

UNM Hospital Board of Trustees
OPEN SESSION – AMENDED AGENDA
Friday, December 22, 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**
- III. ADOPTION OF AGENDA**
- IV. CONSENT APPROVAL/INFORMATIONAL AGENDA**
- **Consent/Approval Items**
 - ❖ [B. Braun Medical, Inc. -- \(IV Sets and Solution Products\) -- \\$2,800,000.00](#) (Approval)
 - ❖ [Disposition of Assets](#) (Approval)
 - ❖ [UNMH 4ACC – Flooring and Casework -- \\$495,000.00](#) (Informational)
 - ❖ [UNMH BBRP – 3rd Floor – Intermediate Care Nursery -- \\$490,000.00](#) (Informational)
 - ❖ [UNMH – 1st Floor – Biplane Scanner Replacement -- \\$366,000.00](#) (Informational)
- V. PUBLIC INPUT**
- [Patient Case Summary](#)
- VI. APPROVAL OF THE MINUTES**
- [November 17, UNMH Board of Trustees Meeting Minutes](#) – Jerry McDowell, Chair (Approval)
- VII. NOVEMBER ACTION ITEMS**
- Once finalized the Staff Engagement results as well as Physician and Leadership Engagement results will be posted on BoardVantage (December 22nd)
 - The Executive Committee along with Dr. Michael Chicarelli, UNMH staff and Mr. Scot Sauder will develop specific recommendations in reference to Board Enhancement (Gage Recommendations) for discussion and decision by the full Board of Trustees, including, but not limited to:
 - Dr. Michael Chicarelli and staff will develop schedules for the Board of Trustees to meet every other month based on financials
 - Mr. Jerry McDowell and Dr. Michael Chicarelli will develop/write a committee structure/ content for the Board Members to review and request Members determine which committees he/she prefers to participate
 - Mr. Scot Sauder to review provisions of the Board of Trustees having the authority to delegate the Quality and Safety Committee to approve credentialing and privileging
 - An update report to be presented to the Board of Trustees in six months (May 2018) on status of how the Patient Payment Policies are proceeding to include a financial update
 - A presentation will be given at a future Board of Trustees Meeting on UNMH's readiness of a mass shooting/ terrorist type of event (date TBD)
 - Financial Terms Training as presented by Ella Watt at Finance & Audit Committee Meeting will be uploaded to BoardVantage
 - Mr. Scot Sauder will give a presentation on Tort Claim status at a future Board of Trustees Meeting (January 2018)
- VIII. BOARD INITIATIVES**
- Chairman's Report – Jerry McDowell, Chair
 - [Code of Conduct](#) – Michael Chicarelli, DNP, RN, CEN
 - [General Compliance Training](#) – Purvi Mody
- IX. 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
- X. COMMITTEE REPORTS**
- Quality and Safety Committee – Dr. Raymond Loretto
 - [Finance, Audit & Compliance Committee](#) – Terry Horn
 - [Native American Services Committee](#) – Jerry McDowell, Chair
- XI. OTHER BUSINESS**
- [November Financials](#) – Ella Watt
- XII. 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
- XIII. Certification that only those matters described in Agenda Item XII were discussed in Closed Session: consideration of and action on the specific limited personnel matters discussed in Closed Session.**

**B. Braun Medical, Inc. -- (IV Sets and Solution
Products) -- \$2,800,000.00**



**UNM Hospital Board of Trustees
Recommendation to HSC Committee
December 2017**

Approval

(1) B.Braun Medical INC.

Ownership:

B.Braun Medical Inc.
Twelfth Avenue
Bethlehem, PA 18018-3524

Officers Information:

David May
317-508-2226

Source of Funds: UNM Hospital Operational Budget

Description: Request to contract with B.Braun for Intravenous (IV) administration sets, Pharmacy premixed drugs, pump sets and IV solution products.

Process:

The University of New Mexico Hospitals will be utilizing the Vizient Agreement Contract Number IV910001. Pharmacy and Materials Management made the decision to continue to procure IV products from B.Braun.

Previous Contract: B. Braun Medical Inc.

Previous Term: UNMH has had a contract with B.Braun for IV solution and delivery devices since 1996.

Previous Contract Amount: Total Estimated cost is \$2,200,000 annually.

Contract Term: Three-year agreement, expiring December 31, 2020, with the option to renew.

Termination Provision: UNMH may cancel this Agreement with or without cause, with a One Hundred and Twenty (120) day advance written notice to B.Braun.

Contract Amount: Total Estimated cost is \$2,800,000 annually. Price is firm for initial three-year term of the agreement.

Disposition of Assets



Date: December 20, 2017

To: Bruce Cherrin, Chief Procurement Officer
Purchasing Department

From: Ella Watt
Chief Financial Officer, UNM Hospital

Subject: Property Disposition – December 2017

Attached for your review and submission to the Board of Regents is the Property Disposition Detail list for the month of December 2017.

Consistent with UNM Board of Regents Policy 7.9 Property Management and the Disposition of Surplus Property Act, 13-6-1, NMSA 1978, and based upon documentation submitted by the UNM Hospitals' departments responsible for the equipment, I certify that the equipment identified on the list is worn-out, unusable or beyond useful life to the extent that the items are no longer economical or safe for continued use by UNM Hospitals. I recommend that the items be deleted from UNM Hospitals inventory and disposed of in accordance with the above noted Regents Policy and Surplus Property Act.

UNM Hospitals
Property Disposition Request
December 2017

Asset Disposition Count	47
Gross Acquisition Cost	\$ 646,994.37
Total Disposition Book Value	\$ 44,809.02

Asset Control Number	Lawson Number	Description	Division Description	Accounting Unit	Model	Serial Number	Acquisition Date	Acquisition Cost	Book Value	Proposed Method of Disposal	Reason for Disposal
83350	25322	Transport Incubator	Newborn ICU	12455	VOYAGER	N119P	08/01/12	62,655.00	29,238.99	Auction	Damaged-Not Repairable
83366	26120	Bariatric Shower Trolley	Trauma/Surgical ICU	12130	TR4000 ATLAS	1208-20759	12/01/12	9,815.00	4,907.51	Auction	Not Repairable-obsolete
91448	29222	SCB CO2 20L Elec Endoflator Un	Operating Room	15000	26430520-1	UV0697254	10/01/14	8,803.55	3,227.96	Auction	Not Repairable
74559	26934	Diagnostic Workstation	Radiology - Admin	90020	490	16QGLF1	07/01/13	15,028.00	1,753.25	Auction	Obsolete
70885	9241	Case (P2) Treadmill	Heart Station	71030	CASE (P2)	R3X10305715SA	08/01/10	20,086.80	1,673.88	Auction	Not Repairable
57081	26555	Diagnostic Workstation	Radiology - Admin	90020	T7500	1PQ54V1	04/01/13	15,028.00	1,001.86	Auction	Obsolete
57082	26556	Diagnostic Workstation	Radiology - Admin	90020	T7500	JTG9YQ1	04/01/13	15,028.00	1,001.86	Auction	Obsolete
74557	26557	Diagnostic Workstation	Radiology - Admin	90020	7400	FCM1LH1	04/01/13	15,028.00	1,001.86	Auction	Obsolete
85689	26140	Diagnostic Workstation	Radiology - Admin	90020	T7500	1PR54V1	02/01/13	15,028.00	500.93	Auction	Obsolete
85865	26139	Diagnostic Workstation	Radiology - Admin	90020	T7500	JTG9ZQ1	04/12/75	15,028.00	250.46	Auction	Obsolete
87973	26141	Diagnostic Workstation	Radiology - Admin	90020	7400	JCM1LH1	01/01/13	15,028.00	250.46	Auction	Obsolete
70736	9239	Acuson X300 Ultrasound	Cardiac Cath Lab	71040	X300	316845	07/01/10	54,895.00	-	Auction	Obsolete
55852, 80314	5743	VisualEyes 4 USB Mid-Tower VNG	ENT Clinic	34245	DL2.01	DL2087 AND P5294-4	07/01/06	37,750.00	-	Auction	Replaced
62589	6339	Tital High Resolution Ultrasou	Southwest Mesa Clinic	32045	TITAN	039L3P	11/01/07	25,972.50	-	Auction	Not Repairable
67823	443	Topcon TRC-50EX Retinal Camera	Ophthalmology On Site Clinic	34610	GX620	00045-672-834-186	06/01/01	24,445.00	-	Auction	Obsolete
46831	2540	Proline Panoramic X-Ray	Radiology - General	75000	PM2002CC PROLINE	CCC14123	08/01/02	23,659.00	-	Auction	Obsolete
45558	25348	Diagnostic Workstation	Radiology - Admin	90020	690	35QHDF1	04/10/91	21,148.00	-	Auction	Obsolete
74166	25349	Diagnostic Workstation	Radiology - Admin	90020	690	9549GC1	07/01/12	21,148.00	-	Auction	Obsolete
44958	19254	Video EEG Review Master	Neurodiagnostics Lab	78010	BMSI 5000	10000125	08/01/02	20,858.40	-	Auction	Obsolete
45565	25346	Diagnostic Workstation	Radiology - Admin	90020	T7500	CTGZLN1	04/10/91	15,028.00	-	Auction	Obsolete
74183	25347	Diagnostic Workstation	Radiology - Admin	90020	T7500	639QCK1	04/14/56	15,028.00	-	Auction	Obsolete
75568	25350	Diagnostic Workstation	Radiology - Admin	90020	T7500	CTHZLN1	04/10/91	15,028.00	-	Auction	Obsolete
68565	26758	AccuView & ManoView SW Packs	Digestive Disease Health Ctr	34430	AccuView & ManoView	AccuView & ManoView	06/01/13	13,779.39	-	Auction	Not Repairable
64325	19855	Dash 4000	General Pediatrics Unit	12430	DASH 4000	SD008294219GA	08/01/08	13,062.03	-	Auction	Obsolete
46475	3354	Zeiss OPMI/OSM99 Scope	Operating Room - BBRP	15005	Zeiss OPMI/OSM99 Scd	Zeiss OPMI/OSM99 Sco	05/01/04	10,350.00	-	Auction	Obsolete
52881	4806	Twin EEG Review Workstation	Neurodiagnostics Lab	78010	Twin EEG Review Work	05C0393G	04/01/05	10,244.62	-	Auction	Obsolete
52882	4807	Twin EEG Review Workstation	Neurodiagnostics Lab	78010	Twin EEG Review Work	05C0394G	04/01/05	10,244.62	-	Auction	Obsolete
62072	6004	Retinomax2 Hand-Held Auto Refr	Ophthalmology On Site Clinic	34610	RETINOMAX 2	30726	05/01/07	9,736.94	-	Auction	Not Repairable
32620	16962	Electrohydraulic Lithotripter	Operating Room	15000	AEH-3	1957-AB	08/01/99	8,844.49	-	Auction	Obsolete
25848	15224	Pulmonex II System - Pressure	Radiology - Nuclear Med	75045	132-503	9612119	03/01/97	7,393.62	-	Auction	Obsolete
24490	3329	Xenon 300 Light Source	OSIS	15500	201330 20	5142	05/01/04	6,020.00	-	Auction	Obsolete
70721	9286	SCB Equimat	Operating Room	15000	SCB EQUIMAT	NZ01326-B	08/01/10	5,523.16	-	Auction	Replaced
70722	9287	Hamou Endomat	Operating Room	15000	HAMOU ENDOMAT	RZ08701	08/01/10	5,523.16	-	Auction	Replaced
74171	8907	3MP Monochrome P Series LCD Du	Radiology - Admin	90020	IF2103MP	PG21PGDCS0071	04/01/10	5,175.00	-	Auction	Obsolete
74172	8908	3MP Monochrome P Series LCD Du	Radiology - Admin	90020	IF2103MP	CX30XGH1S0029	04/01/10	5,175.00	-	Auction	Obsolete
74169	8909	3MP Monochrome P Series LCD Du	Radiology - Admin	90020	IF2103MP	PG21PGDCS0086	04/01/10	5,175.00	-	Auction	Obsolete
74170	8910	3MP Monochrome P Series LCD Du	Radiology - Admin	90020	IF2103MP	PG21PGDCS0081	04/01/10	5,175.00	-	Auction	Obsolete
74173	8911	3MP Monochrome P Series LCD Du	Radiology - Admin	90020	IF2103MP	SP21PG68S9001	04/01/10	5,175.00	-	Auction	Obsolete
74174	8912	3MP Monochrome P Series LCD Du	Radiology - Admin	90020	IF2103MP	PG21PGDCS0049	04/01/10	5,175.00	-	Auction	Obsolete
74168	8913	3MP Monochrome P Series LCD Du	Radiology - Admin	90020	IF2103MP	PG21PGDCS0068	04/01/10	5,175.00	-	Auction	Obsolete
74167	8915	3MP Monochrome P Series LCD Du	Radiology - Admin	90020	IF2103MP	PG21PGDCS0048	04/01/10	5,175.00	-	Auction	Obsolete
41517	1305	Dinamap Pro 400 Monitor	ED-North	21015	PRO 400	010M2479032	11/01/01	4,600.00	-	Auction	Obsolete
41520	1317	Dinamap Pro 400 Monitor	PACU (Recovery Room 1)	15040	PRO 400	010M2499098	11/01/01	4,600.00	-	Auction	Obsolete
38725	720	Dinamap Pro 500 Monitor w/Temp	Pediatrics Clinic	34150	PRO 400	010M0869109	04/01/01	4,508.80	-	Auction	Not Repairable-obsolete
52542	5139	Dinamap Pro 310	ED-North	21015	PRO 310	AAX05440184SA	12/01/05	4,182.00	-	Auction	Not Repairable
52653	5209	Precor Treadmill 120V	Cardiac Rehab	71020	C932	AAADH11050010	02/01/06	3,058.33	-	Auction	Not Repairable-obsolete
3216	3216	Monitor, 20" Color	OSIS	15500	Monitor, 20" Color	Monitor, 20" Color	04/01/04	2,406.96	-	Auction	Obsolete

UNMH 4ACC – Flooring and Casework -- \$495,000.00



**RENOVATION PROJECT INFORMATIONAL ITEM
4ACC –Lobby/Waiting/Corridor- Flooring and Casework
December 2017**

REQUESTED ACTION:

Renovation project Informational Item for Repair, Renewal and Replacement for **4ACC – Lobby/Waiting/Corridor– Flooring and Casework.**

PROJECT DESCRIPTION:

This project will include the replacement of 9,500 square feet of flooring in all reception, waiting and corridor areas. Scope includes removal of existing carpet and installing new laminate tile in all patient and clinical areas, removal and replacement of the existing casework in 28 exam rooms plus nine additional support spaces including clean and soiled utility rooms as well as the lab. Project also includes three small semi-enclosed work areas for patient phone consultations to ensure compliance with HIPAA regulations.

RATIONALE:

The existing security gates in the main Reception/Waiting area are past their functional lifespan and require excessive maintenance which is a life safety concern. The existing casework throughout the clinic is from the original construction in 1989 and is damaged which presents infection control concerns. In addition, the existing carpet also presents infection control issues in a healthcare setting.

PURCHASING PROCESS:

UNM Job Order Contracting (JOC) contract for the construction.

FUNDING:

The total renovation project budget is estimated at \$495,000. Funding will be from the UNM Hospital Capital Budget. The purchase should have a positive impact on operational costs due to decreased maintenance for repairs.

**UNMH BBRP – 3rd Floor – Intermediate Care Nursery --
\$490,000.00**



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER
UNM HOSPITALS

RENOVATION PROJECT INFORMATIONAL ITEM
BBRP - Third Floor - Intermediate Care Nursery
December 2017

REQUESTED ACTION:

Renovation project Informational Item for Repair, Renewal and Replacement for **BBRP - Third Floor - Intermediate Care Nursery**.

DESCRIPTION:

The scope of this project includes interior walls, floors, ceiling, mechanical, HVAC, medical gas modifications, electrical and data systems to facilitate headwall replacement installations, provide reliable operations, as well as a safe environment for our staff and patients. The project will include relocating a lactation room and replacing existing four headwalls with new headwalls at a spacing of approximately two feet wider each. A physician's work room will be modified in an adjacent waiting area, to allow doctors to conduct private conversation, with colleagues, and staff apart from the patient family environment to ensure compliance with HIPAA. This work will be performed in an operating infant nursery and waiting area. Increased difficulty adds additional cost due to these complicating factors.

RATIONALE:

The department has determined a need for headwall replacement, which has identified associated mechanical and electrical needs. The project will also provide additional space in the four higher acuity patient bays to accommodate one additional family member. Currently the limited size of these bays allows for only one family member, which is not conducive to optimum outcomes and family preferences.

PROCESS: RFP1968-17, Intent to award in process for Jaynes Corporation.

FUNDING:

The total renovation repair, renewal and replacement project is estimated at \$490,000. Funding will be UNM Hospital Capital Budget. This project is expected to have a neutral impact to operational costs.

**UNMH – 1st Floor – Biplane Scanner Replacement --
\$366,000.00**



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER

UNM HOSPITALS

RENOVATION PROJECT INFORMATIONAL ITEM
UNMH Main - First Floor Radiology – Biplane Scanner Replacement
December 2017

REQUESTED ACTION:

Renovation project Repair, Renewal and Replacement for the UNMH Main - First Floor Radiology – Biplane Scanner Replacement.

DESCRIPTION:

The scope of this project includes replacement of the existing single plane scanner, located on the first floor of the UNMH Main Hospital radiology department. The project includes the removal of the existing Philips single plane scanner with a new Biplane Scanner from Siemens Healthcare. The project also includes renovations due to the limited size and ceiling height of the room to accommodate newer technology. These renovations include a suspended ceiling and support system, new casework, improved HVAC system, and room access control, as well as correcting some code related deficiencies and modifications due to the change in equipment.

RATIONALE:

It has been determined that the useful life of the existing Biplane has been reached and technology has improved to the point that this existing Biplane should be replaced in order to improve the image quality of the Interventional Radiology scans and improve patient diagnostic care.

PROCESS: RFP 1930-17 Consolidated Builders

FUNDING:

The total renovation project budget is estimated at \$366,000. Funding will be from the UNM Hospital Capital Budget. This project will have an increase in electrical costs due to higher level of diagnostic capabilities; provision has been made to the current operational budget to accommodate the increase.

Patient Case Summary

Senior Citizen, age 64, became eligible for Medicare Part A (Hospitalization) on 12-01-2013 when she turned 60. She began receiving social security payments of \$725 per month in December 2014 – at which time no amount was deducted for Medicare premiums. This was her only source of income.

