

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2011 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

Garrett County Memorial Hospital

251 North Fourth Street

Oakland, MD 21550

BACKGROUND

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

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

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
31	2,451	21550 21531 21561 21520	None	15.8%	23.8%

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1. Please describe in detail.)

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. The population of Garrett County in 2010 was 30,097 with a median household income of \$43,320.

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.

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, 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 Vital Statistics Administration (<http://vsa.maryland.gov/html/reports.cfm>), and the Maryland State Health Improvement Plan (<http://dhmh.maryland.gov/ship/>).

Table II

<p>Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, and average age) Source: U.S Department of Health and Human Services</p>	<p>29,698 – target population 23.0% under age 19 60.0% age 19 to 64 14.6% age 65 to 84 2.4% greater than age 84 98.4% white 0.9% black 0.1% American Indian 0.2% Asian/Pacific Islander 0.7% Hispanic origin 50.3% female 19.7% male</p>
<p>Median Household Income within the CBSA Source: US Census Bureau</p>	<p>\$42,320</p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA Source: US Census Bureau</p>	<p>12.6%</p>
<p>Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml Source: U.S. Department of Health and Human Services</p>	<p>15.8%</p>
<p>Percentage of Medicaid recipients by County within the CBSA.</p>	<p>23.8%</p>

Source: US Department of Health and Human Services	
Life Expectancy by County within the CBSA. Source: US Department of Health and Human Services	77.2
Mortality Rates by County within the CBSA. Source: US Department of Health and Human Services	835.9 per 100,000 population
Access to healthy food, quality of housing, and transportation 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) Source: USDA, Garrett County Economic Development, Garrett County Transit Service	<p>According to the USDA, Garrett County is not a food desert. This means Garrett County residents have access to healthy food.</p> <p>In 2008, the Garrett County Community Action and Garrett County Economic Development Corporation identified a need for quality and affordable housing in the county. The Garrett County Workforce Housing Plan was established to address this issue.</p> <p>Garrett County Transit provides public transportation to any county resident anywhere in the county. These low bus fares allow people to get to the doctor, grocery store, work, or school.</p>
Other	
Other	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act (“ACA”), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in

2013, perform an assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

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

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

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

- (1) Maryland Department of Health and Mental Hygiene's State Health improvement plan (<http://dhmh.maryland.gov/ship/>);
- (2) Local Health Departments;
- (3) County Health Rankings (<http://www.countyhealthrankings.org>);
- (4) Healthy Communities Network (<http://www.healthycommunitiesinstitute.com/index.html>);
- (5) Health Plan ratings from MHCC (<http://mhcc.maryland.gov/hmo>);
- (6) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
- (7) Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>);
- (8) 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;
- (9) For baseline information, a Community health needs assessment developed by the state or local health department, or a collaborative community health needs assessment involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
- (10) Survey of community residents
- (11) Use of data or statistics compiled by county, state, or federal governments; and
- (12) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers. .

1. Identification of Community Health Needs:

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

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.

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.

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.

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted? [Garrett County Health Department](#); [Garrett County Health Planning Council](#); individual consumers from the county.
3. When was the most recent needs identification process or community health needs assessment completed?
Provide date here. [06/23/08](#)
4. Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the previous page within the past three fiscal years?
 Yes
 No

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

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. Does your hospital have a CB strategic plan?

Yes
 No

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

i. Senior Leadership

1. CEO
2. CFO
3. Other (please specify)

ii. Clinical Leadership

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

iii. Community Benefit Department/Team

1. Individual (please specify FTE) (Wellness / Public Relations)
2. Committee (please list members) In planning stage
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	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Narrative	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no

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

Spreadsheet	_____yes	<u> X </u> no
Narrative	_____yes	<u> X </u> no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

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

- a. Identified need: This includes the community needs identified in your most recent community health needs assessment.
- b. Name of Initiative: insert name of initiative.
- c. Primary Objective of the Initiative: This is a detailed description of the initiative and how it is intended to address the identified need. (Use several pages if necessary)
- d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
- e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
- f. Date of Evaluation: When were the outcomes of the initiative evaluated?
- g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data when available).
- h. Continuation of Initiative: Will the initiative be continued based on the outcome?

