QUARTERLY REPORT
March, 2023

Bernalillo County Commissioner Trend Report

UNM HOSPITALS

TABLE OF CONTENTS

A. ACCOUNTABILITY

Balance Sheet
Statements of Net Position

(In Thousands) Assets		February 2023	audited June 2022
Cash and marketable securities	$	299,803 $	249,530
Cash restricted by management for capital replacement		55,214	138,000
Cash restricted for donor specified expenses		21,589	19,808
Cash restricted for other		-	17,044
Patient receivables, net		162,352	153,988
Other receivables and current assets		138,615	154,017
Capital initiatives receivable		46,000	96,000
Capital assets, net		603,293	450,242
Restricted for mortgage reserve, bonds		22,998	18,176
Other noncurrent assets		37,861	39,408
Total assets		1,387,725	1,336,213
Liabilities			
Accounts payable		72,236	80,078
Payable to related parties (UNM)		106,667	52,111
Interest payable bonds		489	70
Medicare advance payment program		-	15,597
Other accrued current liabilities		164,875	187,282
Bonds payable, non current		67,965	67,965
Mortgage Payable - NHT		127,065	51,689
Other long term liabilities		18,182	19,563
Total liabilities		557,479	474,355
Net Position			
Restricted for expendable grants, bequests, and contributions		21,589	19,810
Restricted capital appropriation		-	-
Restricted for trust indenture and debt agreement		22,998	18,176
Assets invested in capital		392,014	312,976
Unrestricted from operations		237,288	276,896
Total net assets	$	830,246 $	861,858
Current Ratio		1.81	1.77
Days Cash on Hand**		74.74	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 eight (8) months ended February 28, 2023

(In Thousands)		February
Operating revenues:		
Net Patient Service	$	815,127
Other		24,073
Total Operating Revenues		839,200
Operating expenses:		
Employee Compensation and Benefits		467,927
UNM School of Medicine Medical Services		116,086
Medical Services Oncology		14,158
Medical Services non-SOM		31,845
Medical Supplies		125,520
Oncology Drugs		35,384
Occupancy/Equipment		48,338
Depreciation		21,697
Purchased Services		47,007
Health System Expenses		11,577
Gross Receipts Tax		16,284
Other		12,324
Total Operating Expenses		948,147
Operating loss		(108,947)
Nonoperating Revenues (Expenses):		
Bernalillo County Mill Levy		66,951
State Appropriation		4,805
Interest Expense		(1,677)
Other Revenue and (Expense)		6,329
Net Nonoperating Revenues		76,408
Total Increase in Net Assets		(32,539)

Mill Levy Distribution Detail by Department FY2022

		(Audited)
Total Bernalillo County Mill Levy	$	114,830,101.00

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

UNMH - 85%		
Mill Levy	$	97,605,586
Expenses		Total Spending
Facilities		
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
Information Technology		
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
Revenue Cycle		
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
Other		
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
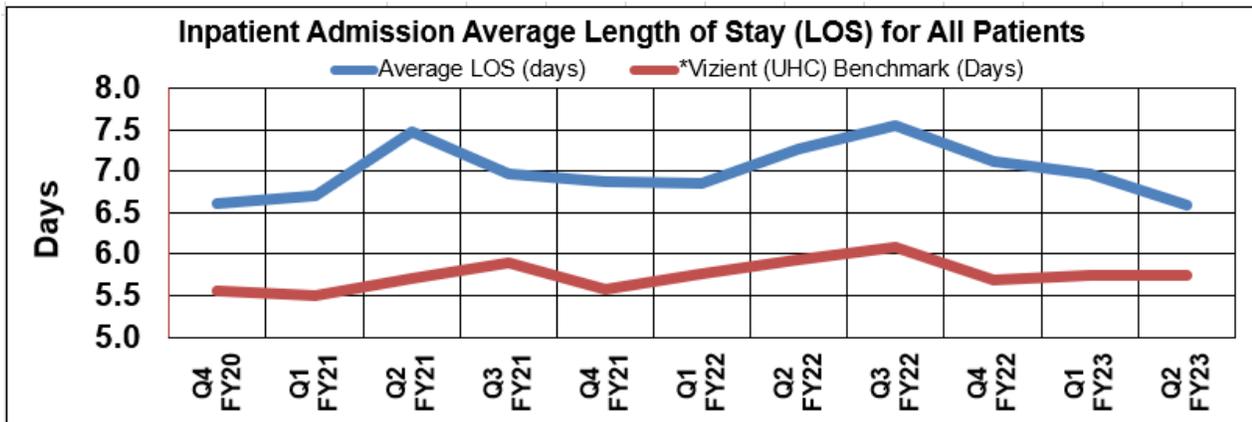
Inpatient Admission Average Length of Stay (LOS) for All Patients
— Average LOS (days) — *Vizient (UHC) Benchmark (Days)

Fiscal Quarter	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23
Average LOS (days)	6.61	6.71	7.48	6.98	6.88	6.85	7.27	7.55	7.12	6.96	6.59
*Vizient (UHC) Benchmark (Days)	5.55	5.50	5.70	5.90	5.58	5.76	5.94	6.09	5.70	5.75	5.75

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

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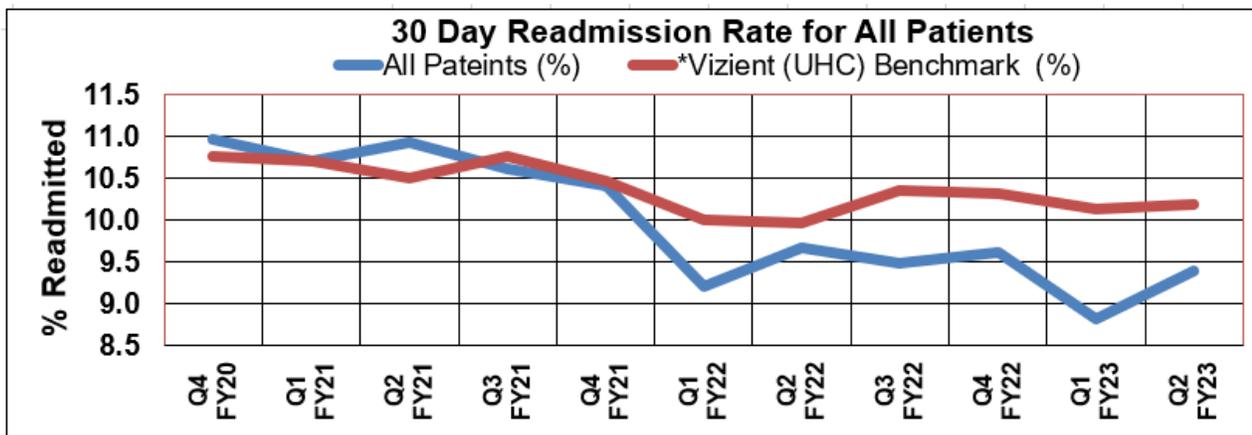
30 Day Readmission Rate for All Patients
— All Pateints (%) — *Vizient (UHC) Benchmark (%)

Fiscal Quarter	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23
All Pateints (%)	10.97	10.70	10.92	10.61	10.41	9.22	9.67	9.48	9.62	8.82	9.39
*Vizient (UHC) Benchmark (%)	10.76	10.71	10.51	10.77	10.47	9.99	9.97	10.36	10.31	10.13	10.18

(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
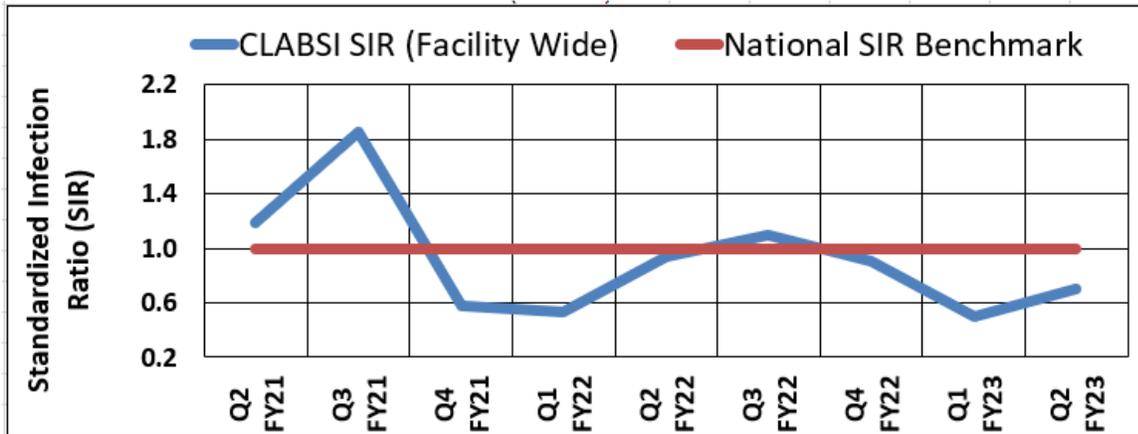
Central Line-associated Bloodstream Infection (CLABSI)	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23
CLABSI SIR (Facility Wide)	1.19	1.85	0.58	0.53	0.94	1.10	0.90	0.50	0.70
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	10	23	7	6	11	13	10	4	8
*NHSN Expected	12.4	12.4	12.1	11.4	12.5	11.9	11.5	8.1	11.1

Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection
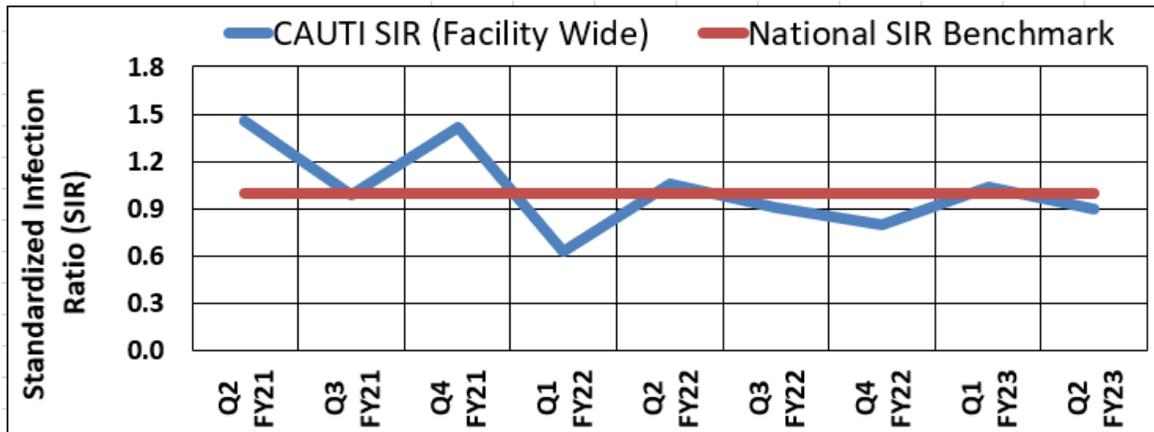
Catheter-Associated Urinary Tract Infection (CAUTI)	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23
CAUTI SIR (Facility Wide)	1.46	0.99	1.42	0.63	1.06	0.91	0.80	1.04	0.90
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CAUTI Count	23	14	19	9	17	14	12	11	11
*NHSN Expected	15.7	14.2	13.4	14.2	16.0	15.3	15.3	10.5	12.5

Catheter data is delayed by one quarter.

*NHSN = National Healthcare Safety Network.

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

MRSA Bloodstream Standardized Infection Rate

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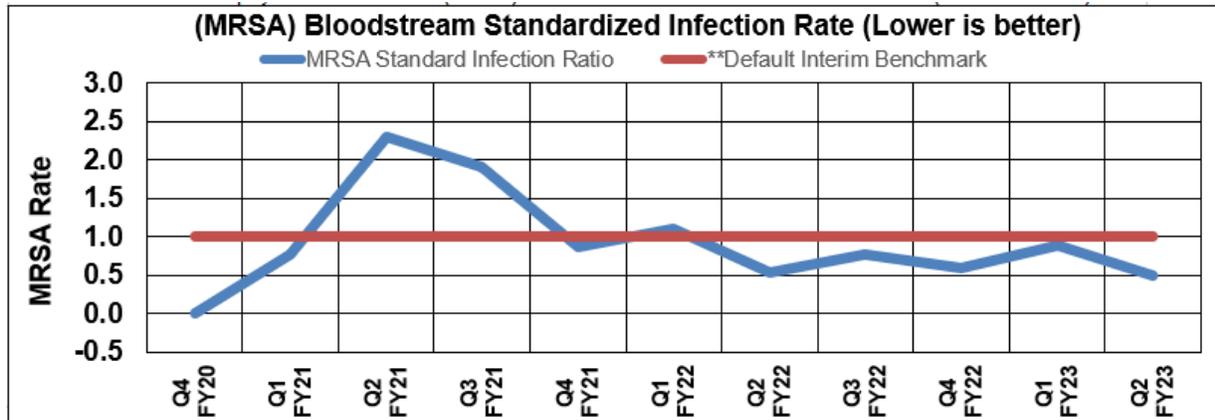
(MRSA) Bloodstream Standardized Infection Rate (Lower is better)

Fiscal Quarter	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23
MRSA Standard Infection Ratio	0.00	0.78	2.30	1.91	0.87	1.11	0.54	0.78	0.60	0.88	0.50
**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	0	2	6	7	3	3	2	4	2	3	2

MRSA data is delayed by one quarter.

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

Total Number of Inpatient Days

FY22 Actual based on the twelve (12) months ended June 30, 2022.
FY23 Actual YTD is based on the nine (9) months ended March 31, 2023.
FY23 Projected is based on the previous twelve (12) months ended March 31, 2023.

Inpatient Days	FY22 Actual	FY23 Actual YTD	FY23 Projected
Adult	142,655	100,068	133,424
Pediatric	42,313	30,531	40,708
Newborn	4,895	3,931	5,241
Total Inpatient Days	189,863	134,530	179,373

Nursing Hours of Care

	FY21 June, 2021	FY22 June, 2022	FY23 February, 2023
UNMH Nursing Hours of Care Per Patient*	17.42	15.78	15.36

*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 March 2023	FY2023 Hires (Headcount)	FY2023 Terms (Headcount)	Rolling Retention Rate
RN's	1,913	1,742	186	357	79.5%
*National Retention Rate Benchmark					82.3%

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

Press Ganey Inpatient Satisfaction Score
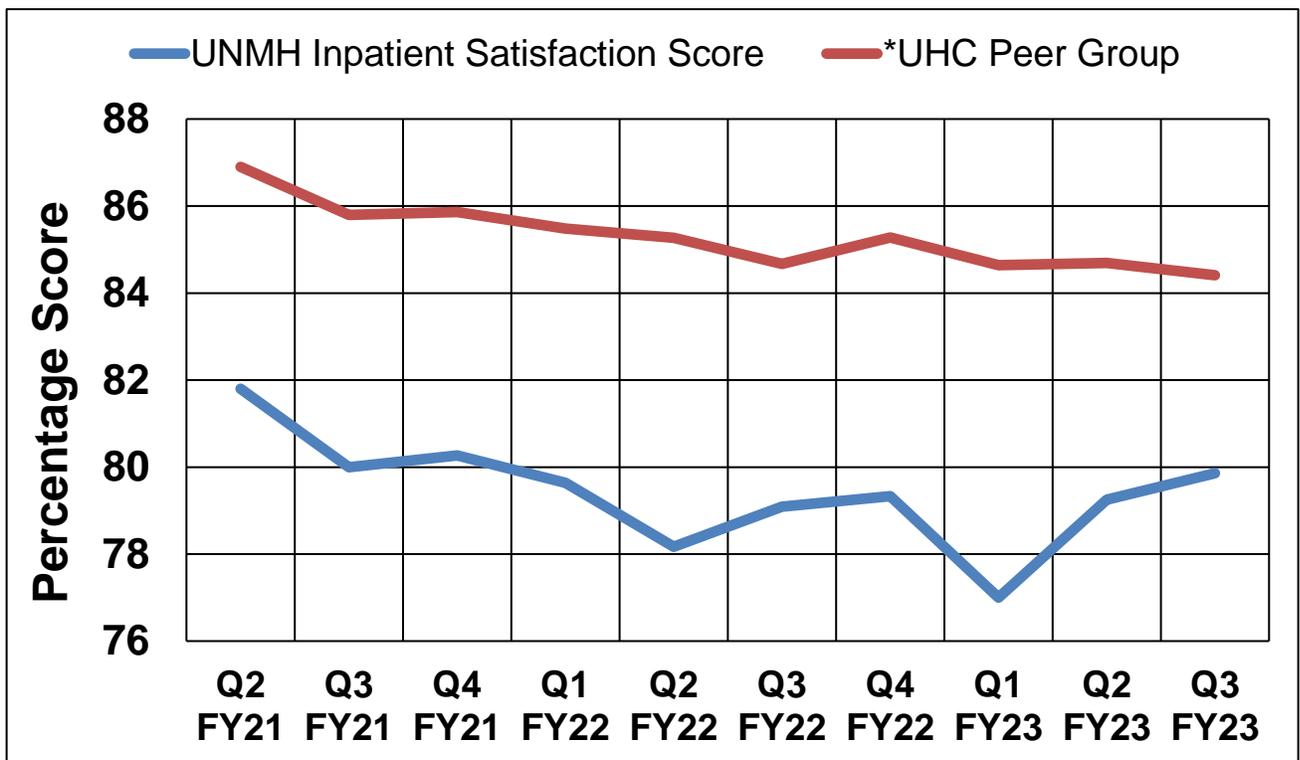
Quarter	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23
UNMH Inpatient Satisfaction Score	81.8	80.0	80.3	79.6	78.2	79.1	79.3	77.0	79.3	79.9
*UHC Peer Group	86.9	85.8	85.9	85.5	85.3	84.7	85.3	84.6	84.7	84.4

*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.

