

## GOOD FAITH ESTIMATE WITH PATIENT COST ESTIMATOR

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Effective January 1, 2022, new consumer billing protections go into effect that mandate a *Good Faith Estimate* be provided to uninsured/self-pay patients at certain facilities.

A Good Faith Estimate (GFE) must include:

- Current Procedural Terminology (CPT<sup>®\*</sup>) codes expected on the visit and the patient responsible amount
- Diagnosis codes related to the visit
- Provider NPI
- Provider Tax ID
- NDC

The following document outlines how to configure and utilize the Patient Cost Estimator to generate a Good Faith Estimate to be provided to self-pay or uninsured patients that meet the requirements outlined by CMS.

### Prerequisites

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The following items must be configured prior to generating Good Faith Estimates.

1. Navigate to: *eCW Menu > Main Menu > File > Security Settings* to set the *Allow user to modify Patient Cost Estimate Configuration* attribute for the Patient Cost Estimator to generate a Good Faith Estimate.
2. Navigate to: *eCW Menu > Main Menu > Billing > Fee Schedules* to set up a fee schedule for self-pay or uninsured patients that contains the patient responsible amount in the Allowed Amount column for the CPT codes.

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**Note:** Patient Responsible amounts may need to be manually calculated if sliding fee schedules are configured to slide by CPT Group. It is recommended to update the CPT\* codes that will be used on estimates to have readable descriptions that patients will understand when reading the GFE.

## Setup

**Path:** eCW Menu > Main Menu > Billing > Patient Cost Estimator Configuration

The following section outlines the necessary steps to ensure the Patient Cost Estimator is configured to generate Good Faith Estimates.

### To configure the Patient Cost Estimator:

1. On the General Setup tab of the Patient Cost Estimator Configuration window, select *Professional*.

Select *Facility* or *Anesthesia* if your practice requires the estimate to calculate the facility and/or anesthesia charges.

2. In the Self Pay Professional Fee Schedule section, click the drop-down arrow next to Professional Fee Schedule to select the default fee schedule to be used for self-pay patients:

The screenshot shows the 'Patient Cost Estimator Configuration' window with the 'General Setup' tab active. Under the 'Self Pay Professional Fee Schedule' section, the 'Professional Fee Schedule' dropdown menu is open, and 'Self Pay' is selected. Below this, there are sections for 'Estimate Rules (Reconf)' and 'Payor Payment Reduction Policies - Professional'.

Rule Name	Status
1 Professional Charges Only	On
2 Facility Charges Only	On
3 Anesthesia Charges Only	On
4 Both Professional and Facility	On
5 All - Professional, Facility	On

