



QUARTERLY REPORT

June 30, 2021

Bernalillo County Commissioner Trend Report

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A. ACCOUNTABILITY

Balance Sheet

Statements of Net Position

(In Thousands)

	unaudited June 2021	audited June 2020*
Assets		
Cash and marketable securities	\$ 289,487	\$ 191,110
Cash restricted by management for capital replacement	138,000	63,000
Cash restricted for donor specified expenses	19,072	19,297
Cash restricted for capital appropriation	8,033	18,044
Cash restricted for Medicare advance payment program***	69,713	78,830
Cash restricted by Mgmt for capital initiatives	23,558	-
Patient receivables, net	148,942	135,631
Other receivables and current assets	276,748	106,707
Capital assets, net	272,211	232,124
Restricted for mortgage reserve, bonds	18,169	18,168
Other noncurrent assets	39,459	28,579
Total assets	<u>1,303,392</u>	<u>891,490</u>
Liabilities		
Accounts payable	60,633	45,975
Payable to related parties (UNM)	38,537	32,168
Interest payable bonds	74	78
Medicare advance payment program	69,713	78,830
Other accrued current liabilities	191,900	136,148
Bonds payable, non current	74,250	80,355
Other long term liabilities	11,388	6,071
Total liabilities	<u>446,495</u>	<u>379,625</u>
Net Position		
Restricted for expendable grants, bequests, and contributions	19,072	19,297
Restricted capital appropriation	8,033	18,044
Restricted by management for capital replacement	138,000	63,000
Restricted for trust indenture and debt agreement	18,169	18,168
Assets invested in capital	191,856	145,819
Unrestricted from operations	481,767	247,537
Total net assets	<u>\$ 856,897.00</u>	<u>\$ 511,865.00</u>
Current Ratio	2.63	2.09
Days Cash on Hand**	86.00	71.00

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

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

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

Income Statement

UNM HOSPITALS

Statements of Revenues, Expenses, and Changes in Net Assets

For the twelve (12) months ended June 30, 2021

<i>(In Thousands)</i>	unaudited June
Operating revenues:	
Net Patient Service	\$ 1,299,012
Other	53,672
Total Operating Revenues	<u>1,352,684</u>
Operating expenses:	
Employee Compensation and Benefits	681,255
UNM School of Medicine Medical Services	172,061
Medical Services Oncology	26,758
Medical Services non-SOM	39,528
Medical Supplies	182,477
Oncology Drugs	52,021
Occupancy/Equipment	76,529
Depreciation	34,441
Purchased Services	74,430
Health System Expenses	16,101
Gross Receipts Tax	25,699
Other	17,369
Total Operating Expenses	<u>1,398,669</u>
Operating loss	<u>(45,985)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	112,133
State Appropriation	12,925
Interest Expense	(2,815)
Other Revenue and (Expense)	72,774
Net Nonoperating Revenues	<u>195,017</u>
Increase in Net Assets before Transfer of Assets	149,032
Transfer of Assets (Capital Initiatives)	<u>196,000</u>
Total Increase in Net Assets	<u><u>345,032</u></u>
Net Assets Reserved for capital assets*	\$ <u>(271,000)</u>
Net Assets Available for operations*	\$ <u>74,032</u>

* Presentation has been adjusted from GAAP to reflect sources and uses consistent with operational intent.

Mill Levy Distribution Detail by Department FY2021

UNMH Mill Levy Spending Allocation Non-clinical Exp Support FY2021

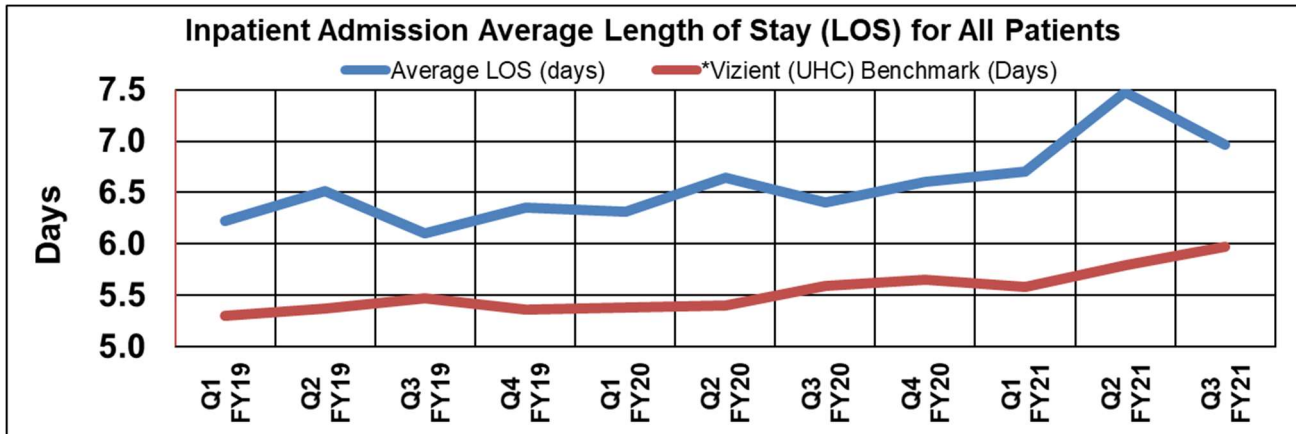
(Unaudited)

Total Bernalillo County Mill Levy \$ 112,132,446.00

Note: 15% of the Mill Levy is allocated to Behavioral Health (see p42)

UNMH - 85%	
Mill Levy	\$ 95,312,579
Expenses	Total Spending
<i>Facilities</i>	
Facilities Maintenance	\$ 15,988,679
Environmental Services	11,309,284
Insurance	5,930,574
Plant Operations & Maintenance	5,362,298
Utilities	4,419,652
Clinical Engineering	3,669,313
Parking Structure and Support	2,396,905
Security	4,245,770
Off Site/Ambulatory Maintenance	4,431,947
Life Safety/Fire Protection	1,491,747
Facilities Planning	2,928,570
Facilities Other	1,135,766
Total Facilities	63,310,505
Finance	8,404,361
HR	12,753,965
<i>Information Technology</i>	
IT - Open Clinic/Mgt	5,342,580
IT - Patient Financial Services	3,485,859
Communications	6,295,237
IT Cerner Millennium RHO	8,581,741
Clinical Applications	3,520,961
Customer Service	3,099,558
Network & Infrastructure	2,719,046
Systems Support	3,514,504
System Develop and Applications	2,348,622
Network & Cyber Security	1,884,486
IT Non Capital Equipment	982,440
Computer Learning Technologies	1,329,560
Medical Records	1,369,500
IT - EVOLVE3	797,905
IT Admin, Oversight and Support	1,246,091
IT Other	3,774,645
Total Information Technology	50,292,735
<i>Revenue Cycle</i>	
Patient Financial Services	14,115,179
Coding	9,012,081
Revenue Cycle Initiatives	1,365,454
Medical Records Support Svcs	2,917,195
HIM Clinical Documentation	1,755,113
Collection Agencies	986,821
Revenue Other	409,349
Total Revenue Cycle	30,561,192
Food & Nutrition	8,589,671
<i>Other</i>	
Administration	16,975,064
FHA Bonds	6,536,087
Admin Support for Facilities/Planning	1,876,222
Admin Other	567,265
Total Other	25,954,638
Total Mill Levy Expenditures	\$ 199,867,067

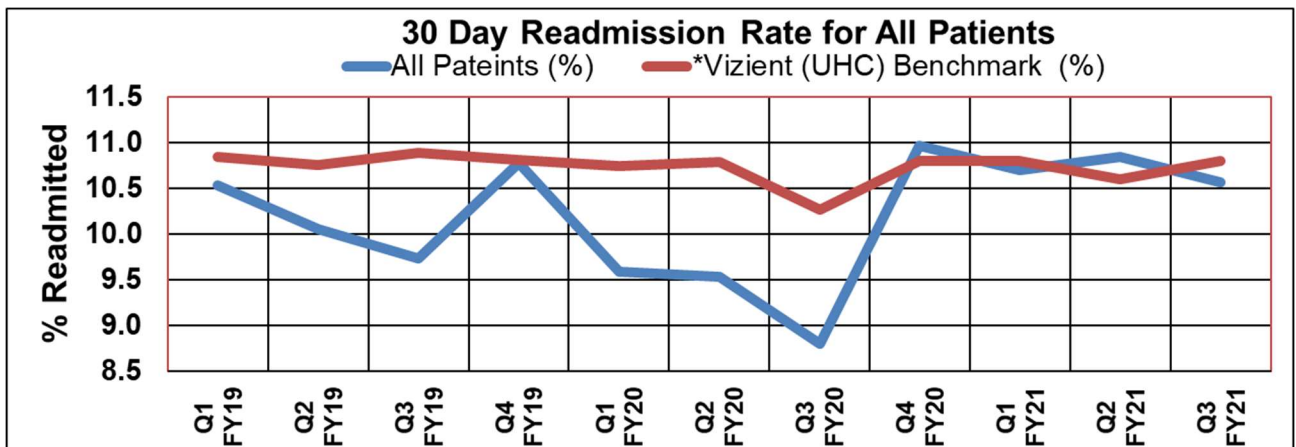
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21
Average LOS (days)	6.22	6.51	6.10	6.35	6.31	6.65	6.40	6.61	6.71	7.48	6.97
*Vizient (UHC) Benchmark (Days)	5.30	5.37	5.47	5.36	5.38	5.40	5.59	5.65	5.58	5.79	5.97

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

30 Day Readmission for All Patients

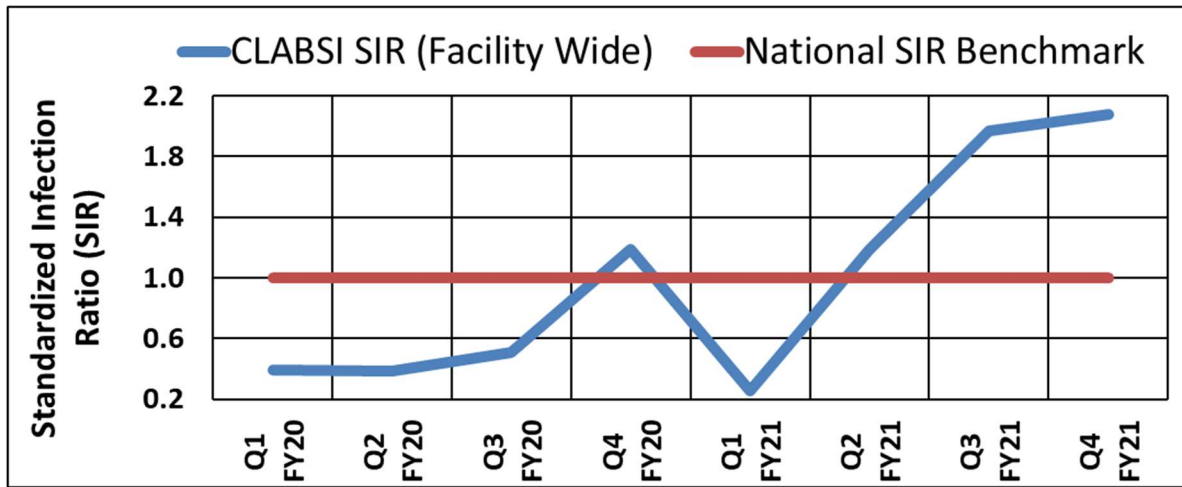


Fiscal Quarter	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21
All Patients (%)	10.53	10.06	9.74	10.78	9.59	9.54	8.80	10.97	10.70	10.85	10.57
*Vizient (UHC) Benchmark (%)	10.85	10.76	10.89	10.81	10.75	10.79	10.27	10.80	10.80	10.60	10.80

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

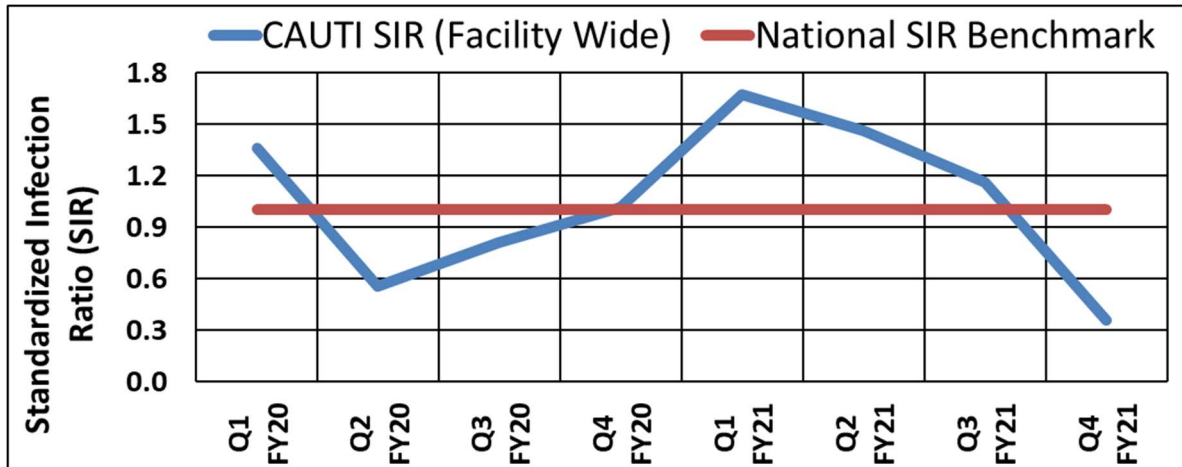
*Vizient, Inc. (formerly, "UHC") is an alliance of the nation's leading academic medical centers ("AMCs") and associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
CLABSI SIR (Facility Wide)	0.39	0.39	0.51	1.19	0.26	1.19	1.97	2.08
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	4	4	5	12	3	10	14	4
*NHSN Expected	10.2	10.4	9.9	10.1	11.4	12.4	7.1	1.9

Catheter Associated Urinary Tract Infection



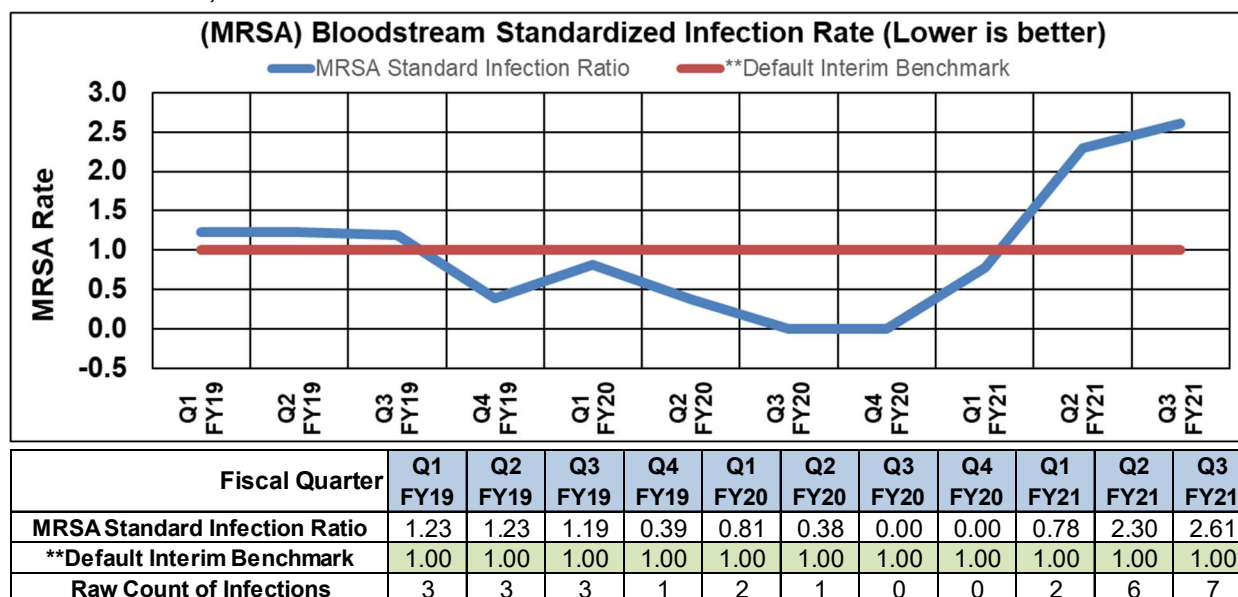
Central Line-associated Bloodstream Infection (CLABSI)	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
CLABSI SIR (Facility Wide)	0.39	0.39	0.51	1.19	0.26	1.19	1.97	2.08
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	4	4	5	12	3	10	14	4
*NHSN Expected	10.2	10.4	9.9	10.1	11.4	12.4	7.1	1.9

*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.



