



**SEE YOUR REV CYCLE  
THROUGH A PATIENT'S EYES.**

**THE RESULTS  
WILL AMAZE YOU.**

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## Ahead of the Curve: Preparing for the No Surprises Act

Generating Good Faith Estimates to Avoid the Unexpected

*December 8, 2021*

# Subject Matter Experts



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## Panel

# Panel Questions

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# Content Requirements for Good Faith Estimates

## Required Information

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:

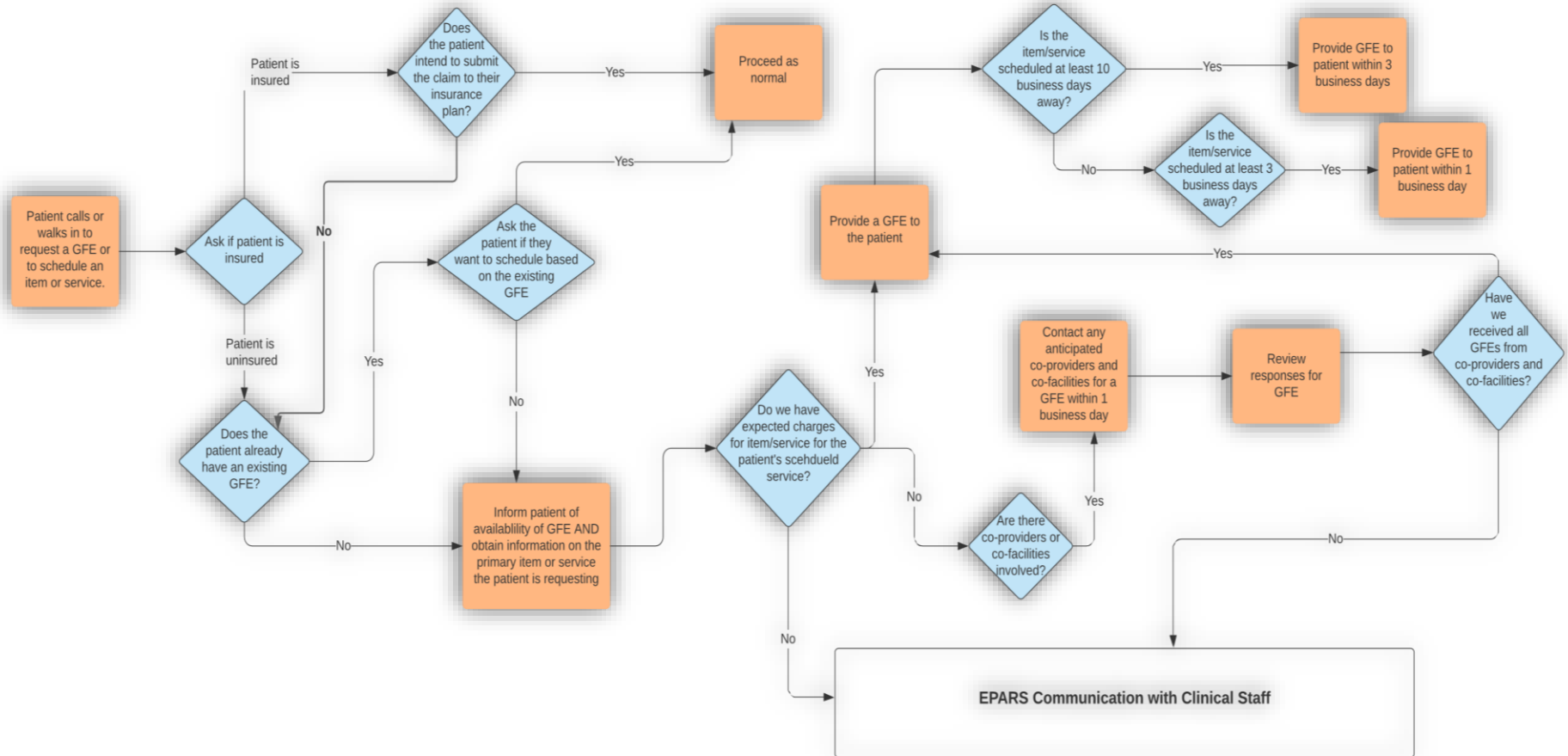
- Items or services reasonably expected to be furnished in conjunction with the primary item or service;
- Items or services reasonably expected to be furnished by the convening provider or convening facility for the period of care; and
- Items or services reasonably expected to be furnished by co-providers or co-facilities).