HCAHPS Satisfaction – Communications with Nurses
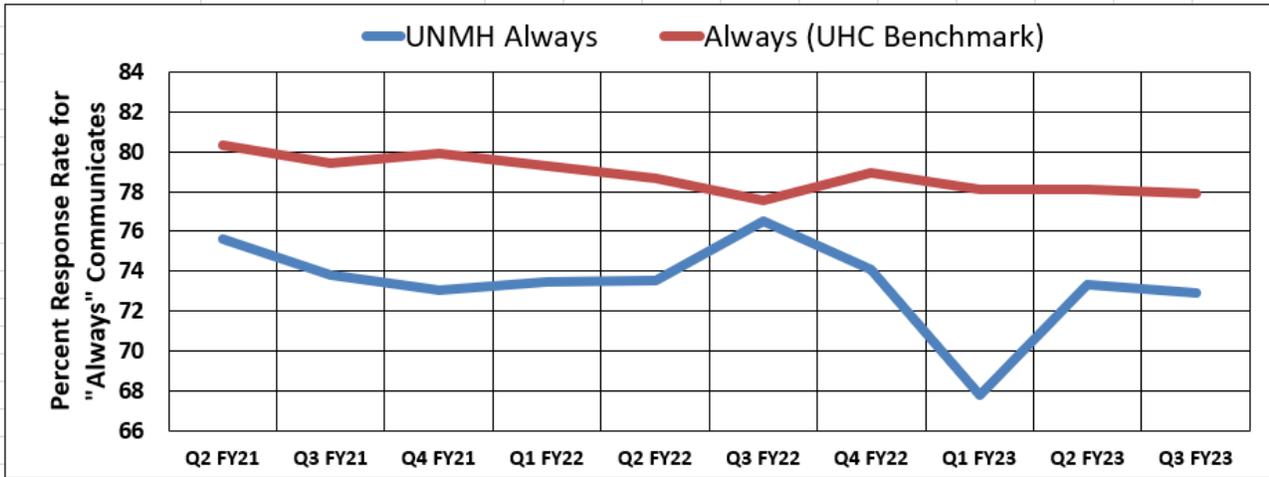
Communication with Nurses	Response	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23
H-COMP-1-A-P	UNMH Always	75.6	73.8	73.0	73.5	73.5	76.5	74.1	67.8	73.3	72.9
H-COMP-1-U-P	UNMH Usually	18.1	19.7	19.2	18.4	18.8	17.0	18.4	22.3	17.3	20.3
H-COMP-1-SN-P	UNMH Sometimes/Never	6.3	7.2	7.7	8.1	7.7	6.5	5.8	9.9	9.4	6.8
UHC Benchmark	Always (UHC Benchmark)	80.3	79.5	79.9	79.3	78.7	77.6	78.9	78.1	78.1	77.9

HCAHPS Satisfaction – Communications with Doctors
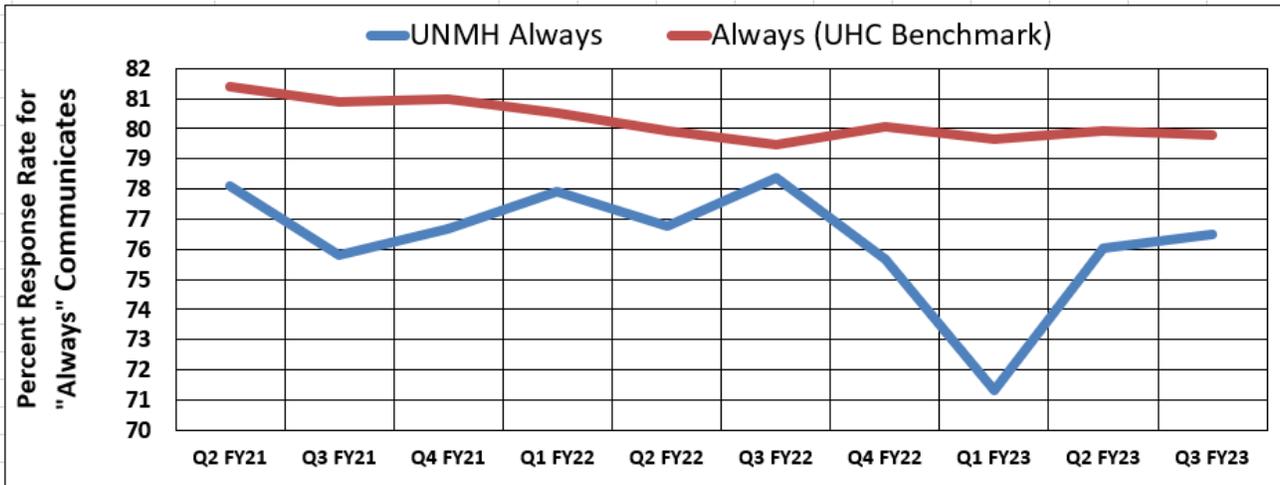
Communication with Doctors	Response	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23
H-COMP-2-A-P	UNMH Always	78.1	75.8	76.7	77.9	76.8	78.4	75.7	71.3	76.0	76.5
H-COMP-2-U-P	UNMH Usually	14.7	17.3	17.5	15.8	14.5	15.7	16.0	18.2	15.0	16.5
H-COMP-2-SN-P	UNMH Sometimes/Never	7.2	6.9	5.9	6.3	8.7	6.0	8.3	10.4	9.0	7.0
UHC Benchmark	Always (UHC Benchmark)	81.4	80.9	81.0	80.5	79.9	79.5	80.1	79.6	79.9	79.8

Grievances
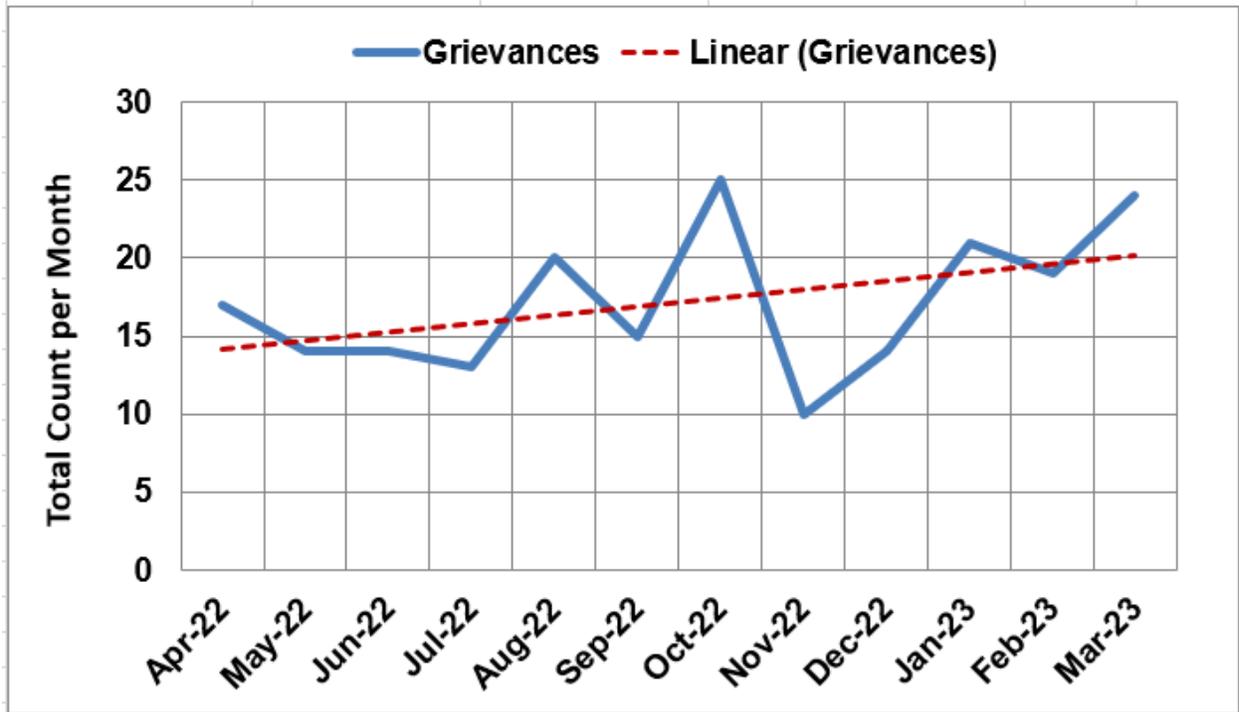
Month-Year	Grievances
Apr-22	17
May-22	14
Jun-22	14
Jul-22	13
Aug-22	20
Sep-22	15
Oct-22	25
Nov-22	10
Dec-22	14
Jan-23	21
Feb-23	19
Mar-23	24

Average time for an Appointment for Primary and Specialty Care

Average 3rd Next Available* Day out for Appointments.
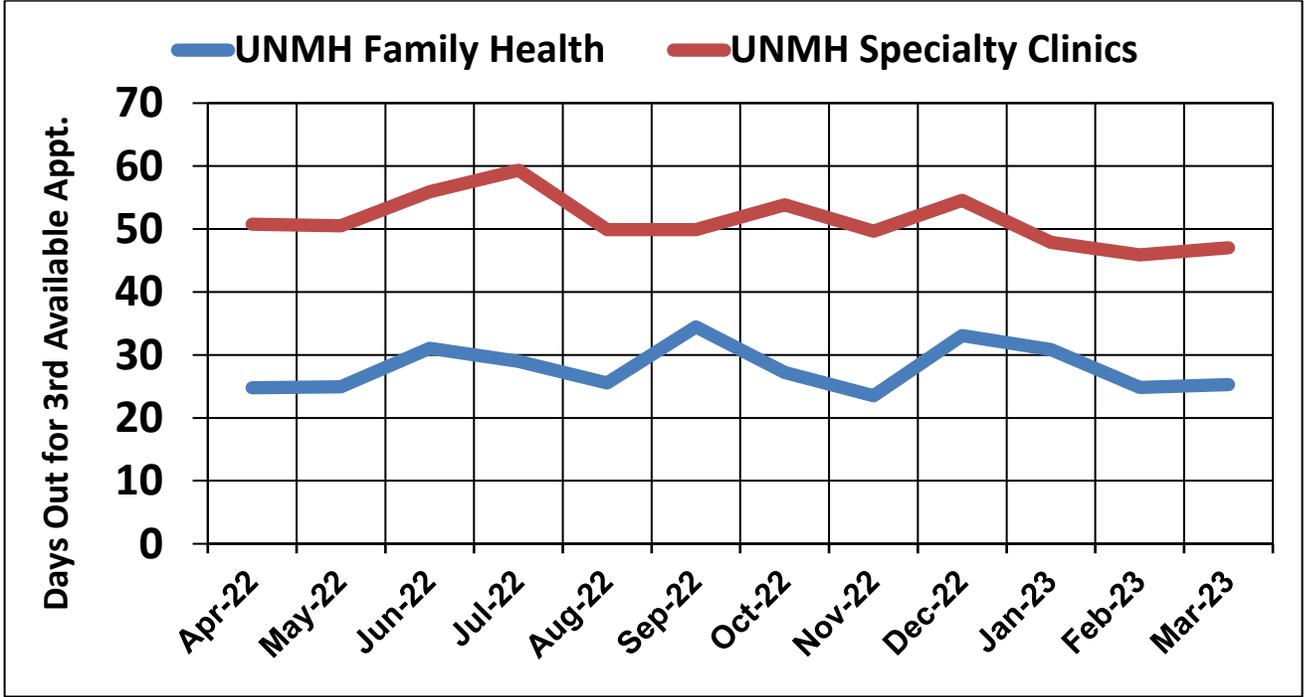
Month	UNMH Family Health	UNMH Specialty Clinics
Apr-22	24.8	50.8
May-22	25.0	50.5
Jun-22	31.1	55.9
Jul-22	29.0	59.3
Aug-22	25.6	49.9
Sep-22	34.5	49.9
Oct-22	27.2	53.9
Nov-22	23.5	49.6
Dec-22	33.1	54.6
Jan-23	30.8	47.9
Feb-23	24.8	45.9
Mar-23	25.3	47.0

* "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 (ED) Visits

Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.
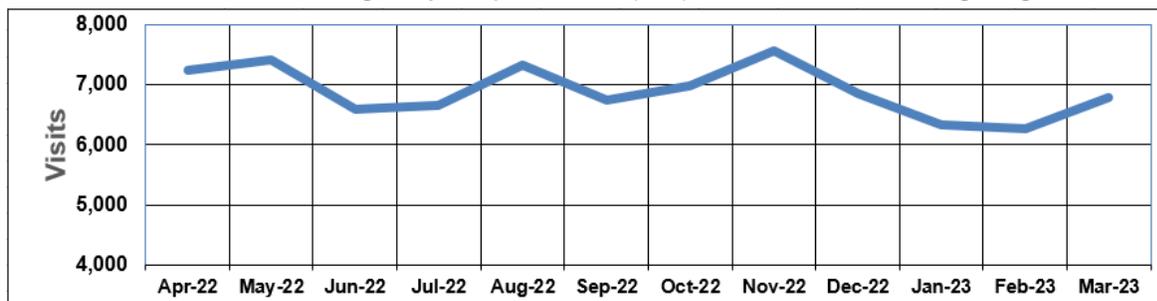
Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Visits	7,236	7,418	6,591	6,657	7,337	6,736	6,975	7,577	6,863	6,325	6,264	6,792

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.
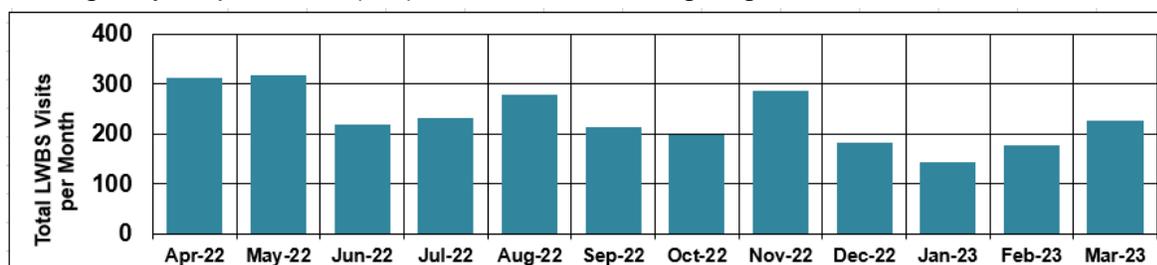
Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
UH LWBS	311	318	220	233	278	213	198	287	182	144	178	227

ED Average Hours from Arrival to Disposition
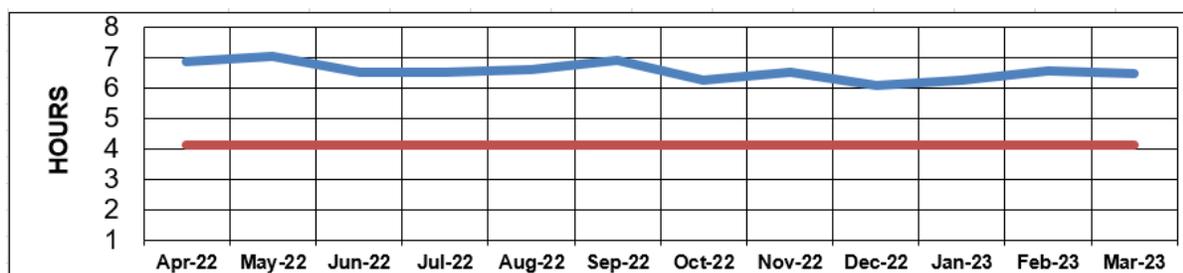
Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Arrival to Disposition	6.88	7.07	6.55	6.53	6.63	6.92	6.28	6.52	6.08	6.28	6.58	6.47
*National Average	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11

