Heartland Health Alliance

TO: Council of Network Affairs, Heartland Health Alliance

FROM: Lori Mazanec, President, HHA

DATE: June 25, 2025

SUBJECT: **Council of Network Affairs meeting, Friday, July 25th, 2025**

Following is the agenda for the Heartland Health Alliance Council of Network Affairs meeting scheduled for **Friday, July 25th from 9:30 a.m. to 2:30 p.m.**, Holthus Convention Center (3130 Holen Ave, York, NE 68467).

Heartland Health Alliance
2025 Slate of Officers

President:	Lori Mazanec, CEO - Box Butte General Hospital
Vice President:	Mary Kent, CEO - Johnson County Hospital
Secretary/Treasurer:	Chris Nichols, CEO - Fillmore County Hospital
Immediate Past President:	Diane Brugger, CEO - Antelope Memorial Hospital

Please let Ryan Brunken know by no later than Friday, July 18th whether or not you will attend. Ryan may be reached by e-mail at Ryan.Brunken@bryanhealth.org or by phone at 402-481-3116.

Please note the following upcoming meetings:

Thursday, September 11 & Friday, September 12 - 2025 HHA Governance Institute

Innovation Campus - 2021 Transformation Drive, Lincoln, NE

Friday, November 21, 2025 - HHA Board Executive Committee Strategic Planning Retreat

(HHA Board only)

10 a.m. – Noon via ZOOM

Heartland Health Alliance

AGENDA

9:30 - 9:35 Welcome and Introductions ..... Pat Ganyo

9:35 - 10:20 Hailstorm June 29, 2024 .....Robert Dyer, PT, DPT, PCS, WCC, CEO, & Alison Feik, Emergency Coordinator, Cozad Community Health System

10:20 - 10:30 Break.....

10:30 - 11:15 Stability and Compassion: Leading Through Crisis in a Rural Community .....Julie Lacy, CEO, & April Gaines, CNO, Crete Area Medical Center

11:15 - Noon Stronger Together: ER Care with Behavioral Health by Your Side ..... Stephanie Knight, LIMHP, PLADC, Behavioral Health Administrative Director, & Deborah Thimsen-Villa, Behavioral Health / School Lead Therapist, Fillmore County Hospital

Noon - 12:45 LUNCH

12:45 - 1:30 The Mental Health Impact of Disaster on the Local Hospital Staff & Community..... Dave Miers, Senior Behavioral Health Director, Bryan Health

1:30 - 2 **BUSINESS MEETING AGENDA**

Call to Order & Introductions..... Pat Ganyo

Approve New HHA Member - Kimball Health Services*..... Pat Ganyo

Consent Agenda* ..... Pat Ganyo

- March 28, 2025, Council of Network Affairs Minutes+
- May 2025 HHA Financial Statements+

2024 HHA Audit*+.....Pat Ganyo & Zach Witt

HHA Strategic Initiatives and Flex Plan Update..... Jayne Van Asperen

Approval of 2025-2026 Flex Workplan*..... Jayne Van Asperen

HHA Fall Governance Institute Retreat..... Zach Witt

Adjournment..... Pat Ganyo

***Action Item**

+ Information is included in the packet

MINUTES OF THE HEARTLAND HEALTH ALLIANCE COUNCIL OF NETWORK AFFAIRS, Friday, March 28, 2025

ATTENDANCE: Troy Bruntz, Diane Brugger, Robert Dyer, Jason Douglas, Marty Fattig, Laura Gamble, Pat Ganyo, Rick Haraldson, Mike Harvey, Curtis Hawkinson, Arlan Johnson, Julie Lacy, Jodi Mohr, Don Naiberk, Chris Nichols, Pam Nienaber, Trish Olson, Roger Reamer, Julie Rezac, Jayne Van Asperen, Jim Ulrich, Treg Vyzourek, Drew Waterman, Zach Witt, Holly Wolff

GUESTS: Ben Sparks, President, Bryan Health Connect; Nate Ovenden, Director-Medicare Programs, Sanford Health; Ruth Stephens, Hospital Liaison, MyVitalz

CALL TO ORDER: The meeting was called to order by Pat Ganyo at 10:05 a.m. Jayne Van Aspern took attendance.

MEDICARE ADVANTAGE AND PAYER RELATIONS: Ben Sparks, President, Bryan Health Connect, and Nate Ovenden, Director-Medicare Programs, Sanford Health, presented on the Bryan Health/Sanford Health journey to launch a partnered Medicare Advantage plan. Their presentation covered the Medicare market, administrative challenges, the decision to partner, and the goals of the partnership.

REMOTE PATIENT MONITORING & POPULATION HEALTH: Ruth Stephens, MyVitalz Hospital Liaison, discussed remote patient monitoring (RPM) and population health. She addressed the challenges in rural healthcare and how RPM can help overcome them. Ruth explained what RPM is, what it isn't, and the benefits of implementing an RPM program in your facility. Expected outcomes include improved clinical decision-making, better access and quality outcomes, cost savings, and a new revenue stream.

