



QUARTERLY REPORT SEPTEMBER 30, 2020

Bernalillo County Commissioner Trend Report

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A. ACCOUNTABILITY

Balance Sheet (Statement of Net Assets)

Statements of Net Assets

YTD September 2020 in Comparison to YTD June 2020

(In Thousands)

Assets	September 2020	Unaudited June 2020*
Cash and marketable securities	\$ 337,365	\$ 191,110
Cash restricted by management for capital replacement	70,500	63,000
Cash restricted for donor specified expenses	19,179	19,297
Cash restricted for capital appropriation	18,154	18,044
Cash restricted for Medicare advance payment program***	78,830	78,830
Patient receivables, net	136,269	135,631
Other receivables and current assets	108,167	106,707
Capital assets, net	230,303	232,124
Restricted for mortgage reserve, bonds	20,359	18,168
Other noncurrent assets	30,458	28,579
Total assets	1,049,584	891,490
 Liabilities		
Accounts payable	58,532	45,975
Payable to related parties (UNM)	78,901	32,168
Interest payable bonds	783	78
Medicare advance payment program	78,830	78,830
Other accrued current liabilities	202,123	136,148
Bonds payable, non current	80,355	80,355
Other long term liabilities	6,071	6,071
Total liabilities	505,595	379,625
 Net Position		
Restricted for expendable grants, bequests, and contributions	19,179	19,297
Restricted capital appropriation	18,154	18,044
Restricted by management for capital replacement	70,500	63,000
Restricted for trust indenture and debt agreement	20,359	18,168
Assets invested in capital	143,991	145,819
Unrestricted from operations	271,806	247,537
Total net assets	\$ 543,989	\$ 511,865
 Current Ratio	 1.83	 2.09
Days Cash on Hand**	111.00	71.00

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

**Days cash on hand is calculated on unrestricted cash and Advance Medicare Payment funds

*** Cash set aside to repay Medicare Advances but available for use in operations

Income Statement

Statements of Revenues, Expenses, and Changes in Net Assets
For the three (3) months ended September 30, 2020

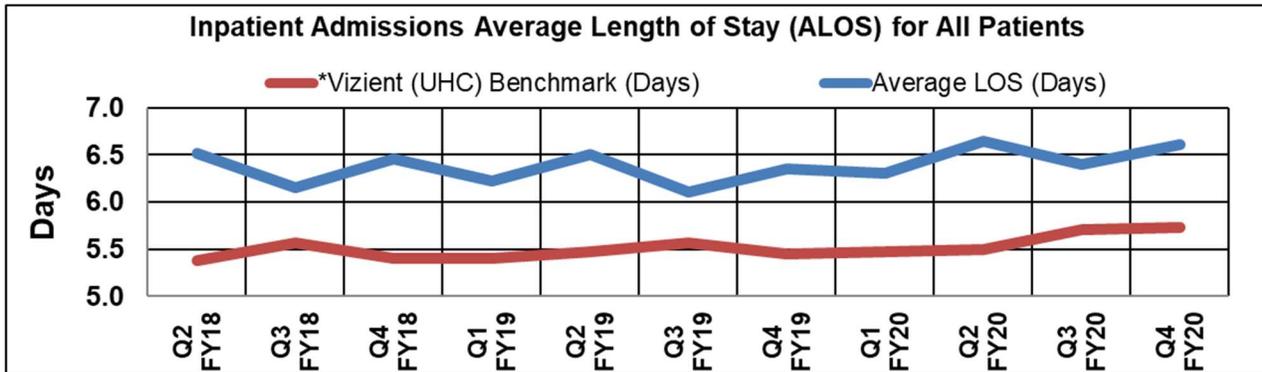
(In Thousands)

	<u>September</u>
Operating revenues:	
Net Patient Service	\$ 299,287
Other	14,178
Total Operating Revenues	<u>313,465</u>
Operating expenses:	
Employee Compensation and Benefits	151,701
UNM School of Medicine Medical Services	39,287
Medical Services Oncology	7,662
Medical Services non-SOM	9,455
Medical Supplies	41,018
Oncology Drugs	12,661
Occupancy/Equipment	18,612
Depreciation	8,356
Purchased Services	16,974
Health System Expenses	4,217
Gross Receipts Tax	6,394
Other	3,849
Total Operating Expenses	<u>320,186</u>
Operating loss	<u>(6,721)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	26,476
State Appropriation	3,232
Interest Expense	(705)
Other Revenue and (Expense)	9,842
Net Nonoperating Revenues	<u>38,845</u>
Total Increase in Net Assets	32,124
Net Assets, Beginning of Year	<u>511,865</u>
Net Assets, End of Year	<u>\$ 543,989</u>
Net Assets Reserved for capital assets	\$ 7,500
Net Assets Available for operations	\$ 24,624

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

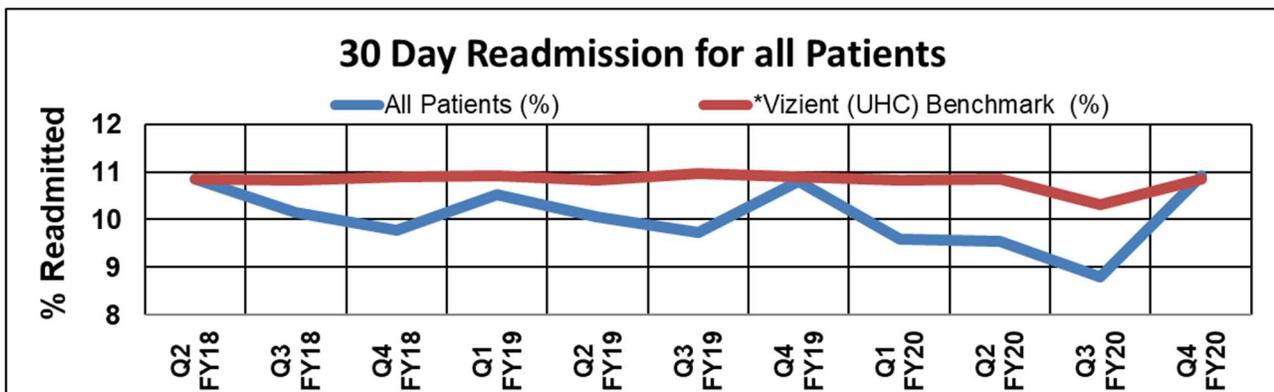
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20
Average LOS (Days)	6.51	6.15	6.45	6.22	6.51	6.10	6.35	6.31	6.65	6.40	6.61
*Vizient (UHC) Benchmark (Days)	5.38	5.56	5.40	5.40	5.47	5.56	5.45	5.47	5.50	5.70	5.73

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

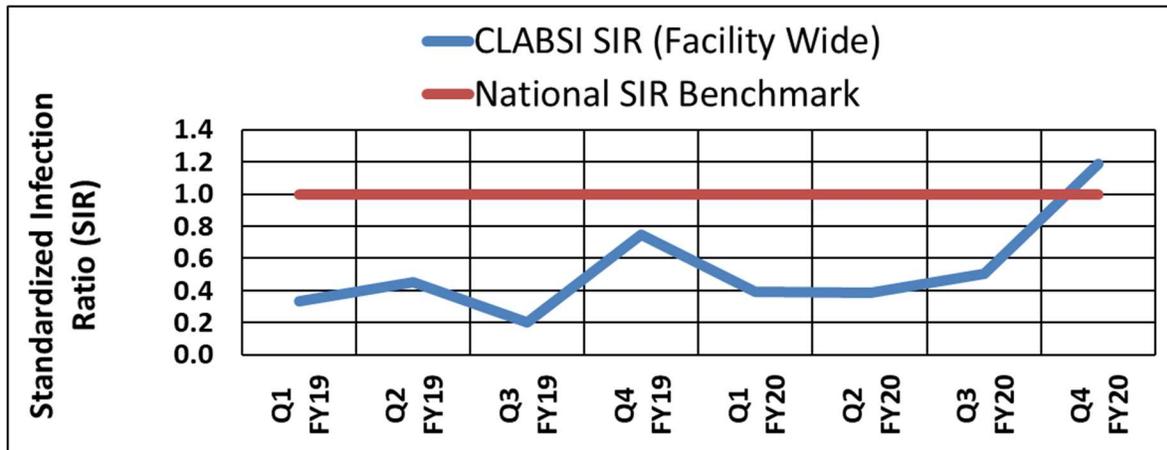
30 Day Readmission for All Patients



Fiscal Quarter	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20
All Patients (%)	10.84	10.16	9.77	10.53	10.06	9.74	10.80	9.59	9.54	8.79	10.92
*Vizient (UHC) Benchmark (%)	10.86	10.82	10.89	10.93	10.82	10.96	10.90	10.83	10.86	10.31	10.85

*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.

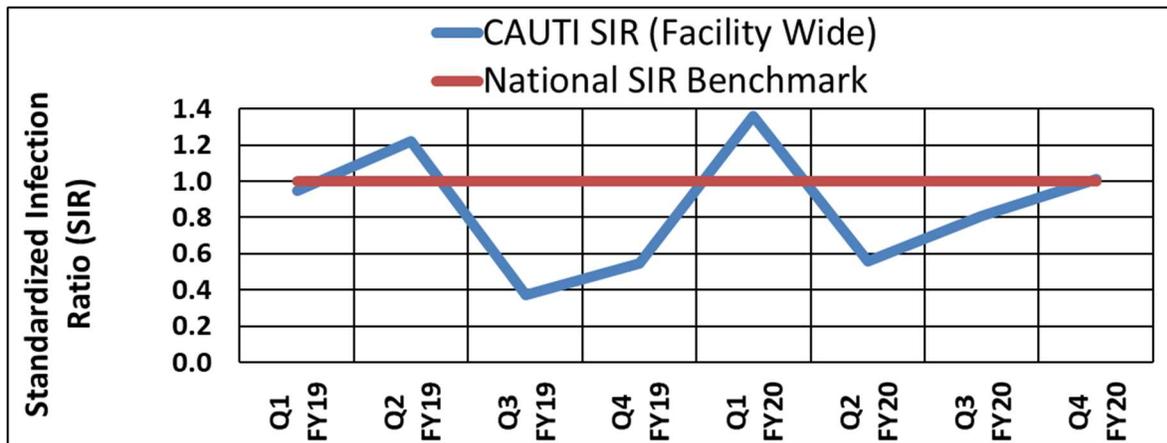
Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20
CLABSI SIR (Facility Wide)	0.334	0.454	0.204	0.749	0.393	0.386	0.506	1.187
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	3	4	2	8	4	4	5	12
*NHSN Expected	9.0	8.8	9.8	10.7	10.2	10.4	9.9	10.1

Due to the COVID-19 impact, the CLABSI data is delayed by one quarter.

Catheter Associated Urinary Tract Infection



Catheter-Associated Urinary Tract Infection (CAUTI)	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20
CAUTI SIR (Facility Wide)	0.945	1.223	0.374	0.547	1.362	0.556	0.809	1.014
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CAUTI Count	10	12	4	6	15	7	9	12
*NHSN Expected	10.6	9.8	10.7	11.0	11.0	12.6	11.1	11.8

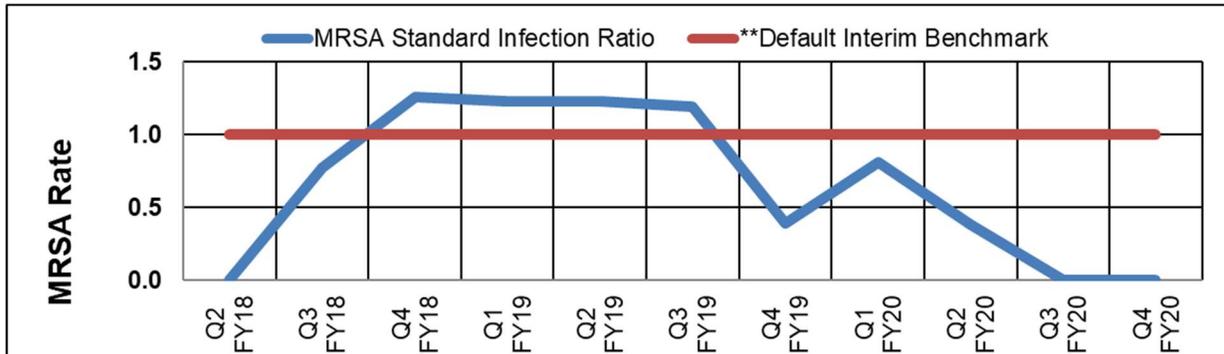
*NHSN = National Healthcare Safety Network.

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 by one quarter.

MRSA Bloodstream Standardized Infection Rate

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



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

Total Number of Inpatient Days

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

FY21 Projected based on the twelve (12) months ended September 30, 2020.

