



QUARTERLY REPORT

March, 2025

Bernalillo County Commissioner Trend Report

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A. ACCOUNTABILITY

Balance Sheet

Statements of Net Position

(In Thousands)

	February 2025	Audited June 2024
Assets		
Cash and marketable securities	\$ 352,025	\$ 365,258
Cash restricted for donor specified expenses	22,859	22,338
Patient receivables, net	208,511	189,107
Other receivables and current assets	285,028	224,646
Capital assets, net	1,029,256	966,276
Restricted for mortgage reserve, bonds	41,949	35,976
Other noncurrent assets	35,077	35,110
Total assets	<u>1,974,705</u>	<u>1,838,711</u>
Liabilities		
Accounts payable	57,567	82,681
Payable to related parties (UNM)	119,002	55,512
Interest payable bonds	416	59
Other accrued current liabilities	437,386	357,342
Bonds payable, non current	54,795	54,795
Mortgage Payable - NHT	316,530	276,877
Other long term liabilities	32,995	38,203
Total liabilities	<u>1,018,691</u>	<u>865,469</u>
Net Position		
Restricted for expendable grants, bequests, and contributions	22,859	22,338
Restricted for trust indenture and debt agreement	41,937	35,963
Assets invested in capital	545,161	511,901
Unrestricted from operations	346,057	403,040
Total net assets	<u>\$ 956,014</u>	<u>\$ 973,242</u>
Current Ratio	1.41	1.62
Days Cash on Hand**	70.75	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 eight (8) months ended February 28, 2025

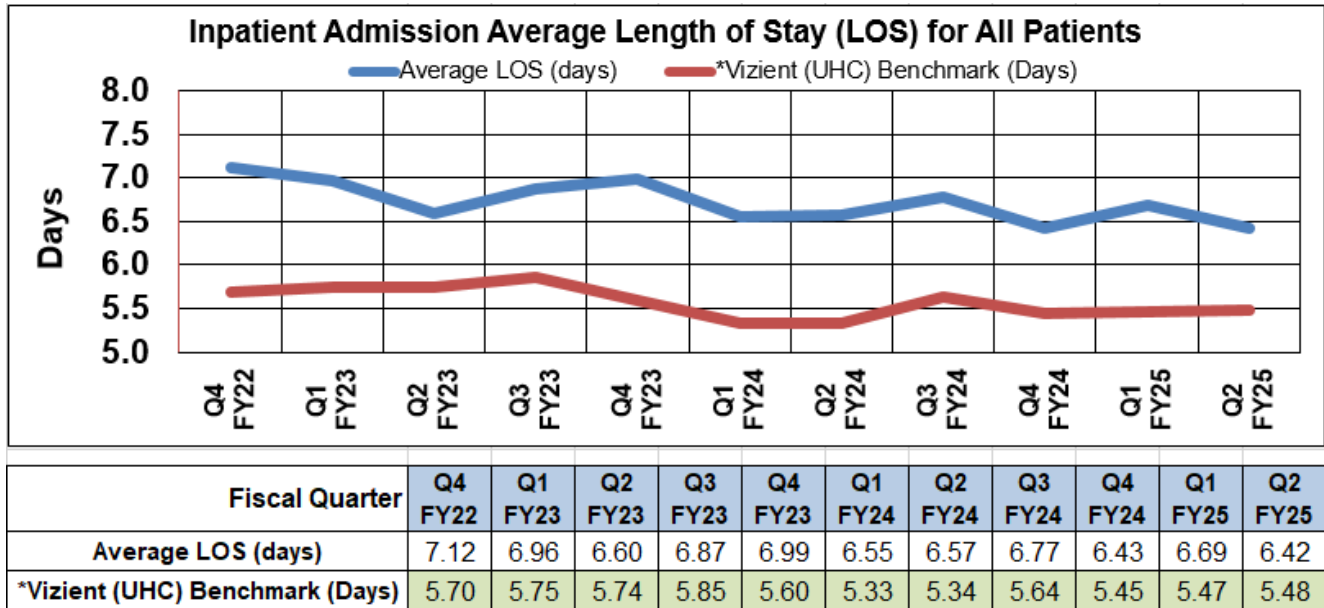
<i>(In Thousands)</i>	February
Operating revenues:	
Net Patient Service	\$ 1,066,294
Other	43,077
Total Operating Revenues	<u>1,109,371</u>
Operating expenses:	
Employee Compensation and Benefits	582,764
UNM School of Medicine Medical Services	160,363
Medical Services Oncology	26,241
Medical Services non-SOM	35,940
Medical Supplies	171,510
Oncology Drugs	47,987
Occupancy/Equipment	69,414
Depreciation	30,407
Purchased Services	66,768
Gross Receipts Tax	22,507
Other	27,268
Total Operating Expenses	<u>1,241,169</u>
Operating loss	<u>(131,798)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	85,764
Sandoval County Mill Levy	5,933
State Appropriation	14,248
Capital Appropriation	10,947
Interest Expense	(1,428)
Other Revenue and (Expense)	(896)
Net Nonoperating Revenues	<u>114,569</u>
Total Increase in Net Assets	<u><u>(17,229)</u></u>

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)

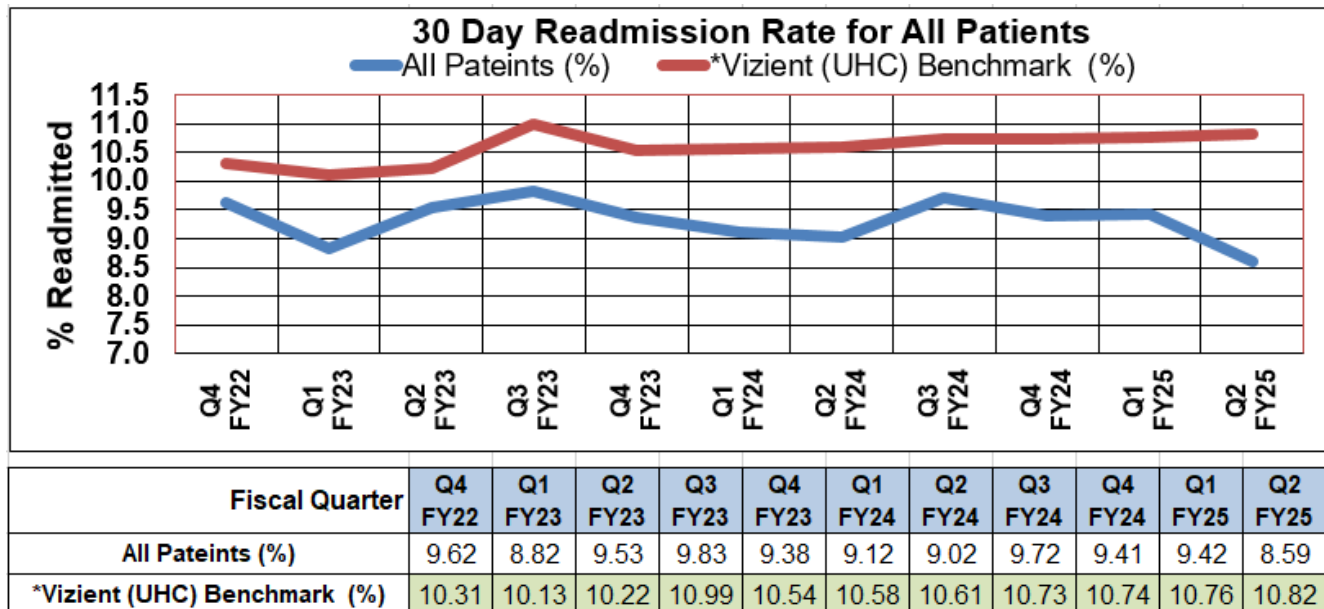
UNMH - 85%	
Mill Levy	\$ 108,441,567
Expenses	Total Spending
<i>Facilities</i>	
Facilities Maintenance	\$ 24,784,823
Environmental Services	14,729,715
Insurance	5,967,749
Plant Operations & Maintenance	7,711,778
Utilities	5,280,953
Clinical Engineering	3,301,224
Parking Structure and Support	669,700
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
<i>Information Technology</i>	
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
<i>Revenue Cycle</i>	
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
<i>Other</i>	
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



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

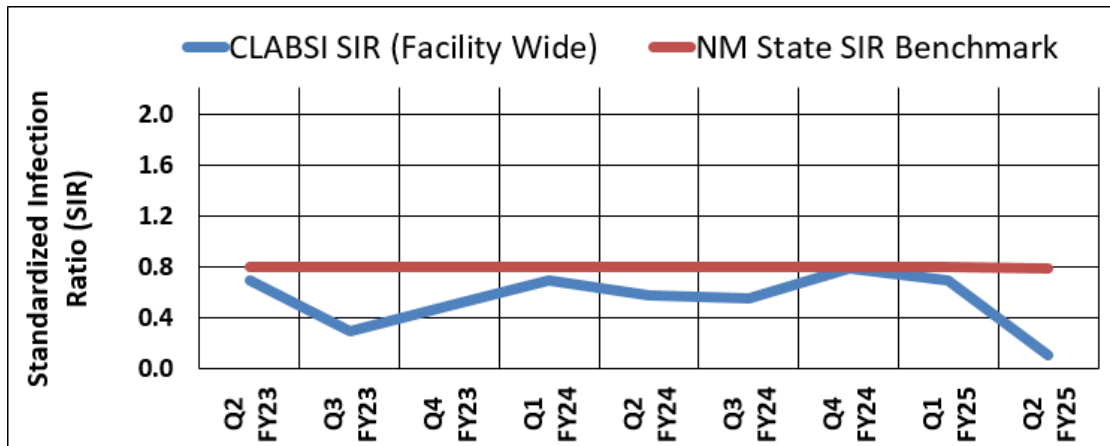
30 Day Readmission for All Patients



(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.

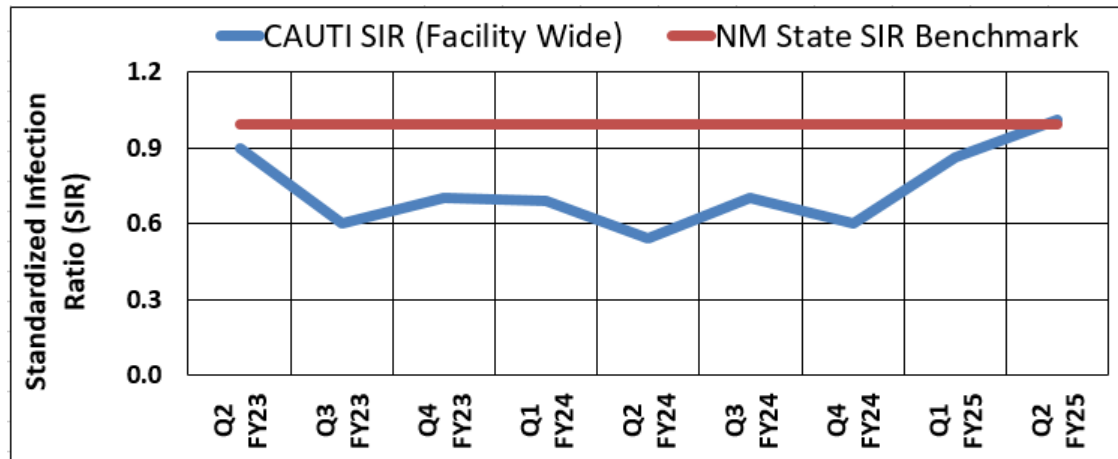
Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25
CLABSI SIR (Facility Wide)	0.70	0.30	0.50	0.69	0.58	0.56	0.79	0.70	0.11
NM State SIR Benchmark	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
CLABSI Count	8	3	5	7	6	6	8	7	1
*NHSN Expected	11.1	10.1	10.2	10.2	10.4	10.8	10.0	10.0	9.0

Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection



Catheter-Associated Urinary Tract Infection (CAUTI)	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25
CAUTI SIR (Facility Wide)	0.90	0.60	0.70	0.69	0.54	0.70	0.60	0.86	1.01
NM State SIR Benchmark	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99
CAUTI Count	11	7	8	9	7	9	7	10	12
*NHSN Expected	12.5	12.1	12.2	13.0	12.9	13.2	11.5	11.7	11.9

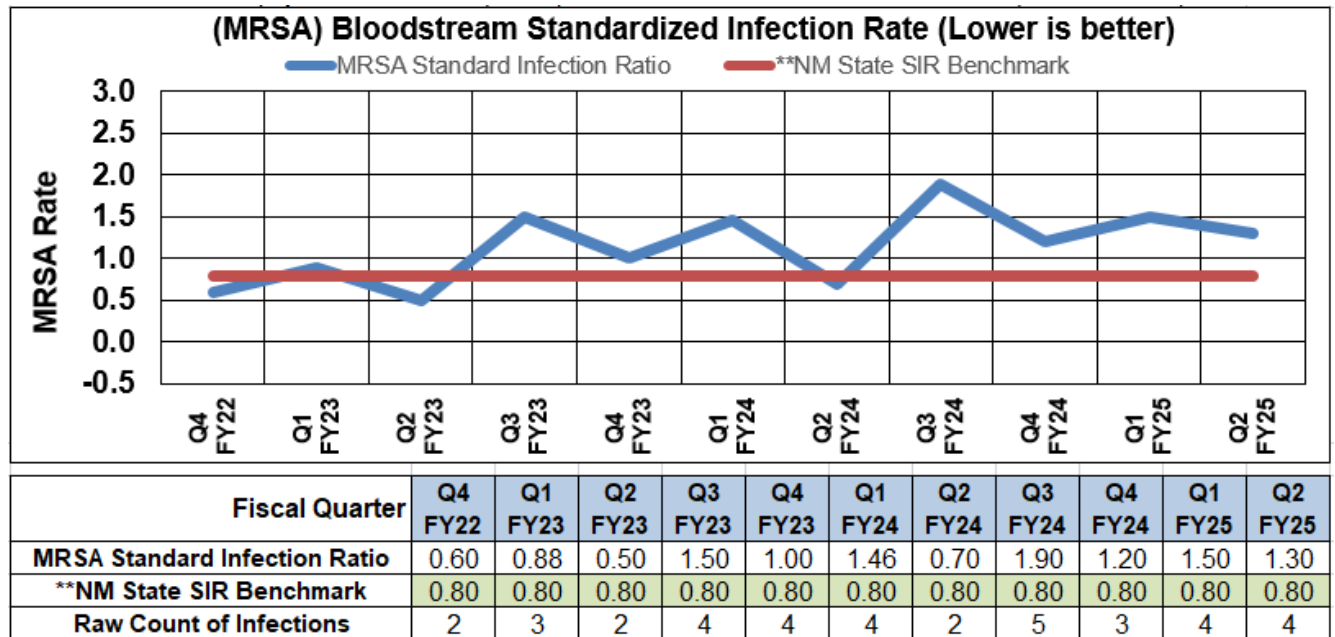
Catheter data is delayed by one quarter.

*NHSN = National Healthcare Safety Network.

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

MRSA Bloodstream Standardized Infection Rate

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



MRSA data is delayed by one quarter.

