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1	Date Received	Comment #	Comment
2	9/19/2017	1	Greetings, The agreement must include the following, per BernCo's own Healthcare task Force Recommendations: 1. A local health planning authority led by community health planning experts with real oversight for the distribution of County tax revs to UNMH, perhaps one like a City/County Health Planning Department. ABQ is one of two metro areas without such a local structure; 2. Navigation and case management services must explicitly support and expand the existing Pathways hub and community partnership/engagement mechanisms; 3. The Pathways model, including reporting, should be brought to scale and used by all County behavioral health efforts to increase efficiency and replicate prevention and cost-savings success. Instead, the possibility of redundancy - or supplanting or conflating 2 funding streams, the mil levy and the new beh health tax stream - could occur.
3	9/21/2017	2	It would be of best interest of Bernalillo County and IHS to seriously reconsider the amount of responsibility UNMH has in this agreement. It may behoove the County and IHS to consider having a role in the establishment of the various mechanisms and processes that will take place under this agreement. Specifically those involving the establishment of community involved and community engaged programs. The probability of granting some of the monies for the County and IHS to have teams that contribute the establishment of different provisions and mechanisms in the agreement may be in the best interest of the people whom this MOU most impacts. There are ways for the County, IHS and UNMH to be creative and balance out the power involved in the MOU. It is also advised that in the MOU it clearly states that IHS and the County can select an outside (yet local) force to conduct the various financial, programmatic and safety reports that are entailed in this agreement.
4	9/27/2017	3	Follow all six of the Commission's Health Care Task Force over-arching recommendations for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.
5	9/27/2017	4	Why does this only allow me 150 words? That is not enough! We need a local Health Planning Department already, with oversight for mil levy and behavioral health dollars, as well as with City health/wellness contracts. ASAP. All other cities our size and up have one! City and County Leadership CAN make this happen, and shouldn't spend \$0.1 until it does. Unless you like being last on all the bad lists, and back in the 20th century. I, for one, do not. Why does this only allow me 150 words? That is not enough! We need a local Health Planning Department already, with oversight for mil levy and behavioral health dollars, as well as with City health/wellness contracts. ASAP. All other cities our size and up have one! City and County Leadership CAN make this happen, and shouldn't spend \$0.1 until it does. Unless you like being last on all the bad lists, and back in the 20th century. I, for one, do not. Why does this only allow me 150 words? That is not enough! We need a local Health
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7	9/28/2017	6	The County Commission's Health Care Task Force recommendations for the UNM Hospital lease agreement includes Recommendation 4.1: Expand community-based outreach and navigation support in the health system through the Pathways Program and other community programs. The draft MOU Mutual Covenant B.2. addresses navigation services in a vague manner compared with 2008 MOU Mutual Covenants C.3. This same clear language must be applied to the new MOU. First, the purpose of the programs should be clearly stated, to "expand community-based outreach and navigation support in the health system through community-based programs." Second, a Program MOU for each of the "navigational services programs" and the "transition planning and case management services program" should accompany the official MOU document prior to signing. Third, the Pathways Program should be designated \$1.2 million of the amount stated in Covenant B.2. to continue to perform community-based navigation services through multiple
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19	9/28/2017	18	I ask that you carefully review the MOU with UNMH. There are several items that have changed from the last MOU eight years ago. Pathways has been a vital tool to provide funds to many non-profits in our community that offer resources not available with federal/state/city funds. Please review and make sure that Pathways names included in the MOU. Also, I understand that UNM has reinstated a 50% payment for necessary medical treatments for our uninsured population. Since I work with refugees, I know that finding money for just food and living quarters is often times hard, how can this be required up front. This effects so much of our population and their health.
20	9/29/2017	19	Follow all six of the Commission+B21:F22's Health Care Task Force over-arching recommendations for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.
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9/30/2017	23	<p>Thank you for the opportunity to provide you with my comments on the Draft MOU for the Mill Levy funding received by UNMH to address the needs of residents in Bernalillo County. I was on the Task Force two years ago and I am glad to see much of our work come into fruition! Thank you so much.</p> <p>There were three key issues that emerged as priorities for me (and are reflected in the document) and I have provided additional indicators for your consideration.</p> <p>1. Emergency Department: a. Processing of patients discharged from the Emergency Department. b. Responding to the needs of Mental Health Emergency cases in a timely fashion 2. Expanding access to primary care 3. Honoring Native American commitments</p> <p>My comments will focus on the first two items assuming that Native American input will come from that community. I hope you will include Urban Indians who reside in Bernalillo County in terms of expanded access and protection against collection tactics. I would request that all reports of visits provide breakdown by race and ethnicity. This is an expectation under the Affordable Care Act and help address health inequities in specific populations.</p> <p>Exhibit B #A Accountability Measures for Year 1: Please consider adding the following: • # of repeat admissions for the same/similar condition by the same patient • # visits for conditions that could have been managed in a non ED setting.</p> <p>Exhibit B, #B Quality Primary Care System: To this section I would request that you add • # of full time primary care providers (M.D.s and/or Nurse Practitioners) in each new primary care site; # of appointments available and % of no shows. • # of full time Behavioral Health providers per clinic, # of appointments, and # of no shows • # of evening and weekend clinics (to deflect visits to the E.D.)</p> <p>Exhibit B, #D Behavioral Health section is a very good start: Please consider asking for the following – these issues reflect concerns from the community sessions about how difficult it was to get follow up appointments at UNMH for people with serious problems: • # needing follow up appointments within 48 hours that received those appts before leaving the E.D. • # referred to non UNMH sites because UNMH could not meet this demand.</p>
9/30/2017	24	<p>Replace the word "Endeavor" with "Shall" throughout the document. The County needs to hold UNMH accountable for all aspects of this MOU. Include funding for Case Management using a community model such as Pathways.</p>
10/1/2017	25	<p>Several years ago (2014-15), the County Commission established a Health Care Task Force to elicit feedback from the community and come up with a set of recommendations to be incorporated into the negotiations for the UNM Hospital lease agreement and related mill levy MOU. I have carefully reviewed this current draft MOU and compared the language to the Task Force recommendations. While some of the recommendations have been addressed in this draft, others fall well short. It is also evident that this draft MOU is mixing mill levy dollars with another County GRT tax that was voted on by the public to be used exclusively for behavioral health services. These GRT taxes should be used for anything pertaining to the Bernalillo County Re-Entry Resource Center, not mill levy funds, particularly since millions of behavioral health tax dollars remain unspent as of this writing.</p> <p>The County Commission's Health Care Task Force recommendations for the UNM Hospital lease agreement includes Recommendation 4.1: Expand community-based outreach and navigation support in the health system through the Pathways Program and other community programs. In this draft MOU, Recommendation 4.1: Expand community-based outreach and navigation support in the health system through the Pathways Program and other community programs. The draft MOU Mutual Covenant B.2. addresses navigation services in a vague manner and omits any mention of the Pathways program, compared with 2008 MOU Mutual Covenants C.3. This same clear and specific language must be applied to the new MOU, preferably through a separate Exhibit for Pathways as in the 2008 agreement. First, the purpose of the programs should be clearly stated, to "expand community-based outreach and navigation support in the health system through community-based programs." Second, a Program MOU or separate Exhibit for each of the "navigational services programs" and the "transition planning and case management services program" at the RRC should accompany the official MOU document prior to signing. Third, the Pathways Program should be designated \$1.2 million of the amount stated in Covenant B.2. to continue to perform community-based navigation services through multiple organizations, as the program is designed.</p> <p>Second, this MOU must assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. With UNMH receiving more than \$95 million annually through the mill levy, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.</p> <p>Finally, the County Commission's Health Care Task Force recommendations for the UNM Hospital lease agreement includes Recommendations 6.2, 6.3, & 6.4, which state, (6.2) Establish or designate an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (6.3) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (6.4) Establish a public participation process, including the creation of a community health board. These were either inadequately addressed in this draft MOU, or were completely excluded. It is essential that the County include these community-led recommendations in the final version of this MOU. Otherwise, some of the most important recommendations made by this highly-qualified Healthcare Task Force will be ignored, which is a disservice to our beloved community.</p>
10/1/2017	26	<p>I have reviewed the language in the draft MOU between Bernalillo County and UNM, and am offering the following comments: I have seen the official MOU from the 2008 mill levy agreement and noticed that this one is very different. One thing that I noticed is that the Pathways Program is not mentioned once in this draft. I know several families who have participated in that program and benefited greatly from their participation. In this draft, the closest thing mentioned to the Pathways program is under II. Mutual Covenants, B.2. that states, "the University agrees that UNMH will continue to fund from its operational funds one or more navigational services programs and a transition planning and case management services program". This sounds as if there are other plans for these "navigational services" and the fact that the Pathways program is not mentioned leads me to believe that the program is at risk of not being funded, which would be a real shame. At least fifteen different community-based organizations receive funding through Pathways and there are approximately sixteen or more Navigator positions hired through these funds. Several years ago, the County already de-funded quite a few local non-profit organizations due to funding constraints. By eliminating Pathways funds, this would further compound the burden placed on these community organizations and would directly impact our neediest community members. I urge the County to specifically state the Pathways program in the final MOU with a specific amount of funding earmarked for the program, similar to the 2008 MOU. Several colleagues of mine have mentioned that \$1.2 million was the amount preliminarily agreed to by the County although there is no mention of that in this draft MOU.</p> <p>I also noticed that the draft MOU does not remotely address Goal 1 of the Bernalillo County Healthcare Task Force recommendations: Assure Healthcare Coverage for All County Residents. More than \$95 million of our tax dollars go to UNMH each year yet they have been allowed to set policies that intentionally create financial and healthcare access barriers for low income and undocumented County residents. The few programs that they offer for low income uninsured populations are confusing, poorly communicated to patients and still result in burdensome medical debt for many of our vulnerable families. UNMH is our safety net hospital, heavily funded by public tax dollars, and needs to ensure that all County residents, despite their ability to pay, are provided equal access to the high quality healthcare provided by UNMH to the populations that can afford the costs. There should not be a two-tiered system depending on ability to pay.</p> <p>I trust that the County is looking out for its residents' best interests and will stand its ground in these final negotiations when programs and services being offered to its low income populations are in jeopardy. Thank you for providing the opportunity to comment on this important matter.</p>
10/1/2017	27	<p>The County Commission's Health Care Task Force recommendations for the UNM Hospital lease agreement includes Recommendation 4.1: Expand community-based outreach and navigation support in the health system through the Pathways Program and other community programs. The draft MOU Mutual Covenant B.2. addresses navigation services in a vague manner compared with 2008 MOU Mutual Covenants C.3. This same clear language must be applied to the new MOU. First, the purpose of the programs should be clearly stated, to "expand community-based outreach and navigation support in the health system through community-based programs." Second, a Program MOU for each of the "navigational services programs" and the "transition planning and case management services program" should accompany the official MOU document prior to signing. Third, the Pathways Program should be designated \$1.2 million of the amount stated in Covenant B.2. to continue to perform community-based navigation services through multiple organizations, as the program is designed.</p> <p>Pathways has earned the trust and respect of the communities that it serves and it has been well-documented and evaluated. It is an extremely successful program.</p>

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29	10/2/2017	28	<p>The MOU is not clear at all, the language is vague, how its possible that the County accept this kind of vocabulary, non descriptive !!!!!!! As a County Commissioners you must hold UNMH accountable and be vigilant with this level of rhetoric description. I'm afraid that if you allow this MOU to stand "as is" our County will be paying the financial and social consequences for not paying attention to the "meaning" of the vocabulary used to an entity that received 90M dollars every year!!!!!!!</p> <p>We are not in the position to assume that this MOU will be deliver according to an entity that has a history of misleading factual information. Please listen to the voices of the community. Don't fail us!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!</p>
30	10/2/2017	29	<p>Programs should be clearly stated, to "expand community-based outreach and navigation support in the health system through community-based programs." Second, a Program MOU or separate Exhibit for each of the "navigational services programs" and the "transition planning and case management services program" at the RRC should accompany the official MOU document prior to signing. Third, the Pathways Program should be designated \$1.2 million of the amount stated in Covenant B.2. to continue to perform community-based navigation services through multiple organizations, as the program is designed.</p> <p>Second, this MOU must assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. With UNMH receiving more than \$95 million annually through the mill levy, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.</p> <p>Finally, the County Commission's Health Care Task Force recommendations for the UNM Hospital lease agreement includes Recommendations 6.2, 6.3, & 6.4, which state, (6.2) Establish or designate an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (6.3) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (6.4) Establish a public participation process, including the creation of a community health board.</p>
31	10/3/2017	30	<p>I am asking Bernalillo County and UNMH to do better when it comes to ensuring that all people get the medically necessary care they need without bureaucratic delays or financial barriers.</p> <ul style="list-style-type: none"> • NO low-income county resident shall be excluded from UNMCare for their medically necessary care. • Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. • UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. • No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. • No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. • All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public. • The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County.
