

The Nonprofit Advocate

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CONSUMER DRIVEN HEALTHCARECatch Phrase or Real Solution?

By Peter Andrew, CEO, Council Services Plus

For years now, we have been asked by thousands of nonprofits to help them find real solutions to the rising cost of healthcare. We find that once we begin to educate them on their

choices, many retreat because it means having to take the information, gain a firm understanding of it, and pass it on to employees. I understand that this is not an easy task. Health insurance is a very personal thing (HIPAA wasn't created for nothing!) and HR folks (or possibly the executive director who wears that hat by default) cringe at the thought of the questions that might be thrown their way. As a result, many nonprofits then changed their minds, and stated that this year's increase was suddenly "bearable."

My father, one of the most influential people in my life, always used to say to me, "Pete, you can have anything you want in life. It's only a matter of how badly you want it and how much are you willing to give for it." When I reflect on recent legislation enacted to supposedly "solve" our nation's healthcare woes, I can't help but go back to my father's profound words.

So I say to all who continue to ask for solutions to their rising healthcare

premiums: "How badly do you want it and what are you willing to do for it?"

It's no doubt that most, if not all, have heard the terms *Consumer Directed Health Care (CDHC)*, *Health Savings Accounts (HSA's)* or *Health Reimbursement Accounts (HRA's)* lately. These terms being bandied about can get confusing, so here's the breakdown:

- CDHC is only a concept that speaks to getting employees involved in making decisions about how they use healthcare and spend money related to their healthcare.
- HSA's and HRA's are the vehicles used to set up health plans that allow for this process to happen. Just as a Cafeteria Plan is a concept for how employees choose benefits (with the underlying benefit programs being the vehicle for people to spend their benefit dollars), CDHC is the concept for choosing healthcare (HSA's and HRA's are vehicles for employees to spend their healthcare dollars).

It seems to be the latest buzz in the employer world that these are the answers we've been waiting for. Well, I'm not ready to jump on that bandwagon just yet, but there are some things that need to be highlighted. The first of these is education. I'm a big fan of consumer education.

Employees have gotten away from the correlation between healthcare utilization and insurance premium. Most employees have no idea how much a physician's visit truly costs or how much their prescription is. To be honest, because of complicated third-party payer systems, many providers of healthcare do not know either! Most employees will only flash an insurance

card, pay their co-pay and move on. Health Savings Accounts (and Health Reimbursement Accounts) may be just the vehicle needed to begin to get employees interested in learning about their own utilization, the cost of health services and how they relate to premium costs.

The second positive point is participation. When employees are decision makers as to how dollars (particularly their own) are being spent, they will become more attentive to cost effective benefit decisions. For example, if an employer covering most (if not all) of the employee's insurance premium saves \$6 for every \$5 increase in co-pay, they are very interested in the potential savings. If employees have only an increase in co-pay as a result of this change, how can the employer expect them to grasp the concept of the savings on the premium? If employees also share in the premium savings, the conversation takes and entirely different turn (for the better).

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Routing Slip

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The Nonprofit Advocate is published quarterly by the SC Association of Nonprofit Organizations. SCANPO serves as a statewide network, information center and advocate for the nonprofit sector as a whole. SCANPO assists South Carolina's charitable nonprofits in strengthening their leadership, management, financial and public policy capabilities to accomplish their missions. Please send comment or items to: SCANPO, 900 Elmwood Ave., Suite 101 Columbia, SC 29201. Phone: 803/929-0399; 800/438-8508. Website: www.scanpo.org

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UNDERSTANDING NONPROFIT COMPENSATION

Published in The Greenville News, November 3



Erin Hardwick,
Executive Director, SCANPO

Are nonprofit executives paid too much?

In large part the answer is a resounding NO. But there's a growing concern that nonprofit

boards of directors are paying their executives too much. We frequently read media reports highlighting executive compensation, in both the for-profit business world and the nonprofit sector. The perception of excessive and unwarranted compensation in the nonprofit sector has been reflected in Congressional hearings this summer, with a new initiative to examine the issue by the IRS and by state leaders who have expressed concerns over this issue.

The reality is that the majority of nonprofit executives receive a fair if not lower than average salary for the responsibilities they assume. The SC Association of Nonprofit Organizations (SCANPO), which represents the charitable nonprofit community in our state, conducted a research study this summer of compensation and benefits for nonprofit staff, including the executive or CEO position. Some key findings from this report regarding nonprofit executive compensation in South Carolina are:

- **With a median annual salary of \$50,000 in 2003, chief executives of nonprofit organizations receive relatively low wages** as compared with their for-profit cousins. Nonprofit executives perform a host of tasks that often include financial management, human resources, fundraising, overseeing and evaluating programs, community relations and

more. Despite the consistent challenges of running organizations, nonprofit executives earn relatively small salaries compared with other occupations. The US Department of Labor reports that the 2003 median salary in South Carolina of CEOs in all industry sectors is \$102,000.

- **Larger nonprofits generally pay higher chief executive salaries and provide more employee benefits than smaller organizations.** Top executives at large nonprofits typically receive higher compensation than executives at smaller organizations. It is not surprising that larger nonprofits pay higher salaries to their top officers because, similar to for-profit firms, large nonprofit groups are often complex entities with multiple funding sources, services and many layers of staff. Moreover, organizations with complicated administrative structures often compete for experienced executives, causing wage rates to rise.

While public scrutiny seems to focus on large nonprofit organizations, small and mid-sized organizations are not exempt from the same concerns regarding appropriate levels of compensation. The question is how do nonprofit boards of directors and the public know if the executive compensation is fair and reasonable.

Every nonprofit organization is governed by a board of directors, whose responsibilities include hiring the chief executive and setting the executive's compensation. A well-run nonprofit has a board that understands how the compensation package is determined, and has a chance to approve it. Ways a board can ensure the compensation package they approve is fair and reasonable include:

- Conduct extensive research by checking

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In order for this to take place, employees must participate in the process. The only way for this to occur is to get employees involved financially.

HSA's and HRA's give employees incentive to educate themselves on healthcare purchases and options. They also involve them financially with the possibility of financial gain as a result of their new healthcare education and consumerism.

