QUARTERLY REPORT
June, 2026

Bernalillo County Commissioner Trend Report

UNM HOSPITALS

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A. ACCOUNTABILITY

Balance Sheet

Statements of Net Position

(In Thousands)

Assets	May-2026	Audited June 2025
Cash and marketable securities	$ 140,561	$ 228,899
Cash restricted by management for capital replacement	10,459	34,018
Cash restricted for donor specified expenses	22,734	23,507
Patient receivables, net	234,572	197,614
Other receivables and current assets	332,704	230,343
Capital assets, net	1,156,086	1,084,781
Restricted for mortgage reserve, bonds	42,879	37,889
Other noncurrent assets	37,291	35,790
Total assets	1,977,286	1,872,841
Liabilities		
Accounts payable	63,481	86,933
Payable to related parties (UNM)	163,318	44,760
Interest payable bonds	806	54
Current portion of long term debt	30,980	28,270
Other accrued current liabilities	404,198	320,565
Bonds payable, non current	44,235	47,820
Mortgage Payable, non current	367,859	381,781
Other long term liabilities	17,420	23,746
Total liabilities	1,092,297	933,929
Net Position		
Restricted for expendable grants, bequests, and contributions	22,734	23,507
Restricted for trust indenture and debt agreement	42,866	37,876
Assets invested in capital	699,941	607,744
Unrestricted from operations	119,448	269,785
Total net assets	$ 884,989	$ 938,912
Current Ratio	**1.10**	**1.42**
Days Cash on Hand**	**27.04**	**45.79**

**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, 2026

(In Thousands)		May
Operating revenues:		
Net Patient Service	$	1,534,205
Other		56,319
Total Operating Revenues		1,590,524
Operating expenses:		
Employee Compensation and Benefits		824,366
UNM School of Medicine Medical Services		222,344
Medical Services Oncology		35,069
Medical Services non-SOM		56,113
Medical Supplies		255,719
Oncology Drugs		81,596
Occupancy/Equipment		104,114
Depreciation		72,989
Purchased Services		91,451
Gross Receipts Tax		30,508
Other		38,068
Total Operating Expenses		1,812,337
Operating loss		(221,813)
Nonoperating Revenues (Expenses):		
Bernalillo County Mill Levy		122,693
Sandoval County Mill Levy		8,349
State Appropriation		22,890
Capital Appropriation		17,817
Interest Expense		(1,720)
Other Revenue and (Expense)		(2,139)
Net Nonoperating Revenues		167,889
Total Increase in Net Assets		(53,924)

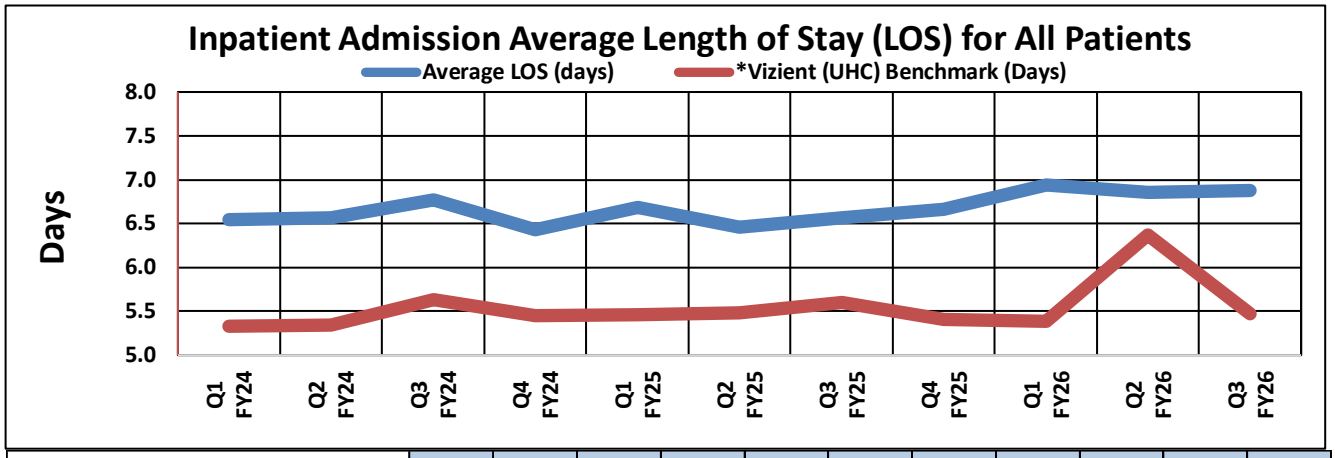
Mill Levy Distribution Detail by Department FY2025

Total Bernalillo County Mill Levy **$ 132,088,476.00**

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

	UNMH - 85%	
Mill Levy	**$ 112,275,125**	
Expenses	Total Spending	
Facilities		
Facilities Maintenance	$ 23,935,963	
Environmental Services	17,280,069	
Insurance	5,896,167	
Plant Operations & Maintenance	8,085,246	
Utilities	5,228,265	
Clinical Engineering	6,439,339	
Parking Structure and Support	3,671,360	
Security	6,756,309	
Off Site/Ambulatory Maintenance	4,650,513	
Life Safety/Fire Protection	2,522,546	
Facilities Planning	3,479,426	
Facilities Other	1,816,465	
Total Facilities		89,761,668
Finance		10,837,181
HR		21,106,090
Information Technology		
IT - Open Clinic/Mgt	7,437,000	
IT - Patient Financial Services	3,376,130	
Communications	6,006,708	
IT Cerner Millennium RHO	4,995,021	
Clinical Applications	3,996,143	
Customer Service	4,133,227	
Network & Infrastructure	4,638,186	
Systems Support	4,367,770	
System Develop and Applications	3,051,750	
Network & Cyber Security	3,963,368	
IT Non Capital Equipment	1,650,583	
Computer Learning Technologies	1,568,822	
Medical Records	2,394,417	
IT - EVOLVE3	1,212,288	
IT Admin, Oversight and Support	1,038,294	
IT Other	9,316,870	
Total Information Technology		63,146,577
Revenue Cycle		
Patient Financial Services	15,335,371	
Coding	12,368,980	
Revenue Cycle Initiatives	1,976,567	
Medical Records Support Svcs	4,123,772	
HIM Clinical Documentation	1,750,564	
Collection Agencies	1,382,689	
Revenue Other	433,636	
Total Revenue Cycle		37,371,579
Food & Nutrition		11,213,556
Other		
Administration	8,014,098	
FHA Bonds	4,495,975	
Admin Support for Facilities/Planning	3,056,016	
Admin Other	14,133,603	
Total Other		29,699,692
Total Mill Levy Expenditures		**$ 263,136,343**

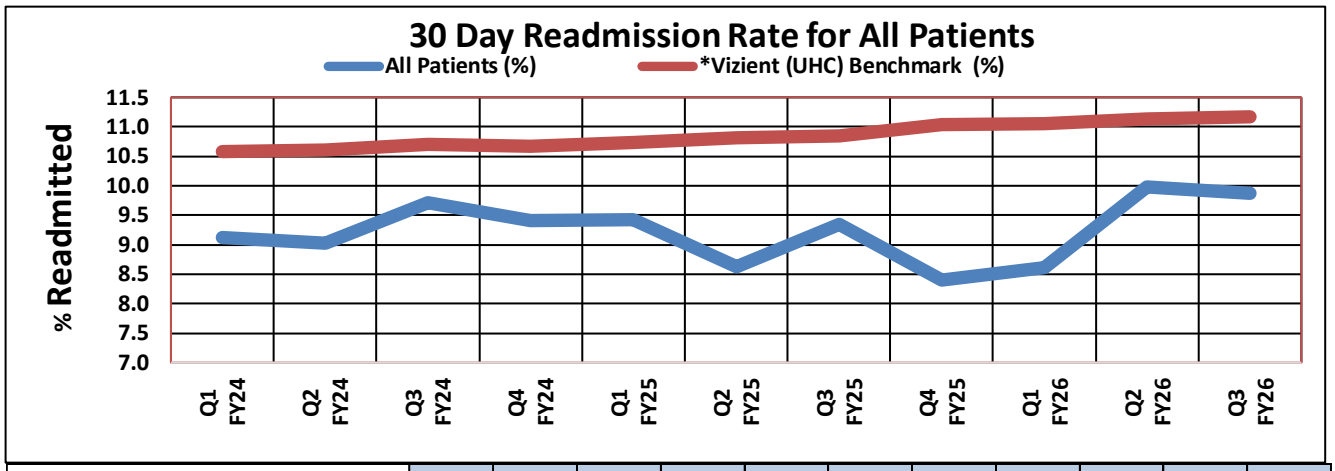
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26
Average LOS (days)	6.55	6.57	6.77	6.43	6.68	6.46	6.57	6.66	6.94	6.86	6.88
*Vizient (UHC) Benchmark (Days)	5.33	5.34	5.63	5.45	5.46	5.48	5.60	5.41	5.39	6.37	5.47

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

30 Day Readmission for All Patients

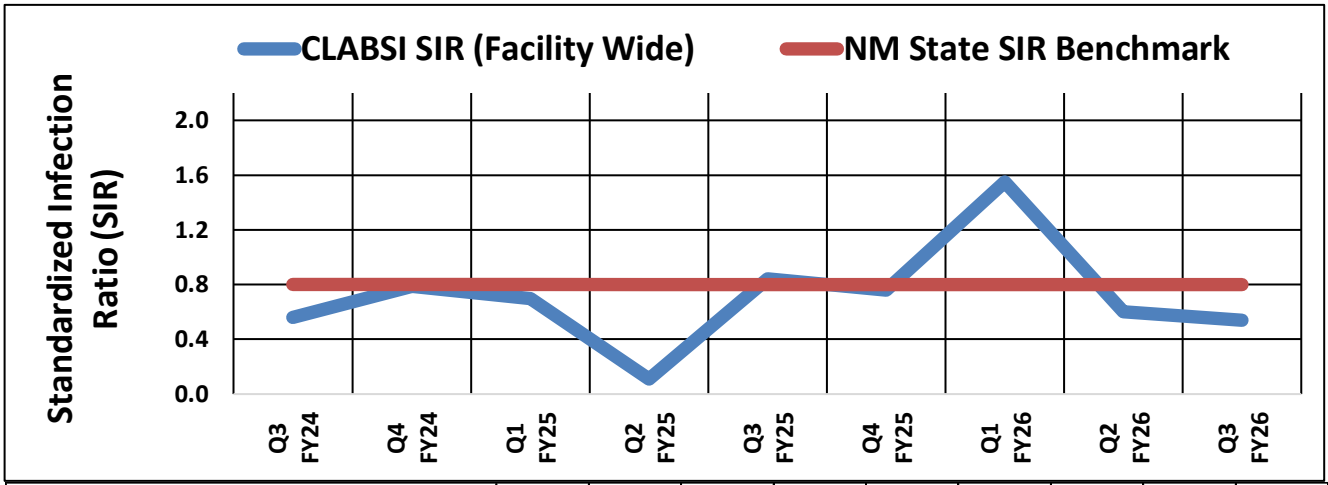


Fiscal Quarter	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26
All Patients (%)	9.12	9.02	9.72	9.41	9.43	8.62	9.35	8.40	8.61	9.98	9.87
*Vizient (UHC) Benchmark (%)	10.58	10.61	10.71	10.67	10.73	10.81	10.84	11.03	11.06	11.13	11.17

(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.

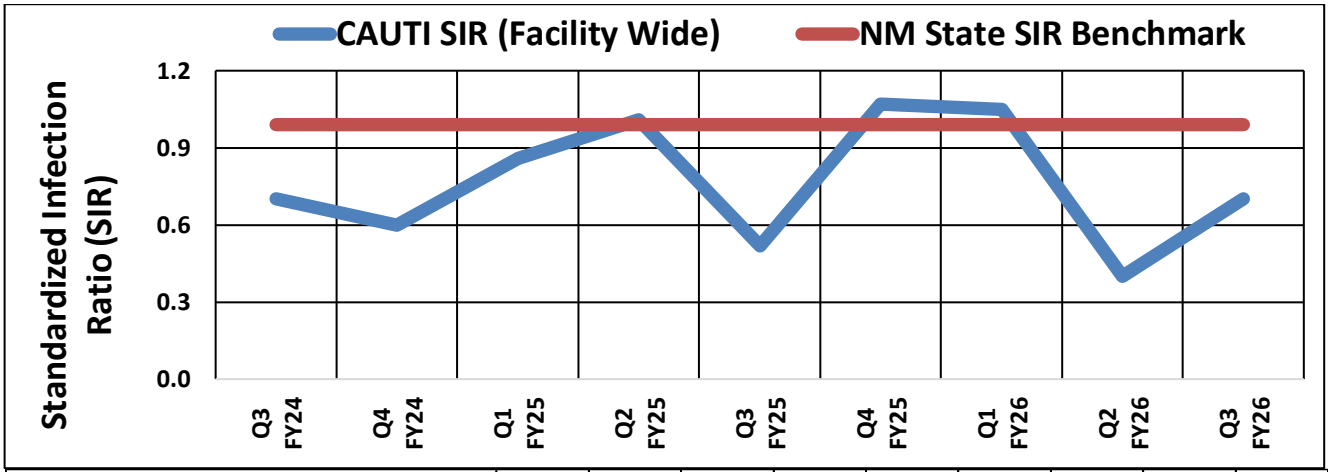
Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26
CLABSI SIR (Facility Wide)	0.56	0.79	0.70	0.11	0.84	0.76	1.55	0.60	0.54
NM State SIR Benchmark	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
CLABSI Count	6	8	7	1	8	7	14	6	5
*NHSN Expected	10.8	10.0	10.0	9.0	9.6	9.2	9.1	9.5	9.2

Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection



Catheter-Associated Urinary Tract Infection (CAUTI)	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26
CAUTI SIR (Facility Wide)	0.70	0.60	0.86	1.01	0.52	1.07	1.05	0.40	0.70
NM State SIR Benchmark	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99
CAUTI Count	10	7	10	12	6	12	11	4	8
*NHSN Expected	13.2	11.5	11.7	11.9	11.5	11.2	10.5	10.3	11.3

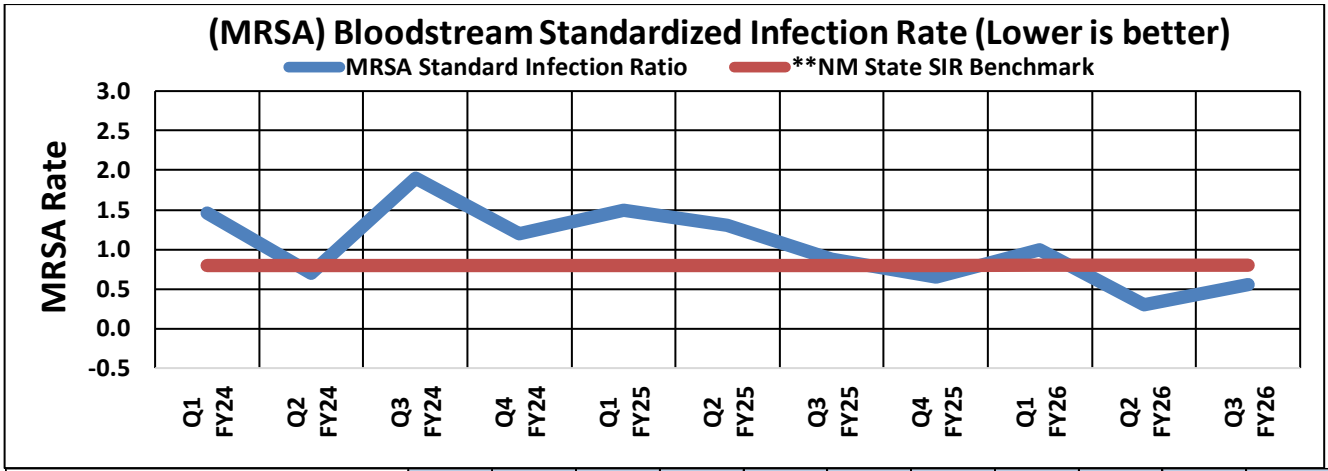
Catheter data is delayed by one quarter.

*NHSN = National Healthcare Safety Network.

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

MRSA Bloodstream Standardized Infection Rate

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



Fiscal Quarter	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26
MRSA Standard Infection Ratio	1.46	0.70	1.90	1.20	1.50	1.30	0.88	0.65	1.00	0.30	0.56
**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	4	2	5	3	4	4	3	5	5	1	2

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

FY24 Actual YTD based on the twelve (12) months ended June 30, 2024
FY25 Actual YTD is based on the twelve (12) months ended June 30, 2025
FY26 Actual YTD is based on the twelve (12) months ended June 30, 2026

Inpatient Days	FY24 Actual	FY25 Actual	FY26 Actual
Adult	136,985	132,922	134,748
Pediatric	37,020	36,436	37,030
Newborn	5,192	5,055	5,159
Total Inpatient Days	**179,197**	**174,413**	**176,937**

Nursing Hours of Care

	FY26 Dec, 2025	FY26 Jan, 2026	FY26 Jun, 2026
UNMH Nursing Hours of Care Per Patient*	16.02	16.03	15.94

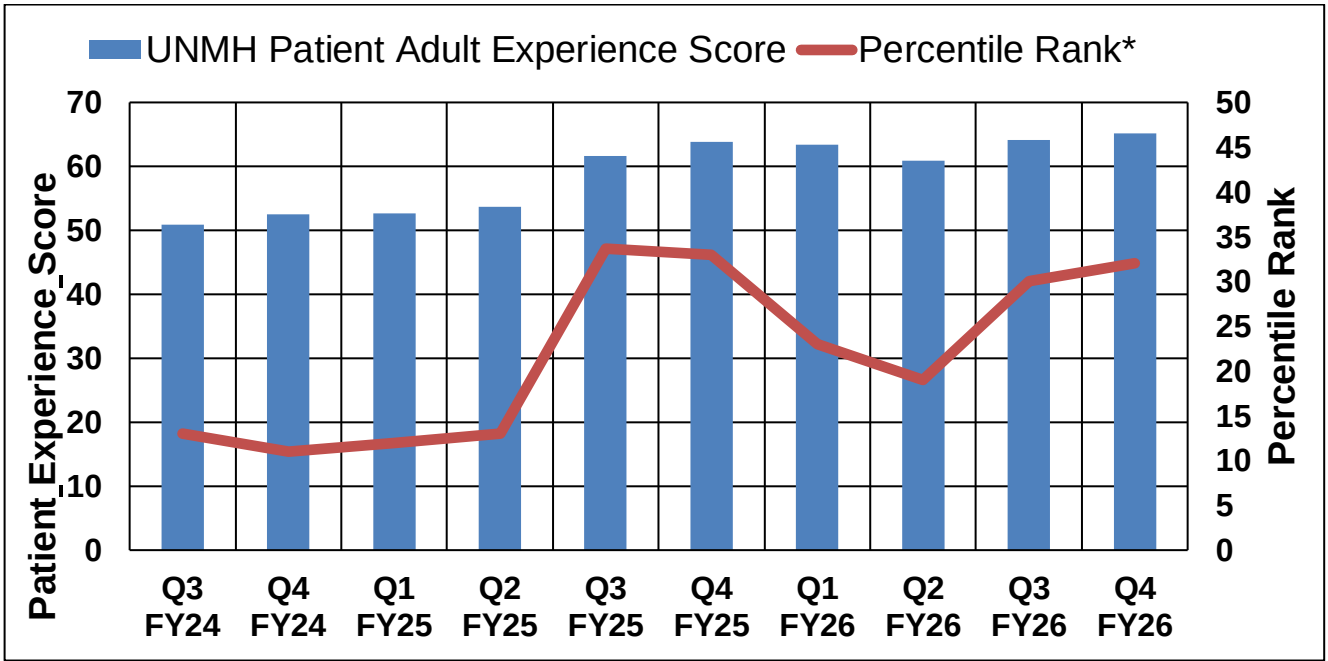
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June 2025	Number of FTES as of December 2025	FY2026 Hires (Headcount)	FY2026 Terms (Headcount)	Rolling Retention Rate
RN's	2,071	2,115	618	1,040	76.9%
*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%.