Due to the COVID-19 impact, the 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

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

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

Inpatient Days	FY20 Actual	FY21 Actual
Adult	112,012	131,400
Pediatric	39,029	35,774
Newborn	4,980	4,498
Total Inpatient Days	156,021	171,672

Nursing Hours of Care

	FY2019 Actual	FY2020 Actual	FY2021 April
UNMH Nursing Hours of Care Per Patient*	17.12	16.75	17.71

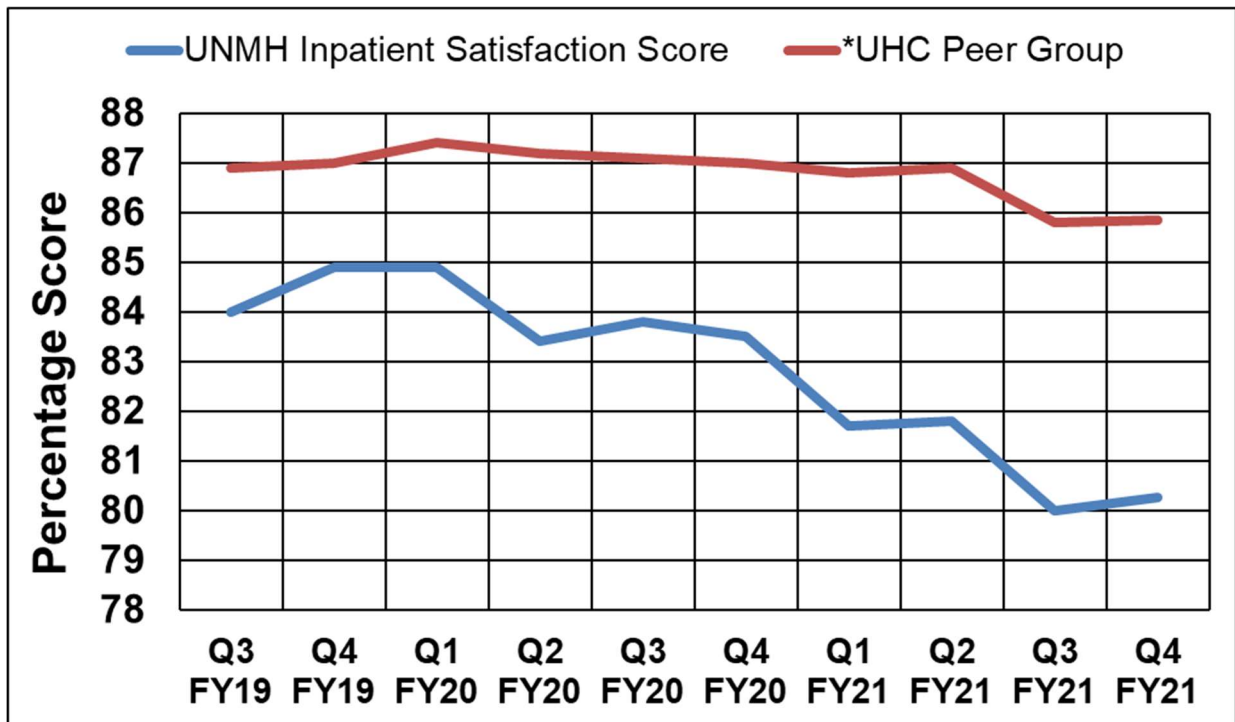
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2020	Number of FTES as of June, 2021	FY2021 Hires (Headcount)	FY2021 Terms (Headcount)	Rolling Retention Rate
RN's	1,968	1,925	246	363	81.8%
*National Retention Rate Benchmark					82.3%

* Per the 2021 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2020 national RN turnover rate is 17.7%.

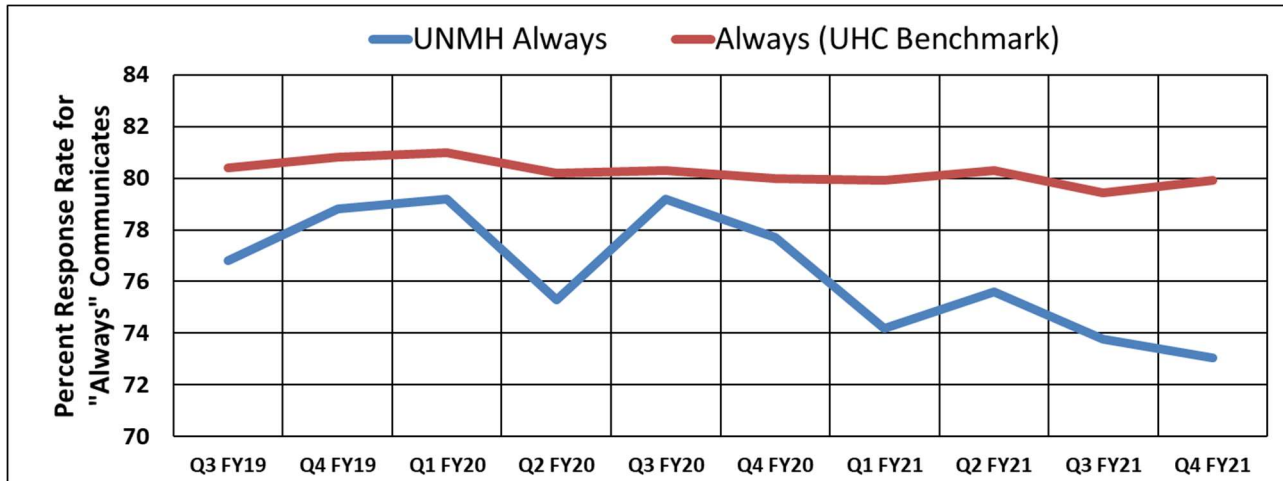
Press Ganey Inpatient Satisfaction Score



Quarter	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
UNMH Inpatient Satisfaction Score	84.0	84.9	84.9	83.4	83.8	83.5	81.7	81.8	80.0	80.3
*UHC Peer Group	86.9	87.0	87.4	87.2	87.1	87.0	86.8	86.9	85.8	85.9

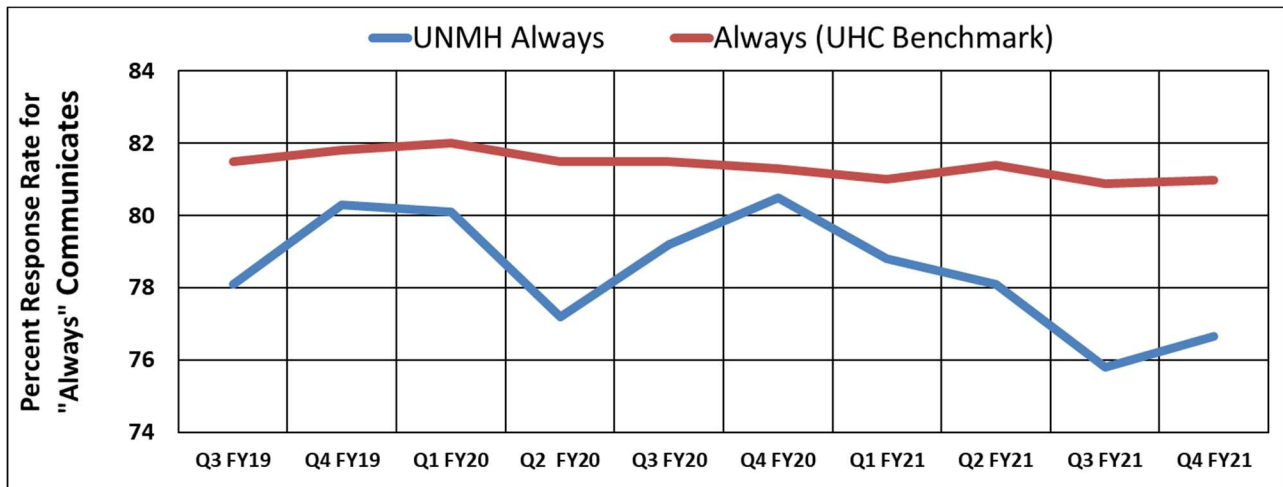
*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

HCAHPS Satisfaction – Communications with Nurses



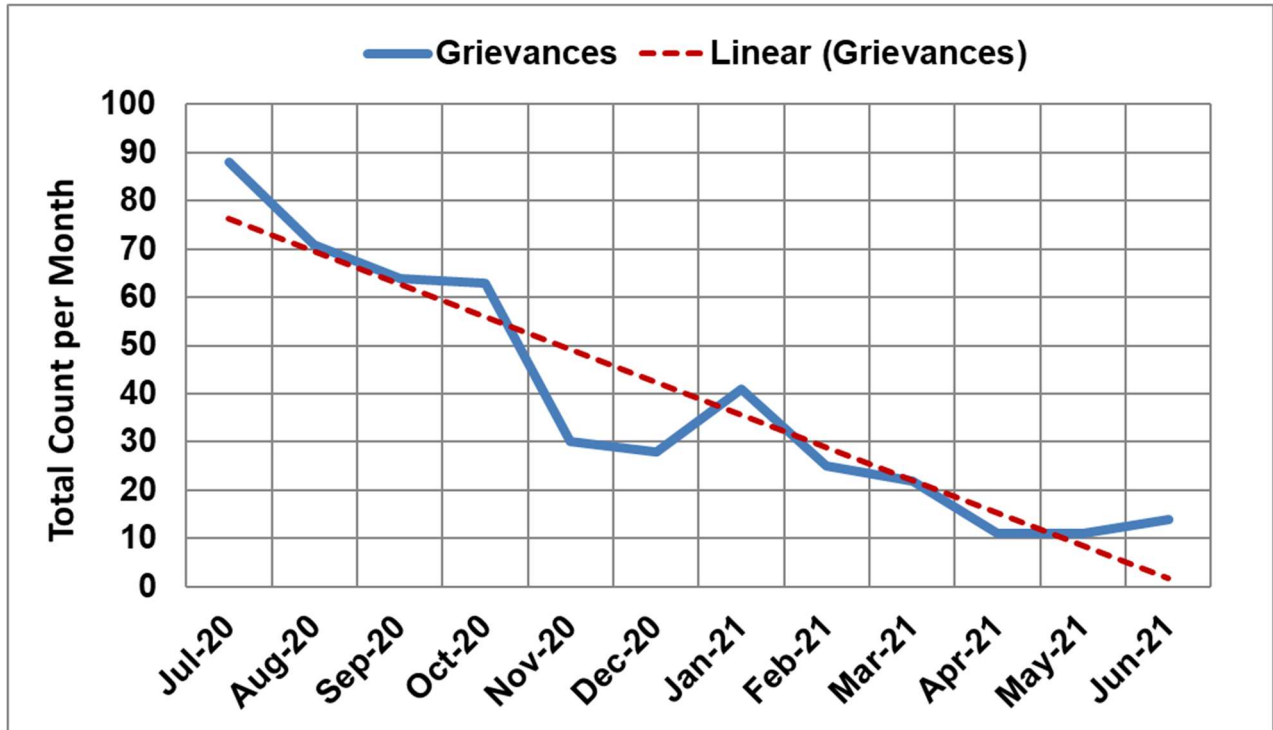
Communication with Nurses	Response	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
H-COMP-1-A-P	UNMH Always	76.8	78.8	79.2	75.3	79.2	77.7	74.2	75.6	73.8	73.0
H-COMP-1-U-P	UNMH Usually	17.8	16.9	16.7	19.5	15.6	16.9	17.4	18.1	19.7	19.2
H-COMP-1-SN-P	UNMH Sometimes/Never	5.5	4.3	4.1	5.2	5.1	5.4	8.5	6.3	7.2	7.7
UHC Benchmark	Always (UHC Benchmark)	80.4	80.8	81.0	80.2	80.3	80.0	79.9	80.3	79.5	79.9

HCAHPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
H-COMP-2-A-P	UNMH Always	78.1	80.3	80.1	77.2	79.2	80.5	78.8	78.1	75.8	76.7
H-COMP-2-U-P	UNMH Usually	15.7	15.1	15.8	16.9	15.9	13.4	15.3	14.7	17.3	17.5
H-COMP-2-SN-P	UNMH Sometimes/Never	6.2	4.6	4.1	5.9	4.9	6.2	5.9	7.2	6.9	5.9
UHC Benchmark	Always (UHC Benchmark)	81.5	81.8	82.0	81.5	81.5	81.3	81.0	81.4	80.9	81.0

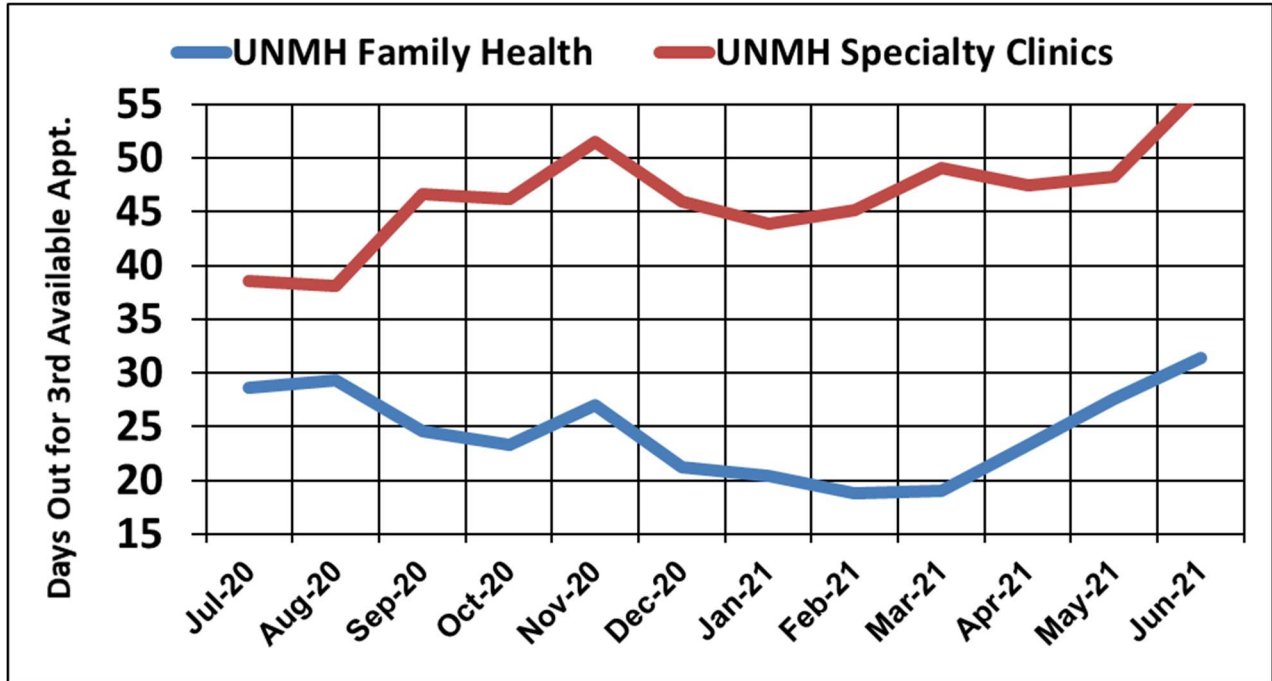
Grievances



Month-Year	Grievances
Jul-20	88
Aug-20	71
Sep-20	64
Oct-20	63
Nov-20	30
Dec-20	28
Jan-21	41
Feb-21	25
Mar-21	22
Apr-21	11
May-21	11
Jun-21	14

Average time for an Appointment for Primary and Specialty Care

Average 3rd Next Available* Day out for Appointments.

