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Good Faith Estimates

JUNE 23, 2022

Disclaimer

This is a high-level overview of Good Faith Estimates (GFE) as of June 23, 2022. MPCA expects more information on how GFEs are utilized at health centers to become available. Please note No Surprise Act is much wider and covers much more than the GFEs. Please reach out to Kelsea or Honor with any questions or concerns.

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GOOD FAITH ESTIMATES

Who, What, When, Where & Why

Who do GFEs apply to?

GFEs currently apply to all uninsured or self-pay patients. Uninsured/self-pay is defined as a patient who has no insurance, does not want to utilize their insurance, does not have coverage for a specific service they are seeking, or has a short-term, limited duration plan.

Are GFEs required?

- Patient is being seen for a TB test and Medicaid but does not want their insurance billed
- Annual physical is scheduled for a patient with BCBS
- Patient schedules for an eye exam has no insurance but is currently on SFD
- Patient is scheduling their dental cleaning and exam. Patient is currently enrolled in Medicare

GFE Requirement Flowchart

Did the patient schedule an
appointment within 3 days?

No GFE Required

No   Yes

Does the patient have insurance (SFD is not considered
insurance for GFEs)?

No   Yes

Does the patient plan to have their
insurance billed?

No   Yes
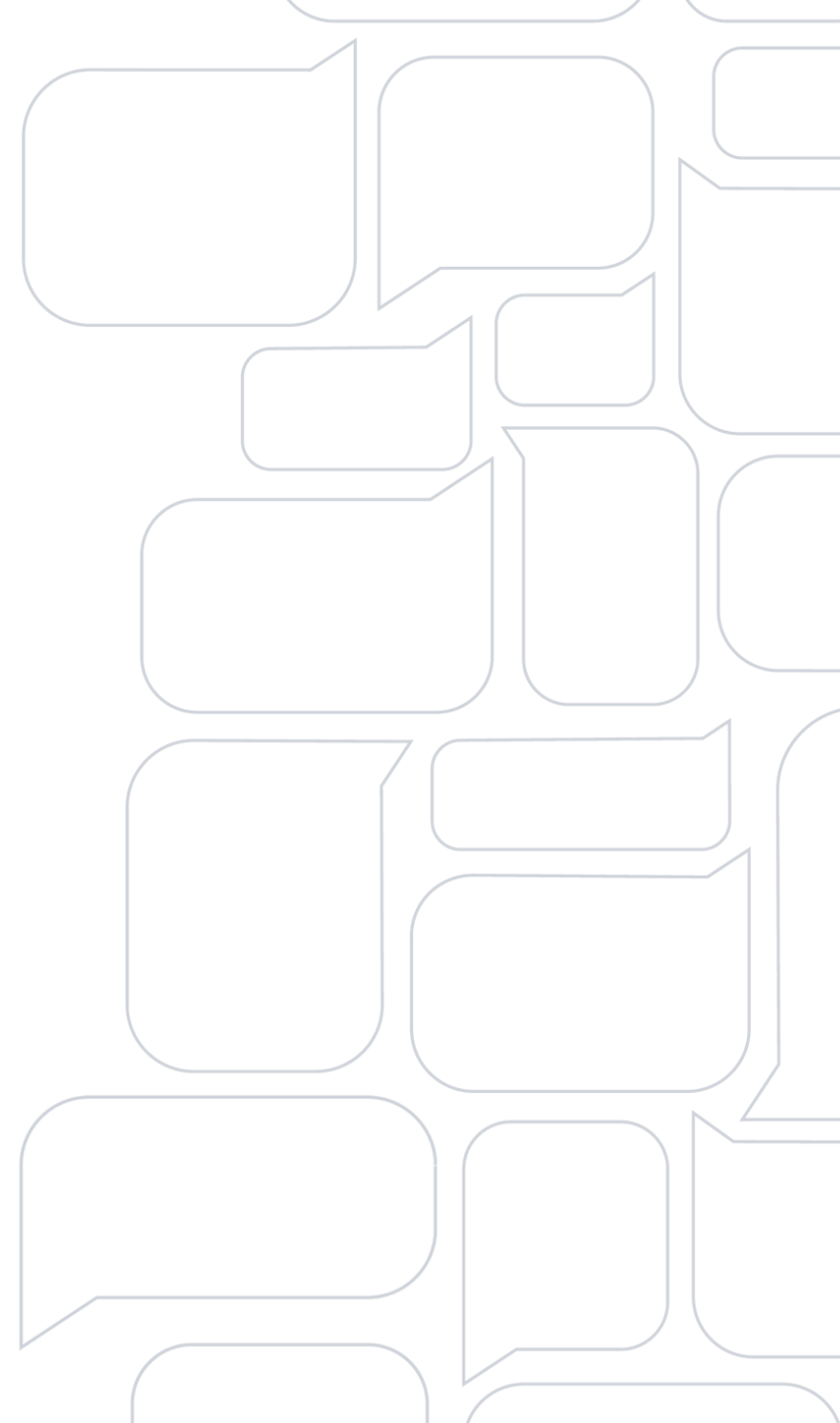
Does the patient have coverage thru their
insurance for the services they are scheduling?

