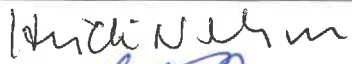


DUFFY HEALTH CENTER

TITLE:	SURPRISE MEDICAL BILLS AND GOOD FAITH ESTIMATES POLICY	
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SURPRISE MEDICAL BILLS AND GOOD FAITH ESTIMATES POLICY

PURPOSE:

To avoid surprise billing costs to patients and ensure appropriate delivery of good faith estimates ("GFEs") to uninsured and self-pay clients.

POLICY:

Duffy Health Center ("DHC" or the "Health Center") helps protect clients from surprise medical bills for items and services it provides through a combination of:

- Compliance with requirements under Section 330 of the Public Health Service Act, and
- Provision of Good Faith Estimates per Section 27966B-6 of the Federal No Surprises Act.¹

Section 330

As a health center funded under the Federal Health Center program, DHC is subject to requirements established in Section 330 and detailed in the Bureau of Primary Health Care ("BPHC") Compliance Manual. The requirements contain provisions that protect patients from surprise medical bills.

As outlined in the BPHC Compliance Manual,² for clients whose incomes are below 200% of the Federal Poverty Level, DHC reduces its fees to ensure (a) that they are affordable, and (b) that the cost to the client does not create a barrier to accessing care. To meet these goals, DHC has established:

- A schedule of fees for all services, and
- A corresponding schedule of discounts provided to all patients, including the uninsured and underinsured, with incomes at or below 200% of the Federal Poverty Level ("FPL"). These protections are detailed in our "Sliding Fee Discount & Fee Waiver Program" policies and procedures.

DHC informs clients of the availability of sliding fee discounts and their eligibility for such discounts in language and literacy levels appropriate for the patient population.

DHC strives to ensure that no patient is denied care due to an inability to pay.

¹ As codified at 45 CFR 149.610 and consistent with the Interim Final Rule published by CMS on September 30, 2021.

² In chapters 9 and 16.

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No Surprises Act

DHC further protects clients from surprise bills from DHC for items and services provided, by giving to uninsured and self-pay clients when requested, a GFE of expected out-of-pocket costs for non-emergency healthcare items and services (such as office visits, procedures, behavioral health services, tests, pharmaceuticals, and medical devices). *Uninsured* and *self-pay* patients are defined as those who:

- Do not have health insurance coverage (*uninsured*),
- Have insurance, but it does not include coverage for the service sought (*uninsured*),
- Have insurance, but it is a limited duration or limited coverage plan (*uninsured*), or
- Have insurance, but the client does not want subject claims submitted to their insurer (*self-pay*).

Good Faith Effort

When preparing a GFE, DHC makes a good faith effort to reasonably estimate the client's out-of-pocket charges based on the information provided by the client and available at the time the GFE is requested. However, it is recognized that:

- Staff may lack adequate/appropriate information about the client's needs when preparing the GFE.
- The need for some services cannot be determined until the patient meets with a clinician.
- The price of some items and services could change as may happen from time to time.

Therefore, despite good faith efforts by DHC, a client's actual charges may ultimately differ from what is listed on the GFE.

Notice

DHC ensures that uninsured and self-pay clients are informed of their right to receive a GFE.

PROCEDURES:

Section 330 Requirements

DHC has extensive additional policies and procedures that outline how it complies with Section 330 to protect clients from receipt of surprise medical bills.

No Surprises Act GFE Requirements

DHC provides a GFE to uninsured or self-pay clients for an appointment scheduled at least three business days in advance, or otherwise inquire about out-of-pocket cost for items and/or services without scheduling an appointment. Patients with insurance will first be directed to their insurance provider, and if a product or service is not covered, an estimate of client out-of-pocket costs will be provided.

Notice of Availability

DHC ensures that uninsured and self-pay clients are informed of their right to receive good faith estimates by prominently displaying information about the availability of GFEs:

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- On DHC's website.
- In the client waiting room (in more than one commonly understood language).
- In other offices (if any) where DHC staff assesses clients for sliding fee scale discounts eligibility.

If none of DHC's posted notices are provided in a primary language spoken and understood by the client, then staff shall provide a verbal and/or written translation.

Initiation of GFE

When a client is scheduling an appointment at DHC three or more business days in advance, DHC front desk staff will ask the client about their insurance status to affirmatively determine if the patient is uninsured or self-pay. Uninsured or self-pay clients will be referred to a DHC Connections case manager to initiate internal procedures to provide the GFE.

DHC also provides a GFE when an uninsured or self-pay client asks about their out-of-pocket costs *without* scheduling an appointment. Insured clients who are interested in out-of-pocket cost estimates for DHC items and services are first referred to their insurance provider, and if not covered, a GFE will be provided.

