

I. Mission Statement

Fallon Community Health Plan (FCHP) is a not-for-profit HMO based in central Massachusetts with approximately 182,000 members and 500 employees as of the end of 2003. FCHP's long tradition of serving the community was formalized in 1996 with the establishment of a Community Benefits Program in accordance with the Attorney General's Community Benefits Guidelines for Health Maintenance Organizations.

FCHP's Board of Directors approved the Community Benefits Policy statement below in 1996. It was then filed with the Massachusetts Association of HMOs on June 30, 1997.

Fallon Community Health Plan Community Benefits Policy Statement

Fallon Community Health Plan is committed to the vision of creating healthier lives. Since its inception in 1977, FCHP has worked to improve the quality of life and the health status of individuals by offering access to high quality, affordable medical care and services.

Fallon Community Health Plan will work cooperatively with health care and community service organizations, as well as state and federal agencies, to lead the creation of innovative health care solutions, to seek healthy outcomes, and to improve access to health care services. FCHP will make resources available to community organizations as appropriate in pursuit of these goals.

Goals

The goals of the Fallon Community Health Plan Community Benefits Program are to:

- develop and implement programs that will improve the health status of the economically disadvantaged, elders, pregnant and parenting teens, and the youth within our service area;
- continue FCHP's role as a health educator by providing school-based programming, hosting health and information fairs and conferences, and by bringing general information to the public through speaking engagements and programs;
- work collaboratively with other health care providers to develop and implement programs targeting specific populations as determined by the community;
- develop, support and implement health initiatives and programs that are identified by

local businesses, social service organizations, and other related agencies that demonstrate needs and services;

- continue to find ways to deliver high quality, low cost health care coverage to a wide variety of constituencies.

In 2002, FCHP undertook a review of its Community Benefits Program, assessing both its goals and its grant-making methods. In response to the information gathered during this process, the Community Benefits Program changed its grant-making format to make fewer grants, in larger amounts to better serve the programs in our communities.

II. Internal Oversight and Management of the Community Benefits Program

In 1997, FCHP's Board of Directors first appointed FCHP staff and community representatives to serve on the Community Benefits Committee and oversee the development and implementation of the Community Benefits Program. Since that time, the Committee has been under the direction of a Community Benefits Manager. The current members of the Committee are listed below.

2003 Community Benefits Committee

Richard Beaman

The Center for Health Policy & Research, University of Massachusetts Medical School

Richard Burke

Vice President of Public Affairs, FCHP

Robert Cavanaugh, MD

Physician, Fallon Clinic

Rev. Paul Kennedy

Retired FCHP Board Member

Kate McEvoy-Zdonczyk

Director of Community Relations & Development/Community Benefits Manager, FCHP

Gladys Rodriguez-Parker

Staff, Office of Congressman James P. McGovern

Anne Marie Sciammacco

Assistant Vice President of Quality Management and Consumer Affairs, FCHP

Christina Sciammacco

Manager of Media Relations, FCHP

Michael Sheehy, MD

Physician, Fallon Clinic

While the Community Benefits Committee decides which projects receive funding, senior management must approve each grant before funds are distributed. This ensures regular evaluation and oversight of the program.

FCHP employees learn about the goals of the Community Benefits Program and the activities of the Community Benefits Committee in several ways. The program is outlined to all new staff members at the monthly new employee orientation sessions. In addition, frequent updates about the program and announcements of recent grant distributions are included in *FYI*, FCHP's monthly employee newsletter and in FCHP's quarterly member magazine, which is readily available on-site for employees to read.

III. Community Health Needs Assessment/Community Participation

At the inception of the Community Benefits Program, The Community Benefits Committee reviewed various formal needs assessments that were conducted by the local CHNA, the United Way, and aging-related organizations in the community. These needs assessments indicated that funds would be best spent providing grants to organizations that focus on the health of the youth, the elderly, or the economically disadvantaged. After reviewing these needs assessments, the Community Benefits Committee also determined that FCHP would focus its grant monies primarily on program-oriented projects and give lower priority to those requests seeking funds for administrative costs or for capital improvements and expansions.