Inpatient Days	FY20 Actual	FY21 Actual YTD	FY21 Projected
Adult	112,012	31,291	115,041
Pediatric	39,029	8,691	38,535
Newborn	4,980	1,156	4,865
Total Inpatient Days	156,021	41,138	158,441

Nursing Hours of Care

	FY2019 Actual	FY2020 Actual	FY2021 August
UNMH Nursing Hours of Care Per Patient*	17.12	16.75	18.19

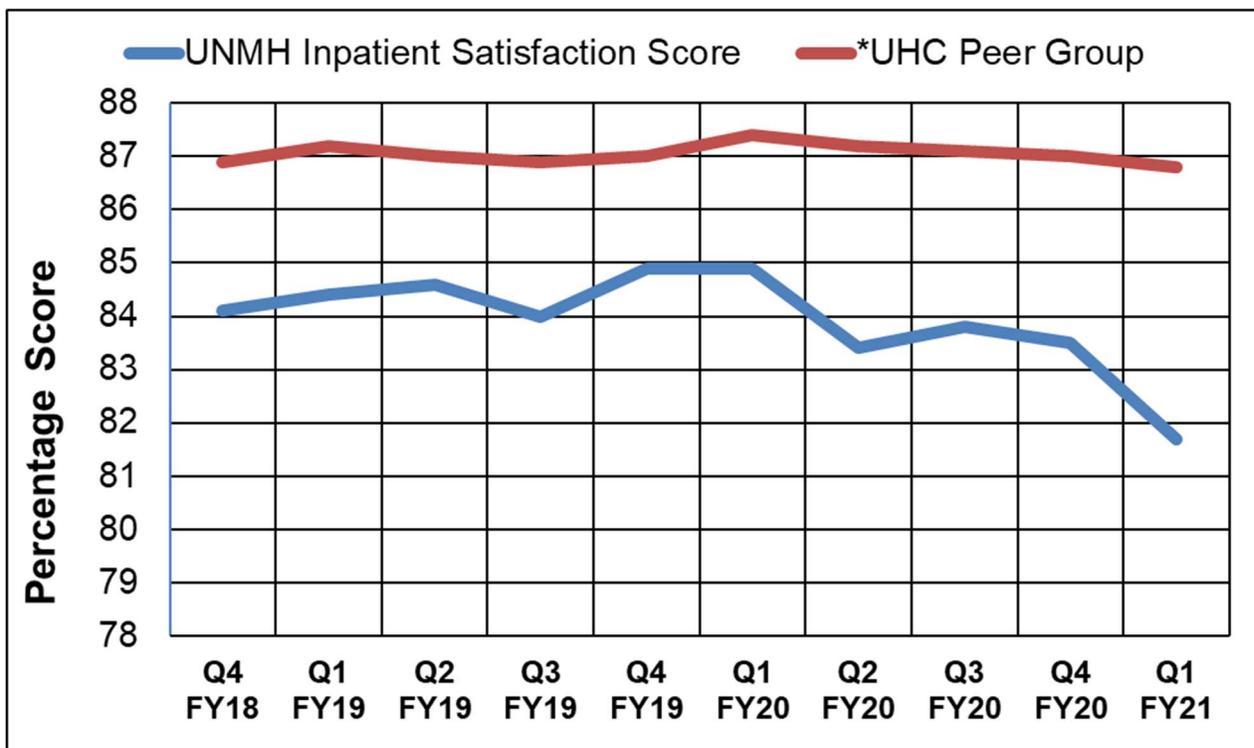
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2020	Number of FTES as of June, 2020	FY2020 Hires (Headcount)	FY2020 Terms (Headcount)	Rolling Retention Rate
RN's	1,968	1,959	61	67	84.69%
*National Retention Rate Benchmark					82.80%

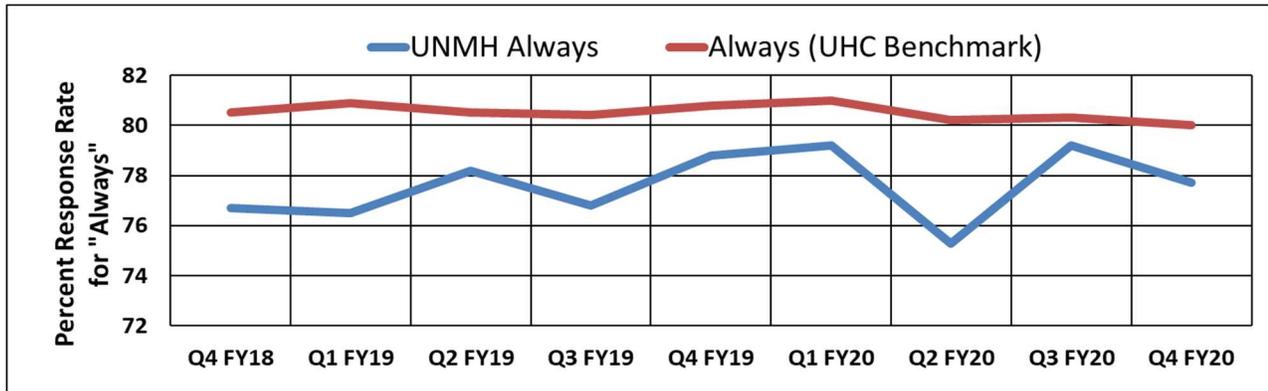
* Per the 2019 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2018 national RN turnover rate is 17.2%.

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.

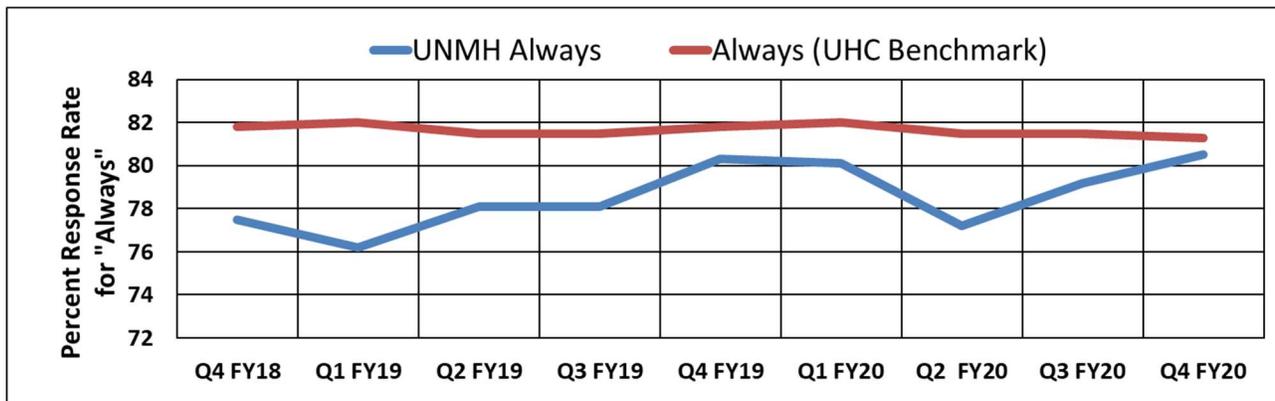
HCAPS Satisfaction – Communications with Nurses



Communication with Nurses	Response	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20
H-COMP-1-A-P	UNMH Always	76.7	76.5	78.2	76.8	78.8	79.2	75.3	79.2	77.7
H-COMP-1-U-P	UNMH Usually	19.7	19.3	16.5	17.8	16.9	16.7	19.5	15.6	16.9
H-COMP-1-SN-P	UNMH Sometimes/Never	4.1	4.2	5.4	5.5	4.3	4.1	5.2	5.1	5.4
UHC Benchmark	Always (UHC Benchmark)	80.5	80.9	80.5	80.4	80.8	81.0	80.2	80.3	80.0
UHC Benchmark	Usually (UHC Benchmark)	15.4	15.1	15.3	15.3	14.9	14.8	15.1	15.0	15.0

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

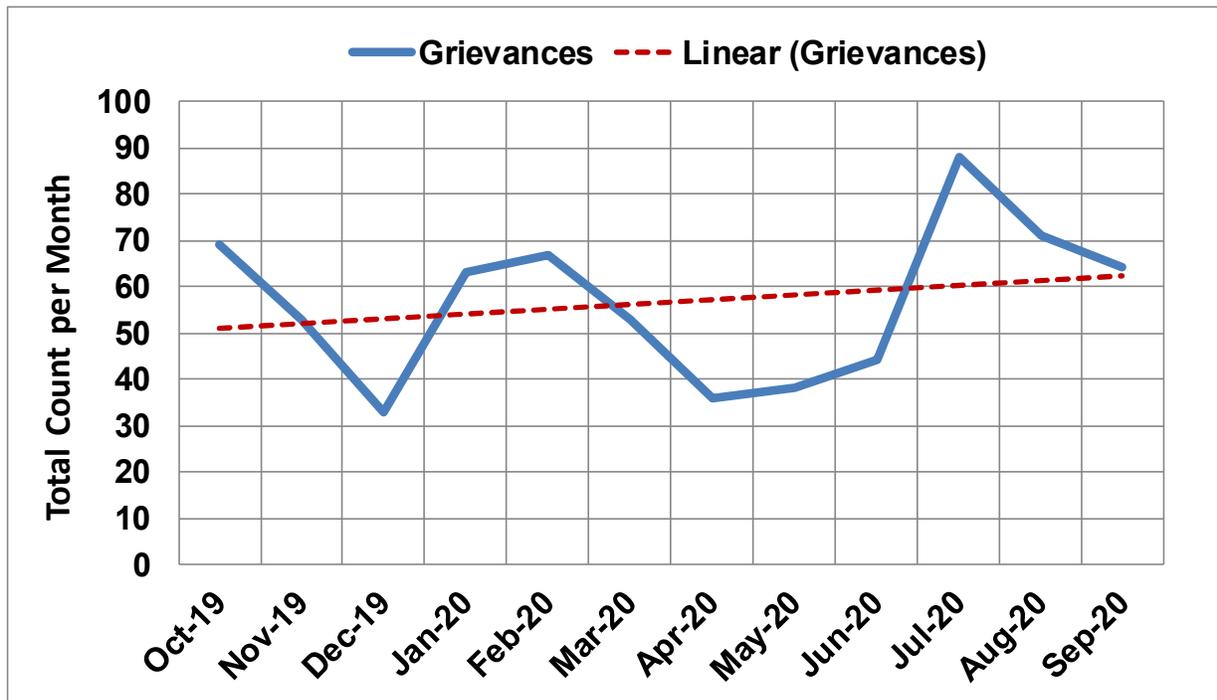
HCAPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20
H-COMP-2-A-P	UNMH Always	77.5	76.2	78.1	78.1	80.3	80.1	77.2	79.2	80.5
H-COMP-2-U-P	UNMH Usually	17.5	18.1	14.9	15.7	15.1	15.8	16.9	15.9	13.4
H-COMP-2-SN-P	UNMH Sometimes/Never	5.1	5.7	6.9	6.2	4.6	4.1	5.9	4.9	6.2
UHC Benchmark	Always (UHC Benchmark)	81.8	82.0	81.5	81.5	81.8	82.0	81.5	81.5	81.3
UHC Benchmark	Usually (UHC Benchmark)	14.0	13.7	14.0	14.0	13.8	13.6	13.8	13.9	13.7

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

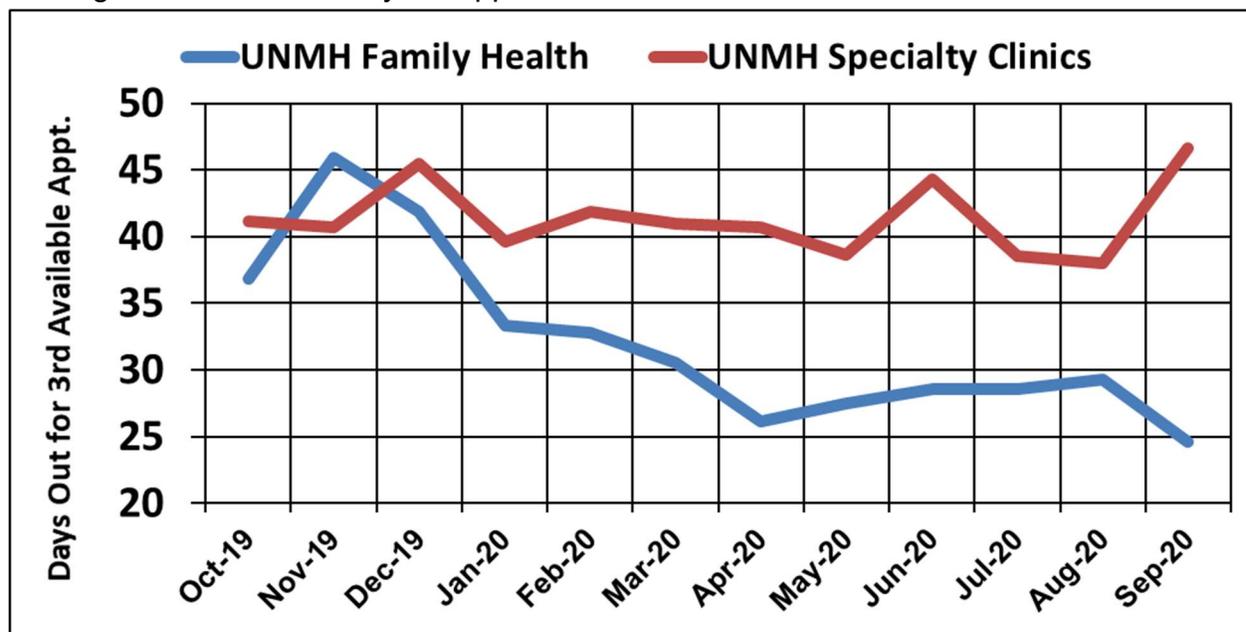
Grievances



Month-Year	Grievances
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
Jul-20	88
Aug-20	71
Sep-20	64

Average time for an Appointment for Primary and Specialty Care

Average 3rd Available* Day for Appointments.

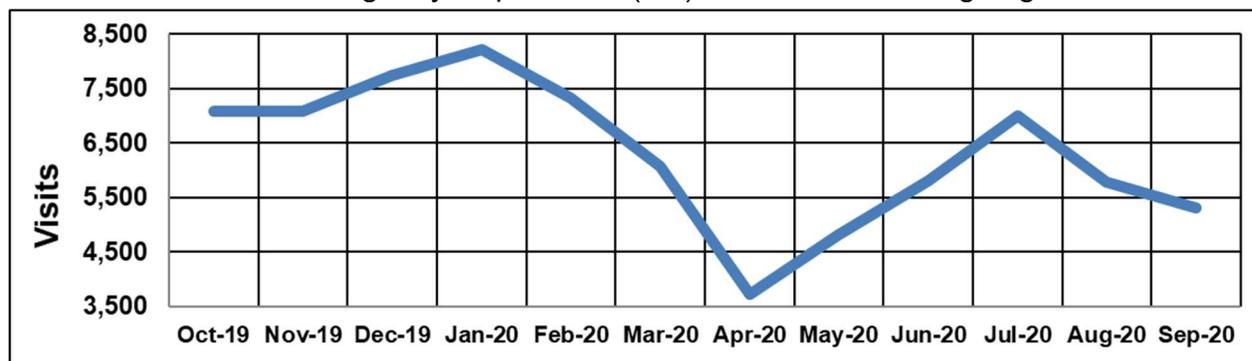


Month	UNMH Family Health	UNMH Specialty Clinics
Oct-19	36.8	41.2
Nov-19	45.9	40.7
Dec-19	41.9	45.4
Jan-20	33.4	39.7
Feb-20	32.8	41.9
Mar-20	30.5	40.9
Apr-20	26.2	40.7
May-20	27.5	38.6
Jun-20	28.6	44.3
Jul-20	28.6	38.5
Aug-20	29.3	38.0
Sep-20	24.6	46.6

* "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

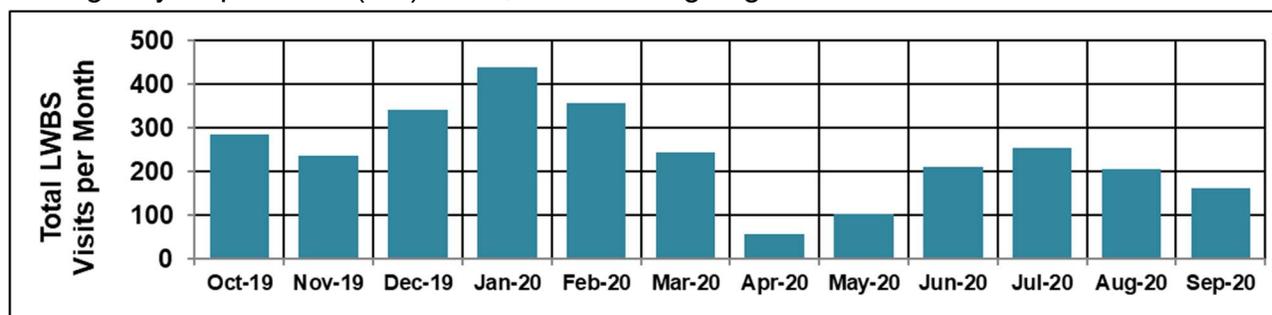
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Visits	7,080	7,078	7,739	8,226	7,343	6,074	3,720	4,828	5,809	7,001	5,795	5,315