Delivery Timelines

When providing a GFE to a client, the following delivery time frames are followed:

When Service is Scheduled	When GFE Should be Provided
If appointment is scheduled at least 3 business days prior to the date that the service is to be furnished:	No later than 1 business day after the date of scheduling
If appointment is scheduled at least 10 business days prior to the date that the service is to be furnished:	No later than 3 business days after the date of scheduling
Client requests the GFE before, or independently of, scheduling the expected service	No later than 3 business days after the date of request

DHC does not provide GFEs for appointments scheduled less than 3 business days in advance.

Delivery Format

GFEs are provided in writing either on paper or electronically (via a secure method), based on the client's requested method of delivery (if can be accommodated by DHC), using clear and understandable language. If delivered electronically (i.e., via email), the GFE is provided in a format that the client can save and print as desired. If the client requests a GFE to be provided by telephone or verbally in person, DHC personnel shall do so, but will still deliver the written GFE when possible.

Recordkeeping

- DHC documents the delivery of GFEs (both written and verbal) in the client's medical record.
- If a client is unable to access or otherwise accept delivery of a written GFE, DHC documents the reason in the medical record.

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- Upon request, DHC will provide a client with a copy of any GFE previously generated for them within the past six years.

Information Content

GFEs issued by DHC contain the following:

Demographic Information: The patient's name, date of birth and address, and their phone number and email address if available.

Appointment Information: If the patient scheduled an appointment, the date, time, and location of the appointment or appointments for the services addressed in the GFE.

Diagnosis Codes: Subject to limitations, the diagnosis codes for the patient's condition and their plain-language meaning. DHC staff may not know or be privy to diagnosis codes for new patients, or for existing patients under every circumstance. In such situations, DHC staff will indicate "diagnosis not known" on the GFE.

Period of Care: The reported "period of care" is generally a single visit and any ancillary items and services which are provided in conjunction with such visit. However, if DHC expects the client to receive the same service on a *recurring* basis (e.g., 6 weekly behavioral health visits), DHC may consider all the recurring services as a single "period of care" and include them all on a single GFE. A GFE may not cover more than 12 months of recurring visits.

Items and Services Listed: CPT codes and/or descriptions for the period of care for (a) the primary service that DHC expects to provide to the patient, based on the information offered by the client (or, in the case of a follow-up appointment, the DHC provider), and (b) the items and services DHC reasonably expects to be provided in conjunction with the primary service. Note that GFEs issued by DHC do not contain information on charges for items or services provided and billed by co-providers or referred providers that are not part of DHC.

Charge Information: For each item and service listed, the charge information is provided as follows:

- If the client's current sliding fee discount class is known, DHC provides charge data specific to that discount class for the items and services listed on the GFE.
- If the client's current sliding fee discount class is not known, DHC offers the client the opportunity to meet with Connections staff within the next 3 business days to be assessed for sliding fee discount eligibility, and subsequently be informed of their estimated charges based on the assessment. If the client is not able or willing to meet with a Connections case manager, then DHC shall indicate the range of possible charges (varying by discount class) for each service and provide information to enable the patient to determine their discount class independently.

Disclaimer Language: Consistent with the requirements established by the Centers for Medicare and Medicaid Services ("CMS") for such disclaimers.

Notification of Right to Appeal: Clients are informed of their right to dispute a bill that is substantially greater than what is listed in the GFE.

Appendices: Notice of Availability of GFE – Appendix A
Good Faith Estimate Form for Clients – Appendix B

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Appendix A - Notice of Availability of GFE

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost you

Under the law, health care providers like Duffy Health Center need to give **patients who do not have insurance or who are not using their insurance** an **estimate** of their bill for medical items and services.

- You have the right to receive a Good Faith Estimate from your health care provider for the total expected cost of any non-emergency healthcare services, which include related costs like office visits and medical tests.
- If your appointment is at least three (3) days into the future, you may request that your health care provider gives you a **Good Faith Estimate** in writing at least one (1) business day before the scheduled medical service. You can also ask your health care provider for a Good Faith Estimate before you schedule an item or service, if you wish.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can formally 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 the regional office for the U.S. Department of Health and Human Services at (617) 565-1500.

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Appendix B Good Faith Estimate Form for Clients

DUFFY HEALTH CENTER

(TAX ID 43-373741)

Good Faith Estimate - How Much You Will Pay

Date Prepared: _____

On _____, _____, who was born on _____:
Date Client Name DOB

Scheduled an appointment at Duffy Health Center (Duffy) on _____ at _____
Date Time

At 94 Main Street, Hyannis, MA 02601 (or _____) and
requested a Good Faith Estimate of how much to expect to pay for:

Purpose of Visit

How much you pay Duffy depends on your income. We offer discounts off our regular charges based on our patient's income and number of people in their household. When you visit Duffy, a Connections Case Manager can help you determine the payment group you belong to.

