

## Northcentral Employers Healthcare Alliance, Inc. (NEHA) Membership Application

Targeted NEHA Participation Date: \_\_\_\_\_

**Please Note: The Northcentral Employers Healthcare Alliance is an employer coalition that requires an initial 3 year membership commitment from all participating employer groups.**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 Street City State Zip

Contact Person: \_\_\_\_\_  
 Name Title  
 E-mail address Phone

Please list all business locations and approximate number of benefit eligible employees:

City	State	# of benefit eligible employees

Broker Contact : \_\_\_\_\_  
 Name Brokerage  
 E-mail address Phone

Current Arrangements	Name of Current Third-Party Administrator, Insurer, or Service Provider	Self-Funded or Fully-Insured	Current Primary Medical Plan Network(s)	Contract and/or Agreement Renewal Date	NEHA Preferred Administrator (circle choice)
Medical Plan(s)					UMR Auxiant
Care Management Vendor(s)					Optum Auxiant
On-site/Near-Site Clinic Vendor(s)					Ascension Other _____
PBM(s) for Prescription Drug					OptumRx Serve You
Dental Plan(s)					Delta Dental Other _____
Workers Comp.					

**What NEHA Network(s) are you interested in offering to your employees in North Central WI? (please circle)**

*NOTE: Marshfield Clinic is not included as a participating provider in any NEHA network. However, they may be covered as an in-network provider through a "wrap" network. Please discuss with UMR or Auxiant.*

- **NEHA PPO Broad Network** (includes all Aspirus and Ascension WI providers)
- **NEHA Aspirus Community Network** (excludes all Ascension WI providers)
- **NEHA Ascension WI Network** (excludes all Aspirus providers)

Are you interested in the NEHA Ascension Near-Site/On-Site Program for additional savings? YES or NO

**Medical Plan Enrollment:**

Total number of employees enrolled in a medical plan(s) within NEHA network radius: \_\_\_\_\_

Total number of employees enrolled in a medical plan(s) outside of NEHA network radius: \_\_\_\_\_

Would all NEHA area employees come onboard in an NEHA plan at the same time? YES or NO

If "NO", please explain:

Are there labor contracts that may delay or exclude a portion of employees from participating in the NEHA network(s) at the same time as non-contracted employees? YES or NO If "YES", total number of employees excluded: \_\_\_\_\_

**Organizational Information:**

Is your company a member of an affiliation, government trust, or health care organization? YES or NO

Name: \_\_\_\_\_ Type of Organization: \_\_\_\_\_

If "YES", how will this impact the NEHA/Employer relationship? (i.e., ability to engage NEHA preferred vendors, ability to share medical and prescription drug data with NEHA, attendance at membership meetings, participation on NEHA project committees, interest in a Board position, etc.)

What led you to the NEHA? (i.e., cost savings, specific network needs, special interests, etc.)

How do you believe being a NEHA member can help your business?

The NEHA Board, or a subset thereof, would like to meet with your company (and your broker, if applicable) either at a Board member location, or on-site at your business to answer questions you may have and to discuss the NEHA in detail.

**Please contact Bob Heaps at Coalition Services (414) 651-3559 to set up a meeting.**

Completed application may be e-mailed to Bob Heaps at [bheaps@coalitionservices.com](mailto:bheaps@coalitionservices.com) or to Lori Knick at [lknick@coalitionservices.com](mailto:lknick@coalitionservices.com).