



# QUARTERLY REPORT

## December, 2025

**Bernalillo County Commissioner Trend Report**

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# A. ACCOUNTABILITY

## Balance Sheet

Statements of Net Position

(In Thousands)

	Dec-25	Audited June 2025
<b>Assets</b>		
Cash and marketable securities	\$ 268,468	\$ 228,899
Cash restricted by management for capital replacement	17,034	34,018
Cash restricted for donor specified expenses	22,778	23,507
Patient receivables, net	203,614	197,614
Other receivables and current assets	256,696	230,343
Capital assets, net	1,152,692	1,084,781
Restricted for mortgage reserve, bonds	38,713	37,889
Other noncurrent assets	37,199	35,790
Total assets	1,997,194	1,872,841
<b>Liabilities</b>		
Accounts payable	65,562	86,933
Payable to related parties (UNM)	150,750	44,760
Interest payable bonds	50	54
Current portion of long term debt	30,889	28,270
Other accrued current liabilities	391,305	320,565
Bonds payable, non current	44,235	47,820
Mortgage Payable, non current	374,229	381,781
Other long term liabilities	20,154	23,746
Total liabilities	1,077,174	933,929
<b>Net Position</b>		
Restricted for expendable grants, bequests, and contributions	22,778	23,507
Restricted for trust indenture and debt agreement	38,701	37,876
Assets invested in capital	688,381	607,744
Unrestricted from operations	170,160	269,785
Total net assets	\$ 920,020	\$ 938,912
<b>Current Ratio</b>	<b>1.18</b>	<b>1.42</b>
<b>Days Cash on Hand**</b>	<b>52.47</b>	<b>45.79</b>

\*\*Days cash on hand is calculated on unrestricted cash

## Income Statement

### UNM HOSPITALS

Statements of Revenues, Expenses, and Changes in Net Assets  
For the five (5) months ended November 30, 2025

<i>(In Thousands)</i>	<b>December</b>
Operating revenues:	
Net Patient Service	\$ 821,481
Other	30,637
Total Operating Revenues	<u>852,119</u>
Operating expenses:	
Employee Compensation and Benefits	443,223
UNM School of Medicine Medical Services	121,691
Medical Services Oncology	18,539
Medical Services non-SOM	29,400
Medical Supplies	135,992
Oncology Drugs	44,280
Occupancy/Equipment	52,692
Depreciation	33,786
Purchased Services	50,318
Gross Receipts Tax	16,892
Other	20,712
Total Operating Expenses	<u>967,524</u>
Operating loss	<u>(115,406)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	66,071
Sandoval County Mill Levy	4,554
State Appropriation	12,376
Capital Appropriation	15,513
Interest Expense	(964)
Other Revenue and (Expense)	(1,036)
Net Nonoperating Revenues	<u>96,513</u>
Total Increase in Net Assets	<u><u>(18,893)</u></u>



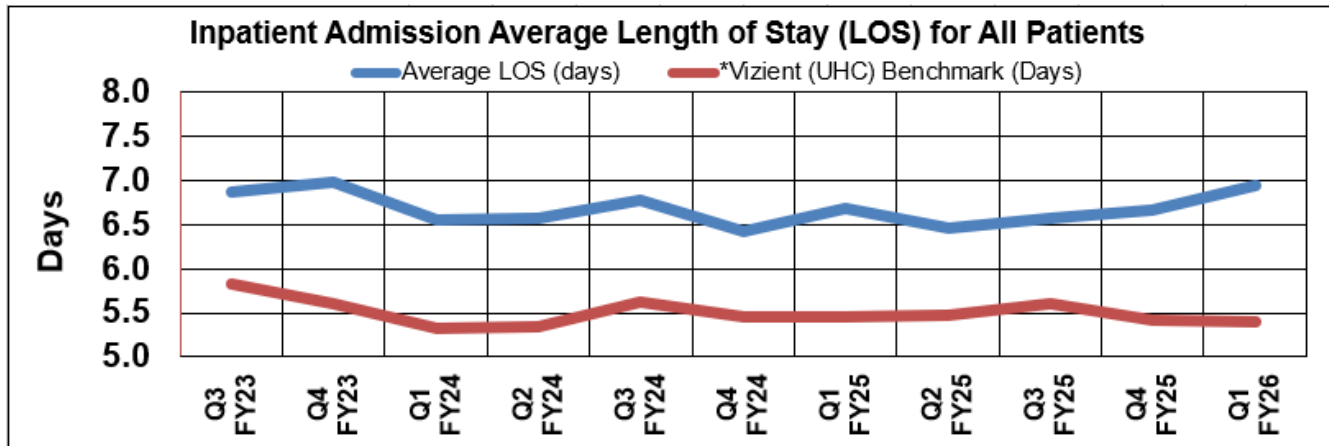
## Mill Levy Distribution Detail by Department FY2025

Total Bernalillo County Mill Levy \$ 132,088,476.00

Note: 15% of the Mill Levy is allocated to Behavioral Health (see pg. 43)

UNMH - 85%	
Mill Levy	\$ 112,275,125
Expenses	Total Spending
<i>Facilities</i>	
Facilities Maintenance	\$ 23,935,963
Environmental Services	17,280,069
Insurance	5,896,167
Plant Operations & Maintenance	8,085,246
Utilities	5,228,265
Clinical Engineering	6,439,339
Parking Structure and Support	3,671,360
Security	6,756,309
Off Site/Ambulatory Maintenance	4,650,513
Life Safety/Fire Protection	2,522,546
Facilities Planning	3,479,426
Facilities Other	1,816,465
Total Facilities	89,761,668
Finance	10,837,181
HR	21,106,090
<i>Information Technology</i>	
IT - Open Clinic/Mgt	7,437,000
IT - Patient Financial Services	3,376,130
Communications	6,006,708
IT Cerner Millennium RHO	4,995,021
Clinical Applications	3,996,143
Customer Service	4,133,227
Network & Infrastructure	4,638,186
Systems Support	4,367,770
System Develop and Applications	3,051,750
Network & Cyber Security	3,963,368
IT Non Capital Equipment	1,650,583
Computer Learning Technologies	1,568,822
Medical Records	2,394,417
IT - EVOLVE3	1,212,288
IT Admin, Oversight and Support	1,038,294
IT Other	9,316,870
Total Information Technology	63,146,577
<i>Revenue Cycle</i>	
Patient Financial Services	15,335,371
Coding	12,368,980
Revenue Cycle Initiatives	1,976,567
Medical Records Support Svcs	4,123,772
HIM Clinical Documentation	1,750,564
Collection Agencies	1,382,689
Revenue Other	433,636
Total Revenue Cycle	37,371,579
Food & Nutrition	11,213,556
<i>Other</i>	
Administration	8,014,098
FHA Bonds	4,495,975
Admin Support for Facilities/Planning	3,056,016
Admin Other	14,133,603
Total Other	29,699,692
Total Mill Levy Expenditures	\$ 263,136,343

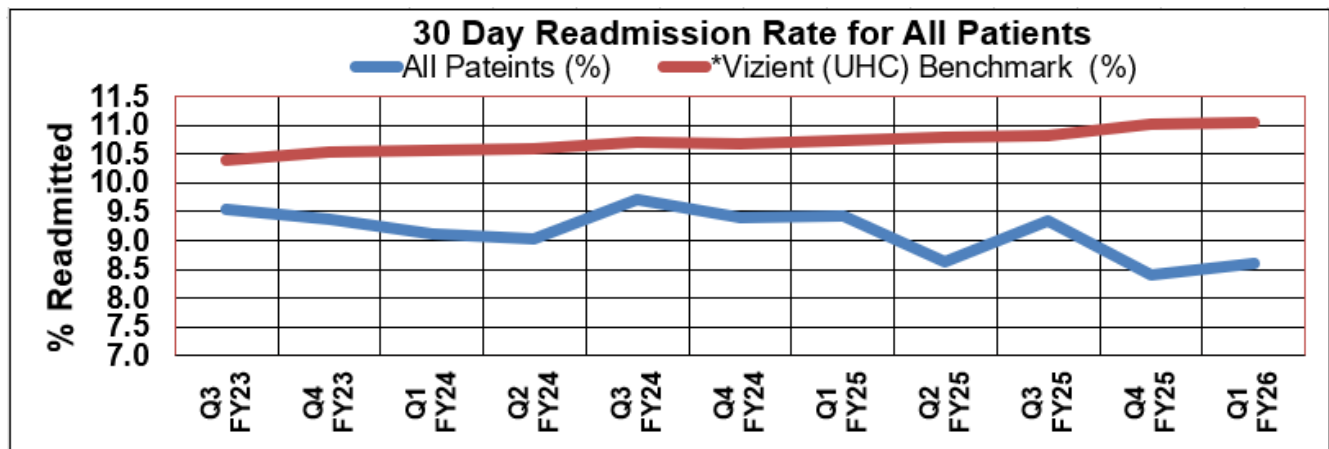
## Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26
Average LOS (days)	6.87	6.99	6.55	6.57	6.77	6.43	6.68	6.46	6.57	6.66	6.94
*Vizient (UHC) Benchmark (Days)	5.83	5.60	5.33	5.34	5.63	5.45	5.46	5.48	5.60	5.41	5.39

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

## 30 Day Readmission for All Patients



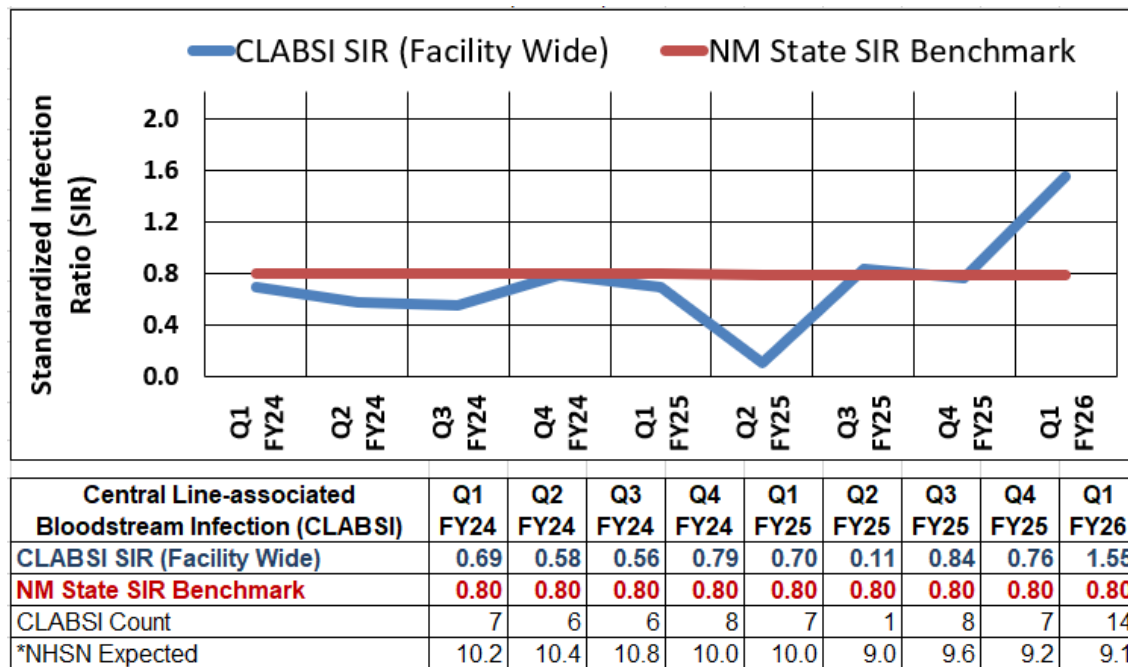
Fiscal Quarter	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26
All Patients (%)	9.53	9.38	9.12	9.02	9.72	9.41	9.43	8.62	9.35	8.40	8.61
*Vizient (UHC) Benchmark (%)	10.40	10.54	10.58	10.61	10.71	10.67	10.73	10.81	10.84	11.03	11.06

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

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

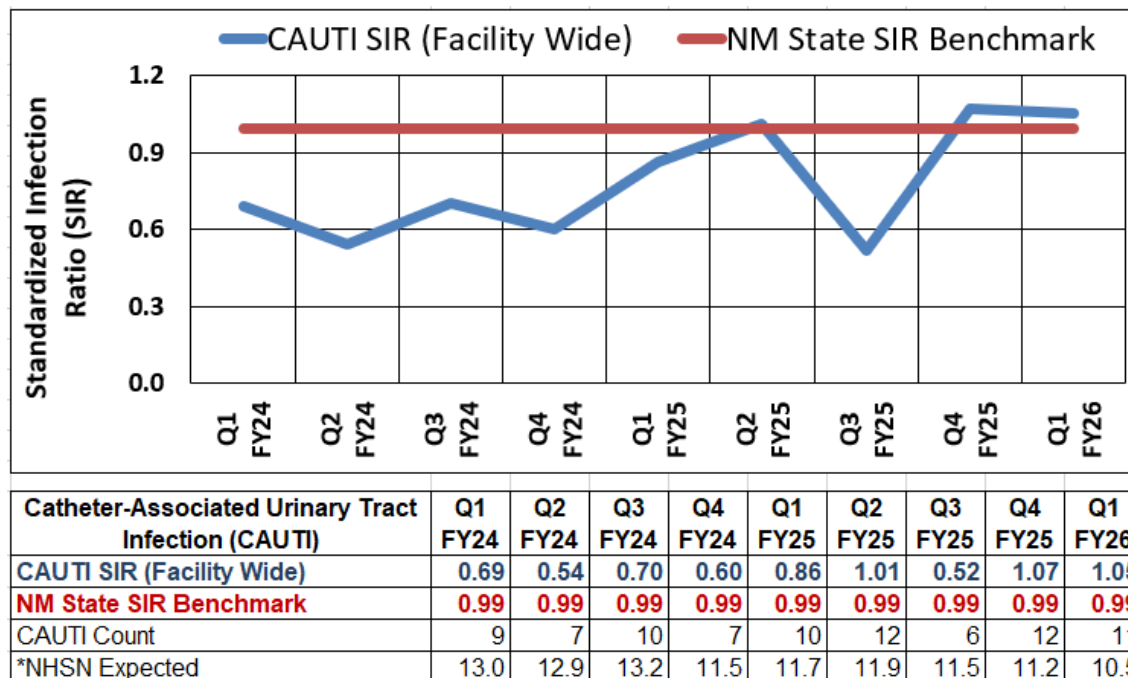


## Catheter Central Line-associated Bloodstream Infection



Catheter data is delayed by one quarter.

## Catheter Associated Urinary Tract Infection



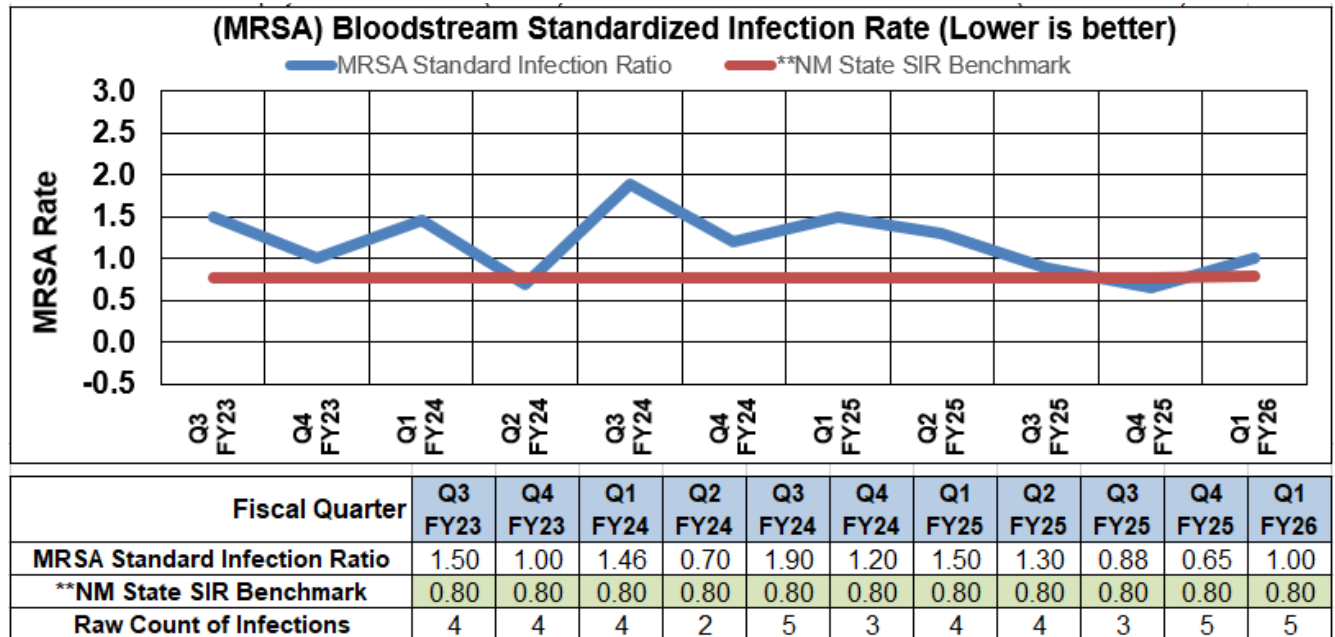
Catheter data is delayed by one quarter.

\*NHSN = National Healthcare Safety Network.

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

## MRSA Bloodstream Standardized Infection Rate

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



MRSA data is delayed by one quarter.

