



# QUARTERLY REPORT SEPTEMBER 30, 2019

## Bernalillo County Commissioner Trend Report

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# A. ACCOUNTABILITY

## Balance Sheet (Statement of Net Assets)

Statements of Net Assets

September 30, 2019 and June 30, 2019

		Unaudited*	
	<b>Assets</b>	<b>September 2019</b>	<b>June 2019</b>
	<i>(In Thousands)</i>		
<b>Current assets:</b>			
	Cash and cash equivalents	\$ 194,572	158,482
	Marketable securities	35,821	35,628
<b>Receivables:</b>			
	Patient, net	134,262	129,813
	University of New Mexico	1,940	2,196
	Estimated third-party payor settlements	50,148	84,067
	Bernalillo County treasurer	25,330	1,517
	Other	35,779	38,453
	<b>Total current assets</b>	<b>477,852</b>	<b>450,156</b>
<b>Noncurrent assets:</b>			
<b>Assets whose use is limited:</b>			
	Held by trustee	20,896	18,613
	Restricted cash - capital appropriation	29,265	-
	By UNM Hospital Clinical Operations Board	26,540	26,363
	Capital assets, net	224,395	221,867
	<b>Total assets</b>	<b>778,948</b>	<b>716,999</b>
<b>Liabilities</b>			
<b>Current liabilities:</b>			
	Accounts payable	49,921	48,209
	Payable to University of New Mexico	41,852	28,411
	Estimated third-party payor settlements	58,032	46,003
	Interest payable bonds	816	81
	Other accrued liabilities	60,700	68,210
	<b>Total current liabilities</b>	<b>211,321</b>	<b>190,914</b>
	Bonds payable	92,120	92,120
	<b>Total liabilities</b>	<b>303,441</b>	<b>283,034</b>
<b>Net Assets</b>			
	Restricted for expendable grants, bequests, and contributions	17,236.19	17,601.00
	Restricted capital appropriation	29,264.81	0.00
	Restricted by management	23,000.00	23,000.00
	Restricted for trust indenture and debt agreement	20,896.00	18,613.00
	Unrestricted net assets	252,835.00	245,004.00
	Assets invested in capital	132,275.00	129,747.00
	<b>Total net assets</b>	<b>\$ 475,507.00</b>	<b>\$ 433,965.00</b>
	<b>Current Ratio</b>	<b>2.29</b>	<b>2.39</b>
	<b>Days Cash on Hand</b>	<b>59.37</b>	<b>52.16</b>

\*Pending completion of external audit and approval by UNM Hospitals Board of Trustees.

## Income Statement

Statements of Revenues, Expenses, and Changes in Net Assets  
For the three (3) months ended September 30, 2019

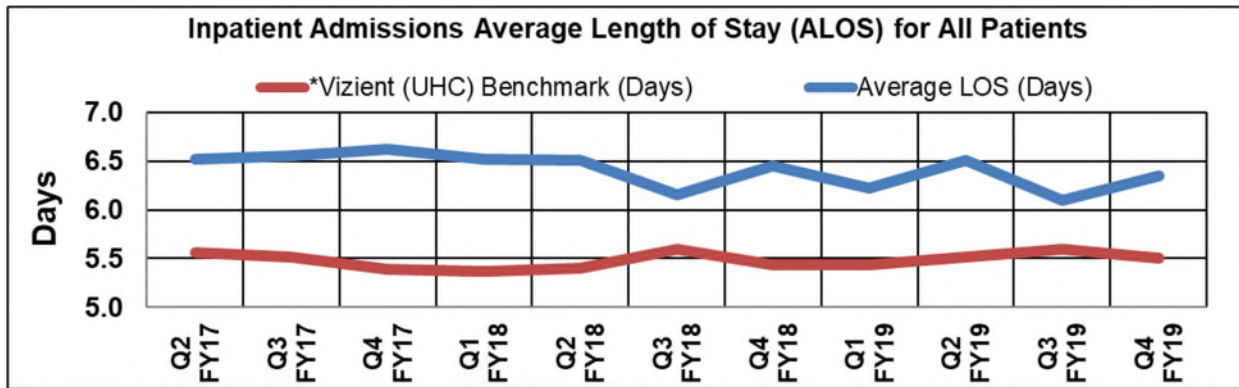
<i>(In Thousands)</i>			<b>September</b>
Operating revenues:			
	Net Patient Service	\$	273,662
	Other		13,247
	<b>Total Operating Revenues</b>		<b>286,909</b>
Operating expenses:			
	Employee Compensation and Benefits		134,851
	UNM School of Medicine Medical Services		35,043
	Medical Services Oncology		5,583
	Medical Services non-SOM		8,232
	Medical Supplies		42,571
	Oncology Drugs		13,355
	Occupancy/Equipment		16,802
	Depreciation		8,506
	Purchased Services		16,819
	Health System Expenses		18,629
	Gross Receipts Tax		5,739
	Other		3,871
	<b>Total Operating Expenses</b>		<b>310,001</b>
	<b>Operating loss</b>		<b>(23,092)</b>
Nonoperating Revenues (Expenses):			
	Bernalillo County Mill Levy		26,427
	State Appropriation		3,412
	Interest Expense		(734)
	Other Revenue and (Expense)		1,940
	<b>Net Nonoperating Revenues - recurring</b>		<b>31,045</b>
	<b>Increase in Net Assets before other changes</b>		<b>7,953</b>
Other Changes in Net Assets:			
	Capital Appropriation - non-recurring*		33,589
	<b>Total Other Changes in Net Assets</b>	\$	<b>33,589</b>
	<b>Total Increase in Net Assets</b>		<b>41,542</b>
Net Assets, Beginning of Year			433,965
Net Assets, End of Year			<b>475,507</b>
* Capital appropriations from the state are for funding the following projects:			
	Adult Psychiatric Regional Crisis Center		424
	Center for Movement Disorders		3,465
	Hospital Tower & Medical Facility Expansion		29,700
	<b>Total Capital Appropriations</b>		<b>33,589</b>

## Mill Levy Distribution Detail by Department FY2019

<b>Total Bernalillo County Mill Levy</b>	<b>\$ 105,709,584.00</b>	
Note: 15% of the Mill Levy is allocated to Behavioral Health (see page 42)		
<b>UNMH - 85%</b>		
<b>Mill Levy</b>	<b>\$ 89,853,146</b>	
<b>Expenses</b>	<b>Total Spending</b>	
<i>Facilities</i>		
Facilities Maintenance	\$ 15,107,857	
Environmental Services	10,329,371	
Insurance	5,876,622	
Plant Operations & Maintenance	4,483,085	
Utilities	4,200,903	
Clinical Engineering	2,252,997	
Parking Structure and Support	2,025,667	
Security	3,738,760	
Off Site/Ambulatory Maintenance	5,204,515	
Life Safety/Fire Protection	2,471,435	
Facilities Planning	1,742,899	
Other	1,047,710	
Total Facilities		58,481,821
Finance		7,119,054
HR		7,684,679
<i>Information Technology</i>		
IT - Open Clinic/Mgt	5,536,784	
IT - Patient Financial Services	3,495,099	
Communications	5,208,432	
IT Cerner Millennium RHO	4,783,209	
Clinical Applications	3,355,494	
Customer Service	2,323,845	
Network & Infrastructure	2,500,801	
Systems Support	3,802,370	
System Develop and Applications	2,427,365	
IT CyberSecurity	1,675,898	
IT Non Capital Equipment	1,554,729	
Computer Learning Technologies	1,268,122	
Medical Records	1,259,762	
IT - EVOLVE3	825,918	
IT Admin, Oversight and Support	643,636	
Other	914,599	
Total Information Technology		41,576,063
<i>Revenue Cycle</i>		
Patient Financial Services	20,617,803	
Coding	8,757,838	
Revenue Cycle Initiatives	1,755,529	
Medical Records Support Svcs	2,258,202	
Referral Authorization Mgmt	2,711,368	
HIM Clinical Documentation	2,165,209	
Collection Agencies	848,290	
Other	2,496,739	
Total Revenue Cycle		41,610,978
Food & Nutrition		8,419,000
<i>Other</i>		
Administration	15,235,446	
FHA Bonds	6,902,657	
Admin Support for Facilities/Plannin	1,326,955	
Other	147,243	
Total Other		23,612,301
<b>Total Mill Levy Expenditures</b>		<b>\$ 188,503,896</b>



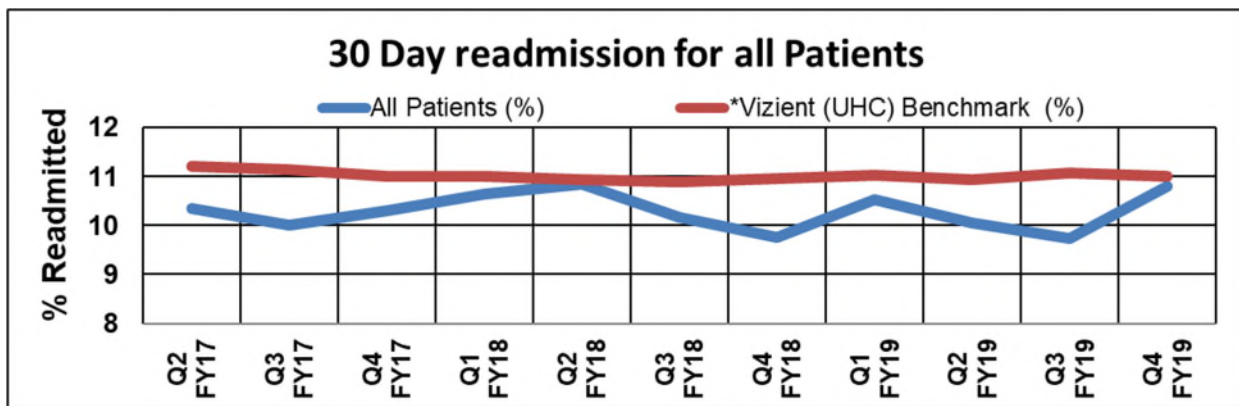
## Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q2 FY17	Q3 FY17	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19
<b>Average LOS (Days)</b>	6.52	6.55	6.62	6.51	6.51	6.15	6.45	6.22	6.51	6.10	6.35
<b>*Vizient (UHC) Benchmark (Days)</b>	5.56	5.51	5.39	5.37	5.41	5.60	5.44	5.44	5.51	5.60	5.50

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

## 30 Day Readmission for All Patients

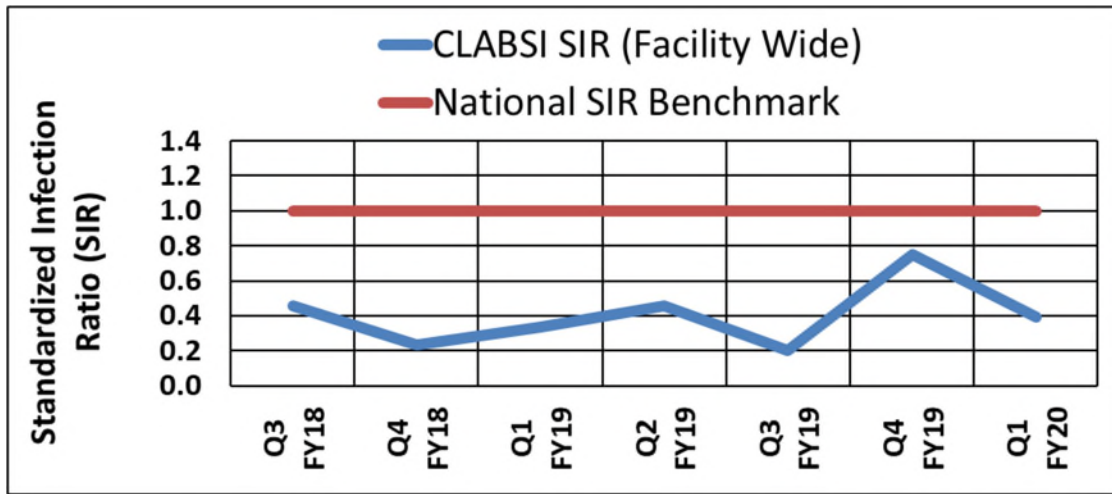


Fiscal Quarter	Q2 FY17	Q3 FY17	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19
<b>All Patients (%)</b>	10.34	10.00	10.30	10.64	10.84	10.16	9.77	10.53	10.06	9.74	10.80
<b>*Vizient (UHC) Benchmark (%)</b>	11.21	11.15	11.02	11.02	10.93	10.89	10.96	11.03	10.93	11.07	11.01

\*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.

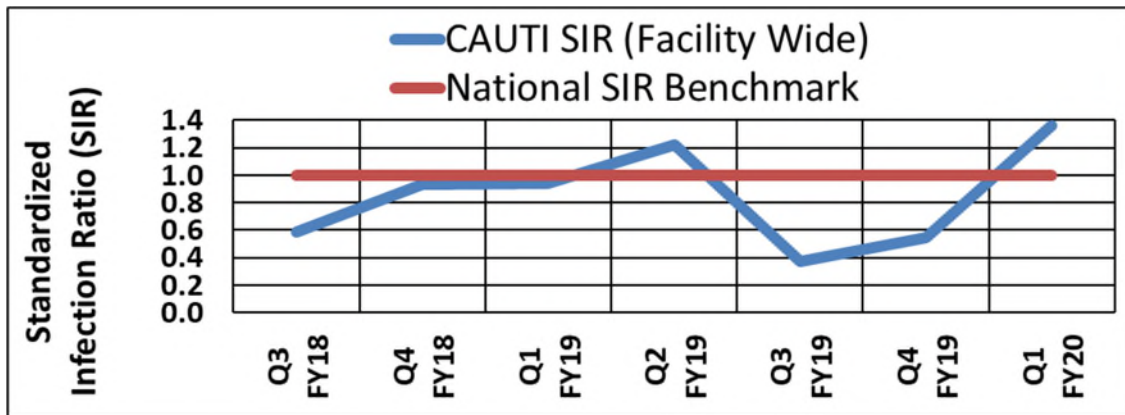


## Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20
CLABSI SIR (Facility Wide)	0.458	0.236	0.334	0.454	0.204	0.749	0.393
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	5	2	3	4	2	8	4
*NHSN Expected	10.9	8.5	9.0	8.8	9.8	10.7	10.2

## Catheter Associated Urinary Tract Infection



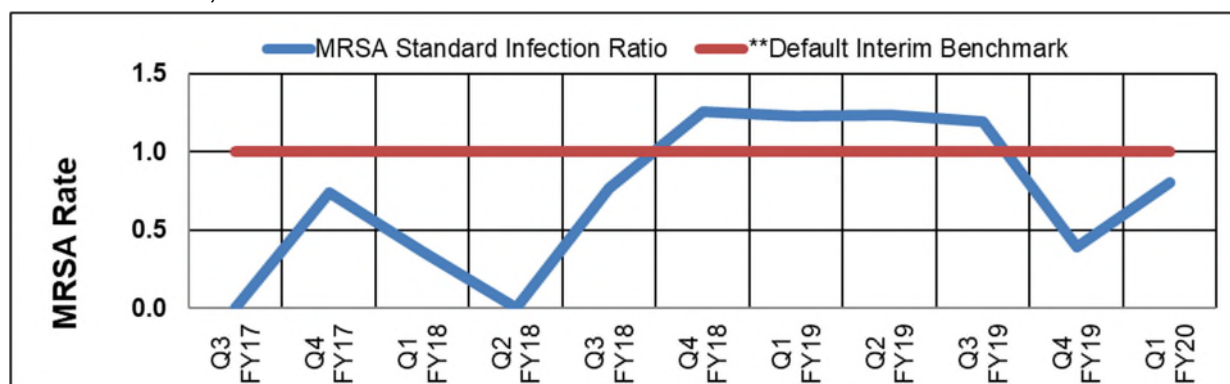
Catheter-Associated Urinary Tract Infection (CAUTI)	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20
CAUTI SIR (Facility Wide)	0.588	0.930	0.945	1.223	0.374	0.547	1.362
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CAUTI Count	8	11	10	12	4	6	15
*NHSN Expected	13.6	11.8	10.6	9.8	10.7	11.0	11.0

\*NHSN = National Healthcare Safety Network.

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

## MRSA Bloodstream Standardized Infection Rate

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



Fiscal Quarter	Q3 FY17	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20
<b>MRSA Standard Infection Ratio</b>	0.00	0.74	0.36	0.00	0.77	1.26	1.23	1.23	1.19	0.39	0.81
<b>**Default Interim Benchmark</b>	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>Raw Count of Infections</b>	0	2	1	0	2	3	3	3	3	1	2

\*\*Default Interim Benchmark is a temporary measure until a national benchmark is defined.

## Total Number of Inpatient Days

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

FY20 is based on the three (3) months ended September 30, 2019.

