

UNM Hospital Board of Trustees OPEN SESSION – AMENDED AGENDA Friday, October 27, 2017 at 9:00 AM Barbara and Bill Richardson Pavilion Conference Room 1500

I. CALL TO ORDER - Jerry McDowell, Chair, UNM Hospital Board of Trustees

II. ANNOUNCEMENTS

- 2017 U.S. News & World Report "Best Hospitals" Michael Chicarelli, DNP, RN, CEN
- Chief of Staff Update Jennifer Phillips, MD

III. ADOPTION OF AGENDA

IV. PUBLIC INPUT

V. APPROVAL OF THE MINUTES

- September 29, 2017 UNMH Board of Trustees Meeting Minutes Michael Chicarelli, DNP, RN, CEN (Approval)
- October 3, 2017 UNMH Special Board of Trustees Meeting Minutes Michael Chicarelli, DNP, RN, CEN (Approval)

VI. SEPTEMBER ACTION ITEMS

- Board of Trustees Members should review MOU and submit comments to Mike Chicarelli; Bernalillo County has
 posted the MOU on their website for public comment
- UNMH Management to keep Board of Trustees updated on MOU issues as the process moves forward.
- UNMH Management to draft an update/report on Larry Gages's recommendations for Board of Trustees review.
 Mike Chicarelli and Jerry McDowell will coordinate/review prior to bringing to the Board of Trustees
- . Dr. Roth's office will send list of CEO Search Committee Members to Board of Trustees Members
- Ella Watt to send copy of KPMG Audit Report to Terry Horn, New Board of Trustees Member
- · Terry Horn will be added to the FACC
- Dr. Smidt and Dr. Phillip will be re-added to the Quality and Safety Committee
- More focus/details on safety metrics at Quality & Safety Committee meeting; a culture of safety report will be added to the November Q&S meeting
- · Presentation on Joint Commission process at October or November Board Meeting
- RFP Review of Modern Medical Facility to be presented to Board of Trustees following award
- Resolution from Board of Trustees (Bob Bailey Retirement)
- Jerry McDowell to offer a proposal email to Board Members for a Board Members only meeting such as an Executive Session
- Social gathering..... and/or organize a Retreat

VII. BOARD INITIATIVES

- Payment Policy Update Michael Chicarelli, DNP, RN, CEN
 - Revised Financial Assistance Policy
 - o Proposed New Discount Program Policy
 - Revised Patient Payment Policy
- Mission Excellence Update Sara Frasch
- Chairman's Report Jerry McDowell, Chair

VIII. ADMINISTRATIVE REPORTS

- · Chancellor for Health Sciences Paul Roth, MD
- CEO Report, UNM Hospitals Michael Chicarelli, DNP, RN, CEN
- CMO Report, UNM Hospitals Irene Agostini, MD
- UNM Board of Regents Update Michael Chicarelli, DNP, RN, CEN

IX. COMMITTEE REPORTS

- Quality and Safety Committee Dr. Raymond Loretto
- Finance, Audit & Compliance Committee Jerry McDowell, Chair
- Native American Services Committee Jerry McDowell, Chair

X. OTHER BUSINESS

• September Financials - Ella Watt

XI. CLOSED SESSION: Vote to close the meeting and to proceed in Closed Session.

- a. Discussion and determination where appropriate of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA.
- b. Discussion and determination, where appropriate, of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant pursuant to Section 10-15-1.H (7), NMSA.
- c. Discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA.
- d. Vote to re-open the meeting
- XII. Certification that only those matters described in Agenda Item XI were discussed in Closed Session; consideration of, and action on the specific limited personnel matters discussed in Closed Session.

2017 U.S. News & World Report "Best Hospitals"

life is why"

SouthWest Affiliate

AR • CO • NM • OK • TX • WY

10900-B Stonelake Boulevard • Suite 320 • Austin, Texas 78759 Tel 512-338-2400 • Fax 512-338-2401 www.heart.org

October 4, 2017

Steve McKernan CEO University of New Mexico Hospitals 2211 Lomas Blvd NE Albuquerque, NM 87106

Dear Steve McKernan:

Congratulations! You have been recognized for delivering evidence-based treatment guidelines to improve quality of care for heart disease and stroke patients. Research shows that hospitals adhering to the American Heart Association guidelines achieve better patient outcomes and reduced mortality rates.

I'm pleased to share the enclosed reprint that features your hospital in our 2017 *U.S. News & World Report* "Best Hospitals" congratulatory ad. You join an elite group of hospitals recognized for adhering to the latest scientific guidelines as part of our Get With The Guidelines ®, Mission: Lifeline ®, Target: Heart FailureSM, and Target: StrokeSM quality initiatives.

I encourage you to share the news with your staff, patients and the community at large as tangible evidence of your hospital team's commitment to provide the highest standards of patient care.

Together, we are advancing our mission of building healthier lives, free of cardiovascular diseases and stroke. Patients are counting on us, and we look forward to honoring your hospital's future progress.

On behalf of the American Heart Association/American Stroke Association, I offer heartfelt congratulations.

Sincerely,

Nancy Brown Chief Executive Officer

Enclosure

W. Byron Dunn Chair Dallas, TX

Mary Ann Bauman, MD President Seattle, WA

Chuck Davidson Chair-elect Houston, TX

Amit Khera, MD President-elect Dallas, TX

Robert "Skip" Allen Houston, TX

Jandel Allen-Davis, MD Denver, CO

John Avila Fort Worth, TX

Tony Best Bryan, TX

Martha Burger Oklahoma City, OK

Randy Cain San Antonio, TX

Art Cavazos, PhD Harlingen, TX

Stephen Daniels, MD, PhD Aurora. CO

Steve Love Dallas, TX

Wayne McConnell Houston, TX

James Postl Houston, TX

Robyn Sunday-Allen, RN, MPH Oklahoma City, OK

Margaret Tremwel, MD, PhD Fayetteville, AR

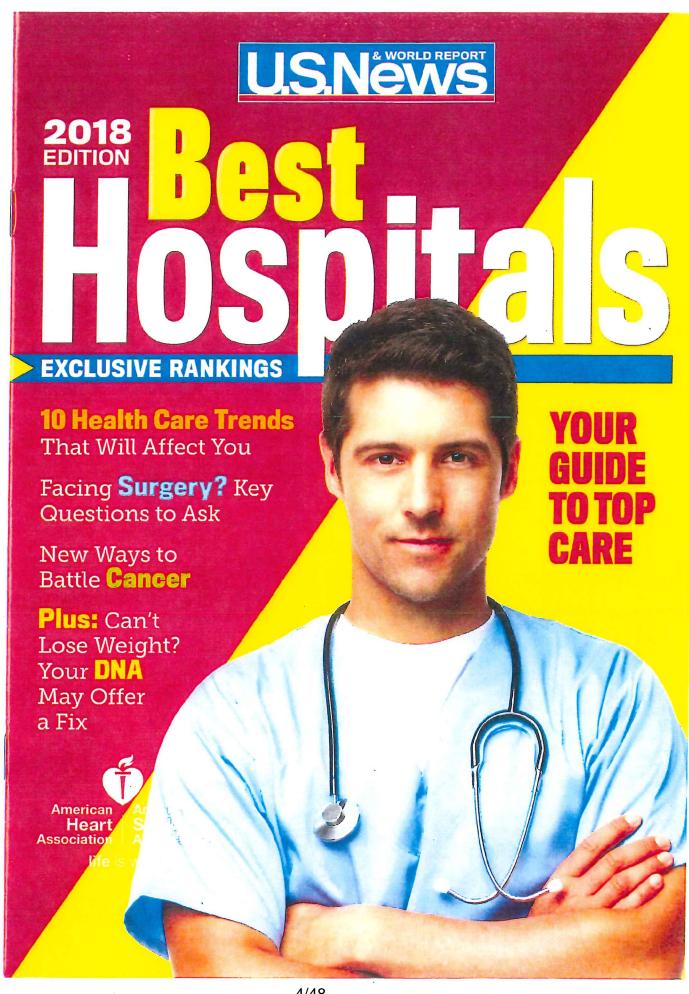
Steven Warach, MD, PhD Austin, TX

David Wheeler, MD, PhD Casper, WY

Janet Wong
The Woodlands TX

William Wood Houston, TX

Midge LaPorte Epstein Executive Vice President





Silver Achievement.

