Good Faith Estimate

Type of Policy: Client- Rights
Effective Date: February 2023
Last Revised: February 2023

Policy Owner: Compliance
Policy Contact: Compliance Coordinator, compliance@hvmhc.org

1. Reason for Policy:

The No Surprise Act entitles those that are seen for services at Hiawatha Valley Mental Health Center by a healthcare provider whose role requires them to be licensed, or a healthcare provider who is working under the supervision of a licensed provider, to receive a Good Faith Estimate (GFE) of expected charges. This act is designed to protect individuals from unexpectedly high medical bills. If an individual does not have health insurance, or does not plan to use their health insurance to pay for health care services, under this Act they are required to receive a GFE of what they may be charged before they receive the service. This policy also provides individuals a new patient-provider dispute resolution process for those uninsured or self-pay individuals who receive a bill that is substantially in excess of the expected charges on the GFE.

2. Policy Statement:

Hiawatha Valley Mental Health Center will provide a GFE of cost of services to uninsured or self-pay individuals who schedule services with the agency or request an estimate of services from the agency. Additionally, Hiawatha Valley Mental Health Center will provide along with the GFE information regarding an individual's right to dispute the charges in relation to the

GFE. Hiawatha Valley Mental Health Center will retain, in the individuals EHR, if applicable, the GFE.

The availability of the GFE will be displayed in all clinic locations and posted on the Hiawatha Valley Mental Health Center external website.

An individual is entitled to dispute the GFE if their bill is $400 more than the GFE.

3. Scope

This policy applies to those individuals who are uninsured or wish to self-pay for mental health and/or substance use disorder services.

The GFE applies to the initial reason for services and those services that are reasonably expected to be provided with the initial scheduled service. An initial GFE will cover the initial evaluation cost. A second GFE will be provided following the initial scheduled service. The expected GFE charge is the cash pay rate, the rate for uninsured/self-pay individuals (including any discounts or adjustments), or the amount that would have been charged to a plan or insurance if the client were insured.

An uninsured individual is one who is not enrolled in a group health plan, or group or individual health insurance. A self-pay individual is one who is enrolled in but is not seeking to have a claim submitted to any of the health plans previously mentioned.

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

This policy does not apply to those consumers who want their insurance billed for the the services provided from Hiawatha Valley Mental Health Center.

4. Responsibilities and Procedures

Upon either scheduling an initial appointment or upon request for a GFE by an applicable individual, Intake or Care Coordination will ask the individual if they are privately insured and, if so, whether they intend to use their insurance for the scheduled care.

If the individual has health insurance, the client must notify their plan or insurer of an estimate of expected charges. This information will then be used by the plan or insurer of an estimate of expected charges. These steps are to inform the individual of what the costs would be to them if they utilize their insurance verses self-pay.

Providing GFE:
For individuals who *schedule* a service:

- At least three days in advance, the GFE must be provided within one business day after the date of scheduling
- At least ten business days in advance, the GFE must be provided within three business days after the date of scheduling

For those who *request* a GFE but have not scheduled:

- The GFE must be provided within one business day after the request

The GFE must be provided by Intake or Care Coordination to the individual or their authorized representative in written form either on paper or electronically as requested by the individual. If the individual or their representative requests that the GFE be in a format that is not paper or electronic delivery (i.e. orally over the phone or in person), Intake/Care Coordination is still required to follow up with a written paper or electronic copy.

The GFE must include:

- Person's name, date of birth
- Description of the primary service and list of services that are reasonably expected to be provided in conjunction with the primary service for that period of care
- Applicable diagnosis code, expected service codes, and expected charges and any expected discounts or other relevant adjustment that the agency expects
- Facility Name NPI number and Tax ID number
- Information about the availability of the Patient-Provider Dispute Resolution process

The GFE will be scanned into the client's medical record by the Medical Records staff.

A GFE for individuals who are not established with Hiawatha Valley Mental Health Center will be mailed a written copy or emailed an electronic copy. A photocopy of the GFE will be made and stored in a locked cabinet in the medical records room at 420 E Sarnia Street, Ste 2100, Winona MN 55987. These photocopies will be monitored by the Medical Records Coordinator and will be destroyed after six years.

If there is a significant change in scope of care from the original GFE, Intake or Care Coordination will provide a new GFE to the person requesting or required to receive the GFE no later than 1 business day before the items are scheduled to be furnished.

Patient-Provider Dispute Resolution Section:
A patient may dispute a bill if the final charges are at least $400 higher than the GFE. The claim must be filed within 120 days of the date of the bill. Claims can be filed at https://www.cms.gov/nosurprises/consumers or call the No Surprises help desk at 1-800-985-3059.

Information on the Patient Dispute Resolution Process are provided by Intake or Care Coordination as part of the GFE Notification.

Additionally, Hiawatha Valley Mental Health Center must submit any required information to the selected dispute resolution entity within 10 business of receipt of the selection notice.

5. Enforcement

Failure to follow the Good Faith Estimate Policy, may result in progressive discipline, up to and including termination of employment.

6. Forms and Related Information

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Codes and Costs
45 CFR 149.610
45 CFR 149.620

7. Policy History:

Revision Date	Author	Description
2-2023	Melissa Fitzpatrick, Compliance	Policy created
XX-XX-XXXX	Name, Department	[Brief & specific description of change]