



QUARTERLY REPORT JUNE 30, 2019

Bernalillo County Commissioner Trend Report

TABLE OF CONTENTS

A. ACCOUNTABILITY _____	5
Balance Sheet (Statement of Net Assets) _____	5
Income Statement _____	6
Mill Levy Distribution Detail by Department FY2019 _____	7
Average Length of Stay (LOS) for Inpatient Admissions _____	8
30 Day Readmission for All Patients _____	8
Catheter Central Line-associated Bloodstream Infection _____	9
Catheter Associated Urinary Tract Infection _____	9
MRSA Bloodstream Standardized Infection Rate _____	10
Total Number of Inpatient Days _____	10
Nursing Hours of Care _____	10
Number of RN FTE's and Retention Rate _____	11
Press Ganey Inpatient Satisfaction Score _____	11
HCAPS Satisfaction – Communications with Nurses _____	12
HCAPS Satisfaction – Communications with Doctors _____	12
Grievances _____	13
Average time for an Appointment for Primary and Specialty Care _____	14
Number of Emergency Department Visits _____	15
Total ED Patients Left without Being Seen _____	15
ED Average Hours from Arrival to Disposition _____	15
MDC Inmates Receiving Hospital Services _____	16
Bernalillo County Encounters by Funding Source _____	17
Financial Assistance to Patients by County _____	18
Financial Assistance to Bernalillo County Patients by Zip Code _____	19
Financial Assistance to Bernalillo County Patients by Service Type _____	20
Primary Reason for Bernalillo County Indigent Resident Visits _____	21
Revenues by Payor Source _____	22
B. GOOD PRIMARY CARE SYSTEM _____	23
Total Number of Outpatient Clinic Visits _____	23

Number of Evening and Weekend Clinics (To deflect ED visits)	23
Press Ganey Ambulatory Satisfaction Score	23
Percentage of Primary Care Patients with Same Day Clinic Appointments	24
Primary Care Outpatient Appointment Dispositions	25
Specialty Care Outpatient Appointment Dispositions	26
Percentage Abandoned Phone Calls for Primary and Specialty Care	27
Medication Reconciliation Goals Primary and Specialty Care	28
Percentage of Patients with Access to Electronic Medical Record	28
Diabetes Management Indicators for HgbA1C and LDL <100	29
C. FINANCIAL SERVICES	30
UNM Care Enrollment, Self-Pay and Medicaid Applications	30
Total Uncompensated Care – Charity Care and Uninsured	30
Number of Unique Patients Sent to Collections	31
Days Out For Scheduling Financial Assistance Appointment	31
D. BEHAVIORAL HEALTH	32
Average Appointment Time for BH Outpatient Services	32
BH Specialty Care Outpatient Appointment Disposition	33
Number of Unique Outpatients and Number of Encounters CY2018	33
Number of Psychiatric Emergency Department and Urgent Care Encounters	34
Number of Fast Track Patients Seen	34
Law Enforcement Drop offs at Psychiatric Emergency Services	34
Press Ganey Behavioral Health Inpatient Satisfaction Score	35
Press Ganey Behavioral Health Outpatient Satisfaction Score	35
Behavioral Health Inpatient Admitted to Non-UNMH Facilities	36
Behavioral Health Average Length of Inpatient Stay	37
Number of BH Adult and Child/Adolescent Inpatient Days	37
Number of Unique Inpatients and Number of Encounters CY2018	37
Number of COPE Medical Home Encounters for High Needs Patients	38
Number of Opioid Patients	38
Number of Methadone and Suboxone Doses	38
Number of Methadone Encounters	38
Number of Suboxone Encounters	38
30 Day Readmission Rate – Children’s Psychiatric Center (CPC)	39

30 Day Readmission Rate – Adult Psychiatric Center _____	40
30 Day Readmission Rate – Both Adult and CPC Psychiatric Center _____	41
Mill Levy Dollars Allocated to Behavioral Health _____	42
E. NATIVE AMERICAN SERVICES _____	43
Native American UNM Care Enrollment, Outpatient and ED Visits _____	43
Native American Bed Days and Monthly Inpatient Census _____	44
Native American Encounter Distribution by Payor Group _____	45
APPENDIX A _____	46
MOU Exhibit A Progress Updates _____	46
Exhibit A – Reporting _____	46
Exhibit A - Accountability and Transparency _____	47
Exhibit A – Primary Care _____	48
Exhibit A – Financial Assistance _____	49
Exhibit A – Financial Services _____	50
Exhibit A – Native Americans _____	50
Exhibit A - Behavioral Health _____	51
APPENDIX B _____	52
UNM Hospital Semi-Annual Report on the Status of Deliverables _____	52
Exhibit A Reporting Area - Reporting and Interaction _____	52
Exhibit A Reporting Area - Accountability and Transparency _____	53
Exhibit A Reporting Area - Primary Care _____	53
Exhibit A Reporting Area - Native American Care _____	54
Exhibit A Reporting Area - Behavioral Health Services _____	54

A. ACCOUNTABILITY

Balance Sheet (Statement of Net Assets)

Statements of Net Assets
June 30, 2019 and June 30, 2018

Assets	Unaudited*	
<i>(In Thousands)</i>	June 2019	June 2018
Current assets:		
Cash and cash equivalents	\$ 135,482	201,784
Marketable securities	35,628	34,591
Reserve of cash for capital assets	23,000	-
Receivables:		
Patient, net	129,813	123,340
University of New Mexico	2,196	1,537
Estimated third-party payor settlements	83,465	37,702
Bernalillo County treasurer	1,517	1,536
Other	38,453	38,844
Total current assets	<u>449,554</u>	<u>439,334</u>
Noncurrent assets:		
Assets whose use is limited:		
Held by trustee	18,613	18,229
By UNM Hospital Clinical Operations Board	26,363	23,885
Capital assets, net	<u>221,867</u>	<u>218,848</u>
Total assets	<u>716,397</u>	<u>700,296</u>
Liabilities		
Current liabilities:		
Accounts payable	47,816	64,184
Payable to University of New Mexico	28,411	34,567
Estimated third-party payor settlements	40,405	49,200
Interest payable bonds	81	87
Other accrued liabilities	68,210	65,170
Total current liabilities	<u>184,923</u>	<u>213,208</u>
Bonds payable	<u>92,120</u>	<u>97,820</u>
Total liabilities	<u>277,043</u>	<u>311,028</u>
Net Assets		
Restricted for expendable grants, bequests, and contributions	17,601	17,764
Restricted for capital expansion	23,000	-
Restricted for trust indenture and debt agreement	18,613	18,229
Unrestricted net assets	250,393	232,247
Assets invested in capital	<u>129,747</u>	<u>121,028</u>
Total net assets	<u>\$ 439,354</u>	<u>\$ 389,268</u>
Current Ratio	2.47	2.09
Days Cash on Hand	52.16	71.09

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

Income Statement

Statements of Revenues, Expenses, and Changes in Net Assets
For the twelve (12) months ended June 30, 2019

<i>(In Thousands)</i>	Unaudited* June 2019
Operating revenues:	
Net Patient Service	\$ 1,018,643
Other	59,850
Total Operating Revenues	<u>1,078,493</u>
Operating expenses:	
Employee Compensation and Benefits	533,703
UNM School of Medicine Medical Services	132,704
Medical Services Oncology	19,625
Medical Services non-SOM	34,697
Medical Supplies	163,207
Oncology Drugs	44,902
Occupancy/Equipment	65,531
Depreciation	33,035
Purchased Services	66,006
Health System Expenses	30,671
Other	17,634
Total Operating Expenses	<u>1,141,715</u>
Operating loss	<u>(63,222)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	105,709
State Appropriation	12,221
Health System Mission Support	(10,067)
Interest Expense	(3,035)
Other Revenue and (Expense)	8,480
Net Nonoperating Revenues	<u>113,308</u>
Increase in Net Assets	50,086
Reserved for Capital Assets**	<u>23,000</u>
Remaining increase in Net Assets	<u>\$ 27,086</u>

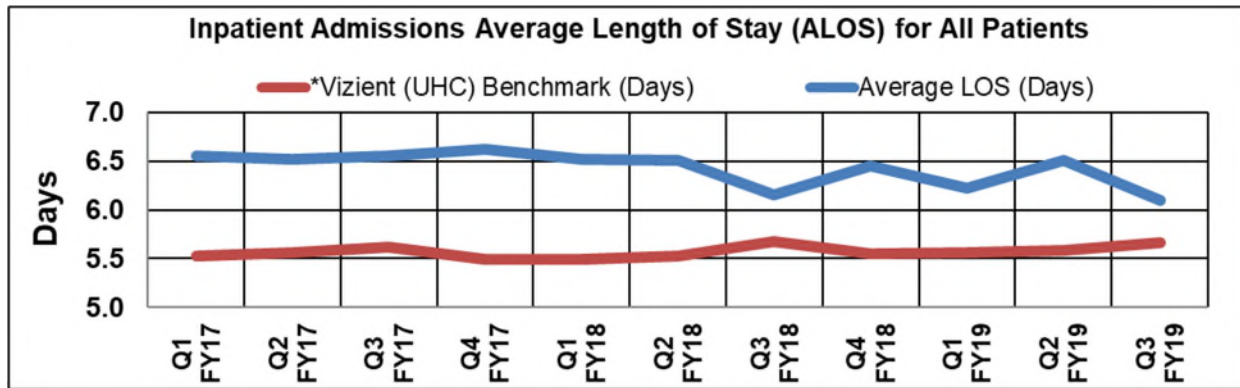
*Pending completion of external audit and approval by UNM Hospitals Board of Trustees.

**Net Assets reserved for capital assets is for replacement of the parking garage.

Mill Levy Distribution Detail by Department FY2019

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

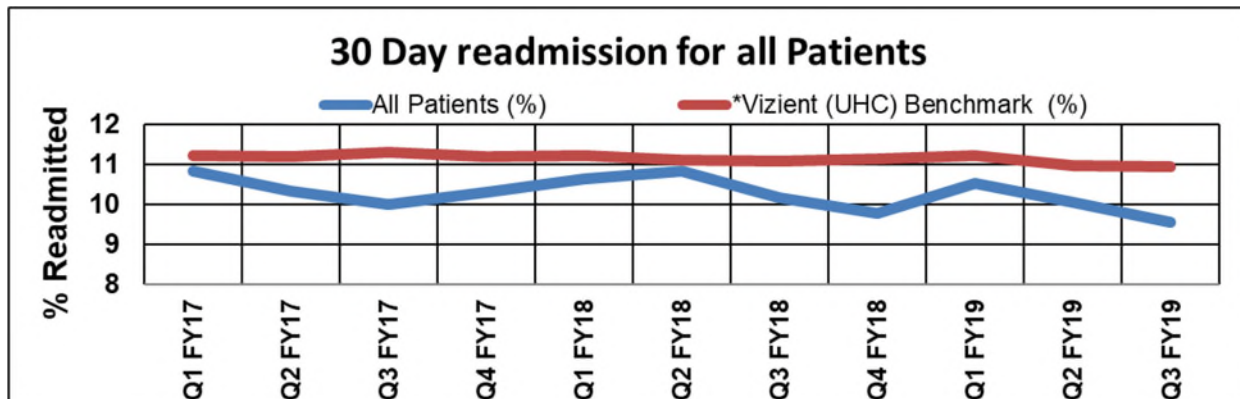
Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q1 FY17	Q2 FY17	Q3 FY17	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19
Average LOS (Days)	6.55	6.52	6.55	6.62	6.51	6.51	6.15	6.45	6.22	6.51	6.10
*Vizient (UHC) Benchmark (Days)	5.53	5.56	5.62	5.49	5.49	5.53	5.68	5.55	5.56	5.58	5.66

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

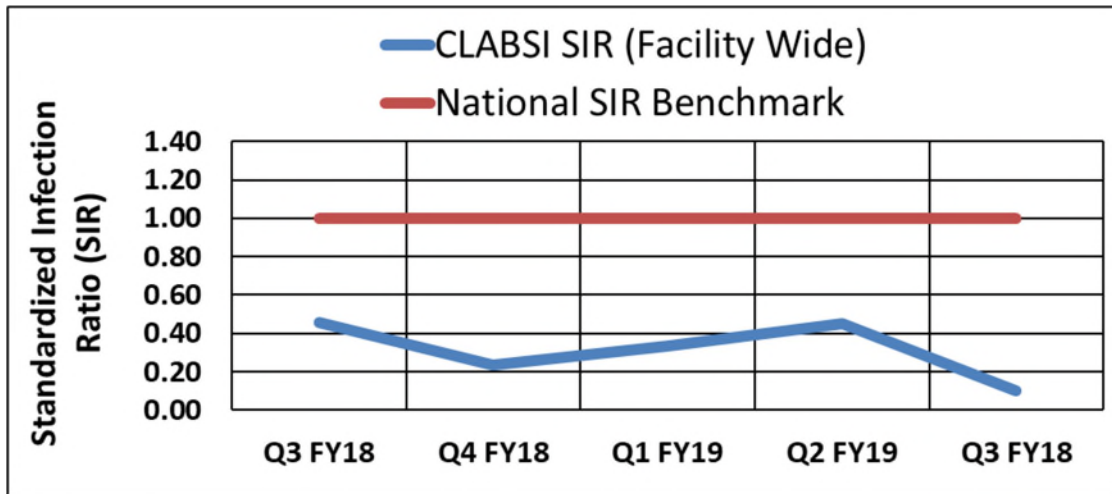
30 Day Readmission for All Patients



Fiscal Quarter	Q1 FY17	Q2 FY17	Q3 FY17	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19
All Patients (%)	10.83	10.34	10.00	10.30	10.64	10.84	10.16	9.77	10.53	10.06	9.55
*Vizient (UHC) Benchmark (%)	11.21	11.21	11.30	11.21	11.22	11.10	11.07	11.15	11.24	10.98	10.95

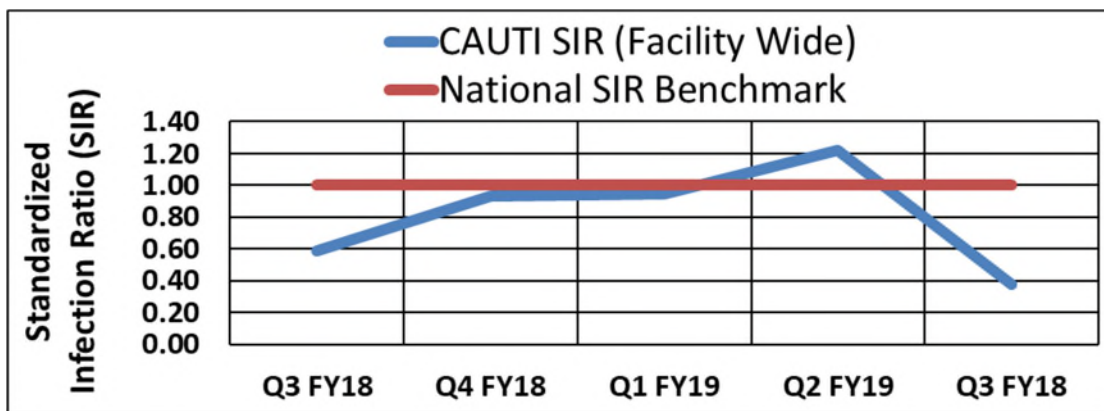
*Vizient, Inc. (formerly, "UHC") is an alliance of the nation's leading academic medical centers ("AMCs") and associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19
CLABSI SIR (Facility Wide)	0.458	0.236	0.334	0.454	0.102
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00
CLABSI Count	5	2	3	4	1
*NHSN Expected	10.9	8.5	9.0	8.8	9.8

Catheter Associated Urinary Tract Infection



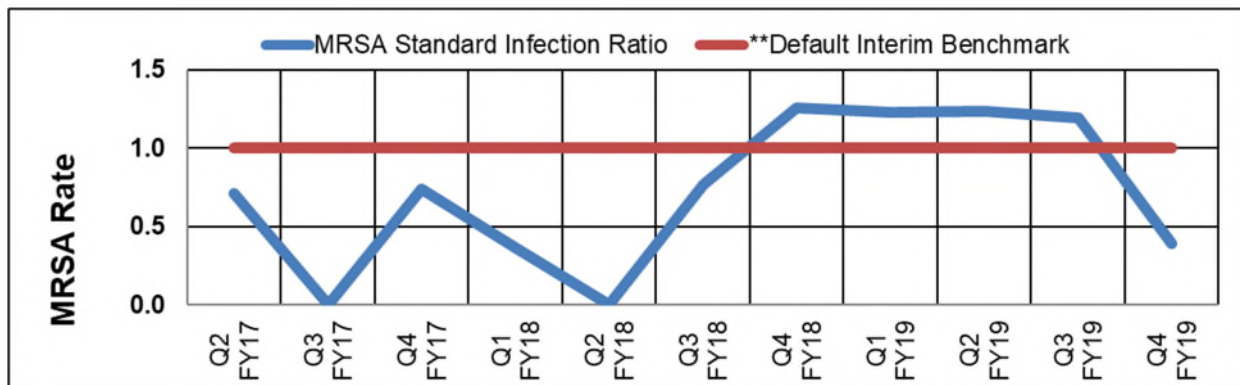
Catheter-Associated Urinary Tract Infection (CAUTI)	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19
CAUTI SIR (Facility Wide)	0.59	0.93	0.95	1.22	0.37
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00
CAUTI Count	8	11	10	12	4
*NHSN Expected	13.6	11.8	10.6	9.8	10.7

*NHSN = National Healthcare Safety Network.

