

Welcome to the

RHC Technical Assistance Webinar

This webinar is brought to you by the National Association of Rural Health Clinics and is supported by cooperative agreement UG6RH28684 from the Federal Office of Rural Health Policy, Health Resources and Services Administration (HRSA). It is intended to serve as a technical assistance resource based on the experience and expertise of independent consultants and guest speakers.

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No Surprises Act

What does it mean for RHCs?

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No Surprises Act – Balance Billing

The No Surprises Act is federal legislation enacted in late 2020 establishing policies and guidelines for balanced billing relative to services provided by an out-of-network (OON) provider

- * In an out-of-network Emergency Department;
- * In an in-network facility.



No Surprises Act – Balance Billing

For balance billing purposes of the No Surprises Act, a facility is:

- (1) A hospital;
- (2) A hospital outpatient department;
- (3) A critical access hospital
- (4) An ambulatory surgical center

A Rural Health Clinic is **NOT** classified as a facility for purposes of the balance billing provisions.



No Surprises Act

Very little of the hundreds and hundreds of pages of legislative and regulatory text of the No Surprises Act (NSA) applies to RHCs.

NSA is largely intended to address situations where patients obtain care – either unknowingly or due to an emergency – from an out-of-network provider.



No Surprises Act

There is, however, a Section of the NSA dealing with “price transparency” that DOES apply to certain patients receiving care at a certain federally certified Rural Health Clinic.

The Price Transparency provisions are effective as of **January 1, 2022** and apply to “providers” and “facilities”



Who is defined as a “provider” for NSA Price Transparency purposes?

“health care provider means a physician or other health care provider who is acting within the scope of practice of that provider’s license or certification under applicable State law...”



What is a “facility”?

Health care facility means an institution (such as a hospital or hospital outpatient department, critical access hospital, ambulatory surgical center, **rural health center**, federally qualified health center, laboratory, or imaging center) in any State in which State or applicable local law provides for the licensing of such an institution, that is licensed as such an institution pursuant to such law or is approved by the agency of such State or locality responsible for licensing such institution as meeting the standards established for such licensing.



Rural Health Center?

Technically, there is no such thing under federal law as a “Rural Health Center”. This may be simply a typo that will be corrected at a later date to read “Rural Health Clinic”.

This definition, however, appears to limit the applicability of this section to those RHCs that are separately licensed by the state as an RHC.

We believe there are three states that License RHCs as RHCs.

Louisiana

Nevada



HOWEVER

The Good Fair Estimate language DOES apply to the physicians, PAs, NPs and other health care providers who work in the RHC.

The Good Faith Estimate is for “uninsured” or self-pay patients and your RHC designation is ONLY applicable with regard to your Medicare or Medicaid patients.

For purposes of the Good Faith Estimate, the fact that you are an RHC is irrelevant.

Good Faith Estimates for Uninsured (or Self-pay) Individuals

Beginning January 1, 2022, **ALL** RHCs must provide a good faith estimate of expected charges for items and services to an uninsured (or self-pay) individual seeking care or price information from that RHC. Self-pay or uninsured are defined as an individual that:

Does not have health insurance coverage for an item or service for which they seek care; **or**

Has health insurance coverage for such items/services but does not wish to have a claim submitted to their health plan for the item or service.

NSA - Good Faith Estimates for Uninsured (or Self-pay) Individuals

When the RHC is scheduling a patient for an item or service, or if requested by an individual, RHCs are required to inquire about the individual's health insurance status or whether an individual is seeking to have a claim submitted to their health insurance coverage for the care they are seeking.

What does this mean?



Price Transparency Example – Insured patient

An individual contacts the RHC to request an appointment. The scheduler inquires about the insurance status of the patient. If the individual indicates that he/she has insurance, the scheduler **MUST** inquire as to whether the patient intends to submit the claim to his/her insurance or whether the patient would like to pay cash for the visit.

If the patient indicates that they do not intend to submit the claim to their insurance, the scheduler **MUST** ask if the individual would like a good faith estimate for the cost of the care they will receive.



Price Transparency Example – Uninsured patient

An individual contacts the RHC to request an appointment. The scheduler **MUST** verify the insurance status of the patient. If the individual indicates that he/she has **NO** insurance, the scheduler **MUST** inquire as to whether the patient would like a good faith estimate of the cost of the visit?



Good Faith Estimate Timetable

The RHC must provide a timely response to a request for a good faith estimate. The timing of the response, however, is based upon the amount of time between the request of the appointment and the date of the appointment.

The following charts outline what constitutes a “timely” response for purposes of the GFE.



