See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
BRYAN MEDICAL CENTER	47 0376552

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	✓	
b	If "Yes," was it a written policy?	✓	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____%	✓	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____%	✓	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	✓	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		✓
6a	Did the organization prepare a community benefit report during the tax year?	✓	
b	If "Yes," did the organization make it available to the public?	✓	

Complete the following table using the worksheets provided in the Schedule H Instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,702,668		6,702,668	2 77
b Medicaid (from Worksheet 3, column a)			23,775,046	16,569,540	7,205,506	2.98
c Costs of other means-tested government programs (from Worksheet 3, column b)			650,794	618,025	32,769	0.01
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	31,128,508	17,187,565	13,940,943	5 76
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			719,865	6,300	713,565	0.29
f Health professions education (from Worksheet 5)			7,041,298	6,456,292	585,006	0.24
g Subsidized health services (from Worksheet 6)			230,669	77,505	153,164	0 06
h Research (from Worksheet 7)					0	0 00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			186,603		186,603	0.08
j **Total.** Other Benefits	0	0	8,178,435	6,540,097	1,638,338	0 67
k **Total.** Add lines 7d and 7j	0	0	39,306,943	23,727,662	15,579,281	6 43

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					0	0.00
2	Economic development					0	0.00
3	Community support					0	0.00
4	Environmental improvements					0	0.00
5	Leadership development and training for community members					0	0.00
6	Coalition building					0	0.00
7	Community health improvement advocacy					0	0.00
8	Workforce development					0	0.00
9	Other					0	0.00
10	Total	0	0	0	0	0	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		✓	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	4,131,285		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	77,799,159		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	97,484,083		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-19,684,924		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✓	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	✓	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 BRYAN MEDICAL CENTER EAST 1600 SOUTH 48TH ST LINCOLN, NE 68506 WWW BRYANHEALTH COM 500001	✓	✓		✓			✓			A
2 BRYAN MEDICAL CENTER WEST 2300 SOUTH 16TH ST LINCOLN, NE 68502 WWW.BRYANHEALTH.COM 500003	✓	✓		✓		✓	✓			A
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group A

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.	1	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Section C)			
2 Indicate the tax year the hospital facility last conducted a CHNA: 2012			
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	✓	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4	✓	
5 Did the hospital facility make its CHNA report widely available to the public?	5	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): WWW.BRYANHEALTH.COM			
b ☐ Other website (list url):			
c ☑ Available upon request from the hospital facility			
d ☐ Other (describe in Section C)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):			
a ☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b ☑ Execution of the implementation strategy			
c ☑ Participation in the development of a community-wide plan			
d ☑ Participation in the execution of a community-wide plan			
e ☑ Inclusion of a community benefit section in operational plans			
f ☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☑ Prioritization of health needs in its community			
h ☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Section C)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7	✓	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		✓
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

			Yes	No
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	✓	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	✓	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
	If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing *discounted* care?	11	✓	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 400 %			
	If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12	✓	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	☑ Income level			
b	☑ Asset level			
c	☑ Medical indigency			
d	☑ Insurance status			
e	☑ Uninsured discount			
f	☑ Medicaid/Medicare			
g	☐ State regulation			
h	☐ Residency			
i	☐ Other (describe in Section C)			
13	Explained the method for applying for financial assistance?	13	✓	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	✓	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The policy was posted on the hospital facility's website			
b	☑ The policy was attached to billing invoices			
c	☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	☐ The policy was posted in the hospital facility's admissions offices			
e	☑ The policy was provided, in writing, to patients on admission to the hospital facility			
f	☑ The policy was available on request			
g	☑ Other (describe in Section C)			
Billing and Collections				
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	✓	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17		✓
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a ☐ Notified individuals of the financial assistance policy on admission
- b ☐ Notified individuals of the financial assistance policy prior to discharge
- c ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19 ✓	
	If "No," indicate why:		
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	☐ Other (describe in Section C)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☐ Other (describe in Section C)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	21	✓
	If "Yes," explain in Section C.		
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	22	✓
	If "Yes," explain in Section C.		

