



QUARTERLY REPORT JUNE 30, 2020

Bernalillo County Commissioner Trend Report

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A. ACCOUNTABILITY

Balance Sheet (Statement of Net Assets)

Statements of Net Assets

YTD June 2020 in Comparison to YTD June 2019

Assets	Unaudited June 2020	June 2019*
<i>(In Thousands)</i>		
Current assets:		
Cash and cash equivalents	\$ 315,256	158,482
Marketable securities	36,980	35,629
Receivables:		
Patient, net	135,641	129,813
University of New Mexico	2,236	2,196
Estimated third-party payor settlements	88,744	84,066
Bernalillo County treasurer	1,873	1,517
Other	31,997	38,447
Total current assets	<u>612,727</u>	<u>450,150</u>
Noncurrent assets:		
Assets whose use is limited:		
Held by trustee	18,168	18,613
Restricted cash - capital appropriation	18,044	-
By UNM Hospital Clinical Operations Board	27,647	26,363
Capital assets, net	<u>232,124</u>	<u>221,867</u>
Total assets	<u>908,710</u>	<u>716,993</u>
Liabilities		
Current liabilities:		
Accounts payable	46,501	48,209
Payable to University of New Mexico	31,845	28,405
Estimated third-party payor settlements	73,252	46,004
Interest payable bonds	78	81
Other accrued liabilities	164,057	88,210
Total current liabilities	<u>315,733</u>	<u>210,909</u>
Bonds payable	<u>86,305</u>	<u>92,120</u>
Total liabilities	<u>402,038</u>	<u>303,029</u>
Net Assets		
Restricted for expendable grants, bequests, and contributions	19,297	17,601
Restricted capital appropriation	18,044	-
Restricted by management	63,000	23,000
Restricted for trust indenture and debt agreement	18,168	18,612
Unrestricted net assets	242,344	225,004
Assets invested in capital	145,819	129,747
Total net assets	<u>\$ 506,672</u>	<u>\$ 413,964</u>
Current Ratio	1.94	2.16
Days Cash on Hand	95.56	52.16

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

Income Statement

Statements of Revenues, Expenses, and Changes in Net Assets
For the twelve (12) months ended June 30, 2020

(In Thousands)	<u>Unaudited June</u>
Operating revenues:	
Net Patient Service	\$ 1,094,257
Other	57,602
Total Operating Revenues	<u>1,151,859</u>
Operating expenses:	
Employee Compensation and Benefits	556,957
UNM School of Medicine Medical Services	148,248
Medical Services Oncology	15,825
Medical Services non-SOM	33,952
Medical Supplies	163,458
Oncology Drugs	50,694
Occupancy/Equipment	70,883
Depreciation	34,365
Purchased Services	105,810
Health System Expenses	16,877
Gross Receipts Tax	23,311
Other	21,393
Total Operating Expenses	<u>1,241,773</u>
Operating loss	<u>(89,914)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	108,619
State Appropriation	13,715
Interest Expense	(2,934)
Other Revenue and (Expense)	29,633
Net Nonoperating Revenues - recurring	<u>149,033</u>
Increase in Net Assets before other changes	59,119
Other Changes in Net Assets:	
Capital Appropriation - non-recurring*	33,589
Total Other Changes in Net Assets	<u>33,589</u>
Total Increase in Net Assets	92,708
Net Assets, Beginning of Year	413,964
Net Assets, End of Year	<u>\$ 506,672</u>

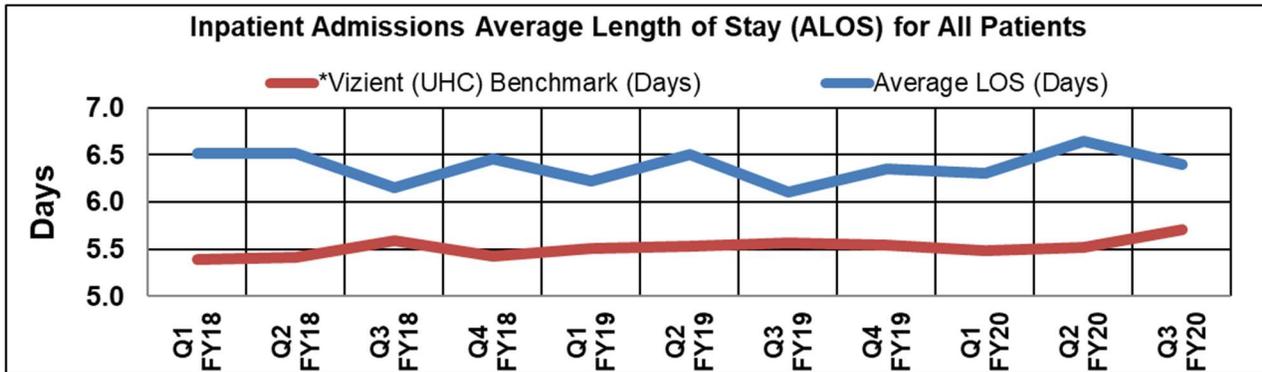
* Capital appropriations from the state are for funding the following projects:

Adult Psychiatric Regional Crisis Center	\$ 424
Center for Movement Disorders	3,465
Hospital Tower & Medical Facility Expansion	29,700
Total Capital Appropriations	<u>\$ 33,589</u>

Mill Levy Distribution Detail by Department FY2020

UNMH Mill Levy Spending Allocation Non-clinical Exp Support FY2020		
Total Bernalillo County Mill Levy	\$ 108,619,093.00	
Note: 15% of the Mill Levy is allocated to Behavioral Health (see p42)		
UNMH - 85%		
Mill Levy	\$ 92,326,229	
Expenses	Total Spending	
<i>Facilities</i>		
Facilities Maintenance	\$ 14,943,279	
Environmental Services	10,427,142	
Insurance	6,147,578	
Plant Operations & Maintenance	4,455,839	
Utilities	4,071,076	
Clinical Engineering	2,328,411	
Parking Structure and Support	2,173,993	
Security	3,911,376	
Off Site/Ambulatory Maintenance	5,734,811	
Life Safety/Fire Protection	1,382,351	
Facilities Planning	3,111,019	
Other	1,188,203	
Total Facilities		59,875,078
Finance		8,249,652
HR		8,020,942
<i>Information Technology</i>		
IT - Open Clinic/Mgt	6,538,821	
IT - Patient Financial Services	3,630,397	
Communications	5,883,092	
IT Cerner Millennium RHO	4,581,886	
Clinical Applications	3,552,335	
Customer Service	2,433,885	
Network & Infrastructure	2,692,119	
Systems Support	3,432,574	
System Develop and Applications	2,470,961	
IT CyberSecurity	1,755,079	
IT Non Capital Equipment	1,113,167	
Computer Learning Technologies	1,331,655	
Medical Records	1,313,885	
IT - EVOLVE3	814,605	
IT Admin, Oversight and Support	1,112,086	
Other	1,792,976	
Total Information Technology		44,449,523
<i>Revenue Cycle</i>		
Patient Financial Services	13,578,701	
Coding	8,847,290	
Revenue Cycle Initiatives	2,884,239	
Medical Records Support Svcs	2,174,901	
HIM Clinical Documentation	2,106,520	
Collection Agencies	954,894	
Other	1,217,023	
Total Revenue Cycle		31,763,568
Food & Nutrition		8,351,321
<i>Other</i>		
Administration	14,655,237	
FHA Bonds	6,572,341	
Admin Support for Facilities/Plannin	2,025,012	
Other	505,362	
Total Other		23,757,952
Total Mill Levy Expenditures		\$ 184,468,036

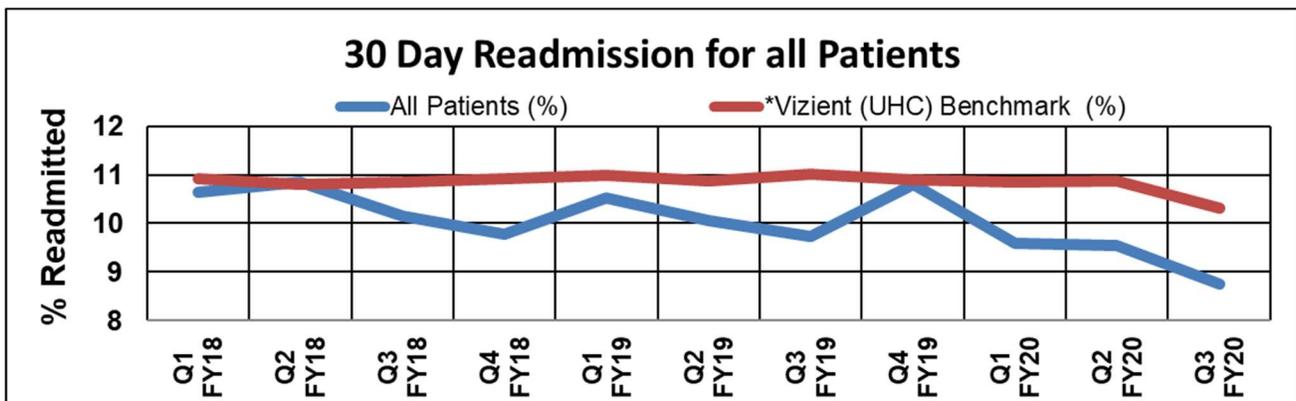
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
Average LOS (Days)	6.51	6.51	6.15	6.45	6.22	6.51	6.10	6.35	6.31	6.65	6.40
*Vizient (UHC) Benchmark (Days)	5.38	5.42	5.59	5.43	5.50	5.53	5.57	5.54	5.49	5.52	5.71

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

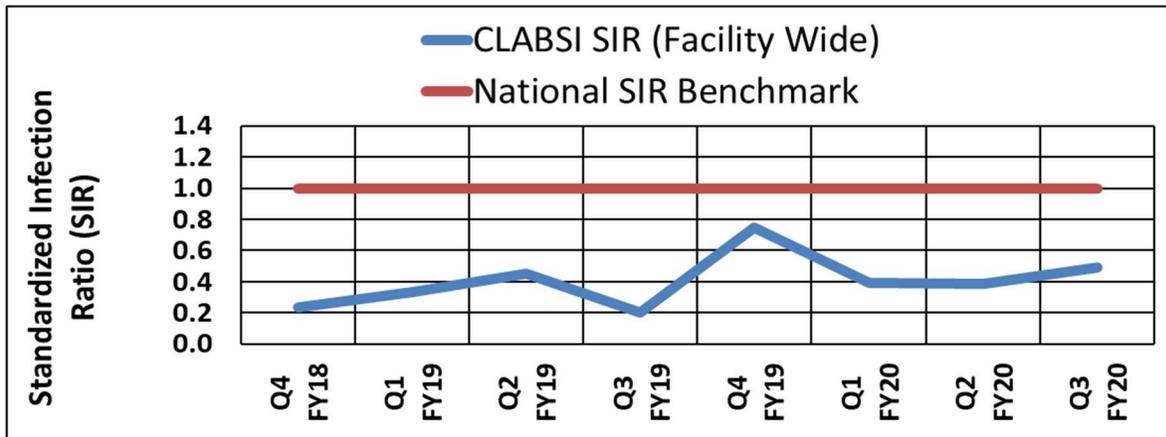
30 Day Readmission for All Patients



Fiscal Quarter	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
All Patients (%)	10.64	10.84	10.16	9.77	10.53	10.06	9.74	10.80	9.59	9.54	8.75
*Vizient (UHC) Benchmark (%)	10.92	10.80	10.84	10.91	10.99	10.87	11.01	10.89	10.85	10.88	10.30

*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.

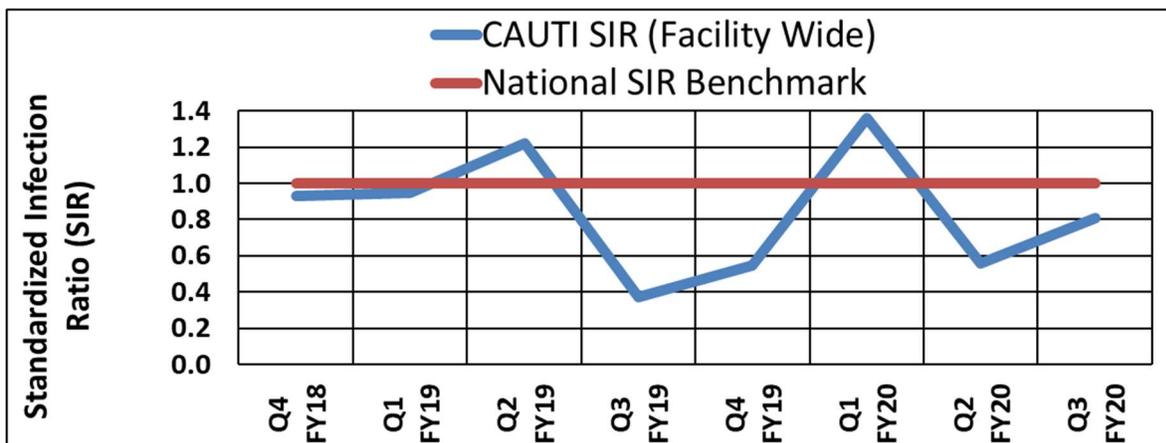
Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
CLABSI SIR (Facility Wide)	0.236	0.334	0.454	0.204	0.749	0.393	0.386	0.494
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	2	3	4	2	8	4	4	5
*NHSN Expected	8.5	9.0	8.8	9.8	10.7	10.2	10.4	10.1

Due to the COVID-19 impact, the CLABSI data is delayed until September 2020.

Catheter Associated Urinary Tract Infection



Catheter-Associated Urinary Tract Infection (CAUTI)	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
CAUTI SIR (Facility Wide)	0.930	0.945	1.223	0.374	0.547	1.362	0.556	0.809
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CAUTI Count	11	10	12	4	6	15	7	9
*NHSN Expected	11.8	10.6	9.8	10.7	11.0	11.0	12.6	11.1

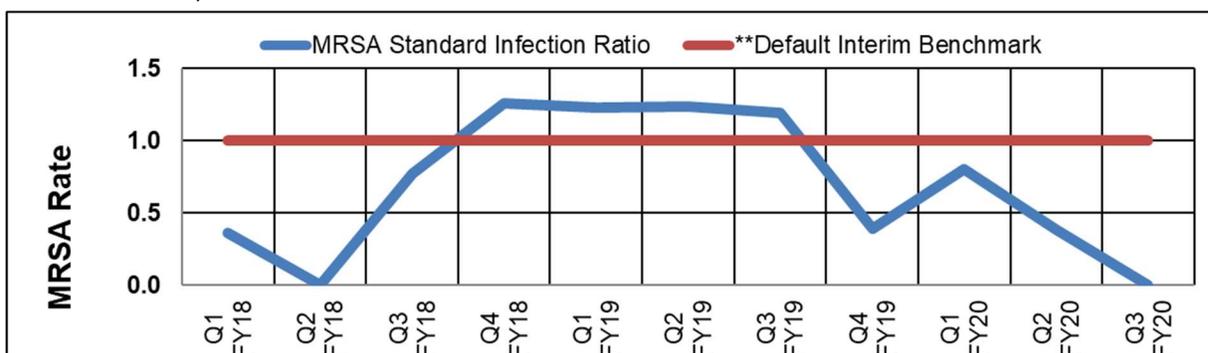
*NHSN = National Healthcare Safety Network.

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

Due to the COVID-19 impact, the CAUTI data is delayed until September 2020.

MRSA Bloodstream Standardized Infection Rate

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



Fiscal Quarter	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
MRSA Standard Infection Ratio	0.36	0.00	0.77	1.26	1.23	1.23	1.19	0.39	0.81	0.38	0.00
**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	1	0	2	3	3	3	3	1	2	1	0

**Default Interim Benchmark is a temporary measure until a national benchmark is defined.
Due to the COVID-19 impact, the MRSA data is delayed until September 2020.

Total Number of Inpatient Days

FY19 is based on the twelve (12) months ended June 30, 2019.

FY20 is based on the twelve (12) months ended June 30, 2020.

