



Proposal  
For the  
**Licensee Assistance Program**  
RFP Number 5407 Z1

Submitted to:

State of Nebraska  
Administrative Services, Materiel Division  
Purchasing Bureau

Presented by:

Best Care Employee Assistance Program  
9239 West Center Road, Suite 201  
Omaha, NE 68124-1900  
(800) 801-4182

Bob Thome, Corporate Director  
[Bob.Thome@BestCareEap.org](mailto:Bob.Thome@BestCareEap.org)

September 2016



**BEST CARE**  
EMPLOYEE ASSISTANCE PROGRAM

402.354.8000 / 800.801.4182  
[www.BestCareEAP.org](http://www.BestCareEAP.org)

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## INTRODUCTION

It is Best Care Employee Assistance Program's pleasure to submit to the State of Nebraska, Administrative Services Materiel Division, Purchasing Bureau, the following proposal for the Licensee Assistance Program (LAP). Best Care Employee Assistance Program services have been designed to actively care for people by providing comprehensive professional counseling and educational services. Our services can successfully support the people of the state of Nebraska and the State of Nebraska's Administrative Services by being your provider for the statewide LAP. We understand the critical importance of ensuring safe health and health-related services by offering professional substance use assessments, referral assistance, supportive counseling, case management/monitoring, and educational sessions to health and health-related service professionals with substance use problems. We believe in the potential for these professionals to successfully overcome substance use problems. We also believe in the valuable role these LAP services play statewide in providing assistance for these professionals and their families, employers and colleagues. Best Care Employee Assistance Program has successfully provided the LAP services since the inception of services in 1992. Based on our twenty-four years of outstanding LAP service to the State of Nebraska, health and health related service professionals, and those who care for them, we believe we continue to be the provider of choice for the LAP services for the November 1, 2016 through June 30, 2018 LAP contract.

Thank you for your consideration of our proposal. Please contact me with any questions you may have or with requests for further information. We look forward to being able to continue to provide the valuable LAP services to the State of Nebraska and Nebraska health and health-related service professionals.



---

Bob Thome, MSW, LCSW  
Best Care EAP Corporate Director

## BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the terms and conditions unless otherwise agreed to (see Section III) and certifies that bidder maintains a drug free work place environment.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

**NEBRASKA CONTRACTOR AFFIDAVIT:** Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

\_\_\_\_\_ I hereby certify that I am a **Resident disabled veteran or business located in a designated enterprise zone** in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

FIRM: Best Care Employee Assistance Program

COMPLETE ADDRESS: 9239 West. Center Road, Suite 201, Omaha, NE 68124

TELEPHONE NUMBER: 402-354-8000 FAX NUMBER: 402-354-8046

SIGNATURE: Bob Thome DATE: Sept. 7, 2016

TYPED NAME & TITLE OF SIGNER: Bob Thome, Corporate Director

**III. TERMS AND CONDITIONS**

By signing the "Request for Proposal for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the Terms and Conditions unless otherwise agreed to, and certifies bidder maintains a drug free work place environment.

Bidders are expected to closely read the Terms and Conditions and provide a binding signature of intent to comply with the Terms and Conditions; provided, however, a bidder may indicate any exceptions to the Terms and Conditions by (1) clearly identifying the term or condition by subsection, and (2) including an explanation for the bidder's inability to comply with such term or condition which includes a statement recommending terms and conditions the bidder would find acceptable. Rejection in whole or in part of the Terms and Conditions may be cause for rejection of a bidder's proposal. **Bidders must include completed Section III with their proposal response.**

The State of Nebraska is soliciting bids in response to the RFP. The State of Nebraska will not consider proposals that propose the substitution of the bidder's contract, agreements, or terms for those of the State of Nebraska's. Any License, Service Agreement, Customer Agreement, User Agreement, Bidder Terms and Conditions, Document, or Clause purported or offered to be included as a part of this RFP must be submitted as individual clauses, as either a counter-offer or additional language, and each clause must be acknowledged and accepted in writing by the State. If the Bidder's clause is later found to be in conflict with the RFP or resulting contract the Bidder's clause shall be subordinate to the RFP or resulting contract.

**A. GENERAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The contract resulting from this Request for Proposal shall incorporate the following documents:

1. Amendment to Contract Award with the most recent dated amendment having the highest priority;
2. Contract Award and any attached Addenda;
3. The Request for Proposal form and the Contractor's Proposal, signed in ink
4. Amendments to RFP and any Questions and Answers; and
5. The original RFP document and any Addenda.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to Contract Award with the most recent dated amendment having the highest priority, 2) Contract Award and any attached Addenda, 3) the signed Request for Proposal form and the Contractor's Proposal, 4) Amendments to RFP and any Questions and Answers, 5) the original RFP document and any Addenda.

Any ambiguity in any provision of this contract which shall be discovered after its execution shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

Once proposals are opened they become the property of the State of Nebraska and will not be returned.

**B. AWARD**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

All purchases, leases, or contracts which are based on competitive proposals will be awarded according to the provisions in the Request for Proposal. The State reserves the right to reject any or all proposals, in whole or in part, or to award to multiple bidders in whole or in part, and at its discretion, may withdraw or amend the Request for Proposal at any time. The State reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal, and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State. The Request for Proposal does not commit the State to award a contract. If, in the opinion of the State, revisions or amendments will require substantive changes in proposals, the due date may be extended.

By submitting a proposal in response to this Request for Proposal, the bidder grants to the State the right to contact or arrange a visit in person with any or all of the bidder's clients.

Once intent to award decision has been determined, it will be posted to the Internet at:  
<http://das.nebraska.gov/materiel/purchasing.html>

Grievance and protest procedure is available on the Internet at:  
[http://das.nebraska.gov/materiel/purchase\\_bureau/docs/vendors/protest/ProtestGrievanceProcedureForVendors.pdf](http://das.nebraska.gov/materiel/purchase_bureau/docs/vendors/protest/ProtestGrievanceProcedureForVendors.pdf)

Any protests must be filed by a vendor within ten (10) business days after the intent to award decision is posted to the Internet.

**C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §§ 48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for services to be covered by any contract resulting from this Request for Proposal.

**D. PERMITS, REGULATIONS, LAWS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor shall procure and pay for all permits, licenses, and approvals necessary for the execution of the contract. The Contractor shall comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

**E. OWNERSHIP OF INFORMATION AND DATA**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The State of Nebraska shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or derived by the Contractor pursuant to this contract.

The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, and other rights or titles (e.g. rights to licenses transfer or assign deliverables) necessary to execute this contract. The contract price shall, without exception, include compensation for all royalties and costs arising from patents, trademarks, and copyrights that are in any way involved in the contract. It shall be the responsibility of the Contractor to pay for all royalties and costs, and the State must be held harmless from any such claims.

**F. INSURANCE REQUIREMENTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			See INSURANCE REQUIREMENTS in proposal

The Contractor shall not commence work under this contract until all the insurance required hereunder has been obtained and such insurance has been approved by the State. The Contractor shall maintain all required insurance for the life of this contract and shall ensure that the State Purchasing Bureau has the most current certificate of insurance throughout the life of this contract. If Contractor will be utilizing any Subcontractors, the Contractor is responsible for obtaining the certificate(s) of insurance required herein under from any and all Subcontractor(s). The Contractor is also responsible for ensuring Subcontractor(s) maintain the insurance required until completion of the contract requirements. The Contractor shall not allow any Subcontractor to commence work on any Subcontract until all similar insurance required of the Subcontractor has been obtained and approved by the Contractor. Approval of the insurance by the State shall not limit, relieve, or decrease the liability of the Contractor hereunder.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Insurance coverages shall function independent of all other clauses in the contract, and in no instance shall the limits of recovery from the insurance be reduced below the limits required by this section.

**1. WORKERS' COMPENSATION INSURANCE**

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. This policy shall include a waiver of subrogation in favor of the State. The amounts of such insurance shall not be less than the limits stated hereinafter.

**2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an occurrence basis, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered excess and non-contributory. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

**3. INSURANCE COVERAGE AMOUNTS REQUIRED**

<b>COMMERCIAL GENERAL LIABILITY</b>	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises	\$300,000 each occurrence
Contractual	Included
XCU Liability (Explosion, Collapse, and Underground Damage)	Included
Independent Contractors	Included
<b>WORKER'S COMPENSATION</b>	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
<b>COMMERCIAL AUTOMOBILE LIABILITY</b>	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
<b>UMBRELLA/EXCESS LIABILITY</b>	
Over Primary Insurance	\$1,000,000
<b>PROFESSIONAL LIABILITY</b>	
Professional Liability	\$1,000,000 Per Claim / Aggregate
<b>COMMERCIAL CRIME</b>	
Crime/Employee Dishonesty Including 3 <sup>rd</sup> Party Fidelity	\$1,000,000
<b>SUBROGATION WAIVER</b>	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
<b>LIABILITY WAIVER</b>	
"Commercial General Liability & Commercial Automobile Liability policies shall be primary and any insurance or self-insurance carried by the State shall be considered excess and non-contributory."	

**4. EVIDENCE OF COVERAGE**

The Contractor should furnish the State, with their proposal response, a certificate of insurance coverage complying with the above requirements to the attention of the Buyer at 402-471-2089 (fax)

Administrative Services  
 State Purchasing Bureau  
 1526 K Street, Suite 130  
 Lincoln, NE 68508

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Notice of cancellation of any required insurance policy must be submitted to Administrative Services State Purchasing Bureau when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

**G. COOPERATION WITH OTHER CONTRACTORS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The State may already have in place or choose to award supplemental contracts for work related to this Request for Proposal, or any portion thereof.

1. The State reserves the right to award the contract jointly between two or more potential Contractors, if such an arrangement is in the best interest of the State.
2. The Contractor shall agree to cooperate with such other Contractors, and shall not commit or permit any act which may interfere with the performance of work by any other Contractor.

**H. INDEPENDENT CONTRACTOR**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

It is agreed that nothing contained herein is intended or should be construed in any manner as creating or establishing the relationship of partners between the parties hereto. The Contractor represents that it has, or will secure at its own expense, all personnel required to perform the services under the contract. The Contractor's employees and other persons engaged in work or services required by the contractor under the contract shall have no contractual relationship with the State; they shall not be considered employees of the State.

All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination against the Contractor, its officers, or its agents) shall in no way be the responsibility of the State. The Contractor will hold the State harmless from any and all such claims. Such personnel or other persons shall not require nor be entitled to any compensation, rights, or benefits from the State including without limit, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

**I. CONTRACTOR RESPONSIBILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor is solely responsible for fulfilling the contract, with responsibility for all services offered and products to be delivered as stated in the Request for Proposal, the Contractor's proposal, and the resulting contract. The Contractor shall be the sole point of contact regarding all contractual matters.

If the Contractor intends to utilize any Subcontractor's services, the Subcontractor's level of effort, tasks, and time allocation must be clearly defined in the Contractor's proposal. The Contractor shall agree that it will not utilize any Subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State. Following execution of the contract, the Contractor shall proceed diligently with all services and shall perform such services with qualified personnel in accordance with the contract.

**J. CONTRACTOR PERSONNEL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor warrants that all persons assigned to the project shall be employees of the Contractor or specified Subcontractors, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor. The Contractor shall include a similar provision in any contract with any Subcontractor selected to perform work on the project.

Personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of key personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or Subcontractor employee.

In respect to its employees, the Contractor agrees to be responsible for the following:

1. any and all employment taxes and/or other payroll withholding;
2. any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. damages incurred by Contractor's employees within the scope of their duties under the contract;
4. maintaining workers' compensation and health insurance and submitting any reports on such insurance to the extent required by governing State law; and
5. determining the hours to be worked and the duties to be performed by the Contractor's employees.

**K. CONTRACT CONFLICTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

Contractor shall insure that contracts or agreements with sub-contractors and agents, and the performance of services in relation to this contract by sub-contractors and agents, does not conflict with this contract.

**L. STATE OF NEBRASKA PERSONNEL RECRUITMENT PROHIBITION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor shall not, at any time, recruit or employ any State employee or agent who has worked on the Request for Proposal or project, or who had any influence on decisions affecting the Request for Proposal or project.

**M. CONFLICT OF INTEREST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

By submitting a proposal, bidder certifies that there does not now exist any relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this Request for Proposal or project.

The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or appearance of conflict of interest.

The bidder certifies that it will not employ any individual known by bidder to have a conflict of interest.

**N. PROPOSAL PREPARATION COSTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The State shall not incur any liability for any costs incurred by bidders in replying to this Request for Proposal, in the demonstrations and/or oral presentations, or in any other activity related to bidding on this Request for Proposal.

**O. ERRORS AND OMISSIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The bidder shall not take advantage of any errors and/or omissions in this Request for Proposal or resulting contract. The bidder must promptly notify the State of any errors and/or omissions that are discovered.

**P. BEGINNING OF WORK**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

**Q. ASSIGNMENT BY THE STATE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The State shall have the right to assign or transfer the contract or any of its interests herein to any agency, board, commission, or political subdivision of the State of Nebraska. There shall be no charge to the State for any assignment hereunder.

**R. ASSIGNMENT BY THE CONTRACTOR**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor may not assign, voluntarily or involuntarily, the contract or any of its rights or obligations hereunder (including without limitation rights and duties of performance) to any third party, without the prior written consent of the State, which will not be unreasonably withheld.

**S. DEVIATIONS FROM THE REQUEST FOR PROPOSAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			See DEVIATIONS section of the proposal

The requirements contained in the Request for Proposal become a part of the terms and conditions of the contract resulting from this Request for Proposal. Any deviations from the Request for Proposal must be clearly defined by the bidder in its proposal and, if accepted by the State, will become part of the contract. Any specifically defined deviations must not be in conflict with the basic nature of the Request for Proposal, mandatory requirements, or applicable state or federal laws or statutes. "Deviation", for the purposes of this RFP, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this RFP. The State discourages deviations and reserves the right to reject proposed deviations.

**T. GOVERNING LAW**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The contract shall be governed in all respects by the laws and statutes of the State of Nebraska. Any legal proceedings against the State of Nebraska regarding this Request for Proposal or any resultant contract shall be brought in the State of Nebraska administrative or judicial forums as defined by State law. The Contractor must be in compliance with all Nebraska statutory and regulatory law.

**U. ATTORNEY'S FEES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Contractor agrees to pay all expenses of such action, as permitted by law, including attorney's fees and costs, if the State is the prevailing party.

**V. ADVERTISING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. News releases pertaining to the project shall not be issued without prior written approval from the State.

**W. STATE PROPERTY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

**X. SITE RULES AND REGULATIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to between the State and the Contractor.

**Y. NOTIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

During the bid process, all communication between the State and a bidder shall be between the bidder's representative clearly noted in its proposal and the buyer noted in Section II.A. Procuring Office and Contact Person, of this RFP. After the award of the contract, all notices under the contract shall be deemed duly given upon delivery to the staff designated as the point of contact for this Request for Proposal, in person, or upon delivery by U.S. Mail, facsimile, or e-mail. Each bidder should provide in its proposal the name, title, and complete address of its designee to receive notices.

1. Except as otherwise expressly specified herein, all notices, requests, or other communications shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth above, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or three (3) calendar days following deposit in the mail.
2. Whenever the Contractor encounters any difficulty which is delaying or threatens to delay its timely performance under the contract, the Contractor shall immediately give notice thereof in writing to the State reciting all relevant information with respect thereto. Such notice shall not in any way constitute a basis for an extension of the delivery schedule or be construed as a waiver by the State of any of its rights or remedies to which it is entitled by law or equity or pursuant to the provisions of the contract. Failure to give such notice, however, may be grounds for denial of any request for an extension of the delivery schedule because of such delay.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

For the duration of the contract, all communication between Contractor and the State regarding the contract shall take place between the Contractor and individuals specified by the State in writing. Communication about the contract between Contractor and individuals not designated as points of contact by the State is strictly forbidden.

**Z. EARLY TERMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
  - a. if directed to do so by statute;
  - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
  - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
  - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
  - e. an involuntary proceeding has been commenced by any party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
  - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
  - g. Contractor intentionally discloses confidential information;
  - h. Contractor has or announces it will discontinue support of the deliverable;
  - i. second or subsequent documented "vendor performance report" form deemed acceptable by the State Purchasing Bureau; or
  - j. Contractor engaged in collusion or actions which could have provided Contractor an unfair advantage in obtaining this contract.

**AA. FUNDING OUT CLAUSE OR LOSS OF APPROPRIATIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The State may terminate the contract, in whole or in part, in the event funding is no longer available. The State's obligation to pay amounts due for fiscal years following the current fiscal year is contingent upon legislative appropriation of funds for the contract. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal years for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of any termination, and advise the Contractor of the location (address and room number) of any related equipment. All obligations of the State to make payments after the termination date will cease and all interest of the State in any related equipment will terminate. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

**BB. BREACH BY CONTRACTOR**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The State may terminate the contract, in whole or in part, if the Contractor fails to perform its obligations under the contract in a timely and proper manner. The State may, by providing a written notice of default to the Contractor, allow the Contractor to cure a failure or breach of contract within a period of thirty (30) calendar days (or longer at State's discretion considering the gravity and nature of the default). Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing the Contractor time to cure a failure or breach of contract does not waive the State's right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby.

**CC. ASSURANCES BEFORE BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

If any document or deliverable required pursuant to the contract does not fulfill the requirements of the Request for Proposal/resulting contract, upon written notice from the State, the Contractor shall deliver assurances in the form of additional Contractor resources at no additional cost to the project in order to complete the deliverable, and to ensure that other project schedules will not be adversely affected.

**DD. ADMINISTRATION – CONTRACT TERMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

1. Contractor must provide confirmation that upon contract termination all deliverables prepared in accordance with this agreement shall become the property of the State of Nebraska; subject to the ownership provision (section E) contained herein, and is provided to the State of Nebraska at no additional cost to the State.
2. Contractor must provide confirmation that in the event of contract termination, all records that are the property of the State will be returned to the State within thirty (30) calendar days. Notwithstanding the above, Contractor may retain one copy of any information as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures.

**EE. FORCE MAJEURE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under the contract due to a natural disaster, or other similar event outside the control and not the fault of the affected party ("Force Majeure Event"). A Force Majeure Event shall not constitute a breach of the contract. The party so affected shall immediately give notice to the other party of the Force Majeure Event. The State may grant relief from performance of the contract if the Contractor is prevented from performance by a Force Majeure Event. The burden of proof for the need for such relief shall rest upon the Contractor. To obtain release based on a Force Majeure Event, the Contractor shall file a written request for such relief with the State Purchasing Bureau. Labor disputes with the impacted party's own employees will not be considered a Force Majeure Event and will not suspend performance requirements under the contract.

**FF. PROHIBITION AGAINST ADVANCE PAYMENT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

Payments shall not be made until contractual deliverable(s) are received and accepted by the State.

**GG. PAYMENT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date, and the Contractor hereby waives any claim or cause of action for any such services.

**HH. INVOICES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. Invoices shall be mailed to Department of Health and Human Services, Division of Public Health, Licensure Unit, PO Box 94986, Lincoln, NE 68509-4986. Invoices are to be submitted by the 15<sup>th</sup> of the month following the month of service. The terms and conditions included in the Contractor's invoice shall be

deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

**II. RIGHT TO AUDIT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

Contractor shall establish and maintain a reasonable accounting system that enables the State to readily audit contract. The State and its authorized representatives shall have the right to audit, to examine, and to make copies of or extracts from all financial and related records (in whatever form they may be kept, whether written, electronic, or other) relating to or pertaining to this contract kept by or under the control of the Contractor, including, but not limited to those kept by the Contractor, its employees, agents, assigns, successors, and Subcontractors. Such records shall include, but not be limited to, accounting records, written policies and procedures; all paid vouchers including those for out-of-pocket expenses; other reimbursement supported by invoices; ledgers; cancelled checks; deposit slips; bank statements; journals; original estimates; estimating work sheets; contract amendments and change order files; back charge logs and supporting documentation; insurance documents; payroll documents; timesheets; memoranda; and correspondence.

Contractor shall, at all times during the term of this contract and for a period of seven (7) years after the completion of this contract, maintain such records, together with such supporting or underlying documents and materials. The Contractor shall at any time requested by the State, whether during or after completion of this contract and at Contractor's own expense make such records available for inspection and audit (including copies and extracts of records as required) by the State. Such records shall be made available to the State during normal business hours at the Contractor's office or place of business. In the event that no such location is available, then the financial records, together with the supporting or underlying documents and records, shall be made available for audit at a time and location that is convenient for the State. Contractor shall ensure the State has these rights with Contractor's assigns, successors, and Subcontractors, and the obligations of these rights shall be explicitly included in any subcontracts or agreements formed between the Contractor and any Subcontractors to the extent that those Subcontracts or agreements relate to fulfillment of the Contractor's obligations to the State.

Costs of any audits conducted under the authority of this right to audit and not addressed elsewhere will be borne by the State unless certain exemption criteria are met. If the audit identifies overpricing or overcharges (of any nature) by the Contractor to the State in excess of one-half of one percent (.5%) of the total contract billings, the Contractor shall reimburse the State for the total costs of the audit. If the audit discovers substantive findings related to fraud, misrepresentation, or non-performance, the Contractor shall reimburse the State for total costs of audit. Any adjustments and/or payments that must be made as a result of any such audit or inspection of the Contractor's invoices and/or records shall be made within a reasonable amount of time (not to exceed 90 days) from presentation of the State's findings to Contractor.

**JJ. TAXES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The State is not required to pay taxes of any kind and assumes no such liability as a result of this solicitation. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

**KK. INSPECTION AND APPROVAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials. The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

**LL. CHANGES IN SCOPE/CHANGE ORDERS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The State may, upon the written agreement of Contractor, make changes to the contract within the general scope of the RFP. The State may, at any time work is in progress, by written agreement, make alterations in the terms of work as shown in the specifications, require the Contractor to make corrections, decrease the quantity of work, or make such other changes as the State may find necessary or desirable. The Contractor shall not claim forfeiture of contract by reasons of such changes by the State. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, or a pro-rated value.

Corrections of any deliverable, service or performance of work required pursuant to the contract shall not be deemed a modification. Changes or additions to the contract beyond the scope of the RFP are not permitted.

**MM. SEVERABILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the particular provision held to be invalid.

**NN. CONFIDENTIALITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

All materials and information provided by the State or acquired by the Contractor on behalf of the State shall be regarded as confidential information. All materials and information provided by the State or acquired by the

Contractor on behalf of the State shall be handled in accordance with federal and state law, and ethical standards. The Contractor must ensure the confidentiality of such materials or information. Should said confidentiality be breached by a Contractor; Contractor shall notify the State immediately of said breach and take immediate corrective action.

It is incumbent upon the Contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable to Contractors by 5 U.S.C. 552a (m)(1), provides that any officer or employee of a Contractor, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

**OO. PROPRIETARY INFORMATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			See Best Care EAP's proprietary information enclosed in separate sealed PROPRIETARY package

Data contained in the proposal and all documentation provided therein, become the property of the State of Nebraska and the data becomes public information upon opening the proposal. If the bidder wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. **All proprietary information the bidder wishes the State to withhold must be submitted in a sealed package, which is separate from the remainder of the proposal, and provide supporting documents showing why such documents should be marked proprietary.** The separate package must be clearly marked PROPRIETARY on the outside of the package. **Bidders may not mark their entire Request for Proposal as proprietary.** Bidder's cost proposals may not be marked as proprietary information. Failure of the bidder to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other bidders and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, bidders submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

**PP. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION/COLLUSIVE BIDDING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

By submission of this proposal, the bidder certifies that it is the party making the foregoing proposal and that the proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the proposal is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham proposal, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham proposal, or that anyone shall refrain from bidding; that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposal price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the proposal price, or of that of any other bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the proposal are true; and further that the bidder has not, directly or indirectly, submitted the proposal price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, proposal depository, or to any member or agent thereof to effectuate a collusive or sham proposal.