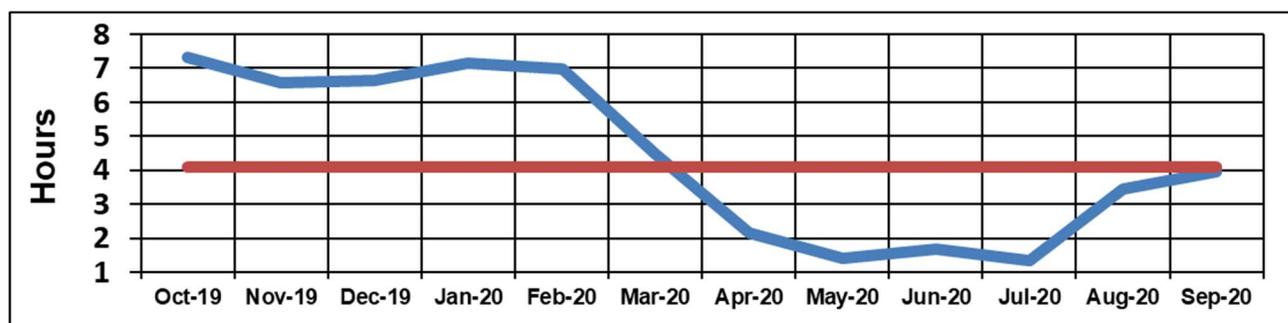
Total ED Patients Left without Being Seen

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



Month	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
UH LWBS	284	236	342	438	357	245	57	104	210	255	206	162

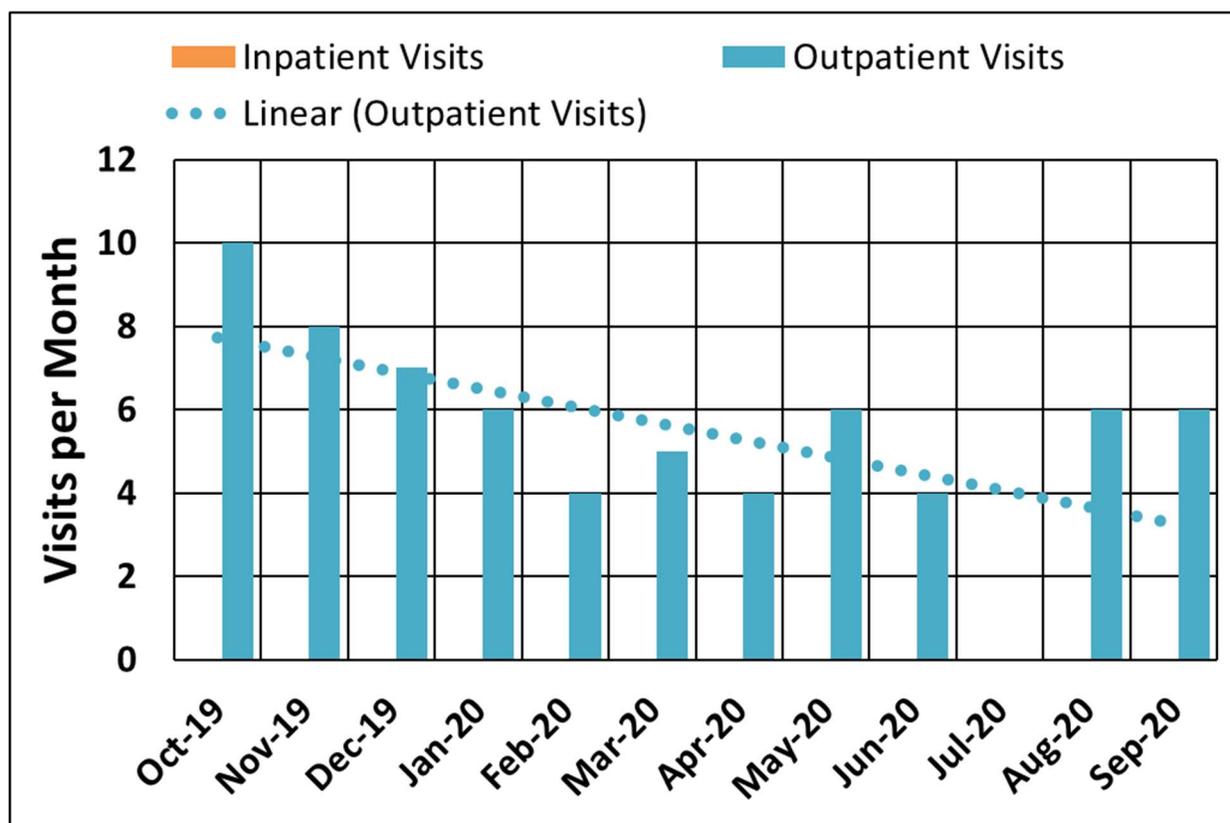
ED Average Hours from Arrival to Disposition



Month	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Arrival to Disposition	7.32	6.56	6.66	7.14	7.00	4.46	2.16	1.40	1.68	1.35	3.45	3.95
*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-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
Jul-20	0	0
Aug-20	0	6
Sep-20	0	6

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, 2020, broken down by payer source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	2,152
EMSA	65
IHS	823
Medicaid	63,273
Medicare	66,923
Uninsured	11,933
HMO's & Insurance	60,977
All Other *	9,122
Total Encounters	215,268
Native American Encounters **	25,013

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, 2020, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 5,181,757	\$ 4,136,178	\$ 9,317,935
Catron	3,504	2,893	6,397
Chaves	8,990	26,465	35,455
Cibola	120,667	54,935	175,602
Colfax	12,631	57,587	70,219
Curry	-	3,543	3,543
De Baca	15	1,644	1,659
Dona Ana	185,241	37,338	222,579
Eddy	203,079	4,474	207,554
Grant	1,392	245	1,637
Guadalupe	1,644	8,060	9,704
Harding	-	-	-
Hidalgo	-	-	-
Lea	80	810	890
Lincoln	5,928	1,502	7,430
Los Alamos	13,726	1,803	15,529
Luna	14,616	390	15,006
Mc Kinley	608,033	31,248	639,281
Mora	207	5,548	5,755
Otero	138,533	2,074	140,607
Quay	-	-	-
Rio Arriba	29,108	15,368	44,476
Roosevelt	1,056	25,862	26,918
San Juan	131,083	71,577	202,661
San Miguel	5,028	1,181	6,209
Sandoval	633,828	278,382	912,210
Santa Fe	433,065	150,916	583,981
Sierra	115	740	854
Socorro	33,174	62,718	95,891
Taos	41,359	38,024	79,383
Torrance	91,487	64,364	155,851
Union	458	6,040	6,499
Valencia	417,203	422,096	839,299
Out Of State	-	600,995	600,995
Grand Total	\$ 8,317,009	\$ 6,115,000	\$ 14,432,009

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, 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	1	\$218	37	\$ 3,545	38	\$ 3,764
87022	2	13,064	36	3,688	38	16,752
87047	5	2,499	83	7,611	88	10,110
87059	5	71,294	211	35,947	216	107,241
87101	3	(23)	14	3,474	17	3,451
87102	80	560,465	1,910	213,392	1,990	773,857
87103	-	-	22	4,188	22	4,188
87104	19	114,575	664	70,199	683	184,774
87105	147	483,988	4,725	651,406	4,872	1,135,394
87106	51	149,512	1,507	245,204	1,558	394,717
87107	40	26,450	1,663	286,547	1,703	312,997
87108	112	287,113	3,183	539,728	3,295	826,841
87109	54	233,468	1,433	276,151	1,487	509,620
87110	49	445,751	1,784	244,383	1,833	690,134
87111	30	292,908	1,281	208,373	1,311	501,281
87112	47	132,421	1,911	299,245	1,958	431,666
87113	9	35,287	506	98,741	515	134,028
87114	40	156,140	1,588	210,223	1,628	366,363
87115	-	-	-	-	-	-
87116	1	2,800	20	3,299	21	6,099
87117	-	-	1	421	1	421
87119	-	-	20	2,480	20	2,480
87120	62	50,077	1,647	212,809	1,709	262,886
87121	181	693,382	7,193	1,248,073	7,374	1,941,456
87122	4	1,327	157	28,667	161	29,995
87123	70	184,052	2,630	398,718	2,700	582,770
87125	3	200	76	7,540	79	7,740
87131	1	135	12	1,142	13	1,276
87151	1	4,815	29	8,161	30	12,976
87153	-	-	6	1,481	6	1,481
87154	3	13,456	44	3,111	47	16,567
87158	-	-	-	-	-	-
87176	3	2,613	48	3,827	51	6,440
87181	-	-	22	(390)	22	(390)
87184	-	-	24	5,619	24	5,619
87185	-	-	1	17	1	17
87187	-	-	7	681	7	681
87190	-	-	24	1,231	24	1,231
87191	-	-	17	1,700	17	1,700
87192	-	-	26	1,206	26	1,206
87193	-	-	50	6,068	50	6,068
87194	1	(20,343)	16	387	17	(19,956)
87195	3	680	98	10,773	101	11,453
87196	-	-	60	5,041	60	5,041
87197	1	21	50	6,472	51	6,493
87198	2	1,771	57	3,014	59	4,785
87199	1	(154)	34	14,377	35	14,222
Grand Total	1,031	\$ 3,939,963	34,927	\$ 5,377,972	\$ 35,958	\$ 9,317,934

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the three (3) months ended September 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	-	4	-	-	-	1	1	1	2	29	38
87022	2	6	1	1	-	-	-	-	4	24	38
87047	2	6	-	-	3	7	1	2	-	67	88
87059	10	26	-	1	6	2	3	2	8	158	216
87101	-	2	-	1	1	-	-	-	1	12	17
87102	85	246	2	21	80	36	21	11	158	1,330	1,990
87103	-	4	-	-	1	-	-	-	4	13	22
87104	23	101	1	9	25	17	13	7	39	448	683
87105	269	545	14	73	118	75	72	36	231	3,439	4,872
87106	72	167	1	20	45	29	21	16	108	1,079	1,558
87107	72	190	-	15	47	28	13	19	110	1,209	1,703
87108	166	395	5	96	131	76	52	34	212	2,128	3,295
87109	151	179	5	13	45	37	20	9	95	933	1,487
87110	98	230	2	42	53	45	15	23	138	1,187	1,833
87111	91	172	3	16	28	24	23	11	96	847	1,311
87112	101	245	6	18	50	46	18	18	92	1,364	1,958
87113	64	44	-	4	11	10	11	2	13	356	515
87114	103	188	5	20	41	44	27	13	85	1,102	1,628
87115	-	-	-	-	-	-	-	-	-	-	-
87116	-	2	1	-	1	1	-	-	-	16	21
87117	-	-	-	-	-	-	-	-	-	1	1
87119	-	-	-	-	-	-	2	-	-	18	20
87120	114	243	10	20	50	51	26	16	90	1,089	1,709
87121	485	732	20	83	186	123	137	53	272	5,283	7,374
87122	16	12	1	3	4	-	1	1	9	114	161
87123	139	317	6	23	81	42	38	20	130	1,904	2,700
87125	2	3	-	-	7	3	1	1	4	58	79
87128	-	-	-	-	-	-	-	-	-	-	-
87131	-	-	-	-	1	1	-	-	-	11	13
87151	2	-	-	1	4	-	-	-	2	21	30
87153	1	-	-	-	-	-	-	-	1	4	6
87154	5	8	-	2	2	-	-	-	1	29	47
87158	-	-	-	-	-	-	-	-	-	-	-
87176	3	7	-	-	3	1	1	-	2	34	51
87181	-	2	-	-	-	-	-	-	-	20	22
87184	1	1	-	-	-	-	-	1	2	19	24
87185	-	-	-	-	-	1	-	-	-	-	1
87187	-	-	-	-	1	-	-	1	1	4	7
87190	1	4	-	-	1	-	1	-	-	17	24
87191	2	3	-	-	-	-	-	-	-	12	17
87192	1	2	-	-	-	2	-	-	1	20	26
87193	18	10	-	-	-	1	-	-	1	20	50
87194	-	1	-	2	2	1	-	-	-	11	17
87195	6	18	1	-	-	3	1	1	3	68	101
87196	2	6	-	1	2	2	-	2	12	33	60
87197	1	7	-	5	-	4	-	1	2	31	51
87198	5	11	-	-	-	2	1	1	2	37	59
87199	3	4	-	-	1	1	-	-	-	26	35
Grand Total	2,116	4,143	84	490	1,031	716	520	302	1,931	24,625	35,958

Primary Reason for Bernalillo County Indigent Resident Visits

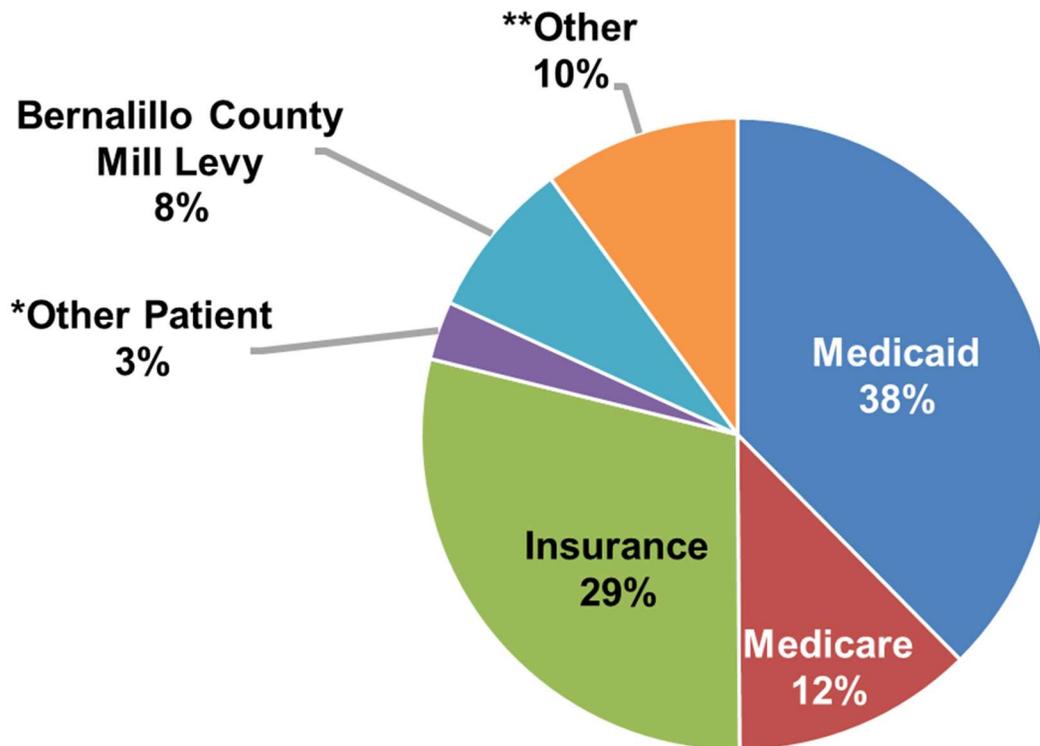
Totals are for each of the eight (8) quarters ended September 30, 2020.

