

**NACHC Webinar Q&A: Finance Office Hour: Facilitated Discussion on the No Surprise Billing Act
Friday, December 17, 2021**



This document includes questions answered during the live webinar on 12/17/2021 as submitted in the Q&A Box.

1. Can a GFE be made for an entire Dental treatment plan, or only by each procedure appt?
 - a. The regulation states that one GFE can be provided for a "recurring" item (e.g., weekly therapy appts), but for a complex dental service including several different components (e.g., extraction, reconstruction), separate GFEs would need to be provided.

2. Does the model language provided by CMS state that a GFE will be provided for uninsured/self-pay only. If an insured patient sees the notice posted in our lobby and states they want a good faith estimate, are we required to provide?
 - a. Hello, thanks for this. You are not required to provide a GFE for a patient with coverage under a private insurance or coverage under a Federal health care program for the item/service.

3. How do you determine the market prevailing rates?
 - a. <https://www.cms.gov/httpswwwcmsoverregulations-and-guidancelegislationpaperworkreductionactof1995pra-listing/cms-10780> CMS forms

4. How do you check/update nominal charges to reasonable amount?
 - a. https://www.medicalcodingbooks.com/category/publishers-pmic-codebooks?utm_source=google&utm_medium=paid%2Bsearch&utm_campaign=PMIC&r=Gpmic&gclid=CjwKCAiAh_GNBhAHEiwAjOh3ZGbNxfWpyrHof708aOC-5-VOjix1sUQk6XocLlwb1tsL_jHn2XPZ0hoCOvgQAvD_BwE-

5. Seems we have to query the provider for diagnosis and CPT codes each time we have a GFE request - Based on reason for the visit?
 - a. Optum and PMIC are resources you can use to find the local and prevailing rates

6. Does "you do have to provide in writing to meet requirement" mean have means and be ready to provide in writing, or must deliver in writing? This was with respect to patients getting verbal estimate
 - a. The reg. says the GFE must be provided in writing, even if the patient requests it to be stated orally and you state it orally. (Can't opt out)

7. If we have the appropriate disclaimer(s) on the GFE, can a patient still dispute charges in excess of \$400?
 - a. Yes. The disclaimers include a notification that the patient can pursue IDR if the final charge exceeds estimated charge by more than \$400.

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8. If patients call around to shop for prices even if they are not patients of record this law requires for every person to create a patient chart for this patient and save the GFE for 6 years. This creates a lot of work for health centers.
 - a. Yes, you've identified a good Q. The regulation does require the GFE be treated as part of the medical record, even for those inquiring about cost who are not established patients.

9. Hello, I wanted to confirm that those patients who are new to the practice we still need to provide a GFE regardless of the patient attending the visit or not (I am guessing because of the 3-day requirement).
 - a. That's correct - it's the individual scheduling the appt. (at least 3 days out), or just requesting the GFE, that triggers the requirement to provide it, and the requirement applies regardless of whether they are an established patient or not.

10. But the flat rate fee doesn't include all services like preventive visits and procedures?
 - a. It can include whatever a health center wants it to include.

11. How can you charge a flat rate of \$75 > 201%, instead of full charges? if billing insurance company, would need to bill full charges or flat rate?
 - a. I stated that charges at full rate. The \$75 is discount off full charges NOT a different fee schedule.

12. We use flat fee SFS and I have been pushing for prompt payment. In your opinion will this practice meet the No Surprise rules as it rolls out in 2022 (if properly constructed)?
 - a. In my opinion it does BUT I strongly urge you to affirm your legal counsel concurs.

13. Ray, what is your website/contact information? Thanks
 - a. RayJConsulting@gmail.com. No website.

14. Quick question, for Category 4 on your flat fee example, over 201%-so is that the same charge you would charge your payers/insurance companies?
 - a. No. The amounts shown are the discount. The full charges would vary dramatically depending on E&M levels, diagnostics, procedures, etc. The amounts listed are simply the amounts patients would pay for an "all inclusive" experience. Payers and patients would each see the full charges BUT any entity (including patients or payers) paying within the expedited timeline could receive the discount.