NATIONAL ASSOCIATION OF Community Health Centers®

NACHC Finance Operations Office Hours

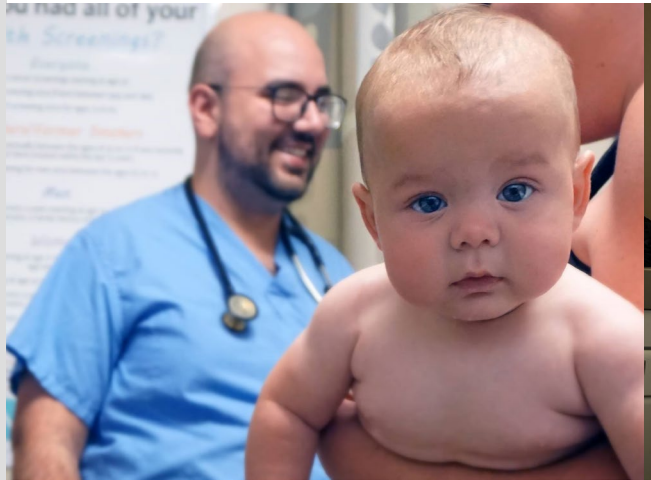
No Surprises Act: Developing "Your Good Faith Estimate"

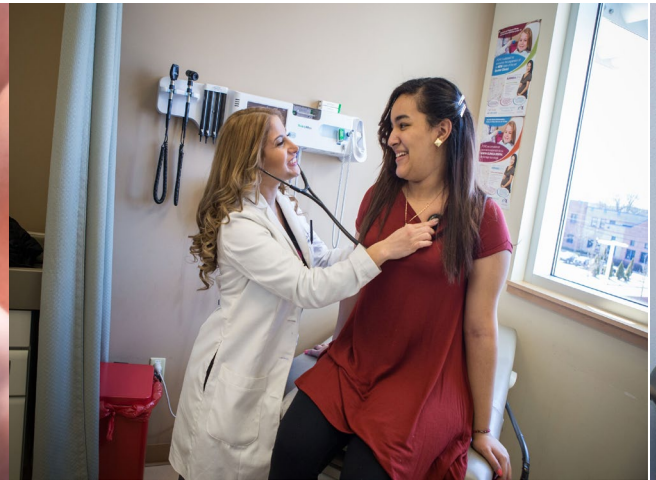
May 11, 2022

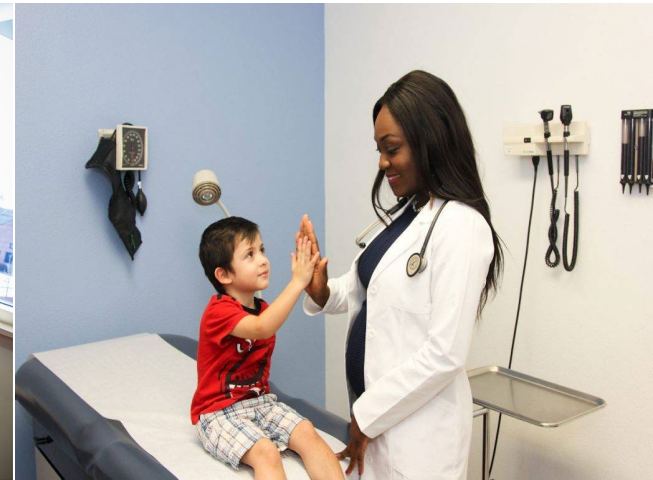
THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.







NATIONAL ASSOCIATION OF Community Health Centers®

Welcome! Housekeeping

- Today's meeting is being recorded. We will send a follow up email capturing today's content.

- A copy of the slides will be sent from trainings@nachc.org after the event.

- After the webinar, you will be directed to an evaluation for this event. We value your feedback and encourage you to complete this short survey!

Overview

Federal Policy Update

Surprise Billing Regulatory Requirements

Good Faith Estimate Overview

Good Faith Estimate Template

Top 5 Implementation Questions

Q&A


How's GFE implementation going?