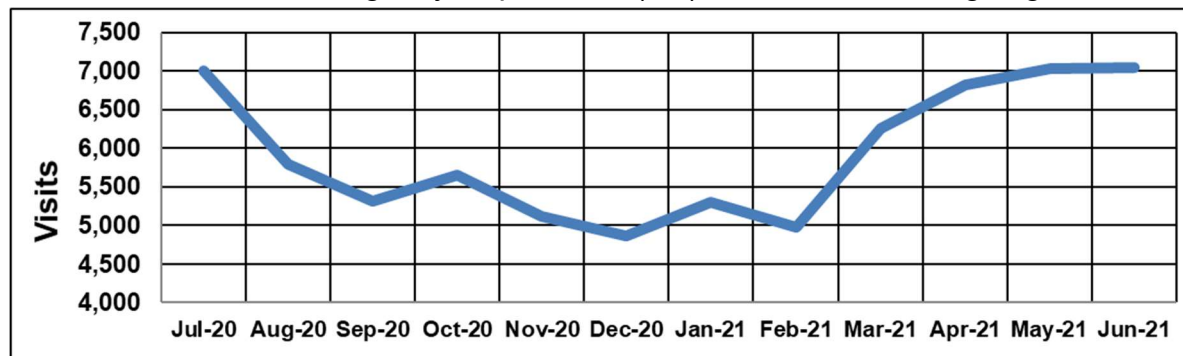


Month	UNMH Family Health	UNMH Specialty Clinics
Jul-20	28.6	38.5
Aug-20	29.3	38.0
Sep-20	24.6	46.6
Oct-20	23.3	46.1
Nov-20	27.0	51.5
Dec-20	21.2	45.9
Jan-21	20.4	43.8
Feb-21	18.8	45.2
Mar-21	19.0	49.0
Apr-21	23.3	47.5
May-21	27.6	48.3
Jun-21	31.4	56.5

* "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 (ED) Visits

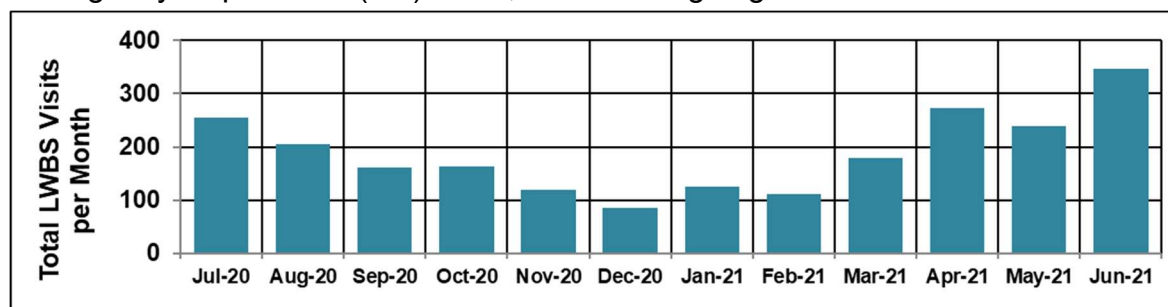
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Visits	7,001	5,795	5,315	5,650	5,120	4,862	5,300	4,975	6,261	6,826	7,029	7,040

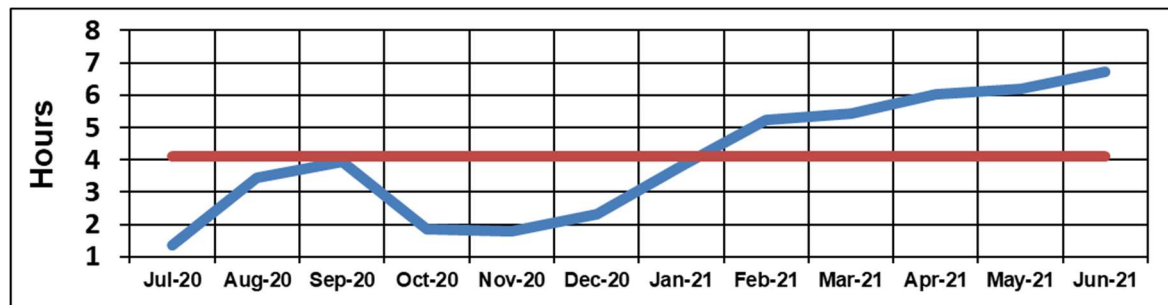
Total ED Patients Left without Being Seen

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



Month	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
UH LWBS	255	206	162	163	120	86	126	112	180	273	238	346

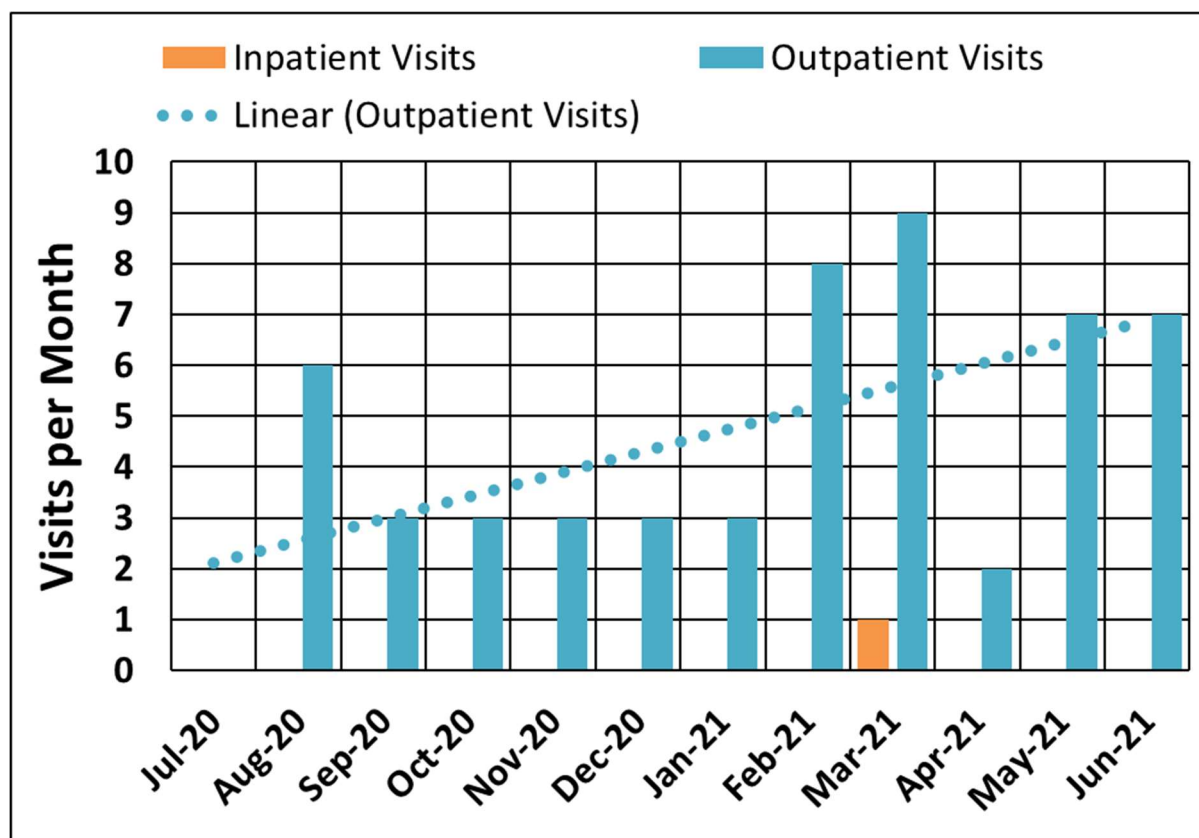
ED Average Hours from Arrival to Disposition



Month	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Arrival to Disposition	1.35	3.45	3.95	1.87	1.79	2.33	3.81	5.22	5.42	6.03	6.18	6.73
*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-20	0	0
Aug-20	0	6
Sep-20	0	3
Oct-20	0	3
Nov-20	0	3
Dec-20	0	3
Jan-21	0	3
Feb-21	0	8
Mar-21	1	9
Apr-21	0	2
May-21	0	7
Jun-21	0	7

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, 2021, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	8,634
EMSA	581
IHS	3,433
Medicaid	272,987
Medicare	272,980
Uninsured	44,100
HMO's & Insurance	251,393
All Other *	57,796
Total Encounters	911,904
Native American Encounters **	102,337

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, 2021, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 21,456,482	\$ 22,832,000	\$ 44,288,482
Catron	22,836	17,341	40,177
Chaves	23,941	64,618	88,559
Cibola	545,510	179,796	725,306
Colfax	20,970	155,576	176,546
Curry	1,868	77,910	79,778
De Baca	15	437	452
Dona Ana	236,724	367,932	604,655
Eddy	273,854	130,228	404,082
Grant	7,900	11,801	19,701
Guadalupe	75,781	20,681	96,463
Harding	15,457	-	15,457
Hidalgo	43	-	43
Lea	86,215	209,151	295,367
Lincoln	22,019	35,959	57,978
Los Alamos	22,652	44,953	67,605
Luna	20,662	26,237	46,900
Mc Kinley	1,384,629	370,669	1,755,298
Mora	45,595	12,864	58,459
Otero	191,466	41,682	233,149
Quay	5,761	35,537	41,297
Rio Arriba	411,093	191,186	602,279
Roosevelt	9,117	226,645	235,763
San Juan	1,494,978	295,105	1,790,083
San Miguel	58,045	78,679	136,725
Sandoval	1,979,259	1,525,882	3,505,141
Santa Fe	958,465	969,846	1,928,311
Sierra	61,770	35,859	97,629
Socorro	298,977	309,779	608,756
Taos	73,552	211,676	285,227
Torrance	153,906	268,532	422,439
Union	3,109	33,632	36,741
Valencia	2,229,579	2,930,176	5,159,755
Out Of State	-	2,652,527	2,652,527
Grand Total	\$ 32,192,233	\$ 34,364,897	\$ 66,557,130

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, 2021.

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	\$283	129	\$ 23,750	131	\$ 24,033
87022	5	19,926	176	23,069	181	42,995
87047	18	80,779	337	74,379	355	155,159
87059	19	121,432	644	141,639	663	263,071
87101	1	(23)	20	9,730	21	9,707
87102	227	1,341,709	5,894	1,236,251	6,121	2,577,959
87103	-	-	49	11,819	49	11,819
87104	75	366,705	1,994	346,966	2,069	713,671
87105	546	3,821,384	14,975	3,505,571	15,521	7,326,954
87106	169	1,000,939	4,681	1,289,597	4,850	2,290,536
87107	142	551,851	5,377	1,530,626	5,519	2,082,478
87108	381	1,792,838	10,062	2,566,788	10,443	4,359,625
87109	172	536,723	4,551	1,050,212	4,723	1,586,935
87110	152	846,220	5,792	1,238,735	5,944	2,084,955
87111	132	889,951	4,059	811,990	4,191	1,701,941
87112	180	631,732	6,015	1,142,841	6,195	1,774,573
87113	38	153,240	1,606	373,199	1,644	526,439
87114	165	652,705	5,100	1,098,067	5,265	1,750,772
87115	-	-	1	20	1	20
87116	4	8,704	126	26,663	130	35,366
87117	-	-	6	7,065	6	7,065
87119	3	24,300	75	8,250	78	32,550
87120	178	464,291	5,571	1,051,412	5,749	1,515,703
87121	624	3,518,503	23,207	6,041,539	23,831	9,560,041
87122	15	15,945	615	114,470	630	130,415
87123	268	1,153,435	8,517	2,012,464	8,785	3,165,899
87125	12	15,656	244	33,506	256	49,162
87128	-	-	-	-	-	-
87130	-	-	-	-	-	-
87131	1	(2,088)	12	2,870	13	782
87140	-	-	-	-	-	-
87151	3	49,229	100	134,071	103	183,300
87153	1	1,134	36	1,588	37	2,723
87154	7	21,449	164	17,961	171	39,409
87158	-	-	-	-	-	-
87176	11	17,891	156	24,373	167	42,264
87181	3	1,626	58	13,692	61	15,318
87184	2	4,557	55	20,066	57	24,623
87185	1	19	3	272	4	291
87187	2	551	15	1,500	17	2,051
87190	-	-	57	5,604	57	5,604
87191	4	7,467	53	7,524	57	14,992
87192	1	45	57	2,907	58	2,952
87193	1	9,415	91	23,708	92	33,123
87194	2	(19,335)	47	2,375	49	(16,961)
87195	12	34,506	280	28,751	292	63,257
87196	-	-	107	8,087	107	8,087
87197	2	1,117	157	21,832	159	22,949
87198	6	6,084	212	27,321	218	33,405
87199	3	1,391	109	29,079	112	30,470
Grand Total	3,590	\$ 18,144,286	111,592	\$ 26,144,197	\$ 115,182	\$ 44,288,483

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the twelve (12) months ended June 30, 2021.

Bernalillo County Zip	Cancer Count	Medicine Count	Pediatrics Count	Surgery Count	Emergency Medicine Count	Neurology Count	OBGYN Count	Orthopedics Count	Psychiatry Count	Other Count	Total Count
87008	4	7	-	2	-	3	1	2	9	103	131
87022	22	11	1	1	3	-	-	-	14	129	181
87047	14	19	1	2	5	7	3	4	5	295	355
87059	32	53	-	6	8	10	7	9	35	503	663
87101	-	1	-	1	1	-	-	-	2	16	21
87102	230	515	7	68	161	74	53	35	458	4,520	6,121
87103	-	2	-	2	2	-	-	-	3	40	49
87104	108	163	2	34	46	32	17	14	131	1,522	2,069
87105	879	1,177	36	191	261	173	166	91	749	11,798	15,521
87106	263	308	10	48	90	53	54	28	427	3,569	4,850
87107	311	403	3	34	108	72	39	46	340	4,163	5,519
87108	487	835	18	166	264	134	106	73	830	7,530	10,443
87109	372	422	12	60	83	76	55	29	329	3,285	4,723
87110	350	456	7	74	106	93	42	49	383	4,384	5,944
87111	252	370	6	37	68	61	46	35	361	2,955	4,191
87112	371	516	13	52	105	96	65	44	329	4,604	6,195
87113	176	109	-	14	25	32	20	5	50	1,213	1,644
87114	313	380	13	55	70	74	63	40	290	3,967	5,265
87115	-	-	-	-	-	-	-	-	-	1	1
87116	15	12	1	-	5	1	1	1	1	93	130
87117	-	-	-	-	-	1	-	-	-	5	6
87119	1	11	-	1	-	4	6	1	1	53	78
87120	347	526	20	54	110	91	64	49	319	4,169	5,749
87121	1,428	1,622	46	195	391	245	335	102	826	18,641	23,831
87122	82	40	2	5	6	3	2	2	17	471	630
87123	470	769	16	80	144	116	89	60	422	6,619	8,785
87125	12	11	-	5	15	2	2	2	14	193	256
87128	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-
87131	-	1	-	-	-	-	-	-	-	12	13
87140	-	-	-	-	-	-	-	-	-	-	-
87151	-	3	-	1	8	1	-	1	4	85	103
87153	1	-	-	4	-	-	-	-	1	31	37
87154	12	11	-	-	5	2	2	1	7	131	171
87158	-	-	-	-	-	-	-	-	-	-	-
87176	8	34	-	4	4	1	1	1	19	95	167
87181	9	2	-	4	1	-	1	-	-	44	61
87184	7	3	-	1	-	1	1	1	5	38	57
87185	-	1	-	-	-	1	-	-	-	2	4
87187	4	1	-	-	1	1	-	1	1	8	17
87190	2	3	-	-	1	-	-	-	5	46	57
87191	5	11	-	1	-	-	-	-	-	40	57
87192	3	7	-	1	1	2	-	1	1	42	58
87193	21	14	1	2	2	1	-	1	2	48	92
87194	-	6	-	2	4	1	-	1	1	34	49
87195	9	29	1	7	2	7	3	2	7	225	292
87196	5	9	-	1	5	1	-	1	4	81	107
87197	9	18	-	5	1	10	1	3	7	105	159
87198	10	15	-	7	1	2	1	2	6	174	218
87199	8	3	-	2	3	3	-	1	12	80	112
Grand Total	6,652	8,909	216	1,229	2,116	1,487	1,246	738	6,427	86,162	115,182

Primary Reason for Bernalillo County Indigent Resident Visits

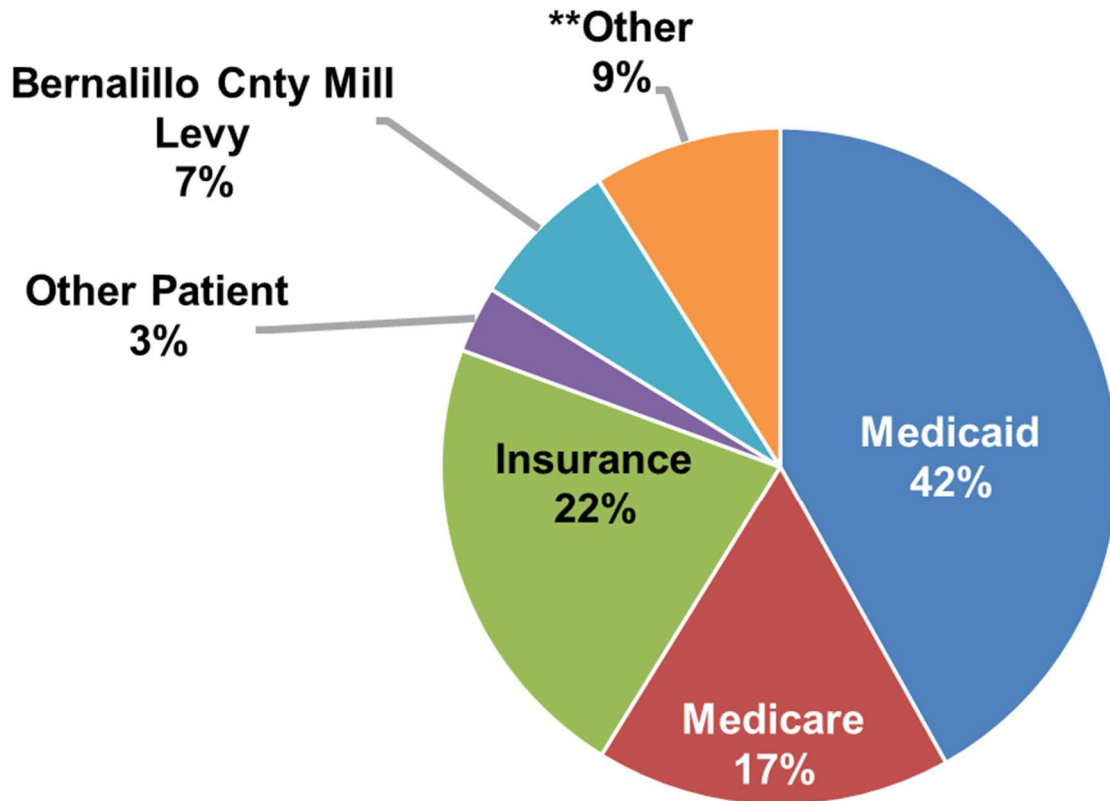
Totals are for each of the eight (8) quarters ended June 30, 2021.

