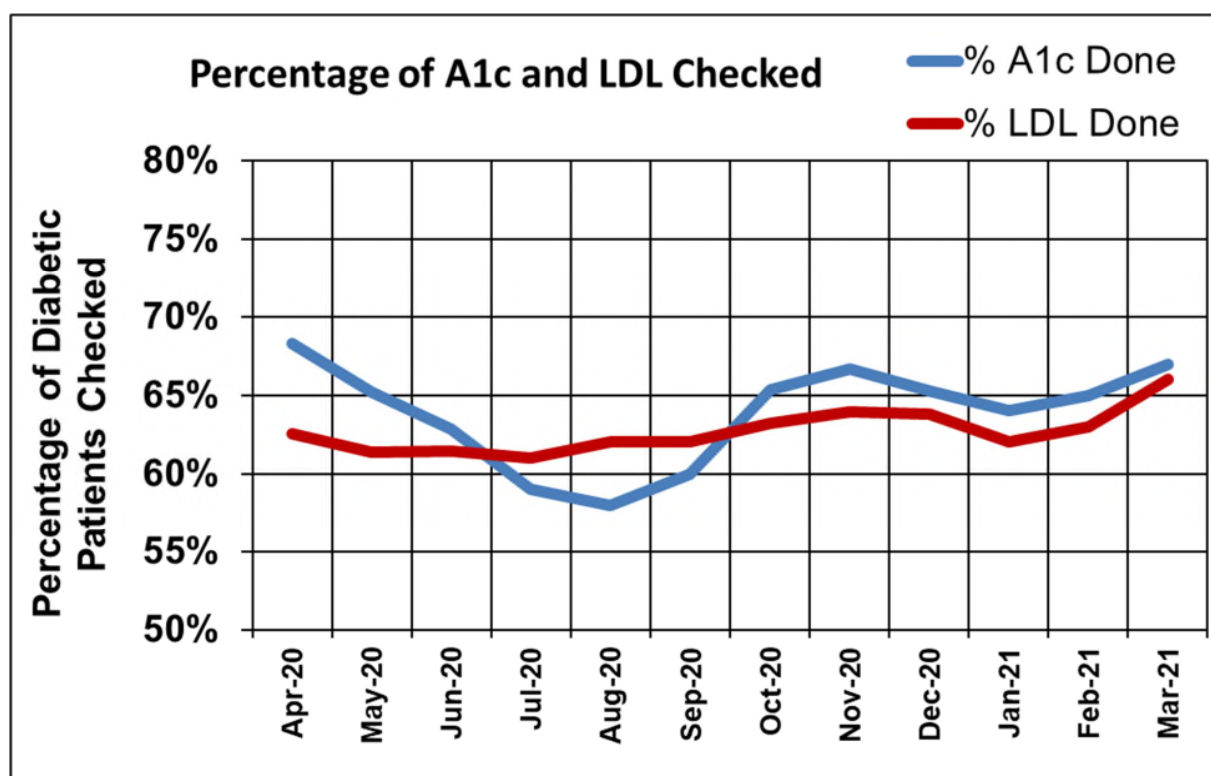
Month	Total Patients		A1c Done	% A1c Done		LDL Done	% LDL Done
Apr-20	7,765		5,300	68%		4,859	63%
May-20	7,719		5,031	65%		4,735	61%
Jun-20	7,431		4,672	63%		4,565	61%
Jul-20	7,459		4,416	59%		4,587	61%
Aug-20	7,721		4,482	58%		4,802	62%
Sep-20	7,661		4,592	60%		4,777	62%
Oct-20	7,700		5,028	65%		4,869	63%
Nov-20	7,604		5,068	67%		4,864	64%
Dec-20	7,680		5,015	65%		4,899	64%
Jan-21	8,159		5,203	64%		5,036	62%
Feb-21	7,988		5,172	65%		5,016	63%
Mar-21	7,559		5,038	67%		4,979	66%

As of January 1, 2019, diabetes reporting converted to a new data source, which resulted in capturing a more complete population of patients. This led to an overall 18% increase in total number of patients captured for tracking Diabetes and LDL.

C. FINANCIAL SERVICES

UNM Care Enrollment, Self-Pay and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Self Pay Patients Seen on Discount Program	Number of Medicaid applications completed at UNMH
Apr-20	6,623	184	140
May-20	6,198	175	150
Jun-20	5,917	236	191
Jul-20	5,727	222	158
Aug-20	5,697	198	228
Sep-20	5,705	255	204
Oct-20	5,655	221	121
Nov-20	5,333	229	66
Dec-20	5,201	209	103
Jan-21	4,277	249	153
Feb-21	4,424	229	157
Mar-21	4,499	233	166

## Total Uncompensated Care – Charity Care and Uninsured

For the nine (9) months ended March 31, 2021, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	27,018	10,350	37,368
Encounters	68,443	23,995	92,438
Cost	$ 16,098,043	$ 16,943,774	$ 33,041,817

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.
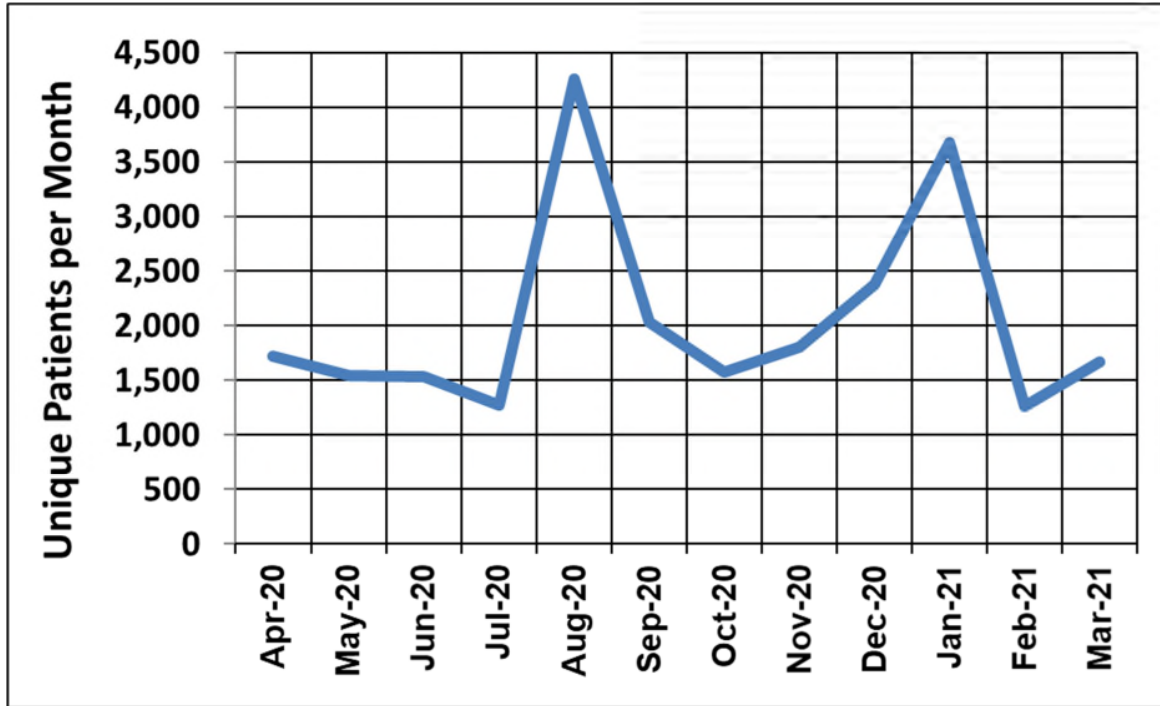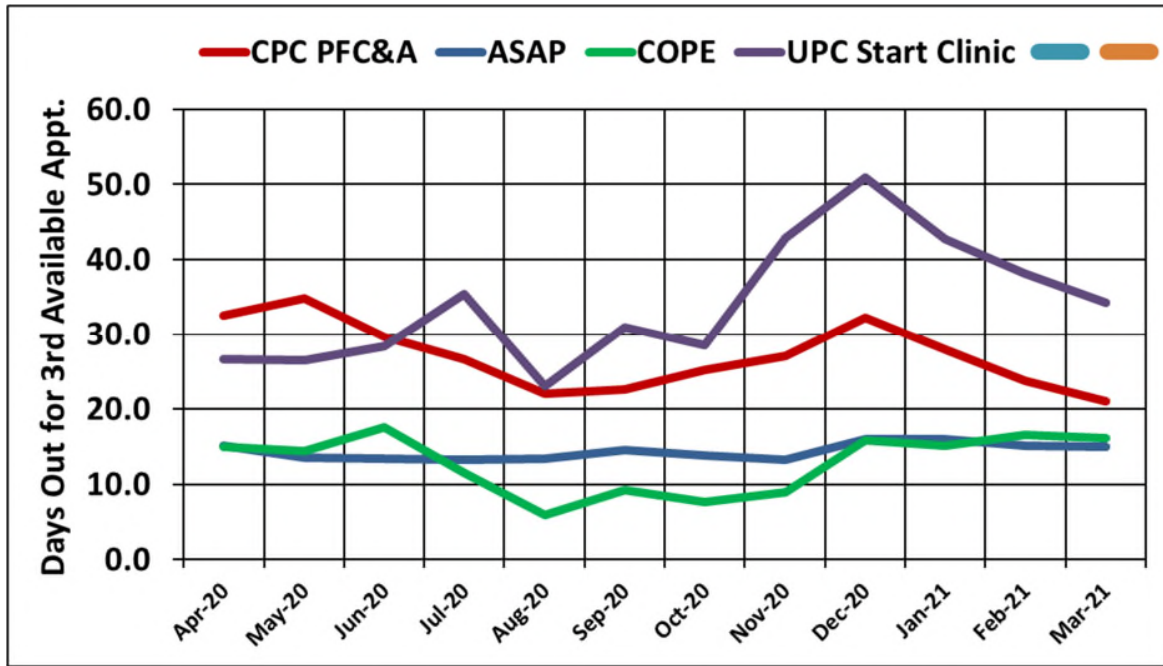

