

# No Surprises Act

with a little bit of Provider Relief Fund Reporting update

Jeff Michaels, OD

January 24, 2022



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## AOA President

- Robert Layman, OD
  - The 100th AOA President!



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# Provider Relief Funds

Period 2 Reporting update



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## Provider Relief Funds

- Period 2
  - Money received July 1, 2020 - December 31, 2020
  - Spent money July 1, 2020 – December 31, 2021
  - Reporting: January 1 - March 31, 2022
- Overview
  - HHS3 payment
  - Received \$\$ near end of December 2020
    - Portal application by November 2020 with Profit & Loss statements
- Reporting required if received > \$10,000



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## #AskAOA Webinar Series

- Period 2 Reporting started Jan 1<sup>st</sup>
- Period 1 Reporting rules still apply
- AOA.org
  - COVID-19
    - #AskAOA Webinar Series



### Webinars for doctors

[Reporting on Department of Health and Human Services \(HHS\) Provider Relief Funds](#)  
July 13, 2021  
Get step by step guidance on reporting requirements for Provider Relief Funds.



## PRF Period 2 Reporting Tid Bits

- Your password did not save
  - Likely will have to reset it (unless you remember it)
- Old report data is uploaded for you
  - Streamlines your time required to complete reporting
  - Full Period 1 Report is also available if you want to view it
    - (You submitted Period 1 Report in Q3 2021)
    - Click on “inactive reports”
      - Once in “inactive reports”, system forces you to log out
- All screens now save data properly

# Other Assistance (PPP, ERC, VSP, other, etc)

Reporting Period 2 (January 1, 2022 to March 31, 2022) Report

This page may contain pre-populated information from registration and/or a previous report(s). Please ensure that the information is accurate before proceeding.

**Other Assistance Received**

On this worksheet, you must enter other assistance received by quarter during the period of availability (July 1, 2020 to December 31, 2020). All fields marked with an asterisk are required. If zero, you must enter zero. If you are reporting on behalf of subsidiaries, the assistance received by these subsidiaries should be included in the report. The 'Tab' key may be used to navigate between cells during data entry. The number entered may be a value up to 14 digits, including 2 decimal places.

Other Assistance	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Total
RHC COVID-19 Testing Funds Received									\$0.00
Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program (PPP))	\$0.00	\$341,200.00	\$0.00	\$0.00	\$341,222.50	\$0.00	\$0.00	\$0.00	\$682,422.50
FEMA Programs (Testing, Public Assistance, Supplies, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HHS CARES Act Testing (COVID-19)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Local, State, and Tribal Government Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Business Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Assistance	\$0.00	\$3,000.00	\$0.00	\$9,790.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,780.00
<b>Total</b>	<b>\$0.00</b>	<b>\$344,200.00</b>	<b>\$0.00</b>	<b>\$9,790.00</b>	<b>\$341,222.50</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$695,202.50</b>

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# How I spent my Period 2 PRF \$\$

- General & Admin Expenses (G&A)
- Healthcare Related Expenses (HCR)

Reporting Period 2 (January 1, 2022 to March 31, 2022) Report

**Other Provider Relief Fund Expenses for Payments Received During Payment Period July 1, 2020 – December 31, 2020**

On this worksheet, you are required to report on your use of all Other Provider Relief Fund payments received July 1, 2020 – December 31, 2020. Allowable expenses must report on the use of all Other Provider Relief Fund payments by indicating the type of expenses reimbursed with these payments. If you did not use these payments to reimburse allowable expenses, you may enter zero. As a reminder, Provider Relief Fund payments must be used for allowable expenses unreimbursed from other sources and that other sources are not obligated to reimburse. Please see the PRF Reporting User Guide for detailed instructions. Further definitions are located in the Post-Payment Notice of Reporting Requirements.

All fields marked with an asterisk are required. The number entered may be a value with up to 14 digits, including 2 decimal places. If expenses are zero, you must enter zero. The 'Tab' key may be used to navigate between cells during data entry.

Expenses are reported by calendar year quarter (Q).

Q1: January 1 – March 31  
 Q2: April 1 – June 30  
 Q3: July 1 – September 30  
 Q4: October 1 – December 31

**Total Reportable Other PRF Payments = \$166,957.06**

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)	Q4 (2021)	Total
General and Administrative (G&A) Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$166,957.06	\$0.00	\$0.00	\$0.00	\$166,957.06
Healthcare Related Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Other PRF Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$166,957.06</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$166,957.06</b>

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## Unreimbursed Expenses

- Government's way to tabulate how much COVID costs the healthcare system
  - They view every patient you saw as a potential COVID patient
    - You were therefore exposed to every patient that walks in your door