32	10/3/2017	31	<p>Regarding Pathways: The County Commission's Health Care Task Force recommendations for the UNM Hospital lease agreement includes Recommendation 4.1: Expand community-based outreach and navigation support in the health system through the Pathways Program and other community programs. The draft MOU Mutual Covenant B.2. addresses navigation services in a vague manner compared with 2008 MOU Mutual Covenants C.3. This same clear language must be applied to the new MOU. First, the purpose of the programs should be clearly stated, to "expand community-based outreach and navigation support in the health system through community-based programs." Second, a Program MOU for each of the "navigational services programs" and the "transition planning and case management services program" should accompany the official MOU document prior to signing. Third, the Pathways Program should be designated \$1.2 million of the amount stated in Covenant B.2. to continue to perform community-based navigation services through multiple organizations, as the program is designed.</p> <p>Regarding Medically-Necessary Care: Follow all six of the Commission's Health Care Task Force over-arching recommendations for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.</p>
33	10/3/2017	32	<p>The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County.</p>
34	10/3/2017	33	<ul style="list-style-type: none"> • NO low-income county resident shall be excluded from UNMCare for their medically necessary care. • Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. • UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. • No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. • No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. • All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public. • The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. • Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs." • The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board. • The County should include these community-led recommendations in the final agreement with UNMH. • Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives. • Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives. • Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES • Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends.
35	10/3/2017	34	<p>My comments are in support of the Pathways for a Healthy Bernalillo County. This program is the only one designed to address social determinants of health, openly and frequently reports progress to community and evaluates it's return on the investment. It is a program that needs to be expanded and supported by the county, as it serves the most vulnerable in Bernalillo County.</p>
36	10/3/2017	35	<p>Bernalillo County property owners like myself pay \$95 million annually to UNMH and expect to see greater accountability as well as priorities that align with the needs of our county. Despite gains in health insurance, there are still over 60,000 low income residents without insurance. It has been shown many times to UNMH that they will actually SAVE money by providing primary care services for this population. UNMH must continue to provide them with user friendly eligibility processes, and no upfront charges for medically necessary surgical care, and no requirement to exhaust all other avenues before being qualified.</p> <p>Almost 15 years ago I joined with many other community members to fight for 1% of these funds to be given to the community outreach and navigator program. We should not have to fight this battle again - the Pathways Program should continue to receive the funding it has been receiving. The services they provide save ALL of us taxpayers money by assisting low income persons to find assistance of all types and allow them to continue to be productive members of our county despite health problems.</p>
37	10/3/2017	36	<p>Follow all six of the Commission's Health Care Task Force over-arching recommendations for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.</p>

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38	10/3/2017	37	The County Commission's Health Care Task Force recommendations for the UNM Hospital lease agreement includes Recommendation 4.1: Expand community-based outreach and navigation support in the health system through the Pathways Program and other community programs. The draft MOU Mutual Covenant B.2. addresses navigation services in a vague manner compared with 2008 MOU Mutual Covenants C.3. This same clear language must be applied to the new MOU. First, the purpose of the programs should be clearly stated, to "expand community-based outreach and navigation support in the health system through community-based programs." Second, a Program MOU for each of the "navigational services programs" and the "transition planning and case management services program" should accompany the official MOU document prior to signing. Third, the Pathways Program should be designated \$1.2 million of the amount stated in Covenant B.2. to continue to perform community-based navigation services through multiple organizations, as the program is designed.
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41	10/4/2017	40	Follow all six of the Commission's Health Care Task Force over-arching recommendations for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.
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10/4/2017	50	<p>Comment</p> <p>1) The language regarding the continuation of the financial assistance program (UNMCare) is weak. Section D must use the language of "will" not "endeavor". The MOU states that "UNMH will endeavor to continue its financial assistance policies" (A-6 #4) and that "UNMH will endeavor to provide that any fees, co-pays, or down payments for medically necessary care will be reasonably related to income." (Sec. D (5), Exhibit A). Endeavor means try. The MOU should state that "UNMH will continue its financial assistance policies" and that "UNMH will guarantee that any fees, co-pays, or down payments for medically necessary care will be reasonably related to income."</p> <p>2) The MOU must require UNMH to reverse the new policy requiring self-pay patients to pay 50% upfront for elective procedures. The MOU does not address UNMH's new policy which requires self-pay patients (read: patients who cannot afford healthcare exchange insurance but are ineligible for Medicaid, patients > 65 who missed the sign up for Medicare, and undocumented patients) to pay 50% upfront for elective surgeries. Elective surgeries are surgeries that are medically-necessary but are not urgent or emergent. An example of an elective surgery for which a patient was told he would need to pay 50% upfront (roughly \$15,000) under this policy was a knee repair procedure which would allow him to walk again. The MOU should have language which forces UNMH to reverse this policy. The MOU states that "for all financial assistance- eligible low-income patients, UNMH will endeavor to provide that any fees, co-pays, or down payments for medically necessary care will be reasonably related to income." (Sec. D (4), Exhibit A). This section should be changed to state that "for all low-income patients, UNMH will guarantee that any fees, co-pays, or down payments for medically necessary care will be reasonably related to income."</p> <p>3) The MOU must require UNMH to expand the financial assistance program (UNMCare) to all low-income Bernalillo County residents, regardless of immigration status. MOU does not address the issue of immigrants being unfairly excluded from financial assistance. As our safety-net hospital, UNMH has an obligation to provide accessible, affordable care to all Bernalillo County residents. Currently the UNMH financial assistance program (UNMCare) is not open to some lawfully residing immigrants who have visas, undocumented immigrants, and people with deferred action status (DACA). The MOU should state that "UNMH will expand its financial assistance program to include all low-income Bernalillo County residents who do not have access to other forms of health insurance, regardless of immigration status."</p> <p>4) The MOU must stop UNMH from denying financial assistance to patients who cannot afford other health coverage available to them. The MOU allows UNMH to continue denying financial assistance to people who seek other coverage, but cannot afford it or are locked out of the enrollment window or face financial or other hardships. The MOU states "UNMH may require patients to seek other health insurance through employers, the Exchange, the State's High Risk Pool, Medicare Parts B and D, or any other coverage source, including Medicaid, EMSA, etc. prior to eligibility for financial assistance." (Sec. D (8), Exhibit A). Many low wage workers who are just above the income cutoff for Medicaid can't afford Exchange insurance, even with the help of federal subsidies. Seniors may get locked out of Medicare because of the enrollment windows. And UNMH doesn't acknowledge the people who are exempt from getting coverage. This MOU clause should be removed or significantly revised to state that UNMH may encourage low-income patients to seek insurance or healthcare coverage, but cannot require patients to enroll in such coverage or deny them financial assistance.</p> <p>5) The policy on collections is unclear; UNMH must not send any low-income patient to collections. In May of this year, community groups won a huge victory; UNMH agreed not to send low-income patients to collections. However, the language in the MOU is vague in regard to this issue, which could allow UNMH to reverse their policy. The MOU states "UNMH will maintain and/or modify its billing services to provide that no financial assistance-eligible or financially indigent low-income patient (as defined in one or more policies) who is on a payment plan is sent to a collection service for payment." (Sec. D (8), Exhibit A). This section gives the Hospital too much room to redefine its policies in the future in deciding which patients will not be sent to collections. Also, what if a patient has not yet made a payment plan? Or is no longer current on their payment plan? This language is too vague and should read "UNMH will maintain and/or modify its billing services to provide that no low-income patient is sent to a collection service for payment."</p>
