



Financial Assistance Policy: Berkshire Medical Center

Introduction to Berkshire Medical Center's Financial Assistance Policy

This policy applies to Berkshire Medical Center (hereafter referred to as BMC) and specific locations and providers as identified in this policy.

BMC is the frontline caregiver providing medically necessary care for all people who present to its facility and locations regardless of ability to pay. BMC offers this care for **all** patients that come to our facility 24 hours a day, seven days a week, and 365 days a year. As a result, BMC is committed to providing all of our patients with high-quality care and services. As part of this commitment, BMC works with individuals with limited incomes and resources to find available options to cover the cost of their care.

BMC will help uninsured and underinsured individuals apply for health coverage through a public assistance program or BMC's financial assistance program (including but not limited to MassHealth, the Premium Assistance Payment Program Operated by the Health Connector, the Children's Medical Security Program, the Health Safety Net, and Medical Hardship), and work with individuals to enroll as appropriate. Eligibility for these programs is determined by reviewing, among other items, an individual's household income, assets, family size, expenses, and medical needs.

While BMC assists patients in obtaining health coverage through public programs and financial assistance through other sources whenever appropriate including BMC, BMC may also be required to appropriately bill for and collect specific payments, which may include but not be limited to, applicable co-payments, deductibles, deposits, and other amounts for which the patient agrees to be responsible. When registering for services or if receiving a bill, BMC encourages patients to contact our staff to determine if they and/or a family member are in need of and eligible for financial assistance.

In working with patients to find available public assistance or coverage through BMC's financial assistance, BMC does not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability in its policies or in its application of policies, concerning the acquisition and verification of financial information, preadmission or pretreatment deposits, payment plans, deferred or rejected admissions, determination that an individual qualifies for Low Income Patient status as determined by the Massachusetts MassHealth/Health Connector eligibility system, or attestation of information to determine Low Income Patient status. This policy has been reviewed and approved by the Chief Financial Officer of Berkshire Health Systems.

While we understand that each individual has a unique financial situation, information and assistance regarding eligibility for public assistance programs and/or coverage through BMC's financial assistance program may be obtained by contacting the Lead Certified Application Counselor of the Advocacy for Access Program of BMC at 413-447-3139 or the Financial Counselor of the Access Services Department



of Fairview Hospital at 413-854-9605, Monday-Friday, 8:00 a.m. to 4:00 p.m.

More information about this policy and BMC's financial assistance program, including the application form and a plain language summary of the financial assistance policy, are available on Berkshire Health Systems' website:

www.berkshirehealthsystems.org/financial-counseling

The actions that BMC may take in the event of nonpayment are described in BMC's separate billing and collections policy. Members of the public may obtain a free copy of the BMC Billing and Collections Policy on Berkshire Health Systems' website:

www.berkshirehealthsystems.org/financial-counseling

I. Coverage for Medically Necessary Health Care Services

BMC provides medically necessary medical and behavioral health care services for all patients who present at a BMC location regardless of their ability to pay. Medically necessary services includes those that are reasonably expected to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity. Medically Necessary Services include inpatient and outpatient services as authorized under Title XIX of the Social Security Act.

The treating medical professional will determine the type and level of care and treatment that is necessary for each patient based on their presenting clinical symptoms and following applicable standards of practice. BMC follows the federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements by conducting a medical screening examination for patients who present at a BMC location seeking emergency services to determine whether an emergency medical condition exists.

Classification of emergency and nonemergency services is based on the following general definitions, as well as the treating clinician's medical determination. The definitions of emergency or urgent care services provided below are further used by BMC for purposes of determining allowable emergency and urgent bad debt coverage under BMC's financial assistance program, including the Health Safety Net.

A. Emergency and Urgent Care Services

Any patient who presents at BMC requesting emergency assistance will be evaluated based on the presenting clinical symptoms without regard to the patient's identification, insurance coverage, or ability to pay. BMC will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that patients pay before receiving treatment for emergency medical conditions, or interfering with the screening for and providing of emergency medical care by first discussing the BMC financial assistance program or eligibility for public assistance programs.