Surprise Billing Timeline

The No Surprises Act is intended to address unexpected gaps in insurance coverage that result in “surprise medical bills” when patients unknowingly obtain medical services from physicians and other providers. The goal is to increase price transparency for patients when receiving the care they need.

No Surprises Act Introduced

After several congressional hearings, the first bill introduced in July.

No Surprises Act Passed

Included in the Consolidated Appropriations Act 2021and signed into law December 2020.

Issued Interim Final Rules

CMS issued 3 interim final rules in July, September, and November.

January 1st compliance

Majority of NSA requirements go into effect, including the Good Faith Estimate

Surprise Billing, Part II Interim Final Rule

- Issued September 30, 2021, by the Department of Health and Human Services (HHS), the Department of Labor, and the Department of the Treasury (collectively, the Departments), along with the Office of Personnel Management (OPM).
- The Center for Consumer Information and Insurance Oversight (CCIIO) is the CMS agency responsible for implementation and enforcement.
- The rule includes:
  - Establishing an independent dispute resolution process to determine out-of-network payment amounts between providers (including air ambulance providers) or facilities and health plans.
  - Requiring good-faith estimates of medical items or services for uninsured (or self-paying) individuals.
  - Establishing a patient-provider dispute resolution process for uninsured (or self-paying) individuals to determine payment amounts due to a provider or facility under certain circumstances.
  - Providing a way to appeal certain health plan decisions

Surprise Billing Rule – Good Faith Estimate (GFE)

- **Beginning January 1, 2022. Applies to uninsured or self-pay patients**; enforcement for insured patients delayed until adoption of rules on insurer transparency (begins 2023)

- Expected costs for the care that they are considering or scheduled to receive from all providers and facilities who are reasonably expected to provide care to the patient (facility use, imaging and lab services, etc)

- Expected charge is the cash pay rate, the rate for uninsured/self-pay individuals (**including any discounts or adjustments**), *or* the amount that would have been charged to a plan or insurer if the patient were insured

- Convening health care provider or health care facility must contact all applicable "co-health care providers or co-health care facilities" to collect information about *their* expected charges. HHS enforcement discretion in 2022.

- Triggered when patient schedules health care services or requests cost information
  - Appointment >3 business days in advance, GFE must be provided within 1 business day after the date of scheduling
  - Appointment made >10 business days in advance, GFE must be provided within 3 business days of scheduling

- A single good faith estimate can be issued for recurring primary items or services (e.g., multiple physical therapy visits) so long as the estimate does not exceed 12 months.

Who is Required to Generate a Good Faith Estimate?

The Act applies to all healthcare providers and facilities operating under the scope of a state-issued license or certification. So, if you are a licensed or registered provider in your state, you likely need to abide by the Act. No specific specialties, types of service, or facilities are exempt.

This includes Federally Qualified Health Centers.

Which Patients Need a Good Faith Estimate?