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

## Total Number of Inpatient Days

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

FY25 Actual YTD is based on the twelve (12) months ended June 30, 2025

FY26 Projected is based on the twelve (12) months ended December 31, 2025

Inpatient Days	FY24 Actual	FY25 Actual	FY26 Projected
Adult	136,985	132,922	131,704
Pediatric	37,020	36,436	37,633
Newborn	5,192	5,055	5,250
<b>Total Inpatient Days</b>	<b>179,197</b>	<b>174,413</b>	<b>174,587</b>

## Nursing Hours of Care

	FY24 June, 2024	FY25 June, 2025	FY25 Dec, 2025
<b>UNMH Nursing Hours of Care Per Patient*</b>	16.02	16.01	16.08

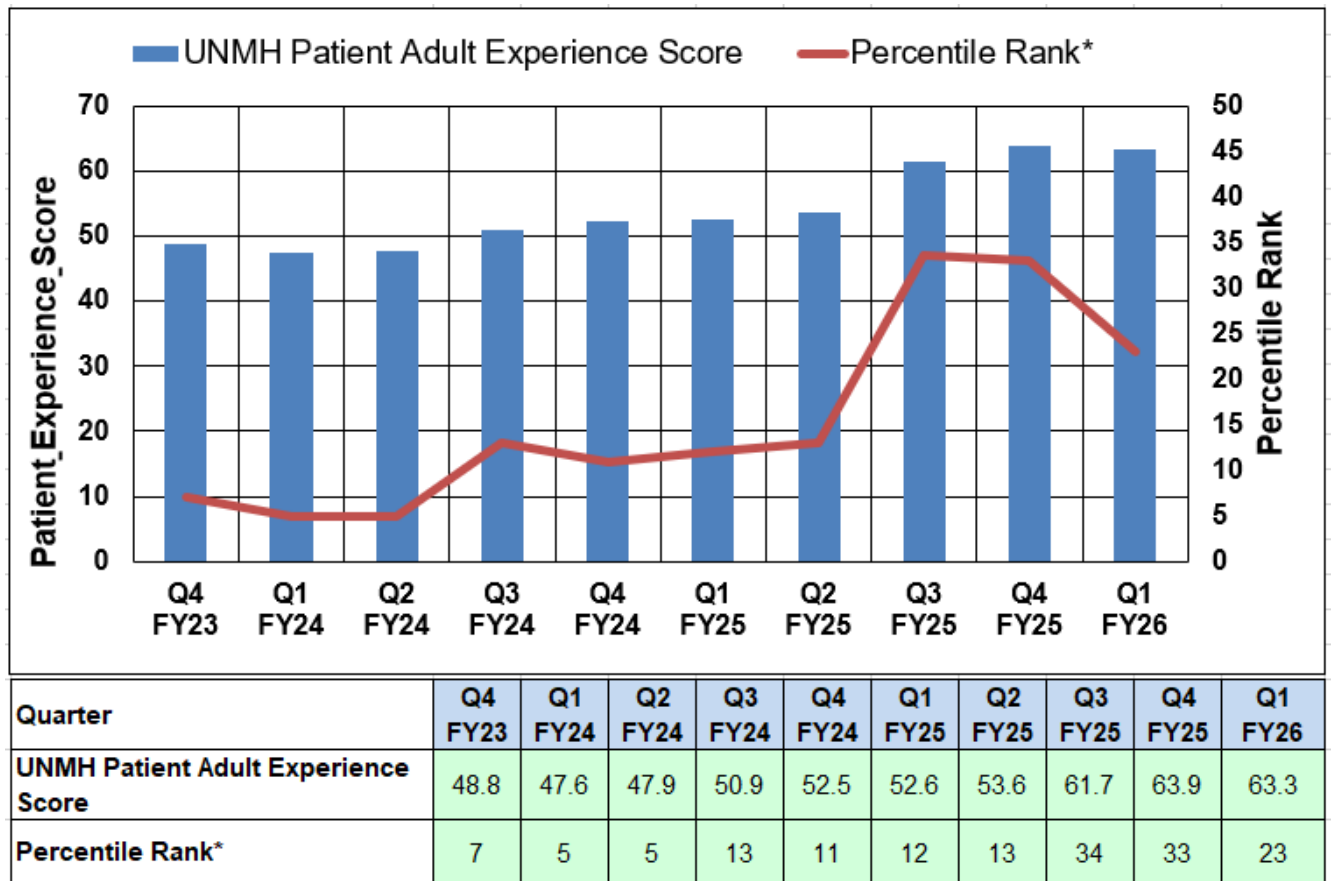
\*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

## Number of RN FTE's and Retention Rate

Category	Number of FTEs as of June 2025	Number of FTEs as of December 2025	FY2026 Hires (Headcount)	FY2026 Terms (Headcount)	Rolling Retention Rate
RN's	2,071	2,115	120	268	79.0%
*National Retention Rate Benchmark					81.3%

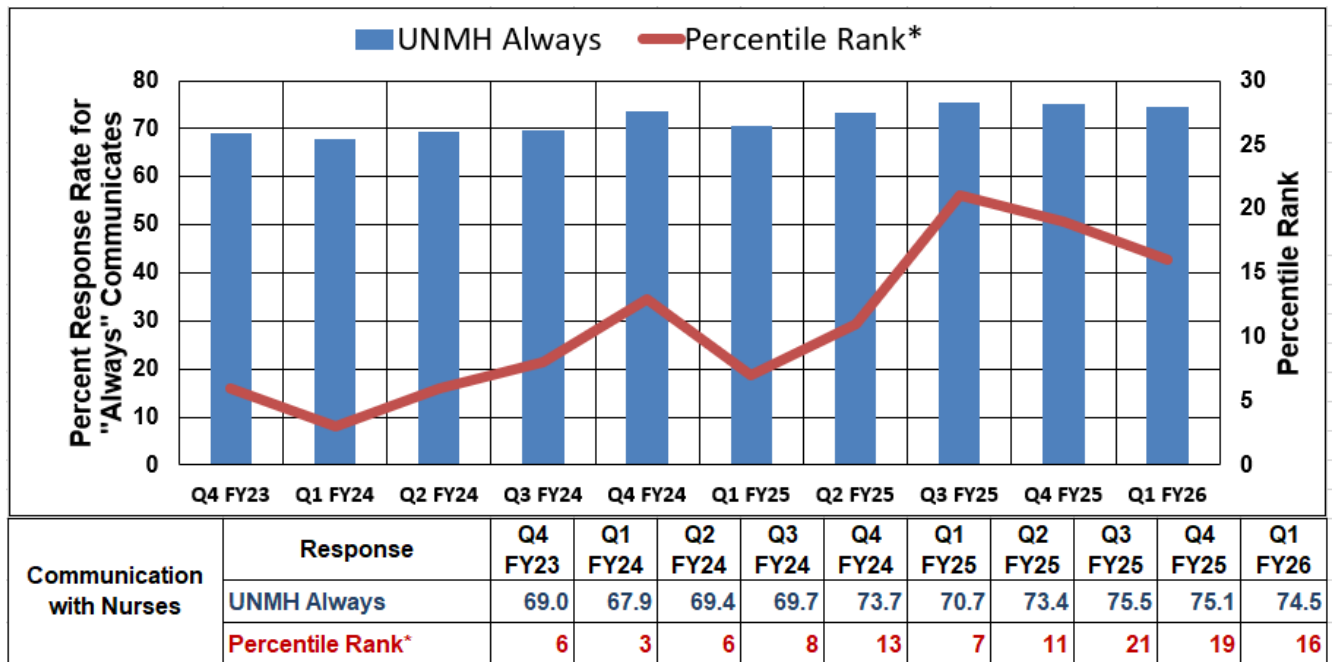
\* Per the 2024 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2023 national RN turnover rate is 18.7%.

## UNMH Press Ganey Inpatient Adult Experience Score

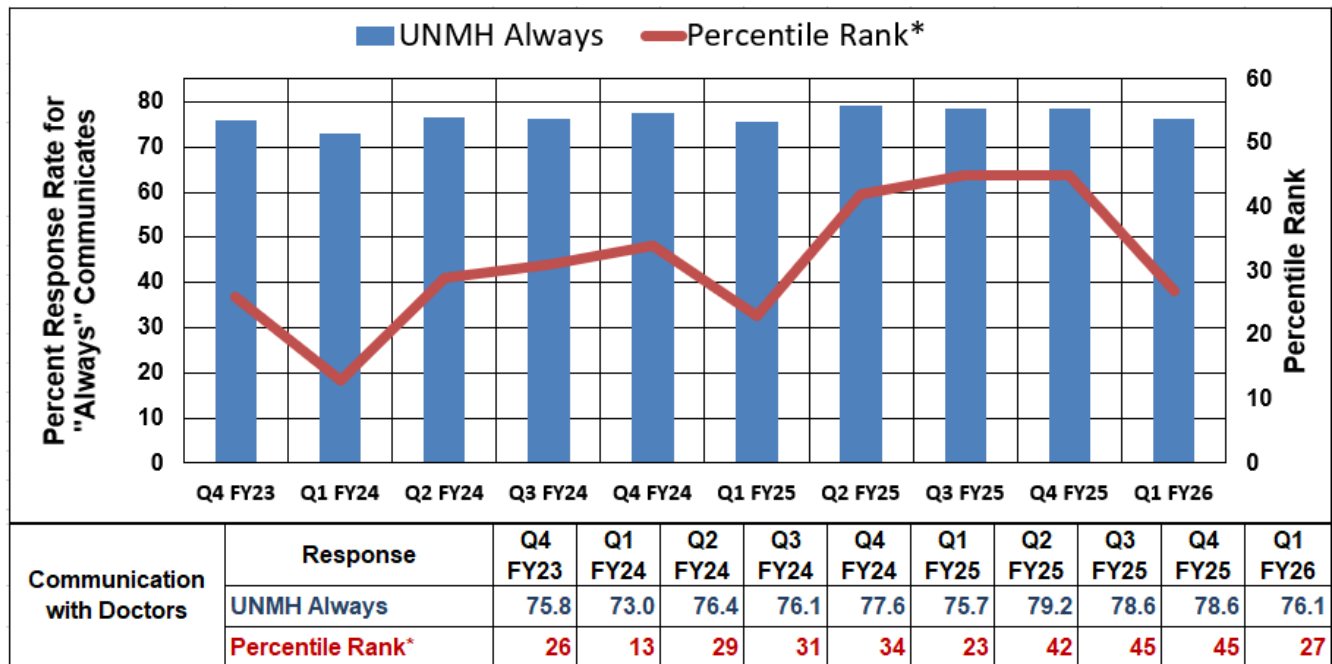


\*Peer Group: All Press Ganey Database  
(3-month delay in Press Ganey Data)

## HCAHPS Experience – Communications with Nurses

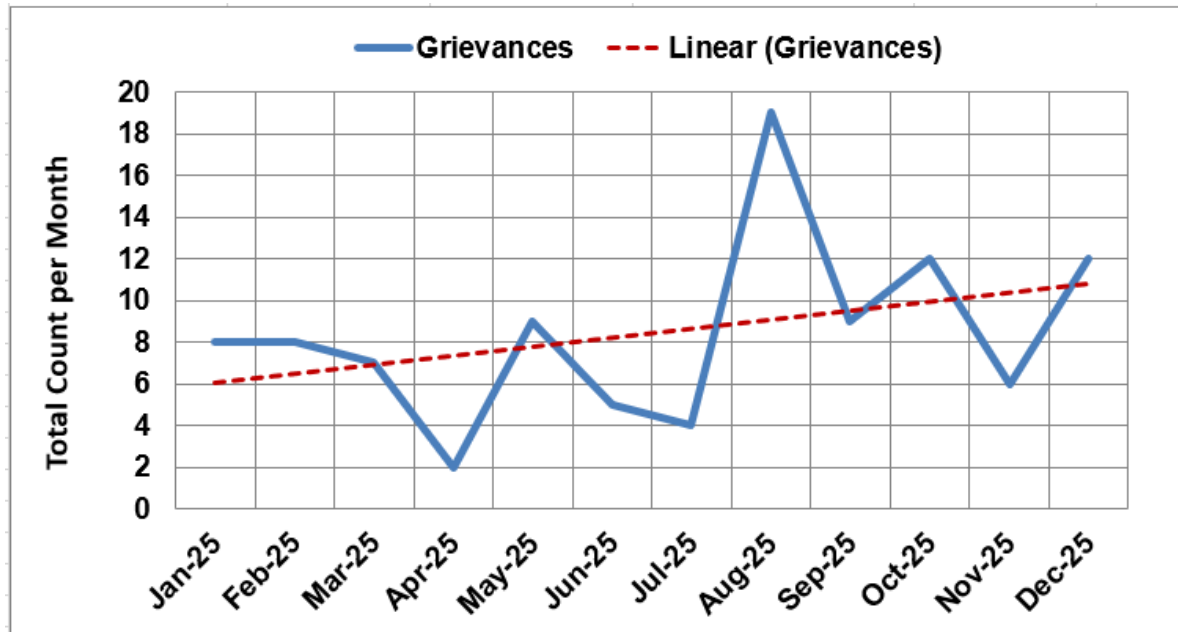


## HCAHPS Experience – Communications with Doctors



\*Peer Group: All Press Ganey Database  
(3-month delay in Press Ganey Data)

## Patient and Family Grievances

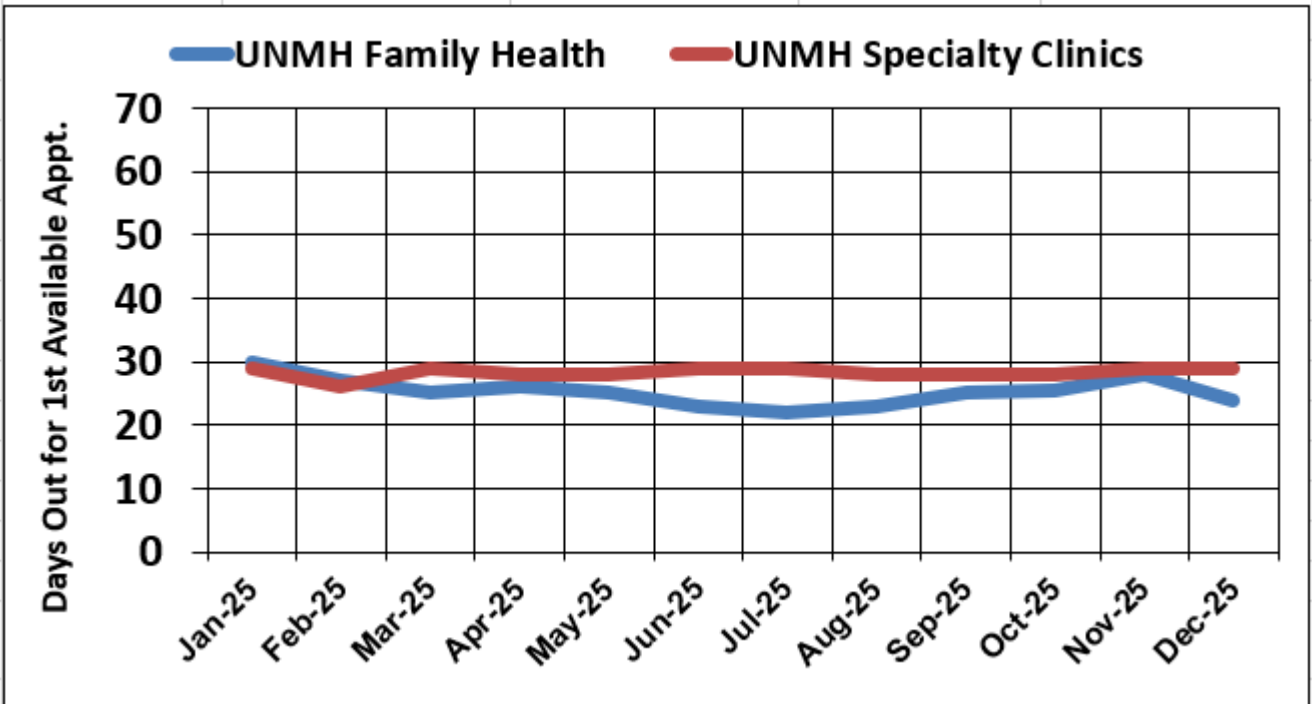


Month-Year	Grievances
Jan-25	8
Feb-25	8
Mar-25	7
Apr-25	2
May-25	9
Jun-25	5
Jul-25	4
Aug-25	19
Sep-25	9
Oct-25	12
Nov-25	6
Dec-25	12

\*Please note that the data reflects a cumulative running total, which is updated continuously as grievances are closed

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

Average 1<sup>st</sup> Available\* Day out for Appointments.

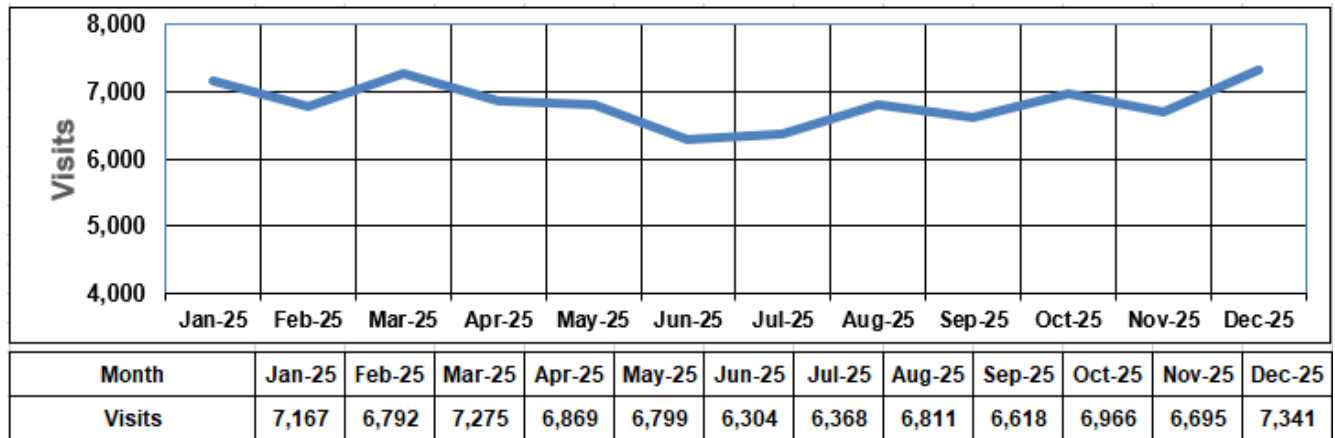


Month	UNMH Family Health	UNMH Specialty Clinics
Jan-25	30	29
Feb-25	27	26
Mar-25	25	29
Apr-25	26	28
May-25	25	28
Jun-25	23	29
Jul-25	22	29
Aug-25	23	28
Sep-25	25	28
Oct-25	26	28
Nov-25	28	29
Dec-25	24	29



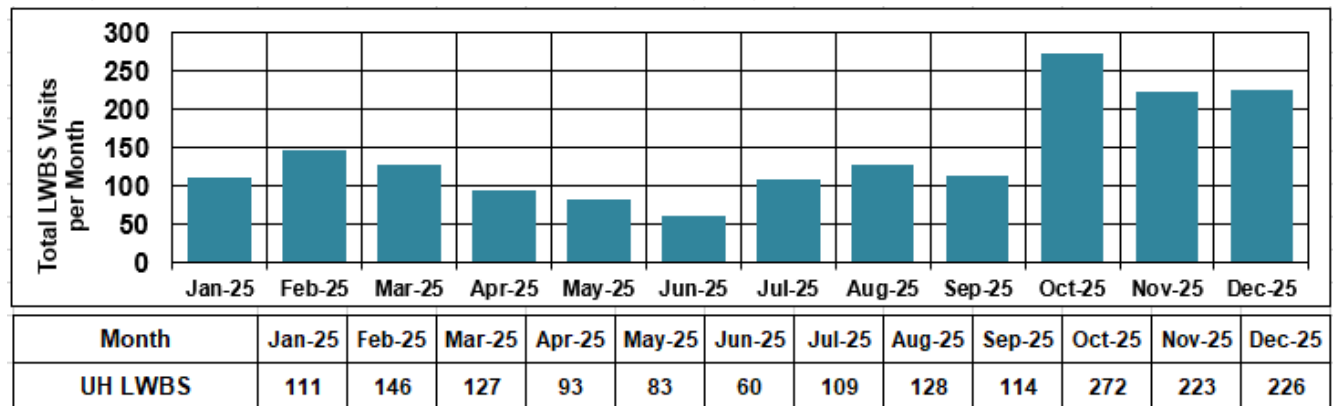
## Number of Emergency Department (ED) Visits

