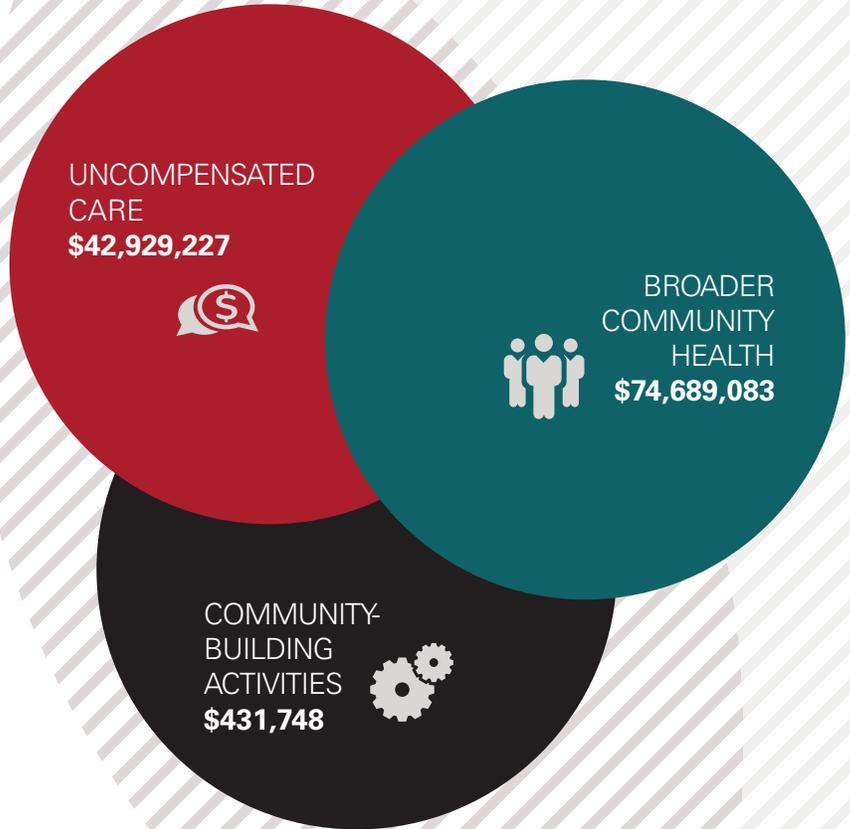


Fiscal Year 2014

## Community Benefit Financial Highlights



SERIOUS MEDICINE. EXTRAORDINARY CARE.®



Bringing Medicine  
**FULL CIRCLE**  
**\$118,050,058**

### UNCOMPENSATED CARE

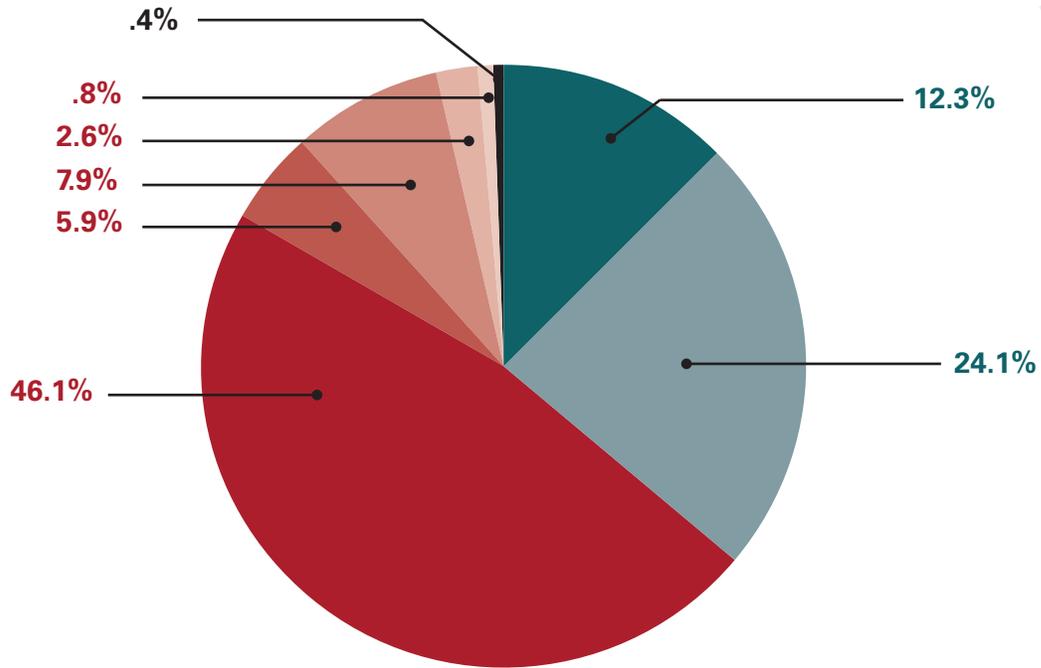
- Financial Assistance and Other Means-Tested Programs
- Unreimbursed Medicaid

