

Heartland Health Alliance Council of Network Affairs Meeting

Thursday, March 26, 2026



TO: Council of Alliance Affairs, Heartland Health Alliance
FROM: Mary Kent, President, HHA
DATE: March 10, 2026
LOCATION: Holthus Convention Center, York, NE | 3130 Holen Ave. York, NE 68467
SUBJECT: **Council of Alliance Affairs meeting, Thursday, March 26, 2026**

The following is the agenda for the Heartland Health Alliance Council of Alliance Affairs meeting scheduled for Thursday, March 26th, from 10:00 a.m. to 2:00 p.m., at the Holthus Convention Center – Meeting Room I

Heartland Health Alliance 2026 Slate of Officers

President:	Mary Kent, CEO – Johnson County Hospital
Vice President:	Chris Nichols, CEO – Fillmore County Hospital
Secretary/Treasurer:	Jeremiah Hanes, CEO – Dundy County Hospital
Immediate Past President:	Lori Mazanec, CEO – Box Butte General Hospital

Please let Karen Herrold know by no later than Wednesday, March 11th, whether or not you will attend. Karen may be reached by e-mail at karen.herrold@bryanhealth.org or by phone at 402-481-3182.

Please note the following upcoming meetings:

Tuesday, April 28th – Wednesday, April 29th, 2026 - HHA/Bryan Health Connect Conference
Holthus Conference Center – 3130 S Holen Ave, York, NE

Friday, July 24, 2026 – HHA Council of Alliance Affairs
Bryan East Medical Plaza Conference Center – 1500 S. 48th, Lincoln, NE

Thursday, October 1 – Friday, October 2, 2026 – HHA Governance Institute Retreat
Younes Conference Center South – 416 Talmadge St, Kearney, NE

The complete HHA 2026 event list is available on our website: <https://bit.ly/HHA2026Events>
or use the QR code



AGENDA

- 10:00 – 10:15 [Welcome and Introductions](#) Pat Ganyo
- 10:15 – 11:15 [A Roadmap for Building Community Support – How a stronger community impact story moves the needle on perception of hospitals](#) Michael Hildebrand
Senior Vice President, Public & Community Practice Deputy Lead, Jarrard – a Chartis Co.
- 11:15 – 11:30 [Break](#)
- 11:30 – 12:15 [Board of Nursing](#) Ann Oertwich, PhD, RN
Nebraska Department of Health and Human Services Program Manager II, Public Health;
Executive Director of the Nebraska Board of Nursing
- 12:15 – 12:45 [LUNCH](#)
- 12:45 – 2:00 **BUSINESS MEETING AGENDA**
- [Call to Order & Introductions](#)..... Pat Ganyo
- [Consent Agenda*](#) Pat Ganyo
 - [January 23, 2026, Council of Alliance Affairs Minutes+](#)
 - [January 2026 HHA Financial Statements+](#)
 - [February 2026 HHA Financial Statements+](#)
 - [2026 Strategic Initiatives+](#)
- [2025 HHA Audit*+](#) Zach Witt
- [HHA Strategic Initiatives and Flex Plan Update+](#) Jayne Van Asperen
- [HHA Physician/APP Leadership Academy](#)..... Pam Nienaber
- [AHA Rural Healthcare Leadership Conference Takeaways](#)..... All
- [Adjournment](#)..... Pat Ganyo

*Action Item; + Information is included in the packet

Welcome & Introductions



A Roadmap for Building Community Support

A stronger community impact story moves the
needle on perception of hospitals

Heartland Health Alliance
March 26, 2026
Michael Hildebrand, Senior Vice President

COMMUNITY BENEFIT

Field Dates: 4/8/25-4/16/25
Representative sample of U.S. adults age 18+
N = 1031
Margin of error: \pm 3.2%

POLICY PULSE

Field Dates: 4/18/25-4/25/25
Representative sample of U.S. adults age 18+
N = 814
Margin of error: \pm 3.5%

State of Play

Field Dates: 1/2/26-1/5/26
Representative sample of U.S. adults age 18+
N = 1049
Margin of error: \pm 3.2%

About Jarrard Inc.

What we do

Issues & Advocacy



Stay in control: Prepare for high-stakes moments and respond to crises with efficiency

Strategic Positioning



Differentiate: Optimize your brand, tell a compelling story and advance your market position

Change Management



Create a shared vision: Align your team, expedite your evolution and optimize the future of healthcare

Capabilities Supporting Core Service Lines



Market Research & Insights

Driving strategy through real-world data insights



Digital & Creative Services

Bringing your brand to life: Elevate your brand, amplify your message and bring your mission to life

Perspective informed by experience



Issue/Public Policy Campaigns and Research

We believe in the power of political strategy, research, marketing and communications to bridge gaps between stakeholders and inspire action. These are just a few of the organizations we've partnered with to drive public policy wins.



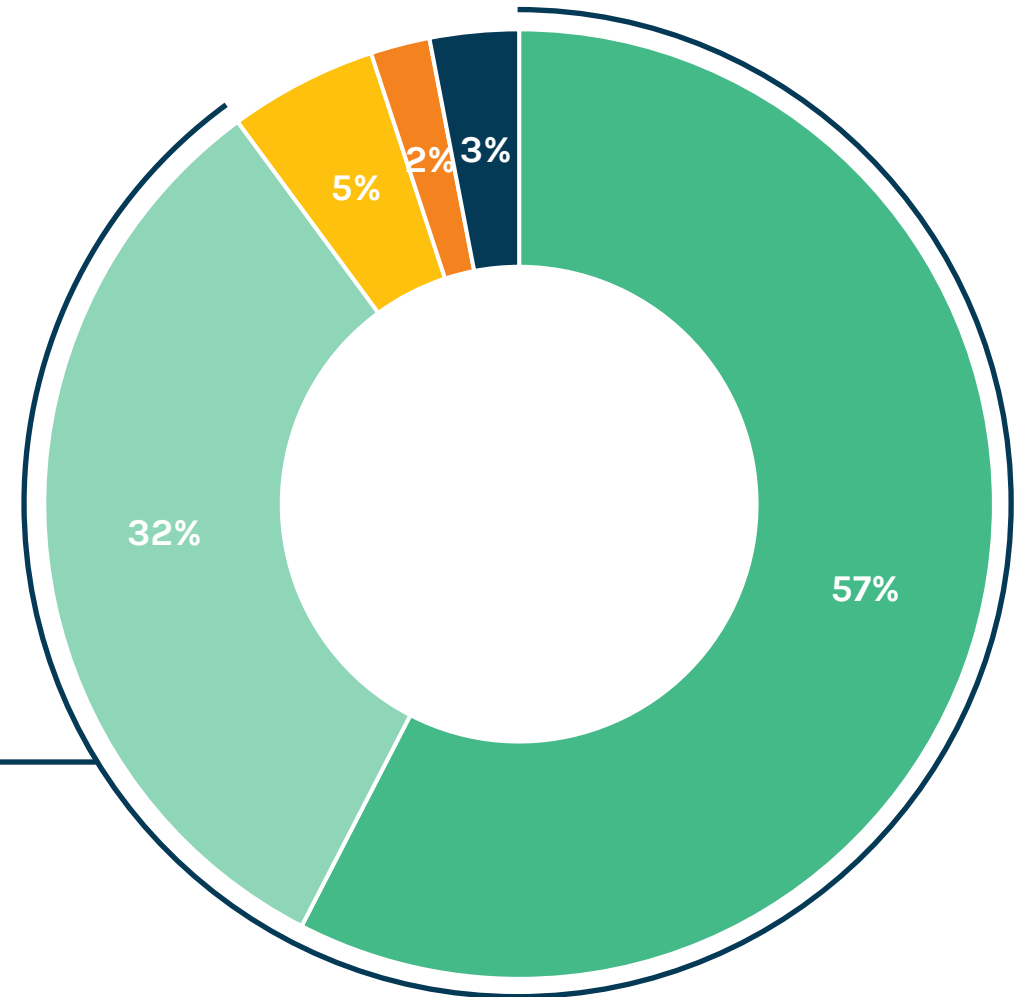
Does it matter whether people think hospitals provide community benefit and community impact?

Overwhelming majority views community benefit services as important

When thinking about your expectations for hospitals, how important is it to you that hospitals in your area provide community benefit services?

- Very important
- Somewhat important
- Not very important
- Not at all important
- Unsure

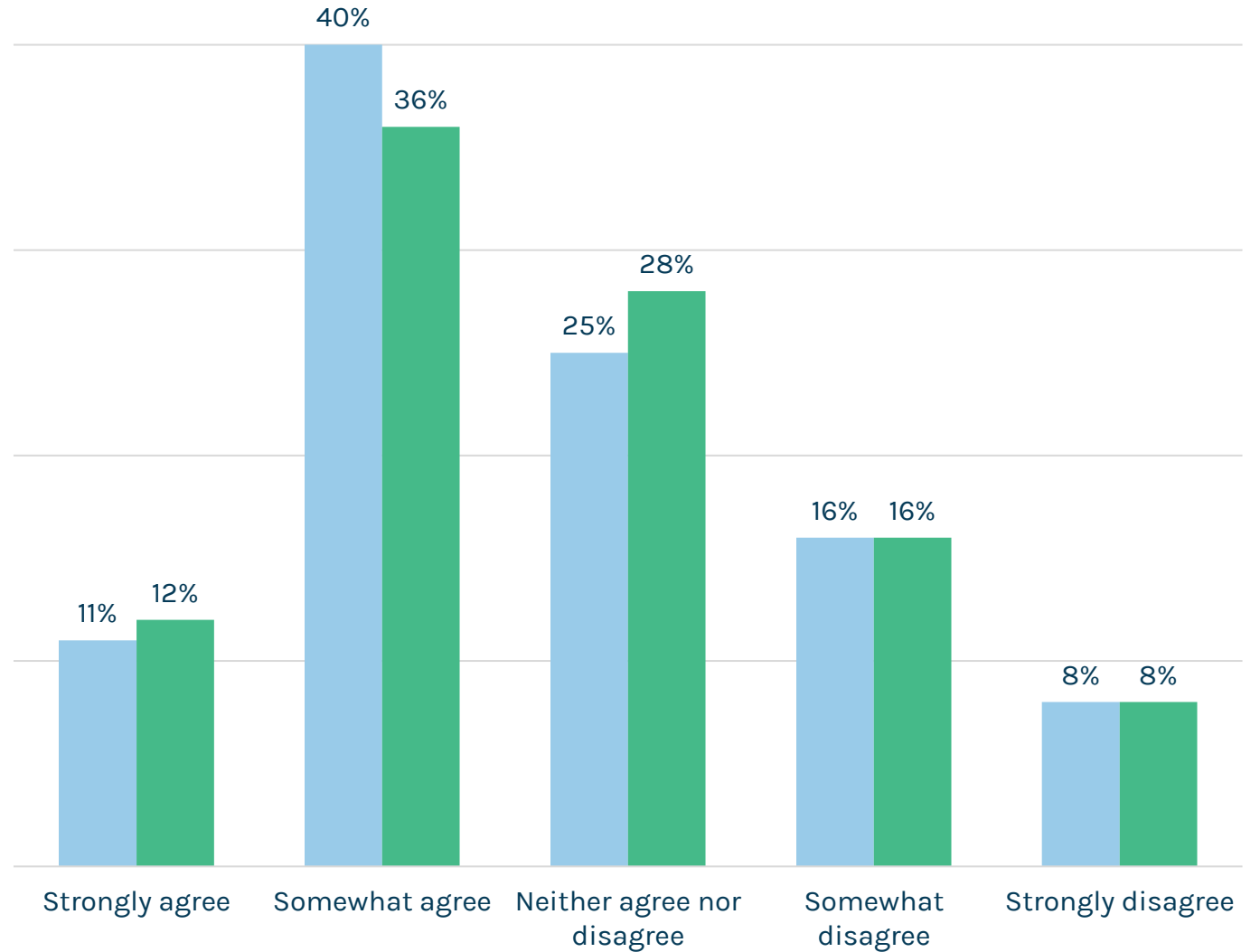
89%
Total important



For many, quality and community impact outweigh concern about profits

Do you agree or disagree with the statement...

- *"...It's ok if a hospital, clinic or nursing home works to make more money as long as the care it provides is good."*
- *"...It's ok if a hospital, clinic or nursing home works to make more money as long as it contributes positively to the community."*



Base N=1049
Crosstabs available on slide 59, 60

Takeaways to Frame the Discussion



Healthcare is an increasingly important issue for the public, and the expectation of community benefit is significant



Play to strengths: big numbers, data, and the definitions are not a winning message



People care about the positive impact hospitals make on people in their communities



Broader Landscape

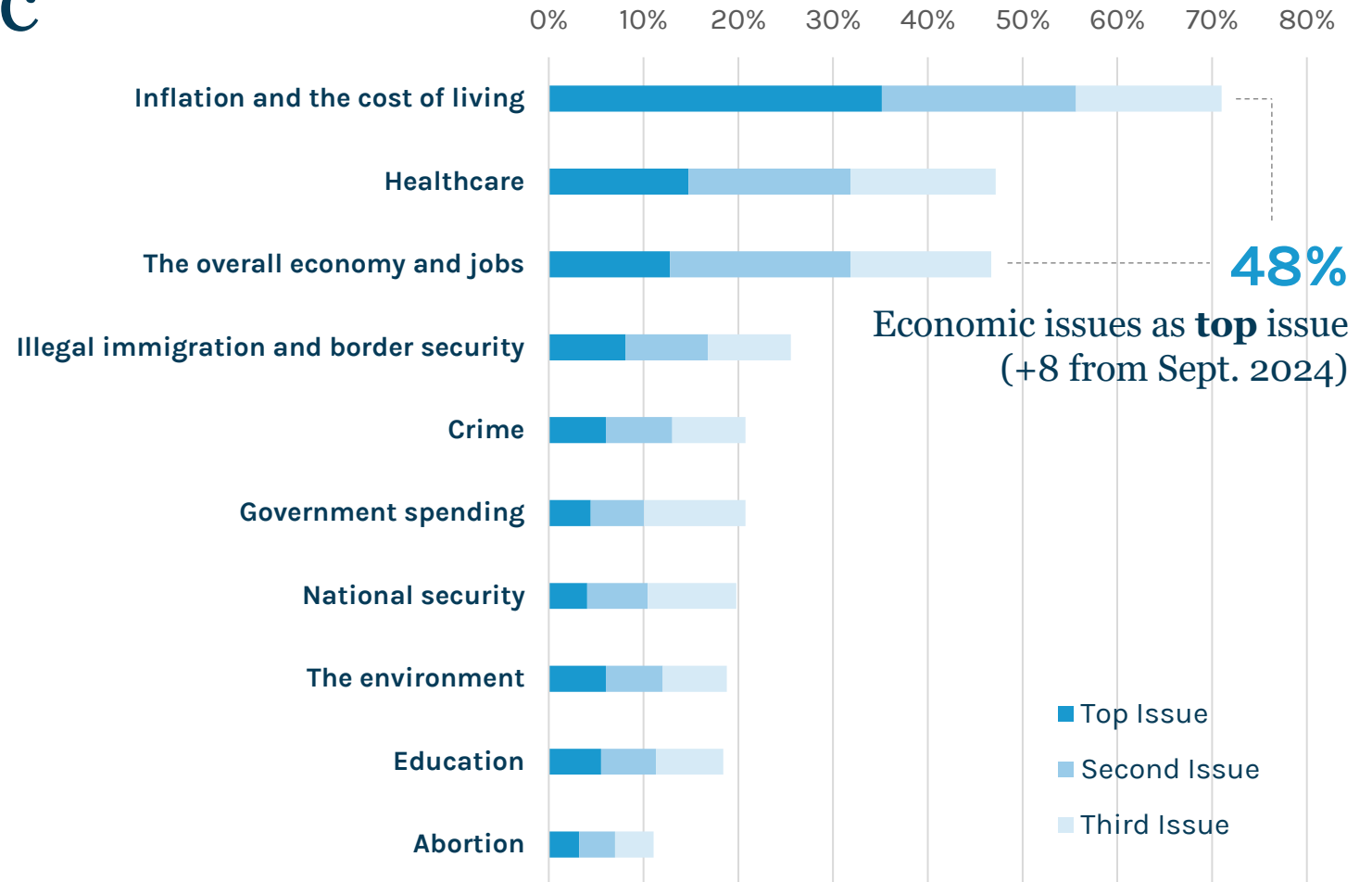
The public's views on healthcare, hospitals and the people who provide care

Healthcare is now behind only economic issues as top of mind for the public

The economy and healthcare have grown in importance since Fall '24.