Diagnosis codes, service codes, and expected charges associated with each listed item or service.

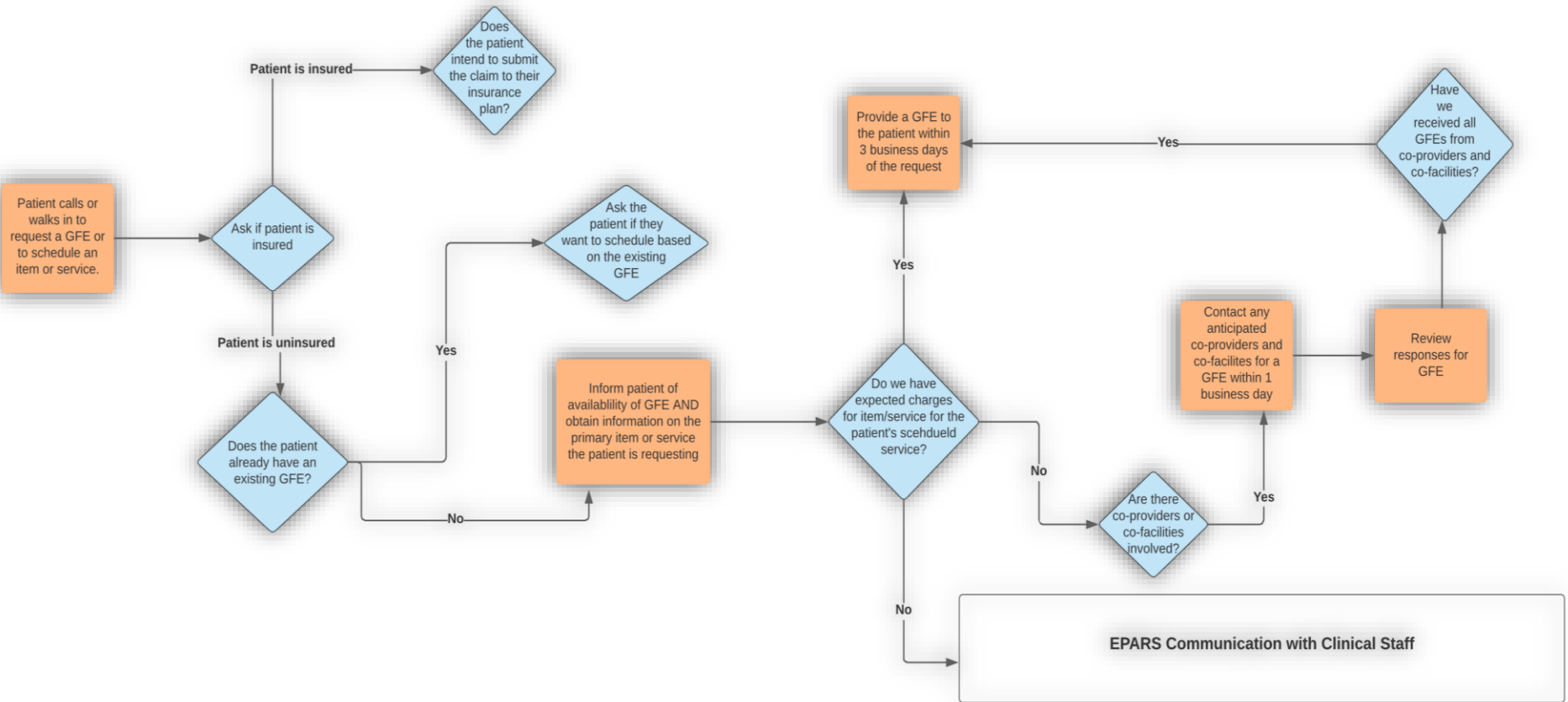
Name, National Provider Identifier (“NPI”), and Tax Identification Number (“TIN”) of each provider or facility represented in the GFE, and the state(s) and office/facility location(s) where the items or services are expected to be furnished.