These hospitals are recognized for 1 calendar year of 85% or higher adherence on all achievement measures applicable to heart failure.



🏮 Gold Achievement.

These hospitals are recognized for two or more consecutive years of 85% or higher adherence to designated achievement measures applicable to resuscitation.

Silver Achievement.

These hospitals are recognized for one calendar year of 85% or higher adherence to designated achievement measures applicable to resuscitation.

*This hospital received Get With The Guidelines-Resuscitation awards for two or more patient populations.





Gold Plus

Achievement. These hospitals are recognized for two or more consecutive years of 85% or higher adherence on all achievement measures applicable and at least 75% or higher adherence with five or more select quality measures in stroke.

Gold Achievement.

These hospitals are recognized for two or more consecutive years of 85% or higher adherence on all achievement measures applicable to stroke.

Silver Plus Achievement. These hospitals are recognized for 1 calendar year of 85% or higher adherence on all achievement measures applicable and at least 75% or higher adherence with five or more select quality measures in stroke.

Silver Achievement.

These hospitals are recognized for 1 calendar year of 85% or higher adherence on all achievement measures applicable to stroke.

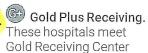
TO BE RECOGNIZED IN 2018:



All 2018 Mission Lifeline awards will use 2017 GWTG-CAD data

Mission: Lifeline

Gold Receiving. These hospitals are recognized for consecutive 2 year intervals of 85% or higher composite adherence to all STEMI Receiving Center Performance Achievement indicators and 75% or higher compliance on each performance measure.



These hospitals meet Gold Receiving Center criteria and in addition are recognized for 75% or higher achievement of First Door-to-Device time of 120 minutes or less for transferred STEMI patients.

Silver Receiving.

These hospitals are recognized for 1 calendar year interval of 85% or higher composite adherence to all STEMI Receiving Center Performance Achievement indicators and 75% or

higher compliance on each performance measure.

Silver Plus Receiving.

These hospitals meet Silver Receiving criteria and in addition are recognized for 75% or higher achievement of First Door-to-Device time of 120 minutes or less for transferred STEMI patients.

Gold Referring. These hospitals are recognized for consecutive 2 year intervals of 85% or higher composite adherence to all STEMI Receiving Center Performance Achievement indicators and 75% or higher compliance on each performance measure.

Silver Referring. These hospitals are recognized for 1 calendar year interval of 85% or higher composite adherence to all STEMI Referring Center Performance Achievement indicators and 75% or higher compliance on each performance measure.

Mission: Lifeline

Silver. These hospitals are recognized for 1 calendar year interval of achieving 65% adherence to Dual Antiplatelet prescription at discharge and 75% or higher compliance on each of the other 4 performance measures.

Bronze. These hospitals are recognized for at least one consecutive 90 day interval of achieving 65% adherence to Dual Antiplatelet prescription at discharge and 75% or higher compliance on each of the other 4 performance measures.

Honor Roll. These hospitals are recognized for at least one calendar quarter of 50% or higher adherence to all relevant Target: Heart Failure measures in addition to current Bronze, Silver or Gold Get With The Guidelines-Heart Failure recognition status.

TARGET: STROKE

🗱 📴 Honor Roll - Elite Plus. These hospitals are recognized for at least four consecutive quarters of 75% or higher achievement of door-to-needle times within 60 minutes AND 50% achievement of doorto-needle times within 45 minutes in applicable stroke patients in addition to current Silver or Gold Get With The Guidelines-Stroke recognition status.

Honor Roll - Elite.

These hospitals are recognized for at least four consecutive quarters of 75% or higher achievement of door-to-needle times within 60 minutes in applicable stroke patients in addition to current Silver or Gold Get With The Guidelines-Stroke recognition status.

Honor Roll. These hospitals are recognized for one calendar quarter or more of 50% or higher achievement of door-toneedle times within 60 minutes in applicable stroke patients in addition to current Bronze, Silver or Gold Get With The Guidelines-Stroke recognition status.

© 2017 American Heart Association



NEW MEXICO

Lea Regional Medical Center, Hobbs, NM..... Lovelace Medical Center, Albuquerque, NM......@ 😝 📾





Chief of Staff Update



UNMH MEDICAL STAFF CHIEF OF STAFF REPORT TO BOARD OF TRUSTEES MEETING OF OCTOBER 27TH, 2017

Clinical/ Quality/Patient Safety/Regulatory

- Two new members at large were voted for by the medical staff to be a part of the Medical Executive Committee- Dr. Rohini McKee of Surgery and Dr. Eileen Barrett of Internal Medicine. They will each serve two year terms.
- US News and World report has recognized UNM Hospitals for delivering evidence based care for heart disease and stroke. The American Heart Association and American Stroke Association also sent a congratulations for this achievement.
- Ambulatory Care received a 3 star rating this year from Vizient and had some excellent scores for equity (5 star), and quality and efficiency (4 star)!
- Dr. Roth has created a Wellness Taskforce for the Health Sciences Center. The charge: *To determine the extent of faculty and staff burnout in the School of Medicine and Health System and recommend an effective strategy to promote wellness and greater resiliency.* Provider and staff wellness is correlated to patient outcomes and patient satisfaction.

Research

 The <u>National Institute on Minority Health and Health Disparities</u> recently awarded a five-year, \$7.2 million dollar grant to UNM Health Sciences Center and UNM main campus partners to reduce behavioral health disparities among socioeconomically disadvantaged and underserved rural populations.

Education

• UNM is first in the nation among allopathic schools with the highest percent of med students choosing Family Medicine residencies! This once again makes us a National leader in Family Medicine and Primary Care.

Diversity

 Undocumented students at the University of New Mexico add tremendous value to our university community. UNM is richer and stronger because of them. As an institution, UNM is committed to do all it can to support and empower our undocumented students to reach their full potential at the



UNMH MEDICAL STAFF CHIEF OF STAFF REPORT TO BOARD OF TRUSTEES MEETING OF OCTOBER 27TH, 2017

university. The Provost's UndocuTask Force is a collaborative effort to strengthen resources and support services for undocumented students at UNM and establish a formal network that includes internal units and community partners. The website initiated by the Provost's UNDOCU task force is now live. http://undocumented.unm.edu/

Community

 The Department of Family and Community Medicine and Dr. Dan Waldman who is the Family Medicine residency director has created a rural fellowship with hopes of preparing more primary care doctors for rural New Mexico. They are accepting applications now!

