



Ascension

# No Surprises Act

## Information and Frequently Asked Questions for Customer Contact Centers

### **Background**

As a part of the COVID relief and government funding package, the Trump administration signed the No Surprises Act on 12/27/20 to take effect on 1/1/22. The No Surprises Act is intended to protect consumers against surprise medical bills. It holds the medical providers and payers accountable to provide upfront medical costs and in-network/out-of-network plans & providers to partner together on billing and remediation processes for medical services, including office, dental, ophthalmology, behavioral health or obstetrical visits.

A component of the No Surprises Act is the requirement to provide Good Faith Estimates (GFE) to uninsured patients or patients choosing to be self-pay. Patients may request GFE prior to being scheduled or once a patient is scheduled for a service we must provide a GFE in specific timeframes. Patients requesting a GFE prior to scheduling a service must receive the GFE within 3 business days. Patients scheduled > 10 days before their date of service must receive their GFE within 3 business days. Patients scheduled > 3 days before their date of service and < 10 days before their date of service must receive their estimate within 1 business day. Patients scheduled < 3 days before their date of service must receive their GFE prior to service.

The GFE for the uninsured or self-pay also requires that any applicable outside provider fees be included in the estimate. The work to include these estimates will be developed over the next year as CMS has provided for enforcement delays of this provision.

Patients have the ability to dispute their final bill through a CMS patient dispute process if their final bill is >\$400 from the estimate provided. Patients have to pay a fee to initiate this dispute process and once initiated, DePaul Community Health Center must suspend any statement/ collection activity until the dispute is resolved. Accounts where patients file formal disputes will be placed on hold until resolved.

### **Frequently Asked Questions (FAQ)**

- 1) **Question:** If a patient calls customer service and believes they have been incorrectly balanced billed for a service what should I do?

**Answer:** The account in question should be reviewed by the appropriate team, reviewing the payor remittance advice to ensure the appropriate patient responsibility is billed to the patient. If an error was discovered, the appropriate adjustments should be made and complete service recovery with the patient.

- 2) **Question:** If a patient contacts customer service to request an uninsured or self-pay Good Faith Estimate (GFE), what do I do?

**Answer:** Please follow the current process of assisting patients with an estimate for services acknowledging the time frames in which we are required to provide the estimate. The same resources that assist patients with estimates today will continue to provide GFE.

- 3) **Question:** If a patient inquires about how and when they will receive their GFE and they are already scheduled for services, how should we respond?

**Answer:** Patients already scheduled for services will receive their GFE either in the mail or electronically via their email address or text message provided as part of the existing pre-registration workflow. The patient should receive their estimate within 1-3 business days depending on when their appointment was scheduled and when their service will take place.

- 4) **Question:** A patient called customer service because they received a bill that was >\$400 for their initial estimate. Does this mean we cannot bill the patient?

**Answer:** Not necessarily. We only have to suspend collection activity if the patient has initiated a formal dispute by filing a dispute via the CMS established website for GFE patient disputes. We should review the estimate to understand why there is a variation >\$400, e.g. was the service different than what was scheduled? Were additional services performed that were not scheduled or anticipated? If yes, please provide an explanation to the patient of why the estimate was higher because of the change in services or additional services performed.