



QUARTERLY REPORT

March, 2026

Bernalillo County Commissioner Trend Report

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A. ACCOUNTABILITY

Balance Sheet

Statements of Net Position

(In Thousands)

	Feb-26	Audited June 2025
Assets		
Cash and marketable securities	\$ 275,781	\$ 228,899
Cash restricted by management for capital replacement	13,148	34,018
Cash restricted for donor specified expenses	22,461	23,507
Patient receivables, net	222,317	197,614
Other receivables and current assets	231,324	230,343
Capital assets, net	1,145,353	1,084,781
Restricted for mortgage reserve, bonds	40,259	37,889
Other noncurrent assets	36,857	35,790
Total assets	<u>1,987,500</u>	<u>1,872,841</u>
Liabilities		
Accounts payable	56,735	86,933
Payable to related parties (UNM)	139,749	44,760
Interest payable bonds	353	54
Current portion of long term debt	30,996	28,270
Other accrued current liabilities	417,443	320,565
Bonds payable, non current	44,235	47,820
Mortgage Payable, non current	371,689	381,781
Other long term liabilities	18,992	23,746
Total liabilities	<u>1,080,192</u>	<u>933,929</u>
Net Position		
Restricted for expendable grants, bequests, and contributions	22,461	23,507
Restricted for trust indenture and debt agreement	40,247	37,876
Assets invested in capital	683,046	607,744
Unrestricted from operations	161,554	269,785
Total net assets	<u>\$ 907,308</u>	<u>\$ 938,912</u>
Current Ratio	1.17	1.42
Days Cash on Hand**	53.75	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 eight (8) months ended February 28, 2026

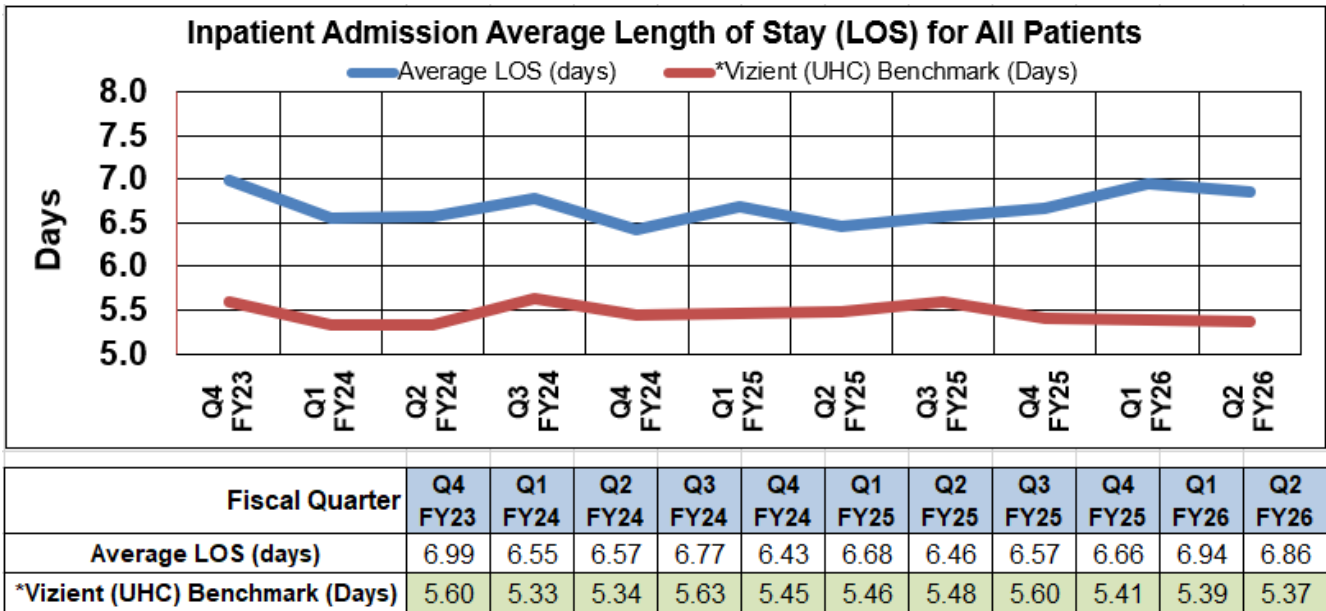
<i>(In Thousands)</i>	February
Operating revenues:	
Net Patient Service	\$ 1,099,263
Other	41,151
Total Operating Revenues	<u>1,140,414</u>
Operating expenses:	
Employee Compensation and Benefits	593,564
UNM School of Medicine Medical Services	160,430
Medical Services Oncology	24,439
Medical Services non-SOM	40,107
Medical Supplies	180,680
Oncology Drugs	58,768
Occupancy/Equipment	73,366
Depreciation	49,675
Purchased Services	67,257
Gross Receipts Tax	22,205
Other	27,742
Total Operating Expenses	<u>1,298,233</u>
Operating loss	<u>(157,819)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	89,653
Sandoval County Mill Levy	6,072
State Appropriation	16,617
Capital Appropriation	18,211
Interest Expense	(1,267)
Other Revenue and (Expense)	(3,072)
Net Nonoperating Revenues	<u>126,214</u>
Total Increase in Net Assets	<u><u>(31,605)</u></u>

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)

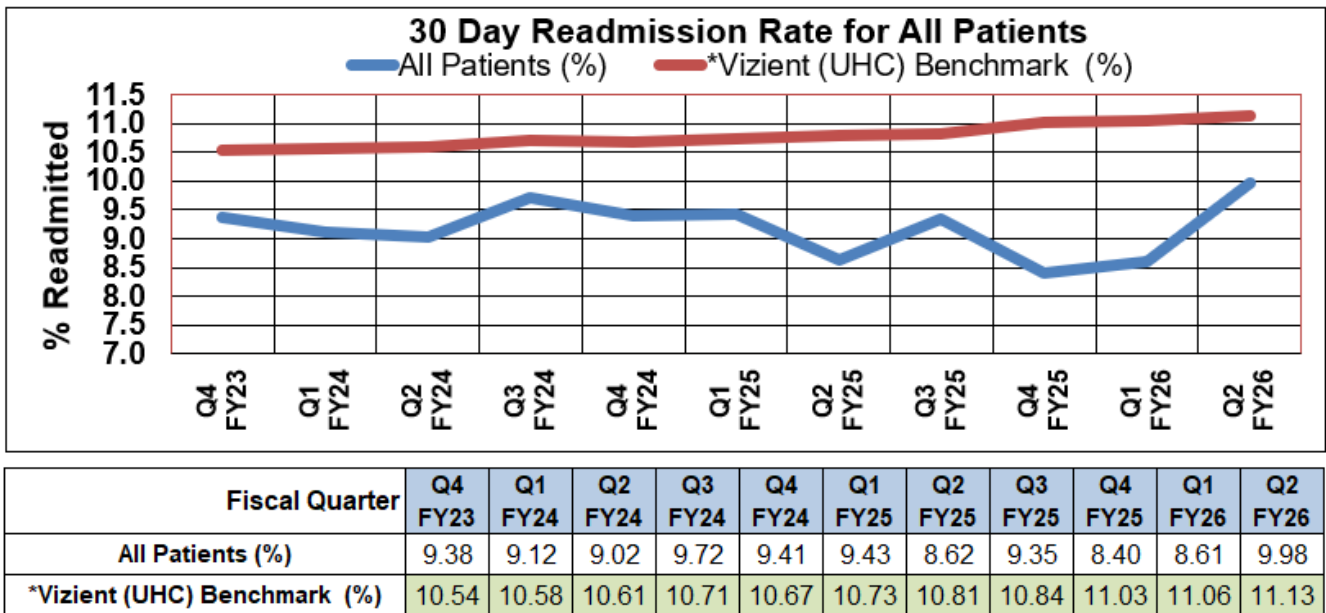
UNMH - 85%	
Mill Levy	\$ 112,275,125
Expenses	Total Spending
<i>Facilities</i>	
Facilities Maintenance	\$ 23,935,963
Environmental Services	17,280,069
Insurance	5,896,167
Plant Operations & Maintenance	8,085,246
Utilities	5,228,265
Clinical Engineering	6,439,339
Parking Structure and Support	3,671,360
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
<i>Information Technology</i>	
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
<i>Revenue Cycle</i>	
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
<i>Other</i>	
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



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

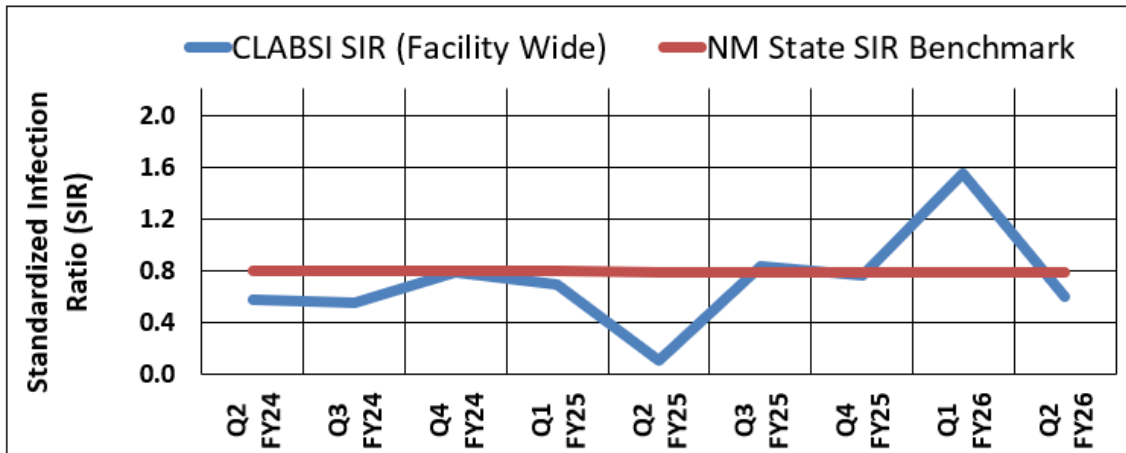
30 Day Readmission for All Patients



(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.

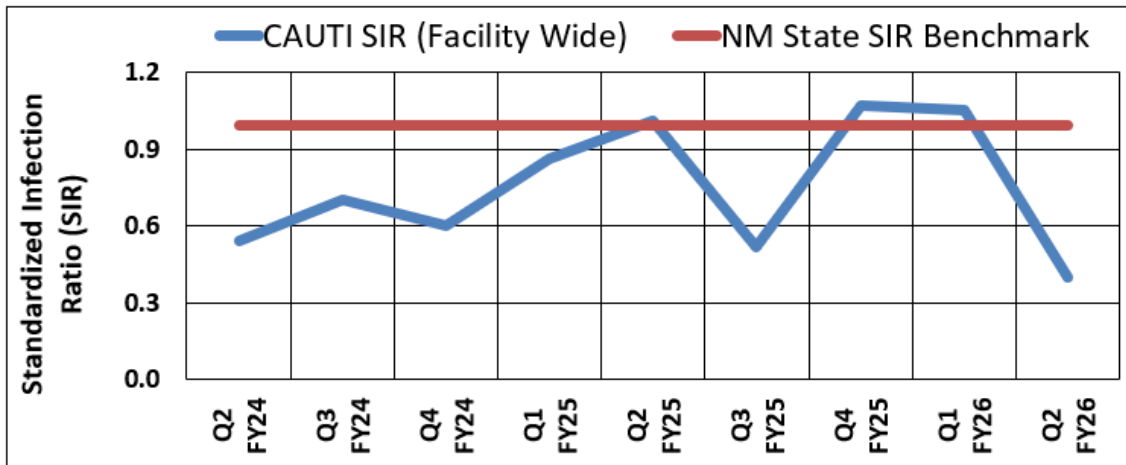
Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26
CLABSI SIR (Facility Wide)	0.58	0.56	0.79	0.70	0.11	0.84	0.76	1.55	0.60
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	6	8	7	1	8	7	14	6
*NHSN Expected	10.4	10.8	10.0	10.0	9.0	9.6	9.2	9.1	9.5

Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection



Catheter-Associated Urinary Tract Infection (CAUTI)	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26
CAUTI SIR (Facility Wide)	0.54	0.70	0.60	0.86	1.01	0.52	1.07	1.05	0.40
NM State SIR Benchmark	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99
CAUTI Count	7	10	7	10	12	6	12	11	4
*NHSN Expected	12.9	13.2	11.5	11.7	11.9	11.5	11.2	10.5	10.3

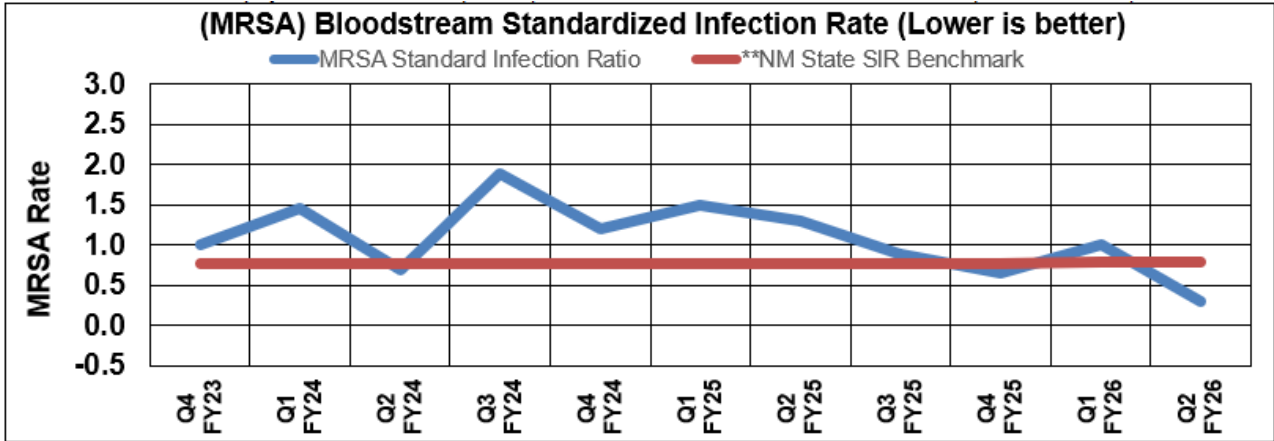
Catheter data is delayed by one quarter.

*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	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26
MRSA Standard Infection Ratio	1.00	1.46	0.70	1.90	1.20	1.50	1.30	0.88	0.65	1.00	0.30
**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	4	2	5	3	4	4	3	5	5	1

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 Projected is based on the twelve (12) months ended February 28, 2026

Inpatient Days	FY24 Actual	FY25 Actual	FY26 Projected
Adult	136,985	132,922	131,226
Pediatric	37,020	36,436	37,467
Newborn	5,192	5,055	5,155
Total Inpatient Days	179,197	174,413	173,848

Nursing Hours of Care

	FY24 June, 2024	FY25 June, 2025	FY26 Feb, 2026
UNMH Nursing Hours of Care Per Patient*	16.02	16.03	16.01

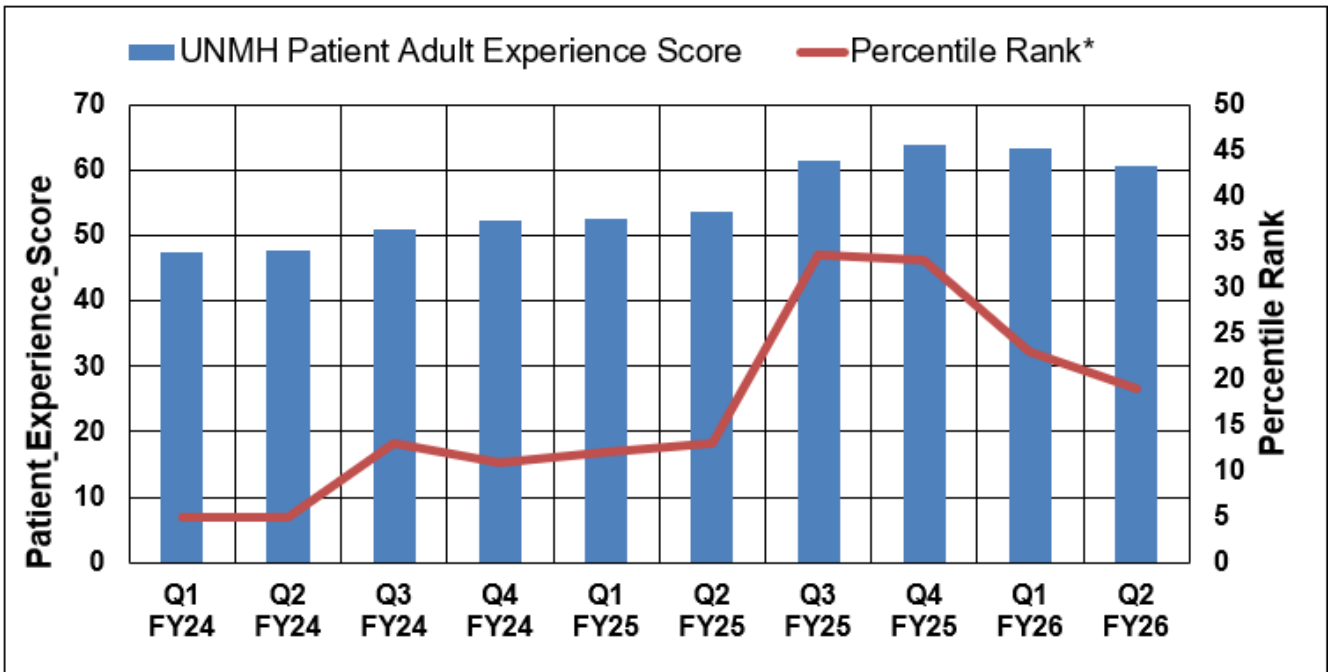
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June 2025	Number of FTES as of February 2026	FY2026 Hires (Headcount)	FY2026 Terms (Headcount)	Rolling Retention Rate
RN's	2,071	2,170	208	371	79.0%
*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%.

