

Frequently Asked Questions for:

FY22 Community Benefits Reporting Template

Fiscal Year 2022: October 1, 2021 – September 30, 2022

Why do we submit reports to the Attorney General's Office?

Every non-profit hospital reports annually to the MA Attorney General's Office, the Internal Revenue Service, and the City of Boston on efforts to provide community benefits for priority communities or neighborhoods identified by the hospital. The costs associated with community benefits are undertaken in lieu of certain tax payments.

What is a community benefit?

Community benefits are programs or activities that address the cause and impact of health-related needs in the communities that Tufts Medical Center serves. These services must result in a specific benefit to the community, cannot be provided for marketing purposes, and cannot generate revenue for the Medical Center. They must meet at least one of the following criteria to qualify as a community benefit and must have taken place in Massachusetts:

- Responds to the needs identified in the hospital's most recent [Community Health Needs Assessment](#) (CHNA)
- Responds to the health needs of special populations, such as those living in poverty or who are experiencing identified health inequities or disparities
- Improves access to health care
- Responds to general public health needs
- Involves education or research that improves overall community health
- Focuses on the Boston neighborhoods of Chinatown, Dorchester, South Boston and/or South End

Do not report costs as community benefit if the program is:

- Provided for marketing purposes
- Restricted to hospital employees and physicians only
- Required of all health care providers by rules or standards
- Questionable as to whether it should be reported
- Unrelated to health or the mission of the organization

What are examples of community benefits activities?

Community Health Improvement Services

- Immunization for low-income children
- Health screening program in low-income community
- Health education regarding diabetes
- Outreach to help seniors remain independent in their homes

- Taxi vouchers for low-income persons

Health Education Activities or Programs

- Scholarships for community members
- Continuing medical education for community physicians
- Nurse education if graduates are free to seek employment at any organization

Subsidized Health Services

- Clinics for low-income persons
- Mental health service with high census and Medicaid patients

Research Programs

- Research on how to reduce disparities in cancer
- Study on how to triage ER patients, results published in professional journal

Cash and in-kind contributions

- Donation to community clinic
- Cost of staff working in a free clinic while on hospital payroll
- Equipment with remaining useful life donated to community clinic
- Emergency funds provided to local Red Cross

Community-Building Activities

- Housing for low-income seniors
- Crime prevention program
- Advocacy on access to transportation, affordable housing, early childhood development programs
- Waste reduction to minimize incineration

How can I learn about Tufts Medical Center's past community benefits work?

The Medical Center's three most recent Community Health Needs Assessments and three most recent Community Benefits Reports are available [on our website](#).

When is my department's report due?

Reports are due by the end of the day on Friday, December 16, 2022. Please email completed reports to Jerrett.Jones@tuftsmedicine.org.

What if I have questions concerning the form or the information requested?

Please contact Sherry Dong, Senior Director of Community Benefits and Health Equity Programs at Sherry.Dong@tuftsmedicine.org and Jerrett Jones, Program Director of Community Benefits and Health Equity, at Jerrett.Jones@tuftsmedicine.org.

Guidance on Community Benefit Activities Related to COVID-19

Please review the guidance below for the types of COVID-related activities that may be considered and reported as community benefits activities. **This is not an exhaustive list** – there may be other activities you led or participated in that are eligible. If you are not sure whether an activity meets the eligibility guidelines, please do report it, and we can make the appropriate determination. Please be advised that all of the following examples should be reported as community benefit activities even if they are not related to the COVID pandemic. You may also email questions to Sherry Dong, Senior Director of Community Benefits and Health Equity, Sherry.Dong@tuftsmedicine.org and Jerrett Jones, Program Director of Community Benefits and Health Equity, Jerrett.Jones@tuftsmedicine.org.

What COVID related activities and programs should be reported as community benefits activities?

- Community health education designed to increase awareness of COVID-19 risks, available testing and treatment services, needed social services, how to access available community resources, how to stop the spread
- Free or nominal cost (non-billed) COVID-19 testing sites, flu shot clinics, telemedicine
- Operating or participating in the work of community disaster response (incident response) centers
- Hub for distribution of vaccines to unaffiliated community providers or vaccine sites
- Information and referral services (e.g., unbilled “ask a nurse” services) with information about community-wide resources
- Safe, outbound transportation services for patients in need
- Support groups for COVID-19 patients
- Programs that address COVID-19 related food and housing insecurity
- Staffing and other expenses to enhance COVID-19 related disaster readiness and responsiveness
 - Over and above licensure requirements, and/or
 - Focused on community-wide readiness
- Operating or participating in the work of community disaster response (incident response) centers
- Coordinating activities and programs with public health agencies, other hospitals, other community agencies
- COVID-19 related education if it counts towards licensure or certifications needed by health professionals to practice (e.g., CME that counts towards maintaining licenses)
- Cash contributions and grants to other organizations for COVID-19 related community benefits
- In-kind donations of PPE, supplies, staff time devoted to community-wide pandemic responses

We originally had not planned on reporting surge capacity activities (e.g. staff time planning for surge) as community benefit but realize we probably should. Would you recommend reporting 100% of incident command time as community benefit?

Administrative and clinical staff working with public health and community partners to prepare the community for disasters, including the COVID pandemic, could be reported as community benefit. Planning for patient care related activities and operations would not be included as community benefit.