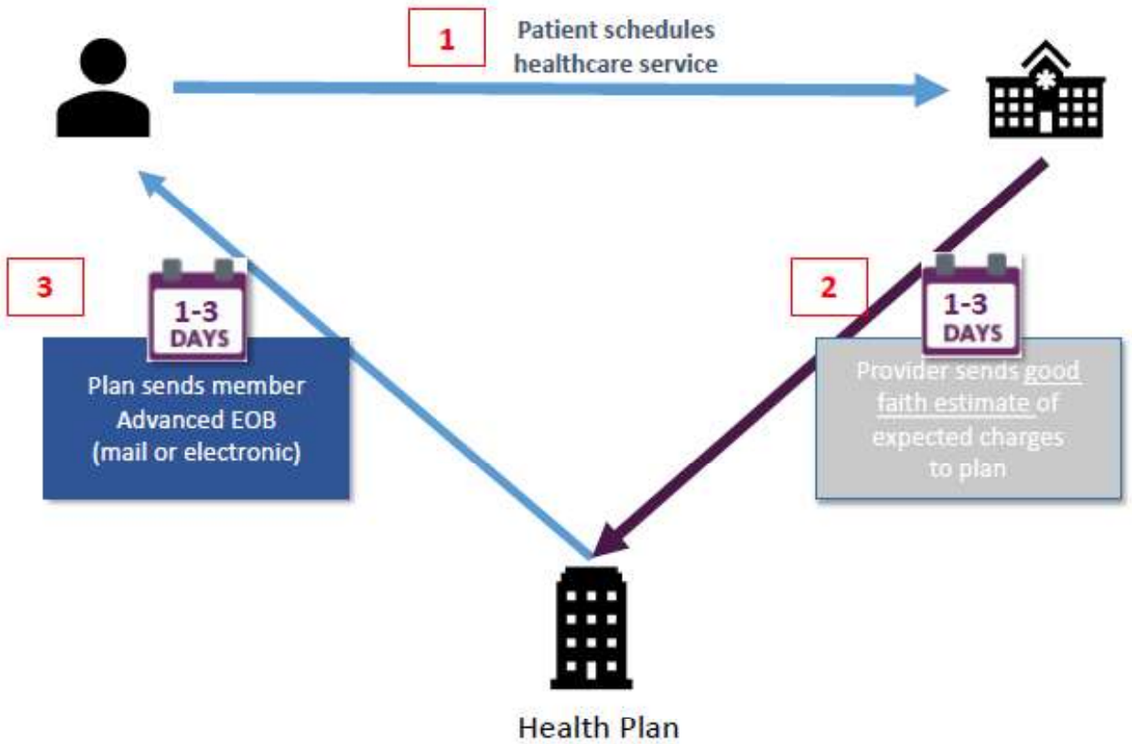
Advanced Determination of Benefits



- As specified in the law, an "advanced determination of benefits" process should be triggered whenever an appointment is made for services or if requested by a patient, even in the absence of a scheduled appointment.
- Applies to all services provided by *all* providers and facilities, not just out-of-network providers.
- Provider is required to send patient's health plan a "good faith estimate" of the cost of items and services to be rendered.
- The good faith estimate must be sent by provider 1 day after the service is scheduled and at least 3 business days before the appointment OR, if service is scheduled at least 10 business days in advance, not later than 3 business days after scheduling.*
- Within 1 business day of receiving the above good faith estimate from the provider* (or within 3 days of receipt of estimate if service is scheduled at least 10 business days in advance), the payer must provide the patient with an Advanced Explanation of Benefits through mail or electronic means.

**HHS may change these timelines through regulation*