HHA RURAL PHYSICIAN/APP LEADERSHIP ACADEMY: Pam Nienaber, Rural Division Performance Improvement Consultant, informed the group that preparations are already underway for cohort #2. The second cohort is planned to begin in August 2025, with an estimated class size of 12 to 15 participants. Eight individuals participated in the first cohort. Pam urged attendees to start considering physicians and advanced practice providers who could potentially join in August 2025. Information and application materials will be distributed in early February.

Aaron Delahoyde, Rural Division Organizational Development and Performance Improvement Officer, and Pam Nienaber shared current plans for a new HHA offering. This program aims to prepare next-level leaders for executive suite roles or to enhance their existing skills within them. The event will be conducted in partnership with the University of Nebraska-Lincoln College of Business, commencing in August 2025 and concluding in May 2026. Pam requested that the CEOs consider identifying suitable candidates for this program. The cohort size will range from 12 to 18 participants.

BUSINESS MEETING

CONSENT AGENDA:

Chris Nichols motioned to approve the consent agenda items:

- January 30, 2025 HHA CONA meeting minutes
- January 2025 Unaudited HHA Financial Statements

Arlan Johnson seconded the motion. Approved unanimously.

APPROVE NEW HHA MEMBER- CHADRON COMMUNITY HOSPITAL & HEALTH SERVICES:

Pat Ganyo gave an overview of Chadron Community Hospital & Health Services for the attendees. HHA Board is recommending membership approval.

Laura Gamble motioned to approve new HHA member Chadron Community Hospital. Robert Dyer seconded the motion. Motion passed unanimously.

HHA STRATEGIC INITIATIVES & FLEX PLAN UPDATE:

Jayne Van Asperen, Rural Division Quality Officer, presented the 2024-2025 HHA review of strategic initiatives. The 2024-2025 HHA initiatives focused on Coordinating networking and education opportunities, collaborating with others regarding best practices, quality, and performance improvement, evaluating and implementing shared services on a network-wide basis, and implementing the critical access hospital (CAH) flex grant work plans.

Jayne Van Asperen presented the 2024-2025 Flex Workplan. Work for the Flex year included: Coordinating networking & education opportunities:

- Networking meetings; Governance retreat; Healthcare Leadership conference; AORN peri op 101 online course; Finance and Billing training & Social Drivers of Health Conference

Collaborating with others regarding best practices, quality

- Simulation training for Obstetrics and Neonate care & Books for Babies – promoting literacy to impact health outcomes and behaviors

Implementing the critical access hospital (CAH) flex grant work plans.

- Support for quality; Support for operational and financial improvement & Support for population health management and EMS integration

HHA CAH C-SUITE & PHYSICIAN/APP LEADERSHIP ACCADEMY:

Aaron Delahoyde and Pam Nienaber announced plans for a new HHA offering and the second cohort of the Physician/APP Leadership Academy. This program is designed for corporate suites and high-potential leaders to prepare them for advancement into or growth within the executive suite. The program will be delivered in partnership with the University of Nebraska-Lincoln College of Business. The curriculum is customized for leaders working in rural environments. It will run from August 2025 to May 2026. The cohort will consist of 12 to 18 participants. Tuition is set at $5,000 per person. Nominations are currently being accepted for the Physician/APP Academy, with decisions expected in May 2025.

HHA/LMEP FAMILY PRACTICE REINVESTMENT PROGRAM V2.0 UPDATE

Zach Witt, Rural Division Finance Consultant, gave an update on the reinvestment program with 26 facilities signed up. Nine residents are currently in the program. New program efforts involve education luncheons with LMEP residents that started on August 19, 2024. Four of the 1st year residents have signed up for the program with anticipation of two additional joining.

ADJOURNMENT:

The meeting was adjourned at 2:00 pm.

Respectfully submitted,

Patrick Ganyo
Executive Director

Rural Health Partners, Inc. d/b/a
Heartland Health Alliance

Statements of Financial Position
May 31, 2025 and 2024

		Current Month	Prior Month	Increase (Decrease)	Prior Year
ASSETS					
CURRENT ASSETS:					
Checking	$	559,357	372,204	187,153	232,522
Money market		273,538	397,221	(123,683)	386,115
Certificates of deposit		394,378	561,102	(166,724)	536,990
Accounts receivable		19,325	41,075	(21,750)	32,425
Other receivables		20,592	16,019	4,573	-
Prepaid expenses		116,320	18,154	98,166	144,871
Total current assets	$	1,383,511	1,405,776	(22,265)	1,332,924
Investments limited as to use	$	236,000	227,000	9,000	156,000
Property and equipment, net	$	-	-	-	-
Total assets	$	1,619,511	1,632,776	(13,265)	1,488,924
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES:					
Accounts payable	$	19,980	11,358	8,623	48,871
Family Medicine Reinvestment Trust		20,000	23,000	(3,000)	57,000
Family Medicine Resident Trust II		25,000	26,000	(1,000)	74,000
Unearned revenue		74,600	99,567	(24,967)	65,301
Total current liabilities	$	139,580	159,924	(20,344)	245,172
NET ASSETS:					
Donor restricted	$	-	-	-	-
Unrestricted		1,479,930	1,472,852	7,078	1,243,752
Total net assets	$	1,479,930	1,472,852	7,078	1,243,752
Total liabilities and net assets	$	1,619,511	1,632,776	(13,265)	1,488,924