## Unreimbursed Expenses

- All of your expenses per quarter
- Minus any expenses that were reimbursed by other sources
  - PPP, ERC, VSP, any COVID grants, etc
  - Not including any PRF
- Example:
  - Total expenses in the quarter was \$100,000
  - I used \$25,000 PPP in the quarter
  - My total Unreimbursed Expenses = \$75,000
  - I report \$75,000 Unreimbursed Expenses for the quarter....but

## Unreimbursed Expenses

- \$75,000
- General & Admin
  - Payroll, rent, mortgage, utilities, etc
- Healthcare Related Expenses
  - Cleaning supplies, EHR, barriers, uniforms, HVAC upgrades, etc



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## Staff Metrics

- Don't worry about how it correlates to PPP staff metric reporting
- Old data from Period 1 Reporting saved
  - Only have to add in Q3 and Q4 2021
    - Hire, fire (separated)
    - Full time (30+ hours) vs Part time (<30 hours)
    - Contract (1099)
    - Patient visits
      - I use 92015 as my good faith count for patient visits



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# #AskAOA Webinar Series

- AOA.org
  - COVID-19
    - #AskAOA Webinar Series
    - Increase Playback speed!



## Webinars for doctors



[Reporting on Department of Health and Human Services \(HHS\) Provider Relief Funds](#)  
July 13, 2021  
Get step by step guidance on reporting requirements for Provider Relief Funds.

# No Surprises Act

## Thank you...

- Kara Webb
  - AOA Chief Strategy Officer
- Mike Stokes
  - AOA General Counsel
- Brian Spittle, OD
  - Constant source of excellent dialogue



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## Webinar Logistics

- Webinar is being recorded
  - Will be uploaded within 2 days
  - AOA.org > COVID-19 tab > #AskAOA Webinar Series
  - AOA member log in required
- Questions?
  - Write your questions down on paper so you don't forget them;
  - Don't type your questions until I finish
    - (I think I addressed most questions in my webinar content)



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## The Big Picture

- No Surprises Act applies to OD practices
- You must provide a “Good Faith Estimate” (GFE) to uninsured or self-pay patients for items and services
  - Itemize out-of-pocket expenses
    - Exam, refraction, glasses, contact lenses, specialty services, etc



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## AOA Advocacy

- Active ongoing pursuit to delay onset



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## I thought No Surprises Act does not apply to OD offices?

- Social media is not always correct
- HHS released FAQ December 21, 2021
  - Q: Which providers are required to provide Good Faith Estimates to uninsured (or self-pay) individuals?
  - A: Generally, all providers and facilities that schedule items or services for uninsured (or self-pay) individuals
    - No specific specialties, facility types, or sites of service are exempt from this requirement.



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## What is a “Good Faith Estimate”

- Giving a cost estimate of expected items or services
  - Estimate needs to be within \$400 of actual cost



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## Good Faith Estimate

- It's an estimate
- Not binding!
- Actual "Items and Services" provided may differ from your Good Faith Estimate
  - Patient has dispute recourse if their cash charge is > \$400 from the Estimate
  - (dispute recourse covered later in webinar)



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## Good Faith Estimate

- You do not give a Good Faith Estimate if:
  - Patient has insurance AND
  - Patient is using the insurance for services and/or product
  - (Yet)
- You do give a Good Faith Estimate if:
  - Patient has no insurance; OR
  - Patient has insurance but is not using it for a service and/or product
- Not using insurance?
  - Patient declines to use it
    - Therefore self-pay
  - Patient is not eligible to use it
    - Therefore self-pay
  - I'll use the term "self-pay" for the rest of the webinar



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## What are Items & Services for a GFE?

- Everything you offer for a price!
  - Exams, office visits
  - Retina screening photos
  - Vision Therapy, Myopia Management
  - CL Insertion & Removal
  - Visual Fields, OCT, Osmolarity
  - Durable medical equipment
    - Glasses and contact lenses
  - Vitamins, eye drops, skin products, CL solution
  - Bleph treatments, IPL, skin treatments, laser procedures
  - List is not exhaustive



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## GFE Expected Charges

- GFE is a notification of expected charges
- “Expected charge” is how much you charge for items & services
  - The amount you would charge insurance if they had it; OR
  - Cash pay rate reflecting any discounts for self-pay
    - Example: If you give a 10%-20% discount for prompt pay then it needs to be in the GFE
- You can attach your fee schedule to the estimate



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## How to provide the GFE to patient?

- Verbally
  - Over the phone at the time of scheduling
  - In-person if they are in your office
- You **MUST** follow every verbal GFE with one in writing
  - Paper or electronic
  - Electronic
    - Save and print ability
- Clear and understandable language
- Pricing calculated to be understood by the average self-pay individual



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## My patient asked for a verbal GFE. Do I still have to provide one in writing?

- Yes!
- If a patient requests GFE information in a format that is not paper or electronic delivery (over the phone or in-person), the provider can provide it verbally.
- But the provider must follow-up with a written paper or electronic copy in order to meet the regulatory requirements.



