



- a) Improve access to health care services
 - The participants include underserved persons
 - A program reduces or eliminates a barrier to access (For instance, programs occurring IN the community, meeting a geographic access need).
 - The program is available broadly to the public and not only to insured persons and patients
 - If the program ceased to exist, the community would lose access to a needed service



- b) Enhance public health
 - The program is designed around public health goals or initiatives
 - The program yields measurable improvements to health status
 - The community's health status would decline if the program ceased to exist
 - A public health agency provides comparable services
 - The program is operated in collaboration with public health partners



- c) Advance increased medical knowledge
 - The program results in a degree, certificate or training that is needed to practice as a health professional
 - The organization does not require trainees to work for the organization after completing training
 - •Health professional continuing education programs are open to professionals in the community, not exclusively for the organization's employees and physicians
 - The program involves health-related research that is funded by a taxexempt source intended to be made publicly available and to be useful to other providers



- d) Relieve the burden of government to improve health
 - The program or activity relieves a government financial or programmatic burden for improving community health or for providing access to care for vulnerable or medically underserved persons
 - Government provides the same or a similar service
 - Government provides financial support of the activity
 - If the program ceased to exist, health-related cost to government or another tax-exempt organization would increase



A program does <u>not count</u> as community benefit, if:

- The program is primarily for marketing purposes (For instance, health fairs; distributing hospital information for the purposes of Marketing service lines and medical practice's)
- The program benefits the organization more than the community
- An objective "sensible" would question whether the program truly benefits the community
- The program or contribution is unrelated to health or the organization's mission
- The program represents a community benefit provided by another entity or individual



- The program only serves the hospital's patients post-discharge and has return on investment to the hospital as its primary purpose
- The program is targeted only to the organization's "covered lives", or individuals for whom the organization bears financial risk. (For instance, "UM Capital Region patients")
- Access to the program is restricted to hospital employees or physicians
- The activity represents a normal "cost of doing business" or is associated with the current standard of care or is required for licensure or accreditation