Days Out For Scheduling Financial Assistance Appointment

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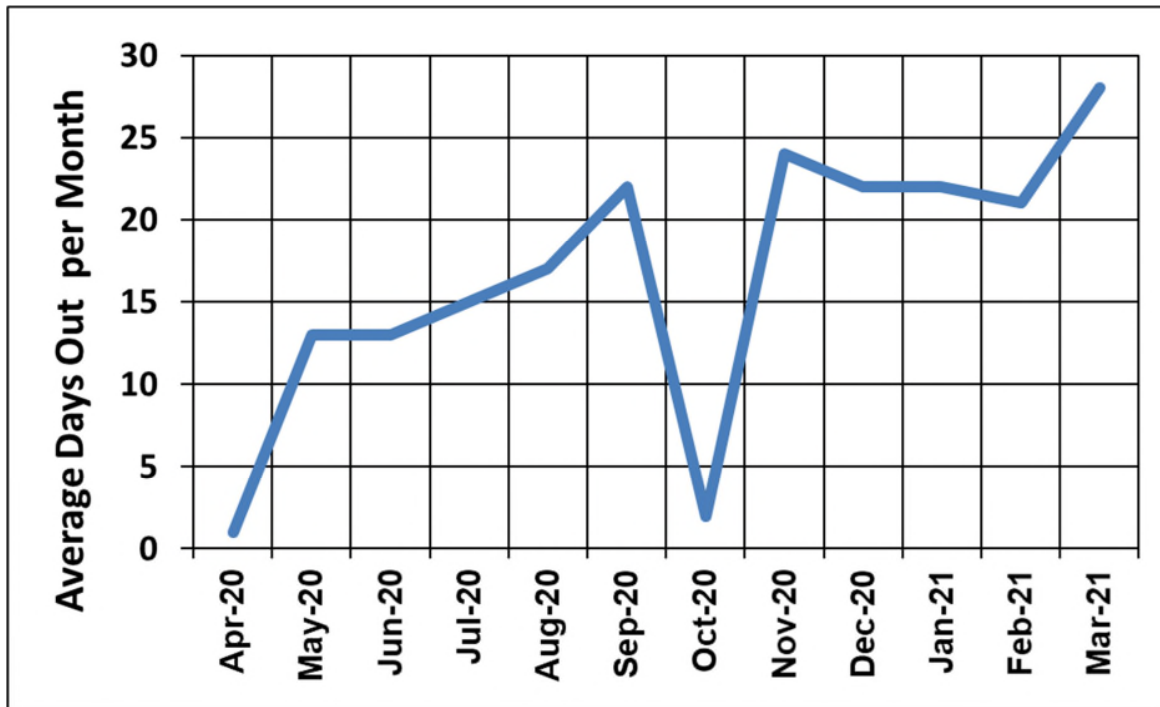
D. BEHAVIORAL HEALTH

Average Appointment Time for BH Outpatient Services

| Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Apr-20	32.5	15.1	15.0	26.7
May-20	34.9	13.5	14.4	26.5
Jun-20	29.7	13.4	17.6	28.3
Jul-20	26.6	13.3	11.5	35.4
Aug-20	22.1	13.4	6.0	23.0
Sep-20	22.6	14.6	9.2	31.0
Oct-20	25.2	13.9	7.7	28.5
Nov-20	27.0	13.3	8.9	42.9
Dec-20	32.2	16.0	15.9	50.9
Jan-21	27.9	16.0	15.1	42.8
Feb-21	23.8	15.1	16.6	38.2
Mar-21	21.0	15.0	16.1	34.2

Definitions For Above Acronyms

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

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.
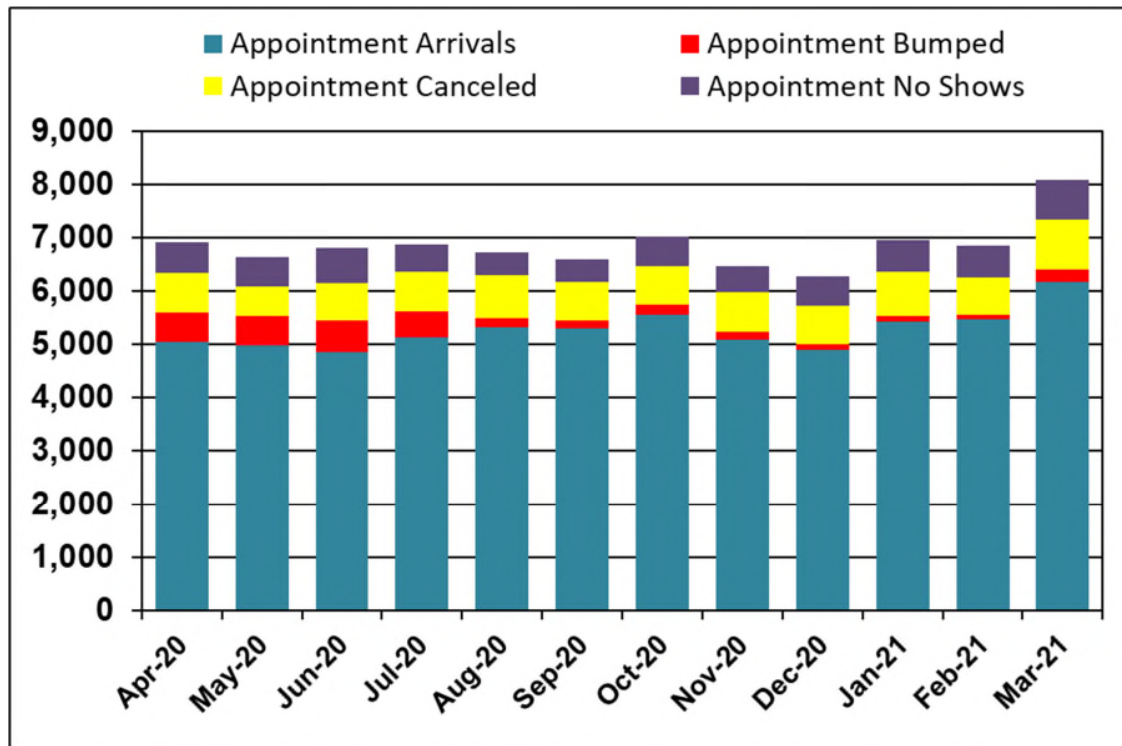

Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-20	5,051	534	752	584
May-20	4,972	556	559	535
Jun-20	4,851	582	704	687
Jul-20	5,129	486	748	512
Aug-20	5,317	170	803	436
Sep-20	5,291	149	712	434
Oct-20	5,555	180	726	578
Nov-20	5,077	150	735	505
Dec-20	4,887	107	721	543
Jan-21	5,413	120	829	609
Feb-21	5,455	94	697	613
Mar-21	6,162	229	958	737

Number of Unique Outpatients and Number of Encounters CY2019

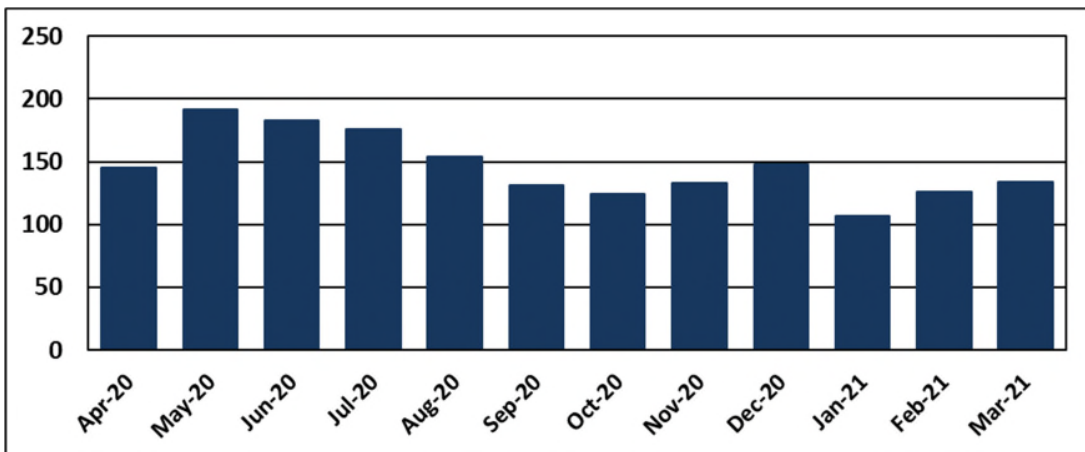| Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	9,882	90,803
BH CPC Outpatient	3,097	16,188

 * Excluding all Suboxone and Methadone Visits

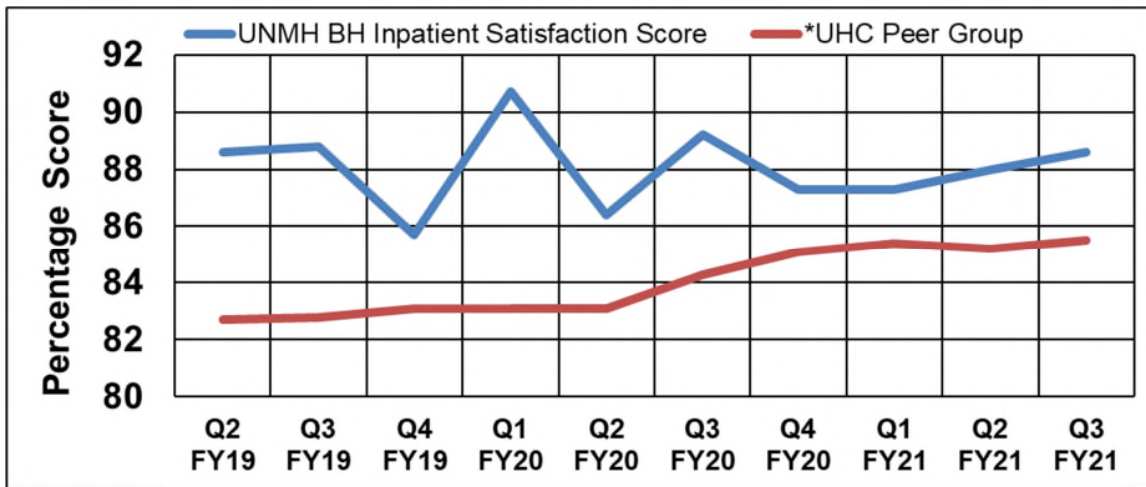## Psychiatric Emergency Department and Urgent Care Encounters
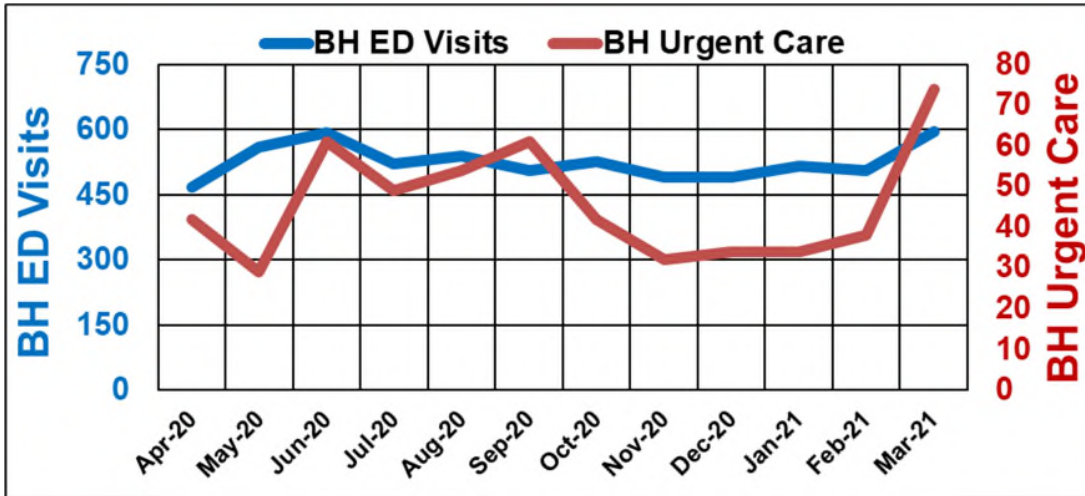
Number of Fast Track Patients Seen
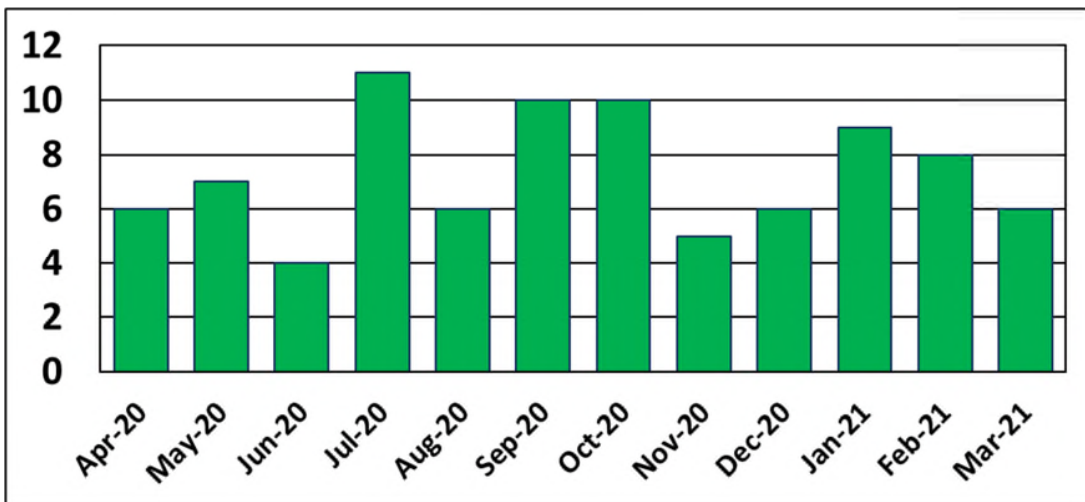
## Law Enforcement Drop offs at Psychiatric Emergency Services