September 29, 2017 UNMH Board of Trustees Meeting Minutes



Agenda Item	Subject/Discussion	Action/Responsible Person
Voting Members Present	Jerry McDowell, Erik Lujan, Nick Estes, Christine Glidden, Joe Alarid, Debbie Johnson, Aimee Smidt, and Terry Horn	
Ex-Officio Members Present	Dr. Paul Roth, Dr. Michael Richards, Stephen McKernan, Dr. Jennifer Phillips, and Garrett Adcock	
County Officials Present	Monica Roybal	
I. Call to Order	A quorum being established, Mr. Jerry McDowell, Chair, called the meeting to order at 9:04 AM	
II. Announcements	Mr. Jerry McDowell, Chair, welcomed Mr. Terry Horn as a new UNM Hospitals Board of Trustees Voting Member.	
	Mr. Stephen McKernan previously announced his retirement as CEO of UNM Hospitals and was acknowledged/recognized by several City, County, and State representatives.	
III. Adoption of Agenda	Mr. Jerry McDowell, Chair, requested a motion to adopt the agenda.	Dr. Raymond Loretto made a motion to adopt the agenda. Ms. Debbie Johnson seconded the motion. There being no objections, the motion carried.
IV. Public Input	Public Input was given by Siressa Manne, NM Center on Law and Poverty, Anjali Taneja, MD, Casa de Salud, and Michelle Melendez, Ele Valle, on the 50% down payment in reference to the Patient Payment Policy.	
V. Consent Approval	N/A	
VI. Approval of Minutes	Mr. Jerry McDowell, Chair, requested a motion to approve the August 25, 2017 UNM Hospital Board of Trustees Meeting Minutes.	Dr. Raymond Loretto made a motion to approve the August 25, 2017 UNMH Board of Trustees Meeting Minutes. Ms. Debbie Johnson seconded motion. The motion passed unanimously.
VII. Board Initiatives	Bernalillo County MOU Update: Mr. Stephen McKernan reported that he has been negotiating the MOU with Bernalillo County for over three years in conjunction with Indian Health Services (IHS) and All Pueblos Council of Governors (APCG) as well as representatives from UNM. Bernalillo County posted the MOU on their website on September 7 th and is seeking input with a closing date of October 7 th . Management believes UNMH, UNM, IHS and APCG will receive feedback from Bernalillo County once they have reviewed the comments at which time, UNMH, UNM, HIS, and APCG Management will focus on reviewing and then will bring to the Board of Trustees for recommendation. The recommendation would then go to HSC Committee for approval and then to Board of Regents. HIS and APCG will also have their Boards review. Mr. Jerry McDowell, Chair, encouraged Board of Trustee Members to review the posted MOU and send comments to Mr. Michael Chicarelli, Interim UNMH CEO.	



Agenda Item	Subject/Discussion	Action/Responsible Person
	Patient Payment Policy Update: Mr. Stephen McKernan indicated the community has made public comments at the Board of Trustees Meetings and at the Quality and Safety Committee Meetings. Dr. Raymond Loretto thanked the community for their comments regarding the Patient Payment Policy and was discussed at the September 22 nd Quality and Safety Committee Meeting. The Committee understands management's position and the advocate's position on the current policy. The Quality and Safety Committee have held detailed discussions with management and suggests to the Board of Trustees that management not provide recommended changes back to the full Board of Trustees until the MOU process with Bernalillo County has been completed. Bernalillo County posted the MOU on their website on September 7 th for review and comment with a closing date of October 7 th .	
	Board Committee Assignments: Mr. Jerry McDowell, Chair, stated the Board is pleased to welcome Mr. Terry Horn as a new voting Board Member. Mr. Stephen McKernan stated that he would like to have Mr. Terry Horn appointed to the Finance Committee. Mr. Jerry McDowell, Chair, said he was comfortable recommending that Mr. Terry Horn be appointed to the Finance & Audit Committee.	Ms. Debbie Johnson recommended that Mr. Terry Horn be appointed to the Finance & Audit Committee. Dr. Raymond Loretto seconded motion. The motion passed unanimously.
	Ms. Sara Frasch gave an update on the Mission Excellence (report in packet).	
VIII. Administrative Reports	Chancellor for Health Sciences Report: Dr. Paul Roth stated that the medical staff, HSC, and UNM stands behind commitment to assure appropriate care is being distributed to the whole community.	
	Dr. Paul Roth thanked Mr. Stephen McKernan for his service to UNMH over the years and welcomed Mr. Michael Chicarelli as Interim CEO of UNMH. WittKiefer will meet with Board of Trustees, Committee of Chairs and others in preparation for support in national search for new UNMH CEO.	
	Dr. Paul Roth's office is preparing legislative agenda. The RFP for the architectural firm for the New Modern Medical Facility was released this morning.	
	CEO Report: The CEO (report in the packet).	
	CMO Report: The CMO (report in the packet).	
	UNM Board of Regents Update: Mr. Stephen McKernan reported that the financial update was reviewed and the Board of Regents approved Mr. Terry Horn as a new Board of Trustees Member at their September meeting.	
IX. Updates	N/A	
X. Committee Reports	Quality and Safety (formerly POCEC) Committee: The Quality and Safety Committee met on September 22, 2017. Dr. Raymond Loretto gave a brief summary.	
	Finance, Audit & Compliance Committee: The Finance, Audit & Compliance Committee met on September 27, 2017. Mr. Jerry McDowell gave a brief summary (minutes in packet).	
	Native American Services Committee: The Native American Services Committee met on September 27, 2017. Mr. Jerry McDowell gave a brief summary (minutes in packet).	



	Agenda Item	Subject/Discussion	Action/Responsible Person		
XI.	Other Business	August Financials: Ms. Ella Watt gave an update on the August Financials.			
XII.	Closed Session	At 11:05 AM Mr. Jerry McDowell, Chair, requested a motion to close the Open Session of the meeting.	Dr. Raymond Loretto made a motion to move to Close Session. Ms. Debbie Johnson seconded the motion. The motion passed unanimously.		
XIII.	Certification	After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.			
XIV.	Vote to Re-Open Meeting	At 12:17 PM Mr. Jerry McDowell, Chair, requested a motion be made to return the meeting to Open Session.	Dr. Raymond Loretto made a motion to return to Open Session. Ms. Debbie Johnson seconded the motion. The motion passed unanimously.		
		Mr. Jerry McDowell, Chair, requested a motion be made to approve the August 16, 2017 Medical Executive Committee (MEC) Meeting Minute as presented in the Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept/approve the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session.	Mr. Joseph Alarid made a motion to approve the Medical Executive Committee Meeting Minutes. Dr. Raymond Loretto seconded the motion. The motion passed unanimously.		
		Mr. Jerry McDowell, Chair, requested a motion be made to approve the August 18, 2017 Quality and Safety Committee (formerly POCEC) Meeting Minutes as presented in Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept/approve the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session.	Ms. Debbie Johnson made a motion to approve the Quality and Safety Meeting Minutes. Ms. Christine Glidden seconded the motion. The motion passed unanimously.		
		Mr. Jerry McDowell, Chair, requested a motion be made to approve the Credentialing as presented in Closed Session.	Mr. Joseph Alarid made a motion to approve the Credentialing. Ms. Christine Glidden seconded the motion. The motion passed unanimously.		
XV.	Adjournment	The next scheduled Board of Trustees Meeting will take place on Friday, October 27, 2017 @ 9:00 AM at the University of New Mexico Hospital in the Barbara & Bill Richardson Pavilion 1500. There being no further business, Mr. Jerry McDowell, Chair, requested a motion to adjourn the meeting.	Dr. Raymond Loretto made a motion to adjourn the meeting. Ms. Debbie Johnson seconded the motion. The motion passed unanimously. The meeting was adjourned at 12:17 PM.		

