· WEBINAR ·

Good Faith Estimates Answering Compliance

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AGENDA

- ✓ The No Surprises Act Breakdown.
- ✓ Requirements & timeline to provide a GFE.
- ✓ Does this apply to my organization?
- ✓ Managing the GFE Over Time.
- ✓ Providers & Facility Types.
- ✓ Scenarios When a GFE is Applicable.
- ✓ Handling Appeals & Disputes.
- ✓ Compliance Resources.

Don't forget about State & Local Law too!

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The No Surprises Breakdown

Behind the aim of the *Good Faith Estimates* beginning in 2022

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The No Surprises Act (NSA) – Breaking It Down

Part One — Emergency or Urgent Care Providers

- Applies to Emergency Care, In-Patient, & Facility Providers

Hospitals Facilities Clinics

- When a patient has health coverage & receives emergency or urgent care, the NSA *prohibits* providers from sending the patient any "surprise" bills

Part Two — Medical Services & Cost Transparency

- A Good Faith Estimate must be provided *before the visit* if a patient is uninsured or self-pay (won't use their health coverage) or

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What is a Good Faith Estimate?

Simply put…

An anticipated cost of care & services:

- Shows item costs & services expected
- Based on information known at the time

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What are the Required Elements?

A GFE Must Include:

- ✓ Patient name & Date of birth
- ✓ Itemized list & Description of services or treatments expected
- ✓ Billing codes & Diagnosis codes for each service
- ✓ Provider name, NPI, TIN, & Location of services
- ✓ Estimated cost per service
- ✓ Date of Service or Date of Service range if recurring services may be needed
- ✓ A list of services or treatments a patient might need before, during, or after care
- ✓ Disclaimers to inform your patients that:
  - They have the right to the PDR process
  - Actual costs might differ
  - Additional treatments might be recommended & scheduled separately
  - The GFE is not a contract

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SELF-PAY vs UNINSURED?

A. Patient is considered uninsured or self-pay if they:
   i. Don’t have health insurance, or
   ii. Don't plan to use health insurance

B. To determine if a patient is uninsured, the provider must ask if the individual is enrolled in:
   i. A group health plan
   ii. group or individual health insurance coverage offered by a health insurance issuer
   iii. A federal health care program, or
   iv. A FEHB program

C. When scheduling a patient, providers must ask if the patient intends to use their insurance benefits

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HOW TO PROVIDE THE GFE?

A. Providers must inform all uninsured or self-pay patients of the availability of a GFE of expected charges
   i. When scheduling an item, or
   ii. When requested

B. The patient determines the manner in which to receive their GFE

C. Some forms of delivery include:
   i. **Paper**
   ii. **Electronically**
      1) Through secure means (patient portal, encrypted email, etc.)
      2) Must be able to be printed & saved
   iii. **Verbal**
      1) Must include written GFE as a follow-up

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WHEN TO PROVIDE THE GFE?

10–3 & 9–1

A simple way to remember GFE timelines

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WHEN TO PROVIDE THE GFE?

10—3 & 9—1

A simple way to remember GFE timelines.

i. If a patient is scheduled 10 or more business days in advance, the GFE must be provided to the patient within 3 business days
ii. If a patient is scheduled 3-9 business days in advance, the GFE must be provided to the patient within 1 business day
iii. Within 3 business days when requested by an uninsured or self-pay patient, even when they aren't scheduled

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CONVENING PROVIDER / FACILITY vs CO-PROVIDER / CO-FACILITY

a) What is a Convening Provider?
b) What is a Co-Provider?
c) GFE Requirements apply to all provider types:
    i. Hospitals
    ii. Ambulatory Surgical Centers
    iii. Family Practice
    iv. Dermatology
    v. Mental Health
    vi. Orthopedics, etc.

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It’s Just an Estimate

a) "This is an <u>estimate</u> in good faith & <u>subject to change</u> based on your treatment plan."
   i. It's important to include a disclaimer like the one above
   ii. CMS recommends having a disclaimer on your GFE

b) Not a legally binding contract & can be modified:
   i. Create new estimates can be created based on the length of the treatment

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Requirements & Responsibilities

Compliance of *Good Faith Estimates*

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COMPLIANCE QUESTION

- Does the GFE become part of the patient's record?

- How long must we retain the GFE document(s)?

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COMPLIANCE *ANSWER*

- Yes, these estimates are considered part of the patient's medical record
- Maintain a GFE in the same manner as a patient's medical record
- Retain the patient's GFE based on whichever is the longer requirement:
  - No Surprises Act: Keep GFEs for 6 years
  - State Law: Retain GFE in medical records based on state requirements

Don't forget about State & Local Law too!

