COMMUNITY BENEFIT NARRATIVE

FY2014 Community Benefit Report

Health Services Cost Review Commission
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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.

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.

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:
26	2380	21550 26764 21561 21520 21536 21531	None	19%	28%

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 (GCMH) is located in the westernmost county in Maryland, separated from the rest of Maryland by the Appalachian Mountain chain. GCMH provides services for the residents and visitors of Garrett County and surrounding counties in West Virginia and Pennsylvania.

All of Garrett County has been designated a Medically Underserved Area (MUA) with a score of 42.4. In addition, the county is designated as a Health Professional Shortage Area (HPSA) for primary care, mental health, and dental care. Furthermore, all of the proximate counties in WV and PA are also entirely or partially designated as MUAs. The U. S. Census Bureau reports Garrett County's median household income at $45,354 (13% below the poverty level) as compared to the State of Maryland's at $72,999.

GCMH services include a 24-hour Emergency Department, Inpatient Care, Observation Services, a 10-bed Sub-Acute Rehabilitation Unit, Obstetrics, Pediatrics, Medical/Surgical Intensive Care Unit, Operating Room, Radiology, Lab, Cardiopulmonary Services, Community Wellness, Work-Site Wellness and other ancillary programs.

There are a total of 11 family practice physicians, 6 emergency room physicians, 3 general surgeons, 2 orthopedic surgeons, 9 nurse practitioners, 6 physician assistants, and 2 opthalmologists that practice in Garrett County.

As the only hospital in the County, GCMH must be prepared at all times to meet the clinical and emergent needs of the region's population. The mountainous topography, severe weather, and considerable distances make it difficult for residents to access healthcare outside the county. Garrett County averages 120 inches of snow each year. 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 service, 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. 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.

Resources: http://quickfacts.census.gov/qfd/states/24000.html

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 Area Health Profiles 2013, (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx), the Maryland Vital Statistics Administration (http://dhmh.maryland.gov/vsa/SitePages/reports.aspx), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf)

Table II

Community Benefit Service Area (CBSA) Target Population (# of people in target population, by sex, race, ethnicity, and average age) Source: Maryland Department of Health and Human Services and U.S. Census Reports http://quickfacts.census.gov/qfd/states/54000.html	Target Population: 29,889 Sex: 50.3% Male 49.7% Female Race & Ethnicity: 97.7% White 1% Black 0.2% American Indian & Alaska Native 0.4% Asian 0.8% Hispanic 0.75 Persons reporting two or more races Age: 0-5 years – 4.8% 6-17 years – 20.2 18-64 years – 55.6% 65 years and above – 19.4%
Median Household Income within the CBSA Source: Maryland Department of Health and Human Services and U.S. Census Reports http://quickfacts.census.gov/qfd/states/54000.html	The median household income for Garrett County is $45,354. GCMH's service area extends into several West Virginia Counties where the median household income is only $40,000 for the State.
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Garrett County has a 13% of households with incomes below

Source: Maryland Department of Health and Human Services and U.S. Census Reports http://quickfacts.census.gov/qfd/states/54000.html	federal poverty guidelines. Our service area in West Virginia counties has 17.6% of household incomes below the federal poverty guidelines. Both showing a slight increase in the numbers from last year.
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 US Department of Health and Human Services County Rankings and Roadmap http://www.countyhealthrankings.org	Garrett County has a 19% of uninsured people. However, for the Hospital's CSBA we must also take into consideration our neighboring West Virginia Counties of Preston at 20%, Grant and Tucker Counties at 21% and Mineral County at 18% uninsured.
Percentage of Medicaid recipients by County within the CBSA. http://www.wvdhhr.org/bph/hsc/pubs/briefs/002/table_b.pdf Some info obtained from Mr. Tom Rosser, Assistant Director for Family Investments of Garrett County.	Garrett County has 25% Medicaid recipients, one of the highest in Maryland. 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.
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/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx http://www.worldlifeexpectancy.com http://www.menshealthnetwork.org	According to the World Life Expectancy charts, Garrett County has a life expectancy of 81 while our West Virginia component has a life expectancy of 78. Department of Health & Human Services data report Garrett County Life Expectancy of 78. Life expectancy by race and ethnicity data is not available for Garrett County, however one source does show that nationally life expectancy for Black is 74.5 years and non-Hispanic white is 78.7.
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Mortality rate for Garrett County is 816 per 100,000 populations.