**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 Projected is based on the previous (12) months ended March 31, 2025

Inpatient Days	FY23 Actual	FY24 Actual	FY25 Projected
Adult	133,431	136,985	134,163
Pediatric	38,961	37,020	35,411
Newborn	5,057	5,192	5,131
Total Inpatient Days	177,449	179,197	174,705

Nursing Hours of Care

	FY23 June, 2023	FY24 June, 2024	FY25 Feb, 2025
UNMH Nursing Hours of Care Per Patient*	15.38	16.02	16.21

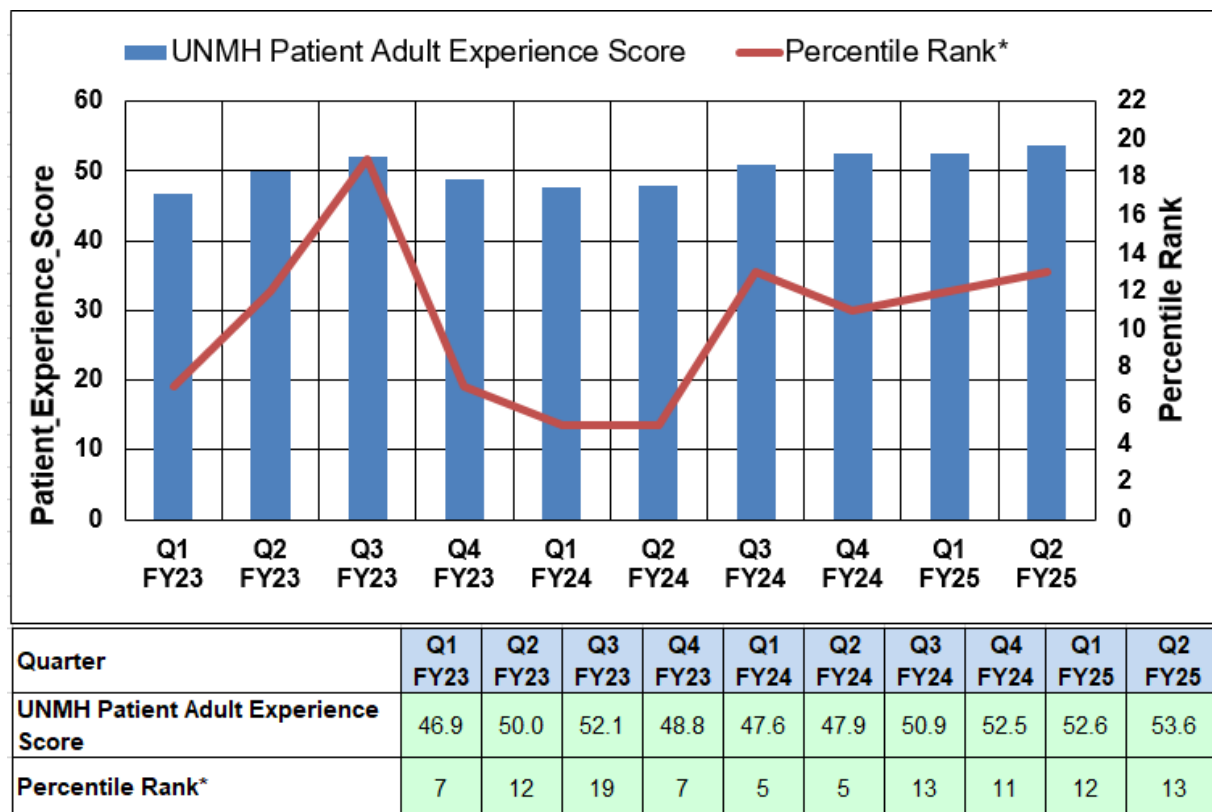
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTEs as of June 2024	Number of FTEs as of December 2024	FY2025 Hires (Headcount)	FY2025 Terms (Headcount)	Rolling Retention Rate
RN's	2,170	2,100	217	307	79.8%
*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%.

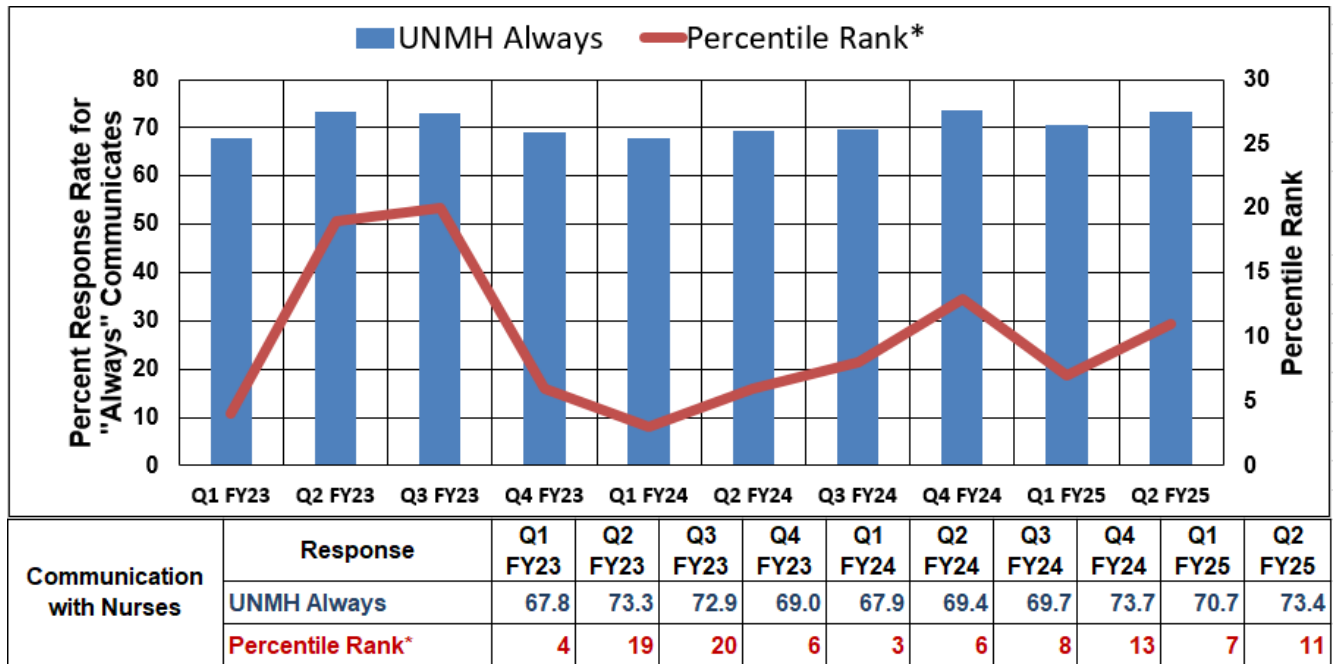
UNMH Press Ganey Inpatient Adult Experience Score



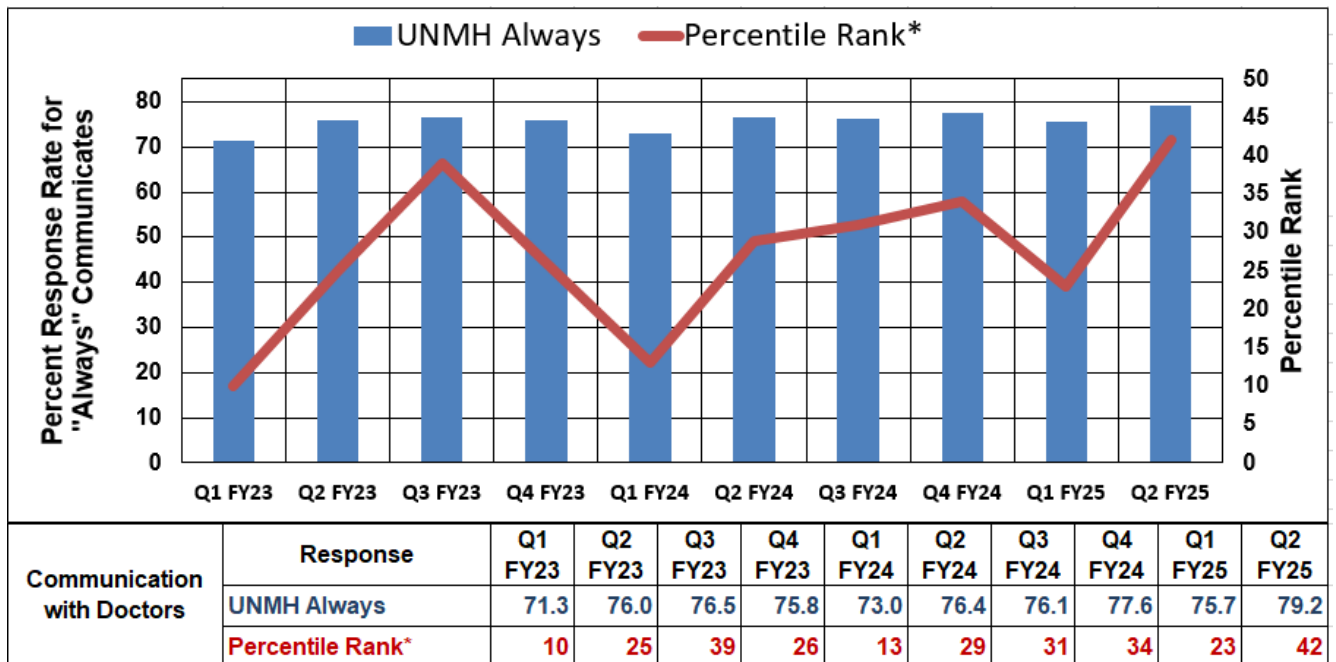
*Peer Group: All Press Ganey Database

Data for Q3 FY25 is not available until after April 15th 2025.

HCAHPS Experience – Communications with Nurses



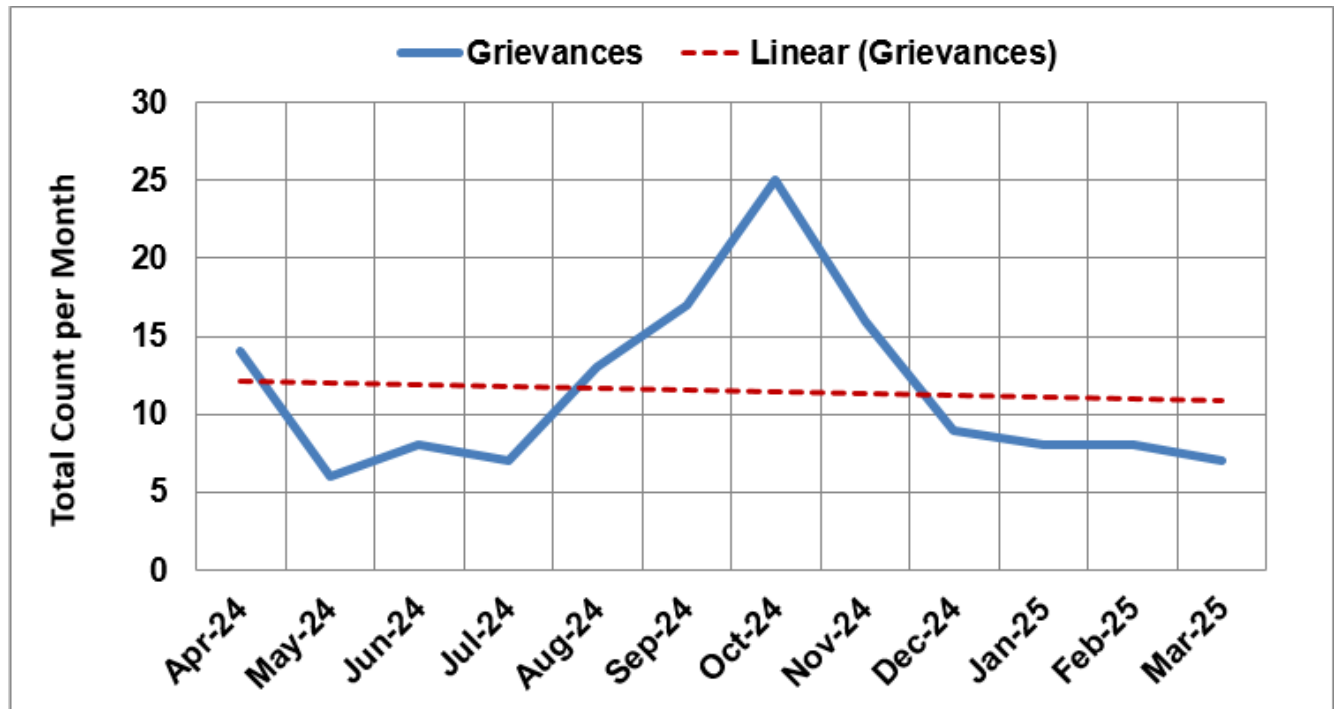
HCAHPS Experience – Communications with Doctors



*Peer Group: All Press Ganey Database

Data for Q3 FY25 is not available until after April 15th 2025

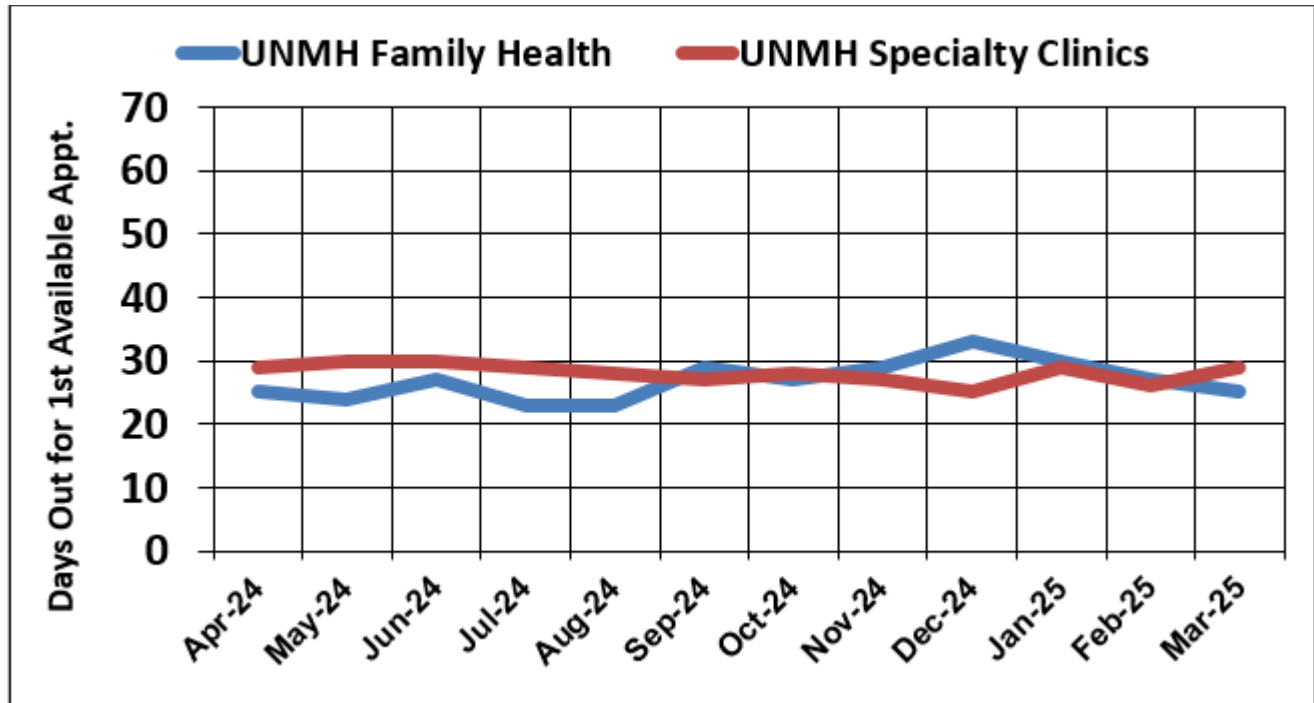
Patient and Family Grievances



Month-Year	Grievances
Apr-24	14
May-24	6
Jun-24	8
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

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

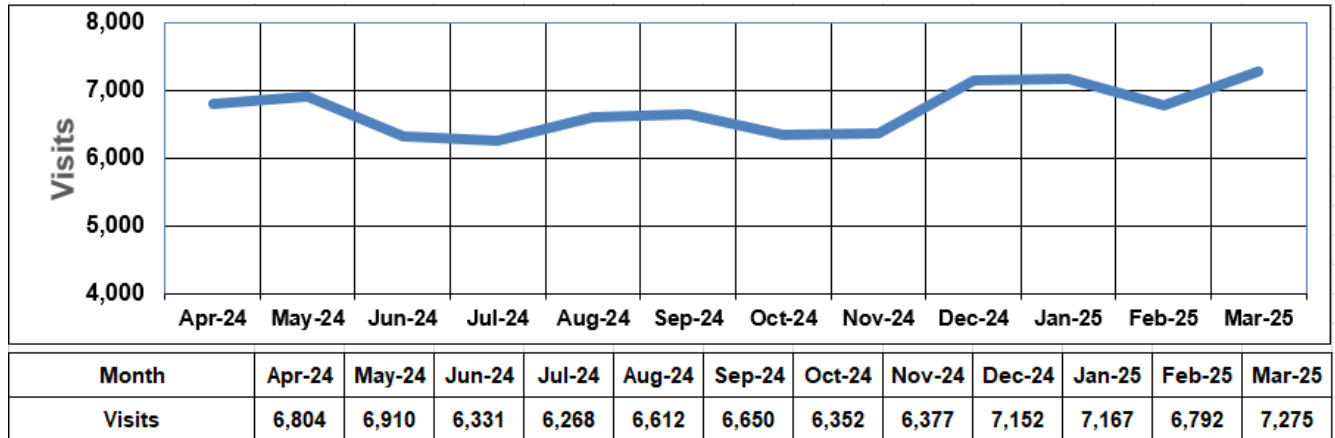
Average 1st Available* Day out for Appointments.