Press Ganey Behavioral Health Inpatient Satisfaction Score

Quarter	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21
UNMH BH Inpatient Satisfaction Score	88.6	88.8	85.7	90.7	86.4	89.2	87.3	87.3	88.0	88.6
*UHC Peer Group	82.7	82.8	83.1	83.1	83.1	84.3	85.1	85.4	85.2	85.5

Press Ganey Behavioral Health Outpatient Satisfaction Score
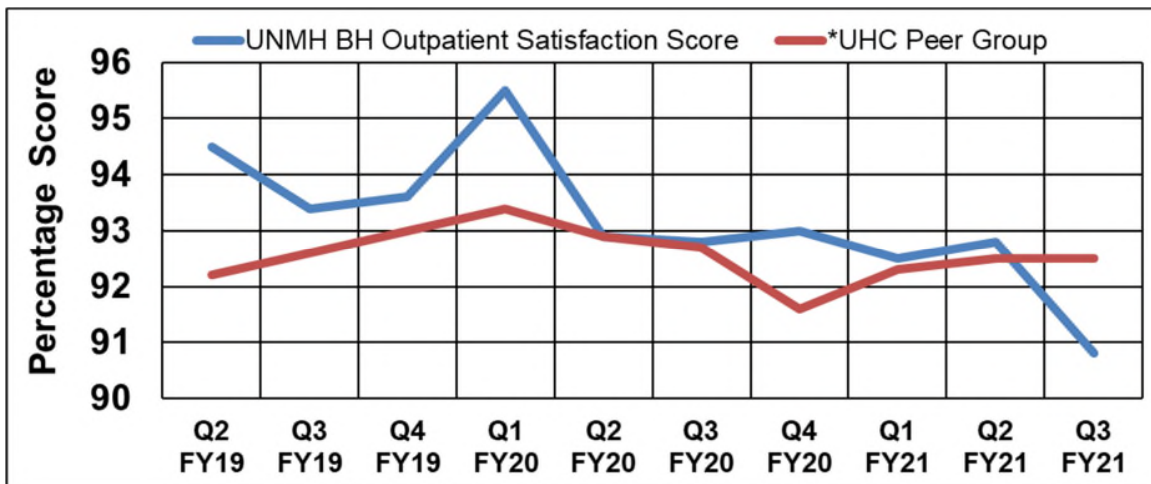
Quarter	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21
UNMH BH Outpatient Satisfaction Score	94.5	93.4	93.6	95.5	92.9	92.8	93.0	92.5	92.8	90.8
*UHC Peer Group	92.2	92.6	93.0	93.4	92.9	92.7	91.6	92.3	92.5	92.5

*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
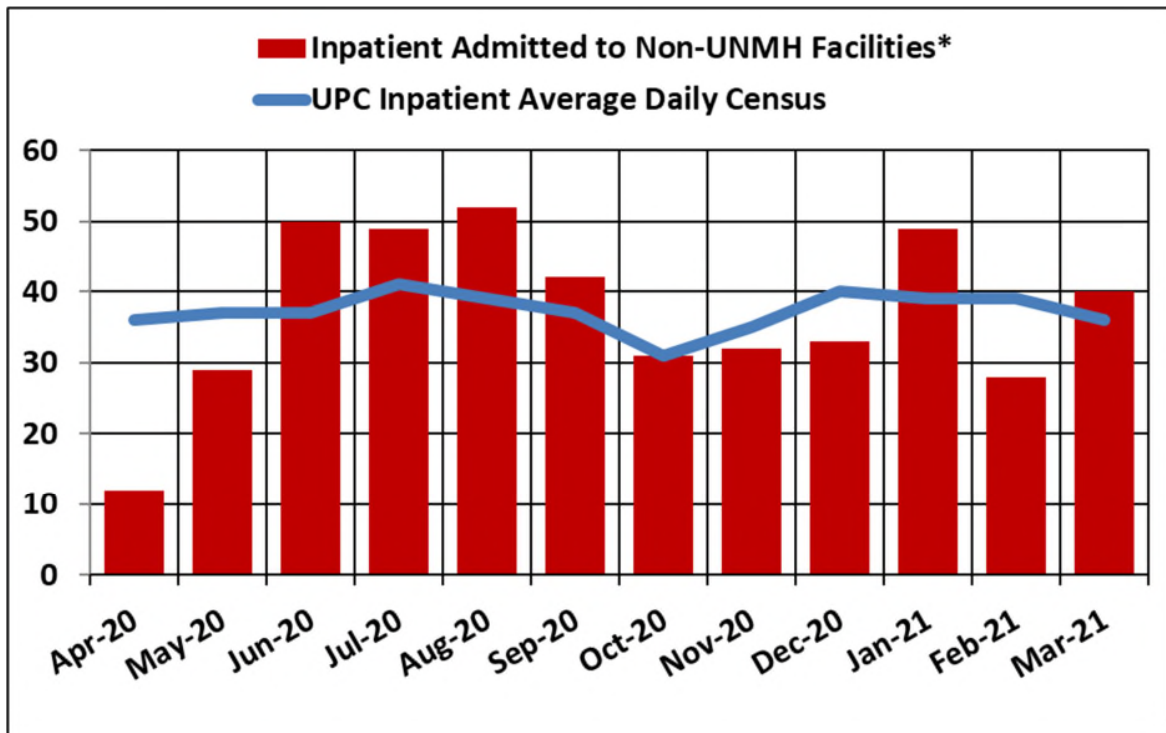
Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Apr-20	12	36
May-20	29	37
Jun-20	50	37
Jul-20	49	41
Aug-20	52	39
Sep-20	42	37
Oct-20	31	31
Nov-20	32	35
Dec-20	33	40
Jan-21	49	39
Feb-21	28	39
Mar-21	40	36

