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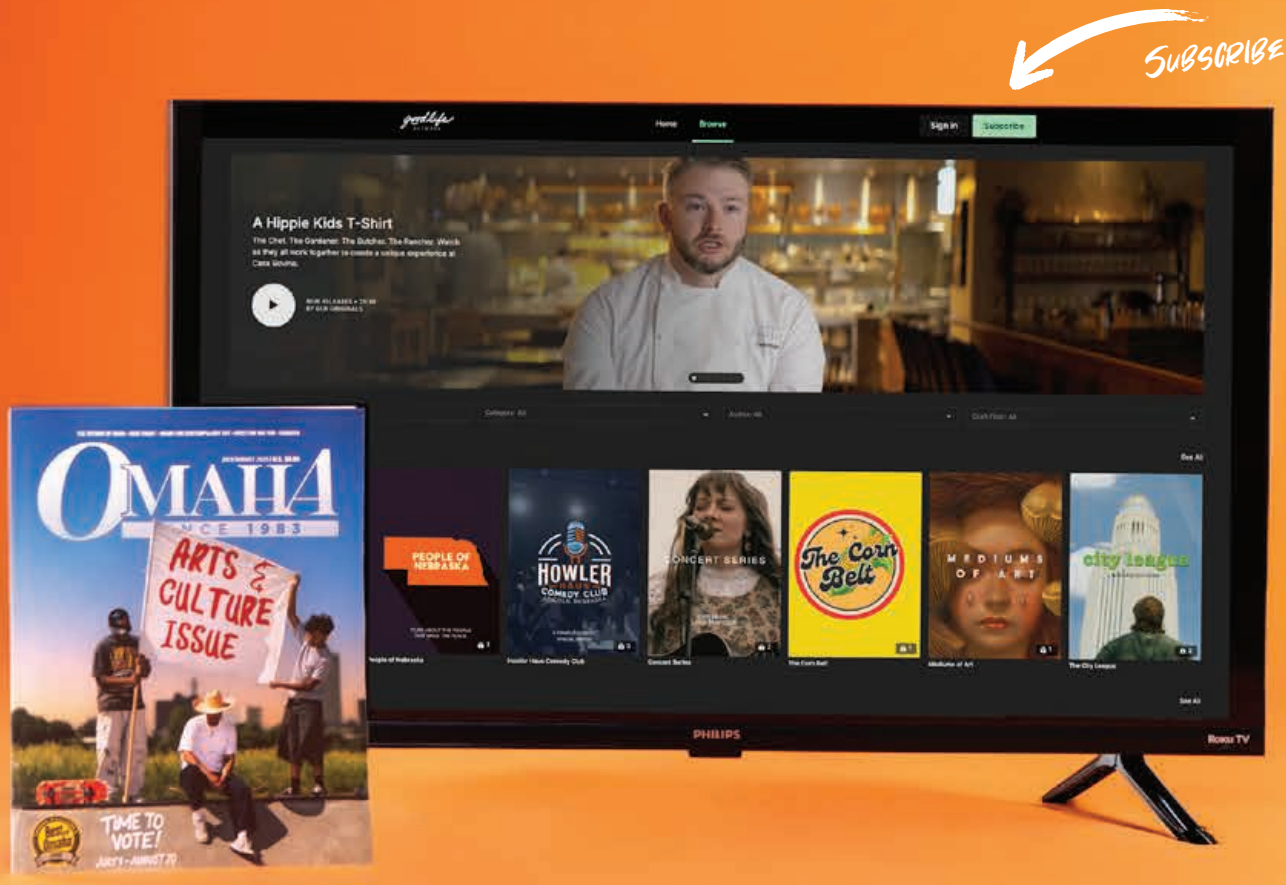
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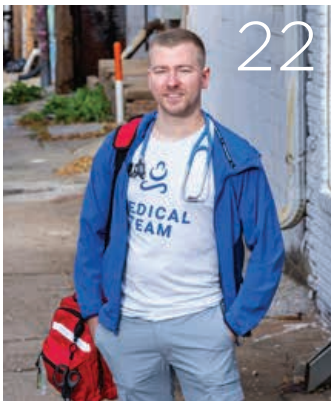
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Physicians Bulletin

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Metro Omaha Medical Society

COMING EVENTS

RETIRED PHYSICIANS COFFEE & CONVERSATIONS

Dec. 9, 2026; and Jan. 13, Feb. 10, and March 10, 2027

10 A.M. – 11 A.M.

MOMS New Office

10404 Essex Ct., Ste. 101, Omaha

METRO OMAHA MEDICAL SOCIETY ANNUAL MEETING & INAUGURAL DINNER

Jan. 20, 2027 | 5:30 p.m. Reception | 6:30 p.m. Dinner/Program

Happy Hollow Club

NMA LEGISLATIVE BREAKFAST

Feb. 4, 2027

Lincoln, Nebraska

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CONFUSED ABOUT MEDICARE? HELP IS CLOSE BY



AUDREY PAULMAN, M.D.
Editor
Physicians Bulletin

I have never been so popular. My phone rings three times an hour. People with names like Eric and Mark and Elizabeth, speaking with heavy accents, offer me free groceries, transportation, glasses, dental insurance and hearing aids. They offer me freedom from my supplemental insurance premiums.

That is no small thing. Medicare Part A usually arrives with very little fanfare. If you are already collecting Social Security when you turn 65, you are enrolled automatically. If you are still working, you and your employer make the decision.

Medicare Part B has a standard premium of $202.90 per month in 2026. Part D, the part that pays for drugs, has its own premium, which depends on the plan you choose. Medicare Advantage offers that part for free.

The friendly, helpful voice on the phone doesn't mention Medicare's friend, IRMAA. IRMAA comes along, whether you get Medicare Advantage or not. IRMAA is the Income-Related Monthly Adjustment Amount. This surcharge is added to the Part B and Part D premiums if your Modified Adjusted Gross Income (MAGI) is historically over a specific threshold, On a physician's retirement income, IRMAA could easily add about $200 to $325 per person per month in Part B surcharges, plus $37 to $60 in Part D surcharges. For a married couple, that is roughly $480 to $770 per month, or $5,800 to $9,200 per year.

The voice on the phone offers it all for free, not immediately inquiring if I have to pay IRMAA.

It sounds tempting, very tempting. That kind of money could buy some plane tickets somewhere warm in the winter. I doubt I would qualify for the free groceries they offer with enrollment, but it sure sounds nice.

What would I also get with that "free" insurance plan?

- **Network restrictions:** HMO plans usually require you to use in-network doctors and hospitals and a referral to see specialists. Out-of-network care may not be covered at all, except in emergencies.
- **Prior authorization:** Plans often require approval before certain tests, procedures or medications, delaying care.
- **Out-of-pocket maximums:** Your costs are capped, but the cap can be several thousand dollars a year. Original Medicare with a supplement usually has lower worst-case costs.
- **Coverage limits on care:** Some plans restrict services or equipment that Original Medicare covers in full. Extra benefits like dental and vision are often limited in scope and reimbursement.
- **Less flexibility when traveling:** Original Medicare is accepted by any provider nationwide who accepts Medicare. Medicare Advantage out-of-area care may be costly or not covered, except for emergencies and urgent care.
- **Drug coverage limits:** Plans have formularies, which can require step therapy or switching to a different drug. Pharmacy networks can also be narrower.
- **Hard to switch back:** Leaving a Medicare Advantage plan for Original Medicare may mean being turned down for a Medigap policy in the future, depending on your state and timing.
- **Billing and provider issues:** Some providers stop accepting certain plans, and claim denials can be frustrating to appeal.