Part V	Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5a, 5b 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Return Reference	Identifier	Explanation
SCHEDULE H, PART V SEC B, LINE 3	COMMUNITY SERVED BY NEEDS ASSESSMENT	(1) BRYAN MEDICAL CENTER EAST EXPLANATION IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT, REPRESENTATIVES FROM BRYAN MEDICAL CENTER PARTICIPATED IN THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS UNDER THE GUIDANCE OF THE LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT. THE 25 MEMBER MAPP COMMITTEE IS A BROAD-BASED REPRESENTATION OF THE HEALTH DEPARTMENT'S COMMUNITY PARTNERS AND STAKEHOLDERS. MEMBERS OF THE MAPP COMMITTEE INCLUDED REPRESENTATIVES FROM BRYAN MEDICAL CENTER, CEDARS YOUTH SERVICES, CLINIC WITH A HEART, EL CENTRO DE LAS AMERICAS, INDIAN CENTER, LANCASTER COUNTY MEDICAL SOCIETY, LANCASTER COUNTY COMMUNITY MENTAL HEALTH CENTER, LINCOLN COMMUNITY FOUNDATION, LINCOLN POLICE DEPARTMENT, LINCOLN PUBLIC SCHOOLS, NEBRASKA HEART INSTITUTE, PARKS AND RECREATION DEPARTMENT, PARTNERSHIP FOR A HEALTHY LINCOLN, PEOPLE'S CITY MISSION, PEOPLE'S HEALTH CENTER, SAFE KIDS, SAINT ELIZABETH REGIONAL MEDICAL CENTER, SENIORS FOUNDATION OF LINCOLN AND LANCASTER COUNTY, UNITED WAY OF LINCOLN, AND THE UNIVERSITY OF NEBRASKA-HEALTH CENTER.
SCHEDULE H, PART V SEC B, LINE 4	OTHER HOSPITAL FACILITIES INCLUDED IN NEEDS ASSESSMENT	(1) BRYAN MEDICAL CENTER EAST EXPLANATION SEE SCHEDULE H, PART V, SECTION B, LINE 3

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 11

Name and address	Type of Facility (describe)
1 BRYAN MEDICAL CENTER 1500 SOUTH 48TH STREET, SUITE 400 LINCOLN, NE 68506	CATH LAB SERVICES
2 BRYAN MEDICAL CENTER 2222 S. 16TH ST, TOWER B, SUITE 110 LINCOLN, NE 68502	RADIOLOGY SERVICES
3 BRYAN MEDICAL CENTER 1500 SOUTH 48TH STREET, 1ST FLOOR LINCOLN, NE 68506	LAB & RADIOLOGY SERVICES
4 BRYAN MEDICAL CENTER 1600 S. 48TH ST, SUITE 600, ROOM 1 LINCOLN, NE 68506	CARDIAC OUTPATIENT SERVICES
5 BRYAN MEDICAL CENTER 2221 SOUTH 17TH STREET SUITE 100 LINCOLN, NE 68502	LABORATORY SERVICES
6 BRYAN MEDICAL CENTER 3901 PINE LAKE ROAD, SUITE 110 LINCOLN, NE 68516	OUTPATIENT RADIOLOGY SERVICES
7 BRYAN MEDICAL CENTER 2222 S 16TH ST., TOWER B, SUITE 100 LINCOLN, NE 68502	MRI SERVICES
8 BRYAN MEDICAL CENTER 2221 SOUTH 17TH ST., SUITE 201 LINCOLN, NE 68502	COUNSELING SERVICES
9 BRYAN MEDICAL CENTER 1600 SOUTH 48TH STREET, SUITE 500 LINCOLN, NE 68506	VASCULAR OUTPATIENT SERVICES
10 BRYAN MEDICAL CENTER 7501 S. 27TH STREET LINCOLN, NE 68512	THERAPY SERVICES

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 11

Name and address	Type of Facility (describe)
1 BRYAN MEDICAL CENTER 3901 PINE LAKE ROAD, SUITE 111 LINCOLN, NE 68516	LINEAR ACCELERATOR & CT SCANNER SERVICES
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance polic

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Return Reference	Identifier	Explanation