Rural Health Partners, Inc. d/b/a
Heartland Health Alliance

Statements of Activities
May 31, 2025 and 2024

	Current Year Month Actual	Current Year Month Budget	Increase (Decrease)	Prior Year Month Actual	Current Year YTD Actual	Current Year YTD Budget	Increase (Decrease)	Prior Year YTD Actual
CHANGES IN UNRESTRICTED NET ASSETS:								
REVENUE, GAINS AND OTHER SUPPORT								
Continuing education program income	$ 22,367	16,569	5,798	25,070	123,333	105,977	17,356	106,333
Membership assessment fees	11,600	11,300	300	10,800	62,400	56,500	5,900	54,000
Net assets released from restrictions - grant revenue	4,573	16,917	(12,344)	18,859	32,960	84,583	(51,623)	18,859
Credentialing income	11,825	22,122	(10,297)	20,925	104,425	110,610	(6,185)	112,450
Interest income	2,420	2,584	(164)	4,179	12,136	12,919	(783)	14,636
Miscellaneous income	-	-	-	-	-	-	-	600
Total unrestricted revenue, gains and other support	52,785	69,492	(16,707)	79,833	335,254	370,589	(35,335)	306,879
EXPENSES:								
Education and training programs	28,252	33,353	(5,101)	52,229	142,955	169,026	(26,071)	202,274
Purchased services and professional fees	15,322	25,365	(10,043)	11,225	85,571	126,825	(41,254)	121,883
Depreciation	-	-	-	-	-	-	-	-
Supplies and other	488	2,089	(1,601)	2,228	6,659	10,446	(3,787)	8,067
Conference and travel	-	-	-	-	-	3,500	(3,500)	-
Credentialing	840	1,324	(484)	1,109	7,977	6,619	1,358	5,567
Rent and utilities	804	648	156	622	4,163	3,240	923	3,369
Telephone	-	137	(137)	177	176	685	(509)	529
Insurance	-	49	(49)	-	-	244	(244)	-
Total expenses	45,707	62,965	(17,258)	67,590	247,501	320,585	(73,084)	341,688
Change in unrestricted net assets	7,078	6,527	551	12,243	87,753	50,004	37,749	(34,809)
CHANGES IN DONOR RESTRICTED NET ASSETS:								
Gifts, grants, and bequests	-	-	-	-	-	-	-	-
Net assets released from restrictions	-	-	-	-	-	-	-	-
Change in temporarily restricted net assets	-	-	-	-	-	-	-	-
CHANGE IN NET ASSETS	7,078	6,527	551	12,243	87,753	50,004	37,749	(34,809)
NET ASSETS, beginning balance	1,472,852	1,227,353	245,499	1,231,509	1,392,177	1,183,876	208,301	1,278,561
NET ASSETS, ending balance	1,479,930	1,233,880	246,050	1,243,752	1,479,930	1,233,880	246,050	1,243,752

Financial Statements
December 31, 2024 and 2023

Rural Health Partners, Inc. d/b/a Heartland Health Alliance

Rural Health Partners, Inc. d/b/a
Heartland Health Alliance
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December 31, 2024 and 2023

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CPAs & BUSINESS ADVISORS

Independent Auditor's Report

To the Board of Directors
Rural Health Partners, Inc. d/b/a Heartland Health Alliance
Cambridge, Nebraska

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Rural Health Partners, Inc. d/b/a Heartland Health Alliance (Organization), which comprise the statements of financial position as of December 31, 2024 and 2023, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as of December 31, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Eide Bailly LLP

Omaha, Nebraska
March 25, 2025

Rural Health Partners, Inc. d/b/a Heartland Health Alliance

Statements of Financial Position

December 31, 2024 and 2023

	2024	2023
Assets		
Cash and cash equivalents	$ 580,087	$ 561,145
Receivables		
Accounts	33,740	81,725
Grants	80,249	75,000
Notes	191,000	126,000
Prepaid expenses	57,942	107,505
Investments	555,268	527,936
Total assets	$ 1,498,286	$ 1,479,311
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	$ 19,275	$ 39,370
Deferred revenue	86,833	166,218
Total liabilities	106,108	205,588
Net Assets		
Without donor restrictions	1,392,178	1,273,723
Total liabilities and net assets	$ 1,498,286	$ 1,479,311

Rural Health Partners, Inc. d/b/a Heartland Health Alliance

Statements of Activities

Years Ended December 31, 2024 and 2023

	2024	2023
Changes in Net Assets without Donor Restrictions		
Revenue, Gains, and Other Support		
Credentialing revenue	$ 262,960	$ 249,114
Continuing education program revenue	284,538	236,822
Grant revenue	207,365	231,574
Membership assessment fees	136,400	132,600
Interest and other income	40,189	19,085
Total revenue, gains, and other support	931,452	869,195
Expenses		
Education and training programs	508,887	567,853
Purchased services and professional fees	266,818	201,332
Credentialing	18,708	20,409
Occupancy	7,706	7,815
Supplies and other	8,728	7,494
Telephone	2,150	1,874
Insurance	-	569
Total expenses	812,997	807,346
Change in Net Assets without Donor Restrictions	118,455	61,849
Net Assets, Beginning of Year	1,273,723	1,211,874
Net Assets, End of Year	$ 1,392,178	$ 1,273,723