**QQ. STATEMENT OF NON-COLLUSION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The proposal shall be arrived at by the bidder independently and be submitted without collusion with, and without any direct or indirect agreement, understanding or planned common course of action with, any person; firm; corporation; bidder; Contractor of materials, supplies, equipment or services described in this RFP. Bidder shall not collude with, or attempt to collude with, any state officials, employees or agents; or evaluators or any person involved in this RFP. The bidder shall not take any action in the restraint of free competition or designed to limit independent bidding or to create an unfair advantage.

Should it be determined that collusion occurred, the State reserves the right to reject a bid or terminate the contract and impose further administrative sanctions.

**RR. PRICES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

All prices, costs, and terms and conditions outlined in the proposal shall remain fixed and valid commencing on the opening date of the proposal until an award is made or the Request for Proposal is cancelled.

The price quoted on the Cost Proposal form shall remain fixed for the initial contract period. Any request for a price increase shall not exceed five percent (5%) of the previous Contract period and must be submitted in writing to the State Purchasing Bureau a minimum of 120 days prior to the end of the current contract period, and be accompanied by documentation justifying the price increase. Further documentation may be required by the State to justify the increase. The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

The State will be given full proportionate benefit of any price decrease during the term of the contract. Contractor represents and warrants that all prices for services, now or subsequently specified, are as low as and no higher than prices which the Contractor has charged or intends to charge customers other than the State for the same or similar products and services of the same or equivalent quantity and quality for delivery or performance during the same periods of time. If, during the term of the contract, the Contractor shall reduce any and/or all prices charged to any customers other than the State for the same or similar products or services specified herein, the Contractor shall make an equal or equivalent reduction in corresponding prices for said specified products or services.

Contractor also represents and warrants that all prices set forth in the contract and all prices in addition, which the Contractor may charge under the terms of the contract, do not and will not violate any existing federal, state, or municipal law or regulations concerning price discrimination and/or price fixing. Contractor agrees to hold the State harmless from any such violation. Prices quoted shall not be subject to increase throughout the contract period unless specifically allowed by these specifications.

**SS. BEST AND FINAL OFFER**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The State will compile the final scores for all parts of each proposal. The award may be granted to the highest scoring responsive and responsible bidder. Alternatively, the highest scoring bidder or bidders may be requested to submit best and final offers. If best and final offers are requested by the State and submitted by the bidder, they will be evaluated (using the stated criteria), scored, and ranked by the Evaluation Committee. The award will then be granted to the highest scoring bidder. However, a bidder should provide its best offer in its original proposal. Bidders should not expect that the State will request a best and final offer.

**TT. ETHICS IN PUBLIC CONTRACTING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

No bidder shall pay or offer to pay, either directly or indirectly, any fee, commission compensation, gift, gratuity, or anything of value to any State officer, legislator, employee or evaluator based on the understanding that the receiving person's vote, actions, or judgment will be influenced thereby. No bidder shall give any item of value to any employee of the State Purchasing Bureau or any evaluator.

Bidders shall be prohibited from utilizing the services of lobbyists, attorneys, political activists, or consultants to secure the contract. It is the intent of this provision to assure that the prohibition of state contact during the procurement process is not subverted through the use of lobbyists, attorneys, political activists, or consultants. It is the intent of the State that the process of evaluation of proposals and award of the contract be completed without external influence. It is not the intent of this section to prohibit bidders from seeking professional advice, for example consulting legal counsel, regarding terms and conditions of this Request for Proposal or the format or content of their proposal.

If the bidder is found to be in non-compliance with this section of the Request for Proposal, they may forfeit the contract if awarded to them or be disqualified from the selection process.

**UU. INDEMNIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

**1. GENERAL**

The Contractor agrees to defend, indemnify, hold, and save harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

**2. INTELLECTUAL PROPERTY**

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this RFP.

**3. PERSONNEL**

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel provided by the Contractor.

**4. SELF-INSURANCE**

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 *et seq.* and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

**VV. NEBRASKA TECHNOLOGY ACCESS STANDARDS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

**WW. ANTITRUST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

**XX. DISASTER RECOVERY/BACK UP PLAN**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			See DISASTER RECOVERY/BACK UP PLAN for LAP services in proposal

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster.

**YY. TIME IS OF THE ESSENCE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

Time is of the essence in this contract. The acceptance of late performance with or without objection or reservation by the State shall not waive any rights of the State nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Contractor remaining to be performed.

**ZZ. RECYCLING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

Preference will be given to items which are manufactured or produced from recycled material or which can be readily reused or recycled after their normal use as per Neb. Rev. Stat. § 81-15,159.

**AAA. DRUG POLICY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

**BBB. EMPLOYEE WORK ELIGIBILITY STATUS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>  
  
The completed United States Attestation Form should be submitted with the Request for Proposal response.
2. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
3. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

**CCC. CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND INELIGIBILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor, by signature to this RFP, certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from participating in transactions (debarred). The Contractor also agrees to include the above requirements in any and all Subcontracts into which it enters. The Contractor shall immediately notify the Department if, during the term of this contract, Contractor becomes debarred. The Department may immediately terminate this contract by providing Contractor written notice if Contractor becomes debarred during the term of this contract.

Contractor, by signature to this RFP, certifies that Contractor has not had a contract with the State of Nebraska terminated early by the State of Nebraska. If Contractor has had a contract terminated early by the State of Nebraska, Contractor must provide the contract number, along with an explanation of why the contract was terminated early. Prior early termination may be cause for rejecting the proposal.

**DDD. POLITICAL SUB-DIVISIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

The Contractor may extend the contract to political sub-divisions conditioned upon the honoring of the prices charged to the State. Terms and conditions of the Contract must be met by political sub-divisions. Under no circumstances shall the State be contractually obligated or liable for any purchases by political sub-divisions or other public entities not authorized by Neb. Rev. Stat. § 81-145, listed as "all officers of the state, departments, bureaus, boards, commissions, councils, and institutions receiving legislative appropriations." A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

**EEE. OFFICE OF PUBLIC COUNSEL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract and shall not apply if Contractor is a long-term care facility subject to the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq.

**FFF. LONG-TERM CARE OMBUDSMAN**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BT			

If it is a long-term care facility subject to the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq., Contractor shall comply with the Act. This section shall survive the termination of this contract.

## 2. CORPORATE OVERVIEW

### a. Bidder Identification and Information

Best Care Employee Assistance Program (EAP) is a service of parent company:

Nebraska Methodist Health System, Inc.  
8511 West Dodge Road  
Omaha, NE 68114

Nebraska Methodist Health System is an integrated health care organization incorporated by the State of Nebraska. The corporation was first organized to do business as Nebraska Methodist Hospital in May 1891. This institution was formed into the area's first integrated health system in April 1982 and the corporation's name was changed to Nebraska Methodist Health System, Inc. (NMHS). NMHS operates various not-for-profit and for-profit businesses providing valuable health care services to the region it serves. NMHS is currently registered and authorized to transact business in the State of Nebraska.

**See Attachment, State of Nebraska Letter of Good Standing, page 9**

Methodist Employee Assistance Program was established in 1976 by NMHS as an internal, alcohol/drug abuse-oriented, employee assistance program for the 2,000 employees of Methodist Hospital. Methodist Employee Assistance Program quickly grew from conducting alcohol/drug abuse services to becoming a full service EAP. Methodist Employee Assistance Program's name was changed to Best Care Employee Assistance Program (EAP) in February 2002 and the program continues to provide a comprehensive array of behavioral health services to the 233 organizations/companies it serves.

### b. Financial Statements

Best Care EAP submits the NMHS 2014 IRS Form 990 as documentation of the stability and financial strength of the organization.

**See IRS Form 990**

As a non-publicly held corporation, we provide the following banking references for Nebraska Methodist Health System:

Nebraska Methodist Health System, Inc.

8511 West Dodge Road

Omaha, NE 68114

Finance Administration, System Controller: Teri Larsen  
Phone: 402.354.2260  
Fax: 402.354.2157  
Teri.Larsen@nmhs.org

U.S. Bank

17<sup>th</sup> & Farnam

Omaha, NE 68102

Commercial Banking: Karen Nelson  
Phone: 402.536.5104  
Fax: 402.536.5123

NMHS and Best Care EAP are not involved in any judgements, litigation or financial reversals that might affect the viability or stability of the organization.

### c. Change of Ownership

NMHS and Best Care EAP do not anticipate any change of ownership or control during the next twelve (12) months following the proposal due date.

### d. Office Location

Best Care EAP's central business and service office is located at:  
9239 West Center Road, Suite 201  
Omaha, NE 68124-1900

Best Care EAP will rent one 138 square foot office, and share another 138 square foot office, at this location for the LAP Coordinator and the LAP Counselor who will provide the LAP services. These offices will be furnished with desks, filing cabinets, information technology hardware and software, and office supplies.

### e. Relationships with the State

Best Care EAP has been the contractor for the LAP services from the inception of services in 1992 to present. The current LAP contract number is: 61029 O4.

Best Care EAP has contracts to provide EAP services to the following State agencies:

State of Nebraska Legislature  
Contact: Sally Grandgenett, Clerk of the Legislature's office

Employees of the Nebraska Supreme Court  
Contact: Judy Beutler, Deputy Administrator

Nebraska Workers' Compensation Court  
Contact: Deb Bandiola, Business and Human Resources Manager

### f. Bidder's Employee Relations to State

No party named in Best Care EAP's proposal response is or was an employee of the State of Nebraska within the past twelve (12) months.

No employee of any agency of the State of Nebraska is employed by Best Care EAP, or is a subcontractor for Best Care EAP, as of the due date of this proposal.

### g. Contract Performance

Best Care EAP has not had a contract terminated for default due to non-performance or poor performance during the past five (5) years.

Due to the large size of Best Care EAP's business (233 organizations/companies), there is an ongoing increase/decrease business dynamic to the number of organizations/companies on contract for EAP services. In the interests of efficiency for the proposal, listed below are names and addresses of the three most recent contract terminations and the circumstances surrounding the terminations. Additional contract performance information is available upon request.

Company/Organization Name/Address	Length of Contract	Reason for Termination
Liberty Centre Services 900 E Norfolk Avenue Norfolk, NE 68701	7/1/05 – 6/30/16	Cost of services and limited counselor options

NEAPCO Drivelines, LLC 6735 Haggerty Road Belleville, MI 48111	7/1/08 – 6/30/16	Elected to utilize EAP services embedded in their Group Life & Disability insurance
Think Whole Person Healthcare 7107 Mercy Road, Suite 340 Omaha, NE 68106	7/1/15 – 6/30/16	Health care insurance discontinued paying for their EAP services

#### **h. Summary of Bidder's Corporate Experience**

Best Care EAP has extensive experience with the provision of LAP, EAP and other behavioral health programs and services. We have been the provider of LAP services for the State of Nebraska since the inception of the program in 1992. We are currently serving 233 organizations/companies with approximately 294,552 covered employees and over 465,636 covered lives through our EAP including the LAP. We offer the following summary matrix of our business and three subsequent narrative project descriptions of our experience with providing behavioral health services. These three projects are similar to the LAP project in size, scope and complexity. None are affiliated with the State of Nebraska system. Numerous additional project descriptions are available upon request.

#### **Summary Matrix – Best Care EAP**

<b>Business Type</b>	<b>Contracts</b>	<b>Covered Employees</b>	<b>Covered Lives</b>	<b>2015 Revenue</b>
Standard Corporate Contracts	107	62,634	156,585	1,088,940
Corporate Contracts with Additional Enhanced Services	85	37,572	93,930	762,319
Fulfillment Contracts	25	--	--	9,785
Fee-For-Service Contracts	15	13,850	34,625	34,333
Licensee Assistance Program Contract	1	180,496	180,496	99,394
Training, Consultation and Coaching				87,315
Alcohol/Substance Use Evaluations				7,800
<b>TOTAL</b>	<b>233</b>	<b>294,552</b>	<b>465,636</b>	<b>2,089,886</b>

#### **Narrative Project Descriptions**

1. Best Care EAP has been the EAP provider for the Omaha Public Power District (OPPD) from the inception of their EAP services in 1982 to the present. They have renewed their EAP contract annually since inception and their current contract period runs from September 1<sup>st</sup> to August 31<sup>st</sup> each year.

Best Care EAP is the sole contractor for their EAP services. Our contractor responsibilities include the provision of clinical assessments and short-term, confidential counseling for a variety of behavioral health issues, referral assistance, case management/monitoring, human resources and management consultations, onsite critical incident response, disaster behavioral health response, and education and training on a variety of organizational, leadership and behavioral health topics.

OPPD's Fort Calhoun Nuclear Station is regulated by the Nuclear Regulatory Commission (NRC) and employees are monitored by a Fitness-for-Duty program that includes a random body fluid screen program. Best Care EAP ensures the health and wellness of

workers at the station and public safety by providing Substance Abuse Expert (SAE) substance evaluations, referral assistance, supportive counseling, and case management/monitoring for employees covered by OPPD's NRC Fitness-for-Duty program. Best Care EAP expenses have remained within budget every year of Best Care EAP's provision of their EAP services. **See PROPRIETARY information package for number of employees covered and price for this project.**

Best Care EAP's reference for this EAP contract is:

Carl Olson, Manager – Human Resources Compliance  
Omaha Public Power District  
444 South 16<sup>th</sup> Street  
Omaha, NE 68102  
Phone: 402.636.3053  
Fax: 402.636.3912  
Email: [colson@oppd.com](mailto:colson@oppd.com)

2. Best Care EAP has been the EAP provider for the Nebraska Public Power District (NPPD) from the inception of their EAP services in 1981 to the present. They have renewed their EAP contract annually and their current contract period runs from January 1<sup>st</sup> to December 31<sup>st</sup> each year.

Best Care EAP is the sole contractor for their EAP services. Our contractor responsibilities include the provision of clinical assessment and short-term, confidential counseling for a variety of behavioral health issues, referral assistance, case management/monitoring, human resources and management consultations, onsite critical incident response, disaster behavioral health response, and education and training on a variety of organizational, leadership and behavioral health topics.

NPPD's Cooper Nuclear Station is regulated by the Nuclear Regulatory Commission (NRC) and employees are monitored by a Fitness-for-Duty Program that includes a random body fluid screen program. Best Care EAP ensures the health and wellness of station workers and public safety by providing supportive EAP counseling services for employees covered by this NRC Fitness-for-Duty program. Best Care EAP expenses have remained within budget every year of Best Care EAP's provision of their EAP services. **See PROPRIETARY information package for number of employees covered and price for this project.**

Best Care EAP's reference for this EAP contract is:

Brenda Bieck, Employee Relations Specialist  
Nebraska Public Power District  
P.O. Box 499  
Columbus, NE 68601  
Phone: 402.563.5412  
Fax: 402.563.5771  
Email: [bsbieck@nppd.com](mailto:bsbieck@nppd.com)

3. Best Care EAP has been the EAP provider for Metropolitan Utilities District (MUD) from the inception of their EAP services in 1979 to the present. They have renewed their EAP contract annually and their current contract period runs from August 1<sup>st</sup> to July 31<sup>st</sup> each year.

Best Care EAP is the sole contractor for their EAP services. Our contractor responsibilities include the provision of clinical assessments and short-term, confidential counseling for a variety of behavioral health issues, referral assistance, case management/monitoring,

human resources and management consultations, onsite critical incident response, disaster behavioral health response, and education and training on a variety of organizational, leadership and behavioral health topics. Best Care EAP expenses have remained within budget every year of Best Care EAP's provision of their EAP services.

**See PROPRIETARY information package for number of employees covered and price for this project.**

Best Care EAP's reference for this EAP contract is:

Patrick Tripp, Vice President Human Resources  
Metropolitan Utilities District  
1723 Harney Street  
Omaha, NE 68102  
Phone: 402.554.7884  
Fax: 402.554.7929  
Email: [Patrick.Tripp@mudnebr.com](mailto:Patrick.Tripp@mudnebr.com)

#### **i. Summary of Bidder's Proposed Personnel/Management Approach**

Best Care EAP understands the extremely important responsibility the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit (the Department) has when issuing credentials to health and health-related service professionals in the state of Nebraska, and to ensure the safe and competent practice of these service providers. Best Care EAP understands that these licensees, certificate holders and registrants (credential holders) experience substance use problems at an even higher rate than the general population. Factors unique to their health service practices, such as practice expectations, patient/customer demands, accessibility to drugs and tendency for self-medication contribute to the higher incidence of these types of problems. Best Care EAP's comprehensive substance use assessments/evaluations, referral assistance, counseling, case management/monitoring, and educational sessions will provide these credential holders the best opportunity for prevention of substance use problems and successful intervention when these types of problems have occurred.

As a service of NMHS, a Nebraska corporation in good standing, Best Care EAP has solid financial stability and can utilize the support of the corporation's administrative/management, legal, human resources, information technology and finance departments. The availability of these corporate resources enables Best Care EAP to cost effectively and successfully provide the LAP contract deliverables.

Best Care EAP has a very experienced management and service team in place to serve the project. EAP Corporate Director, Bob Thome, has provided management oversight of Best Care EAP's successful fulfillment of the LAP contract since the inception of the project in 1992. Judi Leibrock has been the coordinator of the LAP services for almost fourteen years, and has very valuable experience in the provision of all LAP services. Michelle Hruska has served as LAP counselor for over six years and also has valuable experience in the provision of the LAP services. Together, Bob, Judi, and Michelle offer a proven, professional, qualified and experienced project team for the LAP.

Best Care EAP has the project structure, policies and procedures, staff, communication services, facilities and equipment, information technology, and professional working relationships in place to continue to effectively provide the LAP services. Best Care EAP would not need to start up or develop any program infrastructure or hire any staff for the LAP services, and there would be no new technical considerations for the performance of this project.

Best Care EAP has a proven record of successfully ensuring the effective provision of LAP services to credential holders throughout Nebraska. The LAP Coordinator or LAP Counselor can meet in person with credential holders in Omaha, or at one of our other office locations. Our other office locations include Lincoln, Beatrice, Fremont, Columbus and Norfolk. We can also meet credential holders at other locations when necessary, such as local colleges, libraries, or other public facilities.

Best Care EAP understands the importance of professional, thorough and accurate diagnoses of substance use problems. Our staff are trained to work through any denial of substance use problems and use contemporary standards of practice to assess/evaluate for the signs and symptoms of these types of problems. The assessment/evaluation of treatment recommendations and referral assistance by the NE LAP enable credential holders to resolve their substance use problems. Supportive counseling would be provided or arranged for these credential holders until they can enter treatment. Best Care EAP's experienced LAP staff have collaborative working relationships with qualified alcohol/drug counselors and treatment providers throughout Nebraska and can continue to refer to these providers to effectively meet the substance use treatment needs of credential holders.

It is important that each LAP client understand the intent of Nebraska law for the safe practice of credential holders, and the Department's requirements of those who utilize the LAP services. Each individual client will be thoroughly briefed on these requirements, assisted with completing appropriate documentation and, as required by the LAP contract, will not be served if they decline to fulfill these requirements.

Safe practice and the successful recovery of credential holders from substance use problems are best ensured when treatment progress and status are monitored. Best Care EAP closely manages and monitors the cases of all LAP clients. Appropriate authorizations are obtained to enable necessary communications with State of Nebraska agencies and their representatives, treatment providers, employers, colleagues, families and other client-designated parties. Judi Leibrock, LAP Coordinator, will meet with Bob Thome, Best Care EAP Corporate Director as needed, usually daily, for supervision of assessment/evaluation results, treatment recommendations, referral assistance, counseling, case management/monitoring of LAP cases, and the educational sessions of the LAP.

Best Care EAP will have LAP clients who complete primary substance use disorder treatment, complete a monitoring agreement which outlines their remaining treatment, education and communication/progress report requirements. Each client will be informed of the likelihood of relapse if these requirements are not fulfilled and the reporting consequences of their failure to comply with the provisions of the agreement. In cases where Best Care EAP determines continued practice by the client would pose a danger to public health and safety, an appropriate report of this determination will be made to the Division of Public Health.\*

An essential component of monitoring LAP cases are body fluid screens. Best Care EAP maintains a collaborative working relationship with the State of Nebraska's body fluid screen provider agency. LAP clients will be referred to the body fluid screen program when determined to be appropriate. The LAP staff will obtain appropriate authorizations to release information so results can be obtained and necessary, or required, actions can be taken following positive screens. Provision of results by the agency will be monitored to ensure results are provided to the LAP according to required procedures and timelines.

\*Please see **DEVIATIONS** section of proposal

Best Care EAP adheres to the recognized national standards, and Nebraska statutes, on alcohol/drug and mental health practice when providing substance use services. Best Care EAP was among the first wave of substance use service providers to institute the DSM-5 changes into their EAP and LAP services. If awarded the 2016 - 2018 LAP contract, Best Care EAP will continue to provide LAP substance use services that adhere to all legal, licensure and LAP contract requirements and result in the highest satisfaction of those who utilize or are involved with the services.

The measure of our adherence to these standards and the efficacy of our provision of LAP service is demonstrated by the following satisfaction ratings of LAP clients and LAP customers who have referred individuals to the LAP.

- Over the last two years, the overall Agree to Strongly Agree satisfaction rating for timeliness of LAP services on sixty returned client and customer surveys indicated a 97% satisfaction rating.
- Over the last two years, the overall Agree to Strongly Agree satisfaction rating for efficacy of LAP services on twenty-nine returned client and customer surveys indicated a 93% satisfaction rating.
- On a Licensure Unit and Investigations Unit customer satisfaction survey conducted in July 2015, the overall Agree to Strongly Agree satisfaction with the LAP on ten returned surveys indicated a 100% satisfaction rating. In addition, all ten indicated they would recommend health professionals utilize the LAP.

These outstanding results demonstrate that Best Care EAP has a long-term, proven record for successful management of the LAP project and the provision of the LAP services.

Best Care EAP understands the importance of information and education on the LAP services and substance use disorders for credential holders. We have an established web site for the Nebraska LAP and will continue to support and update this web site if awarded this contract. We have an established curriculum of information and educational articles on substance use and the health professional. This database will be maintained and expanded to keep the information current. Best Care EAP also has established member lists of pertinent program stakeholders, alcohol/drug treatment providers and programs, and professional health organizations and associations for the distribution of newsletters and email blasts. These will be maintained and updated to remain current. Some form of written educational materials on the LAP and substance use and the health and health-related service professionals will be distributed to the members on these lists on a monthly basis. We will also provide at least twelve LAP educational sessions annually. We have several educational presentations already in place that meet this requirement of the contract. Best Care EAP will strive to distribute these sessions between rural and urban areas throughout the state of Nebraska. Our LAP Coordinator is trained to provide these presentations and has successfully provided numerous presentations for the program demonstrated by the following outstanding educational session outcomes.

- Over the last three years, thirty-three LAP educational session coordinators who have arranged educational sessions have returned satisfaction evaluations. The overall Agree to Strongly Agree session satisfaction rating of these customers with Best Care EAP's LAP educational services indicated a (100%) satisfaction rating.

In summary, Best Care EAP has been honored to have been the provider of LAP services for the Department for the first twenty-four years of the program. We believe we have given the LAP the same strong commitment to excellent professionalism, clinical service and customer service that we do to all of our customers. We have an established, comprehensive project in place for all the services of this LAP project, and offer our twenty-four year history of outstanding performance as the LAP contract vendor as solid evidence of our capability to continue to successfully fulfill this contract. We remain committed to public health and safety and would be honored to continue to be a valuable part of ensuring the wellness and safe practice of the credential holders who serve in the state of Nebraska.