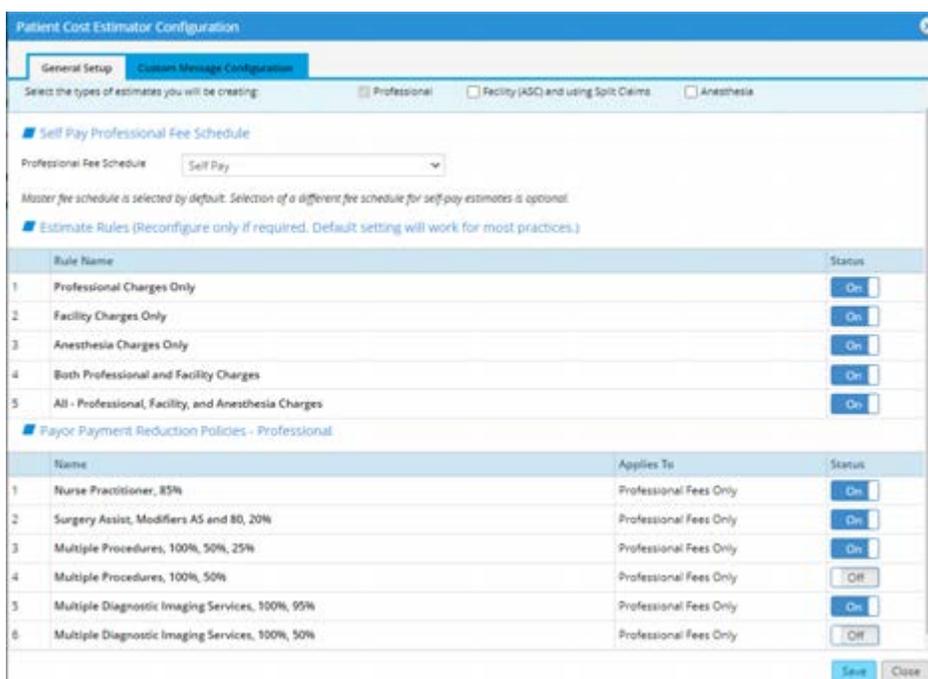
  

Name	Applies To	Status
1 Nurse Practitioner, 85%	Professional Fees Only	On
2 Surgery Assist, Modifiers AS and 80, 20%	Professional Fees Only	On
3 Multiple Procedures, 100%, 50%, 25%	Professional Fees Only	On
4 Multiple Procedures, 100%, 50%	Professional Fees Only	On
5 Multiple Diagnostic Imaging Services, 100%, 95%	Professional Fees Only	On
6 Multiple Diagnostic Imaging Services, 100%, 50%	Professional Fees Only	On

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**Note:** The Fee Schedule used for self-pay patients must contain the patient responsible amount in the Allowed Amount column for the designated CPT\* codes. A Fee Schedule may be updated to populate the allowed amount as a percentage of the billed amount by navigating to: *eCW Menu > Main Menu > Billing > Fee Schedules*. Select the fee schedule, then select *Update Fee Schedule* and then select *Update Amount*. Refer to the *Fee Schedule Feature Guide* for instructions on creating a fee schedule and updating the allowed amount.

3. In the Estimate Rules section, the default settings apply for most practices, make changes only if necessary.
4. In the Payor Payment Reduction Policies - Professional section, click the Status to turn *On/Off* a reduction configuration as needed.



5. Click the *Custom Message Configuration* tab.
6. Enter the *NPI* number and *Tax ID* in the Comment section.
7. Enter the *Good Faith Estimate Disclaimer* in the Disclaimer section.

The following disclaimer has been provided by CMS:

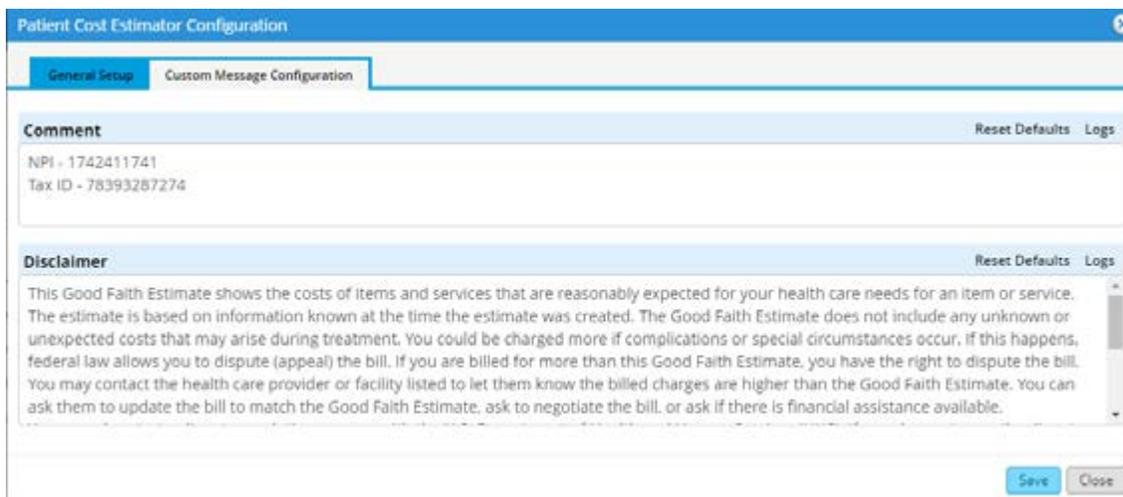
*This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.*

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You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start the process, go to [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call toll-free 877-696-6775. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call toll-free 877-696-6775.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount:



The screenshot shows a software window titled "Patient Cost Estimator Configuration". It has two tabs: "General Setup" and "Custom Message Configuration". The "Custom Message Configuration" tab is active. Below the tabs, there are two sections: "Comment" and "Disclaimer". The "Comment" section has a text area containing "NPI - 1742411741" and "Tax ID - 78393287274". The "Disclaimer" section has a text area containing a paragraph of text. At the bottom right, there are "Save" and "Close" buttons.