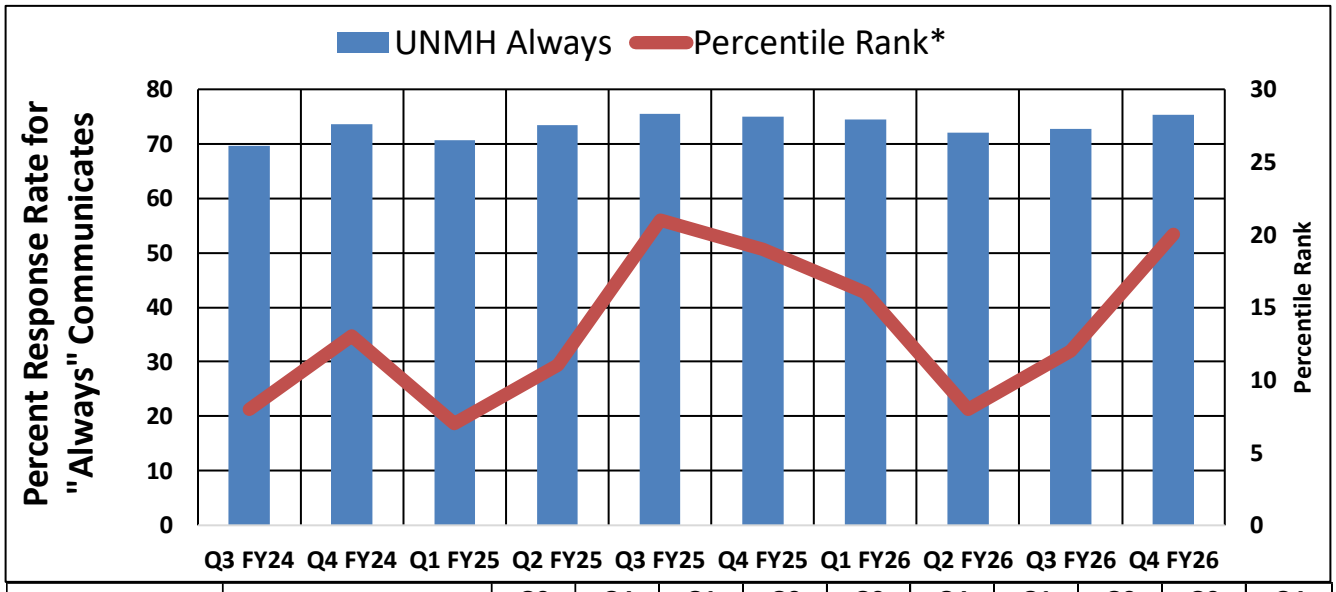
UNMH Press Ganey Inpatient Adult Experience Score



Quarter	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26	Q4 FY26
UNMH Patient Adult Experience Score	50.9	52.5	52.6	53.6	61.7	63.9	63.3	60.8	64.2	65.2
Percentile Rank*	13	11	12	13	34	33	23	19	30	32

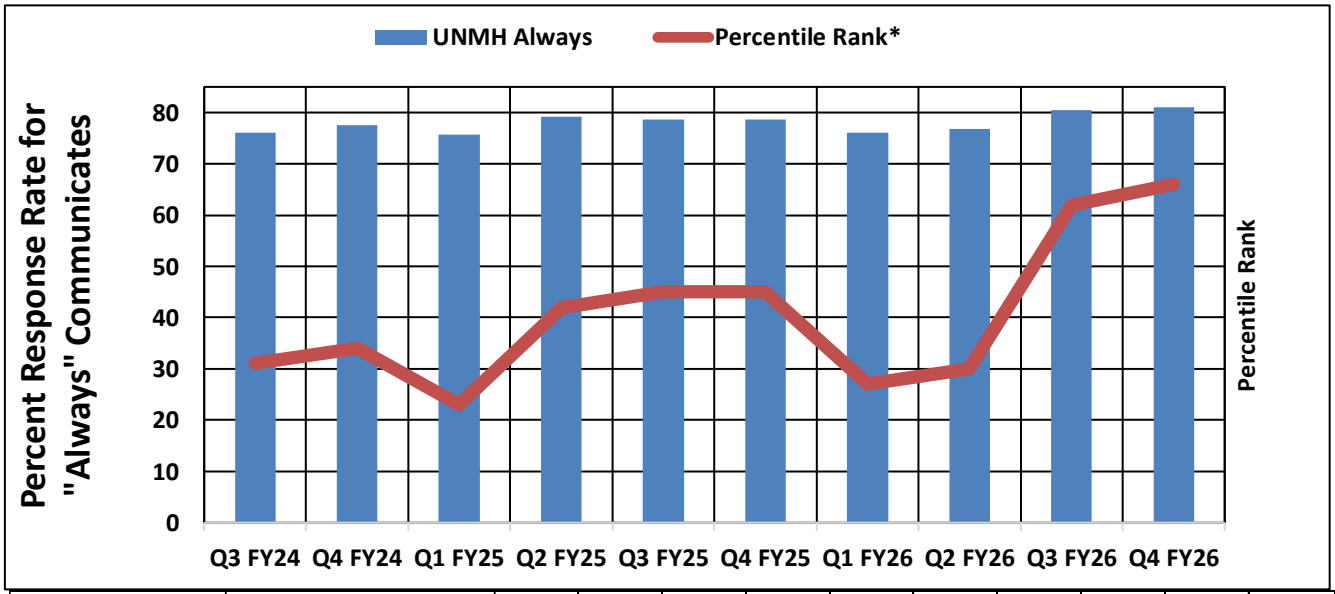
*Peer Group: All Press Ganey Database

HCAHPS Experience – Communications with Nurses



Communication with Nurses	Response	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26	Q4 FY26
	UNMH Always	69.7	73.7	70.7	73.4	75.5	75.1	74.5	72.1	72.8	75.3
	Percentile Rank*	8	13	7	11	21	19	16	8	12	20

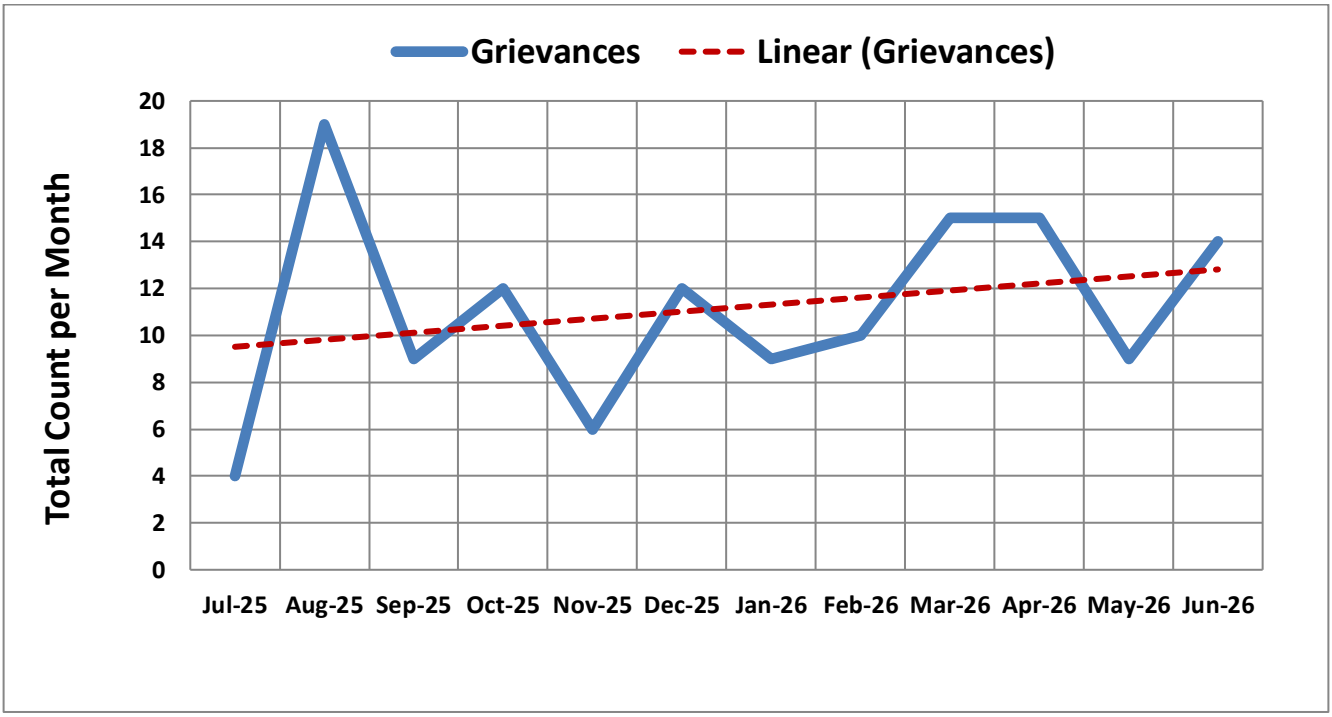
HCAHPS Experience – Communications with Doctors



Communication with Doctors	Response	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26	Q4 FY26
	UNMH Always	76.1	77.6	75.7	79.2	78.6	78.6	76.1	76.8	80.5	81.0
	Percentile Rank*	31	34	23	42	45	45	27	30	62	66

*Peer Group: All Press Ganey Database

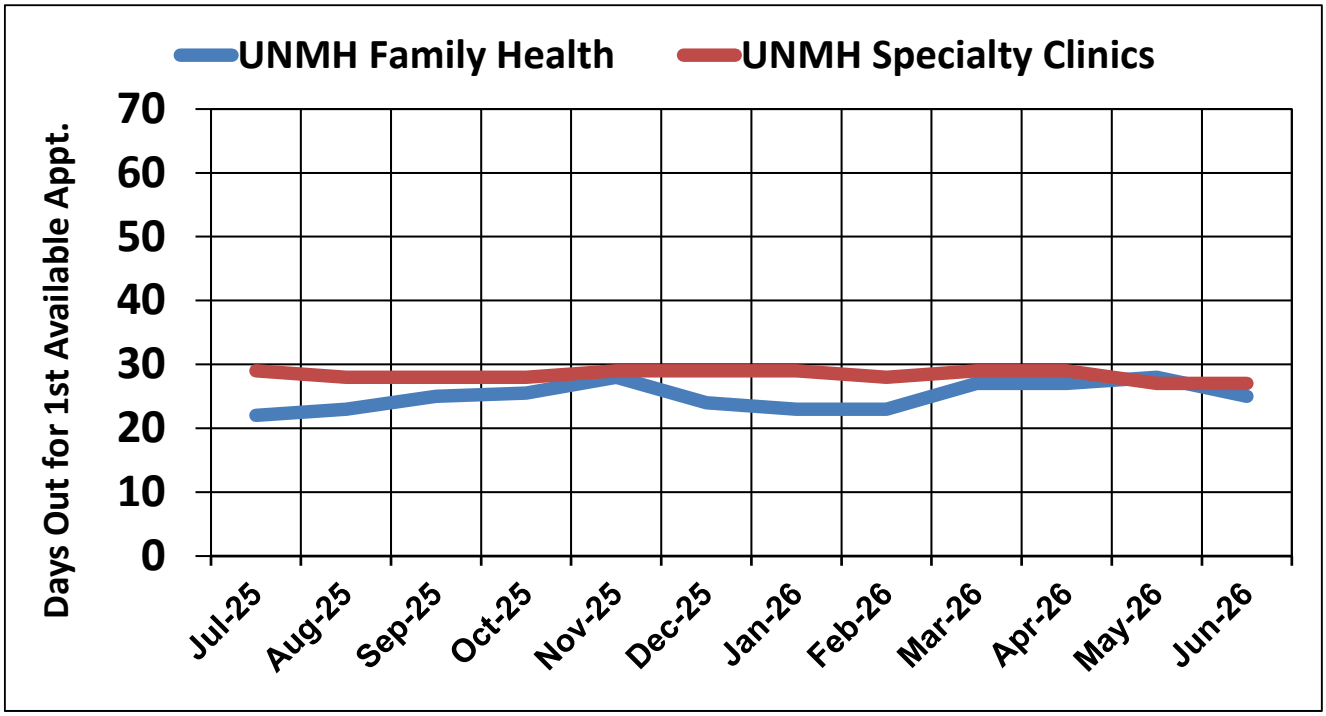
Patient and Family Grievances



Month-Year	Grievances
Jul-25	4
Aug-25	19
Sep-25	9
Oct-25	12
Nov-25	6
Dec-25	12
Jan-26	9
Feb-26	10
Mar-26	15
Apr-26	15
May-26	9
Jun-26	14

*Please note that the data reflects a cumulative running total, which is updated continuously as grievances are closed.

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

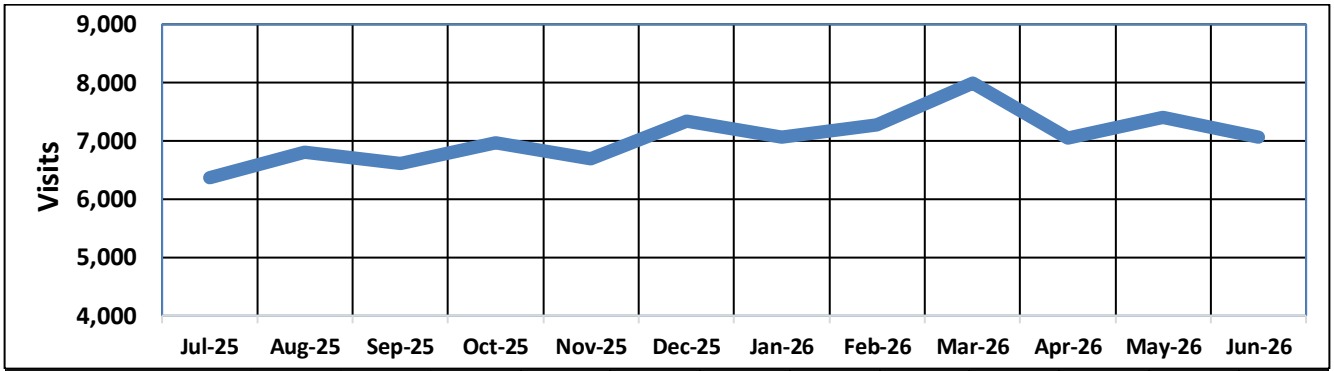


Average 1st Available Day out for Appointments.

Month	UNMH Family Health	UNMH Specialty Clinics
Jul-25	22	29
Aug-25	23	28
Sep-25	25	28
Oct-25	26	28
Nov-25	28	29
Dec-25	24	29
Jan-26	23	29
Feb-26	23	28
Mar-26	27	29
Apr-26	27	29
May-26	28	27
Jun-26	25	27

Number of Emergency Department (ED) Visits

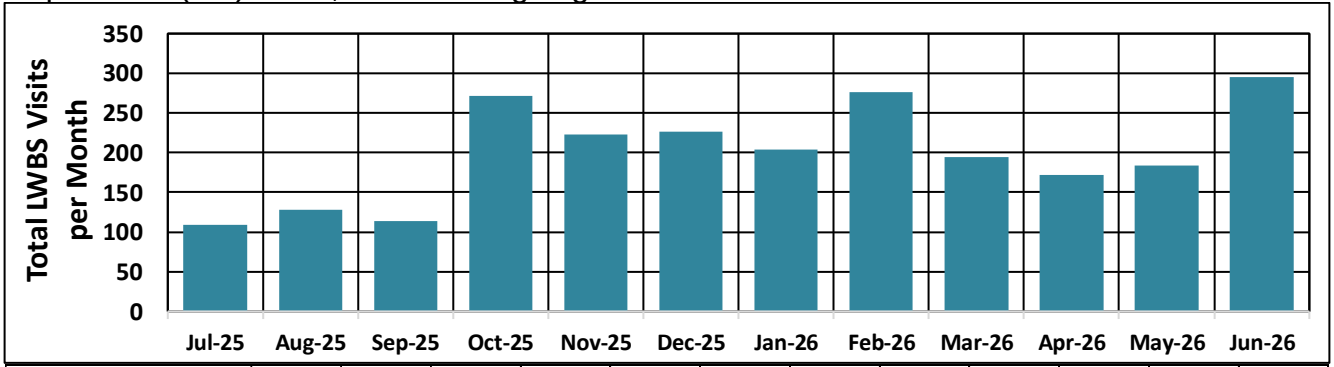
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Visits	6,368	6,811	6,618	6,966	6,695	7,341	7,066	7,274	7,992	7,047	7,408	7,072

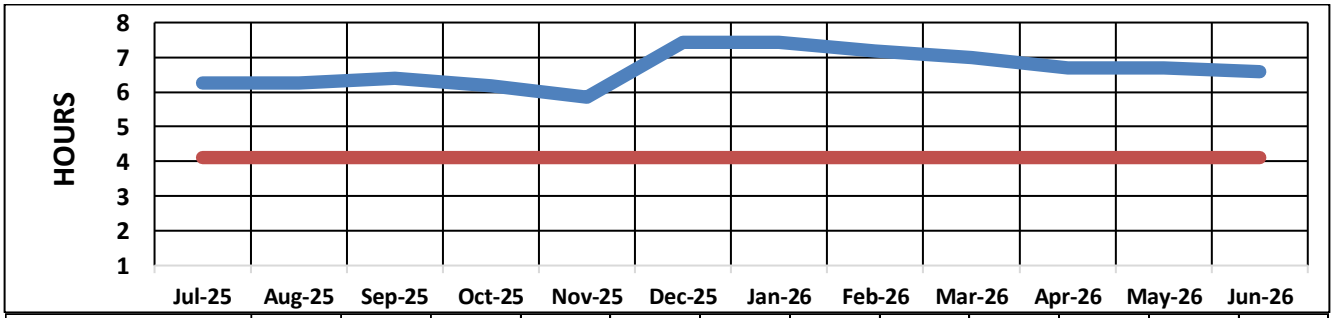
Total ED Patients Left without Being Seen

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



Month	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
UH LWBS	109	128	114	272	223	226	204	276	195	172	184	295

