



QUARTERLY REPORT

June, 2023

Bernalillo County Commissioner Trend Report

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A. ACCOUNTABILITY

Balance Sheet

Statements of Net Position

(In Thousands)

	May 2023	audited June 2022
Assets		
Cash and marketable securities	\$ 210,050	\$ 249,530
Cash restricted by management for capital replacement	28,428	138,000
Cash restricted for donor specified expenses	22,621	19,808
Cash restricted for other	-	17,044
Patient receivables, net	160,602	153,988
Other receivables and current assets	210,645	154,017
Capital initiatives receivable	46,000	96,000
Capital assets, net	671,510	450,242
Restricted for mortgage reserve, bonds	25,424	18,176
Other noncurrent assets	39,727	39,408
Total assets	1,415,007	1,336,213
Liabilities		
Accounts payable	66,892	80,078
Payable to related parties (UNM)	93,974	52,111
Interest payable bonds	1,118	70
Medicare advance payment program	-	15,597
Other accrued current liabilities	177,797	187,282
Bonds payable, non current	67,965	67,965
Mortgage Payable - NHT	154,591	51,689
Other long term liabilities	17,660	19,563
Total liabilities	579,997	474,355
Net Position		
Restricted for expendable grants, bequests, and contributions	22,621	19,810
Restricted by management for capital replacement	74,428	234,000
Restricted for trust indenture and debt agreement	25,424	18,176
Assets invested in capital	433,245	312,976
Unrestricted from operations	279,292	276,896
Total net assets	\$ 835,010	\$ 861,858
Current Ratio	1.78	1.77
Days Cash on Hand**	51.89	66.00

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

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

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

Income Statement

UNM HOSPITALS

Statements of Revenues, Expenses, and Changes in Net Assets
For the eleven (11) months ended May 31, 2023

Statements of Revenues, Expenses, and Changes in Net Assets
For the eleven months ended May

<i>(In Thousands)</i>	<u>May</u>
Operating revenues:	
Net Patient Service	\$ 1,183,038
Other	37,144
Total Operating Revenues	<u>1,220,182</u>
Operating expenses:	
Employee Compensation and Benefits	689,656
UNM School of Medicine Medical Services	174,506
Medical Services Oncology	23,852
Medical Services non-SOM	43,084
Medical Supplies	179,518
Oncology Drugs	48,530
Occupancy/Equipment	70,059
Depreciation	31,505
Purchased Services	66,807
Health System Expenses	16,664
Gross Receipts Tax	23,863
Other	17,928
Total Operating Expenses	<u>1,385,972</u>
Operating loss	<u>(165,790)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	110,090
State Appropriation	14,869
Interest Expense	(2,306)
Other Revenue and (Expense)	16,289
Net Nonoperating Revenues	<u>138,942</u>
Total Increase in Net Assets	<u>(26,848)</u>

Mill Levy Distribution Detail by Department FY2022

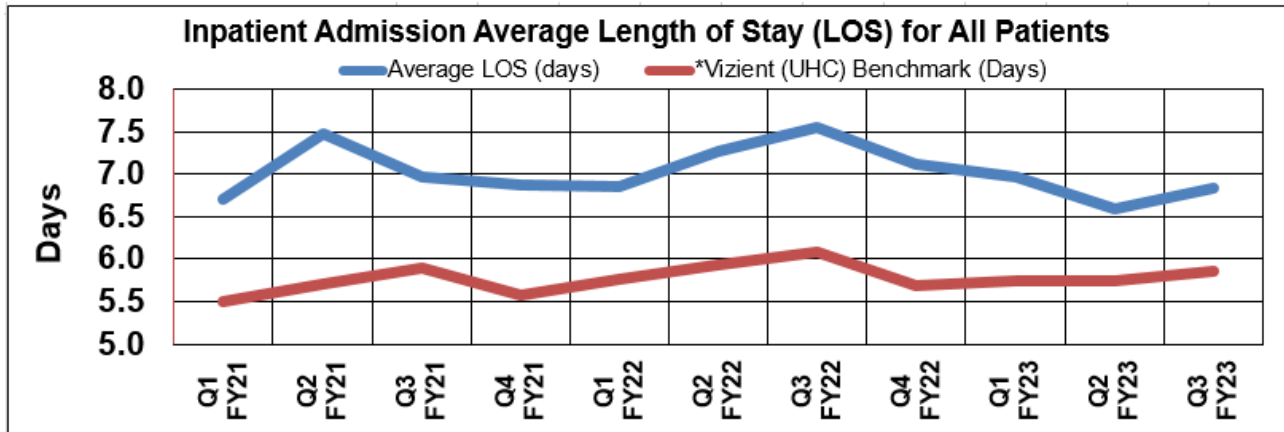
(Audited)

Total Bernalillo County Mill Levy \$ 114,830,101.00

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

UNMH - 85%	
Mill Levy	\$ 97,605,586
Expenses	Total Spending
<i>Facilities</i>	
Facilities Maintenance	\$ 17,652,646
Environmental Services	12,536,830
Insurance	3,741,388
Plant Operations & Maintenance	5,914,276
Utilities	4,661,868
Clinical Engineering	3,186,366
Parking Structure and Support	2,649,608
Security	4,794,547
Off Site/Ambulatory Maintenance	4,842,003
Life Safety/Fire Protection	2,014,994
Facilities Planning	2,917,349
Facilities Other	1,139,492
Total Facilities	66,051,367
Finance	8,565,518
HR	17,984,129
<i>Information Technology</i>	
IT - Open Clinic/Mgt	2,895,271
IT - Patient Financial Services	4,130,335
Communications	6,227,015
IT Cerner Millennium RHO	10,737,315
Clinical Applications	3,413,077
Customer Service	3,598,980
Network & Infrastructure	2,864,259
Systems Support	4,220,299
System Develop and Applications	2,791,694
Network & Cyber Security	2,276,415
IT Non Capital Equipment	1,700,479
Computer Learning Technologies	1,403,505
Medical Records	1,454,890
IT - EVOLVE3	635,265
IT Admin, Oversight and Support	856,784
IT Other	5,473,529
Total Information Technology	54,679,112
<i>Revenue Cycle</i>	
Patient Financial Services	12,368,779
Coding	10,012,226
Revenue Cycle Initiatives	2,189,316
Medical Records Support Svcs	3,120,198
HIM Clinical Documentation	2,017,295
Collection Agencies	1,188,191
Revenue Other	501,802
Total Revenue Cycle	31,397,807
Food & Nutrition	9,598,817
<i>Other</i>	
Administration	3,920,250
FHA Bonds	5,826,010
Admin Support for Facilities/Planning	2,641,949
Admin Other	10,818,358
Total Other	23,206,567
Total Mill Levy Expenditures	\$ 211,483,317

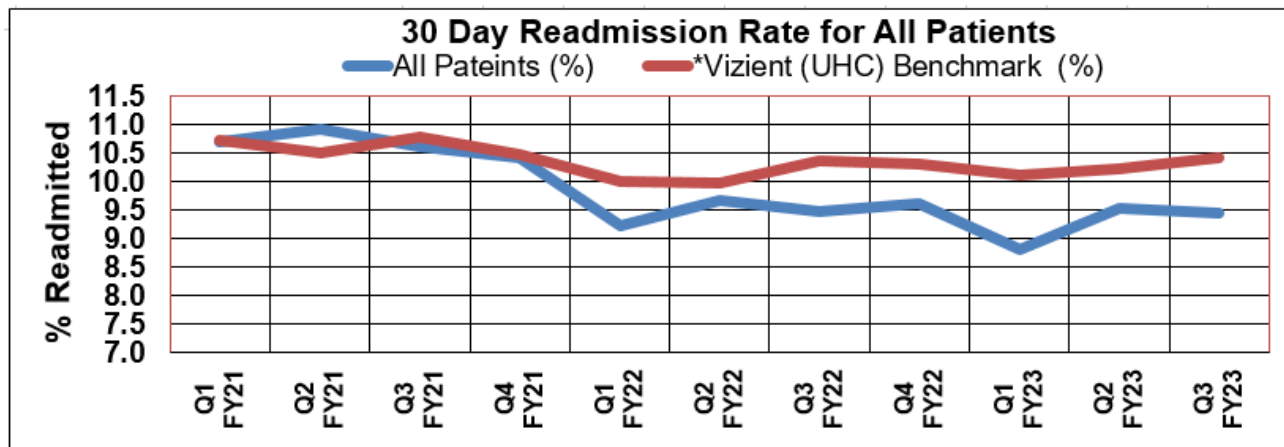
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23
Average LOS (days)	6.71	7.48	6.98	6.88	6.85	7.27	7.55	7.12	6.96	6.60	6.84
*Vizient (UHC) Benchmark (Days)	5.50	5.70	5.90	5.58	5.76	5.94	6.09	5.70	5.75	5.74	5.85

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

30 Day Readmission for All Patients

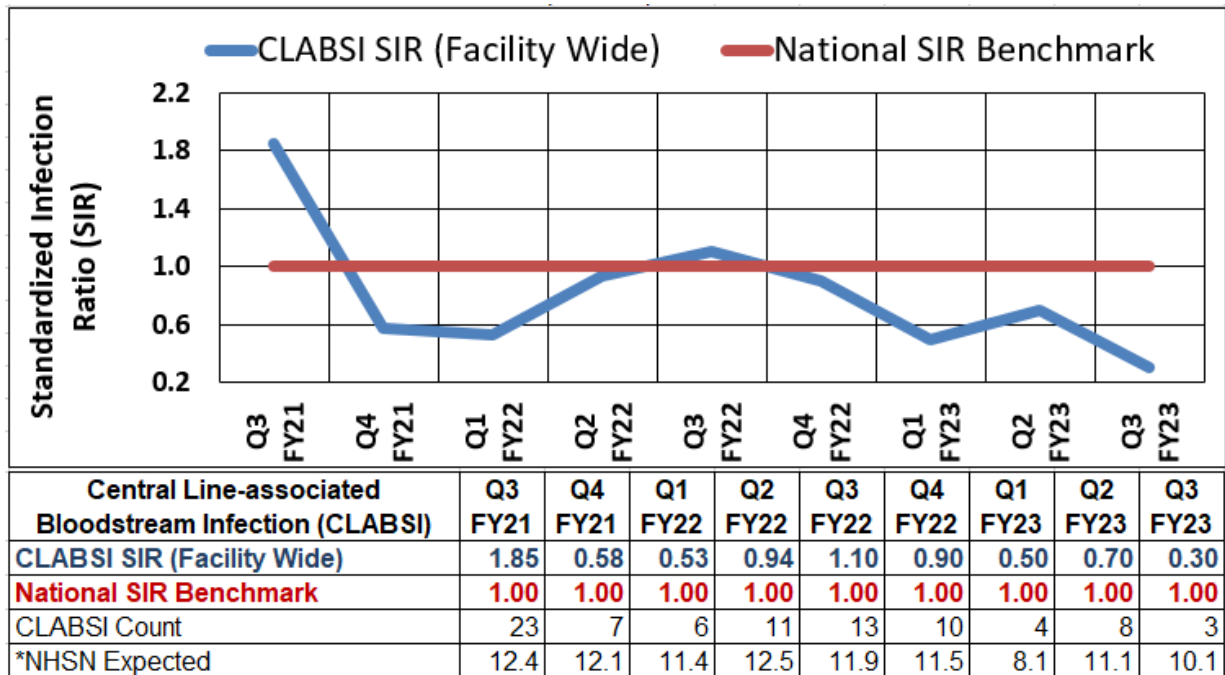


Fiscal Quarter	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23
All Patients (%)	10.70	10.92	10.61	10.41	9.22	9.67	9.48	9.62	8.82	9.53	9.46
*Vizient (UHC) Benchmark (%)	10.71	10.51	10.77	10.47	9.99	9.97	10.36	10.31	10.13	10.22	10.43

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

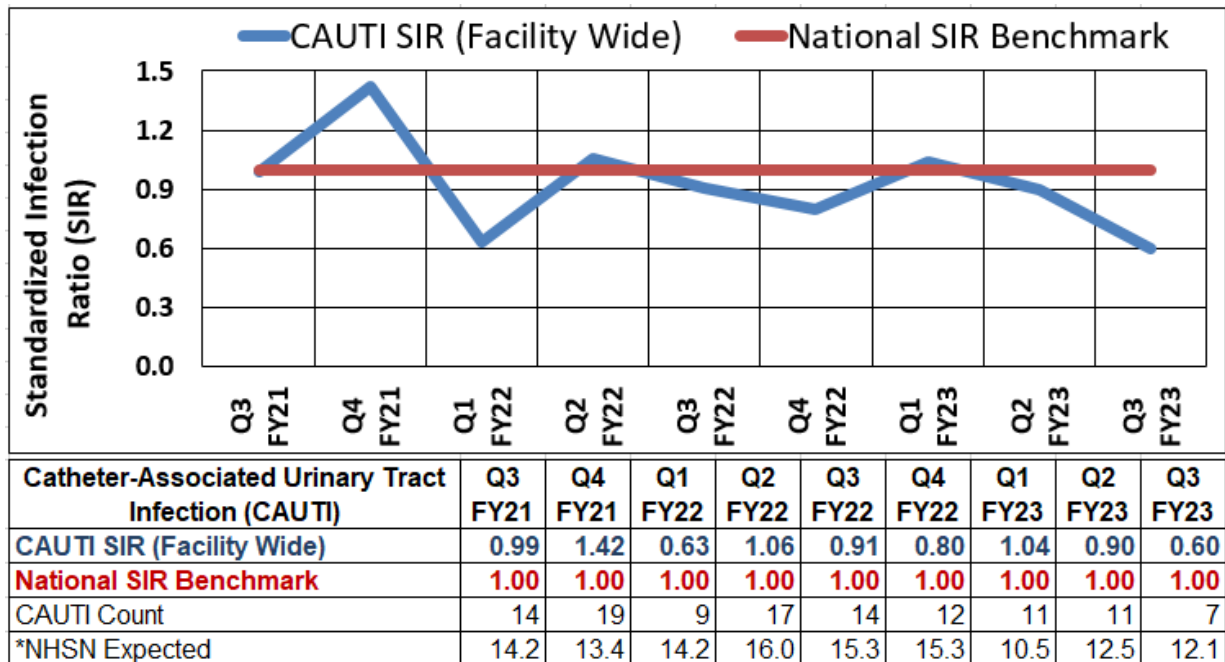
*Vizient, Inc. (formerly, "UHC") is an alliance of the nation's leading academic medical centers ("AMCs") and associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

Catheter Central Line-associated Bloodstream Infection



Catheter data is delayed by one quarter.

Catheter Associated Urinary Tract Infection



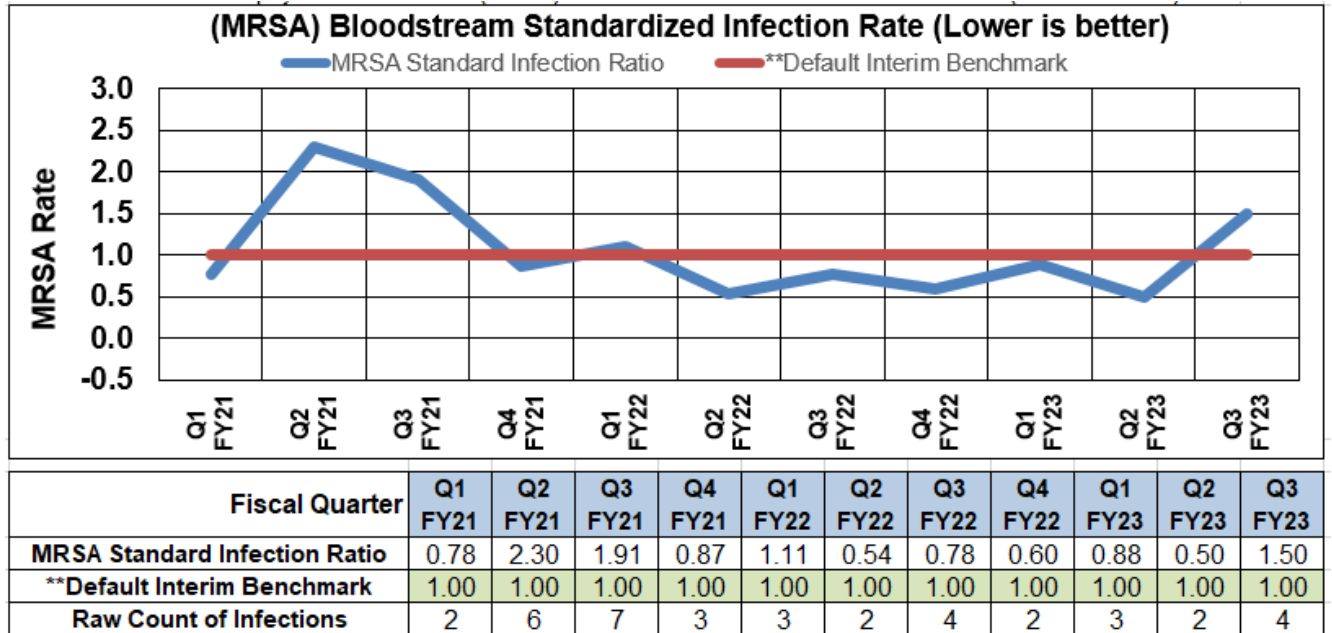
Catheter data is delayed by one quarter.

*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.

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

Total Number of Inpatient Days

FY22 Actual based on the twelve (12) months ended June 30, 2022.

