UNM Hospital Board of Trustees
OPEN SESSION – AGENDA
Friday, January 26, 2018 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. PUBLIC INPUT

V. APPROVAL OF THE MINUTES
   • December 22, 2017 UNMH Board of Trustees Meeting Minutes – Jerry McDowell, Chair (Approval)

VI. DECEMBER ACTION ITEMS
   • Management to consider an extended Financial Committee Meeting for a deep dive into financials.

VII. BOARD INITIATIVES
   • Chairman’s Report – Jerry McDowell, Chair
   • Mission Excellence – Sara Frasch
   • FY19 Budget – Ella Watt
   • IPRA – Scot Sauder

VIII. ADMINISTRATIVE REPORTS
   • Chancellor for Health Sciences - Paul Roth, MD
   • CEO Report UNM Hospitals – Michael Chicarelli, DNP, RN, CEN
   • CMO Report UNM Hospitals – Irene Agostini, MD
   • UNM Board of Regents Update – Michael Chicarelli, DNP, RN, CEN

IX. COMMITTEE REPORTS
   • Quality and Safety Committee – Christine Glidden
   • Finance, Audit & Compliance Committee – Terry Horn
   • Native American Services Committee – Jerry McDowell, Chair

X. OTHER BUSINESS
   • January Financials – Ella Watt

XI. CLOSED SESSION: Vote to close the meeting and to proceed in Closed Session.
   a. Discussion and determination where appropriate of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA.
   b. Discussion and determination, where appropriate, of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant pursuant to Section 10-15-1.H (7), NMSA.
   c. Discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA.
   d. Vote to re-open the meeting

XII. Certification that only those matters described in Agenda Item XI were discussed in Closed Session; consideration of, and action on the specific limited personnel matters discussed in Closed Session.
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Subject/Discussion</th>
<th>Action/Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voting Members Present</td>
<td>Jerry McDowell, Joseph Alarid, Terry Horn, Debbie Johnson, Christine Glidden, Erik Lujan, Nick Estes, and Dr. Aimee Smidt</td>
<td></td>
</tr>
<tr>
<td>Ex-Officio Members</td>
<td>Dr. Paul Roth, Dr. Michael Richards, Dr. Michael Chicarelli, and Dr. Jennifer Phillips</td>
<td></td>
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<tr>
<td>Present</td>
<td></td>
<td></td>
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<tr>
<td>County Officials Present</td>
<td>There were no County officials present</td>
<td></td>
</tr>
<tr>
<td>I. Call to Order</td>
<td>A quorum being established, Mr. Jerry McDowell, Chair, called the meeting to order at 9:06 AM</td>
<td></td>
</tr>
<tr>
<td>II. Announcements</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>III. Adoption of Agenda</td>
<td>Mr. Jerry McDowell, Chair, requested a motion to adopt the agenda.</td>
<td>Ms. Debbie Johnson made a motion to adopt the agenda. Mr. Joseph Alarid seconded the motion. Motion passed with no objections.</td>
</tr>
</tbody>
</table>
| IV. Consent Approval    | Mr. Jerry McDowell reported the below identified consent items were discussed at the Finance and Audit Committee Meeting on December 20th and the Committee is pleased to bring to the Board of Trustees for approval and informational purposes (documents included in BoardBook). Approval Items:  
  • B. Braun Medical, Inc. -- (IV Sets and Solution Products) -- $2,800,000.00  
  • Disposition of Assets  
  Informational Items:  
  • UNMH 4ACC – Flooring and Casework -- $495,000.00  
  • UNMH BBP – 3rd Floor – Intermediate Care Nursery -- $490,000.00  
  • UNMH – 1st Floor – Biplane Scanner Replacement -- $366,000.00  
Mr. Jerry McDowell, Chair, asked if there were any questions or comments. None being addressed, Mr. Jerry McDowell, Chair, requested a motion for approval. | Mr. Terry Horn made a motion to approve the Consent items identified. Ms. Debbie Johnson seconded the Motion. Motion passed with no objections. |
<p>| V. Public Input         | Michelle Melendez thanked everyone for their attention to the Patient Policy issues. Ms. Melendez spoke of a senior citizen that became eligible for Medicare Part A on December 1, 2013, when she turned 60. In December 2014, she began receiving $725.00 per month from social security (her only source of income) – $610 per month for apartment – leaving only $115.00. She received medical care from UNMH in 2016 resulting in numerous bills. She was referred to Pathways where Alma Olivas assisted her with the processes (patient case summary and bills included in BoardBook). Ms. Melendez stated she believes this is a systems issue – how to make sure every Medicare person receives coverage – she believes this should be part of a safety net within the MOU. |                           |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>VI. Approval of Minutes</td>
<td>Mr. Jerry McDowell, Chair, requested a motion for approval of the November 17, 2017 UNMH Board of Trustees Meeting Minutes</td>
<td>Ms. Debbie Johnson made a motion to adopt the agenda. Mr. Terry Horn seconded the motion. Motion passed with no objections.</td>
</tr>
<tr>
<td>VII. Action Items</td>
<td></td>
<td>Management to consider an extended Financial Committee Meeting for a deep dive into financials.</td>
</tr>
<tr>
<td>VIII. Board Initiatives</td>
<td>Mr. Jerry McDowell, Chair, expressed his sincere thanks to Dr. Roth, Dr. Richards, Dr. Chicarelli, management, staff and teams that take care of the hospital and asked everyone in the room to reflect on all of the lives they have touched throughout 2017. Chair McDowell said beyond patients it is also the health and well being of all of the Board Members, management, and staff. Chair McDowell reported that since assuming the role of Chair, he has met with several leaders, including, Bernalillo County Manager, Interim UNM President Abdallah, Dr. Leonard Thomas of IHS, Regent Lee and Student Regent Adcock. President Abdallah offered to host a meet/greet with him and the new UNM President upon her arrival. Chair McDowell said he informed Julie Morgas-Baca, Bernalillo County Manager, that the Board Members were not negotiating the MOU – UNMH management is responsible for negotiating. As a result of meeting with Regent Lee and Student Regent Adcock, Chair McDowell will start giving a Board of Trustees Report at HSC Committee Meetings. Chair McDowell has an interest in listening to the public so he met with Michelle Melendez and Siressa Manne, Public Advocates. Chair McDowell indicated the UNMH CEO search is underway. Mike Chicarelli and Jerry McDowell will meet in the near future to discuss Gage recommendations to present to the Board of Trustees for their input. RFP proceeding on the Modern Medical Facility. Code of Conduct: Dr. Michael Chicarelli reviewed the UNMH HR 110 – Code of Conduct Policy and the HSC Ethics, which work hand-in-hand together (included in BoardBook). General Compliance Training: Ms. Purvi Mody went through the UNMHS/HSC Compliance Training (presentation in BoardBook). Upon Ms. Mody’s presentation, the Board Members signed a compliance certificate.</td>
<td></td>
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<tr>
<td>IX. Administrative Reports</td>
<td>Chancellor for Health Sciences Report: Dr. Paul Roth complimented Dr. Dave Pitcher for the work EOC is conducting on the recent TriCore issues. CEO Report: (Report in the Board Book). CMO Report: (Report in the Board Book).</td>
<td></td>
</tr>
<tr>
<td>Agenda Item</td>
<td>Subject/Discussion</td>
<td>Action/Responsible Person</td>
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<tr>
<td>---------------------</td>
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<td>---------------------------</td>
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<tr>
<td>X. Updates</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
| XI. Committee Reports | Quality and Safety Committee: Ms. Christine Glidden reported the Quality and Safety Committee met this morning to review and approve credentialing and privileges, which will be discussed further in Board of Trustees Closed Session.  
Finance, Audit & Compliance Committee: Mr. Jerry McDowell, Chair, reported the Finance and Audit Committee met on December 20, 2017. They discussed compliance requirements for Board of Trustees (which was conducted today by Ms. Purvi Mody). They also discussed 2018 financial challenges and reviewed projects.  
Native American Services Committee: Mr. Jerry McDowell, Chair, gave a brief summary indicated he believes an agreement with the 100 bed issue is close to being agreed upon, update on 100% FMAP.  
Executive Committee: No report. |                           |
<p>| XII. Other Business | November Financials reviewed (dashboard in BoardBook)                                                                                                                                                                                                                                                                                                               |                           |
| XIII. Closed Session | At 10:29 AM, Mr. Jerry McDowell, Chair, requested a motion to close the Open Session of the meeting.                                                                                                                                                                                                                                                                 | Mr. Terry Horn made a motion to move to Close Session. Ms. Debbie Johnson Horn seconded the motion. The motion passed unanimously. |
| XIV. 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. |                           |</p>
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Subject/Discussion</th>
<th>Action/Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>XV. Vote to Re-Open Meeting</td>
<td>At 11:23 AM, Mr. Jerry McDowell, Chair, requested a motion be made to return the meeting to Open Session.</td>
<td>Mr. Nick Estes made a motion to return to Open Session. Mr. Terry Horn seconded the motion. The motion passed unanimously.</td>
</tr>
<tr>
<td></td>
<td>Mr. Jerry McDowell, Chair, requested the Board acknowledge receipt of the November 15, 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.</td>
<td>The Board of Trustees acknowledged receipt of the November 15, 2017 Medical Executive Committee (MEC) Meeting Minutes</td>
</tr>
<tr>
<td></td>
<td>Mr. Jerry McDowell, Chair, requested the Board acknowledge receipt of the November 16, 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.</td>
<td>The Board of Trustees acknowledged receipt of the November 16, 2017 Quality and Safety Committee Meeting Minutes</td>
</tr>
<tr>
<td></td>
<td>Mr. Jerry McDowell, Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented in Closed Session:</td>
<td>Mr. Joseph Alarid made a motion to approve the Credentialing and Clinical Privileges as presented in Closed Session. Dr. Aimee Smidt seconded the motion. The motion passed unanimously.</td>
</tr>
<tr>
<td>XVI. Adjournment</td>
<td>The next scheduled Board of Trustees Meeting will take place on Friday, January 26, 2018 @ 9:00 AM at the University of New Mexico Hospitals in the Barbara &amp; Bill Richardson Pavilion (BBRP) 1500. There being no further business, Mr. Jerry McDowell, Chair, requested a motion to adjourn the meeting.</td>
<td>Mr. Terry Horn made a motion to adjourn the meeting. Mr. Nick Estes seconded the motion. The motion passed unanimously. The meeting was adjourned at 11:24 AM.</td>
</tr>
</tbody>
</table>
Mission Excellence
MISSION: Excellence