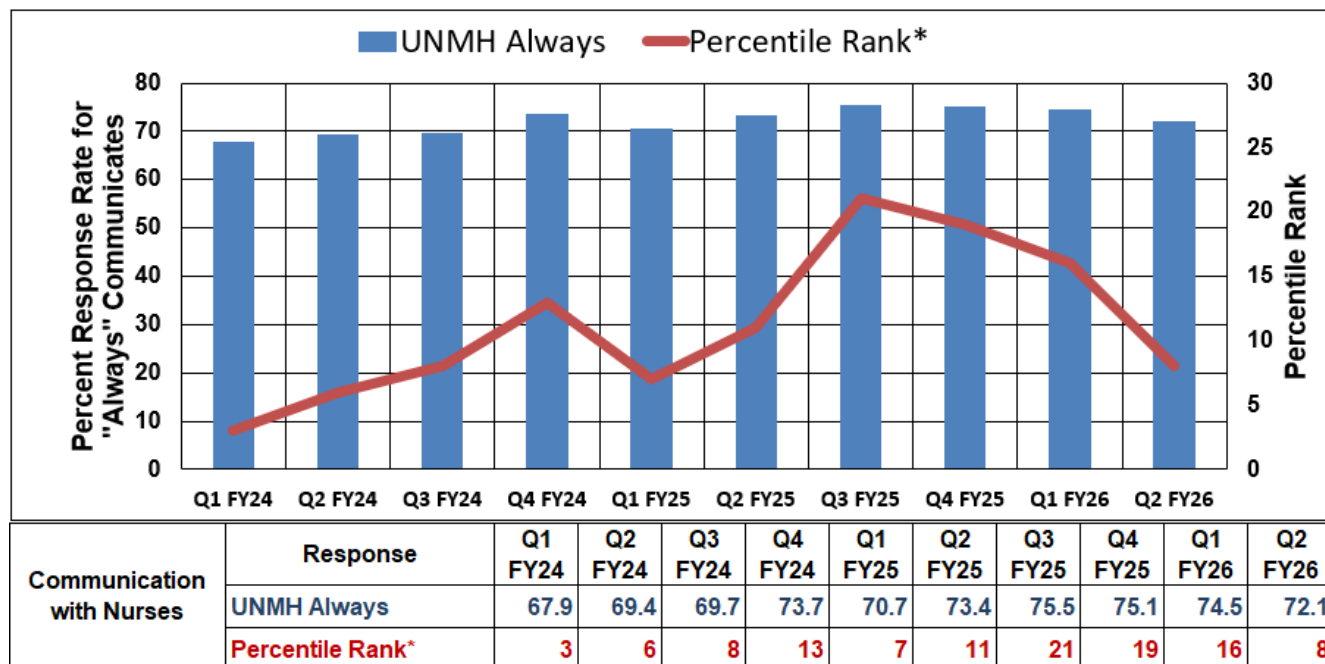
UNMH Press Ganey Inpatient Adult Experience Score



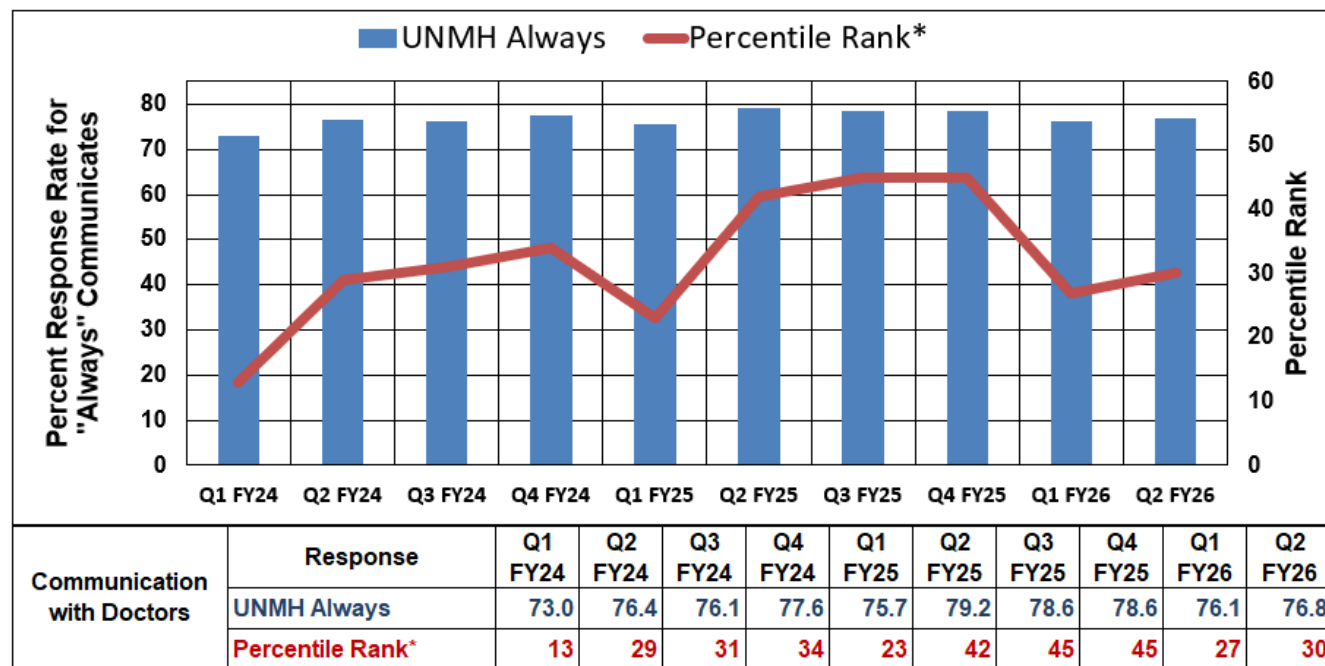
Quarter	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26
UNMH Patient Adult Experience Score	47.6	47.9	50.9	52.5	52.6	53.6	61.7	63.9	63.3	60.8
Percentile Rank*	5	5	13	11	12	13	34	33	23	19

*Peer Group: All Press Ganey Database
(3-month delay in Press Ganey Data)

HCAHPS Experience – Communications with Nurses

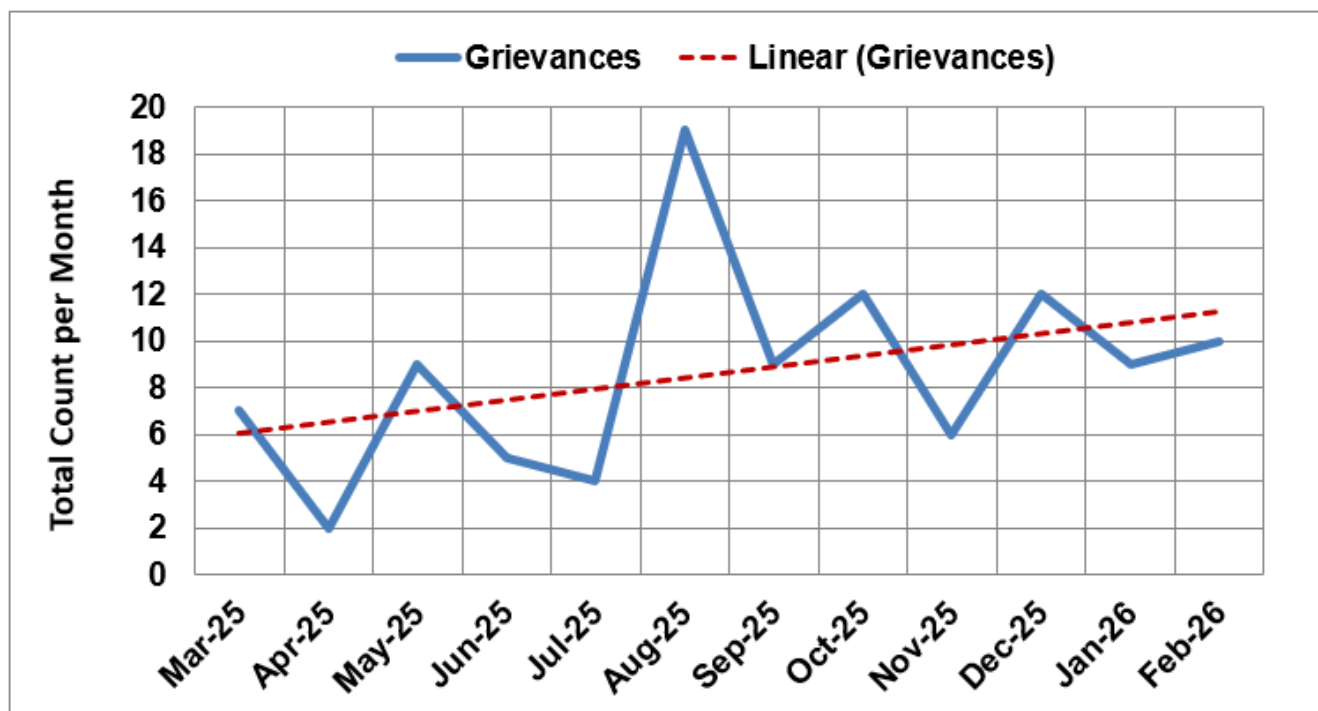


HCAHPS Experience – Communications with Doctors



*Peer Group: All Press Ganey Database
(3-month delay in Press Ganey Data)

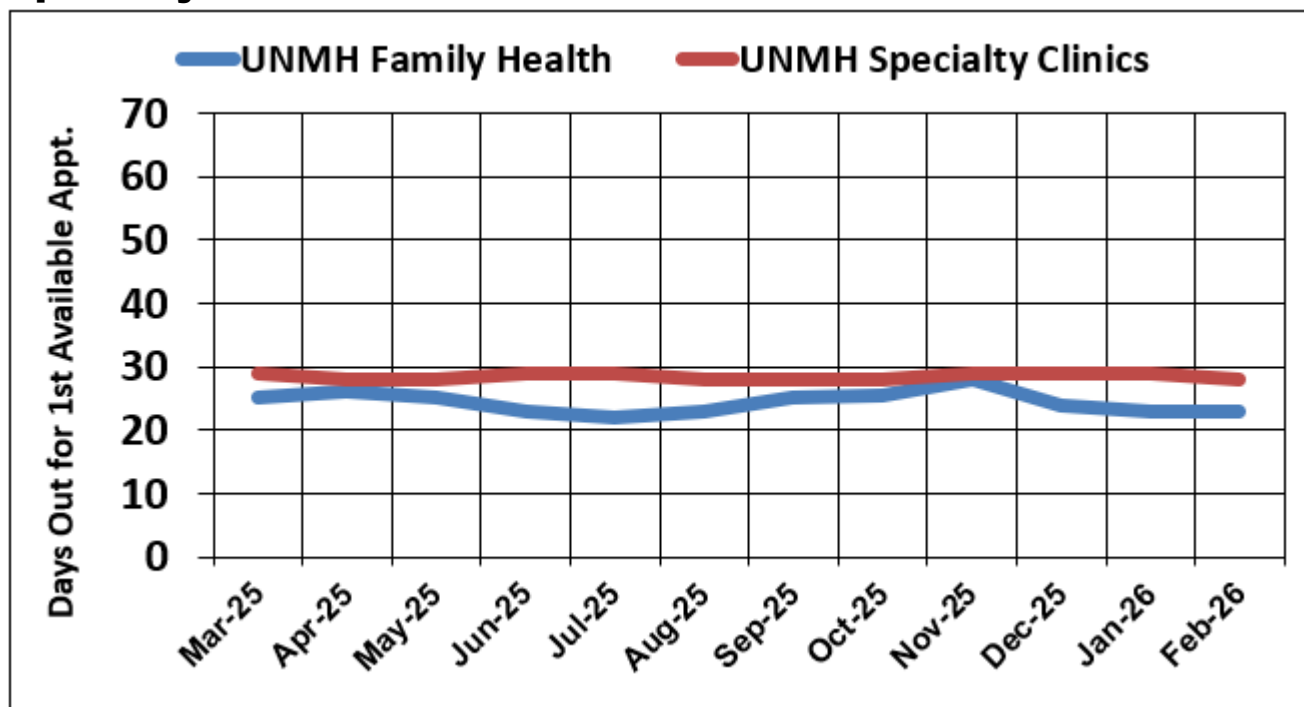
Patient and Family Grievances



Month-Year	Grievances
Mar-25	7
Apr-25	2
May-25	9
Jun-25	5
Jul-25	4
Aug-25	19
Sep-25	9
Oct-25	12
Nov-25	6
Dec-25	12
Jan-26	9
Feb-26	10

*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

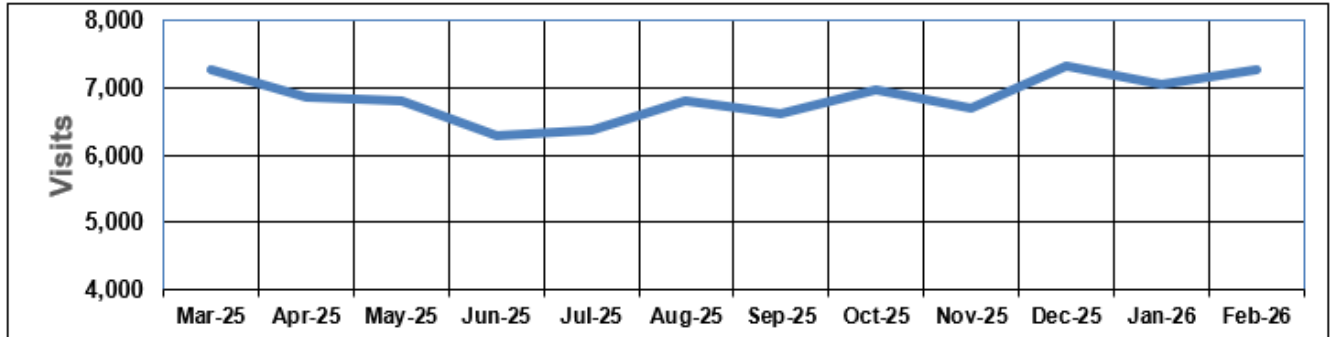


Average 1st Available* Day out for Appointments.

