

NEBRASKA  
HEALTH  
NETWORK



METHODIST



Nebraska  
Medicine



# Nebraska Health Network

The Accountable Care  
Organization for Methodist  
Health System and Nebraska  
Medicine.

# What is an Accountable Care Organization?

An ACO is a group of hospitals, physicians and providers who work together to provide coordinated care for the patient with a focus on high quality of care and improved outcomes. We focus on what matters most to patients – building strong, trusted relationships with their providers, delivering a high-quality and seamless care experience, supporting a proactive and healthier life and ensuring high-value, affordable care.

ACOs are leading the change from volume-based care to a **VALUE-BASED CARE MODEL.**

## VOLUME-BASED CARE

VS

## VALUE-BASED CARE



Providers are paid based on the services they provide, rather than on meaningful patient outcomes.



As a result, patients are left to coordinate much of their own care monitoring prescriptions and juggling recommendations from multiple providers, often without clear guidance or accountability.

Overall, the volume-based care model can lead to repetitive tests, miscommunication or even conflicting medications. This drives up the cost of health care and is not in the patients' best interest.

A value-based care model shifts the focus to the patient, focusing on:



**Quality/Coordinated Care**



**Positive Health-Care Experiences**



**Staying Healthy and Active**



**Lowering Costs**

## Nebraska Health Network Overview

In 2010, Methodist Health System and Nebraska Medicine joined together to create the Nebraska Health Network. Our Accountable Care Organization includes more than 3,600 physicians and advanced practice providers.

### STRATEGIC PRIORITIES



Medicare Annual Wellness Visits



Health Equity



Core Quality Measures



Post-Acute Care



Medical Risk Adjustment

# How ACOs Impact Care

## AGREEMENTS

NHN enters into value-based agreements with payers.

1



Value-based agreements are established with commercial and government payers to help manage a population of patients. The agreements include performance measures centered around quality and cost.

We collect and analyze data from a number of sources including electronic medical records, insurance claims and pharmacy records to identify patient trends and population health needs. This analysis helps improve patient care and shifts the focus to a proactive care environment.



2

## DATA

We use data to assess opportunities to improve quality and cost.

## OPPORTUNITIES

We communicate improvement opportunities across the Network.

3



We use data and predictive analytics to identify high-risk patients and population health strategies that will have the greatest impact. We establish quality measures that drive visibility and accountability to ensure patient needs are met.

NHN works directly with clinics to identify patients with gaps in care and those who are in need of additional support. We empower providers to transition the focus from treating the sick to helping patients take a more proactive role in managing their health.



4

## COLLABORATE

We collaborate with physicians, providers and community resources to drive performance.

## INCENTIVES

We earn and distribute rewards to help drive future improvement.

5



Value-based contracts incentivize ACOs to achieve cost and quality metrics. The shared savings are reinvested in value-based care initiatives.

# NHN AT-A-GLANCE

## NHN MISSION

We lead the transformation of health by developing partnerships that deliver patient-centered, high-value care.



**14**  
VALUE-BASED  
CONTRACTS



CARE FOR  
**220K+**  
PATIENTS ACROSS

COMMERCIAL, MEDICAID, MEDICARE &  
MEDICARE ADVANTAGE CONTRACTS



SINCE 2015, NHN  
HAS REINVESTED

OVER

**\$170M**

IN SHARED  
SAVINGS

INTO THE  
NETWORK

## TWO-SIDED RISK MODEL



Some of NHN's value-based contracts are two-sided, meaning we have the opportunity to earn shared savings when cost and quality targets are met. However, these arrangements also carry downside risk, requiring risk payments if performance falls short of expectations.

**12**

CORE QUALITY MEASURES



NHN tracks more than 160 quality measures across all value-based contracts. To focus efforts and drive impact, we prioritize Core Quality Measures, which emphasize preventive care. These core measures are selected based on their prevalence across contracts and their overall clinical relevance.

## PROVIDERS

Nebraska Health Network is focused on empowering our partners to excel in a value-based environment. Our team provides personal support, resources and analytics to help providers deliver the best possible care.

## PATIENTS

Nebraska Health Network's extensive network of more than 3,600 physicians and advanced practice providers work together to share best practices and coordinate care. With representation from the two leading health systems in our community, patients always have access to the best care possible.

## NHN CORE VALUES

Transparent · Community-Focused · Collaborative · Accountable · Innovative

## INDUSTRY IMPACT



ACCOUNTABLE CARE  
ORGANIZATIONS  
NATIONWIDE

COLLECTIVELY, ACOs ARE  
RESPONSIBLE FOR THE CARE OF

**32** MILLION PATIENTS

SINCE 2012, ACOs HAVE  
SAVED MEDICARE

**\$34 billion**

**476**

ACOs PARTICIPATE  
IN THE MEDICARE  
SHARED SAVINGS  
PROGRAM



ACOs SAVED CMS

**\$6.5B**

IN PERFORMANCE YEAR 2024

Sources: Medicare ACO Stats, NAACOS, Top 25 ACOs by Patient Population, Definitive Healthcare



The Accountable Care Organization for Methodist Health System and Nebraska Medicine

ACO2023a  
© Nebraska Health Network, 2026