A local, qualified insurance agent can earn a commission up to $1,000 for getting a Medicare beneficiary to switch to Medicare Advantage. Agents earn no commission on original Medicare itself, but they do earn lesser commissions on Medigap policies. There is money in getting someone to switch coverage.

Nationally, according to KFF, an independent source for health policy research, 55% of eligible Medicare beneficiaries were enrolled in Medicare Advantage in 2026. In Nebraska, about one-third (34%) are. I suspect our patients are better informed, but I have not seen data that explains the gap.

The AMA's 2025 Prior Authorization Physician Survey found that 94% of physicians say prior authorization negatively affects patient clinical outcomes. Physicians complain about additional paperwork. An HHS Office of Inspector General review found that about 75% of Medicare Advantage prior authorization denials that were appealed were overturned. It is often care delayed, not care denied.

But isn't insurance supposed to make getting medical care more streamlined?

Nebraska's lower Medicare Advantage rate may reflect the educational resources available here, though I have not seen data on the cause. I think it is true. Volunteers Assisting Seniors (VAS) is a unique service in eastern Nebraska that honestly walks beneficiaries through the pros and cons of original Medicare, Medigap and Medicare Advantage. Their website is www.vas-nebraska.org.

It is all complicated, but Metro Omaha is helping. MOMS is supporting Volunteeers Assisting Seniors this year with a grant from the foundation. It helps your patients. It helps you.

An informed Medicare beneficiary is less likely to listen to the sales pitch for free groceries and more likely to opt for what is, in my opinion, a better Medicare product: traditional Medicare with a Medigap plan.

If you are of Medicare age, I recommend you check them out. If you are an independent provider, VAS has important information you can share with your patients, which could save you and your staff time spent on preauthorization.

If you have a patient in front of you asking Medicare questions, I recommend a referral to Volunteers Assisting Seniors.

Thanks for reading. I hope you enjoy this edition of Physicians Bulletin.



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A YEAR OF ADVOCACY, LEADERSHIP AND ENGAGEMENT



AMY REYNOLDSON
Executive Vice President
Nebraska Medical Association

The Nebraska Medical Association has had a year of meaningful advocacy, leadership transitions, legislative progress and opportunities to connect physicians from across the state. I am proud of what our members, physician leaders and staff have accomplished together to advance the interests of Nebraska physicians and the patients they serve.

From the state capitol to our member events, one message remains clear: When physicians come together through organized medicine, their collective voice can make a difference.

Advocating for Physicians and Patients: Advocacy remains at the heart of the NMA's mission. In February, during the legislative session, our annual Physician Advocacy Breakfast brought physicians and medical students to Lincoln to connect with state senators, discuss healthcare policy and share firsthand perspectives on issues affecting their patients and practices. These conversations reinforce the importance of ensuring physicians have a seat at the table when decisions are made about Nebraska's healthcare system.

Our legislative efforts also produced important results. In 2025, LB 527, the Medicaid Access and Quality Act, established funding to support enhanced Medicaid reimbursement rates for physician services, with an emphasis on primary care, maternal health and rural services. The law's implementation in 2026 created an opportunity to strengthen practice sustainability and improve access for patients across Nebraska.

Prior authorization reform was another important achievement in 2025. LB 77 established requirements intended to reduce administrative burdens, improve decision-making timelines and strengthen physician involvement in coverage determinations and appeals. With the implementation of this legislation in 2026, our focus is on these changes that address unnecessary delays that interfere with timely, appropriate patient care.

The NMA also continued its efforts to protect patient safety and preserve Nebraska's medical liability framework. We opposed legislation that would have expanded direct-entry midwives' scope of practice without appropriate medical training and safeguards. These efforts demonstrate why sustained physician engagement is essential to protecting patients and supporting the practice of medicine.

Celebrating Leadership and Excellence: In September, the NMA welcomed Brandon Webb, M.D., as its 2026-2027 president at the Presidential Inauguration and Awards Banquet. Dr. Webb, a Lincoln family physician, brings extensive experience in independent medicine and value-based care. He succeeds Robert Wergin, M.D., whose leadership helped guide the association through another important year.

The banquet also recognized five Nebraskans for their contributions to medicine and their communities. Award recipients were Rebecca Steinke, M.D., recipient of the COPIC Nebraska Humanitarian Award; State Sen. Mike Jacobson, recipient of the Friend of Medicine Award; Amber Gowen, recipient of the Student Advocate of the Year Award; Daniel Pierce, M.D., recipient of the Young Physician of the Year Award; and Robert Messbarger, M.D., recipient of the Physician of the Year Award.

Their accomplishments reflect the many ways physicians and advocates strengthen Nebraska's healthcare system through service, leadership and a commitment to patients.

Keeping Members Connected and Engaged: The NMA's Annual Business Meeting in October provided members with an update on the association, its finances, Board election results and proposed member resolutions. Members also had an opportunity to provide testimony and propose amendments before the electronic resolution vote. This process reinforces our commitment to member participation and ensuring physicians help shape the association's priorities.

NMA Board of Directors election results include John Peters, M.D., elected as president-elect, while Maria Michaelis, M.D., was re-elected as the Metro Omaha Medical Society (MOMS) at-large director, and Erica Peterson, M.D., was re-elected as the Lincoln County Medical Society at-large director. Daniel Schlessinger, M.D., of Omaha; and Angela Sukstorf, D.O., of Fremont, were elected to their first terms as at-large directors. These physician leaders will help guide the NMA's priorities and represent members as the association continues its work on behalf of Nebraska physicians and their patients.

On Oct. 10, physicians gathered in Lincoln for the NMA Husker Tailgate before Nebraska faced Indiana. Beyond the game-day excitement, the event offered an informal opportunity to build relationships, connect with colleagues and strengthen the statewide physician community.

These gatherings remind us that organized medicine is about more than policy. It is also about relationships, shared experiences and supporting one another in a demanding profession.

Looking Ahead: Our work continues into the coming year. The NMA invites physicians to attend the 2027 Physician Advocacy Breakfast on Feb. 4 in Lincoln. This annual event provides an opportunity to engage with lawmakers, discuss the legislative issues affecting medicine and ensure physician perspectives inform decisions that affect Nebraska patients.

As we look ahead, the NMA remains committed to advocating for physicians, protecting patients and strengthening the healthcare system in every Nebraska community. Thank you to the Metro Omaha Medical Society and its members for your continued engagement and partnership. Together, we can make a lasting difference for our profession and the patients who depend on us.

APPLICATION FOR MEMBERSHIP

Metro Omaha Medical Society

NMA Nebraska Medical Association

This application serves as my request for membership in the Metro Omaha Medical Society (MOMS) and the Nebraska Medical Association (NMA). I understand that my membership will not be activated until this application is approved by the MOMS Membership Committee and I have submitted my membership dues.