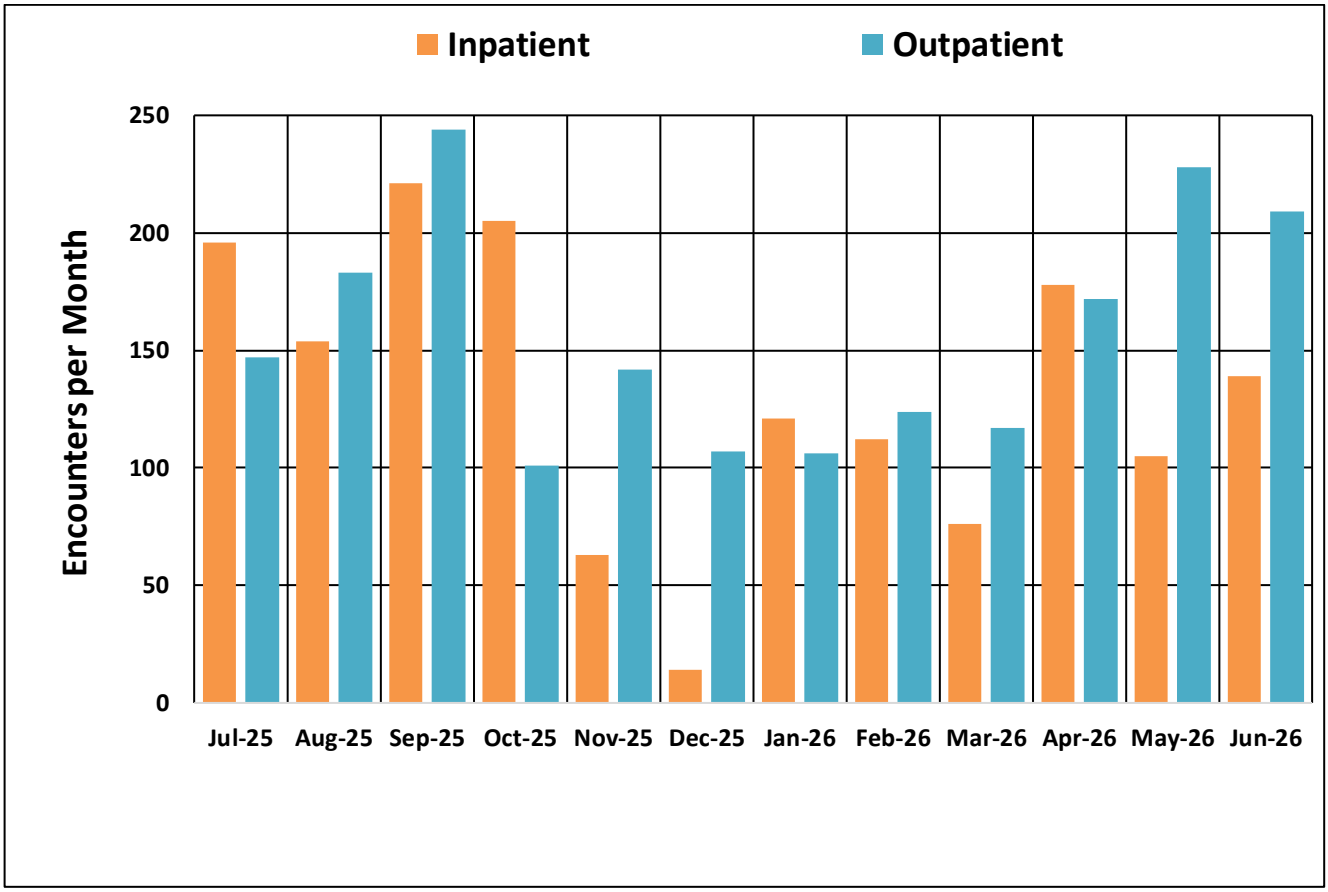
ED Average Hours from Arrival to Disposition



Month	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Arrival to Disposition	6.27	6.27	6.40	6.17	5.85	7.43	7.43	7.18	7.00	6.68	6.70	6.58
*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-25	196	147
Aug-25	154	183
Sep-25	221	244
Oct-25	205	101
Nov-25	63	142
Dec-25	14	107
Jan-26	121	106
Feb-26	112	124
Mar-26	76	117
Apr-26	178	172
May-26	105	228
Jun-26	139	209

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, 2026, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	36,963
EMSA	810
IHS	5,281
Medicaid	306,772
Medicare	332,722
Uninsured	38,704
HMO's & Insurance	318,638
All Other *	62,278
Total Encounters	**1,102,168**
Native American Encounters **	**124,892**

Encounters:
Includes Acute Care and Behavioral Health inpatients and outpatients who provided a Bernalillo County zip code during their registration. Categories are based on Primary Payer Code.

*__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, 2026, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	53,856,613	$ 23,173,724	$ 77,030,337
Catron	37,992	20,106	58,098
Chaves	232,983	315,483	548,466
Cibola	706,352	197,311	903,663
Colfax	56,072	84,620	140,692
Curry	34,970	32,325	67,295
De Baca	1,618	688	2,306
Dona Ana	333,960	129,384	463,344
Eddy	45,328	67,339	112,667
Grant	20,166	30,938	51,104
Guadalupe	70,809	24,298	95,107
Harding	1,447	-	1,447
Hidalgo	10,156	6,463	16,620
Lea	400,835	57,038	457,873
Lincoln	149,751	91,320	241,071
Los Alamos	52,315	244	52,559
Luna	102,216	77,715	179,931
Mc Kinley	1,288,768	353,717	1,642,485
Mora	15,978	7,131	23,109
Otero	24,576	74,773	99,349
Quay	22,251	74,799	97,050
Rio Arriba	525,198	336,104	861,302
Roosevelt	85,769	34,633	120,402
San Juan	507,734	630,499	1,138,233
San Miguel	406,562	63,859	470,420
Sandoval	4,889,036	3,261,538	8,150,574
Santa Fe	2,414,981	815,990	3,230,972
Sierra	124,859	7,199	132,059
Socorro	293,102	258,465	551,568
Taos	183,774	277,875	461,650
Torrance	1,209,727	638,765	1,848,492
Union	16,666	12,696	29,362
Valencia	4,795,563	2,716,911	7,512,474
Out Of State	-	3,467,223	3,467,223
Grand Total	**$ 72,918,129**	**$ 37,341,175**	**$ 110,259,303**

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, 2026

Bernalillo County Zip	Inpatient Encounter Count	Inpatient Charity Care and Uninsured Cost	Outpatient Encounter Count	Outpatient Charity Care and Uninsured Cost	Total Encounter Count	Total Patient Charity Care and Uninsured Cost
87008	2	$ 490	179	$ 28,505	181	$ 28,995
87022	11	$ 17,667	133	$ 17,425	144	$ 35,092
87047	4	$ 30,717	284	$ 39,137	288	$ 69,854
87059	24	$ 151,099	611	$ 149,079	635	$ 300,177
87100	-	$ -	-	$ -	-	$ -
87101	-	$ -	39	$ 7,997	39	$ 7,997
87102	166	$ 1,464,243	5,417	$ 2,365,751	5,583	$ 3,829,994
87103	5	$ 34,398	87	$ 20,551	92	$ 54,949
87104	53	$ 420,651	1,878	$ 762,843	1,931	$ 1,183,494
87105	414	$ 4,733,441	14,448	$ 6,420,419	14,862	$ 11,153,860
87106	124	$ 1,505,634	4,664	$ 2,291,510	4,788	$ 3,797,143
87107	137	$ 1,235,591	5,337	$ 2,196,582	5,474	$ 3,432,173
87108	315	$ 4,078,404	11,208	$ 4,864,432	11,523	$ 8,942,837
87109	143	$ 999,576	4,258	$ 1,456,759	4,401	$ 2,456,334
87110	140	$ 1,572,041	5,165	$ 1,878,056	5,305	$ 3,450,097
87111	81	$ 746,196	3,340	$ 938,173	3,421	$ 1,684,369
87112	134	$ 1,291,511	5,596	$ 1,843,592	5,730	$ 3,135,102
87113	40	$ 219,621	1,655	$ 608,401	1,695	$ 828,022
87114	144	$ 1,037,458	4,806	$ 1,941,486	4,950	$ 2,978,944
87115	-	$ -	4	$ 557	4	$ 557
87116	8	$ 109,396	54	$ 19,023	62	$ 128,419
87117	-	$ -	6	$ 405	6	$ 405
87119	2	$ 2,200	64	$ 11,937	66	$ 14,137
87120	159	$ 1,069,170	5,701	$ 2,309,441	5,860	$ 3,378,611
87121	599	$ 6,397,958	22,718	$ 11,594,039	23,317	$ 17,991,997
87122	12	$ 25,025	719	$ 218,537	731	$ 243,561
87123	256	$ 1,550,147	9,731	$ 4,904,859	9,987	$ 6,455,005
87125	6	$ 27,433	233	$ 176,512	239	$ 203,945
87128	-	$ -	-	$ -	-	$ -
87130	-	$ -	-	$ -	-	$ -
87131	-	$ -	7	$ 2,858	7	$ 2,858
87140	-	$ -	-	$ -	-	$ -
87151	45	$ 654,952	401	$ 321,460	443	$ 976,412
87153	-	$ -	11	$ 1,105	11	$ 1,105
87154	1	$ 93	66	$ 17,352	67	$ 17,444
87158	-	$ -	-	$ -	-	$ -
87176	9	$ 21,608	191	$ 25,421	200	$ 47,028
87181	3	$ 7,224	56	$ 5,799	59	$ 13,023
87184	-	$ -	11	$ 949	11	$ 949
87185	-	$ -	9	$ 896	9	$ 896
87187	-	$ -	13	$ 1,440	13	$ 1,440
87190	-	$ -	28	$ 7,068	28	$ 7,068
87191	1	$ 1,156	44	$ 7,672	45	$ 8,828
87192	7	$ 4,458	85	$ 6,848	92	$ 11,306
87193	2	$ 7,682	90	$ 15,685	92	$ 23,367
87194	1	$ 310	94	$ 18,948	95	$ 19,258
87195	7	$ 8,631	160	$ 40,254	167	$ 48,886
87196	2	$ 669	57	$ 6,299	59	$ 6,968
87197	1	$ 5,662	50	$ 6,827	51	$ 12,489
87198	2	$ 1,089	124	$ 31,409	126	$ 32,498
87199	-	$ -	82	$ 12,442	85	$ 12,442
Grand Total	**3,060**	**29,433,600**	**109,914**	**47,596,737**	**112,974**	**77,030,337**

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the twelve (12) months ended June 30, 2026

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	55	32	42	9	5	11	18	2	-	-	7	181
87022	65	19	6	9	2	9	10	5	-	-	19	144
87047	73	64	32	30	5	21	13	17	3	-	30	288
87059	209	80	94	59	26	37	54	14	6	4	52	635
87100	-	-	-	-	-	-	-	-	-	-	-	-
87101	14	-	-	1	1	-	-	-	-	-	23	39
87102	1,859	839	347	568	398	316	305	142	41	5	763	5,583
87103	26	16	2	14	13	3	4	-	1	-	13	92
87104	709	236	226	204	121	102	127	52	9	1	144	1,931
87105	5,182	2,111	880	1,472	1,779	790	921	470	116	27	1,114	14,862
87106	1,703	606	231	458	335	215	303	121	45	15	756	4,788
87107	2,026	751	341	574	403	363	278	140	36	6	556	5,474
87108	4,193	1,405	830	923	1,220	623	630	217	93	31	1,358	11,523
87109	1,608	539	324	413	331	253	273	147	38	10	465	4,401
87110	1,921	665	353	473	255	300	364	153	29	5	787	5,305
87111	1,206	409	272	319	216	183	256	92	31	10	427	3,421
87112	2,023	658	478	524	375	330	336	162	41	10	793	5,730
87113	648	206	216	135	107	72	91	35	10	2	173	1,695
87114	1,766	602	435	545	406	236	303	150	28	12	467	4,950
87115	1	-	-	-	2	-	-	-	-	-	1	4
87116	33	5	-	5	8	-	5	-	1	-	5	62
87117	2	1	-	-	-	-	-	-	-	-	3	6
87119	19	21	3	11	2	5	-	1	-	-	4	66
87120	2,155	709	460	595	545	267	342	149	66	8	564	5,860
87121	8,717	3,106	1,678	2,458	2,897	1,234	1,175	530	192	50	1,280	23,317
87122	257	98	70	65	31	48	57	14	3	2	86	731
87123	3,731	1,273	743	889	1,137	539	566	247	61	17	784	9,987
87125	84	35	2	13	4	17	11	7	3	2	61	239
87128	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-
87131	4	-	-	-	-	2	-	-	-	-	1	7
87140	-	-	-	-	-	-	-	-	-	-	-	-
87151	112	66	5	84	5	34	33	10	4	-	90	443
87153	9	-	1	-	-	1	-	-	-	-	-	11
87154	16	17	12	6	4	3	4	1	-	-	4	67
87158	-	-	-	-	-	-	-	-	-	-	-	-
87176	78	35	24	21	-	13	10	5	-	-	14	200
87181	13	3	27	1	-	6	-	-	-	-	9	59
87184	5	1	-	1	1	1	-	1	-	-	1	11
87185	4	1	4	-	-	-	-	-	-	-	-	9
87187	5	1	-	-	-	-	4	-	-	-	3	13
87190	10	2	10	1	1	-	1	1	-	-	2	28
87191	21	3	-	5	-	2	4	4	-	-	6	45
87192	41	7	6	11	4	1	7	-	1	-	14	92
87193	23	10	28	8	2	8	3	4	-	-	6	92
87194	34	25	1	10	-	8	4	4	-	-	9	95
87195	61	16	1	21	22	11	12	5	2	1	15	167
87196	25	5	1	5	1	11	5	1	-	-	5	59
87197	10	3	6	15	2	5	3	7	-	-	-	51
87198	40	22	10	10	2	15	17	3	1	-	6	126
87199	24	9	6	15	3	5	7	10	1	-	5	85
Grand Total	**40,820**	**14,712**	**8,207**	**10,980**	**10,671**	**6,100**	**6,556**	**2,923**	**862**	**218**	**10,925**	**112,974**

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

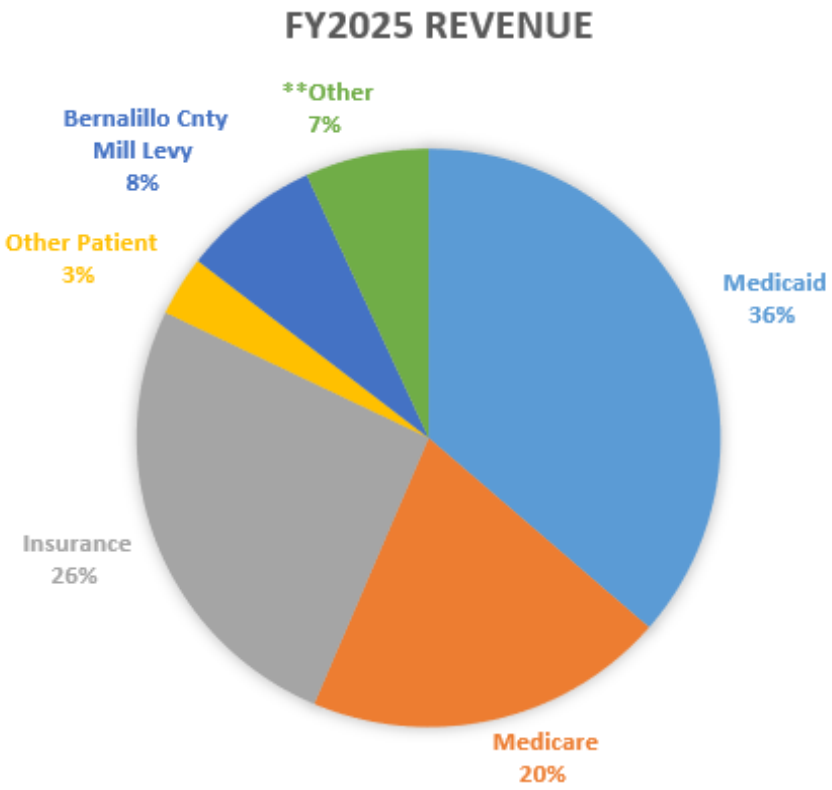
Primary Reason for Bernalillo County Indigent Resident Visits

Totals are for each of the eight (8) quarters ended June 30, 2026

Description	2026Q4	2026Q3	2026Q2	2026Q1	2025Q4	2025Q3	2025Q2	2025Q1
Undefined	8726	3022	4424	4724	4651	3847	2812	3666
Factors influencing health status and contact with health services	7635	3230	4886	5280	5369	5405	4212	5348
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	3592	1614	2290	2459	2503	2496	1910	2329
Diseases of the musculoskeletal system and connective tissue	3457	1508	2173	2438	2417	2308	1841	2334
Diseases of the circulatory system	2094	900	1331	1389	1402	1379	1038	1305
Endocrine, nutritional and metabolic diseases	2088	883	1243	1352	1393	1489	1141	1458
Injury, poisoning and certain other consequences of external causes	2009	835	1231	1367	1302	1229	1034	1361
Diseases of the nervous system	1889	839	1186	1275	1359	1231	951	1209
Neoplasms	1630	712	990	1067	1097	1113	857	1039
Mental and behavioural disorders	1628	691	1018	1097	1163	1189	987	1139
Diseases of the genitourinary system	1537	664	949	990	1008	1011	767	1023
Diseases of the respiratory system	1324	573	844	890	901	843	676	832
Diseases of the digestive system	1188	744	887	676	885	1299	770	717
Pregnancy, childbirth and the puerperium	898	359	576	636	651	608	508	624
Diseases of the skin and subcutaneous tissue	844	384	543	559	598	613	497	633
Diseases of the ear and mastoid process	493	251	324	327	361	399	303	354
Certain infectious and parasitic diseases	385	166	273	252	284	326	225	255
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	282	116	158	179	190	182	134	175
Congenital malformations, deformations and chromosomal abnormalities	266	105	162	179	170	165	132	161
Diseases of the eye and adnexa	215	97	133	146	185	506	389	549
Codes for special purposes	31	12	18	19	18	23	14	23
Certain conditions originating in the perinatal period	14	16	40	43	22	37	61	94
External causes of morbidity and mortality	1	1	1	2	1	1	1	1
	42,226	**17,722**	**25,680**	**27,346**	**27,930**	**27,699**	**21,260**	**26,629**

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.