Dr. Raymond Loretto, Secretary UNM Hospital Board of Trustees

October 3, 2017 UNMH Special Board of Trustees Meeting Minutes



Agenda Item	Subject/Discussion	Action/Responsible Person
Voting Members Present	Jerry McDowell, Erik Lujan, Nick Estes, Joe Alarid, Terry Horn, and Raymond Loretto	
Ex-Officio Members Present	None Present	
County Officials Present	None Present	
I. Call to Order	A quorum being established, Mr. Jerry McDowell, Chair, called the meeting to order at 3:15 PM	
II. UNMH CEO Search	Mr. Jerry McDowell, Chair, reported that Executive Search Firm Witt/Kieffer would meet with the Board of Trustees Members to discuss the UNMH CEO Search during the Closed Session of the meeting. Discussion was held amongst Board Members in reference to their preferences.	
III. Closed Session	At 4:45 PM Mr. Jerry McDowell, Chair, requested a motion to close the Open Session of the meeting.	Mr. Joseph Alarid made a motion to move to Close Session. Mr. Nick Estes seconded the motion. The motion passed unanimously.
IV. Certification	After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.	
V. Vote to Re-Open Meeting	At 4:47 PM Mr. Jerry McDowell, Chair, requested a motion be made to return the meeting to Open Session	Dr. Raymond Loretto made a motion to return to Open Session. Mr. Terry Horn seconded the motion. The motion passed unanimously.
VI. Adjournment	The next scheduled Board of Trustees Meeting will take place on Friday, October 27, 2017 @ 9:00 AM at the University of New Mexico Hospital in the Barbara & Bill Richardson Pavilion 1500. There being no further business, Mr. Jerry McDowell, Chair, requested a motion to adjourn the meeting.	Dr. Raymond Loretto made a motion to adjourn the meeting. Mr. Terry seconded the motion. The motion passed unanimously. The meeting was adjourned at 4:47 PM.

Dr. Raymond Loretto, Secretary UNM Hospital Board of Trustees

Revised Financial Assistance Policy

FINANCIAL ASSISTANCE POLICY

POLICY STATEMENT

UNM Hospital offers financial assistance_for the patient's medical bill(s) for qualified patients, which is known as "UNM Care," who meet each of the following:

- 1. Meets Ceertain identity requirements; and
- 2. Meets State and county residency requirements; and
- 3. Is not covered or is only partially covered by government or private insurance; and
- 4. Meets <u>Ee</u>stablished financial requirements for establishing indigent status, defined as 300% of the Federal Poverty Guidelines or below; and
- 5. Meets Mmedical necessity criteria and
- 6. The services are covered by the <u>UNM Care</u> financial assistance program.

UNM Hospital will abide by the federal Emergency Medical Treatment and Labor Act (EMTALA) in providing care to patients at UNM Hospital. The UNM Hospital will abide by applicable all federal, state, and local laws in determining eligibility for the provision of financial assistance. Individuals will be assessed for indigent status and financial assistance eligibility when documentation is submitted to UNM Hospital Financial Services Department. UNM Care is another name for the UNM Hospital's Financial Assistance Program. As UNM Care is not a fund for payment of medical services but rather a financial assistance program, mMedical services rendered to patients outside the UNM Hospital are not payable by UNM Hospital.

DETAILED POLICY STATEMENT

Identity Requirements

<u>A The</u>-patient <u>seeking financial assistance under the UNM Care program</u> must provide documentation to demonstrate <u>his or her their</u>-identity. Any of the <u>following se</u> documents may demonstrate identity: Social Security card, U.S. Passport, state_-issued identification, birth certificates, citizenship/naturalization records, Visa, Indian census records, certificate of Indian Blood, court records, voter registration card, divorce papers, licensed school records, licensed day care center records or a letter from a licensed physician or nurse. <u>Patients who are not "qualified aliens" or who are "unqualified aliens" under the provisions of PRWORA are not eligible for participation in the UNM Care financial assistance program, except as provided in this Policy.</u>

Residency Requirements

To be eligible for financial assistance under the UNM Care program, tThe patient must be living in New Mexico and demonstrate an intention to remain in the state. Residency in New Mexico and Bernalillo County is established by living in the state and county and carrying out the types of activities associated with normal living: such as occupying a home, enrolling children in school, attaining a New Mexico driver's license or New Mexico State issued identification card, renting a post office box, obtaining employment within Bernalillo County or the State of New Mexico.

The patient can demonstrate this residency by bank statements, home ownership, rental leases, and letters addressed to the patient at a home address, utility bills, and proof of enrollment of self or child in an educational institution, pay stubs, income tax returns, or other similar documents.

Patients who meet residency requirements for the State, but are not residents of Bernalillo County, will only be eligible for indigent status and financial assistance if the service they <u>are to</u> receive <u>or have received</u> at the UNM Hospital is not available in their county of residence, as determined by the Medical Staff of UNM Hospital. These patients should apply for their home county indigent funds before applying for <u>coverage under the UNM Care Hospital</u>-financial assistance program.

Financial Requirements

The patient must verify income by providing: employment pay stubs; income tax returns; letter from employers; direct bank deposits; letters or copies of checks from Social Security, Worker's Compensation, Veteran's Affairs, Bureau of Indian affairs, or other similar documents.

The patient must verify assets. Assets may be verified by providing bank statements, investment statements or other similar documents. -Retirement funds, primary residence, and vehicles are not considered in the asset level.

Medical Necessity Criteria

Only medically necessary services, as determined by the treating UNM Hospital medical staff provider, will be eligible for <u>coverage under the UNM Care</u> financial assistance <u>program</u>. All services are subject to review by the Medical Director of the Utilization Review Department.

Notwithstanding a patient's immigration status, pPatients may be eligible for indigent status and financial assistance under the following circumstances:

- 1. A patient is treated for an emergency medical condition, as determined and documented by the treating provider;
- 2. A patient is treated for the signs or symptoms of a communicable disease, as determined and documented by their treating provider, whether or not those symptoms are caused by <a>a communicable disease; or
- 3. A patient is treated for immunizations, as documented in the medical record.

The following services are services that which are typically not considered covered services within the meaning of this Policy:

- cosmetic surgery,
- reversal of vasectomy,
- elective pregnancy terminations,
- tubaplasties,
- infertility studies and treatment,

• other services not routinely provided by UNMH medical staff or facilities as determined by the medical staff of UNM Hospitals.(for example, liver or cardiac transplantation)

Exceptions to non-covered services will be considered by the Medical Director of the service in guestion and Chief Medical Officer.

Other Coverage

With limited exceptions as described below, the UNM Care Hospital's financial assistance program is the financial program of last resort. This means that third party government or private insurance will be a primary financial payment source before the UNM Care Hospital's financial assistance program will be applied. Medicaid—eligible individuals must apply for Medicaid and receive a denial of eligibility prior to being considered for indigent status and financial assistance. Notwithstanding, Indian Health Service Contract health coverage is secondary to the UNM Care UNM HSC's-financial assistance program for those Native Americans who reside in Bernalillo County and who meet the financial assistance and medical necessity criteria.

A patient can be eligible for indigent status and financial assistance with respect to any unpaid amounts after the <u>third party</u> government or private insurance has fully paid UNM Hospital as required under the terms of that <u>third party</u> government or private insurance plan. <u>UNM Hospital</u> will subrogate with a liability payer for third party tortfeasor cases.

Indian Health Service Contract health coverage is secondary to UNM HSC's financial assistance for those Native Americans who reside in Bernalillo County and who meet the financial assistance and medical necessity criteria.