PERSONAL INFORMATION

Last Name:_____ First Name:_____Middle Initial:_____

Birthdate:_____Gender: ☐ Male ☐ Female

Clinic/Group:_____

Office Address:_____Zip:_____

Office Phone:_____ Office Fax:_____Email:_____

Office Manager:_____Office Mgr. Email:_____

Home Address:_____Zip:_____

Home Phone:_____Name of Spouse:_____

Preferred Mailing Address:

Annual Dues Invoice: ☐ Office ☐ Home ☐ Other:_____

Event Notices & Bulletin Magazine: ☐ Office ☐ Home ☐ Other:_____

EDUCATIONAL AND PROFESSIONAL INFORMATION

Medical School Graduated From:_____

Medical School Graduation Date:_____Official Medical Degree: (*M.D., D.O., M.B.B.S, etc.*)_____

Residency Location:_____Inclusive Dates:_____

Fellowship Location:_____Inclusive Dates:_____

Primary Specialty:_____

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

_____ _____

Signature *Date*

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A FAST, BUT WILDLY PRODUCTIVE YEAR



ANDREW COUGHLIN, M.D.
President
Metro Omaha Medical Society

"Despite our strong community, we can still do better. I came into this role hoping to build mentorship opportunities and, in many ways, we have done that, but we can always do more. We have something special here at MOMS and I challenge each of you to reach out to a colleague or two and help them understand the importance of community. Invite them to an event. Ask them to serve on a committee – anything to get them engaged. I firmly believe that one of the strengths of our medical community resides in the fact that we are collegial and collaborative. We all want what is best for our patients."

— ANDREW COUGHLIN, M.D.

It never ceases to amaze me how fast a year flies by. As I prepare to pass the gavel in January, I am deeply grateful for the opportunity to serve the Omaha medical community and proud of how the Metro Omaha Medical Society has adapted, invested in its mission and strengthened connections among physicians. MOMS is going to be in great hands with Dr. Joshua Mammen, and I am confident that our community will continue to achieve great things. I also cannot thank Carol, Laura and the rest of the staff enough for the tremendous work they take on each year. Please thank them the next time you see them.

Much has changed since the pandemic began in 2020. Rising operating costs and evolving referral patterns have affected practices throughout the region, and our society has not been immune to those pressures. Two business developments stood out for MOMS this year. First, the Nebraska Credentials Verification Organization (NCVO) experienced a significant decrease in volume as many institutions brought credentialing in-house, even as smaller organizations continued to need outside support. In 2026, NCVO began diversifying its services by providing administrative support to several new businesses. That expansion has created renewed enthusiasm, and I am eager to see how the organization responds to this new direction.

The second development involved our physical space. Rising commercial lease costs, the ability to perform some work from home and a reassessment of what we truly need in a workspace prompted us to consider our options. After 30 years at 79th and Davenport, the decision to move was difficult. Ultimately, relocating offered meaningful cost savings, refreshed our workspace and allowed us to redirect important funds toward other programs while maintaining a central Omaha location. Please stop by and see our new office at 10404 Essex Court, Suite 101.

In addition to the move, the Metro Omaha Medical Society Foundation has seen some changes with Dr. Mary Wells taking the reins in 2026. Dr. Stephanie Hartmann did a fantastic job in her tenure leading this important philanthropic portion of our organization. Last year at our annual meeting, seven different community health organizations were supported by over $28,000 in grants through the foundation. This year, that number will rise to 13 organizations with over $33,000 being granted. I am beyond proud of these accomplishments and hope to continue to see growth year after year.

Programming for physicians was another strength this year. Women in Medicine continued to draw strong engagement through alternating social and service-oriented events. Early Career Physicians built community within medicine and strengthened connections with members of the Omaha Bar Association. Retired Physicians welcomed excellent speakers and developed content for colleagues considering retirement. The well-attended legislative meet-and-greet created another opportunity for advocacy, while our Medical-Legal Dinner, hosted by the Omaha Bar Association, highlighted the strength of philanthropy in the Omaha area. Together, these programs offered physicians opportunities to connect, serve, advocate and learn—clear signs that our sense of community and camaraderie is thriving.

Despite our strong community, we can still do better. I came into this role hoping to build mentorship opportunities and, in many ways, we have done that, but we can always do more. We have something special here at MOMS and I challenge each of you to reach out to a colleague or two and help them understand the importance of community. Invite them to an event. Ask them to serve on a committee – anything to get them engaged. I firmly believe that one of the strengths of our medical community resides in the fact that we are collegial and collaborative. We all want what is best for our patients. If we can continue to foster community, we will only grow stronger and make patient care better.

Thanks for a wonderful year and I look forward to making our community better alongside you for years to come!

PROVIDING MEDICAL CARE WHILE IN THE AIR



Her call to action came while she was studying – headphones on to avoid distractions – in a window seat during a flight from Minneapolis to Phoenix. His came as he was nodding off to sleep while also in a window seat flying from Denver to Houston.

Sara May, M.D., and Marcus Maydew, M.D., provided medical care to passengers who had fallen ill while aboard airline flights. In both situations, the airlines redirected the planes so the passengers could receive medical care on the ground.

Drs. May and Maydew recounted their experiences, shared lessons learned and offered advice should their peers find themselves in similar situations. They noted that they found the medical kits carried on flights to be conducive for providing first-aid, but not for taking measures to potentially save a passenger's life.

Both recalled learning about Good Samaritan laws, which protect someone from liability when administering aid in emergency situations, during their medical training. They didn't recall any of their medical instructors telling them to be ready whenever they flew commercially.

And to avoid burying the lead in this story: Dr. May's patient survived, but Dr. Maydew never heard the outcome of his. Both received messages of gratitude from the airline, along with offers of free miles. Here are their stories of providing emergency care to passengers while onboard a jet airliner – along with some advice at the end of this story if you find yourself in a similar situation.

Dr. Maydew's Story

Dr. Maydew, his wife, Catherine Demes Maydew and their son, Evan, were headed to Houston. Dr. Maydew recalls that, 30 minutes into their flight, his wife nudged him out of his near slumber pointing out that the passenger directly in front of him was slumped over.

He unbuckled and stood, telling the passenger's traveling companion that he was a physician and asked if he could help. Dr. Maydew asked the man if he was OK and administered a sternal rub to get him to respond.





The **Maydew** File

Hometown:
Lebanon, Kansas

Undergraduate Degree:
Kansas State University in Manhattan in pre-veterinary medicine

Veterinary Medical Degree:
Kansas State University

Medical Degree:
Creighton University School of Medicine

Residency:
Creighton in radiology-diagnostic

Residency:
Creighton in pathology-anatomic and clinical

Specialty:
Radiology

Institution:
VA Nebraska-Western Iowa

Hobbies:
Cycling, hiking, following Kansas State and Creighton athletics, following the Chicago Cubs and Bears, reading history, and supporting the Willa Cather Foundation and Youth Emergency Services.

Family:
His wife, Catherine Demes Maydew, and his son, Evan

Why He Joined MOMS:
"This organization is an important voice of advocacy of medicine and healthcare in Nebraska. It connects physicians and does amazing work for our members and the community."

