



## Inclusion of Co-Providers in Good Faith Estimate Delayed

On January 1, 2022, the No Surprises Act implemented requirements that health care providers prepare “Good Faith Estimate” for self-pay patients.

Under the statute, this Good Faith Estimate was required to include both information of the scheduling provider as well as all co-providers who would be involved in the service. At the time of implementing final regulations, the Department of Health and Human Services (HHS) delayed enforcement for the inclusion of co-providers until January 1, 2023.

In an updated FAQ issued this month, HHS further delayed enforcement for inclusion of co-providers and co-facilities “pending future rulemaking.” HHS has indicated that the reason for this extension is to achieve industry-wide interoperability for the transmission of Good Faith Estimate data between co-providers and co-facilities.

What does this mean for providers?

- Health care providers should continue providing a Good Faith Estimate to self-pay patients for the provider’s own charges when scheduling a service at least three business days in advance or upon request of the patient.
- These estimates do not need to include the fees of co-providers and co-facilities, but the scheduling health care provider can provide contact information for the co-provider or co-facility so that the patient can request a Good Faith Estimate directly from these providers.
- Additional information will be coming from HHS regarding new HL7 standards to support this data exchange. As this information becomes available, it will be necessary to coordinate with your information system vendors to incorporate

these standards to prepare for the eventual implementation of the remaining food faith estimate requirements.

This blog was drafted by [Stacy Harper](#), an attorney in the Spencer Fane Overland Park, Kansas office. For more information, visit [www.spencerfane.com](http://www.spencerfane.com).