8. Click *Save* to save the disclaimer and close the window.

# Workflow

The following section outlines the steps necessary to generate a Good Faith Estimate once the patient's appointment has been scheduled.

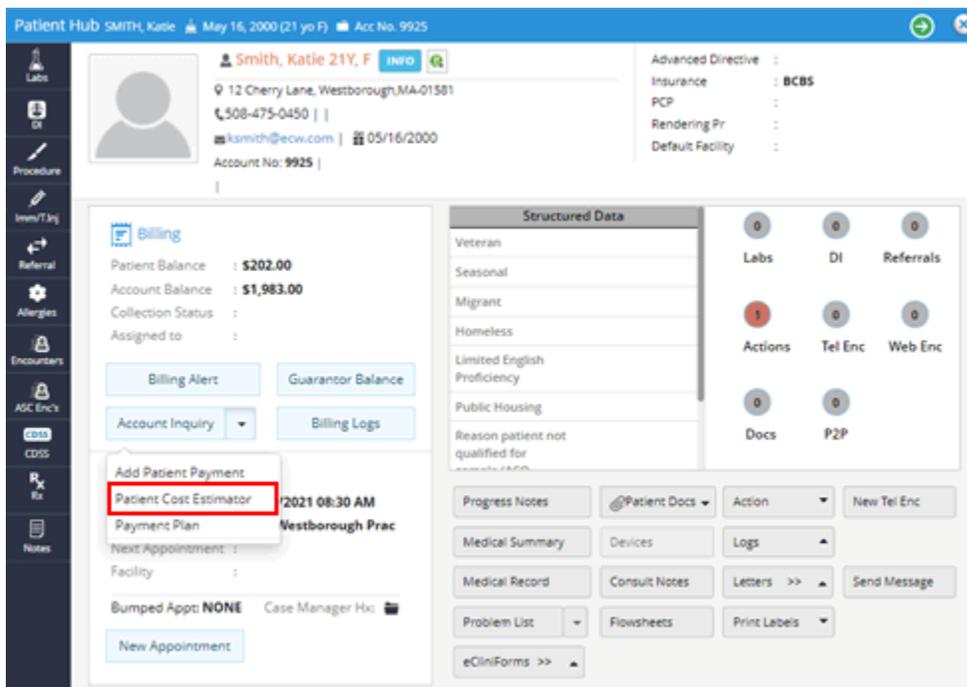
## Creating Good Faith Estimates with the Patient Cost Estimator

**Path:** *Patient Lookup > Patient Hub*

A Good Faith Estimate is created from the Patient Hub using the Patient Cost Estimator.

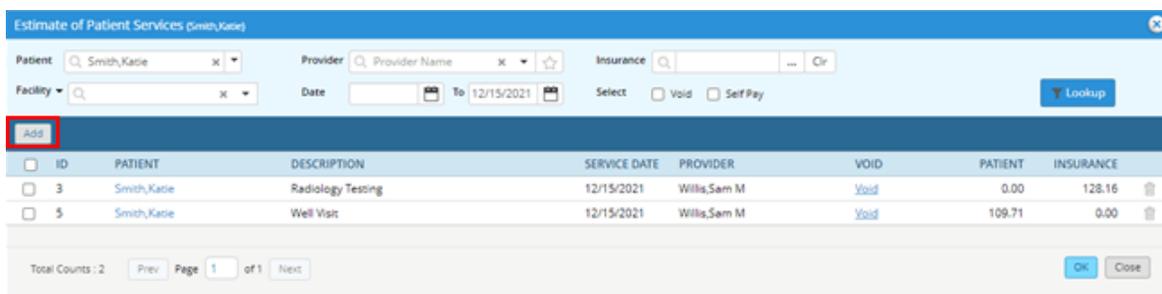
**To create a Good Faith Estimate:**

1. On the Patient Hub, click the drop-down list next to the Account Inquiry Button, then select *Patient Cost Estimator*:



The Estimate of Patient Services window opens.