Inpatient Days	FY2019 Actual	FY2020 Projected	FY20 Actual YTD
Adult	113,244	113,492	28,373
Pediatric	37,195	36,724	9,181
Newborn	5,220	5,084	1,271
<b>Total Inpatient Days</b>	<b>155,659</b>	<b>155,300</b>	<b>38,825</b>

## Nursing Hours of Care

	FY2019 Actual	FY2020 Actual
<b>UNMH Nursing Hours of Care Per Patient*</b>	17.12	16.27

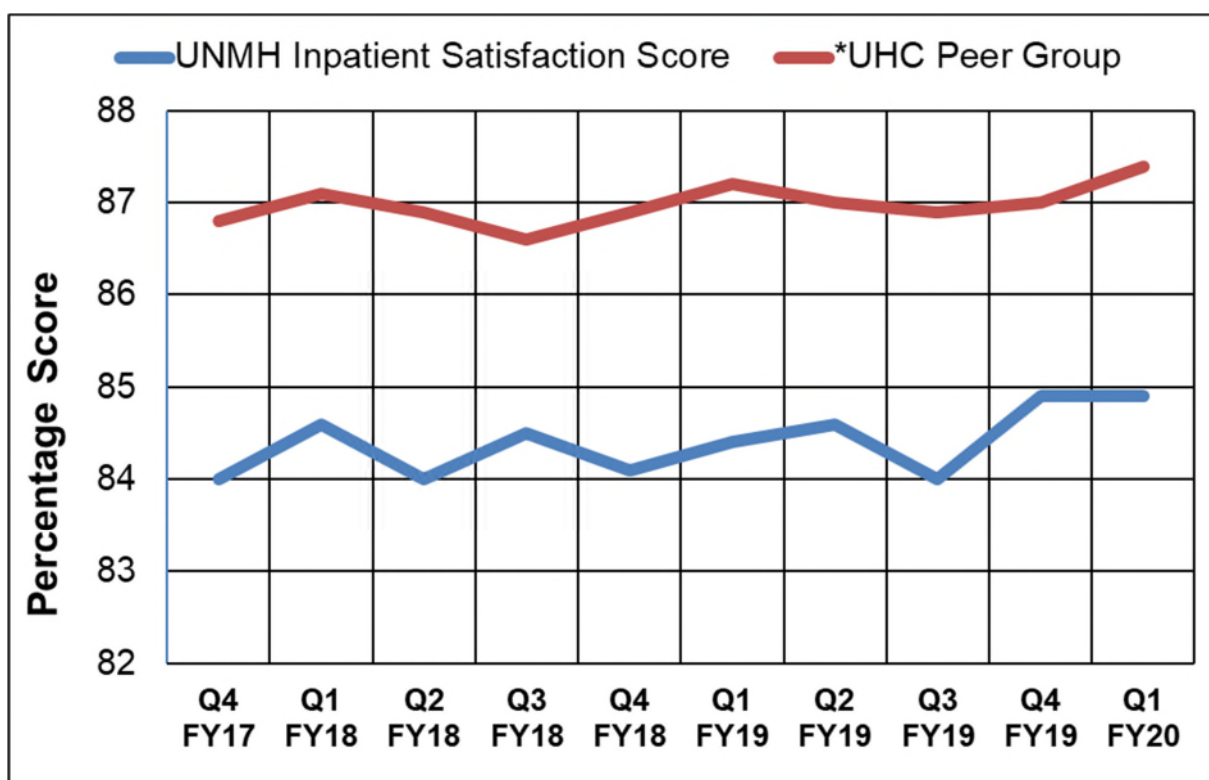
\*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

## Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2019	Number of FTES as of September, 2019	FY2020 Hires (Headcount)	FY2020 Terms (Headcount)	12-Month Rolling Retention Rate
RN's	1,973	1,958	47	101	82.08%
*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%.

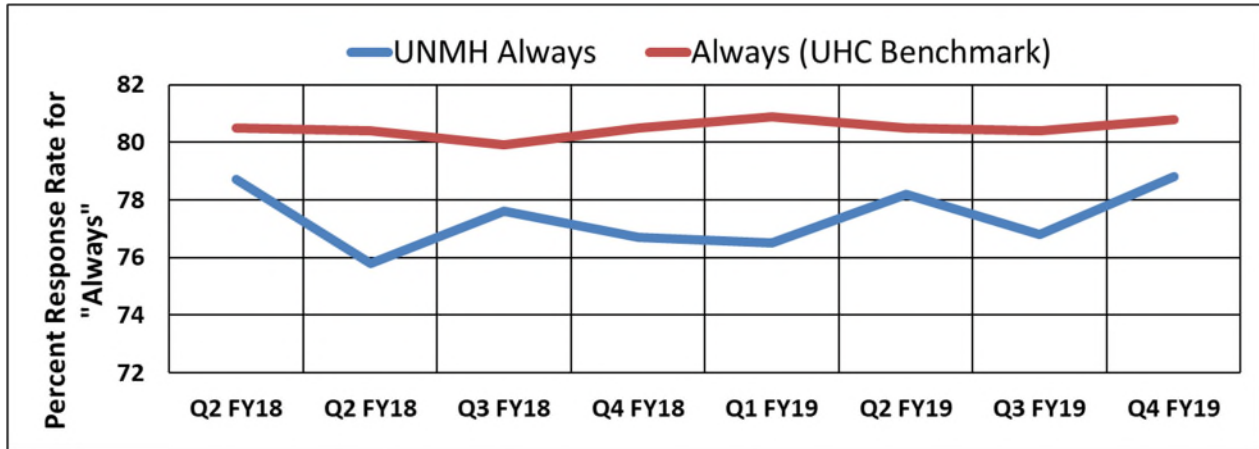
## Press Ganey Inpatient Satisfaction Score



Quarter	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20
UNMH Inpatient Satisfaction Score	84	84.6	84	84.5	84.1	84.4	84.6	84	84.9	84.9
*UHC Peer Group	86.8	87.1	86.9	86.6	86.9	87.2	87	86.9	87	87.4

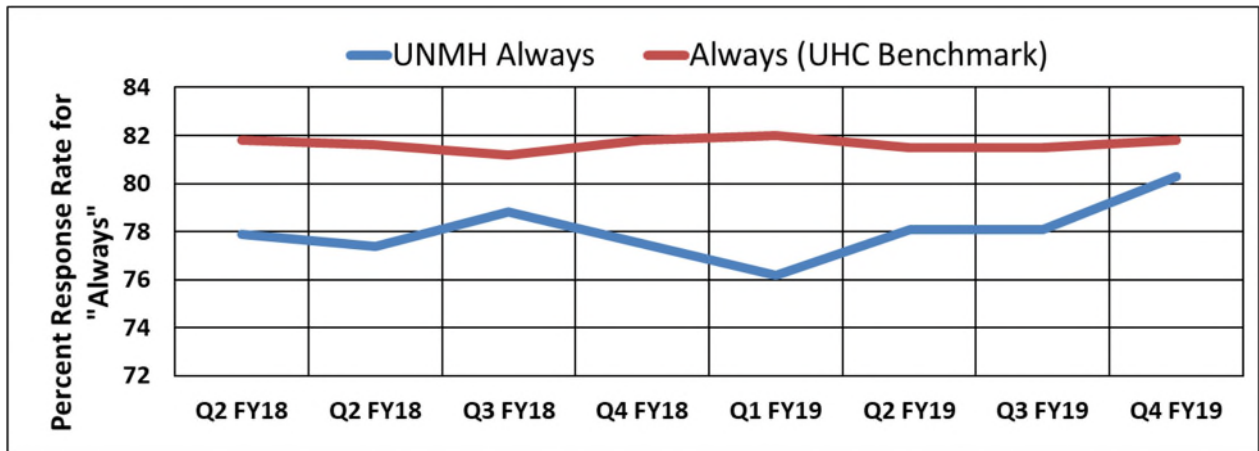
\*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

## HCAPS Satisfaction – Communications with Nurses



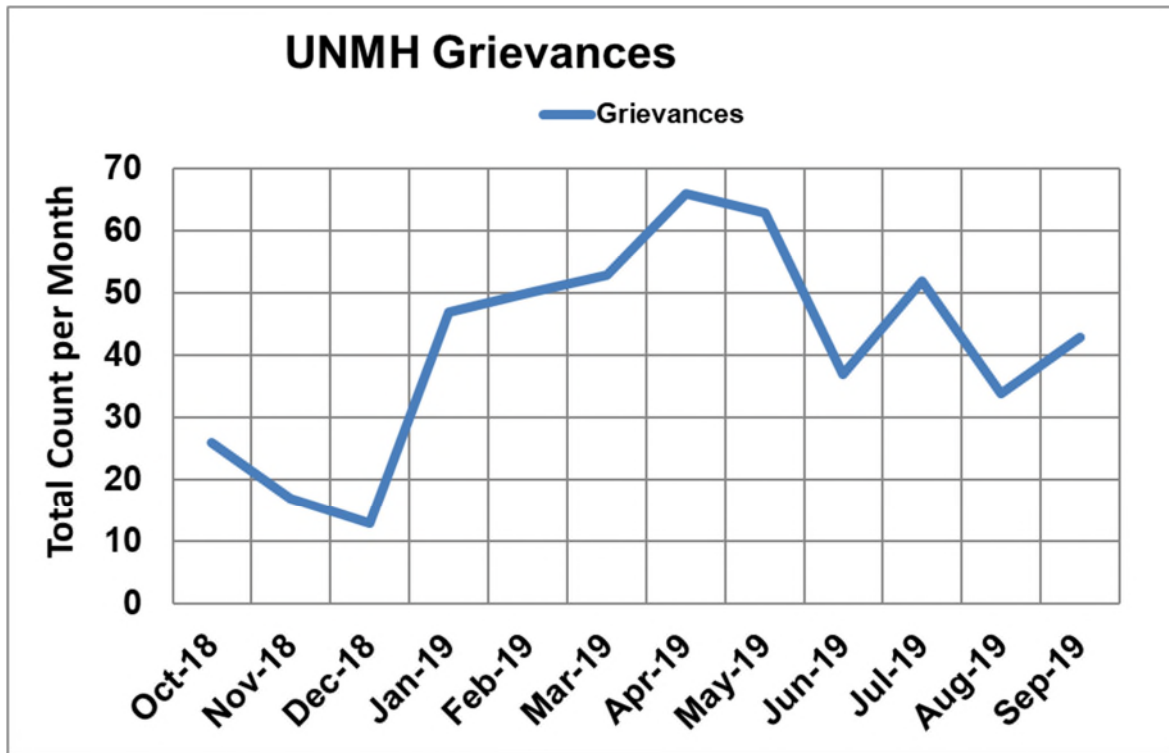
Communication with Nurses	Response	Q2 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19
H-COMP-1-A-P	UNMH Always	78.7	75.8	77.6	76.7	76.5	78.2	76.8	78.8
H-COMP-1-U-P	UNMH Usually	16.4	19.0	17.8	19.7	19.3	16.5	17.8	16.9
H-COMP-1-SN-P	UNMH Sometimes/Never	4.9	5.2	4.6	4.1	4.2	5.4	5.5	4.3
<b>UHC Benchmark</b>	<b>Always (UHC Benchmark)</b>	<b>80.5</b>	<b>80.4</b>	<b>79.9</b>	<b>80.5</b>	<b>80.9</b>	<b>80.5</b>	<b>80.4</b>	<b>80.8</b>
UHC Benchmark	Usually (UHC Benchmark)	15.5	18.8	15.7	15.4	15.1	15.3	15.3	14.9

## HCAPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q2 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19
H-COMP-2-A-P	UNMH Always	77.9	77.4	78.8	77.5	76.2	78.1	78.1	80.3
H-COMP-2-U-P	UNMH Usually	17.7	16.1	15.7	17.5	18.1	14.9	15.7	15.1
H-COMP-2-SN-P	UNMH Sometimes/Never	4.4	6.4	5.4	5.1	5.7	6.9	6.2	4.6
<b>UHC Benchmark</b>	<b>Always (UHC Benchmark)</b>	<b>81.8</b>	<b>81.6</b>	<b>81.2</b>	<b>81.8</b>	<b>82.0</b>	<b>81.5</b>	<b>81.5</b>	<b>81.8</b>
UHC Benchmark	Usually (UHC Benchmark)	14.1	17.5	14.4	14.0	13.7	14.0	14.0	13.8

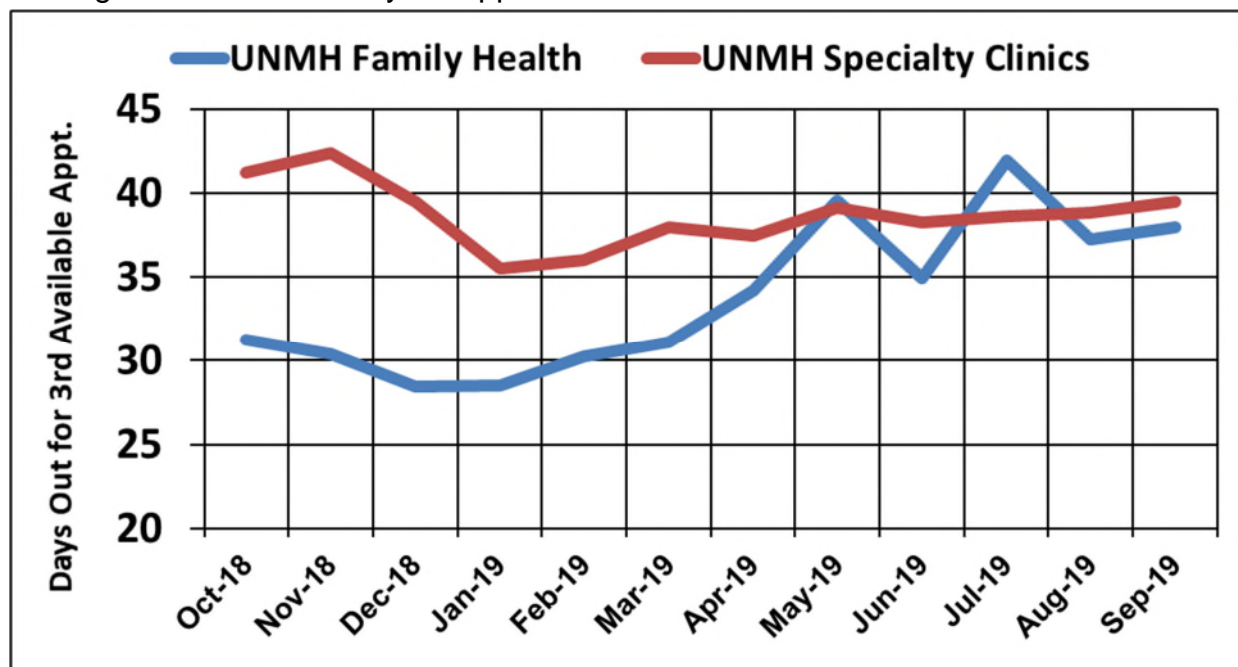
## Grievances



Month-Year	Grievances
Oct-18	26
Nov-18	17
Dec-18	13
Jan-19	47
Feb-19	50
Mar-19	53
Apr-19	66
May-19	63
Jun-19	37
Jul-19	52
Aug-19	34
Sep-19	43

## Average time for an Appointment for Primary and Specialty Care

Average 3rd Available\* Day for Appointments.