UNM Hospitals Board of Trustees
January 26, 2018
LEADing to Excellence

- Two 1-day sessions
- December 14 required for all

<table>
<thead>
<tr>
<th>UNMH</th>
<th>HSC</th>
<th>UNMMG</th>
<th>SRMC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>621</td>
<td>160</td>
<td>68</td>
<td>29</td>
<td>878</td>
</tr>
</tbody>
</table>

- Keynote: Julie Cerese, Vizient
  
  *Characteristics of High Performing Organizations*

- 12 Breakout Sessions
Clinical Leadership Dyad Education

• December 13
• ~75 dyads
• First 3 modules
  – Financial
  – Quality & Safety
  – Performance Management
• Emphasis of CDLE is as much on the dyad relationship as it is on operational content
Engagement Results

- CEO’s shared high level organizational results for physicians & staff
- Leaders learned how to process results with team
- Leaders tasked with developing action plans for top 2-3 items in their area
## Executive Summary: Engagement

<table>
<thead>
<tr>
<th>Year</th>
<th>Engagement Indicator</th>
<th>Natl HC Avg Percentile</th>
<th>Natl Acad HC Avg Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>4.03</td>
<td>29&lt;sup&gt;th&lt;/sup&gt; (-0.09)</td>
<td>30&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>(n=4,759, 76%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>3.89</td>
<td>12&lt;sup&gt;th&lt;/sup&gt; (-0.23)</td>
<td>N/A</td>
</tr>
<tr>
<td>(n=2,342, 38%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Key Messages

**Recognizing High Performance**

- Celebrate significant increase in engagement and participation
- Celebrate areas of increase

**Where to focus**

- Key drivers of engagement
- Lower scoring areas/areas with greatest decline

*Note* – In this presentation **GREEN/RED** notes a statistically significant difference.

