

What is Considered “Health Insurance”? Determining When Uninsured (or Self-Pay) Good Faith Estimate Rules Apply

What is a Good Faith Estimate?

A good faith estimate (GFE) is an estimate of expected charges for an item or service that a patient has scheduled or an item or service for which a patient has requested a cost estimate.¹ Health care providers and facilities must generally provide a GFE to uninsured (or self-pay) individuals upon scheduling health care items or services or upon an individual’s request. This fact sheet is intended to help providers and facilities determine whether a patient is uninsured (or self-pay) and entitled to receive a GFE.² For more information about GFE requirements for uninsured (or self-pay) individuals, please see [Guidance on Good Faith Estimates and the Patient-Provider Dispute Resolution \(PPDR\) Process for Providers and Facilities](#).

When must providers and facilities give uninsured (or self-pay) individuals a GFE?

Providers and facilities must give an uninsured (or self-pay) individual a GFE upon request or for items or services scheduled 3 or more business days in advance. **For items or services scheduled fewer than 3 business days before the date of service, a GFE is not required.** For example, a GFE is not required in emergency situations, walk-in appointments, or where care is scheduled 1 or 2 business days in advance. For items and services scheduled 3 or more business days before the date of service, GFEs must be provided within the following timeframes:

¹ Public Health Service Act section 2799B-6, as added by section 112 of title I of Division BB of the Consolidated Appropriations Act, 2021.

² This fact sheet doesn’t address GFE requirements that apply in the case of individuals enrolled in a group health plan, group or individual health insurance coverage offered by a health insurance issuer, or FEHB plan who seek to have a claim for the item or service submitted to their plan or coverage. For more information, see Guidance for Good Faith Estimates Part 1, available at <https://www.cms.gov/ccio/resources/regulations-and-guidance/downloads/guidance-good-faith-estimates-faq.pdf>. It also doesn’t address the GFE that an out-of-network provider or facility must furnish as part of asking for an individual’s written consent to waive surprise billing protections under the No Surprises Act. See 45 CFR § 149.420(d)(2). For more information about this requirement, see The No Surprises Act’s Prohibitions on Balancing Billing, available at <https://www.cms.gov/files/document/a274577-1a-training-1-balancing-billingfinal508.pdf>.

Triggering Event	GFE must be provided within:
Item or service scheduled 3-9 business days before the date of service	1 business day from the date of scheduling
Item or service scheduled 10 or more business days before the date of service	3 business days from the date of scheduling
Cost estimate for an item or service requested	3 business days from the date of the request

Note that providers and facilities must consider any discussion or question from an individual about the potential costs of items or services under consideration as a request for a GFE.

Who is considered “uninsured” and who is considered “self-pay” for GFE purposes?

An **uninsured individual** is someone who is not enrolled in a group health plan, group or individual health insurance coverage, federal health care program, or a Federal Employees Health Benefits (FEHB) plan.

Examples of federal health care programs include:

- Medicare (including Medicare Advantage plans)
- Medicaid (including Medicaid managed care plans)
- The Children's Health Insurance Program (CHIP)
- TRICARE
- Health coverage through enrollment in the Department of Veterans Affairs (VA) Health Care System

Examples of group health plans and group or individual health insurance coverage include:

- A job-based group health plan (including through a spouse or parent), such as one sponsored by:
 - A private employer, including Multiple Employer Welfare Arrangements (MEWAs)
 - A state or local government employer
 - A labor union for its union members and their families
 - A Tribal government
 - The Federal Government (e.g., through the FEHB Program)

- A church employer or an employer that is a convention or association of churches (note that this is different from a health care sharing ministry, which is not limited to church employees)
- A small employer that offers a qualified health plan through the Small Business Health Options Program (SHOP) Marketplace
- Individual health insurance coverage, including:
 - A health plan bought through a federal or state health insurance Marketplace
 - A policy purchased directly from a health insurance issuer
- A fully-insured student health plan (i.e., where an insurance company bears the risk as opposed to the school)

A **self-pay individual** is someone who is enrolled in a group health plan, group or individual health insurance coverage, or FEHB plan, but who does not want to have a claim submitted to their plan or coverage for the item or service. Note that an individual who is enrolled in a federal health care program (such as Medicare or Medicaid, as described above) but who does not want to have a claim submitted to their plan or coverage for the item or service is *not* considered to be a self-pay individual.

