Notice of No Surprises Act's Protections for Uninsured (or Self-Pay) Individuals

Effective January 1, 2022, the No Surprises Act (NSA) protects **uninsured (or self-pay)** individuals from many unexpectedly high medical bills.

Good Faith Estimates

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, they are eligible to receive a "good faith estimate" of what they may be charged, before they receive the item or service.

The good faith estimate (or GFE) is a notification that outlines an uninsured (or self-pay) individual's expected charges for a scheduled or requested item or service.

Providers and facilities must give this estimate to an uninsured (or self-pay) individual (or their authorized representative) who requests it or who schedules an item or service.

The good faith estimate will also include items or services reasonably expected to be provided along with the primary item(s) or service(s), even if the individual will receive the items and services from another provider or another facility.

These requirements are applicable for good faith estimates requested on or after January 1, 2022 or for good faith estimates required to be provided in connection with items or services scheduled on or after January 1, 2022

Under the NSA, uninsured (or self-pay) individuals should receive a single, comprehensive **good faith estimate** that includes expected charges for:

The **primary item or service** that will be furnished by the convening provider or convening facility and that is the initial reason for the visit.

All items and services that are reasonably expected to be provided in conjunction with the primary item or service, provided during a defined **period of care**.

These **items or services** can include any of the following:

- Encounters;
- Procedures;
- Medical tests;
- Supplies;

- Prescriptions drugs;
- Durable medical equipment; or
- Fees (including facility fees).

If an individual schedules a knee surgery with their orthopedic surgeon, a good faith estimate could include an itemized list of items or services in conjunction with and including the actual knee surgery, such as:

- Physician professional fees;
- Assistant surgeon professional fees;
- Anesthesiologist professional fees;
- Facility fees;
- Prescription drugs; and
- Durable medical equipment fees.

All the items or services that are reasonably expected to be provided **from admission through discharge** are part of that scheduled knee surgery period of care. These services or items should be included in the good faith estimate.

Separate good faith estimates would be provided upon scheduling or upon request for any items or services that are necessary prior to or following provision of the primary item or service **beyond the period of care** (e.g., post-discharge physical therapy).

Expected charges included on a good faith estimate should be the cash pay rate or rate that the uninsured (or self-pay) individual would be expected to pay for items or services listed on the good faith estimate.

The expected charges should reflect true anticipated billed charges, including any anticipated discounts or adjustments that a provider or facility would anticipate applying to the uninsured (or self-pay) individual.

In determining expected charges, providers and facilities are expected to use the coding that best describes each item or service listed in the good faith estimate.

When a single service code is available that captures reporting and billing for the component parts of an item or service, the single service code and expected charge for that single service code would be reported in the good faith estimate to capture the most comprehensive coding level.

The convening provider or facility must provide a good faith estimate to the 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 **(co-provider or co-facility)**.

As a result, the good faith estimate could contain expected charges from multiple providers: the convening provider, and co-providers or co-facilities that furnish items and services that are customarily provided in conjunction with a primary item or service.

For instance, if a patient schedules a surgery, the convening provider or facility might include in the good faith estimate the cost of the surgery, and the co-provider or co-facility might include the costs of any labs, tests, or anesthesia that might be used during the operation.

A **convening provider or facility** must inform all **uninsured (or self-pay) individuals** of the availability of a good faith estimate of expected charges upon scheduling an item or service or upon request. To determine if someone is an uninsured (or self-pay) individual, the provider or facility must ask if the individual is enrolled in:

- A group health plan,
- Group health insurance coverage offered by a health insurance issuer,
- A Federal health care program, or
- A health benefits plan under a Federal Employees Health Benefits (FEHB) Program.

If not enrolled in any of the above, the individual is considered uninsured for the purposes of the good faith estimate.

If the individual is enrolled in a group health plan, group or individual health insurance coverage offered by a health insurance issuer, or a FEHB health benefits plan, the convening provider or facility must ask if the individual is seeking to have a claim submitted for the items or services with such plan or coverage. If not, the individual is considered self-pay for the purposes of the good faith estimate.

Information regarding the availability of good faith estimates for uninsured (or self-pay) individuals must be written in a **clear and understandable manner**, **prominently displayed (and easily searchable from a public search engine) on the convening provider's or convening facility's website, in the office, and on-site where scheduling or questions about the cost of items or services occur**.

Convening providers and facilities must also give information about the good faith estimate for uninsured (or self-pay) individuals when scheduling an item or service or when questions about the cost of items or services occur.

Convening providers and convening facilities must consider any discussion or inquiry regarding the potential costs of items or services under consideration as a request for a good faith estimate.

Upon receiving a request for a good faith estimate from an uninsured (or self-pay) individual or **upon scheduling a primary item or service** for an uninsured (or self-pay) individual, the convening provider or convening facility must contact all co-providers and co-facilities who are reasonably expected to provide items or services in conjunction with, and in support of, the primary item or service no later than 1 business day after scheduling or receiving the request. The convening provider or convening facility must request that the co-providers or co-facilities submit good faith estimate information to the convening provider or facility.