Description	FY21 Q1	FY20 Q4	FY20 Q3	FY20 Q2	FY20 Q1	FY19 Q4	FY19 Q3	FY19 Q2
Factors influencing health status and contact with health services	8,168	13,040	5,797	8,582	4,885	7,029	5,558	6,348
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	2,549	3,991	2,576	3,636	1,981	3,058	2,420	2,586
Diseases of the musculoskeletal system and connective tissue	2,777	3,686	2,465	3,675	2,093	3,303	2,582	2,701
Injury, poisoning and certain other consequences of external causes	1,936	2,794	1,574	2,480	1,507	2,226	1607	1,856
Neoplasms	1,266	2,007	1,172	1,675	1,029	1,616	1259	1,327
Mental and behavioural disorders	1,526	3,129	1,383	1,958	1,109	1,628	1323	1,398
Endocrine, nutritional and metabolic diseases	1,741	2,651	1,523	2,210	1,250	1,903	1540	1,632
Diseases of the circulatory system	1,541	2,438	1,415	2,109	1,183	1,765	1387	1,454
Diseases of the nervous system	1,147	2,003	1,277	1,875	1,049	1,570	1231	1,221
Diseases of the genitourinary system	1,282	1,798	1,058	1,549	899	1,329	1060	1,125
Pregnancy, childbirth and the puerperium	853	1,576	700	962	514	935	704	783
Diseases of the digestive system	1,043	1,596	916	1,356	763	1,177	920	940
Diseases of the respiratory system	1,343	1,592	2,100	2,485	867	1,706	1805	1541
Diseases of the skin and subcutaneous tissue	907	1,241	826	1,260	755	1,106	845	909
Diseases of the eye and adnexa	549	669	606	856	519	828	574	590
Certain infectious and parasitic diseases	320	551	476	694	321	523	466	468
Congenital malformations, deformations and chromosomal abnormalities	243	314	199	296	172	279	216	235
Diseases of the ear and mastoid process	319	373	401	505	267	406	399	357
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	216	331	185	291	172	247	174	201
Codes for special purposes	272	176	-	-	-	-	0	0
Certain conditions originating in the perinatal period	35	70	24	54	32	61	36	46
External causes of morbidity and mortality	0	2	1	3	0	2	1	1
Other (prescription pick-up, etc.)	5,925	6,686	3,090	4,218	2,216	3,285	2,627	2,799
	35,958	52,714	29,764	42,729	23,583	35,982	28,734	30,518

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

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

FY21 is based on the twelve (12) months ended September 30, 2020.

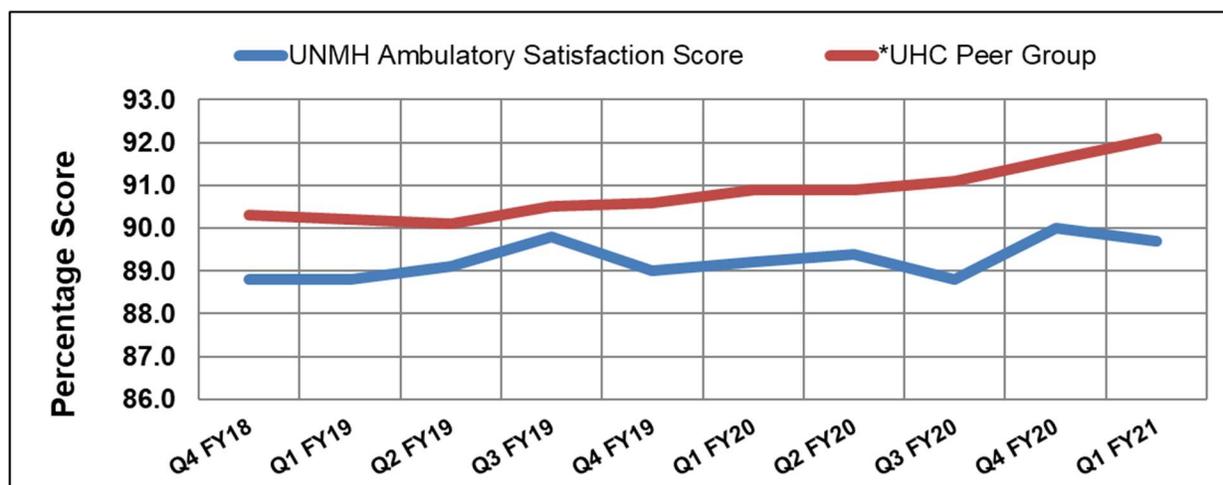
Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.

507,363	FY20 Actual (12 Months)
494,733	FY21 Actual (Based on Previous 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

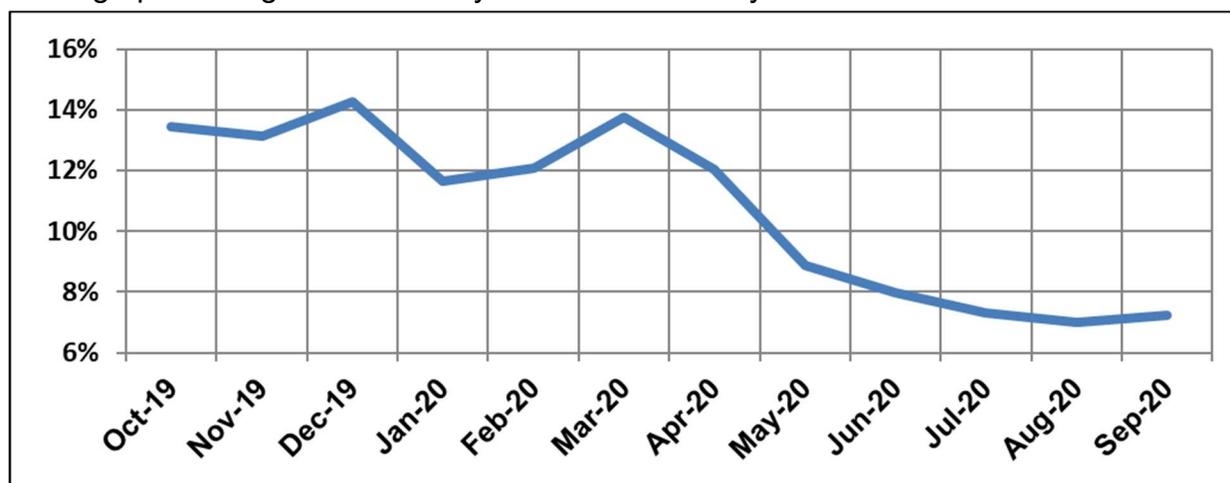


Quarter	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21
UNMH Ambulatory Satisfaction Score	88.8	88.8	89.1	89.8	89.0	89.2	89.4	88.8	90.0	89.7
*UHC Peer Group	90.3	90.2	90.1	90.5	90.6	90.9	90.9	91.1	91.6	92.1

*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.



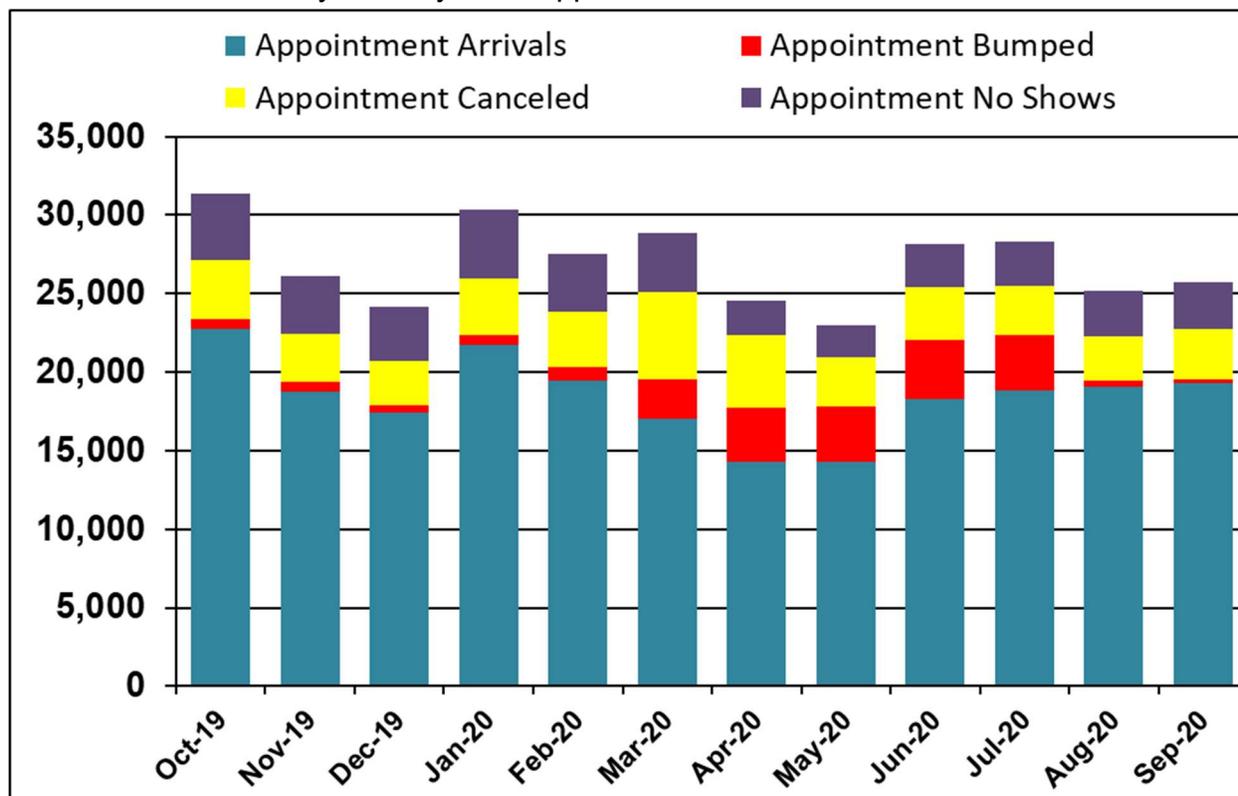
Month	Same Day	Total Arrived	Same Day Rate
Oct-19	2,127	15,839	13.4%
Nov-19	1,719	13,072	13.2%
Dec-19	1,729	12,135	14.2%
Jan-20	1,762	15,103	11.7%
Feb-20	1,596	13,229	12.1%
Mar-20	1,595	11,590	13.8%
Apr-20	1,172	9,732	12.0%
May-20	863	9,703	8.9%
Jun-20	986	12,375	8.0%
Jul-20	940	12,830	7.3%
Aug-20	910	13,023	7.0%
Sep-20	932	12,871	7.2%

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

Average	Primary Care Clinics
3.5%	1209 Clinic
5.6%	Alamo Primary Care Clinic
6.3%	Family Practice Clinic
6.3%	General Pediatrics Clinic
7.5%	Northeast Heights Clinic
7.1%	Senior Health Center
6.8%	Southeast Heights Clinic
4.4%	Southwest Mesa Clinic
2.4%	SRMC FP Clinic
61.8%	UNM Lobocare Clinic
4.1%	Westside Clinic
6.2%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

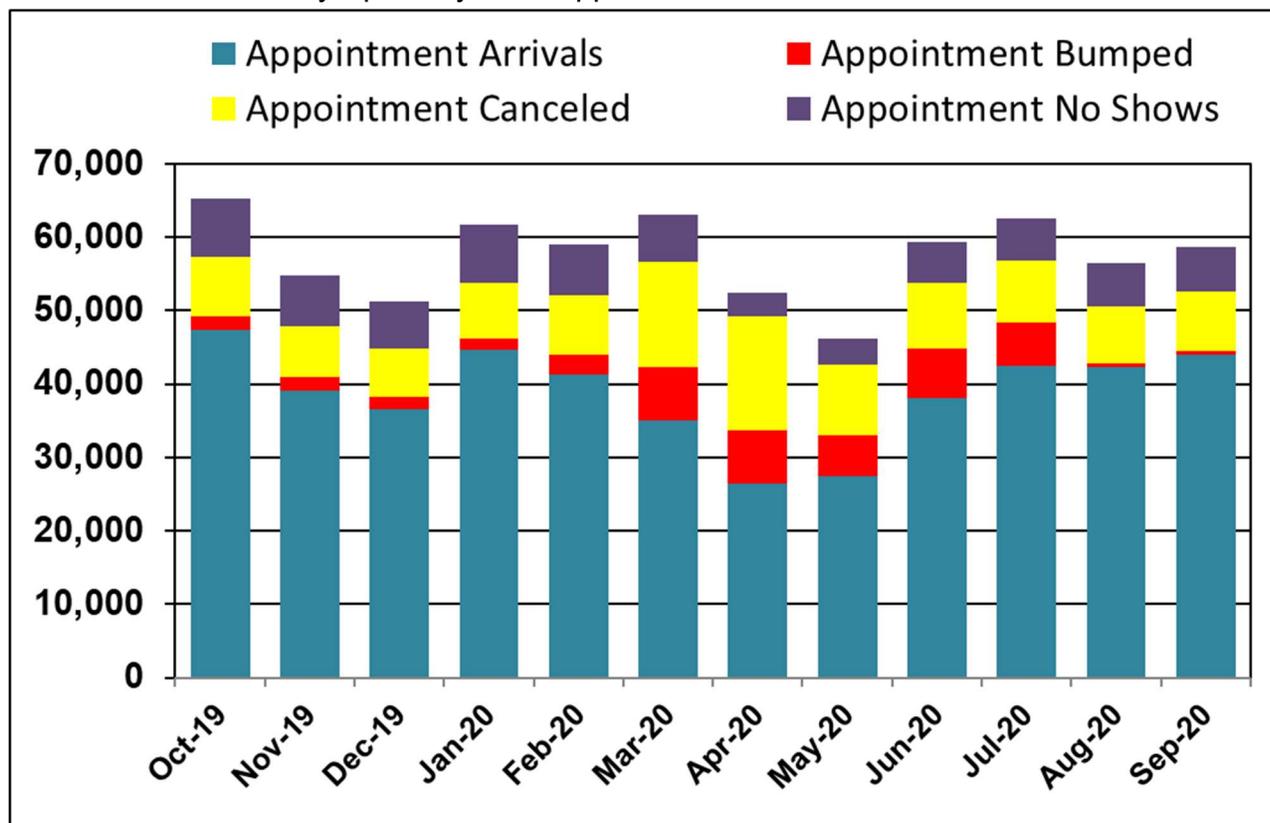
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Oct-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
Jul-20	18,807	3,550	3,148	2,781
Aug-20	19,063	385	2,851	2,860
Sep-20	19,266	269	3,232	2,999