Some social theories state that with increased choice, consumers will be overwhelmed and, anxious about making the wrong choice, will become less participative in the buying process. I already

see it today with the myriad of managed care plans available and can only imagine how employees will react when being told that they now have to save receipts, track account dollars and try to seek lower cost services and prescriptions not only for

So I say to all who continue to ask for solutions to their rising healthcare premiums: "How badly do you want it and what are you willing to do for it?"

themselves but for their families as well. Imagine the retreat from that.

The solution to this is to arm employees with the information they need to quell their fears and excite them about the possibilities. This is no easy task for the employers who will be responsible for this transition. Again, I ask: How badly do you want it and what are you willing to do for it?

A second solution to this problem may be for employers who offer managed care plans to offer a *Health Reimbursement Account* (HRA) before offering a Health Savings Account (HSA). While an HSA requires a qualified health plan with a deductible no less than \$1000 for

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COMPARISONS OF OTHER HEALTH BENEFIT OPTIONS			
QUESTION	HEALTH SAVINGS ACCOUNT (HSA)	HEALTH REIMBURSEMENT ARRANGEMENT (HRA)	FLEXIBLE SPENDING ACCOUNT (FSA)
WHO IS ELIGIBLE?	Individuals and firms of any size.	Firms of any size. Owners of S corporations, limited liability companies and the self-employed can fund HRAs for their employees but not for themselves. Owners of C corporations can fund HRAs for themselves and their employees.	Firms of any size.
MUST IT BE USED WITH A HIGH-DEDUCTIBLE HEALTH PLAN?	Yes. It must be coupled with a health insurance policy with a minimum deductible of \$1,000 for an individual or \$2,000 for a family. There is no maximum deductible, but total costs to the insured cannot exceed \$5,000 for an individual or \$10,000 for a family.	No, but it usually is. The deductible is not set in law as it is with HSAs.	No.
WHAT ARE THE TAX ADVANTAGES?	As long as funds are spent on qualified medical expenses, there are federal and state income tax savings and payroll tax savings (FICA) for employee and employer. Qualified medical expenses are defined in section 213(d) of the Internal Revenue Code. ¹	As long as funds are spent on qualified medical expenses, there are federal and state income tax savings and payroll tax savings (FICA) for employee and employer. Qualified medical expenses are defined by the employer.	As long as funds are spent on qualified medical expenses, there are federal and state income tax savings and payroll tax savings (FICA) for employee and employer. Qualified medical expenses are defined in section 213(d) of the Internal Revenue Code.
WHO FUNDS IT?	Employer and/or employee. If the employer contributes to the employee's account, the contribution must be the same for all employees.	Employer.	Typically, the employee.
WHO "OWNS" IT?	Employee.	Employer.	Employee.
WHAT HAPPENS TO UNUSED FUNDS AT THE END OF THE YEAR?	Rollover is allowed.	Rollover is allowed at the employer's discretion.	Forfeited to the employer.
EMPLOYER FLEXIBILITY?	Federal legislation sets minimum deductible and maximum out-of-pocket amounts. The full amount of the deductible can be funded through the account.	The employer has substantial flexibility in designing an HRA. ²	The employer can set the contribution limit.
WHAT IF THE EMPLOYEE LEAVES THE FIRM?	The account is owned by the employee and therefore the balance is portable.	The account is owned by the employer and therefore portability of funds is at the discretion of the employer.	Balances are generally forfeited at termination. However, if an employee leaves mid-year and has already spent the entire account, the employer is liable for the balance.

1. Consult a tax adviser to determine the savings that would occur in your specific case. As a general illustration, assume an HSA is funded of \$1,000. If the employer funds the entire account, the \$1,000 is deductible as a business expense by the employer. The \$1,000 is excluded from determining employment or FICA taxes for the employer and employee, and is excluded from the employee's income taxes. Alternatively, assume the employee takes \$1,000 out of their wages and funds an HSA. In this case, the employee can claim the \$1,000 as an income tax deduction. Neither the employer nor employee would save FICA taxes on the \$1,000 since it is included as income.

2. The employer can determine the amount the firm contributes to the HRA; the amount that can be rolled over to the next year; what happens to unused funds when an employee leaves; the timetable for the firm's contribution; whether to place a cap on the amount that can be accumulated over time and the amount of the cap; and the number of HRA plans to be offered (employers can establish different plan designs for different classes of employees).

Source: Covering The Uninsured (www.coveringtheuninsuredweek.org)

THE STATUS OF THE UNINSURED IN SOUTH CAROLINA

SC Dept. of Insurance HIPAC project

During the past decade, the number of people without health insurance in the United States increased from approximately 31 million to 44.3 million people. National statistics indicate that 15.4 percent of South Carolinians were uninsured in 1998. One year later, the number of South Carolinians that were uninsured grew to 17.6 percent or 683,890 people. Interestingly, eight in ten of the uninsured are members of working families. Within South Carolina's population who are insured, 60 percent are covered through employment-based insurance, 26 percent are covered through governmental programs such as Medicaid or Medicare and 5.9 percent purchase insurance independently.

Studies indicate that the majority of the uninsured are non-elderly full-time workers. According to estimates from the Kaiser Foundation, 26 percent of non-elderly African-Americans are uninsured in South Carolina. Typically, they earn low wages and work in service industries, agricultural enterprises, and small businesses that do not offer health insurance to their employees. Those small businesses that are able to offer insurance coverage often require premium cost sharing.

The S.C. Department of Insurance recently completed a review of the status of insurance within the small group health insurance market. The report states that most non-elderly adults obtain insurance through their employment. In fact, 74 percent (ages 19-64) of workers are offered coverage through their employer as part of the employer's benefit package.

Generally speaking, the cost of coverage and family income determine whether the coverage is accepted or declined by the employee. The Department of Insurance has found that it can be difficult for small employers to offer coverage to their employees because of affordability. The affordability factor is determined by the size of the risk pool. The smaller the risk pool the more expensive the coverage, thereby making it impossible for the small employer to offer it. In addition, rising health care costs have made it difficult for small employers to offer coverage. Rising health care costs are a result of many factors, however it is a fact that access to necessary preventative and outpatient care will lower the number of preventable hospitalizations. Rural adults in South Carolina, aged 19-44, are 34 percent more likely to be hospitalized for a possibly preventable hospitalization than urban adults. Medicare and Medicaid paid for 35 percent of rural inpatient hospitalizations in 1999 in South Carolina.