Inpatient Days	FY2019 Actual	FY20 Actual YTD
Adult	113,244	112,012
Pediatric	37,195	39,029
Newborn	5,220	4,980
Total Inpatient Days	155,659	156,021

Nursing Hours of Care

	FY2019 Actual	FY2020 Actual
UNMH Nursing Hours of Care Per Patient*	17.12	16.74

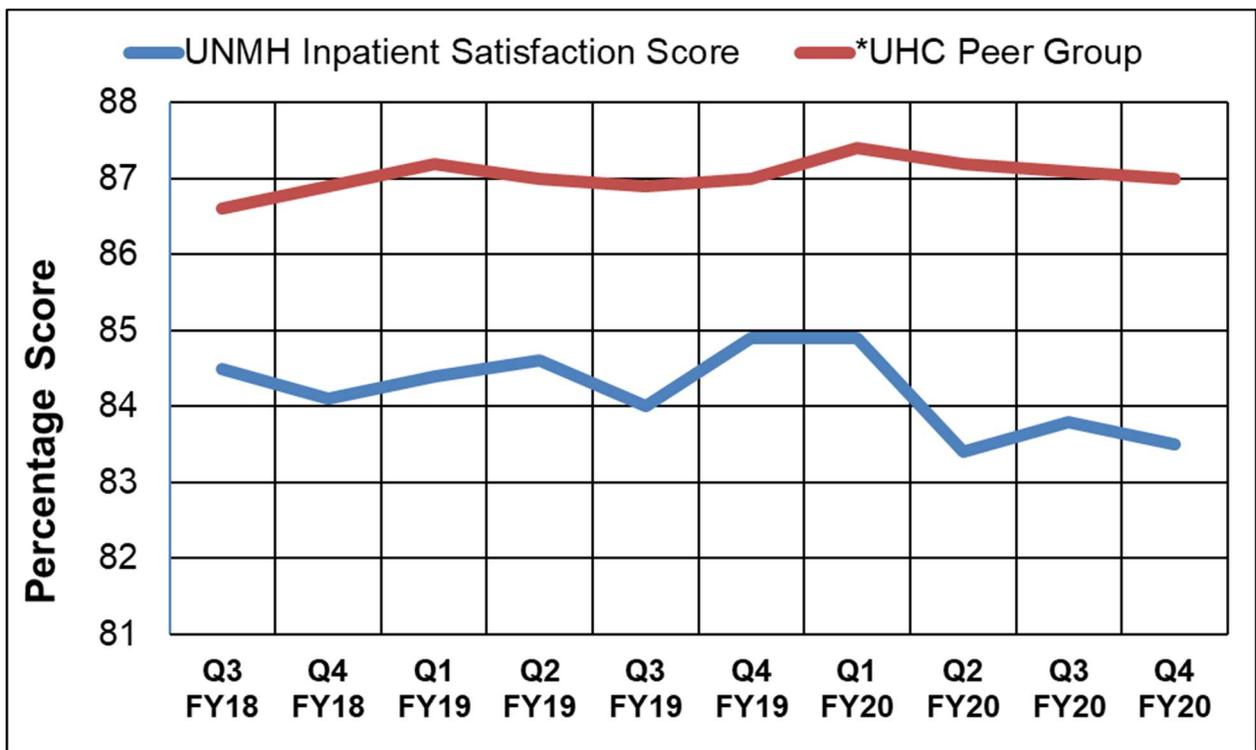
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2019	Number of FTES as of June, 2020	FY2020 Hires (Headcount)	FY2020 Terms (Headcount)	12-Month Rolling Retention Rate
RN's	1,973	1,906	185	327	83.45%
*National Retention Rate Benchmark					82.80%

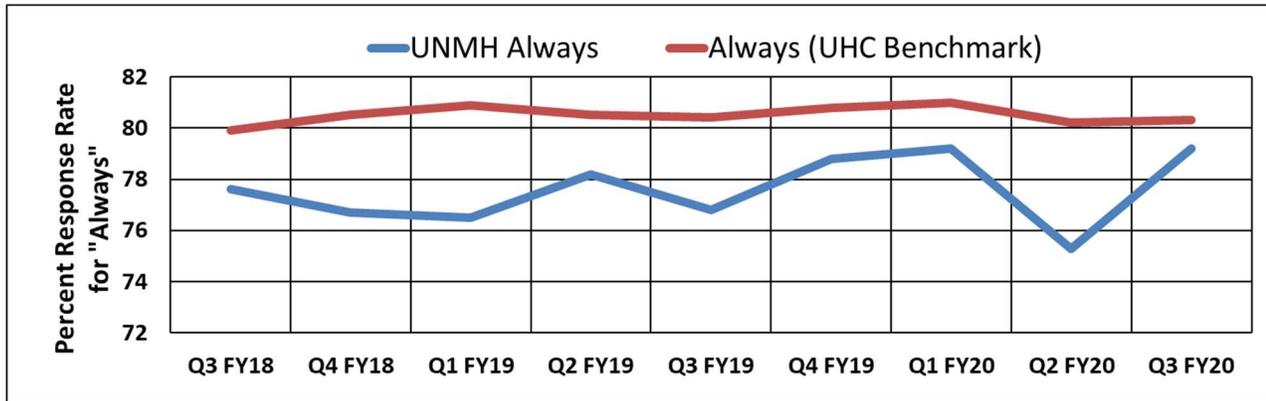
* Per the 2019 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2018 national RN turnover rate is 17.2%.

Press Ganey Inpatient Satisfaction Score



*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.

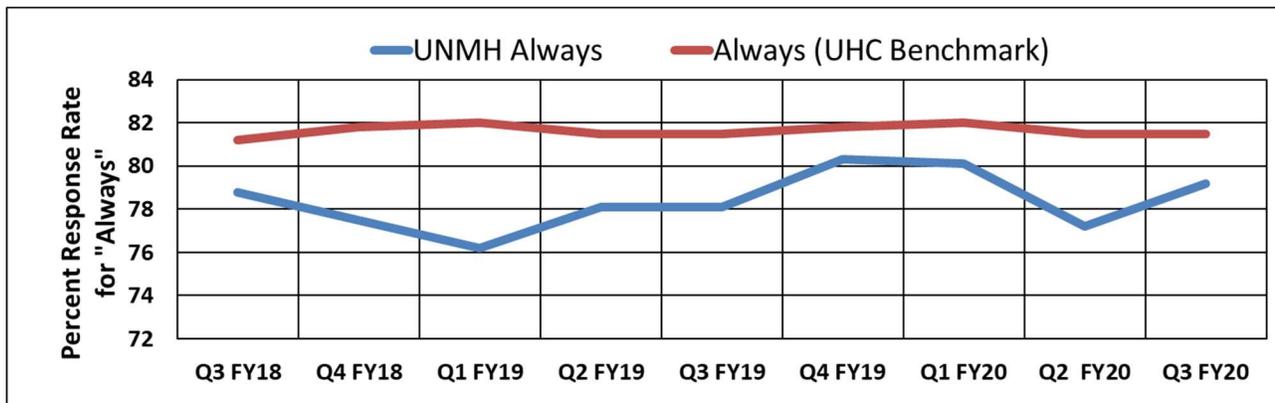
HCAPS Satisfaction – Communications with Nurses



Communication with Nurses	Response	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
H-COMP-1-A-P	UNMH Always	77.6	76.7	76.5	78.2	76.8	78.8	79.2	75.3	79.2
H-COMP-1-U-P	UNMH Usually	17.8	19.7	19.3	16.5	17.8	16.9	16.7	19.5	15.6
H-COMP-1-SN-P	UNMH Sometimes/Never	4.6	4.1	4.2	5.4	5.5	4.3	4.1	5.2	5.1
UHC Benchmark	Always (UHC Benchmark)	79.9	80.5	80.9	80.5	80.4	80.8	81.0	80.2	80.3
UHC Benchmark	Usually (UHC Benchmark)	15.7	15.4	15.1	15.3	15.3	14.9	14.8	15.1	15.0

There is a 3-month delay in in HCAPS data.

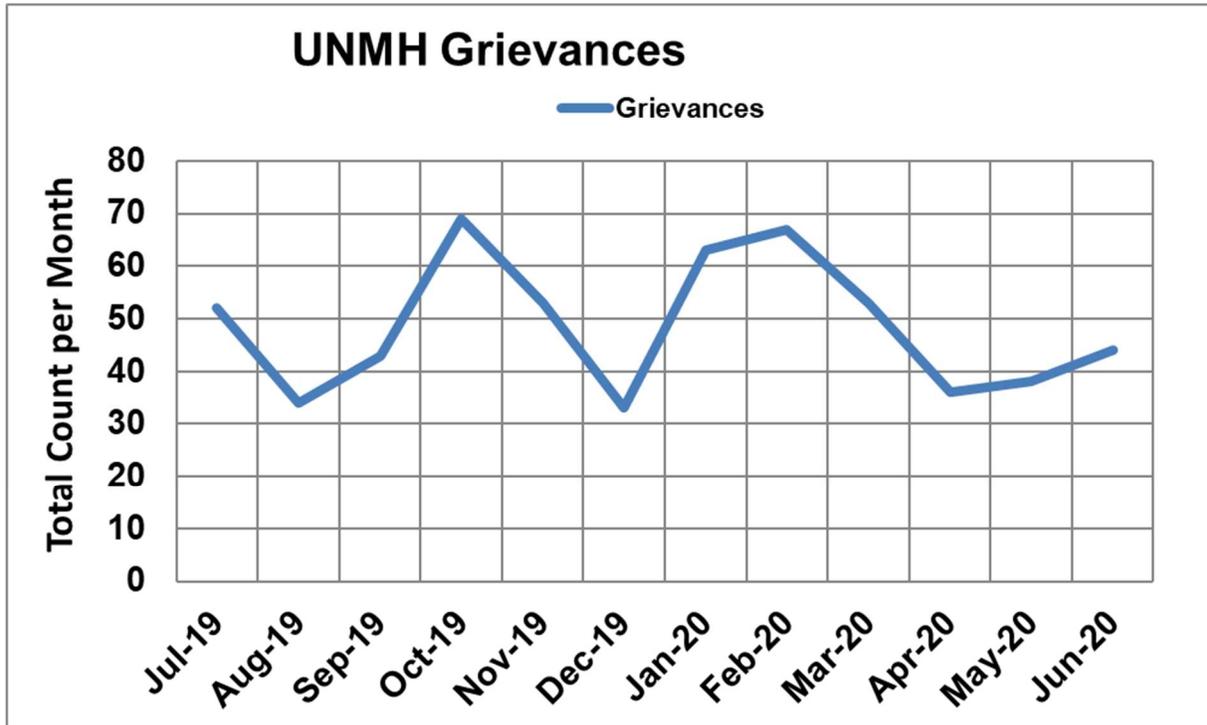
HCAPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20
H-COMP-2-A-P	UNMH Always	78.8	77.5	76.2	78.1	78.1	80.3	80.1	77.2	79.2
H-COMP-2-U-P	UNMH Usually	15.7	17.5	18.1	14.9	15.7	15.1	15.8	16.9	15.9
H-COMP-2-SN-P	UNMH Sometimes/Never	5.4	5.1	5.7	6.9	6.2	4.6	4.1	5.9	4.9
UHC Benchmark	Always (UHC Benchmark)	81.2	81.8	82.0	81.5	81.5	81.8	82.0	81.5	81.5
UHC Benchmark	Usually (UHC Benchmark)	14.4	14.0	13.7	14.0	14.0	13.8	13.6	13.8	13.9

There is a 3-month delay in in HCAPS data.

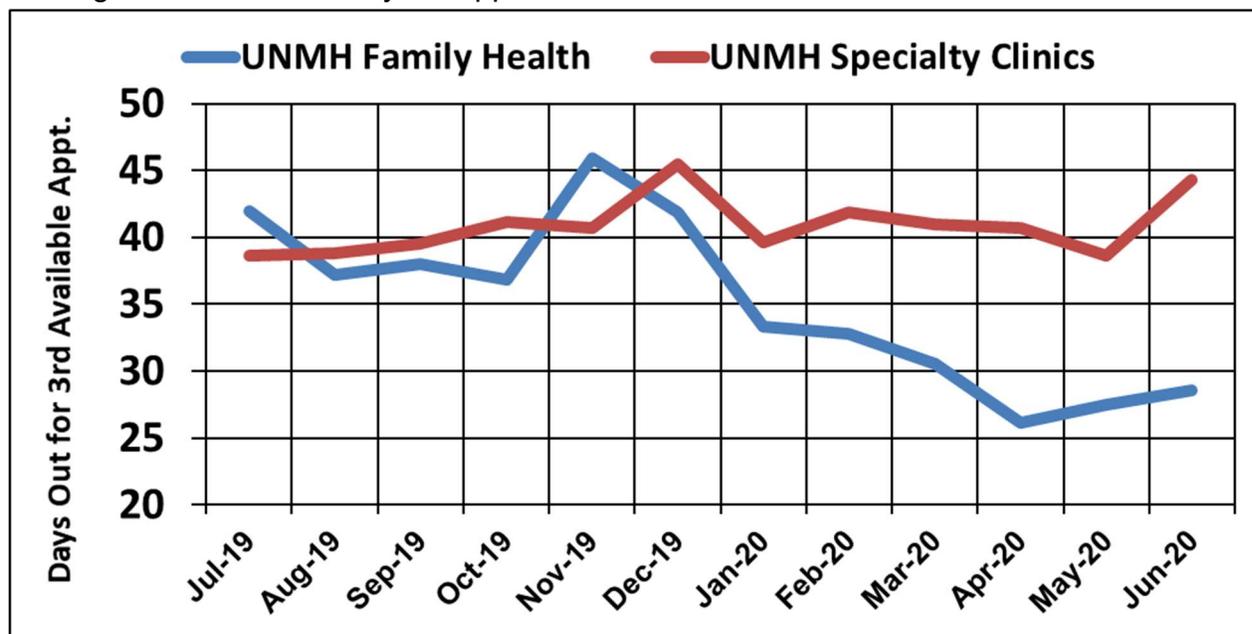
Grievances



Month-Year	Grievances
Jul-19	52
Aug-19	34
Sep-19	43
Oct-19	69
Nov-19	53
Dec-19	33
Jan-20	63
Feb-20	67
Mar-20	53
Apr-20	36
May-20	38
Jun-20	44

Average time for an Appointment for Primary and Specialty Care

Average 3rd Available* Day for Appointments.

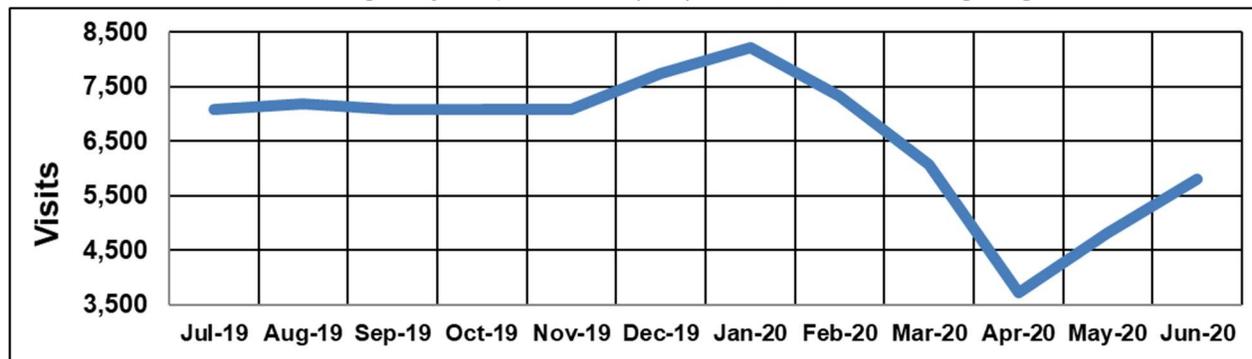


Month	UNMH Family Health	UNMH Specialty Clinics
Jul-19	41.9	38.6
Aug-19	37.2	38.8
Sep-19	38.0	39.5
Oct-19	36.8	41.2
Nov-19	45.9	40.7
Dec-19	41.9	45.4
Jan-20	33.4	39.7
Feb-20	32.8	41.9
Mar-20	30.5	40.9
Apr-20	26.2	40.7
May-20	27.5	38.6
Jun-20	28.6	44.3

* "3rd Next Available" is the industry standard for measuring appointment access and best represents the performance of the appointment access system as a whole.