Best Care EAP identifies the following specific, fully qualified, Nebraska licensed professionals who will work on the LAP project if Best Care EAP is awarded the LAP contract:

Bob Thome, MSW, LCSW  
Best Care EAP Corporate Director

Judi Leibrock, MHR, LMHP, LADC  
LAP Coordinator

Michelle Hruska, MS, LIMHP, LADC  
LAP Counselor

Bob Thome, EAP Corporate Director, will be accountable for overall delivery and performance of the LAP services. He will provide direct supervision of the LAP staff. He will monitor the LAP contract deliverables and progress on a daily basis. Under Bob's supervision, the LAP services will utilize corporate NMHS administration, legal, human resources, information technology, and finance department services and the EAP business office and its staff to support the services of the program.

Judi Leibrock will work in the full-time position of LAP Coordinator. She will provide as many of the substance use assessments, referral assistance, counseling, case management/monitoring and educational services for the LAP as possible. She will be responsible for development and maintenance of LAP promotional materials, such as brochures for participation in pertinent LAP, EAP, NMHS and community meetings, and for compliance with LAP budget/billing, documentation, and reporting requirements. Judi will report directly to the Corporate Director as needed, usually on a daily basis.

Michelle Hruska, in the position of LAP Counselor, will also provide substance use assessments, referral assistance, counseling, case management/monitoring and the educational services for the LAP as needed to enable Best Care EAP to meet the demand for LAP services. Michelle will report to the LAP Coordinator and Corporate Director for appropriate supervision of her provision of LAP services as needed.

**See the following Attachments**

*Best Care EAP's Organizational Chart, page 10*

*Bob Thome's resume and State of Nebraska licensure verification, pages 11-12*

*Judi Leibrock's resume and State of Nebraska licensure verification, pages 13-14*

*Michelle Hruska's resume and State of Nebraska licensure verification, pages 15-16*

Best Care EAP's overall personnel/management approach to the LAP contract will be to effectively utilize corporate leadership, management direction, business office support and qualified professional alcohol/drug counseling to provide quality, customer-oriented LAP services to credential holders the LAP program serves.

## **j. Subcontractors**

Best Care EAP does not intend to subcontract any part of its performance of the LAP contract. Best Care EAP will be solely responsible for fulfilling the LAP contract with responsibility for all services and product deliverables. All costs or fees associated with the LAP deliverables will be at the expense of Best Care EAP. Best Care EAP will be the sole point of contact regarding all contractual matters.

**2. CORPORATE OVERVIEW  
ATTACHMENTS**

# STATE OF NEBRASKA

United States of America, } ss.  
State of Nebraska }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the  
State of Nebraska, do hereby certify that

**NEBRASKA METHODIST HEALTH SYSTEM, INC.**

**incorporated on July 9, 1981 and is duly incorporated under the law of  
Nebraska;**

**that all fees, taxes, and penalties owed to Nebraska wherein payment is  
reflected in the records of the Secretary of State and to which nonpayment  
affects the good standing of the corporation have been paid;**

**that its most recent biennial report required by section 21-19,172 has been  
delivered to the Secretary of State;**

**that Articles of Dissolution have not been filed.**

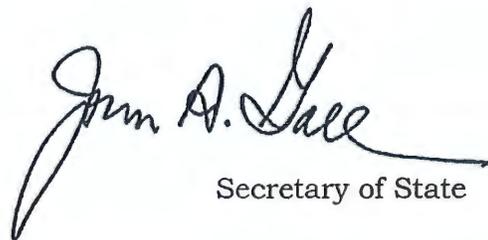
*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

In Testimony Whereof,



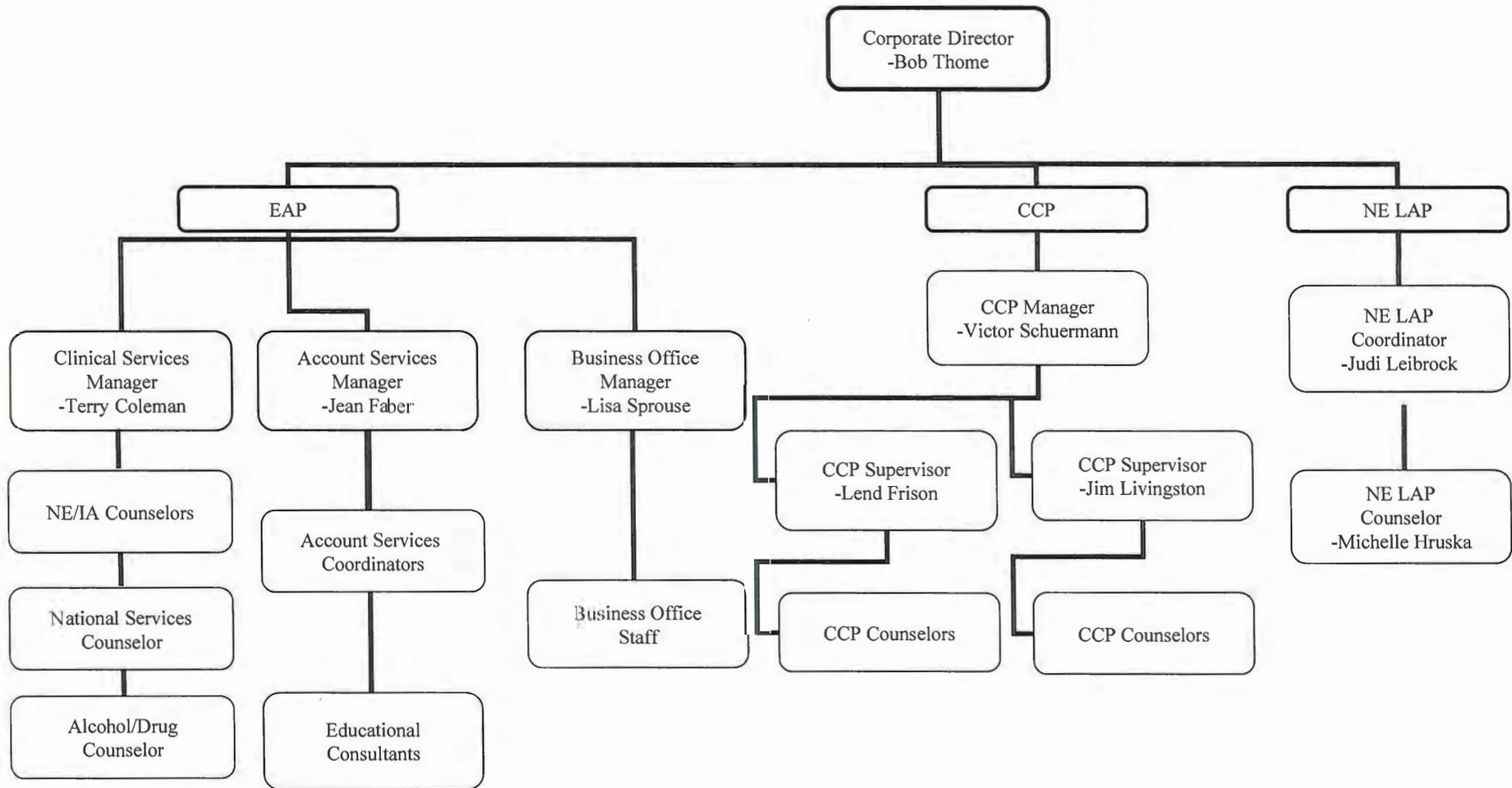
I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

**August 16, 2016**

  
Secretary of State

# BEST CARE EMPLOYEE ASSISTANCE PROGRAMS

## 2016 ORGANIZATIONAL CHART



## **ROBERT F. ("BOB") THOME**

Best Care Employee Assistance Program  
Nebraska Methodist Health System  
9239 West Center Road  
Omaha, NE 68124  
(402-354-8000)

I am employed by the Nebraska Methodist Health System as the Corporate Director of the Best Care Employee Assistance Programs. I have been with the Health System for over twenty-six years. I am accountable for the operations, staff and services of three Health System programs – Best Care EAP, a national EAP services program; the Community Counseling Program, a community and school-based counseling service; and the Nebraska Licensee Assistance Program, an alcohol/drug abuse and addiction assessment and referral service for Nebraska health care professionals. I have a Bachelor of Arts degree in Psychology with a Minor in Integrated Studies/Business from the University of Nebraska – Lincoln (1977) and a Master in Social Work degree from the University of Nebraska – Omaha (1983). I am a Licensed Clinical Social Worker in the state of Nebraska. With my clinical qualifications and experience, I also provide individual, marriage, family crisis/emergency, critical incident, problem-solving, grief recovery, and disaster response counseling services. I also provide education and training in the areas of leadership, management, communication, conflict resolution, emotional health and wellness, marriage, step-parenting, grief, suicide, spirituality, self-help and various other behavior health and organization management topics. I provide management consultations to businesses and organizations, health systems and medical groups in the areas of communication, conflict resolution, team-building, human resource management and organizational change.

### **Nebraska Licensure and Certification**

- ❖ Licensed Clinical Social Worker
  - Licensed Mental Health Practitioner, State of Nebraska #1006
  - Certified Master Social Worker, State of Nebraska #102

### **Education**

University of Nebraska at Omaha, 1983  
Master of Social Work  
University of Nebraska at Lincoln, 1977  
Bachelor of Arts in Psychology, Minor in Integrated Studies – Business

### **Professional Experience**

#### **Corporate Director of Best Care EAP, 4/07 – present**

Duties include direct responsibility for the operations, staff and services of three NMHS programs – the Best Care Employee Assistance Program, the Community Counseling Program and the Nebraska Licensee Assistance Program. Additional duties include counseling, consulting and provision of education and training.

#### **Manager of Best Care EAP Clinical Services, 6/90 – 6/92 and 10/99 – 3/07**

Duties included responsibility for the implementation and management of counseling services; supervision of clinical staff; and maintenance of effective business relations with contracting companies and referral resources. Additional duties included counseling, consulting and provision of education and training.

#### **Interim Manager of Best Care EAP 6/92 – 9/99**

Duties included primary responsibility of the coordination and delivery of services to all EAP contracted companies and clients. Provided operational direction and supervision to the EAP service departments and staff. Additional duties included counseling, consulting and provision of education and training.

**Program Director of Family Counseling and Outpatient Chemical Dependency Services, Catholic Charities, Omaha, NE. 7/86 – 6/90.**

**Family Counselor, Catholic Charities 3/84 – 7/86**

### **References**

- |   |   |  |   |
|---|---|--|---|
| ❖ Carl Olson, Manager-Human Resources Compliance, Omaha Public Power District, Omaha, NE 402-636-3053 | ❖ Brenda Bieck, Human Relations Specialist, Nebraska Public Power District, Columbus, NE 402-563-5412 | ❖ Holly Huerter Vice President Human Resources, Nebraska Methodist Health System, Omaha, NE 402-354-4858 | ❖ Jeff Prochazka Vice President, Nebraska Methodist Health System, Omaha, NE 402-354-6078 |
|---|---|--|---|



State of Nebraska  
Pete Ricketts, Governor

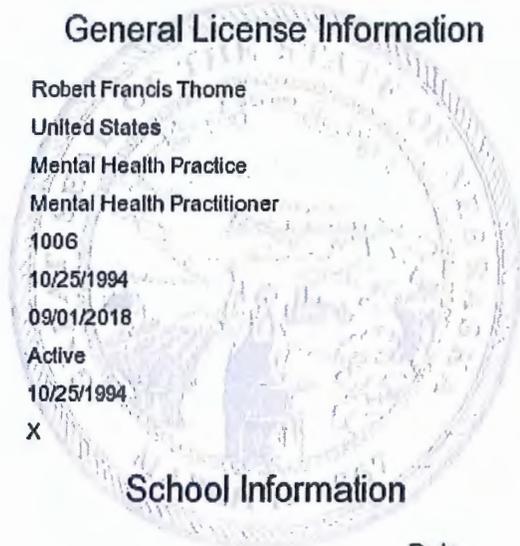
## Certification of Nebraska Licensure

IT IS HEREBY CERTIFIED THAT THE INFORMATION LISTED IN THIS CERTIFICATION IS ACCURATE AND CORRECT AS OF THE DATE CREATED.

Certification Date:	Tue Aug 23 12:39:21 2016
License Number:	1006
Profession:	Mental Health Practice
License Type:	Mental Health Practitioner

### General License Information

Name on License	Robert Francis Thome
Country	United States
Profession Name	Mental Health Practice
License Type	Mental Health Practitioner
License Number	1006
Date of Issuance	10/25/1994
Date of Expiration	09/01/2018
License Status	Active
Effective Date of Status	10/25/1994
Reason for License Status	X



### School Information

School	Date
UNIV OF NE OMAHA	05/07/1983

### Disciplinary/Non-Disciplinary Information

Additional information may be obtained from the Licensure Unit (402) 471-2115 if actions are listed.

Start	End	Disciplinary/Non-disciplinary Action
None on record at this time		

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If you have any questions, please call (402) 471-2115, or email [dhhs.licensureunit@nebraska.gov](mailto:dhhs.licensureunit@nebraska.gov)

**Judi L. Leibrock**  
Best Care EAP/NE LAP  
9239 West Center Road  
Omaha, NE 68124  
(402) 354-8055

I have been employed by the Methodist Health System for almost twenty-two years. I have over twenty-three years experience in the substance abuse field working with adolescents and adults. I have been the Nebraska Licensee Assistance Program (NE LAP) Coordinator since October 1, 2003. With my extensive background in substance abuse and employee assistance counseling, I have substantial experience in the assessment of alcohol and drug use disorders and helping people get the counseling or treatment they need. I have provided professional alcohol/drug assessments and educational presentations on alcohol/drug addiction and the health care professional and the NE LAP program and services. I have successfully developed working relationships with public organizations, representatives, employers, health care professionals, treatment providers and colleagues locally and across the state of Nebraska. Building rapport with community and state resources is an important component of the coordinator position to facilitate the best outcome for NE LAP clients. I have successfully demonstrated my capability to effectively provide a wide array of alcohol/drug and mental health practice services throughout my professional career.

#### **Nebraska Licensure and Certification**

- ❖ Licensed Alcohol and Drug Counselor #546
- ❖ Certified Professional Counselor #1323
- ❖ Licensed Mental Health Practitioner #2409

#### **Education**

Nebraska Methodist College of Nursing and Allied Health, Omaha, NE  
Associate of Science in Chemical Dependency Counseling degree, 1990

University of Nebraska at Omaha, Omaha, NE  
Bachelor of Arts in Psychology degree, 1995

University of Oklahoma, Norman, OK  
Master of Human Relations degree, 1998

#### **Professional Experience**

##### **Nebraska Licensee Assistance Program Coordinator, 10/03 – present**

Duties include providing alcohol/drug assessments for healthcare professionals licensed, certified or registered by the State of Nebraska, and pre-licensure applicants, counseling, treatment referrals, case management and monitoring, clinical consultations, educational materials and presentations. Duties also include the maintenance of the NE LAP web site, providing monthly information/education to constituents and quarterly and annual statistical reports to the State's NE LAP Steering Committee.

**Addictions Counselor II, Employee Assistance Program Counselor and SAP Evaluator, 6/94 – 9/03**, Jennie Edmundson Hospital, Addiction Services and Employee Assistance Program, Council Bluffs, IA. Duties included conducting individual, family and group counseling and therapy with adults and adolescents in the chemical dependency program. Developed individual treatment plans, assessments and evaluations. Developed and administered Student Assistance Program. Provided counseling screenings, and presentations for EAP.

**Chemical Dependency Counselor, 6/90 – 7/91**, Saint Joseph Center for Mental Health, Addiction Recovery Center, Omaha, NE.

#### **References**

- |   |  |   |
|---|--|---|
| ❖ John E. Ridgway, RPh<br>UNMC College of Pharmacy<br>Director of Experiential Programs<br>986045 Nebraska Medical Center<br>Omaha, NE 68198-6045<br>(402) 559-5774 | ❖ Marlene Schnieder, BS, LADC,<br>CRPS – Private Therapist<br>7701 Pacific Street<br>Omaha, NE 68124<br>(402) 390-6007 | ❖ Amy E. Monzingo, MS, NCC, NE<br>LMHP, IA LMHP<br>Best Care EAP Counselor<br>9239 West Center Road, Suite 201<br>Omaha, NE 68124<br>402-354-8000 |
|---|--|---|



State of Nebraska  
Pete Ricketts, Governor

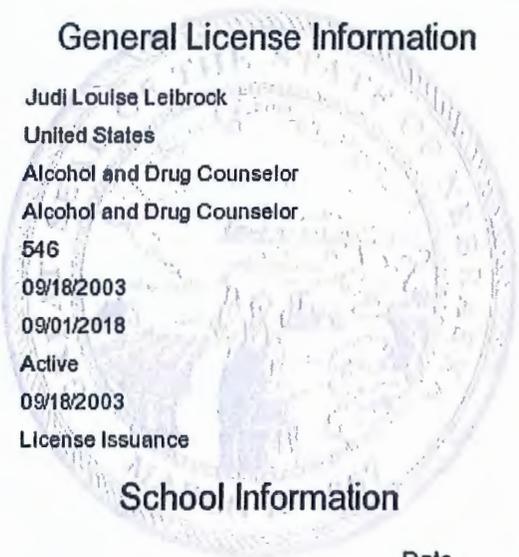
## Certification of Nebraska Licensure

IT IS HEREBY CERTIFIED THAT THE INFORMATION LISTED IN THIS CERTIFICATION IS ACCURATE AND CORRECT AS OF THE DATE CREATED.

Certification Date:	Mon Aug 22 11:47:24 2016
License Number:	546
Profession:	Alcohol and Drug Counselor
License Type:	Alcohol and Drug Counselor

### General License Information

Name on License	Judi Louise Leibrock
Country	United States
Profession Name	Alcohol and Drug Counselor
License Type	Alcohol and Drug Counselor
License Number	546
Date of Issuance	09/18/2003
Date of Expiration	09/01/2018
License Status	Active
Effective Date of Status	09/18/2003
Reason for License Status	License Issuance



### School Information

School	Date
The University of Oklahoma	05/09/1998

### Disciplinary/Non-Disciplinary Information

Additional information may be obtained from the Licensure Unit (402) 471-2115 if actions are listed.

Start	End	Disciplinary/Non-disciplinary Action
None on record at this time		

If you have any questions, please call (402) 471-2115, or email [dhs.licensureunit@nebraska.gov](mailto:dhs.licensureunit@nebraska.gov)

**Michelle R. Hruska**  
Best Care EAP/NE LAP  
9239 West Center Road  
Omaha, NE 68124  
(402) 354-8055

I have over sixteen years of experience in the substance abuse field working with adolescents and adults within several different levels of care ranging from outpatient to residential treatment. I have developed alcohol/drug abuse and dependency group curriculums and facilitated the corresponding alcohol/drug abuse and dependency groups. I have also worked extensively with the family members of those involved in dual diagnosis treatment programs. I have gained the knowledge to accurately assess for alcohol and drug use disorders, as well as determine appropriate counseling or treatment to help clients work toward recovery and a healthy lifestyle.

### **Nebraska Licensure and Certification**

- ❖ Licensed Alcohol and Drug Counselor #800
- ❖ Licensed Independent Mental Health Practitioner #763

### **Education**

College of Saint Mary, Omaha, NE  
Bachelor of Arts in Human Services, 1995

University of Nebraska at Omaha, Omaha, NE  
Master of Science in Community Counseling, 2004

### **Professional Experience**

#### **Best Care Employee Assistance Program, Nebraska Methodist Health System, Omaha, NE**

3/10 - present Employee Assistance Counselor (EAP)/Nebraska Licensee Assistance Program (NE LAP) Counselor/Substance Abuse Expert (SAE). EAP counseling duties include clinical assessment, short-term counseling and referrals for individuals, couples and families. NE LAP duties include providing alcohol/drug assessments for pre-license, licensed, certified or registered healthcare professionals in the State of Nebraska, treatment referrals, case management and monitoring and clinical consultations. SAE duties include providing alcohol/drug evaluations to determine fitness-for-duty as defined by the Nuclear Regulatory Commission. Other duties include making treatment referrals for employees, case management, monitoring of on-going treatment, and follow-up assessments.

#### **Uta Halee Girl's Village/Cooper Village for Boys, Omaha, NE, 6/05 – 4/10** Therapist/Case Manager.

Duties included performing clinical case management and providing individual, family and group counseling services to adolescents with mental health or dual diagnoses ranging from the outpatient level of care to the residential treatment center level of care.

#### **ABH Addiction and Behavioral Health Services, Omaha, NE, 5/04 – 11/05** Therapist, 10/01 – 5/04

Case Manager/Office Manager, 11/00 – 10/01 Assistant Counselor. Therapist duties included completing alcohol/drug evaluations, performing clinical case management and providing individual, family and group services to adolescent clients in the dual diagnosis Intensive Outpatient Program. Responsibilities included creating and updating treatment plans and preparing clinical/progress notes and discharge summaries.

### **References**

- ❖ Kendra Slater, LIMHP, LADC, MS  
Alegent Health Immanuel -  
Outpatient Addiction Recovery  
Immanuel Three Professional Center  
7101 Newport Avenue, Suite 305  
Omaha, NE 68152  
402-572-2450
- ❖ Kara Beyer, LCSW, LIMHP, LADC  
Counseling Connections and  
Associates  
11414 West Center Rd., Suite 300  
Omaha, NE 68144  
402-932-2296
- ❖ Marti Finkel  
Counseling Connections and  
Associates  
11414 West Center Road, Suite 300  
Omaha, NE 68144  
402-932-2296



State of Nebraska  
 Pete Ricketts, Governor

## Certification of Nebraska Licensure

IT IS HEREBY CERTIFIED THAT THE INFORMATION LISTED IN THIS CERTIFICATION IS ACCURATE AND CORRECT AS OF THE DATE CREATED.

Certification Date:	Mon Aug 29 09:35:43 2016
License Number:	800
Profession:	Alcohol and Drug Counselor
License Type:	Alcohol and Drug Counselor

### General License Information

Name on License	Michelle R Hruska
Country	United States
Profession Name	Alcohol and Drug Counselor
License Type	Alcohol and Drug Counselor
License Number	800
Date of Issuance	06/15/2009
Date of Expiration	09/01/2018
License Status	Active
Effective Date of Status	06/15/2009
Reason for License Status	License Issuance

### School Information

School	Date
University of Nebraska at Omaha	05/07/2004

### Disciplinary/Non-Disciplinary Information

Additional information may be obtained from the Licensure Unit (402) 471-2115 if actions are listed.

Start	End	Disciplinary/Non-disciplinary Action
None on record at this time		

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If you have any questions, please call (402) 471-2115, or email [dhhs.licensureunit@nebraska.gov](mailto:dhhs.licensureunit@nebraska.gov)

### 3. TECHNICAL APPROACH

#### PROJECT OVERVIEW

Best Care EAP has a statewide service system in place to provide education, referral assistance and monitoring of compliance with treatment of substance use disorders for credential holders who have been issued a credential to provide health and health-related services by the Department. We can also provide pre-licensure substance use assessments/evaluations, when requested by the Department, for those seeking a credential from the Department.

#### b. Understanding of the Project Requirements

##### 1. Facility Locations

Best Care EAP's office location responsible for the performance of the LAP contract is, and the LAP services office will be, located at:

Center Pointe Professional Plaza  
9239 West Center Road, Suite 201  
Omaha, NE 68124

Additional Best Care EAP office locations are available for LAP assessment interviews/counseling, including:

Columbus  
3052 N 33<sup>rd</sup> Avenue  
Columbus, Nebraska

Lincoln  
Long Professional Center  
4535 Normal Blvd. #265  
Lincoln, Nebraska

Beatrice  
Adams Hall (College Campus)  
One Stop Community Resource Center  
5109 Scott Road, Room A408  
Beatrice, Nebraska

Fremont  
224 N Main Street, Unit 5  
Fremont, Nebraska

Norfolk  
1306 Andrews Drive  
Norfolk, Nebraska

##### 2. Licensed Staff

Best Care EAP will employ individuals with the titles, Nebraska Licensee Assistance Program Coordinator and Nebraska Licensee Assistance Program Counselor, to provide the services of the program. These employees are fully qualified to provide the LAP services, as they are credentialed by the State of Nebraska in a scope of practice that authorizes them to provide substance use assessments/evaluations and counseling.

