UNM Hospital
MEMORANDUM OF UNDERSTANDING

The BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF BERNALILLO, a political subdivision of the State of New Mexico (the "County" or "Commissioners"), and the REGENTS OF THE UNIVERSITY OF NEW MEXICO, a state educational institution named in Article 11, Section 12 of the New Mexico Constitution (the "University" or the "Regents"), with the consent of the UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, INDIAN HEALTH SERVICE ("IHS"), a federal agency, agree:

I. RECITALS

A. On June 18, 1952 the United States, through the Commissioner of Indian Affairs,[1] the Board of County Commissioners of the County of Bernalillo through its Chair, and the Board of Trustees of the Bernalillo County Hospital through its Chair entered into a Contract, which is known as the "Federal Contract." The Federal Contract, as it has been amended in Amendments One, Two, and Three, is a contract in perpetuity and continues in force to the present day. The Federal Contract provides for the operation of a licensed hospital by the County on land that was conveyed to the County by the Bureau of Indian Affairs, and it provides that not less than 100 beds will be available when required for Native American[2] patients, provided that Pueblo Indians of New Mexico shall have first call on and priority to the use of said 100 beds so reserved for Indian use.

B. On January 24, 1978, the County and the University entered into the first Lease Agreement (the "1978 Lease Agreement"), which provided that the University would receive and treat Native American patients in accordance with the Federal Contract. The IHS provided its written consent to the 1978 Lease Agreement and to a First Supplemental Lease Agreement dated as of August 17, 1978 (but effective as of July 1, 1978), on June 29, 1978. The 1978 Lease Agreement, as amended by the First Supplemental Lease Agreement, was subsequently amended by a Second Supplemental Lease Agreement dated effective as of December 1, 1981, the Third Supplemental Lease Agreement dated effective as of January 1, 1985, and the Fourth Supplemental Lease Agreement dated December 20, 1988 (as amended, the "First Lease"). It is not apparent that the consent of IHS was received in respect of the Second, Third, or Fourth Supplemental Lease Agreements.

C. The County and the University entered into the Lease Agreement for Operation and Lease of County Healthcare Facilities with an effective date of July 1, 1999, pursuant to the

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[1] All functions, responsibilities, authorities, and duties of the Department of the Interior, the Bureau of Indian Affairs, Secretary of the Interior, and the Commissioner of Indian Affairs relating to the maintenance and operation of hospitals and health facilities for American Indians and Alaska Natives, and the conservation of the health of American Indians and Alaska Natives was transferred to the Indian Health Service effective July 1, 1959. 42 U.S.C. § 2001(a).

[2] The Federal Contract refers to "Indians," and defines an Indian as "a person qualified, as determined by the Secretary [of the Interior], to receive medical, surgical and hospital care and service through or from the Bureau of Indian Affairs, under the laws of the United State[s] and the regulations of the Secretary." For the purposes of this Memorandum of Understanding, the term "Native American" shall refer to the same population contemplated by and defined in the Federal Contract.

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Hospital Funding Act, Sections 4-48B-1 et seq, NMSA 1978 (the "1999 Lease Agreement"). The 1999 Lease Agreement superseded in its entirety the First Lease. In the 1999 Lease Agreement, the University assumed all of the County's obligations under the Federal Contract, save and except the obligation to impose the mill levy for the operation and maintenance of the Hospital and Mental Health Center. IHS consented to the Lease Agreement on October 18, 1999 (the "1999 Consent"). The 1999 Lease Agreement was amended by the First Amendment to Lease Agreement for Operations and Lease of County Healthcare Facilities dated November 18, 2004 (the "2004 Lease Amendment"), under which the University is operating the University of New Mexico Hospital (also known as the "University of New Mexico Hospital/Bernalillo County Medical Center" and hereinafter called the "Hospital"), and the University of New Mexico Mental Health Center (also known as the "Bernalillo County Mental Health Center--Mental Retardation Center" and hereinafter called the "Mental Health Center"). In this MOU (as defined below), the 1999 Lease Agreement, as amended by the 2004 Lease Amendment, shall be referred to as the "Lease Agreement". The IHS consented in writing to the 2004 Lease Amendment as set forth in the First Amendment to the Agreement Regarding Consent to Lease Agreement dated effective November 18, 2004 (the "2004 Consent").