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.

# Scenario 1: At time of Scheduling



# Scenario 2: Upon Request



# Best Practices

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- Scheduling departments and staff should confirm whether insurance will be utilized for every patient at time of scheduling services.
- Treat all conversations regarding patient expected or anticipated financial responsibility as a request for a Good Faith Estimate

# Turnaround Time

	Convening Provider	Co-Provider	Convening Facility	Co-Facility
<i>Timeframe for Providing the GFE</i>	<p>GFE must be provided to the patient:</p> <ul style="list-style-type: none"> <li>✓ Not later than 1 business day after the date of scheduling when a primary item or service is scheduled at least 3 business days in advance; OR</li> <li>✓ Not later than 3 business days after the date of scheduling when a primary item or service is scheduled at least 10 business days in advance; OR</li> <li>✓ Not later than 3 business days after the date of the request when a GFE is requested by an uninsured individual.</li> </ul>	<p>Must provide, and the convening provider or facility must <u>receive</u>, the GFE information no later than 1 business day after the co-provider or co-facility receives the request from the convening provider or facility.</p>	<p>GFE must be provided to the patient:</p> <ul style="list-style-type: none"> <li>✓ Not later than 1 business day after the date of scheduling when a primary item or service is scheduled at least 3 business days in advance; OR</li> <li>✓ Not later than 3 business days after the date of scheduling when a primary item or service is scheduled at least 10 business days in advance; OR</li> <li>✓ Not later than 3 business days after the date of the request when a GFE is requested by an uninsured individual.</li> </ul>	<p>Must provide, and the convening provider or facility must <u>receive</u>, the GFE information no later than 1 business day after the co-provider or co-facility receives the request from the convening provider or facility.</p>



# How should a Good Faith Estimate be provided?

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- Estimate must be delivered to patients *in writing*, which can be accomplished in several ways:
  - Delivered electronically (*e.g.*, through e-mail, a patient portal, etc.)
  - Delivered via paper (*e.g.*, through USPS, in person)
- Note that because estimates must be delivered within 1–3 business days, may be difficult to meet requirements if mailing to patient

# Convening Providers vs Co-Providers

	Convening Provider	Co-Provider	Convening Facility	Co-Facility
<i>Scope</i>	Physician or other health care provider	Physician or other health care provider	An institution (e.g., hospital, laboratory)	An institution (e.g., hospital, laboratory)
<i>Definition</i>	<p>Responsible for providing the GFE to an uninsured (or self-pay) individual per the following:</p> <ul style="list-style-type: none"> <li>✓ <u>Requests Prior to Scheduling</u>: When the Provider receives the initial request for a good faith estimate (GFE).</li> <li>✓ <u>Requests when Scheduling</u>: When the Provider is responsible for scheduling the primary item or service.</li> </ul>	<p>Provider that furnishes items or services that are customarily provided in conjunction with primary items or services and:</p> <ul style="list-style-type: none"> <li>✓ <u>Requests Prior to Scheduling</u>: Did not receive initial request from patient for GFE.</li> <li>✓ <u>Scheduled Services</u>: Is not responsible for scheduling the primary item or service</li> </ul> <p>*If an individual separately schedules or requests a GFE from a co-provider, that provider is now a convening provider.</p>	<p>Responsible for providing the GFE to an uninsured (or self-pay) individual per the following:</p> <ul style="list-style-type: none"> <li>✓ <u>Requests Prior to Scheduling</u>: When the Facility receives the initial request for a good faith estimate (GFE)</li> <li>✓ <u>Requests when Scheduling</u>: When the Facility is responsible for scheduling the primary item or service.</li> </ul>	<p>Facility that furnishes items or services that are customarily provided in conjunction with primary items or services and:</p> <ul style="list-style-type: none"> <li>✓ <u>Requests Prior to Scheduling</u>: Did not receive initial request from patient for GFE.</li> <li>✓ <u>Scheduled Services</u>: Is not responsible for scheduling the primary item or service.</li> </ul> <p>*If an individual separately schedules or requests a GFE from a co-facility, that facility is now a convening facility.</p>

