

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2012 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

Garrett County Memorial Hospital

251 North Fourth Street

Oakland, Maryland 21550

301-533-4000

BACKGROUND

The Health Services Cost Review Commission’s (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission’s method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland’s nonprofit hospitals.

The Commission’s response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others’ community benefit reporting experience, and was then tailored to fit Maryland’s unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, and (3) hospital community benefit administration.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
31	2,197	21550 21561 21536 21520 21531	NONE	16.3%	15.8%

2. For purposes of reporting on your community benefit activities, please provide the following information:
- a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital’s Community Benefit Service Area – “CBSA”. This service area may differ from your primary service area on page 1. Please describe in detail.)

Open since 1950, Garrett County Memorial Hospital is located in the rural, Appalachian mountainous area of Western Maryland and provides services for the residents and visitors of Garrett County and the surrounding counties in West Virginia and Pennsylvania. Garrett County has consistently been designated as a Medically Underserved Area, and carries a “Low Income” designation as a Health Professional Shortage Area for primary care, dental and mental health. The Maryland Department of Health and Mental Hygiene confirm that over 45% of all county residents live at or below 200% of the federal poverty guidelines.

As the only hospital in the County, GCMH must be ready at all times to meet the clinical and emergent health needs of the region’s population. Only three U.S. designated highways traverse the county. These winding, two lane roads make travel difficult, especially during the winter months. With heavy average annual snowfalls of 86 inches, and some years exceeding with over 200 inches (16 feet) of snow or more, travel via automobile and ambulance is often treacherous and air transport to tertiary care facilities may not be possible for a number of days. The nearest referral hospitals are sixty miles to the east or west. Additionally, Garrett County’s population is aging, and there is no public transportation, such as bus lines or taxi services, available for them.

- b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person’s current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland State Health Improvement Plan (<http://dhmh.maryland.gov/ship/>) and its County Health Profiles 2012 (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>), the Maryland Vital Statistics Administration (<http://vsa.maryland.gov/html/reports.cfm>), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf)

Table II

<p>Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)</p> <p>Source: Maryland Department of Health and Human Services and U.S. Census</p>	<p><u>Target Population:</u> 30,051</p> <p><u>Sex:</u> 50.4% Female 49.6% Male</p> <p><u>Race & Ethnicity:</u> 97.8% White 1% Black 0.1% American Indian & Alaska Native /0.3% Asian 0.7% Hispanic Or Latino Origin 0.6% Persons reporting two or more races 97% White persons not Hispanic</p> <p><u>Age:</u> 0-5 years – 5.2% 6-17 years – 22.1% 18-64 years – 55.3% 65 years and above – 17.4%</p>
<p>Median Household Income within the CBSA</p> <p>Source: Maryland Department of Health and Human Services and US Census Report</p>	<p>The median household income for Garrett County is \$45,340. GCMH's service area extends into several counties in West Virginia where the median household income is only \$38,380.</p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p> <p>Source: US Department of Health and Human Services and the US Census Report</p>	<p>Garrett County has a 12.5% of households with incomes below federal poverty guidelines. Our service area in West Virginia counties has 17.4% of household incomes below the federal poverty guidelines.</p>

<p>Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links:</p> <p>http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml</p> <p>Source: US Department of Health and Human Services</p> <p>West Virginia County Rankings</p> <p>www.WVdhr.org; www.wvde.state.wv.us</p>	<p>Garrett County has a 16.3% of uninsured people. However, for the Hospital's Community Benefit Service Area we must also take into consideration our neighboring West Virginia Counties of Preston at 24.6%, Grant and Tucker Counties at 18% each and Mineral County at 15% uninsured.</p>
<p>Percentage of Medicaid recipients by County within the CBSA.</p> <p>Source: US Department of Health and Human Services; www.wvdhr.org; www.wvde.state.wv.us; www.wvcommerce.org; and West Virginia County Rankings</p>	<p>Garrett County has a 15.8% of Medicaid recipients. Again, we need to take into consideration that our neighboring West Virginia Counties list Medicaid eligible people at 15.2% for Preston County, 13.6% for Grant County, 13.4% for Tucker County and 12.2% for Mineral County.</p>
<p>Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).</p> <p>See SHIP website:</p> <p>http://dhmh.maryland.gov/ship/SitePages/objective1.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx</p> <p>Source: US Department of Health & Human Services and Maryland State Health Improvement Process – http://dhmh.maryland.gov/ship/; US Health Rankings</p>	<p>Garrett County has a life expectancy of 78.2 while our West Virginia component has a life expectancy of 75.16. Life expectancy by race and ethnicity data not available for Garrett County.</p>
<p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p> <p>Source: US Department of Health & Human Services; US Health Rankings</p>	<p>Mortality rate for Garrett County is 816 per 100,000 populations. Mortality Rates by race and ethnicity data not available for Garrett County. Our West Virginia population Mortality Rate is 949.70 per 100,000.</p>

Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)

See SHIP website for social and physical environmental data and county profiles for primary service area information:

<http://dhmh.maryland.gov/ship/SitePages/measures.aspx>

Source: County Health Rankings & Roadmaps, www.countyrankings.org;

US Department of Agriculture;

Garrett County Transit Service;

Garrett County Community Action;

Garrett County Economic Development;

Garrett County Health Planning Council Strategic Plan 2008-2012;

US Quick Facts Census Report

www.cleanairpartners.net

Garrett County Workforce Housing Plan

Maryland Standard Assessment School Report at www.mdk12.org/MSA

HEALTHY FOOD:

According to the USDA, Garrett County is not a food desert, meaning that residents have access to healthy food. However, the County Health Rankings reflect a 30% adult obesity rate and with 24% of children living in poverty we believe that a number of residents find “healthy” food options unaffordable and choose less expensive food products that are higher in fat and sugar content.