She had an apartment lease agreement for \$610 per month, leaving her \$115 a month to live on. She received medical care from UNM Hospitals in 2016, resulting in numerous, separate bills. An employee of UNM Hospital's North Valley Family Medicine Center referred this patient to Pathways navigator Alma Olivas for assistance with her medical debt on 6/14/16. She was enrolled into the Pathways program after meeting screening eligibility guidelines that indicated she was extremely vulnerable.

Alma met with the patient in person, obtained copies of her rental agreement, social security benefits letter and Medicare card, driver's license, birth certificate, and medical bills, among other documents. Although Alma is not an expert in healthcare coverage options, she believed that this patient should have been covered by Medicare Parts B and D, which cover medical care and prescription drugs. . This patient had not signed up for Medicare Parts B and D when she became eligible because she could not afford the premium, which would have been \$174 per month. (Remember, she only had \$115 to live on.)

Because this patient had not signed up for these two additional programs when she first became eligible, she could face a penalty assessment from Medicare, which the patient could not afford.

Alma further investigated whether this patient should/could qualify for Medicare QMB (Qualified Medicare Beneficiary Program) that pays of a portion of the Part A and Part B premiums and helps with Medicare deductibles, co-insurance and co-payments for low-income individuals. The QMB application must be submitted through the state Medicaid Program and takes time and diligent follow-through.

Meanwhile, the patient needed to continue receiving medical care, including an eye exam & eye glasses.

Alma helped her apply for UNM Care so that she could continue to receive her medical care. The UNM Care application process requires proof of residency within Bernalillo County, income and asset limits, which she would surely meet. This patient applied for UNM Care and was denied, as per UNMH Policy, because she was technically "eligible" for Medicare Parts B and D, although she couldn't afford it.

Alma then advised this patient that she could appeal the UNM Care program denial, and she assisted the patient with the appeal process, providing a letter on Centro Savila letterhead, stating that she (Alma) was assisting the patient with application for Medicare Parts B and D and with QMB program assistance.

Further complicating this application/appeal process was the fact that the open enrollment period for Medicare is January to March of each year, and if approved, coverage wouldn't start until July. Alma hadn't met this patient until July. Alma wrote the appeal letter for UNM Care in September 2016. She accompanied the patient to the SS Administration.

The patient was subsequently approved for UNM Care, limited to six months (1/1/2017 to 6/30/17) and limited to covering services not covered by Medicare Part A (Hospitalization) and Part D (Prescription Drugs). Assistance with Medicare Part B (Primary care-preventive care) was still denied by UNM Financial assistance.

The patient was subsequently approved by Medicare for Parts B and D, and this patient's monthly social security benefit was reduced to \$553 from \$775 to cover the Medicare Part B premium of \$174. Alma continues to try to appeal this decision, given that the patient is extremely low-income.

Alma eventually assisted this patient with obtaining housing assistance through the City of Albuquerque, which reduced her rental expense; and Alma assisted her with emergency funds for an eye exam and applied for a pair of eye glasses from the NM Lyons Eye Bank.

This patient was assisted with three Pathways: Health care coverage, housing and vision.

Since Pathways is only able to cover the cost of up to three Pathways, each of which involves 7-8 steps, any further assistance that Alma provides, as a conscientious Pathways navigator, is uncompensated.

Alma has had other clients in similar predicaments:

75-year-old woman referred by a doctor at First Choice Community Healthcare (South Broadway clinic)

73-year-old woman, blind in one eye, who suffered from kidney problems, had no transportation, was paying \$492 per month in rent for a space for the mobile home she owns. She had total income of \$9,900 in 2016, and couldn't afford her Medicare co-insurance, deductibles or drug costs, or the ambulance bill she received. Alma got the ambulance bill written off by Presbyterian, got her transportation assistance from Catholic Charities and was trying to get her ER bill forgiven when the woman died.



[Redacted]

Account Summary
Resumen de la cuenta

ón del garante:

Statement Date/Fecha del estado de cuenta:
03/21/17

Bill Number/N.º de factura:
[Redacted]

Insurance Information
Información de seguro médico

Your current insurance information in our records is below.
If this information is wrong, please call (505) 272-2521.

La información que tenemos de su seguro médico se encuentra abajo. Si esta información está incorrecta, por favor llame al (505) 272-2521.

Important Message
Mensaje importante

Thank you for choosing UNMH for your health care needs. This statement reflects the amount due. If you are unable to pay the entire amount, please contact us at (505) 272-2521 for payment arrangements. UNMH has financial assistance and discounts available based on New Mexico residency, assets and income. Please call (505) 272-2521 to make an appointment to apply.

Gracias por elegir el Hospital de UNM para el cuidado de su salud. Esta cuenta refleja la cantidad que se debe. Si no puede pagar la cantidad en su totalidad, favor de llamarnos al (505) 272-2521 para programar arreglos de pago. El hospital de UNM tiene ayuda financiera y descuentos disponibles basados en el tiempo que ha vivido en Nuevo México, propiedades, y de acuerdo a sus ingresos. Por favor llame al (505) 272-2521 para hacer una cita y solicitar la ayuda.

Financial Summary
Resumen financiero

Total Charges/Importe total:
\$145.00

Total Ins Pay/Adj/Monto pagado por el seguro médico/ajuste:
\$.00

Total Guar Pay/Adj/Monto pagado por el garante/ajuste:
\$5.00-

Total Ins Pending/Monto pendiente del seguro:
\$.00

Please Pay This Amount/Favor de pagar este importe:
\$140.00

Contact Us
Comuníquese con nosotros

Payments and changes to your account information can be made by calling (505) 272-2521.

Pagos y cambios a su información de cuenta se pueden hacer llamando al (505) 272-2521.

Nếu quý vị cần giúp đỡ để hiểu hóa đơn của quý vị bằng tiếng Việt, xin vui lòng gọi (505) 272-2521.

Make Checks Payable To: UNM Health Sciences Center-University Hospital

UNM HOSPITALS 1131 University Blvd NE
Suite D
Albuquerque NM 87102

ADDRESS SERVICE REQUESTED

Check box if your address or insurance information has changed. Please make changes on back.

00004732 001 0.53

E APT 126
01

UNM HOSPITAL
P.O. BOX 912877
DENVER CO 802912877

Account Number:	Bill ID:	Please Pay This Amount: \$140.00
		Due By: 04/10/2017
	<input type="checkbox"/>	DISCOVER
Card Number:	Exp. Date:	
Signature:	Amount Paid:	

0000000012335200000001907796500000014000041020172

15/132



[Redacted]

Account Summary
Resumen de la cuenta

ión del garante:

Statement Date/Fecha del estado de cuenta:
03/14/17

Bill Number/N.º de factura:
[Redacted]

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Financial Summary
Resumen financiero

Total Charges/Importe total:
\$402.00

Total Ins Pay/Adj/Monto pagado por el seguro médico/ajuste:
\$.00

Total Guar Pay/Adj/Monto pagado por el garante/ajuste:
\$5.00-

Total Ins Pending/Monto pendiente del seguro:
\$.00

Please Pay This Amount/Favor de pagar este importe:
\$397.00

Contact Us
Comuníquese con nosotros

Payments and changes to your account information can be made by calling (505) 272-2521.

Pagos y cambios a su información de cuenta se pueden hacer llamando al (505) 272-2521.

Nếu quý vi cần giúp đỡ để hiểu hóa đơn của quý vi bằng tiếng Việt, xin vui lòng gọi (505) 272-2521.

Make Checks Payable To: UNM Health Sciences Center-University Hospital

UNM HOSPITALS 1131 University Blvd NE Suite D Albuquerque NM 87102

ADDRESS SERVICE REQUESTED

Check box if your address or insurance information has changed. Please make changes on back.

00004919 001 0.53

E APT 126
31

UNM HOSPITAL
P.O. BOX 912877
DENVER CO 802912877

16/132

10000000012335200000001874807900000039700040320177

Please Pay This Amount: \$397.00	
Due By: 04/03/2017	
<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER
Card Number:	Exp. Date:
Signature:	Amount Paid:

ACCOUNT BALANCE: \$88.00

Information	
Statement Date:
03-28-17	
Service Date:
03-07-17	
HOSPITAL SERVICES	

Thank you for choosing the University of New Mexico Hospital for your healthcare needs.

This notice reflects the amount due on your account(s) as shown below. Payment is now due from you. Please pay the balance in full or call us for assistance in resolving your obligation at 866-756-8347. UNMH has financial assistance and discounts available based on New Mexico residency, assets and income. Please call 866-756-8347 to make an appointment to apply.

Charge Description			
Service Date	Account Number	Description	Amount
03-07-17		HOSPITAL SERVICES	\$88.00

POR FAVOR CONSULTE REVERSO PARA ESPANOL
124748-UNMS2A-1206

UNM HOSPITALS
P.O. Box 140250
Toledo, OH 43614
ADDRESS SERVICE REQUESTED



<input type="checkbox"/> VISA	<input type="checkbox"/> M.C.	<input type="checkbox"/> DISCOVER
CARD NUMBER #		
SIGNATURE		EXP DATE
PATIENT NAME	GUARANTOR ID	BILL NUMBER
	[REDACTED]	[REDACTED]
PAY THIS AMOUNT		SHOW AMOUNT PAID HERE
\$88.00		\$

*Please check box and make address or insurance changes on reverse side

ADDRESSEE





MAKE CHECKS PAYABLE AND REMIT TO

UNM HOSPITALS
PO BOX 912877
DENVER CO 80291-2877



0000000001233520000000018748079000070132500032720179

1 of 1
001205

16359571



Account Summary
Resumen de la cuenta

Nombre del garante: _____
 Dirección del garante: _____

Statement Date/Fecha del estado de cuenta:
07/30/16

Bill Number/N.º de factura:
[REDACTED]



Guarantor Account ID: _____

Bill Number: [REDACTED]

Charge Information/Resumen de los Cargos

	<u>Charges</u>	<u>Pay/Adj</u>	<u>Amt Due</u>
CLINIC	\$68.00		
LABORATORY	\$658.00		
Receivable Total	\$837.00	\$.00	\$837.00
Grand Total	\$1,266.00	\$.00	\$1,266.00

Información de la cuenta

Nombre de paciente: _____

Fecha del cobro: _____
Ver descripción detallada

Numero de cuenta: _____
Ver descripción detallada

Descripción de Servicios: _____
Ver descripción detallada

ACCOUNT BALANCE: \$1,445.00

Gracias por elegir el Hospital de la Universidad de Nuevo Mexico para sus necesidades de atención médica.

Este aviso refleja la cantidad pendiente en su(s) cuenta(s) como se muestra a continuación. Se requiere el pago de inmediato. Favor de pagar el saldo completo o llamarnos para pedir asistencia en la resolución de su obligación al 866-756-8347. El hospital de UNM tiene ayuda financiera y descuentos disponibles basados en el tiempo que ha vivido en Nuevo Mexico, propiedades, y de acuerdo a sus ingresos. Por favor llame al 866-756-8347 para hacer una cita y solicitar la ayuda.

Charge Description			
Service Date	Account Number	Description	Amount
03/23/16		HOSPITAL SERVICES	179.00
06/01/16		HOSPITAL SERVICES	837.00
05/10/16		HOSPITAL SERVICES	429.00
	TOTAL		1,445.00

Please see reverse side for English translation

Please use this space to make corrections to your address or insurance information.

UNMS

Name: _____ Account No: _____ Phone: _____

Address: _____

Business Address: _____ Employer: _____

Employer Address: _____

Insurance Company: _____ Effective Date: _____

Insurance Company Address: _____ Phone: _____

Insurance Policy or Contract No: _____ Group No: _____

Policy Holder's Name: _____ Phone: _____

Policy Holder's Date of Birth: _____ Policy Holder's Gender M F Policy Holder's Social Security No: _____

Patient's Relationship to Insured: Self Spouse Child Other _____

Informacion de la cuenta

Nombre de paciente: _____

Fecha del cobro: _____

03-

Descripcion de Servicios:

HOSPITAL SERVICES
ACCOUNT BALANCE: \$179.00

Gracias por elegir el Hospital de la Universidad de Nuevo Mexico para sus necesidades de atencion medica.

Este aviso refleja la cantidad pendiente en su(s) cuenta(s) como se muestra a continuacion. Se requiere el pago de inmediato. Favor de pagar el saldo completo o llamarnos para pedir asistencia en la resolucio de su obligacion al 866-756-8347. El hospital de UNM tiene ayuda financiera y descuentos disponibles basados en el tiempo que ha vivido en Nuevo Mexico, propiedades, y de acuerdo a sus ingresos. Por favor llame al 866-756-8347 para hacer una cita y solicitar la ayuda.

Charge Description

<u>Service Date</u>	<u>Account Number</u>	<u>Description</u>	<u>Amount</u>
03-23-16		HOSPITAL SERVICES	\$179.00

Please see reverse side for English translation

Please use this space to make corrections to your address or insurance information.

UNM

Name: _____ Account No: _____ Phone: _____

Address: _____

Business Address: _____ Employer: _____

Employer Address: _____

Insurance Company: _____ Effective Date: _____

Insurance Company Address: _____ Phone: _____

Insurance Policy or Contract No: _____ Group No: _____

Policy Holder's Name: _____ Phone: _____

 Policy Holder's Date of Birth: _____ Policy Holder's Gender M F Policy Holder's Social Security No: _____

 Patient's Relationship to Insured: Self Spouse Child Other _____



Important Message
Mensaje importante

Thank you for choosing UNMH for your health care needs. This statement reflects the amount due. If you are unable to pay the entire amount, please contact us at (505) 272-2521 for payment arrangements. UNMH has financial assistance and discounts available based on New Mexico residency, assets and income. Please call (505) 272-2521 to make an appointment to apply.

Gracias por elegir el Hospital de UNM para el cuidado de su salud. Esta cuenta refleja la cantidad que se debe. Si no puede pagar la cantidad en su totalidad, favor de llamarnos al (505) 272-2521 para programar arreglos de pago. El hospital de UNM tiene ayuda financiera y descuentos disponibles basados en el tiempo que ha vivido en Nuevo México, propiedades, y de acuerdo a sus ingresos. Por favor llame al (505) 272-2521 para hacer una cita y solicitar la ayuda.

Account Summary
Resumen de la cuenta



ión del garante:

Statement Date/Fecha del estado de cuenta:
07/30/16

Bill Number/N.º de factura:
[Redacted]

Financial Summary
Resumen financiero

Total Charges/Importe total:
\$1,266.00

Total Ins Pay/Adj/Monto pagado por el seguro médico/ajuste:
\$.00

Total Guar Pay/Adj/Monto pagado por el garante/ajuste:
\$.00

Total Ins Pending/Monto pendiente del seguro:
\$.00

Please Pay This Amount/Favor de pagar este importe:
\$1,266.00

Insurance Information
Información de seguro médico

Your current insurance information in our records is below. If this information is wrong, please call (505) 272-2521.

La información que tenemos de su seguro médico se encuentra abajo. Si esta información está incorrecta, por favor llame al (505) 272-2521.
Self Pay 901

Contact Us
Comuníquese con nosotros

Payments and changes to your account information can be made by calling (505) 272-2521.

Pagos y cambios a su información de cuenta se pueden hacer llamando al (505) 272-2521.

Nếu quý vi cần giúp đỡ để hiểu hóa đơn của quý vi bằng tiếng Việt, xin vui lòng gọi (505) 272-2521.

Make Checks Payable To: UNM Health Sciences Center-University Hospital



UNM HOSPITALS 1131 University Blvd NE
Suite D
Albuquerque NM 87102

ADDRESS SERVICE REQUESTED

Check box if your address or insurance information has changed. Please make changes on back.

Account Number:	Bill ID:	Please Pay This Amount:
	778	\$1,266.00
		Due By:
		08/19/2016
Card Number:		Exp. Date:
Signature:		Amount Paid:

00017548 002 0.72

: APT 126
01

UNM HOSPITAL
P.O. BOX 912877
DENVER CO 802912877

1000000012335200000000981677800000126600081920166

September 12, 2016

To Whom It May Concern;

My name is Alma Olivas I am a Community Health Worker at Centro Savila. I have been working with Mrs. [redacted] for the past months on trying to get her in the UNM financial program, she was denied due to not having part B and D in the Medicare insurance.

At this time Mrs. [redacted] and I are working toward getting her covered part B and D, but the enrollment period start until January 1, 2017 and be effective until July 1, 2017. In the meantime the patient has no money available for primary care and prevention and this is why I am writing this letter of support for Mrs. [redacted].

She gets \$730.00 per month of SSI and pay \$610.00 for rent there is no income left for her bare necessities.

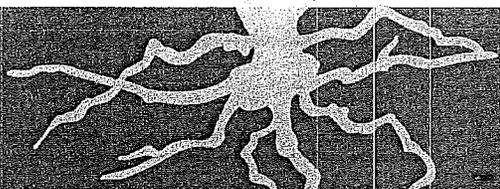
What is needed from UNM program is to cover Mrs. [redacted] for the remaining months until Medicare starts covering in July of 2017 then UNM program would be a secondary payer.

