Supporting Statement—Part A

Requirements Related to Surprise Billing; Part II

CMS-10791/OMB control number- 0938-1433

Background

On December 27, 2020, the Consolidated Appropriations Act, 2021 (CAA), which includes the No Surprises Act, was signed into law. The No Surprises Act provides Federal protections against surprise billing and limits out-of-network cost sharing and balance billing under many of the circumstances in which surprise bills arise most frequently.

The Act adds a new Part E of title XXVII of the Public Health Service Act (PHS Act) establishing requirements applicable to providers and facilities. These include provisions at new PHS Act sections 2799B-6 which require 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,[1] 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,[2] whether the individual is seeking to have a claim for such item or service submitted to such plan or coverage. In the case that an uninsured (or self-pay) individual requests 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 (October 7, 2021, 86 FR 55980) at 45 CFR 149.610 require providers and facilities to furnish the good faith estimate to the uninsured (or self-pay) individual.[3]

No Surprises Act Section 112 also adds PHS Act section 2799B-7 as added by the October 2021 interim final rules at 45 CFR 149.620, which directs the Secretary of HHS to establish a process under which an uninsured (or self-pay) individual can avail themselves of a patient-provider dispute resolution (PPDR) process if their billed charges after receiving an item or service are substantially in excess of the expected charges listed in the good faith estimate furnished by the provider or facility, pursuant to PHS Act section 2799B-6. Under the PPDR process, an uninsured (or self-pay) individual may request a payment review and decision from an independent company certified by HHS. These companies are referred to as Selected Dispute Resolution (SDR) entities. The SDR entity is responsible for deciding the

[1] HHS interprets the requirements described in PHS Act section 2799B-6 to apply with respect to FEHB covered individuals as they would to other individuals enrolled in a group health plan or group or individual health insurance coverage offered by a health insurance issuer. Although PHS Act section 2799B-6 does not reference health benefits plans under chapter 89 of title 5, the definition of "uninsured individual" at PHS Act section 2799B-7 does include individuals who do not have benefits under these health benefits plans, and these sections work together to provide protections for the uninsured (or self-pay) population. Moreover, the requirement for the provision of an advance explanation of benefits required by PHS Act section 2799A-(1)(f), ERISA section 716(f), and Code section 9816(f), and 5 U.S.C. 8902(p) cannot be accomplished by a FEHB carrier unless it receives a good faith estimate from a provider in accordance with PHS Act section 2799B-6(2)(A).

[2] A health benefits plan offered under chapter 89 of title 5, United States Code is also known as a Federal Employees Health Benefits (FEHB) plan.

[3] Under 45 CFR 149.610, an uninsured (or self-pay) individual means: (A) An individual who does not have benefits for an item or service under a group health plan, group or individual health insurance coverage offered by a health insurance issuer, Federal health care program (as defined in section 1128B(f) of the Social Security Act), or a health benefits plan under chapter 89 of title 5, United States Code; or (B) An individual who has benefits for such item or service under a group health plan, or individual or group health insurance coverage offered by a health insurance issuer, or a health benefits plan under chapter 89 of title 5, United States Code but who does not seek to have a claim for such item or service submitted to such plan or coverage.

amount an uninsured (or self-pay) individual must pay under the PPDR process.

This information collection request (ICR) focuses on certain requirements under the October 2021 interim final rules. Based on the legislative and regulatory authority outlined above, the requirements are summarized as follows:

- Health care provider and facility requirements to inform uninsured (or self-pay) individuals both verbally and in writing of the availability of a good faith estimate of expected charges. (45 CFR 149.610)
  - See Appendix 1. Right to Receive a Good Faith Estimate of Expected Charges Notice.
- Health care provider and facility requirements to furnish good faith estimates to individuals who are not enrolled in a plan or coverage or a federal health care program, or not seeking to file a claim with their plan or coverage (uninsured or self-pay individuals) when scheduling an item or service, or upon request. (45 CFR 149.610)
  - See Appendix 2. Good Faith Estimate Template and Appendix 3. Good Faith Estimate Data Elements.
- Requirements for entities to meet certain standards to be certified or recertified by HHS as an SDR entity for the patient provider dispute process (PPDR). (45 CFR 149.620(d))