FY2025	
Medicaid	$ 627,540,218
Medicare	345,353,633
Insurance	443,128,860
*Other Patient	58,883,932
Bernalillo Cnty Mill Levy	132,088,476
**Other	118,269,741
Total Revenues	**$ 1,725,264,861**

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

FY24 is based on the twelve (12) months ended June 30, 2024
FY25 is based on the twelve (12) months ended June 30, 2025
FY25 is based on the twelve (12) months ended June 30, 2026

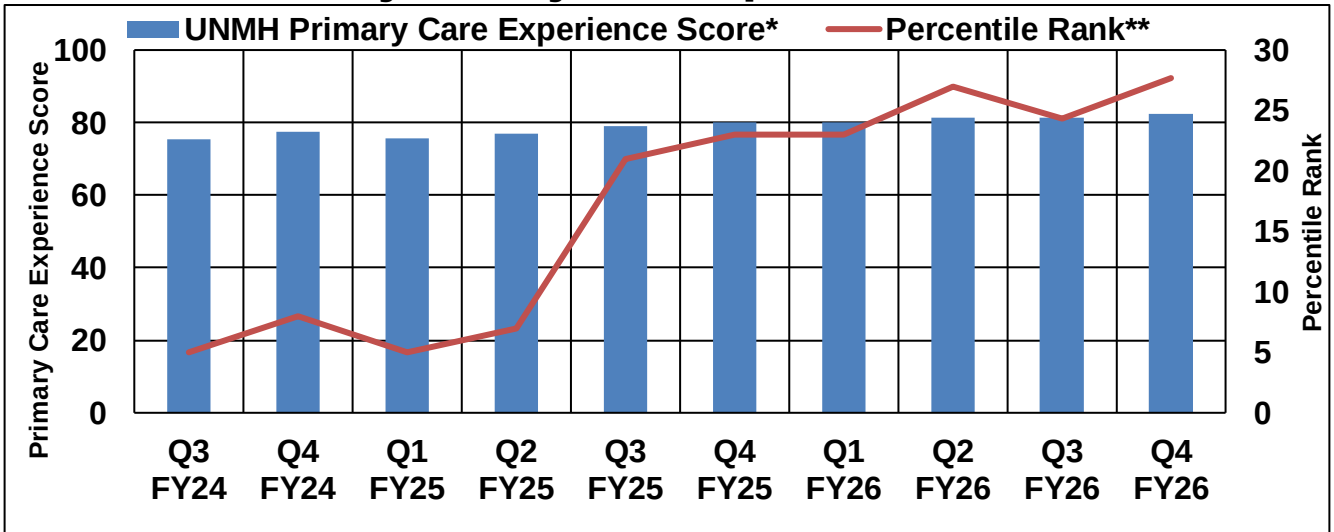
540,655	**FY24 Actual (12 Months)**
544,968	**FY25 Actual (12 Months)**
563,172	**FY26 Actual (12 months)**

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

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

Clinic:	Location:	Hours:
Adult Urgent Care	Main Hospital - 1st Floor, 2211 Lomas Blvd NE	Monday - Sunday: 7am-6pm
Peds Urgent Care	UNMH Ambulatory Care Center (ACC) - 3rd Floor, 2211 Lomas Blvd NE	Mon-Fri: 8am-6pm, 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

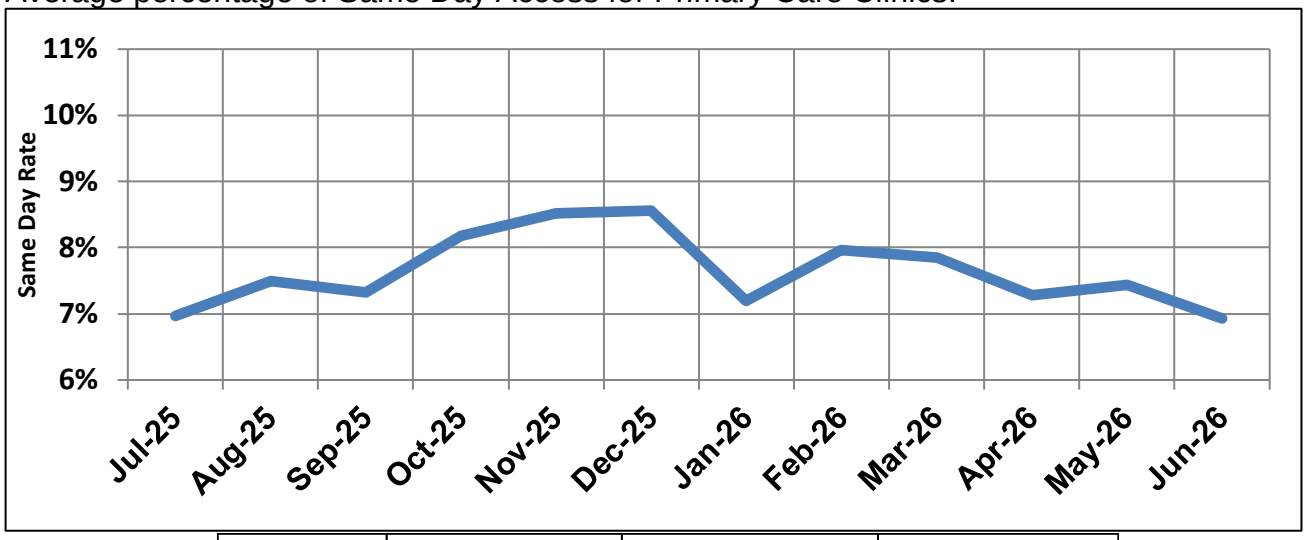


Quarter	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26	Q4 FY26
UNMH Primary Care Experience Score*	75.4	77.4	75.7	76.9	79.1	80.0	80.2	81.4	81.4	82.3
Percentile Rank**	5	8	5	7	21	23	23	27	24	28

* 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

Percentage of Primary Care Patients with Same Day Clinic Appointments

Average percentage of Same Day Access for Primary Care Clinics.



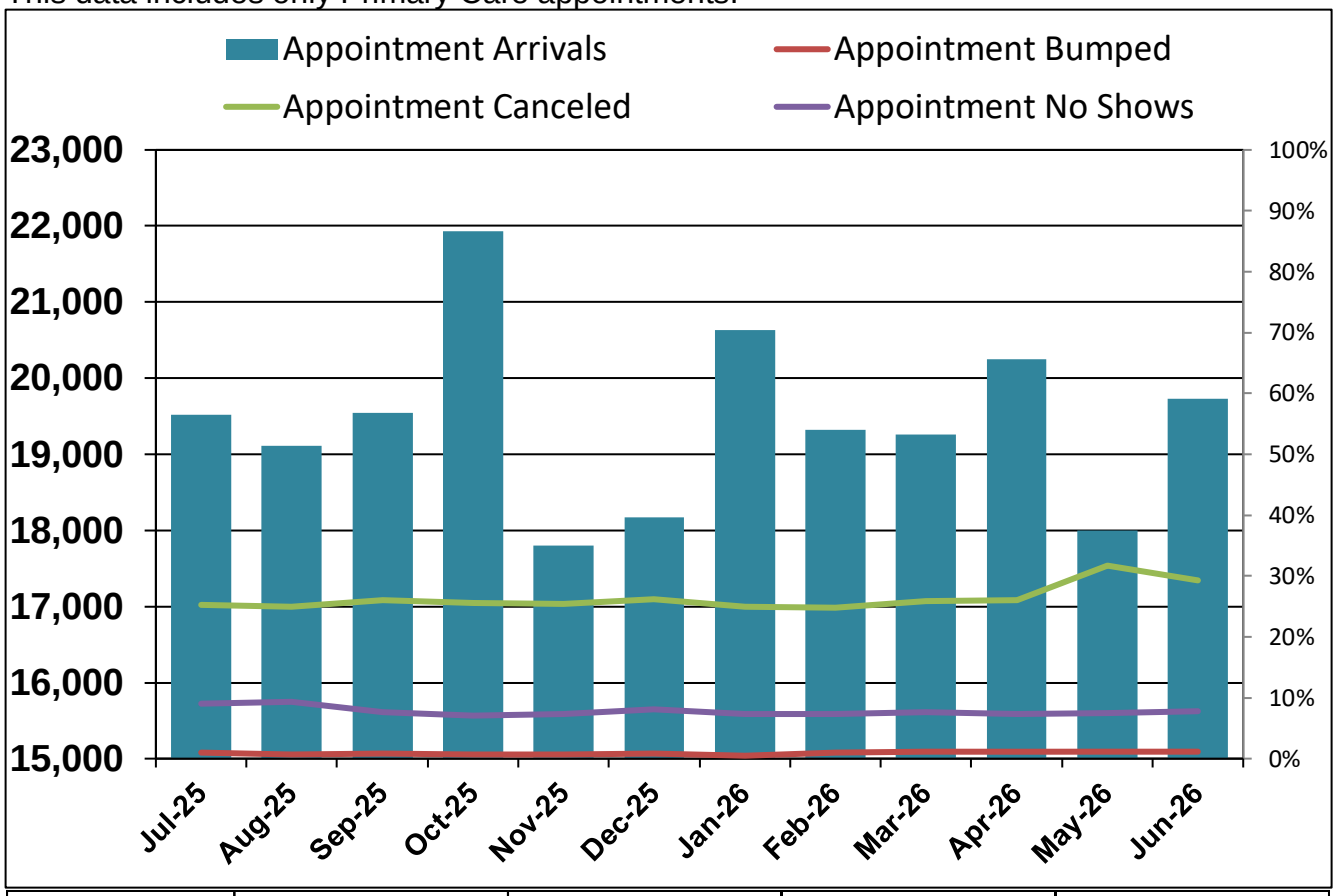
Month	Same Day	Total Arrived	Same Day Rate
Jul-25	1,145	16,443	**7.0%**
Aug-25	1,205	16,065	**7.5%**
Sep-25	1,218	16,618	**7.3%**
Oct-25	1,502	18,357	**8.2%**
Nov-25	1,270	14,906	**8.5%**
Dec-25	1,295	15,129	**8.6%**
Jan-26	1,257	17,478	**7.2%**
Feb-26	1,289	16,199	**8.0%**
Mar-26	1,334	16,983	**7.9%**
Apr-26	1,252	17,192	**7.3%**
May-26	1,142	15,368	**7.4%**
Jun-26	1,146	16,538	**6.9%**

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

Average	***Primary Care Clinics***
3.3%	1209 Clinic
7.1%	Family Practice Clinic
1.1%	General Pediatric Clinic
6.7%	Northeast Heights Clinic
4.9%	Senior Health Center
3.3%	Southeast Heights Clinic
4.4%	Southwest Mesa Clinic
5.2%	SRMC FP Clinic
7.0%	UH 4th Street NV Clinic
19.1%	UH Atrisco Heritage
27.5%	UNM Lobocare Clinic
5.9%	UNMMG Family Health Grande
5.0%	Westside Clinic
6.3%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

This data includes only Primary Care appointments.

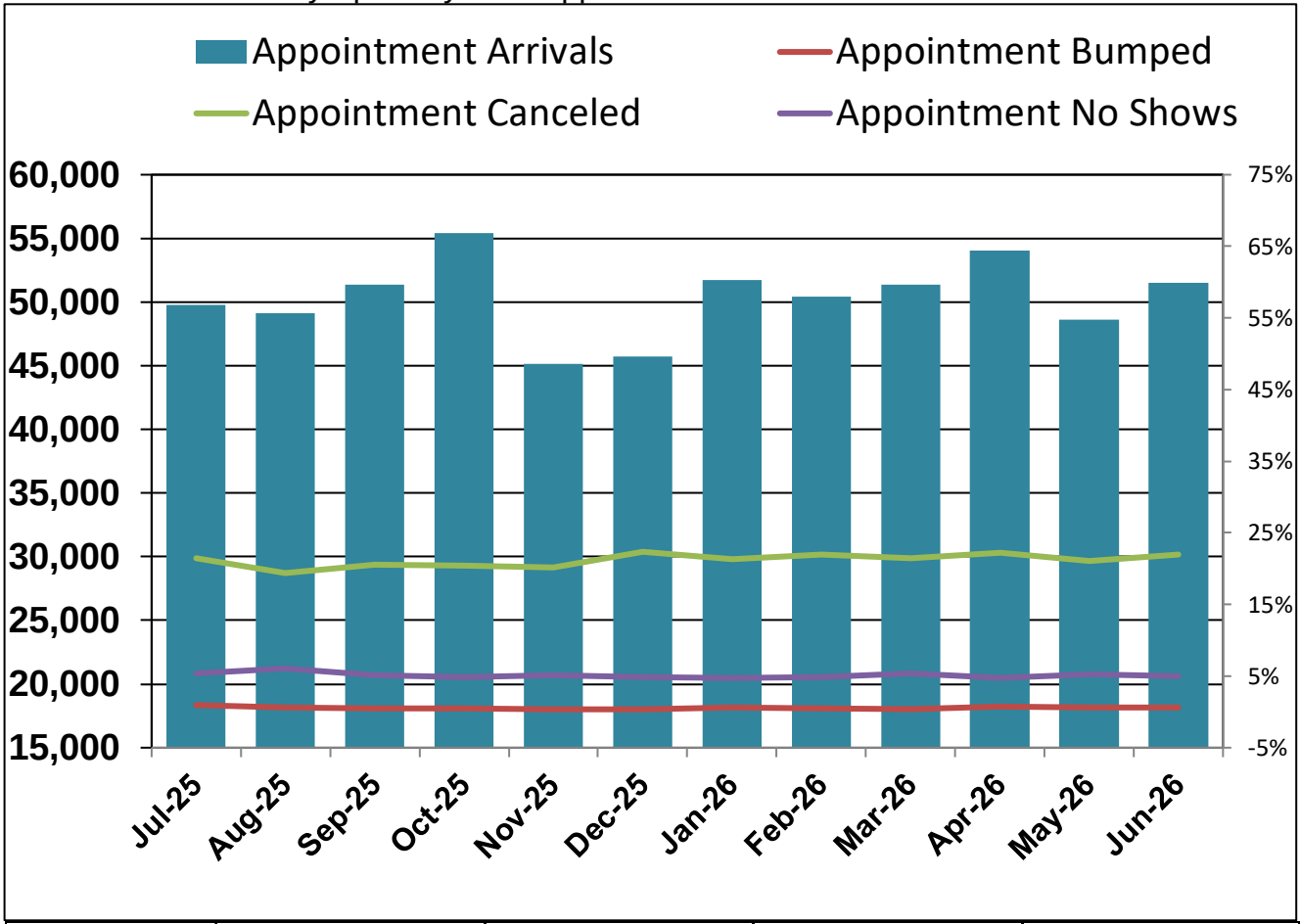


Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-25	19,519	1%	25%	9%
Aug-25	19,112	1%	25%	9%
Sep-25	19,544	1%	26%	8%
Oct-25	21,936	1%	26%	7%
Nov-25	17,795	1%	25%	7%
Dec-25	18,170	1%	26%	8%
Jan-26	20,629	0%	25%	7%
Feb-26	19,322	1%	25%	7%
Mar-26	19,260	1%	26%	8%
Apr-26	20,254	1%	26%	7%
May-26	17,995	1%	32%	8%
Jun-26	19,732	1%	29%	8%

*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

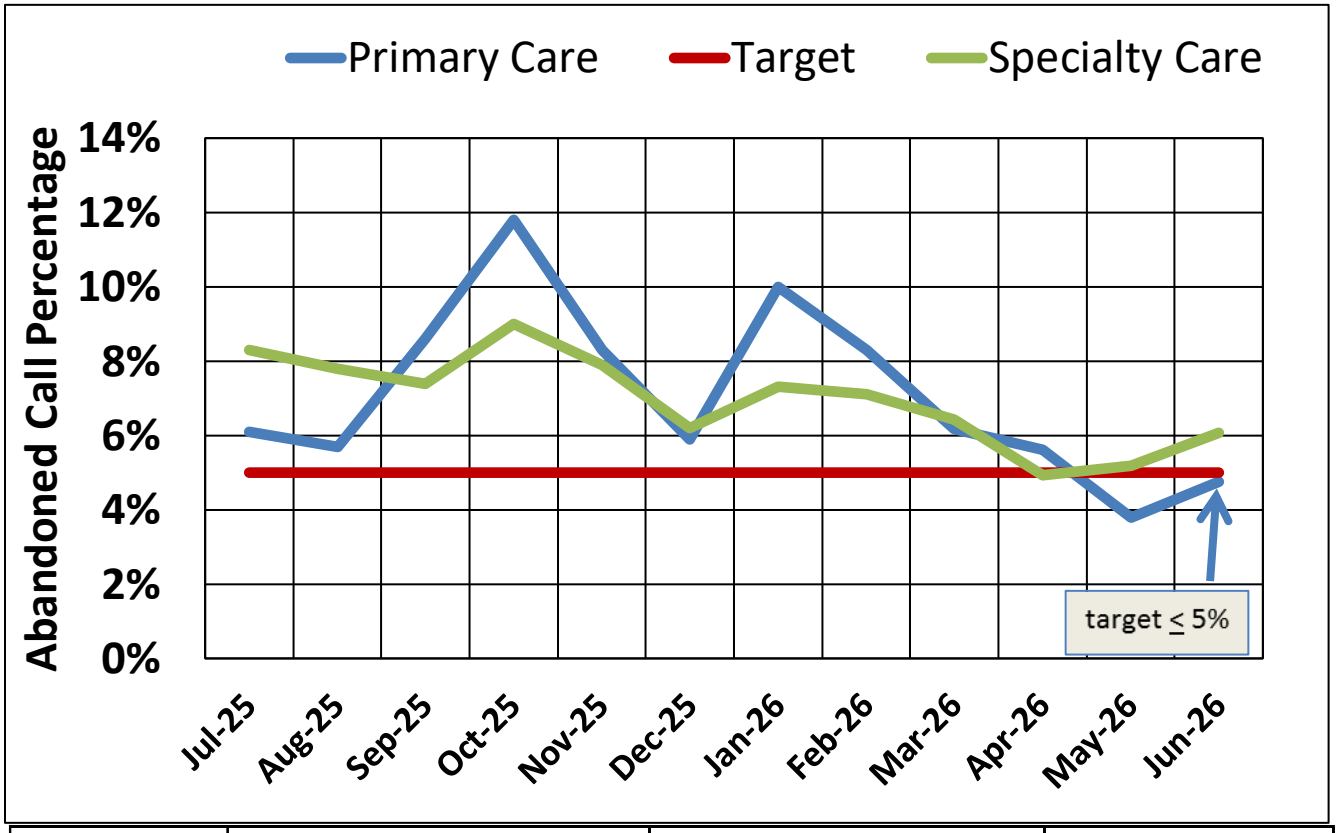
This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-25	49,795	1%	21%	5%
Aug-25	49,129	1%	19%	6%
Sep-25	51,341	1%	21%	5%
Oct-25	55,424	0%	20%	5%
Nov-25	45,141	0%	20%	5%
Dec-25	45,715	0%	22%	5%
Jan-26	51,722	1%	21%	5%
Feb-26	50,450	0%	22%	5%
Mar-26	51,375	0%	21%	5%
Apr-26	54,071	1%	22%	5%
May-26	48,615	1%	21%	5%
Jun-26	51,474	1%	22%	5%

*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.