If you have any questions please let me know my office number is 505-312-7296 and email: alma@centrosavila.com

Sincerely;

Alma Olivas

Promotora De Salud (CHW)



CENTRO
SAVILA

CENTROS AVILA . COM

505 . 312 . 7296
1317 ISLETA SW
ABQ, NM 87105

November 17, UNMH Board of Trustees Meeting Minutes

<i>Agenda Item</i>	<i>Subject/Discussion</i>	<i>Action/Responsible Person</i>
Voting Members Present	Jerry McDowell, Erik Lujan, Nick Estes, Christine Glidden, Joseph Alarid, Terry Horn, Debbie Johnson, and Dr. Aimee Smidt	
Ex-Officio Members Present	Dr. Paul Roth, Dr. Michael Richards, Dr. Michael Chicarelli, Dr. Jennifer Phillips, Ava Lovell, Chaukoui Abdallah, Dr. Irene Agostini, and Garrett Adcock	
County Officials Present	There were no County officials present	
I. Call to Order	A quorum being established, Mr. Jerry McDowell, Chair, called the meeting to order at 9:06 AM	
II. Announcements	Ms. Christine Glidden welcomed honored guests, Mr. Andrew Chapuma, Emissary to the King of Zambia and Mr. Patrick Mapalo, Director, Sister Cities of Zambia. Mr. Chapuma is visiting Albuquerque to meet and speak with Albuquerque dignitaries and organizations to better understand how Albuquerque and our Sister Cities in Zambia can better facilitate their relationships and culture exchange.	
III. Adoption of Agenda	Mr. Jerry McDowell, Chair, requested a motion to adopt the agenda.	Ms. Debbie Johnson made a motion to adopt the agenda. Mr. Erik Lujan seconded the motion. Motion passed with no objections.
IV. Consent Approval	<p>Mr. Terry Horn reported the below identified consent items were discussed at the Finance and Audit Committee Meeting on November 15th and the Committee is pleased to bring to the Board of Trustees for approval.</p> <ul style="list-style-type: none"> • Capital Project Approval – UNMH Main Operating Room (OR) – Lighting and Boom Upgrade • Capital Project Approval – Outpatient Surgical Imaging Services (OSIS) -- Operating Room (OR) – Integration and Lighting Upgrade • Capital Project Approval – Carrie Tingley Hospital (CTH) Re-Roof • UNMH Operating Budget Approval -- Eco-Tex Healthcare Linen Service Corp. • Capital Project Approval -- Kaufman, Hall & Associates LLC <p>Mr. Jerry McDowell, Chair, asked if there were any questions or comments. None being addressed, Mr. Jerry McDowell, Chair, requested a motion for approval.</p>	Mr. Terry Horn made a motion to approve the Consent items identified. Mr. Nick Estes seconded the Motion. Motion passed with no objections.
V. Public Input	No Public Input	

<i>Agenda Item</i>	<i>Subject/Discussion</i>	<i>Action/Responsible Person</i>
VI. Action Items		<p>Once finalized the Staff Engagement results as well as Physician and Leadership Engagement results will be posted on BoardVantage</p> <p>The Executive Committee along with Dr. Michael Chicarelli, UNMH staff and Mr. Scot Sauder will develop specific recommendations in reference to Board Enhancement (Gage Recommendations) for discussion and decision by the full Board of Trustees, including, but not limited to:</p> <ul style="list-style-type: none"> • Dr. Michael Chicarelli and staff will develop schedules for the Board of Trustees to meet every other month based on financials • Mr. Jerry McDowell and Dr. Michael Chicarelli will develop/write a committee structure/content for the Board Members to review and request Members determine which committees he/she prefers to participate • Mr. Scot Sauder to review provisions of the Board of Trustees having the authority to delegate the Quality and Safety Committee to approve credentialing and privileging <p>An update report to be presented to the Board of Trustees in six months on status of how the Patient Payment Policies are proceeding to include a financial update</p> <p>A presentation will be given at a future Board of Trustees Meeting on UNMH's readiness of a mass shooting/terrorist type of event</p> <p>Financial Terms Training as presented by Ella Watt at Finance and Audit Committee Meeting will be uploaded to BoardVantage</p> <p>Mr. Scot Sauder will give a presentation on Tort Claim status at a future Board of Trustees Meeting</p>
VII. Board Initiatives	<p>Mr. Jerry McDowell, Chair, expressed appreciation and thanks to Board Members in reference to the 50% payment issues. He said the advocacy groups did a good job to bring issue to the forefront even though it was already on the Board's minds. Mr. McDowell expressed thanks to Dr. Michael Chicarelli and his team for stepping up and following through.</p>	

Agenda Item	Subject/Discussion	Action/Responsible Person
	<p>Board Enhancement (Gage Recommendations): Dr. Michael Chicarelli reviewed the recommendations for consideration and the recommendations held in abeyance (report in Board Book). Each recommendation was discussed in detail.</p> <p>Patient Payment Policy Implementation Update (report in Board Book). Mr. Rodney McNease went through implementation process and training schedule. Mr. McNease said phone numbers will be available and it will be made clear where/who resources are, especially if real time assistance is required. Mr. McNease has reached out to Pathway navigators to review policies and implementation process, a notice has been sent out to community and extended to other groups with an offer to review policies with them. Mr. McNease and his team will reach out to First Choice and offer to attend one of their staff meetings to review policies with them. Dr. Irene Agostini reported that she and Mr. McNease met with two of the public advocates after the October Board of Trustees Meeting and they asked how doctors will be informed of new policies. Dr. Agostini will send a letter to the Medical Staff in reference to the new policies. Dr. Jennifer Phillips reported that she has sent a notice to staff via her Chief of Staff newsletter and she commented staff is very grateful. Dr. Aimee Smidt suggested including frequently asked questions hotline and/or list. Mr. McNease agreed and will add the frequently asked questions to the training. Dr. Michael Chicarelli thanked Mr. McNease for taking the initiative after the October Board of Trustees Meeting and for sending out emails advising leaders of policy changes, communicating changes to front line people and setting up implementation/training processes. Mr. Nick Estes thanked Mr. McNease and Dr. Chicarelli for making sure people have correct information.</p> <p>Mission Excellence Update (report in Board Book): Ms. Sara Frasch gave a brief update.</p>	<p>See Action Items Above</p> <p>See Action Items Above</p>
VIII. Administrative Reports	<p>Chancellor for Health Sciences Report: Dr. Paul Roth reported that he has been traveling to meetings/conferences in Boston and New Orleans.</p> <p>CEO Report: (Report in the Board Book).</p> <p>CMO Report: (Report in the Board Book).</p> <p>UNM Board of Regents Report: Dr. Michael Richards presented the financial statistics at the Board of Regents Meeting.</p>	
IX. Updates	N/A	

Agenda Item	Subject/Discussion	Action/Responsible Person
X. Committee Reports	<p>Quality and Safety Committee: The Quality and Safety Committee met on November 16, 2017. Ms. Christine Glidden gave a brief summary.</p> <p>Finance, Audit & Compliance Committee: The Finance and Audit Committee met on November 15, 2017. Mr. Terry Horn gave a brief summary.</p> <p>Native American Services Committee: The Native American Services Committee met on November 15, 2017. Mr. Jerry McDowell, Chair, gave a brief summary.</p> <p>Executive Committee: No report.</p>	
XI. Other Business	Mr. Jerry McDowell, Chair, asked for comments related to the scheduled December 22 nd Board of Trustees Meeting – cancelling or moving forward with the meeting even though it is the weekend before the Christmas Holiday and many staff members may not be working. After discussion, it was decided that the meeting will take place as scheduled.	
XII. Closed Session	At 11:31 AM, Mr. Jerry McDowell, Chair, requested a motion to close the Open Session of the meeting.	Ms. Debbie Johnson made a motion to move to Close Session. Mr. Terry Horn 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	<p>At 1:34 PM, Mr. Jerry McDowell, Chair, requested a motion be made to return the meeting to Open Session.</p> <p>Mr. Jerry McDowell, Chair, requested the Board acknowledge receipt of the October 18, 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 the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session.</p>	<p>Ms. Debbie Johnson made a motion to return to Open Session. Ms. Christine Glidden seconded the motion. The motion passed unanimously.</p> <p>The Board of Trustees acknowledged receipt of the October 18, 2017 Medical Executive Committee (MEC) Meeting Minutes</p>

<i>Agenda Item</i>	<i>Subject/Discussion</i>	<i>Action/Responsible Person</i>
	<p>Mr. Jerry McDowell, Chair, requested the Board acknowledge receipt of the October 20, 2017 Quality and Safety Committee 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 the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session.</p> <p>Mr. Jerry McDowell, Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented in Closed Session:</p>	<p>The Board of Trustees acknowledged receipt of the October 20, 2017 Quality and Safety Committee Meeting Minutes</p> <p>Mr. Joseph Alarid made a motion to approve the Credentialing and Clinical Privileges as presented in Closed Session. Mr. Terry Horn seconded the motion. The motion passed unanimously.</p>
<p>XV. Adjournment</p>	<p>The next scheduled Board of Trustees Meeting will take place on Friday, December 22, 2017 @ 9:00 AM at the University of New Mexico Hospitals in the Barbara & Bill Richardson Pavilion (BBRP) 1500. There being no further business, Mr. Jerry McDowell, Chair, requested a motion to adjourn the meeting.</p>	<p>Mr. Joseph Alarid made a motion to adjourn the meeting. Mr. Terry Horn seconded the motion. The motion passed unanimously. The meeting was adjourned at 1:37 PM.</p>

Dr. Raymond Loretto, Secretary
 UNM Hospital Board of Trustees

Code of Conduct



Applies To: UNMH Responsible Department: Human Resources Revised: 6/2016

Title: HR 110 – Code of Conduct		Policy			
Patient Age Group:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult

1. POLICY STATEMENT

The purpose of this policy is to set forth standards of integrity, ethics and principles of public service and to establish work and employee conduct rules for employees.

2. DETAILED POLICY STATEMENT

It is the policy of the University of New Mexico Hospitals to establish a Code of Conduct for all employees of the Hospitals.

All employees shall use the powers and resources of their positions to advance the public interest and refrain from obtaining personal benefits or pursuing private interests incompatible with the public interest. Hospitals employees are required to treat patients, the general public, students and each other with respect and courtesy.

All Hospitals employees shall conduct themselves in a manner that justifies the confidence placed in them by the citizens of the State of New Mexico. Employees shall at all times maintain the integrity and ethics in accordance with the high responsibilities of public service. Full disclosure of real, potential or apparent conflicts of interest shall be the guiding principle for determining appropriate conduct.

3. APPLICABILITY

UNM Hospitals and Clinics.

4. POLICY AUTHORITY

UNM Hospitals CEO and Administrator Human Resources authorize this policy.

5. REFERENCES

- 095 – Animal Health Aids
- 130 – Discipline
- 135 – Domestic Partners
- 145 – Drug and Alcohol Free Workplace
- 148 – Electronic Devices
- 205 – Kronos Time System
- 333 – Smoke Free Environment
- 335 – Solicitation
- 380 – Violence in the Workplace

6. IMPLEMENTATION PROCEDURES

6.1 Ethical Standards

Employees of the Hospitals shall maintain the highest standards of business ethics in all business transactions, both internal and external. Employees shall treat patients, visitors and each other with courtesy and respect. Acts of violence or any other type of threatening or disruptive behavior in the workplace or on Hospitals property is not acceptable. Vulgar, abusive or offensive language is not acceptable and will not be tolerated. Employees shall adhere to the Hospitals' dress code and shall conduct themselves by the highest standards.

6.2 Outside Activities

Employees of the Hospitals, independent contractors and consultants doing business with the Hospitals, shall perform their duties faithfully and effectively and shall not give rise to suspicion of improper conduct.

6.3 Gratuities

Employees of the Hospitals, independent contractors and consultants for the Hospitals shall not accept any favor or gratuity of substance from any person, firm, governmental entity, or corporation that is engaged in or attempting to engage in business transactions with the Hospitals. Employees shall not accept any favor or gratuity of substance from a patient or a patient's family.

Employees of the Hospitals, independent contractors and consultants for the Hospitals shall not give any favor or gratuity of substance to any person, firm, governmental entity, or corporation that is engaged in or attempting to engage in business transactions with the Hospitals. Employees shall not give any favor or gratuity of substance to a patient or a patient's family.

6.4 Hospital Purchased Meals

6.4.1 Meals may be purchased for candidates for jobs at the Hospitals.

6.4.2 Meals may be purchased for employees, if it is for a formal recognition program that takes place on premises or off premises and the employee is in attendance.

6.4.3 Meals for birthdays, baby showers or other non-work related activities are not to be purchased by the Hospital.

6.5 Conflict of Interest

6.5.1 Employees of the Hospitals shall not enter into any agreement with the Hospitals, the University of New Mexico, or the State of New Mexico in which the employee has a direct or indirect financial interest, unless such contract is made pursuant to the Governmental Conduct Act, NMSA 1978 Section 10-16-1 et seq. No employee of the Hospitals shall enter into any agreement with the Hospitals, the University of New Mexico, or the State of New Mexico which is deemed to be in conflict with the employee's

current position, with the Hospitals or with any patient, patient's family, student or other employee. Employees of the Hospitals and their relatives may not gain undue advantage, financial or otherwise, by virtue of using their positions, confidential information or relationships with patients, patients' families, students or fellow employees.

- 6.5.2** Each employee's conduct should be above reproach. Employees should disclose potential conflicts of interest to the Administrator of Human Resources, the appropriate Administrator, and department manager. The Administrator of Human Resources or designee shall review the situation and determine if a conflict of interest exists. The Hospitals' CEO, COO, and Administrators must complete a disclosure form on an annual basis identifying any potential or actual conflicts of interest.
- 6.5.3** Employees shall maintain a professional role with patients, patients' families, students, the public and each other. It is expected that friendly, yet professional relationships are formed during the course of care. However, employees should remember that it is not in the best interests of patients, their families, students or the public for Hospitals employees to enter into non-work relationships with patients, their families, visitors or students. By doing so, employees may compromise the professional role they must establish and maintain with these individuals. In the event such relationships occur and interfere with the employee's performance and or behavior, or have a negative impact on patient care or the patient's case, appropriate disciplinary action will be taken.
- 6.5.4** Employees shall not engage in activity with vendors that can be construed as having influence on their ability to make a decision or recommendation regarding a specific vendor or product.
- 6.5.5** Employees receiving health care services shall be treated in the same fashion as all other patients, including but not limited to confidentiality. Conduct issues that arise when an employee is considered a patient shall be treated as patient events, unless such conduct can be classified as off-duty misconduct, or on duty misconduct.

6.6 Employment of Relatives and Domestic Partners

- 6.6.1** Members of an employee's immediate family and domestic partners will be considered for employment, promotion or transfer on the basis of qualifications. However, immediate family members and domestic partners may not be hired, promoted or transferred, if the employment would:
 - (1) Create a supervisor/subordinate relationship with a family member or domestic partner;

- (2) Have the potential for creating an adverse impact on work performance and/or a violation of internal control mechanisms; or
- (3) Create a conflict of interest.

6.6.2 Employees who marry or establish a domestic partnership may continue employment in their current positions if the relationship does not result in a conflict as described herein. If any of the conditions outlined above should occur, the employees are obligated to notify Human Resources, which will determine if a suitable position exists within the Hospitals to which one of the employees may be transferred. The employees and the Hospitals will determine which employee should transfer or be reassigned. This transfer action may be a lateral move or a reduction in classification and may or may not require a reduction in pay. If a suitable position is not available or the employees choose not to accept such actions, one or both of the employees will be allowed to resign. This action will be coordinated with the Human Resources Department and the appropriate Administrator.

6.7 Fraternization

While the Hospitals encourages amicable relationships between supervisors and their subordinates, it recognizes that involvement in a romantic relationship may compromise, or create a perception that compromises, a supervisor's ability to perform his or her job. Any involvement of a romantic nature between a supervisor and anyone he or she directly supervises is prohibited.

6.8 Guidelines

The types of activities listed below are deemed to be in conflict with this policy and must be avoided. The following list is not intended to be all inclusive of prohibited activities:

- 6.8.1** Employees will not participate in any official act affecting a business in which the employee has a direct or indirect financial interest.
- 6.8.2** Employees will not conduct any financial dealings, use their position to make social contact, solicit or provide loans or otherwise engage in personal business with patients, other employees or students.
- 6.8.3** Employees shall not refer patients to specific outside practitioners, unless authorized in advance by the Hospitals through the employee's department manager. A list of practitioners may be given to a patient. Employees may not refer patients to themselves as an outside practitioner. Patients may be referred to specific agencies, when appropriate, or to a single source, when appropriate.

- 6.8.4** Employees shall not own, or have an interest in, boarding homes, nursing homes or other facilities to which patients of the Hospitals may be referred.
- 6.8.5** Employees may not use their positions as a means of obtaining financial consideration for a family member, such as employment, promotion or a consulting contract.
- 6.8.6 Patient Care:** Abuse or improper treatment of patients is strictly prohibited.
- 6.8.7 Employee Conduct:** Employees must conduct themselves with appropriate decorum and language which is not offensive to patients, visitors, students or other employees.
- 6.8.8 Lunch and Break Periods:** Specific lunch and break periods may be assigned to employees. It is the responsibility of the employee not to leave the work area before the lunch or break periods begin and to be at the work area when the lunch or break periods end. See Policy HR 205 - Kronos Time System.
- 6.8.9 Vending:** Vending on Hospitals premises is prohibited unless authorized by the Administrator of Human Resources.
- 6.8.10 Solicitation:** Policy HR 335 - Solicitation provides guidelines on solicitation by vendors and organizations desiring to contact Hospitals departments and individual employees. Solicitation must be conducted to ensure that the primary function of the Hospitals is accomplished and to ensure that employees' rights are protected.
- 6.8.11 Absence and Tardiness:** It is the employee's responsibility to report absences to his/her supervisor in accordance with Hospitals and department policy. Excessive absenteeism or tardiness cannot be permitted. The employee must be at his/her workstation ready to work at the beginning of the shift and remain there until the end of the shift.
- 6.8.12 Theft:** Misappropriation, fraud, dishonesty and theft of goods, services and valuables is strictly prohibited.
- 6.8.13 Gambling:** Gambling in any form is not permitted on Hospitals property.
- 6.8.14 Drinking/Drugs:** Reporting to work or working under the influence of alcohol or a controlled substance, use of illegal drugs, or possession of liquor or illegal or controlled drugs without a valid prescription on Hospitals property is prohibited. See Policy HR 145 - Drug and Alcohol Free Workplace.

- 6.8.15 Security:** It is the employee's responsibility to be aware of and comply with security rules and regulations.
- 6.8.16 Personal Projects:** Unauthorized use of Hospitals materials, computers, equipment or time for personal projects is prohibited.
- 6.8.17 Smoking:** Smoking is not permitted by anyone within or on the grounds of UNM Hospitals' owned or operated facilities, except for in designated areas. See Policy HR 333 - Smoke Free Environment.
- 6.8.18 Safety:** Employees are expected to observe safety regulations and wear approved safety apparel or devices as required. Activities such as running, horseplay and disorderly conduct are dangerous and are prohibited.
- 6.8.19 Garnishment:** Wage attachments are costly to the employee and the Hospitals. Repeated attachments cannot be permitted.
- 6.8.20 Misconduct:** Misconduct adversely affecting the interests or reputation of the Hospitals or its employees is prohibited. Other misconduct including, but not limited to, failure to follow supervisor's instructions, fighting, sleeping on the job, falsifying Hospitals documents or immoral or indecent conduct are not permitted.
- 6.8.21 Parking:** Employees are to park only in areas authorized for Hospitals employees.
- 6.8.22 Industrial Accidents:** All on-the-job illnesses or injuries are to be reported to the appropriate supervisor and the Occupational Health Department immediately.
- 6.8.23 Weapons:** Possession of weapons on Hospitals premises is prohibited. See Policy HR 380 - Violence in the Workplace.
- 6.8.24 Pets:** Pets shall not be brought on Hospitals property, except as authorized in Policy HR 095 – Animal Health Aids (Service Animals).
- 6.8.25 Bicycles:** Bicycles shall be parked or stored in designated areas only.
- 6.8.26 Audio/Video Recorders:** Unauthorized audio/video recorders shall not be used on Hospitals property.
- 6.8.27 Cellular Telephones:** Misuse of cellular telephones and other wireless communication devices on Hospitals' premises is prohibited. See Policy HR 148 – Electronic Devices

6.8.28 Wasting Time and Loitering: Expending paid work time in a nonproductive manner or in pursuit of personal interests is prohibited. Loitering about restrooms, cafeteria, gift shop or other areas is prohibited.

