



QUARTERLY REPORT September, 2024

Bernalillo County Commissioner Trend Report

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A. ACCOUNTABILITY

Balance Sheet

Statements of Net Position

(In Thousands)

	September 2024	Unaudited June 2024
Assets		
Cash and marketable securities	\$ 457,494	\$ 365,258
Cash restricted for donor specified expenses	21,283	22,338
Patient receivables, net	208,613	189,107
Other receivables and current assets	220,332	224,646
Capital assets, net	981,166	966,276
Restricted for mortgage reserve, bonds	38,835	35,976
Other noncurrent assets	34,851	35,110
Total assets	1,962,574	1,838,711
Liabilities		
Accounts payable	68,771	82,681
Payable to related parties (UNM)	117,793	55,512
Interest payable bonds	595	59
Other accrued current liabilities	414,096	357,342
Bonds payable, non current	54,795	54,795
Mortgage Payable - NHT	301,257	276,877
Other long term liabilities	36,214	38,203
Total liabilities	993,521	865,469
Net Position		
Restricted for expendable grants, bequests, and contributions	21,283	22,338
Restricted for trust indenture and debt agreement	38,822	35,963
Assets invested in capital	506,652	511,901
Unrestricted from operations	402,296	403,040
Total net assets	\$ 969,053	\$ 973,242
Current Ratio	1.51	1.62
Days Cash on Hand**	93.57	77.92

**Days cash on hand is calculated on unrestricted cash

Income Statement

UNM HOSPITALS

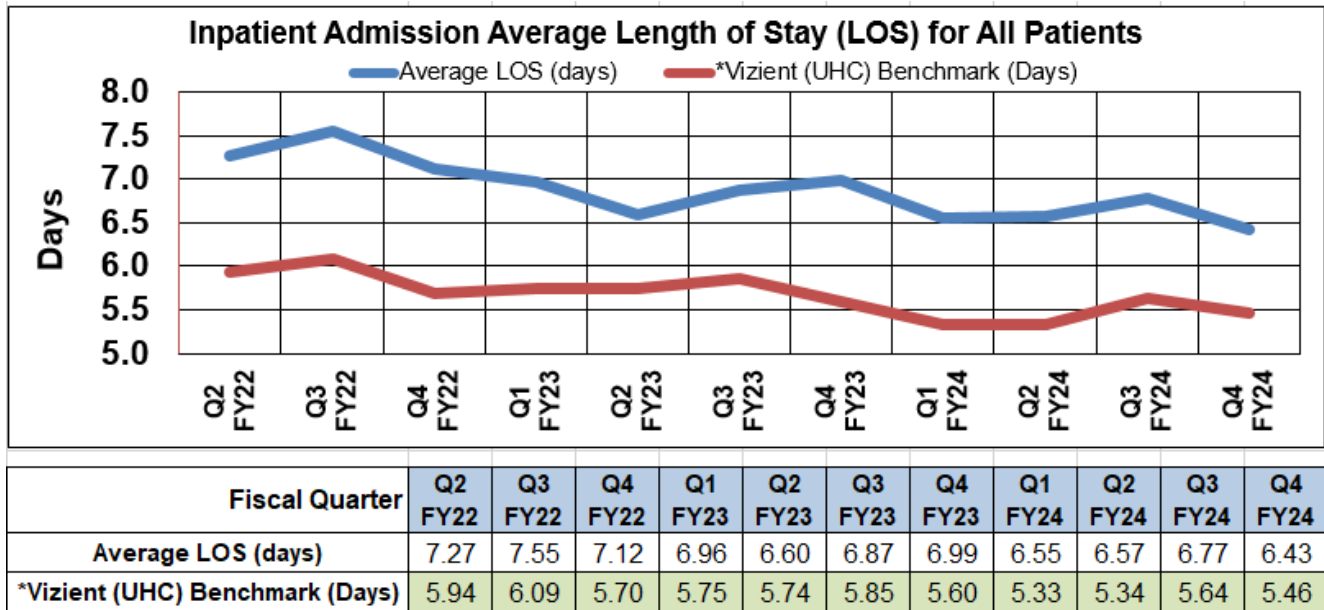
Statements of Revenues, Expenses, and Changes in Net Assets
For the three (3) months ended September 30, 2024

<i>(In Thousands)</i>	<u>September</u>
Operating revenues:	
Net Patient Service	\$ 397,291
Other	17,197
Total Operating Revenues	<u>414,488</u>
Operating expenses:	
Employee Compensation and Benefits	214,372
UNM School of Medicine Medical Services	58,074
Medical Services Oncology	9,998
Medical Services non-SOM	13,771
Medical Supplies	66,806
Oncology Drugs	16,019
Occupancy/Equipment	22,538
Depreciation	11,280
Purchased Services	26,249
Gross Receipts Tax	8,443
Other	9,878
Total Operating Expenses	<u>457,427</u>
Operating loss	<u>(42,939)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	31,878
Sandoval County Mill Levy	2,157
State Appropriation	5,343
Capital Appropriation	296
Interest Expense	(535)
Other Revenue and (Expense)	(387)
Net Nonoperating Revenues	<u>38,752</u>
Total Increase in Net Assets	<u>(4,188)</u>

Mill Levy Distribution Detail by Department FY2024

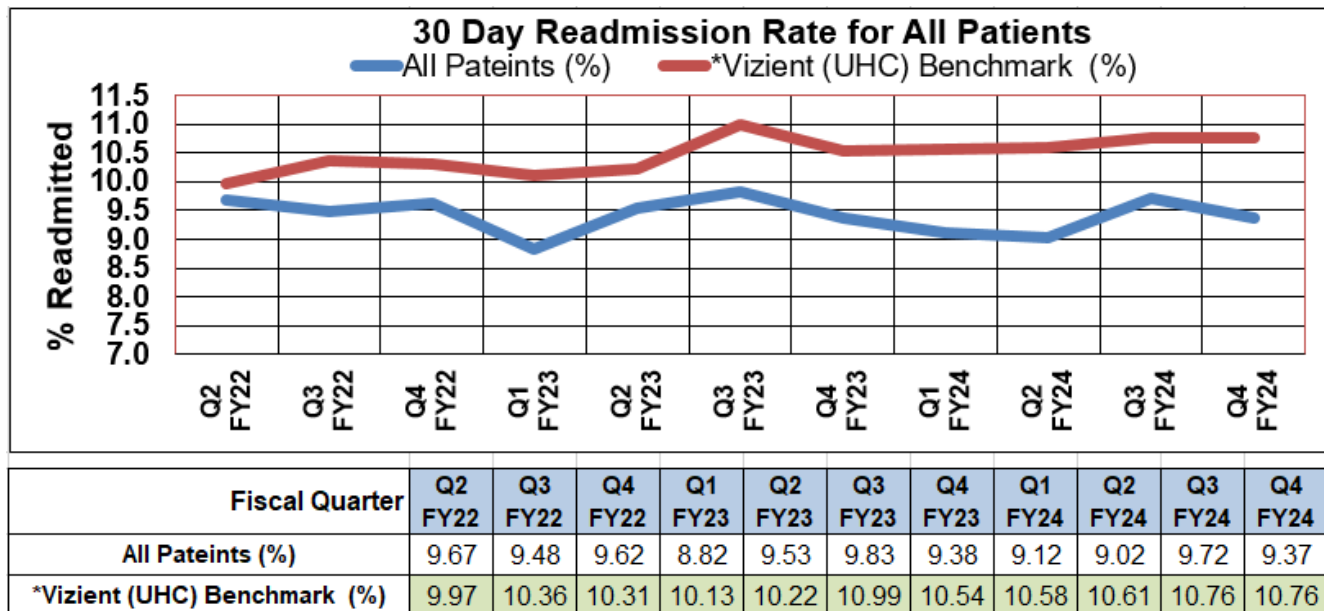
		(Unaudited)
Total Bernalillo County Mill Levy		\$ 127,578,314.00
Note: 15% of the Mill Levy is allocated to Behavioral Health (see pg. 43)		
UNMH - 85%		
Mill Levy	\$	108,441,567
Expenses		Total Spending
<i>Facilities</i>		
Facilities Maintenance	\$	24,784,823
Environmental Services		14,729,715
Insurance		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



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

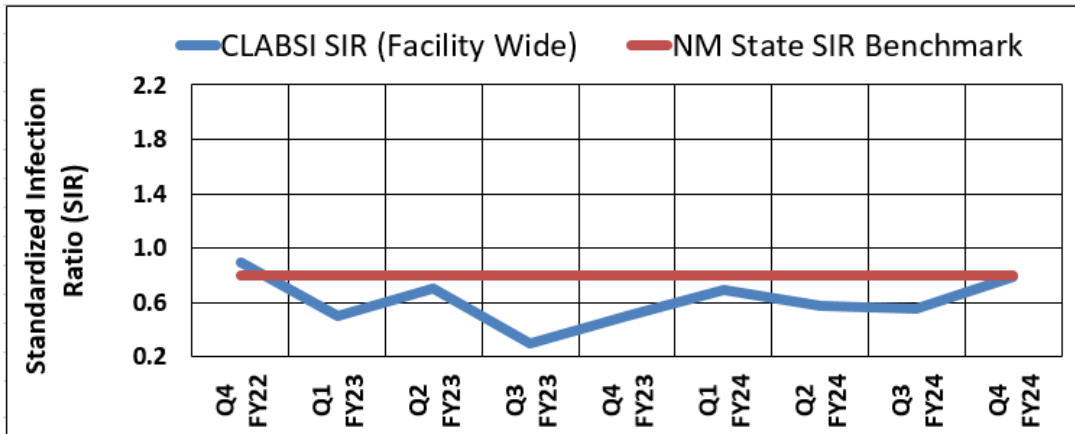
30 Day Readmission for All Patients



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

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

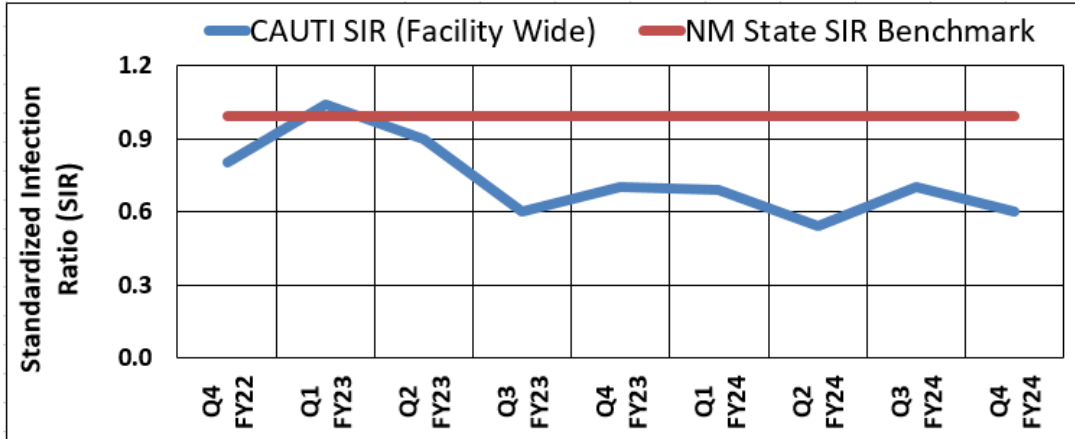
Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24
CLABSI SIR (Facility Wide)	0.90	0.50	0.70	0.30	0.50	0.69	0.58	0.56	0.79
NM State SIR Benchmark	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
CLABSI Count	10	4	8	3	5	7	6	6	8
*NHSN Expected	11.5	8.1	11.1	10.1	10.2	10.2	10.4	10.8	10.0

Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection



Catheter-Associated Urinary Tract Infection (CAUTI)	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24
CAUTI SIR (Facility Wide)	0.80	1.04	0.90	0.60	0.70	0.69	0.54	0.70	0.60
NM State SIR Benchmark	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99
CAUTI Count	12	11	11	7	8	9	7	9	7
*NHSN Expected	15.3	10.5	12.5	12.1	12.2	13.0	12.9	13.2	11.5

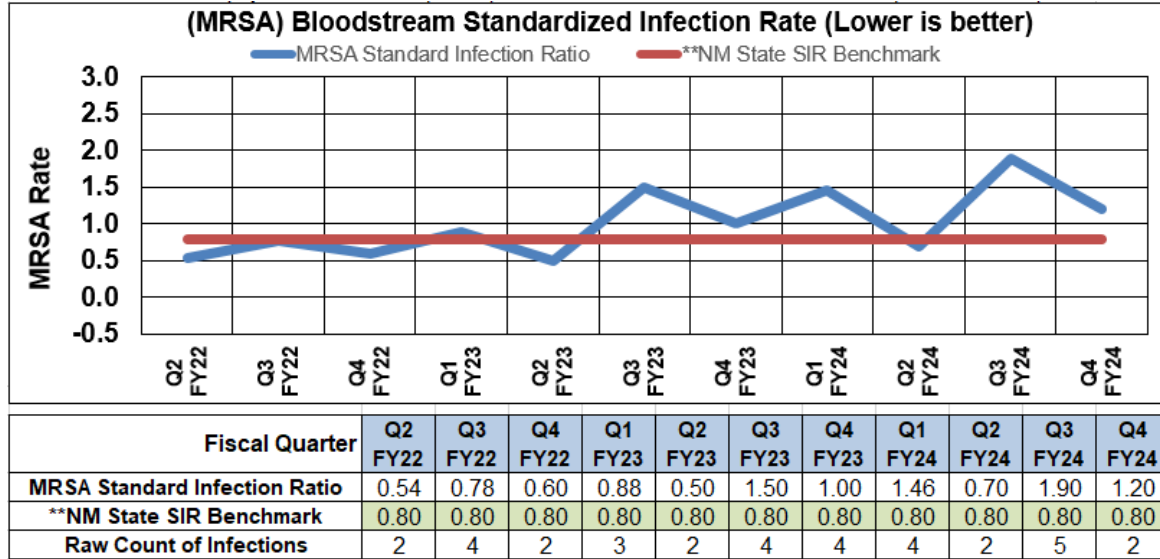
Catheter data is delayed by one quarter.

*NHSN = National Healthcare Safety Network.

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

MRSA Bloodstream Standardized Infection Rate

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



MRSA data is delayed by one quarter.