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

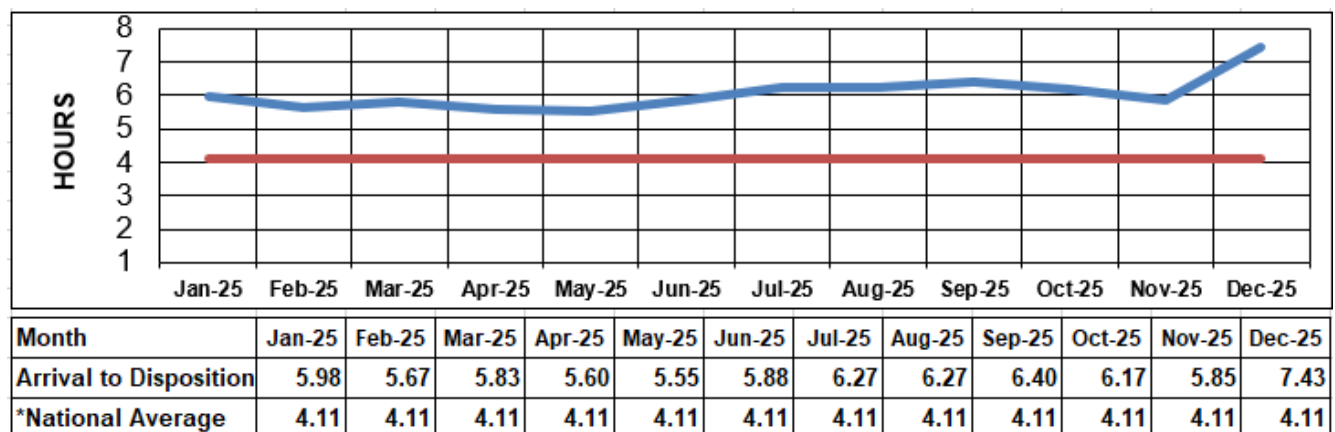


## Total ED Patients Left without Being Seen

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

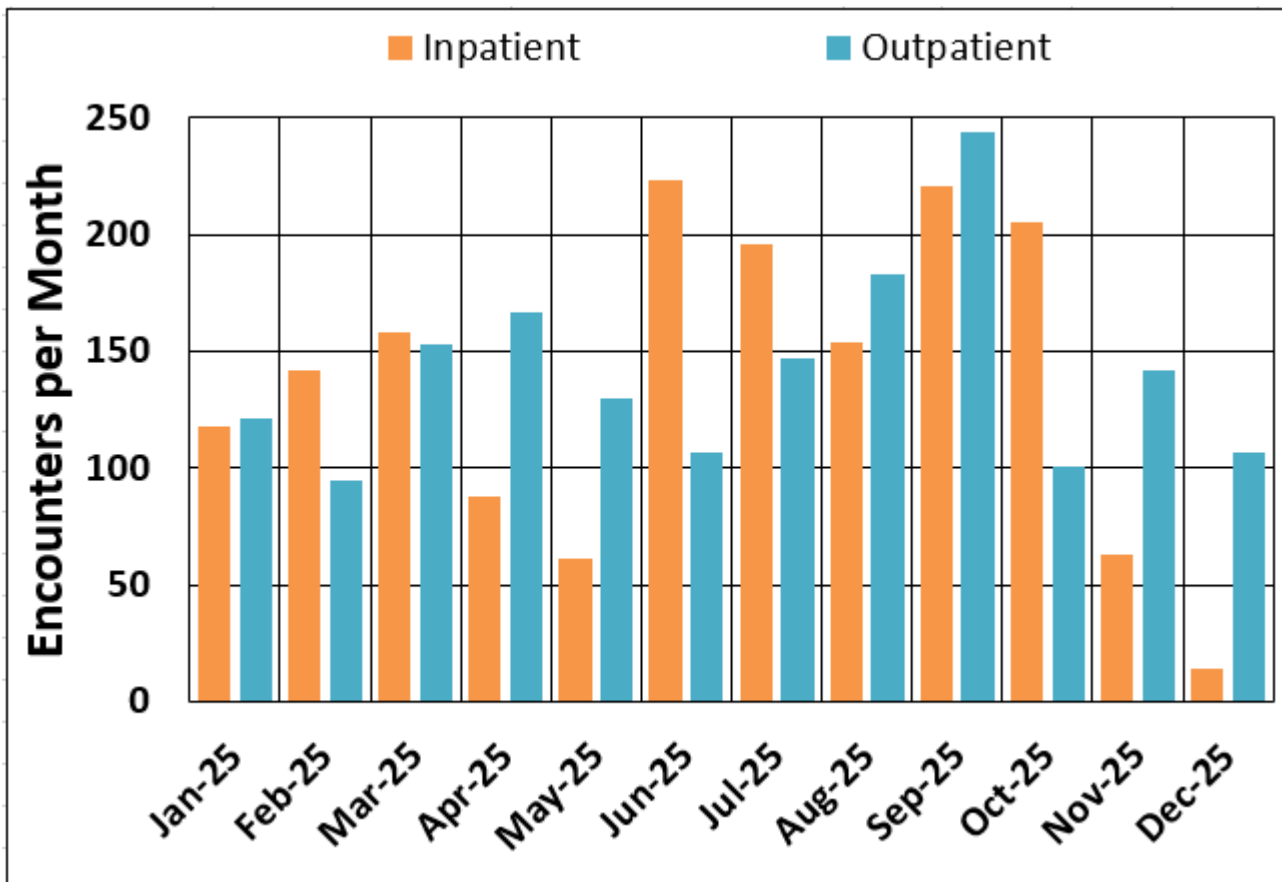


## ED Average Hours from Arrival to Disposition



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

## MDC Inmates Receiving Hospital Services



Month	Inpatient	Outpatient
Jan-25	118	121
Feb-25	142	95
Mar-25	158	153
Apr-25	88	167
May-25	61	130
Jun-25	223	107
Jul-25	196	147
Aug-25	154	183
Sep-25	221	244
Oct-25	205	101
Nov-25	63	142
Dec-25	14	107

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

Beginning October 2024 OP appointments are being counted by the total number of inmates. In the past these were counted as number of sign-in's, not counting the number of inmates with each sign in.

Typically, patients use their own insurance when possible.

## Bernalillo County Encounters by Funding Source

All Bernalillo County encounters for the six (6) months ended December 31, 2025, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	17,145
EMSA	333
IHS	2,460
Medicaid	151,023
Medicare	162,744
Uninsured	19,133
HMO's & Insurance	155,206
All Other *	30,756
<b>Total Encounters</b>	<b>538,800</b>
<b>Native American Encounters **</b>	<b>61,726</b>

### Encounters:

Includes Acute Care and Behavioral Health inpatients and outpatients who provided a Bernalillo County zip code during their registration. Categories are based on Primary Payer Code.

\***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 six (6) months ended December 31, 2025, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	28,945,249	\$ 13,076,703	\$ 42,021,952
Catron	17,827	3,157	20,984
Chaves	126,796	53,563	180,359
Cibola	374,675	142,515	517,189
Colfax	15,137	34,031	49,168
Curry	12,870	22,529	35,399
De Baca	858	-	858
Dona Ana	234,336	50,100	284,436
Eddy	12,697	37,737	50,433
Grant	12,974	5,371	18,345
Guadalupe	38,388	23,489	61,877
Harding	-	-	-
Hidalgo	10,703	-	10,703
Lea	318,341	19,830	338,171
Lincoln	32,136	91,424	123,559
Los Alamos	55,006	252	55,258
Luna	88,591	86,925	175,515
Mc Kinley	578,271	165,500	743,771
Mora	2,387	2,354	4,741
Otero	13,958	34,637	48,596
Quay	2,929	11,897	14,826
Rio Arriba	158,919	294,181	453,100
Roosevelt	3,143	3,358	6,502
San Juan	215,235	162,182	377,416
San Miguel	411,166	48,214	459,381
Sandoval	2,862,849	1,848,183	4,711,032
Santa Fe	1,471,729	674,301	2,146,030
Sierra	9,692	7,573	17,265
Socorro	142,077	137,235	279,312
Taos	74,663	84,261	158,923
Torrance	422,630	452,377	875,007
Union	900	9,567	10,467
Valencia	2,578,995	1,557,129	4,136,125
Out Of State	-	1,740,642	1,740,642
<b>Grand Total</b>	<b>\$ 39,246,129</b>	<b>\$ 20,881,215</b>	<b>\$ 60,127,343</b>

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

## Financial Assistance to Bernalillo County Patients by Zip Code

Totals for the six (6) months ended December 31, 2025

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	\$ 87	121	\$ 25,563	122	\$ 25,651
87022	6	\$ 6,387	50	\$ 6,641	56	\$ 13,028
87047	4	\$ 34,910	143	\$ 26,027	147	\$ 60,938
87059	12	\$ 14,802	270	\$ 58,736	282	\$ 73,538
87100	-	\$ -	-	\$ -	-	\$ -
87101	-	\$ -	19	\$ 3,162	19	\$ 3,162
87102	83	\$ 591,131	2,603	\$ 1,454,508	2,686	\$ 2,045,640
87103	3	\$ 12,901	22	\$ 7,111	25	\$ 20,012
87104	23	\$ 220,922	975	\$ 510,251	998	\$ 731,173
87105	203	\$ 2,615,269	6,814	\$ 3,956,646	7,017	\$ 6,571,915
87106	58	\$ 684,913	2,223	\$ 1,246,428	2,281	\$ 1,931,341
87107	65	\$ 534,762	2,410	\$ 1,015,029	2,475	\$ 1,549,792
87108	152	\$ 1,977,354	5,347	\$ 3,281,999	5,499	\$ 5,259,353
87109	61	\$ 351,974	1,990	\$ 876,536	2,051	\$ 1,228,510
87110	61	\$ 971,533	2,418	\$ 1,055,670	2,479	\$ 2,027,202
87111	43	\$ 340,969	1,485	\$ 508,264	1,528	\$ 849,233
87112	65	\$ 709,482	2,543	\$ 976,331	2,608	\$ 1,685,813
87113	16	\$ 56,718	775	\$ 417,993	791	\$ 474,711
87114	62	\$ 481,846	2,308	\$ 1,244,913	2,370	\$ 1,726,759
87115	-	\$ -	1	\$ 437	1	\$ 437
87116	6	\$ 49,389	29	\$ 15,800	35	\$ 65,189
87117	-	\$ -	2	\$ 64	2	\$ 64
87119	-	\$ -	27	\$ 3,079	27	\$ 3,079
87120	75	\$ 731,743	2,639	\$ 1,127,961	2,714	\$ 1,859,704
87121	299	\$ 3,929,318	10,659	\$ 6,418,901	10,958	\$ 10,348,220
87122	8	\$ 32,327	347	\$ 108,704	355	\$ 141,031
87123	107	\$ 632,901	4,509	\$ 2,277,729	4,616	\$ 2,910,630
87125	2	\$ 3,701	96	\$ 38,739	98	\$ 42,440
87128	-	\$ -	-	\$ -	-	\$ -
87130	-	\$ -	-	\$ -	-	\$ -
87131	-	\$ -	5	\$ 942	5	\$ 942
87140	-	\$ -	-	\$ -	-	\$ -
87151	12	\$ 147,534	135	\$ 93,550	147	\$ 241,084
87153	-	\$ -	7	\$ 573	7	\$ 573
87154	-	\$ -	55	\$ 13,407	55	\$ 13,407
87158	-	\$ -	-	\$ -	-	\$ -
87176	3	\$ 2,562	96	\$ 13,246	99	\$ 15,808
87181	-	\$ -	51	\$ 9,014	51	\$ 9,014
87184	-	\$ -	8	\$ 1,948	8	\$ 1,948
87185	-	\$ -	4	\$ 503	4	\$ 503
87187	-	\$ -	7	\$ 1,138	7	\$ 1,138
87190	-	\$ -	9	\$ 1,090	9	\$ 1,090
87191	-	\$ -	25	\$ 8,953	25	\$ 8,953
87192	7	\$ 5,106	71	\$ 7,395	78	\$ 12,501
87193	-	\$ -	23	\$ 2,178	23	\$ 2,178
87194	1	\$ 356	47	\$ 9,676	48	\$ 10,031
87195	2	\$ 93	66	\$ 20,895	68	\$ 20,987
87196	-	\$ -	24	\$ 1,850	24	\$ 1,850
87197	1	\$ 6,485	20	\$ 5,142	21	\$ 11,628
87198	-	\$ -	58	\$ 8,599	58	\$ 8,599
87199	-	\$ -	47	\$ 11,155	47	\$ 11,155
<b>Grand Total</b>	<b>1,441</b>	<b>\$ 15,147,476</b>	<b>51,579</b>	<b>\$ 26,874,476</b>	<b>53,024</b>	<b>\$ 42,021,952</b>

## Financial Assistance to Bernalillo County Patients by Service Type

Totals for the six (6) months ended December 31, 2025

Bernalillo County Zip	Medicine Count	Surgery Count	Cancer Count	Ortho- pedics Count	Womens Health Count	Cardio- vascular/ Respiratory/ Cardiac Care Count	Neuro- sciences/ Neuro- logical Count	Spine Count	Other Count	Neo- natology/ Normal Newborn/ Childrens Count	Behavioral Health Count	Total Count
87008	27	18	43	4	4	4	9	-	11	-	2	122
87022	21	10	2	3	2	6	3	1	3	-	5	56
87047	32	33	19	13	2	11	6	7	11	-	13	147
87059	77	34	34	23	16	21	19	4	38	3	13	282
87100	-	-	-	-	-	-	-	-	-	-	-	-
87101	3	-	-	1	1	-	-	-	1	-	13	19
87102	765	372	173	235	170	122	123	73	355	1	297	2,686
87103	2	-	-	-	7	-	1	-	8	-	7	25
87104	302	118	156	77	49	38	61	23	121	-	53	998
87105	2,083	852	412	606	674	292	358	194	1,111	9	426	7,017
87106	682	246	146	201	135	81	115	46	364	8	257	2,281
87107	793	295	127	248	142	113	109	62	368	-	218	2,475
87108	1,656	569	401	363	547	248	254	98	865	15	483	5,499
87109	629	237	139	176	129	106	127	50	269	4	185	2,051
87110	789	291	188	196	113	134	161	78	271	2	256	2,479
87111	479	153	114	133	88	70	103	41	177	2	168	1,528
87112	842	270	213	221	144	127	145	72	307	2	265	2,608
87113	235	97	105	65	42	32	37	16	107	2	53	791
87114	748	277	225	225	178	95	135	61	254	4	168	2,370
87115	-	-	-	-	-	-	-	-	1	-	-	1
87116	17	3	-	1	6	-	1	-	4	-	3	35
87117	-	1	-	-	-	-	-	-	-	-	1	2
87119	5	7	-	7	-	3	-	-	4	-	1	27
87120	884	279	186	246	232	105	157	47	364	5	209	2,714
87121	3,289	1,200	831	943	1,159	533	465	229	1,763	22	524	10,958
87122	121	34	33	26	23	20	20	11	45	-	22	355
87123	1,465	493	373	355	400	209	225	107	700	8	281	4,616
87125	33	7	1	3	4	4	5	3	6	-	32	98
87128	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-
87131	1	1	-	-	-	2	-	-	1	-	-	5
87140	-	-	-	-	-	-	-	-	-	-	-	-
87151	19	21	-	26	1	7	10	-	31	-	32	147
87153	3	-	1	2	-	1	-	-	-	-	-	7
87154	18	14	5	8	2	3	1	-	3	-	1	55
87158	-	-	-	-	-	-	-	-	-	-	-	-
87176	33	19	14	11	-	4	2	2	8	-	6	99
87181	7	2	28	4	-	4	-	-	3	-	3	51
87184	5	-	-	-	-	-	-	1	1	-	1	8
87185	1	1	1	-	-	-	-	-	1	-	-	4
87187	1	-	-	-	-	-	3	-	-	-	3	7
87190	3	1	4	-	1	-	-	-	-	-	-	9
87191	9	3	-	4	-	-	1	3	-	-	5	25
87192	37	6	6	11	3	1	6	-	1	-	7	78
87193	7	-	3	2	1	2	1	1	3	-	3	23
87194	20	11	-	4	-	4	-	3	2	-	4	48
87195	20	6	1	8	3	6	6	3	8	-	7	68
87196	9	2	1	3	-	5	2	-	1	-	1	24
87197	6	1	3	4	-	2	2	2	1	-	-	21
87198	14	10	8	4	1	9	5	2	4	-	1	58
87199	12	2	5	8	3	1	3	7	6	-	-	47
Grand Total	16,204	5,996	4,001	4,470	4,282	2,425	2,681	1,247	7,602	87	4,029	53,024

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



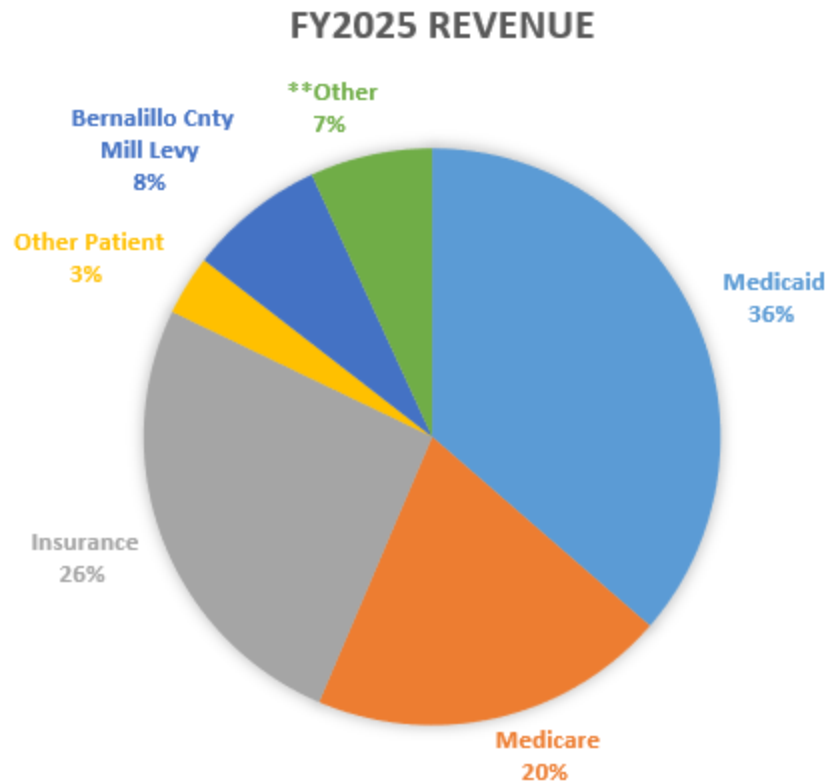
## Primary Reason for Bernalillo County Indigent Resident Visits