Number of Emergency Department Visits

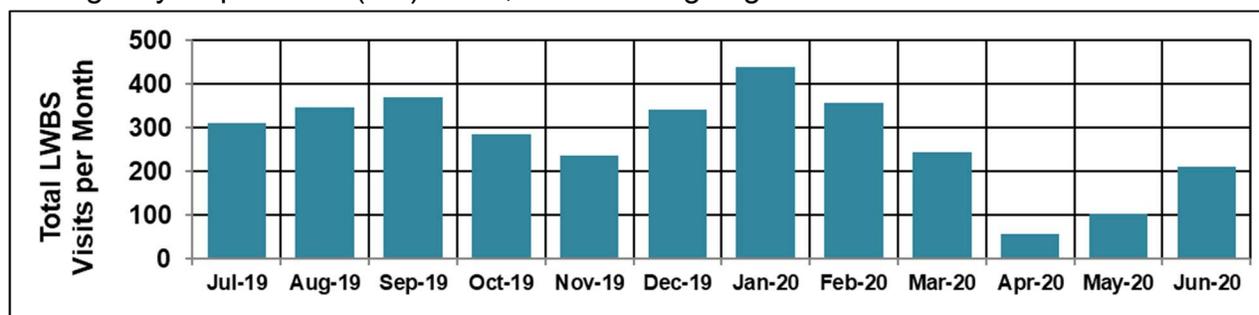
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Visits	7,083	7,183	7,078	7,080	7,078	7,739	8,226	7,343	6,074	3,720	4,828	5,809

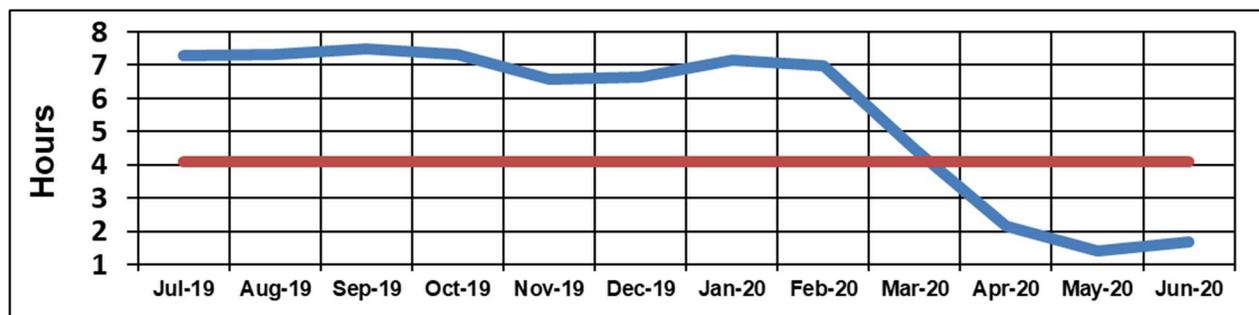
Total ED Patients Left without Being Seen

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



Month	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
UH LWBS	310	347	371	284	236	342	438	357	245	57	104	210

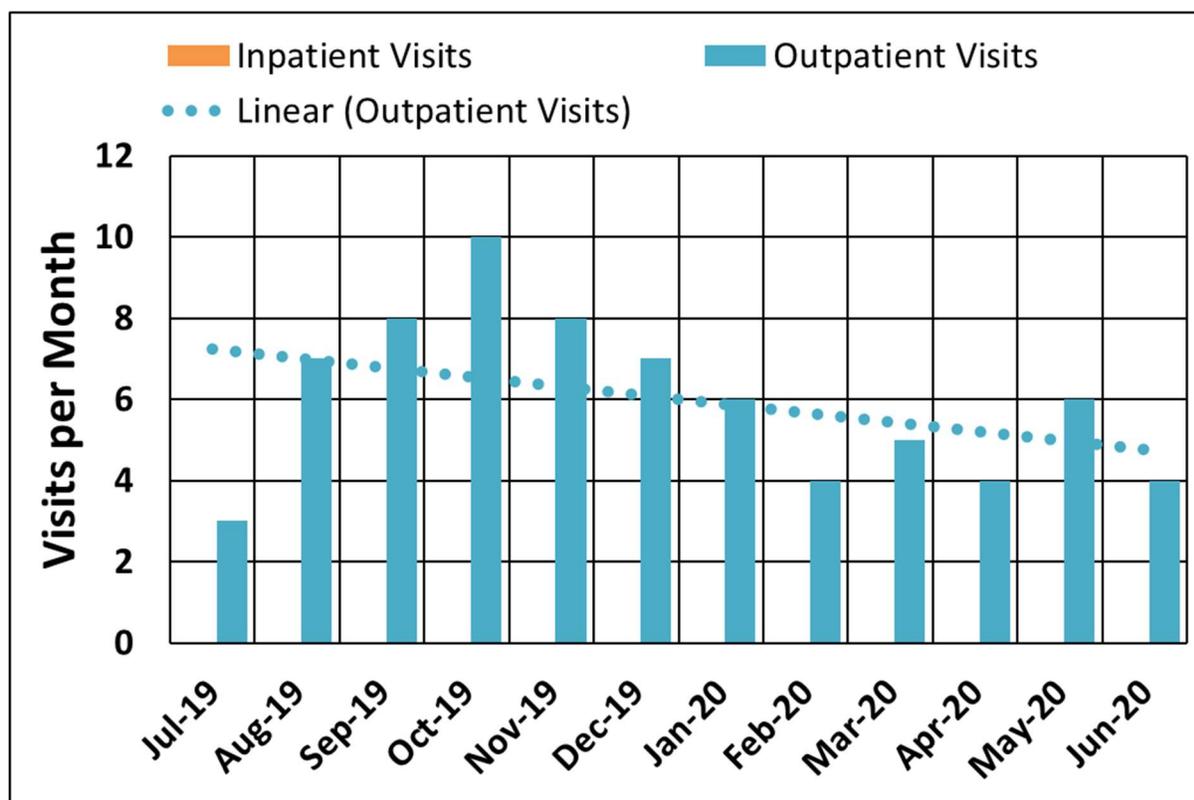
ED Average Hours from Arrival to Disposition



Month	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Arrival to Disposition	7.29	7.32	7.49	7.32	6.56	6.66	7.14	7.00	4.46	2.16	1.40	1.68
*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
Jul-19	0	3
Aug-19	0	7
Sep-19	0	8
Oct-19	0	10
Nov-19	0	8
Dec-19	0	7
Jan-20	0	6
Feb-20	0	4
Mar-20	0	5
Apr-20	0	4
May-20	0	6
Jun-20	0	4

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, 2020, broken down by payer source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	9,215
EMSA	472
IHS	3,011
Medicaid	305,439
Medicare	240,048
Uninsured	36,756
HMO's & Insurance	195,488
All Other *	36,654
Total Encounters	827,083
Native American Encounters **	79,969

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, 2020, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 28,568,437	\$ 25,791,624	\$ 54,360,061
Catron	1,163	94,532	95,695
Chaves	100,377	151,063	251,440
Cibola	612,632	196,476	809,108
Colfax	134,533	9,477	144,010
Curry	3,586	21,067	24,653
De Baca	2,840	561	3,401
Dona Ana	249,800	66,821	316,622
Eddy	58,115	85,931	144,046
Grant	45,590	1,419	47,009
Guadalupe	34,742	60,824	95,566
Harding	981	-	981
Hidalgo	176	-	176
Lea	446	70,834	71,280
Lincoln	43,580	36,963	80,543
Los Alamos	21,703	19,475	41,178
Luna	16,039	46,756	62,795
Mc Kinley	813,218	325,426	1,138,643
Mora	4,781	7,536	12,317
Otero	36,093	152,659	188,752
Quay	7,310	14,729	22,039
Rio Arriba	119,873	209,242	329,115
Roosevelt	72,356	99,330	171,686
San Juan	472,132	123,875	596,007
San Miguel	104,003	27,733	131,735
Sandoval	1,293,839	1,538,744	2,832,583
Santa Fe	764,243	1,322,685	2,086,928
Sierra	15,404	85,296	100,700
Socorro	413,009	184,806	597,815
Taos	815,342	271,223	1,086,564
Torrance	101,105	359,871	460,977
Union	220	284	504
Valencia	1,895,429	3,530,111	5,425,540
Out Of State	-	2,701,369	2,701,369
Grand Total	\$ 36,823,094	\$ 37,608,744	\$ 74,431,838

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, 2020.

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	6	\$2,879	149	\$ 47,521	155	\$ 50,400
87022	15	(34,728)	255	49,393	270	14,665
87047	16	63,548	419	97,047	435	160,594
87059	22	104,382	884	130,052	906	234,435
87101	3	17,067	45	8,713	48	25,780
87102	326	1,293,110	8,246	1,761,469	8,572	3,054,579
87103	-	-	59	13,327	59	13,327
87104	78	453,635	2,799	539,480	2,877	993,115
87105	611	2,522,274	18,689	4,987,812	19,299	7,510,085
87106	184	724,145	6,173	1,484,888	6,357	2,209,033
87107	239	1,024,467	6,894	1,590,935	7,133	2,615,402
87108	429	1,932,436	13,112	3,026,783	13,541	4,959,219
87109	210	819,910	6,282	1,359,381	6,492	2,179,291
87110	206	917,469	7,659	1,410,931	7,865	2,328,400
87111	165	1,028,581	5,484	1,370,467	5,649	2,399,048
87112	240	809,365	7,891	1,550,693	8,131	2,360,058
87113	53	230,675	1,954	360,836	2,007	591,511
87114	149	1,057,842	6,596	1,402,110	6,745	2,459,953
87115	-	-	8	2,935	8	2,935
87116	9	35,623	117	75,947	126	111,570
87117	-	-	9	1,697	9	1,697
87119	1	1,252	88	12,837	89	14,089
87120	220	1,008,997	7,444	1,573,827	7,664	2,582,824
87121	706	3,813,616	28,258	7,792,514	28,964	11,606,130
87122	24	231,603	716	226,122	740	457,725
87123	319	1,794,404	11,167	2,689,681	11,486	4,484,085
87125	15	34,748	425	85,906	440	120,654
87128	-	-	-	-	-	-
87131	1	61	19	4,159	20	4,220
87151	10	253,587	131	79,143	141	332,730
87153	-	-	29	1,835	29	1,835
87154	3	1,927	223	27,068	226	28,995
87158	-	-	-	-	-	-
87176	4	2,200	247	34,408	251	36,608
87181	1	246	74	8,421	75	8,667
87184	4	4,133	66	19,004	70	23,136
87185	3	834	5	317	8	1,151
87187	1	936	47	7,314	48	8,250
87190	3	714	100	10,907	103	11,622
87191	1	201	83	13,826	84	14,026
87192	4	2,869	120	12,399	124	15,268
87193	4	4,297	105	13,255	109	17,553
87194	3	18,256	71	11,199	74	29,455
87195	8	20,225	385	90,716	393	110,942
87196	9	36,773	267	32,420	276	69,192
87197	10	8,344	225	30,136	235	38,480
87198	7	15,412	255	22,969	262	38,381
87199	4	1,113	191	27,831	195	28,944
Grand Total	4,326	\$ 20,259,431	144,465	\$ 34,100,630	\$ 148,790	\$ 54,360,061

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the twelve (12) months ended June 30, 2020.

Bernalillo County Zip	Cancer Count	Medicine Count	Pediatrics Count	Surgery Count	Emergency Medicine Count	Neurology Count	OBGYN Count	Orthopedics Count	Psychiatry Count	Other Count	Total Count
87008	3	58	-	5	8	10	3	9	18	41	155
87022	25	99	1	15	32	8	1	13	1	75	270
87047	32	138	-	19	36	48	5	21	31	105	435
87059	70	323	2	38	51	54	14	26	68	260	906
87101	-	5	-	1	29	1	-	-	4	8	48
87102	562	2,674	16	269	995	419	179	220	835	2,403	8,572
87103	-	24	-	-	12	1	1	-	-	21	59
87104	174	1,030	3	136	207	172	54	73	195	833	2,877
87105	1,450	6,645	36	722	1,530	910	514	494	1,243	5,756	19,300
87106	261	1,857	16	197	536	282	154	157	616	2,281	6,357
87107	397	2,452	21	266	650	429	169	204	535	2,010	7,133
87108	583	4,467	29	422	1,355	644	376	348	1,275	4,042	13,541
87109	531	2,419	18	238	477	375	147	163	548	1,576	6,492
87110	418	2,754	8	301	548	557	160	198	851	2,070	7,865
87111	310	1,971	12	187	374	439	145	167	482	1,562	5,649
87112	487	3,013	12	294	518	452	225	234	743	2,153	8,131
87113	106	719	4	76	112	114	64	64	124	624	2,007
87114	710	2,346	14	254	339	376	168	200	533	1,805	6,745
87115	-	1	-	-	5	-	-	-	1	1	8
87116	23	39	1	-	16	11	4	3	2	27	126
87117	-	-	-	-	1	-	-	-	7	1	9
87119	2	35	-	9	8	7	2	1	4	21	89
87120	518	2,740	30	239	546	475	246	217	628	2,025	7,664
87121	2,012	9,776	72	995	1,995	1,305	1,046	678	1,369	9,716	28,964
87122	64	288	-	33	27	29	4	23	44	228	740
87123	656	4,106	24	364	782	604	381	295	856	3,418	11,486
87125	56	130	-	9	68	27	10	10	34	96	440
87128	-	-	-	-	-	-	-	-	-	-	-
87131	1	4	-	-	4	-	-	2	1	8	20
87151	3	17	-	9	36	1	-	9	21	44	140
87153	-	17	-	-	2	1	-	2	3	4	29
87154	3	66	-	6	11	41	-	6	25	68	226
87158	-	-	-	-	-	-	-	-	-	-	-
87176	38	88	-	8	31	18	2	7	3	56	251
87181	2	26	-	7	7	4	-	1	1	27	75
87184	5	26	-	6	6	1	1	1	3	21	70
87185	1	3	-	-	1	1	1	-	1	-	8
87187	-	17	-	1	6	1	-	4	13	6	48
87190	13	36	-	2	8	5	-	8	14	17	103
87191	-	50	-	3	1	-	1	1	1	27	84
87192	12	37	1	3	6	17	-	2	5	41	124
87193	9	35	1	-	9	4	1	3	14	33	109
87194	3	28	-	7	5	8	-	3	2	18	74
87195	16	160	1	17	21	21	3	18	26	110	393
87196	35	108	-	6	7	5	-	8	52	55	276
87197	36	93	-	9	6	20	-	4	16	51	235
87198	11	108	-	12	27	23	7	6	13	55	262
87199	44	64	-	9	7	18	3	2	6	42	195
Grand Total	9,682	51,092	322	5,194	11,458	7,938	4,091	3,905	11,267	43,841	148,790

Primary Reason for Bernalillo County Indigent Resident Visits

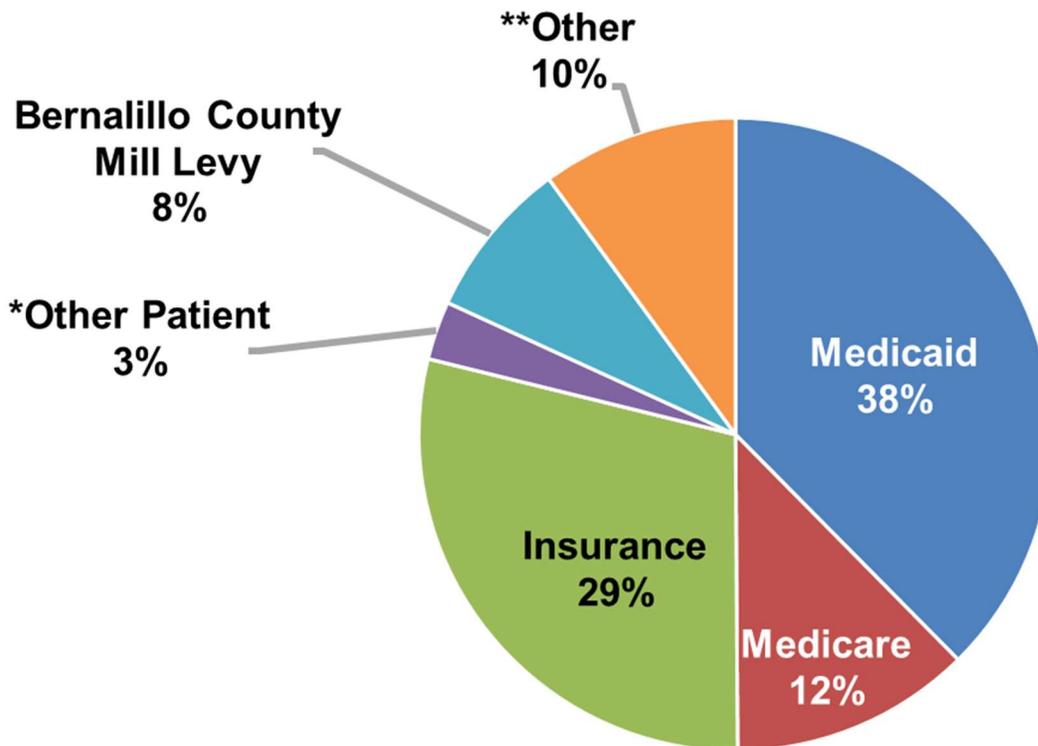
Totals are for each of the eight (8) quarters ended June 30, 2020.

