



QUARTERLY REPORT

June, 2024

Bernalillo County Commissioner Trend Report

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A. ACCOUNTABILITY

Balance Sheet

Statements of Net Position

(In Thousands)

	May 2024	audited June 2023
Assets		
Cash and marketable securities	\$ 314,106	\$ 233,588
Cash restricted by management for capital replacement	-	16,519
Cash restricted for donor specified expenses	22,369	21,043
Patient receivables, net	187,077	171,520
Other receivables and current assets	227,490	167,988
Capital initiatives receivable	-	46,000
Capital assets, net	961,818	833,280
Restricted for mortgage reserve, bonds	42,493	34,312
Other noncurrent assets	35,991	39,824
Total assets	<u>1,791,344</u>	<u>1,564,074</u>
Liabilities		
Accounts payable	90,781	79,514
Payable to related parties (UNM)	92,054	60,544
Interest payable bonds	1,038	65
Other accrued current liabilities	325,935	188,397
Bonds payable, non current	61,485	61,485
Mortgage Payable - NHT	268,646	255,416
Other long term liabilities	40,964	48,971
Total liabilities	<u>880,903</u>	<u>694,392</u>
Net Position		
Restricted for expendable grants, bequests, and contributions	22,369	21,043
Restricted by management for capital replacement **	-	62,519
Restricted for trust indenture and debt agreement	42,480	34,312
Assets invested in capital	502,155	462,369
Unrestricted from operations	343,437	289,439
Total net assets	<u>\$ 910,441</u>	<u>\$ 869,682</u>
Current Ratio	1.47	1.89
Days Cash on Hand**	67.38	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

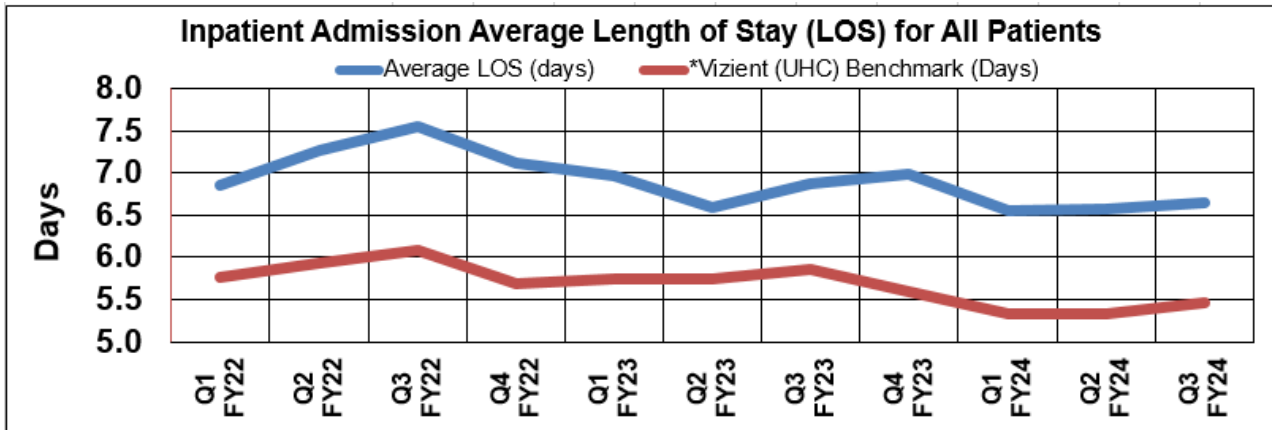
Statements of Revenues, Expenses, and Changes in Net Assets
For the eleven (11) months ended May 31, 2024

<i>(In Thousands)</i>	<u>May</u>
Operating revenues:	
Net Patient Service	\$ 1,389,029
Other	58,024
Total Operating Revenues	<u>1,447,053</u>
Operating expenses:	
Employee Compensation and Benefits	754,905
UNM School of Medicine Medical Services	188,240
Medical Services Oncology	47,982
Medical Services non-SOM	49,730
Medical Supplies	221,902
Oncology Drugs	56,642
Occupancy/Equipment	84,972
Depreciation	37,108
Purchased Services	92,026
Gross Receipts Tax	27,943
Other	35,234
Total Operating Expenses	<u>1,596,684</u>
Operating loss	<u>(149,632)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	119,500
State Appropriation	18,105
Capital Appropriation	1,527
Interest Expense	(2,140)
Other Revenue and (Expense)	53,398
Net Nonoperating Revenues	<u>190,390</u>
Total Increase in Net Assets	<u><u>40,758</u></u>

Mill Levy Distribution Detail by Department FY2024

		(Unaudited)
Total Bernalillo County Mill Levy		\$ 127,578,314.00
Note: 15% of the Mill Levy is allocated to Behavioral Health (see pg. 43)		
UNMH - 85%		
Mill Levy	\$	108,441,567
Expenses		Total Spending
<i>Facilities</i>		
Facilities Maintenance	\$	24,784,823
Environmental Services		14,729,715
Insurance		5,967,749
Plant Operations & Maintenance		7,711,778
Utilities		5,280,953
Clinical Engineering		3,301,224
Parking Structure and Support		669,700
Security		6,513,164
Off Site/Ambulatory Maintenance		5,447,227
Life Safety/Fire Protection		2,665,211
Facilities Planning		2,801,410
Facilities Other		1,172,826
Total Facilities		81,045,780
Finance		9,676,083
HR		20,187,891
<i>Information Technology</i>		
IT - Open Clinic/Mgt		6,185,471
IT - Patient Financial Services		4,210,406
Communications		6,060,875
IT Cemer Millennium RHO		5,472,422
Clinical Applications		3,706,129
Customer Service		3,794,578
Network & Infrastructure		3,223,734
Systems Support		4,109,699
System Develop and Applications		2,521,724
Network & Cyber Security		3,930,086
IT Non Capital Equipment		1,659,161
Computer Learning Technologies		1,518,683
Medical Records		2,204,875
IT - EVOLVE3		772,685
IT Admin, Oversight and Support		926,626
IT Other		5,879,285
Total Information Technology		56,176,439
<i>Revenue Cycle</i>		
Patient Financial Services		13,188,741
Coding		11,628,809
Revenue Cycle Initiatives		3,271,835
Medical Records Support Svcs		2,806,042
HIM Clinical Documentation		2,816,164
Collection Agencies		1,306,832
Revenue Other		777,719
Total Revenue Cycle		35,796,142
Food & Nutrition		11,037,669
<i>Other</i>		
Administration		11,944,125
FHA Bonds		4,963,458
Admin Support for Facilities/Planning		3,117,869
Admin Other		9,853,254
Total Other		29,878,706
Total Mill Levy Expenditures		\$ 243,798,710

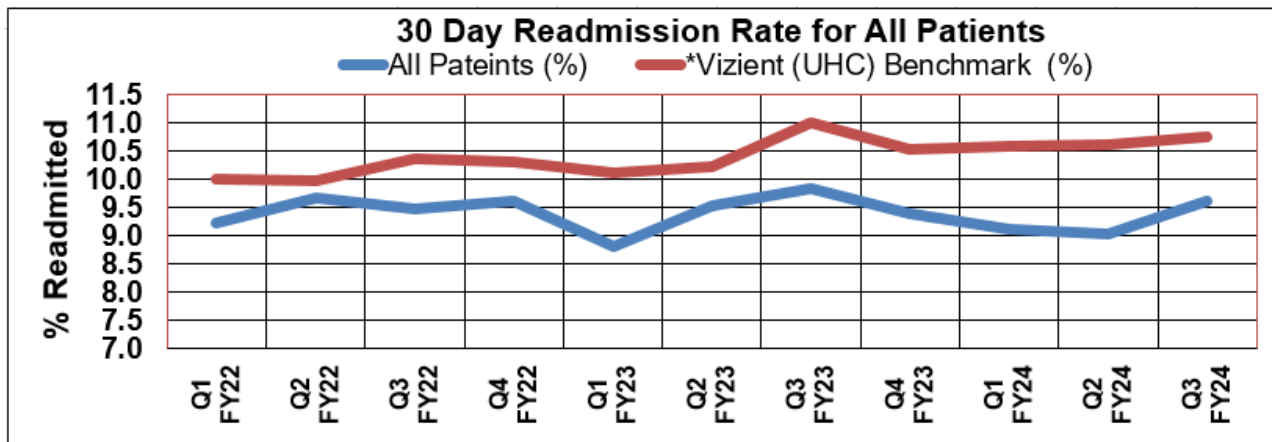
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24
Average LOS (days)	6.85	7.27	7.55	7.12	6.96	6.60	6.87	6.99	6.55	6.57	6.64
*Vizient (UHC) Benchmark (Days)	5.76	5.94	6.09	5.70	5.75	5.74	5.85	5.60	5.33	5.34	5.47

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

30 Day Readmission for All Patients

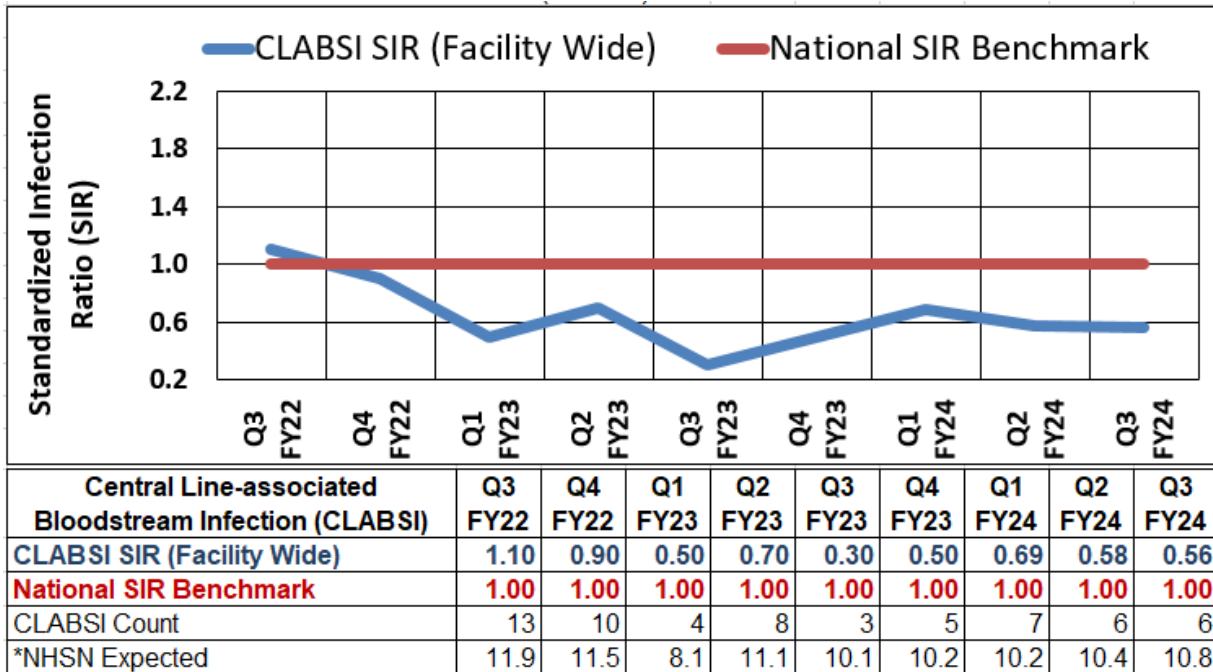


Fiscal Quarter	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24
All Patients (%)	9.22	9.67	9.48	9.62	8.82	9.53	9.83	9.38	9.12	9.02	9.62
*Vizient (UHC) Benchmark (%)	9.99	9.97	10.36	10.31	10.13	10.22	10.99	10.54	10.58	10.61	10.75

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

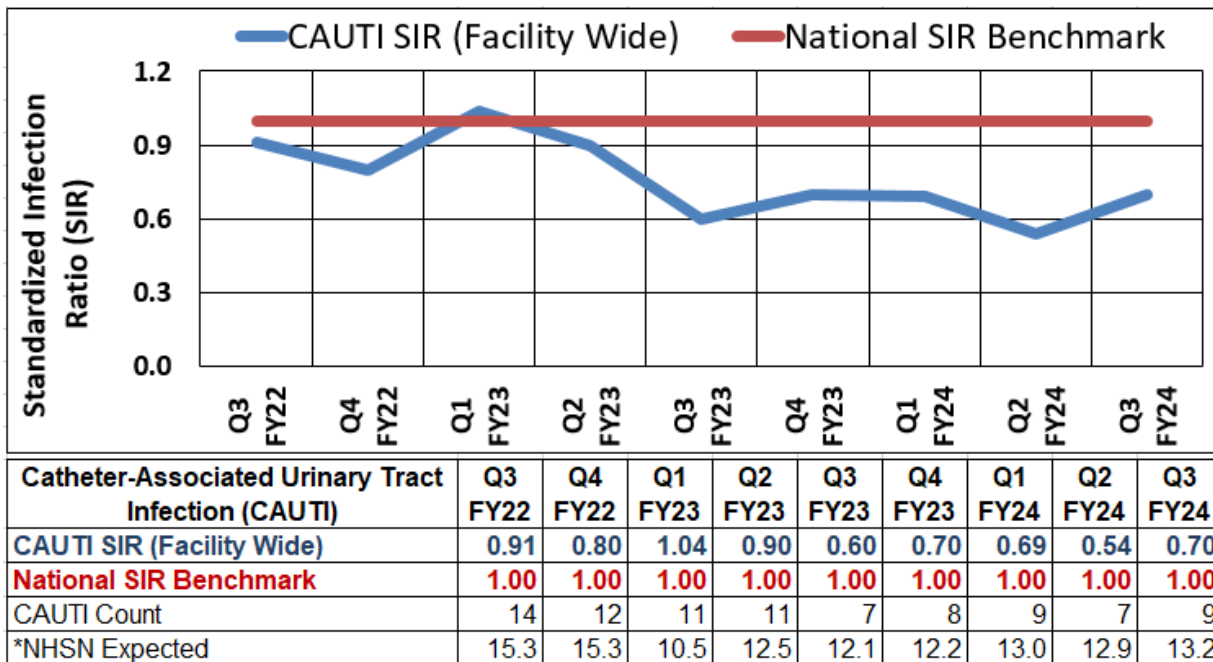
*Vizient, Inc. (formerly, "UHC") is an alliance of the nation's leading academic medical centers ("AMCs") and associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

Catheter Central Line-associated Bloodstream Infection



Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection



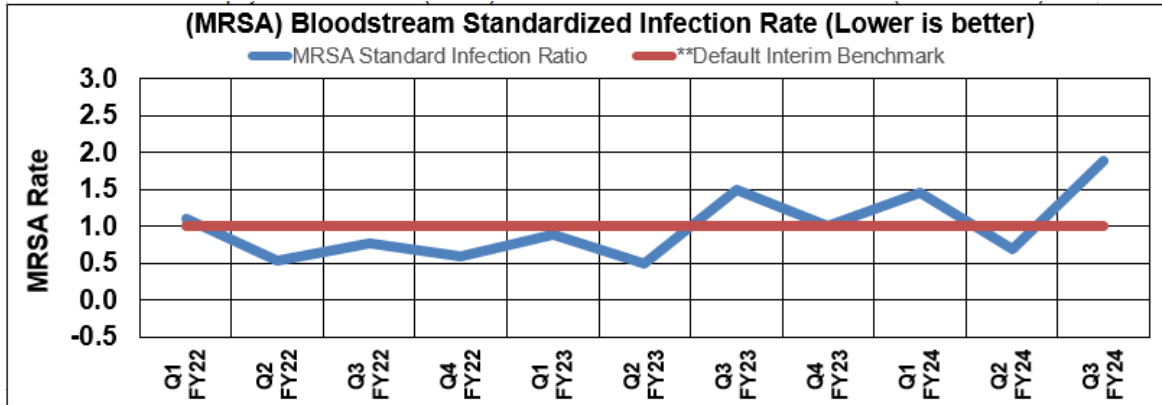
Catheter data is delayed by one quarter.