Totals are for each of the eight (8) quarters ended December 31, 2025

Description	2026Q2	2026Q1	2025Q4	2025Q3	2025Q2	2025Q1	2024Q4	2024Q3
Undefined	5097	4732	4653	3839	2810	3662	3527	3307
Factors influencing health status and contact with health services	4711	5283	5373	5408	4217	5348	5569	5382
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	2255	2458	2501	2498	1909	2328	2440	2408
Diseases of the musculoskeletal system and connective tissue	2137	2436	2418	2309	1838	2333	2422	2267
Diseases of the circulatory system	1278	1388	1401	1380	1039	1304	1330	1270
Endocrine, nutritional and metabolic diseases	1226	1351	1392	1488	1140	1459	1468	1441
Injury, poisoning and certain other consequences of external causes	1196	1368	1307	1227	1033	1363	1312	1200
Diseases of the nervous system	1152	1275	1356	1231	951	1210	1197	1203
Neoplasms	936	1064	1090	1110	856	1036	1020	1000
Mental and behavioural disorders	933	1090	1161	1187	986	1135	1165	1192
Diseases of the genitourinary system	931	992	1008	1010	766	1023	993	980
Diseases of the respiratory system	870	675	886	1301	772	716	883	1106
Diseases of the digestive system	813	892	903	845	675	832	847	831
Pregnancy, childbirth and the puerperium	540	636	653	610	511	629	644	603
Diseases of the skin and subcutaneous tissue	525	558	597	614	497	636	663	690
Diseases of the ear and mastoid process	321	328	361	400	302	354	444	408
Certain infectious and parasitic diseases	261	252	283	326	226	254	293	329
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	157	179	170	166	132	161	175	176
Congenital malformations, deformations and chromosomal abnormalities	153	179	189	182	134	176	179	184
Diseases of the eye and adnexa	129	146	186	507	389	550	560	515
Codes for special purposes	39	43	22	37	62	95	44	68
Certain conditions originating in the perinatal period	17	19	18	24	14	23	26	22
External causes of morbidity and mortality	1	2	1	1	1	1	2	1
	25,678	27,346	27,929	27,700	21,260	26,628	27,203	26,583

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



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

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

### FY2025

Medicaid	\$ 627,573,416
Medicare	345,752,524
Insurance	443,680,939
*Other Patient	57,899,766
Bernalillo Cnty Mill Levy	132,088,476
**Other	118,269,741
<b>Total Revenues</b>	<b>\$ 1,725,264,861</b>

## B. GOOD PRIMARY CARE SYSTEM

### Total Number of Outpatient Clinic Visits

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

FY25 is based on the twelve (12) months ended June 30, 2025

FY26 is based on the six (6) months ended December 31, 2025

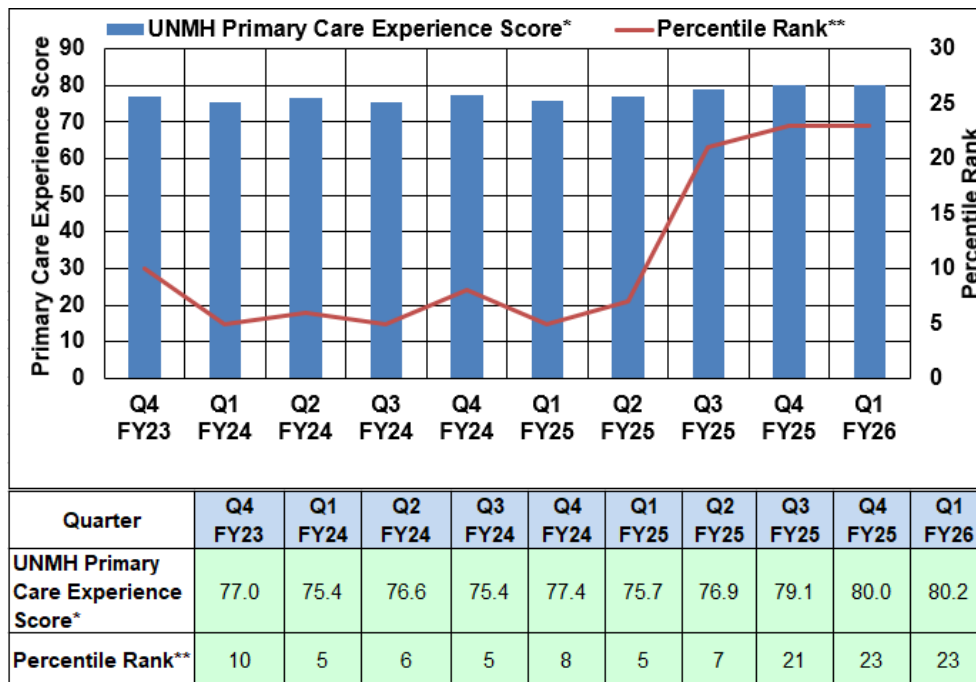
540,655	<b>FY24 Actual (12 Months)</b>
544,968	<b>FY25 Actual (12 Months)</b>
274,986	<b>FY26 Actual (6 months)</b>

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

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

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

### UNMH Press Ganey Primary Care Experience Score



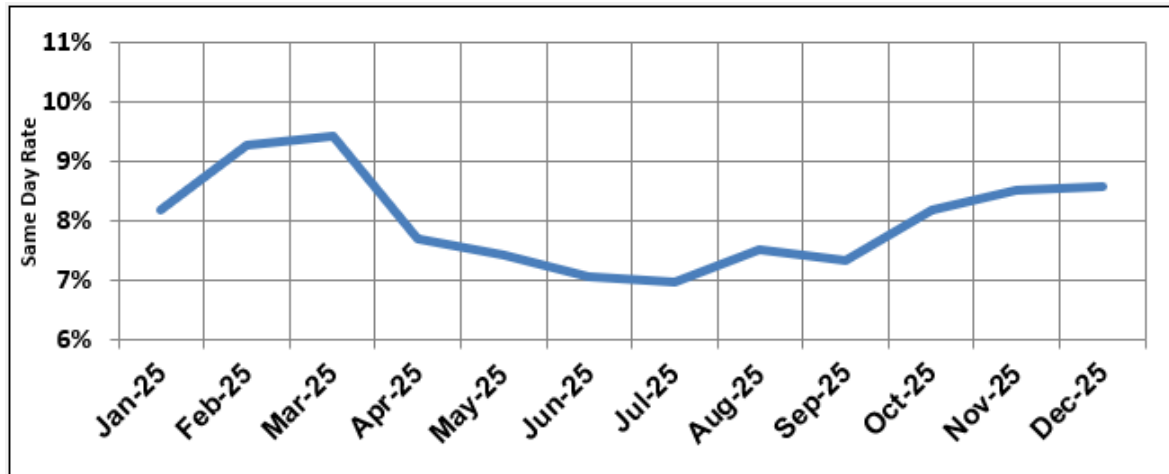
\* UNMH Press Ganey Primary Care Experience Score

\*\*Peer Group: All Press Ganey Database

Primary Care includes clinics listed on page 24 for both adult and pediatric services (3-month delay in Press Ganey data)

## Percentage of Primary Care Patients with Same Day Clinic Appointments

Average percentage of Same Day Access for Primary Care Clinics.



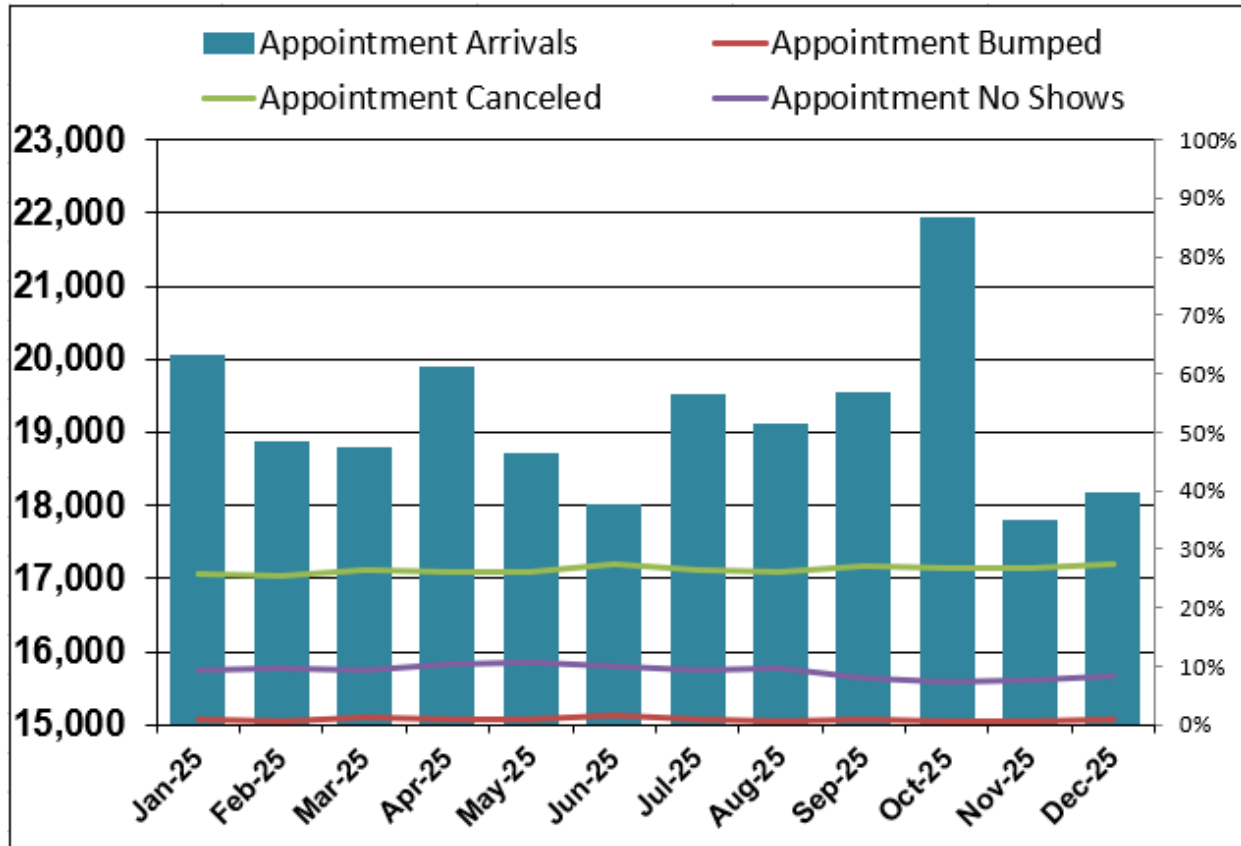
Month	Same Day	Total Arrived	Same Day Rate
Jan-25	1,373	16,755	8.2%
Feb-25	1,442	15,538	9.3%
Mar-25	1,471	15,598	9.4%
Apr-25	1,266	16,470	7.7%
May-25	1,148	15,451	7.4%
Jun-25	1,045	14,770	7.1%
Jul-25	1,145	16,443	7.0%
Aug-25	1,205	16,065	7.5%
Sep-25	1,218	16,618	7.3%
Oct-25	1,502	18,357	8.2%
Nov-25	1,270	14,906	8.5%
Dec-25	1,295	15,129	8.6%

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

Average	Primary Care Clinics
5.5%	1209 Clinic
6.4%	Family Practice Clinic
3.1%	General Pediatric Clinic
7.2%	Northeast Heights Clinic
9.4%	Senior Health Center
4.9%	Southeast Heights Clinic
10.4%	Southwest Mesa Clinic
4.8%	SRMC FP Clinic
5.5%	UH 4th Street NV Clinic
6.4%	UH Atrisco Heritage
38.8%	UNM Lobocare Clinic
8.0%	UNMMG Family Health Grande
5.2%	Westside Clinic
7.4%	Young Childrens Health Center

## Primary Care Outpatient Appointment Dispositions

This data includes only Primary Care appointments.

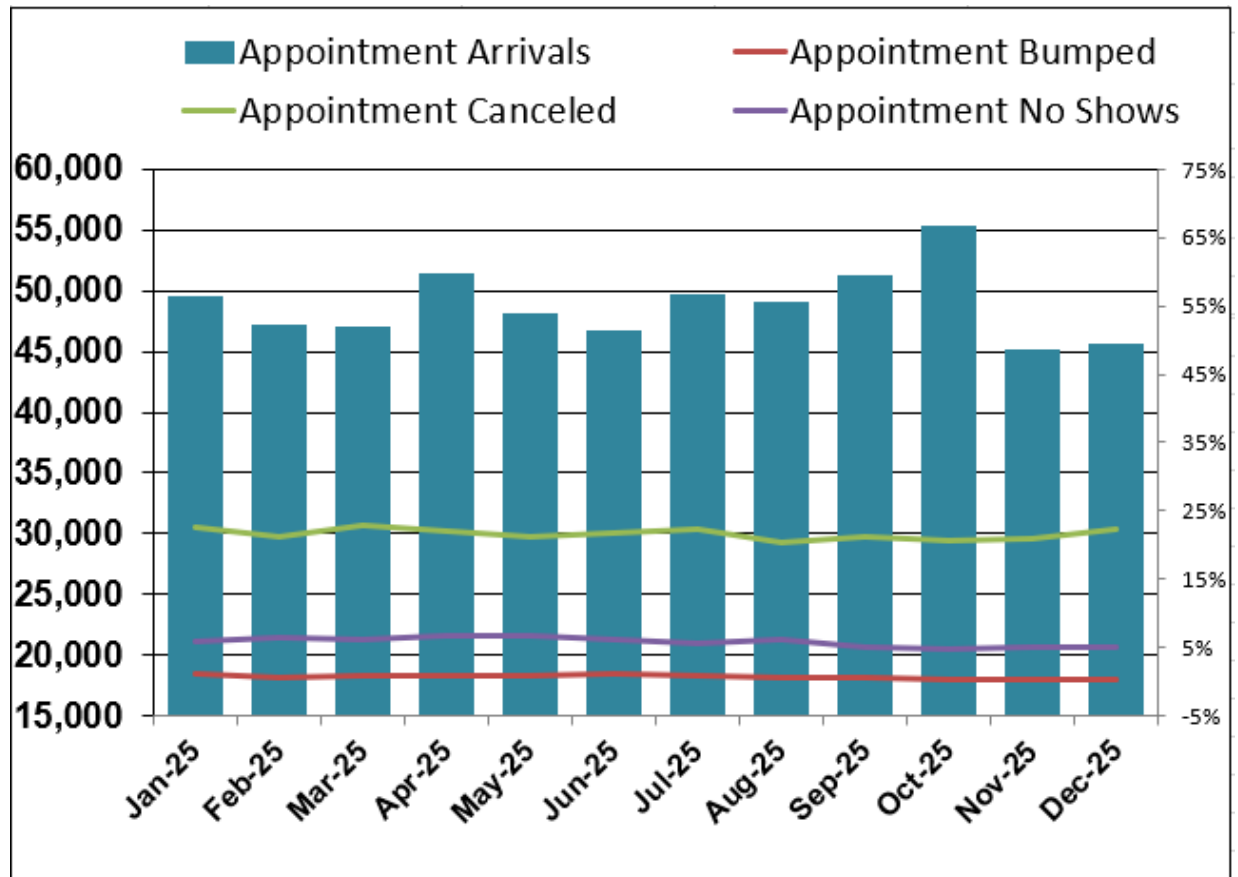


Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-25	20,067	1%	26%	9%
Feb-25	18,884	1%	26%	10%
Mar-25	18,800	1%	27%	9%
Apr-25	19,904	1%	26%	10%
May-25	18,716	1%	26%	11%
Jun-25	18,011	1%	27%	10%
Jul-25	19,519	1%	27%	9%
Aug-25	19,112	1%	26%	10%
Sep-25	19,544	1%	27%	8%
Oct-25	21,936	1%	27%	7%
Nov-25	17,795	1%	27%	8%
Dec-25	18,170	1%	27%	8%

\*As of June, 2025 data parameters updated to include all departments listed under primary care. Data on this report is backdated to provide accurate comparison. Prior data was only using select departments.

## Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.

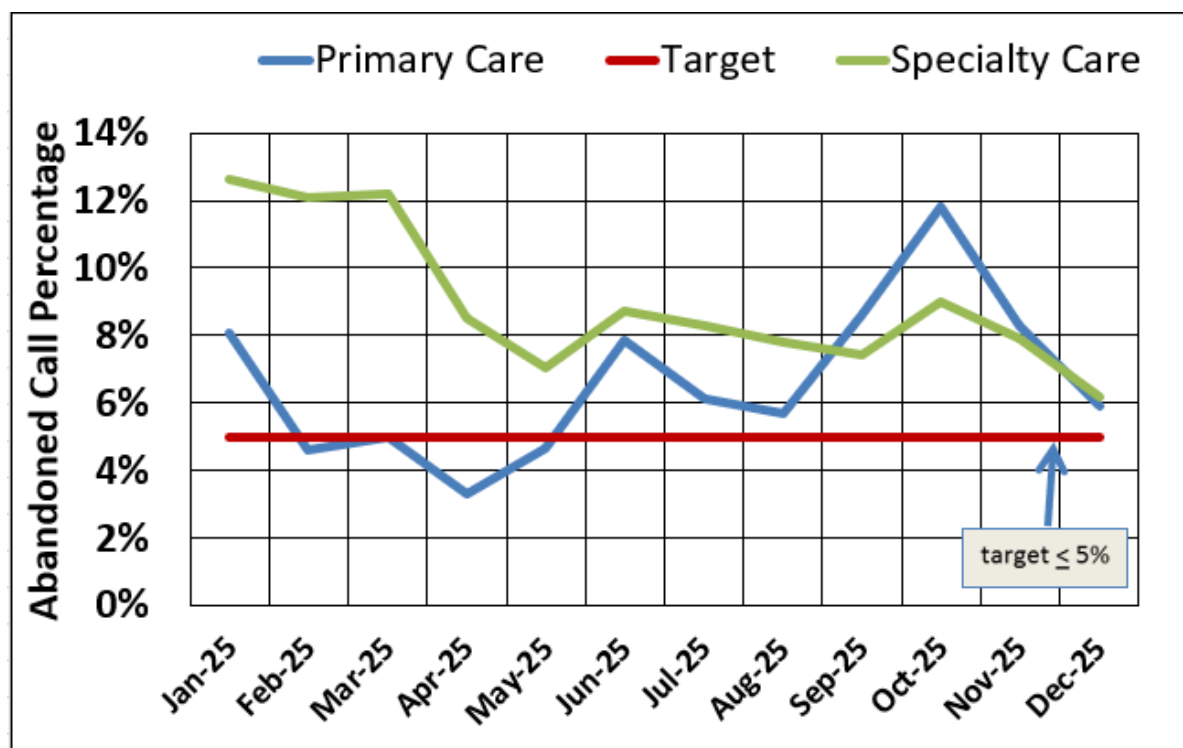


Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-25	49,612	1%	23%	6%
Feb-25	47,184	1%	21%	6%
Mar-25	47,027	1%	23%	6%
Apr-25	51,447	1%	22%	7%
May-25	48,142	1%	21%	7%
Jun-25	46,773	1%	22%	6%
Jul-25	49,795	1%	22%	6%
Aug-25	49,129	1%	20%	6%
Sep-25	51,341	1%	21%	5%
Oct-25	55,424	0%	21%	5%
Nov-25	45,141	0%	21%	5%
Dec-25	45,715	0%	22%	5%

\*As of June, 2025 data parameters updated to include all departments listed under specialty care. Data on this report is backdated to provide accurate comparison. Prior data was only using select departments.



