

No Surprises Act

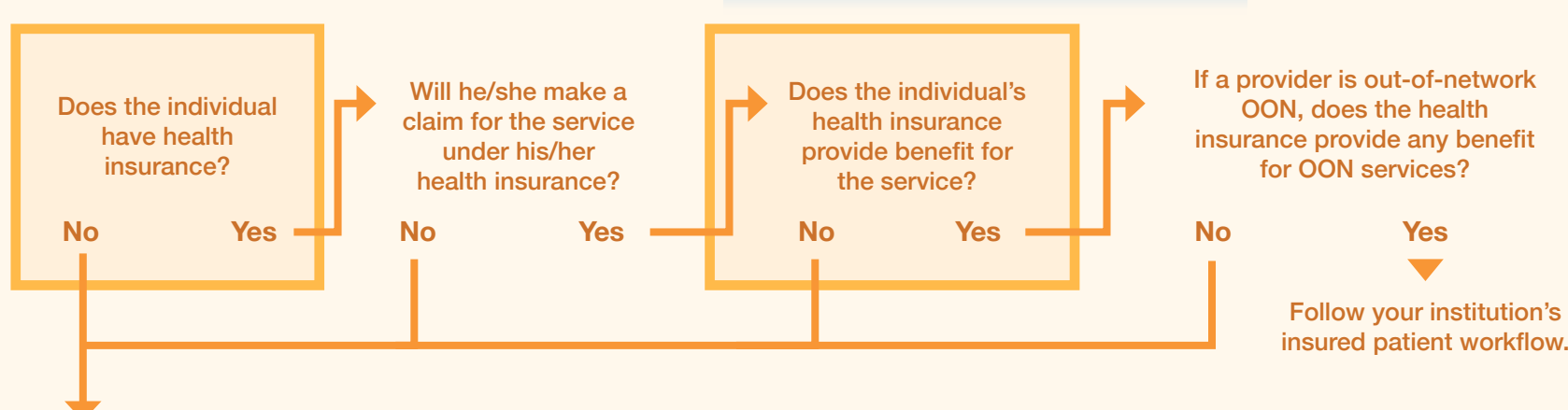
Good Faith Estimate Workflow

Among its many mandates, the No Surprises Act (NSA) requires all providers to furnish good faith estimates (GFEs) to self-pay patients prior to **all services scheduled at least 3 days in advance** or by request if the patient is shopping for care (and not yet at the point of scheduling). The following workflow specifies the who, when, and what for this new regulatory requirement.

STEP 1

Identifying Self-Pay Patients

When communicating with a patient either shopping for care or scheduling a service, determine whether the patient qualifies as “self-pay” and thus, is entitled to receive a GFE.

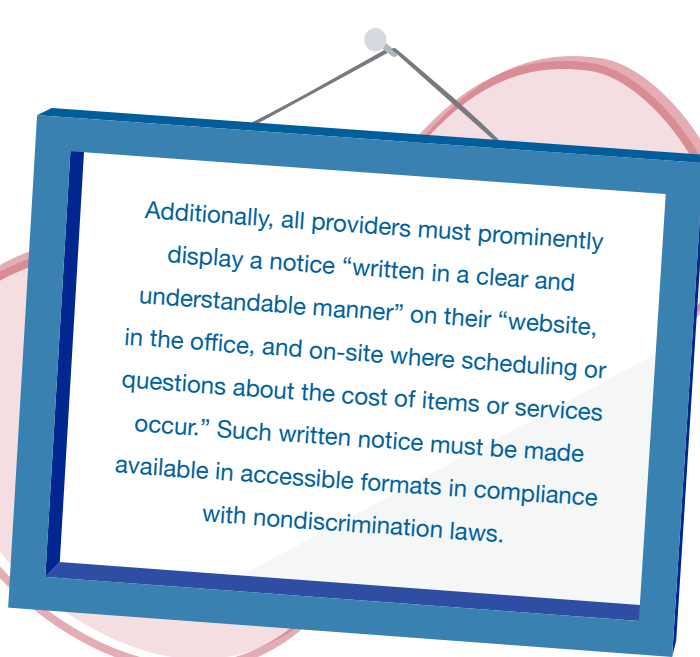


STEP 2

Providing Required Notice

A provider is responsible for orally informing all self-pay patients of the provision of a GFE of expected charges when the scheduling of an item or service occurs, or when questions about the cost of items or services arise.