Description	2021Q4	2021Q3	2021Q2	2021Q1	2020Q4	2020Q3	2020Q2	2020Q1
Factors influencing health status and contact with health services	4,808	5,378	9,593	8,442	13,074	5,802	8,594	4,882
undefined	3,370	2,409	3,658	4,139	6,637	3,088	4,215	2,221
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1,953	1,874	2,485	2,753	3,991	2,578	3,634	1,976
Diseases of the musculoskeletal system and connective tissue	1,908	1,892	2,565	2,941	3,692	2,471	3,675	2,095
Endocrine, nutritional and metabolic diseases	1,227	1,245	1,599	1,882	2,648	1,521	2,207	1,250
Mental and behavioural disorders	1,205	1,335	1,620	1,805	3,132	1,380	1,951	1,108
Injury, poisoning and certain other consequences of external causes	1,177	1,015	1,510	1,975	2,812	1,577	2,478	1,514
Diseases of the circulatory system	1,034	1,050	1,434	1,651	2,441	1,411	2,106	1,181
Neoplasms	881	836	1,133	1,313	2,013	1,174	1,678	1,027
Diseases of the nervous system	853	951	1,190	1,285	1,995	1,270	1,874	1,048
Diseases of the genitourinary system	778	815	1,144	1,364	1,801	1,059	1,552	899
Diseases of the digestive system	699	744	972	1,102	1,594	914	1,357	765
Pregnancy, childbirth and the puerperium	597	579	780	882	1,565	698	963	514
Diseases of the skin and subcutaneous tissue	577	549	786	945	1,246	827	1,261	755
Diseases of the respiratory system	529	469	937	1,389	1,589	2,102	2,484	870
Diseases of the eye and adnexa	365	390	526	634	674	606	861	519
Certain infectious and parasitic diseases	225	199	329	340	548	475	692	321
Diseases of the ear and mastoid process	193	181	239	335	370	402	504	268
Congenital malformations, deformations and chromosomal abnormalities	151	159	197	250	313	199	295	170
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	138	147	197	222	329	185	290	171
Codes for special purposes	54	205	1,115	273	179	0	0	0
Certain conditions originating in the perinat	21	21	26	36	68	24	54	32
External causes of morbidity and mortality	1	1	1	0	2	1	3	0
	22,744	22,444	34,036	35,958	52,713	29,764	42,728	23,586

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 2021 Revenue (Unaudited)



	FY2021
Medicaid	\$ 649,447,760
Medicare	262,835,228
Insurance	337,499,932
Other Patient	49,228,950
Bernalillo Cnty Mill Levy	112,132,446
**Other	139,472,539
Total	\$ 1,550,616,855

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

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

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

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

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

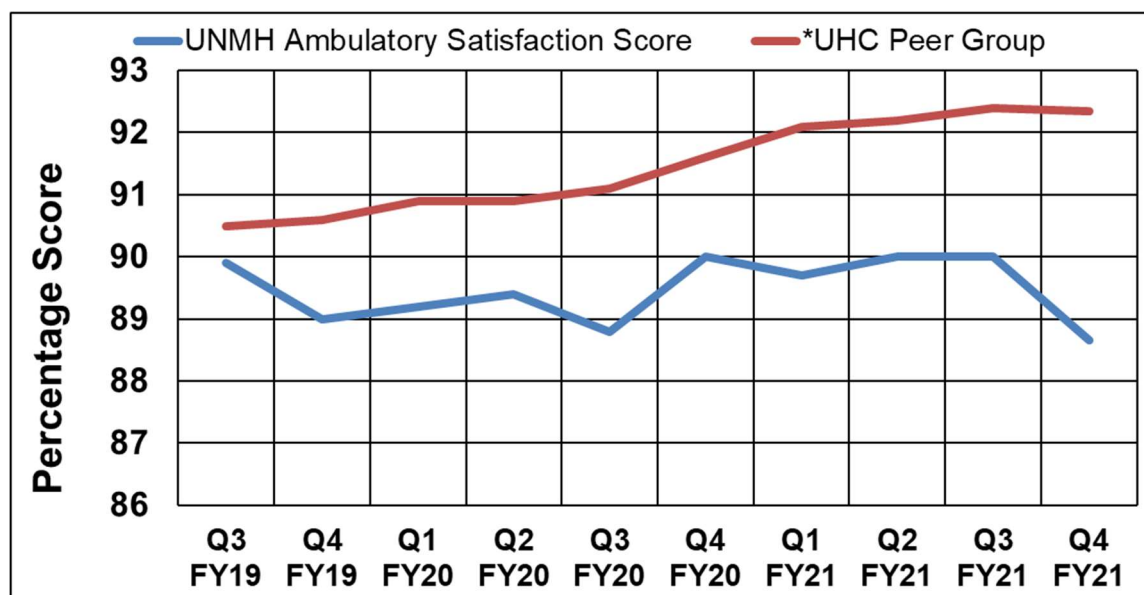
507,363	FY20 Actual (12 Months)
534,607	FY21 Actual (12 Months)

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-8pm, Sat 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-Fri: 8am-7pm, Sat 9am-2pm

Press Ganey Ambulatory Satisfaction Score

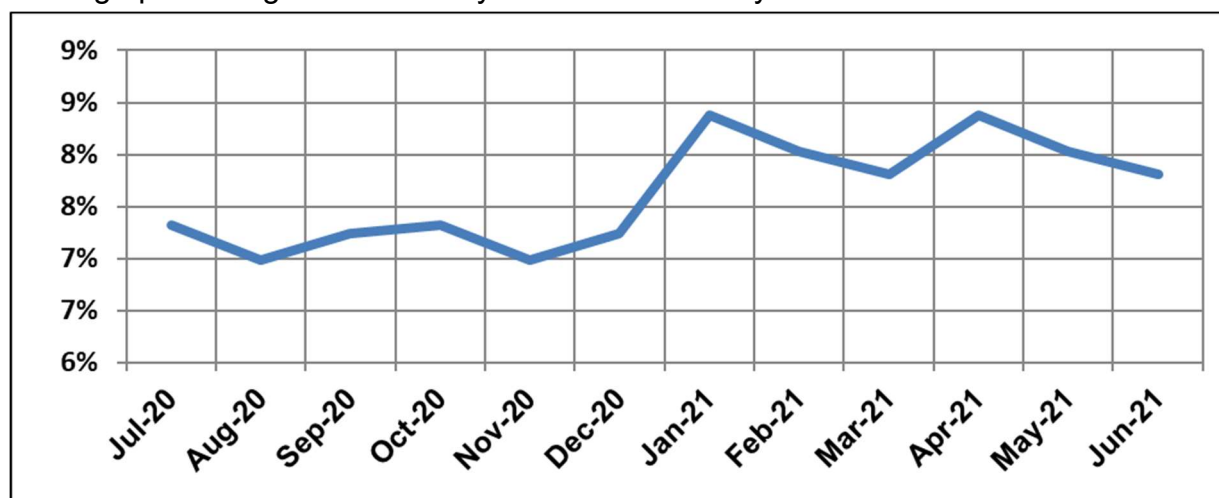


Quarter	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
UNMH Ambulatory Satisfaction Score	89.9	89.0	89.2	89.4	88.8	90.0	89.7	90.0	90.0	88.7
*UHC Peer Group	90.5	90.6	90.9	90.9	91.1	91.6	92.1	92.2	92.4	92.4

*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.

Percentage of Primary Care Patients with Same Day Clinic Appointments

Average percentage of Same Day Access for Primary Care Clinics.



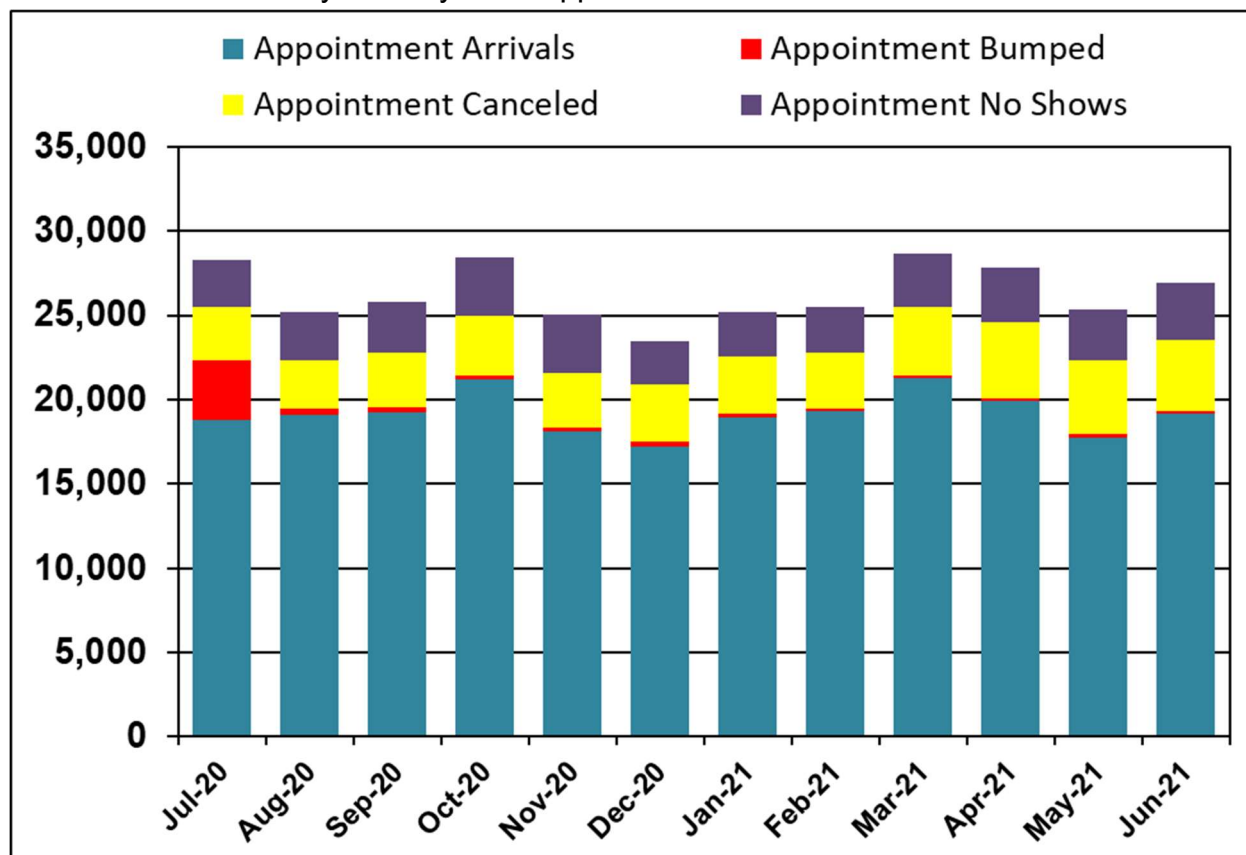
Month	Same Day	Total Arrived	Same Day Rate
Jul-20	940	12,830	7.3%
Aug-20	910	13,023	7.0%
Sep-20	932	12,871	7.2%
Oct-20	1,104	14,143	7.3%
Nov-20	1,089	12,260	7.0%
Dec-20	1,243	11,622	7.2%
Jan-21	1,069	12,755	8.4%
Feb-21	1,030	12,831	8.0%
Mar-21	1,110	14,223	7.8%
Apr-21	1,256	16,344	8.4%
May-21	1,083	14,592	8.0%
Jun-21	1,163	15,458	7.8%

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

Average	Primary Care Clinics
5.0%	1209 Clinic
9.5%	Alamo Primary Care Clinic
6.0%	Family Practice Clinic
5.7%	General Pediatrics Clinic
9.0%	Northeast Heights Clinic
6.9%	Senior Health Center
8.0%	Southeast Heights Clinic
5.3%	Southwest Mesa Clinic
4.1%	SRMC FP Clinic
4.3%	UH 4th Street NV Clinic
9.1%	UH Atrisco Heritage
58.1%	UNM Lobocare Clinic
5.1%	Westside Clinic
2.7%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

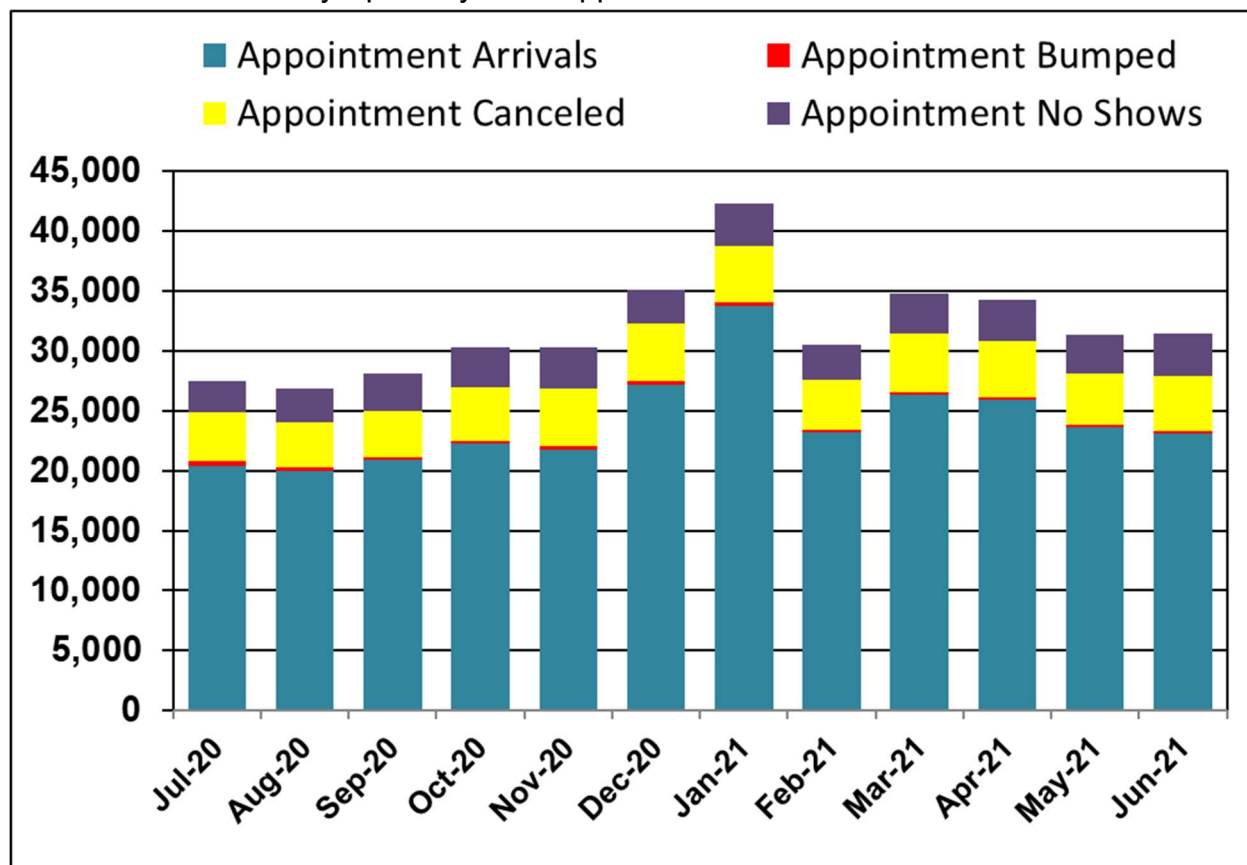
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-20	18,807	3,550	3,148	2,781
Aug-20	19,063	385	2,851	2,860
Sep-20	19,266	269	3,232	2,999
Oct-20	21,220	238	3,522	3,478
Nov-20	18,112	255	3,205	3,478
Dec-20	17,218	300	3,399	2,528
Jan-21	18,940	189	3,398	2,647
Feb-21	19,318	137	3,313	2,745
Mar-21	21,277	163	4,079	3,157
Apr-21	19,945	150	4,487	3,215
May-21	17,748	244	4,334	3,007
Jun-21	19,152	175	4,172	3,438