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

MDC Inmates Receiving Hospital Services
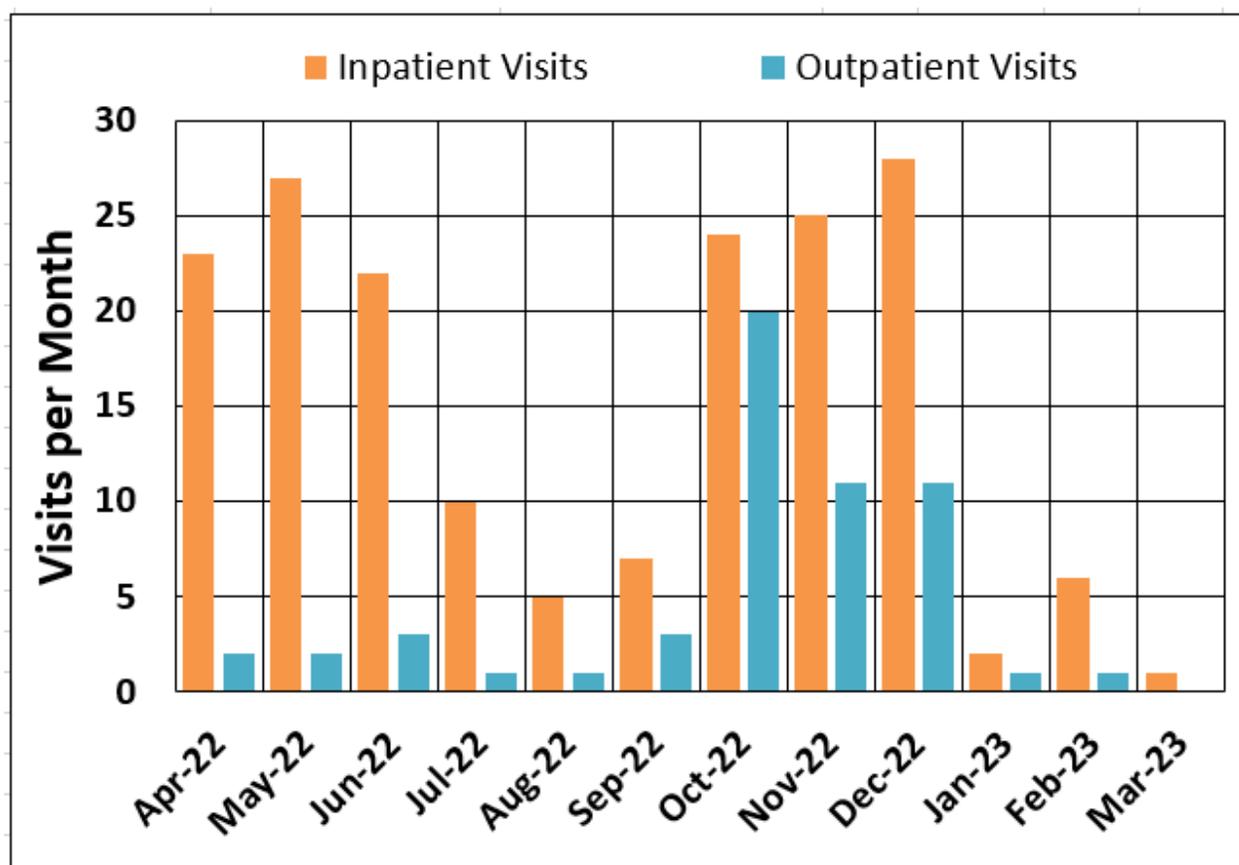
Month	Inpatient Visits	Outpatient Visits
Apr-22	23	2
May-22	27	2
Jun-22	22	3
Jul-22	10	1
Aug-22	5	1
Sep-22	7	3
Oct-22	24	20
Nov-22	25	11
Dec-22	28	11
Jan-23	2	1
Feb-23	6	1
Mar-23	1	0

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, 2023, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	15,290
EMSA	482
IHS	2,320
Medicaid	238,791
Medicare	218,208
Uninsured	24,902
HMO's & Insurance	196,376
All Other *	29,409
Total Encounters	**725,778**
Native American Encounters **	**80,765**

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, 2023, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	$ 28,293,506	$ 10,670,123	$ 38,963,629
Catron	2,982	18,273	21,255
Chaves	515,506	225,749	741,255
Cibola	332,444	167,282	499,727
Colfax	25,326	26,982	52,308
Curry	18,947	1,690	20,637
De Baca	-	-	-
Dona Ana	169,580	22,914	192,494
Eddy	73,714	28,861	102,575
Grant	7,049	15,760	22,810
Guadalupe	103,013	17,554	120,567
Harding	-	-	-
Hidalgo	1,382	-	1,382
Lea	118,221	64,754	182,975
Lincoln	116,622	15,288	131,910
Los Alamos	30,751	9,562	40,313
Luna	103,731	21	103,751
Mc Kinley	463,071	188,617	651,688
Mora	5,463	-	5,463
Otero	240,751	20,775	261,527
Quay	103,728	798	104,526
Rio Arriba	325,584	273,201	598,786
Roosevelt	10,699	48,085	58,784
San Juan	346,480	67,396	413,876
San Miguel	24,188	13,329	37,517
Sandoval	1,075,530	624,941	1,700,471
Santa Fe	2,684,215	355,765	3,039,980
Sierra	196,808	21,461	218,269
Socorro	473,638	80,683	554,321
Taos	309,186	77,171	386,357
Torrance	444,761	251,273	696,034
Union	3,749	305	4,055
Valencia	3,681,213	1,243,651	4,924,864
Out Of State	-	1,403,744	1,403,744
Grand Total	$ 40,301,837	$ 15,956,009	$ 56,257,847

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, 2023.

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	2	$3,902	89	$ 19,162	91	$ 23,064
87022	1	185	108	17,344	109	17,530
87047	6	(16,780)	230	50,580	236	33,801
87059	17	22,621	521	67,582	538	90,203
87100	-	-	-	-	-	-
87101	3	71,536	21	5,833	24	77,369
87102	128	718,737	3,790	1,019,897	3,918	1,738,634
87103	-	-	24	4,979	24	4,979
87104	42	202,565	1,316	325,686	1,358	528,252
87105	249	1,902,999	9,842	3,560,824	10,091	5,463,823
87106	99	838,894	3,112	973,585	3,211	1,812,479
87107	117	872,262	3,478	941,864	3,595	1,814,126
87108	200	1,522,431	7,127	2,310,521	7,327	3,832,952
87109	100	1,063,495	2,803	633,094	2,903	1,696,589
87110	133	825,408	3,875	991,646	4,008	1,817,054
87111	80	2,133,822	2,437	551,537	2,517	2,685,359
87112	117	893,705	4,091	885,305	4,208	1,779,011
87113	20	168,656	1,063	279,566	1,083	448,221
87114	89	441,105	3,226	760,534	3,315	1,201,639
87115	-	-	10	6,817	10	6,817
87116	1	49	47	19,526	48	19,575
87117	-	-	3	2,707	3	2,707
87119	-	-	32	3,258	32	3,258
87120	91	621,140	3,524	857,492	3,615	1,478,632
87121	405	3,076,820	15,036	5,699,526	15,441	8,776,345
87122	9	35,347	436	109,727	445	145,074
87123	206	1,055,324	6,058	1,907,549	6,264	2,962,873
87125	6	92,756	181	43,344	187	136,100
87128	-	-	-	-	-	-
87130	-	-	-	-	-	-
87131	1	5,364	21	4,647	22	10,011
87140	-	-	-	-	-	-
87151	7	43,920	88	55,848	95	99,768
87153	-	-	3	39	3	39
87154	1	15,382	136	9,115	137	24,497
87158	-	-	-	-	-	-
87176	6	21,676	144	21,553	150	43,229
87181	1	15	36	2,443	37	2,458
87184	2	35,586	23	5,586	25	41,171
87185	-	-	3	269	3	269
87187	1	2,564	9	467	10	3,030
87190	1	69	38	2,609	39	2,678
87191	2	1,850	43	3,078	45	4,927
87192	1	89	20	2,883	21	2,972
87193	1	83	68	4,655	69	4,738
87194	2	4,562	45	2,018	47	6,580
87195	8	4,706	181	36,636	189	41,342
87196	2	5,364	38	5,865	40	11,230
87197	3	10,668	87	31,494	90	42,162
87198	2	378	116	15,506	118	15,884
87199	5	2,759	69	7,418	74	10,178
Grand Total	2,167	$ 16,702,015	73,648	$ 22,261,614	$ 75,815	$ 38,963,629

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the nine (9) months ended March 31, 2023.

Bernalillo County Zip	Medicine Count	Surgery Count	Cancer Count	Ortho-pedics Count	Womens Health Count	Cardio-vascular/ Respiratory/ Cardiac Care Count	Neuro-sciences/ Neuro-logical Count	Spine Count	Other Count	Neo-natology/ Normal Newborn/ Childrens Count	Behavioral Health Count	Trauma Count	Total Count
87008	38	8	2	13	2	6	3	6	-	-	13	-	91
87022	40	9	21	11	2	3	3	3	-	-	17	-	109
87047	85	57	10	28	7	17	19	3	3	-	7	-	236
87059	175	63	73	64	30	42	35	10	2	1	43	-	538
87100	-	-	-	-	-	-	-	-	-	-	-	-	-
87101	7	2	-	-	11	1	-	1	-	-	2	-	24
87102	1,458	603	212	354	208	258	190	98	26	3	508	-	3,918
87103	4	2	-	3	6	-	3	1	-	-	5	-	24
87104	439	213	172	143	73	62	69	23	9	-	155	-	1,358
87105	3,576	1,504	765	1,010	971	605	503	234	77	19	827	-	10,091
87106	1,116	414	206	309	253	174	195	85	31	8	420	-	3,211
87107	1,219	459	241	330	376	214	216	96	38	14	392	-	3,595
87108	2,745	856	554	621	658	378	345	191	77	16	886	-	7,327
87109	1,018	451	256	275	175	162	151	91	18	4	302	-	2,903
87110	1,416	529	414	343	162	253	262	99	36	8	486	-	4,008
87111	864	295	255	226	139	109	186	58	11	4	370	-	2,517
87112	1,463	546	511	392	286	221	183	100	31	7	468	-	4,208
87113	413	147	85	82	81	64	62	37	7	-	105	-	1,083
87114	1,248	346	285	290	238	170	209	81	43	12	393	-	3,315
87115	1	-	7	-	-	-	-	1	-	-	1	-	10
87116	16	11	1	2	2	7	1	2	-	-	6	-	48
87117	1	-	-	-	-	-	-	-	-	-	2	-	3
87119	20	3	1	1	1	2	1	-	1	-	2	-	32
87120	1,372	431	220	312	306	157	256	94	41	12	414	-	3,615
87121	5,359	2,131	1,297	1,317	2,235	880	723	420	123	42	913	1	15,441
87122	175	68	37	41	6	31	22	13	2	-	50	-	445
87123	2,462	838	438	589	590	285	280	177	45	9	551	-	6,264
87125	57	27	1	18	4	10	23	3	2	-	42	-	187
87128	-	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-	-
87131	11	1	-	1	-	1	-	-	8	-	-	-	22
87140	-	-	-	-	-	-	-	-	-	-	-	-	-
87151	27	19	3	17	2	1	5	6	2	-	13	-	95
87153	1	-	-	1	-	-	-	-	-	-	1	-	3
87154	46	13	7	23	1	2	17	11	-	-	17	-	137
87158	-	-	-	-	-	-	-	-	-	-	-	-	-
87176	49	19	42	6	9	11	5	1	1	-	7	-	150
87181	12	3	14	-	2	1	1	-	-	-	4	-	37
87184	13	2	3	1	-	4	-	2	-	-	-	-	25
87185	2	-	-	-	-	-	-	1	-	-	-	-	3
87187	4	-	2	-	-	2	1	-	-	-	1	-	10
87190	14	5	3	7	-	1	3	-	-	-	6	-	39
87191	12	15	-	4	4	3	7	-	-	-	-	-	45
87192	5	6	2	3	1	-	-	-	-	-	4	-	21
87193	22	13	4	9	-	3	9	4	-	-	5	-	69
87194	21	7	-	4	-	-	3	6	1	-	5	-	47
87195	84	40	4	19	4	14	3	10	-	-	11	-	189
87196	20	8	-	7	2	-	-	1	-	-	2	-	40
87197	32	3	23	3	4	14	2	-	2	-	7	-	90
87198	55	12	3	6	3	11	1	5	1	-	21	-	118
87199	22	17	4	8	2	2	6	6	1	-	6	-	74
Grand Total	27,239	10,196	6,178	6,893	6,856	4,181	4,003	1,980	639	159	7,490	1	75,815

# Primary Reason for Bernalillo County Indigent Resident Visits

Totals are for each of the eight (8) quarters ended March 31, 2023.

Description	2023Q3	2023Q2	2023Q1	2022Q4	2022Q3	2022Q2	2022Q1	2021Q4
Factors influencing health status and contact with health services	4,254	6,344	6,126	4,227	4,048	4,321	5,044	5,042
undefined	2,932	3,185	2,891	1,950	1,703	1,761	1,935	2,115
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1,716	2,340	2,285	1,600	1,518	1,639	1,871	2,002
Diseases of the musculoskeletal system and connective tissue	1,620	2,290	2,232	1,571	1,437	1,539	1,854	1,949
Endocrine, nutritional and metabolic diseases	1,016	1,324	1,318	895	834	917	1,138	1,210
Injury, poisoning and certain other consequences of external causes	985	1,510	1,535	1,045	873	1,068	1,350	1,334
Diseases of the circulatory system	985	1,299	1,274	894	832	883	988	1,088
Diseases of the nervous system	928	1,258	1,242	824	751	838	908	977
Neoplasms	858	1,281	1,162	780	765	883	1,078	1,162
Mental and behavioural disorders	835	1,233	1,205	856	828	890	1,053	1,194
Diseases of the respiratory system	717	1,312	767	640	544	635	628	542
Diseases of the genitourinary system	676	935	875	618	571	638	747	817
Diseases of the digestive system	640	903	868	621	542	570	653	758
Diseases of the skin and subcutaneous tissue	484	684	705	461	409	435	532	579
Pregnancy, childbirth and the puerperium	459	641	653	464	464	505	637	641
Diseases of the eye and adnexa	345	479	462	318	296	294	387	405
Diseases of the ear and mastoid process	268	391	316	216	185	190	222	193
Certain infectious and parasitic diseases	229	326	289	223	189	222	224	233
Congenital malformations, deformations and chromosomal abnormalities	207	286	282	201	184	194	231	249
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	130	188	180	121	117	126	151	159
Codes for special purposes	61	220	205	119	261	159	84	47
Certain conditions originating in the perinatal period	21	33	46	32	29	35	36	25
External causes of morbidity and mortality	0	-1	0	-1	-1	-1	0	-1
	20,366	28,461	26,918	18,675	17,379	18,741	21,751	22,720

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

Revenues by Payor Source

FY 2022 Revenue (Audited)

Bernalillo Cnty Mill Levy
7%

**Other
6%

*Other Patient
3%

Insurance
24%

Medicaid
42%
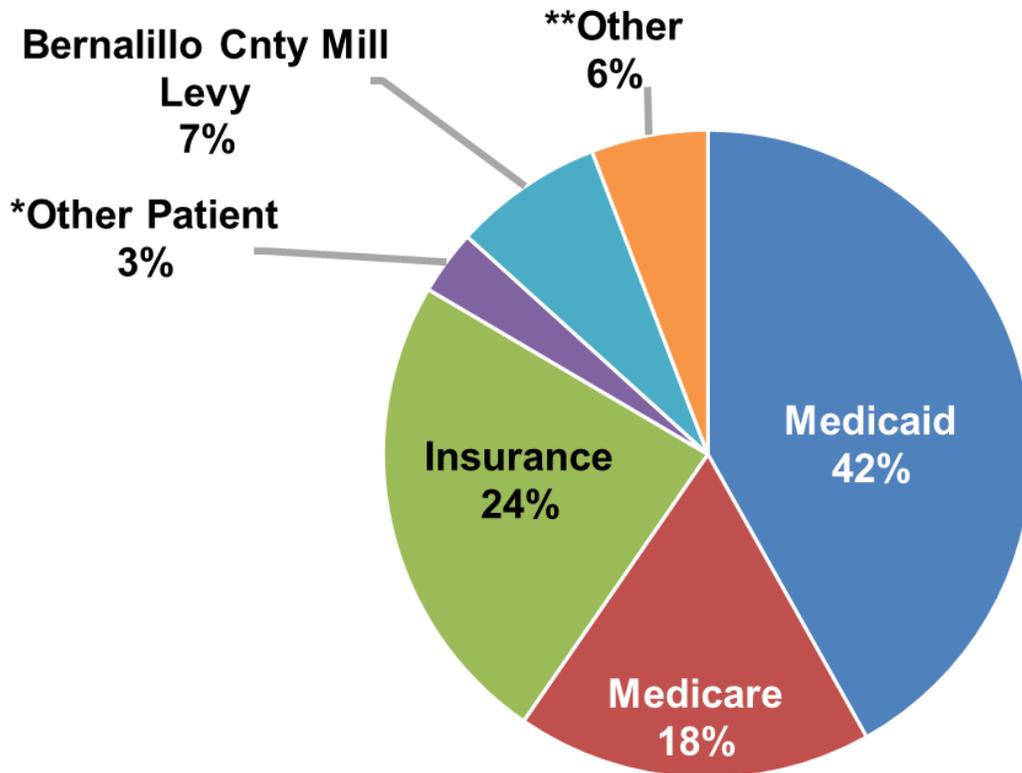
Medicare
18%

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 March 31, 2023.

