



QUARTERLY REPORT

March, 2024

Bernalillo County Commissioner Trend Report

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A. ACCOUNTABILITY

Balance Sheet

Statements of Net Position

(In Thousands)

	March 2024	audited June 2023
Assets		
Cash and marketable securities	\$ 283,789	\$ 233,588
Cash restricted by management for capital replacement	-	16,519
Cash restricted for donor specified expenses	21,996	21,043
Patient receivables, net	215,653	171,520
Other receivables and current assets	212,895	167,988
Capital initiatives receivable	-	46,000
Capital assets, net	933,859	833,280
Restricted for mortgage reserve, bonds	40,840	34,312
Other noncurrent assets	36,555	39,824
Total assets	1,745,587	1,564,074
Liabilities		
Accounts payable	73,825	79,514
Payable to related parties (UNM)	89,492	60,544
Interest payable bonds	649	65
Other accrued current liabilities	345,363	188,397
Bonds payable, non current	61,485	61,485
Mortgage Payable - NHT	244,714	255,416
Other long term liabilities	42,411	48,971
Total liabilities	857,939	694,392
Net Position		
Restricted for expendable grants, bequests, and contributions	21,996	21,043
Restricted by management for capital replacement **	-	62,519
Restricted for trust indenture and debt agreement	40,828	34,312
Assets invested in capital	495,643	462,369
Unrestricted from operations	329,181	289,439
Total net assets	\$ 887,648	\$ 869,682
Current Ratio	1.44	1.89
Days Cash on Hand**	61.06	54.39

* Net Assets have been reclassified to expanded categories to reflect operational intentions

**Days cash on hand is calculated on unrestricted cash

Income Statement

UNM HOSPITALS

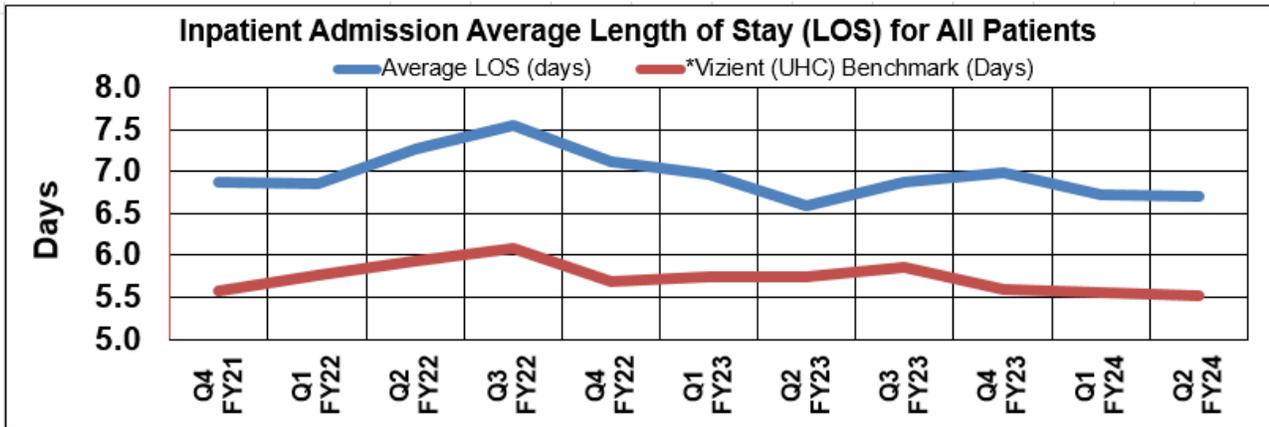
Statements of Revenues, Expenses, and Changes in Net Assets
For the nine (9) months ended March 31, 2024

<i>(In Thousands)</i>	<u>March</u>
Operating revenues:	
Net Patient Service	\$ 1,109,437
Other	46,045
Total Operating Revenues	<u>1,155,481</u>
Operating expenses:	
Employee Compensation and Benefits	618,587
UNM School of Medicine Medical Services	153,190
Medical Services Oncology	42,335
Medical Services non-SOM	40,525
Medical Supplies	179,837
Oncology Drugs	44,263
Occupancy/Equipment	67,813
Depreciation	30,590
Purchased Services	75,309
Gross Receipts Tax	22,093
Other	28,287
Total Operating Expenses	<u>1,302,829</u>
Operating loss	<u>(147,347)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	98,049
State Appropriation	14,813
Capital Appropriation	1,133
Interest Expense	(1,751)
Other Revenue and (Expense)	53,068
Net Nonoperating Revenues	<u>165,312</u>
Total Increase in Net Assets	<u>17,965</u>

Mill Levy Distribution Detail by Department FY2023

		(Audited)
Total Bernalillo County Mill Levy		\$ 120,649,639.00
Note: 15% of the Mill Levy is allocated to Behavioral Health (see pg. 43)		
		UNMH - 85%
Mill Levy	\$	102,552,193
Expenses		Total Spending
<i>Facilities</i>		
Facilities Maintenance	\$	13,885,052
Environmental Services		13,103,691
Insurance		5,274,137
Plant Operations & Maintenance		6,330,824
Utilities		5,636,155
Clinical Engineering		2,195,122
Parking Structure and Support		5,706,393
Security		5,719,064
Off Site/Ambulatory Maintenance		4,910,386
Life Safety/Fire Protection		2,346,028
Facilities Planning		2,717,194
Facilities Other		880,762
Total Facilities		68,704,808
Finance		9,291,897
HR		19,232,843
<i>Information Technology</i>		
IT - Open Clinic/Mgt		7,112,894
IT - Patient Financial Services		3,034,683
Communications		5,845,835
IT Cerner Millennium RHO		5,134,950
Clinical Applications		3,417,762
Customer Service		3,821,079
Network & Infrastructure		3,302,184
Systems Support		4,052,875
System Develop and Applications		2,471,066
Network & Cyber Security		3,460,842
IT Non Capital Equipment		820,365
Computer Learning Technologies		1,455,413
Medical Records		1,850,649
IT - EVOLVE3		622,448
IT Admin, Oversight and Support		911,978
IT Other		5,613,782
Total Information Technology		52,928,805
<i>Revenue Cycle</i>		
Patient Financial Services		12,542,732
Coding		11,272,597
Revenue Cycle Initiatives		2,765,416
Medical Records Support Svcs		4,128,830
HIM Clinical Documentation		2,383,608
Collection Agencies		1,358,881
Revenue Other		507,008
Total Revenue Cycle		34,959,072
Food & Nutrition		9,966,597
<i>Other</i>		
Administration		8,073,867
FHA Bonds		5,409,406
Admin Support for Facilities/Planning		3,029,270
Admin Other		6,561,233
Total Other		23,073,776
Total Mill Levy Expenditures		\$ 218,157,798

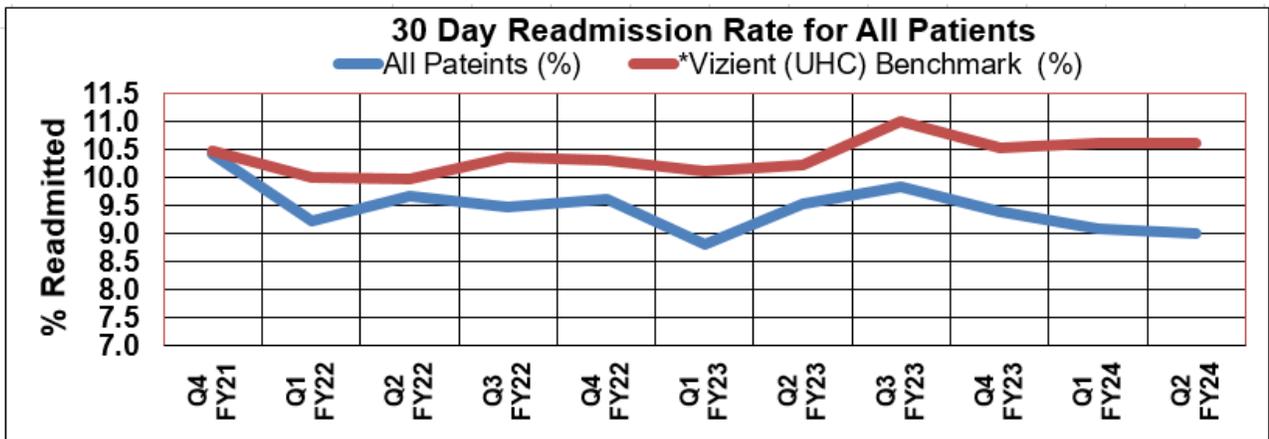
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24
Average LOS (days)	6.88	6.85	7.27	7.55	7.12	6.96	6.60	6.87	6.99	6.73	6.71
*Vizient (UHC) Benchmark (Days)	5.58	5.76	5.94	6.09	5.70	5.75	5.74	5.85	5.60	5.55	5.53

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

30 Day Readmission for All Patients

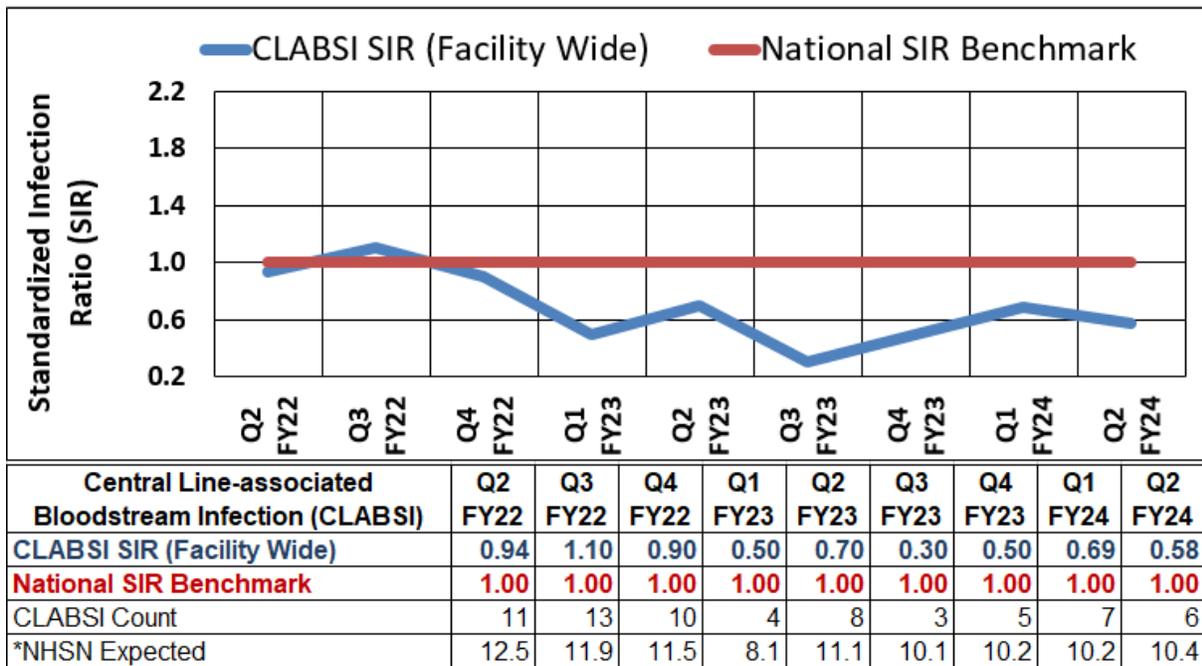


Fiscal Quarter	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24
All Patients (%)	10.41	9.22	9.67	9.48	9.62	8.82	9.53	9.83	9.38	9.08	9.00
*Vizient (UHC) Benchmark (%)	10.47	9.99	9.97	10.36	10.31	10.13	10.22	10.99	10.54	10.60	10.61

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

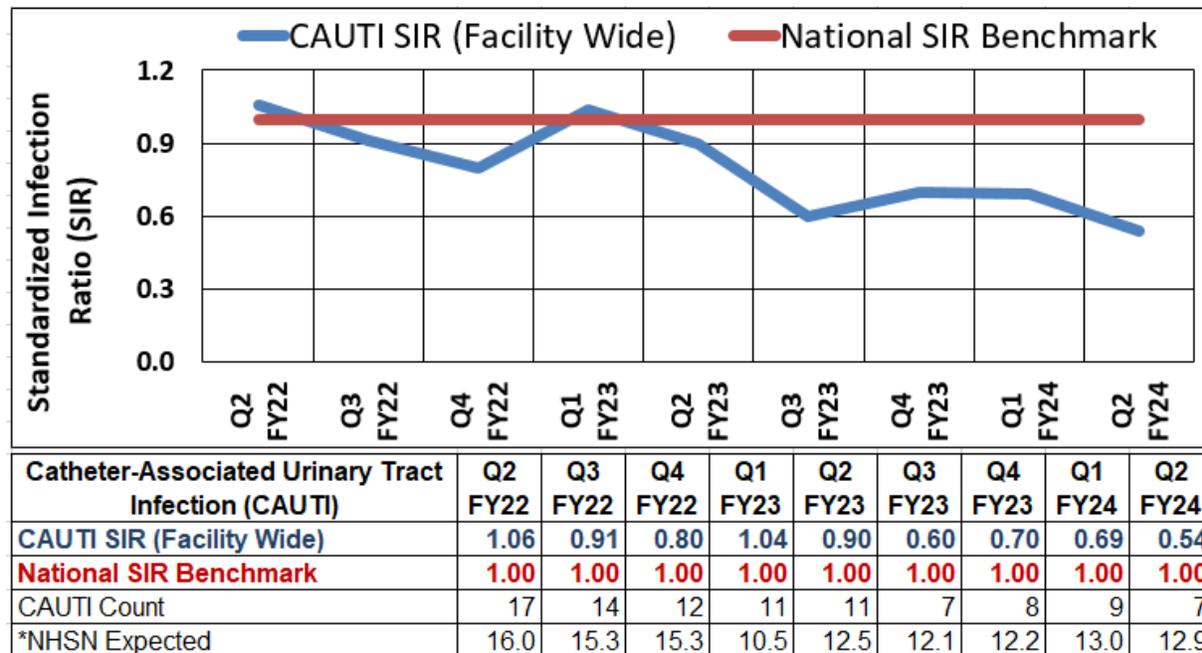
*Vizient, Inc. (formerly, "UHC") is an alliance of the nation's leading academic medical centers ("AMCs") and associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

Catheter Central Line-associated Bloodstream Infection



Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection



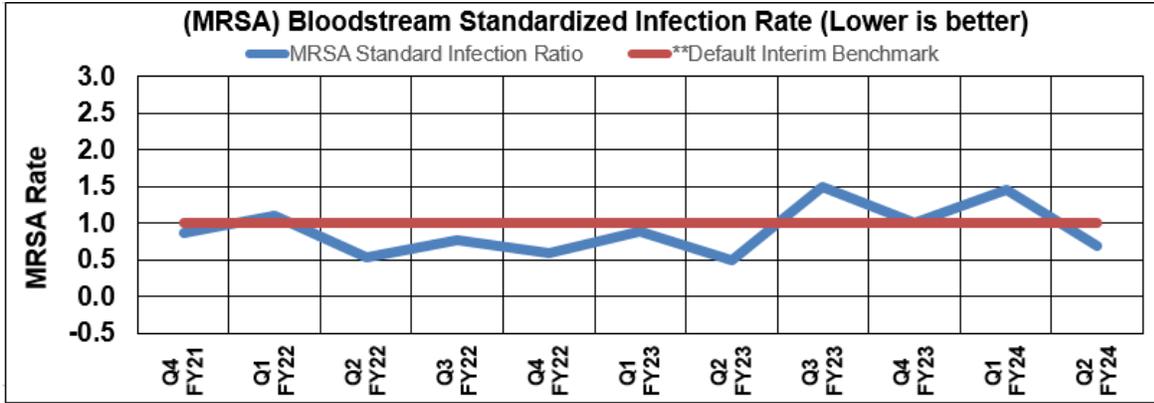
Catheter data is delayed by one quarter.

*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 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24
MRSA Standard Infection Ratio	0.87	1.11	0.54	0.78	0.60	0.88	0.50	1.50	1.00	1.46	0.70
**Default Interim Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Raw Count of Infections	3	3	2	4	2	3	2	4	4	4	2

MRSA data is delayed by one quarter.