B. Justification

1. Need and Legal Basis

The No Surprises Act includes provisions that require health care providers and health care facilities to furnish good faith estimates upon request or upon scheduling items or services to uninsured (or self-pay) individuals. In order to implement these good faith estimate provisions under PHS Act section 2799B-6(1) and 2799B-6(2)(B), as added by section 112 of the No Surprises Act, HHS added 45 CFR 149.610 to establish requirements for providers and facilities to specifically inquire about an individual's health coverage status and establish requirements for providing a good faith estimate to uninsured (or self-pay) individuals. PHS Act section 2799B-6(2) and the October 2021 interim final rules specify that a provider or facility must provide a notification (in clear and understandable language) of the good faith estimate of the expected charges for furnishing such items or services (including any items or services that are reasonably expected to be provided in conjunction with such scheduled items or services and such items or services reasonably expected to be so provided by another health care provider or health care facility), with the expected billing and diagnostic codes (i.e., ICD, CPT, HCPCS, DRG, and/or NDC codes) for any such items or services. The definitions related to good faith estimates of expected charges for uninsured (or self-pay) individuals for scheduled items and services and upon request, requirements for the providers and facilities, timing, and good faith estimate content requirements are set forth in PHS Act section 2799B-6 and implementing regulation at 45 CFR 149.610.

In an effort to reduce the burden on providers and facilities who do not expect to bill an individual for items and services, HHS has also developed an abbreviated good faith estimate model notice included in the standard form, "Good Faith Estimate for Health Care Items and Services," which 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 standard form. This model notice does not impact the number of respondents and has minimal impact on the burden of health care providers and facilities to provide good faith estimates.

HHS added 45 CFR 149.620(d) to codify provisions related to certification of SDR entities. Under 45 CFR 149.620(d), a certified SDR entity must satisfy the certification requirements set forth for Independent Dispute Resolution (IDR) Entities at 45 CFR 149.510(e) with certain exceptions related to service areas, fee schedules, and policies and procedures to hold dispute resolution entity fees in a trust or escrow account. In addition, a certified SDR entity must meet conflict-of-interest mitigation policy requirements specified in 45 CFR 149.620(d)(3). HHS assesses whether or not an SDR entity meets the certification and recertification standards as part of the contracting process, as a certified SDR entity is contracted with HHS to perform their SDR duties.

2. Information Users

The information collections associated with the October 2021 interim final rules included in CMS-10791 have two components:

- *Good Faith Estimates*. Providers and facilities must inform uninsured (or self-pay) individuals of their right to receive a good faith estimate (GFE) of expected charges for items and services. They must also furnish a good faith estimate of expected charges to uninsured (or self-pay) individuals for scheduled items and services and upon request, which provides uninsured (or self-pay) individuals information about health care pricing before receiving care. This information would allow uninsured (or self-pay) individuals to evaluate options for receiving health care and make cost-conscious health care purchasing decisions and reduces surprises regarding individuals' health care costs for items and services. Additionally, uninsured (or self-pay) individuals need a good faith estimate to initiate the patient-provider dispute resolution process.

- *Certification and Recertification of SDR Entities.* HHS requests information from entities seeking to be certified or recertified as an SDR entity. This information is used to assess whether or not the entity satisfies the requirements for certification. Entities must submit information on their organizational structure, policies and procedures, staff qualifications, conflict-of-interest safeguards, and operational capacity, along with attestations of compliance with applicable standards. This information allows HHS to determine the entity's eligibility and capability to perform SDR functions effectively and impartially.

3. Use of Information Technology

HHS does not restrict the use of electronic technology to process all information collected by HHS. Specifically:

- The notice on the availability of a good-faith estimate must be posted on providers' and facilities' websites and mailed at the request of the individual;
- Convening providers and facilities are required to provide the good faith estimate to the uninsured (or self-pay) individual either by paper or electronically, pursuant to the uninsured (or self-pay) individual's requested format, and in the latter case, technology must be used; and
- The process for the certifying and recertifying of SDR entities is administered through an HHS owned portal system, the Federal IDR portal (see https://www.cms.gov/nosurprises/help-resolve-payment-disputes/apply).

4. Duplication of Efforts

There is no duplication of efforts for this ICR.

5. Burden on Small Businesses

Providers and facilities incurring burden related to these requirements include providers of air ambulance services, rural health centers, federally qualified health centers, laboratories, and imaging centers, many of which may be small businesses. HHS has tried to minimize the burden on all respondents.