10/4/2017	51	<p>As a medical student and future provider here in New Mexico, I am know that it is very important for UNMH to provide accessible, affordable medical care to low-income Bernalillo County residents. Below are 5 issues regarding the care of low-income residents that I feel are inadequately addressed by the current MOU. Thank you for your time, Hadley Pope Medical Student, UNM SOM, Class of 2019</p> <p>1) The language regarding the continuation of the financial assistance program (UNMCare) is weak. Section D must use the language of "will" not "endeavor". The MOU states that "UNMH will endeavor to continue its financial assistance policies" (A-6 #4) and that "UNMH will endeavor to provide that any fees, co-pays, or down payments for medically necessary care will be reasonably related to income." (Sec. D (5), Exhibit A). Endeavor means try. The MOU should state that "UNMH will continue its financial assistance policies" and that "UNMH will guarantee that any fees, co-pays, or down payments for medically necessary care will be reasonably related to income."</p> <p>2) The MOU must require UNMH to reverse the new policy requiring self-pay patients to pay 50% upfront for elective procedures. The MOU does not address UNMH's new policy which requires self-pay patients (read: patients who cannot afford healthcare exchange insurance but are ineligible for Medicaid, patients > 65 who missed the sign up for Medicare, and undocumented patients) to pay 50% upfront for elective surgeries. Elective surgeries are surgeries that are medically-necessary but are not urgent or emergent. An example of an elective surgery for which a patient was told he would need to pay 50% upfront (roughly \$15,000) under this policy was a knee repair procedure which would allow him to walk again. The MOU should have language which forces UNMH to reverse this policy. The MOU states that "for all financial assistance- eligible low-income patients, UNMH will endeavor to provide that any fees, co-pays, or down payments for medically necessary care will be reasonably related to income." (Sec. D (4), Exhibit A). This section should be changed to state that "for all low-income patients, UNMH will guarantee that any fees, co-pays, or down payments for medically necessary care will be reasonably related to income."</p> <p>3) The MOU must require UNMH to expand the financial assistance program (UNMCare) to all low-income Bernalillo County residents, regardless of immigration status. MOU does not address the issue of immigrants being unfairly excluded from financial assistance. As our safety-net hospital, UNMH has an obligation to provide accessible, affordable care to all Bernalillo County residents. Currently the UNMH financial assistance program (UNMCare) is not open to some lawfully residing immigrants who have visas, undocumented immigrants, and people with deferred action status (DACA). The MOU should state that "UNMH will expand its financial assistance program to include all low-income Bernalillo County residents who do not have access to other forms of health insurance, regardless of immigration status."</p> <p>4) The MOU must stop UNMH from denying financial assistance to patients who cannot afford other health coverage available to them. The MOU allows UNMH to continue denying financial assistance to people who seek other coverage, but cannot afford it or are locked out of the enrollment window or face financial or other hardships. The MOU states "UNMH may require patients to seek other health insurance through employers, the Exchange, the State's High Risk Pool, Medicare Parts B and D, or any other coverage source, including Medicaid, EMSA, etc. prior to eligibility for financial assistance." (Sec. D (8), Exhibit A). Many low wage workers who are just above the income cutoff for Medicaid can't afford Exchange insurance, even with the help of federal subsidies. Seniors may get locked out of Medicare because of the enrollment windows. And UNMH doesn't acknowledge the people who are exempt from getting coverage. This MOU clause should be removed or significantly revised to state that UNMH may encourage low-income patients to seek insurance or healthcare coverage, but cannot require patients to enroll in such coverage or deny them financial assistance.</p> <p>5) The policy on collections is unclear; UNMH must not send any low-income patient to collections. In May of this year, community groups won a huge victory; UNMH agreed not to send low-income patients to collections. However, the language in the MOU is vague in regard to this issue, which could allow UNMH to reverse their policy. The MOU states "UNMH will maintain and/or modify its billing services to provide that no financial assistance-eligible or financially indigent low-income patient (as defined in one or more policies) who is on a payment plan is sent to a collection service for payment." (Sec. D (8), Exhibit A). This section gives the Hospital too much room to redefine its policies in the future in deciding which patients will not be sent to collections. Also, what if a patient has not yet made a payment plan? Or is no longer current on their payment plan? This language is too vague and should read "UNMH will maintain and/or modify its billing services to provide that no low-income patient is sent to a collection service for payment."</p>
10/4/2017	52	<p>Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs."</p>
10/4/2017	53	<p>Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs."</p>

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55	10/4/2017	54	I recommend the written procedures for identifying Native Americans and the Native American specific evaluation and accountability standards be reported to the County Commissioners and Tribal leadership on a quarterly basis for their review and input to ensure the Lease Agreement, Federal Contract, 1999 consent, and 2004 Consents are adhered to. Tribal feedback/input is vital and should be incorporated by UNMH as corrective actions steps to ensure full adherence to these contractual agreements. This accountability must be required and not be optional. The MOU should also be inclusive, and not exclusive, and should include all uninsured County residents with a financial need. Requiring these County residents to pay for medical costs up front and/or have their unpaid bills sent to collections directly conflicts with the purpose of the MOU. Such practices create unnecessary barriers to care for the County's most vulnerable community members and should cease. Finally, UNMH should preserve, sustain and expand the existing UNM Pathways program which has been proven effective in helping hundreds of County residents address the health disparities impacting their overall health status.
56	10/5/2017	55	I urge UNMH to provide the full range of reproductive healthcare to all its patients, including those in detention. Additionally, I urge UNMH and BernCo to resist any efforts to require Medicaid premiums and co-pays, which would result in some people not being able to seek healthcare.
57	10/5/2017	56	As a nearby resident and as a Board member of the NCNA, I would like to state the following. I fully support the mission of UNMH. I agree with the need to grow and update the facilities. I and many others are very concerned with the impact of the growth and usage of UNMH to our neighborhood. That UNM and UNMH must work with the County and the NCNA and other communities to ensure that the impact of the operations of UNMH are addressed with the local communities in a holistic manner and that our concerns with traffic, environmental, safety and other quality of life concerns are not only heard but met. Thank you
58	10/5/2017	57	<p>I humbly present my comment as follows:</p> <p>NO low-income county resident shall be excluded from UNM Care for their medically necessary care.</p> <p>Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships.</p> <p>UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable.</p> <p>No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care.</p> <p>No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%.</p> <p>All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public.</p> <p>The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County.</p> <p>Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs."</p> <p>The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board.</p> <p>The County should include these community-led recommendations in the final agreement with UNMH.</p> <p>Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives.</p> <p>Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives.</p> <p>Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES</p> <p>Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends. THANK YOU.</p>
59	10/5/2017	58	<p>The County Commission's Health Care Task Force recommendations for the UNM Hospital lease agreement includes Recommendation 4.1: Expand community-based outreach and navigation support in the health system through the Pathways Program and other community programs.</p> <p>The draft MOU Mutual Covenant B.2. addresses navigation services in a vague manner compared with 2008 MOU Mutual Covenants C.3. This same clear language must be applied to the new MOU. First, the purpose of the programs should be clearly stated, to "expand community-based outreach and navigation support in the health system through community-based programs." Second, a Program MOU for each of the "navigational services programs" and the "transition planning and case management services program" should accompany the official MOU document prior to signing. Third, the Pathways Program should be designated \$1.2 million of the amount stated in Covenant B.2. to continue to perform community-based navigation services through multiple organizations, as the program is designed.</p>
60	10/5/2017	59	<p>As a primary care physician who has worked in the South Valley neighborhood for the past 8 years, I have closely followed the process of re-negotiating the MOU between Bernalillo County and UNMH since it will have a tremendous impact on my patient population. I spoke at the Bernalillo County Commission hearing several years ago when you voted to create a Task Force to offer recommendations on ways to improve the health of BernCo residents, and I deeply appreciate the leadership the Commission has shown in working on this MOU. However, the current draft agreement falls far short in several essential areas. While I understand that the final agreement will necessarily reflect a compromise between both parties, I feel strongly that the commissioners should try to strengthen language in a few key areas before agreeing to a final MOU.</p> <p>Specifically, an effective MOU must have stronger language regarding protections for all Bernalillo County residents regardless of insurance or immigration status. A specific cap on the 'reasonable payment' clause (i.e. 5% of patient income) and a firm commitment to never send the bills of low-income patients to collections is of paramount importance. Secondly, The Pathways to a Healthy Bernalillo County Program needs to be fully funded at \$1.2 million per year, and should be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. Finally, future MOU negotiations must be oriented towards full implementation of the 2015 Health Care Task Force recommendations, especially the inclusion of ALL financially eligible BernCo residents in the UNM Care program.</p> <p>Thank you for your time and efforts in improving the health and well-being of Bernalillo County.</p>
61	10/5/2017	60	Samaritan Counseling, located in the International District of Albuquerque, has been helping our community with pathways program for 6 years, providing services in primary care and behavioral health for children and families, identifying day care resources. Please, sign The MOU to cover an eight-year period to help our community in Albuquerque. Thanks.
62	10/5/2017	61	<p>We (North Campus Neighborhood Ass.) would appreciate that UNMH keep us apprised of and include us in any plans that may affect the livability of our neighborhood and regional area.</p> <p>We would like and expect complete transparency and honesty at all times as we are the bordering neighborhood to the medical campus and North UNM facilities.</p> <p>We expect to remain good neighbors but that will only survive into the future if both parties are open and honest with each other.</p>
63	10/5/2017	62	Follow all six of the Commission's Health Care Task Force over-arching recommendations for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNM Care, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.