**NM State Standardized Infection Ratio (SIR) Benchmark based off of 2022 Healthcare Associated Infection (HAIs) Data

Total Number of Inpatient Days

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

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

FY25 Projected is based on the previous (12) months ended September 30, 2024

Inpatient Days	FY23 Actual	FY24 Actual	FY25 Projected
Adult	133,431	136,985	136,665
Pediatric	38,961	37,020	35,937
Newborn	5,057	5,192	5,168
Total Inpatient Days	177,449	179,197	177,770

Nursing Hours of Care

	FY23 June, 2023	FY24 June, 2024	FY25 Sep, 2024
UNMH Nursing Hours of Care Per Patient*	15.38	16.02	16.68

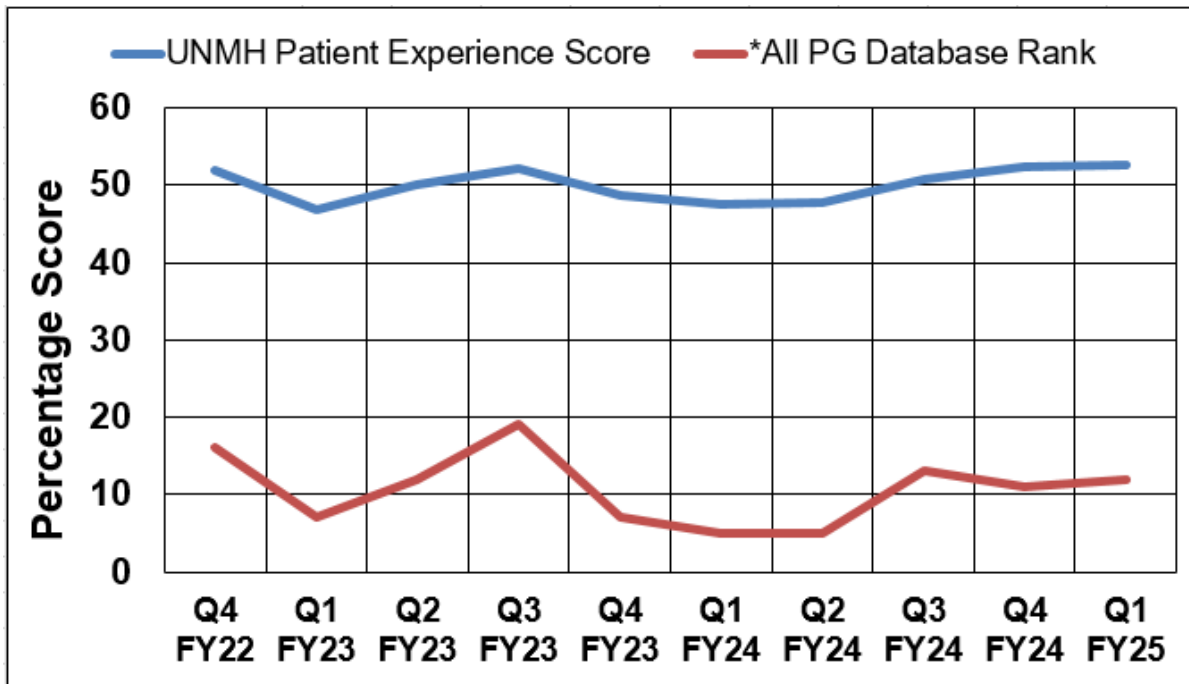
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June 2024	Number of FTES as of September 2024	FY2025 Hires (Headcount)	FY2025 Terms (Headcount)	Rolling Retention Rate
RN's	2,046	1,994	71	115	79.0%
*National Retention Rate Benchmark					81.3%

* Per the 2024 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2023 national RN turnover rate is 18.7%.

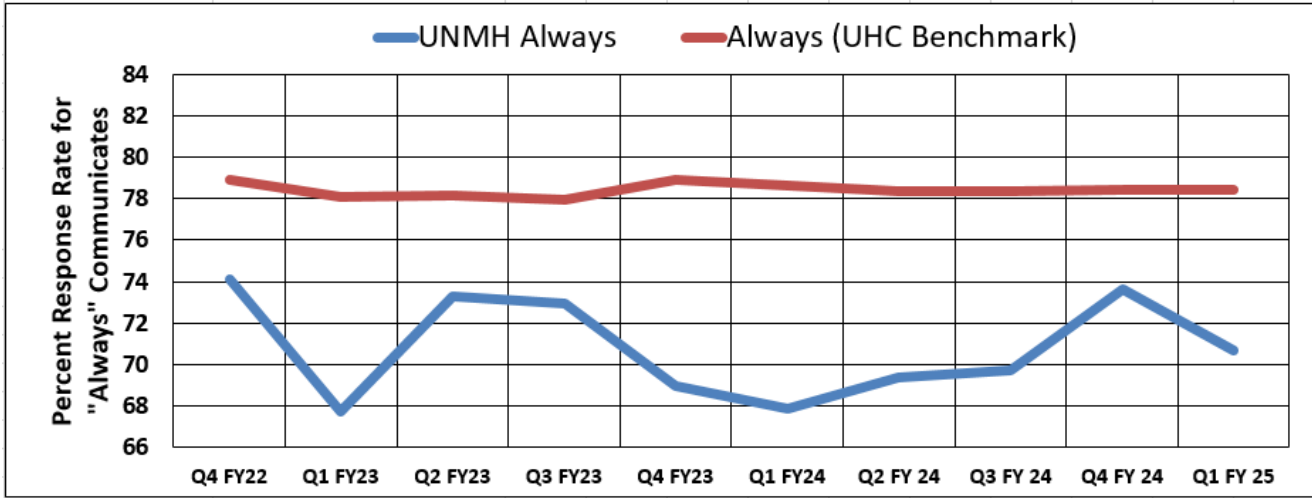
Press Ganey Inpatient Experience Score



Quarter	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25
UNMH Patient Experience Score	52.0	46.9	50.0	52.1	48.8	47.6	47.9	50.9	52.5	52.6
*All PG Database Rank	16.0	7.0	12.0	19.0	7.0	5.0	5.0	13.0	11.0	12.0

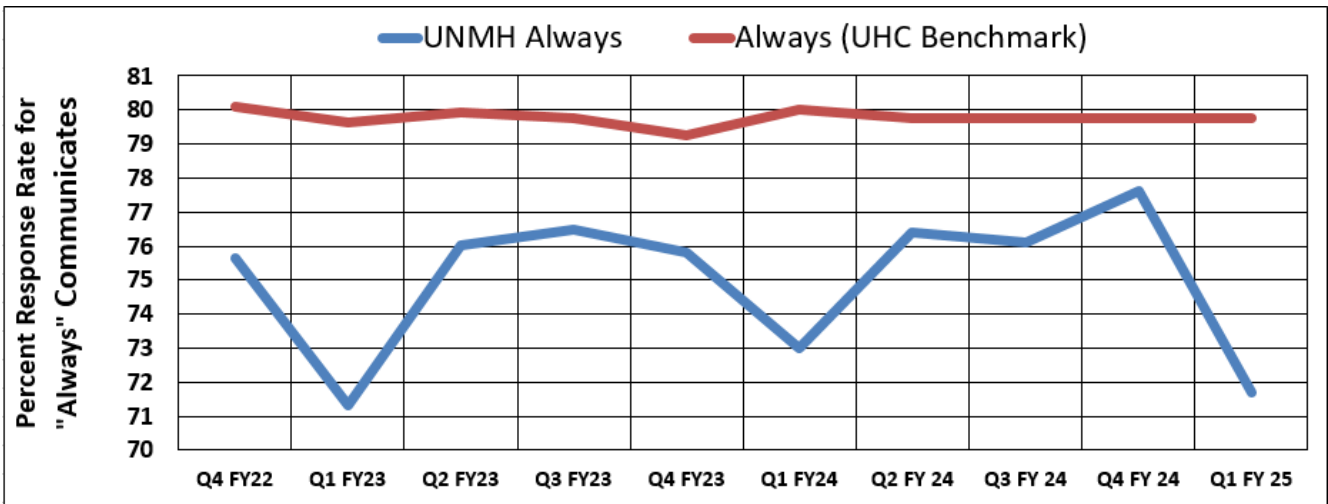
*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

HCAHPS Satisfaction – Communications with Nurses



Communication with Nurses	Response	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25
H-COMP-1-A-P	UNMH Always	74.1	67.8	73.3	72.9	69.0	67.9	69.4	69.7	73.7	70.7
H-COMP-1-U-P	UNMH Usually	18.4	22.3	17.3	20.3	22.6	22.5	20.6	22.2	18.7	21.1
H-COMP-1-SN-P	UNMH Sometimes/Never	5.8	9.9	9.4	6.8	8.5	9.7	10.0	8.1	7.7	8.2
UHC Benchmark	Always (UHC Benchmark)	78.9	78.1	78.1	77.9	78.9	78.6	78.4	78.4	78.4	78.4

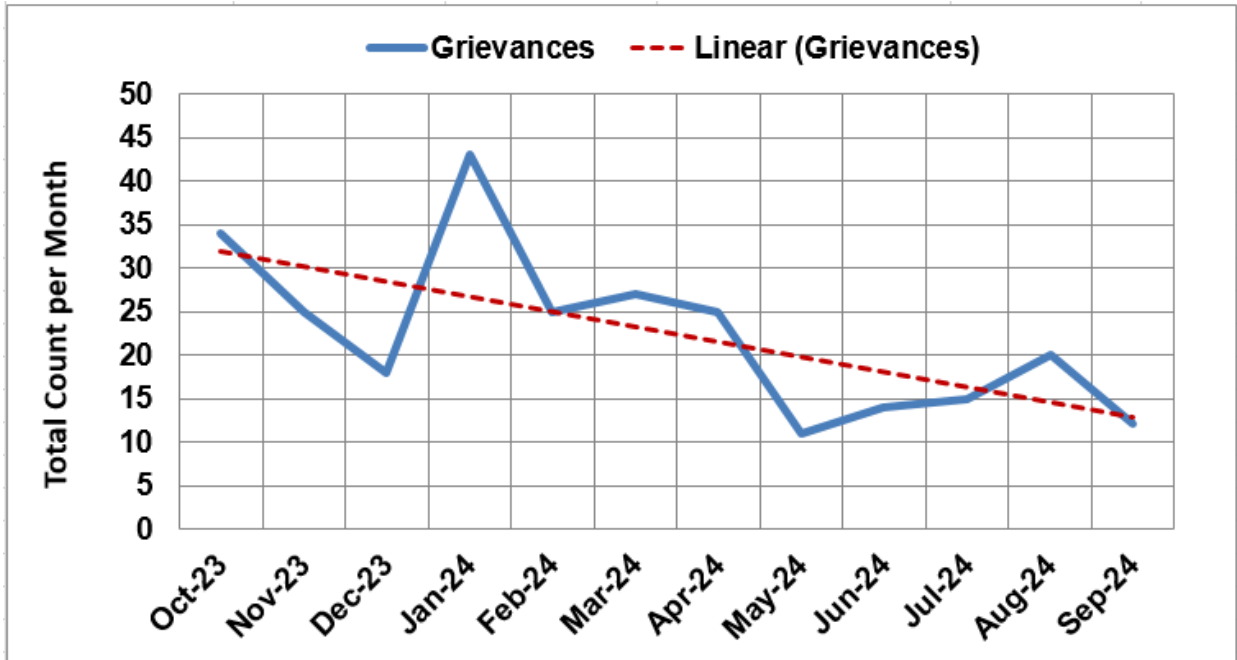
HCAHPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25
H-COMP-2-A-P	UNMH Always	75.7	71.3	76.0	76.5	75.8	73.0	76.4	76.1	77.6	71.7
H-COMP-2-U-P	UNMH Usually	16.0	18.2	15.0	16.5	16.3	19.2	16.7	17.6	15.8	17.6
H-COMP-2-SN-P	UNMH Sometimes/Never	8.3	10.4	9.0	7.0	7.8	7.8	6.9	6.3	6.6	6.7
UHC Benchmark	Always (UHC Benchmark)	80.1	79.6	79.9	79.8	79.3	80.0	79.8	79.8	79.8	79.8

**Q1 FY25 data from Press Ganey still being compiled, there is a slight lag in reporting.

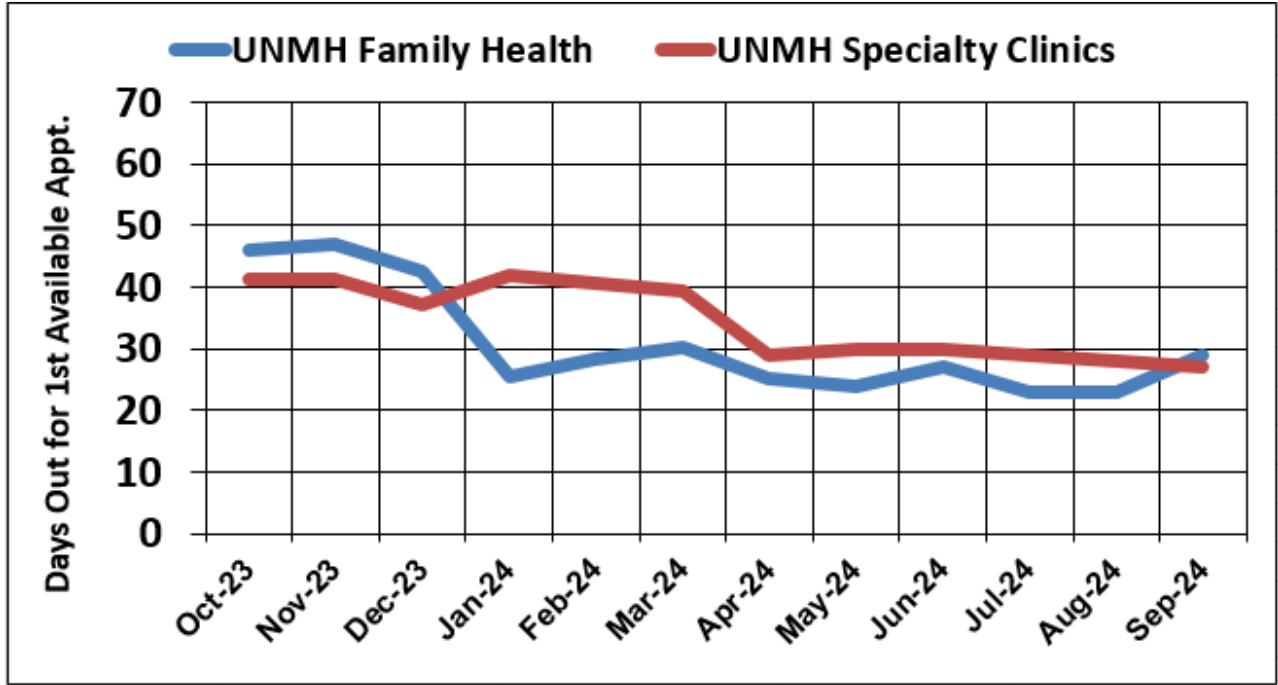
Grievances



Month-Year	Grievances
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
Jul-24	15
Aug-24	20
Sep-24	12

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

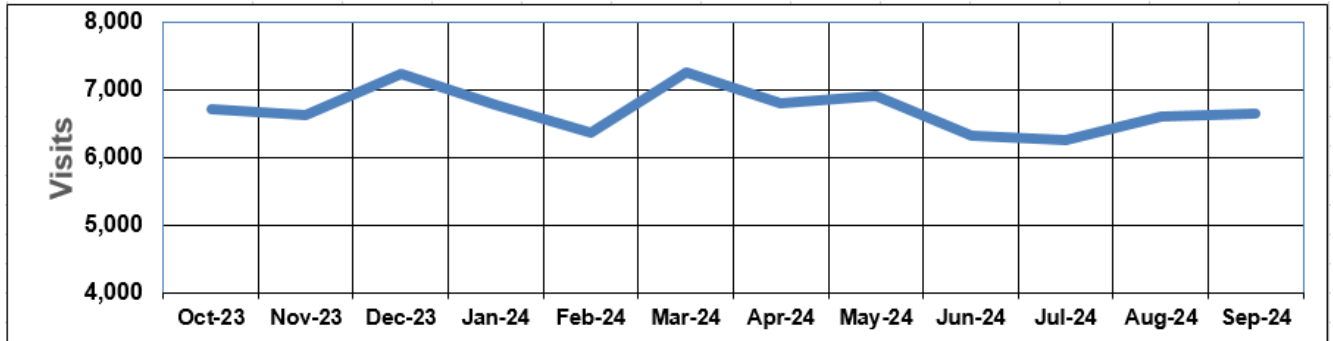
Average 1st Available* Day out for Appointments.