http://www.worldlifeexpectancy.com http://www.menshealthnetwork.org	Statistics show 691.93 deaths per 100,000 for white; 809.74 deaths per 100,000 for African American; 350.74 deaths per 100,000 for Asian/Pacific and 365.71 deaths per 100,000 for Hispanic.
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 http://marylandlearninglink.org http://www.publicschoolreview.com/compare_schools/stateid/MD http://www.mde.state.md.us/programs/Land/mining/marcellus/Documents/economicStudy_Stakeholder_Interview_Summary_Notes_9_3_2013.pdf http://www.garrettcounty.org/economic-development/files/strategicplanfeb2011.pdf	HEALTHY FOOD: Garrett County statistics indicate the number for limited access to healthy foods is 577 or 2% of population. Living close to a grocery store in Garrett County means living less than 10 miles from a grocery store. According to the USDA Garrett County is not a food dessert, meaning that residents have access to health food. TRANSPORTATION Public transportation options in Garrett County are limited to the Garrett County Transit operated by the GC Community Action. This system provides transportation on a space-available basis. There are no public buses or taxi lines in the County. Statistics show that 76% drive alone to work. With the limited options available, most rely on private automobile or friends and family for transportation. EDUCATION The Garrett County Public School District has a 9-12 dropout rate of 2%. The national rate is 4.4% There are 13 public schools in Garrett County serving 3,948 students. Minority enrollment is 3% of the student body, which is less than the Maryland State average of 57%. County Health Rankings for Garrett County show a 91% as graduating high school with 49% obtaining some

	college. Children living in poverty are 21% and inadequate social support is ranked at 19% which also impact educational opportunities. Garrett County has experienced an increasing number of school closures due to reduced state funding and the numbers of school aged children. HOUSING QUALITY Garrett County reportedly has issues with too much housing supply and not enough demand, except in a few areas. Around Deep Creek Lake, about 12% of the owners live there full time. Of the remaining 88%, about 25% of them offer their houses for rent. However, housing prices have increased while wages remain stagnant. Garrett County statistics show that 27% face housing costs that are greater than or equal to 30% of the household income level. ENVIRONMENTAL FACTORS THAT NEGATIVELY IMPACT CSBA: The 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, 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).
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk	According to Maryland Demographics the largest Garrett County racial/ethnic groups are white (97.7%) followed by black (1.1%) with all other groups being less than 1% each. The median age for females is 49.7 as compared to 50.3 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.
Other	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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?

   __X_Yes
   ____No

   Provide date here. 11/06/2012

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

   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?

   _x_Yes 02/27/2013

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

      _X__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. _X__CEO
2. _X _CFO
3. _X_Other (please specify)
    a. Vice President of Patient Care Services/Chief Nursing Officer
    b. Vice President of Operations/Chief Information Officer
    c. Vice President of Human Resources
    d. Vice President of Medical Affairs

ii. Clinical Leadership

1. _X_Physician
2. _X_Nurse
3. _X_Social Worker
4. _X_Other (please specify) Wellness Nurse

iii. Community Benefit Department/Team

1. _X__Individual (please specify FTE) Senior Director of Marketing and Public Relations
2. _X_Committee (please list members) CEO, CFO, VP of Patient Care Services, VP of Human Resources, VP of Medical Affairs, Wellness Staff, Wellness Physician Director
3. ___Other (please describe)

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

Spreadsheet	___x__yes	_____no
Narrative	___x__yes	_____no

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

Spreadsheet	___x__yes	_____no
Narrative	___x__yes	_____no

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

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES **ATTACHED DOCUMENT**

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

1. Please use Table III (see attachment)or, as an alternative, use Table IIIA, 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: A. 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. B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

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. GCMH is making strides toward addressing cancer by adding the Cancer Care Patient Navigator to assist patients and families as they seek and obtain cancer treatment and related services. Long term plans include the opening of a Cancer Care and Infusion Center in Garrett County. Heart Disease is the highest cause of death in Garrett County and was recognized as a concern by our survey group. GCMH has added the Cardiac and Pulmonary Wellness Program that helps to address the issue of heart and lung disease. Components of this program also address patient mobility, exercise and other problems associated with the general aging process. While diabetes was not recognized by our survey group, it has been identified as a major problem in Garrett County by the Maryland SHIP indicators. The GCMH Diabetes Prevention Program emphasizes the importance of weight management and increased exercise.

Also noted in the survey 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 is currently being addressed through programs offered by 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. The Health Department also has implemented programs that help address issues of selling cigarettes inappropriately at the business level. GCMH fully endorses the Health Department's smoking cessation efforts and refers patients into that system.

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 nineteen 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 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 ski patrol, Soccer Coach, High School Sports Physician, and Volunteer Fire Department Oktoberfest Band. GCMH 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) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix III).