Consequently, people with low incomes and no insurance coverage often are unable to seek or obtain timely or adequate health care, turning to emergency room or other safety net providers, such as community health centers and public hospitals, or forego care entirely. Compared to those who are insured, the uninsured tend to have more serious preventable illnesses that threaten their work productivity and ability to retain jobs. The South Carolina Office of Research and Statistics reports that in the year 2000, there were 312,076 emergency room visits by the uninsured.

The number of insurers offering health insurance coverage dropped from 72 in 1997 to 32 as of December 31, 2000. The reasons cited for exiting the small group

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Health Insurance Costs Hurt U.S. Nonprofits, Survey Shows

According to a new report by the Baltimore-based Johns Hopkins Center for Civil Society Studies (<http://www.jhu.edu/~ccss/>), American nonprofit organizations are being especially hard hit by escalating health benefit costs.

Based on a nationwide sample of more than 250 nonprofit agencies that serve children, the elderly, community development, and the arts, the research, part of the Nonprofit Listening Post Project, found that nearly two-thirds (63 percent) of the organizations surveyed reported health benefit cost increases of 11 percent or more over the past year, well above increases recently reported for all firms. These increases affected virtually all types of charities.

Health benefits are one of the most important attractions of nonprofit employment, and a striking 93 percent of the sampled organizations reported providing health insurance coverage for their employees, well above the average for all firms.

"The extraordinary growth of health benefit costs revealed by this survey has imposed a silent tax on America's charities and the dedicated people who work for them," said Lester M. Salamon, who directs the Listening Post Project and the Center for Civil Society Studies.

"While much has been written about the impact of rising health benefit costs on small businesses," said Audrey Alvarado, executive director of the National Council of Nonprofit Associations, "the fact is that the impact has been even greater on nonprofit organizations, and this has a serious ripple effect on the quality of community life."

To read the entire report (9 pages, PDF), visit: <http://www.jhu.edu/listeningpost/news/pdf/com m03.pdf>

"Health Benefit Costs Hammer American Charities." Johns Hopkins University Press Release 10/06/04. http://www.jhu.edu/news_info/news/home04/oct04/listen.html

POLICY CONFERENCE WRAP UP

Close to 200 nonprofit, business and government leaders attended SCANPO's recent Public Policy Conference on September 30. The conference featured over 40 experts in lively panel discussions on the issues of the economy, environment, healthcare, public education, and more. **Ray Suarez**, a Washington-based senior correspondent on *The Newshour with Jim Lehrer*, gave an opening keynote address on national, state and local politics and the role of the nation.



Conference participants listen to Bob Becker with the Strom Thurmond Institute at Clemson University lead a panel on exploring the condition of our communities.

The morning breakout sessions provided participants with information on education, the environment, politics as well as the condition of our communities. Over 45 attendees listened to panelists discuss the report "And Miles to Go Before I Sleep" published by the USC Institute for Public Service and Policy Research that provided an overview of the progress, or some may argue the lack thereof, in South Carolina's public education system since the monumental *Brown vs. Board of Education* case fifty years ago. **Fred Sheheen**, former Commissioner for Higher Education in SC, facilitated a uniquely qualified group of panelists, including the

first black Supreme Court Chief Justice of SC, **Ernest Finney**, **Paul Beazley**, retired commissioner from the SC Human Affairs Commission and **Stuart Andrews**, attorney with Nelson, Mullins, Riley & Scarborough. Other morning breakout sessions offered attendees the chance to hear from experts in the environmental field discuss critical issues such as sprawl and smart growth along with environmental development and protection. **Christie Renken**, legislative liaison with the Coastal Conservation League, spoke of how SC is one of the last in the nation for using state funding to support conservation.

Diana Aviv, president/CEO of the Independent Sector in Washington, D.C gave an enlightening luncheon address that helped participants see the overall big picture of the nonprofit sector, what our policy challenges are and what we must accomplish in the years ahead. She talked about the new U.S. Senate nonprofit oversight committee that is charged with developing recommendations for the regulation of the nonprofit sector. Additionally, the SCANPO Public Service Award recipients were recognized for their public policy leadership and initiatives that have significantly improved the lives or circumstances of the people and communities of South Carolina. Honored recipients were **Senator Verne Smith** for his tireless advocacy for the people in our state who are less advantaged, and the law firm, **Nelson, Mullins, Riley & Scarborough**, as a local and national leader in pro bono service, especially in their recent pro bono initiative as counsel in the case *Abbeville County School District vs. State of South Carolina*.

Afternoon sessions consisted of experts

discussing moving public education forward, health care in South Carolina, our economy and the challenges of campaigning. **Bob Staton**, president of the United Way Assoc. of SC facilitated the education panel with **Rep. Ronnie Townsend**, and **Dr. JoAnne Anderson** of the Education Oversight Committee. Staton commented that "public education is the cornerstone of our democracy and our country, all components of education need to work together instead of separately or competitively." **Sue Berkowitz**, executive director of SC Appleaseed Legal Justice facilitated a concurring panel on health care in South Carolina with **Robby Kerr**, director of the SC Dept. of Health & Human Services and **Senator Linda Short**.

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scanpo | SOUTH CAROLINA ASSOCIATION
OF NONPROFIT ORGANIZATIONS
Serving, Supporting and Strengthening South Carolina's Nonprofit Sector



Nonprofit Day at the Capitol
February 23, 2005
Columbia, South Carolina
www.scanpo.org

INTERVIEW WITH A NONPROFIT EXECUTIVE

Q: Where is your hometown?

A: Buffalo, NY.

Q: When did you move to Charleston?

A: In September of 1996.

Q: What have you enjoyed about living in South Carolina and Charleston in particular?

A: I have enjoyed the warmth of the people who live here and the fabulous spirit around preservation of the history and buildings of the area. The kinship of the people who live here is amazing.

Q: What book are you presently reading?