Month	UNMH Family Health	UNMH Specialty Clinics
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
Jul-24	23	29
Aug-24	23	28
Sep-24	29	27

Number of Emergency Department (ED) Visits

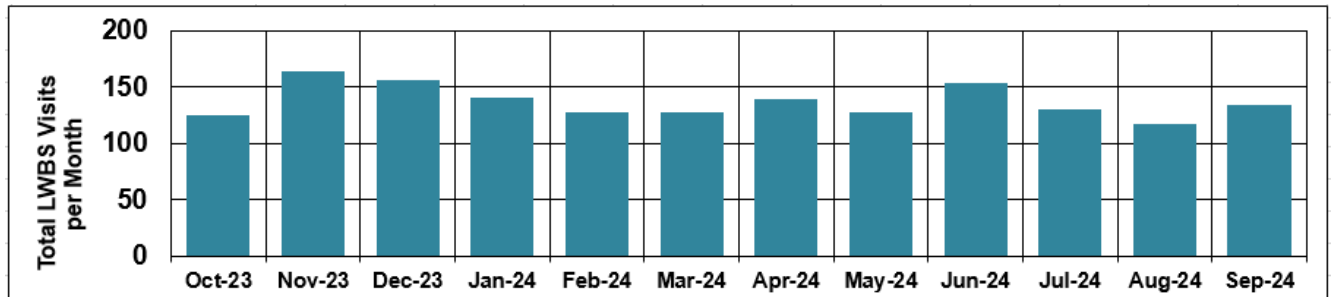
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Visits	6,720	6,631	7,249	6,793	6,380	7,255	6,804	6,910	6,331	6,268	6,612	6,650

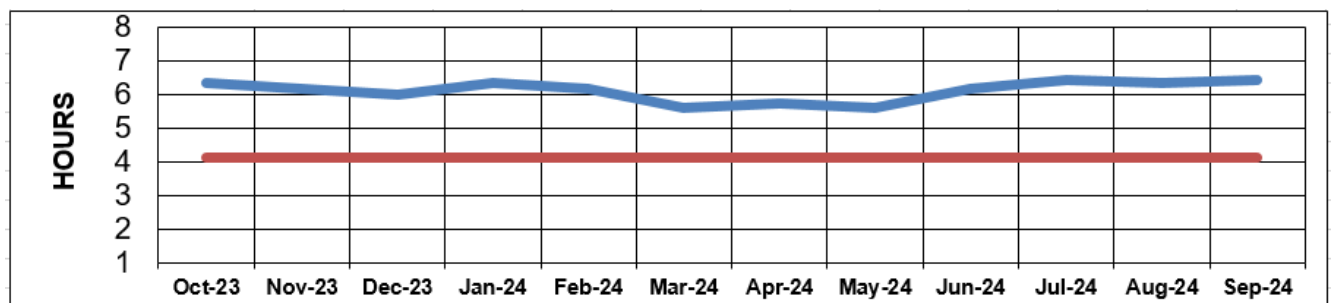
Total ED Patients Left without Being Seen

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



Month	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
UH LWBS	125	164	156	141	128	128	139	127	154	130	117	134

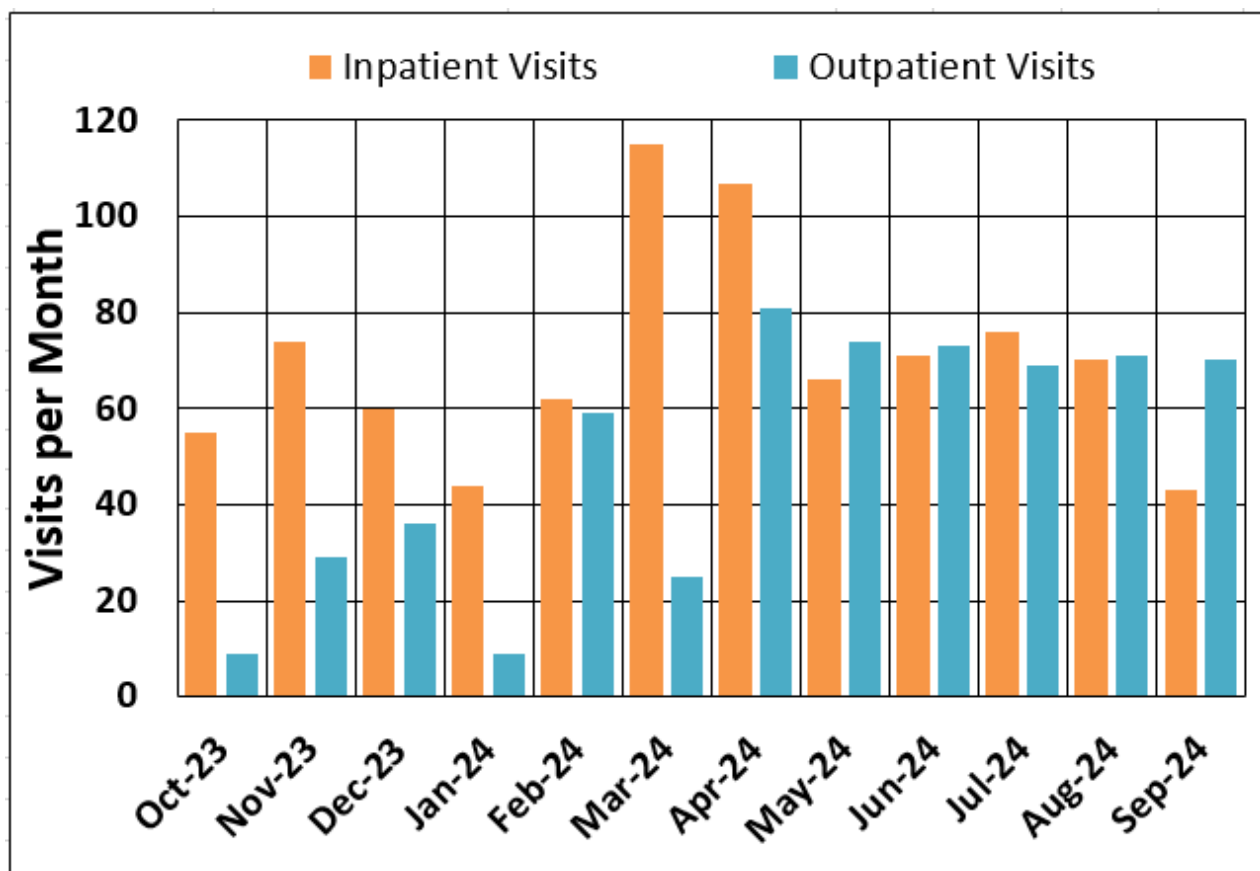
ED Average Hours from Arrival to Disposition



Month	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Arrival to Disposition	6.37	6.17	6.02	6.37	6.17	5.60	5.75	5.63	6.17	6.43	6.37	6.43
*National Average	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11

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

MDC Inmates Receiving Hospital Services



Month	Inpatient Visits	Outpatient Visits
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
Jul-24	76	69
Aug-24	70	71
Sep-24	43	70

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 three (3) months ended September 30, 2024, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	6,535
EMSA	23
IHS	996
Medicaid	67,985
Medicare	73,372
Uninsured	9,819
HMO's & Insurance	68,088
All Other *	12,283
Total Encounters	239,101
Native American Encounters **	31,139

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 three (3) months ended September 30, 2024, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 13,294,440	\$ 5,765,496	\$ 19,059,936
Catron	7,914	1,282	9,196
Chaves	205,237	95,215	300,452
Cibola	87,087	77,680	164,767
Colfax	185,047	26,162	211,208
Curry	1,496	1,160	2,656
De Baca	-	-	-
Dona Ana	104,987	84,251	189,237
Eddy	5,342	60,795	66,136
Grant	3,551	-	3,551
Guadalupe	2,337	36,808	39,145
Harding	67	-	67
Hidalgo	1,816	-	1,816
Lea	12,770	16,193	28,963
Lincoln	9,583	46,850	56,433
Los Alamos	4,215	341	4,555
Luna	4,864	840	5,704
Mc Kinley	237,131	110,420	347,551
Mora	469	18,030	18,499
Otero	14,103	9,134	23,237
Quay	3,617	-	3,617
Rio Arriba	97,661	76,189	173,850
Roosevelt	2,282	4,042	6,323
San Juan	122,417	21,636	144,053
San Miguel	11,235	6,201	17,436
Sandoval	1,842,524	620,634	2,463,157
Santa Fe	551,510	374,356	925,867
Sierra	3,743	835	4,578
Socorro	117,807	41,827	159,634
Taos	90,734	94,535	185,269
Torrance	634,804	106,374	741,178
Union	-	102	102
Valencia	1,345,008	388,209	1,733,218
Out Of State	-	573,182	573,182
Grand Total	\$ 19,005,797	\$ 8,658,778	\$ 27,664,574

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 three (3) months ended September 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	\$119	28	\$ 3,534	29	\$ 3,653
87022	1	41	22	2,956	23	2,997
87047	2	2,065	71	7,167	73	9,232
87059	4	11,389	138	26,869	142	38,258
87100	-	-	-	-	-	-
87101	1	4,524	19	1,356	20	5,880
87102	71	277,650	1,329	568,077	1,400	845,728
87103	-	-	14	1,811	14	1,811
87104	14	214,045	421	113,264	435	327,309
87105	128	1,133,404	3,455	1,831,409	3,583	2,964,813
87106	24	524,493	1,049	468,693	1,073	993,186
87107	38	68,644	1,289	711,342	1,327	779,986
87108	111	612,961	2,712	1,230,204	2,823	1,843,165
87109	51	351,292	1,041	407,041	1,092	758,333
87110	39	169,013	1,331	512,045	1,370	681,058
87111	34	296,420	736	214,196	770	510,616
87112	58	396,248	1,373	393,356	1,431	789,604
87113	12	218,731	374	167,338	386	386,069
87114	24	71,080	1,153	495,636	1,177	566,716
87115	-	-	-	-	-	-
87116	-	-	22	9,347	22	9,347
87117	-	-	1	20	1	20
87119	-	-	12	1,741	12	1,741
87120	48	205,994	1,210	363,600	1,258	569,593
87121	148	1,805,938	5,195	3,361,629	5,343	5,167,566
87122	3	75,878	181	53,979	184	129,857
87123	71	388,132	2,093	997,735	2,164	1,385,867
87125	-	-	51	(23,140)	51	(23,140)
87128	-	-	-	-	-	-
87130	-	-	-	-	-	-
87131	-	-	4	208	4	208
87140	-	-	-	-	-	-
87151	16	195,270	88	43,689	104	238,959
87153	-	-	5	451	5	451
87154	1	4,755	26	4,079	27	8,834
87158	-	-	-	-	-	-
87176	2	157	60	7,416	62	7,573
87181	1	16	18	2,901	19	2,916
87184	-	-	8	6,235	8	6,235
87185	-	-	3	362	3	362
87187	-	-	2	75	2	75
87190	1	2,616	8	372	9	2,988
87191	1	991	5	4,612	6	5,603
87192	2	2,196	3	89	5	2,286
87193	1	(397)	11	2,598	12	2,201
87194	-	-	27	3,416	27	3,416
87195	2	466	33	3,129	35	3,594
87196	-	-	11	1,613	11	1,613
87197	3	23	29	18,843	32	18,866
87198	-	-	28	2,437	28	2,437
87199	1	834	25	1,219	26	2,054
Grand Total	914	\$ 7,034,990	25,714	\$ 12,024,946	26,628	\$ 19,059,936

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the three (3) months ended September 30, 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	Total Count
87008	11	4	3	2	3	1	1	3	-	-	1	29
87022	8	4	1	2	5	-	1	-	-	-	2	23
87047	20	19	8	8	2	2	4	1	1	-	8	73
87059	45	12	7	28	4	18	5	2	3	-	18	142
87100	-	-	-	-	-	-	-	-	-	-	-	-
87101	4	2	-	1	7	-	-	1	1	-	4	20
87102	502	178	83	126	74	87	69	51	12	4	214	1,400
87103	6	1	-	-	1	2	-	-	-	-	4	14
87104	136	62	42	45	21	29	21	16	15	-	48	435
87105	1,097	527	291	406	388	194	164	92	39	11	261	3,470
87106	385	154	37	114	77	48	52	27	18	-	161	1,073
87107	466	163	135	128	99	66	82	33	16	1	138	1,327
87108	945	336	134	210	378	152	117	71	43	8	429	2,823
87109	377	156	80	102	67	49	79	37	20	2	123	1,092
87110	471	167	97	115	53	88	101	52	16	-	210	1,370
87111	257	115	40	76	57	48	66	18	10	1	82	770
87112	479	177	86	167	57	77	78	44	14	3	249	1,431
87113	110	54	58	32	31	26	12	12	9	1	41	386
87114	450	163	92	114	72	69	67	33	22	1	94	1,177
87115	-	-	-	-	-	-	-	-	-	-	-	-
87116	10	1	1	1	2	1	1	-	-	-	5	22
87117	-	1	-	-	-	-	-	-	-	-	-	1
87119	5	6	-	-	-	-	-	-	-	-	1	12
87120	415	143	90	133	111	64	67	42	27	5	161	1,258
87121	1,873	723	449	552	699	304	251	145	72	9	318	5,395
87122	59	20	52	17	4	12	5	2	63	-	11	245
87123	821	253	165	202	202	128	124	68	34	6	161	2,164
87125	14	9	-	2	1	12	4	1	-	-	8	51
87128	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-
87131	2	-	-	-	-	-	-	-	2	-	-	4
87140	-	-	-	-	-	-	-	-	-	-	-	-
87151	25	20	1	26	-	3	11	2	1	-	15	104
87153	-	-	-	2	-	-	-	-	-	-	3	5
87154	16	1	5	2	-	-	2	1	-	-	-	27
87158	-	-	-	-	-	-	-	-	-	-	-	-
87176	14	8	24	3	-	4	6	1	-	-	2	62
87181	11	-	1	1	-	4	-	-	1	-	1	19
87184	4	-	-	1	2	1	-	-	-	-	-	8
87185	1	-	-	-	-	-	-	-	-	1	1	3
87187	2	-	-	-	-	-	-	-	-	-	-	2
87190	4	2	-	-	-	1	-	-	-	-	2	9
87191	1	1	-	1	-	1	1	1	-	-	-	6
87192	1	-	-	-	-	1	-	-	-	-	3	5
87193	3	1	1	1	3	-	-	2	1	-	-	12
87194	12	7	-	3	-	1	3	-	-	-	1	27
87195	8	6	2	2	1	2	5	1	-	-	8	35
87196	6	-	-	-	-	-	2	-	1	-	2	11
87197	11	2	4	4	2	3	-	-	1	-	5	32
87198	7	4	1	3	1	4	2	2	2	-	2	28
87199	12	2	-	1	-	6	3	1	1	-	-	26
Grand Total	9,106	3,504	1,990	2,633	2,424	1,508	1,406	762	445	53	2,797	26,628

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

Primary Reason for Bernalillo County Indigent Resident Visits

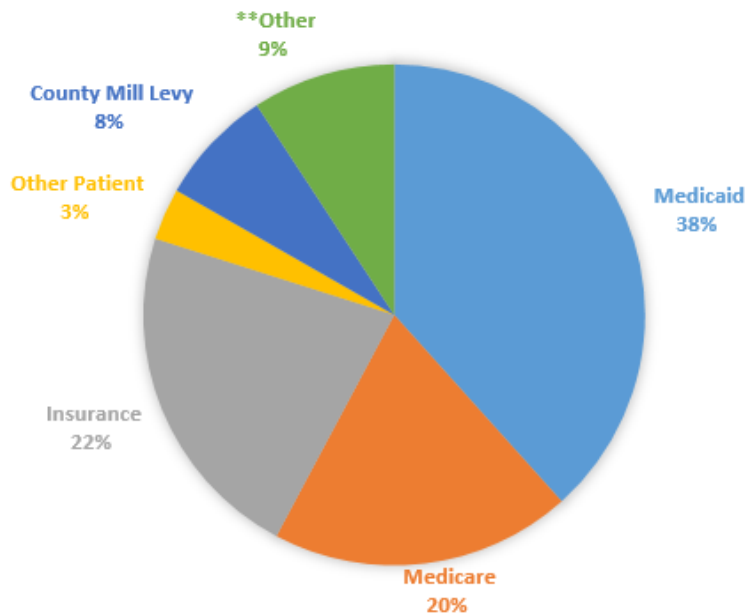
Totals are for each of the eight (8) quarters ended September 30, 2024.

