QUARTERLY REPORT
June, 2025

Bernalillo County Commissioner Trend Report

UNM HOSPITALS

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A. ACCOUNTABILITY

Balance Sheet
Statements of Net Position

(In Thousands) Assets		May 2025		Audited June 2024
Cash and marketable securities	$	250,965	$	365,258
Cash restricted for donor specified expenses		23,437		22,338
Patient receivables, net		209,761		189,107
Other receivables and current assets		328,200		224,646
Capital assets, net		1,061,112		966,276
Restricted for mortgage reserve, bonds		44,635		35,976
Other noncurrent assets		34,949		35,110
Total assets		1,953,059		1,838,711
Liabilities				
Accounts payable		59,632		82,681
Payable to related parties (UNM)		86,908		55,512
Interest payable bonds		691		59
Current portion of long term debt		27,368		26,656
Other accrued current liabilities		374,309		274,484
Bonds payable, non current		54,795		48,105
Mortgage Payable, non current		383,029		347,397
Other long term liabilities		25,486		30,575
Total liabilities		1,012,218		865,469
Net Position				
Restricted for expendable grants, bequests, and contributions		23,437		22,338
Restricted for trust indenture and debt agreement		44,623		35,963
Assets invested in capital		582,475		511,901
Unrestricted from operations		290,306		403,040
Total net assets	$	940,841	$	973,242
Current Ratio		1.48		1.82
Days Cash on Hand**		50.21		77.92

**Days cash on hand is calculated on unrestricted cash

Income Statement

UNM HOSPITALS

Statements of Revenues, Expenses, and Changes in Net Assets
For the eleven (11) months ended May 31, 2025

(In Thousands)		May
Operating revenues:		
Net Patient Service	$	1,463,789
Other		59,918
Total Operating Revenues		1,523,707
Operating expenses:		
Employee Compensation and Benefits		800,883
UNM School of Medicine Medical Services		222,693
Medical Services Oncology		36,458
Medical Services non-SOM		49,406
Medical Supplies		237,546
Oncology Drugs		68,139
Occupancy/Equipment		97,862
Depreciation		42,347
Purchased Services		90,741
Gross Receipts Tax		30,579
Other		38,205
Total Operating Expenses		1,714,858
Operating loss		(191,151)
Nonoperating Revenues (Expenses):		
Bernalillo County Mill Levy		117,646
Sandoval County Mill Levy		8,158
State Appropriation		19,562
Capital Appropriation		16,443
Interest Expense		(1,963)
Other Revenue and (Expense)		(1,097)
Net Nonoperating Revenues		158,750
Total Increase in Net Assets		(32,401)

Mill Levy Distribution Detail by Department FY2024

Total Bernalillo County Mill Levy $ 127,578,314.00
Note: 15% of the Mill Levy is allocated to Behavioral Health (see pg. 43)

UNMH - 85%		
Mill Levy	$	108,441,567
Expenses	**Total Spending**	
Facilities		
Facilities Maintenance	$	24,784,823
Environmental Services		14,729,715
Insurance		5,967,749
Plant Operations & Maintenance		7,711,778
Utilities		5,280,953
Clinical Engineering		3,301,224
Parking Structure and Support		669,700
Security		6,513,164
Off Site/Ambulatory Maintenance		5,447,227
Life Safety/Fire Protection		2,665,211
Facilities Planning		2,801,410
Facilities Other		1,172,826
Total Facilities		81,045,780
Finance		9,676,083
HR		20,187,891
Information Technology		
IT - Open Clinic/Mgt		6,185,471
IT - Patient Financial Services		4,210,406
Communications		6,060,875
IT Cerner Millennium RHO		5,472,422
Clinical Applications		3,706,129
Customer Service		3,794,578
Network & Infrastructure		3,223,734
Systems Support		4,109,699
System Develop and Applications		2,521,724
Network & Cyber Security		3,930,086
IT Non Capital Equipment		1,659,161
Computer Learning Technologies		1,518,683
Medical Records		2,204,875
IT - EVOLVE3		772,685
IT Admin, Oversight and Support		926,626
IT Other		5,879,285
Total Information Technology		56,176,439
Revenue Cycle		
Patient Financial Services		13,188,741
Coding		11,628,809
Revenue Cycle Initiatives		3,271,835
Medical Records Support Svcs		2,806,042
HIM Clinical Documentation		2,816,164
Collection Agencies		1,306,832
Revenue Other		777,719
Total Revenue Cycle		35,796,142
Food & Nutrition		11,037,669
Other		
Administration		11,944,125
FHA Bonds		4,963,458
Admin Support for Facilities/Planning		3,117,869
Admin Other		9,853,254
Total Other		29,878,706
Total Mill Levy Expenditures		$ 243,798,710

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	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25
Average LOS (days)	6.97	6.61	6.87	6.99	6.55	6.57	6.77	6.43	6.68	6.46	6.57
*Vizient (UHC) Benchmark (Days)	5.71	5.73	5.83	5.60	5.33	5.34	5.63	5.45	5.46	5.48	5.60
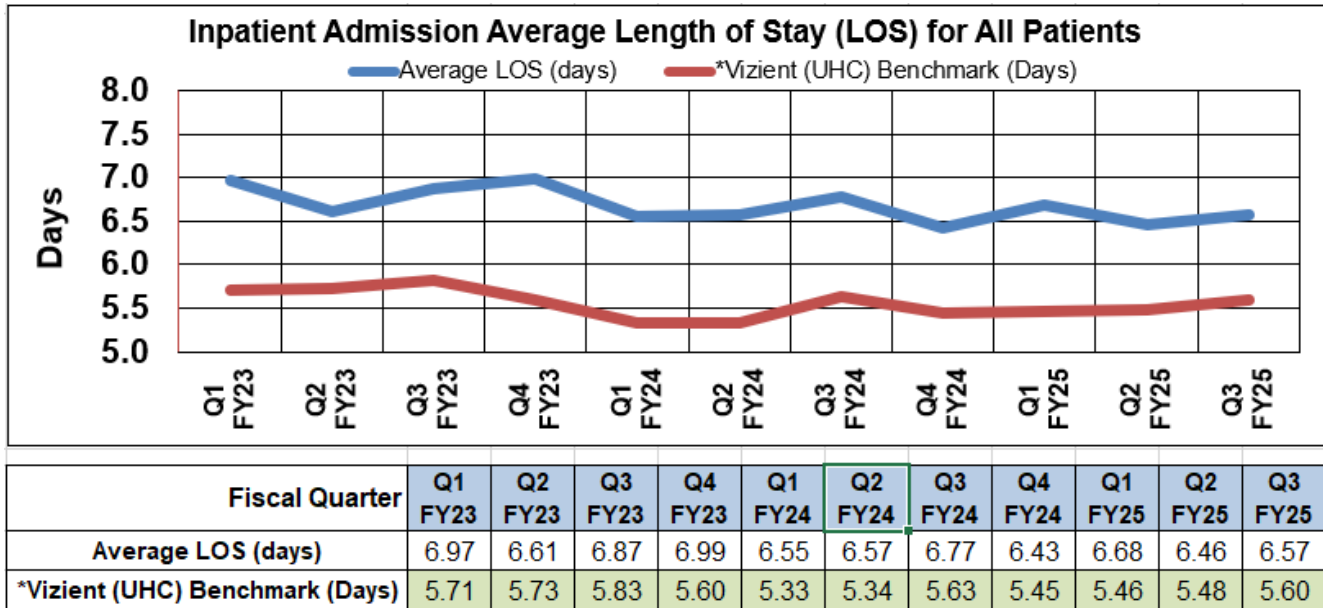
(There is a three-month delay in Vizient data.)

30 Day Readmission for All Patients

30 Day Readmission Rate for All Patients

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

Fiscal Quarter	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25
All Pateints (%)	8.90	9.53	9.53	9.38	9.12	9.02	9.72	9.41	9.43	8.62	9.35
*Vizient (UHC) Benchmark (%)	10.15	10.22	10.40	10.54	10.58	10.61	10.71	10.67	10.73	10.81	10.84
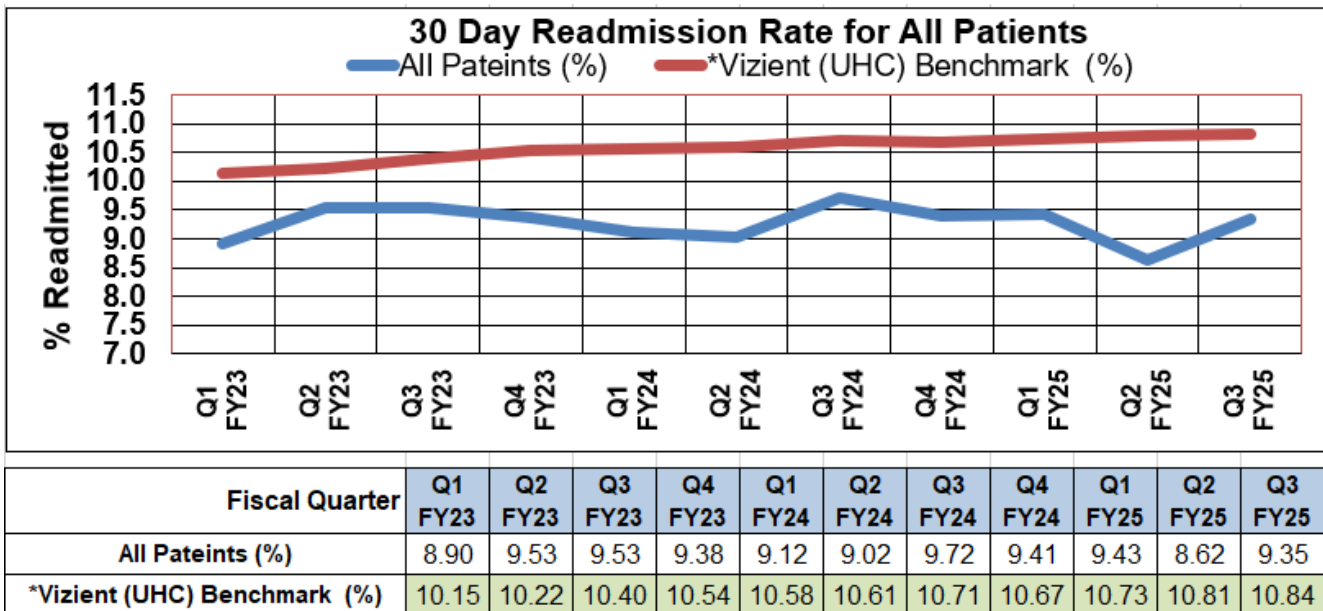
(There is a three-month delay in Vizient data.)

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

Catheter Central Line-associated Bloodstream Infection

Central Line-associated Bloodstream Infection (CLABSI)	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25
CLABSI SIR (Facility Wide)	0.30	0.49	0.69	0.58	0.56	0.79	0.70	0.11	0.84
NM State SIR Benchmark	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
CLABSI Count	3	5	7	6	6	8	7	1	8
*NHSN Expected	10.1	10.2	10.2	10.4	10.8	10.0	10.0	9.0	9.6
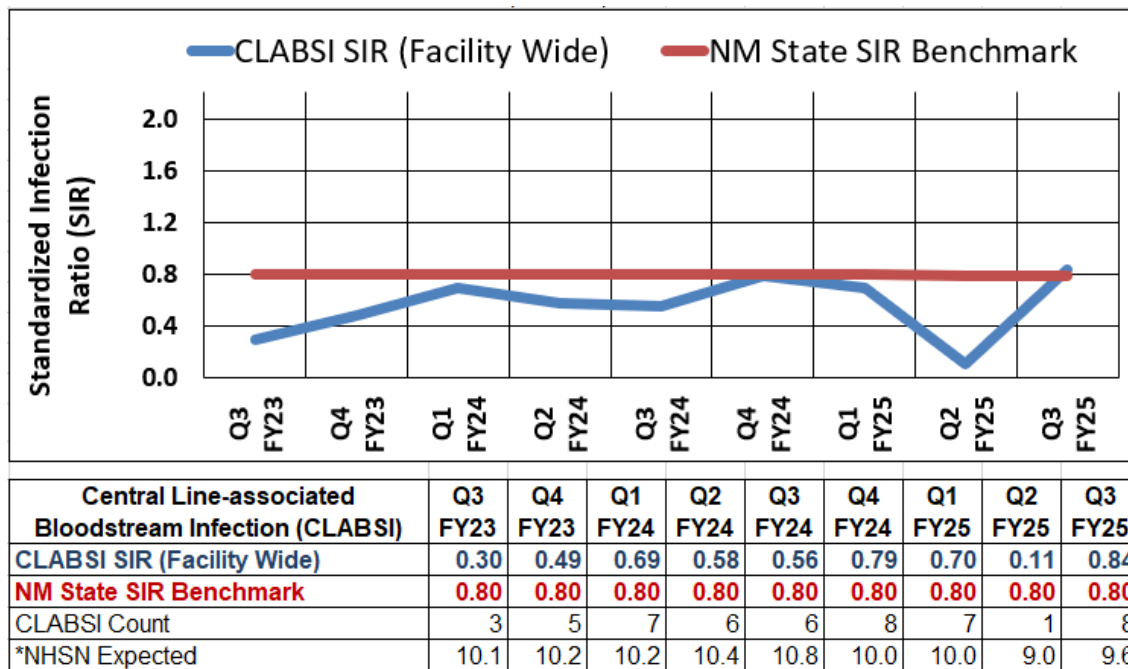
Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection

Catheter-Associated Urinary Tract Infection (CAUTI)	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25
CAUTI SIR (Facility Wide)	0.60	0.70	0.69	0.54	0.70	0.60	0.86	1.01	0.52
NM State SIR Benchmark	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99
CAUTI Count	7	8	9	7	10	7	10	12	6
*NHSN Expected	12.2	12.2	13.0	12.9	13.2	11.5	11.7	11.9	11.5
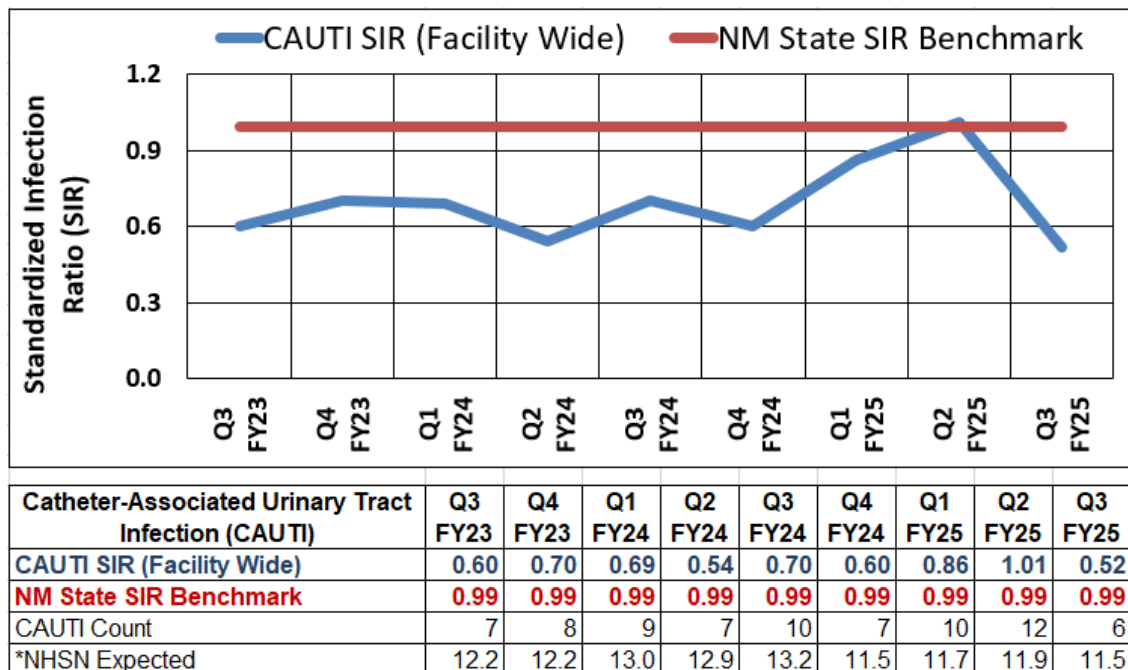
Catheter data is delayed by one quarter.

*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.

Fiscal Quarter	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25
MRSA Standard Infection Ratio	0.88	0.50	1.50	1.00	1.46	0.70	1.90	1.20	1.50	1.30	0.88
**NM State SIR Benchmark	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
Raw Count of Infections	3	2	4	4	4	2	5	3	4	4	3
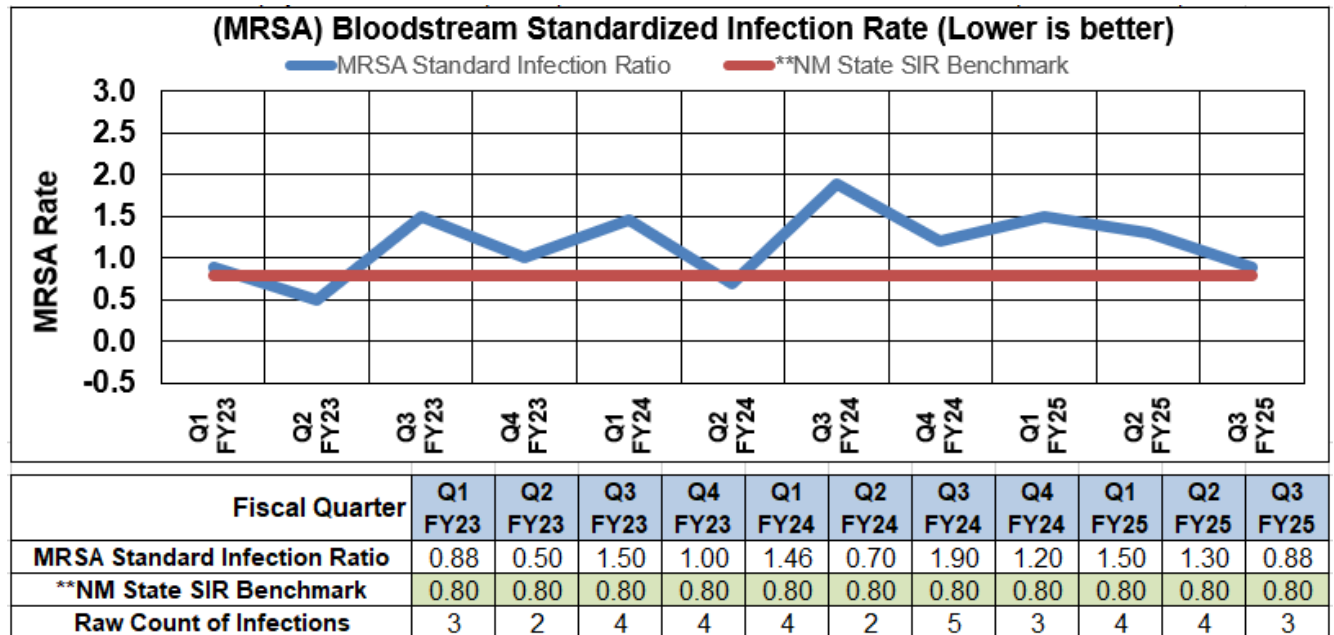
MRSA data is delayed by one quarter.