SCHEDULE H, PART I, LINE 3C	PATIENT ELIGIBILITY FOR ASSISTANCE	BRYAN MEDICAL CENTER IS COMMITTED TO DELIVERING COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH CARE SERVICES AND TO ALWAYS BE THERE FOR ALL PATIENTS WHO TURN TO US FOR CARE, INCLUDING THOSE WHO ARE UNABLE TO PAY. CONSISTENT WITH OUR COMMITMENT, BRYAN OFFERS A FINANCIAL ASSISTANCE POLICY TO ENSURE THAT FINANCIAL CONCERNS DO NOT PREVENT INDIVIDUALS FROM SEEKING OR RECEIVING HEALTH CARE SERVICES IN ORDER TO PROVIDE THE APPROPRIATE LEVEL OF ASSISTANCE TO THE GREATEST NUMBER OF INDIVIDUALS IN NEED, BRYAN HEALTH'S FINANCE COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR THE OVERSIGHT OF THE FINANCIAL ASSISTANCE POLICY. THE FINANCE COMMITTEE IS COMPRISED OF VOLUNTEER BOARD MEMBERS WHO ALL RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA, AND ARE DEEPLY CONCERNED ABOUT THE NEEDS OF THE COMMUNITY. BRYAN PROVIDES FINANCIAL COUNSELORS TO HELP PATIENTS FIND WAYS TO MEET THEIR FINANCIAL OBLIGATIONS FOR THE SERVICES PROVIDED TO THEM. UNINSURED PATIENTS WHO ARE ADMITTED TO BRYAN WILL AUTOMATICALLY RECEIVE FINANCIAL COUNSELING SERVICES. BRYAN'S FINANCIAL COUNSELORS WILL REVIEW FINANCIAL ASSISTANCE OPTIONS, AS APPLICABLE, WITH PATIENTS, INCLUDING: 1) GOVERNMENT SPONSORED AND COMMUNITY BASED ASSISTANCE, 2) AN AUTOMATIC 35% DISCOUNT FOR SELF-PAY PATIENTS WHO DO NOT HAVE INSURANCE; 3) PAYMENT PLANS THAT DO NOT CHARGE INTEREST; AND 4) FINANCIAL ASSISTANCE, OR CHARITY CARE, RANGING FROM A PARTIAL DISCOUNT TO A 100% DISCOUNT BASED ON THE PATIENTS INDIVIDUAL FINANCIAL SITUATION THE POLICY PROVIDES FOR FULL CHARITY CARE TO LOW INCOME UNINSURED PATIENTS EARNING LESS THAN 200% OF THE FEDERAL POVERTY GUIDELINES ("FPG"). THIS POLICY ALSO PROVIDES DISCOUNTED CARE FOR OUR LOW INCOME UNINSURED PATIENTS EARNING BETWEEN 200% AND 400% OF THE FPG. THESE DISCOUNTS ARE APPLIED BY USING A SLIDING SCALE FEE SCHEDULE TO CALCULATE THE PERCENTAGE OF THE BALANCE DUE. UNDER THE CATASTROPHIC SECTION OF THE POLICY, A PATIENT'S BILL WILL NEVER EXCEED 30% OF THEIR ANNUAL INCOME PATIENTS WHO DO NOT HAVE INSURANCE ARE NEVER CHARGED MORE FOR SERVICES THAN THE AMOUNT GENERALLY BILLED TO THOSE WHO HAVE INSURANCE.
SCHEDULE H, PART I, LINE 6A	COMMUNITY BENEFIT REPORT PREPARED BY RELATED ORGANIZATION	BRYAN MEDICAL CENTER'S COMMUNITY BENEFIT REPORT IS PREPARED ANNUALLY BY BRYAN HEALTH, THE SOLE CORPORATE MEMBER OF THE ORGANIZATION BRYAN HEALTH'S COMMUNITY BENEFIT REPORT DESCRIBES THE PROGRAMS AND SERVICES THAT PROMOTE THE HEALTH OF THE COMMUNITIES THAT ARE SERVED BY BRYAN MEDICAL CENTER AND ITS RELATED ORGANIZATIONS. THE REPORT IS MAILED TO VARIOUS HOUSEHOLDS IN EASTERN NEBRASKA AND THE SURROUNDING AREA. FOR THE PURPOSE OF SCHEDULE H, ONLY FINANCIAL INFORMATION FOR BRYAN MEDICAL CENTER IS REPORTED
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY USED TO CALCULATE FINANCIAL ASSISTANCE	BRYAN MEDICAL CENTER'S UNCOMPENSATED CARE COST-TO-CHARGE RATIO WAS USED TO CALCULATE THE AMOUNT ON LINE 7A DIRECT AND INDIRECT COSTS WERE DEDUCTED FROM PAYMENTS TO CALCULATE THE AMOUNTS ON 7B AND 7C. FOR LINES 7E, 7F, 7G AND 7I, ANY OFFSETTING REVENUE WAS DEDUCTED FROM EXPENSES DIRECTLY ATTRIBUTABLE TO THE COMMUNITY BENEFIT ACTIVITY.
SCHEDULE H, PART I, LINE 7, COL(F)	BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	13,448,192
SCHEDULE H, PART I, LINE 7I	CASH AND IN-KIND CONTRIBUTIONS	SOME OF THE IN-KIND CONTRIBUTIONS PROVIDED ARE NOT REPORTED IN THE STATEMENT OF FUNCTIONAL EXPENSES AND SCHEDULE I.