6.8.29 Carelessness: Employees must perform their work in a careful, diligent manner.

6.8.30 Breach of Confidentiality: Releasing, gathering or accessing confidential information for personal use is prohibited and may result in disciplinary action up to and including termination.

6.8.31 Visitors: Employees are not allowed to have minor children visit them at UNMH Hospitals. The Administrator of Human Resources may approve visits for Hospital sponsored events.

Friends and relatives of employees are not allowed in patient areas, work areas or waiting rooms. The employee may be held responsible for the acts of their visitors at UNM Hospitals.

6.8.32 Retaliation: No employee shall retaliate against any individual who has filed a complaint, participated in the investigation of a complaint, or otherwise engaged in legally protected activity.

6.9 Enforcement

6.9.1 It is the responsibility of the manager of each department or area to ensure that this policy is followed and to monitor activities within their areas. Department managers are encouraged to meet with staff and to identify activities for that unit which may also be in conflict with this policy.

6.9.2 Employees determined to be in conflict with this policy will be subject to appropriate disciplinary action, up to and including termination.

7. DEFINITIONS

7.1 Confidential Information: Any record or information an employee may have access to in the performance of job duties and responsibilities; but is not readily available by law or practice to the general public.

7.2 Employment: Rendering of services for compensation in the form of salary as an employee.

7.3 Financial Interest: An interest held by an individual, his/her spouse, domestic partner or dependent minor children that is:

- (1) An ownership interest in a business; or
- (2) Any employment or prospective employment for which negotiations have already begun.

- 7.4 Official Act:** A decision, recommendation, approval, disapproval or other action that involves the use of discretionary authority.
- 7.5 Immediate Family:** Spouse, domestic partner, child, parent, sibling, legal guardian, grandparents and current in laws.

8. SUMMARY OF CHANGES

1. Section 6.3 – added “governmental entity” to first sentence; added “of substance” to second sentence; added new second paragraph to state prohibition against giving gratuities.
2. Moved former Section 6.9.2 to become Section 6.5.2 and added new last sentence.
3. Added new Section 6.8.32.

Supersedes HR 110 – Code of Conduct, 1/24/2012

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Sara M. Frascch, HR Administrator, UNMH		Y
Human Resources	Sara M. Frascch, HR Administrator, UNMH		Y
Official Approver	Stephen W. McKernan, Hospitals CEO, UNMH		Y
Official Signature	Signed by Stephen W. McKernan	Date: 06/30/2016	
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Issue Date	Clinical Operations Policy Coordinator		

From the Office of the Chancellor for Health Sciences

At the University of New Mexico Health Science Center we all remain committed to working together to better serve the people of New Mexico. The HSC has three missions, each critical to New Mexico. First, we are charged with educating the next generation of health care professionals. Second, we provide critical care to thousands of New Mexicans as the state's only level one trauma center, stroke center, NIH-designated cancer center and pediatric emergency department regardless of economic or geographic circumstances. Our third mission is to continue to conduct research to address the health care needs of our community, state, nation and planet. We must accomplish our goals by adhering to the highest standards of professionalism.

As your Chancellor, I firmly believe that the key to maintaining our success lies in our devotion to ethical behavior at all times, under all circumstances in all our actions. Only then may we pass on to future generations a legacy of honor and achievement.

In most situations, making ethical decisions is easy. By asking yourself some simple questions, such as the ones listed below, you can make good choices.

- Is it ethical?
- Is it legal?
- Does it comply with UNM's policies and the Code of Ethics?
- Would you feel good if your decision were reported in the media or communicated to management? Your peers? Your family?

If you answer "yes" to all of these questions, then the decision is probably appropriate. If you're not sure, there are internal resources available to help you. One of those resources is this Code of Ethics.

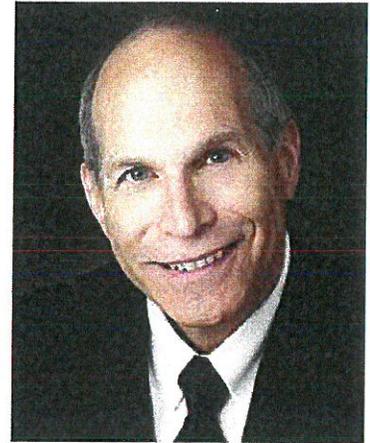
The UNM Health Sciences Center Code of Ethics (the "Code") is more than a policy. It is a handbook that will help you find answers to questions we ask every day. You will also find out who you can talk to if you need more help. Speak up if you see or suspect activity that violates the Code. It may seem easier to say nothing, but taking no action can have serious consequences.

As you read the Code, keep in mind that it applies to every member of the HSC community. Faculty, staff, vendors, students, and volunteers, and third-party affiliates will follow the standards outlined in the Code, whether they are affiliated with the School of Medicine, College of Pharmacy, College of Nursing, UNM Medical Group, UNM Cancer Center, UNM Hospital, Sandoval Regional Medical Center, or any other part of the UNM Health Sciences Center. That means that every person, regardless of his or her position, is held to the same standards. Each person who does not follow this Code is subject to the same consequences.

Our communities and our state deserve the very best from us. We can make our institution a better place to work, a better place to learn, and a better place to receive care by acting ethically in every decision, every day.



Paul Roth, MD, FACEP



Paul Roth, MD, FACEP
Chancellor for Health Sciences

Vision

The University of New Mexico Health Sciences Center will work with community partners to help New Mexico make more progress in health and health equity than any other state by 2020.

Mission

Our mission is to provide an opportunity for all New Mexicans to obtain an excellent education in the health sciences. We will advance health sciences in the most important areas of human health with a focus on the priority health needs of our communities. As a majority-minority state, our mission will ensure that all populations in New Mexico have access to the highest quality health care.

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1. *Professionalism*

What is Professionalism?

'Professionalism' means many things to many people.

Perhaps the simplest way to think about it is as a social or communicative competence. In our daily lives we have to handle ourselves in lots of different situations with different types of people.

The rules for our behavior and the language that we use differ depending on the situation and the type of person we are interacting with. The expectations of us, the obligations we feel, the opportunities we have all depend on the role we are playing. Part of our socialization involves learning what the expectations are for our various roles. We all differ in how well we live up to our various expectations. In our work settings we must be aware of, and be willing and able to fulfill the many expectations that are part of our roles. Some of these expectations have been made explicit in administrative policies (e.g., UNM Board of Regents' Policy Manual, University Administrative Policies and Procedures Manual, UNM Faculty Handbook, UNM Hospital Staff Rules and Regulations, UNM Houseofficer Manual); some of them are less formally stated and are part of particular work cultures.

When we fulfill these roles within at least the minimal expectations we are considered to be acting professionally.

What is Unprofessionalism?

'Unprofessionalism' is the failure to satisfy the minimal expectations of one's role. There are three general types of unprofessional behavior. These types can be described as the 'Can't, Won't and Oops' model of unprofessional behavior.

- The individual *cannot* satisfy the minimal expectations of his or her role because he or she does not know the rules of the role, or he or she may not have the skills to enact them.
- The individual may know the rules of the role and has the skills to enact them, however, the individual *chooses* not to act according to the expectations. The individual knows the rules, is capable of satisfying them, and generally does follow them, however, on a rare occasion he or she fails to live up to the role expectations. For each of these circumstances there can be a number of reasons or causes:
- Individuals who Can't fulfill minimal expectations may have not learned the rules for certain types of work settings, perhaps because of where they grew up or where they trained, or they lack certain basic social skills.

- Individuals who can but Won't fulfill minimal expectations may have personality styles that are not fitted for the individual's actual work setting; the individual may be 'acting-out' or 'channeling' anger, aggression or other emotions either in the individual or in the individual's surroundings; the individual might have an addiction that interferes with social judgment; or (importantly) the individual might be asserting a challenge to the situation, and he or she might be justified.
- Individuals who inadvertently or unintentionally fail to satisfy expectations of their role might have been emotionally or physically overwhelmed. Appropriate and effective responses to unprofessional behavior should fit the circumstance or the type of the unprofessional behavior.
- When an individual Can't fulfill minimal expectations, he or she should receive special training or coaching.
- When an individual Won't behave according to expectations, efforts should be made to determine whether the focus of administrative responses should be the 'identified' problem worker or the larger work situation. Sometimes the appropriate response is a consultation from the Office of Professionalism, the Institute of Ethics, an outside management consultant or group analyst. Sometimes, the appropriate response is to recommend psychotherapy or psychiatric treatment. And, sometimes the appropriate response is to change the institutional expectation.
- In 'Oops' situations, individuals should be taught how to monitor their emotional and physical stamina and how to cope better with stressful work situations; some individuals will benefit from training in why, how and when to apologize, or in some other way to 'un-do' their behaviors.

-- Jonathan Bolton, MD

1.1 *Respect & Diversity*

Our success depends on how well we work together. If we treat all members of the HSC community with respect, we are doing a better job of serving our community. All HSC faculty and staff will treat all patients, students, visitors, faculty, and staff with the highest level of respect and dignity.

Part of treating people with respect is not discriminating. We live and work in a diverse state and UNM is a diverse institution. Everyone at the HSC, including faculty, staff, visitors, patients, and students will be given equal access and treatment, without regard to race, color, sex, sexual orientation, gender identity, national origin, ancestry, religion, age, spousal affiliation, genetic information, physical or mental disability, or medical condition.

Speak up if you see or suspect that others are being harassed or discriminated against. If you are a supervisor, make sure that employment decisions comply with UNM policy and are based on lawful business reasons.

Q: One of my co-workers is always very rude and I recently overheard him make a racial comment about me. I am very uncomfortable. What should I do?

A: At the HSC, we are committed to providing a welcoming environment for all members of the community. If someone is discriminating against you, the first thing you should do is ask that person to stop. If the situation does not improve, speak with your immediate supervisor. If you aren't comfortable speaking to your supervisor, or don't notice any improvement, you should contact the Office of Equal Opportunity at 505-277-5251.

Q: I find it difficult to take care of patients who speak languages other than English. Is it okay for me to ask them to bring someone with them who can translate?

A: No. Patients who don't speak English, or don't speak it well, have a right to an interpreter. It is our responsibility as a healthcare provider to make interpreter services available to patients at no cost. Using a Hospital interpreter has some significant advantages. For example, some patients may not feel comfortable discussing sensitive health information in front of a friend or family member. You can reach UNMH Interpreter Language Services at 505-272-5399.

1.2 Treating Other Professionals with Respect

Academic healthcare is an important, complex business. For the HSC to be able to achieve its missions of education, patient care, and research, we need the skills and talents of professionals who work in many different fields and roles.

Just like we need to respect racial, gender, gender identity, sexual orientation, marital or parental status, national origin, citizenship status, veteran or military status, age, disability, religious diversity and any other legally protected status, we also need to respect professional diversity. Each person who works in the HSC has unique skills and education and plays a valuable role that warrants respect, no matter what that role is.

A true professional can accept constructive criticism and work collaboratively with other people, no matter their role, in order to get the job done. Working together with people with different skills, talents, and backgrounds helps each and every one of us achieve the goals and mission of the HSC.

Q: One of the physicians who works in my unit is rude to me and the other nurses. We don't feel comfortable doing our jobs. What should I do?

A: The best way to resolve these problems is to talk to your immediate supervisor. If you don't feel comfortable doing that, you should contact Human Resources. If you would like to make a report anonymously, you can call the Compliance Hotline at 1-888-899-6092.

1.3 Doing Business with Good People

Professionalism isn't just about the commitment to do the right thing; it is also the desire to interact with people, vendors, and other entities that share that commitment.

One of the ways we can be sure we are interacting with good people is through exclusion checks. Exclusion checks help us identify people or entities that have gotten into trouble with the law. Since we want to do business with good people and businesses, the UNM Health Sciences Center performs exclusion checks before hiring, or contracting with, any person or vendor.

Q: When you say that you conduct exclusion checks, what lists do you check against?

A: State and federal governments make a wide variety of exclusion lists available. HSC Compliance checks the exclusion lists from the Office of the Inspector General of the Department of Health and Human Services (OIG) and the General Services Administration (GSA). By checking both lists, we ensure that our faculty, staff, and vendors are not included on any of the exclusion or debarment lists that apply to us.

Q: To save money, one of the departments I work with decided to buy their office supplies from another supplier. This has nothing to do with patient care. Do I need to check to see if this vendor is excluded?

A: Yes. We only want to do business with vendors who are as ethical and committed to following the law as we are. By checking for exclusions, we ensure that our vendors follow the law and we protect ourselves from penalties that the government imposes on healthcare organizations that hire, or contract with, excluded individuals or entities.

Q: I just found out that one of our faculty members has been excluded. She's a very talented researcher and teacher and it would be a shame to lose her. Is this really a problem?

A: Yes. There are many ways in which a person can be excluded, some of which have little effect on a person's ability to do his or her job. But, even though she may be good at her job, she is excluded because she broke the law. Our patients, our students, and our state are best served when we only interact with the best people.

1.4 Conflicts of Interest

As HSC faculty and staff, we have certain obligations to the HSC. These obligations help protect the integrity of the organization and its missions.

One of those obligations is the fiduciary duty of loyalty to the HSC. In other words, HSC faculty and staff are obligated to safeguard HSC resources and to act in the best interest of the HSC. In practice, that means that HSC faculty and staff may only use HSC facilities and equipment for valid HSC purposes, unless that use is otherwise approved or authorized by policy. This also includes the use of equipment, funds, proprietary intellectual property, and supplies. It also means that faculty and staff must not:

- take advantage of business opportunities that might be taken by the HSC
 - use their position at the HSC or knowledge gained through their position for personal profit or to assist others in profiting at expense of the HSC
 - use their position to obtain a personal profit by undertaking an engagement that is adverse to the interests of the HSC
 - accept outside or dual employment or compensation that could reasonably be expected to impair the employee's judgement in their performance of their duties at the HSC
 - HSC faculty and staff are also expected to consider and avoid the appearance of a conflict of interest.
-

Q: One of my close friends is trying to open a clinic that would compete with the HSC. He doesn't know that the HSC will soon be making some major improvements to its services in that particular area. Can I tell him?

A: No. As an employee of the HSC, you have access to information about HSC plans and activities that might be useful to our competitors. You may not use information obtained through your relationship with the HSC to aid a competitor, whether you will profit personally, or not.

Q: I am well-respected in my field and, occasionally, attorneys approach me to ask if I would be willing to serve as an expert witness. I am interested in trying it. Is it okay for me to do that?

A: It depends. The HSC believes that it is important to ensure the quality, integrity, and credibility of expert witness testimony provided by its faculty and staff. The HSC also believes that it is in the interest of both you and the HSC that you only undertake an expert witness engagement within the scope of your expertise and consistent with established standards of care. The HSC also believes that it is important that any expert witness testimony you might provide be free of conflicts of interest and be impartial. To this end, the HSC is promulgating, as a part of its conflict of interest and conflict of commitment policies, a standard that would permit you to accept a personal engagement as an expert witness if UNM is not involved in the case, or if you are serving as an expert witness for UNM or a party on the same side as UNM and would establish a process for full disclosure and vetting of personal engagements relative to expert witness testimony. In certain areas of the HSC, for example the Office of Medical Investigator, the faculty are frequently called upon as a part of their duties as medical investigators/pathologists to render expert witness testimony as to the cause and method/manner of death, including those deaths that may occur at or be associated with the HSC clinical facilities, providers, and learners. Nothing contained in this Code of Ethics is intended to limit employees from being called upon to serve as expert witnesses in these circumstances, provided that, in the view of the HSC, such engagement is not a personal engagement.

1.5 Employee Privacy

As faculty and staff at the HSC, we have the responsibility to protect the personal information of our colleagues. That means that those of us who have access to personal information about employees need to be careful about how we safeguard that information.

Q: When I receive help from tech support with problems I have with my computer, I am sometimes concerned that they might be looking at everything, even if it doesn't relate to the problem. Does that happen?

A: IT professionals have access to information about employees and how they use their computers. In order to do their jobs, they need access to this information. Fortunately, IT professionals understand that they have a responsibility to respect the privacy of other employees. Because of that, they access information only when it is necessary to perform their jobs.

1.6 Patient Privacy

Healthcare is very personal and very private. We protect the privacy of our patients' health information. In order to protect patient privacy:

- Only access patient information if it is necessary to perform your job
- Never access more patient information than you need

Q: When I was at work yesterday, I noticed that one of my coworkers was being admitted to the hospital. I am worried about her health. Is it okay to check her medical record and see how she is doing?

A: No. It is not okay to access a patient's medical record without a legitimate medical or business purpose. Every patient's health information must remain private, no matter who that patient is. If you have questions about the Privacy Rule in the Health Insurance Portability and Accountability Act (HIPAA), please contact the Privacy Office at 505-272-1493. If you would prefer to ask a question or report a HIPAA Privacy concern anonymously, you may also call the Compliance Hotline at 1-888-899-6092.

1.7 Social Media

Social media websites like Facebook, LinkedIn, Twitter, YouTube, and Google+ provide people with many opportunities to connect with friends, family, and colleagues.

Although social media is personal in nature, it is not private. That means that your personal communications, such as posts or tweets, might be seen by people you did not intend to share them with.

As members of the HSC community, we have the responsibility to be professional at work and online. Here are some tips:

- **Think before you post.** If you wouldn't want your family or boss to see it, don't post it.
- **Protect yourself.** Many social media sites give you some control over who can see your posts and it's a good idea to take advantage of it.
- **Be honest about who you are.** Your online identity should be yours, not someone else's.
- **Include a disclaimer.** Unless you are posting about the HSC as part of your job, you should make sure your readers know that you are not representing UNM or the HSC.
- **Protect patient privacy.** In order to protect the privacy of our patients, you must never post information about patients on social networking sites.

Remember that because social media is new, it is also changing fast. All of us are still learning how best to deal with it. Because of that, be careful about what you post. Always keep in mind that we are all representative of HSC and that conduct outside the workplace can affect perceptions of the university.

Q: I do my best to make my patients feel comfortable. Sometimes they search for me on Facebook and send me friend requests. Should I accept them?

A: No. Remember that the relationship you have with your patients is a special one. They come to you because you are a professional. As a professional, you must maintain a professional, business-like relationship with patients. This is much harder if you allow them to "friend" you.