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

MRSA Bloodstream Standardized Infection Rate

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



Fiscal Quarter	Q2 FY17	Q3 FY17	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19
MRSA Standard Infection Ratio	0.71	0.00	0.74	0.36	0.00	0.77	1.26	1.23	1.23	1.19	0.39
**Default Interim Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Raw Count of Infections	2	0	2	1	0	2	3	3	3	3	1

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

Total Number of Inpatient Days

FY2018 days are based on the twelve (12) months ended June 30, 2018

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

Inpatient Days	FY2018 Actual	FY2019 Actual
Adult	114,556	113,244
Pediatric	36,846	37,195
Newborn	5,270	5,220
Total Inpatient Days	156,672	155,659

Nursing Hours of Care

	FY2018 Actual	FY2019 Actual
UNMH Nursing Hours of Care Per Patient*	17.55	17.12

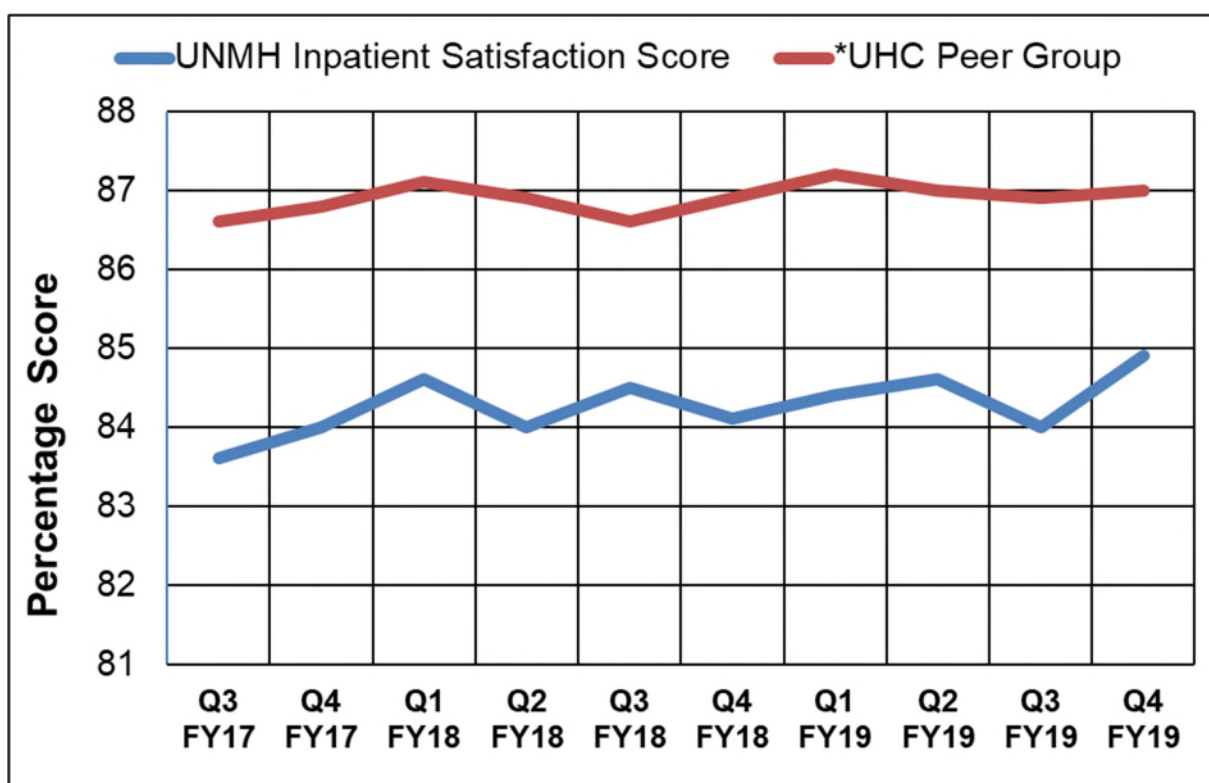
*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

Number of RN FTE's and Retention Rate

Category	Number of FTES as of June 2018	Number of FTES as of June. 2019	Hires (Headcount)	Terms (Headcount)	Rolling Retention Rate
RN's	2,049	1,973	214	340	83.38%
*National Retention Rate Benchmark					82.80%

*Per the 2016 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2015 national turnover rate is 17.2%.

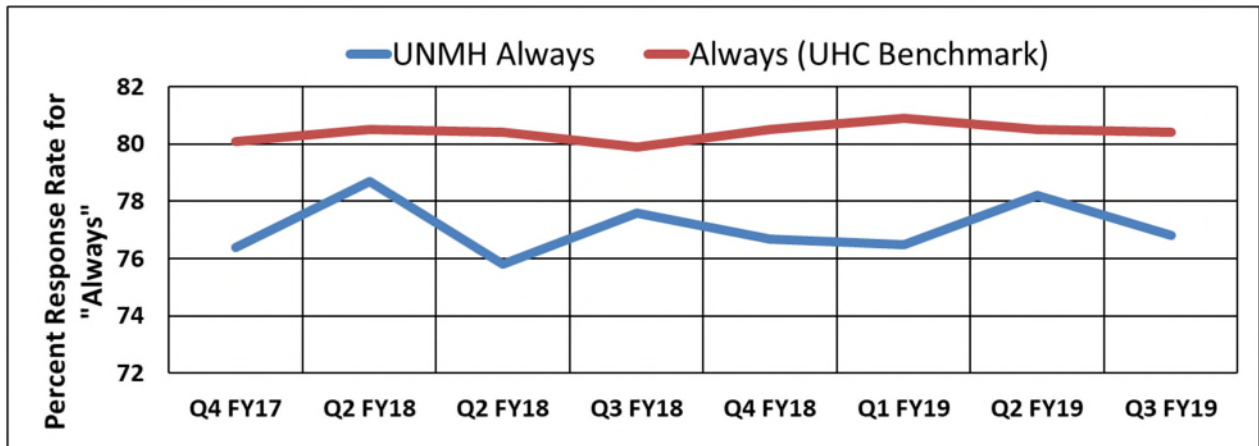
Press Ganey Inpatient Satisfaction Score



Quarter	Q3 FY17	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19
UNMH Inpatient Satisfaction Score	83.6	84	84.6	84	84.5	84.1	84.4	84.6	84	84.9
*UHC Peer Group	86.6	86.8	87.1	86.9	86.6	86.9	87.2	87	86.9	87.0

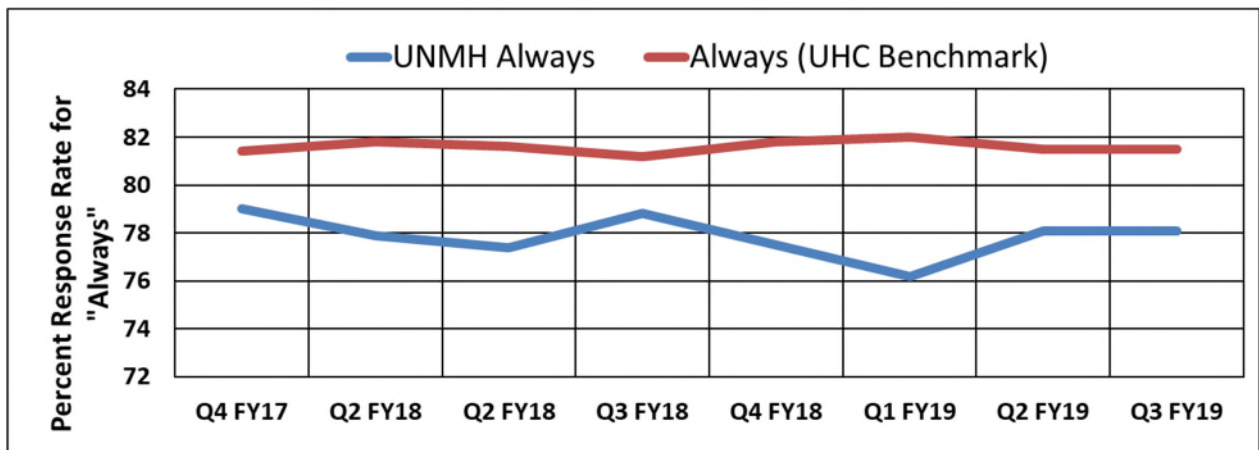
*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

HCAPS Satisfaction – Communications with Nurses



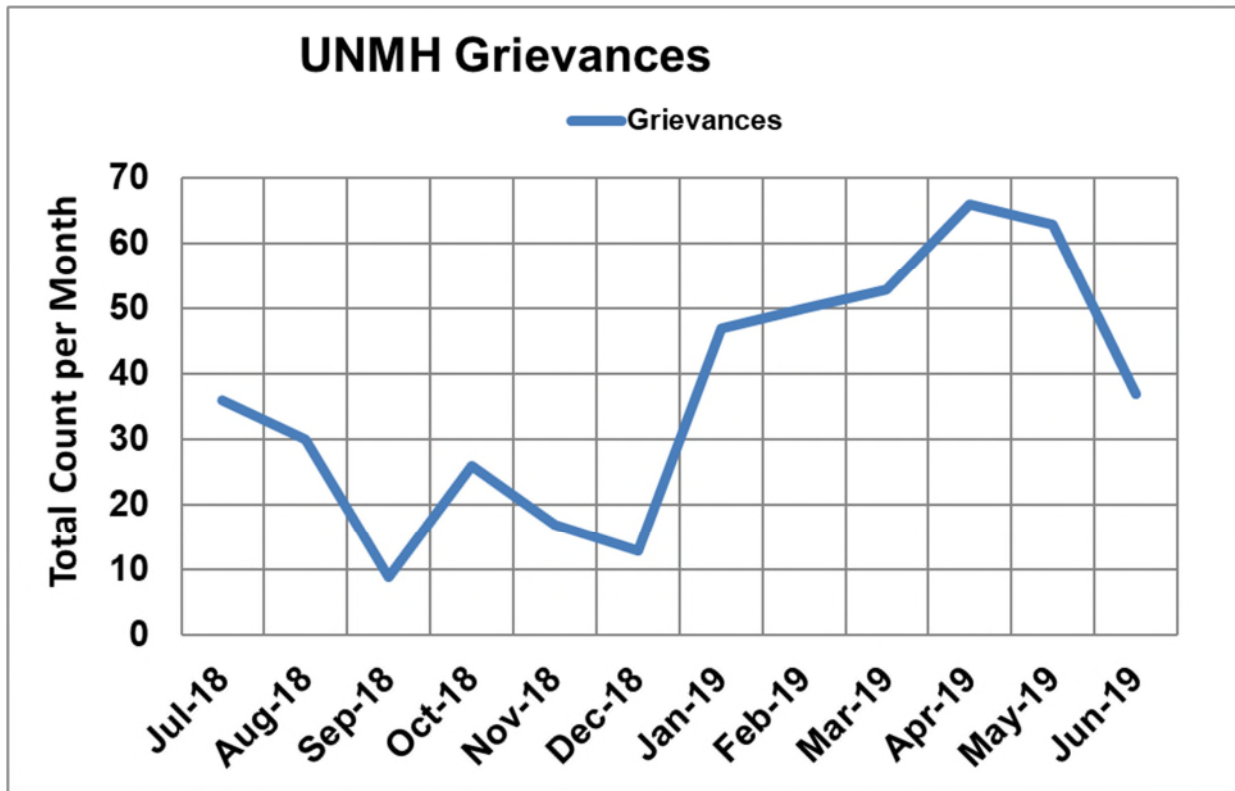
Communication with Nurses	Response	Q4 FY17	Q2 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19
H-COMP-1-A-P	UNMH Always	76.4	78.7	75.8	77.6	76.7	76.5	78.2	76.8
H-COMP-1-U-P	UNMH Usually	19.4	16.4	19.0	17.8	19.7	19.3	16.5	17.8
H-COMP-1-SN-P	UNMH Sometimes/Never	4.3	4.9	5.2	4.6	4.1	4.2	5.4	5.5
UHC Benchmark	Always (UHC Benchmark)	80.1	80.5	80.4	79.9	80.5	80.9	80.5	80.4
UHC Benchmark	Usually (UHC Benchmark)	15.7	15.5	18.8	15.7	15.4	15.1	15.3	15.3

HCAPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q4 FY17	Q2 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19
H-COMP-2-A-P	UNMH Always	79.0	77.9	77.4	78.8	77.5	76.2	78.1	78.1
H-COMP-2-U-P	UNMH Usually	17.6	17.7	16.1	15.7	17.5	18.1	14.9	15.7
H-COMP-2-SN-P	UNMH Sometimes/Never	3.4	4.4	6.4	5.4	5.1	5.7	6.9	6.2
UHC Benchmark	Always (UHC Benchmark)	81.4	81.8	81.6	81.2	81.8	82.0	81.5	81.5
UHC Benchmark	Usually (UHC Benchmark)	14.3	14.1	17.5	14.4	14.0	13.7	14.0	14.0

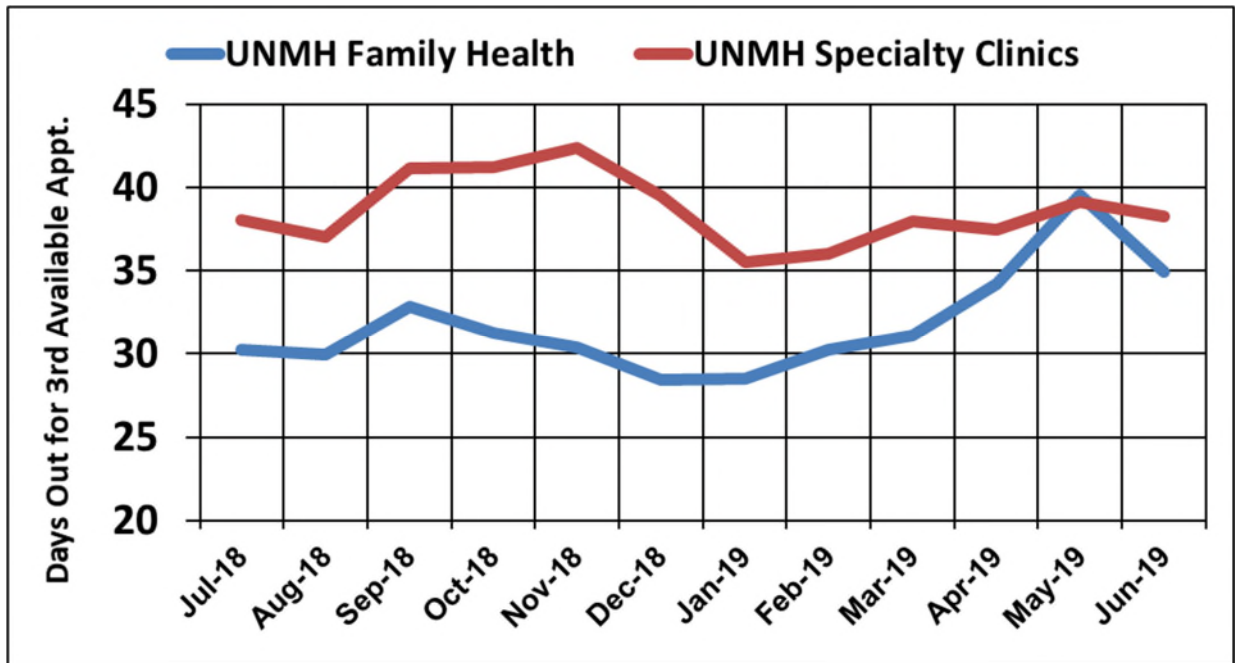
Grievances



Month-Year	Grievances
Jul-18	36
Aug-18	30
Sep-18	9
Oct-18	26
Nov-18	17
Dec-18	13
Jan-19	47
Feb-19	50
Mar-19	53
Apr-19	66
May-19	63
Jun-19	37

Average time for an Appointment for Primary and Specialty Care

Average 3rd Available* Day for Appointments.

