Institute for Public Health
University of New Mexico School of Medicine

NEW MEXICO DEPARTMENT OF HEALTH

UNM HEALTH SCIENCES CENTER

2008

UNM Hospitals:

A Community Perspective on Access and Spending January - December, 2008

October 12, 2010

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INTRODUCTION

Access to quality health care is a key component of a healthy community. Inadequate access and disparities in access constitute a national crisis that compromises our ability to meet local needs and assure health equity among our diverse communities. In New Mexico, income inequality, primary care provider shortages and complex insurance enrollment schemes cause serious gaps in health care access. The lack of adequate national solutions to fund and deliver health care services forces local health systems to ration that care through *multi-payer financing* patterns that are described in this report. This burdens our most vulnerable people and systems, including our public safety-net providers like the University of New Mexico Hospital (UNMH). How we address or ignore those gaps reflects our civic values and public accountability to each other's well being.

While gaps in health access, equity and funding are not unique to our state, parts of the history and current functioning of our state's largest public hospital system, UNMH, are. Bernalillo County's public hospital is also the state's flagship research center and it's only level 1 trauma center. Located in the most populous part of NM, it is a major provider of primary and specialty care to county residents. In addition, UNMH was once the area Indian Hospital, originating with the transfer of property from Native American authorities to the county in 1952 (and subsequently leased to the university). This historical transaction carries obligations for providing healthcare to Native Americans that remain intact today.

History of this Community Access & Spending Report

In July of 2005, Governor Bill Richardson called on the University of New Mexico Board Of Regents to convene a UNM Health Sciences Center (HSC) Summit to discuss the issue of uncompensated care at UNMH, including the related financial reporting. The Summit recognized UNM HSC's obligation to Bernalillo County residents and to Native Americans, and committed to the principle, *"Healthcare is a basic human right."* Recommendations from the Summit centered on improving accountability to the public in the areas of enrollment, service provision, and the financing of programs for county residents who are low-income or uninsured, or those with limited English proficiency and other problems.

The UNM HSC Summit also resulted in the formation of two entities to support the Executive Vice President of the Health Sciences Center, Dr. Paul Roth, in implementing the recommendations of the Summit and to build strong community relationships, the Office of Community Affairs (OCA) and the HSC Community Advisory Council (CAC). In collaboration with HSC Institute of Public Health and New Mexico Department of Health Office of Community Assessment, the OCA and CAC established a working relationship with UNMH for data exchange and analysis of patient service utilization and payment. In November 2007 the first report of this kind, "UNM Health Care Services: A Community Perspective on Access and Spending, January - June, 2007" was released. A subsequent full-year report for 2007 was prepared after gathering public input to improve content and format for the report.

The operational definition of "uncompensated care" is a major impetus for this report. Bernalillo County's tax-supported charity care program at UNMH, called UNM Care, as well as care provided to persons with no payer source, or "self-pay", are included under the umbrella term of "uncompensated care. How uncompensated care reporting is attached to actual financing and service delivery for our county's most vulnerable citizens is progressively explored from a community-centered perspective. Maps, graphs, and clear, brief descriptions of the report findings are presented so that advocates and concerned citizens can easily utilize the report to recognize success or identify challenges.

EXECUTIVE SUMMARY

Year 2009 Brings Changes

A transition at the UNM Hospital Board of Trustees occurred after members went through a strategic planning process that, among other things, strengthened an emphasis on community relations and the public mission of the hospital. In the fall of 2009, as part of this transition UNM Board of Regents granted the UNMH Board of Trustees greater influence to review and change hospital policies, including those that affect low income and vulnerable consumers of hospital services. Dr. Paul Roth then made the decision to dissolve the HSC Community Advisory Council and channel public participation in policy discussion and recommendations directly to UNMH through the Board of Trustees and, primarily, its Community Benefits Oversight Committee. This report has been prepared and presented to the Board of Trustees Community Benefits Oversight Committee with no prior review or input from community advisors. In the future, OCA will explore options with UNMH and Dr. Paul Roth to reinstate the community review role in developing this report.

At the national level, the passage of the Patient Protection and Affordable Care Act in March 2010 highlights the relevance of this report and continued efforts to understand how uninsured and vulnerable populations access care at UNMH, and how uncompensated care is incurred. Over the next four years, and beyond, the progressive steps toward providing access to healthcare coverage, in fact, the mandate for coverage, will greatly transform the landscape. Our report can serve to inform leaders in UNMH and HSC, and in our community, on how our hospital can adapt policies, implement programs, and apply resources to ensure cost effective and timely response to health reform requirements for the benefit of our community.

What This Report Includes

This report examines UNMH inpatient and outpatient health care services for calendar year 2008. The analysis, approach and format in the present report mirrors that of the 2007 report, and includes special sections on Native American services (prepared with the assistance of the Bernalillo County Off-Reservation Native American Health Commission) and behavioral health services (with the assistance of the Bernalillo County Behavioral Health Local Collaborative.)

Two sections that appeared in the 2007 report are omitted in the 2008 report: data on UNM contract services with First Choice Community Health, and the value of services rendered by the UNM Medical Group. One new section is featured in this 2008 report that focuses on the Self-Pay consumers of UNM Hospital services. Examining the Self-Pay population up close may help us understand who is paying out-of pocket, how the care they receive might differ, and what other characteristics are unique to this population. Such information will be of value as New Mexico moves forward towards healthcare reform.

Beginning with the 2009 "UNM Hospitals: A Community Perspective on Access and Spending", data for three or more years will be combined to reveal trends toward progress and to highlight ongoing issues. The analysts and authors have strived to provide our communities with an objective and descriptive report, with the hope that the readers will explore the data in group forums to reach their own questions and conclusions. Special reports, as requested by community groups, will also be produced on a regular basis.

Public review of this report is encouraged.
To request a presentation, an interactive community forum, or more in-depth analysis, contact the Office of Community Affairs.

NOTABLE FINDINGS:

1. Minority patients and behavioral health consumers were more frequently changed from one major insurance coverage category (see pp 12, 23).

- Movement among payer source is higher for African Americans, Hispanics and Native Americans (17 – 18%) than Whites (14%). For these patients with Medicare, State Coverage Initiative (SCI), Self Pay, and UNM Care, their payer source changed **multiple times** during the year.
- Behavioral health consumers were **twice as likely** to change their payer source during the year.

2. More patients come from the southern part of Bernalillo County (p 14**).**

- Nearly 37% of all Bernalillo County patients live in just three neighborhoods: Southwest Mesa (zip code 87121), South Valley (87105) and Southeast Heights (87108). This represents 25% of the total population in those neighborhoods.

3. Coverage by UNMCare is inconsistent among vulnerable populations (pp 21, 28).

- In the 87121 zip code, UNMCare provides access to care for 37% of the low income adult population.
- Next highest coverage of the low income adult population by UNMCare is in 87114 (36%); followed by 87113, 87120 (both at 31%) and 87110 at 29%.
- In contrast, 87108 and 87102 have lower rates of UNMCare coverage: 21 – 22% of low income adults.

4. Emergency room use is highest for South Bernalillo County residents and for Native Americans. (pp 20, 26):

- Patients who reside in the central and southwest areas of Albuquerque have higher proportions of emergency room use.
- Native American patients get more of their care in the Emergency Room than do others, and this rate increased from 2007 to 2008 (from 17.4% to 19.6 %.)

5. Almost 25,000 patients had no source of health insurance (p 11).

- Hispanics and African Americans are disproportionately represented among the Self Pay population.
- Native Americans living in Bernalillo County are nearly twice as likely to Self Pay when compared to Native Americans living outside the county.
- Less than 19% of Self Pay visits (7,594 visits) were made by patients who had qualified for the UNMH Self Pay Discount Program, which provides a 45% discount on full charges for those services.

6. Children who have no consistent payer source may not receive the same care as insured children (p 31).

- Over 4,000 children had one or more visits that were registered as Self Pay. Of those, 62% (2,487) children were uninsured all year, meaning that their visits to UNMH services were never covered by a third party payer . The remainder, (1,530 children) were uninsured part of the year.
- 67% of these children fall in the age group of 6 to 12 years.
- Children who had at least one self pay visit during the year were:
  - 50% more likely to be hospitalized
  - Twice as likely to visit the Emergency Room
  - Half as likely to visit UNMH for outpatient specialty care than other children
- These children may have received care outside the UNMH system.

NOTABLE FINDINGS: COMPARISONS BETWEEN THE 2007 AND THE 2008 REPORTS.

- The number of emergency room visits increased by 8.8% (from 51,774 in 2007 to 56,323 in 2008) (p25).
- The average charge for an outpatient visit increased by 15.5% (from $472 in 2007 to $545 in 2008) (p 25).
- The average charge for an inpatient stay increased by 21% (from $17,000 in 2007 to $20,592 in 2008) (p 25).
- The average charge for an emergency room visit increased by 23.5% (from $970 in 2007 to $1198 in 2008) (p 25).
- The number of patients whose services were paid for by county indigent funds increased more than 6-fold (from 173 to 1203) (p 25). The number of Native American patients whose services were paid for by county indigent funds increased from 2 patients in 2007 to 121 patients in 2008 (p 26).
- Bernalillo County Patients whose services were paid for by Other Government payers declined by 25% (from 8473 in 2007 to 6338 in 2008) .
- Bernalillo County Patients whose services were paid for by the Behavioral Health Collaborative increased by 74% (from 2617 in 2007 to 4553 in 2008) (p 23).
- UNMCare covered a lesser proportion of all behavior health outpatient charges (17% in 2007 compared to 10.8% in 2008) (p 23).
- African American patients from Bernalillo County increased by 14% (from 3509 in 2007 to 4012 in 2008) (p 18).

GLOSSARY AND TECHNICAL NOTES

Payer Sources - The database contains information regarding the payer source for each patient visit, but no information regarding the patient's income or insurance status. UNMH patients used over 85 distinct payer sources which the report aggregates into 10 payer groups: Private Insurers, Self Pay, Medicare, Medicaid, Value Options, State Coverage Initiative, UNMCare, County Indigent Funds, IHS/PHS, and Other Government Payers. These ten groups are used throughout this report to compare patient services and neighborhoods, and an appendix is included that details how these categories were assembled based on the extensive list of payer sources.

Bad Debt – UNM categorizes charges for visits by several financial classes, five of which are defined by this report as "bad debt:" EQUIFAX EBO, INPATIENT BAD DEBT, LITIGATION/LEINS, MEDICARE BAD DEBT, OUTPATIENT BAD DEBT. (Note: The accounts of patients who fail to make arrangements for payment are automatically sent to Equifax EBO, Extended Business Office. See UNMH Financial Services Policy: "Self-Pay Collection.")

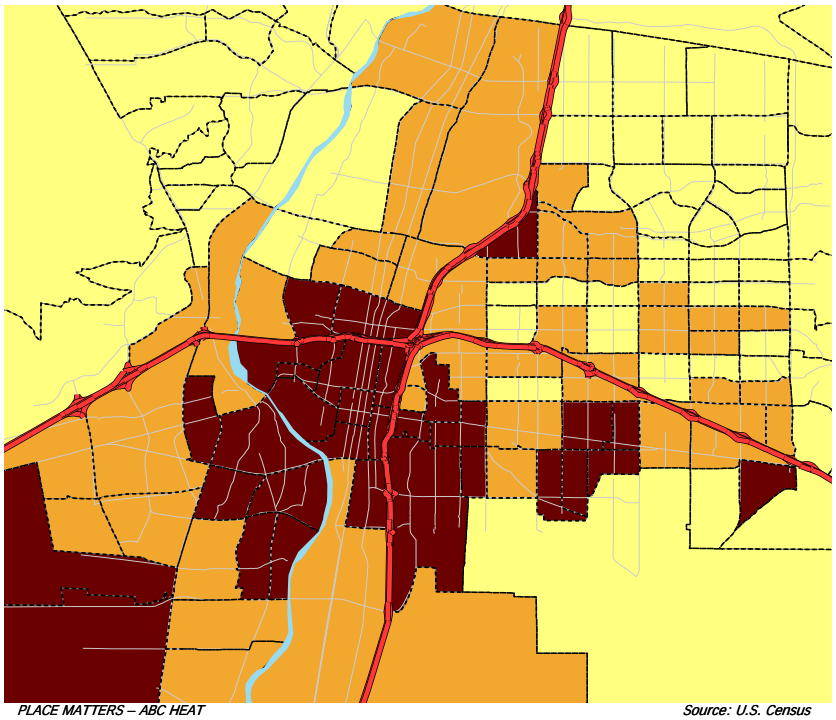
Behavioral Health Care Visits - In the section on behavioral health services, visits are defined as visits for mental disorder diagnoses by patients of any payer source, or visits for any diagnosis for those clients enrolled in the Value Options program.

UNM Hospitals (UNMH) – Includes all inpatient and outpatient services managed by the University of New Mexico Hospital which includes the following: UNM Hospital; UNM Children's Hospital; UNM Children's Psychiatric Center; UNM Psychiatric Center; UNM Carrie Tingley Hospital; and all affiliated clinics. Services are often referred to in the report as UNM health services.

Zip Code Rates – In the calculation of rates of utilization for distinct codes, this report has used denominators for 2007 developed by GeoLytics, Inc.

Summation by Categories – When the number of visits or patients is reported by categories (such as age group, zip code or payer group) the totals may appear to be greater than the grand totals cited elsewhere. This is due to the fact that many patients changed their status within a category during the 12-month period during which data was collected.

WHERE DO PEOPLE IN EXTREME POVERTY LIVE?



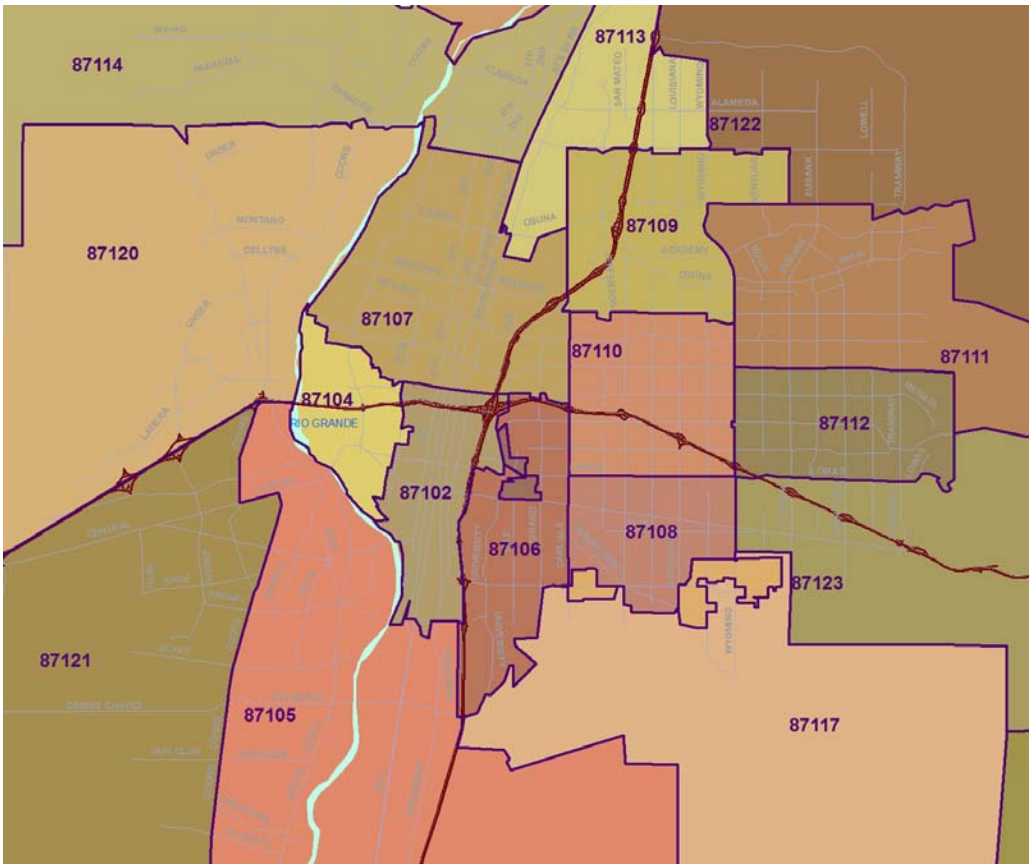
"Social determinants of health are life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education, and health care, whose distribution across populations effectively determines length and quality of life."