Month	UNMH Family Health	UNMH Specialty Clinics
Mar-25	25	29
Apr-25	26	28
May-25	25	28
Jun-25	23	29
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

Number of Emergency Department (ED) Visits

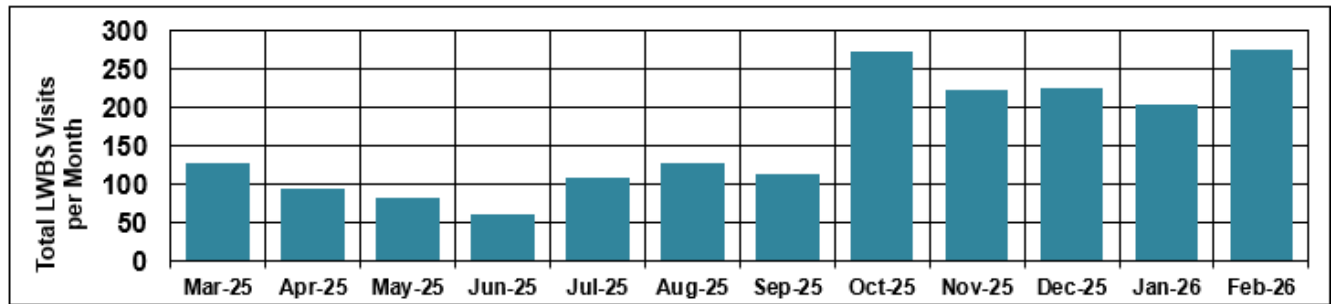
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Visits	7,275	6,869	6,799	6,304	6,368	6,811	6,618	6,966	6,695	7,341	7,066	7,274

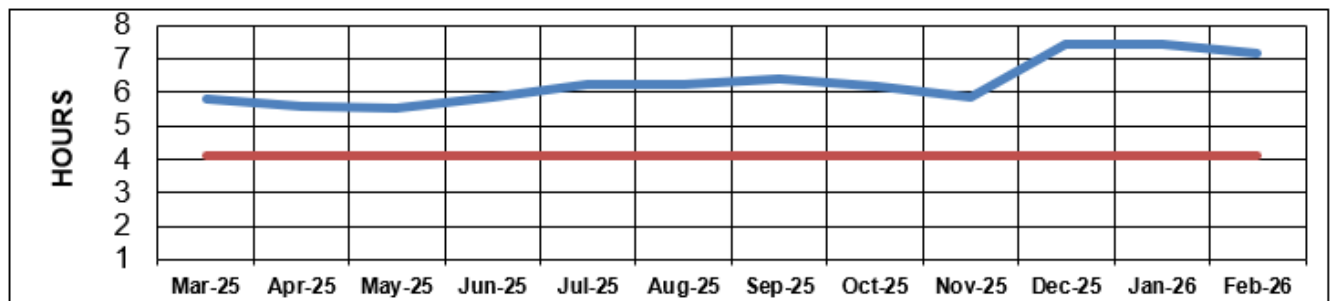
Total ED Patients Left without Being Seen

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



Month	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
UH LWBS	127	93	83	60	109	128	114	272	223	226	204	276

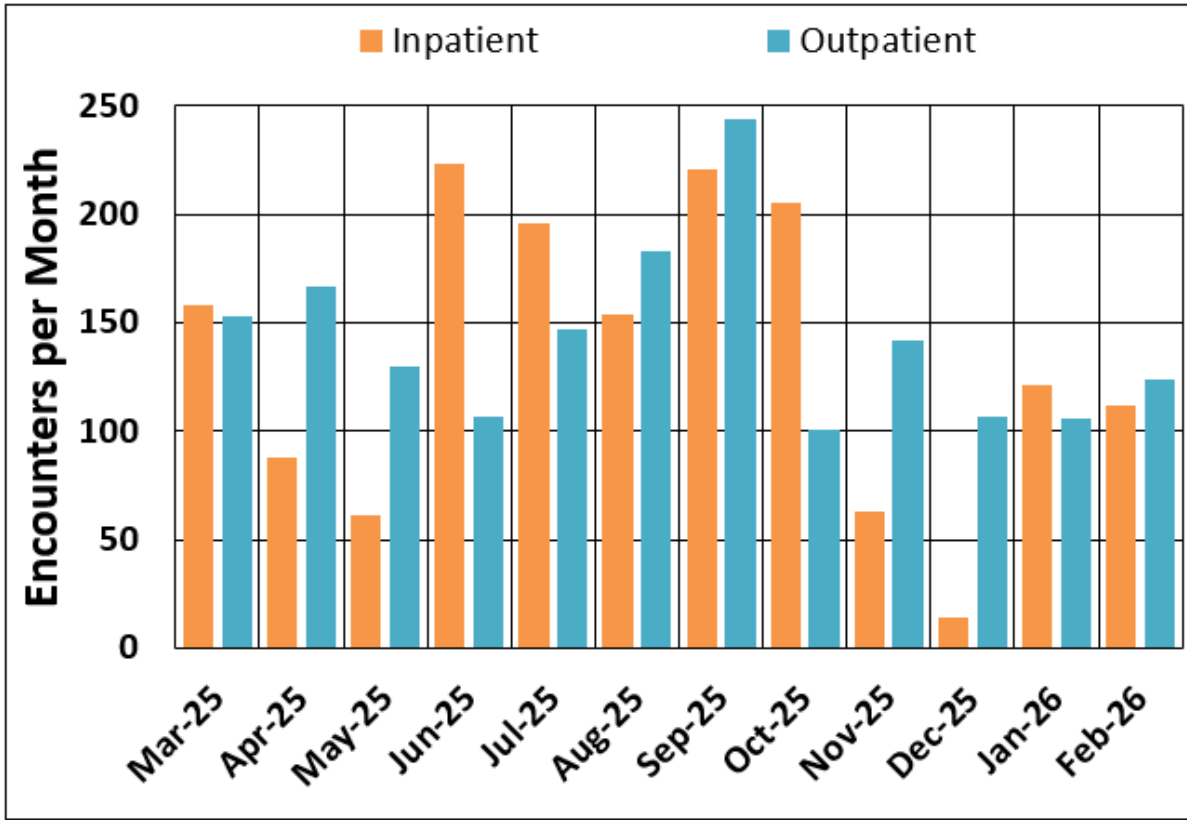
ED Average Hours from Arrival to Disposition



Month	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Arrival to Disposition	5.83	5.60	5.55	5.88	6.27	6.27	6.40	6.17	5.85	7.43	7.43	7.18
*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
Mar-25	158	153
Apr-25	88	167
May-25	61	130
Jun-25	223	107
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

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 eight (8) months ended February 28, 2026, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	23,880
EMSA	528
IHS	3,490
Medicaid	205,677
Medicare	219,000
Uninsured	25,132
HMO's & Insurance	209,457
All Other *	41,281
Total Encounters	728,445
Native American Encounters **	82,736

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 eight (8) months ended February 28, 2026, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	38,432,005	\$ 17,294,128	\$ 55,726,133
Catron	19,738	4,602	24,340
Chaves	128,864	56,262	185,127
Cibola	596,540	138,695	735,235
Colfax	35,000	54,862	89,862
Curry	15,608	25,125	40,733
De Baca	874	-	874
Dona Ana	269,147	87,478	356,624
Eddy	22,439	58,011	80,450
Grant	15,620	5,426	21,047
Guadalupe	59,410	23,781	83,191
Harding	1,205	10	1,215
Hidalgo	10,946	-	10,946
Lea	338,294	21,739	360,033
Lincoln	43,070	107,763	150,834
Los Alamos	52,188	247	52,434
Luna	84,244	85,049	169,292
Mc Kinley	764,120	205,858	969,978
Mora	2,532	2,303	4,835
Otero	17,938	28,297	46,235
Quay	16,047	16,533	32,580
Rio Arriba	427,478	311,117	738,595
Roosevelt	1,863	18,449	20,311
San Juan	373,786	188,027	561,813
San Miguel	397,047	55,994	453,041
Sandoval	3,693,742	2,524,973	6,218,715
Santa Fe	1,988,351	589,071	2,577,422
Sierra	14,163	7,424	21,587
Socorro	92,388	205,653	298,041
Taos	99,831	102,792	202,623
Torrance	595,452	502,440	1,097,893
Union	2,452	8,969	11,421
Valencia	3,870,533	1,877,645	5,748,179
Out Of State	-	2,388,176	2,388,176
Grand Total	\$ 52,482,915	\$ 26,996,899	\$ 79,479,814

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 eight (8) months ended February 28, 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	1	\$ 88	150	\$ 30,656	151	\$ 30,743
87022	7	\$ 15,760	71	\$ 9,282	78	\$ 25,042
87047	4	\$ 35,318	186	\$ 24,900	190	\$ 60,219
87059	19	\$ 67,364	397	\$ 110,659	416	\$ 178,024
87100	-	\$ -	-	\$ -	-	\$ -
87101	1	\$ 7,473	32	\$ 6,567	33	\$ 14,039
87102	111	\$ 738,607	3,447	\$ 1,804,714	3,558	\$ 2,543,321
87103	2	\$ 10,311	29	\$ 7,374	31	\$ 17,685
87104	31	\$ 361,246	1,244	\$ 586,846	1,275	\$ 948,092
87105	250	\$ 3,005,160	9,021	\$ 4,977,299	9,271	\$ 7,982,459
87106	71	\$ 686,112	2,954	\$ 1,726,868	3,025	\$ 2,412,980
87107	92	\$ 839,689	3,309	\$ 1,501,523	3,401	\$ 2,341,212
87108	201	\$ 2,708,358	7,117	\$ 4,458,573	7,318	\$ 7,166,930
87109	90	\$ 592,279	2,682	\$ 1,207,596	2,772	\$ 1,799,876
87110	86	\$ 1,186,072	3,194	\$ 1,371,883	3,280	\$ 2,557,955
87111	55	\$ 375,257	2,090	\$ 721,147	2,145	\$ 1,096,404
87112	86	\$ 947,817	3,403	\$ 1,237,944	3,489	\$ 2,185,760
87113	26	\$ 105,738	1,052	\$ 533,650	1,078	\$ 639,388
87114	94	\$ 864,030	3,013	\$ 1,604,423	3,107	\$ 2,468,453
87115	-	\$ -	2	\$ 541	2	\$ 541
87116	7	\$ 125,737	39	\$ 19,431	46	\$ 145,168
87117	-	\$ -	3	\$ 221	3	\$ 221
87119	2	\$ 2,530	36	\$ 6,786	38	\$ 9,316
87120	102	\$ 1,011,382	3,558	\$ 1,658,507	3,660	\$ 2,669,889
87121	384	\$ 4,151,466	14,230	\$ 8,399,170	14,614	\$ 12,550,636
87122	11	\$ 58,533	512	\$ 177,736	523	\$ 236,269
87123	161	\$ 1,201,424	5,951	\$ 3,494,574	6,112	\$ 4,695,998
87125	2	\$ 3,716	90	\$ 85,454	92	\$ 89,170
87128	-	\$ -	-	\$ -	-	\$ -
87130	-	\$ -	-	\$ -	-	\$ -
87131	-	\$ -	6	\$ 1,508	6	\$ 1,508
87140	-	\$ -	-	\$ -	-	\$ -
87151	24	\$ 495,590	197	\$ 149,752	221	\$ 645,342
87153	-	\$ -	8	\$ 673	8	\$ 673
87154	-	\$ -	70	\$ 16,168	70	\$ 16,168
87158	-	\$ -	-	\$ -	-	\$ -
87176	6	\$ 22,643	122	\$ 17,309	128	\$ 39,952
87181	1	\$ 108	54	\$ 9,062	55	\$ 9,170
87184	-	\$ -	10	\$ 2,064	10	\$ 2,064
87185	-	\$ -	8	\$ 991	8	\$ 991
87187	-	\$ -	10	\$ 1,740	10	\$ 1,740
87190	-	\$ -	14	\$ 1,488	14	\$ 1,488
87191	-	\$ -	28	\$ 9,469	28	\$ 9,469
87192	7	\$ 5,126	77	\$ 8,406	84	\$ 13,532
87193	-	\$ -	40	\$ 8,092	40	\$ 8,092
87194	1	\$ 357	54	\$ 23,636	55	\$ 23,993
87195	3	\$ 321	90	\$ 26,895	93	\$ 27,216
87196	-	\$ -	34	\$ 2,897	34	\$ 2,897
87197	1	\$ 6,510	28	\$ 8,046	29	\$ 14,556
87198	-	\$ -	88	\$ 32,058	88	\$ 32,058
87199	2	\$ -	56	\$ 9,433	58	\$ 9,433
Grand Total	1,941	\$ 19,632,123	68,806	\$ 36,094,010	70,747	\$ 55,726,133

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the eight (8) months ended February 28, 2026

Bernalillo County Zip	Medicine Count	Surgery Count	Cancer Count	Orthopedics 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	29	19	52	4	4	5	9	-	27	-	2	151
87022	22	11	2	3	2	6	4	2	19	-	7	78
87047	34	35	24	13	2	11	9	8	38	-	16	190
87059	95	38	56	27	15	24	24	7	105	3	22	416
87100	-	-	-	-	-	-	-	-	-	-	-	-
87101	4	-	-	1	2	-	-	-	8	-	18	33
87102	861	405	215	269	162	140	149	78	883	1	395	3,558
87103	2	-	-	-	8	1	1	-	10	-	9	31
87104	339	131	179	86	51	44	74	27	275	-	69	1,275
87105	2,306	938	519	637	739	323	406	215	2,631	12	545	9,271
87106	754	270	150	216	155	95	139	46	831	10	359	3,025
87107	880	349	179	278	158	133	126	76	936	-	286	3,401
87108	1,858	640	543	407	574	279	278	109	1,985	15	630	7,318
87109	738	258	192	200	137	123	137	55	677	4	251	2,772
87110	897	327	243	221	121	145	184	82	713	3	344	3,280
87111	581	184	158	167	105	86	125	45	468	4	222	2,145
87112	933	308	285	255	172	138	167	80	778	3	370	3,489
87113	262	105	158	72	50	38	41	17	256	2	77	1,078
87114	827	309	292	238	198	106	143	70	715	4	205	3,107
87115	1	-	-	-	-	-	-	-	1	-	-	2
87116	21	3	-	2	7	-	1	1	8	-	3	46
87117	-	1	-	-	-	-	-	-	-	-	2	3
87119	7	9	-	6	-	3	-	-	11	-	2	38
87120	993	324	255	284	254	116	193	57	908	6	270	3,660
87121	3,691	1,307	1,059	1,024	1,241	576	528	249	4,263	22	654	14,614
87122	140	44	39	33	24	21	23	11	129	1	58	523
87123	1,636	544	490	390	431	240	266	107	1,635	9	364	6,112
87125	35	6	2	2	4	4	5	3	18	-	13	92
87128	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-
87131	1	-	-	-	-	2	-	-	3	-	-	6
87140	-	-	-	-	-	-	-	-	-	-	-	-
87151	20	19	1	29	1	6	10	3	83	-	49	221
87153	4	-	1	2	-	1	-	-	-	-	-	8
87154	18	14	8	8	2	3	1	-	15	-	1	70
87158	-	-	-	-	-	-	-	-	-	-	-	-
87176	43	18	17	11	1	4	2	2	22	-	8	128
87181	7	2	30	4	-	4	-	-	5	-	3	55
87184	5	-	-	-	-	1	-	1	2	-	1	10
87185	2	1	3	-	-	-	-	-	2	-	-	8
87187	1	1	-	-	-	-	4	-	1	-	3	10
87190	3	1	5	-	1	-	-	-	3	-	1	14
87191	10	3	-	4	-	1	1	3	1	-	5	28
87192	39	6	6	11	3	1	6	-	3	-	9	84
87193	16	-	5	3	1	2	-	1	9	-	3	40
87194	21	11	-	4	-	4	-	3	8	-	4	55
87195	23	7	1	12	3	6	7	3	22	-	9	93
87196	13	2	1	3	-	5	3	-	4	-	3	34
87197	8	1	4	4	-	3	2	2	5	-	-	29
87198	24	10	10	8	1	12	5	2	11	-	5	88
87199	14	5	5	8	3	-	4	7	10	-	2	58
Grand Total	18,218	6,666	5,189	4,946	4,632	2,712	3,077	1,372	18,537	99	5,299	70,747