##### 3. Telephone Access

Best Care EAP will maintain an exclusive toll-free telephone number for the LAP (800-851-2336). A Nebraska 402 area code number (402-354-8055) will also be maintained exclusively for the LAP. Maintaining two numbers provides an alternative telephone number option in case one number is not available for some reason. These numbers will be listed on the LAP web site and on all LAP promotional and correspondence materials.

##### 4. Record Retention

As an affiliate of NMHS, Best Care EAP adheres to the Health System's established policies on retention of client records and the destruction and disposal of confidential documents. Best Care EAP will retain LAP client records for at least twenty-five (25) years

and then these confidential documents will be appropriately destroyed. This Best Care EAP record retention policy surpasses the seven (7) years required for the LAP contract. These records are retained for twenty-five years due to clinical needs of the LAP, such as a need for the documentation on a prior substance use disorder diagnosis or treatment for clients who return for LAP services more than seven years after their prior involvement with LAP services.

**See the following Attachments**

NMHS *Record Retention Schedule*, pertinent pages: 1. *Scope, Policy and Procedure*, and 6. *Patient Medical Record... Psych*. A copy of all pages of the *Record Retention Schedule* policy is available upon request, pages 28-29

NMHS *Document Destruction* policy, pages 30-31

**5. Statewide Access**

Best Care EAP will ensure LAP services are provided on a statewide basis. Included in our own service locations where assessments/evaluations and referral assistance can be provided are our offices in Omaha, Lincoln, Beatrice, Columbus, Fremont, and Norfolk. Our LAP Coordinator or LAP Counselor will discuss the best location for each client's services, and will travel to these locations when appropriate or necessary to provide in person substance use assessments/evaluations and counseling services.

Best care EAP anticipates an increasing use of secure, and confidential, online meetings and counseling, especially in the area of information gathering interviews for online assessments. Best Care EAP will request the Department's approval of this online communication option prior to utilization of this option.

**6. Quality Assurance Plan**

Best Care EAP has a multi-faceted, comprehensive, quality assurance plan in place that will evaluate all services and the service outcomes under The Scope of Work of the LAP Request for Proposal on an ongoing basis. This quality service plan includes the following quality assurance process and evaluations.

**Referral Assistance and Monitoring Services**

Self-reports by clients on scales of symptoms are considered an appropriate method of measuring outcomes. Best Care EAP will survey LAP clients on their satisfaction with the LAP substance use assessments/evaluations, referral assistance, counseling and case management/monitoring services, including the timeliness of these services. Clients respond to ten (10) statements that evaluate the timeliness, professionalism, privacy/confidentiality, effectiveness of the assessment/evaluation, referral assistance and treatment/level of care, monitoring services, and overall satisfaction with LAP services. Goals for the survey results are 90% or higher for efficacy and timeliness. These results will be reported to the Department on an annual basis.

**See Attachment, *Client Satisfaction Survey*, page 32**

Continuing Sobriety/Recovery Report – Best Care EAP will survey the continuing sobriety and stability of the recovery of clients who were diagnosed by the LAP to have a substance use disorder and successfully completed treatment and their other LAP requirements. Our continuing sobriety goal for these LAP clients will be three out of four clients continuing sobriety (75%) for all periods surveyed. Best Care EAP will contact these clients at six (6) month, one (1) year, eighteen (18) month and two (2) year intervals after the date of their completion of LAP services. They will be surveyed on a variety of outcome topics, including whether or not they are continuing in

sobriety/recovery, attending a self-help recovery support group, if they have relapsed and reasons for relapse/recovery, and if they need any further services from the LAP. This report and these results will be reported to the Department on a quarterly and annual basis.

**See Attachment**, *Continuing Sobriety/Recovery Quarter Report*, pages 33-34

LAP clients who have not been required to maintain sobriety, and the clients the LAP has ceased monitoring because they have been placed on probation and are being monitored by the Licensure Unit, are not included in this survey on continuing sobriety/recovery due to variables that would affect sobriety/recovery outcome data.

### **Educational Services**

Evaluation of our educational services will be conducted using the data collected from surveys distributed to session coordinators and participants following the LAP educational sessions. Any reported dissatisfaction with session content or delivery will be followed up by the LAP Coordinator or the Best Care EAP Corporate Director to address any educational session dissatisfaction. Corrective actions could include provision of follow up sessions, revision of session content, or additional staff training to improve presentation delivery. These results will be reported on an annual basis.

**See the following Attachments**

*Educational Session, NE LAP Services, Participant Survey*, page 35

*Educational Session, Alcohol/Substance Use Disorders, Participant Survey*, page 36

*Educational Session Coordinator Survey*, page 37

### **Customer Relations**

Feedback from experts who are integrally involved with behavioral health services is considered a valid service outcome measurement. Customers of LAP services, including employers, colleagues of clients, Department staff, Investigations Unit staff, and others who refer individuals to the LAP will be surveyed on their satisfaction with the LAP substance use assessments/evaluations, referral assistance, counseling and case management/monitoring services, including the timeliness of these services. Satisfaction ratings will be expected to be 90% or higher. If the 90% satisfaction rating is not achieved, Best Care EAP will take the corrective action necessary to ensure the ratings return to a 90% or higher rating. These corrective actions could include revision of program procedures or providing additional training for LAP staff on provision of quality customer service.

**See Attachment**, *Customer Satisfaction Survey*, page 38

### **Contract Fulfillment**

At the quarterly report meetings with the Department, Best Care EAP's Corporate Director, NE LAP Coordinator, and NE LAP Counselor, will solicit feedback on satisfaction with the timeliness and efficacy of LAP services, and the fulfillment of all other terms of the LAP contract. Best Care EAP will include an agenda item for each quarterly report meeting titled, **Quality Assurance**. Inclusion of the item on the agenda will ensure Department staff have the opportunity to give feedback to Best Care EAP on the timeliness and efficacy of LAP services and other contract fulfillment requirements. It will also serve as documentation of quality assurance discussions on these issues at these meetings.

## 7. Reporting Requirements

Best Care EAP will document and provide a comprehensive quarterly report to the Department reporting numerous program statistics, including information on demographics of users, source of referrals, and the type and number of services provided in the areas of referral assistance, monitoring and education. For the 2016 – 2018 LAP reports, Best Care EAP will include information on the reasons individuals fail to complete the LAP program and reasons for non-compliance by individuals in the LAP program. If approved by the Department, the first report for the November 1, 2016 through June 30, 2018 report will be a two month report period (November/December). Quarterly reports would resume after that contract period.

**See Attachment, *Quarter Report*, pages 39-44**

The data tabulated in the quarterly and annual reports will be analyzed to identify trends, patterns and other issues to discuss and determine if there are any changes or improvements needed in the manner in which future services are provided. In the final report for the contract period, Best Care EAP will address any overall contract requirements that were not met and provide an explanation as to why they were not met.

Best Care EAP staff, generally the Corporate Director, LAP Coordinator and LAP Counselor, will meet with designated Department staff, via in person or teleconference (at the discretion of the Department), on a quarterly basis to review the report information and discuss any issues or concerns regarding the delivery of the LAP services and contract compliance.

## c. Proposed Development Approach

Best Care EAP has been the LAP services vendor for the Department since the program's inception in 1992. All the technical requirements for the provision of services are in place, including the following:

- o Administrative and management staff to provide oversight and management of the program
- o Employees licensed by the State of Nebraska, as both alcohol and drug counselors and mental health practitioners, who are fully qualified to provide the substance use services required of the program
- o Promotional materials, including an online brochure, LAP business card, and a web site
- o A dedicated toll-free 800 telephone number and a dedicated Nebraska area code 402 telephone number
- o Office space and furniture for the LAP Coordinator and LAP Counselor
- o Computer hardware/information system software for the LAP staff
- o Access to copy/fax/print/scan machines
- o Printed program forms, letterhead and envelopes

Best Care EAP will not need to develop any new or additional organizational structure, or business office infrastructure, or add any leadership, management or alcohol/drug counseling professional staff, or business office support staff, to provide the services of the program. Best Care EAP is fully prepared to maintain the excellence in LAP service established by Best Care EAP if awarded the LAP contract for the November 1, 2016 to June 30, 2018 contract period. Best Care EAP would strive to collaborate with the Department on any future program development efforts to improve the services of the LAP.

#### d. Technical Considerations

Best Care EAP has sufficient staff, facilities, equipment, and information technology equipment and services for the provision of the LAP services and there would not be any new or additional technical considerations for Best Care EAP for this LAP contract.

#### e. Detailed Project Work Plan

Best Care EAP's Project Work Plan offers the following performance plan for the three major work performance areas that will accomplish the scope of work of the LAP contract.

##### 1. Referral Assistance

- a. Best Care EAP will provide, in person, substance use assessments/evaluations free of charge for credential holders requesting, or referred for, LAP assessment/evaluation services. These assessments/evaluations will be conducted by the LAP Coordinator or LAP Counselor. This allows direct involvement by the LAP staff and direct oversight by Best Care EAP's Corporate Director and provides consistency in the assessment/evaluation and referral assistance process.

The initial assessment/evaluation interview will be scheduled within five (5) business days of the request for services, unless this time line cannot be met due to circumstances beyond Best Care EAP's control, such as the constraints of a client's schedule. Assessments/evaluations will adhere to current standards of practice and consist of a psychosocial history; a summary of substance use testing and findings, such as the SASSI-3, MAST, and DAST; collateral information; and a DSM-5 diagnosis. A written assessment/evaluation report that delineates the psychosocial history, test findings, conclusions reached/diagnosis and treatment recommendations will be completed within ten (10) business days of the assessment/evaluation interview, unless this timeline cannot be met due to circumstances beyond Best Care EAP's control, such as a delay in obtaining prior assessment/evaluation reports, treatment records or collateral information.

**See Attachment, Alcohol/Substance Use Assessment, page 45-46**

If the findings of the substance use assessment/evaluation indicate the substance use of the credential holder may be of a nature which would constitute a danger to the public health or safety by the person's continued practice, Best Care EAP will report this to the Division of Public Health within one (1) business day.

- b. An assessment/evaluation for substance use begins with the intake call. At times, such as in the case of a severe substance use disorder, the intake assessment/evaluation will indicate there is a need for an immediate referral for hospitalization, detoxification, and/or inpatient or residential treatment. In all other cases, when an assessment/evaluation has been completed, and substance use treatment is needed, referral assistance will be provided within two (2) business days of the completion of the written assessment/evaluation report.

Generally, Best Care EAP will provide the contact information for a minimum of three (3) treatment providers. The credential holder will be allowed to select a treatment provider. However, Best Care EAP reserves the right to use its professional discretion when referring for counseling or treatment services and there are pertinent legal and clinical considerations that render the use of this process as inappropriate for the determination of an appropriate treatment provider for the client.

Best Care EAP will obtain a signed release of information from the credential holder that authorizes the LAP to communicate with the treatment provider regarding the credential holder's treatment. The release of information will state the credential holder must authorize full disclosure to the LAP information regarding their treatment including non-compliance of their treatment or aftercare plan if applicable. If the credential holder refuses to sign this release of information for the LAP to receive treatment information from the treatment provider, Best Care EAP shall not use any additional funds under the LAP contract to provide services to the credential holder. A letter will be mailed to each treatment provider with a copy of the release of information informing the treatment provider that non-compliance notifications shall be provided to the LAP within three (3) business days of the treatment provider becoming aware of any non-compliance.

**See Attachment**, *Authorization to Release Information to Treatment Provider*, page 47

**See Attachment**, *LAP Letter to Treatment Provider*, page 48

- c. Best Care EAP will request all credential holders who seek services from the LAP to sign a release of information that authorizes full disclosure to the Division of Public Health, which regulates their professional credential when:
  - i. Continued practice would pose a danger to the public health and safety; and
  - ii. The credential holder fails to comply with any term or condition of their treatment plan. EXCEPTION: In those instances when a credential holder refuses to provide a release for this purpose, the contractor SHALL NOT use funds under this contract to provide services to said credential holder nor shall they report to the Division of Public Health credential holder's failure to comply with any term or condition of the treatment plan. This exception is included because:
    - a. 42 CFR Part 2 prohibits programs that receive federal assistance from making disclosure without written consent of the client; and
    - b. Neb. Rev. Statute. 38-175 requires the LAP to make disclosure irrespective of a release.

Best Care EAP will title this release of information, *Notice to Nebraska Licensee Assistance Program Clients: Public Health and Safety and Treatment Compliance*. This notice contains the requirements of this release of information as outlined for the LAP project with the exception that the LAP expects the report to be made to the Division of Public Health until the Department clarifies this matter as we have outlined in the **DEVIATIONS** section of the proposal.

**See Attachment**, *Notice to Nebraska Licensee Assistance Program Clients: Public Health and Safety and Treatment Compliance*, page 49

- d. Best Care EAP recognizes there will be individuals who are awaiting admission for alcohol/drug treatment and are unable to be accepted for treatment within two (2) business days of the written assessment report who will need temporary counseling services. The LAP Coordinator or LAP Counselor will provide this temporary counseling free of charge until the individual can enter treatment. When it is not feasible or appropriate for the LAP Coordinator or LAP Counselor to provide this temporary counseling, referrals for these services to other fully qualified alcohol/drug counselors will be made. Individuals utilizing services

outside the LAP will be informed that any travel costs for these services and the fees for these services will be at their own expense.

- e. Best Care EAP will provide up to a maximum of twenty-five (25) pre-licensure substance use assessment/evaluations, free of charge, for persons applying for a credential from the Department when such pre-licensure assessment/evaluation is requested by the Department. These individuals will be required to complete appropriate intake procedures, the necessary releases of information, and various case and clinical procedures, that enable Best Care EAP to follow appropriate standards of care and the reporting of pertinent information to the Department and to treatment providers. The LAP Coordinator will provide as many of these pre-licensure assessments/evaluations as possible. However, Best Care EAP will also use the funds allocated in this LAP contract to use the LAP Counselor to meet the requirement of up to twenty-five (25) pre-licensure assessments/evaluations during the contract period.
- f. Best Care EAP recognizes there will be individuals referred to the LAP for substance use assessments/evaluations who may also have underlying or co-existing mental health problems. For the upcoming 2016 – 2018 LAP contract, our current LAP Coordinator holds the State of Nebraska LMHP Licensure and our LAP Counselor holds the State of Nebraska LIMHP Licensure. Their mental health practice licensure, knowledge, and experience enables them to provide an initial assessment/evaluation of organic mental or emotional disorders for the purpose of referrals or consultation. Their comprehensive substance use assessments/evaluations, or our ongoing monitoring of client progress, may identify a client who could benefit from mental health assessment/evaluation and services. The LAP staff will refer these clients for appropriate mental health assessment/evaluation and treatment when this occurs.

## 2. Monitoring

- a. All LAP clients will be monitored throughout their involvement with the LAP. Best Care EAP believes monitoring begins with the credential holder's initial contact with the LAP and ends when his/her case is closed. Best Care EAP will monitor the treatment progress and compliance of clients who have been referred for alcohol/drug treatment through aftercare and the achievement of a successful recovery. Bi-weekly or monthly alcohol/drug treatment and/or aftercare progress reports will be obtained from the clients and their treatment programs and providers in order to assess progress being made and to determine if the credential holder is in need of additional services. Best Care EAP will utilize a form titled *Monitoring Agreement* to establish an agreement/contract with the client that specifies the expectations for maintenance of sobriety, recovery activities, and length of the monitoring activities, which is to be determined by the diagnosis and presenting problem. The monitoring agreement/contract will generally be developed upon the successful completion of intensive outpatient, residential or inpatient alcohol/drug treatment and will include monitoring of the fulfillment of aftercare plans, completion of body fluid screens when determined to be clinically indicated, and provision of progress reports. The length of the monitoring activities will be determined by each client's diagnosis and treatment/recovery progress and will not be limited by an arbitrary pre-set length of time. Generally, the length of time a client will be monitored can be expected to be at least a minimum of one (1) year, and possibly up to several years in some

cases, to ensure the credential holder achieves a successful recovery from his/her substance use disorder.

**See Attachment**, *Monitoring Agreement*, pages 50-51

**See Attachment**, *Monitoring/Progress Report*, pages 52-53

- b. Best Care EAP will monitor credential holders referred by a diversion program in another state. Generally, this will occur when another state is monitoring an individual and they have relocated to Nebraska. In these cases, Best Care EAP will monitor fulfillment of aftercare plans and body fluid screens when determined by the LAP to be clinically indicated. Bi-weekly or monthly treatment and/or aftercare progress reports will be obtained from clients and treatment providers to determine if satisfactory progress is being made or if the credential holder may need additional services. The LAP *Monitoring Agreement* will be established with the client and specify expectations for maintenance of sobriety, including the length of monitoring activities which is to be determined by the diagnosis and presenting problem. The length of monitoring will be determined according to each individual's situation and will not be an arbitrary pre-set length of time. However, Best Care EAP will also need to take into consideration the other state's diversion program monitoring period and requirements. These individuals will be required to complete the necessary authorizations to release information to enable Best Care EAP to appropriately communicate with treatment providers and the other state's diversion program, and to appropriately report non-compliance, should it occur, to his/her diversion program and to the Division of Public Health.
  
- c. Best Care EAP has an effective working relationship with the State of Nebraska's contracted agency that provides body fluid screens for the credential holders monitored by the Department. Our ongoing working relationship with this agency will allow continuity of body fluid screen procedures and services to the LAP clients. Best Care EAP will recommend and arrange for body fluid screens for LAP clients when these services would be appropriate for the treatment or monitoring of a client, or at the request of the Department. LAP clients will be informed that the expense of the collection and testing will be their responsibility and they are responsible for paying for any and all body fluid screen/test fees at the time services are rendered, or as the body fluid collection and testing entity may require. Each LAP client will be required to complete the authorization to release information necessary for the exchange of information between the agency performing the body fluid screens and the LAP. This will include the agency's release of the body fluid screen results to the LAP. Refusal of credential holders to complete necessary authorizations to release information from their body fluid screen program to the LAP will be considered as failure to comply with a term or condition of their LAP treatment plan and will be reported to the Division of Public Health according to the terms of the proposal in Detailed Project Work Plan 1. c. on page 22.

Best Care EAP will evaluate the body fluid screen agency's timely and accurate provision of body fluid screen results to the LAP according to the following requirements:

- o All body fluid screen results will be provided to the LAP on a monthly basis, generally the 14<sup>th</sup> or 15<sup>th</sup> of each month.

- o Agency will promptly report positive results, or potential for positive results, the same working day these types of results have been identified by the agency.

When these requirements are determined to have not been met, this will be included in the quarterly report under Problems Encountered for the next LAP quarterly report meeting. The Department staff and LAP staff can discuss and determine the appropriate steps to be taken to address and resolve the unmet requirement.

Positive body fluid screens will be considered as non-compliant with a condition or term of the LAP treatment plan and will be reported to the Division of Public Health if the LAP determines that the positive body fluid screen demonstrates a significant impact on treatment progress and/or the positive result constitutes a danger to the public health and safety by the person's continued practice.

- d. Best Care EAP understands and supports the need for the Department to ensure credential holders are practicing in a safe manner. Best Care EAP will report within one (1) business day to the Division of Public Health when it is determined a credential holder's substance use may be of a nature which constitutes a danger to the public health and safety by the person's continued practice.
- e. Upon official notification or receipt of documentation of the effective start date of a credential holder's monitoring by the Department, Best Care EAP will cease monitoring of the credential holder. The credential holder and his/her current treatment or counseling provider(s), if he/she is in treatment or counseling, will be notified in writing of the transition of monitoring from the LAP to the Department to ensure their notification of the transition.

**See Attachment**, Transfer of Monitoring Letter, page 54

### 3. Education

- a. Best Care EAP will provide and distribute a minimum of one (1) time per month written educational materials in the form of newsletters, brochures, business cards, email blasts, etc. to credential holders; professional organizations representing health professionals; and/or employers of health professionals, such as hospitals, nursing homes, and counseling agencies. The focus of the written educational materials will be information on the availability of, and services provided by, the LAP; about alcohol/drug impairment and substance use (mild, moderate and severe); and/or on the alcohol/drug recovery process and services available. Best Care EAP will gain the Department's approval of all educational materials prior to release.

A contemporary LAP business card that provides the LAP web site address and LAP contact information will be developed and distributed to credential holders and their professional organizations/associations and employers. These business cards will also be provided to the Department and the Investigations Unit to distribute at their discretion. A one page online LAP brochure will be made available for viewing, and copying, on the LAP web site. Best Care EAP will update the online brochure as necessary if selected as the 2016 - 2018 LAP contract provider. Copies of the LAP brochure, the Department of Health and Human Services' *Alcohol and Substance Use Disorders: A Health Care Professional's Resource Guide*, and the LAP *Frequently Asked Questions* handouts will also be distributed at LAP educational presentations when appropriate.

**See the following Attachments**

Online LAP Brochure, page 55

A sample email blast titled, *At Fabled Addiction Treatment Center, a New Approach*, page 56

*Frequently Asked Questions*, page 57

Best Care EAP will develop and distribute a quarterly newsletter to professional organizations/associations representing health professionals for their use and distribution to their membership. Newsletter topics will be a diverse range of substance use and substance use disorder and the health professional issues. These quarterly newsletters will be emailed to the organizations/associations, unless they request distribution to them via another medium, by the end of the months of September, December, March and June each year.

**See Attachment**, sample newsletter titled, *Every Day Is Truly A Gift! A Nebraska Licensee Assistance Program Recovery Story*, page 58

Best Care EAP will include a written educational materials distribution summary with each contract report. The summary will list the type and topic of the material and month of the distribution.

**See Attachment**, *Summary – Newsletters & Email Blasts*, page 59

- b. Best Care EAP will present a minimum of twelve (12) educational sessions per year to credential holders; to meetings of professional organizations; to college/university students in health professional education programs; and/or to employers of health professionals, except during the initial contract period, Best Care EAP will present a minimum of twenty (20) educational sessions. A minimum of four (4) educational sessions will be presented outside the Lincoln and Omaha areas.

The focus of six (6) of the sessions will be on the provision of information on the availability of, and services provided by, the LAP except the initial contract period will have a minimum of ten (10) educational sessions.

The focus of the other six (6) educational sessions will be on alcohol/drug impairment and substance use (mild, moderate and severe) and/or on the alcohol/drug recovery process and services available, except the initial contract period will have a minimum of ten (10) educational sessions.

Educational session topics currently available for in person presentation or via webinar include:

- ✚ *Nebraska Licensee Assistance Program Services*
- ✚ *Alcohol/Substance Use Disorders and the Health Services Professional*

Best Care EAP expects ongoing requests for educational sessions will continue to be sufficient to meet the terms of the LAP contract. However, Best Care EAP will also contact urban and rural, health and health-related service organization representatives, such as hospital training departments, hospital directors of nursing, cosmetology schools, and health care associations and offer to present sessions to their organizations if it appears Best Care EAP will be unable to meet the session number and location requirements of the LAP contract.

Best Care EAP will include an educational session presentation summary with each quarterly report. This summary will list the type/topic of session, audience, location, date and number of participants at the sessions.

**See Attachment, Summary – Educational Sessions, page 60**

- c. Best Care EAP's LAP Coordinator or LAP Counselor will attend meetings of the professional Boards as requested by the Department.
- d. Best Care EAP has an established educational curriculum on substance use disorders that is geared specifically to health professionals. Individuals who make requests for this information will be provided the information, or guided to a resource for that information, by the LAP staff. Best Care EAP will continue to provide web site links to pertinent information resources, including new and archived LAP newsletters.

