

Questions to Ask When Evaluating Whether Your Nonprofit Health Entity is Living up to its Mission

Mission

- Determine what the nonprofit health plan's mission is by looking at its articles of incorporation, promotional materials, and historical use of the assets.
- Determine if the nonprofit is organized and operated so that any commercial activities are subordinate or incidental to charitable ones
- Determine if the nonprofit has a policy that offers free/ discounted insurance to the public. Is this policy communicated to the public? Does their policy actually result in delivery of significant health care services to the indigent?
- Determine if the nonprofit can demonstrate benefit to the community as a whole rather than just subscribers.

Research-related questions/issues

- Determine the value of the insurer's tax exemption
- Does the insurer participate in all publicly financed programs?
- Does the insured keep market/ products that are not profitable but valuable to the community?
- What does the insurer currently do for the community?
 - Who does it benefit?
 - How does it compare to other insurers?
- Is the insurer engaging in "redlining" (or other practices that disproportionately harm vulnerable populations)?
- Is the insurer making health insurance and care accessible to people whose primary language is not English? Is the access to care linguistically and culturally accessible? Is it a condition of contracts with doctors and hospitals?
- Does the insurer insure people with adverse risk?
- Are the insurer's products adequate?
- Is the insurer in the individual market?
- What patient protections does the insurer offer?
- To what campaigns has the insurer donated? What has it lobbied for and against?
- What are the demographics of the insurer's enrollees (relates to the "redlining issue")
- What are its HEDIS scores (e.g. EPSDT, cervical cancer screenings etc.)
- How many complaints have been filed?
- What is the insurer's level of reserves?
- What are the executive compensation levels – how do they compare with the rest of the industry?
- How has the insurer managed high-risk pools?
- Can we get a snapshot valuation?
- Is there a mechanism for the community to give feedback to the insurer?
- Does the insurer's board have community representation?
- Does the insurer have clear quality standards that are available for the public to review and a condition of contracting with hospitals and doctors?
- Does the insurer annually assess health care needs of the community and develop a plan to meet those needs? (A community representative must participate in assessment and plan development.)
- Does the insurer make their charge master available to the public for review?

Potential Community Benefits

- Reduced/ Subsidized premiums
- Free policies
- Subsidized COBRA payments
- Products in the individual and small group markets