2. Click *Add* to create a new Cost Estimate:



3. Enter the *Description, Provider, Facility, and Place of Service*.

4. Enter the reason for visit, primary diagnosis code, service location address, and NDC for the visit in the *Comment* section.
5. Check the *Self Pay* box, if not already selected.
6. In the Fee Schedule section, the default Self Pay Fee Schedule displays. Click the Fee Schedule drop-down list to manually update the Fee Schedule for the estimate:

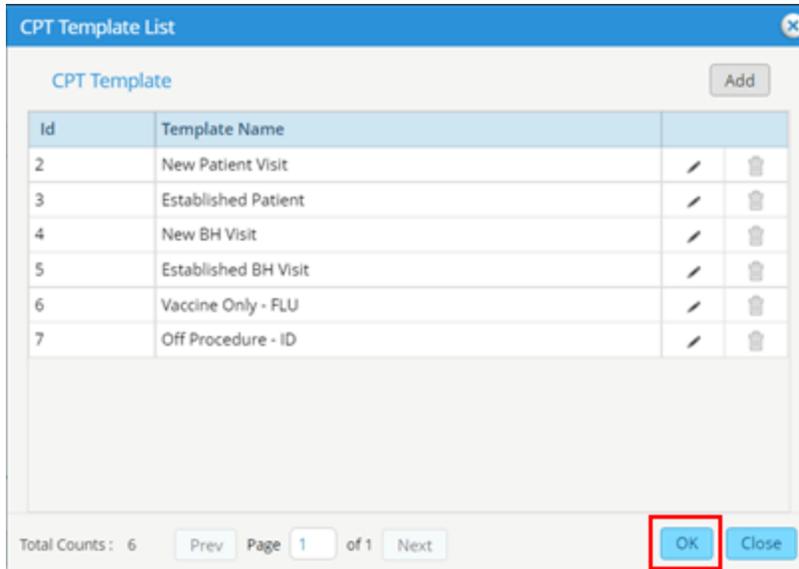
The screenshot shows the 'Estimate of Patient Services' window. The 'Patient Info' section includes fields for Description (Well Visit), Patient (Smith, Katie), Provider (Willis, Sam), NPP, Service Date (12/15/2021), Appt Facility (Westborough Practice As), and Place of Service (11 - OFFICE). The 'Eligibility Info' section shows Insurance Eligibility (Not Verified), Service Type, Estimated Deductible (\$ 0.00), Estimated Coinsurance (% 0), and Estimated Copay (\$ 0.00). The 'Comments' section shows Primary Service (Well Visit) and Primary Diagnosis (700.00 Routine well exam). The 'Fee Schedule' dropdown menu is open, showing options: Master Fee Schedule, Default Fee Schedule, BCBS, Import Test (2021), Master Fee Schedule, Medicare, Medicare Fee Schedule\_3, MT Fee Schedule, **Self Pay** (highlighted in red), Slide A, and Test. The 'CPT / HCPCS' table shows two rows: 99213 (OFFICE/OUTPATIENT VISIT, EST) and 80061 (LIPID PANEL). The summary table shows Total Estimated Charges of 109.71, Estimated Insurance Benefit of 0.00, and Estimated Patient Responsibility of 109.71.

7. Click *CPT Template* to select the appropriate template of CPT\* codes:

The screenshot shows the 'Estimate of Patient Services' window with the 'CPT / HCPCS' section expanded. The 'CPT Template' button is highlighted in red. The 'CPT / HCPCS' table shows two rows: 99213 (OFFICE/OUTPATIENT VISIT, EST) and 80061 (LIPID PANEL). The summary table shows Total Estimated Charges of 109.71, Estimated Insurance Benefit of 0.00, and Estimated Patient Responsibility of 109.71.