Description	FY20 Q4	FY20 Q3	FY20 Q2	FY20 Q1	FY19 Q4	FY19 Q3	FY19 Q2	FY19 Q1
Factors influencing health status and contact with health services	12,077	5,802	8,593	4,886	7,029	5,561	6,351	7,405
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	3,733	2,573	3,634	1,980	3,056	2,418	2,586	2,921
Diseases of the musculoskeletal system and connective tissue	3,497	2,465	3,668	2,094	3,302	2,582	2,700	3,188
Injury, poisoning and certain other consequences of external causes	2,799	1,571	2,477	1,506	2,224	1,606	1853	2,303
Neoplasms	1,975	1,172	1,672	1,028	1,614	1,259	1328	1,492
Mental and behavioural disorders	2,856	1,385	1,960	1,109	1,627	1,324	1398	1,680
Endocrine, nutritional and metabolic diseases	2,422	1,523	2,213	1,251	1,905	1,541	1633	1,872
Diseases of the circulatory system	2,185	1,415	2,107	1,182	1,767	1,387	1453	1,647
Diseases of the nervous system	1,679	1,276	1,876	1,051	1,574	1,230	1219	1,416
Diseases of the genitourinary system	1,691	1,057	1,548	901	1,330	1,059	1125	1,275
Pregnancy, childbirth and the puerperium	1,597	703	966	515	936	705	781	988
Diseases of the digestive system	1,472	915	1,355	765	1,177	921	943	1095
Diseases of the respiratory system	1,446	2,100	2,484	866	1,708	1,804	1540	1272
Diseases of the skin and subcutaneous tissue	1,123	822	1,254	752	1,105	845	907	1051
Diseases of the eye and adnexa	675	606	856	521	827	575	591	691
Certain infectious and parasitic diseases	541	476	696	321	524	465	468	488
Congenital malformations, deformations and chromosomal abnormalities	300	199	297	172	280	216	236	255
Diseases of the ear and mastoid process	370	402	508	267	407	400	358	400
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	173	185	290	172	247	174	201	234
Codes for special purposes	141	-	-	-	-	-	0	0
Certain conditions originating in the perinatal period	74	25	55	32	61	36	45	43
External causes of morbidity and mortality	3	1	3	0	2	1	1	2
Other (prescription pick-up, etc.)	9,886	3,092	4,217	2,213	3,281	2,624	2,801	3,089
	52,715	29,765	42,729	23,584	35,983	28,733	30,518	34,807

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

FY 2020 Revenue (Unaudited)



	FY2020
Medicaid	\$ 502,689,863
Medicare	164,449,552
Insurance	387,152,622
*Other Patient	39,965,345
Bernalillo County Mill Levy	108,619,093
**Other	134,235,343
Total	\$ 1,337,111,817

***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, CARES ACT Funding and Contributions, and Investment Income.

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

FY2019 is based on the twelve (12) months ended June 30, 2019.

FY2020 is based on the twelve (12) months ended June 30, 2020.

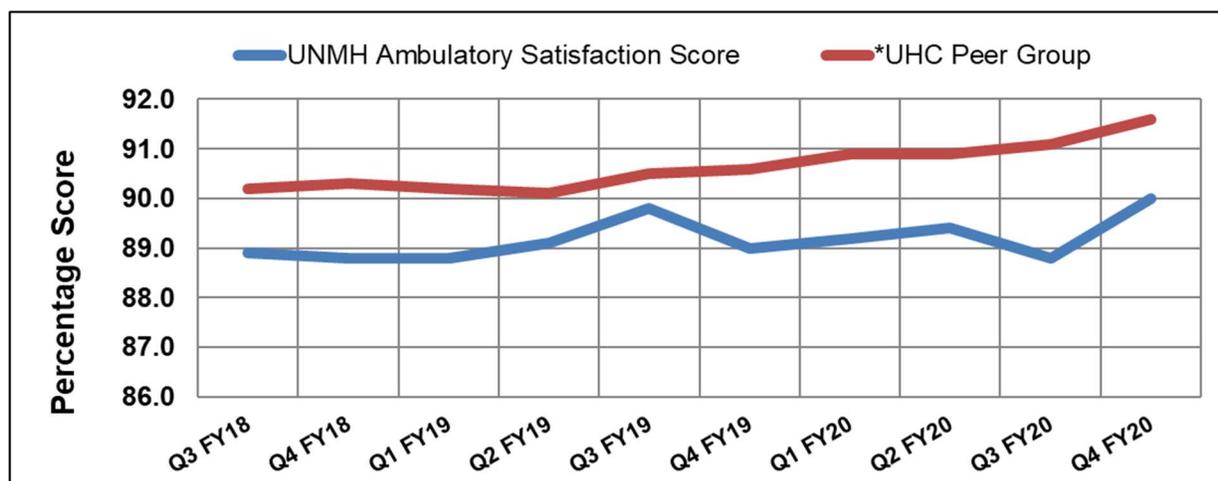
Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.

548,093	FY19 Actual (12 Months)
507,363	FY20 Actual (12 Months)

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

Clinic:	Location:	Hours:
Adult Urgent Care	Main Hospital - 1st Floor, 2211 Lomas Blvd NE	Mon - Sat 7:00am - 6:00pm
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, #A	Mon-Thurs 8am-7pm, Fri 8am-5pm, Sat 9am-2pm

Press Ganey Ambulatory Satisfaction Score

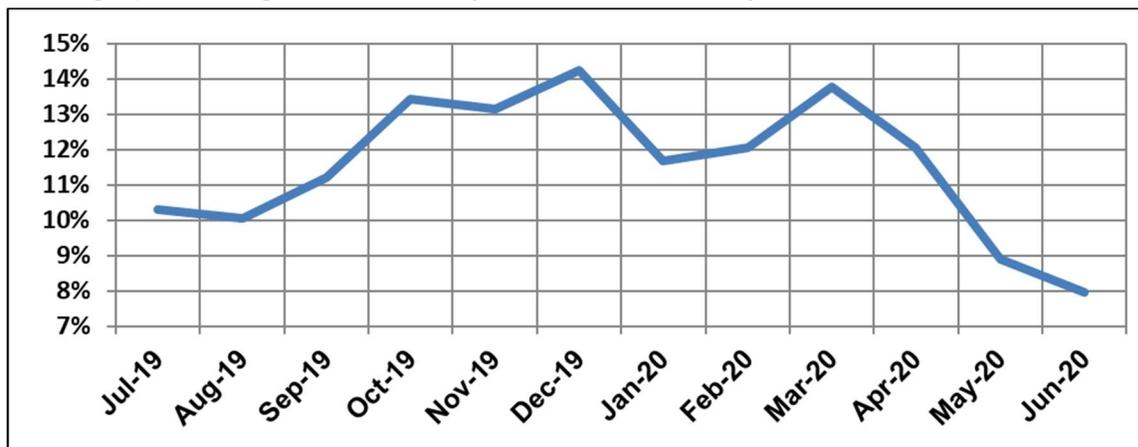


Quarter	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20
UNMH Ambulatory Satisfaction Score	88.9	88.8	88.8	89.1	89.8	89.0	89.2	89.4	88.8	90.0
*UHC Peer Group	90.2	90.3	90.2	90.1	90.5	90.6	90.9	90.9	91.1	91.6

*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.



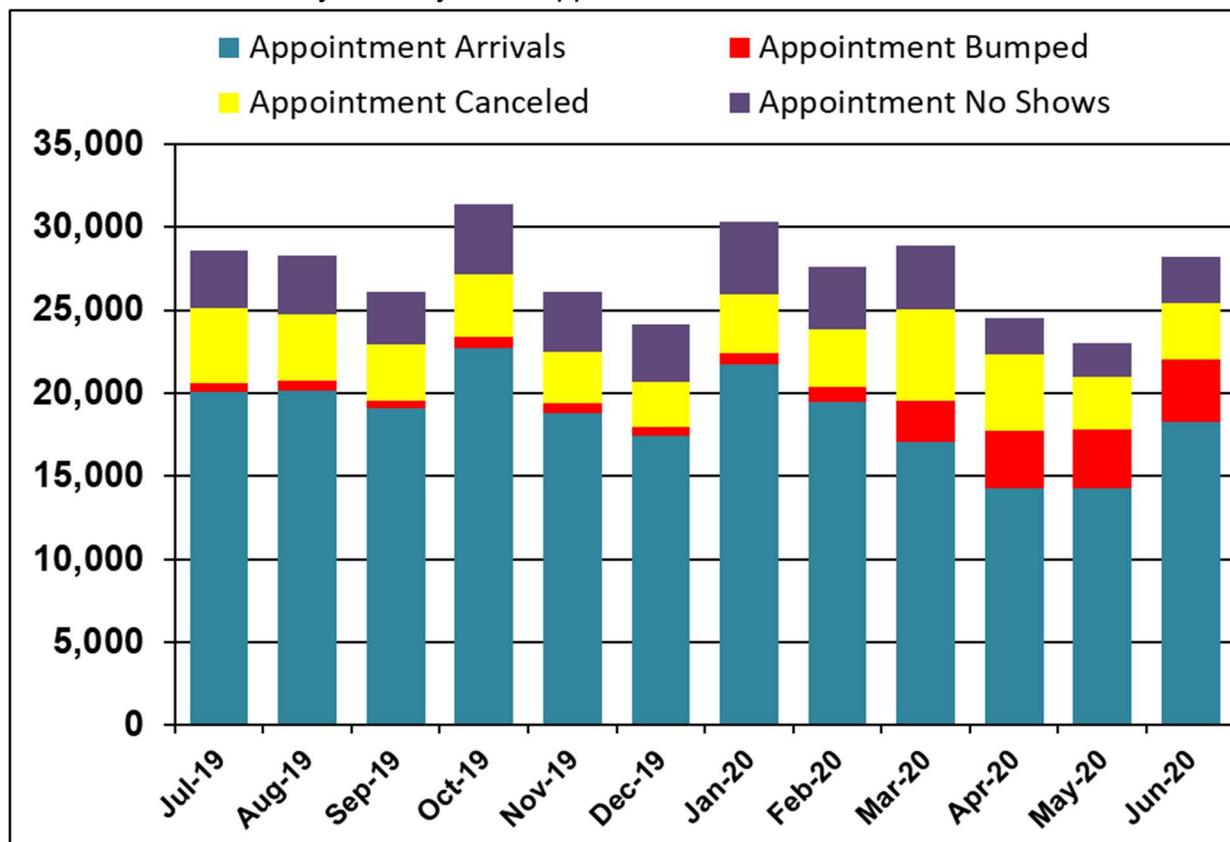
Month	Same Day	Total Arrived	Same Day Rate
Jul-19	1,435	13,933	10.3%
Aug-19	1,413	14,078	10.0%
Sep-19	1,459	13,036	11.2%
Oct-19	2,127	15,839	13.4%
Nov-19	1,719	13,072	13.2%
Dec-19	1,729	12,135	14.2%
Jan-20	1,762	15,103	11.7%
Feb-20	1,596	13,229	12.1%
Mar-20	1,595	11,590	13.8%
Apr-20	1,172	9,732	12.0%
May-20	863	9,703	8.9%
Jun-20	986	12,375	8.0%

Most recent three (3) month average, Same Day Access by Clinic.

Average	Primary Care Clinics
5.6%	1209 Clinic
13.9%	Alamo Primary Care Clinic
8.1%	Family Practice Clinic
5.0%	General Pediatrics Clinic
9.9%	Northeast Heights Clinic
13.1%	Senior Health Center
7.4%	Southeast Heights Clinic
6.7%	Southwest Mesa Clinic
5.1%	SRMC FP Clinic
70.0%	UNM Lobocare Clinic
5.6%	Westside Clinic
7.0%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

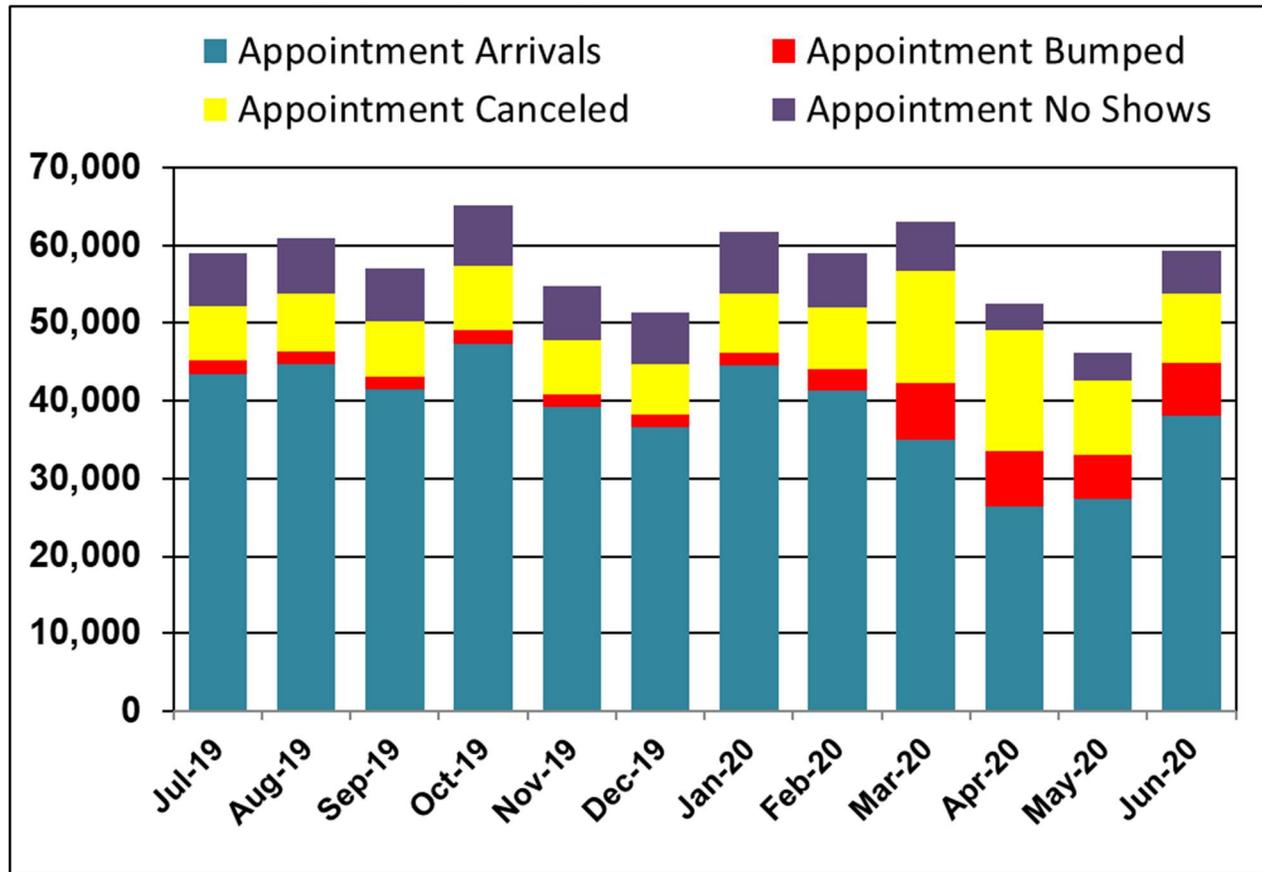
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-19	20,051	555	4,485	3,468
Aug-19	20,133	609	3,999	3,563
Sep-19	19,075	499	3,323	3,228
Oct-19	22,712	663	3,760	4,231
Nov-19	18,786	588	3,066	3,649
Dec-19	17,401	531	2,747	3,480
Jan-20	21,730	654	3,595	4,337
Feb-20	19,463	897	3,493	3,709
Mar-20	17,057	2,505	5,510	3,828
Apr-20	14,276	3,454	4,592	2,203
May-20	14,274	3,509	3,161	2,030
Jun-20	18,264	3,765	3,405	2,730

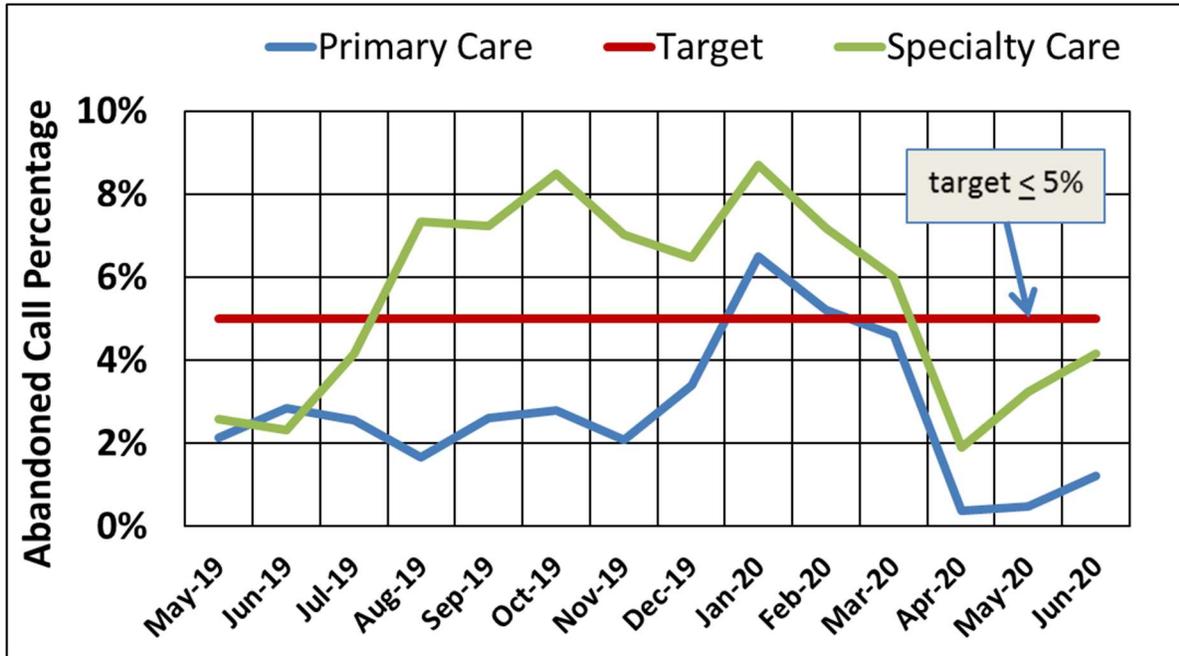
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-19	43,380	1,749	7,046	6,811
Aug-19	44,673	1,665	7,536	7,044
Sep-19	41,406	1,634	7,169	6,854
Oct-19	47,289	1,835	8,181	7,890
Nov-19	39,152	1,707	6,946	6,948
Dec-19	36,613	1,551	6,595	6,527
Jan-20	44,639	1,507	7,663	7,902
Feb-20	41,268	2,786	8,021	6,903
Mar-20	35,029	7,239	14,433	6,282
Apr-20	26,462	7,143	15,540	3,335
May-20	27,419	5,557	9,594	3,557
Jun-20	38,066	6,806	8,866	5,509

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			
May-19	2.14%	2.59%	5%
Jun-19	2.84%	2.31%	5%
Jul-19	2.55%	4.15%	5%
Aug-19	1.65%	7.33%	5%
Sep-19	2.61%	7.24%	5%
Oct-19	2.80%	8.50%	5%
Nov-19	2.08%	7.03%	5%
Dec-19	3.39%	6.46%	5%
Jan-20	6.49%	8.70%	5%
Feb-20	5.21%	7.17%	5%
Mar-20	4.60%	6.01%	5%
Apr-20	0.38%	1.90%	5%
May-20	0.48%	3.24%	5%
Jun-20	1.21%	4.16%	5%

Medication Reconciliation Goals Primary and Specialty Care

Medication reconciliation based on most recent three (3) month averages.