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

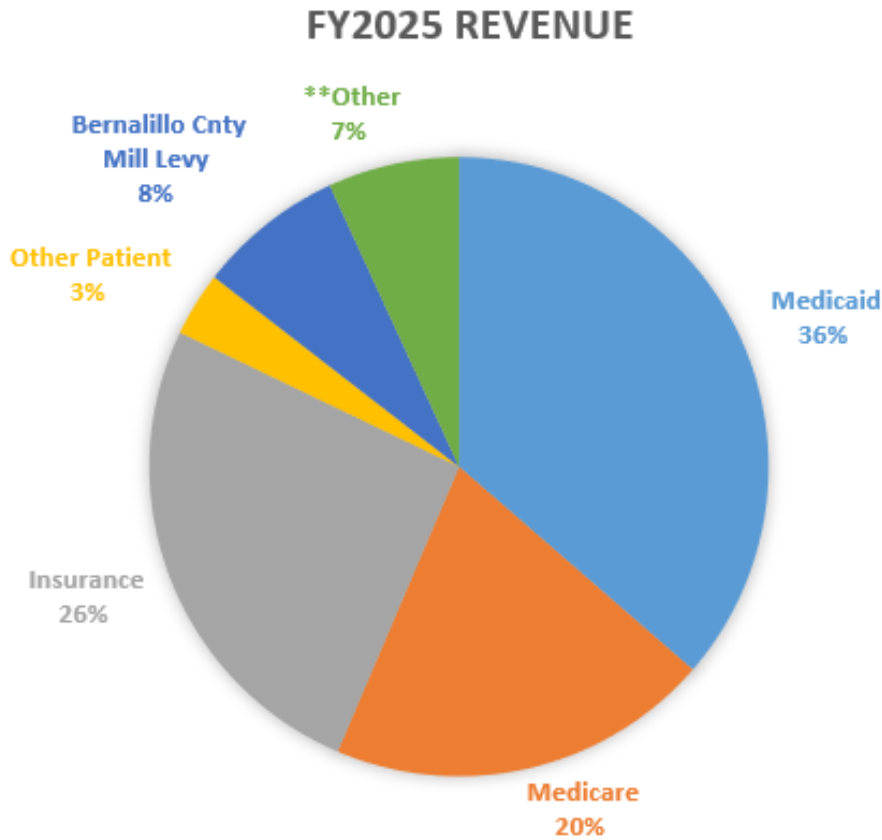
Primary Reason for Bernalillo County Indigent Resident Visits

Totals are for each of the eight (8) quarters ended February 28, 2026

Description	2026Q3	2026Q2	2026Q1	2025Q4	2025Q3	2025Q2	2025Q1	2024Q4
Undefined	3645	4443	4720	4649	3839	2810	3660	3525
Factors influencing health status and contact with health	3100	4879	5283	5374	5407	4212	5353	5569
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1565	2292	2460	2505	2498	1911	2328	2441
Diseases of the musculoskeletal system and	1456	2172	2437	2418	2308	1839	2334	2423
Diseases of the circulatory	844	1327	1389	1400	1378	1038	1303	1329
Endocrine, nutritional and metabolic diseases	859	1241	1352	1392	1489	1141	1459	1467
Injury, poisoning and certain other consequences of external	795	1234	1371	1309	1230	1036	1362	1313
Diseases of the nervous system	792	1185	1277	1359	1232	950	1209	1197
Neoplasms	697	993	1065	1094	1113	857	1040	1022
Mental and behavioural	654	1003	1093	1159	1189	985	1135	1166
Diseases of the genitourinary system	631	948	990	1006	1009	765	1023	992
Diseases of the respiratory	704	887	675	884	1299	772	715	883
Diseases of the digestive	532	844	891	902	843	675	833	846
Pregnancy, childbirth and the puerperium	346	575	637	652	610	511	626	643
Diseases of the skin and subcutaneous tissue	377	543	559	597	614	497	635	663
Diseases of the ear and mastoid process	231	325	328	360	400	302	354	445
Certain infectious and parasitic diseases	159	274	251	283	326	226	254	293
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	105	162	178	170	165	132	161	175
Congenital malformations, deformations and chromosomal abnormalities	111	159	179	189	182	134	175	179
Diseases of the eye and adnexa	88	133	147	186	507	390	550	560
Codes for special purposes	18	40	43	22	37	61	95	44
Certain conditions originating in the perinatal period	13	18	19	18	24	15	23	26
External causes of morbidity and mortality	1	1	2	1	1	1	1	2
	17,723	25,678	27,346	27,929	27,700	21,260	26,628	27,203

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	\$ 627,573,416
Medicare	345,752,524
Insurance	443,680,939
*Other Patient	57,899,766
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

FY26 is based on the eight (8) months ended February, 2026

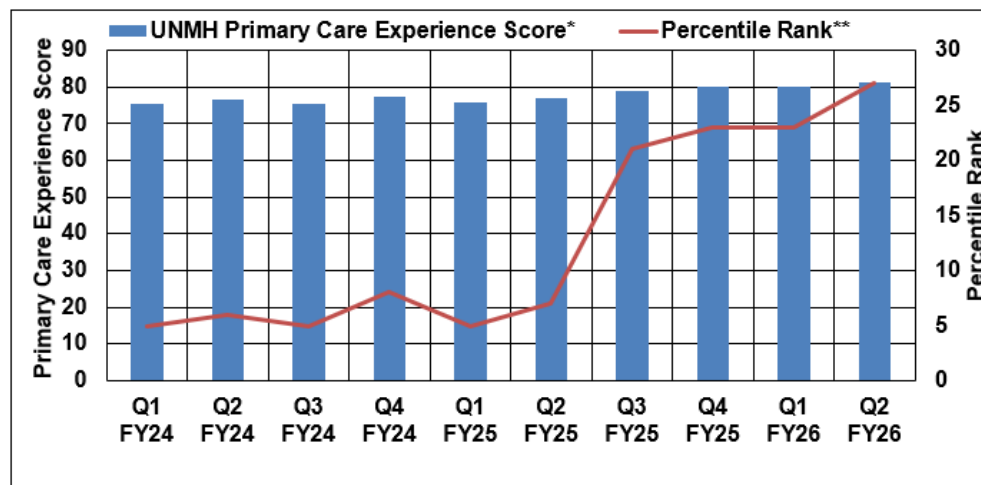
540,655	FY24 Actual (12 Months)
544,968	FY25 Actual (12 Months)
371,480	FY26 Actual (8 months)

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	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26
UNMH Primary Care Experience Score*	75.4	76.6	75.4	77.4	75.7	76.9	79.1	80.0	80.2	81.4
Percentile Rank**	5	6	5	8	5	7	21	23	23	27

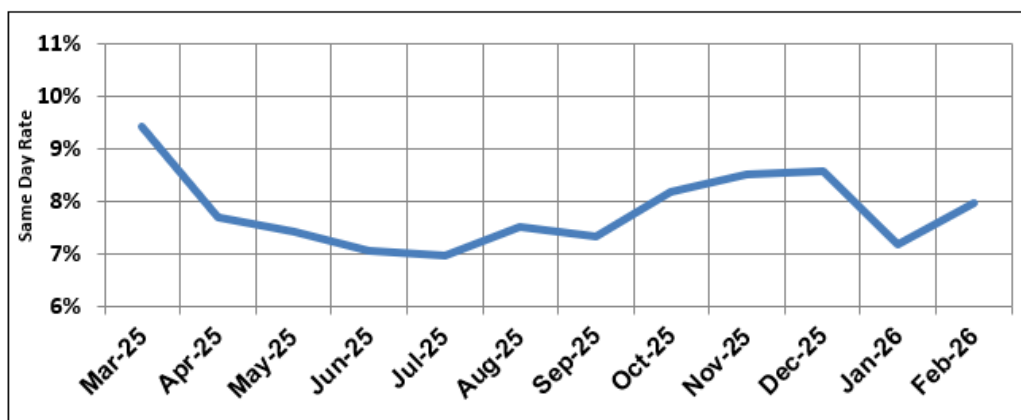
* UNMH Press Ganey Primary Care Experience Score

**Peer Group: All Press Ganey Database

Primary Care includes clinics listed on page 24 for both adult and pediatric services (3-month delay in Press Ganey data)

Percentage of Primary Care Patients with Same Day Clinic Appointments

Average percentage of Same Day Access for Primary Care Clinics.



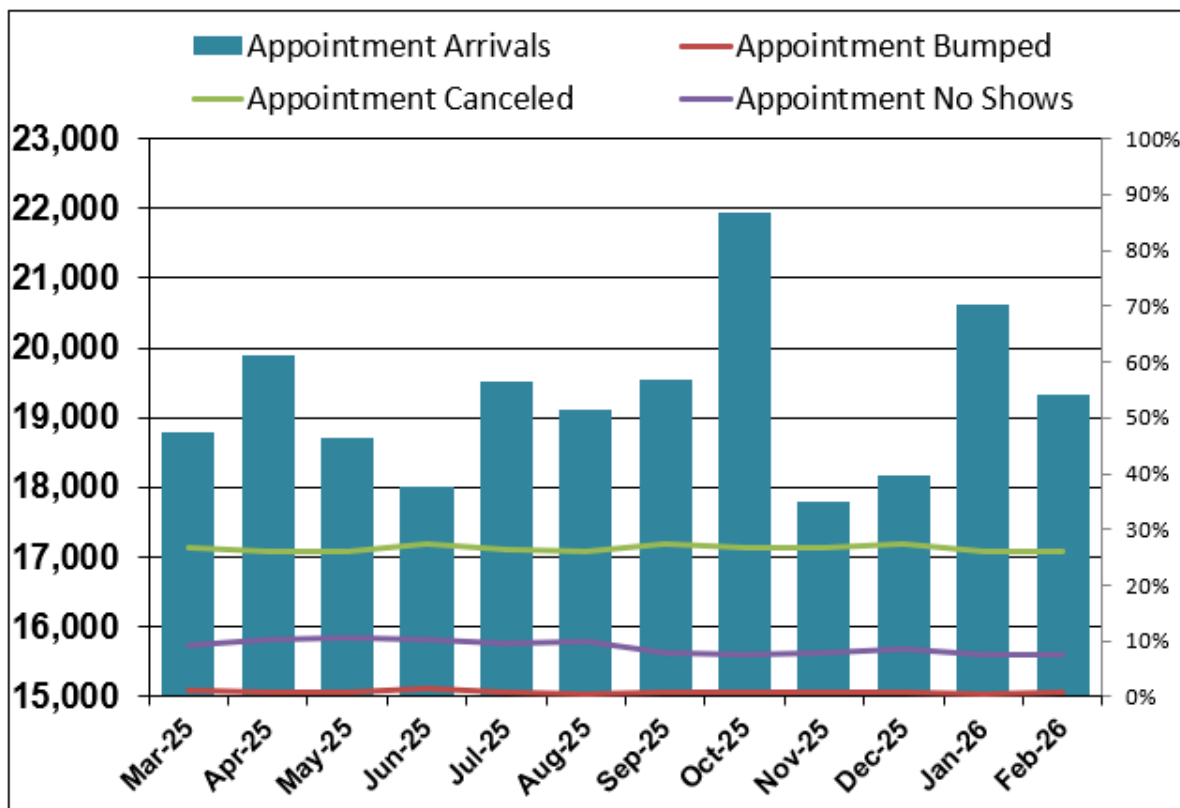
Month	Same Day	Total Arrived	Same Day Rate
Mar-25	1,471	15,598	9.4%
Apr-25	1,266	16,470	7.7%
May-25	1,148	15,451	7.4%
Jun-25	1,045	14,770	7.1%
Jul-25	1,145	16,443	7.0%
Aug-25	1,205	16,065	7.5%
Sep-25	1,218	16,618	7.3%
Oct-25	1,502	18,357	8.2%
Nov-25	1,270	14,906	8.5%
Dec-25	1,295	15,129	8.6%
Jan-26	1,257	17,478	7.2%
Feb-26	1,289	16,199	8.0%

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

Average	Primary Care Clinics
4.6%	1209 Clinic
6.9%	Family Practice Clinic
2.8%	General Pediatric Clinic
6.5%	Northeast Heights Clinic
7.5%	Senior Health Center
5.1%	Southeast Heights Clinic
8.1%	Southwest Mesa Clinic
5.2%	SRMC FP Clinic
6.0%	UH 4th Street NV Clinic
6.3%	UH Atrisco Heritage
41.1%	UNM Lobocare Clinic
7.8%	UNMMG Family Health Grande
4.9%	Westside Clinic
8.1%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

This data includes only Primary Care appointments.

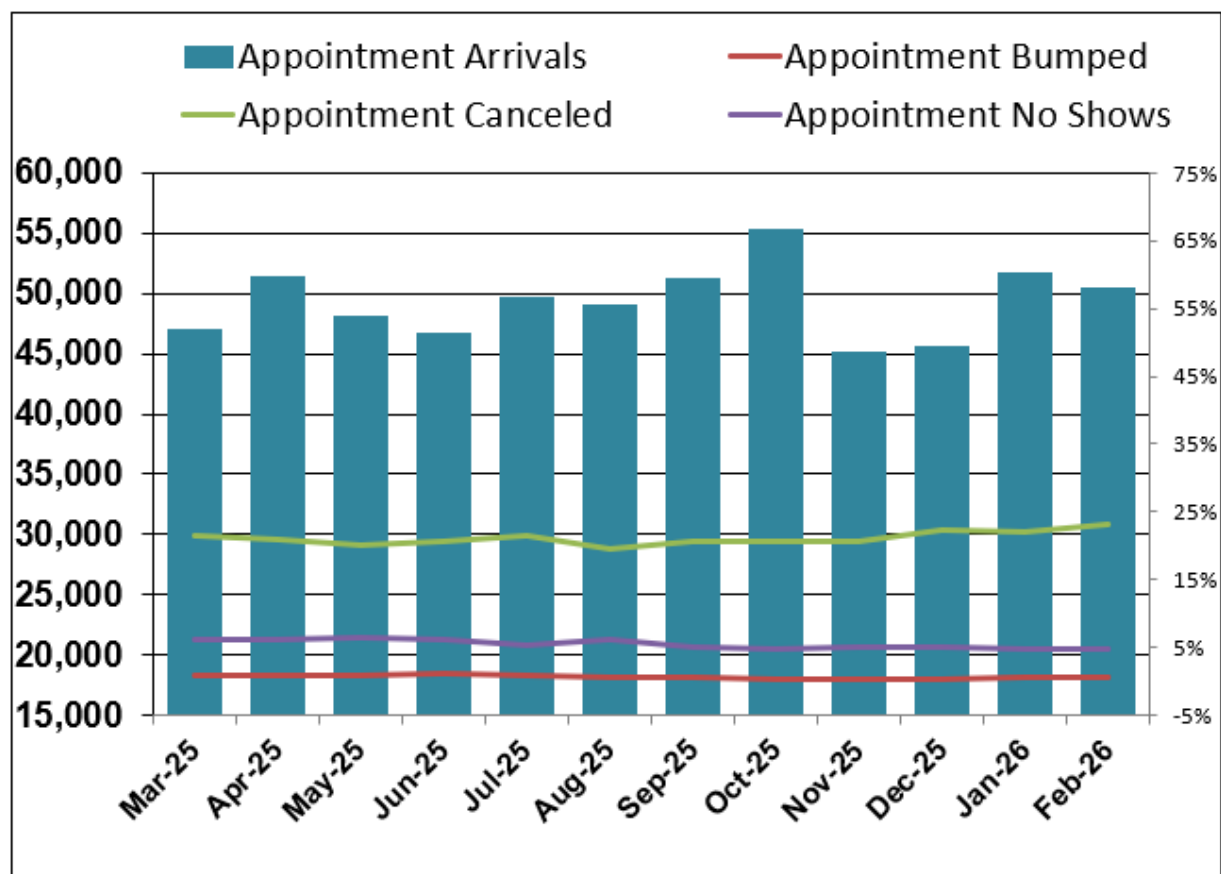


Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Mar-25	18,800	1%	27%	9%
Apr-25	19,904	1%	26%	10%
May-25	18,716	1%	26%	11%
Jun-25	18,011	1%	27%	10%
Jul-25	19,519	1%	27%	9%
Aug-25	19,112	1%	26%	10%
Sep-25	19,544	1%	27%	8%
Oct-25	21,936	1%	27%	7%
Nov-25	17,795	1%	27%	8%
Dec-25	18,170	1%	28%	8%
Jan-26	20,629	0%	26%	8%
Feb-26	19,322	1%	26%	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