64	10/5/2017	63	<p>The County Commission's Health Care Task Force recommendations for the UNM Hospital lease agreement includes Recommendation 4.1: Expand community-based outreach and navigation support in the health system through the Pathways Program and other community programs.</p> <p>The draft MOU Mutual Covenant B.2. addresses navigation services in a vague manner compared with 2008 MOU Mutual Covenants C.3. This same clear language must be applied to the new MOU. First, the purpose of the programs should be clearly stated, to "expand community-based outreach and navigation support in the health system through community-based programs." Second, a Program MOU for each of the "navigational services programs" and the "transition planning and case management services program" should accompany the official MOU document prior to signing. Third, the Pathways Program should be designated \$1.2 million of the amount stated in Covenant B.2. to continue to perform community-based navigation services through multiple organizations, as the program is designed</p>

A	B	C
65	10/5/2017 64	<p>NO low-income county resident shall be excluded from UNMCare for their medically necessary care.</p> <ul style="list-style-type: none"> • Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. • UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. • No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. • No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. • All policies will be in writing and readily available to the public both in electronic and printed formats. Policies • will be clearly identified and all written material will be in language understandable to the general public. • The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. • Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs." • The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board. • The County should include these community-led recommendations in the final agreement with UNMH. • Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives.
66	10/5/2017 65	<p>Much of Exhibit A must be reworked. It must reflect the hospitals responsibilities to tax payers and use language that reflects the hospital's obligation as a public hospital and receiver of public funds including, but not limited to, the 2016 mill levy, to provide assistance to low-income and uninsured residents. A simple application process that outlines reasonable guidelines and payment plans must be created to address the now difficult process many residents face. Section D-3 Which may require patients to increase patient's risk of serious health outcomes by delaying care by placing undue burden to residents by providing assistance only as a last resort. Sections D-4 and D-5 and the use of "endeavor" is completely misleading and diminishes UNMH's responsibility to provide low-income and uninsured patients with financial assistance. In Section D-6 the word "re-payment" is used which again is completely misleading. Section D-8 uses language that only those on payment plans can get creditor protections which again diminishes UNMH's responsibility to provide low income and uninsured patients with financial assistance. There is no mention of the Pathways program as outlined by the 2008 MOU Pathways but only mentions briefly and generically "navigational services programs" in II B-2 of the introduction. This program is one of the best documented and functioning programs for direct assistance with an already complex system of health and health maintenance. There are many other programs named and by not properly identifying and funding Pathways is a complete disservice to our entire county. This document does not go far enough to address UNMH's accountability and oversight measures with, especially, mill levy funds and ultimately tax payers. The funds may go into the hospitals operational budget but this does not nullify responsibility of UNMH and the county to the tax-payers by way of, but not limited to, public oversight and participation. As a community member, I thank you for the opportunity to submit comments and for all of your work in helping to keep Bernalillo County healthy!</p>
67	10/5/2017 66	<p>We Can Do Better</p> <ul style="list-style-type: none"> • No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%.
68	10/5/2017 67	<p>NO low-income county resident shall be excluded from UNMCare for their medically necessary care</p>
69	10/5/2017 68	<p>Greetings, Please follow all six of the Commission's Health Care Task Force over-arching recommendations for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.</p>
70	10/5/2017 69	<p>UNMH and Bernalillo County should regularly meet with and update the North Campus Neighborhood Association and other adjacent neighborhood associations regarding programs and facilities which impact those neighborhoods.</p>
71	10/6/2017 70	<p>This agreement between UNMH and Bernalillo County desperately needs to take into consideration the vast amount of low-income and immigrant residents here. This plan fails to provide affordable access to health care. This will lead to an even less healthy community. It is essential that the following things are included in the agreement: NO low-income county resident shall be excluded from UNMCare for their medically necessary care.</p> <p>Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships.</p> <p>UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable.</p> <p>No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care.</p> <p>No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%.</p> <p>All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public.</p> <p>The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County.</p> <p>Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs."</p> <p>The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board.</p> <p>The County should include these community-led recommendations in the final agreement with UNMH.</p> <p>Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives.</p> <p>Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives.</p> <p>Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends.</p>

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10/6/2017	71	<p>On behalf of the New Mexico Alliance for School-Based Health Care (NMBHHC), New Mexico school-based health centers (SBHCs), and the children and families they serve, thank you for the opportunity to provide comments regarding the draft agreement between Bernalillo County, the University of New Mexico Hospitals (UNMH) and the Indian Health Service. Our organization is writing to indicate our strong support for the inclusion of SBHCs in the draft MOU. More explicitly, NMBHHC encourages the parties concerned to consider strengthening the commitment, as outlined in Item C.8 of Exhibit A to the MOU, by incorporating the opening of additional SBHCs to address the County's pediatric healthcare needs. Furthermore, NMBHHC volunteers to assist in those efforts as a named party in the MOU, to be added to the parties named in the Exhibit (the County, Albuquerque Public Schools, and tribal schools in the County).</p> <p>By way of background, there are 70 New Mexico school-based health centers (SBHCs), approximately 50 of which are contracted with and receive some funding from the New Mexico Department of Health. These clinics provide access to quality primary and behavioral services, and, in some locations, oral health services to over 50,000 New Mexico students where the students are — in school. SBHCs are a critical safety net, providing easily accessible health care when, in many cases, the closest clinic or hospital may be miles away and require significant wait times. SBHCs are well positioned to assist in meeting the needs of the Bernalillo County's children, and in some cases, family and community members, in a time and place that reduces school absenteeism, parent work absenteeism, and inappropriate emergency room (ER) usage. SBHCs are a critical component of our state's health care delivery system, particularly for children who are uninsured, Medicaid members, or those who are privately insured and seeking confidential behavioral or reproductive healthcare under the law. The state's SBHCs are particularly well-positioned to address some of the highest health care needs among children and youth, including our state's high youth suicide rates, high asthma rates, high teen birth rates, and high substance use rates. It also is important to note that for many children, the SBHC is their ONLY source of care. Among middle and high school patients at existing SBHCs surveyed in the 2016-17 school year, the following was found:</p> <ul style="list-style-type: none"> o Forty-eight percent of SBHC users indicated the SBHC was their only source of care in the last 12 months. o Students/patients indicated that they miss 1.5 classes for an SBHC appointment but 3.5 classes for an appointment anywhere else. o Eighty-six percent indicated satisfaction with care at their SBHC but only sixty percent for care they received elsewhere. o Ninety percent indicated they had changed health-related behaviors as a result of the advice of their SBHC healthcare provider. <p>Not only are SBHCs a critical component of integrated healthcare for New Mexico families, they are also a smart investment. Research funded by NMBHHC indicates a \$7.01 value for every dollar spent. And NMBHHC is well-placed to provide unbiased and expert technical assistance on expansion of such investment in Bernalillo County. As the State's only organization specifically dedicated to the field of school-based health centers and the State's only affiliate of the national School-Based Health Alliance, NMBHHC has information, resources and expertise that do not exist elsewhere in the state.</p> <p>In conclusion, SBHCs are uniquely qualified and positioned to participate in addressing the needs of Bernalillo County residents and should be an important part of UNMH's investment in care for the community for the foreseeable future. As key providers of integrated primary and behavioral health services to children and youth, SBHCs should be expanded in the county. This expansion can help the County, UNMH and IHS achieve many of their objectives, most importantly expanding access to primary care, expanding access for Native Americans (making up 5.1% of APS students), providing teaching opportunities for the next generation of healthcare providers, and increasing the healthcare literacy and navigation skills of youth who will be using the greater community health care system. Research demonstrates that SBHCs can have a positive effect on students' health-risk behaviors and health outcomes, and, in turn, on students' school attendance, academic performance, and learning outcomes. SBHCs' services can also reduce overall health care costs. All of these outcomes are consistent with the goals and vision that the MOU articulates. The New Mexico Alliance for School-Based Health Care stands ready to assist in every way possible. Thank you.</p>
10/6/2017	72	<p>As someone who has seen the life-changing affects a well-funded Pathways Program can work in my community, an employee who serves low-income and uninsured patients every day, and someone who demands equitable care for all, I cannot stand for the MOU as it stands. I believe, in the following ways, there must be changes to the expectations on behalf of UNMH and your responsibility to care for our people as a core aspect of your charter.</p> <ul style="list-style-type: none"> - UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. - No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. - The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. - Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs."