534,607	**FY21 Actual (12 Months)**
562,253	**FY22 Actual (12 Months)**
552,110	**FY23 Projected (Previous 12 Months)**

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

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

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

## Press Ganey Ambulatory Satisfaction Score
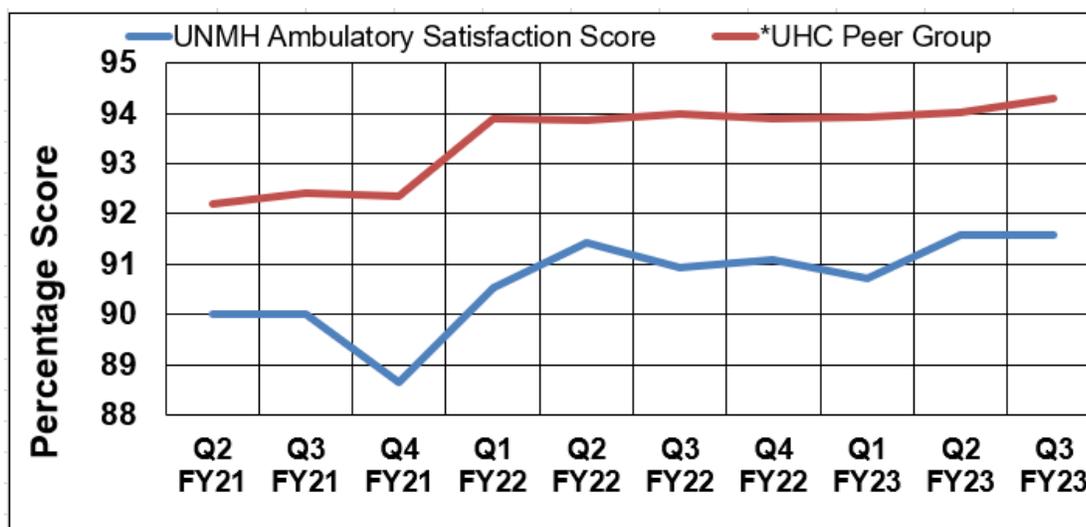
Quarter	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23
UNMH Ambulatory Satisfaction Score	90.0	90.0	88.7	90.5	91.4	90.9	91.1	90.7	91.6	91.6
*UHC Peer Group	92.2	92.4	92.4	93.9	93.9	94.0	93.9	93.9	94.0	94.3

*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.
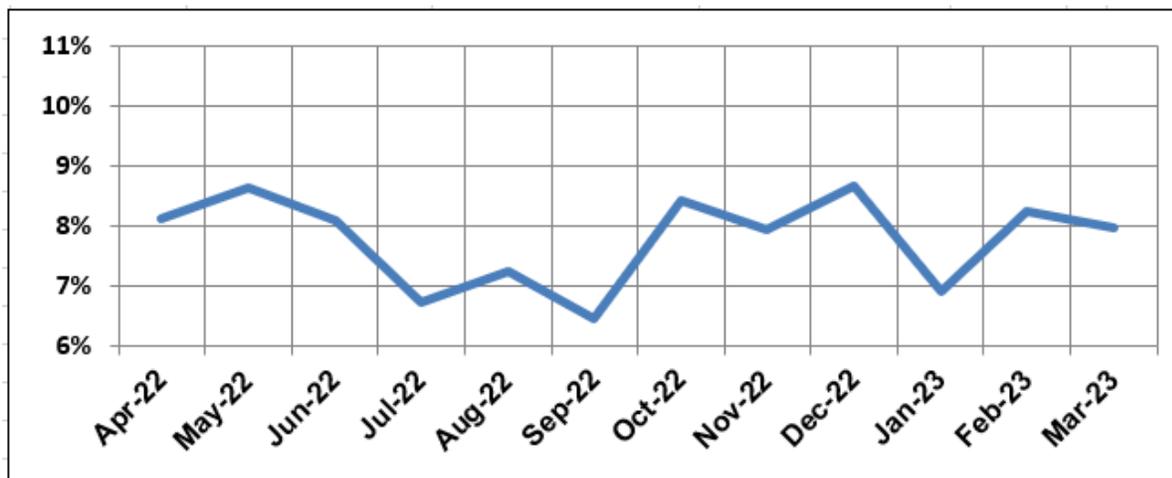
Month	Same Day	Total Arrived	Same Day Rate
Apr-22	1,259	15,525	8.1%
May-22	1,327	15,377	8.6%
Jun-22	1,236	15,304	8.1%
Jul-22	927	13,778	6.7%
Aug-22	1,228	16,957	7.2%
Sep-22	943	14,606	6.5%
Oct-22	1,284	15,272	8.4%
Nov-22	1,185	14,918	7.9%
Dec-22	1,174	13,569	8.7%
Jan-23	1,102	15,976	6.9%
Feb-23	1,256	15,264	8.2%
Mar-23	1,313	16,491	8.0%

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

Average	Primary Care Clinics
8.7%	1209 Clinic
9.8%	Alamo Primary Care Clinic
4.9%	Family Practice Clinic
2.0%	General Pediatric Clinic
4.9%	Northeast Heights Clinic
4.9%	Senior Health Center
7.1%	Southeast Heights Clinic
5.7%	Southwest Mesa Clinic
5.6%	SRMC FP Clinic
8.8%	UH 4th Street NV Clinic
10.7%	UH Atrisco Heritage
24.1%	UNM Lobocare Clinic
8.5%	UNMMG Family Health Grande
7.1%	Westside Clinic
10.2%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

This data includes only Primary Care appointments.
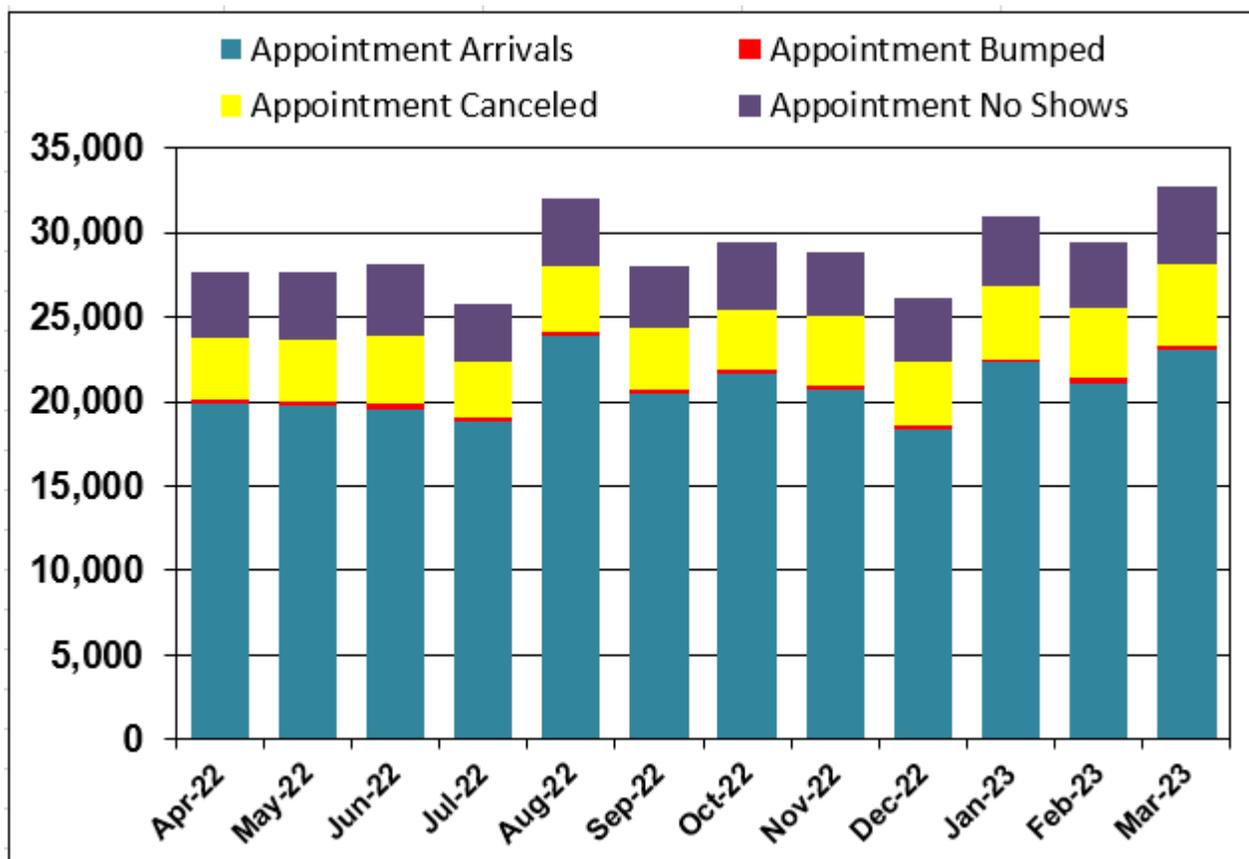
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-22	19,934	140	3,648	3,892
May-22	19,815	233	3,580	3,988
Jun-22	19,559	325	3,988	4,192
Jul-22	18,873	211	3,298	3,417
Aug-22	23,843	227	3,931	3,976
Sep-22	20,505	255	3,539	3,730
Oct-22	21,615	221	3,636	3,956
Nov-22	20,733	234	4,062	3,786
Dec-22	18,378	189	3,774	3,736
Jan-23	22,310	190	4,297	4,104
Feb-23	21,077	290	4,127	3,905
Mar-23	23,089	209	4,826	4,541

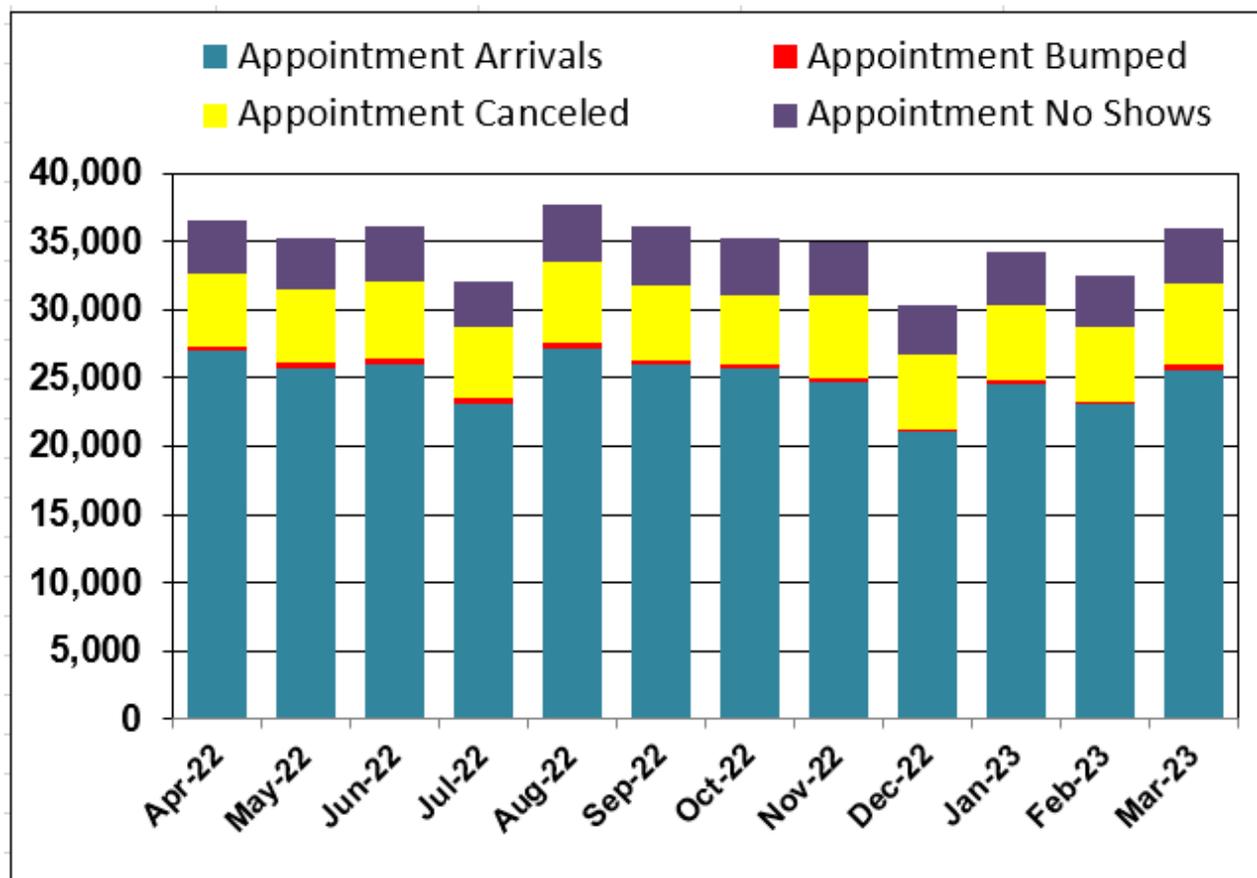## Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.

Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-22	26,992	295	5,401	3,866
May-22	25,762	346	5,375	3,771
Jun-22	26,004	387	5,707	3,973
Jul-22	23,043	452	5,202	3,364
Aug-22	27,155	457	5,851	4,260
Sep-22	25,945	393	5,505	4,259
Oct-22	25,717	305	5,075	4,216
Nov-22	24,676	344	6,001	3,961
Dec-22	21,039	246	5,428	3,665
Jan-23	24,571	303	5,462	3,966
Feb-23	23,053	235	5,503	3,651
Mar-23	25,625	332	5,960	4,095

Percentage Abandoned Phone Calls for Primary and Specialty Care
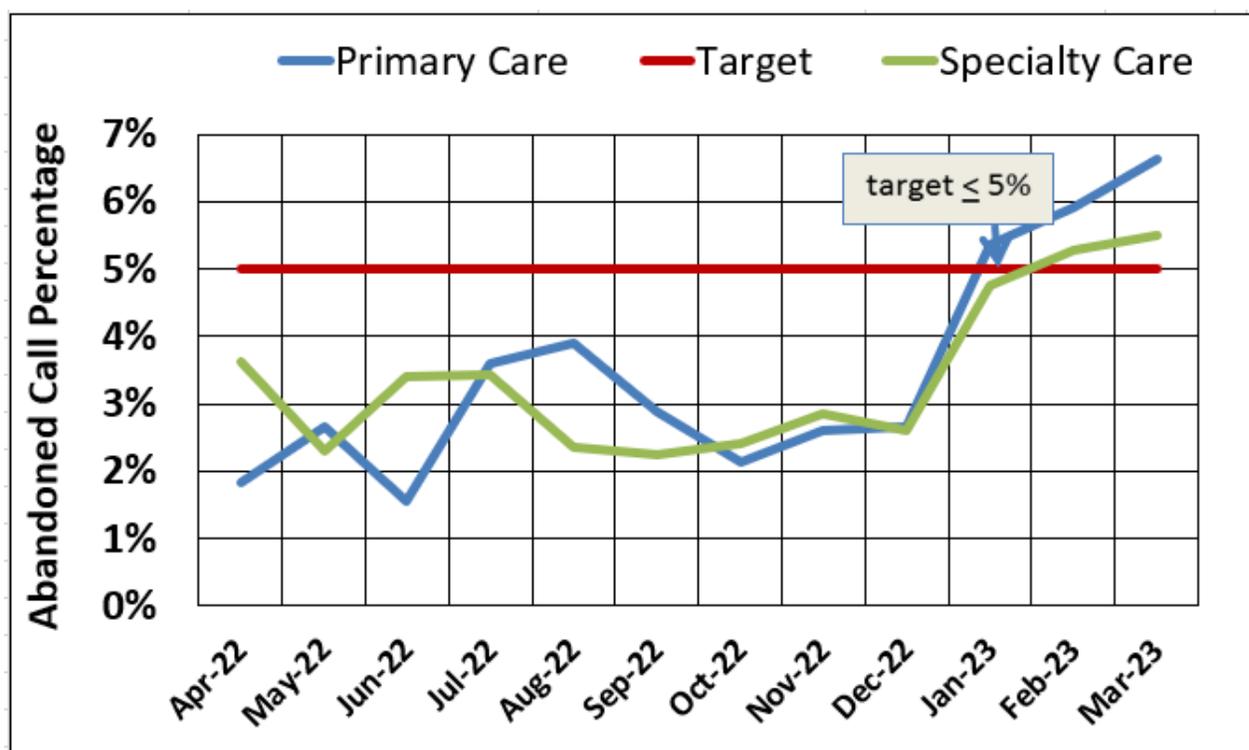
Area: Month	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Apr-22	1.82%	3.61%	5%
May-22	2.67%	2.29%	5%
Jun-22	1.55%	3.39%	5%
Jul-22	3.59%	3.43%	5%
Aug-22	3.90%	2.35%	5%
Sep-22	2.89%	2.25%	5%
Oct-22	2.14%	2.42%	5%
Nov-22	2.60%	2.85%	5%
Dec-22	2.66%	2.59%	5%
Jan-23	5.37%	4.75%	5%
Feb-23	5.90%	5.27%	5%
Mar-23	6.62%	5.51%	5%

**Increase Jan 2023 – Mar 2023due to lack of staffing

Medication Reconciliation Goals Primary and Specialty Care

National Patient Safety Goal :
UNH Medication Reconciliation Rates for Primary Care and Specialty Care.