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COMPLIANCE QUESTION

- Is the GFE required to be in writing?
- Does the patient have to sign it?

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COMPLIANCE *ANSWER*

- Yes, while the patient can request the GFE be given verbally, the provider or facility would have to follow up with a written copy

- However, the patient does not have to sign the GFE

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COMPLIANCE QUESTION

- Can we create our own GFE document?

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COMPLIANCE *ANSWER*

- Yes, you can create your own GFE document.
- Conditions – Your notice must include & provide:

✓ The Patient's Name
✓ Date of Birth
✓ Diagnosis
✓ Provider Name
✓ NPI
✓ TIN
✓ Location of Services
✓ Billing Codes for Each Services
✓ Date of Service or Date Range of Service (if recurring)

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Managing the GFE Over Time

Compliance Timeline of *Good Faith Estimates*

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COMPLIANCE QUESTION

- Do recurring appointments each require a GFE?

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COMPLIANCE *ANSWER*

- If a provider expects to provide a recurring service to the patient, they are permitted to provide a single GFE to the patient for those services, as long as:
  1) The GFE is written in a way that a patient can understand it, that there is a clear description of items that goes over the scope of service, how often the service is needed, and an estimated timeframe or number of the recurring items or services.

  2) The GFE can only include services expected for the next 12 months.
     i. For services after that initial 12 months, a new GFE must be provided to the patient.

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COMPLIANCE QUESTION

- How should a provider update the GFE when changes to treatment occur?

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COMPLIANCE *ANSWER*

When a convening provider/convening facility or co-provider/co-facility:

- Gets notified of any changes
- Anticipates changes, or
- Discovers anything affecting the scope of a good faith estimate

A new GFE must be provided to the patient no later than 1 business day before the items or services are scheduled to be furnished.

- Examples that might be updated include:
  - ✓ Charge amounts
  - ✓ Items or services
  - ✓ Frequency, recurrences, duration,
  - ✓ Providers or facilities

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COMPLIANCE QUESTION

- If the GFE includes recurring charges for a year, does the $400 threshold apply to the DOS or the total for the year?

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COMPLIANCE *ANSWER*

- When the item on the GFE is $400 in excess of the service, a new GFE for recurring services should be provided

- Include the changes that made the estimated cost different as soon as possible.

- Provided Convening Providers / Convening Facility or Co-Provider / Co-Facility must remain watchful

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Providers / Facility Types

Good Faith Estimates Compliance

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COMPLIANCE QUESTION

- As a non-urgent primary care facility, are we responsible for all the leg work when it comes to referral care?

- Furthermore, will we be responsible for scheduling care for in-network patients or is the GFE specifically required for just self-pay & uninsured patients?

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COMPLIANCE *ANSWER*

- As a primary care facility, if you are the convening provider, you are expected to contact *co-providers / co-facilities* & collect information about *their* expected charges within one business day.
- Consolidate estimates into one single good faith estimate for the patient.
- Currently, the GFE requirements are specifically for uninsured & self-pay patients.
- In anticipated updates, we expect that in-network patients will be included under the GFE requirements & entitled to receive a GFE for schedule services.

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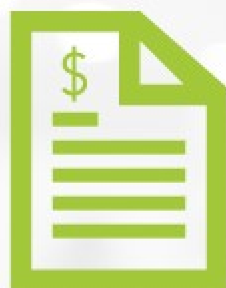
COMPLIANCE QUESTION

For a Billing Company:

- Do we bear any burden with NSA?



- Is it just up to the practice / facility to provide the GFE?

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COMPLIANCE *ANSWER*

- The GFE must include all expected charges (what is known in good faith at the time of scheduling) in a single disclosure.
- HHS has said the requirement is "on the convening healthcare provider or healthcare facility"
  - this is the entity that receives the initial request for an estimate & is responsible for scheduling the primary item or service.
- So, unless a billing company was involved with the scheduling of the appointment, you would not bear any burden with the GFE process.

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COMPLIANCE QUESTION

- What type of emergent care is exempt from the GFE?

FOR EXAMPLE:

- If a patient is sent to your office while you are on call & has a fracture, is a GFE required?

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COMPLIANCE *ANSWER*

- Urgent & emergent trauma visits are not typically scheduled at least 3 days in advance, so a good faith estimate is not required under those circumstances.

For example:

- If you do not have 3 days notice before seeing a patient, a GFE would not be required.

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Scenarios When a GFE Applies

Application of *Good Faith Estimates* Compliance

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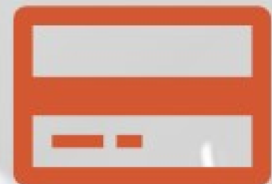
COMPLIANCE QUESTION

- Can you confirm that a GFE only applies to uninsured / self-pay patients?