The passenger was semi-aware of his surroundings and Dr. Maydew asked him if he was having chest pains. "Your mind goes to heart attack or stroke," Dr. Maydew said.

A woman, seated several rows behind Dr. Maydew, shared that she was an ICU nurse and offered to assist. Dr. Maydew took her up on her offer. Dr. Maydew administered a quick neurologic exam. "Can you squeeze my hand?" he asked.

The nurse took the man's blood pressure and they administered oxygen. He seemed to be doing better – until about 10 minutes later when he lapsed again. The man fainted and was back in a semi-conscious state.

The two talked to the flight attendants and Dr. Maydew speculated that the man was dehydrated from an underlying viral illness. He suggested that the flight return to Denver so the man could receive care and learned that the captain had the same plan. Medical personnel would be on the runway ready to attend to the man.

The announcement that the plane was returning to Denver wasn't well received by a group of passengers headed to Europe when they learned they would miss their connecting flight.

"You feel conflicted – but this was the right and ethical thing to do. You do the best you can," Dr. Maydew added.

The man's traveling companion reported to Dr. Maydew and the nurse that he wasn't feeling well in Denver and had visited the infirmary. He received the OK to fly.

"I was relieved that we turned around," said Dr. Maydew. "Fortunately, the passengers' condition did not deteriorate during the return to Denver, but he was clearly unwell."

A flight attendant took his name and contact information – also from the nurse who assisted. Two weeks later, he received a note of gratitude – including the offer of a flight credit from Southwest. The note didn't include information on the passenger's outcome.

Dr. May's Story

She was traveling to attend a national medical meeting as part of her fellowship training at Mayo Clinic. She decided to spend her flight time studying.

Partway into the flight, an attendant asked over the loudspeaker whether anyone on board had medical training. Before she could respond, the attendant asked a second time. "I could tell there was more fear in the flight attendant's voice." She pushed her call button.

The attendant mistakenly asked Dr. May is she was a nurse. "Because I was female. I said I was a physician." Dr. May learned that a passenger seated rows behind her wasn't doing well.

The passenger, in his 60s, was in an aisle seat. His wife, a nurse, was next to him. "He was visually in distress – sweating. Short of breath. Complaining of chest pain."

Dr. May asked the attendant what medical supplies were available. "I was concerned he was having a heart attack or a pulmonary embolism." The flight attendant, in response, asked about her medical license and asked for her National Provider Identifier number. Dr. May responded that she didn't know her NPI number, but that she was happy to provide it if they allowed her to access Wi-Fi to Google her NPI number. The flight attendant finally accepted Dr. May's DEA number instead.

The attendant provided the emergency medical kit – which contained aspirin, maybe nitroglycerin and little else. The blood pressure cuff reminded her of something straight from Toys "R" Us, but it did work. She was connected by headset to a medical ground crew and reported that the man had a rapid but weak pulse. "I told the medical team he was likely in AFib with RVR."

Speaking to the ground crew, she was confident that the passenger was having an acute myocardial infarction (AMI) and requested to treat with "MONA-BASH." She quickly realized most of this was not available.

The patient started to fade in and out and therefore was placed on his back in the aisle. He still had a pulse. His wife, the nurse, remained close. She produced his Metoprolol, which Dr. May administered. "When she offered the one drug to me, it triggered me to ask other passengers what they had," she said. With the aid of medications from other passengers, Dr. May was able to give most of the appropriate acute treatment for an AMI.

"I told the medical team that you absolutely need to land this plane now," Dr. May said.

Southwest diverted the plane to a Texas airport. EMS was waiting on the runway and promptly removed the passenger from the plane and took him to a local hospital.

Dr. May returned to her seat and the plane soon was airborne and headed to Phoenix.

Dr. May said she has been on planes two other times when medical assistance was requested. On the first, other medical professionals responded and Dr. May's assistance, nor her husband's (who is also an M.D.) – they were on their honeymoon – was needed. On the second, Dr. May was flying to Denver with a friend to attend a Garth Brooks concert. The passenger was pale, sweaty and said she was having chest pains. Her traveling companion reported that the woman was anxious about flying. Dr. May calmed the woman by talking with her and having her do breathing exercises. She also had the woman take anxiety-reducing medicine, which the passenger carried with her. "She did just fine. She improved with me just talking to her," Dr. May said.

Their Advice

Be aware of your current state if you're asked to provide medical care during a flight. Did you have a cocktail while waiting for your plane to take off? Did you have an alcoholic beverage already during the flight? In this situation, defer if there are other passengers on the flight with medical training. If needed, be sure to declare your current state.

If you find the medical supplies provided by the flight crew are insufficient for the care you need to provide, ask for what you need from the passengers, starting with any traveling companions with the person requiring care. They may be able to provide what you need.

The Latest on the Medical Supplies Airlines Carry

Dr. Maydew was called into action nearly three years ago; Dr. May more than a decade ago. Here's the latest, according to a recent Washington Post story, on where things stand regarding requirements for medical kits on commercial airliners:

- According to a study published in 2025, one in every 212 flights involved an incident serious enough that flight crews called to consult with a ground medical team. The emergency medical kit was used in nearly one in four of these cases. Aircraft were diverted 1.7 percent of the time in response.

- Physicians and medical advocacy groups have pleaded for years with the Federal Aviation Administration to modernize the mandated contents of emergency medical kits, whose requirements haven't changed in more than two decades.

- The current kits, often stored in containers, are stocked with 64 items, including CPR masks, syringes and drugs to treat various emergency conditions. Those groups have pressed lawmakers for better life-saving tools, such as epinephrine autoinjectors and nasal sprays for opioid overdose reversal.

- A 2024 law required the FAA to address these concerns. However, the FAA has proposed abolishing the list of required medicines and equipment and replace it with a "performance-based requirement." Airlines would be free to stock the kits with whatever they see fit as long as they are prepared to treat nine conditions, including cardiac arrest and allergic reactions. No specific drugs, including epinephrine, would be required. The 2024 law gave the FAA two years to create a plan for revising the emergency medical kits.



The **May** File

Hometown:
Waverly, Nebraska

Undergraduate Degree:
Nebraska Wesleyan University in biology

Medical Degree:
University of Nebraska Medical Center

Residency:
UNMC in internal medicine

Fellowship:
Mayo Clinic in Rochester, Minnesota, in allergy and immunology

Specialty:
Allergy and clinical immunology

Hobbies:
Watching Husker volleyball and football, and all activities with her three sons, including watching them play sports

Family:
Joel Michalski, M.D., Ph.D.; and three sons, Henry, Ethan and William

Why She Joined MOMS:
"For networking."



Joshua Mammen, M.D.

EMBRACING THE JOY THAT COMES WITH PRACTICING MEDICINE

Joshua Mammen, M.D., wants to make sure his peers never forget to focus on the joy they experience when practicing medicine and caring for their patients. In fact, Dr. Mammen plans to carry this message throughout his term as president of the Metro Omaha Medical Society.