#### **f. Deliverables and Due Dates**

Best Care EAP has been providing outstanding LAP services since the creation and inception of the LAP project. As the longstanding contractor for the LAP services, all project requirements for the contract are in place and deliverables are successfully being provided on an ongoing basis. Contract deliverables for the proposed 2016 - 2018 contract would continue to be provided as outlined in this proposal for the November 1, 2016 through June 30, 2018 LAP contract. Some deliverables, such as substance use assessment/evaluation requests, are fluid and may exceed past project numbers. Best Care EAP has a fully qualified, trained and experienced LAP Counselor on staff who can be utilized to enable Best Care EAP to adequately meet increases in demand for the services of this contract, up to one hundred (100) total cases (assessments/evaluations, plus case management/monitoring cases), should such a demand occur.

If there would be Nebraska Statute revisions, or the Department were to make licensure policy changes, that would result in total cases over one hundred (100), additional funding for the project commensurate with the increased demand for services would be necessary to provide these services.

#### **g. End of Contract Transition Period**

Upon expiration or termination of the contract, Best Care EAP would work with the Department and any other organizations designated by the Department to ensure an orderly transition of services and responsibilities under the contract and to ensure the continuity of those services required by the Department.

#### **h. Bidder Requirements**

Best Care EAP responded to A. Project Requirements on pages 17-20 in 3. Technical Approach, Project Overview, b. Understanding of the Project Requirements 1.- 7.

Best Care EAP responded to B. Referral Assistance, Monitoring and Education performance areas in E. Scope of Work on pages 21-27 in 3. Technical approach, Project Overview, e. Detailed Project Work Plan.

### **3. TECHNICAL APPROACH ATTACHMENTS**



METHODIST JENNIE EDMUNDSON HOSPITAL  
MHS CORPORATE OFFICES  
METHODIST HOSPITAL  
METHODIST WOMEN'S HOSPITAL  
METHODIST PHYSICIANS CLINIC  
SHARED SERVICE SYSTEMS

POLICIES AND PROCEDURES

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**SUBJECT:** RECORD RETENTION SCHEDULE

**EFFECTIVE DATE:** 5/95

**REVIEWED/REVISED:** 2/98, 8/01, 8/03, 2/06, 8/06, 9/08, 01/09, 5/10, 6/11, 4/13, 3/15, 7/16

**PURPOSE:** To establish and consistently apply an organized system for retention of Methodist Health System documents in accordance with legal requirements

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**SCOPE:**

This policy applies to all affiliates of the Methodist Health System and includes all forms of records retained for any business or clinical purpose.

**POLICY:**

MHS departments, units, programs and facilities shall retain records for periods required by federal or state statutes and regulations in a safe and secure manner.

If litigation or governmental investigation is threatened or commenced that relates to any Medical/Patient Records, Confidential Business Records, and/or Human Resources Records, such records shall NOT be destroyed, but rather they shall be maintained securely by the appropriate affiliate Director of Health Information Management, Compliance Officer, or MHS Vice President, Human Resources pending final resolution of such litigation or investigation.

**PROCEDURE:**

1. The Health Information Management department manager or Privacy Officer shall be the "Records Custodian" for each affiliate and shall serve as a central decision-maker and resource with respect to medical records issues, in consultation with the Compliance Officer and Legal Counsel as necessary. For other record types, the department manager shall be responsible (i.e. Finance, Human Resources, etc.)
2. Retention periods may be extended beyond the period defined by statute or regulation for risk management purposes.
3. When there is an express or implied requirement of retention for a particular category of record, but no defined time period exists under statute or regulation, the retention period shall be three years in accordance with the Paperwork Reduction Act and the Uniform Preservation of Private Business Records Act, unless otherwise determined by the records custodian.
4. Each unit shall date and flag records for destruction on a regular schedule. Records shall be destroyed in a manner preserving confidentiality in accordance with the Methodist Health System Document Destruction policy.
5. Records shall be stored at Shared Services or designated alternate site after the active period until the destruction date of the record.
6. Refer to Document Destruction policy for guidance on destruction of records.

	Patient Medical Record (including SNF, Rehab, Home, Health, Psych)	A + 10 years**	HIM Department	Neb. Rev. Stat. § 25-222	
	Physician/D&O Index	A + 10 years**	HIM/IT Department	Industry Standard /AHIMA	
	Radiation Oncology Records	2 years after patient's date of death	HIM/IT Department	Industry Standard (in order to appropriately calculate tolerances for patient treatment with radiation)	
	Radiology Films				
		Nebraska	10 years**	HIM Department	Neb. Rev. Stat. § 25-222
		Iowa	7 years, and at least 7 years after patient reaches 18**	HIM Department	IA Admin. Code 641.41.1.(3)(g)
		Mammography Films	10 years**	HIM Department	21 CFR 900.12(c)(4)(i)
	Register of Surgery Procedure	Permanent	Surgery Department	Industry Standard /AHIMA	
	Sleep Study Strips	10 years**	Performing Department	Neb. Rev. Stat. § 25-222 42 CFR 493.1105(a)	
	Surgery Schedules	10 years	Surgery Department	Neb. Rev. Stat. § 25-222	
Videotapes (i.e., Diagnostics, Radiology, Surgery, Perinatology)	A + 10 years**	Performing Department	Neb. Rev. Stat. § 25-222 42 CFR 493.1105(a)		
Utilization Review Work Papers	A + 5 years	HIM Department	Industry Standard		

<b>Home Health and Hospice</b>				
	<b>Record</b>	<b>Retention Period</b>	<b>Repository</b>	<b>Citation</b>
	Annual Program Evaluations	3 years at Agency; Permanent in Storage	Home Health and Hospice then Shared Services	Industry Standard
	Clinical Schedules	10 years	Home Health and Hospice	Neb. Rev. Stat. § 25-222
	Equipment Cleaning & Maintenance Logs	2 years	Home Health and Hospice	Industry Standard
	Governing Board Minutes	3 years	MHS Administration	Industry Standard
	In-Services	2 years	Home Health and Hospice	Industry Standard
	Official Records and Reports of All Licensing or Examining Bodies	3 years at Agency; Permanent in Storage	Home Health and Hospice then Shared Services	Industry Standard
	Official Reports and Correspondence to the Joint Commission	3 years at Agency Permanent in Storage	Home Health and Hospice then Shared Services	Industry Standard
	Operational Meeting Minutes	Current + 5 years	Home Health and Hospice	Industry Standard
	Performance Improvement Minutes	3 years at Agency; Permanent in	Home Health and Hospice then Shared	Industry Standard



MHS CORPORATE OFFICES  
METHODIST HOSPITAL  
METHODIST WOMEN'S HOSPITAL  
METHODIST JENNIE EDMUNDSON  
METHODIST PHYSICIANS CLINIC  
NEBRASKA METHODIST COLLEGE  
SHARED SERVICE SYSTEMS

POLICIES AND PROCEDURES

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<b>SUBJECT:</b>	DOCUMENT DESTRUCTION	Page 1 of 2
<b>EFFECTIVE DATE:</b>	2/2/01	
<b>REVIEWED/REVISED:</b>	6/03, 2/06, 3/08, 12/08, 5/10, 11/12, 10/15	
<b>PURPOSE:</b>	To establish the procedures for destruction and disposal of documents and media.	

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**POLICY:**

All Methodist Health System, affiliates must dispose of many types of documents and media. This policy is intended to ensure appropriate handling and disposal of all confidential medical, business records and documents and media.

**DEFINITIONS:**

1. Medical/Patient Records include all documents and media containing protected health information ("PHI"), including clinical and demographic information, financial and billing records, etc.
2. Confidential Business Records include, but are not limited to, contracts, legal correspondence, incident reports, official meeting minutes, personnel records, benefit programs, audit reports, insurance documents and financial reports.
3. Human Resources Records include, but are not limited to, salary information and other highly confidential personnel documents.
4. Non-records include blank forms, administrative documents, magazines, newspapers and other non-confidential internal correspondence or "junk mail".

**PROCEDURES:**

1. All paper documents categorized as "Medical/Patient Records" or "Confidential Business Records" must be disposed of by a method that ensures total destruction of the confidential content. Methodist Health System has contracted with an outside vendor to provide shredding/destruction of all such paper records. Employees will therefore dispose of all such paper records by placing them in the designated service containers ("Shred Bins") for pick-up at each site.
2. Human Resources Records may be shredded by a cross-cut shredder in lieu of placing records in the designated service container.
3. Non-paper records, such as computer, audio, or video media, should be physically destroyed so they are unable to be used, viewed, or heard prior to disposing of in normal trash containers.
4. Non-records should be disposed of in shred bins so that they may be recycled.
5. Any questions regarding the appropriate method of destruction should be directed to the MHS Privacy Officer.

6. If litigation or a governmental investigation is threatened or commenced that relates to any Medical/Patient Records, Confidential Business Records, and/or Human Resources Records, and/or Legal Hold has been issued, such records shall NOT be destroyed, but rather they shall be maintained securely by the appropriate affiliate Director of Health Information Management, Vice President of Compliance, or MHS Vice President, Human Resources pending final resolution of such litigation or investigation.

See also: MHS Record Retention Schedule  
Legal Hold

# NEBRASKA LICENSEE ASSISTANCE PROGRAM

## *Client Satisfaction Survey*

**DIRECTIONS:** Please answer each statement candidly and add any comments you may have. Please circle your response on the 5 point Agree/Disagree scale or NA for Not Applicable. We appreciate your time and effort to let us know if you were satisfied with our services or if we could make improvements to the services.

1. I was able to successfully contact the Nebraska Licensee Assistance Program (NE LAP) when needed.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
	5	4	3	2	1	
2. I was treated courteously, professionally, and in a timely fashion.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
	5	4	3	2	1	
3. My confidentiality was handled appropriately by NE LAP staff.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
	5	4	3	2	1	
4. My NE LAP counselor was effective in helping me identify the services I needed.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA
	5	4	3	2	1	
5. I received a timely and appropriate referral from the NE LAP counselor.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA
	5	4	3	2	1	
6. My NE LAP counselor contacted me to see if I was satisfied with the referral.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA
	5	4	3	2	1	
7. The NE LAP counselor was available for support throughout my treatment and continuing care/aftercare programs.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA
	5	4	3	2	1	
8. I was satisfied with my NE LAP Counselor.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
	5	4	3	2	1	
9. Overall, I was satisfied with the Nebraska Licensee Assistance Program.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
	5	4	3	2	1	
10. I would recommend the Nebraska Licensee Assistance Program to others.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
	5	4	3	2	1	

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we use your comments to highlight the program? No name or identifying information will be used. Yes / No

Thank you!

**Nebraska Licensee Assistance Program**  
**Continuing Sobriety/Recovery Quarter Report**

(alcohol/substance use disorder clients who successfully completed treatment/NE LAP services)

**6 Month Follow-Ups**

- |    |   |           |          |       |
|----|---|-----------|----------|-------|
| 1. | Continued sobriety/recovery                     | #Yes ____ | #No ____ | ____% |
| 2. | Continued attending self-help recovery meetings | #Yes ____ | #No ____ | ____% |
| 3. | Continued to have recovery program sponsor      | #Yes ____ | #No ____ | ____% |
| 4. | Changed professions                             | #Yes ____ | #No ____ |       |
| 5. | Changed jobs                                    | #Yes ____ | #No ____ |       |
| 6. | Satisfied with recovery                         | #Yes ____ | #No ____ | ____% |
| 7. | Relapsed/Required further assistance            | #Yes ____ | #No ____ | ____% |

Reasons for relapse \_\_\_\_\_

Client comments: \_\_\_\_\_

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**12 Month Follow-Ups**

- |    |   |           |          |       |
|----|---|-----------|----------|-------|
| 1. | Continued sobriety/recovery                     | #Yes ____ | #No ____ | ____% |
| 2. | Continued attending self-help recovery meetings | #Yes ____ | #No ____ | ____% |
| 3. | Continued to have recovery program sponsor      | #Yes ____ | #No ____ | ____% |
| 4. | Changed professions                             | #Yes ____ | #No ____ |       |
| 5. | Changed jobs                                    | #Yes ____ | #No ____ |       |
| 6. | Satisfied with recovery                         | #Yes ____ | #No ____ | ____% |
| 7. | Relapsed/Required further assistance            | #Yes ____ | #No ____ | ____% |

Reasons for relapse \_\_\_\_\_

Client comments: \_\_\_\_\_

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**18 Month Follow-Ups**

- 1. Continued sobriety/recovery #Yes \_\_\_\_ #No \_\_\_\_ \_\_\_\_%
- 2. Continued attending self-help recovery meetings #Yes \_\_\_\_ #No \_\_\_\_ \_\_\_\_%
- 3. Continued to have recovery program sponsor #Yes \_\_\_\_ #No \_\_\_\_ \_\_\_\_%
- 4. Changed professions #Yes \_\_\_\_ #No \_\_\_\_
- 5. Changed jobs #Yes \_\_\_\_ #No \_\_\_\_
- 6. Satisfied with recovery #Yes \_\_\_\_ #No \_\_\_\_ \_\_\_\_%
- 7. Relapsed/Required further assistance #Yes \_\_\_\_ #No \_\_\_\_ \_\_\_\_%

Reasons for relapse \_\_\_\_\_

Client comments: \_\_\_\_\_

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**24 Month Follow-Up**

- 1. Continued sobriety/recovery #Yes \_\_\_\_ #No \_\_\_\_ \_\_\_\_%
- 2. Continued attending self-help recovery meetings #Yes \_\_\_\_ #No \_\_\_\_ \_\_\_\_%
- 3. Continued to have recovery program sponsor #Yes \_\_\_\_ #No \_\_\_\_ \_\_\_\_%
- 4. Changed professions #Yes \_\_\_\_ #No \_\_\_\_
- 5. Changed jobs #Yes \_\_\_\_ #No \_\_\_\_
- 6. Satisfied with recovery #Yes \_\_\_\_ #No \_\_\_\_ \_\_\_\_%
- 7. Relapsed/Required further assistance #Yes \_\_\_\_ #No \_\_\_\_ \_\_\_\_%

Reasons for relapse \_\_\_\_\_

Client comment: \_\_\_\_\_

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**NEBRASKA LICENSEE ASSISTANCE PROGRAM**  
*Educational Session, NE LAP Services, Participant Survey*

Your Organization/Group: \_\_\_\_\_ Date: \_\_\_\_\_

Presenter: \_\_\_\_\_

DIRECTIONS: Please circle your response on the 5 point Agree/Disagree scale. Thank you.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The NE LAP presenter was well-organized.	5	4	3	2	1
2. The presenter was knowledgeable about the NE LAP services.	5	4	3	2	1
3. The presenter was interested and enthusiastic about the NE LAP services.	5	4	3	2	1
4. The presenter used effective presentation techniques (e.g., eye contact, vocal projection, etc.)	5	4	3	2	1
5. The handouts, visual aids, activities, etc. were appropriate for the session.	5	4	3	2	1
6. The information provided on the NE LAP services was easy to understand.	5	4	3	2	1
7. The information provided in this session will benefit me if I need to utilize the NE LAP services.	5	4	3	2	1
8. The presenter took time to answer our questions about the NE LAP.	5	4	3	2	1

9. Overall, this session (Please circle one)	Exceeded My Expectations	Met My Expectations	Partially Met My Expectations	Failed to Meet My Expectations
10. Overall, I would rate this session as (Please circle one)	Excellent	Good	Fair	Poor

11. If you did not rate this session as "Excellent" what could be done to make it better and/or more enjoyable for the participants?

\_\_\_\_\_

\_\_\_\_\_

If you made positive comments, may we use them to highlight the NE LAP services? Yes / No

Thank you!

**NEBRASKA LICENSEE ASSISTANCE PROGRAM**  
*Educational Session, Alcohol/Substance Use Disorders, Participant Survey*

Session Title: \_\_\_\_\_ Date: \_\_\_\_\_

Your Organization/Group: \_\_\_\_\_ Presenter: \_\_\_\_\_

DIRECTIONS: Please circle your response on the 5 point Agree/Disagree scale. Thank you.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The NE LAP presenter was well-organized.	5	4	3	2	1
2. The presenter was knowledgeable about the alcohol/substance use topic.	5	4	3	2	1
3. The presenter was interested and enthusiastic about the session topic.	5	4	3	2	1
4. The presenter used effective presentation techniques (e.g., eye contact, vocal projection, etc.)	5	4	3	2	1
5. The handouts, visual aids, activities, etc. were appropriate for the topic.	5	4	3	2	1
6. The educational material was easy to understand.	5	4	3	2	1
7. The material covered in this session will benefit my professional and/or personal life.	5	4	3	2	1
8. The presenter took time to explain the services of the NE LAP.	5	4	3	2	1

9. Overall, this session (Please circle one)	Exceeded My Expectations	Met My Expectations	Partially Met My Expectations	Failed to Meet My Expectations
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10. Overall, I would rate this session as (Please circle one)	Excellent	Good	Fair	Poor
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11. If you did not rate this session as "Excellent" what could be done to make it better and/or more enjoyable for the participants?

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If you made positive comments, may we use them to help highlight the NE LAP services? Yes / No

Thank You!

**NEBRASKA LICENSEE ASSISTANCE PROGRAM**  
*Educational Session Coordinator Survey*

Program Title: \_\_\_\_\_ Date: \_\_\_\_\_

Your Organization/Group: \_\_\_\_\_ Presenter: \_\_\_\_\_

DIRECTIONS: Please circle your response on the 5 point Agree/Disagree scale. Thank you.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The NE LAP responded in a timely manner to our educational needs.	5	4	3	2	1
2. The NE LAP staff was professional and helpful throughout the planning and educational process.	5	4	3	2	1
3. The NE LAP staff effectively arranged the educational session according to our needs.	5	4	3	2	1
4. The session was well organized.	5	4	3	2	1
5. The presenter was knowledgeable on the topic.	5	4	3	2	1
6. The educational material covered in this session will benefit the participants.	5	4	3	2	1
7. I was satisfied with the educational session.	5	4	3	2	1
8. Overall, I am satisfied with the Nebraska Licensee Assistance Program services.	5	4	3	2	1

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you made positive comments, may we use them to help promote the NE LAP services? Yes / No

Thank You!

# NEBRASKA LICENSEE ASSISTANCE PROGRAM

## *Customer Satisfaction Survey*

**DIRECTIONS:** Please answer each statement candidly and add any comments you may have. Please circle your response on the 5 point Agree/Disagree scale. We appreciated your time and effort to let us know if you were satisfied with our services or if we could make improvements to the services.

1. I was able to successfully contact the Nebraska Licensee Assistance Program (NE LAP) when needed.	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
2. The NE LAP staff was courteous and professional.	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
3. The NE LAP staff was effective in helping me manage each credential holder's situation.	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
4. The NE LAP assessment and treatment referral process was timely and appropriate for each credential holder's situation.	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
5. The NE LAP maintained appropriate and timely communication with me throughout my involvement with the NE LAP.	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
6. Overall, I am satisfied with the NE LAP.	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1

8. Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we use your comments to highlight the program? Yes / No

Thank you!

**NEBRASKA LICENSEE ASSISTANCE PROGRAM  
 JULY 1, 2016 - JUNE 30, 2017 Contract  
 QUARTER REPORT**

**STATISTICAL SUMMARY FOR ALL CLIENTS  
 (Licensed/Certified/Registered and Pre-License)**

**ALL NEW NE LAP CLIENTS**

	1ST QTR	2ND QTR	3RD QTR	4TH QTR	16-17 July-June Total	15-16 July-June		
						Same Qtr	Comp Qtr	Annual
<b>NEW CLIENT TYPE</b>								
Licensee								
Pre-Licensee								
Family Member								
<b>SOURCE OF REFERRAL</b>								
Self-Referral								
Company Referral								
Licensing Agency								
EAP								
Attorney								
Family								
Outside State Referral								
Treatment Provider								
<b>ALCOHOL/SUBSTANCE USE DIAGNOSTIC ASSESSMENTS</b>								
LAP Coordinator								
LAP Counselor								
<b>ALCOHOL/SUBSTANCE USE UPDATE AND/OR RECOVERY ASSESSMENTS</b>								
LAP Coordinator								
LAP Counselor								
<b>CASE MANAGEMENT/MONITORING</b>								
<b>TYPE OF PRIMARY TREATMENT REFERRAL</b>								
Substance Use Counseling/Programs								
Intensive Outpatient Alcohol/SA Disorder Treatment								
Residential/Inpatient Alcohol/SA Disorder Treatment								
Relapse Counseling/Treatment								
Self-Help/Recovery Groups								
Psychiatric Consultation/Treatment								
Psychological Testing								
Mental Health Counseling								
Continuing Care/Aftercare/Monitoring								
No Treatment Recommendations - In Recovery								
No Treatment Recommendations								
Case Consultation Only								

**NEW CLIENTS - LICENSED, CERTIFIED AND REGISTERED**

NEW CLIENT TYPE	1ST QTR	2ND QTR	3RD QTR	4TH QTR	16-17 July-June	15-16 July-June		
					Total	Same Qtr	Same Qtrs	Annual
	Licensee							
Family Member								

SOURCE OF REFERRAL	1ST QTR	2ND QTR	3RD QTR	4TH QTR	16-17 July-June	15-16 July-June		
Self-Referral								
Company Referral								
Licensing Agency								
EAP								
Attorney								
Family								
Outside State Referral								
Treatment Provider								

LICENSEE ALCOHOL/SUBSTANCE USE DIAGNOSTIC ASSESSMENTS	1ST QTR	2ND QTR	3RD QTR	4TH QTR	16-17 July-June	15-16 July-June		
LAP Coordinator								
LAP Counselor								

LICENSEE ALCOHOL/SUBSTANCE USE UPDATE AND/OR RECOVERY ASSESSMENTS	1ST QTR	2ND QTR	3RD QTR	4TH QTR	16-17 July-June	15-16 July-June		
LAP Coordinator								
LAP Counselor								

CASE MANAGEMENT/MONITORING	1ST QTR	2ND QTR	3RD QTR	4TH QTR	16-17 July-June	15-16 July-June		

TYPE OF PRIMARY TREATMENT REFERRAL	1ST QTR	2ND QTR	3RD QTR	4TH QTR	16-17 July-June	15-16 July-June		
Substance Use Counseling/Programs								
Intensive Outpatient Alcohol/SA Disorder Treatment								
Residential/Inpatient Alcohol/SA Disorder Treatment								
Relapse Counseling/Treatment								
Self-Help/Recovery Groups								
Psychiatric Consultation/Treatment								
Psychological Testing								
Mental Health Counseling								
Continuing Care/Aftercare/Monitoring								
No Treatment Recommendations - In Recovery								
No Treatment Recommendations								
Case Consultation Only								

## NEW CLIENTS - PRE-LICENSE

	1ST QTR	2ND QTR	3RD QTR	4TH QTR	16-17 July-June	15-16 July-June		
					Total	Same Qrt	Same Qrts	Annual
<b>NEW CLIENT TYPE</b>								
Pre-Licensees								
<b>SOURCE OF REFERRAL</b>								
Self-Referral								
Company Referral								
Licensing Agency								
EAP								
Attorney								
Family								
Outside State Referral								
Treatment Provider								
<b>PRE-LICENSEE ALCOHOL/SUBSTANCE USE DIAGNOSTIC ASSESSMENTS</b>								
LAP Coordinator								
LAP Counselor								
<b>PRE-LICENSEE ALCOHOL/SUBSTANCE USE UPDATE AND/OR RECOVERY ASSESSMENTS</b>								
LAP Coordinator								
LAP Counselor								
<b>TYPE OF PRIMARY TREATMENT REFERRAL</b>								
Substance Use Counseling/Programs								
Intensive Outpatient Alcohol/SA Disorder Treatment								
Residential/Inpatient Alcohol/SA Disorder Treatment								
Relapse Counseling/Treatment								
Self-Help/Recovery Groups								
Psychiatric Consultation/Treatment								
Psychological Testing								
Mental Health Counseling								
Continuing Care/Aftercare/Monitoring								
No Treatment Recommendations - In Recovery								
No Treatment Recommendations								
Case Consultation Only								