Please read the following page to learn more about our Payment Groups and information you should bring to your appointment to determine which group you belong to.

As of the date of this form:

_____ Your diagnosis code(s) are: _____.

Your diagnosis codes mean: _____.

_____ Duffy does not yet know does not know the correct diagnosis codes(s) for your visit.

The items and services listed below are those we expect you to receive during your visit. You should expect to be charged the amount for your Payment Group for each item and service.

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Item or Service	CPT Code	Charge by Payment Group				
		A 1%-100% FPL	B 101%-133% FPL	C 134%-166% FPL	D 167%-200% FPL	No Assigned Group
		\$0	\$5	\$10	\$15	\$
Totals						

Good Faith Estimate - How Duffy Determines Your Payment Group

Your Payment Group is based on the number of people in your Household, and the total combined annual income of your Household in relation to what percentage of the published Federal Poverty Level (FPL) such income represents, using the chart below:

Household (Family) Size	Payment Groups – Per Percentage Range of Federal Poverty Level				
	A 0%-100% FPL	B 101%-133% FPL	C 134%-166% FPL	D 167%-200% FPL	None
1	\$0 – \$14,580	\$14,581 - \$19,391	\$19,392 - \$23,911	\$23,912 - \$29,160	\$29,161 and Higher
2	\$0 – \$19,720	\$19,721 - \$26,228	\$26,229 - \$32,341	\$32,342 - \$39,440	\$39,441 and Higher
3	\$0 – \$24,860	\$24,861 - \$33,064	\$33,065 - \$40,770	\$40,771 - \$49,720	\$49,721 and Higher
4	\$0 – \$30,000	\$30,001 - \$39,900	\$39,901 - \$49,200	\$49,201 - \$60,000	\$60,001 and Higher
5	\$0 – \$35,140	\$35,141 - \$46,736	\$46,737 - \$57,630	\$57,631 - \$70,280	\$70,281 and Higher
6	\$0 – \$40,280	\$40,281 - \$53,572	\$53,573 - \$66,059	\$66,060 - \$80,560	\$80,561 and Higher
7	\$0 – \$45,420	\$45,421 - \$60,409	\$60,410 - \$74,489	\$74,490 - \$90,840	\$90,841 and Higher
8	\$0 – \$50,560	\$50,561 - \$67,245	\$67,246 - \$82,918	\$82,919 - \$101,120	\$101,121 and Higher
Add per person > 8:	\$5,140	\$6,836	\$8,430	\$10,280	-----

Your Household (Family) size is defined as “a group of two people or more (one of whom is the Householder) related by birth, marriage, unmarried domestic partners, or adoption and residing

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together and sharing expenses; all such people (including related subfamily members) are considered as members of one family/household."

Your Household's income is calculated as including "earnings, employment compensation, workers' compensation, Social Security, Supplemental Security incomes, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, education assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources." If Duffy has not already assigned you to a Payment Group based on your Household size and income, or if your Household income has recently changed, you must bring documentation of family sources of income with you to your appointment. Duffy staff will help advise you as to what documentation to bring.

Once you know your Payment Group and the items and services you expect to receive during your visit, you can figure out how much you should expect to pay. If you require assistance, you may work with a Duffy Connections Case Manager to narrow down the range of your expected payment provided on page 1 of this form.

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DUFFY HEALTH CENTER Good Faith Estimate - Disclaimers

The Good Faith Estimate included herein shows the cost of items and services provided by Duffy Health Center (Duffy) that are reasonably expected for your health care need for such items and services. The estimate is based on the information known at the time it was created.

A Good Faith Estimate is not a contract and does not require you to obtain the items or services from Duffy listed in the estimate.

This Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more by Duffy 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.

There may be additional items or services that Duffy recommends as part of your course of care that must be provided by non-Duffy health care providers or facilities. These are not addressed in the Good Faith Estimate. If you want a Good Faith Estimate for the costs of such outside items and services, you must request one from the outside provider or facility directly.

You may contact Duffy to let us know if the billed charges are higher than your Good Faith Estimate. You can ask us to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

If you are billed more than \$400 above the amount on this Good Faith Estimate, you may also start a dispute resolution process with the U.S. Department of Health and Human Services. If you choose to use the dispute resolution process, you must start the 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 Duffy's billing, you will have to pay the higher amount.

For questions about Good Faith Estimates and billing dispute procedures or to get a form to start the dispute resolution process, contact the U.S. Centers for Medicare & Medicaid Services (CMS) at 1-800-MEDICARE or go to www.cms.gov/nosurprises, or call the regional office for the U.S. Department of Health and Human Services (HHS) at (617) 565-1500.