Rural Health Partners, Inc. d/b/a Heartland Health Alliance

Statements of Cash Flows

Years Ended December 31, 2024 and 2023

	2024	2023
Operating Activities		
Receipts from services provided to members	$ 516,098	$ 448,184
Fees received from members	136,400	132,600
Grant receipts	202,116	177,380
Interest and other receipts	40,189	19,085
Cash paid to suppliers and members	(747,529)	(731,016)
Net Cash from Operating Activities	147,274	46,233
Investing Activities		
Deposits to investments	(128,332)	(81,339)
Withdrawals from investments	101,000	69,000
Issuance of notes receivable	(101,000)	(69,000)
Net Cash used for Investing Activities	(128,332)	(81,339)
Net Change in Cash and Cash Equivalents	18,942	(35,106)
Cash and Cash Equivalents, Beginning of Year	561,145	596,251
Cash and Cash Equivalents, End of Year	$ 580,087	$ 561,145
Supplemental Disclosures of Noncash Information		
Forgiveness of Family Medicine Reinvestment Pool notes receivable	$ 36,000	$ 106,000

Note 1 - Principal Activity and Summary of Significant Accounting Policies

The following is a description of the principal activity and a summary of significant accounting policies of Rural Health Partners, Inc. d/b/a Heartland Health Alliance (Organization). These policies are in accordance with accounting principles generally accepted in the United States of America.

Organization

The Organization was formed January 18, 1994, and incorporated on March 25, 1994, as a non-profit corporation under the laws of the State of Nebraska. The primary purpose of the Organization is to support the provision of healthcare services in the rural areas served by the Organization's members, provide and support continuing medical and other professional education for healthcare professionals of the members and arrange for the provision of efficient and effective health care services.

Effective August 26, 1998, the Organization combined with another association of Nebraska hospitals known as the Heartland Health Alliance. Effective with the combination of the two entities, the Organization began doing business as Heartland Health Alliance.

Basis of Accounting and Presentation

The financial statements of the Organization have been prepared on the accrual basis of accounting. Revenue is recognized when earned and expenses are recognized when incurred. Financial statement preparation follows the recommendations of the Financial Accounting Standards Board (FASB) in its Accounting Standards Codification (ASC) 958-205, *Not-for-Profit Entities, Presentation of Financial Statements*. Under FASB ASC 958-205, the Organization is required to report information regarding its financial position and activities according to two classes of net assets:

Net assets without donor restrictions – Net assets not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. Net assets without donor restrictions include undesignated net assets and net assets subject to designation by the Board of Directors.

Net assets with donor restrictions – Net assets subject to restrictions imposed by donors. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. The Organization has no net assets with donor restrictions at December 31, 2024 and 2023.

Cash and Cash Equivalents

Cash and cash equivalents for the purpose of the statements of cash flows includes investments in highly liquid debt instruments with original maturities of three months or less.

Investments

Investments consist of certificates of deposit with maturities ranging from 7 to 13 months. Investment income is included in changes in net assets without donor restrictions in the statements of activities unless the income is restricted by donor or law.

Accounts Receivable and Allowance for Credit Losses

Accounts receivable consist primarily of amounts due from members for annual dues, credentialling and educational services. Accounts receivable are carried at original invoiced amounts less any estimates made for allowance for credit losses based on a review of all outstanding accounts. Amounts are written off when deemed uncollectible. Recoveries of amounts previously written off are recognized as revenue when received from member Hospitals. The Organization records credit losses for member Hospitals and other accounts receivable based on the current expected credit losses. Credit losses are recorded after consideration of any explicit or implicit price concessions. Management believes that the historical loss information it has compiled is a reasonable base on which to determine expected credit losses at December 31, 2024 and 2023 because the composition of receivables from member Hospitals and others at those dates are consistent with that used in developing the historical credit loss percentages. Additionally, the Organization has determined that current and reasonable forecasted economic conditions are consistent with the economic conditions included in the historical information. The allowance for credit losses at December 31, 2024 and 2023 was $0 for both periods. The balance of accounts receivable at January 1, 2024 and 2023 amounted to $81,725 and $43,880.

Grants Receivable

Grants receivable consist primarily of amounts due from local, state, and federal grantor agencies for amounts expended for qualifying purposes under grant agreements not yet received by the Organization. All grants receivable are deemed fully collectible; therefore, no allowance for doubtful accounts has been established.

Notes Receivable

The Organization issues notes to resident physicians as part of its recruitment process. The interest free notes are repayable over the term of the resident physician's residency program. The notes are issued with forgiveness provisions over the life of the note to encourage retention. Based on historical analysis, it is anticipated that the balance of the notes will be forgiven.

At December 31, 2024 and 2023, notes receivable from physicians and employees totaled $191,000 and $126,000.

Equipment

Equipment is reported at cost. The Organization maintains a capitalization policy of $5,000. Depreciation of equipment is provided over the estimated useful lives of the respective assets using the straight-line method. The useful life of equipment for purposes of computing depreciation is 3 years. When assets are sold or otherwise disposed of, the cost and related depreciation are removed from the accounts, and any resulting gain or loss is included in the statements of activities. Costs of maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed currently.