SCHEDULE H, PART III, LINE 2	BAD DEBT EXPENSE - METHODOLOGY USED TO ESTIMATE AMOUNT	THE COST OF BAD DEBT EXPENSE WAS DETERMINED BY TAKING THE MEDICAL CENTER'S BAD DEBT COST-TO-CHARGE RATIO TIMES THE BAD DEBT EXPENSE THAT WAS STATED IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2013
SCHEDULE H, PART III, LINE 3	BAD DEBT EXPENSE METHODOLOGY	THE AMOUNT OF THE MEDICAL CENTER'S BAD DEBT EXPENSE AT COST ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE MEDICAL CENTER'S CHARITY CARE POLICY IS ESTIMATED TO BE ZERO BASED ON THE FOLLOWING (1) BRYAN MEDICAL CENTER HAS ESTABLISHED POLICIES THAT DEFINE CHARITY CARE AND PROVIDE GUIDELINES FOR ASSESSING A PATIENTS ABILITY TO PAY; AND ONCE ELIGIBILITY IS VERIFIED, THE MEDICAL CENTER WILL WRITE ACCOUNTS OFF TO CHARITY CARE AND NO LONGER PURSUE DEBT COLLECTION PROCEDURES, (2) BRYAN MEDICAL CENTER HAS COUNSELORS WHO WORK INDIVIDUALLY WITH EACH PATIENT BOTH PRE AND POST DISCHARGE TO ASSESS FINANCIAL NEED AND RECOMMEND APPROPRIATE ASSISTANCE; (3) BRYAN MEDICAL CENTER PROVIDES PRESUMPTIVE FINANCIAL ASSISTANCE WHEN A PATIENT MAY APPEAR ELIGIBLE FOR CHARITY CARE DISCOUNTS, BUT THERE IS NO

Return Reference	Identifier	Explanation
		FINANCIAL ASSISTANCE FORM ON FILE DUE TO THE LACK OF SUPPORTING DOCUMENTATION ONCE DETERMINED, DUE TO THE INHERENT NATURE OF PRESUMPTIVE CIRCUMSTANCES, THE ONLY DISCOUNT THAT CAN BE GRANTED IS A 100% WRITE-OFF OF THE ACCOUNT BALANCE
SCHEDULE H, PART III, LINE 4	BAD DEBT EXPENSE - FINANCIAL STATEMENT FOOTNOTE	AS STATED ON PAGES 9 AND 10 OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS, BRYAN MEDICAL CENTER MAINTAINS AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED COLLECTIONS OF ACCOUNTS RECEIVABLE, TAKING INTO ACCOUNT BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFFS EXPERIENCE BY MAJOR PAYOR CATEGORY. THE ALLOWANCE FOR DOUBTFUL ACCOUNTS DOES NOT INCLUDE AMOUNTS FOR PATIENTS WHO ARE KNOWN TO QUALIFY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.
SCHEDULE H, PART III, LINE 8	COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS	THE ENTIRE MEDICARE SHORTFALL AS REPORTED IN PART III, LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT. BRYAN MEDICAL CENTER PROVIDES CARE TO MEDICARE PATIENTS, AND MEDICARE DOES NOT PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE ENTIRE COST OF PROVIDING CARE TO THESE PATIENTS CAUSING A SHORTFALL, OR LOSS TO THE ORGANIZATION. THE FUNDS BRYAN MEDICAL CENTER USES TO COVER THIS SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT BECAUSE THE ORGANIZATION IS RELIEVING THE GOVERNMENT OF THE FINANCIAL BURDEN OF PAYING THE FULL COSTS OF CARE FOR MEDICARE BENEFICIARIES. THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICAL CENTER'S MEDICARE COST REPORT IS THE STEP-DOWN METHOD OF COST ALLOCATION.
SCHEDULE H, PART III, LINE 9B	COLLECTION PRACTICES FOR PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE	IT IS BRYAN'S POLICY TO OFFER PATIENTS A PAYMENT PLAN AND/OR FINANCIAL ASSISTANCE WHEN IT BECOMES KNOWN THAT A PATIENT IS IN NEED OF ASSISTANCE TO HELP PAY FOR THEIR HOSPITAL BILL. IF BRYAN IS AWARE THAT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THIS ACCOUNT WILL NEVER BE REFERRED TO A COLLECTION AGENCY IF AN ACCOUNT HAS BEEN SENT TO A COLLECTION AGENCY, AND THE COLLECTION AGENCY OBTAINS DOCUMENTATION TO DETERMINE THAT THE PATIENT IS ELIGIBLE FOR CHARITY, THE ACCOUNT IS RETURNED TO BRYAN FOR A CHARITY ADJUSTMENT AND NO FURTHER COLLECTION EFFORT IS MADE.