The theme of his tenure as MOMS president – Omaha physicians: together for our patients, celebrating the joy of medicine. "I think that sometimes it's so easy to focus on the challenges that exist that we forget about the successes that we've had. The improvements we've made. The joy of taking care of our patients."

Dr. Mammen said his focus for the coming year has two parts.

"I think there are a couple of themes here," he said. "One is it is important for us to be unified as a medical community. I think we all have the common goal of improving care for our patients – improving care for fellow Nebraskans or, more broadly, since many of our patients are from Iowa and even South Dakota or Kansas, for our region. I believe we are more effective when we're working together rather than being in separate silos."

Dr. Mammen used his specialty as an example to illustrate his point that healthcare professionals have multiple reasons for being joyful. He's a surgical oncologist who specializes in melanoma and sarcoma. The improvement in survival of patients with cancer, especially among patients with melanoma, has been remarkable, he said.

"We are curing people who absolutely would not have been cured even 15 years ago. That's amazing. We need to celebrate because this should be cause for great joy. The efforts that we have put into research and innovation are bearing fruit."

Dr. Mammen said he and the MOMS board and staff will flush out how to promote this approach during the coming months. MOMS already has in place programs and groups – Women in Medicine, Early Career Physicians, Retired Physicians, for example. "We can think about events and programming where we emphasize not just challenges, but also the tremendous successes we've had as well."

"I think that sometimes it's so easy to focus on the challenges that exist that we forget about the successes that we've had. The improvements we've made. The joy of taking care of our patients."
— JOSHUA MAMMEN, M.D.

Serving as MOMS president, Dr. Mammen admitted, wasn't on his radar when he relocated to Omaha in 2001 to work at the University of Nebraska Medical Center. Joining MOMS and being active in the organization, he said, was a priority. He already had led a medical society – the Kansas City Medical Society. During his tenure leading the Kansas City Medical Society, he guided the merger of the Wyandotte & Johnson County Medical Society with the Metropolitan Medical Society of Kansas City. The importance of medical societies, he said, had not waned for him.

Then the calls came – first to serve on the MOMS Board of Directors, followed later by a call from executive director, Carol Wang, asking if he would serve as president-elect. Both requests received affirmative responses – and here he is, talking about the importance of medical societies and the value of living a joy-filled professional and personal life.

The decision to pursue a career in medicine came early for Dr. Mammen. He only had to look as far as his father – the only surgeon in his hometown of Kaplan, Louisiana – for inspiration. His father, who retired six years ago, served as an integral part of the community, but also carried tremendous responsibility.

Any car crash with injuries or a patient with a severe infection meant his father received a call to the hospital. His father handled this responsibility with grace and humility, Dr. Mammen said.

"His approach attracted me to medicine because, quite frankly, it was a way to give back to his community in a very concrete way," Dr. Mammen said. So, when Dr. Mammen applied to, and was accepted in, medical school, he already had decided to become a surgeon.

His father, Joshua P. Mammen, M.D., served as his son's primary mentor. The younger Dr. Mammen cited the Department of Surgery chair at the University of Chicago – Jeffrey Matthews, M.D. – as another mentor. Dr. Matthews cared for his patients, his medical group, his department, the institution and the community at large in the way he conducted himself, Dr. Mammen said.



The **Mammen** File

Hometown:
Kaplan, Louisiana

Undergraduate Degree:
Boston University, Double Major in history and medical science

Medical Degree:
Boston University

Doctoral Degree:
University of Cincinnati in molecular and cellular physiology

Residency:
University of Cincinnati in Surgery

Fellowship:
University of Texas MD Anderson Cancer Center in Houston in complex general surgical oncology

Specialty:
Surgical Oncology with a focus on melanoma and soft tissue sarcomas

Title:
Professor of surgery, chief of the Division of Surgical Oncology and physician-in-chief of the Fred & Pamela Buffett Cancer Center

Institution:
University of Nebraska Medical Center

Family:
His wife, Julie Mammen; five children, Joshua, Ann, Therese, Isabel and Rachel

Why He Joined MOMS:
Please read this story

Which brings this story back to finding joy in practicing medicine, Dr. Mammen said. His days provide many opportunities to find and experience joy: caring for patients, being in the operating room, and, most importantly, finding solutions to improve a patient's health and well-being.

"I feel very fortunate to be able to help individuals along their journey," he said, "whatever the outcome may be. I would say that is what gives me the greatest joy."

Then, he talks about clinical trials that he is involved with: a national trial whose results will be published in June that will likely change how melanoma care is provided, along with a breast cancer trial with results reported in December of this year. Finally, he's leading a new trail that could open in several months.

"That type of innovations and providing options for our patients really excites me."

A final story: Dr. Mammen had a patient who had struggled through his cancer treatments. He suggested a treatment – isolated limb perfusion where chemotherapy is administered, in this case, directly in the leg. It's a treatment few oncologists still perform. Dr. Mammen is one of them – and suggested it to this patient.

"They're only in the hospital a few days. They don't usually feel very sick afterward. It's a one-time procedure in the operating room and it works."

"I just love the fact that I get to see those types of results," Dr. Mammen said.

For Dr. Mammen, it's just another example of the joy he sees in medicine.

Getting to Know Dr. Mammen

- **Favorite Omaha restaurant:** Gather
- **Favorite place to visit (actually two):** Visiting relatives in Kerala, India; and spending time along the Texas coast, Galveston or Port Arkansas with his extended family.
- **Favorite book:** "Crime and Punishment" – Fyodor Dostoevsky is just amazing. The book helps us understand human nature but also the importance of seeking to understand before making a judgement.
- **Favorite part of the day:** Early morning, likely 4 to 7 a.m. "Not only do I get a bit work done, I typically dedicate the first part of the day for prayer."
- **Favorite food:** Crawfish (boiled or etouffee)
- **Favorite TV series:** "I could watch 'The Office' a million times. I think it's just hilarious."



Joshua Mammen, M.D.

HELPING THE UNSHELTERED HOMELESS WHERE THEY ARE

Dalton Nelsen, M.D., immediately recognized the significance when the man – who's possibly in his 50s but may be younger – asked for Dr. Nelsen by name.

Dr. Nelsen was working a shift in the emergency room when the man, who was suffering from a hernia, walked in with members of a local organization that assists the unsheltered homeless. "He pointed at me and said, 'I know him.'"

The next day, with Dr. Nelsen's assistance, the hospital's Emergency General Surgery team fixed his hernia. This is the back story:

Dr. Nelsen and other volunteers for HEAL Omaha had visited with the man, who often could be found living in an alley. "In our initial contact with him, he was very distrustful of us and didn't offer anything as far as medical issues that we could take care of."

So, members of HEAL Omaha returned weekly to this alley to see if he needed help. Most often, the volunteer teams would provide the man with protein bars, protein shakes, water – "just some basic human needs." Over time and occasionally, the man would share some information about his health.

The hernia caused him extreme pain and EMS responded to a call to the alley to offer the man assistance. They convinced him to visit the emergency room, where he saw Dr. Nelsen.

Dr. Nelsen can share insight into how best to provide care for the unsheltered homeless because of his work in the emergency room and his volunteer work with HEAL Omaha. HEAL Omaha was founded in 2021 by a nurse practitioner and relies almost entirely on volunteers (it's contingent numbers nearly 200) and is not affiliated with any one health organization or medical school.