10/6/2017	73	<p>While the agreement ensures that UNMH complies with its contract obligations to Native Americans, and it focuses on much needed behavioral health care and case management for people getting out of jail, it falls short when it comes to providing a safety net for low-income, uninsured patients in Bernalillo County. ElieValle: The South Valley Healthy Communities Collaborative has analyzed the draft agreement and is recommending a comprehensive set of changes. Read ElieValle's full analysis of the draft agreement or scroll down for shorter list of key points that you may use to submit your comments.</p> <p>NO low-income county resident shall be excluded from UNM/Care for their medically necessary care. Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%.</p> <p>All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public.</p> <p>The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County.</p> <p>Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs."</p> <p>The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; 4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and 5) Establish a public participation process, including the creation of a community health board.</p> <p>The County should include these community-led recommendations in the final agreement with UNMH.</p> <p>Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives.</p> <p>Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives.</p> <p>Bernalillo County and UNMH should strengthen the accountability measure Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends. s contained in Exhibit B ACCOUNTABILITY</p>
10/6/2017	74	<p>Dear County Commissioners and others who may read this.</p> <p>UNMH receives about 965 million of our tax dollars to care for those who need to use a safety net hospital in our county. We need you to step up the accountability for these dollars, to ask for accountability by UNMH for community health improvement, prevention and cost-effective use of the funds. The use of the word "endeavor" rather than "shall do" in the wording about financial and payment policies is a clear effort to fudge this area, which they have done consistently for the over 25 years I have worked as a community health nurse and nurse practitioner in Bernalillo County.</p> <p>I have watched residents of our county wait to get care until their conditions were dangerous and expensive, rather than to have to deal with billings and collections calls stemming from UNMH.</p> <p>It is unacceptable for the LEASE AGREEMENT to be worded with "endeavor" rather than "shall". This means they would have to have written, established payment policies and co-pay, down payment and sliding fee scales that are reasonable and affordable based on income and family size. UNMH should improve their insurance payments by working with non-emergent patients to get onto assistance plans and insurance, rather than waiting until the person has already been seen and charged.</p> <p>A safety net hospital should not be sending financial assistance and self-pay discount patients to collections. They only get back 25% on the dollar and they completely stress out folks who really have nothing to spare. For what?</p> <p>Please assure full funding of the Pathways Navigator program - this is a step away from tertiary care and toward prevention and early intervention, where we as a society need to go for our future.</p> <p>96 million is a lot of money - we need an entity in the county to work on health planning and resource development for the move away from an expensive and inefficient use of our taxpayer dollars.</p> <p>Sincerely,</p>
10/6/2017	75	<p>Low income immigrant families cannot have to face this, health care is essential and by adding unnecessary cost and barriers will add to poor health care for our communities.</p>

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77	10/6/2017	76	<p>We can do better. While the agreement ensures that UNMH complies with its contract obligations to Native Americans, and it focuses on much needed behavioral health care and case management for people getting out of jail, it falls short when it comes to providing a safety net for low-income, uninsured patients in Bernalillo County." This agreement addresses UNM Hospital's responsibilities as a safety net hospital in exchange for \$96 million per year taxpayers give to help cover costs of taking care of Bernalillo County's most vulnerable people those with low income who need medical care and have no insurance. Changes are needed to ensure that the most vulnerable people, the low income who do not have insurance, are taken care of and receive help at UNM Hospital.</p> <p>Thank you</p>
78	10/6/2017	77	<p>I greatly appreciate the fact that the public, for the first time ever, is offered the opportunity to weigh in on the UNMH Lease Agreement through a public comment process. This is a significant step toward transparency for these important public funds. I also am pleased to see that Native Americans have gained specific recognition in the new agreement. Some of our populations that have special needs, such as those experiencing behavioral health issues or that are being released from incarceration, are also addressed in the agreement. Unfortunately, the agreement falls quite short of the recommendations that were presented to the Bernalillo County Commission following the October 2014 by their own healthcare task force. These recommendations were developed specifically for this agreement between Bernalillo County and UNMH. First, the current language does not ensure that ALL low-income persons living in Bernalillo County and that do not have health coverage will be able to access services at UNMH with relative ease and affordability, commensurate with their income level. The current practice of requiring payments of 50% up-front for surgery services at UNMH, for example, is unacceptable and should be addressed in this document. No county resident should be faced with burdensome and opaque approval processes for services if they are low-income and when these are not required of all patients. ALL Bernalillo County residents living in our County- should have access to our public hospital through these public funds. Second, the draft MOU Mutual Covenant B.2. addresses navigation services in a vague manner compared with 2008 MOU Mutual Covenants C.3. This same clear language must be applied to the new MOU. First, the purpose of the programs should be clearly stated, to "expand community-based outreach and navigation support in the health system through community-based programs." Second, a Program MOU for each of the "navigational services programs" and the "transition planning and case management services program" should accompany the official MOU document prior to signing. Third, the Pathways Program should be designated \$1.2 million of the amount stated in Covenant B.2. to continue to perform community-based navigation services through multiple non-governmental organizations in the County, as the program is designed and has demonstrated to be successful in achieving meaningful outcomes for the persons served and in achieving Return on Investment. Third, the public input mechanism proposed by UNMH in Exhibit A is grossly insufficient. This is simply a description of current practice, as required of the Board of Trustees, and does not reflect community input and Health Care Task Force recommendations for community involvement in planning and monitoring progress in achieving community health measures through this public funding source. The document should describe the formation of a Community Health Resources Oversight Board comprised of community leaders and public health professionals who understand health indicators and operational metrics. Appropriate accountability measures should be included in Exhibit B. Finally, accountability measures provided in Exhibit B should be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends. Thank you for considering my input regarding the UNMH Lease Agreement. Sincerely, Leah Steimel, MPH</p>
79	10/6/2017	78	<p>UNMH should be required to expand the financial assistance program (UNMCare) to all low-income Bernalillo County residents, regardless of immigration status.</p>
80	10/6/2017	79	<p>Follow all six of the Commission's Health Care Task Force over-arching recommendations for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection</p>
81	10/6/2017	80	<p>NO low-income county resident shall be excluded from UNMCare for their medically necessary care. Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public.</p> <p>The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs."</p> <p>The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board.</p> <p>The County should include these community-led recommendations in the final agreement with UNMH.</p> <p>Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives.</p> <p>Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives.</p> <p>Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES</p> <p>Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends.</p>
82	10/6/2017	81	<p>I am aware that UNM has monies, 1/3 of our property taxes goes to support UNM and that a portion of these monies were to supplement our underserved citizen of Albuquerque. I oppose UNM new lease agreement. The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County.</p> <p>NO low-income county resident shall be excluded from UNMCare for their medically necessary care. Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%.</p>
83	10/6/2017	82	<p>I am aware that UNM has monies, 1/3 of our property taxes goes to support UNM and that a portion of these monies were to supplement our underserved citizen of Albuquerque. I oppose UNM new lease agreement. The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County.</p> <p>NO low-income county resident shall be excluded from UNMCare for their medically necessary care. Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%.</p>
84	10/6/2017	83	<p>I oppose UNM new lease agreement and agree with the previous agreement: NO low-income county resident shall be excluded from UNMCare for their medically necessary care. Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%.</p>

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85	10/6/2017 84	<p>I do not agree with UNM's new lease agreement policy. They need Bernalillo County commission to establish and appoint a community health oversight body, comprised of community leaders and public health professionals to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives.</p> <p>NO low-income county resident shall be excluded from UNM Care for their medically necessary care.</p> <p>Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships.</p> <p>UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable.</p> <p>No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care.</p> <p>No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%.</p>
86	10/6/2017 85	<p>I do not agree with UNM's new lease agreement that leaves the unserved residents of our community without access to healthcare. Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals to monitor UNMH in meeting community identified health improvement goals/objectives. NO low-income county resident shall be excluded from UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships.</p> <p>Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships.</p> <p>UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable.</p> <p>No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care.</p>
87	10/6/2017 86	<p>To Whom It May Concern, I am writing to urge decision makers to require that adequate health care be provided for ALL Bernalillo County residents, especially low income folks. The only qualification rules should be residency and need.</p> <p>Further, we need to build an integrated system for primary care and navigation support like that fostered by Pathways. This vital program in particular needs funding expansion (or at least maintained at current levels) and we need to increase County oversight and accountability for mill levies. Thank you for listening and helping!</p>
88	10/7/2017 87	<p>As a medical student at UNM School of Medicine, it's imperative that we take better care of patients who require financial assistance. People are doing the best they can for their health and often, other acute month to month living needs supercede the ability to invest in finances for their health.</p> <p>These changes should be made to the draft:</p> <ol style="list-style-type: none"> 1) The MOU states "UNMH may require patients to seek other health insurance through employers, the Exchange, the State's High Risk Pool, Medicare Parts B and D, or any other coverage source, including Medicaid, EMSA, etc. prior to eligibility for financial assistance." (Sec. D (8), Exhibit A). Many low wage workers who are just above the income cutoff for Medicaid can't afford Exchange insurance, even with the help of federal subsidies. Seniors may get locked out of Medicare because of the enrollment windows. And UNMH doesn't acknowledge the people who are exempt from getting coverage. This MOU clause should be removed or significantly revised to state that UNMH may encourage low-income patients to seek insurance or healthcare coverage, but cannot require patients to enroll in such coverage or deny them financial assistance. 2) The MOU should state that "UNMH will expand its financial assistance program to include all low-income Bernalillo County residents who do not have access to other forms of health insurance, regardless of immigration status." 3) The MOU states that "for all financial assistance-eligible low-income patients, UNMH will endeavor to provide that any fees, co-pays, or down payments for medically necessary care will be reasonably related to income." (Sec. D (4), Exhibit A). This section should be changed to state that "for all low-income patients, UNMH will guarantee that any fees, co-pays, or down payments for medically necessary care will be reasonably related to income." Many elective surgeries are still medical necessary for patients to continue with their quality of life and to help support their family. These include gallbladder removal, knee replacement that are life changing. Currently, UNM requires 50% of the surgery to be paid upfront, but this is often impossible, especially with a debilitating illness. Alternatively, patients wait until their gallstones cause complications and then have to undergo a much more dangerous procedure that becomes more expensive for both patient and hospital.