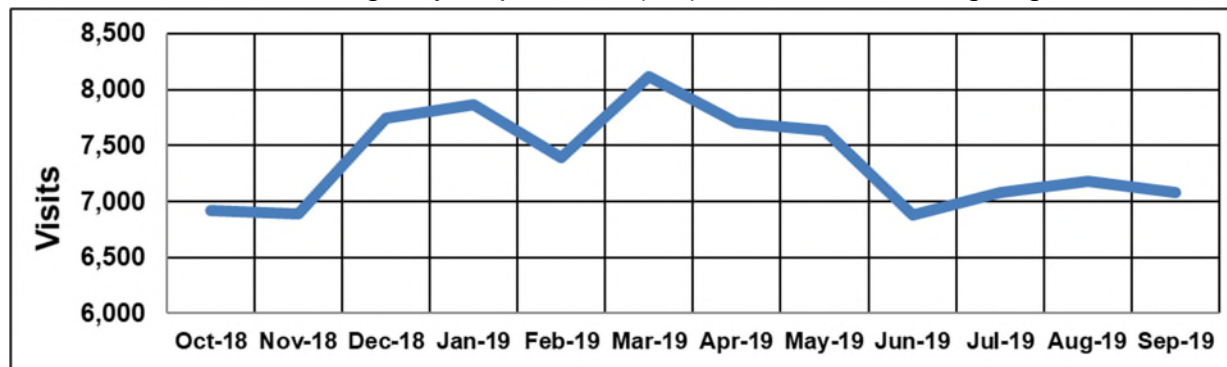
Month	UNMH Family Health	UNMH Specialty Clinics
Oct-18	31.2	41.2
Nov-18	30.4	42.4
Dec-18	28.4	39.5
Jan-19	28.5	35.5
Feb-19	30.3	36.0
Mar-19	31.1	38.0
Apr-19	34.2	37.5
May-19	39.6	39.1
Jun-19	34.9	38.2
Jul-19	41.9	38.6
Aug-19	37.2	38.8
Sep-19	38.0	39.5

\* "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

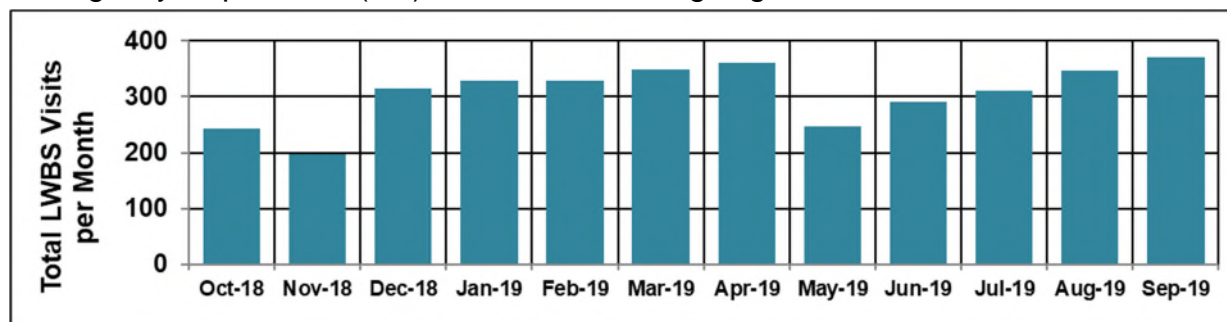
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Visits	6,921	6,892	7,744	7,868	7,387	8,111	7,705	7,634	6,876	7,083	7,183	7,078

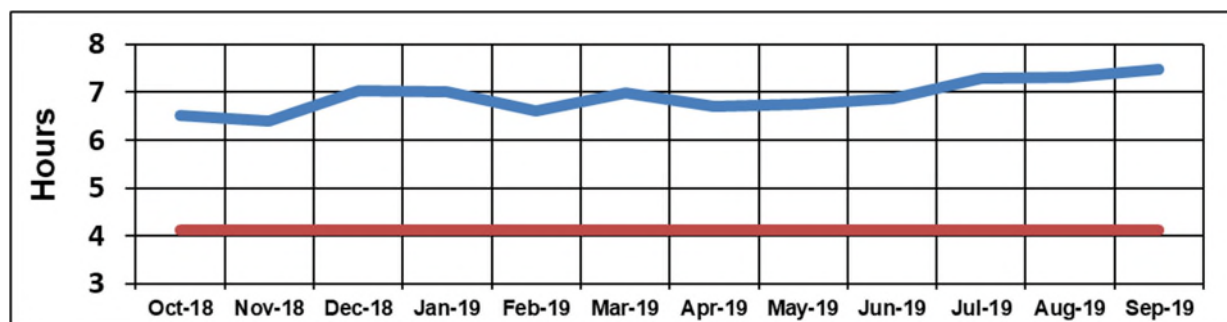
## Total ED Patients Left without Being Seen

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



Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
UH LWBS	243	197	314	329	328	348	361	246	291	310	347	371

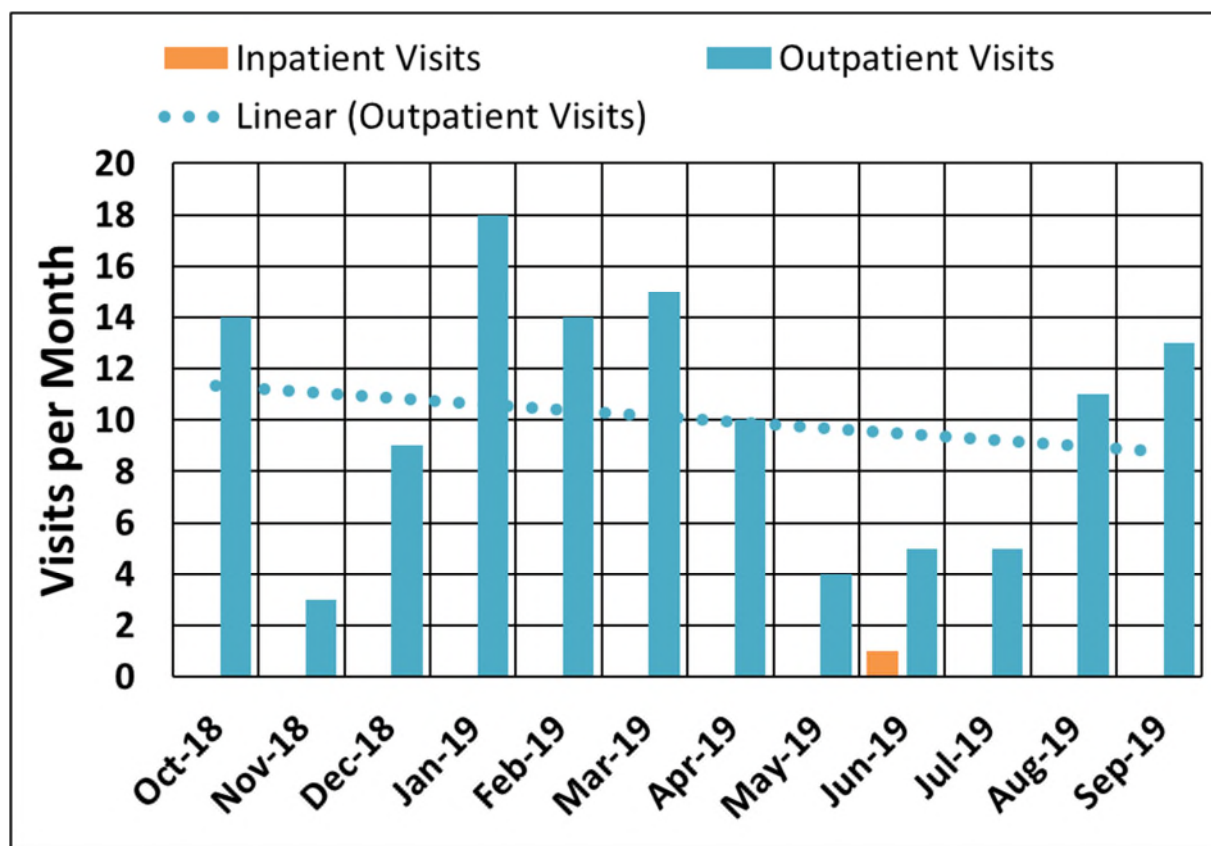
## ED Average Hours from Arrival to Disposition



Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Arrival to Disposition	6.53	6.40	7.03	7.00	6.62	6.99	6.71	6.74	6.87	7.29	7.32	7.49
*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-18	0	14
Nov-18	0	3
Dec-18	0	9
Jan-19	0	18
Feb-19	0	14
Mar-19	0	15
Apr-19	0	10
May-19	0	4
Jun-19	1	5
Jul-19	0	5
Aug-19	0	11
Sep-19	0	13

Bernalillo County Detention Center 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, 2019, broken down by payer source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	2,602
EMSA	135
IHS	774
Medicaid	80,131
Medicare	69,157
Uninsured	9,748
HMO's and Insurance	54,008
All Other *	10,197
<b>Total Encounters</b>	<b>226,752</b>
<b>Native American Encounters **</b>	<b>21,678</b>

### 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, 2019, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 6,003,190	\$ 6,483,973	\$ 12,487,163
Catron	112	701	813
Chaves	8,920	10,144	19,065
Cibola	201,781	101,581	303,362
Colfax	4,451	0	4,451
Curry	67	362	429
De Baca	-	(0)	(0)
Dona Ana	105,963	465	106,428
Eddy	29,933	31,805	61,737
Grant	1,849	(0)	1,849
Guadalupe	1,272	1,972	3,244
Harding	-	-	-
Hidalgo	-	-	-
Lea	600	39,596	40,196
Lincoln	1,470	102,902	104,372
Los Alamos	8,372	132,835	141,207
Luna	1,999	48,478	50,476
Mc Kinley	276,176	160,490	436,666
Mora	2,300	-	2,300
Otero	10,359	2,348	12,706
Quay	58	119	177
Rio Arriba	18,570	67,472	86,042
Roosevelt	53,037	10,145	63,182
San Juan	86,934	103,587	190,522
San Miguel	13,941	7,055	20,996
Sandoval	597,639	461,955	1,059,595
Santa Fe	85,259	240,559	325,818
Sierra	5,505	11,032	16,537
Socorro	148,146	119,704	267,850
Taos	270,119	35,694	305,813
Torrance	15,168	177,721	192,888
Union	-	4,589	4,589
Valencia	379,094	229,810	608,904
Out Of State	-	401,198	401,198
<b>Grand Total</b>	<b>\$ 8,332,284</b>	<b>\$ 8,988,292</b>	<b>\$ 17,320,576</b>

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, 2019.

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	3	\$4,918	30	\$ 2,301	33	\$ 7,219
87022	5	1,217	62	35,877	67	37,094
87047	1	60	73	64,413	74	64,474
87059	1	26,093	145	23,589	146	49,682
87101	-	-	8	2,599	8	2,599
87102	32	260,480	1,298	487,520	1,330	748,000
87103	-	-	9	5,958	9	5,958
87104	6	43,602	430	135,849	436	179,452
87105	68	508,088	3,100	1,167,742	3,167	1,675,830
87106	30	169,070	897	356,678	927	525,748
87107	38	485,997	1,264	485,975	1,302	971,973
87108	44	431,402	2,036	683,421	2,080	1,114,823
87109	33	154,378	978	299,985	1,011	454,363
87110	32	184,990	1,148	381,894	1,180	566,884
87111	23	129,552	841	523,888	864	653,439
87112	32	357,309	1,182	407,903	1,214	765,212
87113	8	15,274	309	75,160	317	90,434
87114	15	191,950	1,056	391,089	1,071	583,039
87115	-	-	-	-	-	-
87116	1	89	14	4,517	15	4,606
87117	-	-	3	557	3	557
87119	-	-	13	4,459	13	4,459
87120	45	402,709	1,172	361,156	1,217	763,865
87121	87	328,206	4,702	1,759,667	4,789	2,087,872
87122	6	21,843	89	48,262	95	70,105
87123	34	217,371	1,698	655,408	1,732	872,779
87125	-	-	75	37,865	75	37,865
87128	-	-	-	-	-	-
87131	-	-	2	233	2	233
87151	2	9,949	23	12,355	25	22,303
87153	-	-	2	968	2	968
87154	1	298	28	10,403	29	10,702
87158	-	-	-	-	-	-
87176	2	4,502	41	12,759	43	17,261
87181	1	597	11	2,971	12	3,568
87184	-	-	5	2,844	5	2,844
87185	-	-	1	569	1	569
87187	-	-	12	1,920	12	1,920
87190	-	-	11	1,698	11	1,698
87191	-	-	9	1,087	9	1,087
87192	-	-	20	1,306	20	1,306
87193	1	76	17	3,774	18	3,850
87194	-	-	4	330	4	330
87195	-	-	48	7,599	48	7,599
87196	3	33,749	50	7,199	53	40,948
87197	1	2,836	40	6,907	41	9,744
87198	1	287	21	3,068	22	3,355
87199	-	-	53	18,549	53	18,549
<b>Grand Total</b>	<b>556</b>	<b>\$ 3,986,892</b>	<b>23,030</b>	<b>\$ 8,500,271</b>	<b>\$ 23,585</b>	<b>\$ 12,487,163</b>

## Financial Assistance to Bernalillo County Patients by Service Type

Totals for the three (3) months ended September 30, 2019.

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	2	14	-	5	2	1	1	4	3	1	33
87022	11	33	-	6	10	3	1	3	-	-	67
87047	13	33	-	7	4	4	-	5	8	-	74
87059	12	80	-	5	11	10	1	12	14	1	146
87101	-	-	-	-	5	-	-	-	3	-	8
87102	93	502	3	53	269	99	39	42	202	28	1,330
87103	-	5	-	-	4	-	-	-	-	-	9
87104	46	209	-	27	44	31	22	19	33	5	436
87105	282	1,493	2	175	400	200	133	126	273	84	3,168
87106	53	405	3	56	109	66	39	32	137	27	927
87107	96	576	-	74	145	100	43	78	148	42	1,302
87108	131	912	-	107	257	99	78	83	331	82	2,080
87109	108	457	2	55	90	72	35	50	126	16	1,011
87110	110	493	1	54	98	108	35	64	186	31	1,180
87111	33	423	-	42	86	84	23	34	112	27	864
87112	60	618	-	61	97	87	32	73	158	28	1,214
87113	28	167	-	17	24	20	9	16	29	7	317
87114	125	489	1	60	75	70	41	49	131	30	1,071
87115	-	-	-	-	-	-	-	-	-	-	-
87116	2	5	-	-	5	2	-	-	-	1	15
87117	-	-	-	-	-	-	-	-	3	-	3
87119	3	4	-	1	2	2	-	-	-	1	13
87120	77	556	3	55	108	109	65	79	140	25	1,217
87121	419	2,296	3	236	597	290	285	220	286	157	4,789
87122	7	54	-	3	5	4	1	4	13	4	95
87123	97	837	-	80	206	132	67	82	176	55	1,732
87125	36	20	-	2	2	2	1	-	11	1	75
87128	-	-	-	-	-	-	-	-	-	-	-
87131	-	1	-	-	-	-	-	-	1	-	2
87151	2	9	-	3	2	-	-	3	1	4	24
87153	-	2	-	-	-	-	-	-	-	-	2
87154	1	8	-	1	4	9	-	1	2	3	29
87158	-	-	-	-	-	-	-	-	-	-	-
87176	11	16	-	3	2	6	-	3	-	2	43
87181	1	5	-	4	1	1	-	-	-	-	12
87184	-	3	-	1	1	-	-	-	-	-	5
87185	1	-	-	-	-	-	-	-	-	-	1
87187	-	7	-	1	1	-	-	-	3	-	12
87190	3	5	-	-	-	1	-	-	2	-	11
87191	-	7	-	-	-	-	-	-	2	-	9
87192	4	8	-	-	1	6	-	-	1	-	20
87193	3	11	-	-	-	2	-	1	1	-	18
87194	-	4	-	-	-	-	-	-	-	-	4
87195	-	31	-	3	5	-	-	3	5	1	48
87196	10	28	-	-	3	2	-	1	9	-	53
87197	14	13	-	5	2	3	-	1	3	-	41
87198	4	8	-	2	2	2	-	-	2	2	22
87199	25	17	-	4	1	4	-	-	-	2	53
<b>Grand Total</b>	<b>1,923</b>	<b>10,864</b>	<b>18</b>	<b>1,208</b>	<b>2,680</b>	<b>1,631</b>	<b>951</b>	<b>1,088</b>	<b>2,555</b>	<b>667</b>	<b>23,585</b>



## Primary Reason for Bernalillo County Indigent Resident Visits

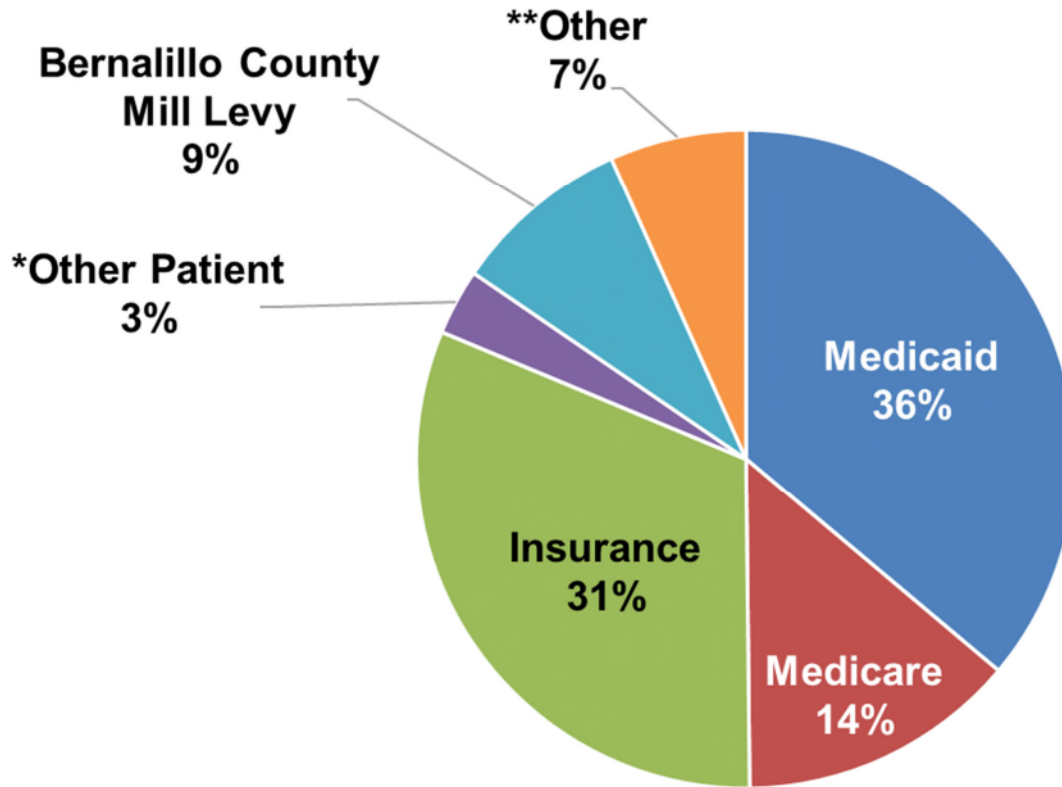
Totals are for each of the eight (8) quarters ended September 30, 2019.