- US Centers for Disease Control

New Mexico Public Health Association - Social Determinants of Health

http://www.nmpha.org/Default.aspx?pageId=491264

Zip Code Map of Bernalillo County



(Not shown: 87047 and 87059, East Mountain area)

WHO PAYS THE BILLS? – PAYER CATEGORIES

A challenge to accurately tracking health care spending, patient services and outcomes is the fact that the UNM Hospitals is a *multi-payer* system. The database contains information regarding these multiple payer sources and the amount charged for each patient visit. In 2008, UNM patients used over 85 distinct payer sources and 186 different payment plans, each with its own set of access rules, deductibles, co-pays, coverage inclusions or exclusions, administrative procedures, and eligibility limits.

This report aggregates these diverse payers into 10 payer groups: Private Insurers, Self Pay, Medicare, Medicaid, Behavioral Health Collective, State Coverage Initiative, UNMCare, County Indigent Funds, IHS/PHS, and Other Government Payers. Note that all the sources depend upon public (taxpayer) funds, except for the categories of Private Insurer and Self Pay.

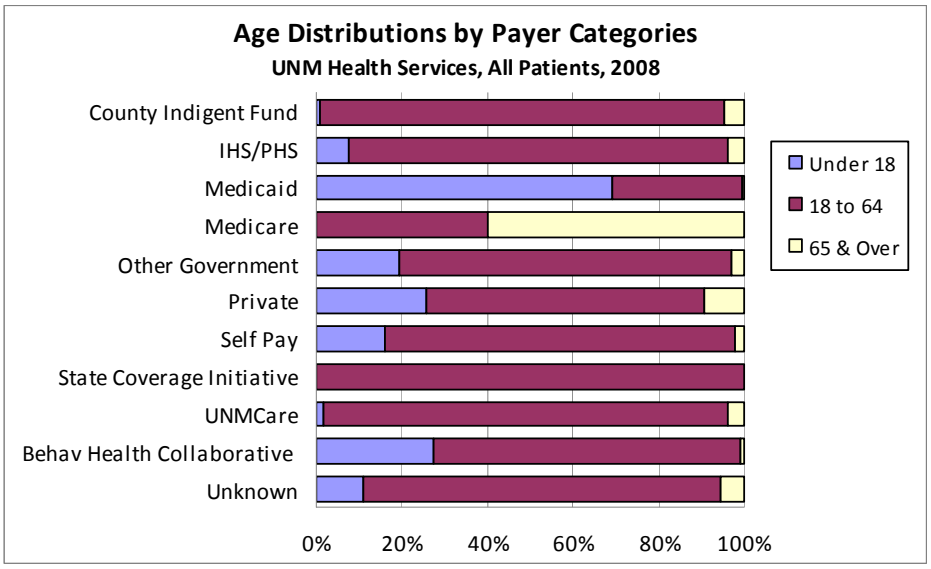
Categorization of Payer Sources

UNM Health Services, Statewide, 2008

Payer Group	Patients #	Patients %	Payer Source Definition
County Indigent Fund	2579	*1.39%*	NM County Governments
IHS/PHS	3464	*1.86%*	Indian Health Service or Public Health Service
Medicaid	42198	*22.71%*	NM SALUD Programs, other state Medicaid Programs, Emergency Medical Services for Aliens
Medicare	16168	*8.70%*	Federal Medicare parts A & B
Other Government	8202	*4.41%*	Includes NM corrections authorities, Champus,VA, Maternal and Infant funds, and special research funds
Private	48327	*26.01%*	All commercial and private health insurance plans
Self Pay	24700	*13.30%*	No payer source other than the individual, without distinction among discount programs
State Coverage Initiative	9939	*5.35%*	SCI plans managed by Molina, Lovelace, Presbyterian, BCBS and UNM
UNMCare	18871	*10.16%*	Special program for low-income adult residents of Bernalillo County
Behav Health Collaborative	5091	*2.74%*	NM Behavioral Health Plan for low-income (Medicaid)
Unknown	6241	*3.36%*	Unknown payer source

Private insurance companies cover just over 26% of all patients seen in 2008. Self-pay patients make up 13.3% of patients. The remaining payer categories (such as Medicaid, UNMCare and Medicare) are primarily funded by federal, state and local public revenue: together they cover 57% of all patients and account for over 63% of all clinical charges. One major source of that public revenue is the Bernalillo County mil levy on property taxes, which provides over $87 million to UNMH each year for operations and maintenance. Payer source information was unavailable for 3.4% of patients.

WHO PAYS THE BILLS? – PAYER CATEGORIES



69% of Medicaid patients are children and 60% of Medicare patients are seniors.

In contrast, primarily adults under 65 are covered by special programs such as the State Coverage Initiative, UNMCare and County Indigent Funds.

Nearly 1 out of 7 patients was moved from one payer category to another during the year.

How Often Does Coverage Change?

UNM Health Services, Bernalillo County, 2008

Race / Ethnicity	Patients	Patients Whose Payer Group Changed	
		#	%
Hispanic	54,994	9,623	*17.5%*
African American	3,415	627	*18.4%*
Asian	5,746	955	*16.6%*
Native American	5,449	939	*17.2%*
White	34,971	4,936	*14.1%*
Other	23,286	2,617	*11.2%*
ALL	**117,647**	**17,815**	***15.1%***

The percentage moved from one major payer category to another tended to be higher among Hispanic, African American, Asian, and Native American patients and lower among White and Other patients.

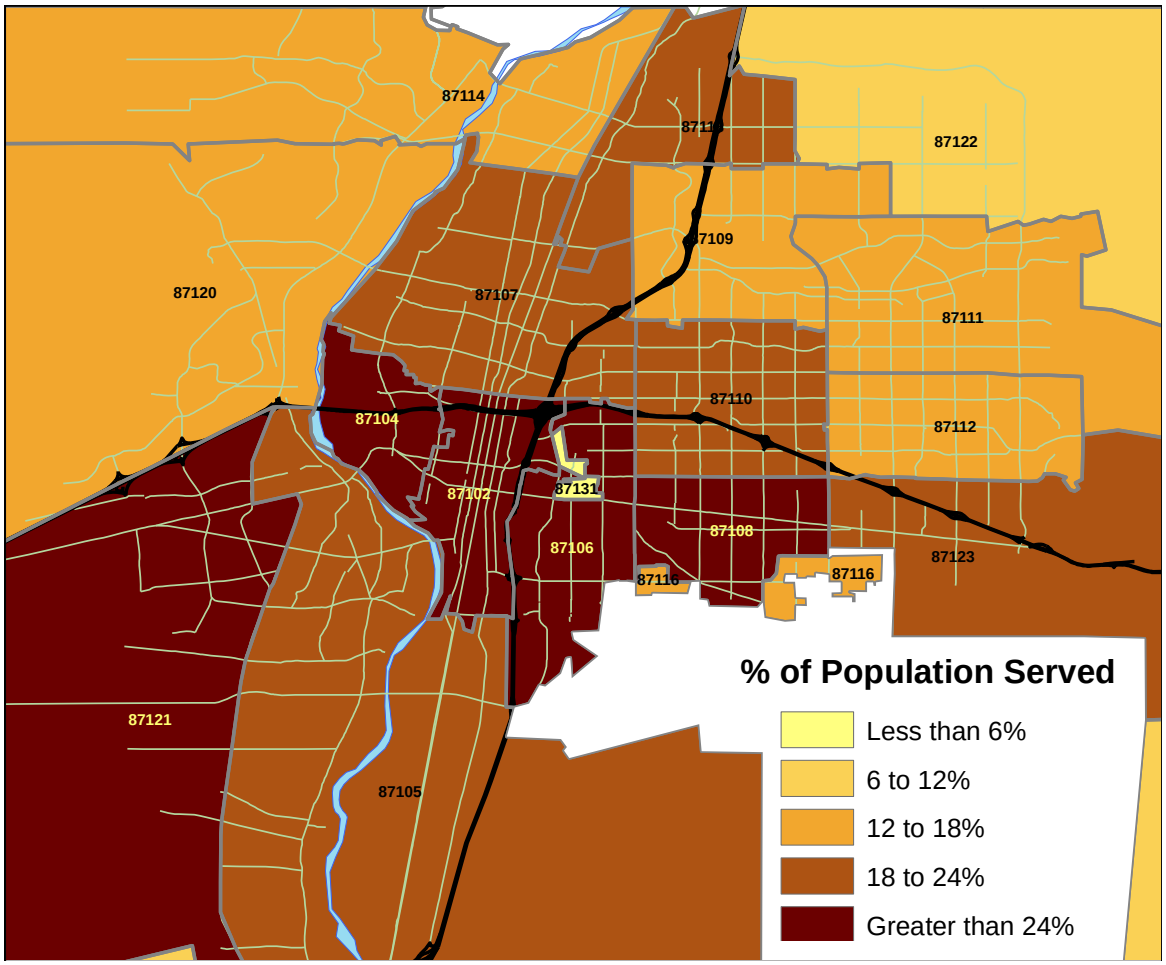
Medicare, State Coverage Initiative, Self Pay, and UNMCare were the least stable. Patients in these categories were more likely to have their payer source changed multiple times during the year. Clients of behavioral health services (and the small proportion with unknown payer sources) were twice as likely to change their payer source during the year (see Behavioral Health Services section).

Only 24% of UNM patients in Bernalillo County are covered by private insurance programs of the type employers' offer. In contrast, 65% of the general population of Bernalillo County has private health insurance.

WHERE DO PATIENTS COME FROM? – PATIENTS AND VISITS

In 2008, UNM HSC hospitals and outpatient clinics served an estimated 8% of the population of the State of New Mexico and 18% of the population of Bernalillo County, for a total of over 160,000 New Mexico residents served. The number of visits to UNM HSC services exceeded 668,000 for the year, of which 530,000 (79%) were made by Bernalillo County residents.

Percent of Population Served, Bernalillo County Zip Codes, 2008



People living in lower income neighborhoods were more likely to utilize UNM HSC services.

The proportion of the population served ranged from 4% to 35% depending on the neighborhood.

WHERE DO PATIENTS COME FROM? – PATIENTS AND VISITS

Patients & Visits, Bernalillo County Zip Codes
UNM Health Sciences, 2008

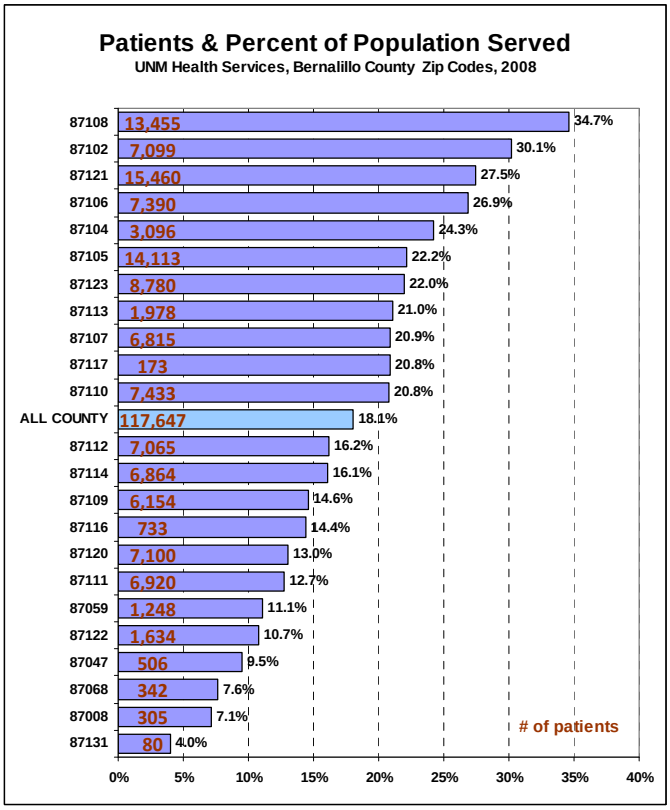
Bernalillo County Zip Code	Population 2007	Patients	% Population Served	Visits	Visits Per Patient
87121	56,246	15,460	27.49%	63,909	4.13
87105	63,597	14,113	22.19%	61,051	4.33
87108	38,824	13,455	34.66%	57,169	4.25
87123	39,949	8,780	21.98%	38,654	4.40
87110	35,818	7,433	20.75%	34,564	4.65
87106	27,501	7,390	26.87%	29,410	3.98
87120	54,554	7,100	13.01%	29,937	4.22
87102	23,547	7,099	30.15%	29,036	4.09
87112	43,720	7,065	16.16%	32,290	4.57
87111	54,479	6,920	12.70%	28,727	4.15
87114	42,620	6,864	16.11%	28,658	4.18
87107	32,617	6,815	20.89%	29,397	4.31
87109	42,191	6,154	14.59%	27,238	4.43
87104	12,763	3,096	24.26%	12,741	4.12
87113	9,398	1,978	21.05%	7,863	3.98
87122	15,217	1,634	10.74%	6,296	3.85
87059	11,246	1,248	11.10%	5,515	4.42
87116	5,094	733	14.39%	2,681	3.66
87047	5,312	506	9.53%	1,977	3.91
87068	4,484	342	7.63%	2,572	7.52
87008	4,269	305	7.14%	1,211	3.97
87117	830	173	20.84%	585	3.38
87131	2,010	80	3.98%	176	2.20
87115	-	23	-	50	2.17
Unknown Zip Code	-	16	-	19	1.19
All Bernalillo County	**623,812**	**117,647**	**18.86%**	**530,031**	**4.51**
Other NM County Zip Code	**1,456,236**	**40,286**	**2.77%**	**132,615**	**3.29**
Non-NM County Zip Code	**-**	**3,051**	**-**	**6,207**	**2.03**
TOTAL	**1,972,697**	**160,984**	**8.16%**	**668,853**	**4.15**

Twenty-seven percent of patients come from outside Bernalillo County.

They are 40% more likely than Bernalillo County residents to use inpatient services, which is not unexpected as some are referred specifically for admission.

Nearly 37% of all UNM patients who are Bernalillo County residents live in just three neighborhoods: Southwest Mesa (zip code 87121), South Valley (87105) and Southeast Heights (87108)

Note: The estimates do not attempt to adjust for the number of persons who changed their zip code of residence during the year.