6. Less Frequent Collection

This ICR is required to fulfill the statutory requirements in the CAA. Uninsured (or self-pay) individuals will not be able to obtain a good faith estimate, nor will they be able to initiate the patient-provider dispute resolution process, if this collection is conducted less frequently. Additionally, if this collection is not conducted, SDR entities will not be able to submit the required materials and obtain the required certification.

7. Special Circumstances

There are no special circumstances.

8. Federal Register/Outside Consultation

A 60-day Notice was published in the Federal Register on February 4, 2026 (91 FR 5109). Comments were received. An additional 30-day Federal Register notice published June 16, 2026 (91 FR 36144). No additional outside consultation has been sought.

9. Payments/Gifts to Respondents

There is no payment/gift to respondents.

10. Confidentiality

All information collected under this request will be maintained in strict accordance with the Privacy Act of 1974 (5 U.S.C. § 552a) and the Freedom of Information Act (FOIA) (5 U.S.C. §552(b)) that protect the confidentiality of identifiable information The issue of confidentiality between third parties is out of scope for the collection.

11. Sensitive Questions

There are no sensitive questions associated with these information collections.

12. Burden Estimates

HHS used data from the Bureau of Labor Statistics[4] to derive median labor costs (including a

[4] Bureau of Labor Statistics, May 2024 Occupational Employment and Wage Statistics, available at: https://data.bls.gov/oes/#/industry/000000.

100 percent increase of the median hourly wage to incorporate the cost of fringe benefits and other indirect costs) for estimating the burden and equivalent cost associated with the information collections. Table 1 presents the median hourly wage, cost of fringe benefits and other indirect costs, and adjusted hourly labor costs for occupations.

Table 1: Adjusted Hourly Labor Costs Used in Burden Estimates

Occupation Title	Occupational Code	Median Hourly Wage ($/hr)	Cost of Fringe Benefits and Other Indirect Costs ($/hr)	Adjusted Hourly Labor Costs ($/hr)
Medical Secretaries and Administrative Assistants	43-6013	$21.46	$21.46	$42.92
Business Operations Specialist	13-1198	$38.66	$38.66	$77.32
General and Operations Manager	11-1021	$49.50	$49.50	$99.00

12.1 Notice of Right to Good Faith Estimates for Uninsured (or Self-Pay) Individuals (45 CFR 149.610)

Convening providers and facilities are required under 45 CFR 149.610(b) to inform uninsured (or self-pay) individuals of the availability of good faith estimates of expected charges. The notice regarding the availability of good faith estimates for uninsured (or self-pay) individuals must be written in a clear and understandable manner and made available in accessible formats and in the language(s) spoken by individual(s) seeking items and services with such convening provider or convening facility.

Additionally, the notice must be prominently displayed (and easily searchable from a public search engine) on the convening provider's or convening facility's website, in the convening provider's or convening facility's office, and on-site where scheduling or questions about the cost of items and services occur. Following implementation of the October 2021 interim final rules, HHS estimated the one-time information collection burdens for three groups of provider types: providers associated with health care facilities, individual physician practitioners, and wholly physician-owned private practices. For all three groups of providers, HHS applied the same methodology to estimate the burden of drafting notices informing uninsured (or self-pay) individuals of their right to receive a good faith estimate of expected charges; displaying the notices on the provider's website, in the provider's office, and on-site where scheduling or questions about the cost of items or services occur; posting a single page notice in at least two prominent locations; and covering associated printing and materials costs.

Unique to providers associated with health care facilities, HHS assumes that such providers entered into agreements with their affiliated health care facilities to provide notice of the availability of good faith estimates of expected charges to uninsured (or self-pay) individuals on their behalf. HHS further

assumes that the one-time costs for providers affiliated with health care facilities to enter into such agreements, for health care facilities (including on behalf of their affiliated providers) to draft and post the notices, and for facilities to post a single-page document in at least two prominent locations informing uninsured (or self-pay) individuals of their right to receive a good faith estimate, were incurred following implementation of the 2021 interim final rules. Therefore, these costs are not included in this renewal request.

HHS also assumes that any new providers entering the industry after implementation of the 2021 interim final rules would have already incurred the one-time costs associated with providing notice of the availability of good faith estimates for uninsured (or self-pay) individuals, either through their parent organization or as part of their initial setup. Therefore, no additional one-time costs are anticipated for these entities under this renewal.