## DEMOGRAPHICS SUMMARY FOR ALL NEW NE LAP CLIENTS (CONTINUED)

1ST QTR	2ND QTR	3RD QTR	4TH QTR
---------	---------	---------	---------

16-17
July-June
Total

15-16		
July-June		
Same Qtr	Same Qtrs	Annual

### ADDITIONAL LICENSES/CERTIFICATES/REGISTRATIONS

Alcohol/Drug Counselor							
Asbestos							
Athletic Training							
Audiology/Speech-Language Pathology							
Chiropractic							
Cosmetology							
Dentistry							
Emergency Medical Care							
Environmental Health Specialist							
Funeral Directing & Embalming							
Hearing Aid Instrument Dispensing & Fitting							
Massage Therapy							
Medical Nutrition Therapist							
Medicine & Surgery							
Mental Health Practice							
Nursing							
Nursing Home Administration							
Nursing Support							
Nutritionist							
Occupational Therapy							
Optometry							
Pharmacy							
Physical Therapy							
Physician Assistant							
Podiatry							
Psychology							
Radiography							
Radon							
Respiratory Care							
Social Work							
Swimming Pool Operator							
Veterinary Medicine & Surgery							
Water Operator							
Well Driller							

### YEARS IN PROFESSION

0 - 12 months							
1 - 3 years							
4 - 6 years							
7 - 10 years							
11 - 15 years							
16 - 20 years							
21 - 25 years							
Over 25 years							
Pre-License							
Student							
Not Available							

### PRIMARY TYPE OF PROBLEM

Alcohol Use - No Disorder Diagnosis						
Substance Use - No Disorder Diagnosis						
Alcohol Use Disorder - Mild						
Alcohol Use Disorder - Moderate						
Alcohol Use Disorder - Severe						
Alcohol Use Disorder - In Recovery						
Substance Use Disorder - Mild						
Substance Use Disorder - Moderate						
Substance Use Disorder - Severe						
Substance Use Disorder - In Recovery						
Mental Health						

## OPEN NE LAP CASES

16-17 July-June
Total

15-16 July-June		
Same Qrt	Same Qrts	Annual

1ST QTR	2ND QTR	3RD QTR	4TH QTR
---------	---------	---------	---------

OPEN CASES- END OF QUARTER

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### OPEN CASE TREATMENT TYPE/STATUS

Residential/Inpatient Alcohol/SA Disorder Treatment				
Intensive Outpatient Alcohol/SA Disorder Treatment				
Substance Use Counseling/Program				
Mental Health Counseling				
Continuing Care/Aftercare/Monitoring				
Awaiting Disciplinary Hearing/Treatment Start				
Relapse Counseling/Program				
Pre-Licensure Process				
Reinstatement				
Out-of-State Referrals				

LICENSEE COUNSELING SESSIONS

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## NON-COMPLIANCE REPORTS

NON-COMPLIANCE REPORTS THIS QUARTER

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REASONS FOR NON-COMPLIANCE

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## CASES CLOSED REPORT

### CASES CLOSED STATUS

Successfully Completed LAP Program						
License Surrendered/Revoked/Expired						
Transferred to State Monitoring (Probation)						
Awaiting State Action						
License Suspended/Ineligible						
State/No Action Taken						
Mental Health Referral						
Pre-License Eval Process Completed						
Reinstatement Eval Process Completed						
Withdrew License Application/License Denied						
Failed to Complete LAP Program*						

\*Reasons Failed to Complete LAP Program

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## CASE-RELATED ACTIVITY HOURS

Intake, Scheduling, Case Management					
Telephone Calls/Consultations					

## NON CASE-RELATED ACTIVITY HOURS

Telephone Calls/Consultations					
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## EDUCATIONAL SESSIONS

### NE LAP TRAINING

# of Sessions								
# of Participants								

BOARD PRESENTATIONS

--	--	--	--	--	--	--	--

## *Alcohol/Substance Use Assessment*

### Client:

Name  
Address  
City/State/Zip  
Phone

Last 4 SSN:  
Gender  
DOB:  
Profession

### Assessment:

Location  
Initial Interview Date:  
Treatment Recommendations Available:  
Report Completed:

*All information contained in this assessment was reported by \_\_\_\_\_ unless otherwise noted.*

### **Psychosocial History**

#### Presenting Information

#### Family/Social History

#### Education/Employment History

#### Military History

#### Alcohol/Substance Use History

#### Legal/Licensure History

#### Medical/Psychological History

**Collateral Information**

**Alcohol/Substance Use Tests and Findings**

**DSM-5 Diagnostic Impression**

**Treatment Recommendations**

\_\_\_\_\_  
Judi Leibrock, MHR, LPC, LADC  
NE LAP Coordinator

\_\_\_\_\_  
Date

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.

# NEBRASKA LICENSEE ASSISTANCE PROGRAM

## Authorization to Release Information to Treatment Provider

The Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit (the Department) regulates the licensure/registration/certification of health care professionals in the state of Nebraska (credential holders). The Department requires the NE LAP to obtain a signed release of information from clients that authorizes full disclosure to the NE LAP information regarding their alcohol or substance use treatment, including non-compliance with treatment and/or aftercare plans. Your treatment provider will be required to notify the NE LAP within three (3) business days of becoming aware of any non-compliance. If you decline to authorize this disclosure, the NE LAP will no longer be able to provide NE LAP services to you.

I, \_\_\_\_\_, authorize and request the NE LAP to release to  
(Name of NE LAP client)  
and receive all available information from:

\_\_\_\_\_ Treatment Provider \_\_\_\_\_

Specific information to be provided is to consist of (check appropriate area):

\_\_\_\_\_ All available information regarding my case, including all alcohol and substance use information.

This authorization is effective for twelve months from the date signed, or on \_\_\_\_\_, as I have requested, to fulfill the purposes of this authorization, unless sooner revoked. Information released according to the authorization may be subject to redisclosure by the recipient and may no longer be protected by privacy regulations. I understand I may revoke this authorization at any time by notifying the NE LAP Coordinator, NE LAP counselor or the Corporate Director of the NE LAP of my revocation of this authorization. Release of information will cease upon receipt of my revocation. I understand such revocation will not apply to information that may have been released prior to revocation. You may continue with your treatment provider. However, NE LAP services will be discontinued upon your revocation of this required authorization for disclosure to/from your treatment provider since the NE LAP would no longer be able to monitor your compliance with treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
NE LAP Client Authorization Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

Date

Treatment Provider  
Address  
City, State Zip

Re:

Dear:

The Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit (the Department) regulates the licensure/registration/certification of health care professionals in the state of Nebraska (credential holders). The Department requires the Nebraska Licensee Assistance Program to obtain a signed release of information from clients that authorizes full disclosure to the NE LAP of all information regarding their alcohol or substance use treatment, including non-compliance with treatment and/or aftercare plans. The NE LAP must ensure this client remains in compliance with his/her treatment and/or aftercare plan. Treatment providers are to notify the NE LAP within three (3) business days of becoming aware of any non-compliance with treatment or aftercare plans. Enclosed please find a copy of the client's signed authorization to release this information.

Also enclosed, please find a NE LAP Monitoring/Progress Report. Please complete and forward the report as requested until the client has successfully completed treatment services. The NE LAP requests that any subsequent change in the client's level of care or discharge planning be reviewed and approved by the NE LAP prior to the change.

Thank you for your assistance and please feel free to contact me at (800) 851-2336 or (402) 354-8055 if you have any questions.

Sincerely,

Judi Leibrock, MHR, LPC, LADC  
NE LAP Coordinator

Enclosure

# NEBRASKA LICENSEE ASSISTANCE PROGRAM

## ***Notice to Nebraska Licensee Assistance Program Clients: Public Health and Safety and Treatment Compliance***

Pursuant to Nebraska law, (Nebraska Revised Statute 38-175), the contract between the Nebraska Department of Health and Human Services and Best Care Employee Assistance Program requires the Nebraska Licensee Assistance Program (NE LAP), with respect to all licensees, certificate holders, and registrants (credential holders) who access the NE LAP, to report the credential holder to the Department of Health and Human Services, Division of Public Health, (the Division) when the program makes a determination that:

1. Continued practice would pose a danger to the public health and safety; or
2. The credential holder fails to comply with any term or condition of the NE LAP treatment plan.

If such a determination is made, the NE LAP reports this determination as required by this Nebraska law to the Division first by telephone and then by letter.

At this time of your admission into the NE LAP, if you prefer to not be held to these standards, you may decline to receive services from the NE LAP. No report shall be made to the Division of your decision to not use NE LAP services. Once you have consented to receive NE LAP services, you authorize this full disclosure if either determination is made by the NE LAP. Your confidentiality rights are expressly limited by this Nebraska law for the NE LAP. Should you rescind your consent to receive services during the course of your NE LAP services and revoke your authorization to the Division of Public Health, the NE LAP will only report your decision to discontinue with NE LAP services to the Division.

**Your consent to receive NE LAP services signature below indicates that you have read this Notice and you understand that the NE LAP will make a report to the Division of Public Health if either determination described above is made in your case and you authorize full disclosure of your NE LAP information to the Division of Public Health following that determination.**

### Consent to Receive Services

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

### Decline to Receive Services

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

# NEBRASKA LICENSEE ASSISTANCE PROGRAM

## *Monitoring Agreement*

I understand participation in the Nebraska Licensee Assistance Program (NE LAP) is voluntary and I agree to take personal responsibility for adherence to, and completion of, the following *Monitoring Agreement* which outlines the mutually agreed upon terms and conditions of my NE LAP treatment plan.

I, **Name**, agree to participate in the Nebraska Licensee Assistance Program (NE LAP) monitoring program and to meet the requirements set forth in this agreement. I understand that certain requirements must be met in order to ensure my continued sobriety and successful recovery from my alcohol/substance use disorder and successfully complete the NE LAP monitoring program. Therefore, I agree to complete the following:

1. Abstain from the use of alcohol, and I shall not consume products or medications containing alcohol, including, but not limited to, mouthwash, and over-the-counter medications unless prescribed by a physician or authorized licensed practitioner for a diagnosed medical condition.
2. Abstain from all personal use or possession of controlled substances, all prescription drugs and any other mind-altering substances, unless prescribed or administered to me by a licensed physician or authorized practitioner for a diagnosed medical condition. Advise all physicians, dentists, or other treating practitioners, prior to treatment, of my history of alcohol/substance use disorder, and of all medications I am taking at the time of treatment.

Request and authorize any licensed practitioner(s) to send the NE LAP documentation reporting the medical reason for the use of any controlled substance or prescription drugs included in my treatment.

Report on a monthly basis to the NE LAP any controlled substances or prescription drugs used by or administered to me. (This monthly report must be submitted if you have utilized a controlled substance or other prescription drugs. The absence of a monthly report indicates to the NE LAP that you have not taken any controlled substance or prescription drugs during the month and should not have a positive body fluid screen).

3. Complete necessary authorizations as requested to exchange information between the NE LAP and my employer, treatment providers, and other pertinent parties. Ensure treatment and/or aftercare progress reports from provider are submitted to the NE LAP.
4. Notify the NE LAP if I am hospitalized or will undergo any surgical procedures.
5. Report any changes of employment, job, or practice status to the NE LAP.
6. Complete at least **(six months) (one year)** of continuing care/aftercare treatment at **Tx. Facility City, Nebraska**. The required term of aftercare begins with my discharge from **(IOP) (inpatient) (residential treatment)**. I will also complete any other treatment recommendations made by my aftercare provider or the NE LAP.

7. Attend a minimum of two self-help recovery meetings, such as Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery or Celebrate Recovery, each week. Complete a meeting attendance verification form and submit the form to the NE LAP on a monthly basis.
8. Obtain a recovery program sponsor and utilize this sponsor at least weekly for assistance with working a successful recovery program.
9. Contact the NE LAP by telephone at least one time a month, or more if requested, to provide treatment and recovery progress updates.
10. Cease professional practice of health care upon relapse and notify the NE LAP immediately.
11. Arrange a timely return for a reassessment of my treatment needs with the NE LAP, or my treatment provider, as requested by the NE LAP, if I have relapsed or if the NE LAP has concerns with my compliance with my treatment plan and monitoring requirements.
12. Participate in the full duration of the NE LAP program, which is generally a minimum of one year, unless extended involvement is recommended.
13. Comply with my treatment provider, employer, or the NE LAP body fluid screen program, as required by the NE LAP. Report for a body fluid screen within four hours of notification after a screen has been requested by the NE LAP.
14. Meet all responsibilities for timely payment of any body fluid screen fees, and any other treatment or related service expenses I incur outside of the NE LAP services.

**I have read, understand and agree to comply with the above terms of my NE LAP  
Monitoring Agreement.**

\_\_\_\_\_  
NE LAP Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
NE LAP Coordinator/Counselor, or Witness

\_\_\_\_\_  
Date

**NEBRASKA LICENSEE ASSISTANCE PROGRAM**  
***Monitoring/Progress Report***

Please complete and submit a progress report to Judi Leibrock, NE LAP Coordinator, on a monthly basis until this State of Nebraska licensee, certificate holder or registrant (credential holder) has completed his/her NE LAP treatment recommendations.

**Credential Holder/Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Level of Treatment:** IOP \_\_\_\_\_ Aftercare \_\_\_\_\_ Other \_\_\_\_\_

**Agency/Counselor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Please answer the following questions for this report:

1. **The NE LAP must report to the Division of Public Health when it is determined that a NE LAP client's continued practice would pose a danger to public health and safety. What is your determination on this issue for this NE LAP client at this time?**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **You are to report to the NE LAP within three working days of the date you become aware of a NE LAP client's non-compliance with his/her treatment or aftercare plan. Has this client been satisfactorily complying with their treatment or aftercare plan?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **To your knowledge, has this client remained abstinent from alcohol and/or substance use?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Is this client accepting his/her alcohol/substance use disorder? If yes, please explain. If not, how is his/her treatment plan addressing this issue?**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe client's progress towards his/her treatment goals.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is the client attending required self-help recovery meetings as required in his/her treatment or aftercare plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe the client's investment and participation in these meetings.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has the client obtained a recovery program sponsor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Report on the client's communication and work with his/her sponsor.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. NE LAP clients are required to complete a minimum of six months of continuing care/aftercare after completion of IOP, and twelve months after completion of residential treatment. What is the current status of the client's aftercare/continuing care progress? Please be specific.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

9. What is the client's projected treatment/aftercare completion date? Do you have any additional recommendations for this client's recovery plan?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit by fax (402) 354-8046, or by mail to: **Judi Leibrock, NE LAP Coordinator**  
Nebraska Licensee Assistance Program  
Center Pointe Professional Plaza  
9239 West Center Road, Suite 201  
Omaha, NE 68124-1900  
[www.LAPNE.org](http://www.LAPNE.org)

(Please use this copy to make additional copies as needed, or make copies from the NE LAP website)

Date

Name  
Address  
City, State Zip

Dear:

The Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit assumes the monitoring of a credential holder when a credential holder has been placed on probation by the State. At that time, the Nebraska Licensee Assistance Program (NE LAP) ceases to monitor the credential holder and notifies the credential holder and his/her treatment provider if the credential holder is still involved in any treatment or aftercare. We have received documentation indicating your \_\_\_\_\_ license was placed on \_\_\_\_\_ year/s probation as of <Date>.

This letter is to confirm I have notified you and your treatment provider, \_\_\_\_\_ of this change in your monitoring from the NE LAP to the Licensure Unit effective <Date>.

If you have any questions, please contact the NE LAP at 402-354-8055 or 800-851-2336. We wish you well.

Sincerely,

Judi Leibrock, MHR, LPC, LADC  
NE LAP Coordinator

# Nebraska Licensee Assistance Program

A benefit for State of Nebraska professional health and health-related service licensees, certificate holders and registrants



## Professional Assistance for Health Service Professionals

A variety of professional alcohol and substance use assistance services have been made available specifically for licensees, certificate holders and registrants (credential holders) issued a credential by the State of Nebraska Health and Human Services, Division of Public Health, Licensure Unit. The Nebraska Department of Administrative Services has contracted with Best Care Employee Assistance Program to provide the Nebraska Licensee Assistance Program (NE LAP) as a professional alcohol and substance use assistance resource for Nebraska credential holders.

Credential holders are at an increased risk for alcohol and other substance use disorders. Professional demands, compounded by the unique aspects of practice-related factors, can increase the chances that a credential holder will misuse alcohol or drugs. If allowed to continue, many credential holders may find themselves in a cycle of an alcohol or substance use disorder which can adversely affect their personal lives and jeopardize their professional careers.

You, or someone you know, may be a credential holder being adversely impacted by alcohol or substance use, and continued alcohol or substance use could cause even more serious personal or professional practice problems. The NE LAP services are available for assistance with these types of situations.

### NEBRASKA LICENSEE ASSISTANCE PROGRAM

A SERVICE OF BEST CARE EAP

This activity is supported, in whole or part, under contract with the Nebraska Department of Administrative Services, from licensee, certificate holder and registrant fees paid to the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit.

### Services

The NE LAP provides professional alcohol and substance use assessments, treatment recommendations and referral assistance, case management/monitoring and educational sessions.

The NE LAP offers credential holders an opportunity to discuss alcohol and substance use issues openly and confidentially with the professionally trained NE LAP staff. NE LAP staff are fully qualified to provide alcohol and substance use assessments and can guide credential holders toward a helpful understanding of their alcohol or substance use problems. With the assistance of the NE LAP and treatment providers, alcohol and substance use problems can be successfully resolved and credential holders can recover healthy personal, professional practice, and community lives.

### Cost and Eligibility

All NE LAP services are free of charge, including alcohol and substance use assessments when conducted by the NE LAP. However, alcohol and substance use counseling, treatment or other assistance from community resources may be needed. The NE LAP will refer credential holders to the most appropriate treatment provider. These expenses are the responsibility of the credential holder.

Health and health-related service professionals holding a license, certification or registration from the State of Nebraska are eligible for NE LAP services. The NE LAP or the Division of Public Health, Licensure Unit can be contacted for further information on eligibility.

### Service Access

For more information, or to schedule a consultation, an alcohol or substance use assessment, or an educational session on alcohol and substance use problems, contact the NE LAP Monday through Friday from 8:00 AM to 4:30 PM. Crisis and emergency services are available twenty-four hours a day, seven days a week. You may also visit the NE LAP web site at [www.lapne.org](http://www.lapne.org).

Center Pointe Professional Plaza  
9239 W. Center Road, Suite 201  
Omaha, NE 68124-1900  
Phone: 402.354.8055  
Toll free: 800.851.2336  
Fax: 402.354.8046

## Vandenberg, Gina

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**From:** NE Licensee Assistance Program  
**Subject:** NE LAP Newsblast

*At Fabled Addiction Treatment Center, A New Approach*, is a timely article on the Hazelden Foundation's use and the efficacy of addiction medications, specifically buprenorphine and Vivitrol given to clients to reduce drug cravings. Hazelden's research results are described as "dramatic" and continued research will be conducted on the use of medications when treating addictions.

<http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/08/08/at-fabled-addiction-treatment-center-a-new-approach>

Judi Leibrock, MHR, LPC, LADC  
NE LAP Coordinator

August 2016

## **Frequently Asked Questions**

### **What is the Nebraska Licensee Assistance Program?**

The Nebraska Licensee Assistance Program (NE LAP) provides alcohol/substance use assessments, referral assistance, case management/monitoring and educational sessions for health or health-related service professionals credentialed by the State of Nebraska. The Nebraska Health and Human Services, Division of Public Health, Licensure Unit oversees Best Care Employee Assistance Program's provision of these services. Best Care EAP is a service of the Nebraska Methodist Health System in Omaha, Nebraska.

### **Who is eligible for the Program?**

Anyone who is actively credentialed in their health or health-related service profession by the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit. If you have questions regarding eligibility, you can call the NE LAP at our toll-free phone number, (800) 851-2336, or the Licensure Unit for assistance.

### **What is the cost?**

There is no charge for the services provided by the NE LAP, including alcohol/substance use assessments conducted by the NE LAP staff. However, if a referral for alcohol/substance use treatment or other services is made, the expenses for these services are the responsibility of the credential holder.

### **Who provides the services?**

The NE LAP Coordinator, Judi Leibrock, MHR, LPC, LADC and NE LAP Counselor, Michelle Hruska, LIMHP, LADC provide the services. Both have extensive experience in the field of alcohol/substance use disorders and working with credential holders.

### **If I enter the Program, will anyone find out?**

Involvement in the NE LAP is completely confidential. Information cannot be released without the credential holder's authorization, unless provision of information is required by state or federal law.

### **I live outside of eastern Nebraska and it is not convenient for me to drive to the NE LAP office in Omaha. Where will I have to go for a NE LAP assessment?**

The NE LAP also provides alcohol/substance use assessments at Best Care offices located in Lincoln, Beatrice, Fremont, Columbus, or Norfolk. Assessments can be provided in other Nebraska locations when necessary.

### **I am not sure if I need help for my alcohol/substance use. What should I do?**

If you are questioning whether or not you need help with your alcohol or substance use, please call and consult with the NE LAP staff. We will discuss your concerns with you and help you determine what you need to do to effectively address your situation.

### **What educational programs does the NE LAP provide?**

The NE LAP provides educational sessions on the services of the NE LAP and on *Alcohol/Substance Use Disorders and the Health Service Professional*. Sessions are generally thirty to ninety minutes in length and are tailored to the amount of time available for the educational program.

For more information, contact the NE LAP at (402) 354-8055 or (800) 851-2336, or via email at [lapne@bestcarecap.org](mailto:lapne@bestcarecap.org)

## NEBRASKA LICENSEE ASSISTANCE PROGRAM

A SERVICE OF BEST CARE EAP

### Every Day Is Truly A Gift!

#### - A Nebraska Licensee Assistance Program Recovery Story -

I had been a nurse for over a decade and, like many health care professionals, I did not see addiction/alcoholism as a disease. I falsely believed that addiction was a matter of choice, until I found myself in a dark, isolated place; held prisoner by the drugs I was abusing.

I was a perfectionist who needed to control everything and everyone in my life. I was in my second year of graduate school, pursuing a MSN in anesthesia. Clinicals proved to be very demanding of my time, my knowledge and mostly my ego. Pride lures us into making demands on ourselves that cannot always be met. I was feeling stressed, insecure and anxious. I needed to ask for help, instead, my need for self-reliance led me to what I felt would be a temporary fix. I had access to very powerful medications and falsely thought that I could use these medications to temporarily numb myself. I quickly became physically and psychologically addicted to Fentanyl. Within a matter of weeks, I was obsessed with the drug. I continued to use for six months, and by this point, I was miserable. I needed the drug to survive. I was so lonely and fearful and desperately wanted to stop. I tried praying, self-help books, and even disclosed my actions to a family member in an attempt to find a way out of my addiction. In June 2013, I found out I was pregnant. I told myself this would be the reason I would be successful in getting sober. I could string together a few days, but would relapse. Then on July 1, 2013, an intervention was held at the hospital clinical site. Thankfully, the person performing the intervention was familiar with the NE LAP and quickly made the phone call to Judi Leibrock who recommended immediate residential treatment. The following day I left for a thirty day residential treatment facility in O'Neill, Nebraska. Upon return, Judi guided me through the recovery process and laid the foundation for my continued success in sobriety. I completed one year of continuing care with the local Valley Hope Association as well as found an amazing sponsor. I stepped away from pursuing my graduate degree for one year to focus on my recovery. I used that year to establish a strong program of recovery which included attending meetings, maintaining a sponsor, working the Steps and connecting with my higher power. In February 2014, I gave birth to a healthy, beautiful baby girl! She is truly a miracle and I am filled with gratitude every time I look at her. I am thankful to report that both my graduate program and clinical site supported me in completing my MSN. I completed my clinical hours and graduated in December 2014. Through God's grace, the obsession to use has been completely removed from my mind. I have learned how to live life on life's terms. I completed my two year contract with Judi and the NE LAP and am working as a CRNA! Without the assistance of the NE LAP and Judi Leibrock, I would have been lost. I live every day with gratitude and try to stay in the present, because every day is truly a gift!