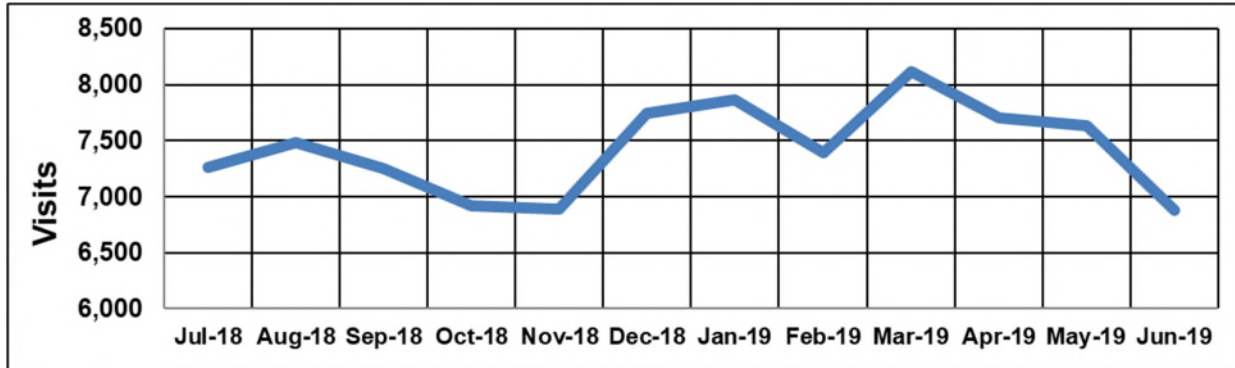


Month	UNMH Family Health	UNMH Specialty Clinics
Jul-18	30.3	38.1
Aug-18	30.0	37.1
Sep-18	32.8	41.2
Oct-18	31.2	41.2
Nov-18	30.4	42.4
Dec-18	28.4	39.5
Jan-19	28.5	35.5
Feb-19	30.3	36.0
Mar-19	31.1	38.0
Apr-19	34.2	37.5
May-19	39.6	39.1
Jun-19	34.9	38.2

* "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

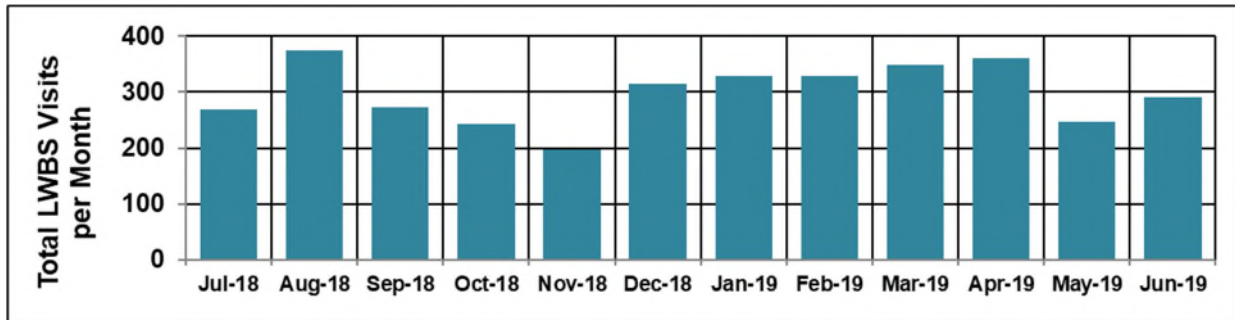
Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



Month	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Visits	7,259	7,479	7,247	6,921	6,892	7,744	7,868	7,387	8,111	7,705	7,634	6,876

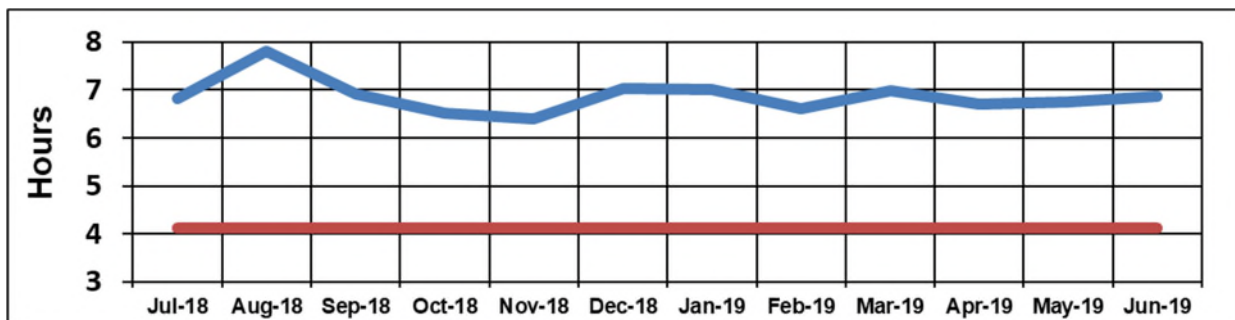
Total ED Patients Left without Being Seen

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



Month	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
UH LWBS	269	375	272	243	197	314	329	328	348	361	246	291

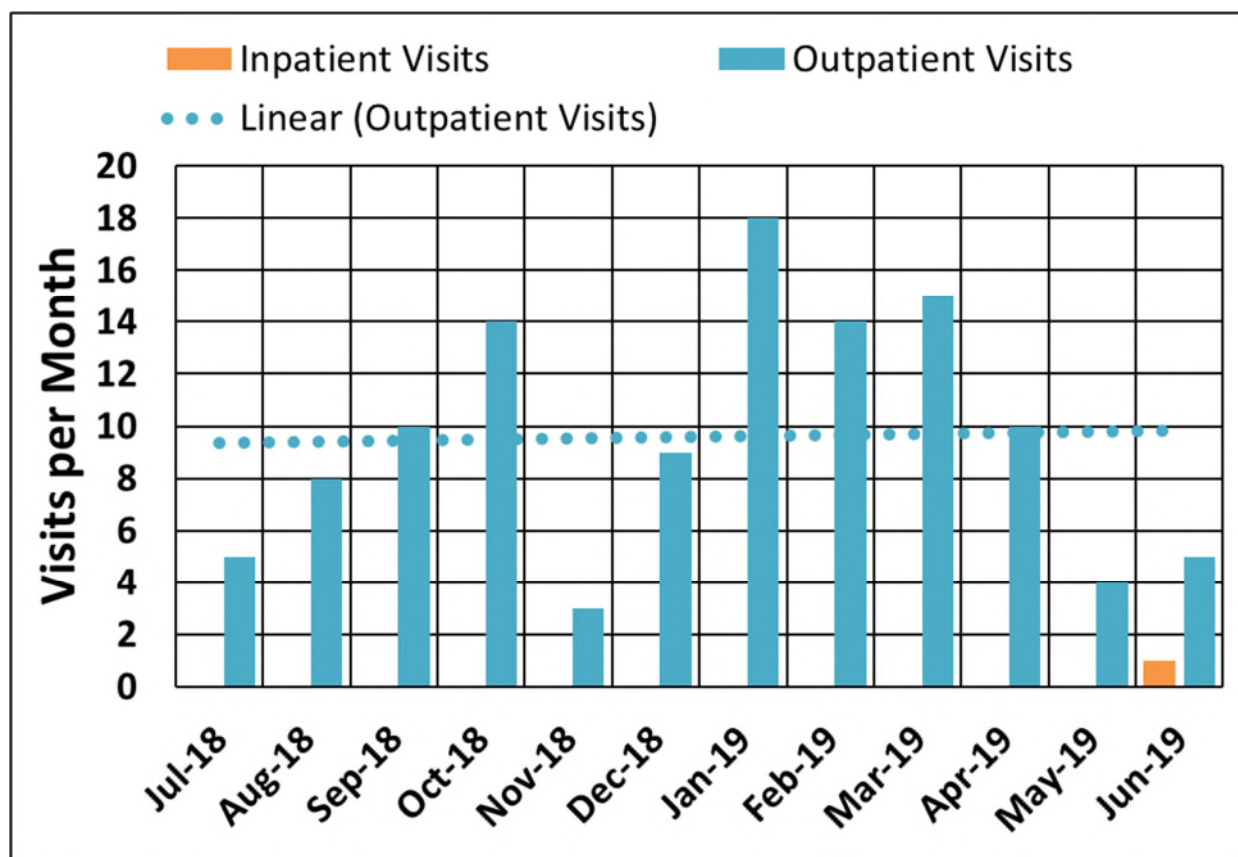
ED Average Hours from Arrival to Disposition



Month	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Arrival to Disposition	6.83	7.81	6.91	6.53	6.40	7.03	7.00	6.62	6.99	6.71	6.74	6.87
*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, Emergency Department Pulse Report, 2010.

MDC Inmates Receiving Hospital Services



Month	Inpatient Visits	Outpatient Visits
Jul-18	0	5
Aug-18	0	8
Sep-18	0	10
Oct-18	0	14
Nov-18	0	3
Dec-18	0	9
Jan-19	0	18
Feb-19	0	14
Mar-19	0	15
Apr-19	0	10
May-19	0	4
Jun-19	1	5

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

Typically, patients use their own insurance when possible.

Bernalillo County Encounters by Funding Source

All Bernalillo County encounters for the twelve (12) months ended June 30, 2019, broken down by payer source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	9,946
EMSA	725
IHS	3,257
Medicaid	335,149
Medicare	270,718
Uninsured	39,786
HMO's and Insurance	216,700
All Other *	41,888
Total Encounters	918,169
Native American Encounters **	86,368

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, 2019 based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 33,391,331	\$ 26,426,137	\$ 59,817,468
Catron	5,578	15,930	21,508
Chaves	132,775	46,872	179,646
Cibola	620,773	331,903	952,676
Colfax	8,485	9,559	18,044
Curry	28,707	83,431	112,138
De Baca	4,301	-	4,301
Dona Ana	151,603	314,705	466,307
Eddy	110,030	89,613	199,643
Grant	29,749	45,992	75,740
Guadalupe	56,469	20,605	77,074
Harding	78	-	78
Hidalgo	1,528	5,222	6,751
Lea	74,617	103,289	177,906
Lincoln	141,847	83,636	225,484
Los Alamos	22,338	75,608	97,946
Luna	7,483	66,491	73,974
Mc Kinley	479,598	406,504	886,102
Mora	12,943	2,601	15,544
Otero	46,465	51,592	98,058
Quay	6,261	5,011	11,272
Rio Arriba	220,081	99,994	320,075
Roosevelt	124,578	21,538	146,117
San Juan	751,126	247,265	998,392
San Miguel	61,599	50,624	112,223
Sandoval	2,460,431	1,229,449	3,689,881
Santa Fe	768,001	1,668,048	2,436,049
Sierra	15,919	111,065	126,984
Socorro	195,536	610,411	805,947
Taos	83,528	722,979	806,508
Torrance	305,098	259,907	565,005
Union	3,134	3,171	6,305
Valencia	3,187,204	408,191	3,595,394
Out Of State	-	4,261,439	4,261,439
Grand Total	\$ 43,509,195	\$ 37,878,781	\$ 81,387,976

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, 2019.

Bernalillo County Zip	Inpatient Encounter Count	Inpatient Charity Care and Uninsured Cost	Outpatient Encounter Count	Outpatient Charity Care and Uninsured Cost	Total Encounter Count	Total Patient Charity Care and Uninsured Cost
87008	3	\$3,047	121	\$ 38,122	124	\$ 41,169
87022	17	19,657	280	243,065	297	262,722
87047	5	10,985	396	175,849	401	186,835
87059	18	24,119	951	229,874	969	253,993
87101	5	50,165	39	18,914	44	69,079
87102	227	1,089,042	7,558	2,616,517	7,785	3,705,559
87103	-	-	70	28,686	70	28,686
87104	51	233,786	2,575	571,841	2,626	805,627
87105	447	2,139,761	16,891	5,104,385	17,338	7,244,146
87106	138	1,005,503	4,806	1,522,034	4,944	2,527,537
87107	192	1,659,243	6,481	1,849,950	6,673	3,509,193
87108	287	1,895,306	10,916	3,670,910	11,203	5,566,216
87109	150	788,686	5,393	1,651,790	5,543	2,440,475
87110	187	1,301,581	6,700	1,818,113	6,887	3,119,694
87111	110	502,628	4,482	1,347,990	4,592	1,850,618
87112	194	1,052,258	6,635	1,818,636	6,829	2,870,895
87113	49	302,386	1,683	507,882	1,732	810,268
87114	162	1,407,556	5,731	1,943,883	5,893	3,351,439
87115	-	-	10	3,159	10	3,159
87116	5	25,865	115	45,739	120	71,604
87117	-	-	10	2,375	10	2,375
87119	4	19,138	102	22,902	106	42,040
87120	147	779,885	6,421	1,900,289	6,568	2,680,174
87121	662	4,033,517	25,345	8,336,468	26,007	12,369,984
87122	21	113,820	541	183,041	562	296,861
87123	257	1,706,162	9,451	2,887,623	9,708	4,593,785
87125	7	19,513	378	146,695	385	166,208
87128	-	-	-	-	-	-
87131	-	-	11	3,223	11	3,223
87151	8	117,164	135	125,970	143	243,133
87153	-	-	13	2,854	13	2,854
87154	2	43,978	189	69,940	191	113,918
87158	-	-	1	55	1	55
87176	5	9,147	314	63,026	319	72,173
87181	-	-	62	10,214	62	10,214
87184	-	-	72	26,401	72	26,401
87185	3	3,029	5	893	8	3,922
87187	1	1,351	45	14,031	46	15,382
87190	-	-	103	19,690	103	19,690
87191	3	4,742	96	16,135	99	20,877
87192	3	15,897	142	35,969	145	51,866
87193	8	4,161	196	25,109	204	29,270
87194	1	11,751	46	19,097	47	30,847
87195	8	31,706	326	70,305	334	102,012
87196	3	9,168	268	44,404	271	53,572
87197	5	8,516	161	35,546	166	44,063
87198	9	15,252	197	43,869	206	59,121
87199	7	14,023	166	30,512	173	44,535
Grand Total	3,411	\$ 20,473,492	126,629	\$ 39,343,976	\$ 130,040	\$ 59,817,468

Financial Assistance to Bernalillo County Patients by Service Type

Totals for the twelve (12) months ended June 30, 2019.

Bernalillo County Zip	Cancer Count	Medicine Count	Pediatrics Count	Surgery Count	Emergency Medicine Count	Neurology Count	OBGYN Count	Orthopedics Count	Psychiatry Count	Other Count	Total Count
87008	5	31	-	9	10	11	2	8	19	29	124
87022	47	124	-	15	38	14	3	12	11	33	297
87047	62	121	-	13	18	28	2	18	49	90	401
87059	104	315	-	40	43	57	6	21	80	303	969
87101	-	16	-	2	8	-	-	-	10	8	44
87102	495	2,196	8	259	811	294	95	166	1,010	2,451	7,785
87103	6	15	-	1	8	3	-	1	6	30	70
87104	97	917	5	81	156	133	39	68	260	870	2,626
87105	1,072	5,234	27	607	1,270	684	268	453	1,471	6,252	17,338
87106	187	1,552	5	154	372	179	65	139	655	1,636	4,944
87107	373	2,161	16	231	437	290	89	221	634	2,221	6,673
87108	465	3,407	8	308	972	415	146	260	1,282	3,940	11,203
87109	321	1,910	5	198	386	290	56	154	549	1,674	5,543
87110	427	2,216	14	277	411	380	60	207	782	2,114	6,888
87111	266	1,590	9	164	242	300	48	117	566	1,290	4,592
87112	348	2,362	4	247	412	355	93	227	798	1,983	6,829
87113	83	570	4	78	106	94	27	43	131	596	1,732
87114	532	1,900	11	177	255	294	90	160	589	1,885	5,893
87115	-	-	-	2	-	-	-	-	7	1	10
87116	14	37	-	2	21	4	1	3	3	35	120
87117	-	3	-	-	1	-	-	1	5	-	10
87119	16	39	-	2	4	4	1	1	5	34	106
87120	333	2,285	7	176	371	425	77	223	640	2,031	6,568
87121	1,627	8,121	40	754	1,680	1,114	509	738	1,389	10,035	26,007
87122	50	220	2	38	16	15	9	16	57	139	562
87123	566	3,082	10	342	612	418	154	238	839	3,447	9,708
87125	33	110	1	7	60	18	4	9	51	92	385
87128	-	-	-	-	-	-	-	-	-	-	-
87131	-	2	-	-	3	-	-	-	4	2	11
87151	-	24	-	4	45	2	-	9	20	39	143
87153	-	5	-	-	-	-	2	-	-	6	13
87154	6	48	-	10	11	19	3	5	32	57	191
87158	-	1	-	-	-	-	-	-	-	-	1
87176	34	85	-	18	15	23	5	3	16	120	319
87181	1	17	-	9	3	7	-	3	7	15	62
87184	39	16	-	-	-	2	-	1	1	13	72
87185	2	3	-	-	-	1	1	-	-	1	8
87187	-	11	-	1	2	2	-	4	19	7	46
87190	16	29	-	2	4	2	-	5	16	29	103
87191	3	54	-	8	3	5	-	5	1	20	99
87192	10	50	-	4	5	21	1	7	6	41	145
87193	18	75	1	2	7	21	-	8	24	48	204
87194	1	17	-	3	1	5	-	2	2	16	47
87195	30	121	1	11	19	34	3	4	21	90	334
87196	3	91	-	8	11	9	3	9	39	98	271
87197	16	68	-	9	7	14	-	4	4	44	166
87198	14	84	-	4	20	15	2	4	8	55	206
87199	15	60	-	6	2	11	-	10	8	61	173
Grand Total	7,737	41,395	178	4,283	8,878	6,012	1,864	3,587	12,126	43,981	130,041

Primary Reason for Bernalillo County Indigent Resident Visits

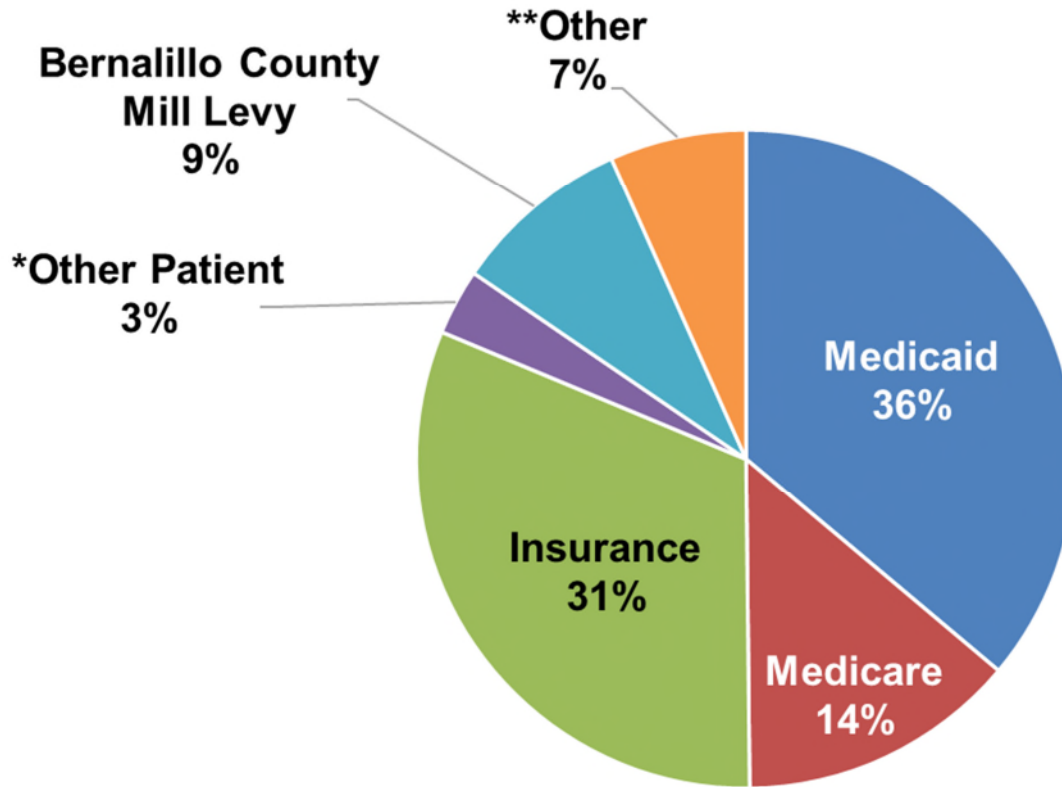
Totals are for each of the eight (8) quarters ended June 30, 2019.

