



QUARTERLY REPORT December 31, 2020

Bernalillo County Commissioner Trend Report

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A. ACCOUNTABILITY

Balance Sheet

Statements of Net Position

(In Thousands)

	December 2020	audited June 2020*
Assets		
Cash and marketable securities	\$ 301,818	\$ 191,110
Cash restricted by management for capital replacement	85,500	63,000
Cash restricted for donor specified expenses	19,267	19,297
Cash restricted for capital appropriation	14,212	18,044
Cash restricted for Medicare advance payment program***	78,830	78,830
Patient receivables, net	146,093	135,631
Other receivables and current assets	122,601	106,707
Capital assets, net	235,579	232,124
Restricted for mortgage reserve, bonds	21,142	18,168
Other noncurrent assets	32,126	28,579
Total assets	1,057,168	891,490
Liabilities		
Accounts payable	72,038	45,975
Payable to related parties (UNM)	60,901	32,168
Interest payable bonds	78	78
Medicare advance payment program	78,830	78,830
Other accrued current liabilities	184,127	136,148
Bonds payable, non current	80,355	80,355
Other long term liabilities	6,071	6,071
Total liabilities	482,400	379,625
Net Position		
Restricted for expendable grants, bequests, and contributions	19,267	19,297
Restricted capital appropriation	14,212	18,044
Restricted by management for capital replacement	90,500	63,000
Restricted for trust indenture and debt agreement	21,142	18,168
Assets invested in capital	149,268	145,819
Unrestricted from operations	280,379	247,537
Total net assets	\$ 574,768	\$ 511,865
Current Ratio	1.94	2.09
Days Cash on Hand	95.00	71.00

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

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

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

Income Statement

Statements of Revenues, Expenses, and Changes in Net Assets
For the six (6) months ended December 31, 2020

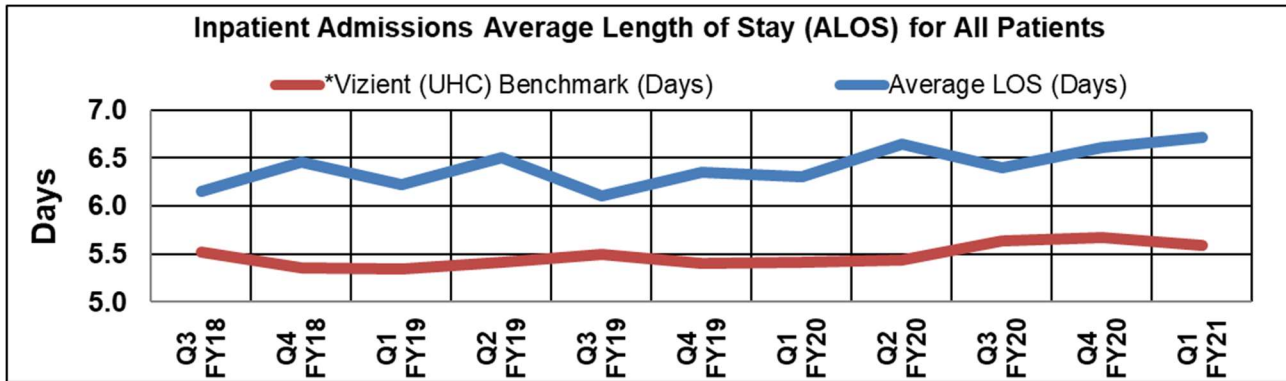
(In Thousands)

	<u>December</u>
Operating revenues:	
Net Patient Service	\$ 618,739
Other	26,509
Total Operating Revenues	<u>645,248</u>
Operating expenses:	
Employee Compensation and Benefits	332,337
UNM School of Medicine Medical Services	79,442
Medical Services Oncology	13,462
Medical Services non-SOM	19,600
Medical Supplies	86,767
Oncology Drugs	24,695
Occupancy/Equipment	33,093
Depreciation	16,657
Purchased Services	33,039
Health System Expenses	20,312
Gross Receipts Tax	13,155
Other	8,598
Total Operating Expenses	<u>681,157</u>
Operating loss	<u>(35,909)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	52,952
State Appropriation	6,463
Interest Expense	(1,409)
Other Revenue and (Expense)	40,806
Net Nonoperating Revenues	<u>98,812</u>
Total Increase in Net Assets	62,903
Net Assets, Beginning of Year	511,865
Net Assets, End of Year	<u>\$ 574,768</u>
Net Assets Reserved for capital assets	\$ 22,500
Net Assets Available for operations	\$ 40,403

Mill Levy Distribution Detail by Department FY2020

UNMH Mill Levy Spending Allocation Non-clinical Exp Support FY2020		
Total Bernalillo County Mill Levy	\$ 108,619,093.00	
Note: 15% of the Mill Levy is allocated to Behavioral Health (see p42)		
UNMH - 85%		
Mill Levy	\$ 92,326,229	
Expenses	Total Spending	
<i>Facilities</i>		
Facilities Maintenance	\$ 14,943,279	
Environmental Services	10,427,142	
Insurance	6,147,578	
Plant Operations & Maintenance	4,455,839	
Utilities	4,071,076	
Clinical Engineering	2,328,411	
Parking Structure and Support	2,173,993	
Security	3,911,376	
Off Site/Ambulatory Maintenance	5,734,811	
Life Safety/Fire Protection	1,382,351	
Facilities Planning	3,111,019	
Other	1,188,203	
Total Facilities		59,875,078
Finance		8,249,652
HR		8,020,942
<i>Information Technology</i>		
IT - Open Clinic/Mgt	6,538,821	
IT - Patient Financial Services	3,630,397	
Communications	5,883,092	
IT Cerner Millennium RHO	4,581,886	
Clinical Applications	3,552,335	
Customer Service	2,433,885	
Network & Infrastructure	2,692,119	
Systems Support	3,432,574	
System Develop and Applications	2,470,961	
IT CyberSecurity	1,755,079	
IT Non Capital Equipment	1,113,167	
Computer Learning Technologies	1,331,655	
Medical Records	1,313,885	
IT - EVOLVE3	814,605	
IT Admin, Oversight and Support	1,112,086	
Other	1,792,976	
Total Information Technology		44,449,523
<i>Revenue Cycle</i>		
Patient Financial Services	13,578,701	
Coding	8,847,290	
Revenue Cycle Initiatives	2,884,239	
Medical Records Support Svcs	2,174,901	
HIM Clinical Documentation	2,106,520	
Collection Agencies	954,894	
Other	1,217,023	
Total Revenue Cycle		31,763,568
Food & Nutrition		8,351,321
<i>Other</i>		
Administration	14,655,237	
FHA Bonds	6,572,341	
Admin Support for Facilities/Plannin	2,025,012	
Other	505,362	
Total Other		23,757,952
Total Mill Levy Expenditures		\$ 184,468,036

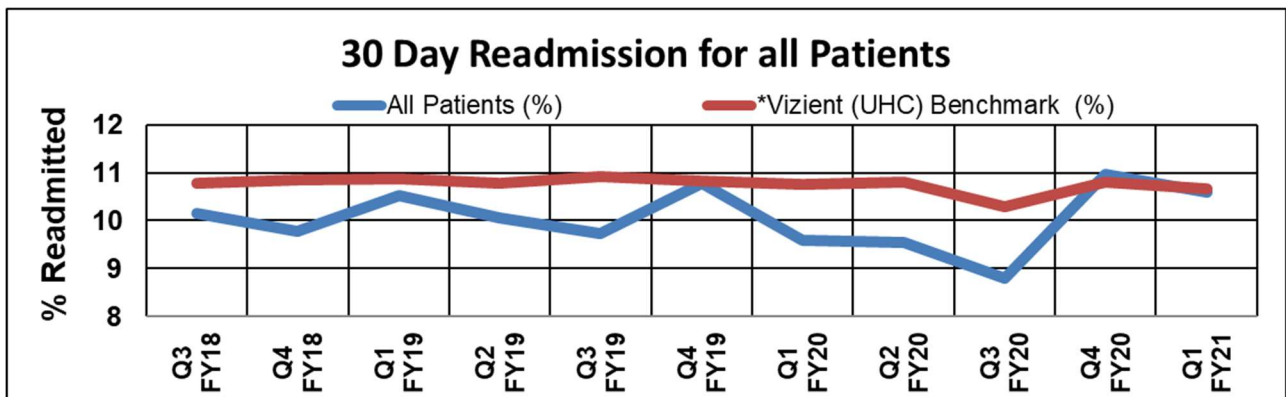
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21
Average LOS (Days)	6.15	6.45	6.22	6.51	6.10	6.35	6.31	6.65	6.40	6.61	6.71
*Vizient (UHC) Benchmark (Days)	5.52	5.35	5.34	5.41	5.50	5.40	5.41	5.44	5.63	5.67	5.59

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

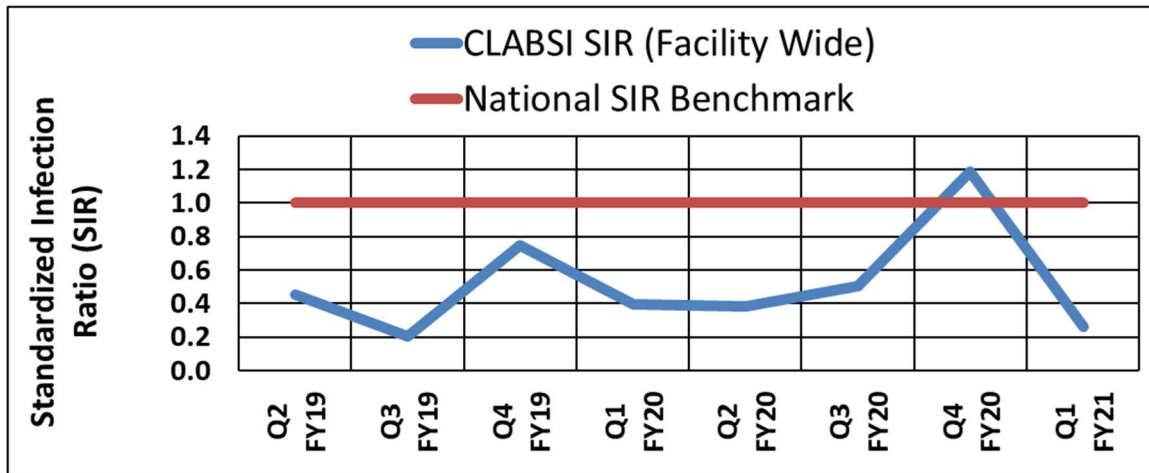
30 Day Readmission for All Patients



Fiscal Quarter	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21
All Patients (%)	10.16	9.77	10.53	10.06	9.74	10.78	9.59	9.54	8.79	10.97	10.59
*Vizient (UHC) Benchmark (%)	10.79	10.84	10.87	10.78	10.91	10.83	10.76	10.80	10.28	10.81	10.66

*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.

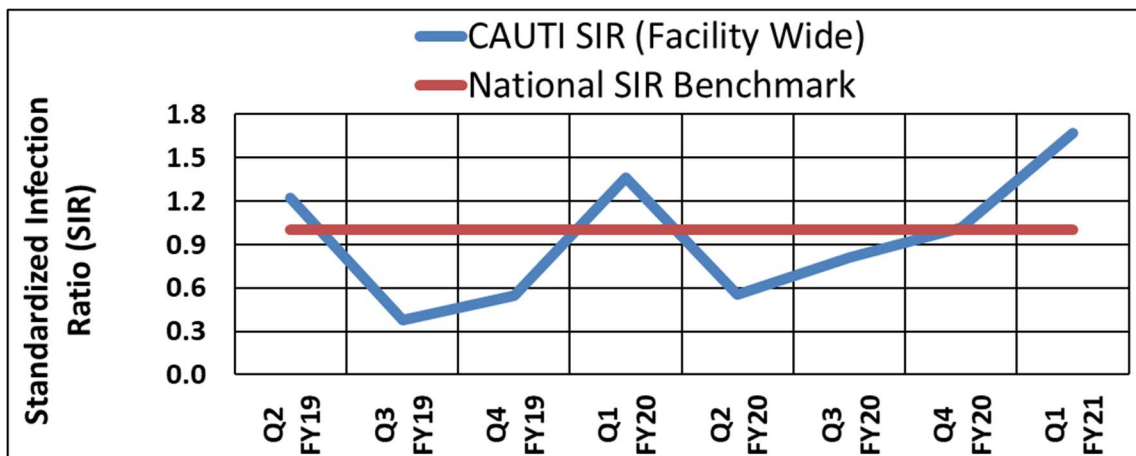
Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21
CLABSI SIR (Facility Wide)	0.45	0.20	0.75	0.39	0.39	0.51	1.19	0.26
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	4	2	8	4	4	5	12	3
*NHSN Expected	8.8	9.8	10.7	10.2	10.4	9.9	10.1	11.4

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

Catheter Associated Urinary Tract Infection



Catheter-Associated Urinary Tract Infection (CAUTI)	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21
CAUTI SIR (Facility Wide)	1.22	0.37	0.55	1.36	0.56	0.81	1.01	1.67
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CAUTI Count	12	4	6	15	7	9	12	22
*NHSN Expected	9.8	10.7	11.0	11.0	12.6	11.1	11.8	13.1

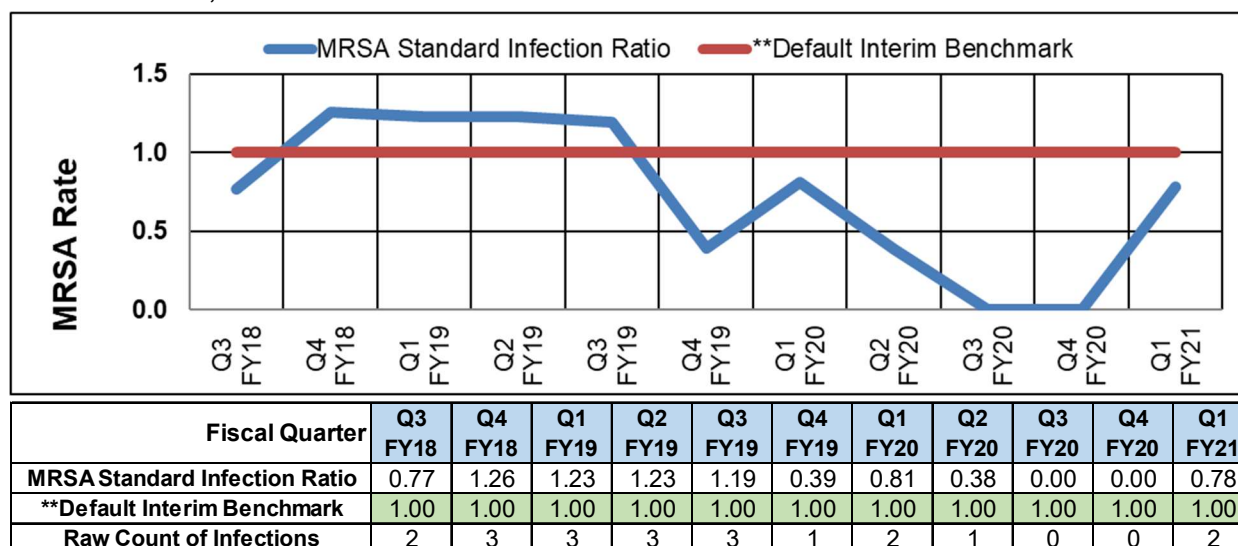
*NHSN = National Healthcare Safety Network.

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

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

MRSA Bloodstream Standardized Infection Rate

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



**Default Interim Benchmark is a temporary measure until a national benchmark is defined. Due to the COVID-19 impact, the MRSA data is delayed by one quarter.

Total Number of Inpatient Days

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

FY21 Projected based on the twelve (12) months ended December 31, 2020.