2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? **No**. If so, why not?

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 (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.

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. N/A

VI. APPENDICES

To Be Attached as Appendices:

1. Describe your Charity Care policy:
 - 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 charity care policy. (label appendix 1)

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

- posts its charity care policy, 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 policy, 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 policy, or summary thereof, and financial assistance contact information to patients with discharge materials;
- includes the policy, 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 charity care policy (label appendix 2).

2. Attach the hospital's mission, vision, and value statement(s) (label appendix 3).

Table III – Garrett County Memorial Hospital

Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Maintain Optimal Health	Community Blood Screenings	Discounted blood/health screenings provided to various members of the community, especially the uninsured and underinsured.	Multi-Year	Garrett County Memorial Hospital	On-going	-increased access to health screenings -early detection of disease with appropriate treatment	Yes

Table III – Garrett County Memorial Hospital

Initiative 2.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Maintain Optimal Health	Healthy Hearts Program	To provide quality education to members of the community suffering from heart disease. Several professionals including registered nurses, pharmacists, and nutritionists provide valuable information on heart disease, treatments, and prevention.	Multi-Year	Garrett County Memorial Hospital	On-going	-diet and exercise compliance -develop goals for cardiovascular risk reduction and improvement in quality of life	Yes

Table III – Garrett County Memorial Hospital

Initiative 3.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Educate to ensure safe working conditions	Safe Sitter Program	To provide information to young baby sitters in how to take care of young children and what to do in the case of an emergency.	Multi-Year	Garrett County Memorial Hospital	On-going	<p>-increased knowledge and insight when responding to an emergency that involves children</p> <p>-safer environment for baby sitters and children</p>	Yes

Table III – Garrett County Memorial Hospital

Initiative 4.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Maintain Optimal Health	Water Exercise Program	Provide an alternative exercise program to the community at the local Recreation Center.	Multi-Year	Garrett County Memorial Hospital and Garrett County Community Athletic and Recreation Center	On-going	- Promote adherence to an exercise program -Increase quality of life through exercise	Yes

Table III – Garrett County Memorial Hospital

Initiative 5.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Education and support	Children's Hospital Orientation Program for Schools (CHOPS)	Provides a fun way for first grade children to be introduced to the hospital so they are not scared when they return for a visit.	Multi-Year	Garrett County Memorial Hospital and Local Elementary Schools	On-going	-better understanding and familiarity with the hospital surroundings	Yes

Table III – Garrett County Memorial Hospital

Initiative 6


Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Education and support	Parent Help Line & Breastfeeding Packet	To help parents care for their children, parents can call the staff of the Family Center Maternity Suite at Garrett County Memorial Hospital to ask questions concerning the care of their child. This service is available twenty-four hours a day free of charge regardless of whether the child was born here. Also, an educational brochure given to mothers interested in breastfeeding their baby.	Multi-Year	Garrett County Memorial Hospital	On-going	<p>- increase in healthy babies because of the education and help provided to parents</p> <p>-increase in breastfeeding as a result of the education and access to a lactation specialist</p>	Yes

Garrett County Memorial Hospital
Community Benefits Report
Fiscal Year 2011

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: <hr/> Katherine Rhoden, Director Patient Financial Services Date: 03/06/09	Approval Signature & Title: <hr/> TracyD. Lipscomb, CFO, VP Finance Date:	Approval Signature & Title: <hr/>	

Policy Statement:

The "Caring Program" enables Garrett County Memorial Hospital (GCMH) to offer financial assistance for healthcare services rendered to underprivileged, underemployed, and/or underinsured patients who have difficulty providing themselves with life's necessities, i.e., food, clothing, shelter, and healthcare. In an effort to assist those in need and to further the hospital's charitable mission, GCMH has established a financial assistance program to allow the write-off of unpaid account balances upon determination of the "Caring Program" eligibility. 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

- 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. 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, 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 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.

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.*