In order to maintain a professional image, you should only make social networking connections with patients you know in another context.

1.8 Political Activities:

The Office of Government & Community relations is the primary office that represents the interests of the University of New Mexico that communicates with all local, state and federally-elected officials and their respective staff regarding present and future legislation, funding and policy.

Employees may participate in political activities provided such activities:

- are not conducted during work hours;
 - are in compliance with the Constitution and the laws of the State of New Mexico;
 - do not interfere with the discharge and performance of the employee's duties and responsibilities;
 - do not include the use of equipment, supplies, facilities or other assets of the HSC;
 - do not involve the attempt to coerce faculty, staff or students to participate in or support political activity.
-

1.9 Media

The Office of Public Affairs serves as the spokesperson for the University and responds to media inquiries, and interview request. If an employee is contacted by a member of the media, they should be referred to the Office of Public Affairs for assistance. After hours, the UNM Hospital switchboard can page the Public Affairs on call representative.

1.10 Ask Questions

When professionals don't know the answer, they ask questions. If you have any questions about this Code, laws and regulations, or other compliance issues, you should contact your supervisor. If you aren't comfortable speaking to your supervisor or don't feel satisfied with the answer, contact your Compliance Officer or HSC Compliance. We are here to answer your questions

Q: I am concerned that my department might not be handling grant money correctly. If I ask Compliance, will they have to conduct an investigation?

A: Compliance is not obligated to conduct an investigation every time someone comes to us with a question. Usually we answer the question without the need to investigate. Sometimes, however, investigations are conducted in response to questions. If you are concerned about this and would like to ask a question anonymously, you can call the Compliance Hotline at 1-888-899-6092 or use the online reporting service.

1.11 Reporting Concerns

If you have a compliance concern, let someone know. There are several ways you can report your concerns:

- Discuss it with your supervisor. This is often the best way to resolve a problem or get an answer about compliance issues.
- Call the HSC Compliance Office at (505) 272-4848.
- Visit our office at in the HSC Business & Communications Center, located at 1650 University Boulevard NE, Suite 3200.
- Email your question or concern to compliance@salud.unm.edu or privacy@salud.unm.edu.
- Call the Compliance Hotline at 1-888-899-6092. The Compliance Hotline, which is run by an outside vendor, allows you to raise concerns anonymously.
- Submit questions and/or concerns online at [UNM EthicsPoint](#) 24/7, 365 days per year.

Q: The other day, I saw a sales rep give an envelope to my supervisor. I think it might have been tickets to the basketball game, but I am not sure. Should I tell someone anyway?

A: Yes. If you see something that concerns you, you should tell someone. We will evaluate the report to determine whether law or policy might have been violated. If so, we will investigate the facts to determine if law or policy was actually violated.

Q: I have a concern that I would like to report anonymously. How does that work?

You may make an anonymous report by calling the Compliance Hotline. The service is run by an outside vendor. When you make an anonymous report, you will be given a number that you can use to check on the status of your report or communicate anonymously about your report.

You should, however, be aware that when you make a report anonymously it can take longer to investigate. In order to ensure that an investigation is completed quickly, you should be sure to include as much information as possible in your report.

1.12 Non-Retaliation

The HSC is committed to providing its faculty and staff with a work environment that

A Note for Leaders:

Making employees feel comfortable communicating their concerns is essential. By encouraging communication, we create a better work environment.

When concerns are not communicated, morale suffers and it puts the organization at risk for whistleblowers.

Remember, no one should be punished for doing the right thing.

encourages communication. All members of the HSC community who raise concerns or ask questions in good faith are protected from retaliation under Policy 2200 (a link to all policies can be found in the appendix). That means that if you ask a compliance question or raise a compliance concern, you should continue to be treated with respect by your co-workers and supervisor.

Q: A few months ago, I reported a compliance concern to my supervisor. It turns out that there was a problem and my department had to do a lot of work to fix it. Even though I did well on my performance review and am still getting work assigned to me, I feel like people are treating me differently. They say negative things about me

and don't include me in conversation like they used to. Is that retaliation?

A: It might be. If you feel uncomfortable at work and believe that it might be because you reported a compliance issue, you should tell HSC Compliance about it. You do not have to be absolutely sure that retaliation has occurred before reporting.

1.13 Maintaining a Safe Campus

The HSC is committed to creating a safe environment for all faculty, staff, patients, visitors, and students. If you witness illegal or suspicious activity occurring on the HSC Campus, please notify either UNMH or UNM PD. If you witness a crime being committed that involves anyone being physically assaulted, especially if the victim is a child, call UNM PD immediately and notify your supervisor.

Q: I was working late one night in my lab and, as I was leaving, I heard a loud argument and crying. Through a window, I saw a colleague grabbing a young woman by the wrist and pulling her. What should I do?

A: The HSC and UNM strive to create a safe campus. If you witness a situation like this, get to a safe place and call UNM PD. Inform them of the location of what you witnessed. Per UNM Campus-wide policy, you are required to report violent crimes that threaten someone's welfare, such as this one.

Q: I am a group leader for a summer program for high school students who come to the HSC to learn about careers in medicine. Yesterday at lunch, I overheard a female student saying one of the faculty advisors had "asked her out" and was always hugging her and making her feel "creepy". What do I do?

A: It is particularly important that children brought to the HSC are safe. You need to inform your supervisor and the director of the program immediately. Your supervisor must notify the HSC Compliance Office. If they do not, you should. You should also call UNM PD to report the incident so that they can arrange to interview the student.

2. *Patient Care*

“I have worked at UNMH in many capacities over the past 27 years. I started my career here as a student nurse and knew that this is where I wanted to start my nursing career. I knew this because of the way the nurses cared for the patients and the way the doctors responded to the needs of the patients. I recognized the healthy work environment amid the chaos known as inpatient nursing. I have been allowed to grow both in education and experience and I have always been encouraged to strive for excellence. My voice is heard and positive changes have been made because our leaders listen to the needs of the employees. We are supported in our efforts to provide skilled, compassionate, ethically sound care to the patients in our hospital and we are encouraged to make a difference in any way we can.

“I continue to work here because the nurses are empowered to function with autonomy and are respected for their knowledge and experience. If for some reason there is conflict, it is not difficult to bring a group together to problem solve and demonstrate true collaboration when it comes to making sure patients are receiving the care they need. The culture of UNMH promotes and recognizes the valuable contributions of every member of the healthcare team. I am proud to work here, and highly recommend the services of our hospital to my family and members of the community.”

Stephanie Sanderson, RN, MSN, CCNS, CCRN
Critical Care Clinical Nurse Specialist, UNM Hospital

2.1 *Treating Patients with Respect*

Our patients come from many different backgrounds. It is our responsibility as a healthcare provider to make sure that every patient is treated with respect. No patient will be denied treatment based on race, national origin, religion, sex, sexual orientation, marital status, age, disability, or source of payment.

Q: If a patient comes to the Emergency Department, should we delay treatment if the patient can't pay for services?

A: No. Under the Emergency Medical Treatment and Active Labor Act (EMTALA), we are required to provide necessary emergency medical services to everyone, regardless of their ability to pay. The order in which patients are treated depends on the severity of their condition, never on whether or not they can pay for services. A patient's ability to pay cannot be a factor in deciding when a patient is seen.

2.2 *Patients Have a Right to Make Decisions about their Care*

One of our duties to our patients is to ensure that, if they are capable, they are involved in making decisions about their own care. At the HSC, we make sure that our patients are involved in decision-making and that they are given adequate information to make those decisions.

Q: What are some ways we keep patients informed and involved with their care?

A: Explanations are given to the patient regarding their condition and treatment on an ongoing basis. Discharge instructions are given to patients when departing. Many conditions have educational material that can be printed out at discharge and given to patients. Hospital units and most clinics have staff that can assist with decisions involving transitions of care. Patients can also request a copy of their medical records by contacting the Health Information Management Department (HIM), at 505-272-2141.

2.3 *Patient Advocacy*

Being a patient can be confusing and scary. Patient Advocates help patients access the services they need and navigate their own healthcare. At the HSC, we are committed to assist our patients throughout the process of receiving care from us.

Q: How does a patient at UNM Hospital contact the Patient Advocate for concerns regarding care, or accessing services?

A: At UNM Hospital, a patient advocate can be reached by requesting to speak with the advocate, by going to the administration reception area on the first floor, or by calling them at (505)272-2121.

2.4 *Discharge Planning*

At the HSC, we understand that what happens to a patient after they leave our care in the hospital is as important as what happens while under our care. Because of that, our Care Management team begins finding the safest transition plan for the patient at admission.

Q: Can patients at UNM Hospital speak directly with a case manager if they have concerns about discharge?

A: Yes. If patients have concerns about their discharge, they can ask their nurse or doctor to notify the case manager for the unit. A nurse or social worker will come to the room and speak with the patient and/or family.

2.5 *Care Management Services*

The Care Management department helps patients with discharge planning, community resources and referrals, financial assistance resources, and making sure payer sources have all the necessary information to authorize care or medical equipment.

Q: How do we determine if a patient at UNM Hospital needs a case manager?

A: Case managers are available at UNM Hospital, and in all the primary care clinics. Case managers screen patients in these locations for possible need for their services. Indications may include such factors as advanced age, unsatisfactory living situations, complicated or life altering diseases or injuries, or other stresses faced by the patient or family. Physicians, nurses or other healthcare workers may refer patients to a case manager. Patients or families may also request a case manager.

Q: Can case management help patients that need to go to another facility before they can go home?

A: Yes. Case managers can help with transfers to other facilities such as skilled nursing or rehabilitation centers.

Q: Can case managers help patients with financial assistance?

A: Yes. Case managers can help guide patients to appropriate assistance programs.

2.6 *Special Considerations Regarding Children*

The HSC is committed to protecting children. If you encounter a child who you believe to be abused or neglected, including medically neglected, you have a legal and ethical duty to ensure your suspicion is reported to the police or the Children, Youth, and Families Department (CYFD). You also have a duty to ensure they are seen by either Child Abuse Response Team (C.A.R.T.) or Para los Niños (in cases of suspected sexual abuse) to ensure a proper evaluation and medical diagnosis of abuse is made.

Q: A child came into my clinic and when I examined him, I noticed bruises on his back and buttocks that seemed to have a pattern. I don't think this mom would ever abuse her child, but something does not seem right. I have been treating this family for 15 years, since the mom was a child, and I really don't want to harm my relationship with the family. What should I do?

A: The HSC is strongly committed to protecting children. All employees have an absolute legal and ethical duty to protect the child where abuse or neglect is reasonably suspected. You need to call CYFD Statewide Central Intake at #SAFE from a cell phone or 505-841-6100 to report your suspicions, fill out a Child Abuse Documentation form in the electronic medical record, and submit an ad hoc consult request to C.A.R.T. via Powerchart.

Q: I witnessed someone hitting a child in the M parking lot. What should I do?

A: The HSC strives to be a safe place for all people, including children. Any employee who sees a child being hurt on our campus should call UNM PD immediately at 505-277-2241 (or 911 from a Campus phone) and report the incident. You should also notify your supervisor.

Q: One of my chronically ill patients has been missing clinic appointments regularly. I have tried talking to the parents about it, but they keep missing visits and I am not sure the child is taking her medications. I really need to preserve my relationship with the parents, but I am concerned about the child's health.

A: The HSC recognizes the burdens that chronic illness places on a child and on parents, but is committed to protecting the health and welfare of all children. Medical neglect is a form of child abuse and neglect and the law requires that you report your suspicion. Call CYFD Statewide Central Intake at #SAFE from a cell phone or 505-841-6100 to report your suspicion. You also need to fill out a Child Abuse Documentation form in the EMR and complete an ad hoc request for C.A.R.T. via Powerchart. CYFD can often provide services to families struggling with a sick child and other socioeconomic pressures that can stem from such an illness.

3 *Medical Documentation and Billing*

Healthcare professionals are entering one of the most dramatic and rapidly changing eras of all time, where more and more health care outcomes and quality measures will be demonstrated through coded data derived from medical record documentation. Coding staff must abide by professional values, ethical principles, regulatory standards, official coding conventions, rules and guidelines when involved in diagnostic and/or procedural coding or other health record data abstraction, and must apply consistent coding practices to produce high-quality healthcare data demonstrated in the medical record documentation for each encounter or visit.

Changes in the Prospective Payment Systems and quality outcomes measures rely on improved documentation, data integrity and consistent medical coding to reflect the complexity of care and severity of illness of our patients. Documentation principles of accuracy, completeness, and timeliness are key to demonstrating to our patients and all third party entities, that UNM HSC provides high quality and efficient patient care. Coding serves a multitude of purposes outside of financial and billing needs, including administrative uses, population health, public data reporting, research, quality and patient safety measurement.

The Health Information Management (HIM) Department at UNM HSC hospitals supports maintaining documentation compliance to regulatory standards, such as Medicare Conditions of Participation, Joint Commission Standards for accreditation, Medical Staff Bylaws, Rules and Regulations, and various New Mexico State documentation requirements. Accurate, timely and complete documentation for each patient encounter is not only the right thing to do for the various compliance standards, it is the right thing to do for our patients.

Patients have the right to access their health information, and will be exercising their patient rights, as UNM HSC transitions to individual patient access to one's own personal medical records through use of the Patient Portal within our Electronic Medical Record (EMR). Patients have access to key documents and test results for their own viewing, and along with the right to access will be questions relative to the accuracy, timeliness, and completeness of the data contained in each encounter or visit. Timely, accurate and complete medical record documentation will take on a new look with the Patient Portal initiative, expanding our mission and expectations as a patient-focused healthcare facility.

Catherine Porto, MPA, RHIA, CHP

Executive Director, Health Information Management, UNM Hospitals

3.1 *Accurate Medical Documentation*

Providers have a professional and legal responsibility to document all patient encounters completely, accurately, and timely. Not only is complete and accurate documentation an integral part of the practice of medicine, it is also a factor in providing better healthcare. Here is just a short list of some of the benefits of complete and accurate documentation:

- Supports a diagnosis or justifies treatment
- Improves continuity of care by providing other physicians or nurses with the information they need
- Ensures that patients receive high quality care and assists in organizational quality initiatives
- Protects providers and the organization from medical malpractice liability
- Supports appropriate payment for services performed

Accurate and complete medical documentation also helps prevent False Claims Act violations. If we bill the government for services that are not provided, we violate the False Claims Act. Violating the False Claims Act can cost us a lot of money. Penalties include damages up to three times the amount paid and fines.

If you have questions about how to document effectively, please contact the University of New Mexico Health System Compliance.

Q: Why do I have to complete my documentation in the medical record within 24 hours?

A: Just like there are many reasons why documentation must be complete and accurate, there are many reasons why documentation should be completed in a timely way. First, documentation that is completed in a timely fashion is more likely to be accurate, which makes it more useful for patient care and quality initiatives. Second, depending on how long it takes for a record to be completed, we may not be entitled to bill for the services associated with that record. Additionally, incomplete records can have an impact on accreditation and state licensure, violate medical staff rules, or adversely affect medical legal actions.

The bottom line is that documentation that is complete, accurate, and finished on time benefits you, your patients, and the organization.

3.2 *Honest Business Practices*

When we refer our patients to other providers, we must do so according to medical judgment, not business or family relationships. Because of that, we must pay careful attention to the referrals we make. Some referrals, such as those that involve close family members or certain business arrangements, have the potential to put our patients at risk.

Q: My sister is one of the best surgeons in town and I would like to refer my patients to her.

A Note about Exceptions and Safe Harbors:

The Stark Law and Anti-Kickback Statute can be very confusing because of the large number of exceptions or safe harbors associated with them. This is a highly technical area of the law. Please contact HSC Compliance, either directly or through the Compliance Hotline at 1-888-899-6092, if you have questions about this issue.

Is that okay?

A: Referring your patients to a close family member might violate federal law. Under the Stark Law, “self-referrals” are prohibited. Self-referrals are referrals to health care providers in which you or a close family member have a significant financial interest.

Q: A local physician who refers a lot of patients to the Hospital is thinking about renting office space from us. He asked if he could get a discount on rent because

of his long-standing relationship with us. Is that okay?

A: This might be a problem. The Anti-Kickback Statute prohibits payments of any kind in exchange for referrals. Giving a discount on office space to a physician who refers a lot of patients to us could violate the Anti-Kickback Statute.

3.3 *Medical Necessity*

The HSC is committed to only billing for services that are medically necessary. Unfortunately, “medical necessity” often means different things to different professionals. This makes it harder for professionals to communicate with each other about what “medical necessity” really means.

“Medical necessity” is not determined on a case by case basis and is not synonymous with “medical judgment.” Instead, it is related to what a payer, such as Medicare or a private insurer, will pay for.

Q: Some really exciting new research in my field has led me to believe based on my medical judgment that a new treatment would be a good fit for one of my patients. Since the patient might benefit significantly from this new treatment, isn't it "medically necessary?"

A: Not necessarily. Payers determine "medical necessity" based on what benefits populations of patients, not what benefits individual patients. Because "medical necessity" is defined in this way, a treatment that may benefit an individual patient is not always "medically necessary."

To put this into the context of government payers, the Center for Medicare and Medicaid Services (CMS) states the following: "No payment shall be made for items or services that are not reasonable and necessary for diagnosis or treatment of illness or injury." And it is CMS that decides whether an item or service is "medically necessary" under this definition.

If you have questions about whether a treatment is "medically necessary" within the context of billing and payment, please contact UNMMG Compliance at 505-272-0035.

3.4 Financial Assistance

As part of our responsibility to the people who live in our community, the HSC will provide financial assistance, in accordance with policy, to patients who have demonstrated an inability to pay.

Q: One of my uninsured patients has expressed concerns that she can't pay for the treatment she needs. She doesn't qualify for any government health care programs; is there anything I can do to help her?

A: The HSC is committed to providing patients with the care that they need, whether they can pay or not. You should encourage her to contact Patient Financial Services at 505-272-2521. They will determine whether she qualifies for financial assistance.

Q: A close friend of mine is a patient at the clinic where I work. Can I waive his co-pay?

A: Having a close, personal relationship with a patient has no effect on your legal and financial responsibilities. Even though he is a close friend, you must still document his patient encounter completely and accurately and appropriately bill him.