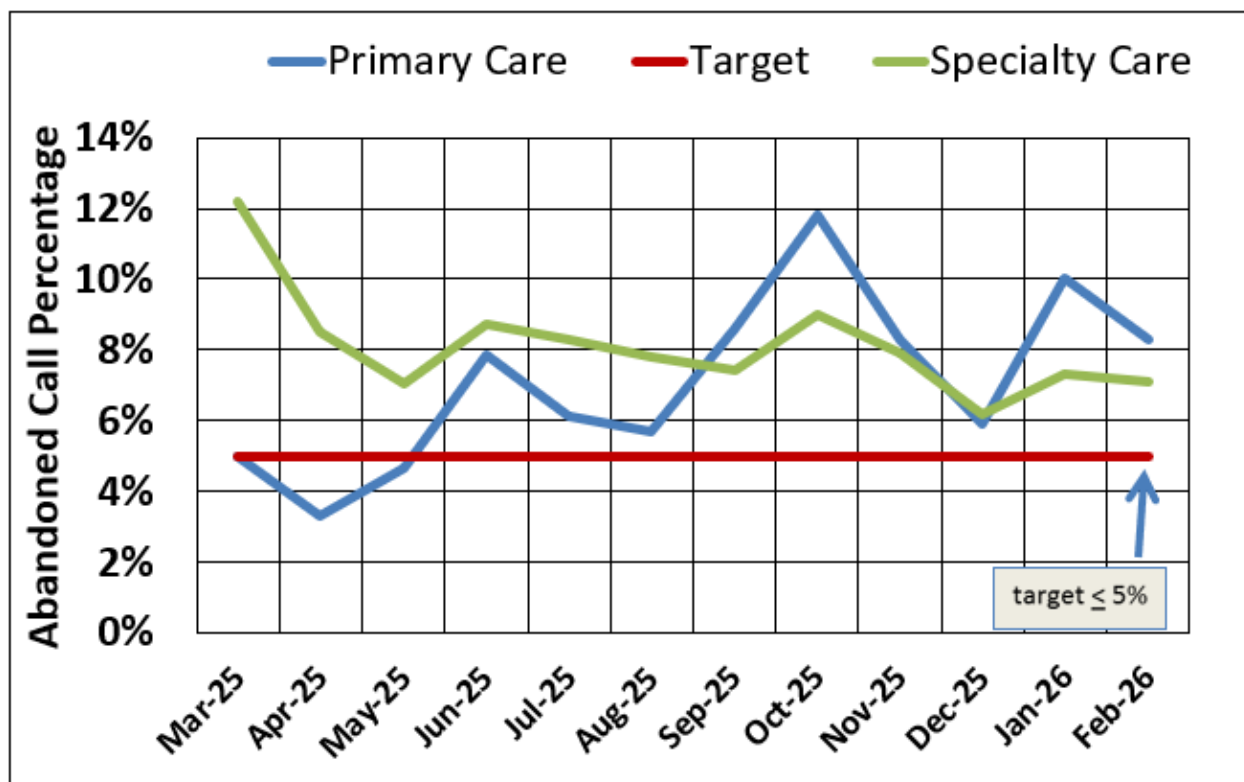
This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Mar-25	47,027	1%	22%	6%
Apr-25	51,447	1%	21%	6%
May-25	48,142	1%	20%	6%
Jun-25	46,773	1%	21%	6%
Jul-25	49,795	1%	22%	5%
Aug-25	49,129	1%	20%	6%
Sep-25	51,341	1%	21%	5%
Oct-25	55,424	0%	21%	5%
Nov-25	45,141	0%	21%	5%
Dec-25	45,715	0%	22%	5%
Jan-26	51,722	1%	22%	5%
Feb-26	50,450	0%	23%	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

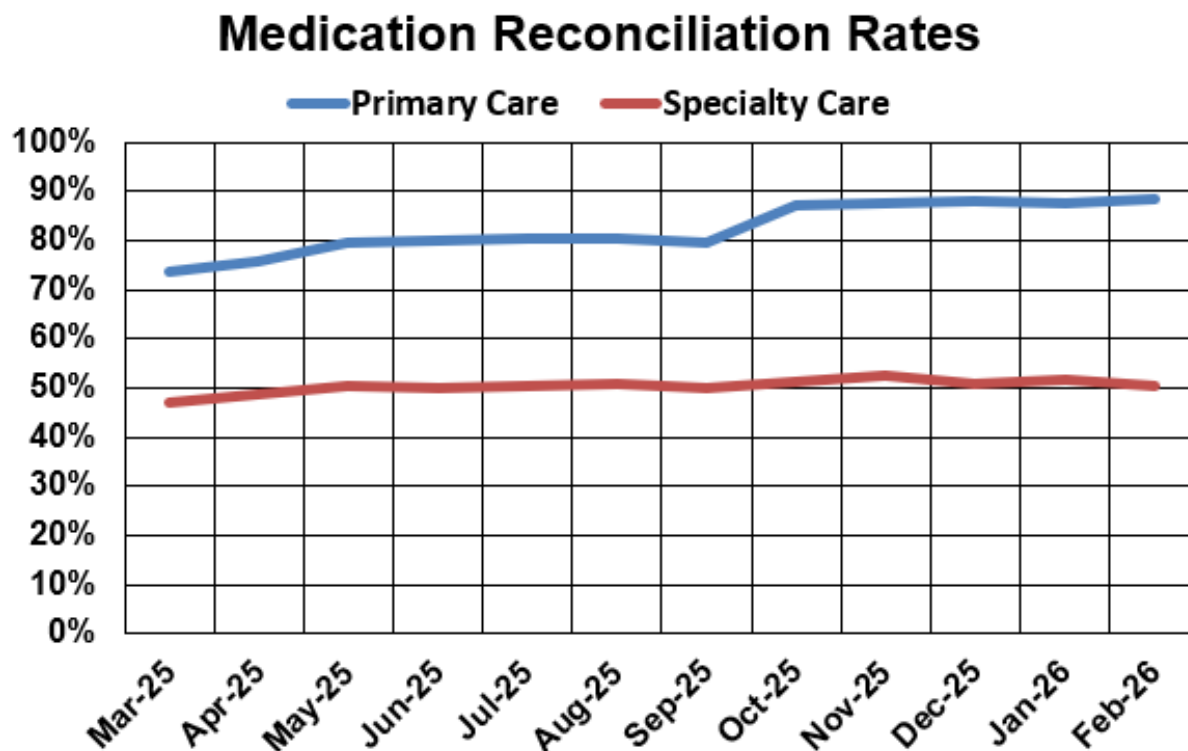


Area: Month	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Mar-25	4.98%	12.18%	5%
Apr-25	3.28%	8.53%	5%
May-25	4.65%	7.04%	5%
Jun-25	7.84%	8.72%	5%
Jul-25	6.10%	8.30%	5%
Aug-25	5.70%	7.80%	5%
Sep-25	8.60%	7.40%	5%
Oct-25	11.80%	9.00%	5%
Nov-25	8.30%	7.90%	5%
Dec-25	5.90%	6.20%	5%
Jan-26	10.00%	7.30%	5%
Feb-26	8.30%	7.10%	5%

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
Mar-25	73.6%	46.9%
Apr-25	75.9%	48.5%
May-25	79.5%	50.5%
Jun-25	79.8%	49.9%
Jul-25	80.2%	50.2%
Aug-25	80.5%	50.6%
Sep-25	79.5%	50.1%
Oct-25	87.3%	51.3%
Nov-25	87.5%	52.6%
Dec-25	88.2%	51.0%
Jan-26	87.4%	51.6%
Feb-26	88.3%	50.5%

Percentage of Patients with Access to Electronic Medical Record

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

As of February 28th, 2026

518,194	Invitations sent out to patients who provided an email address.
240,660	Patients who have claimed invitation to sign up.
10,494	Patients who have self enrolled directly without an invitation.
213,003	*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).

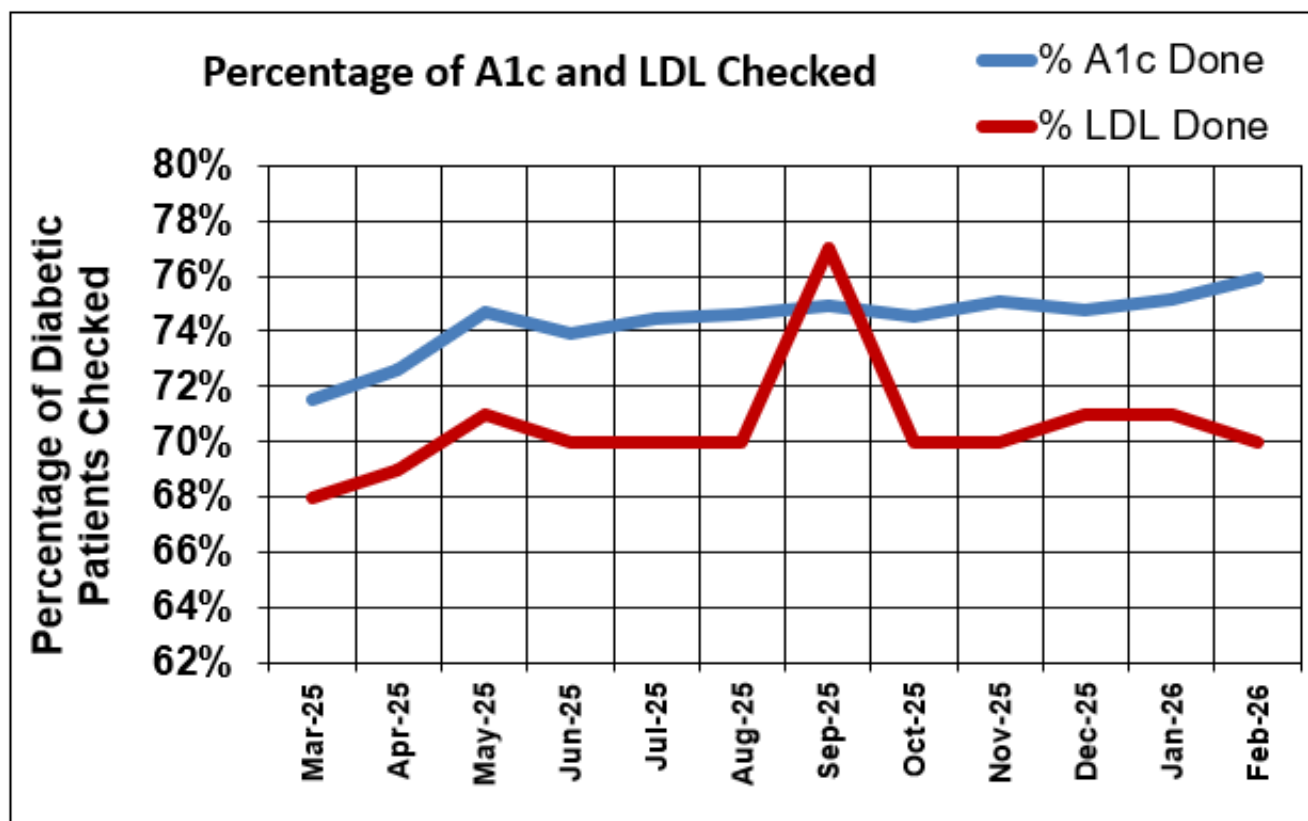
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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
Mar-25	8,000	5,724	72%	5,936	68%
Apr-25	7,981	5,795	73%	5,996	69%
May-25	8,211	6,135	75%	5,799	71%
Jun-25	7,934	5,865	74%	6,029	70%
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%

C. FINANCIAL SERVICES

UNM Care Enrollment and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Medicaid applications completed at UNMH
Mar-25	5,059	266
Apr-25	6,112	275
May-25	6,213	152
Jun-25	4,443	282
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

Total Uncompensated Care – Charity Care and Uninsured

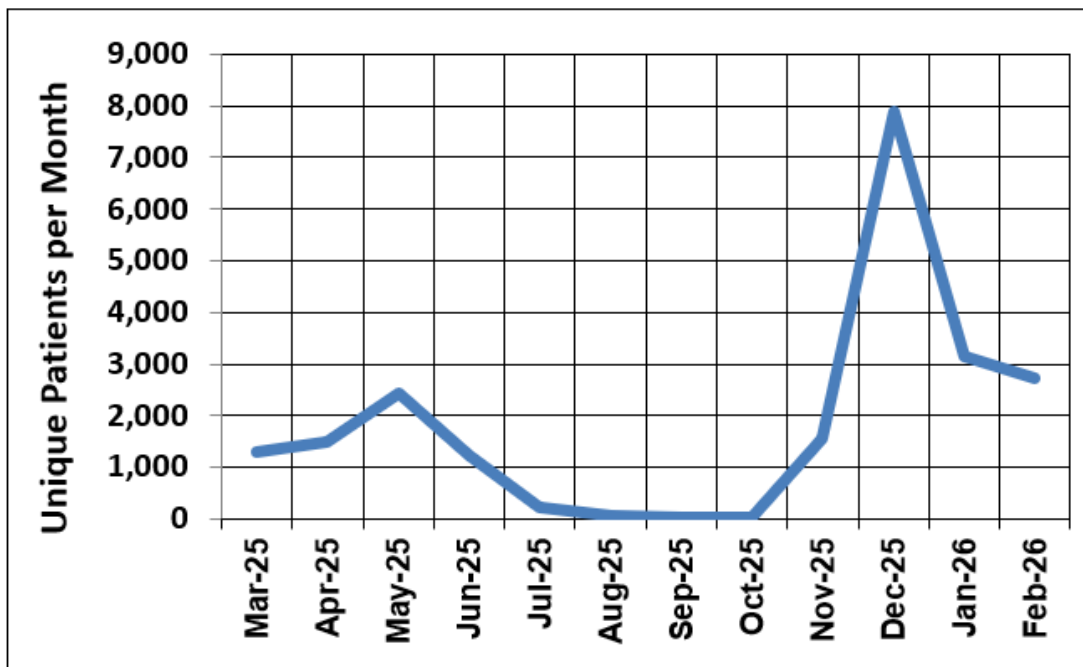
For the eight (8) months ended February 28, 2026, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	20,313	7,810	28,123
Cost	\$ 38,432,005	\$ 17,294,128	\$ 55,726,133

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

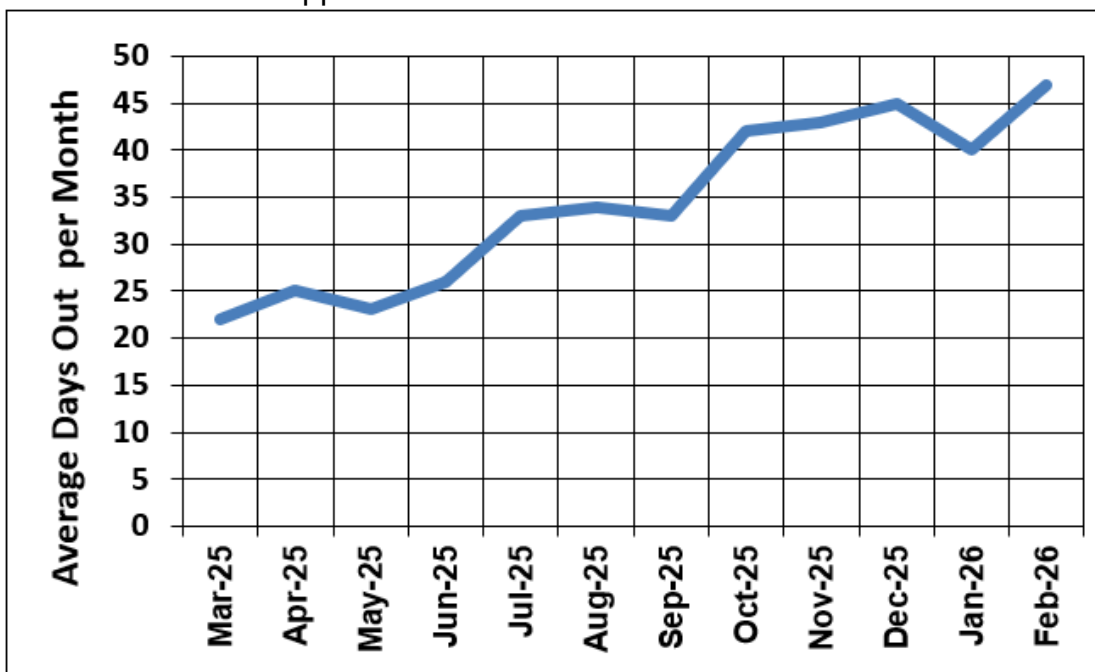
The following trend is the monthly number of unique patient accounts sent to the UNMH contracted collection agency and includes all counties.