79.9%	National Patient Safety Goal - Medication Reconciliation Primary Care
29.0%	National Patient Safety Goal - Medication Reconciliation Specialty Care

Percentage of Patients with Access to Electronic Medical Record

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

As of July 14, 2020

191,319	Invitations sent out to patients who provided an email address.
88,102	Patients who have claimed invitation to sign up.
77,531	*Active Users who have accessed their medical records.
41%	Percentage of patients who can potentially access their medical records electronically .

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

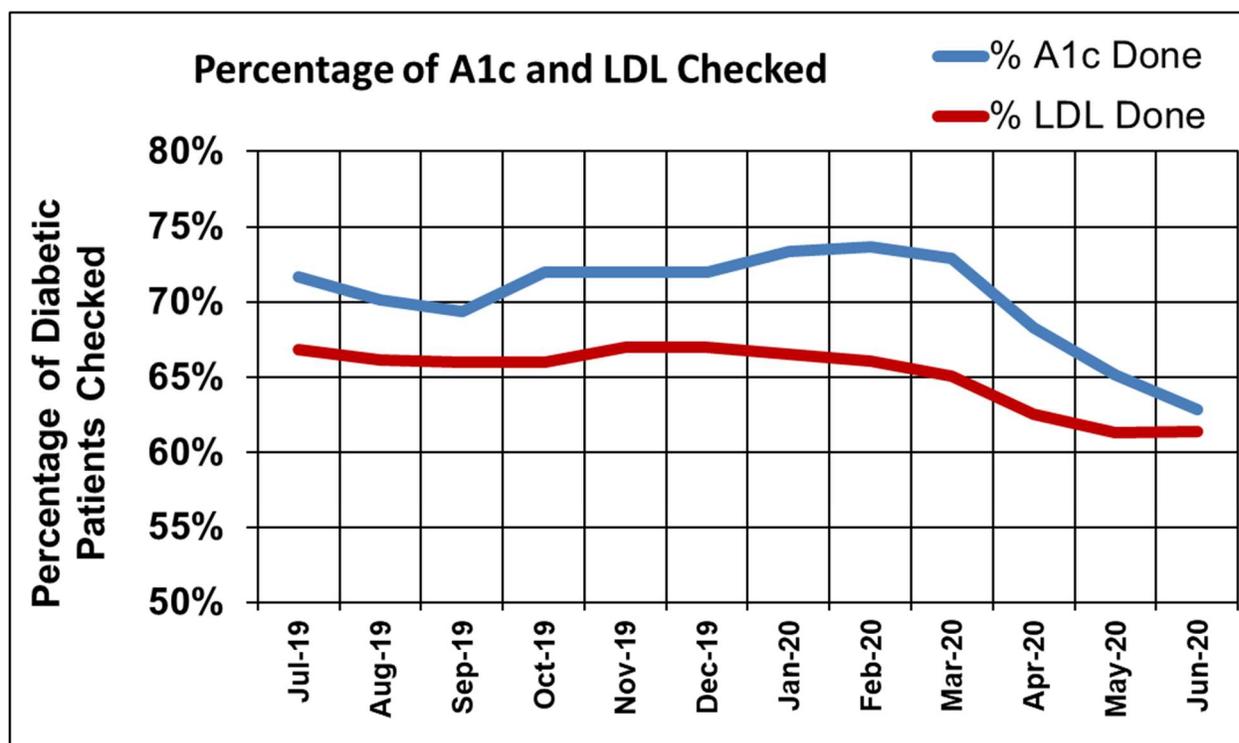
One hundred percent (100%) of all patients may access their medical records in person at UNMH.

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-19	7,661	5,461	72%	5,090	67%
Aug-19	7,921	5,556	70%	5,240	66%
Sep-19	8,036	5,573	69%	5,323	66%
Oct-19	7,699	5,527	72%	5,116	66%
Nov-19	7,707	5,573	72%	5,136	67%
Dec-19	7,711	5,562	72%	5,159	67%
Jan-20	7,685	5,636	73%	5,116	67%
Feb-20	7,680	5,656	74%	7,736	66%
Mar-20	7,736	5,641	73%	5,032	65%
Apr-20	7,765	5,300	68%	4,859	63%
May-20	7,719	5,031	65%	4,735	61%
Jun-20	7,431	4,672	63%	4,565	61%

As of January 1, 2019, diabetes reporting converted to a new data source, which resulted in capturing a more complete population of patients. This led to an overall 18% increase in total number of patients captured for tracking Diabetes and LDL.

C. FINANCIAL SERVICES

UNM Care Enrollment, Self-Pay and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Self Pay Patients Seen on Discount Program	Number of Medicaid applications completed at UNMH
Jul-19	7,987	381	264
Aug-19	8,040	357	556
Sep-19	8,003	322	500
Oct-19	8,001	333	426
Nov-19	7,844	294	384
Dec-19	7,690	283	322
Jan-20	7,227	323	419
Feb-20	6,760	329	215
Mar-20	6,768	292	140
Apr-20	6,623	184	No Data Available
May-20	6,198	175	No Data Available
Jun-20	5,917	236	No Data Available

Total Uncompensated Care – Charity Care and Uninsured

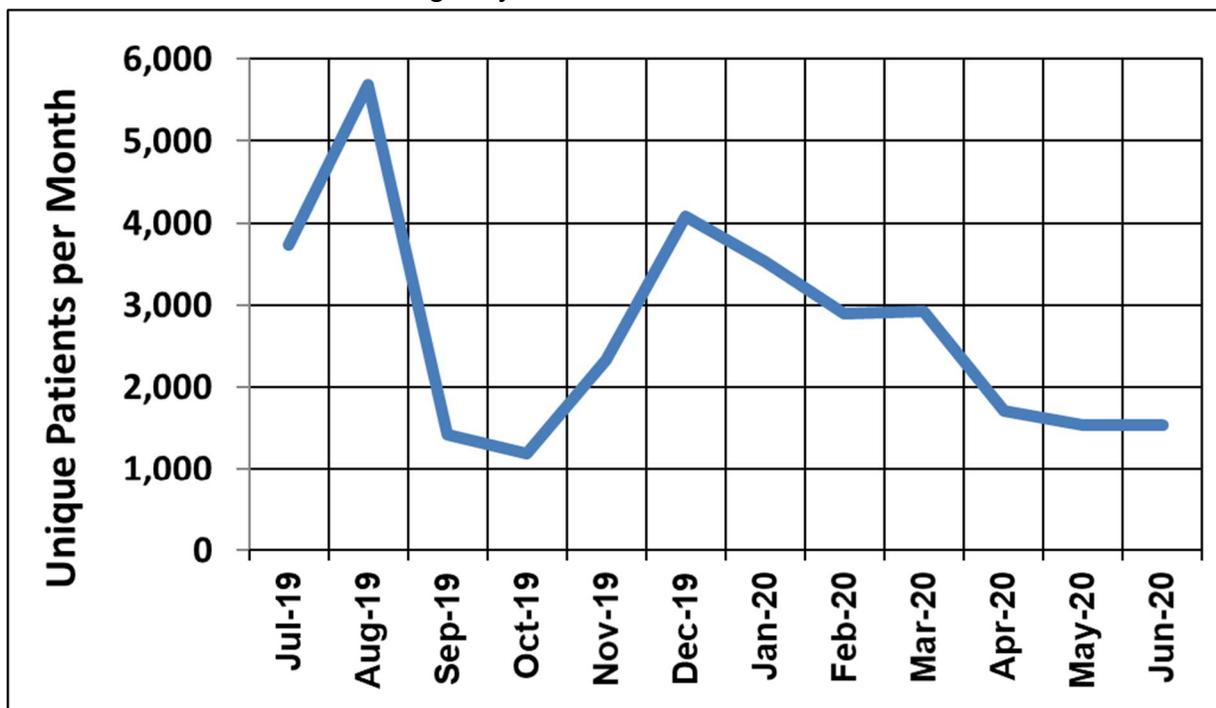
For the twelve (12) months ended June 30, 2020, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	37,808	13,554	51,362
Encounters	116,468	32,322	148,790
Cost	\$ 28,568,437	\$ 25,791,624	\$ 54,360,061

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.

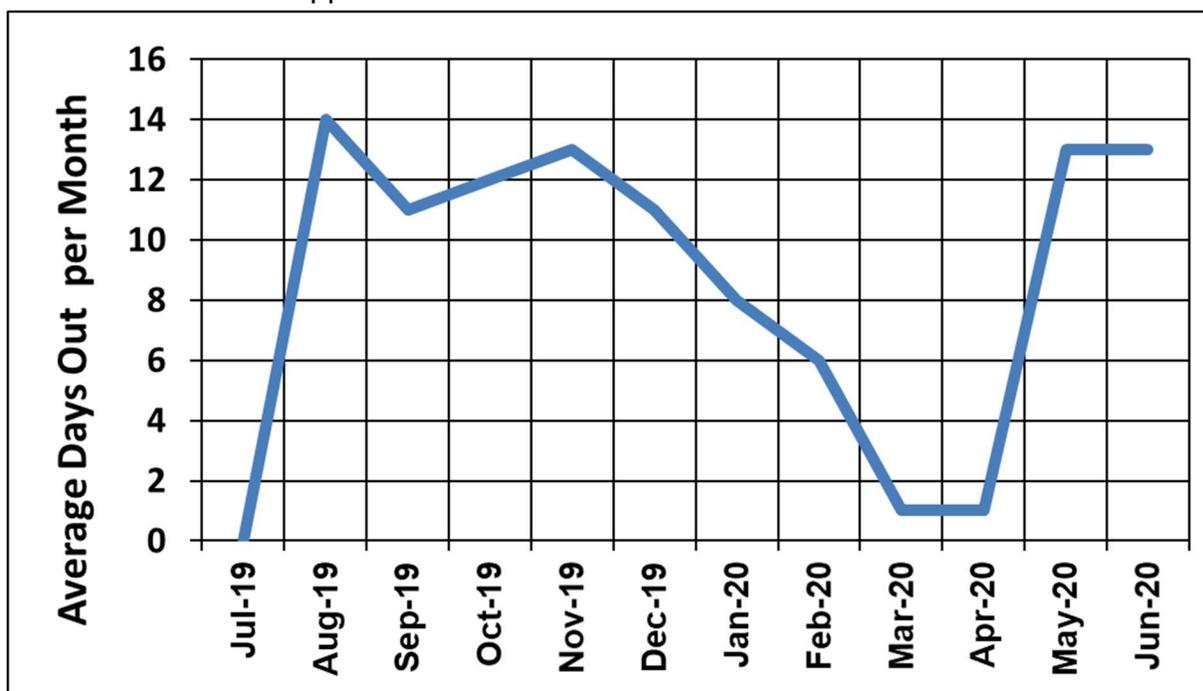
Number of Unique Patients Sent to Collections

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



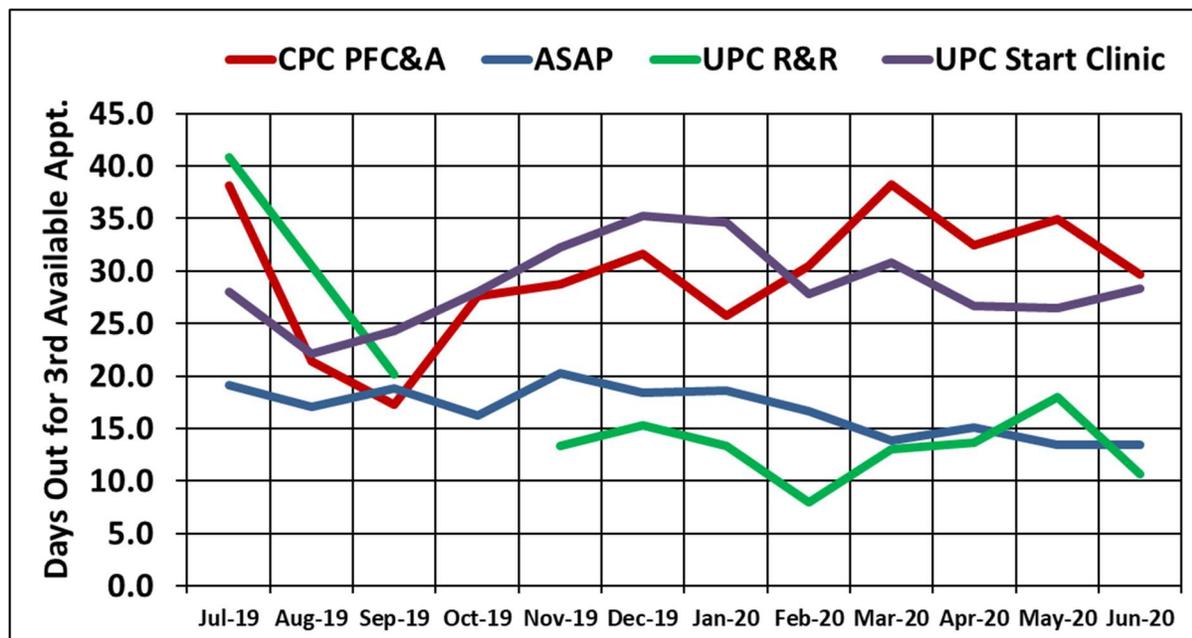
Days Out For Scheduling Financial Assistance Appointment

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



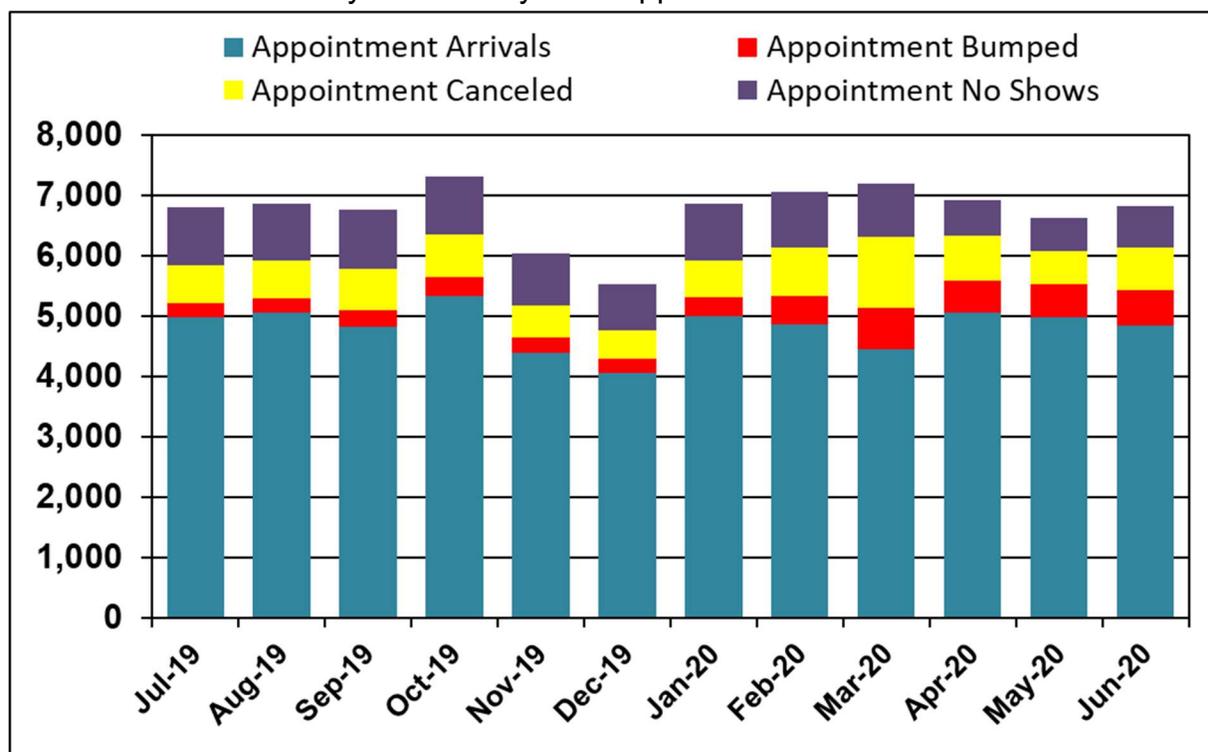
Month	CPC PFC&A	ASAP	UPC R&R	UPC Start Clinic
Jul-19	38.2	19.1	40.8	28.0
Aug-19	21.4	17.1	30.5	22.1
Sep-19	17.3	18.8	20.2	24.3
Oct-19	27.6	16.2		28.0
Nov-19	28.7	20.3	13.3	32.3
Dec-19	31.6	18.4	15.3	35.3
Jan-20	25.7	18.6	13.3	34.6
Feb-20	30.5	16.7	8.0	27.8
Mar-20	38.3	13.9	13.0	30.8
Apr-20	32.5	15.1	13.7	26.7
May-20	34.9	13.5	18.0	26.5
Jun-20	29.7	13.4	10.7	28.3

Definitions For Above Acronyms

CPC PFC&A	Children's Psychiatric Center Programs for Children and Adolescents
ASAP	Alcohol and Substance Abuse Program
UPC R&R	University Psychiatric - Center Recovery and Resiliency (Continuity of Care)
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.