4 *Research*

The University of New Mexico Health Sciences Center conducts a broad range of biomedical research that aims to ease the burdens of disease and enhance the quality of life for all. To achieve that goal our research pursues new treatments, devices and cures that often require very detailed studies to prove safety and benefit. In order to maintain public trust and accountability, we adhere to the highest ethical standards and compliance in all research activities. We prioritize the safety and security of our students, researchers, faculty and staff, and the community at large. Modern biomedical research can involve the use of a wide variety of resources, from animals to human subjects and potentially hazardous materials. Our research compliance units within the Office of Research provide detailed training and continuous oversight of these resources as a core element in the responsible conduct of research. For studies involving human participants we focus on ethical study designs, confidentiality of personal health information and the highest standards for informed consent.

The Office of Research oversees adherence to all guidelines set forth by government entities. We also take additional, proactive measures to safeguard our research integrity, the environment and our people. We encourage continuous quality improvement and secure measures are in place to protect those who, in an effort to assist us in upholding the highest standards in our research, report potentially unethical or irresponsible behaviors. We believe that the enduring impact of our research in the world of healthcare needs is dependent on our dedication to the responsible conduct of research and the trust and support of the citizens we serve.

For more information, please read the detailed descriptions below, or visit our website at http://hsc.unm.edu/research/compliance_and_support.html.

-- Corey Ford, MD, PhD

4.1 *Protection of Human Subjects in Research*

Thanks to research on human subjects, we now have treatments or cures for diseases or conditions that, in the past, were not treatable. At the HSC, we conduct valuable research that advances the health sciences. At times, scientists at the HSC need to recruit human subjects for studies in order to conduct valuable research related to a disease or condition.

Our human subjects do us a great service. We offer them the highest standards of ethical and safe care while participating in studies at the HSC. The Human Research Protections Office (HRPO) is committed to promoting the safety and protection of individuals involved in human research by providing support, guidance, and education to facilitate ethical and scientifically sound research. The HRPO provides free consultations to all researchers considering the use of human subjects or identifiable private data.

Q: Recently, there have been some well-known, and very well-respected, universities in the news for misconduct in studies involving human subjects. Some of the allegations, such as manipulating research data, are quite serious. Can that happen here?

A: One of the lessons from some of the recent scandals is that bad things can happen anywhere, even at the best institutions. That is why the Human Research Protections Office (HRPO) and the other compliance offices within the Office of Research put protections and controls in place. By ensuring that our processes work well, and that there is sufficient oversight, HRPO and the other compliance offices work every day to protect our subjects and the integrity of the important research conducted at the HSC.

Q: What is the Human Research Review Committee?

A: The Human Research Review Committee (HRRC) is an Institutional Review Board that reviews human subject research projects for compliance with federal regulations. Biomedical and behavioral research involving human subjects to be conducted at or sponsored by UNM, or that is conducted by or under the direction of a faculty, staff or student of UNM, or which uses any confidential information of patients at UNM, cannot commence until it has been reviewed and approved by the HRRC.

4.2 *Use of Animals in Research*

At the HSC, we recognize that using animals in research is a privilege that must be taken seriously. Unlike human subjects, animal subjects cannot consent for themselves. Because of that, we put protections in place to ensure that the animals involved in research at the HSC are given the care and respect that they deserve.

The Office of Animal Care Compliance (OACC) is tasked with administering the mandated procedural protections in place to ensure that animals used in research are treated with the least pain and undue stress.

Q: When do I need an animal care and use protocol?

A: All UNM-affiliated personnel must have an approved animal care and use protocol to conduct research (including field observations) using live, vertebrate animals (amphibians, birds, fish, mammals, or reptiles) or vertebrate animal tissue (including blood). The OACC can assist you with protocol submission, using the electronic database management system.

Q: What is the IACUC?

A: The Institutional Animal Care and Use Committee (IACUC) is a Committee comprised of at least five members, including a veterinarian with laboratory experience and program responsibilities, a scientist experienced in laboratory animal research, a non-scientist, and a community member. This Committee is responsible for overseeing the animal care and use program, and reviewing and approving, or not approving, research proposals involving animals. The HSC has its own IACUC.

4.3 *Conflicts of Interest in Research*

The Conflicts of Interest (COI) Office assists investigators at the HSC with maintaining integrity in their ethical and legal obligations to disclose financial interests with proposals and protocols submitted for funding and/or compliance review. The HSC Conflicts of Interest Committee is tasked with determining if an investigator's interests have the potential to significantly affect or bias the design, conduct, or reporting of UNM research. If the Committee determines a potential conflict of interest exists, its goal is to develop a management strategy.

Q: Why does it matter what kinds of financial relationships researchers have?

A: Research has the capacity to make an impact on many people. Because it can have such an impact, there people or entities, such as pharmaceutical companies or medical device manufacturers, that might make a lot of money, depending on the outcome of the research. When a researcher has financial relationships that might provide an incentive for producing research with a certain outcome, there is a risk that the research may be compromised.

The Conflicts of Interest Office puts protections in place in order to ensure that the quality of the research is not affected by financial relationships.

Q: Who has to disclose and how is the disclosure submitted?

A: Any individual who is responsible for design, conduct, or reporting of HSC research must complete a disclosure form. This includes faculty, staff, students, and non-UNM collaborators (e.g., consultants, contractors, or subaward recipients).

The form is included in submissions to the PreAward, Human Research Protections, and Research Allocation Committee offices, and to the Office of Animal Care Compliance, if not previously submitted to the PreAward office for the same protocol.

4.4 Research Involving Biohazardous Materials

Scientists at HSC engage in research with the hopes of finding new treatments, therapies and cures for human diseases. This requires, at times, that they use biohazardous materials to conduct research. The Biohazard Compliance Office (BHC) safeguards the HSC community and the community at large by ensuring all biohazardous materials associated with HSC research are secured in laboratories and handled properly to prevent accidental exposure. Before HSC scientists conduct experiments with microorganisms or artificially constructed living cells, the investigator must conduct a risk assessment. When any proposed experimental assessment has disease-causing risk potential, the investigator seeks approval from the Institutional Biohazard Compliance Committee (IBC) before initiating experiments.

Q: I work at UNM. I didn't know that these kinds of materials were being used in research. Am I safe?

A: The safety of UNM faculty, staff, and students and members of the surrounding community is a top priority. Ensuring that research involving the use of these materials is safe is just one of the many ways in which UNM serves the community. The Biohazard Compliance Office puts processes and controls in place to ensure that these materials are handled safely and according to best-practices.

Q: Who is on the Institutional Biohazard Compliance Committee (IBC)? What is the process for IBC approval?

A: UNM's IBC is certified annually by the NIH Office of Biotechnology Activities (OBA). IBC membership is comprised of the University Biosafety Officer, who serves as the UNM biosafety containment specialist, and a dozen or more UNM scientists with a variety of expertise in medical research, such as in infectious disease, animal experimentation, infection control, molecular biology, or other areas. Community members (unaffiliated with UNM) also serve on the committee. IBC members meet quarterly to critically review and discuss each Principal Investigator's proposal, determining if enough safety barriers are built into the experimental plans before the experiment can be conducted.

4.5 Ethical Business Practices in Research

When you accept money from a grant to do research, you agree to use the money according to certain rules. It is very important to understand and follow these rules. If you don't follow the rules, there can be serious consequences for yourself, your research, and the HSC.

The HSC will comply with all applicable laws and regulations governing the receipt and disbursement of sponsored funds and will adhere to all grant and contract obligations of the university, including true, accurate and allowable costs.

Q: Department money is tight right now and I need some office supplies. Can't I charge them to my grant?

A: No. Costs that are charged to grants must be allowable. For many grants, items like office supplies and administrative support are not allowable even though they might be used to perform work associated with the grant.

5 *Academic*

Established in 1994, the University of New Mexico Health Sciences Center is the largest academic health complex in the state. The UNM HSC trains more than 1500 students each year in twenty-one (21) different fields.

Our mission is to provide an opportunity for all New Mexicans to obtain an excellent education in the health sciences. We will advance health sciences in the most important areas of human health with a focus on the priority health needs of our communities. As a majority-minority state, our mission will ensure that all population in New Mexico have access to the highest quality health care.

In order to realize our Vision and Mission, we will achieve the following goals:

1. Improve health and health care to the populations we serve with community-wide solutions;
2. Build the workforce of New Mexico by providing a premier education and transformative experience that prepares students to excel in the workplace;
3. Foster innovation, discovery and creativity; and translate our research and discoveries into clinical or educational practice;
4. Provide the environment and resources to enable our people and programs to do their best;
5. Deliver a well-integrated academic health center that provides high quality of care and service while being accessible to all New Mexicans;
6. Nurture and embrace an environment of diversity, integrity and transparency.

5.1 Code of Student Conduct

All students are expected to abide by the Student Code of Conduct, which applies to both full time and part time students pursuing undergraduate, graduate or professional studies.

The policy can be found at: <https://pathfinder.unm.edu/campus-policies/student-code-of-conduct.html>.

5.2 Student Grievance Procedure

The UNM grievance procedure is intended to provide resolution of disputes of an academic nature between students and University faculty, as well as procedures for handling student disciplinary matters.

The policy can be found at: <https://pathfinder.unm.edu/campus-policies/student-grievance-procedure.html>

APPENDIX

POLICIES

*Not intended to be an exhaustive list of all policies.

HSC Policies:

The purpose of this site is to provide you with easy, online access to all policies that fall under HSC. Policies posted under the HSC Policies tab, are policies that apply to **ALL** HSC faculty and staff, regardless of your department, unit, clinic, college or facility affiliation.

<http://hsc.unm.edu/policyoffice/>

Regents' Policy Manual:

Exercising powers granted under state law, the Board of Regents of the University of New Mexico adopted a body of policies for the governance of the University. The policies, which are published as the ***Regents' Policy Manual***, provide the framework and authority for the University's administrative policies.

<https://policy.unm.edu/regents-policies/index.html>

University Administrative Policies and Procedures Manual:

The ***University Administrative Policies and Procedures Manual*** policies align operations across the University, define roles and responsibilities, and implement the policies in the ***Regents' Policy Manual***. The policies include any institutional procedures necessary for a comprehensive understanding of the policies' intent and application. Before new and amended policies are issued, they must be approved in writing by the University President.

<https://policy.unm.edu/university-policies/index.html>

General Compliance Training



UNMHS/HSC Compliance Training

Creating an Ethical and Compliant Culture

Objectives

Upon completion of this training, you should understand the following:

- What behaviors are expected for faculty and staff
- What Compliance is and what guides the compliance program;
- Why training is needed;
- The elements of an effective compliance program;
- What non-compliance is;
- What the False Claims Act is;
- What the Stark Law and the Anti Kickback statute are (and potential penalties);
- What Fraud, Waste and Abuse (FWA) is;
- What exclusions checks are;
- Policies related to research compliance;
- Recognize how compliance program violations should be reported.

UNMHS/HSC Compliance

What is compliance?



HSC faculty and staff come to work each day with the desire to do the right thing for our patients, for our students, and for our community. Sometimes, however, making the right choice can be difficult. It is our job in compliance to serve as a resource to help you and help the HSC make good choices.

We do this by creating **an ethical culture**. When an organization has an ethical culture, its employees make good, ethical choices. This makes for a better environment in which to work and thrive.

It's about doing the right thing!

As an employee, you are expected to conduct yourself in an ethical and legal manner.

- Act fairly and honestly;
- Adhere to high ethical standards in all you do;
- Comply with all applicable laws, regulations, and Centers for Medicare & Medicaid Services requirements; and
- Report any compliance concerns, and suspected or actual violations that you may be aware of.

Compliance Program

An effective program



An effective compliance program fosters a culture of compliance within an organization and, at a minimum:

- Prevents, detects, and corrects non-compliance;
- Is fully implemented and is tailored to an organization's unique operations and circumstances;
- Has adequate resources;
- Promotes the organization's Code of Conduct; and
- Establishes clear lines of communication for reporting non-compliance.



Compliance Program Elements



An effective compliance program is essential to prevent, detect, and correct Medicare non-compliance as well as Fraud, Waste, and Abuse (FWA). It must, at a minimum, include the seven core compliance program requirements.

The 7 core elements are:

1. Written Policies, Procedures, and Standards of Conduct
2. Compliance Officer, Compliance Committee and a High-Level Oversight
3. Effective Training and Education;
4. Effective Lines of Communication;
5. Well-Publicized Disciplinary Standards;
6. Effective System for Routine Monitoring, Auditing and Identifying Compliance Risks;
7. Procedures and Systems for Prompt Response to Compliance Issues.

UNMHS/HSC Compliance

Elements



Seven Core Requirements:

1. **Policies and Procedures:** Commitment to comply with all applicable Federal and State standards and describe compliance expectations according to the Standards of Conduct.
2. **Compliance Officer, Compliance Committee, and High-Level Oversight :** Must designate a compliance officer and a compliance committee that will be accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program. Senior management and governing body must be engaged and exercise reasonable oversight of the compliance program.
3. **Training:** Training may include specific focus areas, such as prevention, detection and reporting fraud, waste and abuse and can be tailored to the different responsibilities and job functions of employees.
4. **Effective Lines of Communication:** Effective lines of communication must be accessible to all, ensure confidentiality, and provide methods for anonymous and good faith reporting.

UNMHS/HSC Compliance

Elements



Seven Core Requirements:

5. **Well-Publicized Disciplinary Standards:** Must enforce standards through well-publicized disciplinary guidelines.
6. **Auditing and Monitoring:** We ensure that our processes are working and ensure compliance with Federal and state health care statutes, regulations, and program requirements, as well as private payer rules. We do this through the design and implementation of a program of annual internal audits.
 1. Auditing is a formal review of compliance with a particular set of standards (for example, policies and procedures, laws, and regulations) used as base measures.
 2. Monitoring activities are regular reviews that confirm ongoing compliance and ensure that corrective actions are undertaken and effective.
7. **Procedures and System for Prompt Response to Compliance Issues:** Must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

UNMHS/HSC Compliance

Policies and Procedures



Federal, state & local laws, and our policies and procedures guide us.

Examples:

- Code of Ethics
- Code of Conduct
- Conflict of Interest Policy
- Laws and Regulations
- Other applicable policies and procedures specific to our entity (e.g. Department specific policies regarding compliance and discipline for noncompliance)

Be sure you understand your obligations and what we are guided under.

Everyone has a responsibility to report violations of Code of Conduct and suspected non-compliance.



UNMHS/HSC Compliance

What is Non-Compliance?



Non-compliance is conduct that does not conform to the law, Federal health care program requirements, or an organization's ethical and business policies.

High risk areas include:

- Agent/broker misrepresentation;
- Appeals and grievance review (for example, coverage and organization determinations);
- Beneficiary notices;
- Conflicts of interest;
- Claims processing;
- Credentialing and provider networks;
- Documentation and Timeliness requirements;
- Ethics;
- First Tier, Downstream, Related Entity (FDR) oversight and monitoring;
- Health Insurance Portability and Accountability Act (HIPAA);
- Marketing and enrollment;
- Pharmacy, formulary, and benefit administration; and
- Quality of care

UNMHS/HSC Compliance

Non-Compliance Affects Everybody



Without programs to prevent, detect, and correct non-compliance, we all risk:

Harm to beneficiaries, such as:

- Delayed services
- Denial of benefits
- Difficulty in using providers of choice
- Other hurdles to care

Less money for everyone, due to:

- High insurance copayments
- Higher premiums
- Lower benefits for individuals and employers
- Lower Star ratings
- Lower profits

NON-
COMPLIANCE
AFFECTS
EVERYBODY

UNMHS/HSC Compliance

Why Do I Need Training?



Every year **billions** of dollars are improperly spent because of Fraud, Waste and Abuse. It affects everyone – **including you**. This training will help you detect, correct, and prevent FWA. **You** are part of the solution.

Compliance Is Everyone's Responsibility! Combating FWA is **everyone's** responsibility! As an individual who provides health or administrative services for Medicare enrollees, every action you take potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.

- **Prevent:** Operate within your organization's ethical expectations to prevent non-compliance!
- **Detect & Report:** If you detect potential non-compliance, report it!
- **Correct:** Correct non-compliance to protect beneficiaries and save money!

General Compliance training must occur **within 90 days of initial hire** and **at least annually thereafter**. Anyone who provides health or administrative services to Medicare enrollees must satisfy general compliance and Fraud Waste and Abuse (FWA) training requirements.

UNMHS/HSC Compliance

Why Do I Need Training? (cont.)



Certain training requirements apply to people involved in performing or delivering the Medicare Parts C and D benefits. All employees of Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs) (collectively referred to in this WBT course as “Sponsors”) and the entities with which they contract to provide administrative or health care services for enrollees on behalf of the sponsor (referred to as “FDRs”) must receive training about compliance with CMS program rules.



UNMHS/HSC Compliance

Why Do I Need Training? (cont.)



This training will assist governing body members, and first-tier, downstream, and related entities (FDRs) in satisfying the annual Fraud, Waste, and Abuse (FWA) training requirements in the regulations and sub-regulatory guidance at:

- 42 Code of Federal Regulations (CFR) Section 422.503(b)(4)(vi)(C);
- 42 CFR Section 423.504(b)(4)(vi)(C);
- CMS-4159-F, Medicare Program Contract Year 2015 Policy and Technical Changes in the Medicare Advantage and the Medicare Prescription Drug Benefit Programs; and
- Section 50.3.2 of the Compliance Program Guidelines (Chapter 9 of the “Medicare Prescription Drug Benefit Manual” and Chapter 21 of the “Medicare Managed Care Manual”).

UNMHS/HSC Compliance

Why Do I Need Training? (cont.)



Learn more about Medicare Part C

- Medicare Part C, or Medicare Advantage (MA), is a health plan choice available to Medicare beneficiaries. MA is a program run by Medicare-approved private insurance companies. These companies arrange for, or directly provide, health care services to the beneficiaries who elect to enroll in an MA plan.
- MA plans must cover all services that Medicare covers with the exception of hospice care. MA plans provide Part A and Part B benefits and may also include prescription drug coverages and other supplemental benefits.

Learn more about Medicare Part D

- Medicare Part D, the Prescription Drug Benefit, provides prescription drug coverage to all beneficiaries enrolled in Part A and/or Part B who elect to enroll in a Medicare Prescription Drug Plan (PDP) or an MA Prescription Drug (MA-PD) plan. Insurance companies or other companies approved by Medicare provide drug coverage to individuals who live in a plan's service area.

UNMHS/HSC Compliance



Introduction

Over the next few slides we will discuss the laws and regulations that govern compliance.

UNMHS/HSC Compliance



EMTALA

We have a responsibility to treat our patients with respect. No patient will be denied necessary care in the Emergency Room based on race, color, age, disability, religion, sex, sexual orientation, gender identity or spousal affiliation, national origin, or other protected class, or a patient's ability to pay.

Under the Emergency Medical Treatment and Active Labor Act (EMTALA), we have the obligation to treat or stabilize patients who come to our Emergency Department.