A: I just finished *The Power of One* by Bryce Courtenay. It was a wonderful story about a boy from South Africa who overcomes his survival and coming of age after WWI.

Q: How long have you worked for Tri-County Project Care?

A: Since March 22, 2004.

Q: How long have you worked in the nonprofit sector?

A: Since March of this year!

Q: How did you end up in the nonprofit sector? What were your original career plans?

A: I graduated from the Sisters of Charity Hospital's School of Nursing in Buffalo, New York. After graduation I first worked in the clinical setting in Buffalo. I then went to work for a health maintenance insurance group, Independent Health Inc., in the late 80's. After two years I moved

from Buffalo to Albany, and then in 1990 to North Carolina working for HealthSource



*Cathy Ferry Middleton,
Executive Director, Tri-County
Project Care*

for four years. They were one of the 15 HealthSource health maintenance organizations located around the country. I then moved from Raleigh to become the CEO of Tennessee HealthSource. After about two years in this role, I moved to New Hampshire to work in the corporate division of HealthSource Inc. It was while I was in New Hampshire that I first visited

South Carolina to work with CEO's and the medical leadership and fell in love with the state. In 1997, I moved to Charleston and became CEO of Cigna Healthcare, South Carolina (HealthSource was purchased by Cigna Healthcare in 1997.) for four years. It was at this time that I took a sabbatical from Cigna to find out what I wanted to do next, travel and spend time with my family. The opportunity to help run Tri-County Project Care just presented itself. The main reason I started working for the program relates to my original desire as a nurse to help individuals receive access to medical care. Tri-county's own mission to develop quality health care delivery programs to working individuals without access to health care fit perfectly.

Q: How did you develop your work ethic?

A: My mother's parents immigrated to America from Hungary in the 1920's. I have never met anyone who worked harder in life than them. My dad's mother worked during the depression as an office manager to support her family. My mother has her parents working spirit as she raised eight children and always worked hard. She is a nurse who worked



What is Tri-County Project Care?

MISSION

Tri-County Project Care's mission is to invest public and private resources in developing quality health care delivery programs emphasizing coordination of services and individual wellness for adult employed residents of the tri-county area without access to health care insurance.

THE VALUE OF PROJECT CARE'S SERVICES

Our enrollees contribute to their own health by paying a small fee for services. Additionally, providers receive reimbursement for services from Project Care. Since our inception, Project Care has provided more than \$7.9 million worth of services (at Medicare payment levels) to the tri-county region.

PROJECT CARE'S ACHIEVEMENT:

- Enrolled and served 2,544 working poor individuals
- Affordable co-pays
- Shown over a 90 percent enrollee satisfaction rate
- Provided over \$7.9 million worth of services to enrollees
- Provided 14,591 physician's visits to enrollees

full time to support our family while I was growing up. I was very much influenced by them.

Q: What is your greatest organizational challenge?

A: My greatest organizational challenge right now is continuing the momentum of the program and securing funding to continue these programs.

Q: What are you doing to help these organizational challenges?

A: Our founder Casey Fitts was involved in the Health Insurance Policy Advisory Committee (HIPAC) led by the SC Dept. of Insurance to analyze the uninsured in South Carolina. From this Committee he was appointed by the Governor to serve on the newly originated Health Insurance Commission and will work with the appointees to look at legislation to allow communities around the state to collect pre-payments for programs like Tri-County. We are also exploring funding at the state and federal level as we follow the three key initiatives recommended from the HIPAC Committee to the State. They are:

- Provide educational programs that prepare individuals to be more informed health care consumers
- Legislation to allow community non-profit programs to raise funds to pay for care through pre-payments
- Pursue a statewide Medicaid waiver program to expand coverage of the

working uninsured adults with matching federal funds

Q: What is a typical day like?

A: As all nonprofits we are very involved in staying in touch with our communities. For me, my day consists of talking to other executive directors of similar programs; participating in the Trident United Way's Healing & Vision council; working on community priorities regarding health; talking to contributors (hospitals and physicians); and working with our team to develop new strategies for future growth of our program.

Q: What do you think the South Carolina's nonprofit sector's greatest challenge is now?

A: Fundraising. Also, I see a lot of community resources that could benefit from collaborating together and eliminating the administrative and overhead costs of starting a new nonprofit program.

Q: What is an interesting and little known fact about yourself?

A: My sabbatical included a five month sailboat cruise around the Caribbean with my fiancé who later became my husband!



Tri-County Project Care is a program for the residents of Berkeley, Charleston and Dorchester counties. If you live outside of this area and are in need of assistance with access to health care services, the following organizations may be of assistance. *(This information is provided as a community service from Tri-County Project Care and does not endorse any of the following organizations.)*

List by area/county:

Columbia

Richland Care
Palmetto Richland Memorial Hospital
Five Richland Medical Park Drive
Columbia, SC 29203
Phone: (803) 434-4077

Greenville/Spartanburg

MedWell Access
New Horizon Family Health Services
PO Box 287
Greenville, SC 29602
Phone: (864) 233-2534 ext. 108

Horry County

SOS Healthcare
PO Box 7136
Myrtle Beach, SC 29572
Phone: (843) 449-5373

Orangeburg, Calhoun, Allendale and Bamberg counties

Family Health Center
PO Box 1806
Orangeburg, SC 29116
Phone: (803) 531-6900

Status of the Uninsured continued from page 4

market have varied; however, 33 percent of these insurers cited financial losses, 22 percent indicated that they were focusing their business elsewhere, 6 percent indicated their departure was due to the guaranteed issue and guaranteed renewability provisions of the Health Insurance Portability and Accountability Act (HIPAA), and the remaining 39 percent have exited the market altogether. Additionally, the price of health insurance coverage within the market has increased while coverage appears to be diminishing. With the fewer number of insurers, competition has naturally decreased and participation in the state reinsurance pool has been lower than expected. Research demonstrates that this issue is not isolated

to South Carolina. Many of the carriers that have left the South Carolina market have also exited the small group market in other states. **(To view a list of licensed insurers for small employers in South Carolina visit www.coveringtheuninsured.com)**

It is anticipated that the average premium increase for health insurance plans will be 11 percent for private insurance plans and the average increase in payment per subscriber will be 14 percent for the State Employees Health Insurance Plan for the upcoming year. These increases are based in large part upon the rate of medical inflation. Medical inflation relates to the cost of providing medical treatment. Its components include outpatient-hospital,

inpatient-hospital, provider services, and the cost of prescription drugs. As the cost for these services increase, so does the cost per enrollee or insured. This translates into higher insurance premium rates. Higher insurance premium rates will mean that more and more South Carolinians will go uninsured if measures are not taken to address this problem. Visit www.coveringtheuninsured.com for more data on the uninsured in South Carolina.