**NM State Standardized Infection Ratio (SIR) Benchmark based off of 2022 Healthcare Associated Infection (HAIs) Data

Total Number of Inpatient Days

FY23 Actual YTD based on the twelve (12) months ended June 30, 2023
FY24 Actual YTD is based on the twelve (12) months ended June 30, 2024
FY25 Actual YTD is based on the twelve (12) months ended June 30, 2025

Inpatient Days	FY23 Actual	FY24 Actual	FY25 Actual
Adult	133,431	136,985	132,922
Pediatric	38,961	37,020	36,436
Newborn	5,057	5,192	5,055
Total Inpatient Days	**177,449**	**179,197**	**174,413**

Nursing Hours of Care

	FY23 June, 2023	FY24 June, 2024	FY25 May, 2025
UNMH Nursing Hours of Care Per Patient*	15.38	16.02	16.03

*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 2024	Number of FTES as of June 2025	FY2025 Hires (Headcount)	FY2025 Terms (Headcount)	Rolling Retention Rate
RN's	2,170	2,071	283	411	80.8%
*National Retention Rate Benchmark					81.3%

* Per the 2024 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2023 national RN turnover rate is 18.7%.

UNMH Press Ganey Inpatient Adult Experience Score

Quarter	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25
UNMH Patient Adult Experience Score	50.0	52.1	48.8	47.6	47.9	50.9	52.5	52.6	53.6	62.6
Percentile Rank*	12	19	7	5	5	13	11	12	13	37
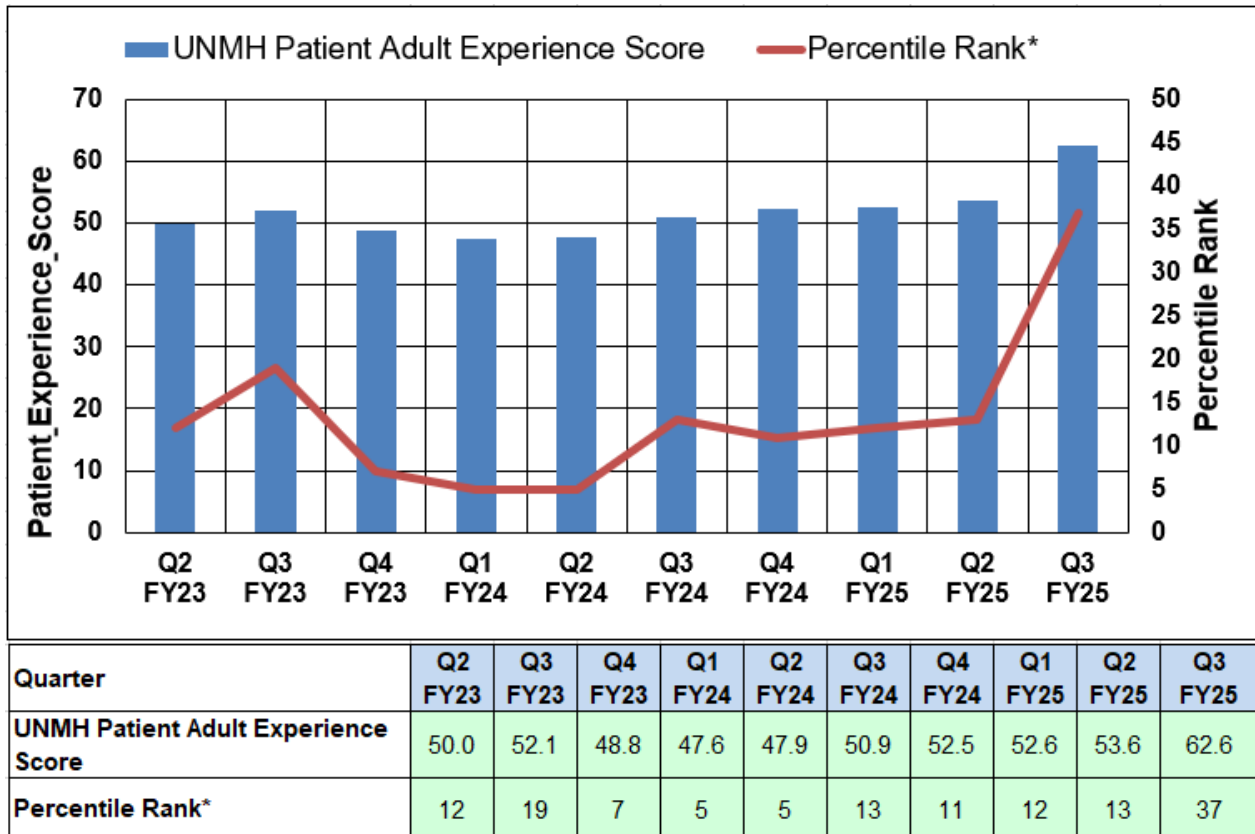
*Peer Group: All Press Ganey Database
(3-month delay in Press Ganey Data)

HCAHPS Experience – Communications with Nurses

Communication with Nurses	Response	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25
	UNMH Always	73.3	72.9	69.0	67.9	69.4	69.7	73.7	70.7	73.4	75.5
	Percentile Rank*	19	20	6	3	6	8	13	7	11	21
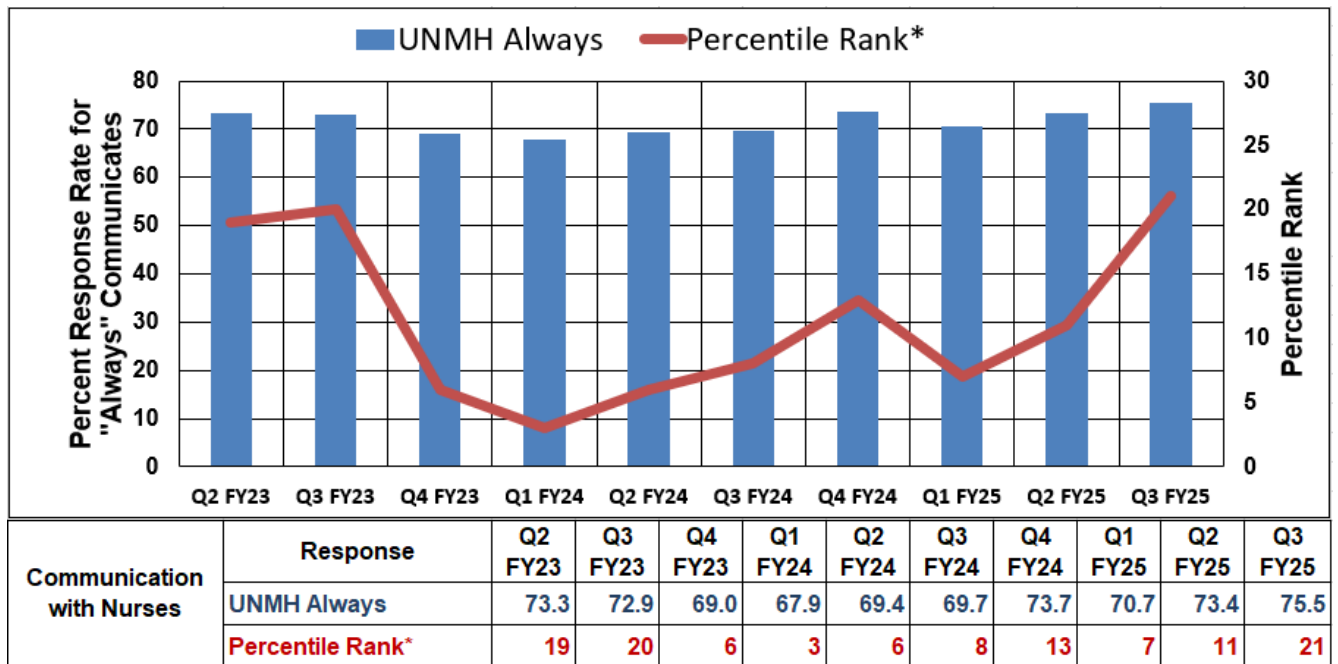
HCAHPS Experience – Communications with Doctors

Communication with Doctors	Response	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25
	UNMH Always	76.0	76.5	75.8	73.0	76.4	76.1	77.6	75.7	79.2	78.6
	Percentile Rank*	25	39	26	13	29	31	34	23	42	45
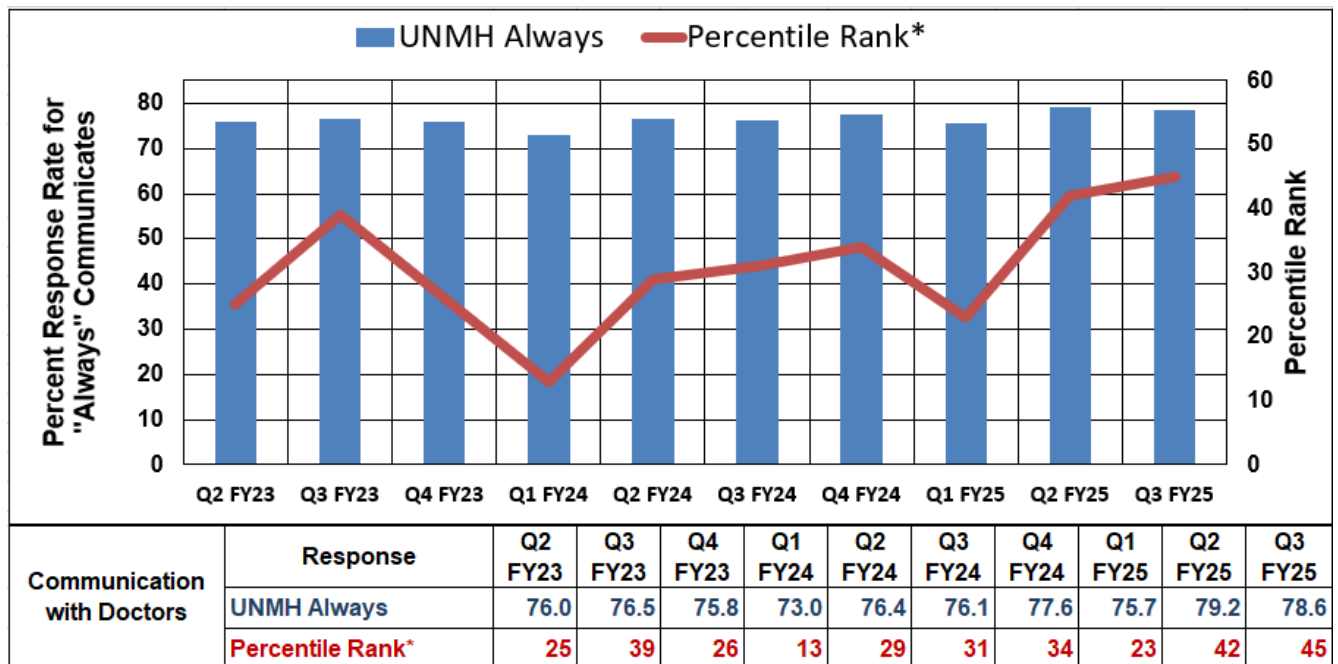
*Peer Group: All Press Ganey Database
(3-month delay in Press Ganey Data)

Patient and Family Grievances
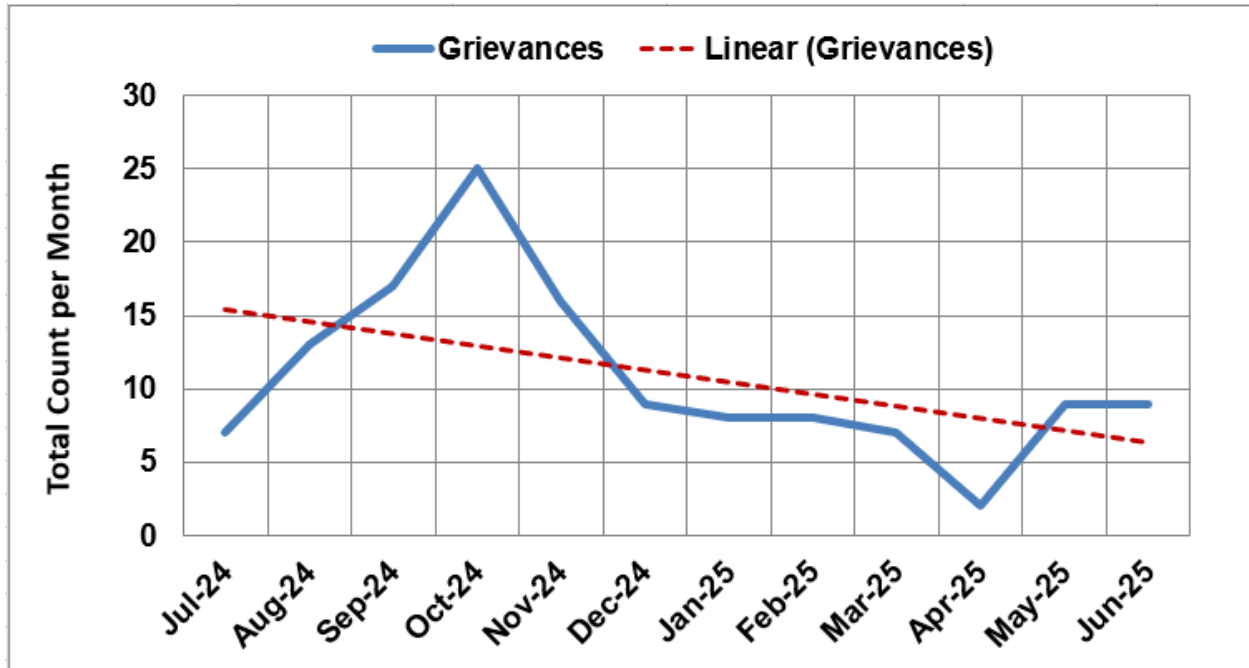
Month-Year	Grievances
Jul-24	7
Aug-24	13
Sep-24	17
Oct-24	25
Nov-24	16
Dec-24	9
Jan-25	8
Feb-25	8
Mar-25	7
Apr-25	2
May-25	9
Jun-25	9

Average time for a New Patient Appointment for Primary and Specialty Care

Average 1st Available* Day out for Appointments.
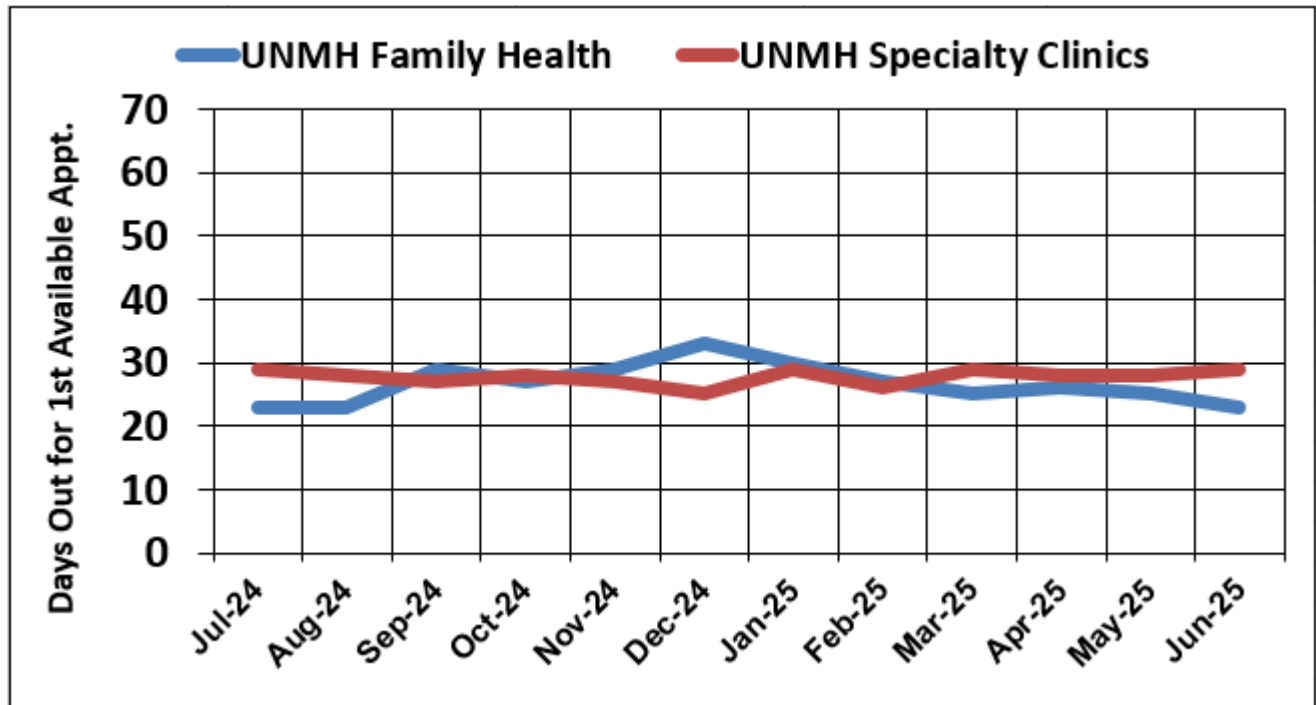
Month	UNMH Family Health	UNMH Specialty Clinics
Jul-24	23	29
Aug-24	23	28
Sep-24	29	27
Oct-24	27	28
Nov-24	29	27
Dec-24	33	25
Jan-25	30	29
Feb-25	27	26
Mar-25	25	29
Apr-25	26	28
May-25	25	28
Jun-25	23	29

Number of Emergency Department (ED) Visits

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

Month	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Visits	6,268	6,612	6,650	6,352	6,377	7,152	7,167	6,792	7,275	6,869	6,799	6,304
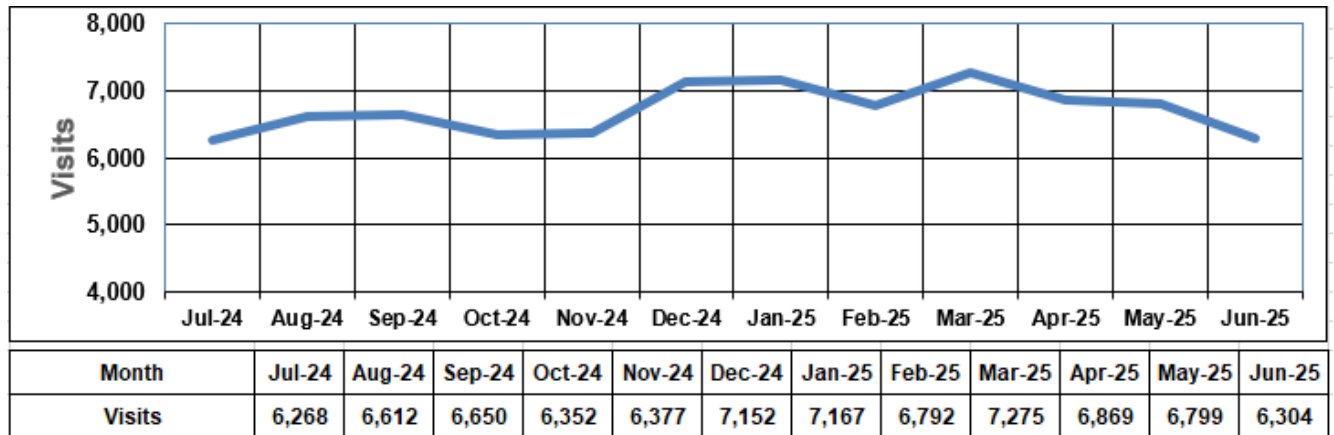
Total ED Patients Left without Being Seen

