

**To:** Joshua Brammer  
Office of Information and Regulatory Affairs (OIRA)  
Office of Management and Budget (OMB)

**From:** Leslie Wagstaffe  
Center for Consumer Information and Insurance Oversight  
Centers for Medicare & Medicaid Services

**Date:** March 21, 2023

**Subject:** Non-Substantive Change Request – Requirements Related to Surprise Billing; Part II

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This memo requests approval of a non-substantive change to the approved information collection, Requirements Related to Surprise Billing; Part II (CMS-10791) (OMB #0938-1433).

## **BACKGROUND**

The Consolidated Appropriations Act, 2021 (CAA), which includes the No Surprises Act, adds a new Part E of title XXVII of the Public Health Service Act establishing requirements applicable to providers, and facilities. These include provisions at new PHS Act sections 2799B-6 which requires providers and facilities to furnish a good faith estimate of expected charges upon request or upon scheduling an item or service for an individual. Providers and facilities are required to inquire if an individual is enrolled in a group health plan, group or individual health insurance coverage, a Federal Employees Health Benefits (FEHB) plan, or a Federal health care program, and if enrolled in a group health plan, or group or individual health insurance coverage, or a health benefits plan under chapter 89 of title 5, whether the individual is seeking to have a claim for such item or service submitted to such plan or coverage (hereafter referred to as an “uninsured (or self-pay) individual”). In the case that an uninsured (or self-pay) individual requesting a good faith estimate for an item or service or schedules an item or service to be furnished, PHS Act section 2799B-6(2)(B) and the October 2021 interim final rules at 45 CFR 149.610 require providers and facilities to furnish the good faith estimate to the uninsured (or self-pay) individual. The collection was last approved by OMB on November 15, 2022 and expires on November 30, 2025.

In the change request approved by OMB on November 15, 2022, CCIIO requested approval to incorporate an abbreviated Good Faith Estimate model notice to be included in the Standard Form: “Good Faith Estimate for Health Care Items and Services” under the No Surprises Act. The abbreviated form reduces burden on providers and facilities who do not expect to bill an individual for items and services. It is to be used only by providers and facilities that do not expect to bill uninsured (or self-pay) individuals for scheduled (or requested) items or services, in place of the original model notice. The fields required to be included in this abbreviated GFE are a subset of the fields required in the original GFE.

## **OVERVIEW OF REQUESTED CHANGES**

- Added abbreviated GFE template for no-cost health care items & services, which:
  - Omits rows for provider or facility to list items and services
  - Omits rows for provider or facility to list diagnoses
  - Omits rows for provider or facility to list expected charges, because no charges are expected
  - Adjusts the consumer disclaimer consistent with an estimate that indicates no charges