IV. Community Benefits Plan

The Community Benefits Committee meets four to six times per year and reviews grant applications once a year. A Request For Proposal for the Community Benefits grants is mailed to organizations that have applied in previous years, released to regional media, and is posted on Fallon Community Health Plan's website.

The Community Benefits Committee considers the following in evaluating the grant application:

- Is this a viable program?
- Are the funds for program costs or general administration? Funding for program implementation would receive higher priority than administrative and capital costs.
- If the program is new, what steps has it taken to assure there is no duplication of efforts? Do organizations look within the community to determine if similar programs already meet these needs?
- How will the program be evaluated? By what process will it be evaluated and how will success be measured?
- Where is the organization located? FCHP distributes funds based on the geographic breakdown of FCHP membership within the service area.

In addition, FCHP continually re-evaluates its priorities and assesses community needs through the grant evaluation process, as referenced in Section I. The Community Benefits Program grant application and grant award contract specifically require all recipients to evaluate and report on the outcomes of their programs. Grant recipients are asked to evaluate their programs against the objectives stated in their initial grant application. To be considered for additional funding in future years, each grantee must submit a completed grant report for each project funded. Grant reports are essential in helping the Committee assess whether the grants have indeed reached the identified populations. In this way, the grants are useful in determining future funding decisions.

V. Progress Report: Activity During the Reporting Year

Activity During Reporting Year

In 2003, Fallon Community Health Plan made over \$1,126,000 available to programs that make our communities healthy. This was accomplished through the FCHP Community Benefits Committee's distribution of over \$199,000 in grants in 2003, other charitable donations, and programs that involved direct expenses and staff time. These expenditures are detailed in the attached table.

Because community activism has long been an important feature of Fallon Community Health Plan's corporate identity, senior management has encouraged employees to organize and participate in many volunteer initiatives. Many of these efforts began years before the formal Community Benefits Program was established. All departments continue to play an active role in organizing events and encouraging employees to reach out to the community. Employees work together each year to coordinate and support employee Coats for Kids drives (to benefit children of Public School systems throughout FCHP's services area), Toys for Tots toy drives, Adopt-A-Child holiday gift drives and non-perishable Food Drives to benefit local food pantries.

Another way that FCHP contributes to the community is through the annual United Way campaign. FCHP has participated in the campaign for many years. Special events coordinated to benefit the United Way included a bake sale, a book sale, a holiday craft fair, the annual pledge drive, FCHP employees volunteered over four hundred and twenty-five hours on the campaign, totaling \$7,650.00. These events helped to raise over \$59,000 for the local United Way. In addition, employees raised \$72,938 in support of programs funded by the Fallon Foundation Community Benefits Program. FCHP, as a corporate entity, encourages these efforts, and also contributed \$20,000 to the United Way through the Community Benefits Program.

The Communications Department is particularly active in promoting employee volunteerism efforts. As mentioned previously, the monthly newsletter, *FYI*, promotes Community Benefits initiatives undertaken through the formal Community Benefits Committee. The newsletter also regularly promotes employee volunteerism by posting upcoming volunteer opportunities or reporting on company-sponsored volunteer initiatives.

Each September, FCHP sponsors *The Fallon Five*, a five-mile road race and one-mile fun run in order to promote health and wellness in the community. In 2003, approximately seventy-five employees donated just over 800 hours of their time in order to make the event, celebrating its 20th year, a success. Direct costs totaled \$19,155, while the cost of employee time totaled just under \$15,000.