Convening providers and facilities must provide a good faith estimate 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 good faith estimate 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 good faith estimate must be provided no later than3 business days after the date of scheduling.
- When a good faith estimate is requested by an uninsured (or self-pay) individual, the good faith estimate must be provided no later than 3 business days after the date of the request.

A good faith estimate must be provided in **written form** either on paper or electronically, pursuant to the uninsured (or self-pay) individual's requested method of delivery, and within the timeframes described above. Good faith estimates provided electronically must be provided in a manner that the uninsured (or self-pay) individual can both save and print. Good faith estimates provided to uninsured (or self-pay) individuals by paper mail must be postmarked by the timelines specified in the **Timeframes** section of this presentation.

A good faith estimate must be provided and written using clear and understandable language.

A good faith estimate issued to an uninsured (or self-pay) individual under this section is considered **part of the patient's medical record** and must be maintained in the same manner as a patient's medical record. Convening providers and convening facilities must provide a copy of any previously issued good faith estimate furnished within the last 6 years

to an uninsured (or self-pay) individual upon request by the individual.

Patient Provider Dispute Resolution
A new patient-provider dispute resolution (PPDR) process is available for uninsured (or self-pay) individuals who get a bill from a provider that is substantially in excess of the expected charges on the good faith estimate.

Beginning January 1, 2022, a **PPDR** process will be available for uninsured (or self-pay) individuals who get a bill for an item or service that is substantially in excess of the expected charges on the good faith estimate. Under the PPDR process, the uninsured (or self-pay) individual may seek a determination from a Selected Dispute Resolution (SDR) entity for the amount the individual has to pay. This process can provide the uninsured (or self-pay) individual important consumer protections from billed charges that are substantially in excess of the expected charges in the good faith estimate.
The PPDR process can apply to any item or service furnished by a convening provider, convening facility, co-provider, or co-facility to an uninsured (or self-pay) individual where thetotal billed charges are substantially in excess of the total expected charges in the good faithestimate.

HHS regulations establish that **when the billed charges for any provider or facility are in excess of the good faith estimate for that provider or facility by $400 or more, the item orservice may be eligible for payment determination by a SDR entity through the PPDR process**.

As each good faith estimate could potentially contain expected charges from multiple providersand facilities, the substantially in excess determination is made separately for each specific provider or facility listed on the good faith estimate.

An uninsured (or self-pay) individual, or their authorized representative, can initiate the PPDR process by submitting an initiation notice to HHS through the online federal IDR portal, submitting an initiation notice electronically, or submitting through the mail if postmarked within120 calendar days of receiving the initial bill containing charges for the item or service that is substantially in excess of the expected charges in the good faith estimate.

HHS strongly recommends that the initiation notice be submitted through the federal IDR portal to help ensure the request can be processed quickly and securely.
When an uninsured (or self-pay) individual is billed for items or services where the total billed charges for a provider or facility are **$400 or more above the total expected charges** for theprovider or facility in the good faith estimate, the uninsured (or self-pay)

individual or their authorized representative, may submit a notification (**initiation notice**) to HHS to initiate the PPDR process. The initiation notice must include all of the following information sufficient to identify the items or services under dispute, including:

- The date of service or date the item was provided
- A description of the item or service
- A copy of the bill for the items and services under dispute (the copy can be a photocopy or anelectronic image so long as the document is readable)
- Last 4 digits of the account number on the bill
- A copy of the good faith estimate for the items and services under dispute (the copy can be aphotocopy or an electronic image so long as the document is readable)
- The contact information of the parties involved, including:
  - Name,
  - Email address,
  - Phone number, and
  - Mailing address.
  - The state where the items or services in dispute were furnished, and
  - The uninsured (or self-pay) individual's contact information including:
    - Name,
    - Email address,
    - Phone number,
    - Mailing address, and
    - Communication preference: email, paper mail, or phone.

HHS has established a $25 **administrative fee** to participate in the PPDR process in 2022. The fee amount is meant to ensure there is no barrier to an uninsured (or self-pay) individual'sability to access this process. The administrative fee is an amount paid by the individual to usethe PPDR process to settle payment disputes with providers and facilities. HHS will assess the $25 administrative fee in 2022 on the non-prevailing party (providers, facilities, and uninsured (or self-pay) individuals) to the PPDR process.

The uninsured (or self-pay) individual will pay the administrative fee at the beginning of theprocess to the SDR entity. Providers and facilities are not required to pay the $25 administrative fee upfront. If the SDR entity determines the payment amount to be lower thanthe billed charges, the SDR entity will apply an adjustment to the final payment determinationamount to allow for the individual to recover the $25 paid.

For more information about your rights as a consumer, please visit https://www.cms.gov/nosurprises/consumers.