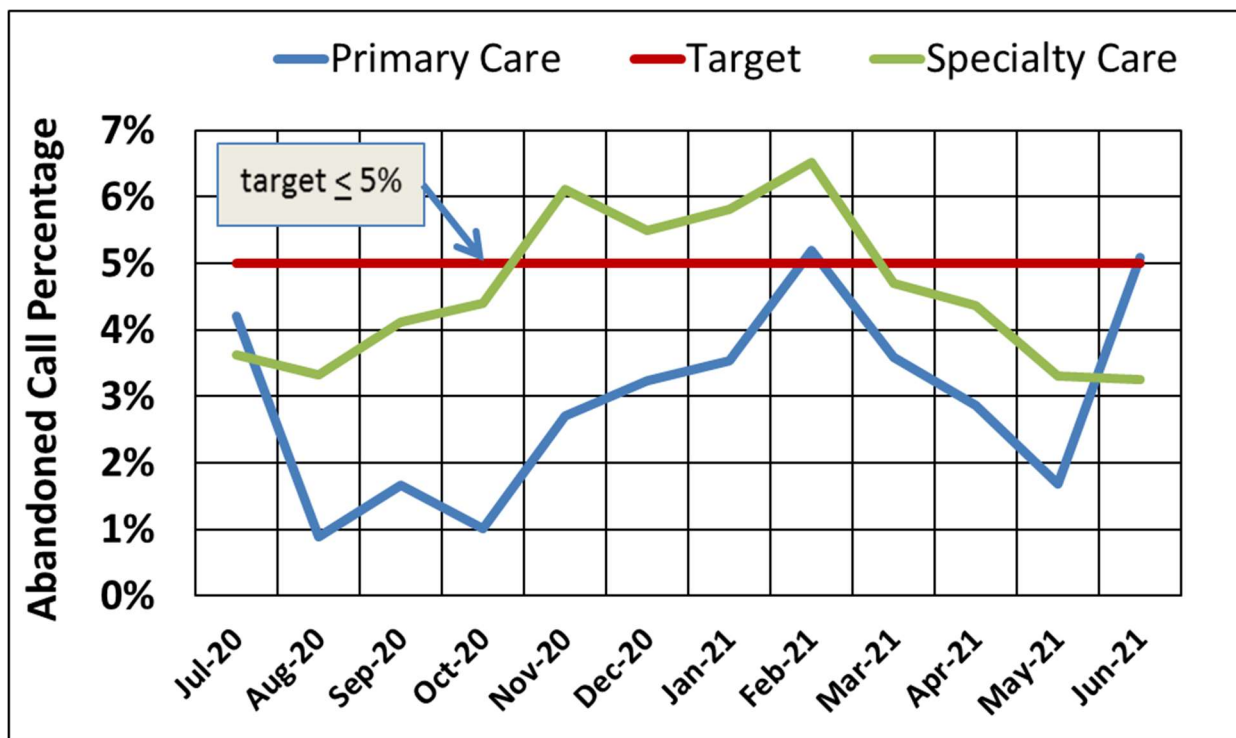
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-20	20,364	471	4,009	2,704
Aug-20	19,992	359	3,737	2,802
Sep-20	20,921	245	3,850	3,112
Oct-20	22,246	226	4,534	3,258
Nov-20	21,735	313	4,809	3,438
Dec-20	27,223	325	4,793	2,728
Jan-21	33,720	325	4,742	3,482
Feb-21	23,232	207	4,191	2,908
Mar-21	26,379	203	4,892	3,302
Apr-21	25,911	215	4,753	3,410
May-21	23,617	235	4,295	3,182
Jun-21	23,110	220	4,634	3,506

Percentage Abandoned Phone Calls for Primary and Specialty Care



Area: Month	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Jul-20	4.20%	3.63%	5%
Aug-20	0.88%	3.32%	5%
Sep-20	1.67%	4.12%	5%
Oct-20	1.02%	4.40%	5%
Nov-20	2.70%	6.11%	5%
Dec-20	3.23%	5.49%	5%
Jan-21	3.54%	5.82%	5%
Feb-21	5.20%	6.52%	5%
Mar-21	3.59%	4.71%	5%
Apr-21	2.87%	4.36%	5%
May-21	1.68%	3.30%	5%
Jun-21	5.09%	3.25%	5%

Medication Reconciliation Goals Primary and Specialty Care

Medication reconciliation. As of July 2021

67.1%	National Patient Safety Goal - Medication Reconciliation Primary Care
40.0%	National Patient Safety Goal - Medication Reconciliation Specialty Care

Percentage of Patients with Access to Electronic Medical Record

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

As of July 21, 2021

267,514	Invitations sent out to patients who provided an email address.
125,219	Patients who have claimed invitation to sign up.
109,983	*Active Users who have accessed their medical records.
41%	Percentage of patients who can potentially access their medical records electronically .

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

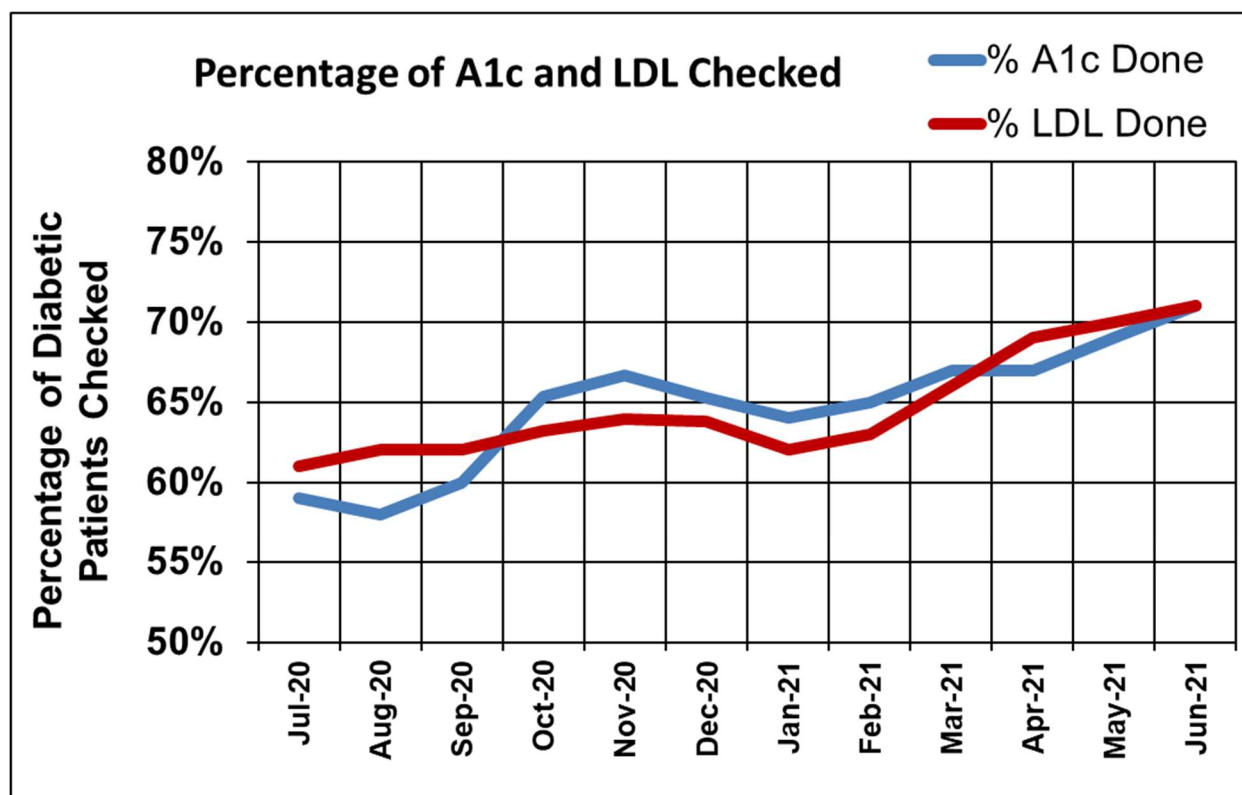
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

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

What to expect from MyHealth at UNM:

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

Diabetes Management Indicators for HgbA1C and LDL <100



Month	Total Patients	A1c Done	% A1c Done	LDL Done	% LDL Done
Jul-20	7,459	4,416	59%	4,587	61%
Aug-20	7,721	4,482	58%	4,802	62%
Sep-20	7,661	4,592	60%	4,777	62%
Oct-20	7,700	5,028	65%	4,869	63%
Nov-20	7,604	5,068	67%	4,864	64%
Dec-20	7,680	5,015	65%	4,899	64%
Jan-21	8,159	5,203	64%	5,036	62%
Feb-21	7,988	5,172	65%	5,016	63%
Mar-21	7,559	5,038	67%	4,979	66%
Apr-21	7,536	5,077	67%	5,182	69%
May-21	7,597	5,210	69%	5,306	70%
Jun-21	7,604	5,400	71%	5,363	71%

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

C. FINANCIAL SERVICES

UNM Care Enrollment, Self-Pay and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Self Pay Patients Seen on Discount Program	Number of Medicaid applications completed at UNMH
Jul-20	5,727	222	158
Aug-20	5,697	198	228
Sep-20	5,705	255	204
Oct-20	5,655	221	121
Nov-20	5,333	229	66
Dec-20	5,201	209	103
Jan-21	4,277	249	153
Feb-21	4,424	229	157
Mar-21	4,499	233	166
Apr-21	4,601	239	103
May-21	4,653	246	102
Jun-21	4,277	234	102

Total Uncompensated Care – Charity Care and Uninsured

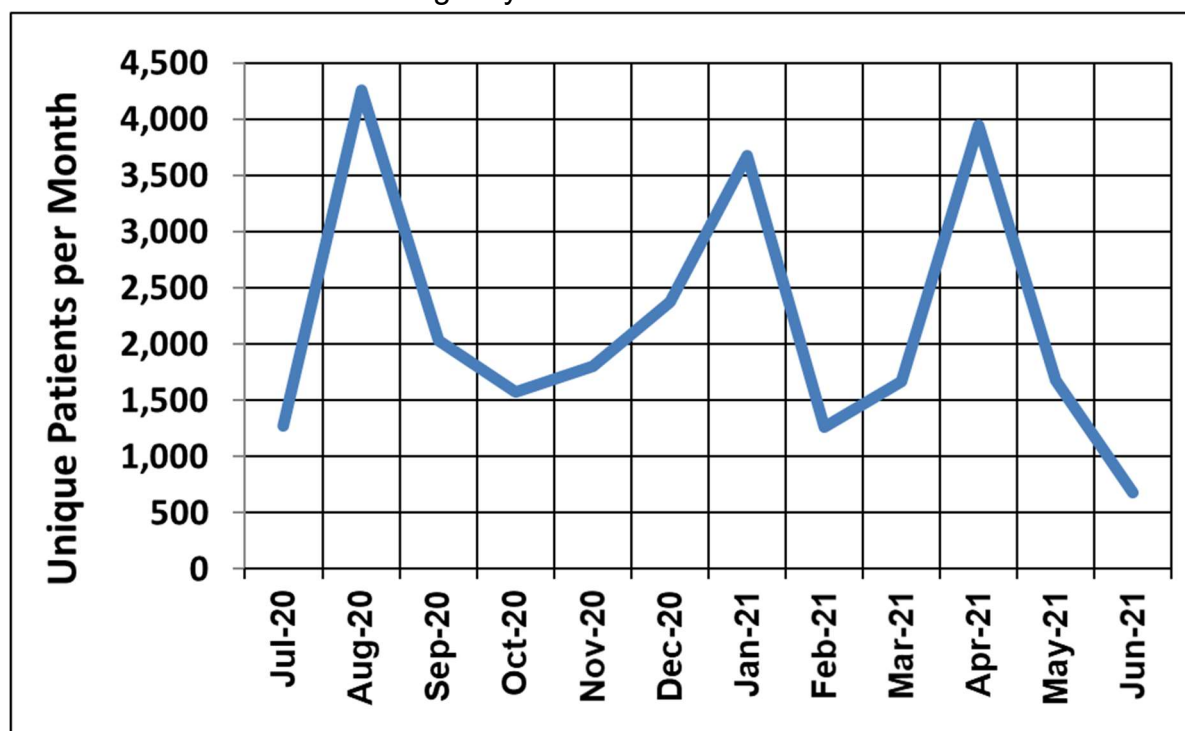
For the twelve (12) months ended June 30, 2021, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	30,526	10,774	41,300
Encounters	86,165	29,017	115,182
Cost	\$ 21,456,482	\$ 22,832,000	\$ 44,288,482

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.

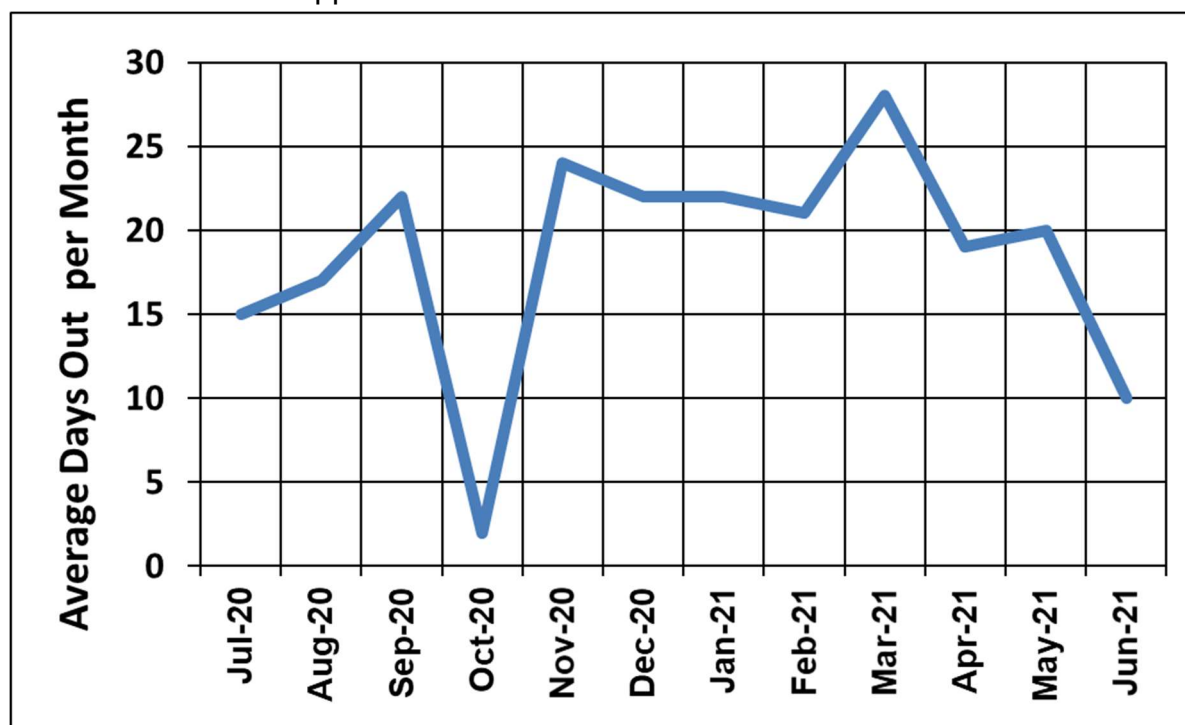
Number of Unique Patients Sent to Collections

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



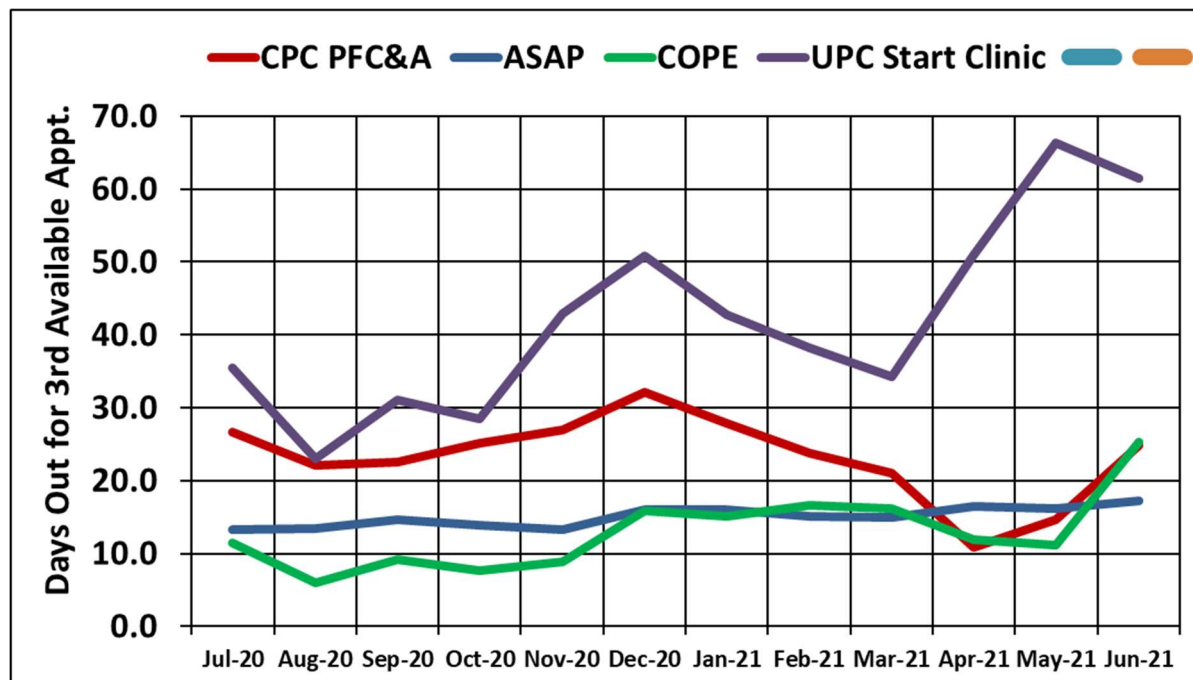
Days Out For Scheduling Financial Assistance Appointment