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

Total Number of Inpatient Days

FY23 Actual based on the twelve (12) months ended June 30, 2023

FY24 Actual YTD is based on the nine (9) months ended March 31, 2024

FY24 Projected is based on the twelve (12) months ended March 31, 2024

Inpatient Days	FY23 Actual	FY24 Actual YTD	FY24 Projected
Adult	133,431	104,059	137,422
Pediatric	38,961	28,516	36,946
Newborn	5,057	3,875	5,001
Total Inpatient Days	177,449	136,450	179,369

Nursing Hours of Care

	FY22 June, 2022	FY23 June, 2023	FY24 March, 2024
UNMH Nursing Hours of Care Per Patient*	15.78	15.38	15.95

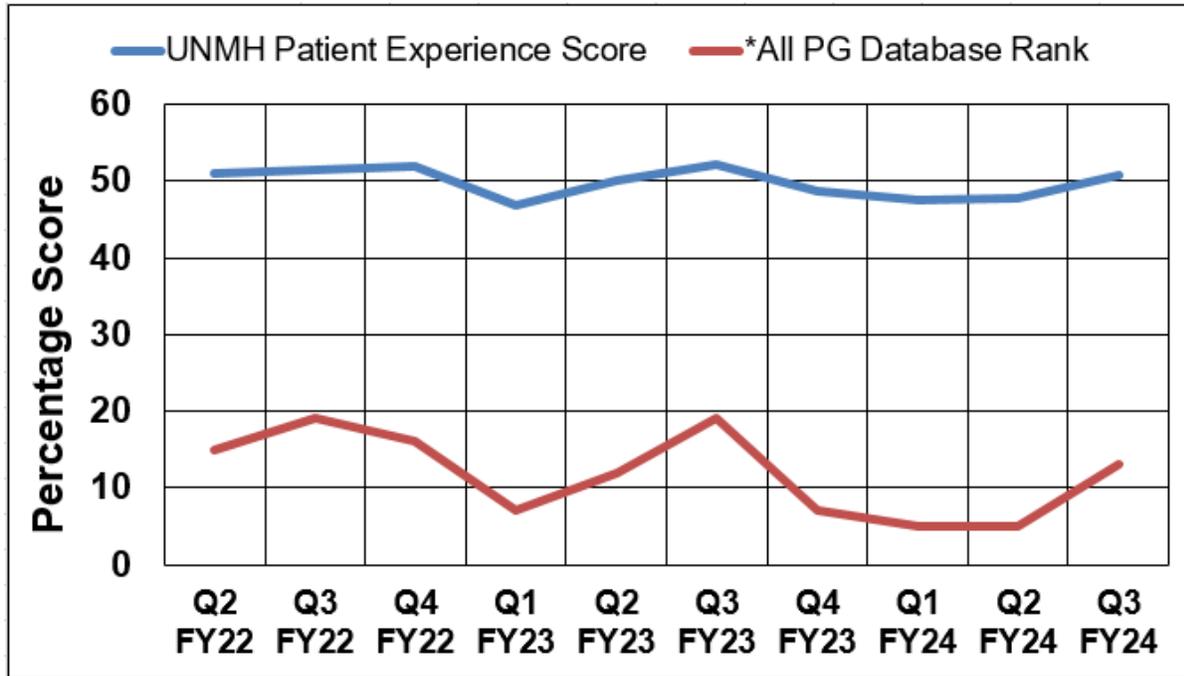
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June 2023	Number of FTES as of March 2024	FY2024 Hires (Headcount)	FY2024 Terms (Headcount)	Rolling Retention Rate
RN's	1,738	2,009	205	269	81.7%
*National Retention Rate Benchmark					78.3%

* Per the 2023 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2022 national RN turnover rate is 21.7%.

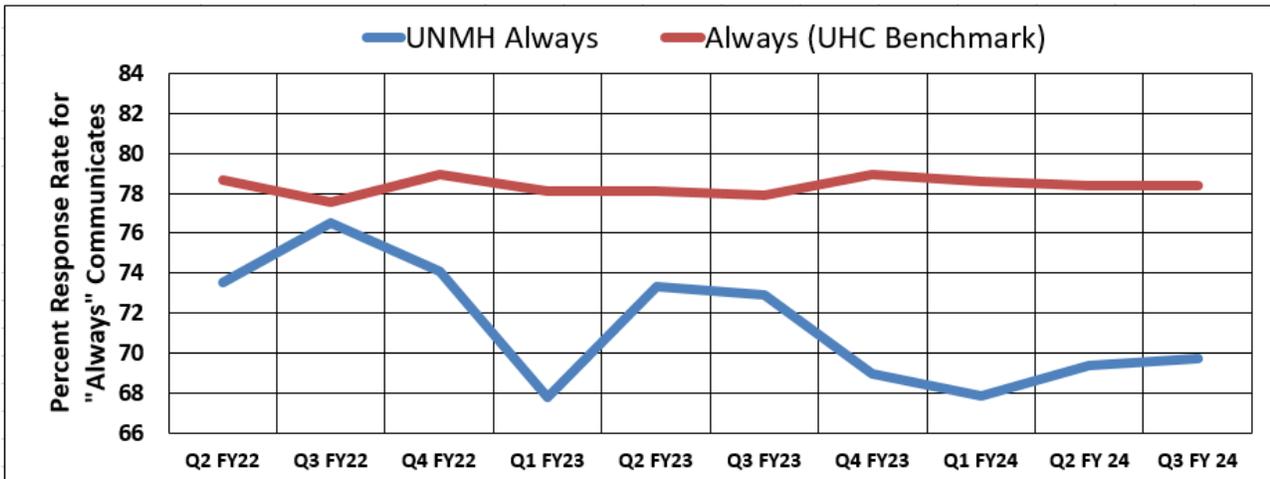
Press Ganey Inpatient Experience Score



Quarter	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24
UNMH Patient Experience Score	51.0	51.5	52.0	46.9	50.0	52.1	48.8	47.6	47.9	50.9
*All PG Database Rank	15.0	19.0	16.0	7.0	12.0	19.0	7.0	5.0	5.0	13.0

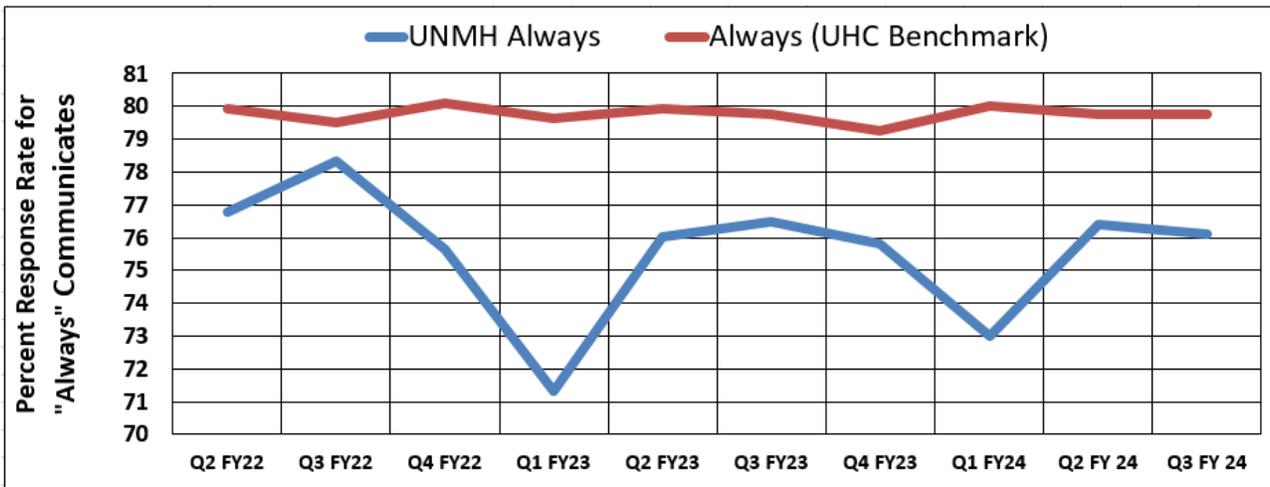
*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

HCAHPS Satisfaction – Communications with Nurses



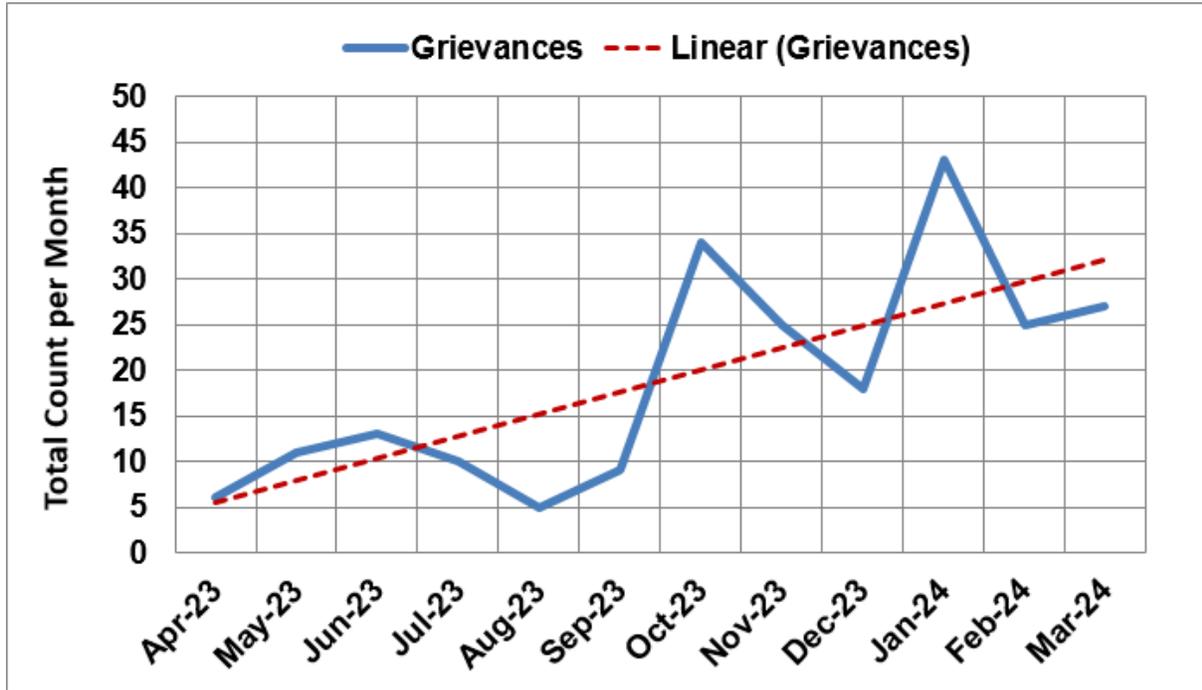
Communication with Nurses	Response	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY 24	Q3 FY 24
H-COMP-1-A-P	UNMH Always	73.5	76.5	74.1	67.8	73.3	72.9	69.0	67.9	69.4	69.7
H-COMP-1-U-P	UNMH Usually	18.8	17.0	18.4	22.3	17.3	20.3	22.6	22.5	20.6	22.2
H-COMP-1-SN-P	UNMH Sometimes/Never	7.7	6.5	5.8	9.9	9.4	6.8	8.5	9.7	10.0	8.1
UHC Benchmark	Always (UHC Benchmark)	78.7	77.6	78.9	78.1	78.1	77.9	78.9	78.6	78.4	78.4

HCAHPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY 24	Q3 FY 24
H-COMP-2-A-P	UNMH Always	76.8	78.4	75.7	71.3	76.0	76.5	75.8	73.0	76.4	76.1
H-COMP-2-U-P	UNMH Usually	14.5	15.7	16.0	18.2	15.0	16.5	16.3	19.2	16.7	17.6
H-COMP-2-SN-P	UNMH Sometimes/Never	8.7	6.0	8.3	10.4	9.0	7.0	7.8	7.8	6.9	6.3
UHC Benchmark	Always (UHC Benchmark)	79.9	79.5	80.1	79.6	79.9	79.8	79.3	80.0	79.8	79.8

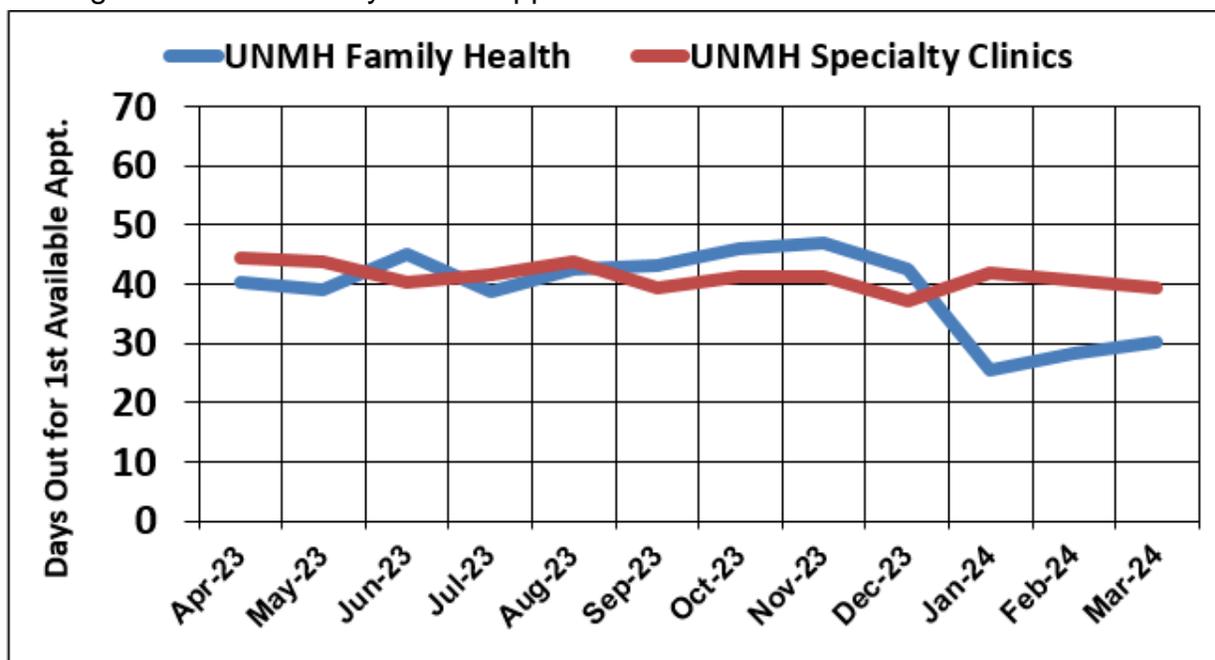
Grievances



Month-Year	Grievances
Apr-23	6
May-23	11
Jun-23	13
Jul-23	10
Aug-23	5
Sep-23	9
Oct-23	34
Nov-23	25
Dec-23	18
Jan-24	43
Feb-24	25
Mar-24	27

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

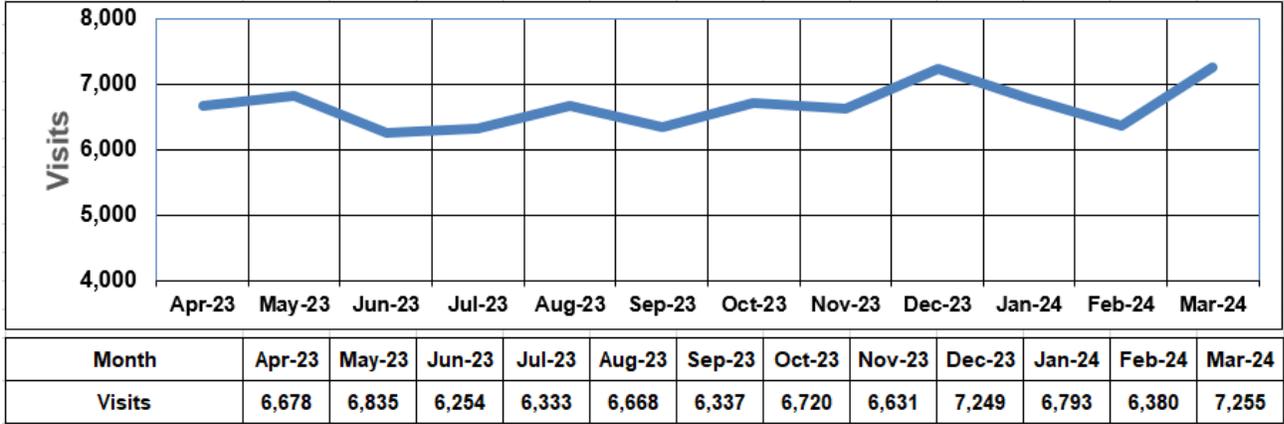
Average 1st Available* Day out for Appointments.