Denial and Appeal Process:

A patient will receive a letter from UNM Hospital if the patient is denied eligibility for participation in to the UNM Care financial assistance program for any reason. If a patient is not granted indigent status or financial assistance because of lack of documentation for identity, residency, income, asset or medical necessity reasons, they can appeal that decision to the Medical Director of the Utilization Review Department and the UNM Hospital -Chief Medical Officer.

Co-pay Requirements

Any patient who is not covered in whole or in part by third party government or private insurance and who is otherwise qualified for indigent status and financial assistance as provided in this Policy will be required to pay the following co_pay amounts and will be eligible for the following levels of assistance:

			Type of Visit/Procedure		
Income Level (% of FPG)	Applicable Program	Asset Level	Clinic Visit Co- Pay	Emergency Dept. Diagnostics Co- Pay	Inpatient Stay, Day Surgery Co- Pay
0-100%	Financial Assistance/Discount Program	\$20,000	\$5	\$10	\$25
101% - 200%	Financial Assistance/Discount Program	\$20,000	\$10	\$20	\$75
201% - 300%	Financial Assistance/Discount Program	\$20,000	\$20	\$75	\$300

<u>Notwithstanding the above table</u>, Native Americans who provide documentation of tribal affiliation and qualify for financial assistance will not be required to pay a co-payment for services covered under financial assistance.

Patients who are determined to be eligible for the UNM Care financial assistance program, shall have all amounts beyond the co-payment amounts shown in the above table, written off as charity care under this Policy. However, pPatients can, and are strongly encouraged to, make payment arrangements for monthly payments for their unpaid balance(s). _UNM_Hospital will not accrue interest on any balance owed for an account with UNMH for a self pay contract account.

Other

If a patient otherwise qualifies for the indigent status but is not eligible for full financial assistance, they <u>may be will be eligible</u> to <u>participate in the UNM Hospital Discount Program under the UNM Hospital Discount Program Policy.</u> receive a 45% discount and may set up a payment plan that will not charge interest and allow for monthly payments If the patient accumulates multiple accounts they may request that the accounts be combined.

APPLICABILITY

This policy pertains to all UNM Hospitals and Clinics including the UNM Hospitals-based clinics at the UNM Comprehensive Cancer Center.

POLICY AUTHORITY

Chief Executive Officer

SUMMARY OF CHANGES

This policy replaces: UNMH Financial Assistance Policy Effective dated 1012/304/201509.

REFERENCES AND CROSS-REFERENCES

Personal Responsibility and Work Opportunity Reconciliation Act, 8 U.S.C. § 1621. In this Policy, the Personal Responsibility and Work Opportunity Reconciliation Act is referred to as "PRWORA."

CMS Provider Reimbursement Manual, Chapter III, Section 310.

CMS Provider Reimbursement Manual, Chapter III, Section 312.

UNM Hospital Discount Program Policy.

UNM Hospital Patient Payment Policy.

UNM Hospital Bad Debt Policy

Proposed New Discount Program Policy

DISCOUNT PROGRAM POLICY

POLICY

If a patient otherwise qualifies for indigent status but is not eligible for financial assistance under the UNM Hospital Financial Assistance Program Policy, they may be eligible to participate in the UNM Hospital Discount Program established under this Policy. The discount program described in this Policy is not, as shall not be construed to be, financial assistance in respect of patients who qualify for indigent status but who are not eligible for financial assistance under the UNM Financial Assistance program.

UNM Hospital offers the Discount Program for the patient's medical bill(s) for qualified patients who meet each of the following:

- 1. Is not covered by government or private insurance; and
- 2. Established financial requirements for establishing indigent status, defined as 300% of the Federal Poverty Guidelines or below ("Indigent Status").

UNM Hospital will abide by the federal Emergency Medical Treatment and Labor Act ("EMTALA") in providing care to patients at UNM Hospital. Individuals will be assessed for Indigent Status eligibility when documentation is submitted to UNM Hospital Financial Services Department. As the Discount Program is not a fund for payment of medical services, medical services rendered to patients outside the UNM Hospital are not payable by UNM Hospital. The remaining balance, after the Discount described in this Policy is applied, shall remain due and owing to UNM Hospital.

DETAILED POLICY STATEMENT

Discount and Repayment Plan

If a patient otherwise qualifies for Indigent Status but is not eligible for financial assistance under the UNM Hospital Financial Assistance Program Policy, that patient will be eligible to receive a 45% discount from UNM Hospital's billed charges.

In addition, a patient who otherwise qualifies for Indigent Status (but not eligible for financial assistance) may set up a repayment plan (the "Repayment Plan") for all amounts remaining outstanding after application of the Discount. In this connection, UNM Hospital will work with each patient to come to an agreement as to a Repayment Plan. In this connection, once a Repayment Plan is established, UNM Hospital will not charge interest on outstanding amounts owing and will allow for monthly payments.

If the patient accumulates multiple accounts, he or she may request that the accounts be combined into one account and included in a single Repayment Plan.

Unless and until a patient presents at the UNM Hospital Financial Services Department and provides the sufficient information to enable UNM Hospital to grant Indigent Status to the patient as described in the "Financial Requirements" section, below, the patient is not eligible for the Discount and/or the Repayment Plan.

The amounts outstanding after application of the Discount shall remain due and owing to UNM Hospital until the Repayment Plan results in payment in full of the amounts outstanding.

Residency Requirements

To be eligible for the Discount Program, the patient must be living in New Mexico. Residency in New Mexico is established by living in the state and county and carrying out the types of activities associated with normal living: such as occupying a home, enrolling children in school, attaining a New Mexico driver's license or New Mexico State issued identification card, renting a post office box, obtaining employment within the State of New Mexico.

The patient can demonstrate this residency by bank statements, home ownership, rental leases, and letters addressed to the patient at a home address, utility bills, and proof of enrollment of self or child in an educational institution, pay stubs, income tax returns, or other similar documents.

Financial Requirements

To be eligible for Indigent Status and, therefore, the Discount, the patient must verify income by providing: employment pay stubs; income tax returns; letter from employers; direct bank deposits if gross amount of payment can be determined; letters or copies of checks from Social Security, Worker's Compensation, Veteran's Affairs, Bureau of Indian affairs, or other similar documents.

In addition, to be eligible for Indigent Status and, therefore, the Discount, the patient must verify his or her assets. Assets may be verified by providing bank statements, investment statements or other similar documents. Retirement funds, primary residence, and vehicles are not considered in the asset level.

Other Coverage

With limited exceptions as described below, third party government or private insurance will be a primary financial payment source before the Discount will be applied. Medicaid-eligible individuals must apply for Medicaid and receive a denial of eligibility prior to being considered for Indigent Status, the Discount, and/or the Repayment Plan.

Denial and Appeal Process:

A patient will receive a letter from UNM Hospital if the patient is denied eligibility for participation in the Discount Program described in this Policy for any reason. If a patient is not granted Indigent Status because of lack of documentation, for income or asset reasons, they can

appeal that decision to the Medical Director of the Utilization Review Department and the UNM Hospital Chief Medical Officer or designee.

Down-payment Requirements

Any patient who is not covered in whole or in part by third party government or private insurance and who is otherwise qualified for Indigent Status as provided in this Policy will be required to pay the following down-payment amounts:

			Type of Visit/Procedure		
Income Level (% of FPG)	Applicable Program	Asset Level	Clinic Visit Co- Pay	Emergency Dept. Diagnostics Co- Pay	Inpatient Stay, Day Surgery Co- Pay
0-100%	Financial Assistance/Discount Program	\$20,000	\$5	\$10	\$25
101% – 200%	Financial Assistance/Discount Program	\$20,000	\$10	\$20	\$75
201% - 300%	Financial Assistance/Discount Program	\$20,000	\$20	\$75	\$300

APPLICABILITY

This policy pertains to all UNM Hospitals and Clinics including the UNM Hospitals-based clinics at the UNM Comprehensive Cancer Center.