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



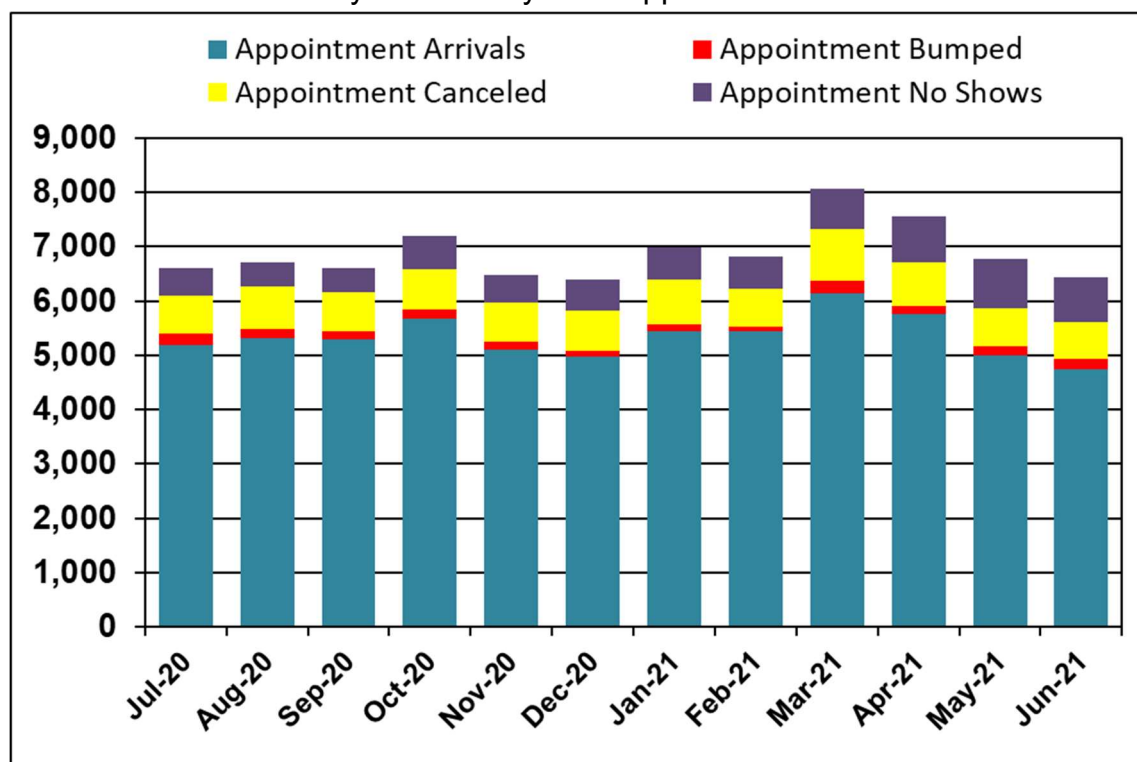
Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Jul-20	26.6	13.3	11.5	35.4
Aug-20	22.1	13.4	6.0	23.0
Sep-20	22.6	14.6	9.2	31.0
Oct-20	25.2	13.9	7.7	28.5
Nov-20	27.0	13.3	8.9	42.9
Dec-20	32.2	16.0	15.9	50.9
Jan-21	27.9	16.0	15.1	42.8
Feb-21	23.8	15.1	16.6	38.2
Mar-21	21.0	15.0	16.1	34.2
Apr-21	10.8	16.4	11.9	51.0
May-21	14.7	16.2	11.2	66.3
Jun-21	24.9	17.2	25.3	61.4

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.



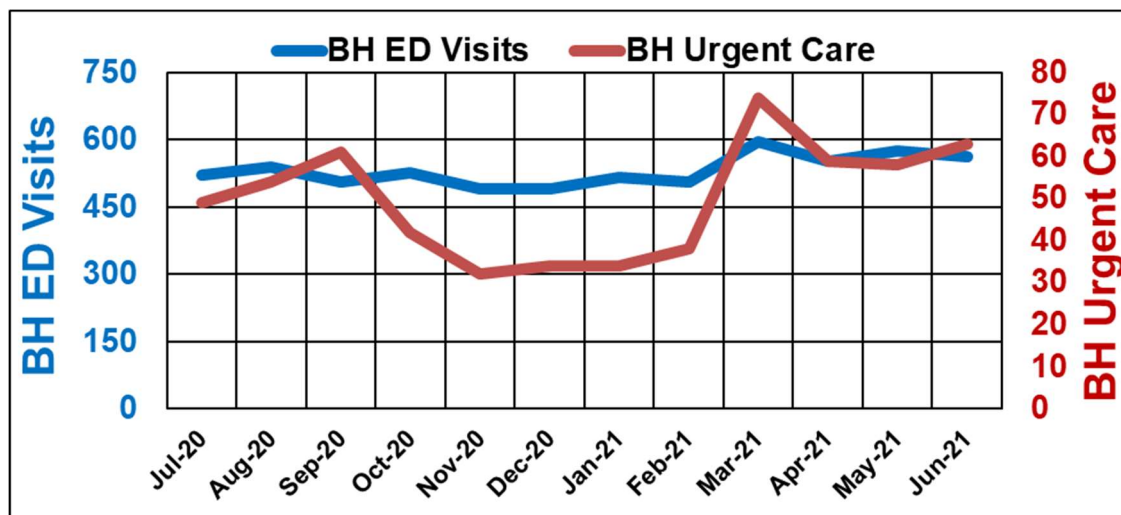
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-20	5,180	223	688	521
Aug-20	5,321	171	786	441
Sep-20	5,299	150	710	440
Oct-20	5,676	178	729	612
Nov-20	5,097	148	733	503
Dec-20	4,980	110	727	573
Jan-21	5,441	119	825	599
Feb-21	5,438	92	692	605
Mar-21	6,149	228	955	726
Apr-21	5,757	160	787	857
May-21	4,995	169	699	904
Jun-21	4,753	192	665	818

Number of Unique Outpatients and Number of Encounters CY2020

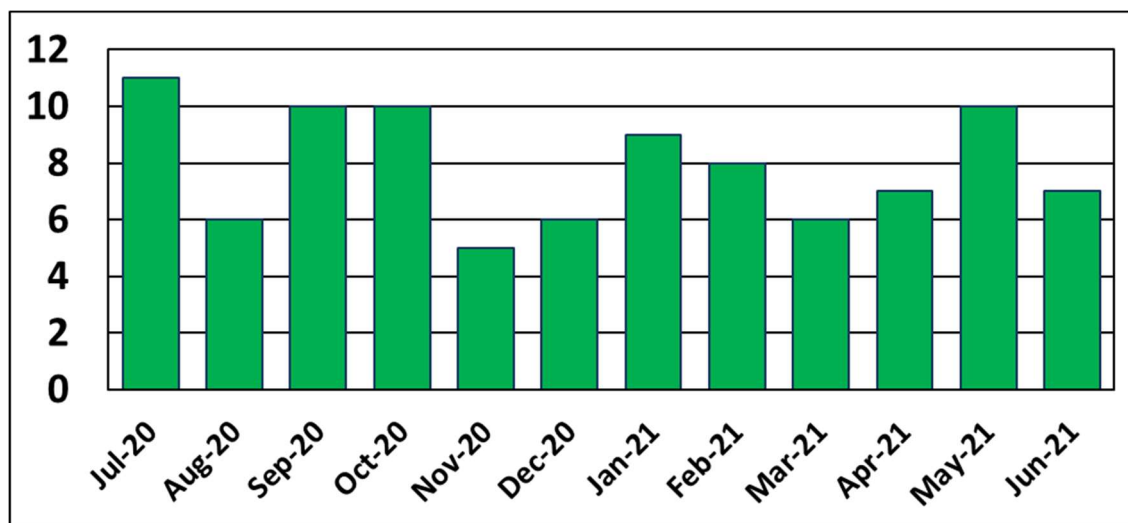
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	9,168	53,382
BH CPC Outpatient	2,734	15,033

* Excluding all Suboxone and Methadone Visits

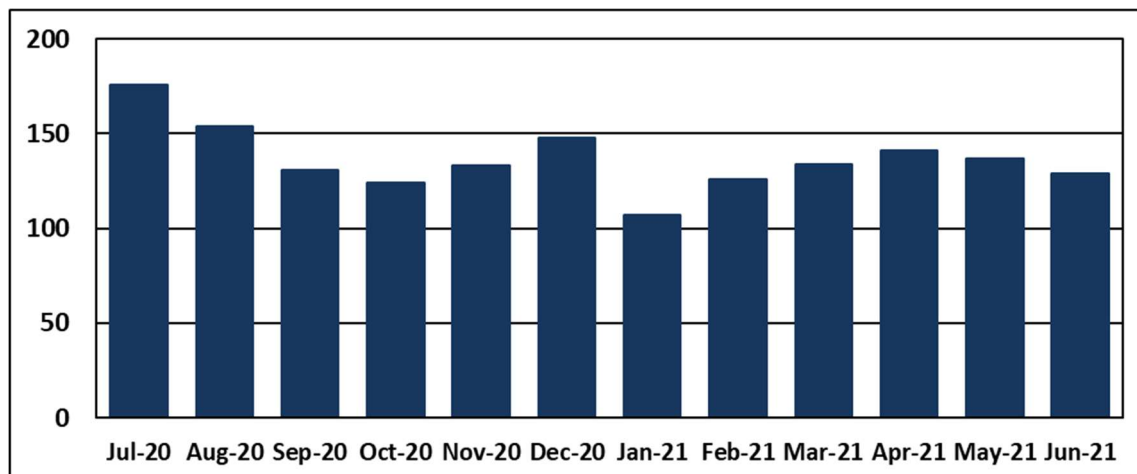
Psychiatric Emergency Department and Urgent Care Encounters



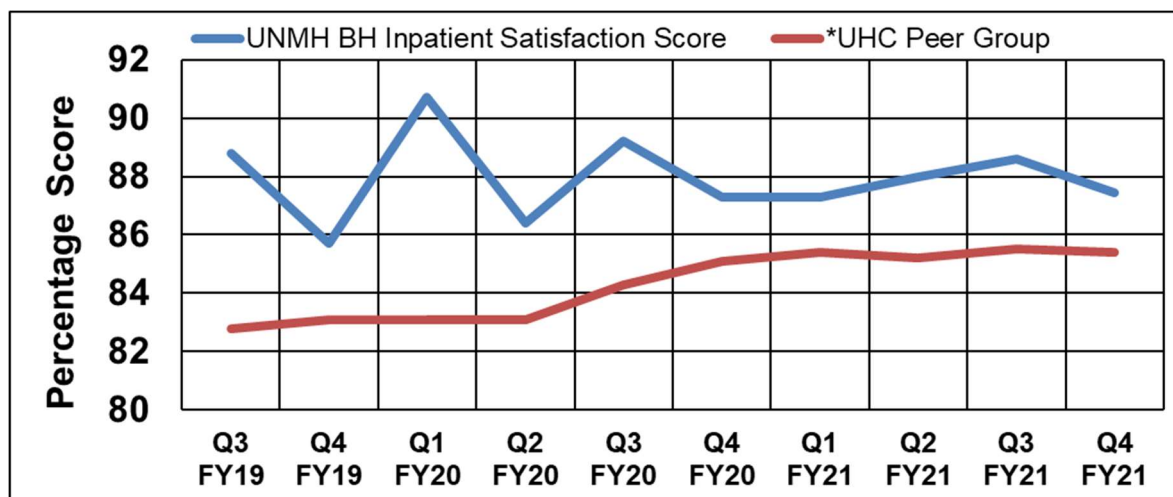
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

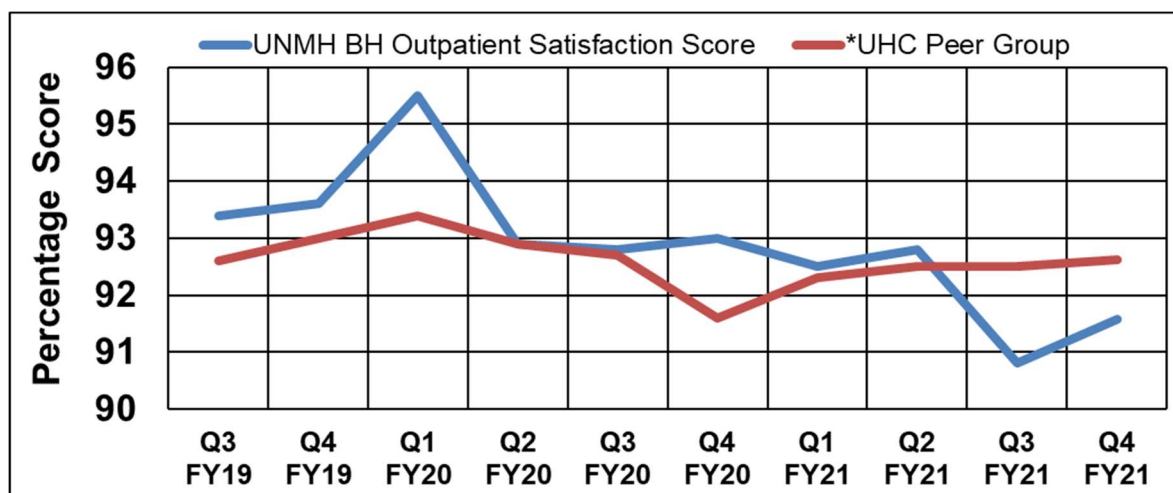


Press Ganey Behavioral Health Inpatient Satisfaction Score



Quarter	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
UNMH BH Inpatient Satisfaction Score	88.8	85.7	90.7	86.4	89.2	87.3	87.3	88.0	88.6	87.5
*UHC Peer Group	82.8	83.1	83.1	83.1	84.3	85.1	85.4	85.2	85.5	85.4

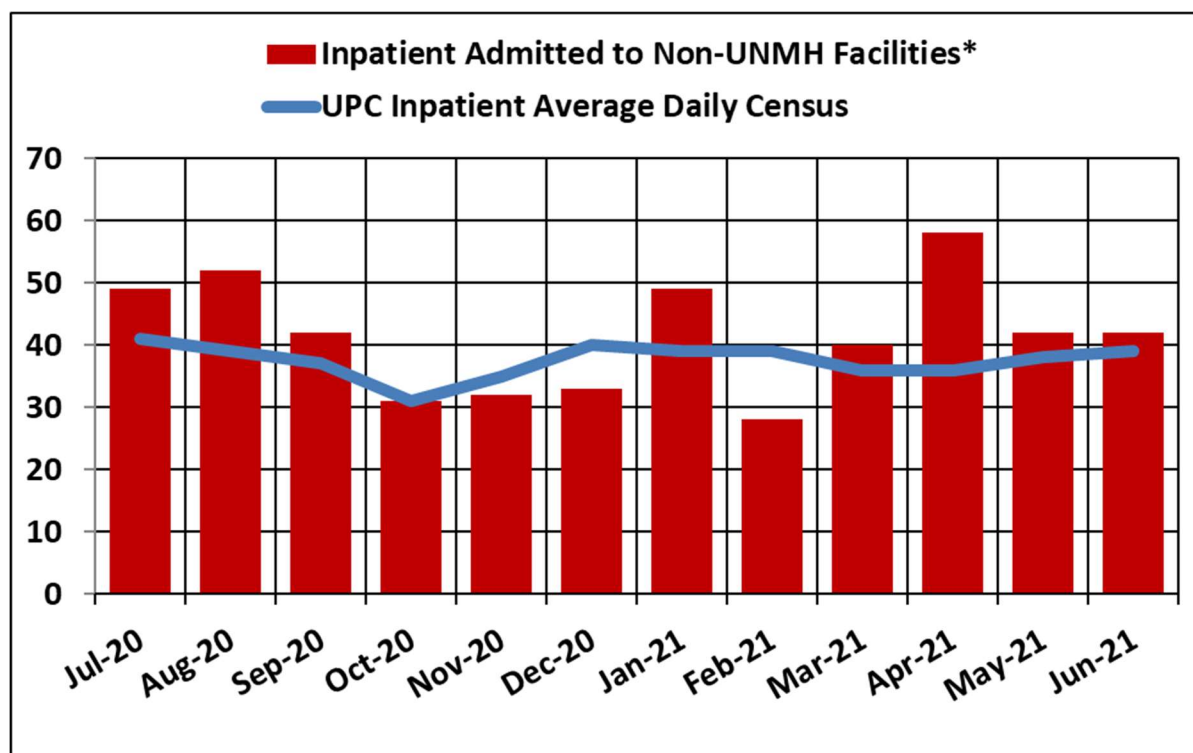
Press Ganey Behavioral Health Outpatient Satisfaction Score



Quarter	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
UNMH BH Outpatient Satisfaction Score	93.4	93.6	95.5	92.9	92.8	93.0	92.5	92.8	90.8	91.6
*UHC Peer Group	92.6	93.0	93.4	92.9	92.7	91.6	92.3	92.5	92.5	92.6

*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.