The carrying values of property and equipment are reviewed for impairment whenever events or circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. When considered impaired, an impairment loss is recognized to the extent carrying value exceeds the fair value of the asset. There were no indicators of asset impairment during the years ended December 31, 2024 and 2023.

Deferred Revenue

Deferred revenue consists of funds received in advance of the intended service. Such amounts are recognized as revenue when earned based upon when qualified expenditures are made for the purpose specified, or the stipulated time period covered expires.

Revenue and Revenue Recognition

Revenue is recognized from credentialing and educational services when the services are provided. Membership dues, which are nonrefundable, are comprised of an exchange element based on the benefits received. The Organization recognizes the exchange portion of membership dues over the membership period. With the exception of goods and services provided in connection with membership dues, which are transferred over the period of membership, all goods and services are transferred at a point in time. Contract liabilities are reported as deferred revenue in the statements of financial position.

On behalf of its members, to support its program services, the Organization has received government grant funds related to the services provided by the Organization to its members, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenditures. Amounts received are recognized as revenue to the extent the funds have been expended in compliance with specific grant provisions. Funds received but unspent at year-end are reported as net assets with donor restrictions in the financial statements, so long as any conditions have been met. There were no unspent grant proceeds at December 31, 2024 and 2023.

Functional Allocation of Expenses

The costs of providing program services and supporting services activities have been summarized on the basis of natural classification in the statements of activities. Note 6 presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Income Taxes

The Organization is organized as a Nebraska not-for-profit corporation has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under IRC Section 501(a) as an organization described in IRC Section 501(c)(3), qualify for the charitable contribution deduction, and has been determined not to be a private foundation. The Organization is annually required to file a Return of an Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Organization is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose. The Organization determined that it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Tax Return (Form 990-T) with the IRS.

Management believes the Organization has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates, and those differences could be material.

Financial Instruments and Credit Risk

Deposit concentration risk is managed by placing cash, money market accounts, and certificates of deposit with financial institutions believed by the Organization to be creditworthy. At times, amounts on deposit may exceed insured limits. Insured accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per depositor, per insured bank, for each account ownership category. As of December 31, 2024 and 2023, the Organization had approximately $265,000 and $530,000, in excess of FDIC insurance limits. To date, no losses have been experienced in any of these accounts. Credit risk associated with accounts receivable are limited due to high historical collection rates and because substantial portions of the outstanding amounts are due from member Hospitals and governmental agencies supportive of the Organization’s mission.

Subsequent Events

The Organization considered events occurring through March 25, 2025, for recognition or disclosure in the financial statements as subsequent events. That date is the date the financial statements were available to be issued.

Note 2 - Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position, comprise the following:

	2024	2023
Financial Assets		
Cash and cash equivalents	$ 580,087	$ 561,145
Accounts receivable, net	33,740	81,725
Grants receivable	80,249	75,000
Investments	555,268	527,936
Total financial assets	1,249,344	1,245,806
Less financial assets not available for general expenditure		
Amounts limited to use for specific program purposes	65,000	146,000
Financial assets available for general expenditure	$ 1,184,344	$ 1,099,806

The Organization's liquidity management plan includes investing cash in excess of daily requirements in certificates of deposit and money market funds. The Organization has received funds under the Family Medicine and Reinvestment Pool program included as deferred revenue in the statements of financial position (Note 4). Balances of these funds totaled $65,000 and $146,000 at December 31, 2024 and 2023 and are included in investments in the accompanying statements of financial position.

Note 3 - Equipment

A summary of equipment and related accumulated depreciation at December 31, 2024 and 2023 is as follows:

	2024	2023
Original Cost	$ 94,890	$ 94,890
Accumulated Depreciation	(94,890)	(94,890)
	$ -	$ -

Depreciation expense amounted to $-0- for the years ended December 31, 2024 and 2023, in the accompanying statements of activities.

Note 4 - Deferred Revenue

Deferred revenue at December 31, 2024 and 2023 consists of the following:

	2024	2023
Family Medicine Reinvestment Pool program	$ 65,000	$ 146,000
Educational programs	21,833	20,218
Total deferred revenue	$ 86,833	$ 166,218

The balance of deferred revenue at January 1, 2024 and 2023 amounted to $166,218 and $166,125.

Note 5 - Government Grants

The following is a detail of government grants included as grant revenue in the statements of activities:

	2024	2023
Nebraska Department of Health and Human Services		
State Rural Hospital Flexibility Program	$ 207,365	$ 231,574

Note 6 - Functional Expenses

The following schedule presents the natural classification of expenses by function for the years ended December 31, 2024 and 2023:

	Year ended December 31, 2024			
	Program Services			
	Credentialing	Healthcare Services and Education	Management and General	Total
Education and Training Programs	$ -	$ 508,887	$ -	$ 508,887
Purchased Services and Professional Fees	177,046	-	89,772	266,818
Credentialing	18,708	-	-	18,708
Occupancy	6,781	-	925	7,706
Supplies and Other	-	-	8,728	8,728
Telephone	1,892	-	258	2,150
	$ 204,427	$ 508,887	$ 99,683	$ 812,997

