



Direct Contracting Strategies That Win



Brant Couch | Managing Partner

Brant Couch is Managing Partner in Alera Group's Austin office, leading healthcare programs and strategy for **130+ hospitals nationwide**. With **20+ years focused solely on hospitals**, he helps executives reduce risk, improve financial performance, and navigate complex benefits and insurance decisions.

Hospital specialist: Deep experience with rural and community hospitals, working closely with TORCH, THA, and NRHA.

Frequent speaker: To hospital Boards, associations and educator at Center for Rural Health Leadership.

Former CPA at Ernst & Young: With deep expertise in captives, program building and hospital finance.

Scott Pruzan | Contracting Specialist

Scott Pruzan leads managed care and direct contracting for Alera Group's hospital specialist office, supporting rural hospitals nationwide. He brings **25+ years of healthcare finance experience**, working across health plans, hospital systems, and provider-focused consulting.

Hospital expert: Spent the last **13+ years exclusively with hospitals and providers**.

Contracting expert: Deep expertise in **direct-to-employer contracting**, value-based models, and Medicare Advantage.

Battle-tested negotiator: Experience with United Healthcare, Memorial Hermann, and Vizient, trusted by hospital leadership teams.



When does direct contracting make sense for an employer?

Foundational pieces in place:

- The prospective employer is currently self-funded or contemplating a self-funded plan
- TPA can administer a tiered plan design and will allow direct agreements
- The target provider(s) are willing to partner on a direct relationship
- Claims data, pattern of care or utilization presents a savings opportunity or addresses an issue.



Where do you start?

If all the previously discussed items are in place...

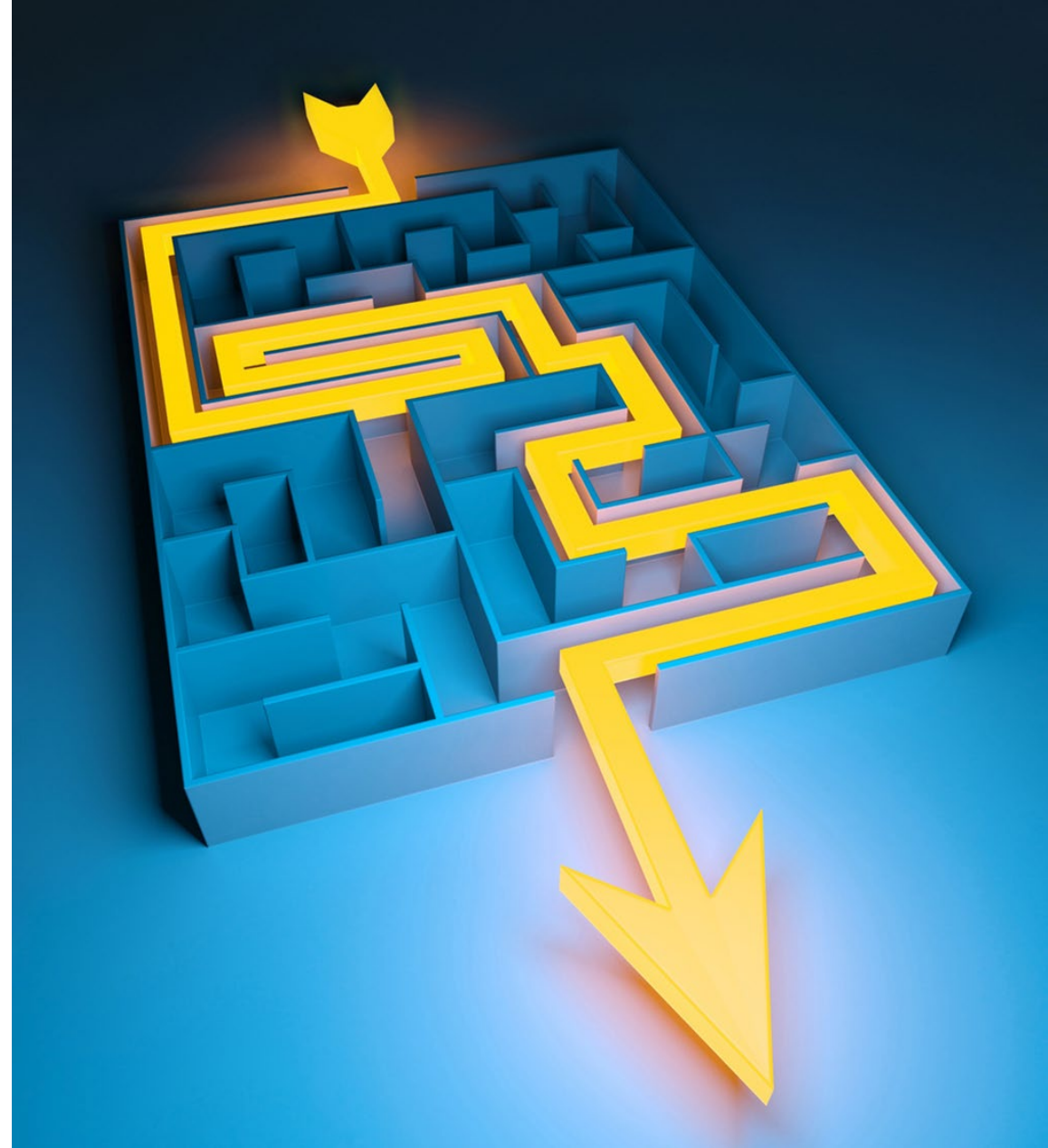
- Start with an exploratory conversation with the provider organization
- Identify opportunities to collaborate
- Find common ground based on each party's objectives for the relationship
- Establish what defines "success" for both sides
- Discuss timelines and next steps



What's driving employers to consider direct contracting in the first place?

The main drivers are typically some combination of:

- Unit cost outliers
- Increasing medical plan trend
- Noise due to network or plan design
- Access to care for certain services
- Looking for alternatives to the one-size-fits-all carrier offerings



How can our consultants make this a competitive advantage?

If all the previously discussed items are in place...

- Bringing an “out of the box” solution. One size does not fit all
- **Defense:** Getting ahead of the competitive landscape. Other brokers (i.e. Health Rosetta) and custom network builders or direct to market TPAs
- **Offense:** Not only getting ahead of competitive landscape, but controlling the narrative with your client.
- Create a deepening client relationship and one that focuses on a solution with real ROI and data to support it
- This is not another Point Solution. It’s in your control and it’s within Alera Group