D. This Memorandum of Understanding ("MOU") does not intend to modify any terms and conditions of the Lease Agreement and is only intended to set forth the understanding of the parties as to how certain of the parties' respective obligations under the Lease Agreement will be performed. In this connection, by execution of this MOU, the County and the University each acknowledges that the parties to the Lease Agreement have fully performed their respective obligations under Section IV.A. of the Lease Agreement in respect of the County's reopening of the terms and conditions of the Lease Agreement and that such reopening of such terms and conditions of the Lease Agreement are deemed completed.[3]

II. MUTUAL COVENANTS

A. The County took the steps necessary to place on the November 2016 general election ballot, a legally compliant ballot question that was a request for the voters of Bernalillo County to approve continuing a levy of a total of 6.4 mills for the operation and maintenance of the Hospital and Mental Health Center combined, as required under the Lease Agreement and under the Federal Contract (the "2016 Mill Levy"). The voters of Bernalillo County approved that mill levy on November 8, 2016. The University will devote the revenues of the Hospital Mill Levy and the Mental Health Center Mill Levy to the operations and maintenance, improvement and conduct of the Hospital and Mental Health Center.

B. The University agrees to the following:

1. The University will ensure that UNMH allocates at least 15% of the proceeds of the Mill Levy transferred by the County to the University to the operation and maintenance of the Mental Health Center and associated behavioral health and substance abuse treatment services that are offered by the Hospital and the Mental Health Center.

[3] For purposes of this MOU, the term Health Sciences Center clinical facilities shall not include clinical facilities owned and/or operated by either UNM Sandoval Regional Medical Center, Inc. or UNM Medical Group, Inc.

2. The University agrees that UNMH will continue to fund from its operational funds one or more navigational services programs and a transition planning and case management services program. The navigational services shall have the goal of expanding community-based outreach and navigation support in the health system through community-based programs. The transition planning and case management services programs will be directed at providing services to individuals being discharged from the Bernalillo County Metropolitan Detention Center. The expenditure for the services will be $2,060,000 annually, adjusted by consumer price index rate, for each year. An annual report of the number of Native Americans served by these programs will be included as part of the "Annual UNMH Report" to the Pueblos and Tribes.

3. The University will continue existing efforts and will collaborate with the County and IHS regarding the initiation of any new efforts addressing the services provided by the Hospital pursuant to the Lease Agreement, the Federal Contract, the 1999 Consent, and the 2004 Consent. Future evaluations and goal setting will focus on addressing the issues contained in Exhibit A attached hereto and incorporated in this Memorandum of Understanding. Exhibit B attached hereto and incorporated in this Memorandum of Understanding contains the contemplated data and reporting requirements for the obligations of the University set forth in this MOU and Exhibit A.

C. The University and the County each agree that they will continue to perform their respective obligations in accordance with the terms of the Lease Agreement and the Federal Contract.

III. MISCELLANEOUS

A. This MOU will continue in full force and effect for the duration of the eight-year Mill Levy term beginning after approval of the Mill Levy at the November 2016 general election, unless earlier terminated by written consent of the parties or as a result of the process set forth in paragraph III.C below. This MOU will terminate automatically upon termination of the Lease Agreement for any reason.

B. Modifications to this MOU will be effective only if in writing and signed by authorized representatives of the parties, and only if the IHS has provided its written and signed consent.