	Year ended December 31, 2023			
	Program Services			
	Credentialing	Healthcare Services and Education	Management and General	Total
Education and Training Programs	$ -	$ 567,853	$ -	$ 567,853
Purchased Services and Professional Fees	138,731	-	62,601	201,332
Credentialing	20,409	-	-	20,409
Occupancy	6,877	-	938	7,815
Supplies and Other	-	-	7,494	7,494
Telephone	1,650	-	224	1,874
Insurance	501	-	68	569
	$ 168,168	$ 567,853	$ 71,325	$ 807,346

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function of the Organization. Therefore, expenses require allocation on a reasonable basis that is consistently applied. Expenses allocated on the basis of estimates of time and effort of leased employees include purchased services and professional fees, occupancy costs, insurance, travel and certain office expenses.

Note 7 - Related Party Transactions

Management of Member Hospitals serve as the Organization's officers and Board of Directors. Member Hospitals pay annual membership assessment fees to the Organization and participate in various programs. Member Hospitals provided funds related to membership assessment dues and program services in the amount of $660,848 and $594,061 for the years ended December 31, 2024 and 2023.

The Organization leases employees from Bryan Health. Bryan Medical Center, Merrick Medical Center, Crete Area Medical Center and Grand Island Regional Medical Center, which are Member Hospitals of the Organization, are affiliates of Bryan Health. Amounts incurred for leased employees amounted to $177,046 and $138,731 for the years ended December 31, 2024 and 2023 and are reported as purchased services and professional fees in the statements of activities. The Organization also contracts with Bryan Health for management services. The contract for management services of $36,000 for the years ended December 31, 2024 and 2023, is included in the statements of activities.

As cash is available, the Organization generally pays Bryan Health for unpaid invoices in the month subsequent to when they occur. Amounts due to Bryan Health amounted to $13,598 and $31,065 at December 31, 2024 and 2023 and are included in accounts payable and accrued expenses in the statements of financial position.

Council of Network Affairs: July 25, 2025

2024-2025 Flex work plan review

September 1, 2024- August 31, 2025

Heartland Health Alliance

Bryan Health

Support for Quality Improvement

- Annual Healthcare Conference(s)
  - ✓ April 8, 2025 - Co- sponsor of Nursing Leadership Conference
    - 150 attended
  - ✓ July 11, 2025 - Healthcare Leadership Conference
- Network Coordinator Support
  - ✓ Mock Surveys
    - 3 Critical Access Hospital completed
    - 1 Rural Health Clinic completed
  - ✓ Annual evaluations - 26 out of 29 completed
  - ✓ Consults (phone, email, etc.…)
  - ✓ MBQIP resource and support

Heartland Health Alliance

Bryan Health

Support for Quality Improvement

Simulation Training: Obstetrics and Neonatal

Grand Island Regional Medical Center

Boone County Health Center

Kearney Regional Medical Center

Bryan Medical Center (2 sessions)

Beatrice Community Hospital and Health Center

16 different facilities sending participants

Heartland Health Alliance

Support for Quality Improvement

- Periop 101
  - ✓ 30 students have registered for the online class with 23 completing the AORN certification at this point
  - ✓ Participants receive 39.8 CEU's for completion of the class

Heartland Health Alliance

Bryan Health

Support for Operational and Financial Improvement

- Governance Institute Membership, tools, resources
  - ✓ 16 HHA members participating
- Market Share Analysis
  - ✓ In process of distribution
    - ✓ No cost to Bryan CAH network hospitals
    - ✓ Non-CAH network hospitals can request for a fee

Heartland Health Alliance

Bryan Health

Support for Operational and Financial Improvement

- CAH & RHC Billing and Compliance Training Program
  - ✓ 8 facilities currently signed up for HCPro's custom programs with education for coding, billing, revenue cycle etc…
  - ✓ Educations, Q&A, support center, resources ongoing and on demand, 2 seats for Medicare bootcamp

acdis Association of Clinical Documentation Improvement Specialists

hcpro Putting knowledge to work

decisionhealth an hcpro brand

Heartland Health Alliance

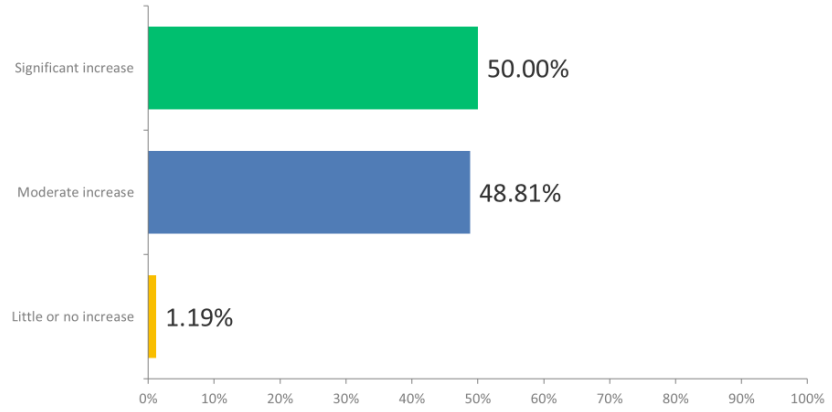
Bryan Health

Support for Population Health Management and EMS Integration

- Equity and Diversity Conference/ Best Practice Education
  - ✓ May 6, 2025- Embracing Rural Uniqueness in Social Drivers of Health
  - ✓ 112 attended the conference