Medication Reconciliation Rates
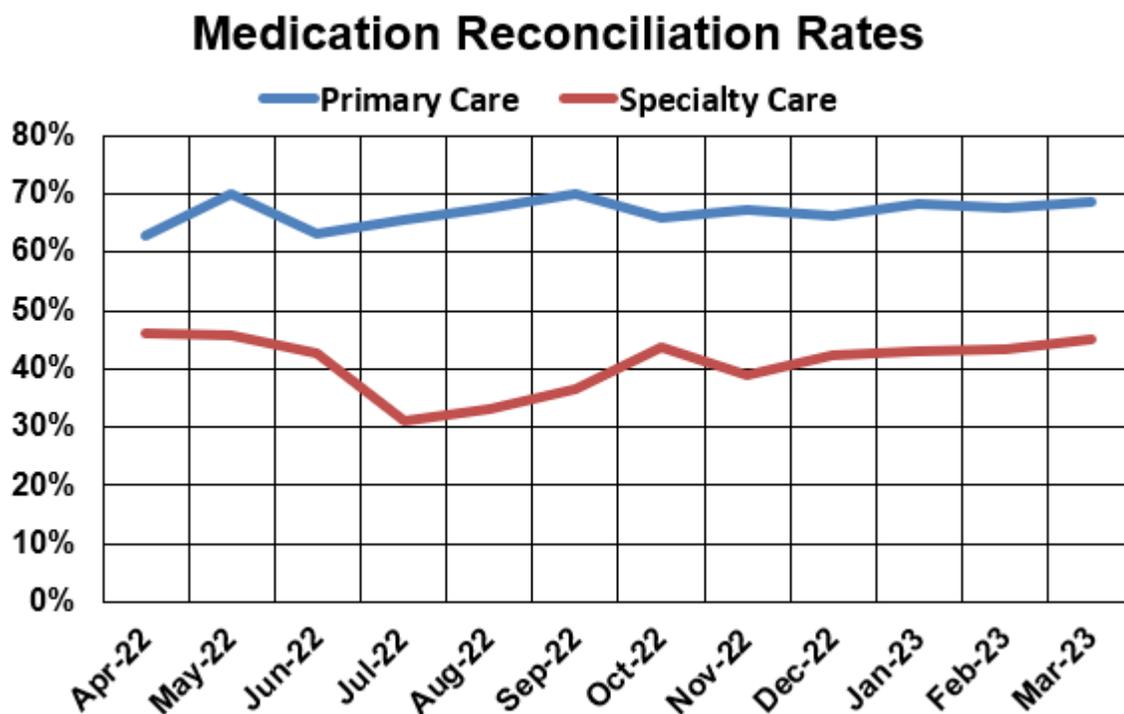
Month	Primary Care	Specialty Care
Apr-22	62.7%	46.2%
May-22	70.1%	45.7%
Jun-22	63.1%	42.7%
Jul-22	65.5%	31.2%
Aug-22	67.7%	33.0%
Sep-22	70.1%	36.6%
Oct-22	65.8%	43.8%
Nov-22	67.4%	38.8%
Dec-22	66.3%	42.3%
Jan-23	68.5%	42.9%
Feb-23	67.6%	43.3%
Mar-23	68.6%	45.0%

Percentage of Patients with Access to Electronic Medical Record

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

As of April 3, 2023.

384,637	Invitations sent out to patients who provided an email address.
176,966	Patients who have claimed invitation to sign up.
1,314	Patients who have self enrolled directly without an invitation.
153,534	*Active Users who have accessed their medical records.
40%	Percentage of patients who can potentially access their medical records electronically .

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

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

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

What to expect from MyHealth at UNM:

- See appointment information anytime.

- See your lab results and data.

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

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

Diabetes Management Indicators for HgbA1C and LDL <100

Percentage of A1c and LDL Checked
- % A1c Done
- % LDL Done
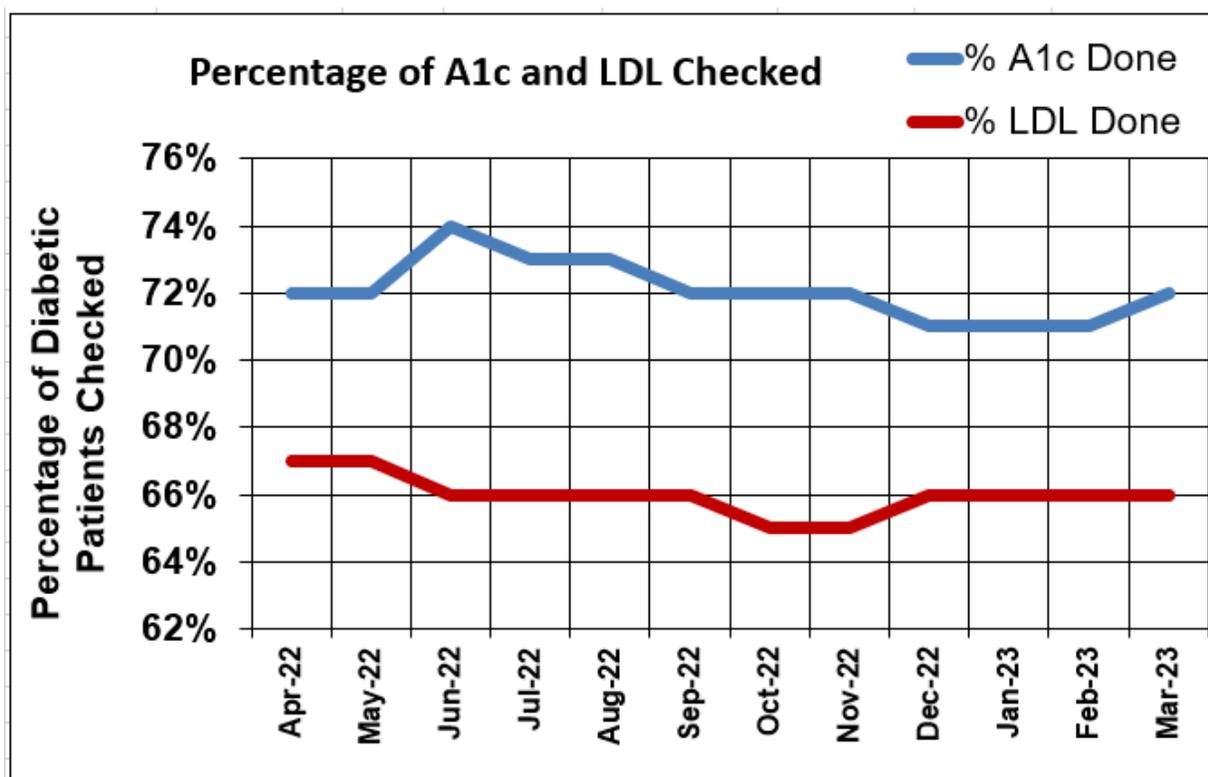
Month	Total Patients		A1c Done	% A1c Done		LDL Done	% LDL Done
Apr-22	8,023		5,750	72%		5,344	67%
May-22	8,079		5,843	72%		5,379	67%
Jun-22	8,103		5,953	74%		5,381	66%
Jul-22	7,944		5,824	73%		5,228	66%
Aug-22	8,090		5,934	73%		5,357	66%
Sep-22	7,866		5,682	72%		5,150	66%
Oct-22	8,035		5,800	72%		5,254	65%
Nov-22	8,136		5,815	72%		5,310	65%
Dec-22	8,095		5,714	71%		5,325	66%
Jan-23	8,162		5,810	71%		5,386	66%
Feb-23	8,165		5,826	71%		5,374	66%
Mar-23	8,106		5,841	72%		5,319	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	Number of Medicaid applications completed at UNMH
Apr-22	4,182	18	126
May-22	5,389	10	163
Jun-22	4,142	13	210
Jul-22	3,193	7	147
Aug-22	2,550	12	133
Sep-22	2,628	6	190
Oct-22	2,276	6	231
Nov-22	3,513	8	204
Dec-22	3,499	3	92
Jan-23	3,666	4	134
Feb-23	4,809	2	207
Mar-23	4,710	4	162

## Total Uncompensated Care – Charity Care and Uninsured

For the nine (9) months ended March 31, 2023, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	20,079	6,985	27,064
Encounters	62,100	13,023	75,123
Cost	$ 17,942,540	$ 7,850,370	$ 25,792,909

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

Number of Unique Patients Sent to Collections

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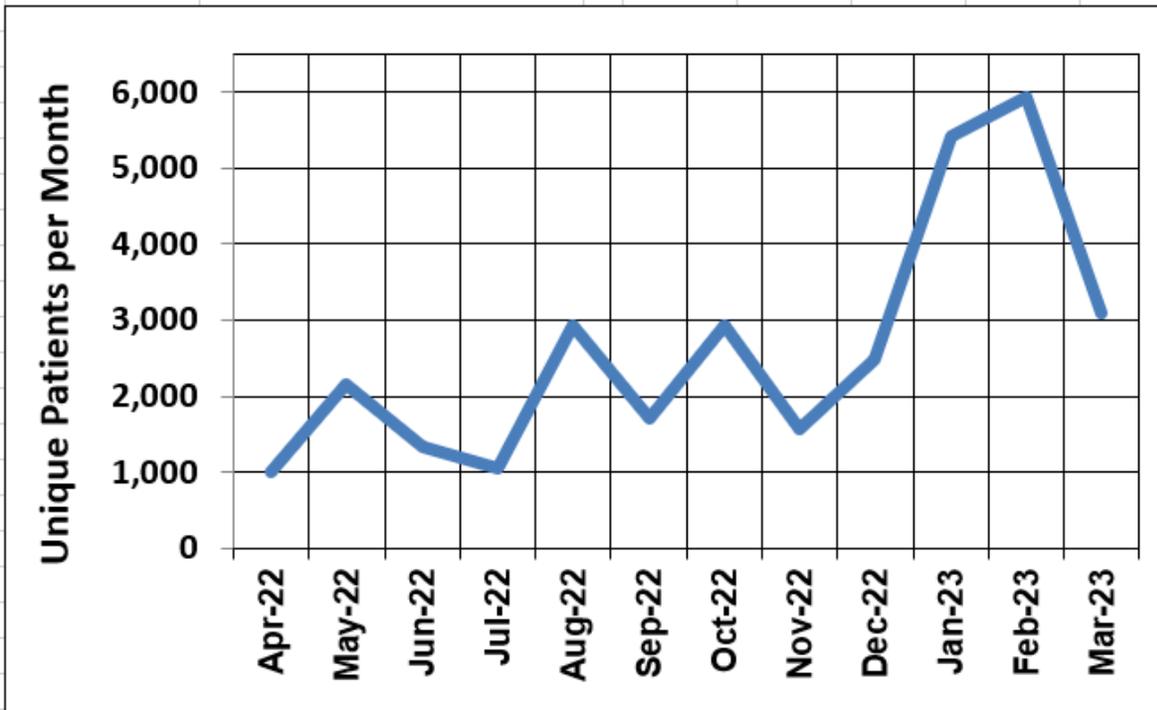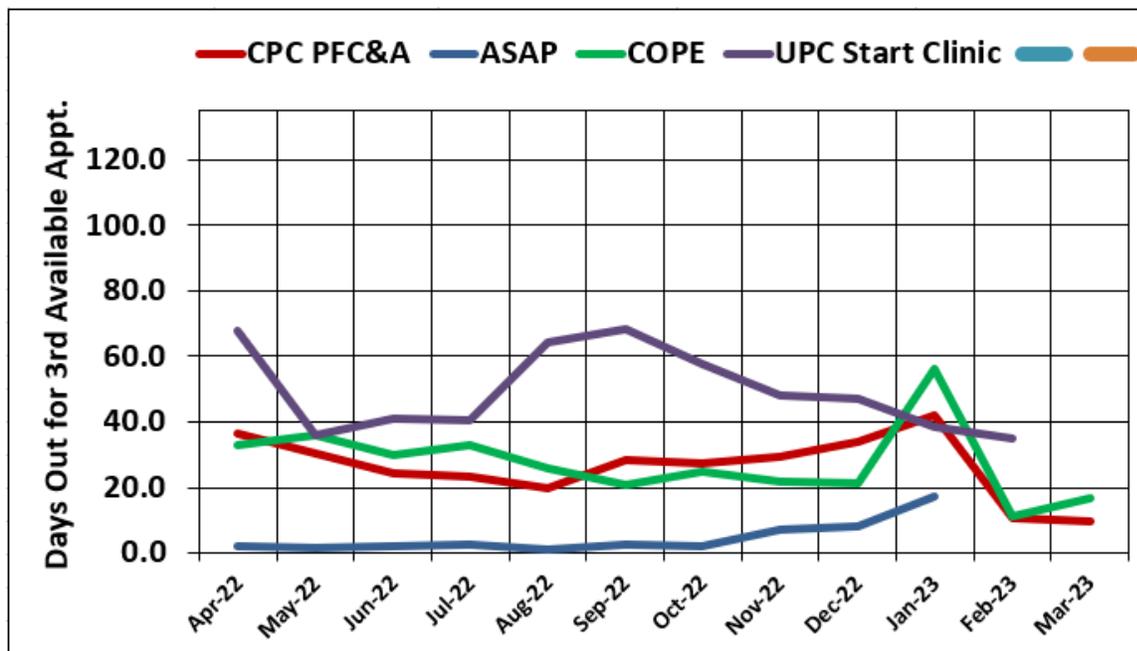