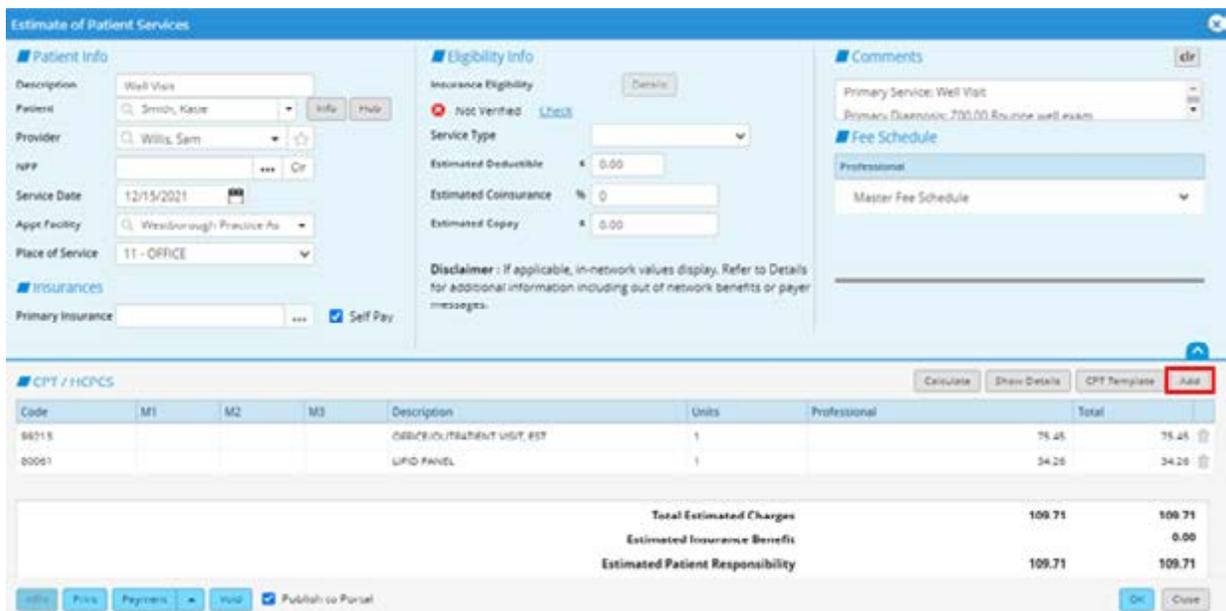
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- Select the appropriate CPT Template from the CPT Template List window, then click **OK**:



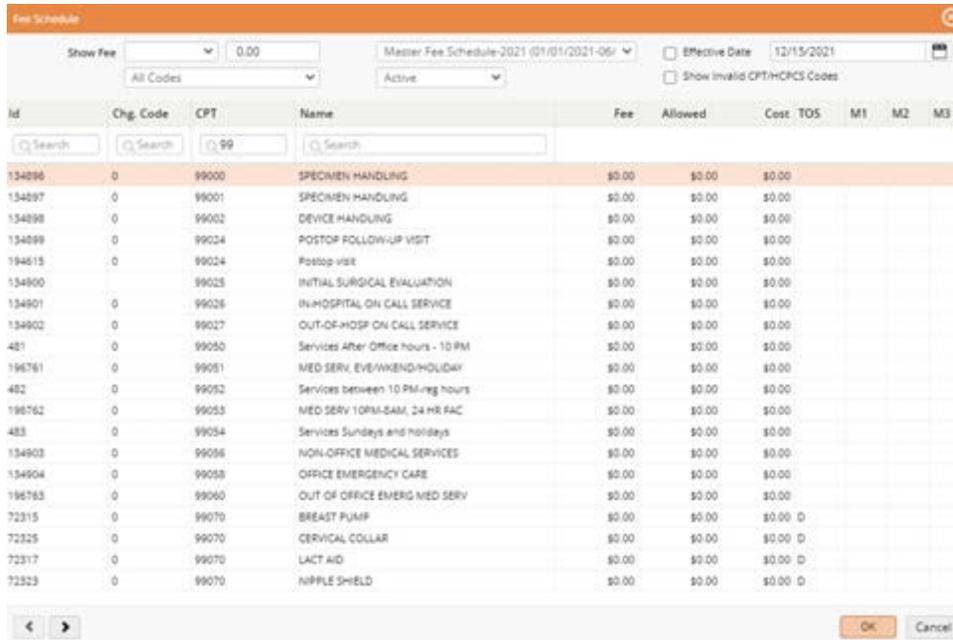
**Note:** CPT templates should be created for the most scheduled office procedures, such as sick visits, well visits, well visits with labs, vaccines, and imaging visits as examples. For more information about creating CPT Templates, refer to the *Cost Estimator User Guide* or the *RCM Workflow - Cost Estimator*.

- Click **Add** to select CPT\* codes if no CPT Template exists:



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The Fee Schedule window opens:



Repeat this step to enter additional CPT codes.

