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Ministries

Good Faith Estimate

The “No Surprises Act”, hereafter referred to as “the Act,” which became effective on January 1, 2022, aims to increase price transparency, and reduce the likelihood that clients receive a “surprise” medical bill. Specifically, the Act requires healthcare providers to inform clients or their insurer of a “good faith estimate” (“GFE”) of the costs for a scheduled service or upon request before the service is provided.

The Act defines “provider” broadly to encompass all healthcare providers practicing within the scope of a state-issued license. Professional counselors working in a clinical setting with a state-issued practitioner license meet this definition and are subject to this law.

What is a Good Faith Estimate?

The “Good Faith Estimate”, hereafter referred to as “GFE”, is a notification of expected charges for a scheduled or requested item or service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service (whether provided by the provider or another provider or facility). Note that Centers for Medicare and Medicaid (CMS) is deferring the requirement to include items and services provided by other providers or facilities in the GFE for 2022 but encourages providers to do so when feasible. The expected charges should take into account any discounts or financial assistance. GFEs are not required for emergency services, which cannot be scheduled in advance, unless specifically requested by the client. The GFE provisions are meant to give consumers predictability of how much they will be charged for services provided prior to keeping an appointment or receiving any billable services. The GFE must be communicated in written form, either on paper or electronically.

To what category of clients do I need to provide a Good Faith Estimate?

The Act requires providers to provide a GFE directly to clients who are **uninsured or self-pay**. Self-pay clients are those who are enrolled in commercial insurance (including a Federal Employees Health Benefits (“FEHB”) program health benefits plan) but is not seeking to have a claim submitted to that plan. The Act also requires providers to provide a GFE to a client’s insurer if the client is enrolled in a commercial plan and seeking to have a claim submitted to that plan.

The Act also requires providers to provide a GFE to a client’s insurer if the client is enrolled in a commercial plan and seeking to have a claim submitted to that plan. However, the Center for Medicare and Medicaid Services (“CMS”) has not issued regulations on these requirements for insured patients and is deferring enforcement of this requirement until such rules are issued and final. Therefore, the information below focuses on requirements for providing a GFE to **uninsured or self-pay clients**.

Ask the client if they have any kind of health care insurance and whether they intend to file a claim to pay for your counseling services. If the client is uninsured or will not seek to file a claim with their health care insurance to pay for your services, you must provide them with a GFE.

You must provide a GFE to all new and current uninsured or self-pay clients. The Act makes no distinction between current or future clients. Provider may provide clients with a single GFE for recurring services (e.g., multiple counseling visits). **It must be noted that particular GFE is good only for one year (12 months).**