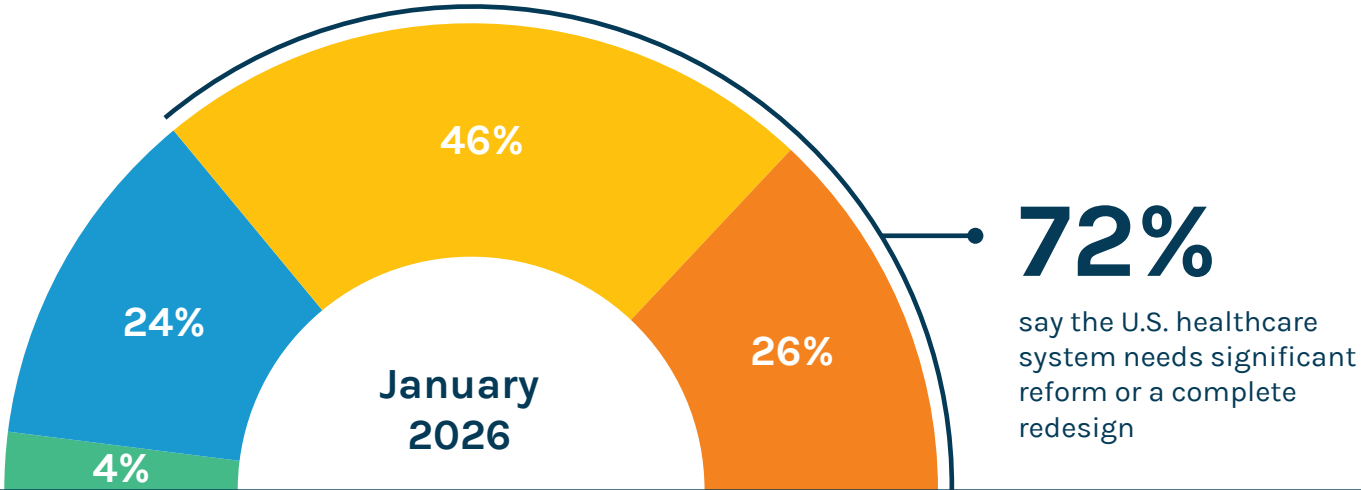
In September 2024 we asked which three issues would be *most likely to influence how respondents would vote*. Inflation/cost of living (59%) and the overall economy and jobs (40%) were the top issues. Healthcare came in fourth, with 28% selecting it as one of their top issues.

Thinking about your everyday life, please pick the top three issues from the following list and rank how important they are for you personally.

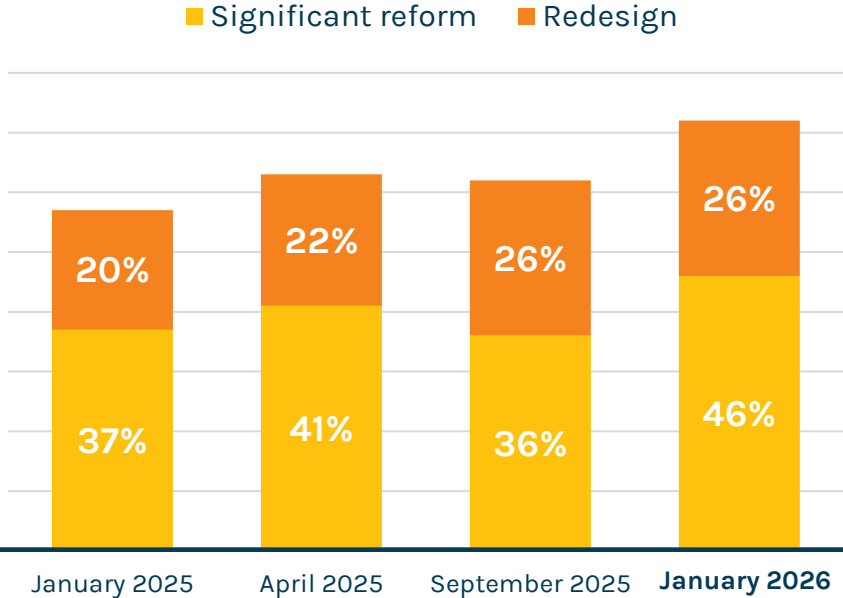


Perception that healthcare needs significant reform has risen

When thinking about the U.S. healthcare system, please select which statement comes closest to your view.



- The U.S. healthcare system does not need major changes
- The U.S. healthcare system has a few things that need adjusting but overall works well
- The U.S. healthcare system needs significant reform
- The U.S. healthcare system needs to be completely redesigned



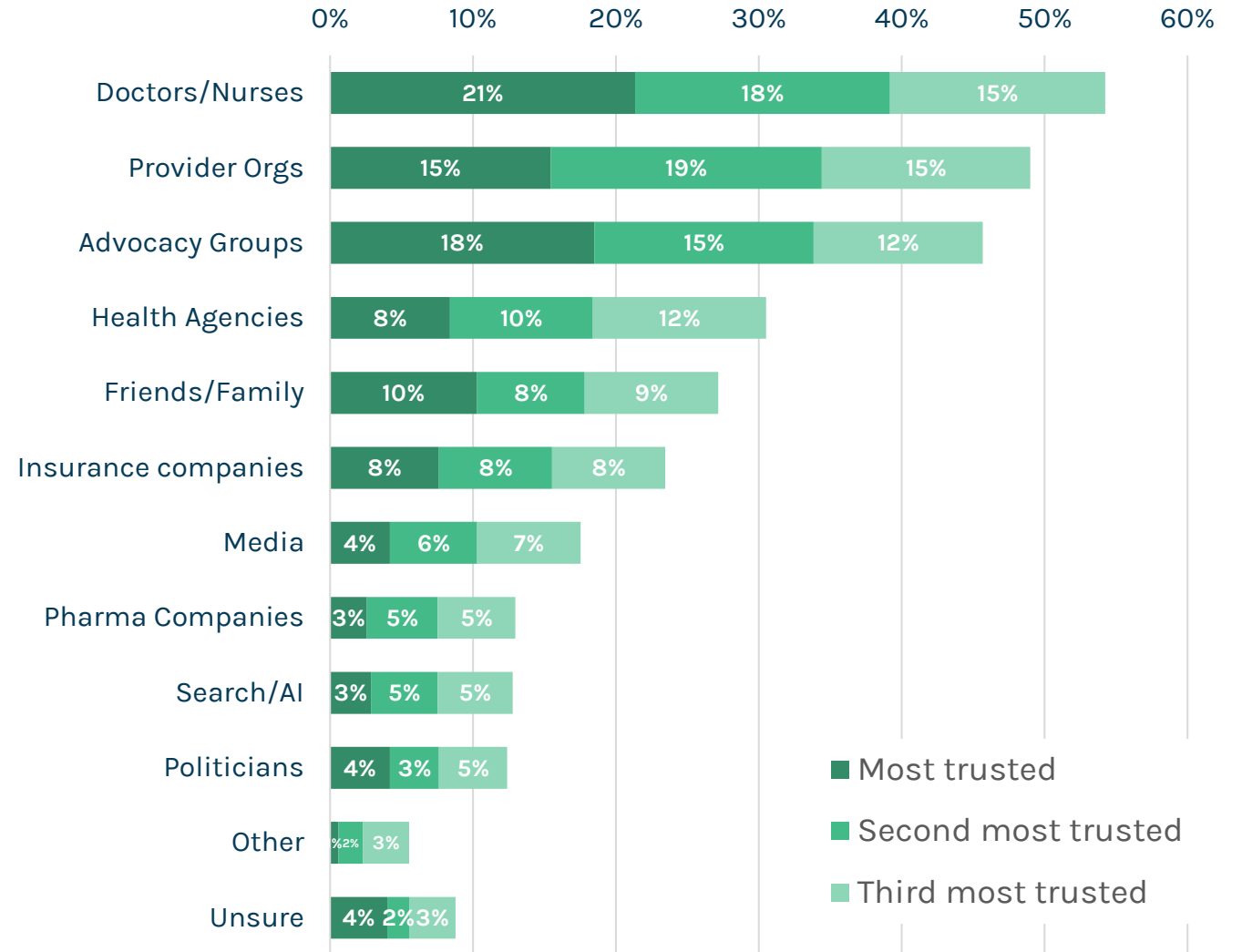
A third of Democrats say healthcare needs a complete redesign, compared to one sixth of Republicans.

Base N=1049
Full crosstabs available on slide 51

4/25 N=814
1/25-9/25 N=~1000

People trust clinicians, providers and patient advocacy groups the most to explain healthcare policy...

When there are changes to healthcare laws and regulations, which three of the following do you trust most to explain what those changes mean for patients?



Note: Totals add up to more than 100 percent because respondents were required to pick their top three options.

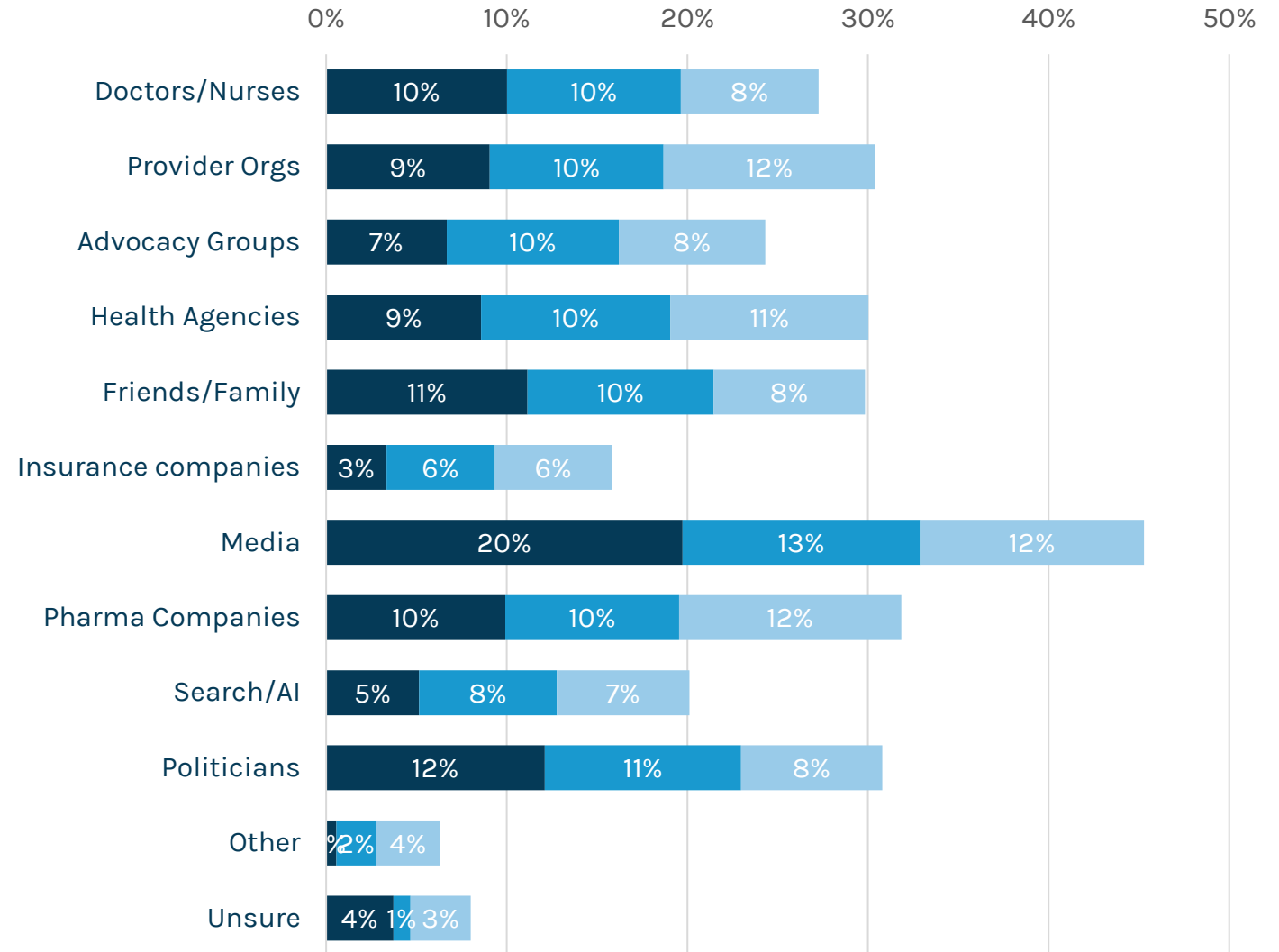
Base N=1049
See slide 52 for full text of each option

...But far fewer actually hear directly from these groups on policy issues

And which three do you actually hear from most to explain what changes to healthcare laws, regulations and recommendations mean for patients?

HEAR FROM...