Description	2024Q4	2024Q3	2024Q2	2024Q1	2023Q4	2023Q3	2023Q2	2023Q1
External causes of morbidity and mortality	5,164	5,576	5,381	3,940	3,927	4,213	5,990	5,850
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	4,601	3,524	3,305	2,369	2,404	2,277	3,169	3,065
Diseases of the digestive system	2,312	2,422	2,268	1,675	1,753	1,886	2,545	2,377
Certain infectious and parasitic diseases	2,272	2,440	2,412	1,710	1,799	1,866	2,607	2,313
Diseases of the musculoskeletal system and connective tissue	1,403	1,467	1,440	1,013	1,074	1,110	1,534	1,301
Congenital malformations, deformations and chromosomal abnormalities	1,326	1,309	1,199	917	1,022	1,066	1,328	1,325
Diseases of the circulatory system	1,266	1,328	1,267	935	914	1,012	1,463	1,230
Endocrine, nutritional and metabolic diseases	1,149	1,197	1,203	866	859	900	1,216	1,065
undefined	993	1,016	997	676	680	723	1,021	980
Diseases of the skin and subcutaneous tissue	993	990	977	689	721	739	1,015	940
Injury, poisoning and certain other consequences of external causes	990	1,165	1,192	849	889	956	1,331	1,249
Mental and behavioural disorders	803	848	832	602	620	659	928	845
Diseases of the nervous system	685	885	1,107	738	505	646	1,102	1,304
Pregnancy, childbirth and the puerperium	608	652	603	473	452	481	617	565
Diseases of the genitourinary system	593	662	691	513	534	568	773	689
Diseases of the respiratory system	450	560	517	330	355	382	534	461
Neoplasms	340	443	410	271	230	268	419	407
Factors influencing health status and contact with health services	241	295	329	237	206	264	369	339
Diseases of the ear and mastoid process	168	178	185	124	126	148	200	185
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	154	174	176	119	122	128	176	165
Codes for special purposes	93	44	68	106	51	59	102	239
Diseases of the eye and adnexa	23	26	23	13	15	17	25	24
Certain conditions originating in the perinatal period	1	2	1	1	1	1	0	0
	26,628	27,203	26,583	19,166	19,259	20,368	28,464	26,918

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

FY2024 REVENUE (UN AUDITED)



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

****Other:** All other revenues that are not patient related. Such as State and Local Contracts, Other Operating Revenue, State Appropriations, Capital Appropriations, and Investment Income.

FY2024	
Medicaid	\$ 673,021,729
Medicare	340,703,975
Insurance	388,533,857
*Other Patient	58,703,554
Bernalillo Cnty Mill Levy	131,614,865
**Other	161,866,627
Total Revenues	\$ 1,754,444,607

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

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

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

FY25 is based on three (3) months ended September 30, 2024

539,709	FY23 Actual (12 Months) **Removed COVID Clinic Visits
540,655	FY24 Actual (12 Months)
132,485	FY25 Actual (3 Months)

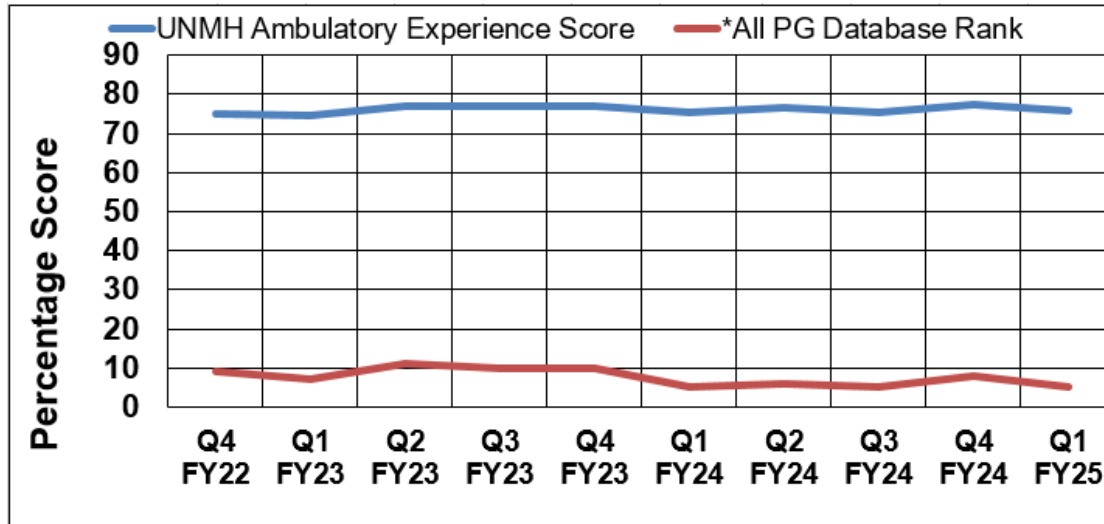
Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.

**COVID Clinic Visits totaled 10,123 in FY23

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

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

Press Ganey Ambulatory Experience Score

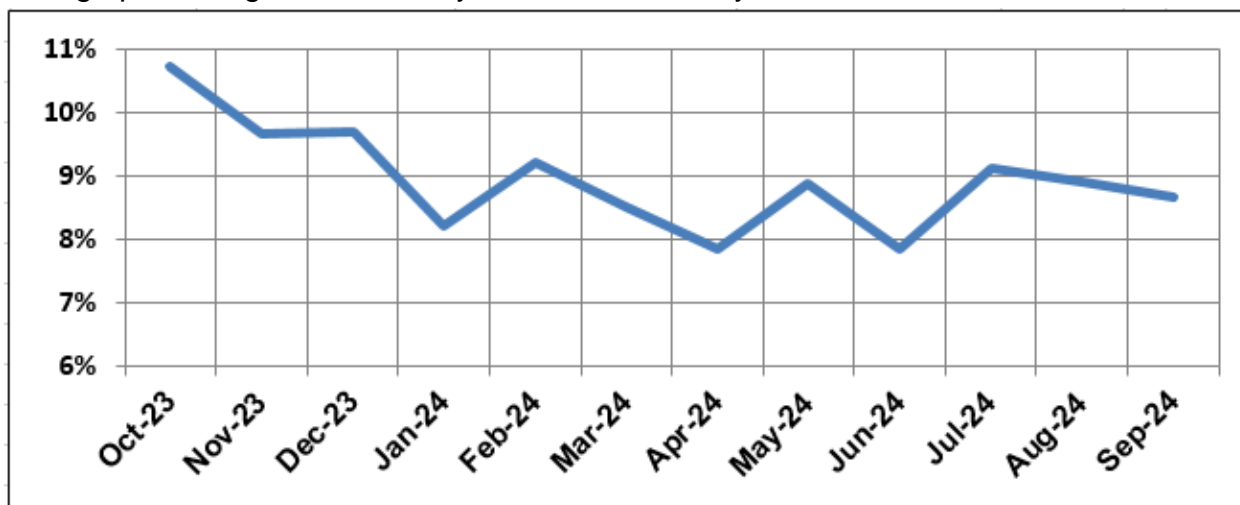


Quarter	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25
UNMH Ambulatory Experience Score	75.1	74.5	76.8	77.0	77.0	75.4	76.6	75.4	77.4	75.7
*All PG Database Rank	9.0	7.0	11.0	10.0	10.0	5.0	6.0	5.0	8.0	5.0

*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.



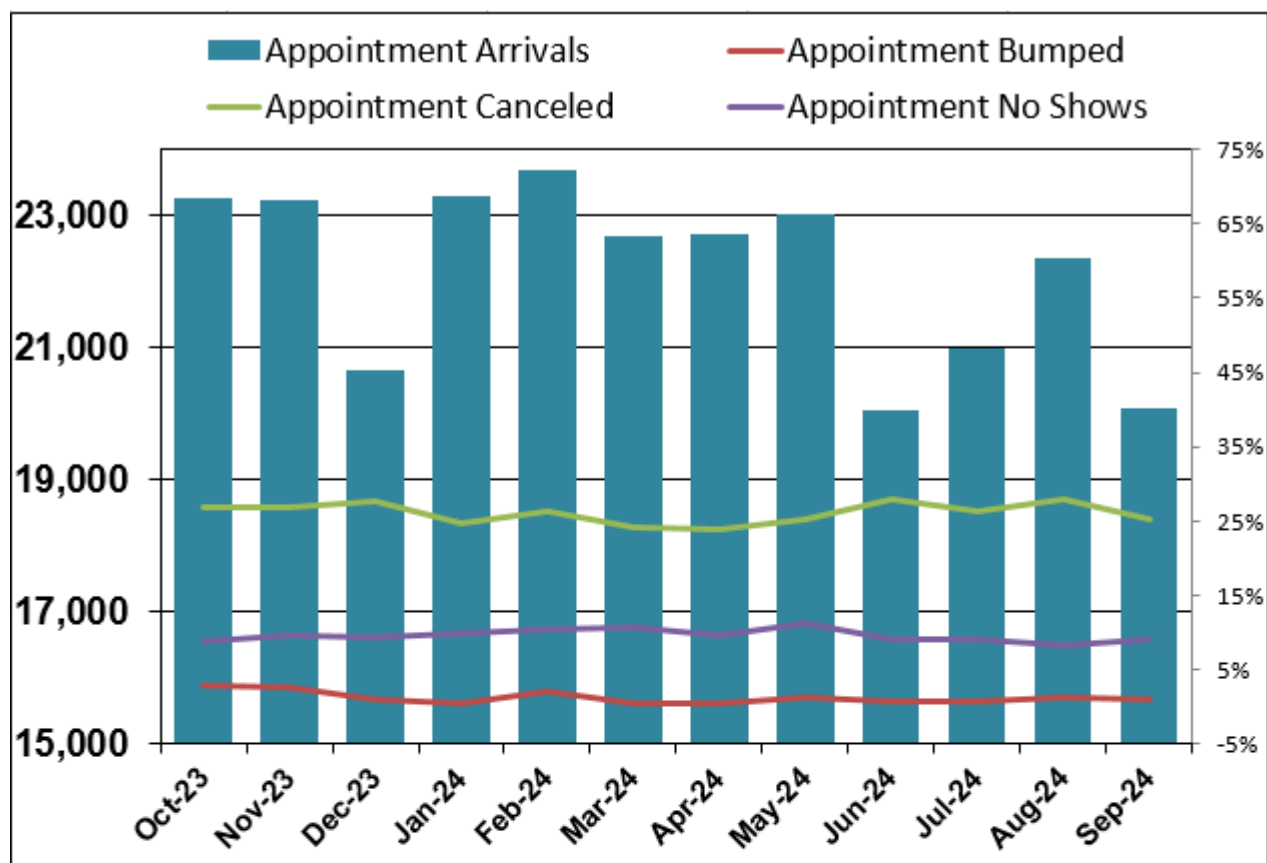
Month	Same Day	Total Arrived	Same Day Rate
Oct-23	1,764	16,458	10.7%
Nov-23	1,480	15,342	9.6%
Dec-23	1,307	13,498	9.7%
Jan-24	1,343	16,337	8.2%
Feb-24	1,504	16,366	9.2%
Mar-24	1,347	15,863	8.5%
Apr-24	1,268	16,171	7.8%
May-24	1,440	16,214	8.9%
Jun-24	1,112	14,155	7.9%
Jul-24	1,355	14,848	9.1%
Aug-24	1,417	15,889	8.9%
Sep-24	1,230	14,184	8.7%

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

Average	Primary Care Clinics
8.7%	1209 Clinic
6.3%	Alamo Primary Care Clinic
4.2%	Family Practice Clinic
1.4%	General Pediatric Clinic
6.2%	Northeast Heights Clinic
10.5%	Senior Health Center
4.6%	Southeast Heights Clinic
10.9%	Southwest Mesa Clinic
2.4%	SRMC FP Clinic
6.5%	UH 4th Street NV Clinic
12.7%	UH Atrisco Heritage
48.2%	UNM Lobocare Clinic
5.6%	UNMMG Family Health Grande
6.2%	Westside Clinic
6.9%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