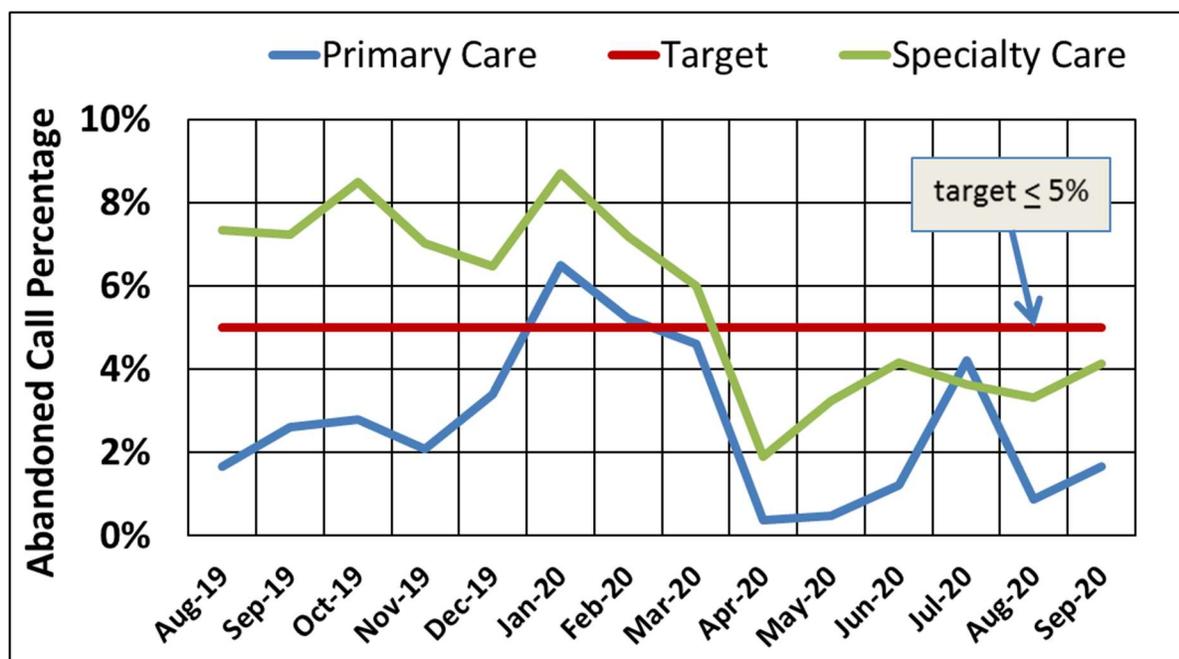
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
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
Jul-20	42,519	5,757	8,508	5,702
Aug-20	42,209	643	7,765	5,815
Sep-20	43,914	551	8,049	6,221

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			
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%
Jul-20	4.20%	3.63%	5%
Aug-20	0.88%	3.32%	5%
Sep-20	1.67%	4.12%	5%

Medication Reconciliation Goals Primary and Specialty Care

Medication reconciliation. As of September 30, 2020

79.2%	National Patient Safety Goal - Medication Reconciliation Primary Care	
34.9%	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 October 7, 2020

206,284	Invitations sent out to patients who provided an email address.
95,806	Patients who have claimed invitation to sign up.
84,339	*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").

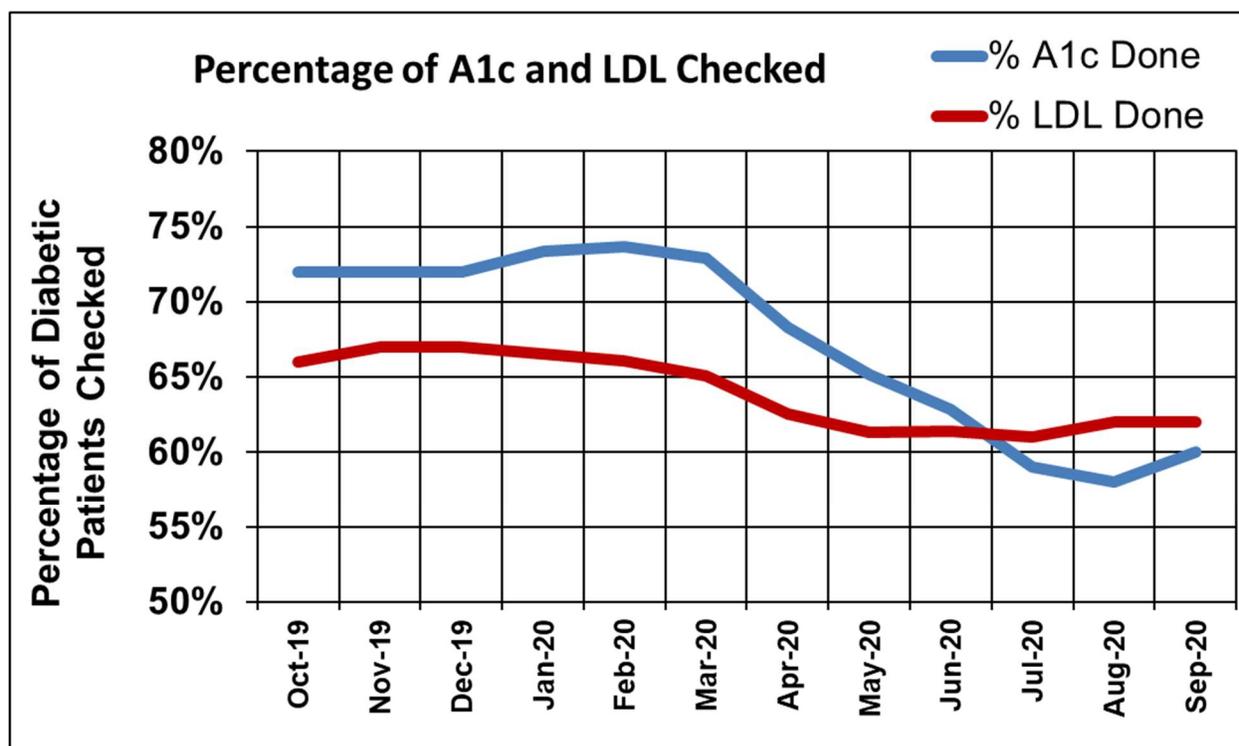
One hundred percent (100%) of all patients may access their medical records in person at UNMH.

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
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%
Jul-20	7,459	4,416	59%	4,587	61%
Aug-20	7,721	4,482	58%	4,802	62%
Sep-20	7,661	4,592	60%	4,777	62%

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
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
Jul-20	5,727	222	No Data Available
Aug-20	5,697	198	No Data Available
Sep-20	5,705	255	No Data Available

Due to the current COVID-19 crisis, HSD said that they are unable to provide the number of Medicaid applications completed at UNMH.

Total Uncompensated Care – Charity Care and Uninsured

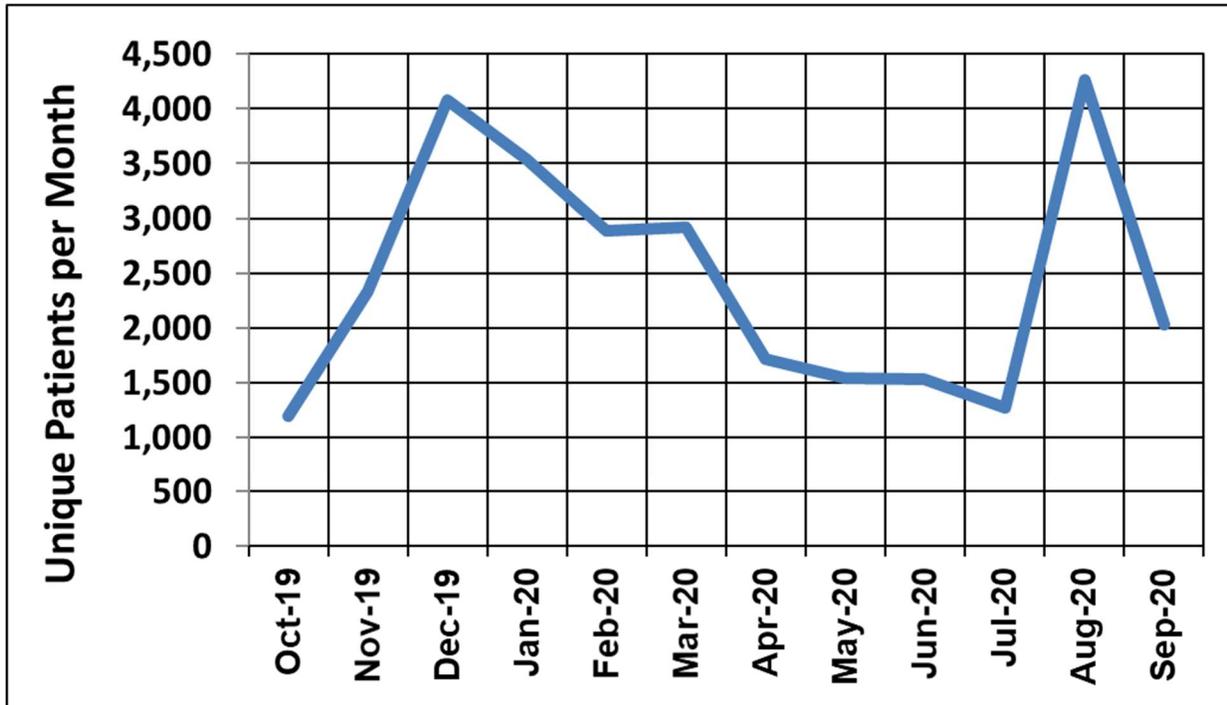
For the three (3) months ended September 30, 2020, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	14,641	4,993	19,634
Encounters	27,098	8,861	35,959
Cost	\$ 5,181,757	\$ 4,136,178	\$ 9,317,935

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.

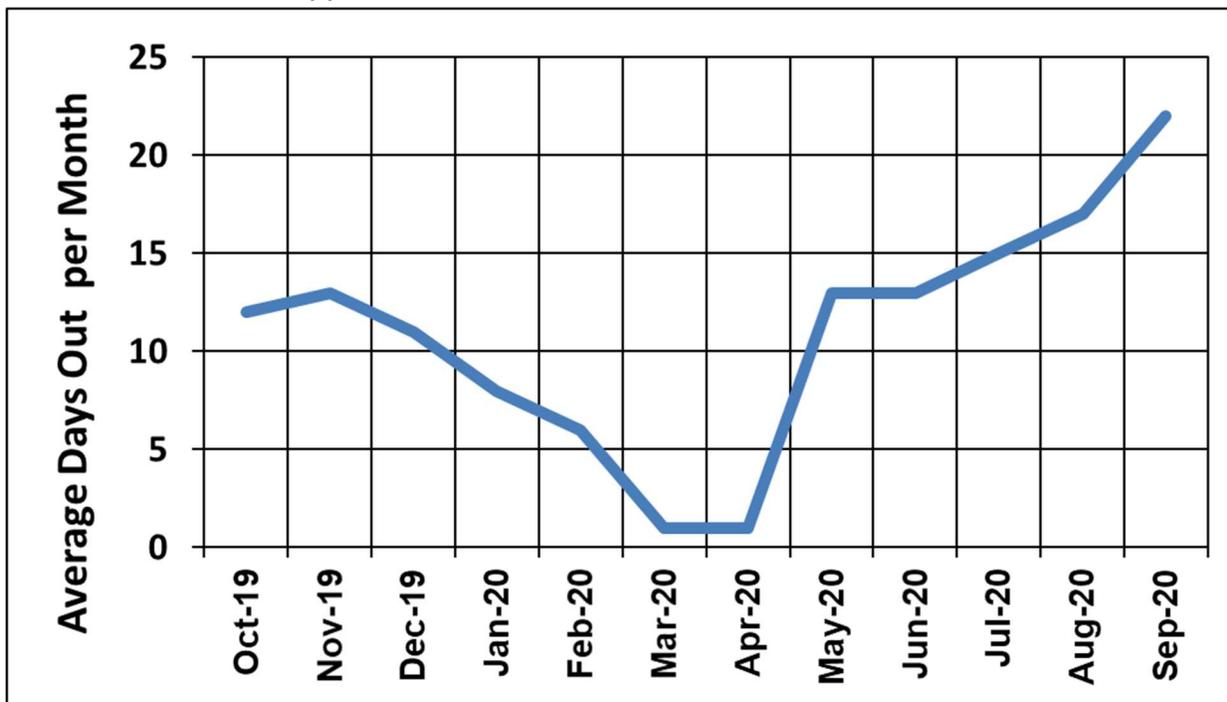
Number of Unique Patients Sent to Collections

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



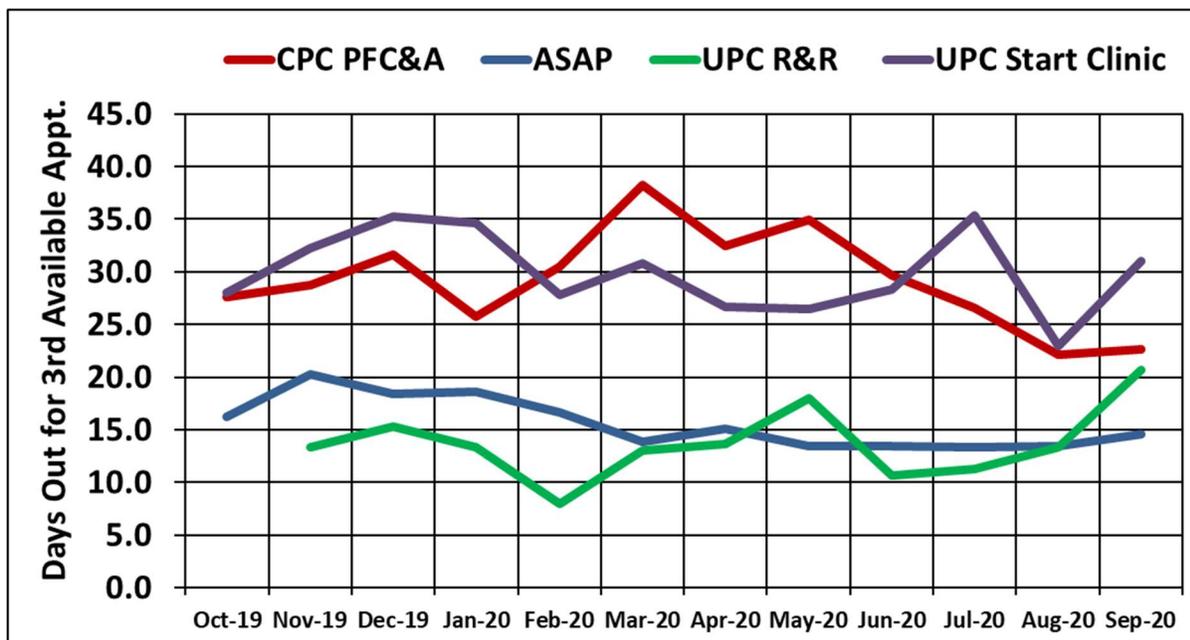
Days Out For Scheduling Financial Assistance Appointment