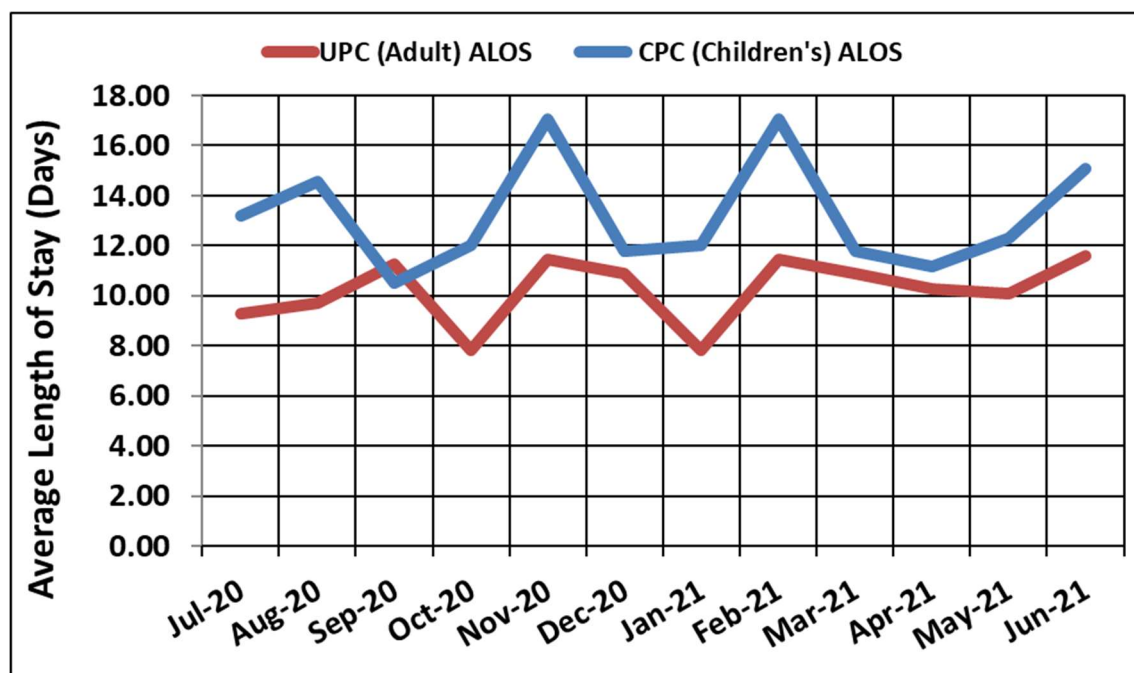
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jul-20	49	41
Aug-20	52	39
Sep-20	42	37
Oct-20	31	31
Nov-20	32	35
Dec-20	33	40
Jan-21	49	39
Feb-21	28	39
Mar-21	40	36
Apr-21	58	36
May-21	42	38
Jun-21	42	39

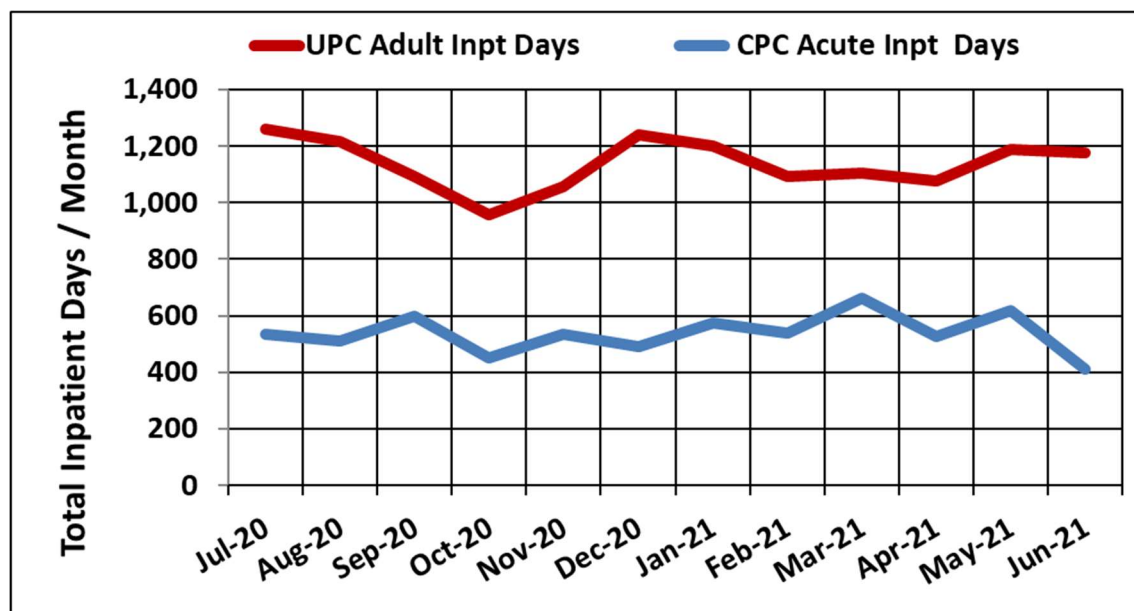
*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC) Average Child National Benchmark: **7.12**
 University Psychiatric Center (UPC) Average Adult National Benchmark: **10.18**

Number of BH Adult and Child/Adolescent Inpatient Days



Number of Unique Inpatients and Number of Encounters CY2020

Patient Group	Patients Served	Total Encounters
BH UPC Inpatient	1,161	1,475
BH CPC Inpatient	579	703

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2018	12,784
FY2019	11,702
FY2020	11,170
FY2021	12,630

Total Opioid Patients

Month	Census
Jul-20	630
Aug-20	629
Sep-20	629
Oct-20	622
Nov-20	637
Dec-20	638
Jan-21	639
Feb-21	636
Mar-21	639
Apr-21	644
May-21	644
Jun-21	627

Total Methadone Encounters

Month	Count
Jul-20	1,458
Aug-20	1,446
Sep-20	1,785
Oct-20	2,161
Nov-20	1,864
Dec-20	1,796
Jan-21	1,695
Feb-21	1,719
Mar-21	2,064
Apr-21	1,985
May-21	1,975
Jun-21	2,328

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Jul-20	588	31,382	18,702
Aug-20	563	32,352	13,857
Sep-20	586	31,466	15,760
Oct-20	594	32,154	13,385
Nov-20	569	29,502	15,063
Dec-20	599	33,980	14,688
Jan-21	530	29,850	13,419
Feb-21	534	30,596	20,497
Mar-21	609	32,487	16,810
Apr-21	634	33,958	15,047
May-21	596	32,948	14,614
Jun-21	615	31,036	11,675

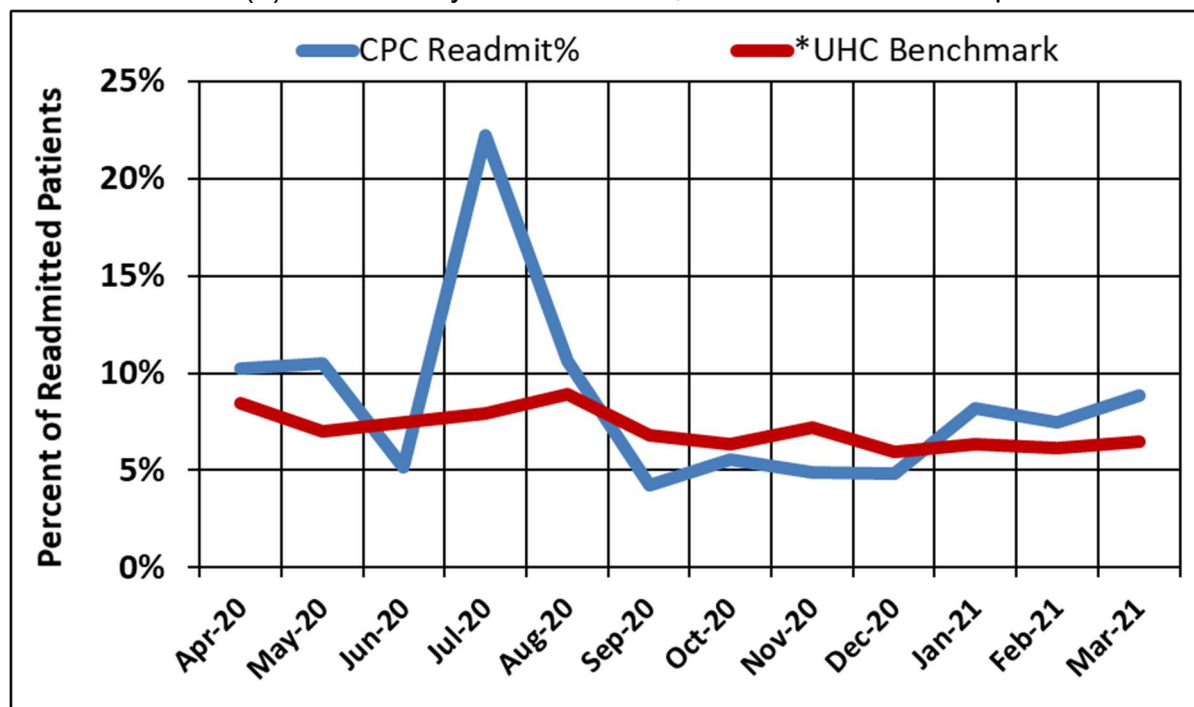
Total Suboxone Encounters

Month	Count
Jul-20	46
Aug-20	40
Sep-20	42
Oct-20	44
Nov-20	48
Dec-20	49
Jan-21	32
Feb-21	30
Mar-21	38
Apr-21	31
May-21	42
Jun-21	51

*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.

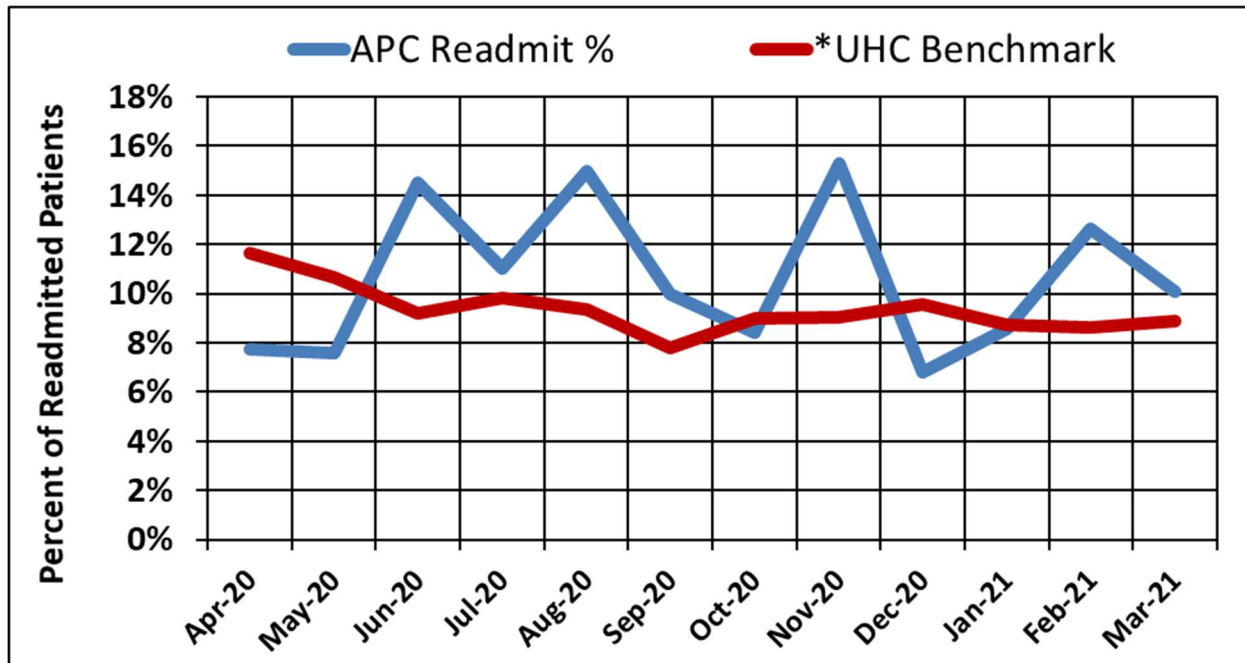


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-20	39	4	10.3%	8.5%
May-20	57	6	10.5%	7.0%
Jun-20	58	3	5.2%	7.5%
Jul-20	54	12	22.2%	7.9%
Aug-20	47	5	10.6%	8.9%
Sep-20	71	3	4.2%	6.8%
Oct-20	54	3	5.6%	6.3%
Nov-20	41	2	4.9%	7.2%
Dec-20	62	3	4.8%	6.0%
Jan-21	49	4	8.2%	6.4%
Feb-21	67	5	7.5%	6.1%
Mar-21	79	7	8.9%	6.5%

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

30 Day Readmission Rate – Adult Psychiatric Center

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

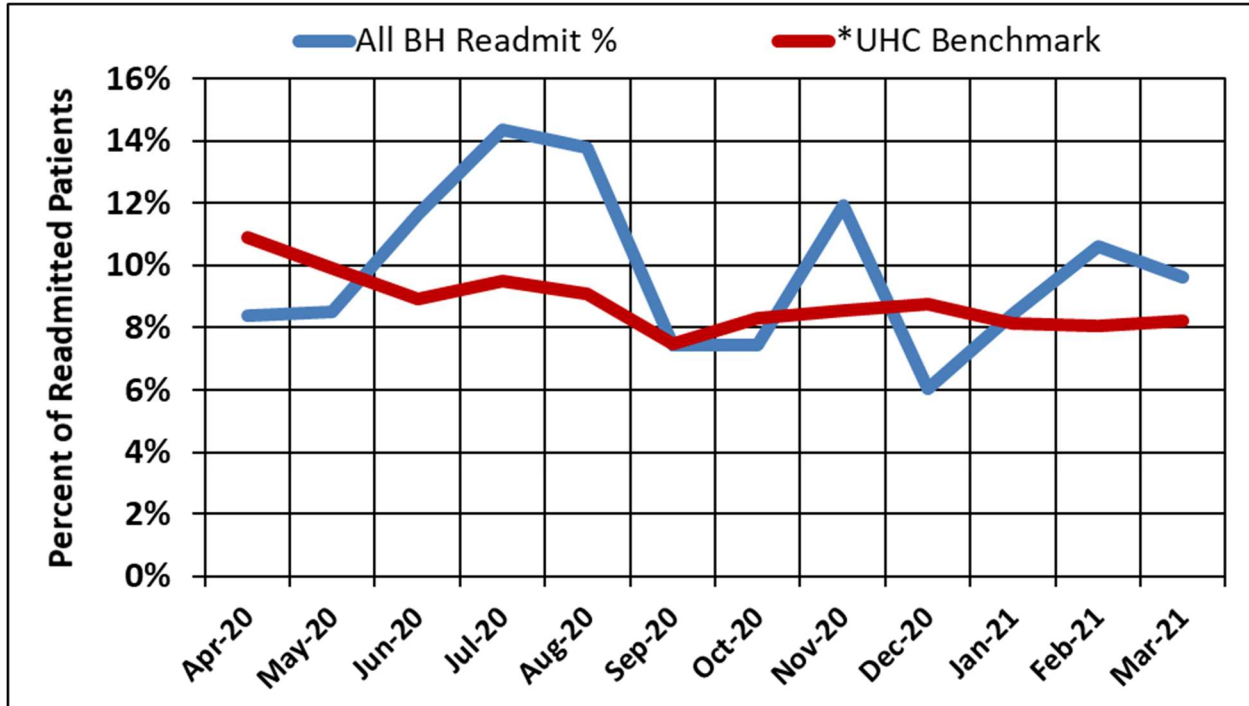


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-20	116	9	7.8%	11.7%
May-20	119	9	7.6%	10.7%
Jun-20	131	19	14.5%	9.2%
Jul-20	127	14	11.0%	9.8%
Aug-20	120	18	15.0%	9.4%
Sep-20	90	9	10.0%	7.8%
Oct-20	107	9	8.4%	9.0%
Nov-20	85	13	15.3%	9.0%
Dec-20	103	7	6.8%	9.6%
Jan-21	105	9	8.6%	8.7%
Feb-21	103	13	12.6%	8.6%
Mar-21	129	13	10.1%	8.9%