## Percentage Abandoned Phone Calls for Primary and Specialty Care

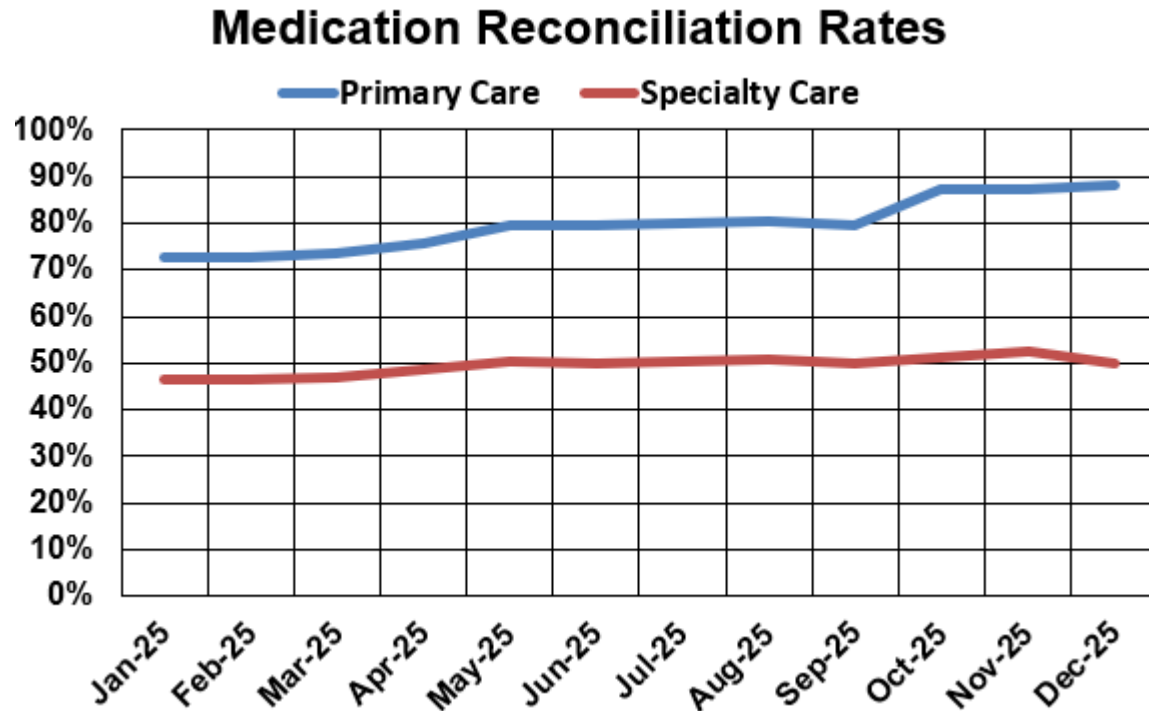


Area: Month	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Jan-25	8.06%	12.63%	5%
Feb-25	4.59%	12.10%	5%
Mar-25	4.98%	12.18%	5%
Apr-25	3.28%	8.53%	5%
May-25	4.65%	7.04%	5%
Jun-25	7.84%	8.72%	5%
Jul-25	6.10%	8.30%	5%
Aug-25	5.70%	7.80%	5%
Sep-25	8.60%	7.40%	5%
Oct-25	11.80%	9.00%	5%
Nov-25	8.30%	7.90%	5%
Dec-25	5.90%	6.20%	5%

## Medication Reconciliation Goals Primary and Specialty Care

National Patient Safety Goal:

UNH Medication Reconciliation Rates for Primary Care and Specialty Care.



Month	Primary Care	Specialty Care
Jan-25	79.7%	46.4%
Feb-25	79.3%	46.3%
Mar-25	80.2%	46.9%
Apr-25	82.5%	48.5%
May-25	87.5%	50.5%
Jun-25	86.9%	49.9%
Jul-25	88.0%	50.2%
Aug-25	87.1%	50.6%
Sep-25	85.9%	50.1%
Oct-25	87.3%	51.3%
Nov-25	87.5%	52.6%
Dec-25	88.0%	49.8%

## Percentage of Patients with Access to Electronic Medical Record

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

As of December 31, 2025

510,339	Invitations sent out to patients who provided an email address.
236,771	Patients who have claimed invitation to sign up.
9,961	Patients who have self enrolled directly without an invitation.
208,309	*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 covered under Children's Online Privacy Protection Act (COPPA).

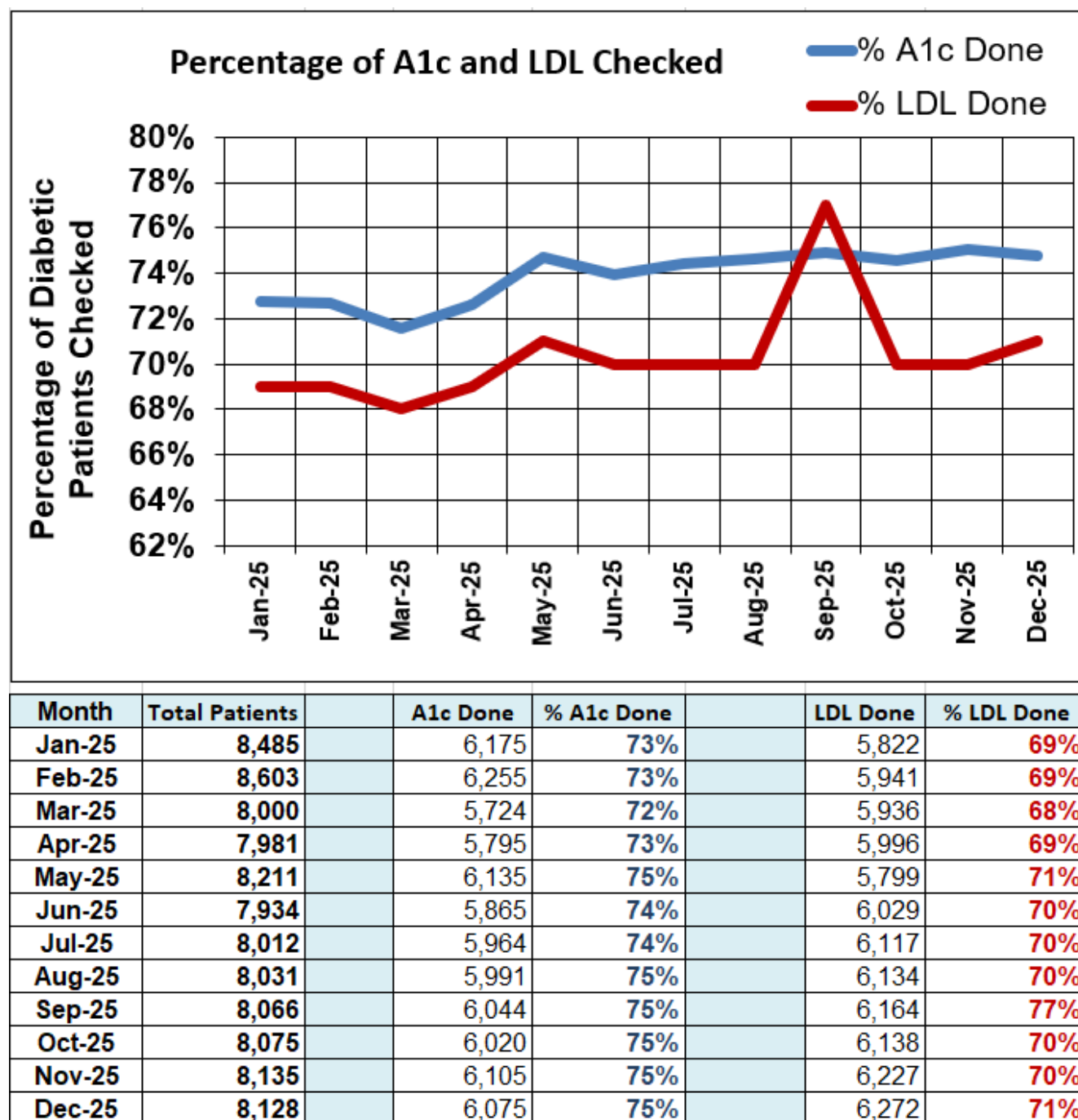
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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

What to expect from MyHealth at UNM:

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

## Diabetes Management Indicators for HgbA1C and LDL <100



## C. FINANCIAL SERVICES

### UNM Care Enrollment and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Medicaid applications completed at UNMH
Jan-25	4,918	226
Feb-25	4,984	272
Mar-25	5,059	266
Apr-25	6,112	275
May-25	6,213	152
Jun-25	4,443	282
Jul-25	5,315	233
Aug-25	5,379	258
Sep-25	3,877	216
Oct-25	7,432	113
Nov-25	7,526	172
Dec-25	7,891	220

### Total Uncompensated Care – Charity Care and Uninsured

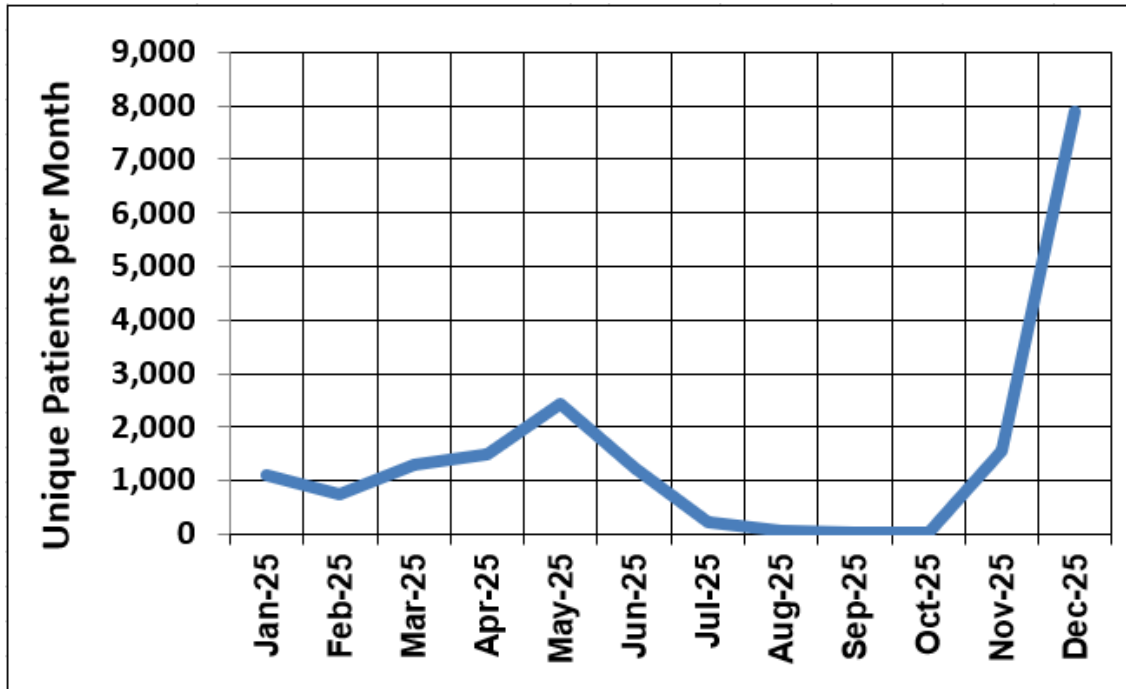
For the three (6) months ended December 31, 2025, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	16,546	6,077	22,623
Cost	\$ 28,945,249	\$ 13,076,703	\$ 42,021,952

**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

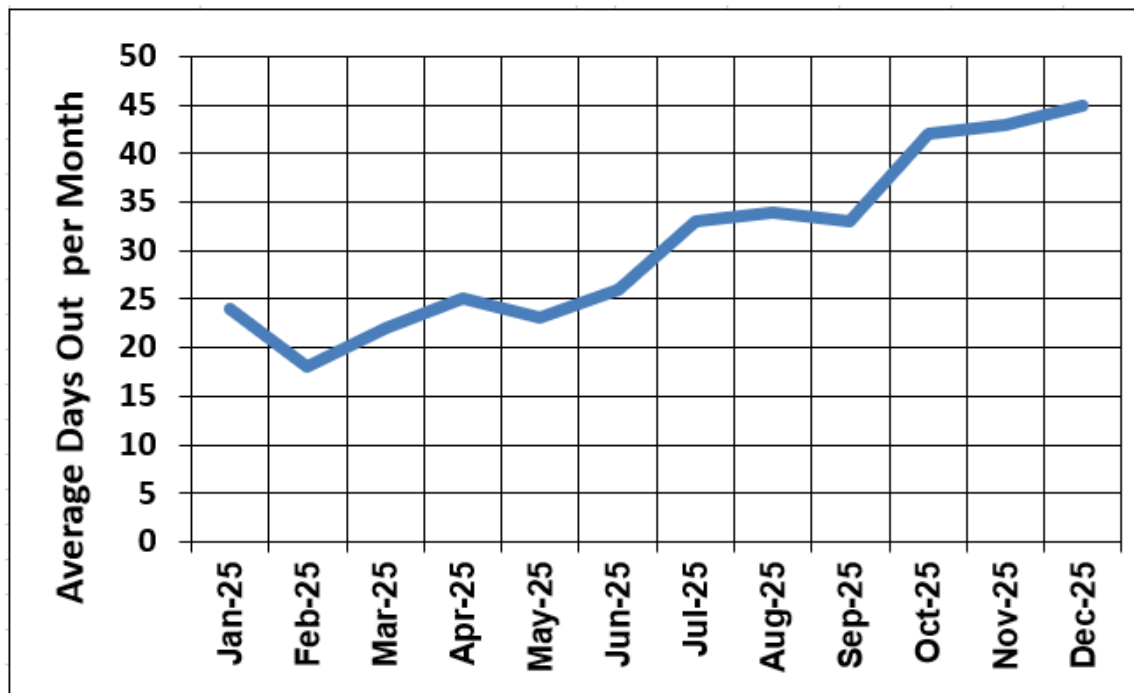
The following trend is the monthly number of unique patient accounts sent to the UNMH contracted collection agency and includes all counties.



\*Collections agency transitioned between vendors beginning July 2025 and increased Nov-Dec 2025 upon transition completion.

## Days Out for Scheduling Financial Assistance Appointment

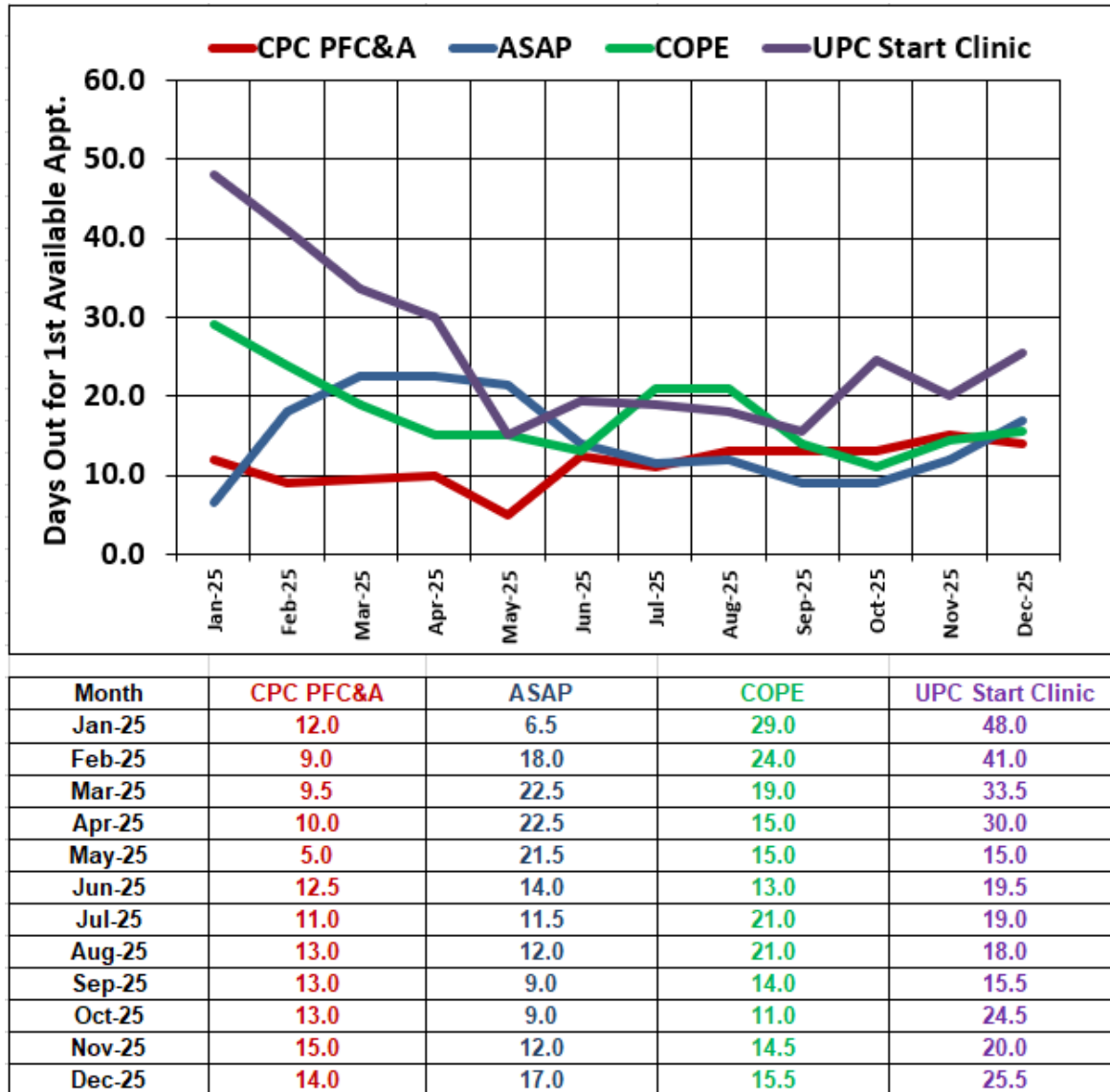
The statistics below are the average number of “days out” each month for scheduling a financial assistance appointment.





## D. BEHAVIORAL HEALTH

### Average Appointment Time for BH Outpatient Services

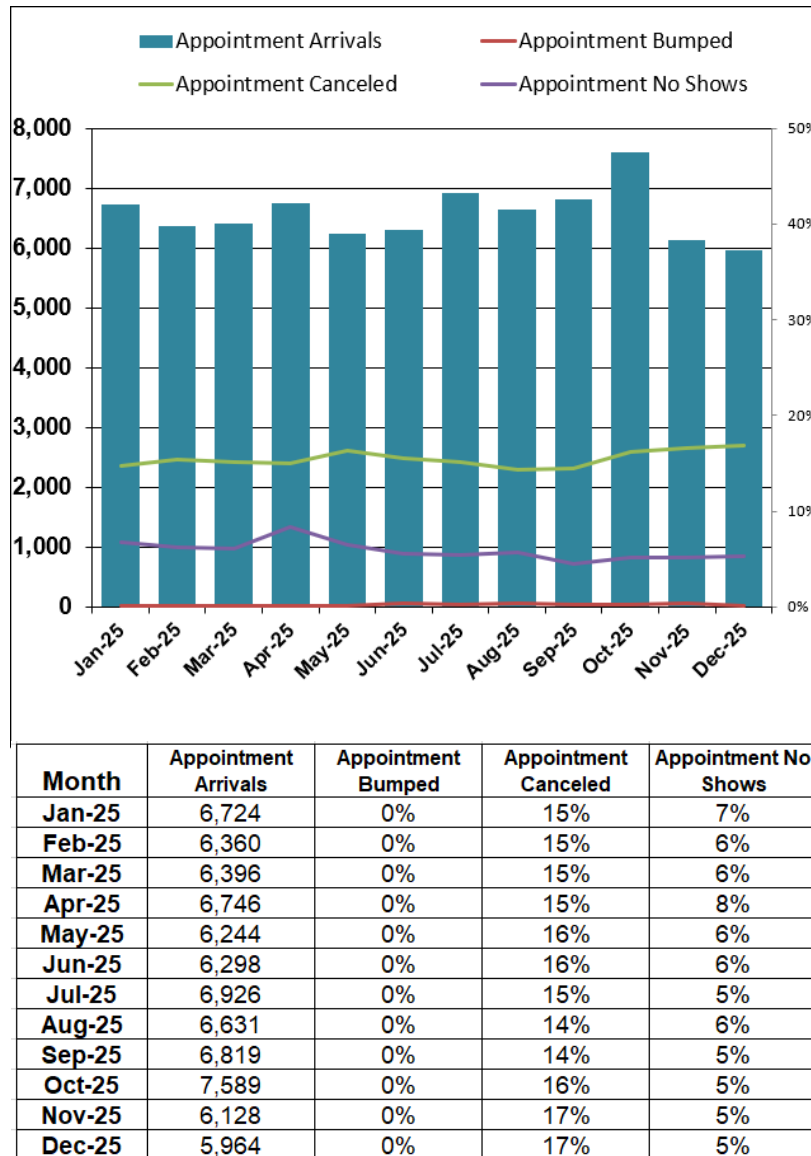


#### Definitions For Above Acronyms

<b>CPC PFC&amp;A</b>	Children's Psychiatric Center Programs for Children and Adolescents	
<b>ASAP</b>	Alcohol and Substance Abuse Program	
<b>COPE</b>	Chronic Occurrences of Psychotic Episodes Clinic. The Center for Recovery and Resiliency consolidated into COPE	
<b>UPC Start Clinic</b>	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.