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



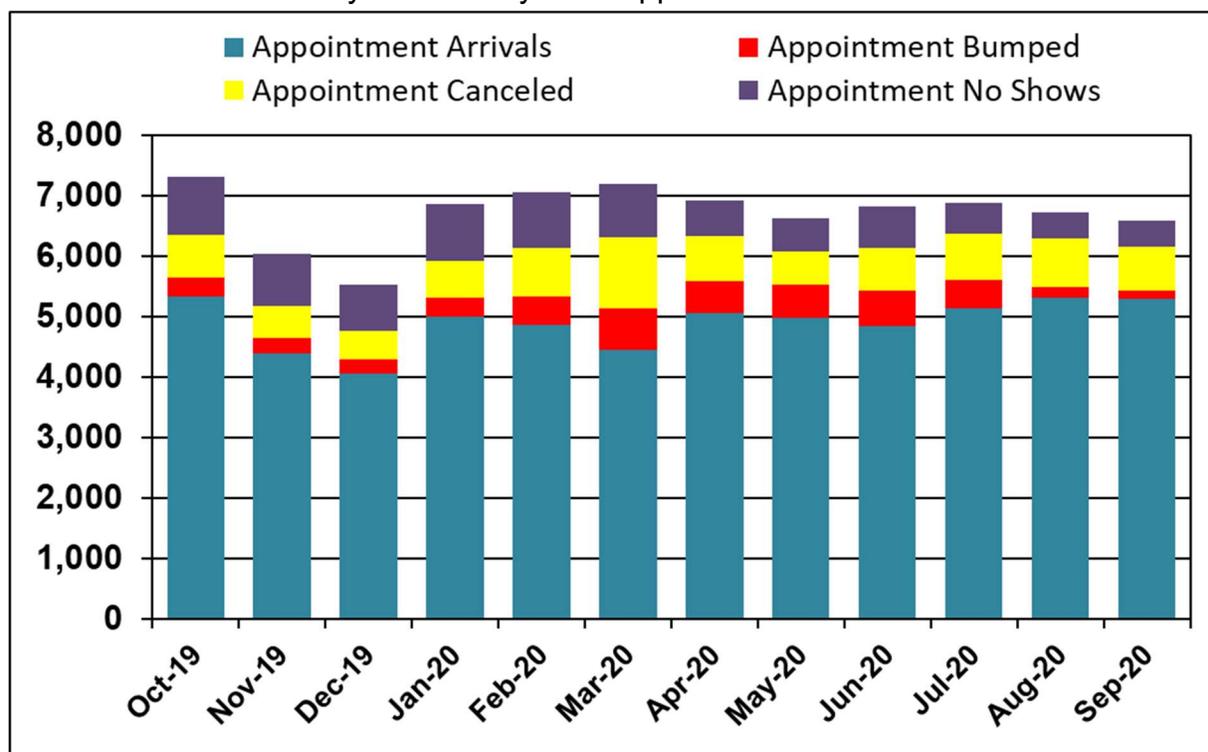
Month	CPC PFC&A	ASAP	UPC R&R	UPC Start Clinic
Oct-19	27.6	16.2		28.0
Nov-19	28.7	20.3	13.3	32.3
Dec-19	31.6	18.4	15.3	35.3
Jan-20	25.7	18.6	13.3	34.6
Feb-20	30.5	16.7	8.0	27.8
Mar-20	38.3	13.9	13.0	30.8
Apr-20	32.5	15.1	13.7	26.7
May-20	34.9	13.5	18.0	26.5
Jun-20	29.7	13.4	10.7	28.3
Jul-20	26.6	13.3	11.3	35.4
Aug-20	22.1	13.4	13.3	23.0
Sep-20	22.6	14.6	20.7	31.0

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.

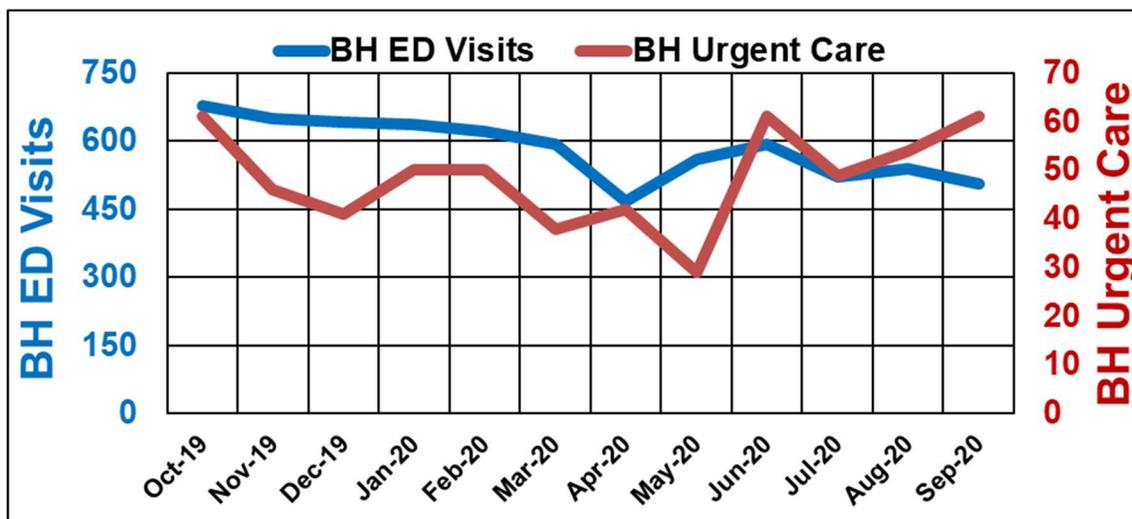


Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Oct-19	5,337	300	706	970
Nov-19	4,398	244	532	864
Dec-19	4,051	247	458	765
Jan-20	4,992	320	600	953
Feb-20	4,857	470	816	906
Mar-20	4,454	678	1,182	883
Apr-20	5,051	534	752	584
May-20	4,972	556	559	535
Jun-20	4,851	582	704	687
Jul-20	5,129	486	748	512
Aug-20	5,317	170	803	436
Sep-20	5,291	149	712	434

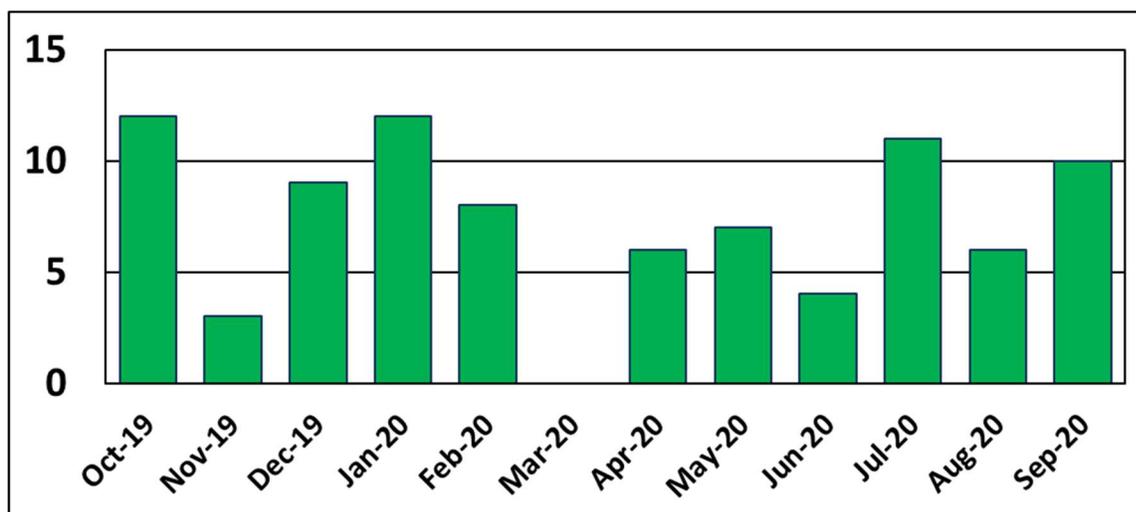
Number of Unique Outpatients and Number of Encounters CY2019

Patient Group	Patients Served	Total Encounters
BH UPC Outpatient	11,570	59,970
BH CPC Outpatient	3,097	16,188

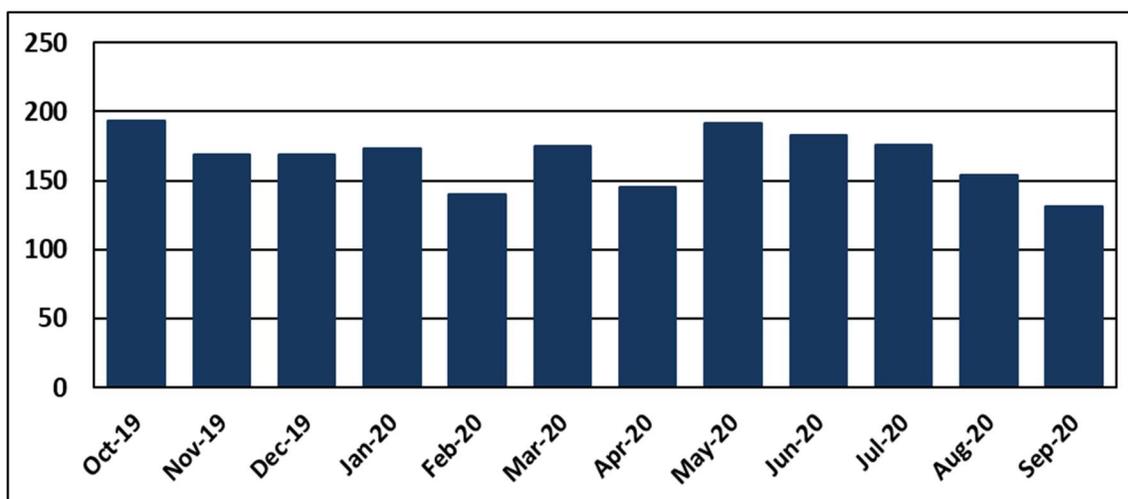
Psychiatric Emergency Department and Urgent Care Encounters



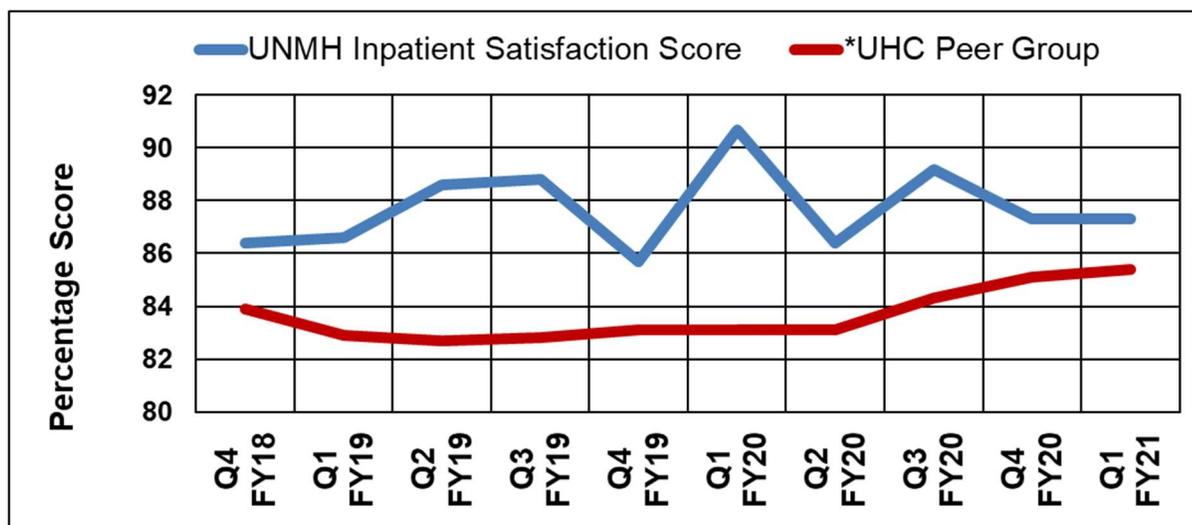
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

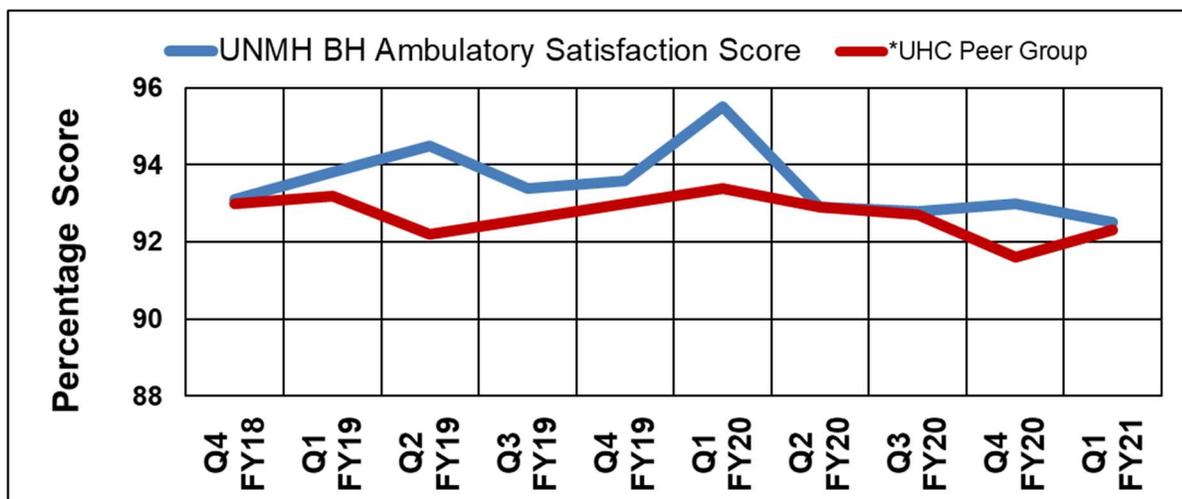


Press Ganey Behavioral Health Inpatient Satisfaction Score



Quarter	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21
UNMH Inpatient Satisfaction Score	86.4	86.6	88.6	88.8	85.7	90.7	86.4	89.2	87.3	87.3
*UHC Peer Group	83.9	82.9	82.7	82.8	83.1	83.1	83.1	84.3	85.1	85.4