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

Description	Q4 FY19	Q3 FY19	Q2 FY19	Q1 FY19	Q4 FY18	Q3 FY18	Q2 FY18	Q1 FY18	Q4 FY17
Factors influencing health status and contact with health services	6,986	5,551	6,350	7,398	8,354	3,088	1,956	3,017	4,924
Diseases of the musculoskeletal system and connective tissue	3,291	2,572	2,698	3,189	3,703	1,407	814	1,370	2,407
Symptoms, signs and Ill-Defined Conditions	3,041	2,409	2,590	2,911	3,278	1,333	730	1,237	2,154
Injury, poisoning and certain other consequences of external causes	2,221	1,605	1,853	2,297	2,437	875	601	1,086	1,706
Endocrine, nutritional and metabolic diseases	1,883	1,527	1,630	1,864	2,207	848	478	829	1,418
Diseases of the respiratory system	1,703	1,798	1,540	1,276	1,707	1,126	485	555	1,106
Mental and behavioural disorders	1,616	1,311	1,391	1,675	1,959	736	428	699	1,229
Diseases of the circulatory system	1,751	1,383	1,456	1,645	1,860	723	404	679	1,185
Diseases of the nervous system	1,564	1,220	1,219	1,417	1,624	616	361	626	1,091
Neoplasms	1,595	1,234	1,319	1,481	1,661	628	375	613	862
Diseases of the genitourinary system	1,314	1,054	1,120	1,276	1,458	539	311	538	897
Diseases of the digestive system	1,171	913	944	1,095	1,291	469	286	472	838
Diseases of the skin and subcutaneous tissue	1,099	844	911	1,054	1,269	463	249	419	732
Pregnancy, childbirth and the puerperium	938	702	783	986	1,048	382	224	450	794
Diseases of the eye and adnexa	830	574	590	693	839	326	191	313	563
Certain infectious and parasitic diseases	516	459	469	488	676	281	154	240	439
Diseases of the ear and mastoid process	405	400	358	398	466	227	104	164	291
Congenital malformations, deformations, chromosomal abnormalities	275	218	237	254	282	122	73	109	179
Diseases of the blood, blood-forming organs and immune mechanism	247	171	201	236	272	97	59	106	160
Certain conditions originating in the perinatal period	62	36	45	41	50	21	12	24	32
Other (prescription pick-up, etc.)	3,474	2,752	2,814	3,133	3,504	24,800	15,489	1,777	2,981
Total Visits	35,982	28,733	30,518	34,807	39,945	39,107	23,784	15,323	25,988

Revenues by Payor Source

FY 2019 Revenue (Unaudited)



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

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

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

B. GOOD PRIMARY CARE SYSTEM

Total Number of Outpatient Clinic Visits

FY2018 visit total based on the twelve (12) months ended June 30, 2018.

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

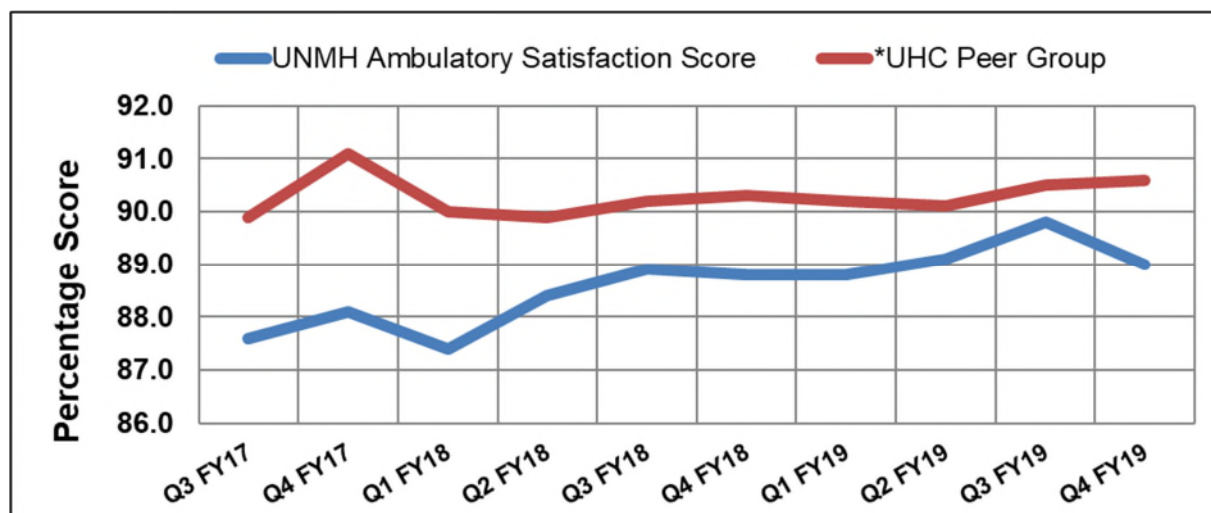
Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.

551,407	FY18 Actual (12 Months)
548,093	FY19 Actual (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

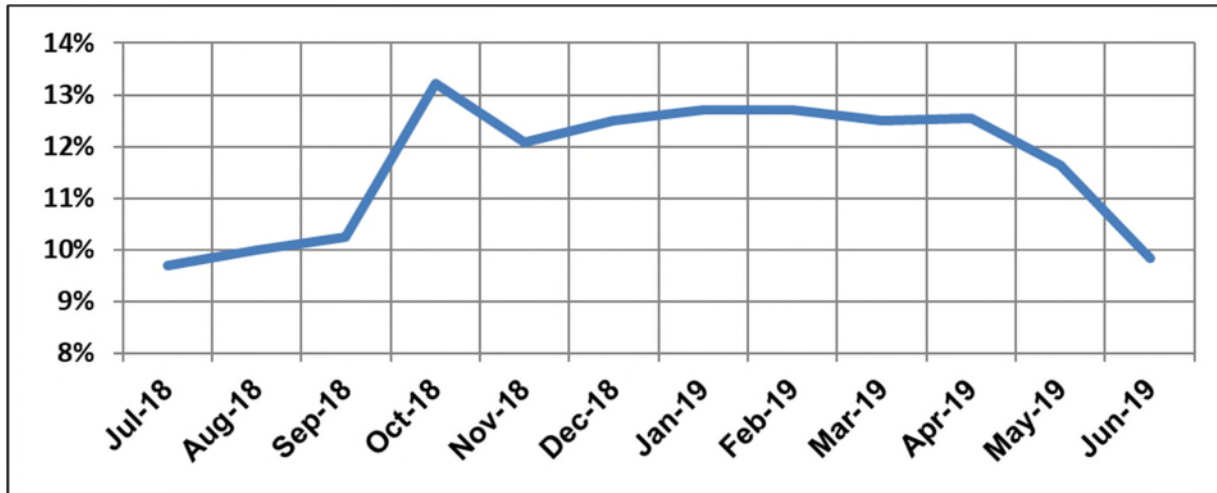


Quarter	Q3 FY17	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19
UNMH Ambulatory Satisfaction Score	87.6	88.1	87.4	88.4	88.9	88.8	88.8	89.1	89.8	89.0
*UHC Peer Group	89.9	91.1	90.0	89.9	90.2	90.3	90.2	90.1	90.5	90.6

*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.



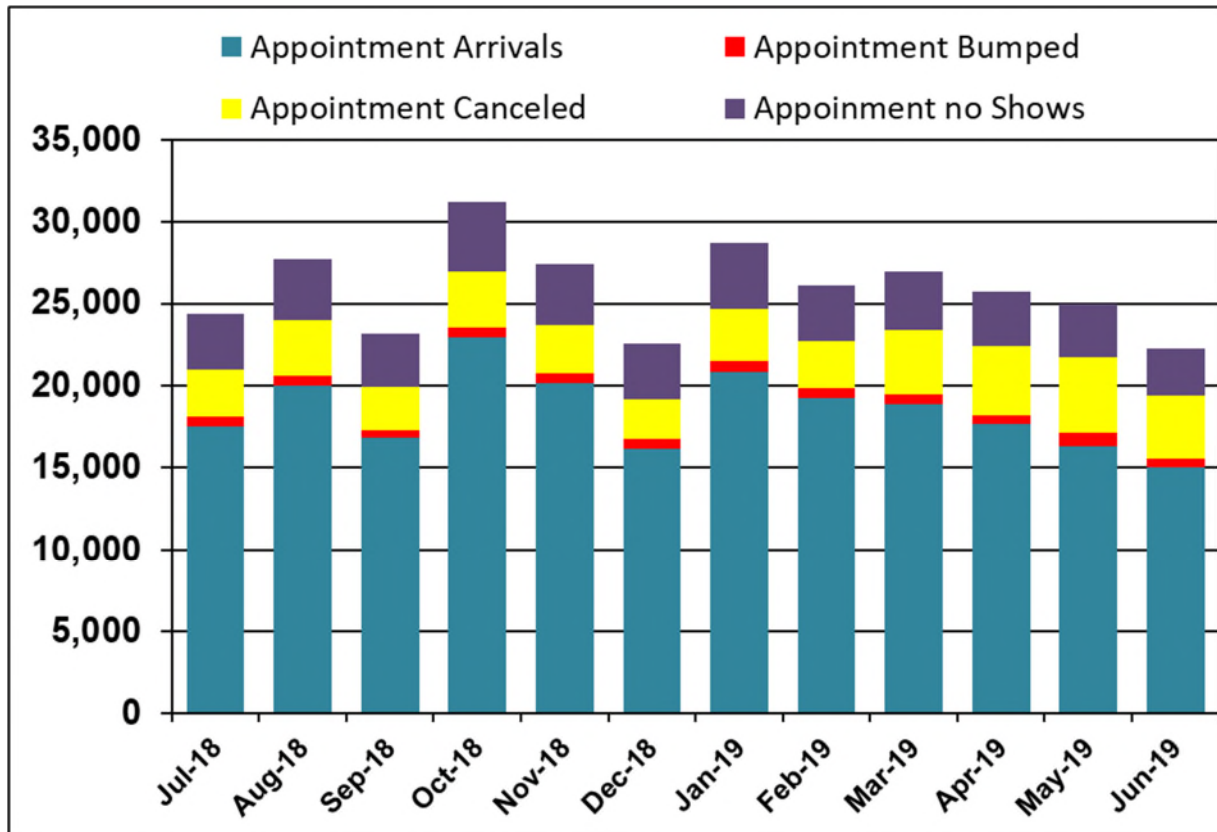
Month	Same Day	Total Arrived	Same Day Rate
Jul-18	1,296	13,369	9.7%
Aug-18	1,504	15,062	10.0%
Sep-18	1,299	12,663	10.3%
Oct-18	2,337	17,684	13.2%
Nov-18	1,836	15,206	12.1%
Dec-18	1,551	12,400	12.5%
Jan-19	2,034	15,974	12.7%
Feb-19	1,883	14,839	12.7%
Mar-19	1,656	13,253	12.5%
Apr-19	1,837	14,630	12.6%
May-19	1,581	13,591	11.6%
Jun-19	1,252	12,734	9.8%

Most Recent three (3) month average, April to June 2019, for Same Day Access by Clinic.

Average	Primary Care Clinics
7.6%	1209 Clinic
12.9%	Alamo Primary Care Clinic
7.7%	Family Practice Clinic
3.0%	General Pediatrics Clinic
13.7%	Northeast Heights Clinic
7.6%	Senior Health Center
7.0%	Southeast Heights Clinic
6.6%	Southwest Mesa Clinic
6.9%	SRMC FP Clinic
75.3%	UNM Lobocare Clinic
5.6%	Westside Clinic
9.7%	Young Childrens Health Center

Primary Care Outpatient Appointment Dispositions

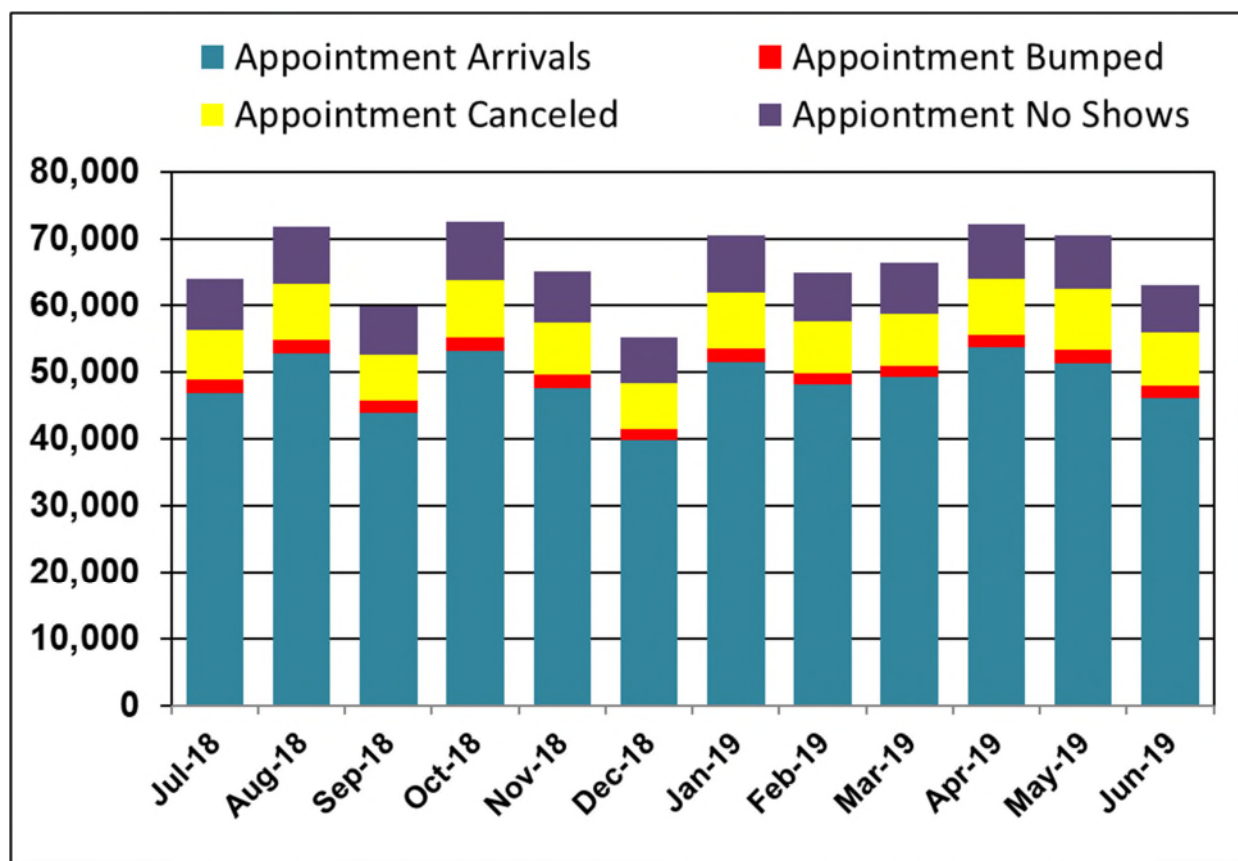
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-18	17,528	558	2,905	3,363
Aug-18	20,008	595	3,365	3,791
Sep-18	16,823	464	2,645	3,257
Oct-18	22,896	640	3,452	4,235
Nov-18	20,147	564	2,945	3,787
Dec-18	16,187	540	2,462	3,383
Jan-19	20,845	659	3,132	4,127
Feb-19	19,209	654	2,808	3,459
Mar-19	18,872	600	3,930	3,570
Apr-19	17,680	538	4,198	3,309
May-19	16,336	811	4,557	3,223
Jun-19	15,052	533	3,823	2,849