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

Table III A. Initiative I Cancer Patient Navigator Program

Identified Need	The Community Health Needs Assessment (November 2012) identified Cancer as the most common health problem impacting the Hospitals community and surrounding service area. Cancer is the second leading cause of death in the U.S., as well as in MD, WV and PA. Cancer is also the second leading cause of death in Garrett County. CDC, http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm CDC, http://www.cdc.gov/chronicdisease/states/pdf/maryland.pdf, http://www.cdc.gov/chronicdisease/states/pdf/west_virginia.pdf, http://www.cdc.gov/chronicdisease/states/pdf/pennsylvania.pdf Garrett County Health Department,
Hospital Initiative	To create the Cancer Patient Navigator Program with the Navigator becoming the central point for coordinating communication with all care team members, to ensure that community cancer care patients receive quality cancer care, and to assist cancer patients, caregivers, and families in "bridging gaps" within the healthcare system. Garrett County has higher mortality rates for Breast and Cancer Patient Cancers than the rest of the state of Maryland. It is for this reason that the Cancer Patient Navigator Program will have a primary focus on the prevention and treatment for these cancers.
Primary Objective	Provide outreach to the community about cancer prevention and screening to reduce the high rate of cancer mortality in the region. Increase access to cancer treatment and support services. Increase access to transportation services which is the biggest barrier to cancer care delivery in the area. The Navigator Program will eliminate some of the disparities for the cancer patient, as the Navigator will help the patient and families work through the complicated system of cancer treatment, qualifying for financial assistance, obtaining necessary transportation and other obstacles.
Single or Multi-Year Initiative Time Period	This is a multi-year program with projected long term sustainability. During FY 2014 a Cancer specific Needs Assessment was completed. Support was enlisted from departments/organizations involved in the care of patients. Potential obstacles to implementation were evaluated. Opportunities and alternatives were considered. The program scope, cost and implementation strategy were determined. Program implementation is slated for 2015.
Key Partners in Development and/or Implementation	Garrett County Memorial Hospital will work with the following Consortium Partners for this Program: Garrett County Health Department, Garrett County Community Action Committee, West Virginia Medical Center and the American Cancer Society.
How were the outcomes evaluated?	The Performance Improvement Measures that will be tracked include: • Number of counties served in project • Number of people in target population • Number of direct unduplicated encounters (people) • Number of direct duplicated encounters (events) • Type of services provided through grant funding • Number of people served by age group • Among unique individuals who received direct services, track the number of people enrolled in public assistance, private insurance, and who pay out of pocket • Number of new clinical staff recruited to work on this project • Number of new non-clinical staff recruited on work on this project • Identify types and number of non-profit organizations in the consortium • Electronic Medical Records

Table III A. Initiative I Cancer Patient Navigator Program

	• Patient/disease registry • Number of quality improvement clinical guidelines /benchmarks adopted by the consortium • Number of people who participated in health promotion/disease management activities offered to the public	
Outcomes (Include process and impact measures)	Outcomes will be measured through the implementation of evidence-based models and the achievement of performance measures. The primary evidence-based model used for the Cancer Patient Navigator is the Cancer Patient Navigation Program Toolkit from the Kansas Comprehensive Cancer Control & Prevention's Kansas Cancer Partnership. This model was recognized for excellence on the Rural Assistance Center Online Rural Community Health Gateway as a pillar for evidence-based program models for replication nationally. Cancer Patient Navigation Toolkit, http://www.cancerkansas.org/download/Cancer_Patient_Navigation_Toolkit.pdf RAC Online Health Gateway, http://www.raconline.org/communityhealth/care-coordination/2/care-coordinator-model/patient-navigators	
Continuation of Initiative	GCMH will pursue grant funding through federal agencies, as well as private funders. However, the Cancer Patient Navigator Program has long-term goals for growth and evolution, and sustainability for the project is based on three main factors. First, GCMH has established itself as a healthcare leader in the region with allocated financing for growth and innovation. Second, the program is fully integrated into the Hospital's ongoing mission and vision and has been subsequently integrated in the budgeting plan going forward. Third, GCMH leadership is committed to the mission of the Cancer Patient Navigator Program and will commit the necessary funds to ensure the program's future sustainability.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $10,292	B. Direct offsetting revenue from Restricted Grants