89	10/7/2017 88	<p>Please note that as a disabled, low income, retired U.S. Citizen who depends wholly on Medicare and UNM Cares for all my health care needs, I consider it a privilege to be associated with UNM Hospital, and am EXTREMELY SATISFIED with the healthcare that I'm currently receiving.</p> <p>Also, if there is anything that I can do as a volunteer to assist the hospital and / or the staff in their work, please let me know what that may be.</p> <p>I'm anxious to assist you in the wonderful work you do, so I'll look forward to hearing from you.</p> <p>Thanks,</p>
90	10/7/2017 89	<p>The MOU must require UNMH to expand the financial assistance program (UNMCare) to all low-income Bernalillo County residents, regardless of immigration status. MOU does not address the issue of immigrants being unfairly excluded from financial assistance. As our safety-net hospital, UNMH has an obligation to provide accessible, affordable care to all Bernalillo County residents. Currently the UNMH financial assistance program (UNMCare) is not open to some lawfully residing immigrants who have visas, undocumented immigrants, and people with deferred action status (DACA). The MOU should state that "UNMH will expand its financial assistance program to include all low-income Bernalillo County residents who do not have access to other forms of health insurance, regardless of immigration status."</p>
91	10/7/2017 90	<p>I'm a medical student and future provider of medical care in NM. The new MOU does not go far enough to fulfill the obligation of UNMH to provide financial assistance to the community members who need it to access necessary health care. The following topics are areas of particular concern:</p> <ol style="list-style-type: none"> 1) The language regarding the continuation of the financial assistance program (UNMCare) is weak. Section D must use the language of "will" not "endeavor". 2) The MOU must require UNMH to reverse the new policy requiring self-pay patients to pay 50% upfront for elective procedures. 3) The MOU must require UNMH to expand the financial assistance program (UNMCare) to all low-income Bernalillo County residents, regardless of immigration status. 4) The MOU must stop UNMH from denying financial assistance to patients who cannot afford other health coverage available to them. 5) The policy on collections is unclear; UNMH must not send any low-income patient to collections. <p>UNMH must consider its obligation to ALL of NM's citizens, particularly its most financially vulnerable. As a future physician, these issues are essential to my goals of providing the best health care to New Mexicans, regardless of income, immigration status, or identity.</p>
92	10/7/2017 91	<p>As a young physician, it is concerning to me that many of my patients cannot afford medically necessary procedures, and have difficulty (and often little assistance) navigating community resources available to them. That is why I support the continued funding of Pathways and financial support for our patients.</p> <p>Expand community-based outreach and navigation support in the health system through the Pathways Program and other community programs.</p> <p>The draft MOU Mutual Covenant B.2. addresses navigation services in a vague manner compared with 2008 MOU Mutual Covenants C.3. This same clear language must be applied to the new MOU. First, the purpose of the programs should be clearly stated, to "expand community-based outreach and navigation support in the health system through community-based programs." Second, a Program MOU for each of the "navigational services programs" and the "transition planning and case management services program" should accompany the official MOU document prior to signing. Third, the Pathways Program should be designated \$1.2 million of the amount stated in Covenant B.2. to continue to perform community-based navigation services through multiple organizations, as the program is designed.</p> <p>Follow all six of the Commission's Health Care Task Force over-arching recommendations for the UNM Hospital lease agreement.</p> <p>Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now.</p> <p>UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.</p>

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93 10/7/2017	92	<p>As a primary care physician in Bernalillo County, I have concerns about the current MOU between Bernalillo County and UNMH. The following are my suggestions:</p> <ol style="list-style-type: none"> 1. We must ensure the continuation of all financial assistance programs at UNM, including the UNMCare program and Discount Payment Plan program. These programs provide preventive care and primary care services to patients who would otherwise be without health insurance and might wait to seek care until they are dealing with a medical emergency. It is cost effective and consistent with the mission of UNMH to care for all residents of Bernalillo County. The co-pays associated with UNMCare and the Discount Payment Plan should be on an income-based sliding scale that slides to \$0. These financial assistance programs should be available to all patients without insurance, including those who cannot afford other health coverage (for example, on the Health Exchange). 2. UNMH should reverse the policy requiring self-pay patients to pay 50% of the cost of elective procedures upfront. This policy is very concerning as it can sometimes be difficult to determine the urgency of a surgery and it can cause the postponing of necessary procedures. For example, I saw a patient with no health insurance who had severe peripheral vascular disease. Her surgery was postponed due to her inability to pay thousands of dollars in advance of the surgery. Eventually, she re-presented with critical limb ischemia and had to be scheduled for urgent surgery. 3. UNMH must expand the current UNMCare program to serve all low-income Bernalillo County residents, regardless of immigration status. As a safety-net hospital for the county, UNMH has an obligation to provide accessible, affordable care to all Bernalillo County residents. The current Self Pay Program that requires patients without insurance to pay 45% of their medical costs leaves patients with prohibitive medical bills. 4. UNMH must not send low-income patients to collections. UNMH has agreed to not send low-income patients to collections in the past, however, this must be reflected in the MOU. Medical costs and bills should not become a barrier to receiving necessary healthcare in our county.
94 10/8/2017	93	<p>I am writing to express my concern that monies allocated to UNM hospital are invested into a comprehensive community wide network of prevention services related to the needs of poor and working families, and school based health services. These include the basic comprehensive services such as health clinics where family planning, drug and alcohol counseling are made available as well as direct social services. I am very confident that Bernalillo County could create a model system to address our communities many prevention needs.</p>
95 10/8/2017	94	<p>NO low-income county resident shall be excluded from UNMCare for their medically necessary care. Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public. The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs."</p> <p>The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board. The County should include these community-led recommendations in the final agreement with UNMH.</p> <p>Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives.</p> <p>Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives.</p> <p>Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends.</p>
96 10/8/2017	95	<p>FINANCIAL ASSISTANCE AND PATIENT PAYMENT POLICIES • NO low-income county resident shall be excluded from UNMCare for their medically necessary care.</p> <ul style="list-style-type: none"> • Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. • UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. • No uninsured, low-income residents shall be required to pay medically- necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. • No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. • All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public. <p>PATHWAYS NAVIGATION PROGRAM</p> <ul style="list-style-type: none"> • The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. • Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs." <p>OVERSIGHT AND ACCOUNTABILITY</p> <ul style="list-style-type: none"> • The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board. • The County should include these community-led recommendations in the final agreement with UNMH. • Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives. • Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives. • Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES • Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends.
97 10/8/2017	96	<p>Please find enclosed comments about the draft MOU with UNM Hospital, on behalf of 17 organizations and individuals. Thank you again for all your work on this! ATTACHMENT</p>
98 10/8/2017	97	<p>I am attaching the comments that I have submitted regarding the Draft MOU, basically annotating each of the elements in the draft. Some of the comments are only technical. Most are more by way of comment rather than proposals for the specific language of the MOU. I made what I believe to be substantive comments dealing with Pathways, patient payments, and with needs for interpretable reports back to the county and community. On the plus side, the MOU deals outright with a list of things to be working.</p> <p>The principle thrust of my comments lies with my interest in having the County and UNMH to craft substantive and specific goals for the health of indigent residents of the County. There are process goals dealing with access and billing practices within the scope of the MOU that definitely need attention. Beyond those, however, there is a void in terms of goals for actually using the Mill Levy and health care strategies to target specific needs of high-risk groups and close the gaps with respect to preventable and treatable illness and premature death, management of disability. Presently there are few current targets against which performance can be evaluated. De facto, the current standard of accepted performance is allowing the hospital simply spend the money as long as its busy, continues growing and balances the books. Pathways is one of the few exceptions. ATTACHMENT</p>
99 10/8/2017	98	<p>Improvements need be made to make health care more accessible to all. Some of the language in the agreement is ambiguous and needs to be changes to guarantee that low income New Mexicans are able to have the necessary access to health care.</p>

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100	10/8/2017 99	<p>Please follow your own BernCo Healthcare Task Force Recommendations to oversee, in a new City/County Health Planning Authority, all health-related tax revs - the mil levy and behavioral health taxes - so that:</p> <ol style="list-style-type: none"> 1. NO low-income county resident shall be excluded from UNMCare for their medically necessary care. 2. Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. 3. UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. 4. No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. 5. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. 6. No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. 7. All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public. 8. The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. 9. Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs." 10. The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board. 11. The County should include these community-led recommendations in the final agreement with UNMH. 12. Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives. 13. Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives. 14. Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES. Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends. <p>Nothing less than this will work to assure our taxes can be used to improve the health status of our families, neighbors, and tax-payers.</p> <p>Thank you,</p>
101	10/8/2017 100	<p>Good afternoon: As a practicing physician in New Mexico working with the full range of insured, underinsured and un insured for more than 16 years we look to UNMH help our patient from all corners of the state. We don't expect free care but for UNMH to expect the full amount of front it is unreasonable. To delay and to deny care is not the role of UNMH. Change the agreement today Thank you</p>
102	10/8/2017 101	<p>In May 2017, UNMH hospital administrators implemented a policy that essentially denies necessary surgery to uninsured low-income residents of Bernalillo County by requiring them to pay 50 percent of the cost of surgery up front before the operation can be scheduled. If a surgery is medically "urgent," patients must appeal to the Chief Medical Officer in order to receive care. It is unclear how patients would know this new appeals process exists or that it represents such a drastic change from the previous policy.</p> <p>This new requirement is in direct conflict with UNMH payment policies established in 2009 and updated in October 2015, which call for a reasonable down payment of \$25 for patients in poverty and allows for people to make payment plans to pay off the balance after surgery.</p> <p>The new 50 percent up front policy singles out surgery patients who have already gone through the UNMH financial screening process, have proven that their income is low, and who cannot qualify for any assistance. They are not asking for free care – only the opportunity to get necessary health care first and worry about paying for it afterward, when they can work again.</p>
103	10/8/2017 102	<p>Please follow the recommendations outlined by the Healthcare Task Force. You know what they are.</p> <p>Protect and fund the Pathways program, and give our county/city a new Community Health Planning Authority all health-related tax revenues (mil levy and behavioral health taxes).</p> <p>Many thanks,</p>
104	10/8/2017 103	<p>Comments did not fit in this space. ATTACHMENT</p>
105	10/8/2017 104	<p>On behalf of the lawyers representing the MDC inmates in the McClendon lawsuit, we suggest the following changes and additions to the MOU:</p> <p>GENERAL COMMENTS</p> <p>Follow all six of the Bernalillo County Healthcare Task Force Recommendations from October 2014 for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.</p> <p>SPECIFIC COMMENTS</p> <p>Page 2</p> <p>Specify UNMH's commitment to navigational services. "The University agrees that UNMH will continue to fund from its operational funds one or more navigational services programs and a transition planning and case management services program. The expenditure for the services will be no less than \$2,060,000 annually, adjusted by consumer price index rate, for each year.</p> <p>SECTION C. PRIMARY CARE/LOW-INCOME CARE</p> <p>Page A-4</p> <p>"UNMH will develop a secured area for the delivery of medical services to patients from the MDC."</p> <p>UNMH will collaborate with UNM Medical Group, Inc. to establish telemedicine consultation between MDC and the UNM HSC, and will ensure that electronic medical records at UNMH and MDC can be accessed by both facilities.</p> <p>SECTION F. BEHAVIORAL MENTAL HEALTH AND SUBSTANCE ABUSE CARE</p> <p>UNMH and the County should add the following provisions:</p> <ol style="list-style-type: none"> 10. UNMH and the UNM Psychiatric Center will schedule telephonic care conferences with MDC medical providers, upon request, to plan continuity of care. 11. UNMH and the UNM Psychiatric Center will work with the County to establish intermediate level of care programs for patients with psychiatric conditions who require 24 hour supervision, but do not need acute care.