C. If at any time during the term of this MOU, the County and/or the University, as the case may be, concludes that the other party (the "Allegedly Non-Compliant Party") has failed to comply with terms of this MOU, that party (the "Complaining Party") shall give written notice to the Allegedly Non-Compliant Party as provided in the Lease Agreement (with a copy to the IHS) of such alleged noncompliance detailing the specific provisions of the MOU with which it is alleged that the Allegedly Non-Compliant Party has not complied. Within 30 days of receiving such notice, the Allegedly Non-Compliant Party will provide a written response to the Complaining Party's notice, providing a copy of such written response to the IHS. If the parties do not agree with the Complaining Party's assertion of non-compliance, then the parties shall enter into informal dispute resolution by designating senior executive leadership representatives

to meet and confer and to attempt to resolve the issue at hand and the Complaining Party shall provide notice to IHS of such informal dispute resolution. If the Allegedly Non-Compliant Party agrees with the Complaining Party's assertion of non-compliance, the Allegedly Non-Compliant Party will provide the Complaining Party (with a copy to the IHS) with a plan to address the alleged noncompliance and will work cooperatively with the Complaining Party in eliminating the alleged noncompliance. If the parties are unable to reach resolution regarding the Complaining Party's allegations of noncompliance, then the Complaining Party may pursue those legal remedies set forth in the Lease Agreement; provided that the Complaining Party shall provide notice to the IHS of its intent to pursue such legal remedies.

D. Any modifications to this MOU or any subsequent MOUs agreed to by the County and the University during the eight (8) year term beginning after the November 2016 general election will require the consent of the IHS.

BOARD OF COUNTY COMMISSIONERS

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APPROVED AS TO FORM:

Scot Sauder, Esq., Deputy University Counsel for
Health Sciences, Office of University Counsel

By its signature below, the INDIAN HEALTH SERVICE consents to this Memorandum of Understanding.

Leonard Thomas, MD — 3/16/18

Name and Title — Date

Leonard Thomas, MD
Area Director
Albuquerque Area IHS

EXHIBIT A TO MOU

This document is an exhibit to the Memorandum of Understanding ("MOU") between the Board of County Commissioners of Bernalillo County ("County") and the Regents of the University of New Mexico. In the MOU, the Regents of UNM agreed that the University would address the services provided by the UNM Hospital ("UNMH") and its Mental Health Center ("MHC") as outlined in this Exhibit A and future evaluations and goal setting will address, at a minimum, the issues contained in this Exhibit. Because the Regents intend that UNM's obligations will be fulfilled by UNMH and its MHC activities, this exhibit refers to UNMH.

A. REPORTING AND INTERACTION

A1. The UNMH Board of Trustees and/or management of UNMH will report on a quarterly basis to the Bernalillo County Commission. Exhibit B to the MOU provides a list of accountability measures that UNMH has agreed to provide to the County and to IHS during the first two years of the MOU. For the accountability measures contained in Exhibit B, UNMH will provide national or standard benchmarks for each category, to the extent any such national or standard benchmarks are reasonably available or have applicability to an academic health center such as UNMH. UNMH, the County, and IHS will collaborate to amend or add additional accountability measures, as deemed mutually appropriate, in future years.

A2. UNMH will establish mechanisms for the public to provide input on medical and behavioral health operations, planning, and development. The UNMH Board of Trustee's Quality and Safety Committee, Community Engagement Committee, and the UNMH Board of Trustee's Finance Committee (or such comparable committees as in the future may be established by the UNMH Board of Trustees) will include representation from the County and IHS, consistent with the Board of Trustee's committee structures as set forth in its Amended and Restated Bylaws.

A3. UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives between

the University of New Mexico Health Sciences Center (UNMHSC) and the County.

A4. UNMH will collaborate with Bernalillo County to enable the County to have a better understanding of UNMH's past performance on the items contained in this Exhibit A and to enable the County and the IHS to have input to and to comment on the semi-annual goals for the upcoming year for each subsection of this Exhibit A. It is anticipated by the parties that semi-annual goals will be included in a forthcoming Exhibit C to the MOU, which the parties anticipate being completed by March 31, 2018.

A5. UNMH will cooperate with the County's behavioral health initiative regarding the evaluation of behavioral health programs, subject to compliance with all applicable federal and state laws, rules, and regulations, relative to human subject research, HIPAA privacy and security, and specially protected individually identifiable health information.

A6. UNMH will establish procedures related to its budget development, which will allow meaningful input to the budget by the County and IHS. This process will include an opportunity for the County Commission and IHS to comment on any proposed budget prior to the budget getting finalized or approved by the UNMH Board of Trustees or any of its Committees, or the Regents.