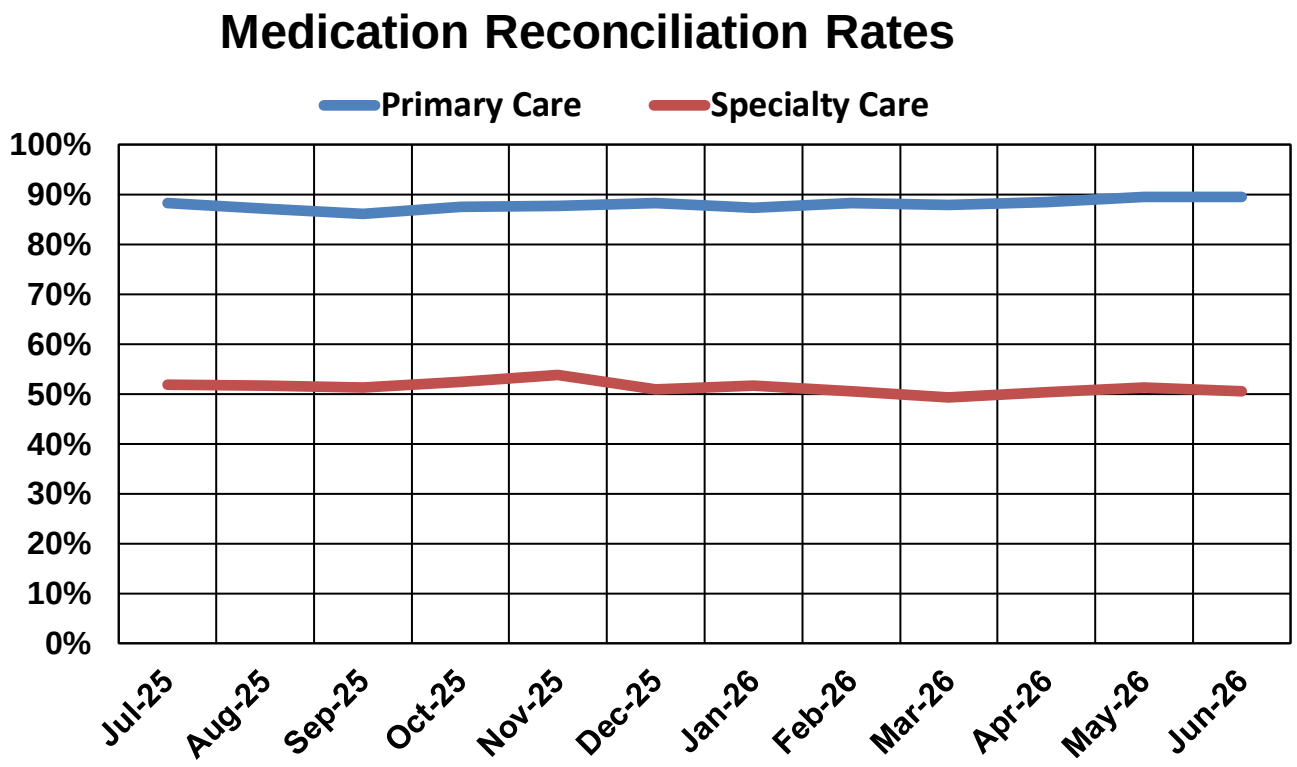
Percentage Abandoned Phone Calls for Primary and Specialty Care



Area: Month	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Jul-25	6.10%	8.30%	5%
Aug-25	5.70%	7.80%	5%
Sep-25	8.60%	7.40%	5%
Oct-25	11.80%	9.00%	5%
Nov-25	8.30%	7.90%	5%
Dec-25	5.90%	6.20%	5%
Jan-26	10.00%	7.30%	5%
Feb-26	8.30%	7.10%	5%
Mar-26	6.18%	6.42%	5%
Apr-26	5.62%	4.93%	5%
May-26	3.79%	5.19%	5%
Jun-26	4.76%	6.06%	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
Jul-25	88.2%	51.8%
Aug-25	87.2%	51.6%
Sep-25	86.1%	51.3%
Oct-25	87.5%	52.5%
Nov-25	87.7%	53.8%
Dec-25	88.2%	50.9%
Jan-26	87.4%	51.6%
Feb-26	88.2%	50.5%
Mar-26	87.9%	49.3%
Apr-26	88.5%	50.3%
May-26	89.5%	51.2%
Jun-26	89.5%	50.5%

Percentage of Patients with Access to Electronic Medical Record

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

As of June 30, 2026

534,240	Invitations sent out to patients who provided an email address.
248,494	Patients who have claimed invitation to sign up.
11,524	Patients who have self enrolled directly without an invitation.
218,884	*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).

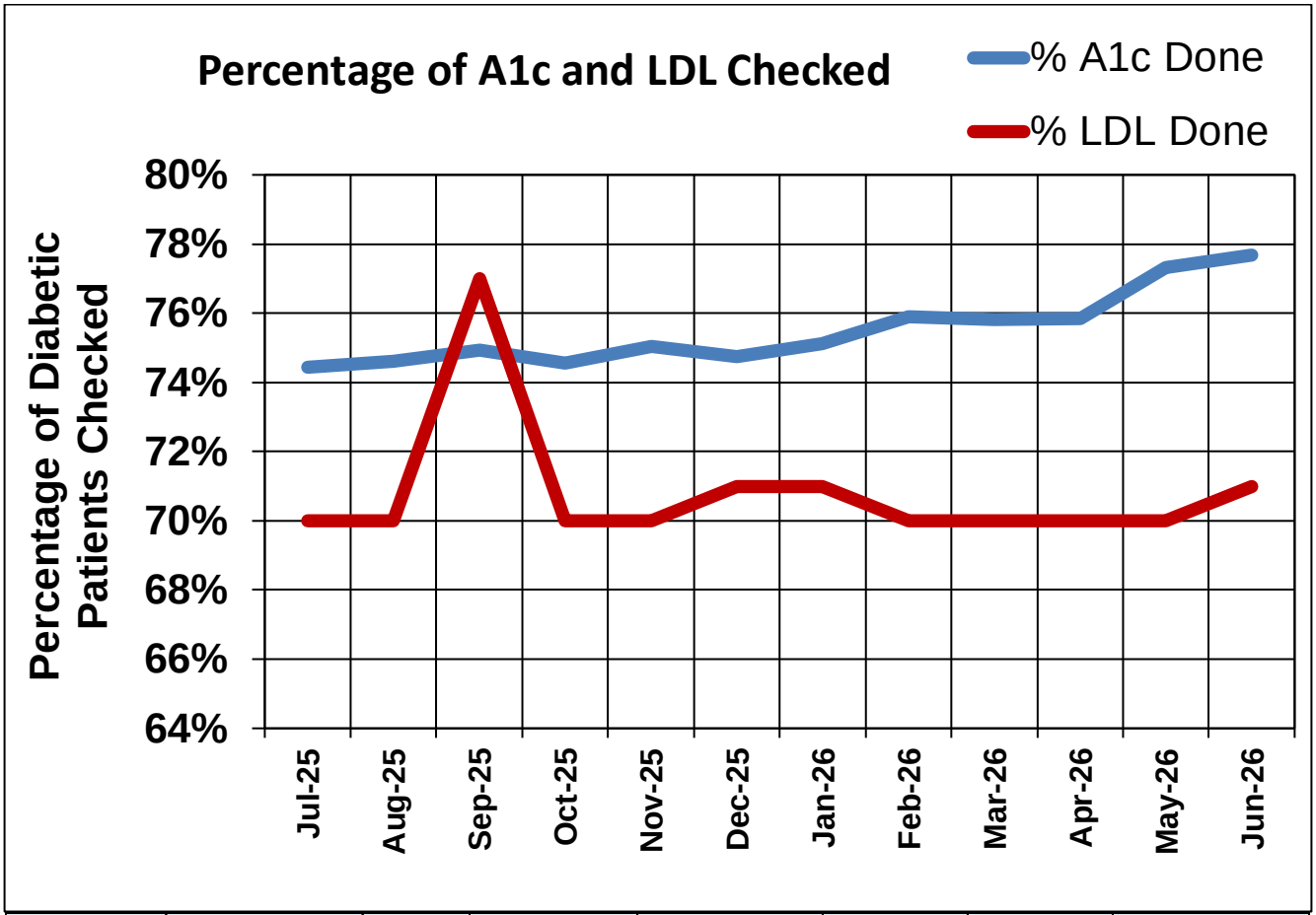
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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



Month	Total Patients		A1c Done	% A1c Done		LDL Done	% LDL Done
Jul-25	8,012		5,964	74%		6,117	70%
Aug-25	8,031		5,991	75%		6,134	70%
Sep-25	8,066		6,044	75%		6,164	77%
Oct-25	8,075		6,020	75%		6,138	70%
Nov-25	8,135		6,105	75%		6,227	70%
Dec-25	8,128		6,075	75%		6,272	71%
Jan-26	8,157		6,128	75%		6,283	71%
Feb-26	8,177		6,207	76%		6,253	70%
Mar-26	8,240		6,248	76%		6,299	70%
Apr-26	8,310		6,303	76%		6,256	70%
May-26	6,898		5,333	77%		6,305	70%
Jun-26	6,891		5,353	78%		6,347	71%

C. FINANCIAL SERVICES

UNM Care Enrollment and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Medicaid applications completed at UNMH
Jul-25	5,315	233
Aug-25	5,379	258
Sep-25	3,877	216
Oct-25	7,432	113
Nov-25	7,526	172
Dec-25	7,891	220
Jan-26	7,879	218
Feb-26	7,882	156
Mar-26	7,962	178
Apr-26	7,142	203
May-26	7,261	219
Jun-26	5,489	190

Total Uncompensated Care – Charity Care and Uninsured

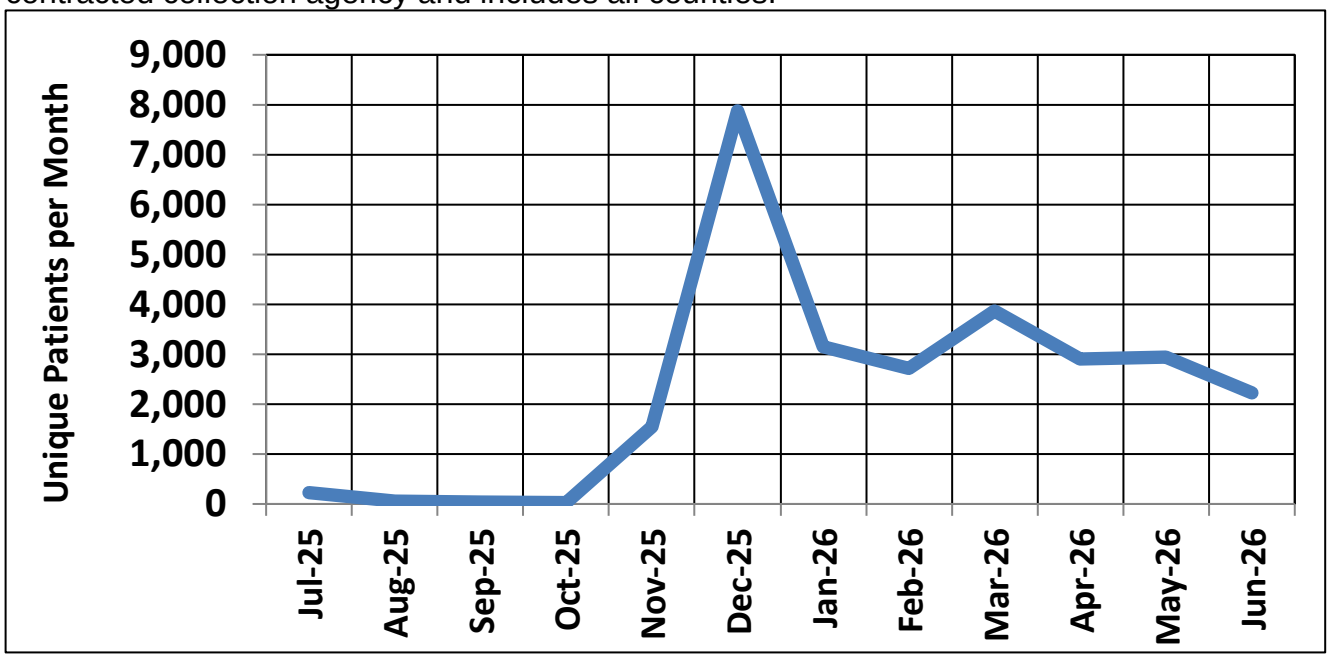
For the twelve (12) months ended June 30, 2026, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	28,975	11,455	40,430
Cost	**$ 53,856,613**	**$ 23,173,724**	**$ 77,030,337**

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

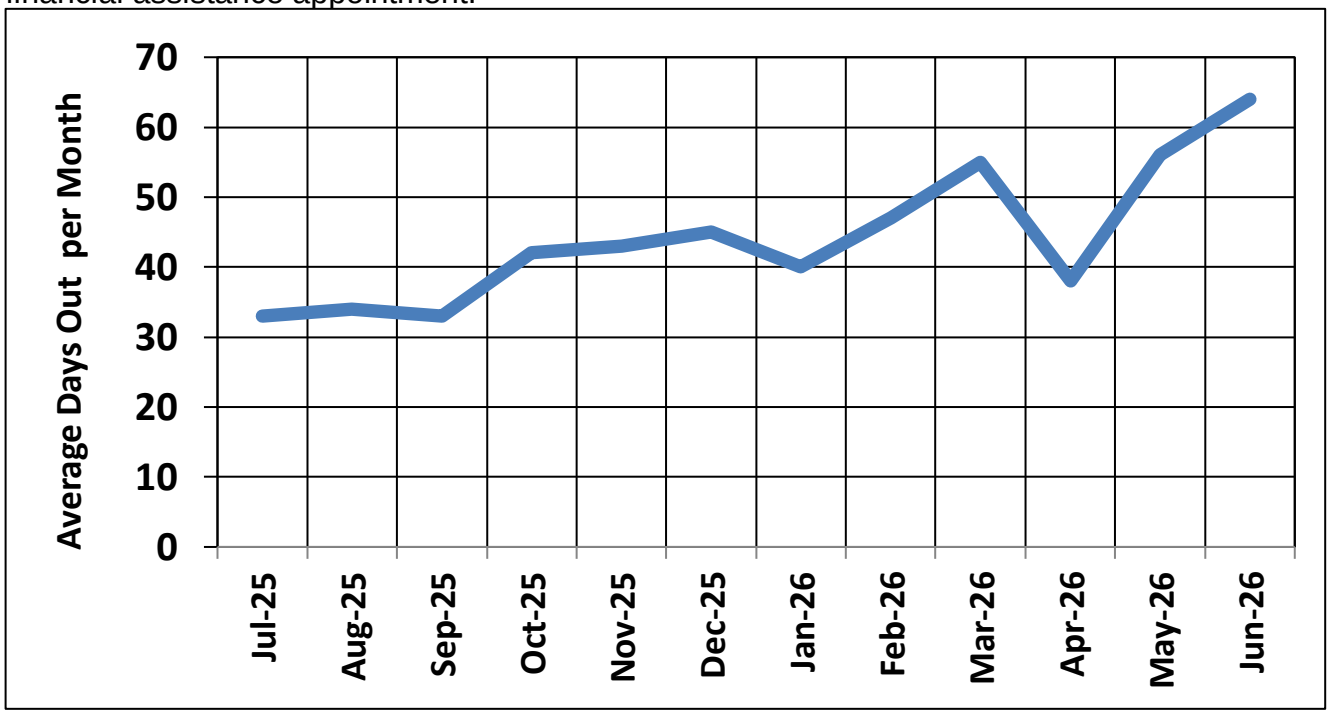
The following trend is the monthly number of unique patient accounts sent to the UNMH contracted collection agency and includes all counties.



*Collections agency transitioned between vendors beginning July 2025 and increased Nov-Dec 2025 upon transition completion.

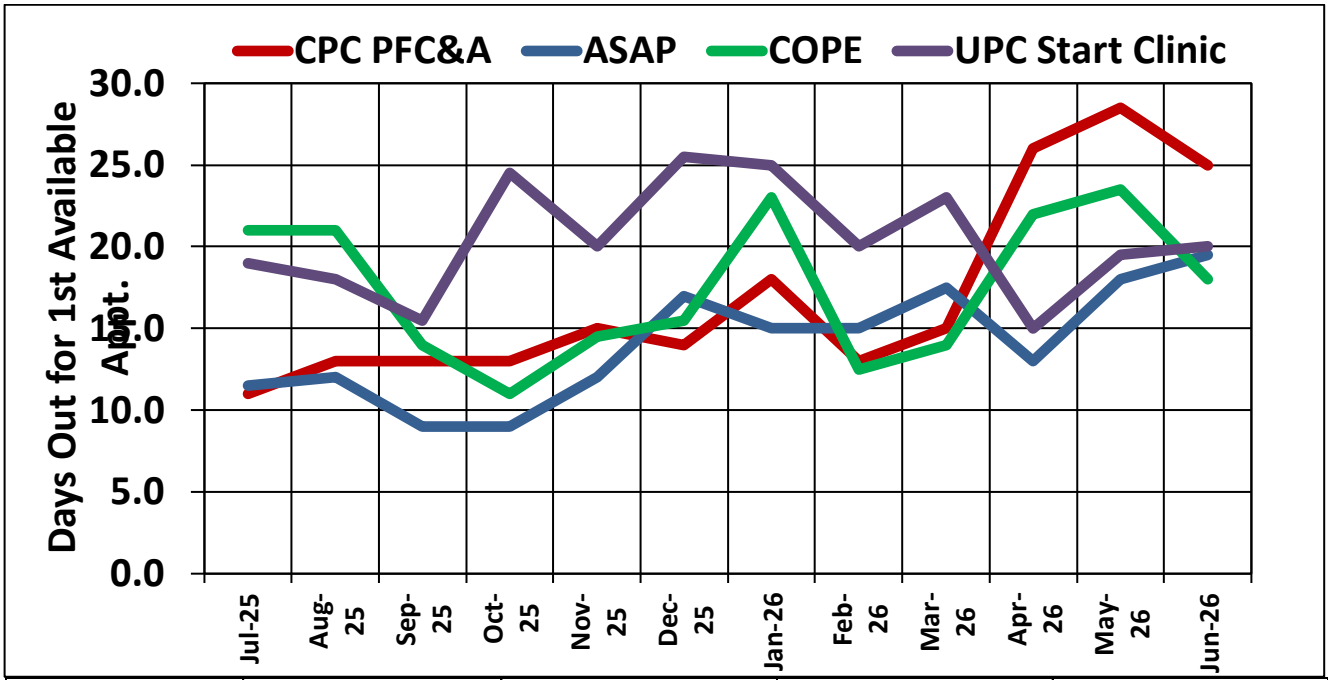
Days Out for Scheduling Financial Assistance Appointment

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



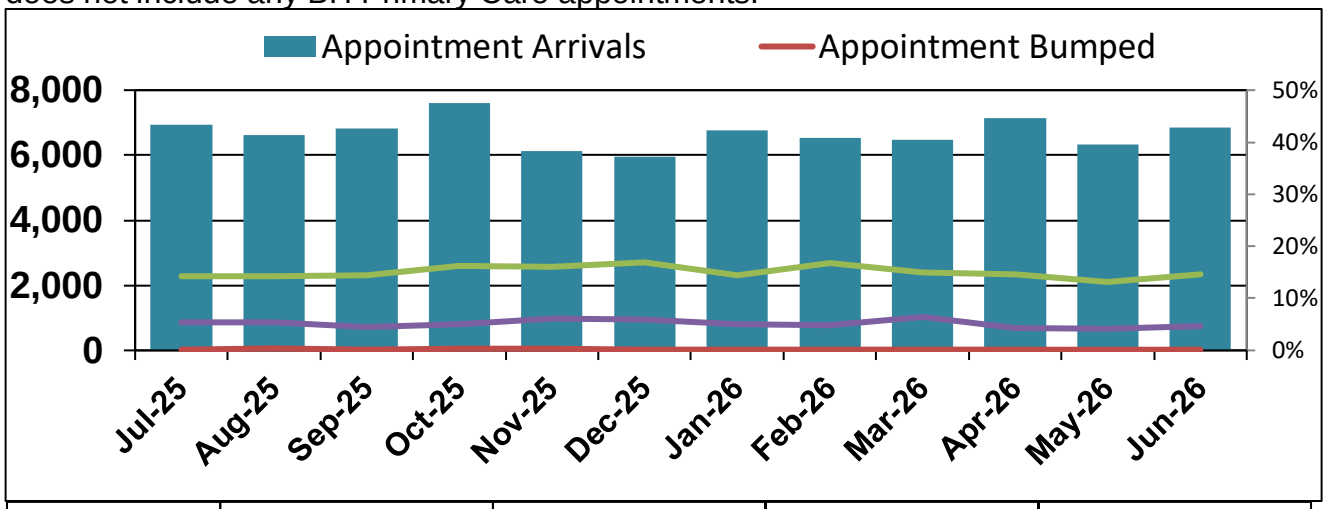
Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Jul-25	11.0	11.5	21.0	19.0
Aug-25	13.0	12.0	21.0	18.0
Sep-25	13.0	9.0	14.0	15.5
Oct-25	13.0	9.0	11.0	24.5
Nov-25	15.0	12.0	14.5	20.0
Dec-25	14.0	17.0	15.5	25.5
Jan-26	18.0	15.0	23.0	25.0
Feb-26	13.0	15.0	12.5	20.0
Mar-26	15.0	17.5	14.0	23.0
Apr-26	26.0	13.0	22.0	15.0
May-26	28.5	18.0	23.5	19.5
Jun-26	25.0	19.5	18.0	20.0