TRANSPORTATION:

Public transportation options in Garrett County are limited to the Garrett County Transit operated through the GC Community Action. Fares are reasonably priced at \$1.50 - \$2.00 per 16 miles of transport. Trips must be scheduled. The Transit report 140,000 riders last year, which is a large number at first glance. However, with a population of 30,000 traveling 365 days a year, one can easily surmise that most rely on private automobiles or family and friends for transportation. There are no regularly scheduled bus lines, or taxi services in the area

EDUCATION:

The 2012 Maryland Report Card reflects that Garrett County students achieve academic levels at or above the level of other Maryland students. Garrett County students ranked 76.7% proficient in Science compared to State ranking of 60.4%; Garrett County ranked 51.7% proficient in Math compared to State ranking of 45.9%; Garrett County students ranked 49.1% proficient in Reading compared to the State ranking of 45.1%. The County rate of high school graduates is 84.3%

compared to the State rate of 87.8%.

HOUSING QUALITY:

Housing prices in Garrett County doubled from 2001-2008 while wages remained stagnant and continue to remain low. Homes priced \$40,000 - \$135,000 are generally of poor quality and in need of significant improvements. GC Economic Development identified the need for affordable housing and developed the Garrett County Workforce Housing Plan in response. The action parts of this plan extend long-term, 5-10 years and continue to be worked on. The availability of rental properties and affordable housing continues to be an issue in the County.

ENVIRONMENTAL FACTORS THAT NEGATIVELY IMPACT CBSA:

The 2008-2012 Strategic Plan developed through the Garrett County Health Planning Council identified several areas of the environment that could potentially have a negative impact if not addressed. The plan includes an action plan to address the following.

Water: Approximately 75% of Garrett County residents (compared to 15% nationwide) rely on their own private drinking water supply. These supplies are not subject to EPA standards.

Air: While the Clean Air Partners ranked Western Maryland as moderate to good all but 6 days in 2012, there is a local concern about the increase of outdoor wood boilers. There is also a concern for indoor air quality with agents that could adversely impact health (formaldehyde, radon, mold, asthma

	triggers).
<p>Available detail on race, ethnicity, and language within CBSA.</p> <p>See SHIP County profiles for demographic information of Maryland jurisdictions.</p> <p>Source: www.maryland-demographics.com; US Census Quick Facts</p>	<p>According to Maryland Demographics the largest Garrett County racial/ethnic groups are white (97.3%) followed by black (1%) and Hispanic (0.7%). The median age for females is 44.2 years as compared to 41.5 years for men. Female persons for Garrett County are 50.4% while 49.6% are male.</p>
Other	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act (“ACA”), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report and as described in Health General 19-303(a)(4), a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

- (1) A description of the process used to conduct the assessment;
- (2) With whom the hospital has worked;
- (3) How the hospital took into account input from community members and public health experts;
- (4) A description of the community served; and
- (5) A description of the health needs identified through the assessment process (including by race and ethnicity where data are available).

Examples of sources of data available to develop a community needs assessment include, but are not limited to:

- (1) Maryland Department of Health and Mental Hygiene’s State Health Improvement Process (SHIP)(<http://dhmh.maryland.gov/ship/>);
- (2) SHIP’s CountyHealth Profiles 2012 (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>);
- (3) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
- (4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
- (5) Local Health Departments;
- (6) County Health Rankings (<http://www.countyhealthrankings.org>);
- (7) Healthy Communities Network (<http://www.healthycommunitiesinstitute.com/index.html>);
- (8) Health Plan ratings from MHCC (<http://mhcc.maryland.gov/hmo>);
- (9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
- (10) Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>);
- (11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
- (12) For baseline information, a Community health needs assessment developed by the state or local health department, or a collaborative

- community health needs assessment involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
- (13) Survey of community residents; and
 - (14) Use of data or statistics compiled by county, state, or federal governments.

1. Identification of community health needs:

Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.

Staff from the Garrett County Memorial Hospital and the Garrett County Health Department, under the direction of the Garrett County Health Planning Council, worked together and developed the Strategic Plan 2008-2012 to promote and protect the health of Garrett County. The Strategic Plan defines strategies for communities and agencies to collaborate to improve the health of Garrett County residents.

The team chose to use a model adapted from the National Association of County and City Health Officials and the Centers for Disease Control and Prevention called Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a community-wide strategic planning tool intended for improving community health. Through the MAPP process, communities make every effort to achieve optimal health by assessing strengths, resources and needs to develop and implement a strategic plan for public health improvement.

Because Garrett County was nearing the end of its five-year MAPP plan, the Health Planning Council, which includes several Hospital representatives, got on board with the Maryland SHIP to update and revise the MAPP plan. In the fall of 2011, the Garrett County Memorial Hospital and the Garrett County Health Department organized four workgroups based on the strategic issue areas from the MAPP plan and added a Data Review workgroup. These five workgroups were charged with reviewing SHIP data and updating and enhancing the previous action plans. Workgroups included *Healthy Lifestyles, Fragile Systems, Vulnerable Populations, Environment and Data Review*. The Garrett County Health Improvement Plan was developed from the work of these five workgroups. This assessment initiative was started in the fall of 2011. Phase I was completed with strategies to be achieved March 1, 2012 – December 30, 2012. Phase II was completed with strategies to be achieved July 1 2012-June 20, 2015.

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted? Include representatives of diverse sub-populations within the CBSA, including racial and ethnic minorities (such as community health leaders, local health departments, and the Minority Outreach & Technical Assistance program in the jurisdiction).