S.C. NETWORK FILLS HEALTH CARE GAP

Communicare provides free prescription medication for people who do not have insurance, Medicaid, Medicare, Veterans Health Care Benefits and cannot afford health care. Physicians and nurse practitioners volunteer to see patients in their offices at no charge, and pharmaceutical companies provide their product lines. Communicare networks these resources, becoming a single source for helping qualified patients get the care they need. For more information on Communicare visit: <http://www.communicare.org/Default.htm>

National advocates and other states looking for a public-private solution to health care challenges for the lower-income, working uninsured are turning to South Carolina for answers.

Only South Carolina has been successful in organizing both a nonprofit, statewide network of volunteer physicians and a fully stocked central fill pharmacy, solely for the purpose of serving the uninsured working poor. Our citizens have a health care safety net that is simply not present anywhere else in the country.

Communicare is a primary care, private nonprofit organization built on the premise of sharing the burden. Our goal is simple: to help patients improve and maintain their health by providing access to physician care and prescription drugs. Today our delivery system brings together volunteer physicians, dentists, nurse practitioners, pharmacists, hospitals, clinics and labs to provide nearly every type of health care service.

At present there are about 500,000 adults living in South Carolina who are uninsured. Our typical patient is a single mother with a chronic condition such as high blood pressure or diabetes working full-time at or near minimum wage in a job with no health benefits. You have probably

seen her as a cashier or food service employee — or she may clean the place where you work when you go home.

Ineligible for Medicaid or other government programs, she doesn't receive drug treatment without Communicare and uses the emergency room for primary care. Most of the people served by Communicare have received their primary health care in emergency rooms.

Communicare's ultimate goal is to get

these uninsured patients out of the emergency room and into a routine of regular physician's care. This provides a better quality of life for patients and significant savings to both hospitals and taxpayers who subsidize this type of emergency room treatment.

Communicare volunteer providers see more than 12,000 patients each year. With an initial \$20 application fee and

approval, patients are eligible to receive a referral to our volunteer physician network and more than 260 different life-saving medications at no charge. During the past 18 months Communicare has processed more than 84,000 calls on its toll-free patient line.

Critical to the success of Communicare is its partnership with nine pharmaceutical manufacturers. Even if a volunteer health care provider is willing to see a patient at no charge, medicines must be made available to effectively treat that patient. Communicare's nine pharmaceutical partners provide nearly their entire formulary of drugs to Communicare patients. (The nine: Abbott Laboratories,



Ken Trogdon,
Executive Director,
Communicare

communicare

Putting health care in reach

Communicare (CIC) is a state primary care, private, nonprofit organization built on the premise of "sharing the burden" of the working low-wage, non-insured in South Carolina

- **Answering** more than 135,000 calls for assistance from the low-wage earner, working uninsured and underinsured who don't qualify for Medicare, Medicaid or VA insurance.
- **Providing** CIC approved patients with access to physician care and prescription drugs
- **Serving** more than 12,000 patients in 46 South Carolina Counties
- **Partnering** with a network of 2000 volunteer physicians, nine pharmaceutical companies, dentists, hospitals, labs, schools, business and community donors
- **Managing** Smiles for a Lifetime, four school based, children's dental care programs for 2,867 underserved students who would not otherwise have access to oral health care
- **Dispensing** approx \$25 million in donated prescription drugs through our William Murray central fill, in-house pharmacy (average 500 per day)
- **Saving** your tax and healthcare dollars


continued page 9

individuals (\$2,000 for families), an HRA is only a funding arrangement between an employer and its employees that can use any type of health plan. An employer who wants to embrace consumer directed healthcare can ease employees into this concept by utilizing a plan with a higher co-pay (to save premium dollars) and allow employees access to the reimbursement account dollars to offset any increased out of pocket expense incurred by the employee as a result of the co-pay increase. By doing this, the employer encourages a consumer minded approach that does not require a new health plan or health insurance carrier.

The ultimate goal will most likely be to move employees towards an HSA. The reason for this is ultimately with an HRA, employees may not feel the incentives to be creative in their utilization in order to build

their accounts to high levels. With HSA's the money in the account belongs to the employee and eventually may be withdrawn for non-medical expenses. This makes the HSA a potential retirement savings vehicle and encourages the employee to spend wisely. With HRA's, the dollars in the account belong only to the employer and, although the amounts can rollover from year to year, the employee can only withdraw the money for employer designated medical expenses. Some experts predict that this will not result in sufficient incentives to save dollars in the account since the money does not belong to the employee and may never be used for anything other than medical expenses.

I truly wish I could say with certainty that CDHC will be the answer to the rising cost of health insurance, but I cannot. The

healthcare industry in the U.S. is a multi-headed monster with each part having its share in the blame. There is no silver bullet and there is no one solution. All we can do is investigate all the options before us and decide which solution may be right for your organization. The information is out there...Go and seek it out. 

Mr. Andrew is President and CEO of Council Services Plus (CS Plus), an insurance brokerage headquartered in New York state. Mr. Andrew has more than a decade of experience in the insurance industry and currently holds licenses for Life, Health, Property and Casualty. Mr. Andrew is a frequent speaker on issues such as employee benefits and risk management. CS Plus is dedicated to providing insurance and risk management services to nonprofit and nonprofit related organizations. Council Services Plus is recognized by the Council of Community Services of New York State, the Louisiana Association of Nonprofit Organizations, and is a supporting member of the National Council of Nonprofit Associations.


Member Case Study: A Child's Haven

Is your organization presently looking at alternatives for traditional health insurance due to the rising cost of health care? The new buzz in alternative health care is Health Savings Accounts (HSA) or Health Reimbursement Arrangements (HRA) allowing employees and/or employers to set aside pre-tax income to cover medical expenses. They are combined with high-deductible health insurance policies to provide a two-part health plan.