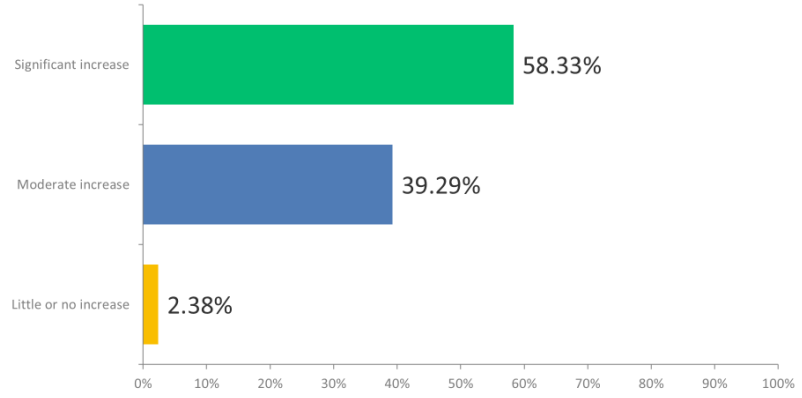
Q4: To what degree has your knowledge increased related to ability to collect and analyze SDOH data?

Answered: 84 Skipped: 0



Q5: To what degree has your knowledge increased related to how to action plan based upon patient population needs related to identified SDOH?

Answered: 84 Skipped: 0



Powered by SurveyMonkey

Powered by SurveyMonkey

Heartland Health Alliance

Bryan Health

Support for Population Health Management and EMS Integration

- Books for Babies Project
  - ✓ Upstream strategy for literacy that impacts health outcomes
  - ✓ Literacy is the strongest predictor of adult health status, as it influences academic success, job opportunities and income. In turn these impact social drivers of health [1]
  - ✓ 46% of HHA hospitals that deliver babies are participating in program

[1] Reading for pleasure in childhood and adolescent health behaviors: Longitudinal associations using the Millennium Cohort Study , 2019

Heartland Health Alliance

Bryan Health

6:15

Gothenburg Health
1h ·

Last week, the Heartland Health Alliance (Nebraska) donated literacy books to the Gothenburg Health Acute department. They are in several languages for children to enjoy. We love our area partners and our nurses who make a difference in the lives of people living in Central Nebraska. #GothenburgHealth #LiteracyMatters

Heartland Health Alliance

Bryan Health

Flex year ends August 31, 2025

- Continue working on current plan
- Begin new Flex plan September 1, 2025

Heartland Health Alliance

Bryan Health

Council of Network Affairs: July 25, 2025

NEW: 2025-2026 Flex work plan review

September 1, 2025- August 31, 2026

Heartland Health Alliance

Bryan Health

Support for Quality Improvement

- Annual Healthcare Conference
  - ✓ Collaboration between HHA and Bryan Health Connect
- Network Coordinator Support
  - ✓ Mock Surveys
  - ✓ Annual evaluations
  - ✓ Consults with quality leaders, staff, etc.... (phone, email, etc....)
  - ✓ MBQIP resource and support
  - ✓ Other

Support for Quality Improvement

- Simulation Training
- AORN Periop 101 (per request)
- Obstetrical education collaboration
  - ✓ Address new COPs for Critical Access Hospitals

Support for Operational and Financial Improvement

- Governance Institute Annual Meeting
  - ✓ September 11 & 12, 2025
- Governance Institute Membership, tools, resources
- Market Share Analysis
- CAH & RHC Revenue Cycle and Coding Education

Heartland Health Alliance

Bryan Health

Support for Population Health Management and EMS Integration

- HHA Diabetes Educators Conference

Questions

Heartland Health Alliance

Bryan Health

Bryan Health Critical Access Hospital (CAH) Network

FLEX GRANT FUNDS **September 1, 2025 - August 31, 2026**

Support for Quality Improvement

Expenses	Budget
Annual Healthcare Conference	**$17,000**
Network Coordinator Support	**$54,000**
Mock Surveys, Annual Evaluations	
MBQIP Measures and Neworking Meetings	
Simulation training	**$18,000**
Peri Op 101	**$15,000**
Obstetrical education collaboration	**$8,000**
Total for Quality Improvement	**$112,000**

Support for Operational and Financial Improvement

Expenses	Budget
Governance Institute	**$30,000**
Annual Meeting	
Governance membership, tools, resources	**$12,000**
Market Share Analysis	**$12,000**
CAH & RHC Revenue Cycle/ Coding education	**$30,000**
Total for Operational and Financial Improvement	**$84,000**

Support for Population Health Management and EMS Integration

Expenses	Budget
Diabetes Educator Conference	**$7,000**
Total for Population Health and EMS Integration	**$7,000**
Total FLEX BUDGET Allocation	**$203,000**