106	10/8/2017 105	<p>If you folks can't provide a safety net that will protect us from sickness, accident and ill health then we'll get someone in our government who will. Local governments need to step up NOW!</p>
107	10/8/2017 106	<p>Comments did not fit in this space. ATTACHMENT</p>

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10/8/2017	107	<p>It's interesting how the Re-Entry Resource Center stands to get approximately \$1.2 M from the \$2 million set aside for Pathways, and Pathways gets the same \$800,000 it has gotten since it was established. Pathways is a highly accountable, community-based and community-guided program that is lauded nationally for its outcomes/results-driven design, yet gets no mention in this MOU.</p> <p>It's also interesting that the UNMHSC is known nationally for its community health work and for its community-based participatory research methods, yet the Hospital does such a poor job of engaging the communities of interest in its mission work - that of improving the health of our communities and striving for health equity. Bernalillo County would do well in hiring an evaluator team to re-do the accountability metrics proposed in this MOU as they are extremely inadequate - no respectable evaluator would expect to get any meaningful information from what UNMH has offered to provide. The reporting could be so much stronger and more meaningful. This looks like a laundry list of some, but not all, of the reports that UNMH already generates for other oversight bodies, such as The Joint Commission, but mean very little to county representatives. Epic fail. Recommendations in summary:</p> <p>FINANCIAL ASSISTANCE AND PATIENT PAYMENT POLICIES</p> <ul style="list-style-type: none"> • NO low-income county resident shall be excluded from UNMCare for their medically necessary care. • Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. • UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. • No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. • No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. • All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public. <p>PATHWAYS NAVIGATION PROGRAM</p> <ul style="list-style-type: none"> • The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. • Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs." <p>OVERSIGHT AND ACCOUNTABILITY</p> <ul style="list-style-type: none"> • The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board. • The County should include these community-led recommendations in the final agreement with UNMH. • Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives. • Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives. • Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES • Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends.
108		
109	108	Dear County officials, please reconsider the MOU that is being presented now for UNMH/Bernalillo County to address the needs of the very poor in the county. I understand the challenges, but do we only offer care to those who can pay a large amount of money up front? Please don't agree to the condition that anyone w/out insurance must go through a long application process, and may have to pay 50% of an estimated treatment cost before being treated. Gracias,
110	109	BCSO pointing gun out of the window of a speeding patrol car on Tramway will be on national new tomorrow, rather than the international balloon festival Great publicity for Albuquerque
111	110	I, my family or no other low-income county resident shall be excluded from UNM Care for their medically necessary care. The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County.
112	111	The County Commission's Health Care Task Force recommendations for the UNM Hospital lease agreement includes Recommendation 4.1: Expand community-based outreach and navigation support in the health system through the Pathways Program and other community programs. The draft MOU Mutual Covenant B.2. addresses navigation services in a vague manner compared with 2008 MOU Mutual Covenants C.3. This same clear language must be applied to the new MOU. First, the purpose of the programs should be clearly stated, to "expand community-based outreach and navigation support in the health system through community-based programs." Second, a Program MOU for each of the "navigational services programs" and the "transition planning and case management services program" should accompany the official MOU document prior to signing. Third, the Pathways Program should be designated \$1.2 million of the amount stated in Covenant B.2. to continue to perform community-based navigation services through multiple organizations, as the program is designed.
113	112	I am writing in regards to Medically Necessary Care: Follow all six of the Commission's Health Care Task Force over-arching recommendations for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.
114	113	Regarding Medically-Necessary Care: Follow all six of the Commission's Health Care Task Force over-arching recommendations for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.
115	114	<p>A. The wording used in this section expands the language to state, "operations and maintenance, and improvement and conduct" (of the Hospital and Mental Health Center)." This unfamiliar phrasing needs to be explained. A concern would be, for example, that "improvement" might be used to justify use of the Mill Levy for capital expenses (such as toward the construction of a new, "improved" hospital).</p> <p>B. 2. The Draft MOU is silent with respect to Pathways, a specific program within the category of "navigational programs." Embedded within community-based social service agencies, Pathways is the only navigational service that reaches into the community for persons with critical needs who are not effectively engaging the health care system. This is an important high risk demographic in the County. In the past, Pathways has been a target for elimination by UNMH administration, presumably to redirect its funding into other hospital operations. With all the fuss and controversy about Pathways, this community outreach should be recognized and explicitly protected with a specified minimum share of this budget item (\$1.2 million/yr).</p> <p>B.3 (Relating financial reporting and audits) Verification of accounting management is a core element of fiscal accountability. Cash flows is seldom sufficient in the absence of reference whether outcome goals and priorities are being met. Meaningful stewardship requires understanding whether the cash flows are relating to human needs being met and whether the original planning assumptions are stable.</p> <p>D.2 (Relating to patient payment and financial assistance program policies) In the past, proof of being legally in the U.S. has been a requirement for benefits under UNM Care (with co-pays scaled according to income). This is not dealt with in the MOU. Does UNMH plan to maintain a policy that would place uninsured undocumented patients into the Self-Pay category with its "benefits" of a 50% discount and requirements for prepayment for "non-urgent" services? Such relegation to Self-Pay, any legal justifications notwithstanding, carries the stains of discrimination and institutional racism. Lawyers should be asked to describe what it would take to serve these patients on par with other uninsured indigents. It's not possible reconcile such recent (and current?) policy with the County Commission's resolution regarding the County as friendly to immigrants. Silence on this issue implies complicity. Current status quo policies create barriers to health care for some indigent County residents.</p> <p>EXHIBIT B: Accountability The return on investment in fixed assets. These are slightly more meaningful per reflecting the degree to which UNMH is reinvesting revenue in physical assets. However, they also illustrate the degree to which the hospital is investing in projects with high financial ROI versus community benefit. Community Benefit — fall short of describing target goals and how UNMH is impacting related specific outcomes and the overall health of the community and its various populations of indigent and underserved residents.</p>
116	115	As a family medicine physician who has worked in underserved communities, I understand well the importance of access to health care. The people of this community deserve to have access to important health care services that UNMH provides. As health care coverage stands in jeopardy nationwide, it is even more important to have safety net hospitals to prevent unnecessary tragedy and death. Human lives are at stake.
117	116	Comments did not fit in this space. ATTACHMENT

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118	10/8/2017	117	<p>Please follow the BernCo Healthcare Task Force Recommendations to oversee and assure a healthier community for all of us. Protect and fund the Pathways program, and give our county/city a new Community Health Planning Authority - so all health-related tax revenues (mill levy and behavioral health taxes) can be used to ensure...:</p> <ol style="list-style-type: none"> 1. NO low-income county resident shall be excluded from UNMCare for their medically necessary care. 2. Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. 3. UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. 4. No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. 5. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. 6. No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. 7. All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public. 8. The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. 9. Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs." 10. The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board. 11. The County should include these community-led recommendations in the final agreement with UNMH. 12. Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives. 13. Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives. 14. Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES. Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends. <p>Nothing less than this will work to assure our taxes can be used to improve the health status of our families, neighbors, and tax-payers. Thank you,</p>
119	10/9/2017	118	Comments did not fit in this space. ATTACHMENT
120	10/8/2017	119	<p>Mi nombre es Martha Favela Organizadora de madres en Juntos nuestro aire nuestra agua y pienso que la mayoría de las familias hispanas no saben de la ayuda financiera y que pueden aplicar por este servicio, necesitamos hacer extensiva la voz e informar a la gente. Otro punto es que los hospitales piden un down payment, lo cual creo que la mayoría de nuestras familias no cuenta con un ahorro o una cantidad para hacer ese pago ya que son de bajos recursos, pero si hacemos presión con el hospital y les decimos que no se puede cubrir ese down payment o bien se consigue otro recurso para cubrirlo, nuestras familias seran atendidas exitosamente y le recibira el servicio. El personal del hospital al llegar a cirugía o atención dicen que se requiere una cantidad minima de 1000 o 600 dls, para realizar la cirugía, siendo que no es verdad como esto por experiencia propia, creo que es urgente hacer extensivo los recursos y ayuda a nuestras familias para que no se queden sin esa cirugía o atención medica.</p>
121	10/8/2017	120	<p>DUPLICATE TO #94 I am appalled by your recent decision to charge the most vulnerable populations upfront for surgical care.</p> <ul style="list-style-type: none"> • NO low-income county resident shall be excluded from UNMCare for their medically necessary care. • Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. • UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. • No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. • No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. • All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public. • The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. • Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs." • The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board. • The County should include these community-led recommendations in the final agreement with UNMH. • Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives. • Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives. • Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES • Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends.