Month	UNMH Family Health	UNMH Specialty Clinics
Apr-23	40	44
May-23	39	44
Jun-23	45	40
Jul-23	39	42
Aug-23	42	44
Sep-23	43	39
Oct-23	46	41
Nov-23	47	41
Dec-23	43	37
Jan-24	25	42
Feb-24	28	40
Mar-24	30	39

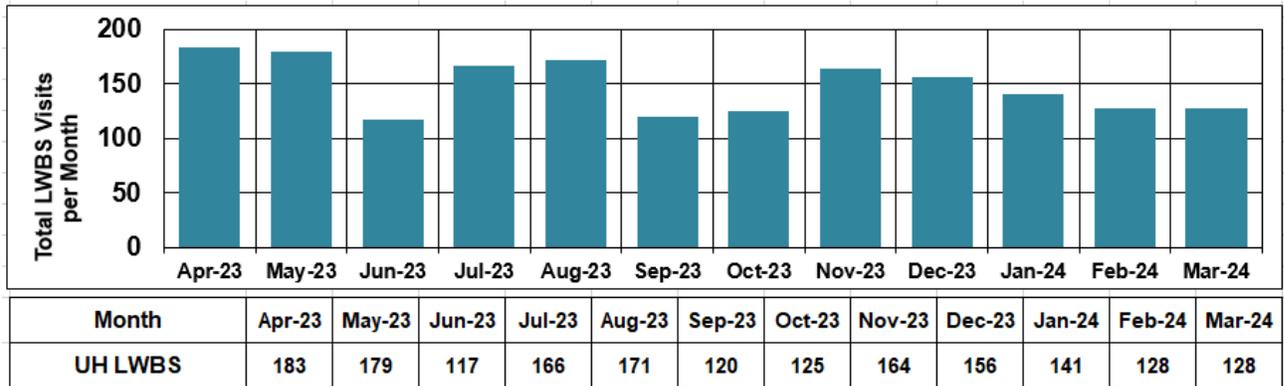
Number of Emergency Department (ED) Visits

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

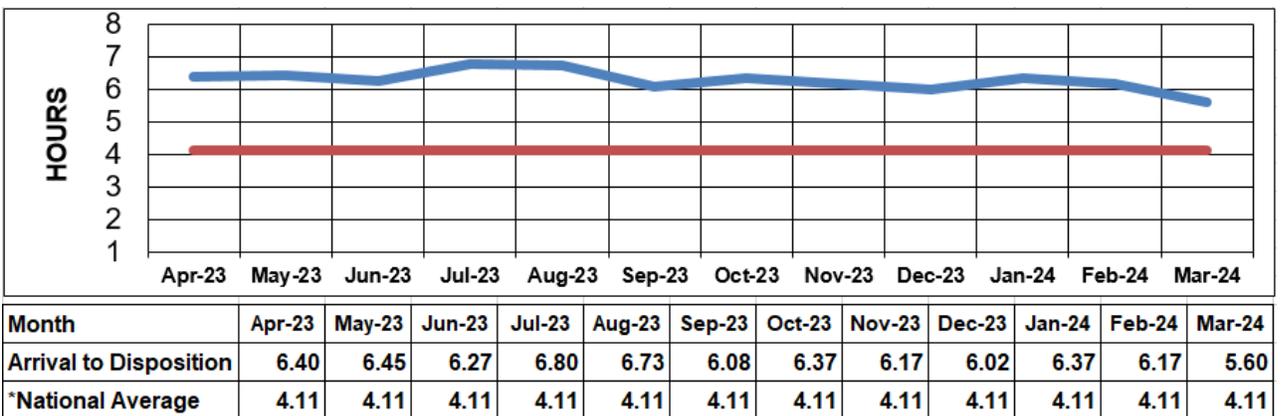


Total ED Patients Left without Being Seen

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

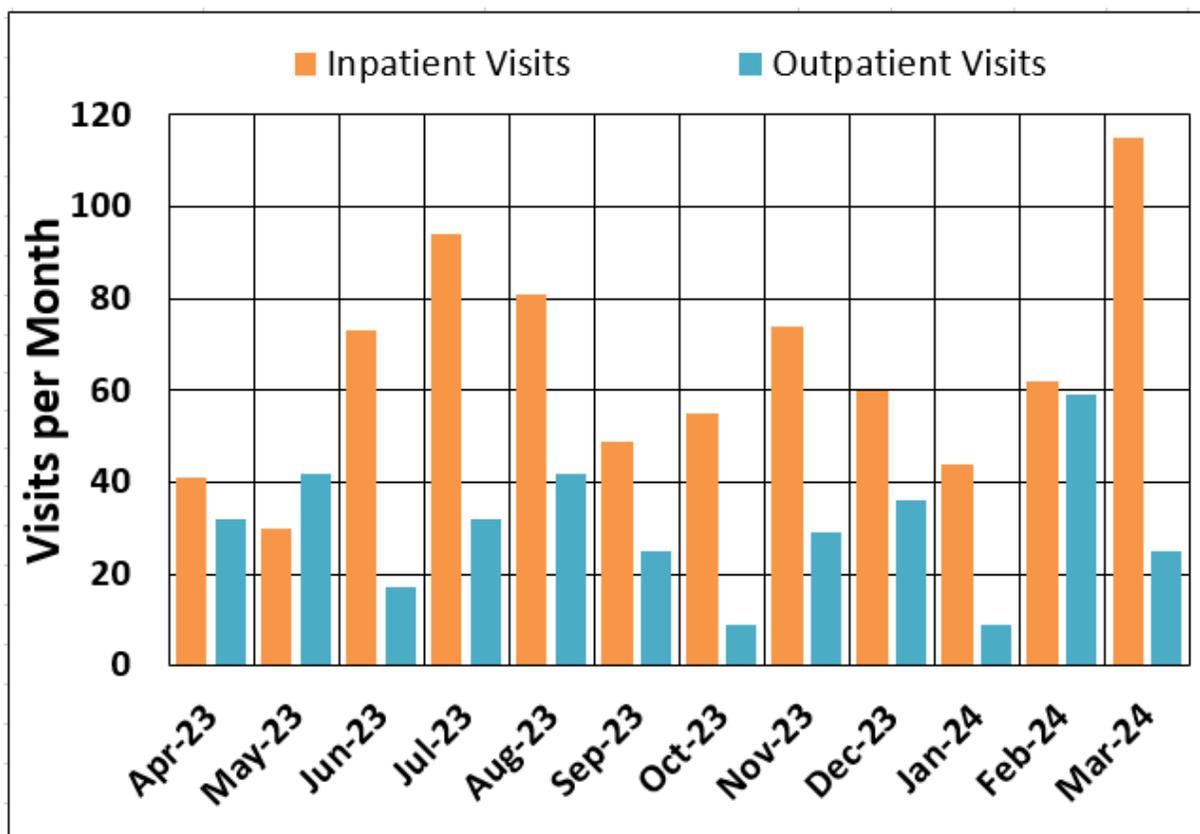


ED Average Hours from Arrival to Disposition



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

MDC Inmates Receiving Hospital Services



Month	Inpatient Visits	Outpatient Visits
Apr-23	41	32
May-23	30	42
Jun-23	73	17
Jul-23	94	32
Aug-23	81	42
Sep-23	49	25
Oct-23	55	9
Nov-23	74	29
Dec-23	60	36
Jan-24	44	9
Feb-24	62	59
Mar-24	115	25

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

Typically, patients use their own insurance when possible.

Bernalillo County Encounters by Funding Source

All Bernalillo County encounters for the nine (9) months ended March 31, 2024, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	19,378
EMSA	455
IHS	2,853
Medicaid	218,375
Medicare	223,008
Uninsured	29,418
HMO's & Insurance	205,156
All Other *	35,166
Total Encounters	733,809
Native American Encounters **	91,307

Encounters:

Bernalillo County consist of Inpatients and Outpatients who provided a Bernalillo County zip code during their registration. Categories are based on Primary Payer Code. Native American Encounters are based on race as provided during registration, are not restricted to only Bernalillo County zip codes and could be duplicate of the Bernalillo encounters by payer above. Includes Acute and Behavioral Health.

***All Other** includes: Champus, Veteran Affairs, Tricare and Out of State Medicaid

****Native American Encounters** are based on race as provided during registration, are not restricted to only Bernalillo County zip codes and could be duplicate of the Bernalillo encounters by payer above.

Financial Assistance to Patients by County

Total financial assistance for the nine (9) months ended March 31, 2024, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 30,970,055	\$ 14,493,716	\$ 45,463,771
Catron	23,322	29,422	52,744
Chaves	260,261	172,596	432,857
Cibola	861,860	377,405	1,239,265
Colfax	34,346	7,978	42,324
Curry	8,922	57,806	66,728
De Baca	2,427	150	2,576
Dona Ana	235,962	117,943	353,905
Eddy	90,882	25,116	115,998
Grant	30,386	4,624	35,010
Guadalupe	144,848	57,869	202,717
Harding	5,497	-	5,497
Hidalgo	1,316	-	1,316
Lea	169,817	6,058	175,875
Lincoln	143,590	25,623	169,213
Los Alamos	6,913	23,297	30,210
Luna	78,418	3,469	81,887
Mc Kinley	609,080	373,209	982,289
Mora	56,544	12,201	68,746
Otero	23,739	60,778	84,518
Quay	15,471	392	15,863
Rio Arriba	445,954	177,382	623,336
Roosevelt	16,235	8,587	24,822
San Juan	530,068	123,070	653,138
San Miguel	112,792	78,172	190,964
Sandoval	1,841,066	2,148,340	3,989,406
Santa Fe	2,870,392	492,028	3,362,420
Sierra	30,749	15,330	46,079
Socorro	730,961	95,686	826,647
Taos	310,404	50,083	360,487
Torrance	533,360	325,439	858,799
Union	778	39,640	40,418
Valencia	3,960,202	1,460,110	5,420,312
Out Of State	-	2,025,274	2,025,274
Grand Total	\$ 45,156,618	\$ 22,888,791	\$ 68,045,410

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

Financial Assistance to Bernalillo County Patients by Zip Code

Totals for the nine (9) months ended March 31, 2024

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	\$1,209	50	\$ 9,044	51	\$ 10,252
87022	9	2,254	104	15,703	113	17,958
87047	5	86,594	153	37,460	158	124,054
87059	16	163,137	362	78,788	378	241,925
87100	-	-	-	-	-	-
87101	2	4,946	24	5,985	26	10,930
87102	124	613,058	3,140	1,258,020	3,264	1,871,078
87103	5	22,376	37	6,918	42	29,294
87104	34	665,321	1,010	314,303	1,044	979,624
87105	262	2,390,130	8,544	4,092,034	8,806	6,482,164
87106	114	890,022	2,957	1,272,928	3,071	2,162,950
87107	99	659,813	3,000	1,166,183	3,099	1,825,996
87108	233	1,923,209	6,179	2,485,289	6,412	4,408,498
87109	77	409,716	2,226	674,169	2,303	1,083,885
87110	115	602,848	3,053	902,242	3,168	1,505,090
87111	63	676,519	1,627	509,092	1,690	1,185,611
87112	112	799,357	3,358	1,045,096	3,470	1,844,453
87113	24	109,111	738	265,457	762	374,568
87114	89	706,797	2,666	1,190,597	2,755	1,897,394
87115	1	12,506	3	567	4	13,073
87116	2	9,355	28	8,283	30	17,638
87117	-	-	3	1,399	3	1,399
87119	1	40	31	5,626	32	5,666
87120	125	1,146,832	3,093	980,572	3,218	2,127,403
87121	362	3,907,857	13,873	7,813,370	14,235	11,721,227
87122	10	33,459	354	172,400	364	205,859
87123	168	2,033,613	5,314	2,579,744	5,482	4,613,357
87125	2	5,880	114	31,178	116	37,058
87128	-	-	-	-	-	-
87130	-	-	-	-	-	-
87131	-	-	19	2,526	19	2,526
87140	-	-	-	-	-	-
87151	23	335,215	197	138,320	220	473,535
87153	1	10	22	5,787	23	5,797
87154	1	10	72	32,248	73	32,258
87158	-	-	-	-	-	-
87176	5	29,507	59	6,558	64	36,065
87181	2	361	15	3,492	17	3,853
87184	1	27	13	861	14	888
87185	-	-	11	1,804	11	1,804
87187	-	-	8	743	8	743
87190	-	-	18	1,708	18	1,708
87191	-	-	11	3,189	11	3,189
87192	-	23	22	5,724	22	5,747
87193	1	378	52	5,896	53	6,274
87194	-	-	58	4,785	58	4,785
87195	4	3,295	62	10,141	66	13,437
87196	-	-	35	6,624	35	6,624
87197	3	34,697	58	8,946	61	43,642
87198	-	-	91	8,244	91	8,244
87199	1	1,209	47	13,041	48	14,249
Grand Total	2,097	\$ 18,280,691	62,911	\$ 27,183,079	65,008	\$ 45,463,771

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the nine (9) months ended March 31, 2024.

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	Trauma Count	Total Count
87008	21	7	3	4	1	3	7	5	-	-	-	-	51
87022	41	12	11	10	8	5	8	2	2	-	14	-	113
87047	42	29	19	28	3	8	15	6	-	-	8	-	158
87059	136	32	39	56	10	29	33	8	-	-	35	-	378
87100	-	-	-	-	-	-	-	-	-	-	-	-	-
87101	9	2	-	2	6	2	-	-	-	-	5	-	28
87102	1,157	423	243	287	238	171	170	108	12	4	451	-	3,264
87103	18	4	-	-	12	-	1	1	-	1	5	-	42
87104	347	183	83	115	88	60	45	21	-	4	118	-	1,044
87105	3,102	1,221	559	992	1,098	483	412	230	29	16	664	-	8,806
87106	1,107	384	117	270	283	130	213	80	9	8	470	-	3,071
87107	1,080	414	214	341	315	161	158	64	14	6	332	-	3,099
87108	2,360	718	334	528	784	293	294	131	27	20	923	-	6,412
87109	836	259	134	280	144	127	133	77	10	4	299	-	2,303
87110	1,197	394	174	311	150	167	231	78	11	2	453	-	3,168
87111	599	208	153	141	74	88	131	44	4	3	245	-	1,690
87112	1,177	411	379	346	206	174	228	96	8	7	438	-	3,470
87113	281	94	54	72	87	45	27	21	2	1	78	-	762
87114	983	330	238	262	271	116	188	68	7	5	307	-	2,755
87115	-	1	1	2	-	-	-	-	-	-	-	-	4
87116	12	3	-	2	3	2	2	-	-	-	6	-	30
87117	1	-	-	-	2	-	-	-	-	-	-	-	3
87119	10	9	-	3	2	7	-	-	1	-	-	-	32
87120	1,185	371	212	278	367	116	178	88	10	11	402	-	3,218
87121	5,014	1,883	1,263	1,233	2,191	700	640	333	56	24	733	-	14,070
87122	156	53	21	52	10	22	24	7	166	-	18	-	529
87123	2,116	665	410	457	585	267	345	137	29	18	453	-	5,482
87125	42	10	-	12	3	7	12	5	-	-	25	-	116
87128	-	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-	-
87131	12	4	-	-	2	-	-	1	-	-	-	-	19
87140	-	-	-	-	-	-	-	-	-	-	-	-	-
87151	56	63	2	50	1	6	9	-	2	-	31	-	220
87153	2	1	-	5	-	3	-	3	-	-	9	-	23
87154	27	8	19	5	3	5	1	1	-	-	4	-	73
87158	-	-	-	-	-	-	-	-	-	-	-	-	-
87176	29	12	-	3	4	4	3	3	-	-	6	-	64
87181	5	3	3	2	-	1	2	-	-	-	1	-	17
87184	9	2	1	-	1	-	1	-	-	-	-	-	14
87185	2	-	-	-	4	1	3	-	-	1	-	-	11
87187	5	1	-	-	-	1	1	-	-	-	-	-	8
87190	6	5	-	1	1	-	1	-	-	-	4	-	18
87191	6	-	-	-	-	1	2	-	-	-	2	-	11
87192	6	2	-	3	4	4	-	1	-	-	2	-	22
87193	22	6	1	4	2	6	5	1	-	-	6	-	53
87194	26	9	1	5	1	2	8	2	-	-	4	-	58
87195	34	6	3	8	3	3	3	1	-	-	5	-	66
87196	13	11	1	3	1	3	1	-	-	-	2	-	35
87197	18	9	6	10	1	10	4	-	1	-	2	-	61
87198	36	17	3	2	2	16	4	7	2	-	2	-	91
87199	20	3	7	3	1	5	1	3	-	-	5	-	48
Grand Total	23,343	8,262	4,708	6,188	6,972	3,254	3,544	1,633	402	135	6,567	-	65,008

Primary Reason for Bernalillo County Indigent Resident Visits

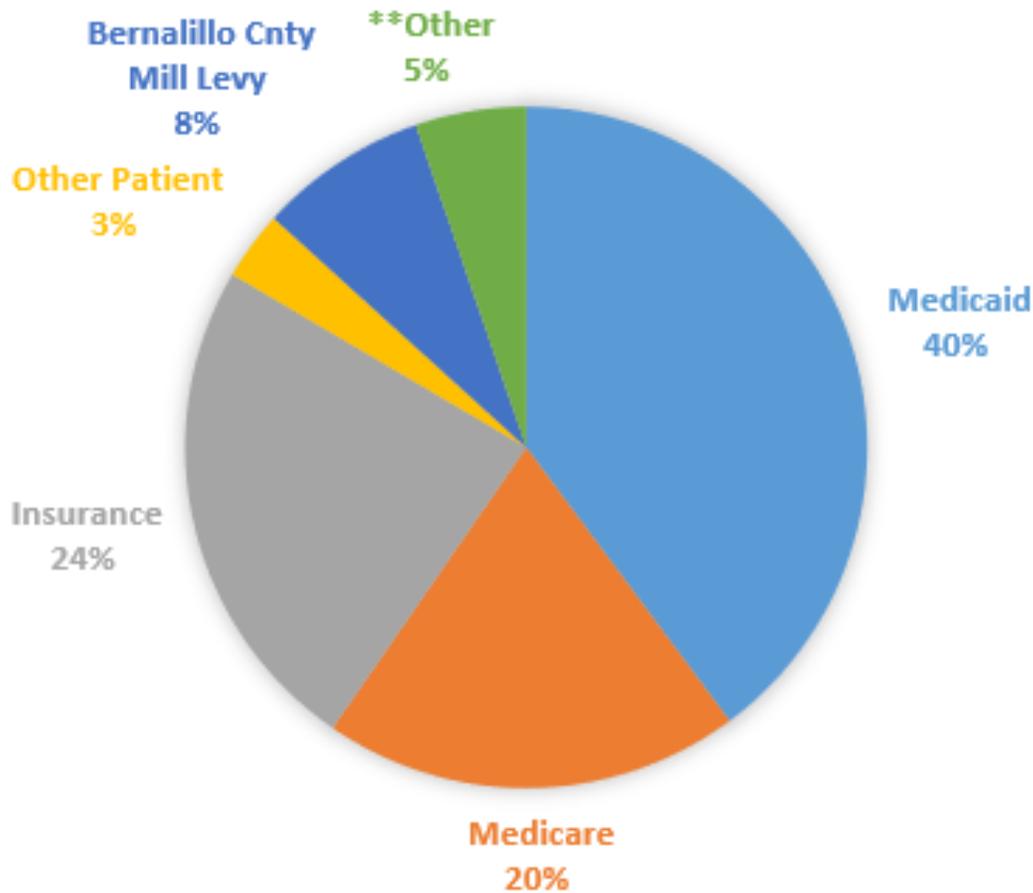
Totals are for each of the eight (8) quarters ended March 31, 2024.