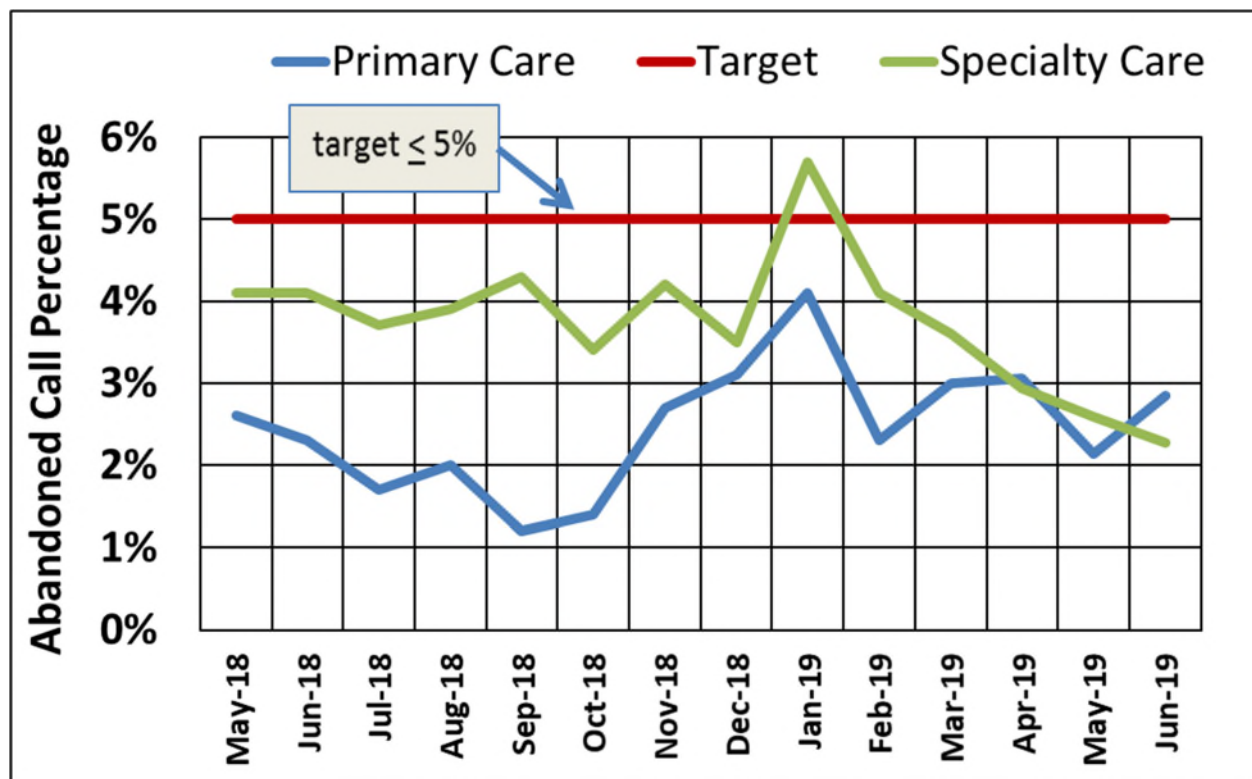
Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-18	46,909	1,902	7,483	7,747
Aug-18	52,710	2,060	8,604	8,521
Sep-18	43,816	1,865	6,983	7,071
Oct-18	53,056	2,150	8,620	8,729
Nov-18	47,665	1,874	7,845	7,754
Dec-18	39,802	1,654	6,834	6,885
Jan-19	51,559	2,037	8,448	8,582
Feb-19	48,172	1,725	7,782	7,314
Mar-19	49,170	1,836	7,731	7,656
Apr-19	53,703	1,834	8,597	8,107
May-19	51,323	1,965	9,364	7,868
Jun-19	46,066	1,813	8,095	7,097

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
May-18	2.60%	4.10%	5%
Jun-18	2.30%	4.10%	5%
Jul-18	1.70%	3.70%	5%
Aug-18	2.00%	3.90%	5%
Sep-18	1.20%	4.30%	5%
Oct-18	1.40%	3.40%	5%
Nov-18	2.70%	4.20%	5%
Dec-18	3.10%	3.50%	5%
Jan-19	4.10%	5.70%	5%
Feb-19	2.30%	4.10%	5%
Mar-19	3.00%	3.60%	5%
Apr-19	3.06%	2.94%	5%
May-19	2.14%	2.59%	5%
Jun-19	2.84%	2.27%	5%

Medication Reconciliation Goals Primary and Specialty Care

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

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

Percentage of Patients with Access to Electronic Medical Record

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

As of July 5, 2019:

138,272	Invitations sent out to patients who provided an email address.
65,066	Patients who have claimed invitation to sign up.
57,574	*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").

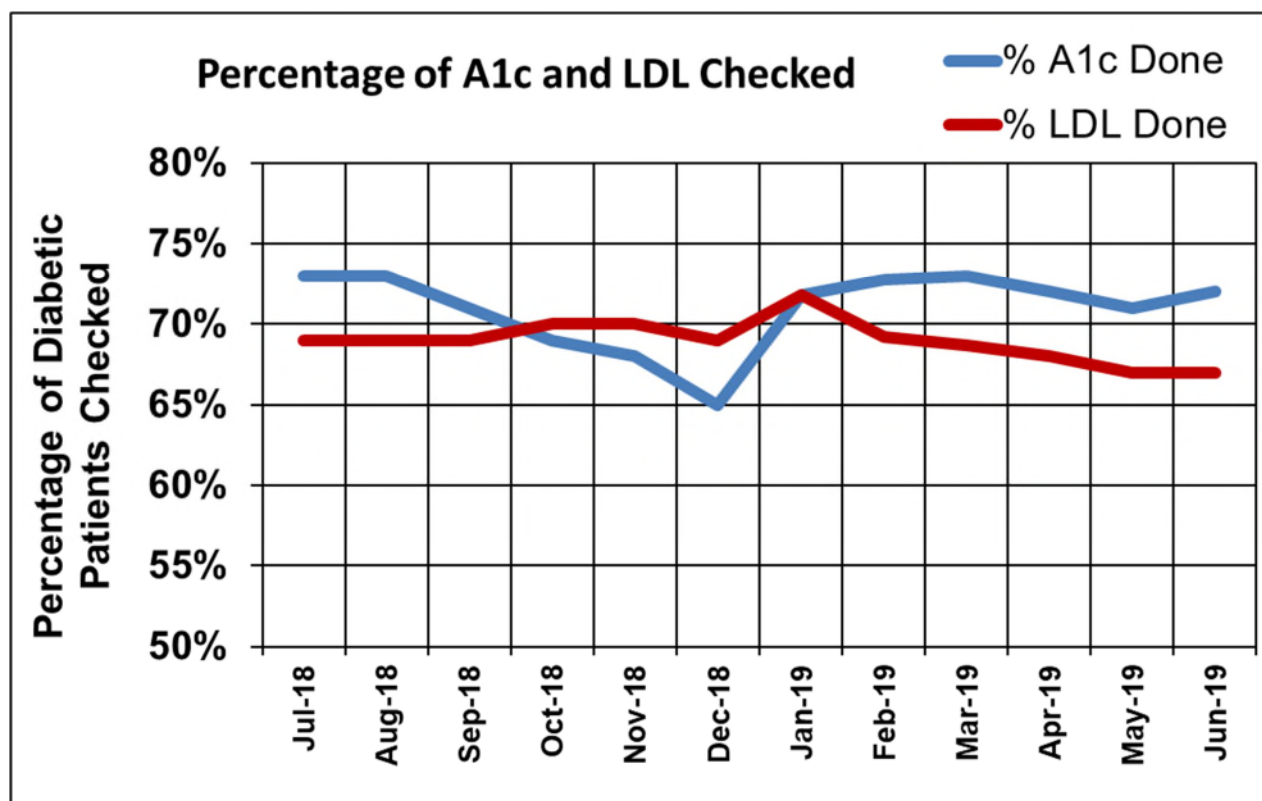
One hundred percent (100%) of all patients may access their medical records in person at UNMH.

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
Jul-18	6,873	5,043	73%	4,730	69%
Aug-18	6,889	5,028	73%	4,738	69%
Sep-18	6,874	4,880	71%	4,776	69%
Oct-18	6,930	4,811	69%	4,865	70%
Nov-18	6,972	4,736	68%	4,885	70%
Dec-18	6,995	4,520	65%	4,854	69%
Jan-19	8,105	5,821	72%	5,821	72%
Feb-19	8,123	5,909	73%	5,620	69%
Mar-19	8,142	5,941	73%	5,592	69%
Apr-19	7,959	5,742	72%	5,394	68%
May-19	7,895	5,635	71%	5,276	67%
Jun-19	7,651	5,507	72%	5,105	67%

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-18	7,105	396	388
Aug-18	7,086	396	427
Sep-18	7,296	422	371
Oct-18	7,471	414	405
Nov-18	7,431	386	370
Dec-18	7,347	335	395
Jan-19	6,992	383	379
Feb-19	7,137	363	323
Mar-19	7,014	380	367
Apr-19	7,145	393	384
May-19	7,114	357	366
Jun-19	7,348	327	341

Total Uncompensated Care – Charity Care and Uninsured

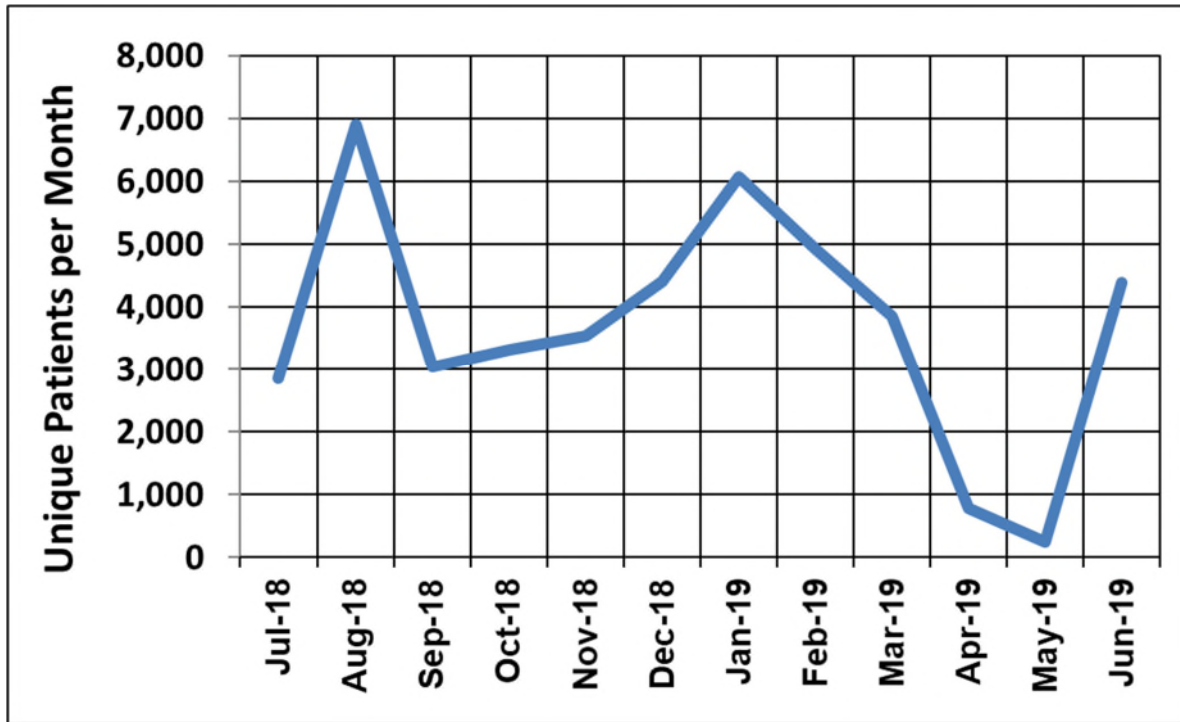
For the twelve (12) months ended June 30, 2019 based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	31,400	12,942	44,342
Encounters	95,751	34,289	130,040
Cost	\$ 33,391,331	\$ 26,426,137	\$ 59,817,468

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.

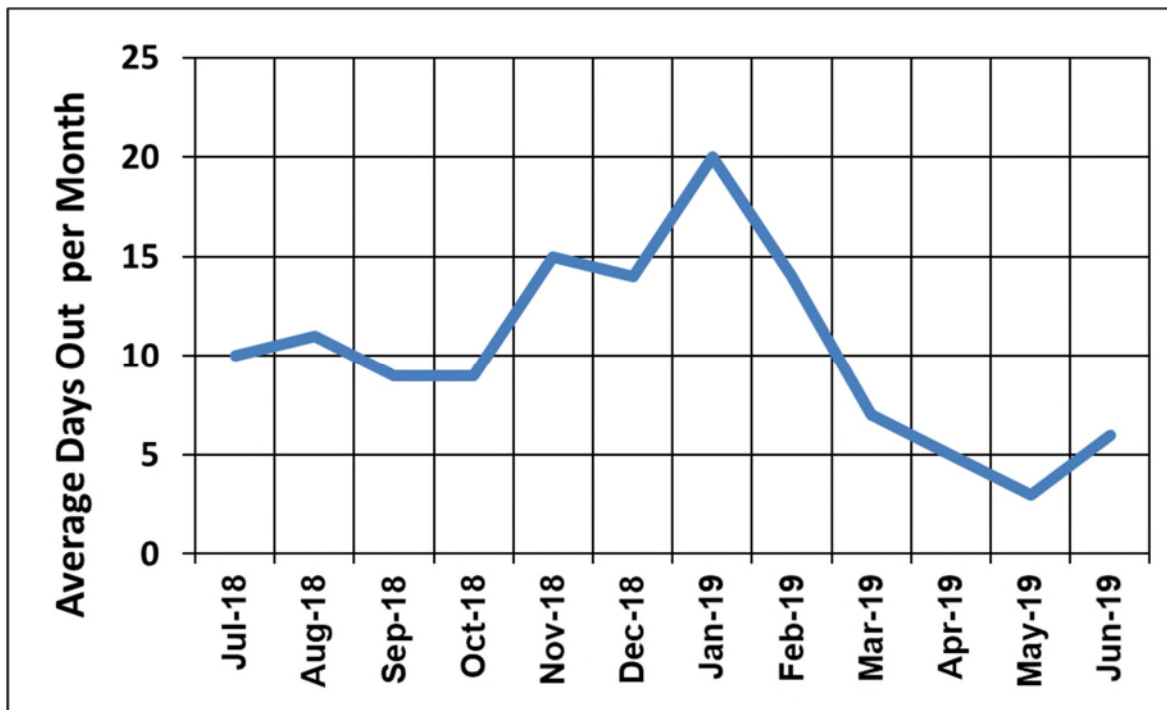
Number of Unique Patients Sent to Collections

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



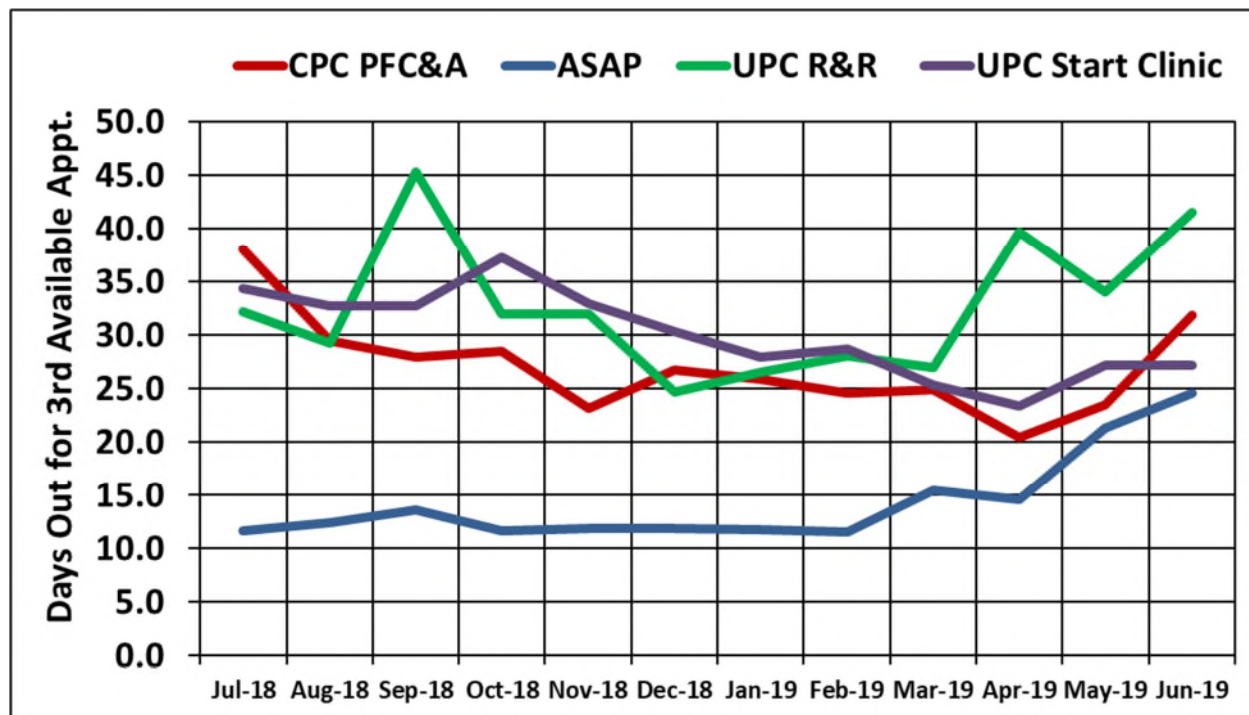
Days Out For Scheduling Financial Assistance Appointment