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	AS A HEALTHCARE LEADER IN NEBRASKA, BRYAN MEDICAL CENTER IS COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITY BY CONTINUALLY WORKING WITH COMMUNITY PARTNERS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY. DURING THE FISCAL YEAR ENDED MAY 31, 2013, REPRESENTATIVES FROM BRYAN PARTICIPATED IN THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) PROCESS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE CITY OF LINCOLN AND LANCASTER COUNTY, NEBRASKA. THE 25 MEMBER MAPP STEERING COMMITTEE INCLUDED REPRESENTATIVES FROM THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT, COMMUNITY HEALTH ENDOWMENT OF LINCOLN, LOCAL HOSPITALS, COMMUNITY STAKEHOLDERS AND LOCAL CONSULTANTS. THE ROLE OF THE MEMBERS WAS TO ASSIST THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT IN THE IDENTIFICATION OF COMMUNITY PRIORITY HEALTH NEEDS, AND IN THE DEVELOPMENT AND IMPLEMENTATION OF STRATEGIES TO MEET THE IDENTIFIED PRIORITY HEALTH NEEDS THE MAPP STEERING COMMITTEE IDENTIFIED FOUR PRIORITY COMMUNITY HEALTH NEEDS: 1) ACCESS TO CARE; 2) BEHAVIORAL HEALTH CARE, 3) CHRONIC DISEASE PREVENTION, 4) AND INJURY PREVENTION BRYAN USED THE PRIORITIES FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT TO DEVELOP A DETAILED IMPLEMENTATION STRATEGY TO ENSURE THAT OUR STRENGTHS AND AVAILABLE RESOURCES ARE ALIGNED WITH THE HEALTH NEEDS OF OUR COMMUNITY BRYAN MEDICAL CENTER'S BOARD OF TRUSTEES ADOPTED THIS IMPLEMENTATION STRATEGY ON MARCH 25, 2013. THIS IMPLEMENTATION STRATEGY WILL SERVE AS THE FOUNDATION FOR BRYAN'S COMMUNITY HEALTH IMPROVEMENT PLANNING EFFORTS OVER THE NEXT TWO YEARS. BRYAN HAS ALSO PARTICIPATED OVER THE PAST FIFTEEN YEARS IN COMMUNITY NEEDS ASSESSMENTS IN COOPERATION WITH OTHER HEALTH CARE PROVIDERS AND THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT THROUGH A COLLABORATIVE GROUP CALLED HEALTH PARTNERS INITIATIVE. THE GROUP HAS HELD COMMUNITY FORUMS AND CONDUCTED COMMUNITY NEEDS ASSESSMENTS OVER THE YEARS AND HAS PARTICIPATED IN THE DEVELOPMENT OF HEALTHY PEOPLE 2020 PLAN FOR LINCOLN-LANCASTER COUNTY. IN ADDITION TO PARTICIPATION IN COMMUNITY HEALTH NEEDS ASSESSMENTS, BRYAN CONDUCTS AN ANNUAL PERCEPTION SURVEY BOTH LOCALLY, IN LINCOLN-LANCASTER COUNTY AND REGIONALLY ACROSS THE STATE. THE SURVEY ASSESSES PERCEPTION OF THE QUALITY AND AVAILABILITY OF HEALTH CARE PROVIDERS IN THE REGION AS PART OF THE ANNUAL STRATEGIC PLANNING PROCESS, BRYAN ALSO ASSESSES MARKET SHARE AND UTILIZATION TRENDS AS WELL AS CHANGES IN POPULATION DEMOGRAPHICS
