



## **Financial Assistance Policy: Berkshire Health Systems**

### **PURPOSE / BACKGROUND**

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

BHS will help uninsured and underinsured individuals apply for health coverage through a public assistance program or BHS’s financial assistance program 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 BHS assists patients in obtaining health coverage through public programs and financial assistance through other sources whenever appropriate including BHS, BHS 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, BHS 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 BHS’s financial assistance, BHS 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.

We understand that each individual has a unique financial situation, so information and assistance regarding eligibility for public assistance programs and/or coverage through BHS’s financial assistance program may be obtained by contacting the Supervisor of Advocacy for Access for Berkshire Health Systems at 413-447-3139, Monday-Friday, 8:00 a.m. to 4:00 p.m.

More information about this policy and BHS’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:

<https://www.berkshirehealthsystems.org/FinancialAssistance>



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

<https://www.berkshirehealthsystems.org/FinancialAssistance>

## **APPLICABILITY**

All patients who receive services from Berkshire Medical Center ("BMC"), Fairview Hospital ("FVH"), North Adams Regional Hospital ("NARH"), and Berkshire Faculty Services ("BFS"). This policy jointly refers to these facilities as Berkshire Health Systems.

## **POLICY STATEMENT**

We will establish a process for making a reasonable determination of who is eligible to receive financial assistance at Berkshire Health Systems, communicating the availability of financial assistance to patients and the public, and ensuring that consistent guidelines are applied to requests for financial assistance, regardless of the Berkshire Health Systems location where the service is provided.

## **DEFINITIONS**

**Amount Generally Billed:** Section 501(r)(5)(A) requires a hospital organization to limit amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under the organization's financial assistance policy to not more than the amounts generally billed to individuals who have insurance covering such care.

**Federal Poverty Guidelines:** A measure of income issued each year by the Department of Health and Human Services (HHS). These guidelines are used to determine eligibility for certain programs and benefits (such as Medicaid).

**Financial Assistance:** A provision of healthcare services provided for free or discounted to eligible patients, with documented and verified financial need, who meet the criteria established within this policy.

**Financial Assistance Discounts:** Adjustments to patients' balances that are made based on the patient's financial status according to the Financial Assistance Policy. All discounts for Financial Assistance must be in accordance with state and federal regulations including IRS 501(r).

**Guarantor:** the individual who is legally and financially responsible for the payment of a patient's bill.

**Patient Liability:** The financial responsibility that is due to the facility/provider as a result for receiving health care services; the amount is determined according to a patient's insurance benefits for the specific scheduled service; including deductibles, co-payments, co-insurance, and non-covered services.



**Underinsured Patient:** A patient with some insurance or other third-party source of payment, whose out-of-pocket expenses exceed his/her ability to pay.

**Uninsured Patient:** A patient that does not have any health insurance in effect for a specific date of service or where their coverage is not effective for a specific service due to network limitations, insurance benefit exhaust or other non-covered services. Patients whose only coverage is MassHealth Limited and/or Health Safety Net are generally considered to be uninsured since those programs do not function per standard insurance coverage rules.

## SPECIFICS

### **I. Coverage for Medically Necessary Health Care Services**

BHS provides medically necessary medical and behavioral health care services for all patients who present at a BHS location regardless of their ability to pay. Medically necessary services include 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. BHS follows the federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements by conducting a medical screening examination for patients who present at a BHS 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 BHS for purposes of determining allowable emergency and urgent bad debt coverage under BHS's financial assistance program, including the Health Safety Net.

#### **I.1. Emergency and Urgent Care Services**

Any patient who presents at BHS 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. BHS 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 BHS 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 BHS as documented in the BHS medical record.
- b. Urgent Care Services include treatment for the following:
  - i. Medically Necessary Services provided in an Acute Care or Critical Access 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.

## **I.2. 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, BHS 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 BHS 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 BHS's clinical staff, as well as the patient's primary care or treating provider if available and as appropriate. BHS may further decline to provide a patient



with non-emergent, non-urgent services if the patient is medically stable and BHS 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 BHS 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 Berkshire Medical Center (413-447-2316) to determine what coverage options are available.

### **I.3. BHS Locations providing medically necessary services and covered by the Financial Assistance Policy:**

A full listing of locations that are covered by BHS's financial assistance policy can be found in Appendix A.