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



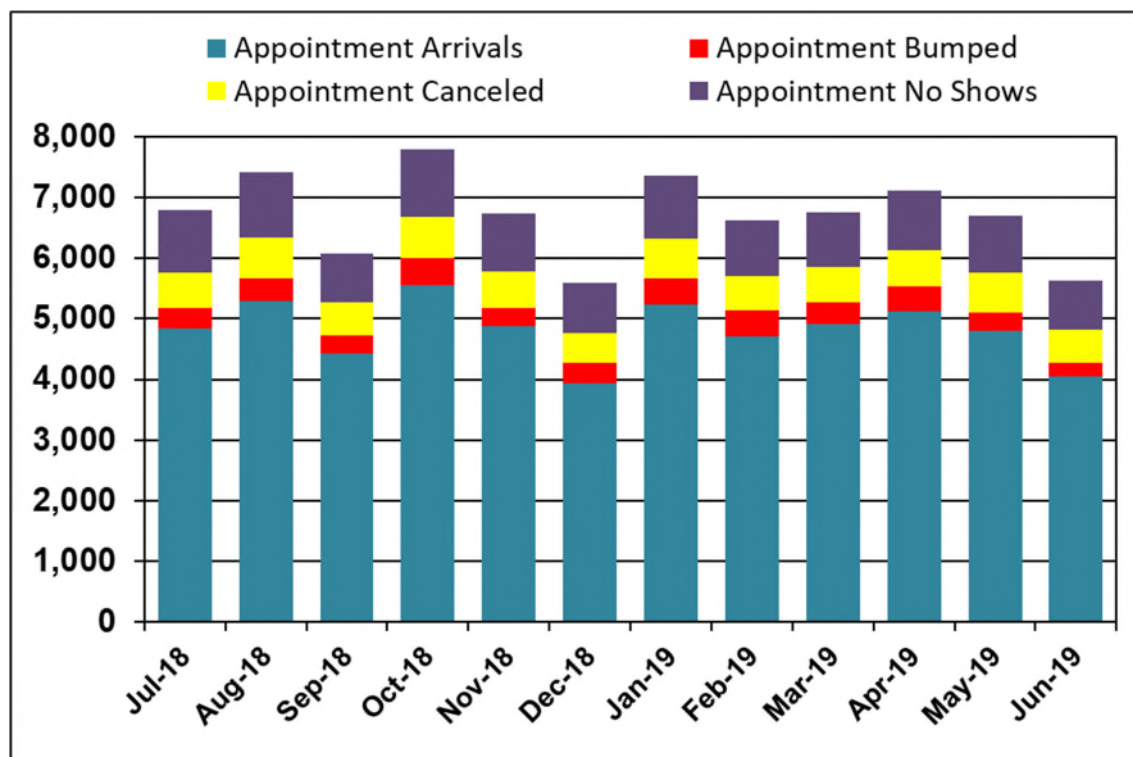
Month	CPC PFC&A	ASAP	UPC R&R	UPC Start Clinic
Jul-18	38.0	11.6	32.2	34.4
Aug-18	29.5	12.4	29.2	32.7
Sep-18	27.9	13.6	45.3	32.7
Oct-18	28.5	11.6	32.0	37.3
Nov-18	23.2	11.9	32.0	32.9
Dec-18	26.8	11.9	24.7	30.3
Jan-19	25.9	11.8	26.5	27.9
Feb-19	24.6	11.5	28.0	28.7
Mar-19	24.9	15.5	27.0	25.3
Apr-19	20.5	14.6	39.7	23.4
May-19	23.5	21.3	34.0	27.2
Jun-19	31.8	24.6	41.5	27.2

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.

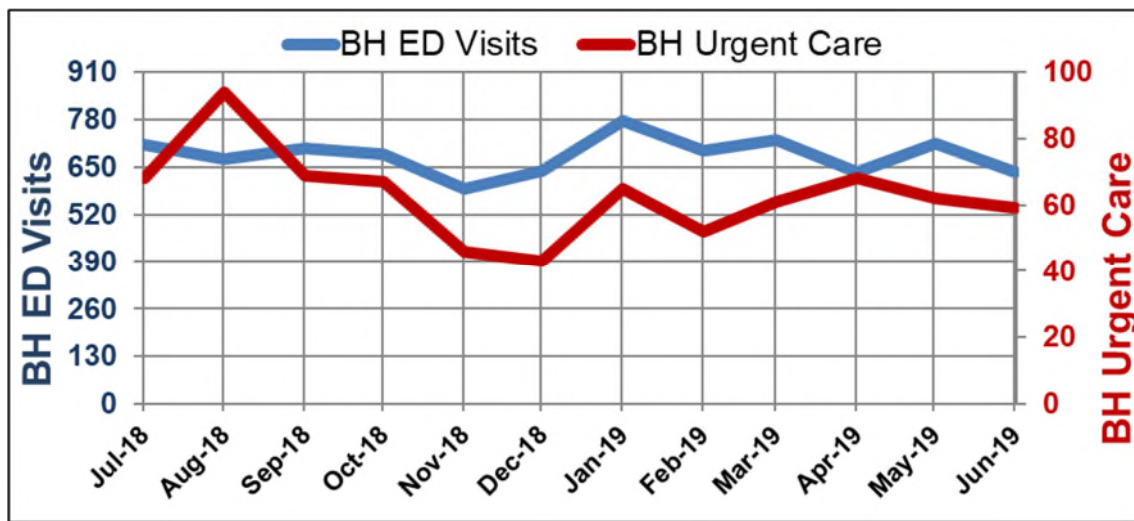


Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-18	4,833	345	582	1,029
Aug-18	5,290	372	683	1,077
Sep-18	4,426	308	528	812
Oct-18	5,547	450	681	1,114
Nov-18	4,876	301	607	956
Dec-18	3,938	341	480	823
Jan-19	5,240	432	648	1,040
Feb-19	4,708	429	561	922
Mar-19	4,907	367	580	901
Apr-19	5,114	417	609	979
May-19	4,802	300	665	941
Jun-19	4,049	222	547	817

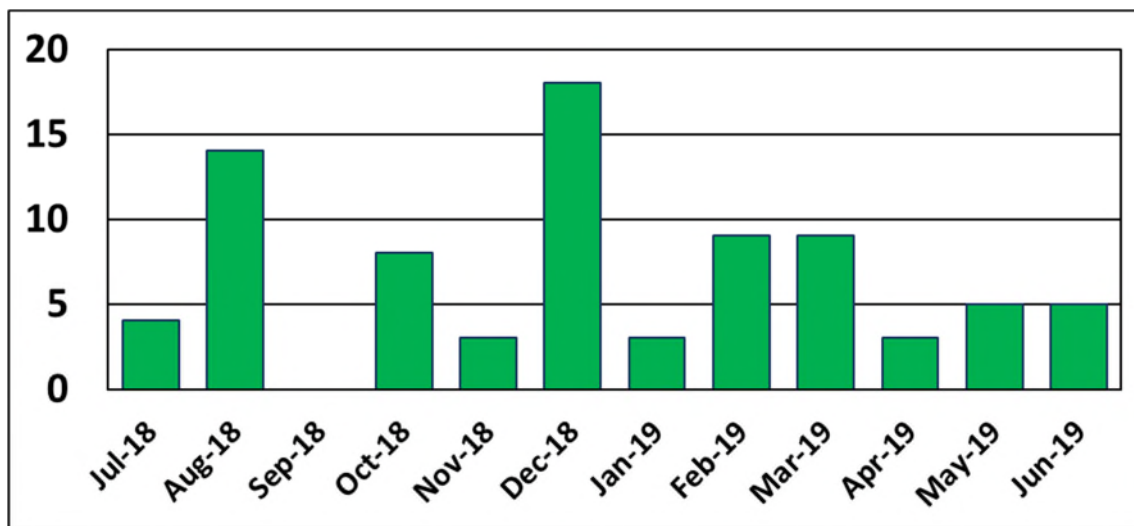
Number of Unique Outpatients and Number of Encounters CY2018

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

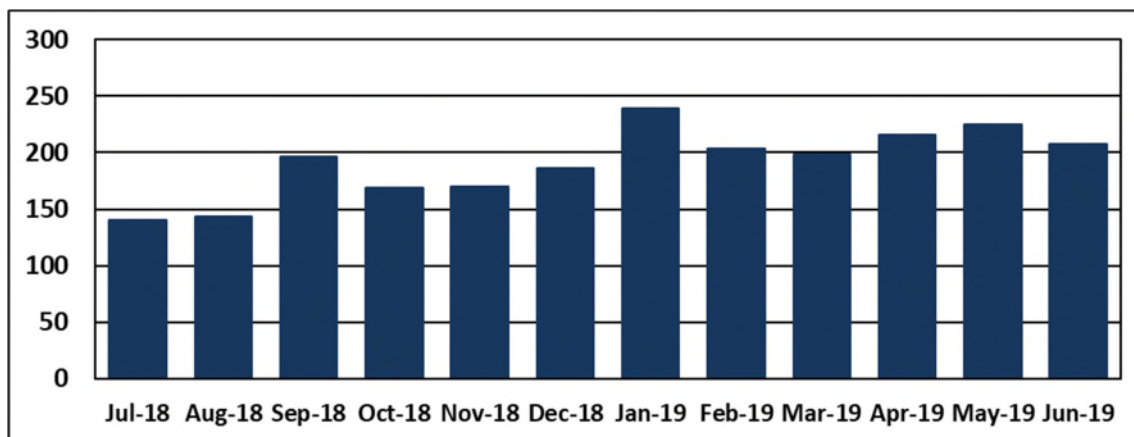
Number of Psychiatric Emergency Department and Urgent Care Encounters



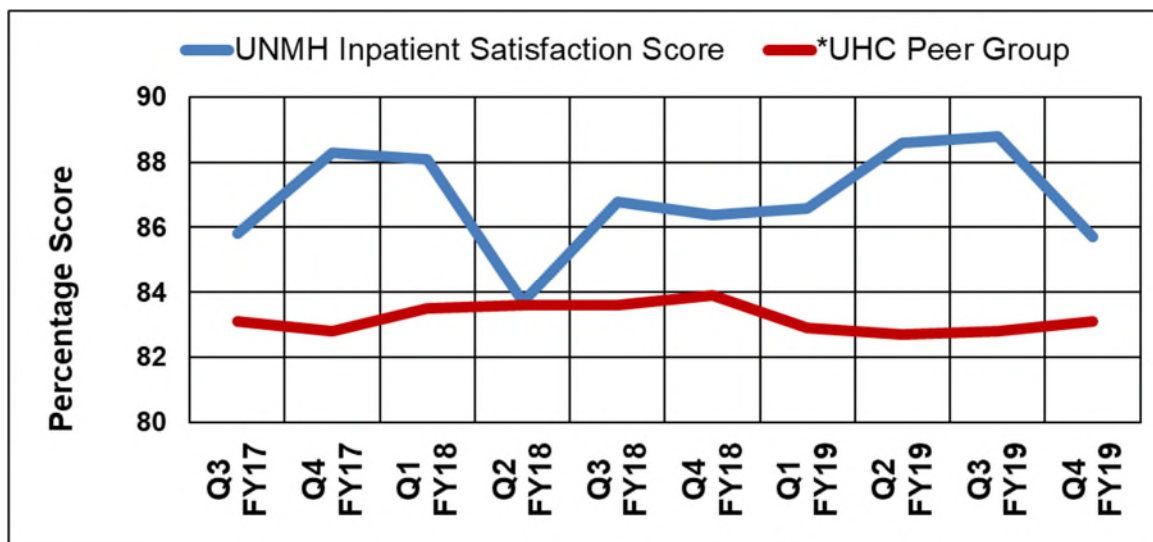
Number of Fast Track Patients Seen



Law Enforcement Drop offs at Psychiatric Emergency Services

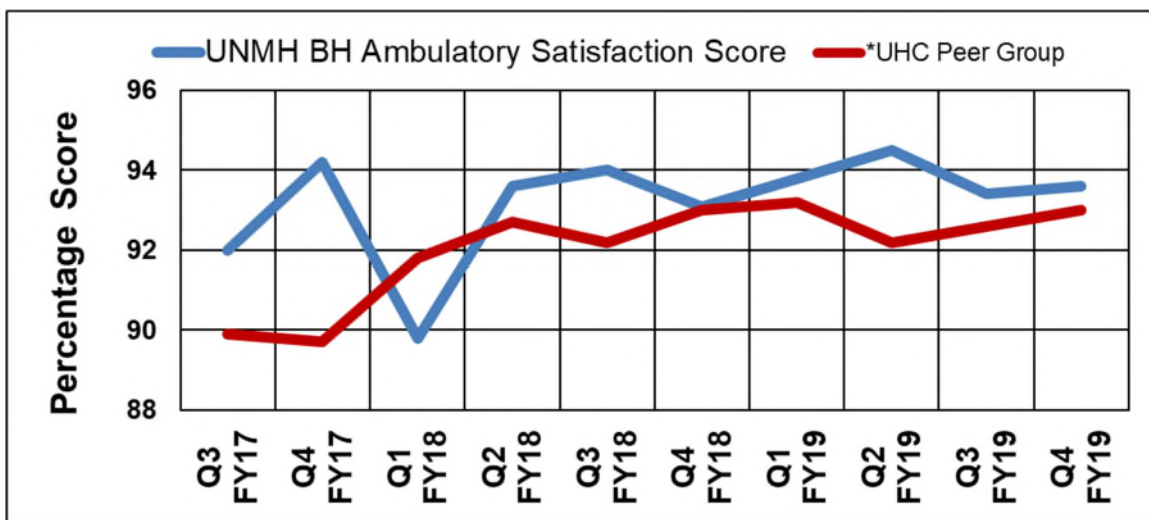


Press Ganey Behavioral Health Inpatient Satisfaction Score



Quarter	Q3 FY17	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19
UNMH Inpatient Satisfaction Score	85.8	88.3	88.1	83.7	86.8	86.4	86.6	88.6	88.8	85.7
*UHC Peer Group	83.1	82.8	83.5	83.6	83.6	83.9	82.9	82.7	82.8	83.1

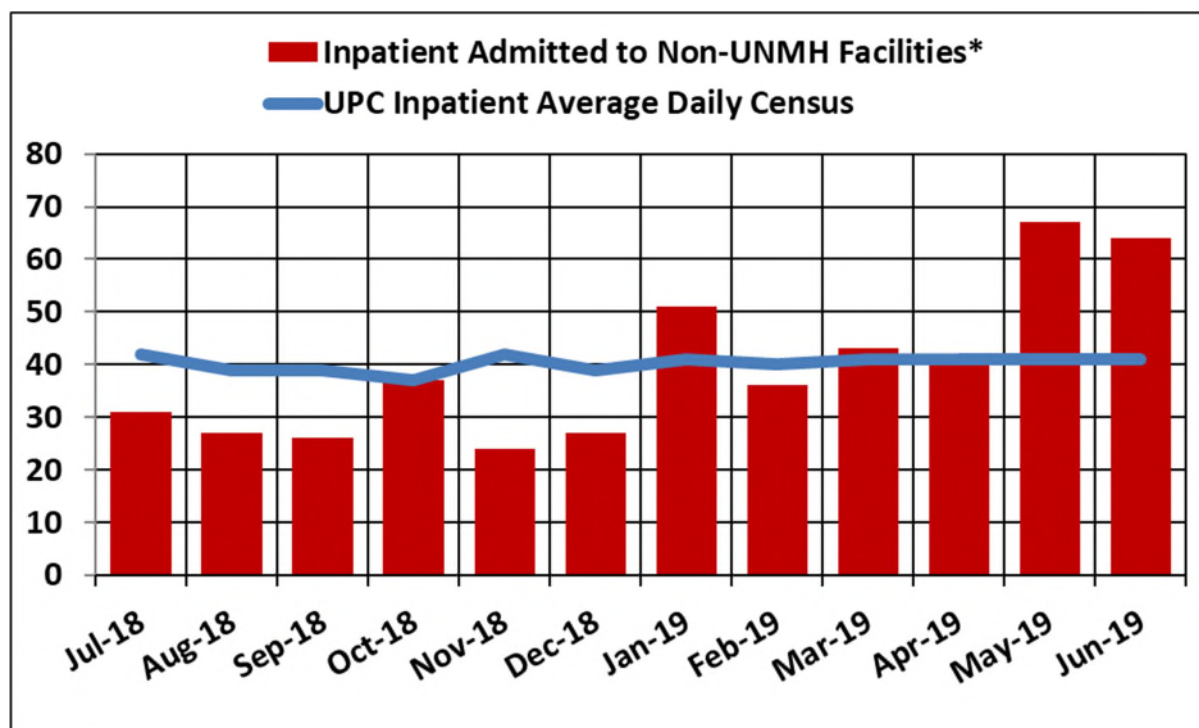
Press Ganey Behavioral Health Outpatient Satisfaction Score



Quarter	Q3 FY17	Q4 FY17	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19
UNMH BH Ambulatory Satisfaction Score	92.0	94.2	89.8	93.6	94.0	93.1	93.8	94.5	93.4	93.6
*UHC Peer Group	89.9	89.7	91.8	92.7	92.2	93.0	93.2	92.2	92.6	93.0

*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.