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

Inpatient Days	FY22 Actual	FY23 Actual YTD
Adult	142,655	133,431
Pediatric	42,313	38,961
Newborn	4,895	5,057
Total Inpatient Days	189,863	177,449

Nursing Hours of Care

	FY21 June, 2021	FY22 June, 2022	FY23 June, 2023
UNMH Nursing Hours of Care Per Patient*	17.42	15.78	15.38

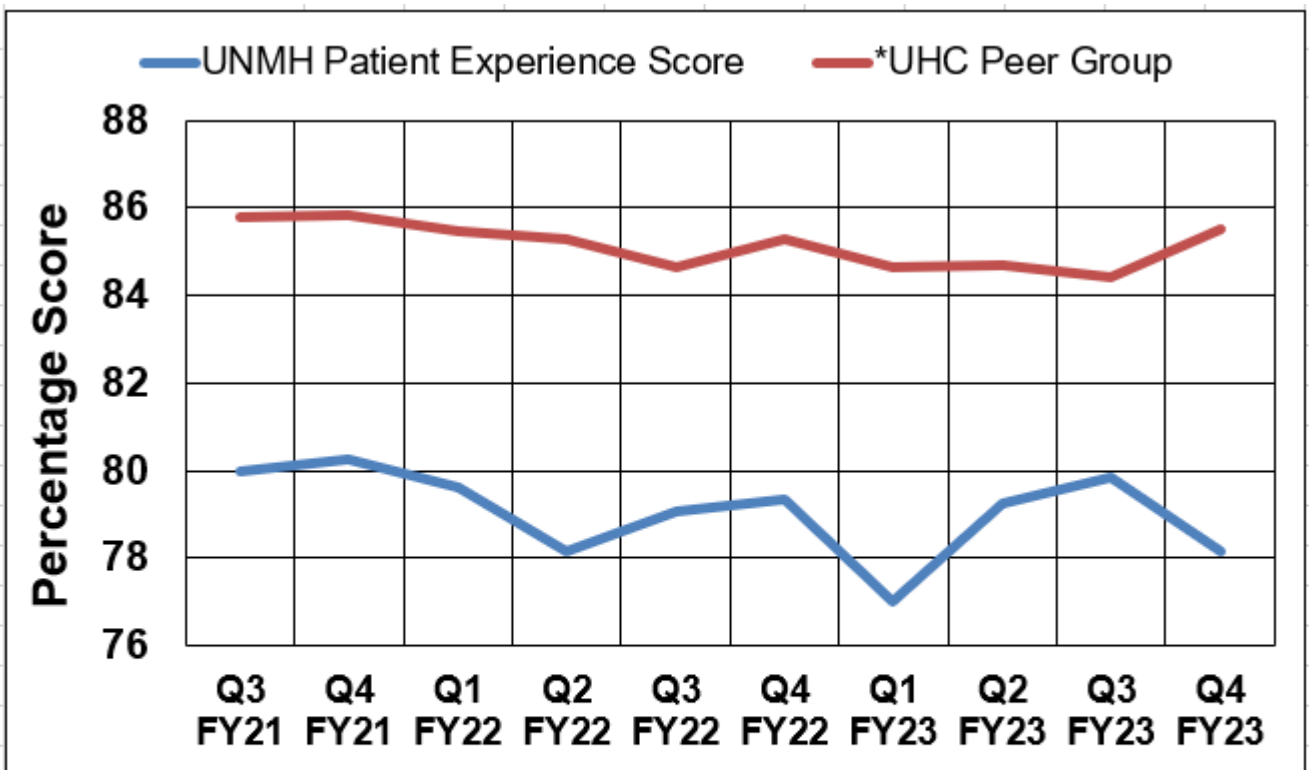
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2022	Number of FTES as of June 2023	FY2023 Hires (Headcount)	FY2023 Terms (Headcount)	Rolling Retention Rate
RN's	1,913	1,738	246	461	75.0%
*National Retention Rate Benchmark					78.3%

* Per the 2023 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2022 national RN turnover rate is 21.7%.

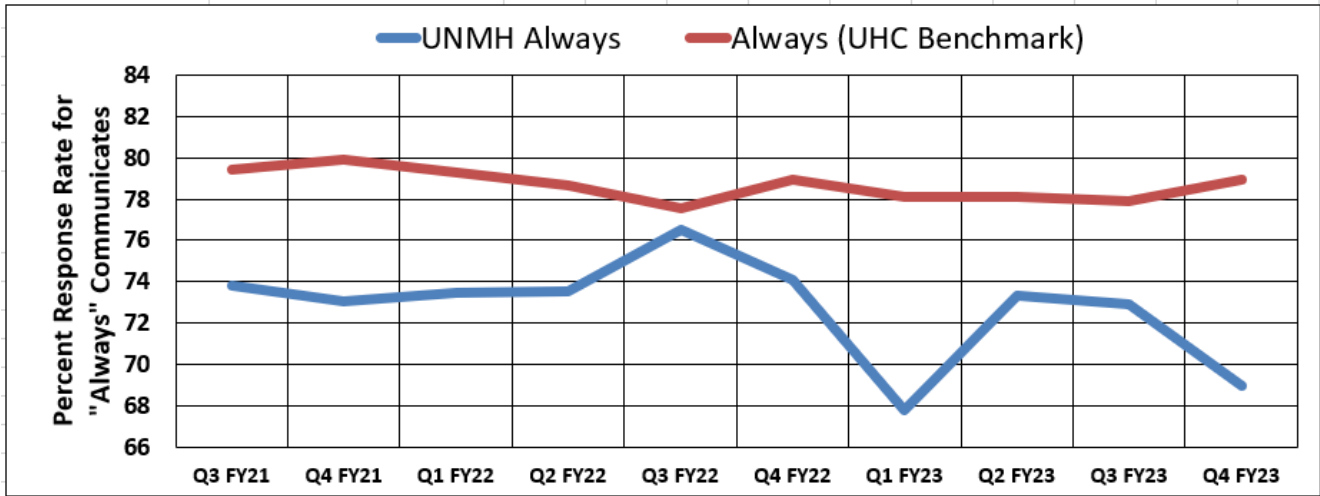
Press Ganey Inpatient Experience Score



Quarter	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23
UNMH Patient Experience Score	80.0	80.3	79.6	78.2	79.1	79.3	77.0	79.3	79.9	78.2
*UHC Peer Group	85.8	85.9	85.5	85.3	84.7	85.3	84.6	84.7	84.4	85.5

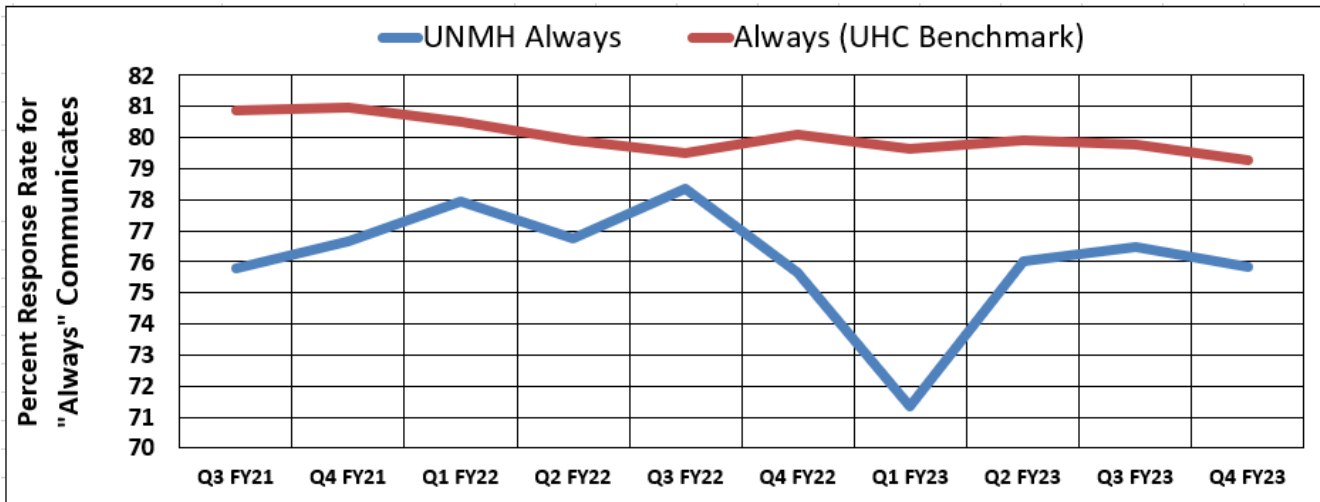
*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

HCAHPS Satisfaction – Communications with Nurses



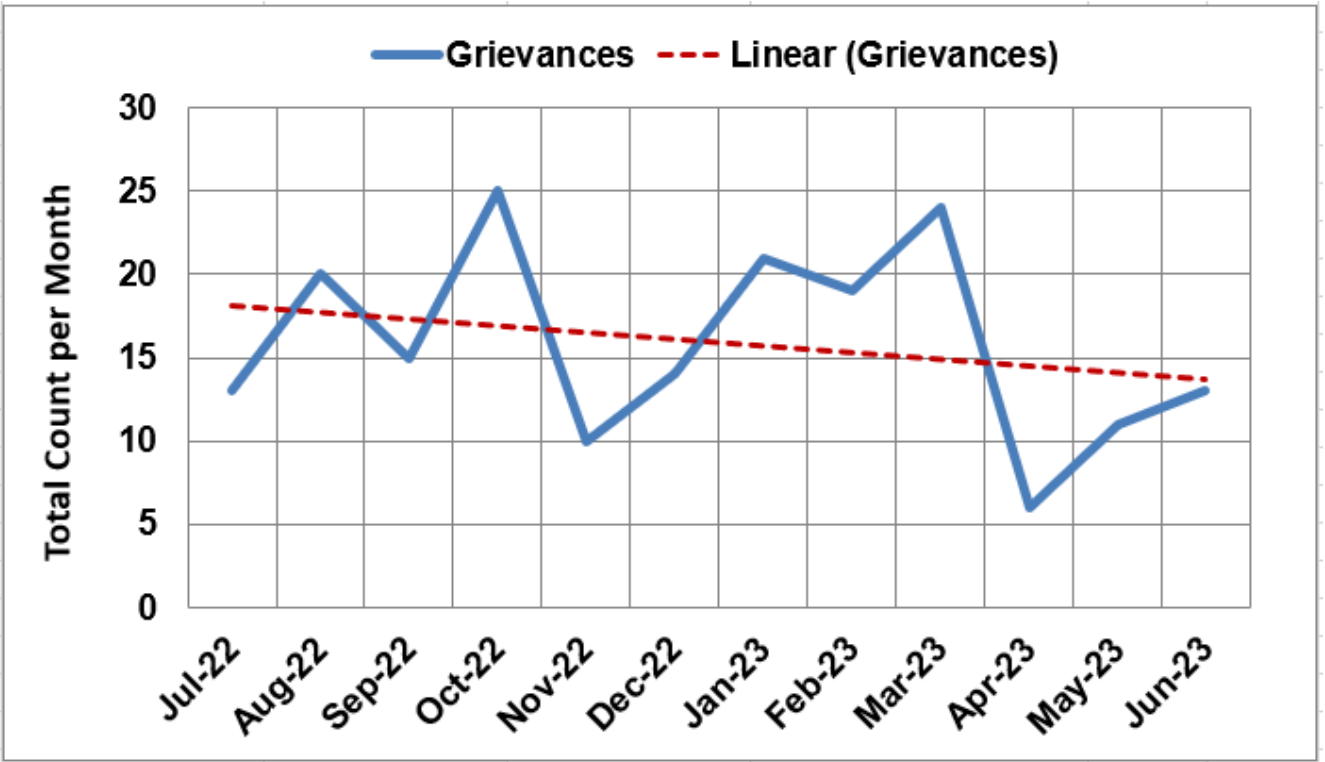
Communication with Nurses	Response	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23
H-COMP-1-A-P	UNMH Always	73.8	73.0	73.5	73.5	76.5	74.1	67.8	73.3	72.9	69.0
H-COMP-1-U-P	UNMH Usually	19.7	19.2	18.4	18.8	17.0	18.4	22.3	17.3	20.3	22.6
H-COMP-1-SN-P	UNMH Sometimes/Never	7.2	7.7	8.1	7.7	6.5	5.8	9.9	9.4	6.8	8.5
UHC Benchmark	Always (UHC Benchmark)	79.5	79.9	79.3	78.7	77.6	78.9	78.1	78.1	77.9	78.9

HCAHPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23
H-COMP-2-A-P	UNMH Always	75.8	76.7	77.9	76.8	78.4	75.7	71.3	76.0	76.5	75.8
H-COMP-2-U-P	UNMH Usually	17.3	17.5	15.8	14.5	15.7	16.0	18.2	15.0	16.5	16.3
H-COMP-2-SN-P	UNMH Sometimes/Never	6.9	5.9	6.3	8.7	6.0	8.3	10.4	9.0	7.0	7.8
UHC Benchmark	Always (UHC Benchmark)	80.9	81.0	80.5	79.9	79.5	80.1	79.6	79.9	79.8	79.3

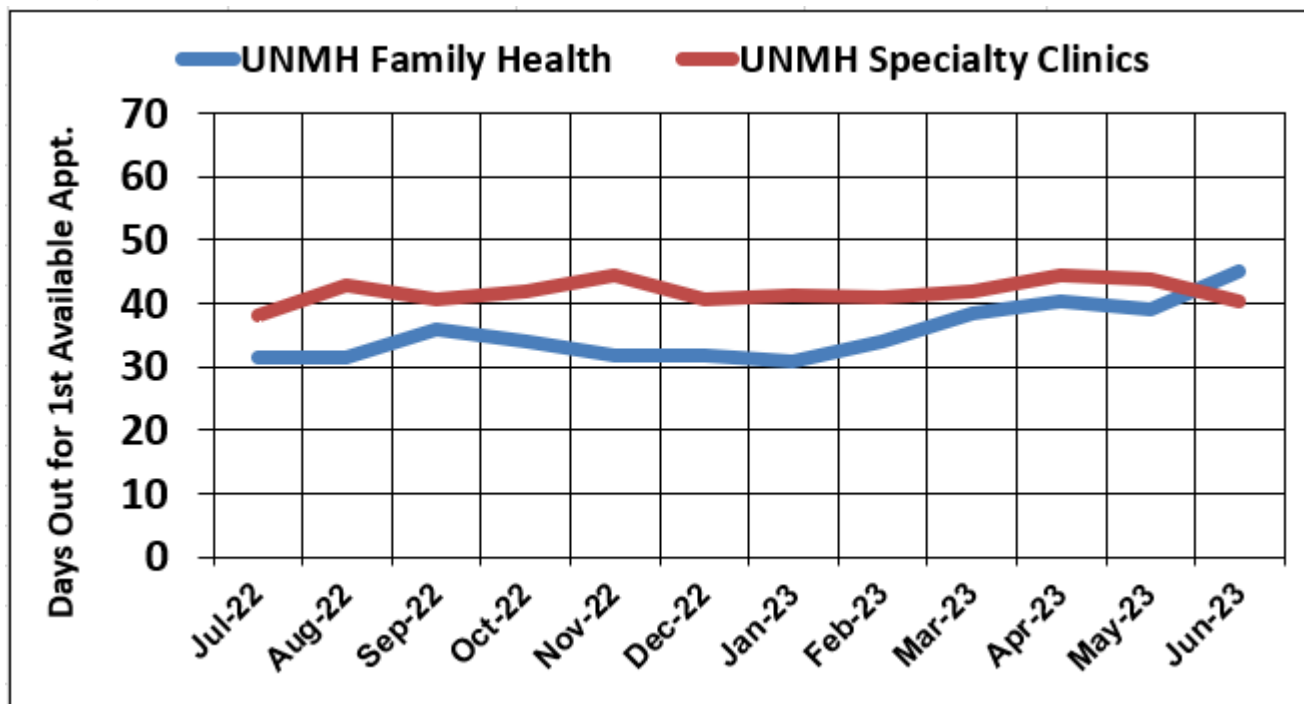
Grievances



Month-Year	Grievances
Jul-22	13
Aug-22	20
Sep-22	15
Oct-22	25
Nov-22	10
Dec-22	14
Jan-23	21
Feb-23	19
Mar-23	24
Apr-23	6
May-23	11
Jun-23	13

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

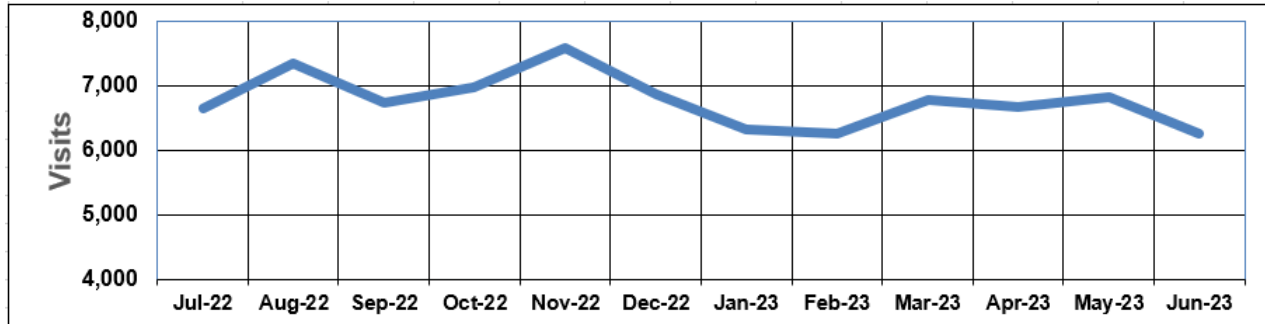
Average 1st Available* Day out for Appointments.