Inpatient Days	FY20 Actual	FY21 Actual YTD	FY21 Projected
Adult	112,012	64,446	118,935
Pediatric	39,029	18,224	38,031
Newborn	4,980	2,206	4,514
Total Inpatient Days	156,021	84,876	161,480

Nursing Hours of Care

	FY2019 Actual	FY2020 Actual	FY2021 November
UNMH Nursing Hours of Care Per Patient*	17.12	16.75	18.88

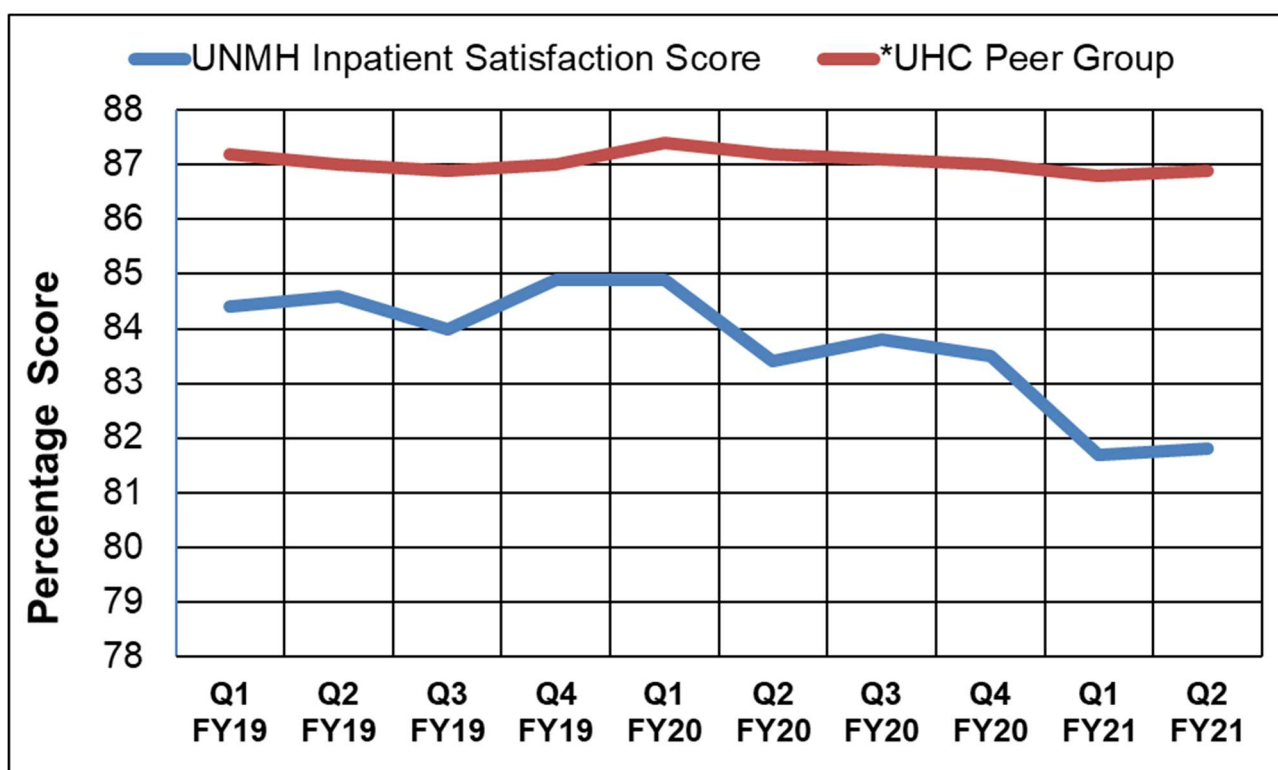
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2020	Number of FTES as of December, 2020	FY2021 Hires (Headcount)	FY2021 Terms (Headcount)	Rolling Retention Rate
RN's	1,968	1,959	113	165	83.82%
*National Retention Rate Benchmark					82.80%

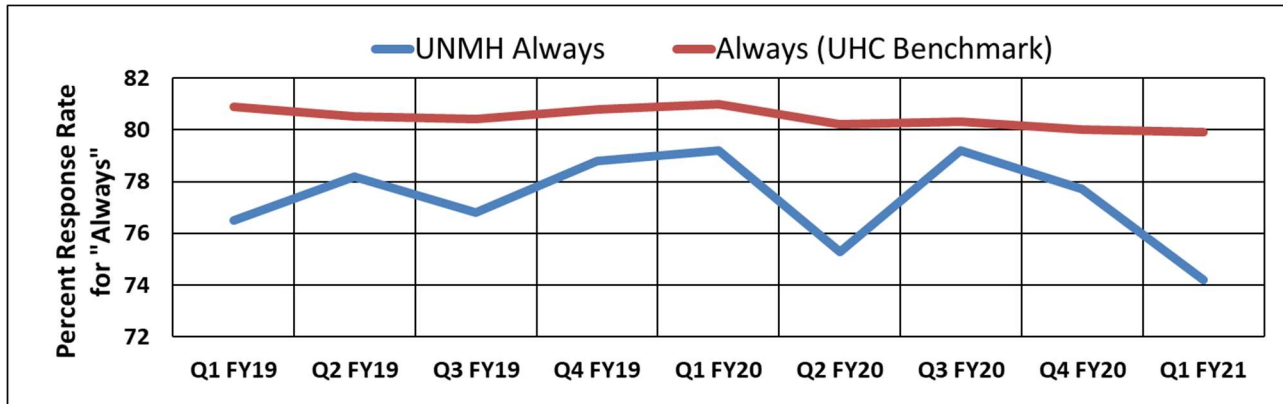
* Per the 2019 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2018 national RN turnover rate is 17.2%.

Press Ganey Inpatient Satisfaction Score



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

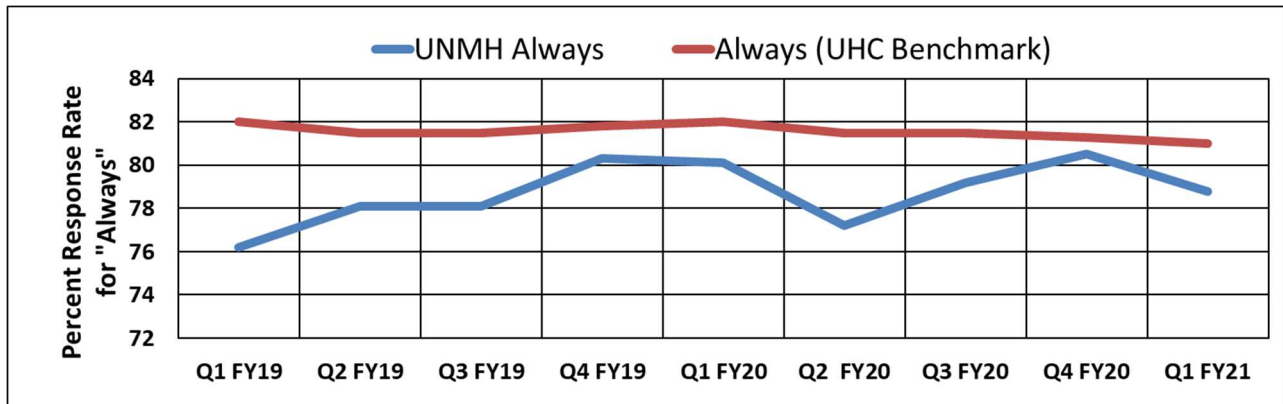
HCAPS Satisfaction – Communications with Nurses



Communication with Nurses	Response	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21
H-COMP-1-A-P	UNMH Always	76.5	78.2	76.8	78.8	79.2	75.3	79.2	77.7	74.2
H-COMP-1-U-P	UNMH Usually	19.3	16.5	17.8	16.9	16.7	19.5	15.6	16.9	17.4
H-COMP-1-SN-P	UNMH Sometimes/Never	4.2	5.4	5.5	4.3	4.1	5.2	5.1	5.4	8.5
UHC Benchmark	Always (UHC Benchmark)	80.9	80.5	80.4	80.8	81.0	80.2	80.3	80.0	79.9
UHC Benchmark	Usually (UHC Benchmark)	15.1	15.3	15.3	14.9	14.8	15.1	15.0	15.0	15.3

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

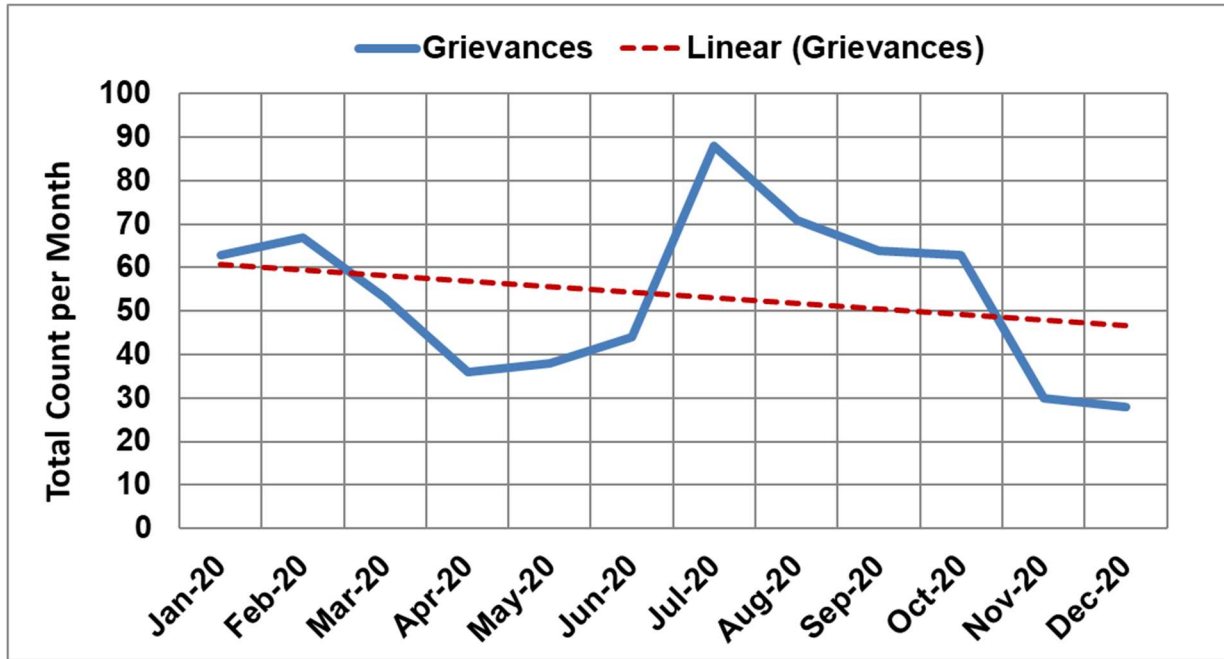
HCAPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21
H-COMP-2-A-P	UNMH Always	76.2	78.1	78.1	80.3	80.1	77.2	79.2	80.5	78.8
H-COMP-2-U-P	UNMH Usually	18.1	14.9	15.7	15.1	15.8	16.9	15.9	13.4	15.3
H-COMP-2-SN-P	UNMH Sometimes/Never	5.7	6.9	6.2	4.6	4.1	5.9	4.9	6.2	5.9
UHC Benchmark	Always (UHC Benchmark)	82.0	81.5	81.5	81.8	82.0	81.5	81.5	81.3	81.0
UHC Benchmark	Usually (UHC Benchmark)	13.7	14.0	14.0	13.8	13.6	13.8	13.9	13.7	14.0

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

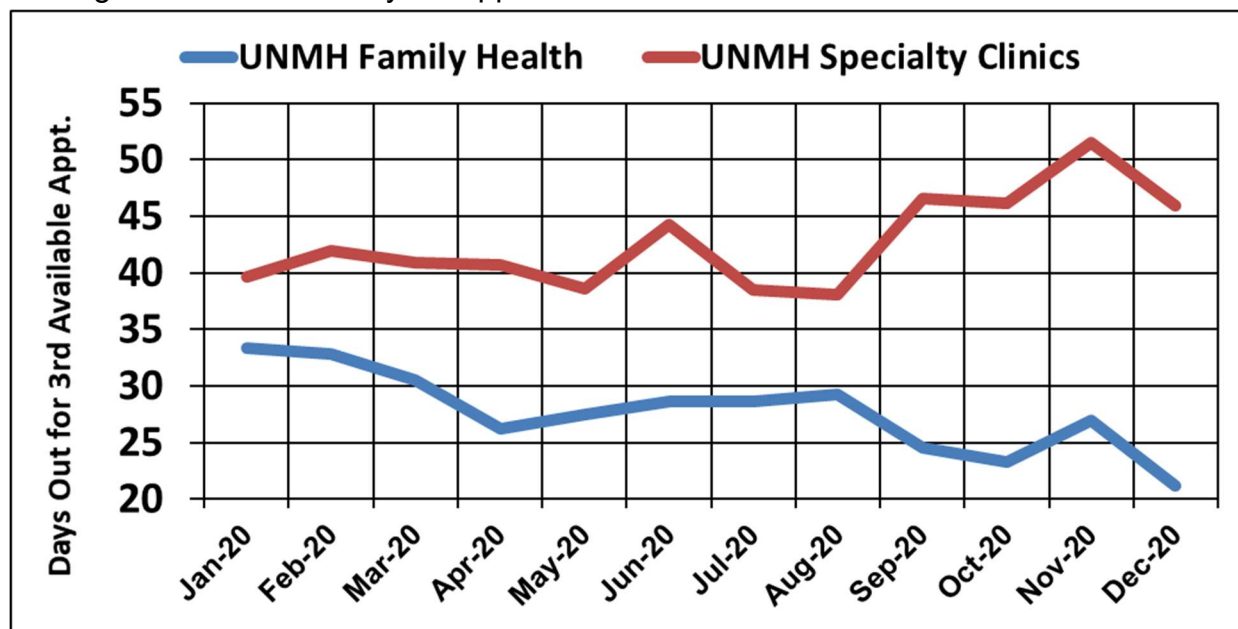
Grievances



Month-Year	Grievances
Jan-20	63
Feb-20	67
Mar-20	53
Apr-20	36
May-20	38
Jun-20	44
Jul-20	88
Aug-20	71
Sep-20	64
Oct-20	63
Nov-20	30
Dec-20	28

Average time for an Appointment for Primary and Specialty Care

Average 3rd Available* Day for Appointments.

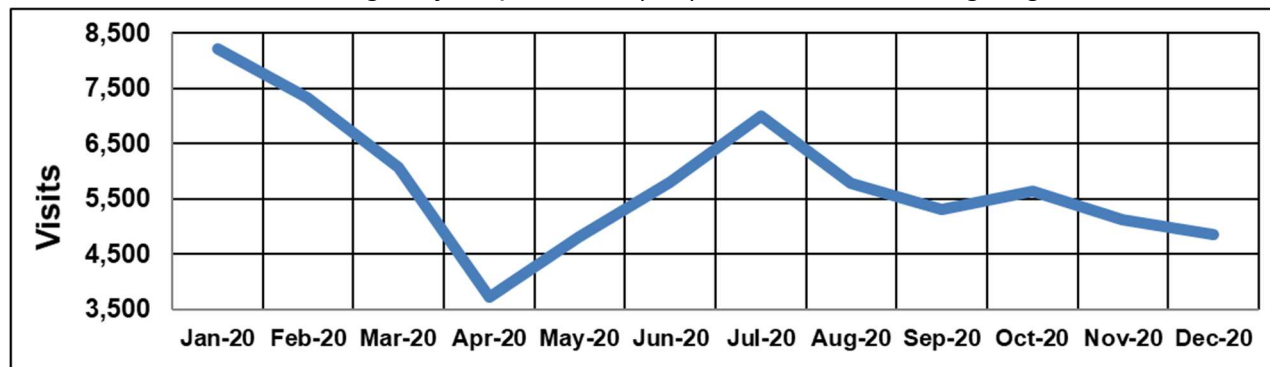


Month	UNMH Family Health	UNMH Specialty Clinics
Jan-20	33.4	39.7
Feb-20	32.8	41.9
Mar-20	30.5	40.9
Apr-20	26.2	40.7
May-20	27.5	38.6
Jun-20	28.6	44.3
Jul-20	28.6	38.5
Aug-20	29.3	38.0
Sep-20	24.6	46.6
Oct-20	23.3	46.1
Nov-20	27.0	51.5
Dec-20	21.2	45.9

* "3rd Next Available" is the industry standard for measuring appointment access and best represents the performance of the appointment access system as a whole.