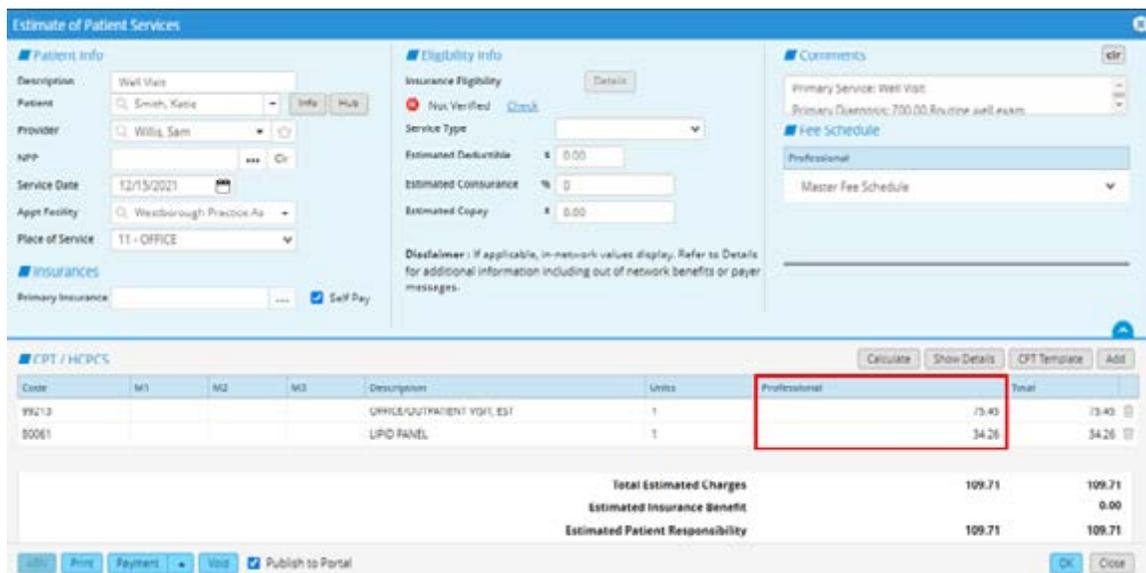
## Populating Fees for Good Faith Estimates

**Path:** eCW Menu > Main Menu > Billing > Fee Schedules

The allowed amounts associated with a Good Faith Estimate are based on the CPT codes selected and their corresponding fee schedule.

**To populate fees for a Good Faith Estimate:**

1. Click the charge amount in the Professional column to manually update the amount:



2. Once all the CPT\* codes are entered, click *Calculate*:

Code	M1	M2	M3	Description	Units	Professional	Total	
99213				OFFICE/OUTPATIENT VISIT, EST	1		75.45	
90061				LIPID PANEL	1		34.26	
<b>Total Estimated Charges</b>							<b>109.71</b>	<b>109.71</b>
<b>Estimated Insurance Benefit</b>							<b>0.00</b>	<b>0.00</b>
<b>Estimated Patient Responsibility</b>							<b>109.71</b>	<b>109.71</b>

3. Click *OK* on the Process complete pop-up:

The estimate displays the Estimated Patient Responsibility:

Code	M1	M2	M3	Description	Units	Professional	Total	
99213				OFFICE/OUTPATIENT VISIT, EST	1		75.45	
90061				LIPID PANEL	1		34.26	
<b>Total Estimated Charges</b>							<b>109.71</b>	<b>109.71</b>
<b>Estimated Insurance Benefit</b>							<b>0.00</b>	<b>0.00</b>
<b>Estimated Patient Responsibility</b>							<b>109.71</b>	<b>109.71</b>

**Note:** Sliding Fee Schedule adjustments are not calculated with the Patient Cost Estimator. Sliding fee adjustments must be manually calculated and updated before calculating the patient responsible amount.

