CARING PROGRAM

Policy Statement:
The financial assistance program (Caring Program) enables Garrett Regional Medical Center (GRMC) 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. To assist those in need and to further the hospital's charitable mission, GRMC has established a financial assistance program to allow the adjustment of unpaid account balances upon determination of the Caring Program eligibility. GRMC strives to ensure that the financial capacity of those needing health care services does not prevent them from seeking or receiving care. Individuals with a demonstrated inability to pay are eligible to apply for the financial assistance program at GRMC. Patients are expected to cooperate with GRMC'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 GRMC can exercise maximum flexibility to offer financial assistance to program applicants. Eligibility to the Caring Program represents "fee" or reduced healthcare and as such, is included as part of the hospital's outreach mission.

Guidelines:
GRMC will grant financial assistance to eligible applicants for medically necessary services that are urgent, emergent, or acute in nature and are provided by GRMC.

1. Screening for Medicaid eligibility is required.
    a. If Medicaid eligibility is likely, the patient must apply for Medicaid within the required timeframe of the service date or the date the patient assumes financial responsibility for services rendered (specific to state Medicaid requirements).
    b. Hospital Presumptive Eligibility (HPE) is offered at GRMC. The Patient Liaisons/Financial Counselors will screen self-pay patients and determine Medicaid eligibility, approval, or denial.
    c. Those who are eligible for the following programs will receive free care at 100% participation, unless otherwise eligible for Medicaid or CHIP. Proof of participation in a program listed below is required.
        i. Household with children enrolled in free and reduced-cost meal program.
        ii. Supplemental Nutrition Assistance Program (SNAP)
        iii. State's Energy Assistance Program

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iv. Federal Special Supplemental Food Program for Women, Infants, and Children (WIC)
v. Any other social service program as determined by the Maryland Department of Health or Health Services Cost Review Commission.

d. If Medicaid is not likely to be approved, 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 (PFS) representatives/Financial Counselors have the authority to request the Medicaid application whenever there is a chance of Medicaid eligibility.
    i. All inpatient and observation visits require a Medicaid decision letter within (6) six months from date of service.
    ii. Exception – patients who are deceased and are unable to apply or do not have a representative who can apply on their behalf, will not need a Medicaid decision letter.
e. Any patient who is not eligible for full Medicaid benefits may apply for financial assistance through the Caring Program.
f. Any patient who is eligible for Medicaid but has a "spenddown" 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 up with the Medicaid application will result in a denial from the Caring Program.

2. The Caring Program application must be completed and returned via US Postal Service, delivered in person, emailed, or completed over the telephone within 60 days of the 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.
    b. If the application is completed over the telephone for the patient by the PFS Representative/Financial Counselor, then the application will then be mailed to the patient for a signature.
    c. If the applicant cannot read/write, PFS Representative/Financial Counselor will read the policy to the applicant and assist with the form completion, requiring only a witnessed signature of an "X".
    d. Any required signatures or additional information requested by a PFS Representative/Financial Counselor must be returned within 30 days of the request. If the information is not returned within that time, the financial assistance application will be denied for those service dates related to the application.
3. 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.

4. The following definitions of family size and income will assist in the Caring Program eligibility determination:
    a. Family: Using the Census Bureau definition, a family is a group of two or more persons related by birth, marriage, adoption, or stepchildren, living in the same residence, sharing income and expenses. When a household includes more than one family, GRMC will use each separate family's income for eligibility determination. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their federal income tax return, they may be considered a dependent for the purposes of the provision of financial assistance.
    b. 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. A patient's eligibility is not based on immigration status, legal residency, or citizenship. The hospital will not withhold or deny financial assistance based on race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, or based on disability.
    c. Income: Before taxes from all sources, as follows:
        i. Wages and salaries
        ii. Interest and Dividends
        iii. Cash value of stocks, bonds, mutual funds, etc.
        iv. Net self-employment income based on a federal tax return as calculated by GRMC. 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
        v. Regular payments from Social Security, railroad retirement, unemployment compensation, veterans' payments, etc.
        vi. Strike benefits from union funds
        vii. Workers' compensation payments for lost wages
        viii. Public assistance including Aid to Families with Dependent Children
        ix. Supplemental Security Income
        x. Non-Federally funded General Assistance or General Relief money payments
        xi. Alimony, child support, military family allotments or other regular support from an absent family member or someone not living in the household
        xii. Private pensions or government employee pensions (including military retirement pay)
        xiii. Regular insurance or annuity payments