- a. Emergency Level Services includes treatment for:
 - i. A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, such *that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part*, or, with respect to a pregnant woman, as further defined in 42 U.S.C. § 1395dd(e)(1)(B).
 - ii. In accordance with federal requirements, EMTALA is triggered for anyone who presents to a hospital's property requesting examination or treatment of an emergency (as defined above) or who enters the emergency department requesting examination or treatment for a medical condition. Most commonly, unscheduled persons present themselves at the emergency department. However, unscheduled persons requesting services for an emergency medical condition while presenting at another inpatient/outpatient unit, clinic, or other ancillary area will also be evaluated for and possibly transferred to a more appropriate location for an emergency medical screening examination in accordance with EMTALA. Examination and treatment for emergency medical conditions, or any such other service rendered to the extent required under EMTALA, will be provided to the patient and will qualify as emergency level care. The determination that there is an emergency medical condition is made by the treating clinician or other qualified medical personnel of BMC as documented in the BMC medical record.
- b. Urgent Care Services include treatment for the following:
 - i. Medically Necessary Services provided in an Acute Hospital after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) such *that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably expect to result in placing a patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part*. Urgent Care Services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health. Urgent Care Services do not include Primary or Elective Care.

B. Non-Emergent, Non-Urgent Services:

For patients who (1) the treating clinician determines is non-emergent or non-urgent level care or (2) seek care and treatment following stabilization of an emergency medical condition, BMC may deem that such care is primary or elective services.

- a) Primary or Elective Services includes medical care that is not an Urgent or Emergency level of care and is required by individuals or families for the maintenance of health and the prevention of illness. Typically, these services are medical or behavioral health procedures/visits scheduled in advance or on the same day by the patient or by the health care provider at a BMC location including but not limited to the main campus, a remote site or location, as well as an affiliated physician office, clinic, or community health center. Primary Care consists of health care services customarily provided by general practitioners, family practitioners, general internists, general pediatricians, and primary care nurse practitioners or physician assistants in a primary care



service. Primary Care does not require the specialized resources of an Acute Hospital emergency department and excludes Ancillary Services and maternity care services.

- b) Non-emergent or non-urgent health care services (i.e., primary or elective care) may be delayed or deferred based on the consultation with BMC’s clinical staff, as well as the patient’s primary care or treating provider if available and as appropriate. BMC may further decline to provide a patient with non-emergent, non-urgent services if the patient is medically stable and BMC is unable to obtain from the patient or other sources appropriate payment source or eligibility information for a public or private health insurance to cover the cost of the non-emergent and non-urgent care. Coverage for healthcare services, including medical and behavioral health, is determined and outlined in a public and private health insurer’s medical necessity and coverage manuals. While BMC will attempt to determine coverage based on the patient’s known and available insurance coverage, it may bill the patient if the services are not a reimbursable service and the patient has agreed to be billed.
- c) Coverage from a public, private, or hospital based financial assistance program may not apply to certain primary or elective procedures that are not reimbursable by such coverage options. If the patient is not sure if a service is not covered, they should contact the Financial Counselor at Fairview Hospital by calling 413-854-9605 to determine what coverage options are available.

C. BMC Locations providing medically necessary services and covered by the Financial Assistance Policy:

BMC’s financial assistance policy covers the following locations where patients can also obtain information on the availability of public assistance programs:

<i>Berkshire Medical Center Locations</i>	
<i>725 North Street, Pittsfield</i>	<i>197 Adams Road, Williamstown</i>
<i>165 Tor Court, Pittsfield</i>	<i>777 Medical Arts Building, Pittsfield</i>
<i>610 North Street, Pittsfield</i>	<i>24 Park Street, Pittsfield</i>
<i>2 Park Street, Adams</i>	<i>41 Wahconah Street, Pittsfield</i>
<i>510 North Street, Suites 2 and 8, Pittsfield</i>	<i>66 Wahconah Street, Pittsfield</i>
<i>631B North Street, Pittsfield</i>	<i>55 Pittsfield Road, Lenox</i>
<i>71 Hospital Avenue, North Adams</i>	<i>10 Maple Street, Great Barrington</i>
<i>8 Conte Drive, Pittsfield</i>	

In addition, the BMC financial assistance policy covers those Emergent, Urgent, and Primary Care services provided by the following physician types within the BMC locations listed above:

NON-COVERED PROFESSIONAL SERVICES	COVERED PROFESSIONAL SERVICES
Dental Services-General Dentistry & Oral Surgery	Anesthesiology Services
Dermatology Services	Behavioral Health Services
Ears, Nose, Throat (ENT) Services	Emergency Room Services
Gastroenterology Services	Hospitalist Services
Non Affiliated Behavioral Health Services	Berkshire Faculty Services
Ophthalmology Services	



Orthopedic Services	
Pathology Services	
Pediatric Services	
Podiatry Services	
Primary Care Services	
Radiation Oncology Services	
Radiology Services	
Surgical Services	

In addition to the above non-covered services, Community Health Center patients whom, under formal agreement can be referred to Berkshire Medical Center for services, will be excluded from the financial assistance policy. Financial assistance for this population is referenced in the BMC Billing and Collections Policy.

