

More Information about No Surprises Act and the Good Faith Estimate – with added information as of 01/05/2022

(Changed from previous posts)

There have been many member questions about how to deal with No Surprises Act and the Good Faith Estimate (GFE). Based on what we're seeing from the Department of Labor (DoL) FAQ, supplying a GFE is incumbent on both providers and facilities and is for both insured and uninsured patients regardless of whether the patients intend to use their insurance or not. In the case of insured patients the expectation is that the GFE will be sent to the insurance company. For uninsured patients, or patients choosing not to use their insurance, the GFE would be supplied to the patient. The relevant section of the FAQ is:

Good Faith Estimate

PHS Act section 2799B–6, as added by section 112 of division BB of the CAA, requires providers and facilities, upon an individual's scheduling of items or services, or upon request, to inquire if the individual is enrolled in a health plan or health insurance coverage, and to provide a notification of the good faith estimate of the expected charges for furnishing the scheduled item or service and any items or services reasonably expected to be provided in conjunction with those items and services, including those provided by another provider or facility, with the expected billing and diagnostic codes for these items and services. **If the individual is enrolled in a health plan or coverage (and is seeking to have a claim for the item or service submitted to the plan or coverage), the provider must provide this notification to the individual's plan or coverage. In the case that the individual is not enrolled in a health plan or coverage or does not seek to have a claim for the item or service submitted to the plan or coverage, the provider must provide this notification to the individual.** These provisions apply with respect to plan years (in the individual market, policy years) beginning on or after January 1, 2022.

Here is a link to the full text of the DoL FAQ:

<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebbsa/our-activities/resource-center/faqs/aca-part-49.pdf>

In addition, there is information available from the American Psychological Association (APA) that answers questions and includes links to suggested forms both to provide patients with information about their rights to a GFE and for the GFE itself.

Question and answer: https://www.apaservices.org/practice/legal/managed/billing-disclosure-requirements?_ga=2.248326343.1708176819.1640276072-1312356229.1640276072

Patient information form: <https://www.apaservices.org/practice/legal/managed/good-faith-estimate-notice.pdf>

GFE form: <https://www.apaservices.org/practice/legal/managed/good-faith-estimate-template.pdf>

Please notice that questions and answers and both of the forms are coming from APA Legal.

With a nod to Margaret Schiliro for posting the link, we have a link to an article from Barbara Griswold, LMFT about the Act, the GFE and their implications. We have mentioned Barbara Griswold's website, [Navigating the Insurance Maze](#), and the blog that she keeps there, several times in the past. **Please note:** although her blog and subscribing to it are free, she is a commercial enterprise and sells things on her website. Our listing her here does not constitute an endorsement of her or her business by the NYSSCSW, nor do we have any financial or other interest in her business. We are not affiliated with her in any way. I just find her blog extremely useful and informative, and personally recommend the forms package she sells as useful for people both just setting up their practices and for those who are dealing with the changing rules. She mentions it in the article and I personally, again with no endorsement by the NYSSCW, recommend at least looking at what she has there. Here is the link to the article:

<https://theinsurancemaze.com/nosurprisesact/>

In addition, the APA is recommending that clinicians who were not already using an Employer Identification Number (EIN) instead of their Social Security Number (SSN) on claim forms obtain and use an EIN immediately. This is because, they say, that as part of the Transparency Act, patients will be able to see the information claim forms, including our NPI and whichever identifier (either EIN or SSN) that we use. They recommend shifting to using an EIN prevent possible identity theft. They also suggest that using an EIN can be advantageous for businesses in other ways, such as obtaining business loans. We have been unable to verify that the No Surprises/Transparency Act will in fact allow patients to see all of that information, but we have no reason to doubt the accuracy of the information provided by the APA. We have been advocating for some time for our members obtain and use EINs for all business purposes protect their privacy. This is just more fuel to that fire.

Here is a link to an article from APA about using Employer Identification Numbers:

<https://www.apaservices.org/practice/business/finances/employer-identification-numbers>

We hope this answers some of the questions and addresses some of the confusion.

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