Month	UNMH Family Health	UNMH Specialty Clinics
Jul-22	31.5	38.1
Aug-22	31.6	42.9
Sep-22	36.0	40.7
Oct-22	33.8	42.0
Nov-22	31.7	44.3
Dec-22	31.9	40.8
Jan-23	30.8	41.2
Feb-23	34.1	40.9
Mar-23	38.5	41.8
Apr-23	40.4	44.5
May-23	39.1	43.7
Jun-23	45.0	40.2

Number of Emergency Department (ED) Visits

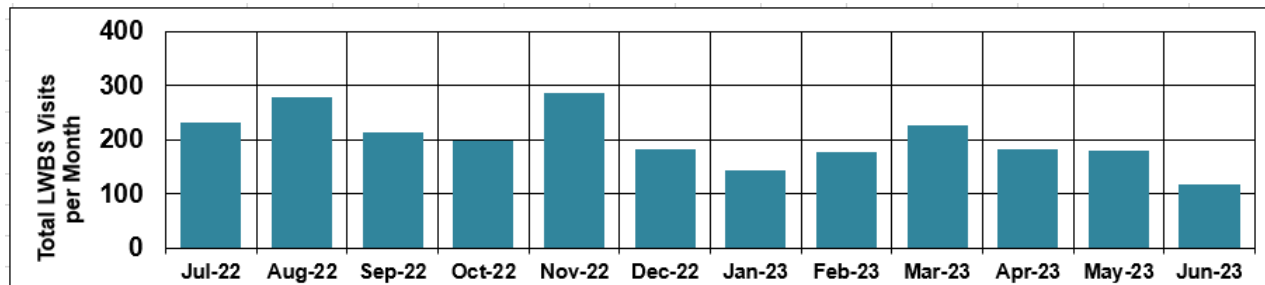
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Visits	6,657	7,337	6,736	6,975	7,577	6,863	6,325	6,264	6,792	6,678	6,835	6,254

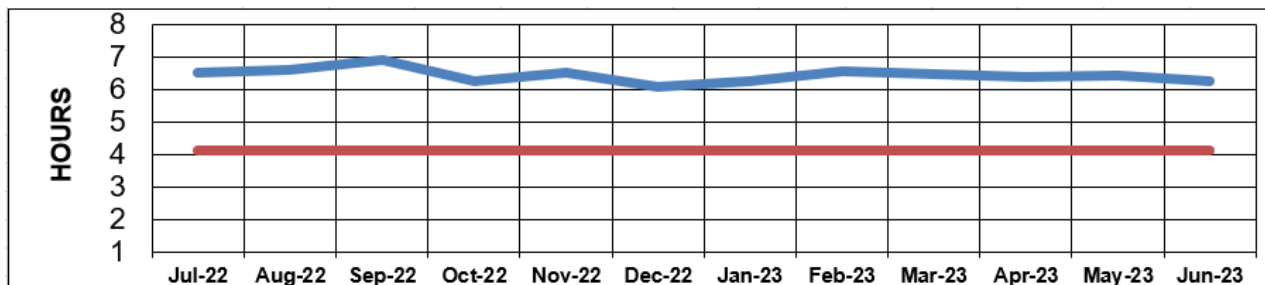
Total ED Patients Left without Being Seen

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



Month	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
UH LWBS	233	278	213	198	287	182	144	178	227	183	179	117

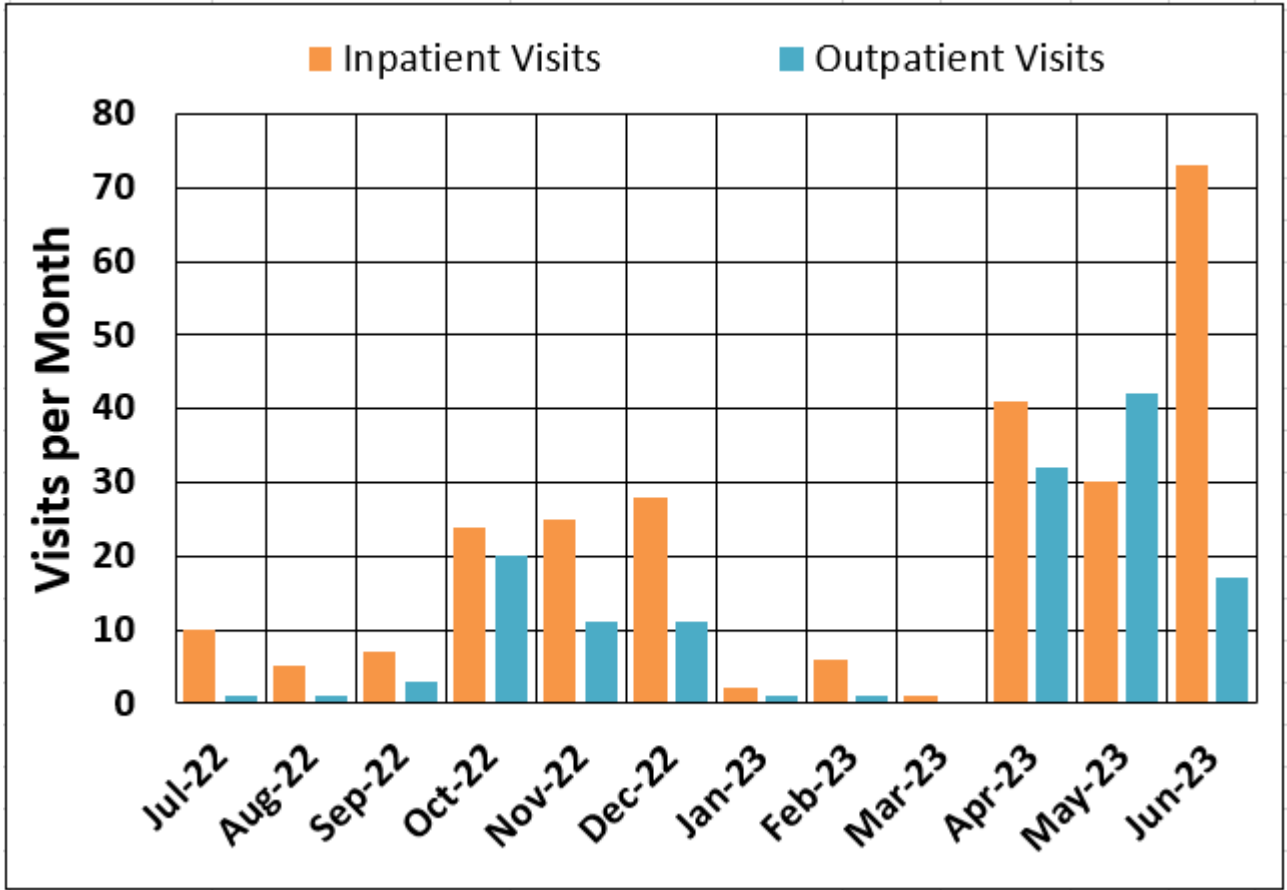
ED Average Hours from Arrival to Disposition



Month	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Arrival to Disposition	6.53	6.63	6.92	6.28	6.52	6.08	6.28	6.58	6.47	6.40	6.45	6.27
*National Average	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11

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

MDC Inmates Receiving Hospital Services



Month	Inpatient Visits	Outpatient Visits
Jul-22	10	1
Aug-22	5	1
Sep-22	7	3
Oct-22	24	20
Nov-22	25	11
Dec-22	28	11
Jan-23	2	1
Feb-23	6	1
Mar-23	1	0
Apr-23	41	32
May-23	30	42
Jun-23	73	17

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

Typically, patients use their own insurance when possible.

Bernalillo County Encounters by Funding Source

All Bernalillo County encounters for the twelve (12) months ended June 30, 2023, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	21,745
EMSA	688
IHS	3,013
Medicaid	318,239
Medicare	294,127
Uninsured	32,166
HMO's & Insurance	263,258
All Other *	37,930
Total Encounters	971,166
Native American Encounters **	107,587

Encounters:

Bernalillo County consist of Inpatients and Outpatients who provided a Bernalillo County zip code during their registration. Categories are based on Primary Payer Code. Native American Encounters are based on race as provided during registration, are not restricted to only Bernalillo County zip codes and could be duplicate of the Bernalillo encounters by payer above. Includes Acute and Behavioral Health.

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

****Native American Encounters** are based on race as provided during registration, are not restricted to only Bernalillo County zip codes and could be duplicate of the Bernalillo encounters by payer above.

Financial Assistance to Patients by County

Total financial assistance for the twelve (12) months ended June 30, 2023, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 39,116,370	\$ 12,058,990	\$ 51,175,360
Catron	6,736	14,370	21,106
Chaves	732,190	12,376	744,566
Cibola	436,121	156,492	592,612
Colfax	25,982	20,106	46,088
Curry	32,524	1,146	33,670
De Baca	257	1,679	1,936
Dona Ana	256,440	45,355	301,795
Eddy	103,523	24,717	128,240
Grant	11,128	35,691	46,819
Guadalupe	118,717	16,521	135,238
Harding	-	-	-
Hidalgo	1,358	4,788	6,146
Lea	180,067	47,275	227,342
Lincoln	168,208	11,791	179,999
Los Alamos	31,368	11,357	42,725
Luna	104,222	2,587	106,809
Mc Kinley	779,415	119,928	899,343
Mora	42,693	3,035	45,728
Otero	288,521	19,642	308,163
Quay	103,451	1,250	104,701
Rio Arriba	527,405	296,089	823,494
Roosevelt	11,976	9,514	21,491
San Juan	474,627	91,503	566,130
San Miguel	180,485	18,223	198,707
Sandoval	1,767,577	787,345	2,554,922
Santa Fe	3,234,180	324,394	3,558,574
Sierra	195,296	19,516	214,812
Socorro	911,800	142,818	1,054,618
Taos	326,393	74,390	400,783
Torrance	620,378	234,406	854,785
Union	6,025	189	6,215
Valencia	5,269,945	1,218,209	6,488,154
Out Of State	-	1,513,834	1,513,834
Grand Total	\$ 56,065,379	\$ 17,339,528	\$ 73,404,907

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

Financial Assistance to Bernalillo County Patients by Zip Code

Totals for the twelve (12) months ended June 30, 2023.

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	2	\$3,912	114	\$ 19,973	116	\$ 23,885
87022	1	188	168	28,905	167	29,090
87047	12	3,759	315	49,983	327	53,742
87059	20	19,847	660	86,627	680	106,475
87100	-	-	3	108	3	108
87101	4	72,522	26	5,376	30	77,897
87102	164	1,047,185	5,106	1,371,522	5,270	2,418,707
87103	1	111	34	4,999	35	5,109
87104	54	242,342	1,721	405,360	1,775	647,702
87105	354	2,639,542	13,081	4,461,352	13,435	7,100,894
87106	136	1,018,016	4,152	1,239,180	4,288	2,257,197
87107	143	1,080,096	4,575	1,206,316	4,718	2,286,412
87108	279	2,073,338	9,405	2,843,189	9,684	4,916,526
87109	114	1,124,117	3,634	809,737	3,748	1,933,854
87110	157	942,139	5,026	1,216,762	5,183	2,158,902
87111	101	2,684,139	3,173	746,070	3,274	3,430,208
87112	154	1,028,775	5,289	1,196,398	5,443	2,225,173
87113	34	398,174	1,391	367,587	1,425	765,761
87114	116	698,550	4,174	1,024,156	4,290	1,722,705
87115	-	-	10	6,637	10	6,637
87116	2	13,568	61	23,732	63	37,300
87117	-	-	1	609	1	609
87119	-	-	49	7,990	49	7,990
87120	126	1,324,672	4,671	1,018,731	4,797	2,343,403
87121	534	4,102,708	19,802	7,595,996	20,336	11,698,704
87122	11	48,094	592	140,274	603	188,369
87123	259	1,492,253	8,040	2,526,795	8,299	4,019,049
87125	6	62,707	235	51,803	241	114,509
87128	-	-	-	-	-	-
87130	-	-	-	-	-	-
87131	1	5,378	27	2,054	28	7,431
87140	-	-	-	-	-	-
87151	9	46,466	111	53,596	120	100,062
87153	-	-	24	1,088	24	1,088
87154	2	16,610	158	12,195	160	28,805
87158	-	-	-	-	-	-
87176	6	19,145	177	25,512	183	44,657
87181	2	572	45	3,590	47	4,162
87184	2	35,676	32	6,238	34	41,915
87185	1	111	4	244	5	355
87187	1	2,570	15	1,175	16	3,745
87190	-	-	40	2,064	40	2,064
87191	2	1,854	51	3,954	53	5,809
87192	1	291	31	3,772	32	4,063
87193	1	83	71	5,130	72	5,213
87194	2	4,573	67	2,970	69	7,544
87195	10	6,278	220	39,441	230	45,719
87196	2	5,378	53	7,057	55	12,436
87197	4	173,142	115	59,039	119	232,181
87198	3	1,392	191	24,962	194	26,353
87199	5	2,766	83	22,074	88	24,840
Grand Total	2,838	\$ 22,443,037	97,021	\$ 28,732,323	\$ 99,859	\$ 51,175,360

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the twelve (12) months ended June 30, 2023.

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	Trauma Count	Total Count
87008	47	9	2	17	3	7	5	6	1	-	19	-	116
87022	57	15	28	11	5	8	7	7	-	-	29	-	167
87047	104	70	39	35	10	22	27	6	4	-	10	-	327
87059	230	77	82	85	30	52	46	12	3	-	63	-	680
87100	-	-	-	1	-	1	1	-	-	-	-	-	3
87101	8	2	-	1	14	1	-	1	-	-	3	-	30
87102	1,937	804	337	449	290	317	252	132	37	6	709	-	5,270
87103	6	2	-	3	11	-	3	1	-	-	9	-	35
87104	586	287	204	186	100	82	94	37	12	-	187	-	1,775
87105	4,781	1,972	1,008	1,350	1,368	803	652	319	91	32	1,059	-	13,435
87106	1,492	559	278	416	304	227	254	104	51	6	597	-	4,288
87107	1,624	597	342	416	513	266	269	131	43	11	506	-	4,718
87108	3,511	1,124	781	820	960	496	458	229	90	21	1,194	-	9,684
87109	1,311	562	339	375	192	210	206	107	25	5	416	-	3,748
87110	1,885	650	525	444	216	348	330	130	47	10	598	-	5,183
87111	1,113	387	356	290	165	140	242	68	21	11	481	-	3,274
87112	1,901	715	664	493	331	291	261	134	35	9	609	-	5,443
87113	525	194	103	112	111	80	85	45	10	2	158	-	1,425
87114	1,588	469	411	393	307	216	259	105	45	14	483	-	4,290
87115	1	-	7	-	-	-	-	1	-	-	1	-	10
87116	19	11	1	5	2	9	3	2	1	-	10	-	63
87117	-	1	-	-	-	-	-	-	-	-	-	-	1
87119	25	5	3	3	1	6	1	-	1	-	4	-	49
87120	1,775	579	321	419	445	200	308	123	51	14	562	-	4,797
87121	7,022	2,737	1,906	1,701	2,985	1,155	941	531	139	53	1,165	1	20,336
87122	234	92	62	63	10	35	33	13	3	-	58	-	603
87123	3,208	1,116	614	764	792	402	383	229	56	12	723	-	8,299
87125	76	39	4	22	5	13	23	6	2	-	51	-	241
87128	-	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-	-
87131	15	1	-	-	-	1	-	-	11	-	-	-	28
87140	-	-	-	-	-	-	-	-	-	-	-	-	-
87151	37	30	3	20	2	2	5	5	-	-	16	-	120
87153	5	-	-	3	-	-	1	2	-	-	13	-	24
87154	55	16	8	24	3	3	21	13	-	-	17	-	160
87158	-	-	-	-	-	-	-	-	-	-	-	-	-
87176	64	22	48	9	9	14	5	1	1	-	10	-	183
87181	13	6	14	5	4	1	1	-	-	-	3	-	47
87184	15	2	4	2	1	5	1	2	-	-	2	-	34
87185	2	2	-	-	-	-	-	1	-	-	-	-	5
87187	6	-	2	-	-	2	3	2	-	-	1	-	16
87190	17	6	3	6	-	1	3	-	-	-	4	-	40
87191	16	16	-	6	4	4	7	-	-	-	-	-	53
87192	8	8	6	3	3	-	-	-	-	-	4	-	32
87193	22	12	3	10	-	5	9	4	1	-	6	-	72
87194	33	8	1	5	1	2	5	7	1	-	6	-	69
87195	96	48	8	26	4	15	4	12	1	-	16	-	230
87196	25	11	-	8	6	-	1	1	-	-	3	-	55
87197	42	5	31	5	4	16	3	4	2	-	7	-	119
87198	88	27	6	9	10	12	10	8	2	-	22	-	194
87199	24	20	7	9	2	5	7	7	1	-	6	-	88
Grand Total	35,649	13,315	8,561	9,024	9,223	5,475	5,229	2,548	788	206	9,840	1	99,859

Primary Reason for Bernalillo County Indigent Resident Visits

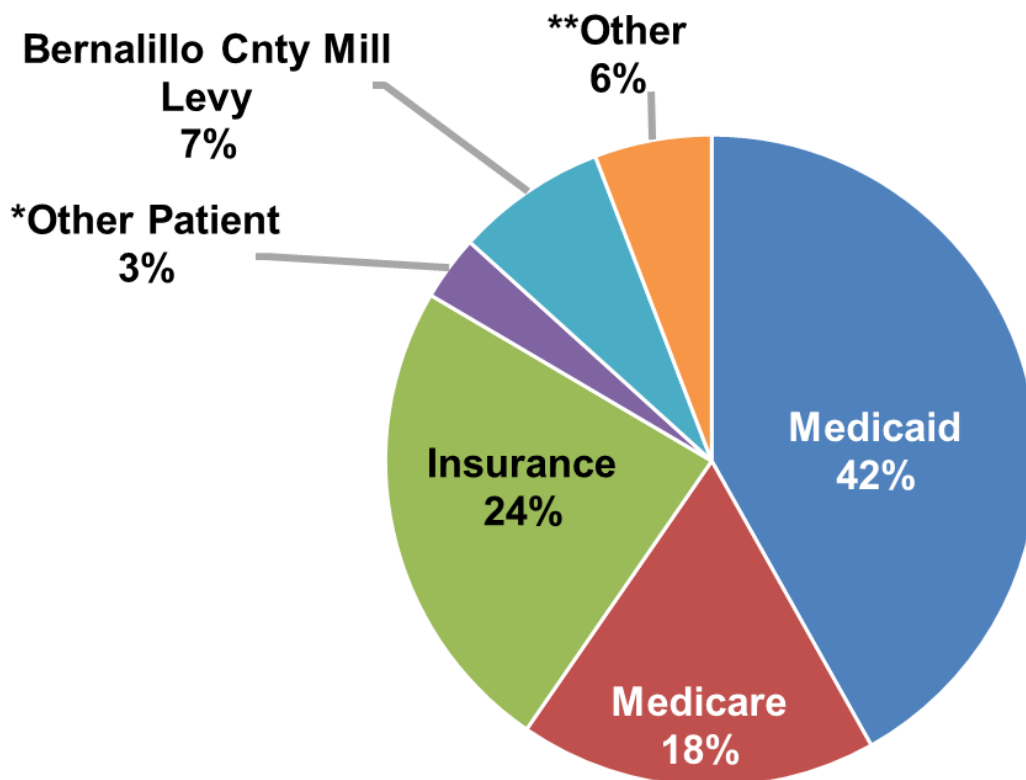
Totals are for each of the eight (8) quarters ended June 30, 2023.