Description	2024Q3	2024Q2	2024Q1	2023Q4	2023Q3	2023Q2	2023Q1	2022Q4
External causes of morbidity and mortality	5,103	3,941	3,931	4,223	5,989	5,852	4,165	3,878
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	4,147	2,345	2,398	2,272	3,165	3,064	2,045	1,863
Certain infectious and parasitic diseases	2,377	1,714	1,798	1,866	2,604	2,314	1,664	1,564
Diseases of the digestive system	2,246	1,677	1,751	1,884	2,545	2,374	1,699	1,575
Diseases of the musculoskeletal system and connective tissue	1,425	1,015	1,074	1,111	1,533	1,304	946	857
Diseases of the circulatory system	1,237	938	913	1,008	1,460	1,229	891	838
Congenital malformations, deformations and chromosomal abnormalities	1,182	920	1,022	1,063	1,326	1,325	997	911
Endocrine, nutritional and metabolic diseases	1,168	873	860	902	1,221	1,070	773	679
Injury, poisoning and certain other consequences of external causes	1,145	850	889	956	1,330	1,248	908	862
Diseases of the nervous system	1,061	740	507	645	1,102	1,299	545	607
ED	970	675	680	721	1,022	980	652	591
Diseases of the skin and subcutaneous tissue	966	692	722	737	1,015	942	657	615
Mental and behavioural disorders	805	603	619	658	927	847	601	584
Diseases of the genitourinary system	673	513	533	567	773	686	515	451
Pregnancy, childbirth and the puerperium	547	470	453	482	619	561	417	390
Diseases of the respiratory system	488	330	355	382	535	462	327	304
Neoplasms	388	272	231	268	420	406	229	217
Factors influencing health status and contact with health services	304	238	207	264	370	338	215	216
Diseases of the ear and mastoid process	179	123	126	149	200	187	125	121
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	167	118	122	129	178	166	117	107
Codes for special purposes	65	106	51	59	102	238	162	121
Diseases of the eye and adnexa	22	13	16	17	25	24	29	27
Certain conditions originating in the perinatal period	1	1	1	1	0	0	1	0
	26,666	19,167	19,259	20,364	28,461	26,916	18,680	17,378

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

FY2023 REVENUE (AUDITED)



FY2023	
Medicaid	\$ 600,072,470
Medicare	298,044,701
Insurance	359,404,802
*Other Patient	49,264,303
Bernalillo Cnty Mill Levy	120,649,639
**Other	79,139,291
Total Revenues	\$ 1,506,575,206

***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.

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

FY22 is based on the twelve (12) months ended June 30, 2022

FY23 is based on the twelve (12) months ended June 30, 2023

FY24 is based on the previous nine (9) months ended March 31, 2024

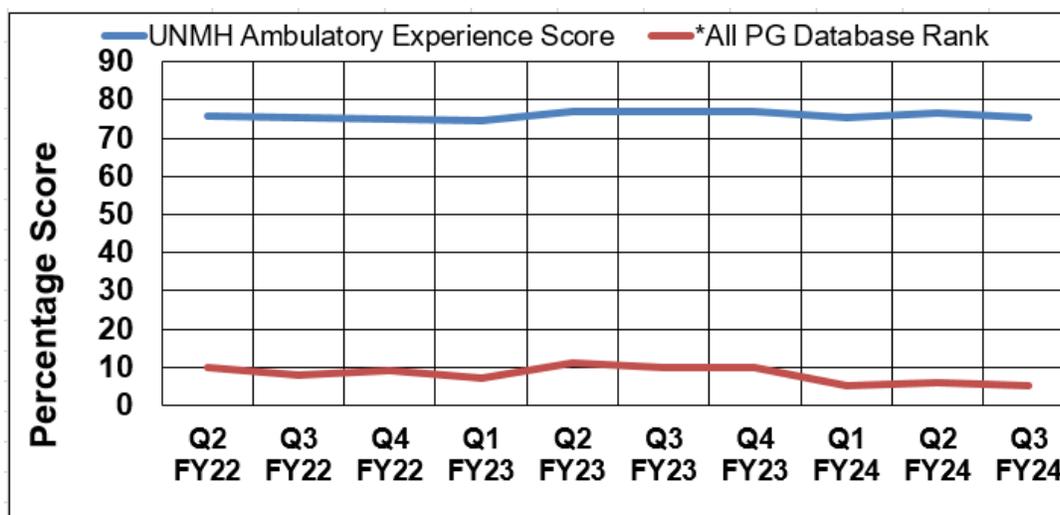
562,253	FY22 Actual (12 Months)
549,832	FY23 Actual (12 Months)
402,238	FY24 Actual (9 Months)

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

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

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

Press Ganey Ambulatory Experience Score

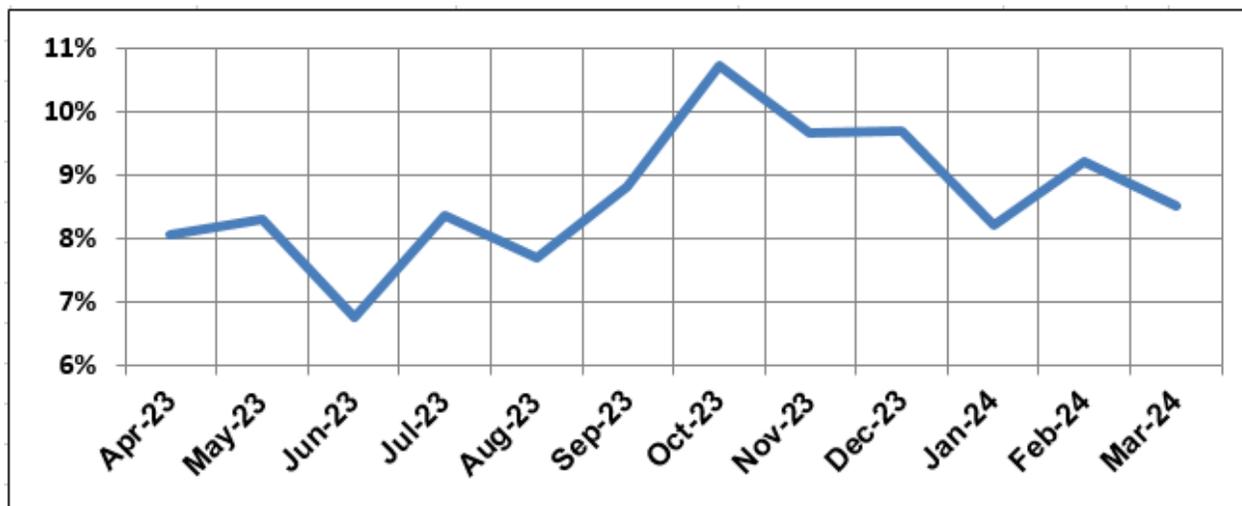


Quarter	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24
UNMH Ambulatory Experience Score	75.8	75.4	75.1	74.5	76.8	77.0	77.0	75.4	76.6	75.4
*All PG Database Rank	10.0	8.0	9.0	7.0	11.0	10.0	10.0	5.0	6.0	5.0

*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

Percentage of Primary Care Patients with Same Day Clinic Appointments

Average percentage of Same Day Access for Primary Care Clinics.



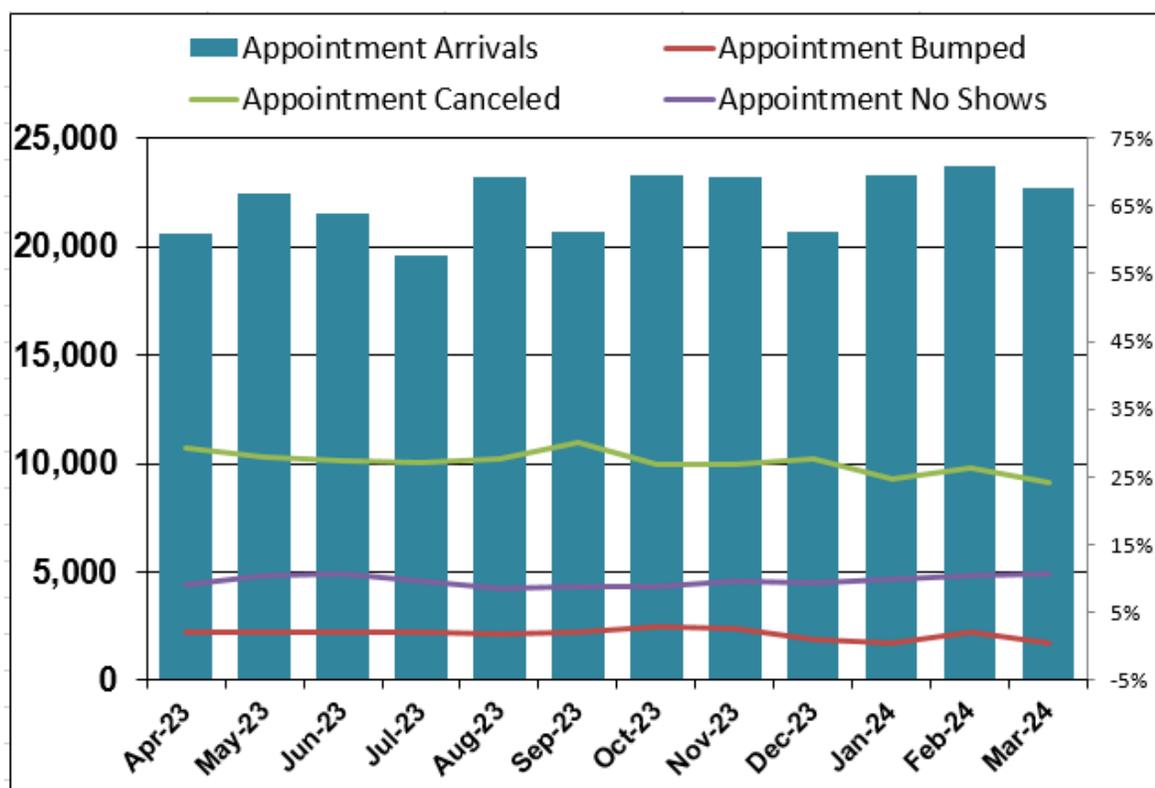
Month	Same Day	Total Arrived	Same Day Rate
Apr-23	1,197	14,828	8.1%
May-23	1,354	16,323	8.3%
Jun-23	1,074	15,866	6.8%
Jul-23	1,194	14,269	8.4%
Aug-23	1,300	16,920	7.7%
Sep-23	1,317	14,926	8.8%
Oct-23	1,764	16,458	10.7%
Nov-23	1,480	15,342	9.6%
Dec-23	1,307	13,498	9.7%
Jan-24	1,343	16,337	8.2%
Feb-24	1,504	16,366	9.2%
Mar-24	1,347	15,863	8.5%

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

Average	Primary Care Clinics
8.7%	1209 Clinic
11.9%	Alamo Primary Care Clinic
7.6%	Family Practice Clinic
1.7%	General Pediatric Clinic
8.4%	Northeast Heights Clinic
5.2%	Senior Health Center
6.2%	Southeast Heights Clinic
8.8%	Southwest Mesa Clinic
2.9%	SRMC FP Clinic
5.5%	UH 4th Street NV Clinic
12.3%	UH Atrisco Heritage
46.0%	UNM Lobocare Clinic
7.0%	UNMMG Family Health Grande
4.5%	Westside Clinic
9.0%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

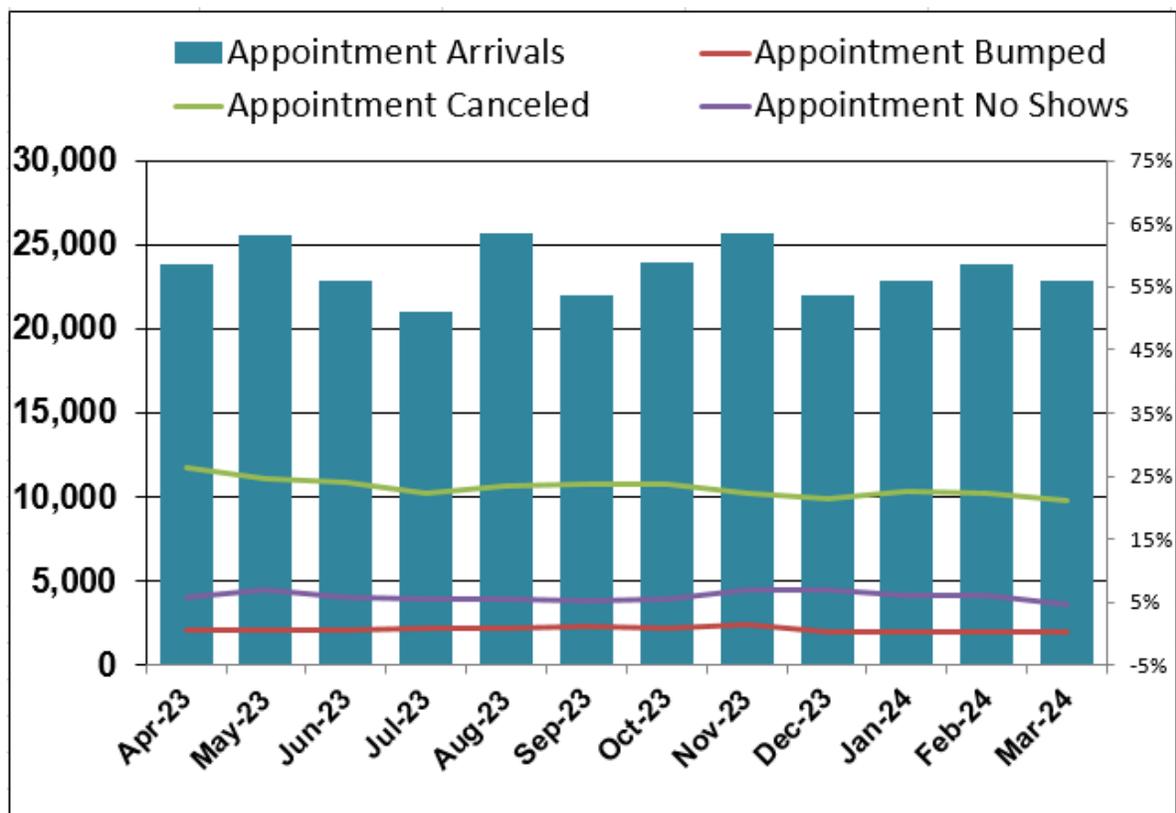
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-23	20,626	2%	29%	9%
May-23	22,449	2%	28%	10%
Jun-23	21,548	2%	27%	11%
Jul-23	19,563	2%	27%	10%
Aug-23	23,219	2%	28%	9%
Sep-23	20,648	2%	30%	9%
Oct-23	23,254	3%	27%	9%
Nov-23	23,219	3%	27%	10%
Dec-23	20,648	1%	28%	9%
Jan-24	23,283	1%	25%	10%
Feb-24	23,689	2%	26%	10%
Mar-24	22,690	0%	24%	11%