## **II. Financial Assistance Programs**

BHS patients may be eligible for free or reduced cost of health care service through various programs such as MassHealth, or financial assistance available from BHS under Health Safety Net or the BHS Supplemental Financial Assistance Program. Eligibility for one program may depend on eligibility for another program in addition to other eligibility criteria. Patients may be eligible for assistance through the Supplemental Financial Assistance Program only to the extent that the patients or the specific services received are not eligible for assistance under a state public assistance program or the Health Safety Net, as described further below.

### **II.1. State Public Assistance Programs**

Patients with self-pay obligations may be eligible for assistance through participation in: MassHealth Standard; MassHealth CommonHealth; MassHealth CarePlus; MassHealth Family Assistance; MassHealth Limited; Children's Medical Security Plan (CMSP); CMSP plus Limited; Emergency Aid to the Elderly, Disabled, and Children (EAEDC); or the Premium Assistance Payment Program operated by the Health Connector. Eligibility criteria vary for each public assistance program and the criteria are determined and applied by the state. Not all health care services provided by BHS may be covered by such public assistance programs. As described in **IV.3.** of this policy, BHS will assist potentially eligible patients with the application process.

### **II.2. Health Safety Net**

Through its participation in the Massachusetts Health Safety Net, BHS 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 income under 300% of the Federal Poverty Guidelines (“FPG”). It is BHS’s policy that all patients who receive financial assistance under BHS’s financial assistance policy includes the Health Safety Net services as part of the uncompensated care provided to low-income patients.

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

Given the relationship BFS has with both BMC, FVH, and NARH, BFS honors the eligibility of HSN for their patients. While these services are not reimbursed to BFS, BMC, FVH, or NARH, the recognition of this qualification is considered as a method of assistance to those of income under 300% of the FPG. It is BFS’s policy that all patients who receive financial assistance under BHS’s financial assistance policy include the Health Safety Net services as part of the uncompensated care provided to low-income patients.

### *Berkshire Faculty Services*

Patients who qualify for Health Safety Net (full or partial) will receive a 100% discount for all services that would be reimbursable by the Health Safety Net.

### *Berkshire Medical Center, Fairview Hospital, and North Adams Regional Hospital*

#### *(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 Guidelines (FPG) 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 FPG 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 FPG 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 FPG. This group is defined in 130 CMR 501.0001.

If any member of the PBF has an FPG below 150.1% there is no deductible for any member of the PBF. 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 PBF proportionally to the MassHealth FPG 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 (PBF) and 200% of the FPG.

*(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% FPG	10%
205.1 - 305% FPG	15%
305.1 - 405% FPG	20%
405.1 - 605% FPG	30%
>605.1% FPG	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 FPG 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

**II.3. BHS Supplemental Financial Assistance**

In addition to the Health Safety Net, BHS provides supplemental financial assistance to those patients who meet its criteria as described below. This financial assistance is meant to supplement and not replace other coverage for services in order to ensure financial assistance is provided when needed. This supplemental financial assistance is available to patients who are uninsured with household income less than or equal to 400% of the FPG.



## **II.4. Limitations on Charges and Basis of Calculating Amount Charged**

BHS 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.

### ***Berkshire Medical Center, Fairview Hospital, North Adams Regional Hospital, and Berkshire Faculty Services***

Berkshire Medical Center, Fairview Hospital, North Adams Regional Hospital, and Berkshire Faculty Services will utilize the look-back method to determine the percentage of the amount generally billed (AGB) to patients as it applies to this Financial Assistance Policy. A combination of the previous year's charges and payments for commercial and Medicare insurance products are used to determine the Payment on Account Factor (PAF). The PAF is used to determine the minimum discount applied to gross aggregate charges.

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

- BMC inpatient services: 53.93%      BMC outpatient services: 36.86%
- FVH inpatient services: 51.42%      FVH outpatient services: 46.83%
- NARH inpatient services: 40.19%      NARH outpatient services: 36.72%
- BFS office and non-office services: 44.91%

### **Financial Assistance Discount Rates – Uninsured Patients**

Family Income as % of FPG	Berkshire Medical Center		Fairview Hospital	
	Inpatient	Outpatient	Inpatient	Outpatient
0 – 400	46.07%	63.14%	48.58%	53.17%

Family Income as % of FPG	North Adams Regional Hospital		Berkshire Faculty Services
	Inpatient	Outpatient	Office and Non-Office Services
0 – 400	59.81%	63.28%	55.09%

## **II.5. Eligibility Period**

Applications for financial assistance must be received within 240 days from the date of the first post-discharge billing statement for the care provided. The financial assistance eligibility period will begin on the date the complete application is received by Advocacy for Access. For applications sent by postal mail, the postmarked date will be accepted and used as date of receipt. If the application is approved, a financial assistance discount will be applied to all accounts within the eligibility period.