Are individuals covered under federal health care programs entitled to an uninsured (or self-pay) GFE if their federal health care program doesn't cover a specific item or service?

No. Individuals covered under federal health care programs such as the ones described above (e.g., Medicare and Medicaid) are not entitled to a GFE, even if the program does not cover the item or service or if they do not want to have a claim submitted for the item or service. (See definition of self-pay individual above.)

Is an uninsured (or self-pay) GFE required if an individual is enrolled in coverage through a health care sharing ministry; a farm bureau plan; a self-funded student health plan; or a short-term, limited-duration insurance plan?

In general, yes. There are types of plans and coverage that provide payment for health care expenses but are not considered group health plans, group or individual health insurance coverage, federal health care programs, or FEHB plans. Some examples of these include health

care sharing ministries, farm bureau plans, self-funded student health plans, and short-term, limited-duration insurance.

An individual enrolled in one of these types of coverage (and not also enrolled in a group health plan, group or individual health insurance coverage, federal health care program, or FEHB plan) is considered uninsured for purposes of the GFE requirements and must be given an uninsured (or self-pay) GFE, if otherwise required.

Health care sharing ministries. Health care sharing ministries are programs in which members share a common set of ethical or religious beliefs and share medical expenses among members in accordance with those beliefs. They are often associated with religious groups, though they do not have to be. Health care sharing ministries generally are not health insurance plans or coverage. Note that health care sharing ministries are different from church plans, which are offered by a church or association of churches to their employees and are considered group health plans.

Short-Term, Limited-Duration Insurance. Short-term, limited-duration insurance is a type of insurance that is designed to fill temporary gaps in coverage when an individual is transitioning from one source of coverage to another, such as an individual who is between jobs. These types of health insurance products do not count as health insurance plans or coverage for GFE purposes.

Farm bureau health plans. Farm bureau health plans are only available to members of a state's farm bureau, though an individual does not necessarily need to be affiliated with the agricultural industry to become a member. These plans offer health benefits but are generally not subject to a state's insurance laws and do not count as health insurance plans or coverage for GFE purposes.

Self-funded student health coverage. Self-funded student health coverage is a type of plan offered to college students where the higher education institution assumes the risk for the payment of medical expenses. These plans are different from fully funded student health plans, where the insurance company pays toward claims. These plans do not count as health insurance plans or coverage for GFE purposes.

How can I determine whether someone's health coverage is a group health plan, group or individual health insurance coverage, federal health care program, or a FEHB plan?

Providers and facilities must take reasonable steps to determine if the individual is enrolled in a group health plan, group or individual health insurance coverage, federal health care program, or FEHB plan, such as:

- Asking for the individual's understanding of their insurance status.
- Asking the individual for the name and policy number of the product they are enrolled in.
- Reviewing the individual's insurance card for key terms that suggest the product is a group health plan, group or individual health insurance coverage, federal health care program, or FEHB plan, as further discussed below.
- Educating staff about the types of plans and coverage that are, and are not, considered a group health plan, group or individual health insurance coverage, federal health care program, or FEHB plan.
- Contacting the plan, issuer, FEHB carrier, or other organization listed on the individual's health insurance ID card to ask whether the product is a group health plan, group or individual health insurance coverage, federal health care program, or FEHB plan, and to verify the individual's enrollment.

How can I tell if someone is enrolled in a group health plan, group or individual health insurance coverage, federal health care program, or FEHB plan based on their health insurance ID card?