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

Month	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
UH LWBS	130	117	134	102	64	121	111	146	127	93	83	60
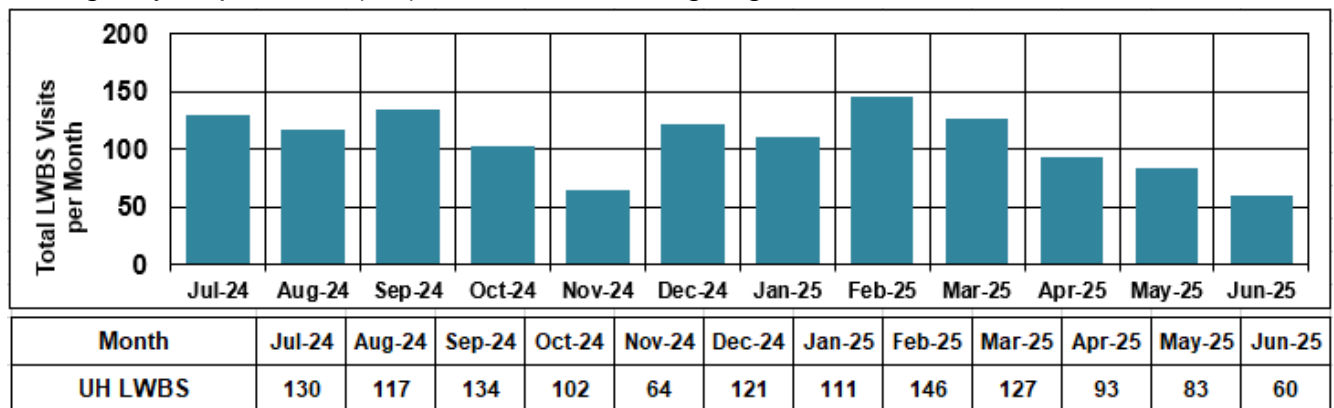
ED Average Hours from Arrival to Disposition

Month	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Arrival to Disposition	6.43	6.37	6.43	5.87	5.68	6.02	5.98	5.67	5.83	5.60	5.55	5.88
*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
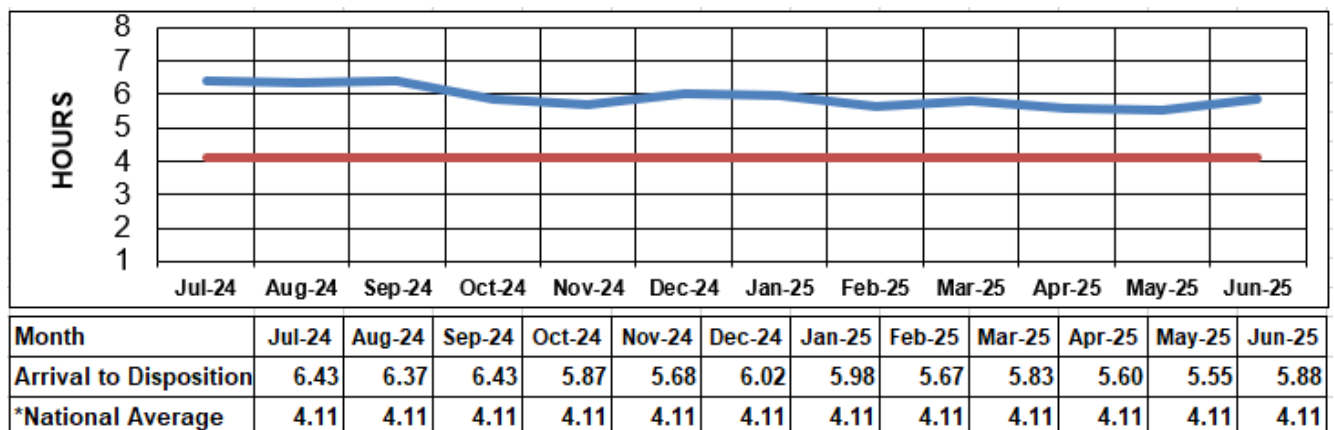
* Press Ganey, ED Pulse Report, 2010 - Average LOS in ED: 4 hours, 7 minutes.

MDC Inmates Receiving Hospital Services
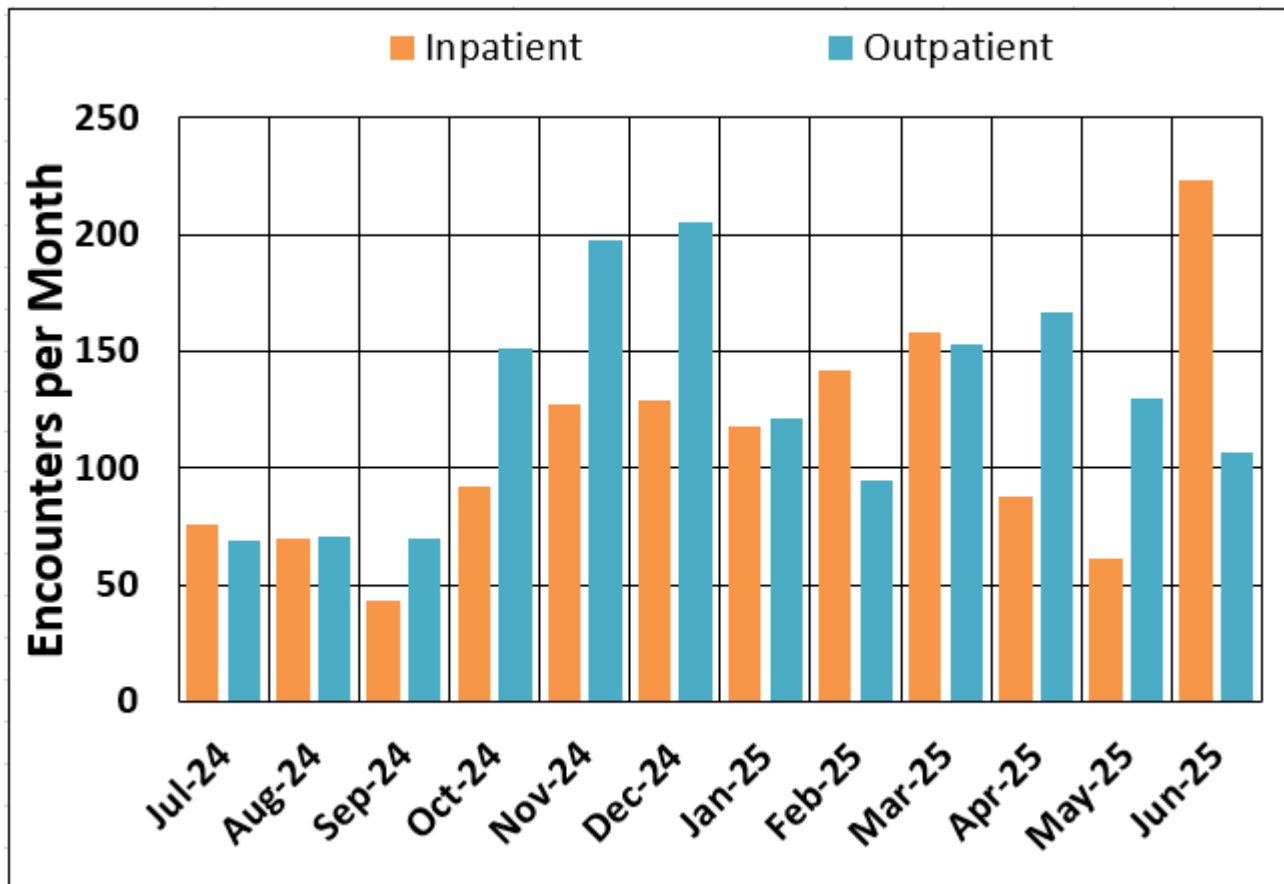
Month	Inpatient	Outpatient
Jul-24	76	69
Aug-24	70	71
Sep-24	43	70
Oct-24	92	151
Nov-24	127	198
Dec-24	129	205
Jan-25	118	121
Feb-25	142	95
Mar-25	158	153
Apr-25	88	167
May-25	61	130
Jun-25	223	107

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

Beginning October 2024 OP appointments are being counted by the total number of inmates. In the past these were counted as number of sign-in's, not counting the number of inmates with each sign in.

Typically, patients use their own insurance when possible.

Bernalillo County Encounters by Funding Source

All Bernalillo County encounters for the twelve (12) months ended June 30, 2025, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	31,149
EMSA	788
IHS	4,543
Medicaid	292,793
Medicare	307,099
Uninsured	37,525
HMO's & Insurance	292,245
All Other *	58,439
Total Encounters	**1,024,581**
**Native American Encounters **	**122,802**

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. 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 twelve (12) months ended June 30, 2025, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	$ 55,468,790	$ 24,050,388	$ 79,519,178
Catron	16,067	14,955	31,022
Chaves	656,038	181,014	837,052
Cibola	568,780	496,176	1,064,956
Colfax	283,175	120,517	403,692
Curry	17,116	10,955	28,071
De Baca	5,278	20,616	25,894
Dona Ana	268,583	161,451	430,034
Eddy	112,056	70,900	182,956
Grant	135,822	792	136,613
Guadalupe	212,937	51,222	264,159
Harding	80	-	80
Hidalgo	2,754	7,257	10,011
Lea	88,752	47,383	136,134
Lincoln	336,815	10,931	347,746
Los Alamos	15,854	8,062	23,916
Luna	47,153	51,939	99,092
Mc Kinley	911,082	394,059	1,305,141
Mora	5,538	25,876	31,413
Otero	114,501	48,080	162,581
Quay	153,455	33,820	187,275
Rio Arriba	492,091	268,977	761,068
Roosevelt	17,734	41,545	59,279
San Juan	969,523	211,142	1,180,665
San Miguel	406,351	40,699	447,049
Sandoval	6,019,626	3,282,659	9,302,285
Santa Fe	2,413,906	1,344,976	3,758,882
Sierra	20,083	16,519	36,602
Socorro	398,534	253,881	652,414
Taos	430,336	299,451	729,787
Torrance	1,444,725	520,312	1,965,037
Union	1,685	1,473	3,158
Valencia	6,271,572	2,506,684	8,778,256
Out Of State	-	2,448,906	2,448,906
Grand Total	**$ 78,306,790**	**$ 37,043,617**	**$ 115,350,406**

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

Financial Assistance to Bernalillo County Patients by Zip Code

Totals for the twelve (12) months ended June 30, 2025

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	5	$ 31,500	137	$ 27,260	142	$ 58,760
87022	8	$ 22,564	100	$ 13,016	108	$ 35,580
87047	4	$ 15,642	318	$ 103,136	322	$ 118,778
87059	13	$ 59,292	616	$ 160,356	629	$ 219,648
87100	-	$ -	-	$ -	-	$ -
87101	1	$ 4,486	44	$ 16,572	45	$ 21,058
87102	165	$ 1,486,031	5,014	$ 2,474,879	5,179	$ 3,960,910
87103	5	$ 41,907	51	$ 10,027	56	$ 51,934
87104	52	$ 615,966	1,576	$ 606,040	1,628	$ 1,222,006
87105	371	$ 3,918,583	13,468	$ 7,071,233	13,839	$ 10,989,816
87106	122	$ 1,771,599	4,093	$ 1,904,424	4,215	$ 3,676,022
87107	123	$ 828,156	4,758	$ 2,456,324	4,881	$ 3,284,480
87108	328	$ 3,207,074	10,350	$ 5,405,114	10,678	$ 8,612,188
87109	149	$ 1,769,428	4,040	$ 1,918,611	4,189	$ 3,688,039
87110	127	$ 1,575,438	4,952	$ 1,781,220	5,079	$ 3,356,658
87111	80	$ 602,470	3,119	$ 944,110	3,199	$ 1,546,580
87112	161	$ 1,087,840	5,150	$ 1,605,509	5,311	$ 2,693,349
87113	44	$ 776,611	1,489	$ 884,627	1,533	$ 1,661,238
87114	120	$ 1,413,511	4,595	$ 2,051,347	4,715	$ 3,464,857
87115	-	$ -	1	$ 4,976	1	$ 4,976
87116	2	$ 299	56	$ 15,776	58	$ 16,075
87117	-	$ -	2	$ 163	2	$ 163
87119	-	$ -	50	$ 7,077	50	$ 7,077
87120	139	$ 1,479,516	4,751	$ 1,679,664	4,890	$ 3,159,180
87121	568	$ 6,564,649	20,752	$ 12,400,332	21,320	$ 18,964,981
87122	10	$ 83,401	715	$ 205,726	725	$ 289,126
87123	217	$ 2,470,530	8,594	$ 4,520,029	8,811	$ 6,990,559
87125	6	$ 5,785	237	$ 33,889	243	$ 39,674
87128	-	$ -	-	$ -	-	$ -
87130	-	$ -	1	$ 80	1	$ 80
87131	-	$ -	14	$ 1,349	14	$ 1,349
87140	-	$ -	-	$ -	-	$ -
87151	54	$ 674,952	394	$ 348,240	448	$ 1,023,192
87153	-	$ -	30	$ 12,595	30	$ 12,595
87154	2	$ 10,350	107	$ 20,184	109	$ 30,534
87158	-	$ -	-	$ -	-	$ -
87176	5	$ 3,069	203	$ 34,783	208	$ 37,852
87181	1	$ 527	70	$ 10,246	71	$ 10,773
87184	1	$ 93	53	$ 17,658	54	$ 17,751
87185	-	$ -	17	$ 8,253	17	$ 8,253
87187	-	$ -	10	$ 822	10	$ 822
87190	1	$ 2,594	31	$ 4,390	32	$ 6,984
87191	1	$ 102	35	$ 9,394	36	$ 9,496
87192	2	$ 2,177	29	$ 11,722	31	$ 13,899
87193	2	$ 12,689	43	$ 11,163	45	$ 23,852
87194	1	$ 354	86	$ 11,785	87	$ 12,139
87195	5	$ 16,699	98	$ 26,242	103	$ 42,941
87196	1	$ 102	72	$ 7,082	73	$ 7,185
87197	8	$ 64,265	82	$ 17,600	90	$ 81,865
87198	2	$ 785	125	$ 21,314	127	$ 22,100
87199	3	$ 13,577	80	$ 8,227	83	$ 21,804
Grand Total	2,909	$ 30,634,611	100,608	$ 48,884,568	103,517	$ 79,519,178

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the twelve (12) months ended June 30, 2025

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	Total Count
87008	47	19	20	10	5	5	13	8	-	-	15	142
87022	43	11	4	12	10	4	6	3	1	1	13	108
87047	98	45	63	35	13	16	14	9	3	-	26	322
87059	181	62	109	92	19	44	38	19	4	-	61	629
87100	-	-	-	-	-	-	-	-	-	-	-	-
87101	8	6	-	3	5	1	1	3	-	-	18	45
87102	1,931	697	300	456	272	309	264	145	40	10	755	5,179
87103	13	3	-	5	18	2	2	-	-	1	12	56
87104	572	220	150	183	110	91	104	53	20	1	124	1,628
87105	4,770	1,967	1,024	1,434	1,817	687	667	361	137	27	948	13,839
87106	1,494	516	234	441	366	171	249	89	64	5	586	4,215
87107	1,721	579	519	470	372	303	278	127	55	2	455	4,881
87108	3,857	1,189	673	843	1,385	562	524	241	115	21	1,268	10,678
87109	1,537	524	369	376	315	216	250	134	52	7	409	4,189
87110	1,913	610	293	455	261	284	377	166	52	4	664	5,079
87111	1,134	363	284	319	249	189	233	63	20	8	337	3,199
87112	1,834	620	468	524	276	290	312	169	76	8	734	5,311
87113	466	189	317	140	119	60	67	31	22	4	118	1,533
87114	1,793	525	430	468	342	235	296	137	76	11	402	4,715
87115	-	1	-	-	-	-	-	-	-	-	-	1
87116	19	3	1	5	8	2	5	1	-	-	14	58
87117	-	1	-	1	-	-	-	-	-	-	-	2
87119	13	19	2	8	1	3	-	-	1	-	3	50
87120	1,783	605	404	495	385	232	283	137	61	13	492	4,890
87121	7,702	2,688	1,818	2,065	2,915	1,141	959	539	229	50	1,214	21,320
87122	250	58	142	71	23	43	33	14	5	-	86	725
87123	3,268	1,074	790	812	866	500	453	230	93	14	711	8,811
87125	86	26	3	8	8	24	13	8	3	-	64	243
87128	-	-	-	-	-	-	-	-	-	-	-	-
87130	1	-	-	-	-	-	-	-	-	-	-	1
87131	3	-	-	-	-	-	1	-	-	9	1	14
87140	-	-	-	-	-	-	-	-	-	-	-	-
87151	98	95	2	99	30	20	28	2	2	-	72	448
87153	7	-	3	8	-	5	-	-	1	-	6	30
87154	54	19	10	8	3	3	1	1	1	-	9	109
87158	-	-	-	-	-	-	-	-	-	-	-	-
87176	71	30	47	28	1	10	9	3	2	-	7	208
87181	24	2	18	5	1	12	-	1	-	-	8	71
87184	19	18	1	3	6	3	2	2	-	-	-	54
87185	9	1	2	-	1	-	1	-	1	1	1	17
87187	5	2	-	1	-	-	-	-	-	-	2	10
87190	7	8	8	-	-	1	2	-	1	-	5	32
87191	12	9	2	4	-	3	3	3	-	-	-	36
87192	9	1	4	-	1	2	-	-	1	-	13	31
87193	13	8	3	6	4	4	-	2	1	-	4	45
87194	30	14	2	20	-	3	5	6	-	-	7	87
87195	33	10	2	16	1	7	10	4	5	-	15	103
87196	41	3	9	2	2	4	5	-	3	-	4	73
87197	26	10	13	12	4	13	-	4	3	-	5	90
87198	58	17	2	15	4	11	7	6	2	-	5	127
87199	36	8	3	12	-	9	8	5	1	-	1	83
Grand Total	**37,089**	**12,875**	**8,548**	**9,970**	**10,218**	**5,525**	**5,522**	**2,726**	**1,162**	**188**	**9,694**	**103,517**

