

NO SURPRISES ACT – GOOD FAITH ESTIMATE (GFE) POLICY

Implemented: 02/14/2022 - Reviewed: annually

Standard Notice: “Right to receive a good faith estimate of expected charges” under the No Surprises Act

Policy

Under section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage both orally and in writing of their ability, upon request or at the time of scheduling health care items and services, to receive a “Good Faith Estimate” of expected charges. This form may be used by the health care providers to inform individuals who are not enrolled in a plan or coverage or a Federal health care program (uninsured individuals), or individuals who are enrolled but not seeking to file a claim with their plan or coverage (self-pay individuals) of their right to a “Good Faith Estimate” to help them estimate the expected charges they may be billed for receiving certain health care items and services. Information regarding the availability of a “Good Faith Estimate” must be prominently displayed on the convening provider’s **and convening facility’s website** and in the office and on-site where scheduling or questions about the cost of health care occur. To use this model notice, the provider or facility must fill in the blanks with the appropriated information. HHS considers use of the model notice to be good faith compliance with the good faith estimate requirements to inform an individual of their rights to receive such a notice. Use of this model notice is not required and is provided as a means of facilitating compliance with the applicable notice requirements. However, some form of notice, including the provision of certain required information, is necessary to begin the patient-provider dispute resolution process.

Procedure

At the time a patient schedules an appointment the scheduling staff member will ask if the prospective patient would like a Good Faith Estimate according to the following notice available for view in the reception room and on our website:

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees. Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service. If you receive a bill that is at least \$400.00 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 850-785-8311.

Good faith estimates may be sent by mail or email depending on the patient’s preference. Appointments that are scheduled 10 or more days out must be sent within 3 business days. Appointments that are scheduled from 3-9 days out must be sent in 1 business day. Appointments that are scheduled in less than 3 days are not required but must be sent out if the patient requests.

Good Faith Estimates must remain part of the patient’s medical record for at least 6 years. Initial Good Faith Estimates are intended for the initial date of service. Subsequent fees are dependent on the recommendations from the doctor. An updated Good Faith Estimate will be provided when a treatment plan is recommended by the doctor. Good Faith Estimates will remain valid for up to 12 months. Subsequent/current Good Faith Estimates will replace/supersede previous estimates.

A Good Faith Estimate form is attached to this policy and procedure.