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

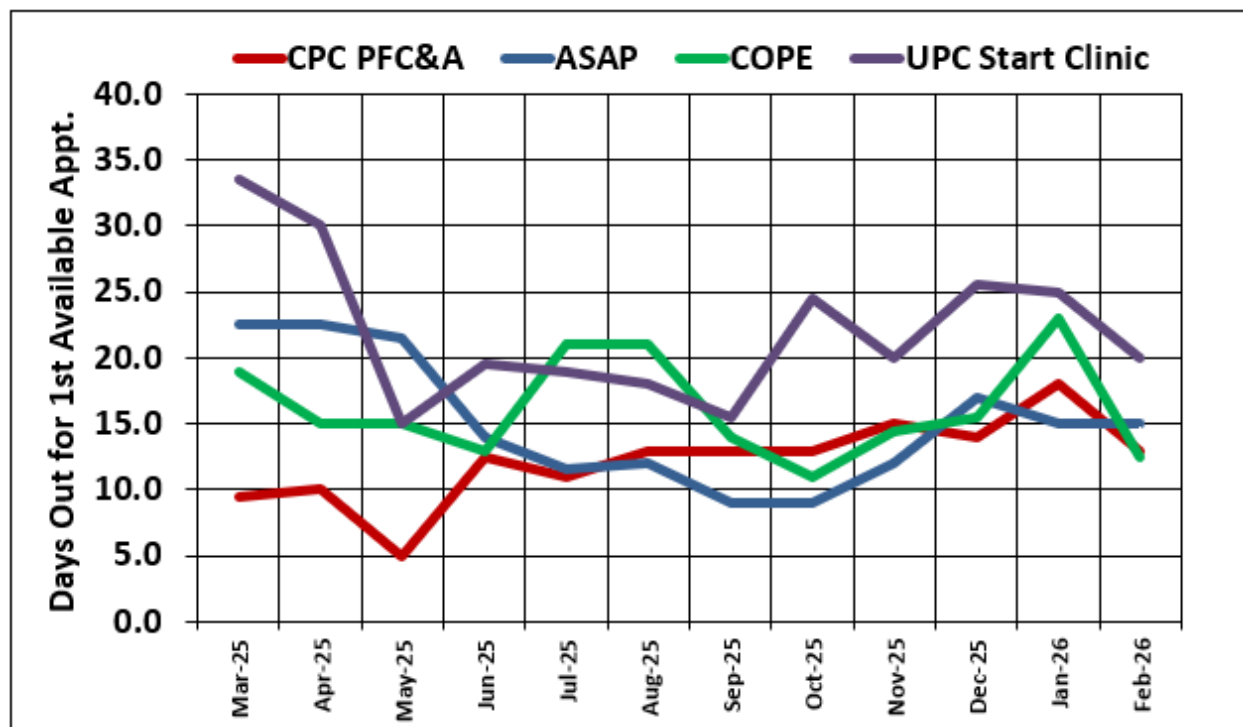
Days Out for Scheduling Financial Assistance Appointment

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



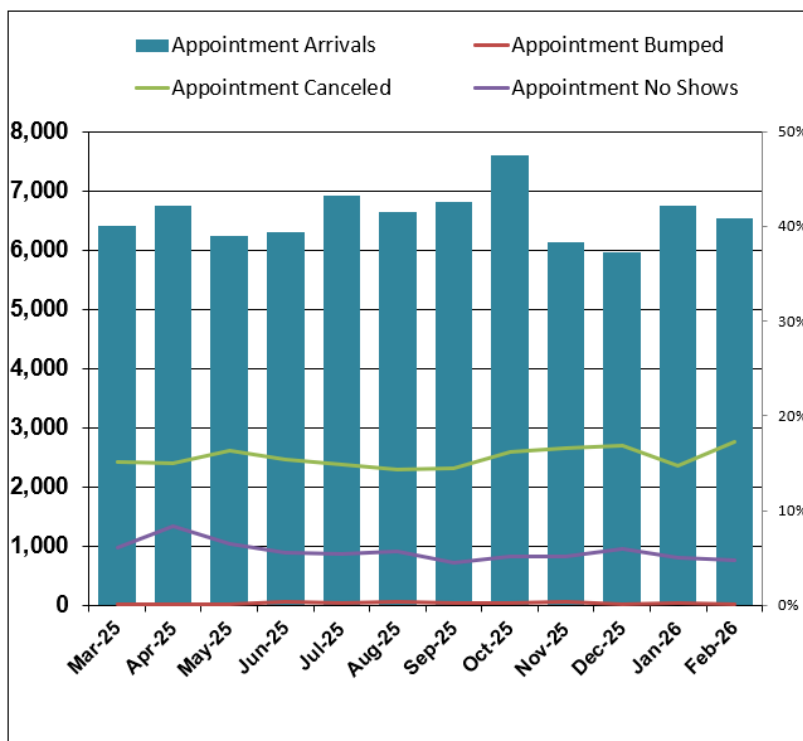
Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Mar-25	9.5	22.5	19.0	33.5
Apr-25	10.0	22.5	15.0	30.0
May-25	5.0	21.5	15.0	15.0
Jun-25	12.5	14.0	13.0	19.5
Jul-25	11.0	11.5	21.0	19.0
Aug-25	13.0	12.0	21.0	18.0
Sep-25	13.0	9.0	14.0	15.5
Oct-25	13.0	9.0	11.0	24.5
Nov-25	15.0	12.0	14.5	20.0
Dec-25	14.0	17.0	15.5	25.5
Jan-26	18.0	15.0	23.0	25.0
Feb-26	13.0	15.0	12.5	20.0

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
Mar-25	6,396	0%	15%	6%
Apr-25	6,746	0%	15%	8%
May-25	6,244	0%	16%	6%
Jun-25	6,298	0%	15%	6%
Jul-25	6,926	0%	15%	5%
Aug-25	6,631	0%	14%	6%
Sep-25	6,819	0%	14%	4%
Oct-25	7,589	0%	16%	5%
Nov-25	6,128	0%	17%	5%
Dec-25	5,964	0%	17%	6%
Jan-26	6,753	0%	15%	5%
Feb-26	6,539	0%	17%	5%

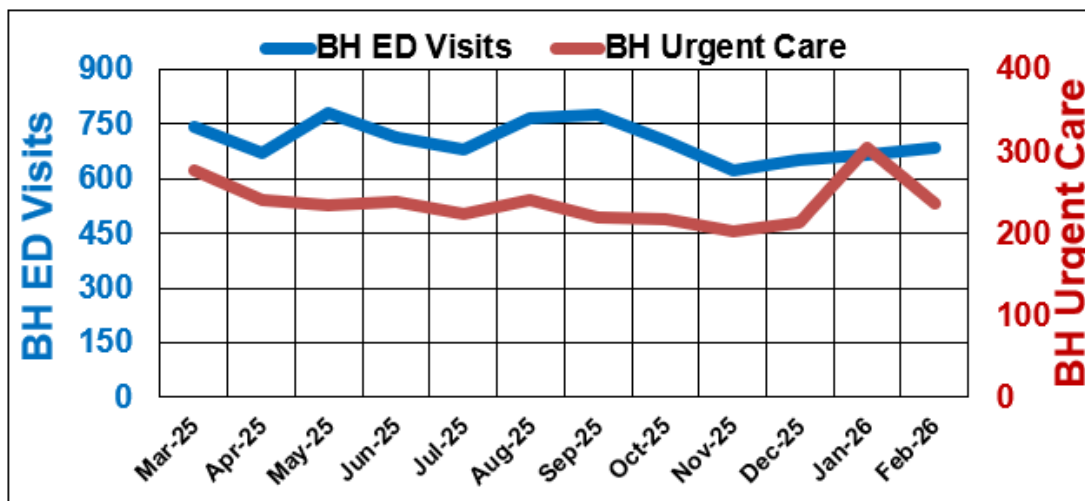
*As of June, 2025 data parameters updated to include all departments listed under behavioral health. Data on this report is backdated to provide accurate comparison. Prior data was only using select departments.

Number of Unique Outpatients and Number of Encounters CY2025

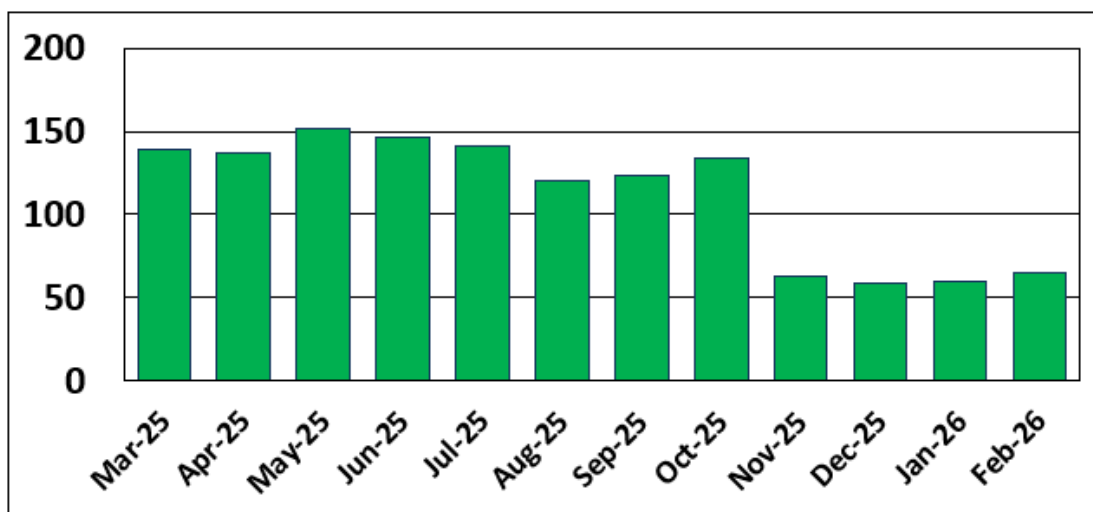
Calendar Year 2025 BH Outpatient		
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	13,179	115,914
BH CPC Outpatient	3,744	28,481

* Excluding all Suboxone and Methadone Visits

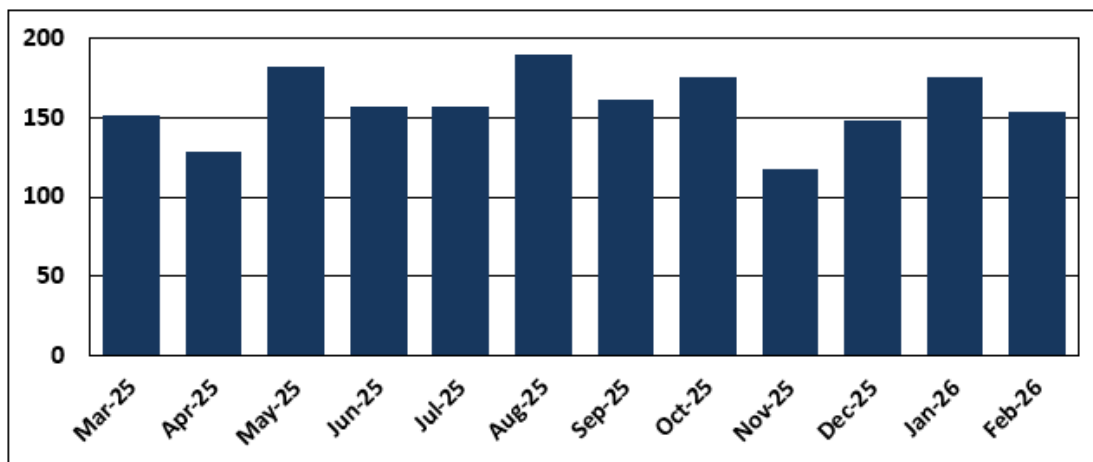
Psychiatric Emergency Department and Urgent Care Encounters



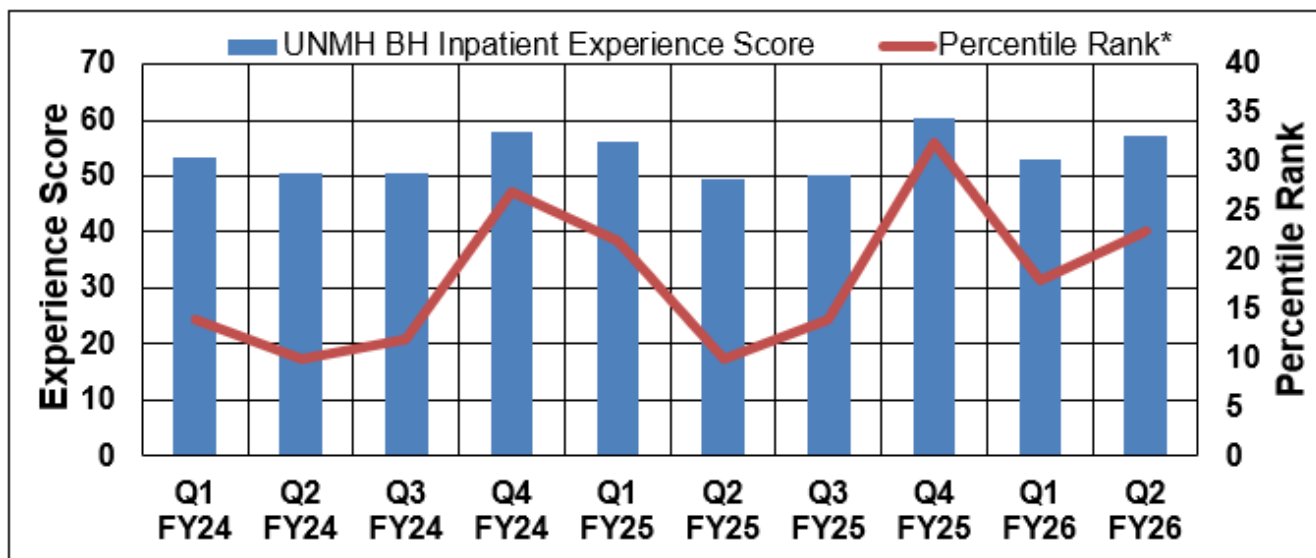
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

