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No Surprise Act & Good Faith Estimates

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Disclaimer

- This information is current as of 12.20.2021.
- Please note, there may be changes to the information shared in this PowerPoint.
- If questions arise, please feel free to reach out to Kelsea (kfrazier@mpca.net).

A purple-tinted photograph of a young boy looking to the left while a woman uses a hairbrush on his hair. The word "Overview" is centered in white text.

Overview



**No Surprise Act is
effective January 1, 2022**

Good Faith Estimates

- As part of No Surprise Act, Good Faith Estimates are required to be provided to any uninsured or self-pay patient
 - Uninsured/Self-pay is defined as having no insurance, have insurance but does not include coverage for services they are seeking (ie. Medicare beneficiary seeking dental services), have insurance but plan to pay for services out of pocket (ie. would like to avoid sending claims to their insurance) or those who have a short-term, limited duration plan.
 - At this time, GFEs are not required for those who have insurance and are planning to utilize their insurance
- No Surprise Act does require providers to ask patients about their insurance status and if claims are being billed to their insurance (if any).

Good Faith Estimates

- Good Faith Estimates (GFEs) are required to be provided to patients scheduling more than three days in advance or upon request of the patient
 - Health centers who schedule patients less than three business days in advance are not required to provide GFEs.
 - Health centers scheduling patients between three and nine business days will be required to provide a GFE in one business day
 - Health centers scheduling patients ten or more days in advance will be required to provide GFE in three business days
 - If the GFE is upon request of the patient, health centers have three business days to provide the GFE.
- GFEs can be provide to patient by mail or electronic communication
 - Please ensure any communication done electronically is done securely utilizing encryption.
 - Additionally, any electronic communication of GFEs must be able to be printed or saved by the patient.
 - GFEs can be provided verbally, in addition to written documentation.

Good Faith Estimates

- GFEs should contain 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 does include information on charges for other outside providers
 - While this is does go into effect on January 1, 2022, CMS has stated that they will not enforce this requirement until January 1, 2023
- GFEs should contain patients name, DOB, description of primary service/item, itemized list of services/items expected to be provided (including codes, descriptions, and charges), diagnosis codes, discounts, services/items that will require separate scheduling, and disclaimers
 - Disclaimers should include language that the GFE is an estimate based on information provided to the health center and the patients charges may differ
- Templates are available through CMS and the Toolkit previously shared by MPCA (both also linked on the resource slide of this PowerPoint)

Good Faith Estimates

- Patients do have the availability to seek a ‘patient-provider dispute resolution process’ for difference of \$400 or more between the GFE and the actual charges.
- Patients can be issued one GFE for recurring services (such as biweekly psychotherapy).
 - This does have a limit of one year, meaning patients would need to be issued a second GFE if services are provided longer than one year.
- Health centers should have a policy and procedure on file for the GFE process
 - HRSA has indicated GFEs will not be reviewed as part of the OSV process
- Copies of the GFE should be kept in the patient record for 6 years.
- Please remember this is a Good Faith Estimate.

A purple-tinted photograph of a young boy looking to the left and a woman holding a microphone to his ear. The word "Questions?" is overlaid in white text in the center.

Questions?

A woman wearing a headscarf is smiling, with a green overlay and the word "Discussion" in white text.

Discussion

Discussion Questions

- How has your health center chosen to implement GFEs?
- What is the process for patients who require GFEs?
- What staff do you have involved in the process of developing a GFE for patients?
- What considerations are in place for those individuals requesting GFEs who are not yet patients (additional questions, conversations with other health center staff, information storage, communication)?
- How are you merging the requirements for GFEs with Sliding Fee Discounts?
- Have there been any changes to your Sliding Fee Discount process?
- What concerns are still outstanding?



Thank you!

- If questions arise, please feel free to reach out to Kelsea (kfrazier@mpca.net).

Resources

- [CMS GFE Template](#)
- [CMS PowerPoint on No Surprise Act and Good Faith Estimates](#)
- [CMS Kit for Part II of No Surprise Act](#)
- [GFE Toolkit for PCAs and CHCs](#)
- [MPCA Webinar with FTLF \(12.10.2021\)](#)
- [NACHC Finance Office Hours Webinar: No Surprise Act and Good Faith Estimates PowerPoint \(12.17.2021\)](#)