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-25	6,926	0%	14%	5%
Aug-25	6,631	0%	14%	5%
Sep-25	6,819	0%	14%	4%
Oct-25	7,589	0%	16%	5%
Nov-25	6,128	0%	16%	6%
Dec-25	5,964	0%	17%	6%
Jan-26	6,753	0%	14%	5%
Feb-26	6,539	0%	17%	5%
Mar-26	6,471	0%	15%	6%
Apr-26	7,151	0%	15%	4%
May-26	6,324	0%	13%	4%
Jun-26	6,845	0%	15%	5%

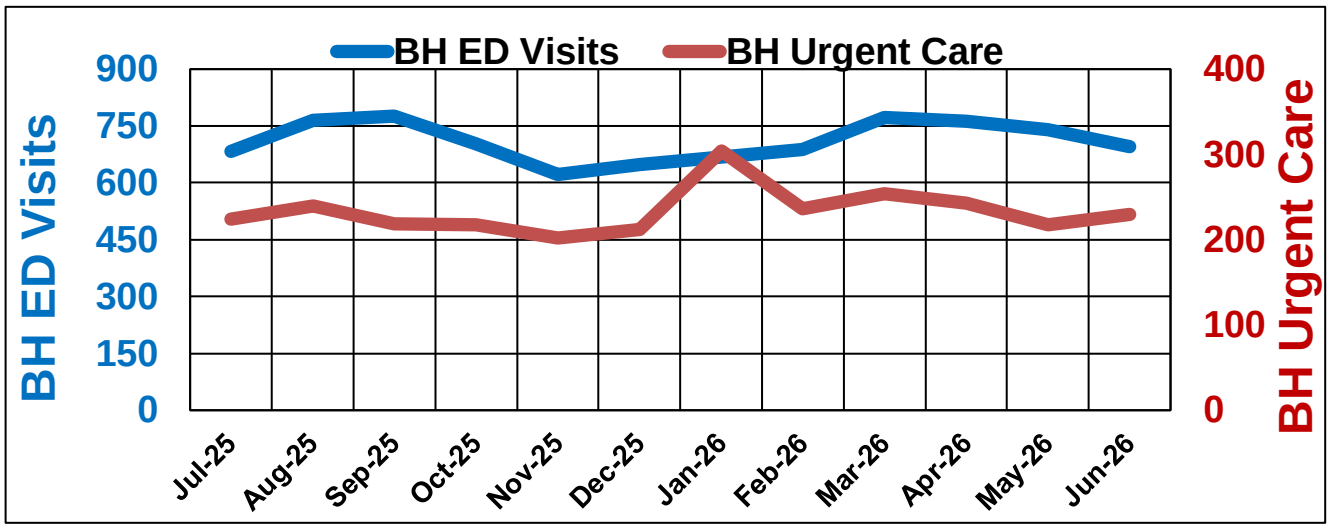
*As of June, 2025 data parameters updated to include all departments listed under behavioral health. Data on this report is backdated to provide accurate comparison. Prior data was only using select departments.

Number of Unique Outpatients and Number of Encounters CY2025

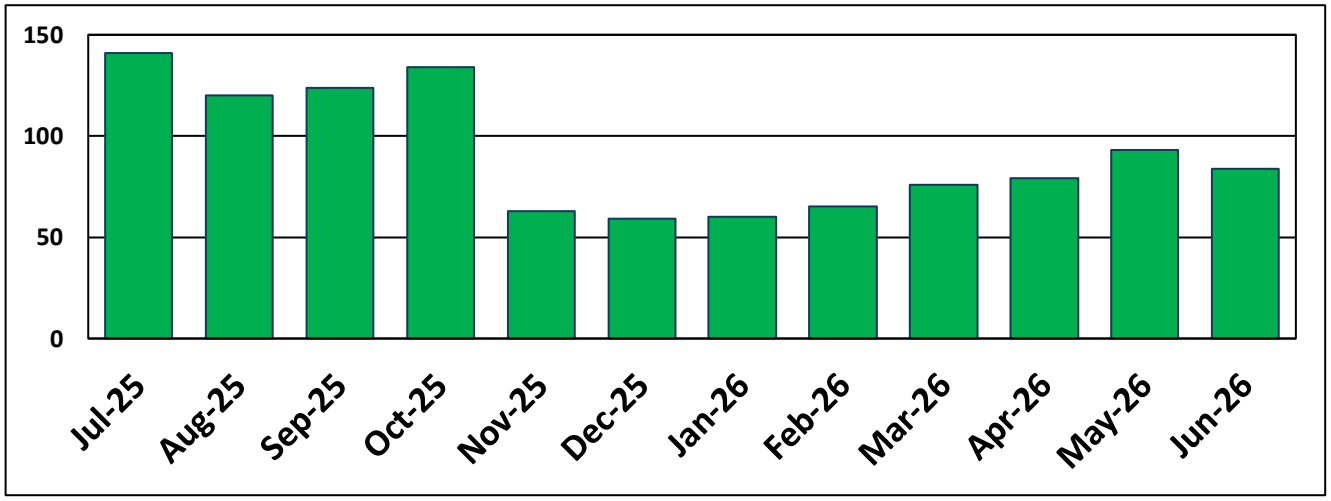
Calendar Year 2025 BH Outpatient		
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	13,179	115,914
BH CPC Outpatient	3,744	28,481

*Excluding all Suboxone and Methadone visits.

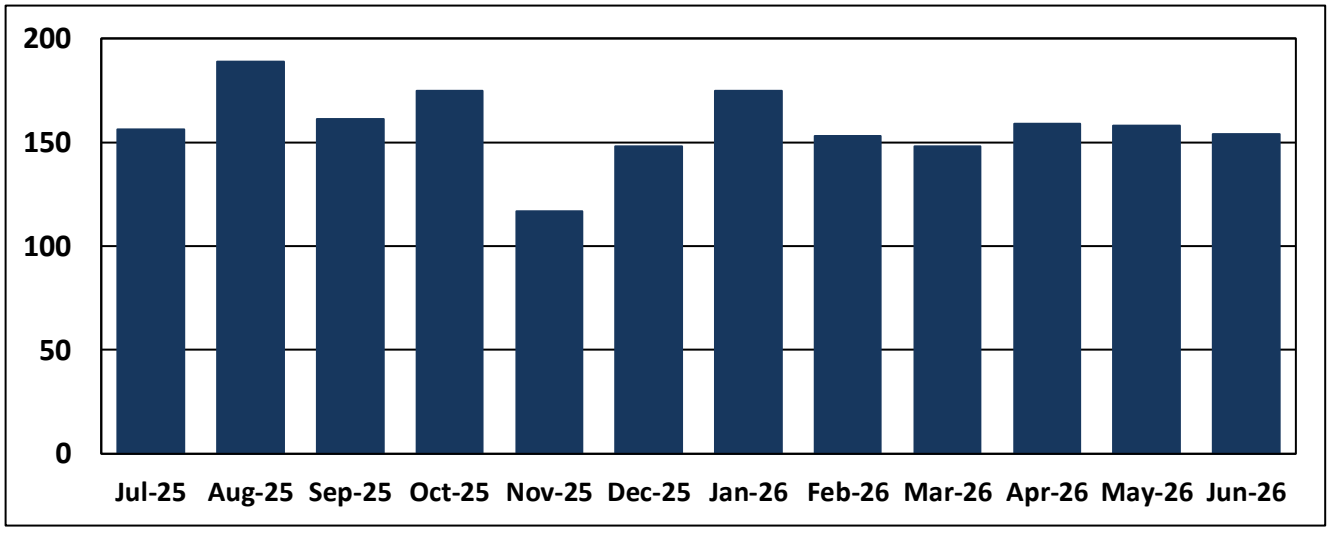
Psychiatric Emergency Department and Urgent Care Encounters



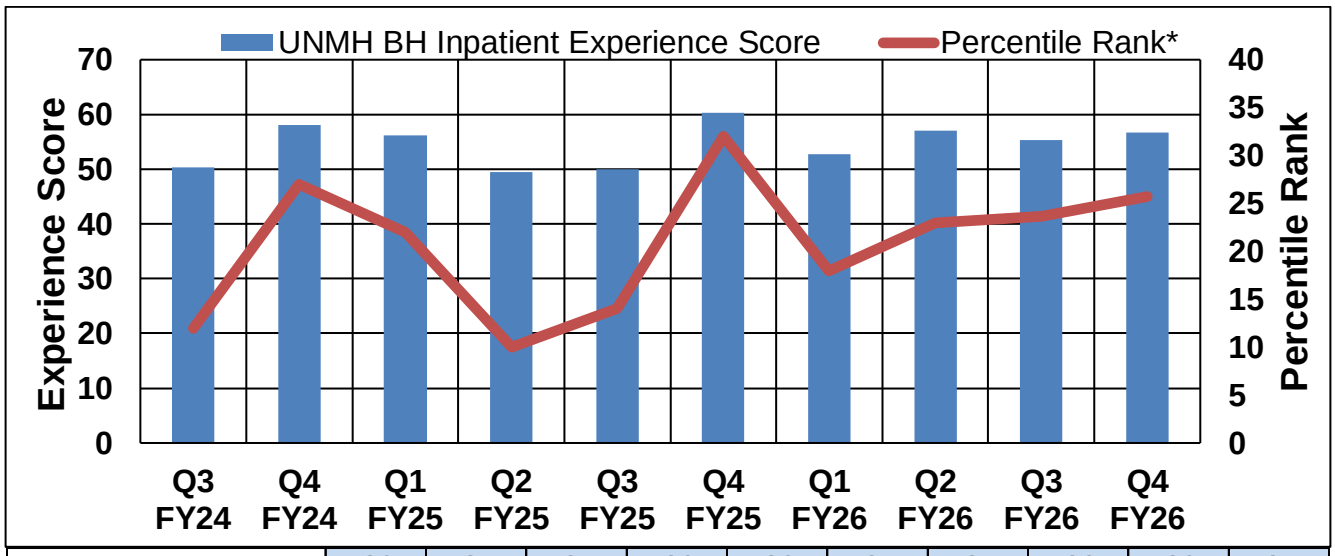
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

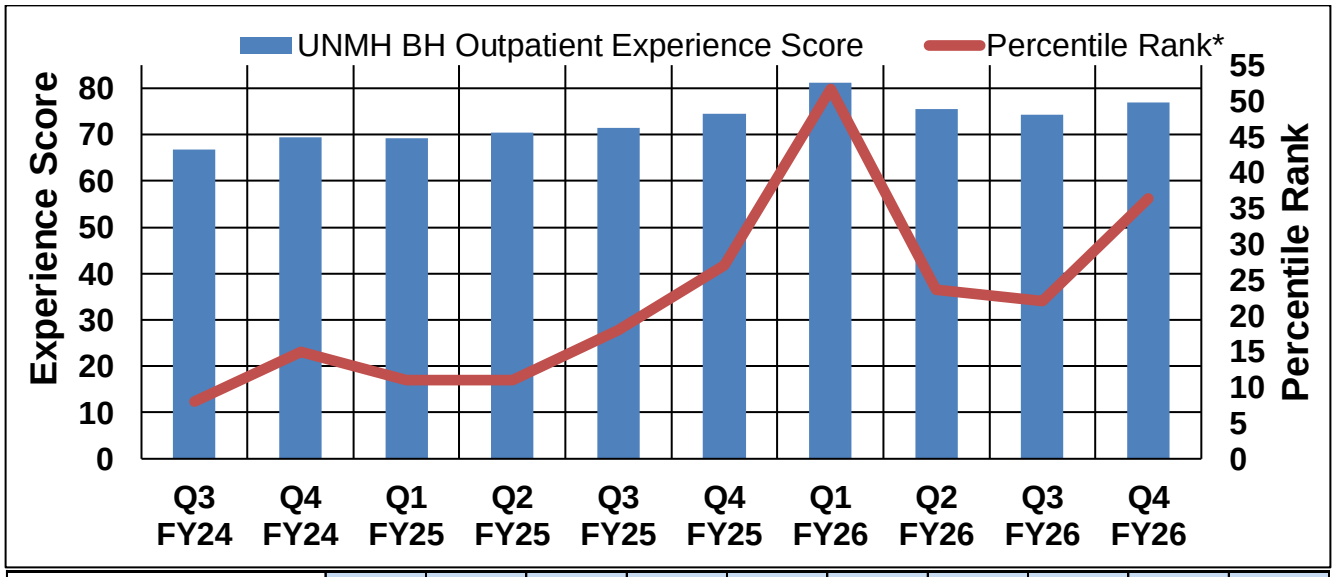


UNMH Press Ganey Behavioral Health Inpatient Experience Score



Quarter	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26	Q4 FY26
UNMH BH Inpatient Experience Score	50.4	58.1	56.3	49.4	50.1	60.3	52.8	57.0	55.3	56.6
Percentile Rank*	12	27	22	10	14	32	18	23	24	26

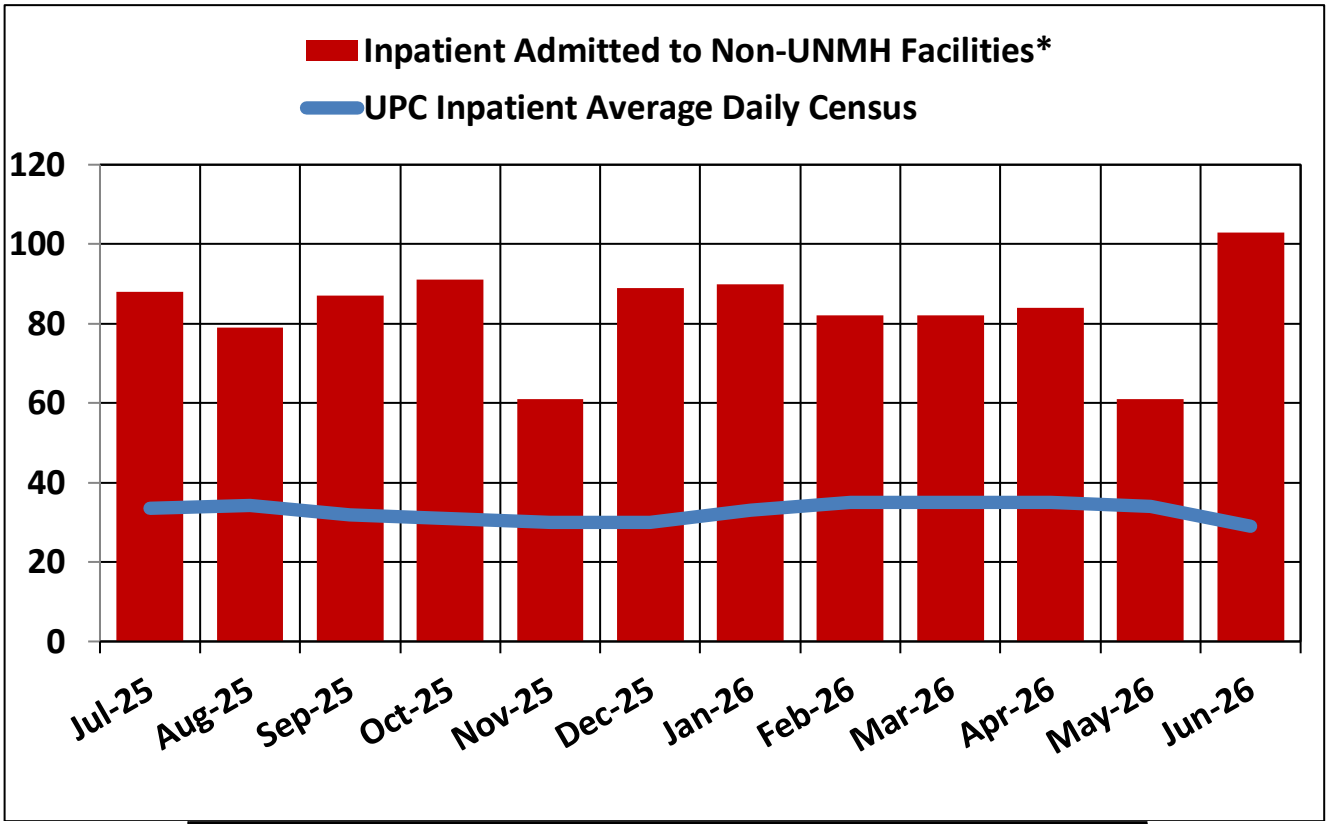
UNMH Press Ganey Behavioral Health Outpatient Experience Score



Quarter	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26	Q3 FY26	Q4 FY26
UNMH BH Outpatient Experience Score	66.9	69.3	69.3	70.4	71.5	74.5	81.3	75.5	74.2	76.9
Percentile Rank*	8	15	11	11	18	27	52	24	22	36

*Peer Group: All Press Ganey Database

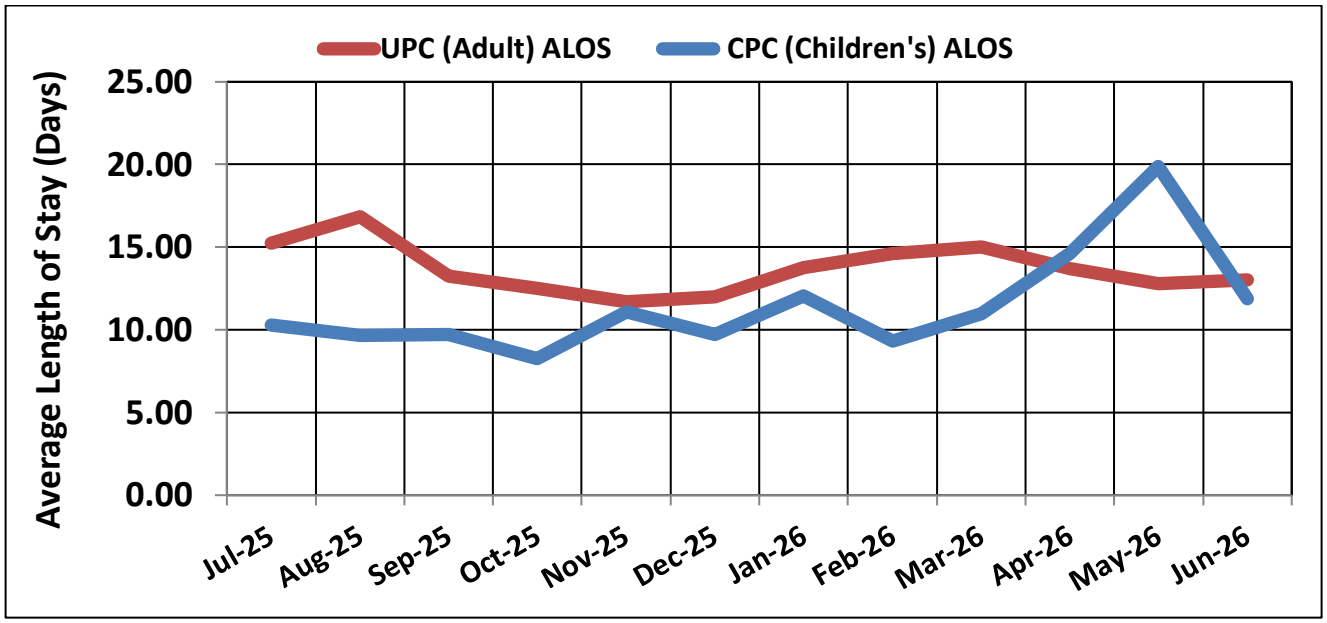
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jul-25	88	33
Aug-25	79	34
Sep-25	87	32
Oct-25	91	31
Nov-25	61	30
Dec-25	89	30
Jan-26	90	33
Feb-26	82	35
Mar-26	82	35
Apr-26	84	35
May-26	61	34
Jun-26	103	29