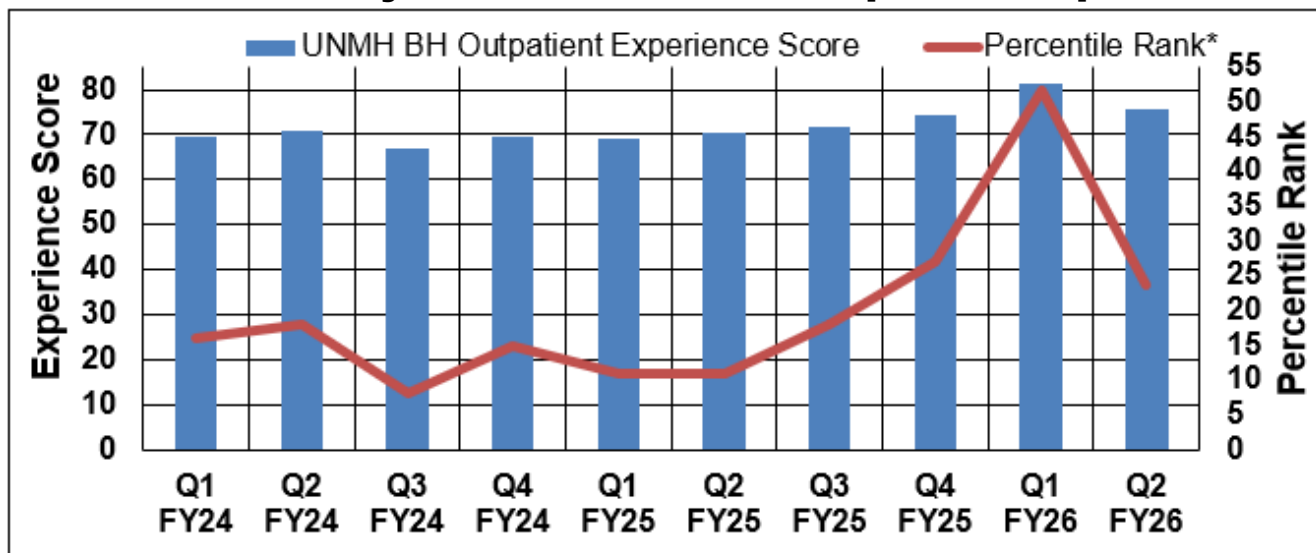


UNMH Press Ganey Behavioral Health Inpatient Experience Score



Quarter	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26
UNMH BH Inpatient Experience Score	53.5	50.6	50.4	58.1	56.3	49.4	50.1	60.3	52.8	57.0
Percentile Rank*	14	10	12	27	22	10	14	32	18	23

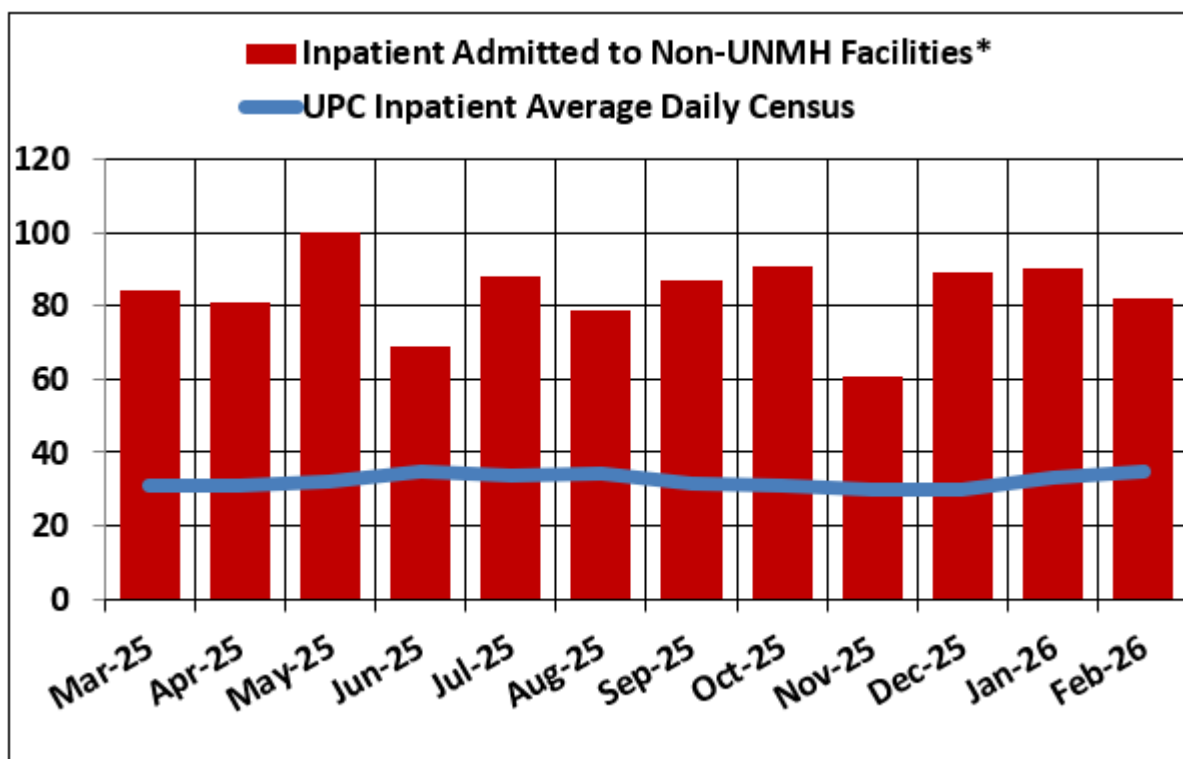
UNMH Press Ganey Behavioral Health Outpatient Experience Score



Quarter	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26	Q2 FY26
UNMH BH Outpatient Experience Score	69.6	70.7	66.9	69.3	69.3	70.4	71.5	74.5	81.3	75.5
Percentile Rank*	16	18	8	15	11	11	18	27	52	24

*Peer Group: All Press Ganey Database
(3-month delay in Press Ganey data)

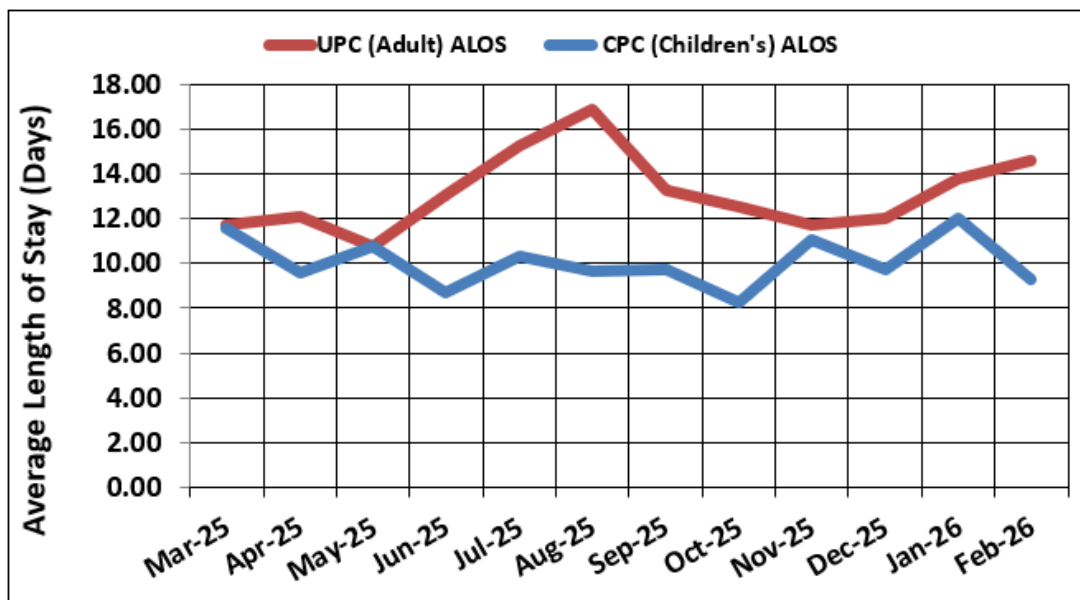
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Mar-25	84	31
Apr-25	81	31
May-25	100	32
Jun-25	69	35
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

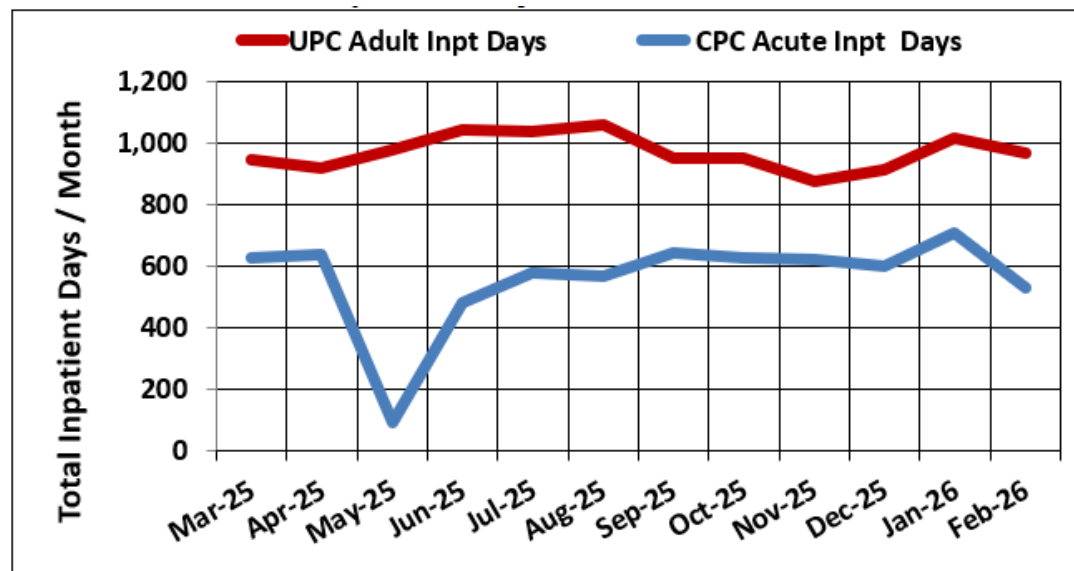
*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

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



*Decrease in volume for May 2025 is being researched for correction.

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*	9,374

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

Total Opioid Patients

Month	Census
Mar-25	416
Apr-25	416
May-25	416
Jun-25	411
Jul-25	417
Aug-25	422
Sep-25	423
Oct-25	430
Nov-25	426
Dec-25	423
Jan-26	421
Feb-26	427

Total Methadone Encounters

Month	Count
Mar-25	1,709
Apr-25	1,958
May-25	2,043
Jun-25	2,008
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

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Mar-25	665	34,796	9,457
Apr-25	662	33,412	10,306
May-25	684	36,083	9,830
Jun-25	675	33,372	10,108
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

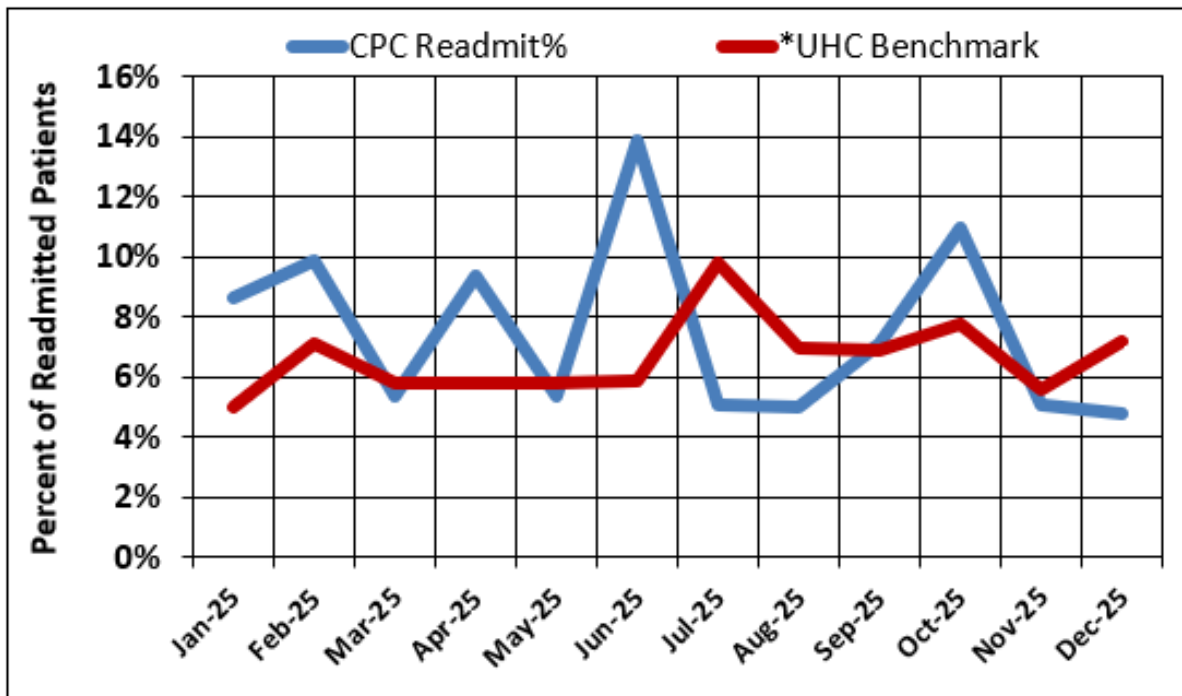
Total Suboxone Encounters

Month	Count
Mar-25	24
Apr-25	17
May-25	22
Jun-25	10
Jul-25	11
Aug-25	6
Sep-25	7
Oct-25	2
Nov-25	14
Dec-25	10
Jan-26	7
Feb-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.

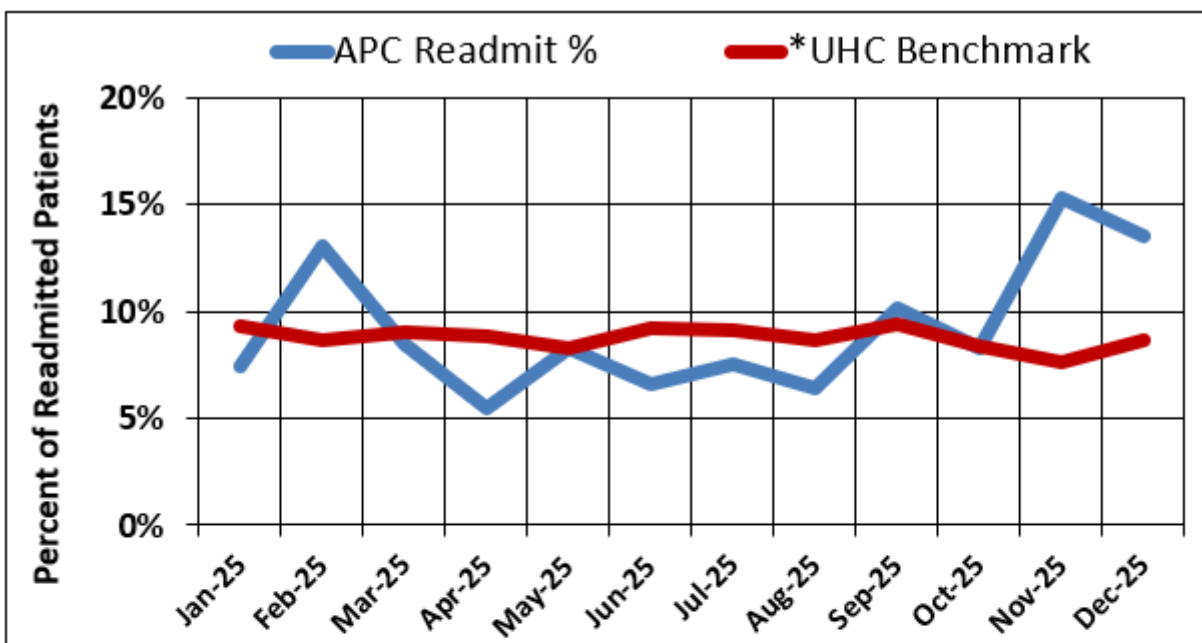


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-25	58	5	8.6%	5.0%
Feb-25	71	7	9.9%	7.1%
Mar-25	56	3	5.4%	5.8%
Apr-25	73	7	9.4%	5.8%
May-25	61	3	5.4%	5.8%
Jun-25	60	8	13.9%	5.9%
Jul-25	59	3	5.1%	9.8%
Aug-25	60	3	5.0%	7.0%
Sep-25	70	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%