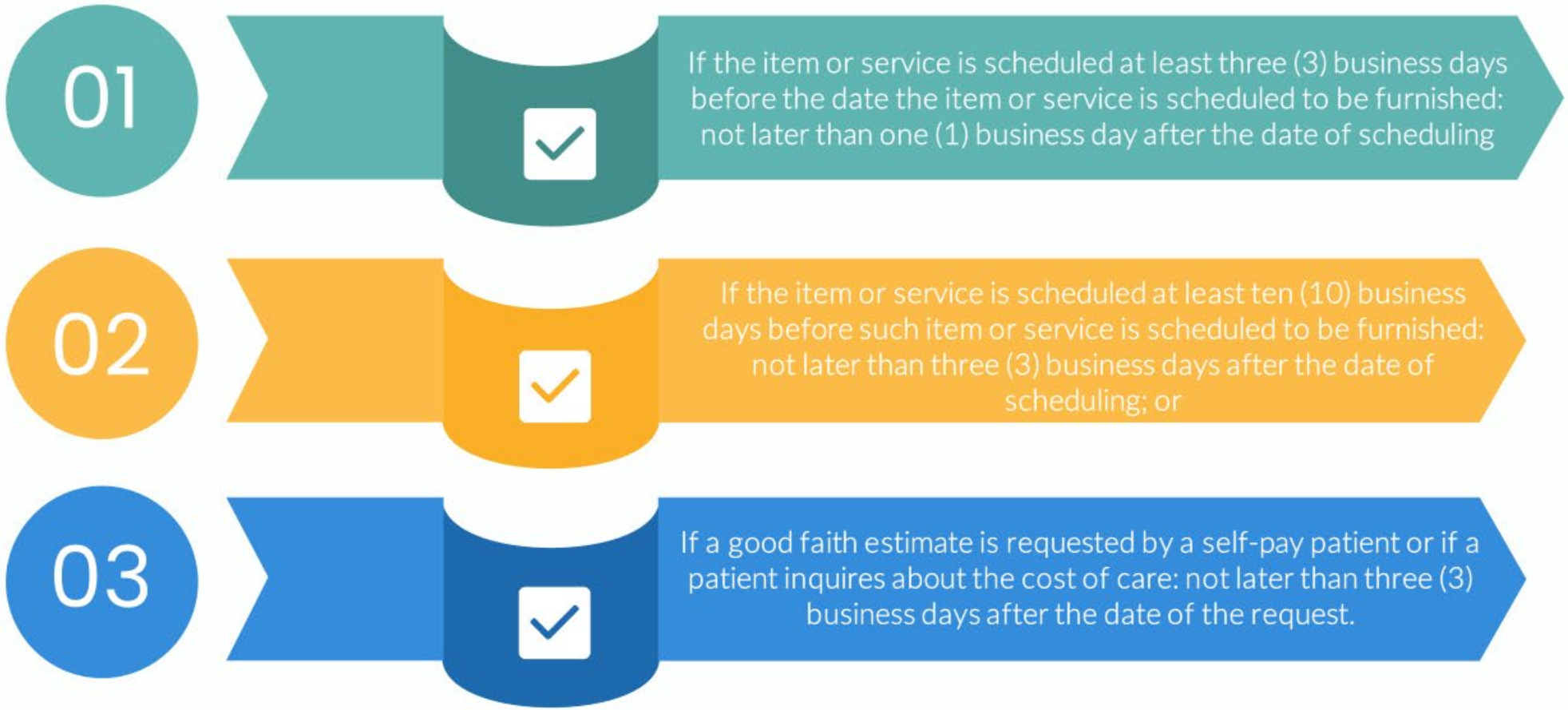
- Any patient who is uninsured —or who is insured but does not plan to use their insurance benefits to pay for the health care services you provide—should be provided a Good Faith Estimate.
  - This includes:
    - Self-pay patients that are responsible for charges or the portion of charges for their visit.
    - Patients that qualify for the sliding fee discount program and are uninsured.
  - This **does not** include patients enrolled in:
    - Medicaid
    - Medicare
    - Other federal healthcare programs

Elements of Good Faith Estimate

Post Notice	Post required notices concerning an uninsured patient's right to obtain a GFE in the office and your website
Evaluate	When a person seeks care, determine whether the patient is self pay
Inform	Inform self-pay patients orally and in writing that they have the right to obtain a good faith estimate of charges upon request or upon scheduling an appointment
Mail	Provide the required written good faith estimate to the self-pay patient within the time required by the regulation

GFE Mailing Requirements

Provide the required written good faith estimate to the self-pay patient within the time required by the regulation:



Public Notification

No Surprise Billing

Our patient-centered approach reaches every part of your health center experience, including your medical billing. We are here to help you understand your expected medical bill.

Concerns about your bill? Contact us: (Who is your advocate?)

CMS and your billing rights

Gain a better understanding of no surprise billing when you read Your **Rights and Protection Against Surprise Medical Bills.** For more information about your rights under federal law, visit www.cms.gov/nosurprises.

Patient Notification

Your Right to Receive a Good Faith Estimate of Expected Charges

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost. **This document is not a bill**. It will provide detailed visit billing information that won't appear on the monthly statement of account. Please retain this information for your records.

Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services.

Patient Notification

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and health center fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill.

What's Included in a GFE?