Natl HC Avg +/- .04  Natl Acad HC Avg +/- .04  History +/- .06

12/63
### Outcome Metrics: *Physician* Participants

<table>
<thead>
<tr>
<th></th>
<th>2017 UNMHS Census Pulse <em>Physician</em> Participants</th>
<th>Difference from</th>
<th>UNMHS 2015 Census Pulse <em>Physician</em> Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement</td>
<td>3.54</td>
<td>-0.49</td>
<td>-0.43</td>
</tr>
<tr>
<td>Alignment</td>
<td>3.16</td>
<td>-0.46</td>
<td>-0.37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Natl Engagement Percentile Ranking</td>
<td>3rd</td>
<td>1st</td>
<td>2nd</td>
</tr>
<tr>
<td>Natl Phys Alignment Percentile Ranking</td>
<td>8th</td>
<td>10th</td>
<td>3rd</td>
</tr>
</tbody>
</table>

Press Ganey’s physician benchmark draws on a database of over 2,250 healthcare organizations and over 73,500 physicians.

**Note** – In this presentation GREEN/RED notes a statistically significant difference.

- National Averages +/- .12
- Physician Respondents Full Pulse History +/- .14
Goals

• Leader Evaluation Manager (LEM) in use for senior leadership
• First measurement period closed—completing measurement in the tool
Oversight Council

- Determining most effective structure for foundational teams
  - Quality Impact
  - Accountability
  - Leadership Development

- Assessing value of engagement with Studer and desired outcomes for this upcoming year
Teams

• Reward & Recognition
  – In place but recruiting and reconfiguring
• Communications
• Patient Experience Inpatient
• Patient Experience Outpatient
  – New chairs
• Patient Experience ED
Coming Up!

• Quarterly Forums (15 offerings!)
• Ongoing onsite coaching from Studer coaches 1x/month
• Further goal refinement/alignment
• Support area surveys and rounding
• March LTEs!
THANK YOU!
UNM Hospital

FY 19 Budget Assumptions
FY 18 Projection
• 1/16 Legislative session begins
• 1/24 UNMH Finance Committee Budget assumptions
• 1/26 UNMH BoT Budget assumptions
• 1/29 Meeting with Bernalillo County
• 2/5 HS Budget Summit (statistics review and alignment)
• 2/7 Statistics finalized
• 2/8 Meeting with Bernalillo County
• 2/15 Legislative session ends
• 2/21 UNMH Finance Committee FY 19 Budget
• 2/23 UNMH Finance Committee FY 19 Budget approval
• 3/22 UNM Regents Budget Summit Meeting
• 5/1 Higher Education Department Budget Deadline
• 5/8 HSC Committee Final Budget approval
• 5/11 Final Board of Regents Approval
Operational Imperatives

- **Quality**
  - Improve Quality and Safety

- **Service**
  - Improve Patient Experience

- **People**
  - Mission Excellence

- **Growth**
  - Increase Clinical Volume and VBC

- **Finance**
  - Cost Control and Maintain Margin

- **Academic**
  - Support Academic Mission
### Nursing Division

<table>
<thead>
<tr>
<th></th>
<th>FY2016 Actual</th>
<th>FY2017 Actual</th>
<th>FY2018 Projected</th>
<th>Incr / (Decr) from FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Days</td>
<td>158,610</td>
<td>157,424</td>
<td>158,930</td>
<td>1%</td>
</tr>
<tr>
<td>Inpatient Discharges</td>
<td>24,799</td>
<td>25,248</td>
<td>25,560</td>
<td>1%</td>
</tr>
<tr>
<td>Observation Discharges</td>
<td>7,892</td>
<td>9,863</td>
<td>10,054</td>
<td>2%</td>
</tr>
<tr>
<td>Emergency &amp; Urgent Care Visits</td>
<td>102,187</td>
<td>96,080</td>
<td>111,004</td>
<td>16%</td>
</tr>
<tr>
<td>Operations</td>
<td>19,947</td>
<td>20,887</td>
<td>20,798</td>
<td>0%</td>
</tr>
<tr>
<td>Births</td>
<td>3,024</td>
<td>2,867</td>
<td>2,990</td>
<td>4%</td>
</tr>
</tbody>
</table>

### Ambulatory

<table>
<thead>
<tr>
<th></th>
<th>FY2016 Actual</th>
<th>FY2017 Actual</th>
<th>FY2018 Projected</th>
<th>Incr / (Decr) from FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Clinics</td>
<td>157,471</td>
<td>159,816</td>
<td>156,232</td>
<td>* -2%</td>
</tr>
<tr>
<td>Specialty Clinics</td>
<td>362,568</td>
<td>361,913</td>
<td>373,439</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Ancillary Services

<table>
<thead>
<tr>
<th></th>
<th>FY2016 Actual</th>
<th>FY2017 Actual</th>
<th>FY2018 Projected</th>
<th>Incr / (Decr) from FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Services</td>
<td>2,889,951</td>
<td>2,851,028</td>
<td>2,860,160</td>
<td>0%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>3,915,132</td>
<td>4,044,341</td>
<td>4,139,587</td>
<td>2%</td>
</tr>
<tr>
<td>Radiology</td>
<td>304,774</td>
<td>317,278</td>
<td>319,688</td>
<td>1%</td>
</tr>
<tr>
<td>Rehab Services</td>
<td>600,012</td>
<td>590,434</td>
<td>572,751</td>
<td>-3%</td>
</tr>
</tbody>
</table>

### Case Mix Index

<table>
<thead>
<tr>
<th></th>
<th>FY2016 Actual</th>
<th>FY2017 Actual</th>
<th>FY2018 Projected</th>
<th>Incr / (Decr) from FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Mix Index</td>
<td>1.86</td>
<td>1.99</td>
<td>1.99</td>
<td>0%</td>
</tr>
</tbody>
</table>

Statistics are the key drivers of expense

*FY2018 decrease due to registration requirements at Flu Shot clinics*
## FY 2018 Projected Behavioral Health Statistics