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	IN KEEPING WITH BRYAN MEDICAL CENTER'S MISSION TO TREAT ALL PATIENTS WITH COMPASSION, BRYAN OFFERS A FINANCIAL ASSISTANCE PROGRAM TO PATIENTS WHO CANNOT AFFORD TO PAY FOR PART OR ALL OF THE CARE THEY RECEIVE. EDUCATION REGARDING OUR FINANCIAL ASSISTANCE PROGRAM IS PROVIDED AT EACH NEW EMPLOYEE ORIENTATION SO THAT EACH EMPLOYEE WILL HAVE A CLEAR UNDERSTANDING OF THE FINANCIAL ASSISTANCE THAT IS AVAILABLE TO OUR PATIENTS BRYAN HAS TRAINED FINANCIAL COUNSELORS WHO WORK INDIVIDUALLY WITH PATIENTS PRE-REGISTRATION AND POST-DISCHARGE, OR AT ANY OTHER TIME THE STAFF ENCOUNTERS INFORMATION DETAILING THE PATIENTS FINANCIAL NEED. UNINSURED PATIENTS WHO ARE ADMITTED TO BRYAN WILL AUTOMATICALLY RECEIVE A CONSULTATION WITH A FINANCIAL COUNSELOR THE COUNSELORS RECOMMEND APPROPRIATE ASSISTANCE SUCH AS FEDERAL, STATE OR LOCAL PROGRAMS, OR ELIGIBILITY FOR ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. WHEN APPLICABLE, THE FINANCIAL COUNSELORS PROVIDE ASSISTANCE FOR QUALIFYING FOR THE FINANCIAL ASSISTANCE POLICY OR VARIOUS GOVERNMENT PROGRAMS, SUCH AS MEDICAID. A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY; INCLUDING THE PHONE NUMBER TO CONTACT A BILLING CUSTOMER SERVICE REPRESENTATIVE, IS PROVIDED: 1) ON BRYAN'S WEBSITE, 2) IN ALL HOSPITAL REGISTRATION AREAS, INCLUDING THE EMERGENCY DEPARTMENT, 3) IN BILLING OFFICES, 4) IN ALL INPATIENT ADMISSION PACKETS; AND 5) ON EACH BILLING STATEMENT. THE ORGANIZATION'S PROCEDURE IS TO MAIL THE FINANCIAL ASSISTANCE POLICY AND APPLICATION FORM TO PATIENTS FREE OF CHARGE UPON REQUEST. PATIENTS MAY APPLY FOR FINANCIAL

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		ASSISTANCE AT ANY POINT FROM PRE-ADMISSION TO THE FINAL PAYMENT OF THE BILL, AS WE RECOGNIZE THAT A PATIENTS ABILITY TO PAY OVER AN EXTENDED PERIOD OF TIME MAY BE SUBSTANTIALLY ALTERED DUE TO ILLNESS OR FINANCIAL HARDSHIP, RESULTING IN A NEED FOR FINANCIAL ASSISTANCE.
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	BRYAN MEDICAL CENTER PROVIDES A NETWORK OF COMPREHENSIVE HEALTH CARE SERVICES TO THE RESIDENTS OF THE COMMUNITIES WE SERVE. BRYAN IS LOCATED IN THE CAPITAL CITY OF LINCOLN, NEBRASKA, THE STATE'S SECOND LARGEST METROPOLITAN AREA WHILE BRYAN SERVES A REGIONAL GEOGRAPHIC AREA EXTENDING BEYOND THE COUNTY, LANCASTER COUNTY RESIDENTS ACCOUNT FOR 67.5% OF PATIENTS SERVED. THE MEDIAN INCOME IN LANCASTER COUNTY WAS ESTIMATED AT $50,269, AND 8.71% OF THE POPULATION HAD FAMILY INCOMES BELOW THE POVERTY LEVEL. THE PERCENT OF UNINSURED ADULTS AGED 18 TO 64 HAS INCREASED STEADILY SINCE 2005, WITH AN OVERALL ESTIMATED UNINSURED RATE OF 17.3% IN 2012. CANCER REMAINED THE LEADING CAUSE OF DEATH FOR LANCASTER COUNTY IN 2012, FOLLOWED BY HEART DISEASE, CHRONIC LUNG DISEASE, CEREBROVASCULAR DISEASE, AND ACCIDENTAL DEATH. BRYAN AND CHI-ST. ELIZABETH ARE THE PRIMARY HOSPITALS SERVING LANCASTER COUNTY. THE CENSUS BUREAU REPORTED THAT THE COUNTY'S POPULATION GREW OVER THE DECADE BY OVER 14%, FROM 250,291 TO 285,407, WITH VERY HIGH GROWTH IN MINORITY POPULATIONS. DOUBLE DIGIT GROWTH IS EXPECTED TO CONTINUE OVER THE NEXT FOUR DECADES. BY