POLICY AUTHORITY

Chief Executive Officer

REFERENCES AND CROSS-REFERENCES

Personal Responsibility and Work Opportunity Reconciliation Act, 8 U.S.C. § 1621.

CMS Provider Reimbursement Manual, Chapter III, Section 310.

CMS Provider Reimbursement Manual, Chapter III, Section 312.

UNM Hospital Financial Assistance Program Policy.

UNM Hospital Patient Payment Policy.

UNM Hospital Bad Debt Policy

Revised Patient Payment Policy

PATIENT PAYMENT POLICY

POLICY STATEMENT

All patients who <u>receivedreceive</u> medical services at the UNM Health Sciences Center will be required to pay for those medical services. This payment liability can be met through the patient's private insurance or government reimbursement programs. However, any remaining unpaid balance owing to the UNM Hospital will be the patient's obligation to satisfy.

A patient whose financial liability is not satisfied by the patient's private insurance or enrollment in government reimbursement programs, may be eligible for either UNM HSC's financial assistance program or a discount.

UNM HSC will abide by the federal Emergency Medical Treatment and Labor Act (-EMTALA) in providing care to patients at UNM Hospitals.

UNM Hospital will abide by <u>Medicare Provider Reimbursement Manual PartChapter III</u>, Section 310-(A), entitled "Reasonable Collection Agencies. Effort" as well as Chapter III, Section 312, entitled "Indigent or Medically Indigent Patients."

DETAILED POLICY STATEMENT

Subject to the UNM HSC Financial Assistance Policy, aA patient scheduled to receive non emergent, elective medically necessary medical care may be required to make a down or copayment in advance for the medical care or procedure. This down or co-payment requirement is subject to the UNM Hospital Financial Assistance Policy and the UNM Hospital Discount Program Policy. Patients with coverage under commercial insurance, coverage by a HMO, and/or coverage by an MCO (including Centennial Care MCOs) are required to pay co-payments and/or co-insurance payments as required under their plan of coverage. Patients who are unable to make a down or co-payment at the time for service will be triaged by the medical provider to determine if the visit is medically urgent and the payment should or procedure is medically necessary care. Patients can, and are strongly encouraged to, negotiate, establish, and make payment plan arrangements for monthly payments for their Patient Payment Responsibility, which shall be deferred. HMO patients are required to pay their assigned co-payments.interestfree. The co-paystable below are based on shows -- dependent upon the Federal Poverty Guidelines (FPG) and are revised annually. Retirement funds, primary residence, and vehicles are not considered in the asset level. The chart below indicates co-pays for financial assistance, discount program and self pay patients.-- how down and co-payments will be applied:

Income Level (% of FPG)	Asset Level	Clinic Visit Co- Pay	Emergency Dept, Diagnostics Co-Pay	Inpatient stay, Day Surgery Co-pay
0 - 100%	\$20,000	\$5	\$10	\$25
100 - 200%	\$20,000	\$10	\$20	\$75
200 - 300%	\$20,000	\$20	\$75	\$300
300 – 350%	\$20,000	\$50	\$150	\$500
Self pav	NA	\$50	\$200	50% estimated charges

			Type of Visit/Procedure		
Income Level (% of FPG)	Applicable Program	Asset Level	Clinic Visit Co-	Emergency Dept. Diagnostics Co- Pay	Inpatient Stay, Day Surgery Co- Pay
<u>0-100%</u>	Financial Assistance/Discount Program	<u>\$20,000</u>	<u>\$5</u>	<u>\$10</u>	<u>\$25</u>
101% - 200%	Financial Assistance/Discount Program	<u>\$20,000</u>	<u>\$10</u>	<u>\$20</u>	<u>\$75</u>
<u>201% - 300%</u>	Financial Assistance/Discount Program	<u>\$20,000</u>	<u>\$20</u>	<u>\$75</u>	<u>\$300</u>

Patients must apply for, provide the information required under the Financial Assistance Policy and the Discount Program Policy (as applicable), and be determined to be eligible to participate for either one of these programs before these down or co-payment amounts can be applied. Patients are responsible for the balance of accounts after financial assistance eligibility has been determined and/or all discounts have been taken.

Patients can, and are strongly encouraged to, make payment arrangements for monthly payments for their unpaid balance(s) without interest. Patients with multiple accounts may request that all accounts be combined into a single account.

EXTENDED BUSINESS OFFICE

The UNM HSC will use an Extended Business Office (EBO) program to follow up on self-pay accounts and self-pay balances. The EBO has the authority to combine accounts and set up payment arrangements. If a patient is approved for financial assistance after an account has been referred to EBO, the account will be adjusted to financial assistance. Notwithstanding the foregoing, the EBO will not engage in any Extraordinary Collection Action for pursuit of any outstanding and unpaid amounts in respect of any accounts approved for financial assistance under the Financial Assistance Policy and/or any accounts approved for indigent status under the Discount Program Policy.

COLLECTION AGENCY AGENCIES

The UNM HSC will engage and use one or more collection agencies to follow up on unpaid patient accounts after a six-month period in which a patient has an unpaid balance or has not met agreed upon payment arrangements for three consecutive months. The collection agency is not allowed to pursue judgments on accounts, place liens on patient's property or charge interest. The collection agency shall not be allowed to commence litigation or otherwise pursue judgments on accounts, place liens on patient's property, charge patients for attorneys' fees or charge interest on any outstanding balance. Accounts approved for financial assistance will not be assigned to a collection agency for pursuit of any outstanding and unpaid co-pay amounts. Similarly, accounts approved for indigent status will not be assigned to a collection agency for pursuit of any outstanding and unpaid amounts. Patients who do not apply for or provide the necessary information to enable UNM Hospital to determine their eligibility either for financial assistance under the Financial Assistance Policy or indigent status under the Discount Program Policy, will not be eligible to be exempted from referral to the collection agencies.

The collection agency will <u>strictly</u> follow all applicable state and federal laws including, <u>without limitation</u>, the <u>federal</u> Fair Debt Collections Practices Act. <u>Accounts approved for financial assistance or indigent status will not</u> go to a collection agency for pursuit of <u>and</u> the <u>eo-pays.regulations promulgated thereunder.</u>

APPLICABILITY

This policy pertains to all UNM HSC Hospitals and Clinics including UNM Medical Group, and the UNM Comprehensive Cancer Center.

DEFINITIONS

<u>In this policy, the following terms shall have the meanings set forth below:</u>

Extraordinary Collection Action: An "Extraordinary Collection Action" is any of the following:

- (i) Any action to obtain payment from a Patient that requires a legal or judicial process, including without limitation the filing of a lawsuit;
- (ii) selling a Patient's debt to the Hospital to another party, including without limitation to a Collection Agency;
- (iii) reporting adverse information about a Patient to a consumer credit reporting agency or credit bureau;
- (iv) seizing a bank account;
- (v) causing an arrest in connection with collection of a debt;
- (vi) wage garnishment;

- (vii) lien on a residence or other personal or real property;
- (viii) foreclosure on real or personal property;
- (ix) delay or denial of medically necessary care based on the existence of an outstanding balance for prior service(s); or
- (x) obtaining an order for examination.