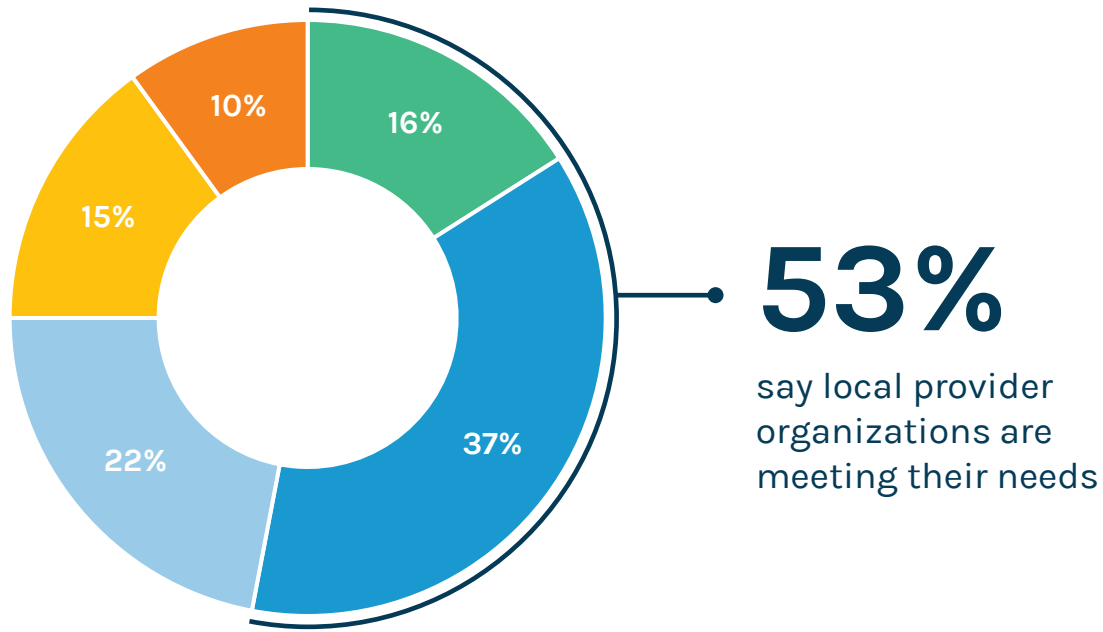
- The most
- Second most
- Third most



Base N=1049
See slide 52 for full text of each option

A slim majority think local hospitals are meeting their needs

Do you agree or disagree with the following statement: *“Hospitals and health systems that provide medical care in my area are meeting the needs of people like me and my family?”*



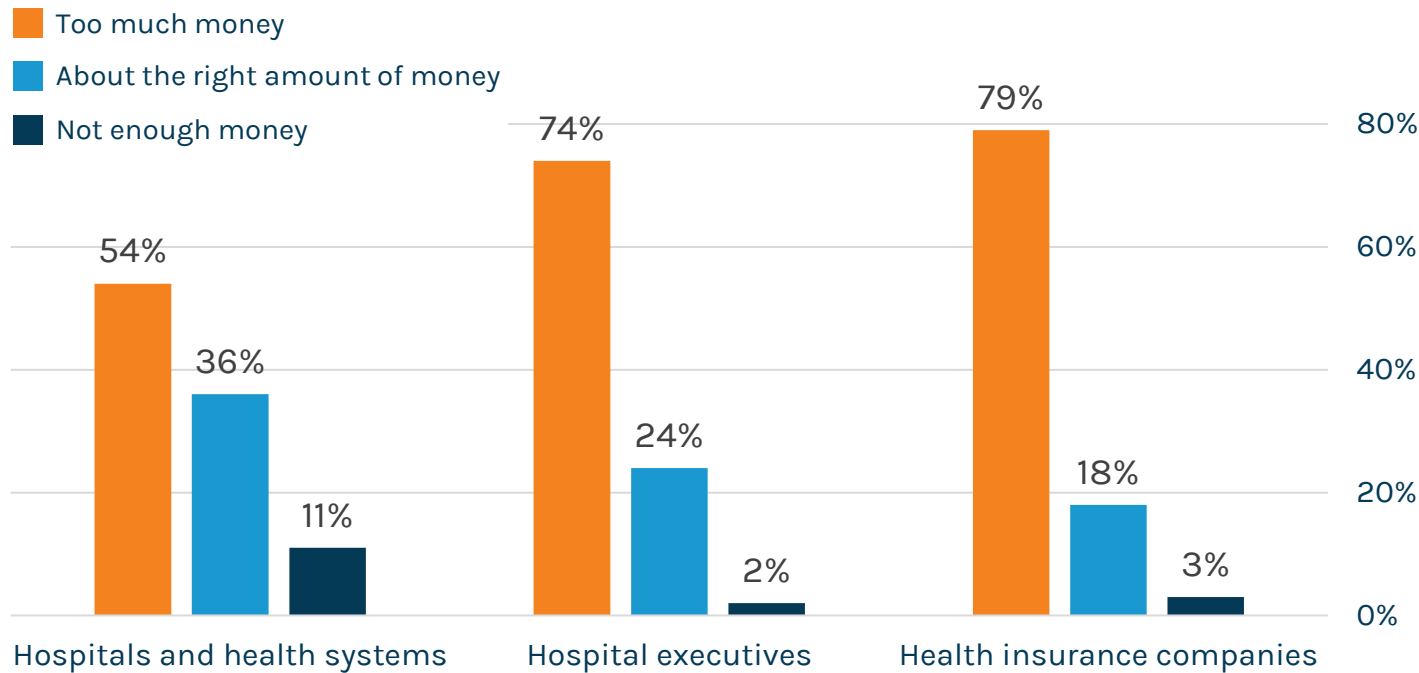
- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

	TOTAL AGREE	NEUTRAL	TOTAL DISAGREE
Women (N=410)	49%	20%	30%
Men (N=404)	58%	23%	19%
Democrat (N=309)	53%	23%	24%
Independent (N=198)	43%	27%	30%
Republican (N=307)	61%	17%	22%
18-34 (N=129)	47%	25%	29%
35-44 (N=146)	43%	25%	32%
45-54 (N=161)	47%	26%	27%
55-64 (N=183)	58%	17%	24%
65+ (N=195)	67%	17%	16%

Men, Republicans and older adults are all more likely to agree that hospitals are meeting their needs

Over half say hospitals make too much money, three-quarters say the same about hospital executives

Please indicate whether you think each of the following groups makes too much money, about the right amount of money or not enough money.



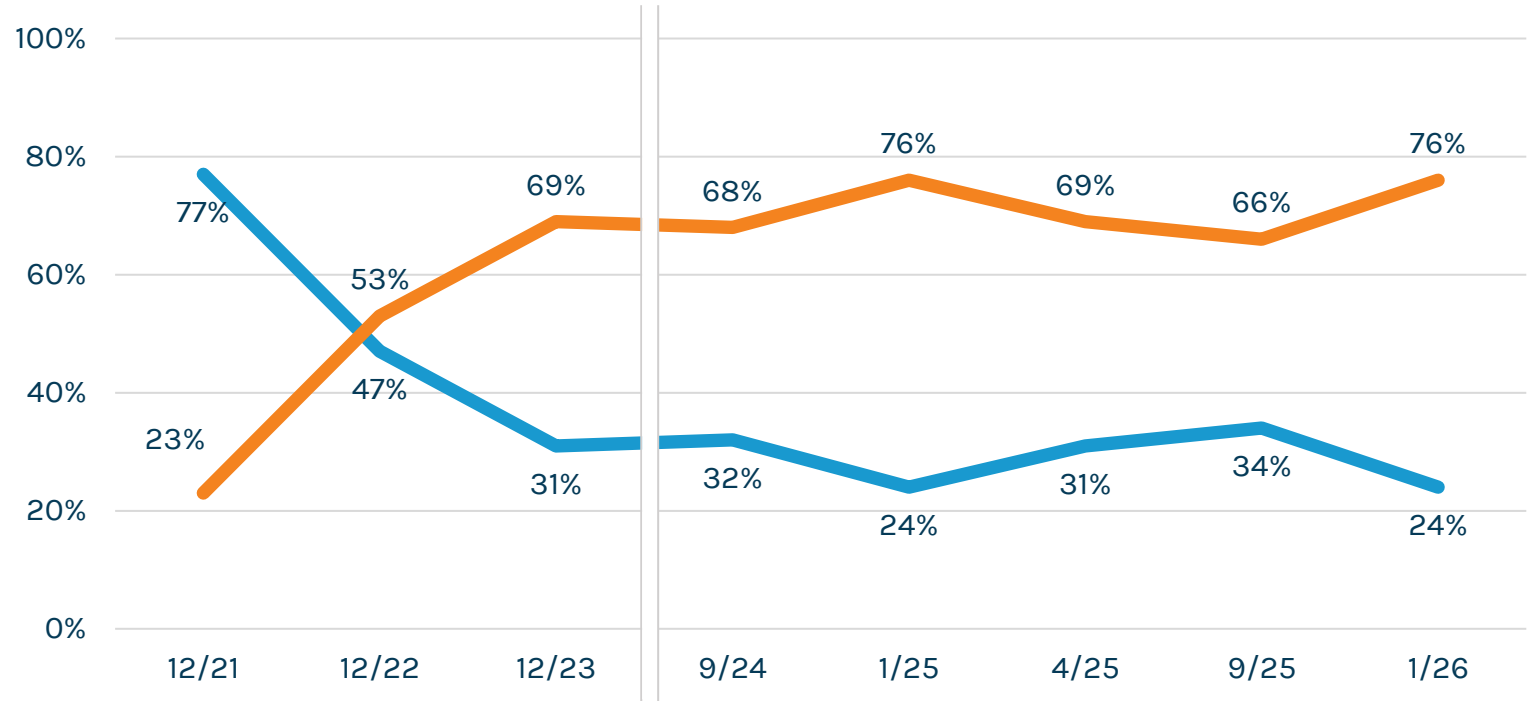
Hospitals make too much money

Women (N=511)	55%
Men (N=520)	52%
18-34 (N=267)	47%
35-44 (N=199)	60%
45-54 (N=213)	53%
55-64 (N=211)	63%
65+ (N=141)	45%
Black or African American (N=129)	47%
Hispanic or Latino (N=162)	56%
Caucasian or White (N=736)	55%
Private Insurance (N=657)	54%
Public Insurance (N=277)	50%
Uninsured (N=97)	62%
Democrat (N=375)	52%
Independent (N=247)	52%
Republican (N=409)	57%

Perception of hospitals' motives has shifted again to match early 2025 lows

Whether you agree or disagree with each of the following statements, please select which one you agree with the most.

- Hospitals in the U.S. are mostly focused on making money
- Hospitals in the U.S. are mostly focused on caring for patients



*December 2021: Which do you believe is a higher priority for health care providers such as hospitals, clinics and health care systems? Providing patients the best quality of care / Running a strong business, including making money and expanding.

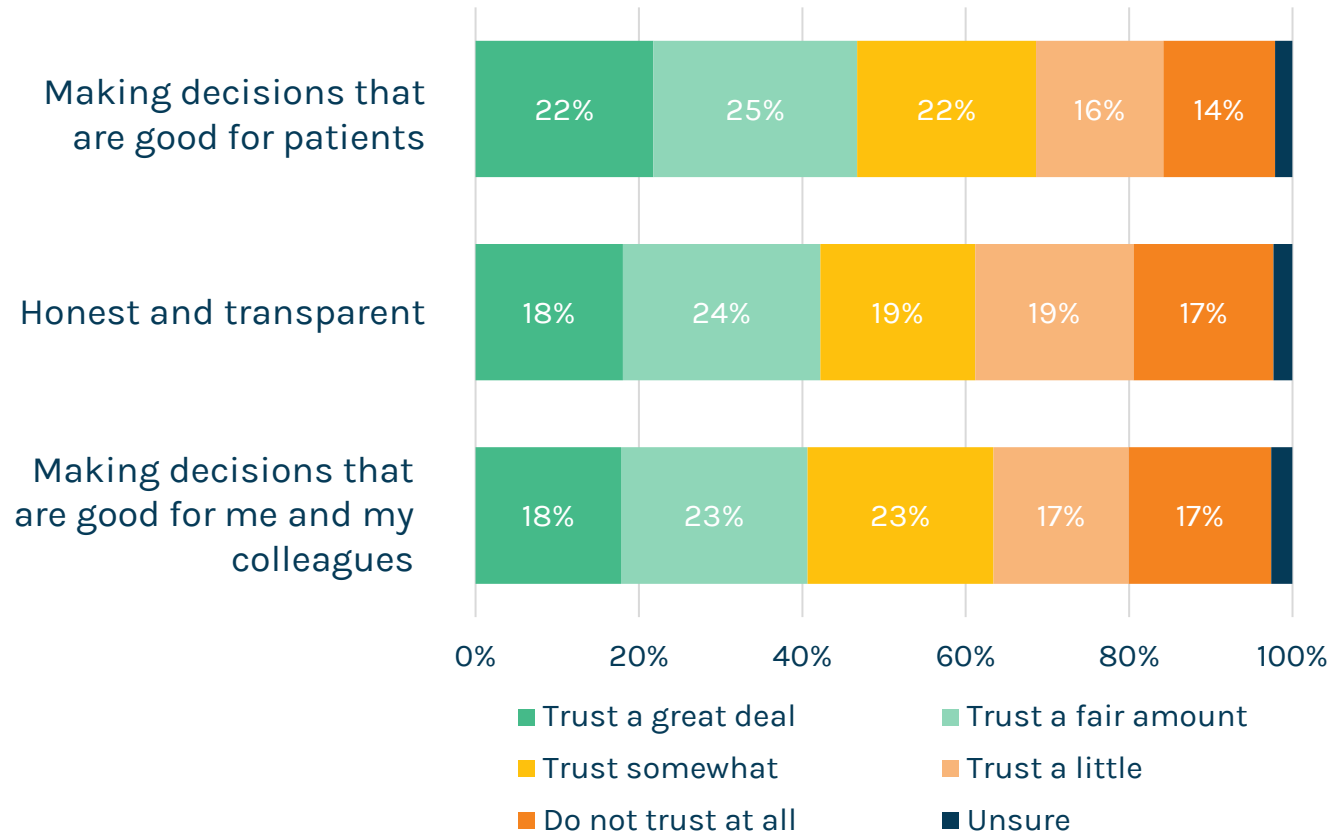
**Break in the plot indicates the point at which tracking shifted from annual to quarterly.

4/25 N=814
12/21-9/25 N=-1000

Base N=1049
Crosstabs available on slide 58

Among healthcare workers, there is skepticism about internal leadership

Now, how much do you trust that the leaders of your organization are...



Physicians are far more likely to express trust in leaders than their clinical colleagues

Total Trust	NURSES (566)	PHYSICIANS (364)	OTHER CLINICAL (108)
Decisions good for patients	42%	55%	45%
Honest & transparent	36%	53%	37%
Decisions good for me/colleagues	36%	48%	40%



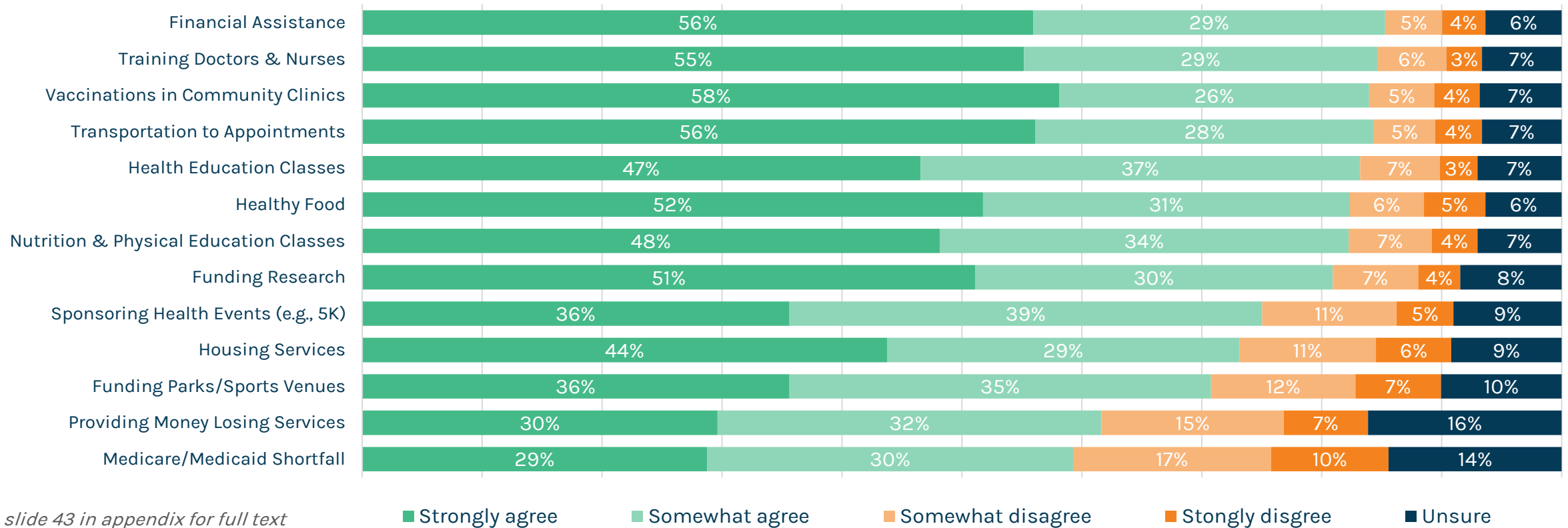
Perception of Community Benefit

Comparing what the public values to whether hospitals do enough

What is your sense of the lay of the land regarding the perception of the community benefit and impact that hospitals have? Do people think we're doing enough?