NOTE: Any provider type listed as non-covered are also excluded from reimbursement under HSN.

II. Public Assistance Programs and BMC Financial Assistance

A. General Overview of Health Coverage and Financial Assistance Programs

BMC patients may be eligible for free or reduced cost of health care services through various state public assistance programs as well as BMC financial assistance programs (including, but not limited to, MassHealth, the Premium Assistance Payment Program Operated by the Health Connector, the Children’s Medical Security Program, the Health Safety Net, and Medical Hardship). Such programs are intended to assist low-income patients, taking into account each individual’s ability to contribute to the cost of his or her care. For those individuals that are uninsured or underinsured, BMC will, when requested, help them with applying for either coverage through public assistance programs or BMC financial assistance programs that may cover all or some of their unpaid hospital bills.

B. State Public Assistance Programs

BMC is available to assist patients in enrolling into state health coverage programs. These include MassHealth, the Premium Assistance Payment Program Operated by the Health Connector, and the Children’s Medical Security Plan. For these programs, applicants can submit an application through an online website (which is centrally located on the state’s Health Connector website), a paper application, or over the phone with a customer service representative located at either MassHealth or the Health Connector. Individuals may also ask for assistance from BMC Certified Application Counselors with submitting the application either on the website or through a paper application.

C. BMC Financial Assistance

BMC also provides financial assistance to patients whose income demonstrates an inability to pay for all or a portion of services provided. Patients who are Massachusetts or non-Massachusetts residents and/or in the BMC’s service area may be required to complete their state’s application for Medicaid coverage or subsidized health insurance prior to seeking coverage through the BMC’s own financial assistance options. Qualifying patients are eligible for BMC’s Financial Assistance Policy (FAP) based on the below criteria:

**C.1. BMC Financial Assistance through the Health Safety Net**

Through its participation in the Massachusetts Health Safety Net, BMC provides financial assistance to low-income uninsured and underinsured patients who are Massachusetts residents and who meet income qualifications. The Health Safety Net was created to more equitably distribute the cost of providing uncompensated care to low income uninsured and underinsured patients through free or discounted care across acute hospitals in Massachusetts. The Health Safety Net pooling of uncompensated care is accomplished through an assessment on each hospital to cover the cost of care for uninsured and underinsured patients with incomes under 300% the federal poverty level. It is BMC's policy that all patients who receive financial assistance under BMC's financial assistance policy includes the health safety net services as part of the uncompensated care provided to low income patients.

Through its participation in the Health Safety Net, low-income patients receiving services at BMC may be eligible for financial assistance, including free or partially free care for Health Safety Net eligible services defined in 101 CMR 613.00.

(a) Health Safety Net - Primary

Uninsured patients who are Massachusetts residents with verified MassHealth MAGI household Income or Medical Hardship Family income, as described in 101 CMR 613.05(1)(b), between 0-300% of the Federal Poverty Level (FPL) may be determined eligible for Health Safety Net Eligible Services.

The eligibility period and type of services for *Health Safety Net - Primary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program Operated by the Health Connector as described in 101 CMR 613.04(6)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net – Primary*.

(b) Health Safety Net – Secondary

Patients that are Massachusetts residents with primary health insurance and MassHealth MAGI Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.05(1)(b), between 0 and 300% of the FPL may be determined eligible for Health Safety Net Eligible Services. The eligibility period and type of services for *Health Safety Net - Secondary* is limited for patients eligible for enrollment in the Premium Assistance Payment Program Operated by the Health Connector as described in 101 CMR 613.04(6)(a) and (b). Patients subject to the Student Health Program requirements of M.G.L. c. 15A, § 18 are not eligible for *Health Safety Net – Primary*.

(c) Health Safety Net - Partial Deductibles

Patients that qualify for *Health Safety Net Primary* or *Health Safety Net - Secondary* with MassHealth MAGI Household income or Medical Hardship Family Countable Income between 150.1% and 300% of the FPL may be subject to an annual deductible if all members of the Premium Billing Family Group (PBF) have an income that is above 150.1% of the FPL. This group is defined in 130 CMR 501.0001.



If any member of the PBFG has an FPL below 150.1% there is no deductible for any member of the PBFG. The annual deductible is equal to the greater of:

1. the lowest cost Premium Assistance Payment Program Operated by the Health Connector premium, adjusted for the size of the PBFG proportionally to the MassHealth FPL income standards, as of the beginning of the calendar year; or
2. 40% of the difference between the lowest MassHealth MAGI Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's Premium Billing Family Group (PBFG) and 200% of the FPL.