Month	UNMH Family Health	UNMH Specialty Clinics
Apr-24	25	29
May-24	24	30
Jun-24	27	30
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

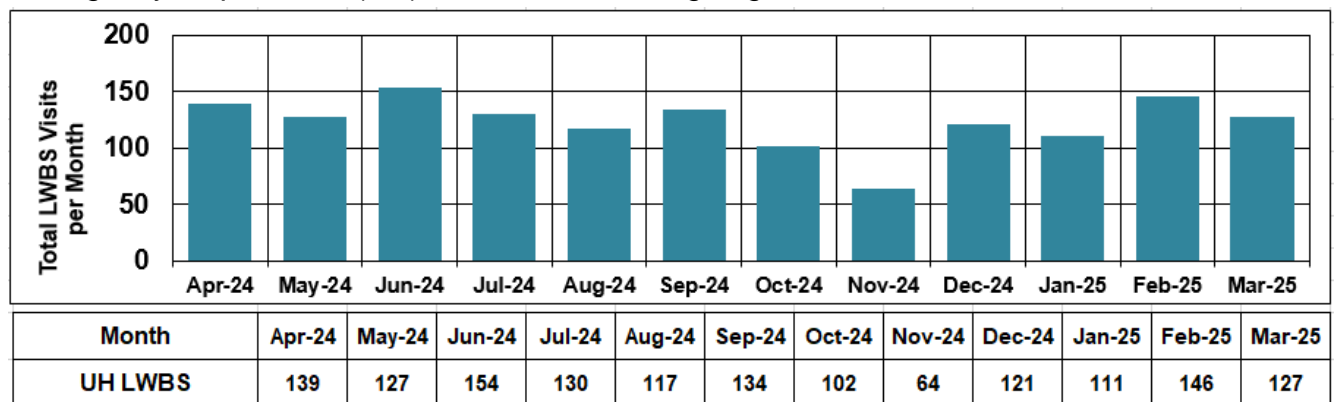
Number of Emergency Department (ED) Visits

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

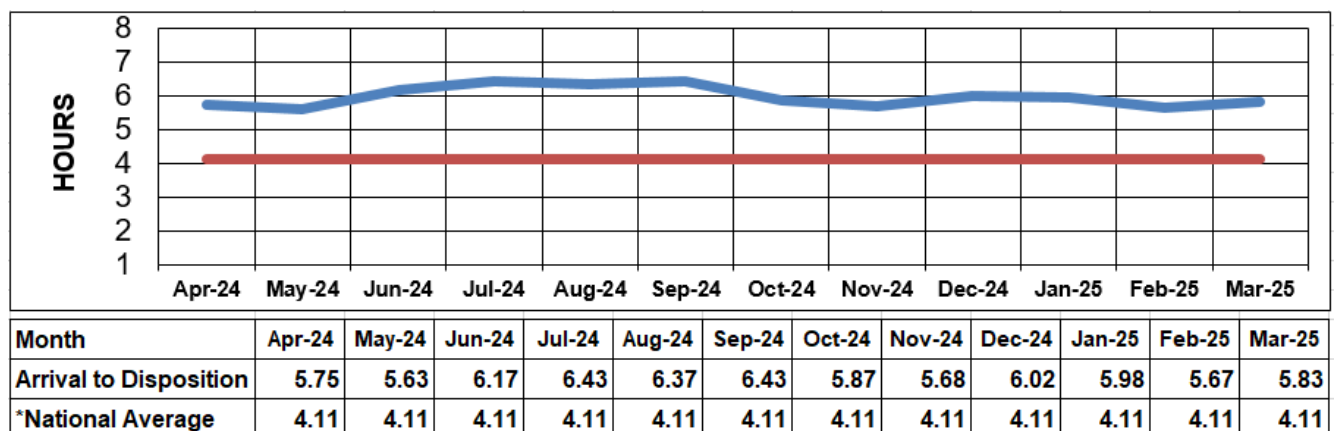


Total ED Patients Left without Being Seen

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

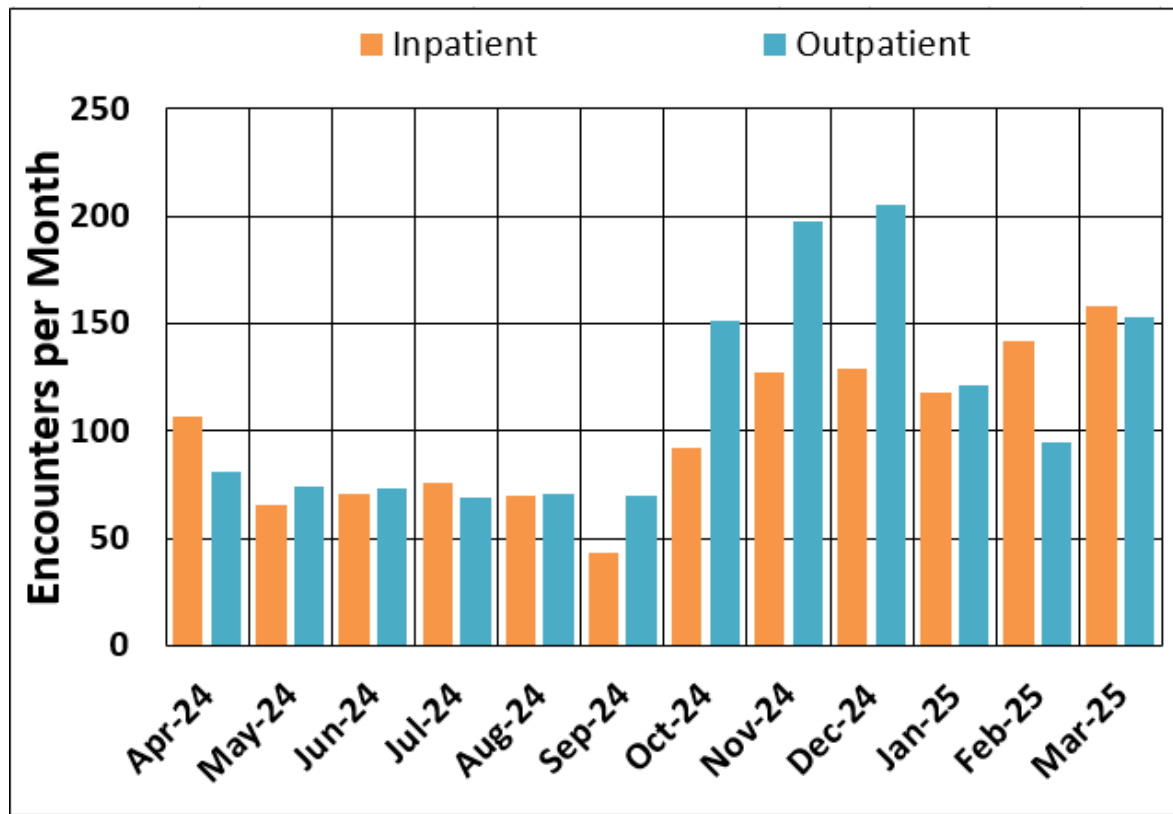


ED Average Hours from Arrival to Disposition



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

MDC Inmates Receiving Hospital Services



Month	Inpatient	Outpatient
Apr-24	107	81
May-24	66	74
Jun-24	71	73
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

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 nine (9) months ended March 31, 2025, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	22,069
EMSA	582
IHS	3,376
Medicaid	216,436
Medicare	224,167
Uninsured	28,778
HMO's & Insurance	213,969
All Other *	41,344
Total Encounters	750,721
Native American Encounters **	91,714

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 nine (9) months ended March 31, 2025, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 35,337,375	\$ 14,612,228	\$ 49,949,603
Catron	10,236	8,218	18,453
Chaves	552,705	124,473	677,179
Cibola	502,220	297,073	799,293
Colfax	234,786	42,364	277,149
Curry	12,301	7,967	20,268
De Baca	1,417	11,695	13,112
Dona Ana	210,193	116,533	326,726
Eddy	15,740	56,838	72,578
Grant	20,130	62,903	83,033
Guadalupe	79,420	18,385	97,805
Harding	77	-	77
Hidalgo	1,905	4,732	6,637
Lea	64,779	28,475	93,254
Lincoln	214,216	7,054	221,270
Los Alamos	11,073	6,726	17,799
Luna	20,270	42,801	63,071
Mc Kinley	630,737	188,227	818,964
Mora	3,227	19,514	22,741
Otero	103,922	46,104	150,026
Quay	8,417	19,941	28,359
Rio Arriba	200,547	92,643	293,191
Roosevelt	14,641	11,788	26,429
San Juan	524,443	245,813	770,256
San Miguel	62,457	20,405	82,862
Sandoval	4,218,583	2,275,205	6,493,788
Santa Fe	1,733,226	686,267	2,419,493
Sierra	15,533	16,189	31,722
Socorro	268,208	125,731	393,939
Taos	198,387	264,544	462,931
Torrance	1,270,570	326,536	1,597,106
Union	1,568	1,386	2,954
Valencia	4,287,768	1,481,767	5,769,535
Out Of State	-	1,455,248	1,455,248
Grand Total	\$ 50,831,078	\$ 22,725,772	\$ 73,556,850

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 nine (9) months ended March 31, 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	\$ 26,321	97	\$ 17,603	102	\$ 43,924
87022	5	\$ 20,246	74	\$ 8,063	79	\$ 28,309
87047	4	\$ 13,038	233	\$ 55,938	237	\$ 68,976
87059	11	\$ 44,296	407	\$ 93,574	418	\$ 137,871
87100	-	\$ -	-	\$ -	-	\$ -
87101	1	\$ 3,928	36	\$ 12,758	37	\$ 16,685
87102	135	\$ 1,209,826	3,692	\$ 1,479,936	3,827	\$ 2,689,761
87103	2	\$ 30,756	31	\$ 6,371	33	\$ 37,127
87104	37	\$ 480,420	1,172	\$ 428,560	1,209	\$ 908,979
87105	300	\$ 2,612,418	9,903	\$ 5,191,080	10,203	\$ 7,803,498
87106	89	\$ 1,068,453	2,962	\$ 1,212,393	3,051	\$ 2,280,846
87107	95	\$ 600,156	3,541	\$ 1,710,131	3,636	\$ 2,310,287
87108	242	\$ 1,362,438	7,595	\$ 3,549,040	7,837	\$ 4,911,478
87109	111	\$ 980,778	2,926	\$ 1,281,846	3,037	\$ 2,262,623
87110	90	\$ 1,259,393	3,651	\$ 1,251,721	3,741	\$ 2,511,114
87111	66	\$ 341,184	2,210	\$ 527,935	2,276	\$ 869,119
87112	122	\$ 792,082	3,823	\$ 1,045,209	3,945	\$ 1,837,290
87113	32	\$ 542,310	1,053	\$ 602,085	1,085	\$ 1,144,395
87114	79	\$ 559,764	3,310	\$ 1,396,180	3,389	\$ 1,955,943
87115	-	\$ -	-	\$ -	-	\$ -
87116	2	\$ 262	49	\$ 14,774	51	\$ 15,035
87117	-	\$ -	3	\$ 175	3	\$ 175
87119	-	\$ -	35	\$ 5,081	35	\$ 5,081
87120	102	\$ 864,909	3,371	\$ 1,045,225	3,473	\$ 1,910,134
87121	426	\$ 3,884,228	15,126	\$ 7,144,017	15,552	\$ 11,028,246
87122	8	\$ 71,830	526	\$ 147,924	534	\$ 219,754
87123	152	\$ 1,388,169	6,233	\$ 2,747,044	6,385	\$ 4,135,213
87125	5	\$ 3,912	155	\$ 6,093	160	\$ 10,005
87128	-	\$ -	-	\$ -	-	\$ -
87130	-	\$ -	1	\$ 70	1	\$ 70
87131	-	\$ -	11	\$ 898	11	\$ 898
87140	-	\$ -	-	\$ -	-	\$ -
87151	42	\$ 421,888	316	\$ 202,794	358	\$ 624,681
87153	-	\$ -	19	\$ 3,117	19	\$ 3,117
87154	1	\$ 4,128	84	\$ 12,445	85	\$ 16,574
87158	-	\$ -	-	\$ -	-	\$ -
87176	5	\$ 2,811	151	\$ 23,173	156	\$ 25,983
87181	1	\$ 461	44	\$ 7,632	45	\$ 8,093
87184	1	\$ 82	50	\$ 18,714	51	\$ 18,796
87185	-	\$ -	10	\$ 901	10	\$ 901
87187	-	\$ -	8	\$ 1,576	8	\$ 1,576
87190	1	\$ 2,271	23	\$ 2,523	24	\$ 4,794
87191	1	\$ 860	25	\$ 7,298	26	\$ 8,158
87192	2	\$ 1,906	23	\$ 10,440	25	\$ 12,346
87193	2	\$ 11,111	30	\$ 4,098	32	\$ 15,209
87194	-	\$ -	60	\$ 5,034	60	\$ 5,034
87195	5	\$ 14,898	80	\$ 12,508	85	\$ 27,406
87196	1	\$ 89	51	\$ 4,272	52	\$ 4,361
87197	-	\$ -	63	\$ 14,420	63	\$ 14,420
87198	1	\$ 89	88	\$ 9,509	89	\$ 9,598
87199	2	\$ 3,123	51	\$ 2,595	53	\$ 5,717
Grand Total	2,186	\$ 18,624,834	73,402	\$ 31,324,769	75,588	\$ 49,949,603

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the nine (9) months ended March 31, 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	33	15	15	8	5	4	6	4	-	-	12	102
87022	29	9	4	8	9	2	4	1	1	1	11	79
87047	67	35	53	28	9	8	8	5	1	-	23	237
87059	125	47	51	63	6	35	28	17	2	-	44	418
87100	-	-	-	-	-	-	-	-	-	-	-	-
87101	11	6	-	3	2	1	1	4	-	-	9	37
87102	1,438	483	235	339	180	224	192	105	34	5	592	3,827
87103	9	3	-	4	5	1	-	-	-	1	10	33
87104	419	155	112	143	82	68	75	35	15	1	104	1,209
87105	3,437	1,462	815	1,088	1,307	508	473	261	91	24	737	10,203
87106	1,050	363	162	301	293	134	176	66	54	6	446	3,051
87107	1,237	443	400	356	282	214	207	93	44	3	357	3,636
87108	2,761	852	467	593	1,059	408	383	173	92	18	1,031	7,837
87109	1,129	361	259	288	220	144	186	91	42	7	310	3,037
87110	1,392	438	229	349	170	199	274	129	31	2	528	3,741
87111	770	257	212	225	182	140	175	42	16	5	252	2,276
87112	1,300	469	348	418	203	203	210	126	54	6	608	3,945
87113	322	130	217	105	91	44	45	21	15	4	91	1,085
87114	1,309	387	299	326	232	178	204	95	46	4	309	3,389
87115	-	-	-	-	-	-	-	-	-	-	-	-
87116	19	2	1	5	6	2	3	1	-	-	12	51
87117	-	1	-	1	-	-	-	-	-	-	1	3
87119	8	16	1	5	-	3	-	-	1	-	1	35
87120	1,215	430	295	343	292	161	194	105	40	9	389	3,473
87121	5,632	1,956	1,292	1,536	2,002	861	713	406	173	32	949	15,552
87122	192	46	111	52	17	32	27	10	4	-	43	534
87123	2,361	771	605	573	618	353	329	170	69	9	527	6,385
87125	66	19	3	4	4	18	9	7	2	-	28	160
87128	-	-	-	-	-	-	-	-	-	-	-	-
87130	1	-	-	-	-	-	-	-	-	-	-	1
87131	3	-	-	-	-	-	-	-	8	-	-	11
87140	-	-	-	-	-	-	-	-	-	-	-	-
87151	88	75	3	75	22	23	22	2	2	-	46	358
87153	6	-	1	4	-	-	-	-	2	-	6	19
87154	45	7	10	7	3	2	2	1	2	-	6	85
87158	-	-	-	-	-	-	-	-	-	-	-	-
87176	55	22	39	14	1	9	6	3	2	-	5	156
87181	20	1	9	5	-	10	-	-	-	-	-	45
87184	18	18	-	2	7	2	2	2	-	-	-	51
87185	6	-	1	-	-	-	1	-	-	1	1	10
87187	5	3	-	-	-	-	-	-	-	-	-	8
87190	5	4	8	-	-	1	1	-	-	-	5	24
87191	5	6	2	4	-	5	2	2	-	-	-	26
87192	6	1	4	-	-	2	-	-	1	-	11	25
87193	12	4	3	2	4	2	-	2	1	-	2	32
87194	18	12	2	12	-	1	4	4	-	-	7	60
87195	26	7	2	13	1	5	8	3	3	-	17	85
87196	28	1	9	2	-	2	4	-	2	-	4	52
87197	14	6	12	10	2	10	-	2	2	-	5	63
87198	39	12	2	10	4	10	4	3	2	-	3	89
87199	22	4	-	8	-	9	5	4	1	-	-	53
Grand Total	26,753	9,339	6,293	7,332	7,320	4,038	3,983	1,995	855	138	7,542	75,588