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## Good Faith Estimates: Easy Example

- Complex examples coming later in webinar
  - Glaucoma, emergency care, etc.
- GFE's apply when you schedule "Items or Services" in advance for a self-pay patient:
  - Exam
  - Exam and contact lens fitting
  - Exam and CL fitting and I&R



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## Good Faith Estimate Starts on Your Phones

- You are required to give self-pay patients a GFE verbally over the phone at the time of scheduling
  - You will be required to follow that up with a written GFE
- GFE is required if you or your staff:
  - Have any discussion regarding the potential costs of items or services
- You are not required to post pricing on your website or social media



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## GFE Timeframes: The Fine Print

- Schedule appointment at least 3 business days in advance
- Schedule appointment at least 10 business days in advance
- Self-pay person asks for GFE



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## GFE Timeframes: The Fine Print

- GOOD FAITH EFFORT!
- Assume in my example they call you to schedule comprehensive exam
- Schedule appointment at least 3 business days in advance
  - Give GFE not later than 1 business day after they make the appointment
    - Called you on January 25<sup>th</sup>. Scheduled Exam for February 2<sup>nd</sup>
    - Give GFE by January 26<sup>th</sup>
- Schedule appointment at least 10 business days in advance
  - Give GFE not later than 3 business days after they make the appointment
  - Called you on January 25<sup>th</sup>. Scheduled Exam for February 25<sup>th</sup>
    - Give GFE by January 28<sup>th</sup>
- Self-pay person asks for GFE
  - Did not schedule but asks for GFE
  - Give GFE not later than 3 business days after the date of the request



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Always give GFE within 1 day from  
the phone call



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How long does a GFE last?

- 12 months
  - Or you issue a new GFE
- Recurring items must not exceed 12 months
  - Issue new GFE after 12 months even if pricing is unchanged



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## The GFE Police!

- It will take time to implement systems in your office
- HHS will exercise enforcement discretion in 2022 for your good faith effort

## GFE Scenarios

## What about retina screening photos?

- If retina screening photos are not billed to insurance, you should include them in your GFE
  - Perspective:
    - No Surprises is aimed at high-end surprises
    - Total out of pocket expense do not exceed \$400 from the estimate



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## What about refractions that are never covered by Medicare?

- Depends if you are billing insurance or not
  - Your patient has insurance: therefore not self-pay
    - If you bill Medicare for refraction, then no GFE
    - If you do not bill Medicare, then patient is self-pay: GFE
  - Advanced Beneficiary Notice (ABN) will also comply
    - You are telling the patient the cost before the service



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## What about Emergency Eye Care?

- You still have to provide a GFE!
- Emergency services are exempt
  - But not “emergency” services provided in a physician’s office
  - Only hospital EDs and private EDs
- You are still providing traditional services under the No Surprises Act rules even though you or your patient consider it an emergency



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## What about care I co-manage with other offices?

- LASIK co-management or Premium IOL co-management
- The surgeon is offering the service: gives the GFE
  - Surgeon paying you: you don’t need GFE
    - You are included on the surgeon’s GFE
  - Patient paying you: need offer GFE for your part
- Fine Print
  - If fees are not already established:
    - Surgeon shall contact all co-providers and request GFE information
    - No later than 1 business day after scheduling (or receiving a request for GFE)



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## What about minors?

- A GFE is required even if the self-pay individual has no estimated financial responsibility
  - GFE is still in the name of the minor



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## What if I gave GFE for an exam and I discover my patient has Glaucoma and needs additional tests that day?

- The original GFE covered the exam and refraction that day
- Issue a new GFE for additional tests (VF/OCT/etc)
  - If Same day service
    - Can use original GFE if < \$400 or issue new GFE
    - Best practices: disclose with new GFE!
  - If future date of service: Must issue new GFE at least 1 day in advance



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## What about myopia management or other specialty services?

- Usually >\$400
- Be sure to have sound systems in place for items and services that are > \$400
  - If you do not issue GFE, the patient has recourse not to pay you!



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## Does the patient have to sign an acknowledgement?

- No!
  - The HHS template does not even have a signature on the form
- Be sure your systems are in place
  - Keep a copy of the written GFE you issued to patient



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## What are the components of a GFE?

