



Jamestown Regional Medical Center (JRMC) is committed to treating patients who have financial needs with the same dignity and consideration extended to all its patients. JRMC considers each patient's ability to pay for his or her medical care and extends Community Care or Partial Community Care to eligible patients who:

- are unable to pay for their care,
- complete and submit an application,
- and meet all the guidelines.

This policy reinforces the eligibility procedures for Community Care and Partial Community Care that comply with applicable federal, state and local law.

JRMC will make every effort to make it known that Community Care is available in their organization. Information will be available with inpatient and outpatient admission packets, available on the hospital website, and publicly displayed at all registration areas.

If you are unable to pay for all or part of the care you receive from JRMC, you may be eligible for free or discounted services.

PLEASE NOTE:

Any patient seeking emergency care will be treated without regard to ability to pay.

ELIGIBILITY FOR COMMUNITY CARE

To determine your eligibility for financial assistance, we consider:

- 1) Medical Necessity** – Medically necessary services are clinical and rehabilitative physical, mental or behavioral health services that:
 - a) are essential to prevent, diagnose or treat medical conditions (e.g., illnesses, injuries, physical, mental and behavioral disorders, impairments or disabilities) and enable the enrollee to attain, maintain or regain functional capacity; and
 - b) are delivered in the amount, duration, scope and setting that is appropriate to the specific physical, mental and behavioral health care needs of the individual; and
 - c) are provided within professionally accepted standards of practice and national guidelines; and
 - d) are required to meet the physical, mental and/or behavioral health needs of the individual and are not primarily for the convenience of the individual, the provider or the payer.

When a service is denied by Medicaid or Expansion Plan to patient responsibility due to a non-covered service, the patient may apply for the Community Care program and presumptive eligibility may apply. The Patient Accounts Coordinator will review this on a case-by-case situation.

- 2) Ability to Pay** – We look at income, family size, available resources and expected future income in determining your ability to pay.
 - a) Community Care
100% free medical care for services provided by JRMC. Patients who are uninsured for the relevant medically necessary service, who are ineligible for governmental or other insurance coverage, and who have family incomes, not more than 100% of the Federal Poverty Guidelines will be able to receive Community Care. However, patients at this level of family income who have sufficient assets to pay for care without becoming medically indigent, will not be eligible for Community Care but may nevertheless be eligible to receive up to a 90% discount off gross charges.



b) Partial Community Care

Partial Community Care means care at a discounted rate for services provided by JPMC. Patients who are uninsured or underinsured for the relevant medically necessary service, who are ineligible for governmental or other insurance coverage, and who have family incomes more than 100%, but not exceeding 300% of the Federal Poverty Guidelines, will be eligible to receive Partial Community Care in the form of a discount off inpatient and/or outpatient charges. However, patients at this level of family income who have sufficient assets to pay for care without becoming medically indigent are not eligible for discounts. Assets will be reviewed to ensure validity with inability to meet payment requirements. Asset guidelines will follow a single household is able to have one vehicle and place of dwelling. A multiple married adult household may have one additional vehicle. The value of the vehicle may not exceed \$6,600.

PLEASE NOTE:

This information is a summary. The complete written policy is available upon request.

HOW TO APPLY FOR COMMUNITY CARE

When you are registered as a patient, we will ask about your coverage for healthcare services. If you do not have coverage or it is not likely to be sufficient, we will either give you a packet of information that covers our community care policy or offer the immediate assistance of a Patient Accounts Coordinator, who will go over the community care application with you.

You will need to complete the Community Care Application form, provided all information it requests, and submit it to us at Jamestown Regional Medical Center 2422 20th St SW Jamestown, ND 58401 or email us at info@jrmcnd.com

If it is determined you are eligible for a community care discount, we will notify you and let you know how much of a discount is available. If it is determined you are not eligible for a discount, we will notify you and give a brief explanation of the reason.

It is important to note that if you do not have insurance, you will not be charged more for services than the amount generally billed to those who have insurance.

QUESTIONS?

Once again this is a summary of our Community Care Program. A complete written policy is available upon request or online at www.jrmcnd.com.

If you have any questions about qualifying or applying for Community Care, please contact a Patient Accounts Coordinator at (701) 952-4823 or (800) 281-8888 ext. 5344.