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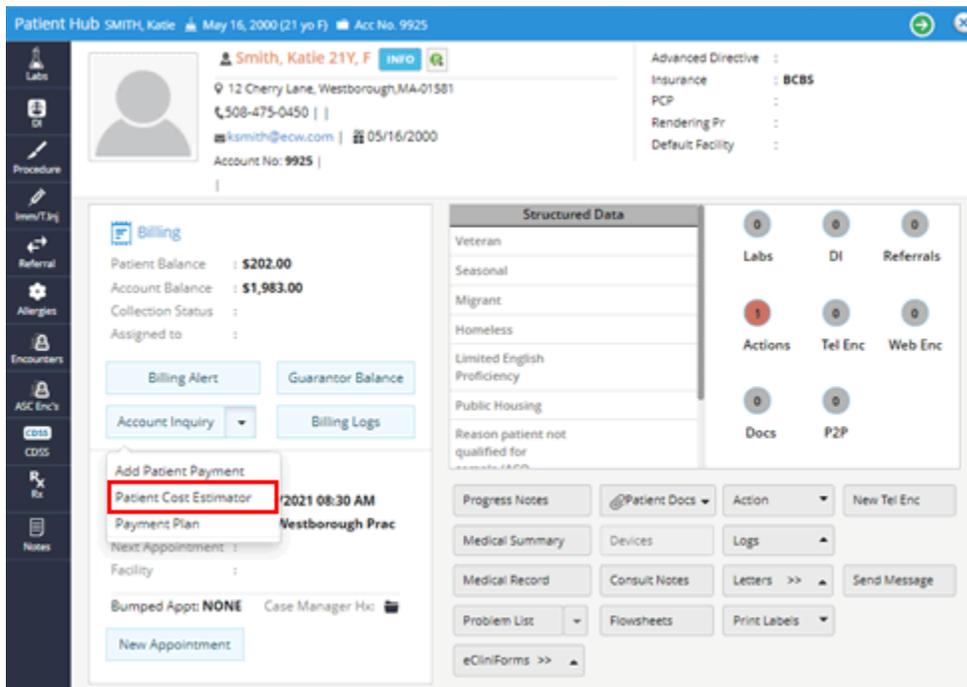
# Printing or Publishing Good Faith Estimates

**Path:** Patient Lookup > Patient Hub

Good Faith Estimates can be printed or published to the eClinicalWorks® Patient Portal.

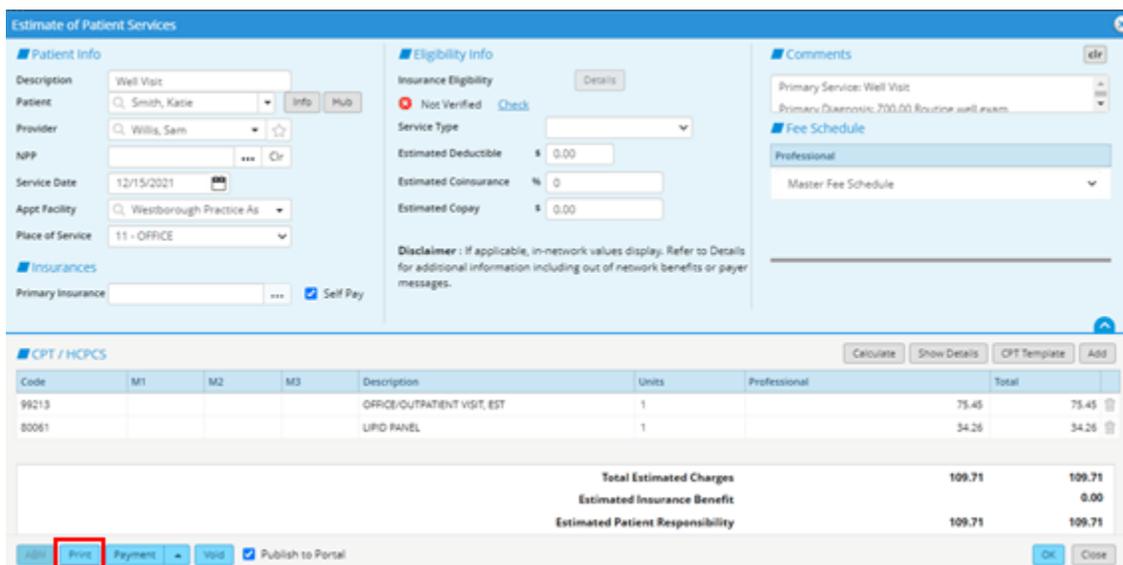
## To print a Good Faith Estimate:

1. On the Patient Hub, click the drop-down list next to the Account Inquiry Button, then select *Patient Cost Estimator*:



The Estimate of Patient Services window opens.