Description	2023Q4	2023Q3	2023Q2	2023Q1	2022Q4	2022Q3	2022Q2	2022Q1
Factors influencing health status and contact with health services	4,163	6,144	5,998	4,247	3,930	4,360	5,009	5,264
undefined	2,925	3,143	3,002	2,002	1,812	1,833	2,041	2,019
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1,730	2,482	2,211	1,584	1,488	1,636	1,900	1,952
Diseases of the musculoskeletal system and connective tissue	1,677	2,302	2,164	1,547	1,460	1,547	1,783	1,934
Endocrine, nutritional and metabolic diseases	1,030	1,463	1,251	913	832	899	1,063	1,188
Injury, poisoning and certain other consequences of external causes	1,107	1,405	1,427	1,064	971	941	1,238	1,408
Diseases of the circulatory system	962	1,445	1,228	883	831	896	1,024	1,031
Diseases of the nervous system	953	1,354	1,189	861	766	809	971	948
Neoplasms	849	1,263	1,211	806	725	824	1,024	1,125
Mental and behavioural disorders	818	1,227	1,166	835	796	892	1,031	1,099
Diseases of the respiratory system	608	1,058	1,240	532	595	586	736	655
Diseases of the genitourinary system	688	973	883	606	574	615	740	780
Diseases of the digestive system	630	944	854	602	577	584	661	681
Diseases of the skin and subcutaneous tissue	503	712	647	489	429	440	505	555
Pregnancy, childbirth and the puerperium	497	668	607	452	431	500	585	665
Diseases of the eye and adnexa	333	526	453	320	295	319	341	404
Diseases of the ear and mastoid process	230	380	369	219	201	199	221	231
Certain infectious and parasitic diseases	228	340	309	199	206	203	258	234
Congenital malformations, deformations and chromosomal abnormalities	212	300	270	195	187	198	225	241
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	130	190	177	125	112	126	146	158
Codes for special purposes	49	89	208	141	111	281	185	88
Certain conditions originating in the perinatal period	19	31	32	32	29	31	40	37
External causes of morbidity and mortality	0	0	-1	-1	-1	-1	-1	0
	20,341	28,439	26,895	18,653	17,357	18,718	21,726	22,697

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

Revenues by Payor Source

FY 2022 Revenue (Audited)



FY2022

Medicaid	\$ 642,403,173
Medicare	272,247,489
Insurance	366,338,769
*Other Patient	49,398,642
Bernalillo Cnty Mill Levy	114,830,101
**Other	89,173,187

Total Revenues **\$ 1,534,391,361**

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

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

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

FY21 is based on the twelve (12) months ended June 30, 2021.

FY22 is based on the twelve (12) months ended June 30, 2022.

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

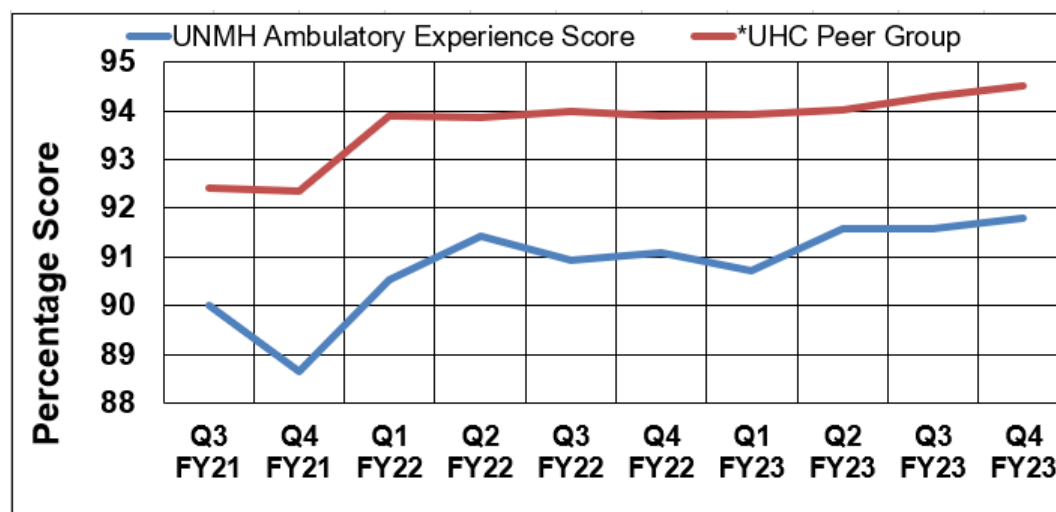
534,607	FY21 Actual (12 Months)
562,253	FY22 Actual (12 Months)
549,832	FY23 Actual (12 Months)

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

Press Ganey Ambulatory Experience Score

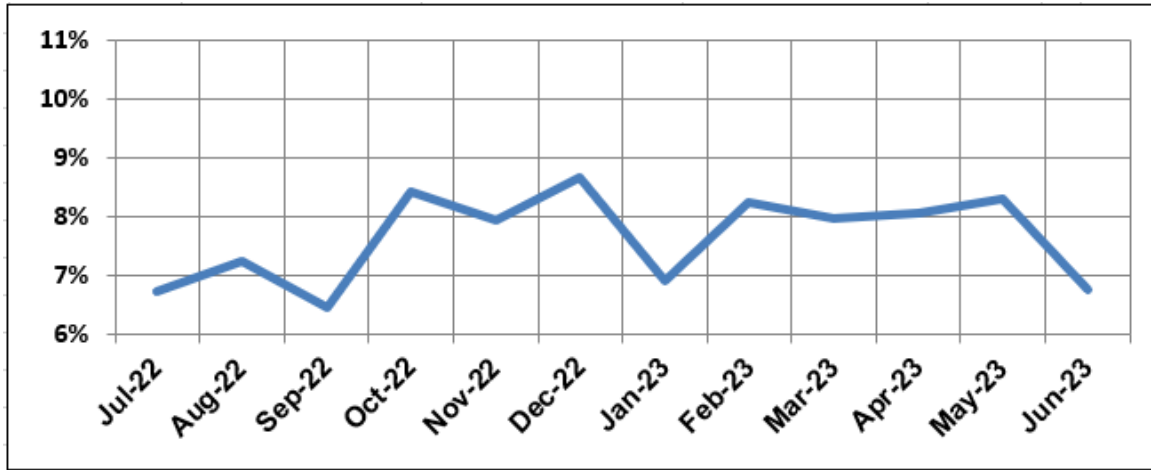


Quarter	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23
UNMH Ambulatory Experience Score	90.0	88.7	90.5	91.4	90.9	91.1	90.7	91.6	91.6	91.8
*UHC Peer Group	92.4	92.4	93.9	93.9	94.0	93.9	93.9	94.0	94.3	94.5

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

Percentage of Primary Care Patients with Same Day Clinic Appointments

Average percentage of Same Day Access for Primary Care Clinics.



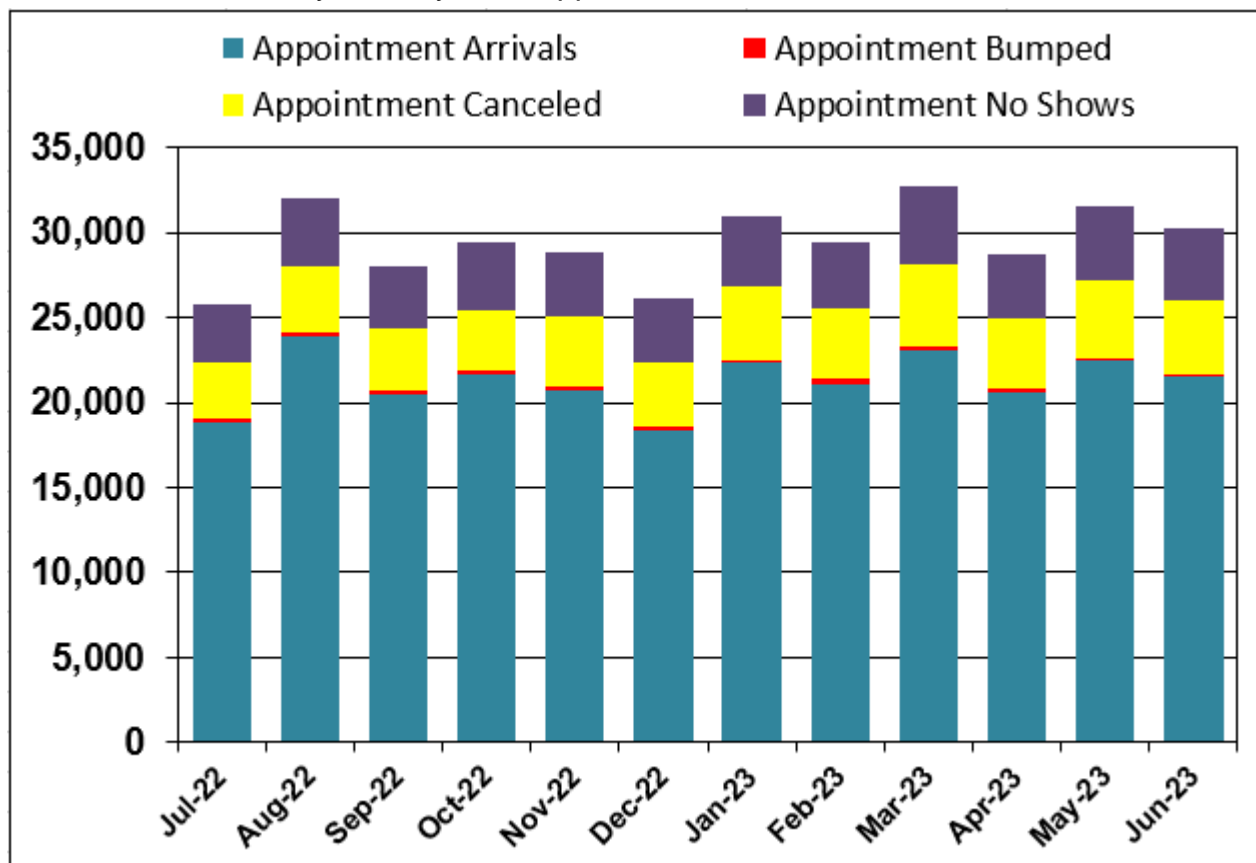
Month	Same Day	Total Arrived	Same Day Rate
Jul-22	927	13,778	6.7%
Aug-22	1,228	16,957	7.2%
Sep-22	943	14,606	6.5%
Oct-22	1,284	15,272	8.4%
Nov-22	1,185	14,918	7.9%
Dec-22	1,174	13,569	8.7%
Jan-23	1,102	15,976	6.9%
Feb-23	1,256	15,264	8.2%
Mar-23	1,313	16,491	8.0%
Apr-23	1,197	14,828	8.1%
May-23	1,354	16,323	8.3%
Jun-23	1,074	15,866	6.8%

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

Average	Primary Care Clinics
8.4%	1209 Clinic
13.4%	Alamo Primary Care Clinic
5.6%	Family Practice Clinic
1.3%	General Pediatric Clinic
6.8%	Northeast Heights Clinic
4.5%	Senior Health Center
6.8%	Southeast Heights Clinic
5.0%	Southwest Mesa Clinic
4.1%	SRMC FP Clinic
7.3%	UH 4th Street NV Clinic
10.7%	UH Atrisco Heritage
34.9%	UNM Lobocare Clinic
7.9%	UNMMG Family Health Grande
5.5%	Westside Clinic
10.0%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

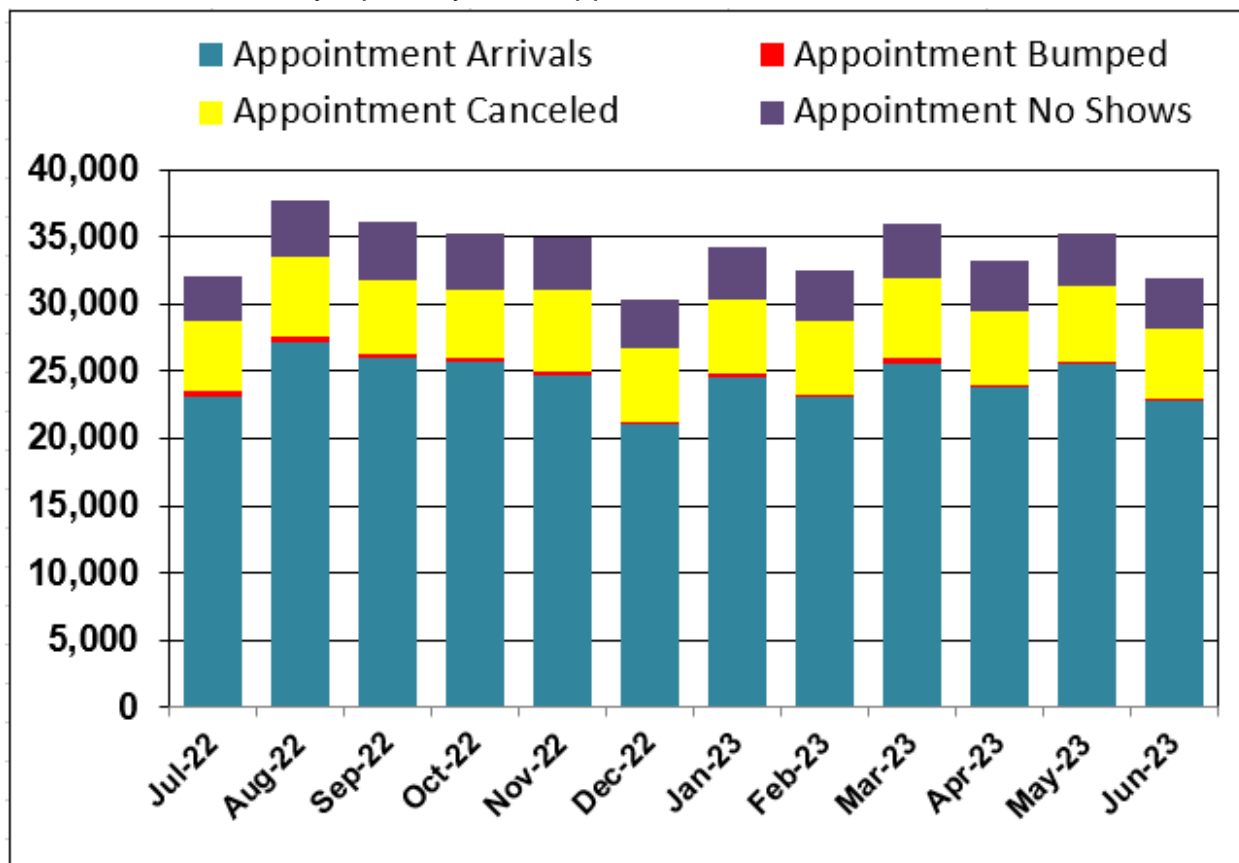
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-22	18,873	211	3,298	3,417
Aug-22	23,843	227	3,931	3,976
Sep-22	20,505	255	3,539	3,730
Oct-22	21,615	221	3,636	3,956
Nov-22	20,733	234	4,062	3,786
Dec-22	18,378	189	3,774	3,736
Jan-23	22,310	190	4,297	4,104
Feb-23	21,077	290	4,127	3,905
Mar-23	23,089	209	4,826	4,541
Apr-23	20,626	153	4,173	3,798
May-23	22,449	147	4,602	4,371
Jun-23	21,548	59	4,446	4,153