First, let's have Dr. Nelsen clarify some terms, noting that HEAL Omaha, according to its website, delivers healthcare and medical case management to individuals experiencing "unsheltered homelessness" in the Omaha Metro area.

"Terms such as homeless carry such a negative connotation" he said. "More acceptable terms would be to say that people are unhoused, unsheltered or have housing insecurity. There's so much variability."

"If you ask people who stay outside or people who are experiencing homelessness, most really don't care if you refer to them as 'homeless' or not. But I think the most appropriate term, specifically for the population that HEAL Omaha cares for is 'people experiencing unsheltered homelessness'."

Noting that the federal government has its own definition of homelessness, Dr. Nelsen provided this definition of unsheltered homelessness: "They literally stay outside and don't have any sort of dwelling – no shelter at all."

Now, some statistics: About 745,652 people were experiencing homelessness in the United States in January 2025, according to Department of Housing and Urban Development data. According to U.S. News and World Report, the five cities with the largest homeless populations – New York, Los Angeles, Chicago, Seattle and Denver combined were home to more than one-third of all the people in the United States who experienced homelessness in 2024. Finally, according to the Flatwater Free Press, out of the top 60 largest metro areas in the United States, the Omaha-Council Bluffs homeless per-capita population ranks slightly above average at 21st.

What does this mean for those, such as Dr. Nelsen, who provide care for the unsheltered homeless? Omaha does not have large encampments where the unsheltered homeless gather and sometimes live. "Maybe a large encampment in Omaha is 10 people."

This means that those who provide care must go to them – which is the focus of HEAL Omaha, Dr. Nelsen said. The focus of their efforts is to provide care while other organizations find them places to be. "The greatest thing we can do for the health of the patients we serve is to connect them with housing.

"When people are staying outside, they're worried about where they are going to go to the bathroom, what they are going to eat, what they are going to drink and how they stay safe?"



Dalton Nelsen, M.D.



The **Nelsen** File

Hometown
Callaway, Nebraska

Undergraduate Degree
Chadron State College in human biology

Medical Degree
University of Nebraska Medical Center

Residency
UNMC in emergency medicine

Fellowship
UNMC in emergency ultrasonography

Title
Chief Executive Officer

Organization
HEAL Omaha

Title
Assistant professor of emergency medicine

Institution
UNMC

Hobbies
Fostering dogs, bar trivia, reading and Husker sports

Why he Joined
"A colleague recommended that I join and pointed out the MOMS Foundation supports healthcare nonprofit organizations that help others." Read the story to learn more.

They may not know what day of the week it is. They may not know what time it is. They know their human needs aren't being met, Dr. Nelsen said, so healthcare isn't a high priority. "If you're staying outside, you don't have the capacity or ability to address your healthcare needs. So, we're going to do that until we can get you into housing."

And they go to where people are – living under bridges and in the woods, and living visibly on the streets and in alleys.

Wherever they go, Dr. Nelsen said, he and other volunteers simply announce themselves the same way as their non-medical street outreach colleagues: "Street outreach."

HEAL Omaha sends teams armed with medical and non-medical backpacks throughout the week at different times of the day and to different locations. One team each week focuses on providing mental healthcare. Teams must have two or more volunteers. (Dr. Nelsen's work schedule dictates his shifts.)

The first priority is to build trust and, as Dr. Nelsen illustrated in his story, that takes time. Volunteers are careful not to push for personal information – often it takes time.

Many of the individuals they encounter among the unsheltered homeless is the trimorbidity of chronic medical issues, mental health issues and active substance use. The most common, he said, is open wounds.

He continued: "We see a lot of untreated chronic medical problems, such as diabetes, heart failure and high blood pressure, COPD and asthma that are not treated because they can't access the normal healthcare system.

"We see a lot of traumatic injuries – musculoskeletal pain, whether it's from an injury or an assault," Dr. Nelson added. "The first step toward helping those they encounter receive care is to build trust. And that starts with simply showing up – again and again."

HEAL Omaha volunteers typically carry non-medical and medical backpacks containing over-the-counter medications such as allergy medicine, Tylenol, Ibuprofen, Benadryl and cough and cold medicine.

HEAL Omaha volunteers – those who can prescribe – cannot carry commonly prescribed medications with them because Nebraska doesn't allow providers to dispense away from a physical structure, such as a hospital or clinic. "So, we can only carry over-the-counter medications. It's a lot of creams and ointments like Neosporin and hydrocortisone creams," Dr. Nelson said.

As for the man in the alley? Dr. Nelsen said he hasn't seen him recently, but other volunteers have. "He's doing OK."

HEAL Omaha is this year's MOMS Foundation Match Grant Recipient.

Donate here:


Dalton Nelsen, M.D.

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MEMBER **NEWS**

DR. ELLIS RECOGNIZED FOR ADVOCACY


Cindy Ellis, M.D.

Cindy Ellis, M.D., was presented the NEAAP Outstanding Child Advocate of the Year Award at the Nebraska Chapter of the American Academy of Pediatrics Fall Pediatrics Conference in October in Omaha. Nominated by her peers, Dr. Ellis was recognized for her involvement in advocacy and community awareness on behalf of the health of Nebraska's children and adolescents.

Dr. Ellis is board certified in pediatrics, developmental/behavioral pediatrics and neurodevelopmental disabilities, and is a professor of pediatrics and psychiatry at the University of Nebraska Medical Center. She has more than 40 years of care and service to Nebraska's children and serves as the director of Nebraska's Leadership Education in Neurodevelopmental and Related Disabilities program at UNMC's Munroe-Meyer Institute. In addition, she provides contracted pediatric clinical patient care services across the state through MMI's Outpatient Clinic and Children's Nebraska.

In the words of her nominees: "Dr. Ellis is an amazing child advocate and has spent her career teaching others to advocate. She has a wide view of politics and how legislative decisions affect kids, sharing with lawmakers the stories of her patients and the barriers to care they experience as well as the importance of access to care in a largely rural state."

NEW MEMBERS

SAMUEL DAVIDSON, M.D.
OrthoNebraska
Orthopedic Surgery

JESSICA FERNANDES, M.D.
Madonna Rehabilitation Hospital
Hospitalist

ANGELA HEWLETT, M.D.
UNMC - Infectious Disease
Infectious Disease

MICHAEL OTTEN, M.D.
OrthoNebraska
Orthopedic Surgery

DONALD SCHMIDT, M.D.
Madonna Rehabilitation Hospital
Internal Medicine

AUN SHAH, MBBS
Midwest Gastrointestinal Associates
Gastroenterology

IVEY THORNTON, M.D.
Aviva Vision and Spa
Ophthalmology

CHRISTOPHER WEBER, M.D.
Anesthesia West, PC
Anesthesiology

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Omaha TODAY

OMAHA MAGAZINE

MOMS EVENTS RECAP

PHYSICIANS DISCUSS ISSUES WITH POLITICAL CANDIDATES

Omaha-area physicians met with candidates and lawmakers at this year's Physician & Policymaker Meet & Greet in September. The event was held at One Pacific Place Apartment Clubhouse and was hosted by Metro Omaha Medical Society, Nebraska Chapter of the American Academy of Pediatrics, Nebraska Psychiatric Society, American College of Physicians and the Nebraska Regional Council of Child & Adolescent Psychiatry.