*If you are a licensed health or health-related service professional wanting more information about sobriety and recovery, please contact the NE LAP at (800) 851-2336 or (402) 354-8055 or visit our web site at [www.lapne.org](http://www.lapne.org). If you would like to consult with the NE LAP, or schedule an assessment or an educational presentation, please ask for Judi Leibrock, NE LAP Coordinator, or Michelle Hruska, NE LAP Counselor.*

*June 2016*

## 2016 – 2018 Summary – Newsletters & Email Blasts

### November - December

#### Email Blasts

- November - *Topic*
- December - *Topic*

#### Newsletter

- January - *Topic*

**2016-2018 Summary – Educational Sessions on the NE LAP Program and Services**

November – December

- Audience, location and date. Number of participants

**2016-2018 Summary – Educational Sessions on Alcohol/Drug Addiction and the Health Professional**

November – December

- Audience, location and date. Number of participants

**FORM A**  
**BIDDER CONTACT SHEET**

**Form A**  
**Bidder Contact Sheet**  
**Request for Proposal Number 5407 Z1**

Form A should be completed and submitted with each response to this Request for Proposal. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	Best Care Employee Assistance Program
Bidder Address:	9239 West Center Road, Suite 201 Omaha, NE 68124
Contact Person & Title:	Bob Thome, Corporate Director
E-mail Address:	Bob.Thome@BestCare EAP.org
Telephone Number (Office):	402-354-8000
Telephone Number (Cellular):	402-630-1460
Fax Number:	403-354-8046

Each bidder shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	Best Care Employee Assistance Program
Bidder Address:	9239 West Center Road, Suite 201 Omaha, NE 68124
Contact Person & Title:	Bob Thome, Corporate Director
E-mail Address:	Bob.Thome@BestCareEAP.org
Telephone Number (Office):	402-354-8000
Telephone Number (Cellular):	402-630-1460
Fax Number:	402-354-8046

**DEVIATIONS FROM THE  
REQUEST FOR PROPOSAL**

## DEVIATIONS FROM THE REQUEST FOR PROPOSAL

Best Care EAP's proposal will meet all the requirements of the Licensee Assistance Program Request for Proposal RFP) number 5407 Z1 with one exception:

Under E. Scope of Work, 1. Referral Assistance, a., paragraph three, on page 30, the RFP states,

*"If the findings of the substance use assessment/evaluation indicate the substance use disorder of the credential holder may be of a nature which would constitute a danger to the public health or safety by the person's continued practice, the contractor must report this to the Department within one (1) business day."*

Under E. Scope of Work, 1. Referral Assistance, c., on page 31, the RFP states, c. *"Request credential holders who seek services from the contractor to sign a release of information that authorizes full disclosure to the Department, which regulates their professional credential when:*

- i. *Continued practice would pose a danger to the public health and safety; and*
- ii. *The credential holder fails to comply with any term or condition of their treatment plan..."*

Under 8. Monitoring, b.v., on page 32, the RFP states,

- v. *Provide reports to the diversion program that referred the individual to the LAP and reports to the Department of Health and Human Services, Division of Public Health, when the credential holder is non-compliant.*

Under 8. Monitoring, c. on page 32, the RFP states,

*"...If a credential holder refuses to sign a release, their refusal shall be reported to the Department of Health and Human Services, Division of Public Health, as failure to comply with a term or condition of their treatment plan... The contractor must report a positive body fluid screen to the Department if the contractor determines that the positive body fluid screen demonstrates a significant impact on treatment progress and/or the positive result constitutes a danger to the public health and safety by the person's continued practice."*

Under 8. Monitoring, d. on page 32, the RFP states.

*d. "Report to the Department of Health and Human Services, Division of Public Health, within one (1) business day when it is determined that a credential holder's alcohol or drug use may be of a nature which constitutes a danger to the public health and safety by the person's continued practice."*

Thus, the LAP RFP states three times that "danger to the public health or safety by the continued practice of the credential holder" must be reported to the Department. However, it also states one time that it would be reported to the Division of Public Health.

The LAP RFP also states two times that non-compliance would be reported to the Division of Public Health (not to the Department).

Therefore, in order to have consistency on reporting requirements in our proposal, Best Care EAP's proposal indicates that reports of credential holder danger to the public health or safety, and non-compliance, would be reported to the Division of Public Health. Based on our long-term experience with the provision of LAP services, the LAP

has typically made both of these types of reports to the Division of Public Health, Investigations Unit.

Best Care EAP would be willing to make these reports as directed by the Department. If awarded the LAP contract, and the Department does not want these two types of reports to be made to the Division of Public Health, we would request clarification of this issue. All policies, procedures, and forms, would then be aligned with the reporting clarification given by the Department.

**DISASTER RECOVERY/  
BACK UP PLAN  
FOR LAP SERVICES**

## **DISASTER RECOVERY/BACK UP PLAN FOR LAP SERVICES**

Best Care EAP is a service of Nebraska Methodist Health System, a large health care organization. The Health System has an Emergency Operations Plan (EOP) for multiple hospitals. The purpose of the EOP is to support the hospitals' mission of providing quality of life through health care by managing the response activities during an all-hazards internal or external emergency or disaster incident. The EOP provides management activities of mitigation, preparedness, response and recovery from incidents which could confront the hospitals and surrounding community. The plan is designed to be National Incident Management System (NIMS) compliant with scalable, flexible approaches to meet the needs of the situation. The EOP incorporates local, state and federal emergency response organizations, agencies and health care partners in a unified, integrated and interoperable response to emergencies/disasters. All Health System entities/programs, including Best Care EAP, are subject to this EOP in the event of a disaster. The twenty-three (23) page EOP is available upon request.

Best Care EAP's Clinical Manager, Terry Coleman, is currently serving on the Omaha Metropolitan Medical Response System (OMMRS) Behavioral Health Subcommittee. He has been a member of this committee since 2007. Prior to Terry's representation on this committee, Bob Thome, Corporate Director of Best Care EAP, served on the committee from April 2001 to 2007.

Best Care EAP and its parent corporation, Nebraska Methodist Health System, have an EOP and the disaster response experience necessary to be fully prepared to respond to a disaster and ensure the continuity of LAP services should a disaster occur.

## **INSURANCE REQUIREMENTS**

On the following pages, Best Care EAP submits the documentation of the insurance coverage required for RFP 5407 Z1. The Nebraska Methodist Health System Risk Financing Coordinator is:

Karina Weibel  
8511 West Dodge Road  
Omaha, NE 68114  
Phone: (402) 354-2176  
Fax: (402) 354-4819  
[Karina.Weibel@NMHS.org](mailto:Karina.Weibel@NMHS.org)



8511 West Dodge Road  
Omaha, NE 68114-3403  
(402) 354-4800

August 22, 2016

To Whom It May Concern:

This letter serves to confirm that employees of Best Care Employee Assistance Program are protected under the general/professional liability coverage held by Nebraska Methodist Health System, Inc. The coverage extends to all employees of the Health System and its subsidiaries while working **within the scope of their duties as assigned or permitted by Nebraska Methodist Health System, Inc.** The limits provided under this self-insured trust are listed on the attached certificate of insurance and meet the RFP 5407 Z1 professional liability insurance requirement of \$1,000,000 per occurrence.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Karina Weibel".

Karina Weibel  
Director – Banking & Risk Financing  
Nebraska Methodist Health System  
8511 West Dodge Road  
Omaha, NE 68114  
(402) 354-2176  
[karina.weibel@nmhs.org](mailto:karina.weibel@nmhs.org)

Attachment





# CERTIFICATE OF LIABILITY INSURANCE

7/1/2017

DATE (MM/DD/YYYY)

8/25/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Safety National Casualty Corporation		15105
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED  
1369073 NEBRASKA METHODIST HEALTH SYSTEM, INC  
8511 WEST DODGE ROAD  
OMAHA NE 68114

COVERAGES CERTIFICATE NUMBER: 12920864 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
A	EXCESS WORKERS COMPENSATION	N	N	SP4053521	7/1/2016	7/1/2017	\$1,000,000 PER OCCURRENCE \$750,000 SIR

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 BLANKET WAIVER OF SUBROGATION APPLIES IN FAVOR OF THE STATE OF NEBRASKA AS RESPECTS LICENSEE ASSISTANCE PROGRAM - RFP 5407Z1.

### CERTIFICATE HOLDER

### CANCELLATION

12920864  
 BUYER, ADMINISTRATIVE SERVICES  
 STATE PURCHASING BUREAU  
 1526 K STREET, SUITE 130  
 LINCOLN NE 68508

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Joseph M. Amello*

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*NEBRASKA*  
*SELF INSURANCE*  
*CERTIFICATE*

*NEBRASKA WORKERS' COMPENSATION COURT*  
*P.O. BOX 98908*  
*LINCOLN, NE 68509-8908*

*This is to certify that*            *NEBRASKA METHODIST HEALTH SYSTEMS INC*

*has been granted permission by the Nebraska Workers' Compensation Court to operate as a self-insurer of all liability, subject to the provisions of the Nebraska Workers' Compensation Act and the rules and regulations promulgated from time to time by the Nebraska Workers' Compensation Court for the application and administration of said act, for the period*

*May 1, 2016 through April 30, 2017*

*unless sooner revoked by the Nebraska Workers' Compensation Court.*

*Dated May 18, 2016*

*Nebraska Workers' Compensation Court:*  
*By The Court:*

*Attest:*

*Liz Gianunzio*

*Liz Gianunzio*  
*Clerk*

*Laureen Van Norman*  
\_\_\_\_\_  
*Laureen Van Norman*  
*Presiding Judge*

*SIC-2005*

**INSURANCE DIVISION OF IOWA**  
**DES MOINES**  
**EMPLOYERS RELEASE**

From the Insurance Requirements Under the Workers' Compensation Law

This is to Certify That

Nebraska Methodist Health System, Inc. & named subsidiaries: Jennie Edmundson Memorial Hospital, Jennie Edmundson Memorial Hosp.Found., Women's Christian Assoc., Healthcare Partners of Western Iowa, Physicians Clinic, Inc., Nebraska Methodist Hospital  
of Omaha, NE

An employer of labor, having elected to remain under the Workers' Compensation Law and agreed to provide and pay compensation and other benefits growing out of personal injuries, occupational, disease, or death of employees as provided by Chapters 85, 85A, 86 and 87, Code of Iowa, as now or hereafter amended, and having submitted satisfactory proof of solvency and financial ability to pay the compensation and benefits contemplated

Is Hereby Granted Relief

pursuant to the provisions of Section 87.11, from the insurance requirements provided in Chapter 85A and Chapter 87, Code of Iowa.

This release is granted upon the following conditions:

- (1) Employer shall make payment when due of any compensation or other benefits awarded under the provisions of chapters 85, 85A, 86 and 87 Code of Iowa.
- (2) Employer shall maintain in effect any excess insurance indicated on its application for relief from insurance requirements.
- (3) Employer shall continuously maintain a surety bond, trust account or combination thereof, in amount and form as required by the commissioner. The penal sum of the bond or trust account shall be increased as determined by the commissioner.

Failure to maintain one or more of these conditions of relief shall provide sufficient cause for revocation of this release.

Dated at Des Moines, Iowa August 1, 2016.

This release expires July 31, 2017 unless sooner revoked.



Original seal is red

*Mich Jackson*

COMMISSIONER OF INSURANCE

**IRS FORM 990**

EXTENDED TO NOVEMBER 16, 2015

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NEBRASKA METHODIST HEALTH SYSTEM INC.</b>		<b>D</b> Employer identification number <b>47-0639839</b>
	Doing business as		<b>E</b> Telephone number <b>402-354-4840</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>8511 WEST DODGE ROAD</b>		<b>G</b> Gross receipts \$ <b>52,200,780.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>OMAHA, NE 68114</b>		
<b>F</b> Name and address of principal officer: <b>JOHN FRASER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.BESTCARE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1981** **M** State of legal domicile: **NE**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OPERATED EXCLUSIVELY FOR THE BENEFIT OF NEBRASKA METHODIST HOSPITAL &amp; ITS RELATED ORGANIZATIONS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>690</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>902,321.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 50,000.	<b>Current Year</b> 80,000.
	<b>9</b> Program service revenue (Part VIII, line 2g)	40,970,461.	48,526,480.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	248,204.	530,431.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,047,290.	1,142,592.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,315,955.	50,279,503.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	152,254.	761,583.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,533,622.	39,193,730.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,807,959.	10,540,013.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	44,493,835.	50,495,326.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,177,880.	-215,823.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 138,193,471.	<b>End of Year</b> 609,751,948.
	<b>21</b> Total liabilities (Part X, line 26)	18,590,197.	67,017,063.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	119,603,274.	542,734,885.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<i>Linda X Burt</i> Signature of officer	<b>11-16-2015</b> Date
	<b>LINDA BURT, VICE PRES-FINANCE &amp; CFO</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LORRAINE A. EGGER</b>	Preparer's signature <i>Lorraine Egger</i>	Date <b>11/13/15</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00223617</b>
	Firm's name ▶ <b>KPMG LLP</b>	Firm's EIN ▶ <b>13-5565207</b>		Phone no. <b>402-348-1450</b>	
Firm's address ▶ <b>1212 NORTH 96TH STREET SUITE 300 OMAHA, NE 68114</b>					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF NEBRASKA METHODIST HEALTH SYSTEM IS TO CARE FOR PEOPLE BY DEVELOPING THE SPIRITUAL, HUMAN, FINANCIAL AND PHYSICAL RESOURCE BASE NEEDED TO PROVIDE THE BEST POSSIBLE HEALTH CARE SERVICES. THE PRIMARY WAY IN WHICH NEBRASKA METHODIST HEALTH SYSTEM PURSUES THIS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 42,037,477. including grants of \$ 761,583.) (Revenue \$ 46,839,338.) NEBRASKA METHODIST HEALTH SYSTEM SUPPORTS THE MISSION OF CARING FOR PEOPLE THROUGH THE COORDINATION OF THE METHODIST HEALTH SYSTEM FAMILY OF RELATED CORPORATIONS.

TO ACHIEVE THE HIGHEST QUALITY HEALTHCARE AT THE LOWEST COST, THE NEBRASKA METHODIST HEALTH SYSTEM HAS CONSOLIDATED SEVERAL ESSENTIAL FUNCTIONS, AND, IN TURN, PROVIDES THESE SERVICES FROM A CENTRALIZED SOURCE FOR MAXIMUM EFFICIENCY TO ALL AFFILIATED PROVIDERS. THE SERVICES INCLUDE MANAGEMENT CONSULTING, FINANCE, OPERATIONS ANALYSIS, DATA PROCESSING AND HUMAN RESOURCES FUNCTIONS.

4b (Code: ) (Expenses \$ 1,873,481. including grants of \$ 0.) (Revenue \$ 1,926,839.) BEST CARE EAP IS A PREMIER PROVIDER OF CUSTOMIZED EMPLOYEE ASSISTANCE PROGRAMS, MANAGEMENT CONSULTATION, EMPLOYEE AND LEADERSHIP TRAINING AND DEVELOPMENT, PERFORMANCE COACHING AND WORK/LIFE SERVICES. BEST CARE EAP PARTNERS WITH ORGANIZATIONS ACROSS THE COUNTRY TO FACILITATE A HEALTHIER, MORE PRODUCTIVE WORKFORCE.

THE EMPLOYEE ASSISTANCE PROGRAM (EAP) CONDUCTS CRITICAL SUPPORT ACTIVITIES FOR TRAUMATIC EVENTS SUCH AS THE DEATH OF AN EMPLOYEE, WORKPLACE ACCIDENTS, NATURAL DISASTERS AND VIOLENCE IN THE WORKPLACE. TRAUMA RESPONSE INCLUDES IMMEDIATE PHONE CONSULTATION, THE GOAL OF TRAUMA RESPONSE IS TO MINIMIZE THE DAMAGE CREATED BY THE ORDEAL AND TO SPEED THE RECOVERY PROCESS FOR PERSONNEL AND THE ORGANIZATION. EAP

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 43,910,958.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

Form 990 (2014)

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

X

Table with columns for question number, description, sub-questions (1a-13c), and Yes/No columns. Contains various tax-related questions and numerical inputs like 83, 0, 690.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LINDA K. BURT - 402-354-4840
8511 W. DODGE ROAD, OMAHA, NE 68114

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SPENCER STEVENS CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(2) LARRY V. PEARSON VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(3) ART N. BURTSCHER TREASURER	1.00 0.00	X		X				0.	0.	0.
(4) ADAM YALE SECRETARY	1.00 0.00	X		X				0.	0.	0.
(5) JOHN FRASER PRESIDENT/CEO	16.00 24.00	X		X			1,662,316.	0.	201,384.	
(6) LARRY DE ROIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) KATHLEEN DODGE DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) RICHARD C HAHN DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) KRISTEN HOFFMAN MD DIRECTOR	1.00 39.00	X						0.	382,624.	67,508.
(10) DAN KINNEY, PHD DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) LARRY R. KING DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) JOHN LOHRBERG MD DIRECTOR	1.00 39.00	X						0.	272,314.	63,411.
(13) C.L. LANDEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) KEVIN L. NELSON MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) JOHN NELSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) SCOTT ROSE MD DIRECTOR	1.00 39.00	X						0.	402,944.	64,254.
(17) L.B. "RED" THOMAS DIRECTOR	1.00 0.00	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SID DINSDALE DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) MICHAEL LEBENS DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) LINDA K. BURT VICE PRES FINANCE/CFO	5.00 35.00			X				464,701.	0.	96,352.
(21) MARK BURMESTER EXECUTIVE	40.00 0.00			X				324,422.	0.	70,871.
(22) TOM EISERMAN EXECUTIVE	40.00 0.00			X				175,019.	0.	41,458.
(23) JERRY ELLWANGER EXECUTIVE	40.00 0.00			X				261,879.	0.	79,931.
(24) TODD GRAGES EXECUTIVE	1.00 39.00			X				361,604.	0.	89,310.
(25) ROGER HERTZ EXECUTIVE	40.00 0.00			X				249,280.	0.	59,298.
(26) HOLLY HUERTER MORGAN EXECUTIVE	40.00 0.00			X				302,907.	0.	78,808.
<b>1b Sub-total</b>								3,802,128.	1,057,882.	912,585.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,071,615.	0.	462,693.
<b>d Total (add lines 1b and 1c)</b>								5,873,743.	1,057,882.	1,375,278.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **42**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ADVISORY BOARD P O BOX 79461, BALTIMORE, MD 21279	CONSULTING SERVICE	1,037,510.
KIEWIT BUILDING GROUP 302 SOUTH 36TH STREET, OMAHA, NE 68131	CONSTRUCTION SERVICES	998,885.
MEDPARTNERS HIM, 5810 CORAL RIDGE DR, CORAL SPRINGS, FL 33076	CONTRACT STAFFING	870,834.
CORP 3 DESIGN 1005 SOUTH 76 STREET #104, OMAHA, NE 68114	MEDIA CONSULTANTS	863,764.
DIAMOND HEALTHCARE COMMUNICATIONS 900 KIMBERLY DR, CAROL STREAM, IL 60188	BILLING SERVICES	510,315.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **41**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>	80,000.			
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		80,000.			
Program Service Revenue	<b>2 a</b>	MGMT SERVICE-AFFILIATES	Business Code: 541900	46,463,764.	46,463,764.		
	<b>b</b>	EMPLOYEE ASSISTANCE	624100	1,926,839.	1,926,839.		
	<b>c</b>	MISC HEALTH SERVICES	624100	135,877.	135,877.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		48,526,480.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		324,193.		324,193.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	(ii) Personal			
			421,851.				
			<b>b</b> Less: rental expenses		421,277.		
			<b>c</b> Rental income or (loss)		574.		
	<b>d</b>	Net rental income or (loss)			574.	574.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			1,706,238.				
			<b>b</b> Less: cost or other basis and sales expenses		1,500,000.		
			<b>c</b> Gain or (loss)		206,238.		
	<b>d</b>	Net gain or (loss)			206,238.	206,238.	
	<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b>	Less: direct expenses	<b>b</b>				
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>a</b>					
		<b>b</b> Less: cost of goods sold	<b>b</b>				
		<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
<b>11 a</b>	MGMT TO TAXABLE SUB.	541610	817,656.		817,656.		
<b>b</b>	CAFETERIA INCOME	722100	324,362.	239,697.	84,665.		
<b>c</b>							
<b>d</b>	All other revenue						
<b>e</b>	<b>Total.</b> Add lines 11a-11d		1,142,018.				
<b>12</b>	<b>Total revenue.</b> See instructions.		50,279,503.	48,766,177.	902,321.	531,005.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	761,583.	761,583.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,793,125.		4,793,125.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,759,021.	26,759,021.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	860,149.	810,386.	49,763.	
9 Other employee benefits	4,358,388.	3,444,806.	913,582.	
10 Payroll taxes	2,423,047.	2,273,753.	149,294.	
11 Fees for services (non-employees):				
a Management				
b Legal	208,968.		208,968.	
c Accounting	385,734.		385,734.	
d Lobbying	48,000.		48,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,976.		22,976.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,745,611.	3,745,611.		
12 Advertising and promotion	856,690.	856,690.		
13 Office expenses	474,049.	474,049.		
14 Information technology	127,854.	127,854.		
15 Royalties				
16 Occupancy	1,483,466.	1,483,466.		
17 Travel	166,084.	166,084.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	225,308.	225,308.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,627,708.	1,627,708.		
23 Insurance	23,682.	10,756.	12,926.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES, LICENSES, SUBScri	370,307.	370,307.		
b CREDIT CARD FEES	325,974.	325,974.		
c STAFF EDUCATION	209,936.	209,936.		
d POSTAGE	168,033.	168,033.		
e All other expenses	69,633.	69,633.		
25 Total functional expenses. Add lines 1 through 24e	50,495,326.	43,910,958.	6,584,368.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X  X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	14,193,247.	1	9,045,867.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	805,245.	4	1,704,433.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	3,540,000.
	8	Inventories for sale or use	6,609.	8	7,868.
	9	Prepaid expenses and deferred charges	436,711.	9	882,171.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 38,177,526.		
	10b	Less: accumulated depreciation	10b 23,219,730.		
	10c		14,323,852.	10c	14,957,796.
	11	Investments - publicly traded securities	8,201,615.	11	8,517,364.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	100,000.	13	250,000.
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	100,126,192.	15	570,846,449.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	138,193,471.	16	609,751,948.	
Liabilities	17	Accounts payable and accrued expenses	9,747,038.	17	11,399,451.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	3,797,000.	20	3,797,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,046,159.	25	51,820,612.
	26	<b>Total liabilities.</b> Add lines 17 through 25	18,590,197.	26	67,017,063.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	30,337,681.	27	396,474,522.
	28	Temporarily restricted net assets	88,886,763.	28	143,584,533.
	29	Permanently restricted net assets	378,830.	29	2,675,830.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	119,603,274.	33	542,734,885.
	34	<b>Total liabilities and net assets/fund balances</b>	138,193,471.	34	609,751,948.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,279,503.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,495,326.
3	Revenue less expenses. Subtract line 2 from line 1	3	-215,823.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	119,603,274.
5	Net unrealized gains (losses) on investments	5	-80,359.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	423,427,793.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	542,734,885.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2014)

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **NEBRASKA METHODIST HEALTH SYSTEM INC.** Employer identification number **47-0639839**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 4
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
JENNIE EDMUNDSON HOSP.	42-0680355	3		X	0.	0.
PHYSICIANS CLINIC INC.	47-0687317	9		X	0.	9,526,603.
NEBR. METH. HOSP. FNDN	47-0595345	7		X	0.	2,254,408.
NEBR. METH. HOSPITAL	47-0376604	3	X		0.	0.
<b>Total</b>					0.	11,781,011.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4 .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		X
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		X
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		X
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		X
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		X
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		X
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		X
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		X
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		X
<b>9b</b>		X
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		X
<b>9c</b>		X
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		X
<b>b</b> Did the organization have an excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
<b>10b</b>		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		X
b A family member of a person described in (a) above?		X
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		X

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	X	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	X	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		X

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a	X	
3b	X	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

THE NEBRASKA METHODIST HEALTH SYSTEM PROVIDES TO ITS AFFILIATED,  
SUPPORTED ORGANIZATIONS, ACCESS TO EXPERTISE, KNOWLEDGE, RESOURCES,  
TRAINING, EDUCATION, LEGISLATION SERVICES, CONTACTS, AND A COMPLEX,  
DIVERSE PHYSICIAN NETWORK. IN ADDITION, CENTRALIZATION AND CONSISTENCY  
LEAD TO INCREASED EFFECTIVENESS/EFFICIENCIES, RESULTING IN LOWERED COSTS  
AND STRENGTHENED INTERNAL CONTROLS.