B. ACCOUNTABILITY and TRANSPARENCY

B1. If, arising out of the County's review of the reports received in respect of the accountability measures covered in Exhibit B, the County identifies a need for improvement, UNMH will report to the County and IHS on its plan for that improvement with specific timelines in which it will occur.

B2. UNMH will report on national patient safety goals for the hospital with comparative benchmark information.

B3. UNMH will provide reports on its financial audits to the County Manager and the IHS and shall participate in meetings as reasonably requested and at mutually agreeable times to discuss the information.

B4. UNMH will provide financial information to the County Commission and IHS as to the expenditure of mill levy funding by UNMH Department to show how the proceeds of the mill levy are being spent, understanding that because the mill levy is for the expressed ballot purpose of the operations and maintenance of UNMH, those funds are deposited into the operating account of UNMH.

B5. UNMH will provide additional financial information as may be reasonably requested by the County Manager or IHS, including but not limited to annual expenditures of the proceeds of the mill levy (presented and calculated based on the percentage of the total annual amount of net revenue of UNMH), as well as of the expenditures and revenues of each UNMH department on a quarterly basis, or as otherwise agreed by both parties.

B6. UNMH will work with the County and the IHS to update and change the data requests and reporting as requested, on a frequency not greater than on a semi-annual basis.

B7. Subject to compliance with applicable federal and state laws relative to HIPAA privacy and security as well as specially protected health information, UNMH will publish the data required under this subsection B on its public web site.

B8. UNMH will collect all grievances regarding the patient payment policies and financial assistance program and, subject to UNMH's obligations relative to compliance with applicable federal and state laws under HIPAA privacy and security as well as specially protected health information, provide that information to the County and IHS on a quarterly basis.

C. PRIMARY CARE/LOW-INCOME CARE

C1. UNMH will assess its capability of maintaining its current primary care programs in light of the availability of resources and applicable federal and state laws, rules, and regulations, with the intent to attempt to increase its number of primary care facilities by one per year over the next four years. UNMH, through the UNMH Board of Trustees, will collaborate with the

County and IHS prior to making any changes to this maintenance and expansion schedule. The County may consult with the two individuals appointed by the County to the UNMH Board of Trustees as part of any changes to a maintenance and expansion schedule.

C2. UNMH currently intends to maintain or enhance its coordinated care delivery programs with other community-based providers. UNMH will inform the County and IHS prior to any material change to these programs. Subject to compliance with applicable federal and state laws, rules, and regulations as well as applicable Regent and University policies, UNMH also agrees to design and provide space for State of New Mexico Department of Health clinics to be co-located within a future and expanded UNMH facility, as well as to explore co-location opportunities at other UNMH clinic locations within Bernalillo County.

C3. UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.

C4. In an effort to decrease emergency room waiting times, UNMH will explore alternative care venues for the emergency room consistent with UNMH's compliance obligations in respect of EMTALA.

C5. UNMH will coordinate with the County to make available secured parking and a secured entry for patients from the Metropolitan Detention Center (MDC). UNMH will explore the development of a secured area for the delivery of medical services to patients from the MDC.

C6. UNMH will collaborate with UNM Medical Group, Inc. to evaluate the use of telemedicine consultation between MDC and the UNM HSC.

C7. UNMH shall provide increased funding to either the UNM School of Medicine or UNM Medical Group, Inc. to enable either the UNM School of Medicine or UNM Medical Group, Inc. to recruit and retain specialists for a minimum of two (2) medical specialties most needed by Native Americans. UNMH will, in consultation with the County and IHS, develop and implement a schedule for improving patients' access to these targeted specialty clinics by July 1, 2018. In subsequent years, UNMH, the County,

and the IHS will identify potential additional specialty clinics and UNMH will, subject to satisfaction of applicable state laws, rules, and regulations, develop a plan to increase the volume of patients seen each year in those clinics.

C8. UNMH will confer with the County, Albuquerque Public Schools, and any tribal schools in Bernalillo County on the feasibility and priority of addressing the need for increased evaluation and provision of children's medical and behavioral health needs through school based clinics or other mechanisms in each County Commission district. These services for children may be provided through UNMH, in conjunction with UNM Medical Group, Inc. or through an agreement with a to-be-determined service provider selected by UNMH.