Eligibility will be in effect for one year from the date of approval.

Financial assistance will be terminated if at any time the criteria for eligibility has changed to the extent that the applicant would no longer be eligible. This may consist of changes to income, the number of household family members, or changes in the state or government programs in which the patient must



apply. In such cases, the applicant will be notified via a letter of any termination of assistance. The reason for termination will be indicated.

BHS 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.

### **III. Appeal Process**

Individuals who are denied financial assistance under the provisions of the policy may request a review of the determination. All requests for reviews must be submitted in writing.

### **IV. Notices & Application for Hospital Financial Assistance and Public Assistance Programs**

#### **IV.1. Notices of Available Hospital Financial Assistance & Public Assistance Options**

For those individuals who are uninsured or underinsured, BHS will work with patients to assist them in applying for public assistance and/or BHS 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, BHS 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 BHS 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, BHS 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 BHS 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 BHS 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.

#### **IV.2. Application for Hospital Financial Assistance and Public Assistance Programs**

BHS 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, BHS 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 BHS Certified Application Counselor with submitting the application either on the website or through a paper application.

For Medical Hardship, BHS 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 BHS in an appropriate timeframe to ensure that BHS can submit a completed application. If the patient is able to provide all information in a timely manner, BHS 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 BHS may be available to patients and their family members with household income less than 400% of the FPG. To obtain a financial assistance application, call the Advocacy for Access program of Berkshire Medical Center. The application can also be accessed online at Berkshire Health Systems' website. In order to be determined eligible the applicant must:

1. Submit a financial assistance application that is complete, signed, and dated. One application will be sufficient for all family members listed on the application
2. Provide verification of all household income.
3. Provide verification of application for any state or governmental medical assistance program for which they may qualify (for example, state Medicaid)

The completed financial assistance application and verification documents can be returned to the Advocacy for Access program of Berkshire Medical Center.

Completed financial assistance applications will be reviewed by the Patient Financial Advocacy and Customer Service Manager or their designee for final decision. If all eligibility criteria have been met, a letter of approval will be sent to the applicant / guarantor that will indicate the eligibility period and percentage of discount. If all eligibility criteria have not been met, a letter of denial will be sent to the applicant / guarantor.

If the financial assistance application is not complete, a letter will be sent to the applicant indicating what information is needed to process the application. The applicant / guarantor must provide the required documentation within 30 days of the date of the follow-up letter. If the information is not received within this time frame, the application will be denied. A letter with the reason for denial will be sent to the applicant. A 30-day grace period will be allowed from the date of the denial for the applicant/guarantor to provide additional information. At the end of the 30-day grace period a new application must be completed.

BHS understands that not all patients are able to complete a financial assistance application or comply with requests for documentation. There may be instances in which a patient / guarantor's qualification for



financial assistance is established without completing the application form. Other information may be used by BHS to determine whether a patient / guarantor's account is uncollectible, and this information will be used to determine presumptive eligibility. Presumptive eligibility may be granted to patients based on their eligibility for other programs or life circumstances, such as being 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.

### **IV.3. Role of the Financial Counselor and Certified Application Counselor:**

BHS 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. BHS will also help patients that wish to apply for financial assistance from BHS, which includes coverage through the Health Safety Net and Medical Hardship.

BHS 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.

BHS will advise the patient of their obligation to provide BHS 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, BHS 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 BHS, upon discharge, or for a reasonable time following discharge from BHS. Information that the Financial



Counselor or Certified Application Counselor obtains will be maintained in accordance with applicable federal and state privacy and security laws.

BHS will also notify the patient during the application process of their responsibility to report to both BHS 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 BHS, BHS will attempt to identify if an individual qualifies for a public assistance program or through the BHS 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 BHS'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

## **V. Revisions**

Berkshire Health Systems reserves the right to alter, amend, modify, or eliminate this policy at any time without prior written notice. Any amendments to this policy are delegated to the Chief Financial Officer of Berkshire Health Systems and his/her delegates.