GFE Required

No   Yes

What services do GFEs apply to and what should be included in a GFE?

- GFEs should contain all charge information for all services or items that have a separate charge and are 'reasonably expected' to be provided during the same period of care

  - This includes information from outside providers (enforcement of this requirement has been extended to January 2023)

- GFEs should contain patient name, DOB, description of primary service/item, itemized list of services/items expected to be provided (including code, description, diagnosis, and charges), services/items that require separate scheduling, disclaimers, information regarding discounts provided to the patient, and more.

  - Disclaimers should include language that the GFE is an estimate based on information provided to the health center and the patients final charges may differ

What should be included?

  - Uninsured patient with historically well managed diabetes schedules an appointment for medication refill at the request of the provider.

When does a GFE need to be provided?

- Health centers are required to provide GFEs to uninsured/self-pay patients who schedule appointments or to patient who request a GFE

    - If a patient in scheduled less than three business days in advance a GFE is not required

    - Patients who schedule between three and nine business days are required to receive a GFE in one business day

    - Patients ten+ days in advance are required to receive provide a GFE within three business days

- GFEs can be provided via verbal communication but must also be provided in writing (GFEs should be postmarked by the required time period)

    - Patient can receive written communication via their patient portal (at patient request)

When is a GFE required?

- SFD patient schedules an appointment for foot pain 6 days in advance

- Medicare patient schedules a hypertension follow up visit in 12 days

- Uninsured patient schedules a patient schedules a physical 2 weeks out

GFE Timeline Flowchart

Did the patient schedule an appointment within 3 days?

No

Yes

No GFE Required

Is the appointment scheduled within 3 to 9 business days?