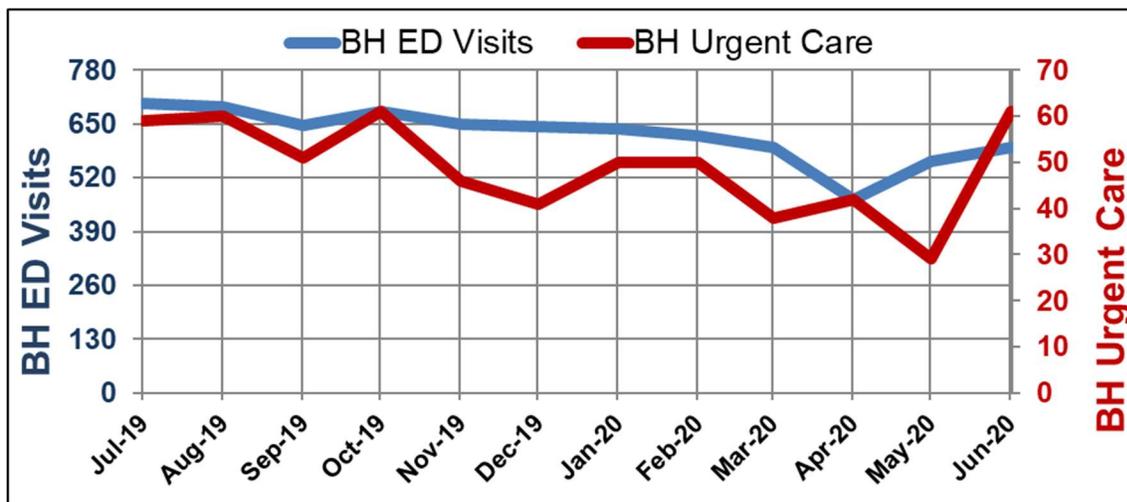


Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-19	4,973	250	628	951
Aug-19	5,054	237	631	932
Sep-19	4,832	266	681	992
Oct-19	5,337	300	706	970
Nov-19	4,398	244	532	864
Dec-19	4,051	247	458	765
Jan-20	4,992	320	600	953
Feb-20	4,857	470	816	906
Mar-20	4,454	678	1,182	883
Apr-20	5,051	534	752	584
May-20	4,972	556	559	535
Jun-20	4,851	582	704	687

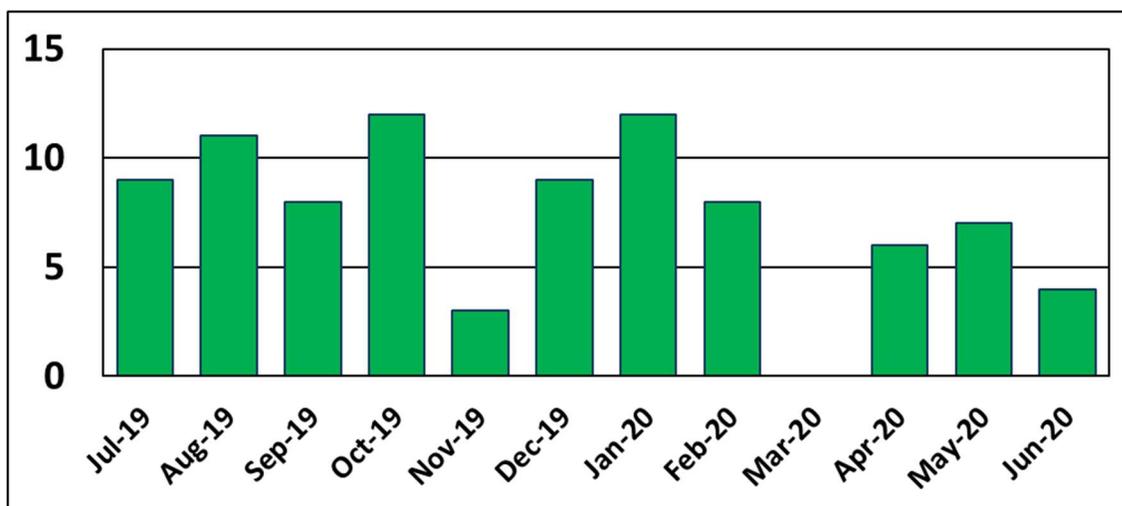
Number of Unique Outpatients and Number of Encounters CY2018

Patient Group	Patients Served	Total Encounters
BH UPC Outpatient	13,439	48,524
BH CPC Outpatient	3,920	13,516

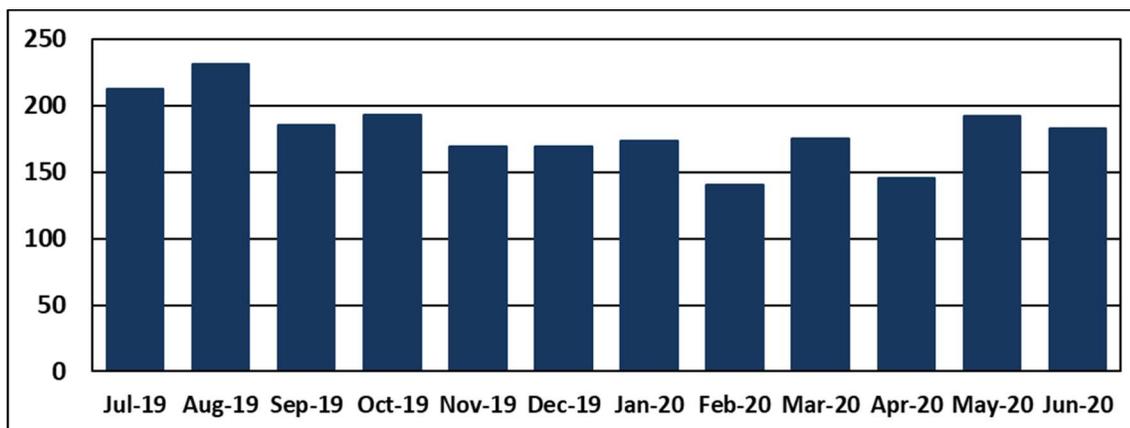
Number of Psychiatric Emergency Department and Urgent Care Encounters



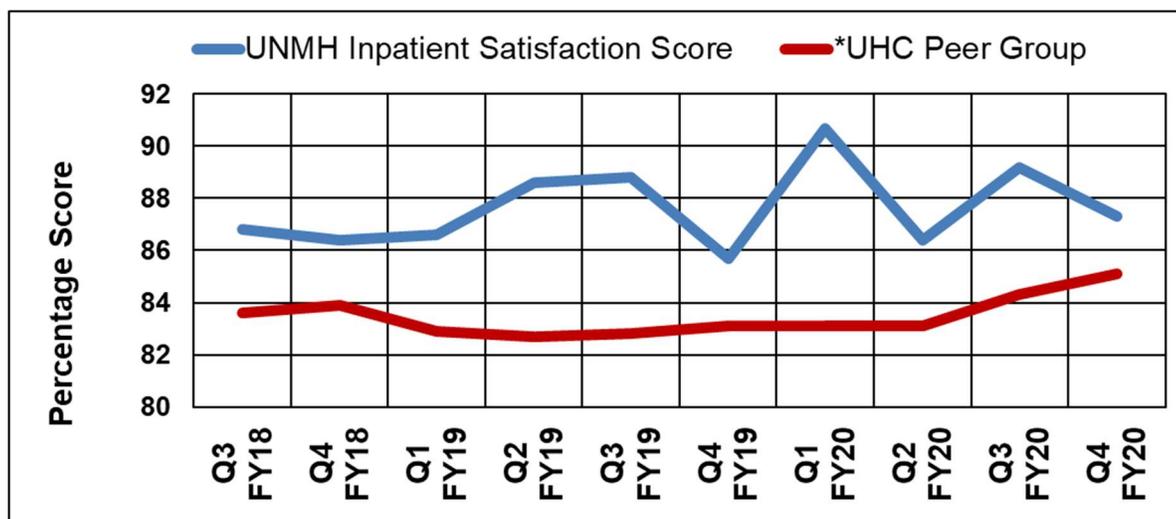
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

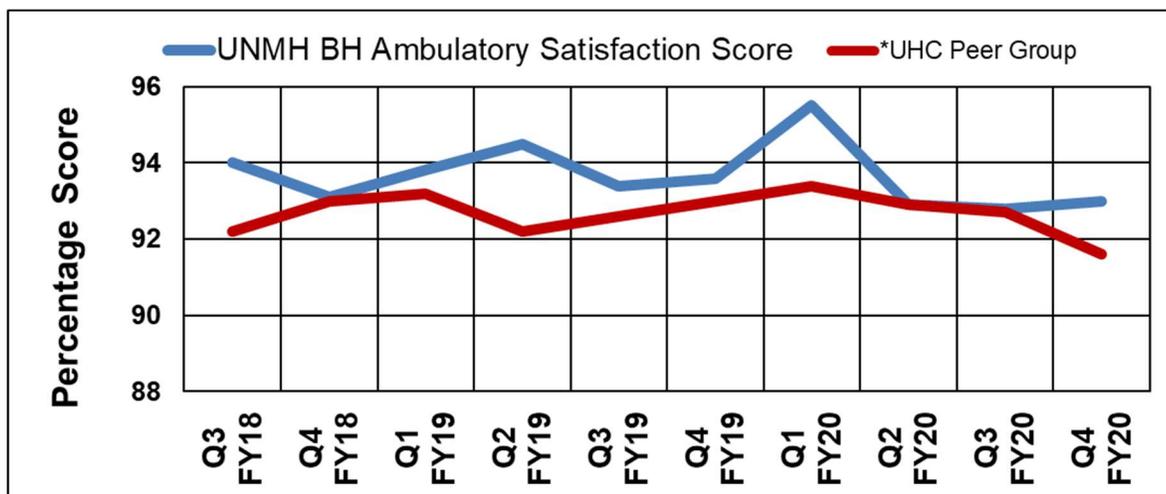


Press Ganey Behavioral Health Inpatient Satisfaction Score



Quarter	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20
UNMH Inpatient Satisfaction Score	86.8	86.4	86.6	88.6	88.8	85.7	90.7	86.4	89.2	87.3
*UHC Peer Group	83.6	83.9	82.9	82.7	82.8	83.1	83.1	83.1	84.3	85.1

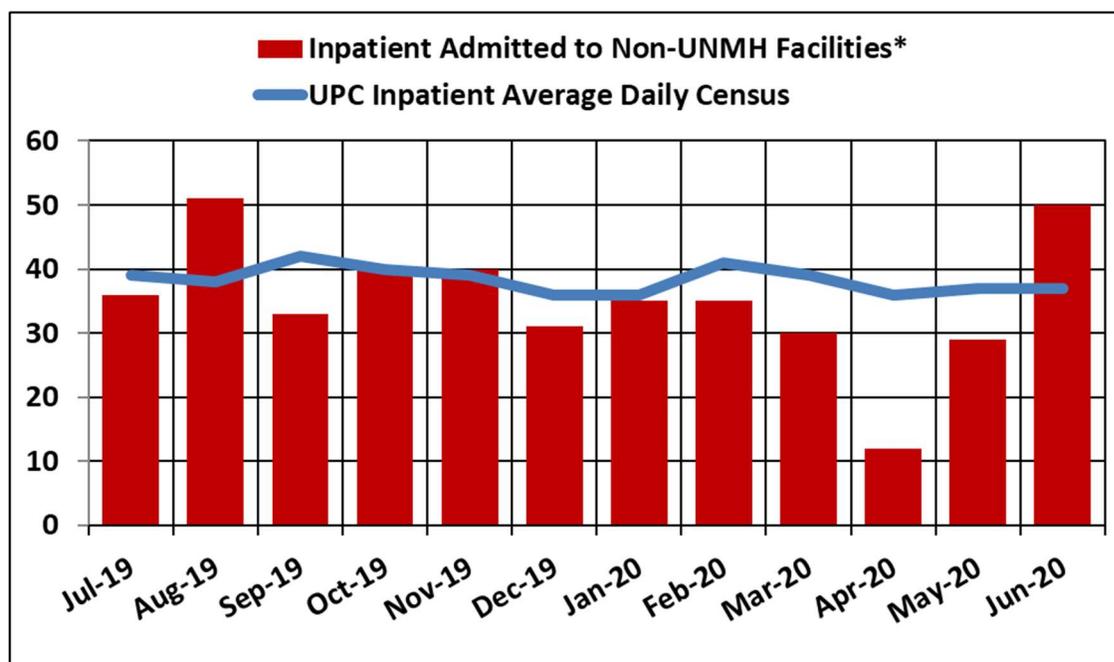
Press Ganey Behavioral Health Outpatient Satisfaction Score



Quarter	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20
UNMH BH Ambulatory Satisfaction Score	94.0	93.1	93.8	94.5	93.4	93.6	95.5	92.9	92.8	93.0
*UHC Peer Group	92.2	93.0	93.2	92.2	92.6	93.0	93.4	92.9	92.7	91.6

*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.