12.2 Good Faith Estimate of Expected Charges upon Request of Uninsured (or Self- pay) Individuals and for Scheduled Items and Services (45 CFR 149.610)

The October 2021 interim final rules require a convening provider or facility to provide a good faith estimate of expected charges to uninsured (or self-pay) individuals for scheduled items and services and upon request including those items or services furnished by a co-provider or co-facility in conjunction with the primary items or services.

HHS estimates that approximately 3,498,942 uninsured (or self-pay) individuals will be impacted by this rule requirement.[5] A total of 511,748 providers associated with health care facilities, individual physician practitioners, and wholly physician-owned private practices will incur the burden and costs associated with generating a good faith estimate.

HHS estimates that it will take an average of 30 minutes for a business operations specialist to determine a patient's insurance status, orally inform the patient of their right to receive a good faith estimate of expected charges, and provide an oral good faith estimate, if no additional items and services are needed from a co-provider or co-facility. HHS assumes1,749,471 (50 percent) of uninsured (or self-pay) individuals fall in this category of not requiring additional items or services from a co-provider or co-facility. Therefore, estimated annual cost of providing good faith estimates where no additional items or services are needed is $67,634,549. This burden is estimated as follows: 1,749,471 uninsured individuals in need of good faith estimates without additional items or services x 0.50 hours = 874,736 hours. A labor rate of $77.32 is used for a business operations specialist. The labor rate is applied in the following calculation: 1,749,471 claims x 0.50 hours x $77.32 = $67,634,549.

HHS estimates that it will take an average of 30 minutes for a business operations specialist to

[5] The number is estimated as follows: 51,744,200 nonemergency elective procedures (surgical and non-surgical) performed annually x 9.2% uninsured rate = 4,760,466. HHS assumes that some uninsured populations will forego elective procedures because of costs. Therefore, a 30% decrease adjustment was included resulting in 3,332,326. HHS also assumes a 5% adjustment for good faith estimate inquires only resulting in a final value of 3,498,942. See Squitieri, Lee et al. "Resuming Elective Surgery during Covid-19: Can Inpatient Hospitals Collaborate with Ambulatory Surgery Centers?" Plastic and reconstructive surgery. Global open vol. 9,2 e3442. 18 Feb. 2021, doi:10.1097/GOX.0000000000003442 (The study estimates 4,297,850 nonemergency elective procedures (surgical and non-surgical) are performed each month. This value was multiplied by 12 months = 51,574,200. HHS adjusted by approximately one-third of one percent to account annual increase in volume since study publication resulting in 51,744,200). See also KFF Health Insurance Coverage of the Total Population.

generate a good faith estimate of expected charges furnished by a co-provider and co-facility for items and services to the convening provider. Given that 1,749,471 (50 percent) of uninsured individuals require additional items and services, the same number (1,749,471) of claims will be generated by co-providers or co-facilities. Therefore, the annual equivalent cost estimate for good faith estimates sent to convening providers by co-providers or co-facilities is $88,628,201. This burden is estimated as follows: 1,749,471 uninsured individuals in need of good faith estimates without additional items and services x 0.50 hours = 874,736 hours. A labor rate of $77.32 is used for a business operations specialist. The labor rate is applied in the following calculation: 1,749,471 claims x 0.50 hours x $77.32= $67,634,549. HHS assumes that all communication between convening provider or convening facility and co-provider or co-facility will be done electronically.

HHS estimates that it will take an average of one hour for a business operations specialist to determine a patient's insurance status, inform uninsured (or self-pay) individuals of their right to receive a good faith estimate of expected charges, and provide a good faith estimate, if additional items and services are needed from a co-provider or co-facility. HHS assumes 1,749,471 (50 percent) of uninsured individuals fall in this category. Therefore, the annual equivalent cost estimate is $135,269,098 . This burden is estimated as follows: 1,749,471 claims x 1 hour = 1,749,471 hours. A labor rate of $77.32 is used for a business operations specialist. The labor rate is applied in the following calculation: 1,749,471 claims x 1 hour x $77.32= $135,269,098 .

Thus, a total cost of $202,903,647 is estimated for business operations specialists, when adding the cost if no additional items and services are needed ($67,634,549) to the cost of items and services from co- providers and co-facilities ($135,269,098). Accordingly, the cost to generate a good faith estimate for both cases where additional items and services are needed ($202,903,647) and where no additional items and services are needed ($67,634,549) is approximately $270,538,196 as shown in Table 2.