**Trauma patient stats are included in service line related to the acute condition.
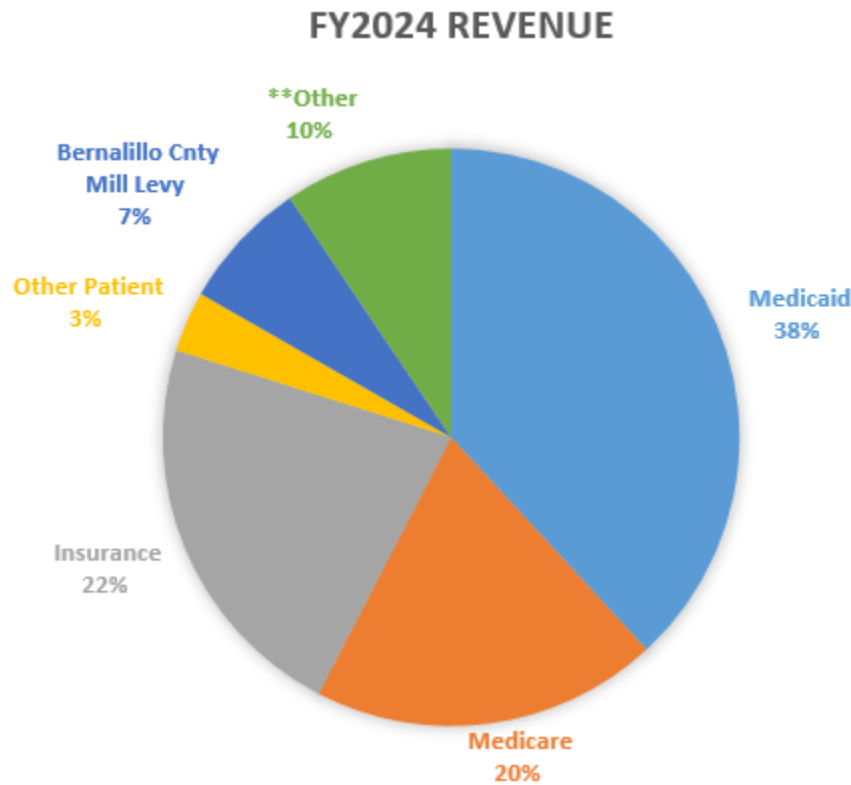
Primary Reason for Bernalillo County Indigent Resident Visits

Totals are for each of the eight (8) quarters ended June 30, 2025

Description	2025Q4	2025Q3	2025Q2	2025Q1	2024Q4	2024Q3	2024Q2	2024Q1
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	5,318	3,854	2,813	3,664	3,528	3,304	2,370	2,409
External causes of morbidity and mortality	5,235	5,410	4,216	5,353	5,571	5,384	3,940	3,920
Certain infectious and parasitic diseases	2,466	2,499	1,911	2,332	2,441	2,407	1,711	1,802
Diseases of the digestive system	2,396	2,314	1,840	2,332	2,423	2,266	1,671	1,753
Diseases of the musculoskeletal system and connective tissue	1,363	1,488	1,137	1,458	1,465	1,440	1,014	1,073
Diseases of the circulatory system	1,354	1,380	1,039	1,303	1,329	1,269	936	914
Endocrine, nutritional and metabolic diseases	1,313	1,232	951	1,206	1,196	1,203	866	859
Congenital malformations, deformations and chromosomal abnormalities	1,276	1,227	1,032	1,362	1,314	1,201	919	1,024
Injury, poisoning and certain other consequences of external causes	1,054	1,167	982	1,130	1,165	1,188	848	888
undefined	1,025	1,109	852	1,034	1,017	998	676	680
Diseases of the skin and subcutaneous tissue	987	1,007	766	1,021	993	980	688	721
Diseases of the nervous system	878	1,303	773	717	884	1,109	738	505
Mental and behavioural disorders	873	844	674	832	848	832	603	620
Pregnancy, childbirth and the puerperium	625	609	511	633	647	607	471	452
Diseases of the genitourinary system	580	615	500	636	663	692	515	533
Neoplasms	357	398	303	355	443	408	271	231
Factors influencing health status and contact with health services	273	328	226	254	293	329	237	206
Diseases of the ear and mastoid process	180	182	135	176	178	185	123	126
Diseases of the respiratory system	173	507	390	550	560	515	330	354
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	163	164	132	161	173	176	119	122
Codes for special purposes	21	37	62	95	44	68	106	51
Diseases of the eye and adnexa	17	25	14	23	26	21	13	15
Certain conditions originating in the perinatal period	2	1	1	1	2	1	1	1
	27,929	27,700	21,260	26,628	27,203	26,583	19,166	19,259

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

FY2024 REVENUE

Payor Source	Percentage
Medicaid	38%
Medicare	20%
Insurance	22%
Other Patient	3%
Bernalillo Cnty Mill Levy	7%
**Other	10%

*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, and Investment Income.

FY2024	
Medicaid	$ 669,227,766
Medicare	341,515,984
Insurance	390,694,143
*Other Patient	59,525,223
Bernalillo Cnty Mill Levy	127,578,314
**Other	165,903,178
Total Revenues	**$ 1,754,444,607**

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

FY23 is based on the twelve (12) months ended June 30, 2023
FY24 is based on the twelve (12) months ended June 30, 2024
FY25 is based on the twelve (12) months ended June 30, 2025

539,709	**FY23 Actual (12 Months) **Removed COVID Clinic Visits**
540,655	**FY24 Actual (12 Months)**
544,968	**FY25 Actual (12 Months)**

Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.
**COVID Clinic Visits totaled 10,123 in FY23

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

Clinic:	Location:	Hours:
Adult Urgent Care	Main Hospital - 1st Floor, 2211 Lomas Blvd NE	Monday - Sunday: 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

UNMH Press Ganey Primary Care Experience Score

| Quarter	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25
UNMH Primary Care Experience Score	76.8	77.0	77.0	75.4	76.6	75.4	77.4	75.7	76.9	75.8
Percentile Rank*	11	10	10	5	6	5	8	5	7	4
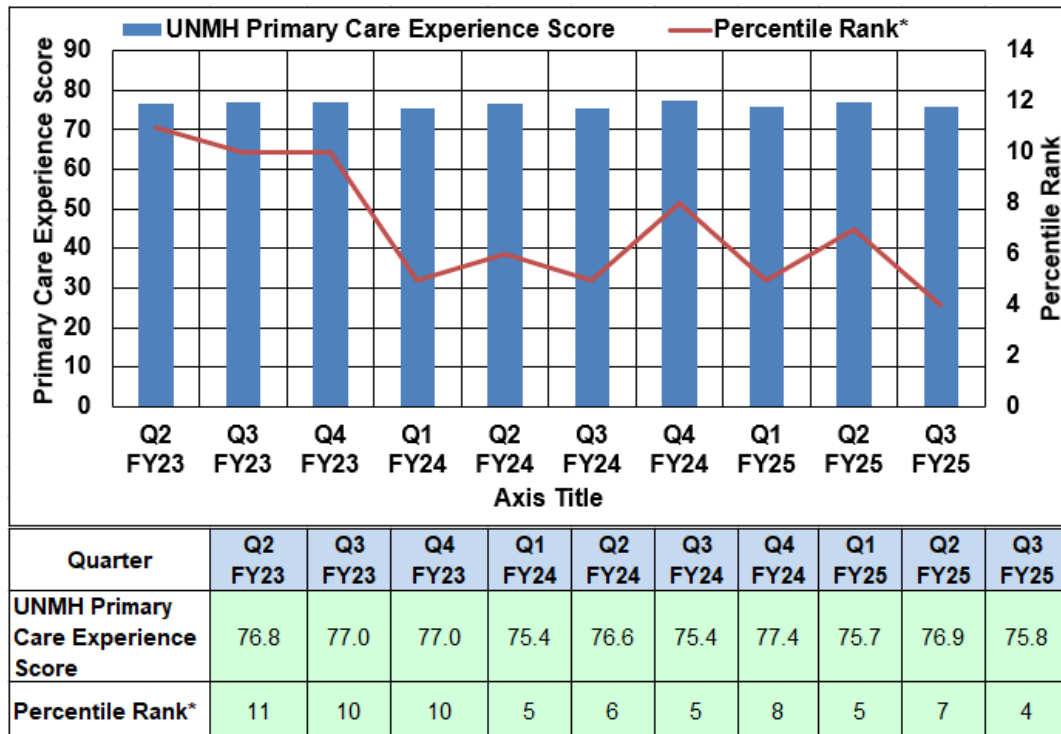
*Peer Group: All Press Ganey Database
Primary Care includes clinics listed on page 24 for both adult and pediatric services
(3-month delay in Press Ganey data)

Percentage of Primary Care Patients with Same Day Clinic Appointments

Average percentage of Same Day Access for Primary Care Clinics.
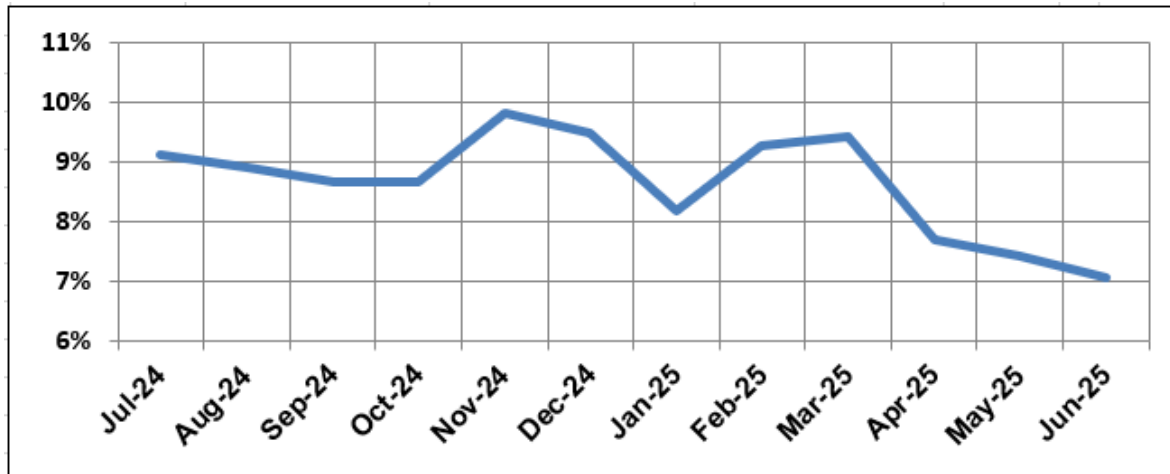
Month	Same Day	Total Arrived	Same Day Rate
Jul-24	1,355	14,848	9.1%
Aug-24	1,417	15,889	8.9%
Sep-24	1,230	14,184	8.7%
Oct-24	1,486	17,180	8.6%
Nov-24	1,370	13,979	9.8%
Dec-24	1,240	13,071	9.5%
Jan-25	1,373	16,755	8.2%
Feb-25	1,442	15,538	9.3%
Mar-25	1,471	15,598	9.4%
Apr-25	1,266	16,470	7.7%
May-25	1,148	15,451	7.4%
Jun-25	1,045	14,770	7.1%

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

Average	Primary Care Clinics
4.2%	1209 Clinic
5.2%	Alamo Primary Care Clinic
3.8%	Family Practice Clinic
1.0%	General Pediatric Clinic
4.4%	Northeast Heights Clinic
5.6%	Senior Health Center
4.8%	Southeast Heights Clinic
4.7%	Southwest Mesa Clinic
2.6%	SRMC FP Clinic
6.1%	UH 4th Street NV Clinic
7.6%	UH Atrisco Heritage
44.6%	UNM Lobocare Clinic
7.3%	UNMMG Family Health Grande
7.0%	Westside Clinic
6.5%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

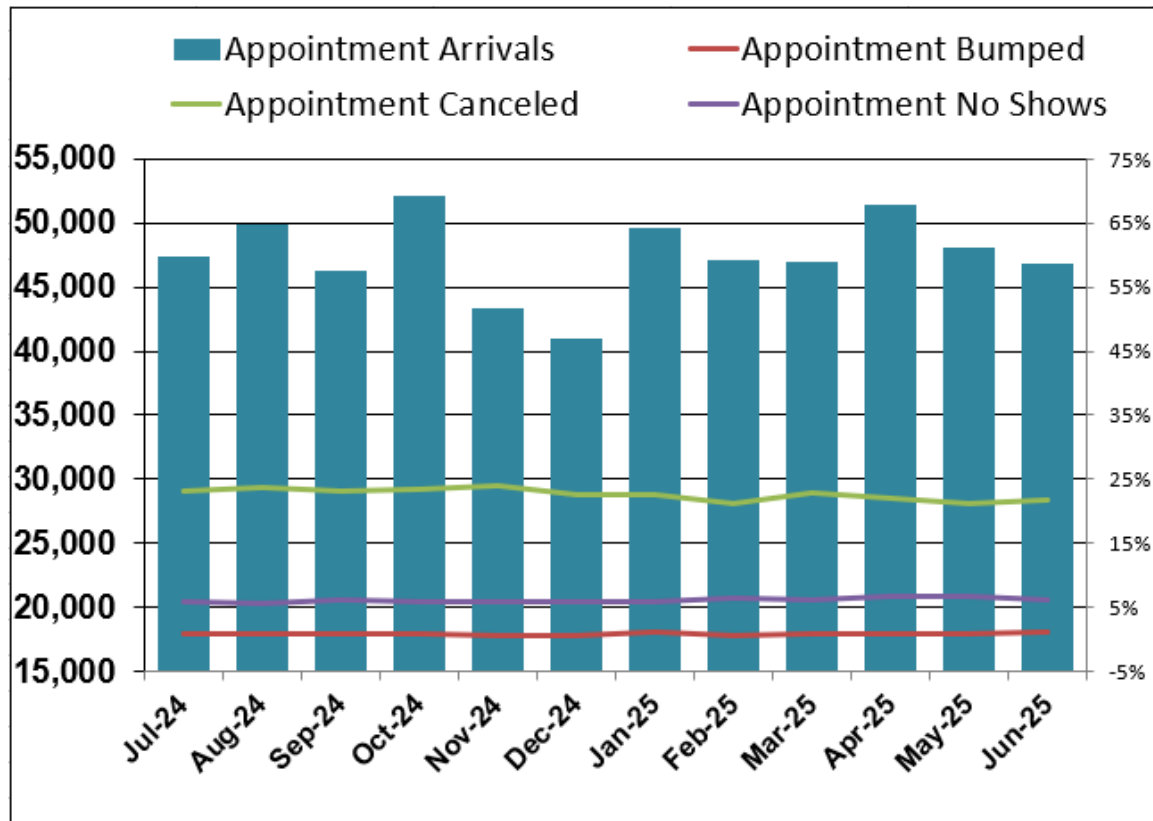This data includes only Primary Care appointments.
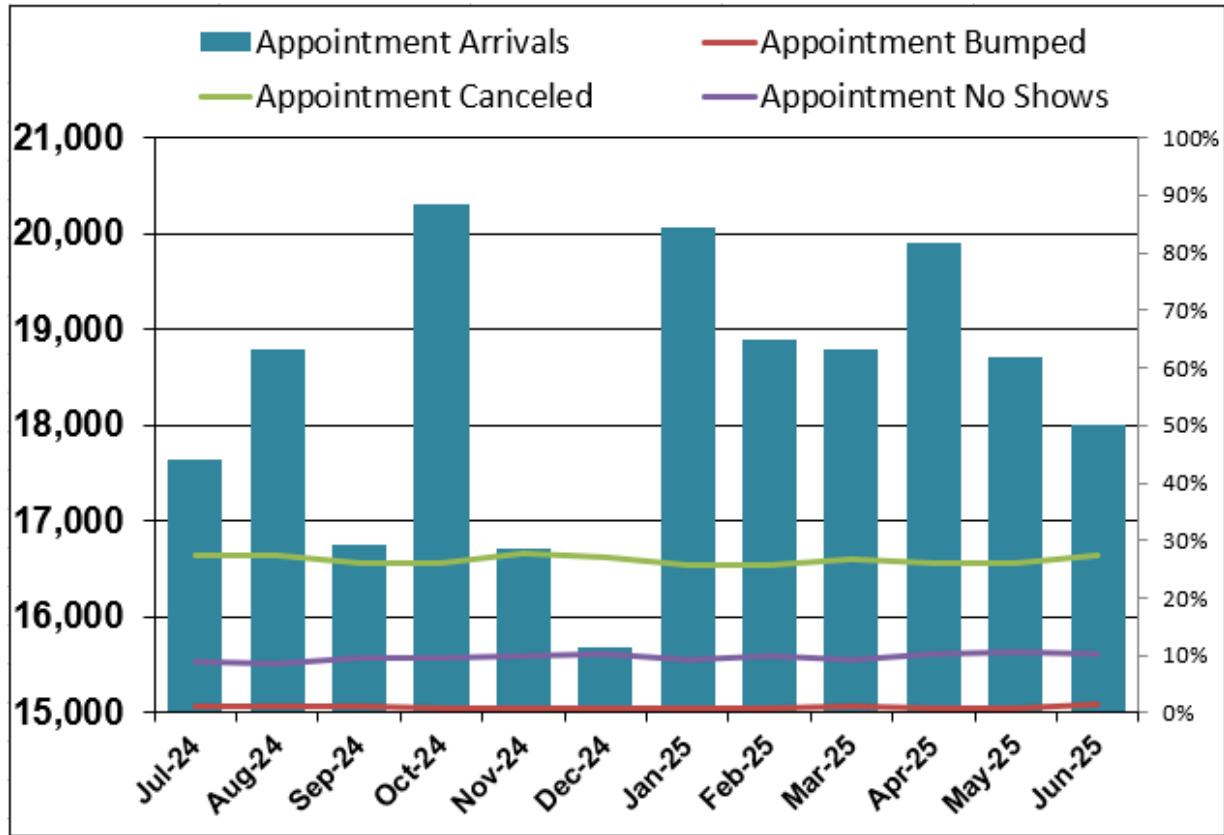
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-24	17,644	1%	28%	9%
Aug-24	18,796	1%	27%	9%
Sep-24	16,759	1%	26%	9%
Oct-24	20,307	1%	26%	10%
Nov-24	16,716	1%	28%	10%
Dec-24	15,689	1%	27%	10%
Jan-25	20,067	1%	26%	9%
Feb-25	18,884	1%	26%	10%
Mar-25	18,800	1%	27%	9%
Apr-25	19,904	1%	26%	10%
May-25	18,716	1%	26%	11%
Jun-25	18,011	1%	27%	10%

*As of June 2025 data parameters updated to include all departments listed under primary care. Data on this report is backdated to provide accurate comparison. Prior data was only using select departments.

## Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.

Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-24	47,369	1%	23%	6%
Aug-24	49,862	1%	24%	6%
Sep-24	46,254	1%	23%	6%
Oct-24	52,160	1%	23%	6%
Nov-24	43,369	1%	24%	6%
Dec-24	40,945	0%	23%	6%
Jan-25	49,612	1%	23%	6%
Feb-25	47,184	1%	21%	6%
Mar-25	47,027	1%	23%	6%
Apr-25	51,447	1%	22%	7%
May-25	48,142	1%	21%	7%
Jun-25	46,773	1%	22%	6%

*As of June 2025 data parameters updated to include all departments listed under specialty care. Data on this report is backdated to provide accurate comparison. Prior data was only using select departments.

# Percentage Abandoned Phone Calls for Primary and Specialty Care
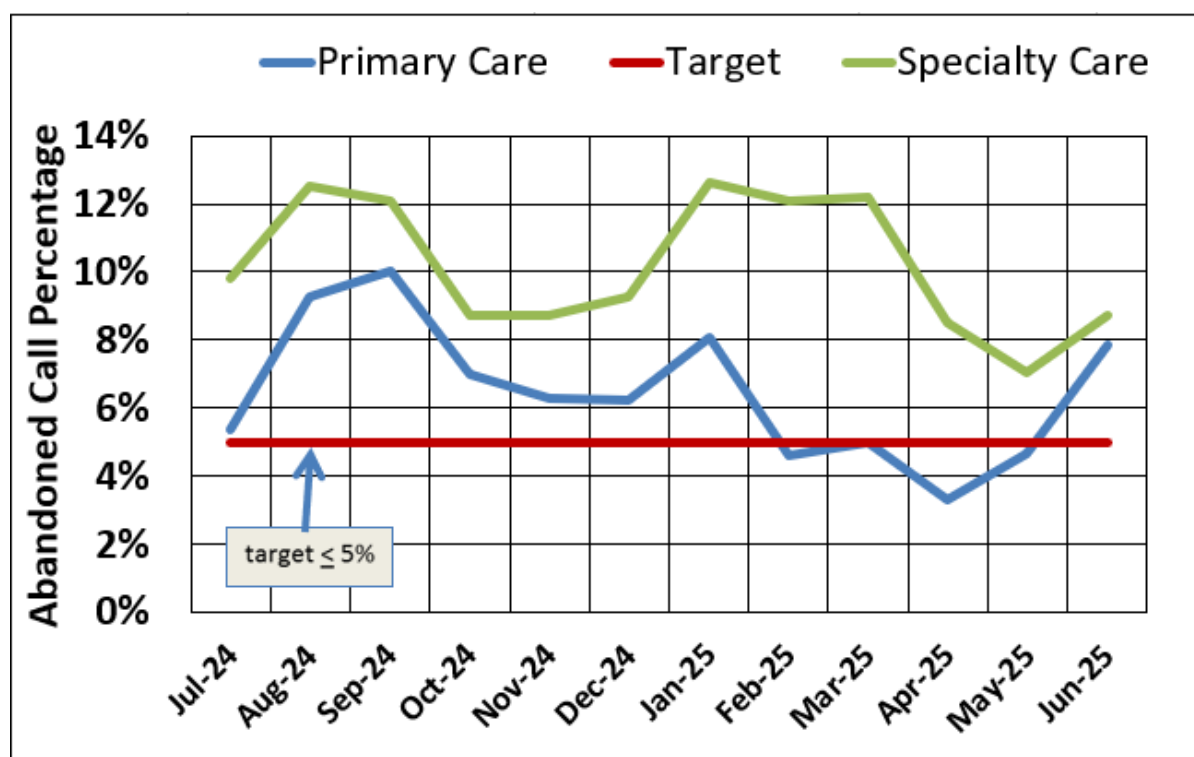
Area: Month	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Jul-24	5.36%	9.81%	5%
Aug-24	9.29%	12.52%	5%
Sep-24	10.02%	12.10%	5%
Oct-24	6.98%	8.71%	5%
Nov-24	6.30%	8.75%	5%
Dec-24	6.24%	9.27%	5%
Jan-25	8.06%	12.63%	5%
Feb-25	4.59%	12.10%	5%
Mar-25	4.98%	12.18%	5%
Apr-25	3.28%	8.53%	5%
May-25	4.65%	7.04%	5%
Jun-25	7.84%	8.72%	5%

Medication Reconciliation Goals Primary and Specialty Care

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

Medication Reconciliation Rates
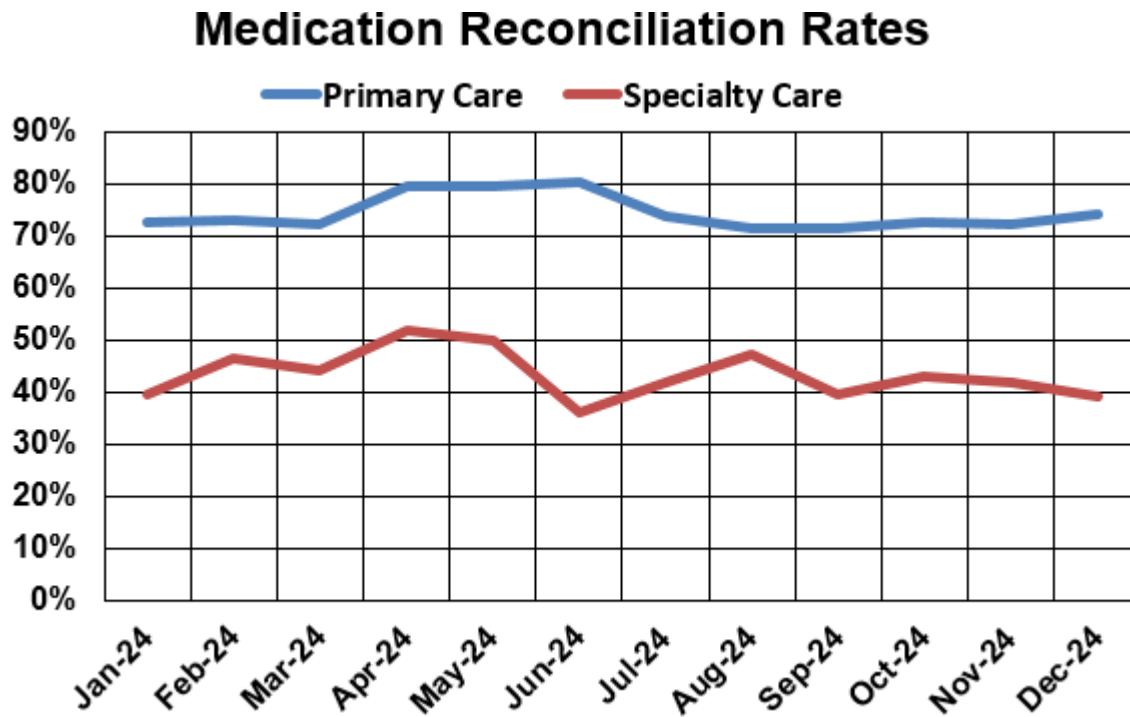
Month	Primary Care	Specialty Care
Jan-24	72.8%	39.4%
Feb-24	72.9%	46.5%
Mar-24	72.2%	44.3%
Apr-24	79.4%	51.8%
May-24	79.6%	49.9%
Jun-24	80.4%	36.2%
Jul-24	73.7%	41.9%
Aug-24	71.5%	47.4%
Sep-24	71.4%	39.7%
Oct-24	72.8%	43.1%
Nov-24	72.1%	42.0%
Dec-24	74.0%	39.1%

**Data for Q3&Q4 FY25 is not available at the time of this report distribution.

Percentage of Patients with Access to Electronic Medical Record

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

As of June 30, 2025

487,266	Invitations sent out to patients who provided an email address.
225,714	Patients who have claimed invitation to sign up.
8,370	Patients who have self enrolled directly without an invitation.
198,755	*Active Users who have accessed their medical records.
41%	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).
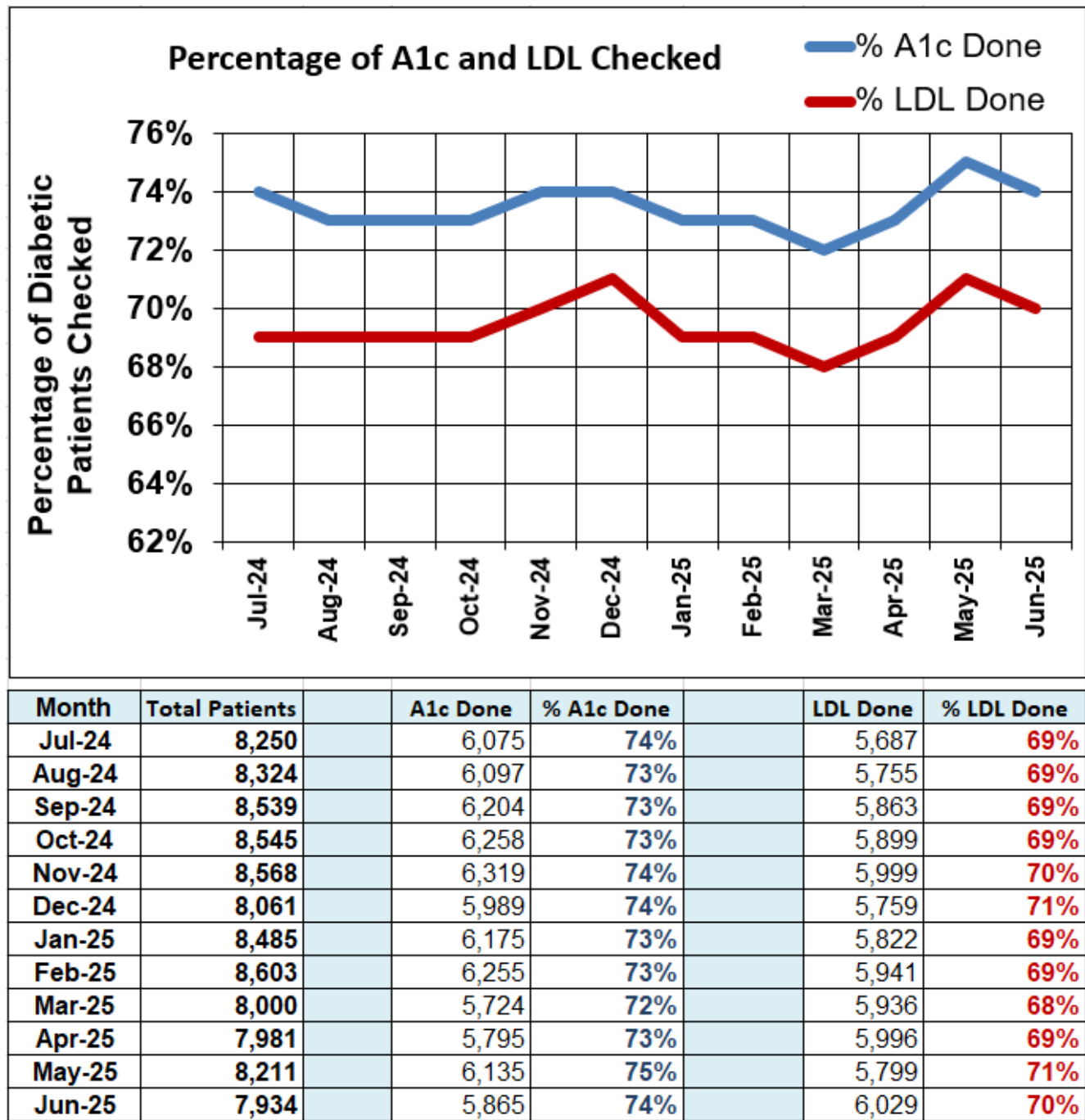
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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
Jul-24	8,250		6,075	74%		5,687	69%
Aug-24	8,324		6,097	73%		5,755	69%
Sep-24	8,539		6,204	73%		5,863	69%
Oct-24	8,545		6,258	73%		5,899	69%
Nov-24	8,568		6,319	74%		5,999	70%
Dec-24	8,061		5,989	74%		5,759	71%
Jan-25	8,485		6,175	73%		5,822	69%
Feb-25	8,603		6,255	73%		5,941	69%
Mar-25	8,000		5,724	72%		5,936	68%
Apr-25	7,981		5,795	73%		5,996	69%
May-25	8,211		6,135	75%		5,799	71%
Jun-25	7,934		5,865	74%		6,029	70%

C. FINANCIAL SERVICES

UNM Care Enrollment and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Medicaid applications completed at UNMH
Jul-24	5,203	180
Aug-24	4,452	193
Sep-24	4,484	179
Oct-24	4,577	239
Nov-24	4,700	219
Dec-24	4,881	230
Jan-25	4,918	226
Feb-25	4,984	272
Mar-25	5,059	266
Apr-25	6,112	275
May-25	6,213	152
Jun-25	4,443	282

Total Uncompensated Care – Charity Care and Uninsured

For the twelve (12) months ended June 30, 2025, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	25,976	10,745	36,721
Cost	$ 55,468,790	$ 24,050,388	$ 79,519,178

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.
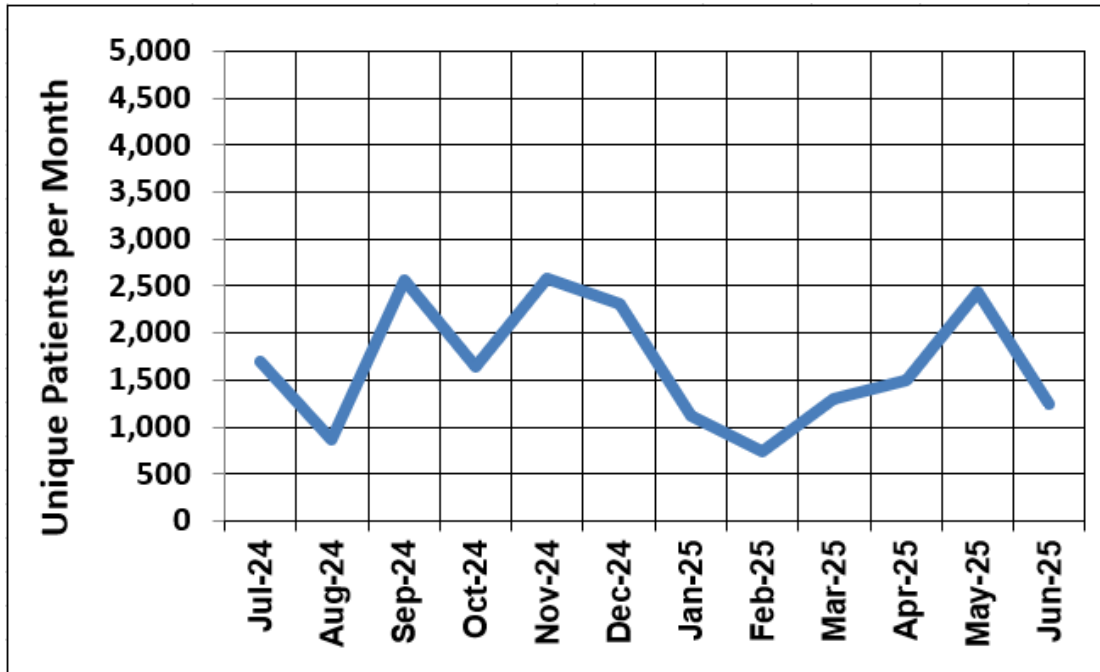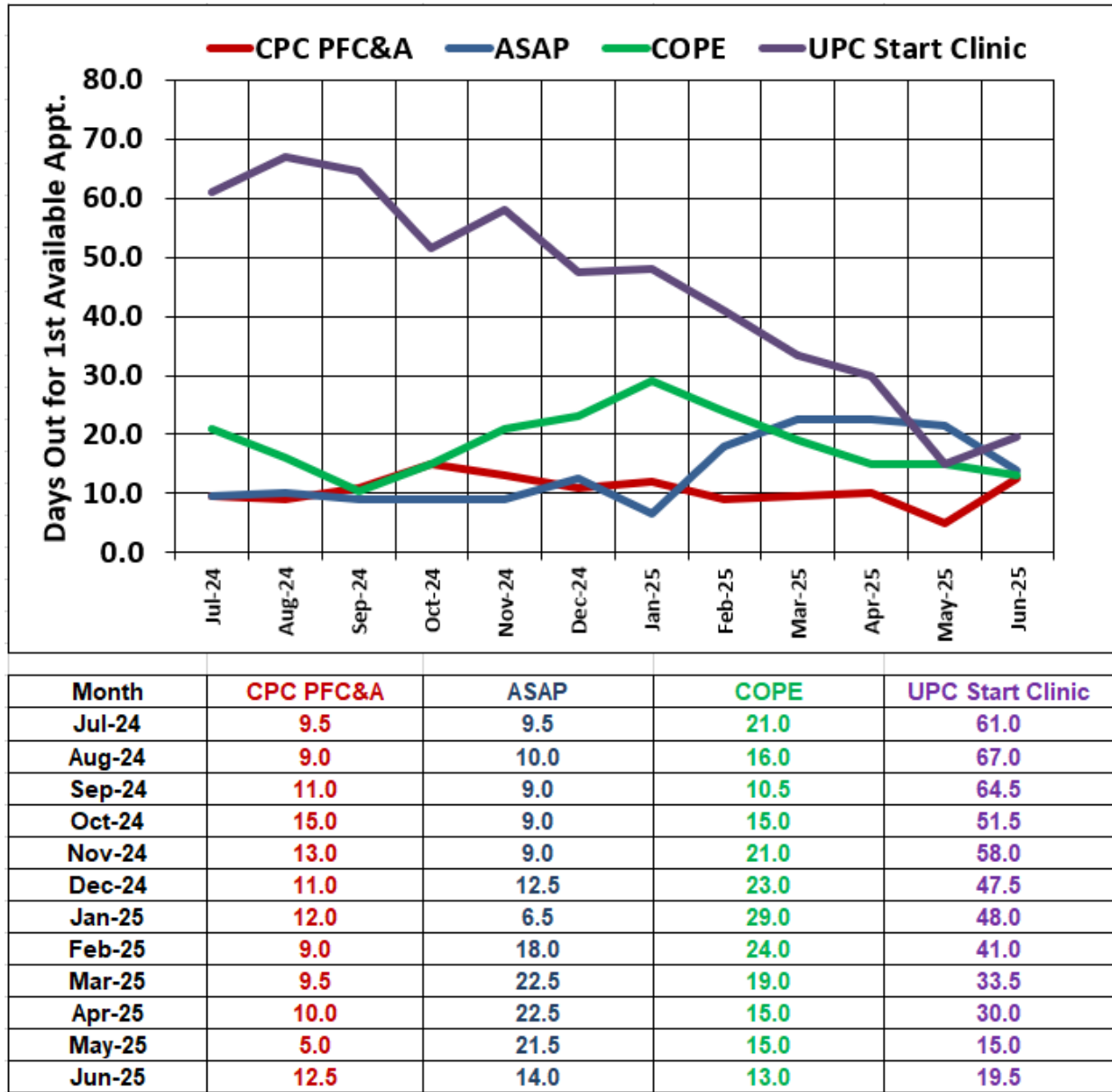