Penalties can be severe:

For hospitals, civil fines up to **\$50,000**

For physicians, civil fines up to **\$50,000**

UNMHS/HSC Compliance

Understanding Fraud, Waste and Abuse



Fraud

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

The Health Care Fraud Statute makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment for up to 10 years. It is also subject to criminal fines of up to \$250,000.

Waste

Waste includes overusing services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.

Abuse

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

There are differences among fraud, waste, and abuse. One of the primary differences is intent and knowledge. Fraud requires intent to obtain payment and the knowledge that the actions are wrong. Waste and abuse may involve obtaining an improper payment or creating an unnecessary cost to the Medicare Program, but does not require the same intent and knowledge. For the definitions of fraud, waste, and abuse, refer to Chapter 21, Section 20 of the "[Medicare Managed Care Manual](#)" and Chapter 9 of the "[Prescription Drug Benefit Manual](#)" on the Centers for Medicare & Medicaid Services (CMS) website.

UNMHS/HSC Compliance

Understanding Fraud, Waste and Abuse



Examples of Fraud, Waste, and Abuse (FWA)

Examples of actions that may constitute Medicare **fraud** include:

- Knowingly billing for services not furnished or supplies not provided, including billing Medicare for appointments that the patient failed to keep;
- Billing for non-existent prescriptions; and
- Knowingly altering claim forms, medical records, or receipts to receive a higher payment.

Examples of actions that may constitute Medicare **waste** include:

- Conducting excessive office visits or writing excessive prescriptions;
- Prescribing more medications than necessary for the treatment of a specific condition; and
- Ordering excessive laboratory tests.

Examples of actions that may constitute Medicare **abuse** include:

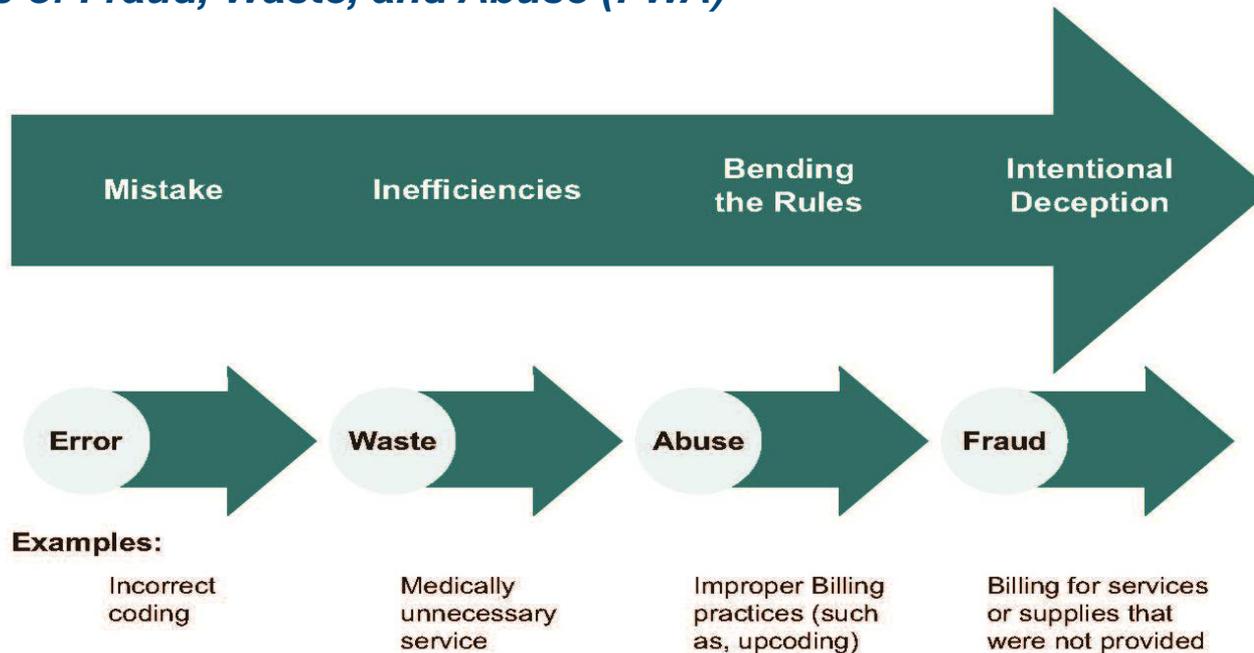
- Billing for unnecessary medical services;
- Billing for brand name drugs when generics are dispensed;
- Charging excessively for services or supplies; and
- Misusing codes on a claim, such as upcoding or unbundling codes.

UNMHS/HSC Compliance

Understanding Fraud, Waste and Abuse



Examples of Fraud, Waste, and Abuse (FWA)



Source: Center for Medicare & Medicaid Services. (n.d.) Medicare Fraud & Abuse. Retrieved from: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Fraud_and_Abuse.pdf

UNMHS/HSC Compliance

Understanding Fraud, Waste and Abuse



Understanding Fraud, Waste, and Abuse (FWA)

To detect FWA, you need to know the law.

The following scenario provides high-level information about the following laws:

- Civil False Claims Act, Health Care Fraud Statute, and Criminal Fraud;
- Anti-Kickback Statute;
- Stark Statute (Physician Self-Referral Law); and
- Exclusion.
- Health Insurance Portability and Accountability Act (HIPAA)

For details about specific laws, such as safe harbor provisions, consult the applicable statute and regulations.



UNMHS/HSC Compliance

Civil False Claims (FCA)



Civil False Claims Act (FCA)

The civil provisions of the FCA make a person liable to pay damages to the Government if he or she knowingly:

- Conspires to violate the FCA;
- Carries out other acts to obtain property from the Government by misrepresentation;
- Knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay the Government;
- Makes or uses a false record or statement supporting a false claim; or
- Presents a false claim for payment or approval.

For more information, refer to [31 United States Code \(U.S.C.\) Sections 3729-3733](#) on the Internet.

Damages and Penalties

Any person who knowingly submits false claims to the Government is liable for three times the Government's damages caused by the violator plus a penalty.

Example:

A Medicare Part C plan in Florida:

- Hired an outside company to review medical records to find additional diagnosis codes that could be submitted to increase risk capitation payments from the Centers for Medicare & Medicaid Services (CMS);
- Was informed by the outside company that certain diagnosis codes previously submitted to Medicare were undocumented or unsupported;
- Failed to report the unsupported diagnosis codes to Medicare; and
- Agreed to pay \$22.6 million to settle FCA allegations.

UNMHS/HSC Compliance

Civil False Claims (FCA) – cont.



Pertinent terms related to reporting FCA -

Whistleblowers: A whistleblower is a person who exposes information or activity that is deemed illegal, dishonest, or violates professional or clinical standards.

Protected: Persons who report false claims or bring legal actions to recover money paid on false claims are protected from retaliation.

Rewarded: Persons who bring a successful whistleblower lawsuit receive at least 15 percent but not more than 30 percent of the money collected.



UNMHS/HSC Compliance

Civil False Claims (FCA)



Health Care Fraud Statute

The Health Care Fraud Statute states that “Whoever knowingly and willfully executes, or attempts to execute, a scheme to ... defraud any health care benefit program ... shall be fined ... or imprisoned not more than 10 years, or both.”

Conviction under the statute does not require proof that the violator had knowledge of the law or specific intent to violate the law. For more information, refer to [18 U.S.C. Section 1346](#) on the Internet.

Example:

A Pennsylvania pharmacist:

- Submitted claims to a Medicare Part D plan for non-existent prescriptions and for drugs not dispensed;
- Pleaded guilty to health care fraud; and
- Received a 15-month prison sentence and was ordered to pay more than \$166,000 in restitution to the plan

UNMHS/HSC Compliance

Criminal Fraud



Criminal Health Care Fraud

Persons who knowingly make a false claim, intentionally submitting false information to the Government or a Government contractor to get money, may be subject to:

- Criminal fines up to \$250,000;
- Imprisonment for up to 20 years; or
- Both.

If the violations resulted in death, the individual may be imprisoned for any term of years or for life.

For more information, refer to [18 U.S.C. Section 1347](#) on the Internet.



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Other Legal Risks



Anti-Kickback Statute

- Prohibits payment of any kind in exchange for referrals that are paid, in whole or part, under a Federal health care program.
- This includes knowingly and willfully soliciting, receiving, offering, or paying remuneration (including any kickback, bribe or rebase).

For more information, refer to [Social Security Act \(the Act\), Section 1128B\(b\)](#) And [42 U.S.C. Section 1320a-7b\(b\)](#) on the Internet.

Damages and Penalties

Violations are punishable by:

- Imprisonment for up to 5 years per violation.
- Criminal fines of up to \$25,000 per violation.
- Both

Example:

A radiologist who owned and served as medical director of a diagnostic testing center in New Jersey:

- Obtained nearly \$2 million in payments from Medicare and Medicaid for MRIs, CAT scans, ultrasounds, and other resulting tests;
- Paid doctors for referring patients;
- Pleaded guilty to violating the Anti-Kickback Statute; and
- Was sentenced to 46 months in prison.
- The radiologist was among 17 people, including 15 physicians, who have been convicted in connection with this scheme.

UNMHS/HSC Compliance

Other Legal Risks



Stark Law: Physician Self Referral Law

The Stark Statute prohibits a physician from making referrals for certain designated health services to an entity when the physician (or a member of his or her family) has:

- An ownership/investment interest; or
- A compensation arrangement (exceptions apply).

For more information, refer to [the Physician Self-Referral webpage](#) on the CMS website and refer to [the Act, Section 1877](#) and [42 U.S.C. Section 1395nn](#)

Damages and Penalties

Medicare claims tainted by an arrangement that does not comply with the Stark Statute are not payable.

Violations are punishable by:

- Civil Monetary Penalties of around \$23,800 per each service provided.
- Fines around \$159,000 for entering into an unlawful arrangement or scheme.

Example:

A physician paid the Government \$203,000 to settle allegations that he violated the physician self-referral prohibition in the Stark Statute for routinely referring Medicare patients to an oxygen supply company he owned.

UNMHS/HSC Compliance

Other Legal Risks



Civil Monetary Penalties Law

The Office of Inspector General (OIG) may impose Civil penalties for a number of reasons, including:

- Arranging for services or items from an excluded individual or entity;
- Providing services or items while excluded;
- Failing to grant OIG timely access to records;
- Knowing of an overpayment and failing to report and return it;
- Making false claims; or
- Paying to influence referrals.

For more information, refer to the [42 U.S.C. 1320a-7a](#) and the [Act, Section 1128A\(a\)](#)

Damages and Penalties

The penalties range from \$15,000 to \$70,000 depending on the specific violation.

Civil Monetary Penalties also may include an assessment of up to:

- Three times the amount claimed for each service or item; or
- Three times the amount of remuneration offered, paid, solicited, or received.

Example:

A California pharmacy and its owner agreed to pay over \$1.3 million to settle allegations they submitted claims to Medicare for Part D for brand name prescription drugs that the pharmacy could not have dispensed based on inventory records.

UNMHS/HSC Compliance

Other Legal Risks



Mail and Wire Fraud Statute

The U.S. Postal Service or electronic communications cannot be used as part of a scheme to defraud the government.

Damages and Penalties

Penalties include:

- Fines up to \$1,000,000.
- 30 years imprisonment.

UNMHS/HSC Compliance



Exclusion List

Healthcare providers, such as HSC, have an obligation to do business only with people and entities that are ethical and follow the law.

No Federal Health Care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded by the Office of the Inspector General (OIG). The OIG has the authority to exclude people or entities that violate the law from federally funded health care programs and maintains the List of Excluded Individuals and Entities (LEIE). You can access the LEIE on the internet. The United States General Services Administration (GSA) administers the Excluded Parties List System (EPLS), which contains debarment actions taken by various Federal agencies, including the OIG. You may access. If looking for excluded individuals or entities, make sure to check both the LEIE and the EPLS since the lists are not the same. Healthcare providers are required to conduct exclusion checks against the OIG exclusion list and EPLS to ensure that our co-workers and vendors are as committed to doing the right thing as we are.

Example:

A pharmaceutical company pleaded guilty to two felony counts of criminal fraud related to failure to file required reports with the Food and Drug Administration concerning oversized morphine sulfate tablets. The executive was excluded based on the company's guilty plea. At the time the executive was excluded, he had not been convicted himself, but there was evidence he was involved in misconduct leading to the company's conviction.

UNMHS/HSC Compliance

Preventing Fraud, Waste, and Abuse (FWA)



As a person who provides health or administrative services to a Medicare Part C or Part D enrollee, you are either an employee of a:

- Sponsor (Medicare Advantage Organizations [MAOs] and Prescription Drug Plans [PDPs]);
- First-tier entity (Examples: Pharmacy Benefit Management (PBM), hospital or health care facility, provider group, doctor office, clinical laboratory, customer service provider, claims processing and adjudication company, a company that handles enrollment, disenrollment, and membership functions, and contracted sales agent);
- Downstream entity (Examples: pharmacies, doctor office, firms providing agent/broker services, marketing firms, and call centers); or
- Related entity (Examples: Entity with common ownership or control of a Sponsor, health promotion provider, or SilverSneakers®).

UNMHS/HSC Compliance

Preventing Fraud, Waste, and Abuse (FWA)



Stay Informed About Policies and Procedures

- Familiarize yourself with your entity's policies and procedures.
- Every Sponsor and First-Tier, Downstream, and Related Entity (FDR) must have policies and procedures that address FWA. These procedures should help you detect, prevent, report, and correct FWA.
- Standards of Conduct should describe the expectations that:
 - All employees conduct themselves in an ethical manner;
 - Appropriate mechanisms are in place for anyone to report non-compliance and potential FWA; and
 - Reported issues will be addressed and corrected.
- Standards of Conduct communicate to employees and FDRs that compliance is everyone's responsibility, from the top of the organization to the bottom.

UNMHS/HSC Compliance

Preventing Fraud, Waste, and Abuse (FWA)



How Do You Prevent FWA?

- Look for suspicious activity;
- Conduct yourself in an ethical manner;
- Ensure accurate and timely data/billing;
- Ensure you coordinate with other payers;
- Keep up to date with FWA policies and procedures, standards of conduct, laws, regulations, and the CMS guidance; and
- Verify all information provided to you.
- Report FWA
- Reported issues will be addressed and corrected

**KNOW THE
RULES!**



UNMHS/HSC Compliance

What Are Your Responsibilities?



You play a vital part in preventing, detecting, and reporting potential FWA, as well as Medicare non-compliance.

- **FIRST**, you must comply with all applicable statutory, regulatory, and other Medicare Part C or Part D requirements, including adopting and using an effective compliance program.
- **SECOND**, you have a duty to report any compliance concerns, and suspected or actual violations that you may be aware of.
- **THIRD**, you have a duty to follow your organization's Code of Conduct that articulates your and your organization's commitment to standards of conduct and ethical rules of behavior.

UNMHS/HSC Compliance

Consequences of Non-Compliance



Know the Consequences of Non-Compliance



Failure to follow Medicare Program requirements and CMS guidance can lead to serious consequences including:

- Contract termination;
- Criminal penalties;
- Exclusion from participation in all Federal health care programs; or
- Civil monetary penalties.

Additionally, our organization **must have disciplinary standards for non-compliant behavior.**

Those who engage in non-compliant behavior may be subject to any of the following:

- Mandatory training or re-training;
- Disciplinary action; or
- Termination.

UNMHS/HSC Compliance

Reporting



Don't Hesitate to Report Non-Compliance

- There can be no retaliation against you for reporting suspected non-compliance in good faith.
- Everyone must report suspected instances of Fraud Waste and Abuse (FWA).
- Do not be concerned about whether it is fraud, waste, or abuse. Just report any concerns to your compliance department.

You can reach the Hotline by:

- Phone @ Hotline Number: 1-888-899-6092
- Online at [UNM EthicsPoint](#)

Both methods are -

- Available 24/7, 365 days a year
- Anonymous reporting available
- Can answer questions, anonymously

UNMHS/HSC Compliance

Reporting FWA Outside the Organization



Reporting FWA Outside Your Organization

If warranted, Sponsors and FDRs must report potentially fraudulent conduct to Government authorities, such as the Office of the Inspector General (OIG), the Department of Justice (DOJ), or CMS.

Individuals or entities who wish to voluntarily disclose self-discovered potential fraud to the OIG may do so under the Self-Disclosure Protocol (SDP). Self-disclosure give providers the opportunity to avoid the costs and disruptions associated with a Government-directed investigation and civil or administrative litigation.

UNMHS/HSC Compliance

Reporting FWA Outside the Organization



HHS Office of Inspector General:

Phone: 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950

Fax: 1-800-223-8164

Email: HHSTips@oig.hhs.gov

Online: <https://forms.oig.hhs.gov/hotlineoperations>

For Medicare Parts C and D:

National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) at 1-877-7SafeRx (1-877-772-3379)

For all other Federal health care programs:

CMS Hotline at 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048

HHS and U.S. Department of Justice (DOJ): <https://www.stopmedicarefraud.gov>

UNMHS/HSC Compliance

Reporting FWA Outside the Organization



Details to Include When Reporting Fraud Waste and Abuse (FWA)

When reporting suspected FWA, you should include:

- Contact information for the source of the information, suspects, and witnesses;
- Details of the alleged FWA;
- Identification of the specific Medicare rules allegedly violated; and
- The suspect's history of compliance, education, training, and communication with your organization or other entities.

UNMHS/HSC Compliance

What Happens After Non-Compliance Is Detected?



After non-compliance is detected, it must be investigated immediately and promptly corrected.

However, internal monitoring should continue to ensure:

- There is no recurrence of the same non-compliance;
- Ongoing compliance with CMS requirements;
- Efficient and effective internal controls; and
- Enrollees are protected.

UNMHS/HSC Compliance

Corrective Action



Once fraud, waste, or abuse has been detected, it must be promptly corrected. Correcting the problem saves the Government money and ensures you are in compliance with CMS requirements.

Develop a plan to correct the issue. Consult the compliance officer to find out the process for the corrective action plan development. The actual plan is going to vary, depending on the specific circumstances.

UNMHS/HSC Compliance

Corrective Action



In general:

- Design the corrective action to correct the underlying problem that results in FWA program violations and to prevent future non-compliance;
- Tailor the corrective action to address the particular FWA, problem, or deficiency identified. Include time frames for specific actions;
- Document corrective actions addressing non-compliance or FWA committed by a Sponsor's employee or FDR's employee and include consequences for failure to satisfactorily complete the corrective action; and
- Once started, continuously monitor corrective actions to ensure they are effective.