The visit count consists of indigent patients who provided a Bernalillo County zip code during their registration. Categories are based on CMS diagnosis codes.

Description	FY20 Q1	FY19 Q4	FY19 Q3	FY19 Q2	FY19 Q1	FY18 Q4	FY18 Q3	FY18 Q2
Factors influencing health status and contact with health services	4,829	6,986	5,551	6,350	7,398	8,354	3,088	1,956
Diseases of the musculoskeletal system and connective tissue	2,073	3,291	2,572	2,698	3,189	3,703	1,407	814
Symptoms, signs and Ill-Defined Conditions	1,950	3,041	2,409	2,590	2,911	3,278	1,333	730
Injury, poisoning and certain other consequences of external causes	1,493	2,221	1,605	1,853	2,297	2,437	875	601
Endocrine, nutritional and metabolic diseases	1,240	1,883	1,527	1,630	1,864	2,207	848	478
Diseases of the respiratory system	857	1,703	1,798	1,540	1,276	1,707	1126	485
Mental and behavioural disorders	1,101	1,616	1,311	1,391	1,675	1,959	736	428
Diseases of the circulatory system	1,171	1,751	1,383	1,456	1,645	1,860	723	404
Diseases of the nervous system	1,035	1,564	1,220	1,219	1,417	1,624	616	361
Neoplasms	994	1,595	1,234	1,319	1,481	1,661	628	375
Diseases of the genitourinary system	882	1,314	1,054	1,120	1,276	1,458	539	311
Diseases of the digestive system	753	1,171	913	944	1,095	1,291	469	286
Diseases of the skin and subcutaneous tissue	746	1,099	844	911	1,054	1,269	463	249
Pregnancy, childbirth and the puerperium	513	938	702	783	986	1,048	382	224
Diseases of the eye and adnexa	512	830	574	590	693	839	326	191
Certain infectious and parasitic diseases	314	516	459	469	488	676	281	154
Diseases of the ear and mastoid process	264	405	400	358	398	466	227	104
Congenital malformations, deformations, chromosomal abnormalities	168	275	218	237	254	282	122	73
Diseases of the blood, blood-forming organs and immune mechanism	171	247	171	201	236	272	97	59
Certain conditions originating in the perinatal period	31	62	36	45	41	50	21	12
Other (prescription pick-up, etc.)	2,488	3,474	2,752	2,814	3,133	3,504	24,800	15,489
<b>Total Visits</b>	<b>23,585</b>	<b>35,982</b>	<b>28,733</b>	<b>30,518</b>	<b>34,807</b>	<b>39,945</b>	<b>39,107</b>	<b>23,784</b>

## Revenues by Payor Source

### FY 2019 Revenue (Unaudited)



	<b>Unaudited</b>
Medicaid	\$ 435,313,770
Medicare	165,180,587
Insurance	379,166,614
*Other Patient	38,981,912
Bernalillo County Mill Levy	105,709,584
**Other	80,780,558
<b>Total</b>	<b>\$ 1,205,133,025</b>

**\*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, Contributions and Investment Income.

## B. GOOD PRIMARY CARE SYSTEM

### Total Number of Outpatient Clinic Visits

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

FY2020 is based on the twelve (12) months ended September 30, 2019.

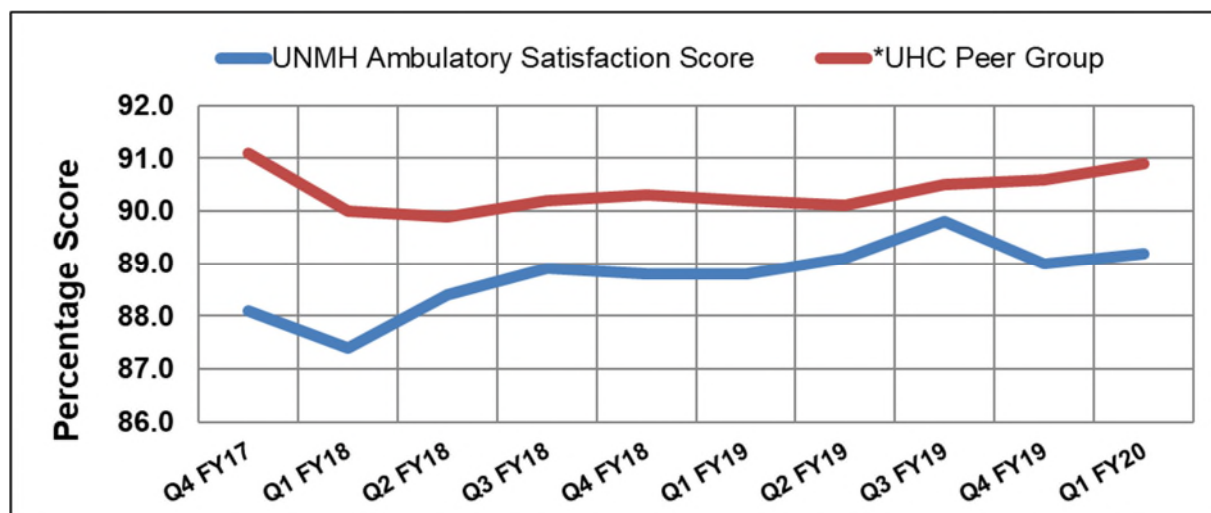
Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.

548,093	<b>FY19 Actual (12 Months)</b>
544,433	<b>FY20 Projected (Based on previous 12 Months)</b>

### 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

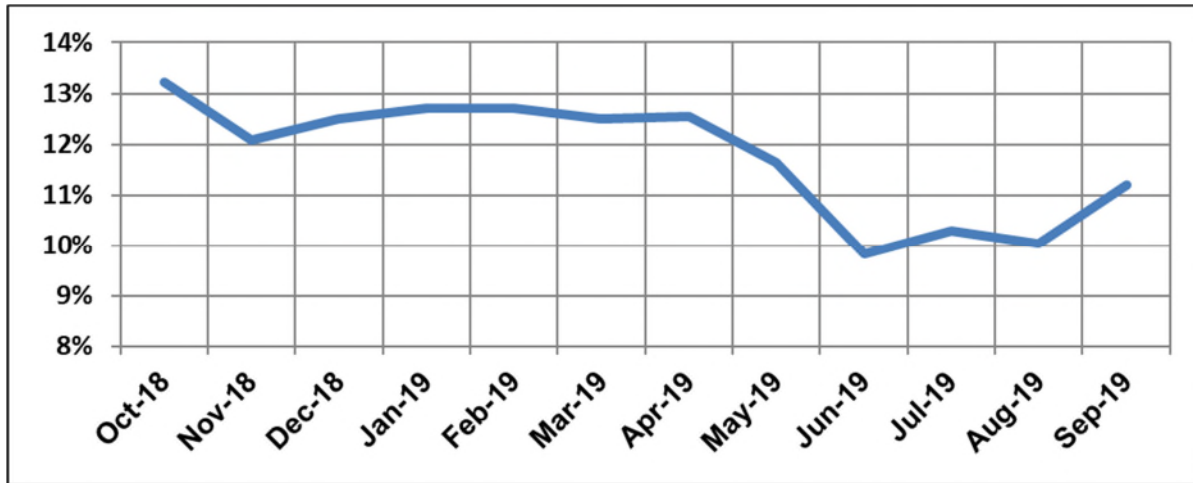


Quarter	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20
UNMH Ambulatory Satisfaction Score	88.1	87.4	88.4	88.9	88.8	88.8	89.1	89.8	89.0	89.2
*UHC Peer Group	91.1	90.0	89.9	90.2	90.3	90.2	90.1	90.5	90.6	90.9

\*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.



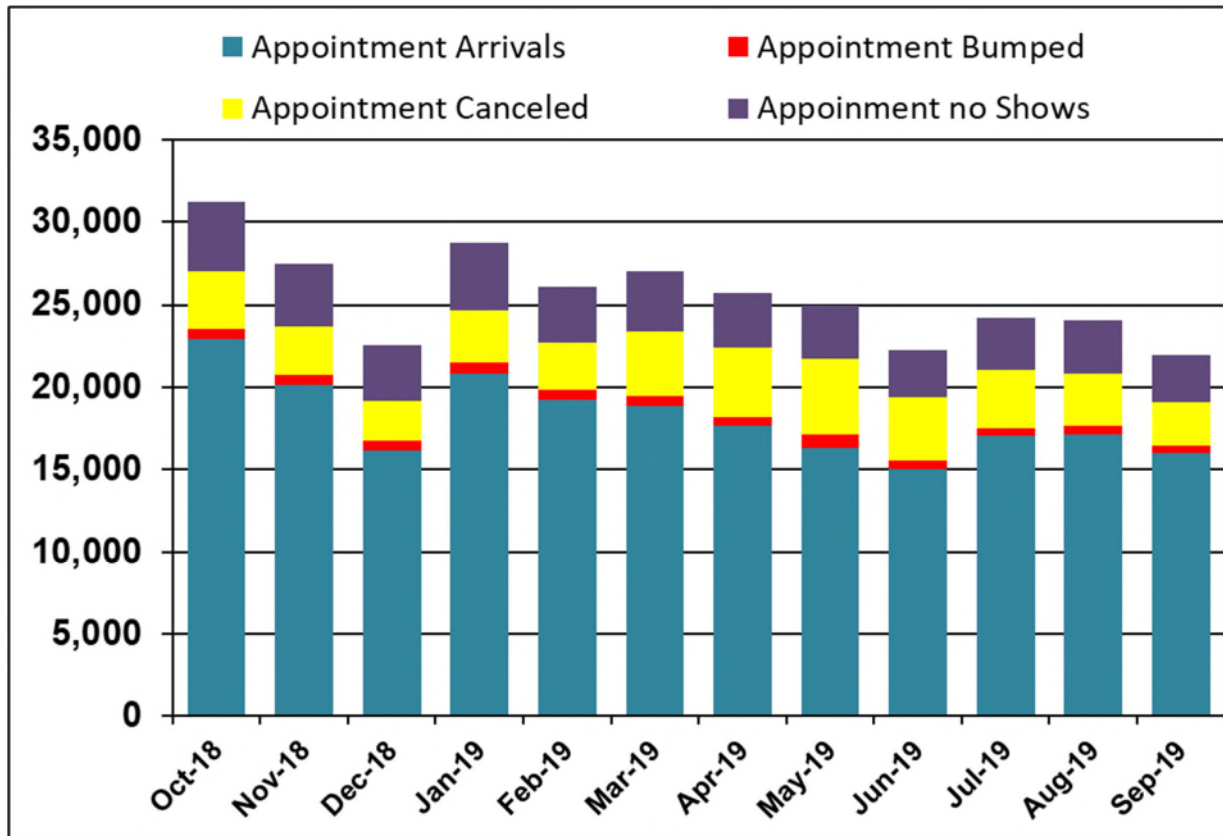
Month	Same Day	Total Arrived	Same Day Rate
Oct-18	2,337	17,684	13.2%
Nov-18	1,836	15,206	12.1%
Dec-18	1,551	12,400	12.5%
Jan-19	2,034	15,974	12.7%
Feb-19	1,883	14,839	12.7%
Mar-19	1,656	13,253	12.5%
Apr-19	1,837	14,630	12.6%
May-19	1,581	13,591	11.6%
Jun-19	1,252	12,734	9.8%
Jul-19	1,435	13,933	10.3%
Aug-19	1,413	14,078	10.0%
Sep-19	1,459	13,036	11.2%

Most recent three (3) month average, July to September 2019, for Same Day Access by Clinic.

Average	Primary Care Clinics
9.1%	1209 Clinic
14.3%	Alamo Primary Care Clinic
7.6%	Family Practice Clinic
2.5%	General Pediatrics Clinic
11.4%	Northeast Heights Clinic
6.3%	Senior Health Center
9.1%	Southeast Heights Clinic
6.7%	Southwest Mesa Clinic
4.8%	SRMC FP Clinic
67.7%	UNM Lobocare Clinic
3.8%	Westside Clinic
8.0%	Young Childrens Health Center

## Primary Care Outpatient Appointment Dispositions

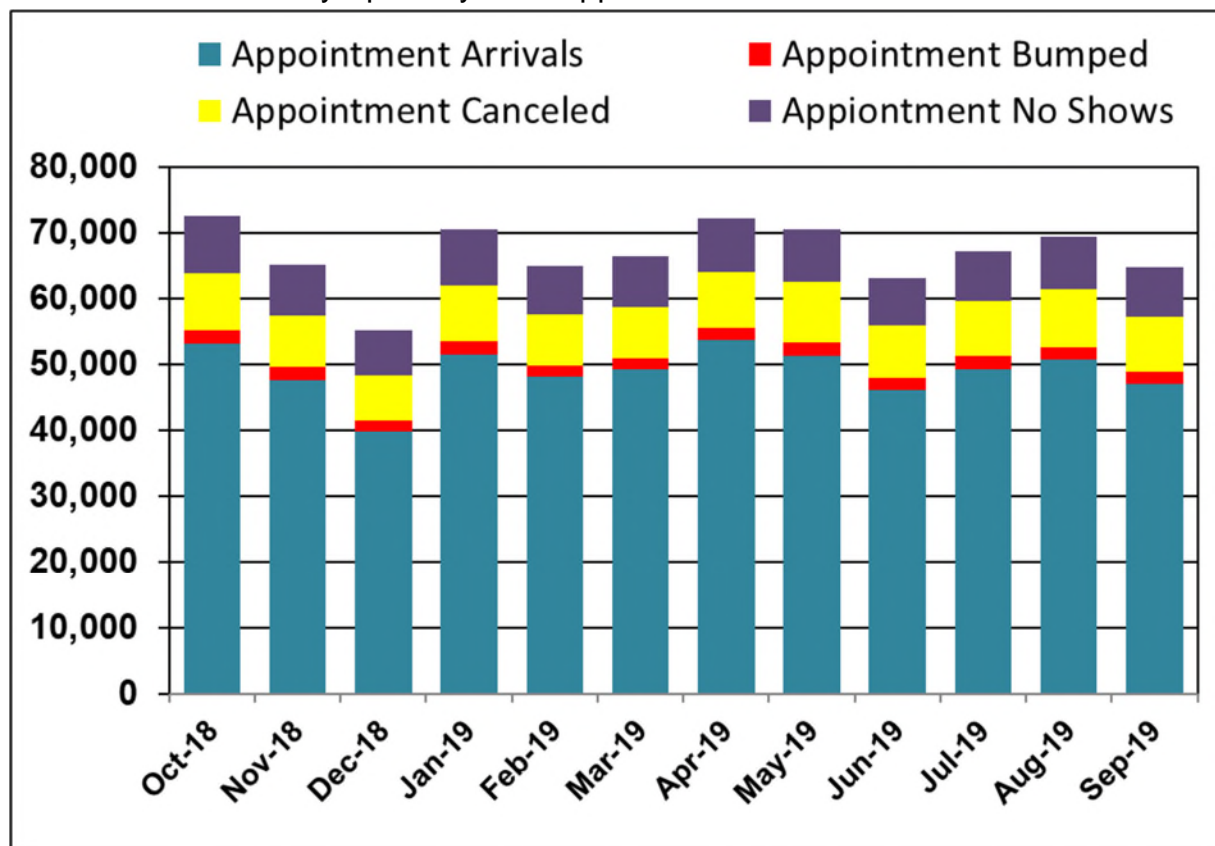
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Oct-18	22,896	640	3,452	4,235
Nov-18	20,147	564	2,945	3,787
Dec-18	16,187	540	2,462	3,383
Jan-19	20,845	659	3,132	4,127
Feb-19	19,209	654	2,808	3,459
Mar-19	18,872	600	3,930	3,570
Apr-19	17,680	538	4,198	3,309
May-19	16,336	811	4,557	3,223
Jun-19	15,052	533	3,823	2,849
Jul-19	17,044	468	3,530	3,146
Aug-19	17,108	564	3,165	3,214
Sep-19	15,998	429	2,650	2,882

