

Midwest Network Alliance Employee Communication Frequently Asked Questions

Operational

Why are we participating in this?

We chose to create the Midwest Network Alliance because we believe there is a better way to improve health outcomes and reduce health care costs through active partnerships with local employers. Our partnership with six other leading health systems will positively impact our community and the patients we serve while supporting our operations. The Midwest Network Alliance agreements further position us as a community leader.

Through employee benefit plans, direct-to-employer agreements are structured to steer patients toward Midwest Network Alliance facilities and providers. This expands our services, broadens our referral base, reduces the likelihood that members will seek care at a competitive system (referred to as leakage) and puts us in the best position to manage the health of participants.

Who from our team is working on this initiative?

Each of the ownership facilities has one seat on the Midwest Network Alliance Board of Directors. Mike Vrbicky, president of Methodist Health Partners, serves as our board representative. In addition, we have members of our financial, clinical, human resources and marketing teams who serve on various Midwest Network Alliance committees. As the organization and client base grows, we anticipate involving more of our team members in the project.

What other facilities are part of the Midwest Network Alliance?

There are seven owners of the Midwest Network Alliance, each with equal ownership.

- Bryan Health (Lincoln)
- Columbus Community Hospital (Columbus)
- Faith Regional Health Services (Norfolk)
- Great Plains Health (North Platte)
- Mary Lanning Healthcare (Hastings)
- Methodist Health System (Omaha)
- Nebraska Medicine (Omaha)

What does direct-to-employer mean?

Direct-to-employer, often referred to as DTE, is defined as a partnership between an employer and a local health care organization(s) for covered services under an employee benefits plan. Unlike traditional models where insurance carriers sit between the provider network and the employer, the Midwest Network Alliance model brings employers, providers and patients together to develop customized solutions.

What is a third party administrator (TPA)? Who is First Choice Health?

A third-party administrator is the operational entity that makes your health benefits run smoothly. A TPA provides all aspects of benefit administration, including claims processing, customer service, data analysis and authorization. First Choice Health is the TPA for the Midwest Network Alliance.

First Choice Health is a provider-owned organization based in Seattle with employees across the United States, including Nebraska. We chose First Choice Health as our TPA partner

through a national search. It is dedicated to serving the health system market and has capabilities and service that are second to none.

When did the Midwest Network Alliance begin?

Plans for the Midwest Network Alliance began in 2020 when leaders at each of the owner groups began discussing the idea. The official work started in 2021 when we selected our TPA and began building out the provider network. The first two employer plans began coverage on Jan. 1, 2022.

What makes the Midwest Network Alliance different?

Midwest Network Alliance and its DTE model offer employers a better way to manage benefit plans. We will work together to build customized solutions to control costs and improve the health of employees and their dependents. Each of the Midwest Network Alliance partners within their local markets can customize the solutions and offerings for their local employers.

How many employees does Midwest Network Alliance have?

In the interest of strategically growing the business, there are no full-time employees working for the Midwest Network Alliance. Instead, during the development years, administrative and leadership support is contracted through a third-party organization, the Nebraska Health Network (NHN), through a leaseback arrangement.

The NHN is an accountable care organization in Omaha. The NHN has a proven track record of implementing value-based care agreements and is responsible for the day-to-day operations of the Midwest Network Alliance. In addition, First Choice Health, which is the TPA, has a full-time account executive who resides and works in Nebraska.

Is this like other health insurance providers?

The Midwest Network Alliance was formed to serve one type of client – large employers that want a new model for health care coverage. For those groups, the alliance solution will provide a full-service health benefits solution for their employees and dependents, with an additional focus on care quality and cost.

Unlike other insurers – like Blue Cross Blue Shield of Nebraska, UnitedHealthcare and Aetna – the alliance will not be providing coverage to other lines of business, such as Medicare, Medicaid or small group and individual health insurance. We were formed out of the demand from large employers for a new model, and we are focused on that group for this solution.

Does this impact what insurance providers we accept from patients?

Our ownership in the Midwest Network Alliance does not change the insurance plans we accept from patients. We will continue to contract with health insurance carriers like Aetna, Blue Cross Blue Shield and UnitedHealthcare. In addition, you will also see patients covered under a Midwest Network Alliance agreement.

Who is an ideal customer of the alliance?

Our initial strategy is to market to employers centrally located near the seven owner organizations. Our target audience includes self-funded employers with around 150 employees. Self-funded plans are described as when the employer takes on most or all of the cost of benefit claims. The insurance company or TPA manages the payments, but the employer is the one paying the claims. Self-funded plans are often more flexible than traditional fully insured plans.

Are you only in Nebraska?

Our primary focus is on the state of Nebraska and western Iowa. Depending on the location of employers and their employees, our services may expand to other areas. We offer a nationwide provider network for local employers who have employees outside of the Midwest.

What is value-based care?

Value-based care is an approach to care that shifts the focus from volume to value. In a volume-based care model, providers are rewarded based on the number of patients they see and the services they provide rather than meaningful patient outcomes.

In a value-based model, the focus shifts to the patient, including quality of care, improving the care experience, staying healthy and active, and lowering costs.

How does value-based care impact the Midwest Network Alliance?

The Midwest Network Alliance is built on a value-based care model. Together with employers, we will design benefit plans to control costs, improve quality and strengthen the patient experience. Over time, we will implement value-based care agreements where providers are financially rewarded when they meet quality and cost measures.

Who is included in the Midwest Network Alliance network?

The Midwest Network Alliance includes 168 facilities and more than 20,000 providers as of February 2023. This includes providers and clinics at each of our ownership groups as well as individual providers who have signed a direct contract through one of the owner physician hospital organizations (PHOs).

Ongoing Support

Where can I learn more?

For additional information, please visit the alliance website at MidwestNetworkAlliance.com. We encourage you to follow the Midwest Network Alliance on its social media channels at:

- [LinkedIn](#)
- [Twitter](#)
- [Facebook](#)

If you have additional questions, please contact Mike Vrbicky, president of Methodist Health Partners, who represents Methodist Health System on the Midwest Network Alliance Board of Directors.