Days Out for Scheduling Financial Assistance Appointment

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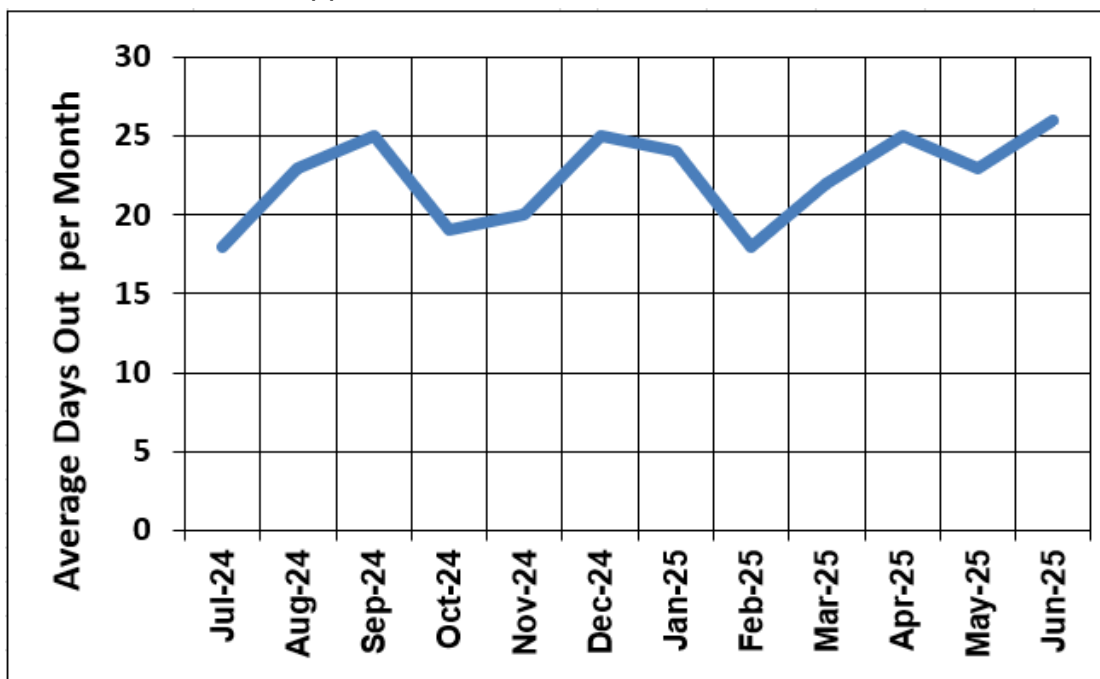
D. BEHAVIORAL HEALTH

Average Appointment Time for BH Outpatient Services

Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Jul-24	9.5	9.5	21.0	61.0
Aug-24	9.0	10.0	16.0	67.0
Sep-24	11.0	9.0	10.5	64.5
Oct-24	15.0	9.0	15.0	51.5
Nov-24	13.0	9.0	21.0	58.0
Dec-24	11.0	12.5	23.0	47.5
Jan-25	12.0	6.5	29.0	48.0
Feb-25	9.0	18.0	24.0	41.0
Mar-25	9.5	22.5	19.0	33.5
Apr-25	10.0	22.5	15.0	30.0
May-25	5.0	21.5	15.0	15.0
Jun-25	12.5	14.0	13.0	19.5

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.
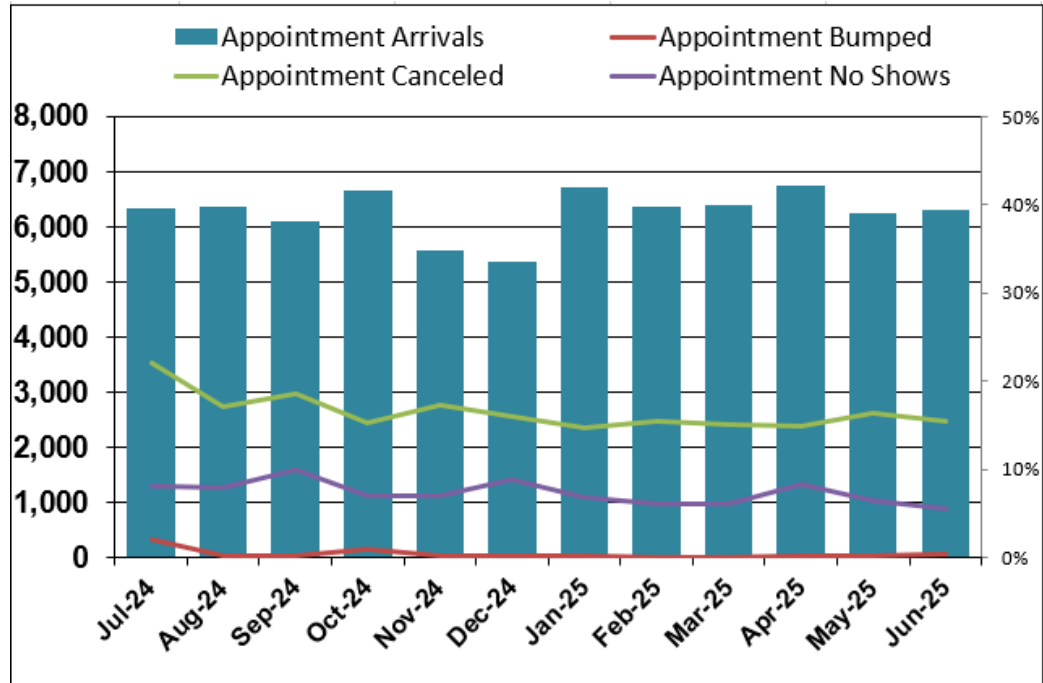
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-24	6,329	2%	22%	8%
Aug-24	6,369	0%	17%	8%
Sep-24	6,111	0%	19%	10%
Oct-24	6,651	1%	15%	7%
Nov-24	5,570	0%	17%	7%
Dec-24	5,356	0%	16%	9%
Jan-25	6,724	0%	15%	7%
Feb-25	6,360	0%	15%	6%
Mar-25	6,396	0%	15%	6%
Apr-25	6,746	0%	15%	8%
May-25	6,244	0%	16%	6%
Jun-25	6,298	0%	16%	6%

*As of June 2025 data parameters updated to include all departments listed under behavioral health. Data on this report is backdated to provide accurate comparison. Prior data was only using select departments.

Number of Unique Outpatients and Number of Encounters CY2024

Calendar Year 2024 BH Outpatient		
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	11,243	69,287
BH CPC Outpatient	3,685	21,168

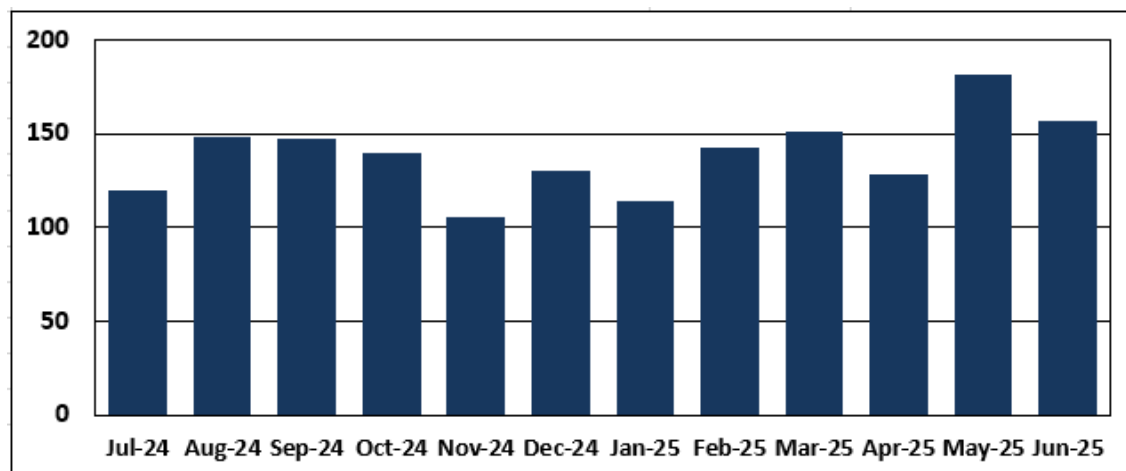* Excluding all Suboxone and Methadone Visits

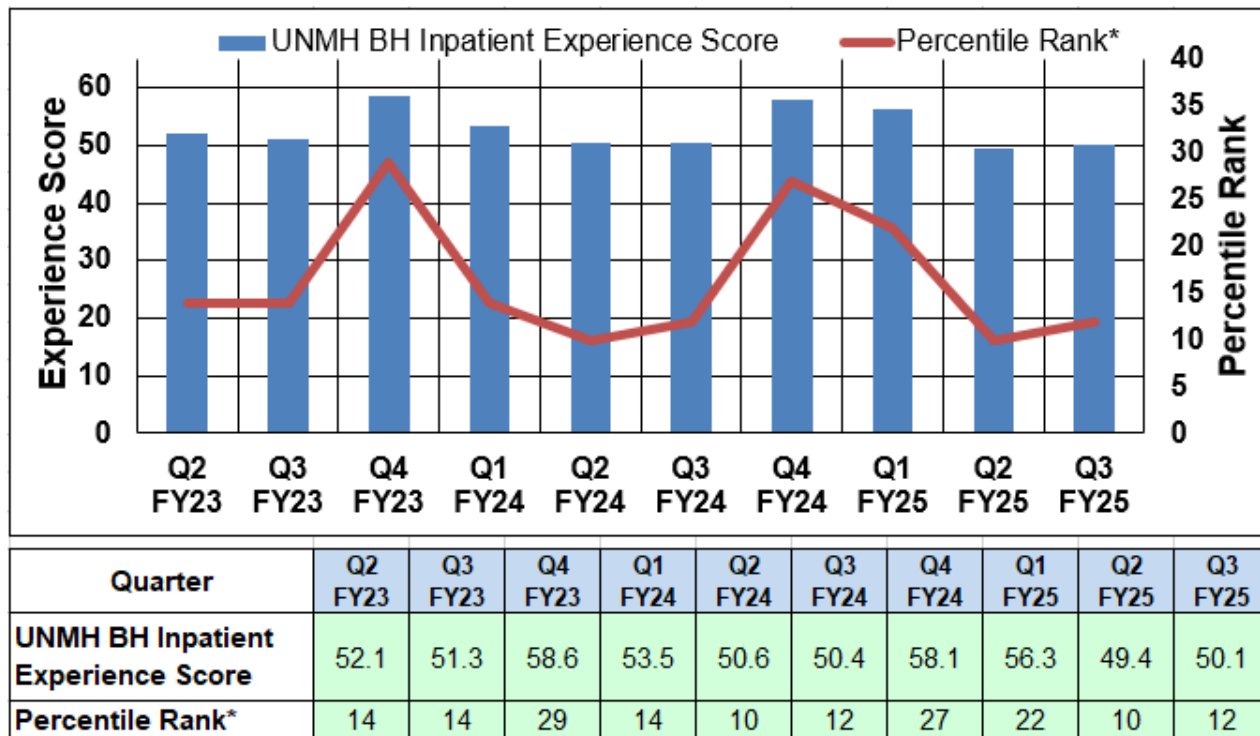## Psychiatric Emergency Department and Urgent Care Encounters
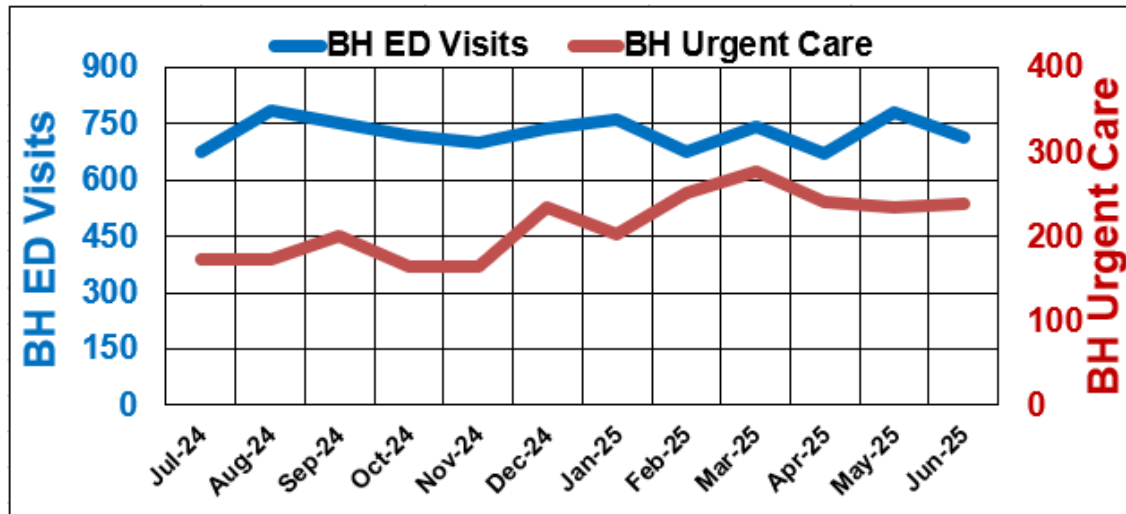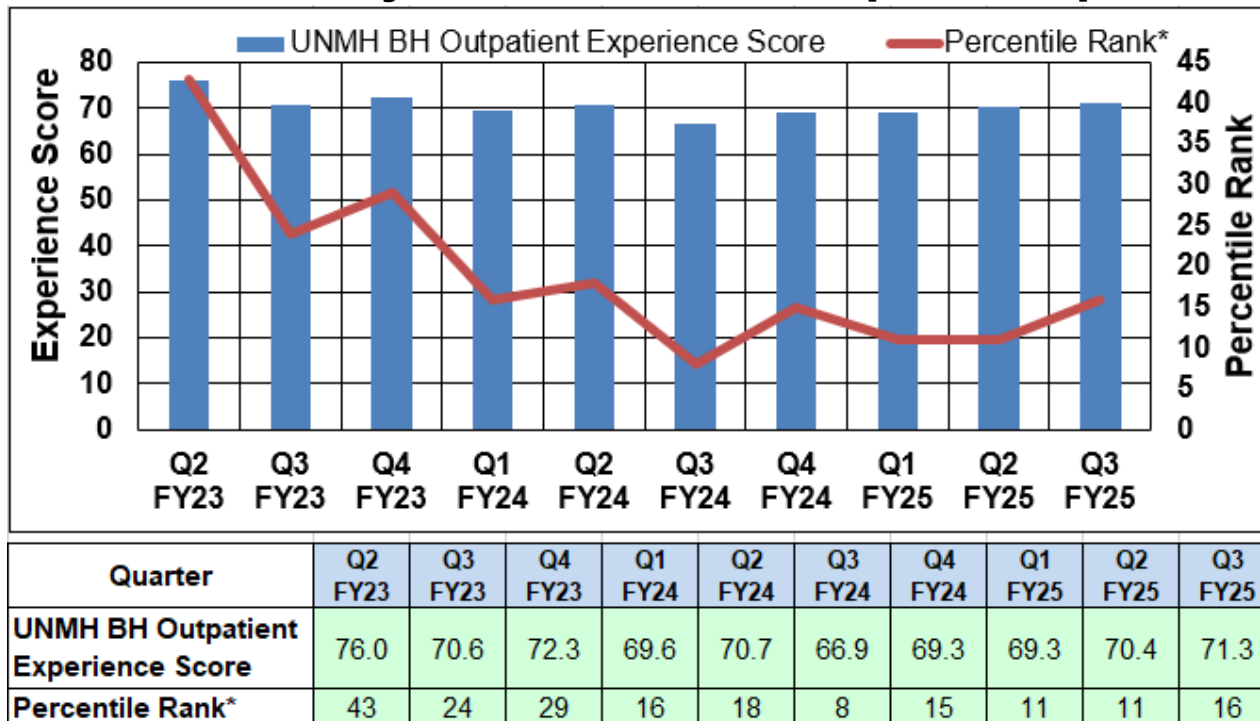

Number of Fast Track Patients Seen
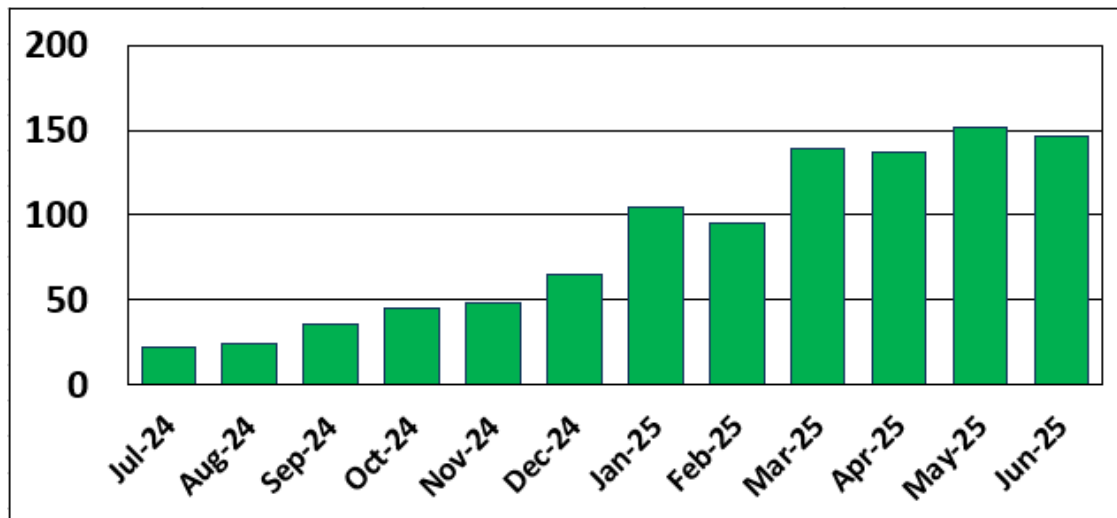
Law Enforcement Drop offs at Psychiatric Emergency Services

## UNMH Press Ganey Behavioral Health Inpatient Experience Score

Quarter	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25
UNMH BH Inpatient Experience Score	52.1	51.3	58.6	53.5	50.6	50.4	58.1	56.3	49.4	50.1
Percentile Rank*	14	14	29	14	10	12	27	22	10	12

UNMH Press Ganey Behavioral Health Outpatient Experience Score

Quarter	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25
UNMH BH Outpatient Experience Score	76.0	70.6	72.3	69.6	70.7	66.9	69.3	69.3	70.4	71.3
Percentile Rank*	43	24	29	16	18	8	15	11	11	16