## Specialty Care Outpatient Appointment Dispositions

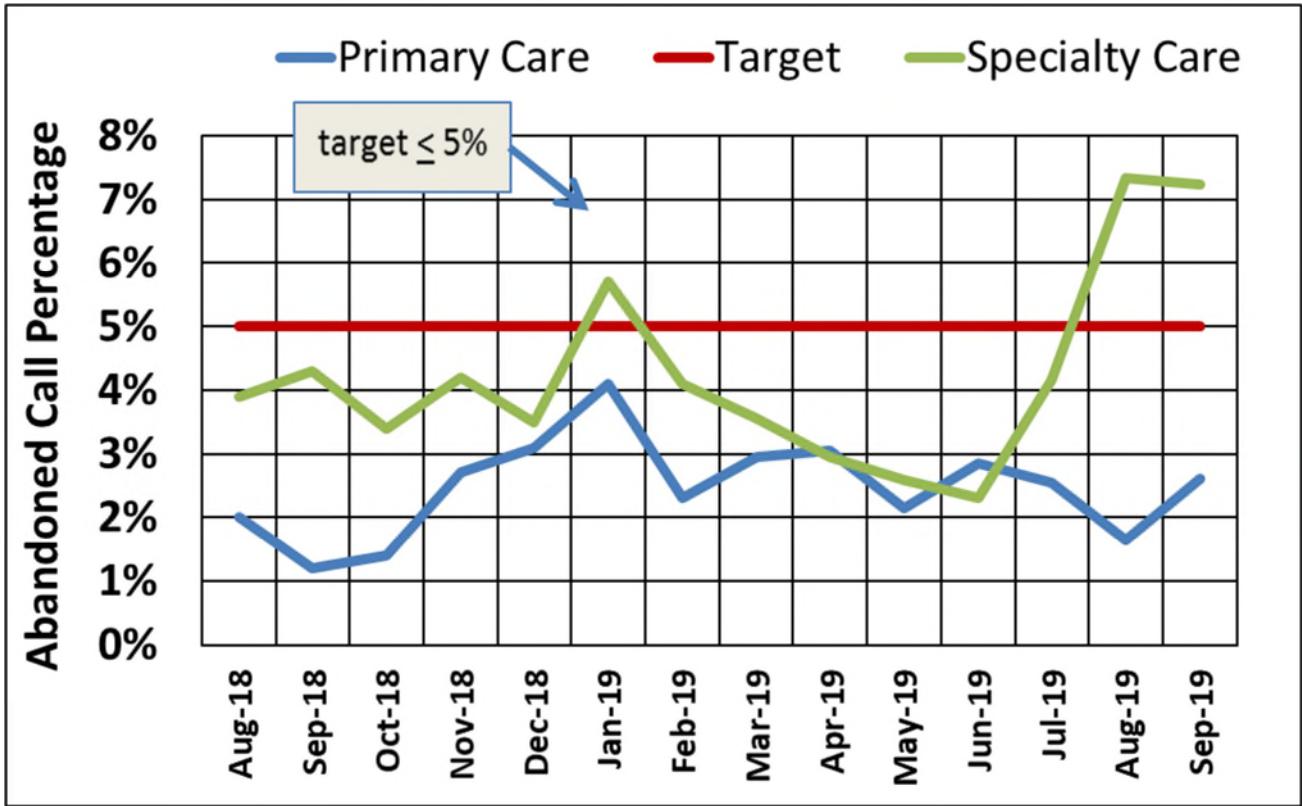
This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Oct-18	53,056	2,150	8,620	8,729
Nov-18	47,665	1,874	7,845	7,754
Dec-18	39,802	1,654	6,834	6,885
Jan-19	51,559	2,037	8,448	8,582
Feb-19	48,172	1,725	7,782	7,314
Mar-19	49,170	1,836	7,731	7,656
Apr-19	53,703	1,834	8,597	8,107
May-19	51,323	1,965	9,364	7,868
Jun-19	46,066	1,813	8,095	7,097
Jul-19	49,307	1,968	8,355	7,606
Aug-19	50,710	1,857	8,834	7,958
Sep-19	47,083	1,860	8,262	7,589



**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-18	2.00%	3.90%	5%
Sep-18	1.20%	4.30%	5%
Oct-18	1.40%	3.40%	5%
Nov-18	2.70%	4.20%	5%
Dec-18	3.10%	3.50%	5%
Jan-19	4.10%	5.70%	5%
Feb-19	2.30%	4.10%	5%
Mar-19	2.95%	3.56%	5%
Apr-19	3.06%	2.94%	5%
May-19	2.14%	2.59%	5%
Jun-19	2.84%	2.31%	5%
Jul-19	2.55%	4.15%	5%
Aug-19	1.65%	7.33%	5%
Sep-19	2.61%	7.24%	5%

## Medication Reconciliation Goals Primary and Specialty Care

Medication reconciliation based on most recent three (3) month average, as of June 2019.

61.0%	National Patient Safety Goal - Medication Reconciliation Primary Care
29.0%	National Patient Safety Goal - Medication Reconciliation Specialty Care

## Percentage of Patients with Access to Electronic Medical Record

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

As of October 11, 2019:

151,487	Invitations sent out to patients who provided an email address.
70,429	Patients who have claimed invitation to sign up.
<b>65,150</b>	*Active Users who have accessed their medical records.
<b>43%</b>	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").

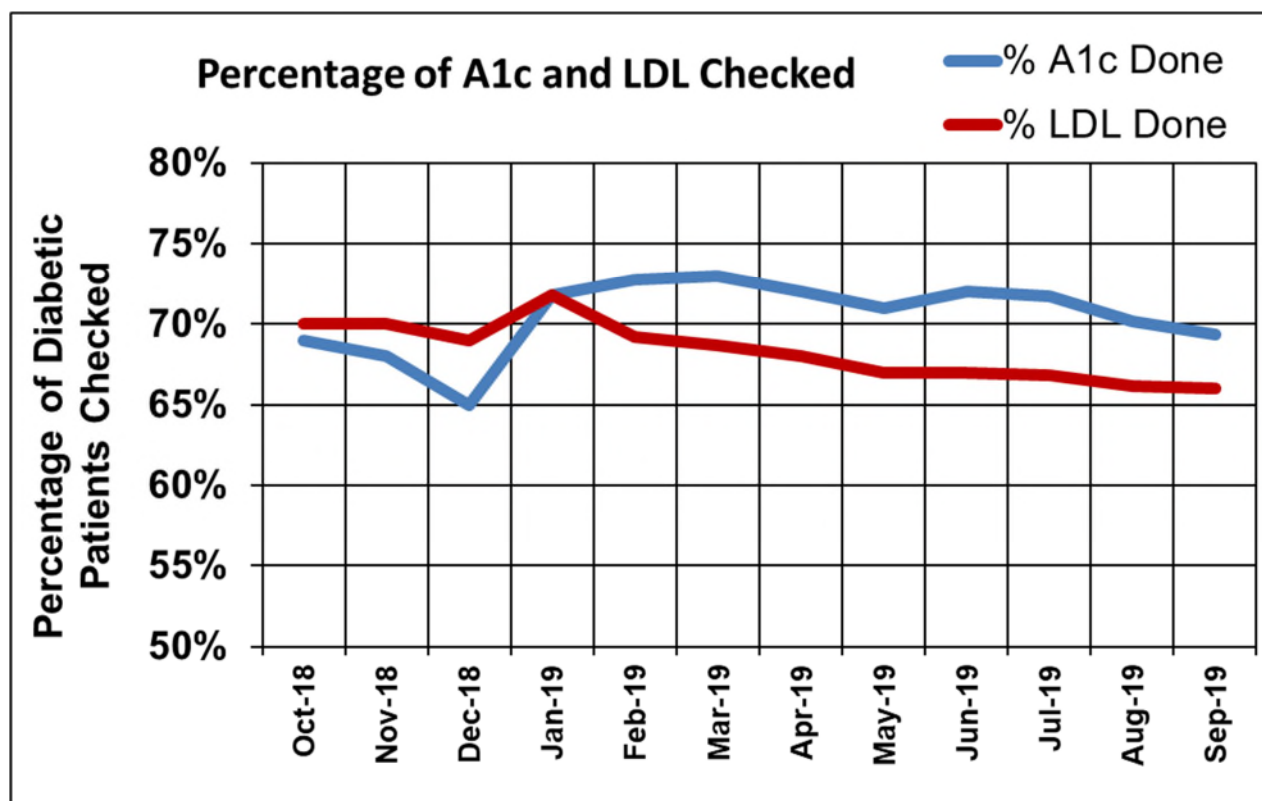
One hundred percent (100%) of all patients may access their medical records in person at UNMH.

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-18	6,930	4,811	69%	4,865	70%
Nov-18	6,972	4,736	68%	4,885	70%
Dec-18	6,995	4,520	65%	4,854	69%
Jan-19	8,105	5,821	72%	5,821	72%
Feb-19	8,123	5,909	73%	5,620	69%
Mar-19	8,142	5,941	73%	5,592	69%
Apr-19	7,959	5,742	72%	5,394	68%
May-19	7,895	5,635	71%	5,276	67%
Jun-19	7,651	5,507	72%	5,105	67%
Jul-19	7,661	5,461	72%	5,090	67%
Aug-19	7,921	5,556	70%	5,240	66%
Sep-19	8,036	5,573	69%	5,323	66%

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-18	7,471	414	405
Nov-18	7,431	386	370
Dec-18	7,347	335	395
Jan-19	6,992	383	379
Feb-19	7,137	363	323
Mar-19	7,014	380	367
Apr-19	7,145	393	384
May-19	7,114	357	366
Jun-19	7,348	327	341
Jul-19	7,244	381	264
Aug-19	7,311	357	556
Sep-19	7,298	322	500

### Total Uncompensated Care – Charity Care and Uninsured

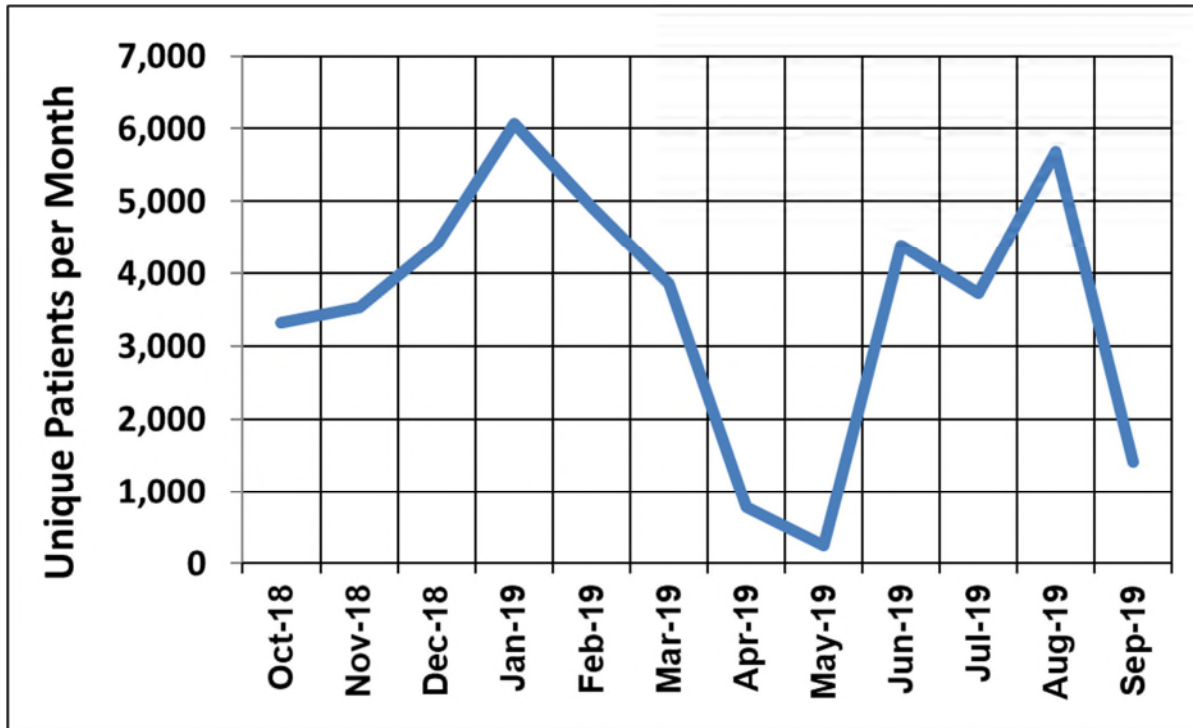
For the three (3) months ended September 30, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	7,285	4,499	11,784
Encounters	15,066	8,519	23,585
<b>Cost</b>	<b>\$ 6,003,190</b>	<b>\$ 6,483,973</b>	<b>\$ 12,487,163</b>

**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.

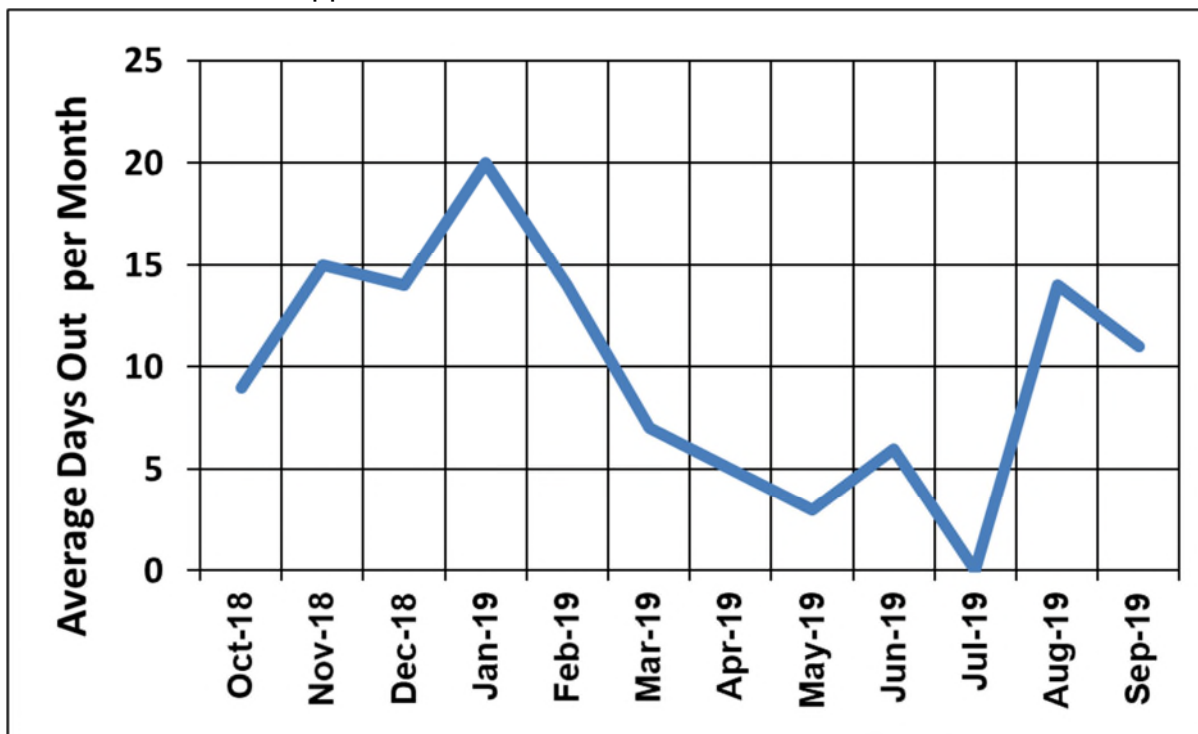
## Number of Unique Patients Sent to Collections

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



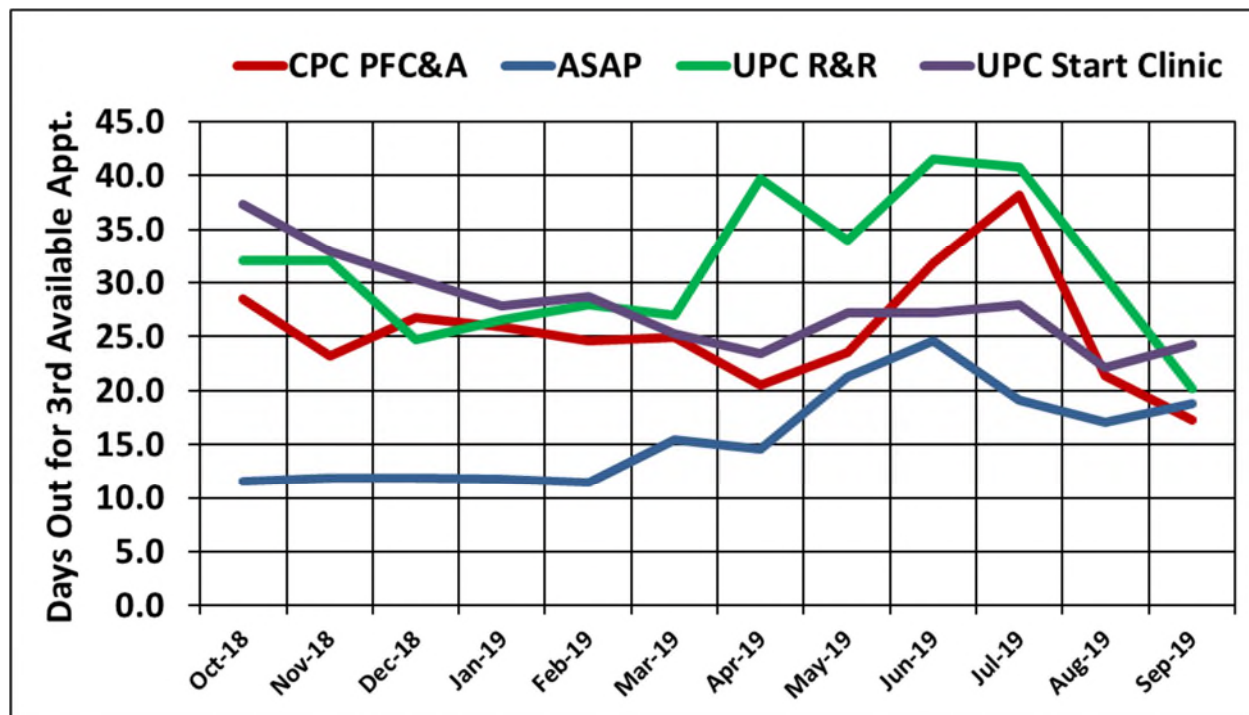
## Days Out For Scheduling Financial Assistance Appointment

