

No Surprises Act: Good Faith Estimates

R1 Advisory & Assurance, Regulatory Group

Background

The No Surprises Act requires providers and facilities to furnish good faith estimates ("GFE") to uninsured (or self-pay) individuals upon their request and at the time of scheduling an item or service. The newly promulgated 45 CFR §149.610 specifies the contents of these estimates. The R1 Regulatory Group has created this document to help providers and facilities understand and operationalize these requirements.



Estimate Requirements for Convening Providers & Facilities to Provide to Uninsured Individuals

- ☑ Patient name and date of birth.
- ☑ Description of the primary item or service in clear and understandable language (and if applicable, the date the primary item or service is scheduled).
- ☑ Grouped by each provider or facility, the list of items or services reasonably expected to be furnished for the primary item or service, for that period of care including:
 - ☑ Items or services reasonably expected to be furnished in conjunction with the primary item or service;
 - ☑ Items or services reasonably expected to be furnished by the convening provider or convening facility for the period of care; and
 - ☑ Items or services reasonably expected to be furnished by co-providers or co-facilities).
- ☑ Diagnosis codes, service codes, and expected charges associated with each listed item or service.
- ☑ Name, National Provider Identifier ("NPI"), and Tax Identification Number ("TIN") of each provider or facility represented in the GFE, and the state(s) and office/facility location(s) where the items or services are expected to be furnished.
- ☑ If the convening provider or facility anticipates the individual will require separate scheduling for items and services that are expected to occur before or following the expected period of care for the primary item or service, a list of those items and services.

Requirements Submitted by Co-providers or Co-facilities to Convening Providers & Facilities

- ☑ Patient name and date of birth.
- ☑ Items or services reasonably expected to be furnished in conjunction with the primary item or service.
- ☑ Diagnosis codes, service codes, and expected charges associated with each listed item or service.
- ☑ Name, NPI, and TIN of the co-provider or co-facility, and the state(s) and office or facility location(s) where the items or services are expected to be furnished by the co-provider or co-facility.

Disclaimer: This document is for educational purposes only, and is current as of October 27, 2021. Not intended to be used as, or constitute, legal or medical advice.



Required Estimate Disclaimers

- ☑ Inform the individual that there may be additional items or services the convening provider or facility recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the GFE.
- ☑ Inform the individual that the information provided in the GFE is only an estimate regarding items or services reasonably expected to be furnished at the time the estimate is issued and that actual items, services, or charges may differ from the GFE.
- ☑ Inform the individual of their right to initiate the patient-provider dispute resolution process if the actual billed charges are substantially in excess of the expected charges included in the good faith estimate and:
 - ☑Instructions for where an uninsured individual can find information about how to initiate the patient-provider dispute resolution process; and
 - State that the initiation of the patient-provider dispute resolution process will not adversely affect the quality of health care services furnished to an uninsured individual by a provider or facility.
- ☑ That the GFE is not a contract and does not require the individual to obtain the items or services from any of the providers or facilities identified in the estimate (including the co-providers and co-facilities).

Additional Estimate Disclaimers for Separately Scheduled Items and Services

If the convening provider or facility anticipates the individual will require separate scheduling for items and services will occur before or following the expected period of care for the primary item or service, the following disclaimers must the list of those items and services:

- ☑ Separate GFE(s) will be issued to an uninsured upon scheduling or request of the listed items or services;
- Notification that for items or services included in this list, information such as diagnosis codes, service codes, expected charges and provider or facility identifiers do not need to be included as that information will be provided in a separate GFE upon scheduling or upon request of such items or services; and
- ☑Instructions for how an uninsured individual can obtain a GFE for such items or services.