Extraordinary Collection Actions do not include the assertion of, or collection under, a lien asserted under the New Mexico Hospital Lien Act. Further, filing a claim in a bankruptcy proceeding is not an Extraordinary Collection Action.

<u>Uninsured Patient:</u> An "Uninsured Patient" is a patient who has no third-party source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs, or third party liability, and includes a patient whose benefits under all potential sources of payment have been exhausted prior to an admission.

Billed Charges: "Billed Charges" are the undiscounted amounts that a Hospital customary bills for items and services.

Patient Payment Responsibility: "Patient Payment Responsibility" is the amount that a Patient is responsible to pay out-of-pocket after the patient's third-party coverage has determined the amount of the patient's benefits, after eligibility is determined under the Financial Assistance Policy, and/or after any discount is applied under the Discount Program Policy.

Federal Poverty Guidelines or FPG: Guidelines developed by the U.S. Department of Health & Human Services on an annual basis. Levels are determined by the number of members in an individual's household and their annual income.

Medically Necessary Care: "Medically necessary care" shall have the meaning ascribed to those terms under the regulations adopted by the New Mexico Human Services Department in respect of the Medical Assistance program, specifically, NMAC § 8.302.1.7.

Mission Excellence Update



MISSION: Excellence Update tied to BOT Board Retreat

October 25, 2017

Flipchart Notes

Board of Trustees Retreat 11/18/2016 Flip Chart Notes

Ground Rules:

- Take turns when speaking
- Listen (1)
- Say what you're thinking
- Stay focused
- · Be open to change
- Be open/be honest
- Talk about systems/issues, not people
- Everyone participates

•••••

1. Data

- o Quality
- o Availability
- Transparency
- 100% behind ME
 - o Determine role of chairs
 - Support "training" for Chairs on OPS
 - ID how to involve in decision-making

3. Structure

- Learn about other org. structure
- o Integrated Decision-Making
- o Delegated Decision-Making-Physician LED
- Distributed decision making
- 19 Consider one organization (?) Learn about other models

Transparency—16

- Financial
- o Structure
- o Comp
- o Transparency of numbers

Say in decision-making = Front line involvement

(Budget, medical environment)

- (14) Make processes evidence-based empower middle management and designated leaders to make decisions for institutions, not individuals and/or departments
- o Reward, not punish, honest feedback.
- Make environment SAFE for accurate reporting
 - Be open about failure and learn from it
 - Have designated persons to help assure <u>allocations</u> are fair and for majority of patients and overall system – the transparent ab 304/48 HOW, WHO, HOW MUCH

Board of Trustees Retreat 11/18/2016 Flip Chart Notes

Establish more standard processes and be transparent along the way

5. Align Goals

- o Process designed evidence Based by those doing it Mid Management
- o Silo
- o Delegation of decision-making
- o Commit to new initiatives
- 16 Align Goals across systems too many "competing" priorities in silos we lock ourselves into budgets based on past and not where we are going.

0

6. Communication

- o Change the way we're saying things
- o Open Acknowledge of it; learn from it?
- Communicate the WHY (help people who execute understand the rationale and benefit)
- Recognize need for changes needed and communication that would be necessary to make that happen
- o "Hospitals are capital generators, Physicians are capital dissipaters" must end as mindset
- o Use accurate language and reporting communicate realities of situation and cultures

7.Well defined leadership-18

- o Lack of agreement at top?
- o Perception > Reality?
- o Sr. Leadership doesn't tolerate where we're at: we won't tolerate
- o Share responsibilities, authority resources & accountability
- o Answer: Provider leadership structure that enables equally weighted influence

8. Cultural Commitment

- · To broad analysis of proforma that fits to reality and needs of population
 - o Empower Medical Directors
- Do not allow/support Work-around(s)
- Manage up/delegate authority
- Service Agreements
- 6 Recognize distrust within system(s) Prioritize Response
- Succession Plan
- Own our Accomplishments and our weaknesses → Accountability
- . (2) Identify sacred cows as such and deal with facts, not tradition or indirect preference
- Breed camaraderie and transparency not fear and intimidation
- Do root cause analysis of flaws & deficiencies to make processes effective, not exhausting and be transparent about solutions and allocations.
- · To achieve change, with change



Top 5 Items from Retreat

- Make processes evidence-based, empower middle management and designated leaders to make decisions (14)
- 2. Consider one organization (19)
- 3. Align goals across systems—too many "competing" priorities in silos (16)
- Transparency (financial, structure, compensation)
 (16)
- 5. Well-defined leadership (18)



Empowerment

We asked for:

Make processes evidence-based; empower middle management

- Roun
- Stopl
- LTE s
- Clinic Dyad

Measures

Rounding:

41,688 Total Rounds

Stoplight Reports:

20,730 Issues logged

11,598 Issues Closed

LTE Sessions:

March 2017—893

June 2017—811

September 2017—815



Structure

We asked for:

Consider
One
Organization

- Alignm partner
- Job title
 Descrip
- Alignm cascadi

Measures

Alignment:

Dyads identified

Job Titles & Descriptions:

Aligned for Medical

Directors & Unit Directors

Goals:

Goals aligned for Chairs, Administrators, Executive Directors



Goals

We asked for:
Align goals
across
systems—too
many
"competing"
priorities in silos

- LeaderManas
- Pared to 12 o

Measures

LEM:

Top level goals entered
Trained Leaders
Goals cascaded through
executive level leadership
Focused Goals:

Performance measured on 12 rather than 21 priorities



Transparency

We asked for:

Financial, structure, compensation

- MyRoun
- Compen with goa

Measures

Share Performance:

Quarterly Forums (1/2017)

Medical Executive Committee

Management Coffee

Posted Online

LEM & MyRounding

Open security access

Proposal for medical staff on

incentive tied to goals



Leadership

We asked for: Well-defined

- LeaderDevelopment (LTE & CLDE)
- Job descriptions
- Role definition
- Dyad partnerships



THANK YOU!

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Separator Page

CEO Report,



MEMORANDUM

To: Board of Trustees

From: Michael Chicarelli

Interim Chief Executive Officer

Date: October 27, 2017

Subject: Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on services delivered through September 2017.

Quality: Quality indicators are stable with the prior year and have shown some improvement recently particularly in the area of mortality. The hospital satisfaction (HCAHP) data is also showing an improvement trend with the September ranking at the 46th percentile with is up from 33rd percentile the prior year. Addition effort is being applied to the area of patient safety and we expect those numbers to improve steadily over time. We will continue to provide updates at the Board and Committee meetings.

Statistics: UNMH has stable patient activity in September. Patient days are down 3% year to year and discharges are down 1% year to year. Outpatient activity is up 3% year to year and length of stay has increased 2%.

Financial: UNMH finances through September are stable. Net margin year to date is essentially at the even point year over year.

Strategic Planning: Planning continues related to the replacement hospital design that has been approved by the Regents. The request for proposals (RFP) was initiated on 9/29/2017 and will close on November 16th. Following the close of the RFP a multi-stakeholder team will score the bids and name an awardee. Once awarded, planning is expected to begin within a month with a total time line of 15-18 months. Management will continue to update the Board as progress continues.

Human Resources: The turnover rates are now around 16% for the full workforce and 15.5% for nurses as a subset, about the same for the past year. UNMH has 5894 employee which is 346 less FTE's than the budgeted FTE allocation. The total FTE count for nurses is 1871 which is 76 less than the FY 18 budget.