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-18	28.5	11.6	32.0	37.3
Nov-18	23.2	11.9	32.0	32.9
Dec-18	26.8	11.9	24.7	30.3
Jan-19	25.9	11.8	26.5	27.9
Feb-19	24.6	11.5	28.0	28.7
Mar-19	24.9	15.5	27.0	25.3
Apr-19	20.5	14.6	39.7	23.4
May-19	23.5	21.3	34.0	27.2
Jun-19	31.8	24.6	41.5	27.2
Jul-19	38.2	19.1	40.8	28.0
Aug-19	21.4	17.1	30.5	22.1
Sep-19	17.3	18.8	20.2	24.3

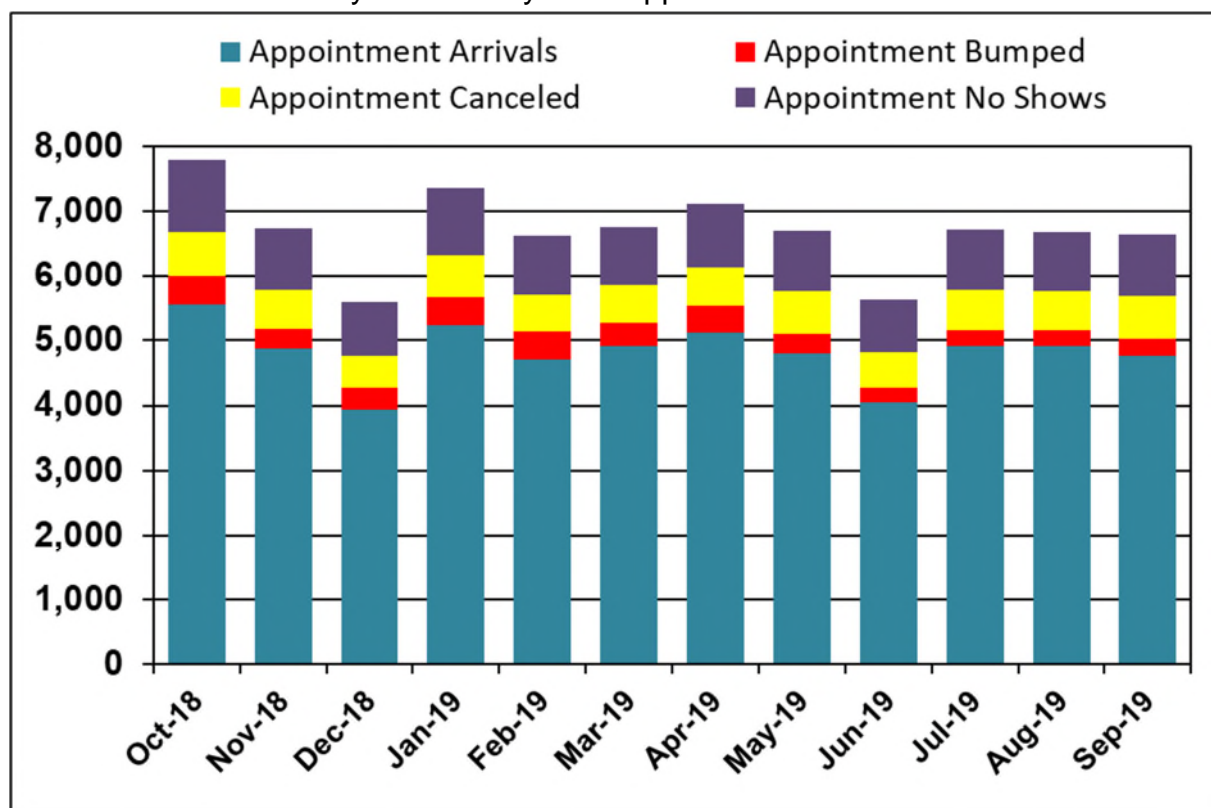
#### Definitions For Above Acronyms

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.

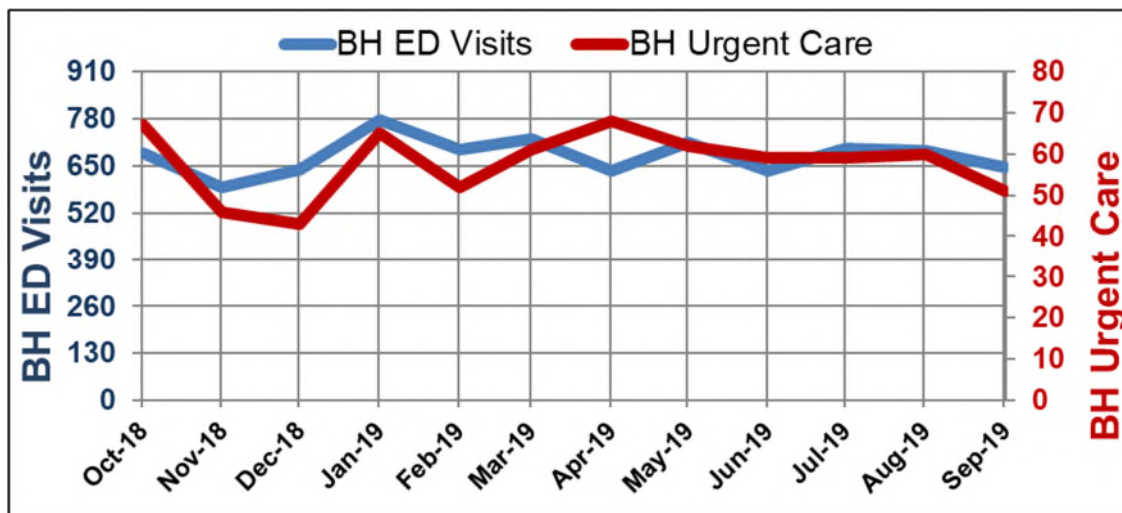


Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Oct-18	5,547	450	681	1,114
Nov-18	4,876	301	607	956
Dec-18	3,938	341	480	823
Jan-19	5,240	432	648	1,040
Feb-19	4,708	429	561	922
Mar-19	4,907	367	580	901
Apr-19	5,114	417	609	979
May-19	4,802	300	665	941
Jun-19	4,049	222	547	817
Jul-19	4,913	252	615	938
Aug-19	4,922	235	606	918
Sep-19	4,771	262	646	968

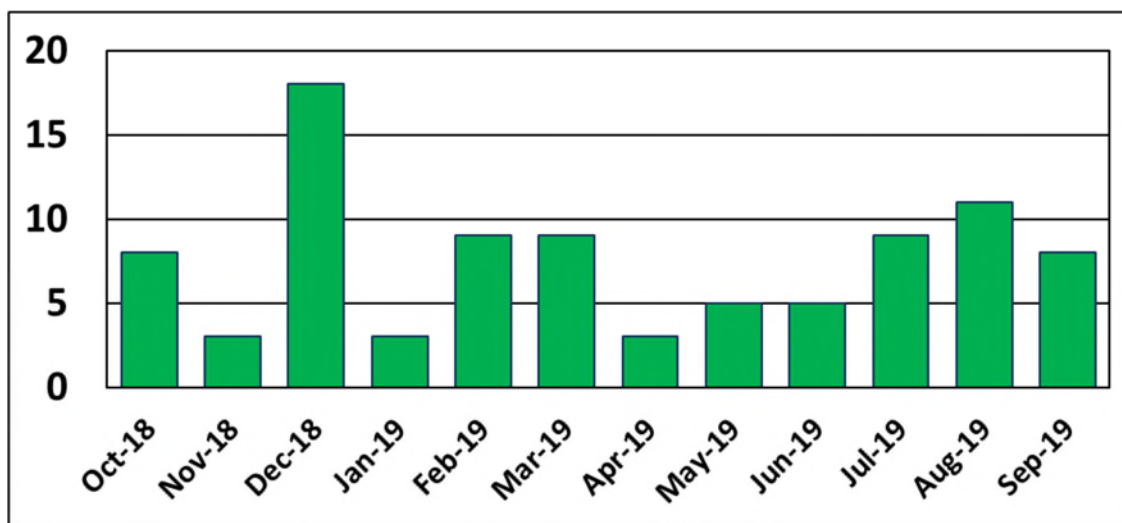
## Number of Unique Outpatients and Number of Encounters CY2018

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

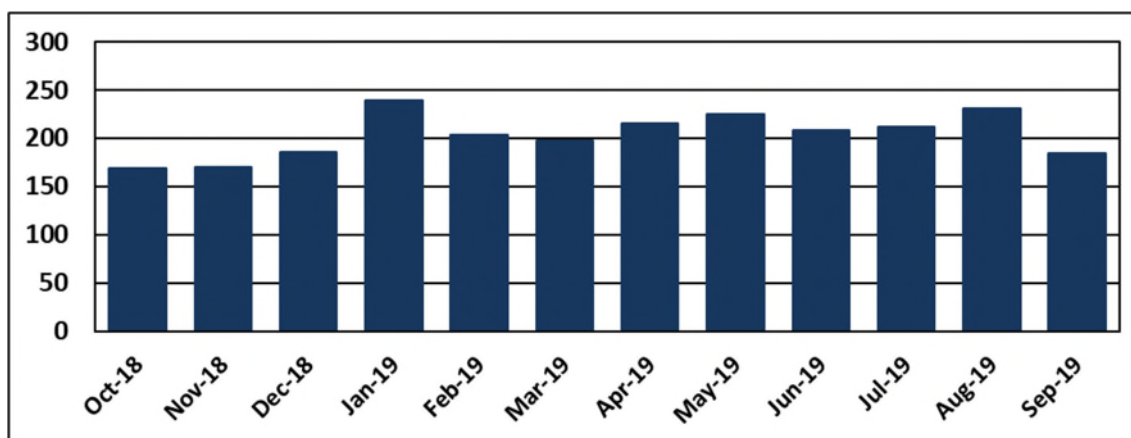
### Number of Psychiatric Emergency Department and Urgent Care Encounters



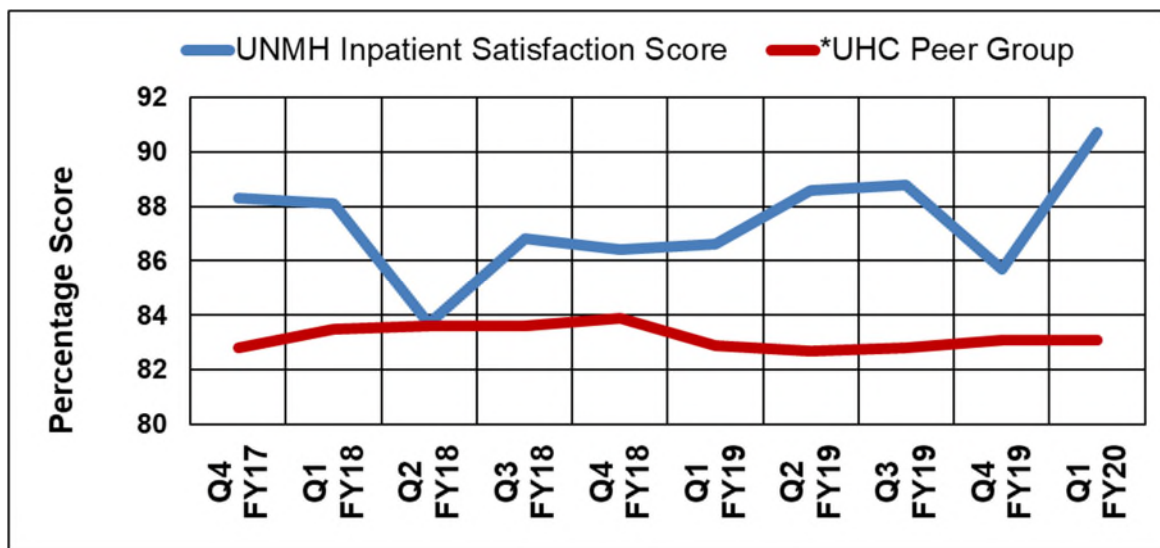
### Number of Fast Track Patients Seen



### Law Enforcement Drop offs at Psychiatric Emergency Services

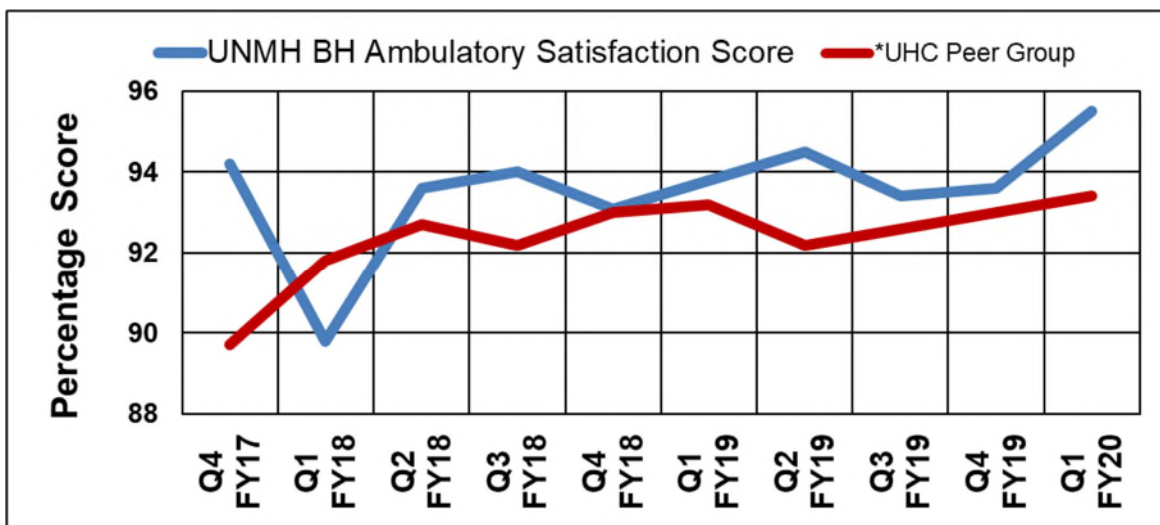


### Press Ganey Behavioral Health Inpatient Satisfaction Score



Quarter	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20
UNMH Inpatient Satisfaction Score	88.3	88.1	83.7	86.8	86.4	86.6	88.6	88.8	85.7	90.7
*UHC Peer Group	82.8	83.5	83.6	83.6	83.9	82.9	82.7	82.8	83.1	83.1

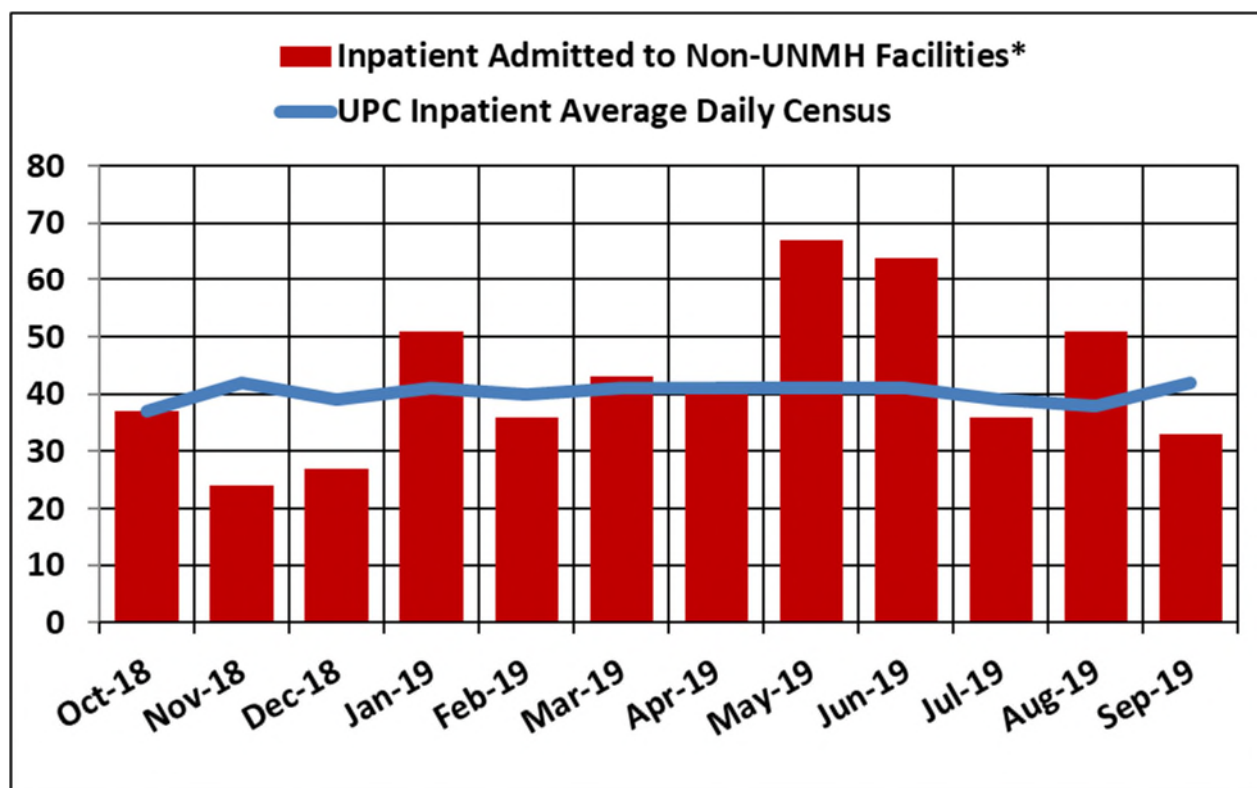
### Press Ganey Behavioral Health Outpatient Satisfaction Score



Quarter	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20
UNMH BH Ambulatory Satisfaction Score	94.2	89.8	93.6	94.0	93.1	93.8	94.5	93.4	93.6	95.5
*UHC Peer Group	89.7	91.8	92.7	92.2	93.0	93.2	92.2	92.6	93.0	93.4

\*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.