### BROADER COMMUNITY HEALTH

- Cash and In-kind Contributions
- Subsidized Health Services
- Health Professions Education
- Research
- Community Health Improvement Services and Community Benefit Operations

### COMMUNITY-BUILDING ACTIVITIES

**Total Community Benefit = \$118,050,058**



**■ UNCOMPENSATED CARE = \$42,929,227**

- Financial Assistance and Other Means-Tested Programs = \$14,484,115
- Unreimbursed Medicaid = \$28,445,112

**■■■■■ BROADER COMMUNITY HEALTH = \$74,689,083**

- Cash and In-kind Contributions = \$54,443,634
- Subsidized Health Services = \$6,914,613
- Health Professions Education = \$9,284,648
- Research = \$3,049,115
- Community Health Improvement Services and Community Benefit Operations = \$997,073

**■ COMMUNITY-BUILDING ACTIVITIES = \$431,748**

## What do these numbers mean?



### UNCOMPENSATED CARE

#### Financial Assistance and Other Means-Tested Programs

Nebraska Medicine, as a not-for-profit, 501 (c)(3) tax exempt entity, provides charitable medical care to those who qualify. The hospital has financial assistance policies which outline the procedure for patients of limited means to apply for help with payment for their medical care. Patient financial counselors assist patients and families with this process, which includes meeting financial qualification guidelines. For fiscal year 2014, the hospital provided financial assistance to uninsured and underinsured individuals in the amount of **\$14,484,115**.

#### Unreimbursed Medicaid

In addition to financial assistance provided to those who qualify, Nebraska Medicine also accepts any patient who carries Medicaid insurance. The cost of providing medical care exceeds the amount of reimbursement provided to hospitals by Medicaid insurance, thus creating a shortfall. That shortfall is considered a community benefit because hospitals reduce the government's financial burden by covering that shortfall. Last year, the total amount covered by Nebraska Medicine for patients carrying Medicaid insurance was **\$28,445,112**.



## BROADER COMMUNITY HEALTH

### Cash and In-kind Contributions

As an academic medical center, Nebraska Medicine's largest community benefit is its support of the University of Nebraska Medical Center's (UNMC) academic programs and operations. Providing a clinical teaching environment to help educate the students of UNMC is part of the mission of Nebraska Medicine. Making sure the community has access to necessary health education programs, critical and specialty medical services and state-of-the-art facilities are top priorities for Nebraska Medicine. Additionally, the hospital practices good citizenship by providing financial and in-kind support of other local charitable organizations. In fiscal year 2014, **\$54,443,634** was given by the hospital in the form of grants for operational support, charitable contributions and in-kind donations of goods or services to other 501 (c)(3) organizations.



### Subsidized Health Services

These figures represent the cost of providing necessary health services for the community, despite a financial loss to the hospital. Some examples of subsidized services that qualify as community benefits include burn units, specialty services for women and children, emergency and trauma care, behavioral health services, palliative care, community clinics and neonatal intensive care units. The total dollars provided by Nebraska Medicine to subsidize necessary health services was **\$6,914,613**.

### Health Professions Education

The support of education for current and future health care providers is a countable community benefit. The numbers represented here include a hospital's direct financial support of medical education, internships, residencies and fellowships, as well as nursing and allied health education programs. There are direct costs associated with conducting education for providers, and there are also the indirect costs of staff time required to provide future doctors, nurses and allied health providers a clinical setting with hands-on opportunities, which is a critical piece of their education. Sixty percent of the providers practicing in the state of Nebraska received some sort of clinical training from Nebraska Medicine. The dollars in this category for fiscal year 2014 totaled **\$9,284,648**.

### Research

Medical research is the cornerstone of advancements in the technology and practice of medicine. While the University of Nebraska Medical Center (UNMC) provides the main research component to the medical center campus, the hospital also participates in research studies and clinical trials in order to advance medical treatments and improve outcomes for patients. These community benefits equaled **\$3,049,115** in fiscal year 2014.

### Community Health Improvement Services and Community Benefit Operations

Community health improvement services include activities designed to improve community health. Fiscal year 2014 saw **\$997,073** in hospital resources expended in an attempt to improve community health in a community-based setting. These activities extend above and beyond routine patient care and are not billable services. Some examples include participation in health fairs, free and reduced-cost health screenings, support groups for patients and families and education on various health topics to the community at large. This category also includes outreach efforts to improve access to care for vulnerable populations. A significant expense reflected in this category is the staff time required to implement these health improvement activities and the community benefit operations staff time to track, assess and report community benefit data.





## COMMUNITY-BUILDING ACTIVITIES

Community-building activities are designed to address the root causes of health problems. Poverty, homelessness and environmental problems all contribute to poor health. The types of programs included in this category support workforce development and training programs to provide employment and leadership skills training, job shadowing for students interested in health careers and economic development support grants to help revitalize low-income areas and businesses. Fiscal year 2014 figures were **\$431,748**.

Fiscal Year 2014

### Community Benefit Financial Highlights

Bringing Medicine

# FULL CIRCLE

**\$118,050,058**



**SERIOUS MEDICINE. EXTRAORDINARY CARE.®**