2024 Survey: Strong majorities agreed that what hospitals do are examples of valuable community benefit

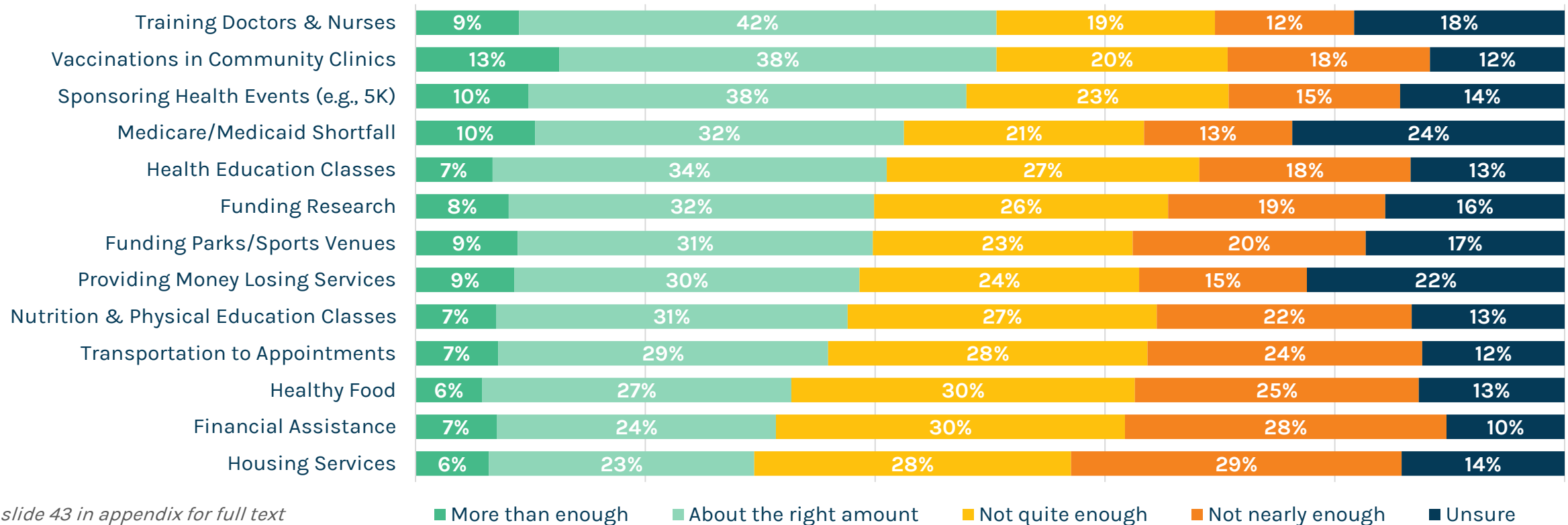
Thinking a little more about community benefit services that hospitals might provide... For each of the following services, please indicate whether you agree that it is an example of a valuable community benefit a hospital could provide.*



See slide 43 in appendix for full text options.

Today, when asked about specific benefits, half or fewer say hospitals provide enough

Thinking about community benefits that hospitals provide... do you think hospitals provide too little, about the right amount or more than enough of each of the following community benefit services?



See slide 43 in appendix for full text options.

While most think elements of community benefit are valuable, far fewer think hospitals provide enough of them

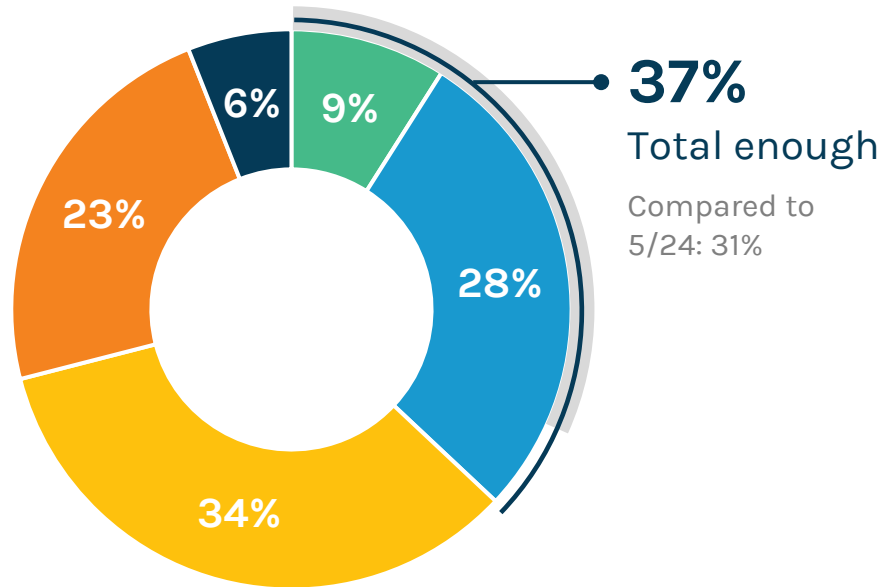
“Do Enough-Valuable” is the difference between this year’s results on whether people think hospitals do enough of each item and last year’s numbers showing the public’s views on each item’s value as part of community benefit. See appendix for 2024 data.

	Valuable (2024)	Hospitals Do Enough (2025)	Do Enough - Valuable
Financial Assistance	85%	31%	-54%
Training Doctors & Nurses	84%	51%	-34%
Vaccinations in Clinics	84%	51%	-34%
Transportation to Appointments	84%	36%	-48%
Health Education Classes	84%	41%	-43%
Healthy Food	83%	33%	-50%
Nutrition & Physical Education Classes	82%	38%	-44%
Funding Research	81%	40%	-41%
Sponsoring Health Events (e.g., 5K)	75%	48%	-27%
Housing Services	73%	30%	-44%
Funding Parks/Sports Venues	71%	40%	-31%
Providing Money Losing Services	62%	39%	-23%
Medicare/Medicaid Shortfall	59%	43%	-17%

Just four in 10 say hospitals provide enough community benefit

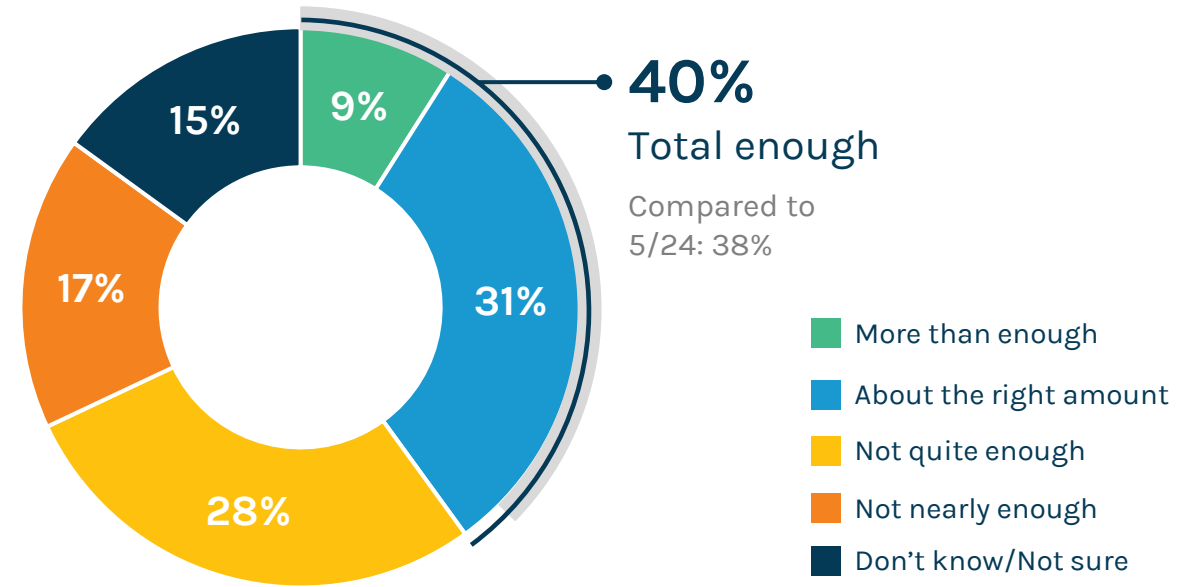
“Community benefit” is often defined as providing services designed to improve community health and help increase access to healthcare. In general, how much community benefit do...

...U.S. hospitals provide?



Sample A (N=506)

...hospitals in your area provide?



Sample B (N=525)

- More than enough
- About the right amount
- Not quite enough
- Not nearly enough
- Don't know/Not sure

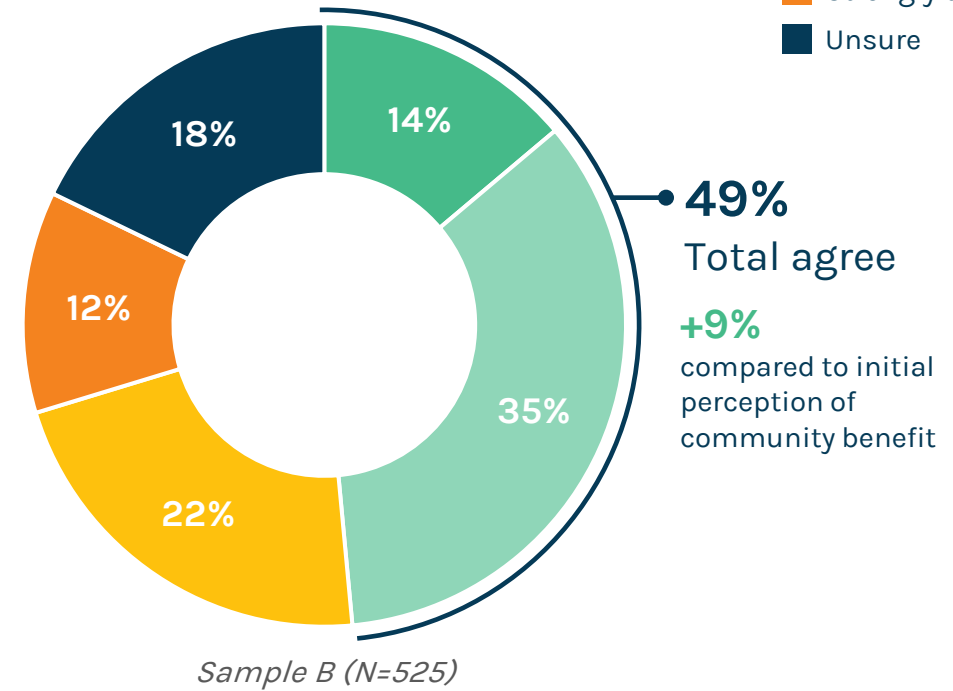
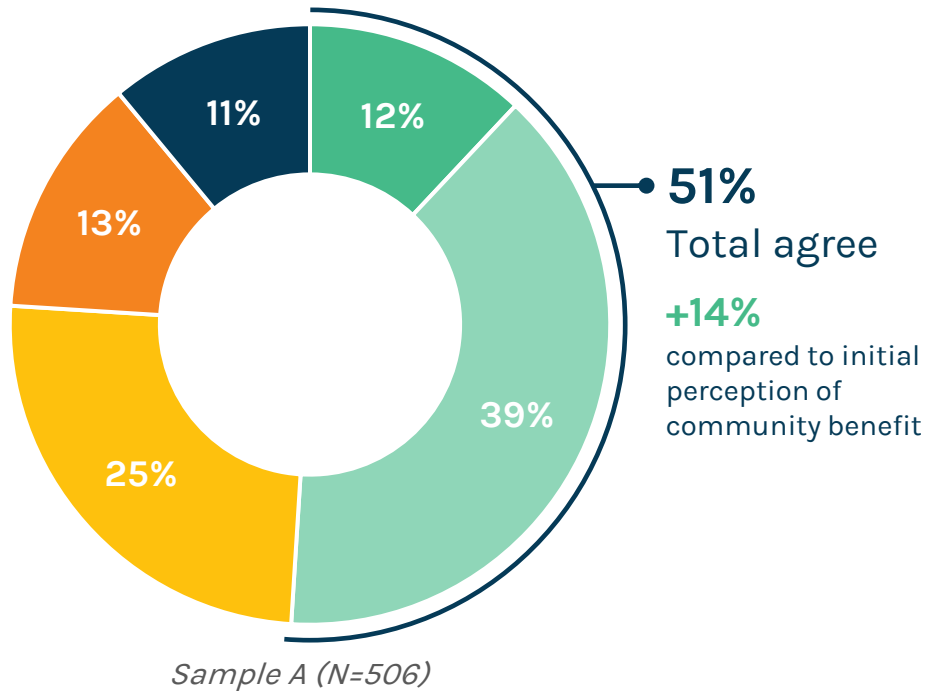
Only about half agree hospitals justify their tax-exempt status

Now, considering what we've asked about, do you agree that nonprofit tax-exempt hospitals...

...in the U.S. provide enough community benefits to keep their nonprofit status?

...in your area provide enough community benefits to keep their nonprofit status?

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Unsure





Impacting Perception

Uncovering what drives perception
of community benefit

HOW TO IMPACT PERCEPTION: LOCAL HOSPITALS

What is the relationship between perceptions of individual community benefit services and support for hospitals' tax-exempt status?

Sample B (N=518)*

**Observations with missing income status were excluded from analysis (N=7). See appendix for analysis methodology.*

SUPPORT TAX-EXEMPT STATUS

IMPACT

	Hospitals Do Enough
Financial Assistance	31%
Training Doctors & Nurses	51%
Transportation to Appointments	36%
Health Education Classes	41%
Vaccinations in Community Clinics	51%
Healthy Food	33%
Nutrition & Physical Education Classes	38%
Funding Research	40%
Sponsoring Health Events (e.g., 5K)	48%
Housing Services	30%
Funding Parks/Sports Venues	40%
Providing Money Losing Services	39%
Medicare/Medicaid Shortfall	43%

Each aspect of community benefit perceived positively multiplies impact on perception

Is there a relationship between the number of community benefits programs perceived positively (that is, perceived as hospitals are doing enough) and support for hospitals' tax-exempt status?