Reducing Cultural, Linguistic and Physical Barriers to Healthcare

FCHP has taken numerous steps to reduce cultural, linguistic and physical barriers to accessing health care for people of all ages. Many of these initiatives have been carried out in fulfillment of FCHP's contract with the Division of Medical Assistance for comprehensive health services provided to approximately 8,000 MassHealth members. For example, the MassHealth member information booklet is produced in the top four languages in FCHP's service area: English, Spanish, Vietnamese, and Polish. In addition, FCHP's Provider Directory contains information regarding languages spoken by network providers, the availability of interpreter services and handicapped accessibility at each office. All contracted health care providers are required to be in compliance with the Americans with Disabilities Act.

FCHP's also supports the Fallon Foundation Lifetime Center to a great extent each year. Through FCHP's donation, the Lifetime Center conducts classes for members and the community at large. It also has a library from which members and non-members may borrow material regarding various health topics. The Lifetime Center has over sixty-five health-related videos in Spanish along with over fifty different pamphlets and brochures. Health promotion materials such as the tobacco use prevention and cessation "matchbook" information kits are available in English, Polish, Spanish, and Vietnamese. These languages are also used for patient satisfaction surveys sent to members.

All of FCHP's enrollment forms contain a language preference field. This information is tracked in FCHP's IDX system. The Customer Service Department offers assistance to members and can provide interpreter services in the following languages: Spanish, Portuguese, Italian, and Polish. For other languages, interpreter services are available to FCHP through the St. Vincent Hospital Office of Interpreter Services. In addition, FCHP offers a TTY line that allows staff to better serve our deaf and hard-of-hearing members.

FCHP offers enrollment to all segments of the general population, including large and small employers, individuals, Medicare beneficiaries, and MassHealth members. Fallon Senior Plan is the oldest Medicare HMO in the nation, established in 1980. FCHP has participated in the Medicaid program since 1980 and has offered non-group coverage for the past 17 years. In compliance with MGL C. 176 M and MGL. C. 176 N, enrollment is offered in FCHP's Independent Plan without medical underwriting. Group enrollment is also offered without medical underwriting.

In addition, FCHP's Elder Service Plan (ESP) provides acute and ongoing services for Medicare-eligible individuals age 55 and older that live in the ESP service area and are eligible for nursing home care but prefer to remain in their own homes. Based on an innovative national model, ESP is the first HMO-sponsored elder care program of its type in the country, and the only one of its kind in Central Massachusetts. Services include primary care, in-home care, adult day health care, physical therapy, transportation, podiatry, dentistry, and prescription drugs, caregiver support and much more. Under the supervision of the ESP primary care physician, all medical and social

services are provided or arranged by the ESP team of professionals. The ESP team includes a physician, nurse practitioner, registered nurse, social worker, rehabilitation therapists, health aides, activity coordinator and home care coordinator.

Reviewing, Evaluating and Updating the Program

After a thorough review of the FCHP Community Benefits Program was undertaken in 2002, changes were made to the program.

The Community Benefits Committee was expanded to include 9 committee members. The committee retains representation from FCHP personnel. In addition, 2 committee seats were given to persons from outside the FCHP system.

The decision was made to make fewer, smaller grants in order to have a larger impact on the problems FCHP is trying to address. Community Benefits grants now have two specific target populations: children in the first three years of life, and at-risk adolescents. Every three years, this target population will be reevaluated.

These decisions, made by the newly formed Community Benefits Committee, came after a needs assessment was conducted, including feedback and advice from a variety of external sources (including social service agencies, other foundations and charitable organizations, the Department of Public Health, and other Massachusetts Health Plans) was reviewed and discussed.

The grant-making process was also revised. Instead of accepting grant proposals on a rolling deadline, the Community Benefits Committee now solicits proposals by annual RFP. This includes actively reaching out to organizations that serve the target populations determined by the committee. In addition, a more structured evaluation component is required within each grant proposal.

VII. Contact Information

Kate McEvoy-Zdonczyk
Director of Community Relations & Development/Community Benefits Manager
Fallon Community Health Plan
10 Chestnut Street
Worcester, MA 01608
508-799-2100
kate.mcevoy@fchp.org