Price Transparency Flow Chart – Cash Patient

If an uninsured or Insured but cash patient		Is a GFE required, and when?
Schedules an appointment:	10 or more business days in advance	Yes, within 3 business days of scheduling
	Between 3 to 9 business days in advance	Yes, within 1 business day of scheduling
	Less than 3 business days in advance	No



Patient Requests a Good Faith Estimate but DOES NOT schedule an appointment at this time

Requests a GFE, or otherwise asks about the cost of a service, but does not schedule appointment

Yes, within 3 business days of the request



Recurring Visits – Same Service

Schedule the same service on a recurring basis (e.g., multiple physical therapy appointments)

A single GFE can be issued for recurring services, up to a max of 12 months.



What must be covered in the GFE?

A GFE must list, and provide charge information for:

- The primary service that the Clinic expects to provide to the patient during the “period of care.”
- The items and/or services that are “reasonably expected” to be provided “in conjunction with the primary service” for which the **Clinic - or an outside provider -** has a separate charge
 - For example, if a patient schedules an appointment for a suspected strep throat, the GFE might include an office visit, a lab test (if the clinic has a separate charge for that), and a generic medication.

Note that the services to be listed are to be based on the information that the RHC has at the time the GFE is requested.

The GFE is not required to account for unanticipated care that is not reasonably expected or results from unforeseen events.



Good Faith Estimate Required Data

DATA ELEMENT	DESCRIPTION
Patient name and date of birth	First name, last name, and date of birth for the uninsured (or self-pay) individual receiving items or services.
Description of the primary item or service in clear and understandable language (and if applicable, the date the primary item or service is scheduled)	A description of the item or service to be furnished by the convening provider or facility (as defined for purposes of 45 CFR 149.610) that is the initial reason for the visit.
Items and services reasonably expected to be furnished for the period of care	An itemized list of the items and services, grouped by each provider or facility, reasonably expected to be furnished to the uninsured (or self-pay) individual, reasonably expected to be provided for the primary item or service, and items and services expected to be furnished in conjunction with and in support of the primary item or service, for that period of care including: (1) those items and services expected to be furnished by the convening provider or facility, and (2) those items and services expected to be furnished by co-providers or co-facilities, for the period of care



Good Faith Estimate Required Data

Data Element	Description
Service codes	Description of an item or service using the Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), Diagnosis Related Group (DRG), or National Drug Code (NDC) codes
Diagnosis codes	The code that describes an individual's disease, disorder, injury, and other related health conditions using the International Classification of Diseases (ICD) code set
Expected charges	Expected charges associated with each listed item or service.
Names of providers and facilities	First name, last name, and title of providers Facilities legal name as written on their business license.
Tax ID Number	Provider or facility's taxpayer identification number (TIN), employer identification number (EIN), or federal tax identification number (FTIN) issued by the Internal Revenue Service.
National Provider Identifier	Provider or facility's National Provider Identifier



ENFORCEMENT?

Although the law takes effect on January 1, 2022, CMS has acknowledged that providers will have difficulty getting charge information from outside providers to include in a GFE.

Therefore, even though the requirement to include information from the outside provider takes effect on Jan. 1, 2022, CMS has publicly stated that they **will not enforce this requirement until Jan. 1, 2023.**



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 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 [INSERT PHONE NUMBER].

[CMS-10791 - 1. Right to Receive a Good Faith Estimate of Expected Charges Notice.pdf](#)



[NAME OF CONVENING PROVIDER OR CONVENING FACILITY]**Good Faith Estimate for Health Care Items and Services**

Patient		
Patient First Name	Middle Name	Last Name
Patient Date of Birth: _____/_____/_____		
Patient Identification Number:		
Patient Mailing Address, Phone Number, and Email Address		
Street or PO Box		Apartment
City	State	ZIP Code
Phone		
Email Address		
Patient's Contact Preference: <input type="checkbox"/> By mail <input type="checkbox"/> By email		
Patient Diagnosis		
Primary Service or Item Requested/Scheduled		
Patient Primary Diagnosis		Primary Diagnosis Code
Patient Secondary Diagnosis		Secondary Diagnosis Code

[Source: CMS - CMS-10791 - 2. Good Faith Estimate Template.pdf](#)



If scheduled, list the date(s) the Primary Service or Item will be provided: <input type="checkbox"/> Check this box if this service or item is not yet scheduled	
Date of Good Faith Estimate: _____ / _____ / _____	
Provider Name	Estimated Total Cost
Provider Name	Estimated Total Cost
Provider Name	Estimated Total Cost
Total Estimated Cost: \$	

The following is a detailed list of expected charges for [LIST PRIMARY SERVICE OR ITEM], scheduled for [LIST DATE OF SERVICE, IF SCHEDULED]. [Include if items or services are reoccurring, "The estimated costs are valid for 12 months from the date of the Good Faith Estimate."]



Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call [HHS PHONE NUMBER].

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call [HHS NUMBER].

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

Source: [CMS - CMS-10791 - 2. Good Faith Estimate Template.pdf](#)



Questions?

CRHCP Code: AGXGF

Please note: This code is only for those that have received certification through NARHC's CRHCP Course.