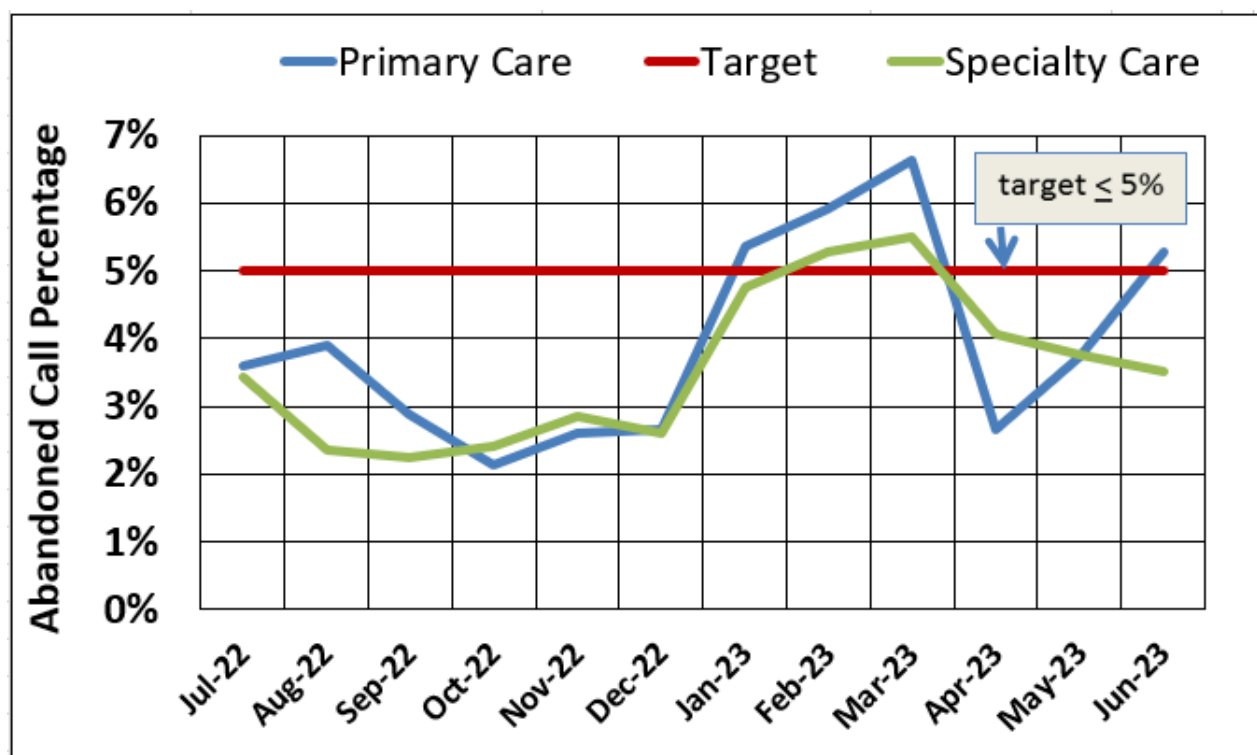
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-22	23,043	452	5,202	3,364
Aug-22	27,155	457	5,851	4,260
Sep-22	25,945	393	5,505	4,259
Oct-22	25,717	305	5,075	4,216
Nov-22	24,676	344	6,001	3,961
Dec-22	21,039	246	5,428	3,665
Jan-23	24,571	303	5,462	3,966
Feb-23	23,053	235	5,503	3,651
Mar-23	25,625	332	5,960	4,095
Apr-23	23,839	202	5,460	3,782
May-23	25,569	186	5,582	3,924
Jun-23	22,822	169	5,165	3,739

Percentage Abandoned Phone Calls for Primary and Specialty Care

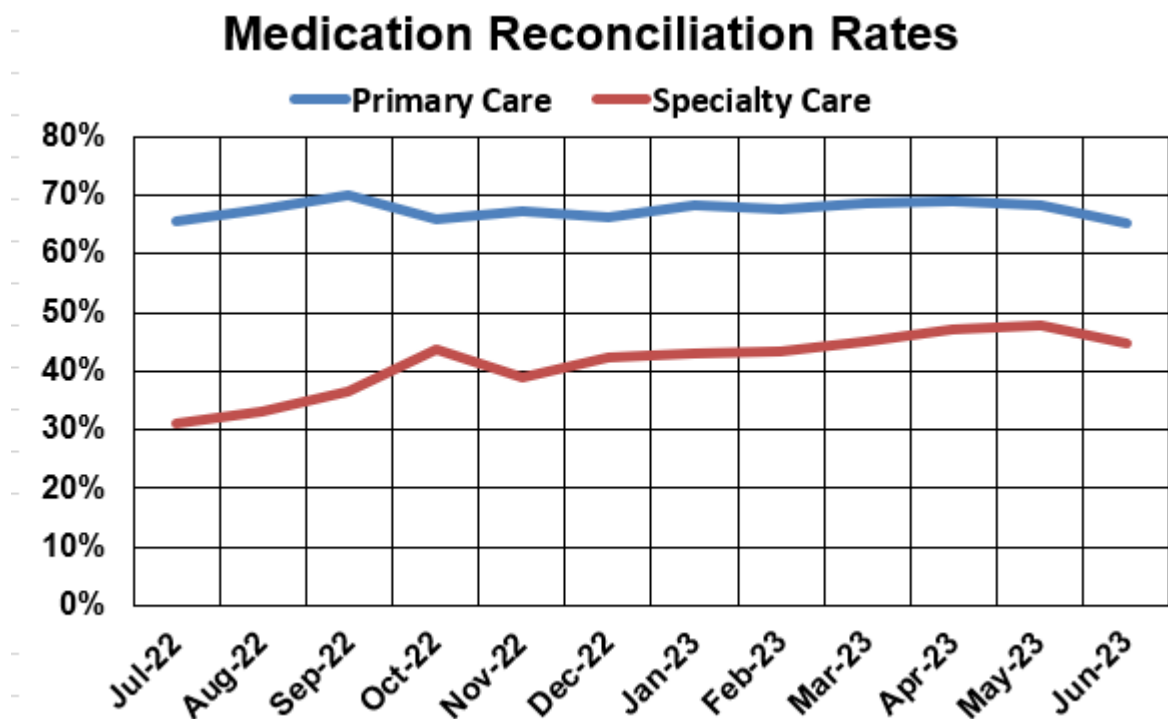


Area:	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Month			
Jul-22	3.59%	3.43%	5%
Aug-22	3.90%	2.35%	5%
Sep-22	2.89%	2.25%	5%
Oct-22	2.14%	2.42%	5%
Nov-22	2.60%	2.85%	5%
Dec-22	2.66%	2.59%	5%
Jan-23	5.37%	4.75%	5%
Feb-23	5.90%	5.27%	5%
Mar-23	6.62%	5.51%	5%
Apr-23	2.66%	4.07%	5%
May-23	3.74%	3.77%	5%
Jun-23	5.27%	3.51%	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
Jul-22	65.5%	31.2%
Aug-22	67.7%	33.0%
Sep-22	70.1%	36.6%
Oct-22	65.8%	43.8%
Nov-22	67.4%	38.8%
Dec-22	66.3%	42.3%
Jan-23	68.5%	42.9%
Feb-23	67.6%	43.3%
Mar-23	68.6%	45.0%
Apr-23	68.9%	47.1%
May-23	68.5%	47.8%
Jun-23	65.4%	44.7%

Percentage of Patients with Access to Electronic Medical Record

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

As of July 5, 2023.

398,175	Invitations sent out to patients who provided an email address.
183,006	Patients who have claimed invitation to sign up.
2,112	Patients who have self enrolled directly without an invitation.
159,336	*Active Users who have accessed their medical records.
40%	Percentage of patients who can potentially access their medical records electronically .

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

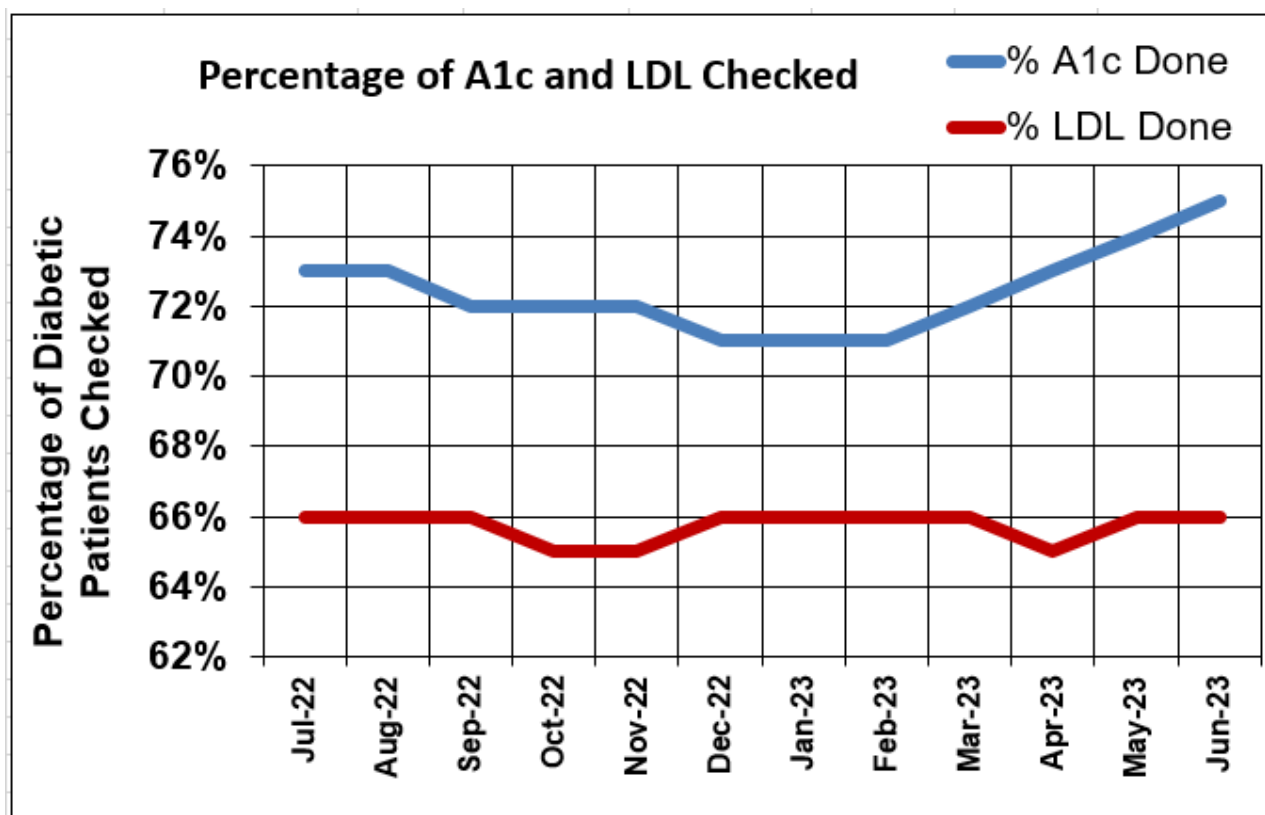
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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

What to expect from MyHealth at UNM:

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

Diabetes Management Indicators for HgbA1C and LDL <100



Month	Total Patients	A1c Done	% A1c Done	LDL Done	% LDL Done
Jul-22	7,944	5,824	73%	5,228	66%
Aug-22	8,090	5,934	73%	5,357	66%
Sep-22	7,866	5,682	72%	5,150	66%
Oct-22	8,035	5,800	72%	5,254	65%
Nov-22	8,136	5,815	72%	5,310	65%
Dec-22	8,095	5,714	71%	5,325	66%
Jan-23	8,162	5,810	71%	5,386	66%
Feb-23	8,165	5,826	71%	5,374	66%
Mar-23	8,106	5,841	72%	5,319	66%
Apr-23	8,089	5,924	73%	5,286	65%
May-23	8,097	5,999	74%	5,307	66%
Jun-23	8,081	6,094	75%	5,340	66%

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	Number of Medicaid applications completed at UNMH
Jul-22	3,193	7	147
Aug-22	2,550	12	133
Sep-22	2,628	6	190
Oct-22	2,276	6	231
Nov-22	3,513	8	204
Dec-22	3,499	3	92
Jan-23	3,666	4	134
Feb-23	4,809	2	207
Mar-23	4,710	5	162
Apr-23	5,009	3	261
May-23	3,904	6	307
Jun-23	3,782	6	287

Total Uncompensated Care – Charity Care and Uninsured

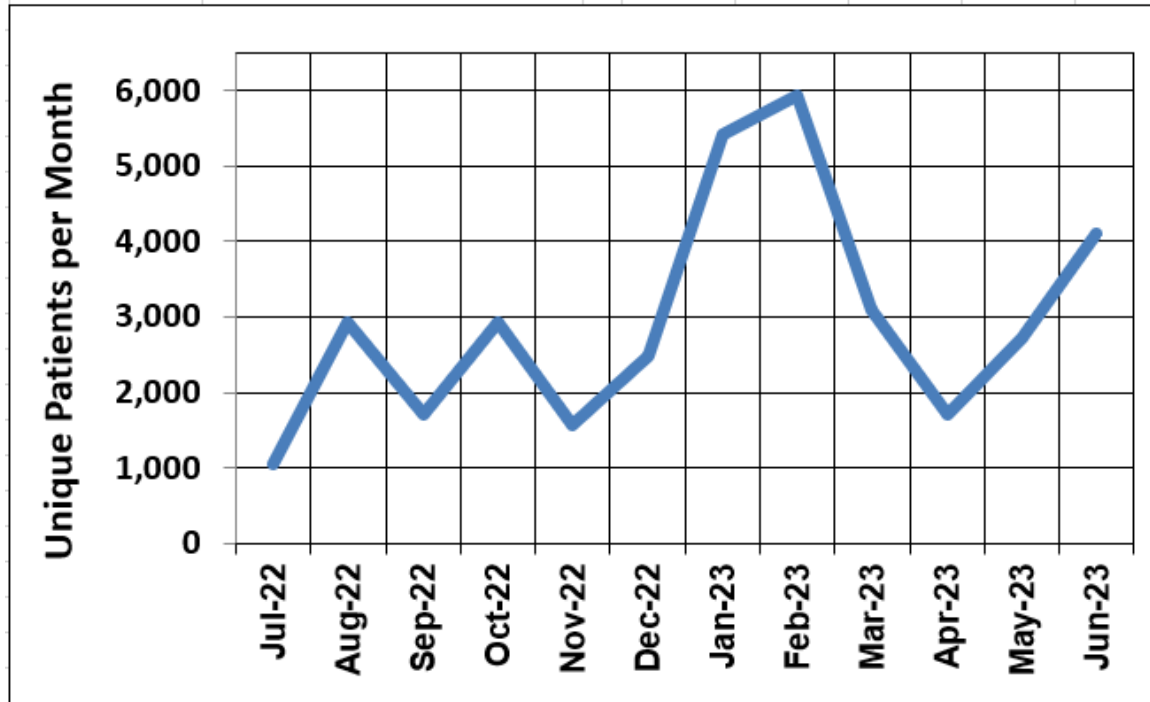
For the twelve (12) months ended June 30, 2023, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	24,180	8,770	32,950
Encounters	82,439	17,420	99,859
Cost	\$ 39,116,370	\$ 12,058,990	\$ 51,175,360

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

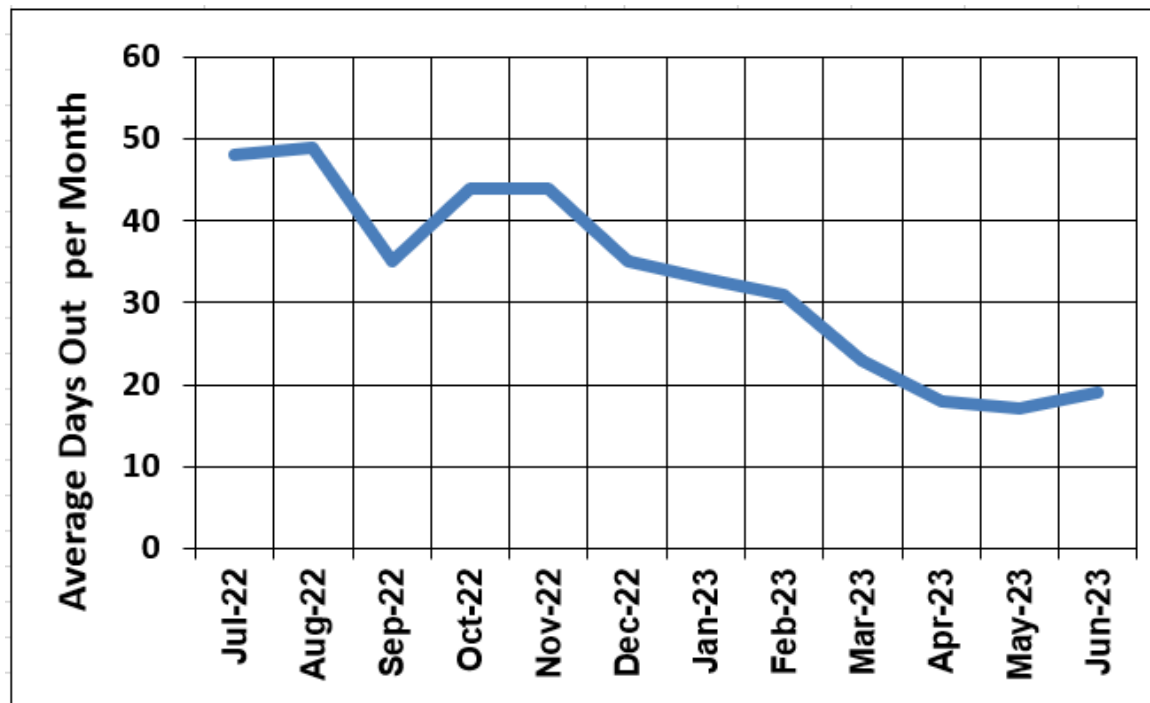
Number of Unique Patients Sent to Collections