AGE, THE LARGEST RATE OF GROWTH IS PROJECTED FOR THE 65+ AGE GROUP. BECAUSE OF LINCOLN'S SIZE, RELATIVE STABLE ECONOMY, AND EDUCATIONAL OPPORTUNITIES, THE U.S. STATE DEPARTMENT DESIGNATED LINCOLN AS "REFUGEE FRIENDLY" IN THE 1970S. SINCE THE 70S, WAVES OF IMMIGRANTS FROM ACROSS THE WORLD HAVE RESETTLED IN LINCOLN LINCOLN PUBLIC SCHOOLS NOW INCLUDE CHILDREN SPEAKING APPROXIMATELY 56 LANGUAGES OTHER THAN ENGLISH LANCASTER COUNTY'S DEMOGRAPHIC CHANGES SINCE 2000 REFLECT THE INCREASED DIVERSITY AS OVER THE LAST DECADE, THE MINORITY POPULATION IN LANCASTER COUNTY INCREASED BY 16,481, OR BY 58 4%. IN 2010, THE MINORITY POPULATION REPRESENTS 15.7% OF THE TOTAL POPULATION, AN INCREASE IN REPRESENTATION FROM 11.3% OF THE TOTAL 2000 POPULATION. OVER THE LAST DECADE, PERSONS OF HISPANIC ORIGIN (MAY BE OF ANY RACE) NEARLY DOUBLED IN SIZE AS THERE WAS A 97 8% INCREASE IN LATINO/LATINA POPULATION OVER THE DECADE. THE AFRICAN AMERICAN AND ASIAN POPULATIONS THAT ESSENTIALLY TIE AS THE SECOND LARGEST RACIAL GROUPS HAVE ALSO GROWN OVER THE DECADE. PROJECTED GROWTH IN MINORITY POPULATIONS CHALLENGES US TO ACCOMMODATE DIVERSE LANGUAGE AND CULTURAL NEEDS. WITH THE SERVICE AREA RAPIDLY EXPANDING, AND THE OVER 65 POPULATION EXPECTED TO GROW BY OVER 13% IN THE NEXT FIVE YEARS, BRYAN RECOGNIZES THE IMMENSE NEEDS OF OUR SERVICE AREA ARE EXPANDING AND CHANGING.
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	BRYAN MEDICAL CENTER HAS PROVIDED HIGH QUALITY, COMPREHENSIVE MEDICAL SERVICES TO BENEFIT THE COMMUNITY FOR OVER 87 YEARS, AND IS COMMITTED TO IDENTIFYING AND ADDRESSING NEEDS IN THE COMMUNITY IN ORDER TO PROMOTE THE PHYSICAL, EDUCATIONAL AND ECONOMIC HEALTH OF OUR COMMUNITY IN THE FUTURE. FUNDAMENTAL TO OUR COMMUNITY COMMITMENT IS THE LEADERSHIP OF OUR LOCAL GOVERNING BOARD. BRYAN'S GOVERNING BOARD CONSISTS OF MEDICAL PROFESSIONALS, BUSINESS PROFESSIONALS, AND COMMUNITY LEADERS ALL OF WHOM RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA, AND UNDERSTAND THE NEEDS OF THE COMMUNITY. THESE VOLUNTEERS DEDICATE THEIR TIME, WISDOM, INSIGHTS, AND EXPERTISE TO SET POLICY AND STRATEGIC DIRECTION TO ENSURE THAT BRYAN'S VISION, MISSION AND STRATEGIC PLANS ARE ALIGNED WITH ITS CHARITABLE PURPOSE. THE MAJORITY OF THE BOARD MEMBERS ARE INDEPENDENT BOARD MEMBERS WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION. THE MEDICAL STAFF OF THE ORGANIZATION IS OPEN TO ALL PHYSICIANS IN THE COMMUNITY WHO MEET MEMBERSHIP AND CLINICAL PRIVILEGES REQUIREMENTS. AS OF DECEMBER 31, 2013, BRYAN HAD AN ORGANIZED MEDICAL STAFF OF 624 PHYSICIANS AND 22 DENTISTS AND DENTAL SPECIALISTS, FROM MORE THEN 32 MEDICAL AND SURGICAL FIELDS. AS A NON-PROFIT MEDICAL CENTER, SURPLUS FUNDS ARE CONTINUOUSLY UTILIZED TO MAINTAIN ACCESS TO LIMITED PATIENT SERVICES AND TO EXPAND ACCESS POINTS OF CARE TO PATIENTS THROUGHOUT THE COMMUNITY; INCLUDING