*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	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24
MRSA Standard Infection Ratio	1.11	0.54	0.78	0.60	0.88	0.50	1.50	1.00	1.46	0.70	1.90
**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	2	4	2	3	2	4	4	4	2	5

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 twelve (12) months ended June 30, 2024

Inpatient Days	FY23 Actual	FY24 Actual
Adult	133,431	136,985
Pediatric	38,961	37,020
Newborn	5,057	5,192
Total Inpatient Days	177,449	179,197

Nursing Hours of Care

	FY22 June, 2022	FY23 June, 2023	FY24 June, 2024
UNMH Nursing Hours of Care Per Patient*	15.78	15.38	16.02

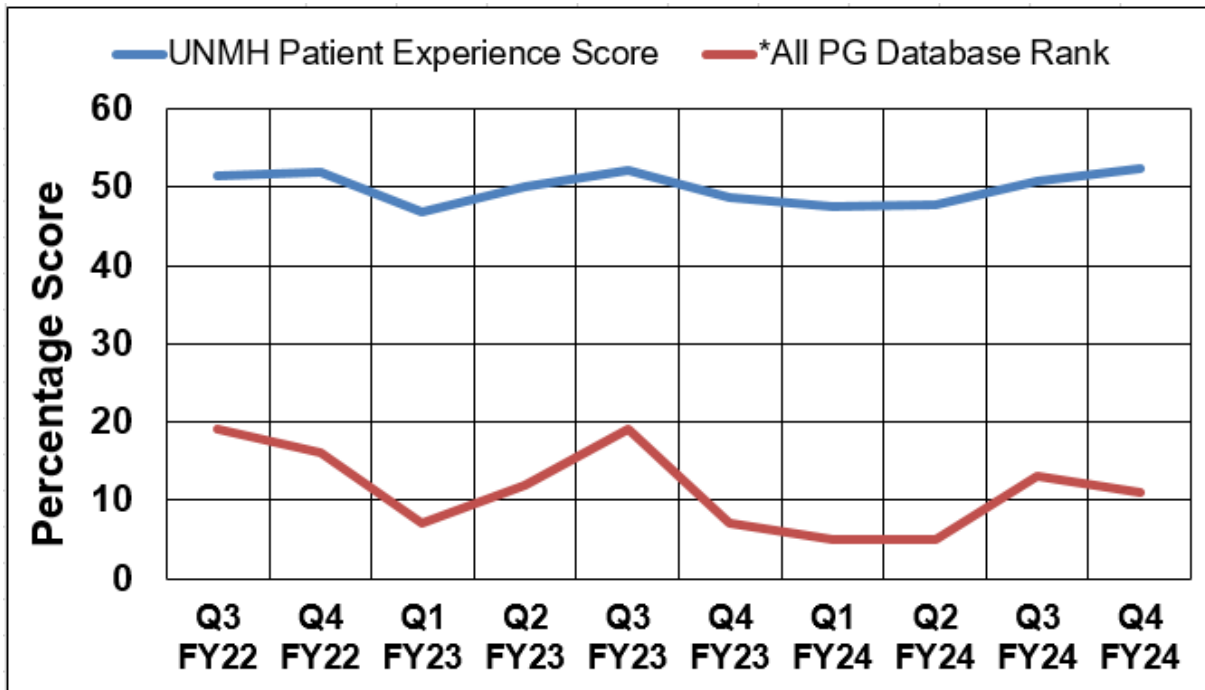
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTEs as of June 2023	Number of FTEs as of June 2024	FY2024 Hires (Headcount)	FY2024 Terms (Headcount)	Rolling Retention Rate
RN's	1,738	1,969	261	415	80.0%
*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%.

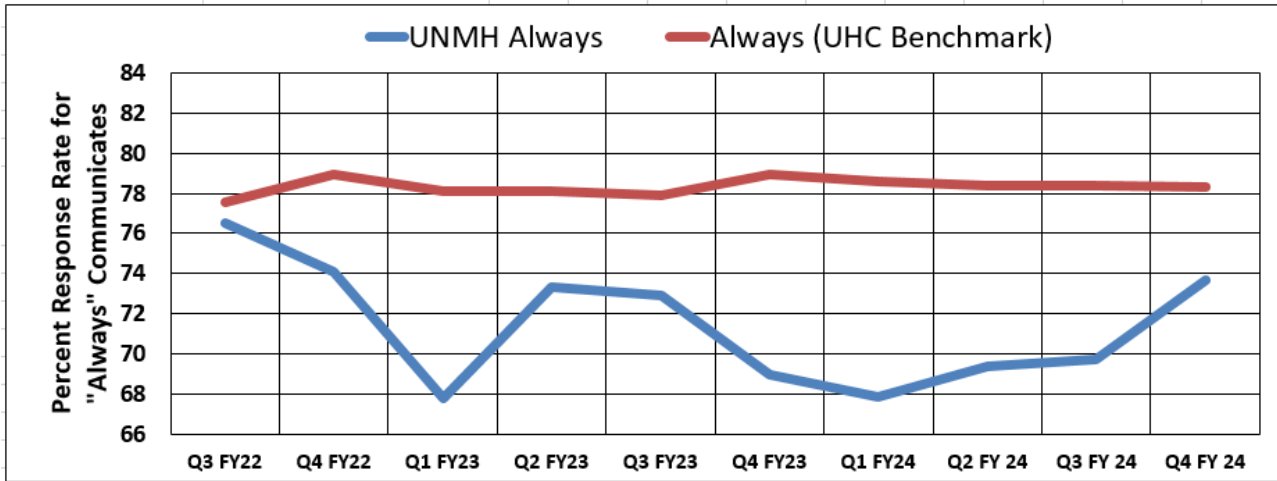
Press Ganey Inpatient Experience Score



Quarter	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24
UNMH Patient Experience Score	51.5	52.0	46.9	50.0	52.1	48.8	47.6	47.9	50.9	52.5
*All PG Database Rank	19.0	16.0	7.0	12.0	19.0	7.0	5.0	5.0	13.0	11.0

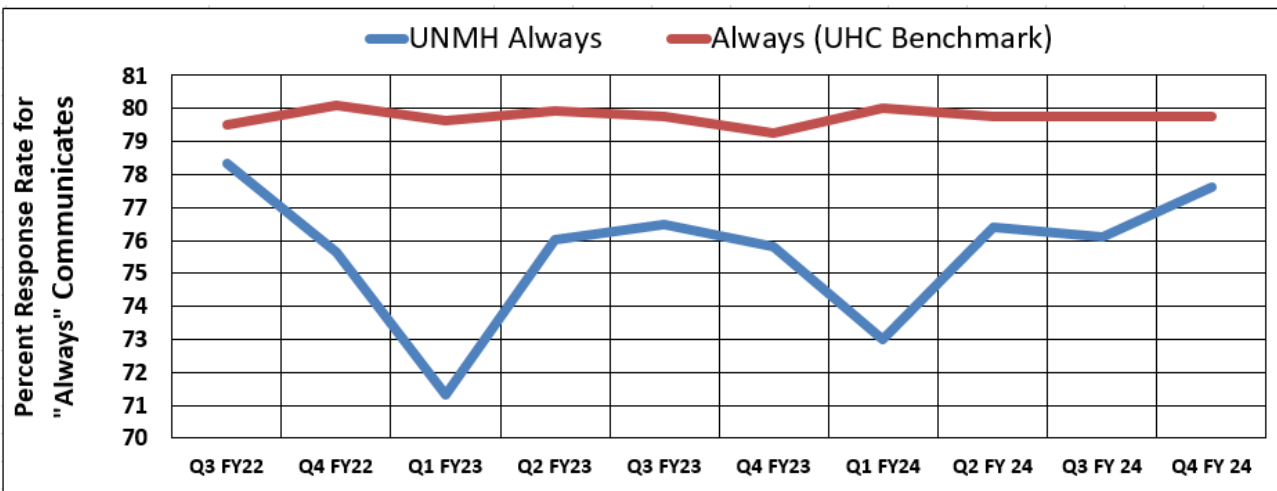
*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

HCAHPS Satisfaction – Communications with Nurses



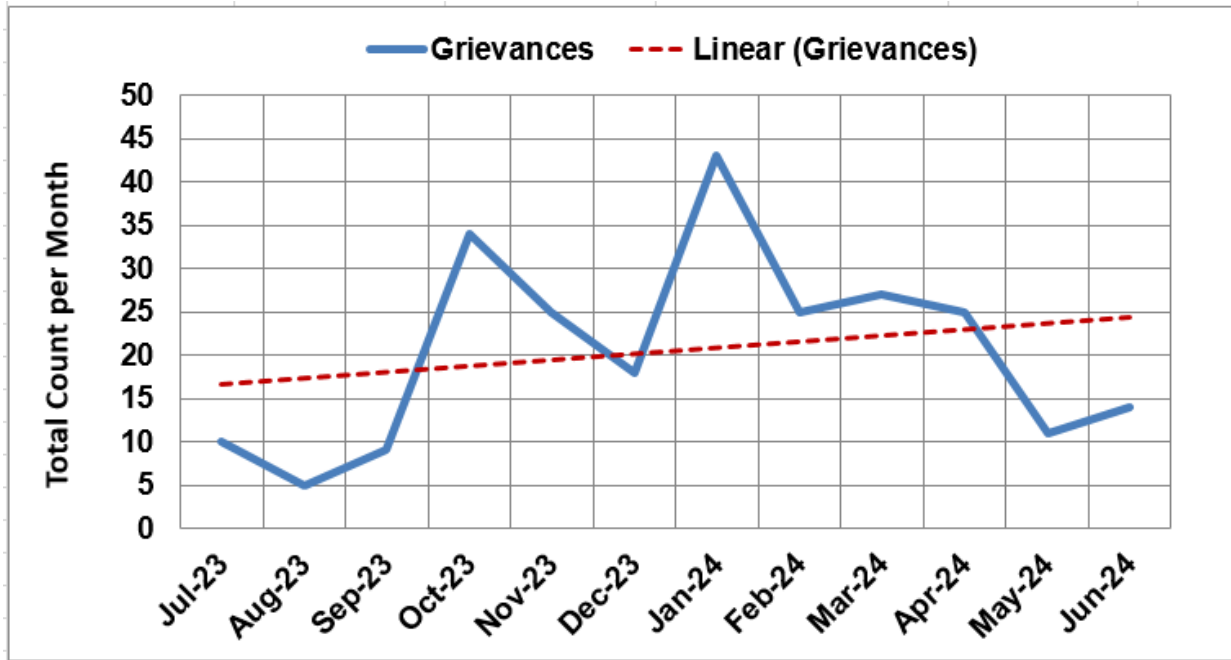
Communication with Nurses	Response	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24
H-COMP-1-A-P	UNMH Always	76.5	74.1	67.8	73.3	72.9	69.0	67.9	69.4	69.7	73.7
H-COMP-1-U-P	UNMH Usually	17.0	18.4	22.3	17.3	20.3	22.6	22.5	20.6	22.2	18.7
H-COMP-1-SN-P	UNMH Sometimes/Never	6.5	5.8	9.9	9.4	6.8	8.5	9.7	10.0	8.1	7.7
UHC Benchmark	Always (UHC Benchmark)	77.6	78.9	78.1	78.1	77.9	78.9	78.6	78.4	78.4	78.3

HCAHPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24
H-COMP-2-A-P	UNMH Always	78.4	75.7	71.3	76.0	76.5	75.8	73.0	76.4	76.1	77.6
H-COMP-2-U-P	UNMH Usually	15.7	16.0	18.2	15.0	16.5	16.3	19.2	16.7	17.6	15.8
H-COMP-2-SN-P	UNMH Sometimes/Never	6.0	8.3	10.4	9.0	7.0	7.8	7.8	6.9	6.3	6.6
UHC Benchmark	Always (UHC Benchmark)	79.5	80.1	79.6	79.9	79.8	79.3	80.0	79.8	79.8	79.7

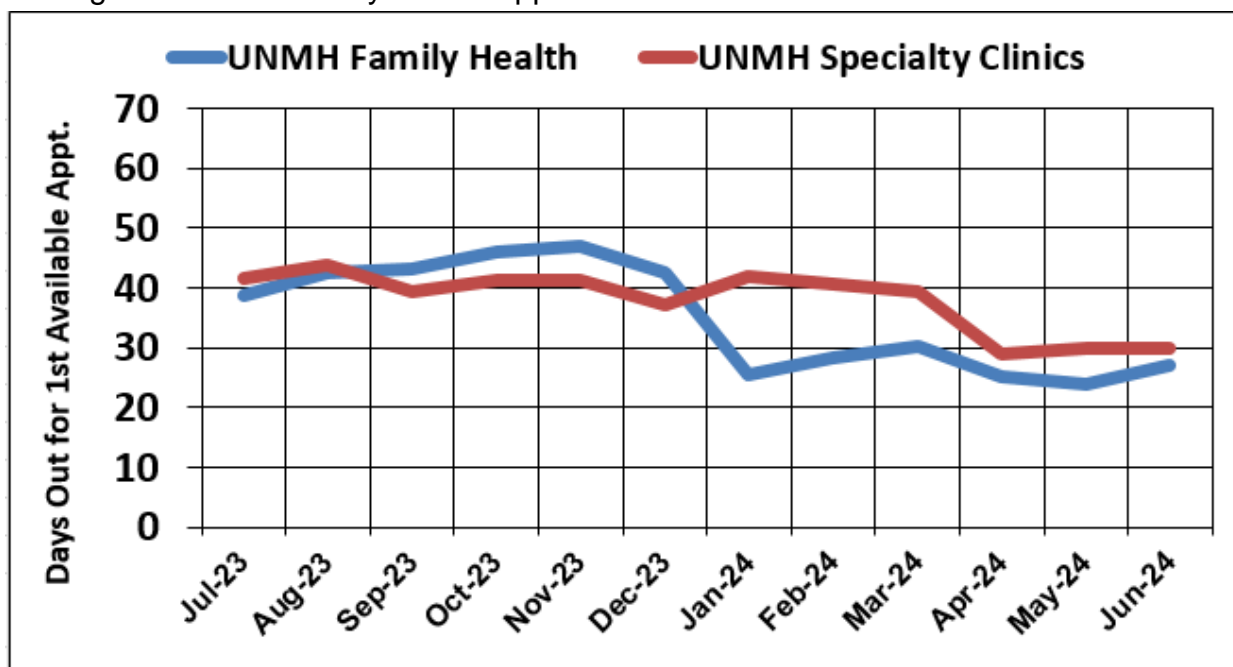
Grievances



Month-Year	Grievances
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
Apr-24	25
May-24	11
Jun-24	14

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

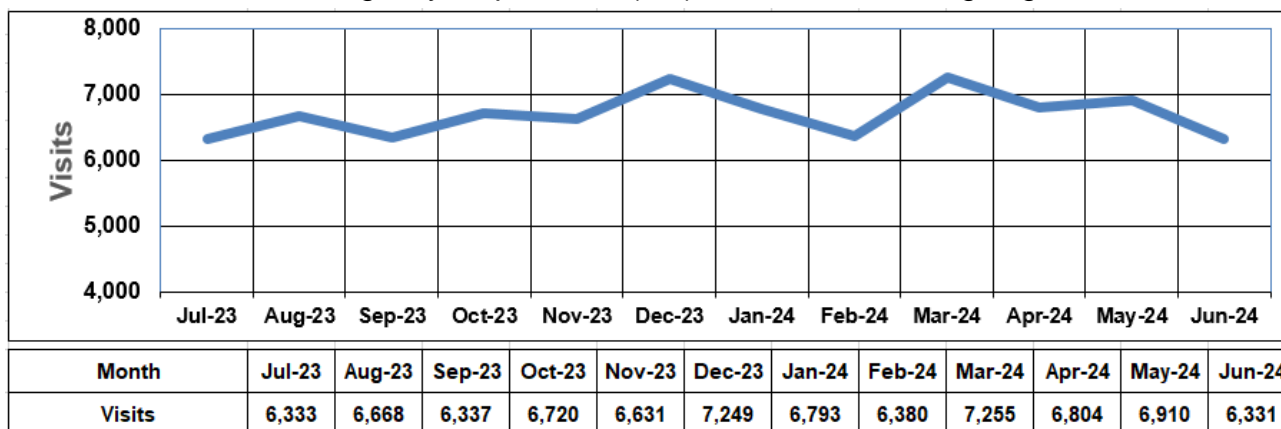
Average 1st Available* Day out for Appointments.