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

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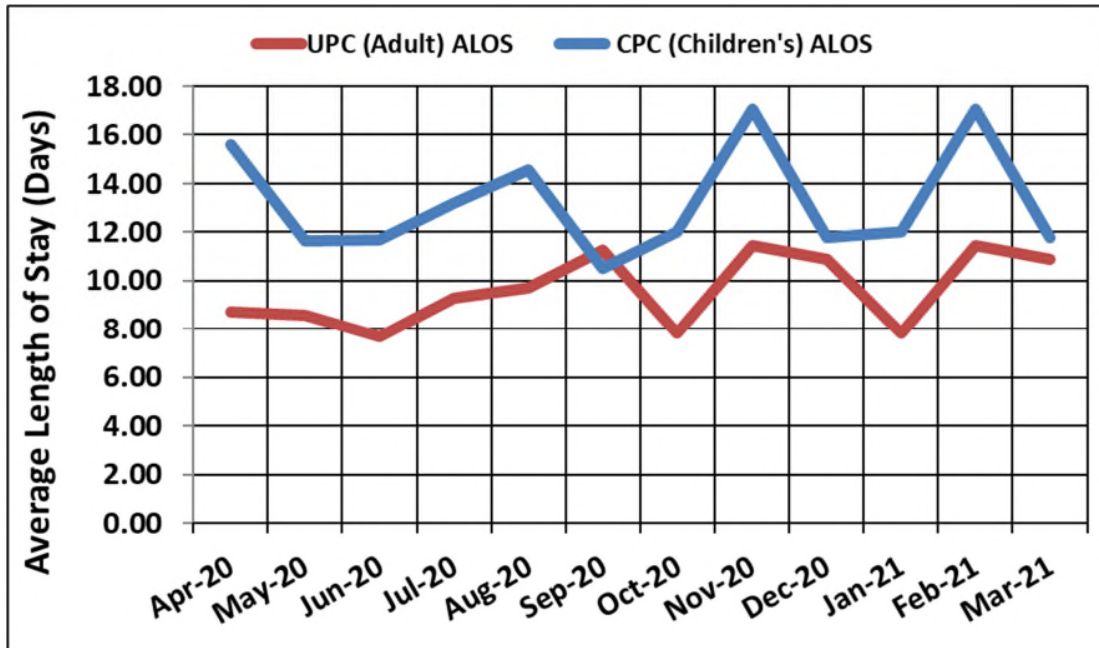
Children's Psychiatric Center (CPC)   Average Child National Benchmark: **7.12**
University Psychiatric Center (UPC)   Average Adult National Benchmark: **10.18**

Number of BH Adult and Child/Adolescent Inpatient Days
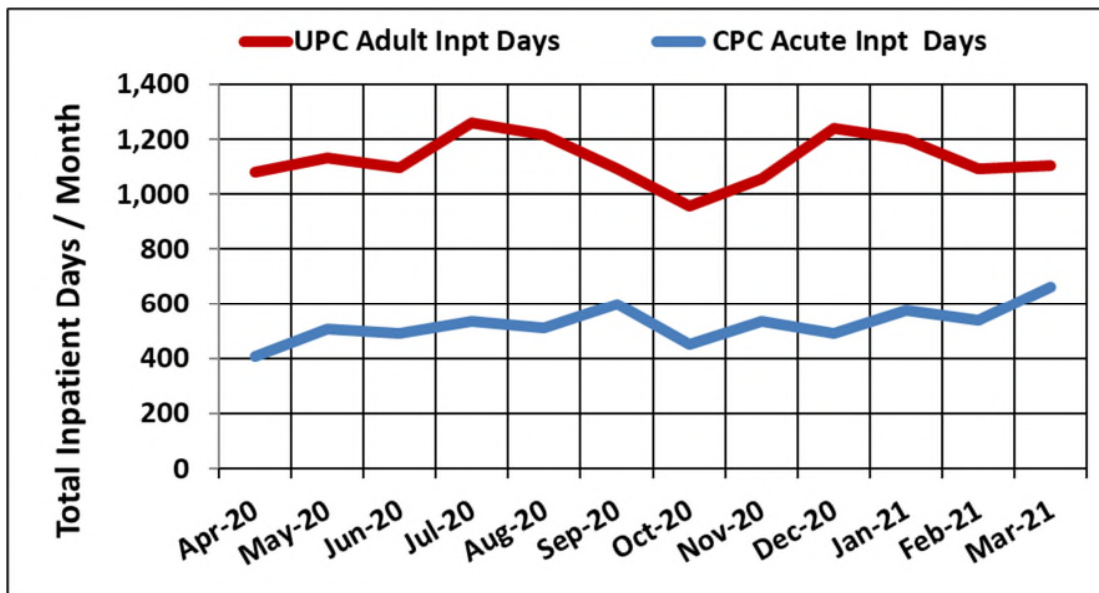
Number of Unique Inpatients and Number of Encounters CY2019

Patient Group	Patients Served	Total Encounters
BH UPC Inpatient	1,243	1,594
BH CPC Inpatient	752	873

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2018	12,784
FY2019	11,702
FY2020	11,170
FY2021*	12,395

* Projected Count based upon the previous twelve (12) months, April 2020 to March 2021.

Total Opioid Patients

Month	Census
Apr-20	618
May-20	619
Jun-20	625
Jul-20	630
Aug-20	629
Sep-20	629
Oct-20	622
Nov-20	637
Dec-20	638
Jan-21	639
Feb-21	636
Mar-21	639

Total Methadone Encounters

Month	Count
Apr-20	875
May-20	1,021
Jun-20	1,290
Jul-20	1,458
Aug-20	1,446
Sep-20	1,785
Oct-20	2,161
Nov-20	1,864
Dec-20	1,796
Jan-21	1,695
Feb-21	1,719
Mar-21	2,064

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Apr-20	568	31,920	13,194
May-20	528	31,391	11,943
Jun-20	582	32,557	19,760
Jul-20	588	31,382	12,076
Aug-20	563	32,352	14,408
Sep-20	586	31,466	13,092
Oct-20	594	32,154	13,169
Nov-20	569	29,502	13,361
Dec-20	599	33,980	12,898
Jan-21	530	29,850	13,419
Feb-21	534	30,596	20,497
Mar-21	609	32,487	16,810

Total Suboxone Encounters

Month	Count
Apr-20	35
May-20	28
Jun-20	44
Jul-20	46
Aug-20	40
Sep-20	42
Oct-20	44
Nov-20	48
Dec-20	49
Jan-21	32
Feb-21	30
Mar-21	38