*Sample B (N=518)***

**Odds ratio from regression analysis = 1.4*

***Observations with missing income status were excluded from analysis (N=7). See appendix for analysis methodology.*

SUPPORT TAX-EXEMPT STATUS

I M P A C T



With **each additional** community benefit that is perceived positively, the odds* of supporting nonprofit status increases by 40% or more.



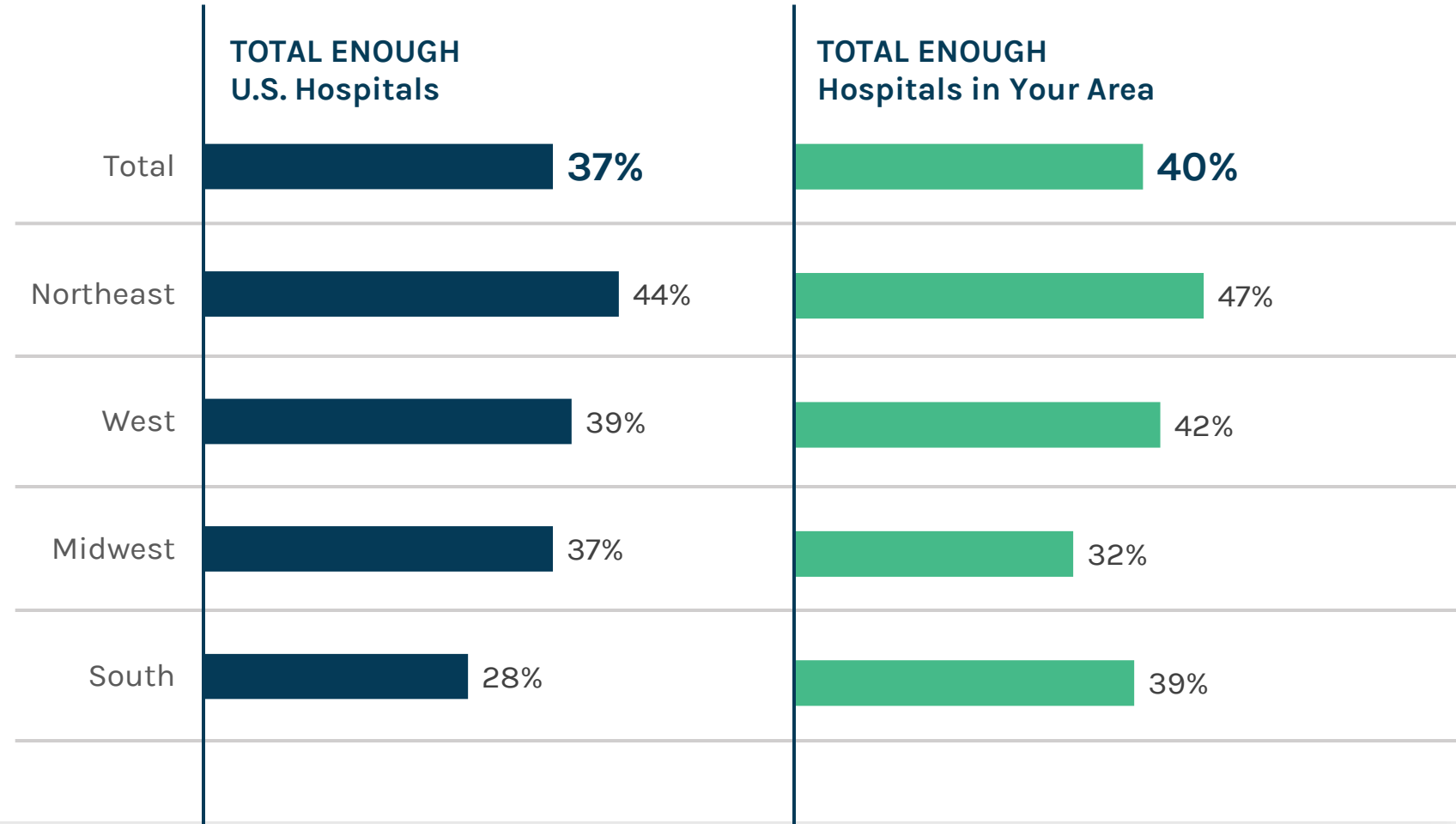
A Note on Regional and Demographic Differences

Regional differences on perception of community benefit

“Community benefit” is often defined as providing services designed to improve community health and help increase access to healthcare. In general, how much community benefit do U.S. hospitals/hospitals in your area provide?

- **More than enough**
- **About the right amount**
- Not quite enough
- Not nearly enough
- Don't know/Not sure

	Sample A (N=506)	Sample B (N=525)
Midwest	99	135
Northeast	138	107
South	139	152
West	130	131

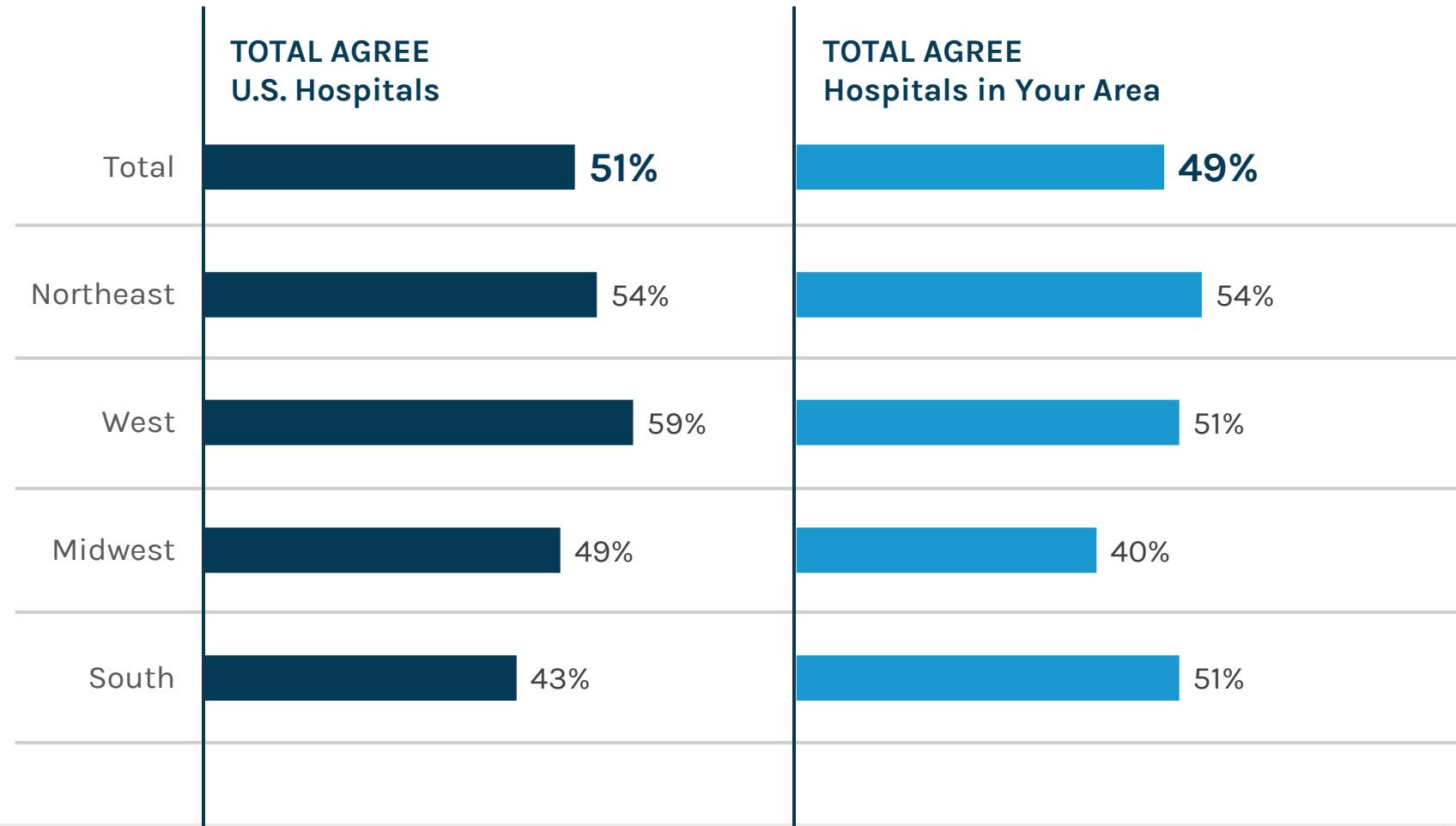


Regional differences on perception of tax-exempt status

Now, considering what we've asked about, do you agree that nonprofit tax-exempt hospitals in the U.S./your area provide enough community benefits to keep their nonprofit status?

- **Strongly agree**
- **Somewhat agree**
- **Somewhat disagree**
- **Strongly agree**
- **Unsure**

	Sample A (N=506)	Sample B (N=525)
Midwest	99	135
Northeast	138	107
South	139	152
West	130	131

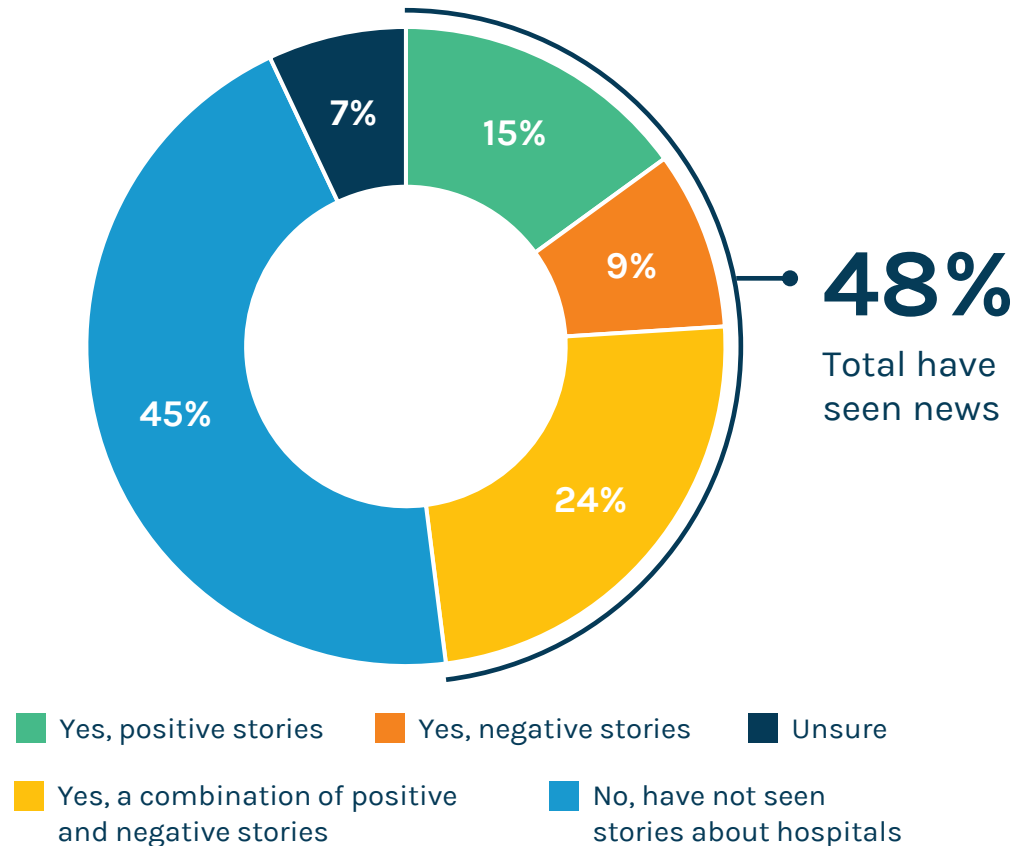




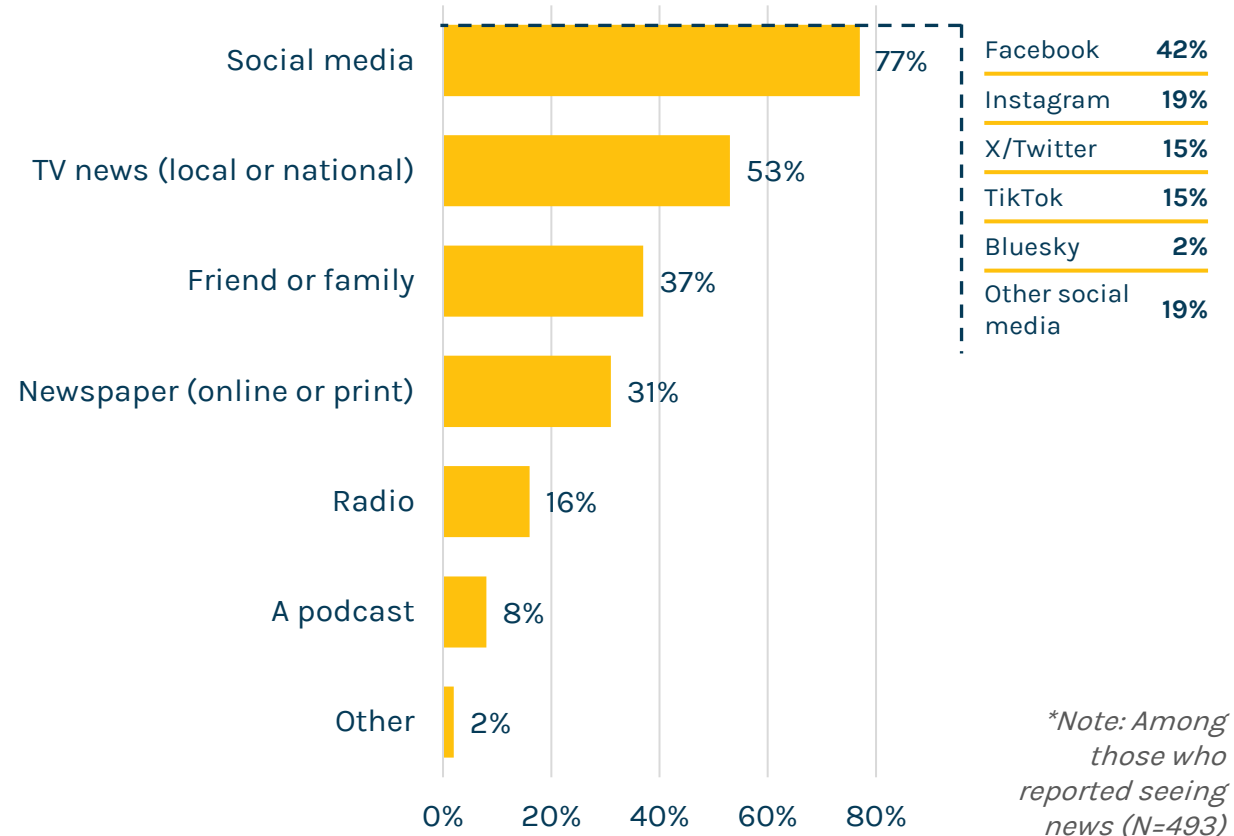
The Importance of Telling a Story

Nearly half say they have seen news about hospitals recently

In the past six months, have you seen, read or heard news about hospitals in your area?