In addition to representatives from Garrett County Memorial Hospital, there were representatives from the Garrett County Health Department, Oakland Nursing and Rehabilitation Center, Garrett County Commissioners, Mountain Laurel Medical Center and Garrett College, GC Community Action, Hospice, two local physicians, and general

consumers. Due to the limited racial and ethnic diversity in Garrett County, the individuals involved were all stakeholders from agencies and volunteer groups, Health Planning Council members, and citizen advocates.

3. When was the most recent needs identification process or community health needs assessment completed? (this refers to your *current* identification process and may not yet be the CHNA required process)

Provide date here: March 1, 2012 Phase 1 Completed

4. Although not required by federal law until 2013, has your hospital conducted a Community Health Needs Assessment that conforms to the definition on the previous page within the past three fiscal years? **Please be aware, the CHNA will be due with the FY 2013 CB Report.

Yes

No

If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.

<http://www.garretthealth.org/SHIP/Garrett%20County%20Health%20Improvement%20Plan%202012-2015.pdf>

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

- a. Is Community Benefits planning part of your hospital's strategic plan?

Yes

No

- b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

- i. Senior Leadership

1. CEO

2. CFO

3. Other (please specify) Vice President of Clinical and Support Services

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (please specify)

iii. Community Benefit Department/Team

1. Individual (please specify FTE) Development/Wellness/Public Relations
2. Committee (please list members)
CEO, CFO, Vice President of Clinical & Support Services, Wellness Nurse, Development/Public Relations Director, Accounting Director, Accountant, Wellness Physician Director
3. Other (please describe) Input on Community Benefit activities is also obtained from the Hospital Board's Public Relations Committee.

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet yes no
Narrative yes no

d. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet yes no
Narrative yes no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

For example: for each major initiative where data is available, provide the following:

- a. Identified need: This includes the community needs identified in your most recent community health needs assessment as described in Health General 19-303(a)(4).

Include any measurable disparities and poor health status of racial and ethnic minority groups.

- b. Name of Initiative: insert name of initiative.
 - c. Primary Objective of the Initiative: This is a detailed description of the initiative and how it is intended to address the identified need. (Use several pages if necessary)
 - d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
 - e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
 - f. Date of Evaluation: When were the outcomes of the initiative evaluated?
 - g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data when available).
 - h. Continuation of Initiative: Will the initiative be continued based on the outcome?
 - i. Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.
2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.)

Three of the SHIP objectives identify health needs for the county that are not primarily addressed by the hospital at this time. These issues are also noted for concern in the Healthy Lifestyles section of the Community Health Improvement Plan.

SHIP objective 33 and 32 respectively identify high school tobacco use and adult smoking as health needs for Garrett County. These two objectives showed poorer performance for the County than the State. Garrett County Memorial Hospital is a smoke free campus and provides incentives for employees to stop smoking, however, the Garrett County Health Department already offers a very effective program for anyone who want help to stop smoking. The Health Department also has a very strong working relationship with the Board of Education to go into the classrooms with information, surveys and programs to discourage smoking. The Youth Behavior Risk Factor Survey completed by the Health Department assesses the issue of smoking among students. The Health Department has programs to educate the adult population and reach out to monitor the

stores selling tobacco products. Garrett County Memorial Hospital refers individuals to the Health Department and is supportive of their program.

SHIP objective 31 identifies childhood obesity as another problem that the County performed poorer than the State. The Garrett County Health Department works with the Board of Education at the classroom level, through school meals and vending machines. They have outreach programs that encourage healthy eating and incorporating fresh fruit and vegetables in the children's diet. Childhood obesity is a problem of such magnitude that it warrants additional attention and resources. Garrett County Memorial Hospital has plans to expand its Wellness programs to help address childhood obesity in fiscal years 2013 and 2014.

V. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Garrett County Memorial Hospital's size and rural location limit the number of physicians who provide specialty services. The community is simply not large enough to support full time specialists. In addition, a physician shortage is predicted over the next five to ten years since approximately 50% of the area's family practice physicians and surgeons are approaching retirement age. Rural Maryland counties are at a disadvantage when it comes to recruiting physicians because they lack the resources to offer attractive incentives for setting up a practice.

Garrett County has consistently been designated as a Medically Underinsured Area and has a "Low Income" designation as a Health Professional Shortage Area for primary care, dental and mental health. Over sixteen percent of the population has no form of health care coverage. Historically, the underinsured residents of the area came to the hospital's Emergency Department for treatment of minor illnesses since we provide care regardless of the ability to pay. A Federally Qualified Health Center, opened in 2006, offers an alternative for obtaining quality health care service regardless of their ability to pay. However, the Emergency Department continues to be a convenient source of obtaining non-emergent care for the underinsured individual.

Since GCMH does not employ physicians for certain specialty areas, some patients requiring Neurology, Pulmonary and Cardiology services, as well as major trauma patients, are stabilized and transferred to an appropriate facility for treatment.

While there are some gaps in the availability of specialty providers, Garrett County Memorial Hospital maintains excellent relationships with surrounding facilities to ensure continuity of care for patients needing transfer for specialty care. Garrett County

Memorial Hospital will always strive to offer high-quality health care services for all patients.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Although included in the workforce development category, Garrett County Memorial Hospital plays an active role in physician recruitment. As the only healthcare facility in the area, the community relies on the Hospital to ensure that an adequate number of physicians are available to serve the community's healthcare needs. Newly recruited physicians coming to Garrett County join a core group of professionals that serve the community as independent healthcare providers, not as hospital employees.