*Peer Group: All Press Ganey Database

(3-month delay in Press Ganey data)

Behavioral Health Inpatient Admitted to Non-UNMH Facilities
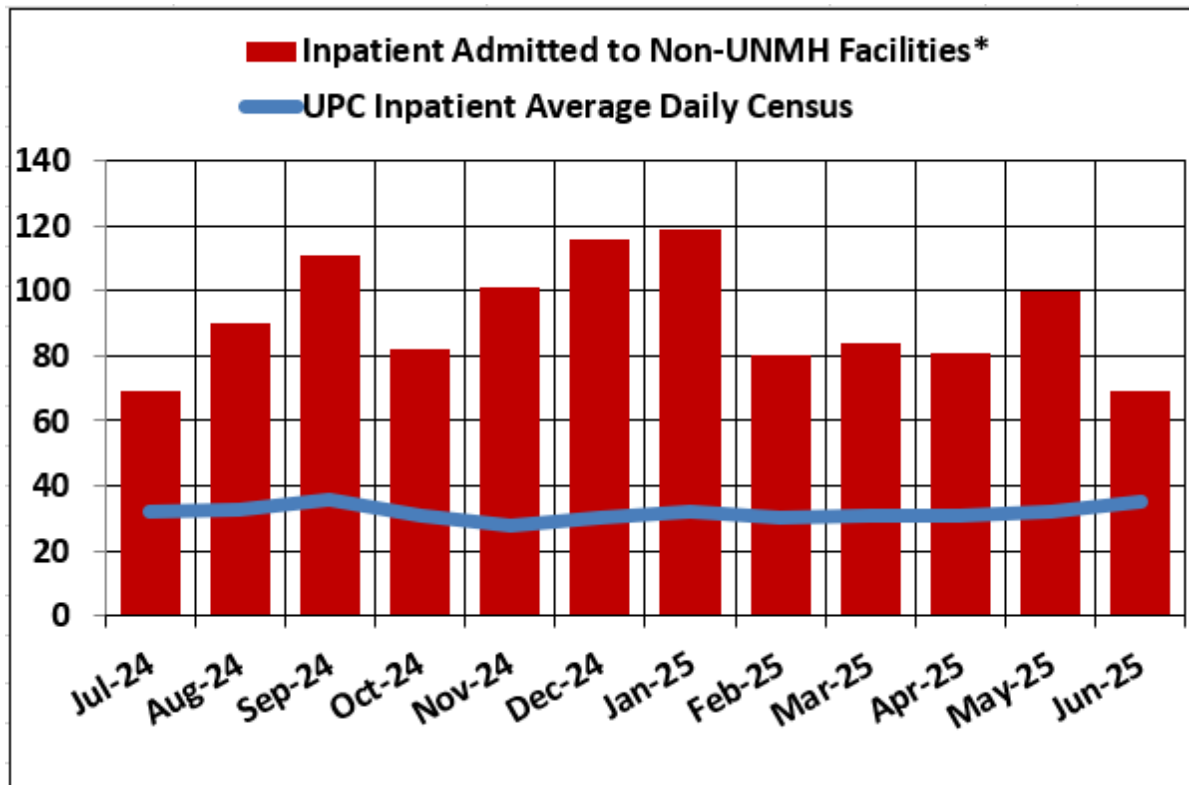
Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jul-24	69	32
Aug-24	90	33
Sep-24	111	36
Oct-24	82	31
Nov-24	101	28
Dec-24	116	30
Jan-25	119	32
Feb-25	80	30
Mar-25	84	31
Apr-25	81	31
May-25	100	32
Jun-25	69	35

*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
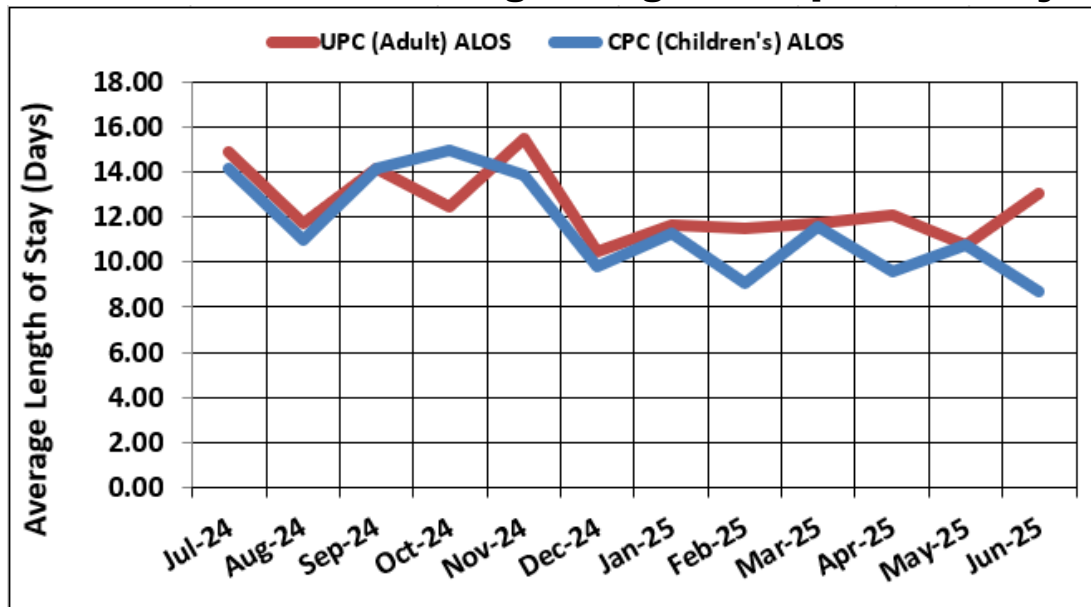
Children's Psychiatric Center (CPC)   Average Child National Benchmark: **10.50**
University Psychiatric Center (UPC)   Average Adult National Benchmark: **7.56**

Number of BH Adult and Child/Adolescent Inpatient Days
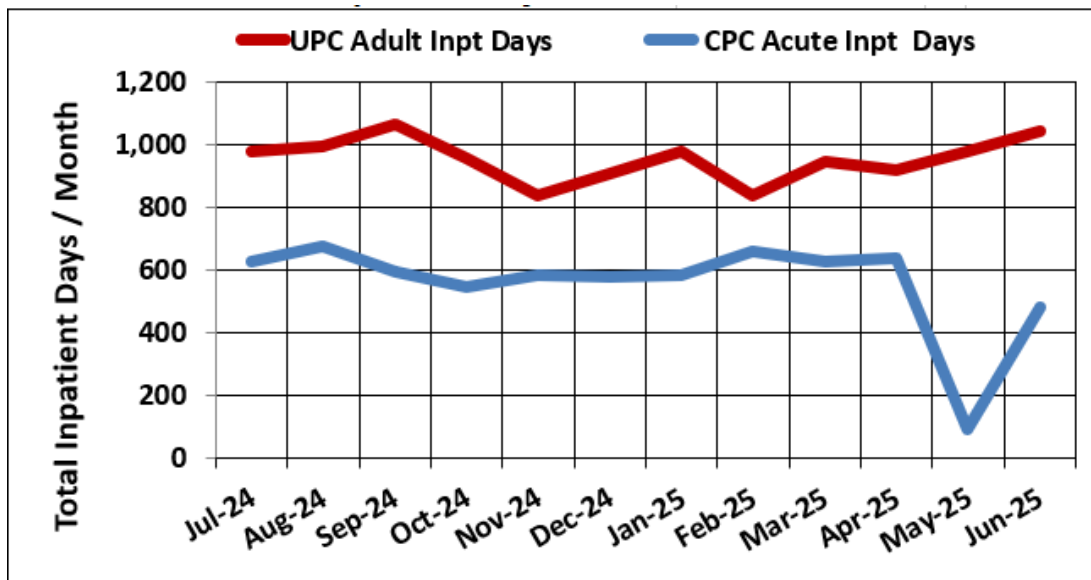
*Decrease in volume for May 2025 is being researched for correction.

Number of Unique Inpatients and Number of Encounters CY2024

Calendar Year 2024 BH Inpatient		
Patient Group	Patients Served	Total Encounters
BH UPC Inpatient*	701	1,187
BH CPC Inpatient	528	734

* Excluding all Suboxone and Methadone Visits

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2022	11,755
FY2023	10,916
FY2024	9,559
FY2025	9,356

Total Opioid Patients

Month	Census
Jul-24	419
Aug-24	423
Sep-24	426
Oct-24	430
Nov-24	433
Dec-24	459
Jan-25	433
Feb-25	420
Mar-25	416
Apr-25	416
May-25	416
Jun-25	411

Total Methadone Encounters

Month	Count
Jul-24	2,537
Aug-24	2,631
Sep-24	2,421
Oct-24	2,611
Nov-24	2,148
Dec-24	2,048
Jan-25	2,213
Feb-25	1,864
Mar-25	1,709
Apr-25	1,958
May-25	2,043
Jun-25	2,008

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Jul-24	657	35,381	10,002
Aug-24	731	36,304	10,507
Sep-24	652	34,665	10,503
Oct-24	753	36,375	10,317
Nov-24	674	33,175	10,373
Dec-24	653	34,910	9,948
Jan-25	777	39,111	10,259
Feb-25	655	32,124	10,010
Mar-25	665	34,796	9,457
Apr-25	662	33,412	10,306
May-25	684	36,083	9,830
Jun-25	675	33,372	10,108

Total Suboxone Encounters

Month	Count
Jul-24	46
Aug-24	17
Sep-24	33
Oct-24	18
Nov-24	13
Dec-24	18
Jan-25	20
Feb-25	11
Mar-25	24
Apr-25	17
May-25	22
Jun-25	10

*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)

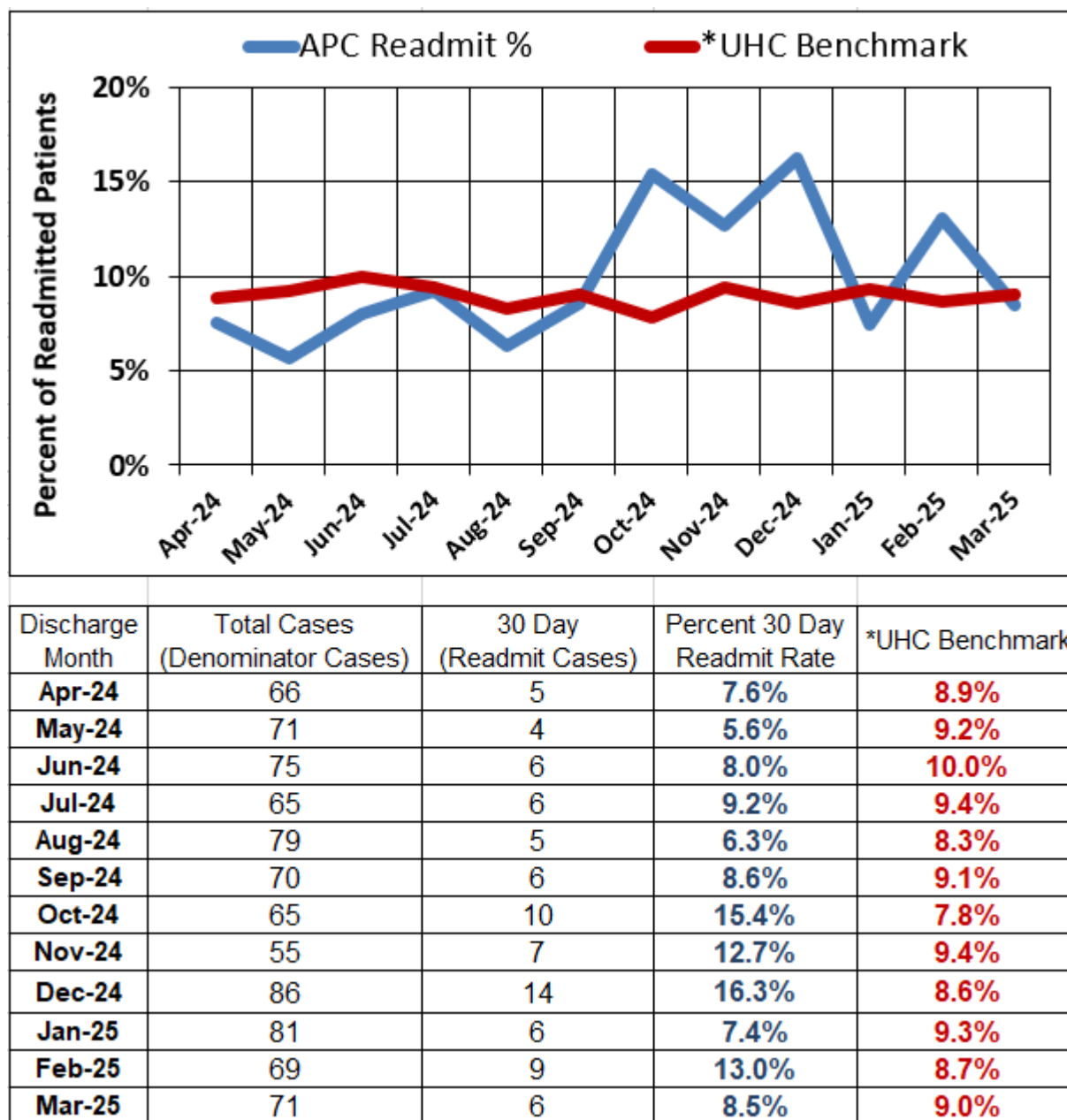There is a three (3) month delay in Vizient data, so statistics are one quarter behind.
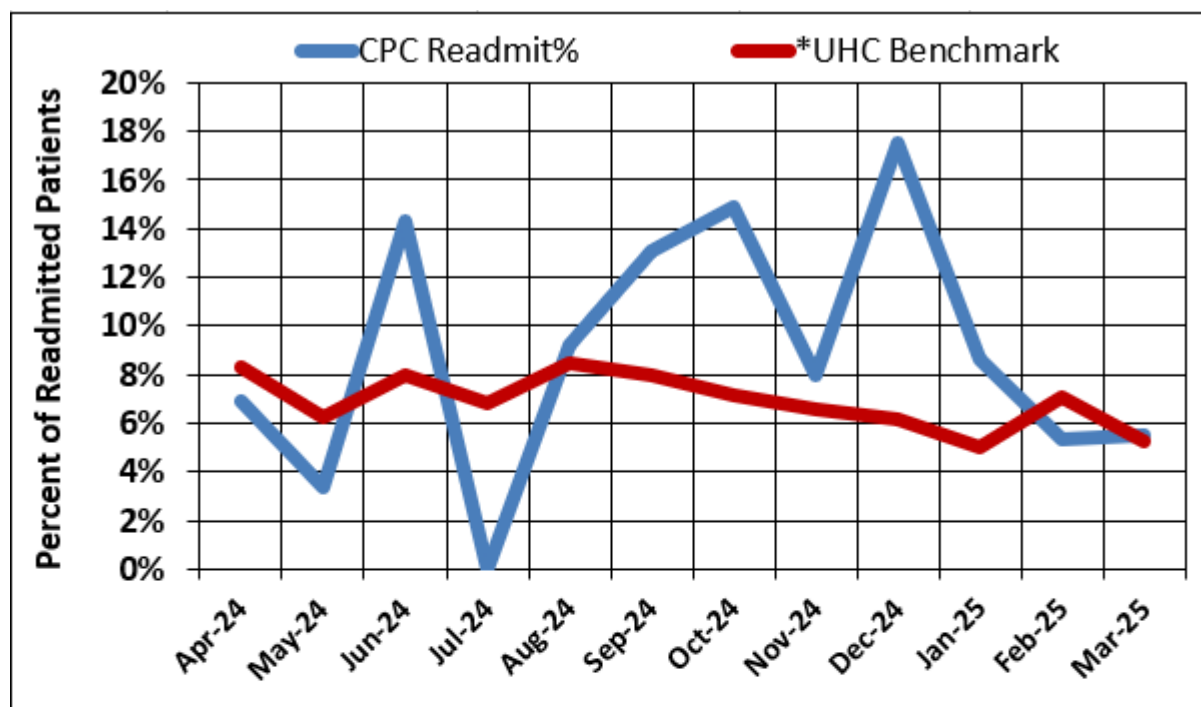
Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-24	58	4	6.9%	8.3%
May-24	59	2	3.4%	6.2%
Jun-24	42	6	14.3%	8.0%
Jul-24	47	0	0.0%	6.8%
Aug-24	65	6	9.2%	8.5%
Sep-24	46	6	13.0%	7.9%
Oct-24	47	7	14.9%	7.2%
Nov-24	50	4	8.0%	6.6%
Dec-24	57	10	17.5%	6.2%
Jan-25	58	5	8.6%	5.0%
Feb-25	71	7	5.4%	7.1%
Mar-25	56	3	5.5%	5.2%

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

# 30 Day Readmission Rate – 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
Apr-24	66	5	7.6%	8.9%
May-24	71	4	5.6%	9.2%
Jun-24	75	6	8.0%	10.0%
Jul-24	65	6	9.2%	9.4%
Aug-24	79	5	6.3%	8.3%
Sep-24	70	6	8.6%	9.1%
Oct-24	65	10	15.4%	7.8%
Nov-24	55	7	12.7%	9.4%
Dec-24	86	14	16.3%	8.6%
Jan-25	81	6	7.4%	9.3%
Feb-25	69	9	13.0%	8.7%
Mar-25	71	6	8.5%	9.0%

*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 – Both Adult and CPC Psychiatric Center