Number of Emergency Department Visits

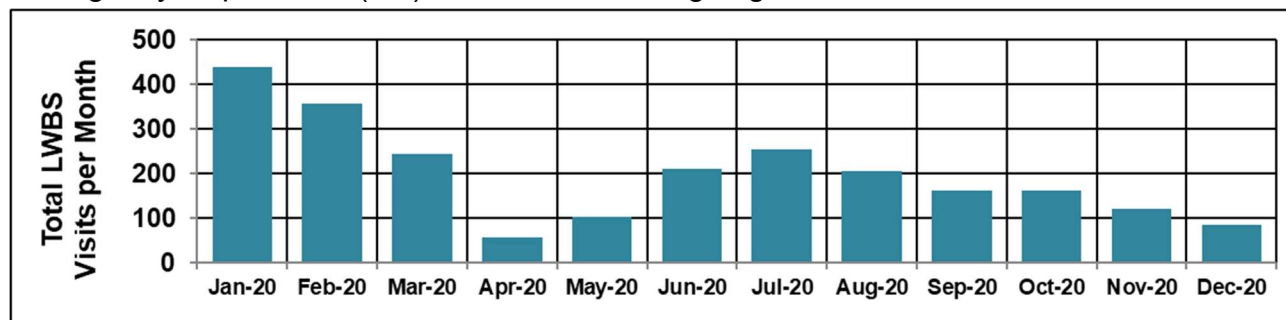
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Visits	8,226	7,343	6,074	3,720	4,828	5,809	7,001	5,795	5,315	5,650	5,120	4,862

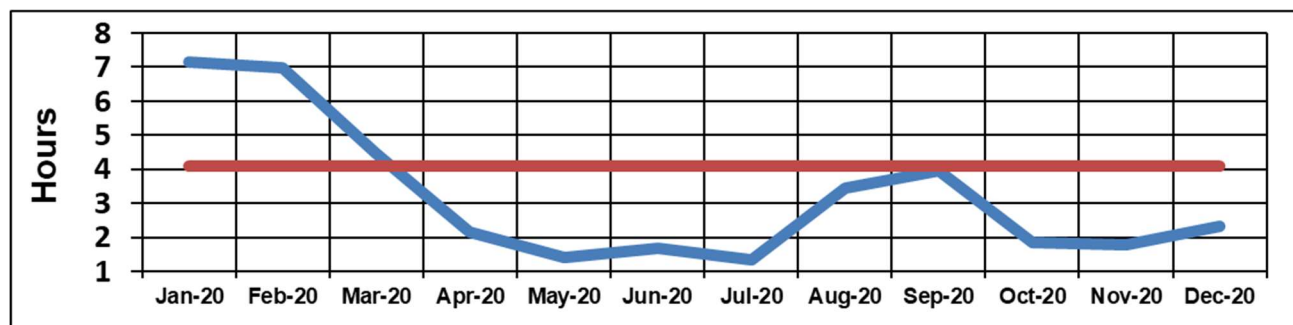
Total ED Patients Left without Being Seen

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



Month	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
UH LWBS	438	357	245	57	104	210	255	206	162	163	120	86

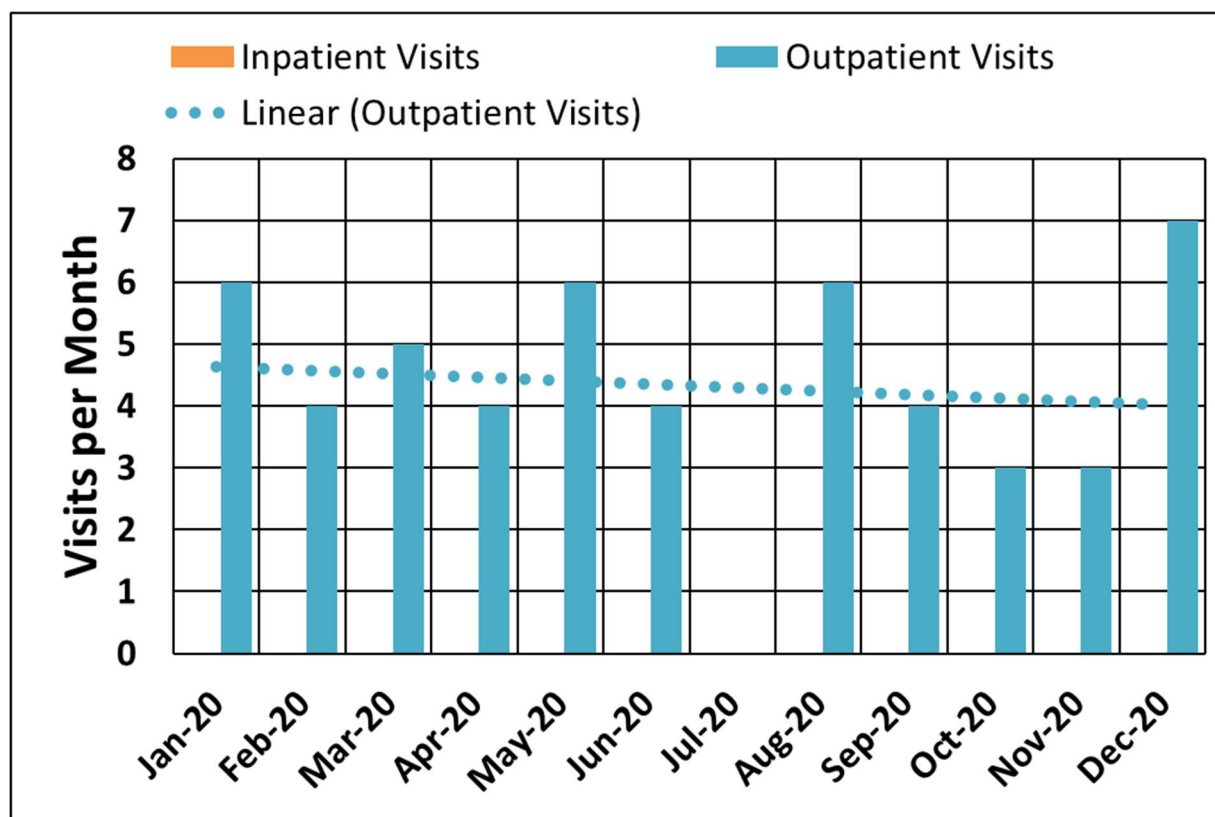
ED Average Hours from Arrival to Disposition



Month	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Arrival to Disposition	7.14	7.00	4.46	2.16	1.40	1.68	1.35	3.45	3.95	1.87	1.79	2.33
*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
Jan-20	0	6
Feb-20	0	4
Mar-20	0	5
Apr-20	0	4
May-20	0	6
Jun-20	0	4
Jul-20	0	0
Aug-20	0	6
Sep-20	0	4
Oct-20	0	3
Nov-20	0	3
Dec-20	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 three (3) months ended December 30, 2020, broken down by payer source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	4,557
EMSA	191
IHS	1,720
Medicaid	131,596
Medicare	133,176
Uninsured	24,967
HMO's & Insurance	125,570
All Other *	28,571
Total Encounters	450,348
Native American Encounters **	49,876

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 six (6) months ended December 31, 2020, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 11,839,530	\$ 11,945,049	\$ 23,784,579
Catron	4,452	6,871	11,323
Chaves	19,519	42,218	61,737
Cibola	220,718	99,325	320,043
Colfax	17,343	100,449	117,792
Curry	818	30,907	31,725
De Baca	16	1,148	1,164
Dona Ana	211,778	100,769	312,547
Eddy	221,364	81,556	302,921
Grant	6,516	230	6,746
Guadalupe	2,053	24,734	26,787
Harding	16,400	-	16,400
Hidalgo	-	-	-
Lea	4,475	37,185	41,660
Lincoln	12,205	18,083	30,288
Los Alamos	10,807	3,441	14,247
Luna	18,439	445	18,884
Mc Kinley	1,023,624	152,040	1,175,665
Mora	41,031	10,893	51,925
Otero	218,373	63,600	281,973
Quay	2,041	-	2,041
Rio Arriba	72,983	30,978	103,961
Roosevelt	7,785	76,930	84,714
San Juan	523,673	144,571	668,243
San Miguel	11,193	7,677	18,869
Sandoval	1,336,155	754,730	2,090,885
Santa Fe	771,933	381,977	1,153,910
Sierra	9,010	12,173	21,183
Socorro	49,326	193,645	242,971
Taos	59,828	102,285	162,113
Torrance	166,078	152,995	319,073
Union	3,091	10,388	13,479
Valencia	863,186	1,305,146	2,168,332
Out Of State	-	1,715,267	1,715,267
Grand Total	\$ 17,765,743	\$ 17,607,703	\$ 35,373,446

* Based on primary and secondary coverage

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 six (6) months ended December 31, 2020.

Bernalillo County Zip	Inpatient Encounter Count	Inpatient Charity Care and Uninsured Cost	Outpatient Encounter Count	Outpatient Charity Care and Uninsured Cost	Total Encounter Count	Total Patient Charity Care and Uninsured Cost
87008	1	\$215	78	\$ 10,215	79	\$ 10,430
87022	2	12,891	115	14,556	117	27,447
87047	10	3,252	153	23,024	163	26,276
87059	11	101,783	407	91,107	418	192,890
87101	-	-	20	8,099	20	8,099
87102	149	1,016,812	3,750	713,647	3,899	1,730,459
87103	-	-	37	5,864	37	5,864
87104	41	203,250	1,223	178,898	1,264	382,147
87105	330	1,560,298	9,073	1,857,826	9,403	3,418,123
87106	111	578,921	2,965	690,198	3,076	1,269,119
87107	80	298,247	3,181	725,892	3,261	1,024,139
87108	225	853,412	6,320	1,388,482	6,545	2,241,894
87109	113	396,486	2,734	613,283	2,847	1,009,769
87110	93	477,033	3,541	642,895	3,634	1,119,928
87111	76	627,427	2,381	517,166	2,457	1,144,593
87112	104	433,369	3,645	667,833	3,749	1,101,202
87113	25	163,273	960	227,137	985	390,410
87114	89	251,583	2,945	569,521	3,034	821,104
87115	-	-	-	-	-	-
87116	3	16,804	96	34,860	99	51,664
87117	-	-	4	3,577	4	3,577
87119	-	-	40	4,832	40	4,832
87120	111	157,347	3,371	536,085	3,482	693,432
87121	361	1,785,615	14,176	3,379,751	14,537	5,165,366
87122	6	3,779	299	61,879	305	65,658
87123	145	635,239	5,081	955,775	5,226	1,591,013
87125	7	10,785	146	19,534	153	30,319
87131	-	-	17	2,619	17	2,619
87151	3	46,243	52	32,567	55	78,810
87153	1	1,111	17	370	18	1,481
87154	5	19,815	83	7,971	88	27,785
87158	-	-	-	-	-	-
87176	4	2,521	74	9,658	78	12,179
87181	1	88	49	5,246	50	5,334
87184	1	3,666	38	6,328	39	9,994
87185	-	-	3	240	3	240
87187	2	539	9	1,076	11	1,616
87190	-	-	37	4,685	37	4,685
87191	1	36	31	4,686	32	4,721
87192	-	-	39	1,779	39	1,779
87193	-	-	75	8,410	75	8,410
87194	-	-	29	779	29	779
87195	9	11,686	186	20,089	195	31,776
87196	-	-	93	8,951	93	8,951
87197	2	1,094	102	11,753	104	12,846
87198	5	2,003	121	16,509	126	18,511
87199	2	1,253	69	21,055	71	22,308
Grand Total	2,129	\$ 9,677,873	67,865	\$ 14,106,705	\$ 69,994	\$ 23,784,579

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the six (6) months ended December 31, 2020.

Bernalillo County Zip	Cancer Count	Medicine Count	Pediatrics Count	Surgery Count	Emergency Medicine Count	Neurology Count	OBGYN Count	Orthopedics Count	Psychiatry Count	Other Count	Total Count
87008	-	4	-	1	-	1	1	2	6	64	79
87022	13	7	1	1	3	-	-	-	7	85	117
87047	3	10	-	1	4	7	3	3	1	131	163
87059	12	34	-	4	7	5	6	7	16	327	418
87101	-	1	-	1	1	-	-	-	2	16	21
87102	156	368	7	45	138	43	41	21	274	2,806	3,899
87103	-	5	-	1	1	-	-	-	6	24	37
87104	31	141	1	16	41	27	15	12	80	900	1,264
87105	456	854	29	132	218	116	118	63	436	6,981	9,403
87106	160	232	9	36	78	41	48	19	228	2,225	3,076
87107	145	282	3	26	80	49	24	32	197	2,423	3,261
87108	310	614	12	132	207	103	75	51	453	4,588	6,545
87109	228	277	11	32	72	53	37	22	177	1,938	2,847
87110	200	333	4	58	82	72	25	33	273	2,554	3,634
87111	103	256	5	26	58	40	39	20	186	1,724	2,457
87112	161	368	10	39	80	70	39	31	186	2,765	3,749
87113	100	77	1	8	25	20	15	2	29	708	985
87114	171	270	8	27	59	53	48	25	151	2,222	3,034
87115	-	-	-	-	-	-	-	-	-	-	-
87116	33	6	1	-	3	1	1	-	1	53	99
87117	-	-	-	-	-	1	-	-	-	3	4
87119	-	2	-	-	-	-	6	-	4	28	40
87120	159	355	14	34	85	68	49	37	200	2,481	3,482
87121	801	1,091	41	131	309	182	233	64	468	11,213	14,533
87122	21	19	1	3	6	2	1	2	13	237	305
87123	227	522	15	49	124	74	68	34	229	3,884	5,226
87125	9	6	-	1	11	2	1	1	8	114	153
87128	-	-	-	-	-	-	-	-	-	-	-
87131	-	1	-	1	1	1	-	-	1	14	19
87151	-	2	-	1	7	1	-	1	2	41	55
87153	1	-	-	4	-	-	-	-	1	12	18
87154	9	10	-	2	3	-	2	-	3	59	88
87158	-	-	-	-	-	-	-	-	-	-	-
87176	3	12	-	-	3	1	1	-	4	54	78
87181	-	2	-	1	-	-	-	-	-	47	50
87184	1	2	-	1	-	-	1	1	4	29	39
87185	-	-	-	-	-	1	-	-	-	2	3
87187	1	1	-	-	1	1	-	1	1	5	11
87190	1	5	-	-	1	-	1	-	3	26	37
87191	1	9	-	-	-	-	-	-	-	22	32
87192	1	5	-	1	-	2	-	-	1	29	39
87193	20	14	-	1	1	1	-	-	1	37	75
87194	-	2	-	2	3	1	-	-	1	21	30
87195	7	23	1	5	2	5	3	1	3	145	195
87196	3	6	-	1	5	2	-	2	15	59	93
87197	5	11	-	5	-	7	1	2	8	65	104
87198	7	18	-	5	1	2	1	1	5	86	126
87199	3	3	-	-	3	-	-	1	6	55	71
Grand Total	3,562	6,260	174	834	1,723	1,055	903	491	3,690	51,302	69,994

Primary Reason for Bernalillo County Indigent Resident Visits

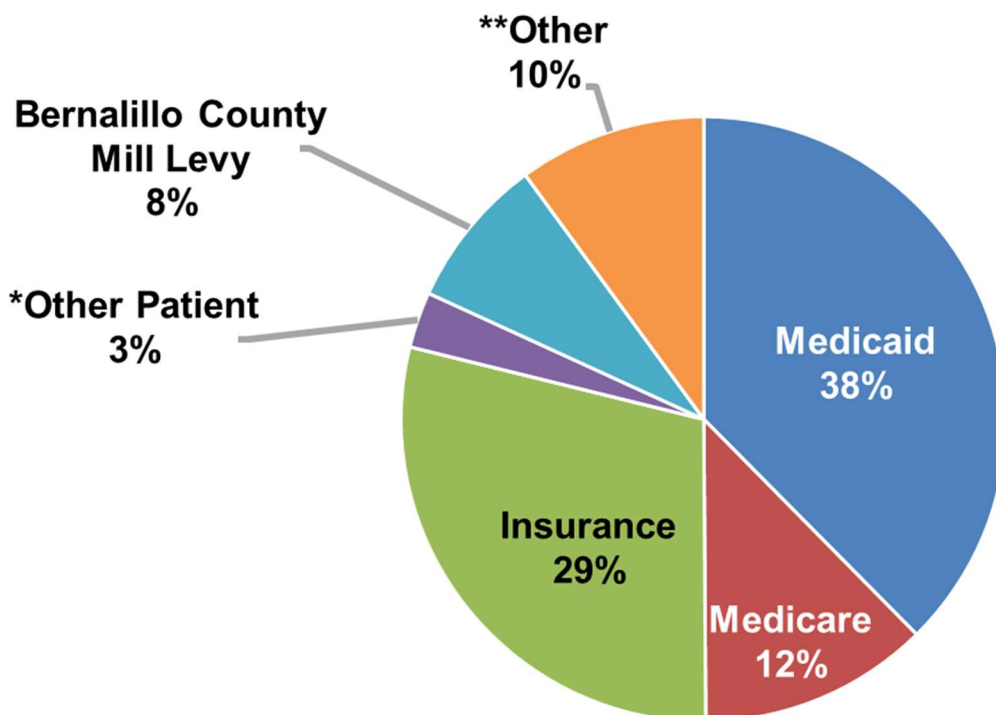
Totals are for each of the eight (8) quarters ended December 31, 2020.

Description	2021Q2	2021Q1	2020Q4	2020Q3	2020Q2	2020Q1	2019Q4	2019Q3
Factors influencing health status and contact with health services	9,537	8,467	13,052	5,795	8,584	4,881	7,020	5,556
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	2,342	2,749	3,993	2,579	3,633	1,979	3,058	2,418
Diseases of the musculoskeletal system and connective tissue	2,458	2,934	3,687	2,463	3,671	2,093	3,305	2,583
Injury, poisoning and certain other consequences of external causes	1,505	1,979	2,797	1,575	2,482	1,510	2225	1,608
Neoplasms	1,096	1,312	2,012	1,171	1,673	1,026	1616	1,260
Mental and behavioral disorders	1,415	1,683	3,136	1,384	1,960	1,108	1628	1,322
Endocrine, nutritional and metabolic diseases	1,493	1,868	2,645	1,520	2,205	1,249	1901	1,540
Diseases of the circulatory system	1,358	1,650	2,440	1,414	2,108	1,182	1765	1,387
Diseases of the nervous system	1,081	1,284	2,003	1,278	1,878	1,050	1569	1,232
Diseases of the genitourinary system	1,105	1,370	1,806	1,059	1,552	900	1329	1,059
Pregnancy, childbirth and the puerperium	756	890	1,572	700	964	515	939	706
Diseases of the digestive system	924	1,094	1,595	914	1,357	764	1178	918
Diseases of the respiratory system	919	1,403	1,593	2,101	2,482	869	1706	1805
Diseases of the skin and subcutaneous tissue	756	945	1,238	826	1,258	755	1107	845
Diseases of the eye and adnexa	484	636	668	606	857	518	828	576
Certain infectious and parasitic diseases	314	341	552	476	694	321	523	465
Congenital malformations, deformations and chromosomal abnormalities	182	254	316	199	297	172	279	216
Diseases of the ear and mastoid process	236	334	370	401	505	267	406	399
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	185	221	331	185	290	172	247	174
Codes for special purposes	1,104	273	178	-	-	-	0	0
Certain conditions originating in the perinatal period	26	36	69	24	54	32	61	36
External causes of morbidity and mortality	1	0	2	1	3	0	2	1
Other (prescription pick-up, etc.)	4,759	4,235	6,658	3,093	4,221	2,222	3,290	2,627
	34,036	35,958	52,713	29,764	42,728	23,585	35,982	28,733

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

Revenues by Payor Source

FY 2020 Revenue (Audited)



	FY2020
Medicaid	\$ 502,689,863
Medicare	164,449,552
Insurance	387,152,622
*Other Patient	39,965,345
Bernalillo County Mill Levy	108,619,093
**Other	134,235,343
Total	\$ 1,337,111,817

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

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

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

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

FY21 is based on the twelve (12) months ended December 31, 2020.