While the Hospital does not directly subsidize the physicians, we help to facilitate their volunteer roles in the community such as the orthopedic doctors working in the Shriner's Clinic for free; the surgeons do prostate screening gratis; the radiologists read indigent mammograms for greatly reduced pricing. We have physicians that are active on the Ski Patrol, serve as the College Football Team Physician, Soccer Coach, High School Sports Physician, and Volunteer Fire Department Oktoberfest Band. Garrett County Memorial Hospital is often the one brokering the deal and encouraging their willingness to help community projects.

VI. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
 - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

For **example**, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
 - in a culturally sensitive manner,
 - at a reading comprehension level appropriate to the CBSA's population, and
 - in non-English languages that are prevalent in the CBSA.
- posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;

- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
- provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
- includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

b. Include a copy of your hospital's FAP (label appendix II).

c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).

2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

Table III
082012

Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Address the high numbers of heart death mortality</p> <p>Address Adult Obesity</p> <p>Increase life expectancy</p>	<p>Provide cardiovascular specific, group exercise programs for seniors and health compromised individuals in a medically monitored setting</p>	<p>Provide regularly scheduled, medically supervised exercise regimes that provide cardiovascular workouts. Cardio workouts help:</p> <ul style="list-style-type: none"> • Strengthen the heart • Strengthen the lungs and increase lung capacity • Decrease stress • Promote restful sleep <p>A secondary objective for the initiative is to help participants increase their fitness level to their maximum capability. The cardio workout helps</p> <ul style="list-style-type: none"> • Boost metabolism to help lose weight • Increase energy <p>Workouts include both floor exercise and water exercise for ease on joints and muscles.</p>	<p>Multi-Year FY 2012 and 2013</p>	<p>GCMH Garrett Rehab Services Garrett College Community Aquatic & Recreation Complex</p>	<p>A full program evaluation will be done in December 2012 following a full year of the water component of this program</p>	<p>While the full program evaluation is not complete until the end of calendar 2012 we can report the following outcomes to date:</p> <ul style="list-style-type: none"> • There have been 1,458 participant hours • A couple participants are now doing water exercise 5 days a week • Participants are reporting improved flexibility and endurance • Participants report increased energy levels and their breathing has improved 	<p>We do plan to continue the program for FY 2013. The program will be formally evaluated in December 2012 for changes/modifications if indicated.</p> <p>Long-term cardiac benefits will require multi-year monitoring but short-term success is already evident for our health-compromised participants.</p>	<p>\$26,962</p>

Table III
082012

Initiative 2.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Maintain optimal health and increase life expectancy	Empower individuals to make informed health decisions regarding their health and overall lifestyle	Sponsor a free, annual community health fair in a publically accessible location, provide free health screenings, presentations and information on a broad range of health related topics and available health services.	Multi-Year In April of each year	Garrett County Health Department Local Physicians Garrett College 55 different agencies who provide information booths	April 2012	Evaluated by participants and vendors at the end of each health fair <ul style="list-style-type: none"> • 800 attendees • All positive comments • Vendors report Good booth attendance and indicate their interest in signing up for next health fair. 	Plans are to continue the health fair in 2013 and 2014	\$11,927

Table III
082012

Initiative 3.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Empower new parents, especially first time parents with information, education and a support system.	Provide a free Parent Help Line	To provide parents of newborn babies a resource for questions, concerns and information on caring for their child. The Parent Help Line is available twenty-four hours a day, seven days a week. This resource is available to anyone and is not limited to parents with a child born at GCMH.	Multi-year Ongoing Program	GCMH Family Centered Maternity Suite	Annually	Information provided to 181 new parents	Program will be continued	\$3,304

Table III
082012

Initiative 4.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Increase awareness and reduce fear of hospitals among first grade aged children	Children's Hospital Orientation Program for Schools	Every first grader, in every school, in Garrett County is brought to the Hospital on a field trip. Students tour areas of the hospital to include the Emergency Room. They get a hands-on introduction to equipment used for vital signs, cast application, and x-rays. The tour includes the Family Centered Maternity Suite.	Multi-year Ongoing Program	Board of Education, Bus Transportation System, GCMH	Ongoing after each visit	298 first grade students visited Garrett County Memorial Hospital in FY 2012. Following each visit, the teacher of that particular class completes a survey to assess the program. The responses are all overwhelmingly positive and supportive of the program. The most popular area to visit is the Family Centered Maternity Suite to see the newborns. Students often draw pictures to represent their favorite part of the visit.	The program will be continued	\$1,862

Table III
082012

Initiative 5.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Children up to age 5 have been identified in the Garrett County Community Health Improvement Plan as a vulnerable population. The need is to empower our youth, ages 11 and up with skills and knowledge to care appropriately for their siblings and others.</p>	<p>To host Safe Sitter Programs and provide medically accurate instruction for the purposes of certification for babysitters.</p>	<p>To provide medically accurate information and train babysitters, age 11 and up, how to handle young children, what to expect, and when to call an adult for help. The program provides tips to use in a number of difficult babysitting situations. It teaches what to do for choking, bleeding and other first aid type instances. The students receive basic training in CPR for infants. Adults are welcome to join the class if they desire to do so.</p>	<p>Multi-Year Ongoing Program</p>	<p>GCMH</p>	<p>Each class is evaluated at the end of the class by the student participants .</p>	<p>In FY 2012 there were 36 participants who successfully completed the class to be Certified Safe Sitters. All participants report learning a lot and enjoying the class. It is a full day class which is considered a long day by the participants. They each leave with an increased level of skill and confidence.</p>	<p>The program will continue to be offered several times a year.</p>	<p>\$1,721</p>

Garrett County Memorial Hospital
Community Benefits Report
Fiscal Year 2012

APPENDIX I: Describe your hospital's Charity Care policy and how the hospital informs patients about their eligibility for assistance.


