



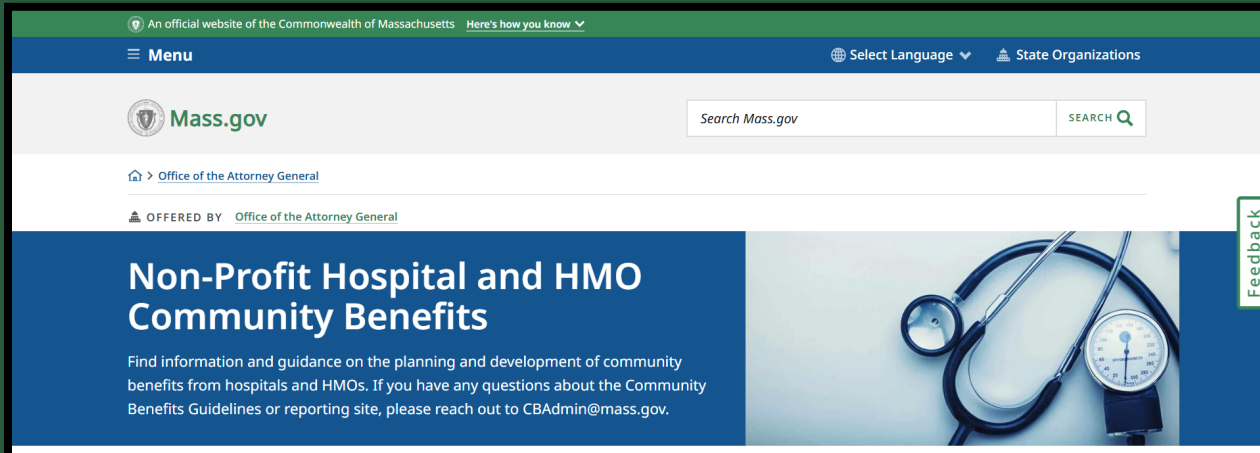
# Submitting Community Benefits Reports to the Massachusetts AGO

A Tutorial for Hospital and HMO Community Benefits Filers





# Accessing Reporting Site



Scroll and select “File Community Benefits Reports” to access the reporting site.

The Attorney General's Office (AGO) provides guidance on how non-profit hospitals and health plans should develop and report on the benefits and programs they provide to the public. The Attorney General's Community Benefits Guidelines gives expectations on how hospitals and HMOs should determine the health care needs of their communities, plan programs with their community partners, and report those activities to the AGO.

## What would you like to do?

### All other tasks

Search and Download  
Community Benefits Reports →

Hospitals and HMOs: File  
Community Benefits Reports →

Visit: <https://www.mass.gov/non-profit-hospital-and-hmo-community-benefits> to access the AGO Community Benefits website.



# Create an Account on the MA AGO's Community Benefits Reporting Site

**OFFICE OF THE MASSACHUSETTS ATTORNEY GENERAL**

**COMMUNITY BENEFITS SYSTEM**

Sign In

Support

EMAIL \_\_\_\_\_

PASSWORD \_\_\_\_\_

[Forgot Password?](#)

[Request Access to Site](#)

Sign In

**Enter your credentials. Should you need assistance with your account, email [CBAdmin@mass.gov](mailto:CBAdmin@mass.gov).**

**If you don't have an account, request access here.**



# Accessing a New Report

MAEVA.VEILLARD.PERRY@MASS.GOV  
Last login time: 7/14/2025 12:25:18 PM

OFFICE OF THE MASSACHUSETTS ATTORNEY GENERAL  
COMMUNITY BENEFITS SYSTEM

Annual Reports

FISCAL YEAR	ORGANIZATION NAME	STATUS
2025	Office of the Attorney General	In Revision
2024	Office of the Attorney General	Draft
2023	Office of the Attorney General	Draft
2022	Office of the Attorney General	Draft
2021	Office of the Attorney General	In Revision
2020	Office of the Attorney General	In Revision
2019	Office of the Attorney General	Submitted
2018	Office of the Attorney General	In Revision
2017	Office of the Attorney General	In Revision
2016	Office of the Attorney General	Submitted
2015	Office of the Attorney General	Submitted
2014	Office of the Attorney General	Submitted
2013	Office of the Attorney General	Draft
2012	Office of the Attorney General	Draft
2011	Office of the Attorney General	Submitted
2010	Office of the Attorney General	Draft

Items: 21

Begin populating your report with your organization's information.