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



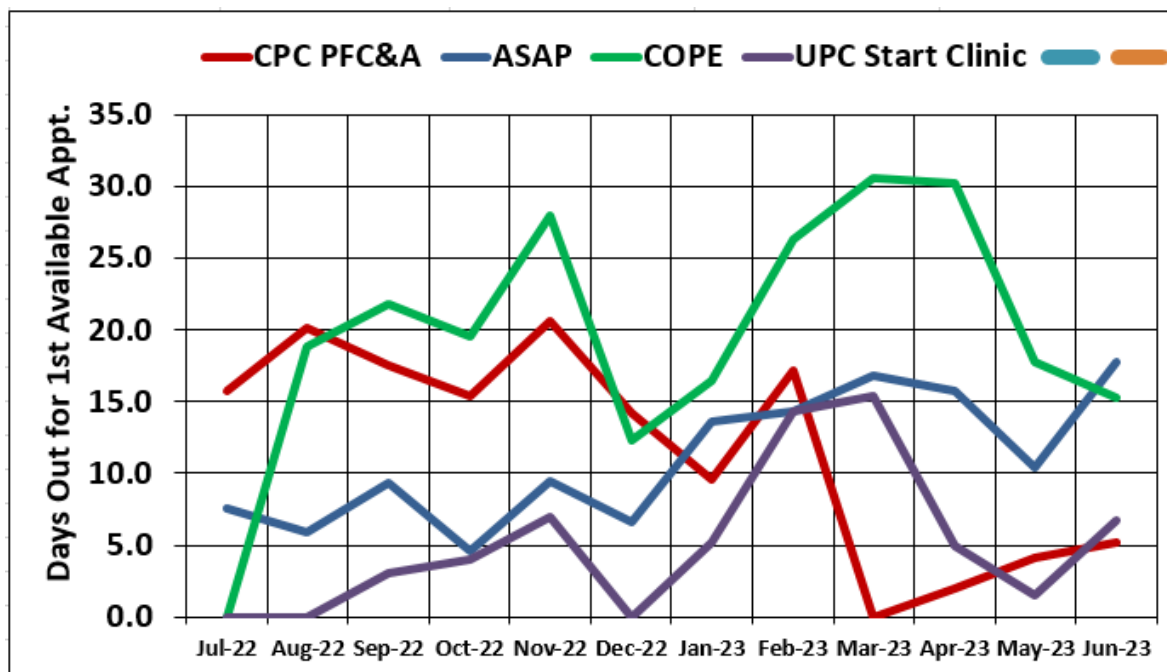
Days Out For Scheduling Financial Assistance Appointment

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



D. BEHAVIORAL HEALTH

Average Appointment Time for BH Outpatient Services



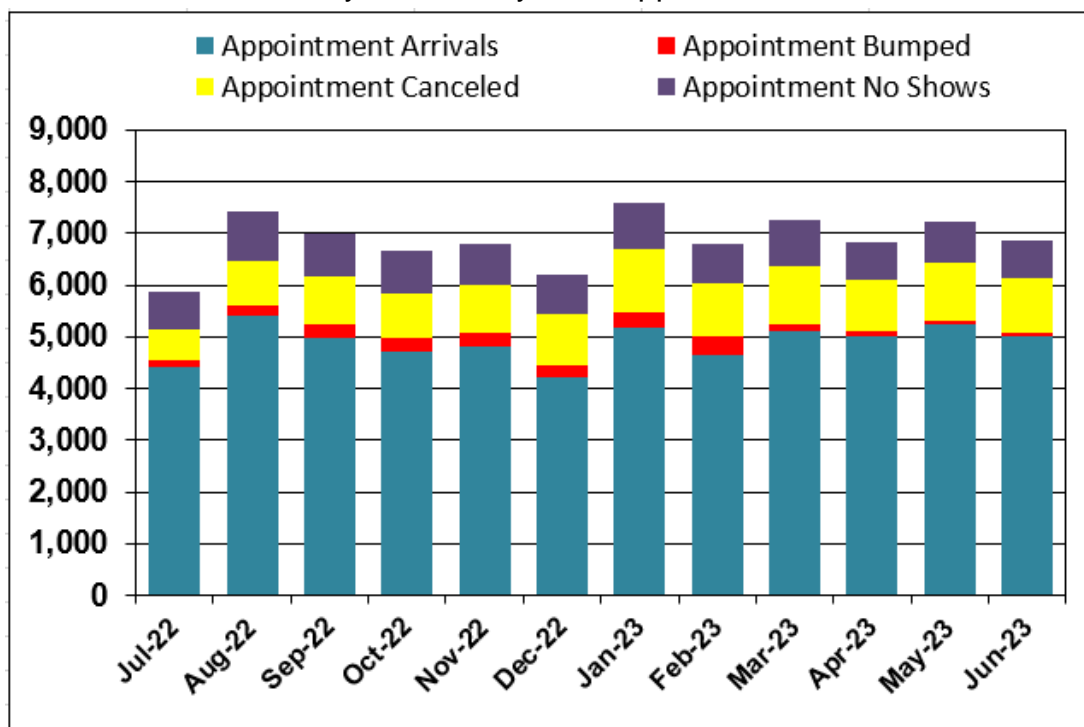
Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Jul-22	15.7	7.5	0.0	0.0
Aug-22	20.2	5.9	18.8	0.0
Sep-22	17.6	9.3	21.8	3.0
Oct-22	15.4	4.6	19.5	4.0
Nov-22	20.6	9.5	28.0	7.0
Dec-22	14.2	6.6	12.3	0.0
Jan-23	9.6	13.6	16.5	5.1
Feb-23	17.2	14.3	26.3	14.3
Mar-23	0.0	16.8	30.6	15.4
Apr-23	1.9	15.7	30.2	5.0
May-23	4.2	10.4	17.8	1.5
Jun-23	5.2	17.7	15.2	6.8

Definitions For Above Acronyms

CPC PFC&A	Children's Psychiatric Center Programs for Children and Adolescents
ASAP	Alcohol and Substance Abuse Program
COPE	Chronic Occurrences of Psychotic Episodes Clinic. The Center for Recovery and Resiliency consolidated into COPE
UPC Start Clinic	University Psychiatric - Start Clinic (General Clinic)

BH Specialty Care Outpatient Appointment Disposition

The statistics below are for just Behavioral Health (BH) Specialty Care appointments and does not include any BH Primary Care appointments.



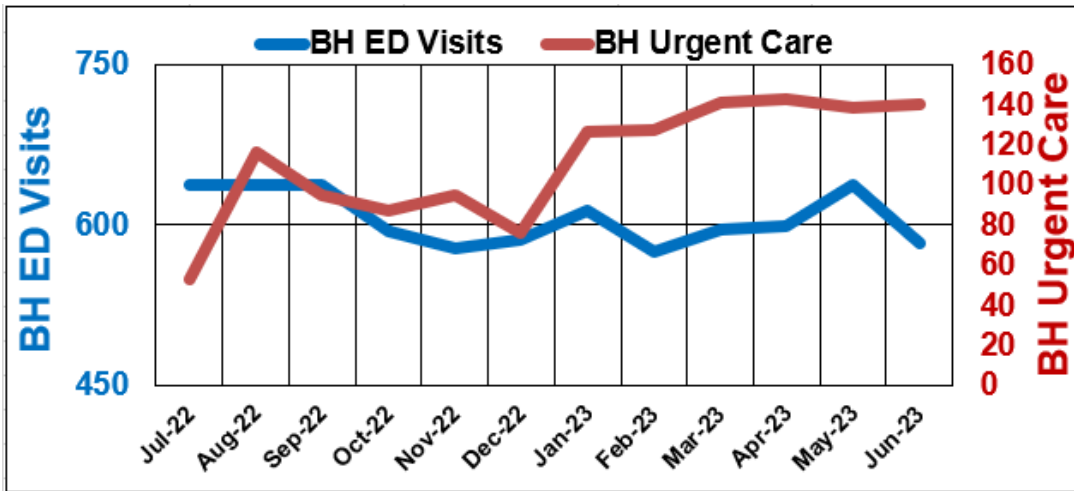
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-22	4,406	149	604	704
Aug-22	5,417	197	844	980
Sep-22	4,974	266	933	836
Oct-22	4,732	260	852	829
Nov-22	4,823	260	926	804
Dec-22	4,227	236	987	746
Jan-23	5,176	314	1,226	877
Feb-23	4,651	351	1,027	772
Mar-23	5,101	153	1,116	901
Apr-23	5,027	71	1,013	737
May-23	5,231	69	1,133	796
Jun-23	5,022	54	1,057	749

Number of Unique Outpatients and Number of Encounters CY2022

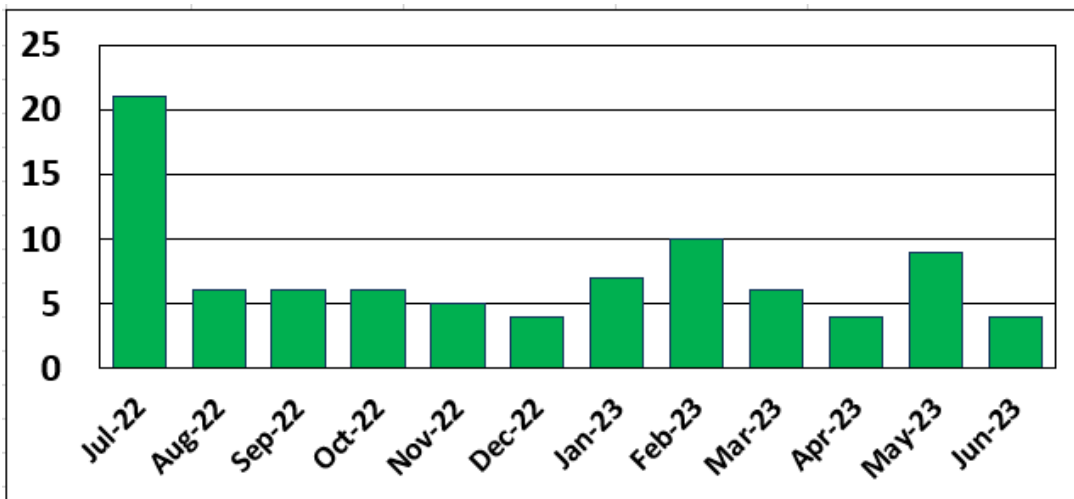
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	11,064	70,222
BH CPC Outpatient	3,612	24,327

* Excluding all Suboxone and Methadone Visits

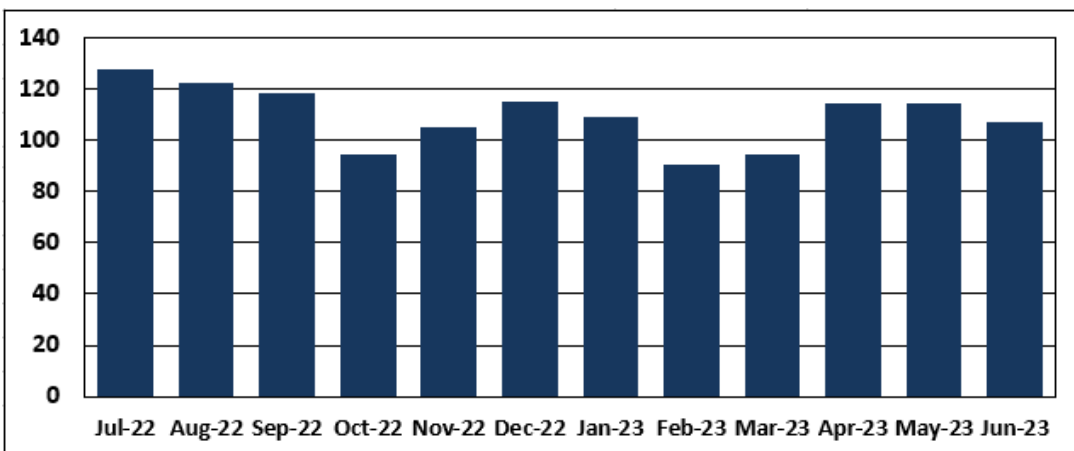
Psychiatric Emergency Department and Urgent Care Encounters



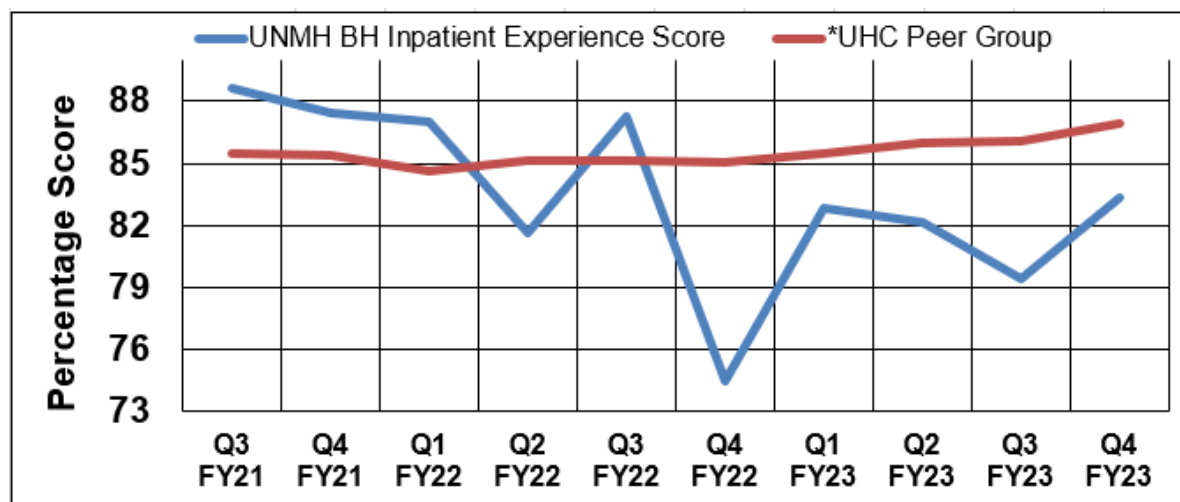
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

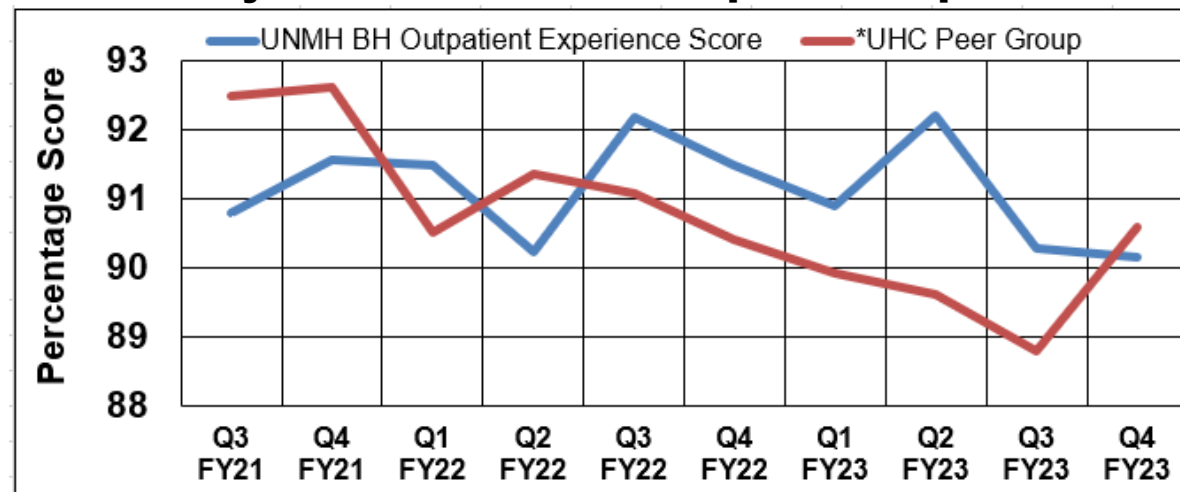


Press Ganey Behavioral Health Inpatient Experience Score



Quarter	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23
UNMH BH Inpatient Experience Score	88.6	87.5	87.0	81.7	87.2	74.5	82.9	82.1	79.4	83.4
*UHC Peer Group	85.5	85.4	84.7	85.1	85.2	85.1	85.5	86.0	86.1	87.0

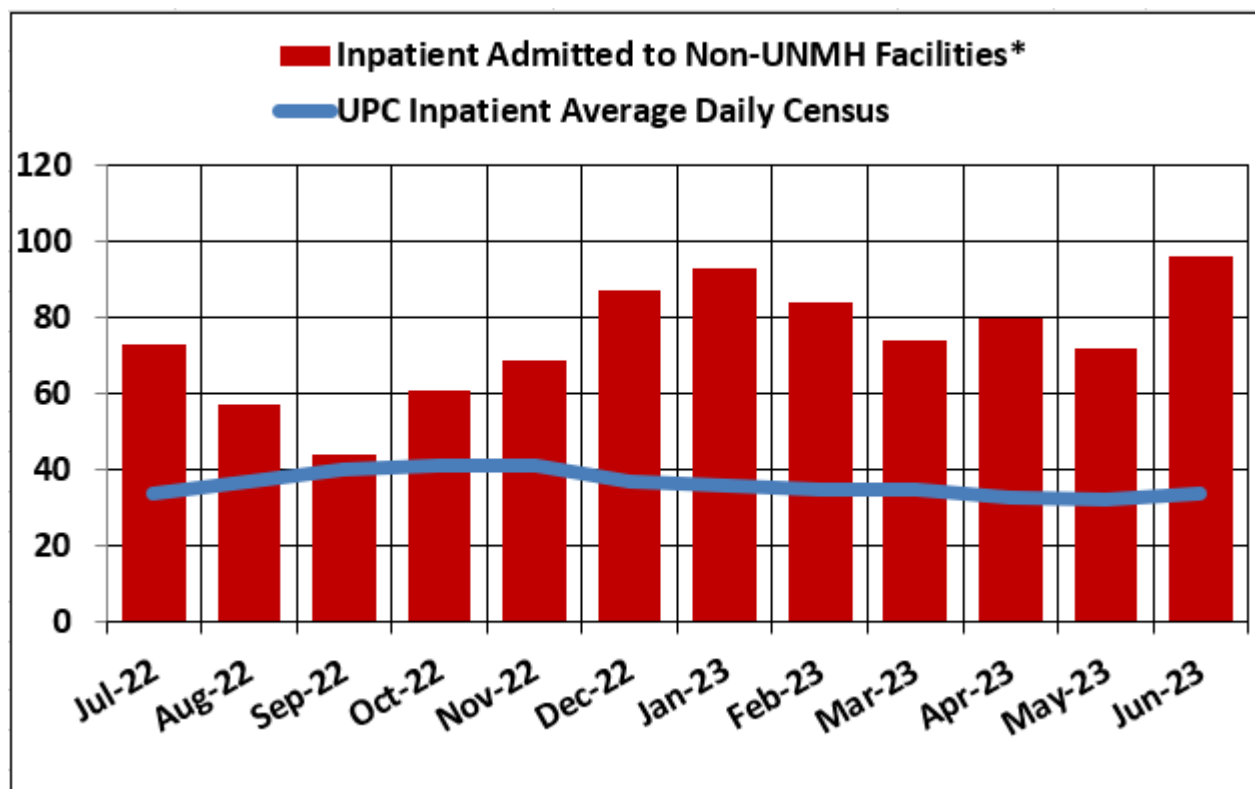
Press Ganey Behavioral Health Outpatient Experience Score