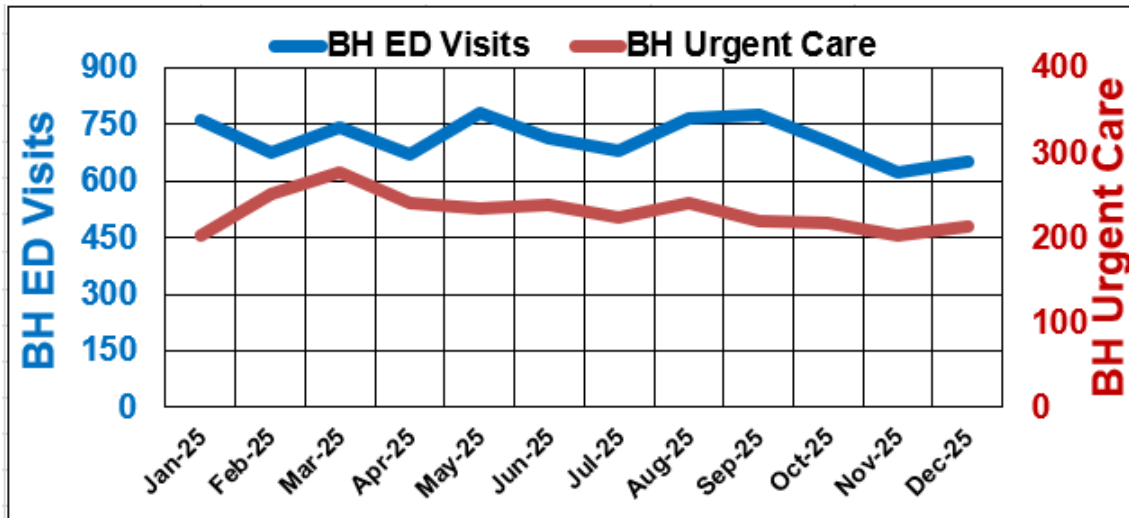
\*As of June, 2025 data parameters updated to include all departments listed under behavioral health. Data on this report is backdated to provide accurate comparison. Prior data was only using select departments.

## Number of Unique Outpatients and Number of Encounters CY2025

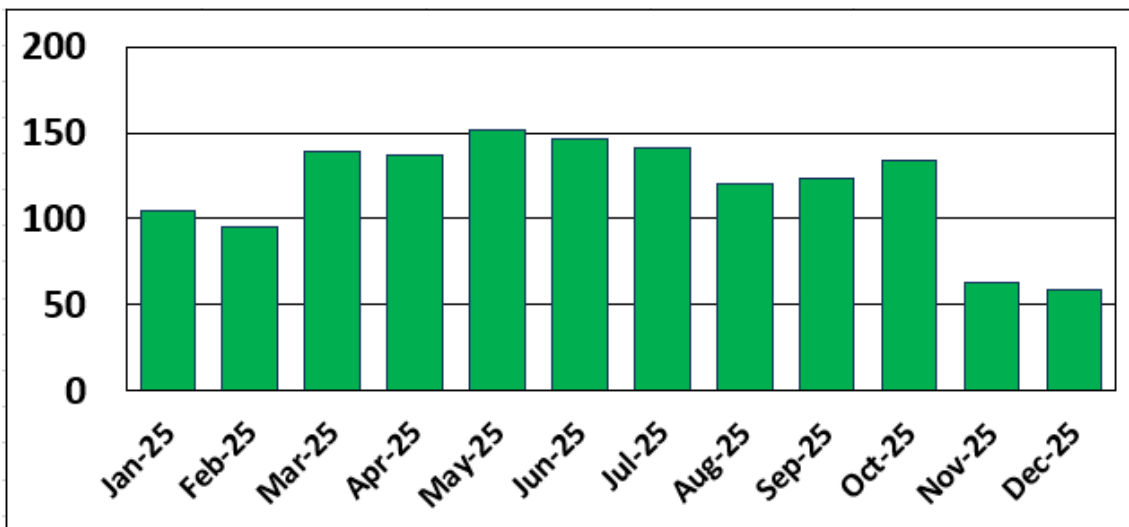
Calendar Year 2025 BH Outpatient		
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	13,179	115,914
BH CPC Outpatient	3,744	28,481

\* Excluding all Suboxone and Methadone Visits

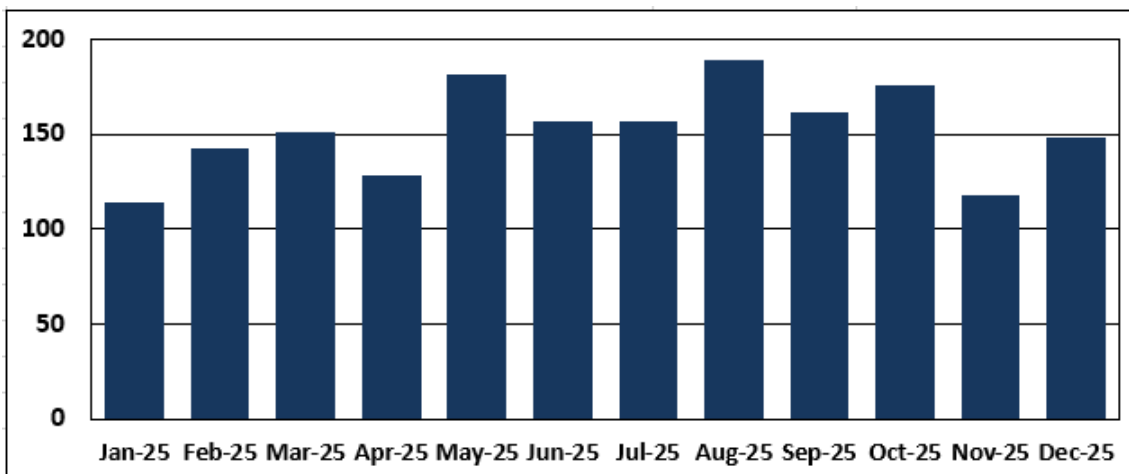
## Psychiatric Emergency Department and Urgent Care Encounters



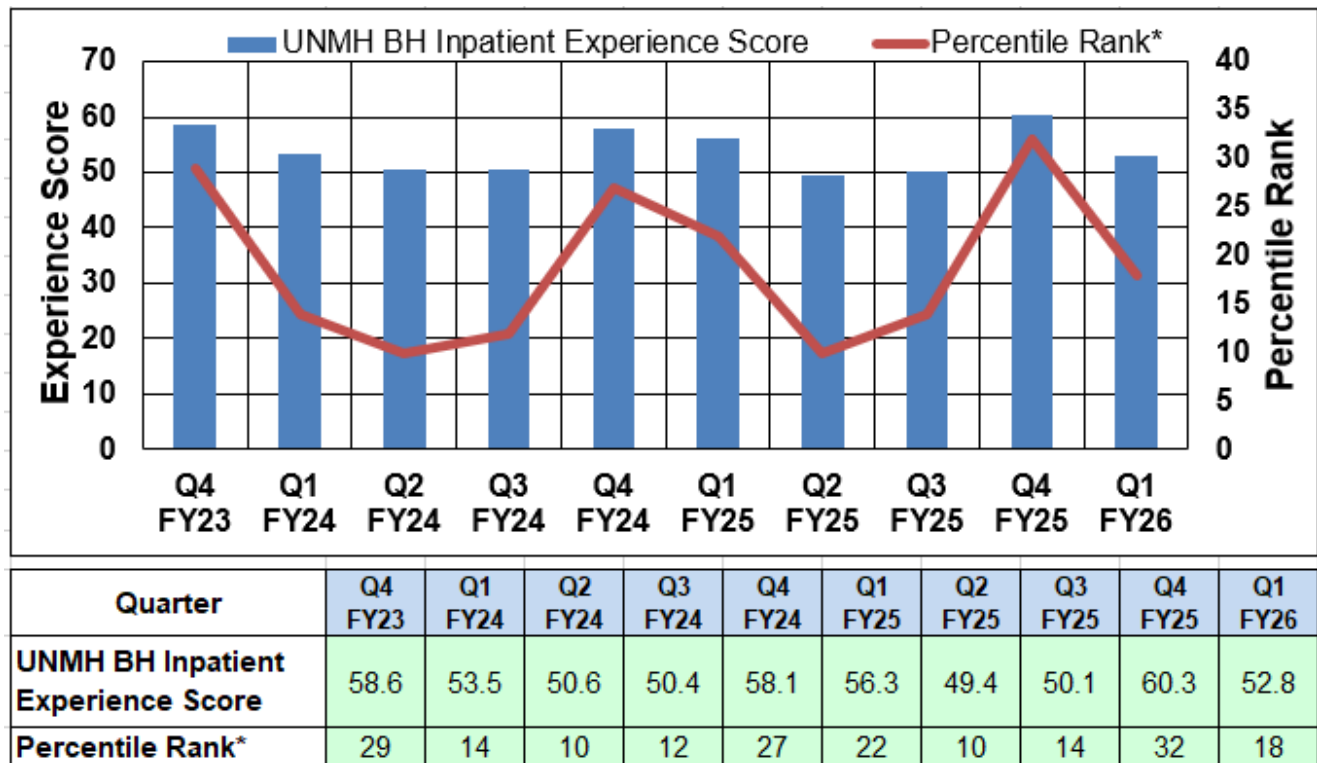
## Number of Fast Track Patients Seen



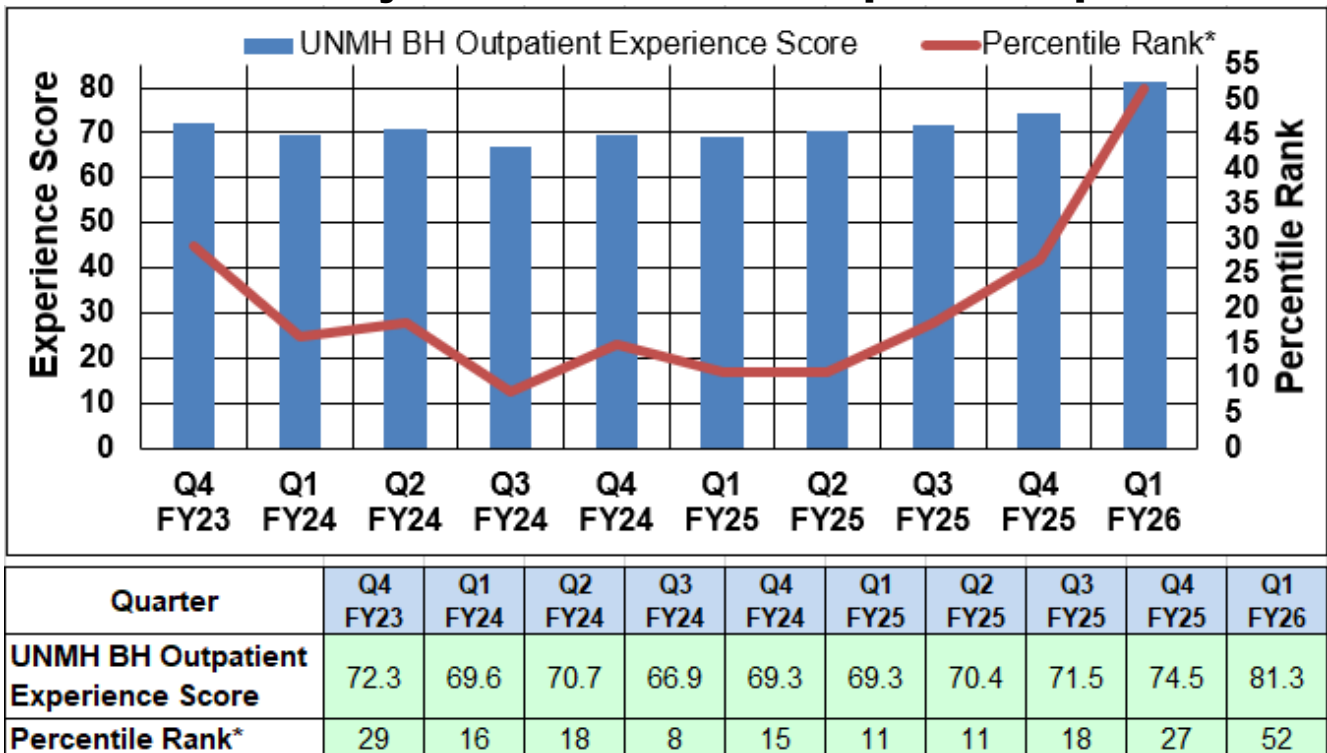
## Law Enforcement Drop offs at Psychiatric Emergency Services



## UNMH Press Ganey Behavioral Health Inpatient Experience Score



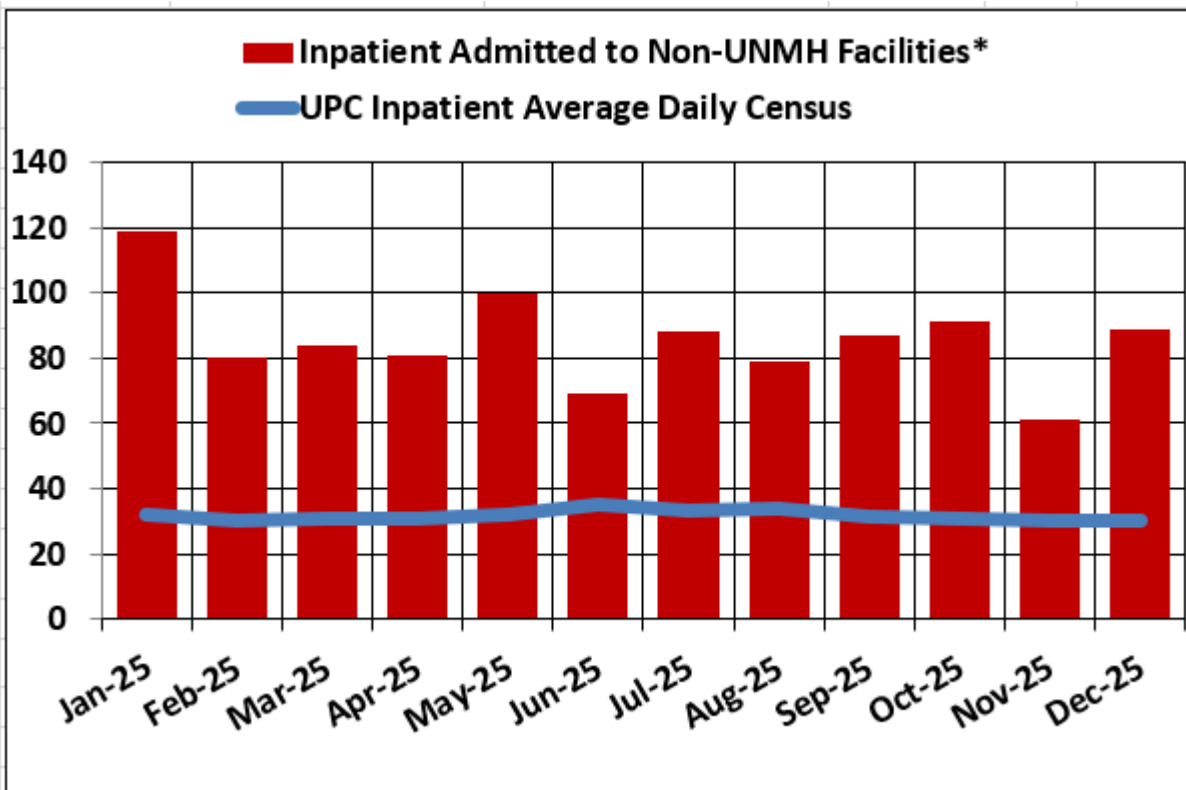
## UNMH Press Ganey Behavioral Health Outpatient Experience Score



\*Peer Group: All Press Ganey Database

(3-month delay in Press Ganey data)

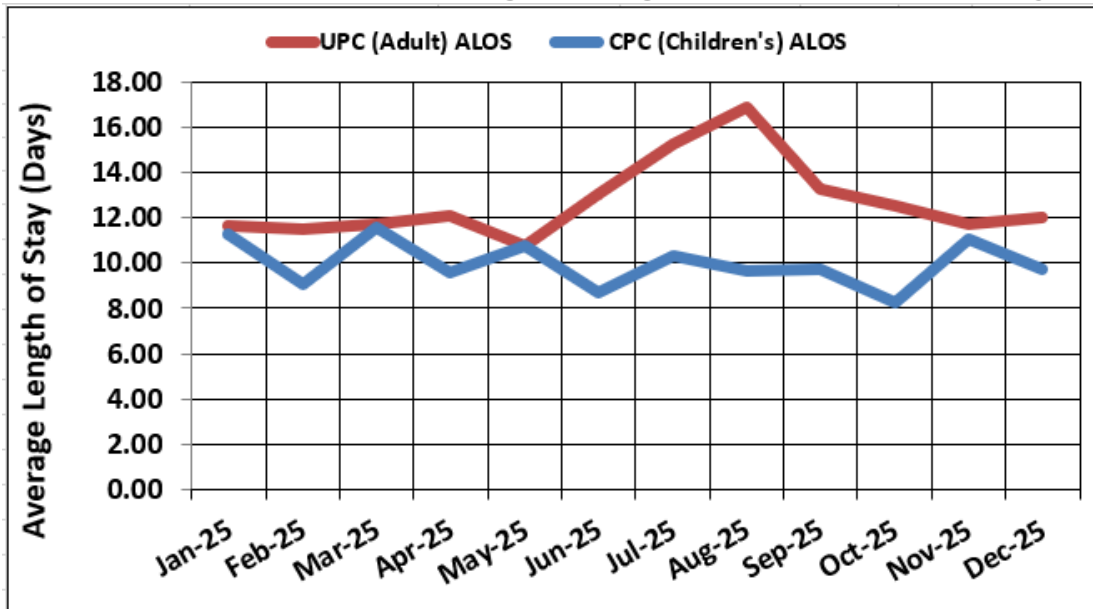
## Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jan-25	119	32
Feb-25	80	30
Mar-25	84	31
Apr-25	81	31
May-25	100	32
Jun-25	69	35
Jul-25	88	33
Aug-25	79	34
Sep-25	87	32
Oct-25	91	31
Nov-25	61	30
Dec-25	89	30