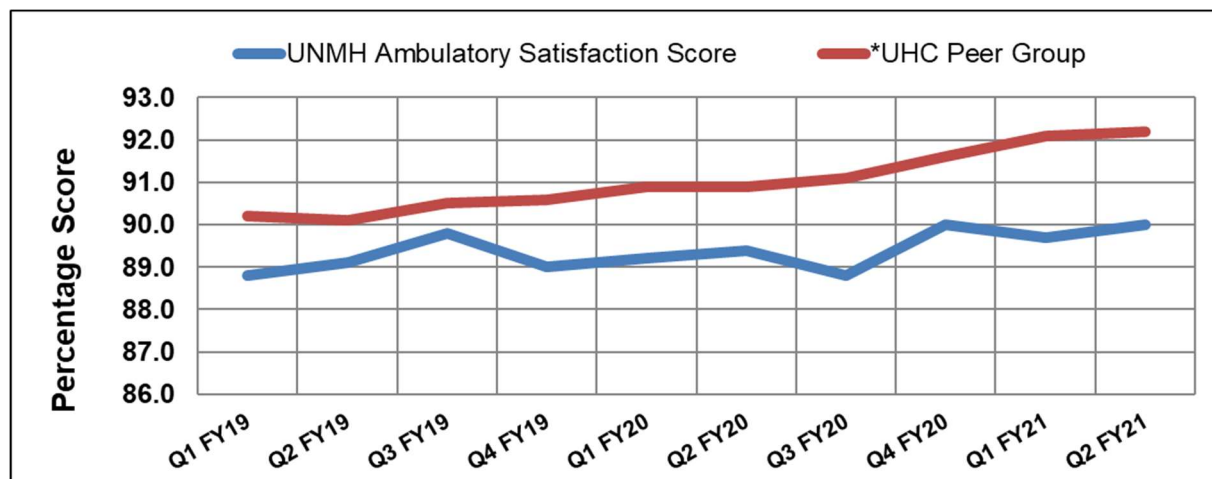
Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.

507,363	FY20 Actual (12 Months)
491,260	FY21 Actual (Based on Previous 12 Months)

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

Clinic:	Location:	Hours:
Adult Urgent Care	Main Hospital - 1st Floor, 2211 Lomas Blvd NE	Mon - Sat 7:00am - 6:00pm
Peds Urgent Care	Main Hospital - 3rd Floor, 2211 Lomas Blvd NE	Mon-Fri: 8am-7pm, Sat 9am-2pm
Young Children's Health Center	306 San Pablo ST SE, #A	Mon-Thurs 8am-7pm, Fri 8am-5pm, Sat 9am-2pm

Press Ganey Ambulatory Satisfaction Score

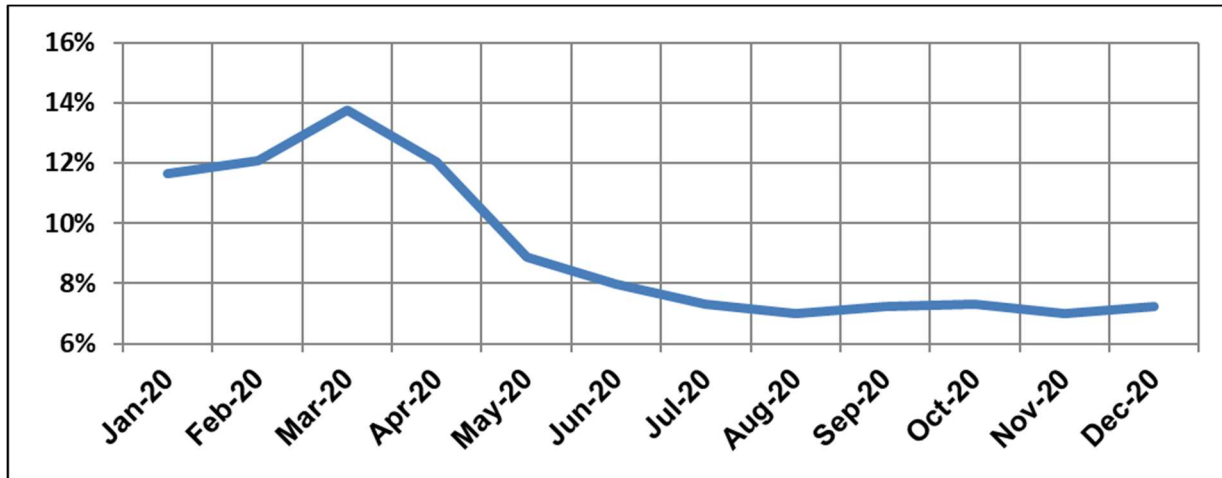


Quarter	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21
UNMH Ambulatory Satisfaction Score	88.8	89.1	89.8	89.0	89.2	89.4	88.8	90.0	89.7	90.0
*UHC Peer Group	90.2	90.1	90.5	90.6	90.9	90.9	91.1	91.6	92.1	92.2

*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.



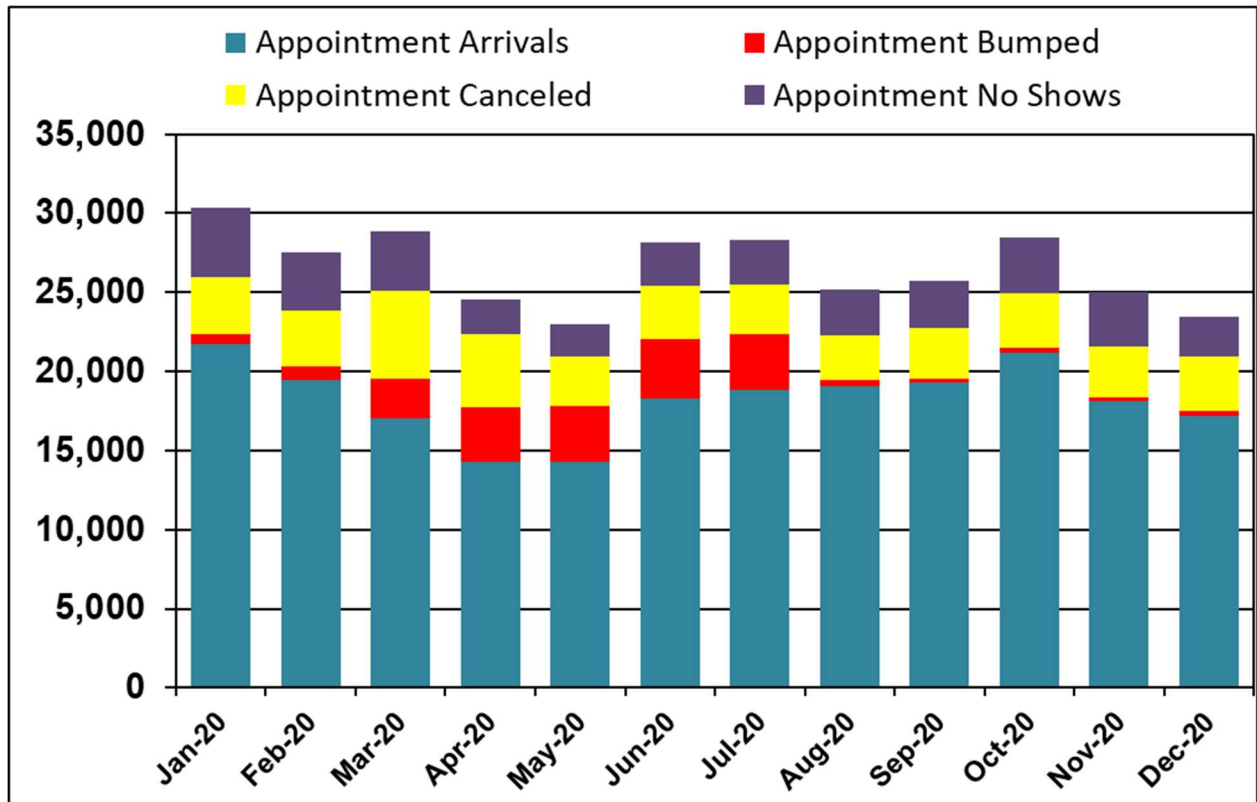
Month	Same Day	Total Arrived	Same Day Rate
Jan-20	1,762	15,103	11.7%
Feb-20	1,596	13,229	12.1%
Mar-20	1,595	11,590	13.8%
Apr-20	1,172	9,732	12.0%
May-20	863	9,703	8.9%
Jun-20	986	12,375	8.0%
Jul-20	940	12,830	7.3%
Aug-20	910	13,023	7.0%
Sep-20	932	12,871	7.2%
Oct-20	1,104	14,143	7.3%
Nov-20	1,089	12,260	7.0%
Dec-20	1,243	11,622	7.2%

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

Average	Primary Care Clinics
6.2%	1209 Clinic
5.9%	Alamo Primary Care Clinic
6.9%	Family Practice Clinic
9.1%	General Pediatrics Clinic
9.5%	Northeast Heights Clinic
8.7%	Senior Health Center
7.3%	Southeast Heights Clinic
9.2%	Southwest Mesa Clinic
4.2%	SRMC FP Clinic
55.2%	UNM Lobocare Clinic
4.7%	Westside Clinic
4.1%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

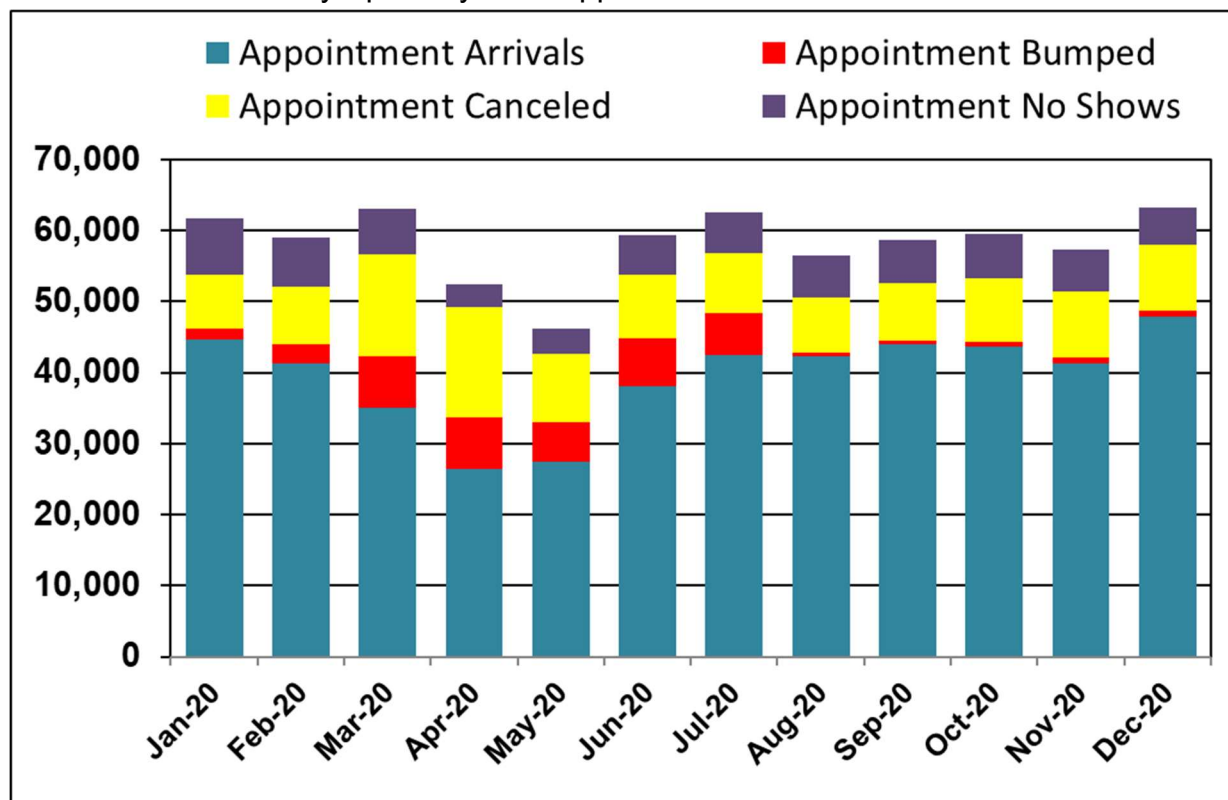
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-20	21,730	654	3,595	4,337
Feb-20	19,463	897	3,493	3,709
Mar-20	17,057	2,505	5,510	3,828
Apr-20	14,276	3,454	4,592	2,203
May-20	14,274	3,509	3,161	2,030
Jun-20	18,264	3,765	3,405	2,730
Jul-20	18,807	3,550	3,148	2,781
Aug-20	19,063	385	2,851	2,860
Sep-20	19,266	269	3,232	2,999
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

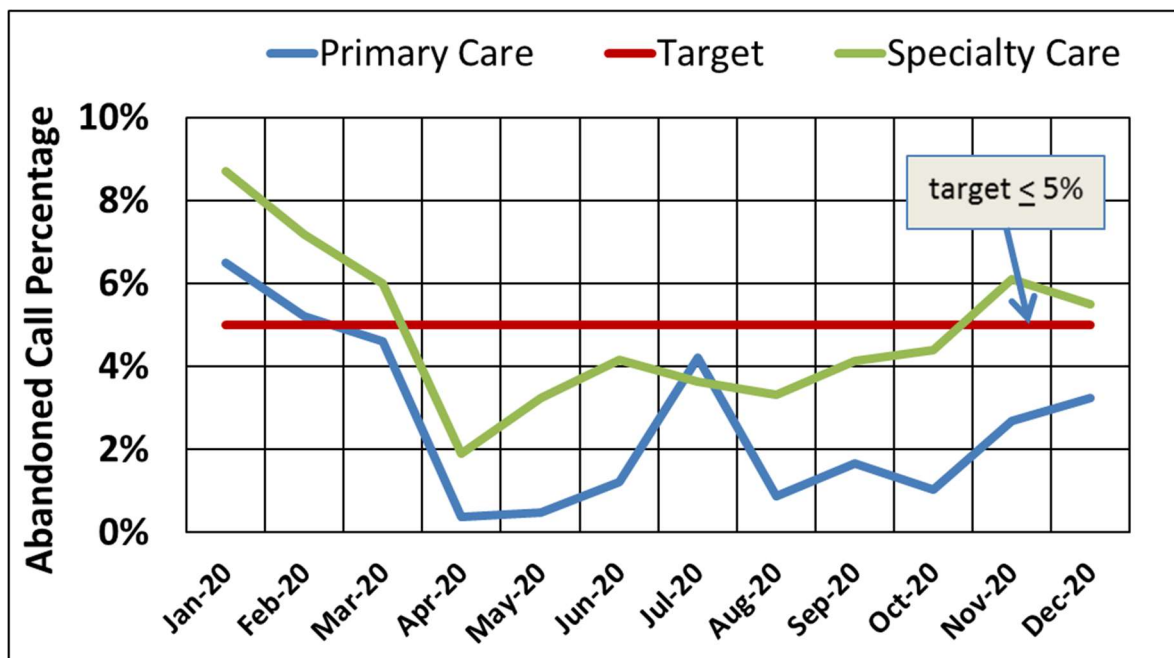
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-20	44,639	1,507	7,663	7,902
Feb-20	41,268	2,786	8,021	6,903
Mar-20	35,029	7,239	14,433	6,282
Apr-20	26,462	7,143	15,540	3,335
May-20	27,419	5,557	9,594	3,557
Jun-20	38,066	6,806	8,866	5,509
Jul-20	42,519	5,757	8,508	5,702
Aug-20	42,209	643	7,765	5,815
Sep-20	43,914	551	8,049	6,221
Oct-20	43,656	583	8,982	6,278
Nov-20	41,295	895	9,192	5,882
Dec-20	47,815	797	9,364	5,212

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			
Jan-20	6.49%	8.70%	5%
Feb-20	5.21%	7.17%	5%
Mar-20	4.60%	6.01%	5%
Apr-20	0.38%	1.90%	5%
May-20	0.48%	3.24%	5%
Jun-20	1.21%	4.16%	5%
Jul-20	4.20%	3.63%	5%
Aug-20	0.88%	3.32%	5%
Sep-20	1.67%	4.12%	5%
Oct-20	1.02%	4.40%	5%
Nov-20	2.70%	6.11%	5%
Dec-20	3.23%	5.49%	5%

Medication Reconciliation Goals Primary and Specialty Care

Medication reconciliation. As of December 31, 2020

60.9%	National Patient Safety Goal - Medication Reconciliation Primary Care	
27.8%	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 January 8, 2021

230,919	Invitations sent out to patients who provided an email address.
109,300	Patients who have claimed invitation to sign up.
96,416	*Active Users who have accessed their medical records.
42%	Percentage of patients who can potentially access their medical records electronically .