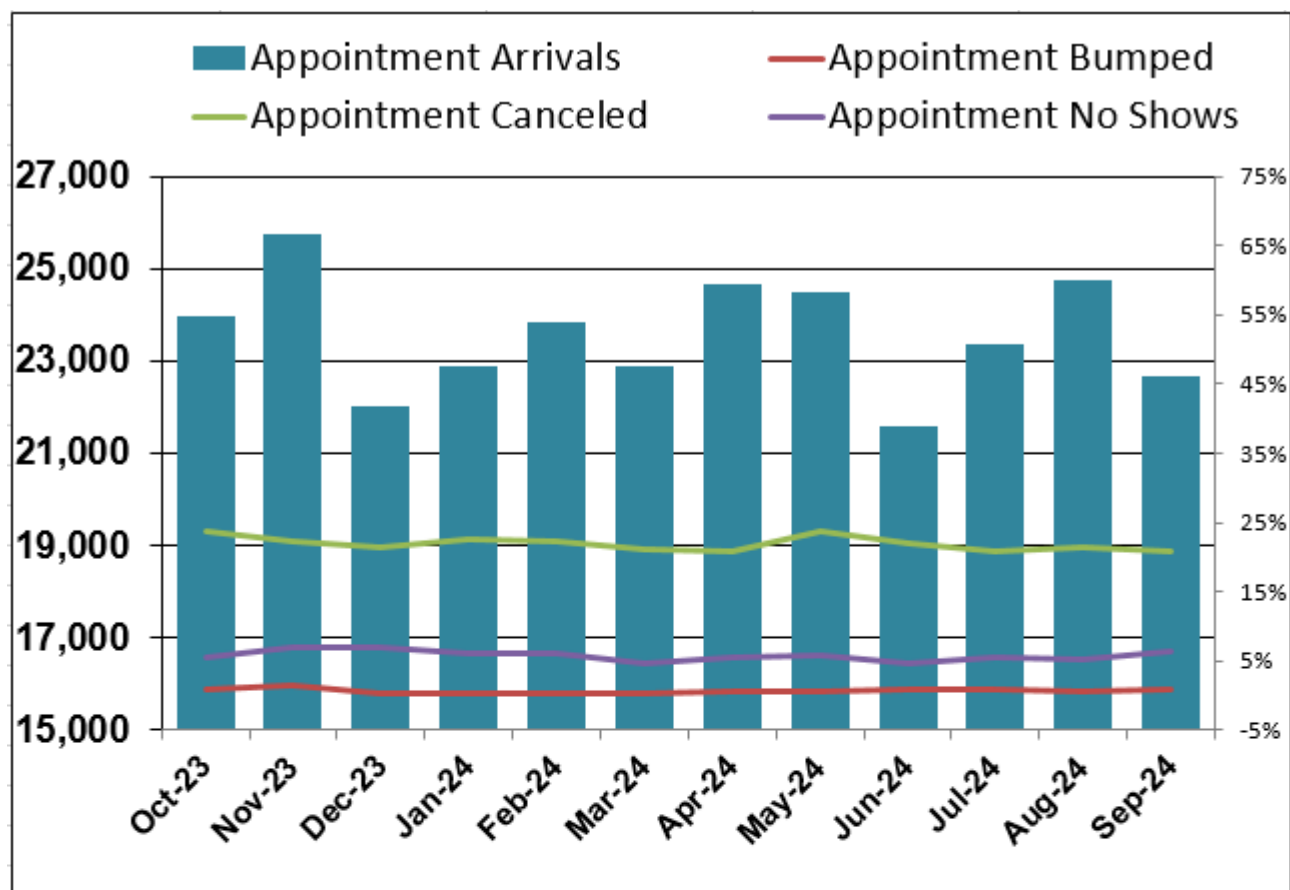
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
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%
Jul-24	20,994	1%	26%	9%
Aug-24	22,341	1%	28%	8%
Sep-24	20,089	1%	25%	9%

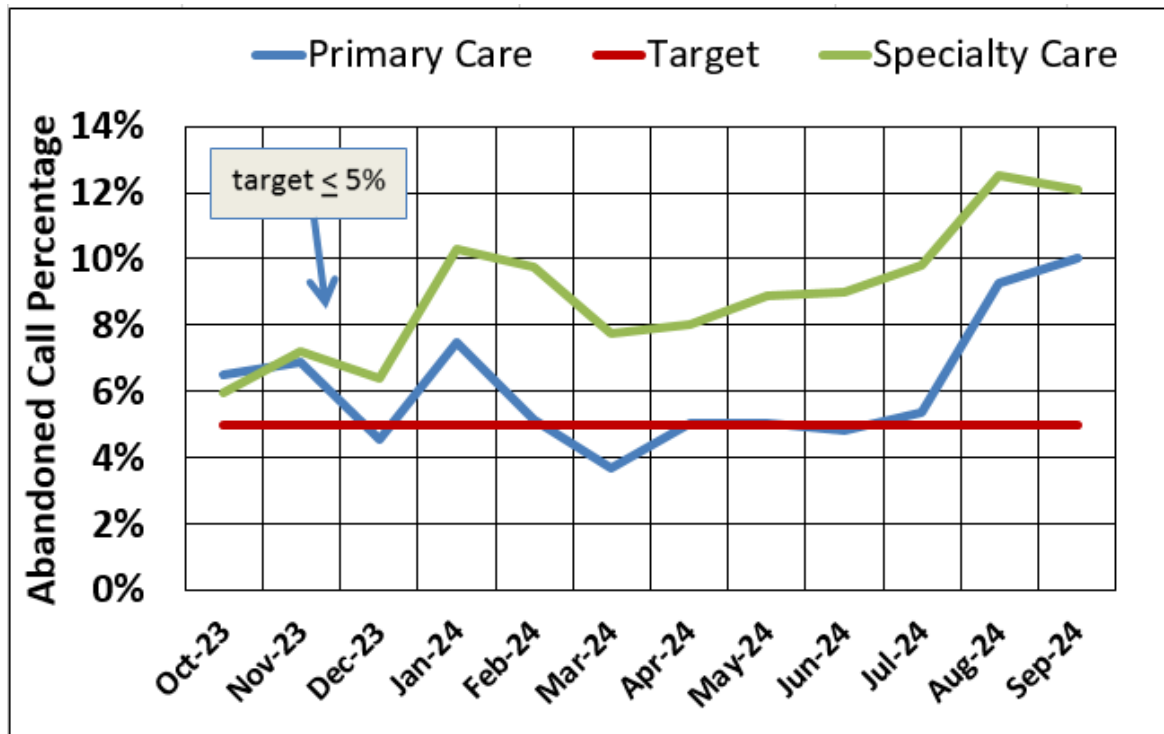
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
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%
Jul-24	23,370	1%	21%	5%
Aug-24	24,773	1%	21%	5%
Sep-24	22,656	1%	21%	6%

Percentage Abandoned Phone Calls for Primary and Specialty Care

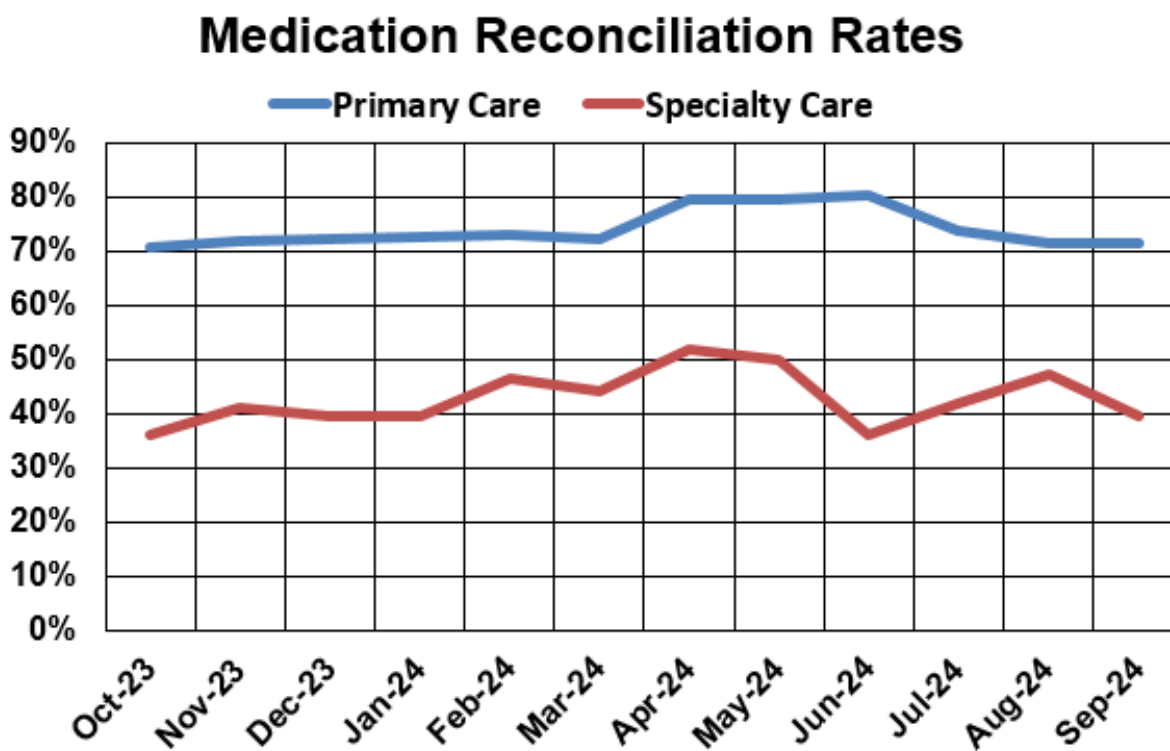


Area:	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Month			
Oct-23	6.49%	5.98%	5%
Nov-23	6.87%	7.18%	5%
Dec-23	4.54%	6.37%	5%
Jan-24	7.46%	10.27%	5%
Feb-24	5.17%	9.77%	5%
Mar-24	3.67%	7.76%	5%
Apr-24	5.02%	8.02%	5%
May-24	5.03%	8.88%	5%
Jun-24	4.83%	9.01%	5%
Jul-24	5.36%	9.81%	5%
Aug-24	9.29%	12.52%	5%
Sep-24	10.02%	12.10%	5%

Medication Reconciliation Goals Primary and Specialty Care

National Patient Safety Goal :

UNH Medication Reconciliation Rates for Primary Care and Specialty Care.



Month	Primary Care	Specialty Care
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%
Jul-24	73.7%	41.9%
Aug-24	71.5%	47.4%
Sep-24	71.4%	39.7%

Percentage of Patients with Access to Electronic Medical Record

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

As of October 1, 2024.

456,464	Invitations sent out to patients who provided an email address.
210,387	Patients who have claimed invitation to sign up.
6,112	Patients who have self enrolled directly without an invitation.
184,562	*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).

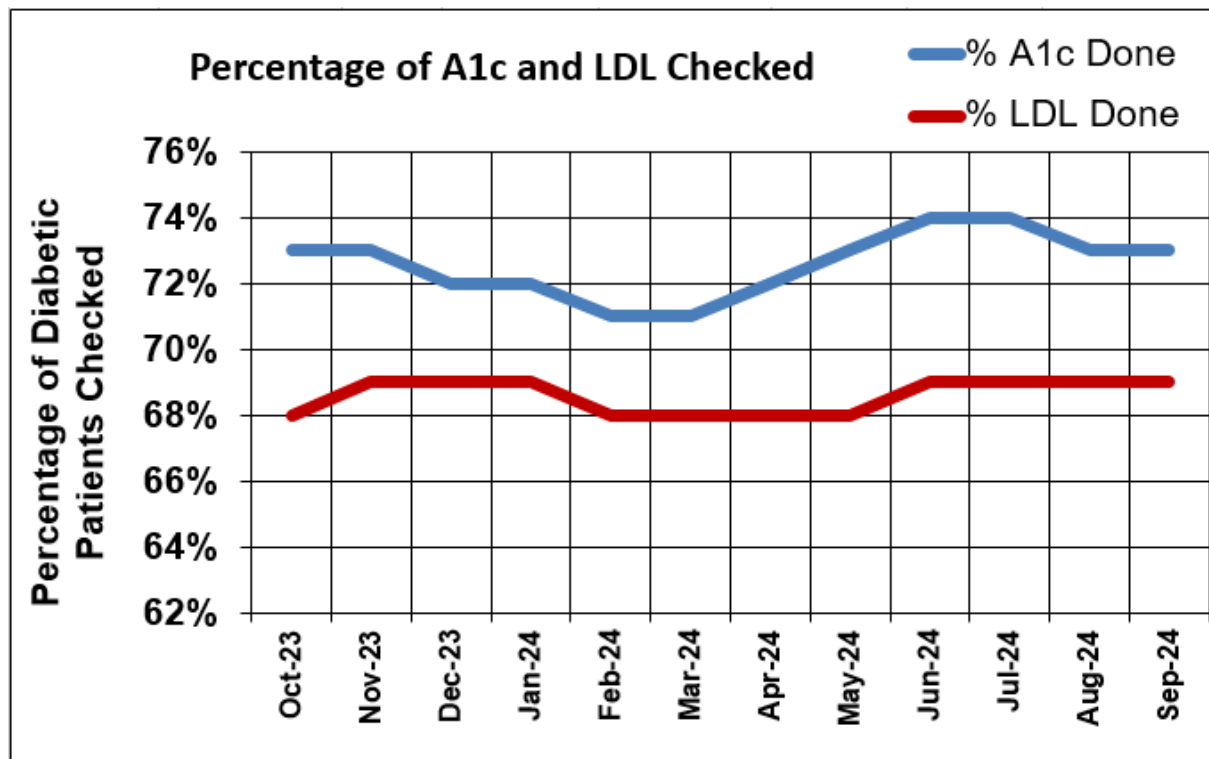
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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
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%
Jul-24	8,250	6,075	74%	5,687	69%
Aug-24	8,324	6,097	73%	5,755	69%
Sep-24	8,539	6,204	73%	5,863	69%

C. FINANCIAL SERVICES

UNM Care Enrollment and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Medicaid applications completed at UNMH
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
Jul-24	5,203	180
Aug-24	4,452	193
Sep-24	4,484	179

Total Uncompensated Care – Charity Care and Uninsured

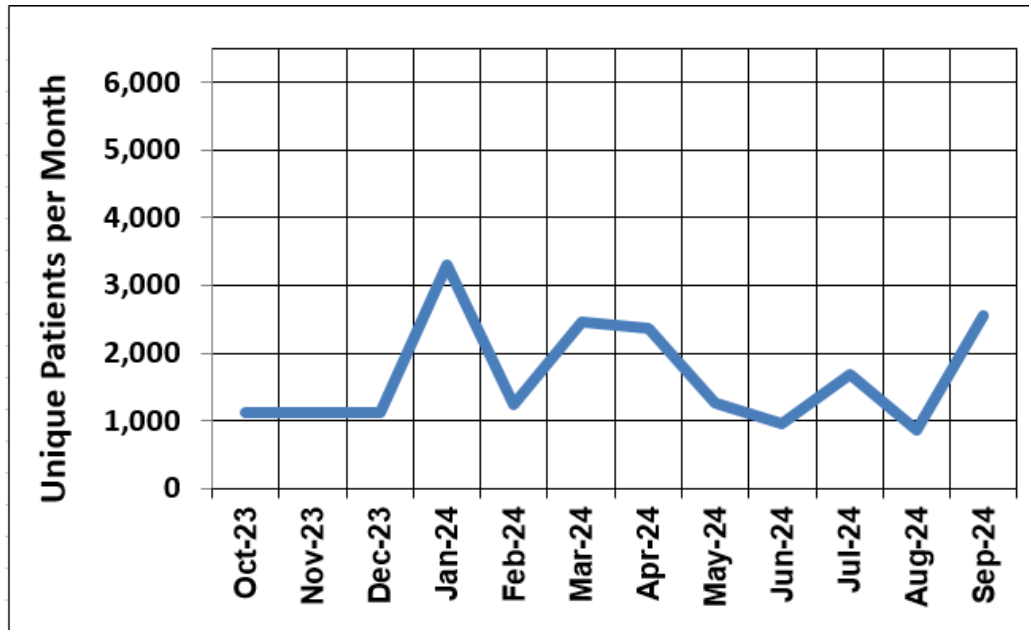
For the three (3) months ended September 30, 2024, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	10,220	3,549	13,769
Encounters	21,232	5,396	26,628
Cost	\$ 13,294,440	\$ 5,765,496	\$ 19,059,936

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.