Corrective actions may include:

- Adopting new prepayment edits or document review requirements; Conducting mandated training; Providing educational materials; Revising policies or procedures; Sending warning letters; Taking disciplinary action, such as suspension of marketing, enrollment, or payment; or Terminating an employee or provider.

UNMHS/HSC Compliance

Indicators of Potential Fraud, Waste, and Abuse



Potential Beneficiary Issues

- Does the prescription, medical record, or laboratory test look altered or possibly forged?
- Does the beneficiary's medical history support the services being requested?
- Have you filled numerous identical prescriptions for this beneficiary, possibly from different doctors?
- Is the person receiving the medical service the actual beneficiary (identity theft)?

Potential Pharmacy Issues

- Are drugs being diverted (drugs meant for nursing homes, other entities being sent elsewhere)?
- Are the dispensed drugs expired, fake, diluted, or illegal?
- Are generic drugs provided when the prescription requires that brand drugs be dispensed?
- Are Pharmacy Benefit Managers (PBMs) being billed for prescriptions that are not filled or picked up?
- Do you see prescriptions being altered (changing quantities or "dispense as written")?
- Are proper provisions made if the entire prescription cannot be filled (no additional

UNMHS/HSC Compliance

Indicators of Potential Fraud, Waste, and Abuse



Potential Provider Issues

- Is the provider possibly performing unnecessary services?
- Did the provider knowingly bill for services at a level of complexity higher than the service actually provided or documented in the file?
- Did the provider knowingly bill Medicare for appointments that the patient failed to keep?
- Does the provider bill for services not provided?
- Did the provider knowingly submit false statements or make misrepresentations of fact to obtain health care payment?
- Did the provider knowingly solicit, pay, and/or accept payment to induce or reward referrals for items or services?
- Did the provider make prohibited referrals for certain designated health services?
- Are the provider's prescriptions appropriate for the member's health condition (medically necessary)?
- Does the provider write prescriptions for diverse drugs or primarily for controlled substances?
- Is the provider prescribing a higher quantity than medically necessary for the condition?
- Is the provider's diagnosis for the member supported in the medical record?

UNMHS/HSC Compliance

Indicators of Potential Fraud, Waste, and Abuse



Potential Wholesaler Issues

- Is the wholesaler distributing fake, diluted, expired or illegally imported drugs?
- Is the wholesaler diverting drugs meant for nursing homes, hospices, and Acquired Immune Deficiency Syndrome (AIDS) clinics and then marking up the prices and sending to other smaller wholesalers or pharmacies?

Potential Manufacturer Issues

- Does the manufacturer promote off-label drug usages?
- Does the manufacturer provide samples, knowing that the samples will be billed to a Federal health care program?

Potential Sponsor Issues

- Does the Sponsor encourage/support inappropriate risk adjustment submissions?
- Does the Sponsor lead the beneficiary to believe that the cost of benefits is one price, only for the beneficiary to find out that the actual cost is higher?
- Does the Sponsor offer cash inducements for beneficiaries to join the plan?
- Does the Sponsor use unlicensed agents?

Potential Additional Issues

- Did an employee obtain protected health information with the possible intent to use it for personal gain?

UNMHS/HSC Compliance



Research Compliance

We have systems in place to ensure that the research conducted at UNM is of the highest integrity and that our research subjects, both human and animal, are protected.

There are several offices that handle concerns associated with research.



UNMHS/HSC Compliance



Research Compliance

- **Conflicts of Interest Office:** Ensures that research is free from bias resulting from investigator financial conflicts of interest.
- **Human Research Protections Office:** Ensures the safety and protection of individuals involved in human research.
- **Office of Animal Care Compliance:** Ensures ethical and compliance practices in the care and use of vertebrate animals in research, teaching, and testing.
- **Biohazard Compliance Office:** Ensures that certain types of materials used in biological research are managed safely and in compliance with regulations and university policies.

UNMHS/HSC Compliance

Workplace Conduct & Responsibility



- Comply with applicable laws, rules, policies and procedures.
- Treat others with dignity and respect.
- Conduct yourself in an ethical manner.
- Support the mission and values of the University.
- Avoid personal conflicts of interest.

Failure to follow applicable laws, rules, policies and procedures may put yourself, patients, co-workers, or the Institution/System at risk!

UNMHS/HSC Compliance



Personnel Issues

If you feel like someone at work is mistreating you, take the following steps:

1. Ask the person to stop.
2. Speak to your supervisor, or someone else in the chain of command.
3. Contact your employment area, such as Human Resources. (If you believe you are being discriminated against because of race, religion, sex, or other protected class, contact the Office of Equal Opportunity.)
4. If you want to report anonymously, call the Compliance Hotline at 1-888-899-6092.

Examples of Laws & Regulations that govern Medicare (non-exhaustive)



- Title XVIII of the Social Security Act
- Patient Protection and Affordable Care Act (Pub. L. No. 111-148, 124 Stat. 119)
- Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104- 191)
- False Claims Acts (31 U.S.C § 3729-3733)
- Federal Criminal False Claims Statutes (18 U.S.C. § 287,1001)
- Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b))
- The Beneficiary Inducement Statute (42 U.S.C § 1320a-7a(a)(5))
- Civil monetary penalties of the Social Security Act (42 U.S.C. § 1395w-27 (g))
- Physician Self-Referral (“Stark”) Statute (42 U.S.C § 1395nn)
- Fraud and Abuse, Privacy and Security Provisions of the Health Insurance Portability and Accountability Act, as modified by HITECH Act
- Prohibitions against employing or contracting with persons or entities that have been excluded from doing business with the Federal Government (42 U.S.C. § 1395w-27(g)(1)(G))
- Fraud Enforcement and Recovery Act of 2009
- All sub-regulatory guidance produced by CMS and HHS such as manuals, training materials, HPMS memos, and guides

Examples of Laws & Regulations that govern Medicare (non-exhaustive)



Law	Available At
Anti-Kickback Statute 42 U.S.C. Section 1320a-7b(b)	https://www.gpo.gov/fdsys/pkg/USCODE-2015-title42/pdf/USCODE-2015-title42-chap7-subchapXI-partA-sec1320a-7b.pdf
Civil False Claims Act 31 U.S.C. Sections 3729–3733	https://www.gpo.gov/fdsys/pkg/USCODE-2015-title31/pdf/USCODE-2015-title31-subtitleIII-chap37-subchapIII.pdf
Civil Monetary Penalties Law 42 U.S.C. Section 1320a-7a	https://www.gpo.gov/fdsys/pkg/USCODE-2015-title42/pdf/USCODE-2015-title42-chap7-subchapXI-partA-sec1320a-7a.pdf
Criminal False Claims Act 18 U.S.C. Section 287	https://www.gpo.gov/fdsys/pkg/USCODE-2015-title18/pdf/USCODE-2015-title18-partI-chap15-sec287.pdf
Exclusion 42 U.S.C. Section 1320a-7	https://www.gpo.gov/fdsys/pkg/USCODE-2015-title42/pdf/USCODE-2015-title42-chap7-subchapXI-partA-sec1320a-7.pdf
Criminal Health Care Fraud Statute 18 U.S.C. Section 1347	https://www.gpo.gov/fdsys/pkg/USCODE-2015-title18/pdf/USCODE-2015-title18-partI-chap63-sec1347.pdf
Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training OIG’s Provider Self-Disclosure Protocol	https://oig.hhs.gov/compliance/provider-compliance-training
Physician Self-Referral	https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral
A Roadmap for New Physicians: Avoiding Medicare Fraud and Abuse	https://oig.hhs.gov/compliance/physician-education
Safe Harbor Regulations	https://oig.hhs.gov/compliance/safe-harbor-regulations

Examples of Laws & Regulations that govern Medicare (non-exhaustive)



Completing this training satisfies the Medicare Parts C and D plan annual general compliance training requirements in the regulations and sub-regulatory guidance at:

- [42 Code of Federal Regulations \(CFR\) Section 422.503\(b\)\(4\)\(vi\)](#) on the Internet;
 - [42 CFR Section 423.504\(b\)\(4\)\(vi\)](#) on the Internet;
 - [“Medicare Managed Care Manual,” Chapter 21](#) on the CMS website; and
 - [“Medicare Prescription Drug Benefit Manual,” Chapter 9](#) on the CMS website.
- Section 50.3 of the Compliance Program Guidelines (Chapter 9 of the “Medicare Prescription Drug Benefit Manual” and Chapter 21 of the “Medicare Managed Care Manual”);

Summary

In this training, you have learned:

- Behaviors expected of a good employee
- Basic understanding of medical documentation and billing
- Basic understanding of policies related to patient care
- Basic understanding of policies related to research
- Basic understanding of federal rules and regulations



You have completed this module. To proceed to the exam, exit this lesson and then click Return to Content Structure.

CEO Report UNM Hospitals



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER

UNM HOSPITALS

MEMORANDUM

To: Board of Trustees

From: Michael Chicarelli
Interim Chief Executive Officer

Date: December 22nd, 2017

Subject: Monthly Activity Update

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

Quality: UNMH continues the drive to improve overall quality and patient experience by focusing on items of low performance in the Vizient Quality and Safety report. Of note, the IMPPROVE-IT team which has been focused on VTE improvement has incorporated the CAUTI/CLABSI work teams to develop improvement strategies to include real time monitoring of success with each measurement. This group has demonstrated best practice in terms of a multidisciplinary, front line approach to quality improvement. Management is supportive and looks forward to significant improvements in patient outcomes related to this work.

Statistics: UNMH has stable patient activity for the months of October and November. Patient days are up year over year although are 1% lower than budget. Discharges remain 2% below budget and flat as compared year to year. Outpatient activity remains 4% higher year over year and 2% lower than expected budget. Inpatient length of stay remains 1% higher than budget and flat to FY17.

Financial: UNMH finances through November 2017 remain stable. Net margin year to date remains essentially flat with a positive net margin of about \$276,000 YTD.

Strategic Planning: Planning continues related to the replacement hospital design that has been approved by the Regents. The RFP has closed with a total of five respondents. The scoring process has begun with the scoring team meeting twice. Management expects the scoring process to be complete by February 2018 and the selection will be reviewed with the Board at that time.

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 5929 employee which is 330 less FTE's than the budgeted FTE allocation for a vacancy rate of 5.58%. Total turnover rate for the organization is 15.57% with a nurse turnover of 15.42%.

The results of the employee and provider engagement surveys are available and have been shared with the Board. A presentation of the results will be scheduled for a future Board meeting.

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.

Bernalillo County: Management continues to interact with the County, Indian Health Service and the Board of Trustees on the Memorandum of Understanding (MOU). A meeting is scheduled in early January to review the document and seek consensus. A verbal update will also be provided at this month's meeting. Management will continue to update the Board as progress occurs.

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

CMO Report UNM Hospitals



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER

UNM HOSPITALS

To: Board of Trustees

From: Irene Agostini, MD
UNMH Chief Medical Officer

Date: December 22, 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 November was 10 hours and 42 minutes. This is an increase from November of 2016 when the average wait time was 7 hours and 18 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

- We sent 19 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 November:

- 96 patients were triaged from the UNM Health System to Lovelace Health System.

4. Our ALOS (average length of stay) for November 2017 was 7.11 as compared to November 2016 which was 6.55. The FYTD for 2017 our ALOS is 7.01 which is an increase from FYTD 2016 when it was 6.80. We continue to hardwire our new processes to decrease our ALOS to expected days despite accepting higher acuity patients.

5. Our “Mission Excellence” work continues, as we had our most recent retreat on December 13th to hone the skills and expectations for Dyad partners. On December 14th one day retreat occurred for the entire leadership team to include all entities. Mission Excellence Quarterly Employee Forums will begin in January 2018 with offerings on different days to accommodate schedules, encourage participation and communication of messages.

6. UNMH SSOC remains passionate as the work of optimizing our Surgical Services with efficiency and metric driven results continues. This work of creating reliable process to serve the needs of New Mexican’s has preliminarily shown good results in the On-Time start of operating room cases. In the month of November the UNMH OR has a 73.5% On-Time start of all cases. This is improved from October On-Time start of 61.8%.

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 55 minutes, for the month of November the TOT was 69 minutes for the UNMH OR. We will continue to monitor and report this vital step in creating efficiency and safety for our patients.

Finance, Audit & Compliance Committee



UNM HOSPITAL BOARD OF TRUSTEES

Finance, Audit and Compliance Committee Meetings

Wednesday, December 20, 2017 11:00 a.m.

UNM Hospitals Administration, CEO Conference Room

Objectives

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

There was no Audit Committee meeting

Compliance Committee Meeting:

- I. Approval of meeting minutes from November 15, 2017
- II. Compliance Update – presented by Purvi Mody

Finance Committee Meeting:

- I. Approval of meeting minutes from November 15, 2017
- II. Consent Items
 - a) B. Braun Medical Inc.
 - b) Renovation Project UNMH 4ACC Casework and Finishes
 - c) Renovation Project UNMH BBRP 3rd Floor Intermediate Care Nursery
 - d) Renovation Project UNMH First Floor Radiology – Biplane Scanner
 - e) Disposition of Assets
- III. Patient Payment History – Presented by Michael Chicarelli
- IV. Financial Update for the five months ended November 30, 2017 – Presented by Ella Watt
- V. Future Financial Impacts – Presented by Ella Watt
- VI. CEO Update – Presented by Michael Chicarelli
 - a. There were no updates provided

The next UNM Hospitals Board of Trustee Finance, Audit and Compliance committee meeting is scheduled for January 24, 2018.

Native American Services Committee

**UNM HOSPITAL BOARD OF TRUSTEES
NATIVE AMERICAN LIAISON COMMITTEE**

Date	November 15, 2017
Time	1:00 PM
Location	CEO Conference Room, UNM Hospital Administration

Meeting Attendees

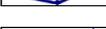
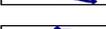
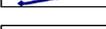
Christine Glidden, Jerry McDowell, Rodney McNease, Erik Lujan, Misty Salaz, Kori Beech, Scot Sauder, Michael Chicarelli, Kristina Sanchez

Minutes

Agenda # /Subject	Status / Discussion	Action / Next Step Responsible Party
I.	<u>Call To Order</u> – I. Mr. Lujan brought the meeting to order	
II.	<u>Approval of Agenda</u> - Motion made by Ms. Glidden	Approved
III.	<u>Approval of Minutes</u> – Motion made by Ms. Glidden The committee asked that minutes be sent out prior to the meetings to align with other Board of Trustee committees	Approved
IV.	<u>Public Comment</u> - There was no Public Comment	
V.	Mr. Sauder gave an update on the status of the 100 bed language. Currently Indian Health Service is reviewing the proposed language and UNMH is awaiting their feedback in order to finalize.	Scot Sauder, Pablo Padilla
VI.	Discussion of 100% FMAP status. A Tribal Consultation meeting will be held at Isleta Pueblo at 2:00 PM November 16, 2017 with APCG, CMS and IHS to discuss the issue of considering UNMH as an IHS like facility. UNMH will attend the discussion.	Accepted as information
VII.	The Tribal Consultation meeting on November 10 th was well received by those attending. There was discussion of workforce challenges and the educational training programs available to Native Americans. Dr. Willman gave an overview of current Cancer Center research and treatment programs with a focus on those impacting Native Americans.	Kristina Sanchez, Misty Salaz
VIII.	Bernalillo County Update- Brief discussion of the status of the proposed MOU with Bernalillo County. Mr. Sauder is working with the County Attorney around several areas of the document to clarify language.	Accepted as information
IX.	<u>New Business</u> - There was no new business	Accepted as information
X.	<u>Adjournment</u> – Meeting was adjourned	

November Financials

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

	3 Mo. Trend	Desired	Actual	YTD	YTD Budget	Prior YTD	Comment
Adult Days for UNMH		↑	↑	48,911	47,775	47,481	IP Days up from budget in SAC/Med Surg
Adult Discharges for UNMH		↑	↓	7,765	7,978	7,845	Discharges down from PYTD; \$3.2M negative impact to budgeted revenue, \$1.2M to PYTD
Adult Average Length of Stay for UNMH				6.30	5.99	6.05	LOS for Adult Days has increased from PYTD
UHC Risk Based Adj ADULT LOS for UNMH				5.94	6.06	6.00	Current YTD is thru July, 2017, PYTD is thru July, 2016
Adult Observation Equivalent Patient Days		↑	↑	4,419	4,227	4,213	SAC/Med Surg and Women's Services increased from budget and PYTD
Pediatric Days for UNMH		↑	↓	15,034	17,300	16,560	Pediatric down from PYTD and budget
Pediatric Discharges for UNMH		↑	↑	1,793	1,854	1,743	Pediatric discharges decreased from budget
Pediatric Observation Equivalent Patient Days		↑	↑	1,011	870	804	Increased from budget and PYTD.
Outpatient Clinic Visits for UNMH		↑	↑	220,359	225,548	213,644	Down from budget in primary care, pediatrics and orthopedics; up from PYTD in Women's Eubank and specialty clinics
Emergency Department Visits for UNMH		↑	↑	39,241	35,483	31,441	Emergency Department Visits up from budget and PYTD
Urgent Care		↑	↑	7,739	8,539	6,427	Urgent care visits up from PYTD
Operations		↑	↑	8,811	8,922	8,668	Operations up from PYTD
Newborn Days for UNMH		↑	↑	2,253	2,099	2,126	Up from budget and PYTD
Births		↑	↑	1,275	1,230	1,238	Births increased from budget and PYTD
Days for all Behavioral Operations		↑	↑	9,887	9,704	9,182	Increased from PYTD in UNMPC and CPC
Visits for all Behavioral Operations		↑	↑	66,100	66,328	64,908	Increased from PYTD
UNM Care Enrollment				7,162		6,975	18,782 Medicaid applications processed
Net Income (Loss) for all Operations (in thousands)		> \$0		\$276	\$3	\$35	
Case Mix Index (CMI) - w/o newborn		↑	↑	2.006	1.987	1.972	CMI up; \$2.2 million positive impact to revenue from budget, \$4M from PYTD
Re-Admission Rates		↓	↑	10.45%	9.50%	8.69%	Patients re-admitted within 30 days of discharge, thru July, 2017, PY through July, 2016 as reported by UHC
Days Cash on Hand for UNMH		↑	↑	69.59	26.35	63.70	
Human Resources:							
FTEs (Worked) per adj patient day for all Operations				5.46	5.52	6.40	
Hours of Care - UNMH Nursing				17.61	16.71	17.65	Training nurses for impending retirements in early calendar year 2018
Paid FTE's for UNMH and BHOs		132/132		6,102	6,114	6,124	
Paid FTE's for CC				172	221	154	