## **REFERENCES**

IRC Section 501(r)(4)—Financial assistance policy

<https://www.irs.gov/charities-non-profits/financial-assistance-policies-faps>

26 CFR 1.501(r)

<https://www.ecfr.gov/current/title-26/chapter-I/subchapter-A/part-1/subject-group-ECFR062882ac6495890?toc=1>

101 CMR 613: Health Safety Net Eligible Services

<https://www.mass.gov/doc/101-cmr-613-health-safety-net-eligible-services/download>

## **ATTACHMENTS**

Appendix A: Provider List



## Appendix A: Provider List

The following Berkshire Health System locations and practices are covered under Berkshire Health Systems' Financial Assistance Policy:

### Berkshire Medical Center

#### Acute Care

725 North St  
Pittsfield MA 01201

#### Audiology

BMC Audiology and Hearing Center  
510 North St Ste 6 Rm 202  
Pittsfield MA 01201

#### Cancer Treatment

The Phelps Cancer Center  
165 Tor Ct  
Pittsfield MA 01201

#### Emergency Care

BMC Emergency Department  
725 North St  
Pittsfield MA 01201

#### Laboratory

Adams Collection Station  
2 Park St  
Adams MA 01220

BMC Medical Arts Complex Collection Station  
777 North St  
Pittsfield MA 01201

East Mountain Medical Collection Station  
780 Main St  
Gt Barrington MA 01230

East Street Collection Station  
505 East St Ste 104  
Pittsfield MA 01201

#### Radiology

610 North St  
Pittsfield MA 01201

725 North St  
Pittsfield MA 01201

777 North St  
Pittsfield MA 01201

#### Rehabilitation

777 North St 5th Fl  
Pittsfield MA 01201

#### Renal Dialysis

Kidney Disease & Hypertension Services of BMC -  
Central County Renal Dialysis Center  
8 Conte Dr  
Pittsfield MA 01201

Fairview Dialysis Center  
10 Maple Ave  
Gt Barrington MA 01230

Kidney Disease & Hypertension Services of BMC -  
North County Renal Dialysis Center  
71 Hospital Ave  
North Adams MA 01247

#### Sleep Disorders

BMC Sleep Disorders Center  
165 Tor Ct  
Pittsfield MA 01201

#### Wound Care

66 Wahconah St  
Pittsfield MA 01201



## **Fairview Hospital**

### Acute Care

29 Lewis Ave  
Gt Barrington MA 01230

### Emergency Care

29 Lewis Ave  
Gt Barrington MA 01230

### Laboratory

Fairview Hospital Laboratory Collection Station  
29 Lewis Ave  
Gt Barrington MA 01230

### Radiology

29 Lewis Ave  
Gt Barrington MA 01230

### Rehabilitation

10 Maple Ave  
Gt Barrington MA 01230

### Wound Care

10 Maple Ave  
Gt Barrington MA 01230

## **North Adams Regional Hospital**

### Acute Care

71 Hospital Ave  
North Adams MA 01247

### Emergency Care

71 Hospital Ave  
North Adams MA 01247

### Laboratory

71 Hospital Ave  
North Adams MA 01247

### Radiology

71 Hospital Ave  
North Adams MA 01247

### Wound Care

71 Hospital Ave  
North Adams MA 01247

## **Berkshire Faculty Services**

Adams Internists of BMC  
2 Park St 2nd Fl  
Adams MA 01220

Adams Podiatry  
2 Park St 2nd Fl  
Adams MA 01220

Barrington Audiology  
780 Main St Ste 103  
Gt Barrington MA 01230

Berkshire Ear, Nose, Throat & Audiology, P.C.  
780 Main St Ste 103  
Gt Barrington MA 01230

Berkshire Ear, Nose, Throat & Audiology, P.C.  
71 Hospital Ave  
North Adams MA 01247

Berkshire Ear, Nose, Throat & Audiology, P.C.  
510 North St Ste 10  
Pittsfield MA 01201



# Berkshire Health Systems

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Berkshire Health Pediatrics  
758 East Street  
Pittsfield MA 01201

Berkshire Health Pediatrics at East Elm  
426 East Street  
Pittsfield, MA 01201

Berkshire Health Urgent Care (Pittsfield)  
505 East St  
Pittsfield MA 01201

Berkshire Health Urgent Care (Lenox)  
489 Pittsfield Rd  
Lenox MA 01240

Berkshire Health Urgent Care (Williamstown)  
197 Adams Rd  
Williamstown, MA 01267