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

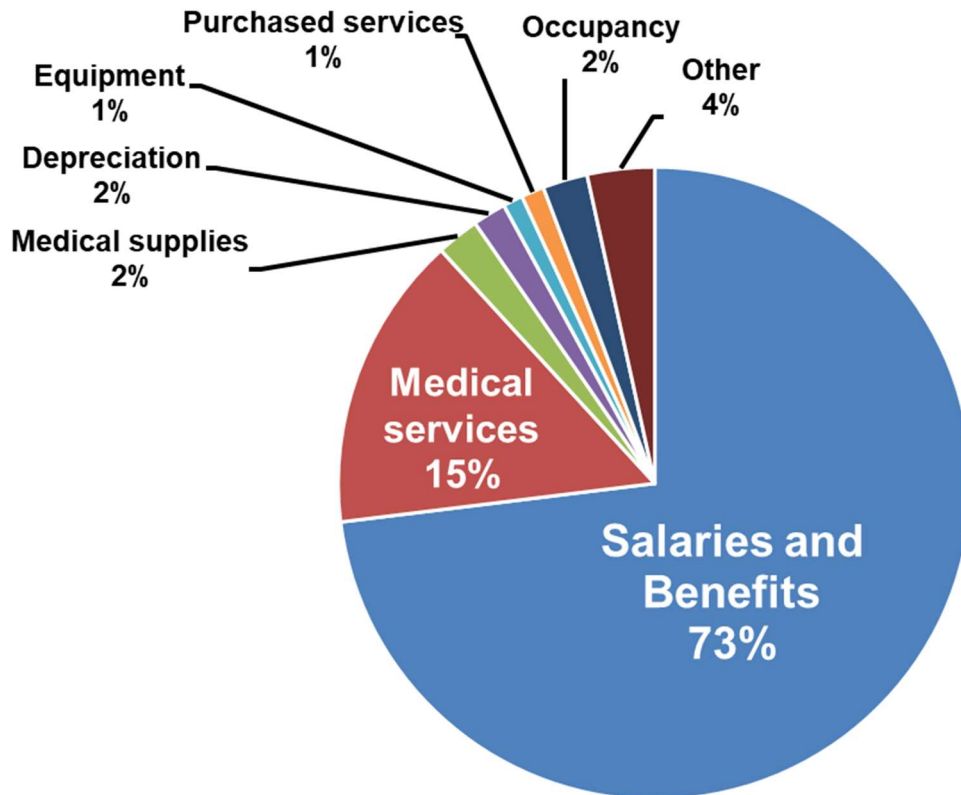


Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-20	155	13	8.4%	10.9%
May-20	176	15	8.5%	9.9%
Jun-20	189	22	11.6%	8.9%
Jul-20	181	26	14.4%	9.5%
Aug-20	167	23	13.8%	9.1%
Sep-20	161	12	7.5%	7.5%
Oct-20	161	12	7.5%	8.3%
Nov-20	126	15	11.9%	8.6%
Dec-20	165	10	6.1%	8.7%
Jan-21	154	13	8.4%	8.2%
Feb-21	170	18	10.6%	8.1%
Mar-21	208	20	9.6%	8.2%

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

Mill Levy Dollars Allocated to Behavioral Health

FY2021 BHO Mill Levy Operating Expense by Category (Unaudited)

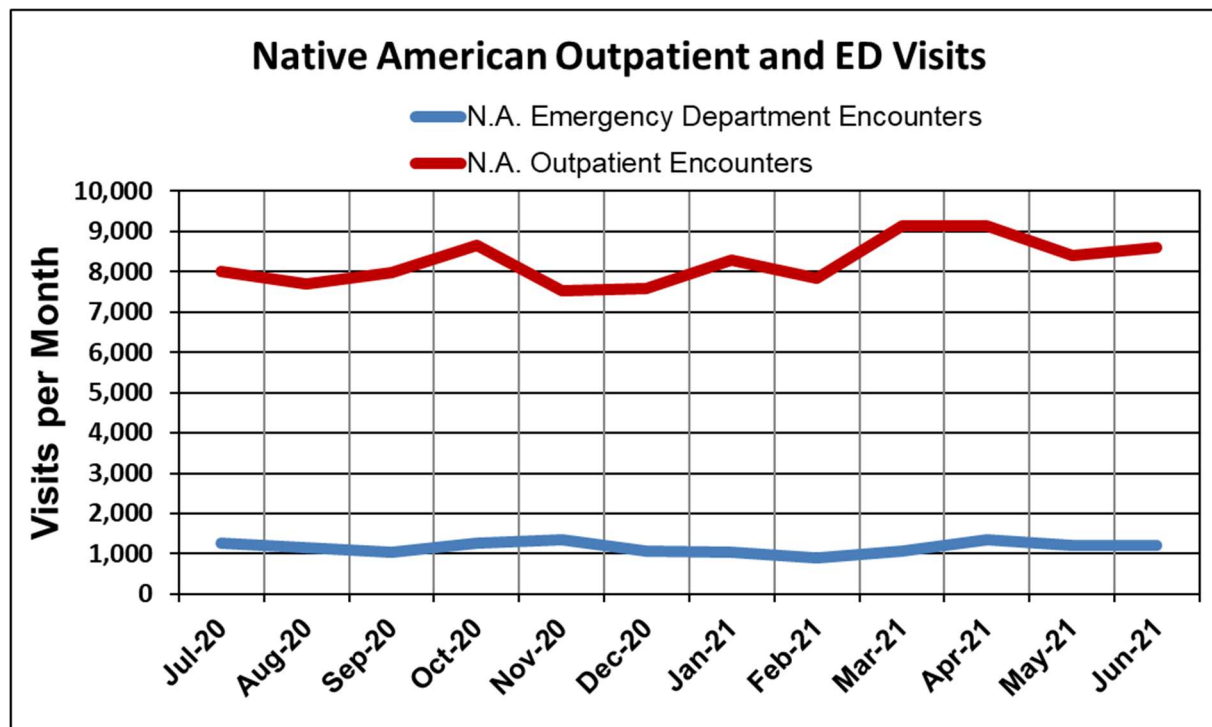


	FY2021
Salaries and Benefits	\$ 12,287,888
Medical services	2,546,358
Medical supplies	368,137
Depreciation	286,806
Equipment	170,603
Purchased services	195,849
Occupancy	385,572
Other	578,655
Total Expense	\$ 16,819,867

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

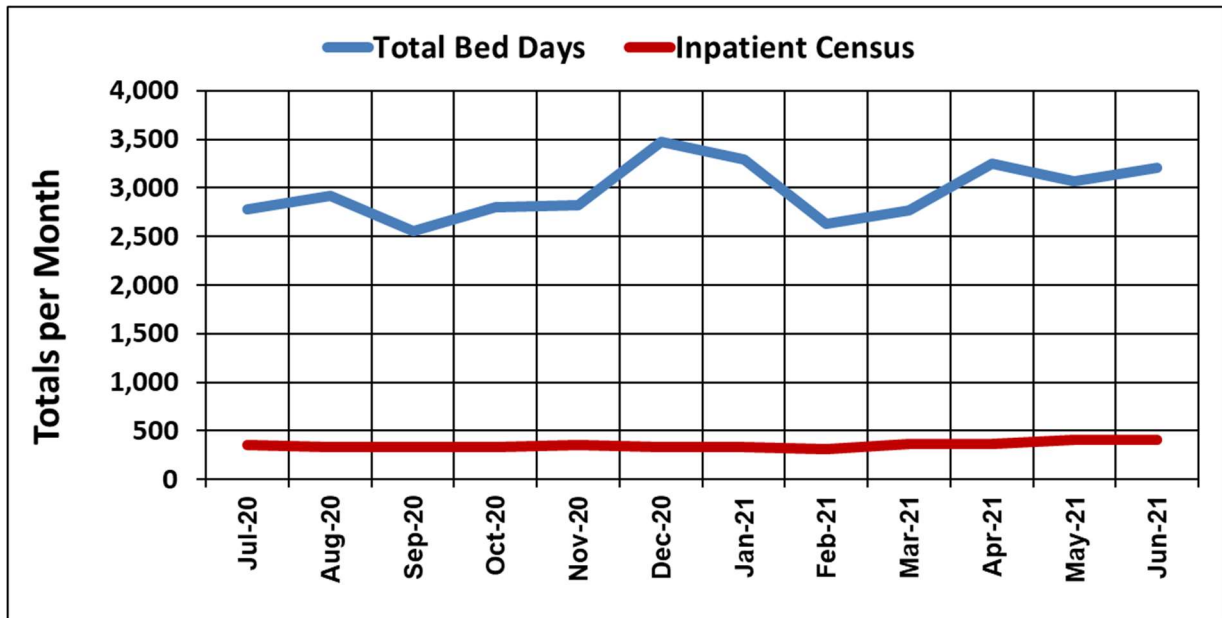
E. NATIVE AMERICAN SERVICES

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-20	15	1,251	8,007
Aug-20	13	1,142	7,710
Sep-20	15	1,052	7,995
Oct-20	16	1,279	8,658
Nov-20	14	1,341	7,525
Dec-20	16	1,068	7,582
Jan-21	17	1,049	8,304
Feb-21	18	903	7,840
Mar-21	19	1,056	9,149
Apr-21	17	1,337	9,146
May-21	15	1,211	8,416
Jun-21	14	1,214	8,616

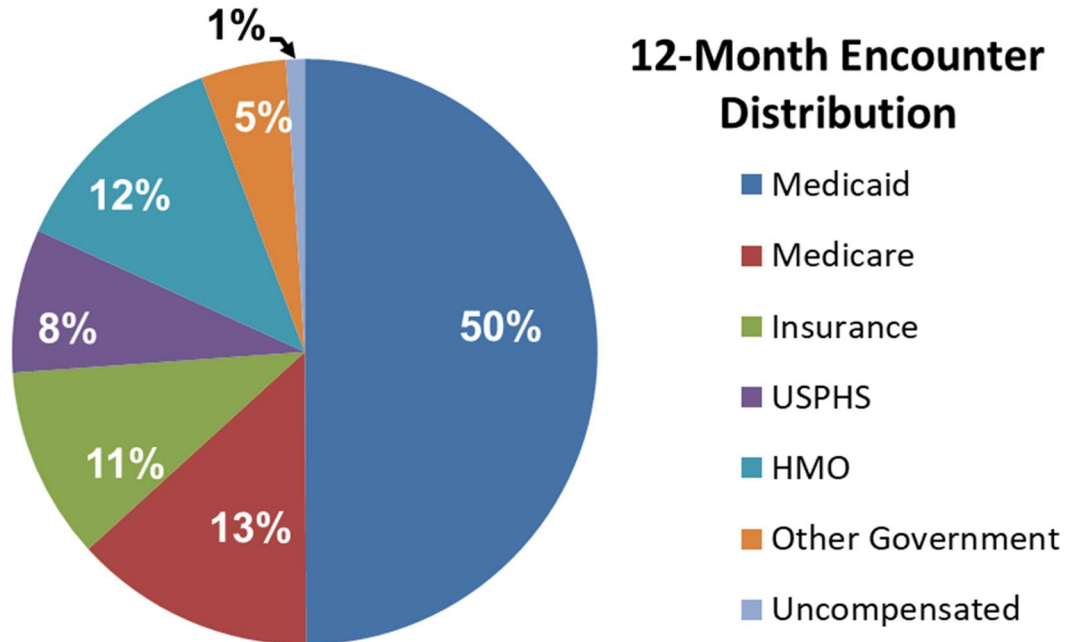
Native American Bed Days and Monthly Inpatient Census



Month	Inpatient Admissions (Census)	Total Bed Days
Jul-20	350	2,780
Aug-20	335	2,923
Sep-20	332	2,559
Oct-20	337	2,804
Nov-20	350	2,825
Dec-20	337	3,473
Jan-21	335	3,294
Feb-21	310	2,628
Mar-21	362	2,765
Apr-21	361	3,253
May-21	413	3,069
Jun-21	404	3,212

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-20	4,789	1,367	1,126	878	1,152	479	114
Aug-20	4,660	1,402	1,013	827	1,053	410	120
Sep-20	4,771	1,399	1,030	766	1,068	493	125
Oct-20	5,178	1,366	1,084	785	1,547	497	119
Nov-20	4,687	1,287	1,033	775	1,131	412	98
Dec-20	4,428	1,190	1,031	666	1,374	411	83
Jan-21	4,813	1,268	1,023	755	1,537	405	87
Feb-21	4,709	1,218	1,017	759	1,126	386	82
Mar-21	5,455	1,480	1,143	836	1,312	499	82
Apr-21	5,766	1,387	1,141	876	1,262	593	124
May-21	5,368	1,278	1,047	793	1,170	505	84
Jun-21	5,282	1,328	1,050	803	1,225	548	129
TOTAL	59,906	15,970	12,738	9,519	14,957	5,638	1,247
	50%	13%	11%	8%	12%	5%	1%

APPENDIX A

MOU Exhibit A Progress Updates

UNM Hospital Memorandum of Understanding with Bernalillo County
UNM/Bernalillo County MOU Deliverables Updated April, 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.	
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 4 years	UNMH continues to work with community partners on primary care capacity needs and increasing primary care access.	Yellow
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.	Green
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.	Green
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.	Yellow
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.	Green
UNMH will explore the use of Telemedicine Consultation between UNM HSC and the MDC	UNMH has had discussions with MDC but limited current use.	Yellow
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.	Green
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.	Yellow

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 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 with copayment structure related to income level.	
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 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. Website is in the process of being updated.	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

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 with PES expansion. Significant Health Home expansion accomplished.	
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 Ended March 31, 2021

UNM Lease MOU with Bernalillo County - Exhibit C

The following semi-annual goals are prepared in response to Exhibit A, item A4 that enables Bernalillo County and the Indian Health Services to have input and to comment on the semi-annual goals for each section of Exhibit A.

Exhibit A Reporting Area - Reporting and Interaction

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 21
A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.	<p>The UNMH Community Health Needs Assessment was completed in the spring of 2020 and is available online at: https://hsc.unm.edu/health/about/community-health-needs-assessment.html</p> <p>UNMH has established meetings with Community Stakeholders that served on the Bernalillo County Lease Taskforce to discuss status of deliverables under the lease and to discuss other topics of concern from the group.</p>
A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.	IHS, UNMH and Bernalillo County have established a small working group with representatives from the three organizations to meet 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.	UNMH established budget planning meetings with both the County and IHS for updates and input related to the FY 22 Budget and Capital process for the new Hospital Tower.

Exhibit A Reporting Area - Accountability and Transparency

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 21
B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.	UNMH continues to produce the Bernalillo County Quarterly Report outlining patient safety, quality, operational and financial data with corresponding benchmark data where available. The report is provided to Bernalillo County, IHS and APCG. The report is publically available on the UNMH and Bernalillo County Websites.
B.4 UNMH will provide financial information to the County Commission and IHS as to the expenditure of mill levy finding by UNMH Departments.	UNMH currently published financial, quality and operational data on the UNMH intranet site that include mill levy funding by department as part of the Bernalillo County Quarterly Report. The format and information were agreed to by Bernalillo County.
B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.	Bernalillo County Quarterly Reports are available online at: https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html

Exhibit A Reporting Area - Primary Care

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 21
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	<p>UNMH is in the process of working with a consulting group around recommendations to expand throughput and capacity in our primary and specialty clinics. UNMH is working on opening a new clinic site in Uptown and also a multispecialty clinic in Gallup.</p> <p>UNMH offers financial assistance through the UNM Care and other programs to patients.</p> <p>UNMH is moving forward with the New Tower Project to expand Access to Critical Care, Trauma, Surgical and other inpatient services for patients.</p>
C.7 UNMH shall provide increased funding to either the UNM School of Medicine or UNM Medical Group to recruit and retain specialist for a minimum of two medical specialties most needed by Native Americans.	UNMH continues to discuss need specialty access at ongoing quarterly lease compliance meetings with representation from IHS and the Tribes. Reporting is provided quarterly on access and services to Native Americans.

Exhibit A Reporting Area - Native American Care

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 21
E1. UNMH in collaboration with the IHS, the All Pueblo Council of Governors and the county shall develop a written methodology acceptable to the parties on the 100 bed Native American patients' provision in the Federal Contract.	UNMH in conjunction with the All Pueblo Council of Governors and with review by IHS has developed an operational guideline for addressing access issues for Native American patients under the requirements of the Federal Contract. UNMH has started reporting Inpatient Utilization by tribe at the request of IHS.
E.4 UNMH will consult with the IHS to review compliance with Federal Contract and for the provision of additional services, the quality of care for Native Americans, and priorities for additional services.	UNMH has ongoing quarterly operational meetings with IHS to discuss compliance with the Federal Contract and operational issues affecting Native Americans. UNMH also participates in Semi-annual Consultations with IHS and the APGC.
E.5 UNMH will evaluate the opportunity to sustain and improve healthcare services available to Native Americans.	UNMH meets with the IHS quarterly to review utilization and access data for Native American patients and to discuss opportunities for improved performance. Reporting on access and utilization by tribe is provided as a part of these meetings.

Exhibit A Reporting Area - Behavioral Health Services

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 21
<p>F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.</p>	<p>UNMH continues to provide staffing for discharge planning activities for the MDC and to assist with staffing the Resource Re-entry Center. This group focuses on identification of high needs patients with behavioral health issues.</p>
<p>F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.</p>	<p>UNMH is currently working on expanded Behavioral Health programming within the UNMH infrastructure in the forms of health home implementation, Psychiatric Emergency Services, pediatric behavioral Health services and exploring other service line development.</p> <p>UNMH also continues to work with the County to expand Behavioral Health services at the Cares Campus and has started the process to construct a Crisis Triage Center on a UNM HSC site.</p>

Exhibit A Reporting Area - Impact of COVID-19

Semi - Annual Focus Areas June 2020 - March 2021	Status Update as of March 21
<p>Operational Note.</p>	<p>During this period all areas of the Hospital were impacted by COVID-19 and extensive operational changes were implemented daily over several months to provide access to care and to build needed capacity. Despite this challenge the hospital has been successful at meeting the needs of our patients and community including focus on the deliverables under the Lease MOU.</p>