

# NO SURPRISES ACT: Federal and Washington State Requirements for Providing a Good Faith Estimate

This is a summary of information regarding the federal and Washington State requirements on the No Surprises Act and Good Faith Estimate. For more details, read: [New Federal "No Surprise Billing" Provisions Your Office NEEDS to Know!](#)



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## Identify Uninsured & Self-Pay Patients

Providers must determine if a patient is uninsured or "self-pay" when the patient is either shopping for care or scheduling an appointment.



An uninsured or self-pay patient means an individual who does not have benefits for an item or service through their health insurance.

A "self-pay" individual:

- Does not have health insurance, OR
- Has health insurance, but is not billing the services being considered, OR
- Has health insurance, but does NOT have coverage for the services being considered (i.e., has Medicare, but needs an exam, X-rays, modalities, etc.) This will only apply if providers know the patient does not have coverage for the services and items being considered.

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## Provide Required Notice

Providers are required to inform patients of their right to a Good Faith Estimate (GFE) in three specific, clear, and understandable ways:

- A notice prominently displayed **in the office** and **where scheduling occurs** where patients can see the posting ([DOWNLOAD](#)).
- A notice prominently displayed (and easily searchable from a public search engine) **on your website** ([DOWNLOAD](#)).
- **Orally** when a patient schedules a service or when questions about costs occur.

The Centers for Medicare & Medicaid Services (CMS) published a model notice for this purpose, [AVAILABLE HERE](#) (see "Right to Receive a GFE Notice" in the downloadable ZIP file).



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## Determine Timing for Providing the GFE

Providers must provide GFE to uninsured/self-pay patients within the following timeframes:



When service is scheduled at least **10 business days before the appointment date**, GFE must be provided no later than **3 business days after the date of scheduling**.

When service is scheduled at least **3 business days before the appointment date**, GFE must be provided no later than **1 business day after the date of scheduling**.

When a GFE is required by an uninsured or self-pay patient, the GFE must be provided no later than **3 business days after the date of the request**.

The WSCA recommends that the best way to stay in compliance with both state and federal law is to provide the GFE at the time of first contact with the patient regarding healthcare services, or at a scheduling/intake call for the healthcare service, for an existing patient with a treatment plan.

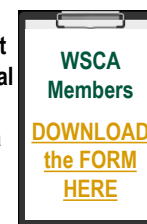
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## Provide the GFE

To ensure that bills are not higher than the patient anticipates, patients must be made aware in advance of the cost of services being provided. Providers must provide a clear list of services (with prices) anticipated for the specific patient. This must include:

- A list of all reasonably expected services for the scheduled visit with all prices
- CPT codes and ICD-10 codes
- Patient and provider identifying information
- Appointment date (if scheduled)
- Several disclaimers

The WSCA has created a form that satisfies the federal and state requirements for a GFE and/or disclosure document.



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## Update GFE as Necessary

A provider may issue a **single GFE for recurring services** if the GFE includes the expected scope of the recurring services:

- including timeframes, frequency, and total number of recurring services.

The scope of a GFE for recurring services **may not exceed 12 months**.

If a provider anticipates a **change to the scope of a GFE** (such as the expected charges, items, services, frequency, recurrences, duration or providers) previously furnished at the time of scheduling, a **new GFE must be provided no later than 1 business day** before the services are scheduled to be furnished.