

## No Surprises Act & Good Faith Estimates

In compliance with the No Surprises Act that went into effect January 1, 2022, I am required to notify all clients of your Federal rights and protections against “surprise billing.”

This Act requires that I: (1) notify you of your federally protected rights to receive a notification when services are rendered by a non-participating provider, and (2) provide options to receive care from an in-network provider, if one is available. The Act also applies to those without health insurance coverage.

**Please click here for the mandated disclosure, YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS**

These rights are also outlined at <https://www.cms.gov/nosurprises/> and particularly at <https://www.cms.gov/nosurprises/consumers/new-protections-for-you> .

**Clients Using In-Network Insurance:** The Act will require a Good Faith Estimate (GFE) of the cost of services for the duration of treatment later this year after the Federal government issues further guidance.

**Clients Forgoing Use of Their Insurance or Uninsured:** *I am required to forward you a Good Faith Estimate (GFE) shortly before our first session.* You are under no obligation to sign it (and I can help you find an in-network provider), but I may need to decline treatment if we do not sign an agreement.

### **Silliness of this Act Applying to Psychotherapy:**

Psychotherapists in private practice were under the impression that this Act would not apply to us — we thought it would only apply to big hospitals as the intent of the Act was/is mainly to keep people at hospitals from getting huge surprise bills.

**A realistic preview of what the entire length of therapy will cost is practically impossible ahead of time.** Providing a per session fee is reasonable and already ethically required. ***Speed of response to treatment, frequency of treatment, severity of condition, changing client goals, the value of ongoing support, and more, all effect ultimate costs.*** Psychotherapy is not a one-time procedure, like a broken arm, that can be easily quoted — and somatic medical procedures were what the Act originally aimed to address.

Under certain circumstances, clients can enter a dispute resolution process if costs go too high above the GFE. Therefore, ***I need to quote a GFE for an entire year with the highest likely costs factored in.*** While this has the advantage of helping clients think through and budget for longer-term therapy, ***it can also force sticker shock on potential clients right at the time when they are most in crisis — possibly causing them to forgo the help they need.*** Many/most clients see relief of their original condition sooner than a year, and if they stay that longer it's because they are finding value working on secondary or different concerns. Generally speaking, clients always have the right to discontinue therapy at any time, whether they are worried about their budget or any other issue, and they may choose to discuss budgeting options with their therapist.

I could quote a period shorter than a year — say a month — but then we'd have to sign new GFEs monthly if needed, and my guess is that would annoy the heck out of my clients and me.

Most people do not think of their budgets in terms of a year. If you add up what a year of rent or food or car payments cost, you will also be in for sticker shock. If you do not think of therapy as an essential expense, then add up a year of cable TV payments, basketball tickets, etc.

While I am a pro-insurance therapist who takes several forms of insurance, the Act requires language be included in my paperwork that is hostile to the idea that anyone seek therapy outside of using their insurance. There is an implicit assumption that clients seeing a therapist outside of insurance are being ripped off financially. Sometimes the right provider is not in-network. Sometimes people want more data privacy than can be assured when insurance is involved. Sometimes insurance companies pay far less than what the workload and educational level of therapists deserves — especially when private practice therapists are contractors paying their own overhead, health insurance, not receiving paid time off, and not being paid for time spent outside sessions.

In most cases clients paying out-of-pocket for therapy will be given GFE based upon my fee schedule found in the Practice Policies form through Simple Practice. Financial help is available through Open Path Collective for a finite number of spaces. Clients utilizing their insurance should also refer to the Practice Policies form for an array of charges that may occur that are unlikely to be covered by insurance. These fees are always discussed or notified ahead of billing.