<table>
<thead>
<tr>
<th></th>
<th>FY2016 Actual</th>
<th>FY2017 Actual</th>
<th>FY2018 Projected</th>
<th>Incr / (Decr) from FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Days</td>
<td>23,242</td>
<td>23,301</td>
<td>23,593</td>
<td>1%</td>
</tr>
<tr>
<td>Other Stats</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>36,741</td>
<td>45,226</td>
<td>47,151</td>
<td>4%</td>
</tr>
<tr>
<td>Midlevel</td>
<td>91,446</td>
<td>97,866</td>
<td>97,747</td>
<td>0%</td>
</tr>
<tr>
<td>Methadone &amp; Buprenorphine</td>
<td>143,151</td>
<td>149,971</td>
<td>147,693</td>
<td>-2%</td>
</tr>
<tr>
<td>Average Patients per day</td>
<td>392</td>
<td>411</td>
<td>405</td>
<td>-2%</td>
</tr>
</tbody>
</table>
## UNMH Revenue Budget
### FY 18 Projected

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue prior fiscal year end</td>
<td>$ 957,974,031</td>
</tr>
<tr>
<td>Medicare 340B Reimbursement reduction UNMH</td>
<td>(2,303,414)</td>
</tr>
<tr>
<td>Medicare Advantage reductions</td>
<td>(3,648,336)</td>
</tr>
<tr>
<td>Cancer Center 340B Reimbursement reduction</td>
<td>(4,965,660)</td>
</tr>
<tr>
<td>Cancer Center volume increase</td>
<td>3,612,299</td>
</tr>
<tr>
<td>Retail Pharmacy increase</td>
<td>6,579,430</td>
</tr>
<tr>
<td>UNMH Volume increase</td>
<td>9,789,144</td>
</tr>
<tr>
<td>Prior year cost report settlements, non recurring</td>
<td>(14,887,887)</td>
</tr>
<tr>
<td><strong>Operating Revenues fiscal year end</strong></td>
<td><strong>$ 952,149,607</strong></td>
</tr>
</tbody>
</table>
UNMH Revenue Budget FY 18
Projected

- UNMH volume increases - $9.8 million
- Cancer Center volume increase - $3.6 million
- Medicare reductions to 340B drugs reimbursed under OPPS – UNMH ($2.3 million), Cancer Center ($4.9 million)
- Reductions in reimbursement from Medicare Advantage – ($3.6 million)
- One time Prior Year Medicaid settlements received in FY17 – ($14.9 million)
- No change in payer mix projected for remainder of FY 18; however, concerns exist over increases in uncompensated care as Medicaid and HIX enrollment declines
## UNM Hospitals Operating Revenue by Payer

**FY 17 Actual and FY 18 Projection**

<table>
<thead>
<tr>
<th>Payer</th>
<th>FY2017 Actuals</th>
<th>FY17 % of Total</th>
<th>FY2018 Projected</th>
<th>FY18 % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>$219,603,399</td>
<td>22.9%</td>
<td>$226,806,034</td>
<td>23.8%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>398,944,985</td>
<td>41.6%</td>
<td>383,545,680</td>
<td>40.3%</td>
</tr>
<tr>
<td>Commercial</td>
<td>248,477,121</td>
<td>25.9%</td>
<td>248,334,065</td>
<td>26.1%</td>
</tr>
<tr>
<td>Gov’t, USPHS/IHS, Other</td>
<td>64,442,817</td>
<td>6.7%</td>
<td>60,589,360</td>
<td>6.4%</td>
</tr>
<tr>
<td>Other Operating Revenues</td>
<td>26,505,709</td>
<td>2.8%</td>
<td>32,874,467</td>
<td>3.5%</td>
</tr>
<tr>
<td><strong>Total Operating Revenues</strong></td>
<td>$957,974,031</td>
<td>100.0%</td>
<td>$952,149,606</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
UNM Hospitals Operating Revenue – Medicaid
FY 17 Actual and FY 18 Projected

<table>
<thead>
<tr>
<th></th>
<th>FY2017 Actuals</th>
<th>FY2018 Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$331,271,569</td>
<td>$319,582,738</td>
</tr>
<tr>
<td>Indirect Medical Education, net of IGT</td>
<td>61,292,739</td>
<td>63,331,665</td>
</tr>
<tr>
<td>Graduate Medical Education, net of IGT</td>
<td>6,380,677</td>
<td>6,619,320</td>
</tr>
<tr>
<td>Total Medicaid Revenues</td>
<td>$398,944,985</td>
<td>$389,533,723</td>
</tr>
</tbody>
</table>
# UNM Hospitals

**Statement of Revenues and Expenses**  
*FY 17 Actual and FY18 Projected*

## Total Operating Revenue

<table>
<thead>
<tr>
<th></th>
<th>FY2017 Actuals</th>
<th>FY2018 Annualized</th>
<th>FY2018 Original Budget</th>
<th>FY2018 Reforecast</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>$957,974,031</td>
<td>$948,489,144</td>
<td>$963,007,220</td>
<td>$952,149,607</td>
</tr>
</tbody>
</table>

## Expenses:

- **Salaries**:  
  - FY2017 Actuals: $404,202,852  
  - FY2018 Annualized: $408,784,575  
  - FY2018 Original Budget: $422,155,010  
  - FY2018 Reforecast: $416,832,864

- **Benefits**:  
  - FY2017 Actuals: $95,493,613  
  - FY2018 Annualized: $92,488,350  
  - FY2018 Original Budget: $90,931,188  
  - FY2018 Reforecast: $92,846,612

- **Housestaff**:  
  - FY2017 Actuals: $29,604,190  
  - FY2018 Annualized: $30,760,404  
  - FY2018 Original Budget: $30,579,450  
  - FY2018 Reforecast: $30,780,012

- **UCP**:  
  - FY2017 Actuals: $76,506,746  
  - FY2018 Annualized: $81,411,168  
  - FY2018 Original Budget: $81,190,798  
  - FY2018 Reforecast: $81,466,234

- **Cancer Center UCP**:  
  - FY2017 Actuals: $20,707,898  
  - FY2018 Annualized: $21,887,673  
  - FY2018 Original Budget: $27,076,396  
  - FY2018 Reforecast: $17,941,919

- **Tricore Lab**:  
  - FY2017 Actuals: $8,552,883  
  - FY2018 Annualized: $8,294,292  
  - FY2018 Original Budget: $7,596,140  
  - FY2018 Reforecast: $8,662,516