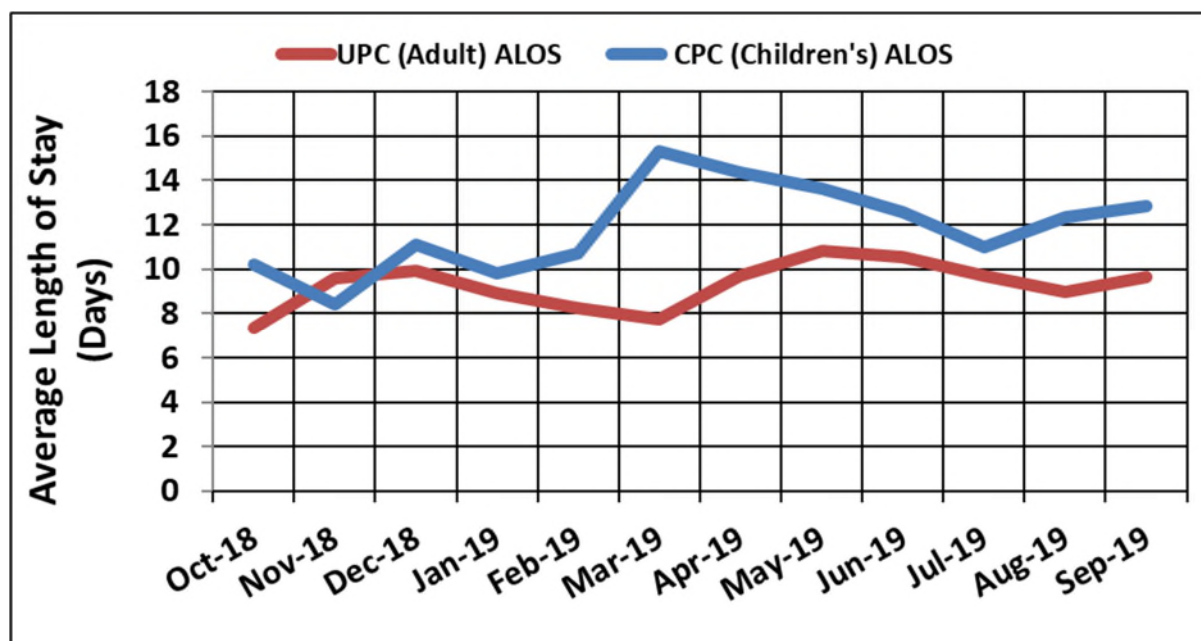
## Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Oct-18	37	37
Nov-18	24	42
Dec-18	27	39
Jan-19	51	41
Feb-19	36	40
Mar-19	43	41
Apr-19	41	41
May-19	67	41
Jun-19	64	41
Jul-19	36	39
Aug-19	51	38
Sep-19	33	42

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

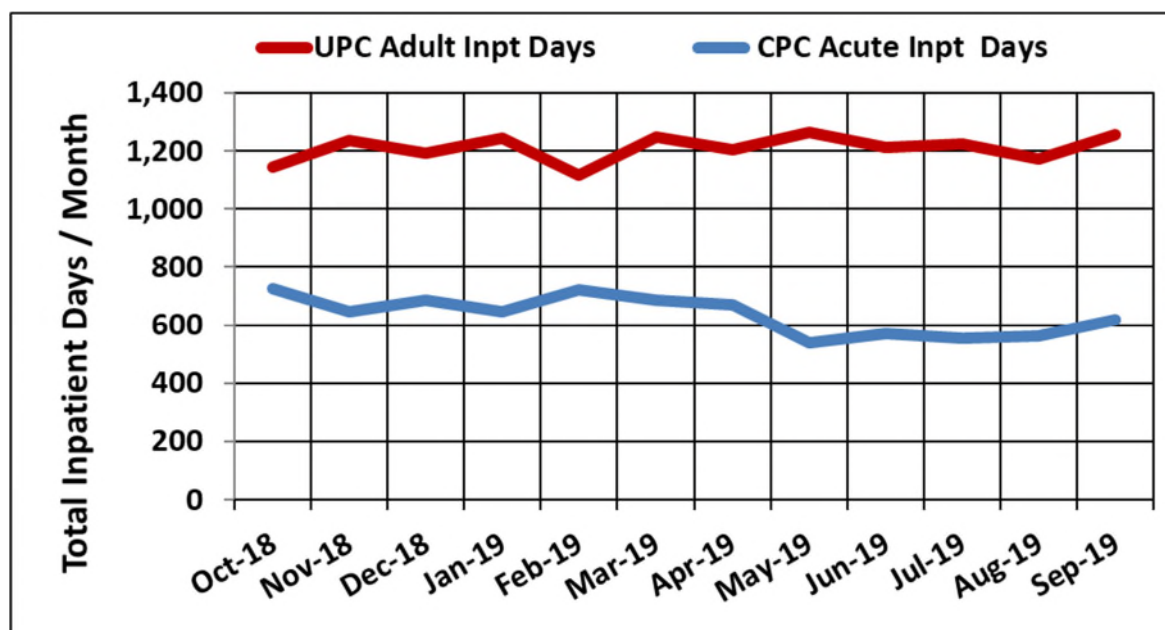
### Behavioral Health Average Length of Inpatient Stay



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

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

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



### Number of Unique Inpatients and Number of Encounters CY2018

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



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

Fiscal Year	Count
FY2017	11,415
FY2018	12,784
FY2019	11,702
FY2020*	11,515

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

### Total Opioid Patients

Month	Census
Oct-18	576
Nov-18	588
Dec-18	598
Jan-19	597
Feb-19	606
Mar-19	608
Apr-19	606
May-19	597
Jun-19	595
Jul-19	595
Aug-19	598
Sep-19	602

### Total Methadone Encounters

Month	Count
Oct-18	5,768
Nov-18	5,489
Dec-18	5,665
Jan-19	6,074
Feb-19	5,461
Mar-19	5,958
Apr-19	5,873
May-19	6,003
Jun-19	5,624
Jul-19	6,124
Aug-19	6,055
Sep-19	5,486

### Number of Methadone and Suboxone Doses\*

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Oct-18	695	23,428	11,986
Nov-18	616	20,318	12,853
Dec-18	569	19,111	12,665
Jan-19	734	25,090	12,910
Feb-19	653	22,864	13,119
Mar-19	601	20,784	12,116
Apr-19	707	24,461	13,194
May-19	693	24,280	11,943
Jun-19	672	24,470	12,940
Jul-19	707	24,639	12,076
Aug-19	647	22,914	14,408
Sep-19	639	22,499	13,092

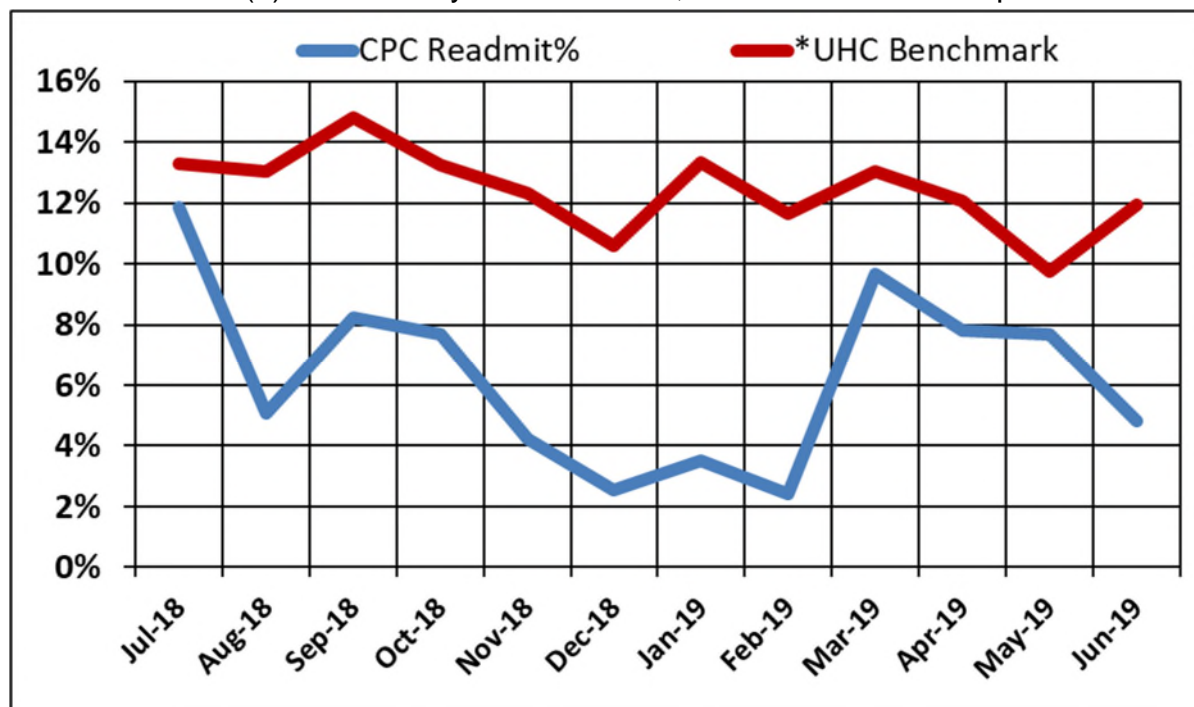
### Total Suboxone Encounters

Month	Count
Oct-18	536
Nov-18	599
Dec-18	465
Jan-19	438
Feb-19	346
Mar-19	318
Apr-19	305
May-19	328
Jun-19	276
Jul-19	255
Aug-19	214
Sep-19	271

\*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.



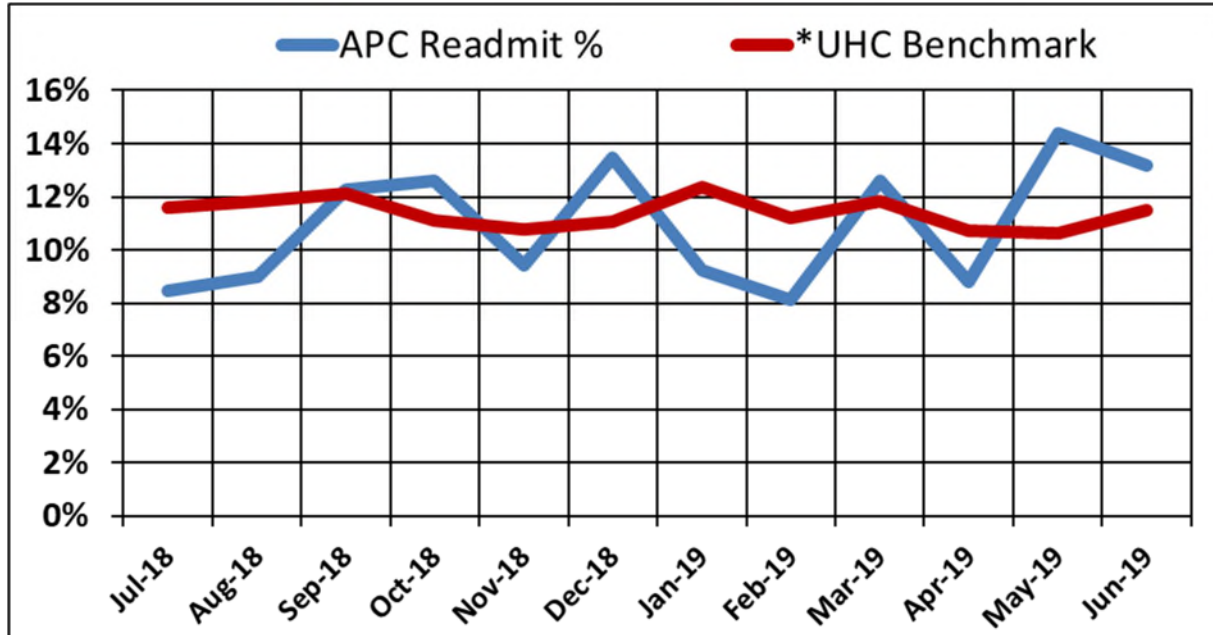
Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-18	59	7	11.9%	13.3%
Aug-18	59	3	5.1%	13.0%
Sep-18	73	6	8.2%	14.8%
Oct-18	78	6	7.7%	13.2%
Nov-18	95	4	4.2%	12.3%
Dec-18	79	2	2.5%	10.6%
Jan-19	85	3	3.5%	13.3%
Feb-19	83	2	2.4%	11.6%
Mar-19	62	6	9.7%	13.0%
Apr-19	64	5	7.8%	12.1%
May-19	65	5	7.7%	9.8%
Jun-19	62	3	4.8%	11.9%

\*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.

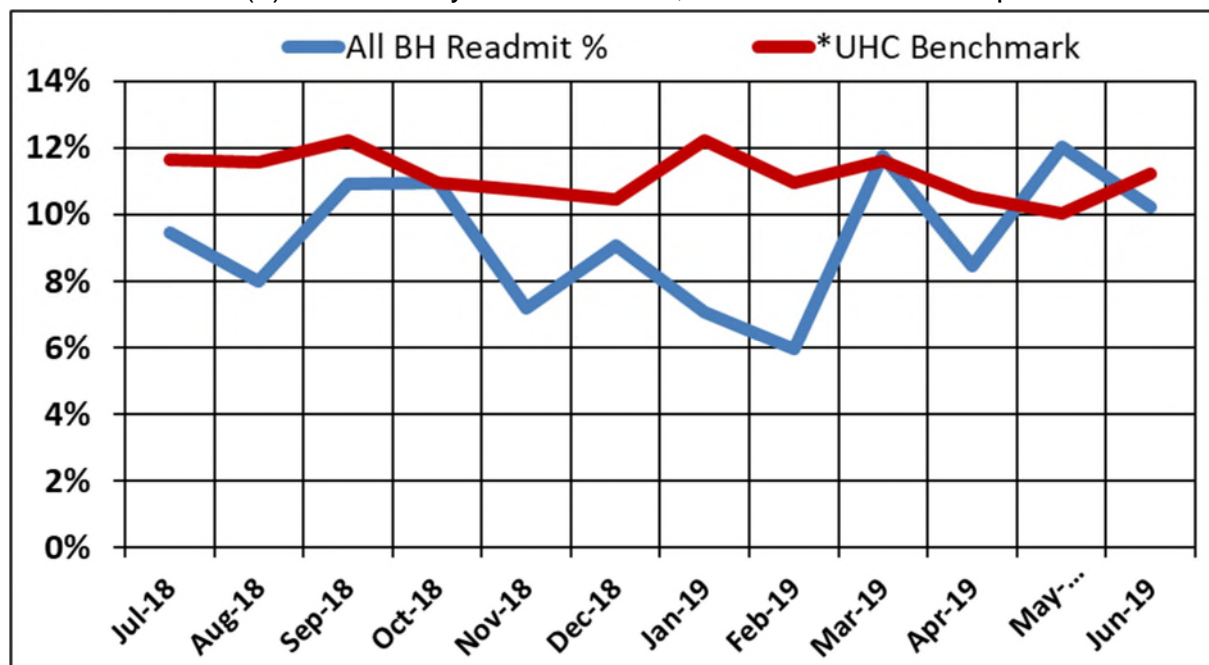


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Jul-18	142	12	8.5%	11.6%
Aug-18	178	16	9.0%	11.8%
Sep-18	147	18	12.2%	12.1%
Oct-18	159	20	12.6%	11.1%
Nov-18	127	12	9.4%	10.8%
Dec-18	119	16	13.4%	11.1%
Jan-19	141	13	9.2%	12.4%
Feb-19	135	11	8.1%	11.2%
Mar-19	159	20	12.6%	11.8%
Apr-19	125	11	8.8%	10.7%
May-19	118	17	14.4%	10.6%
Jun-19	114	15	13.2%	11.5%

\*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 – Both Adult and CPC Psychiatric Center

