

Garrett County Memorial Hospital
Community Benefits Report
Fiscal Year 2010
Evaluation Framework

1. Licensed bed designation and number of inpatient admissions for this fiscal year:

Garrett County Memorial Hospital is licensed to operate 36 beds. The number of inpatient admissions for fiscal year 2010 was 2,575.

2. Description of the community Garrett County Memorial Hospital serves:

Garrett County Memorial Hospital (GCMH) opened its doors as a 30-bed acute care facility in May of 1950. Through the years, the buildings, equipment, staff and services have increased in size and complexity, but the Hospital's goal has remained constant: to provide quality health care services to the residents and visitors of Garrett County.

GCMH has a 54-year track record of providing innovative, community-based and community-involved health care. The Hospital has a strong team of family practice physicians and renders high-quality primary care services in the emergency department. Garrett County is designated by the State and Federal Government as both a "Medically Underserved Area" and a "Health Professional Shortage Area."

In addition to serving the people of Garrett County, GCMH is available to communities of nearby West Virginia and Pennsylvania. GCMH is the only source of acute care in this rural, mountainous area of Western Maryland. There are only three U. S. designated highways that traverse the county. These winding, two lane roads make travel difficult, especially during the winter months. With average annual snowfalls of 86 inches, and some years with over 200 inches, 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.

The population of Garrett County in 2009 was 29,555 with a median household income of \$50,800. Fifteen-percent of the residents in Garrett County live in poverty. Twenty-six percent of the hospital's patients are uninsured or Medicaid recipients.

3. Identification of Community Needs:

In 2008, staff from Garrett County Memorial Hospital and the Garrett County Health Department worked together with the Garrett County Health Planning Council to define strategies for communities and agencies to collaborate and improve the health of Garrett County residents.

The members selected to use a model adapted from the National Association of County and City Health Officials and the Centers for Disease Control and Prevention called Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a community-wide strategic planning tool

intended for improving community health. Through the MAPP process, communities make every effort to achieve optimal health by assessing their strengths, resources, and needs in order to develop and implement a strategic plan for public health improvement.

4. Major Needs Identified:

Based on the findings from the MAPP process, four action-goals were identified:

- Strengthen and support those components of our public health system that are fragile because of funding, workforce capacity, demographic shifts, etc.
- Empower, educate, and motivate Garrett County residents to lead a healthy lifestyle and prevent harmful behaviors such as substance abuse and domestic violence.
- Achieve and maintain optimal health and independence for vulnerable populations.
- Ensure healthy living and working conditions for Garrett County residents by protecting and increasing our natural and built resources as our population grows.

5. Description of the decision making process to determine which needs in the community need to be addressed through community benefits activities:

The Wellness Department of Garrett County Memorial Hospital has evaluated the action-goals from the MAPP process and continues to develop positive interventions to improve the health of our community. The management of the hospital is informed of these initiatives on a routine basis and community benefit activities are determined.

6. Community Benefit program initiatives that address the needs listed in #4:

An example of the hospital's community benefit initiatives reflecting evidence-based needs is the Community Blood Screening Program, which is offered twice a year, to benefit those individuals who are uninsured or underinsured. The program offers a comprehensive series of blood tests to the participant at a substantially lower cost than a laboratory's rates.

In addition to the Community Blood Screening Program, GCMH continues to bring screening services to the work place. First United National Bank & Trust, State Farm Insurance, Mettiki Coal, Railey Realty, and Garrett County Board of Education are some of the companies that have contracted with the Wellness department of Garrett County Memorial Hospital to provide blood screening services for all of its employees.

A new service added in FY2010 was the Healthy Hearts Program. This program provides education to individuals diagnosed with heart disease. Several professionals including registered nurses, pharmacists, and nutritionists provide valuable information on heart disease, treatments, and prevention.

Another service added in FY2010 to promote a healthy lifestyle was the Diabetic Education Program. Patients are seen over a three month period and counseled on such topics as lifestyle changes, medication management and nutrition education.

Other Community Benefit programs that address the needs of the county would be the various programs offered through the hospital's Family Center Maternity Suite. Included is the Parent Help Line, where parents can call the staff of the Family Center Maternity Suite to ask questions concerning the care of their newborn. This service is available twenty-four hours a day, free of charge regardless of where the child was born.

This is the purpose of all community benefit activities, to empower, educate, and motivate Garrett County residents to lead a healthy lifestyle. We want to improve our community's health one person at a time.

7. Provide a description of the efforts taken to evaluate or assess the effectiveness of major Community Benefit program initiatives:

Both the Accounting and Wellness departments are responsible for monitoring how the hospital's activities fulfill the goals identified in the plan through regular progress reporting. At this time, programs are enhanced, revised, discontinued or repeated based on levels of interest, participation and outcomes. The community is kept informed of activities provided by the hospital through press releases and promotional efforts.