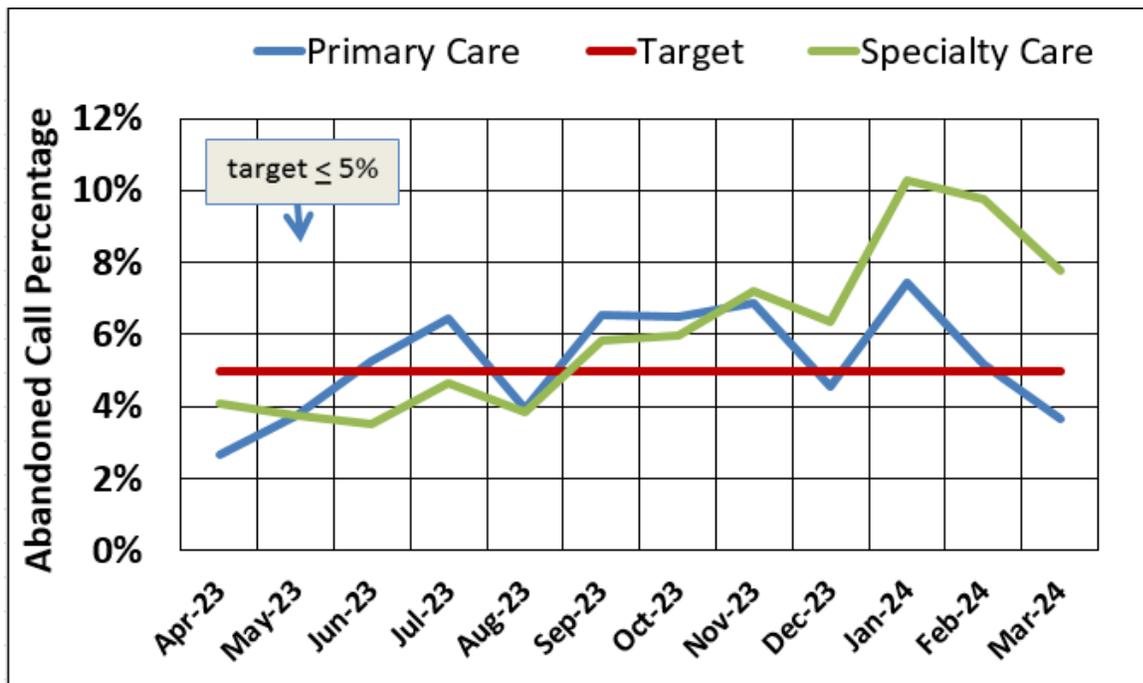
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-23	23,839	0%	26%	6%
May-23	25,569	1%	25%	7%
Jun-23	22,822	1%	24%	6%
Jul-23	20,986	1%	22%	5%
Aug-23	25,732	1%	24%	6%
Sep-23	22,014	1%	24%	5%
Oct-23	23,976	1%	24%	6%
Nov-23	25,732	1%	22%	7%
Dec-23	22,014	0%	21%	7%
Jan-24	22,892	0%	23%	6%
Feb-24	23,845	0%	22%	6%
Mar-24	22,870	0%	21%	5%

Percentage Abandoned Phone Calls for Primary and Specialty Care

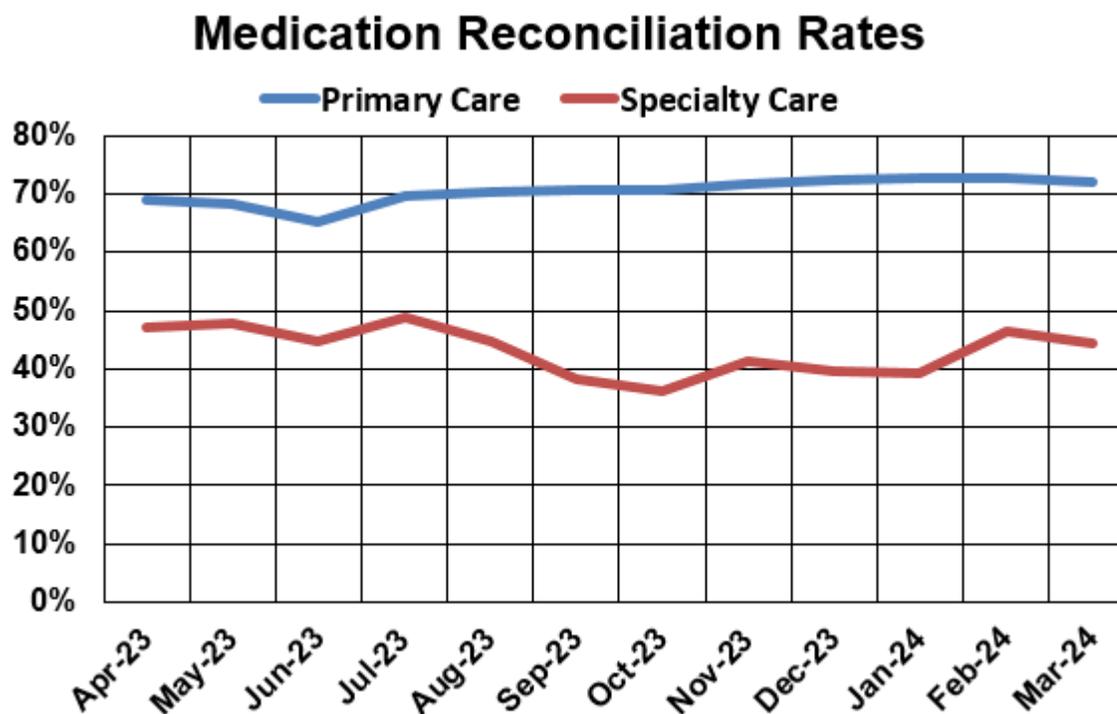


Area:	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Month			
Apr-23	2.66%	4.07%	5%
May-23	3.74%	3.77%	5%
Jun-23	5.27%	3.51%	5%
Jul-23	6.44%	4.67%	5%
Aug-23	3.95%	3.83%	5%
Sep-23	6.55%	5.83%	5%
Oct-23	6.49%	5.98%	5%
Nov-23	6.87%	7.18%	5%
Dec-23	4.54%	6.37%	5%
Jan-24	7.46%	10.27%	5%
Feb-24	5.17%	9.77%	5%
Mar-24	3.67%	7.76%	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
Apr-23	68.9%	47.1%
May-23	68.5%	47.8%
Jun-23	65.4%	44.7%
Jul-23	69.6%	48.8%
Aug-23	70.5%	44.8%
Sep-23	70.8%	38.3%
Oct-23	70.8%	36.1%
Nov-23	71.7%	41.3%
Dec-23	72.3%	39.5%
Jan-24	72.8%	39.4%
Feb-24	72.9%	46.5%
Mar-24	72.2%	44.3%

Percentage of Patients with Access to Electronic Medical Record

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

As of April 4, 2024.

435,918	Invitations sent out to patients who provided an email address.
200,173	Patients who have claimed invitation to sign up.
4,693	Patients who have self enrolled directly without an invitation.
175,412	*Active Users who have accessed their medical records.
40%	Percentage of patients who can potentially access their medical records electronically .

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

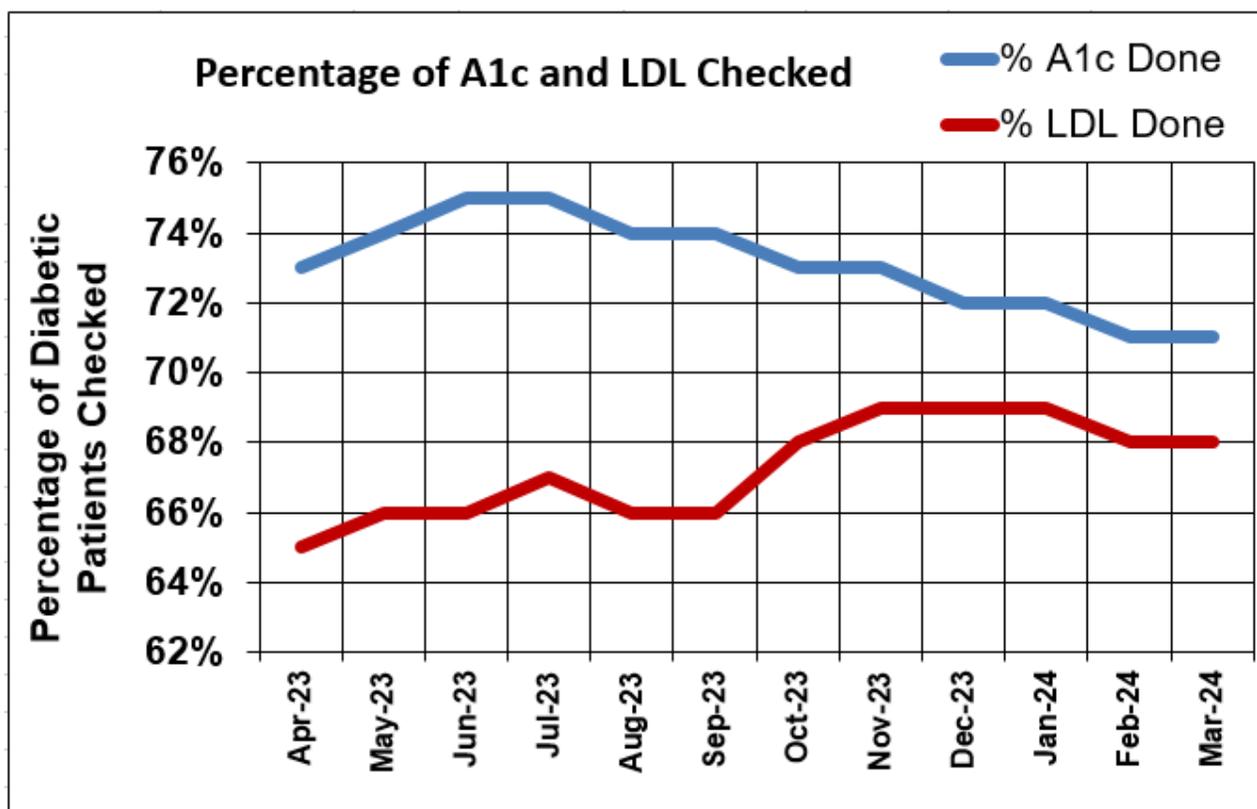
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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

What to expect from MyHealth at UNM:

- See appointment information anytime.
- See your lab results and data.
- HIPAA-compliant, secure way to communicate with your Doctors and Healthcare Providers.
- View, download, and share parts of your UNM health record.

Diabetes Management Indicators for HgbA1C and LDL <100



Month	Total Patients	A1c Done	% A1c Done	LDL Done	% LDL Done
Apr-23	8,089	5,924	73%	5,286	65%
May-23	8,097	5,999	74%	5,307	66%
Jun-23	8,081	6,094	75%	5,340	66%
Jul-23	7,955	5,946	75%	5,295	67%
Aug-23	7,974	5,927	74%	5,271	66%
Sep-23	7,970	5,897	74%	5,249	66%
Oct-23	8,247	6,009	73%	5,634	68%
Nov-23	8,277	6,022	73%	5,677	69%
Dec-23	8,447	6,075	72%	5,844	69%
Jan-24	8,463	6,066	72%	5,828	69%
Feb-24	8,557	6,110	71%	5,825	68%
Mar-24	8,536	6,090	71%	5,798	68%

C. FINANCIAL SERVICES

UNM Care Enrollment, Self-Pay and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Self Pay Patients Seen on Discount	Number of Medicaid applications completed at UNMH
Apr-23	5,009	3	261
May-23	3,904	6	307
Jun-23	3,782	6	287
Jul-23	4,484	5	283
Aug-23	4,244	9	78
Sep-23	4,195	1	108
Oct-23	4,654	5	130
Nov-23	4,463	5	101
Dec-23	4,797	6	155
Jan-24	4,527	10	97
Feb-24	4,316	5	138
Mar-24	4,374	4	104

Total Uncompensated Care – Charity Care and Uninsured

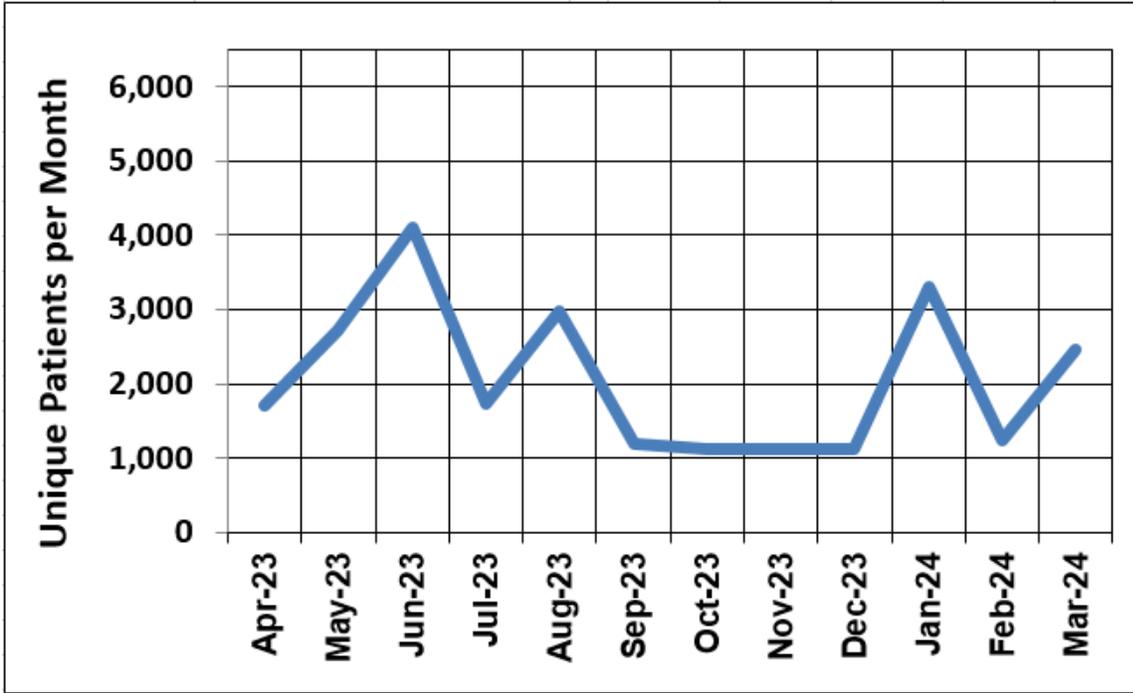
For the nine (9) months ended March 31, 2024, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	16,893	8,897	25,790
Encounters	48,841	16,514	65,355
Cost	\$ 30,642,274	\$ 14,223,026	\$ 44,865,300

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

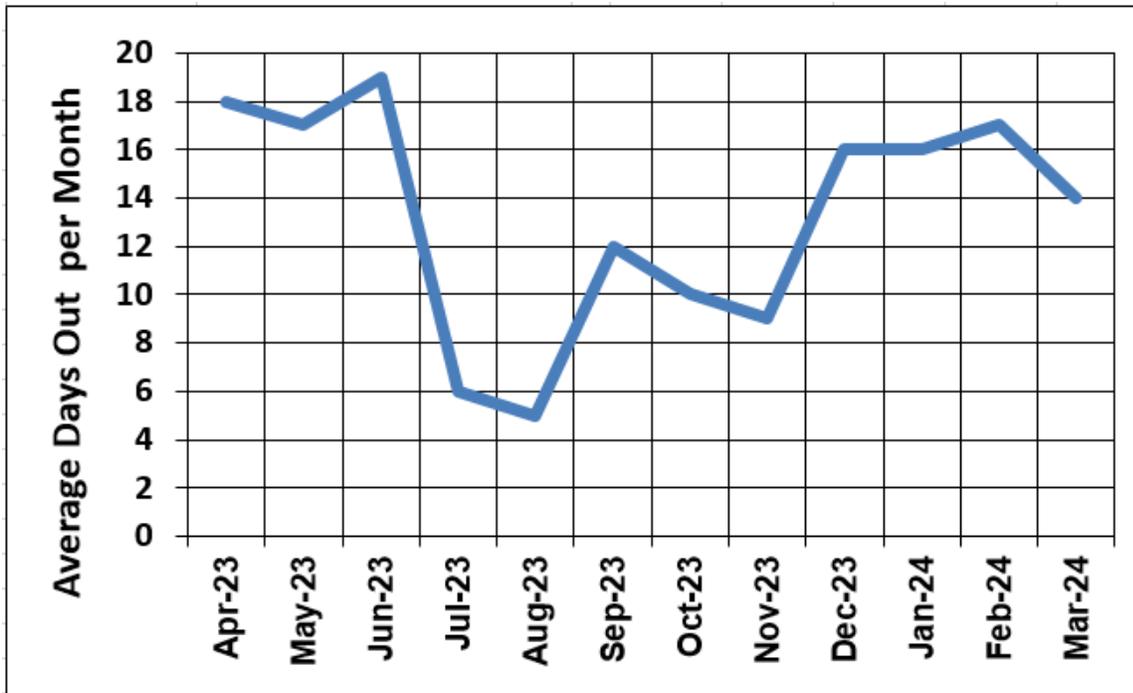
Number of Unique Patients Sent to Collections