xiv. Net rental income, net royalties, and periodic receipts from estates or trusts
xv. Net gambling or lottery winnings
xvi. Assets withdrawn from a financial institution one year or less before program application
xvii. Proceeds from the sale of property, a house, or a car
xviii. Tax refunds
xix. Gifts of cash, loans, lump-sum inheritances
xx. One-time insurance payments or compensation for injury

d. Assets – all assets owned by applying individual shall be listed on the application and recorded as value to the individual.
    i. The following assets will be excluded in calculating total assets owned by the applicant:
        1. First $10,000 in monetary assets
        2. A "safe harbor" equity of $150,000 in a primary residence
        3. One motor vehicle used for the transportation needs of the beneficiary or any member of the family
        4. Any resources excluded in determining the eligibility under Maryland Medicaid.
        5. Prepaid higher education funds in Maryland 529 Program account
        6. Retirement assets to which the IRS has given preferential tax treatment as a retirement account including the following:
            a. Individual Retirement Account
            b. 401K
            c. 403b
            d. Deferred compensation plans
            e. Roth IRAs
            f. SIMPLE IRAs
            g. Simple Employee Pension (SEP)
            h. Profit-Sharing plans
            i. Defined Benefit Plans
            j. Governmental Plans
            k. 457 Plans

5. Eligibility for 100% financial assistance at GRMC is available to applicants whose income is at or below 200% or the current Federal Poverty Guidelines. Any individual treated at GRMC, regardless of permanent state residence, may apply for financial assistance through The Caring Program. Partial assistance is available with incomes up to 500% (after the $10,000 net asset exclusion) of the Federal Poverty Guidelines, as follows:
    a. Eligibility for 75% financial assistance is available for income at 201%-300% of the Federal Poverty Guidelines.
    b. Eligibility for 50% financial assistance is available for incomes at 301%-400% of the Federal Poverty Guidelines.

    c. Eligibility for 25% financial assistance is available for incomes at 401%-500% of the Federal Poverty Guidelines.
6. 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.
    a. Monthly payments are offered to every patient on their statement.
    b. Payment plans are available for payment uninsured patients with family income between 200 and 500 percent of the federal poverty level.
    c. 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. Payment plans are available and in compliance if payments are made 11 out of 12 months.
    d. Payments cannot exceed 5% of the patients adjusted monthly income.
7. 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. Homeless patients are only eligible for the date of service in question. The following indicates the available methods for GRMC to obtain information needed for eligibility determination in these situations and for whom a completed, signed application is not required:
    a. Telephone contact, including TTY communications and verbal information about the individual's financial situation.
    b. Discussion of the situation with the individual's state Medicaid office to obtain a preliminary determination of Medicaid eligibility.
    c. Research the applicant's other GRMC accounts.
    d. Information from the next of kin or another person able to speak about the individual's financial condition (within HIPAA guidelines)
    e. Have personal knowledge of the individual's living situation.
8. Documentation requirements include the application for financial assistance, proof of income and/or any unusual expenses, financial statements, etc.
9. Amount Generally Billed: Individuals eligible for assistance under this policy for emergency or other medically necessary care will not be charged more than the amounts generally billed (AGB) to individuals who are not eligible for assistance. The discounted charges are established by Maryland's rate-setting agency (HSCRC) and are equivalent to the prospective Medicare methodology.
10. GRMC has posted signs publicizing the financial assistance program at all registration

areas. Information about the financial assistance program is printed in the "Patient Handbook" and on the hospital's website. Monthly self-pay statements include a pre-printed notification of the financial assistance program and instructions for applying. 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 inquiry about the availability of a financial assistance program at GRMC, staff members should refer the inquiry to the Financial Counselors; offer to supply the telephone number of the Financial Counselors, and/or direct patients to the financial counseling offices. All financial counselors 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.