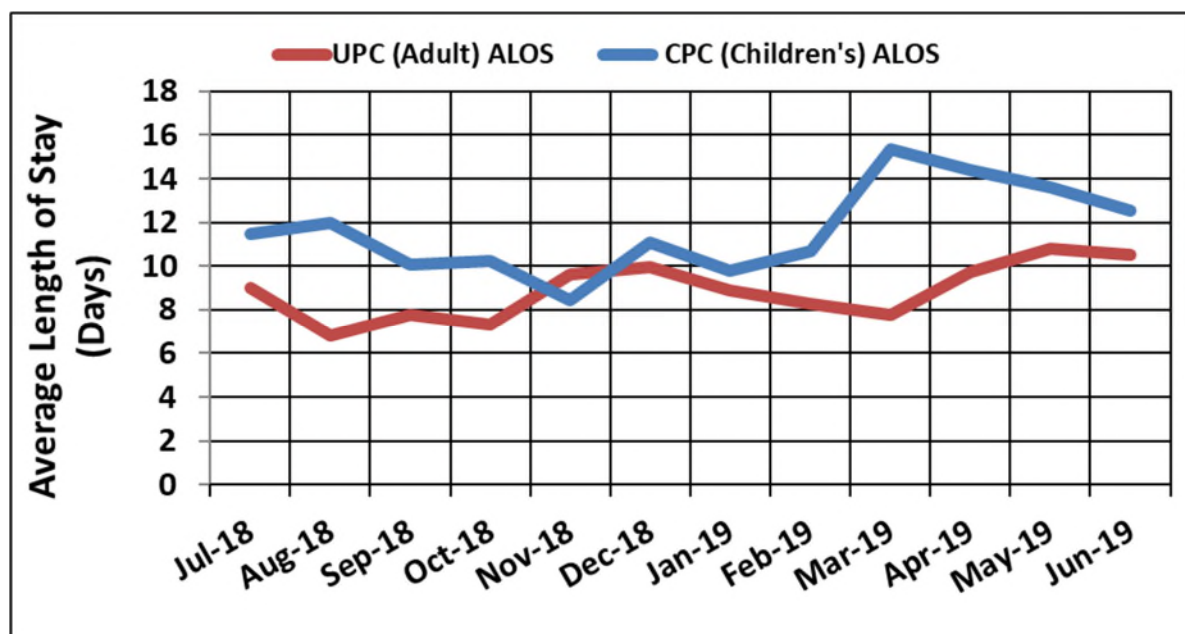
Behavioral Health Inpatient Admitted to Non-UNMH Facilities



Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jul-18	31	42
Aug-18	27	39
Sep-18	26	39
Oct-18	37	37
Nov-18	24	42
Dec-18	27	39
Jan-19	51	41
Feb-19	36	40
Mar-19	43	41
Apr-19	41	41
May-19	67	41
Jun-19	64	41

*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.

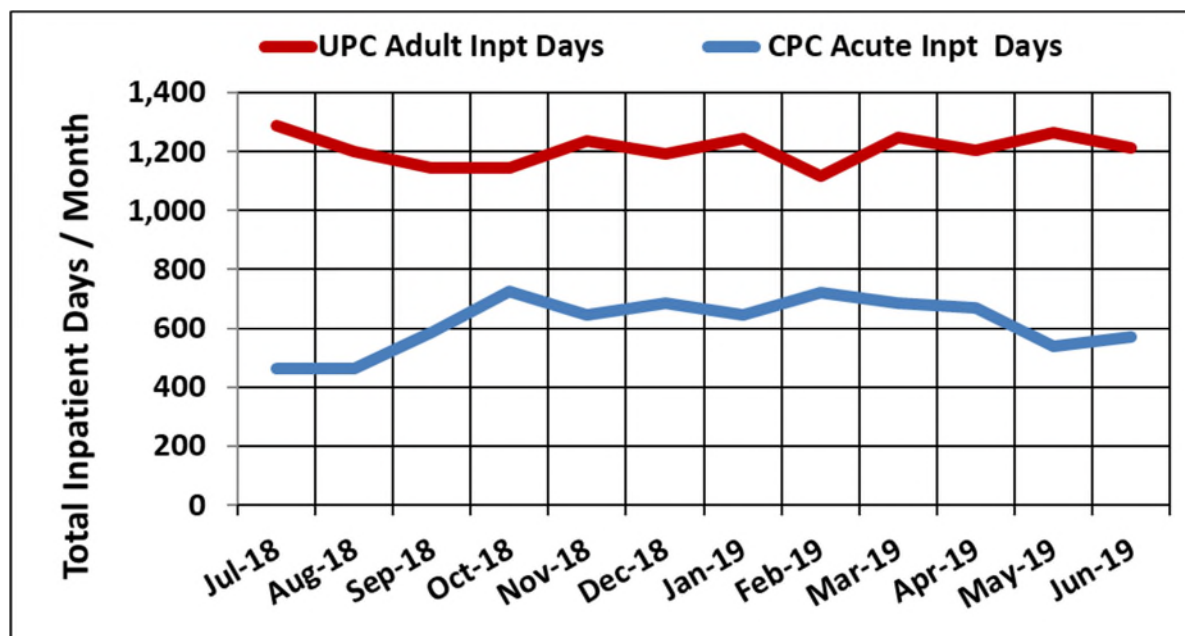
Behavioral Health Average Length of Inpatient Stay



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

Average Child National Benchmark: **7.03**
Average Adult National Benchmark: **10.19**

Number of BH Adult and Child/Adolescent Inpatient Days



Number of Unique Inpatients and Number of Encounters CY2018

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

Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2016	3,200
FY2017	11,415
FY2018	12,784
FY2019	11,702

Number of Opioid Patients

Month	Census
Jul-18	572
Aug-18	578
Sep-18	571
Oct-18	576
Nov-18	588
Dec-18	598
Jan-19	597
Feb-19	606
Mar-19	608
Apr-19	606
May-19	597
Jun-19	595

Number of Methadone Encounters

Month	Count
Jul-18	5,658
Aug-18	5,686
Sep-18	5,325
Oct-18	5,768
Nov-18	5,489
Dec-18	5,665
Jan-19	6,074
Feb-19	5,461
Mar-19	5,958
Apr-19	5,873
May-19	6,003
Jun-19	5,624

Number of Methadone and Suboxone Doses

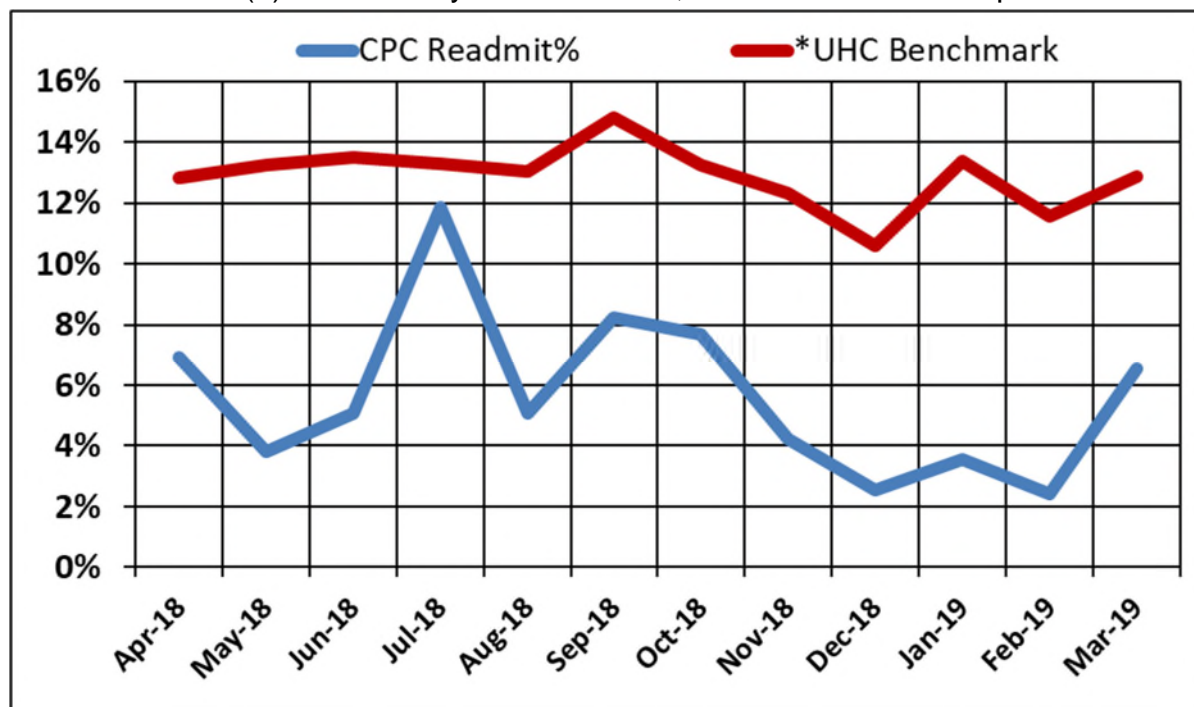
Month	Count
Jul-18	12,816
Aug-18	13,157
Sep-18	12,439
Oct-18	11,986
Nov-18	12,853
Dec-18	12,665
Jan-19	12,910
Feb-19	13,119
Mar-19	12,116
Apr-19	13,194
May-19	11,943
Jun-19	12,940

Number of Suboxone Encounters

Month	Count
Jul-18	607
Aug-18	675
Sep-18	558
Oct-18	536
Nov-18	599
Dec-18	465
Jan-19	438
Feb-19	346
Mar-19	318
Apr-19	305
May-19	328
Jun-19	276

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.

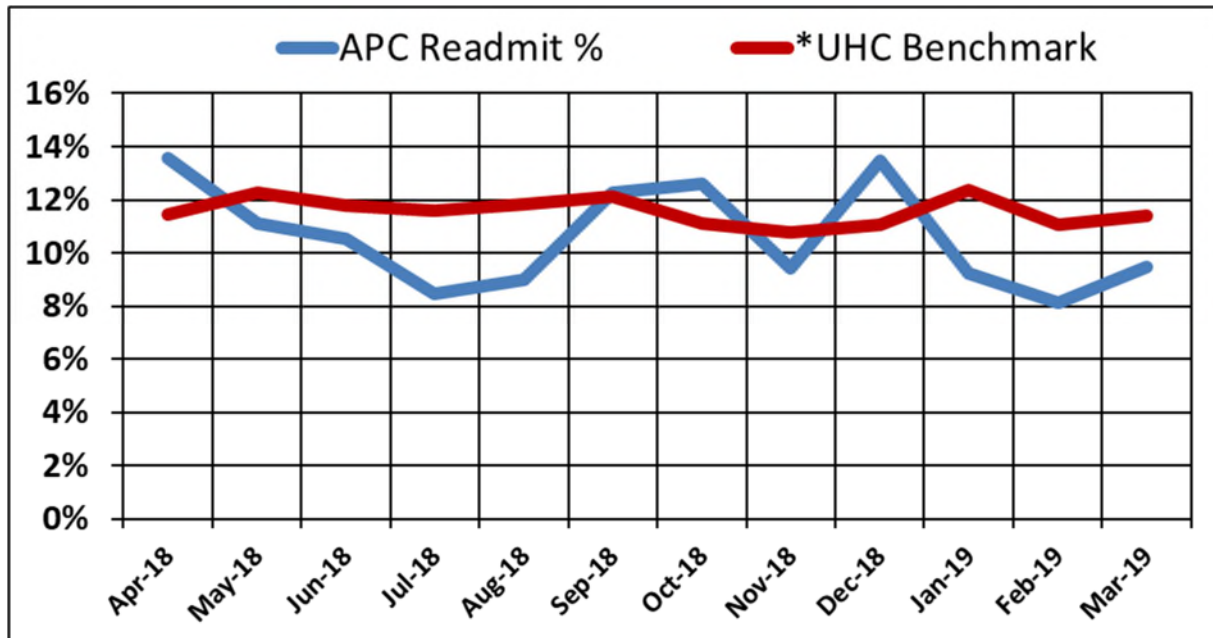


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-18	72	5	6.9%	12.8%
May-18	79	3	3.8%	13.3%
Jun-18	59	3	5.1%	13.5%
Jul-18	59	7	11.9%	13.3%
Aug-18	59	3	5.1%	13.0%
Sep-18	73	6	8.2%	14.8%
Oct-18	79	5	7.7%	13.2%
Nov-18	95	4	4.2%	12.3%
Dec-18	80	2	2.5%	10.6%
Jan-19	84	3	3.6%	13.4%
Feb-19	82	2	2.4%	11.6%
Mar-19	61	4	6.6%	12.9%

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

30 Day Readmission Rate – Adult Psychiatric Center

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

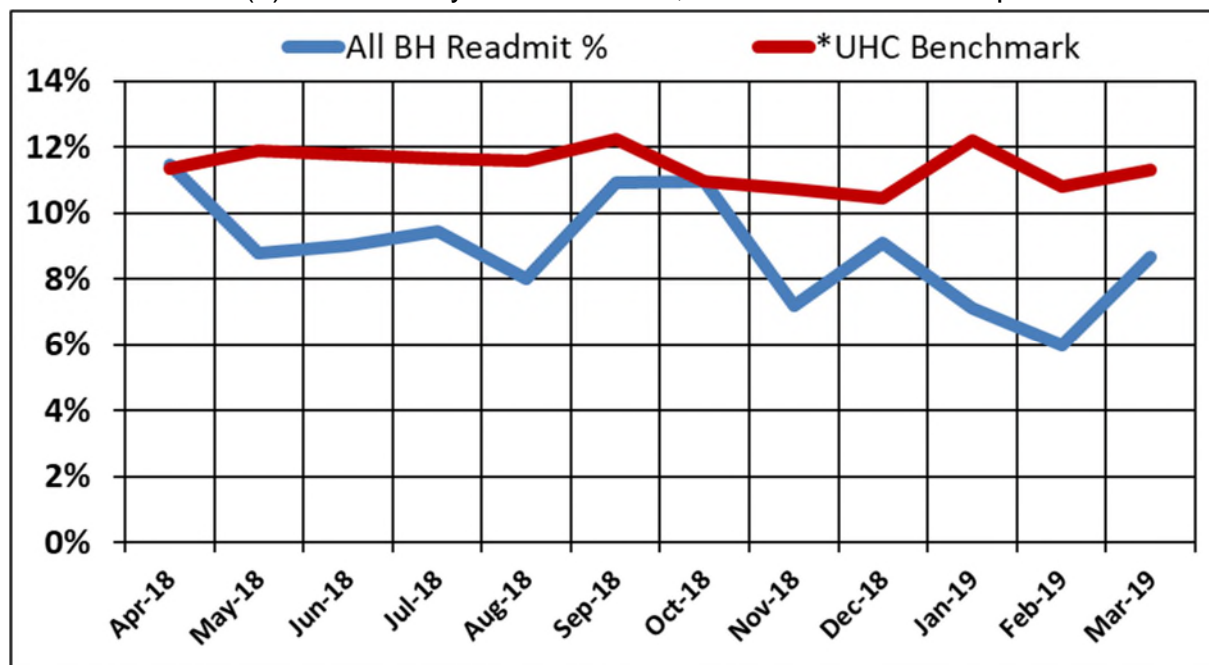


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-18	155	21	13.5%	11.4%
May-18	171	19	11.1%	12.3%
Jun-18	152	16	10.5%	11.8%
Jul-18	142	12	8.5%	11.6%
Aug-18	178	16	9.0%	11.8%
Sep-18	147	18	12.2%	12.1%
Oct-18	159	17	12.6%	11.1%
Nov-18	127	9	9.4%	10.8%
Dec-18	118	15	13.4%	11.1%
Jan-19	141	13	9.2%	12.3%
Feb-19	135	11	8.1%	11.0%
Mar-19	158	15	9.5%	11.4%