Days Out For Scheduling Financial Assistance Appointment

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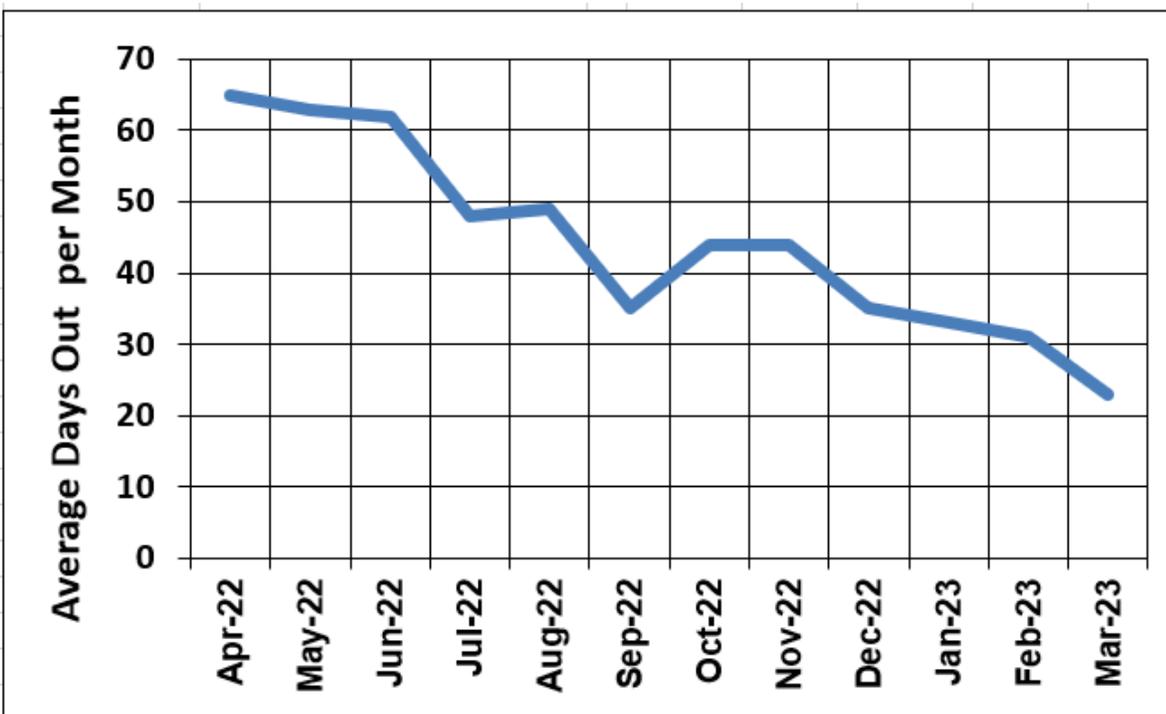
D. BEHAVIORAL HEALTH

Average Appointment Time for BH Outpatient Services

Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Apr-22	36.6	2.1	32.9	67.8
May-22	30.6	1.6	35.8	35.8
Jun-22	24.3	1.9	29.9	40.8
Jul-22	23.2	2.8	32.9	40.5
Aug-22	19.9	1.3	25.7	64.2
Sep-22	28.4	2.6	20.7	68.4
Oct-22	27.5	2.0	24.6	57.8
Nov-22	29.3	7.3	21.8	48.0
Dec-22	34.1	8.2	21.3	46.9
Jan-23	41.8	17.3	56.3	38.3
Feb-23	10.7	104.9	11.4	34.8
Mar-23	9.4	131.6	16.6	

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.
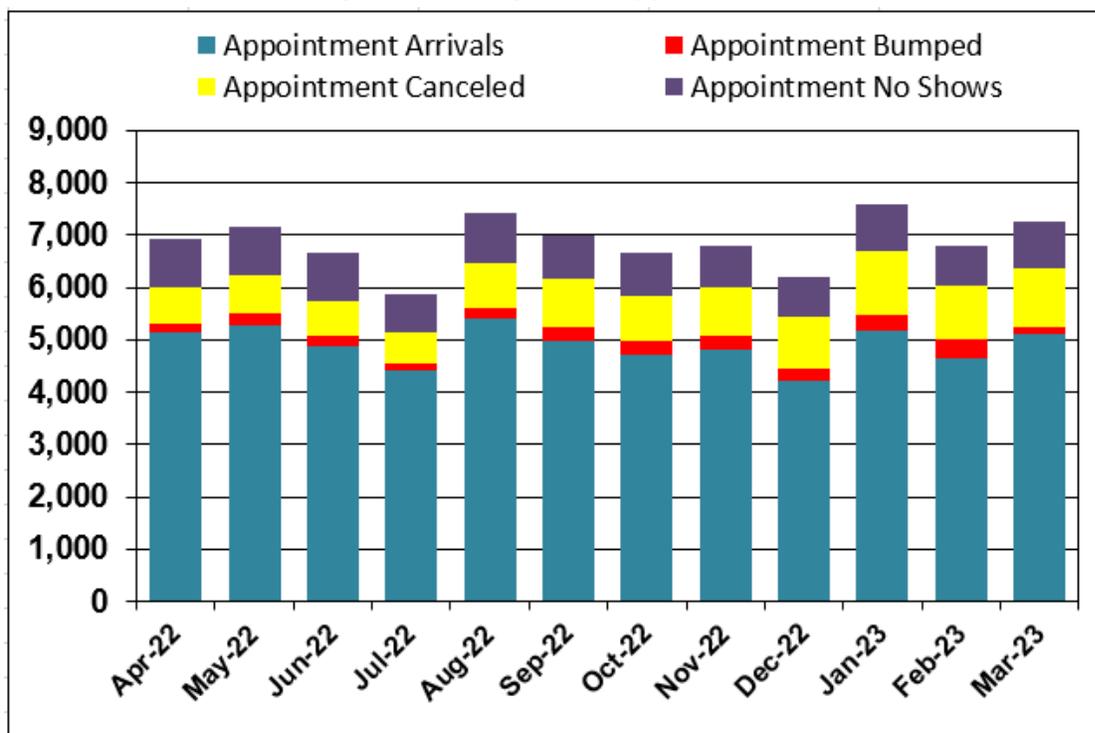

Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-22	5,136	177	700	924
May-22	5,295	215	730	914
Jun-22	4,892	182	683	895
Jul-22	4,406	149	604	704
Aug-22	5,417	197	844	980
Sep-22	4,974	266	933	836
Oct-22	4,732	260	852	829
Nov-22	4,823	260	926	804
Dec-22	4,227	236	987	746
Jan-23	5,176	314	1,226	877
Feb-23	4,651	351	1,027	772
Mar-23	5,101	153	1,116	901

Number of Unique Outpatients and Number of Encounters CY2022

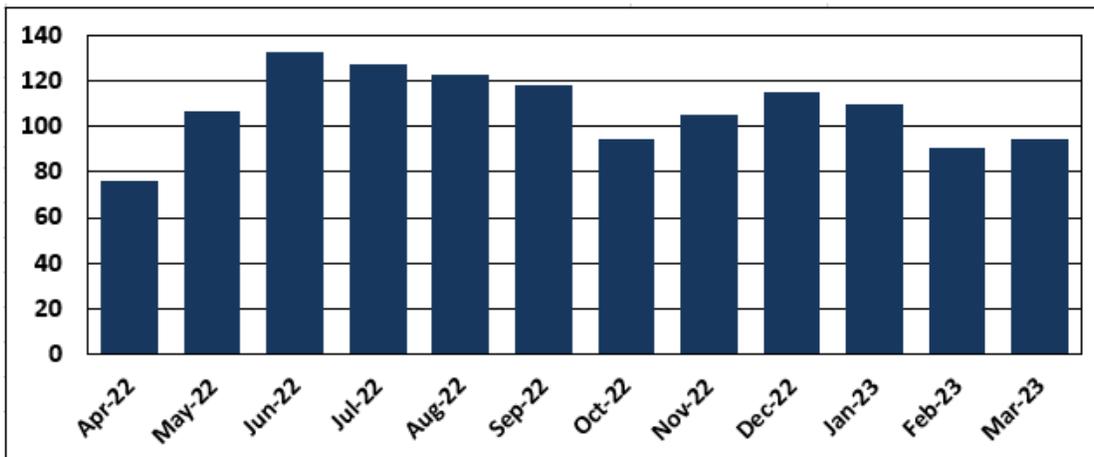| Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	11,064	70,222
BH CPC Outpatient	3,612	24,327

* Excluding all Suboxone and Methadone Visits

Psychiatric Emergency Department and Urgent Care Encounters
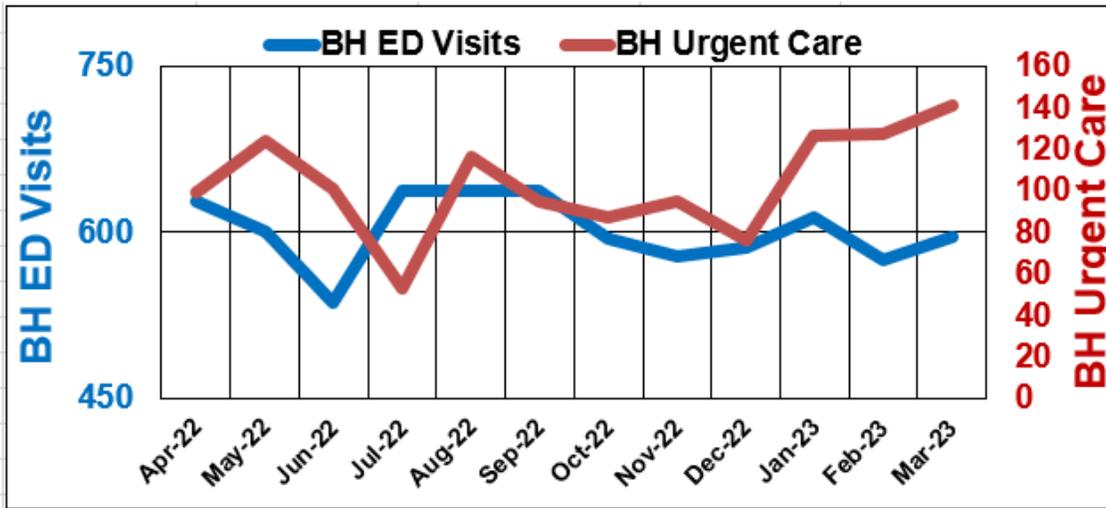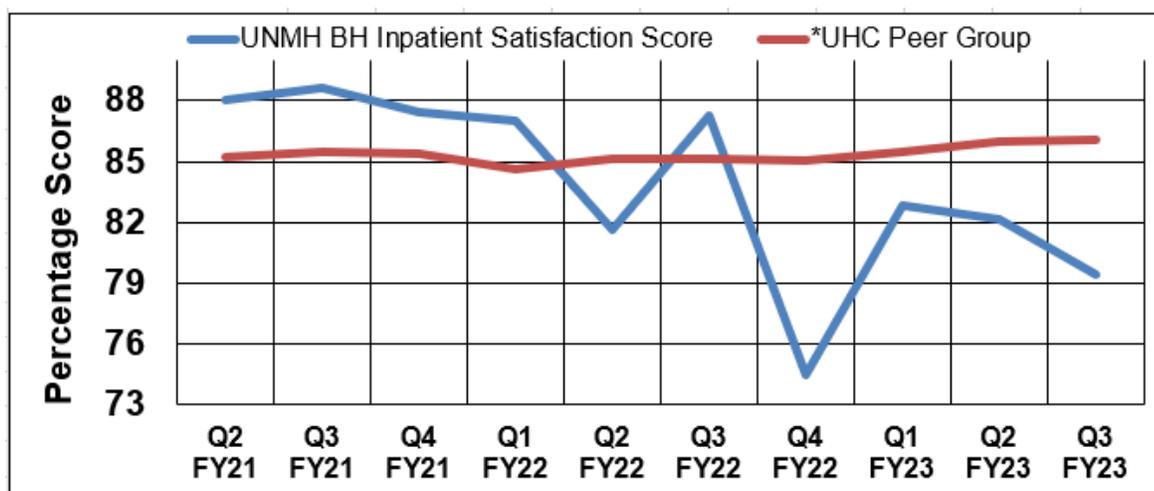

Number of Fast Track Patients Seen
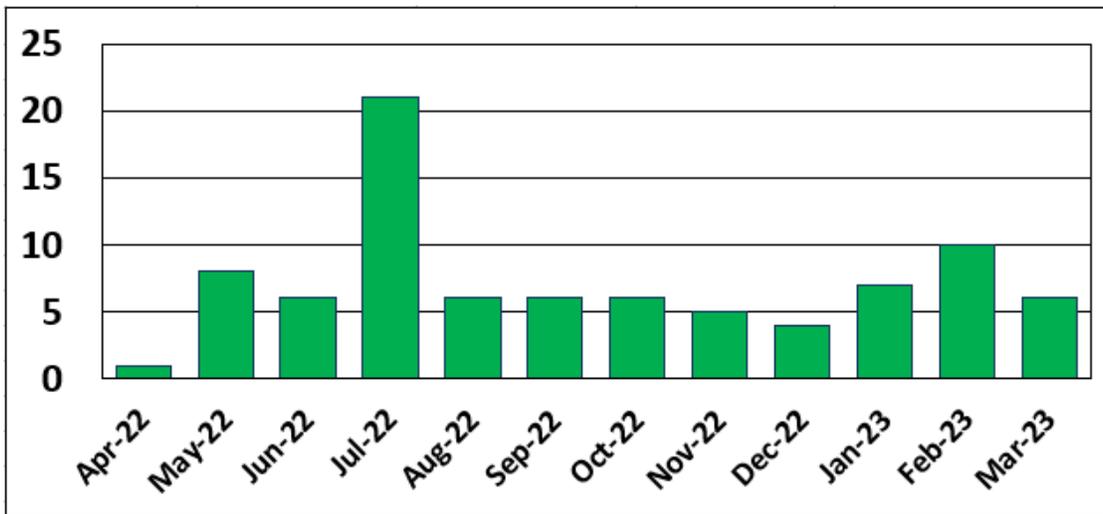
## Law Enforcement Drop offs at Psychiatric Emergency Services

Press Ganey Behavioral Health Inpatient Satisfaction Score

Quarter	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23
UNMH BH Inpatient Satisfaction Score	88.0	88.6	87.5	87.0	81.7	87.2	74.5	82.9	82.1	79.4
*UHC Peer Group	85.2	85.5	85.4	84.7	85.1	85.2	85.1	85.5	86.0	86.1

Press Ganey Behavioral Health Outpatient Satisfaction Score
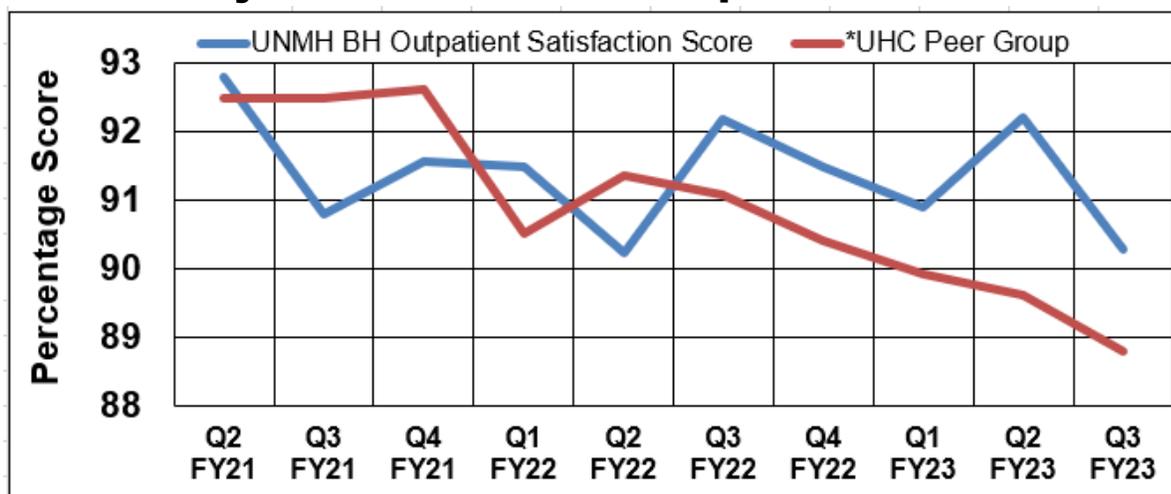
Quarter	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23
UNMH BH Outpatient Satisfaction Score	92.8	90.8	91.6	91.5	90.2	92.2	91.5	90.9	92.2	90.3
*UHC Peer Group	92.5	92.5	92.6	90.5	91.4	91.1	90.4	89.9	89.6	88.8