11. GRMC 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 upon request and may be picked up in person or mailed to the patient's or guarantor's home.
12. 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 GRMC query will not be considered eligible for the program.
13. 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 outstanding GRMC claims.
14. Financial assistance through the Caring Program will continue for a period of six months or one year after the eligibility approval date based on date of service, 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 for six months is based on unemployment or three months of paystubs. Twelve-month eligibility is based on a federal fixed income statement or annual tax return, retirement, and self-employed income. Eligibility for the Caring Program would be based on the financial information supplied unless the income of the applicant changes significantly.
    a. 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.
    b. Upon application approval, GRMC will adjust eligible account balances. GRMC may reverse the determination of eligibility if any of the information supplied on the application was incorrect.

c. If an individual's financial status deteriorates and he/she cannot pay the agreed upon monthly payment amount, GRMC will again review (upon request) the individual's eligibility to the program.
d. Once GRMC has determined that an account is eligible for financial assistance or is not collectible, that financial classification is final.
e. GRMC 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.

15. 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 GRMC of all claims that fall into this category.
16. Individuals or families with an income below 500% of the federal poverty level that can prove medical hardship will be eligible for The Caring Program for a 15% financial assistance or reduction in charges. To meet the medical hardship criteria, the patient/family must have medical debt at Garrett Regional Medical Center (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 Regional Medical Center 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. All applicants will be screened for Financial Hardship.
17. Upon receipt or notification of an individual's or 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.
18. 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, if not already an established Charity Care recipient. Estates will be monitored and checked for 90 days by the Patient Financial Services Representative. If no estate is found the patient's self-pay balance will then be adjusted to Charity Care.
19. A probable eligibility determination will be given to the applicant within 2 business days of PFS Representative/Financial Counselor receiving the patient's request.
20. A final approval or denial letter will be mailed out to the applicant within 14 days of receipt of the completed application.
21. If no auto benefits apply and commercial insurance has processed the claim. At this

time Charity Care can be applied to the account.

22. In implementing this Policy, GRMC 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.
23. It is recognized that Old Order Amish and Old Order Mennonite patients to not rely in any manner on any type of government programs or private insurance based upon their religious beliefs. These two Orders rely on their religious community to pull resources together to pay for healthcare bills for members of their community. These patients, who are 100% self-pay will be granted a 25% discount when paid in full within 30 days of service.
    a. A letter from the Old Order Amish Church and Old Order Mennonite Church will be presented to Garrett Regional Medical Center to be kept on file.
    b. Any patient applying for this discount will be required to fill out an application form.
    c. Patients requesting this assistance must speak with a financial counselor.
    d. Financial assistance through the Caring Program will continue for a period of five years after eligibility approval date.
24. Under Charity Care a person is eligible for standard Charity Care or Older Order Amish/Mennonite Charity Care. A patient may not pick and choose or have both.
25. Patients may request the hospital to reconsider the denial of free or reduced care by contacting the Health Education and Advocacy Unit (HEAU). This organization is dedicated to providing services to Marylanders who need assistance with consumer or health billing issues. They can be reached at 410-528-1841 or toll free 1-877-261-8807. Their fax number is 410-576-6571 and email address is heau@oag.state.md.us. HEAU's mailing address is 200 St. Paul Place, Baltimore, MD 21202. You may also access this information at the HEAU website (marylandattorneygeneral.gov/pages/cpd/heau).