(d) Health Safety Net - Medical Hardship

A Massachusetts resident of any income may qualify for *Medical Hardship* through the Health Safety Net if allowable medical expenses have so depleted his or her countable income that he or she is unable to pay for health services. To qualify for *Medical Hardship*, the applicant's allowable medical expenses must exceed a specified percentage of the applicant's Countable Income defined in 101 CMR 613.05(1)(b) as follows:

Income Level	Percentage of Countable Income
0 - 205% FPL	10%
205.1 - 305% FPL	15%
305.1 - 405% FPL	20%
405.1 - 605% FPL	30%
>605.1% FPL	40%

The applicant's required contribution is calculated as the specified percentage of Countable Income in 101 CMR 613.05(1)(b) based on the *Medical Hardship* Family's FPL multiplied by the actual Countable Income less bills not eligible for Health Safety Net payment, for which the applicant will remain responsible. Further requirements for *Medical Hardship* are specified 101 CMR 613.05.

C.2. BMC Additional Financial Assistance

In addition to the Health Safety Net, BMC provides financial assistance for those patients who meet its criteria as outlined below. This financial assistance is meant to supplement and not replace other coverage for services in order to ensure the financial assistance is provided when needed. BMC will not deny financial assistance under its financial assistance policy based on the applicant's failure to provide information or documentation unless that information or documentation is described in and necessary for the determination of financial assistance through the application form.

This additional financial assistance is available to patients who are uninsured and whose household income is less than or equal to 400% of the Federal Poverty Level. Patients must apply for any state of governmental public assistance program for which they may qualify. Patients that qualify for this additional financial assistance will be offered a discount as follows:



Discount for Inpatient Services	Discount for Outpatient Services
41.31%	58.93%

D. Limitations on Charges

BMC will not charge any individual who is eligible for assistance under its financial assistance policy for emergency and medically necessary care more than the “amount generally billed” to individuals who have insurance for such care. For this purpose the “amount generally billed” is determined using the look back method and for Berkshire Medical Center is a combination of Medicare Fee for Service and all private insurer rates.

The “amounts generally billed”, stated as a percentage of gross charges for BMC, is as follows:

- ***Inpatient Services: 58.69% and Outpatient Services: 41.07%***

BMC will charge any individual who is eligible for assistance under its financial assistance policy for all other care an amount less than gross charges for such care.

E. Notices & Application for BMC Financial Assistance and Public Assistance Programs

E.1 Notices of Available BMC Financial Assistance & Public Assistance Options

For those individuals who are uninsured or underinsured, BMC will work with patients to assist them in applying for public assistance and/or BMC financial assistance programs that may cover some or all of their unpaid hospital bills. In order to help uninsured and underinsured individuals find available and appropriate options, BMC will provide all individuals with a general notice of the availability of public assistance and financial assistance programs during the patient’s initial in-person registration at a BMC location for a service, in all billing invoices that are sent to a patient or guarantor, and when the provider is notified or through its own due diligence becomes aware of a change in the patient’s eligibility status for public or private insurance coverage.

In addition, BMC also posts general notices at service delivery areas where there is a registration or check-in area (including, but not limited to, inpatient, outpatient, emergency departments, and satellite locations, in Certified Application Counselor offices, and in general business office areas that are customarily used by patients (e.g., admissions and registration areas, or patient financial services offices that are actively open to the public). The general notice will inform the patient about the availability of public assistance and BMC financial assistance (including MassHealth, the Premium Assistance Payment Program Operated by the Health Connector, the Children’s Medical Security Program, the Health Safety Net and Medical Hardship) as well as the location(s) within BMC and/or the phone numbers to call to schedule an appointment with a Certified Application Counselor. The goal of these notices is to assist individuals in applying for coverage within one or more of these programs.

E.2. Application for BMC Financial Assistance and Public Assistance Programs

BMC is available to assist patients in enrolling into a state public assistance program. These include MassHealth, the Premium Assistance Payment Program Operated by the Health Connector, and the Children’s Medical Security Plan. Based on information provided by the patient, BMC will also identify available coverage options through its financial assistance program, including the Health Safety Net and



Medical Hardship programs.

For programs other than Medical Hardship, applicants can submit an application through an online website (which is centrally located on the state's Health Connector website), a paper application, or over the phone with a customer service representative located at either MassHealth or the Health Connector. Individuals may also ask for assistance from a BMC Certified Application Counselor with submitting the application either on the website or through a paper application.