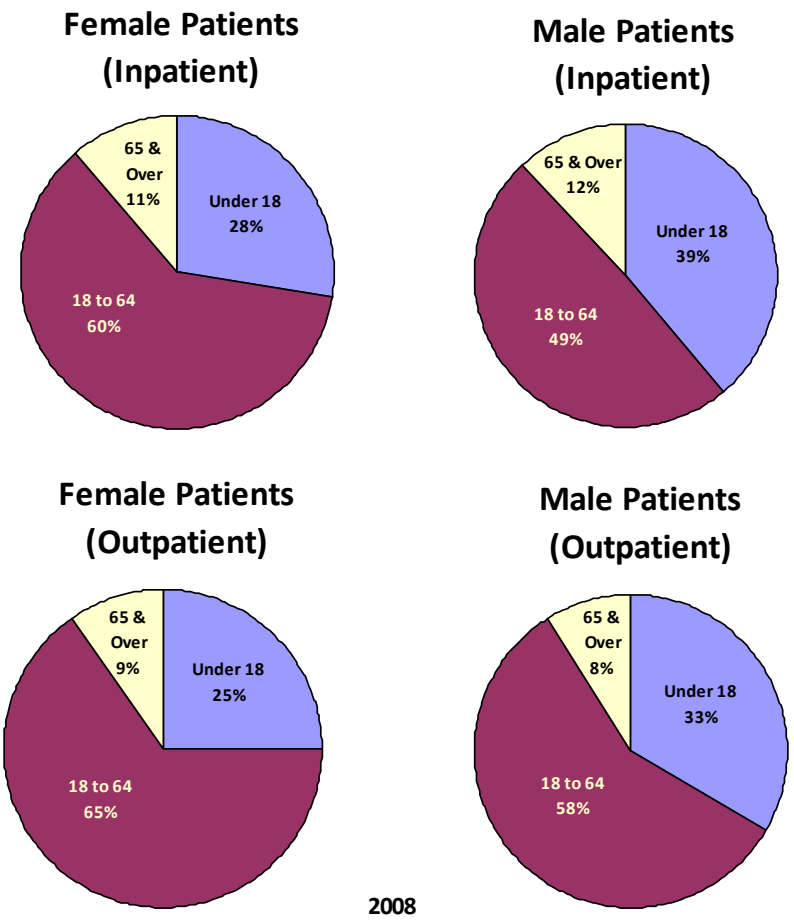
WHO ARE THE PATIENTS SERVED? – AGE GROUPS AND SEX

People aged 65 and over make up 9.6% of all patients in the UNM HSC system. Children under 18 make up 29.4% of all patients, and adults age 18 to 64 the remaining 61.6%.

Five female patients are seen for every 4 male patients. However, boys (under 18) are more likely to use services than girls.

Females and people over age 65 tend to have higher average numbers of outpatient visits per person.

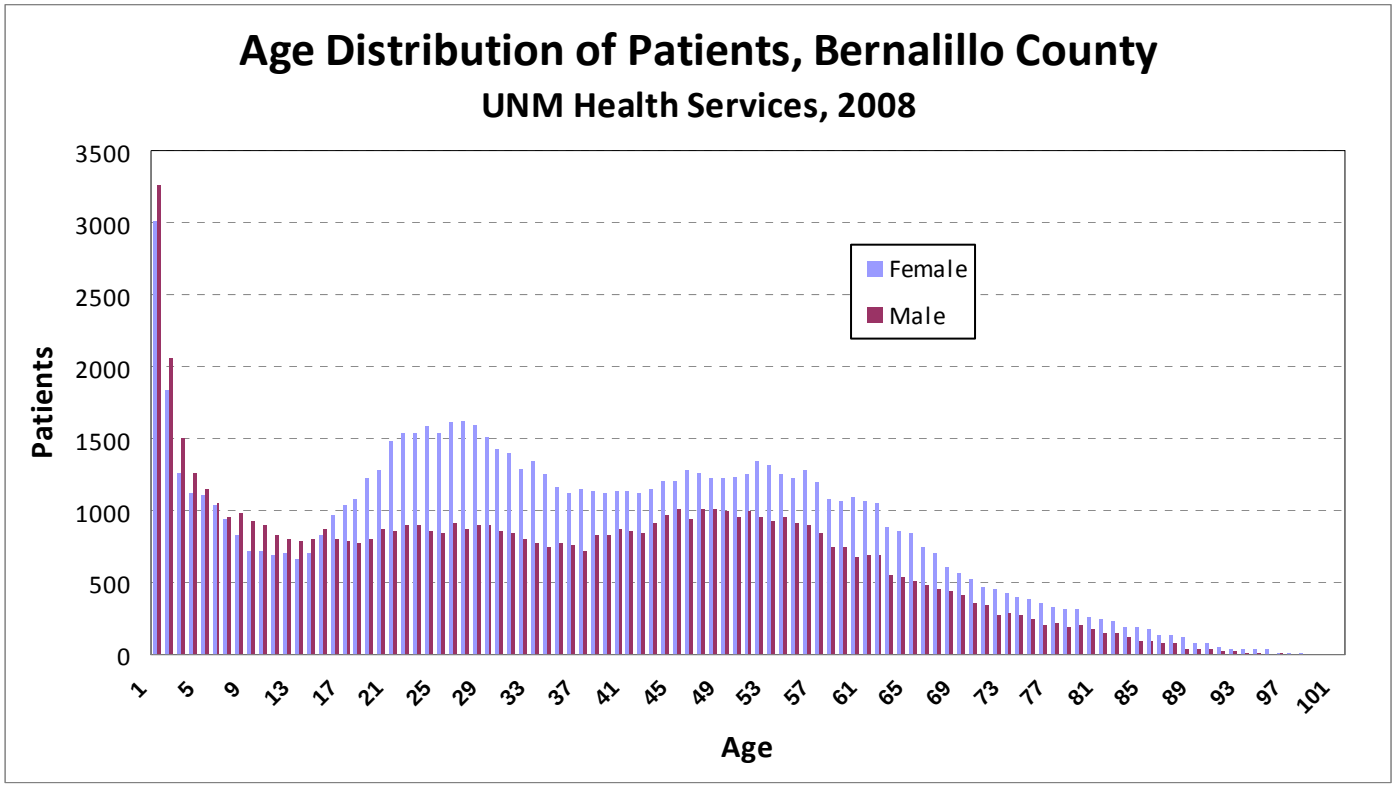
Age Distribution of All Patients by Sex and Type of Visit



All Patients and Average Visits Per Patient, by Age Group and Sex, 2008

Age Group	Inpatients			Outpatients		
	Female	Male	Visits Per Patient	Female	Male	Visits Per Patient
Under 18	3,678	4,082	1.19	21,746	23,457	3.09
18 to 64	8,121	5,160	1.26	56,748	40,903	4.31
65 & Over	1,534	1,239	1.32	8,384	6,211	5.37
Visits Per Patient, All Ages	1.22	1.28	1.24	4.42	3.68	4.09

WHO ARE THE PATIENTS SERVED? – AGE GROUPS AND SEX



Among adults, women make up the majority of patients.

Among children, boys outnumber girls.

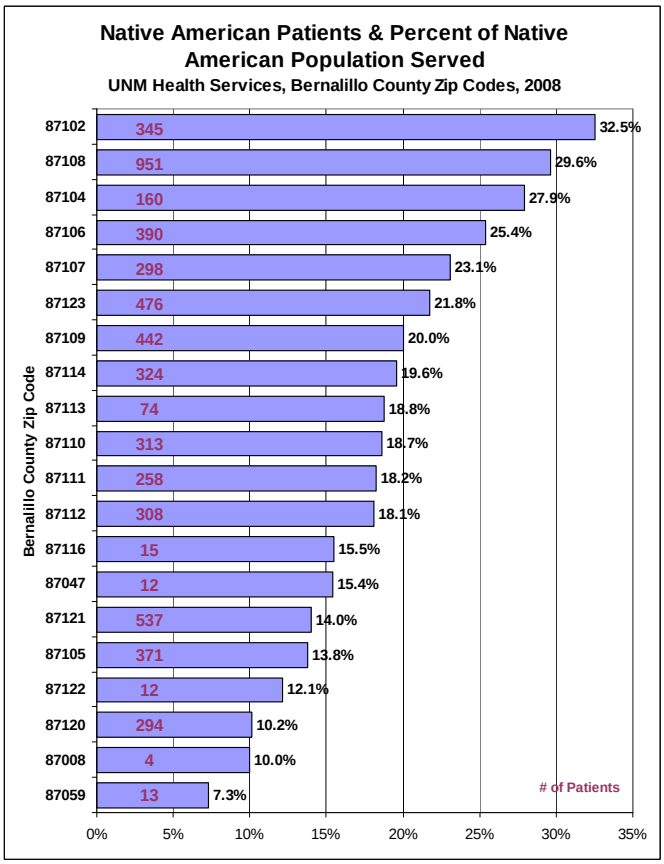
WHO ARE THE PATIENTS SERVED? – RACE AND ETHNICITY IN BERNALILLO COUNTY

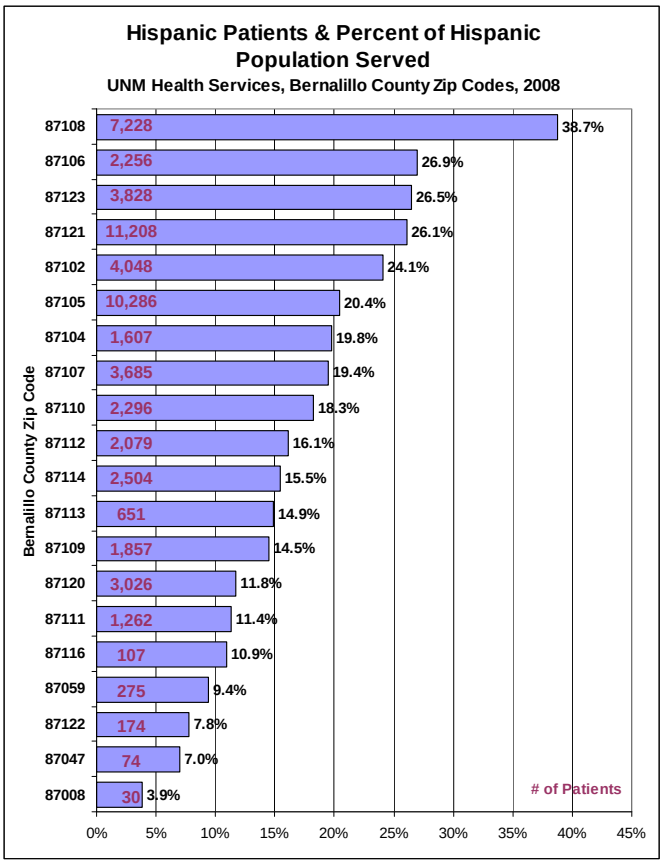
During 2008, UNM hospitals and outpatient clinics saw 55,000 Hispanic patients from Bernalillo County (20.7% of the Hispanics in the county) and 5449 Native American patients from Bernalillo County (14.6% of the estimated number of Native Americans in the county).

Across neighborhoods, these percentages vary from 4% to as high as 39% of the respective populations.

The proportion of Bernalillo County patients who are Hispanics (54.7% of all patients with a known race or ethnicity) is greater than the proportion of Hispanics in the county population (45.8% - US Census, ACS, 2008).

The following graphs illustrate the percent of the total populations of Native Americans and Hispanics who received services at UNM hospitals and clinics in 2008.

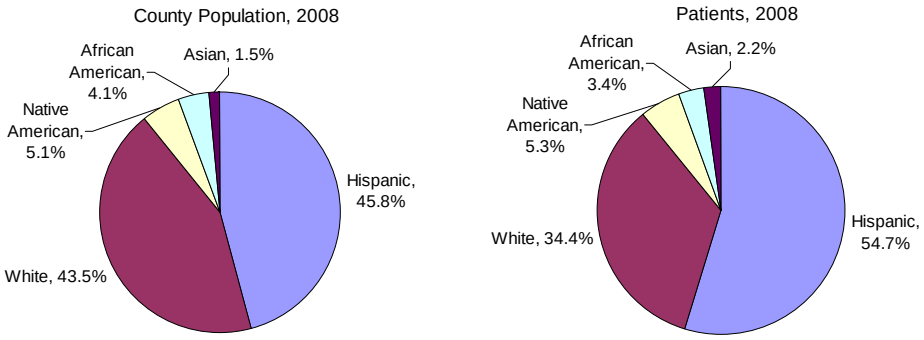




Approximately 18.9% of all patients using the services (regardless of county of residences) have their race / ethnicity listed as “Other.” This may cause distortion of the estimated racial / ethnic distribution of patients. Ascertainment of race and ethnicity has undergone review and is being modified to more accurately determine self-identified designations and reduce the number categorized as “Other.” UNM HSC records only one race/ethnicity group per patient.

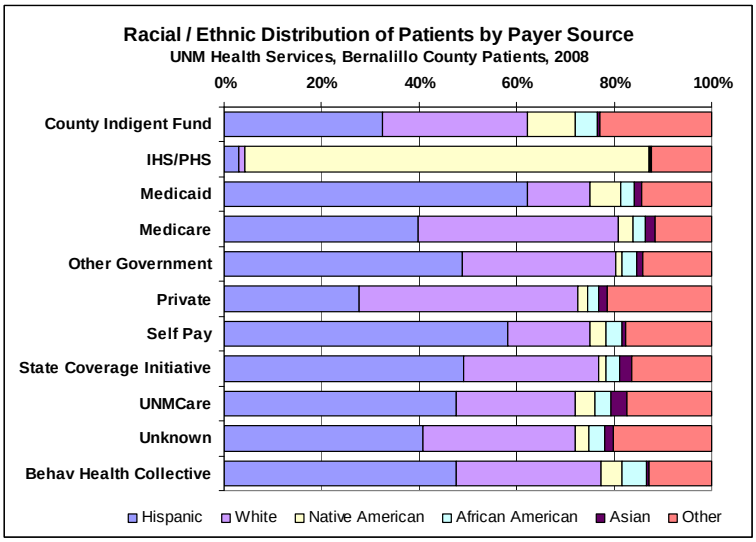
WHO ARE THE PATIENTS SERVED? – RACE AND ETHNICITY IN BERNALILLO COUNTY

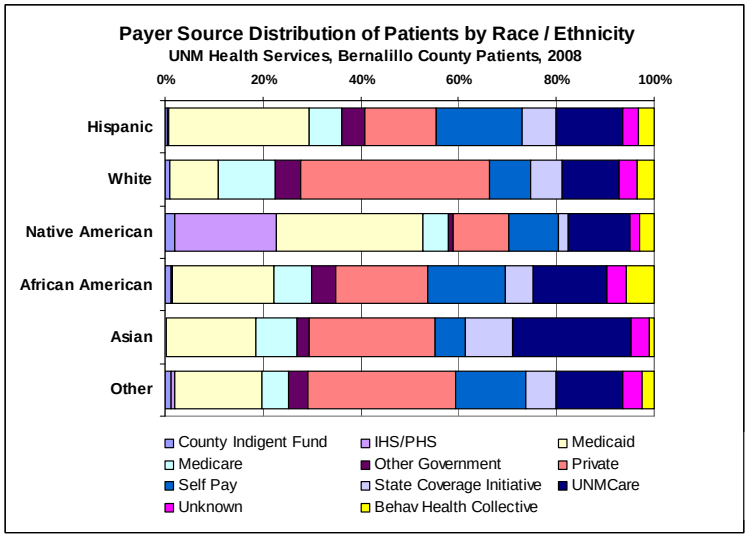
Racial / Ethnic Distribution: Comparison of Patients to County Populations



Hispanics are 46% of the population of Bernalillo County but represent 55% of all patients using services at UNM.

Compare Racial / Ethnic Mix within each Payer Category – 62% of Medicaid patients are Hispanic, as are 59% of self-pay patients, but less than 28% of privately insured patients. (Hispanics represent 46% of the population in the county.)





Compare the Coverage Mix within each Race or Ethnicity – Among Hispanics, Native Americans and African Americans the highest proportions of clients are covered by Medicaid, whereas among Whites the highest proportion is covered by private insurance. Among Asians, the highest proportion is covered by private plans, followed by UNMCare.