Table 2: Estimated Annual Cost and Hour Burden for All Health Care Providers and Health Care Facilities to Generate Good Faith Estimate of Expected Charges for Uninsured (or Self- pay) Individuals and for Scheduled Items and Services (Excluding Mailing Costs)

	Number of Respondents	Number of Responses	Burden Hours per Respondent	Total Burden Hours	Total Annual Cost
To verify a patient's insurance status, inform them of their right to a GFE and provide an oral estimate if no additional items or services are needed from co-providers or co-facilities	511,748	1,749,471	1.5	751,132	$67,634,549
To verify a patient's insurance status, inform them of their right to a GFE and					

provide an oral estimate if additional items or services are needed from co-providers or co-facilities	511,748	1,749,471	1.5	751,132	$67,634,549
To generate GFE furnished by a co-provider and co-facility for items and services to the convening provider	511,748	1,749,471	2.9	1,502,263	$135,269,098
Total	**511,748**	**5,248,413**		**3,498,942**	**$270,538,196**

HHS assumes that 5 percent of uninsured (or self-pay) individuals (i.e., 157,452 uninsured (or self-pay) individuals) will request a mailed copy of their written good faith estimate of expected charges to a preferred location.[6] HHS assumes that it would take an average of 15 minutes (at $42.92/hr) for a medical secretary and administrative assistant to print and mail the good faith estimate to the uninsured (or self- pay) individual, for a total of 39,363 hours, with an estimated annual labor cost to mail the good faith estimate for all health care providers and health care facilities of approximately $1,813,458. This burden is estimated as follows: 157,452 mailed GFEs x 0.25 hours = 39,363 hours. The labor rate is applied in the following calculation: 157,452 mailed GFEs x 0.25 hours x $42.92= $1,813,458.

[6] An estimated 3,149,048 uninsured individuals who receive a written good faith estimate x 5% =157,452 uninsured individuals who request a mailed good faith estimate of expected charges.

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Summary

HHS estimates the annual cost to a convening provider or facility to provide a good faith estimate of expected charges to uninsured (or self-pay) individuals for scheduled items and services, and upon request between 2026-2028, to be $272,227,660 (inclusive of labor costs to mail GFEs), with a total burden hours of 3,538,305 (inclusive of labor hours associated with mailing GFEs) as shown in Table 3.

Table 3: Annual Burden and Total Cost Related to Provision of Good Faith Estimates for Uninsured (or-Self-pay) Individuals (including Labor Hours and Costs to Mail GFEs)

Estimated Number of Respondents	Estimated Number of Responses	Burden Per Response (Hours)	Total Annual Burden Hour (Includes Labor Hours to Mail GFEs)	Total Estimated Cost (Includes Labor Cost to Mail GFEs)
511,748	5,405,865 *	0.7	3,538,305 **	$272,227,660 ***

*The total estimated number of responses is the sum of 1,749,471 responses for GFEs when no additional items or services are needed from co-providers or co-facilities; 1,749,471 responses for GFEs when additional items or services are needed from co-providers or co-facilities; 1,749,471 responses for GFEs furnished by a co-provider or co-facility to the convening provider; and 157,452 responses for uninsured or self-pay individuals who request a mailed copy of their written GFE.

** The total estimated annual burden hours are the sum of 874,736 hours for GFEs when no additional items or services are needed from co-providers or co-facilities; 1,749,471 hours for GFEs when additional items or services are needed from co-providers or co-facilities; 874,736 hours for GFEs furnished by a co-provider or co-facility for items and services to the convening provider; and 39,363 hours related to mailing GFEs.

*** The total estimated cost burden is the sum of $67,634,549 for GFEs when no additional items or services are needed from co-providers or co-facilities; $135,269,098 for GFEs when additional items or services are required from co-providers or co-facilities; $67,634,549 for GFEs furnished by a co-provider or co-facility to the convening provider; and $1,689,464 in labor costs associated with mailing GFEs.

12.3 Selected Dispute Resolution Entity Certification and Recertification (45 CFR 149.620(d))

An SDR entity must be certified under standards and procedures set forth in guidance promulgated by the Secretary. HHS has certified one SDR entity and has concluded the process for SDR entity certification for 2025. In subsequent years, HHS estimates that one SDR entity will need to be recertified or reapproved, through the contracting process, and that on average it will take a general and operations manager two hours (at $99.00/hr) and medical secretary and administrative assistant 15 minutes (at $42.92/hr) to satisfy the requirement. This results in a one time cost burden of $209. The total hour burden associated with the SDR entity certification or re-certification is 2.25 hours with an equivalent cost of approximately $209 as shown in Table 4.