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

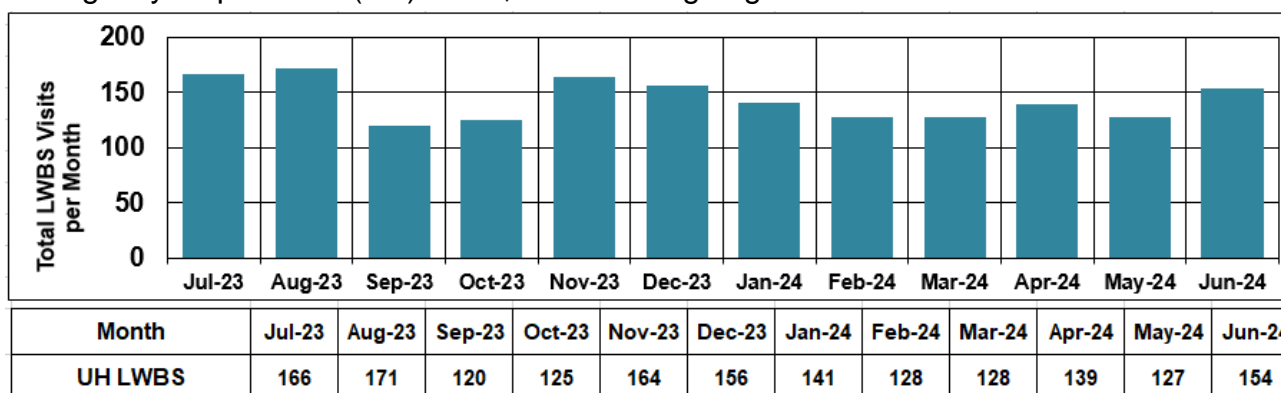
Number of Emergency Department (ED) Visits

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

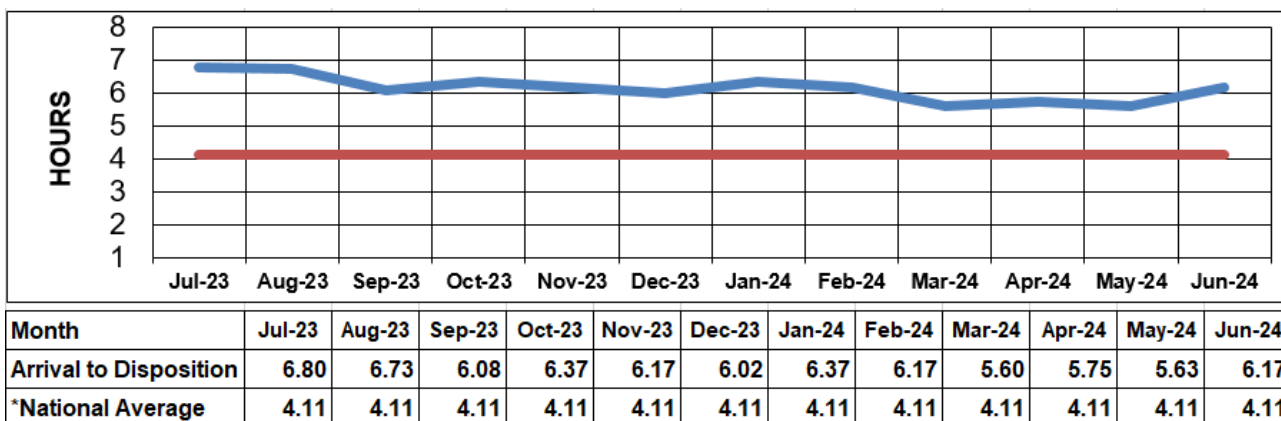


Total ED Patients Left without Being Seen

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

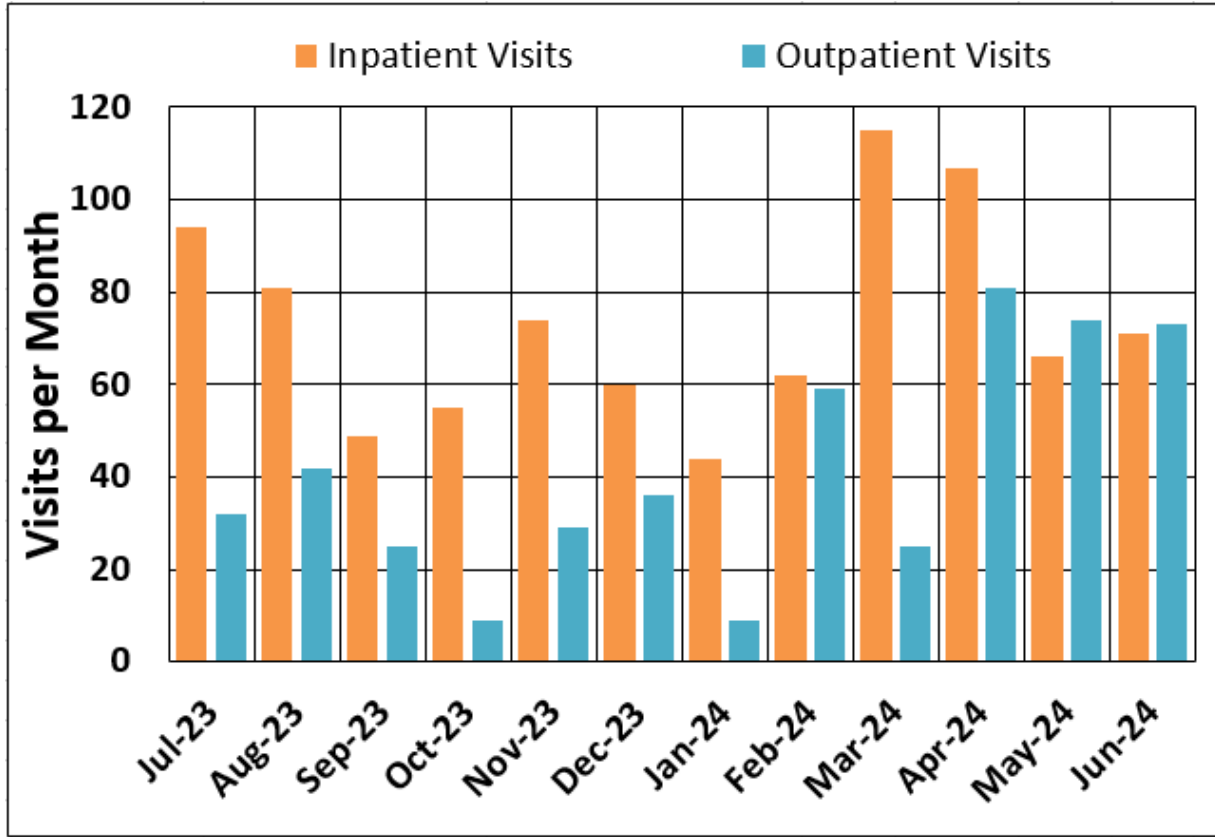


ED Average Hours from Arrival to Disposition



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

MDC Inmates Receiving Hospital Services



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

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 twelve (12) months ended June 30, 2024, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	27,395
EMSA	638
IHS	3,788
Medicaid	293,456
Medicare	299,896
Uninsured	37,412
HMO's & Insurance	276,421
All Other *	48,261
Total Encounters	987,267
Native American Encounters **	121,546

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 twelve (12) months ended June 30, 2024, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 45,138,259	\$ 20,610,070	\$ 65,748,329
Catron	14,694	30,737	45,431
Chaves	602,665	160,624	763,289
Cibola	961,820	521,889	1,483,708
Colfax	50,406	17,468	67,874
Curry	12,068	69,408	81,476
De Baca	2,510	170	2,680
Dona Ana	377,254	323,346	700,600
Eddy	101,049	46,446	147,495
Grant	31,061	5,119	36,180
Guadalupe	156,394	69,111	225,504
Harding	5,368	-	5,368
Hidalgo	531	-	531
Lea	205,402	8,957	214,359
Lincoln	160,459	22,487	182,946
Los Alamos	13,376	30,342	43,718
Luna	128,758	4,026	132,784
Mc Kinley	729,479	461,400	1,190,879
Mora	65,705	14,233	79,938
Otero	36,017	124,902	160,919
Quay	12,459	642	13,102
Rio Arriba	613,324	267,075	880,399
Roosevelt	72,622	10,169	82,791
San Juan	805,892	203,986	1,009,878
San Miguel	250,390	94,508	344,898
Sandoval	3,093,716	2,556,431	5,650,146
Santa Fe	3,199,945	666,240	3,866,185
Sierra	38,600	37,573	76,174
Socorro	925,191	158,919	1,084,110
Taos	302,158	103,452	405,609
Torrance	756,545	628,635	1,385,180
Union	831	48,025	48,856
Valencia	5,334,257	2,223,688	7,557,945
Out Of State	-	2,911,980	2,911,980
Grand Total	\$ 64,199,205	\$ 32,432,058	\$ 96,631,263

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 twelve (12) months ended June 30, 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	\$1,237	92	\$ 21,210	93	\$ 22,447
87022	10	3,617	150	20,108	160	23,725
87047	8	96,770	198	53,479	206	150,249
87059	24	165,116	496	104,277	520	269,393
87100	-	-	-	-	-	-
87101	6	25,047	43	10,881	49	35,928
87102	180	1,007,642	4,478	1,988,419	4,658	2,996,061
87103	3	3,906	39	11,761	42	15,666
87104	41	658,118	1,423	473,172	1,464	1,131,289
87105	381	4,147,950	12,088	5,791,645	12,469	9,939,595
87106	151	1,231,390	3,998	1,701,806	4,149	2,933,197
87107	141	1,053,635	4,297	1,591,330	4,438	2,644,965
87108	343	3,263,480	8,819	3,747,455	9,162	7,010,936
87109	136	809,074	3,287	1,419,482	3,423	2,228,557
87110	179	890,298	4,451	1,447,538	4,630	2,337,837
87111	89	723,928	2,470	711,677	2,559	1,435,606
87112	160	1,029,985	4,758	1,456,454	4,918	2,486,439
87113	31	85,007	1,048	370,537	1,079	455,544
87114	131	1,176,024	3,920	1,672,153	4,051	2,848,177
87115	3	14,309	6	1,163	9	15,472
87116	2	9,576	41	10,511	43	20,088
87117	-	-	7	2,986	7	2,986
87119	1	41	43	7,439	44	7,480
87120	167	1,522,796	4,330	1,436,384	4,497	2,959,180
87121	511	5,370,918	19,291	10,746,191	19,802	16,117,109
87122	13	49,483	531	244,920	544	294,402
87123	226	2,600,776	7,533	3,804,628	7,759	6,405,404
87125	3	6,773	177	72,281	180	79,054
87128	-	-	-	-	-	-
87130	-	-	-	-	-	-
87131	-	-	19	11,206	19	11,206
87140	-	-	-	-	-	-
87151	31	405,040	262	194,465	293	599,505
87153	1	4	25	6,218	26	6,222
87154	1	10	92	33,196	93	33,206
87158	-	-	-	-	-	-
87176	6	35,157	77	8,165	83	43,322
87181	3	1,924	43	8,951	46	10,874
87184	2	221	24	2,139	26	2,360
87185	-	-	12	1,323	12	1,323
87187	-	-	11	926	11	926
87190	-	-	28	2,254	28	2,254
87191	-	-	16	3,846	16	3,846
87192	1	10	27	6,493	28	6,503
87193	2	459	60	5,295	62	5,754
87194	-	-	79	11,450	79	11,450
87195	5	3,891	115	19,630	120	23,521
87196	-	-	41	7,176	41	7,176
87197	5	71,846	80	11,933	85	83,779
87198	-	-	127	12,097	127	12,097
87199	2	2,499	62	13,722	64	16,221
Grand Total	3,000	\$ 26,467,959	89,214	\$ 39,280,371	92,214	\$ 65,748,329

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the twelve (12) months ended June 30, 2024.

Bernalillo County Zip	Medicine Count	Surgery Count	Cancer Count	Ortho-pedics Count	Womens Health Count	Cardio-vascular/ Respiratory/ Cardiac Care Count	Neuro-sciences/ Neuro-logical Count	Spine Count	Other Count	Neo-natology/ Normal Newborn/ Childrens Count	Behavioral Health Count	Trauma Count	Total Count
87008	37	11	4	9	11	4	8	7	1	-	1	-	93
87022	54	14	22	10	20	7	10	3	3	-	17	-	160
87047	64	38	23	30	6	8	16	8	-	1	12	-	206
87059	184	50	55	81	10	36	44	12	1	-	47	-	520
87100	-	-	-	-	-	-	-	-	-	-	-	-	-
87101	15	3	-	2	18	2	1	-	1	-	7	-	49
87102	1,644	605	378	441	338	248	256	143	23	4	578	-	4,658
87103	17	5	-	1	10	2	1	1	-	-	5	-	42
87104	479	242	124	170	113	85	64	29	2	4	152	-	1,464
87105	4,247	1,674	942	1,356	1,547	663	594	342	54	23	914	-	12,356
87106	1,456	547	145	363	400	201	273	104	16	7	637	-	4,149
87107	1,558	583	403	492	392	228	221	96	23	3	439	-	4,438
87108	3,266	1,028	562	778	1,194	437	433	187	57	22	1,198	-	9,162
87109	1,230	401	279	387	209	173	190	106	16	10	422	-	3,423
87110	1,703	585	340	437	219	261	354	122	20	4	585	-	4,630
87111	905	297	238	210	141	146	207	61	12	3	339	-	2,559
87112	1,653	613	536	502	293	233	314	141	14	9	610	-	4,918
87113	390	144	85	100	126	57	43	26	4	1	103	-	1,079
87114	1,411	503	433	386	334	179	273	116	17	11	388	-	4,051
87115	3	2	-	2	-	1	-	-	-	-	1	-	9
87116	18	5	2	3	5	2	3	-	-	-	5	-	43
87117	3	-	-	-	4	-	-	-	-	-	-	-	7
87119	14	11	3	4	2	7	1	-	1	-	1	-	44
87120	1,593	527	351	396	515	166	274	129	15	15	516	-	4,497
87121	6,904	2,585	1,755	1,762	3,156	970	940	456	88	33	1,040	-	19,689
87122	212	80	47	76	16	35	33	18	228	-	25	-	770
87123	2,917	938	631	707	805	414	454	194	59	23	617	-	7,759
87125	62	16	2	22	2	12	17	12	2	-	33	-	180
87128	-	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-	-
87131	12	5	-	1	-	-	-	1	-	-	-	-	19
87140	-	-	-	-	-	-	-	-	-	-	-	-	-
87151	75	77	2	62	3	9	14	1	5	-	45	-	293
87153	2	1	-	5	-	3	-	3	-	-	12	-	26
87154	35	14	22	6	3	3	2	1	-	-	7	-	93
87158	-	-	-	-	-	-	-	-	-	-	-	-	-
87176	28	12	13	3	6	7	4	4	-	-	6	-	83
87181	14	6	10	4	1	7	2	1	-	-	1	-	46
87184	15	6	2	1	1	-	1	-	-	-	-	-	26
87185	2	1	-	-	4	1	2	-	-	1	1	-	12
87187	6	1	-	-	-	1	2	-	-	-	1	-	11
87190	8	8	2	1	1	-	2	-	-	-	6	-	28
87191	9	-	-	-	-	2	2	-	-	-	3	-	16
87192	8	2	2	3	4	4	-	1	-	-	4	-	28
87193	24	7	1	6	2	4	7	1	-	-	10	-	62
87194	34	12	2	6	2	3	12	3	-	-	5	-	79
87195	54	12	9	16	9	3	4	2	-	-	11	-	120
87196	15	11	1	4	2	3	3	-	-	-	2	-	41
87197	28	13	6	14	1	12	8	-	1	-	2	-	85
87198	44	21	17	7	2	17	8	8	-	-	3	-	127
87199	27	5	7	4	1	7	1	5	-	-	7	-	64
Grand Total	32,479	11,721	7,456	8,870	9,928	4,663	5,098	2,344	663	174	8,818	-	92,214