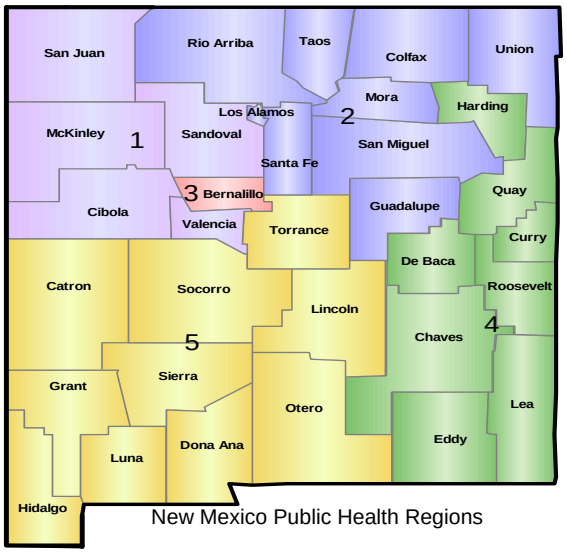
WHO ARE THE PATIENTS SERVED? – NATIVE AMERICANS

Native Americans make up 9.7% of the population of New Mexico and 5.1% of the Bernalillo County population (US Census, American Community Survey, 2008). An estimated 11,270 Native American patients used UNM HSC services in 2008, representing 7.5% of all patients (an increase of 12% compared to the previous year).
UNMH did not collect information on tribal affiliation during 2008.

Less than half of all Native American patients using UNM services reside in Bernalillo County (5449 or 47.3%). Another 3706 (32.2%) reside in the northwest quadrant of the state, and the remainder live in other regions of the state (1479), or out of state (889).

The U.S. Indian Health Service (IHS/PHS) covered payments for approximately 23.1% of all Native American patients in the state using UNM services. (IHS/PHS covered 24.4% of those living in Bernalillo County.) Medicaid covered another 33.2%. Only 12.4% of Native Americans using UNM HSC services were covered by private insurers, compared to 30% of patients overall.

Native Americans residing in Bernalillo County were nearly twice as likely to lack insurance (self pay) as Native Americans from outside the county.

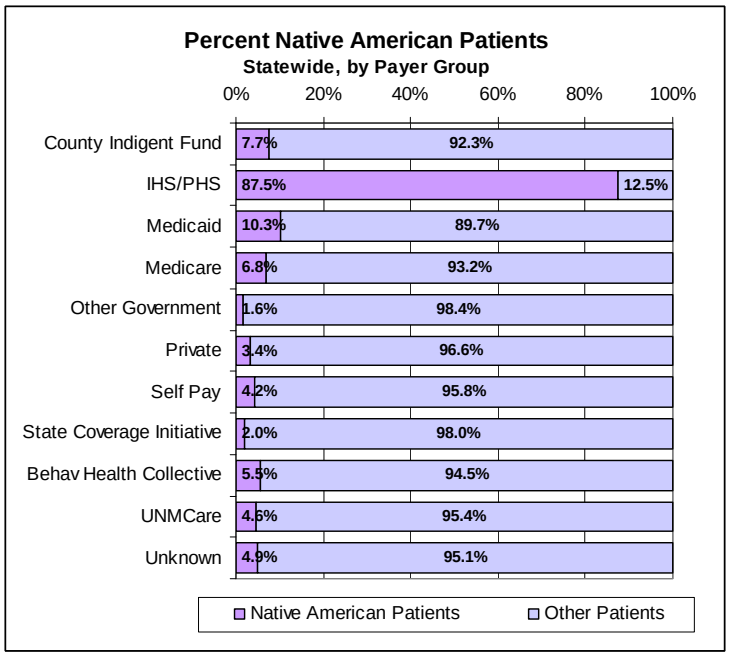


New Mexico Public Health Regions

Native American Patients by Payer Group and Region of State
UNM Health Services, 2008

PAYER GROUP	1- NW	2- NE	3- Bernalillo County	4- SE	5- SW	Out of State or Unknown	TOTAL	TOTAL %
County Indigent Fund	57	4	128	0	10	1	**198**	*1.5%*
IHS/PHS	1,060	343	1,330	0	92	262	**3,030**	*23.1%*
Medicaid	1,580	417	1,943	6	160	335	**4,357**	*33.2%*
Medicare	432	170	325	2	30	150	**1,095**	*8.4%*
Other Government	28	15	75	2	4	9	**129**	*1.0%*
Private	506	179	745	7	51	153	**1,621**	*12.4%*
Self Pay	258	39	676	0	18	54	**1,033**	*7.9%*
State Coverage Initiative	41	8	143	0	7	1	**196**	*1.5%*
UNMCare	54	4	812	1	3	3	**859**	*6.6%*
Behav Health Collective	62	21	196	0	5	2	**279**	*2.1%*
Unknown	111	37	131	0	7	22	**308**	*2.4%*
TOTAL	**3,706**	**1,119**	**5,449**	**18**	**342**	**889**	100%	
TOTAL %	*32.2%*	*9.7%*	*47.3%*	*0.2%*	*3.0%*	*7.7%*		

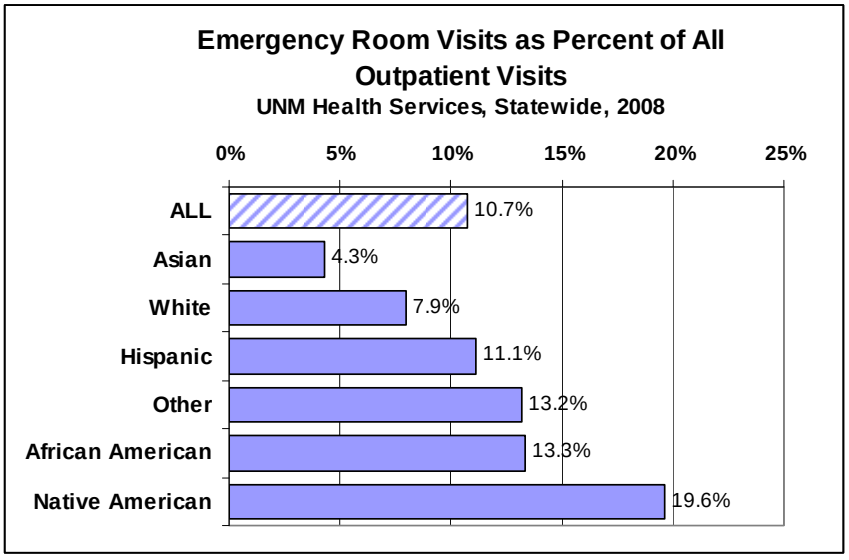
WHO ARE THE PATIENTS SERVED? – NATIVE AMERICANS



Within many payer groups (e.g., Self Pay, Private, and State Coverage Initiative), the proportion of covered patients who are Native American is lower than expected.

Compared to others, Native American patients obtain more of the care in the Emergency Room.

This rate has increased in comparison to the previous year (from 17.4% to 19.6%)

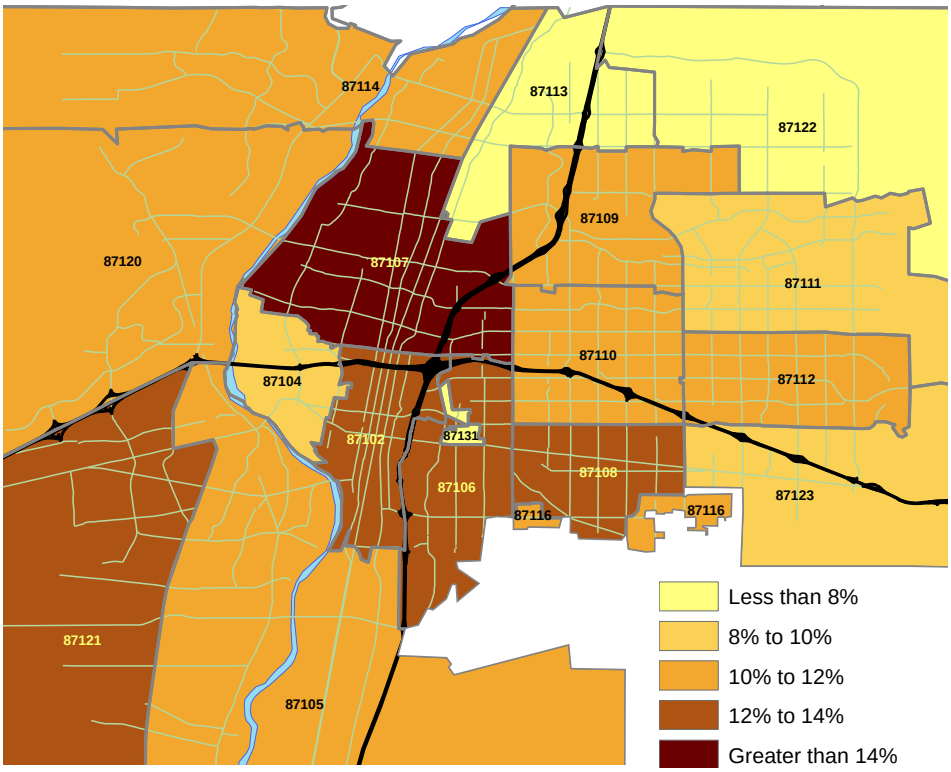


Indian Health Services covered approximately 17.3% of all Native American patient services at UNM, and 13.3% of services for Native American patients living in Bernalillo County.

Native Americans who use UNM health services are more likely to reside outside of Bernalillo County than clients of other racial and ethnic groups.

WHO ARE THE PATIENTS SERVED? – NATIVE AMERICANS

Percent of Native American Patients Who Self-Pay Bernalillo County Resident Zip Codes, 2008



In Bernalillo County, 16.5% of all patients and 14.9% of Native American patients lack health care coverage (self-pay).

This proportion currently ranges from 8 to 18% depending on the Albuquerque neighborhood.

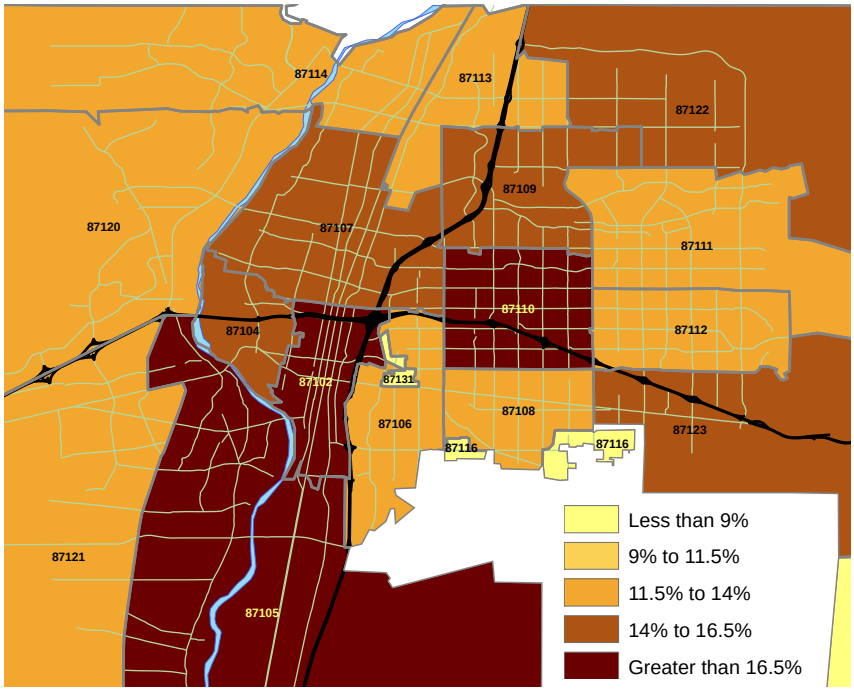
For those residing outside of Bernalillo County, 12.1% of all patients and 5.9% of Native American patients were self-pay.

Percent of Native American Patients on UNMCare Bernalillo County Resident Zip Codes, 2008

UNMCare covered approximately 3381 visits for 859 Native Americans during 2008, an increase over the previous year

This represents 14.1% of all Native American patients in Bernalillo County, compared to 14.7% of non-Native American patients covered by UNMCare.

Neighborhood UNMCare utilization patterns markedly differ from the distribution of the Native American population in the county.

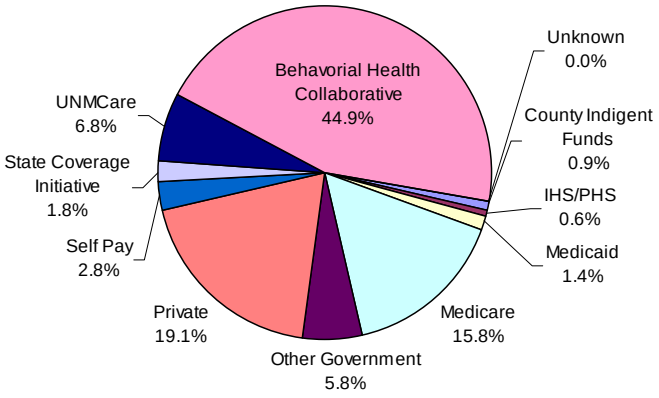


BEHAVIORAL HEALTH SERVICES

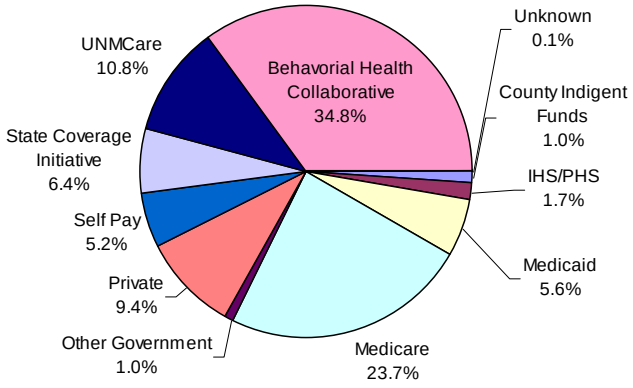
Behavioral Health visits* made up 9% of all visits to UNM Health Services in 2008 – nearly 18,000 persons from across the state used UNM behavioral services 60,193 times. Persons from Bernalillo County accounted for 83.7% of clients and 89.9% of visits. Total charges for these services exceeded $76,000,000.

Who Pays For Behavioral Health Services?

Behavioral Health *Inpatient* Charges
UNM Health Services, Statewide, 2008



Behavioral Health *Outpatient* Charges
UNM Health Services, Statewide, 2008



Who Pays For Behavioral Health Services?

Visits and Charges by Payer Group

Behavioral Health Visits, UNM Health Services, Statewide, 2008

Payer Group	INPATIENT			OUTPATIENT		
	Visits	Total Charges	Percent of All Charges	Visits	Total Charges	Percent of All Charges
County Indigent Funds	15	$428,744	0.9%	482	$298,050	1.0%
IHS/PHS	24	$274,008	0.6%	661	$498,797	1.7%
Medicaid	47	$654,264	1.4%	3,585	$1,599,685	5.6%
Medicare	460	$7,480,920	15.8%	12,677	$6,789,536	23.7%
Other Government	55	$2,753,753	5.8%	635	$275,484	1.0%
Private	437	$9,038,628	19.1%	6,990	$2,701,939	9.4%
Self Pay	114	$1,326,336	2.8%	2,964	$1,499,046	5.2%
State Coverage Initiative	87	$869,119	1.8%	5,057	$1,844,426	6.4%
UNMCare	222	$3,230,601	6.8%	6,367	$3,099,265	10.8%
Behavorial Health Collaborative	996	$21,264,449	44.9%	18,261	$9,961,748	34.8%
Unknown	0	$0	0.0%	57	$38,021	0.1%
TOTAL	**2457**	**$47,320,821**	**100.0%**	**57,736**	**$28,605,996**	**100.0%**

Inpatient visits made up 4.1% of all visits but 62.3% of all charges statewide.