Save Save and Close Save and New Delete Copy Object Refresh History Documents Forms Discussion Print More Toggle Tasks

Organization Info Mission and Key Planning/Assessment Documents Programs Expenditures Optional Information Submit to AGO Notes

Annual Report for 2025 - Office of the Attorney General - In Revision

Organization Name	Fiscal Year	Website	
Office of the Attorney General	2025	www.mass.gov	
Address	City	State	Zip
677 Huntington Avenue	Boston	Massachusetts	02115
Contact Name	Contact Title	Contact Department (optional)	
TEST	TEST	TEST	
Contact Address (optional, if different from above)	Contact City (optional, if different from above)	Contact State (optional, if different from above)	Contact Zip
TEST	TEST	TEST	02139
Email	Telephone	Fax (optional)	
TEST@state.ma.us			
Organization Type	For-Profit Status	Health System (if applicable)	
HMO	Not-For-Profit		

Import Community Health Network Areas from last year Import Regions Served from last year

Community Health Network Areas	Regions Served
<input type="checkbox"/> Community Health Network Areas	<input type="checkbox"/> Regions Served

Show 100 records Show 100 records



Once you've logged in, all past reports will be available here. Double Click on the Fiscal Year of report you'd like to open, and it will highlight in blue.



# Community Benefits Mission and Health Assessment

A Community Benefits Mission Statement is a public declaration by the organization that states the hospital, or HMO commits to provide support to address unmet health needs and improve the health of disadvantaged populations through the development and execution of an Implementation Strategy. The Mission Statement should explicitly recognize the hospital's traditional partnership with the community, the value of productive collaboration, and the hospital's willingness to allocate resources to address the community's unmet health needs.

Annual Report for 2025 - Office of the Attorney General - In Review

Community Benefits Mission

Import Mission Statement from [file icon] OR Mission Statement

Import Target Populations from last year

Target Populations

<input type="checkbox"/>	Name of Target Population	Basis for Selection
<input type="checkbox"/>		

“Target Populations” are specific populations or communities of need to which the hospital will allocate resources through its Implementation Strategy. Target populations must be disadvantaged populations. Some examples of disadvantaged populations are the medically underserved, the uninsured, those burdened with medical debt, the elderly, the poor, people of color, non-native English speakers, refugees and immigrants, gay, lesbian, bisexual, and transgender populations, and victims of domestic violence.

Key Planning Documents

Community Health Needs Assessment

Upload CHNA

CHNA File Name

Show 100 records

If other is checked above, please specify

To develop its Mission Statement and Implementation Strategy, organizations should conduct a Community Health Needs Assessment, a comprehensive review of unmet health needs of the community, including negative health impacts of social and environmental conditions, by analyzing community input, available public health data, and an inventory of existing programs, which should facilitate regional collaboration.



# Implementation Strategy and Self Assessment/ Feedback Forms

Organization Info **Mission and Key Planning/Assessment Documents** Programs Expenditures Optional

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**Implementation Strategy**

Upload Implementation Strategy

Implementation Strategy File Name

**Key Accomplishments of Reporting Year**

The Implementation Strategy is a blueprint, updated annually, for how the hospital plans to accomplish its Community Benefits Mission. This is a critical document in facilitating community engagement and collaboration across institutions. As such, the Implementation Strategy is a core component of the hospital's annual Community Benefits Report.

Report accomplishments your organization reached this year.

**Self-Assessment Forms**

Instructions

Please complete and upload 'HMO Self-Assessment Form - Year 1' if the HMO completed its triennial Community Benefits Report.

Upload Self-Assessment Form

[HMO Self-Assessment Form](#)

[HMO Self-Assessment Form](#)

Community

To help provide and the [HMO Self-Assessment Form](#)

The Self-Assessment Form is an opportunity for the hospital to reflect on successes and challenges in engaging with its community to assess community health needs and develop responsive programs. This form is also a way to increase transparency so that individuals and organizations that are affected by hospital Community Benefits investments can better understand how to participate in this process. Lastly, the Self-Assessment Form is intended to encourage hospitals to set goals to engage different constituencies in more meaningful ways.





# Community Benefit Programs

If you would like to input programs reported from the previous year, click "Import Programs from last year."

To add a new program, click the green "plus" sign.

Once you have "added" a program, a window will open, allowing you to submit information about the program.