**Trauma patient stats are included in service line related to the acute condition.

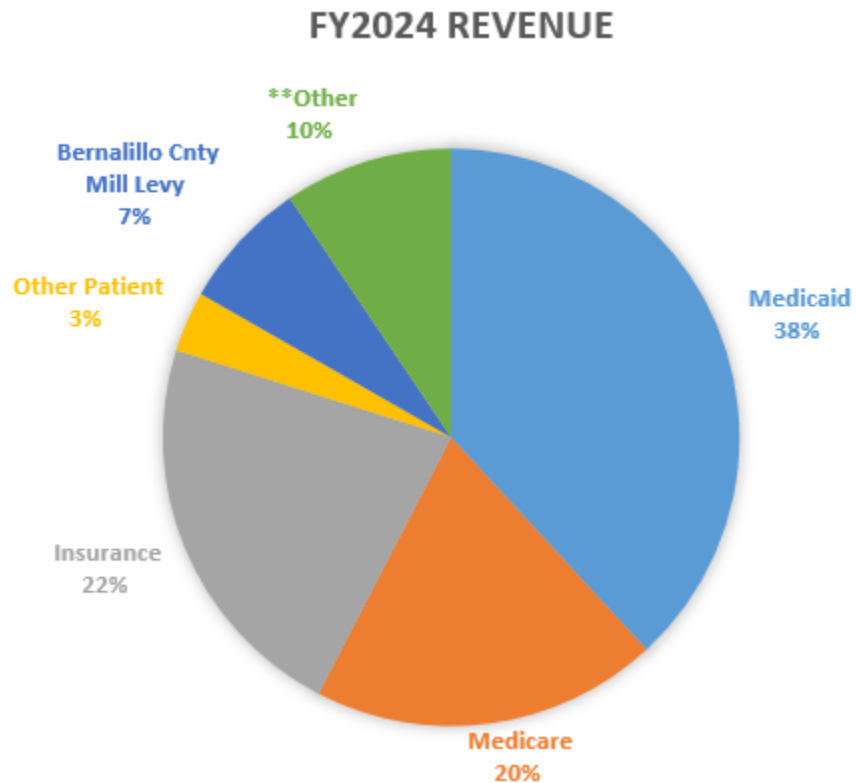
Primary Reason for Bernalillo County Indigent Resident Visits

Totals are for each of the eight (8) quarters ended March 31, 2025

Description	2025Q1	2024Q4	2024Q3	2024Q2	2024Q1	2023Q4	2023Q3	2023Q2
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	5,317	2,824	3,664	3,521	3,304	2,371	2,406	2,280
External causes of morbidity and mortality	5,086	4,219	5,354	5,570	5,383	3,941	3,923	4,216
Certain infectious and parasitic diseases	2,369	1,909	2,331	2,441	2,409	1,710	1,800	1,862
Diseases of the digestive system	2,236	1,839	2,332	2,424	2,265	1,671	1,754	1,887
Diseases of the musculoskeletal system and connective tissue	1,425	1,137	1,460	1,468	1,441	1,013	1,073	1,110
Diseases of the circulatory system	1,298	1,039	1,304	1,328	1,269	937	914	1,011
Diseases of the nervous system	1,247	772	717	885	1,108	738	504	645
Congenital malformations, deformations and chromosomal abnormalities	1,159	1,030	1,359	1,312	1,200	918	1,022	1,067
Endocrine, nutritional and metabolic diseases	1,146	950	1,206	1,198	1,202	865	858	900
Injury, poisoning and certain other consequences of external causes	1,016	979	1,129	1,165	1,189	847	888	955
undefined	1,016	850	1,034	1,018	999	678	682	722
Diseases of the skin and subcutaneous tissue	946	764	1,021	993	979	689	721	737
Mental and behavioural disorders	789	675	833	847	833	602	620	659
Pregnancy, childbirth and the puerperium	574	512	633	649	606	472	454	482
Diseases of the genitourinary system	568	500	635	663	691	514	533	568
Diseases of the respiratory system	438	390	550	560	515	330	355	382
Neoplasms	377	303	355	443	409	271	231	268
Factors influencing health status and contact with health services	308	227	255	294	329	237	206	262
Diseases of the ear and mastoid process	168	135	176	178	185	123	126	149
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	157	130	161	174	176	119	122	128
Codes for special purposes	36	61	95	44	68	106	51	60
Diseases of the eye and adnexa	23	14	23	26	22	13	15	17
Certain conditions originating in the perinatal period	1	1	1	2	1	1	1	1
	27,700	21,260	26,628	27,203	26,583	19,166	19,259	20,368

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



***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
<hr/>		
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 nine (9) months ended March 31, 2025

539,709	FY23 Actual (12 Months) **Removed COVID Clinic Visits
540,655	FY24 Actual (12 Months)
406,429	FY25 Actual (9 Months)

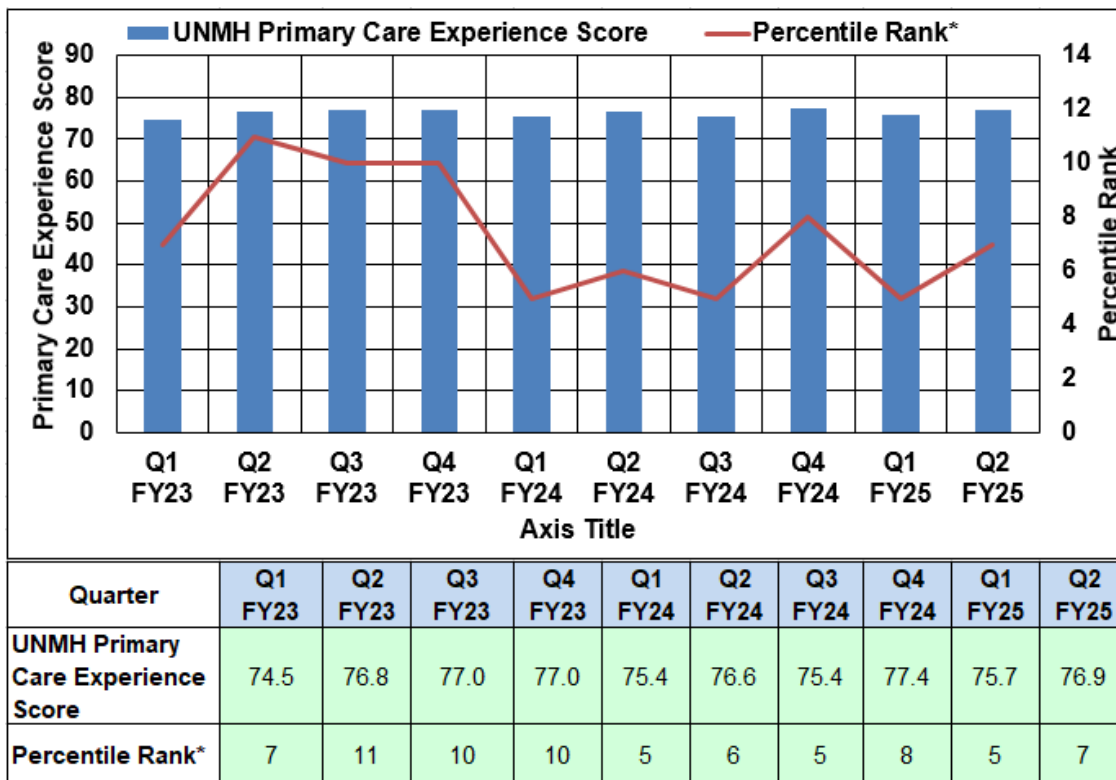
Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.

**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



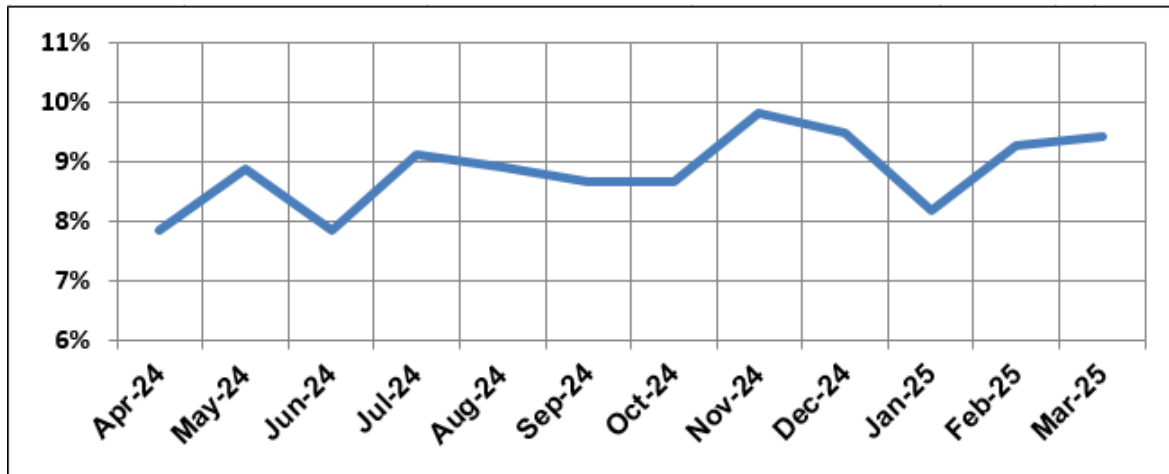
*Peer Group: All Press Ganey Database

Primary Care includes clinics listed on page 24 for both adult and pediatric services

Data for Q3 FY25 is not available until after April 15th 2025.

Percentage of Primary Care Patients with Same Day Clinic Appointments

Average percentage of Same Day Access for Primary Care Clinics.



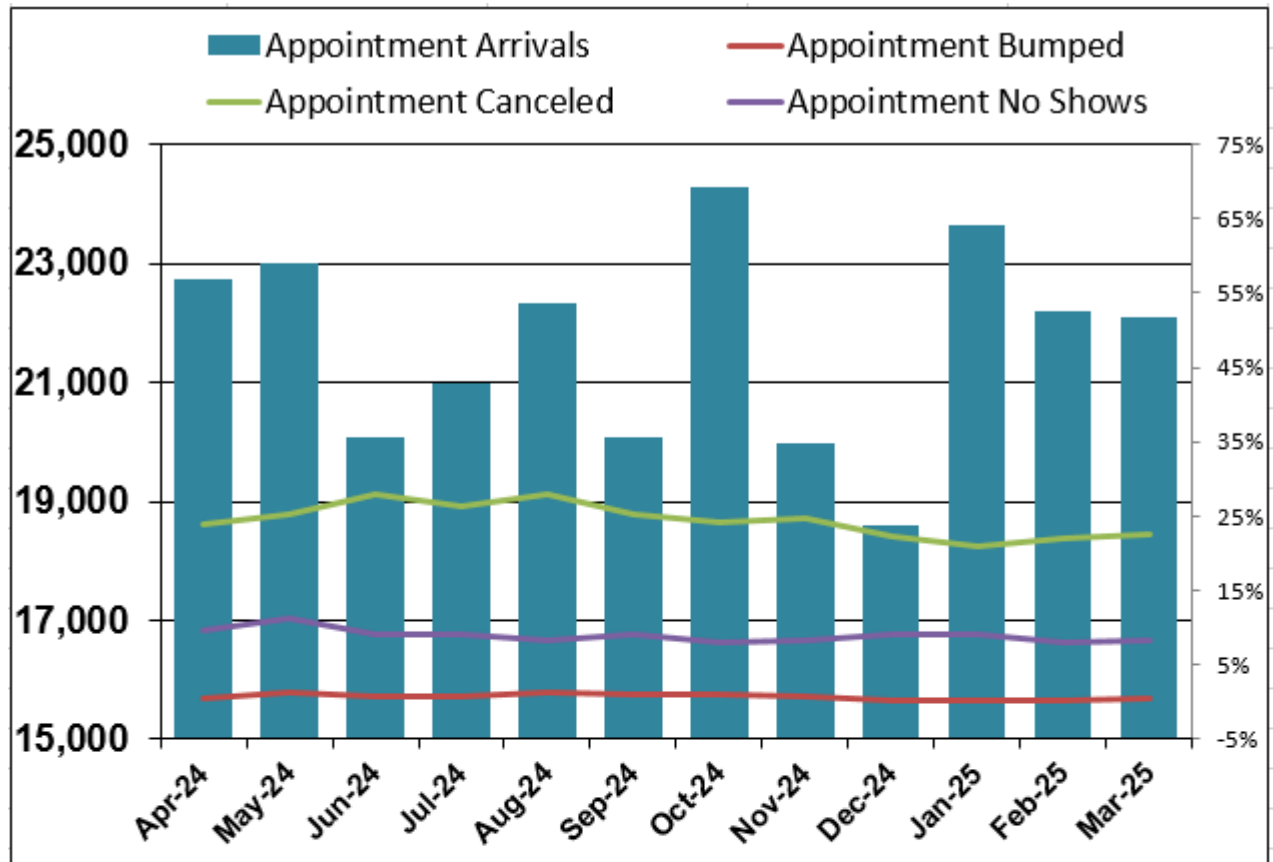
Month	Same Day	Total Arrived	Same Day Rate
Apr-24	1,268	16,171	7.8%
May-24	1,440	16,214	8.9%
Jun-24	1,112	14,155	7.9%
Jul-24	1,355	14,848	9.1%
Aug-24	1,417	15,889	8.9%
Sep-24	1,230	14,184	8.7%
Oct-24	1,486	17,180	8.6%
Nov-24	1,370	13,979	9.8%
Dec-24	1,240	13,071	9.5%
Jan-25	1,373	16,755	8.2%
Feb-25	1,442	15,538	9.3%
Mar-25	1,471	15,598	9.4%

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

Average	Primary Care Clinics
7.0%	1209 Clinic
3.2%	Family Practice Clinic
1.4%	General Pediatric Clinic
5.7%	Northeast Heights Clinic
8.5%	Senior Health Center
6.0%	Southeast Heights Clinic
5.9%	Southwest Mesa Clinic
4.1%	SRMC FP Clinic
9.0%	UH 4th Street NV Clinic
9.0%	UH Atrisco Heritage
52.3%	UNM Lobocare Clinic
5.8%	UNMMG Family Health Grande
6.8%	Westside Clinic
7.4%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

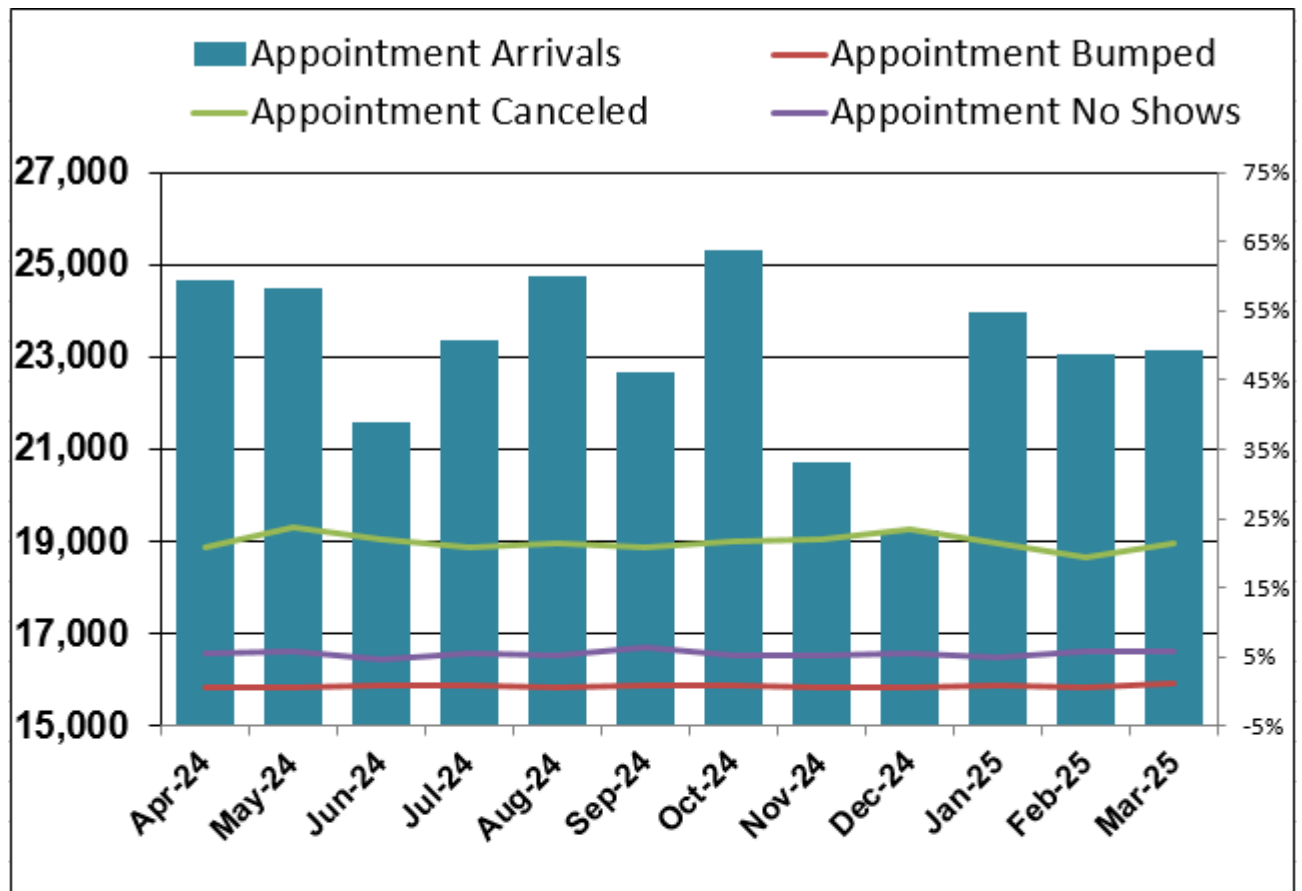
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-24	22,721	1%	24%	10%
May-24	23,003	1%	25%	11%
Jun-24	20,062	1%	28%	9%
Jul-24	20,994	1%	26%	9%
Aug-24	22,341	1%	28%	8%
Sep-24	20,089	1%	25%	9%
Oct-24	24,281	1%	24%	8%
Nov-24	19,971	1%	25%	8%
Dec-24	18,611	0%	22%	9%
Jan-25	23,646	0%	21%	9%
Feb-25	22,200	0%	22%	8%
Mar-25	22,108	1%	22%	8%