D. FINANCIAL ASSISTANCE. Subject to the Regents' and the UNMH Board of Trustees' governance of UNMH:

D1. UNMH will maintain the existing financial assistance policy for Native Americans consistent with the requirements of the 2004 Consent. The terms of this financial assistance policy for Native Americans shall be made available to Native American patients in an understandable language and in a readily accessible manner. Any recommended changes will be discussed with the Indian Health Service prior to their effective date.

D2. UNMH will adopt patient payment policies and financial assistance program policies that are designed to improve access to health care services for County residents and Native Americans. These patient payment policies and financial assistance program policies shall comply with and be applied to the extent permitted by federal laws, rules, and regulations, and to the extent not preempted by applicable federal law, shall comply with state laws, rules, and regulations, applicable to governmental entities such as the University and UNMH. The policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and

all written material will be in language understandable to the general public. Any recommended changes will receive County input via the UNMH Board of Trustees prior to their effective date.

D3. UNMH's financial assistance program will, subject to the limitations described in Section D.2 above, offer financial assistance for medical care for low-income patients for medically necessary services at UNMH facilities. The County recognizes that, except for purchased and referred care coverage for Bernalillo County Native Americans, UNMH's financial assistance program is a payer of last resort for patients who have public or private insurance or related third-party coverage. Therefore, the County understands that UNMH may require patients to seek Medicaid (including EMSA) coverage prior to eligibility for financial assistance. UNMH will also encourage and assist applicants for financial assistance to apply for other health insurance available through employers, the Exchange, the State's High Risk Pool, Medicare Parts B and D, or any other coverage source if it is considered to be affordable for the patient. However, no patient will be denied medically necessary services while applying for other coverage. This application process is optional for Native Americans.

D4. UNMH will continue its financial assistance policies regarding access to medically necessary care. For all financial assistance-eligible low-income patients, UNMH will endeavor to provide that any fees, co-pays, or down payments for medically necessary care will be reasonably related to income. Native Americans are not subject to this requirement.

D5. UNM will establish patient payment policies (in terms of fees, co-pays, and/or down payments) for low-income patients who are not financial assistance-eligible that do not create a material barrier to such patients' access to medically necessary health care. Native Americans are not subject to this requirement.

D6. Patients whose income levels do not meet the requirements for free or reduced-cost medical care, but who are unable to pay their outstanding bills,

will be given the opportunity to establish a re-payment plan which is reasonably related to their income.

D7. UNMH shall make reasonable efforts to determine the financial status of all patients with outstanding bills, and to inform them of their rights to seek financial assistance or payment plans when requests for payment of outstanding bills have been made.

D8. Subject to UNMH's compliance with applicable Medicare provider reimbursement regulations and rules, UNMH will maintain and/or modify its billing services to provide that no patient who is determined to be indigent is sent to a collection service for payment for outstanding amounts owed to UNMH.

D9. Subject to compliance with any state and/or federal laws, regulations, and rules, UNMH will work with other component entities within the UNM Health System to identify ways of using computer technology to combine all of the billing, payment, and financial assistance records for each patient into one billing account, understanding that nothing in this paragraph obligates UNMH nor any of the other component entities within the UNM Health System to expend funds to purchase or acquire any computer technology at this time.

D10. 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 being released from incarceration.

D11. UNMH will assist the County in coordinating care for individuals released from incarceration, including provision of case management services and access to primary health care and behavioral health care. UNMH will provide reports on the financial and operational status of the provision of those services as well as those provided by the currently existing Fast Track Program to the County and IHS.

E. NATIVE AMERICAN CARE

E1. UNMH, in collaboration with 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 and a written methodology on the priority and first call of those beds for Pueblo Indians of New Mexico provision in the Federal Contract.

E2. UNMH will provide for the delivery of medical and behavioral healthcare to Native Americans in a manner consistent with the Lease Agreement, the Federal Contract, the 1999 Consent, and the 2004 Consent.