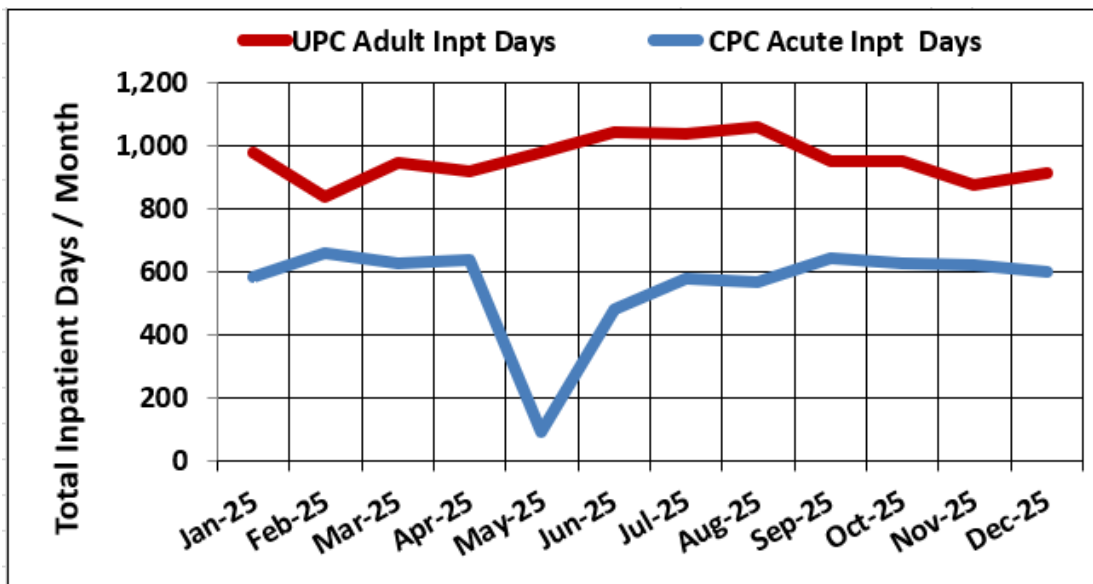
\*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

## Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC) Average Child National Benchmark: **10.54**  
 University Psychiatric Center (UPC) Average Adult National Benchmark: **8.15**

## Number of BH Adult and Child/Adolescent Inpatient Days



\*Decrease in volume for May 2025 is being researched for correction.

## Number of Unique Inpatients and Number of Encounters CY2025

Calendar Year 2025 BH Inpatient		
Patient Group	Patients Served	Total Encounters
BH UPC Inpatient*	754	1,179
BH CPC Inpatient	613	792

## Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2023	10,916
FY2024	9,559
FY2025	9,356
FY2026*	9,450

\*Projected count based upon the previous twelve (12) months

### Total Opioid Patients

Month	Census
Jan-25	433
Feb-25	420
Mar-25	416
Apr-25	416
May-25	416
Jun-25	411
Jul-25	417
Aug-25	422
Sep-25	423
Oct-25	430
Nov-25	426
Dec-25	423

### Total Methadone Encounters

Month	Count
Jan-25	2,213
Feb-25	1,864
Mar-25	1,709
Apr-25	1,958
May-25	2,043
Jun-25	2,008
Jul-25	2,026
Aug-25	2,159
Sep-25	2,298
Oct-25	2,365
Nov-25	1,944
Dec-25	2,156

### Number of Methadone and Suboxone Doses \*

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Jan-25	777	39,111	10,259
Feb-25	655	32,124	10,010
Mar-25	665	34,796	9,457
Apr-25	662	33,412	10,306
May-25	684	36,083	9,830
Jun-25	675	33,372	10,108
Jul-25	747	37,413	9,919
Aug-25	684	35,646	10,004
Sep-25	677	33,460	10,390
Oct-25	728	35,797	9,903
Nov-25	610	32,176	9,988
Dec-25	688	36,317	10,009

### Total Suboxone Encounters

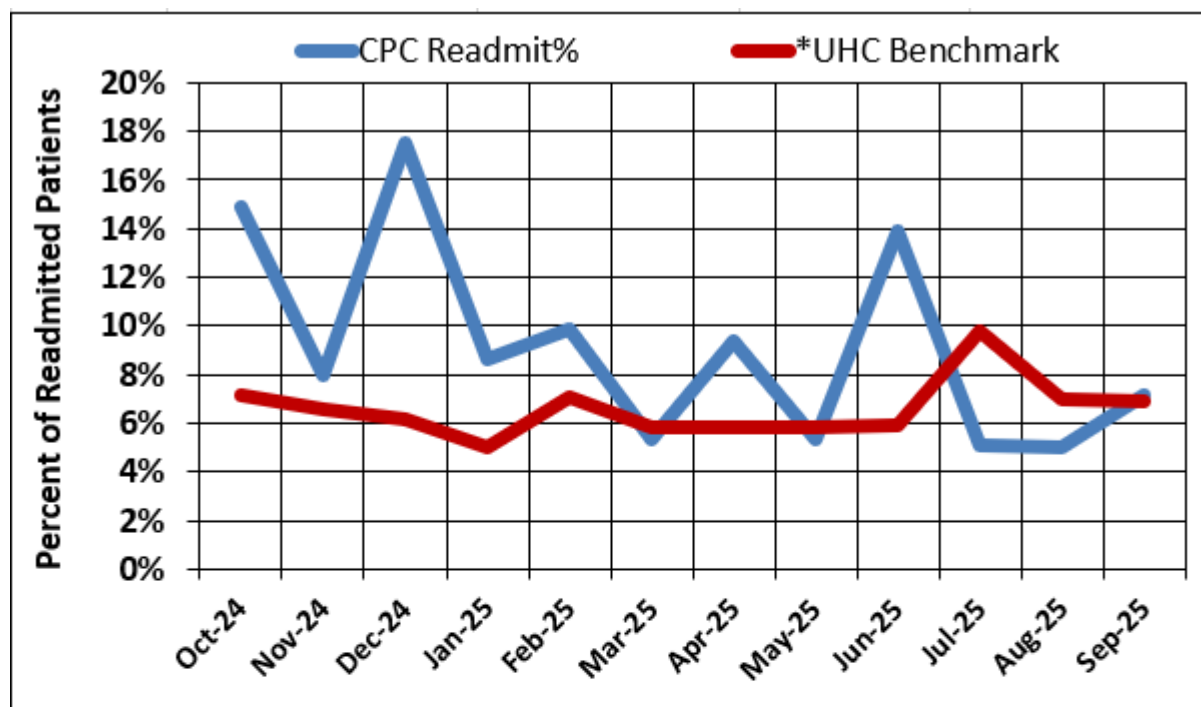
Month	Count
Jan-25	20
Feb-25	11
Mar-25	24
Apr-25	17
May-25	22
Jun-25	10
Jul-25	11
Aug-25	6
Sep-25	7
Oct-25	2
Nov-25	14
Dec-25	10

\*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.

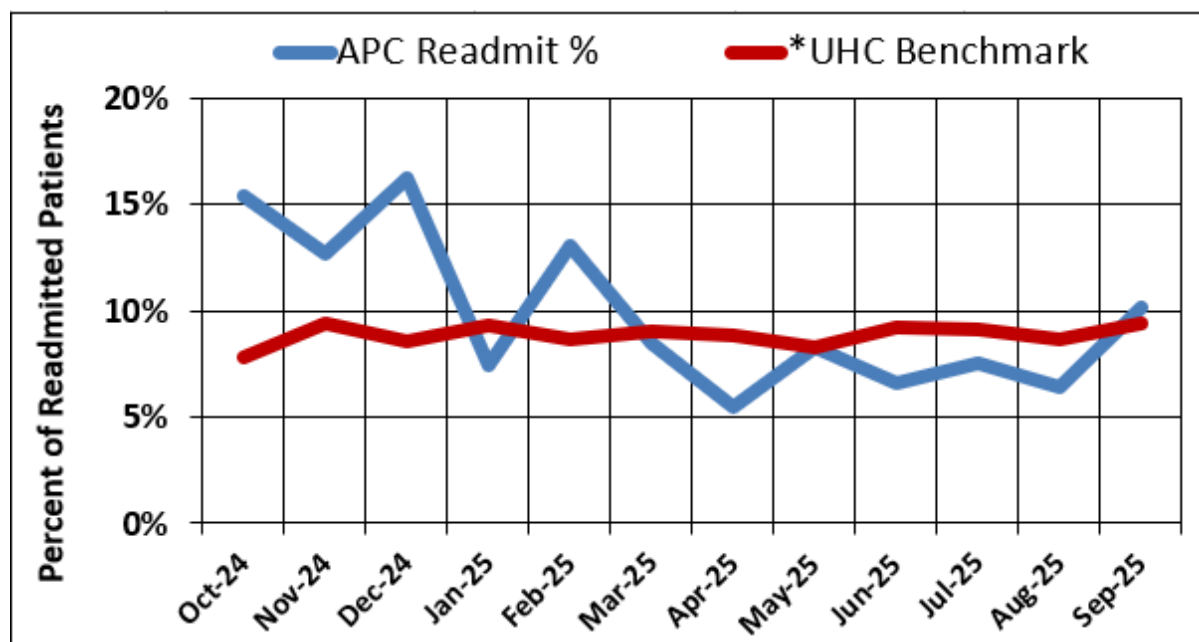


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-24	47	7	14.9%	7.2%
Nov-24	50	4	8.0%	6.6%
Dec-24	57	10	17.5%	6.2%
Jan-25	58	5	8.6%	5.0%
Feb-25	71	7	9.9%	7.1%
Mar-25	56	3	5.4%	5.8%
Apr-25	73	7	9.4%	5.8%
May-25	61	3	5.4%	5.8%
Jun-25	60	8	13.9%	5.9%
Jul-25	59	3	5.1%	9.8%
Aug-25	60	3	5.0%	7.0%
Sep-25	70	5	7.1%	6.9%

\*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 ("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.

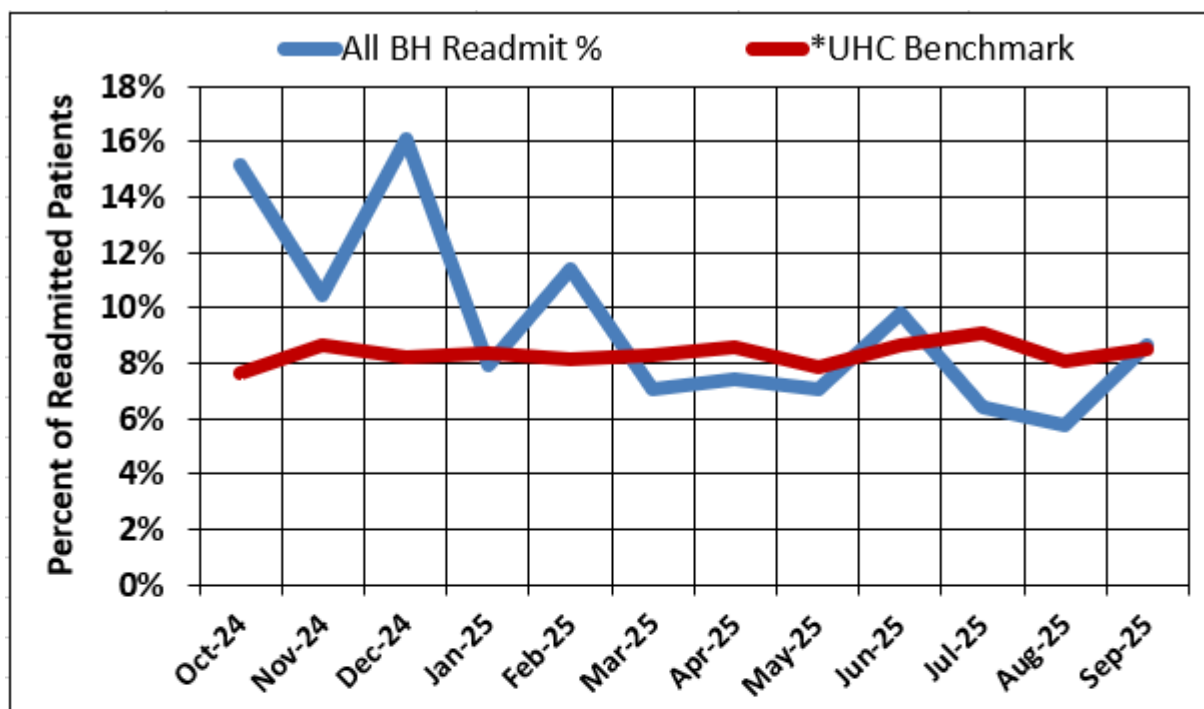


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-24	65	10	15.4%	7.8%
Nov-24	55	7	12.7%	9.4%
Dec-24	86	14	16.3%	8.6%
Jan-25	81	6	7.4%	9.3%
Feb-25	69	9	13.0%	8.7%
Mar-25	71	6	8.5%	9.0%
Apr-25	73	4	5.5%	8.8%
May-25	84	7	8.3%	8.3%
Jun-25	76	5	6.6%	9.2%
Jul-25	66	5	7.6%	9.1%
Aug-25	62	4	6.5%	8.7%
Sep-25	69	7	10.1%	9.4%

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

### 30 Day Readmission Rate – Both Adult and CPC Psychiatric Center

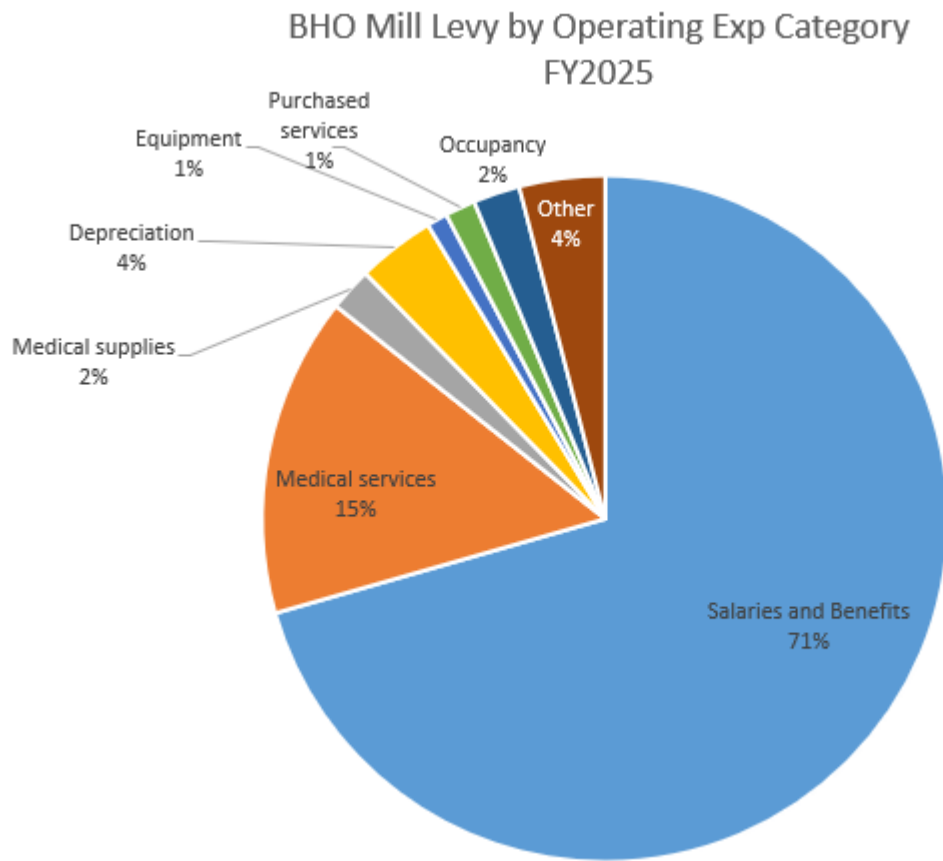
There is a three (3) month delay in Vizient data, so statistics are one quarter behind.



Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-24	112	17	15.2%	7.7%
Nov-24	105	11	10.5%	8.7%
Dec-24	143	23	16.1%	8.2%
Jan-25	139	11	7.9%	8.4%
Feb-25	140	16	11.4%	8.1%
Mar-25	127	9	7.1%	8.3%
Apr-25	146	11	7.4%	8.6%
May-25	145	10	7.1%	7.8%
Jun-25	136	13	9.8%	8.6%
Jul-25	125	8	6.4%	9.1%
Aug-25	122	7	5.7%	8.1%
Sep-25	139	12	8.6%	8.5%

\*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.