*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
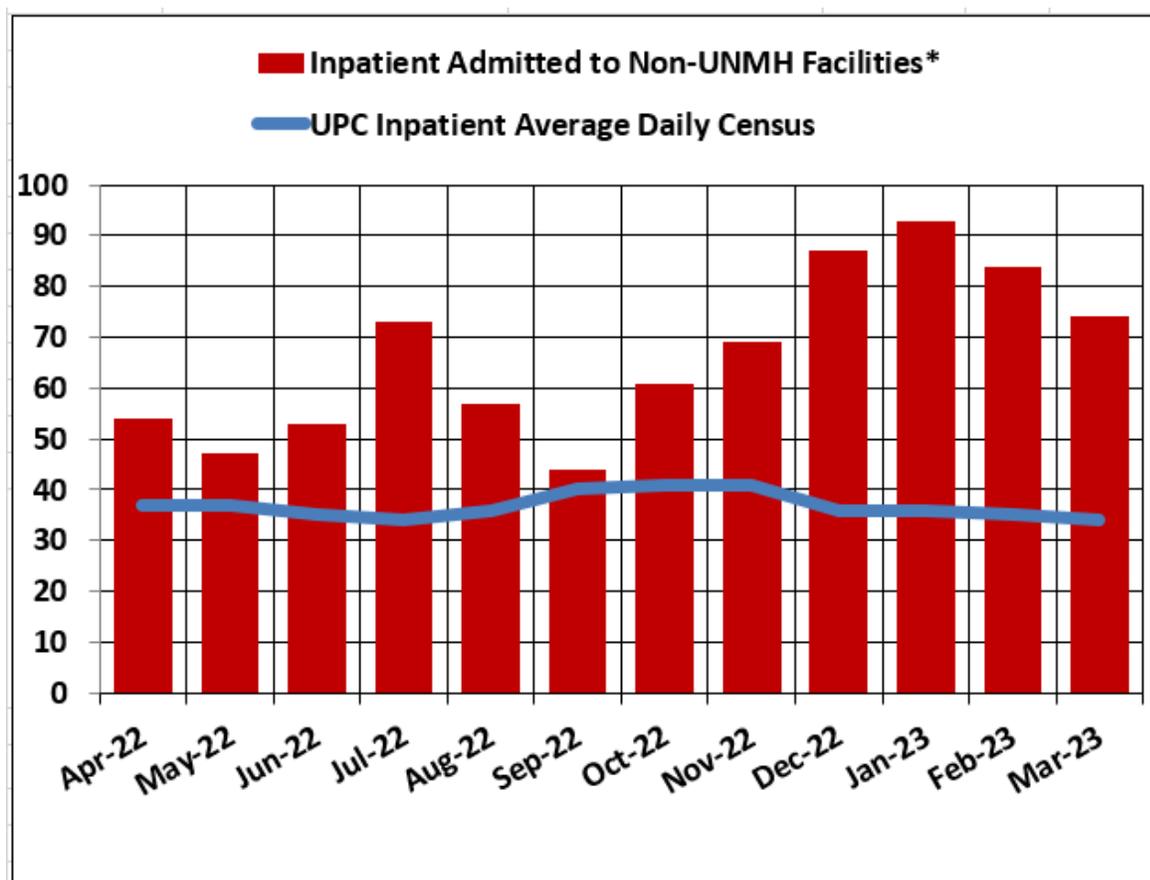
Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Apr-22	54	37
May-22	47	37
Jun-22	53	35
Jul-22	73	34
Aug-22	57	36
Sep-22	44	40
Oct-22	61	41
Nov-22	69	41
Dec-22	87	36
Jan-23	93	36
Feb-23	84	35
Mar-23	74	34

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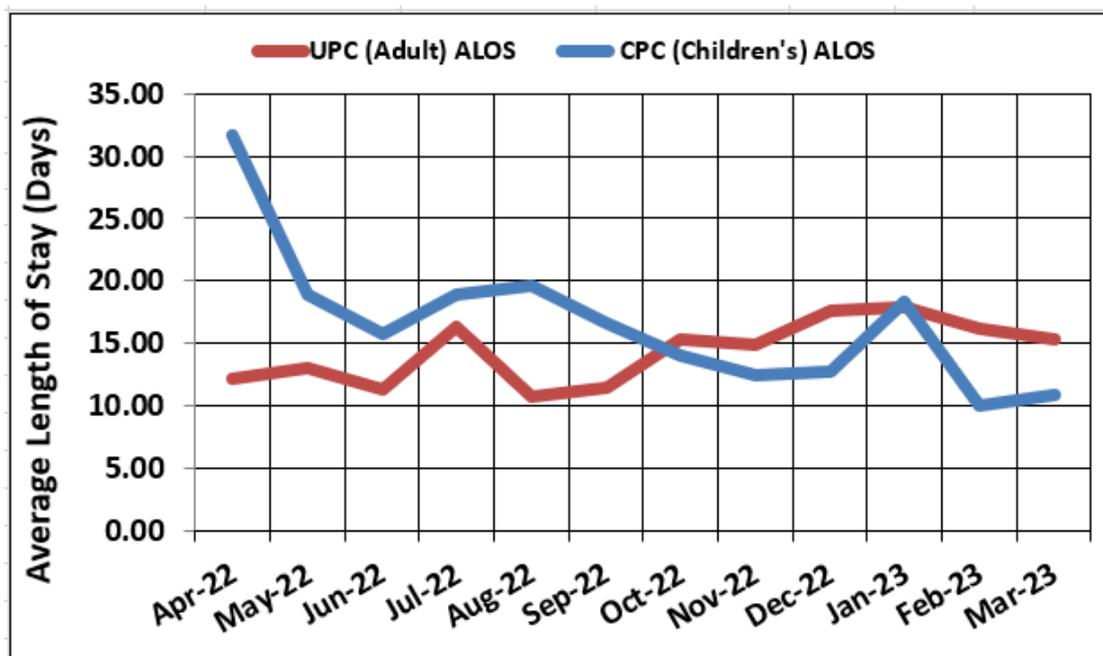
Children's Psychiatric Center (CPC)   Average Child National Benchmark: **7.12**
University Psychiatric Center (UPC)   Average Adult National Benchmark: **10.18**

Number of BH Adult and Child/Adolescent Inpatient Days
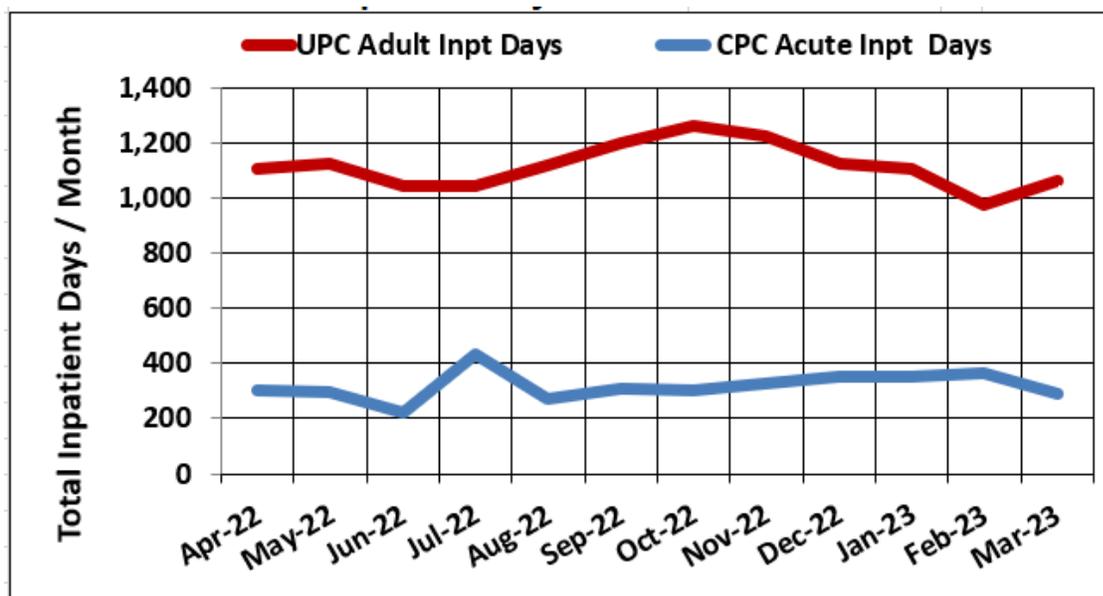
Number of Unique Inpatients and Number of Encounters CY2022

Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	11,064	70,222
BH CPC Outpatient	3,612	24,327

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2020	11,170
FY2021	12,615
FY2022	11,755
FY2023*	11,268

* Projected Count based upon the previous twelve (12) months. (Apr. 2022 to Mar.2023)

Total Opioid Patients

Month	Census
Apr-22	537
May-22	538
Jun-22	483
Jul-22	480
Aug-22	476
Sep-22	470
Oct-22	463
Nov-22	461
Dec-22	453
Jan-23	450
Feb-23	448
Mar-23	450

Total Methadone Encounters

Month	Count
Apr-22	2,032
May-22	2,160
Jun-22	2,102
Jul-22	2,093
Aug-22	2,479
Sep-22	2,338
Oct-22	2,290
Nov-22	2,405
Dec-22	2,319
Jan-23	2,798
Feb-23	2,594
Mar-23	2,803

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Apr-22	544	28,468	11,890
May-22	465	24,600	11,699
Jun-22	584	31,596	14,016
Jul-22	520	28,016	9,139
Aug-22	625	34,084	14,121
Sep-22	571	30,252	11,746
Oct-22	521	27,249	11,425
Nov-22	530	29,010	11,456
Dec-22	503	27,119	11,842
Jan-23	597	31,818	10,649
Feb-23	485	26,326	10,784
Mar-23	580	30,817	10,242

Total Suboxone Encounters

Month	Count
Apr-22	41
May-22	65
Jun-22	72
Jul-22	66
Aug-22	57
Sep-22	60
Oct-22	36
Nov-22	27
Dec-22	25
Jan-23	25
Feb-23	19
Mar-23	20

*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.
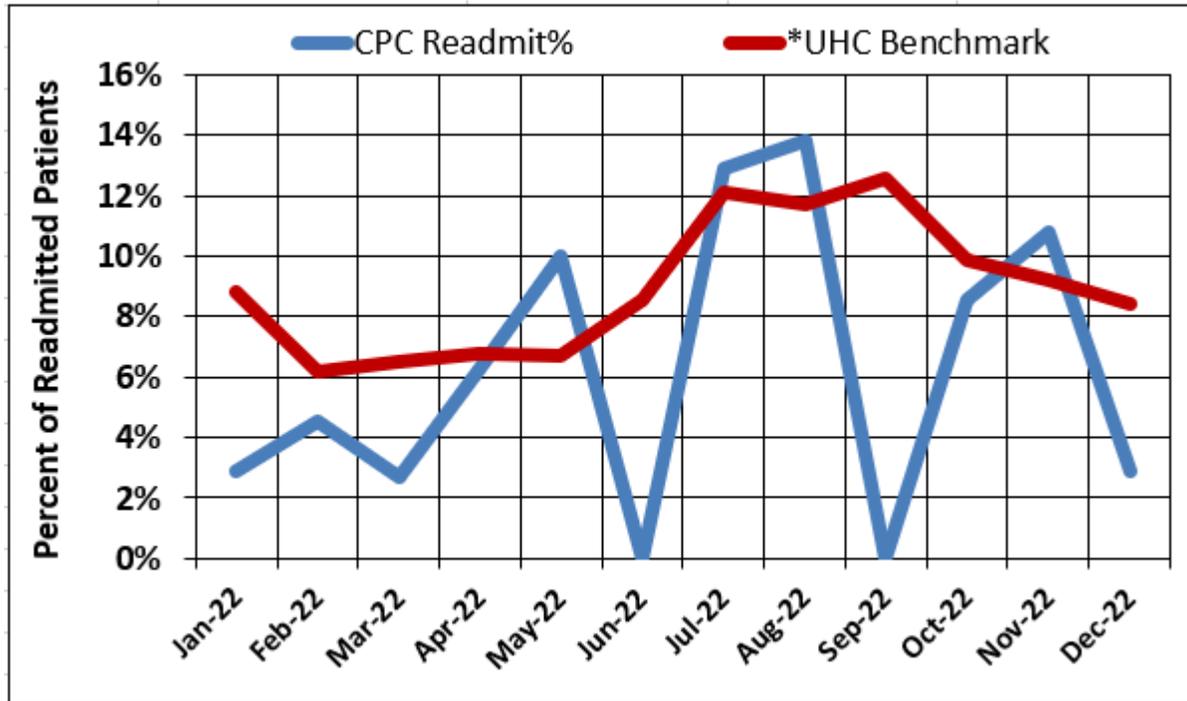
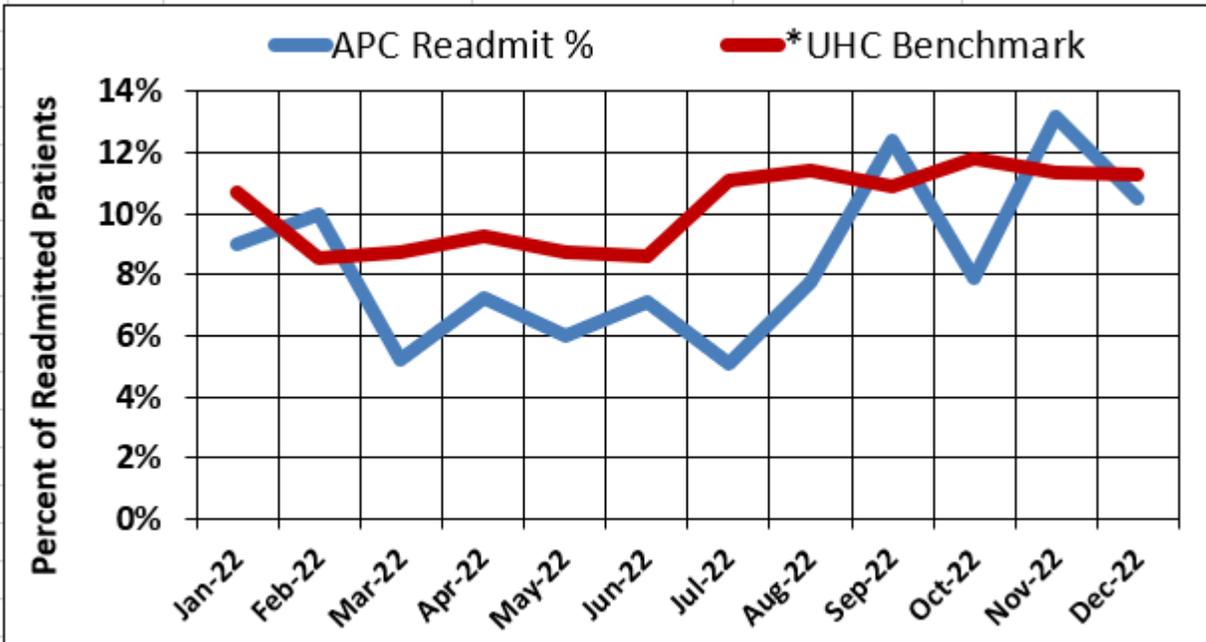| Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-22	35	1	2.9%	8.8%
Feb-22	44	2	4.5%	6.2%
Mar-22	37	1	2.7%	6.5%
Apr-22	16	1	6.3%	6.8%
May-22	30	3	10.0%	6.7%
Jun-22	29	0	0.0%	8.6%
Jul-22	31	4	12.9%	12.1%
Aug-22	29	4	13.8%	11.7%
Sep-22	29	0	0.0%	12.5%
Oct-22	35	3	8.6%	9.9%
Nov-22	37	4	10.8%	9.2%
Dec-22	35	1	2.9%	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 ("Mental Disease & Disorders) and age of < 18 years old.

30 Day Readmission Rate – Adult Psychiatric Center

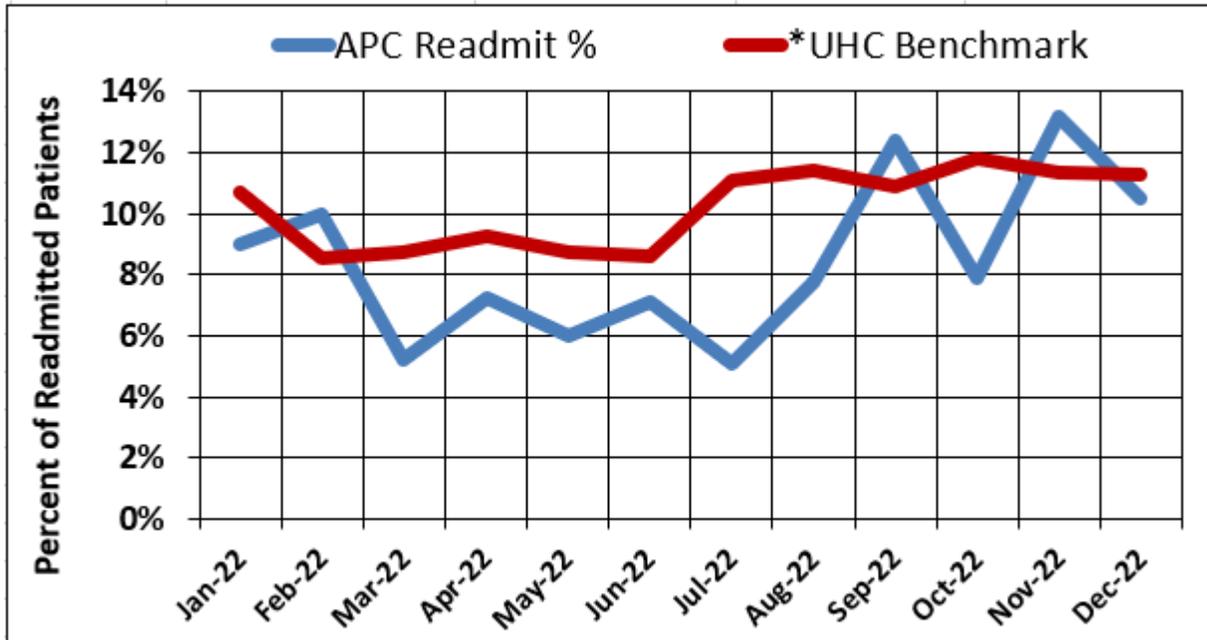There is a three (3) month delay in Vizient data, so statistics are one quarter behind.

Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-22	78	7	9.0%	10.7%
Feb-22	70	7	10.0%	8.6%
Mar-22	77	4	5.2%	8.7%
Apr-22	83	6	7.2%	9.3%
May-22	83	5	6.0%	8.8%
Jun-22	84	6	7.1%	8.6%
Jul-22	59	3	5.1%	11.1%
Aug-22	90	7	7.8%	11.4%
Sep-22	89	11	12.4%	10.9%
Oct-22	76	6	7.9%	11.8%
Nov-22	76	10	13.2%	11.3%
Dec-22	57	6	10.5%	11.3%

*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.
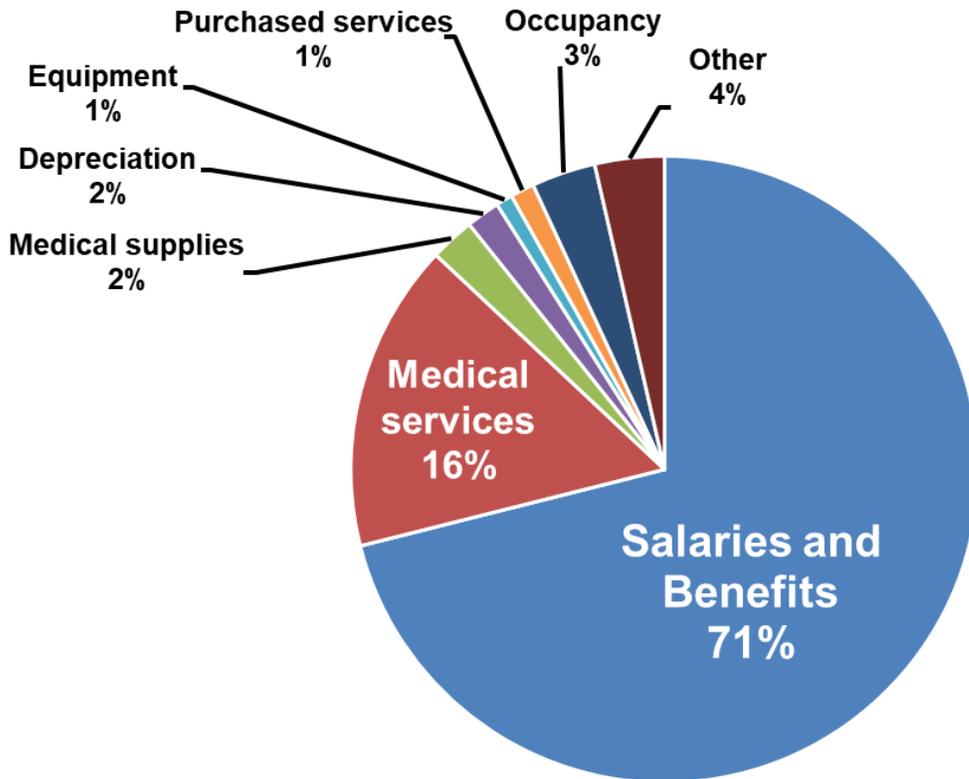

Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-22	78	7	9.0%	10.7%
Feb-22	70	7	10.0%	8.6%
Mar-22	77	4	5.2%	8.7%
Apr-22	83	6	7.2%	9.3%
May-22	83	5	6.0%	8.8%
Jun-22	84	6	7.1%	8.6%
Jul-22	59	3	5.1%	11.1%
Aug-22	90	7	7.8%	11.4%
Sep-22	89	11	12.4%	10.9%
Oct-22	76	6	7.9%	11.8%
Nov-22	76	10	13.2%	11.3%
Dec-22	57	6	10.5%	11.3%

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

Mill Levy Dollars Allocated to Behavioral Health

FY2022 BHO Mill Levy Operating Expense by Category (Audited)

Purchased services 1%

Occupancy 3%

Other 4%

Equipment 1%

Depreciation 2%

Medical supplies 2%

Medical services 16%

Salaries and Benefits 71%

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

Native American Outpatient and ED Visits
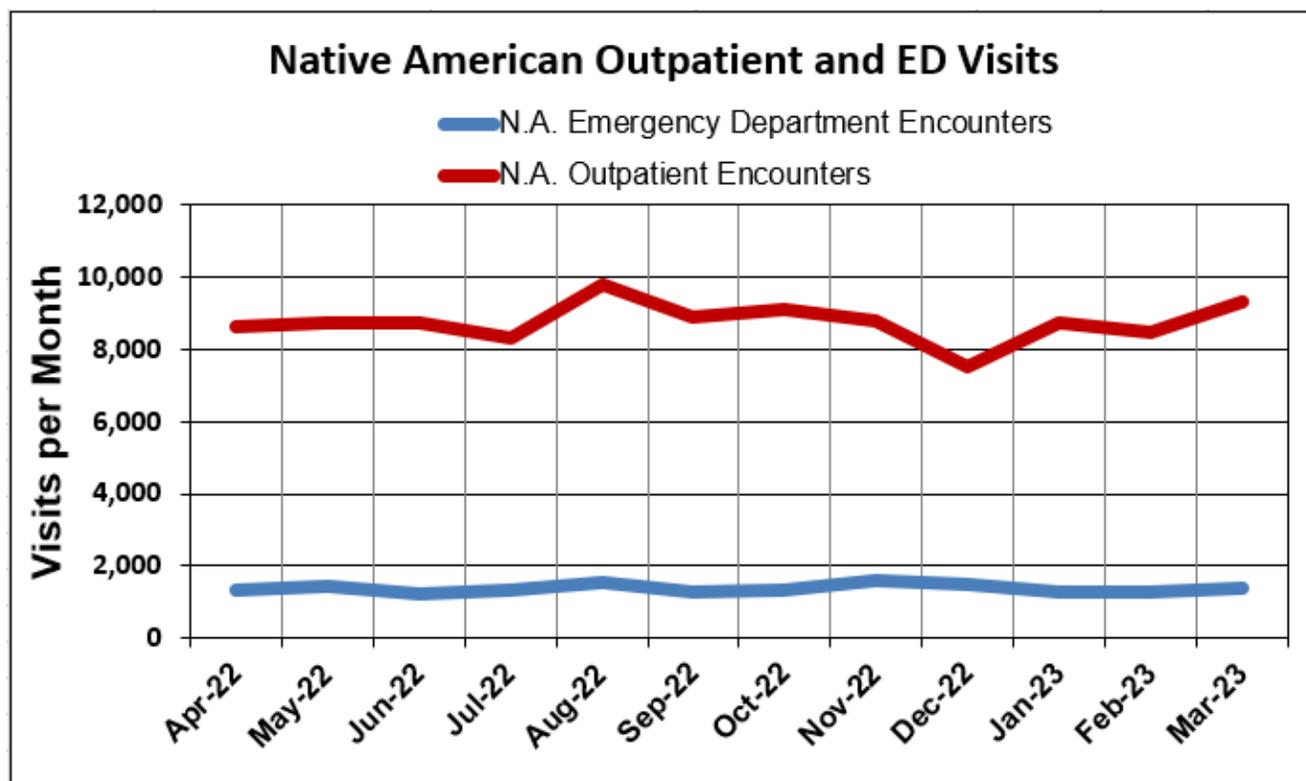
Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Apr-22	9	1,349	8,618
May-22	11	1,456	8,723
Jun-22	10	1,206	8,741
Jul-22	7	1,314	8,300
Aug-22	8	1,532	9,812
Sep-22	9	1,281	8,921
Oct-22	4	1,341	9,102
Nov-22	17	1,596	8,770
Dec-22	30	1,483	7,521
Jan-23	16	1,298	8,731
Feb-23	25	1,263	8,453
Mar-23	22	1,378	9,324

Native American Bed Days and Monthly Inpatient Census
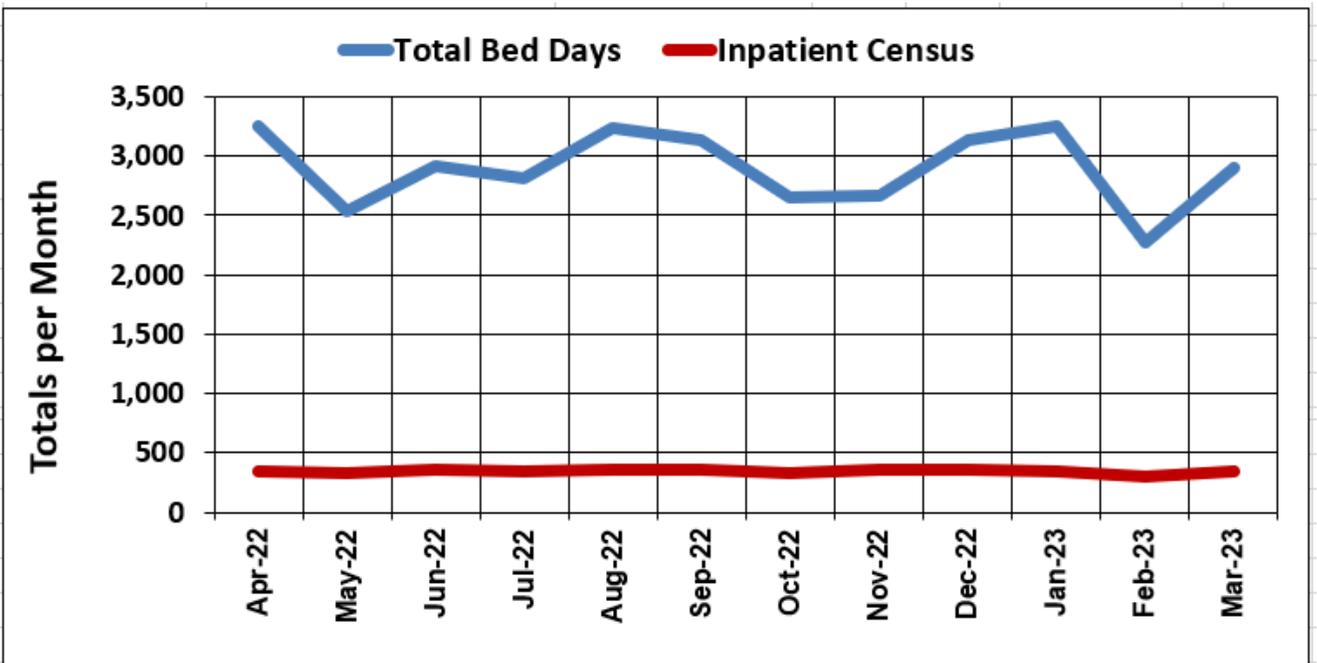
Month	Inpatient Admissions (Census)	Total Bed Days
Apr-22	343	3,258
May-22	330	2,532
Jun-22	363	2,918
Jul-22	350	2,818
Aug-22	366	3,238
Sep-22	356	3,135
Oct-22	325	2,646
Nov-22	366	2,667
Dec-22	362	3,131
Jan-23	343	3,257
Feb-23	307	2,273
Mar-23	351	2,900

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
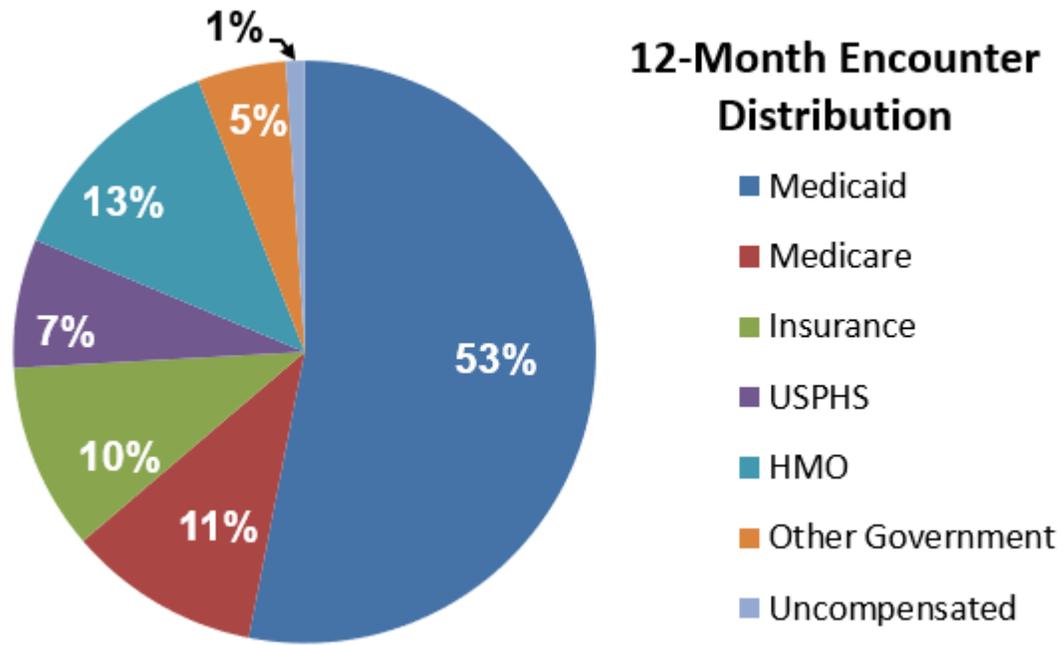
Month	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Apr-22	5,365	1,264	1,109	750	1,340	514	90
May-22	5,735	1,174	1,082	757	1,375	572	62
Jun-22	5,523	1,158	1,182	717	1,298	566	77
Jul-22	5,273	1,114	981	728	1,235	539	101
Aug-22	6,305	1,161	1,298	844	1,504	537	124
Sep-22	5,593	1,113	1,076	788	1,388	515	100
Oct-22	5,687	1,119	1,066	711	1,582	476	129
Nov-22	5,857	1,086	1,074	803	1,318	503	118
Dec-22	5,100	1,001	912	662	1,151	453	125
Jan-23	5,472	1,119	1,072	745	1,294	523	114
Feb-23	5,352	1,091	1,093	686	1,247	456	105
Mar-23	5,800	1,083	1,145	848	1,402	549	173
TOTAL	**67,062**	**13,483**	**13,090**	**9,039**	**16,134**	**6,203**	**1,318**
	53%	11%	10%	7%	13%	5%	1%

APPENDIX A

MOU Exhibit A Progress Updates

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

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

Exhibit A – Reporting

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

Exhibit A - Accountability and Transparency

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

Exhibit A – Primary Care

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

Exhibit A – Financial Assistance

Action Item	Implementation Status	
UNMH will maintain the current Financial Assistance policy as it relates to Native Americans. Any proposed changes will 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.	The UNMH Community Health Needs Assessment was completed in the spring of 2020 and is available online at: https://hsc.unm.edu/health/about/community-health-needs-assessment.html. UNMH has established meetings with Community Stakeholders that served on the Bernalillo County Lease Taskforce to discuss status of deliverables under the lease and to discuss other topics of concern from the group. The group continues to meet bi-monthly
A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.	IHS, UNMH and Bernalillo County have established a small working group with representatives from the three organizations to meet periodically around programmatic public and community health initiatives.
A.6 UNMH will establish procedures related to it budget development, which will allow meaningful input into the budget by the County and IHS.	UNMH established budget planning meetings with both the County and IHS for updates and input related to the Budget and Capital process for the new Hospital Tower. 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.	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. 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 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
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. Law enforcement and first responders will have a dedicated entry in the new Crisis triage Center.
F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.	UNMH is currently working on expanded Behavioral Health programing within the UNMH infrastructure in the forms of health home implementation, Crisis Triage Center Development with the County and expanded Psychiatric Emergency Capacity. UNMH also continues to work with the County to expand Behavioral Health services at the Cares Campus and on new programs within UNMH including development of a transitional age program, partial hospital programs, and intensive outpatient programs to expand system resources.

Exhibit A Reporting Area - Impact of COVID-19

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