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

30 Day Readmission Rate – Adult Psychiatric Center

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

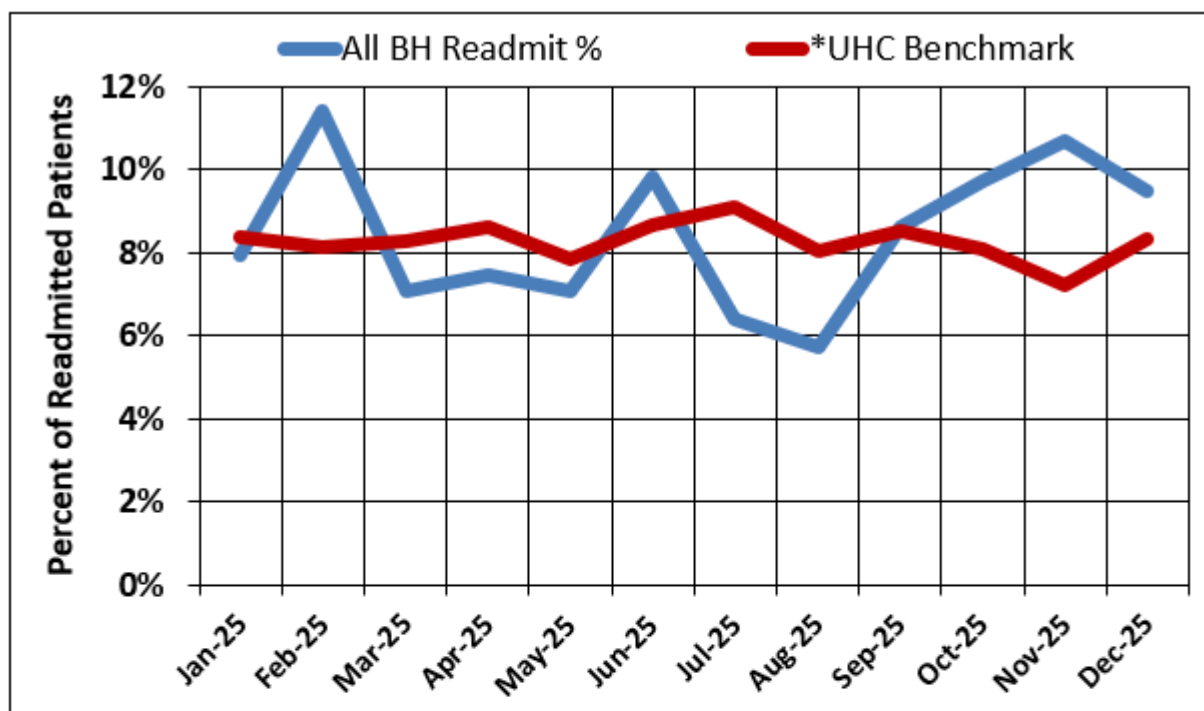


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-25	81	6	7.4%	9.3%
Feb-25	69	9	13.0%	8.7%
Mar-25	71	6	8.5%	9.0%
Apr-25	73	4	5.5%	8.8%
May-25	84	7	8.3%	8.3%
Jun-25	76	5	6.6%	9.2%
Jul-25	66	5	7.6%	9.1%
Aug-25	62	4	6.5%	8.7%
Sep-25	69	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%

*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

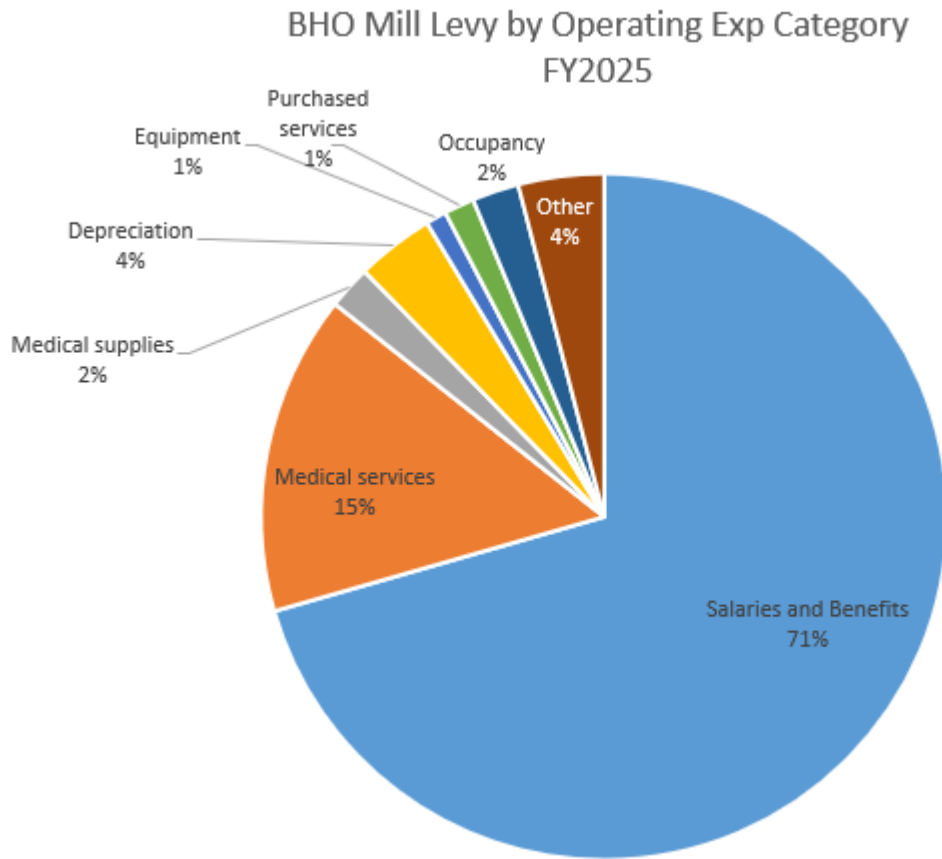
There is a three (3) month delay in Vizient data, so statistics are one quarter behind.



Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-25	139	11	7.9%	8.4%
Feb-25	140	16	11.4%	8.1%
Mar-25	127	9	7.1%	8.3%
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%

*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

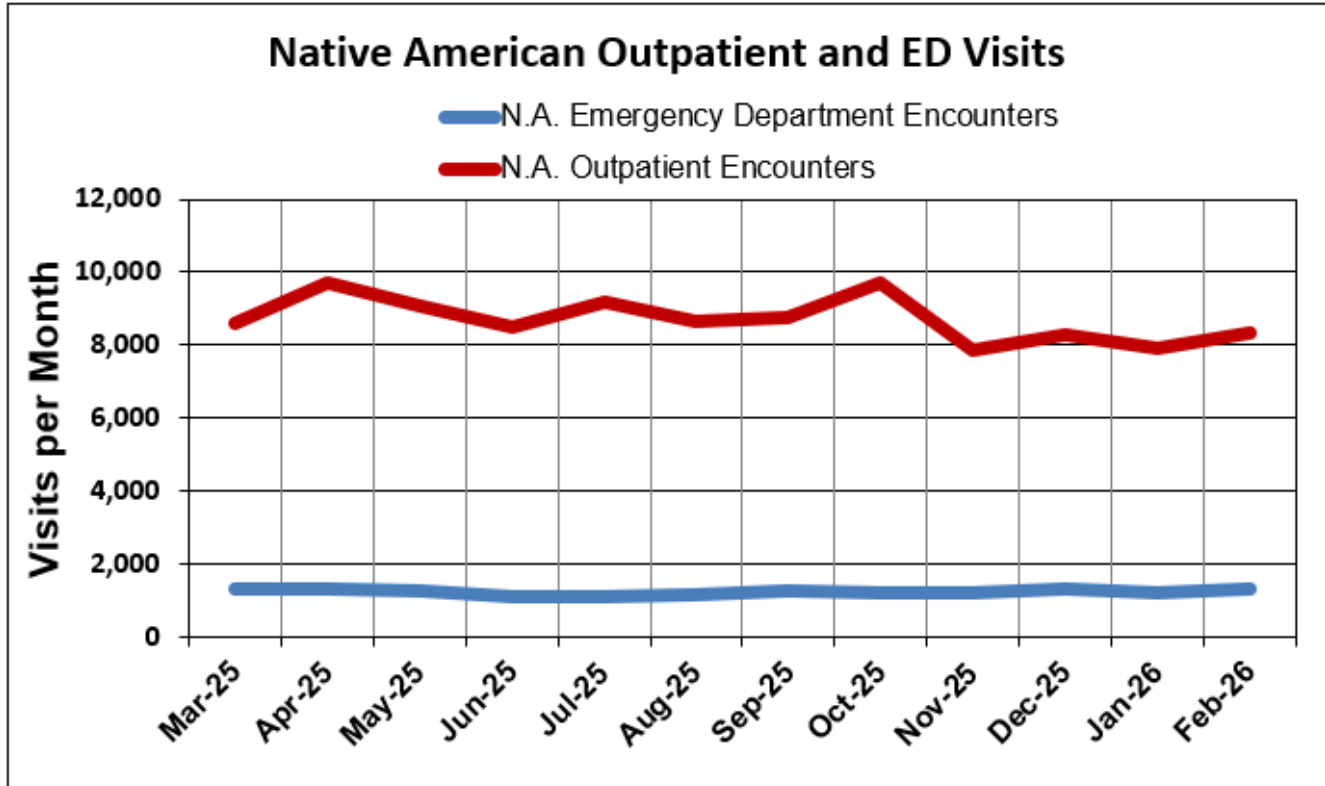


FY2025	
Salaries and Benefits	\$ 13,981,897
Medical services	2,987,164
Medical supplies	404,633
Depreciation	728,062
Equipment	193,332
Purchased services	282,242
Occupancy	436,298
Other	799,723
Total Expense	\$ 19,813,351

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

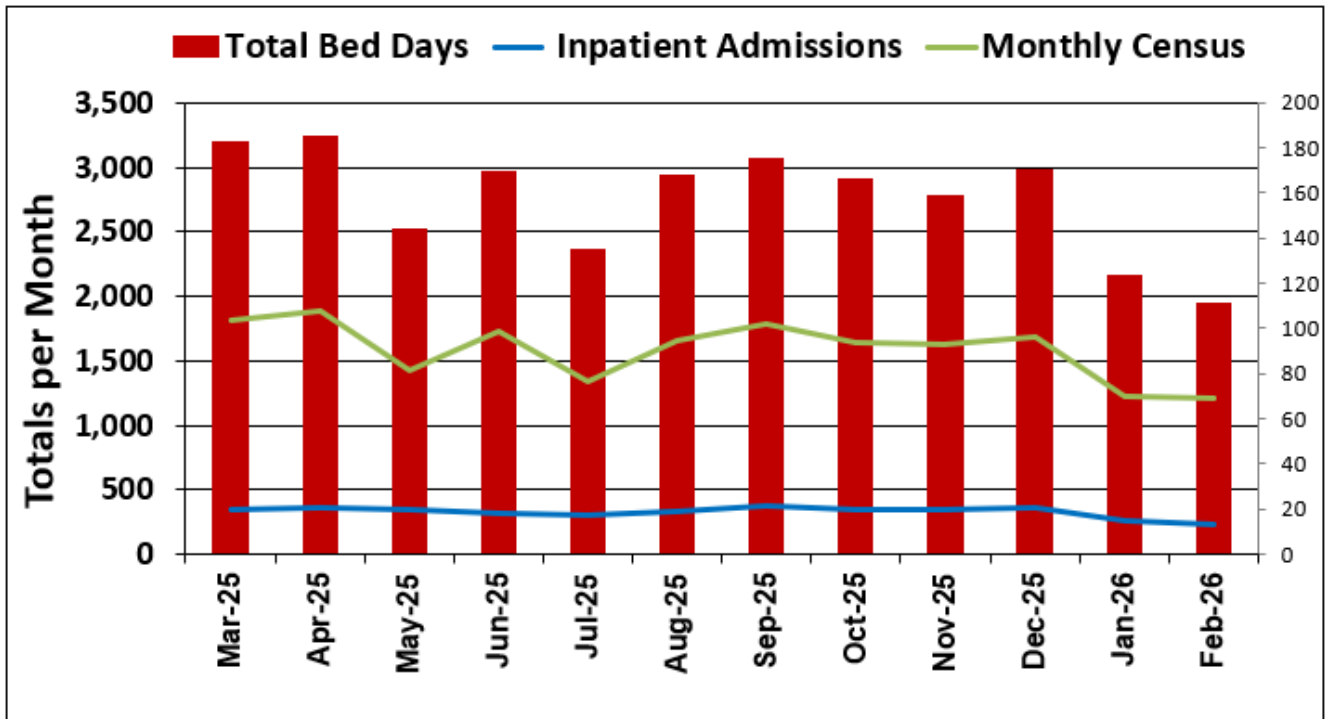
E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Mar-25	33	1,325	8,588
Apr-25	17	1,335	9,724
May-25	21	1,247	9,060
Jun-25	40	1,093	8,518
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	1,229	7,909
Feb-26	42	1,322	8,332

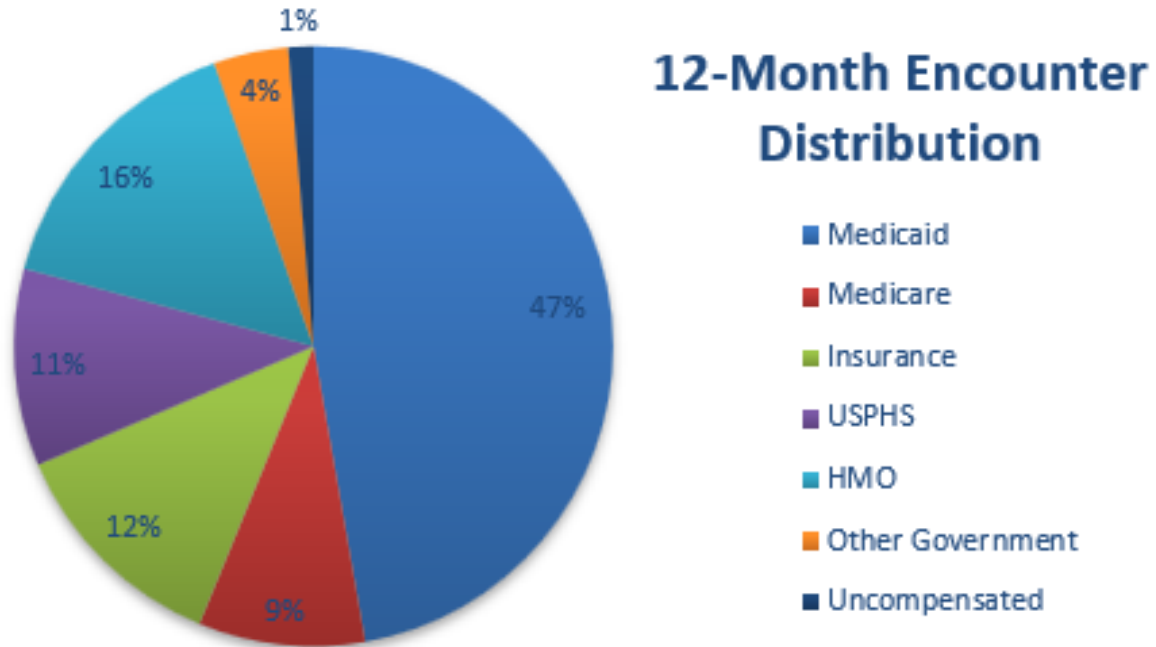
Native American Bed Days and Monthly Inpatient Census



Month	Total Bed Days	Inpatient Admissions	Monthly Census
Mar-25	3,202	344	103
Apr-25	3,240	355	108
May-25	2,529	352	82
Jun-25	2,965	322	99
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	2,171	263	70
Feb-26	1,946	237	70

Native American Encounter Distribution by Payor Group

The following summary of Native American encounters by payor group is based on the



<i>Month</i>	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Mar-25	5,047	961	1,162	1,037	1,547	436	147
Apr-25	5,518	1,107	1,335	1,179	1,810	483	131
May-25	5,190	1,033	1,273	990	1,715	474	142
Jun-25	4,630	994	1,291	1,048	1,485	389	179
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	3,995	558	1,048	834	1,255	257	132
Feb-26	3,934	555	1,062	899	1,197	260	101
TOTAL	57,310	10,899	14,951	12,892	18,745	4,891	1,628
	47.2%	9.0%	12.3%	10.6%	15.5%	4.0%	1.3%

previous 12-month period.

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 January 2026-June 2026	Status Update as of March 2026
<p>A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.</p> <p>A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.</p> <p>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.</p>	<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. A new needs assessment will be completed in 2027.</p> <p>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.</p> <p>UNMH established budget planning meetings with both the County and IHS for updates and input related to the Budget and Capital process.</p>

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 primacy 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.</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). UNMH opened Intensive Outpatient Services for Adolescents in late 2025.</p>