E3. UNMH will evaluate and improve Native American access to specialty clinics in accordance with the University's responsibilities under the Federal Contract, the Lease Agreements, the 1999 Consent, and the 2004 Consent.

E4. UNMH will consult with the IHS to review compliance with the Federal Contract and for the provision of additional services, the quality of care for Native American Patients, and Native American priorities for additional services.

E5. UNMH will evaluate the opportunity to sustain and improve healthcare services available to Native Americans in the primary care facilities and the specialty clinics operated by UNMH. This evaluation will be presented to the IHS and the County.

E6. UNMH will establish written procedures for the identification of Native Americans and will ensure that Native American patients receive any financial assistance to which they are entitled and eligible. No Native American patient who has qualified as eligible for financial assistance will have their medical and behavioral health care bills sent to collections. Those procedures will also apply to Native American patients who have not established care with IHS.

F. BEHAVIORAL MENTAL HEALTH AND SUBSTANCE ABUSE CARE

F1. UNMH will work with the UNM School of Medicine to coordinate with the County to provide medical staff for a MDC triage center for individuals brought by law enforcement to the center. Additionally, UNMH will provide

case management services to the County's Resource Re-entry Center for individuals being released from MDC as described and contemplated in the MOU.

F2. UNMH will evaluate the opportunity to expand behavioral and mental health care and substance abuse care services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to the inclusion of IHS in this process.

F3. UNMH shall engage with the County and IHS in the programming and design of future space for UNMH behavioral health crisis triage stabilization center and UNMH behavioral health services.

F4. UNMH plans to continue to provide primary care clinics with behavioral and mental health care services and to provide peer support programs for Behavioral Health. Any changes to the current programs will be discussed with IHS and the County through the UNMH Board of Trustees prior to the changes taking effect.

F5. UNMH will evaluate the ability to provide individually identifiable patient health information to first responders consistent with applicable federal and state laws, rules, and regulations governing the privacy of individually identifiable health information.

F6. UNMH will work with UNM Medical Group, Inc. and the UNM School of Medicine to evaluate the viability of expanding the school based clinics to include behavioral health services.

F7. UNMH will evaluate the possible provision or expansion of the following: Hotline referral system for Albuquerque Public Schools; pre-natal and early childhood home visiting program; respite program for patients with psychiatric conditions; Partial Hospitalization program; substance abuse program; inpatient substance abuse detoxification and treatment program; Intensive Care Management Program for psychiatric patients; UNM Psychiatric Center services; an assessment and referral discharge planning program; case management services programs; Assertive Community Treatment or Forensic Assertive Community Treatment team; Fast Track

program; Care One program; a 24 hour a day, seven day a week assessment and respite program for released inmates; a rehabilitation treatment program for traumatic brain injury patients; and, pain program. Each evaluation will be done in collaboration with the County and IHS and UNMH will provide a written report summarizing the results of its completed evaluation.

F8. UNMH will evaluate a data sharing program between UNMH, the County, and IHS for analyzing outcomes of patient care provided to county residents and to identify opportunities for service improvement, consistent with the requirements and implementation standards of applicable federal and state laws, rules, and regulations governing human subject research and the privacy of individually identifiable health information.

F9. UNMH will evaluate development of a system to track utilization and outcomes for high utilizing users of health care service by Bernalillo County residents.