Program reports include a narrative description of each program, as well as information about the populations served, health need addressed, goals and outcomes, and community partners. The program reports also include program-level tags that allow filers to identify if the program addresses an EOHHS statewide focus issue or DoN health priority, as well as the type of program (i.e., direct clinical services, community-clinical linkages, total population or community-wide intervention, or access/ coverage supports).

For each program, filers should indicate whether the program is part of a grant or funding provided to an outside organization.

See slides 12-17 for definitions of each program type.





# EOHHS Focus Issues and Additional Health Needs Identified by the Community

To promote transparency and collaboration, organizations should break out their program expenditures by Program Type, EOHHS Focus Issue, or Additional Needs Identified by the Community:

- Chronic Disease
- Housing Stability/ Homelessness
- Mental Health/ Mental Illness
- Substance Use Disorder
- Additional Health Needs Identified by the Community

Import previous year Focus Issues here.

Both program expenditure breakouts should equal the same total!!

The screenshot shows a web application interface for "EOHHS Focus Issues". At the top, there is a button labeled "Import Focus Issues from last year" which is circled in red. Below this is a header "EOHHS Focus Issues" and a sub-header "EOHHS Focus Issues (Select as Many as Apply)". On the right side of the interface, there is a toolbar with several icons: a refresh icon, a trash icon, a green plus sign, and a refresh icon. The green plus sign is circled in red and has a yellow arrow pointing to it from a text box that says "To add a new Focus Issue, click the green 'plus' sign." At the bottom right, there is a "Show 100 records" dropdown menu.



Organization Info Organization Admin\* Mission and Key Planning/Assessment Documents Programs **Expenditures** Optional Information Submit to AGO AGO Notes

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**Community Benefits Programs**

**Expenditures Broken Out by Program Type**

Direct Clinical Services	Community-Clinical Linkages	Total Population or Community-Wide Interventions	Access/Coverage Supports	Infrastructure to Support CB Collaborations
\$0.00	\$189,925.00	\$14,505.00	\$47,920.00	\$55,648.00

Subtotal indicating how much - if any - of the total is paid by the hospital as grants and/or other funding provided to outside organizations:

Direct Clinical Services	Community-Clinical Linkages	Total Population or Community-Wide Interventions	Access/Coverage Supports	Infrastructure to Support CB Collaborations
\$0.00	\$0.00	\$4,000.00	\$0.00	\$40,690.00

**Expenditures Broken Out by Health Need**

Chronic Disease with a Focus on Cancer, Heart Disease, and Diabetes	Mental Health/Mental Illness	Housing/Homelessness	Substance Use
\$33,871.00	\$158,719.00	\$0.00	\$0.00

Additional Health Needs Identified by the Community  
\$115,408.00

**Total Community Benefits Program Expenditures**  
\$307,998.00

Note: Both program expenditure breakouts (i.e. by program type and by health need) should equal the same.  
Confirmation that Total Expenditures by Program Type is Equal to Total Expenditures by Health Need. (If YES)  
Same Expenditure Total by Program Type and by Health Need?  
YES

**Other Leveraged Resources**  
\$1,062,596.00

**Charity Care**

HSN Assessment	HSN Denied Claims	Free/Discounted Care	Total Net Charity Care
\$232,623.00			\$232,623.00

All reported Community Benefit programs should align with an EOHHS Health Need or Additional Health Need Identified by the Community.  
For example, if a program is reported as a "Direct Clinical Service," there needs to be an associated EOHHS or Additional Health Needs Identified by the Community expense reported for that same program.

Be sure to differentiate between grants given to outside organizations.

Other Leveraged Resources are funds and services contributed by third parties for the express purpose of supporting a hospital or HMO's Community Benefits programs. *Review the AGO Guidelines for more information, including Charity Care reporting guidelines.*

**Total Community Benefits Expenditures**  
\$1,603,217.00

**Net Patient Services Revenue**      **CB Spending as a Percent of NPSR**  
\$0.00

**Approved CB Program Budget for FY2025**  
\$300,000.00

Comments

Programmatic expenditures, Charity Care, and Other Leveraged Resources make up **TOTAL** Community Benefit Expenditures.



Optional reporting of hospital bad debt if the hospital certifies that, in the prior fiscal year, it has adopted and followed the Attorney General's Recommended Debt Collection Practices for hospitals, outlined in Appendix I of the Guidelines.