The NM Behavioral Health Collaborative, Medicare and private insurance companies are the principal payer sources for behavioral health services.

Private insurance plans paid for 19.1% of inpatient visits.

UNMCare paid for 10.8% of all behavioral health outpatient visits and 6.8% of inpatient.

Four out of 10 behavioral health clients were changed from one major insurance coverage category to another in 2008.

**Behavioral health care visits are defined as visits for mental disorder diagnoses by patients of any payer source, or visits for any diagnosis for those clients enrolled in the NM Behavioral Health Collaborative program.*

How Often Does Coverage Change?

Behavioral Health Clients, UNM Health Services, Statewide, 2008

Race / Ethnicity	Patients	Patients Whose Payer Group Changed	
		#	%
Hispanic	4,616	2,065	*44.7%*
African American	361	202	*56.0%*
Asian	129	40	*31.0%*
Native American	597	266	*44.6%*
White	4,280	1,649	*38.5%*
Other	1,731	573	*33.1%*
ALL	**11,714**	**4,795**	***40.9%***

BEHAVIORAL HEALTH SERVICES

A total of 53,900 visits to UNM behavioral health services visits were made by over 15,000 residents of Bernalillo County. Less than 3.5% of these visits were inpatient stays. The majority of visits (61%) were paid for by public programs with financial or other eligibility requirements, including The NM Behavioral Health Collaborative, Medicaid, State and UNM Coverage Initiatives (SCI's), County Indigent Funds, UNMCare, IHS/PHS, Maternal & Infant program, and other government agencies. Total charges were $58,635,000. The Collaborative covers 53% of all *public paid* behavioral health care visits. In contrast to other behavioral health visits, those by Behavioral Health Collaborative and Medicare patients are more frequent and more likely to involve hospitalization.

Patients by Age and Payer Group

Behavioral Health Clients, UNM Health Services, Bernalillo County, 2008

Payer Group	AGE GROUP						
	Under 6	6 to 12	13 to 17	18 to 20	21 to 64	65 & over	ALL AGES
County Indigent Fund	0	0	1	10	251	16	277
IHS/PHS	0	0	3	13	216	5	236
Medicaid	197	334	248	92	678	9	1543
Medicare	0	0	0	9	1843	609	2448
Other Government	11	49	67	19	118	2	260
Private	93	245	301	122	1689	249	2674
Self Pay	3	39	78	117	1485	31	1749
State Coverage Initiative	0	1	0	35	1445	1	1475
UNMCare	1	2	11	88	2407	39	2542
Behav Health Collaborative	94	513	594	238	3045	44	4435
Unknown	0	0	0	1	37	4	42
TOTAL	390	1091	1170	639	10980	943	

Patients and Visits per Patient, by Payer Group and Race / Ethnicity

Behavioral Health Clients, UNM Health Services, Bernalillo County, 2008

Payer Group	African American		Native American		White		Asian		Hispanic		Other		ALL		
	Patients	Visits per Patient	Patients	Visits per Patient	Patients	Visits per Patient	Patients	Visits per Patient	Patients	Visits per Patient	Patients	Visits per Patient	Patients	Visits	Visits per Patient
County Indigent Fund	7	1.71	56	1.55	78	1.26	0	-	70	1.41	71	1.28	**277**	**387**	**1.40**
IHS/PHS	0	-	196	1.72	5	1.00	0	-	8	1.38	34	1.44	**236**	**403**	**1.71**
Medicaid	58	2.02	76	1.47	350	1.75	17	1.35	854	1.96	194	1.80	**1543**	**2892**	**1.87**
Medicare	97	6.21	34	4.26	1148	5.16	26	3.46	972	4.81	194	3.25	**2448**	**12064**	**4.93**
Other Government	8	1.63	6	1.67	133	2.69	2	1.00	76	2.00	38	1.42	**260**	**589**	**2.27**
Private	62	3.32	48	1.81	1371	2.41	41	2.00	760	2.26	431	1.78	**2674**	**6166**	**2.31**
Self Pay	66	1.35	64	1.14	525	1.43	6	1.17	786	1.48	320	1.32	**1749**	**2505**	**1.43**
State Coverage Initiative	31	2.94	13	3.38	581	3.80	21	3.00	637	3.11	206	2.41	**1475**	**4883**	**3.31**
UNMCare	88	2.61	96	1.80	968	2.80	44	2.11	1031	2.35	340	2.31	**2542**	**6414**	**2.52**
Behav. Health Collab.	229	4.31	183	3.27	1338	3.78	24	2.75	2152	4.16	577	3.24	**4435**	**17540**	**3.95**
Unknown	5	1.20	1	1.00	21	1.57	0	-	8	1.00	7	1.29	**42**	**57**	**1.36**
ALL PAYERS	**537**	**4.38**	**664**	**2.51**	**5504**	**3.83**	**164**	**2.60**	**6267**	**3.65**	**2144**	**2.57**	**15026**	**53900**	**3.59**

Among all Bernalillo County behavioral health clients, the NM Behavioral Health Collaborative covers 3 in 10 patients, 32.5% of visits and 38.7% of charges.

UNMCare covers nearly 1 in 6 patients, 11.9% of visits, and 10.6% of charges.

How are Clients Using Inpatient, Outpatient and Emergency Services?

The comparison of utilization patterns of the different types of major services – inpatient, outpatient (including primary care), and emergency room visits – provides a perspective on the ability of groups of patients to access appropriate services as needed.

For patients who reside in Bernalillo County, 10.6% of all visits were to the emergency room and 3.6% to a hospital bed. Emergency room charges average $1,198; inpatient stays average $20,592. In contrast, the average outpatient visit is charged $545.

Inpatient, Outpatient, and Emergency Room Visits

UNM Health Services, Bernalillo County, 2008

Payer Group	Emergency Room		Outpatient Primary Care		Other Outpatient		Inpatient	
	#	%	#	%	#	%	#	%
County Indigent Fund	1,454	*80.8%*	77	*4.3%*	201	*11.2%*	67	*3.7%*
IHS/PHS	1,658	*55.9%*	48	*1.6%*	1,149	*38.7%*	113	*3.8%*
Medicaid	13,232	*12.3%*	33,862	*31.3%*	54,455	*50.4%*	6,467	*6.0%*
Medicare	4,021	*5.0%*	24,595	*30.7%*	48,802	*61.0%*	2,572	*3.2%*
Other Government	682	*2.7%*	4,228	*17.0%*	18,972	*76.3%*	967	*3.9%*
Private	6,165	*4.7%*	39,426	*30.1%*	81,494	*62.3%*	3,722	*2.8%*
Self Pay	13,581	*40.9%*	6,569	*19.8%*	11,704	*35.2%*	1,376	*4.1%*
State Coverage Initiative	4,090	*7.9%*	16,511	*31.8%*	30,400	*58.6%*	919	*1.8%*
UNMCare	11,269	*15.6%*	18,005	*24.9%*	40,564	*56.2%*	2,383	*3.3%*
Behav Health Collaborative	9	*0.1%*	2	*0.0%*	16,826	*95.9%*	703	*4.0%*
Unknown	162	*2.4%*	663	*9.9%*	5,818	*87.0%*	48	*0.7%*
ALL PAYERS	**56,323**	***10.6%***	**143,986**	***27.2%***	**310,385**	***58.6%***	**19,337**	***3.6%***

Note: Percents are proportions of all patient visits within each payer group.

Inpatient visits (hospitalizations) constitute less than 4% of all visits but more than 55% of all charges.

Comparison of Visits and Charges

UNM Health Services, Bernalillo County, 2008

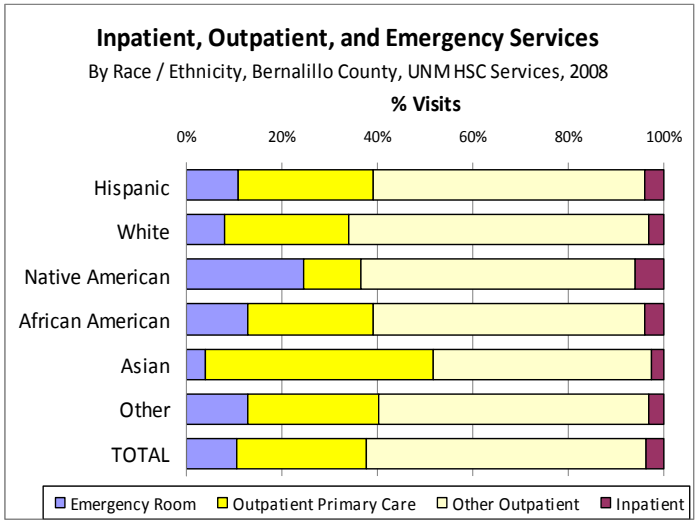
Visit Type	Visits		Charges		
	#	%	#	%	Average Per Visit
Emergency Room	56,323	*10.6%*	$67,500,109	*9.5%*	$1,198
Inpatient	19,337	*3.6%*	$398,181,335	*55.8%*	$20,592
Outpatient	454,371	*85.7%*	$247,475,082	*34.7%*	$545
Outpatient Primary Care	143,986	*27.2%*	$38,417,689	*5.4%*	$267
Other Outpatient	310,385	*58.6%*	$209,057,393	*29.3%*	$674
Total	530,031	*100%*	$713,156,526	*100%*	$1,345

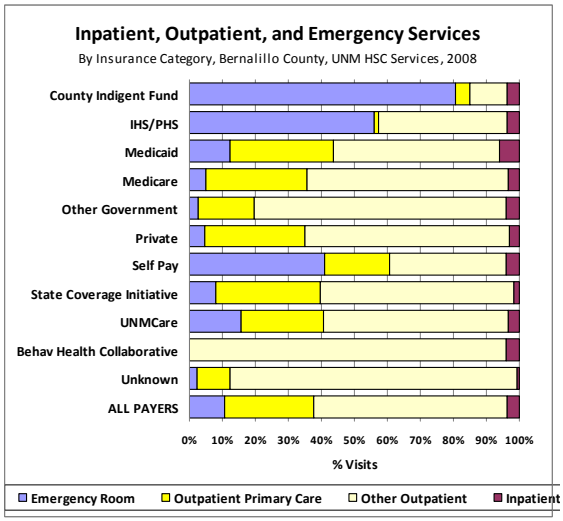
Charges do not include physician or procedure charges; actual cost equals 56% of charges.

How are Clients Using Inpatient, Outpatient and Emergency Services?

Uninsured clients (self pay) and those whose services are covered by the Indian Health Service have high percentages of emergency room use (over 50% of their visits). These persons may be receiving outpatient services outside the UNM HSC system.

Asian patients have the lowest proportions of ER and hospitalization and the highest proportions of outpatient usage. Medicaid patients are more frequently hospitalized than patients with other payer sources. The highest proportions of emergency room and inpatient services and the lowest proportion of primary care services are among Native American patients.

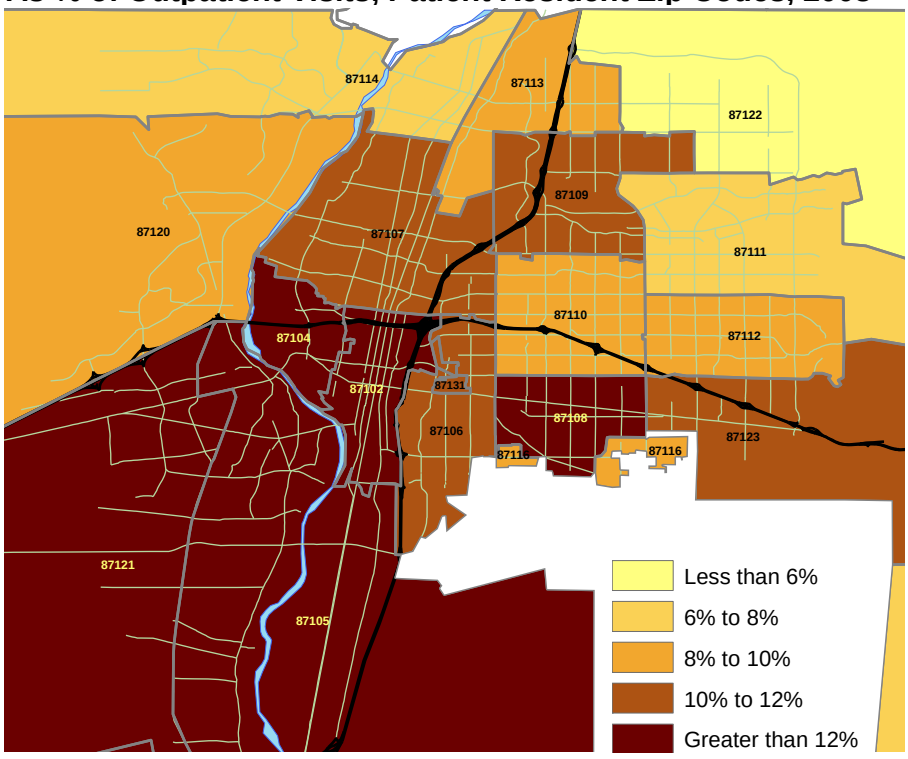




Over 47,000 people used emergency services in 2008, for a total of over 68,000 visits.

Patients who reside in the central and southwest areas of Albuquerque have higher proportions of emergency room use.

Emergency Room Visits in Bernalillo County
As % of Outpatient Visits, Patient Resident Zip Codes, 2008



How are Clients Using Inpatient, Outpatient and Emergency Services?

Emergency Medicaid Services for Aliens (EMSA) is a state-administered federal payment source for emergency health care, including labor and delivery, for certain classifications of low-income immigrants who are excluded from traditional federal programs like Medicaid or Medicare.

EMSA covered 1171 patients at UNM HSC in 2007 (less than 1% of all patients seen).

92% of patients covered by EMSA were women or girls. 69.9% of EMSA patients were hospitalized for obstetrics services.

10.2% of EMSA patients were seen in the emergency room.

Total charges for EMSA patient services were $10 million.

Emergency Medicaid Services for Aliens
All Patients, UNM Health Services, 2008

EMSA Patients	1171	
% of All Patients		*0.73%*
Females	1082	*92.4%*
Children	131	*11.2%*
Inpatients	1009	*86.2%*
Obstetric Inpatients	819	*69.9%*
Outpatients	281	*24.0%*
Emergency Room	120	*10.2%*
Total Charges	$10,212,329	

Note: Percents are percentage of total EMSA patients unless otherwise noted.

How is UNM Serving Low-Income Bernalillo County Adults? – UNMCARE AND UNM CARE INITIATIVE

UNMCare is a financing alternative offered by UNMH Financial Services to provide certain eligible low-income county residents with affordable access to a medical home and to all hospital services, including primary and preventive services at UNMH and contracted local clinics, medicines, labs, emergency and inpatient care.
http://hospitals.unm.edu/pfs/documents/UNMcare_English.pdf

UNMCare currently excludes eligible county residents from enrollment if they do not also meet certain immigration conditions. Since 2003, community health advocates have called for a reversal of this policy.

UNM Hospital is able to fund UNMCare in part as a result of revenues generated from property taxes at a mil levy rate determined by voters in Bernalillo County.