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



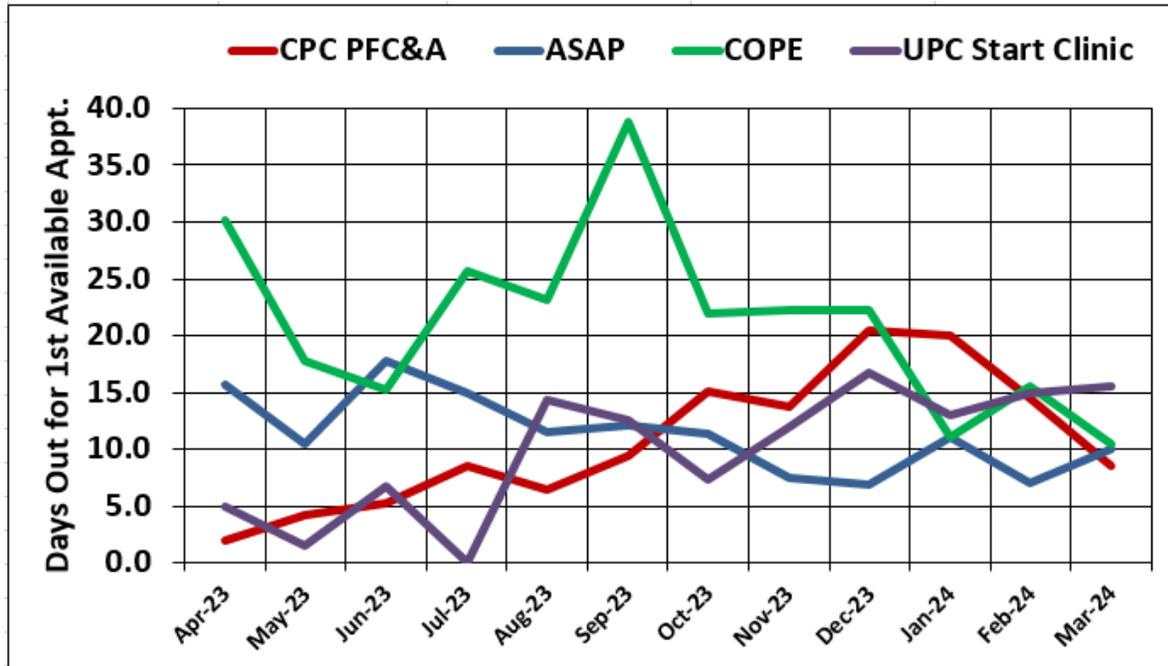
Days Out For Scheduling Financial Assistance Appointment

The statistics below are the average number of “days out” each month for scheduling a financial assistance appointment.



D. BEHAVIORAL HEALTH

Average Appointment Time for BH Outpatient Services



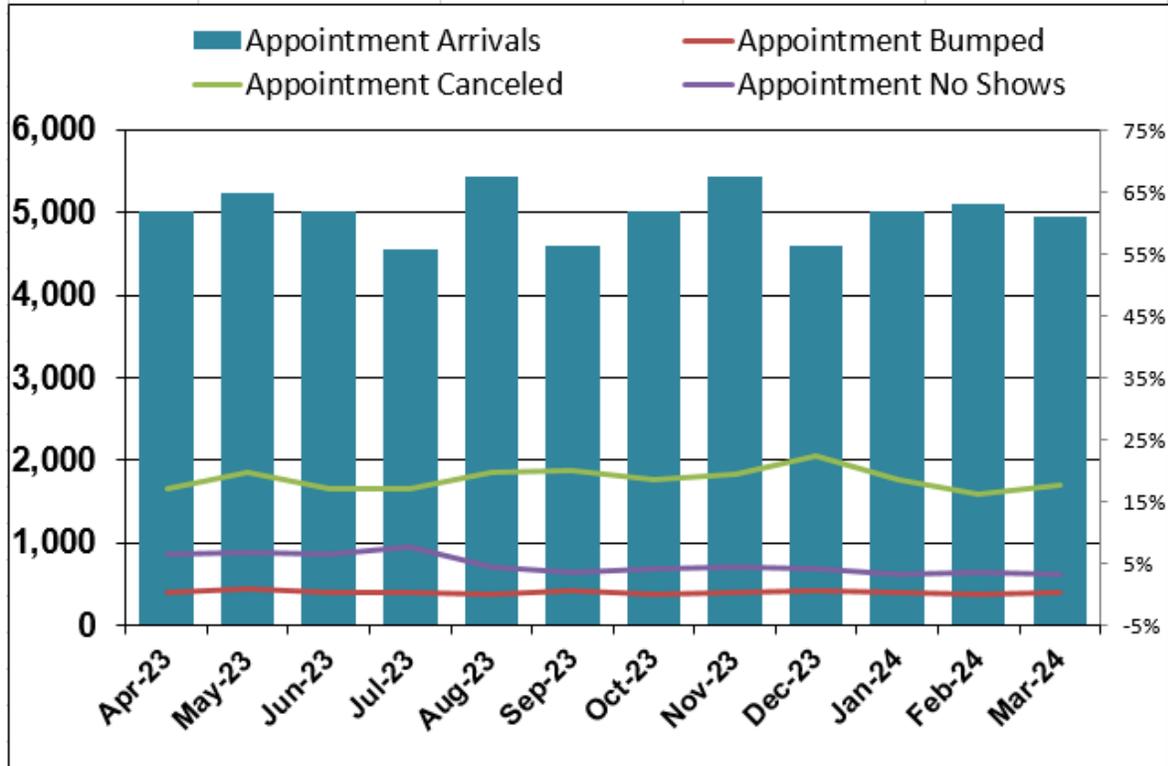
Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Apr-23	1.9	15.7	30.2	5.0
May-23	4.2	10.4	17.8	1.5
Jun-23	5.2	17.7	15.2	6.8
Jul-23	8.5	15.0	25.7	0.0
Aug-23	6.5	11.6	23.1	14.4
Sep-23	9.4	12.1	38.7	12.6
Oct-23	15.1	11.3	21.9	7.3
Nov-23	13.8	7.4	22.3	12.0
Dec-23	20.4	6.9	22.3	16.7
Jan-24	20.0	11.0	11.0	13.0
Feb-24	14.5	7.0	15.5	15.0
Mar-24	8.5	10.0	10.5	15.5

Definitions For Above Acronyms

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

BH Specialty Care Outpatient Appointment Disposition

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



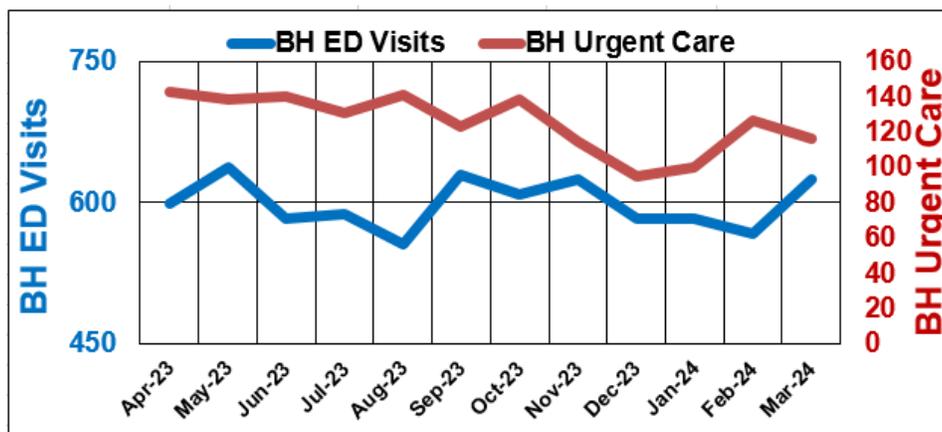
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Apr-23	5,027	0%	17%	7%
May-23	5,231	1%	20%	7%
Jun-23	5,022	0%	17%	7%
Jul-23	4,564	0%	17%	8%
Aug-23	5,428	0%	20%	5%
Sep-23	4,594	1%	20%	4%
Oct-23	5,016	0%	19%	4%
Nov-23	5,428	0%	19%	4%
Dec-23	4,594	1%	22%	4%
Jan-24	5,022	0%	19%	3%
Feb-24	5,100	0%	16%	4%
Mar-24	4,943	0%	18%	3%

Number of Unique Outpatients and Number of Encounters CY2023

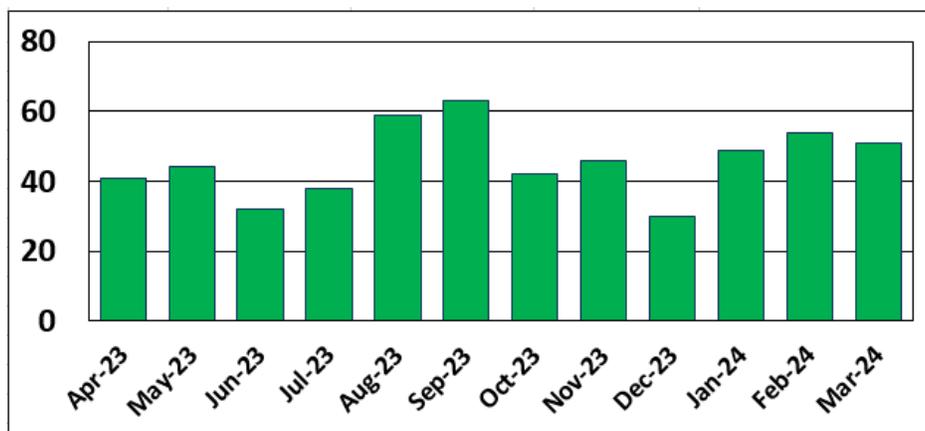
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	11,083	69,100
BH CPC Outpatient	3,699	22,312

* Excluding all Suboxone and Methadone Visits

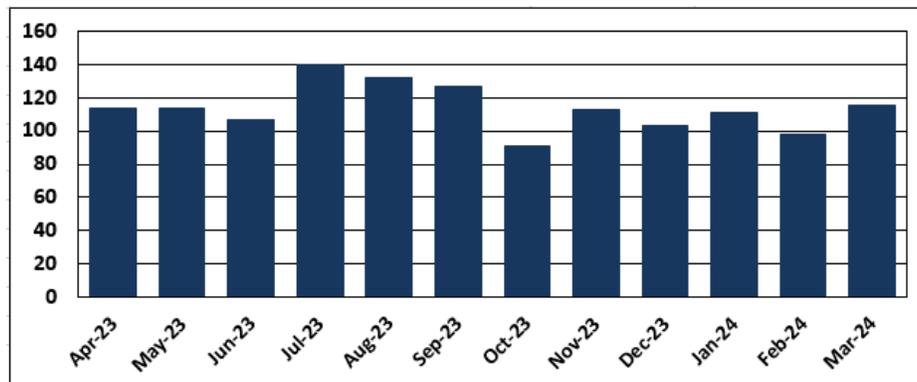
Psychiatric Emergency Department and Urgent Care Encounters



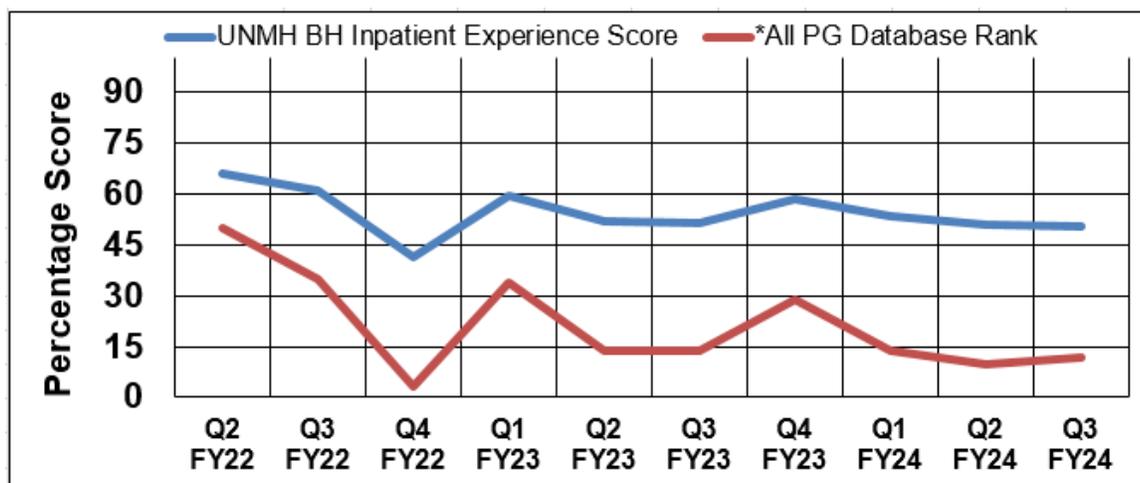
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

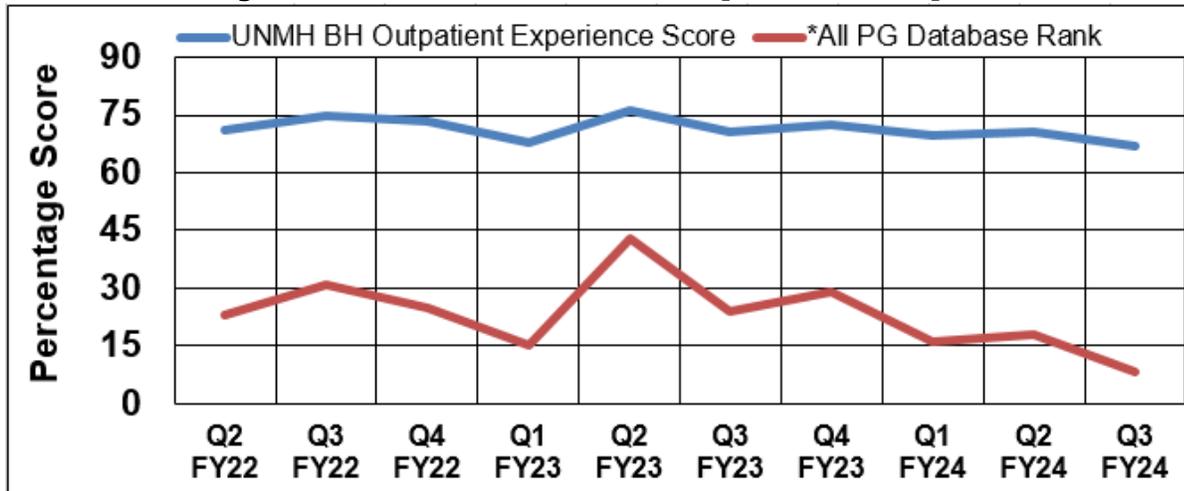


Press Ganey Behavioral Health Inpatient Experience Score



Quarter	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24
UNMH BH Inpatient Experience Score	65.9	60.9	41.3	59.6	52.1	51.3	58.6	53.5	50.6	50.4
*All PG Database Rank	50.0	35.0	3.0	34.0	14.0	14.0	29.0	14.0	10.0	12.0

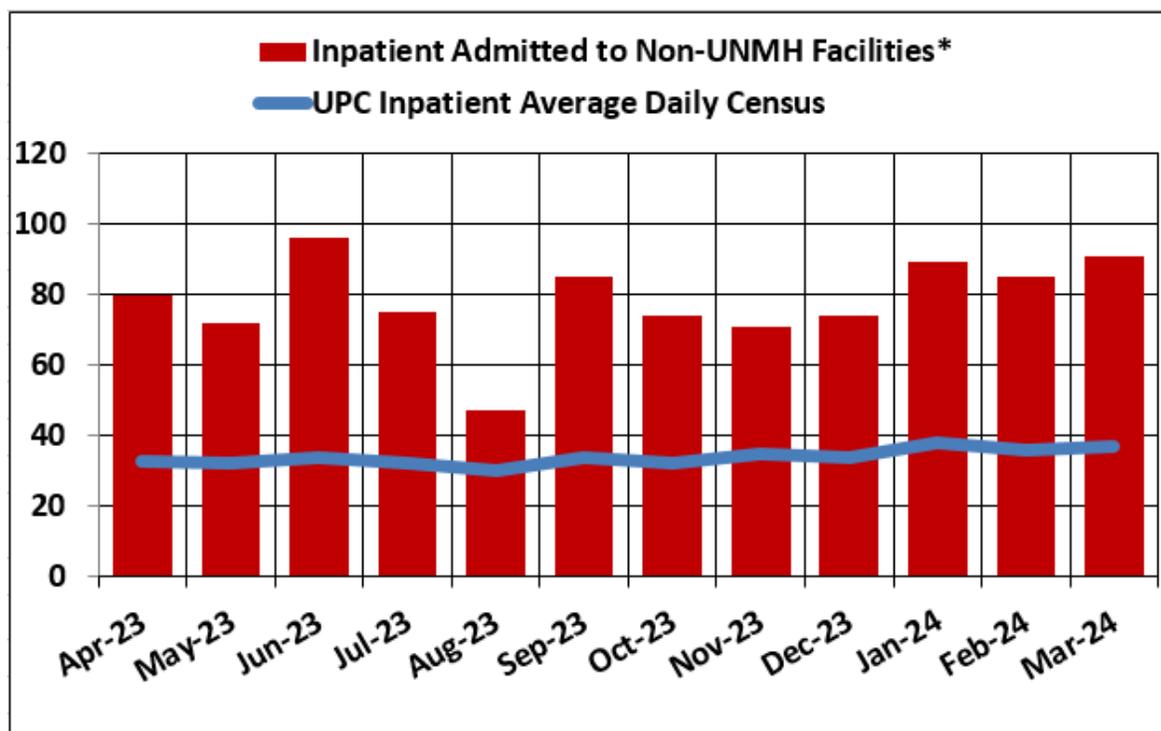
Press Ganey Behavioral Health Outpatient Experience Score



