

# QUESTIONS DURING THE WEBINAR

**What about the non emergent scheduled less than 3 days out, will that be addressed?**

According to CMS guidance, if the patients scheduled visit is 72+ hours away, the consent must be completed by the patient no less than 72 hours prior to the appointment. However, if the patient makes an appointment for the relevant items or services within 72 hours of the date the items and services are to be furnished, the consent must be provided to the individual, or the individual's authorized representative, on the day the appointment is scheduled. To review the full guidance, please review the CMS' Standard Notice and Consent Documents Under the No Surprises Act, page 1-2 - link below.

<https://www.cms.gov/files/document/standard-notice-consent-forms-nonparticipating-providers-emergency-facilities-regarding-consumer.pdf>

**What are your thoughts concerning the responsibility of the estimate compilation for the GFE for services that involve a non employed provider - i.e. surgeon? Who does CMS see as the "convening provider" of the co-providers? We see the facility being the most prepared to act as the convening provider, but we are finding non-employed provider offices are not cooperating with the prvision of the profee estimate portion.**

CMS has rolled out a FAQ that addresses this specific question. The short answer is the co-providers are required to provide GFE information to the requesting convening provider or facility. For the full answer, review page 5 of the CMS FAQ - link below.

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-Good-Faith-Estimates-FAQ.pdf>

**30 calendar days or business days?**

**Timelines related to reimbursement and the IDR process are in business days.**