

## **I. Mission Statement**

Fallon Community Health Plan (FCHP) is a not-for-profit health plan based in central Massachusetts with over 185,000 members and 475 employees as of the end of 2002. 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 health status of individuals within its service area by offering access to high quality, affordable medical care and service. It is the dedication to this mission that has led to landmark programs like the nationally acclaimed Fallon Senior Plan, the first Medicare Risk contract in the country, which opened the door to affordable and accessible health care for older adults. FCHP also enrolls low-income Medicaid recipients through a contract with the MassHealth program, ensuring those members access to the same high quality care that all FCHP members receive.

In keeping with this overall vision, Fallon Community Health Plan pledges to work cooperatively with health care and community service organizations to assess and identify community health needs and to develop appropriate programs and services that will strive to meet those needs. In addition, Fallon will work with the community and use appropriate resources as necessary to develop programs aimed at meeting the health care needs of the elderly, youth and economically disadvantaged populations.

### ***Goals***

The goals of the Fallon Community Health Plan Community Benefits Program in 2002 were 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 Fallon'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.

During 2002, FCHP undertook a review of its Community Benefits Program, assessing both its goals and its grant-making methods. Considerable changes will be made in the program in 2003. Please refer to the section below, “*Reviewing, Evaluating and Updating the Program*”, for more information on the revised program.

## **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 2002 members of the Committee are listed below.

### ***2002 Community Benefits Committee***

Robert Cavanaugh, MD, FCHP Physician Board Member (Committee Chair)

Rev. Paul Kennedy, FCHP Board Member

Linda Fitzpatrick - Director, Senior Health Services

Ellen Sachs Leicher – Consultant

Kate McEvoy, Community Relations Manager

William Rosen, Director of Government Relations and Community Benefits Manager

Kimberly Mollenhauer, Regional Director, 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*, Fallon's monthly employee newsletter and in Fallon'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 Community Health Network Areas (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 Fallon 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.

Two members of the Community Benefits Committee, Director of Senior Health Services and Fallon Clinic Regional Director participate in selected CHNAs, ensuring a direct link with local health planning activities. The CHNA advisory committee meetings offer a forum for discussion of Fallon's goals and a way to obtain guidance on the evolution of Fallon's Community Benefits Program. These meetings help identify key community health issues.

Fallon requires that grantees be actively involved with their local CHNAs whenever appropriate and to document their activities with the CHNA and other community collaborations.

#### **IV. Community Benefits Plan**

In 2002, the Community Benefits Committee met four times and reviewed grant applications on a rolling basis.

The Community Benefits Committee considered 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?
- What is the organization's level of involvement in the CHNA? Are they taking advantage of the resources that are currently available to them through the CHNA system?
- In which funding category does the grant belong (the youth, the elderly, or the economically disadvantaged)?
- Where is the organization located? Fallon distributes funds based on the geographic breakdown of Fallon membership within the service area.

In addition, Fallon continually re-evaluates its priorities and assesses community needs through the grant evaluation process. 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*

FCHP made over \$630,000 available to programs to make our communities healthy. FCHP's Community Benefits Committee distributed over \$200,000 in grants in 2001, and in addition the organization contributed other funds and conducted programs with a total value of \$436,617, including direct expenses and staff time. These expenditures are detailed in the attached table.

Because community activism has long been an important feature of FCHP'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.

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 holiday craft fair, the annual pledge drive, FCHP employees volunteered over three hundred and seventy hours on the campaign, totaling \$5694. These events helped to raise over \$25,640.59 for the local United Way. In addition, employees raised \$23,371.31 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 2002, approximately seventy-five employees donated 380 hours of their time in order to make the event a success. This totaled \$5848.20.

### *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 members 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 over 10,000 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 funds the Fallon Foundation's Lifetime Center for Family Health, which 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 and premiums are community rated by class.

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*

A thorough review of the FCHP Community Benefits Program was undertaken in 2002. Participants in this process included members of the Community Benefits Committee, FCHP senior management and FCHP Board Members. Advice was sought from a wide variety of external sources, including social service agencies, other foundations and charitable organizations, the Department of Public Health, and other Massachusetts health plans. As a result of this review, the FCHP Board and senior management agreed to revise the program in a substantial way. In 2003, the program will reflect those changes, and the report to be filed with the Attorney General next year will provide detail on its implementation.

Many of the models and recommendations studied during the review pointed to the desirability of concentrating the program's grant funds in order to have a larger impact on the problems FCHP is trying to address. The program to this point has given many grants in relatively small amounts, and its target populations – elderly, youth and the disadvantaged – comprise a broad segment of the total population in need.

In brief, the Community Benefits Program in 2003 will have two specific target populations, children in the first three years of life and at-risk adolescents, and will aim to make larger grants to programs directed at these populations. Consequently, there will be fewer grants awarded, but those organizations that do receive funding will be given more resources to realize their desired outcomes. A new Community Benefits Committee has been formed and that group, after discussion, chose the new target populations and adopted a revised mission statement for the program.

## **VII. Contact Information**

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