Medicaid Health Plan Community Partnership Series

Neighborhood Health Plan: Reducing Disparities

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Asstate Medicaid programs are increasingly shifting beneficiaries into managed care organizations (MCOs), some MCOs are expanding their traditional role to better meet the needs of their vulnerable members and communities. This case study is one of a series that describes how select MCOs are addressing myriad barriers and changing the way care is delivered through community engagement and partnerships.The purpose was to identify examples of successful or promising approaches, internal and state policy drivers that motivated the MCOs, challenges they faced, and lessons learned. A Synthesis Report summarizing strategies, lessons for other MCOs serving vulnerable populations, key "ingredients" for successful MCO-community partnerships, and policy implications for state policymakers from the four case studies in this series will be available at http://www.commonwealthfund.org/Publications/Issue-Briefs/2013/Apr/Forging-Community-Partnerships-to-Improve-Care.aspx?omnicid=20

Abstract

Neighborhood Health Plan (NHP)
er on initiatives involving strategic partnerships and strong collaboration with community-
izations such as a YWCA, churches, local grocery stores, community health centers, and
ising efforts include diabetes and high blood pressure programs targeting African
mammography screening initiative targeting black and African American women,

Massachusetts. NHP is fully licensed as a health maintenance organization and serves primarily low-income individuals including approximately (as of June 2012)

- 156,000 MassHealth (Medicaid) beneficiaries
- 33,000 individuals through Commonwealth Care, a subsidized health insurance program for low and moderate income uninsured Massachusetts residents
- 57,000 individuals in commercial small group plans plus the insurance exchange (Connector) Commonwealth Choice program, which offers unsubsidized health insurance programs for uninsured adult Massachusetts residents who are not eligible for MassHealth or Commonwealth Care.

NHP's roots as a CHC-led organization has contributed to its community health and equity emphasis. NHP started to focus on disparities in 2008 at the urging of its board of directors, comprised predominantly of CHC leaders. NHP's mission statement includes promotion of quality, and its annual quality plan (required by NCQA) and business plan include strategies for promoting community health and reducing disparities. Strong leadership is a driving force that makes resources available and "lights a fire" throughout the organization so that everyone is working toward the same goal.

NHP began collecting race and ethnicity data on its members around 2008, and as of July 2012 has such data on about 60% of its enrollees (including commercial members). NHP conducts health equity analysis to identify and then address disparities. This case study describes three key initiatives.

NHP partnered with a YWCA to conduct annual Breast Health Pla thons. NHP offered its call center (during hours that the health plan call center was clos d) as well as volunteers from its staff, and merge d its membership with the Y's data base for the telephone outreach. NHP also joins the Y in an annual Stand Against Racism demonstration.

Through a partnership facilitated by a Charles Street Church minist r who is also a nurse, NHP arranged for the Dana Farber mobile mammography van to visit the church to provide screenings for congregants. The van only serves people with a primary care provider (PCP) from it can send the results. It was discovered that 50 congregants did not have a medical home. NHP then switch d its focus to getting the women connected to a PCP, often referring them to a CHC that helped them enroll in a health plan. Of 50 women without a PCP, all eventually were enrolled in coverage (not necessarily NHP) and had a mammogram.

Other strategies were birthday card reminders, mail reminders to NHP members that fit the target demographic, "remember beads,"[5] posters and brochures in hair salons and other businesses and CHCs, and "advertorials" in regional ethnic publications. NHP also developed a "defect report" for primary care

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