- **Other Medical Services**:  
  - FY2017 Actuals: $6,142,664  
  - FY2018 Annualized: $6,794,590  
  - FY2018 Original Budget: $7,010,750  
  - FY2018 Reforecast: $6,809,401

## Total Expenses

<table>
<thead>
<tr>
<th></th>
<th>FY2017 Actuals</th>
<th>FY2018 Annualized</th>
<th>FY2018 Original Budget</th>
<th>FY2018 Reforecast</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$1,040,162,893</td>
<td>$1,048,011,285</td>
<td>$1,064,288,034</td>
<td>$1,052,792,920</td>
</tr>
</tbody>
</table>

## Total Operating Gain (Loss)

<table>
<thead>
<tr>
<th></th>
<th>FY2017 Actuals</th>
<th>FY2018 Annualized</th>
<th>FY2018 Original Budget</th>
<th>FY2018 Reforecast</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Operating Gain (Loss)</strong></td>
<td>$(82,188,862)</td>
<td>$(99,522,141)</td>
<td>$(101,280,814)</td>
<td>$(100,643,313)</td>
</tr>
</tbody>
</table>

## Non Operating Revenue and Expenses

- **Mill Levy**:  
  - FY2017 Actuals: $96,635,062  
  - FY2018 Annualized: $98,157,954  
  - FY2018 Original Budget: $98,276,634  
  - FY2018 Reforecast: $99,276,634

- **State Appropriations**:  
  - FY2017 Actuals: $12,158,100  
  - FY2018 Annualized: $11,981,944  
  - FY2018 Original Budget: $12,036,500  
  - FY2018 Reforecast: $12,036,500

- **Land and Permanent Fund**:  
  - FY2017 Actuals: $890,198  
  - FY2018 Annualized: $895,480  
  - FY2018 Original Budget: $812,776  
  - FY2018 Reforecast: $888,180

- **Investment Income**:  
  - FY2017 Actuals: $1,532,800  
  - FY2018 Annualized: $779,678  
  - FY2018 Original Budget: $1,036,552  
  - FY2018 Reforecast: $774,892

- **Interest Expense**:  
  - FY2017 Actuals: $(3,170,552)  
  - FY2018 Annualized: $(3,120,622)  
  - FY2018 Original Budget: $(3,120,622)  
  - FY2018 Reforecast: $(3,120,622)

- **Other Revenues (Expense)**:  
  - FY2017 Actuals: $(1,075,320)  
  - FY2018 Annualized: $(1,212,751)  
  - FY2018 Original Budget: $(1,239,114)  
  - FY2018 Reforecast: $(1,215,466)

- **Donations**:  
  - FY2017 Actuals: $2,322,144  
  - FY2018 Annualized: $1,666,050  
  - FY2018 Original Budget: $2,339,596  
  - FY2018 Reforecast: $1,666,094

- **Mission Support**:  
  - FY2017 Actuals: $(11,814,704)  
  - FY2018 Annualized: $(10,117,392)  
  - FY2018 Original Budget: $(8,857,388)  
  - FY2018 Reforecast: $(9,484,392)

## Total Non Operating

<table>
<thead>
<tr>
<th></th>
<th>FY2017 Actuals</th>
<th>FY2018 Annualized</th>
<th>FY2018 Original Budget</th>
<th>FY2018 Reforecast</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Non Operating</strong></td>
<td>$97,477,728</td>
<td>$99,030,341</td>
<td>$101,284,934</td>
<td>$100,821,821</td>
</tr>
</tbody>
</table>

## Increase (Decrease) in Net Assets

<table>
<thead>
<tr>
<th></th>
<th>FY2017 Actuals</th>
<th>FY2018 Annualized</th>
<th>FY2018 Original Budget</th>
<th>FY2018 Reforecast</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase (Decrease) in Net Assets</strong></td>
<td>$(15,288,866)</td>
<td>$(491,800)</td>
<td>$4,120</td>
<td>$178,508</td>
</tr>
</tbody>
</table>
FY 19 UNMH Revenue Budget

• Inpatient access and throughput
  – Maintain discharges at current FY18 levels
  – Maintain ratio of IP/Observation discharges – Observation discharges are 30% of total discharges
  – Improve tertiary referral transfer capabilities
    – Increase transfers from outside by 6 per month (72 annual)
  – Increase CMI by 1.7%
• Increase Ambulatory access and throughput
  – Increase clinic volumes by 5%
• Surgical volumes flat with FY18 projections
FY 19 UNMH Revenue Budget
Contracting

- Medicare
  - OPPS reductions to 340B drugs and other Medicare Advantage reductions - $9.2M UNMH, $9.3M Cancer Center
- Medicaid
  - MCOs selected for Centennial 2.0 – Presbyterian, BCBS, Centene
  - Centennial 2.0 effective 1/1/19
  - Centennial 2.0 impact and other Medicaid contractual reductions - $23M
    - Medicaid enrollment dropped 35,831 (4%) from July to December 2017
- Commercial
  - Contractual reductions - $3M
  - HIX enrollment flat but may decrease with elimination of individual mandate
  - No other commercial payer increases
- Anticipated Increase in Uncompensated care due to elimination of individual mandate
  - FY13 – 24.63%, FY 14 – 21.4%, FY18 YTD = 6.2%
FY 19 UNMH Expense Budget

• Expense:
  – Compensation increase 1% - $4.8M
  – FTEs in alignment with volume changes
  – Housestaff ~ $180k in adds and $306k in wage
    • 1.0 neurosurgery
    • 1.0 ENT plastic surgery
    • 1.0 Plastic Surgery
    • FY 19 is a salary only year, wages are estimated to be 1-2% below other institutions – 1% increase
  – Medical Services request of $2.1M
FY 19 UNMH Expense Budget