*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.
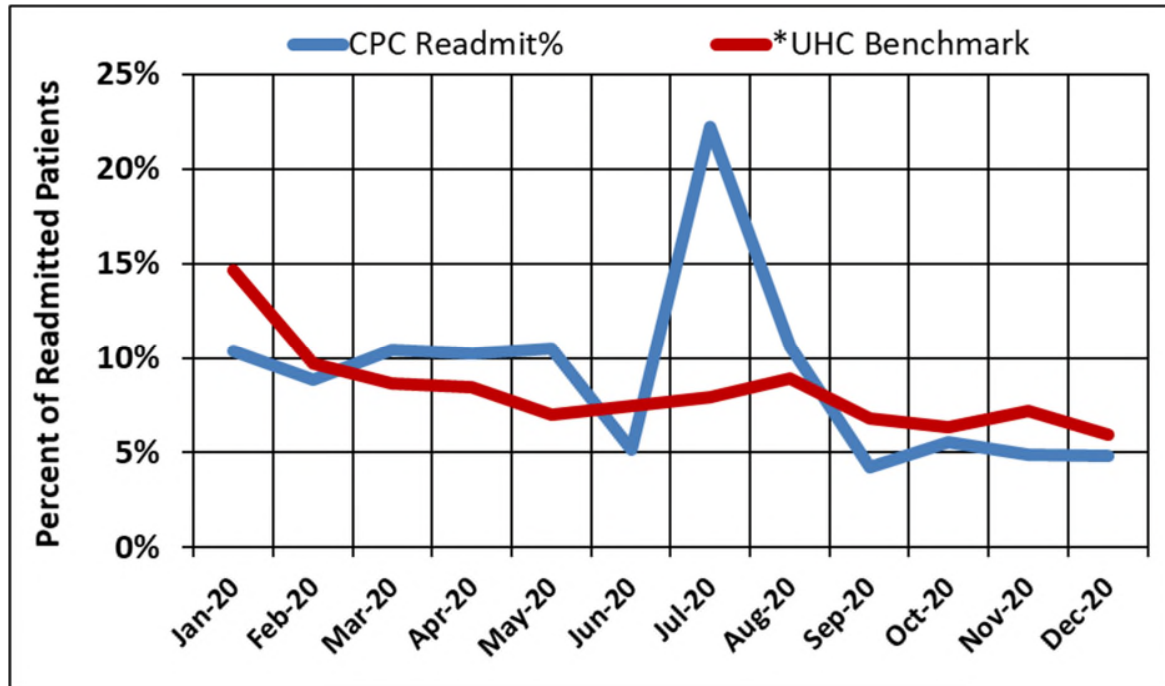
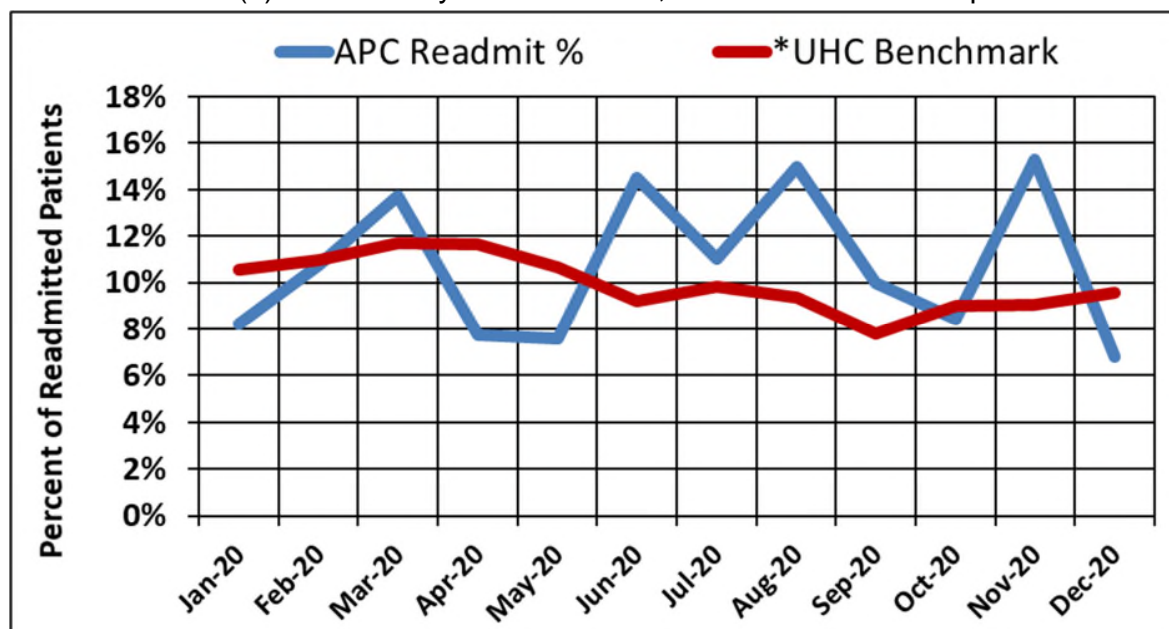| Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-20	58	6	**10.3%**	**14.6%**
Feb-20	68	6	**8.8%**	**9.7%**
Mar-20	67	7	**10.4%**	**8.6%**
Apr-20	39	4	**10.3%**	**8.5%**
May-20	57	6	**10.5%**	**7.0%**
Jun-20	58	3	**5.2%**	**7.5%**
Jul-20	54	12	**22.2%**	**7.9%**
Aug-20	47	5	**10.6%**	**8.9%**
Sep-20	71	3	**4.2%**	**6.8%**
Oct-20	54	3	**5.6%**	**6.3%**
Nov-20	41	2	**4.9%**	**7.2%**
Dec-20	62	3	**4.8%**	**6.0%**

*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-20	134	11	**8.2%**	**10.6%**
Feb-20	102	11	**10.8%**	**11.0%**
Mar-20	124	17	**13.7%**	**11.7%**
Apr-20	116	9	**7.8%**	**11.7%**
May-20	119	9	**7.6%**	**10.7%**
Jun-20	131	19	**14.5%**	**9.2%**
Jul-20	127	14	**11.0%**	**9.8%**
Aug-20	120	18	**15.0%**	**9.4%**
Sep-20	90	9	**10.0%**	**7.8%**
Oct-20	107	9	**8.4%**	**9.0%**
Nov-20	85	13	**15.3%**	**9.0%**
Dec-20	103	7	**6.8%**	**9.6%**

*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.
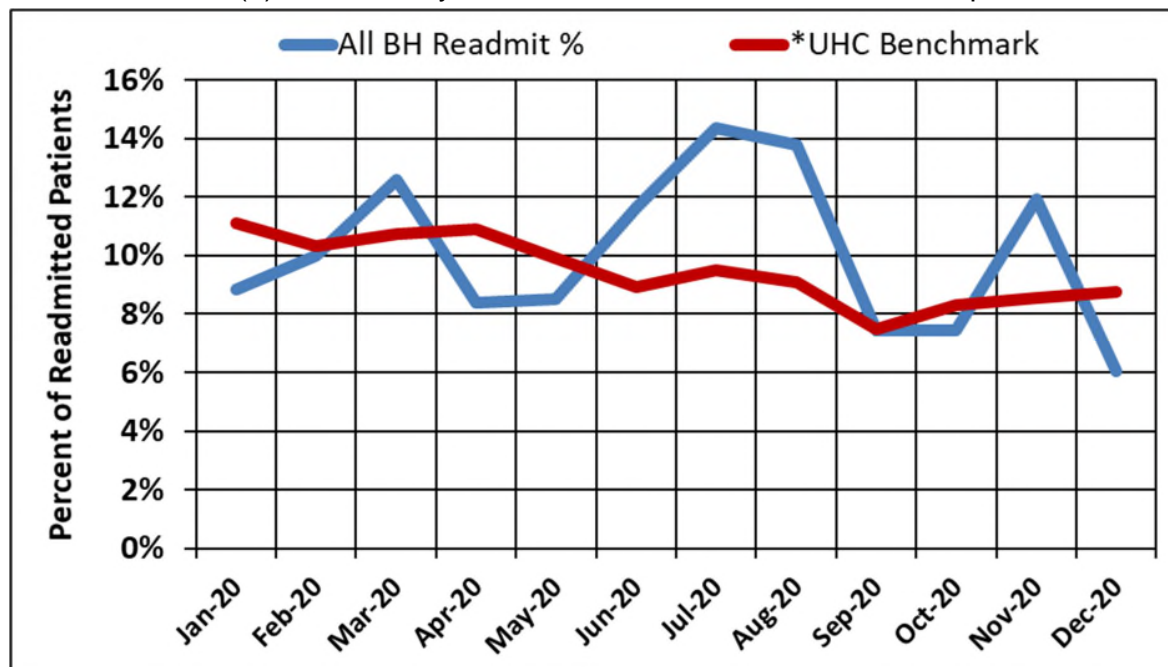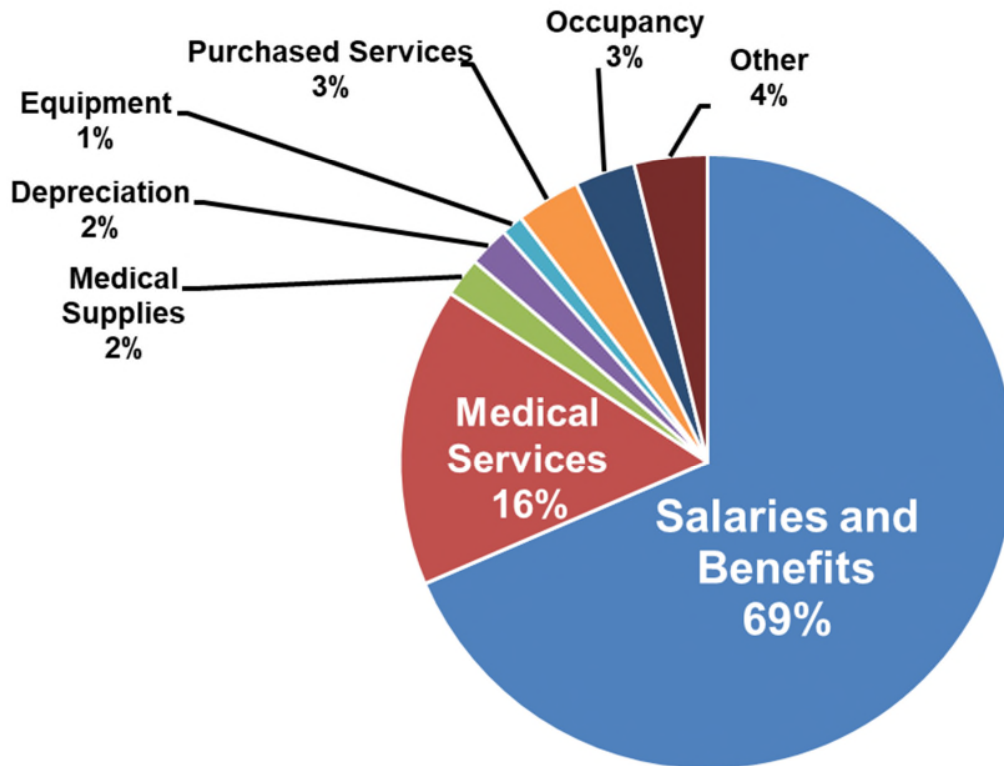

Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-20	192	17	8.9%	11.1%
Feb-20	170	17	10.0%	10.3%
Mar-20	191	24	12.6%	10.7%
Apr-20	155	13	8.4%	10.9%
May-20	176	15	8.5%	9.9%
Jun-20	189	22	11.6%	8.9%
Jul-20	181	26	14.4%	9.5%
Aug-20	167	23	13.8%	9.1%
Sep-20	161	12	7.5%	7.5%
Oct-20	161	12	7.5%	8.3%
Nov-20	126	15	11.9%	8.6%
Dec-20	165	10	6.1%	8.7%

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

Mill Levy Dollars Allocated to Behavioral Health

FY2020 BHO Mill Levy Operating Expense by Category (Audited)

Occupancy 3%

Other 4%

Purchased Services 3%

Equipment 1%

Depreciation 2%

Medical Supplies 2%

Medical Services 16%

Salaries and Benefits 69%

	Audited
Salaries and Benefits	$ 11,164,993
Medical Services	2,559,879
Medical Supplies	337,958
Depreciation	348,365
Equipment	187,437
Purchased Services	551,887
Occupancy	514,840
Other	627,505
Total Expense	**$ 16,292,864**

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
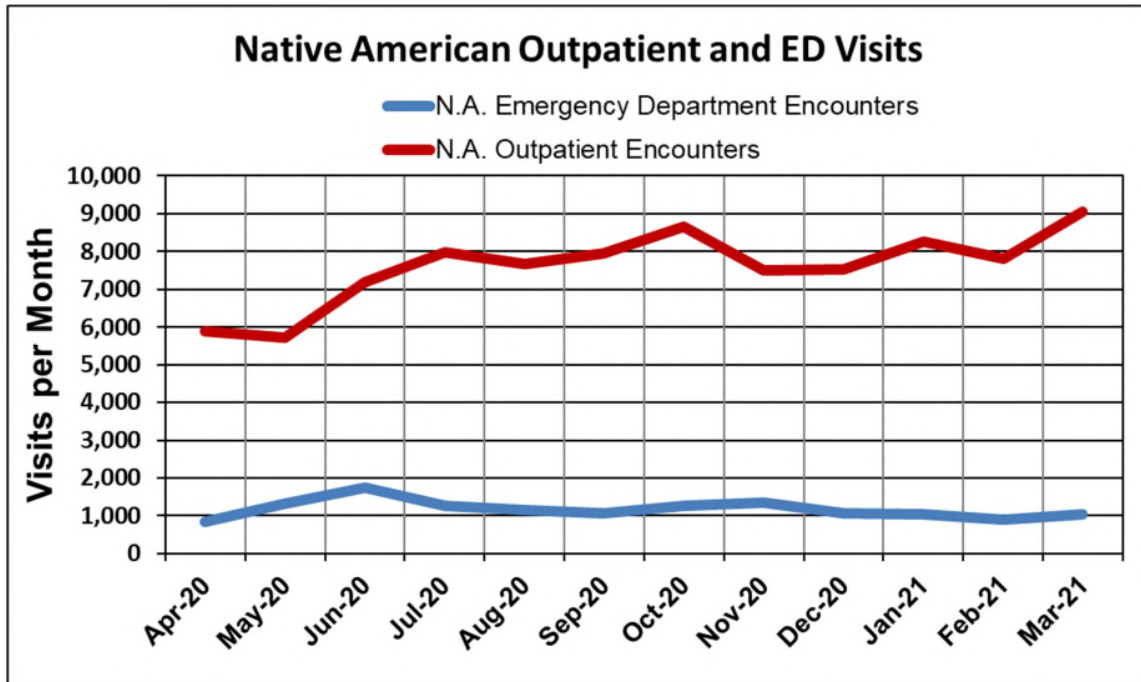
Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Apr-20	18	841	5,907
May-20	19	1,312	5,712
Jun-20	16	1,751	7,201
Jul-20	15	1,257	7,974
Aug-20	13	1,149	7,676
Sep-20	15	1,056	7,966
Oct-20	16	1,270	8,659
Nov-20	14	1,337	7,513
Dec-20	16	1,061	7,542
Jan-21	17	1,045	8,267
Feb-21	18	907	7,801
Mar-21	19	1,046	9,061

Native American Bed Days and Monthly Inpatient Census
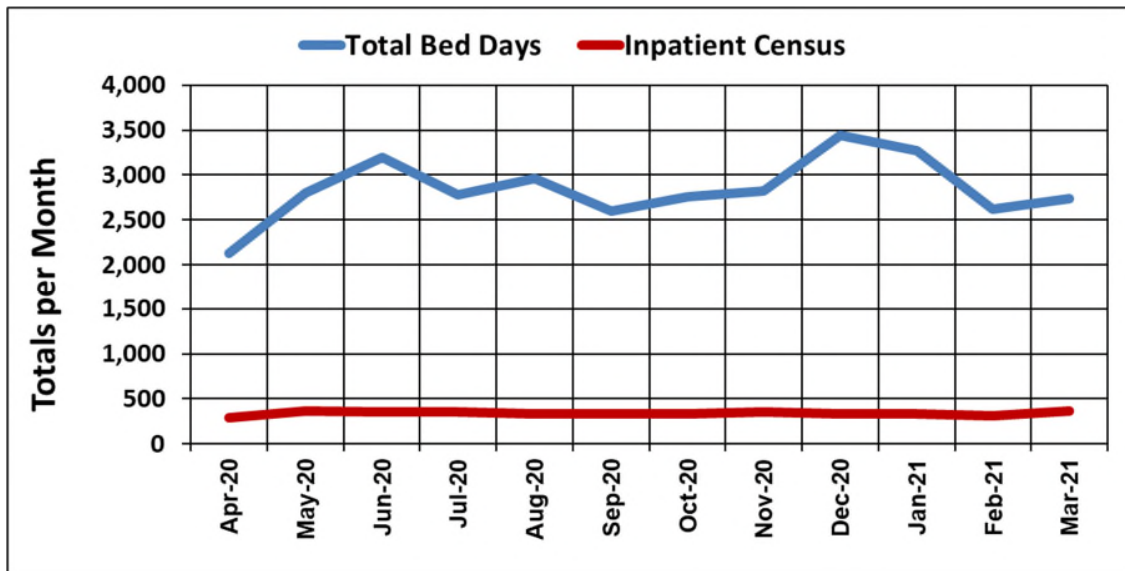
Month	Inpatient Admissions (Census)	Total Bed Days
Apr-20	292	2,132
May-20	369	2,798
Jun-20	350	3,200
Jul-20	350	2,780
Aug-20	335	2,961
Sep-20	332	2,601
Oct-20	337	2,763
Nov-20	350	2,818
Dec-20	337	3,445
Jan-21	335	3,277
Feb-21	310	2,621
Mar-21	362	2,735

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.