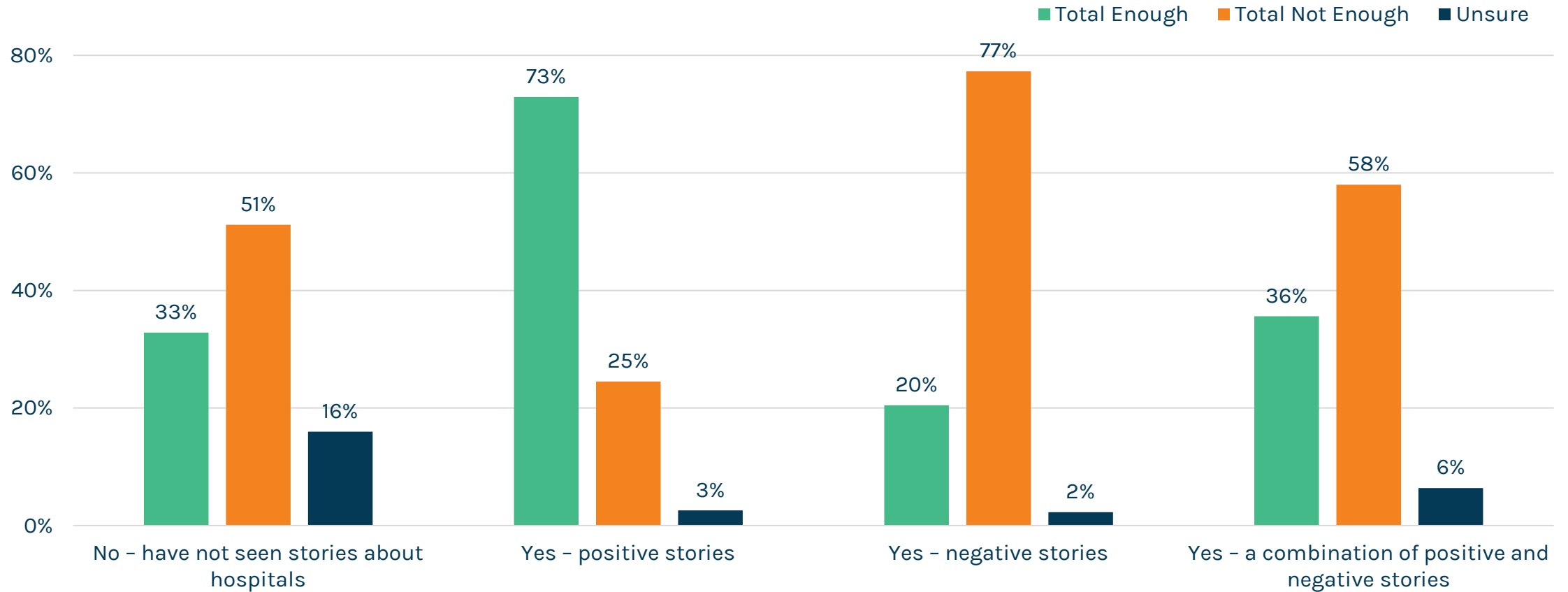
*And where did you see, read or hear news about hospitals in your area?**



Seeing news about hospitals influences perceptions of community benefit

No - have not seen: N469
Yes - positive: N155
Yes - negative: N88
Yes - combination: N250

In general, how much community benefit do hospitals in the U.S./your area provide?



Key Takeaways from the Data

- 1 People question hospitals' motives and want to see change
- 2 Community benefit is important to people, and most don't think we provide enough
- 3 Focus on the community impact areas that are important to people (financial assistance, training doctors and nurses, etc.)
- 4 Share stories that highlight many different programs and their impact - it has a multiplier effect on perception
- 5 Be mindful of differences based on region and demographics

Campaign Approach to Building Support

There is power in a **unified Community Impact narrative** that is broader than community benefit numbers. As a State Association, you have a unique opportunity to combine and amplify your members' great community impact.

Understand the opposition focus areas and go on offense to enhance and protect reputation and build a bench of support. **Positive impact stories will improve the perception of your members**, demonstrate commitment to communities and **build trusted advocates for future initiatives**.

Partner with hospital and community leaders to present a unified voice and engage with key stakeholders to **accentuate the positive impact hospitals are having on their communities**. Community partners can validate the positive impact and be important advocates.

What surprised you most about the data?

What are the challenges to building a campaign?



Questions & Discussion

Break



Board of Nursing

Ann Oertwich, PhD, RN

Executive Director of the Nebraska Board of Nursing



*Lunch
Resume at 12:45 p.m.*



Call to Order & Introductions



Consent Agenda



**MINUTES OF THE HEARTLAND HEALTH ALLIANCE COUNCIL
OF ALLIANCE AFFAIRS, Friday, January 23, 2026**

- ATTENDANCE:** Diane Brugger, Jeremiah Hanes, Jim Ulrich, Roger Reamer, Amanda Roebuck, Drew Waterman, David Zechman, Chris Nichols, Justin Wolf, Nicole Hagland, LaMont Cook, Jodi Mohr, Laura Gamble, Ryan Larsen, Aaron Delahoyde, Adam Stover, Jayne Van Asperen, Krys Claymore, Pam Nienaber, Pat Ganyo, Trish Olson, Zach Witt, Ryan Brunken, Alissa Wood
- GUESTS:** Ryan Stoner, Director of Customer Success-NRC Health Governance Institute, Jackie Stevens, VP of Sales-NRC Health/Governance Institute, Ashley Nelson, Strategic Advisor-NRC Health
- CALL TO ORDER:** The meeting was called to order by Pat Ganyo at 10:00 a.m. Guests and all in attendance provided introductions of themselves.
- THE GOVERNANCE INSTITUTE MEMBERSHIP:** Ryan Stoner & Jackie Stevens from NRC Health/Governance Institute, provided an overview of the HHA-Governance Institute partnership. They shared challenges the Governance Institute helps with, their 2026 educational agenda, their flywheel of Intentional and additional services they offer.
- PATIENT SATISFACTION & PHYSICIAN ENGAGEMENT WORKSHOP:** Ashley Nelson, NRC Health facilitated a great interactive workshop on Trust in Rural Healthcare. She focused on developing trust and trust development as a strategy. In addition, she spent time on Experience Management for staff and patients.
- BUSINESS MEETING:**
- APPROVE NEW HHA MEMBER-WINNEBAGO COMPREHENSIVE HEALTHCARE SYSTEM:** Pat Ganyo provided an overview of Winnebago Comprehensive Healthcare System to the attendees. The Executive Committee is recommending approval of membership.
- Drew Waterman motioned to approve the new HHA member, Winnebago Comprehensive Healthcare System. Laura Gamble seconded the motion. The motion passed unanimously.

ELECTION & AFFIRMATION OF OFFICERS FOR 2026:

Pat Ganyo presented the 2026 slate of officers the HHA Executive Board is recommending for approval. They are: Mary Kent-President, Chris Nichols-Vice President, and Jeremiah Hanes-Secretary/Treasurer.

Jim Ulrich motioned to approve. Roger Reamer seconded the motion. Motion passed unanimously.

BRYAN HEALTH CONNECT BOARD SEAT:

Pat Ganyo reminded the group that HHA has five (5) seats on the Bryan Health Connect PHO Board. There is an open seat and the HHA Executive Board is recommending Justin Wolf, CEO-Aurora fill that open seat.

Diane Brugger motioned to approve. Drew Waterman seconded the motion. Motion passed unanimously.

CONSENT AGENDA:

Ryan Larsen motioned to approve the consent agenda items:

- November 21, 2025 HHA Executive Committee Strategic Planning Retreat minutes
- 2025 HHA Year End Report
- November 2025 Unaudited HHA Financial Statements

Justin Wolf seconded the motion. Approved unanimously.

HHA MASTER AGREEMENTS UPDATES:

Pat Ganyo shared most of the HHA Master Agreements were the original 1995 agreements that need contemporary updating. All documents had previously been sent to membership in a redline fashion to see changes. All documents will be distributed to HHA CEO's. The only document that requires a signature is the revised HHA Membership agreement.

-HHA Bylaw revisions:

- Updating the 2018 version
- Adding new members & removing a member require a 75% approval vote at a CONA (now called Council of Alliance Affairs) meeting
- Eliminates the concept of an "Annual Meeting"
- Changes Quorum to 25% of membership
- Eliminates "Affiliate" member category
- CONA meetings (now called Council of Alliance Affairs) now required to be 3x per year v. 4x
- Calls out Executive Director under supervision of Executive Committee first then full membership Board

Jodi Mohr motioned to approve. Justin Wolf seconded the motion. Motion passed unanimously.

- HHA Operating Principles revisions:

- Dropping "Affiliate" & "Associate" status
- Better delineates meeting types. Eliminates the concept of an "Annual Meeting"
- Changes Quorum to 25% of membership
- Specifically calls out the Council approves the HHA budget. No reference to budget approval in prior version
- Specifically calls out the requirement of keeping minutes.

Laura Gamble motioned to approve. Nicole Hagland seconded the motion. Motion passed unanimously.

- HHA Administrative Services Agreement for Credentialing Verification Office (CVO) revisions:

- Gives Bryan ability to add staff to CVO without having to amend exhibit A and list new roles
- Removes: Hours of Service listing, specific office location, employee performance oversight by HHA
- Changes to 180-day notice of termination v. 90-days currently

Laura Gamble motioned to approve. Drew Waterman seconded the motion. Motion passed unanimously.

- HHA Management Services Agreement revisions:

- 180-day termination notice instead of 90 days
- Annual 3% fee increase each year. No fee increases since 2021 (\$3,000 monthly)
- Removes: Hours of Service listing, specific person listing
- Removes limit of 10 hours of service to HHA. We have never billed HHA for service over 10 hours per month
- Removes Exhibit A services we no longer do: Managed Care

Laura Gamble motioned to approve. Jodi Mohr seconded the motion. Motion passed unanimously.

- HHA Membership Agreement revisions:

- Updated "Purpose" listing to reflect broader purposes of HHA
- Deleted specific heading of "Shared Services" & "Managed Care" services

- Eliminated specific reference to “Joint Ventures”. We may do them in future but not contractually committed in the membership agreement
- 180-day termination notice instead of 90 days
- 3-yr. initial term with 1-yr roll overs
- Membership fee number references were eliminated so we are not tied to that number. Board evaluates this and referenced in Bylaws as “then current fees as established by Board”.
- Removed “Fees for Additional Services”

Jim Ulrich motioned to approve. David Zechman seconded the motion. Motion passed unanimously.

HHA 2025-2026 FLEX PLAN UPDATE:

Jayne Van Asperen, Rural Division Quality Officer, presented the 2025-2026 HHA Flex Plan. The 2025-2026 HHA Flex initiatives focused on support for quality improvement, support for operational & financial improvement and support for population health management and EMS integration.

2026 HHA OPERATING & CAPITAL BUDGETS:

Zach Witt presented the 2026 HHA Budget. The group reviewed the proposed income statement and balance sheet for the period ending 12/31/26.

Nicole Hagland motioned to approve the 2026 Budget. Ryan Larsen seconded the motion. Motion passed unanimously.

2026-2027 HHA AUDIT & 990:

Krys Claymore shared we tabled the RFP process for one year. The 2026 Audit & 990 will continue to be done by Eide Bailly. The goal proposal is to complete this process in 2026 for a 2027 potential change. It was noted we have not had any quality or process complaints about the Eide Bailly work.

RECOGNITION OF OUTGOING HHA PRESIDENT-LORI MAZANEC:

Pat Ganyo and the HHA membership deeply thank Lori Mazanec for serving on the HHA Board for three years and this last year as our president.

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

January 31, 2026 and 2025

	<u>Current Month</u>	<u>Prior Month</u>	<u>Increase (Decrease)</u>	<u>Prior Year</u>
ASSETS				
CURRENT ASSETS:				
Checking	\$ 108,051	188,617	(80,566)	177,219
Money market	584,001	582,653	1,348	394,517
Certificates of deposit	404,947	403,668	1,279	556,774
Accounts receivable	198,425	84,900	113,525	139,525
Other receivables	72,561	72,423	138	81,999
Prepaid expenses	170,427	94,598	75,829	104,448
Total current assets	<u>\$ 1,538,412</u>	<u>1,426,860</u>	<u>111,552</u>	<u>1,454,482</u>
Investments limited as to use	\$ 275,000	267,000	8,000	200,000
Property and equipment, net	\$ 18,255	18,413	(158)	-
Total assets	<u><u>\$ 1,831,667</u></u>	<u><u>1,712,273</u></u>	<u><u>119,394</u></u>	<u><u>1,654,482</u></u>
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES:				
Accounts payable	\$ 41,291	41,965	(674)	35,014
Family Medicine Reinvestment Trust	-	-	-	32,000
Family Medicine Resident Trust II	44,000	52,000	(8,000)	44,000
Unearned revenue	<u>174,234</u>	<u>48,595</u>	<u>125,639</u>	<u>139,667</u>
Total current liabilities	<u>\$ 259,525</u>	<u>142,559</u>	<u>116,966</u>	<u>250,681</u>
NET ASSETS:				
Donor restricted	\$ -	-	-	-
Unrestricted	<u>1,572,142</u>	<u>1,569,714</u>	<u>2,428</u>	<u>1,403,800</u>
Total net assets	<u>\$ 1,572,142</u>	<u>1,569,714</u>	<u>2,428</u>	<u>1,403,800</u>
Total liabilities and net assets	<u><u>\$ 1,831,667</u></u>	<u><u>1,712,273</u></u>	<u><u>119,394</u></u>	<u><u>1,654,482</u></u>

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

Statements of Activities

January 31, 2026 and 2025

	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	\$ 29,761	32,434	(2,673)	28,617	29,761	32,434	(2,673)	28,617
Membership assessment fees	12,200	11,800	400	11,600	12,200	11,800	400	11,600
Net assets released from restrictions - grant revenue	138	18,167	(18,030)	1,750	138	18,167	(18,030)	1,750
Credentialing income	25,225	25,005	220	18,975	25,225	25,005	220	18,975
Interest income	2,696	2,635	61	2,464	2,696	2,635	61	2,464
Miscellaneous income	-	100	(100)	-	-	100	(100)	-
Total unrestricted revenue, gains and other support	70,019	90,141	(20,122)	63,406	70,019	90,141	(20,122)	63,406
EXPENSES:								
Education and training programs	38,274	50,921	(12,647)	21,515	38,274	50,921	(12,647)	21,515
Purchased services and professional fees	26,395	23,533	2,862	27,402	26,395	23,533	2,862	27,402
Depreciation	159	159	(0)	-	159	159	(0)	-
Supplies and other	336	1,505	(1,169)	797	336	1,505	(1,169)	797
Conference and travel	-	-	-	-	-	-	-	-
Credentialing	1,422	1,671	(249)	1,197	1,422	1,671	(249)	1,197
Rent and utilities	703	750	(47)	696	703	750	(47)	696
Telephone	176	180	(4)	176	176	180	(4)	176
Insurance	125	49	76	-	125	49	76	-
Total expenses	67,591	78,768	(11,177)	51,783	67,591	78,768	(11,177)	51,783
Change in unrestricted net assets	2,428	11,373	(8,945)	11,623	2,428	11,373	(8,945)	11,623
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	2,428	11,373	(8,945)	11,623	2,428	11,373	(8,945)	11,623
NET ASSETS, beginning balance	1,569,714	1,227,353	342,361	1,392,176	1,569,714	1,227,353	342,361	1,392,176
NET ASSETS, ending balance	1,572,142	1,238,726	333,416	1,403,800	1,572,142	1,238,726	333,416	1,403,800

To: HHA Council of Network Affairs
From: Holly Dorathy, Lutz
Date: March 9, 2026
Re: February 2026 financial statements

Attached are the February 2026 financial statements for the Heartland Health Alliance for your approval. Highlights for the month ending February 28, 2026, are noted below:

Balance Sheet:

- Checking increased \$90,155 primarily due to the receipts for the Governance Institute Membership and HealthStream billings.
- Accounts receivable decreased \$92,100 due to payments on the annual Governance Institute and membership dues billings.
- Other receivables increased \$28,041 due to flex grant spend.
- Prepaid expenses decreased \$59,963 due to the normal recognition of expenses and for the February AHA HHA Event.
- Investments limited as to use increased \$8,000 due to monthly resident stipend payments.
- Family Medicine Reinvestment Trust Phase 2 increased \$12,000 due to a placement fee for a resident of \$20,000, partially offset by the recognition of monthly stipend revenue.
- Unearned Revenue decreased \$32,961 due to the normal monthly recognition of revenues.