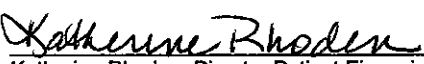
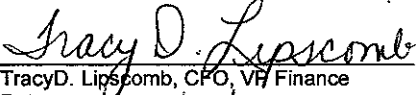
Garrett County Memorial Hospital's "Caring Program" offers financial assistance to underprivileged, underemployed, and/or underinsured patients for healthcare services they may not be able to pay for due to circumstances beyond their control. The qualifying criteria are wide-ranging so the hospital can apply maximum flexibility to offer financial assistance to program applicants.

Financial assistance is available at varying levels based upon income. From 100% financial assistance for incomes at or below 200% of the current Federal Poverty Guidelines to 5% financial assistance for incomes at 201% - 300% of the Federal Poverty Guidelines.

Garrett County Memorial Hospital informs patients about the Caring Program through various means of communication. Signs with summary and contact information are posted in the reception areas of the Patient Financial Services Department, Admissions Department and Emergency Admissions Department. Information is included in the *Patient Handbook* given to every patient admitted to the facility. Information is included on the hospital's website. Advertisements and information is placed in the local newspaper on an annual basis to remind people the program is available. Automated monthly statement messages are generated and included in all patient bills to advise the individual about the Caring Program and to encourage them to apply for financial assistance.

Language in the Hospital's Community Benefit Service Area is predominately English, however, a written summary of the Financial Assistance Policy is available in Spanish. Garrett County Memorial Hospital contracts with Translate International via telephone for instances needing other language services. We would be able to accommodate patients through this service as needed.

The Financial Assistance Program is one that tends to be somewhat complex and difficult to comprehend for individuals with limited education. However, we recognize that as an area to strive for improvement. While our patient financial services staff can make the process more easily understood in a one on one situation, the written document is a little more difficult. Our efforts will extend to making that document more reader friendly.

	Department: Patient Financial Services	Policy Title: Caring Program (Financial Assistance)	
	Original Date: 09/01/01	Policy Number: 8520.000	Page Number: 1 of 8
	Effective Date: 09/01/01	Reviewed/Revised Dates: 06/03/03; 04/01/06; 03/14/08; 01/20/09;03/06/09; 11/11/09; 03/22/10;04/06/10;01/21/11; 02/01/12	
Approval Signature & Title:  Katherine Rhoden, Director Patient Financial Services Date:02/01/11	Approval Signature & Title:  TracyD. Lipscomb, CFO, VF Finance Date: 2/14/12	Approval Signature & Title: <hr/>	

Policy Statement:

The "Caring Program" enables Garrett County Memorial Hospital (GCMH) to offer financial assistance for healthcare services rendered to underprivileged, underemployed, and/or underinsured patients who have difficulty providing themselves with life's necessities, i.e., food, clothing, shelter, and healthcare. In an effort to assist those in need and to further the hospital's charitable mission, GCMH has established a financial assistance program to allow the write-off of unpaid account balances upon determination of the "Caring Program" eligibility. GCMH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Individuals with a demonstrated inability to pay rather than unwillingness to pay are eligible to apply for the financial assistance program at GCMH. Patients are expected to cooperate with GCMH's procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay.

Objective:

The qualifying criteria are minimal and broad so GCMH can exercise maximum flexibility to offer financial assistance to program applicants. GCMH retains the right to use its discretionary judgement in making final decisions regarding eligibility to the "Caring Program." Eligibility to the "Caring Program" represents "free" or reduced healthcare and as such, is included as part of the hospital's charitable mission.

Guidelines:

- A. GCMH will grant financial assistance for eligible applicants for medically necessary services that are urgent, emergent, or acute in nature. Services included in the program are emergency room visits, inpatient admissions, and outpatient laboratory, radiology and cardiopulmonary services. Elective surgical procedures may also be eligible for

financial assistance for eligible applicants through the "Caring Program" and will require individual consideration by management.

- B. Screening for Medicaid eligibility is required.
- a. If Medicaid eligibility is likely, the patient must apply for Medicaid within 60 days of the service date or the date the patient assumes financial responsibility for the services rendered.
 - b. If Medicaid eligibility is not likely, i.e., no extraordinarily high medical bills, no children in the household, any disability, etc., a formal denial from Medicaid is not required; however, all Patient Financial Services Representatives have the authority to request the Medicaid application whenever there is a chance of Medicaid eligibility.
 - c. Patients who qualify for Maryland or West Virginia Medicaid's Primary Adult Care (PAC) Program do not need to apply for Medicaid as their financial need has already been proven to the State. The Caring Program Application is still required and income and assets will be reviewed.
 - d. Parents of children with Medical Assistance do not need to apply for Medicaid as the State has already determined they are not eligible.
 - e. Patients who are eligible for food stamps, state-funded prescription programs, WIC, subsidized school lunch program, or subsidized housing do not need to apply for Medicaid as the state has already determined they are not eligible.
 - f. Any patient who is not eligible for fully covered Medicaid services may apply for financial assistance through "The Caring Program."
 - g. Any patient who is eligible for Medicaid but has a "spend-down" requirement to meet before Medical Assistance begins to cover charges may apply for "The Caring Program."
 - h. Incomplete applications and/or failure to apply and follow through with the Medicaid application will result in a denial from the "Caring Program."
- C. The "Caring Program" application must be completed and returned via the U.S. Postal Service, delivered in person, or completed over the telephone within 60 days of date the patient becomes financially responsible for services rendered. The patient, a family

member, a close friend, or associate of the patient, subject to applicable privacy laws, may make a request for financial assistance.