UNM Care Initiative (also called "UNM State Coverage Initiative" or "UNMSCI") provides similar access to medical care as does UNMCare, but it is funded through a Medicaid-expansion program administered by the NM Human Services Department. Income eligibility requirements differ between both programs. Due to an underestimation of need, the NM HSD expects to cap enrollment earlier than expected in SCI programs statewide.
http://www.insurenewmexico.state.nm.us/SCIHome.htm

UNMCare and UNM Coverage Initiative Patients
Bernalillo County Zip Codes, UNM Health Services, 2008

Bernalillo County Zip Code	Population 2007	Patients	% Population Served	% Low Income Adults Served
87008	4,269	56	1.31%	16.14%
87047	5,312	65	1.22%	26.32%
87059	11,246	249	2.21%	25.13%
87068	4,484	52	1.16%	8.75%
87102	23,547	1,756	7.46%	21.55%
87104	12,763	596	4.67%	21.37%
87105	63,597	3,472	5.46%	25.61%
87106	27,501	1,305	4.75%	16.41%
87107	32,617	1,477	4.53%	22.67%
87108	38,824	2,651	6.83%	22.05%
87109	42,191	1,333	3.16%	19.17%
87110	35,818	1,749	4.88%	28.77%
87111	54,479	1,222	2.24%	23.58%
87112	43,720	1,777	4.06%	28.69%
87113	9,398	392	4.17%	30.84%
87114	42,620	1,162	2.73%	35.84%
87115	-	6	-	-
87116	5,094	15	0.29%	1.30%
87117	830	27	3.25%	-
87120	54,554	1,316	2.41%	30.27%
87121	56,246	3,387	6.02%	36.67%
87122	15,217	99	0.65%	25.45%
87123	39,949	1,995	4.99%	26.92%
87131	2,010	3	0.15%	-
Unknown Zip Code	-	354	-	-
All Bernalillo County	**623,812**	24,499	3.93%	23.32%
Other NM County Zip Code	1,456,236	1,056	0.07%	
Non-NM County Zip Code	-	20	-	
TOTAL	2,080,048	25,929	4.00%	

Population Sources: 2007 Population from GeoLytics and BBER; Low-Income Adults from Census 2000 (ages 18-64, under 200% of federal poverty line)

The clients served by the UNMCare and UNMCI programs are modest proportions of the total patients seen (21%), but make up a considerable percentage of all low-income adults in the county (estimated at 23%).

In zip code 87121 (south valley and southwest mesa), almost 37% of low-income adults received services covered by these programs in 2008.

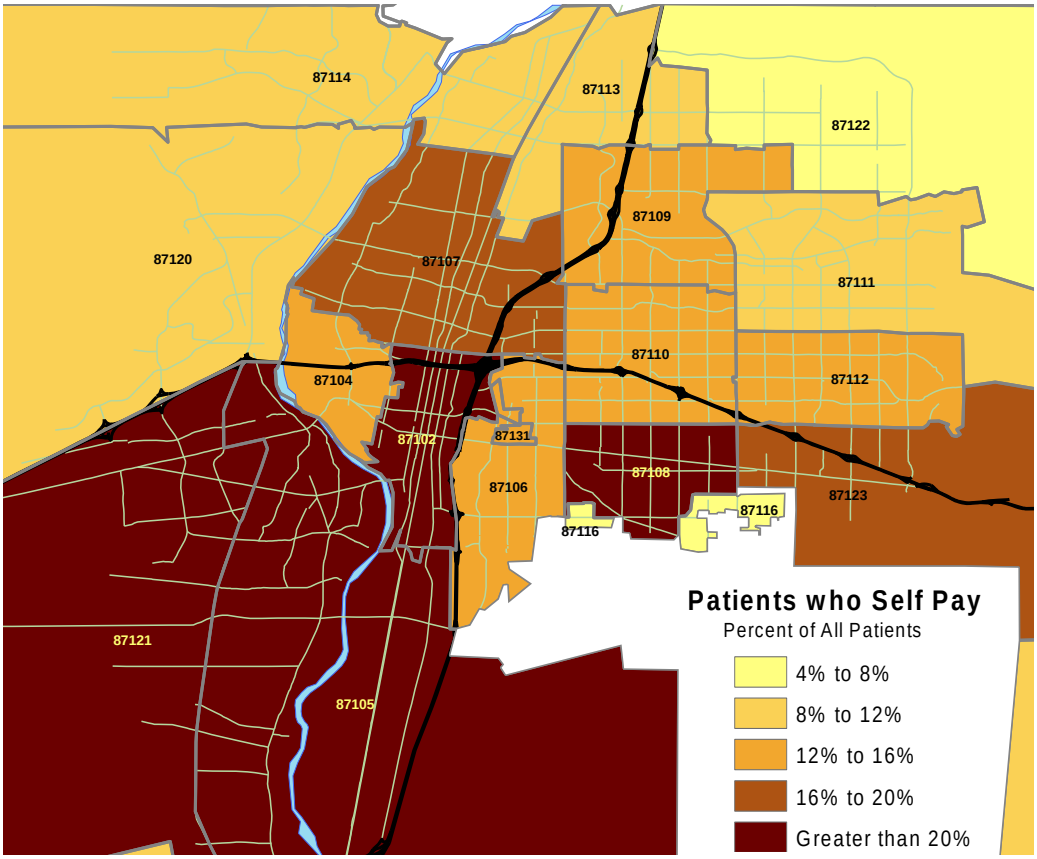
The total cost of these services for UNMCare alone is estimated at over $65,000,000.

SELF PAY PATIENTS (UNINSURED)

In 2008, nearly 25,000 patients made a total of 41,900 *Self Pay* visits to UNM clinics and hospitals. This represents 6.3% of all visits in 2008. During a given year, it is common for people to be uninsured at the time of one visit and have healthcare coverage at another visit. Thus, these same 25,000 patients also had another 41,000 visits to UNM clinics and hospitals with some form of 3rd party coverage during 2008. *Information regarding utilization of healthcare services outside the UNM system by these patients is not included in this analysis.*

Patients under the age of 18 (4,017 children) made 6,212 visits classified as Self Pay. This number represents 4.2% of all visits by children in 2008. 2,487 (or 62%) of these 4017 children were uninsured all year (never covered by a 3rd party payer for a UNM service). The remainder (1,530 children) were uninsured part of the year. In other words, roughly 51% of the visits by these 4,017 children were *Self Pay* and the other 49% were covered by a 3rd party.

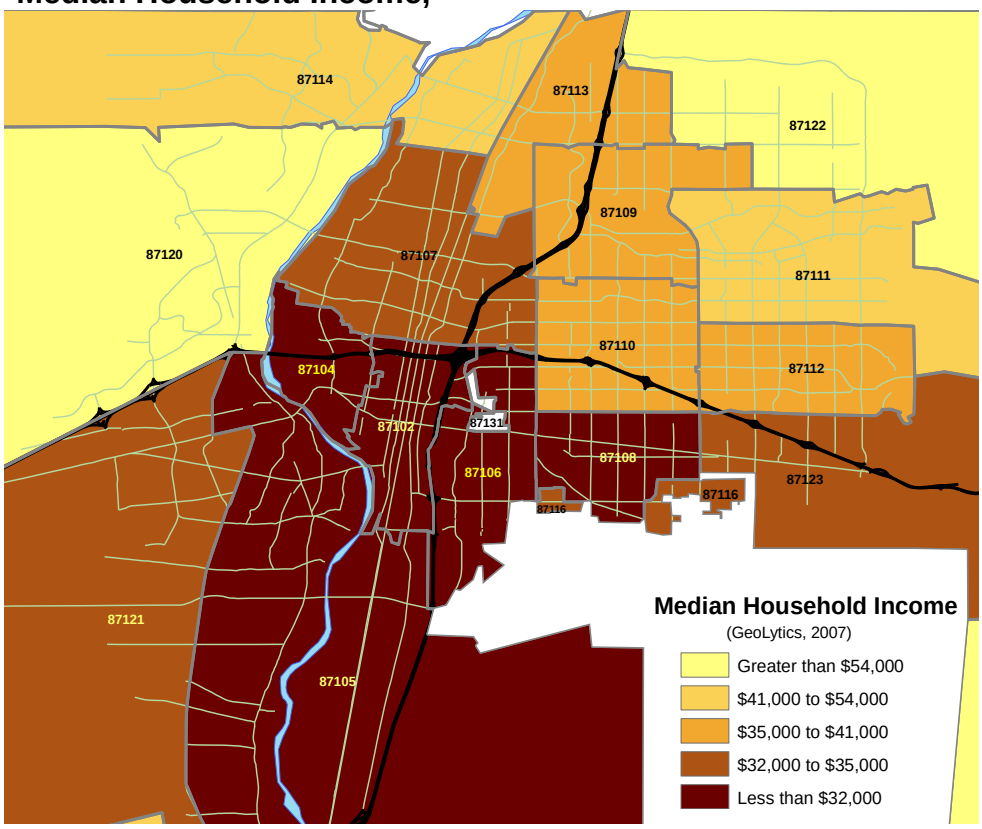
Percent of All Patients who are Self Pay Patients
Bernalillo County Zip Codes, 2008



The percent of the county patients who Self Pay at UNM clinics and hospitals in 2008 was 15.3%, compared to 15.6% in 2007.
Higher proportions of Self Pay patients reside in low-income neighborhoods

SELF PAY PATIENTS (UNINSURED)

Median Household Income,



Self Pay patients at UNM hospitals and clinics may apply for a discount of 45% on charges for services. Nearly 1 out of every 5 *Self Pay* visits was discounted in 2008 - a total of 18%, or 7594 visits.

Among Hispanic patients, 1 out of every 4 *Self Pay* visits was discounted. Among Native American patients, 1 out of every 250 self pay visits was discounted. Among children, 11% were discounted.

Undiscounted *Self Pay* visit charges totaled $60.4 million, while discounted visit charges totaled $8.8 million. Among Bern residents who where classified as *Self Pay*, undiscounted *Self Pay* visit charges totaled $38 million while discounted visit charges totaled $7.7 million.

The value of these *Self Pay* discounts was $3.98 million (45% of $8.8 million). More than 87% ($3.5 million) of the value of discounts was for Bernalillo County residents. Nearly 84% of all *Self Pay* visit charges ended up classified as "bad debt," regardless of whether the charge was discounted or not.

Discounted Self Pay Visits, by Race / Ethnicity
Statewide, 2008

Race / Ethnicity	Total Self Pay Visits	Self-Pay Visits		% With Discount	Value of Discount
		Without Discount	With Discount		
Hispanic	25,193	18,501	6,692	26.6%	$3,453,761
African American	1,182	1,127	55	4.7%	$13,612
Asian	282	258	24	8.5%	$3,630
White	7,234	7,036	198	2.7%	$153,617
Native American	1,216	1,211	5	0.4%	$1,870
Other	6,802	6,182	620	9.1%	$350,828
ALL	**41,909**	**34,315**	**7,594**	**18.1%**	$3,977,317

SELF PAY PATIENTS (UNINSURED)

SELF PAY CHILDREN = CHILDREN WHO HAD AT LEAST ONE SELF PAY VISIT DURING THE YEAR

THESE CHILDREN . . .

Were 50% more likely to be hospitalized,

Were twice as likely to visit the Emergency Room, and

Were half as likely to visit UNM for outpatient specialty care than other children

Averaged 2.99 visits in the year, less than children who never had to Self Pay (3.18 visits / yr)

Received a Self Pay discount 11% of the time.

Made a total of 12075 visits in the year, of which 6212 (51.5%) were Self Pay visits

for children under 6, 45.5% of all their visits were Self Pay visits
for children ages 6-12, 67.2% of all their visits were Self Pay visits
for children ages 13-17, 52.4% of all their visits were Self Pay visits

When these children had a visit that was not a Self Pay visit . . .

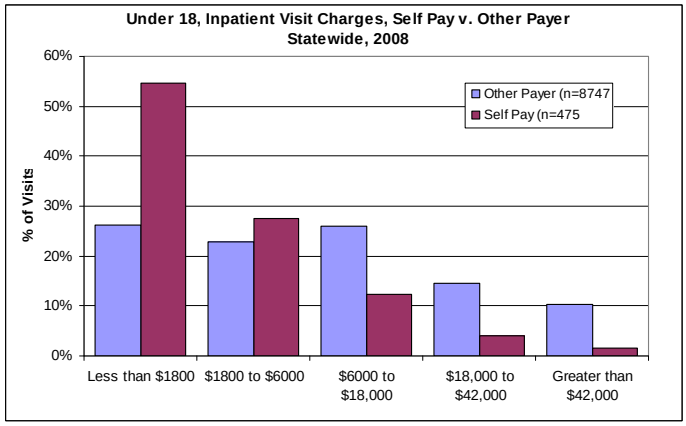
Were most often covered by Medicaid (34.4% of the time)

for children under age 6, Medicaid covered 48% of the other visits

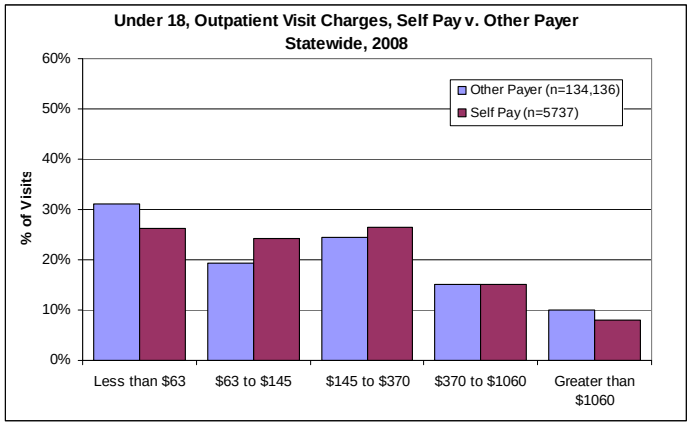
Were also covered by private or other government insurers (11.5% of the time)

13 to 17 year olds were frequently covered by Juvenile Justice or Maternal & Infant funds

CHARGES FOR VISITS - SELF PAY CHILDREN v CHILDREN WITH CONSTANT COVERAGE



Less costly . . . More Costly



Less costly . . . More Costly

Inpatient visits by Self Pay Children are more likely to fall into less costly categories. This could be partly due to parents of uninsured children postponing costlier procedures when possible.

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SELF PAY PATIENTS (UNINSURED)

Comparison of Discounted versus Non-Discounted Self Pay Visits

With Discount			
Race / Ethnicity	Not Bad Debt	Bad Debt	% BD
African American	7	48	87.3%
Asian	16	8	33.3%
Caucasian	56	142	71.7%
Hispanic	1012	5680	84.9%
Native American	3	2	40.0%
Other	112	508	81.9%
ALL	**1,206**	**6,388**	**84.1%**

Without Discount			
Race / Ethnicity	Not Bad Debt	Bad Debt	% BD
African American	149	978	86.8%
Asian	78	180	69.8%
Caucasian	1305	5731	81.5%
Hispanic	3032	15469	83.6%
Native American	206	1005	83.0%
Other	824	5358	86.7%
ALL	**5,594**	**28,721**	**83.7%**

Nearly 84% of all *Self Pay* visit charges ended up classified as "bad debt," regardless of whether the charge was discounted or not.

VISITS AND CHARGES – ALL PATIENTS

Visits and Charges by Payer Group

UNM Health Services, All Patients, 2008

Payer Group	Inpatients			Outpatients		
	Visits	Charges	Median Charge	Visits	Charges	Charge / Visit
County Indigent Fund	489	$16,141,116	$18,707	5,844	$6,458,529	$1,105
IHS/PHS	409	$11,673,639	$16,267	6,868	$7,923,991	$1,154
Medicaid	10131	$211,612,464	$6,315	135,954	$77,893,380	$573
Medicare	4169	$143,347,453	$18,623	94,564	$65,594,036	$694
Other Government	1341	$27,736,772	$5,968	29,065	$16,939,379	$583
Private	6402	$183,266,552	$14,282	172,433	$118,310,994	$686
Self Pay	2019	$37,313,791	$9,448	39,891	$31,932,495	$800
State Coverage Initiative	1100	$24,577,969	$13,477	55,814	$36,447,342	$653
UNMCare	2456	$63,622,275	$14,341	71,639	$56,018,939	$782
Behav Health Collective	996	$21,264,449	$13,785	18,261	$9,961,748	$546
Unknown	65	$625,168	$7,484	8,978	$5,174,847	$576
ALL PAYERS	**29,577**	**$741,181,647**	**$11,221**	**612,072**	**$417,519,086**	**$781**

(2008 DATA NOT YET AVAILABLE FROM THE UNM MEDICAL GROUP)

UNM HSC use a 'cost-to charge' ratio of 0.56 to estimate the actual cost of these services compared to the amount charged.