PART IV, SECTION A, LINE 1

ONLY NEBRASKA METHODIST HOSPITAL IS LISTED IN THE ORGANIZATION'S  
GOVERNING DOCUMENTS. THE GOVERNING DOCUMENTS REFER TO "AND OTHER  
CORPORATE SUBSIDIARIES" TO CARRY OUT ITS PURPOSES. ALL ORGANIZATIONS  
LISTED ON PART I, LINE G, ARE CORPORATE SUBSIDIARIES.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2014**

Name of the organization

NEBRASKA METHODIST HEALTH SYSTEM INC.

Employer identification number

47-0639839

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization <b>NEBRASKA METHODIST HEALTH SYSTEM INC.</b>	Employer identification number <b>47-0639839</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
------------	-----------------------------------	----------------------------	-----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**NEBRASKA METHODIST HEALTH SYSTEM INC.**

**47-0639839**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>NEBRASKA METHODIST HEALTH SYSTEM INC.</b>	Employer identification number <b>47-0639839</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NEBRASKA METHODIST HEALTH SYSTEM INC. Employer identification number 47-0639839

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

LHA  
432041  
10-21-14

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	48,000.	69,751.												
c	Total lobbying expenditures (add lines 1a and 1b)	48,000.	69,751.												
d	Other exempt purpose expenditures	50,447,326.	484586850.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	50,495,326.	484656601.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total	
2 a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c	Total lobbying expenditures	62,733.	64,334.	71,245.	69,751.	268,063.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization

NEBRASKA METHODIST HEALTH SYSTEM INC.

Employer identification number

47-0639839

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	570,059.				
<b>b</b> Contributions		479,065.			
<b>c</b> Net investment earnings, gains, and losses	36,619.	96,457.			
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs		5,463.			
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	606,678.	570,059.			

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  0.00 %
  - b** Permanent endowment  62.44 %
  - c** Temporarily restricted endowment  37.56 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes                                 | No                                  |
|------------------------------------|-------------------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		7,888,233.		7,888,233.
<b>b</b> Buildings		17,423,287.	13,271,570.	4,151,717.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		12,866,006.	9,948,160.	2,917,846.
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 14,957,796.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED FINANCE CHARGES	142,281.
(2) CONSTRUCTION IN PROGRESS	863,970.
(3) DEFERRED COMP	3,500,835.
(4) BENEFICIAL INTEREST IN NET ASSETS OF FDN	91,949,363.
(5) INVESTMENT IN SUBSIDIARIES	474,390,000.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	570,846,449.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LONG TERM LIABILITIES	9,144,769.
(3) COND. ASSET RETIREMENT OBLIGATION	969,348.
(4) MINIMUM PENSION LIABILITY	41,706,495.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	51,820,612.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

FUNDS ARE DESIGNATED FOR CHARITABLE CARE.

PART X, LINE 2:

THE HEALTH SYSTEM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS.

THERE WERE NO CHANGES MADE TO THE FINANCIAL STATEMENTS DUE TO FIN48.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization **NEBRASKA METHODIST HEALTH SYSTEM INC.** Employer identification number **47-0639839**

**Part I** General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER OMAHA CHAMBER FOUNDATION 1301 HARNEY STREET OMAHA, NE 68102	47-0633685	501(C)(3)	30,000.	0.			SUPPORT OF GREATER OMAHA ECONOMIC DEVELOPMENT PROJECTS AND PROGRAMS
JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION - 933 EAST PIERCE STREET - COUNCIL BLUFFS, IA 51503	42-1439454	501(C)(3)	15,000.	0.			COMMUNITY HEALTH ACTIVITIES AND PROGRAMS
NEBRASKA METHODIST HOSPITAL FOUNDATION - 8511 WEST DODGE ROAD - OMAHA, NE 68114	47-0595345	501(C)(3)	118,421.	0.			SUPPORT OF NEBRASKA METHODIST HOSPITAL
KNIGHTS OF AK-SAR-BEN FOUNDATION 8707 WEST CENTER ROAD STE 101 OMAHA, NE 68124	47-0447496	501(C)(3)	15,000.	0.			SCHOLARSHIPS AND COMMUNITY ACTIVITIES
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA, NE 68102	47-0376583	501(C)(3)	54,000.	0.			PROMOTES EDUCATIONAL OPPORTUNITIES THROUGH SCHOLARSHIPS
MERRYMAKERS ASSOCIATION 13018 LAFAYETTE AVE OMAHA, NE 68154	47-0692363	501(C)(3)	6,900.	0.			PROMOTES THE QUALITY OF LIFE FOR SENIORS THROUGH MUSIC AND LAUGHTER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 7.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)



**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE NEBRASKA METHODIST HEALTH SYSTEM GENERALLY DOES NOT GIVE GRANTS. WHEN  
IT DOES DO SO, IT MAKES THE GRANT IN THE BEST INTEREST OF THE COMMUNITY AND  
INSURES THAT THE DONEE ORGANIZATION IS A 501(C)(3).

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

NEBRASKA METHODIST HEALTH SYSTEM INC.

Employer identification number

47-0639839

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		X
2	X	
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN FRASER PRESIDENT/CEO	(i)	644,500.	0.	1,017,816.	189,501.	12,865.	1,864,682.	970,606.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTEN HOFFMAN MD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	281,032.	98,364.	3,228.	53,080.	14,661.	450,365.	0.
(3) JOHN LOHRBERG MD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	222,652.	31,388.	18,274.	47,519.	17,766.	337,599.	0.
(4) SCOTT ROSE MD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	341,954.	39,164.	21,826.	52,326.	12,161.	467,431.	0.
(5) LINDA K. BURT VICE PRES FINANCE/CFO	(i)	373,454.	0.	91,247.	82,504.	14,830.	562,035.	66,637.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARK BURMESTER EXECUTIVE	(i)	296,083.	25,000.	3,339.	57,648.	14,205.	396,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TOM EISERMAN EXECUTIVE	(i)	159,254.	0.	15,765.	23,066.	19,849.	217,934.	5,858.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JERRY ELLWANGER EXECUTIVE	(i)	205,351.	0.	56,528.	62,459.	18,454.	342,792.	14,387.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TODD GRAGES EXECUTIVE	(i)	322,916.	0.	38,688.	70,997.	19,295.	451,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROGER HERTZ EXECUTIVE	(i)	244,200.	0.	5,080.	45,570.	14,710.	309,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HOLLY HUERTER MORGAN EXECUTIVE	(i)	218,746.	0.	84,161.	63,162.	16,628.	382,697.	39,111.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CYNTHIA PEACOCK EXECUTIVE	(i)	261,070.	25,000.	91,873.	68,292.	9,233.	455,468.	57,189.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ANTON PISKAC EXECUTIVE	(i)	280,666.	0.	31,229.	64,275.	13,890.	390,060.	26,711.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) STEVE BAUMERT EXECUTIVE	(i)	261,421.	0.	39,738.	62,538.	19,374.	383,071.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MICHAEL KLEMENZ DIR - BUSINESS INTELLIGENCE	(i)	175,722.	0.	1,047.	14,677.	20,860.	212,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) STEPHEN ZUBROD EXECUTIVE	(i)	163,421.	0.	17,755.	19,490.	16,647.	217,313.	15,553.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) MARY MEYSENBURG DIR - CODING AND CLINICAL DOC	(i)	141,926.	0.	19,854.	31,378.	15,183.	208,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) KAY RICHTER DIR - ACCOUNTING	(i)	159,812.	0.	8,314.	13,049.	9,793.	190,968.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) STEVEN ZUBER CHIEF MEDICAL INFO OFFICER	(i)	333,819.	3,675.	55,273.	77,396.	17,744.	487,907.	33,346.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## PART I, LINE 1A:

SOCIAL CLUB EXPENSES ARE REIMBURSED FOR THE BUSINESS PORTION ONLY. INTERNAL POLICY REQUIRES SUBSTANTIATION OF ALL BUSINESS USE EXPENSES.

## PART I, LINE 1B:

A WRITTEN POLICY DOES NOT EXIST, HOWEVER INTERNAL POLICY AND COMMUNICATION DICTATE SUBSTANTIATION OF ALL BUSINESS USE EXPENSES RELATED TO SOCIAL CLUB MEMBERSHIP.

## PART I, LINE 4B:

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NONQUALIFIED PLAN DURING 2014 AND RECEIVED CONTRIBUTIONS, PLAN ACCRUALS OR PLAN DISTRIBUTIONS IN THE FOLLOWING AMOUNTS:

JOHN LOHRBERG, MD \$7,381 ACCRUAL

JOHN FRASER \$131,255 ACCRUAL; \$970,606 PLAN DISTRIBUTION

LINDA BURT \$59,366 ACCRUAL; \$66,637 PLAN DISTRIBUTION

STEVEN BAUMERT \$27,553 ACCRUAL

MARK BURMESTER \$40,906 ACCRUAL

TOM EISERMAN \$3,774 ACCRUAL; \$5,858 PLAN DISTRIBUTION

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

JERRY ELLWANGER \$6,113 ACCRUAL; \$14,387 PLAN DISTRIBUTION

TODD GRAGES \$45,584 ACCRUAL

HOLLY HUERTER-MORGAN \$10,872 ACCRUAL; \$39,111 PLAN DISTRIBUTION

CYNTHIA PEACOCK \$30,692 ACCRUAL; \$57,189 PLAN DISTRIBUTION

ANTON PISKAC, \$29,980 ACCRUAL; \$26,771 PLAN DISTRIBUTION

STEPHEN ZUBROD \$8,776 ACCRUAL; \$15,553 PLAN DISTRIBUTION

STEVEN ZUBER \$43,213 ACCRUAL; \$33,346 PLAN DISTRIBUTION

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

NEBRASKA METHODIST HEALTH SYSTEM INC.

Employer identification number

47-0639839

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION IS THROUGH THE MONITORING AND COORDINATION OF ACTIVITIES AND BY  
REMAINING ALERT TO THE PHILOSOPHIES OF HEALING MINISTRIES AS  
REPRESENTED BY THE UNITED METHODIST CHURCH IN ITS ECUMENICAL  
RELATIONSHIPS AND CONCERNS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ALSO ASSISTS MANAGERS IN RECOGNIZING POST-TRAUMA SYMPTOMS AND PROVIDES  
GUIDANCE ON HOW TO REFER THE EMPLOYEE TO EAP. DURING AND AFTER,  
COUNSELORS WILL IDENTIFY AND REFER THOSE EMPLOYEES NEEDING FURTHER  
COUNSELING ASSISTANCE.

SPECIALLY TRAINED PROFESSIONAL COUNSELORS CONDUCT SHORT TERM COUNSELING  
SERVICES TO HELP INDIVIDUALS AND FAMILIES OFFERING AN UNBIASED,  
INFORMAL AND CONFIDENTIAL ENVIRONMENT TO WORK THROUGH PERSONAL PROBLEMS  
AND FINANCIAL DIFFICULTIES.

DURING 2014, THE EAP ALSO FACILITATED EMPLOYEE AND SUPERVISORY TRAINING  
IN SUCH AREAS AS MANAGEMENT, WELLNESS, ATTITUDE/MOTIVATION AND HUMAN  
RESOURCES TOPICS.

FORM 990, PART V, LINE 2B

NEBRASKA METHODIST HEALTH SYSTEM INC. IS A COMMON PAYMASTER FOR ITSELF  
AND CERTAIN RELATED AFFILIATES. ALL W-2 FORMS FOR THESE AFFILIATES ARE  
ISSUED UNDER THE TAX IDENTIFICATION NUMBER OF NEBRASKA METHODIST HEALTH  
SYSTEM. ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS WERE FILED BY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization

NEBRASKA METHODIST HEALTH SYSTEM INC.

Employer identification number

47-0639839

NEBRASKA METHODIST HEALTH SYSTEM INC. WAGES AND BENEFITS SHOWN IN THIS FORM 990 ARE ACTUAL WAGES ASSOCIATED WITH ONLY NEBRASKA METHODIST HEALTH SYSTEM INC.

FORM 990, PART VI, SECTION B, LINE 11:

PRIOR TO FILING THE FORM 990, A COPY IS PROVIDED TO THE AUDIT COMMITTEE OF NEBRASKA METHODIST HEALTH SYSTEM. THE COMMITTEE IS GIVEN AN OPPORTUNITY TO ASK QUESTIONS OR REQUEST MORE INFORMATION AT A SUBSEQUENT MEETING. THE FORM 990 IS ALSO POSTED ON A SECURE BOARD PORTAL; BOARD MEMBERS ARE GIVEN NOTICE OF THE DOCUMENT IN THE PORTAL SO THEY MAY REVIEW AND ASK QUESTIONS PRIOR TO FILING.

INFORMATION FOR THE FORM 990 IS GATHERED FROM APPROPRIATE RESPONSIBLE PARTIES THROUGHOUT THE ORGANIZATION, INCLUDING THE ORGANIZATION'S HUMAN RESOURCES, FINANCE AND COMPLIANCE DEPARTMENTS; IS REVIEWED BY EXTERNAL TAX ADVISORS AND HAS A FINAL REVIEW BY THE CHIEF FINANCIAL OFFICER FOR NEBRASKA METHODIST HEALTH SYSTEM AND THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C:

AN ANNUAL QUESTIONNAIRE IS SENT TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES PURSUANT TO THE METHODIST HEALTH SYSTEM CONFLICT OF INTEREST POLICY WHICH REQUIRES THE DISCLOSURE OF RELATIONSHIPS, NOT JUST FINANCIAL, THAT COULD GIVE RISE TO CONFLICTS WITH THE ORGANIZATION. A BOARD COMMITTEE MEETS ANNUALLY TO REVIEW ALL POTENTIAL CONFLICTS IDENTIFIED THROUGH THE SURVEYS. SHOULD A DECISION COME TO THE BOARD WITH AN IDENTIFIED CONFLICT, THE OFFICER, DIRECTOR, OR KEY EMPLOYEE IS NOT PERMITTED TO VOTE OR USE PERSONAL INFLUENCE ON THE MATTER AND IS NOT COUNTED IN DETERMINING A QUORUM

Name of the organization NEBRASKA METHODIST HEALTH SYSTEM INC.	Employer identification number 47-0639839
---	--

FOR A MEETING AT WHICH THE MATTER IS DISCUSSED. A POTENTIAL CONFLICT OF INTEREST, ONCE IDENTIFIED, MUST BE EVALUATED ON A CASE BY CASE BASIS. IN ORDER TO APPROVE THE TRANSACTION WHICH INVOLVES A DIRECT CONFLICT OF INTEREST, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DIRECTORS FOR WHOM NO CONFLICT EXISTS, AT A MEETING AT WHICH A QUORUM IS PRESENT, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE BEST INTERESTS OF NEBRASKA METHODIST HEALTH SYSTEM AND/OR ITS AFFILIATES, IS FAIR AND REASONABLE, AND AFTER INVESTIGATION, THE DIRECTORS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES.

FORM 990, PART VI, SECTION B, LINE 15:

METHODIST HEALTH SYSTEM RETAINS AN INDEPENDENT CONSULTANT TO REVIEW ALL OFFICER COMPENSATION FOR EACH AFFILIATE. UNDER THIS PROCESS, MARKET DATA ON COMPENSATION IS GATHERED AND ANALYZED, AND COMPENSATION RANGES ARE SET. THE INFORMATION IS THEN PROVIDED TO THE COMPENSATION COMMITTEE OF THE BOARD OF THE NEBRASKA METHODIST HEALTH SYSTEM, A NEBRASKA NON-PROFIT CORPORATION. ALL OFFICER COMPENSATION IS REVIEWED, EVALUATED AND APPROVED BY THIS COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 1023 WAS FILED PRIOR TO 7/15/87 AND NEED NOT BE MADE PUBLICLY AVAILABLE. A COPY OF THE IRS LETTER 947 WILL BE PROVIDED UPON WRITTEN REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS SEPARATELY AVAILABLE TO THE PUBLIC. HOWEVER, THE AMENDED ARTICLES OF INCORPORATION ARE AVAILABLE

Name of the organization NEBRASKA METHODIST HEALTH SYSTEM INC.	Employer identification number 47-0639839
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THROUGH THE NEBRASKA SECRETARY OF STATE'S WEBSITE. THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES. FINANCIAL INFORMATION IS AVAILABLE TO THE PUBLIC THROUGH THE IRS FORM 990 AND FORM 990-T. THE ORGANIZATION ALSO CONTRIBUTES INFORMATION REGARDING COMMUNITY BENEFITS IT PROVIDES AS PART OF THE ANNUAL COMMUNITY BENEFIT REPORT. THIS REPORT IS AVAILABLE TO THE PUBLIC ON THE WEBSITE WWW.METHODISTCHART.ORG.

FORM 990, PART VII, SECTION A

TODD GRAGES, CYNTHIA PEACOCK AND STEVE BAUMERT ARE KEY EMPLOYEES FOR THE NEBRASKA METHODIST HEALTH SYSTEM. THESE INDIVIDUALS HAVE ASSIGNED LEADERSHIP ROLES WITH PHYSICIANS CLINIC, NEBRASKA METHODIST HOSPITAL FOUNDATION AND JENNIE EDMUNDSON MEMORIAL HOSPITAL RESPECTIVELY.

THESE INDIVIDUALS ARE PAID BY NEBRASKA METHODIST HEALTH SYSTEM THROUGH A COMMON PAYMASTER ARRANGEMENT AND REPORT TO THE PRESIDENT OF THE NEBRASKA METHODIST HEALTH SYSTEM. FOR THIS REASON, THEY ARE REPORTED ON THE NEBRASKA HEALTH SYSTEM FORM 990 AS KEY EMPLOYEES.

LINDA BURT IS THE CFO FOR THE ENTIRE GROUP OF NEBRASKA HEALTH SYSTEM ENTITIES. HER HOURS HAVE BEEN ALLOCATED ACROSS THE ORGANIZATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

MINIMUM PENSION LIABILITY ADJUSTMENT -51,216,925.

TRANSFERS TO AFFILIATES -2,429,052.

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF THE

FOUNDATION 2,683,770.

Name of the organization NEBRASKA METHODIST HEALTH SYSTEM INC.	Employer identification number 47-0639839
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INVESTMENT IN SUBSIDIARIES 474,390,000.

TOTAL TO FORM 990, PART XI, LINE 9 423,427,793.

FORM 990, PART X, LINE 20

BOND LIABILITIES SHOWN ON THE NEBRASKA METHODIST HEALTH SYSTEM BOOKS  
AND RECORDS WERE INCLUDED AS PART OF THE REFUNDING PORTION OF THE  
HOSPITAL AUTHORITY NO. 3 OF DOUGLAS COUNTY, NEBRASKA ISSUE DATED  
5/20/2008. THIS BOND ISSUE IS REPORTED ON SCHEDULE K OF THE NEBRASKA  
METHODIST HOSPITAL FORM 990.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

NEBRASKA METHODIST HEALTH SYSTEM INC.

Employer identification number  
47-0639839

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NEBRASKA METHODIST HOSPITAL - 47-0376604 8303 DODGE STREET OMAHA, NE 68114	LICENSED HOSPITAL	NEBRASKA	501(C)(3)	L3	NEBRASKA METHODIST HEALTH SYSTEM	X	
NEBRASKA METHODIST HOSPITAL FOUNDATION - 47-0595345, 8511 W DODGE ROAD, OMAHA, NE 68114	SUPPORT OF NEBRASKA METHODIST HOSPITAL	NEBRASKA	501(C)(3)	L7	NEBRASKA METHODIST HEALTH SYSTEM	X	
NEBRASKA METHODIST COLLEGE OF NURSING & ALLIED HEALTH - 47-0724387, 8511 W DODGE ROAD, OMAHA, NE 68114	NURSING AND HEALTH EDUCATION FACILITY	NEBRASKA	501(C)(3)	L2	NEBRASKA METHODIST HOSPITAL		X
JENNIE EDMUNDSON MEMORIAL HOSPITAL - 42-0680355, 933 E PIERCE STREET, COUNCIL BLUFFS, IA 51503	LICENSED HOSPITAL	IOWA	501(C)(3)	L3	NEBRASKA METHODIST HEALTH SYSTEM	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014



**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SHARED SERVICE SYSTEMS INC. - 47-0649534 8511 W. DODGE ROAD OMAHA, NE 68114	MEDICAL SUPPLY DISTRIBUTION & LAUNDRY	NE	NEBRASKA METHODIST HEALTH SYSTEM	C CORP	12,190,675.	18,089,202.	100%	X	
METHODIST HEALTH PARTNERS - 47-0797563 8511 W. DODGE ROAD OMAHA, NE 68114	MANAGED CARE CONTRACTING	NE	NEBRASKA METHODIST HEALTH SYSTEM	C CORP	1,048,558.	4,653,317.	100%	X	

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)PHYSICIANS CLINIC INC.	R	5,800,639.	BOOK
(8)NEBRASKA METHODIST HOSPITAL	L	28,857,467.	BOOK
(9)NEBRASKA METHODIST HOSPITAL	A	302,115.	BOOK
(10)NEBRASKA METHODIST HOSPITAL	S	7,328,731.	BOOK
(11)NEBRASKA METHODIST HOSPITAL FOUNDATION	L	562,404.	BOOK
(12)NEBRASKA METHODIST HOSPITAL FOUNDATION	P	2,240,542.	BOOK
(13)JENNIE EDMUNDSON MEMORIAL HOSPITAL	L	8,640,132.	BOOK
(14)NEBRASKA METHODIST HOSPITAL	H	50,793.	BOOK
(15)NEBRASKA METHODIST HOSPITAL FOUNDATION	B	118,421.	BOOK
(16)NEBRASKA METHODIST HOSPITAL FOUNDATION	C	80,000.	BOOK
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....	X	
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) METHODIST HEALTH PARTNERS	O	817,788.	CASH
(2) METHODIST HEALTH PARTNERS	A	23,059.	FMV
(3) SHARED SERVICE SYSTEMS	L	817,656.	BOOK
(4) PHYSICIANS CLINIC INC.	A	145,318.	FMV
(5) PHYSICIANS CLINIC INC.	O	2,833,806.	BOOK
(6) PHYSICIANS CLINIC INC.	L	6,981,508.	BOOK