12-Month Encounter Distribution

- Medicaid
- Medicare
- Insurance
- USPHS
- HMO
- Other Government
- Uncompensated
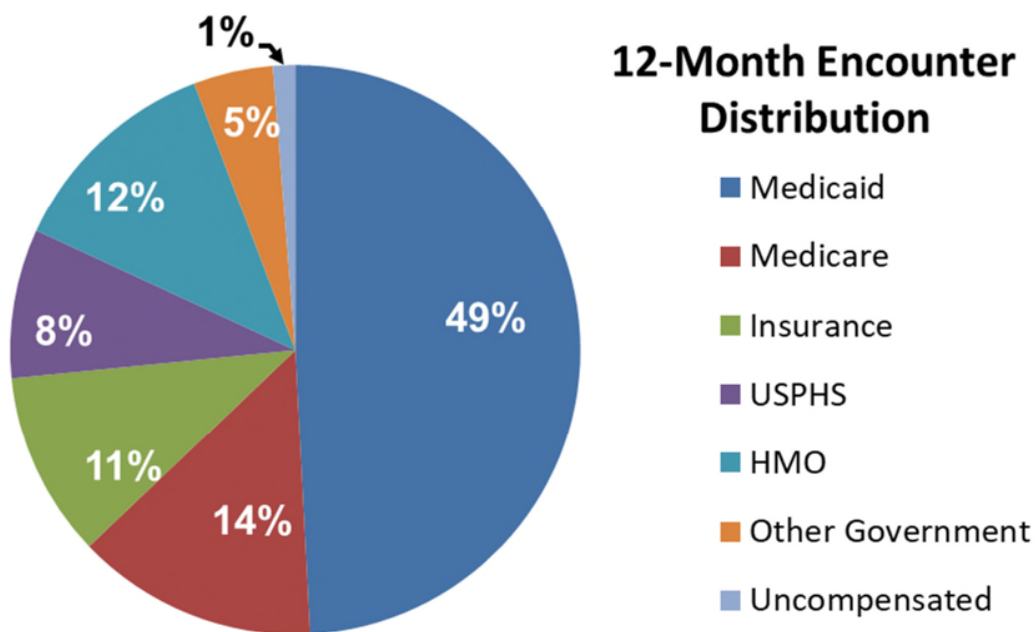
Month	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Apr-20	3,663	1,022	723	706	799	328	117
May-20	3,778	1,106	759	738	829	367	133
Jun-20	4,570	1,335	1,003	967	1,064	395	207
Jul-20	4,774	1,365	1,125	880	1,137	479	123
Aug-20	4,650	1,396	1,005	831	1,049	412	117
Sep-20	4,762	1,398	1,019	771	1,065	492	123
Oct-20	5,172	1,363	1,076	797	1,544	496	119
Nov-20	4,674	1,276	1,026	789	1,135	411	106
Dec-20	4,399	1,183	1,015	674	1,369	409	88
Jan-21	4,804	1,268	1,004	763	1,513	405	84
Feb-21	4,706	1,212	989	748	1,122	386	94
Mar-21	5,343	1,471	1,132	831	1,271	493	106
TOTAL	55,295	15,395	11,876	9,495	13,897	5,073	1,417
	49%	14%	11%	8%	12%	5%	1%

APPENDIX A

MOU Exhibit A Progress Updates

UNM Hospital Memorandum of Understanding with Bernalillo County
UNM/Bernalillo County MOU Deliverables Updated April, 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.	
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 4 years	UNMH continues to work 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.	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	UNMH has had discussions with MDC but limited current use.	🟨
UNMH shall provide increased funding to recruit two physician specialists in areas most needed by Native Americans.	IHS continues to identify priority needs to UNMH at quarterly meetings.	🟩
UNMH will consult with the County, Albuquerque Public Schools and any tribal schools in Bernalillo County on the provision of medical and behavioral health for school based clinics. UNMH may collaborate with UNMMG or other providers as needed.	Initial discussion with Bernalillo County on current school based services currently on hold based on COVID-19.	🟨

Exhibit A – Financial Assistance

Action Item	Implementation Status	
UNMH will maintain the current Financial Assistance policy as it relates to Native Americans. Any proposed changes will discussed with IHS prior to the change.	UNMH continues to offer financial assistance for Native Americans with no proposed changes.	
UNMH will adopt patient payment policies and financial assistance program policies that are designed to improve access to healthcare services	UNMH Financial Assistance policies developed and approved by Board in October 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 with copayment structure related to income level.	
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 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. Website is in the process of being updated.	🟩
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

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 with PES expansion. Significant Health Home expansion accomplished.	
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 Ended March 31, 2021
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 June 2020 - March 2021	Status Update as of March 21
A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.	The UNMH Community Health Needs Assessment was completed in the spring of 2020 and is available online at: https://hsc.unm.edu/health/about/community-health-needs-assessment.html UNMH has established meetings with Community Stakeholders that served on the Bernalillo County Lease Taskforce to discuss status of deliverables under the lease and to discuss other topics of concern from the group.
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 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.	UNMH established budget planning meetings with both the County and IHS for updates and input related to the FY 22 Budget and Capital process for the new Hospital Tower.

Exhibit A Reporting Area - Accountability and Transparency

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 21
B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.	UNMH continues to produce the Bernalillo County Quarterly Report outlining patient safety, quality, operational and financial data with corresponding benchmark data where available. The report is provided to Bernalillo County, IHS and APCG. The report is publically available on the UNMH and Bernalillo County Websites.
B.4 UNMH will provide financial information to the County Commission and IHS as to the expenditure of mill levy finding by UNMH Departments.	UNMH currently published financial, quality and operational data on the UNMH intranet site that include mill levy funding by department as part of the Bernalillo County Quarterly Report. The format and information were agreed to by Bernalillo County.
B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.	Bernalillo County Quarterly Reports are available online at: https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html

Exhibit A Reporting Area - Primary Care

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 21
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	UNMH is in the process of working with a consulting group around recommendations to expand throughput and capacity in our primary and specialty clinics. UNMH is working on opening a new clinic site in Uptown and also a multispecialty clinic in Gallup.

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

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

Exhibit A Reporting Area - Native American Care

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 21
E1. UNMH in collaboration with the IHS, the All Pueblo Council of Governors and the county shall develop a written methodology acceptable to the parties on the 100 bed Native American patients' provision in the Federal Contract.	UUNMH 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 June 2020 - March 2021	Status Update as of March 21
F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.	UNMH continues to provide staffing for discharge planning activities for the MDC and to assist with staffing the Resource Re-entry Center. This group focuses on identification of high needs patients with behavioral health issues.
F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.	UNMH is currently working on expanded Behavioral Health programing within the UNMH infrastructure in the forms of health home implementation, Psychiatric Emergency Services, pediatric behavioral Health services and exploring other service line development. UNMH also continues to work with the County to expand Behavioral Health services at the Cares Campus and has started the process to construct a Crisis Triage Center on a UNM HSC site.

Exhibit A Reporting Area - Impact of COVID-19

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 21
Operational Note.	During this period all areas of the Hospital were impacted by COVID-19 and extensive operational changes were implemented daily over several months to provide access to care and to build needed capacity. Despite this challenge the hospital has been successful at meeting the needs of our patients and community including focus on the deliverables under the Lease MOU.