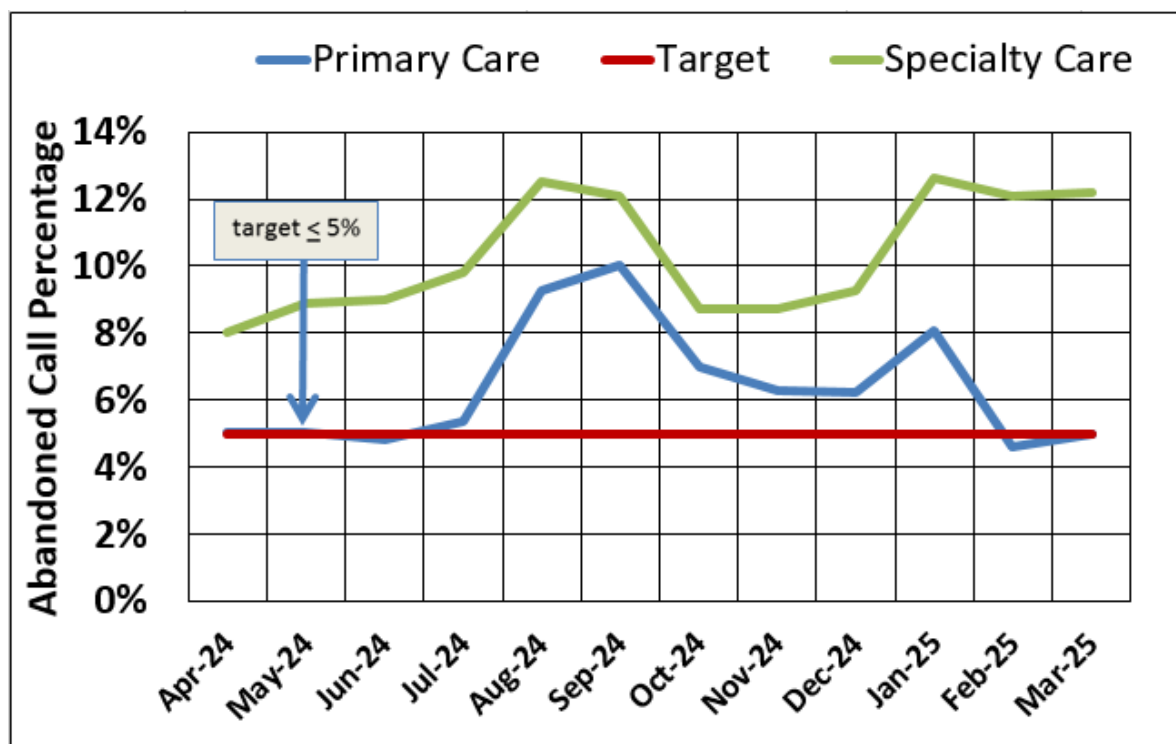
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-24	24,649	0%	21%	5%
May-24	24,492	1%	24%	6%
Jun-24	21,583	1%	22%	5%
Jul-24	23,370	1%	21%	5%
Aug-24	24,773	1%	21%	5%
Sep-24	22,656	1%	21%	6%
Oct-24	25,334	1%	22%	5%
Nov-24	20,732	1%	22%	5%
Dec-24	19,237	1%	23%	5%
Jan-25	23,968	1%	21%	5%
Feb-25	23,039	1%	19%	6%
Mar-25	23,166	1%	21%	6%

Percentage Abandoned Phone Calls for Primary and Specialty Care

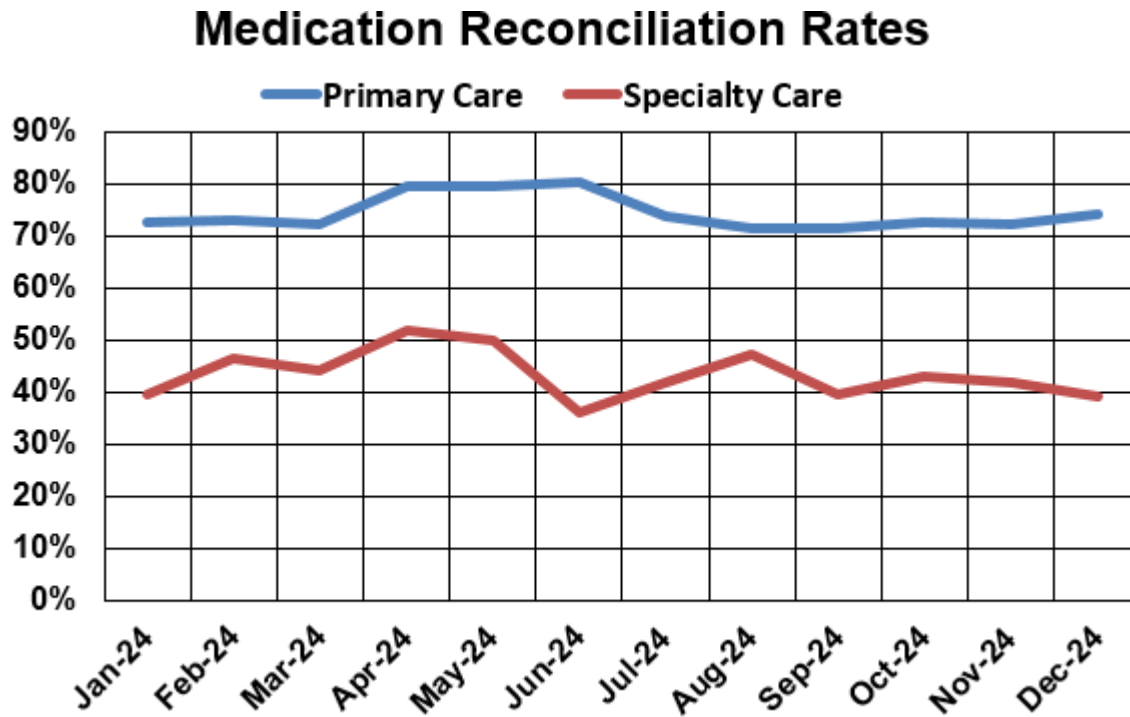


Area:	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Month			
Apr-24	5.02%	8.02%	5%
May-24	5.03%	8.88%	5%
Jun-24	4.83%	9.01%	5%
Jul-24	5.36%	9.81%	5%
Aug-24	9.29%	12.52%	5%
Sep-24	10.02%	12.10%	5%
Oct-24	6.98%	8.71%	5%
Nov-24	6.30%	8.75%	5%
Dec-24	6.24%	9.27%	5%
Jan-25	8.06%	12.63%	5%
Feb-25	4.59%	12.10%	5%
Mar-25	4.98%	12.18%	5%

Medication Reconciliation Goals Primary and Specialty Care

National Patient Safety Goal :

UNH Medication Reconciliation Rates for Primary Care and Specialty Care.



Month	Primary Care	Specialty Care
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 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 April 2, 2025

476,247	Invitations sent out to patients who provided an email address.
220,434	Patients who have claimed invitation to sign up.
7,576	Patients who have self enrolled directly without an invitation.
193,497	*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).

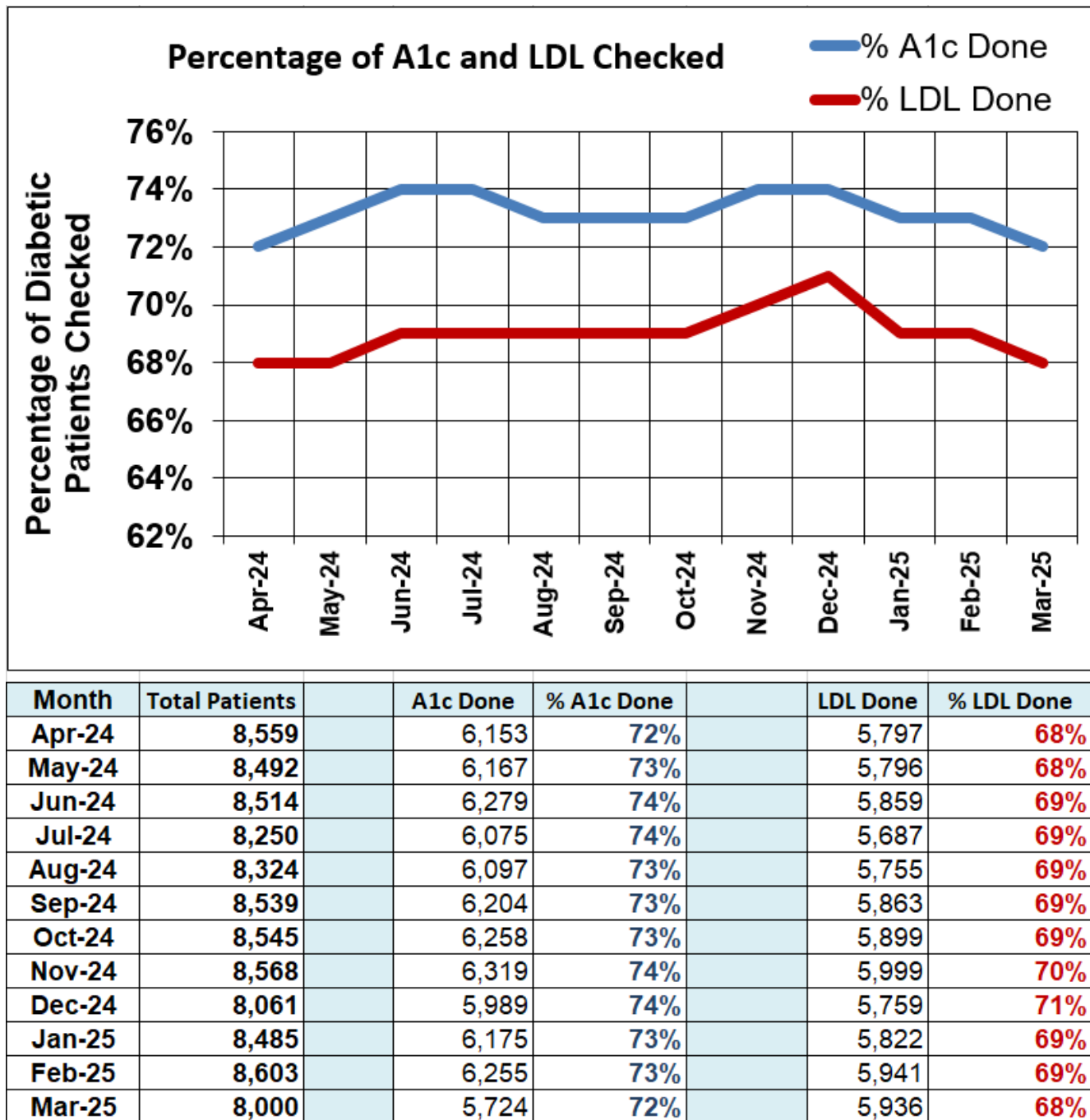
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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



C. FINANCIAL SERVICES

UNM Care Enrollment and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Medicaid applications completed at UNMH
Apr-24	3,491	309
May-24	4,544	242
Jun-24	5,002	204
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

Total Uncompensated Care – Charity Care and Uninsured

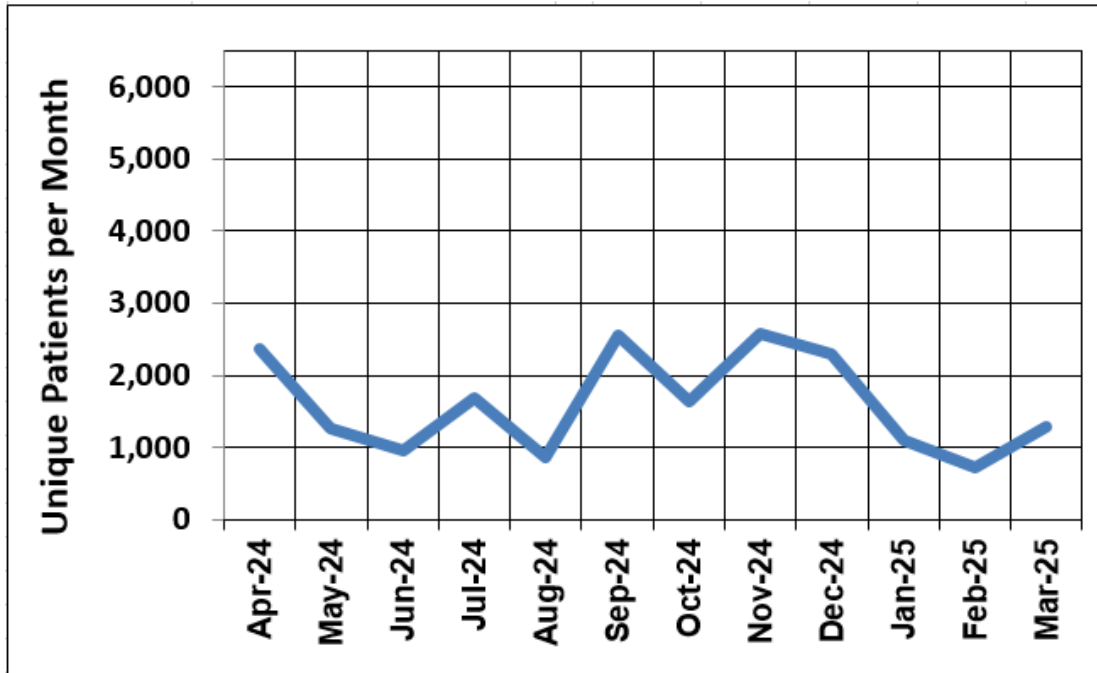
For the nine (9) months ended March 31, 2025, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	20,447	8,404	28,851
Cost	\$ 35,337,375	\$ 14,612,228	\$ 49,949,603

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.

