Decision Tree: Requirements for Good Faith Estimates for Uninsured (or Self-Pay) Individuals

Introduction

Beginning January 1, 2022, the No Surprises Act requires **all** health care providers* and facilities to provide an estimate of expected charges within certain timeframes to:

- Consumers who do not have health coverage or those who lack coverage for a particular item or service; and
- Consumers who have certain types of health coverage but do not intend to use it (also known as "self-pay" individuals).

This estimate of charges is known as a "good faith estimate" and must be provided when such consumer schedules a service at least 3 days in advance or requests an estimate. Please note that this document **does not** address good faith estimates issued in connection with notice and consent to waive surprise billing protections. Learn more about what a good faith estimate is, including how it is different from a bill for health care services.

This decision tree lays out when a provider or facility must provide a good faith estimate to an uninsured (or self-pay) individual and what individuals should expect when receiving the good faith estimate. A separate decision tree details how to determine if the individual is eligible for the Patient-Provider Dispute Resolution process and what steps to take to initiate it.

*Throughout this document, the term "providers" also includes providers of air ambulance services.

Where can I go for help?

Contact the No Surprises Help Desk at 1-800-985-3059 or https://www.cms.gov/medical-bill-rights.

Also refer to the No Surprises Act: How to Get Help and File a Complaint.

This document is intended to provide clarity to the public about requirements related to surprise billing. It does not have the force and effect of law.

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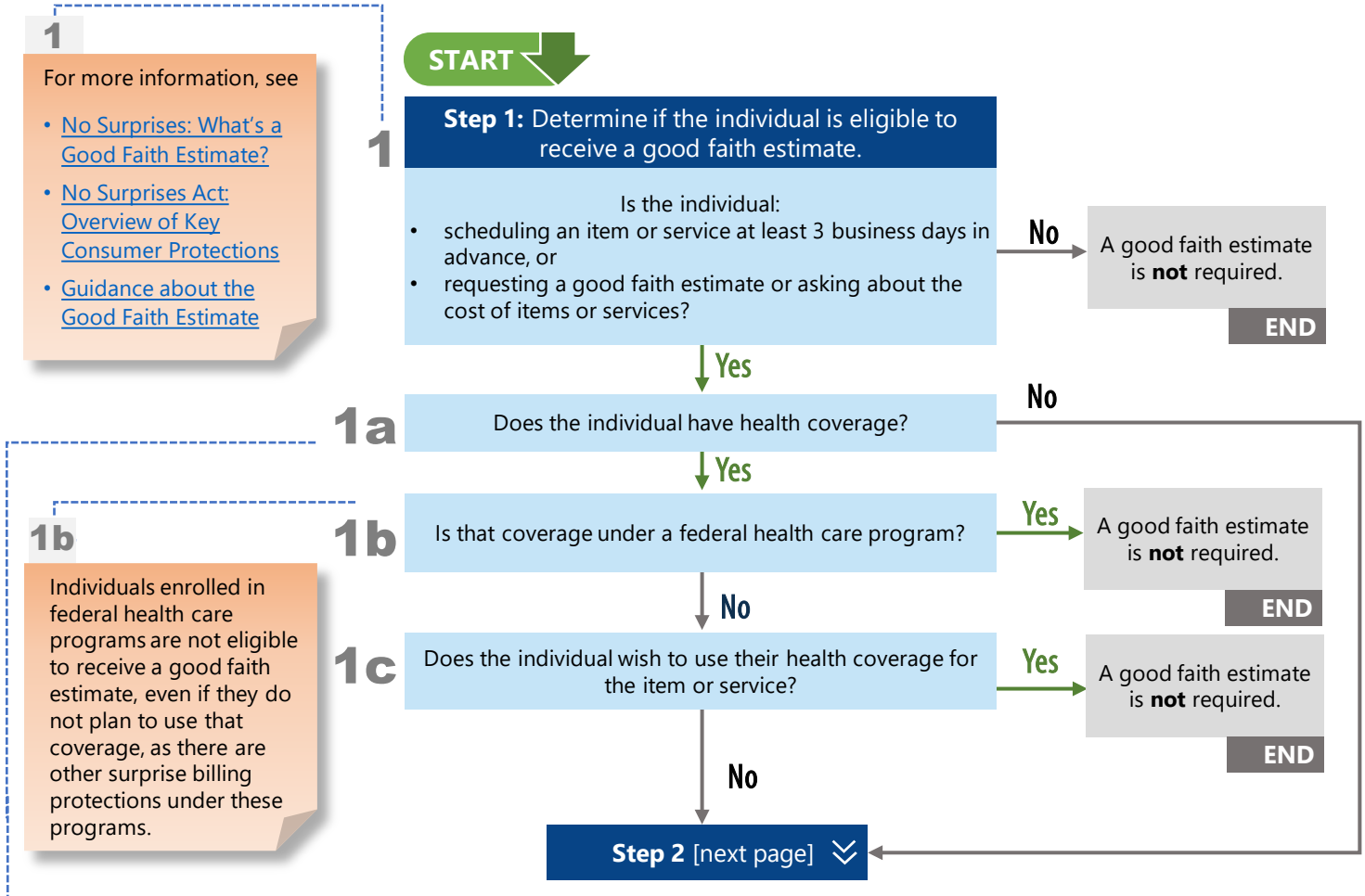
Before an individual receives health care: Follow the steps below to determine eligibility and rights to receive a good faith estimate.