A Child's Haven in Greenville, SC is already ahead of the game as employees

are in their third year benefiting from the organization's Health Savings Accounts. Craig Dittmar, program director for A Child's Haven, knew they had to do something about the rising cost of health care for their 20+ employees. Finding out their employee health insurance costs would rise 20-25 percent in the next three years, Dittmar connected with an insurance agent who recommended the organization move to HSA's. With a high deductible insurance premium for employees at \$2,250, the organization puts the equivalent of the premium savings per month into the HSA. This gives employees \$122 a month for their medical expenses. If not used, the HSA can accumulate over time and continues

with the employee each year. The HSA is also flexible. If you become sick and have to pay more out of pocket, the HSA pays you back as it is accumulated. Also, once your out of pocket expenses hits the premium, insurance kicks in at 100 percent.

Dittmar said this has saved A Child's Haven half of what it would now cost the organization for its health insurance. He mentioned the other positive affects are that employees are thinking more about their health care costs and whether a sniffle constitutes going to the doctor. Employees now pay attention to what the full doctor visit costs instead of just paying the \$20 co-pay for the visit. 

S.C. Network continued from page 8


AstraZeneca Pharmaceuticals, Bristol-Myers Squibb, Eli Lilly and Co., Johnson & Johnson, Pfizer, TAP Pharmaceutical Products, GlaxoSmithKline and Novo Nordisk Pharmaceuticals.)

Since opening in 2000, our in-house William Murray pharmacy has filled prescriptions valued at more than \$35 million. This year, to date, more than 100,000 prescriptions have been processed and distributed to South Carolina patients.

Communicare's budget has grown from \$150,000 in 1997 to more than \$1.4 million in 2004. The federal and state government

contribute to Communicare's annual operating budget, as do charitable institutions including the Duke Endowment, Volunteers in Healthcare and the Sisters of Charity Foundation of South Carolina. For five years, our single largest non-pharmaceutical donor has been Blue Cross and Blue Shield of South Carolina.

I do not want to minimize the importance of expanding access to health insurance in South Carolina. It is a goal toward which we must all work. Today, while that goal remains elusive, our lower-income, working uninsured need help.

Communicare continues to provide an expanding network of care for these people, made possible through the hard work and benevolence of doctors, pharmaceutical companies, insurance carriers, policy makers, community leaders and private donors. For their contributions, our patients are grateful, and for their achievements through Communicare, our state should be proud. 

Mr. Trogon is the executive director of Communicare. For more information visit <http://www.communicare.org/> or call 803-933-9183. This editorial was published in The State Newspaper on Saturday September 11, 2004.

NONPROFITS 2005:

a **NEW LOOK for a
NEW DAY**

**SAVE THE DATE: APRIL 6-8, 2005
SCANPO Annual Conference**

Don't miss the 8th Annual Nonprofit Conference in Greenville, SC. SCANPO's premier opportunity for professional development, networking and learning. For more information on the conference, exhibiting or sponsorship opportunities visit SCANPO's website at www.scanpo.org or call 803-929-0399.

2004 Policy Conference Wrap Up continued from page 5


Panelists gave participants facts and figures on SC's health care system and the important changes that must be put into action such as education on prevention and access to care.



Senator Verne Smith accepts the SCANPO Public Service Award

The day concluded with a state legislative forum where **Charles Bierbauer**, dean of the USC School of Journalism and former CNN correspondent, facilitated questions to **Sens. Linda Short and Vincent Sheheen, Reps. Ronnie Townsend, Gilda Cobb-**

Hunter and Rick Quinn on what they see as the most important issues of the upcoming 2005 session.

We thank all the panelists and facilitators for helping to make this conference a great success as well as the nonprofit and community leaders who took time out of their busy schedules to attend this important conference on public policy. 



(l to r) Sens. Linda Short and Vincent Sheheen and Reps. Ronnie Townsend and Gilda Cobb-Hunter discuss the 2005 General Assembly's legislative agenda.

We would also like to thank the following government and elected officials who attended the SCANPO Public Policy conference luncheon:

- Sara Snell**, representing US Senator Lindsey Graham's Office
- Secretary of State **Mark Hammond**
- Speaker of the House, **David Wilkins**
- Senator **Vincent Sheheen**
- Rep. **Joe Brown**
- Rep. **Gilda Cobb-Hunter**
- Rep. **Walter McLeod**
- Rep. **Mike Pitts**
- Rep. **James Smith**
- Bill Byars**, Director of the SC Dept. of Juvenile Justice
- Joe Erwin**, SC Democratic Party Chairman
- Mark Hough**, representing the SC Dept. of Health & Environmental Control
- Geraldine Miro**, representing Director Jon Ozmint of the SC Dept. of Corrections
- Amy Murray**, representing Secretary Bob Faith of the SC Dept. of Commerce

SPOTLIGHT ON GOVERNANCE

Critical Steps for Nonprofit Boards

January 27, 8:00-4:30 pm

Sheraton North Charleston

Have you just joined a board and are uncertain about what you should and shouldn't be doing? Do you have some new or ongoing board members who want to learn more about their roles and responsibilities? Are you an experienced board member who wants to learn how to be an even better member?

Today's turbulent times call for nonprofit boards to draw upon superior governance skills, utilize critical thinking in all decisions, and view their organizations from many perspectives in order to make the best decisions. Boards must continuously balance long and short term goals with the impact of current events, increased demands and uncertain resources.

Presented by the South Carolina Association of Nonprofit Organizations and the City of Charleston Mayor's Office

for Children, Youth and Families, *Spotlight on Governance: Critical Steps for Nonprofit Boards* is targeted at the key governance issues common to nonprofit organizations throughout the state.

Concurring Sessions will include topics on:

- Policy Governance*
- Planning*
- Fundraising*
- Grassroots and Community Based Boards*
- Standards of Conduct*
- Executive Transition*

Keynote Speaker:


Sherri Killins Ed.D , Senior Consultant
Annie E. Casey Foundation.