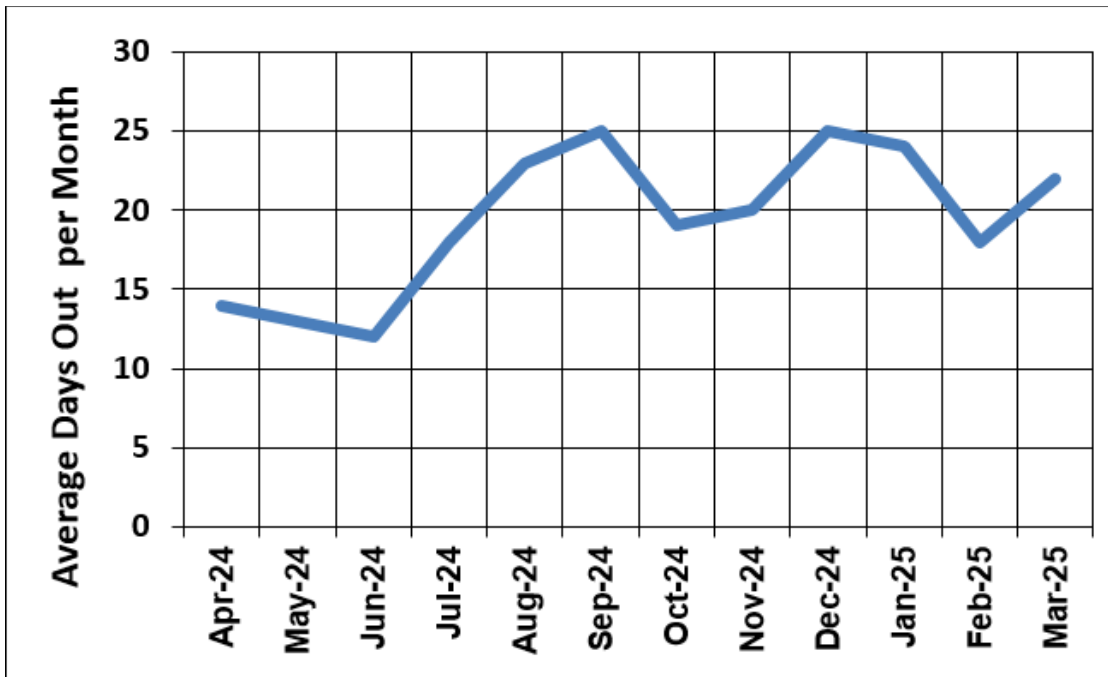
Number of Unique Patients Sent to Collections

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



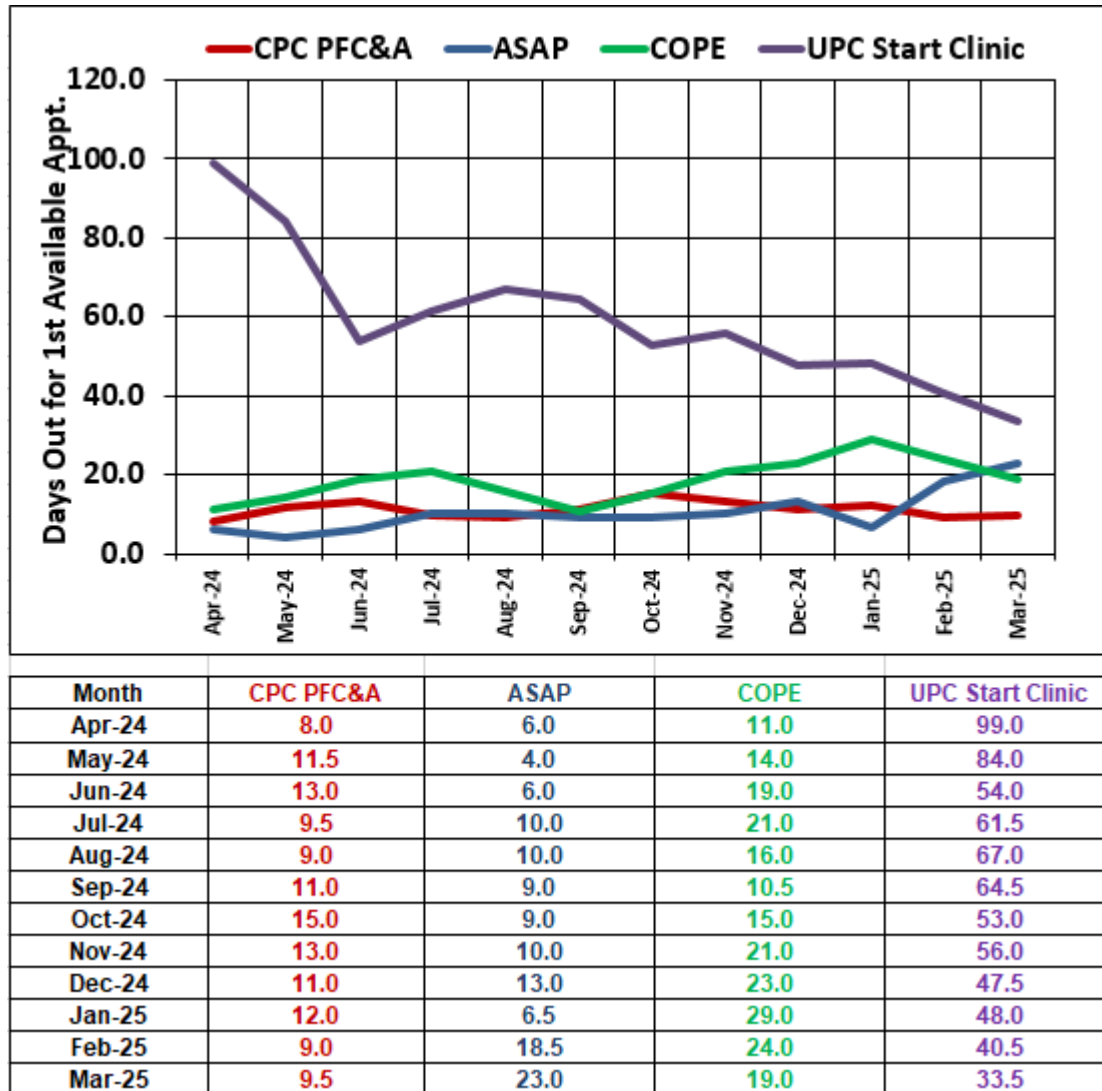
Days Out for Scheduling Financial Assistance Appointment

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

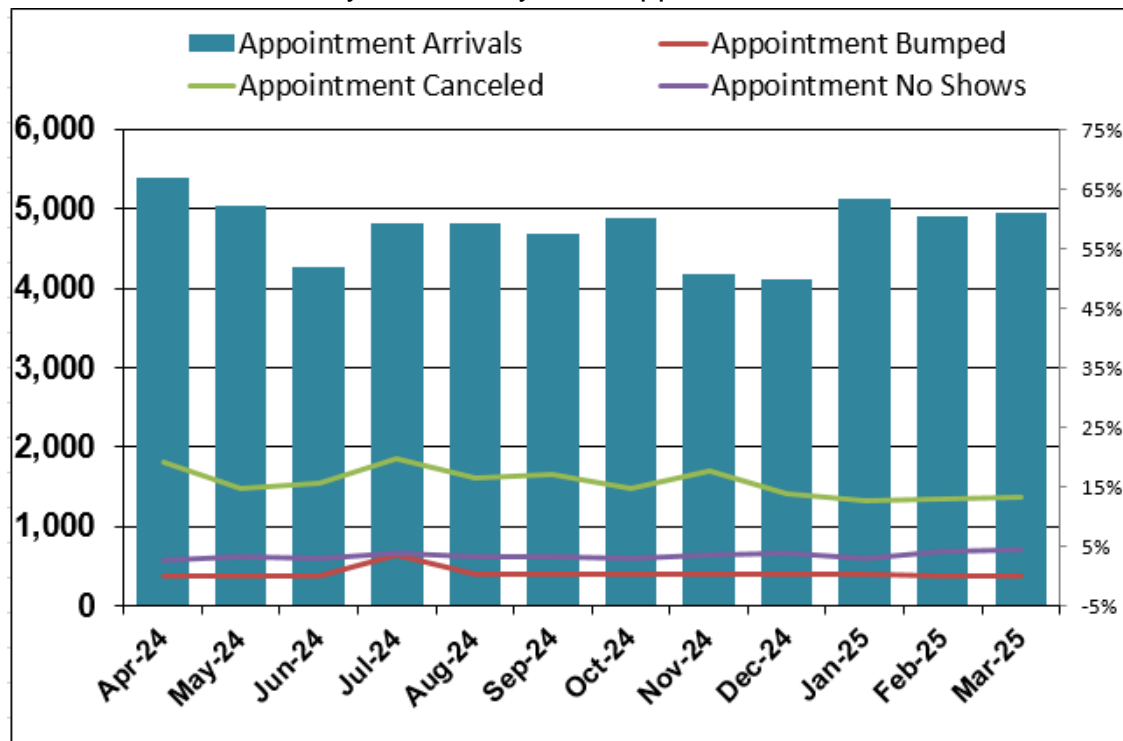


Definitions For Above Acronyms

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

BH Specialty Care Outpatient Appointment Disposition

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



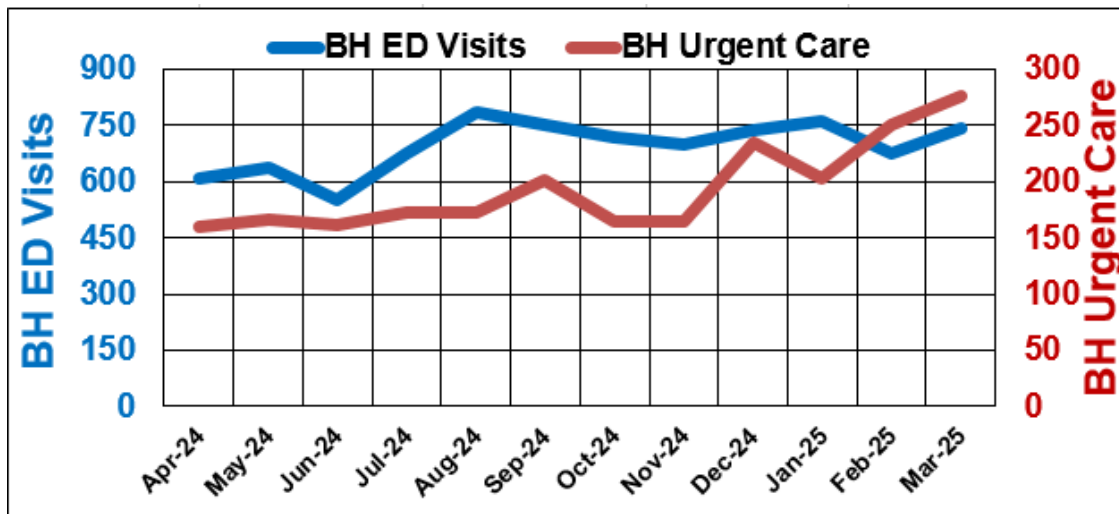
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-24	5,393	0%	19%	3%
May-24	5,041	0%	15%	3%
Jun-24	4,279	0%	15%	3%
Jul-24	4,821	4%	20%	4%
Aug-24	4,818	0%	17%	3%
Sep-24	4,697	0%	17%	3%
Oct-24	4,882	0%	15%	3%
Nov-24	4,191	0%	18%	4%
Dec-24	4,119	0%	14%	4%
Jan-25	5,137	0%	13%	3%
Feb-25	4,915	0%	13%	4%
Mar-25	4,950	0%	13%	4%

Number of Unique Outpatients and Number of Encounters CY2024

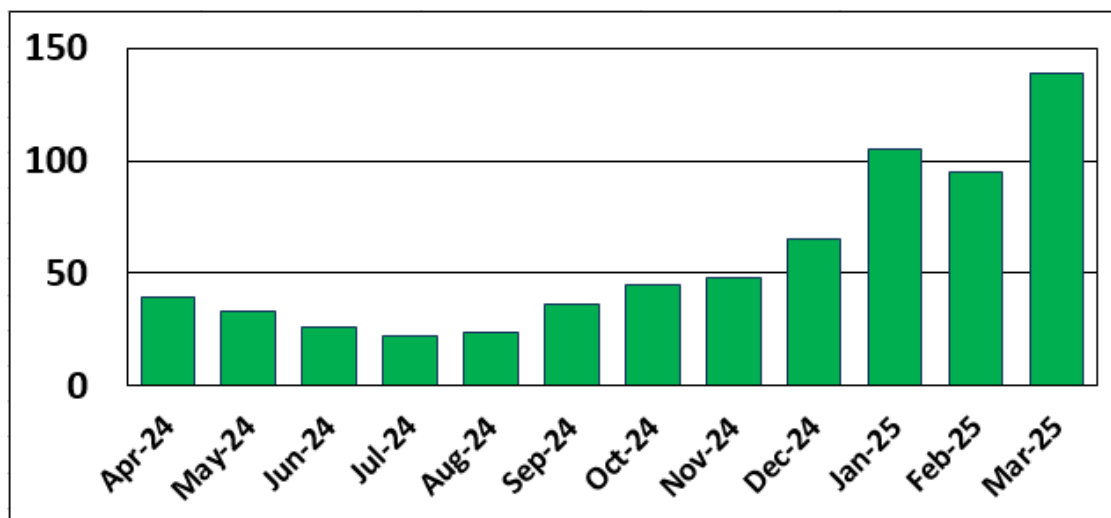
Calendar Year 2024 BH Outpatient		
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	11,243	69,287
BH CPC Outpatient	3,685	21,168

* Excluding all Suboxone and Methadone Visits

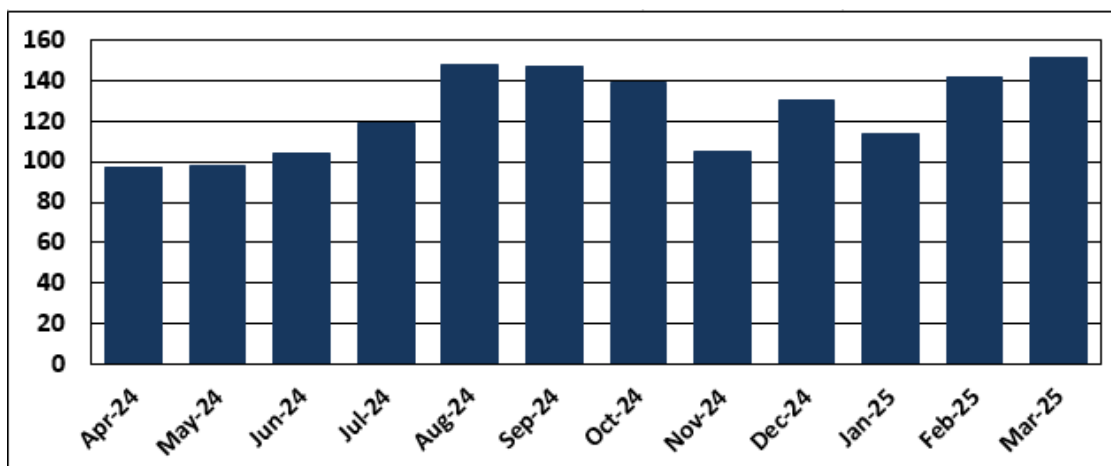
Psychiatric Emergency Department and Urgent Care Encounters