1. Dr. Bill Schlichtemeier (from left) speaks with candidate Patty Pansing-Brooks, State Sen. Rick Holdcroft and State Sen. Brad von Gillern.
2. Dr. John Peters (left), MOMS Advocacy co-chair, connects with State Sen. Merv Riepe.
3. Dr. Alëna Balasanova (left), State Sen. Rick Holdcroft and Dr. Linda Ford share thoughts on factors impacting health care.


1


2


3

A TIME TO TALK ABOUT RETIREMENT

MOMS members gathered to hear life lessons from those who have retired during a dinner and panel discussion in September.

1. Panelists Dr. Susan Westcott, Dr. Mark D'Agostino and Dr. James Devney.
2. MOMS members attending the Preparing to Retire Panel Discussion.


1


2

WOMEN IN MEDICINE CONNECT FOR A CAUSE

MOMS Women in Medicine members gathered in the new office space in October to network and pack sack lunches for Open Door Mission. They were able to pack 330 lunches to distribute in the community.


1

1. Volunteers at Open Door Mission accepting sack lunches that MOMS Women in Medicine group packed up.
2. MOMS Women in Medicine members packing sack lunches for the Open Door Mission.


2

RETIRED PHYSICIANS RECEIVE CREIGHTON ATHLETICS UPDATE

MOMS Retired Physicians gathered for their last speaker series meeting of the year in September to receive an update on Creighton athletics and the recreation corridor from Creighton University Athletic Director Marcus Blossom.


Dr. Alan Thorson (left) and Marcus Blossom.

CHIEF MEDICAL OFFICER STARTED AS STAFF PEDIATRICIAN

Alexis Sawyer, M.D., is the new chief medical officer at Boys Town National Research Hospital.

Dr. Sawyer joined Boys Town Hospital in 2010 as a board-certified staff pediatrician and has since become a leader to physicians across the Boys Town health system through her service on the Medical Executive Committee and as pediatric practice leader, driving initiatives related to quality care, patient safety, infection prevention, credentialing, policy development and clinical operations. Dr. Sawyer received her medical degree from University of Nebraska College of Medicine and completed her pediatric residency at Children's Memorial Hospital in Chicago.

In addition to her practice leadership, Dr. Sawyer has exceptional abilities in pediatric practice improvement, including vaccine adoption and education, Epic optimization, provider communication strategies, quality improvement projects and implementation of evidence-based programs such as measles preparedness.

As Chief Medical Officer, Dr. Sawyer will oversee the quality and safety of patient care. She will help lead the hospital and clinics in strategic planning, recruit and retain providers and oversee the operations of medical staff and patient services.

"Dr. Sawyer is an outstanding physician leader whose dedication to our patients, providers and mission has made a lasting impact on Boys Town," said Deepak Madhavan, M.D., executive vice president of Healthcare at Boys Town Hospital and Medical Clinics. "I look forward to partnering with her as chief medical officer as we continue advancing excellence in pediatric healthcare."

ADVANCING MINIMALLY INVASIVE BREAST CARE THROUGH CRYOABLATION

As clinical standards for breast cancer management continue to evolve toward organ-sparing and minimally invasive approaches, cryoablation has emerged as a viable option for a select cohort of patients. At the CHI Health Breast Health Center at Lakeside, this technology is being used under the guidance of specialists to address early-stage breast malignancy with high precision.

Cryoablation functions through a targeted freeze-thaw-freeze cycle. Using ultrasound guidance, a cryoprobe is introduced into the breast tumor, where temperatures lower than -170°C create an ice ball that destroys the targeted tissue while leaving the surrounding architecture intact. This office-based, local-anesthesia procedure typically concludes in under 45 minutes, offering patients a rapid recovery time, often returning to normal activities within 24 hours.

For the clinician, patient selection is paramount. Ideal candidates are generally women 60 years of age or older with a single focus of invasive ductal carcinoma up to 15 mm that is clearly visualized on ultrasound. Because the treated tissue remains in situ to be naturally reabsorbed by the body, the procedure prioritizes superior cosmetic outcomes, eliminating the need for surgical excision or reconstruction, without compromising oncological margins.

Practitioners should note that while procedure-related risks such as hematoma or post-procedural pain are typically minor and self-limiting, the non-surgical nature of the treatment necessitates a commitment to rigorous short-term follow-up imaging and clinical monitoring. This ensures the identification of any potential for incomplete tumor destruction or local recurrence.

The CHI Health Breast Health Center at Lakeside, which holds triple accreditation from the American College of Radiology, the NAPBC and the NQMBC, continues to integrate such evidence-based technologies to offer patients specialized alternatives to traditional surgical interventions.

RECOGNITION REFLECTS COLLECTIVE EFFORT FOR CARE

U.S. News & World Report has recognized Children's Nebraska in its 2026-2027 Best Children's Hospitals rankings in the specialties of pediatric neurology and neurosurgery, pediatric orthopedics and pediatric pulmonology and lung surgery.

The recognition reflects the collective efforts of teams across Children's who work each day to improve outcomes, experiences and access to care for children and families across the region.

Children's unified Neurosciences Department is led by division chief of neurology, Sookyong Koh, M.D., Ph.D., and division chief of neurosurgery, Arnett Klugh III, M.D. Children's Orthopedics Program is directed by division chief, Brian Hasley, M.D., and its Pulmonary Medicine Program is headed by division chief, Casey Burg, M.D.

For the 2026-2027 rankings, U.S. News, together with RTI International, a North Carolina-based research firm, collected and analyzed data from 114 children's hospitals and surveyed thousands of pediatric specialists. Children's hospitals awarded a "Best" designation excelled at factors such as clinical outcomes, compliance with established best practices and level and quality of hospital resources directly related to patient care.

Full 2026-2027 Best Children's Hospitals rankings can be found at USNews.com.

Creighton University School of Medicine

ROLE FOR BREAST HEALTH CENTER STRENGTHENED

The Creighton-CHI Breast Health Center is strengthening its role in comprehensive breast care through expanded clinical services, cancer research, education and community outreach.

The center now offers point-of-care ultrasound, interventional procedures, outpatient cryoablation therapy for benign and malignant breast disease and level two oncoplastic procedures. These capabilities provide patients with additional treatment options while supporting a more integrated approach to breast care.

Research is an increasingly important component of the center's mission. Its breast cancer research portfolio includes both investigator-initiated and industry-sponsored clinical trials, providing patients with opportunities to participate in studies while contributing to advances in breast cancer treatment.

The program is also enhancing multidisciplinary care coordination and community outreach in alignment with evolving national standards. Educational initiatives include dedicated breast surgery electives for medical students and a specialized rotation for surgery residents, helping prepare the next generation of physicians in breast care.

Rakhshanda Rahman, M.D., has been named director of the Creighton-CHI Breast Health Center. She also serves as chief of breast surgery and professor of surgery at Creighton University School of Medicine. Dr. Rahman joined Creighton and CHI Health from Texas Tech University Health Sciences Center, where she was founding executive director of the multicampus Breast Center of Excellence.