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10/8/2017	121	<p>DUPLICATE TO #104GENERAL COMMENTS</p> <p>Follow all six of the Bernalillo County Healthcare Task Force Recommendations from October 2014 for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.</p> <p>SPECIFIC COMMENTS</p> <p>Page 2</p> <p>Specify UNMH's commitment to navigational services. "The University agrees that UNMH will continue to fund from its operational funds one or more navigational services programs and a transition planning and case management services program. The expenditure for the services will be no less than \$2,060,000 annually, adjusted by consumer price index rate, for each year.</p> <p>SECTION C. PRIMARY CARE/LOW-INCOME CARE</p> <p>Page A-4</p> <p>"UNMH will develop a secured area for the delivery of medical services to patients from the MDC." UNMH will collaborate with UNM Medical Group, Inc. to establish telemedicine consultation between MDC and the UNM HSC, and will ensure that electronic medical records at UNMH and MDC can be accessed by both facilities.</p> <p>SECTION F. BEHAVIORAL MENTAL HEALTH AND SUBSTANCE ABUSE CARE</p> <p>UNMH and the County should add the following provisions:</p> <p>10. UNMH and the UNM Psychiatric Center will schedule telephonic care conferences with MDC medical providers, upon request, to plan continuity of care.</p> <p>11. UNMH and the UNM Psychiatric Center will work with the County to establish intermediate level of care programs for patients with psychiatric conditions who require 24 hour supervision, but do not need acute care.</p>
122		
10/8/2017	122	Comments did not fit in this space. ATTACHMENT
10/8/2017	123	<p>I want to thank you for allowing public review and comment of the Draft memorandum of understanding between UNMH and Bernalillo County regarding medical services for County residents. The goals of the parties' efforts seem admirable, but I join others in urging refinements to better achieve the goals of breadth, effectiveness, and fairness in providing care, including the following:</p> <ul style="list-style-type: none"> • NO low-income county resident should be excluded from UNMCare for their medically necessary care. • Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. • UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. • No uninsured, low-income residents should be required to pay medically-necessary surgery costs upfront. The Hospital should reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. • No uninsured, low-income residents should have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. • All policies should be in writing and readily available to the public both in electronic and printed formats. Policies should be clearly identified and all written material will be in language understandable to the general public. • The Pathways to a Healthy Bernalillo County Program should be fully funded at \$1.2 million per year and should be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. • Pathways should be specifically described in the agreement through a separate exhibit, as it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs." • The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; 4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and 5) Establish a public participation process, including the creation of a community health board. The County should include these community-led recommendations in the final agreement with UNMH. • Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives. • Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives. • Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B, ACCOUNTABILITY MEASURES. Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends. • All parties should take steps to improve coordination of services and resources of UNMCare, Medicaid, Medicaid MCO's, Medicare, the Indian Health Service, State, County, and City Behavioral Health programs and funds, private insurance, private and non-profit care, and the role of schools in health and behavioral health. <p>The steps should include promotion of parity principles between health and behavioral health.</p> <p>The County needs to take a very strong stand in favor of the expansion of facilities for trauma care at UNMH, it is unconscionable that the state's sole Level One trauma care facility is sometimes unable to accept the patients who need its services desperately.</p> <p>It's an exciting time for progress on these issues. Thank you for providing leadership to make that happen.</p>
124		
10/8/2017	124	Same as comment #97; Comments did not fit in this space. ATTACHMENT
10/8/2017	125	Comments did not fit in this space. ATTACHMENT

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	10/8/2017	126	<p>I work as a Physician Assistant in a primary care clinic that serves the working poor here in Albuquerque. Every day we have to not only evaluate, diagnose and treat our patients, we also have to spend time trying to negotiate them into care at UNM.</p> <p>Please take into consideration and Please implement the suggestions below.Thank you for your time.</p> <ul style="list-style-type: none"> • NO low-income county resident shall be excluded from UNMCare for their medically necessary care. • Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. • UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. • No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. • No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. • All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public. • The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. • Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs." • The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board. • The County should include these community-led recommendations in the final agreement with UNMH. • Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives. • Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives. • Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES • Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends.
127			
128	10/8/2017	127	same as comment #76
129	10/8/2017	128	same as comment #80
	10/8/2017	129	<ul style="list-style-type: none"> • NO low-income county resident shall be excluded from UNMCare for their medically necessary care. • Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. • UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. • No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. • No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. • All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public. • The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. • Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs." • The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board. • The County should include these community-led recommendations in the final agreement with UNMH. • Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives. • Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives. • Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES • Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends.
130			
	10/8/2017	130	<p>As an accountant, I understand that budgets are strained. However, the agreement between Bernalillo County and UNM Hospitals is lacking in some key areas. Please incorporate the following suggestions into the final agreement.</p> <ul style="list-style-type: none"> • NO low-income county resident shall be excluded from UNMCare for their medically necessary care. • Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. • UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. • No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. • No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. • All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public. • The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. • Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs." • The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board. • The County should include these community-led recommendations in the final agreement with UNMH. • Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives. • Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives. • Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES • Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends. <p>As a society we need to find a way to provide medical care to everyone. The insurance companies will not fix the problem. The politicians in Washington will not fix the problem. We, on a local level, have to fix this problem. The proposed agreement with UNM Hospital falls short. Please find a way to fix this problem.</p>
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132	10/8/2017	131	<p>hello i am concerned over access to care at UNMH for our most vulnerable neighbors in bernalillo county. i can personally confirm that barriers are in place limiting and/or eliminating medically necessary care for uninsured low-income neighbors. just this past week, we told patients (not eligible for NM Medicaid) that they could receive free flu vaccinations at UNM outpatient clinics (per the flyers they distributed) - only to be told on follow-up that patients have to apply for UNM Cares prior and might be responsible for any outstanding costs. i read my tax bill; i am curious as to UNMH's response to these concerns.</p>
133	10/8/2017	132	<p>see comment #79 and #119; Mi nombre es Martha Favela madre y esposa inmigrante. mi comentario es el siguiente : No residentes sin seguro, de bajos ingresos tendrán hospital o facturas médicas enviadas a la colección. Los planes de pago deben ser razonables en base a los ingresos, tamaño de la familia de una persona y la capacidad de pago a través del tiempo. Pagos razonables serán definidas como porcentaje de los ingresos de una persona que no exceda del 5%.</p>
134	10/8/2017	133	<p>I am a family physician in Albuquerque. I am writing to let you know my concerns about the new MOU proposal between UNMH and Bernalillo county. I have been very concerned that UNMH has been making poor patients pay for surgery before the surgery is performed. UNMH has historically been place where patients in need could get care. Every person should have access to quality health care no matter what their economic status is.</p> <p>These are recommendations</p> <ul style="list-style-type: none"> • NO low-income county resident shall be excluded from UNMCare for their medically necessary care. • Low-income residents shall not be required to purchase health insurance prior to being screened for and enrolled in UNMH financial assistance. Such a requirement causes delays which can be harmful to people's health and cause financial hardships. • UNMH financial assistance programs shall have simple qualification rules based on county residence and financial need. The programs should be proactively promoted before people receive hospital bills and they should be affordable. • No uninsured, low-income residents shall be required to pay medically-necessary surgery costs upfront. The Hospital shall reinstate affordable down payment policies and allow patients to pay the balance after they receive medically-necessary care. • No uninsured, low-income residents shall have hospital or medical bills sent to collection. Payment plans should be reasonable based on a person's income, family size and ability to pay over time. Reasonable payments shall be defined as a percentage of a person's income not to exceed 5%. • All policies will be in writing and readily available to the public both in electronic and printed formats. Policies will be clearly identified and all written material will be in language understandable to the general public. • The Pathways to a Healthy Bernalillo County Program shall be fully funded at \$1.2 million per year, and shall be expanded each year to more adequately meet the needs of low-income, uninsured residents of Bernalillo County. • Pathways should be specifically described in the agreement through a separate exhibit, like it was in previous agreements. The exhibit on Pathways should clearly state the purpose of the program, which is to "expand community-based outreach and navigation support in the health system through community-based programs." • The County Commission's 2015 Health Care Task Force recommended the establishment of an entity for the County to: 1) Administer and monitor mill levy funds; 2) Engage in safety net planning and evaluation; 3) contract with other providers to fill gaps and test innovative models; (4) Create a defined system of health planning and accountability for mill levy funds that measures health outcomes; and (5) Establish a public participation process, including the creation of a community health board. • The County should include these community-led recommendations in the final agreement with UNMH. • Bernalillo County should establish and appoint a community health oversight body, comprised of community leaders and public health professionals who understand health indicators and operational metrics. Such a body would be able to ascertain the efficacy of UNMH in meeting community-identified health improvement goals/objectives. • Bernalillo County should adopt a resolution that outlines what it expects from UNMH as a public hospital in terms of county health improvement goals and indicators and to require UNMH to report progress on its attainment of the county's goals on an annual basis and to report on the evidence-based strategies that it is implementing to achieve those goals and objectives. • Bernalillo County and UNMH should strengthen the accountability measures contained in Exhibit B ACCOUNTABILITY MEASURES • Measures shall be broken down by race, ethnicity, primary payor source, income quintile, zip code, and other factors that provide meaningful context in terms of health equity. Data shall be reported over time to show trends.
135	10/8/2017	134	<p>Dear Ladies and Gentlemen, I am writing to you to express my concerns. I am currently a Pathways Navigator and have been since 2009. UNM Hospital Mill Levy(property tax revenue) grant to expand to fully fund the expansion of the Pathways to a Healthy Bernalillo County Program. The MOU final draft does not specify Pathways as the navigation program. This failure to specify Pathways makes it possible for the hospital to take funding from Pathways and reallocate those funds to other program. Pathways is a nationally-recognized and has proven that is community-base and has been accountable for results. Since 2008, Pathways was specifically designated in the MOU as the program to be funded for the purpose of expanding community base outreach and navigation support in the health system through community based programs. I am asking that Pathways shall be designated by the 2017 MOU the navigation program. It is important the UNM Hospital be accountable and Transparent on how this it is used to cover operations and maintenance on how the Mill levy money is spent. The community trust the organizations that have Pathways navigator/Community Health Workers. Without our continue support there will be an increase of emergency room use, no connecting the community with resources and advocates to support them. I am asking you to do the right thing and have the MOU language to be specific and indicating allocation to Pathways to a Healthy Bernalillo County Program.</p>
136	10/8/2017	135	<p>see comment #118</p>
137	10/9/2017	136	<p>As one of those who designed and initiated the Pathways program, I believe that the UNMH lease should specifically stipulate full or expanded funding for this program. PATHWAYS was designed to assure that the health needs of the poorest and those most likely to be deprived of health care are met.</p>
138	10/9/2017	137	<p>Follow all six of the Commission's Health Care Task Force over-arching recommendations for the UNM Hospital lease agreement. Assure healthcare coverage for all BernCo residents - beginning with the 50,000 uninsured residents under 250% of federal poverty level. Given \$95Million+/year in public funds, the MOU should require UNMH to provide healthcare coverage for all uninsured county residents. NO low-income resident should be excluded from UNMCare, or successor safety net program, for their medically necessary care, as they are now. UNMH financial assistance programs should have simple qualification rules based on county residence and financial need. The programs should be widely promoted and affordable. Low-income residents should not be required to seek other health insurance prior to being screened for and enrolled in UNMH financial assistance. No uninsured or low-income residents should be required to pay medically-necessary surgery costs upfront or have bills sent to collection.</p>
139	10/9/2017	138	<p>The draft MOU Mutual Covenant B.2. addresses navigation services in a vague manner compared with 2008 MOU Mutual Covenants C.3. This same clear language must be applied to the new MOU. First, the purpose of the programs should be clearly stated, to "expand community-based outreach and navigation support in the health system through community-based programs." Second, a Program MOU for each of the "navigational services programs" and the "transition planning and case management services program" should accompany the official MOU document prior to signing. Third, the Pathways Program should be designated \$1.2 million of the amount stated in Covenant B.2. to continue to perform community-based navigation services through multiple organizations, as the program is designed.</p>