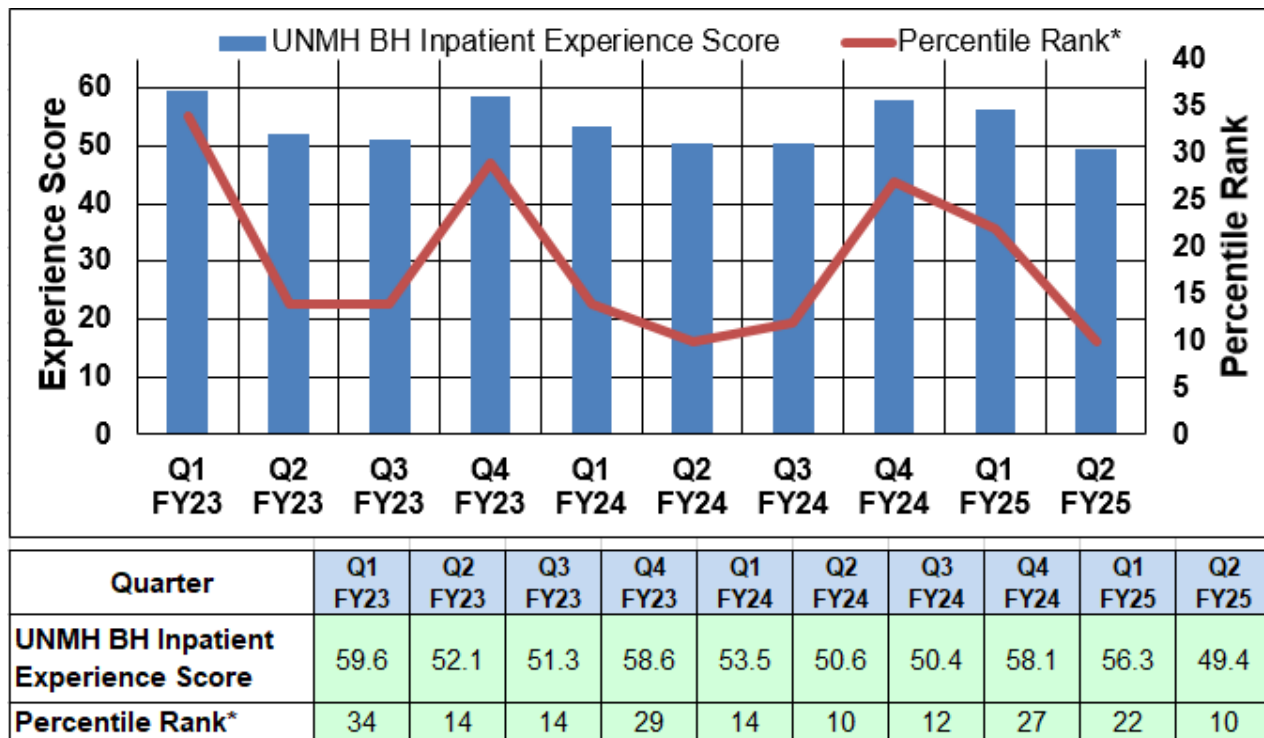
Number of Fast Track Patients Seen



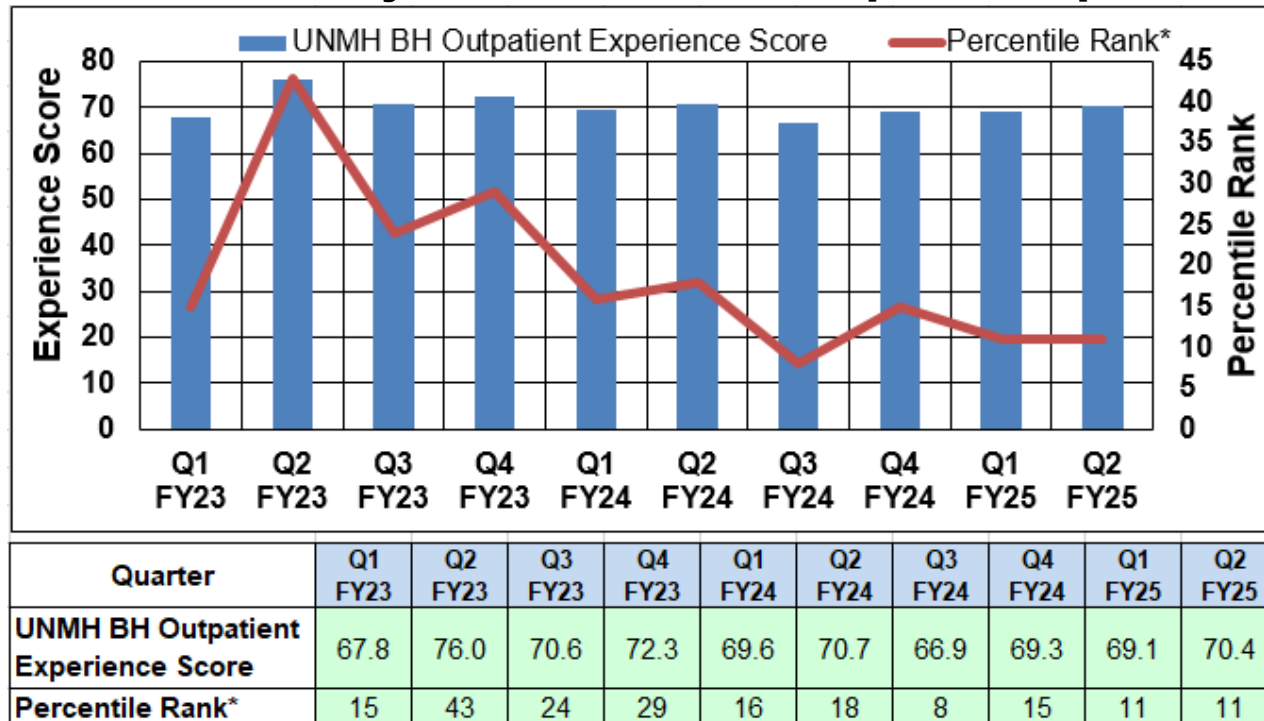
Law Enforcement Drop offs at Psychiatric Emergency Services



UNMH Press Ganey Behavioral Health Inpatient Experience Score



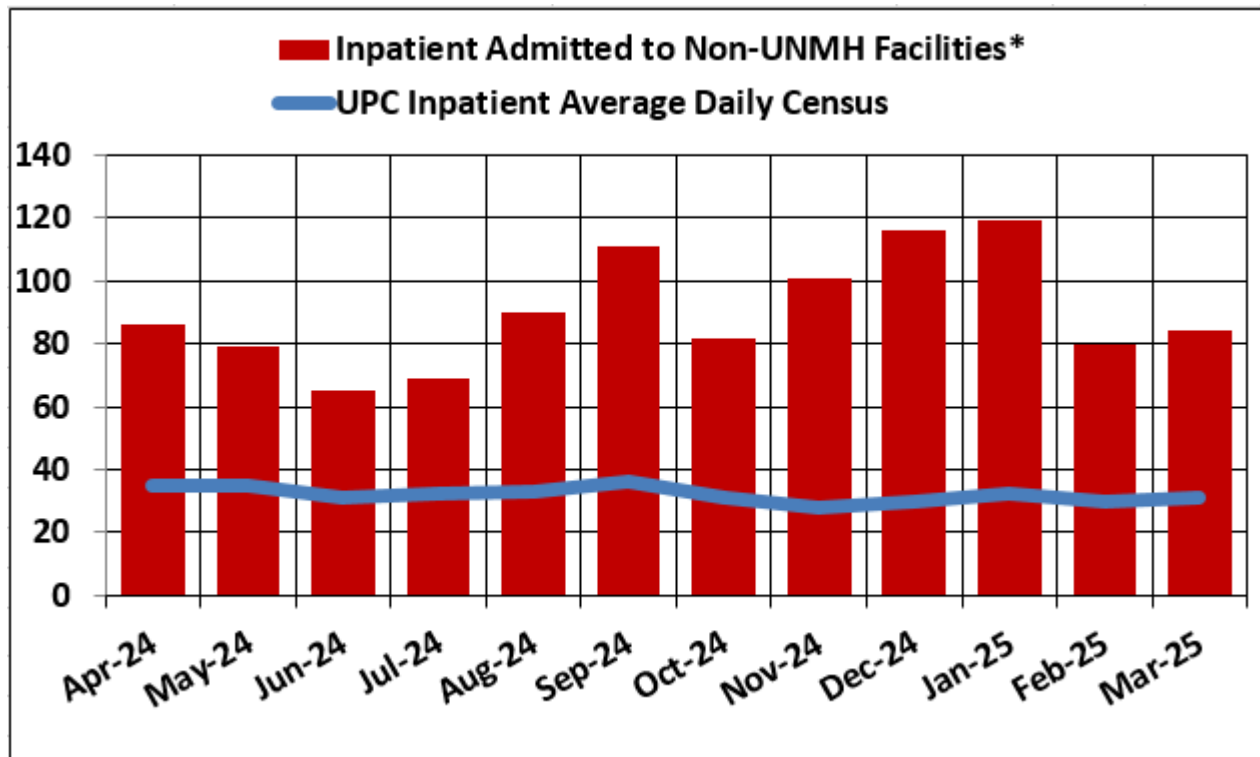
UNMH Press Ganey Behavioral Health Outpatient Experience Score



*Peer Group: All Press Ganey Database

Data for Q3 FY25 is not available until after April 15th 2025

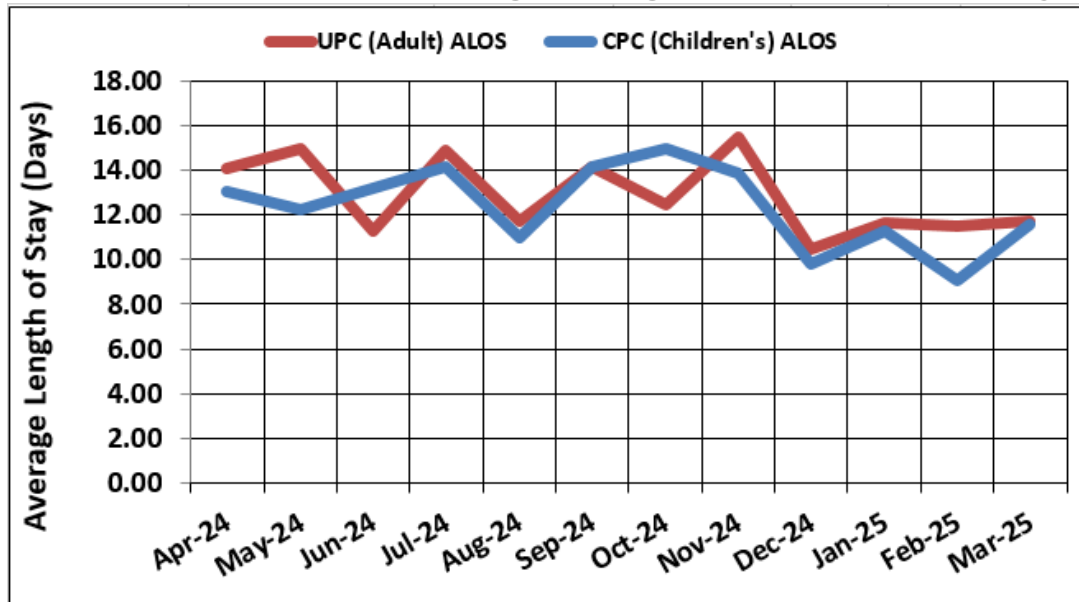
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Apr-24	86	35
May-24	79	35
Jun-24	65	31
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

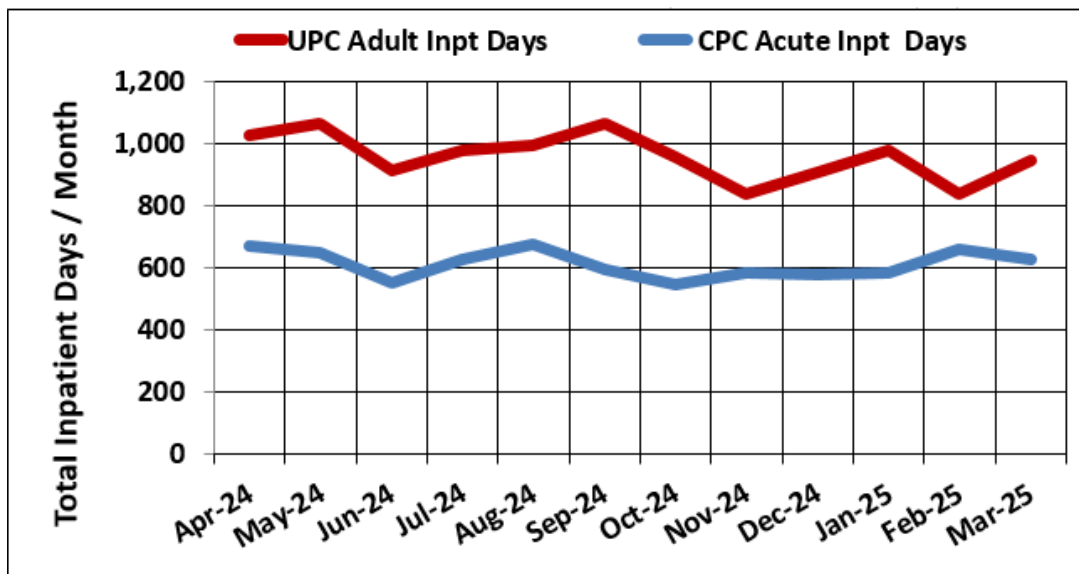
*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC) Average Child National Benchmark: **10.76**
 University Psychiatric Center (UPC) Average Adult National Benchmark: **7.53**

Number of BH Adult and Child/Adolescent Inpatient Days



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*	9,380

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

Total Opioid Patients

Month	Census
Apr-24	406
May-24	410
Jun-24	418
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

Total Methadone Encounters

Month	Count
Apr-24	2,386
May-24	2,482
Jun-24	2,336
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

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Apr-24	643	32,886	10,274
May-24	691	35,475	10,109
Jun-24	626	31,996	9,901
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

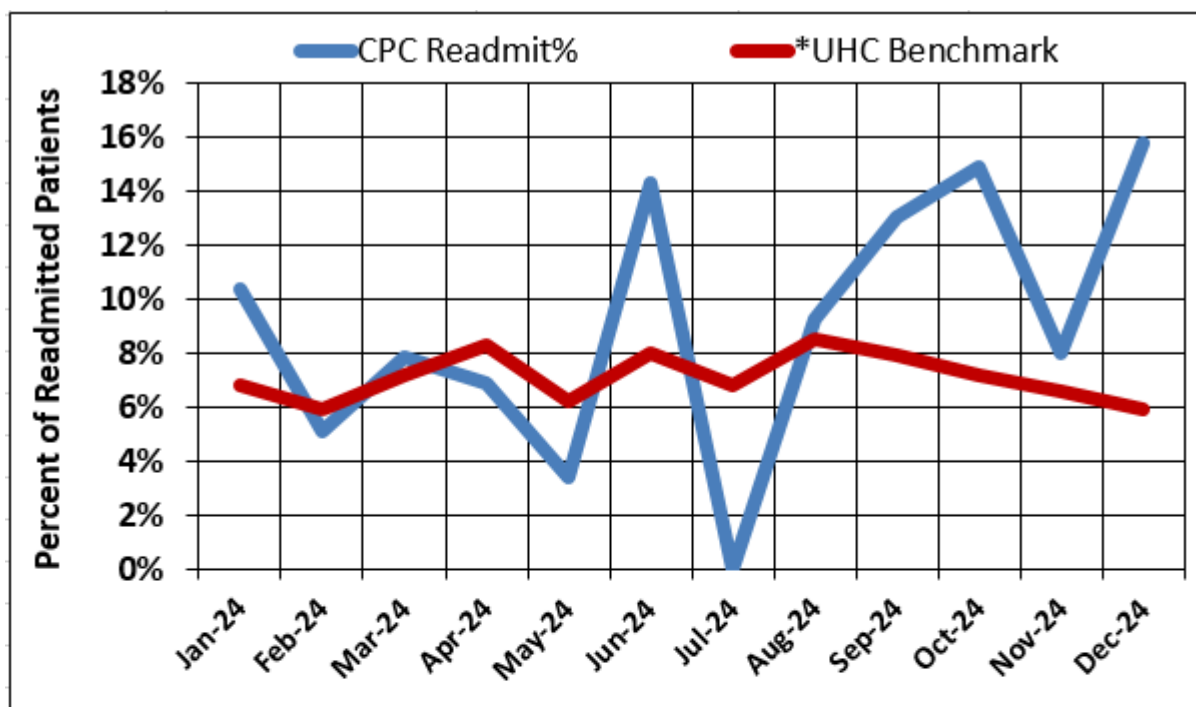
Total Suboxone Encounters

Month	Count
Apr-24	26
May-24	33
Jun-24	41
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

*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.

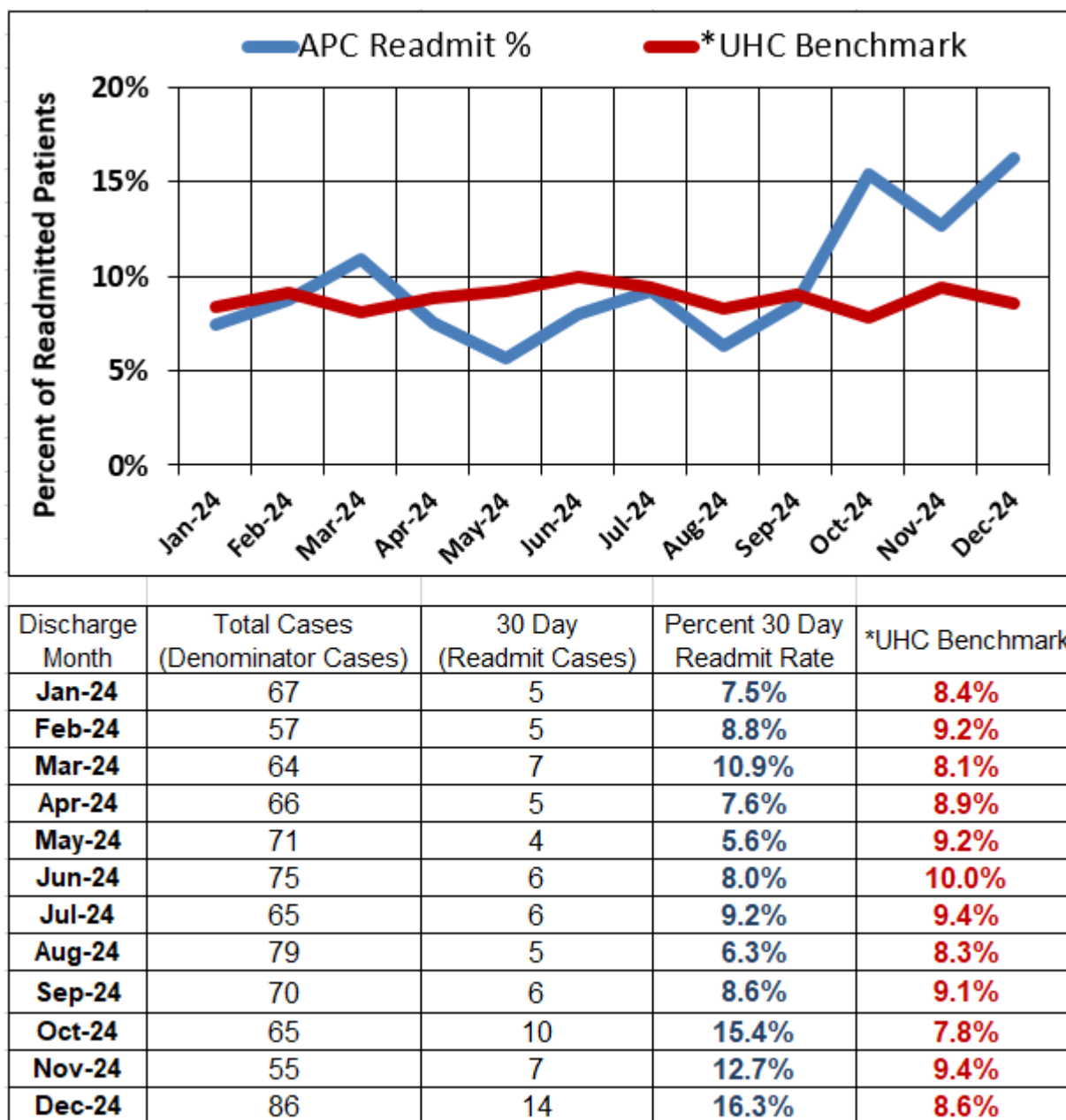


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-24	58	6	10.3%	6.8%
Feb-24	59	3	5.1%	5.9%
Mar-24	64	5	7.8%	7.2%
Apr-24	58	4	6.9%	8.3%
May-24	59	2	3.4%	6.2%
Jun-24	42	6	14.3%	8.0%
Jul-24	47	0	0.0%	6.8%
Aug-24	65	6	9.2%	8.5%
Sep-24	46	6	13.0%	7.9%
Oct-24	47	7	14.9%	7.2%
Nov-24	50	4	8.0%	6.6%
Dec-24	57	9	15.8%	5.9%