Quarter	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23
UNMH BH Outpatient Experience Score	90.8	91.6	91.5	90.2	92.2	91.5	90.9	92.2	90.3	90.2
*UHC Peer Group	92.5	92.6	90.5	91.4	91.1	90.4	89.9	89.6	88.8	90.6

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

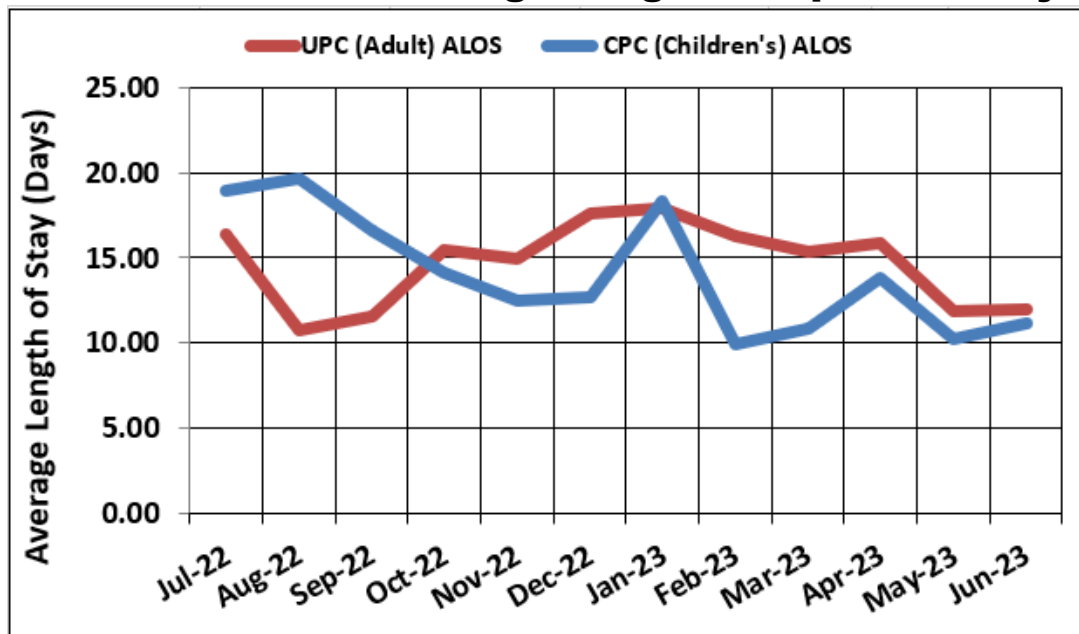
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jul-22	73	34
Aug-22	57	37
Sep-22	44	40
Oct-22	61	41
Nov-22	69	41
Dec-22	87	37
Jan-23	93	36
Feb-23	84	35
Mar-23	74	35
Apr-23	80	33
May-23	72	32
Jun-23	96	34

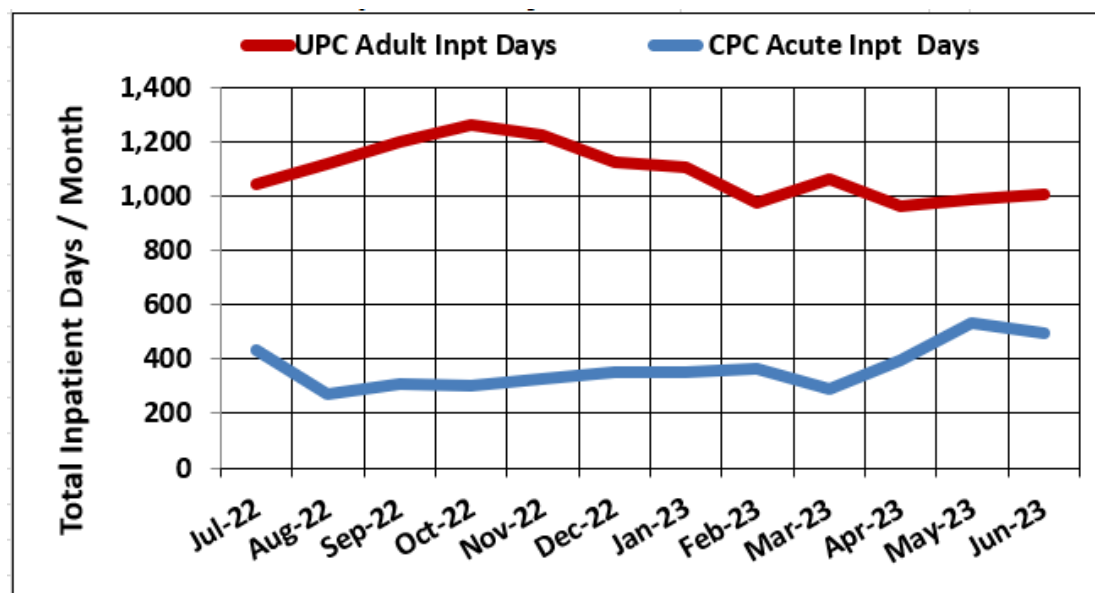
*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC) Average Child National Benchmark: **11.01**
 University Psychiatric Center (UPC) Average Adult National Benchmark: **6.57**

Number of BH Adult and Child/Adolescent Inpatient Days



Number of Unique Inpatients and Number of Encounters CY2022

Patient Group	Patients Served	Total Encounters
BH UPC Inpatient	851	1,368
BH CPC Inpatient	344	408

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2020	11,170
FY2021	12,615
FY2022	11,755
FY2023	10,916

Total Opioid Patients

Month	Census
Jul-22	480
Aug-22	476
Sep-22	470
Oct-22	463
Nov-22	461
Dec-22	453
Jan-23	450
Feb-23	448
Mar-23	450
Apr-23	444
May-23	451
Jun-23	471

Total Methadone Encounters

Month	Count
Jul-22	2,093
Aug-22	2,479
Sep-22	2,338
Oct-22	2,290
Nov-22	2,405
Dec-22	2,319
Jan-23	2,798
Feb-23	2,594
Mar-23	2,803
Apr-23	2,685
May-23	2,834
Jun-23	2,917

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Jul-22	520	28,016	9,139
Aug-22	625	34,084	14,121
Sep-22	571	30,252	11,746
Oct-22	521	27,249	11,425
Nov-22	530	29,010	11,456
Dec-22	503	27,119	11,842
Jan-23	597	31,818	10,649
Feb-23	485	26,326	10,784
Mar-23	580	30,817	10,242
Apr-23	530	29,812	10,774
May-23	549	28,995	10,605
Jun-23	544	29,213	10,495

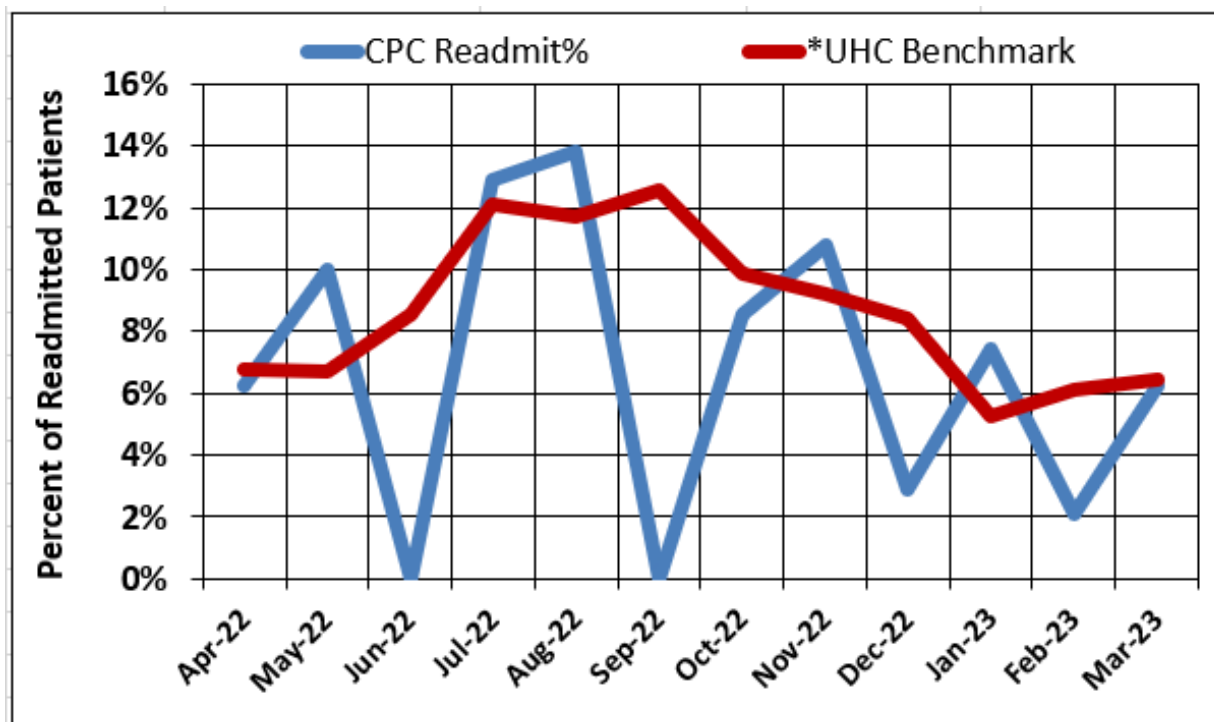
Total Suboxone Encounters

Month	Count
Jul-22	66
Aug-22	57
Sep-22	60
Oct-22	36
Nov-22	27
Dec-22	25
Jan-23	25
Feb-23	19
Mar-23	20
Apr-23	19
May-23	23
Jun-23	30

*The total number of Methadone and Suboxone doses per month includes all of the Methadone Liquid doses distributed at ASAP, Suboxone Dispensed at ASAP and all of the prescriptions from the UNM System for buprenorphine-naloxone (Suboxone) doses dispensed through the UNMH pharmacies.

30 Day Readmission Rate – Children’s Psychiatric Center (CPC)

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

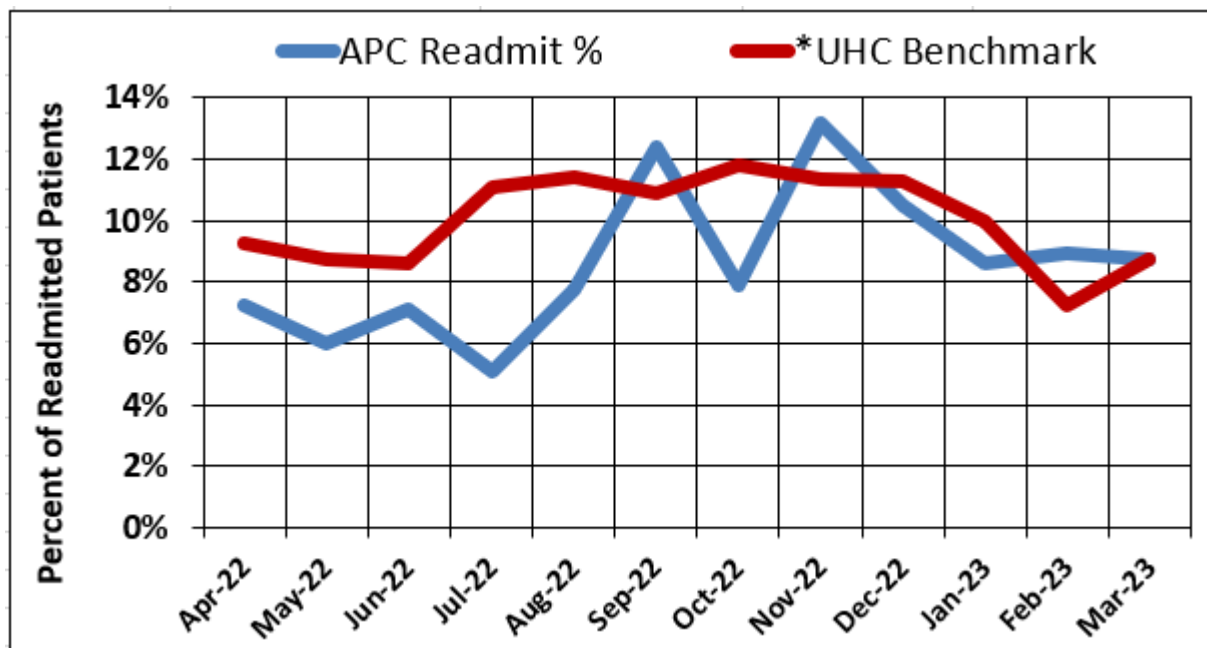


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-22	16	1	6.3%	6.8%
May-22	30	3	10.0%	6.7%
Jun-22	29	0	0.0%	8.6%
Jul-22	31	4	12.9%	12.1%
Aug-22	29	4	13.8%	11.7%
Sep-22	29	0	0.0%	12.5%
Oct-22	35	3	8.6%	9.9%
Nov-22	37	4	10.8%	9.2%
Dec-22	35	1	2.9%	8.4%
Jan-23	27	2	7.4%	5.3%
Feb-23	48	1	2.1%	6.1%
Mar-23	48	3	6.3%	6.4%

*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 – Adult Psychiatric Center

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

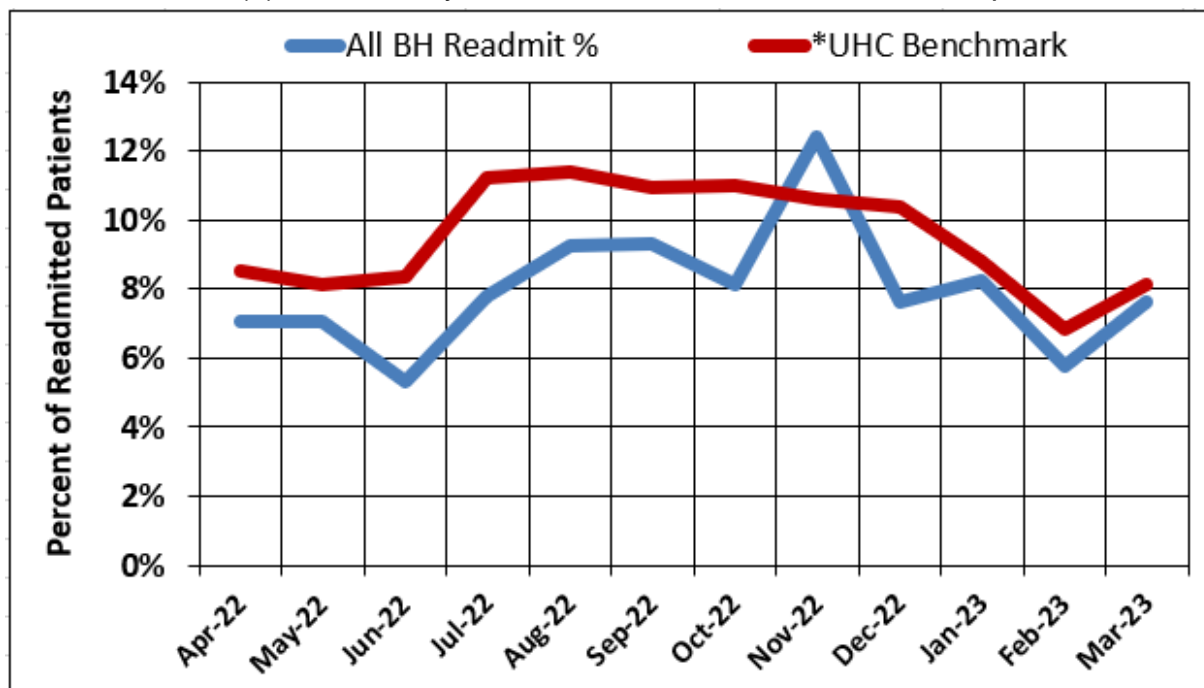


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-22	83	6	7.2%	9.3%
May-22	83	5	6.0%	8.8%
Jun-22	84	6	7.1%	8.6%
Jul-22	59	3	5.1%	11.1%
Aug-22	90	7	7.8%	11.4%
Sep-22	89	11	12.4%	10.9%
Oct-22	76	6	7.9%	11.8%
Nov-22	76	10	13.2%	11.3%
Dec-22	57	6	10.5%	11.3%
Jan-23	58	5	8.6%	10.0%
Feb-23	56	5	8.9%	7.3%
Mar-23	57	5	8.8%	8.7%