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

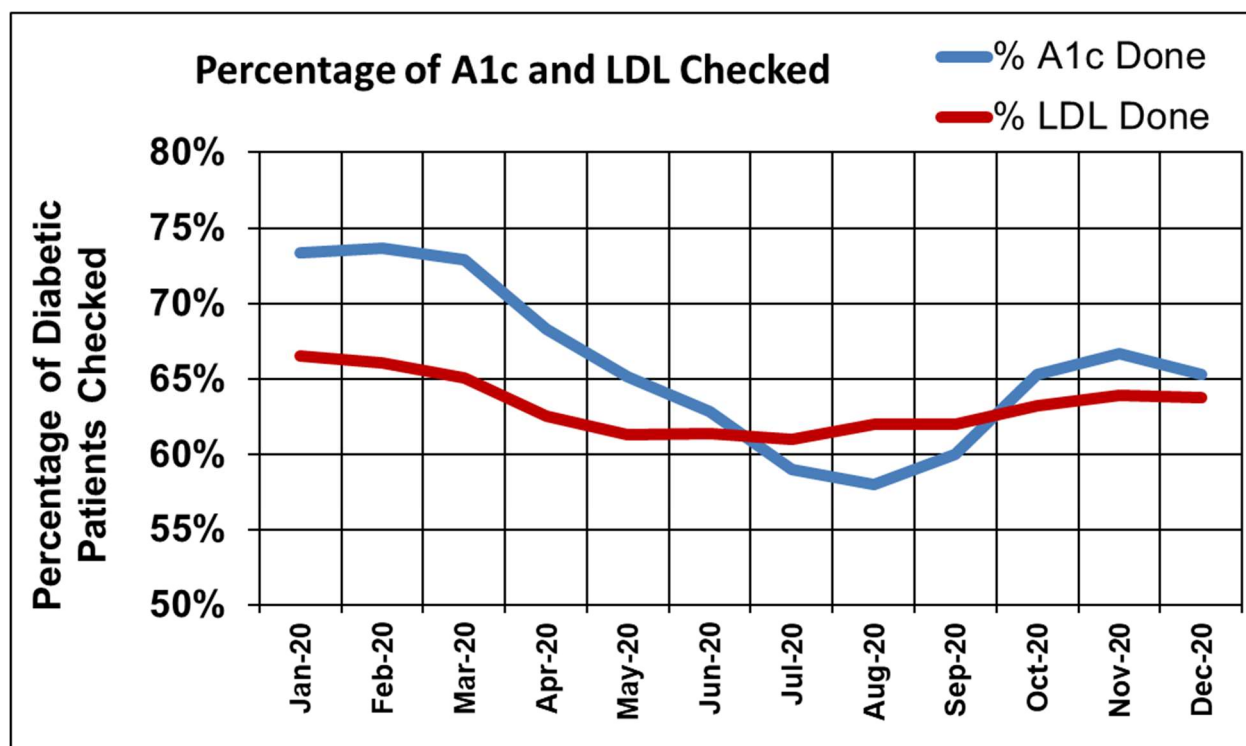
One hundred percent (100%) of all patients may access their medical records in person at UNMH.

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

What to expect from MyHealth at UNM:

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

Diabetes Management Indicators for HgbA1C and LDL <100



Month	Total Patients	A1c Done	% A1c Done	LDL Done	% LDL Done
Jan-20	7,685	5,636	73%	5,116	67%
Feb-20	7,680	5,656	74%	7,736	66%
Mar-20	7,736	5,641	73%	5,032	65%
Apr-20	7,765	5,300	68%	4,859	63%
May-20	7,719	5,031	65%	4,735	61%
Jun-20	7,431	4,672	63%	4,565	61%
Jul-20	7,459	4,416	59%	4,587	61%
Aug-20	7,721	4,482	58%	4,802	62%
Sep-20	7,661	4,592	60%	4,777	62%
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%

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
Jan-20	7,227	323	419
Feb-20	6,760	329	215
Mar-20	6,768	292	140
Apr-20	6,623	184	140
May-20	6,198	175	150
Jun-20	5,917	236	191
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

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

Total Uncompensated Care – Charity Care and Uninsured

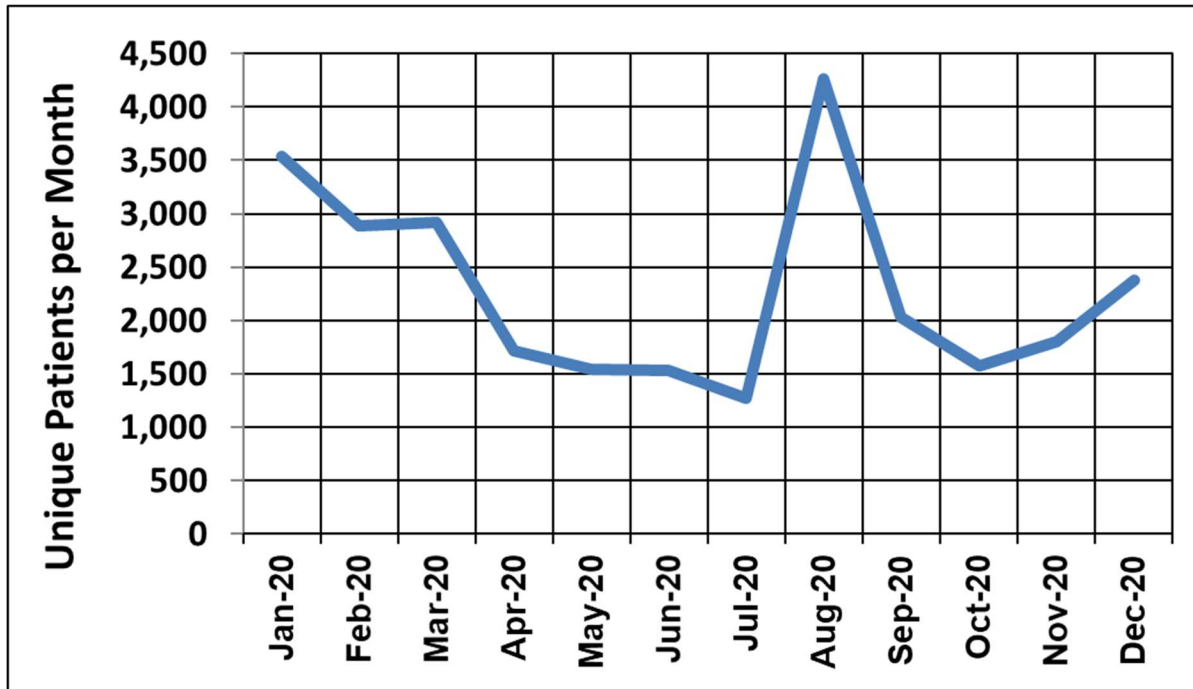
For the six (6) months ended December 31, 2020, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	23,187	8,749	31,936
Encounters	52,408	17,588	69,996
Cost	\$ 11,839,530	\$ 11,945,049	\$ 23,784,579

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

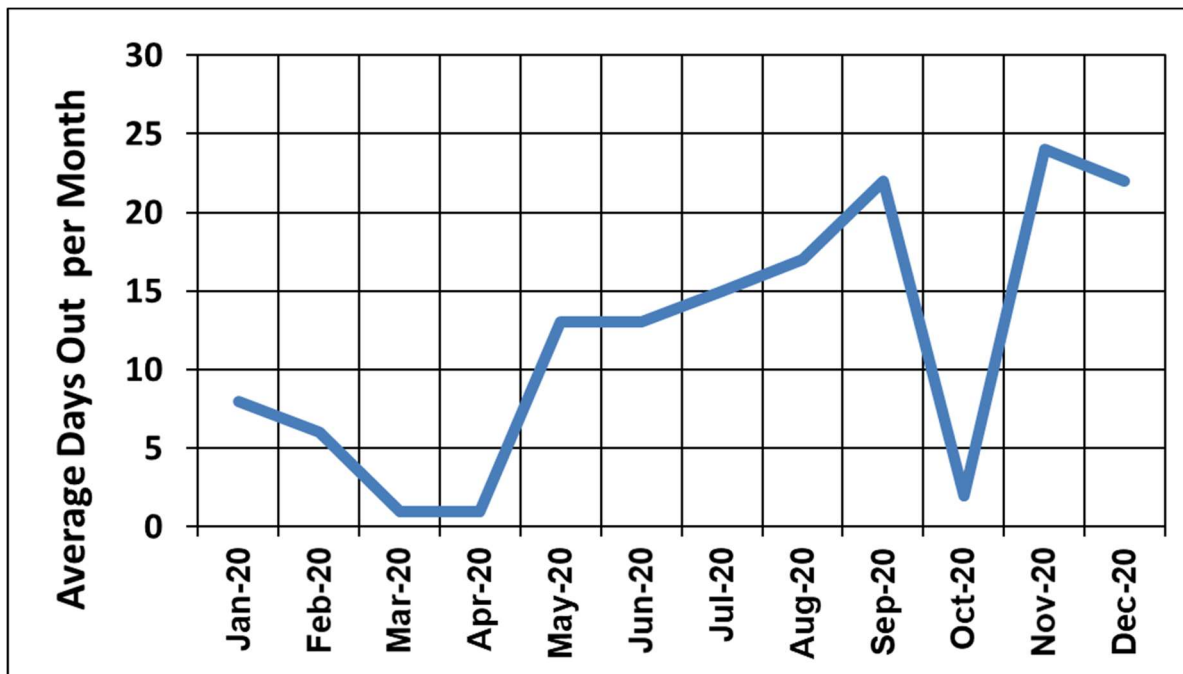
Number of Unique Patients Sent to Collections

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



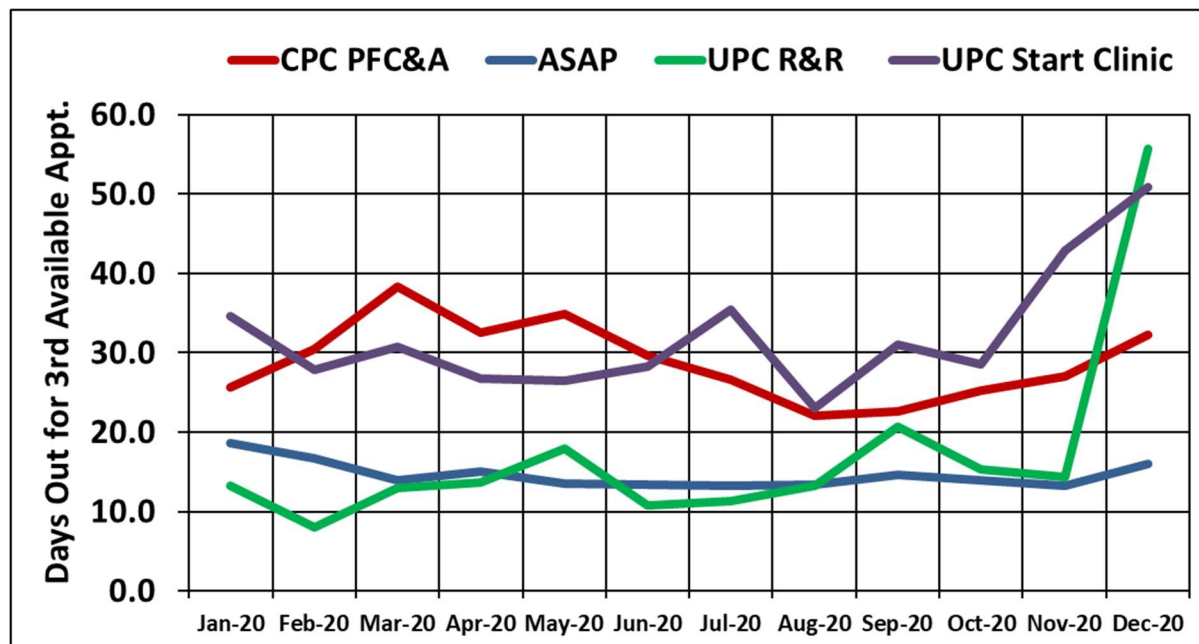
Days Out For Scheduling Financial Assistance Appointment

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



D. BEHAVIORAL HEALTH

Average Appointment Time for BH Outpatient Services



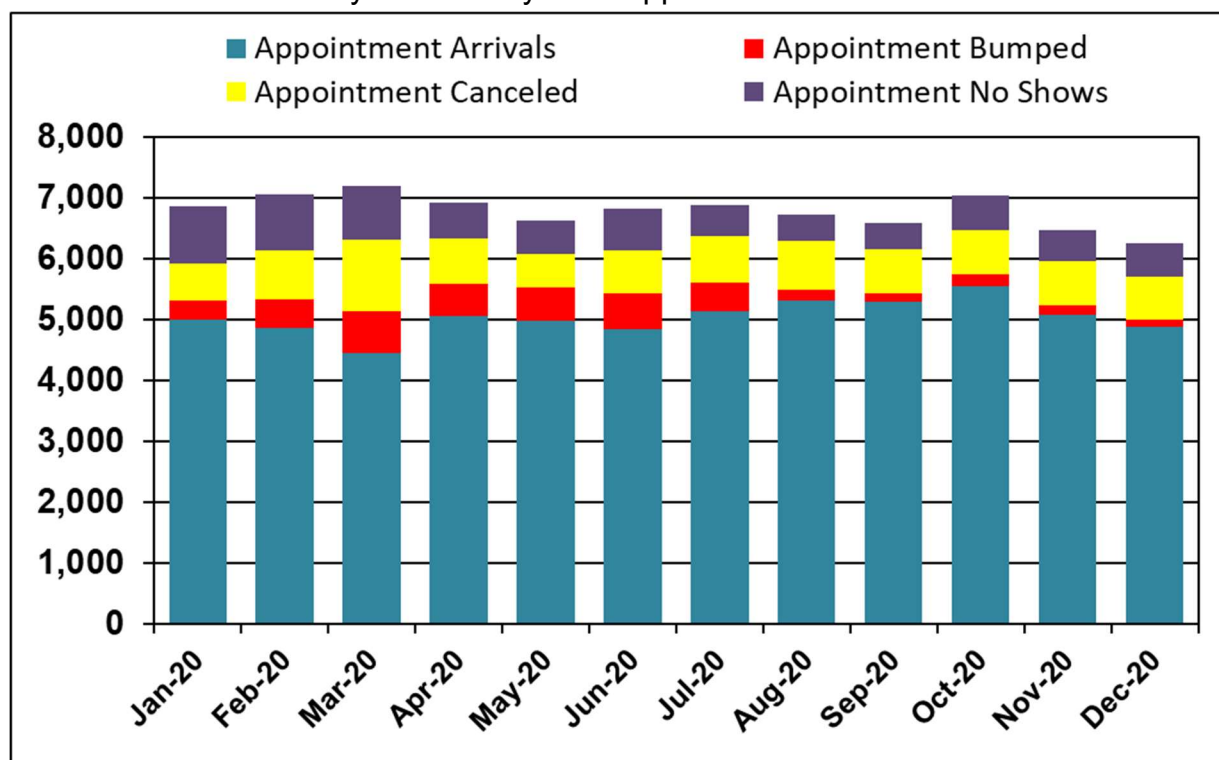
Month	CPC PFC&A	ASAP	UPC R&R	UPC Start Clinic
Jan-20	25.7	18.6	13.3	34.6
Feb-20	30.5	16.7	8.0	27.8
Mar-20	38.3	13.9	13.0	30.8
Apr-20	32.5	15.1	13.7	26.7
May-20	34.9	13.5	18.0	26.5
Jun-20	29.7	13.4	10.7	28.3
Jul-20	26.6	13.3	11.3	35.4
Aug-20	22.1	13.4	13.3	23.0
Sep-20	22.6	14.6	20.7	31.0
Oct-20	25.2	13.9	15.3	28.5
Nov-20	27.0	13.3	14.3	42.9
Dec-20	32.2	16.0	55.7	50.9

Definitions For Above Acronyms

CPC PFC&A	Children's Psychiatric Center Programs for Children and Adolescents
ASAP	Alcohol and Substance Abuse Program
UPC R&R	University Psychiatric - Center Recovery and Resiliency (Continuity of Care)
UPC Start Clinic	University Psychiatric - Start Clinic (General Clinic)