Allocation Formula

29 Nebraska Hospital x $7,000 per hospital = $203,000

Heartland Health Alliance/Bryan Health Critical Access Network Work Plan

Proposed Work Plan - September 1, 2025 – August 31, 2026

SUPPORT FOR QUALITY IMPROVEMENT		
Activity	**Responsible Party**	**Proposed Outcomes**
Healthcare Conference Provide education and hands on learning to improve the organizations quality performance and knowledge. Topics may include clinical and non-clinical subjects.	• CAH network coordinator • Bryan Health experts • State/Regional/ National expert speakers • Bryan Health Connect ACO	• Collaborate with Bryan Health Connect to bring education and training applicable to ACO, population health and other topics appropriate to clinical care and leadership. • Provide best practices to assist healthcare leaders and staff develop high performing systems and processes to meet community and population healthcare needs and hospital needs. • Develop a network of contacts and connections with experts and others in rural settings to share best practices.
Network Coordinator Support Provide operational or clinical support to CAH's as requested including annual reviews, mock surveys, and quality support as needed.	• CAH network coordinator • Consultant mock surveyors • Rural Division	• Conducts annual reviews on 100% of CAH's and Mock Surveys (CAH & RHC) as requested. • Provides education and review related to CMS Conditions of Participation and frequently cited deficiencies. • Coordinates networking meetings and education sessions. • Provide education to support improvement work on focused areas of Flex program performance measures. • HHA/CAH networking groups to provide education, networking, best practice collaboration and process opportunities to CAH leaders focused on MBQIP core measures. • Support and provide resources for implementation of 2026 MBQIP measure reporting.
Simulation Training Provide training to clinicians on selected clinical scenarios.	• CAH network coordinator • HHA/ Bryan Health Clinical Experts and Medical Staff	• Increase knowledge and skills for staff to have a comfort level in caring for patients on selected topics which may include Obstetrics, Surgical care, ER/ Trauma. (pending discussion with educators) • Support care that can improve patient safety and quality of care. i.e. Obstetrics in the NE Maternal Care Desert, maternal mental health and other per AHA, samhsa, a AWHON. • Provide simulation activity as a training methodology.
AORN Periop 101	• CAH network coordinator	• Provide group purchasing discounts to HHA members with additional CAH hospital subsidy for enrollment in AORN's Peri Op 101 certificate program.

Provide access to online training designed to offer basic knowledge and clinical skills to function in the perioperative nursing position.		• Assist novice surgical nurses in strengthening their knowledge, skills and confidence in caring for surgical patients.
Obstetrical Education Collaboration	• CAH network coordinator • Bryan Medical Center Maternal Child Educator • Other education experts	• Address new COP's regulations for critical access hospitals related to obstetrical services and evidence-based guidelines, quality and safe care. • Offer education in collaboration with clinical experts at Bryan Medical Center related to maternal care, pre, intra and post-partum • Address COPs for Obstetrical and Emergency services. (New and in effect starting 7/1/2025 -1/1/2027) **DATA OUTCOME:** Percent of HHA/CAH network hospitals participating in training. Baseline: Data is 0%. Currently are receiving requests from rural facilities for education to meet new COP's. Desire to assist compliance with new regulations and provision of quality and safe care.
SUPPORT FOR OPERATIONAL AND FINANCIAL IMPROVEMENT		
Activity	**Responsible Party**	**Proposed Outcomes**
Governance Institute Annual Meeting Support for Board governance	• HHA Executive Director • CAH network coordinator • Rural Division	• Increase CAH leadership and board members knowledge of the healthcare industry as it relates to their community, state and national trends. • Annual Governance Institute Program
Governance membership, tools and resources Provide access to governance resources for ongoing support, education for hospital boards, CEOs and executive suite.	• CAH network coordinator • Rural Division Finance Consultant	• Provide facility access to governance institute resources at a subsidized cost. • Provide ongoing support to CEO's and executives for working their boards post-governance institute annual meeting
Market Share Analysis Information for organizations on facility capture of market share data in target area.	• Bryan Health Rural Division Finance Team • Data analysis team	• Provision of market share analysis report • Identification of outmigration • Evaluation of effectiveness of current programs i.e. oncology, orthopedics etc.… • Facility development of plans to capture and re-capture market share.
CAH & RHC Revenue Cycle and Coding education Education to focus on improvement of efficiencies of revenue cycle and coding.	• Rural Division Financial Consultant • CAH network coordinator	• Provide knowledge, tools, and skills on revenue cycle processes for CAH's and RHC's. • Provide understanding of billing and coding rules to ensure the capture of reimbursement. • Provide regular training and support for staff in the finance, coding, and revenue cycle departments.

SUPPORT FOR POPULATION HEALTH MANAGEMENT AND EMS INTEGRATION		
Activity	**Responsible Party**	**Proposed Outcomes**
<u>Diabetes Educator Conference</u>	• CAH network coordinator • HHA Diabetes Consortium Coordinator	• Provide and facilitate training on best practices for diabetes educators. • Provide strategies for diabetes educators to impact patient education and improve health outcomes. • Present approaches and ideas that address needs specific to the diabetic population to improve health. • **DATA OUTCOME:** Percentage of improvement in A1C for patients participating in DSMES. Baseline date: 2021 17.5% improvement. Overall downward trend in A1C levels for patients over the last 4 years.