The Good Faith Estimate Must Include all of the following:

- Name and Date of Birth
- Description of Service
- Itemized List of Services
- Expected Charges
- National Provider Identifier
- Tax Identification Number
- Office Location
- Disclaimers

Required Disclaimers

- A disclaimer stating there may be additional items or services recommended as part of the treatment that may be scheduled separately and are not reflected in the good faith estimate.

- A disclaimer that the good faith estimate does not require the private pay patient to obtain other services from you.

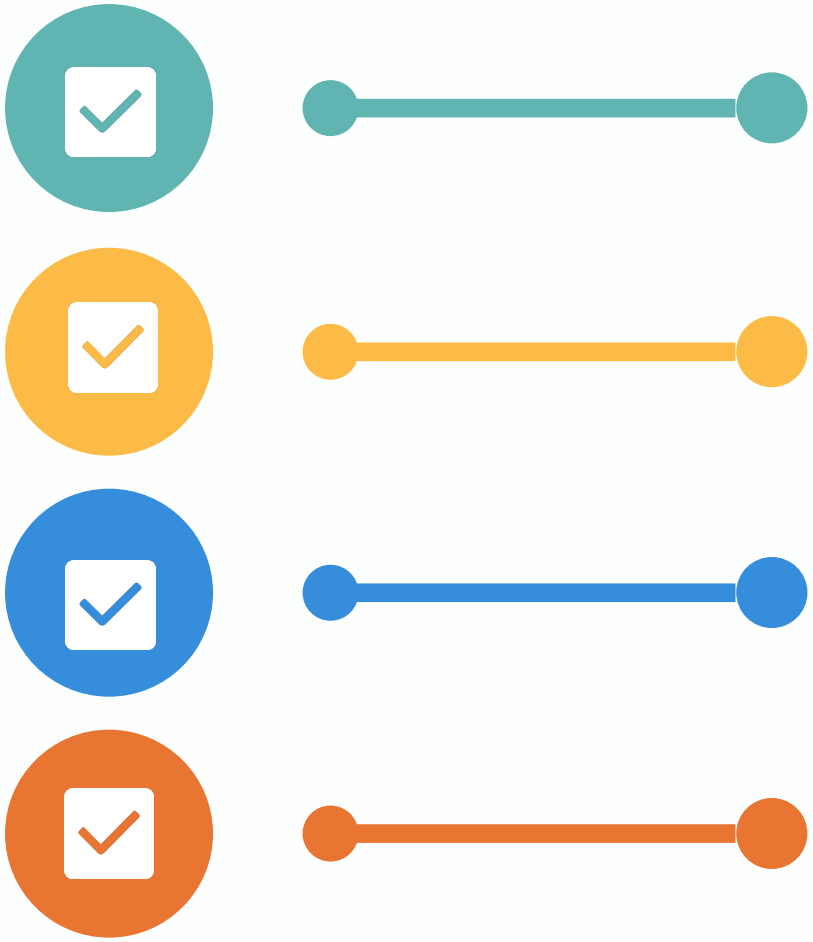
GFE Template

Patient Diagnosis	
Primary Service or Item Requested/Scheduled *99205 New Patient Office Visit 99215 Established Patient Office Visit*	
Patient Primary Diagnosis	Primary Diagnosis Code
Patient Secondary Diagnosis	Secondary Diagnosis Code

Note 1) ICD 10 Diagnosis codes will be added after the patient is seen by the provider

How to Increase Transparency

The goal of the Good Faith Estimate is to increase price transparency for uninsured and self-pay patients. There are a number of opportunities to increase transparency at your health center!



Posting your schedule of charges visibly in the health center's waiting room and registration area.

Posting your schedule of charges on your health center's website and patient portal.

Transitioning to a nominal fee scale to establish flat fees for services.

Moving financial counseling to the front of the scheduling process

Must a GFE include a diagnosis code, such as for new patients?