For Medical Hardship, BMC will work with the patient to determine if a program like Medical Hardship would be appropriate and submit a Medical Hardship application to the Health Safety Net. It is the patient's obligation to provide all necessary information as requested by BMC in an appropriate timeframe to ensure that BMC can submit a completed application. If the patient is able to provide all information in a timely manner, BMC will endeavor to submit the total and completed application within five (5) business days of receiving all necessary and requested information. If the total and completed application is not submitted within five business days of receiving all necessary information, collection actions may not be taken against the patient with respect to bills eligible for Medical Hardship.

Financial assistance provided through BMC is available to patients and their family members with household income less than 400% of the Federal Poverty Level. To obtain a financial assistance application, call the Advocacy for Access Program of BMC or the Access Services Department of Fairview Hospital. The application can also be accessed online at Berkshire Health Systems' website. In order to be determined eligible you must:

- Apply for any state or governmental medical assistance program for which you may be eligible and provide proof of application.
- Complete, sign, and date the Financial Assistance Application.
- Provide verification of all household income.
- Return your completed application to the Advocacy for Access Program of BMC, or to the Access Services Department of Fairview Hospital.

Presumptive Determination will be made for BMC Financial Assistance based upon a self-attestation of financial information by the patient or information BMC obtains through the rendering of services for the patient, and such information will deem a patient as meeting the low-income patient definition to cover medically necessary and primary care services. Examples of patients and conditions are homeless or incarcerated. These examples, are just that, and do not represent a completed list of conditions. Patients qualifying for such determination will have an application identifying such circumstances. Such determination would be reviewed on an annual basis or until the patient completed another application within the year timeframe, whatever occurs first.

BMC will not deny financial assistance under its financial assistance policy for information or documentation unless the information or documentation is described in its financial assistance policy or application form.

E.3. Role of the Financial Counselor and Certified Application Counselor:



BMC will help uninsured and underinsured individuals apply for health coverage through a public assistance program (including but not limited to MassHealth, the Premium Assistance Payment Program Operated by the Health Connector, and the Children’s Medical Security Program), and work with individuals to enroll them as appropriate. BMC will also help patients that wish to apply for financial assistance from BMC, which includes coverage through the Health Safety Net and Medical Hardship.

BMC will:

- a) provide information about the full range of programs, including MassHealth, the Premium Assistance Payment Program Operated by the Health Connector, the Children’s Medical Security Program, Health Safety Net, and Medical Hardship;
- b) help individuals complete a new application for coverage or submit a renewal for existing coverage;
- c) work with the individual to obtain all required documentation;
- d) submit applications or renewals (along with all required documentation);
- e) interact, when applicable and as allowed under the current system limitations, with the Programs on the status of such applications and renewals;
- f) help to facilitate enrollment of applicants or beneficiaries in Insurance Programs; and
- g) offer and provide voter registration assistance.

BMC will advise the patient of their obligation to provide BMC and the applicable state agency with accurate and timely information regarding their full name, address, telephone number, date of birth, social security number (if available), current insurance coverage options (including home, motor vehicle, and other liability insurance) that can cover the cost of the care received, any other applicable financial resources, and citizenship and residency information. This information will be submitted to the state as part of the application for public program assistance to determine coverage for the services provided to the individual.

If the individual or guarantor is unable to provide the necessary information, BMC may, at the individual’s request, make reasonable efforts to obtain any additional information from other sources. Such efforts also include working with individuals, when requested by the individual, to determine if a bill for services should be sent to the individual to assist with meeting the one-time deductible. This will occur when the individual is scheduling their services, during pre-registration, while the individual is admitted in BMC, upon discharge, or for a reasonable time following discharge from BMC. Information that the Financial Counselor or Certified Application Counselor obtains will be maintained in accordance with applicable federal and state privacy and security laws.

BMC will also notify the patient during the application process of their responsibility to report to both BMC and the state agency providing coverage of healthcare services any third party that may be responsible for paying claims, including a home, auto, or other insurance liability policy. If the patient has submitted a third party claim or filed a lawsuit against a third party, the Financial Counselor or Certified Application Counselor will notify the patient of the requirement to notify the provider and the state program within 10 days of such actions. The patient will also be informed that they must repay the appropriate state agency the amount of the healthcare covered by the state program if there is a recovery on the claim, or assign rights to the state to allow it to recover its applicable amount.



When the individual contacts BMC, BMC will attempt to identify if an individual qualifies for a public assistance program or through the BMC financial assistance program. An individual who is enrolled in a public assistance program may qualify for certain benefits. Individuals may also qualify for additional assistance based on the BMC's financial assistance program based on the individual's documented income and allowable medical expenses.

Other related documents include:

- Plain Language Summary
- Financial Assistance Application
- Plain Language Summary of Procedure

Reviewed and Approved by: Darlene Rodowicz, Berkshire Health Systems Executive Vice President.

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