2. Click the *Print* button to print the estimate:



The OpenPDF.jsp window opens with the estimate:

**Westborough Medical Associates**  
112 TURNPIKE RD WESTBOROUGH MA 01581-2859

(508-836-1200)  
(508-836-4466)

Cassadaga, Lori  
35 Eaton Pass  
Westborough  
MA 01581

**ESTIMATE OF PATIENT SERVICES**

Prepared For: Cassadaga, Lori      Printed On: 12/21/2021      10:15:41

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PATIENT NAME: Cassadaga, Lori      DOB: 07/23/1979      ACCOUNT: 113  
 PROVIDER NAME: Willis, Sam      NPI NAME:  
 FACILITY: Westborough Medical Associates      PLACE OF SERVICE: 11 - OFFICE  
 ESTIMATE #: 4      ANESTHESIA: 0 minutes  
 INSURANCE:      SERVICE DATE: 12/21/2021  
 SELF-PAY: Yes  
 EST DEDUCTIBLE: 0.00      EST CO-INSURANCE: 0 %      EST CO-PAY: 0.00

\*----- Charges -----\*

CPT	Description	M1	M2	M3	Qty	Provider	Facility	Anesthesia	Total
99213	OFFICE/OUTPATIENT				1	42.00	0.00	0.00	42.00
90471	IMMUNIZATION ADMI				1	14.00	0.00	0.00	14.00
80688	TIV4 VACCINE SFLT				1	8.50	0.00	0.00	8.50
Total Estimated Charges:						64.50	0.00	0.00	64.50
Estimated Insurance Benefit:									0.00
Estimated Patient Responsibility:						64.50	0.00	0.00	64.50

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**COMMENTS**

Reason for Visit - Flu Shot Primary Diagnosis - I23 Service Location- 322 Technology Dr,  
Westborough MA NDC: 4344-233-44345

TAX ID 123334443 NPI 232342223

**DISCLAIMER**

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, Federal law allows you to dispute (appeal) the bill. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start the process, go to www.hhs.gov/medicare or call 1-800-FORM NUMBER. For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.hhs.gov/medicare or call 1-800-FORM NUMBER. Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

3. Click the printer icon, then click the *Print* button.

## To publish a Good Faith Estimate:

1. Check the *Publish to Portal* box to make the estimate accessible on the Patient Portal:

The screenshot shows the 'Estimate of Patient Services' window. The 'Patient Info' section includes fields for Description (Well Visit), Patient (Smith, Katie), Provider (Willis, Sam), NPP, Service Date (12/15/2021), Appt Facility (Westborough Practice As), and Place of Service (11 - OFFICE). The 'Eligibility Info' section shows Insurance Eligibility (Not Verified), Service Type, Estimated Deductible (\$ 0.00), Estimated Coinsurance (% 0), and Estimated Copay (\$ 0.00). The 'Comments' section includes Primary Service (Well Visit) and Fee Schedule (Master Fee Schedule). The 'CPT / HCPCS' table lists two services: 99213 (OFFICE-OUTPATIENT VISIT, EST) and 80061 (LIPID PANEL). The summary table shows Total Estimated Charges of 109.71, Estimated Insurance Benefit of 0.00, and Estimated Patient Responsibility of 109.71. The 'Publish to Portal' checkbox is checked and highlighted with a red box.

Code	M1	M2	M3	Description	Units	Professional	Total	
99213				OFFICE-OUTPATIENT VISIT, EST	1		75.45	
80061				LIPID PANEL	1		34.26	
<b>Total Estimated Charges</b>							<b>109.71</b>	<b>109.71</b>
<b>Estimated Insurance Benefit</b>							<b>0.00</b>	<b>0.00</b>
<b>Estimated Patient Responsibility</b>							<b>109.71</b>	<b>109.71</b>

2. Click *Close* on Estimate of Patient Services window:

This screenshot is identical to the previous one, showing the 'Estimate of Patient Services' window. In this view, the 'Close' button in the bottom right corner is highlighted with a red box.

All estimates for the patient can be viewed on the Estimate of Patient Services window:

The screenshot shows the 'Estimate of Patient Services (print/Katie)' window. It displays a list of estimates for patient Smith, Katie. The table includes columns for ID, PATIENT, DESCRIPTION, SERVICE DATE, PROVIDER, VOID, PATIENT, and INSURANCE. There are two estimates listed: one for Radiology Testing (ID 3) and one for Well Visit (ID 5). The 'Total Counts' section shows 2 items on page 1 of 1.

ID	PATIENT	DESCRIPTION	SERVICE DATE	PROVIDER	VOID	PATIENT	INSURANCE
3	Smith, Katie	Radiology Testing	12/15/2021	Willis, Sam M	Void	0.00	128.16
5	Smith, Katie	Well Visit	12/15/2021	Willis, Sam M	Void	109.71	0.00

# APPENDIX A: DISCLAIMER

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