Revenue:

- Total revenue of \$91,666 was favorable to the budget of \$85,724 due to the timing of grant spending and the corresponding recognition of grant revenues.

Expenses:

- Total expenses of \$103,819 were unfavorable to the budget of \$73,768 due to the expenses related to the February AHA HHA Event as well as other flex grant related spend.
- Year-to-Date expenses of \$171,410 are unfavorable to the budget of \$149,885 primarily due to the timing of education spend. The budget is spread evenly throughout the year, so this variance is expected to decrease in later months.

Expenses exceeded revenues by \$12,153 for the month compared to budgeted income of \$11,956 for an unfavorable variance of \$24,109. Year-to-Date net loss of \$9,725 is below the projected budgeted income by \$35,704.

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

Statements of Financial Position

February 28, 2026 and 2025

	<u>Current Month</u>	<u>Prior Month</u>	<u>Increase (Decrease)</u>	<u>Prior Year</u>
ASSETS				
CURRENT ASSETS:				
Checking	\$ 198,207	108,051	90,155	258,280
Money market	585,239	584,001	1,238	395,377
Certificates of deposit	406,105	404,947	1,158	558,140
Accounts receivable	106,325	198,425	(92,100)	34,650
Other receivables	100,601	72,561	28,041	82,111
Prepaid expenses	110,464	170,427	(59,963)	75,183
	<u>\$ 1,506,941</u>	<u>1,538,412</u>	<u>(31,471)</u>	<u>1,403,741</u>
Investments limited as to use	\$ 283,000	275,000	8,000	209,000
Property and equipment, net	\$ 18,096	18,255	(159)	-
	<u>\$ 1,808,037</u>	<u>1,831,667</u>	<u>(23,629)</u>	<u>1,612,741</u>
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES:				
Accounts payable	\$ 50,775	41,291	9,485	27,853
Family Medicine Reinvestment Trust	-	-	-	29,000
Family Medicine Resident Trust II	56,000	44,000	12,000	38,000
Unearned revenue	<u>141,273</u>	<u>174,234</u>	<u>(32,961)</u>	<u>114,700</u>
Total current liabilities	\$ 248,049	259,525	(11,476)	209,553
NET ASSETS:				
Donor restricted	\$ -	-	-	-
Unrestricted	<u>1,559,989</u>	<u>1,572,142</u>	<u>(12,153)</u>	<u>1,403,188</u>
Total net assets	\$ 1,559,989	1,572,142	(12,153)	1,403,188
Total liabilities and net assets	<u>\$ 1,808,037</u>	<u>1,831,667</u>	<u>(23,629)</u>	<u>1,612,741</u>

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

Statements of Activities

February 28, 2026 and 2025

	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	\$ 28,761	32,434	(3,673)	22,367	58,521	64,867	(6,346)	50,983
Membership assessment fees	12,200	11,800	400	14,100	24,400	23,600	800	25,700
Net assets released from restrictions - grant revenue	28,041	18,167	9,874	113	28,178	36,333	(8,155)	1,863
Credentialing income	20,225	20,588	(363)	20,700	45,450	45,593	(143)	39,675
Interest income	2,440	2,635	(195)	2,265	5,135	5,271	(136)	4,729
Miscellaneous income	-	100	(100)	-	-	200	(200)	-
Total unrestricted revenue, gains and other support	91,666	85,724	5,942	59,544	161,685	175,864	(14,179)	122,949
EXPENSES:								
Education and training programs	74,653	45,921	28,732	29,611	112,927	96,842	16,085	51,126
Purchased services and professional fees	25,727	23,533	2,194	22,796	52,123	47,065	5,058	50,198
Depreciation	159	159	(0)	-	317	318	(1)	-
Supplies and other	437	1,505	(1,068)	2,922	773	3,010	(2,237)	3,719
Conference and travel	-	-	-	-	-	-	-	-
Credentialing	1,666	1,671	(5)	3,903	3,089	1,671	1,418	5,100
Rent and utilities	740	750	(10)	925	1,443	750	693	1,621
Telephone	178	180	(2)	-	354	180	174	176
Insurance	259	49	210	-	384	49	335	-
Total expenses	103,819	73,768	30,051	60,156	171,410	149,885	21,525	111,939
Change in unrestricted net assets	(12,153)	11,956	(24,109)	(613)	(9,725)	25,979	(35,704)	11,010
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	(12,153)	11,956	(24,109)	(613)	(9,725)	25,979	(35,704)	11,010
NET ASSETS, beginning balance	1,572,142	1,227,353	344,789	1,403,800	1,569,714	1,213,330	356,384	1,392,178
NET ASSETS, ending balance	1,559,989	1,239,309	320,680	1,403,188	1,559,989	1,239,309	320,680	1,403,188

2026 Strategic Plan

Mission: To enhance the quality and availability of cost effectiveness of rural health care by providing access to education, shared services and best practices, through a regional network of collaborating hospitals.

Vision: With our members, we will build on existing strengths to:

- Enhance the quality of services provided by our members
- Strive to balance the needs and retain the autonomy of the individual members while maintaining the goals of the network as a whole
- Create innovative approaches to effectively improve the health status of our communities

2026 Strategic Initiatives/Tactics

I. COORDINATE NETWORKING AND EDUCATIONAL OPPORTUNITIES

- A. *Organize and facilitate networking meetings to include priority issues that address common topics of interest. Meetings will center on learning, networking and education on best practice. Meetings include the following groups: (Pat, Jayne, Jaclyn, Adam, Aaron, Pam, Trish, Bryan Health leaders)*
 - i. Nursing/Quality (includes Surgery, Infection Prevention, Specialty Clinic, Obstetrics, and Emergency)
 - ii. Radiology
 - iii. Utilization Review
 - iv. Pharmacy
 - v. Rural Health Clinic
 - vi. Credentialing/Peer Review
 - vii. Finance/Revenue Cycle
 - viii. Marketing/Public Relations/Foundation
 - ix. Support Services
 - x. Human Resources
 - xi. Laboratory
 - xii. Council of Network Affairs

Key educational programs provided in the past year at network meetings:

- **Council of Network Affairs**
 - *The Governance Institute Membership* – Chris Lyon, Regional Director, TGI
 - *Patient Satisfaction and Physician Engagement Workshop* – Ahsley Nelso, Strategic Advisor, NRC Health
- **Credentialing/ Peer Review**
 - *"Peer Review Results: Stop the Madness" March to Improvement* - CIMRO
- **Human Resources**
 -
- **Laboratory**
 -

- **Nursing / Quality**
 - *Culture of Safety and Good Catch Programs* – Jayne VanAsperen – Bryan Health, Heather Brahmsteadt, York General Hospital, Beth Lehmkuhler, Melham Memorial Hospital, Jenna Watson, Memorial Hospital
 - *Pulmonary Emboli Evaluation and Treatment Pathways* – Darcy Blaney, Cardiovascular and Quality Improvement Manager, Bryan Medical Center
 - *EMTALA: Common Pitfalls and Compliance Issues* – Jean Martin MD, JD, Deputy General Counsel, COPIC
 - **Pharmacy**
 -
 - **HHA Diabetes Consortium**
 -
 - **Marketing/ Public Relations/ Foundation**
 -
 - **Radiology**
 -
 - **Rural Health Clinic**
 -
 - **Support Services**
 -
 - **Utilization Review**
 -
 - **Finance**
 - *Physician Compensation Trends* – Kevin Walker, Lindsay Beets, Jeremy Holloway, CBIZ Healthcare
 - *Revenue cycle Outsourcing Best Practices and Tips of Managing Third Party Vendors* – Stephanie Barnette , MHA, Currance, Chief Strategy Officer
- B. Promote best practice governance*
- i. Conduct Board of Trustee education at the Governance Retreat. (Team)
 - a. Governance retreat is scheduled for October 1 & 2, 2026.
- C. Provide leadership and educational opportunities*
- i. Provide Healthcare Conference(s) (Jayne)
 - a. Nursing Leadership Conference planned for April 9, 2026, co-sponsored with NHA and other CAH networks.
 - b. Healthcare Leadership Conference planned for April 28 & 29, 2026 in partnership with Bryan Health Connect
 - c. HHA Diabetes Update conference planned for May 8, 2026, to support diabetes educators’ skills and knowledge.
 - ii. Financial training with Critical Access Hospitals and Rural Health Clinic focus (Zach)

- a. Provision of HCPro PROPEL Medicare for CAHs Plus, a 12-month Critical Access Hospital Coding and Medicare Billing Compliance Education Resource.
 - b. The first cohort will complete their term of service on 6/1/2026. A survey will be sent out to the participating hospitals to gain feedback on this offering. Further planning will take place based on the feedback from the group to develop the next Medicare Billing Compliance offering.
 - iii. Provision of AORN Periop 101 online course (Jayne)
 - a. Fifteen student seats purchased and offered to HHA members. Currently nine students are enrolled and taking the online course.
 - iv. Provide training on identified topics of need for rural facilities via simulation and lecture. (Jayne)
 - a. Simulation training started March 3, 2026 with 6 host sites providing the training through August. Obstetrical and Neonate simulation provided.
 - b. Training in providing care to patients experiencing OB complications is being provided throughout the state to review care guidelines. Training includes tabletop exercises for each topic reviewed, such as post-partum hemorrhage, maternal hypertension, maternal code etc...
- D. *Arrange for expert speakers at Council of Alliance Affairs meetings.*
 - i. Provide educational topics (Team)
 - a. See above in network meetings.

II. COLLABORATE WITH OTHERS REGARDING BEST PRACTICES, QUALITY AND PERFORMANCE IMPROVEMENT

- A. *Provide physician services and resources in collaboration with other organizations*
 - i. Provision of physician academy in collaboration with UNL. (Pat & Pam)
 - a. A new physician leadership academy begins in August of 2026.
- B. *Lead best practice improvement focused projects in collaboration with other organizations to improve quality of care in all settings*
 - i. Collaborate with Bryan ADA diabetes program and HHA diabetes consortium to improve education and health outcomes. (Jayne)
 - a. 26 HHA members currently are part of the Bryan ADA Diabetes Program and provide diabetes self-management education and support (DSMES) to patients.
 - b. The consortium's quality goals are to improve the number of patients completing their diabetes education and overall improvement of A1c and blood pressure.

- C. *Collaborate on provision of evidence-based resources to enhance patient care*
 - ii. Support improved scores of Medicare Beneficiary Quality Improvement Project (MBQIP) at member hospital through best practices. (Jayne)
 - a. Provision of support and resources to ensure reporting of new MBQIP measures.
 - i. Review MBQIP data at annual reviews, provide MBQIP resources i.e. specification manual, training videos as needed.
 - b. Ensure facilities are reporting all MBQIP measures and acting on improvement opportunities as needed.
 - i. Review MBQIP reporting information provided by CMS on reporting and non-reporting hospitals. Reach out to non-reporting hospitals to assist.
 - iii. Ongoing support for Bryan CAH Network hospitals through annual evaluations and mock surveys (Jayne)
 - a. Annual evaluations scheduled annually for all Bryan Critical Access Network hospitals.
 - b. Mock surveys provided pre-request.
 - i. One Critical Access Hospital Mock survey has been completed.
 - ii. One Rural Health Clinic mock survey has been completed.

III. EVALUATE AND IMPLEMENT SHARED SERVICES AND SERVICES ON A NETWORK WIDE BASIS

- A. *Review and promote existing corporate partner service agreements. Consider new agreements that create value for hospitals. (Adam)*
 - a. Vendor program in place with evaluation of new vendors ongoing.
- B. *Provide market share analysis to rural facilities (Zach)*
- C. *Provide programs and services to member hospitals (all)*
 - i. Bryan Health Connect Board
 - ii. Bryan Medical Center Critical Access Hospital Network
 - iii. Bryan Telemedicine
 - iv. Consulting
 - v. Credentialing Verification Organization
 - vi. Diabetes Education Certification Program
 - vii. Group Purchasing Organization Studies and Affiliation
 - viii. Healthcare Financial Management Association Membership
 - ix. Peer Review
 - x. The Governance Institute Membership
- D. *Evaluate new programs and service offerings (all)*

IV. IMPLEMENT CRITICAL ACCESS HOSPITAL (CAH) FLEX GRANT WORK PLANS

- A. *Implement CAH Flex grant work plan for the year ending August 31, 2025 (Jayne)*

- B. *Identify network-wide initiatives for 2025-2026. CAH Flex year ending August 31, 2026 (all)*
 - i. Support for quality improvement.
 - ii. Support for operational and financial improvement.
 - iii. Support for population health management and EMS integration.

Heartland Health Alliance 2025 Audit

Zach Witt

Rural Division Finance Consultant





February 25, 2026

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

We have audited the financial statements of Rural Health Partners, Inc. d/b/a Heartland Health Alliance (the Organization) as of and for the year ended December 31, 2025, and have issued our report thereon dated February 25, 2026. Professional standards require that we advise you of the following matters relating to our audit.

Our Responsibility in Relation to the Financial Statement Audit

As communicated in our letter dated December 10, 2025, our responsibility, as described by professional standards, is to form and express an opinion about whether the financial statements that have been prepared by management with your oversight are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Our audit of the financial statements does not relieve you or management of its respective responsibilities.

Our responsibility, as prescribed by professional standards, is to plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement. An audit of financial statements includes consideration of the system of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control over financial reporting. Accordingly, as part of our audit, we considered the system of internal control of the Organization solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

Planned Scope and Timing of the Audit

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

Compliance with All Ethics Requirements Regarding Independence

The engagement team, others in our firm, as appropriate, our firm, and other firms utilized in the engagement, if applicable, have complied with all relevant ethical requirements regarding independence.

Qualitative Aspects of the Entity’s Significant Accounting Practices

Significant Accounting Policies

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Organization is included in Note 1 to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during the fiscal year ended December 31, 2025. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

Accounting Estimates and Related Disclosures

Accounting estimates and related disclosures are an integral part of the financial statements prepared by management and are based on management’s current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management’s current judgments. No such sensitive accounting estimates were identified.

Financial Statement Disclosures

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. There were no financial statement disclosures that we consider to be particularly sensitive or involve significant judgment.