The 'cost' can be estimated for any charges in this table or in the table on the following page by simply multiplying the reported charge times 0.56.

For example, applying this ratio to services for all patients' yields a total 'cost' of $415 million for inpatient services and $234 million for outpatient care during 2007.

"Charges" are not the same as 'costs, nor should they be confused with revenue or actual funds collected. The costs can be estimated in a general sense using the 'cost-to charge' ratio, but the current database contains no information regarding which charges are uncompensated.

VISITS AND CHARGES – BERNALILLO COUNTY

Applying the 'cost-to-charge' ratio to Bernalillo County resident services yields a total 'cost' of $223 million for inpatient services and $176 million for outpatient care during 2007.

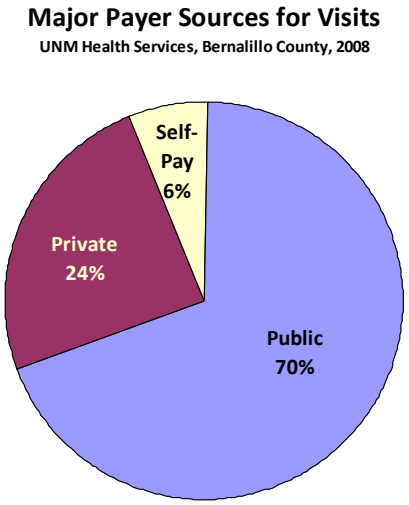
Visits and Charges by Payer Group

UNM Health Services, Bernalillo County, 2008

Payer Group	Inpatients			Outpatients		
	Visits	Charges	Median Charge	Visits	Charges	Charge / Visit
County Indigent Fund	67	$2,000,319	$18,707	1,732	$1,727,990	$998
IHS/PHS	113	$1,955,338	$10,695	2,855	$2,978,325	$1,043
Medicaid	6,467	$94,189,139	$4,935	101,549	$48,105,131	$474
Medicare	2,572	$72,184,662	$16,392	77,418	$49,257,499	$636
Other Government	967	$17,105,374	$5,069	23,882	$12,013,164	$503
Private	3,722	$94,906,204	$12,418	127,085	$79,682,874	$627
Self Pay	1,376	$21,317,974	$8,164	31,854	$23,221,979	$729
State Coverage Initiative	919	$19,519,974	$12,426	51,001	$31,354,083	$615
UNMCare	2,383	$61,180,701	$14,320	69,838	$54,274,888	$777
Behav Health Collective	703	$13,377,963	$12,321	16,837	$9,289,629	$552
Unknown	48	$443,687	$7,024	6,643	$3,069,628	$462
ALL PAYERS	**19,337**	**$398,181,335**	**$11,134**	**510,694**	**$314,975,191**	**$674**

The payer categories used in this report can be aggregated further into 3 major payer groups: Private insurance sources, Self pay, and Public payer programs (which include all others on the list).

Using this method of aggregation reveals that public monies constitute more than two-thirds of all charges or costs incurred by UNM.



APPENDIX 1 – LIST OF PAYER CATEGORIES AND COVERAGE PLANS

This appendix lists all 177 different coverage plans detailed in the 2008 UNM Hospitals database and enumerates the number of patients and visits attributed to each payer source. The 11 sections correspond to the major payer groups used throughout this report (summarized in the first table on the next page). The payer categories can also be aggregated further into 3 major payer groups: private insurance sources, self pay, and public payer programs (which include all others on the list).

The database also contains a variable called "Financial Class," utilized by UNM to categorize each encounter in regards to payment mode or debt, as oppose to categorizing each encounter by the actual parties responsible for health care coverage.

The "Financial Class" categories are <u>not</u> utilized in the main body of this report. It is necessary to obtain clarification regarding each Financial Class category and its relationship to "compensated" or "uncompensated" care as presented in UNM financial reports. This concern will be will be addressed in next edition of this report.

A summary of the "Financial Class" categories is also provided in the table "Patients, Visits and Charges by Financial Class" (second table on next page). The total charges classified in the financial classes of 'indigency' or 'bad debt' are, in turn, represented as percentages of the major payer categories we have used through out this report in the last column of the table "Categorization of Payer Sources" (first table on next page).

A total of 35% of all charges for 2008 were classified as 'indigency' or 'bad debt,' compared to 27.5% in 2007. For example, 13.4% of Medicare charges and 27.2% of charges to private insurers were classified as 'indigency' or 'bad debt' compared to 10.7% and 7.9%, respectively, in 2007

Charges reported in this appendix do not include figures from the UNM Medical Group or from UNM contract services with First Choice Community Health Care,

Categorization of Payer Sources

UNM Health Services, All Patients, 2008

Payer Group	Patients	% Patients	Visits	% Visits	Charges	Costs (56% of Charges)	% Charges or Costs	% Bad Debt or Indigency
Behav Health Collective	5,091	*2.7%*	19,257	*2.9%*	$31,226,197	$17,486,670	*2.7%*	*2.3%*
County Indigent Fund	2,579	*1.4%*	6,333	*0.9%*	$22,599,645	$12,655,801	*1.9%*	*66.1%*
IHS/PHS	3,464	*1.9%*	7,277	*1.1%*	$19,597,630	$10,974,673	*1.7%*	*17.2%*
Medicaid	42,198	*22.7%*	146,085	*21.8%*	$289,505,845	$162,123,273	*24.7%*	*2.4%*
Medicare	16,168	*8.7%*	98,733	*14.8%*	$208,941,489	$117,007,234	*17.8%*	*13.4%*
Other Government	8,202	*4.4%*	30,406	*4.5%*	$44,676,151	$25,018,645	*3.8%*	*18.5%*
State Coverage Initiative	9,939	*5.3%*	56,879	*8.5%*	$60,006,455	$33,603,615	*5.1%*	*1.5%*
UNMCare	18,871	*10.2%*	74,095	*11.1%*	$119,641,214	$66,999,080	*10.2%*	*95.6%*
TOTAL PUBLIC PAYERS	**106,512**	***57.3%***	**439,065**	***65.6%***	**$796,194,625**	**$445,868,990**	***67.9%***	***22.3%***
Private	**48,327**	***26.0%***	**178,835**	***26.7%***	**$301,577,546**	**$168,883,426**	***25.7%***	***27.2%***
Self Pay	**24,700**	***13.3%***	**41,910**	***6.3%***	**$69,246,286**	**$38,777,920**	***5.9%***	***94.0%***
Unknown	6,241	*3.4%*	9,043	*1.4%*	$5,800,014	$3,248,008	*0.5%*	*0.6%*
TOTAL	**185,780**	***100.0%***	**668,853**	***100.0%***	**$1,172,818,472**	**$656,778,344**	***100.0%***	***27.7%***

*For details of the coverage plans and payer categories, see main table in this appendix.

**As categorized in table below

Patients, Visits, and Charges by Financial Class

UNM Health Services, All Patients, 2008

Financial Class*	Patients	% Patients	Visits	% Visits	Charges	Costs (56% of Charges)	% Charges or Costs
GOVT'L & REF'L	17,434	*7.8%*	39,213	*5.9%*	$73,468,492	$41,142,355	7.9%
HMO / PPO	27,242	*12.3%*	98,740	*14.8%*	$98,217,595	$55,001,853	10.6%
INSURANCE & WC	17,001	*7.7%*	52,438	*7.8%*	$86,654,541	$48,526,543	9.4%
MEDICARE/AGED	9,705	*4.4%*	27,931	*4.2%*	$90,358,747	$50,600,898	9.8%
PENDING CAID	143	*0.1%*	172	*0.0%*	$435,431	$243,842	0.0%
SELF-PAY	21,503	*9.7%*	41,540	*6.2%*	$61,100,854	$34,216,478	6.6%
TITLE V CAID	9,356	*4.2%*	54,970	*8.2%*	$53,097,669	$29,734,695	5.7%
TITLE XIX CAID	48,508	*21.8%*	188,197	*28.1%*	$361,215,221	$202,280,524	39.0%
USPHS	4,010	*1.8%*	8,409	*1.3%*	$23,755,502	$13,303,081	2.6%
SUBTOTAL	**154,902**	***69.7%***	**511,610**	***76.5%***	**$848,304,052**	**$475,050,269**	**91.7%**
OOC INDIGENCY	788	*0.4%*	2,183	*0.3%*	$2,559,293	$1,433,204	0.3%
UNMH INDIGENCY	19,090	*8.6%*	77,985	*11.7%*	$71,831,063	$40,225,395	7.8%
SUBTOTAL	**19,878**	***9.0%***	**80,168**	***12.0%***	**$74,390,356**	**$41,658,599**	**8.0%**
EQUIFAX EBO	13,798	*6.2%*	19,293	*2.9%*	$81,245,041	$45,497,223	8.8%
INPATIENT BAD DEBT	31,472	*14.2%*	55,440	*8.3%*	$159,593,032	$89,372,098	17.2%
LITIGATION/LEINS	149	*0.1%*	151	*0.0%*	$4,220,340	$2,363,390	0.5%
MEDICARE BAD DEBT	1,890	*0.9%*	2,189	*0.3%*	$5,054,395	$2,830,461	0.5%
OUTPATIENT BAD DEBT	2	*0.0%*	2	*0.0%*	$11,256	$6,303	0.0%
SUBTOTAL	47,311	*21.3%*	77,075	*11.5%*	$250,124,064	$140,069,476	27.0%
TOTAL	**222,091**	***100%***	**668,853**	***100%***	**$925,253,701**	**$518,142,073**	**100%**

*as categorized by UNM HSC; this report uses the 10 'Payer Group' classification.

Note: Total number of patients contains duplicates as distinct visits by individual patients may be classified differently.

PAYER CATEGORIES AND COVERAGE PLANS, UNM HEALTH SERVICES 2008

Behavioral Health Collaborative				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
G57	363	922	NM CRRCTN DEPT	ASAP patients only/claims sent to Options
G85	103	296	CMMNTY CRRCTNS	For use by UPC only, out patient only, billed to Value Options
G86	1607	3298	DEPT OF HEALTH	For use by UPC, CASAA, Milagor only, billed to Value Options
M01B	69	158	OPTUMHEALTH	NM medicaid contracted with Amergroup
M02B	56	127	OPTUMHEALTH	NM medicaid contracted with Evercare
M79B	1	1	OPTUMHEALTH	Medicaid program through BCBS Salud
M85B	832	4327	OPTUMHEALTH	Medicaid patients registered in the Salud Program with Cimarron/If submitted to wrong carrier 90 days from denial.
M86B	737	3303	OPTUMHEALTH	Medicaid patients registered in the Salud Program with Lovelace
M87B	1190	5470	OPTUMHEALTH	Medicaid patients registered in the Salud Program with Presbyterian (90 day filing limit on date of denial if other insurance EOB, 1 Year date of denial if pres EOB.)
M90B	555	1355	OPTUMHEALTH	Medicaid - All categories not registered n the Salud Program, not CMS, EMSA or Out of State Medicaid
County Indigent Fund				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
F00	1074	1621	UH ASST IP/OP	$0 clinic copay
F05	37	89	BCIF	$5 clinic copay
F15	15	21	BCIF	$15 clinic copay
F30	1	3	BCIF	$30 clinic copay
G00	47	100	OOCI	Zero copay -out of county
G05	468	1333	OOCI	$5 clinic copay - Out of County
G15	235	696	OOCI	$15 clinic copay - Out of County
G30	49	134	OOCI	$30 clinic copay - Out of County
G40	990	2334	OTHER COUNTY	Patient's home County has authorized payment.
G41	1	2	OTHER COUNTY	Patient's home County has authorized payment.
Indian Health Services (U.S. Public Health Service)				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
G50ZZZ	3201	6611	PHS OP	United States Public Health Service - full coverage for all United States Indians - Outpatient only
R07ZZZ	507	665	CHS - IP	Contract Health Service - United States Public Health Service - all United States Indians, Primary and Secondary Coverages effective 10/01/86 admissions
R10ZZZ	1	1	CHS-ALBHSP IP	Contract Health Service - USPHS patients referred for admission by the Albuquerque PHS Hospital
Medicaid				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
G65	356	739	AHCCCS	Used for patients on Arizona medicaid - 6 mth-1 yr resolution
G66	22	27	CO. MEDICAID	120 days-60 days resolution
G67	19	25	CA. MEDICAID	1 year resolution
G68	28	34	TX. MEDICAID	95 day resolution
G69	2	2	FL. MEDICAID	1 year resolution
G99	175	295	O-O-S MEDICAID	Out of State Medicaid programs
M01	229	660	CAID AMERIGRP	NM medicaid contrcted with Amergroup
M02	192	589	CAID EVERCARE	NM medicaid contracted with Evercare
M07	27	30	MEDICAID CMSIP	Medicaid - Inpatient Children's Medical Services
M25	1107	1191	MEDICAID EMSA	Emergency Medical Services for aliens - use of this insurance plan will be controlled by the Business Office

PAYER CATEGORIES AND COVERAGE PLANS, UNM HEALTH SERVICES 2008

Medicaid				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
M65	1	1	HHC-MEDICAID	For Business Office use only
M70	411	1029	MEDICAID-CMSOP	Medicaid - Outpatient Children's Medical Services/Healthier Kids Fund 309 or CMS card required for billing
M79	136	273	BCBS SALUD	Medicaid program through BCBS Salud
M82	1	1	CPH LHP SALUD	For use by CPH/MHC for patients registered in the Salud Program with Lovelace
M83	2	2	CPH OPTS SALUD	For use by CPH/MHC for patients registered in the Options Salud program with Presbyterian
M85	11961	46920	SALUD MOLINA	Medicaid patients registered in the Salud Program with Cimarron/If submitted to wrong carrier 90 days from denial.
M86	7615	24583	SALUD LOVELACE	Medicaid patients registered in the Salud Program with Lovelace
M87	11711	38115	SALUD PRES	Medicaid patients registered in the Salud Program with Presbyterian (90 day filing limit on date of denial if other insurance EOB, 1 Year date of denial if pres EOB.)
M90	10666	28271	MEDICAID	Medicaid - All categories not registered n the Salud Program, not CMS, EMSA or Out of State Medicaid
M91	1	1	LIFECOURSEMGMT	Lifecourse SALUD subcontractor for patients in NW part of state
M92	787	1417	MEDICAID FMPLN	Exempt Medicaid for family planning
M93	37	40	MEDICAID QMB	Limited coverage for copays & deductibles for Medicare patients.
M99	348	613	REF CAID CHDRN	Identifier for Medicaid eligible children - parent(s) responsible for payment of all charges, if they do not apply for assistance under the Medicaid Program
O21	599	1037	PENDING IN CERNER	Pending Medicaid - Inpatient accounts and Day Surgery
O23	1	1	PNDG CAID OTHER	Pending MAWC benefit
O25	159	189	EMSA PENDING	Pending EMSA Coverage
153	1	1	MEDICARE-A IP	Effective 2/1/03
155	1	1	MEDICARE A IP	Effective 1/1/05
156	9	9	MEDICARE A IP	Effective 1/1/06
156	9	9	MEDICARE A IP	Effective 1/1/06
157	16	19	MEDICARE A IP	Effective 1/1/07
157	16	19	MEDICARE A IP	Effective 1/1/07
158	2909	4058	MEDICARE A IP	Effective for admissions 1/1/08
159	7	7	MEDICARE A IP	Used for Part A medicare with admit dates after
201	42	46	MEDICARE B IP	Medicare medical insurance, Part B coverage secondary to Part A
202	68	85	MEDICARE B IP	Medicare medical insurance, Part B coverage only
205	4	4	MEDICARE-BRRIP	Railroad benefits, Medicare medical insurance, Part B
251	15434	94135	MEDICARE B OP	Medicare medical insurance, Part B coverage
255	81	368	MEDICARE BRROP	Railroad benefits, Medicare medical insurance, Part B
Other Government				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
960ZZZ	1942	8465	M&I CARE 0%	Maternal & Infant Care Indigent Program, guarantor 0 charge
961ZZZ	207	848	M&I CARE 10%	Maternal & Infant Care Indigent Program, guarantor 10 percent charge
962ZZZ	139	614	M&I CARE 20%	Maternal & Infant Care Indigent Program, guarantor 20 percent charge
963ZZZ	136	597	M&I CARE 30%	Maternal & Infant Care Indigent Program, guarantor 30 percent charge