A1: No. A provider or facility is required to provide a diagnosis code only where one is required for the calculation of the GFE. For example, in situations in which a provider or facility has not determined a diagnosis, such as for initial screening visits or evaluation and management visits; or if there is not a relevant diagnosis code for an item or service, such as for certain dental screenings or procedures, providers and facilities are not required to include diagnosis codes on a GFE. However, the provider or facility must include the expected charges and service codes for the items and services to be furnished during that visit, even when no diagnosis code is available.

Are Providers required to provide expected charges for future visits in the initial GFE?

A2: No. Providers and facilities are not required to include in a GFE for an initial visit any expected charges for items or services that will be furnished in the future after the initial visit and that are not items or services reasonably expected to be furnished in conjunction with the primary item or service, for that period of care.

Following an initial visit with an uninsured (or self-pay) individual, upon request or upon scheduling of additional items or services, a provider or facility must provide a new GFE that includes expected charges for the items and services expected to be furnished, consistent with regulations at 45 CFR 149.610. However, a provider or facility may, but is not required to, instead issue a single GFE for recurring primary items or services, consistent with 45 CFR 149.610(b)(1)(x).

How do providers and facilities address situations where unforeseen items or services that were not otherwise scheduled in advance are furnished during a visit?

A4: The interim final rules do not require the GFE to include charges for items or services that could not have been reasonably expected. A GFE provided to uninsured (or self-pay) individuals must include an itemized list of items or services that are reasonably expected to be furnished, grouped by each provider or facility, for that period of care.

If a provider or facility expects or is notified of any changes to the scope of a GFE that was provided at the time of scheduling (such as expected changes to the expected charges, items, services, frequency, recurrences, duration, providers, or facilities), the provider or facility must provide a new GFE to the uninsured (or self-pay) individual no later than 1 business day before the items or services are scheduled to be furnished. Providers and facilities are encouraged to review any changes to a GFE with patients, to help them understand what has changed between the initial GFE and the new GFE.

Is a provider or facility required to provide a GFE to uninsured (or self-pay) individuals upon scheduling same-day (or walk-in) items or services?

A5: No. The requirement to provide a GFE to an uninsured (or self-pay) individual under 45 CFR 149.610 is not triggered upon scheduling an item or service if the item or service is being scheduled fewer than 3 business days before the date the item or service is expected to be furnished.

For example, if an uninsured (or self-pay) individual arrives to schedule same-day laboratory testing services, the laboratory testing provider or facility is not required to provide the individual with a GFE.

In what forms must the GFE be provided?

A: The GFE must be provided in written form either on paper or electronically (for example, electronic transmission of the GFE through the convening provider's patient portal or electronic mail), pursuant to the uninsured (or self-pay) individual's requested method of delivery. GFEs provided to uninsured (or self-pay) individuals that are transmitted electronically must be provided in a manner that the uninsured (or self-pay) individual can both save and print, and must be provided and written using clear and understandable language and in a manner calculated to be understood by the average uninsured (or self-pay) individual. If a patient requests that the GFE information is provided in a format that is not paper or electronic delivery, like orally over the phone or in person, the provider/facility may provide the GFE information orally but must follow-up with a written paper or electronic copy in order to meet the regulatory requirements.

Do providers or facilities need to provide a GFE to uninsured (or self-pay) individuals who have zero financial responsibility?

A: Yes. All uninsured (or self-pay) individuals who schedule items or services or request an estimate must be provided a GFE. A GFE is required even if the uninsured (or self-pay) individual has no estimated financial responsibility because the actual billed charges for the items or services is not guaranteed to be $0 and a GFE is required to initiate the patient provider dispute resolution process if actual billed charges are at least $400 greater than the estimate.

Resources

- CCIIO Good Faith Estimate FAQs
  - https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-Good-Faith-Estimates-FAQ.pdf
  - https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-Good-Faith-Estimates-FAQ-Part-2.pdf

- CMS No Surprises Act Factsheets
  - https://www.cms.gov/nosurprises/policies-and-resources/overview-of-rules-fact-sheets
  - https://www.cms.gov/newsroom/fact-sheets/requirements-related-surprise-billing-part-ii-interim-final-rule-comment-period

Contact us!

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ARE YOU LOOKING FOR RESOURCES?

Please visit our website **www.healthcenterinfo.org**

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