Exhibit B

Year One Measures
A. Accountability
1. Average Length of Stay for Inpatient Admissions
2. 30 Day Readmission Rate
3. Average time for Appointment Primary Care **(Third Available)**
4. Average time for Appointment Specialty Care **(Third Available)**
5. Pres Ganey Inpatient Satisfaction Score with Benchmark
6. Number of Emergency Department Visits
7. Number of Self Pay Patients Bernalillo County
8. Number of Medicaid Patients Bernalillo County
9. UNMH Income Statement to budget for FYTD
10. Quarterly Statement of Net Assets
11. Bernalillo County Patient Encounters by funding source
12. Financial Assistance to patients by county
13. Emergency Department patients Left without being seen
14. Emergency Department time from arrival to disposition
15. Number of indigent Bernalillo County residents by zip code (By Patient Count)
16. Primary service provided to Bernalillo County residents by service type
17. Primary reasons for Bernalillo County indigent care visits
18. Revenues by Payer Source
19. Monthly total MDC inmates receiving inpatient services
20. Law Enforcement drop offs at Psychiatric Emergency Services
B. Quality Primary Care System
1. Total Number of Outpatient Clinic Visits
2. Percentage of Primary Care Patients that have same day clinic appointment
3. Pres Ganey Ambulatory Patient Satisfaction Score
4. Number of full time primary care providers (MDs and/or Nurse Practitioners) in each new primary care site and number of appointments available and percentage of no shows
5. Number of full time behavioral health providers per clinic and number of appointments and number of no shows.
6. Number of evening and weekend clinics (to deflect visits to the ED)
C. Indigent Care
1. Number of Patients on UNM Care
2. Number of Patients sent to Collections
3. Number of Medicaid Applications Completed
4. Charity Care encounters for Bernalillo County Patients
D. Behavioral Health
1. Number of Psychiatric Emergency Department encounters

2. Number of urgent care encounters
3. Number of Opioid Patients
4. Number of Methadone Encounters
5. Number of Suboxone Encounters
6. Number of Fast Track Patients Seen
7. 30 day Readmission Rate
8. Number of inpatients referred to non-UNMH sites because UNMH could not meet this demand.
E. Native American Services
1. Number of Native American Inpatient Days
2. Number of Native Americans on UNM Care
3. Average Native American Census
4. Native American IHS encounters
Year Two and Ongoing Measures (In addition to year one measures)
A. Accountability
1. Methicillin-resistant Staphylococcus Aureus (MRSA) Bloodsteam Standardized Infection Rate
2. Total Number of Inpatient Days
3. Licensed Registered Nursing FTE
4. Registered Nursing Retention Rate
5. Monthly total MDC inmates provided outpatient services at UNMH
6. Registered Nurse Hours of Care
7. Emergency Medical Services to Aliens encounters Bernalillo County
8. Medicare encounters Bernalillo County
9. Uninsured encounters Bernalillo County
10. HMO and Insurance encounters Bernalillo County
11. Catheter Associated Urinary Tract Infections per 1000 catheter days
12. Central Line Associated Bloodstream Infections per 1000 catheter days
13. HCAPS Satisfaction - communication with Nurses
14. HCAPS Satisfaction - communication with Doctors
B. Quality Primary Care System
1. Percentage of appointment arrivals
2. Percentage of appointment no-shows
3. Percentage abandon phone calls for primary care
4. Percentage of patients with access to medical record
5. National Patient Safety Goal Medication Reconciliation Primary Care
6. National Patient Safety Goal Medication Reconciliation Specialty Care
7. Diabetes Management Indicators for HgbA1C and LDL <100
C. Indigent Care
1. Total Number of Patients on Self Pay Discount Program
2. Total Financial Assistance – Uninsured

3. Total Uncompensated Care
4. Days out for scheduling a financial assistance appointment
5. Number of new payment plans
D. Behavioral Health
1. Average Appointment time for outpatients services
2. Average Length of stay for inpatient admissions
3. Pres Ganey Inpatient Satisfaction Score
4. Pres Ganey Outpatient Satisfaction Score
5. Number of patients in COPE Medical home for High Needs Patients
6. Mill Levy Dollars allocated to Behavioral Health
7. Number of adult inpatient days
8. Number of child/adolescent inpatient days
10. Total number of unduplicated inpatient patients served and total number of inpatient encounters in a calendar year.
11. Total number of unduplicated outpatients served and total number of outpatient encounters in a calendar year.
12. UNMH will work with Bernalillo County to identify and produce aggregate data sets (without violation of applicable privacy and disclosure laws) with information relevant to the County's need to achieve a Return on Investment (ROI) for behavioral health services provided to priority populations.
E. Native American Services
1. 3rd available appointment for specialty care services
2. Number of Native American Outpatient encounters
3. Native American Medicaid encounters
4. Native American Commercial Insurance encounters
5. Native American Uncompensated Care encounters