Dr. Killins will share research and provide data on how executive transition can be a pivotal opportunity for extensive organizational capacity building.

Luncheon Presenter:

Erin Hardwick, executive director of SCANPO, will share "Top 10 Issues Facing South Carolina Non-Profits."

The conference will end with a panel discussion of local funders as they share their perspectives and discuss issues of board governance.

The conference will take place on **January 27, 2005 from 8:00 a.m.-4:30 p.m. at the Sheraton North Charleston Hotel, Charleston, South Carolina.** To register visit the SCANPO website at www.scanpo.org. 



We want to talk to you!

Is your nonprofit holding a community or board meeting during SC Nonprofit Organization Week (March 13-19, 2005)? Let SCANPO staff and board come speak to your constituencies on the state of the nonprofit sector in South Carolina to celebrate this special week. Contact Alexa at (803) 929-0399 or alexa@scanpo.org to schedule a speaker.

EXPAND YOUR INFLUENCE

SCANPO Board Calls for Nominations

Are you concerned about nonprofit strength in an age of economic uncertainty? Do you have ideas about how SCANPO can further its mission to ensure the strength of the nonprofit sector? Do you have an area of expertise that could help SCANPO remain a strong voice for nonprofits? Let us know!

In 2005, SCANPO board seats will become available. If you or someone you know is familiar with the nonprofit sector, cares about the strength of nonprofit organizations in South Carolina and wants to strengthen the organization that advocates for the sector, then consider applying to the SCANPO board.

SCANPO is looking for leadership that reflects our geographically and ethnically diverse state and nonprofit sector. We are

particularly interested in candidates with expertise in marketing and communications, resource development, and business planning.

Board Member Requirements


Applicants must be a senior staff member or board member for a SCANPO member organization. Nominees must be available to attend quarterly board meetings and a two-day planning retreat in the summer. Board meetings are typically held in Columbia. Attendance at board meetings is essential.

In addition, board members are expected to attend the Annual SCANPO Nonprofit Conference held in the spring and other SCANPO events such as seminars, the Public Policy Conference and the Nonprofit Day at the Capital. Board members are expected to actively recruit nonprofit organizations to become SCANPO members. Board members

serve three-year terms (unless they are filling an unexpired term) beginning in July and may serve up to two consecutive terms.

Application and Selection Process

Applicants should think carefully about whether they are able to give the necessary commitment of time and energy. If you are interested in applying, please contact Ramón Wideman at (803) 929-0399, or e-mail him at ramon@scanpo.org and he will send you an application form. You can also find more information and contact SCANPO through our website at www.scanpo.org.

The deadline for applications is February 25, 2005, at which time applications will be reviewed and candidates selected by the Nominations Committee will be presented to the SCANPO Board of Directors in March for their approval. 



Finding the Spotlight

2004 Nonprofit Media Resource Guide

September 2004

With so much going on today, in our fast-paced world, it's sometimes easy for nonprofits to get lost in the shuffle. The South Carolina Association of Nonprofit Organizations wants to help your organization "Find the Spotlight." The simple steps in this 2004 Nonprofit Media Resource Guide provide the basics for effective work with the media. It covers everything from how to write an effective

press release to responding to questions from the media to putting together a press conference. In addition, SCANPO has included contact information for daily and weekly newspapers in South Carolina right at your fingertips. The cost for this invaluable member resource is just \$15 plus \$2 shipping. An order form has been provided for you on page 14.

DIRECTORS & OFFICERS LIABILITY INSURANCE

Is Your Board Covered?

Nonprofit organizations are renowned for getting results with a minimal budget. Sometimes their quest to be thrifty leaves the people that mean the most to the organization exposed – the board members. Consider the following claims examples:

- The executive director of a nonprofit organization fires a paid employee. That employee alleges discrimination and files suit against the organization and board.
- The board misappropriates funding to the wrong program and the board is sued for breach of duty.
- An employee makes an inappropriate comment to a co-worker, and the co-worker sues the organization and board for sexual harassment.


Directors & Officers Liability Insurance is the answer for protecting not only the members of your board, but your employees, volunteers, trustees, the organization itself. The policy is designed to protect these individuals for wrongful acts that result in monetary damages to a third party.

Different states have enacted laws to protect volunteers of nonprofit organizations* (see side bar). Additionally, in 1997, Congress passed the Volunteer Protection Act. However, none of these laws completely protects the volunteer or the organization itself. In fact, many of these laws stipulate that the organization

has to carry D&O insurance to be fully protected. It is essential that every nonprofit organization purchase a D&O policy to properly protect itself.

Over the past several years, coverage terms have been getting much broader and pricing has become very competitive. As a benefit to its members, SCANPO has put together an extremely competitive program exclusively for members. The coverage which is written through AIG Insurance Company, brokered by Lighthouse, is available to most organizations with annual revenues under \$500,000 and less than 20 employees for as low as \$893 annually.

Board members pledge more than just their time to a nonprofit board...they pledge their personal assets. The first mission of any nonprofit should be longevity so it can help those in need. In order to make sure your organization continues its mission, make sure you protect the board and the organization by purchasing affordable D&O insurance.


For more information regarding the SCANPO program, please contact Ram'on Wideman in the SCANPO office at 803-929-0399, or Andy Cooley with Lighthouse Insurance at 703-770-3700. 

***SC Law regarding Board of Directors immunity from suit. SC Code of Laws, Title 33, Chapter 31, South Carolina Nonprofit Corporation Act.**

SECTION 33-31-834.

Immunity from suit.

(a) All directors, trustees, or members of the governing bodies of not-for-profit cooperatives, corporations, associations, and organizations described in subsection (b) are immune from suit arising from the conduct of the affairs of these cooperatives, corporations, associations, or organizations. This immunity from suit is removed when the conduct amounts to wilful, wanton, or gross negligence. Nothing in this section may be construed to grant immunity to the not-for-profit cooperatives, corporations, associations, or organizations.



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national, regional and state data about compensation levels in the nonprofit sector. Compare the organization's compensation level to those of five or six similar organizations and document the analysis. One source is the 2004 SC Nonprofit Compensation and Benefit Report, available to the general public through SCANPO (www.scanpo.org). Another source is the online charity database www.guidestar.org.