There is a three (3) month delay in Vizient data, so statistics are one quarter behind.
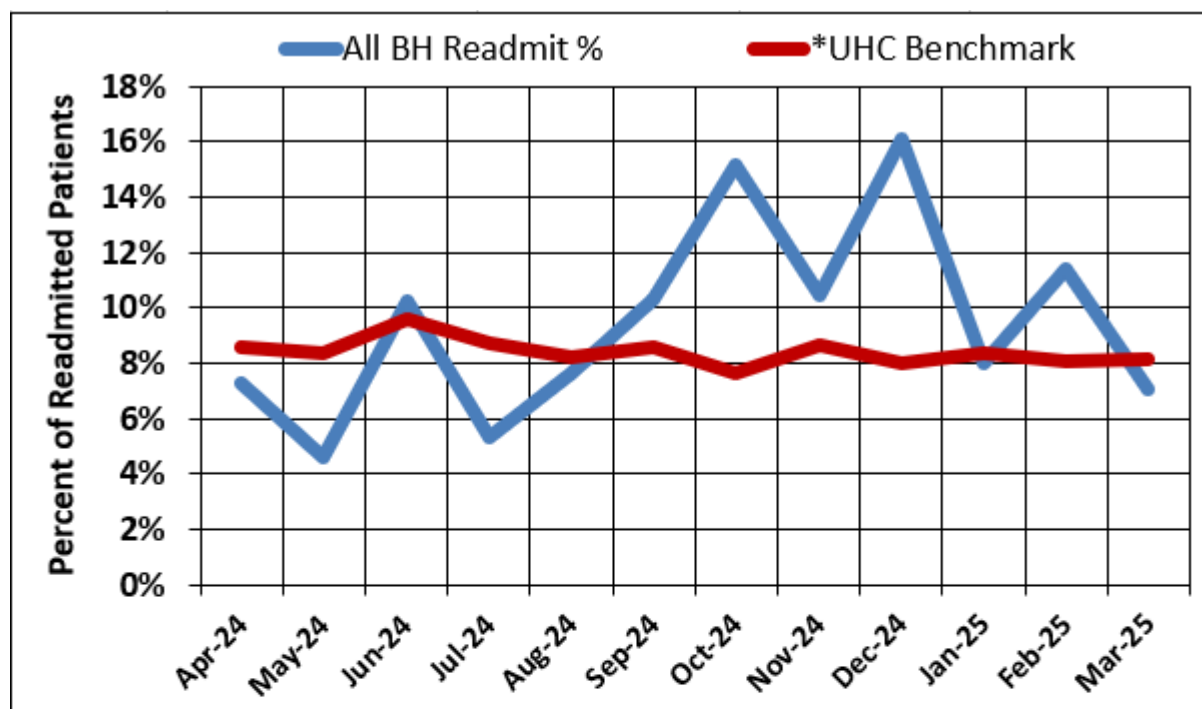
Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-24	124	9	7.3%	8.6%
May-24	130	6	4.6%	8.4%
Jun-24	117	12	10.3%	9.6%
Jul-24	112	6	5.4%	8.7%
Aug-24	144	11	7.6%	8.2%
Sep-24	116	12	10.3%	8.6%
Oct-24	112	17	15.2%	7.6%
Nov-24	105	11	10.5%	8.6%
Dec-24	143	23	16.1%	8.0%
Jan-25	139	11	8.0%	8.4%
Feb-25	140	16	11.4%	8.1%
Mar-25	127	9	7.1%	8.2%

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

Mill Levy Dollars Allocated to Behavioral Health

BHO Mil Levy by Operating Exp Category
FY2024
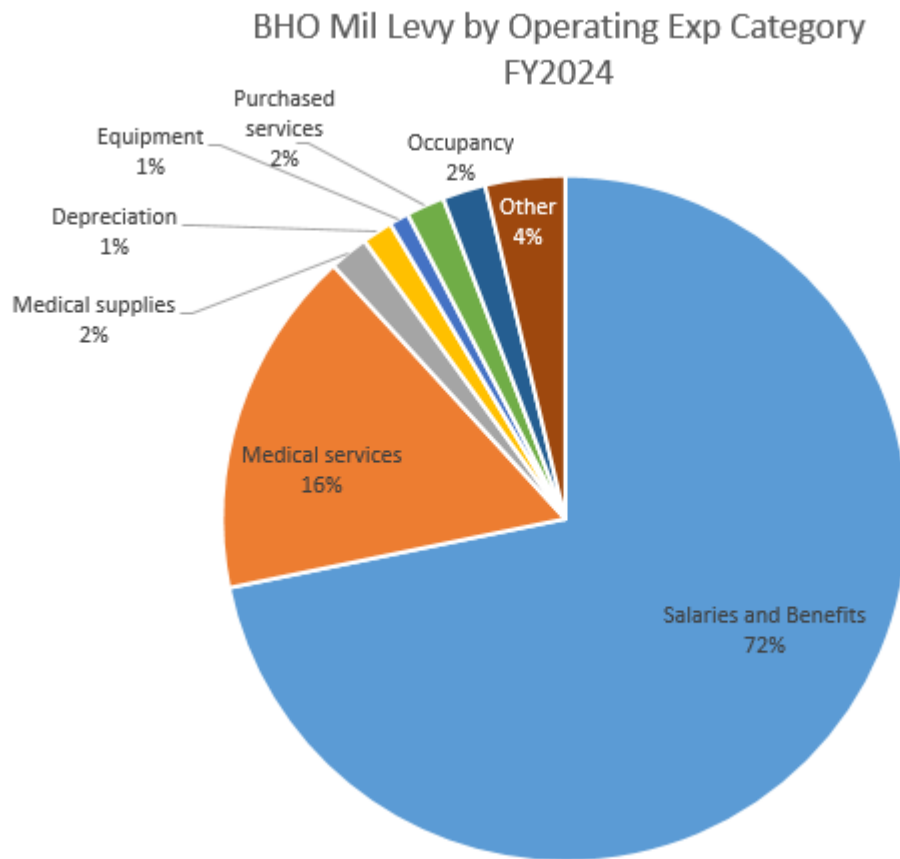
FY2024	
Salaries and Benefits	$ 13,736,646
Medical services	3,142,802
Medical supplies	351,458
Depreciation	275,787
Equipment	176,119
Purchased services	345,167
Occupancy	389,953
Other	718,814
Total Expense	**$ 19,136,747**

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

— N.A. Emergency Department Encounters
— N.A. Outpatient Encounters
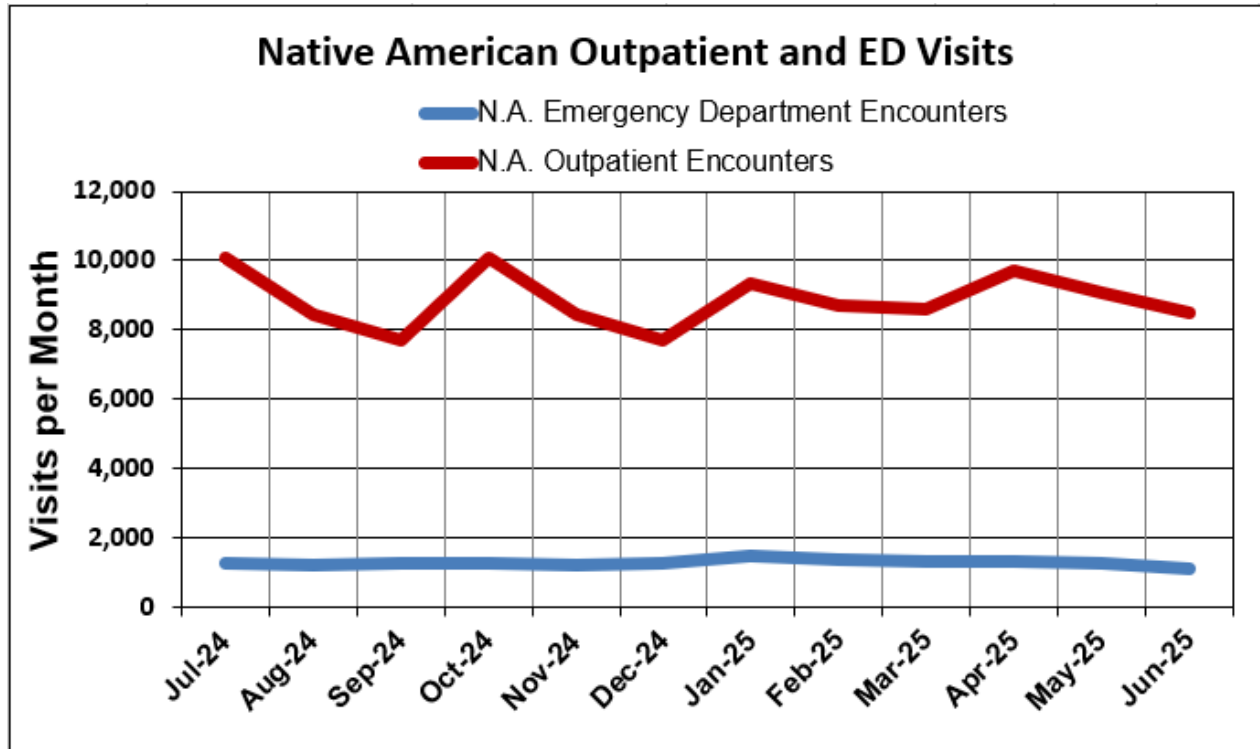
Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Jul-24	31	1,265	10,103
Aug-24	32	1,199	8,434
Sep-24	27	1,277	7,696
Oct-24	31	1,265	10,103
Nov-24	32	1,199	8,434
Dec-24	27	1,277	7,696
Jan-25	30	1,448	9,334
Feb-25	33	1,373	8,729
Mar-25	33	1,325	8,588
Apr-25	17	1,335	9,724
May-25	21	1,247	9,060
Jun-25	40	1,093	8,518

Native American Bed Days and Monthly Inpatient Census
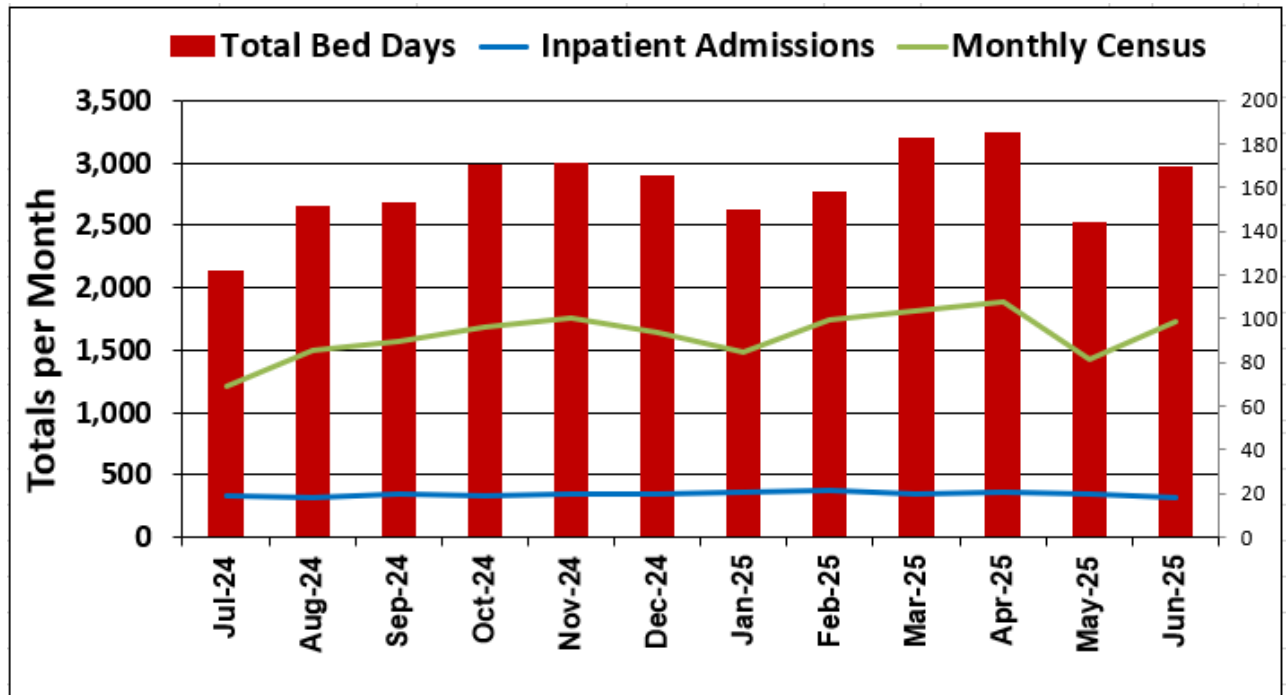
Month	Total Bed Days	Inpatient Admissions	Monthly Census
Jul-24	2,135	338	69
Aug-24	2,662	326	86
Sep-24	2,686	341	90
Oct-24	2,983	328	96
Nov-24	3,007	346	100
Dec-24	2,906	348	94
Jan-25	2,630	362	85
Feb-25	2,778	372	99
Mar-25	3,202	344	103
Apr-25	3,240	355	108
May-25	2,529	352	82
Jun-25	2,965	322	99

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
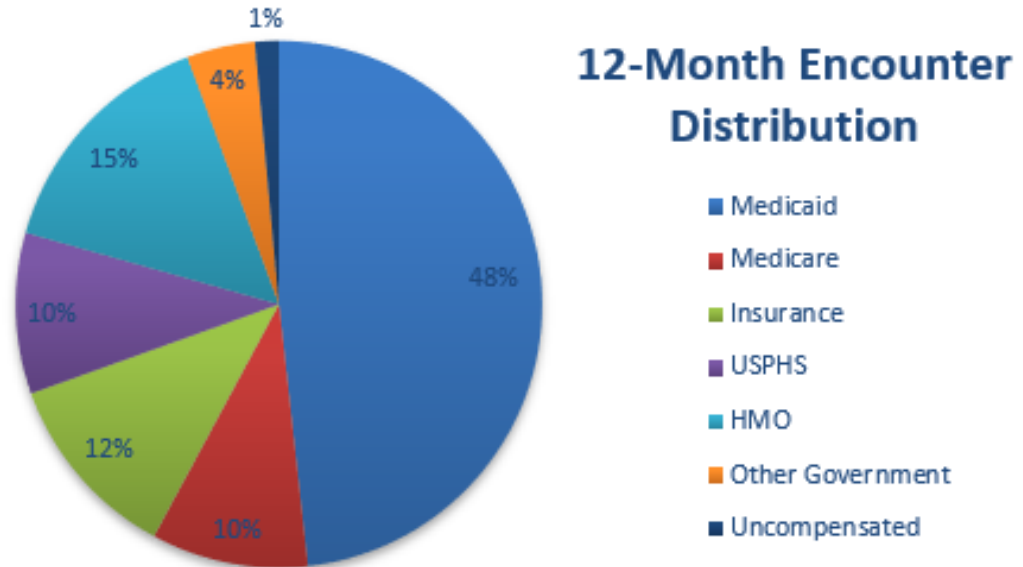
Month	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Jul-24	5,108	981	1,243	986	1,465	445	101
Aug-24	5,572	1,016	1,243	970	1,586	482	148
Sep-24	5,199	1,013	1,160	1,071	1,400	444	130
Oct-24	5,643	1,130	1,347	1,161	1,919	498	174
Nov-24	4,812	1,000	1,160	1,034	1,569	399	166
Dec-24	4,392	928	1,071	981	1,452	412	189
Jan-25	5,458	1,118	1,326	1,155	1,553	468	180
Feb-25	5,085	1,022	1,257	1,006	1,618	437	175
Mar-25	5,047	961	1,162	1,037	1,547	436	147
Apr-25	5,518	1,107	1,335	1,179	1,810	483	131
May-25	5,190	1,033	1,273	990	1,715	474	142
Jun-25	4,630	994	1,291	1,048	1,485	389	179
TOTAL	61,654	12,303	14,868	12,618	19,119	5,367	1,862
	48.2%	9.6%	11.6%	9.9%	15.0%	4.2%	1.5%

APPENDIX A

MOU Exhibit A Progress Updates

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

- 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	Native American Services Committee of UNMH Board.	
UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives	UNMH completed the 2023 Community Health Needs Assessment with extensive community listening session input. 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. Bernalillo County has been involved with the UNMH strategic planning process for behavioral health.	
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. https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html	
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 has acquired land and has started design work for the new Primary Clinic to be located on the Southwest Mesa.	🟩
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 and the new Crisis Triage Center. MDC has been part of planning for new UNMH Tower.	🟩
UNMH will explore the use of Telemedicine Consultation between UNM HSC and the MDC	UNMH has taken over care at MDC with patients at MDC also receiving telemedicine services. Complex MDC patients transferred to UNMH.	🟩
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.	School based services will be reviewed as part of planning for pediatric behavioral health program expansion. This will include consolation with APS, tribal schools and Bernalillo County	🟨

Exhibit A – Financial Assistance

Action Item	Implementation Status	
UNMH will maintain the current Financial Assistance policy as it relates to Native Americans. Any proposed changes will be discussed with IHS prior to the change.	UNMH continues to offer financial assistance for Native Americans with no proposed changes.	
UNMH will adopt patient payment policies and financial assistance program policies that are designed to improve access to healthcare services	UNMH Financial Assistance policies developed and approved by Board in October 2021 including coverage for undocumented patients and elimination of copayments.	
UNMH's financial assistance program will offer financial assistance to medically necessary care for low income patients at UNMH facilities	UNMH Financial Assistance and other programs continue in place. Financial programs were expanded to included 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.	
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. Materials and Website recently 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. There has been a significant expansion of discharge resources at MDC.	🟩

Exhibit A – Native Americans

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

Exhibit A - Behavioral Health

Action Item	Implementation Status	
UNMH will work with the SOM to provide medical staff for the MDC Triage Center and will provide case management services for the RRC.	UNMH is staffing the RRC in conjunction with the pathways program.	
UNMH will evaluate the expansion of Behavioral Health services within its own operation and with other community providers	UNMH has worked with the County on service expansion at the Care Campus. The UNMH Crisis Center opened in June 2024. This facility included a ten bed observation area, expanded psychiatric emergency department, and peer living room.	
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. The county is participating in the discussion to update the UNMH Strategic Plan for Behavioral Health.	
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	Ongoing discussions occur based on program needs.	
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	
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 January 2024 - December 2024
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 June 2024)

Exhibit A Reporting Area - Reporting and Interaction

Semi- Annual Focus Areas January 2024-December 2024	Status Update as of December 2024
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 2024 and is available online at; https://hsc.unm.edu/health/about/community-health-needs-assessment.html. Public listening sessions held in 2023 with Bernalillo County related to the upcoming 2024 Mil Levy were utilized for input into the Community Health Needs Assessment.
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.

Exhibit A Reporting Area - Accountability and Transparency

Semi- Annual Focus Areas	Status Update
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 funding 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	Status Update
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	UNMH has opened a multi-specialty clinic in Gallup that is well positioned to serve areas with larger Native American patients. UNMH is in the process of developing a new primacy care site in Bernalillo County that will be located in the southwest mesa area. UNMH completed the new Behavioral Health Crisis Triage Center in June 2024. The new Center houses an expanded Psychiatric Emergency Department, sixteen bed Crisis Center, ten-bed observation unit, and a Peer Living Room. UNMH assumed responsibility for medical services at the Metropolitan (MDC) in July 2023. The UNMH Hospital Tower project is scheduled to open in the spring of 2025.
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 offers financial assistance through the UNM Care and other programs to patients. 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	Status Update
E1. UNMH in collaboration with the IHS, the All Pueblo Council of Governors and the county shall develop a written methodology acceptable to the parties on the 100 bed Native American patients' provision in the Federal Contract.	UNMH in conjunction with the All Pueblo Council of Governors and with review by IHS has developed an operational guideline for addressing access issues for Native American patients under the requirements of the Federal Contract. 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 the 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	Status Update
F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.	UNMH continues to provide staffing for discharge planning activities at the MDC and assumed responsibility for medical services at MDC on July 26, 2023. UNMH discharge planning staff work with community organizations around discharge planning for MDC patients. UNMH is continuing to work with the Resource Reentry Center, and is working with the County and community partners on a closed loop referral system (Unite Us).
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 form of, Crisis Triage Center opening, and development of a Comprehensive Community Behavioral Health Center (CCBHC).