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

30 Day Readmission Rate – Both Adult and CPC Psychiatric Center

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

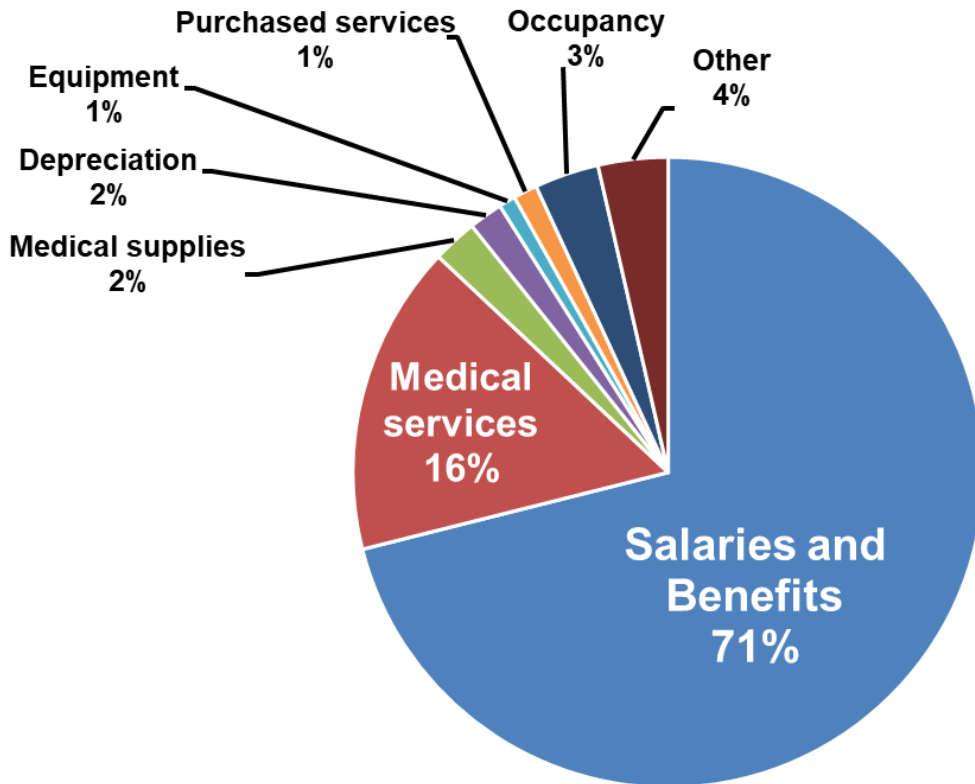


Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-22	99	7	7.1%	8.5%
May-22	113	8	7.1%	8.1%
Jun-22	113	6	5.3%	8.4%
Jul-22	90	7	7.8%	11.2%
Aug-22	119	11	9.2%	11.4%
Sep-22	118	11	9.3%	10.9%
Oct-22	111	9	8.1%	11.0%
Nov-22	113	14	12.4%	10.6%
Dec-22	92	7	7.6%	10.4%
Jan-23	85	7	8.2%	8.8%
Feb-23	104	6	5.8%	6.9%
Mar-23	105	8	7.6%	8.1%

*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

FY2022 BHO Mill Levy Operating Expense by Category (Audited)

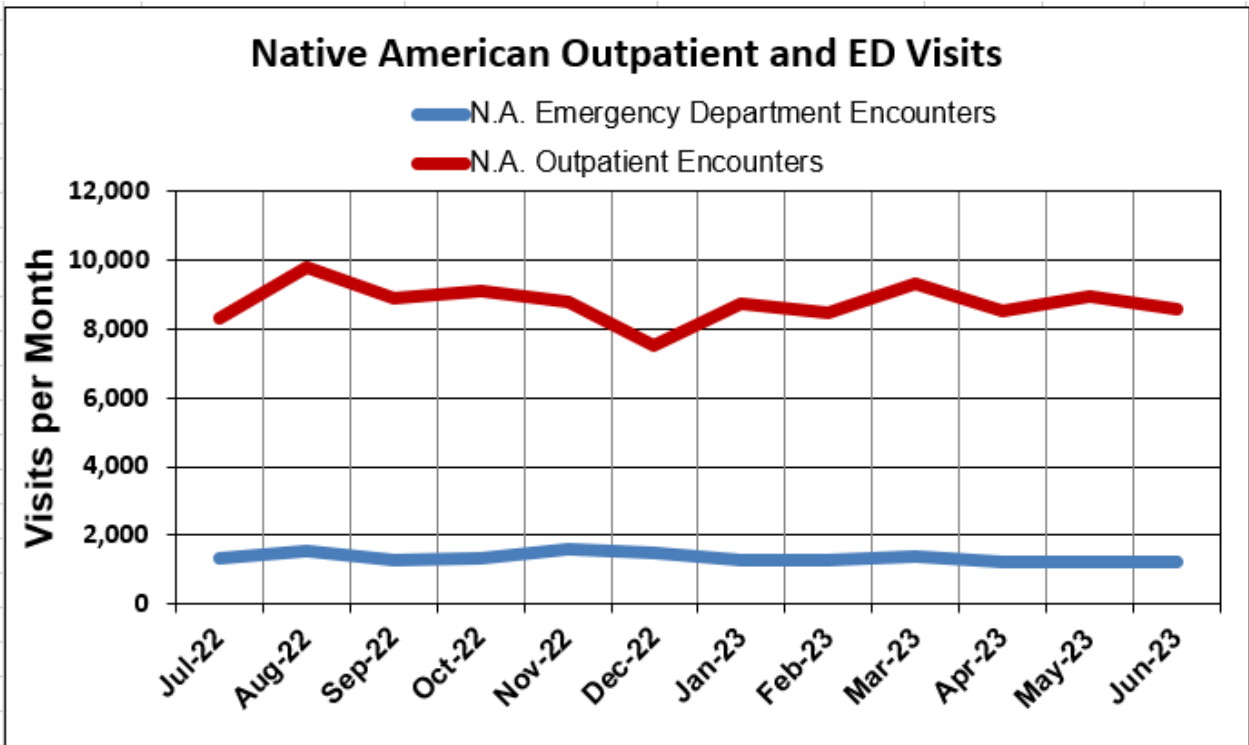


FY2022	
Salaries and Benefits	\$ 12,242,837
Medical services	2,742,704
Medical supplies	395,743
Depreciation	299,106
Equipment	147,417
Purchased services	211,391
Occupancy	567,962
Other	617,354
Total Expense	\$ 17,224,515

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

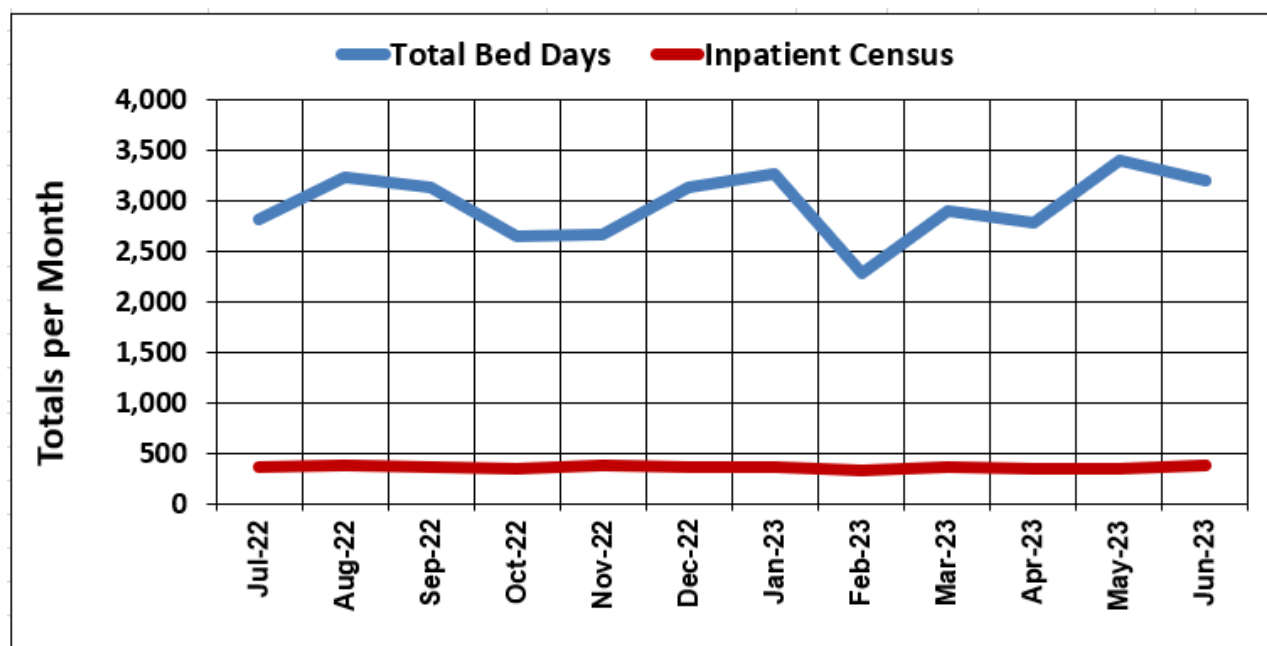
E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Jul-22	7	1,314	8,300
Aug-22	8	1,532	9,812
Sep-22	9	1,281	8,921
Oct-22	4	1,341	9,102
Nov-22	17	1,596	8,770
Dec-22	30	1,483	7,521
Jan-23	16	1,298	8,731
Feb-23	25	1,263	8,453
Mar-23	22	1,378	9,324
Apr-23	32	1,224	8,503
May-23	33	1,234	8,936
Jun-23	30	1,244	8,592

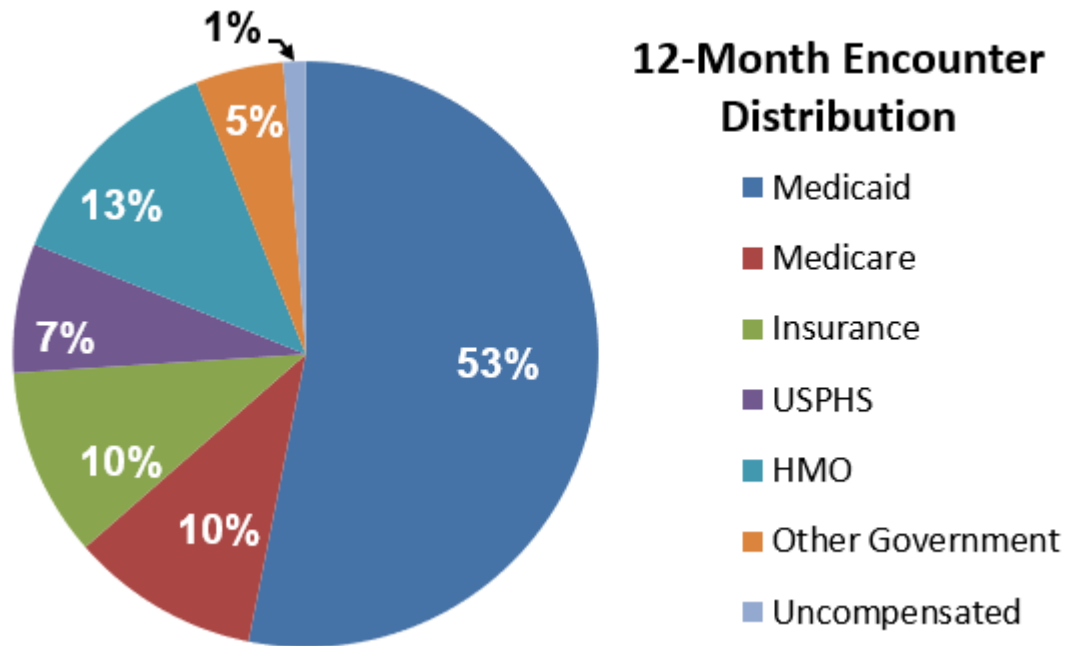
Native American Bed Days and Monthly Inpatient Census



Month	Inpatient Admissions (Census)	Total Bed Days
Jul-22	352	2,818
Aug-22	379	3,238
Sep-22	364	3,135
Oct-22	339	2,646
Nov-22	377	2,667
Dec-22	368	3,131
Jan-23	356	3,257
Feb-23	319	2,273
Mar-23	361	2,900
Apr-23	339	2,776
May-23	345	3,400
Jun-23	383	3,190

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
Jul-22	5,273	1,114	981	728	1,235	539	101
Aug-22	6,305	1,161	1,298	844	1,504	537	124
Sep-22	5,593	1,113	1,076	788	1,388	515	100
Oct-22	5,687	1,119	1,066	711	1,582	476	129
Nov-22	5,857	1,086	1,074	803	1,318	503	118
Dec-22	5,100	1,001	912	662	1,151	453	125
Jan-23	5,472	1,119	1,072	745	1,294	523	114
Feb-23	5,352	1,091	1,093	686	1,247	456	105
Mar-23	5,800	1,083	1,145	848	1,402	549	173
Apr-23	5,382	1,118	1,024	689	1,298	544	132
May-23	5,608	1,101	1,187	735	1,327	493	141
Jun-23	5,340	993	1,162	742	1,308	515	194
TOTAL	66,769	13,099	13,090	8,981	16,054	6,103	1,556
	53%	10%	10%	7%	13%	5%	1%

APPENDIX A

MOU Exhibit A Progress Updates

UNM Hospital Memorandum of Understanding with Bernalillo County
UNM/Bernalillo County MOU Deliverables Updated November, 2021

- 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	Healthcare Taskforce workgroup established with community participation. Native American and Community Engagement Committees of the Board.	
UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives	UNMH completed the 2020 Community Health Needs Assessment with extensive community input in March 2020. 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 with the County.	
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.	
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 four (4) years	UNMH is working on new Primary Care access and has completed a survey to inform possible sites. Expanded access in progress for Lobocare and Senior Health.	
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. MDC part of planning for new UNMH Tower.	
UNMH will explore the use of Telemedicine Consultation between UNM HSC and the MDC	Possible discussion topic with new MDC vendor.	
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.	Initial discussion with Bernalillo County on current school based services currently on hold based on COVID-19.	

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 with expansion of 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. The change was effective 7/1/2021.	
Patients with income levels that do not meet the requirements for financial assistance or other programs will be given the opportunity to establish re-payment plans which are reasonably related to income.	Patients have the opportunity to create repayment plans with Patient Financial Services.	
UNMH will make reasonable efforts to notify patients with outstanding bills of their right to seek financial assistance or to establish payment plans	Patient bills have information incorporated in them on how to contact financial assistance. Patients also receive other notifications at the time of services.	

Exhibit A – Financial Services

Action Item	Implementation Status	
UNMH will subject to CMS regulations assure that no indigent patient is sent to collections.	Implemented with 2015 policy change. UNMH monitors on ongoing basis.	Green
UNMH will work with other component entities of the UNMH Health System to look at producing one consolidated bill for services.	UNMH working on tools to have consolidated account information across entities.	Red
UNMH will coordinate and consult with community organizations and the County to maximize outreach to patients needing financial assistance or having difficulty accessing insurance or Medicaid including those released from incarceration.	UNMH currently works with various community navigator groups around financial assistance issues.	Green
UNMH will assist the County in Coordinating Care for individuals released from incarceration.	UNMH continues to operate the Fast Track Program and provides discharge planning at MDC and the RRC.	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	UNMH has worked with the County on service expansion at the Care Campus and is in the process of Development of a Crisis Center at UNM including expanded PES capacity.	
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 on hold based on COVID-19.	
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 2023 - June 2023

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 2023)

Exhibit A Reporting Area - Reporting and Interaction

Semi- Annual Focus Areas January 2023-June 2023	Status Update as of June 2023
<p>A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.</p>	<p>The UNMH Community Health Needs Assessment was completed in the spring of 2020 and is available online at: https://hsc.unm.edu/health/about/community-health-needs-assessment.html.</p> <p>UNMH is in the process of updating the Community Health Needs Assessment for 2023 and is holding public listening sessions in 2023 with Bernalillo County related to the upcoming 2024 Mil Levy.</p>
<p>A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.</p>	<p>IHS, UNMH and Bernalillo County have established a small working group with representatives from the three organizations to meet periodically around programmatic public and community health initiatives.</p>
<p>A.6 UNMH will establish procedures related to <u>it</u> budget development, which will allow meaningful input into the budget by the County and IHS.</p>	<p>UNMH established budget planning meetings with both the County and IHS for updates and input related to the Budget and Capital process.</p>

Exhibit A Reporting Area - Accountability and Transparency

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

Exhibit A Reporting Area - Primary Care

Semi- Annual Focus Areas	Status Update
<p>C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.</p> <p>C.7 UNMH shall provide increased funding to either the UNM School of Medicine or UNM Medical Group to recruit and retain specialist for a minimum of two medical specialties most needed by Native Americans.</p>	<p>UNMH has opened a multi-specialty clinic in Gallup that is well positioned to serve areas with larger Native American patients. UNMH is in the process of developing a new primary care site in Bernalillo County that will be located in the southwest mesa area.</p> <p>UNMH will complete the new Behavioral Health Crisis Triage Center in January 2024 and is partnering with Bernalillo County to provide medical services at the Metropolitan Detention Center (MDC). The UNMH Hospital Tower project is on target to Open in October 2024.</p> <p>UNMH offers financial assistance through the UNM Care and other programs to patients.</p> <p>UNMH continues to discuss need specialty access at ongoing quarterly lease compliance meetings with representation from IHS and the Tribes. Reporting is provided quarterly on access and services to Native Americans.</p>

Exhibit A Reporting Area - Native American Care

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

Exhibit A Reporting Area - Behavioral Health Services

Semi- Annual Focus Areas	Status Update
<p>F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.</p> <p>F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.</p>	<p>UNMH continues to provide staffing for discharge planning activities for the MDC and to assist with staffing the Resource Re-entry Center. UNMH will also begin providing Medical and Behavioral Health services at MDC on July 26, 2023.</p> <p>UNMH is currently working on expanded Behavioral Health programming within the UNMH infrastructure in the forms of health home implementation, Crisis Triage Center Development with the County and expanded Psychiatric Emergency Capacity. UNMH will assume operations of the Behavioral Health services at MDC on July 26, 2023.</p>