## Mill Levy Dollars Allocated to Behavioral Health

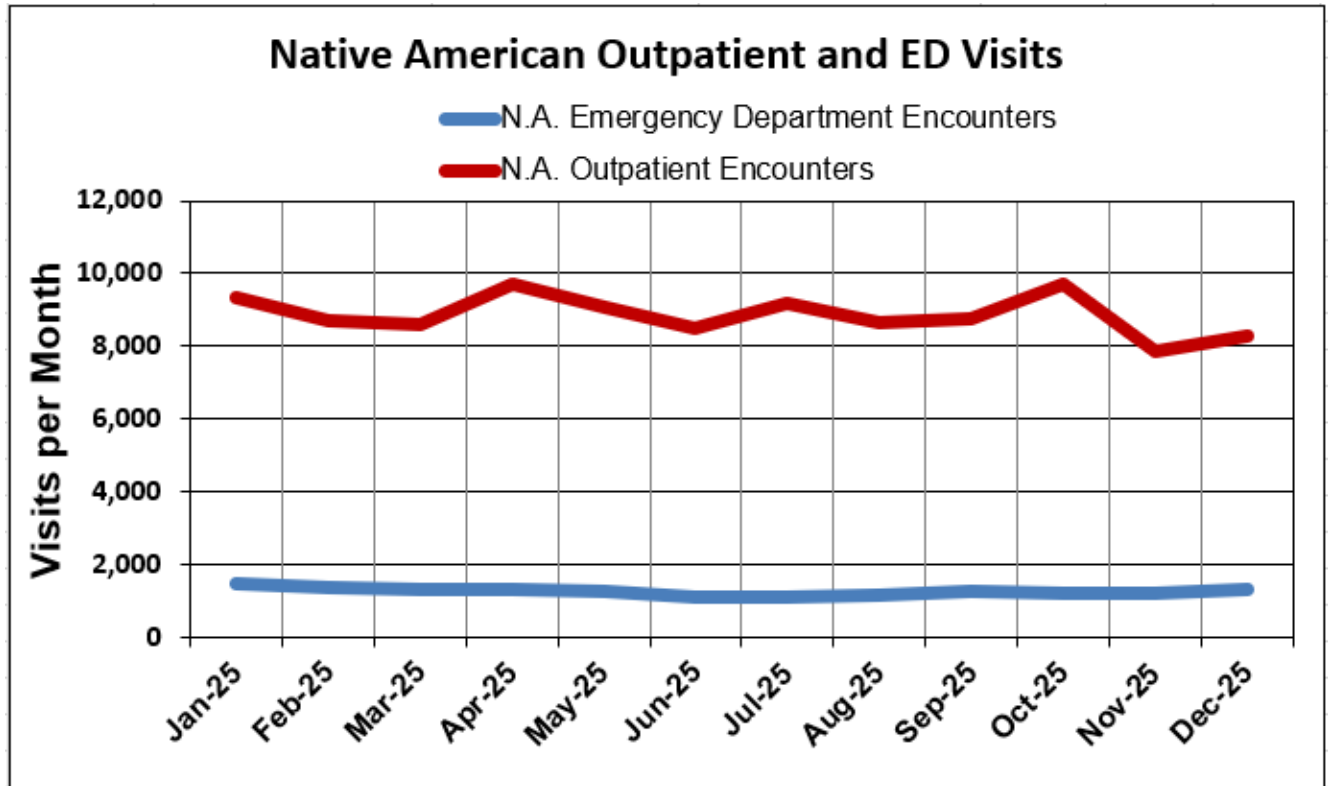


FY2025	
Salaries and Benefits	\$ 13,981,897
Medical services	2,987,164
Medical supplies	404,633
Depreciation	728,062
Equipment	193,332
Purchased services	282,242
Occupancy	436,298
Other	799,723
<b>Total Expense</b>	<b>\$ 19,813,351</b>

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

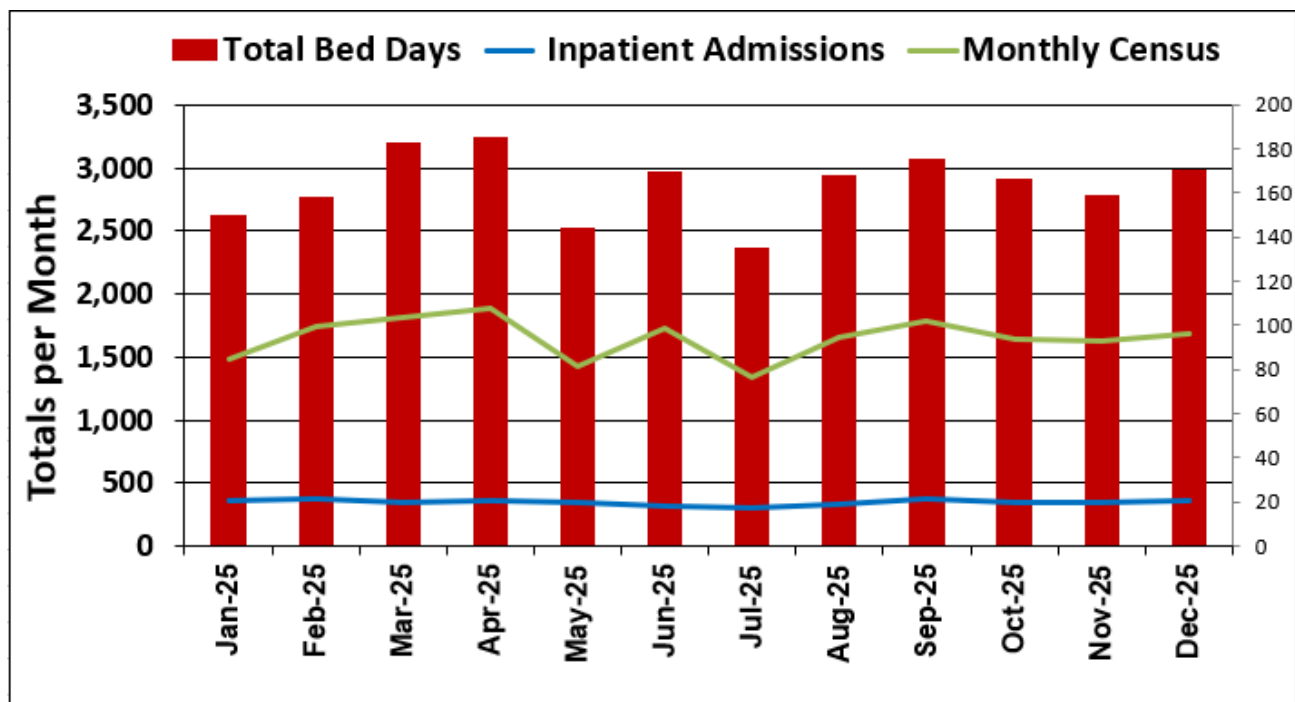
## E. NATIVE AMERICAN SERVICES

### Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Jan-25	30	1,448	9,334
Feb-25	33	1,373	8,729
Mar-25	33	1,325	8,588
Apr-25	17	1,335	9,724
May-25	21	1,247	9,060
Jun-25	40	1,093	8,518
Jul-25	45	1,078	9,154
Aug-25	40	1,143	8,673
Sep-25	50	1,251	8,736
Oct-25	55	1,235	9,689
Nov-25	48	1,220	7,882
Dec-25	37	1,306	8,266

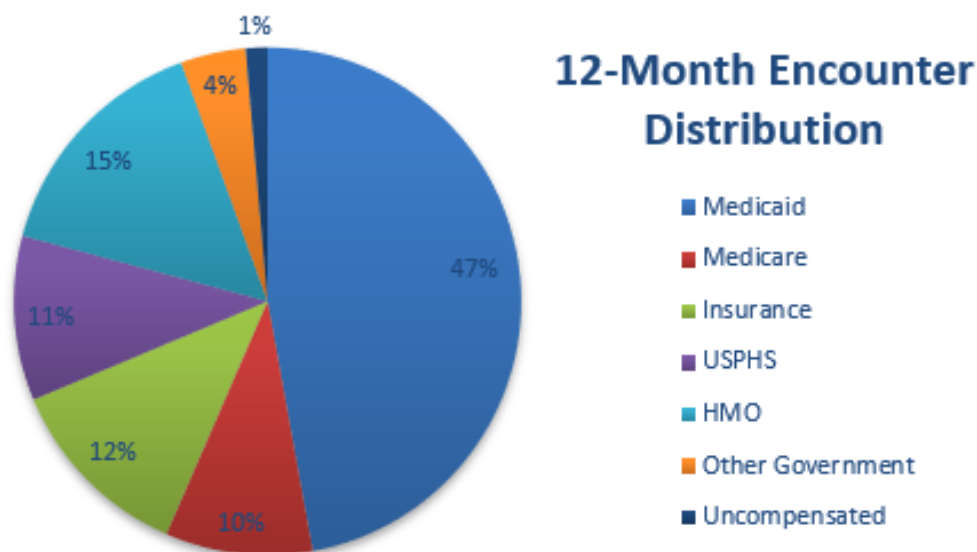
## Native American Bed Days and Monthly Inpatient Census



Month	Total Bed Days	Inpatient Admissions	Monthly Census
Jan-25	2,630	362	85
Feb-25	2,778	372	99
Mar-25	3,202	344	103
Apr-25	3,240	355	108
May-25	2,529	352	82
Jun-25	2,965	322	99
Jul-25	2,361	311	76
Aug-25	2,943	335	95
Sep-25	3,070	370	102
Oct-25	2,913	347	94
Nov-25	2,792	344	93
Dec-25	2,983	362	96

## Native American Encounter Distribution by Payor Group

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



Month	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Jan-25	5,458	1,118	1,326	1,155	1,553	468	180
Feb-25	5,085	1,022	1,257	1,006	1,618	437	175
Mar-25	5,047	961	1,162	1,037	1,547	436	147
Apr-25	5,518	1,107	1,335	1,179	1,810	483	131
May-25	5,190	1,033	1,273	990	1,715	474	142
Jun-25	4,630	994	1,291	1,048	1,485	389	179
Jul-25	4,874	1,041	1,351	1,166	1,666	437	157
Aug-25	4,812	980	1,231	1,118	1,599	419	151
Sep-25	4,966	908	1,245	1,139	1,583	416	165
Oct-25	5,320	1,006	1,505	1,261	1,813	452	94
Nov-25	4,458	863	1,234	1,059	1,487	417	100
Dec-25	4,566	893	1,214	1,162	1,588	451	129
<b>TOTAL</b>	<b>59,924</b>	<b>11,926</b>	<b>15,424</b>	<b>13,320</b>	<b>19,464</b>	<b>5,279</b>	<b>1,750</b>
	<b>47.2%</b>	<b>9.4%</b>	<b>12.1%</b>	<b>10.5%</b>	<b>15.3%</b>	<b>4.2%</b>	<b>1.4%</b>



# APPENDIX A

## MOU Exhibit A Progress Updates

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

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

## Exhibit A – Reporting

Action Item	Implementation Status	
UNMH will report on a quarterly basis to the County Commission on the items identified in Exhibit B along with national benchmarks	Information requested by Bernalillo County is collected and reported in the Bernalillo County Quarterly Report.	
UNMH will establish mechanisms for public input on Board Committees including representation from the County and IHS consistent with existing Bylaws	Native American Services Committee of UNMH Board.	
UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives	UNMH completed the 2023 Community Health Needs Assessment with extensive community listening session input. Regular meetings with IHS and Bernalillo County	
Enable the County and the IHS to have input to and comment on the goals for the upcoming year for each area outlined in Exhibit A	Bernalillo County, IHS and UNMH established Semi-Annual goals outlined in Exhibit C.	
UNMH will cooperate with the County's Behavioral Health Initiatives regarding evaluation of needed programs	UNMH is significantly involved in the planning for Behavioral Health Initiatives. Bernalillo County has been involved with the UNMH strategic planning process for behavioral health.	
UNMH will obtain meaningful input to the UNMH Budget from Bernalillo County and IHS prior to the UNMH budget being adopted by the Hospital Board.	UNMH Currently holds periodic budget meetings with County Commissioners and quarterly meetings with IHS.	

## Exhibit A - Accountability and Transparency

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

## Exhibit A – Primary Care

Action Item	Implementation Status	
UNMH will access its current primary care network with the intent to attempt to increase its number of primary care facilities by one per year over the next 4 years	UNMH has acquired land and has started design work for the new Primary Clinic to be located on the Southwest Mesa.	
UNMH will inform the County and IHS prior to any material change to coordinated care delivery programs with other community providers. UNMH will work to provide space to NM Department of Health Clinics at future UNMH Clinical sites.	UNMH continues to work to build community partnerships to increase access and to coordinate care. No new sites have been added to consider addition of DOH Clinics with Hospital sites.	
UNMH will encourage and assist Bernalillo County Residents and Native Americans to access healthcare coverage	Ongoing outreach through the office of Native American Services at UNMH.	
To reduce Emergency Room wait times UNMH will explore alternative care venues for care consistent with EMTALA	Active Transfer agreements allow UNM to move low acuity admits to SRMC and Lovelace; alleviates some ER congestion.	
UNMH will coordinate with the County to make available secure parking and a secure entry for patients from the Metropolitan Detention Center (MDC)	Law enforcement parking dedicated at Psychiatric Emergency and the new Crisis Triage Center. MDC has been part of planning for new UNMH Tower.	
UNMH will explore the use of Telemedicine Consultation between UNM HSC and the MDC	UNMH has taken over care at MDC with patients at MDC also receiving telemedicine services. Complex MDC patients transferred to UNMH.	
UNMH shall provide increased funding to recruit two physician specialists in areas most needed by Native Americans.	IHS continues to identify priority needs to UNMH at quarterly meetings.	
UNMH will consult with the County, Albuquerque Public Schools and any tribal schools in Bernalillo County on the provision of medical and behavioral health for school-based clinics. UNMH may collaborate with UNMMG or other providers as needed.	School based services will be reviewed as part of planning for pediatric behavioral health program expansion. This will include consultation with APS, tribal schools and Bernalillo County	

## Exhibit A – Financial Assistance

Action Item	Implementation Status	
UNMH will maintain the current Financial Assistance policy as it relates to Native Americans. Any proposed changes will be discussed with IHS prior to the change.	UNMH continues to offer financial assistance for Native Americans with no proposed changes.	
UNMH will adopt patient payment policies and financial assistance program policies that are designed to improve access to healthcare services	UNMH Financial Assistance policies developed and approved by Board in October 2021 including coverage for undocumented patients and elimination of copayments.	
UNMH's financial assistance program will offer financial assistance to medically necessary care for low income patients at UNMH facilities	UNMH Financial Assistance and other programs continue in place. Financial programs were expanded to include undocumented patients.	
UNMH will endeavor to assure that any fees, down payments, or co-payments for medically necessary care will be reasonably related to income.	Financial Policy Revisions in October 2021 eliminated all required copayments for patients on financial assistance.	
UNMH will establish patient payment policies for low income patients who are not financial assistance-eligible that do not create a material barrier to such patients' access to medically necessary care.	Financial Assistance program changes approved in October 2021 allowing for coverage of undocumented patients.	
Patients with income levels that do not meet the requirements for financial assistance or other programs will be given the opportunity to establish re-payment plans which are reasonably related to income.	Patients have the opportunity to create repayment plans with Patient Financial Services.	
UNMH will make reasonable efforts to notify patients with outstanding bills of their right to seek financial assistance or to establish payment plans	Patient bills have information incorporated in them on how to contact financial assistance. Patients also receive other notifications at the time of services.	

## Exhibit A – Financial Services

Action Item	Implementation Status	
UNMH will subject to CMS regulations assure that no indigent patient is sent to collections.	Implemented with 2015 policy change. UNMH monitors on ongoing basis.	
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. Materials and Website recently updated.	
UNMH will assist the County in Coordinating Care for individuals released from incarceration.	UNMH continues to operate the Fast Track Program and provides discharge planning at MDC and the RRC. There has been a significant expansion of discharge resources at MDC.	

## Exhibit A – Native Americans

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

## Exhibit A - Behavioral Health

Action Item	Implementation Status	
UNMH will work with the SOM to provide medical staff for the MDC Triage Center and will provide case management services for the RRC.	UNMH is staffing the RRC in conjunction with the pathways program.	
UNMH will evaluate the expansion of Behavioral Health services within its own operation and with other community providers	UNMH has worked with the County on service expansion at the Care Campus. The UNMH Crisis Center opened in June 2024. This facility included a ten bed observation area, expanded psychiatric emergency department, and peer living room.	
UNMH shall engage with County and IHS on the programming and design of future space for UNMH Behavioral Health Services including Crisis Services.	UNMH and Bernalillo County are actively working on short and long-term planning on crisis services. The county is participating in the discussion to update the UNMH Strategic Plan for Behavioral Health.	
Any changes impacting integrated behavioral health and primary care integrated services or peer services will be discussed with the County and IHS prior to implementation	Ongoing discussions occur based on program needs.	
UNMH will evaluate the ability to provide identifiable patient information to first responders consistent with applicable laws.	MOU completed with City related to providing information to APD Crisis response from Psychiatric Emergency Services.	
Evaluate the viability of expanding behavioral health services in school-based clinics	TBD	
UNMH will evaluate the possible provision of expanding existing BH services or new programs in a wide range of service categories.	UNMH continues to evaluate service expansion within provider availability.	
UNMH will evaluate data sharing with the County for analyzing outcome data for behavioral health patients and to track utilization of behavioral health patients across programs consistent with State and Federal law.	Legal issues created by New Mexico Mental Health code limit providing identifiable information.	



# APPENDIX B

## UNM Hospital Semi-Annual Report on the Status of Deliverables

Period January 2024 - December 2024

UNM Lease MOU with Bernalillo County - Exhibit C

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

### Exhibit A Reporting Area - Reporting and Interaction

Semi- Annual Focus Areas	Status Update as of December 2024
January 2024-December 2024	
A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.	<p>The UNMH Community Health Needs Assessment was completed in the spring of 2024 and is available online at; <a href="https://hsc.unm.edu/health/about/community-health-needs-assessment.html">https://hsc.unm.edu/health/about/community-health-needs-assessment.html</a>.</p> <p>Public listening sessions held in 2023 with Bernalillo County related to the upcoming 2024 Mil Levy were utilized for input into the Community Health Needs Assessment.</p>
A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.	IHS, UNMH and Bernalillo County have established a small working group with representatives from the three organizations to meet periodically around programmatic public and community health initiatives.
A.6 UNMH will establish procedures related to <u>it</u> budget development, which will allow meaningful input into the budget by the County and IHS.	UNMH established budget planning meetings with both the County and IHS for updates and input related to the Budget and Capital process.

## Exhibit A Reporting Area - Accountability and Transparency

Semi- Annual Focus Areas	Status Update
<p>B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.</p>	<p>UNMH continues to produce the Bernalillo County Quarterly Report outlining patient safety, quality, operational and financial data with corresponding benchmark data where available. The report is provided to Bernalillo County, IHS and APCG. The report is publically available on the UNMH and Bernalillo County Websites.</p>
<p>B.4 UNMH will provide financial information to the County Commission and IHS as to the expenditure of mill levy funding by UNMH Departments.</p>	<p>UNMH currently published financial, quality and operational data on the UNMH intranet site that include mill levy funding by department as part of the Bernalillo County Quarterly Report. The format and information were agreed to by Bernalillo County.</p>
<p>B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.</p>	<p>Bernalillo County Quarterly Reports are available online at:  <a href="https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html">https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html</a></p>

Semi- Annual Focus Areas	Status Update
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	<p>UNMH has opened a multi-specialty clinic in Gallup that is well positioned to serve areas with larger Native American patients. UNMH is in the process of developing a new primacy care site in Bernalillo County that will be located in the southwest mesa area.</p> <p>UNMH completed the new Behavioral Health Crisis Triage Center in June 2024. The new Center houses an expanded Psychiatric Emergency Department, sixteen bed Crisis Center, ten-bed observation unit, and a Peer Living Room. UNMH assumed responsibility for medical services at the Metropolitan (MDC) in July 2023. The UNMH Hospital Tower project is scheduled to open in the spring of 2025.</p>
C.7 UNMH shall provide increased funding to either the UNM School of Medicine or UNM Medical Group to recruit and retain specialist for a minimum of two medical specialties most needed by Native Americans.	<p>UNMH offers financial assistance through the UNM Care and other programs to patients.</p> <p>UNMH continues to discuss need specialty access at ongoing quarterly lease compliance meetings with representation from IHS and the Tribes. Reporting is provided quarterly on access and services to Native Americans.</p>

## Exhibit A Reporting Area - Native American Care

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

## Exhibit A Reporting Area - Behavioral Health Services

Semi- Annual Focus Areas	Status Update
<p>F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.</p> <p>F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.</p>	<p>UNMH continues to provide staffing for discharge planning activities at the MDC and assumed responsibility for medical services at MDC on July 26, 2023. UNMH discharge planning staff work with community organizations around discharge planning for MDC patients. UNMH is continuing to work with the Resource Reentry Center, and is working with the County and community partners on a closed loop referral system (Unite Us).</p> <p>UNMH is currently working on expanded Behavioral Health programming within the UNMH infrastructure in the form of, Crisis Triage Center opening, and development of a Comprehensive Community Behavioral Health Center (CCBHC).</p>