- Or, does this apply to any insured patient who asks for a GFE?



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COMPLIANCE *ANSWER*

- A Good Faith Estimate must be given to:
  - ✓ All self-pay patients
  - ✓ All uninsured patients
- GFEs for insured patients will be addressed in further rulemaking
  - ✓ Under the current guidance, if they request one, it must be provided

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COMPLIANCE QUESTION

- Does this form override or replace the ABN?

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COMPLIANCE *ANSWER*

- No, an Advance Beneficiary Notice (ABN) is given to a Medicare patient when an item or service is expected to denied for payment.
- ABNs only apply to patients in the Original Medicare Plan.

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COMPLIANCE QUESTION

- Is a patient who is being treated on a lien or letter of protection who has personal health insurance but elects not to use it considered a self-pay patient for the purposes of the NSA?

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COMPLIANCE *ANSWER*

- Yes, if a patient requests that their charges not be billed to their insurance company, lien, or against their letter of protection, at which point that patient would now be considered self-pay.

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Additional Compliance for *Good Faith Estimates*

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COMPLIANCE QUESTION

- What is the timeframe in which the patient must submit the dispute?

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COMPLIANCE *ANSWER*

- The patient has 120 days after they receive their bill to initiate this process.
- Substantial has been defined as the billed charges being at least $400 more than the good faith estimate.
- The patient is only eligible for an SDR if they received a good faith estimate & submit a copy with their dispute claim.

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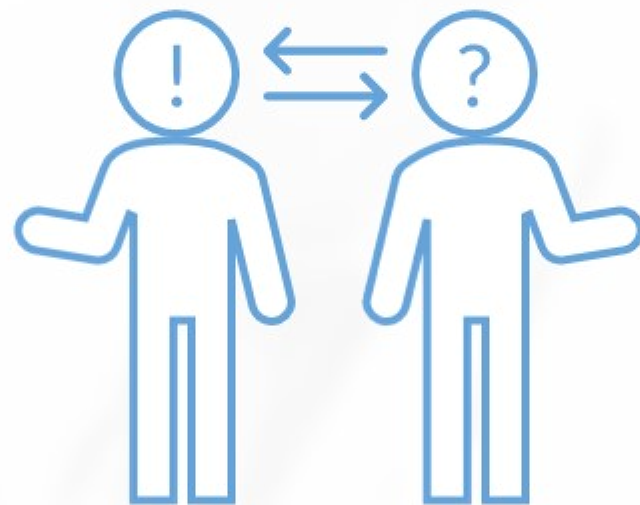
COMPLIANCE QUESTION

- If the patient loses the dispute process, can we send them to collections?



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COMPLIANCE *ANSWER*

- While the PPDR process is pending, the provider or facility must not move the bill for the disputed item or service into collection or threaten to do so
  - If the bill has already moved into collection, the provider or facility should cease collection efforts
- Suspend the accrual of any late fees on unpaid bill amounts until after the PPDR process has concluded
- Must not take or threaten to take any retributive action against an uninsured (or self-pay) individual for utilizing the PPDR process to seek resolution for a disputed item or service

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COMPLIANCE QUESTION

- Who is responsible for handling the dispute process, the convening or co-provider?

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COMPLIANCE *ANSWER*

- Eligibility for PPDR is determined separately for each unique provider or facility listed on the good faith estimate.
- For each provider or facility, the total expected charges for each item or service should be added up.
- This total amount is then compared with the total of all billed charges for the provider or facility, including billed charges for items & services that were furnished but not included in the good faith estimate, to determine eligibility for PPDR.

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Access Compliance Resources

Meet Your *Good Faith Estimates* Requirements

Don't forget about State & Local Law too!

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HCP Clients?

Fully integrate the latest 2022 requirements into your compliance program (including the GFE & No Surprises Act):

- ✓ Login access via your HCP Portal
- ✓ Contact your dedicated team of *HCP compliance advisors*

Not a Client Yet?

Learn how your organization to receive full access to:

- ✓ $1 Million Assurance Package
- ✓ All-in-one platform to help you manage your organization's compliance program
- ✓ Support from live healthcare compliance experts

Schedule a free online consultation.

Compliance Resources

- ✓ Good Faith Estimate Form
- ✓ Surprise Billing Model Notice
- ✓ Right to Good Faith Estimate Notice
- ✓ Training based on the CMS
- ✓ No Surprises Act presentation slides
- ✓ FAQs to the No Surprises Act & Good Faith Estimates
- ✓ Additional No Surprises Act resources will be available soon.

THANK YOU!

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