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For more information, see

- No Surprises: What's a Good Faith Estimate?
- No Surprises Act: Overview of Key Consumer Protections
- Guidance about the Good Faith Estimate

1b

Individuals enrolled in federal health care programs are not eligible to receive a good faith estimate, even if they do not plan to use that coverage, as there are other surprise billing protections under these programs.

1a

Individuals with health coverage includes those with:

- A group health plan (a plan through their employer or union),
- Group or individual health insurance coverage offered by a health insurance issuer,
- A federal health care program (such as Medicaid (including Medicaid managed care plans), Medicare (including Medicare Advantage), or TRICARE), or
- A health benefits plan under the Federal Employees Health Benefits (FEHB) Program.

If an individual is **not** enrolled in any of the above (or is covered under a short-term limited duration plan), the individual is considered uninsured for the purposes of the good faith estimate requirements.

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A good faith estimate is not required to be provided if an item or service is scheduled fewer than 3 business days before the date the item or service is expected to be furnished.

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Step 2: Know when to expect a good faith estimate

When should the individual expect to receive a good faith estimate?

If requesting a good faith estimate (without scheduling a service):

The good faith estimate must be provided no later than **3 business days** after the date of the request.

If scheduling an item or service **3 to 9 business days** before the scheduled service date:

The good faith estimate must be provided no later than **1 business day** after the date of scheduling.

If scheduling an item or service at least **10 business days** before the scheduled service date:

The good faith estimate must be provided no later than **3 business days** after the date of scheduling.

- Providers or facilities may provide the good faith estimate to an individual over the phone or in person if asked. However, providers or facilities must follow up with a written (paper or electronic) good faith estimate, in the individual's preferred form of written communication.
- If a provider or facility expects to furnish recurring items and services, a provider or facility has the option to provide an individual with a single good faith estimate for those recurring items or services, rather than a good faith estimate for each instance. For example: counseling services or physical therapy.
- If there are any anticipated changes to the scope of the good faith estimate before the scheduled visit (such as changes to the expected providers, facilities, items, or services), then the provider will send the individual a new good faith estimate at least 1 business day before the service date.

Step 3 [next page]

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Step 3: Know what the good faith estimate contains

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The good faith estimate must include (among other information):

- A list of items and services that the scheduling provider or facility reasonably expects to furnish for, and in conjunction with, the primary item or service, for that period of care.
- Applicable diagnosis codes and expected service codes.
- Expected charges or costs for each item or service.
- A list of items and services that will need to be scheduled with another provider or facility, either before or after the period of care for the primary item or service. Individuals will need to request separate good faith estimates from the providers they expect to see for these items and services.
- Information about the right to dispute a bill if the billed charges for any provider or facility is at least $400 or more than the expected charges on the good faith estimate for that provider or facility.

See the full list of required information for a complete good faith estimate. See a sample template for a complete good faith estimate.

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When consumers qualify for sliding fee discounts

Individuals may qualify for a provider's or facility's sliding fee discounted price. These individuals may receive a good faith estimate with the undiscounted price for items and services. This could happen if the provider or facility doesn't have the information they need to calculate the discounted prices. See guidance about good faith estimates when sliding scale discounts are offered.

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When providers and facilities do not expect to bill a consumer

If a provider or facility does not expect to bill an individual for any items or services, the individual may receive an abbreviated good faith estimate, also called a Good Faith Estimate for No-Cost Health Care Items & Services. An abbreviated good faith estimate does not list any items or services and must state the provider's commitment not to bill the patient. See guidance about additional requirements for abbreviated good faith estimates.

Step 4 [next page]

The good faith estimate will:

- Include estimated costs of items and services reasonably expected to be provided based on information known at the time the estimate was created.
- Not include any unknown or unexpected costs that may arise during the course of treatment. For example, an individual could be charged more if complications or special circumstances occur.
- Not be required to include estimated costs for items and services expected to be provided by a co-provider or co-facility until a later time. The Department of Health and Human Services (HHS) will address the requirement for good faith estimates to include co-provider and co-facility information in future rulemaking.

Key Terms:

- A **convening provider** or convening facility is the provider or facility who receives the initial request for a good faith estimate from an uninsured (or self-pay) individual and who is (or in the case of a request, would be) responsible for scheduling the primary item or service.
- A **co-provider or co-facility** is a provider or facility other than a convening provider or a convening facility that furnishes items or services that are customarily provided in conjunction with a primary item or service.

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Step 4: Compare the good faith estimate to the medical bill.

The individual should keep the good faith estimate in a safe place for purposes of comparing it to any bills received later. After an individual gets a bill for the items or services from a provider or facility, if the billed amount is $400 or more above that provider's or facility's good faith estimate, the individual may be eligible to dispute the bill using the Patient-Provider Dispute Resolution Process.

For more information, review an example of what a good faith estimate may include and examples of good faith estimates that do and don't qualify for the Patient-Provider Dispute Resolution process. See tips on how to read a medical bill.

END

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Learn more about the dispute resolution process, including eligibility requirements and what information or documents are needed to start a dispute.

Refer to the Decision Tree: Patient-Provider Dispute Resolution Process for a step-by-step guide to that process.

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