Primary Reason for Bernalillo County Indigent Resident Visits

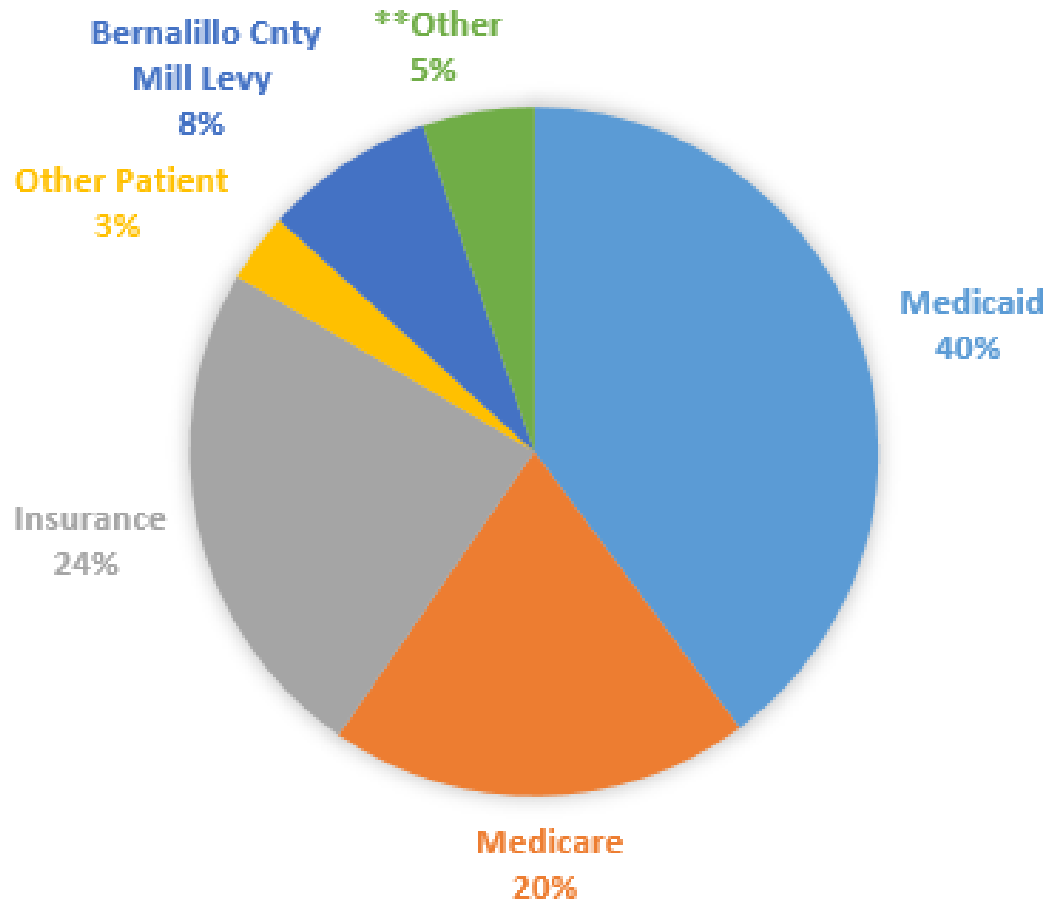
Totals are for each of the eight (8) quarters ended June 30, 2024.

Description	2024Q4	2024Q3	2024Q2	2024Q1	2023Q4	2023Q3	2023Q2	2023Q1
External causes of morbidity and mortality	5,377	5,380	3,941	3,929	4,216	5,989	5,849	4,160
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	4,273	3,290	2,352	2,401	2,277	3,167	3,066	2,046
Certain infectious and parasitic diseases	2,376	2,415	1,712	1,799	1,867	2,607	2,316	1,663
Diseases of the digestive system	2,386	2,271	1,676	1,751	1,886	2,545	2,374	1,702
Diseases of the musculoskeletal system and connective tissue	1,428	1,442	1,014	1,073	1,110	1,534	1,302	945
Diseases of the circulatory system	1,294	1,272	936	914	1,010	1,462	1,230	892
Congenital malformations, deformations and chromosomal abnormalities	1,289	1,201	921	1,023	1,064	1,326	1,327	998
Endocrine, nutritional and metabolic diseases	1,152	1,207	869	860	901	1,219	1,069	771
Injury, poisoning and certain other consequences of external causes	1,096	1,195	849	889	956	1,330	1,250	908
Diseases of the nervous system	866	1,109	739	507	645	1,102	1,302	547
undefined	978	993	677	680	722	1,022	979	652
Diseases of the skin and subcutaneous tissue	962	977	691	721	738	1,016	941	657
Mental and behavioural disorders	825	832	603	619	659	927	845	601
Diseases of the genitourinary system	642	690	512	534	568	772	687	516
Pregnancy, childbirth and the puerperium	632	599	471	451	481	618	561	417
Diseases of the respiratory system	515	518	330	356	382	535	461	327
Neoplasms	427	410	272	230	268	420	406	229
Factors influencing health status and contact with health services	278	331	238	207	264	369	339	215
Diseases of the ear and mastoid process	173	184	123	125	149	200	185	125
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	167	174	118	122	128	176	165	117
Codes for special purposes	42	68	106	51	59	102	239	162
Diseases of the eye and adnexa	26	23	16	16	17	25	24	29
Certain conditions originating in the perinatal period	2	1	1	1	1	0	0	1
	27,206	26,582	19,167	19,259	20,368	28,463	26,917	18,680

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 twelve (12) months ended June 30, 2024

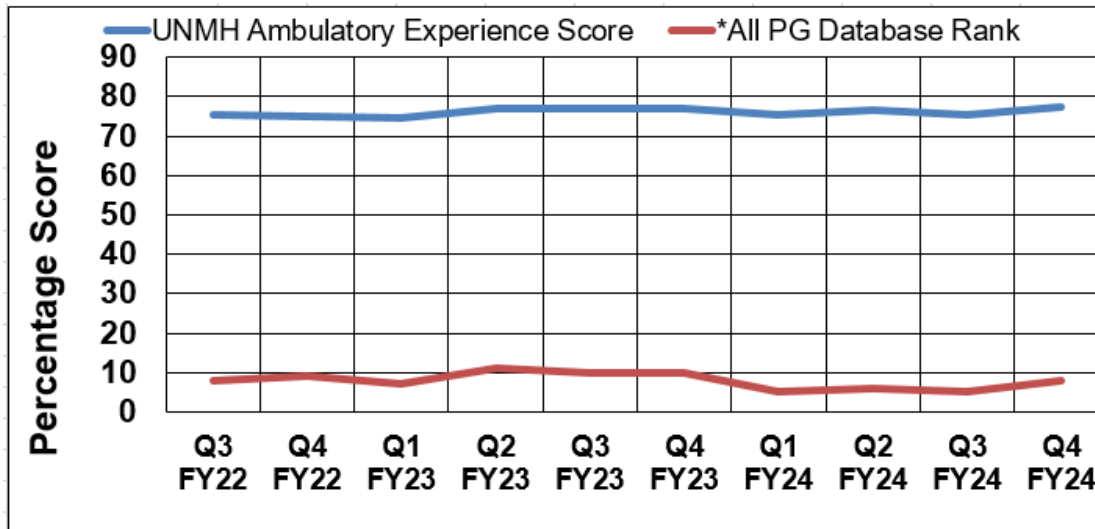
562,253	FY22 Actual (12 Months)
549,832	FY23 Actual (12 Months)
540,655	FY24 Actual (12 Months)

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

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

Clinic:	Location:	Hours:
Adult Urgent Care	Main Hospital - 1st Floor, 2211 Lomas Blvd NE	Monday - Sunday: 7am-6pm
Peds Urgent Care	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

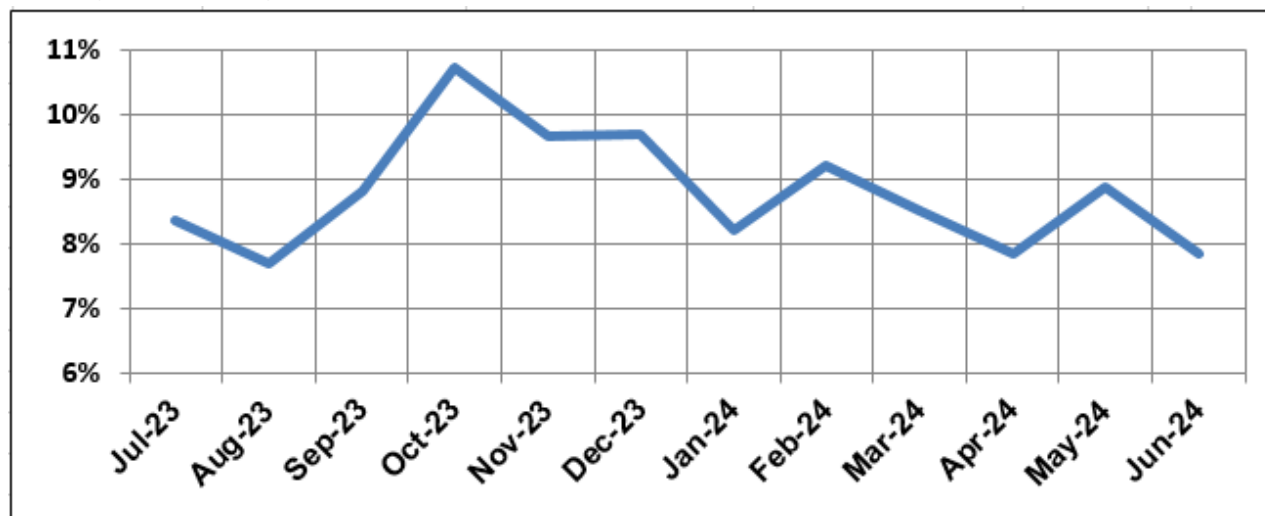


Quarter	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24
UNMH Ambulatory Experience Score	75.4	75.1	74.5	76.8	77.0	77.0	75.4	76.6	75.4	77.4
*All PG Database Rank	8.0	9.0	7.0	11.0	10.0	10.0	5.0	6.0	5.0	8.0

*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.



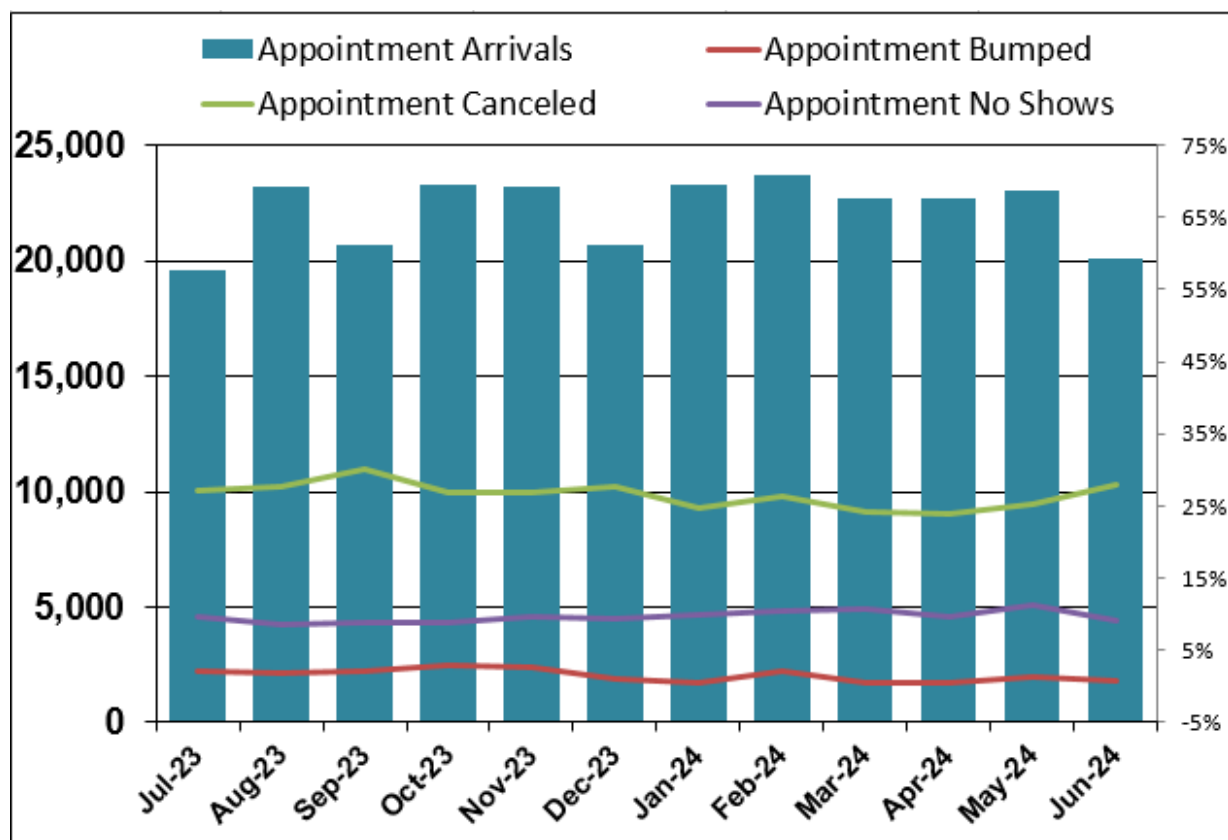
Month	Same Day	Total Arrived	Same Day Rate
Jul-23	1,194	14,269	8.4%
Aug-23	1,300	16,920	7.7%
Sep-23	1,317	14,926	8.8%
Oct-23	1,764	16,458	10.7%
Nov-23	1,480	15,342	9.6%
Dec-23	1,307	13,498	9.7%
Jan-24	1,343	16,337	8.2%
Feb-24	1,504	16,366	9.2%
Mar-24	1,347	15,863	8.5%
Apr-24	1,268	16,171	7.8%
May-24	1,440	16,214	8.9%
Jun-24	1,112	14,155	7.9%

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

Average	Primary Care Clinics
8.0%	1209 Clinic
4.9%	Alamo Primary Care Clinic
6.4%	Family Practice Clinic
0.9%	General Pediatric Clinic
6.3%	Northeast Heights Clinic
5.0%	Senior Health Center
5.2%	Southeast Heights Clinic
9.7%	Southwest Mesa Clinic
2.3%	SRMC FP Clinic
5.7%	UH 4th Street NV Clinic
10.9%	UH Atrisco Heritage
49.5%	UNM Lobocare Clinic
6.2%	UNMMG Family Health Grande
4.6%	Westside Clinic
7.4%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