Table 4: Annual Burden and Cost Related to Patient-Provider SDR Entity Re-Certification Process

Year	Estimated Number of Respondents	Estimated Number of Responses	Burden Per Response (Hours)	Total Annual Burden (Hours)	Total Estimated Cost
2026	1	1	2.25	2.25	$209*

* The burden is estimated as follows: (1 SDR entity x 2 hours) + (1 SDR entity x 0.25 hours) = 2.25 hours. A labor rate of $99.00is used for a general and operations manager and a labor rate of $42.92 is used for medical secretary and administrative assistant. The labor rates are applied in the following calculation: (1 SDR entity x 2 hours x $99.00) + (1 SDR entity x 0.25 hours x $42.92) = $209.

HHS will assess the SDR entity's standards as part of contracting per the contract period.

Table 5: Summary of Annual Collection of Information Requirements and Burden Estimates

Regulation Section(s)	**Number of Respondents**	**Number of Responses**	**Burden per Response (hours)**	**Total Annual Burden (hours)**	**Total Annual Cost ($)**
Good Faith Estimate of Expected Charges upon Request of Uninsured (or self-pay) Individuals and for Scheduled Items and Services (45 CFR 149.610)	511,748	5,248,413	0.7	3,498,942	$270,538,196
Selected Dispute Resolution Entity Certification and Recertification (45 CFR149.620(d))*	1	1	2.25	2.25	$209
Totals	**511,749**	**5,248,414**		**3,498,944**	**$270,538,405**

* The recertification takes place once in 2026 with a one-time associated cost of $209.

13. Capital Costs

HHS estimates that approximately 90 percent of the 3,498,942 uninsured (or self-pay) individuals (3,149,048 individuals) would receive a two-page GFE of expected charges by mail.[7] The remaining 10 percent of uninsured (or self-pay) individuals would receive the GFE via email. HHS assumes that each convening provider or facility will incur a printing and materials cost of $0.05 per page, or $0.10 per GFE. Therefore, the estimated annual printing cost for all health care providers and facilities is approximately $314,905, calculated as follows: $0.05 per page x 2 pages x 3,149,048 mailed GFEs = $314,905.

HHS further assumes that 5 percent of the 3,498,942 uninsured (or self-pay) individuals (157,452 individuals) will request that their written GFE of expected charges be mailed to a preferred location. At a postage rate of $0.78 per mailing, the estimated annual mailing cost of GFEs to uninsured (or self-pay) individuals is approximately $105,459, calculated as follows: $0.78 per mail x 157,452 individuals = $122,813.

Therefore, HHS estimates that the total annual cost associated with printing, materials, and mailing GFEs across all health care providers and facilities is approximately $437,718.[8]

14. Cost to Federal Government

There are no costs to the Federal government associated with these information collections.

15. Changes to Burden

The overall burden has decreased from 6,242,228 hours to 3,498,944 hours, resulting in a total burden reduction of 2,743,284 hours. Correspondingly, the associated cost has decreased from $676,943,115 to $270,538,405, a reduction of $406,404,710. This reduction is primarily due HHS's assumption that providers and facilities have already incurred the one-time costs of generating notices to inform uninsured (or self-pay) individuals of their right to receive a GFE of expected charges. These initial costs also included displaying the notices on provider websites, in offices, and at locations where scheduling or cost inquiries occur; posting a one-page notice in at least two prominent locations; and printing and material expenses. Additionally, shifting mailing-related costs from Section 12 (Burden Estimates) to Section 13 (Capital Costs) further contributed to the reduction in burden hours and associated costs.

16. Publication/Tabulation Dates

There are no plans to publish the outcome of the information collection.

17. Expiration Date

The expiration date will be displayed on the first page of each instrument (top, right-hand corner).

[7] HHS assumes that the good faith estimate will be printed in 8.5" x 11" letter sized paper.

[8] HHS assumes that notices will be printed in 8.5" x 11" letter sized paper, with a printing and materials cost of $0.05 per page and a postage cost of $0.78 per mailing.