# Changes in Circumstances

	Convening Provider	Co-Provider	Convening Facility	Co-Facility
<i>Changes in Treatment (e.g., items and services) for Scheduled Services</i>	<p>✓ Must provide a new GFE if a convening provider, convening facility, co-provider, or co-facility <u>anticipates</u> or is <u>notified</u> of any changes to the scope of a GFE (e.g., expected charges, items, services, frequency, recurrences, duration, providers, or facilities).</p> <p>✓ A new GFE must be issued no later than 1 business day before the items or services are scheduled to be furnished.</p>	<p>If any changes in the expected co-providers or co-facilities represented in a GFE occur less than 1 business day before the item or service is scheduled to be furnished, the replacement co-provider or co-facility must accept as its GFE of expected charges the original GFE that was provided by the replaced provider or facility.</p>	<p>✓ Must provide a new GFE if a convening provider, convening facility, co-provider, or co-facility <u>anticipates</u> or is <u>notified</u> of any changes to the scope of a GFE (e.g., expected charges, items, services, frequency, recurrences, duration, providers, or facilities)</p> <p>✓ A new GFE must be issued no later than 1 business day before the items or services are scheduled to be furnished.</p>	<p>If any changes in the expected co-providers or co-facilities represented in a GFE occur less than 1 business day before the item or service is scheduled to be furnished, the replacement co-provider or co-facility must accept as its GFE of expected charges the original GFE that was provided by the replaced provider or facility.</p>
<i>Change in Providers and Facilities</i>	<p>If any changes in expected providers or facilities in a GFE occurs less than 1 business day before the item or service is scheduled to be furnished, the replacement provider or facility must accept as the expected charges in the original GFE .</p>			

# Patient-Provider Dispute Process

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- Patients may initiate the Patient-Provider Dispute Resolution process if their actual billed amount is at least **\$400 greater** than the GFE
- R1 can add value by helping providers manage this process and ultimately relieve administrative burdens on physicians

# Audience Question & Answer

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## Regulatory Resources for Surprise Billing

### Navigating the No Surprises Act in 2022

The No Surprises Act addresses some of the most pressing medical affordability concerns facing American families by helping patients understand and predict their out-of-pocket costs. It also has great repercussions for providers. Beginning **January 1, 2022**, providers and facilities are prohibited from billing out-of-network patients more than in-network cost-sharing amounts in emergency and certain non-emergency situations. For patients without health insurance, providers will need to notify the patient in advance to provide a good faith estimate of expected charges for scheduled services. The No Surprises Act also creates dispute resolution processes for plans and out-of-network providers, and for self-pay patients and providers.

The Act has three major impacts for providers and facilities:

#### Balance Billing



Providers and facilities are **prohibited from billing out-of-network patients more than in-network cost-sharing amounts** in certain circumstances. The prohibition applies to both emergency and certain non-emergency situations where patients

#### Good Faith Estimates



Uninsured patients—including both patients with no health insurance coverage and patients who are choosing not to use their health insurance or “self-pay”—are entitled to a **good faith estimate of expected charges**. When an uninsured individual

#### Independent Dispute Resolution



The No Surprises Act covers two types of dispute resolution. The **independent dispute resolution process** allows a noncontracting provider or payor to dispute whether the specified rate was appropriate. The **selected dispute resolution process**

### Resources

#### Office-based Physicians

- No Surprises Act: Good Faith Estimate Content Requirements
- Good Faith Estimates: Provider Quick Reference Guide
- Patient Estimates Regulatory Comparison: Price Transparency and No Surprises Act

#### Hospital-based Physicians

- No Surprises Act Balance Billing Quick Reference Guide
- No Surprises Act: Assessing the Scope of the Federal Balance Billing Rules
- Payer/Provider Independent Dispute Resolution Timeline and Requirements
- Good Faith Estimates: Provider Quick Reference Guide

#### Health Systems

- No Surprises Act: Assessing the Scope of the Federal Balance Billing Rules
- No Surprises Act Balance Billing Quick Reference Guide

<https://www.r1rcm.com/regulatory/no-surprises-act-resources>

Thank You!

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