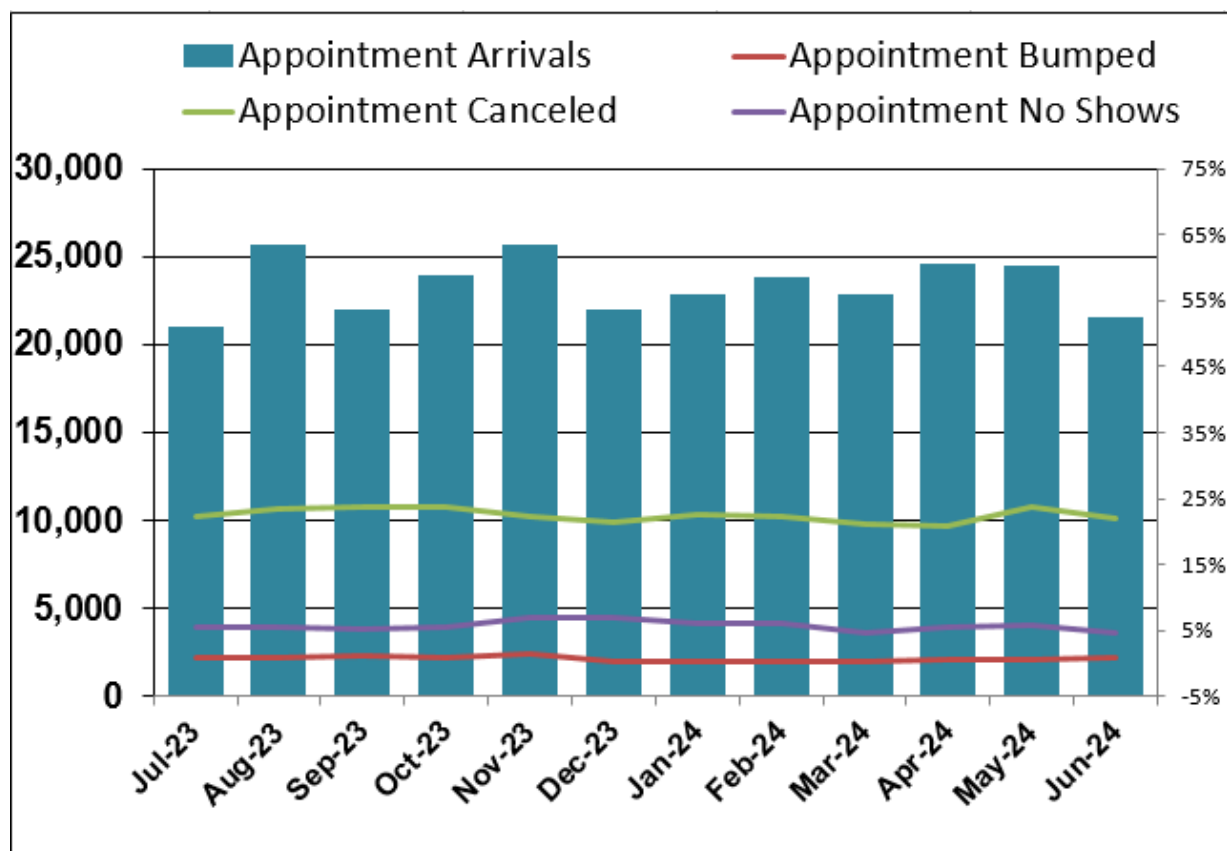
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
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%
Apr-24	22,721	1%	24%	10%
May-24	23,003	1%	25%	11%
Jun-24	20,062	1%	28%	9%

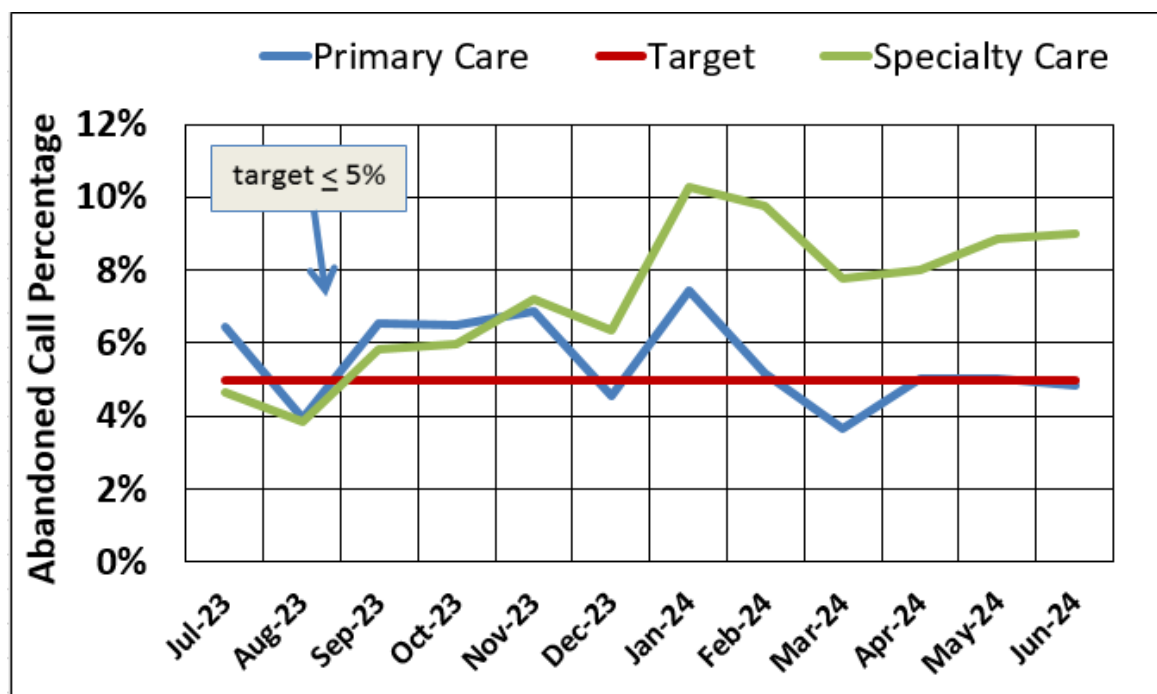
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
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%
Apr-24	24,649	0%	21%	5%
May-24	24,492	1%	24%	6%
Jun-24	21,583	1%	22%	5%

Percentage Abandoned Phone Calls for Primary and Specialty Care

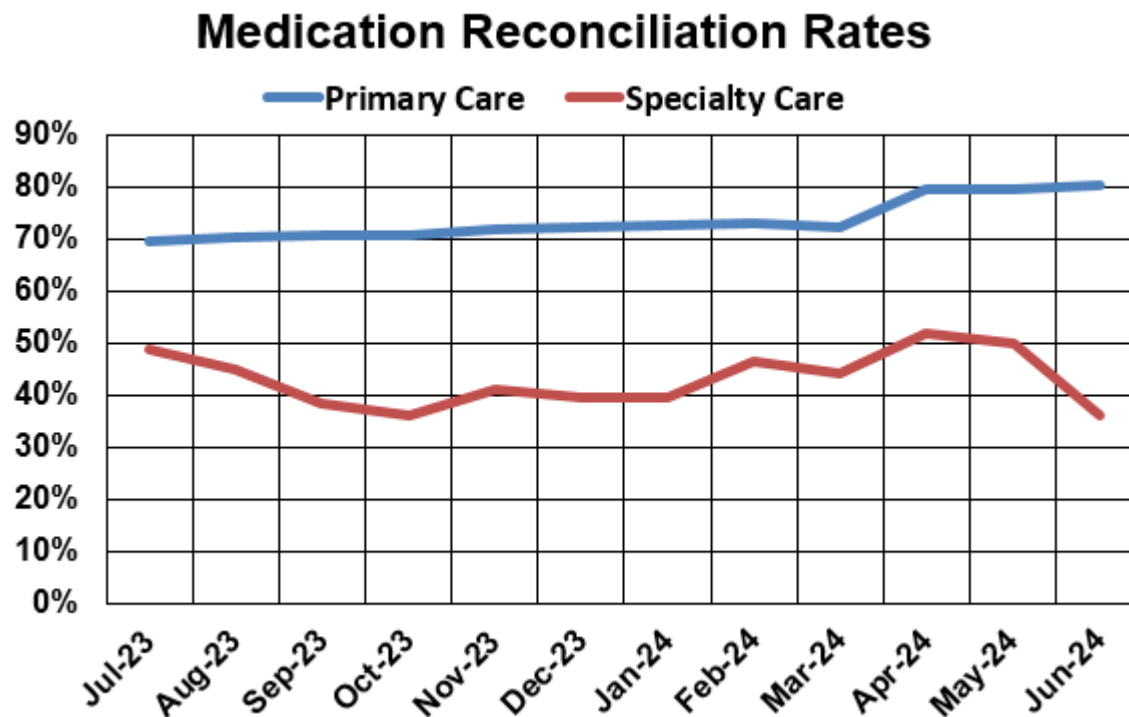


Area: Month	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Jul-23	6.44%	4.67%	5%
Aug-23	3.95%	3.83%	5%
Sep-23	6.55%	5.83%	5%
Oct-23	6.49%	5.98%	5%
Nov-23	6.87%	7.18%	5%
Dec-23	4.54%	6.37%	5%
Jan-24	7.46%	10.27%	5%
Feb-24	5.17%	9.77%	5%
Mar-24	3.67%	7.76%	5%
Apr-24	5.02%	8.02%	5%
May-24	5.03%	8.88%	5%
Jun-24	4.83%	9.01%	5%

Medication Reconciliation Goals Primary and Specialty Care

National Patient Safety Goal :

UNH Medication Reconciliation Rates for Primary Care and Specialty Care.



Month	Primary Care	Specialty Care
Jul-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%
Apr-24	79.4%	51.8%
May-24	79.6%	49.9%
Jun-24	80.4%	36.2%

Percentage of Patients with Access to Electronic Medical Record

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

As of July 1, 2024.

446,193	Invitations sent out to patients who provided an email address.
205,160	Patients who have claimed invitation to sign up.
5,416	Patients who have self enrolled directly without an invitation.
179,968	*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).

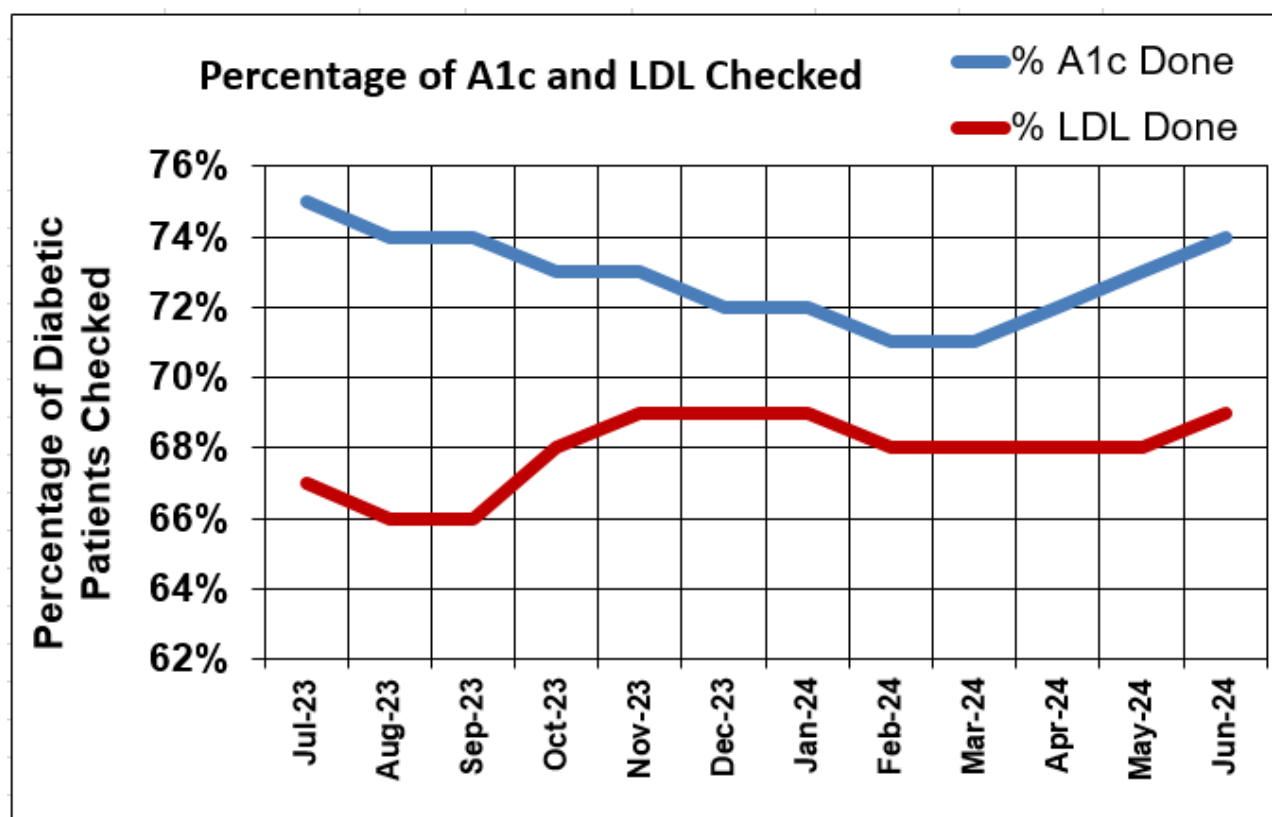
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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
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%
Apr-24	8,559	6,153	72%	5,797	68%
May-24	8,492	6,167	73%	5,796	68%
Jun-24	8,514	6,279	74%	5,859	69%

C. FINANCIAL SERVICES

UNM Care Enrollment and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Medicaid applications completed at
Jul-23	4,484	283
Aug-23	4,244	78
Sep-23	4,195	108
Oct-23	4,654	130
Nov-23	4,463	101
Dec-23	4,797	155
Jan-24	4,527	97
Feb-24	4,316	138
Mar-24	4,374	104
Apr-24	3,491	309
May-24	4,544	242
Jun-24	5,002	204

Total Uncompensated Care – Charity Care and Uninsured

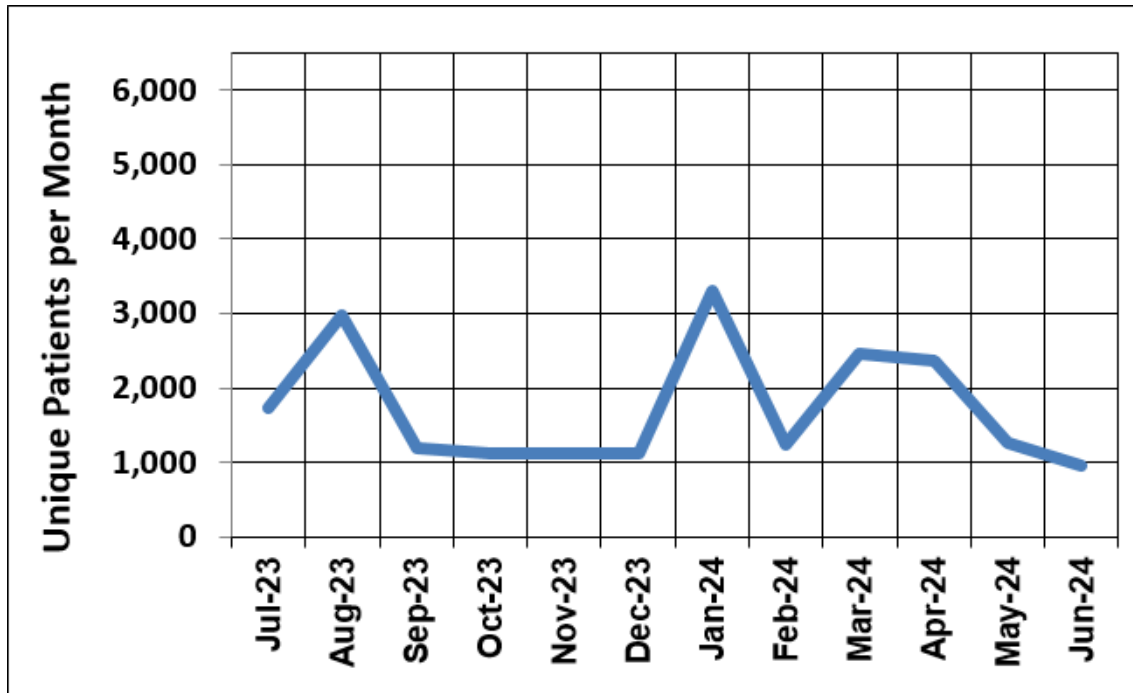
For the twelve (12) months ended June 30, 2024, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census Encounters	22,700	10,783	33,483
Cost	\$ 45,138,259	\$ 20,610,070	\$ 65,748,329