No

Yes

1 business day for GFE to be completed

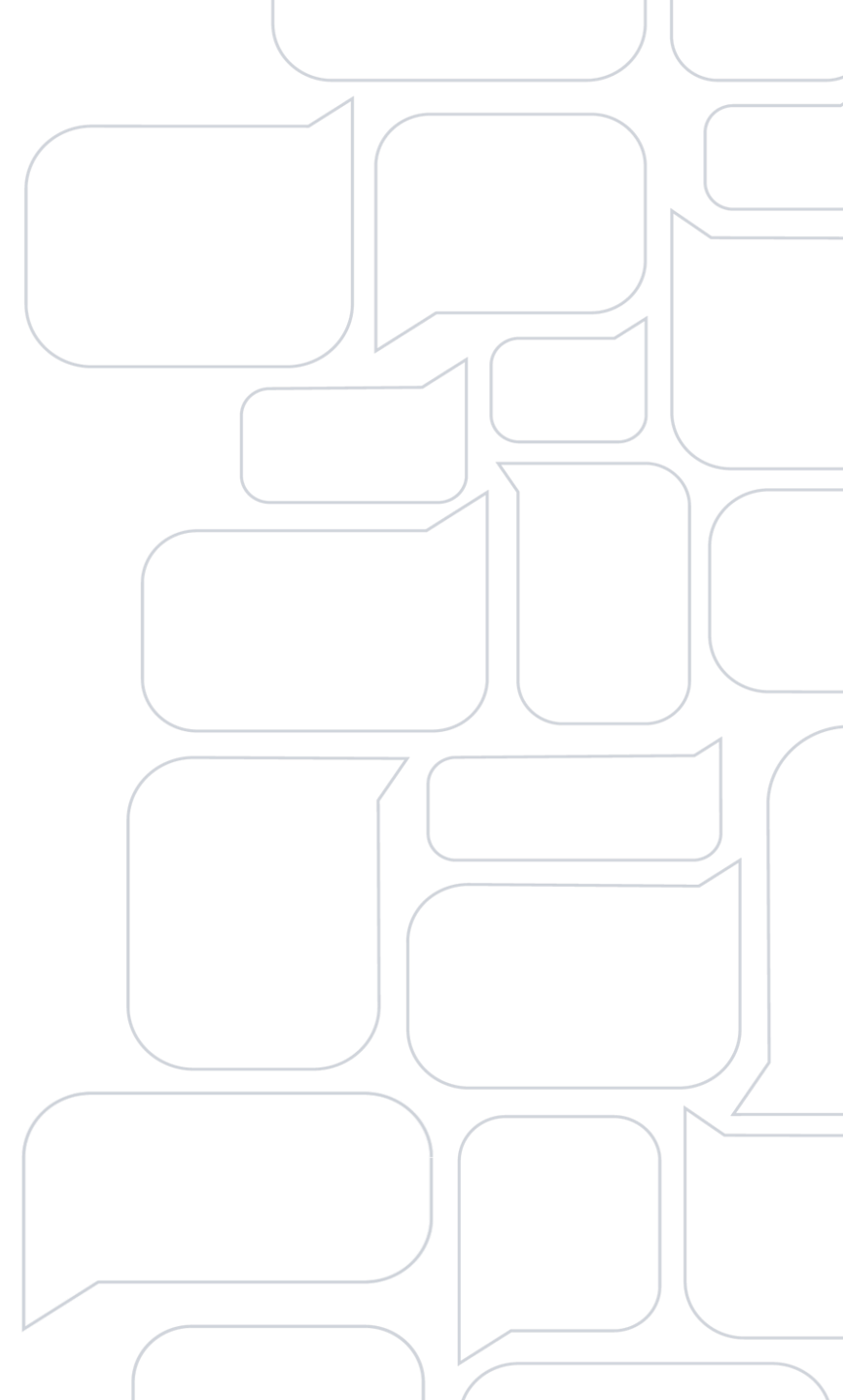Is the appointment scheduled more than 10 days out?

No

Yes

3 business days for GFE to be completed

Patient requested GFE?

No

Yes

Consider restarting GFE timeline flowchart or requirement for a GFE to be completed

Where can we find more information & templates?

CMS has put out information and templates for the Good Faith Estimates (GFEs). We expect more information regarding the GFEs specific to FQHC to come from CMS this summer. MPCA will share any updates and tools via the MPCA listservs.

- CMS information on Good Faith Estimates

  - FAQs 1 and FAQs 2

- Primary Care Association & Health Center Toolkit developed in partnership with NACHC

- MPCA Health Center Revenue Cycle Resources One Drive (mpca.net > Operations, Training, and Programs > Billing and Finance > Health Center Revenue Cycle Resources > Additional Resources)

Why are GFEs important?

While producing GFEs does present challenges for providers (and even more so for health centers), No Surprise Act and Good Faith Estimates was created to protect patients from unexpected high-cost bills. There are a lot of steps to get to the point where that goal is fully met but as challenging as GFEs are this is one of those steps.

GOOD FAITH ESTIMATES

First Steps, Next Steps

First Steps to Consider

- Create a task force to develop action plan for implementation of GFEs for uninsured patients

- Having staff inquire about health insurance with patients who are scheduling

    - Understanding when GFEs are required

    - Identifying staff and workflow for those completing GFEs

- Notifying patients of eligibility for GFEs

    - Notification must appear on your website, in the office(s), and any location where scheduling or questions about cost occur.

    - Notification must be in accessible formats and languages spoke by patient population

Next Steps to Consider

- Identify most common visits and those visits that are most likely to have discrepancies of more than $400

    - Utilize task force to identify service codes, additional services provided during visits, any additional outside/co-providers

    - Create guide for staff who complete GFEs

- Begin completing GFEs for uninsured/self-pay patients

- Expand beyond most common visit for guide

- Continue revising and adjusting GFE process and workflows to best suit teams

- Determine most commonly used outside/co-providers

- Initiate charge collection for outside/co-providers

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Questions

Thank you!

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