- a. All applications require the signature of the individual who is financially responsible for the unpaid bills as well as proof of financial information used to determine program eligibility. If the applicant cannot read/write, PFS will read the policy to the applicant and assist with the form completion, requiring only a witnessed signature of an "X."
- b. Any additional information requested by a Patient Financial Services Representative must be returned to the Patient Financial Services (PFS) Department within 30 days of the request. If the information is not returned within that time, the patient is ineligible for assistance through the "Caring Program" for those service dates that related to the application.

D. In order for an individual to qualify, he/she must have exhausted all other sources of payment, including assets easily liquidated, i.e., bank accounts, money market accounts, Certificate(s) of Deposit, savings bonds, etc. Calculation of the applicant's income excludes net assets of \$10,000 or less.

E. The following definitions of family size and income will assist in the "Caring Program" eligibility determination:

1. **Family:** Using the Census Bureau definition, a family is a group of two or more persons related by birth, marriage, or adoption, living in the same residence, sharing income and expenses. When a household includes more than one family, GCMH will use each separate family's income for eligibility determination. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for the purposes of the provision of financial assistance.
2. **Individual:** An individual is a person who is emancipated, married, or 18 years of age or older (excluding inmates of an institution) who is not living with relatives. An individual may be the only person living in a housing unit, or may be living in a housing unit with unrelated persons. An individual is also, for the purposes of this policy, someone 18 years of age or older who lives with relatives but has his/her own source of income.
3. **Income:** Before taxes from all sources, as follows:
 - a. Wages and salaries
 - b. Interest or dividends
 - c. Cash value of stocks, bonds, mutual funds, etc.
 - d. Net self-employment income based on a tax return as calculated by GCMH. Non-cash deductions (depreciation), income tax preparation fees,

expenses for use of part of a home, entertainment, and any other non-essential expense will be subtracted from the reported business expense deductions in determining financial need and program eligibility.

- e. Regular payments from Social Security, railroad retirement, unemployment compensation, veterans' payments, etc
- f. Strike benefits from union funds
- g. Workers' compensation payments for lost wages
- h. Public assistance including Aid to Families with Dependent Children
- i. Supplemental Security Income
- j. Non-Federally funded General Assistance or General Relief money payments
- k. Alimony, child support, military family allotments or other regular support from an absent family member or someone not living in the household
- l. Private pensions or government employee pensions (including military retirement pay)
- m. Regular insurance or annuity payments
- n. Net rental income, net royalties, and periodic receipts from estates or trusts
- o. Net gambling or lottery winnings
- p. Assets withdrawn from a financial institution one year or less before program application
- q. Proceeds from the sale of property, a house, or a car
- r. Tax refunds
- s. Gifts of cash, loans, lump-sum inheritances
- t. One-time insurance payments or compensation for injury

F. Eligibility for 100% financial assistance at GCMH is available to applicants whose income is at or below 200% of the current Federal Poverty Guidelines when the applicant has less than \$10,000.00 in net assets. Any Individual treated at GCMH, regardless of permanent State residence, may apply for financial assistance through "The Caring Program." Partial assistance is available with incomes up to 300% (after the \$10,000 net asset exclusion) of the Federal Poverty Guidelines, as follows:

1. Eligibility for 95% financial assistance is available for incomes at 201%-210% of the Federal Poverty Guidelines.
2. Eligibility for 85% financial assistance is available for incomes at 211%-220% of the Federal Poverty Guidelines.

3. Eligibility for 75% financial assistance is available for incomes at 221%-230% of the Federal Poverty Guidelines
4. Eligibility for 65% financial assistance is available for incomes at 231%-240% of the Federal Poverty Guidelines.
5. Eligibility for 55% financial assistance is available for incomes at 241%-250% of the Federal Poverty Guidelines.
6. Eligibility for 45% financial assistance is available for incomes at 251%-260% of the Federal Poverty Guidelines.
7. Eligibility for 35% financial assistance is available for incomes at 261%-270% of the Federal Poverty Guidelines.
8. Eligibility for 25% financial assistance is available for incomes at 271%-280% of the Federal Poverty Guidelines.
9. Eligibility for 15% financial assistance is available for incomes at 281%-290% of the Federal Poverty Guidelines.
10. Eligibility for 5% financial assistance is available for incomes at 291%-300% of the Federal Poverty Guidelines.

G. If ineligibility results from the financial guidelines stated above or the applicant is eligible for partial assistance only and the applicant indicates an inability to pay the outstanding balance, the applicant will be asked to complete a financial statement to determine if his/her available monthly income is consumed by the daily necessities of life. Individual consideration of eligibility for applicants in this situation will apply to assure members of our community who cannot pay for their hospital care are included in our financial assistance program.

1. Mutually agreed upon interest-free monthly payments (based on available income after expenses) will be discussed and offered to those who are otherwise ineligible for the "Caring Program" and have expressed a need for an extended repayment period.

H. Individuals with a need for financial assistance who are unable to apply or do not have an individual to apply on their behalf are not overlooked for financial assistance through the "Caring Program." This includes anyone determined to be homeless, patients who have filed for bankruptcy, and/or patients who are deceased with no estate or with an estate too small to cover the patient's hospital bills. Any patient falling into these categories will be eligible for 100% coverage of his/her hospital bills through The Caring Program. The following indicates the available methods for GCMH to obtain information needed for eligibility determination in these situations and for whom a completed, signed application is not required:

1. Telephone contact, including TTY communication and verbal information about the individual's financial situation

2. Discussion of the situation with the individual's state Medicaid office to obtain a preliminary determination of Medicaid eligibility
 3. Research the applicant's other GCMH accounts
 4. Information from the next of kin or other person able to speak about the individual's financial condition
 5. Have personal knowledge of the individual's living situation
 6. Observation of applicant's appearance
- I. Documentation requirements include the application for financial assistance, proof of income and/or any unusual expenses, financial statement, release of information, etc.
- J. GCMH has posted signs publicizing the Program at all registration areas and in the reception area of the Patient Financial Services (PFS) Department. Information about the program is printed in the "Patient Handbook" and on the hospital's web site. Monthly self-pay statements include a pre-printed notification of the financial assistance program and instructions for applying to the "Caring Program." Included with every self-pay statement is the "Maryland Hospital Patient Information Sheet" that mentions the hospital's financial assistance program. Automated monthly statement messages also encourage applications for financial assistance. Whenever a patient/guarantor inquires about the availability of a financial assistance program at GCMH, staff members should refer the inquiry to the PFS Department; offer to supply the telephone number of the PFS department, and/or direct patients to the PFS department. All PFS personnel review the financial assistance policy annually, at a minimum, discuss policy changes at departmental meetings, and have access to the current financial assistance policy during all work hours.
- K. GCMH will post, at least on an annual basis, an ad in the local newspaper informing residents of the availability of its financial assistance program, or upon approval of updates to the program guidelines. Printed copies of the application forms are available at the time of registration or at any registration location. Copies of the financial assistance policy and applications are also available in the Patient Financial Services Department upon request and may be picked up in person or mailed to the patient's or guarantor's home.
- L. Self-pay accounts will be screened for financial assistance regardless of the dollar amount of the account; however, self-pay balances resulting from insurance company payment to the individual or from the individual's failure to respond to an insurance or GCMH query will not be considered eligible for the program.
- M. Financial assistance is not available for any account already referred to a collection agency or attorney for formal collection action. Excluded from this statement are accounts where an individual/family has declared bankruptcy or has deceased with no estate or has an estate too small to pay our claims. All third party collection agencies

receive a copy of the financial assistance policy on an annual basis, or when changed, which ever occurs first.

- N. Financial assistance through the "Caring Program" will continue for a period of one year after the eligibility approval date, unless income significantly changes, when based on fixed incomes such as social security or retirement, or the tax return of a self-employed individual. Eligibility based on the guarantor's past three months of income or annual tax return of someone who is not self-employed will qualify for a six-month eligibility to the Caring Program unless the income of the applicant changes significantly.
1. After the designated period of eligibility, a new application for financial assistance must be completed/signed by the guarantor. Fixed income verification is required annually and applies for one calendar year (January through December) for eligibility determination if the applicant completes the renewal application at the appropriate time.
 2. Upon application approval, GCMH will write-off eligible account balances. GCMH may reverse the determination of eligibility if any of the information supplied on the application was incorrect.
 3. If an individual's financial status deteriorates and he/she cannot pay the agreed upon monthly payment amount, GCMH will again review (upon request) the individual's eligibility to the program.
 4. Once GCMH has determined that an account is eligible for financial assistance or is not collectible, that financial classification is final.
 5. GCMH will post payments received from any source (after the eligible account balance is written-off) to the appropriate hospital account and will adjust the amount of the financial assistance write-off accordingly. GCMH will refund self-pay payments of \$25.00 or more received on eligible accounts within 12 months of the application approval date.
- O. Individuals who have incurred hospital expenses for care and/or treatment ordered through the Garrett County Health Department (GCHD) as part of the Garrett County Cancer Control Program shall be eligible for financial assistance for balances remaining after payment from GCHD. GCHD is responsible for notifying GCMH of all claims that fall into this category.
- P. Individuals or families with an income below 500% of the federal poverty level that can prove medical hardship will be eligible for The Caring Program for a 15% financial assistance or reduction in charges. In order to meet the medical hardship criteria, the patient/family must have medical debt at Garrett County Memorial Hospital (excluding co-pays, co-insurance, and deductibles) that exceeds 25% of the individual's/family's annual income. Medical debt is any out-of-pocket expense (excluding co-pays, co-insurance, and deductibles) for medically necessary care that the individual/family has incurred at Garrett County Memorial Hospital in a 12 month period. Medically necessary care, for the purposes of this policy, does not include elective or cosmetic procedures. If an individual/ family meets these criteria and is found eligible for The Caring Program, that eligibility will last for 12 months

from the date on which the reduced-cost medically necessary care was initially received, unless there is a significant change in the individual or family's income. Once found eligible, The Caring Program covers medical bills for all members of the household. Eligible medical debt does not include any accounts which the patient chooses to opt out of insurance coverage or insurance billing.

- Q. Upon receipt or notification of an individual's or a guarantor's notice of bankruptcy filing, all accounts with an outstanding self-pay balance for that individual or guarantor will become eligible for 100% financial assistance through the Caring Program.
- R. Self-pay accounts for individuals who are deceased and have no assets or estate shall be eligible for 100% financial assistance through the Caring Program.
- S. An approval or denial letter will be mailed out to the applicant within 2 weeks of the application date.
- T. In implementing this Policy, GCMH management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to the Policy.



Dear Sir/Madam:

Garrett County Memorial Hospital (GCMH) is pleased to offer financial assistance to individuals of our community who may need help with the payment of charges for medical services obtained at GCMH.

In order for us to complete our Caring Program determination of eligibility, you will need to apply for medical assistance through the state in which you reside. For Maryland residents, please contact the Department of Social Services of Garrett County at 301-533-3000 to schedule an appointment, or if out-of-state, you may need to contact your county health department.

You may complete and return your Caring Program Application now so we can determine your financial eligibility to the program while awaiting the outcome of your Medicaid application. Once your Medicaid eligibility is either granted or denied, we will finalize your Caring Program Application and notify you of our findings. **(Household members on the enclosed form only include those you can claim on your Federal Income Tax Form).**

___ I have completed and am **returning the Caring Program Application along with my required proof of income. (Acceptable proof of income as follows):**

- *Fixed monthly income: Current bank statement showing auto deposit, or Award letter.
- *Self Employed income: Current Federal Income Tax form including Schedule C.
- *Employed: Current pay stubs for the last 3 months.
- *Unemployment: Initial Award Letter, or bank statement, or Webcert Information.