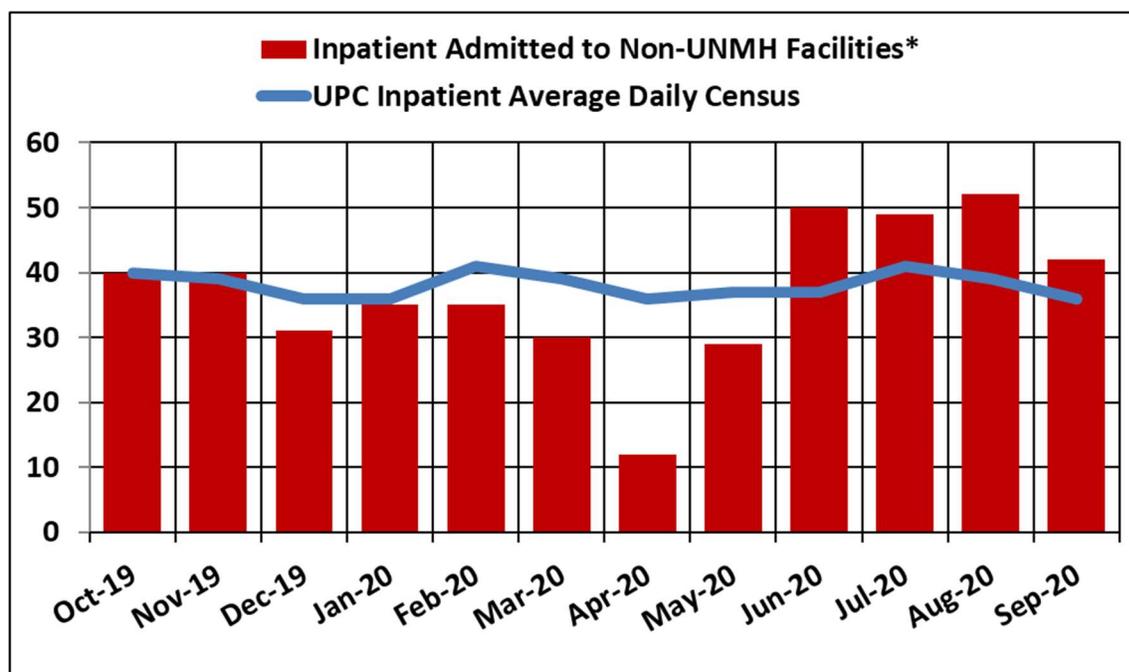
Press Ganey Behavioral Health Outpatient Satisfaction Score



Quarter	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21
UNMH BH Ambulatory Satisfaction Score	93.1	93.8	94.5	93.4	93.6	95.5	92.9	92.8	93.0	92.5
*UHC Peer Group	93.0	93.2	92.2	92.6	93.0	93.4	92.9	92.7	91.6	92.3

*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.

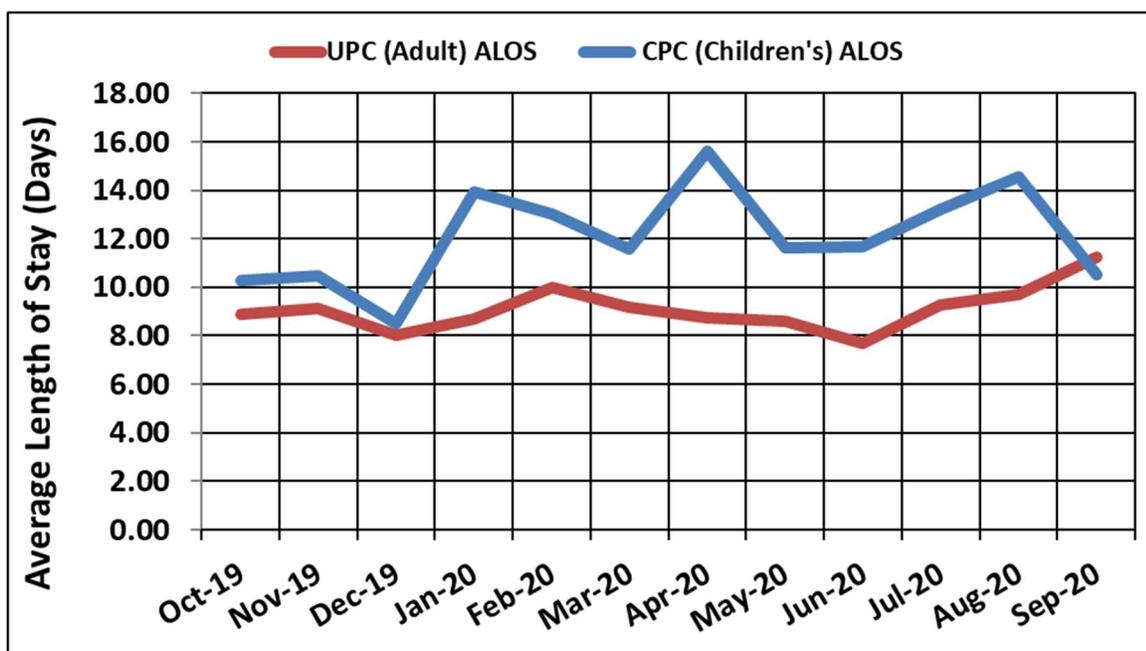
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Oct-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
Jul-20	49	41
Aug-20	52	39
Sep-20	42	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.

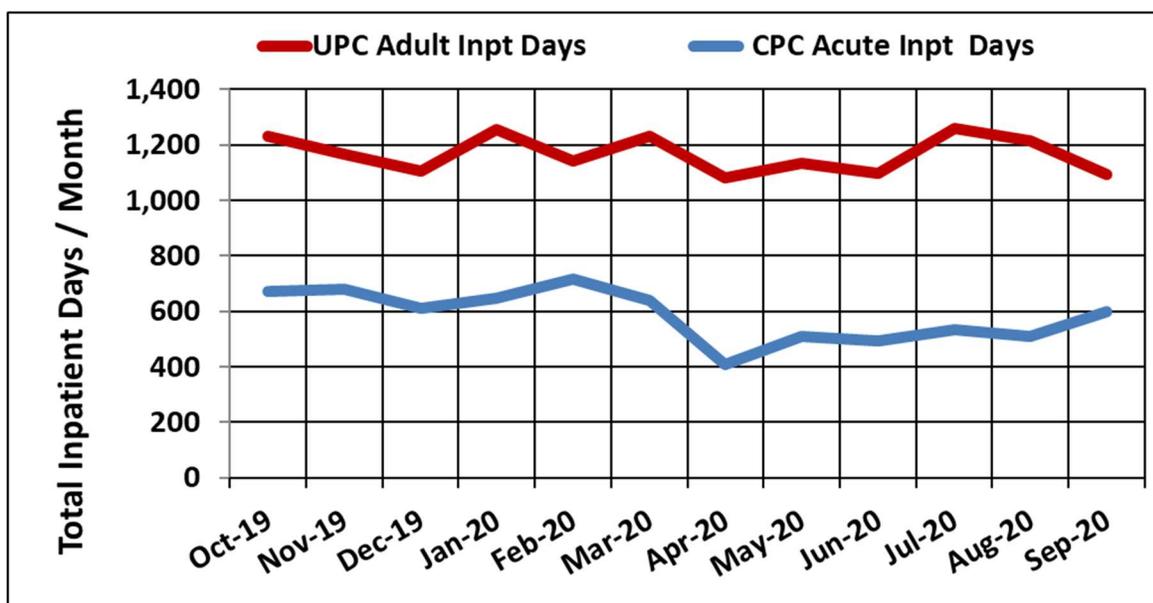
Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC)
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 CY2019

Patient Group	Patients Served	Total Encounters
BH UPC Inpatient	1,243	1,594
BH CPC Inpatient	752	873

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
FY2021*	11,566

* Projected Count based upon the previous twelve (12) months, Oct.2019 to Sep. 2020.

Total Opioid Patients

Month	Census
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
Jul-20	630
Aug-20	629
Sep-20	629

Total Methadone Encounters

Month	Count
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
Jul-20	1,458
Aug-20	1,446
Sep-20	1,785

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
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
Jul-20	588	31,382	11,221
Aug-20	563	32,352	11,589
Sep-20	586	31,466	11,452

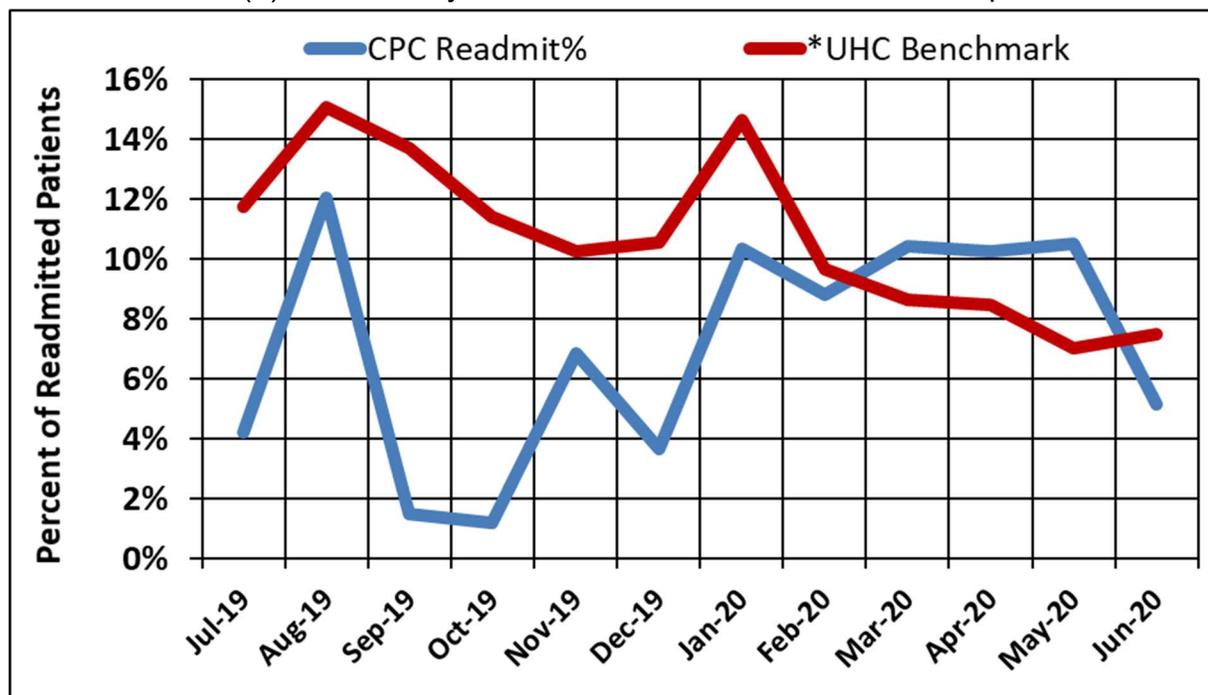
Total Suboxone Encounters

Month	Count
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
Jul-20	46
Aug-20	40
Sep-20	42

*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.

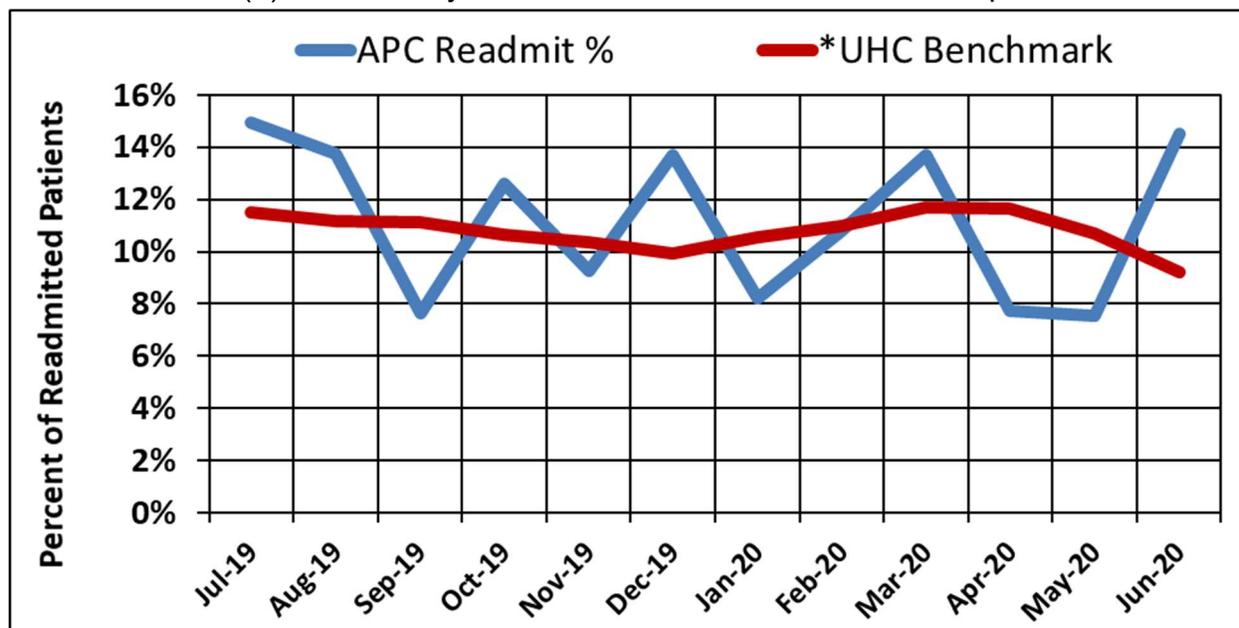


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-19	71	3	4.2%	11.8%
Aug-19	58	7	12.1%	15.1%
Sep-19	67	1	1.5%	13.7%
Oct-19	84	1	1.2%	11.4%
Nov-19	73	5	6.9%	10.3%
Dec-19	82	3	3.7%	10.6%
Jan-20	58	6	10.3%	14.6%
Feb-20	68	6	8.8%	9.7%
Mar-20	67	7	10.4%	8.6%
Apr-20	39	4	10.3%	8.5%
May-20	57	6	10.5%	7.0%
Jun-20	58	3	5.2%	7.5%

*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.