- Compensation and Benefits

<table>
<thead>
<tr>
<th></th>
<th>Albuquerque*</th>
<th>U.S.*</th>
<th>UNM 2017</th>
<th>% Lower than Albuquerque</th>
<th>% Lower than U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>$43.17</td>
<td>$43.94</td>
<td>$41.89</td>
<td>-3%</td>
<td>-5%</td>
</tr>
<tr>
<td>Licensed Practical Nurses &amp; Surgical Techs</td>
<td>$25.86</td>
<td>$25.74</td>
<td>$21.01</td>
<td>-19%</td>
<td>-18%</td>
</tr>
<tr>
<td>Nursing Aides, Orderlies and Attendants</td>
<td>$17.70</td>
<td>$18.03</td>
<td>$13.95</td>
<td>-21%</td>
<td>-23%</td>
</tr>
<tr>
<td>Medical Assistants</td>
<td>$17.96</td>
<td>$20.41</td>
<td>$15.67</td>
<td>-13%</td>
<td>-23%</td>
</tr>
<tr>
<td>Other</td>
<td>$31.93</td>
<td>$33.60</td>
<td>$26.87</td>
<td>-16%</td>
<td>-20%</td>
</tr>
<tr>
<td>Total</td>
<td>$33.50</td>
<td>$35.04</td>
<td>$30.61</td>
<td>-9%</td>
<td>-13%</td>
</tr>
</tbody>
</table>

* 2013 Wage Index CPI Adjusted to 2017
• Expense:
  – Medical Supply inflation increase ~ 3%, pharmacy $5.5M
  – Depreciation/Equipment/Occupancy –
    • Equipment service contract
    • Software maintenance & subscription
    • Non capital equipment
    • Utilities
    • Property insurance
    • Building repairs and maintenance
FY 19 UNMH Expense Budget

• Expense:
  – Purchased Services/Supplies/Other
    • Contracted vendor increases of 2-3% - $1.8M
    • New IT hosting services
    • Post Acute care
    • Malpractice insurance
    • Linen and Housekeeping supply
    • Food Costs
    • Office and other supplies
    • Uniform expense
    • Dues/Memberships/Subscriptions
    • Continuation of Pathways
FY 19 UNMH Budget

- **Expense:**
  - Mission Support – FY 18 projection $9.5M
  - Health System Expense – FY 18 projection $8.7M
  - Institutional Support - $9.1M

- **Non Operating Revenue and Expense**
  - Mill levy – 1.0% increase
  - State Appropriations – pending legislative session results
  - Interest Expense – decrease as per debt service schedule
  - No Cancer Center capital initiatives repayment of $2.4M
## FY 19 Estimated Revenue and Expense Impacts

### Revenues:
- Medicare OPPS 340B and other Medicare Advantage reductions
  - UNM Hospital $9,169,783
  - Cancer Center $9,264,000
- Centennial 2.0 impact and other Medicaid contractual reductions $23,000,000
- Commercial contractual reductions $2,935,882
- Case Mix Index Increase $2,299,872
- Mil Levy $992,766

**Total Revenue Impacts** $41,077,026

### Expenses:
- Compensation $4,800,000
- Housestaff (496,605)
- Medical Services (2,030,158)
- Medical Supply and Pharmacuetical Increases (5,445,488)
- Purchased Services contractual increases (1,767,046)

**Total Expense Impacts** $14,539,297

**Net Impact to Margin** $55,616,323
Inspection of Public Records Act (IPRA)

Presented by:
Scot Sauder, Esq., Deputy University Counsel for Health Sciences
What is the rule?

- Every person has the right to inspect “public records”
What is a “Public Record”?

- IPRA defines a “public record” as —

  “...all documents, papers, letters, books, maps, tapes, photographs, recordings and other materials, regardless of physical form or characteristics, that are used, created, received, maintained or held by or on behalf of any public body and relate to public business, whether or not the records are required by law to be created or maintained.”

  *NMSA 1978 § 14-2-6(G)*

- IPRA does not require us to create a record to respond; however . . .
  - We are obligated to make available data within a database that is not otherwise exempted from IPRA
Exceptions in IPRA to the right to inspect “public records”

- **Letters of Reference:**
  - Letters of reference concerning employment, licensing or permits

- **Matters of Opinion in Personnel files:**
  - Letters or memorandums which are matters of opinion in personnel files or a student’s cumulative files.

- **Law Enforcement Records:**
  - Law enforcement records that reveal confidential sources, methods, information or individuals accused but not charged with a crime. Law enforcement records include evidence in any form received or compiled in connection with any criminal investigation or prosecution by any law enforcement or prosecuting agency, including inactive matters or closed investigations to the extent that they contain the information listed above.

- **Records of Certain Matters Discussed in a Closed Meeting:**
  - Trade secrets, attorney–client privileged information, and long–range or strategic business plans of public hospitals discussed in a properly closed meeting.
Exceptions in IPRA to the right to inspect “public records” (cont’d)

- **Tactical Response Plans:**
  - Tactical response plans or procedures, the publication of which could reveal specific vulnerabilities, risk assessments or tactical emergency security procedures that could be used to plan or facilitate a terrorist attack.

- **As Otherwise Provided by Law:**
  - Examples include information protected by
    - HIPAA, Part 2 protected substance abuse information, New Mexico State law (i.e., medical information, mental health treatment information, HIV/AIDS testing information, sexually transmitted disease testing information, genetic information)
    - Education records under the federal Family Educational Rights and Privacy Act (FERPA), but per FERPA this does not include law enforcement
    - Attorney-client and attorney work product privileged communications
    - Information protected as confidential under the Review Organizations Immunity Act, Section 41–9–1 et seq., NMSA
    - Trade secrets of the University as established consistent with applicable law
    - Trade secrets of third parties (to the extent asserted by the third party) after notice
  - Protected personal identifier information can be redacted.
    - Social Security Numbers, home addresses, home phone, family info., etc.
Policy

The policy of the University, as a public body, is to fully comply with all the provisions and requirements of IPRA, subject to the exceptions that the law permits.

No person who is employed by, does business with, or has a contractual relationship with the University has a legitimate expectation of privacy or confidentiality with regard to public records except as specifically provided by IPRA.

Notwithstanding this broad policy that University records are subject to public inspection, the University will comply with all federal and state laws and regulations that provide for confidentiality or non-disclosure of specific records, such as for example, student records and information from student records within the meaning of the Family Educational Rights and Privacy Act of 1974 ("FERPA"), or medical records and information covered by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
Authorized by UNM Regents' Policy 2.17 "Public Access to University Records"

Citizens in a democracy have a fundamental right to have access to public records.
- New Mexico Supreme Court stated in 1977 that a citizen’s right to know is the rule and secrecy is the exception.