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

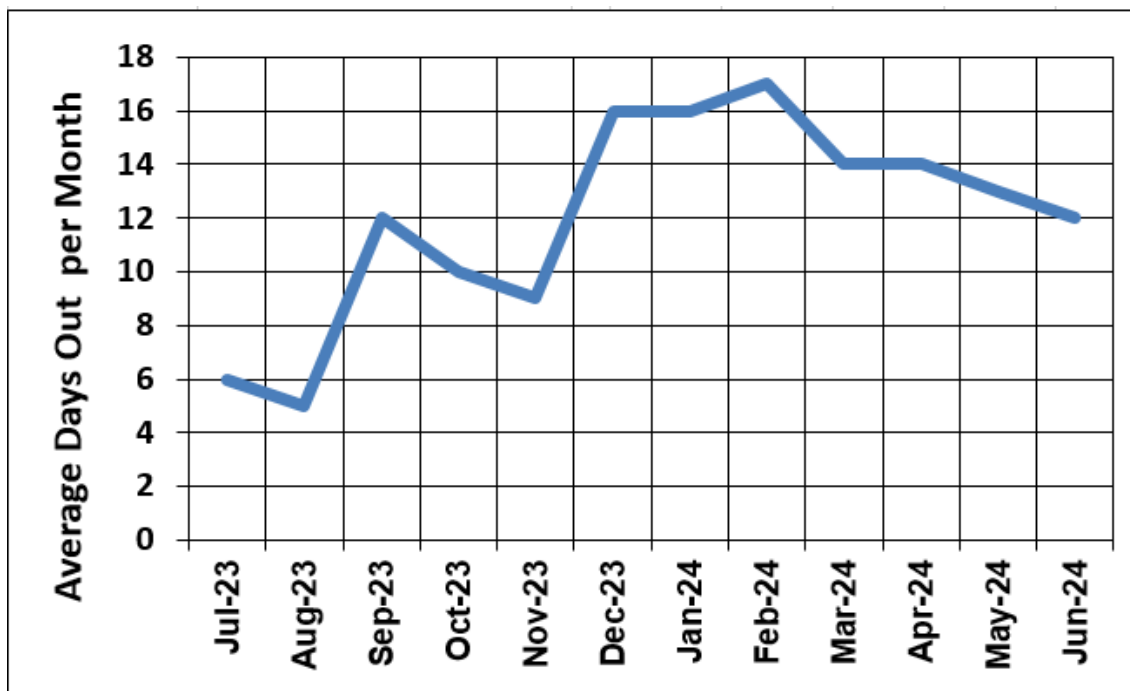
Number of Unique Patients Sent to Collections

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



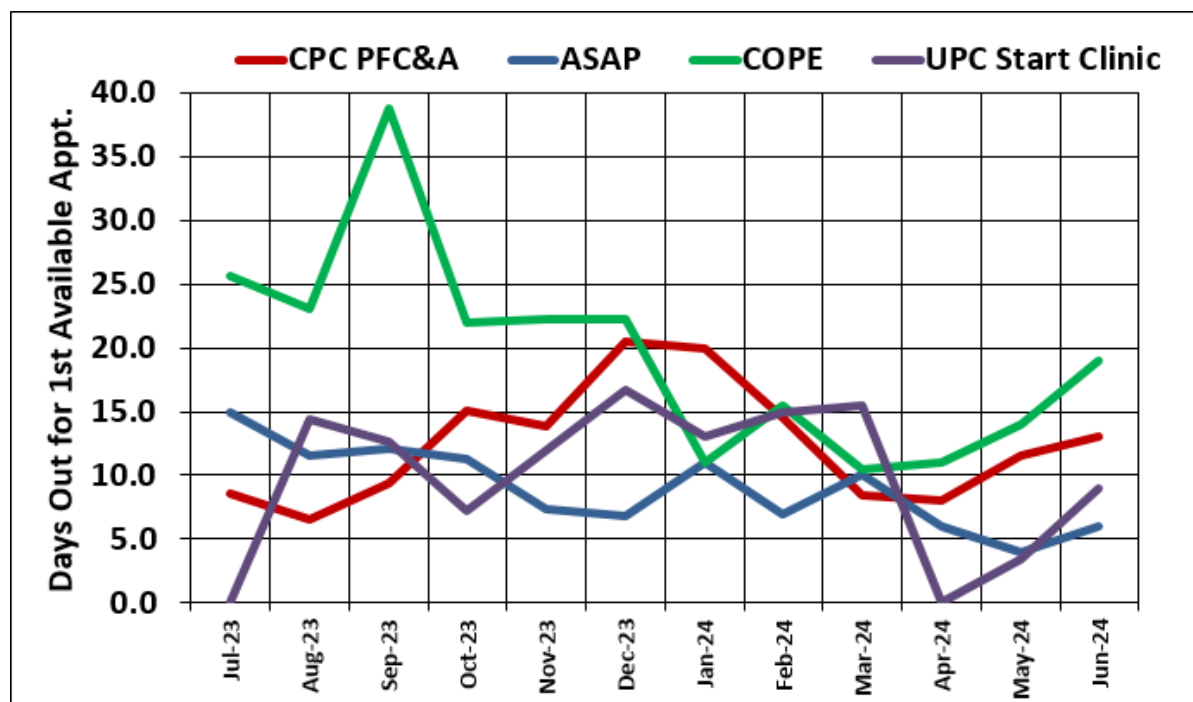
Days Out For Scheduling Financial Assistance Appointment

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



D. BEHAVIORAL HEALTH

Average Appointment Time for BH Outpatient Services



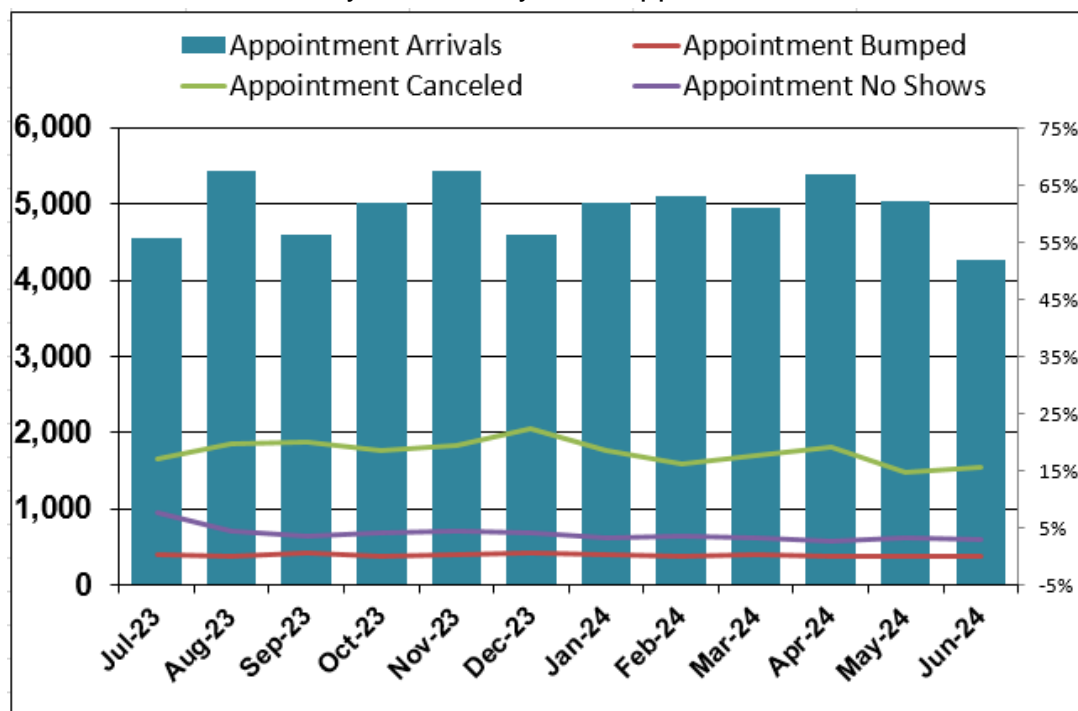
Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Jul-23	8.5	15.0	25.7	0.0
Aug-23	6.5	11.6	23.1	14.4
Sep-23	9.4	12.1	38.7	12.6
Oct-23	15.1	11.3	21.9	7.3
Nov-23	13.8	7.4	22.3	12.0
Dec-23	20.4	6.9	22.3	16.7
Jan-24	20.0	11.0	11.0	13.0
Feb-24	14.5	7.0	15.5	15.0
Mar-24	8.5	10.0	10.5	15.5
Apr-24	8.0	6.0	11.0	0.0
May-24	11.5	4.0	14.0	3.5
Jun-24	13.0	6.0	19.0	9.0

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.



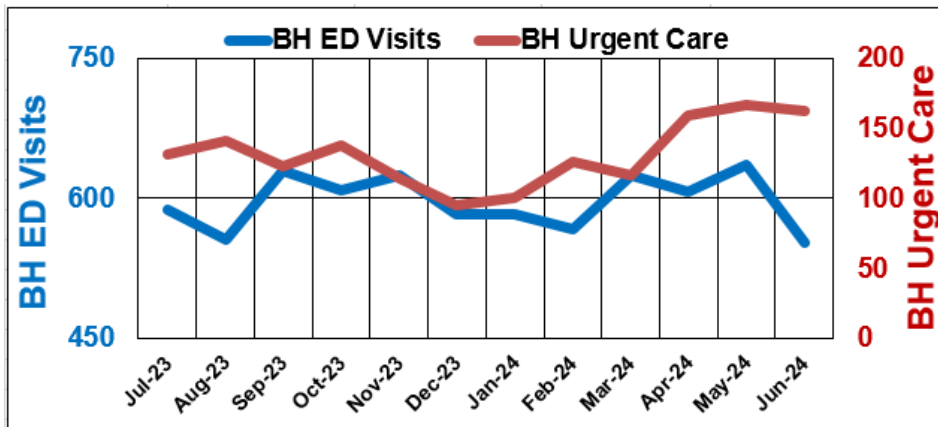
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-23	4,564	0%	17%	8%
Aug-23	5,428	0%	20%	5%
Sep-23	4,594	1%	20%	4%
Oct-23	5,016	0%	19%	4%
Nov-23	5,428	0%	19%	4%
Dec-23	4,594	1%	22%	4%
Jan-24	5,022	0%	19%	3%
Feb-24	5,100	0%	16%	4%
Mar-24	4,943	0%	18%	3%
Apr-24	5,393	0%	19%	3%
May-24	5,041	0%	15%	3%
Jun-24	4,279	0%	15%	3%

Number of Unique Outpatients and Number of Encounters CY2023

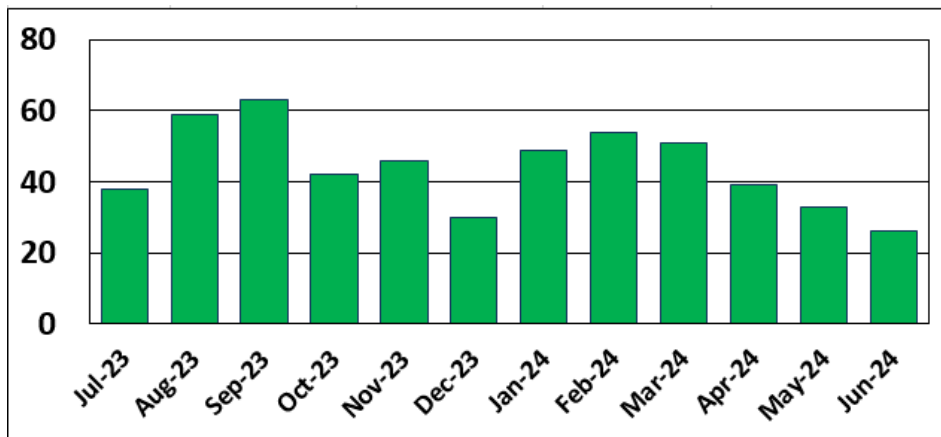
Calendar Year 2023 BH Inpatient		
Patient Group	Patients Served	Total Encounters
BH UPC Inpatient*	743	1,201
BH CPC Inpatient	550	664

* Excluding all Suboxone and Methadone Visits

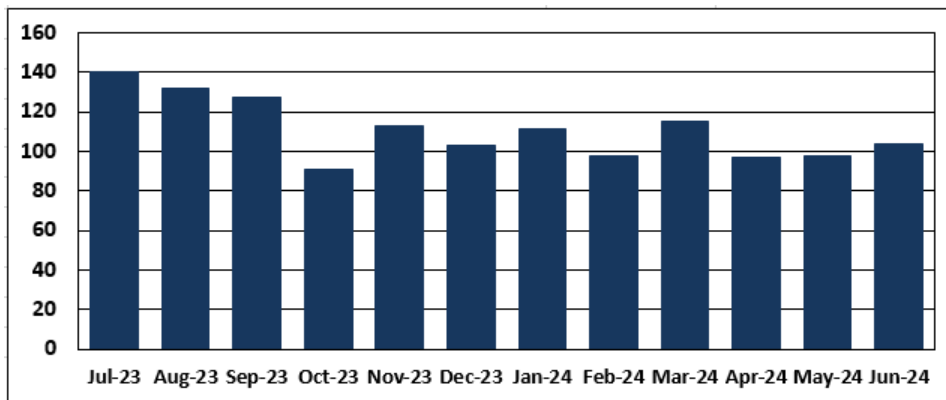
Psychiatric Emergency Department and Urgent Care Encounters