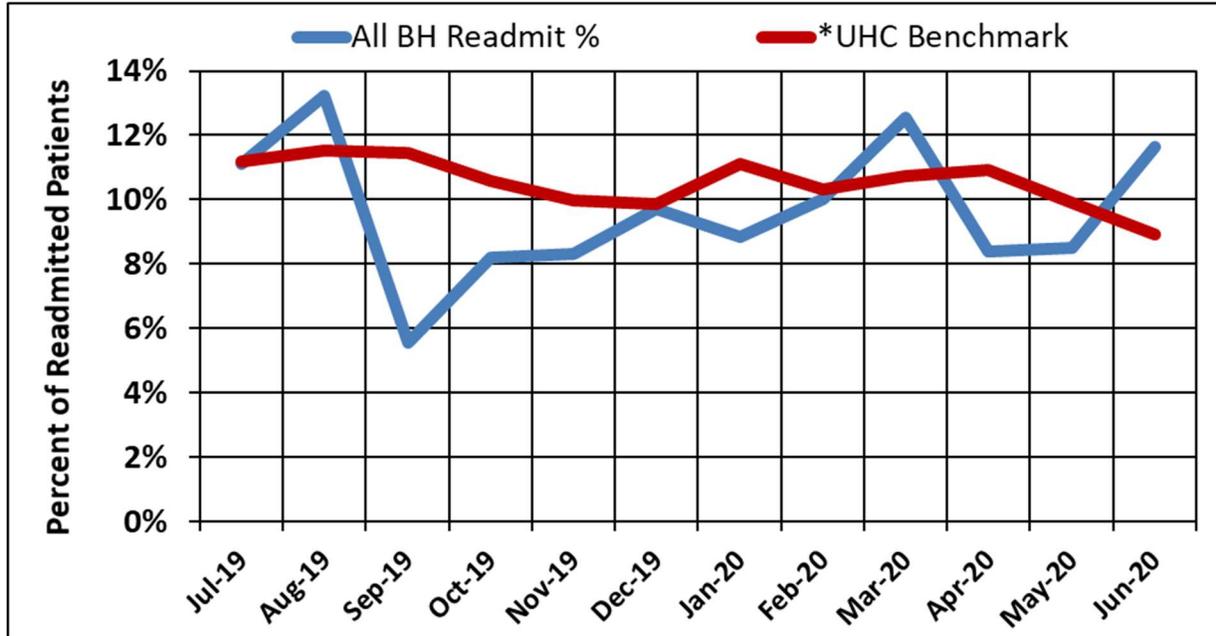


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-19	127	19	15.0%	11.5%
Aug-19	131	18	13.7%	11.2%
Sep-19	131	10	7.6%	11.1%
Oct-19	135	17	12.6%	10.7%
Nov-19	119	11	9.2%	10.3%
Dec-19	124	17	13.7%	9.9%
Jan-20	134	11	8.2%	10.6%
Feb-20	102	11	10.8%	11.0%
Mar-20	124	17	13.7%	11.7%
Apr-20	116	9	7.8%	11.7%
May-20	119	9	7.6%	10.7%
Jun-20	131	19	14.5%	9.2%

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

30 Day Readmission Rate – Both Adult and CPC Psychiatric Center

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

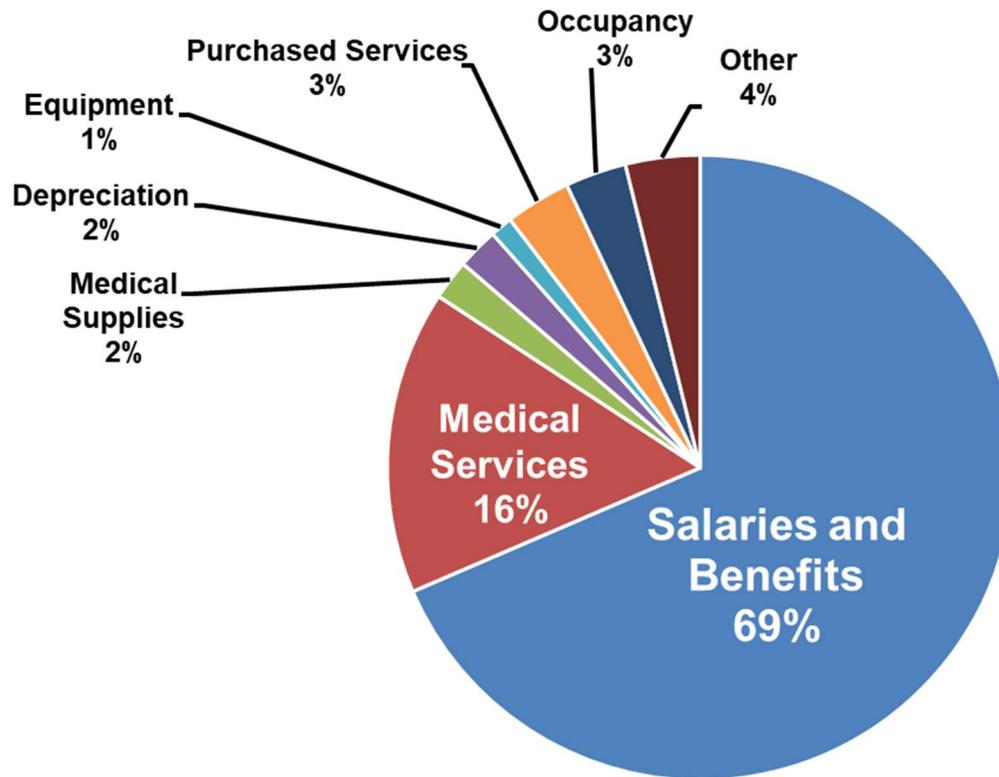


Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-19	198	22	11.1%	11.2%
Aug-19	189	25	13.2%	11.5%
Sep-19	198	11	5.6%	11.4%
Oct-19	219	18	8.2%	10.6%
Nov-19	192	16	8.3%	10.0%
Dec-19	206	20	9.7%	9.9%
Jan-20	192	17	8.9%	11.1%
Feb-20	170	17	10.0%	10.3%
Mar-20	191	24	12.6%	10.7%
Apr-20	155	13	8.4%	10.9%
May-20	176	15	8.5%	9.9%
Jun-20	189	22	11.6%	8.9%

*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)

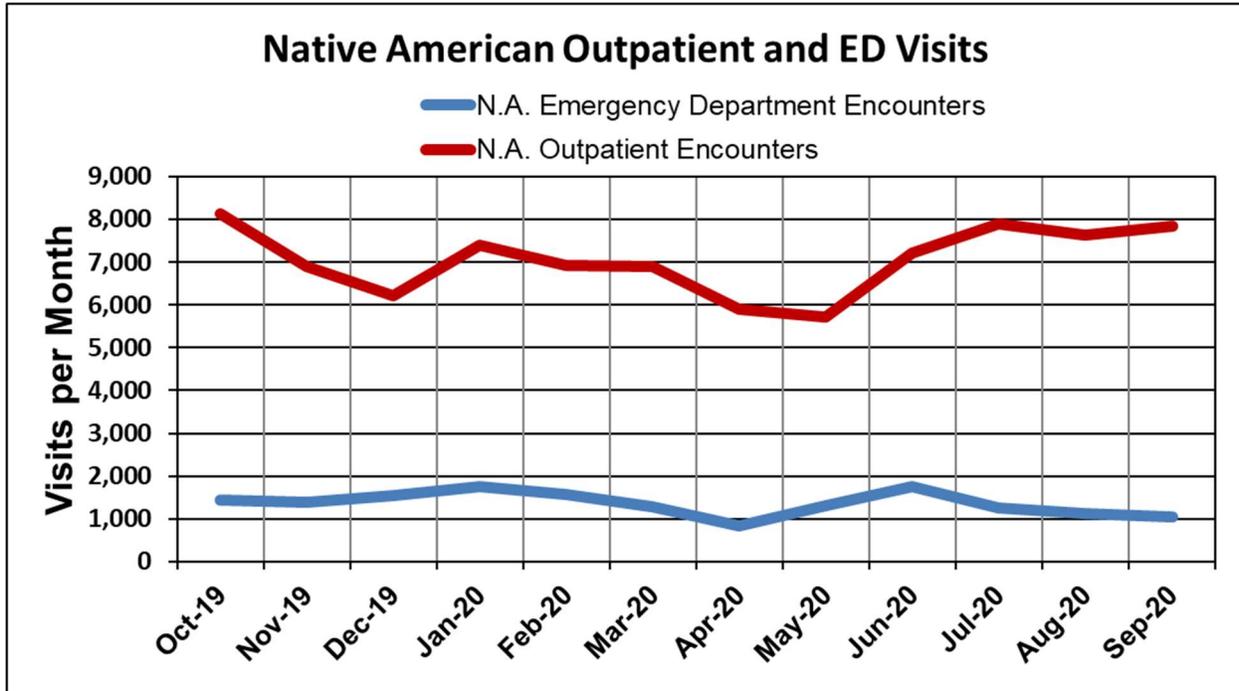


	Audited
Salaries and Benefits	\$ 11,164,993
Medical Services	2,559,879
Medical Supplies	337,958
Depreciation	348,365
Equipment	187,437
Purchased Services	551,887
Occupancy	514,840
Other	627,505
Total Expense	\$ 16,292,864

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

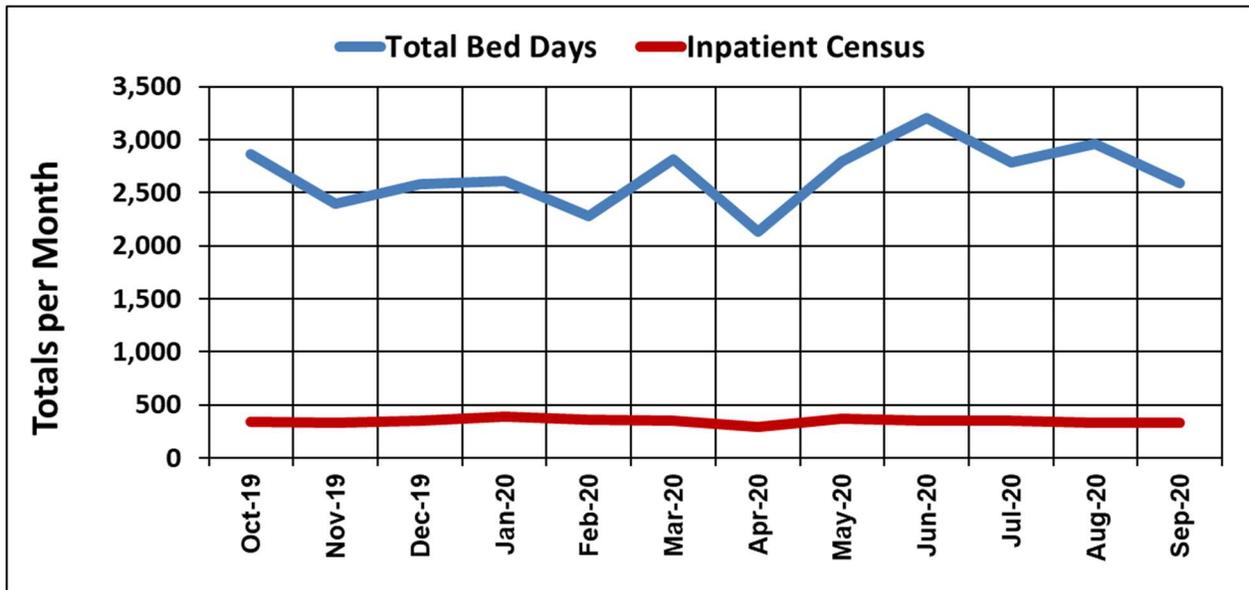
E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
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
Jul-20	15	1,249	7,908
Aug-20	13	1,129	7,632
Sep-20	15	1,040	7,843

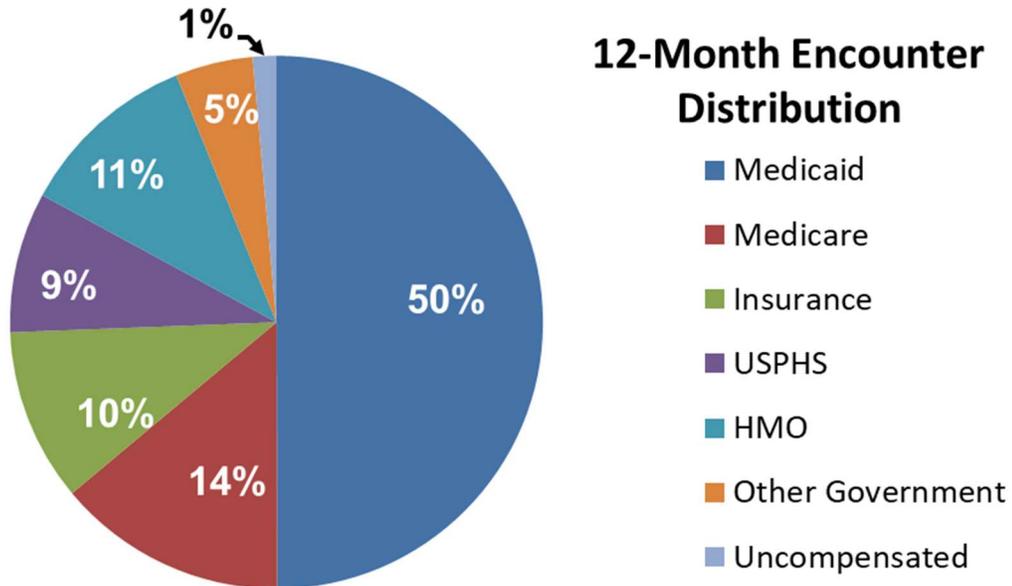
Native American Bed Days and Monthly Inpatient Census



Month	Inpatient Admissions (Census)	Total Bed Days
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
Jul-20	350	2,782
Aug-20	335	2,965
Sep-20	332	2,595

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-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
Jul-20	4,760	1,355	1,123	873	1,107	476	137
Aug-20	4,608	1,390	992	827	1,041	410	132
Sep-20	4,624	1,392	994	762	1,012	494	151
TOTAL	54,026	15,383	11,462	9,437	12,010	5,008	1,591
	50%	14%	11%	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.	
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.	
UNMH shall engage with County and IHS on the programming and design of future space for UNMH Behavioral Health Services including Crisis Services.	UNMH and Bernalillo County are actively working on short and long-term planning on crisis services.	
Any changes impacting integrated behavioral health and primary care integrated services or peer services will be discussed with the County and IHS prior to implementation	No current planned changes with these services.	
UNMH will evaluate the ability to provide identifiable patient information to first responders consistent with applicable laws.	MOU completed with City related to providing information to APD Crisis response from Psychiatric Emergency Services.	
Evaluate the viability of expanding behavioral health services in school based clinics	TBD as part of broader School Based conversation.	
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 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 FY21 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

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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>