Organization Info Organization Admin\* Mission and Key Planning/Assessment Documents Programs Expenditures Optional Information Submit to AGO AGO Notes

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Optional Information

Bad Debt

By checking the Certification box below, the institution below certifies that it has adopted and implemented hospital debt collection practices consistent with the Massachusetts Attorney General's Recommended Hospital Debt Collection Practices in Appendix I of the Attorney General's Community Benefits Guidelines for Nonprofit Acute-Care Hospitals

Bad Debt Certification

Bad Debt

Organization Name

Optional Supplement

Please provide a brief narrative on how the hospital/HMO is leveraging its role as an employer, purchaser, investor, and anchor institution in its communities to advance health equity, reduce disparities, and provide support for the social determinants of health in its communities, or advance other elements of its Community Benefits mission

This is optional supplement

Optional: Link to hospital/HMO publication describing Community Benefits initiatives

This optional supplement allows for organizations to provide a brief narrative on how they are leveraging their role as employers, purchasers, investors, and anchor institutions in their communities to advance health equity, reduce disparities, provide support for the social determinants of health in their communities, or advance other elements of their Community Benefits mission.


Check the submission box to submit!

Organization Info Organization Admin\* Mission and Key Planning/Assessment Documents Programs Expenditures Optional Information Submit to AGO AGO Notes

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To submit your annual report to the Massachusetts Office of the Attorney General, please check this box and click "Save."

Make sure that you have completed and reviewed the report prior to checking this box.





# Program Tag Definitions and Examples





# Direct Clinical Services

- **Definition:** The provision of services to target populations that requires some degree of interaction between the patient and health care provider including, but not limited to, physical and mental assessment, treatment procedures, or implementation of a care plan.
- **Program Example:** Free flu shots in the community





# Access and Coverage Supports

- **Definition:** Programs designed to increase access to health insurance and health care services for individuals, especially persons living in poverty and other vulnerable populations.
- **Program Example:** A case manager to assist community members enrolling in subsidized insurance products.





# Community-Clinical Linkages

- **Definitions:** Interventions that occur in community settings and that impact clinical outcomes.
- **Program Example:** Establishing new evidence-based programs at non-clinical organizations and/or establishing referral protocols to connect patients with resources outside the health care system.





# Total Population or Community-Wide Interventions

- **Definition:** Programs that are **not oriented to a single patient** or even to all those within a practice or covered by a given insurer. Rather, the **target is an entire population or subpopulation** often identified by a geographic area such as a neighborhood, city, or county. Interventions and strategies can occur in settings such as the community, school, or workplace and are policy, systems or environmental changes that alter the context of the social determinants of health of target populations.
- **Program Example:** Improvements to public outdoor spaces with the aim of promoting fitness and reducing chronic disease risk in the community.





# Infrastructure to Support Community Benefits Collaborations Across Institutions

- **Definition:** Investments in institutions working together on planning, implementing, or evaluating Community Benefit programs.
- **Program Example:** Transportation and other community engagement costs for convening an inter-hospital Community Benefits collaboration meeting.





# Examples of Programs that Fall into “Health Needs” Expenditure Categories

- **Chronic Disease with focus on Cancer, Heart Disease, and Diabetes:** Mammography van that provides digital mammograms and breast health education for women from medically underserved communities
- **Housing Stability/Homelessness:** Conducting a community-based assessment of housing discrimination and supporting the implementation of identified remedies
- **Mental Health/Mental Illness:** Community education campaign to reduce stigma associated with mental illness
- **Substance Use Disorders:** Providing community members with a safe way to dispose of medications, sharps, and needles





# Resources

- MA AGO Community Benefit Hospital Guidelines: <https://www.mass.gov/doc/updated-nonprofit-hospital-community-benefits-guidelines/download>
- MA AGO Community Benefit HMO Guidelines: <https://www.mass.gov/doc/updated-hmo-community-benefits-guidelines/download>
- MA AGO Community Benefits Website: <https://www.mass.gov/non-profit-hospital-and-hmo-community-benefits>
- Community Benefits Reporting Site: <https://massago.hylandcloud.com/203cbeac/Account/Login.aspx>
- Community Benefits Program Tags: <https://www.mass.gov/doc/community-benefits-program-definitions-and-tags/download>
- Frequently Asked Questions: <https://www.mass.gov/doc/faqs-updated-community-benefits-guidelines-0/download>
- Community Benefits Fact Sheet: <https://www.mass.gov/files/documents/2018/10/15/Community%20Benefits%20Fact%20Sheet.pdf>
- Past Community Benefits Reports: <https://massago.hylandcloud.com/203cbs/annualreport.aspx>