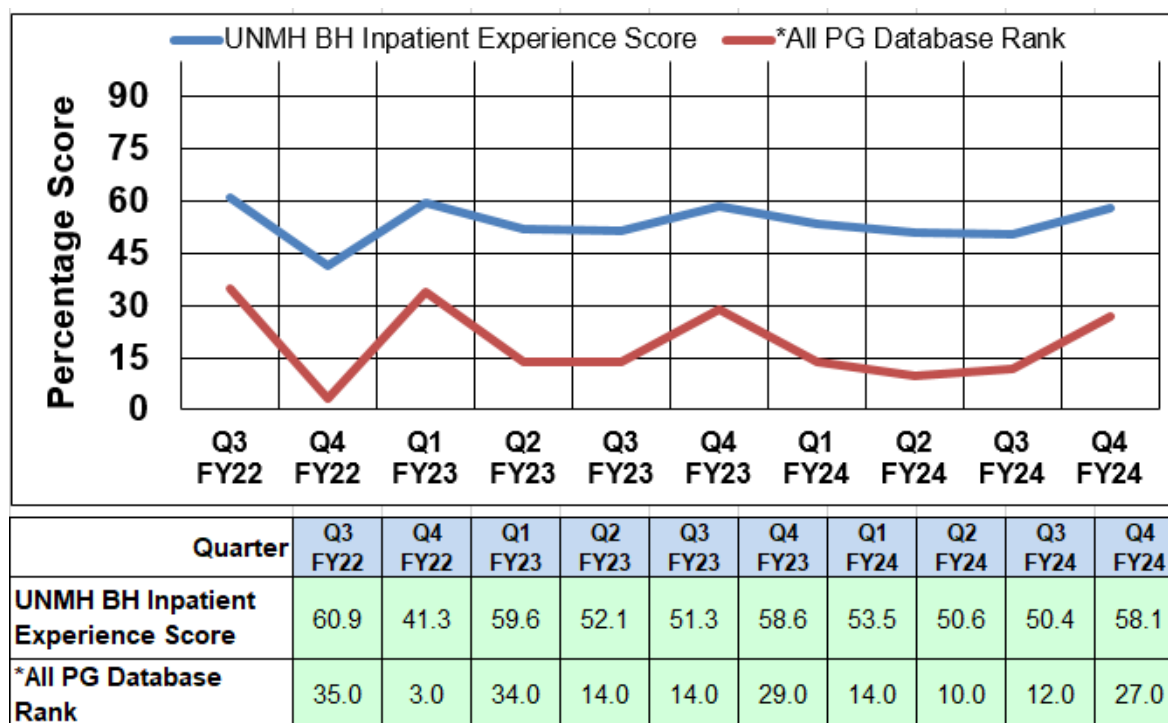
Number of Fast Track Patients Seen



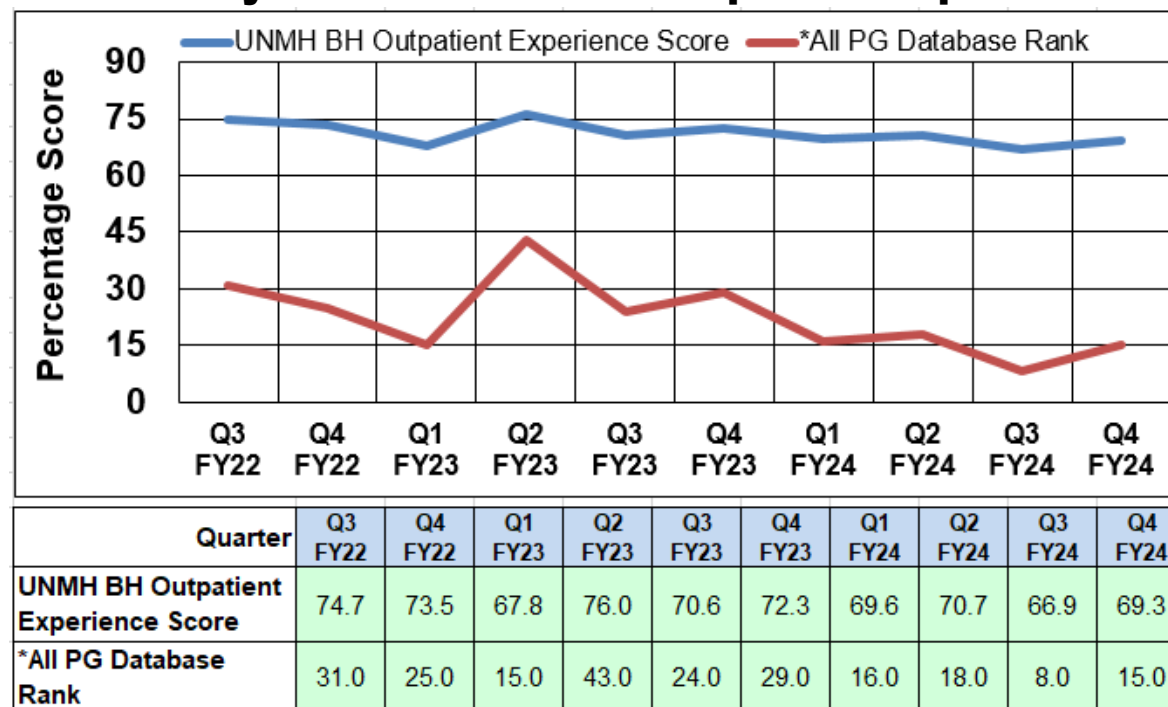
Law Enforcement Drop offs at Psychiatric Emergency Services



Press Ganey Behavioral Health Inpatient Experience Score

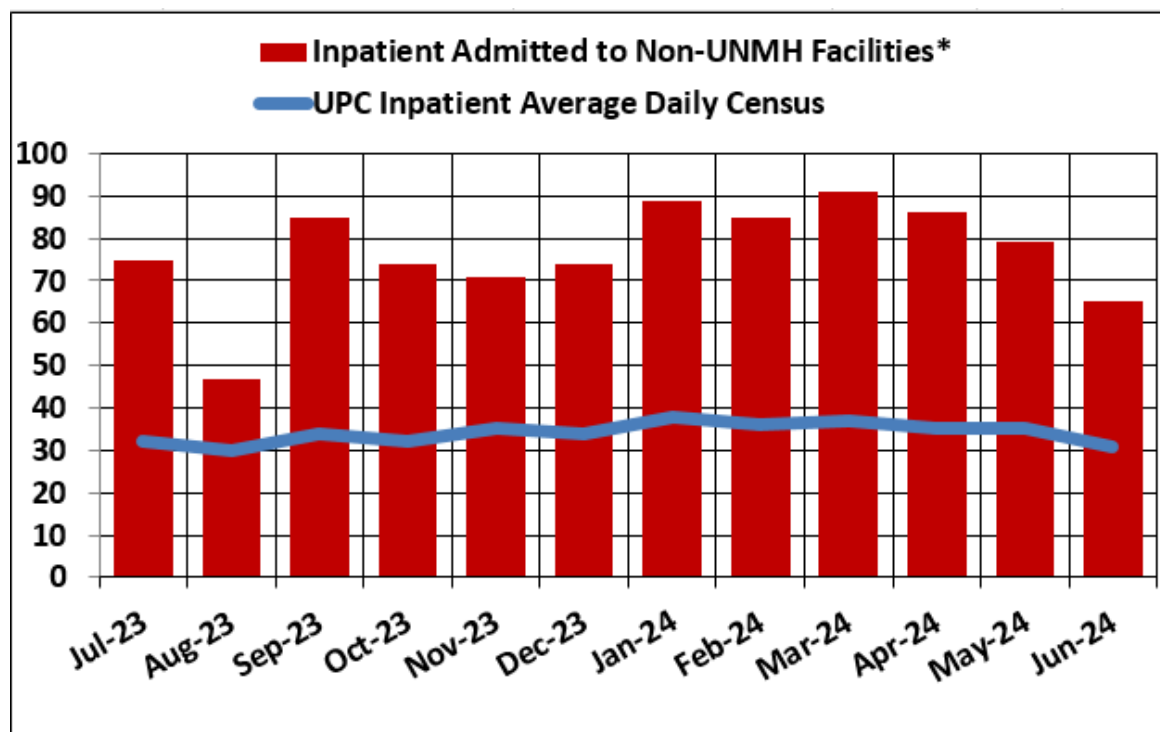


Press Ganey Behavioral Health Outpatient Experience Score



*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.

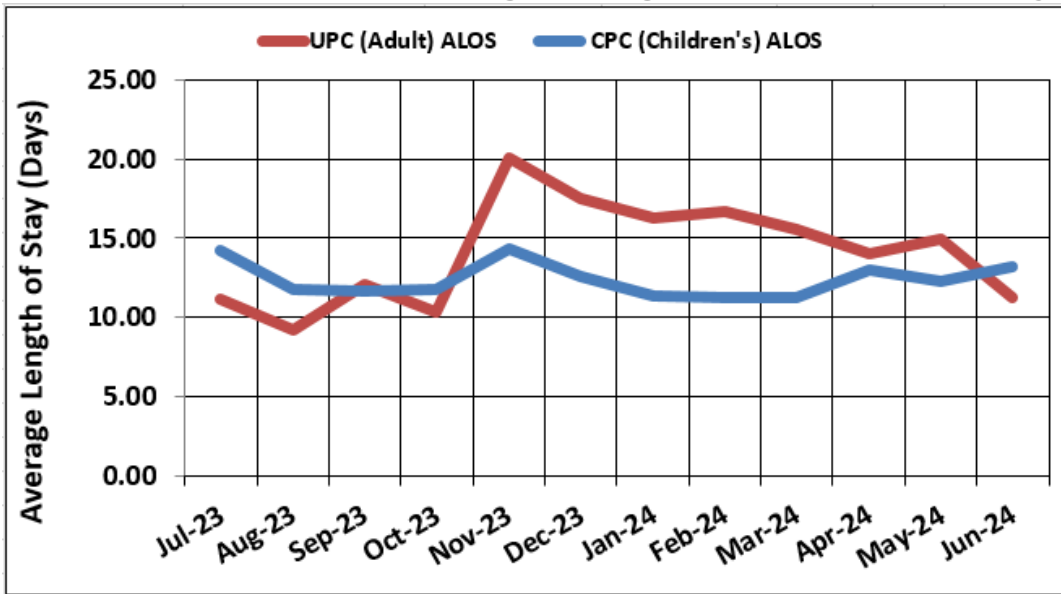
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



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

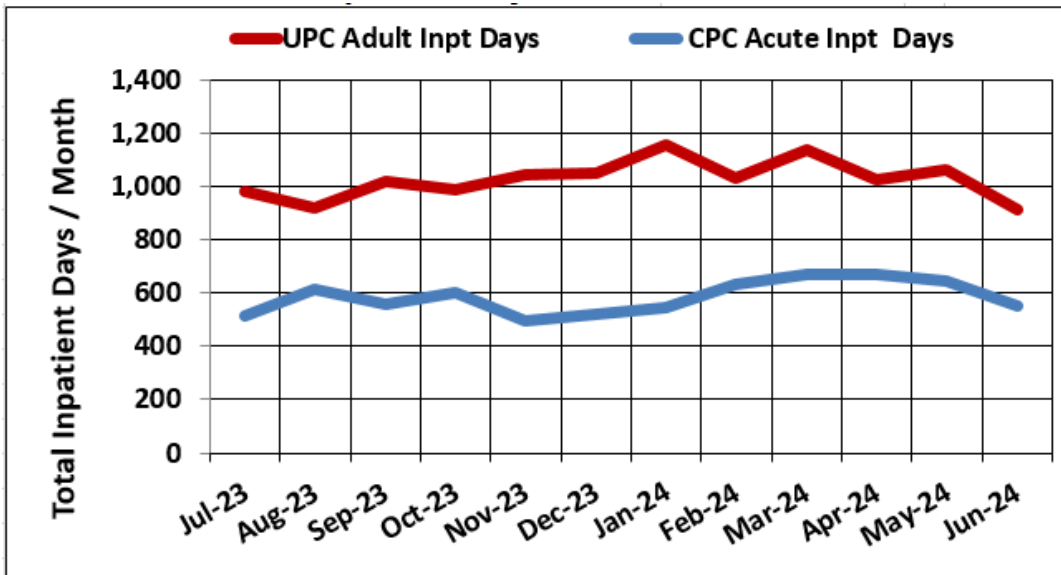
*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC) Average Child National Benchmark: **12.31**
 University Psychiatric Center (UPC) Average Adult National Benchmark: **8.37**

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	9,559

Total Opioid Patients

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

Total Methadone Encounters

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

Number of Methadone and Suboxone Doses *

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

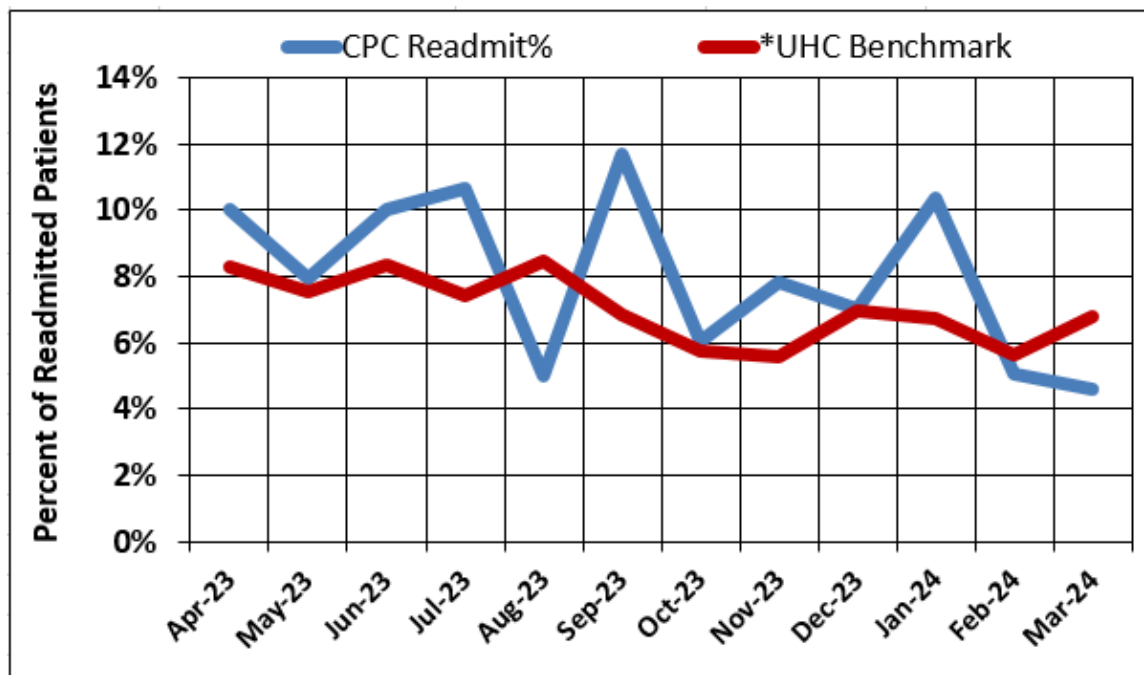
Total Suboxone Encounters

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

*The total number of Methadone and Suboxone doses per month includes all of the Methadone Liquid doses distributed at ASAP, Suboxone Dispensed at ASAP and all of the prescriptions from the UNM System for buprenorphine-naloxone (Suboxone) doses dispensed through the UNMH pharmacies.