BH Specialty Care Outpatient Appointment Disposition

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



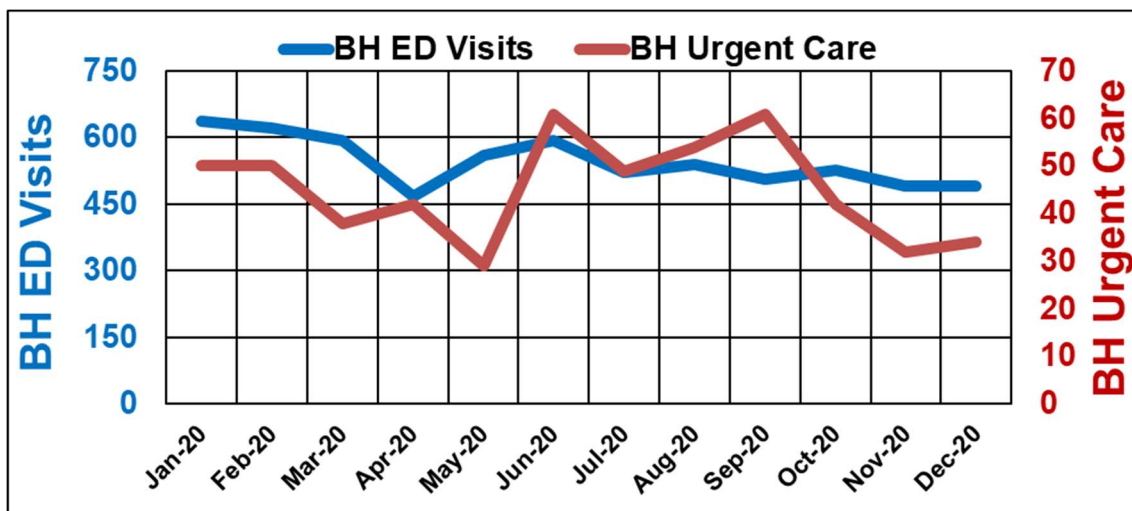
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jan-20	4,992	320	600	953
Feb-20	4,857	470	816	906
Mar-20	4,454	678	1,182	883
Apr-20	5,051	534	752	584
May-20	4,972	556	559	535
Jun-20	4,851	582	704	687
Jul-20	5,129	486	748	512
Aug-20	5,317	170	803	436
Sep-20	5,291	149	712	434
Oct-20	5,555	180	726	578
Nov-20	5,077	150	735	505
Dec-20	4,887	107	721	543

Number of Unique Outpatients and Number of Encounters CY2019

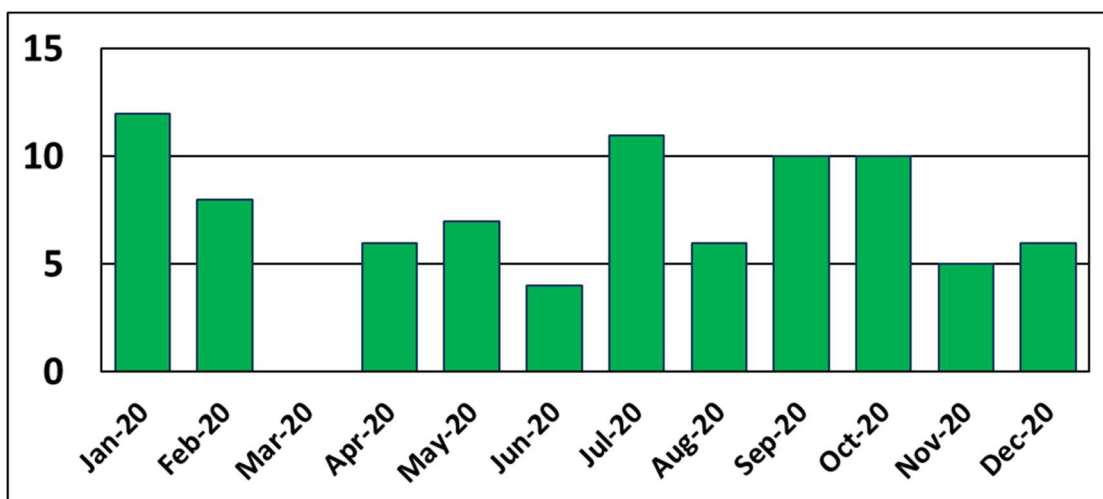
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	9,882	90,803
BH CPC Outpatient	3,097	16,188

* Excluding all Suboxone and Methadone Visits

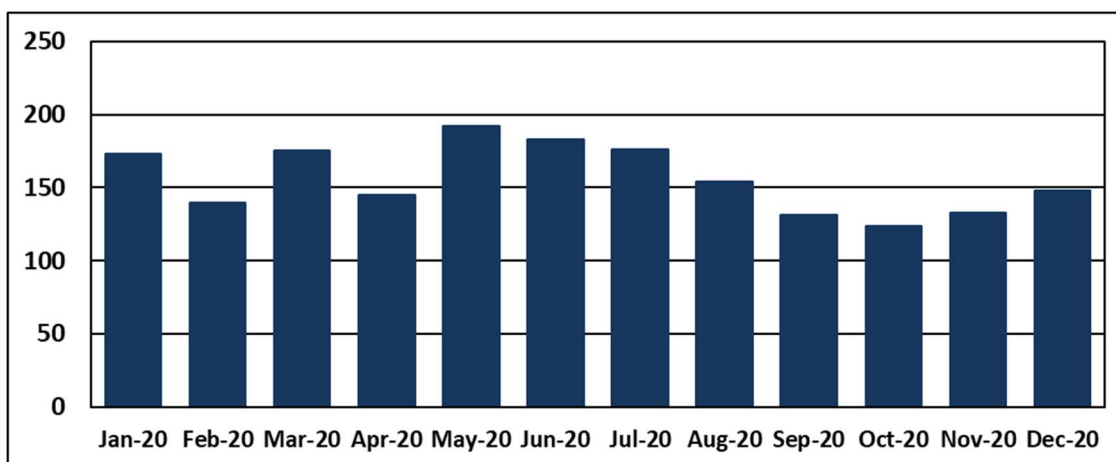
Psychiatric Emergency Department and Urgent Care Encounters



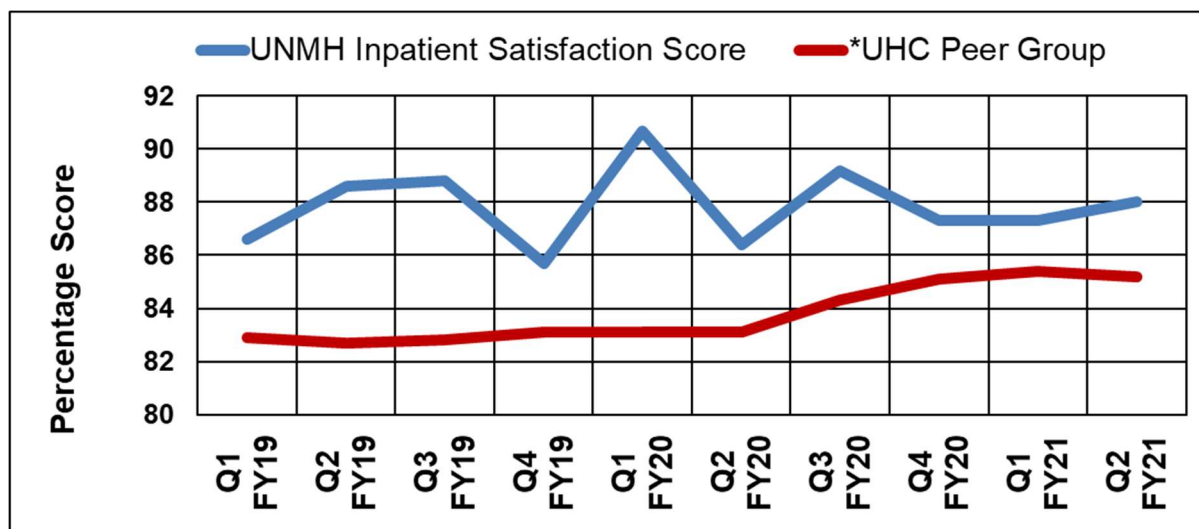
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

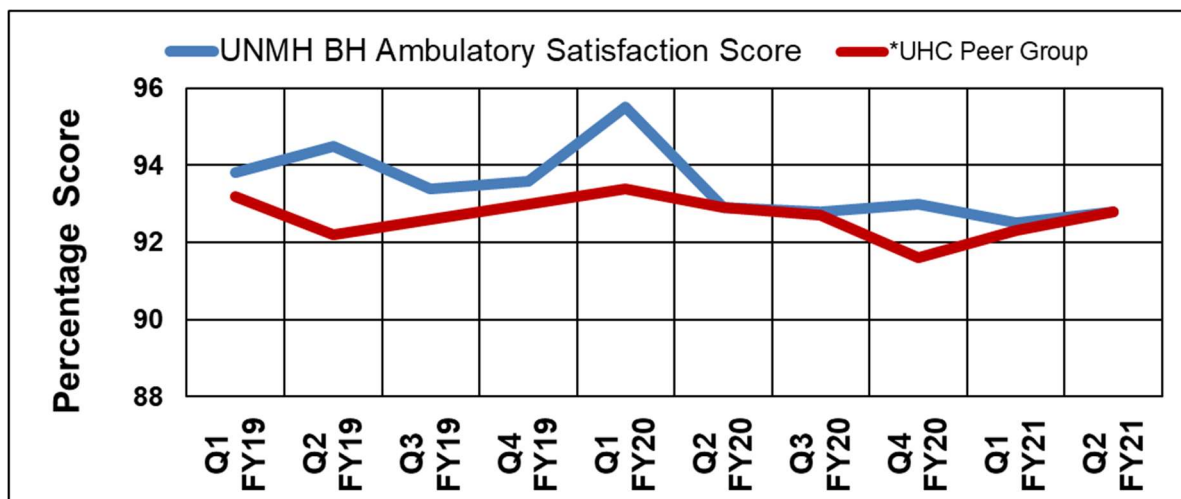


Press Ganey Behavioral Health Inpatient Satisfaction Score



Quarter	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21
UNMH Inpatient Satisfaction Score	86.6	88.6	88.8	85.7	90.7	86.4	89.2	87.3	87.3	88.0
*UHC Peer Group	82.9	82.7	82.8	83.1	83.1	83.1	84.3	85.1	85.4	85.2

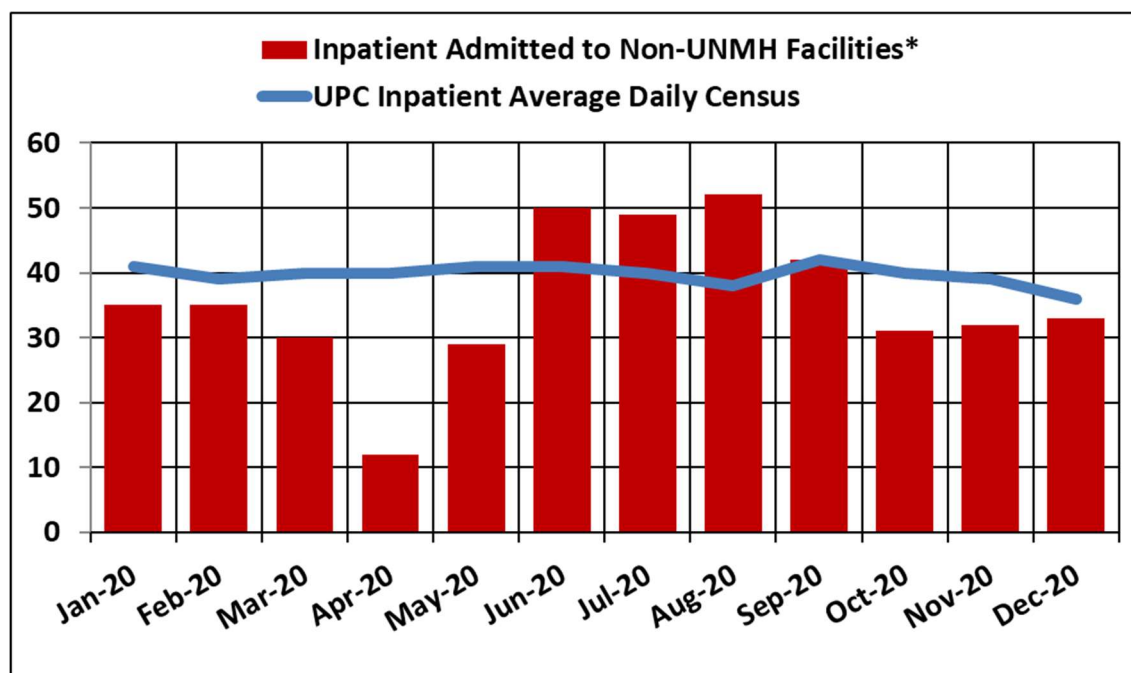
Press Ganey Behavioral Health Outpatient Satisfaction Score



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

*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.

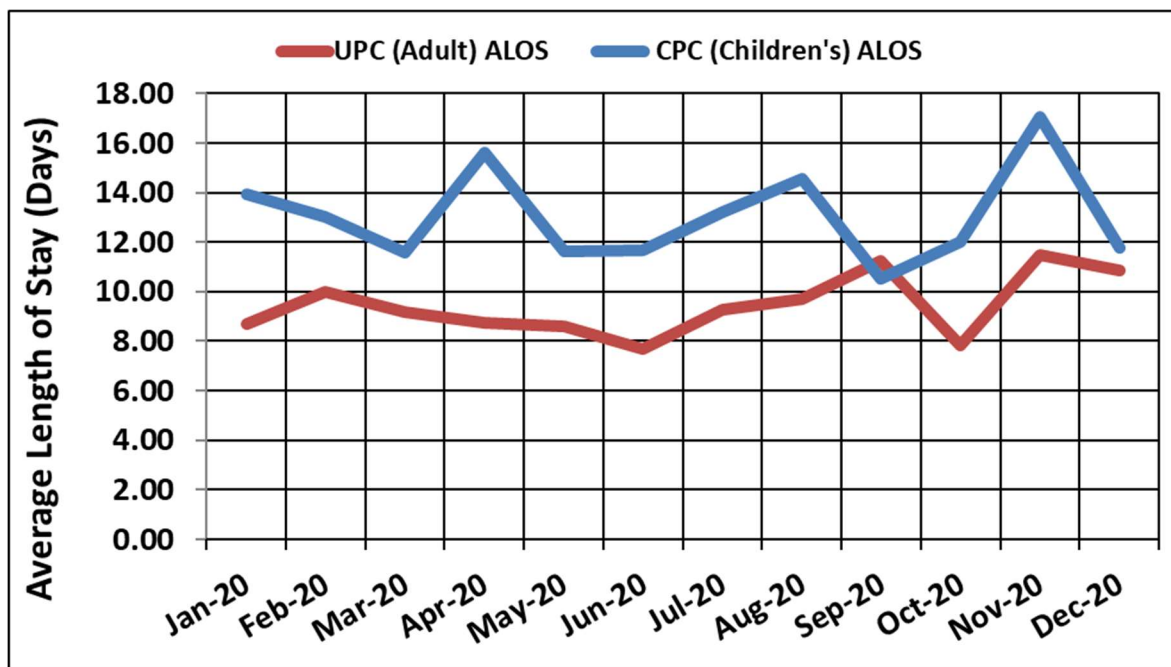
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jan-20	35	41
Feb-20	35	39
Mar-20	30	40
Apr-20	12	40
May-20	29	41
Jun-20	50	41
Jul-20	49	40
Aug-20	52	38
Sep-20	42	42
Oct-20	31	40
Nov-20	32	39
Dec-20	33	36

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

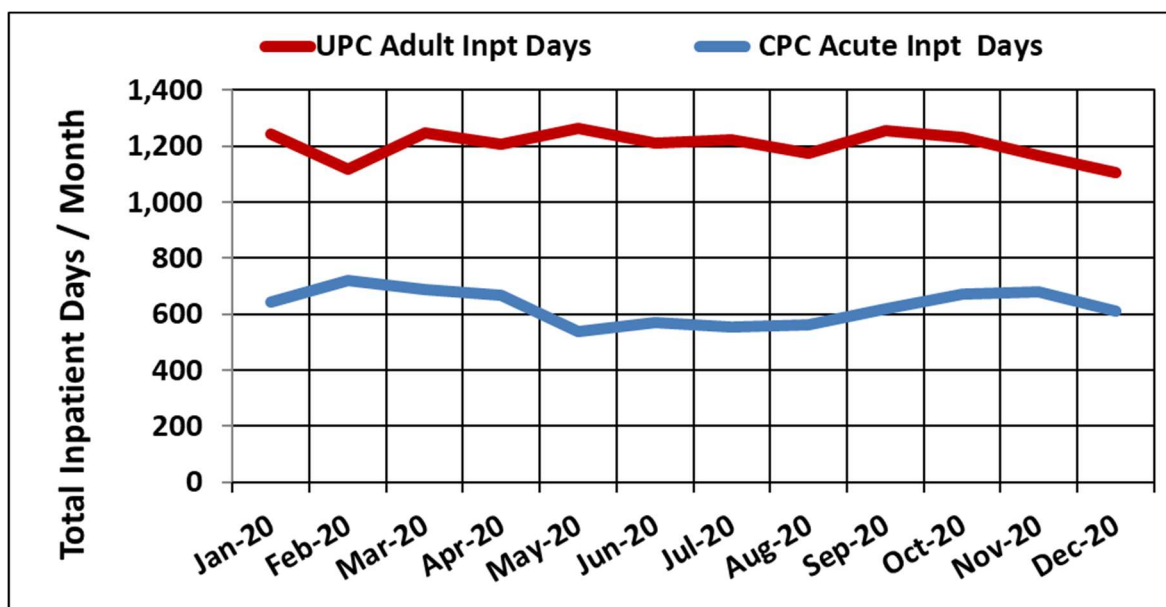
Behavioral Health Average Length of Inpatient Stay



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

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

Number of BH Adult and Child/Adolescent Inpatient Days



Number of Unique Inpatients and Number of Encounters CY2019

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

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2017	11,415
FY2018	12,784
FY2019	11,702
FY2020	11,170
FY2021*	11,977

* Projected Count based upon the previous twelve (12) months, Jan. 2020 to Dec. 2020.

