

INFORMATION REGARDING GOOD FAITH ESTIMATES (“GFE”) FOR PHYSICIAN PARTNERS

As you are likely aware, the federal No Surprises Act (“NSA”) protects self-pay/uninsured individuals from unexpectedly high medical bills. Specifically:

1. If an individual does not have certain types of health insurance or does not plan to use that insurance to pay for health care items or services, health care providers and health care facilities are obligated to provide the patient with a “good faith estimate” (also known as a “GFE”) of what the patient may be charged, before the patient receives items or services.
2. When the total billed charges for any provider or facility are substantially in excess (*i.e.*, \$400 or more) of estimated charges, items or services provided by such provider or facility may be eligible for the new patient-provider dispute resolution (“PPDR”) process administered by the Federal government to facilitate the resolution of payment disputes. Please note that the \$400 threshold is provider- and facility-specific, so if your total charges are not \$400 dollars more than your estimated charges, but a co-provider’s or co-facility’s charges are, you will not be subject to the PPDR process.

1. Good Faith Estimate

The Federal government has published [general guidance](#) on GFEs and the PPDR process for providers and facilities. Attached to this informational document is a template **Good Faith Estimate for Health Care Items and Services**, which the Federal government has said can be used to fulfill the NSA’s requirement to provide a GFE to self-pay and uninsured patients.¹

In most cases, the patient’s surgeon, as the “convening provider” or the provider scheduling the procedure, must provide the GFE to the self-pay/uninsured individual, including any item or service that is reasonably expected to be provided in conjunction with a scheduled or requested item or service by another provider or facility. Convening providers have an obligation to seek certain information from co-facilities and co-providers to include in the GFE. **HHS recently published guidance stating that HHS is currently deferring enforcement of the requirement that GFEs**

¹ The content requirements for GFEs are set forth in the federal regulations appearing in [45 CFR 149.610\(c\)](#).

include co-provider and co-facility information given the complexities involved with developing the infrastructure and business practices necessary to exchange GFE data, but we are encouraging all convening providers to request and include GFE information from co-facilities and co-providers now in anticipation of the period of deferment ending.

2. TIMING

As required by [45 CFR 149.610\(b\)\(1\)\(vi\)](#), convening providers and facilities must provide the GFE to uninsured (or self-pay) individuals within the following timeframes:

- When a primary item or service is scheduled at least 3 business days before the date the item or service is scheduled to be furnished, the GFE must be provided no later than 1 business day after the date of scheduling.
- When a primary item or service is scheduled at least 10 business days before such item or service is scheduled to be furnished, the GFE must be provided no later than 3 business days after the date of scheduling.
- When a GFE is requested by an uninsured (or self-pay) individual, the GFE must be provided no later than 3 business days after the date of the request.

3. GFE NOTICES

Attached to this informational document is a template **GFE Notice**. This **GFE Notice** has been posted on the surgery center websites and in the patient common areas at the surgery centers. As required by [45 CFR 149.610\(b\)\(1\)\(iii\)](#), this **GFE Notice** must also be:

- A. prominently displayed on the convening provider's website, in the office, and on-site where scheduling or questions about the cost of items or services occur;
- B. orally provided when scheduling an item or service or when questions about the cost of items or services occur; and



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C. made available in accessible formats, and in the language(s) spoken by individual(s) considering or scheduling items or services with such convening provider.

Constitution Surgery Alliance is providing this informational document to you for your consideration as the surgery center manager, but you should feel free to consult with your own legal counsel for further details.