30 Day Readmission Rate – Children’s Psychiatric Center (CPC)

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

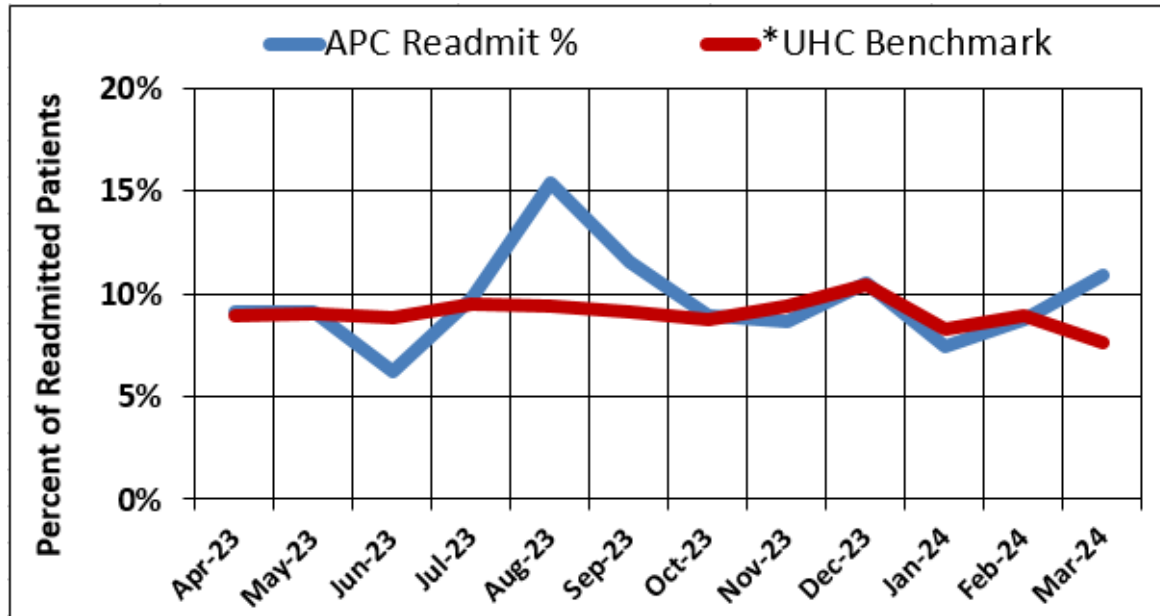


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-23	40	4	10.0%	8.3%
May-23	63	5	7.9%	7.5%
Jun-23	50	5	10.0%	8.3%
Jul-23	47	5	10.6%	7.4%
Aug-23	60	3	5.0%	8.5%
Sep-23	60	7	11.7%	6.8%
Oct-23	66	4	6.1%	5.7%
Nov-23	51	4	7.8%	5.6%
Dec-23	57	4	7.0%	7.0%
Jan-24	58	6	10.3%	6.8%
Feb-24	59	3	5.1%	5.6%
Mar-24	65	3	4.6%	6.8%

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

30 Day Readmission Rate – Adult Psychiatric Center

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

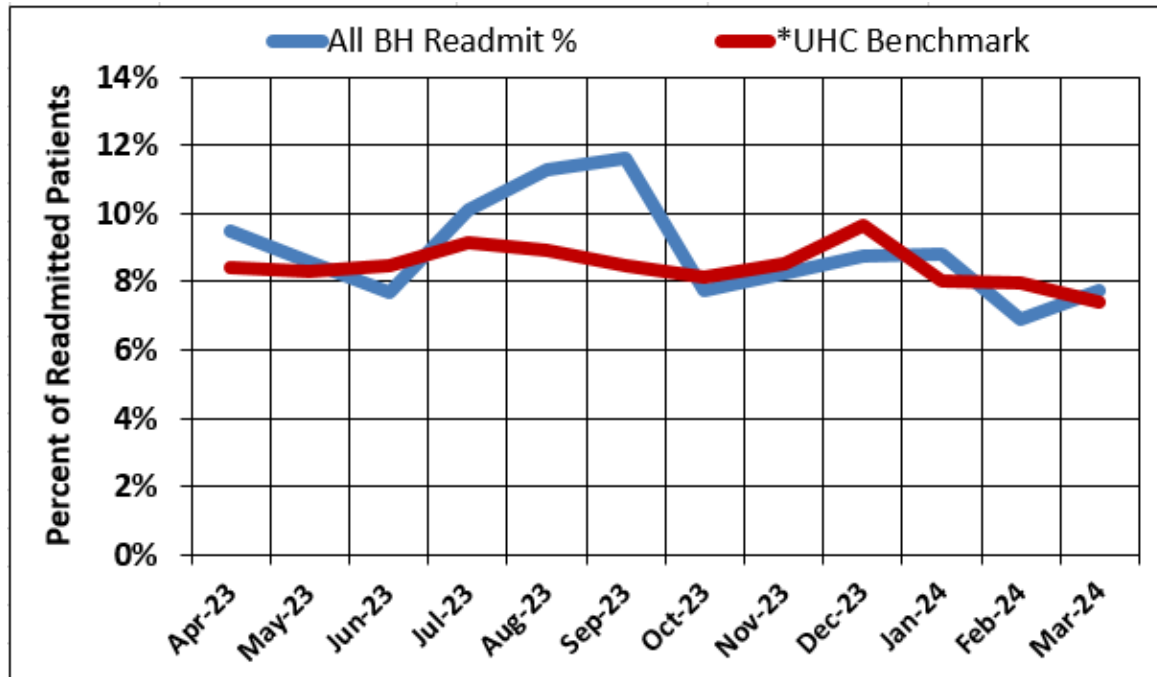


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-23	55	5	9.1%	8.9%
May-23	77	7	9.1%	9.0%
Jun-23	80	5	6.3%	8.9%
Jul-23	82	8	9.8%	9.5%
Aug-23	91	14	15.4%	9.4%
Sep-23	78	9	11.5%	9.1%
Oct-23	89	8	9.0%	8.8%
Nov-23	46	4	8.7%	9.4%
Dec-23	57	6	10.5%	10.5%
Jan-24	67	5	7.5%	8.3%
Feb-24	57	5	8.8%	9.0%
Mar-24	64	7	10.9%	7.7%

*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

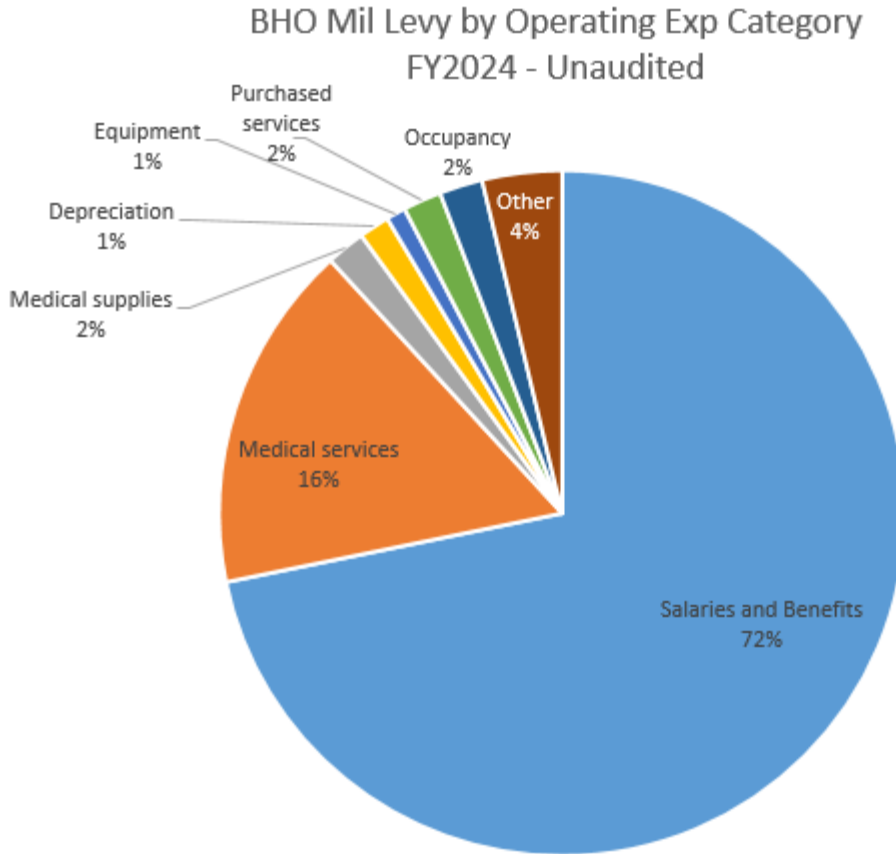
There is a three (3) month delay in Vizient data, so statistics are one quarter behind.



Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
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	10	8.8%	9.6%
Jan-24	125	11	8.8%	8.0%
Feb-24	116	8	6.9%	8.0%
Mar-24	129	10	7.8%	7.4%

*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

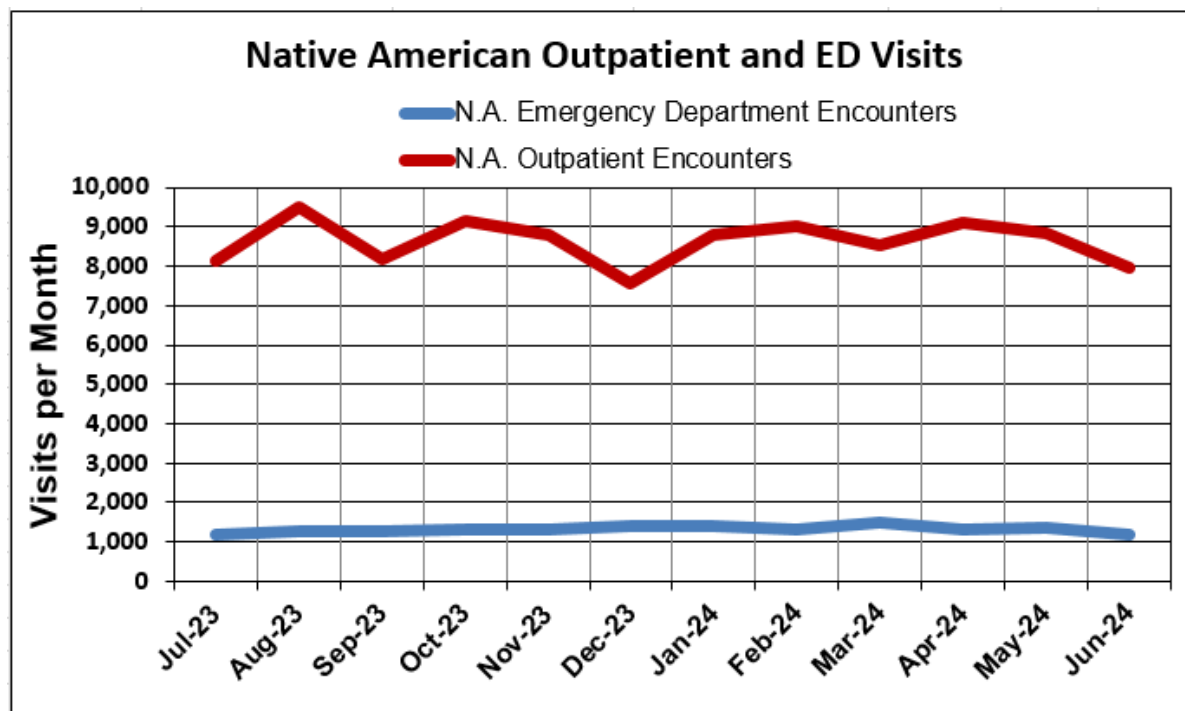


FY2024	
Salaries and Benefits	\$ 13,736,646
Medical services	3,142,802
Medical supplies	351,458
Depreciation	275,787
Equipment	176,119
Purchased services	345,167
Occupancy	389,953
Other	718,814
Total Expense	\$ 19,136,747

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

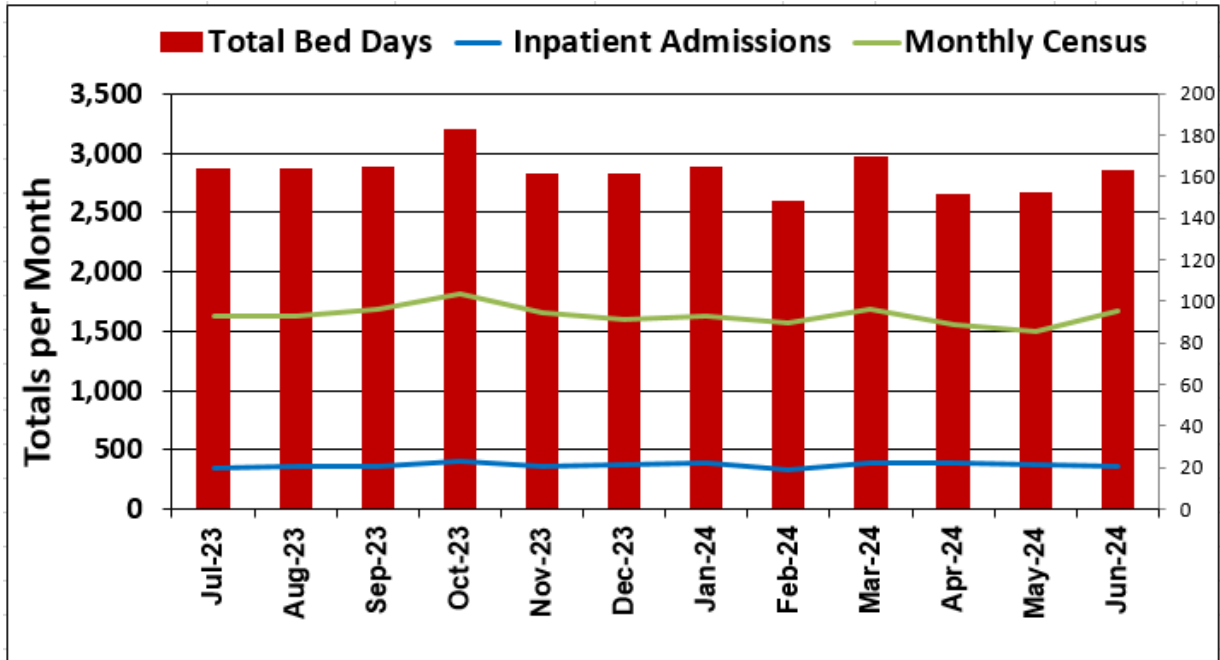
E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
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
Apr-24	34	1,326	9,097
May-24	33	1,380	8,842
Jun-24	37	1,177	7,969

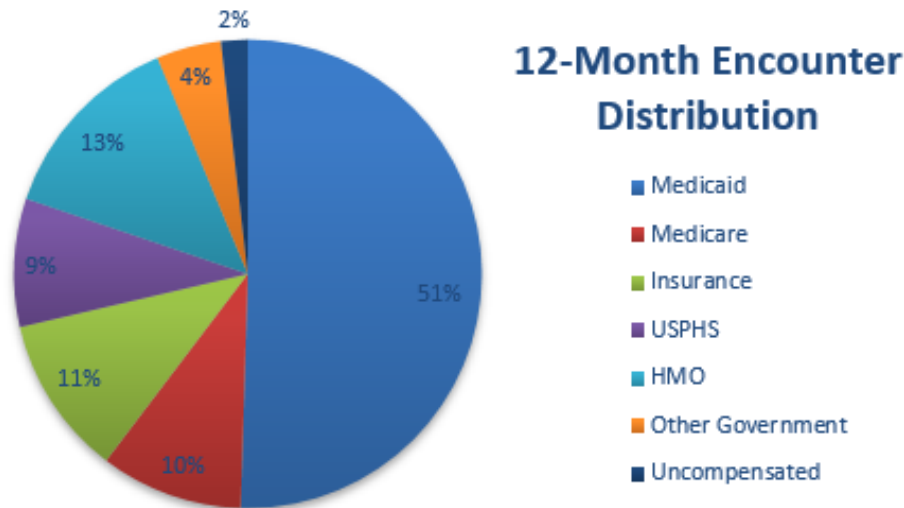
Native American Bed Days and Monthly Inpatient Census



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

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
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
Apr-24	5,431	1,152	1,267	957	1,539	487	129
May-24	5,440	1,095	1,202	895	1,556	441	127
Jun-24	4,580	966	1,123	943	1,391	446	133
TOTAL	62,797	12,255	13,701	10,998	16,769	5,568	2,283
	50%	10%	11%	9%	13%	4%	2%

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.	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. Materials and Website recently updated.	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. There has been a significant expansion of discharge resources at MDC.	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.	
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 - June 2024
UNM Lease MOU with Bernalillo County - Exhibit C

The following semi-annual goals are prepared in response to Exhibit A, item A4 that enables Bernalillo County and the Indian Health Services to have input and to comment on the semi-annual goals for each section of Exhibit A. (Priorities from previous period are continued forward after all parties reviewed June 2024)

Exhibit A Reporting Area - Reporting and Interaction

Semi- Annual Focus Areas January 2024-June 2024	Status Update as of June 2024
<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 2024 and is available online at; https://hsc.unm.edu/health/about/community-health-needs-assessment.html.</p> <p>Public listening sessions held in 2023 with Bernalillo County related to the upcoming 2024 Mil Levy were utilized for input into the Community Health Needs Assessment.</p>
<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 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, and is working with the County and community partners on a closed loop referral system (Unite Us).</p> <p>UNMH is currently working on expanded Behavioral Health programing within the UNMH infrastructure in the form of, Crisis Triage Center opening, and development of a Comprehensive Community Behavioral Health Center (CCBHC).</p>