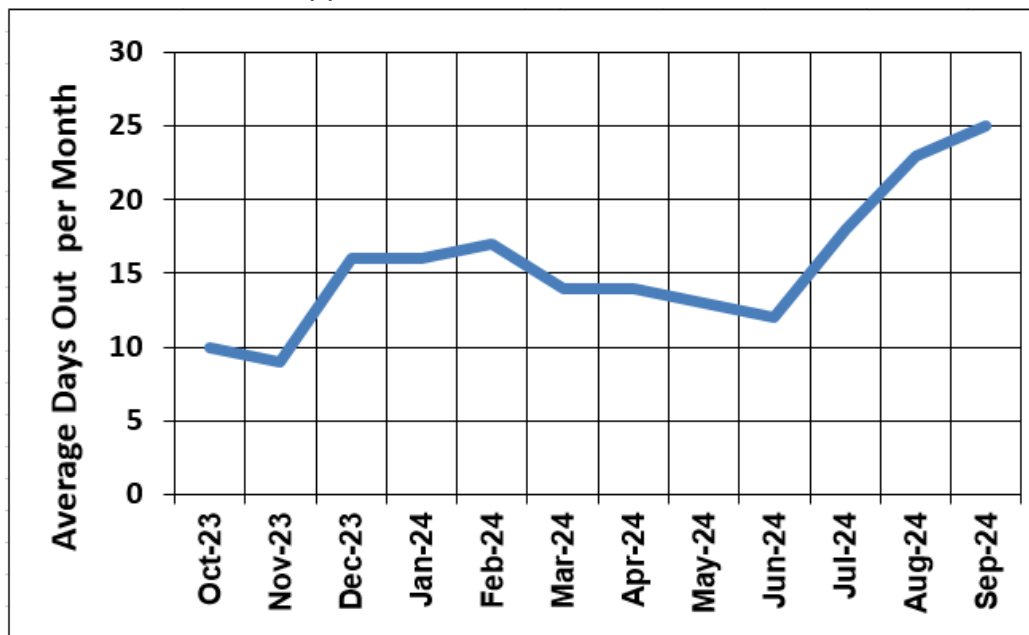
Number of Unique Patients Sent to Collections

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



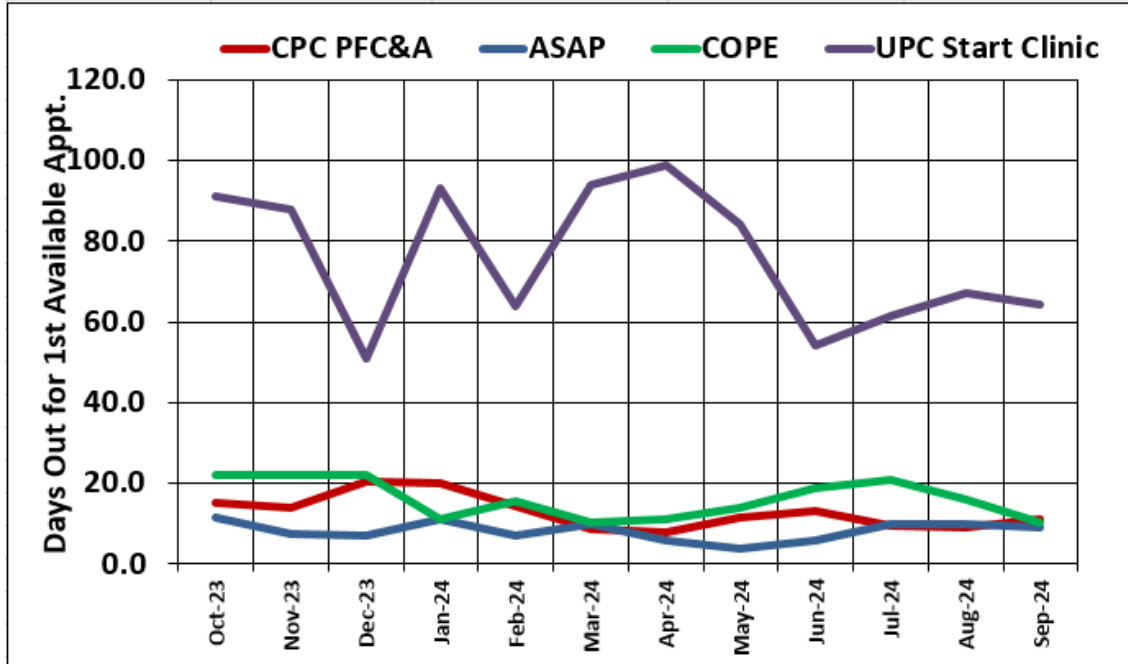
Days Out For Scheduling Financial Assistance Appointment

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



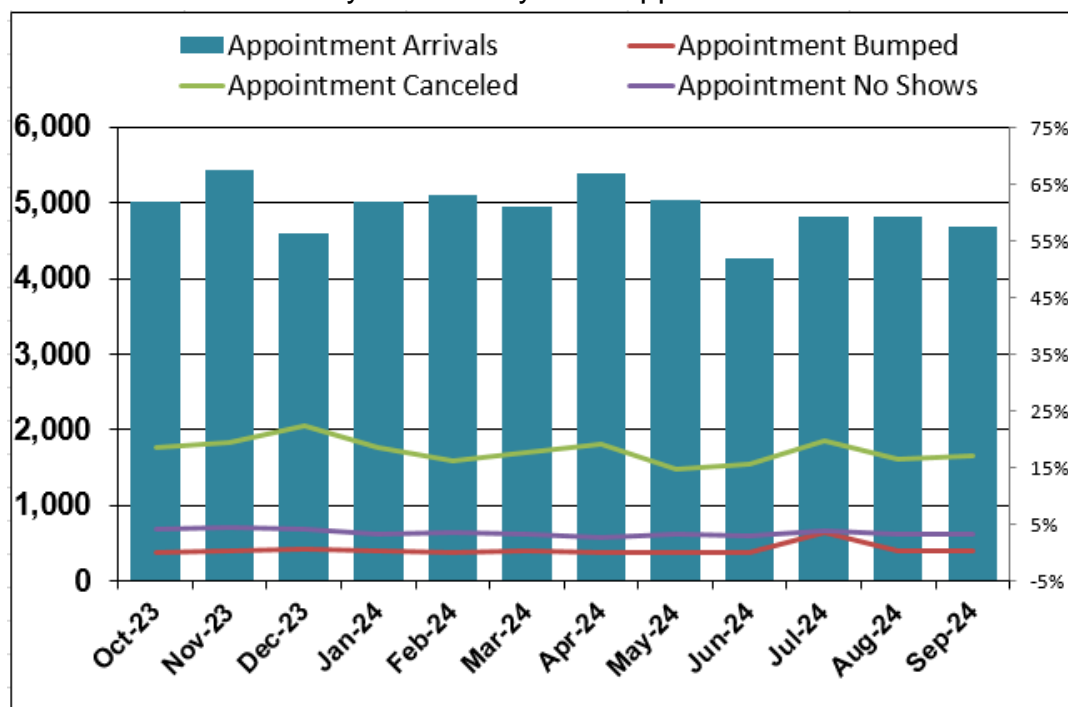
Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Oct-23	15.1	11.3	21.9	91.0
Nov-23	13.8	7.4	22.3	88.0
Dec-23	20.4	6.9	22.3	51.0
Jan-24	20.0	11.0	11.0	93.0
Feb-24	14.5	7.0	15.5	64.0
Mar-24	8.5	10.0	10.5	94.0
Apr-24	8.0	6.0	11.0	99.0
May-24	11.5	4.0	14.0	84.0
Jun-24	13.0	6.0	19.0	54.0
Jul-24	9.5	10.0	21.0	61.5
Aug-24	9.0	10.0	16.0	67.0
Sep-24	11.0	9.0	10.5	64.5

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.



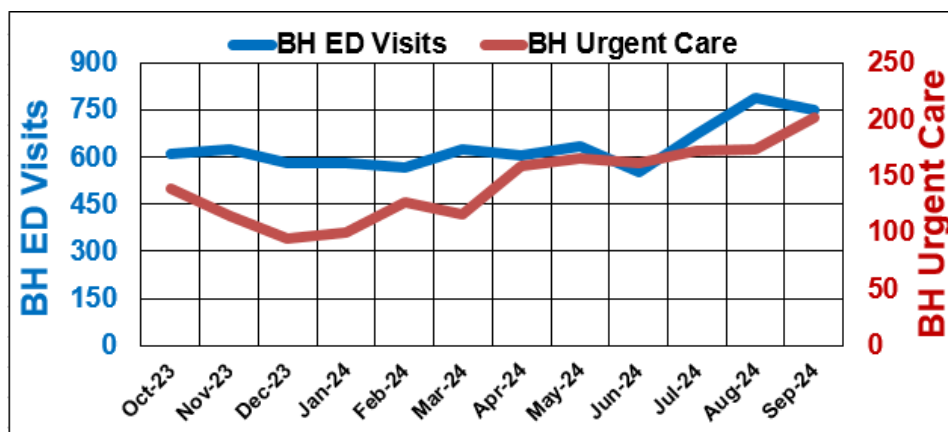
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Oct-23	5,016	0%	19%	4%
Nov-23	5,428	0%	19%	4%
Dec-23	4,594	1%	22%	4%
Jan-24	5,022	0%	19%	3%
Feb-24	5,100	0%	16%	4%
Mar-24	4,943	0%	18%	3%
Apr-24	5,393	0%	19%	3%
May-24	5,041	0%	15%	3%
Jun-24	4,279	0%	15%	3%
Jul-24	4,821	4%	20%	4%
Aug-24	4,818	0%	17%	3%
Sep-24	4,697	0%	17%	3%

Number of Unique Outpatients and Number of Encounters CY2023

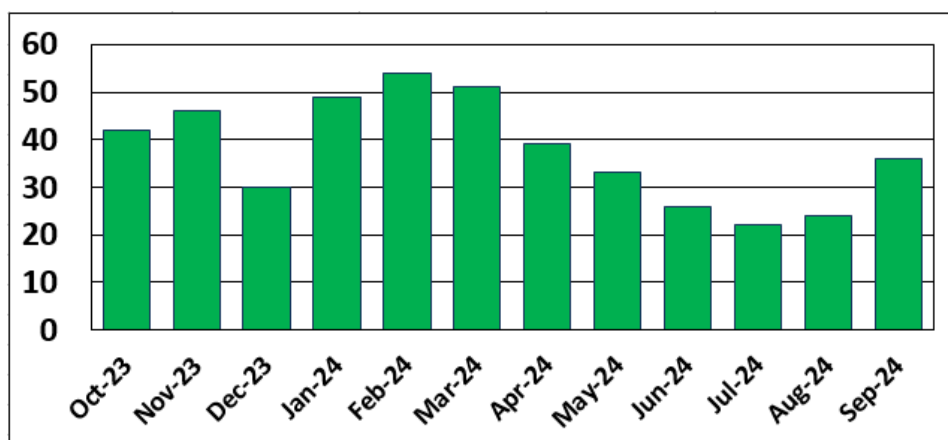
Calendar Year 2023 BH Outpatient		
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	11,083	69,100
BH CPC Outpatient	3,699	22,312

* Excluding all Suboxone and Methadone Visits

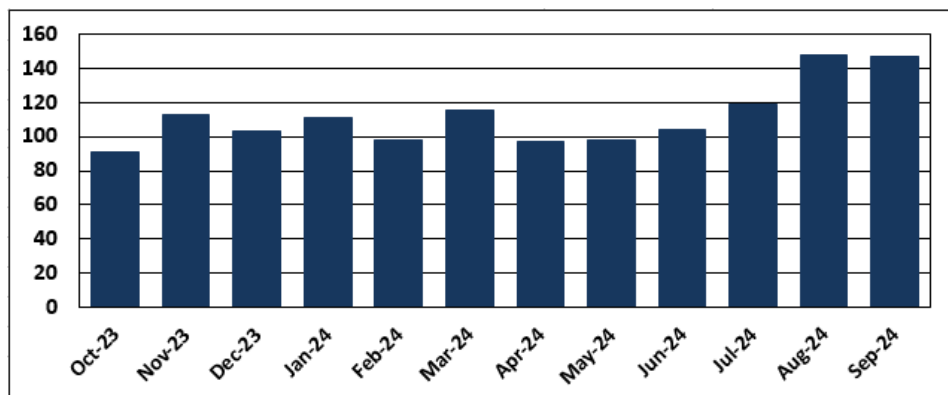
Psychiatric Emergency Department and Urgent Care Encounters