Significant Difficulties Encountered during the Audit

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

Uncorrected and Corrected Misstatements

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole. Uncorrected misstatements or matters underlying those uncorrected misstatements could potentially cause future-period financial statements to be materially misstated, even though the uncorrected misstatements are immaterial to the financial statements currently under audit. There were no uncorrected or corrected misstatements identified as a result of our audit procedures.

The following summarizes an uncorrected financial statement misstatement from 2024 whose effects in the current and prior periods, as determined by management, is immaterial to the financial statements taken as a whole.

Reversal of Prior Year Understatement of Net Assets	\$1,493
Reversal of Prior Year Understatement of Interest Income	1,493

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the financial statements or the auditor's report. No such disagreements arose during the course of the audit.

Circumstances that Affect the Form and Content of the Auditor's Report

For purposes of this letter, professional standards require that we communicate any circumstances that affect the form and content of our auditor's report. We did not identify any circumstances that affect the form and content of the auditor's report.

Representations Requested from Management

We have requested certain written representations from management that are included in the management representation letter dated February 25, 2026.

Management's Consultations with Other Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, that another accounting firm has been engaged to assist with accounting matters.

Other Significant Matters, Findings, or Issues

In the normal course of our professional association with the Organization, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, significant events or transactions that occurred during the year, business conditions affecting the entity, and business plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as the Organization's auditors.

This report is intended solely for the information and use of the Board of Directors and management of the Organization and is not intended to be, and should not be, used by anyone other than these specified parties.


Omaha, Nebraska

Financial Statements
December 31, 2025 and 2024
**Rural Health Partners, Inc. d/b/a
Heartland Health Alliance**

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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, 2025 and 2024, 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 referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2025 and 2024, 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
February 25, 2026

Rural Health Partners, Inc. d/b/a
Heartland Health Alliance
Statements of Financial Position
December 31, 2025 and 2024

	2025	2024
Assets		
Cash and cash equivalents	\$ 771,270	\$ 580,087
Receivables		
Accounts	84,900	33,740
Grants	72,423	80,249
Notes	267,000	191,000
Prepaid expenses	94,598	57,942
Investments	403,669	555,268
Equipment, net	18,413	-
Total assets	\$ 1,712,273	\$ 1,498,286
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$ 41,965	\$ 19,275
Deferred revenue	100,595	86,833
Total liabilities	142,560	106,108
Net Assets		
Without donor restrictions	1,569,713	1,392,178
Total liabilities and net assets	\$ 1,712,273	\$ 1,498,286

Rural Health Partners, Inc. d/b/a
Heartland Health Alliance
Statements of Activities
Years Ended December 31, 2025 and 2024

	2025	2024
Changes in Net Assets without Donor Restrictions		
Revenue, Gains, and Other Support		
Credentialing revenue	\$ 281,950	\$ 262,960
Continuing education program revenue	357,063	284,538
Grant revenue	195,174	207,365
Membership assessment fees	145,500	136,400
Interest and other income	31,762	40,189
Total revenue, gains, and other support	1,011,449	931,452
Expenses		
Education and training programs	557,987	508,887
Purchased services and professional fees	230,367	266,818
Credentialing	17,892	18,708
Occupancy	7,877	7,706
Supplies and other	17,039	8,728
Telephone	2,117	2,150
Depreciation	635	-
Total expenses	833,914	812,997
Change in Net Assets without Donor Restrictions	177,535	118,455
Net Assets, Beginning of Year	1,392,178	1,273,723
Net Assets, End of Year	\$ 1,569,713	\$ 1,392,178

Rural Health Partners, Inc. d/b/a
Heartland Health Alliance
Statements of Cash Flows
Years Ended December 31, 2025 and 2024

	2025	2024
Operating Activities		
Receipts from services provided to members	\$ 601,615	\$ 516,098
Fees received from members	145,500	136,400
Grant receipts	203,000	202,116
Interest and other receipts	31,762	40,189
Cash paid to suppliers and members	(820,245)	(747,529)
Net Cash from Operating Activities	161,632	147,274
Investing Activities		
Deposits to investments	(16,493)	(27,332)
Withdrawals from investments	168,092	-
Issuance of notes receivable	(126,000)	(101,000)
Payments received on notes receivable	23,000	-
Purchase of property and equipment	(19,048)	-
Net Cash from (used for) Investing Activities	29,551	(128,332)
Net Change in Cash and Cash Equivalents	191,183	18,942
Cash and Cash Equivalents, Beginning of Year	580,087	561,145
Cash and Cash Equivalents, End of Year	\$ 771,270	\$ 580,087
Supplemental Disclosures of Noncash Information		
Forgiveness of Family Medicine Reinvestment Pool notes receivable	\$ 27,000	\$ 36,000

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, 2025 and 2024.

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 8 to 10 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, credentialing 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, 2025 and 2024 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, 2025 and 2024 was \$0 for both periods. The balance of accounts receivable at January 1, 2025 and 2024 amounted to \$33,740 and \$81,725.

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, 2025 and 2024, notes receivable totaled \$267,000 and \$191,000.

Equipment

Equipment is reported at cost. The Organization maintains a capitalization policy of \$5,000. Depreciation is computed using the straight-line method over the estimated useful lives of the assets ranging from 3 to 10 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, 2025 and 2024.

Deferred Revenue

Deferred revenue consists of funds received in advance of the intended service or period covered. 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, 2025 and 2024.

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, 2025 and 2024, the Organization had approximately \$566,000 and \$265,000, 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.

Reclassifications

Certain reclassifications of amounts previously reported have been made to the accompanying financial statements to maintain consistency between periods presented. The reclassifications had no impact on previously reported net assets.

Subsequent Events

The Organization considered events occurring through February 25, 2026, 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:

	2025	2024
Financial Assets		
Cash and cash equivalents	\$ 771,270	\$ 580,087
Accounts receivable, net	84,900	33,740
Grants receivable	72,423	80,249
Investments	403,669	555,268
Total financial assets	1,332,262	1,249,344
Less financial assets not available for general expenditure		
Amounts limited to use for specific program purposes	52,000	65,000
Financial assets available for general expenditure	\$ 1,280,262	\$ 1,184,344

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 \$52,000 and \$65,000 at December 31, 2025 and 2024 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, 2025 and 2024 is as follows:

	2025	2024
Original cost	\$ 113,938	\$ 94,890
Accumulated depreciation	(95,525)	(94,890)
	\$ 18,413	\$ -

Depreciation expense amounted to \$635 and \$-0- for the years ended December 31, 2025 and 2024, in the accompanying statements of activities.

Note 4 - Deferred Revenue

Deferred revenue at December 31, 2025 and 2024 consists of the following:

	2025	2024
Family Medicine Reinvestment Pool program	\$ 52,000	\$ 65,000
Educational programs	48,595	21,833
Total deferred revenue	\$ 100,595	\$ 86,833

The balance of deferred revenue at January 1, 2025 and 2024 amounted to \$86,833 and \$166,218.

Note 5 - Government Grants

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

	2025	2024
Nebraska Department of Health and Human Services State Rural Hospital Flexibility Program	\$ 195,174	\$ 207,365

Note 6 - Functional Expenses

The following schedule presents the natural classification of expenses by function for the years ended December 31, 2025 and 2024:

	Year ended December 31, 2025			
	Program Services			Total
	Credentialing	Healthcare Services and Education	Management and General	
Education and Training Programs	\$ -	\$ 557,987	\$ -	\$ 557,987
Purchased Services and Professional Fees	143,778	-	86,589	230,367
Credentialing	17,892	-	-	17,892
Occupancy	6,932	-	945	7,877
Supplies and Other	-	-	17,039	17,039
Telephone	1,863	-	254	2,117
Depreciation	635	-	-	635
	<u>\$ 171,100</u>	<u>\$ 557,987</u>	<u>\$ 104,827</u>	<u>\$ 833,914</u>
	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
	<u>\$ 204,427</u>	<u>\$ 508,887</u>	<u>\$ 99,683</u>	<u>\$ 812,997</u>

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 \$753,888 and \$660,848 for the years ended December 31, 2025 and 2024.

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 \$143,778 and \$177,046 for the years ended December 31, 2025 and 2024 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, 2025 and 2024 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 \$38,226 and \$13,598 at December 31, 2025 and 2024 and are included in accounts payable and accrued expenses in the statements of financial position.

Council of Alliance Affairs: March 26, 2026

Flex work plan review

September 1, 2025- March 26, 2026



Flex Work Plan Focus Areas (September 1, 2025 – August 31, 2026)



Support for Quality Improvement



Support for Operational and Financial Improvement



Support for Population Health Management and EMS Integration



Support for Quality Improvement

Annual Healthcare Conference



- **April 28 & 29, 2026** – The Power of Local: Leading Healthcare Through Connection

REGISTER NOW

Heartland Health Alliance Annual Leadership Conference
in partnership with Bryan Health Connect

April 28-29, 2026
Holthus Convention Center, York, NE

The Power of Local: Leading Healthcare Through Connection
Inspire collaboration, celebrate the power of local partnership, and empower healthcare providers to deliver high-quality, cost-effective care through the utilization of community-based resources.

We are looking forward to seeing you! Additional information and conference registration will follow.

42509 Wheat Ridge Road | Cambridge, NE 69022
HHA.org



Support for Quality Improvement

Network Coordinator Support



- **Mock Surveys** – 2 completed
- **Annual Evaluation** – 18 out of 30 finished
- **Consults** (phone, email, etc....)
- **MBQIP** resource and support
- **HHA Networking meetings**
- **April 9, 2026** – Co-sponsor of Nursing Leadership Conference





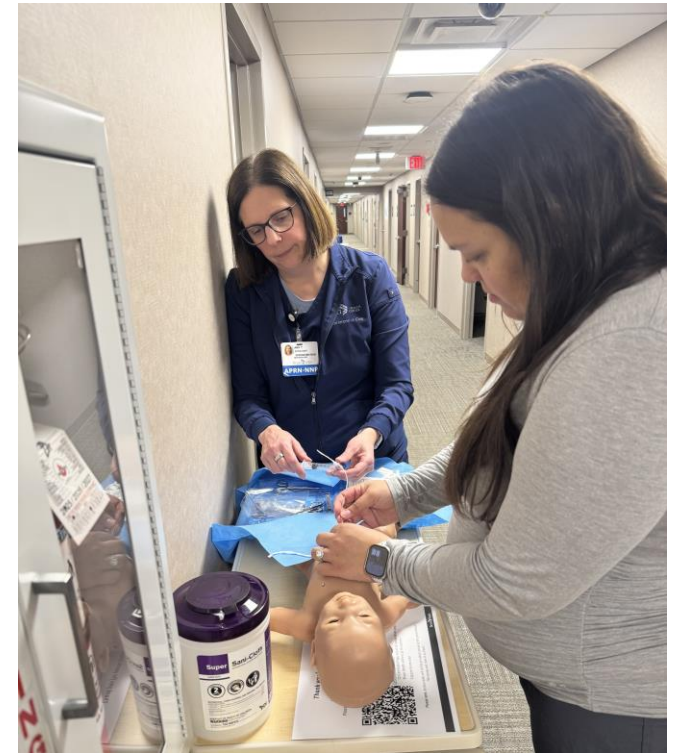
Support for Quality Improvement

Simulation Training Obstetrics & Neonatal



Training Underway

- Bryan Medical Center – 3/3/26
- Syracuse Area Health – 3/19/26
- Boone County Health Center – 6/18/26
- Pender Community Hospital – 6/23/26
- Lexington Regional Health Center -7/16/26
- Bryan Medical Center – 8/5/26





Support for Quality Improvement

AORN Periop 101 Course



- 9 students enrolled from three HHA facilities
- Course is available through October 2028



2170 South Parker Road, Suite 400 · Denver, CO 80231 · (800) 755-2676 · www.aorn.org

Periop 101: A Core Curriculum™ OR Learning Plan

Periop 101 modules for the operating room nurse focus on patient and worker safety, aseptic practice, equipment safety, patient care, and sterilization. This package includes 23 online learning modules listed below. All Periop 101 learners who are licensed nurses will receive 39.8 contact hours after passing the final exam.

Module Number	Module Title	Contact Hours
1	Anesthesia	1.7
2	Assessment	1.8
3	Endoscopic Surgery	2.0
4	Environmental Cleaning	1.2
5	Health Care Information Management	1.2
6	Hemostasis Management & Surgical Counts	2.0
7	Medications & Solutions	1.8
8	Organizational Influences & Patient Outcomes	1.2
9	Patient & Family Education	1.3
10	Patient Safety	2.5
11	Patient Skin Antisepsis	1.6
12	Positioning the Patient	2.5
13	Postanesthesia Care	1.5
14	Professionalism	1.5
15	Safe Use of Equipment	2.8
16	Sterile Technique	1.0
17	Sterilization Process	2.5
18	Surgical Draping	1.0
19	Surgical Hand Antisepsis & Scrub Attire	1.5
20	Surgical Instruments	1.7
21	Surgical Specimens	1.5
22	Transmissible Infection Prevention	2.0
23	Wound Closure & Healing	2.0



Support for Quality Improvement

Obstetrical Education



- **Addressing New Conditions of Participation for Critical Access Hospitals**
- **Lecture and Hands On Training**
- **Training Schedule**
 - Crete Area Medical Center- 5/7/26
 - Great Plains Health – 6/2/26
 - Providence Medical Center -7/9/26
 - Columbus Community Hospital- 8/10/26

Caring for Patients with Obstetrical Complications: A Microlearning Opportunity

Agenda	
10 minutes	Maternal Mortality: Overview and CMS Conditions of Participation (COP) updates
20 Minutes	Maternal Hypertension: Recognition and Response
15 minutes	Precipitous delivery with shoulder dystocia: Recognition and Response
15 minutes	Postpartum Hemorrhage (PPH): Recognition and Response
25 minutes	Maternal Hypertension, Precipitous delivery with Shoulder Dystocia and PPH
15 minutes	Break
35 minutes	Maternal Code and Amniotic Fluid Embolism (AFE): Recognition and Response
15 minutes	Uterine prolapse, Uterine Rupture, Abruptio: Recognition and Response
5 minutes	Questions and Answers



Support for Operational and Financial Improvement

Governance Institute Annual meeting



- Coming October 1 & 2, 2026!
- For Boards and Executives
- Younes Conference Center, Kearney, NE



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Support for Operational and Financial Improvement

Governance Institute Membership, Tools & Resources



- Updates coming on membership and renewals





Support for Operational and Financial Improvement

CAH and RHC Revenue Cycle and Coding On-Demand Education



- 12-month Critical Access Hospital Coding and Medicare Billing Compliance Education Resource
- First cohorts' term of service ends 6/1/26
- Further planning based upon feedback from the group

Propel Advisory Services





Support for Population Health Management and EMS Integration

HHA Diabetes Educator Conference



- May 8, 2026 –HHA Diabetes Update
 - Motivational Interviewing
 - Diabetes and Exercise
 - Cardiovascular - Kidney Metabolic Syndrome



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Questions



HHA Physician/APP Leadership Academy

Pam Nienaber

Rural Division Performance Improvement Consultant



AHA Rural Healthcare Leadership Conference Takeaways



*Next COAA meeting scheduled for July 24,
2026, at Bryan Health East Campus*

