

COMMUNITY BENEFIT NARRATIVE

FY2013 Community Benefit Reporting

Health Services Cost Review Commission

4160 Patterson Avenue

Baltimore MD 21215

Garrett County Memorial Hospital

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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:
29	2573	21550 26764 21561 21520 21536 21531	None	15.4%	17%

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.) This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

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. As a part of the Appalachia poverty belt, all of 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.

Services at the Hospital include a 24-hour Emergency Department; Inpatient Care; Observation services; a 10-bed sub-acute rehab unit; Obstetrics; Pediatrics; Medical/Surgical Intensive Care Unit; Operating Room; Radiology; Lab; and Cardiopulmonary services; as well as Community Wellness; Work Site Wellness programs; Safe Sitter; and CPR programs and other ancillaries, all intended to meet the primary medical and surgical needs of the region.

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.

In an effort to maximize resources, avoid duplication of services and meet growing local service demand, GCMH collaborates closely with the Garrett County Health Department, Social Service Agencies, County Commissioners, Community Action Agency, local Management Board and other agencies to create a health care delivery system which is accessible, inclusive and makes efficient use of each organization's potential. The community collaboration comprises a variety of local health planning goals, which include the initiation of improved cardiac, diabetic, wound, cancer, specialty care and diagnostic services. As the largest healthcare provider in the continuum, the community primarily looks to Garrett County Memorial Hospital to plan, execute and deliver the majority of these new services.

- 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 Process, (<http://dhmh.maryland.gov/ship/>) and its County Health Profiles 2013, (<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% Male 49.6% Female</p> <p><u>Race & Ethnicity:</u> 97.8% White 1% Black 0.1% American Indian & Alaska Native 0.3% Asian 0.6% Hispanic 0.6% Persons reporting two or more races</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 U.S. Census Report</p>	<p>The median household income for Garrett County is \$45,280. GCMH’s service area extends into several counties in West Virginia where the median household income is only</p>

	\$38,380.
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p> <p>Source: Maryland Department of Health and Human Services and U.S. Census Report</p>	<p>Garrett County has a 12.7% of households with incomes below federal poverty guidelines. Our service area in West Virginia counties has 17.5% of household incomes below the federal poverty guidelines. Both showing a slight increase in the numbers from last year.</p>
<p>Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: 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 West Virginia County Rankings www.wvdhr.org; www.wvde.state.wv.us</p>	<p>Garrett County has a 15.4% 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 17% 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). See SHIP website: 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 while our West Virginia component has a life expectancy of 75. Life expectancy by race and ethnicity data is 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>Mortality rate for Garrett County is 816 per 100,000 populations. Mortality Rates by race and ethnicity</p>

<p>Source: US Department of Health & Human Services; US Health Rankings</p>	<p>data not available for Garrett County. Our West Virginia population Mortality Rate is 949 per 100,000.</p>
<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</p> <p>Source: County Health Rankings & Roadmaps, www.countyrankings.org;</p> <p>US Department of Agriculture;</p> <p>Garrett County Transit Services;</p> <p>Garrett County Community Action;</p> <p>Garrett County Economic Development;</p> <p>Garrett County Health Planning Council Strategic Plan 2008-2012;</p> <p>US Quick Facts Census Report; www.cleanairpartners.net;</p> <p>Garrett County Workforce Housing Plan;</p> <p>Maryland standard Assessment School Report at www.mdk12.org/MSA</p>	<p><u>HEALTHY FOOD:</u> According to the USDA, Garrett County is not a food dessert, meaning that residents have access to healthy food. However, the County Health Rankings reflect a 30% obesity rate with 24% of children living in poverty. Statistics also show that 36% of our children are eligible for free school lunch programs. Our local data reflects that a number of residents find “healthy” food options unaffordable and choose less expensive food products that are higher in fat and sugar content.</p> <p><u>TRANSPORTATION:</u> 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, but trips must be scheduled in advance. The Transit report 140,000 rides a year, which is a large number at first glance. With a population of approximately 30,000 traveling 365 days a year, once could easily surmise that most rely on private automobiles or family and friends for transportation. Statistics do show that of 10,564 working individuals, 76% drive alone to work. There are no public bus or taxi lines available to Garrett County citizens.</p> <p><u>EDUCATION:</u> The 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%</p>

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 with the County. Statistics show that of the 12,410 Garrett County households, 27% face housing costs that are greater than or equal to 30% of the household's income level.