Typically, an individual's health insurance ID card will provide clues that can help you determine what type of coverage the individual is enrolled in. For example, most health insurance ID cards for group health plans and group and individual health insurance coverage will include certain information. If a patient's ID card does not include the following information, it may be a sign that the coverage is not a health insurance plan or coverage for uninsured (or self-pay) GFE purposes:

- A deductible
- An out-of-pocket maximum limitation
- A telephone number and website address or QR code where the individual may seek consumer assistance information


A health insurance ID card from a health care sharing ministry or short-term, limited-duration insurance may include some of the above information. We encourage you to call the number listed on the ID card if you are unsure of whether the coverage is a group health plan, group or individual health insurance coverage, federal health care program, or FEHB plan.

Below are examples of cards from programs that are not group health plans, group or individual health insurance coverage, federal health care programs, or FEHB plans. If an individual's health

insurance ID card looks like any of the samples illustrated below, they may be uninsured for GFE purposes and entitled to an uninsured (or self-pay) GFE.

Sample Health Care Sharing Ministry Card


Front of Card

 COMPANY NAME Ministries HealthShare	
Member name: (insert name) Member ID: XXXXXX Group number: 123456 Member since: 01/01/2011 Address: XXXX Office visit: \$X ER Visit: \$X Specialist: \$X	Some medical bills require Pre-Notification. For Pre-Notification call (xxx) xxx – xxxx For Eligibility call (xxx) xxx – xxxx <i>Pre-Notification does not guarantee sharing.</i> For member services contact (xxx) xxx-xxxx or visit companyname.org Rx BIN: XXXXX Rx GRP: XXXXX

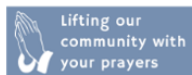
Health care sharing ministries may include the term “Ministries” or “Health Share” in their name. They may also refer to “Pre-Notification” requirements for certain services (this is different from prior authorization or prior approval).

The inclusion of these terms on an ID card may be a sign that the individual is considered uninsured for GFE purposes.

Back of Card

 COMPANY NAME Ministries HealthShare
<p>XYZ Ministries is a Health Care Sharing Ministry that allows members to share medical expenses in accordance with their beliefs. Needs that qualify are shared through our community communications system.</p> <p>XYZ Ministries International is NOT an insurance company, does NOT provide insurance, and does NOT pay medical bills. Any medical bills incurred by a member of XYZ Ministries are solely the responsibility of that member. For any general questions relating to XYZ Ministries, please contact 123-456-7890</p>

The member card will often provide a disclaimer stating that it is NOT a form of insurance. Note that not every ID card from a health care sharing ministry will include this type of disclaimer. We encourage you to look for other indicators or call the number listed on the card.



Sample Short-Term, Limited-Duration Insurance Card



COMPANY NAME

Member Name:
[Insert name here]
Member ID:
[Insert ID here]

Dependents:
Dependent One
Dependent Two
Dependent Three

Group No. #####
BIN: #####
Benefit Plan: XXXXX
Effective Date: ##/##/##

Plan: XXX
Office Visit: \$\$
Specialist Copay: \$\$
Emergency: \$\$
Deductible: \$\$



INSERT PLAN NAME

SHORT-TERM MEDICAL COVERAGE

Member cards for **short-term, limited-duration insurance** may include a statement either on the front or back of the card that this is a “short-term” product.

The inclusion of this term on an insurance card is a sign that the coverage does not count as a health insurance plan or coverage for GFE purposes.

Sample Farm Bureau Insurance Card

**FARM
BUREAU
INSURANCE**

Official Farm Bureau Membership Card

Member Name: [Insert name here]

Member ID: [Insert ID here]

Policy Period: MM/DD/YYYY – MM/DD/YYYY

Policy Services: 123-456-7890

Claims: 109-876-5432

Farm bureau health plans will likely include the term “farm bureau” in their name and indicate which state they serve (for example, “Oklahoma Farm Bureau”).

Additional GFE guidance and resources:

- Sample GFE template: <https://www.cms.gov/files/document/good-faith-estimate-example.pdf>.
- FAQs about GFEs for Uninsured (or self-pay) Individuals: <https://www.cms.gov/marketplace/resources/regulations-guidance#Good Faith Estimates>.
- CMS’ No Surprises Act webpage: <https://www.cms.gov/nosurprises>.