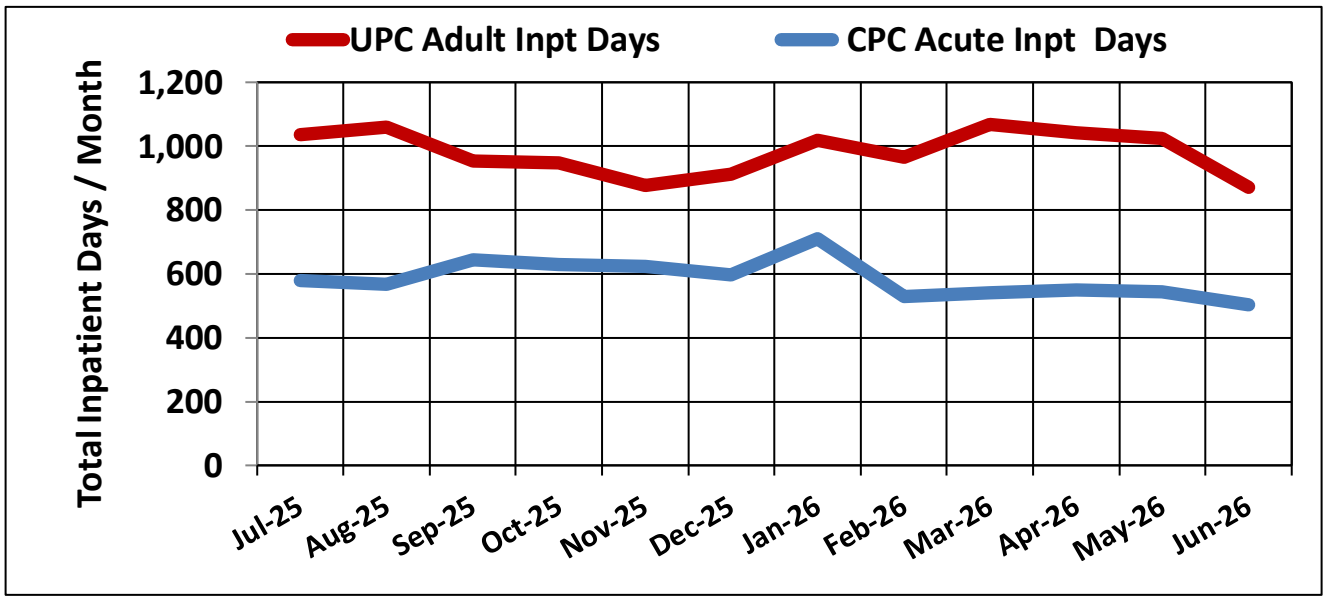
*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC) Average Child National Benchmark: **10.54**University Psychiatric Center (UPC) Average Adult National Benchmark: **8.15**

Number of BH Adult and Child/Adolescent Inpatient Days



Number of Unique Inpatients and Number of Encounters CY2025

Calendar Year 2025 BH Inpatient		
Patient Group	**Patients Served**	**Total Encounters**
BH UPC Inpatient*	754	1,179
BH CPC Inpatient	613	792

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2023	10,916
FY2024	9,559
FY2025	9,356
FY2026*	9,423

Total Opioid Patients

Month	Census
Jul-25	417
Aug-25	422
Sep-25	423
Oct-25	430
Nov-25	426
Dec-25	423
Jan-26	421
Feb-26	427
Mar-26	427
Apr-26	431
May-26	432
Jun-26	438

Total Methadone Encounters

Month	Count
Jul-25	2,026
Aug-25	2,159
Sep-25	2,298
Oct-25	2,365
Nov-25	1,944
Dec-25	2,156
Jan-26	2,139
Feb-26	2,110
Mar-26	2,374
Apr-26	2,370
May-26	2,350
Jun-26	2,335

Number of Methadone and Suboxone Doses*

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Jul-25	747	37,413	9,919
Aug-25	684	35,646	10,004
Sep-25	677	33,460	10,390
Oct-25	728	35,797	9,903
Nov-25	610	32,176	9,988
Dec-25	688	36,317	10,009
Jan-26	680	35,701	10,302
Feb-26	626	33,294	9,929
Mar-26	630	29,920	10,069
Apr-26	683	36,190	9,938
May-26	633	32,223	10,105
Jun-26	639	32,969	10,462

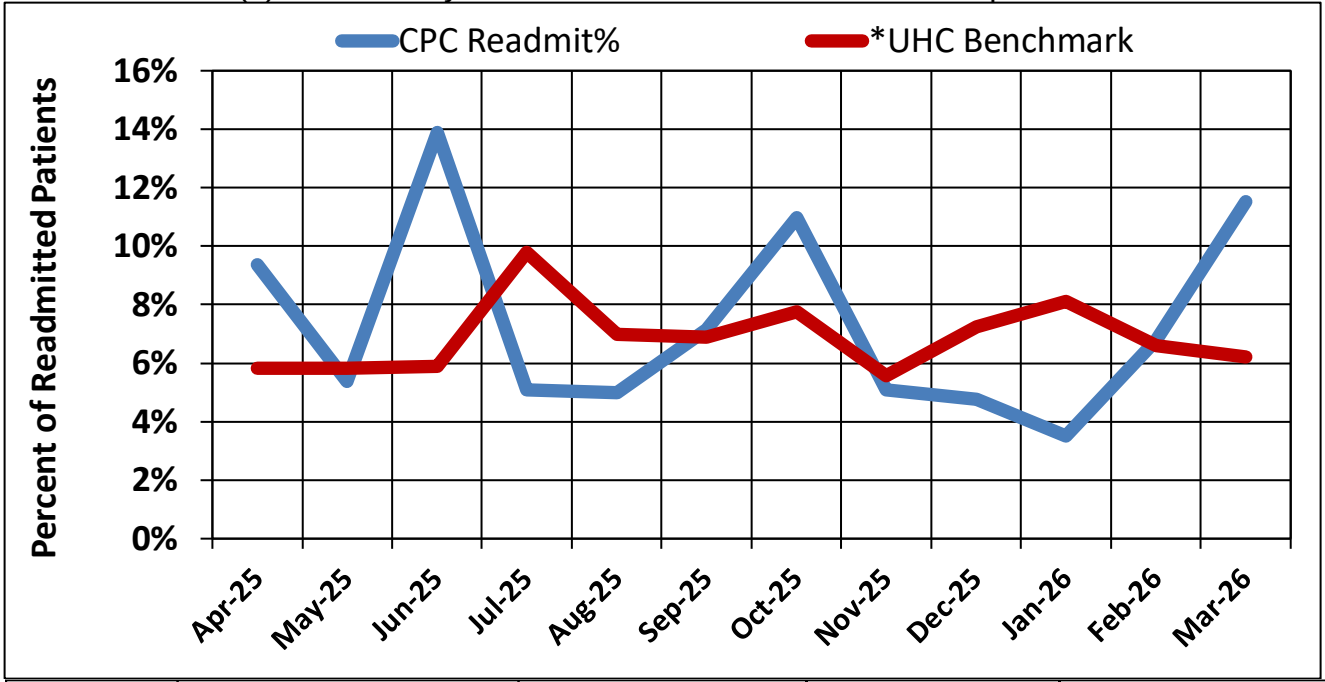
Total Suboxone Encounters

Month	Count
Jul-25	11
Aug-25	6
Sep-25	7
Oct-25	2
Nov-25	14
Dec-25	10
Jan-26	7
Feb-26	6
Mar-26	7
Apr-26	7
May-26	7
Jun-26	6

*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.

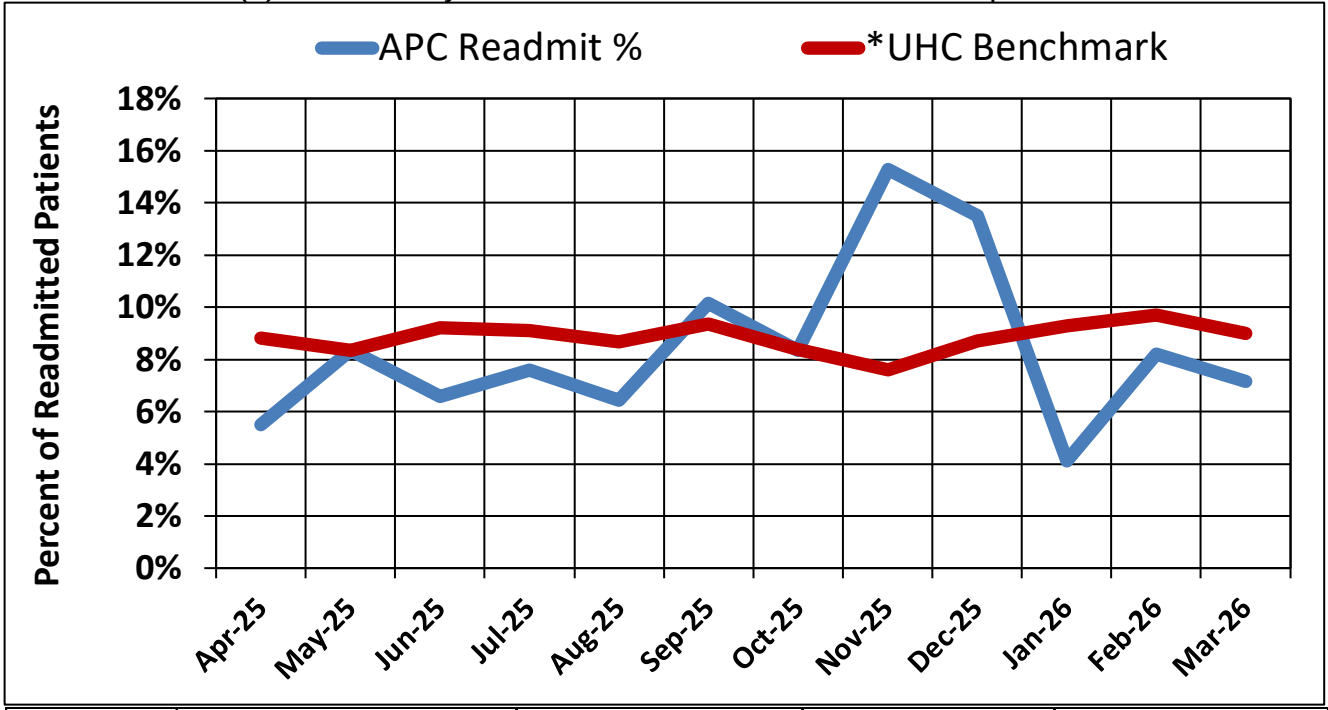


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-25	73	7	**9.4%**	**5.8%**
May-25	61	3	**5.4%**	**5.8%**
Jun-25	60	8	**13.9%**	**5.9%**
Jul-25	59	3	**5.1%**	**9.8%**
Aug-25	60	3	**5.0%**	**7.0%**
Sep-25	70	5	**7.1%**	**6.9%**
Oct-25	82	9	**11.0%**	**7.8%**
Nov-25	59	3	**5.1%**	**5.6%**
Dec-25	63	3	**4.8%**	**7.2%**
Jan-26	57	2	**3.5%**	**8.1%**
Feb-26	59	4	**6.8%**	**6.6%**
Mar-26	52	6	**11.5%**	**6.2%**

*The University Health System Consortium ("UHC") Benchmark data is based upon only those UHC/Vizient Hospitals with a psychiatric patient volume equal or greater than 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.

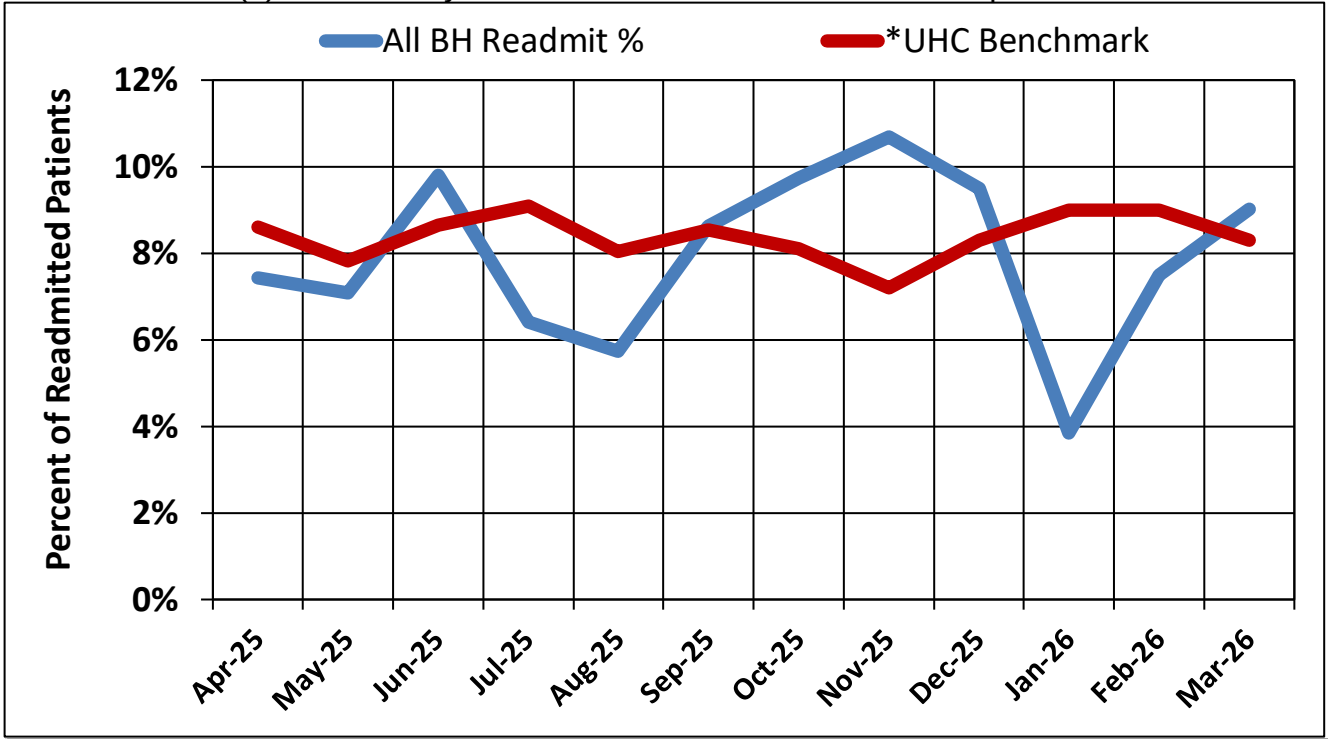


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-25	73	4	**5.5%**	**8.8%**
May-25	84	7	**8.3%**	**8.3%**
Jun-25	76	5	**6.6%**	**9.2%**
Jul-25	66	5	**7.6%**	**9.1%**
Aug-25	62	4	**6.5%**	**8.7%**
Sep-25	69	7	**10.1%**	**9.4%**
Oct-25	72	6	**8.3%**	**8.4%**
Nov-25	72	11	**15.3%**	**7.6%**
Dec-25	74	10	**13.5%**	**8.7%**
Jan-26	73	3	**4.1%**	**9.3%**
Feb-26	61	5	**8.2%**	**9.7%**
Mar-26	70	5	**7.1%**	**9.0%**

*The University Health System Consortium ("UHC") Benchmark data is based upon only those UHC/Vizient Hospitals with a psychiatric patient volume equal or greater than 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

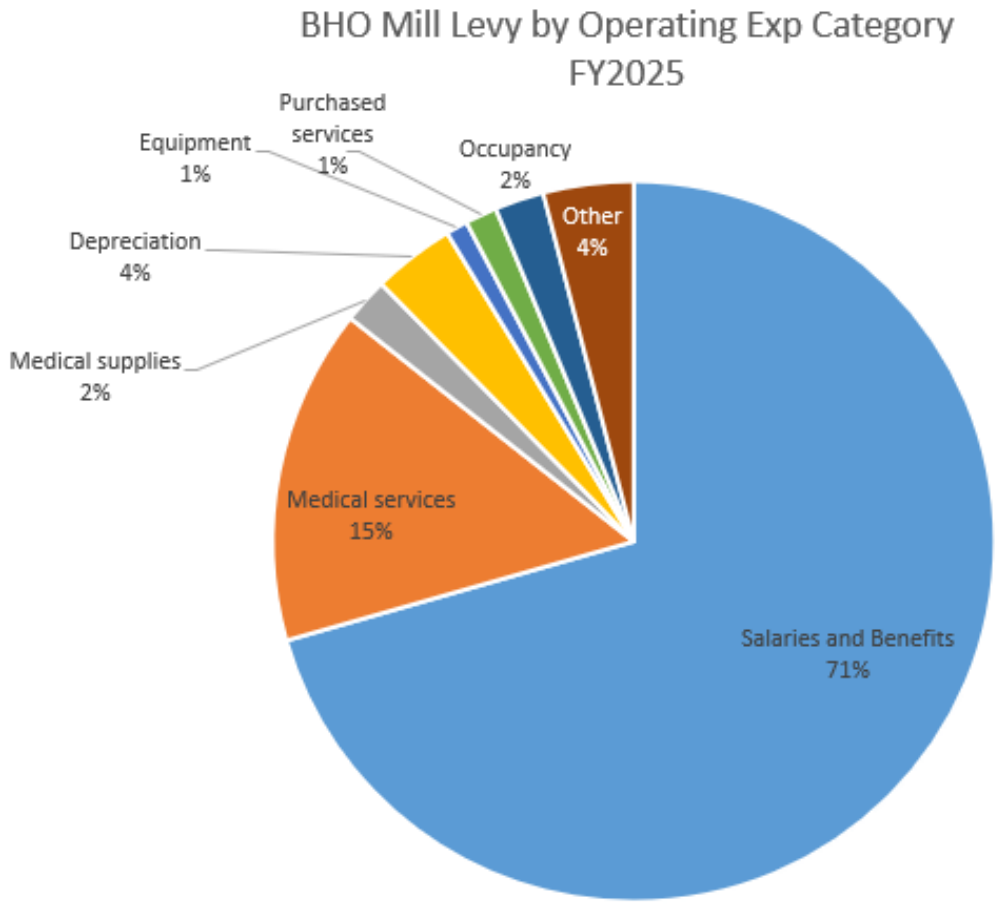
There is a three (3) month delay in Vizient data, so statistics are one quarter behind.



Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-25	146	11	**7.4%**	**8.6%**
May-25	145	10	**7.1%**	**7.8%**
Jun-25	136	13	**9.8%**	**8.6%**
Jul-25	125	8	**6.4%**	**9.1%**
Aug-25	122	7	**5.7%**	**8.1%**
Sep-25	139	12	**8.6%**	**8.5%**
Oct-25	154	15	**9.7%**	**8.1%**
Nov-25	131	14	**10.7%**	**7.2%**
Dec-25	137	13	**9.5%**	**8.3%**
Jan-26	130	5	**3.8%**	**9.0%**
Feb-26	120	9	**7.5%**	**9.0%**
Mar-26	122	11	**9.0%**	**8.3%**

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

Mill Levy Dollars Allocated to Behavioral Health

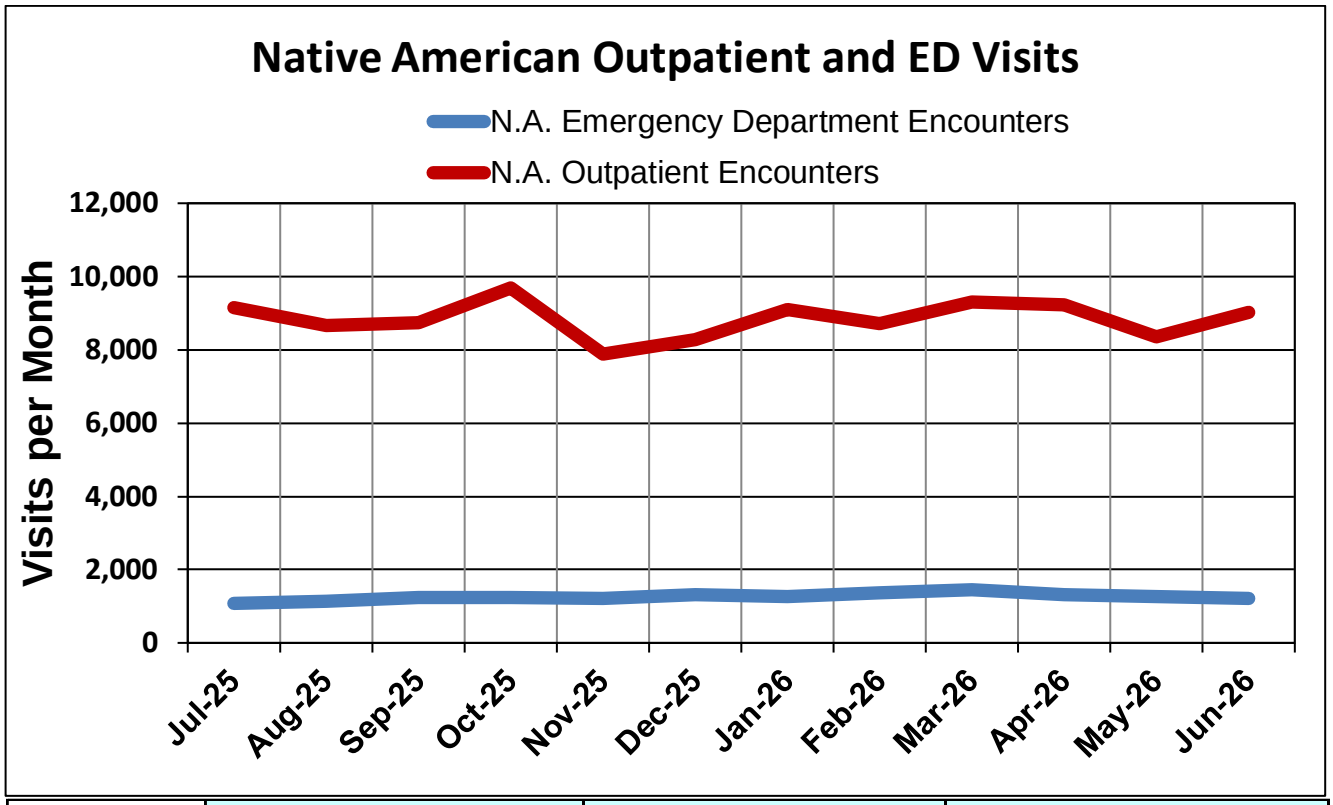


FY2025	
Salaries and Benefits	$ 13,981,897
Medical services	2,987,164
Medical supplies	404,633
Depreciation	728,062
Equipment	193,332
Purchased services	282,242
Occupancy	436,298
Other	799,723
Total Expense	**$ 19,813,351**

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

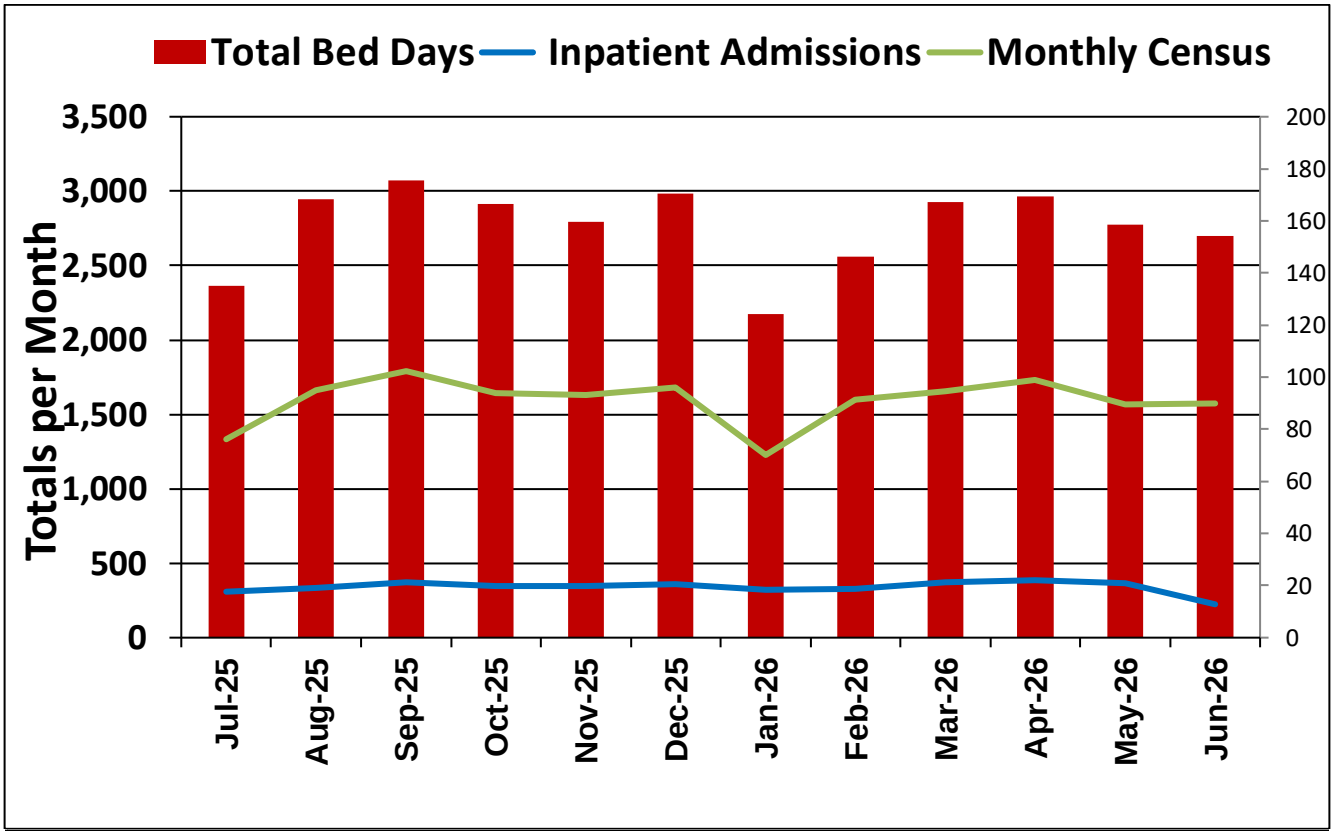
E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Jul-25	45	1,078	9,154
Aug-25	40	1,143	8,673
Sep-25	50	1,251	8,736
Oct-25	55	1,235	9,689
Nov-25	48	1,220	7,882
Dec-25	37	1,306	8,266
Jan-26	58	1,266	9,101
Feb-26	42	1,373	8,718
Mar-26	46	1,451	9,308
Apr-26	51	1,320	9,215
May-26	33	1,258	8,350
Jun-26	64	1,219	9,010

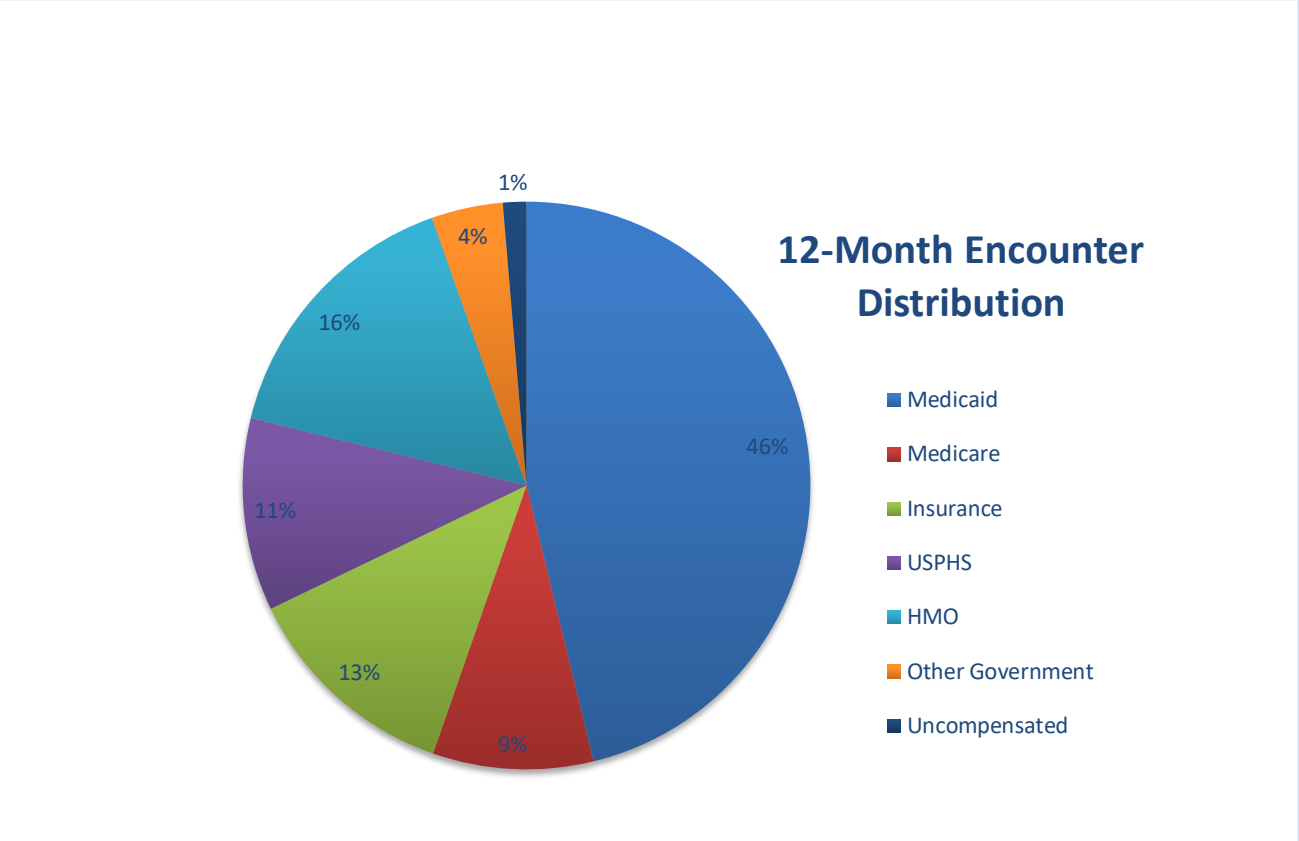
Native American Bed Days and Monthly Inpatient Census



Month	Total Bed Days	Inpatient Admissions	Monthly Census
Jul-25	2,361	311	76
Aug-25	2,943	335	95
Sep-25	3,070	370	102
Oct-25	2,913	347	94
Nov-25	2,792	344	93
Dec-25	2,983	362	96
Jan-26	2,174	322	70
Feb-26	2,557	325	91
Mar-26	2,929	375	94
Apr-26	2,967	386	99
May-26	2,776	365	90
Jun-26	2,699	224	90

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.



Month	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Jul-25	4,874	1,041	1,351	1,166	1,666	437	157
Aug-25	4,812	980	1,231	1,118	1,599	419	151
Sep-25	4,966	908	1,245	1,139	1,583	416	165
Oct-25	5,320	1,006	1,505	1,261	1,813	452	94
Nov-25	4,458	863	1,234	1,059	1,487	417	100
Dec-25	4,566	893	1,214	1,162	1,588	451	129
Jan-26	4,749	1,028	1,342	1,198	1,860	408	170
Feb-26	4,906	1,037	1,373	1,167	1,681	436	170
Mar-26	4,838	991	1,236	1,103	1,642	427	195
Apr-26	5,100	926	1,269	1,162	1,625	418	129
May-26	5,311	1,005	1,542	1,268	1,860	449	121
Jun-26	4,474	875	1,258	1,064	1,510	421	106
TOTAL	**58,374**	**11,553**	**15,800**	**13,867**	**19,914**	**5,151**	**1,687**
	46.2%	**9.1%**	**12.5%**	**11.0%**	**15.8%**	**4.1%**	**1.3%**

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 (CHNA) in the spring of 2024 with extensive community listening session input and regular meetings with IHS and Bernalillo County. The CHNA is on a three-year cycle. The 2026 UNMH (CHNA) will be published at the end of this calendar year. Public listening sessions were held in 2025 and 2026 to inform the 2026 UNMH (CHNA)	
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 coordinate a meeting with the County and IHS to review existing goals outlined in Appendix B (formerly referenced as Exhibit C) in the upcoming year.	
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 Mill 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 coordinate with County and IHS on reviewing existing program priorities outlined in Appendix B (formerly referenced as Exhibit C) to amend or add additional accountability measures, as deemed mutually appropriate.	
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. The new Sandia Vista Primary Care Clinic will open in October 2026. This will be a Family Medicine based clinic with residents, attending physicians and advanced practice providers (NP and Pas). Family Medicine services include pediatric care, women's health, OB care, chronic disease management, preventive services and acute care access for established patients. The clinic will have x-ray services, lab, audiology, behavioral health, and pharmacy (opening in 2027)	
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. The UNMH Tower opened in Fall of 2025.	
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 consolidation 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 and transition planning at MDC. 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 is continuing to staff Discharge and Transition Planners at the MDC who provide essential case management services and information to the Resource Reentry (RRC) Staff. In addition, UNMH continues to staff and operate 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 includes a ten bed observation area, expanded psychiatric emergency department, and peer living room. In July 2026, the new Children's Psychiatric Center (CPC) opened replacing the former facility with a modern therapeutic environment that strengthens pediatric behavioral health care for state children and families. UNMH continues to provide services at the Crisis Triage Center, and has entered its 2nd year as a Certified Community Behavioral Health Clinic (CCBHC) with expanded Behavioral Health services available through open access walk-in clinics at all Behavioral Health outpatient locations. Services are offered five days a week at the pediatric outpatient location, the adult outpatient location, the specialty addictions location and the Behavioral Health Care Center (BHCC) in the Peer Living Room. Across these four outpatient locations: 7.797+ annual visits, 58% new adult patients, and 70% new pediatric patients previously unconnected to care.	
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. UNMH will continue discussions with County and IHS on programming and design of future space for UNMH Behavioral Health Services including Crisis Services.	
Any changes impacting integrated behavioral health and primary care integrated services or peer services will be discussed with the County and IHS prior to implementation	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 2026 - June 2026
UNM Lease MOU with Bernalillo County - Exhibit C

The following semi-annual goals are prepared in response to Exhibit A, item A3 that enables Bernalillo County and the Indian Health Services to have input and to comment on the semi-annual goals for each section of Exhibit A.

Exhibit A Reporting Area - Reporting and Interaction

Semi- Annual Focus Areas January 2026-June 2026	Status Update as of March 2026
A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.	The 2023 UNMH Community Health Needs Assessment (CHNA) was completed in the spring of 2024 and is a three-year cycle and is available online at: https://hsc.unm.edu/health/about/community-health-needs-assessment.html. The 2026 UNMH (CHNA) will be published at the end of this calendar year. Public listening sessions were held in 2025 and 2026 to inform the **2026** UNMH (CHNA)
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 its budget development, which will allow meaningful input into the budget by the County and IHS.	UNMH establish budget planning meetings with both the County and IHS for updates and input related to the Budget and Capital process for the upcoming year.

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 publicly 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 publishes financial, quality and operational data on the UNMH intranet site that includes 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 patient populations. UNMH is in the process of developing a new primary care site in Bernalillo County that will be 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. The UNMH Hospital Tower opened in Fall of 2025 to expand service capacity and includes expanded offices for Native American Health Services (NAHS). The new Sandia Vista Primary Care Clinic located in the Southwest Mesa Area will open in October of 2026. This will be a Family Medicine based clinic with residents, attending physicians and advanced practice providers (NPs and PAs). Family Medicine services include pediatric care, women's health, OB care, chronic disease management, preventive services and acute care access for established patients. The clinic will have x-ray services, a Lab, audiology, behavioral health, and pharmacy (opening in 2027). Additionally, the NAHS team continues to engage directly with Native Americans through health fairs in their communities and meetings with tribal leaders and leaders of health care facilities.
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 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 (APCG) and with review by the 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 the 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 consultations with the 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 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 and transition planning activities at the MDC and assumed responsibility for medical services at MDC on July 26, 2023. UNMH discharge and transition planning staff work with community organizations around discharge planning for MDC patients. UNMH is continuing to work with the Resource Reentry Center.
F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.	UNMH is currently working on expanded Behavioral Health programing within the UNMH infrastructure in the form of, Crisis Triage Center opening, and development of a Certified Community Behavioral Health Clinic (CCBHC). UNMH opened Intensive Outpatient Services for Adolescents in late 2025. In July 2026, the new Children's Psychiatric Center (CPC) opened replacing the former facility with a modern therapeutic environment that strengthens pediatric behavioral health care for state children and families. UNMH continues to provide services at the Crisis Triage Center, and they have entered their 2nd year as a CCBHC with expanded Behavioral Health services available through open access walk-in clinics at all Behavioral Health outpatient locations. Services are offered five days a week at the pediatric outpatient location, the adult outpatient location, the specialty addictions location and the Behavioral Health Care Center (BHCC) in the Peer Living Room. Across these four outpatient locations: 7,797+ annual visits, 58% new adult patients, and 70% new pediatric patients previously unconnected to care"