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

	<p>to 15% nationwide) rely on their own private drinking water supply. These supplies are not subject to EPA standards.</p> <p>Air: While the Clean Air Partners ranked Western Maryland as moderate to good throughout 2013, 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>
<p>Available detail on race, ethnicity, and language within CBSA. 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 (97.8%) followed by black (1%) with all other groups being less than 1% each. The median age for females is 44.2 years as compared to 41.5 for men. Female persons for Garrett County are 50.4% while 49.6% are male. English language is predominating for the GCMH CBSA with only 4% speaking a different language.</p>
<p>Other</p>	

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, the IRS defines a CHNA as a:

Written document developed for a hospital facility that includes a description of the community served by the hospital facility; the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization’s ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual’s special knowledge or expertise. The report must identify any individual providing input who is a “leader” or “representative” of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-

based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA 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 CHNA developed by the state or local health department, or a collaborative CHNA 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.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

- a. Be approved by an authorized governing body of the hospital organization;
- b. Describe how the hospital facility plans to meet the health need; or
- c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

Yes
 No

Provide date here. November 6, 2012

If you answered yes to this question, provide a link to the document here.

Community Health Needs Assessment including Focus Group Report and Strategic Initiatives and Implementation Strategies:

<https://www.gcmh.com/wp-content/uploads/file/Community%20Health%20Needs%20Assessment%202012%20-%202013.pdf>

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

Yes
 No

If you answered yes to this question, provide the link to the document here.

Community Health Needs Strategic Assessment & Implementation Strategy:

<https://www.gcmh.com/wp-content/uploads/file/GCMH%20Strategic%20Initiatives%20and%20Implementation%20Strategy.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) Wellness Nurse

iii. Community Benefit Department/Team

1. Individual (please specify FTE) Development Staff, Wellness Staff and Public Relations Staff
2. Committee (please list members) CEO, CFO, VP of Clinical & Support Services, Wellness Nurse, Development/Public Relations Director, Accounting Director, Wellness Physician Director
3. Other (please describe) Input on Community Benefit activities is also obtained from the Hospital Board of Governors Public Relations Committee and the Garrett County Health Planning Council

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 FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet yes no
Narrative yes no

If you answered no to this question, please explain why.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment) to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached examples of how to report.

For example: for each principal initiative, provide the following:

- a. Identified need: This includes the community needs identified by the CHNA. 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, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (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. How 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 to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?
 - 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 the CHNA 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.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

The primary health needs identified in the GCMH Community Health Needs Assessment include cancer, heart disease, general aging problems, and obesity. The one issue that will not be a primary focus of Garrett County Memorial Hospital will be cancer. While GCMH does offer preventive screenings, diagnostic testing, and some surgical procedures, the local medical community does not include an oncologist limiting the options of local cancer treatment and services. Many of the cancer treatments involve radiation therapy that is not available at the Hospital or in the community. Additionally, most of the cancer drug therapies are cost prohibitive under the regulatory budget environment which Garrett County Memorial Hospital operates. Local physicians and GCMH staff maintain strong working relationships with surrounding cancer treatment centers to accommodate patient needs and do make referrals as appropriate.

Also noted is that tobacco use among both adults and school age children is an issue in the County that impacts many health issues including heart disease. The smoking impact on the disease process is one that is currently being addressed through the Garrett County Health Department with the assistance of Federal funding. The Health Department has an excellent working relationship with the Board of Education to work directly in the school system to discourage smoking among the youth.

Garrett County Memorial Hospital enjoys an excellent working relationship with other local health-oriented agencies and works diligently to add new programs and to complement what already exists without providing a duplication of services.

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 Underserved 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 services 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 patient 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 – FOR HOSPITAL COMPLETION
FY13

Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>High rate of heart disease, adult obesity and health issues related to the general aging process</p>	<p>Create a culture of health that changes the focus from sickness to wellness by encouraging individuals to become active through participation in group wellness activities.</p>	<p>Provide regularly scheduled, medically supervised exercise regimes that provide cardiovascular workouts. Cardio vascular workouts help:</p> <ul style="list-style-type: none"> • Strengthen the heart • Strengthen the lungs and increase lung capacity • Decrease stress • Promotes restful sleep <p>A secondary objective for the initiative is to help participants increase their fitness level to their maximum capability for an optimum level quality of life. Regular exercise has been proved to:</p> <ul style="list-style-type: none"> • Boost metabolism to help lose weight • Increase energy • Improve joint, bone and muscle health <p>Regimes include both floor and water exercise for ease on joints and muscles.</p> <p>Results will be measured by volumes, regular attendance and participant testimonies.</p>	<p>Multi-Year FY 2012-2013</p>	<p>GCMH Wellness Education Center, Garrett Rehab Services, Garrett College Community Aquatic & Recreation Complex</p>	<p>Evaluations at the end of the first and second years.</p>	<p>Program evaluation will continue through the balance of 2013. FY 2012 had 1,458 participant hours while FY 2013 had 1,785 participant hours. 100% of participants report some level of improvement to include::</p> <ul style="list-style-type: none"> • Improved flexibility • Greater endurance • Increased energy and improved breathing • Better able to climb stairs • Improved social attitudes & increased confidence 	<p>Initiative will be continued with evaluations and modifications at regular intervals.</p>	<p>\$40,612</p>