- Consider the nature of the organization and how that affects the compensation levels for the chief executive. Take into consideration the organization's footprint: Does the organization serve a neighborhood, a community, multiple counties or the entire state? What sort of leadership and management skills are required to lead five, 15, 50 or more employees? Does the service provided require special skills or knowledge?
- Avoid having individuals set their own compensation; if there is no alternative, make sure that the basis for the compensation is documented.

- Be aware of IRS criteria for excessive compensation. Although neither the IRS nor anyone else has developed absolute criteria for determining when executive compensation is in fact excessive, in arguing cases of excessive compensation, the IRS generally uses two criteria: the amount of compensation of executives at similar organizations and the manner in which the compensation was determined. In the final analysis, the IRS is going to be looking for a good faith effort to set compensation at reasonable levels within the resources and constraints of the charity.

The bottom line is this: Compensation decisions must take into account the unique characteristics and circumstances of each individual nonprofit organization. Generalizations about nonprofit executive compensation are difficult and unwise. To meet the public call for greater accountability nonprofits must have well-qualified, fairly compensated professionals who can meet these increasing demands. 🙏

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SCANPO Resource Publications Order Form

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Quantity	Regular Price	Member Price
___ 2004 SC Nonprofit Sector Compensation and Benefits Report	\$90	\$60
___ 2004 Nonprofit Media Resource Guide	\$30	\$15
___ 2004 Nonprofit Sector Report	\$15	\$10
___ Nonprofits 101: A Guide for Staff and Board Members of New and Smaller Charitable [501(c)(3)] Nonprofits	\$90	\$75
___ The Lobbying and Advocacy Handbook for Nonprofit Organizations	\$30 Each	
___ Strengthening Nonprofit Performance: A Funder's Guide to Capacity Building	\$30 Each	

Shipping (please add \$2.00 for first publication and \$0.50 for each additional publication).

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SCANPO New & Renewing Members

Members that joined or renewed August-December 2004

The Anchorage
A Child's Haven
ACCESS Network
Aiken County First Steps Partnership
Allendale County ALIVE
Allendale County First Steps
Alliance for Community Trust (ACT)
Alliance for Full Acceptance
Alston Wilkes Society
Alzheimer's Association - Palmetto Chapter *
Alzheimer's Association Mid-State Chapter
ARC of the Midlands
Bennettsville Downtown Development Assn.
Berkeley County First Steps
Boys and Girls Club of the Midlands
Camp Discovery
Carolina Boys Home
Carolina Medical Assessment Center
CASA/Family Systems
Center for Women
Central Carolina Community Foundation
Chapin Foundation
Chester County First Steps
Child Abuse Prevention Association
Children in Crisis of Dorchester County
Christian Family Services
Christian Learning Centers of Greenville County
Clafin University CDC*
Clover Area Assistance Center
Colleton Christian Women's Job Corps
Colleton County Arts Council
Columbia Bethlehem Community Center
Communities in Schools of Charleston
Communities in Schools of Saluda County
Community Foundation of Greater Greenville
Community Health Outreach Coalition *
Community Housing, Inc. *
Cooperative Ministry
Darkness to Light
Delta House Inc. *
Diabetes Education Center
Disability Action Center
East Cooper Meals on Wheels
Edgefield First Steps
Edgewood Foundation
Exchange Club Center
Family Assets and Character Councils of South Carolina *
Family Connection of S.C.

Family Resources
Fathers With Pride Foundation
Fort Lawn Community Center
Fort Mill Housing Services, Inc. *
Foundation for Professional Development
Friends of the Old Exchange
Friends of the Richland County Public Library
Good Works Alliance
Greenwood Community Children's Center
Greenwood Literacy Council
Growing Home Southeast *
Harvest Free Medical Clinic *
Healing Farm Ministries
Holly Ridge Apartments, Inc., c/o Fort Mill Housing *
HOPE worldwide - SC
Horry-Georgetown Technical College Foundation
Humanities Council of South Carolina
Interfaith Hospitality Network of York County
Joshua's Way
Kershaw County Historical Society
Keystone
Lancaster Youth Endowment
Latinoamericanos en Accion
Laurens County First Steps
Lexington County First Steps
Lourie Theater
Lowcountry Open Land Trust
LRADAC
Mental Health Association of Laurens County
Nancy K. Perry Children's Shelter
National Association for Continence
National Kidney Foundation of South Carolina
Native Island Business & Community Affairs Assoc.
Neighborhood Development Office of the Greenwood Area Chamber
New Day of Spartanburg
New Foundations Children & Family Services
New Life Rescue Ministries
Oconee Community Theatre, Inc.
Oliver Gospel Mission
Outfitted for Work
Owls Club International
Palmetto Conservation Foundation
Palmetto Family Council *
Palmetto Health Foundation
Palmetto Homeschool Association
Parents Anonymous of South Carolina, Inc.
Parklands Foundation of Charleston County

Patients First
PNA Group, Inc. *
Project Care
Protection & Advocacy for People with Disabilities
Reading Is Power International
Respite House
Richland County First Steps
Rogma International
Ronald McDonald House of Charleston
Saluda County First Steps
SC Appleseed Legal Justice Center
SC Christian Action Council
SC Citizens for Life
SC Coalition Against Domestic Violence and Sexual Assault
SC Community Builders
SC Equality Coalition Foundation
SC Fair Share Education Fund
SC First Steps *
SC Hispanic Leadership Council *
SC Press Association Foundation
SC Self-Insurers Association
SC Traditional Arts Network
Shared Care, Inc. *
South Carolina Bar Foundation *
Still Hopes Episcopal Retirement Community *
Teens United for the Future
The Outreach Farm, Inc. *
United Ministries
United Way - Fort Mill/Rock Hill/Tega Cay
United Way Association of SC
United Way of Beaufort County
Upstate AHEC
Williamsburg Enterprise Community Commission
Women's Resource Center
Zacchaeus Society

Associate Members (Friends)

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Fluor Corporation
Gamble, Givens & Moody, LLC
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Nancy H. Boozer, CPA
Tamiko Newborn *
Terry Biorn
Walda Wildman, LLC

** Denotes new members*