METHODIST

HOSPITAL'S COMMITMENT TO CARE EARNS RECOGNITION

Methodist Hospital has been recognized by the American Heart Association for achieving the Target: Aortic Stenosis Honor Roll award, highlighting the hospital's commitment to delivering high-quality, evidence-based care for patients living with aortic stenosis.

The achievement specifically recognizes the work of Methodist Hospital's structural heart team in identifying, treating and supporting patients with aortic stenosis throughout their care journeys.

"It's a reflection of our team's unwavering commitment to ensuring that patients across our region receive the highest level of cardiovascular care close to home," said Jai Parekh, M.D., an interventional and structural cardiologist with Methodist Health System. "For patients with aortic stenosis, early diagnosis and access to advanced treatment can make a meaningful difference in both quality of life and long-term outcomes."

More than 1.7 million Americans age 75 and older are living with aortic stenosis, underscoring the importance of timely diagnosis and treatment.

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CARLIN OVERSEES AMBULATORY OPERATIONS

Cassandra Carlin has joined Nebraska Medicine as the new vice president of Ambulatory Operations and Clinical Programs.

Carlin has spent the last 10 years at Yale New Haven Hospital growing ambulatory services and expanding access to care.

Her priorities center on ensuring patients can access care when they need it and experience the same high-quality care across the health system.

"If we're getting patients through in a timely way, they're having a really quality care experience and our teams are happy, then I think we're doing our jobs," she said.

For Carlin, she said, this new chapter in her professional career is ultimately about helping people, supporting teams and creating growth opportunities.

University of Nebraska Medical Center

LEADERS GATHER TO CELEBRATE TWO PROGRAM LAUNCHES

University, military and elected leaders gathered in early September to celebrate the groundbreaking for the Infectious Disease Air Transport (IDAT) training facility at UNMC. The group also recognized the celebratory launch of UNMC's new Office for the Advancement of Military Medicine.

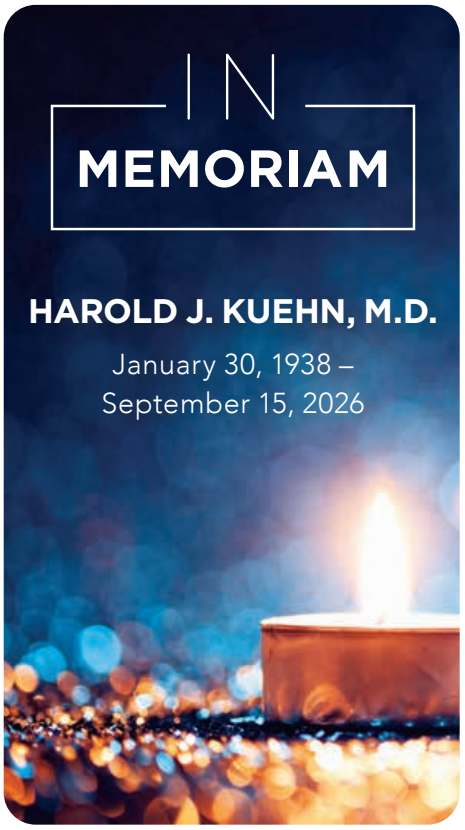
"What a great day for UNMC, the state of Nebraska and our nation," UNMC Chancellor H. Dele Davies, M.D., told the crowd gathered on the southern edge of UNMC's Omaha campus. The IDAT facility, near 40th and Mason streets, will build readiness for the nation's military and civilians against high-consequence infectious diseases.

"This new facility is the next natural evolution of the partnership between UNMC, the Air Force and other federal partners in preparing and training federal healthcare providers," Dr. Davies said. "This training – in the safe transportation of personnel exposed to, or infected with, highly infectious and deadly pathogens – is a vital step in continuing the work to keep our nation safe."

Guest speakers praised the free-standing, $17.4 million facility, which will extend programs offered by the U.S. Air Force C-STARS (Center for Sustainment of Trauma and Readiness Skills) Omaha Unit stationed at UNMC, calling it a "monumental resource" and "national asset" for the United States.

The facility will house biocontainment transport modules and an aircraft fuselage designed to provide advanced training for aeromedical, healthcare and response personnel on safe transport and care of patients. Occupancy is expected in early 2028.

The project, Dr. Davies said, enhances UNMC's burgeoning relationship with the National Guard and 711th Human Performance Wing to strengthen health security.









Life-Changing Neuroscience Care for Kids

The Boys Town Pediatric Neuroscience team has board-certified and fellowship-trained pediatric neurologists and neurosurgeons who specialize in the diagnosis, management and treatment of the nervous system in children.



Linden Fornoff, M.D.
Pediatric Neurosurgeon



Isabella Herman, M.D., Ph.D.
Pediatric Neurologist



Yancheng Luo, M.D.
Pediatric Neurologist



Joseph Menousek, M.D.
Pediatric Neurosurgeon



Agata Migut, M.D.
Pediatric Neurologist



Valeria Naranjo, M.D.
Pediatric Neurologist



Mohaned Osman, M.D.
Pediatric Epileptologist



Mark Puccioni, M.D.
Pediatric Neurosurgeon

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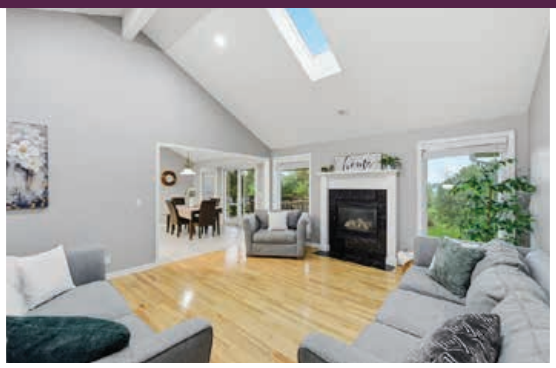
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Spectacular Ranch Acreage (2 Acres) with 30x60 Outbuilding in Blair's Crest Ridge!







4569 CREST RIDGE LOOP, BLAIR, NE 68008

This south-facing walkout ranch features a new roof (2024), painted vinyl siding (2024), new HVAC (2025), and mature landscaping with trees and plantings. The open plan features wood floors (living room and office), vaulted ceilings, gas fireplace, skylight, newer windows, and new paint. The spacious kitchen includes tile flooring, white cabinets, solid surface counters, stainless steel appliances, center island, and a "barn-door" walk-in pantry with fridge. The dinette opens to a covered deck with beautiful views. The front office/flex space has a bay window. The primary suite has new carpet, walk-in closet, and updated 3/4 bath (2026) with quartz vanities, walk-in shower, and LVP flooring. Bedroom 2 (new carpet) has easy access to the full bath. The finished lower level includes a family room, remodeled game room (2026), XL bedroom 3 with walk-in closet and 3/4 bath. The outbuilding has electricity, two garage doors, a window, and two heaters. The home has a 3 car attached garage with side door and extra slab. Just 10 minutes to Omaha or Blair! 3 Beds | 3 Baths | 3 Car | 3,222 sq. ft.



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