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

30 Day Readmission Rate – Adult Psychiatric Center

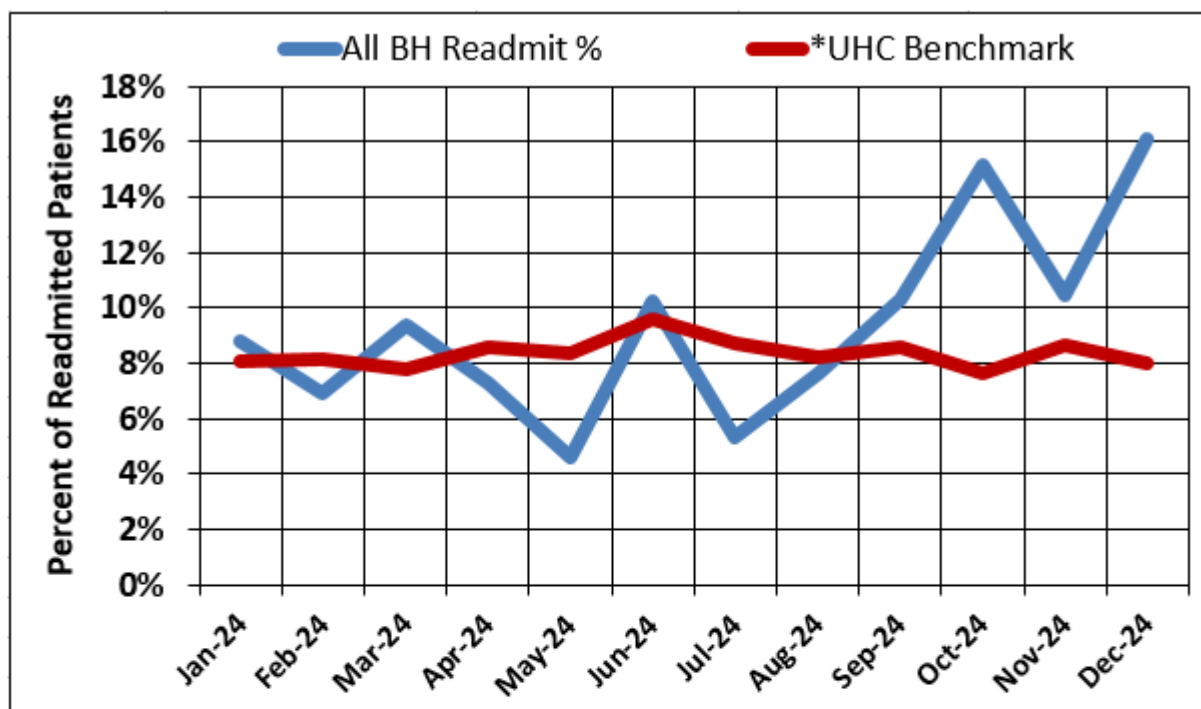
There is a three (3) month delay in Vizient data, so statistics are one quarter behind.



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

30 Day Readmission Rate – Both Adult and CPC Psychiatric Center

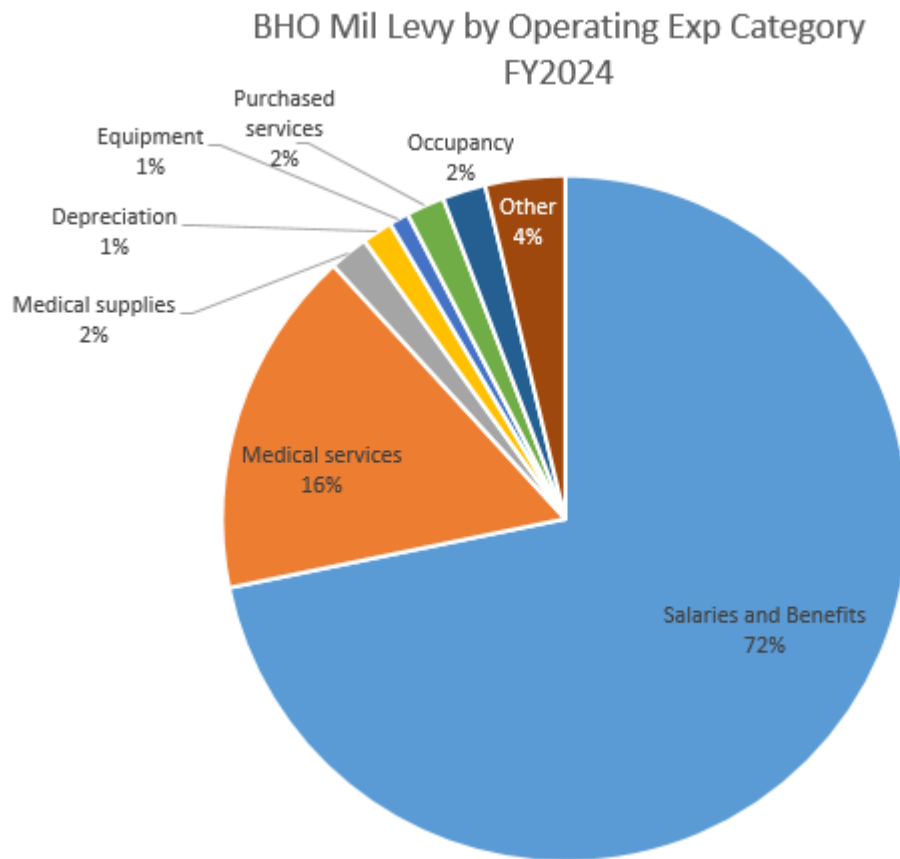
There is a three (3) month delay in Vizient data, so statistics are one quarter behind.



Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-24	125	11	8.8%	8.1%
Feb-24	116	8	6.9%	8.1%
Mar-24	128	12	9.4%	7.8%
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%

*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

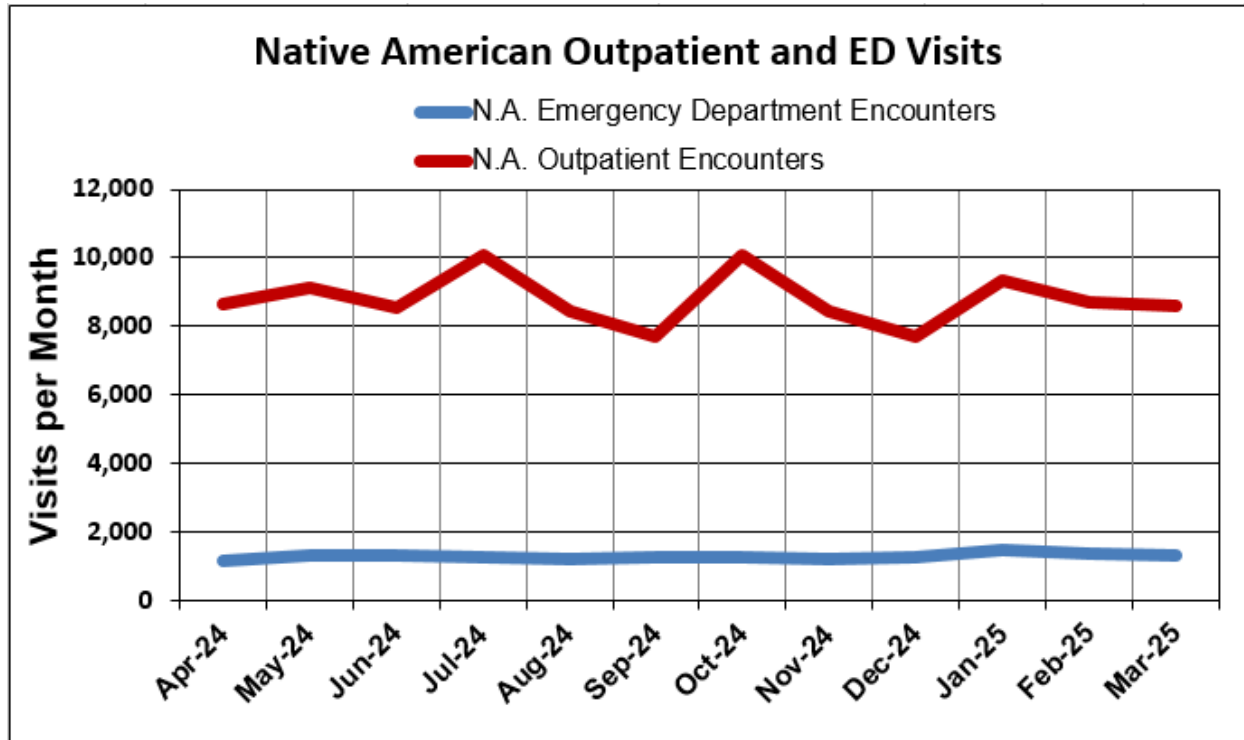


FY2024	
Salaries and Benefits	\$ 13,736,646
Medical services	3,142,802
Medical supplies	351,458
Depreciation	275,787
Equipment	176,119
Purchased services	345,167
Occupancy	389,953
Other	718,814
Total Expense	\$ 19,136,747

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

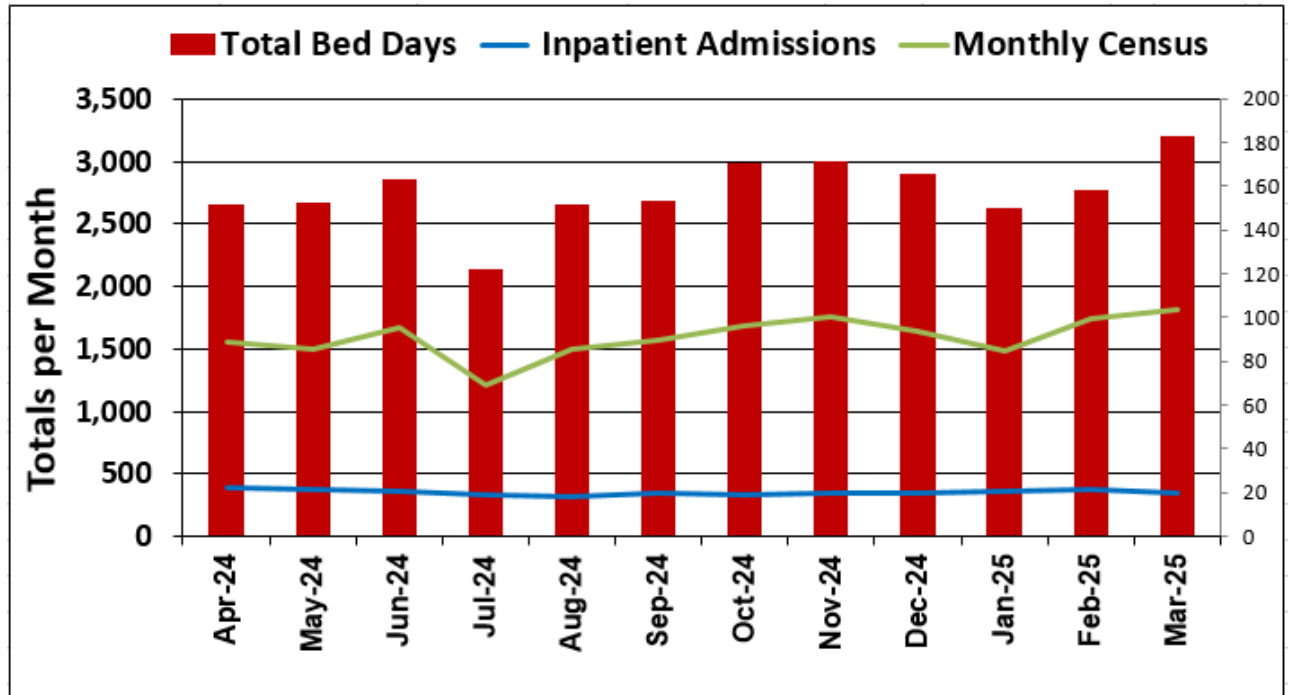
E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Apr-24	36	1,169	8,653
May-24	34	1,325	9,134
Jun-24	17	1,318	8,524
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

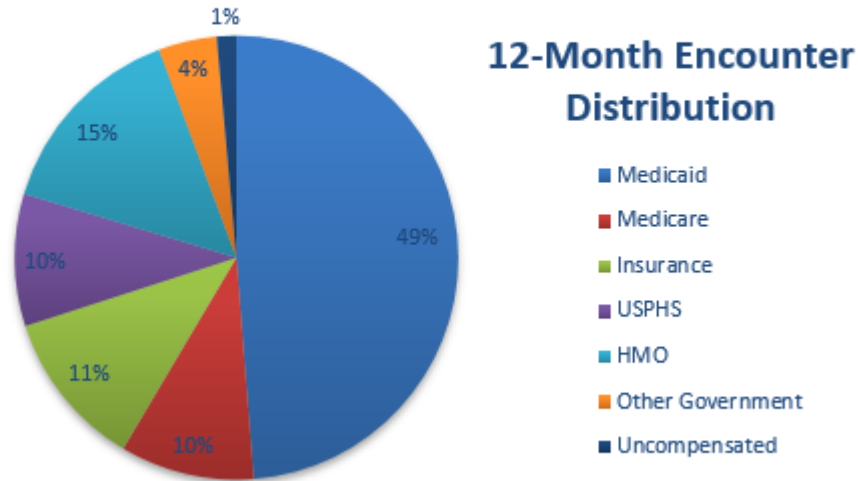
Native American Bed Days and Monthly Inpatient Census



Month	Total Bed Days	Inpatient Admissions	Monthly Census
Apr-24	2,661	393	89
May-24	2,665	383	86
Jun-24	2,856	368	95
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

Native American Encounter Distribution by Payor Group

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



<i>Month</i>	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Apr-24	5,431	1,152	1,267	957	1,539	487	129
May-24	5,440	1,095	1,202	895	1,556	441	127
Jun-24	4,580	966	1,123	943	1,391	446	133
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
TOTAL	61,767	12,382	14,561	12,196	18,595	5,395	1,799
	48.8%	9.8%	11.5%	9.6%	14.7%	4.3%	1.4%

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 consultation 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 include 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	Status Update as of December 2024
January 2024-December 2024	
A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.	<p>The UNMH Community Health Needs Assessment was completed in the spring of 2024 and is available online at; https://hsc.unm.edu/health/about/community-health-needs-assessment.html.</p> <p>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.</p>
A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.	IHS, UNMH and Bernalillo County have established a small working group with representatives from the three organizations to meet periodically around programmatic public and community health initiatives.
A.6 UNMH will establish procedures related to <u>it</u> 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
<p>B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.</p>	<p>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.</p>
<p>B.4 UNMH will provide financial information to the County Commission and IHS as to the expenditure of mill levy funding by UNMH Departments.</p>	<p>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.</p>
<p>B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.</p>	<p>Bernalillo County Quarterly Reports are available online at: https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html</p>

Exhibit A Reporting Area - Primary Care

Semi- Annual Focus Areas	Status Update
<p>C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.</p> <p>C.7 UNMH shall provide increased funding to either the UNM School of Medicine or UNM Medical Group to recruit and retain specialist for a minimum of two medical specialties most needed by Native Americans.</p>	<p>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 primary care site in Bernalillo County that will be located in the southwest mesa area.</p> <p>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.</p> <p>UNMH offers financial assistance through the UNM Care and other programs to patients.</p> <p>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.</p>

Exhibit A Reporting Area - Native American Care

Semi- Annual Focus Areas	Status Update
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>
<p>E.5 UNMH will evaluate the opportunity to sustain and improve healthcare services available to Native Americans.</p>	<p>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.</p>

Exhibit A Reporting Area - Behavioral Health Services

Semi- Annual Focus Areas	Status Update
<p>F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.</p> <p>F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.</p>	<p>UNMH 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).</p> <p>UNMH is currently working on expanded Behavioral Health programming within the UNMH infrastructure in the form of, Crisis Triage Center opening, and development of a Comprehensive Community Behavioral Health Center (CCBHC).</p>