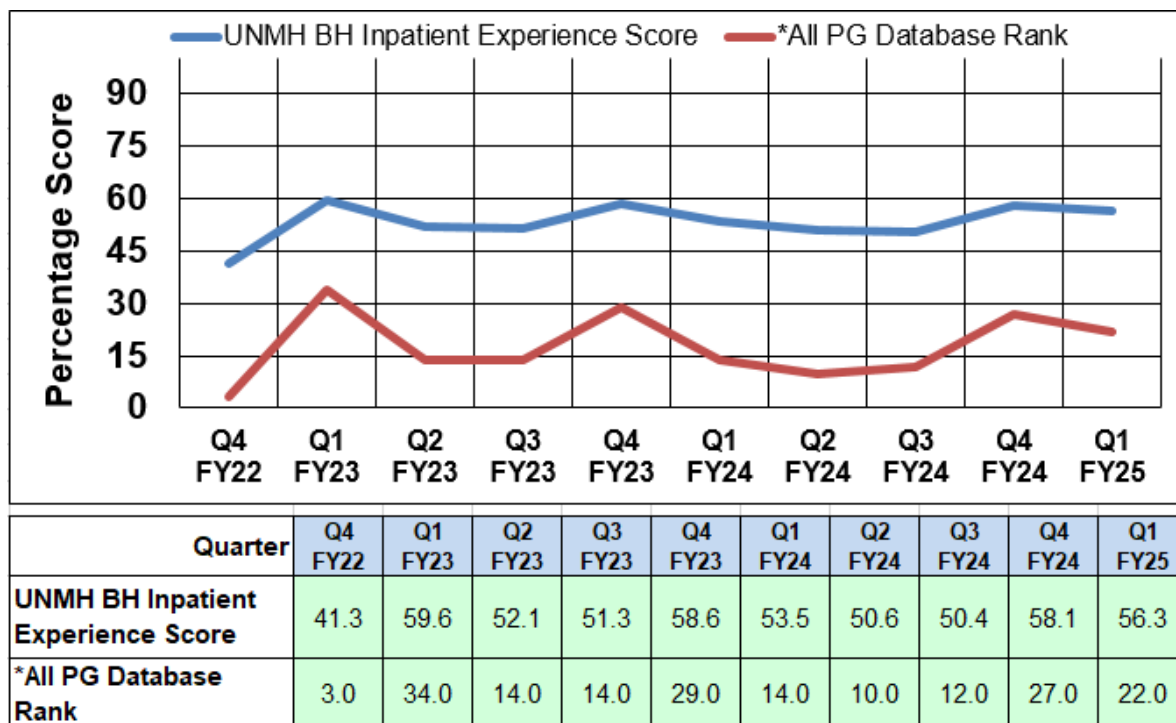
Number of Fast Track Patients Seen



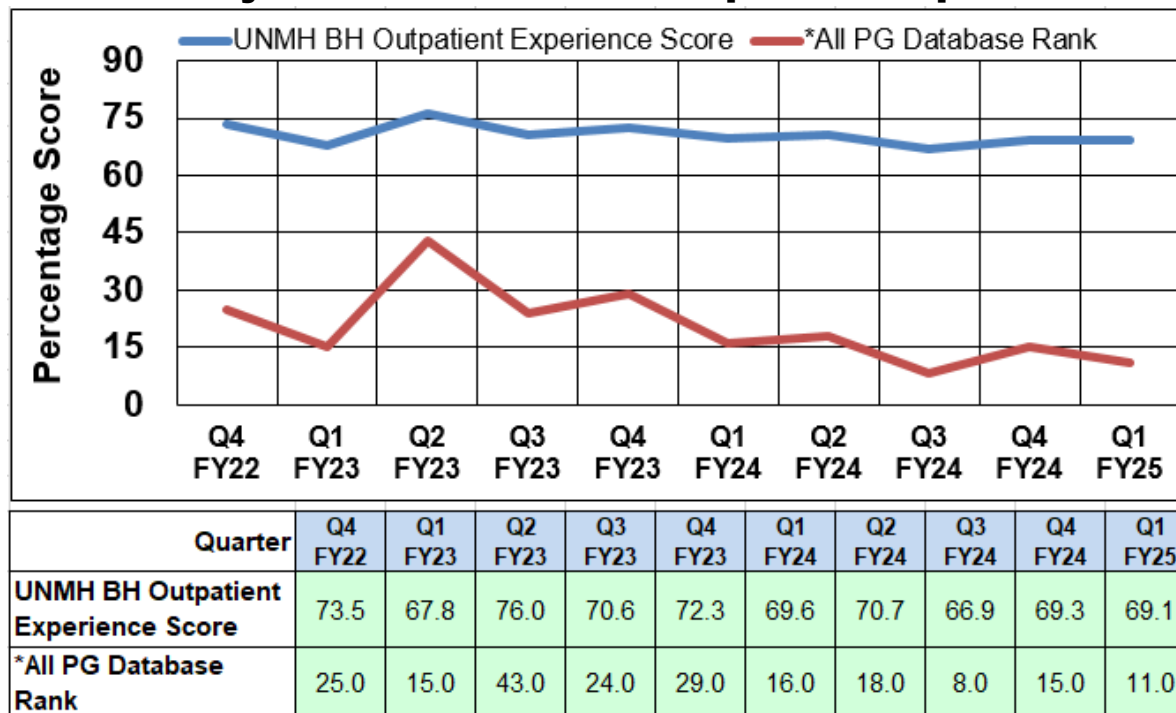
Law Enforcement Drop offs at Psychiatric Emergency Services



Press Ganey Behavioral Health Inpatient Experience Score

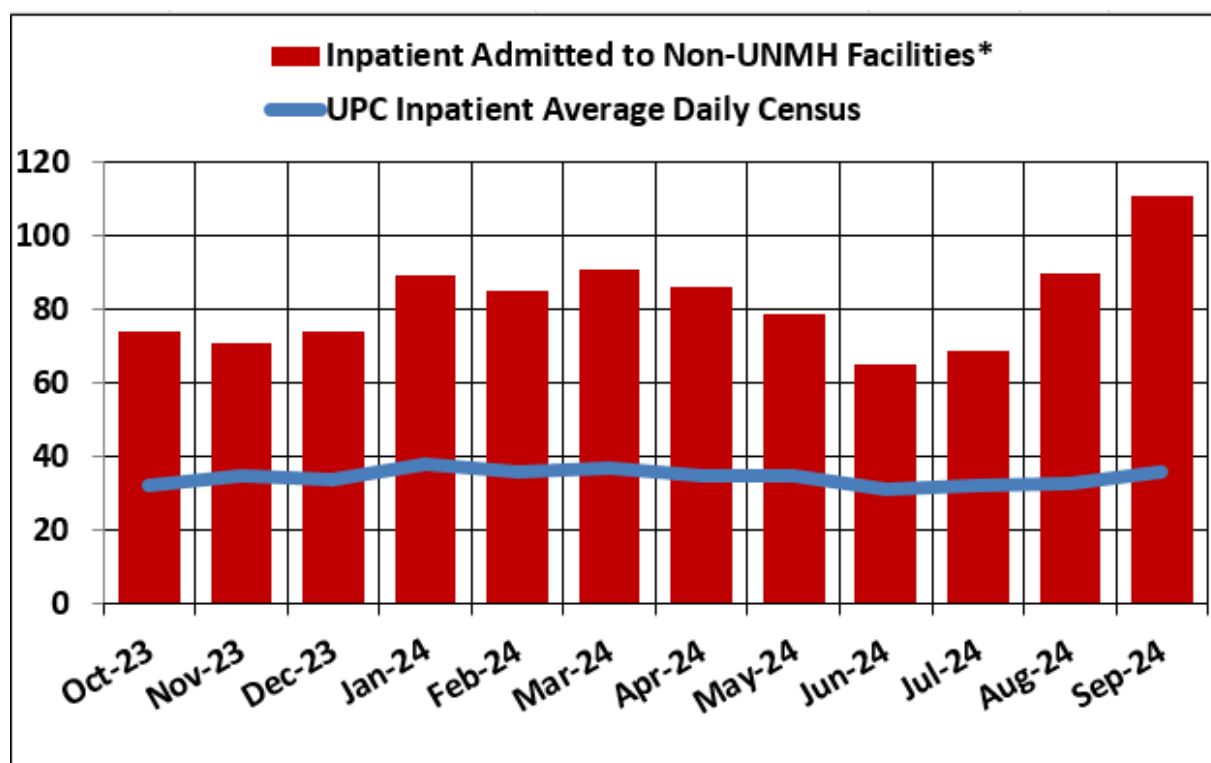


Press Ganey Behavioral Health Outpatient Experience Score



*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.

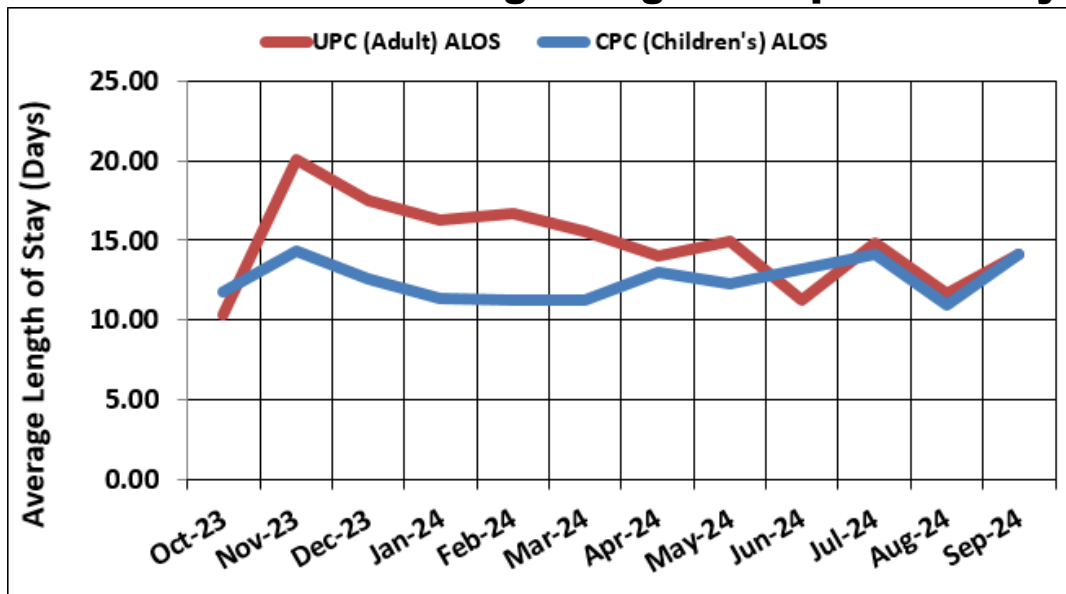
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
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
Jul-24	69	32
Aug-24	90	33
Sep-24	111	36

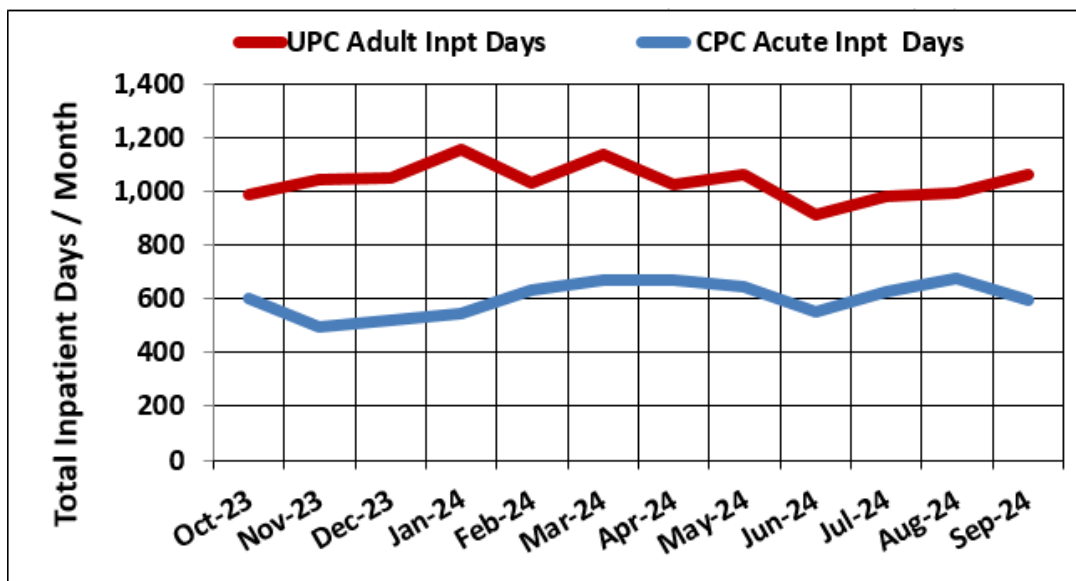
*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC) Average Child National Benchmark: **10.52**
 University Psychiatric Center (UPC) Average Adult National Benchmark: **7.62**

Number of BH Adult and Child/Adolescent Inpatient Days



Number of Unique Inpatients 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

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2022	11,755
FY2023	10,916
FY2024	9,559
FY2025*	9,563

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

Total Opioid Patients

Month	Census
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
Jul-24	419
Aug-24	423
Sep-24	426

Total Methadone Encounters

Month	Count
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
Jul-24	2,537
Aug-24	2,631
Sep-24	2,421

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
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
Jul-24	657	35,381	10,002
Aug-24	731	36,304	10,507
Sep-24	652	34,665	10,503

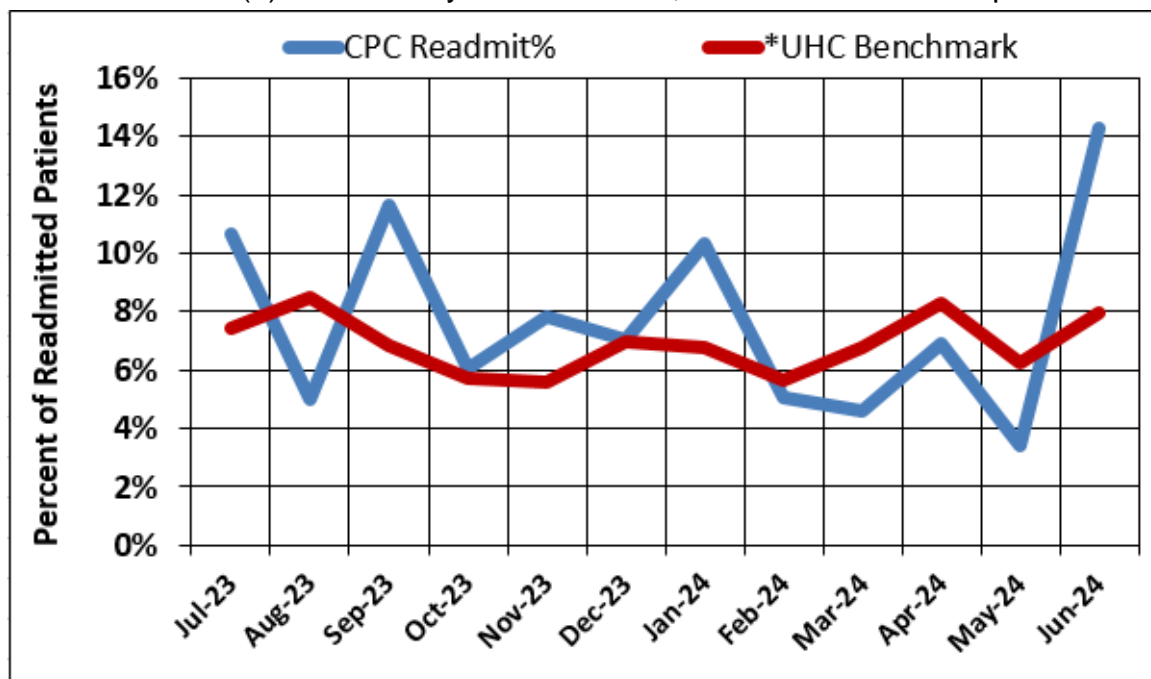
Total Suboxone Encounters

Month	Count
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
Jul-24	46
Aug-24	17
Sep-24	33

*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.