Quarter	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24
UNMH BH Outpatient Experience Score	71.3	74.7	73.5	67.8	76.0	70.6	72.3	69.6	70.7	66.9
*All PG Database Rank	23.0	31.0	25.0	15.0	43.0	24.0	29.0	16.0	18.0	8.0

*The University HealthSystem Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

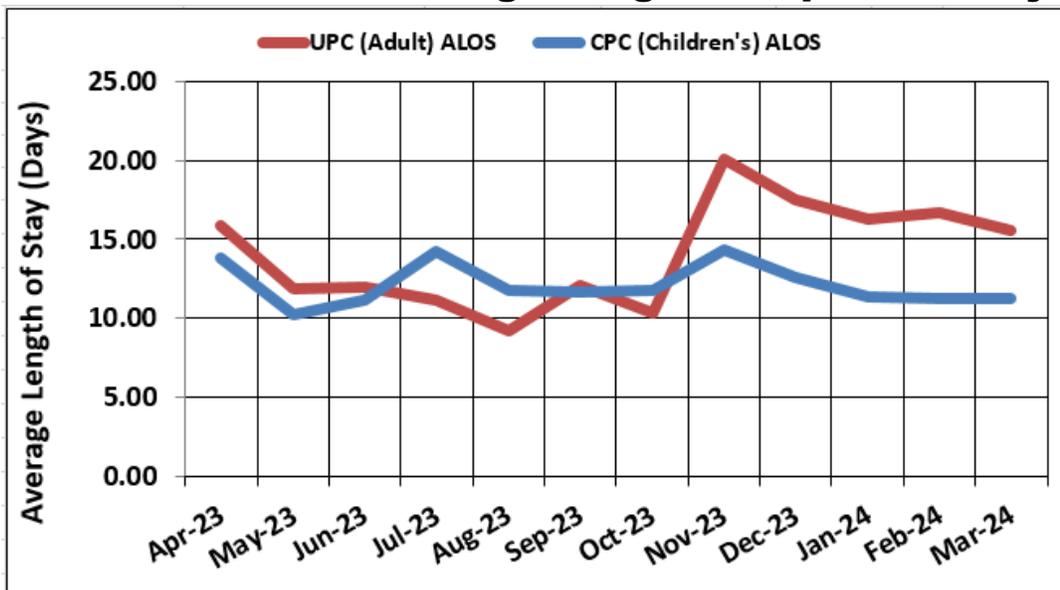
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Apr-23	80	33
May-23	72	32
Jun-23	96	34
Jul-23	75	32
Aug-23	47	30
Sep-23	85	34
Oct-23	74	32
Nov-23	71	35
Dec-23	74	34
Jan-24	89	38
Feb-24	85	36
Mar-24	91	37

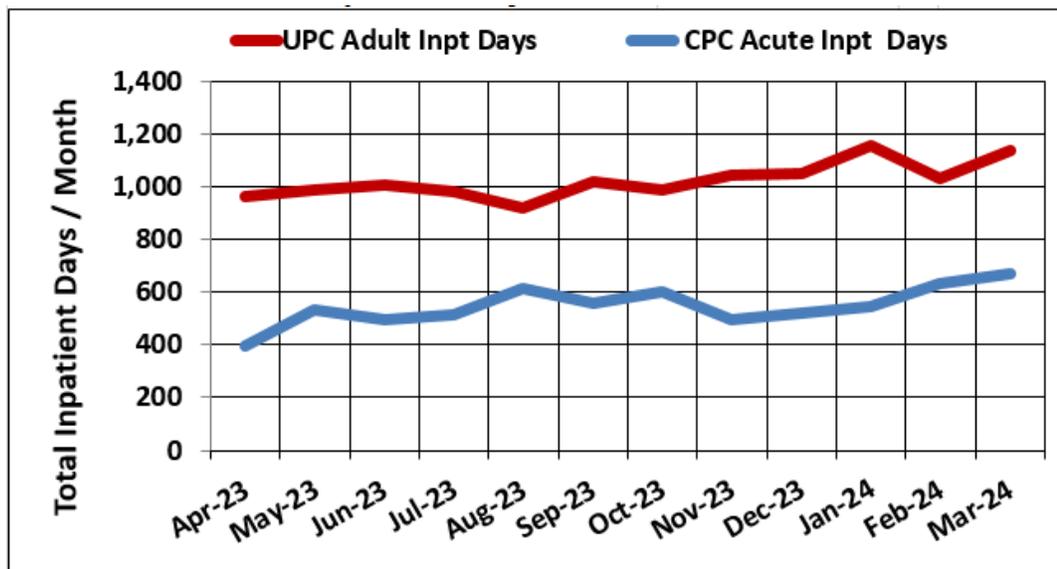
*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC) Average Child National Benchmark: **11.9**
 University Psychiatric Center (UPC) Average Adult National Benchmark: **7.63**

Number of BH Adult and Child/Adolescent Inpatient Days



Number of Unique Inpatients and Number of Encounters CY2023

Patient Group	Patients Served	Total Encounters
BH UPC Inpatient	743	1,201
BH CPC Inpatient	550	664

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2021	12,615
FY2022	11,755
FY2023	10,916
FY2024*	9,760

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

Total Opioid Patients

Month	Census
Apr-23	444
May-23	451
Jun-23	471
Jul-23	428
Aug-23	424
Sep-23	423
Oct-23	409
Nov-23	405
Dec-23	404
Jan-24	459
Feb-24	406
Mar-24	403

Total Methadone Encounters

Month	Count
Apr-23	2,685
May-23	2,834
Jun-23	2,917
Jul-23	2,706
Aug-23	2,827
Sep-23	2,454
Oct-23	2,616
Nov-23	2,457
Dec-23	2,413
Jan-24	2,572
Feb-24	2,363
Mar-24	2,404

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Apr-23	530	29,812	10,972
May-23	549	28,995	10,836
Jun-23	544	29,213	10,796
Jul-23	526	29,075	11,004
Aug-23	600	33,280	8,849
Sep-23	482	27,735	10,823
Oct-23	547	29,347	10,521
Nov-23	589	32,541	10,581
Dec-23	505	27,299	10,317
Jan-24	624	31,929	10,365
Feb-24	619	32,916	10,324
Mar-24	601	31,788	10,030

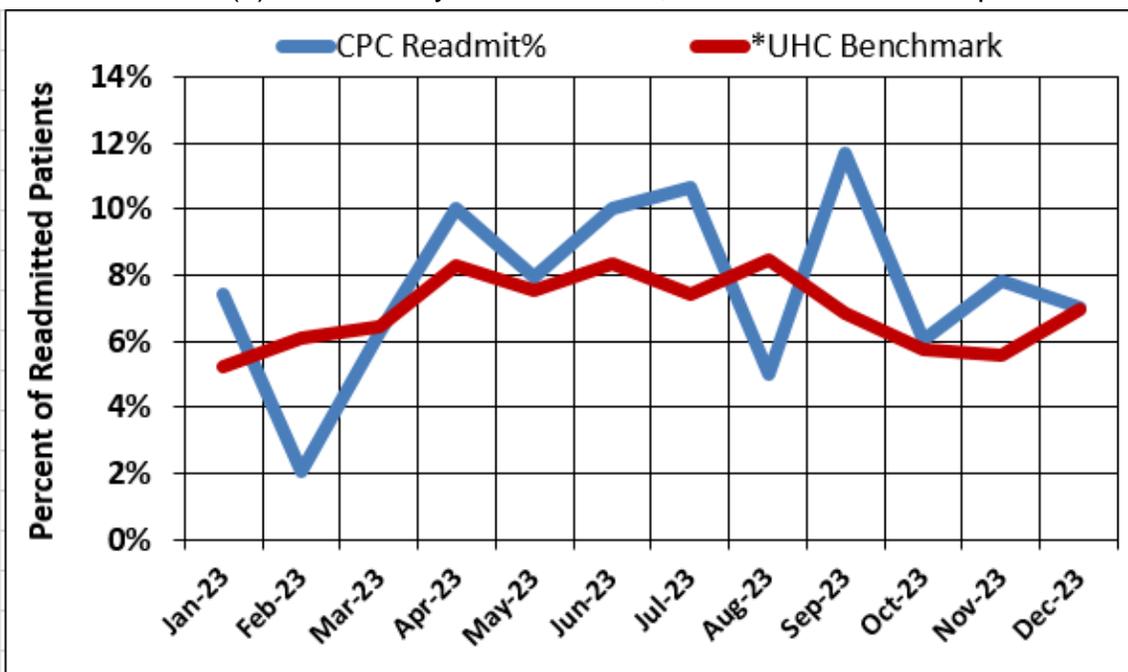
Total Suboxone Encounters

Month	Count
Apr-23	19
May-23	23
Jun-23	30
Jul-23	32
Aug-23	41
Sep-23	33
Oct-23	27
Nov-23	52
Dec-23	20
Jan-24	24
Feb-24	18
Mar-24	14

*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.

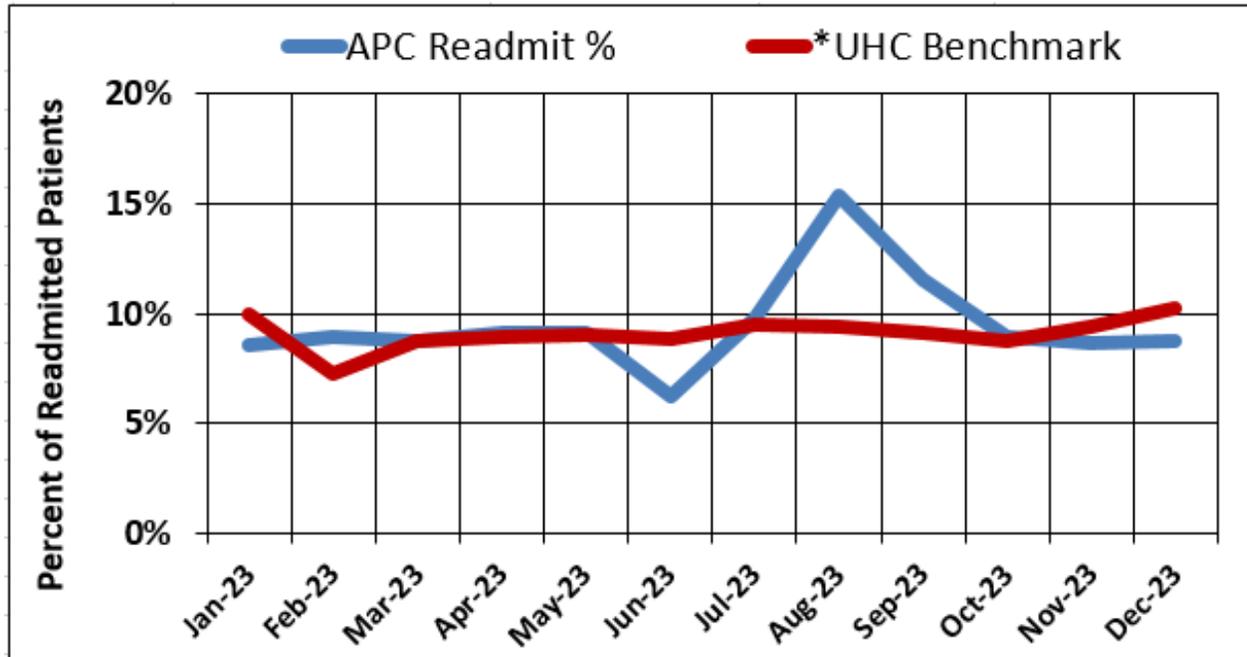


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-23	27	2	7.4%	5.3%
Feb-23	48	1	2.1%	6.1%
Mar-23	48	3	6.3%	6.4%
Apr-23	40	4	10.0%	8.3%
May-23	63	5	7.9%	7.5%
Jun-23	50	5	10.0%	8.3%
Jul-23	47	5	10.6%	7.4%
Aug-23	60	3	5.0%	8.5%
Sep-23	60	7	11.7%	6.8%
Oct-23	66	4	6.1%	5.7%
Nov-23	51	4	7.8%	5.6%
Dec-23	57	4	7.0%	7.0%

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

30 Day Readmission Rate – Adult Psychiatric Center

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

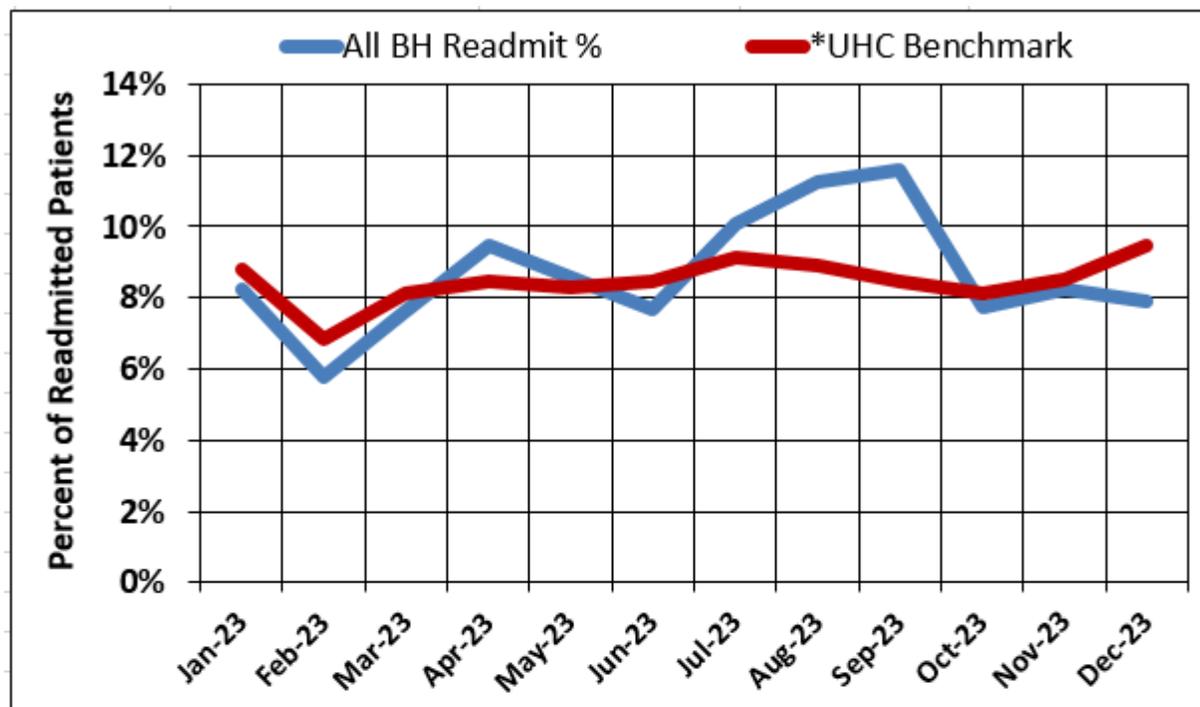


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-23	58	5	8.6%	10.0%
Feb-23	56	5	8.9%	7.3%
Mar-23	57	5	8.8%	8.7%
Apr-23	55	5	9.1%	8.9%
May-23	77	7	9.1%	9.0%
Jun-23	80	5	6.3%	8.9%
Jul-23	82	8	9.8%	9.5%
Aug-23	91	14	15.4%	9.4%
Sep-23	78	9	11.5%	9.1%
Oct-23	89	8	9.0%	8.8%
Nov-23	46	4	8.7%	9.4%
Dec-23	57	5	8.8%	10.3%

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

30 Day Readmission Rate – Both Adult and CPC Psychiatric Center

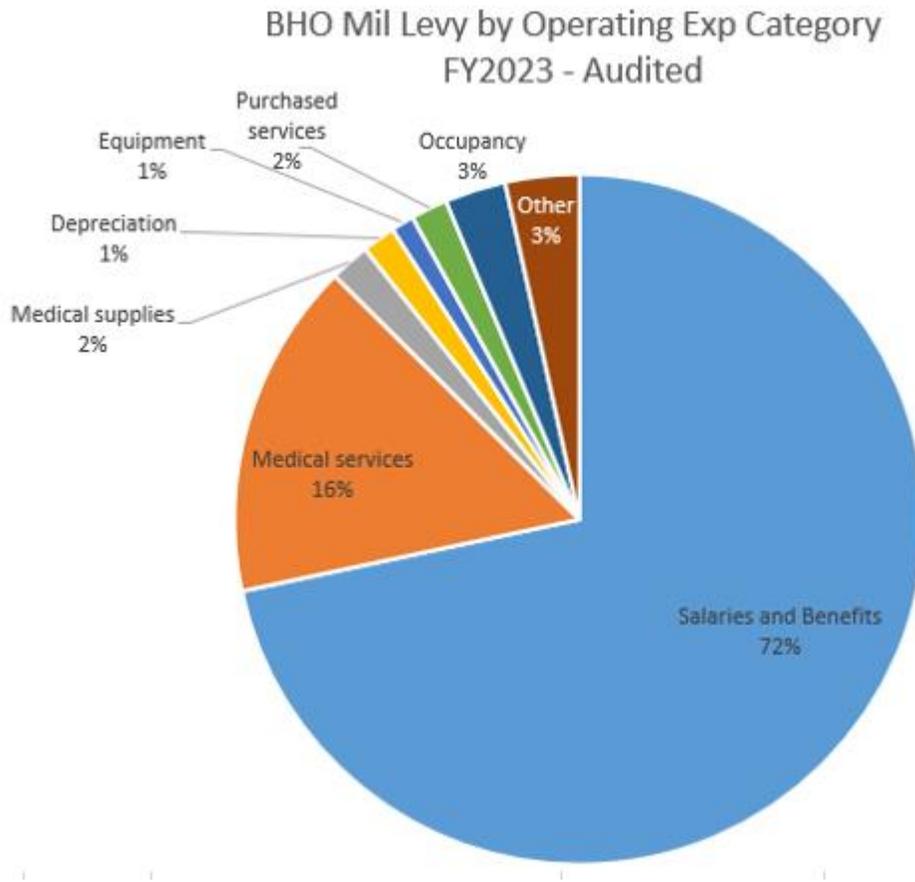
There is a three (3) month delay in Vizient data, so statistics are one quarter behind.



Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jan-23	85	7	8.2%	8.8%
Feb-23	104	6	5.8%	6.9%
Mar-23	105	8	7.6%	8.1%
Apr-23	95	9	9.5%	8.4%
May-23	140	12	8.6%	8.3%
Jun-23	130	10	7.7%	8.5%
Jul-23	129	13	10.1%	9.1%
Aug-23	151	17	11.3%	8.9%
Sep-23	138	16	11.6%	8.5%
Oct-23	155	12	7.7%	8.1%
Nov-23	97	8	8.2%	8.5%
Dec-23	114	9	7.9%	9.4%

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

Mill Levy Dollars Allocated to Behavioral Health

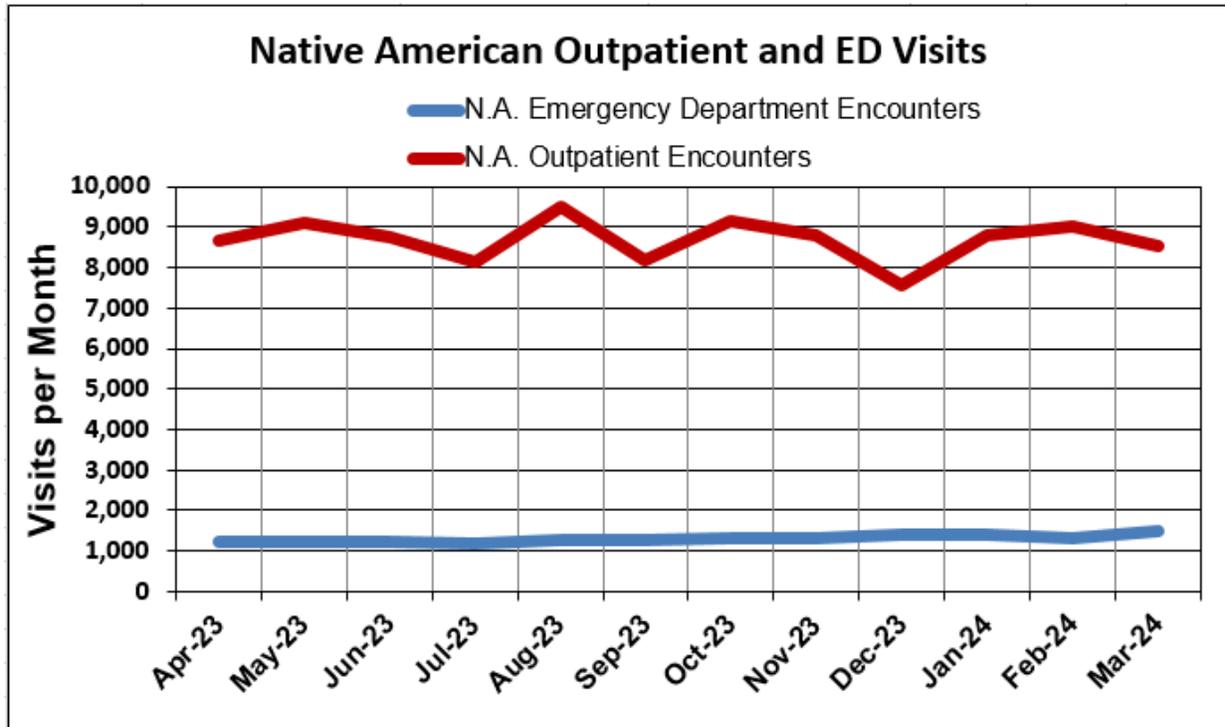


FY2023	
Salaries and Benefits	\$ 12,969,329
Medical services	2,859,234
Medical supplies	338,054
Depreciation	282,121
Equipment	193,402
Purchased services	311,803
Occupancy	517,443
Other	626,060
Total Expense	\$ 18,097,446

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

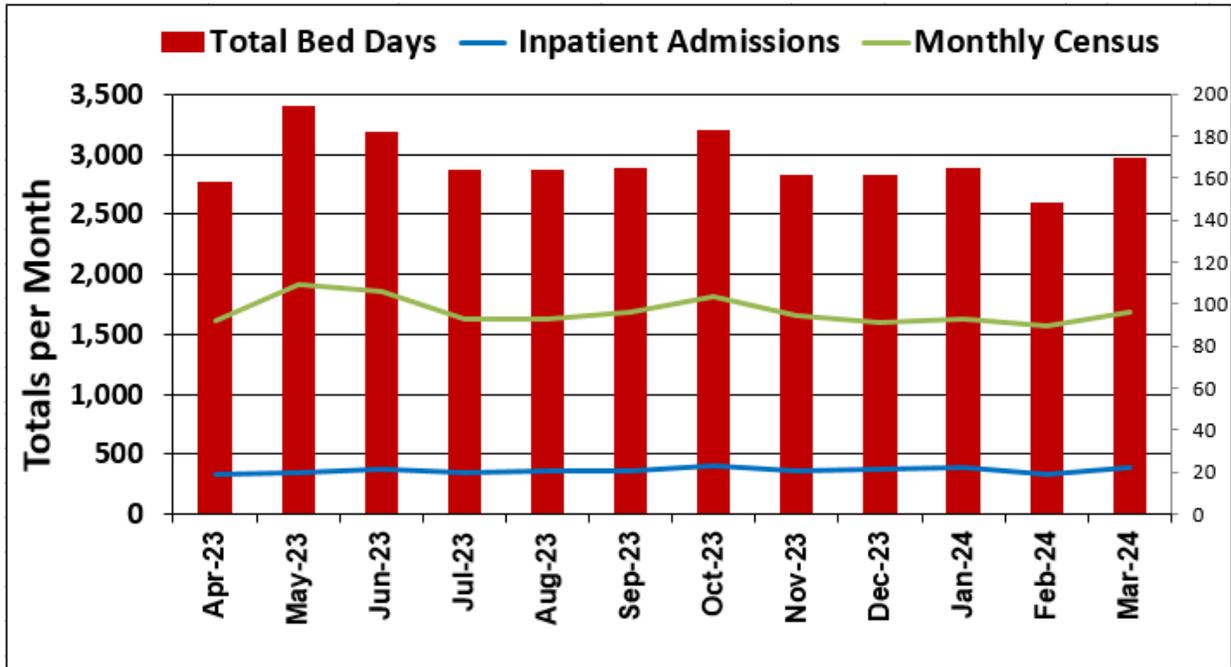
E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Apr-23	32	1,224	8,643
May-23	33	1,234	9,085
Jun-23	30	1,244	8,730
Jul-23	31	1,173	8,118
Aug-23	40	1,260	9,489
Sep-23	29	1,285	8,185
Oct-23	34	1,304	9,126
Nov-23	32	1,322	8,797
Dec-23	15	1,414	7,541
Jan-24	33	1,394	8,783
Feb-24	39	1,320	9,007
Mar-24	29	1,472	8,551

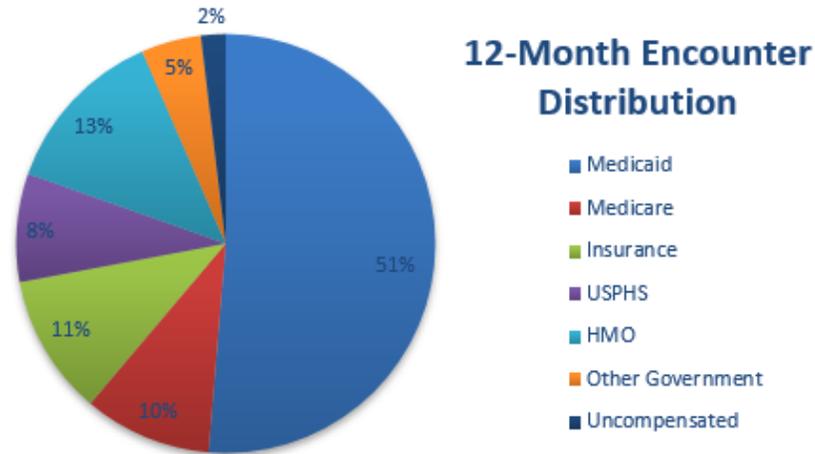
Native American Bed Days and Monthly Inpatient Census



Month	Total Bed Days	Inpatient Admissions	Monthly Census
Apr-23	2,776	339	93
May-23	3,400	345	110
Jun-23	3,190	383	106
Jul-23	2,876	343	93
Aug-23	2,876	365	93
Sep-23	2,881	368	96
Oct-23	3,206	399	103
Nov-23	2,829	368	94
Dec-23	2,833	381	91
Jan-24	2,881	384	93
Feb-24	2,596	333	90
Mar-24	2,979	398	96

Native American Encounter Distribution by Payor Group

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



<i>Month</i>	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Apr-23	5,382	1,118	1,024	689	1,298	544	132
May-23	5,608	1,101	1,187	735	1,327	493	141
Jun-23	5,340	993	1,162	742	1,308	515	194
Jul-23	5,083	966	1,061	711	1,201	444	188
Aug-23	5,576	1,091	1,204	928	1,488	542	230
Sep-23	4,922	934	1,111	899	1,226	407	272
Oct-23	5,573	1,117	1,118	979	1,348	527	186
Nov-23	5,360	1,001	1,111	942	1,342	464	258
Dec-23	4,800	929	931	816	1,217	371	209
Jan-24	5,347	977	1,215	935	1,524	480	189
Feb-24	5,498	1,015	1,197	990	1,481	470	181
Mar-24	5,187	1,012	1,161	1,003	1,456	489	181
TOTAL	63,676	12,254	13,482	10,369	16,216	5,746	2,361
	51%	10%	11%	8%	13%	5%	2%

APPENDIX A

MOU Exhibit A Progress Updates

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

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

Exhibit A – Reporting

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

Exhibit A - Accountability and Transparency

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

Exhibit A – Primary Care

Action Item	Implementation Status	
UNMH will access its current primary care network with the intent to attempt to increase its number of primary care facilities by one per year over the next four (4) years.	UNMH has acquired land and is expected to commence the design phase for a new Primary Care clinic in January 2024. UNMH has expanded both Lobo Care and Senior Health centers in FY2022. UNMH continues to evaluate and explore initiatives to expand Primary Care access in the community.	
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 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 secure entry for patients from the Metropolitan Detention Center (MDC).	Law enforcement parking dedicated at Psychiatric Emergency. MDC part of planning for new UNMH Tower.	
UNMH will explore the use of Telemedicine Consultation between UNM HSC and the MDC.	UNMH has taken over care at MDC with may include telemedicine or transfers 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 Count, Albuquerque Public Schools and any tribal schools in Bernalillo County on the provision of medical and behavioral health for school based clinics. UNMH may collaborate with UNMMG or other providers as needed.	Initial discussion with Bernalillo County on current school based services currently on hold based on COVID-19.	

Exhibit A – Financial Assistance

Action Item	Implementation Status	
UNMH will maintain the current Financial Assistance policy as it relates to Native Americans. Any proposed changes will 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 with expansion of undocumented patients.	
UNMH will endeavor to assure that any fees, down payments, or co-payments for medically necessary care will be reasonably related to income.	Financial Policy Revisions in October 2021 eliminated all required copayments for patients on financial assistance.	
UNMH will establish patient payment policies for low income patients who are not financial assistance-eligible that do not create a material barrier to such patients’ access to medically necessary care.	Financial Assistance program changes approved in October 2021 allowing for coverage of undocumented patients. The change was effective 7/1/2021.	
Patients with income levels that do not meet the requirements for financial assistance or other programs will be given the opportunity to establish re-payment plans which are reasonably related to income.	Patients have the opportunity to create repayment plans with Patient Financial Services.	
UNMH will make reasonable efforts to notify patients with outstanding bills of their right to seek financial assistance or to establish payment plans	Patient bills have information incorporated in them on how to contact financial assistance. Patients also receive other notifications at the time of services.	

Exhibit A – Financial Services

Action Item	Implementation Status	
UNMH will subject to CMS regulations assure that no indigent patient is sent to collections.	Implemented with 2015 policy change. UNMH monitors on ongoing basis.	Green
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.	Red
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.	Green
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.	Green

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.	Green
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.	Green
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.	Yellow
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.	Green
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.	Green
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.	Green

Exhibit A - Behavioral Health

Action Item	Implementation Status	
UNMH will work with the SOM to provide medical staff for the MDC Triage Center and will provide case management services for the RRC.	UNMH is staffing the RRC in conjunction with the pathways program.	
UNMH will evaluate the expansion of Behavioral Health services within its own operation and with other community providers	UNMH has worked with the County on service expansion at the Care Campus and is in the process of Development of a Crisis Center at UNM including expanded PES capacity.	
UNMH shall engage with County and IHS on the programming and design of future space for UNMH Behavioral Health Services including Crisis Services.	UNMH and Bernalillo County are actively working on short and long-term planning on crisis services.	
Any changes impacting integrated behavioral health and primary care integrated services or peer services will be discussed with the County and IHS prior to implementation	No current planned changes with these services.	
UNMH will evaluate the ability to provide identifiable patient information to first responders consistent with applicable laws.	MOU completed with City related to providing information to APD Crisis response from Psychiatric Emergency Services.	
Evaluate the viability of expanding behavioral health services in school based clinics	TBD on hold based on COVID-19.	
UNMH will evaluate the possible provision of expanding existing BH services or new programs in a wide range of service categories.	UNMH continues to evaluate service expansion within provider availability.	
UNMH will evaluate data sharing with the County for analyzing outcome data for behavioral health patients and to track utilization of behavioral health patients across programs consistent with State and Federal law.	Legal issues created by New Mexico Mental Health code limit providing identifiable information.	

APPENDIX B

UNM Hospital Semi-Annual Report on the Status of Deliverables

Period January 2023 - June 2023

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 2023)

Exhibit A Reporting Area - Reporting and Interaction

Semi- Annual Focus Areas January 2023-June 2023	Status Update as of June 2023
<p>A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.</p>	<p>The UNMH Community Health Needs Assessment was completed in the spring of 2020 and is available online at: https://hsc.unm.edu/health/about/community-health-needs-assessment.html.</p> <p>UNMH is in the process of updating the Community Health Needs Assessment for 2023 and is holding public listening sessions in 2023 with Bernalillo County related to the upcoming 2024 Mil Levy.</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>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>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>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 primary care site in Bernalillo County that will be located in the southwest mesa area.</p> <p>UNMH will complete the new Behavioral Health Crisis Triage Center in January 2024 and is partnering with Bernalillo County to provide medical services at the Metropolitan Detention Center (MDC). The UNMH Hospital Tower project is on target to Open in October 2024.</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 for the MDC and to assist with staffing the Resource Re-entry Center. UNMH will also begin providing Medical and Behavioral Health services at MDC on July 26, 2023.</p> <p>UNMH is currently working on expanded Behavioral Health programming within the UNMH infrastructure in the forms of health home implementation, Crisis Triage Center Development with the County and expanded Psychiatric Emergency Capacity. UNMH will assume operations of the Behavioral Health services at MDC on July 26, 2023.</p>