**A few surprises with the No Surprises Act**

The No Surprises Act (NSA) has helped prevent $10 million in surprise billing but has also created some unanticipated consequences.

A provision of the NSA creates a forum for resolving disputes between providers and insurers about pay for out-of-network care.

Compared to the 17,000 independent dispute resolution (IDR) claims the Centers for Medicare & Medicaid Services (CMS) expected when NSA took effect in 2022, the actual number has pushed deep into the 6 figures, 670,000 at last count, or 14 times more than expected.

In a further revelation, a large majority of IDR claims have been brought by a small number of parties, with only ten stakeholders accounting for 78% of all claims according a CMS report.

These parties include large practice management companies, revenue cycle management firms and medical practices.

Providers have been winning most IDR disagreements, 7 out of 10, according to CMS data from the first 6 months of 2023.

The higher-than-expected use of IDR may indicate that some providers and hospitals aware of their odds in a dispute may be trying to exploit the arbitration process to increase profits, according to AHIP and BCBSA researchers.

One hopes this imbalance will be worked out of IDR in the coming years.

In the meantime, health plans can do two things:

1.) Work on expanding provider networks to prevent out-of-network charges.

2.) Implement or beef up provider quality tracking. A defense payers have in these disputes is the quality of outcomes providers generate. The NSA includes IDR guidelines that include the level of quality and outcomes measurements of the provider or facility that furnished the qualified IDR item or service.

HealthCorum's analytics can help you assess providers' suitability for potential network expansion and track current in-network provider performance.

We apply a combination of evidence-based clinical guidelines, clinical review, analysis of unwarranted variation, and specialty-specific definitions of low-value care to develop risk-adjusted, population-based quality metrics.

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