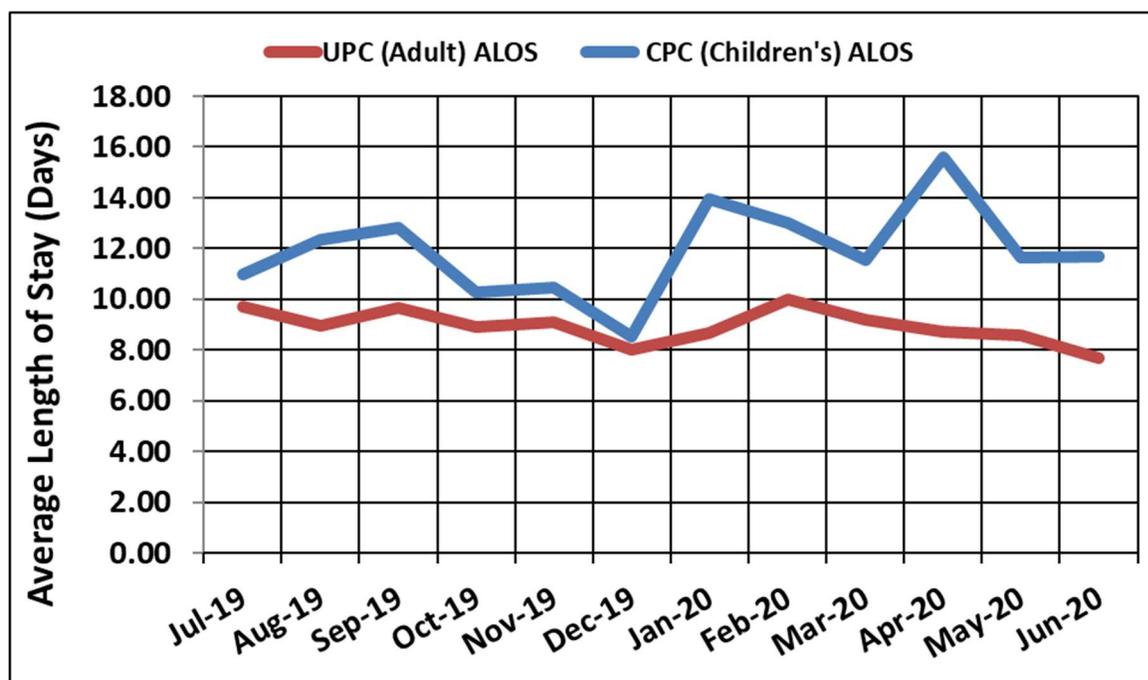
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jul-19	36	39
Aug-19	51	38
Sep-19	33	42
Oct-19	40	40
Nov-19	40	39
Dec-19	31	36
Jan-20	35	36
Feb-20	35	41
Mar-20	30	39
Apr-20	12	36
May-20	29	37
Jun-20	50	37

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

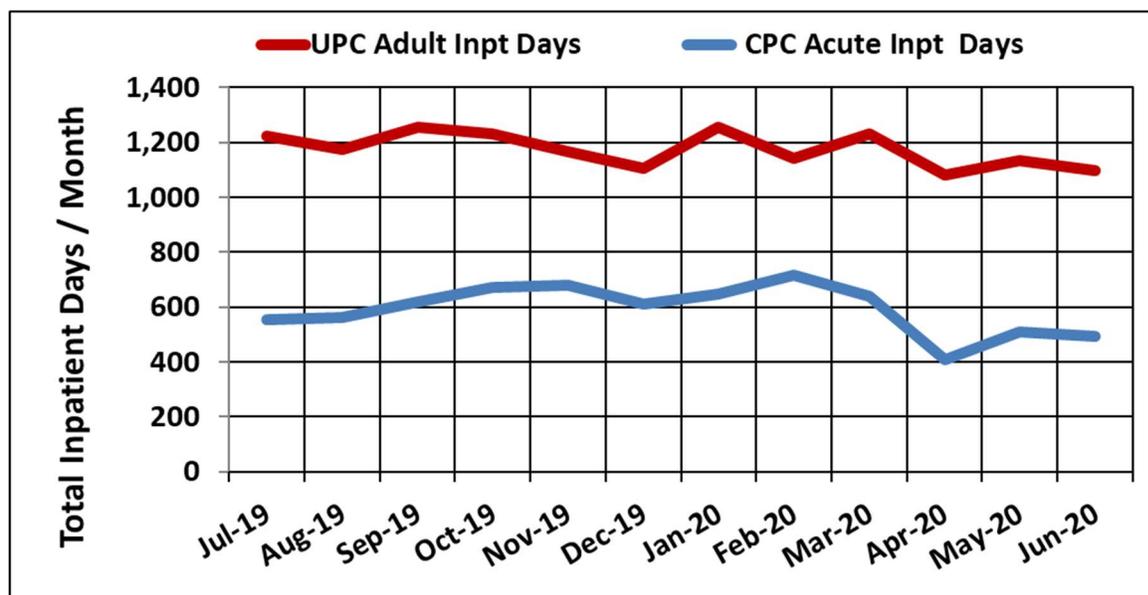
Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC)
University Psychiatric Center (UPC)

Average Child National Benchmark: **7.12**
Average Adult National Benchmark: **10.18**

Number of BH Adult and Child/Adolescent Inpatient Days



Number of Unique Inpatients and Number of Encounters CY2018

Patient Group	Patients Served	Total Encounters
BH UPC Inpatient	1,399	1,824
BH CPC Inpatient	739	874

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2017	11,415
FY2018	12,784
FY2019	11,702
FY2020	11,170

Total Opioid Patients

Month	Census
Jul-19	595
Aug-19	598
Sep-19	602
Oct-19	604
Nov-19	602
Dec-19	597
Jan-20	594
Feb-20	600
Mar-20	610
Apr-20	618
May-20	619
Jun-20	625

Total Methadone Encounters

Month	Count
Jul-19	6,124
Aug-19	6,055
Sep-19	5,486
Oct-19	5,690
Nov-19	5,209
Dec-19	5,168
Jan-20	5,587
Feb-20	5,331
Mar-20	4,039
Apr-20	875
May-20	1,021
Jun-20	1,290

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Jul-19	707	24,639	12,076
Aug-19	647	22,914	14,408
Sep-19	639	22,499	13,092
Oct-19	724	25,513	13,169
Nov-19	669	22,676	13,361
Dec-19	681	24,078	12,898
Jan-20	746	24,633	13,268
Feb-20	653	22,754	10,996
Mar-20	707	37,880	10,886
Apr-20	568	31,920	11,944
May-20	528	31,391	10,640
Jun-20	582	32,557	11,018

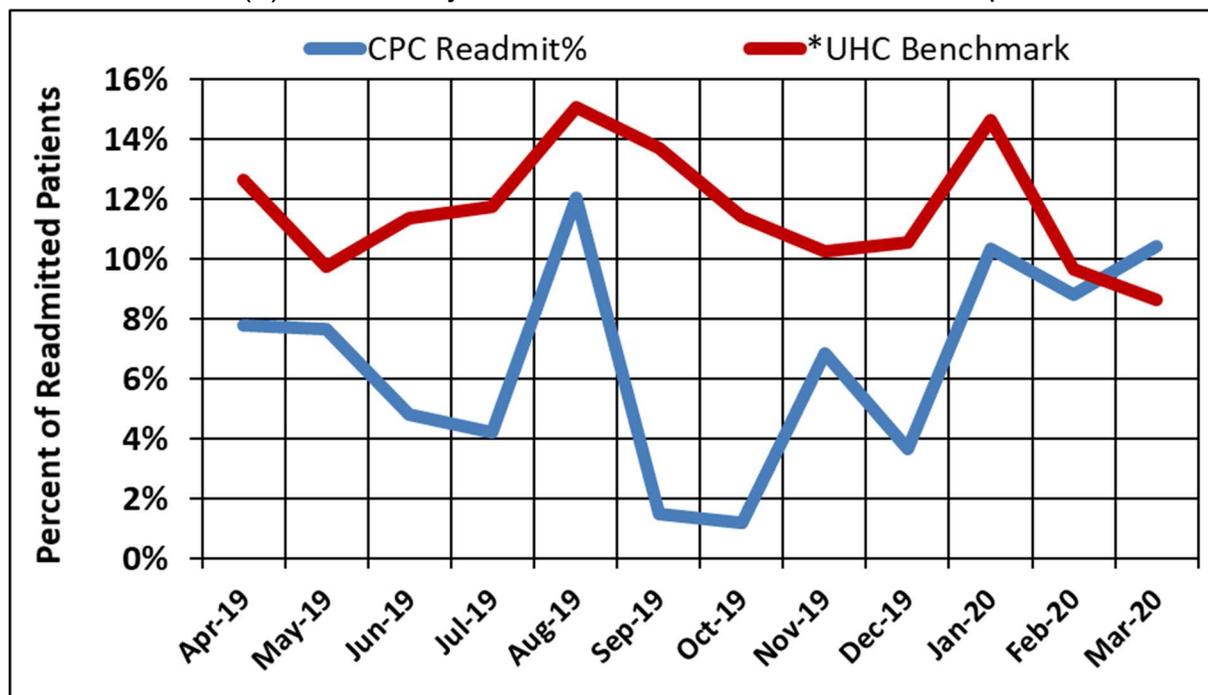
Total Suboxone Encounters

Month	Count
Jul-19	255
Aug-19	214
Sep-19	271
Oct-19	287
Nov-19	235
Dec-19	199
Jan-20	234
Feb-20	249
Mar-20	171
Apr-20	35
May-20	28
Jun-20	44

*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.

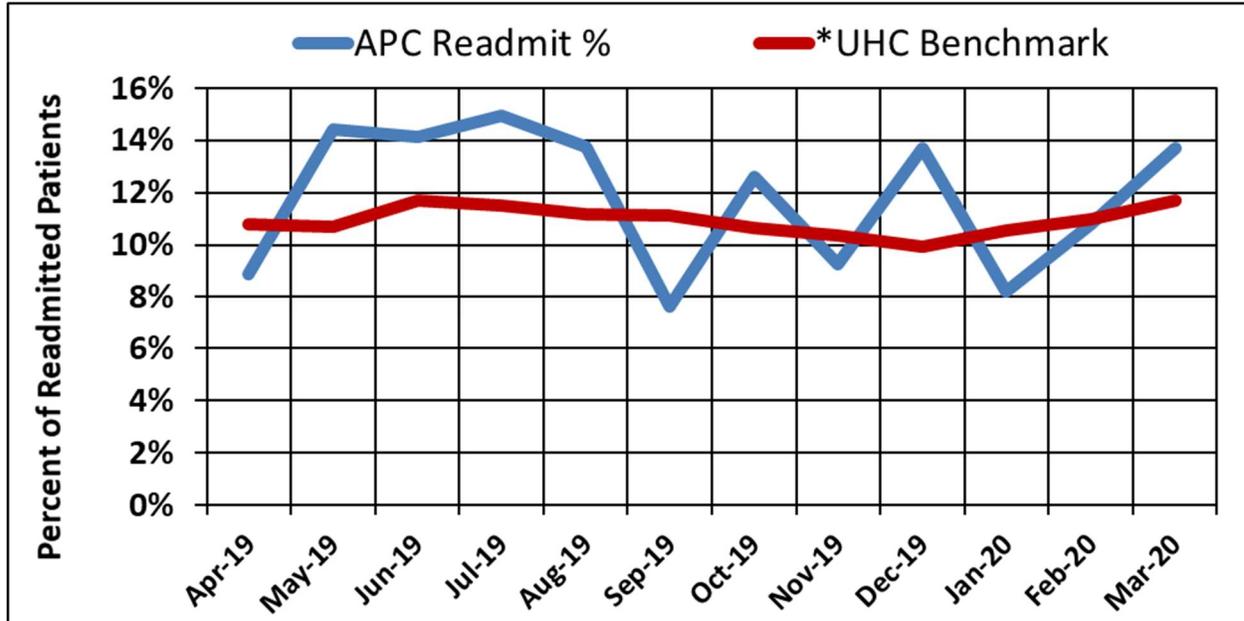


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-19	64	5	7.8%	12.7%
May-19	65	5	7.7%	9.7%
Jun-19	62	3	4.8%	11.4%
Jul-19	71	3	4.2%	11.8%
Aug-19	58	7	12.1%	15.1%
Sep-19	67	1	1.5%	13.7%
Oct-19	84	1	1.2%	11.4%
Nov-19	73	5	6.9%	10.3%
Dec-19	82	3	3.7%	10.6%
Jan-20	58	6	10.3%	14.6%
Feb-20	68	6	8.8%	9.7%
Mar-20	67	7	10.4%	8.6%

*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.

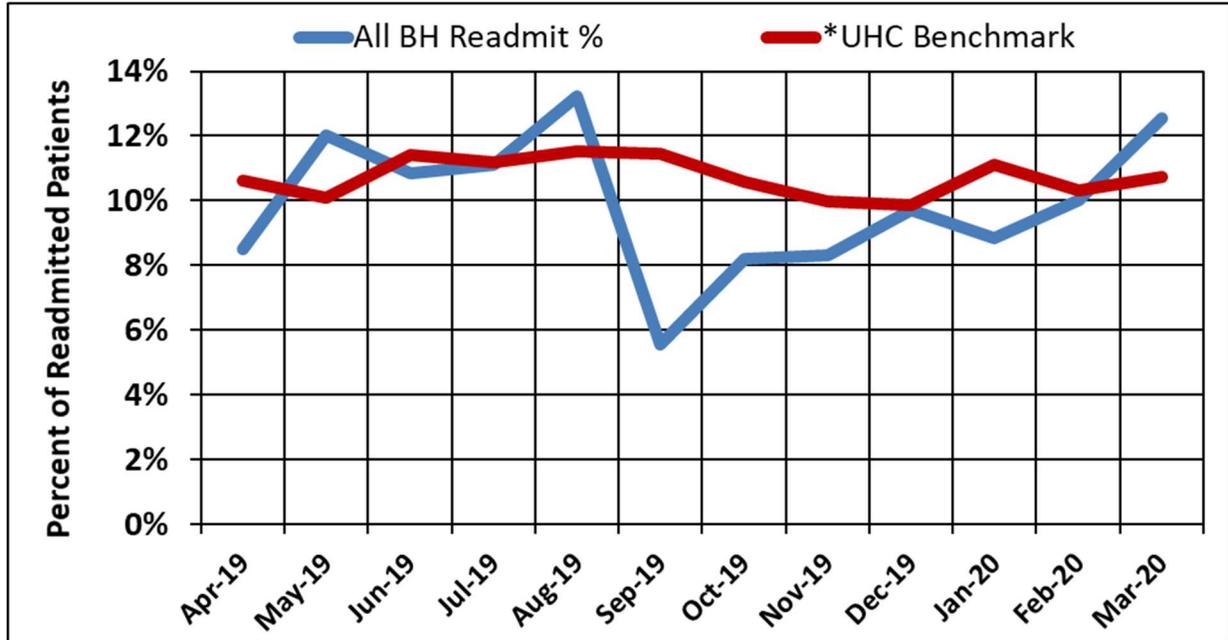


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-19	124	11	8.9%	10.8%
May-19	118	17	14.4%	10.7%
Jun-19	113	16	14.2%	11.7%
Jul-19	127	19	15.0%	11.5%
Aug-19	131	18	13.7%	11.2%
Sep-19	131	10	7.6%	11.1%
Oct-19	135	17	12.6%	10.7%
Nov-19	119	11	9.2%	10.3%
Dec-19	124	17	13.7%	9.9%
Jan-20	134	11	8.2%	10.6%
Feb-20	102	11	10.8%	11.0%
Mar-20	124	17	13.7%	11.7%

*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.

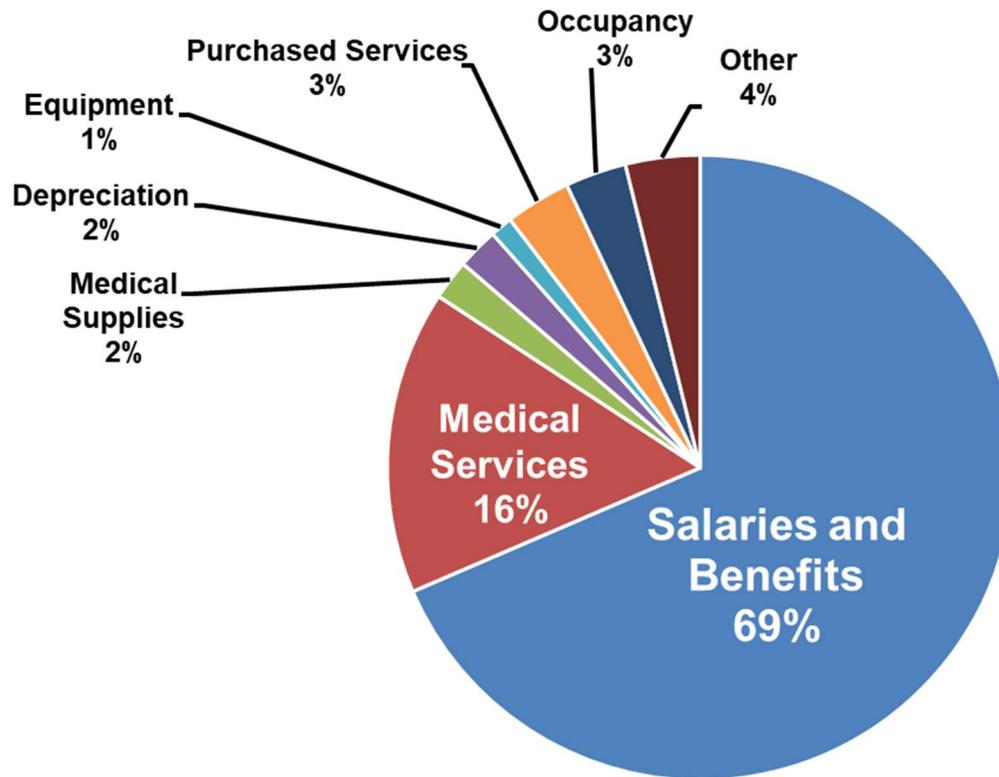


Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-19	188	16	8.5%	10.6%
May-19	183	22	12.0%	10.1%
Jun-19	175	19	10.9%	11.4%
Jul-19	198	22	11.1%	11.2%
Aug-19	189	25	13.2%	11.5%
Sep-19	198	11	5.6%	11.4%
Oct-19	219	18	8.2%	10.6%
Nov-19	192	16	8.3%	10.0%
Dec-19	206	20	9.7%	9.9%
Jan-20	192	17	8.9%	11.1%
Feb-20	170	17	10.0%	10.3%
Mar-20	191	24	12.6%	10.7%

*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.