Table III A. Initiative II Cardiac and Pulmonary Wellness Program

Identified Need	The Community Health Needs Assessment and the Maryland SHIP Data identified a high incidence of heart disease and lung disease in Garrett County. The rate of heart disease deaths per 100,000 are 226.4 which is higher than the State of Maryland and is also the number one cause of death in Garrett County. Issues faced by this target group include high blood pressure, heart disease, peripheral vascular disease, high cholesterol, obesity and chronic lung disease.
Hospital Initiative	To offer an interactive program for those living with these chronic conditions to learn more about their disease process. The educational sessions will help them understand their disease process, learn disease management skills, develop an exercise regimen and activity modifications to meet their situation, and what signs of complications to be aware of. This program will also help us achieve our goals of reducing the rate of preventable hospitalizations.
Primary Objective	To improve the overall level of health and quality of life for those living with these chronic conditions. To educate the patients dealing with these specific chronic conditions on how to manage their symptoms, increase mobility and ability to exercise, advice on what symptoms warrant seeking expert consultation and adherence to medication compliance. Aid these patients in managing anxiety and depression.
Single or Multi-Year Initiative Time Period	This program will continue to be offered as a multi-year program for the benefit of the community.
Key Partners in Development and/or Implementation	Garrett County Memorial Hospital Cardiac and Pulmonary Rehabilitation staff, GCMH Wellness Coordinator/Nurse, GCMH Exercise Physiologist, GCMH Diabetic Educator, Primary Care Physicians in the County and the Cardiologists and Pulmonologists from the surrounding areas.
How were the outcomes evaluated?	Outcomes are evaluated concurrently during the program. The Program Administrators (Registered Nurses) evaluate these outcomes on each participant, both during the visit, and by the participant's self-report. They are also evaluated after the program is complete by looking at rates of readmissions and utilization of the Emergency Department.
Outcomes (Include process and impact measures)	The following measures will be monitored: • Participant involvement and attendance from initial enrollment • Exercise tolerance and statistical improvement • Episodes of acute exacerbations • Decrease in symptoms • Surveys evaluating quality of life, nutrition, and psychosocial status • Competition of education component and overall competition of the program • Tracking the rates of readmissions and emergency room visits • Data entry and generation of an outcomes report of quantitative data depicting the patient improvement. • Outcomes are reported to the referring physician and/or primary care physician

Table III A. Initiative II Cardiac and Pulmonary Wellness Program

Continuation of Initiative	This program has been fully integrated into the services offered through our Cardiac and Pulmonary Department as well as the Wellness Department. GCMH is committed to providing this service to the community on a long term basis.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $91,739	B. Direct offsetting revenue from Restricted Grants None

Table III A. Initiative III Diabetes Prevention Program

Identified Need	Diabetes and obesity were both identified as primary concerns in the Community Health Needs Assessment. The Maryland SHIP Data recognizes the high incidence of death from heart disease. Garrett County statistics also show an obesity rate of 30.7% among adults.
Hospital Initiative	To implement the Diabetes Prevention Program for those individuals who are at risk for diabetes or have a strong family history of diabetes. Existing programs were only geared toward the individual already diagnosed as having the disease. Our plan is designed as a prevention program to reach the target group before they get diagnosed with diabetes. The emphasis is on prevention and wellness to help decrease the overall health risks and ultimately decrease health care costs.
Primary Objective	To decrease the rate of diabetes in the community and encourage healthy lifestyles. To decrease the rate of obesity as an underlying contributor to diabetes. This program is offered free of charge to anyone meeting the program criteria in an effort to eliminate some of the disparities for individuals who would, otherwise, find the program unaffordable.
Single or Multi-Year Initiative Time Period	We are in the initial year of this program. The Hospital is committed to offer this program as a hospital service to the community on a long-term basis.
Key Partners in Development and/or Implementation	Garrett County Memorial Hospital Diabetic Educator, GCMH Wellness Coordinator/Nurse, GCMH Exercise Physiologist, GCMH Health Department Dietician, Primary Care Physicians in the community.
How were the outcomes evaluated?	The outcomes are evaluated concurrently during the program. The Program Administrators (Registered Nurses) evaluate the outcome for each participant, both during the visit and from the participants self report.
Outcomes (Include process and impact measures)	The following measures are evaluated: • Number of participants in the program tracked from enrollment • Weight loss over the length of program • Exercise participation during the program • Completion of the program • Tracking follow up appointment with Primary Care Physician
Continuation of Initiative	The program is integrated with our Diabetes Education Department and the Wellness Department. The Hospital is committed to offer this program to the community on a long-term basis.

Table III A. Initiative III Diabetes Prevention Program

A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $15,560	B. Direct offsetting revenue from Restricted Grants None

Garrett County Memorial Hospital
Community Benefits Report
Fiscal Year 2014

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. GCMH routinely reviews the materials for opportunities to 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.

GARRETT COUNTY MEMORIAL HOSPITAL	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:	

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 a15% 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

Excellent care close to home

GCMH MISSION STATEMENT

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

OUR VISION
Garrett County Memorial Hospital:

- Will be viewed as the healthcare provider of choice in the region and be recognized for excellence in delivering safe patient care, exceeding the expectations of those we serve
- Will be recognized as a collaborative community leader, partner and resource, striving to proactively respond to the health and wellness needs of the region
- Will be the employer of choice in the region
- Will provide a high level of community service and stewardship for the resources with which we have been entrusted
- Will maintain a collaborative partnership between the Board of Governors, Medical Staff and Administration
- Will be dedicated to the process of continuous improvement
- Will be obvious in our expression and fulfillment of our charitable mission and community benefit
- Will be dedicated to providing state of the art technology to treat patients