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

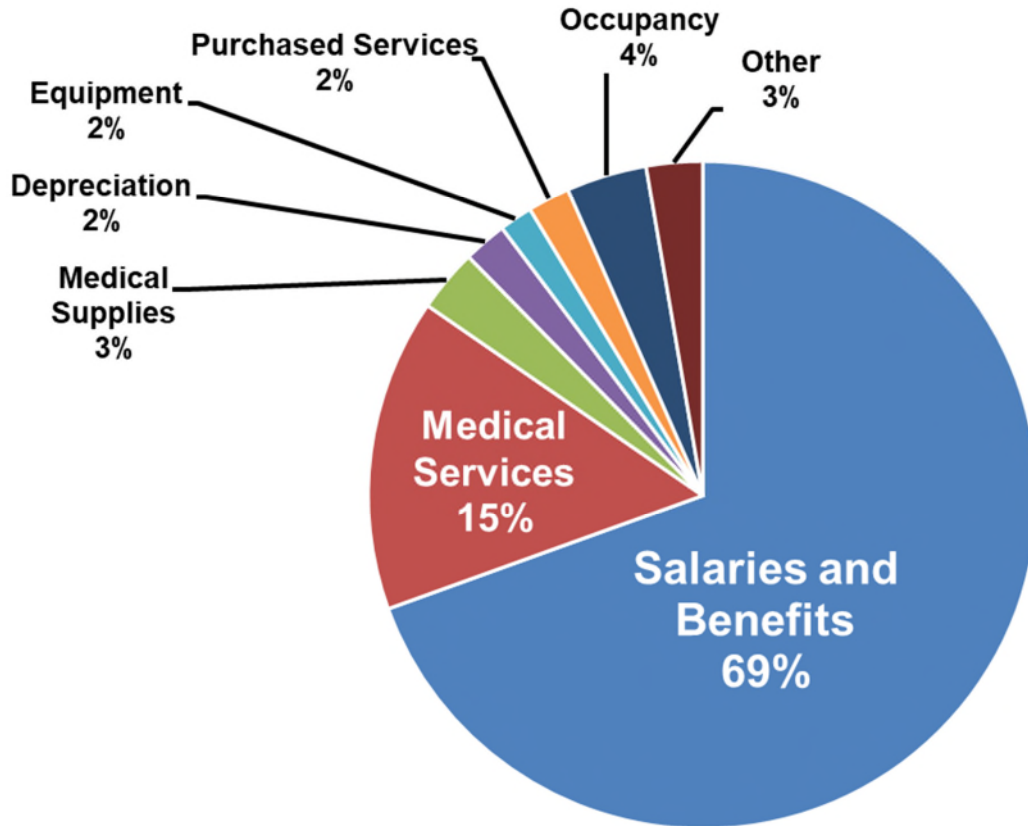


Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
<b>Jul-18</b>	201	19	<b>9.5%</b>	<b>11.7%</b>
<b>Aug-18</b>	237	19	<b>8.0%</b>	<b>11.6%</b>
<b>Sep-18</b>	220	24	<b>10.9%</b>	<b>12.2%</b>
<b>Oct-18</b>	237	26	<b>11.0%</b>	<b>11.0%</b>
<b>Nov-18</b>	222	16	<b>7.2%</b>	<b>10.7%</b>
<b>Dec-18</b>	198	18	<b>9.1%</b>	<b>10.5%</b>
<b>Jan-19</b>	226	16	<b>7.1%</b>	<b>12.2%</b>
<b>Feb-19</b>	218	13	<b>6.0%</b>	<b>11.0%</b>
<b>Mar-19</b>	221	26	<b>11.8%</b>	<b>11.6%</b>
<b>Apr-19</b>	189	16	<b>8.5%</b>	<b>10.5%</b>
<b>May-19</b>	183	22	<b>12.0%</b>	<b>10.0%</b>
<b>Jun-19</b>	176	18	<b>10.2%</b>	<b>11.2%</b>

\*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

### FY2019 BH Mill Levy Expense (Unaudited)

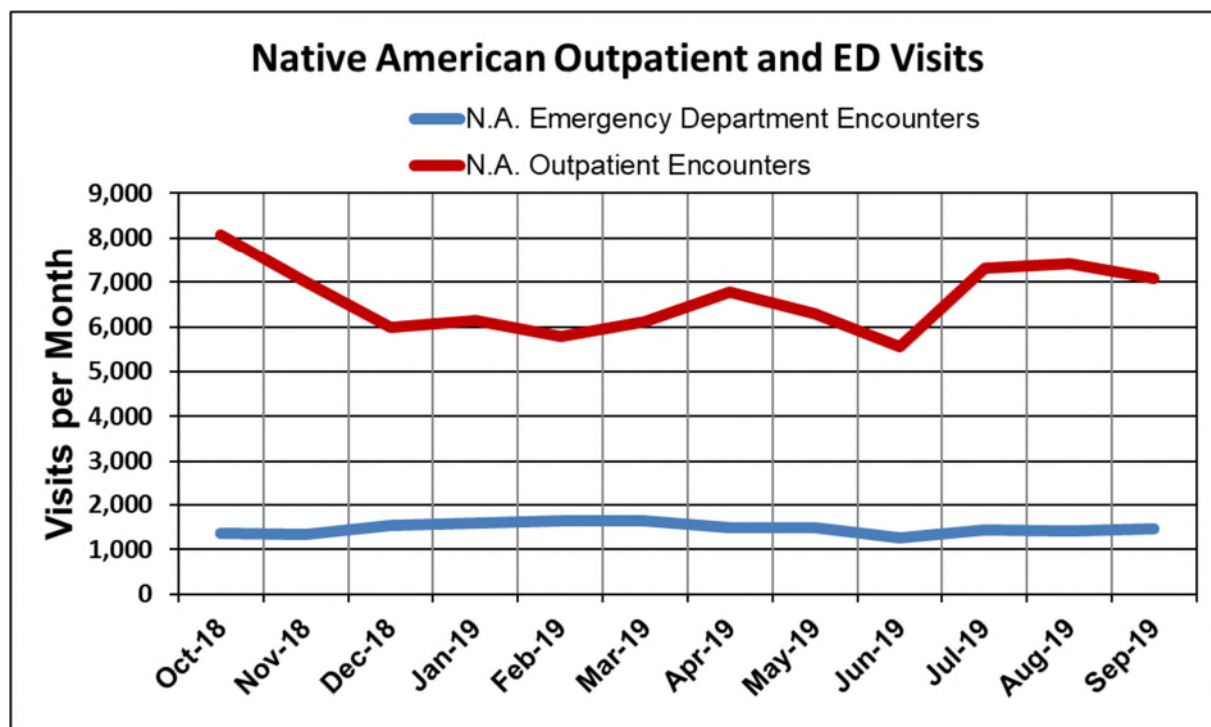


	<b>Unaudited</b>
Salaries and Benefits	\$ 11,016,658
Medical Services	2,400,497
Medical Supplies	481,451
Depreciation	332,448
Equipment	254,645
Purchased Services	322,576
Occupancy	616,657
Other	431,506
<b>Total Expense</b>	<b>\$ 15,856,438</b>

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

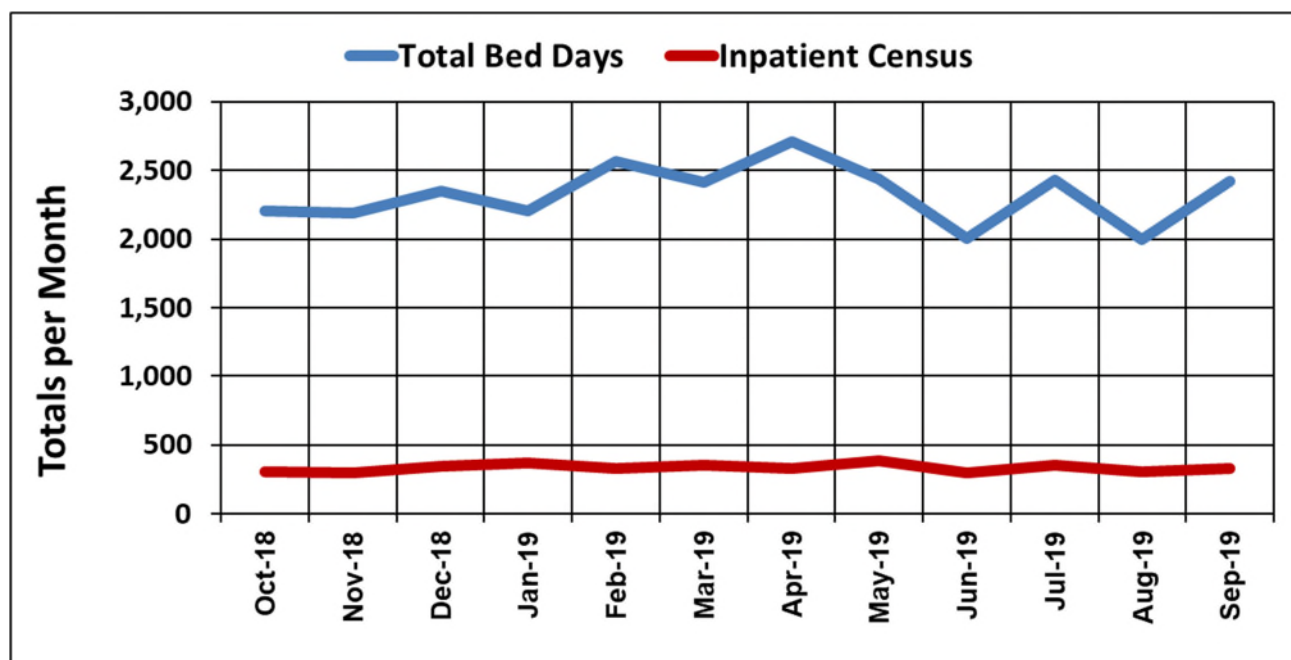
## E. NATIVE AMERICAN SERVICES

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



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Oct-18	58	1,372	8,080
Nov-18	43	1,335	6,995
Dec-18	38	1,538	6,001
Jan-19	44	1,591	6,152
Feb-19	42	1,655	5,784
Mar-19	31	1,653	6,106
Apr-19	28	1,487	6,770
May-19	28	1,501	6,302
Jun-19	23	1,265	5,565
Jul-19	22	1,441	7,307
Aug-19	24	1,428	7,406
Sep-19	21	1,472	7,072

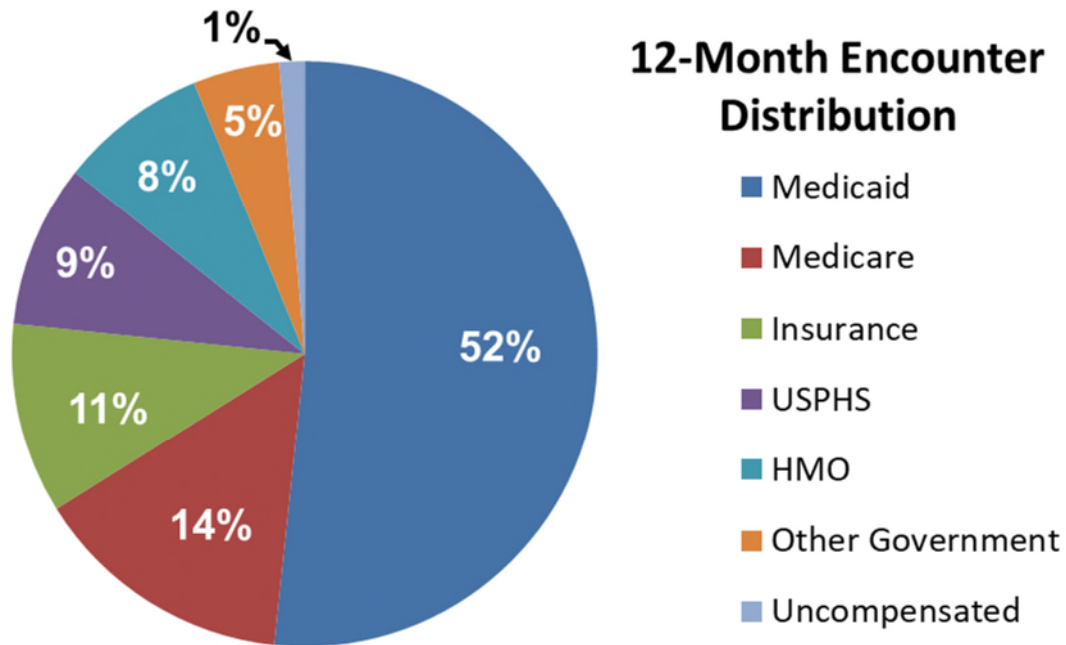
## Native American Bed Days and Monthly Inpatient Census



Month	Inpatient Admissions (Census)	Total Bed Days
Oct-18	303	2,204
Nov-18	300	2,188
Dec-18	347	2,353
Jan-19	369	2,203
Feb-19	329	2,568
Mar-19	357	2,414
Apr-19	333	2,714
May-19	383	2,440
Jun-19	297	2,004
Jul-19	357	2,432
Aug-19	306	2,000
Sep-19	331	2,426

## 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-18	4,932	1,554	1,022	823	752	466	110
Nov-18	4,569	1,209	895	740	717	372	130
Dec-18	4,169	1,145	806	721	627	360	114
Jan-19	4,991	1,365	979	855	783	433	117
Feb-19	4,645	1,319	916	799	777	376	129
Mar-19	5,429	1,458	1,158	949	896	466	157
Apr-19	4,322	1,224	918	799	708	420	127
May-19	4,175	1,129	815	738	686	427	138
Jun-19	3,543	1,068	737	660	636	356	112
Jul-19	4,735	1,287	965	798	756	518	131
Aug-19	4,792	1,309	991	719	767	463	136
Sep-19	4,525	1,258	1,004	740	737	477	122
<b>TOTAL</b>	<b>54,827</b>	<b>15,325</b>	<b>11,206</b>	<b>9,341</b>	<b>8,842</b>	<b>5,134</b>	<b>1,523</b>
	<b>52%</b>	<b>14%</b>	<b>11%</b>	<b>9%</b>	<b>8%</b>	<b>5%</b>	<b>1%</b>

# 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.	Yellow
UNMH will work with other component entities of the UNMH Health System to look at producing one consolidated bill for services.	UNMH working on tools to have consolidated account information across entities.	Red
UNMH will coordinate and consult with community organizations and the County to maximize outreach to patients needing financial assistance or having difficulty accessing insurance or Medicaid including those released from incarceration.	UNMH currently works with various community navigator groups around financial assistance issues.	Yellow
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.	Green

## Exhibit A – Native Americans

Action Item	Implementation Status	
UNMH shall develop a written methodology related to the 100 bed language in the Federal Contract.	UNMH Board has approved the Pueblo Preference Policy related to the Federal Contract language.	Green
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.	Green
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.	Yellow
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.	Green
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.	Green
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.	Green

## 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 September 30, 2019

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 March 2019-September 2019	Status Update
A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.	UNMH has established a Community Engagement Committee of the Board of Trustees. A regular agenda item will be established for community input on planning and operational issues with notification to stakeholder groups.  UNMH is collaborating with Bernalillo County to host public input forms in order to complete a community health needs assessment to identify areas of focus for clinical service development.
A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.	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.
A.6 UNMH will establish procedures related to it budget development, which will allow meaningful input into the budget by the County and IHS.	As part of the FY20 budget planning process UNMH will conduct two budget review meetings with Bernalillo County to obtain comment and input from the county. UNMH has a separate process with IHS including quarterly contract compliance meeting in which to obtain budgetary input.

## Exhibit A Reporting Area - Accountability and Transparency

Semi- Annual Focus Areas March 2019-September 2019	Status Update
B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.	UNMH produces 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 has provided draft methodologies on mill levy expenditures by department to Bernalillo County to review. UNMH provides Financial information in the Bernalillo County Quarterly Report and in annual audited financial statements.
B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.	UNMH currently published financial, quality and operational data on the UNMH intranet site including the Bernalillo County Quarterly Report, Audited Financial Statements, as well as other monthly financial and operational reporting.

## Exhibit A Reporting Area - Primary Care

Semi- Annual Focus Areas March 2019-September 2019	Status Update
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	<p>UNMH is actively working around increasing access to primary care as well as specialty care services and is working with other community partners to expand access and to build capacity.</p> <p>UNMH offers financial assistance through the UNM Care and other programs to patients and provides enrollment assistance in Medicaid and the Health Exchange.</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 has been in consultation with IHS and the All Pueblo Council of Governors to prioritize specialty areas in need of expanded access and capacity.</p> <p>UNMH has improved access to Native American patients in some specialty areas over the last six months as measured by reduced times for appointments.</p>



## Exhibit A Reporting Area - Native American Care

Semi- Annual Focus Areas March 2019-September 2019	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.
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 .  Native American healthcare will be specifically addressed as part of the Community Health Needs Assessment.

## Exhibit A Reporting Area - Behavioral Health Services

Semi- Annual Focus Areas March 2019-September 2019	Status Update
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.	UNMH is currently providing staffing for discharge planning activities for the MDC. This group focuses on identification of high needs patients with behavioral health issues. In addition, UNMH along with members of the Office of Community Health provide staffing to the Resource Re-entry Center operated by the County to connect returning patients to needed services including social service needs.
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.	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.  UNMH also is actively working with Bernalillo County on services to be developed on the MATS campus operated by the County.