Policy 2300 and other related policies, including "Recruitment and Hiring," UAPPM Policy 3210, and "Disclosure of Personnel Information," UAPPM Policy 3710, deal in whole or in part with the legal obligations of the University under IPRA.
Who can make a request to inspect public records?

- Anyone
- Requestor does not have to explain why you want the records, and we cannot ask.
- Oral or Written requests are permitted. *NMSA 1978 § 14–2–8.*
  - Email counts as a written request.
  - Oral requests do not trigger the potential for penalties under the Act.
    - Encourage people to put their request in writing.
- Records Custodian *NMSA 1978 § 14–2–7.*
  - Funnel all requests through the UNM Records Custodian.
IPRA Timelines

NMSA §14-2-8(D)

“When a records custodian receives a written request for a record, the record must be made available immediately, or as soon as practicable under the circumstances.”

- If access will not be provided within three business days after the written request is delivered to the custodian, the custodian must explain when the agency will respond.

- Inspection must be allowed no later than 15 calendar days after request.
What should Departments and Units do when they learn there is an IPRA request?

- Work as quickly as possible to identify and provide responsive documents.
- Do not make redaction decisions at this stage, and do not attempt to redact yourself.
- Let Custodian know if there are other people or departments who might also have responsive information.
- Let Custodian know ASAP if you are concerned that you can’t meet the deadline.
- Let Custodian know ASAP if your department has no responsive information.
- Keep in touch with Custodian.
What does Custodian do to track IPRA requests?

- Request is sent to Custodian (by mail, fax, email, or forwarded by other dept./person)
- **DAY ONE**- the next business day after request is received, statutory clock starts ticking; request must be responded to 15 calendar days from this date.
- **DAY TWO**- Custodian reviews request, sends out Three Business Day Acknowledgment Letter to the requestor, then sends an e-mail to the appropriate UNM departments to search for documents.
- **DAY THREE**- last day to send out Three Business Day Acknowledgment letter to requestor
- **DAY TEN**- Custodian should have all documents from departments in order to review, redact and forward to legal for final review where appropriate.
- **DAY FIFTEEN**- Custodian sends requestor Final Response Letter along with any documents that are responsive to the request. This is 15 calendar days.
Excessively Burdensome Requests

- Does not mean we don’t have to respond.
- Does mean we can ask for more time, but the requestor may choose to deem the request denied at this point and pursue remedies under the Act.
- Can ask requester to narrow the request and be more specific.
Denied Requests

- A written request for inspection of public records that has not been permitted within 15 days of receipt by the office of the custodian may be deemed denied. The person requesting the public records may pursue the remedies provided in the Inspection of Public Records Act.
Inspection of Public Records Act

NM Attorney General Guide on IPRA
http://www.nmag.gov/
A few tips about emails and texts...

- Caution with the email string, who is included on what parts?
- Email etiquette:
  - Read twice
  - Write as if everyone you are talking about is cc’d
  - Write your e-mails as if each and every one of them will be published
  - Write your e-mails using a tone that is professional
- Private email account + public business = public email
Other Considerations

- Private Notes
- Lab Books
- Drafts
- Effect of the New Mexico Public Records Act retention requirements on IPRA responses
  - Establishing University policy
NextRequest

• About NextRequest:

  • Whether you call it FOIA, Access to Public Records, Sunshine Requests, or a number of other names, the process of releasing documents from governments to the public can be frustrating and time consuming for all parties. NextRequest is a platform that's rethinking that process. Through cloud technology and user centered design NextRequest streamlines the interaction between the public and government staff, improving the experience for everyone. Founded in 2015 by three former Code for America fellows, the platform is being used by governments throughout the U.S.

  • [https://www.nextrequest.com](https://www.nextrequest.com)
  • [https://unmipra.nextrequest.com/](https://unmipra.nextrequest.com/)
Questions?
CEO Report
MEMORANDUM

To: Board of Trustees
From: Michael Chicarelli
     Interim Chief Executive Officer
Date: January 26, 2018
Subject: Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on services delivered through December 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. Overall our quality metrics are stable however due to the time lag of when we submit data to Vizient and when they provide our benchmarked data we do not have a scorecard report this month. We have recently received the latest data from Vizient and will include an update at the February board meeting.

Statistics: UNMH has stable patient activity for the months of December given our normal seasonal statistical variance. Patient days are down year over year and are 2% lower than budget. This is due to the seasonality associated with pediatric care. Discharges remain 2% below budget and 1% over our prior year activity. Outpatient activity remains 4% higher year over year and 2% lower than expected budget. Inpatient length of stay remains 2% lower than budget and flat as compared to FY17.

Financial: UNMH finances through December 2017 remain stable. Net margin year to date remains essentially flat with a positive net margin of about $218,000 YTD.

Strategic Planning: The RFP scoring team for the modern medical facility continues to review the responses received. Management will provide an update on the modern medical facility during this month’s board meeting.

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 5935 employees which is 327 fewer FTEs than budget with a vacancy rate of 5.22% Total turnover rate for the organization is 15.12% with a nurse turnover of 15.25%.

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. Progress has been made on the compliance language and is expected to be presented in the February board meeting.

Bernalillo County: Management continues to interact with the County, Indian Health Service and the Board of Trustees on the Memorandum of Understanding (MOU). Hospital management met with representatives from IHS, APCG and Bernalillo County in early January to discuss the language of the MOU. The language in the MOU was largely agreed upon and is scheduled to be heard at the February 13th County Commission meeting.

If there are any questions on this or other matters, please feel free to contact me.
To: Board of Trustees
From: Irene Agostini, MD
UNMH Chief Medical Officer
Date: January 26, 2018
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 December was 7 hours and 42 minutes. This is a decrease from December of 2017 when the average wait time was 8 hours and 48 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

   • 30 patients were triaged 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:

   • 92 patients were triaged from the UNM Health System to Lovelace Health System.

4. Our ALOS (average length of stay) for December 2017 was 6.60 as compared to December 2016 which was 6.69. For FYTD 2017 our ALOS is 6.94 which is an improvement from FYTD 2016 when it was 7.03. We continue to hardwire our processes to decrease our ALOS despite accepting higher acuity complex patients.

5. Our “Mission Excellence” journey continues with proven tools, expectations and behaviors. Mission Excellence Quarterly Forums began on January 17th, 2018 with 15 separate offerings on different dates and times to accommodate schedules, encourage participation and communication of messages across the continuum. Globally we are working on employee engagement and satisfaction plans for on-going improvement.