- Today's date
- Patient name and DOB
- Description of services
- Include if known:
  - Itemized list of CPT and charge
  - Date of service if applicable or date range if recurring
  - Patient diagnosis codes if applicable
    - E.g., glaucoma ICD codes if glaucoma testing
- Doctor Name, NPI and TIN
- 4 separate disclaimers



## Disclaimer #1

- There may be additional items or services recommended as part of the course of care that must be scheduled or requested separately and are not reflected in the Good Faith Estimate

## Disclaimer #2

- Information provided in the Good Faith Estimate is only an estimate and actual items, services, or charges may differ from the Good Faith Estimate



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## Disclaimer #3

- The patient has the right to initiate a patient-provider dispute resolution process if the actual billed charges substantially exceed the expected charges included in the Good Faith Estimate.
  - Provide Instructions for where the patient can find information about how to initiate the dispute resolution process
    - HHS only points to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises)
- The initiation of a patient-provider dispute resolution process will not adversely affect the quality of health care services furnished to the patient



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## Disclaimer #4

- This Good Faith Estimate is not a contract and does not require the self-pay individual to obtain the services from any of the providers identified in the Good Faith Estimate.



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## What if the actual bill is > \$400 difference from the GFE?

- Patient-provider dispute resolution (PPDR) process
- Patient has 120 calendar days from the date they received the bill
  - Patient pays admin fee up front to HHS!
  - If the patient wins the dispute, the admin fee is passed on to you!
- HHS will defer to state resolution process if allowed by state law
- General thought process: Over estimate is allowed!



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## What if I forgot to give GFE?

- Patient has recourse to not pay you if bill was more than \$400
  - Keep a written record!
  - Signatures are not required
- Unscrupulous patient may try to exploit this

## Can I give a GFE for \$1 since my services are usually < \$400?

- Do what you will
- Spirit of the law

## Can I email a GFE if it has PHI?

- Protected health information
  - Name, DOB, diagnosis, etc
  - Yes. Email (including non-encrypted) is allowed under HIPAA
    - Reasonable precautions
      - Verify the email address before sending
      - Send only necessary information
    - Get permission and document that consent



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## Can I give patient a bill for glasses before ordering glasses?

- Yes!
  - You do not have to use the HHS template
  - You are not required to give a GFE that itemizes lens, frame, AR, UV, etc
    - Nice to give as much as possible
    - Not need to give as much as possible



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## What should I do now?

- Ask patient if they have any insurance coverage
  - Ask if they intend to use it
- Prominently display patient rights notice in office
  - and website
  - Sample given on next slide
- HHS model template for GFE
  - Not required to be used
    - You can make your own



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## Posting in Office

- Model language from HHS
  - Right to Receive
  - Does not eliminate need to use GFE



OMB Control Number [0000-XXXX]  
Expiration Date (MM/DD/YYYY)

**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](http://www.cms.gov/nosurprises) or call [INSERT PHONE NUMBER].

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## Do I have to post my fees (on a wall) in my office?

- No!



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## HHS Model of GFE Form (sample #1)

<small>OMB Control Number [XXXX-XXXX] Expiration-Date [MM/DD/YYYY]</small> [NAME OF CONVENING PROVIDER OR CONVENING FACILITY]		
<b>Good Faith Estimate for Health Care Items and Services</b>		
<b>Patient</b>		
Patient First Name	Middle Name	Last Name
Patient Date of Birth: ____/____/____		
Patient Identification Number:		
<b>Patient Mailing Address, Phone Number, and Email Address</b>		
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		
<b>Patient Diagnosis</b>		
Primary Service or Item Requested/Scheduled		
Patient Primary Diagnosis	Primary Diagnosis Code	
Patient Secondary Diagnosis	Secondary Diagnosis Code	
<small>OMB Control Number [XXXX-XXXX] Expiration-Date [MM/DD/YYYY]</small>		
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	
<b>Total Estimated Cost: \$</b>		
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 recurring. *The estimated costs are valid for 12 months from the date of the Good Faith Estimate.*]		

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## HHS Model of GFE Form (sample #2)

OMB Control Number [XXXX-XXXX]  
Expiration Date [MM/DD/YYYY]

**[Provider/Facility 1] Estimate**

Provider/Facility Name		Provider/Facility Type	
Street Address			
City	State	ZIP Code	
Contact Person	Phone	Email	
National Provider Identifier		Taxpayer Identification Number	

**Details of Services and Items for [Provider/Facility 1]**

Service/Item	Address where service/item will be provided [Street, City, State, ZIP]	Diagnosis Code [ICD code]	Service Code [Service Code Type: Service Code Number]	Quantity	Expected Cost

**Total Expected Charges from [Provider/Facility 1] \$**

Additional Health Care Provider/Facility Notes

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 AMERICAN OPTOMETRIC ASSOCIATION

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## Future questions can be sent to: [AskAOA@aoa.org](mailto:AskAOA@aoa.org)

- Webinar comments and AOA membership feedback can be sent to: [President@aoa.org](mailto:President@aoa.org)

If this webinar helped you, let him know!

\*\*webinar will be available for playback within 2 days  
AOA.org > COVID 19 > #AskAOA Webinar Series

Q&A

 AMERICAN OPTOMETRIC ASSOCIATION

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## AOA Trustee

- Terri Gossard, OD



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