UNM Health System is continuing the journey on Mission Excellence and is using the Studer Group as a consultant. The next quarterly Leadership Training Session is scheduled for the week of December 11th. This training will be slightly different in that it will consist of a one day event with an optional second day for training opportunity. The organization leadership is currently engaged in hosting Mission: Excellence quarterly Forums that are well attended and informative.

Native American Liaison: The Native American Liaison Committee continues to review compliance with the condition of the 1952 Contract, the Lease and the two Consents to amend the Lease. Work continues on the review of the Hospital compliance with the 100 bed provision of the Contract. We have provided a legal opinion about UNM's interpretation of the provision and are waiting for an opportunity to engage in a dialogue on the matter. We will host the All Pueblo Council of Governors at the Cancer Center November 10th and will provide an update from the Hospital.

Bernalillo County: Management continues to interact with the County, Indian Health Service and the Board of Trustees on the Memorandum of Understanding (MOU). Public comment related to the MOU was shared with the Board and further refinement of the MOU is taking place. Discussion on this matter is an agenda item for the October Board meeting.

In addition, management provided the first quarter performance update to the County Commission on 10/24/2017.

If there are any questions on this or other matters, please feel free to contact me.

Separator Page

CMO Report,



To: Board of Trustees

From: Irene Agostini, MD

UNMH Chief Medical Officer

Date: October 27, 2017

Subject: Monthly Medical Staff and Hospital Activity Update

- 1. The average wait time for a patient from the Adult Emergency Department to be placed after admission for the month of October was 11 hours and 30 minutes. This time has increased from October 2016 when the average wait time was 9 hours and 36 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.
 - We sent 30 patients to an SRMC Inpatient unit instead of placing at UNM Hospital.
- 2. The Community Partnership with Lovelace Health system continues to be successful in putting the needs of the "Patient First", allowing continued access to those patients that can only be cared for by UNMH. In the month of August:
 - 80 patients were triaged from the UNM Health System to Lovelace inpatient units.
- 4. Our ALOS (average length of stay) for September 2017 was 7.12 as compared to September 2016 which was 6.74. We continue to hardwire our new processes to decrease our ALOS despite accepting higher acuity patients. Our CMI (Case Mix Index) which is an indicator of complexity of the care was 2.24 for September 2017; this is an even with the CMI for September 2016 was 2.24.
- 5. Our provider engagement and satisfaction work initiated by the Physician Advisory Group (PAG) continues. Our "LEADing to Excellence" quarterly employee forums are well underway in sharing information and enhancing dialogue. The Key Takeaways to Hardwiring Excellence include the following:
 - Quality and Safety as our number one priority
 - Cascading goal alignment
 - Behavioral expectations for all
 - Dyad partnerships
 - **We** are in this together, removing the "us" vs. "them" mentality
- 6. UNMH continues the passionate work of optimizing our Surgical Services foundational structure. The work of creating reliable and consistent process to serve the needs of New Mexican's has shown good results. In the month of August the UNMH OR has a 66.4% On-Time start of all cases which have been stabilized over the last several months.

The team continues to monitor and measure the time it takes to turn an OR room over (TOT) to be available for the next scheduled patient surgery. The overall target is 45 minutes, for the month of September the TOT was 58 minutes for the UNMH OR. We will continue to monitor and report this vital step in creating efficiency and safety for our patients. Our focus will be on TOT and we will be aggressively working to improve it.

Finance, Audit & Compliance Committee



UNM HOSPITAL BOARD OF TRUSTEES

Finance, Audit and Compliance Committee Meetings

Wednesday, October 25, 2017 11:00 a.m.

UNM Hospitals Administration, Large Conference Room

Objectives

- Provide compliance oversight of UNM Hospitals.
- Provide audit oversight of UNM Hospitals.
- Provide financial and human resources oversight of UNM Hospitals.

Compliance Committee Meeting:

- I. Approval of meeting minutes from September 27, 2017
- II. Compliance Plan 2010 vs. New Draft presented by Purvi Mody

Audit Committee Meeting:

- I. Approval of meeting minutes from September 27, 2017
- II. IT System Access Follow Up Audit Presented by Purvi Mody
- III. Risk Assessment Follow Up Presented by Purvi Mody
- IV. Pharmacy Audit Presented by Purvi Mody
- V. Research Billing Audit Presented by Purvi Mody

Finance Committee Meeting:

- I. Approval of meeting minutes from September 27, 2017
- II. Financial Results for the three months ended September 30, 2017
- III. CEO Update Presented by Mike Chicarelli
 - a. Met with HSD regarding Molina
 - b. Three policies in regards to Patient Payment, Financial Assistance and Discount Program will be presented to the Board of Trustees
- IV. HR Update Presented by Sara Frasch
 - a. Vacancy Rate is steady, turnover rate is flat

September Financials

Finance and Audit Committee Dashboard Report Year To Date as of September 2017

	3 Mo. Trend	Desired	Actual	YTD	YTD Budget	Prior YTD	Comment
Adult Days for UNMH		↑	-	29,373	28,685	29,371	IP Days up from budget in SAC/Med Surg
Adult Discharges for UNMH		†	+	4,681	4,810	4,779	Inpatient discharges down from PYTD, observation discharges up from PYTD
Adult Average Length of Stay for UNMH				6.27	5.96	6.15	LOS for Adult Days has increased from PYTD
UHC Risk Based Adj ADULT LOS for UNMH				6.65	6.06	6.43	Current YTD is thru June, 2017, PYTD is thru June, 2016
Adult Observation Equivalent Patient Days		†	†	2,804	2,537	2,369	Womens Services increased from budget and PYTD
Pediatric Days for UNMH	•—•	†	+	8,753	10,384	9,939	Down from budget and PYTD
Pediatric Discharges for UNMH		†	+	1,024	1,120	1,020	Pedatric discharges decreased from budget
Pediatric Observation Equivalent Patient Days		†	†	587	522	468	Increased from budget and PYTD.
Outpatient Clinic Visits for UNMH		†	-	125,737	135,389	123,886	Visits up from PYTD
Emergency Department Visits for UNMH		†	†	22,157	21,301	19,936	Emergency Department Visits up from budget and PYTD
Urgent Care		†	+	4,848	5,125	3,789	Urgent care visits down from budget
Operations		†	+	5,283	5,358	5,213	Operations down from budget
Newborn Days for UNMH		†	†	1,425	1,261	1,281	Up from budget and PYTD
Births		†	†	783	740	740	Births increased from budget and PYTD
Days for all Behavioral Operations		†	†	5,860	5,828	5,197	Increased from budget and PYTD in UPC and CPC
Visits for all Behavioral Operations		†	†	35,573	36,847	35,406	Increased from PYTD
UNM Care Enrollment				7,062		6,860	18,782 Medicaid applications processed
Net Income (Loss) for all Operations (in thousands)		> \$0		\$163	\$1	\$8	
Case Mix Index (CMI) - w/o newborn		†	†	2.080	1.987	1.986	
Re-Admission Rates		+	†	10.14%	9.50%	8.39%	Patients re-admitted within 30 days of discharge, thru May, 2017, PY through May, 2016 as reported by UHC
Days Cash on Hand for UNMH		+	†	65.25	32.24	73.77	unu way, 2017, F1 unough way, 2016 as reported by Onc
Human Resources:							
FTEs (Worked) per adj patient day for all Operations				5.43	5.51	5.94	
Hours of Care - UNMH Nursing		40	/40	17.60	16.73	17.38	
Paid FTE's for UNMH and BHOs	•	48/	/48	6,042	6,114	6,149	
Paid FTE's for CC				166	221	149	