Mill Levy Dollars Allocated to Behavioral Health

FY2020 BHO Mill Levy Operating Expense by Category (Unaudited)

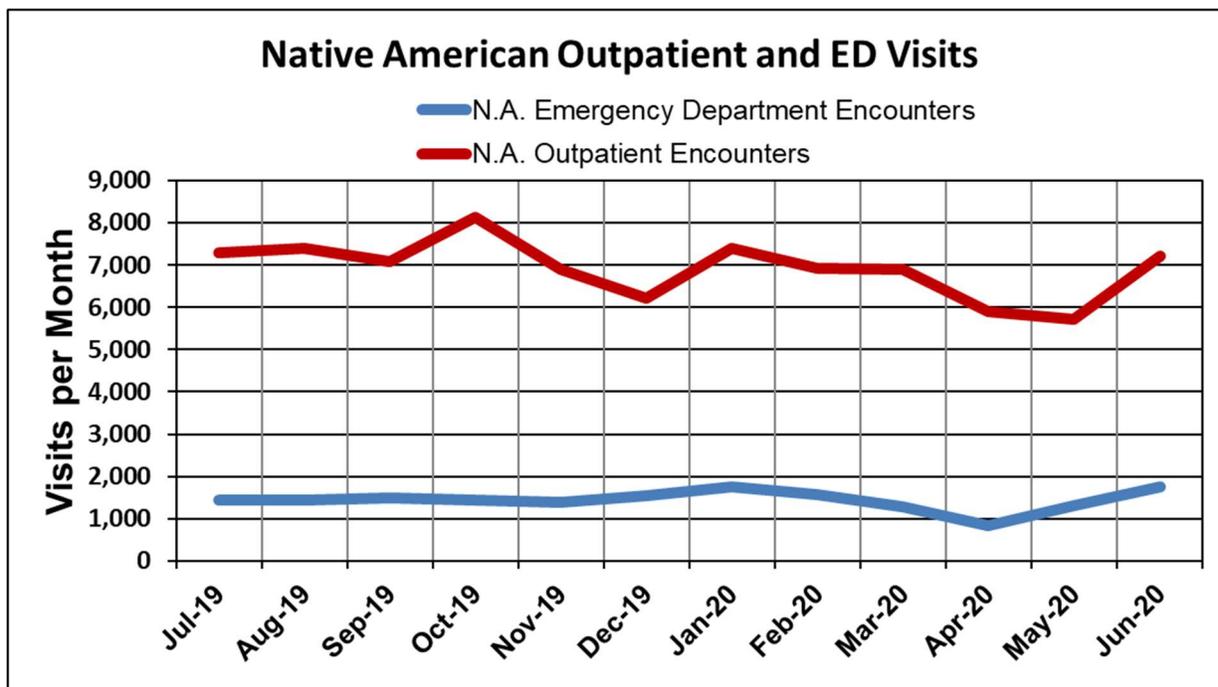


	Audited
Salaries and Benefits	\$ 11,164,993
Medical Services	2,559,879
Medical Supplies	337,958
Depreciation	348,365
Equipment	187,437
Purchased Services	551,887
Occupancy	514,840
Other	627,505
Total Expense	\$ 16,292,864

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

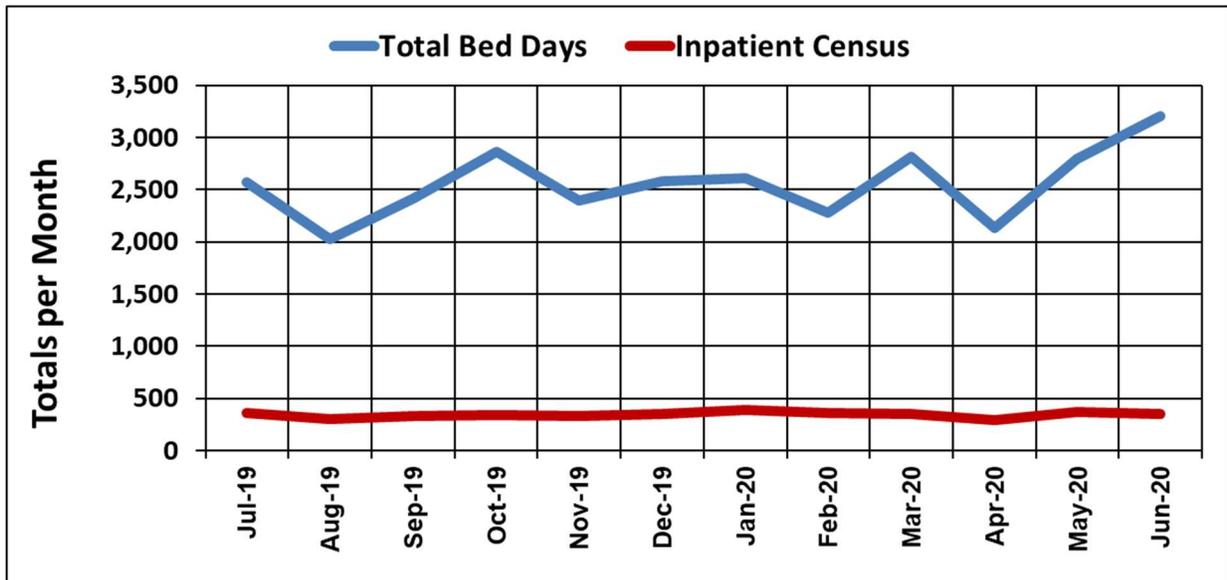
E. NATIVE AMERICAN SERVICES

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-19	22	1,447	7,288
Aug-19	24	1,442	7,390
Sep-19	21	1,480	7,085
Oct-19	25	1,436	8,140
Nov-19	19	1,388	6,898
Dec-19	18	1,536	6,223
Jan-20	14	1,742	7,393
Feb-20	17	1,580	6,937
Mar-20	16	1,288	6,886
Apr-20	18	841	5,907
May-20	19	1,312	5,712
Jun-20	16	1,751	7,201

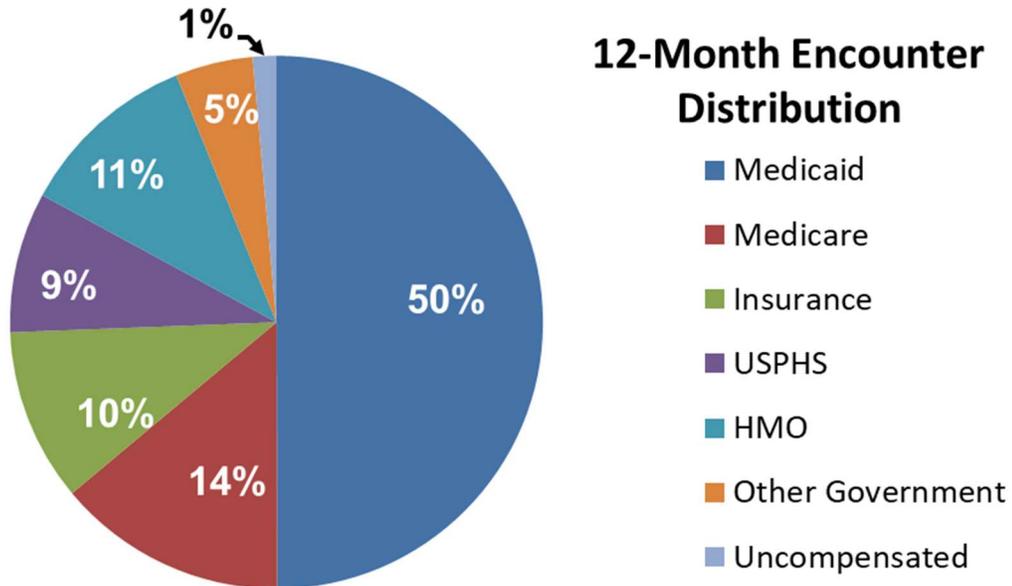
Native American Bed Days and Monthly Inpatient Census



Month	Inpatient Admissions (Census)	Total Bed Days
Jul-19	357	2,575
Aug-19	306	2,027
Sep-19	331	2,419
Oct-19	341	2,866
Nov-19	330	2,395
Dec-19	349	2,581
Jan-20	391	2,614
Feb-20	364	2,280
Mar-20	353	2,814
Apr-20	292	2,132
May-20	369	2,798
Jun-20	350	3,200

Native American Encounter Distribution by Payor Group

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



Month	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Jul-19	4,755	1,298	979	806	950	523	126
Aug-19	4,800	1,317	1,008	718	1,029	464	133
Sep-19	4,554	1,273	1,017	737	1,037	486	120
Oct-19	4,937	1,398	1,102	840	1,424	456	143
Nov-19	4,449	1,259	947	741	993	444	99
Dec-19	4,245	1,178	899	673	842	446	108
Jan-20	5,071	1,361	1,080	769	1,049	417	133
Feb-20	4,739	1,336	935	784	965	413	129
Mar-20	4,582	1,251	905	757	885	362	102
Apr-20	3,663	1,022	723	706	799	328	117
May-20	3,778	1,106	759	738	829	367	133
Jun-20	4,570	1,335	1,003	967	1,064	395	207
TOTAL	54,143	15,134	11,357	9,236	11,866	5,101	1,550
	50%	14%	10%	9%	11%	5%	1%

APPENDIX A

MOU Exhibit A Progress Updates

UNM Hospital Memorandum of Understanding with Bernalillo County
UNM/Bernalillo County MOU Deliverables Updated July, 2019

- 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	Reporting required in the first two years is being 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	Community Engagement and 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	Planning underway with Community Health Needs Assessment in 2019. UNMH-County-I.H.S. quarterly meeting. Semi-annual goals planning underway with I.H.S. and Bernalillo Cty	
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.	
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.	
UNMH will provide financial information to the County Commission and IHS as to the expenditure of Mil Levy funding by UNMH department.	Expenditures of Mill Levy funding by UNMH department have been provided to the County Commission and to HIS.	
UNMH will provide additional financial information as reasonably requested by the County Manager or IHS.	Ongoing per discussion topics.	
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.	No new requests received.	
UNMH will publish the data reported to Bernalillo County on its public website unless prohibited by law.	Bernalillo County Report Financial Information, and Financial Audits are available on the UNMH website.	
UNMH will collect all Grievances regarding the patient payment polices and financial assistance programs and will report that information to the County and IHS on a quarterly basis.	Grievance information has been added to the quarterly report.	

Exhibit A – Primary Care

Action Item	Implementation Status	
UNMH will access its current primary care network with the intent to attempt to increase its number of primary care facilities by one per year over the next 4 years	UNMH is actively working with Community partners on primary care capacity needs and increasing primary care access.	
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.	There currently is not a material change in status of community provider relationships. Medicaid systems changes could impact. No current plans related to UNMH clinic sites.	
UNMH will encourage and assist Bernalillo County Residents and Native Americans to access healthcare coverage	Ongoing outreach and education through community meetings and other forums.	
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. Main ED solution being determined.	
UNMH will explore the use of Telemedicine Consultation between UNM HSC and the MDC	UNMH currently working with MDC and Centurion.	
UNMH shall provide increased funding to recruit two physician specialists in areas most needed by Native Americans.	Eight priority areas identified; recruited specialists in Dermatology, Neurology. Pending: Peds Gastroenterology and Neurosurgery.	
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.	Initial discussion with Bernalillo County on current school based conversations and how to incorporate this.	

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 updated in October 2017.	
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.	
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 2017. UNMH continues to work to assure down payment and co-payment policies are related to income.	
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.	Self Pay Discount Policy approved in October 2017 and clarified payment obligations of patients not qualifying for financial assistance.	
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 is actively monitoring.	
UNMH will work with other component entities of the UNMH Health System to look at producing one consolidated bill for services.	UNMH working on tools to have consolidated account information across entities.	
UNMH will coordinate and consult with community organizations and the County to maximize outreach to patients needing financial assistance or having difficulty accessing insurance or Medicaid including those released from incarceration.	UNMH currently works with various community navigator groups around financial assistance issues.	
UNMH will assist the County in Coordinating Care for individuals released from incarceration.	UNMH continues to operate the Fast Track Program and has started providing staffing to the RRC and MDC.	

Exhibit A – Native Americans

Action Item	Implementation Status	
UNMH shall develop a written methodology related to the 100 bed language in the Federal Contract.	UNMH Board has approved the Pueblo Preference Policy related to the Federal Contract language.	
UNMH will provide care to Native Americans consistent with the Federal Contract.	Access to some services remains challenging. UNMH continues to work on improving wait times.	
UNMH will evaluate and improve Native American access to specialty clinics.	Access to specialty care continues to be an issue. Progress made in some areas.	
UNMH will consult with IHS to review compliance with the Federal Contract and for the provision of needed additional services and Native American Service priorities.	Quarterly Federal Contract meetings with IHS.	
UNMH will complete an evaluation of how to sustain and improve Native American healthcare services in primary and specialty care clinics operated by UNMH. The evaluation will be presented to the County and IHS.	Reporting has been reviewed with APCG and IHS as part of quarterly meetings. Data updated quarterly.	
UNMH will establish written procedures for the identification of Native Americans and will ensure Native American patients receive any financial assistance for which they are eligible.	Ongoing through office of Native American Health Services and Financial Services.	

Exhibit A - Behavioral Health

Action Item	Implementation Status	
UNMH will work with the SOM to provide medical staff for the MDC Triage Center and will provide case management services for the RRC.	UNMH is staffing the RRC in conjunction with the pathways program.	Green
UNMH will evaluate the expansion of Behavioral Health services within its own operation and with other community providers	Process is ongoing. Health Home Model. Living Room. Provider Capacity Challenge.	Yellow
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.	Yellow
Any changes impacting integrated behavioral health and primary care integrated services or peer services will be discussed with the County and IHS prior to implementation	No current planned changes with these services.	Green
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.	Green
Evaluate the viability of expanding behavioral health services in school based clinics	TBD as part of broader School Based conversation.	Yellow
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.	Yellow
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.	Red

APPENDIX B

UNM Hospital Semi-Annual Report on the Status of Deliverables

Period Ended June 30, 2020

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.

Exhibit A Reporting Area - Reporting and Interaction

Semi - Annual Focus Areas June 2020 - December 2020	Status Update
<p>A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.</p>	<p>The UNMH Community Health Needs Assessment was completed in the spring of 2020 and is available online at: https://hsc.unm.edu/health/about/community-health-needs-assessment.html</p> <p>UNMH has also established bi-monthly meetings with Community Stakeholders on the 2014 Bernalillo County Lease Taskforce to discuss ongoing work related to issues identified.</p> <p>The UNMH Board of Trustees Community Engagement Committee is ongoing.</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 quarterly around programmatic public and community health initiatives.</p>
<p>A.6 UNMH will establish procedures related to it 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 FY 21 Budget</p>

Exhibit A Reporting Area - Accountability and Transparency

Semi - Annual Focus Areas June 2020 - December 2020	Status Update
B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.	UNMH continues to produce the Bernalillo County Quarterly Report outlining patient safety, quality, operational and financial data with corresponding benchmark data where available. The report is provided to Bernalillo County and is publicly posted on the UNMH Internet site.
B.4 UNMH will provide financial information to the County Commission and IHS as to the expenditure of mill levy finding by UNMH Departments.	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.
B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.	Bernalillo County Quarterly Reports are available online at: https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html

Exhibit A Reporting Area - Primary Care

Semi - Annual Focus Areas June 2020 - December 2020	Status Update
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	<p>UNMH is in the process of working with a consulting group around recommendations to expand throughput and capacity in our primary and specialty clinics.</p> <p>UNMH offers financial assistance through the UNM Care and other programs to patients. During the Covid-19 State of Emergency UNMH automatically extended end dates for assistance to keep patients connected to care.</p> <p>UNMH is moving forward with the New Tower Project to expand Access to Critical Care, Trauma, Surgical and other inpatient services for patients.</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.	UNMH continues to discuss need specialty access at ongoing quarterly lease compliance meetings with representation from IHS and the Tribes. Reporting is provided quarterly on access and services to Native Americans.

Exhibit A Reporting Area - Native American Care

Semi - Annual Focus Areas June 2020 - December 2020	Status Update
E1. UNMH in collaboration with the IHS, the All Pueblo Council of Governors and the county shall develop a written methodology acceptable to the parties on the 100 bed Native American patients' provision in the Federal Contract.	UNMH in conjunction with the All Pueblo Council of Governors 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.
E.4 UNMH will consult with the IHS to review compliance with Federal Contract and for the provision of additional services, the quality of care for Native Americans, and priorities for additional services.	UNMH has ongoing quarterly operational meetings with IHS to discuss compliance with the Federal Contract and operational issues affecting Native Americans. UNMH also participates in Semi-annual Consultations with IHS and the APGC.
E.5 UNMH will evaluate the opportunity to sustain and improve healthcare services available to Native Americans.	UNMH meets with the IHS quarterly to review utilization and access data for Native American patients and to discuss opportunities for improved performance. Reporting on access and utilization by tribe is provided as a part of these meetings.

Exhibit A Reporting Area - Behavioral Health Services

Semi - Annual Focus Areas June 2020 - December 2020	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>UNMH continues to provide staffing for discharge planning activities for the MDC and to assist with staffing the Resource Re-entry Center. This group focuses on identification of high needs patients with behavioral health issues.</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 is currently working on expanded Behavioral Health programming within the UNMH infrastructure in the forms of health home implementation, Psychiatric Emergency Services, pediatric behavioral Health services and exploring other service line development.</p> <p>UNMH is actively working with Bernalillo County on services to be developed on the MATS campus operated by the County. The Crisis Stabilization Center was opened in the fall of 2019, and Suboxone induction and treatment was added in the spring of 2020.</p>