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 2

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Need to improve population health through awareness, outreach, coordination and education.	Sponsor a free, annual community health fair in a publically accessible location, provide free screenings, presentations, and information on a broad range of health related topics and availability of local health services.	<p>Empower individuals to make informed health decisions regarding their own lifestyles and to be knowledgeable about the services that are available to them throughout the community. This power and knowledge will allow them to identify their own health risks and take the necessary steps for preventive measures, early detection and medical intervention for many disease processes.</p> <p>Each attendee will walk away with valuable information, literature, and contact information to use as their individual situations warrant.</p>	Multi-Year	Garrett County Memorial Hospital, Garrett County Health Department, Local Physicians, Garrett College, and 55 different agencies who provide informational and screening booths.	Outcomes measured by numbers of attendees who receive information and / or screenings. Booth vendors are surveyed to evaluate their sense of success.	800 attendees attended the event, taking advantage of information from at least 80% of the available sources. Vendors report good booth participation and indicate the desire to participate again the next year.	Plans are to continue the annual event.	\$6,599

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 3

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p>Identified need to increase health awareness, health education, increase preventive screenings and address the high incidences of cancer, heart disease, diabetes, obesity and problems from the general aging process.</p>	<p>Create and open a Wellness Education Center dedicated to assist the community in meeting the health and wellness needs of the population</p>	<p>The Center will strive to create a culture of health that changes the focus from sickness to wellness. By formalizing and strengthening the health and wellness services available to the community, individuals will be able to take advantage of screening services, educational programs and classes, fitness options and one on one counseling to take a proactive approach to their health instead of just a reactive approach as they become ill and require more direct medical services.</p> <p>Annual monitoring of volumes, participant testimonies, and overall community health statistics will be utilized in evaluating results.</p>	<p>Multi-Year</p>	<p>Garrett County Memorial Hospital, Local Physicians and other medically oriented and qualified presenters for specific program needs.</p>	<p>No Report New Initiative for 2013</p>	<p>No Report, Newly Opened Wellness Education Center</p>	<p>Will be continued</p>	<p>\$25,314</p>

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 4

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Children up to age 5 have been identified in the Garrett County Community Health Improvement Plan as a vulnerable population.	Empower our youth, ages 11 and up, with the skills and knowledge to care appropriately for their siblings and others.	Host Safe Sitter Programs and provide medically accurate instruction for the purposes of certification for babysitters. Training includes how to handle young children, what to expect, and when to call an adult for help. Program provides tips to use in a number of difficult situations. It teaches what to do for choking, bleeding and other first aid type instances. The student receives basic training in CPR for infants. Adults are welcome to join the classes if they desire to do so.	Multi-year ongoing program	Garrett County Memorial Hospital. And Safe Sitters National Organization	Each student must pass a certification exam and are asked to complete a class evaluation	16 children were certified in FY 2013.	Program will continue to be offered several times a year.	\$1,258

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 5

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Children up to age 5 have been identified in the Garrett County Community Health Improvement Plan as a vulnerable population	Empower new parents, especially first time parents with information 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. Continued utilization of the Help Line by parents will be used to evaluate the program.	Multi-year ongoing program	GCMH Family Centered Maternity Suite	Outcomes were evaluated by numbers of calls by parents of newborn children	Information and help was provided in response to 296 calls which is up from 181 calls in 2012.	Program will be continued.	\$4,204

Garrett County Memorial Hospital
Community Benefits Report
Fiscal Year 2013

APPENDIX I: Describe your Financial Assistance Policy


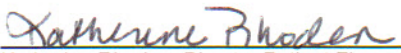

Garrett County Memorial Hospital's "Caring Program" offers financial assistance to underprivileged, underemployed, and/or underinsured patients for healthcare services they may not be able to pay for due to circumstances beyond their control. The qualifying criteria are wide-ranging so the hospital can 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 291% - 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. In 2013, GCMH revised the language in some of the patient billing materials to help make the program more user-friendly. Additionally, our patient financial services staff can make the process more easily understood in a one on one situation.

	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; 02/07/13	
Approval Signature & Title:  Katherine Rhoden, Director Patient Financial Services Date:02/07/13	Approval Signature & Title:  Tracy D. Lipscomb, CFO, VP Finance Date: 2/8/13	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. A probable eligibility determination will be given to the applicant within 2 business days of the patient's request.
- T. A final approval or denial letter will be mailed out to the applicant within 2 weeks of receipt of the completed application.
- U. 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.

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.hsrc.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.*