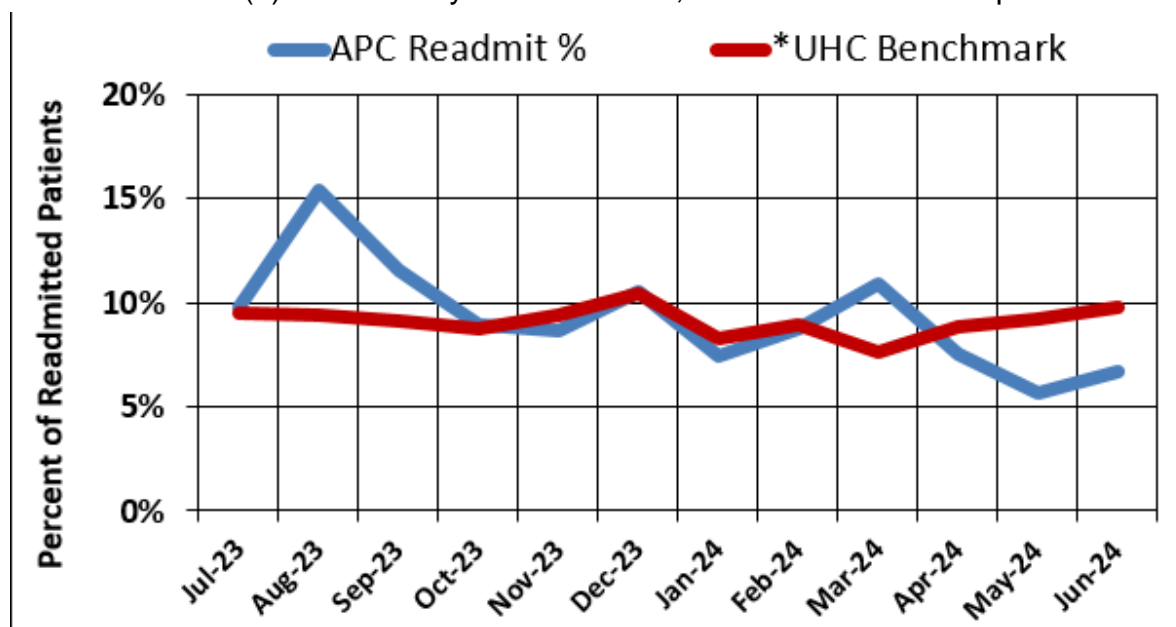


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-23	47	5	10.6%	7.4%
Aug-23	60	3	5.0%	8.5%
Sep-23	60	7	11.7%	6.8%
Oct-23	66	4	6.1%	5.7%
Nov-23	51	4	7.8%	5.6%
Dec-23	57	4	7.0%	7.0%
Jan-24	58	6	10.3%	6.8%
Feb-24	59	3	5.1%	5.6%
Mar-24	65	3	4.6%	6.8%
Apr-24	58	4	6.9%	8.3%
May-24	59	2	3.4%	6.3%
Jun-24	42	6	14.3%	8.0%

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

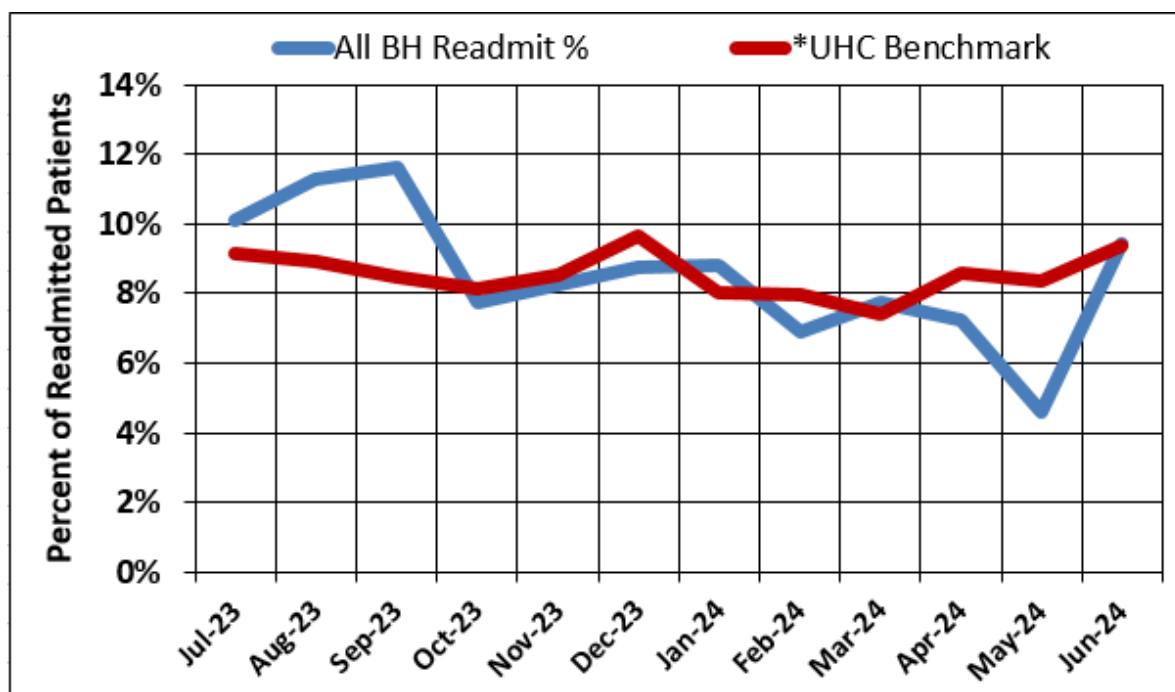


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-23	82	8	9.8%	9.5%
Aug-23	91	14	15.4%	9.4%
Sep-23	78	9	11.5%	9.1%
Oct-23	89	8	9.0%	8.8%
Nov-23	46	4	8.7%	9.4%
Dec-23	57	6	10.5%	10.5%
Jan-24	67	5	7.5%	8.3%
Feb-24	57	5	8.8%	9.0%
Mar-24	64	7	10.9%	7.7%
Apr-24	66	5	7.6%	8.8%
May-24	71	4	5.6%	9.2%
Jun-24	75	5	6.7%	9.8%

*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 – Both Adult and CPC Psychiatric Center

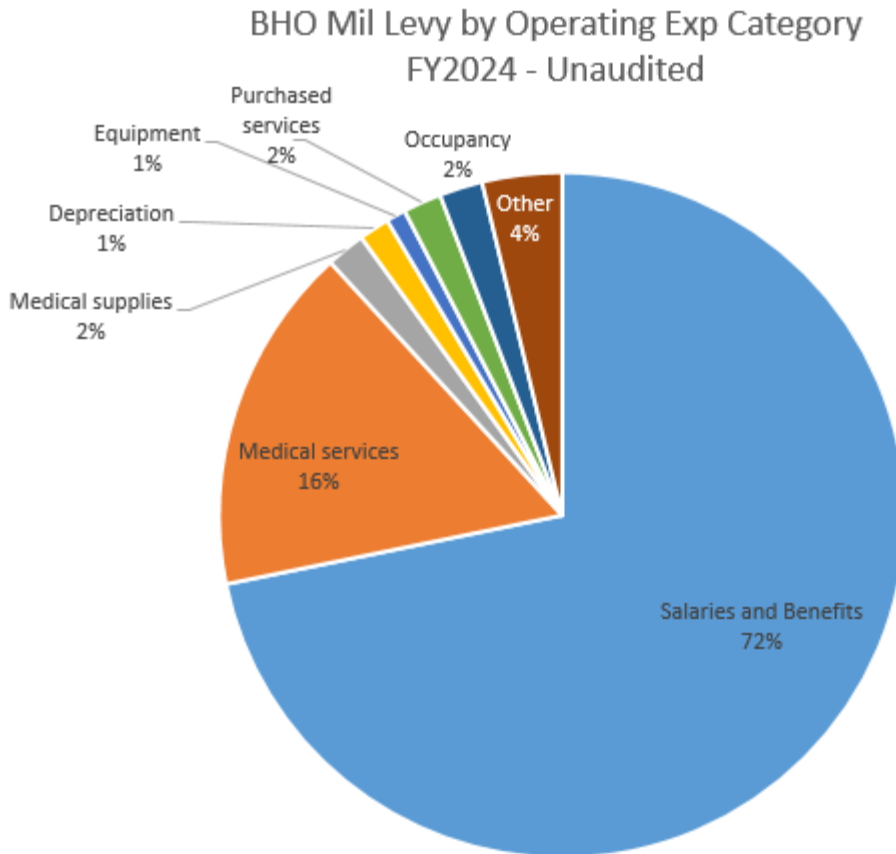
There is a three (3) month delay in Vizient data, so statistics are one quarter behind.



Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
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%
Apr-24	124	9	7.3%	8.6%
May-24	130	6	4.6%	8.4%
Jun-24	117	11	9.4%	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

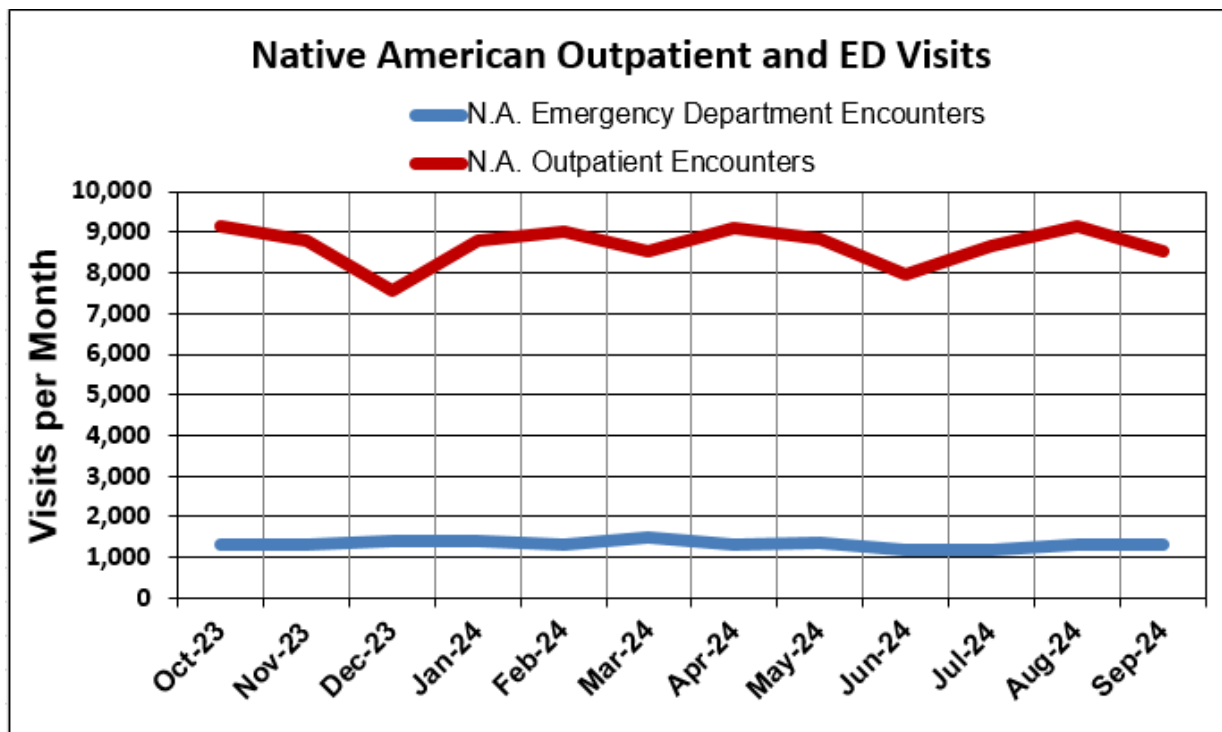


FY2024	
Salaries and Benefits	\$ 13,736,646
Medical services	3,142,802
Medical supplies	351,458
Depreciation	275,787
Equipment	176,119
Purchased services	345,167
Occupancy	389,953
Other	718,814
Total Expense	\$ 19,136,747

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

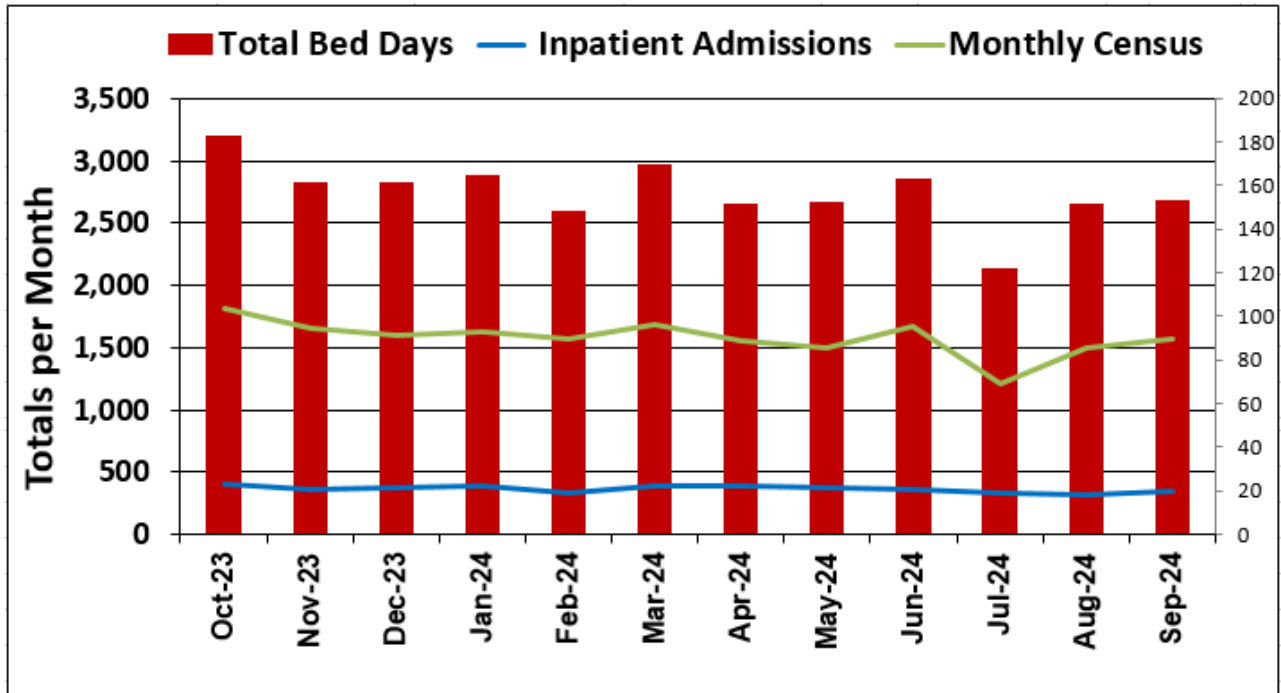
E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits



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

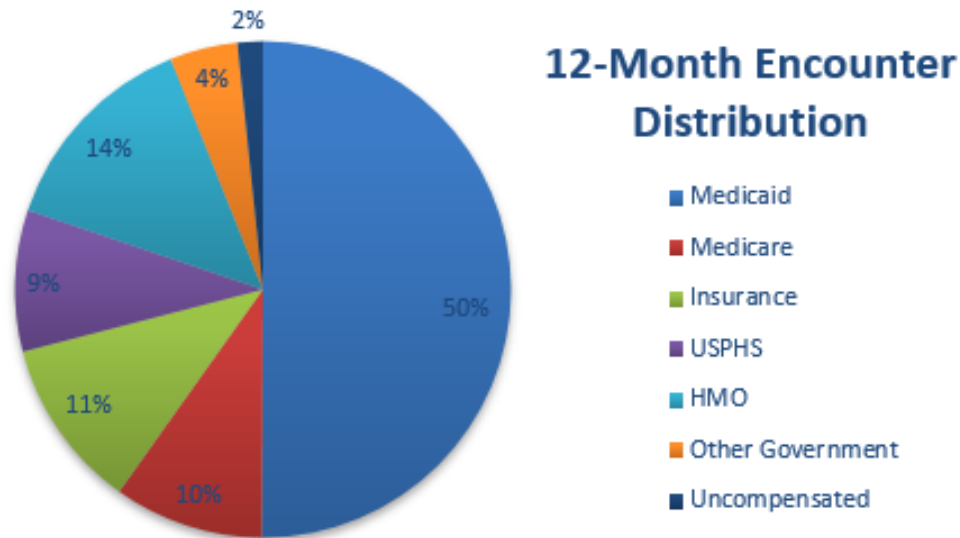
Native American Bed Days and Monthly Inpatient Census



Month	Total Bed Days	Inpatient Admissions	Monthly Census
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
Jul-24	2,135	338	69
Aug-24	2,662	326	86
Sep-24	2,686	341	90

Native American Encounter Distribution by Payor Group

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



<i>Month</i>	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
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
Jul-24	5,076	976	1,227	1,004	1,456	445	101
Aug-24	5,477	1,015	1,233	995	1,573	481	178
Sep-24	5,032	1,001	1,161	1,090	1,366	443	196
TOTAL	62,801	12,256	13,946	11,549	17,249	5,544	2,068
	50%	10%	11%	9%	14%	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>