Total Opioid Patients

Month	Census
Jan-20	594
Feb-20	600
Mar-20	610
Apr-20	618
May-20	619
Jun-20	625
Jul-20	630
Aug-20	629
Sep-20	629
Oct-20	622
Nov-20	637
Dec-20	638

Total Methadone Encounters

Month	Count
Jan-20	5,587
Feb-20	5,331
Mar-20	4,039
Apr-20	875
May-20	1,021
Jun-20	1,290
Jul-20	1,458
Aug-20	1,446
Sep-20	1,785
Oct-20	2,161
Nov-20	1,864
Dec-20	1,796

Number of Methadone and Suboxone Doses *

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Jan-20	746	24,633	13,268
Feb-20	653	22,754	10,996
Mar-20	707	37,880	10,886
Apr-20	568	31,920	13,194
May-20	528	31,391	11,943
Jun-20	582	32,557	19,760
Jul-20	588	31,382	12,076
Aug-20	563	32,352	14,408
Sep-20	586	31,466	13,092
Oct-20	594	32,154	13,169
Nov-20	569	29,502	13,361
Dec-20	599	33,980	12,898

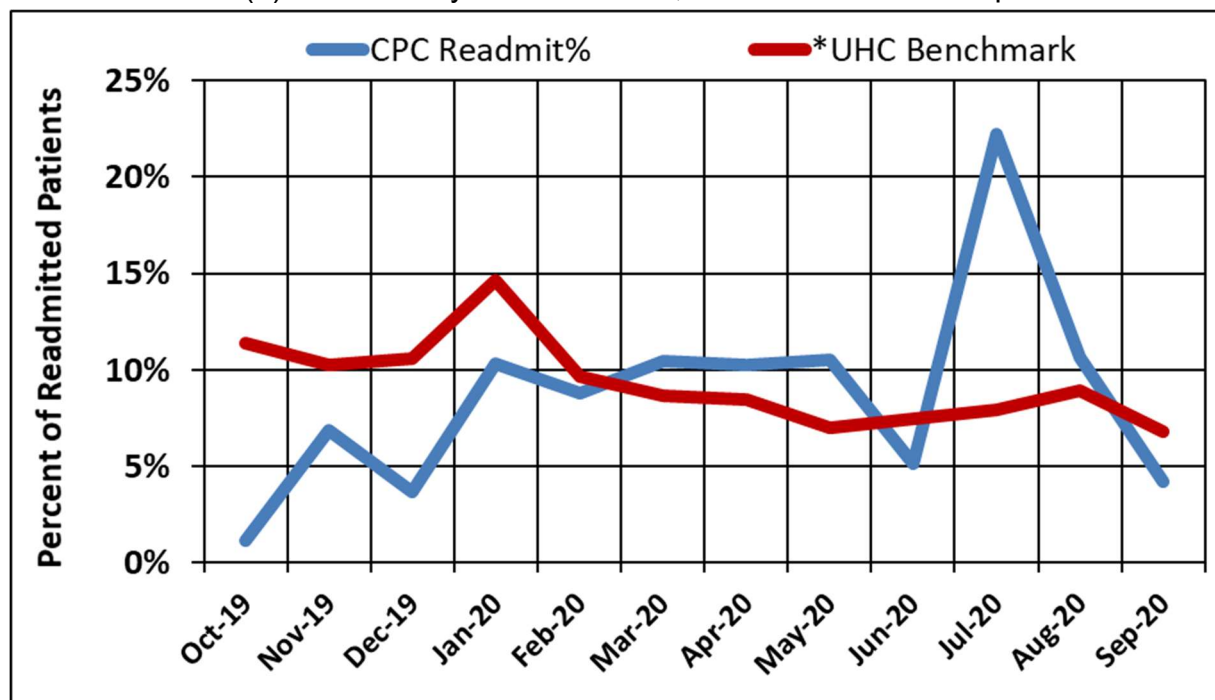
Total Suboxone Encounters

Month	Count
Jan-20	234
Feb-20	249
Mar-20	171
Apr-20	35
May-20	28
Jun-20	44
Jul-20	46
Aug-20	40
Sep-20	42
Oct-20	44
Nov-20	48
Dec-20	49

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

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

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

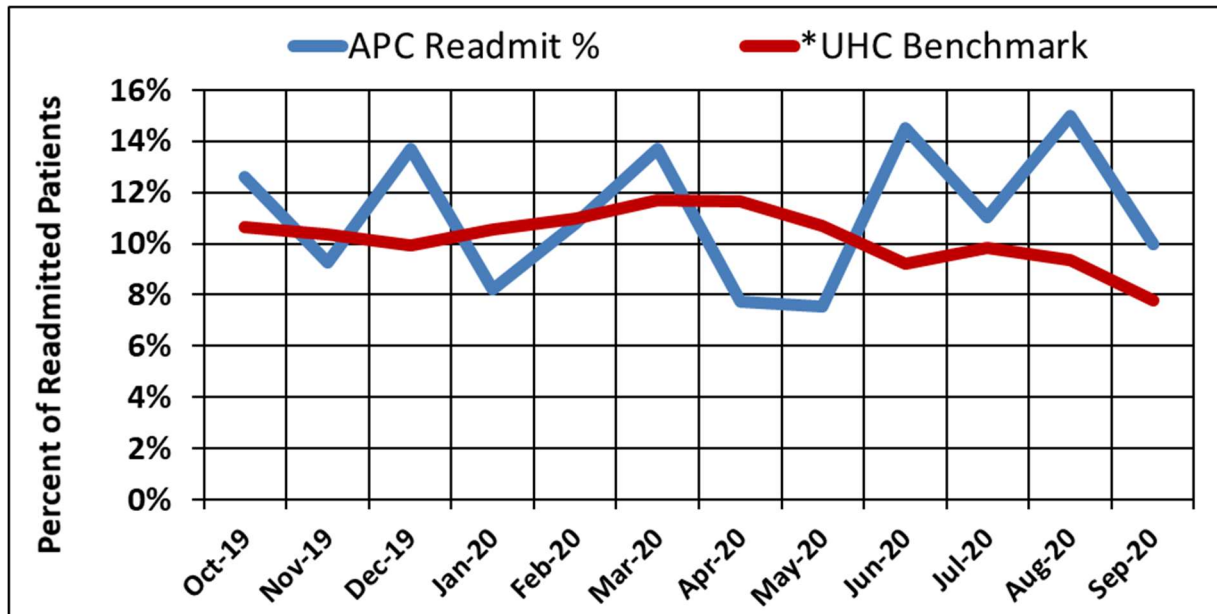


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-19	84	1	1.2%	11.4%
Nov-19	73	5	6.9%	10.3%
Dec-19	82	3	3.7%	10.6%
Jan-20	58	6	10.3%	14.6%
Feb-20	68	6	8.8%	9.7%
Mar-20	67	7	10.4%	8.6%
Apr-20	39	4	10.3%	8.5%
May-20	57	6	10.5%	7.0%
Jun-20	58	3	5.2%	7.5%
Jul-20	54	12	22.2%	7.9%
Aug-20	47	5	10.6%	8.9%
Sep-20	71	3	4.2%	6.8%

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

30 Day Readmission Rate – Adult Psychiatric Center

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

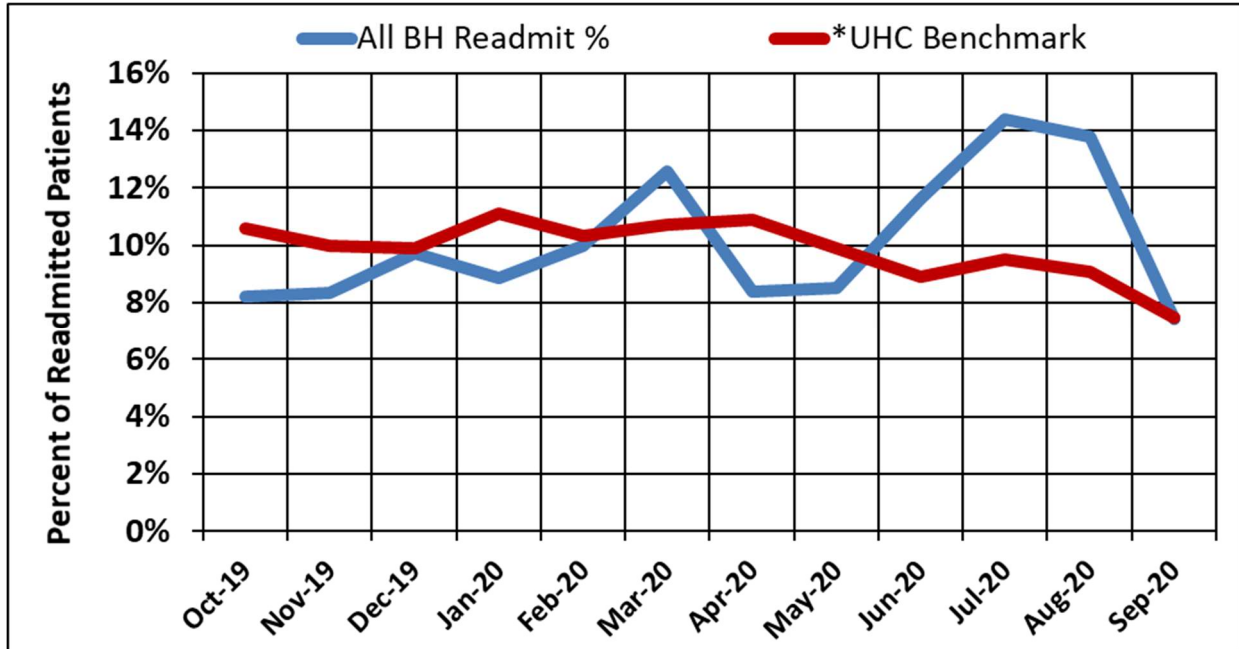


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-19	135	17	12.6%	10.7%
Nov-19	119	11	9.2%	10.3%
Dec-19	124	17	13.7%	9.9%
Jan-20	134	11	8.2%	10.6%
Feb-20	102	11	10.8%	11.0%
Mar-20	124	17	13.7%	11.7%
Apr-20	116	9	7.8%	11.7%
May-20	119	9	7.6%	10.7%
Jun-20	131	19	14.5%	9.2%
Jul-20	127	14	11.0%	9.8%
Aug-20	120	18	15.0%	9.4%
Sep-20	90	9	10.0%	7.8%

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

30 Day Readmission Rate – Both Adult and CPC Psychiatric Center

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

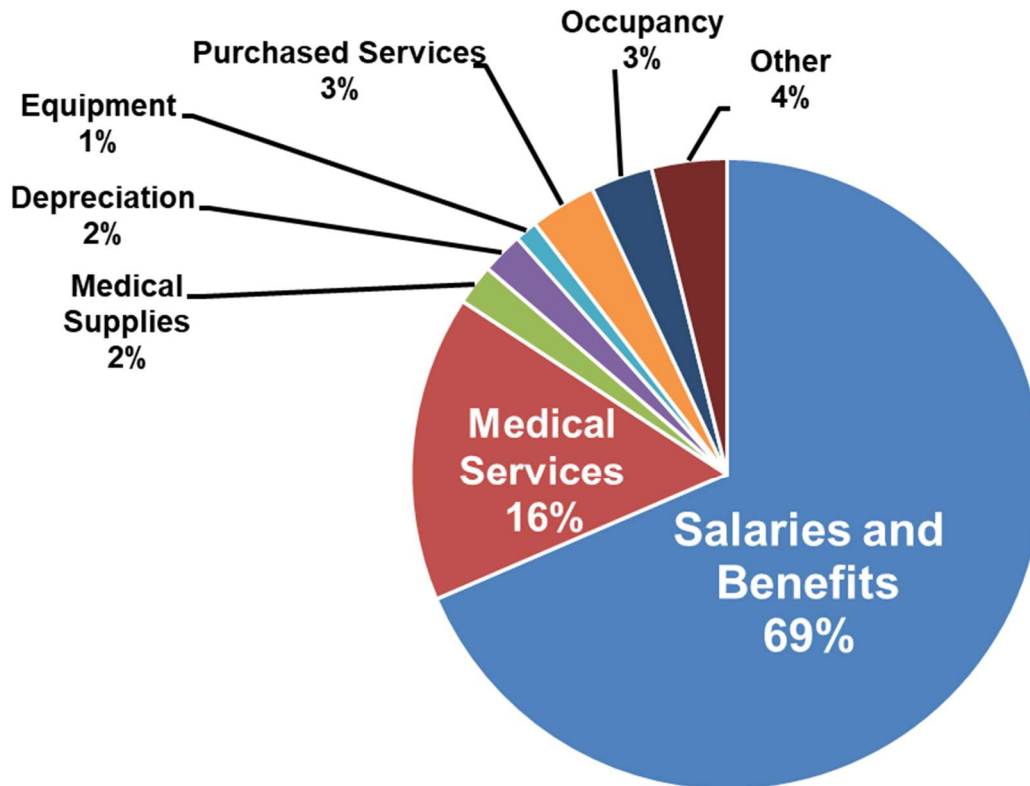


Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Oct-19	219	18	8.2%	10.6%
Nov-19	192	16	8.3%	10.0%
Dec-19	206	20	9.7%	9.9%
Jan-20	192	17	8.9%	11.1%
Feb-20	170	17	10.0%	10.3%
Mar-20	191	24	12.6%	10.7%
Apr-20	155	13	8.4%	10.9%
May-20	176	15	8.5%	9.9%
Jun-20	189	22	11.6%	8.9%
Jul-20	181	26	14.4%	9.5%
Aug-20	167	23	13.8%	9.1%
Sep-20	161	12	7.5%	7.5%

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

Mill Levy Dollars Allocated to Behavioral Health

FY2020 BHO Mill Levy Operating Expense by Category (Audited)

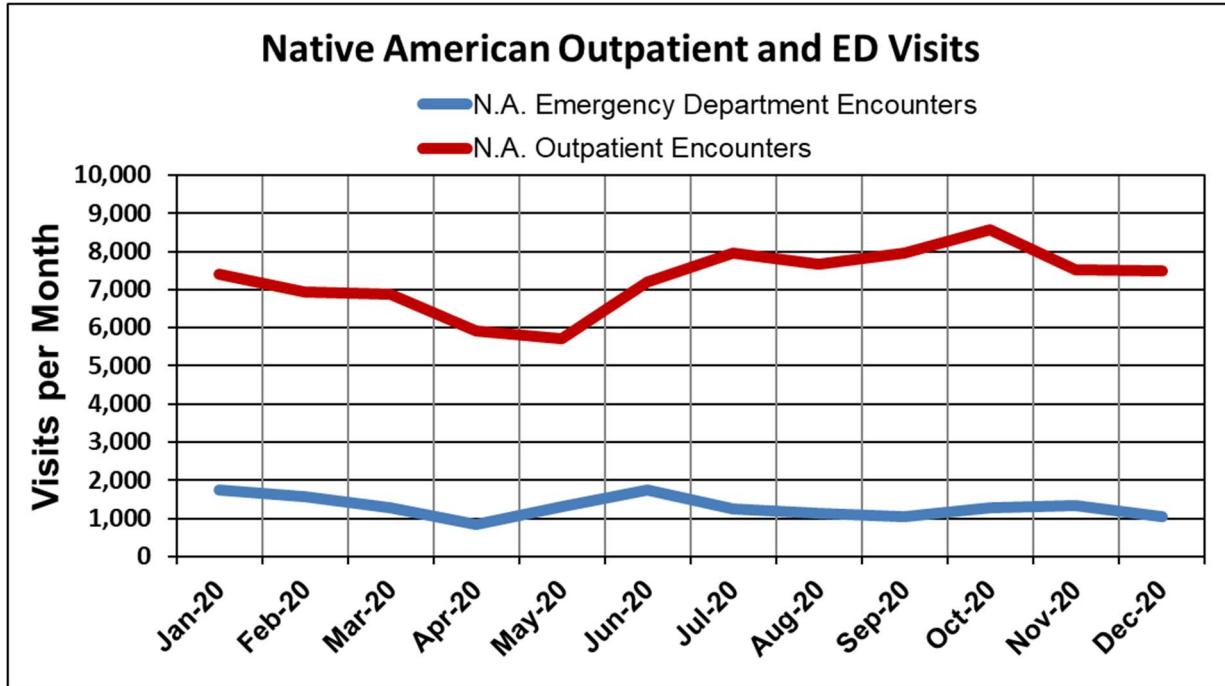


	Audited
Salaries and Benefits	\$ 11,164,993
Medical Services	2,559,879
Medical Supplies	337,958
Depreciation	348,365
Equipment	187,437
Purchased Services	551,887
Occupancy	514,840
Other	627,505
Total Expense	\$ 16,292,864