6. UNMH Surgical Services continues to build a solid foundational structure. 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 December the UNMH main OR has a 65% on-time start of all cases, BBRP has a 67.5 % and OSIS has a 74% on-time start.

   The team has begun to monitor and measure the time it takes to turn an OR room over (TOT) to be available for the next scheduled patient surgery. For the month of December the TOT was 72 minutes for the UNMH main OR, BBRP has 49 minute TOT and OSIS has a 41 minute TOT. We will continue to monitor and report this vital step in creating efficiency and safety for our patients.
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 Compliance Committee meeting

Audit Committee Meeting:

I. Approval of meeting minutes from November 15, 2017

II. Patient Payment History Update – Purvi Mody

III. Internal Audit – Centralized Outpatient Charge Entry & Coding – Presented by Purvi Mody

Finance Committee Meeting:

I. Approval of meeting minutes from December 20, 2017

II. FY 19 Budget Assumptions – Presented by Ella Watt

III. Financial Update for the six months ended December 31, 2017 – Presented by Ella Watt

IV. CEO Update – Presented by Michael Chicarelli
   a. County MOU update
   b. Centennial 2.0 update

V. HR Update – Presented by Sara Frasch
   a. Update on employee system access
   b. HR 2017 Recap

The next UNM Hospitals Board of Trustee Finance, Audit and Compliance committee meeting is scheduled for February 21, 2018.
January Financials
<table>
<thead>
<tr>
<th>Metric</th>
<th>3 Mo. Trend</th>
<th>Desired</th>
<th>Actual</th>
<th>YTD</th>
<th>YTD Budget</th>
<th>Prior YTD</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Days for UNMH</td>
<td>↑</td>
<td>58,711</td>
<td>57,320</td>
<td>57,331</td>
<td></td>
<td></td>
<td>IP Days up from budget in SAC/Med Surg</td>
</tr>
<tr>
<td>Adult Discharges for UNMH</td>
<td>↑</td>
<td>9,384</td>
<td>9,562</td>
<td>9,394</td>
<td></td>
<td></td>
<td>Discharges down from Previous year and budget</td>
</tr>
<tr>
<td>Adult Average Length of Stay for UNMH</td>
<td>↓</td>
<td>6.26</td>
<td>5.99</td>
<td>6.10</td>
<td></td>
<td></td>
<td>LOS for Adult Days has increased from PYTD</td>
</tr>
<tr>
<td>Adult Observation Equivalent Patient Days</td>
<td>↓</td>
<td>5,096</td>
<td>5,072</td>
<td>4,940</td>
<td></td>
<td></td>
<td>SAC/Med Surg and Women's Services increased from budget and PYTD</td>
</tr>
<tr>
<td>Pediatric Discharges for UNMH</td>
<td>↑</td>
<td>2,222</td>
<td>2,221</td>
<td>2,153</td>
<td></td>
<td></td>
<td>Pediatric discharges increased from budget and PYTD</td>
</tr>
<tr>
<td>Pediatric Observation Equivalent Patient Days</td>
<td>↑</td>
<td>1,197</td>
<td>1,044</td>
<td>1,015</td>
<td></td>
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<td>Increased from budget and PYTD</td>
</tr>
<tr>
<td>Outpatient Clinic Visits for UNMH</td>
<td>↑</td>
<td>263,924</td>
<td>270,625</td>
<td>254,161</td>
<td></td>
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<td>Visits up from PYTD</td>
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<tr>
<td>Emergency Department Visits for UNMH</td>
<td>↓</td>
<td>46,852</td>
<td>42,572</td>
<td>39,467</td>
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<td>Emergency Department Visits up from budget and PYTD</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>↑</td>
<td>9,642</td>
<td>10,246</td>
<td>7,940</td>
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<td>Urgent care visits up from PYTD</td>
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<tr>
<td>Operations</td>
<td>↑</td>
<td>10,334</td>
<td>10,704</td>
<td>10,294</td>
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<td>Operations up from PYTD</td>
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<tr>
<td>Births</td>
<td>↑</td>
<td>1,528</td>
<td>1,475</td>
<td>1,472</td>
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<td></td>
<td>Births increased from budget and PYTD</td>
</tr>
<tr>
<td>Days for all Behavioral Operations</td>
<td>↑</td>
<td>11,761</td>
<td>11,642</td>
<td>11,214</td>
<td></td>
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<td>Increased from PYTD in UNMPC and CPC</td>
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<tr>
<td>Visits for all Behavioral Operations</td>
<td>↑</td>
<td>73,351</td>
<td>79,568</td>
<td>76,824</td>
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<td>Increased from PYTD</td>
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<tr>
<td>UNM Care Enrollment</td>
<td></td>
<td>7,126</td>
<td></td>
<td>6,793</td>
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<td>19,551 Medicaid applications processed</td>
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<tr>
<td>Net Income (Loss) for all Operations</td>
<td>&gt; $0</td>
<td>$218</td>
<td>$2</td>
<td>$93</td>
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<tr>
<td>Case Mix Index (CMI) - w/o newborn</td>
<td>↑</td>
<td>1.961</td>
<td>1.987</td>
<td>1.972</td>
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<tr>
<td>Days Cash on Hand for UNMH</td>
<td>↑</td>
<td>67.50</td>
<td>26.41</td>
<td>71.27</td>
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**Human Resources:**

<table>
<thead>
<tr>
<th>Metric</th>
<th>3 Mo. Trend</th>
<th>Desired</th>
<th>Actual</th>
<th>YTD</th>
<th>YTD Budget</th>
<th>Prior YTD</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTEs (Worked) per adj patient day for all Operations</td>
<td></td>
<td>5.41</td>
<td>5.68</td>
<td>5.62</td>
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<tr>
<td>Hours of Care - UNMH Nursing</td>
<td></td>
<td>17.66</td>
<td>16.74</td>
<td>17.61</td>
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<tr>
<td>Paid FTE’s for UNMH and BHOs</td>
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<td>6.112</td>
<td>6.114</td>
<td>6.109</td>
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<td>Paid FTE’s for CC</td>
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<td>183</td>
<td>221</td>
<td>162</td>
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