BUT NOT LIMITED TO, 1) PROVIDING A COMPLETE DIAGNOSTIC AND INTERVENTIONAL CARDIAC PROGRAM; 2) PROVIDING A COMPREHENSIVE LEVEL II TRAUMA CENTER FOR SOUTHEAST NEBRASKA WHICH PROVIDES 24-HOUR COVERAGE OF EMERGENCY SERVICES; 3) FUNDING FOR AN AIR AMBULANCE SERVICE THAT IS AVAILABLE 24-HOURS A DAY TO TRANSPORT PATIENTS TO THE HOSPITAL WITHIN A 160-MILE RADIUS OF LINCOLN; 4) PROVIDING A HOSPITAL-BASED RESIDENTIAL TREATMENT SUBSTANCE ABUSE FACILITY IN LINCOLN, WHICH SERVES PATIENTS THAT STRUGGLE WITH ADDICTION TO DRUGS AND ALCOHOL FROM SOUTHEAST NEBRASKA AND MANY OTHER STATES ; 5) PROVIDING HOSPITAL-BASED MENTAL HEALTH CARE TO LINCOLN AND SURROUNDING COMMUNITIES (DURING FISCAL YEAR 2013, SURPLUS FUNDS, IN ADDITION TO FUNDS RAISED IN A CAPITAL CAMPAIGN, ARE BEING USED TO BUILD NEW FACILITIES FOR MENTAL HEALTH AND SUBSTANCE ABUSE); AND 6) PROVIDING A STATE-OF-THE-ART WOMEN AND CHILDREN'S TOWER WHICH INCLUDES A NEONATAL INTENSIVE CARE UNIT. BRYAN IS COMMITTED TO TEACHING AND TRAINING THE HEALTH CARE PROFESSIONALS OF TOMORROW OUR COLLEGE OF HEALTH SCIENCES OFFERS GRADUATE AND UNDERGRADUATE DEGREES THROUGH ITS SCHOOL OF NURSING, SCHOOL OF HEALTH PROFESSIONALS, AND SCHOOL OF NURSE ANESTHESIA PROGRAMS. MANY OF THE GRADUATES STAY IN LINCOLN OR THE SURROUNDING AREA, THEREBY PROVIDING A CONTINUOUS SUPPLY OF MEDICAL PROFESSIONALS FOR THE COMMUNITY. IN ADDITION, THE MEDICAL CENTER ASSURES CONTINUING QUALITY HEALTH IN OUR COMMUNITY THROUGH RESIDENCY PROGRAMS, WORKSHOPS AND SEMINARS, AND CLINICAL EDUCATION PROGRAMS
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM	BRYAN MEDICAL CENTER IS PART OF BRYAN HEALTH, ONE OF THE LARGEST NON-PROFIT HEALTH CARE ORGANIZATIONS IN THE REGION. BRYAN HEALTH EXISTS TO PROMOTE AND PROVIDE ACCESS TO QUALITY HEALTH CARE, PROVIDE MEDICAL EDUCATION, AND COMMUNITY SERVICE. THE COMMUNITY BENEFITS PROVIDED BY BRYAN HEALTH INCLUDE: 1) PROVIDING FREE OR DISCOUNTED HEALTH CARE TO THE UNINSURED AND UNDERINSURED, 2) PROVIDING GOVERNMENTAL SPONSORED PROGRAMS SUCH AS MEDICARE AND MEDICAID; 3) HEALTH PROFESSIONALS' EDUCATION 4) COMMUNITY HEALTH IMPROVEMENT SERVICES AND 5) CASH AND IN-KIND CONTRIBUTIONS TO OTHER NON-PROFIT ORGANIZATIONS. BRYAN HEALTH PROVIDES A FULL SPECTRUM OF PREVENTION, WELLNESS, ACUTE CARE AND

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		REHABILITATION SERVICES TO URBAN, SUBURBAN AND RURAL COMMUNITIES IN NEBRASKA, KANSAS, IOWA, MISSOURI AND SOUTH DAKOTA. BRYAN HEALTH CONSISTS OF THREE ACUTE-CARE HOSPITALS, NUMEROUS OUTPATIENT CLINICS, A PHYSICIAN NETWORK, A COLLEGE, AN URGENT CARE CENTER, A HEALTH AND WELLNESS FACILITY, A PHILANTHROPIC FOUNDATION AND OTHER HEALTHCARE PROVIDERS. PREMIER SERVICES INCLUDE CARDIOLOGY, NEUROSCIENCE, ORTHOPEDICS, VASCULAR, TRAUMA AND EMERGENCY CENTERS, INTENSIVE CARE, WOMEN'S AND CHILDREN'S HEALTH, ONCOLOGY, IMAGING AND MENTAL HEALTH.