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

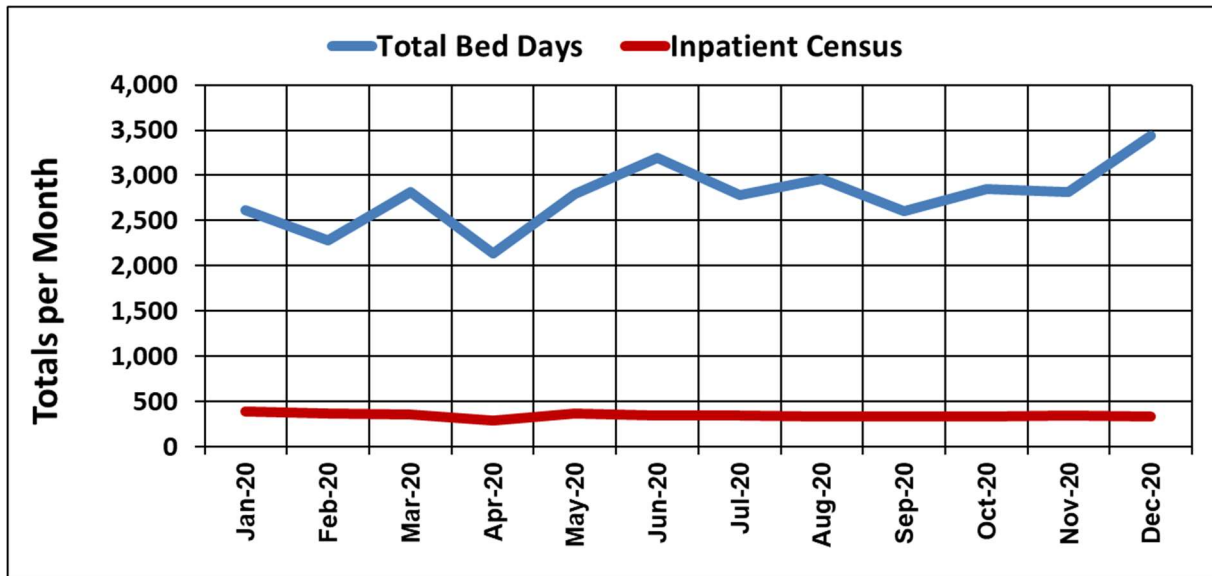
E. NATIVE AMERICAN SERVICES

Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Jan-20	14	1,742	7,393
Feb-20	17	1,580	6,937
Mar-20	16	1,288	6,886
Apr-20	18	841	5,907
May-20	19	1,312	5,712
Jun-20	16	1,751	7,201
Jul-20	15	1,245	7,956
Aug-20	13	1,138	7,665
Sep-20	15	1,044	7,958
Oct-20	16	1,268	8,580
Nov-20	14	1,328	7,522
Dec-20	16	1,051	7,503

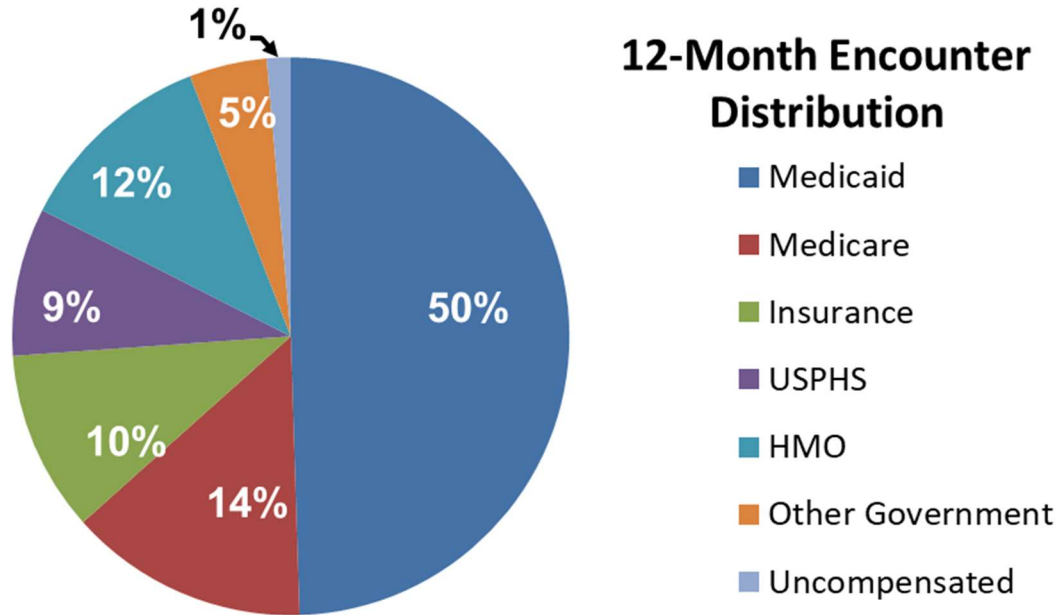
Native American Bed Days and Monthly Inpatient Census



Month	Inpatient Admissions (Census)	Total Bed Days
Jan-20	391	2,614
Feb-20	364	2,280
Mar-20	353	2,814
Apr-20	292	2,132
May-20	369	2,798
Jun-20	350	3,200
Jul-20	350	2,780
Aug-20	335	2,961
Sep-20	332	2,603
Oct-20	337	2,853
Nov-20	350	2,812
Dec-20	337	3,442

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
Jan-20	5,071	1,361	1,080	769	1,049	417	133
Feb-20	4,739	1,336	935	784	965	413	129
Mar-20	4,582	1,251	905	757	885	362	102
Apr-20	3,663	1,022	723	706	799	328	117
May-20	3,778	1,106	759	738	829	367	133
Jun-20	4,570	1,335	1,003	967	1,064	395	207
Jul-20	4,772	1,358	1,118	881	1,132	478	123
Aug-20	4,645	1,391	991	831	1,056	414	119
Sep-20	4,772	1,392	1,012	776	1,054	492	122
Oct-20	5,187	1,363	1,067	804	1,470	495	106
Nov-20	4,647	1,272	1,013	792	1,174	404	120
Dec-20	4,267	1,164	985	680	1,390	413	114
TOTAL	54,693	15,351	11,591	9,485	12,867	4,978	1,525
	50%	14%	10%	9%	12%	5%	1%

APPENDIX A

MOU Exhibit A Progress Updates

UNM Hospital Memorandum of Understanding with Bernalillo County
UNM/Bernalillo County MOU Deliverables Updated July, 2019

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

Exhibit A – Reporting

Action Item	Implementation Status	
UNMH will report on a quarterly basis to the County Commission on the items identified in Exhibit B along with national benchmarks	Reporting required in the first two years is being collected and reported in the Bernalillo County Quarterly Report.	
UNMH will establish mechanisms for public input on Board Committees including representation from the County and IHS consistent with existing Bylaws	Community Engagement and Native American Services Committee of UNMH Board.	
UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives	Planning underway with Community Health Needs Assessment in 2019. UNMH-County-I.H.S. quarterly meeting. Semi-annual goals planning underway with I.H.S. and Bernalillo Cty	
Enable the County and the IHS to have input to and comment on the goals for the upcoming year for each area outlined in Exhibit A	Bernalillo County, IHS and UNMH established Semi-Annual goals outlined in Exhibit C.	
UNMH will cooperate with the County's Behavioral Health Initiatives regarding evaluation of needed programs	UNMH is significantly involved in the planning for Behavioral Health Initiatives.	
UNMH will obtain meaningful input to the UNMH Budget from Bernalillo County and IHS prior to the UNMH budget being adopted by the Hospital Board.	UNMH Currently holds periodic budget meetings with County Commissioners and quarterly meetings with IHS.	

Exhibit A - Accountability and Transparency

Action Item	Implementation Status	
UNMH will report on National Patient Safety Goals with Benchmark data.	This information is included in the Bernalillo County Quarterly Report.	
UNMH will provide reports on its financial audits to the County Manager and IHS, and shall participate in meetings as reasonably requested to discuss the information	Audits are provided to Bernalillo County and IHS.	
UNMH will provide financial information to the County Commission and IHS as to the expenditure of Mil Levy funding by UNMH department.	Expenditures of Mill Levy funding by UNMH department have been provided to the County Commission and to HIS.	
UNMH will provide additional financial information as reasonably requested by the County Manager or IHS.	Ongoing per discussion topics.	
UNMH will work with the County and IHS to update and change data reporting as requested on a frequency of not greater than semi-annually.	No new requests received.	
UNMH will publish the data reported to Bernalillo County on its public website unless prohibited by law.	Bernalillo County Report Financial Information, and Financial Audits are available on the UNMH website.	
UNMH will collect all Grievances regarding the patient payment polices and financial assistance programs and will report that information to the County and IHS on a quarterly basis.	Grievance information has been added to the quarterly report.	

Exhibit A – Primary Care

Action Item	Implementation Status	
UNMH will access its current primary care network with the intent to attempt to increase its number of primary care facilities by one per year over the next 4 years	UNMH is actively working with Community partners on primary care capacity needs and increasing primary care access.	
UNMH will inform the County and IHS prior to any material change to coordinated care delivery programs with other community providers. UNMH will work to provide space to NM Department of Health Clinics at future UNMH Clinical sites.	There currently is not a material change in status of community provider relationships. Medicaid systems changes could impact. No current plans related to UNMH clinic sites.	
UNMH will encourage and assist Bernalillo County Residents and Native Americans to access healthcare coverage	Ongoing outreach and education through community meetings and other forums.	
To reduce Emergency Room wait times UNMH will explore alternative care venues for care consistent with EMTALA	Active Transfer agreements allow UNM to move low acuity admits to SRMC and Lovelace; alleviates some ER congestion.	
UNMH will coordinate with the County to make available secure parking and a secure entry for patients from the Metropolitan Detention Center (MDC)	Law enforcement parking dedicated at Psychiatric Emergency. Main ED solution being determined.	
UNMH will explore the use of Telemedicine Consultation between UNM HSC and the MDC	UNMH currently working with MDC and Centurion.	
UNMH shall provide increased funding to recruit two physician specialists in areas most needed by Native Americans.	Eight priority areas identified; recruited specialists in Dermatology, Neurology. Pending: Peds Gastroenterology and Neurosurgery.	
UNMH will consult with the County, Albuquerque Public Schools and any tribal schools in Bernalillo County on the provision of medical and behavioral health for school based clinics. UNMH may collaborate with UNMMG or other providers as needed.	Initial discussion with Bernalillo County on current school based conversations and how to incorporate this.	

Exhibit A – Financial Assistance

Action Item	Implementation Status	
UNMH will maintain the current Financial Assistance policy as it relates to Native Americans. Any proposed changes will be discussed with IHS prior to the change.	UNMH continues to offer financial assistance for Native Americans with no proposed changes.	
UNMH will adopt patient payment policies and financial assistance program policies that are designed to improve access to healthcare services	UNMH Financial Assistance policies updated in October 2017.	
UNMH's financial assistance program will offer financial assistance to medically necessary care for low income patients at UNMH facilities	UNMH Financial Assistance and other programs continue in place.	
UNMH will endeavor to assure that any fees, down payments, or co-payments for medically necessary care will be reasonably related to income.	Financial Policy Revisions in October 2017. UNMH continues to work to assure down payment and co-payment policies are related to income.	
UNMH will establish patient payment policies for low income patients who are not financial assistance-eligible that do not create a material barrier to such patients' access to medically necessary care.	Self Pay Discount Policy approved in October 2017 and clarified payment obligations of patients not qualifying for financial assistance.	
Patients with income levels that do not meet the requirements for financial assistance or other programs will be given the opportunity to establish re-payment plans which are reasonably related to income.	Patients have the opportunity to create repayment plans with Patient Financial Services.	
UNMH will make reasonable efforts to notify patients with outstanding bills of their right to seek financial assistance or to establish payment plans	Patient bills have information incorporated in them on how to contact financial assistance. Patients also receive other notifications at the time of services.	

Exhibit A – Financial Services

Action Item	Implementation Status	
UNMH will subject to CMS regulations assure that no indigent patient is sent to collections.	Implemented with 2015 policy change. UNMH is actively monitoring.	
UNMH will work with other component entities of the UNMH Health System to look at producing one consolidated bill for services.	UNMH working on tools to have consolidated account information across entities.	
UNMH will coordinate and consult with community organizations and the County to maximize outreach to patients needing financial assistance or having difficulty accessing insurance or Medicaid including those released from incarceration.	UNMH currently works with various community navigator groups around financial assistance issues.	
UNMH will assist the County in Coordinating Care for individuals released from incarceration.	UNMH continues to operate the Fast Track Program and has started providing staffing to the RRC and MDC.	

Exhibit A – Native Americans

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

Exhibit A - Behavioral Health

Action Item	Implementation Status	
UNMH will work with the SOM to provide medical staff for the MDC Triage Center and will provide case management services for the RRC.	UNMH is staffing the RRC in conjunction with the pathways program.	Green
UNMH will evaluate the expansion of Behavioral Health services within its own operation and with other community providers	Process is ongoing. Health Home Model. Living Room. Provider Capacity Challenge.	Yellow
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.	Yellow
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.	Green
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.	Green
Evaluate the viability of expanding behavioral health services in school based clinics	TBD as part of broader School Based conversation.	Yellow
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.	Yellow
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.	Red

APPENDIX B

UNM Hospital Semi-Annual Report on the Status of Deliverables

Period Ended June 30, 2020

UNM Lease MOU with Bernalillo County - Exhibit C

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

Exhibit A Reporting Area - Reporting and Interaction

Semi - Annual Focus Areas June 2020 - December 2020	Status Update
<p>A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.</p>	<p>The UNMH Community Health Needs Assessment was completed in the spring of 2020 and is available online at: https://hsc.unm.edu/health/about/community-health-needs-assessment.html</p> <p>UNMH has also established bi-monthly meetings with Community Stakeholders on the 2014 Bernalillo County Lease Taskforce to discuss ongoing work related to issues identified.</p> <p>The UNMH Board of Trustees Community Engagement Committee is ongoing.</p>
<p>A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.</p>	<p>IHS, UNMH and Bernalillo County have established a small working group with representatives from the three organizations to meet quarterly around programmatic public and community health initiatives.</p>
<p>A.6 UNMH will establish procedures related to it budget development, which will allow meaningful input into the budget by the County and IHS.</p>	<p>UNMH established budget planning meetings with both the County and IHS for updates and input related to the FY 21 Budget</p>

Exhibit A Reporting Area - Accountability and Transparency

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

Exhibit A Reporting Area - Primary Care

Semi - Annual Focus Areas June 2020 - December 2020	Status Update
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	<p>UNMH is in the process of working with a consulting group around recommendations to expand throughput and capacity in our primary and specialty clinics.</p> <p>UNMH offers financial assistance through the UNM Care and other programs to patients. During the Covid-19 State of Emergency UNMH automatically extended end dates for assistance to keep patients connected to care.</p> <p>UNMH is moving forward with the New Tower Project to expand Access to Critical Care, Trauma, Surgical and other inpatient services for patients.</p>
C.7 UNMH shall provide increased funding to either the UNM School of Medicine or UNM Medical Group to recruit and retain specialist for a minimum of two medical specialties most needed by Native Americans.	UNMH continues to discuss need specialty access at ongoing quarterly lease compliance meetings with representation from IHS and the Tribes. Reporting is provided quarterly on access and services to Native Americans.

Exhibit A Reporting Area - Native American Care

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

Exhibit A Reporting Area - Behavioral Health Services

Semi - Annual Focus Areas June 2020 - December 2020	Status Update
<p>F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.</p>	<p>UNMH continues to provide staffing for discharge planning activities for the MDC and to assist with staffing the Resource Re-entry Center. This group focuses on identification of high needs patients with behavioral health issues.</p>
<p>F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.</p>	<p>UNMH is currently working on expanded Behavioral Health programming within the UNMH infrastructure in the forms of health home implementation, Psychiatric Emergency Services, pediatric behavioral Health services and exploring other service line development.</p> <p>UNMH is actively working with Bernalillo County on services to be developed on the MATS campus operated by the County. The Crisis Stabilization Center was opened in the fall of 2019, and Suboxone induction and treatment was added in the spring of 2020.</p>