8. Describe gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured in the hospital:

Garrett County Memorial Hospital's (GCMH) size and rural location limits the number physicians who provide specialty services. In addition, the expected physician shortage over the next five to ten years in Maryland's rural areas creates another challenge to the hospital. It has been noted that fifty-percent of the county's current physician group will be eligible for retirement within the next ten years. Rural Maryland counties are at disadvantage when it comes to recruiting physicians, because they lack the resources to offer incentives for setting up a practice.

Garrett County has been designated a federal medically underinsured area and has a "low income" designation as a Health Professional Shortage area for primary care. Approximately eighteen-percent of the population has no form of health care coverage. In the past, most underinsured residents of the area came to the hospital's Emergency Department for treatment of minor illnesses since we provide care regardless of ability to pay. With the opening of a Federally Qualified Health Center in Garrett County in 2006, these same individuals can now obtain quality health care services regardless of their ability to pay.


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. Even though there are gaps in the availability of specialty providers, GCMH will always strive to offer high-quality healthcare services to all patients.

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Appendix 1: Describe your hospital's Charity Care policy and how the hospital informs patients about their eligibility for assistance.

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

Garrett County Memorial Hospital informs patients about the Caring Program through various methods. Signs are posted in the reception areas of the Patient Financial Services Department and Admissions Department. Information is printed in the Patient Handbook and on the hospital's website. Ads are placed in the local newspaper, at least on an annual basis, informing the community of the hospital's caring Program. Automated monthly statement messages are generated to advise individuals about the Caring Program and encourage them to apply for financial assistance.

	Department: Patient Financial Services	Policy Title: Caring Program (Financial Assistance)	
	Original Date: 09/01/01	Policy Number: 8520.000	Page Number: 1 of 7
	Effective Date: 09/01/01	Reviewed/Revised Dates: 06/03/03; 04/01/06; 03/14/08; 01/20/09;03/06/09	
Approval Signature & Title: Katherine Rhoden, Director Patient Financial Services Date: 03/06/09	Approval Signature & Title: TracyD. Lipscomb, CFO, VP Finance Date:	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. Individuals with a demonstrated inability to pay rather than unwillingness to pay are eligible to apply for the financial assistance program at GCMH.

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" 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, no 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 or provide proof of income as their financial need has already been proven to the State.
 - 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. Any patient who is not eligible for Medicaid may apply for financial assistance through "The Caring Program."
 - f. 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."
 - g. 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.
- 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: 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.
 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.
 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

- I. 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. Capital gains
 - q. Assets withdrawn from a financial institution one year or less before program application
 - r. Proceeds from the sale of property, a house, or a car
 - s. Tax refunds
 - t. Gifts of cash, loans, lump-sum inheritances
 - u. 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 150% 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 200% (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 151%-155% of the Federal Poverty Guidelines.
 - 2. Eligibility for 85% financial assistance is available for incomes at 156%-160% of the Federal Poverty Guidelines.
 - 3. Eligibility for 75% financial assistance is available for incomes at 161%-165% of the Federal Poverty Guidelines
 - 4. Eligibility for 65% financial assistance is available for incomes at 166%-170% of the Federal Poverty Guidelines.
 - 5. Eligibility for 55% financial assistance is available for incomes at 171%-175% of the Federal Poverty Guidelines.
 - 6. Eligibility for 45% financial assistance is available for incomes at 176%-180% of the Federal Poverty Guidelines.
 - 7. Eligibility for 35% financial assistance is available for incomes at 181%-185% of the Federal Poverty Guidelines.
 - 8. Eligibility for 25% financial assistance is available for incomes at 186%-190% of the Federal Poverty Guidelines.

9. Eligibility for 15% financial assistance is available for incomes at 191%-195% of the Federal Poverty Guidelines.
 10. Eligibility for 5% financial assistance is available for incomes at 196%-200% 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." The following indicates the available methods for GCMH to obtain information needed for eligibility determination in these situations:
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. Work with 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. Observe 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." 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 your 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. All third party collection agencies receive a copy of the financial assistance policy on an annual basis, or when changed, whichever 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 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 not refund

self-pay payments received before or after the approval of the financial assistance application.

- 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. 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.
- Q. 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.

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Appendix 3: Describe the hospital's mission, vision, and value statements.

Garrett County Memorial Hospital's (GCMH) mission is to provide safe, high-quality healthcare services to the community. This is accomplished by using a continuous process of responding to the health and wellness needs of our region. GCMH is able to recruit and retain talented and caring employees. GCMH also believes in the process of never-ending improvements in order to provide a high level of care and resources to the community.

Our mission and vision statement is displayed throughout the hospital in every department and public area.

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.*