PAYER CATEGORIES AND COVERAGE PLANS, UNM HEALTH SERVICES 2008

Other Government				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
964ZZZ	71	271	M&I CARE 40%	Maternal & Infant Care Indigent Program, guarantor 40 percent charge
965ZZZ	46	197	M&I CARE 50%	Maternal & Infant Care Indigent Program, guarantor 50 percent charge
966ZZZ	44	169	M&I CARE 60%	Maternal & Infant Care Indigent Program, guarantor 60 percent charge
967ZZZ	25	68	M&I CARE 70%	Maternal & Infant Care Indigent Program, guarantor 70 percent charge
968ZZZ	9	23	M&I CARE 80%	Maternal & Infant Care Indigent Program, guarantor 80 percent charge
969ZZZ	20	45	M&I CARE 90%	Maternal & Infant Care Indigent Program, guarantor 90 percent charge
C56	151	498	CHAMP VA	CHAMPVA - military disabled and their dependants
C56	15	43	CHAMPVA	CHAMPVA - military disabled and their dependants
C56	151	498	CHAMP VA	CHAMPVA - military disabled and their dependants
C56	15	43	CHAMPVA	CHAMPVA - military disabled and their dependants
C70	3592	11887	CHAMPUSTRICARE	TriCare, active duty military and their retired military and their dependents
C71	200	390	TRICAREFORLIFE	Used when Tricare/ champus is secondary to Medicare
G01	305	328	SECTION 1011	Used for billing section 1011, is only available in Siemens Invision.
G03	62	117	US MARSHL PRIS	United States Marshall's Office prisoner
G06	99	179	CRRCTNLMEDSVCS	Inmates of State prisons, effective 7/1/07
G07	99	236	JUVENILE JSTC	4000 Edith NE 87107, for children in custody of Juv Justice , claims are sent to UNMMG
G23	578	2497	HIGHRISKPRENTL	State DOH Program
G51	14	34	SVC-BLIND/DVR	Services for the blind, New Mexico Division of Vocational Rehabilitation
G53	26	45	OTH DTNTN FAC	County jails to exclude BCDC
G54	675	1500	ALB VA MED CTR	Referral billing from Albuquerque Veterans Administration Hospital, non-OB
G56	13	20	WEXFORD	Inmates of State Prisons eff 7/04, exp 6/07
G70	1	1	KAFB OB/GYN PT	Military active duty patients treated in accordance with the federal government contract on OB & GYN patients, effective with services
G82	39	48	CPH CYFD	For use by Children's Psychiatric Hospital for the patients registered in the Children, Youth and family development program
G89	2	3	RYAN HLTH MGT	For use on patients covered by the Health Management Agreement with the State of New Mexico - HIV/AIDS - write off to 522086, secondary to any insurance; primary to any free service plan
N35	180	257	G C R C - IP	General Clinical Research Center
N47	11	11	CAD KIDNEY ACQ	Kidney Acquisition Program, Cadaveric donor
N48	8	8	LRD KIDNEY ACQ	Kidney Acquisition Program, Living Related Donor
N57ZZZ	150	576	RYAN WHITE GR	This Grant is a secondary coverage after other third party payors, but may be used as primary coverage when there isn't any other third party payor, outpatient only, Business Office will bill: Partners In Care Program - 2ACC
O24	25	31	PENDING CMD	Pending CMS Coverage
O70ZZZ	1	1	MUSC DYSTROPHY	Muscular Dystrophy Association - this plan is for balances after other third party payors. When MDA is primary the registration will be processed as referral billing and the payor plan code is system assigned thru the guarantor number.
Q71	178	399	UNM ATHLETICS	University of New Mexico Athletics Department supplemental health care program

PAYER CATEGORIES AND COVERAGE PLANS, UNM HEALTH SERVICES 2008

Private				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
A96	920	2845	AETNA	Aetna - generic plan/ Timely and denial 1 year DOS but can depend on policy type.
I04	43	70	MESA MENTAL	Insurance for behavioral health only, used by BCBS or behavioral claims
I07	26	54	AARP	American Association of Retired Persons
I08	926	6922	HUMANA	Humana Insurance (Commercial)
I12	618	1237	LIABILITY	Liability insurance, generic
I23	3	5	CONNETICUT GEN	Generic designated insurance plan for all Connecticut General Insurance Companies regardless of percentage of covered benefits
I24	3	4	HARTFORD LIFE	Generic designated insurance plan for all Hartford Life Insurance Companies regardless of percentage of covered benefits/Filing limit can depend on policy.
I38	4	14	NALC	National Association of Letter Carriers/ timely filing 12/31 of next year, 6 month after denial
I41	256	730	MACORI	Macori Insurance, available to UNM Students in summer, 06 po box 2567 Spring, Tx 77383-2567 1-800-285-8133
I55	3	4	W/C RATIO 0.93	Unspecified insurance Worker's Compensation, ratio effective 01/01/97
I56	2	2	W/C RATIO 0.97	Unspecified insurance Worker's Compensation, ratio effective 02/01/00
I57	6	9	W/C RATIO 0.90	Unspecified insurance Worker's Compensation, ratio effective 02/01/01
I58	1656	5200	W/C RATIO 0.91	Workers Comp effective 2/1/03
I66	129	377	GEHA	Government Employees Hospital Association, filing limit is 12/31 of next year and 6 months from denial.
I72	198	470	PRES HLTH PLN	Presbyterian Health Indemnity Plan for UNM Employees, their dependents and other policy holders, except the School of Medicine Faculty, Faculty Physicians and their dependents, effective 10/01/88
I74	13	28	MUTUAL - OMAHA	Mutual of Omaha/ denial 15 months DOS
I76	99	178	COVENTRY HLTH	First Health/ Timely filing and denial depends on the patients plan and polilcy.
I78	2	7	JOHN ALDEN	John Alden Life Insurance Company
I79	11	55	APWU	American Postal Workers Health Plan
I80	10	21	GUARDIAN LIFE	Guardian Life Insurance/ Timely filing and denials depends on patients policy and plan.
I81	197	524	PRINCIPAL LIFE	Principal Financial Group
I85	37	65	ASSURANT HLTH	Assurant Health, formerly Fortis/Time/Filing limit can vary depending on plan/policy
I86	298	790	GREAT WEST	
I87	50	150	MAILHANDLERS	Timely is 12/31 of next year. Denials 6 months
I92	129	399	PRES HP-SOM	Presbyterian Health Indemnity Plan for the School of Medicine Faculty physicians and their dependents
I96	2496	6341	GENERIC INSPLN	Primary - Generic insurance company
I97	101	173	GENERIC INSPLN	Secondary - Generic insurance company
K06	53	183	PPO BLUE MCARE	BCBS PO box3567 Scranton, PA 18503
K07	377	743	PRES HP UNM	Pres Health Plan for UNM Employees
K08	100	216	HUMANA GOLD	Humana Medicare Advantage Program/ Denials 24 months DOS
K09	135	409	EVERCARE	Commercial Evercare. If we file to the wrong insurance and it was suppose to go to Evercare we have 60 days from date of denial to file to Evercare. (includes Medicare Advantage and commercial)

PAYER CATEGORIES AND COVERAGE PLANS, UNM HEALTH SERVICES 2008

Private				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
K10	174	571	AMERIGROUP	Commercial Amergoroup (includes Medicare Advantage and commercial)
K16	6	10	UNITED RES NTW	United Resources Network, manages care for transplant patients, all claims go to URN for pricing URN sends to appropriate insurance company. Patients must be registered with 2 plans, URN as primary and their true insurance as secondary
K17	1	4	INTERLINK	
K20	41	73	CIGNA BEHAVHLT	Cigna Behavioral
K22	17	27	ISLETA HLTH CC	Patients from Isleta Pueblo, these should not be registered as FC 1, but should be FC K with K22 plan, they have insurance and we are contracted with them
K49	218	664	HCH ADMIN	HCH/Adm self funded insurance plan. P O Box 285 Peoria IL 61650 - eff 11/1/02 /denial 12 months from DOS but can depend on plan.
K50	3	6	CIMARRON NONUH	Cimarron-for patients other than University of New Mexico Hospital employees
K51	3	6	CIMARRON-UH	Cimarron- University of New Mexico Hospital employees and their dependents, Group #5900H1, effective 11/01/96
K52	173	499	HMO NEW MEXICO	HMO New Mexico-Health Maintenance Organization
K53	94	209	LOVELACE HLTPL	Lovelace Health Plan
K57	2083	8827	LOVELACE SRPLN	Lovelace Senior Plan - for members eligible for Medicare - coverage of members is by Lovelace referral only. Send claim forms to Lovelace, no to Medicare
K58	370	1020	PRES SENIORPLN	Presbyterian Senior Plan (90 day filing limit on date of denial if other insurance EOB, 1 Year date of denial if pres EOB)
K59	3108	9191	LOVELACESANDIA	
K60	173	674	MOLINA CAREOPT	Molina Senior Plan - replaces Medicare
K61	30	46	HMO - GENERIC	Generic Insurance Plan for other Health Maintenance organizations
K66	19	27	PRES HP/PRES	Presbyterian medical group (90 day filing limit on date of denial if other insurance EOB, 1 Year date of denial if pres EOB)
K68	2	2	PRES HP/SANDIA	Sandia - IPA
K70	3846	11678	CIGNA	CIGNA
K71	6160	18988	PRES HP HMO	Presbyterian Health Plan (90 day filing limit on date of denial if other insurance EOB, 1 Year date of denial if pres EOB)
K72	3	3	PRES HP-PPO	Presbyterian Health Plan PPO for UNM Employees, their dependents, state employees, their dependents and other policy holders
K73	1	1	LIFECOURSE	Lifecourse HMO
K74	1	1	QUAL-MED INC	Qual-Med, Inc - New Mexico Health Plan
K75	4021	12387	UNITED HEALTH	United Health Care Insurance Company
K76	14	19	BEECH STREET	Beech Street of California, Inc, administered by Beech Street Payor, GM Southwest - UNM Student Health Insurance Plan, students are individually insured, retroactive to 08/24/92
K77	99	192	HMA	Health Management Network for Navajo Natoin, American Home and other groups, P O Box 2069 Cottonwood AZ 86326
K90	31	56	PMS CUBA	Insurance for patients in Cuba catchment area. Secondary Medicaid/Medicare

PAYER CATEGORIES AND COVERAGE PLANS, UNM HEALTH SERVICES 2008

Private				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
K91	1258	3783	UNITED HLTHUNM	United health Care for UNM Employees
K92	3499	15877	LOVELACE UNM	Lovelace health Plan for UNM employees
Q86ZZZ	1	1	W/C DCNT 0.03	Unspecified insurance - discount portion to Worker's Compensation-Payor Plan Code I55, effective 02/01/00
Q88ZZZ	3	3	W/C DCNT 0.09	Workers Comp effective 1/1/03 (Secondary use only)
U61	3	5	IBEW #611	International Brotherhood of Electrical Workers, Local 611
U62	1	1	TEAMSTERS#492	Teamsters Union, Local 492
U97	50	123	UNION GENERIC	Unspecified Union Insurance Company. UFCW (united food commercial workers) 24 months filing limit./ Sheet metal workers has a 12 month filing limit.
X11	4745	24620	BCBS UH EMPL	BCBS for UH emplyees
X44	2892	8903	OUT STATE BCBS	Blue Cross/Blue Shield - All Out of State policies
X70	781	3292	BCBS UNM HO290	University of New Mexico Housestaff Physician Preferred Provider Option
X92	1366	4245	BCBS GOVTWD290	Blue Cross/Blue Shield - Federal Employees Government wide program, high and low option
X94	7710	24576	BCBS NM 290	Blue Cross/Blue Shield of New Mexico - unspecified plan
Self Pay				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
?	713	929	SELF PAY	
900	55	74	SELF PAY	downpayment waived by social work staff and will alert PFS PSR to change info in FAST. 40% discount on billed chgs
901ZZZ	22264	33386	SELF PAY IP	Self pay patients
905	1783	5110	SELF PAY	downpayment of $5 for clinic, 45% discount on billed charges
915	639	1767	SELF PAY	downpayment of $15 for clinic, 45% discount on billed charges
930	74	225	SELF PAY	downpayment of $30 for clinic, 45% discount on billed charges
950ZZZ	1	1	SELF PAY OP	Self pay patients
990	186	418	SELF PAY	Self pay patients eligible for 45% discount
State Coverage Initiative				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
M72	17	29	SCI MOLINA SALUD	SCI through Molina
M72	304	978	SCI SALUD MOLINA	SCI through Molina
M72	17	29	SCI MOLINA SALUD	SCI through Molina
M72	304	978	SCI SALUD MOLINA	SCI through Molina
M73	190	533	SCI SALUD LOVELACE	SCI through Lovelace
M73	9	18	SCI SALUD LOVELACE	SCI through Lovelace
M73	190	533	SCI SALUD LOVELACE	SCI through Lovelace
M73	9	18	SCI SALUD LOVELACE	SCI through Lovelace
M74	10	29	SCI SALUD PRES	SCI through Presbyterian
M74	116	202	SCI SALUD PRES	SCI through Presbyterian
M74	10	29	SCI SALUD PRES	SCI through Presbyterian
M74	116	202	SCI SALUD PRES	SCI through Presbyterian
N00	7903	44230	UNM SCI	UNM Care Initiative, zero copay
N05	1705	7341	UNM SCI	UNMCare Initiative, $5 copay
N07	725	3519	UNM SCI	UNMCare Initiative, $7 copay

PAYER CATEGORIES AND COVERAGE PLANS, UNM HEALTH SERVICES 2008

UNMCare				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
T00	1260	4583	UNM CARE	UNM Indigent Managed Care Program -0 copay
T05	11798	45068	UNM CARE	UNM Indigent Managed Care Program - $5.00 copays
T15	6147	21376	UNM CARE	UNM Indigent Managed Care Program-$15.00 copays
T30	917	3068	UNM CARE	UNM Indigent Managed Care Program - $30.00 copays
Unknown				
Payer Code	**Patients 2008**	**Visits 2008**	**Plan**	**Description**
O55	88	95	BUSINESS OFF HOLD	Business Office Supervisor use only, used to flag accounts for notes
O60ZZZ	6166	8946	REFL-WEEKLY	Referral billing
O66ZZZ	2	2	REFL BILLING	FMS only - for use by the Business Office when a UB92 is needed for specific accounts requested by Accounting