___ I have scheduled an appointment with a case worker to determine Medicaid eligibility.

Please keep our office informed of your Medicaid appointment date so we can add this information to the Care Program Application you are now forwarding to our office.

To be eligible for consideration, we must have your application returned within 30 days.

If you have any questions about the completion of the financial assistance application or other paperwork, please don't hesitate to contact me at the number below.

Last name beginning with	A - Fiz	call Roberta	301-533-4213
	Fj - Liz	call Trisha	301-533-4211
	Ll - Sgz	call Jayne	301-533-4212
	Sh - Z	call Jessi	301-533-4354

Note: Your application cannot be processed without your proof of income and Medicaid denial letter.

251 North Fourth Street – Oakland, Maryland 21550-1375 (301-533-4000) TTY (301)533-4146

GARRETT COUNTY MEMORIAL HOSPITAL

MARYLAND HOSPITAL PATIENT INFORMATION SHEET

Hospital Financial Assistance Policy:

- The hospital provides emergency or urgent care to all patients regardless of ability to pay.
- You are receiving this information sheet because under Maryland law, this hospital must have a financial assistance policy and must inform you that you may be entitled to receive financial assistance with the cost of medically necessary hospital services if you have a low income, do not have insurance, or your insurance does not cover your medically-necessary hospital care and you are low-income.
- This hospital meets the legal requirement by providing financial assistance based on an annual income that is up to 150% of the federal poverty level. A sliding fee scale is applied to individuals/families with an annual income that is between 151% and 200% of the federal poverty level. An individual is someone who is single and does not live with any blood relatives. A family consists of all members of the same family who are related by marriage or birth that live in the household.
- Financial assistance is provided to individuals or families based on annual income and the number of family members living in the household. Assets in excess of \$10,000.00 will be included as income on the financial assistance application.
- It is very important to fill out the financial assistance application completely, provide the requested proof of income and Medicaid screening information within 60 days of the date the individual becomes responsible for the balance on the account.
- Once an account has been referred to a collection agency, it is no longer eligible for financial assistance.

Patients' Rights and Obligations:

Patients' Rights

- Those patients that meet the financial assistance policy criteria described above may receive assistance from the hospital in paying their bill.
- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance (see contact information below).
- You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by the state and federal governments that pays the full cost of health coverage for low-income individuals who meet certain criteria (see contact information below).

Patients' Obligations:

- For those patients with the ability to pay their bill, it is the obligation of the patient to pay the hospital in a timely manner.
- This hospital makes every effort to see that patient accounts are properly billed, and patients may expect to receive a uniform summary statement within 30 days of discharge. This summary statement is available on inpatient accounts only. It is your responsibility to provide correct insurance information.
- If you do not have health coverage, we expect you to pay the bill in a timely manner (60 days). If you believe that you may be eligible under the hospital's financial assistance policy, or if you cannot afford to pay the bill in full, you should contact the business office promptly at 301-533-4209 to discuss the matter.
- If you fail to meet the financial obligations of this bill, you may be referred to a collection agency. In determining whether a patient is eligible for free, reduced cost care, or a payment plan, it is the obligation of the patient to provide accurate and complete financial information. If your financial position changes, you have an obligation to promptly contact the business office to provide updated/corrected information.

Contacts:

- If you have questions about your bill, please contact the hospital business office at 301-533-4209. A hospital representative will be glad to assist you with any questions you may have.
- If you wish to get more information about or apply for the hospital's financial assistance plan, you may call 301-533-4209 or download the uniform financial assistance application from the following link:
http://www.hsrcr.state.md.us/consumers_uniform.cfm
- If you wish to get more information about or apply for Maryland Medical Assistance you may contact your local Department of Social Services by phone 1-800-332-6347; TTY 1-800-925-4434; or internet www.dhr.state.md.us.
- If you live in West Virginia and wish to get more information about or apply for West Virginia Medical Assistance, please contact the Social Services Department of the county in which you live.

Physician Services:

Physician services provided during your stay will be billed separately and are not included on your hospital billing statement.

GARRETT COUNTY
MEMORIAL HOSPITAL
MISSION STATEMENT

OUR MISSION

To promote the health of our regional community and provide safe, high-quality care and health services for our patients.

GARRETT COUNTY MEMORIAL HOSPITAL
VISION STATEMENT

Garrett County Memorial Hospital:

1. *Will be viewed as the provider of choice in the region and be recognized for our progressive personal service encompassing the full continuum of care.*
2. *Will be known for our excellence across the region.*
3. *Will continue as a community partner and resource, striving to proactively respond to the health and wellness needs of our region.*
4. *Will provide a high level of community service and stewardship for the resources with which we have been entrusted.*
5. *Will recruit and retain the most talented and caring employees through continuous efforts to be the employer of choice in the region through employee friendly programs and policies.*
6. *Will collaborate and partner with other providers, as needed, to achieve our strategic direction.*
7. *Will be characterized by cohesive leadership, efficiency, sound management, financial strength and a positive work environment.*
8. *Will maintain a collaborative partnership between the Board of Governors, Medical Staff and Administration.*

9. *Will strive to exceed the expectations of those we serve.*
10. *Will be dedicated to the process of never-ending improvement.*
11. *Will be more obvious in our expression and fulfillment of our charitable mission and community benefit.*
12. *Will be dedicated to providing the best technological tools possible to assist our caregivers in providing the highest level of medical care achievable within our rural location.*