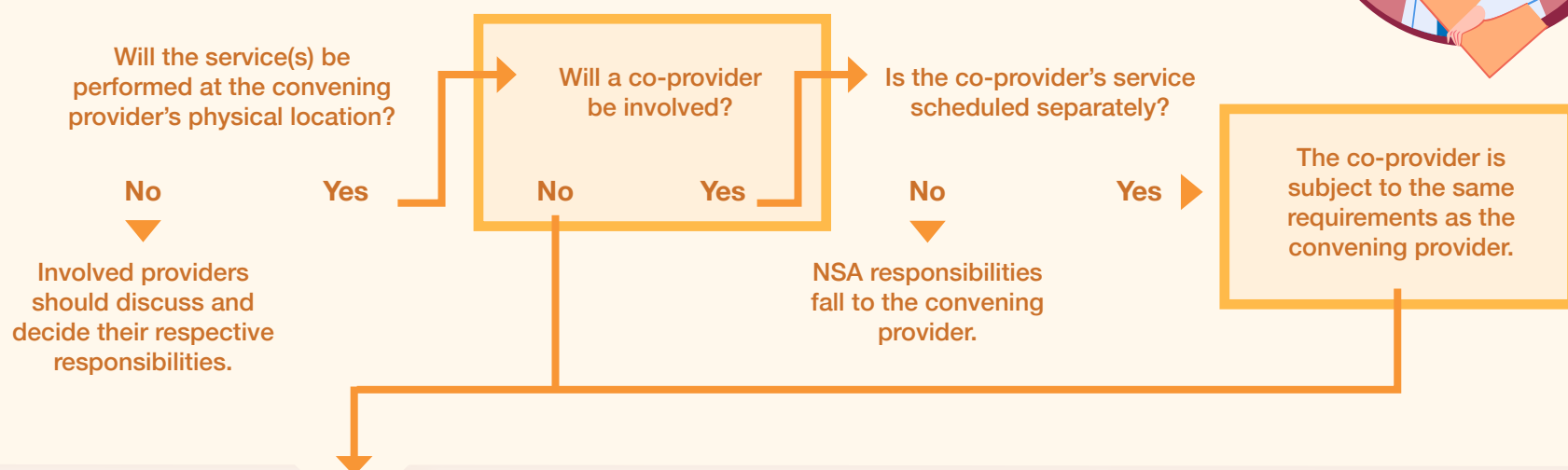
The Centers for Medicare & Medicaid Services (CMS) has published a model notice for this purpose, available [here](#) (included in the downloadable ZIP file as Appendix 1). The use of this model notice is not mandated, but CMS will consider its use good faith compliance with the notice requirement.



STEP 3

Determining the Convening Provider and Location Where Services Will Be Performed

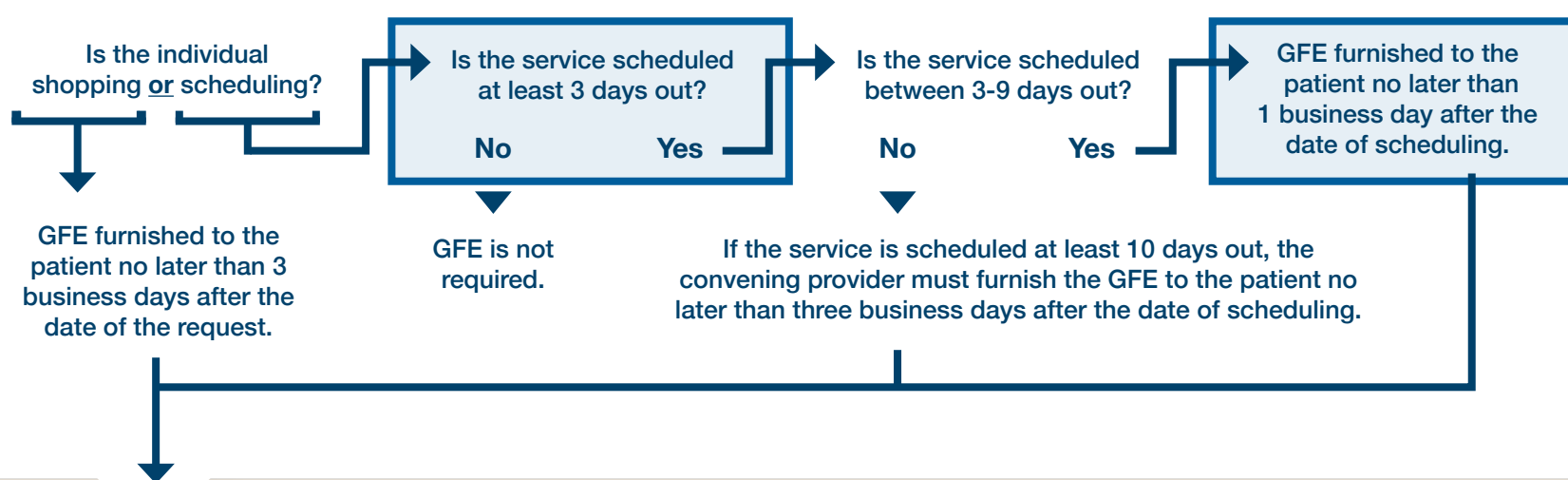
A “convening provider” is the provider that (1) is responsible for scheduling the primary item or service, or (2) receives a request from an individual shopping for an item or service.



STEP 4

Determining the Timing for Providing the GFE

The timing of the provider's delivery of the GFE to a self-pay patient in advance of the service depends on whether and how far out the date of service is scheduled.



STEP 5

Providing the Good Faith Estimate

The convening provider must transmit a GFE to the individual in written form, either on paper or electronically, based on the individual's preference. (Note the obligation to provide the GFE for a scheduled service is not dependent on the individual requesting the GFE; the obligation to provide the GFE is triggered when the service is scheduled.) Even if the patient requests the GFE be furnished by phone or orally in person, the convening provider still must issue the GFE in written form.

CMS has published a standard form for providers to use in providing GFEs and an explanation of the specific data elements to be included in the estimate.

While the use of the standard form is not mandated, CMS will consider its use good faith compliance with the requirement to inform an individual of expected charges. The template is available [here](#) (Appendix 2).

Note: if the convening provider anticipates a change in service, a new GFE must be issued to the patient no later than one business day before the items or services are scheduled to be furnished. Also, for recurring services, the regulations permit a convening provider to issue a single GFE once every 12 months.



The requirement for a convening provider to incorporate information regarding co-provider's charges (and for a co-provider to furnish such information to the convening provider upon request) has been delayed indefinitely.

For more detail regarding GFEs, see PYA's ["No Surprises Act Implementation Guide: Good Faith Estimate Requirements."](#) Additionally, if you would like guidance related to the No Surprises Act, or for assistance with any matter related to compliance, valuation, or strategy and integration, contact a PYA executive at (800) 270-9629.