Berkshire Internists of BMC  
777 North St Ste 207  
Pittsfield MA 01201

Berkshire OB/GYN of BMC  
55 Pittsfield Rd Bldg 12B  
Lenox MA 01240

Berkshire OB/GYN of BMC  
71 Hospital Ave 2nd Fl  
North Adams MA 01247

Berkshire OB/GYN of BMC  
777 North St Ste 301  
Pittsfield MA 01201

Berkshire Osteopathic Health  
2 Park St 2nd Fl  
Adams MA 01220

Berkshire Osteopathic Health  
42 Summer St Ste 301  
Pittsfield MA 01201

Berkshire Plastic Surgery of BMC  
55 Pittsfield Rd Bldg 12D  
Lenox MA 01240

Berkshire Surgical Services of BMC  
777 North St Ste 407  
Pittsfield MA 01201

Cardiology Professional Services of BMC  
71 Hospital Ave 1st Fl  
North Adams MA 01247

Cardiology Professional Services of BMC  
777 North St 4th Fl  
Pittsfield MA 01201

Cardiology Professional Services of Fairview Hospital  
29 Lewis Ave  
Great Barrington, MA 01230

Colon & Rectal Surgical Professional Services of BMC  
777 North St 6th Fl  
Pittsfield MA 01201

East Mountain Medical  
780 Main St  
Gt Barrington MA 01230

Endocrinology & Metabolism of BMC  
71 Hospital Ave 1st Fl  
North Adams MA 01247

Endocrinology & Metabolism of BMC  
777 North St 3rd Fl  
Pittsfield MA 01201

Fairview Endocrinology  
780 Main St Ste 106  
Gt Barrington MA 01230

Fairview Gastroenterology Services  
780 Main St Ste 104  
Gt Barrington MA 01230



Fairview Surgical Services  
780 Main St Ste 104  
Gt Barrington MA 01230

Fairview Urology Services  
780 Main St Ste 104  
Gt Barrington MA 01230

Gastroenterology Professional Services  
777 North St Ste 203  
Pittsfield MA 01201

Gastroenterology Professional Services of North  
Adams  
71 Hospital Ave Ste 302  
North Adams MA 01247

Hematology Oncology Services of BMC  
71 Hospital Ave 2nd Fl  
North Adams MA 01247

Hematology Oncology Services of BMC  
165 Tor Ct  
Pittsfield MA 01201

Hillcrest Family Health of BMC  
631B North St  
Pittsfield MA 01201

Kidney Disease & Hypertension Services of BMC  
10 Maple Ave  
Gt Barrington MA 01230

Kidney Disease & Hypertension Services of BMC  
71 Hospital Ave 1st Fl  
North Adams MA 01247

Kidney Disease & Hypertension Services of BMC  
777 North St Ste 607  
Pittsfield MA 01201

Lenox Family Health of BMC  
55 Pittsfield Rd Bldg 12D  
Lenox MA 01240

MACONY Pediatric and Adolescent Medicine  
100 Maple Ave Ste 1  
Gt Barrington MA 01230

Neurology Professional Services of BMC  
777 North St 5th Fl  
Pittsfield MA 01201

Neurosurgery Professional Services of BMC  
777 North St 5th Fl  
Pittsfield MA 01201

Orthopaedics and Sports Medicine of Fairview  
Hospital  
780 Main St Ste 106  
Gt Barrington MA 01230

Pain, Diagnosis & Treatment Center of BMC  
71 Hospital Ave 1st Fl  
North Adams MA 01247

Pain, Diagnosis & Treatment Center of BMC  
777 North St 5th Fl  
Pittsfield MA 01201

Palliative Medicine  
777 North St Ste 605  
Pittsfield MA 01201

Physical Medicine & Rehabilitation Services of BMC  
777 North St 5th Fl  
Pittsfield MA 01201

Pulmonary Professional Services of BMC  
725 North St  
Pittsfield MA 01201

Rheumatology Services of BMC  
777 North St Ste 201A  
Pittsfield MA 01201

Surgical Professional Services of BMC  
71 Hospital Ave 1st Fl  
North Adams MA 01247



Surgical Professional Services of BMC  
777 North St 6th Fl  
Pittsfield MA 01201

Urology Professional Services of BMC  
71 Hospital Ave 1st Fl  
North Adams MA 01247

Urology Professional Services of BMC  
41 Wahconah St  
Pittsfield MA 01201

Williamstown Medical  
197 Adams Rd  
Williamstown MA 01267

Williamstown Medical at North Adams  
71 Hospital Ave Ste 2000  
North Adams MA 01247