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

30 Day Readmission Rate – Both Adult and CPC Psychiatric Center

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

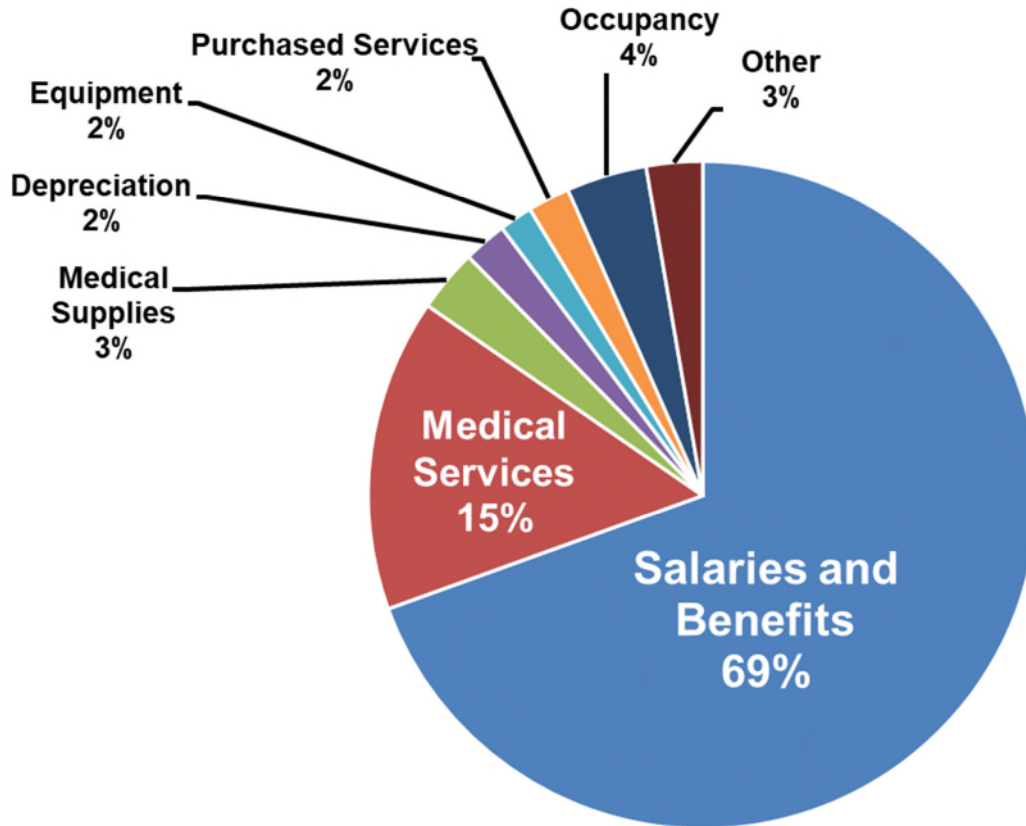


Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-18	227	26	11.5%	11.3%
May-18	250	22	8.8%	11.9%
Jun-18	211	19	9.0%	11.8%
Jul-18	201	19	9.5%	11.7%
Aug-18	237	19	8.0%	11.6%
Sep-18	220	24	10.9%	12.2%
Oct-18	238	22	11.0%	11.0%
Nov-18	222	13	7.2%	10.7%
Dec-18	198	17	9.1%	10.5%
Jan-19	238	22	7.1%	12.2%
Feb-19	222	13	6.0%	10.8%
Mar-19	198	17	8.7%	11.3%

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

Mill Levy Dollars Allocated to Behavioral Health

FY2019 BH Mill Levy Expense (Unaudited)

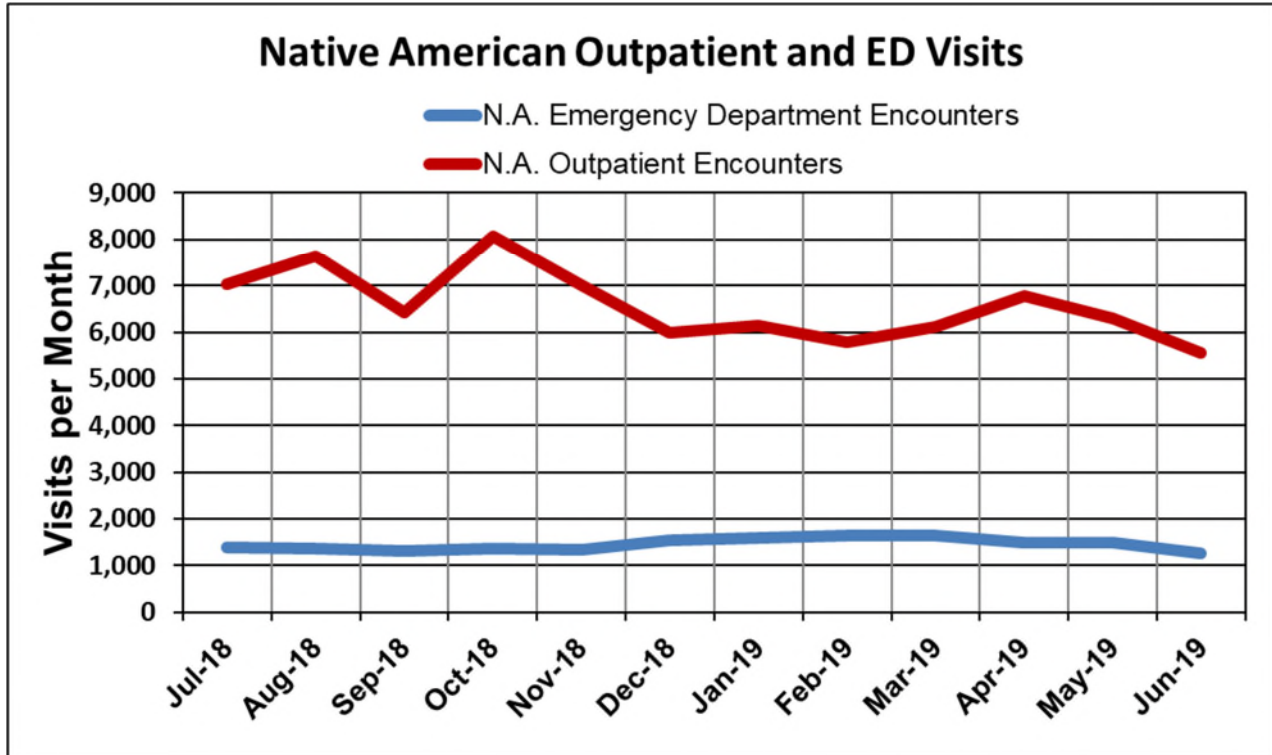


	Unaudited
Salaries and Benefits	\$ 11,016,658
Medical Services	2,400,497
Medical Supplies	481,451
Depreciation	332,448
Equipment	254,645
Purchased Services	322,576
Occupancy	616,657
Other	431,506
Total Expense	\$ 15,856,438

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

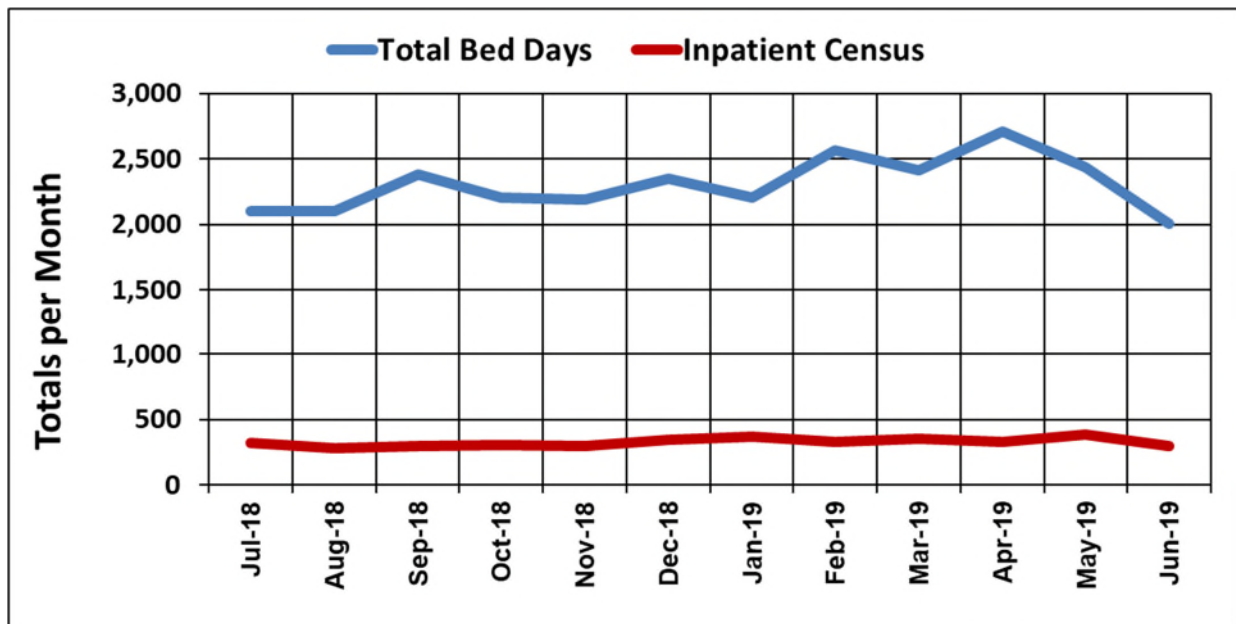
E. NATIVE AMERICAN SERVICES

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-18	93	1,405	7,024
Aug-18	67	1,370	7,643
Sep-18	67	1,325	6,416
Oct-18	58	1,372	8,080
Nov-18	43	1,335	6,995
Dec-18	38	1,538	6,001
Jan-19	44	1,591	6,152
Feb-19	42	1,655	5,784
Mar-19	31	1,653	6,106
Apr-19	28	1,487	6,770
May-19	28	1,501	6,302
Jun-19	23	1,265	5,565

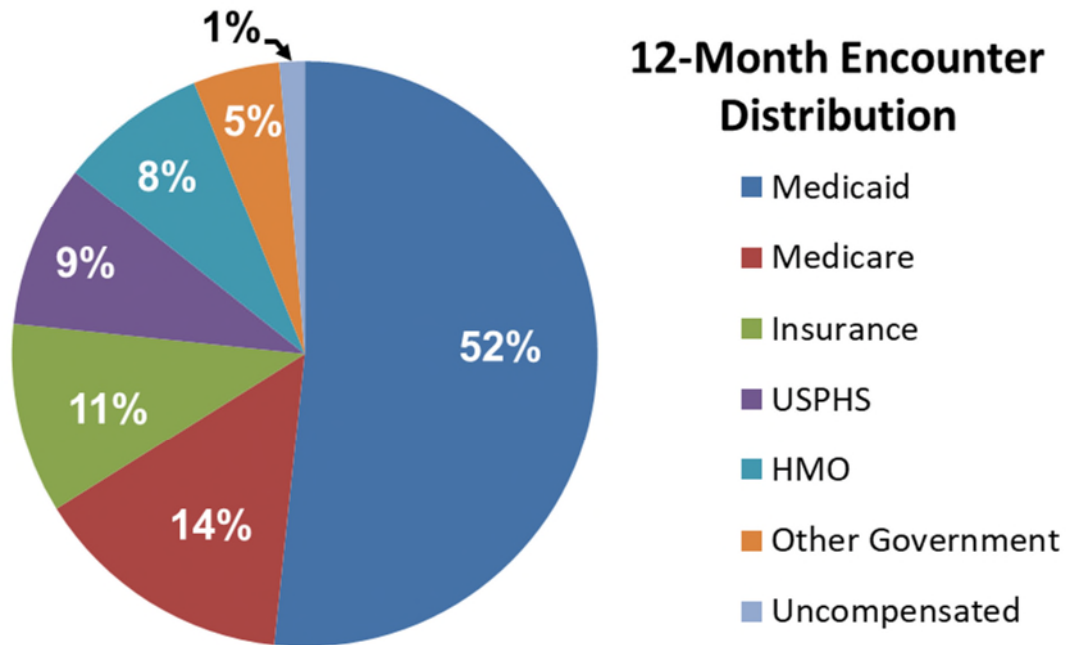
Native American Bed Days and Monthly Inpatient Census



Month	Inpatient Admissions (Census)	Total Bed Days
Jul-18	321	2,099
Aug-18	285	2,104
Sep-18	302	2,378
Oct-18	303	2,204
Nov-18	300	2,188
Dec-18	347	2,353
Jan-19	369	2,203
Feb-19	329	2,568
Mar-19	357	2,414
Apr-19	333	2,714
May-19	383	2,440
Jun-19	297	2,004

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.



FY2018	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Jul-18	4,547	1,227	1,031	855	671	411	117
Aug-18	4,871	1,378	986	862	685	509	105
Sep-18	4,241	1,131	837	701	661	437	115
Oct-18	4,932	1,554	1,022	823	752	466	110
Nov-18	4,569	1,209	895	740	717	372	130
Dec-18	4,169	1,145	806	721	627	360	114
Jan-19	4,991	1,365	979	855	783	433	117
Feb-19	4,645	1,319	916	799	777	376	129
Mar-19	5,429	1,458	1,158	949	896	466	157
Apr-19	4,322	1,224	918	799	708	420	127
May-19	4,175	1,129	815	738	686	427	138
Jun-19	3,543	1,068	737	660	636	356	112
TOTAL	54,434	15,207	11,100	9,502	8,599	5,033	1,471

APPENDIX A

MOU Exhibit A Progress Updates

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

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

Exhibit A – Reporting

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

Exhibit A - Accountability and Transparency

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

Exhibit A – Primary Care

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

Exhibit A – Financial Assistance

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

Exhibit A – Financial Services

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

Exhibit A – Native Americans

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

Exhibit A - Behavioral Health

Action Item	Implementation Status	
UNMH will work with the SOM to provide medical staff for the MDC Triage Center and will provide case management services for the RRC.	UNMH is staffing the RRC in conjunction with the pathways program.	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 September 30, 2019

UNM Lease MOU with Bernalillo County Exhibit C

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

Exhibit A Reporting Area - Reporting and Interaction

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

Exhibit A Reporting Area - Accountability and Transparency

Semi- Annual Focus Areas March 2019-September 2019	Status Update
B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.	UNMH produces the Bernalillo County Quarterly Report outlining patient safety, quality, operational and financial data with corresponding benchmark data where available. The report is provided to Bernalillo County and is publicly posted on the UNMH Internet site.
B.4 UNMH will provide financial information to the County Commission and IHS as to the expenditure of mill levy finding by UNMH Departments.	UNMH has provided draft methodologies on mill levy expenditures by department to Bernalillo County to review. UNMH provides Financial information in the Bernalillo County Quarterly Report and in annual audited financial statements.
B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.	UNMH currently published financial, quality and operational data on the UNMH intranet site including the Bernalillo County Quarterly Report, Audited Financial Statements, as well as other monthly financial and operational reporting.

Exhibit A Reporting Area - Primary Care

Semi- Annual Focus Areas March 2019-September 2019	Status Update
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	<p>UNMH is actively working around increasing access to primary care as well as specialty care services and is working with other community partners to expand access and to build capacity.</p> <p>UNMH offers financial assistance through the UNM Care and other programs to patients and provides enrollment assistance in Medicaid and the Health Exchange.</p>
C.7 UNMH shall provide increased funding to either the UNM School of Medicine or UNM Medical Group to recruit and retain specialist for a minimum of two medical specialties most needed by Native Americans.	<p>UNMH has been in consultation with IHS and the All Pueblo Council of Governors to prioritize specialty areas in need of expanded access and capacity.</p> <p>UNMH has improved access to Native American patients in some specialty areas over the last six months as measured by reduced times for appointments.</p>

Exhibit A Reporting Area - Native American Care

Semi- Annual Focus Areas March 2019-September 2019	Status Update
E1. UNMH in collaboration with the IHS, the All Pueblo Council of Governors and the county shall develop a written methodology acceptable to the parties on the 100 bed Native American patients' provision in the Federal Contract.	UNMH in conjunction with the All Pueblo Council of Governors and with review by IHS has developed an operational guideline for addressing access issues for Native American patients under the requirements of the Federal Contract.
E.4 UNMH will consult with the IHS to review compliance with Federal Contract and for the provision of additional services, the quality of care for Native Americans, and priorities for additional services.	UNMH has ongoing quarterly operational meetings with IHS to discuss compliance with the Federal Contract and operational issues affecting Native Americans. UNMH also participates in Semi-annual Consultations with IHS and the APGC.
E.5 UNMH will evaluate the opportunity to sustain and improve healthcare services available to Native Americans.	UNMH meets with the IHS quarterly to review utilization and access data for Native American patients and to discuss opportunities for improved performance . Native American healthcare will be specifically addressed as part of the Community Health Needs Assessment.

Exhibit A Reporting Area - Behavioral Health Services

Semi- Annual Focus Areas March 2019-September 2019	Status Update
F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.	UNMH is currently providing staffing for discharge planning activities for the MDC. This group focuses on identification of high needs patients with behavioral health issues. In addition, UNMH along with members of the Office of Community Health provide staffing to the Resource Re-entry Center operated by the County to connect returning patients to needed services including social service needs.
F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.	UNMH is currently working on expanded Behavioral Health programming within the UNMH infrastructure in the forms of health home implementation, Psychiatric Emergency Services, pediatric behavioral Health services and exploring other service line development. UNMH also is actively working with Bernalillo County on services to be developed on the MATS campus operated by the County.