

## Federal Independent Dispute Resolution Supplemental Tables General Information

This document outlines important information about the Federal Independent Dispute Resolution Supplemental Tables (Federal IDR Supplemental Tables), including data source, variables, and key assumptions.

### 1. Overview of IDR Federal Supplemental Tables

The No Surprises Act (NSA) and its implementing regulations establish a Federal Independent Dispute Resolution (IDR) process that out-of-network (OON) providers, facilities, and providers of air ambulance services, and group health plans, health insurance issuers offering group and individual health insurance coverage, and Federal Employees Health Benefits (FEHB) Program carriers (collectively, disputing parties) may use to determine the OON rate for qualified IDR items or services after an unsuccessful open negotiation period.

The Departments of Health and Human Services, Labor, and the Treasury (the Departments) are publishing the Federal IDR Supplemental Tables file to improve transparency around the Federal IDR process. The tables in this file include information to provide additional transparency to the Federal IDR process.

The Federal IDR Supplemental Tables aggregate data submitted to the Federal IDR portal by disputing parties and certified IDR entities. Data are currently available for calendar year 2023 and 2024. CMS manages the generation and release of the Federal IDR Supplemental Tables. The Departments may release supplemental tables for future calendar quarters in a different format.

The Federal IDR Supplemental Tables file is an excel file with multiple tabs. Fourteen tables are included in the Federal IDR Supplemental Tables file, summarized below:

<b>Tab</b>	<b>Table</b>
Tab 1: Summary Tables	Table 1: Disputes Initiated Table 2: Disputes Initiated, Stratified by Provider Practice or Facility Size Table 3: Disputes Initiated, Stratified by Health Plan Type <sup>1</sup> Table 4: Dispute Eligibility Challenged by Non-Initiating Party Table 5: Reasons for Closure of Disputes Table 6: Federal IDR Process Expenditures, Administrative Fees, and Certified IDR Entity Compensation
Tab 2: Initiations by State	Table 7: Federal IDR Dispute Initiations by State or Territory
Tab 3: Top Disputing Parties	Table 8: Top 10 Initiating Parties or their Representatives for Disputes Involving OON Emergency and Non-Emergency Items or Services Table 9: Top 10 Non-Initiating Parties or their Representatives for Disputes Involving OON Emergency and Non-Emergency Items or Services Table 10: Top 10 Initiating Parties or their Representatives for OON Air Ambulance Services Table 11: Top 10 Non-Initiating Parties or their Representatives for OON Air Ambulance Services
Tab 4: Payment Determination Outcomes	Table 12: Payment Determination Outcomes Table 13: Prevailing Offers Relative to QPA by Cost Band Table 14: Prevailing Offers Relative to QPA by Specialty

## 2. Data Source

The Federal IDR Supplemental Tables file contains data submitted to the Federal IDR portal by disputing parties and certified IDR entities. Data from disputing parties are captured on webforms when disputing parties initiate a dispute and submit their offers. Certified IDR entities are assigned disputes through the Federal IDR portal and report the outcome of each dispute. For example, certified IDR entities report whether the

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<sup>1</sup> Health plan types are the following: partially or fully self-insured employment-based group health plan; fully insured private group health plan; individual health insurance issuer; Federal Employees Health Benefits (FEHB) Carrier; non-federal governmental plan (or state or local government plan); and church plan.

dispute was closed as ineligible, withdrawn, or reached a payment determination. If the dispute reaches a payment determination, the certified IDR entity reports which party prevailed.

### 3. Description

An overview of the content, data source, and any relevant notes for each table in the Federal IDR Supplemental Table file is included below:

<b><i>Tab 1: Summary Tables</i></b>			
<b>Table</b>	<b>Description</b>	<b>Data Source</b>	<b>Notes</b>
Table 1: Disputes Initiated	This table shows the number of disputes initiated in the calendar quarter. The table shows how many disputes were initiated by providers vs. facilities, and how many disputes were initiated for OON emergency or non-emergency items and services vs. OON air ambulance services.	Notices of IDR Initiation submitted to the Federal IDR Portal during the calendar quarter.	On the Notice of IDR Initiation webform, initiating parties report whether they are a provider, facility, or health plan or issuer.

Table	Description	Data Source	Notes
Table 2: Disputes Initiated, Stratified by Provider Practice or Facility Size	This table shows the number of disputes for OON emergency or non-emergency items and services initiated in the calendar quarter, stratified by provider practices and facilities of varying staff sizes.	Notices of IDR Initiation and Notices of Offer submitted to the Federal IDR Portal during the calendar quarter.	<p>Providers and facilities report their practice or facility size when they submit their offers. Note that large provider groups with multiple affiliated practices may vary in their approach to reporting practice or facility size, with some reporting the size of the parent organization and others reporting the size of a specific affiliated practice or facility.</p> <p>If the providers have not submitted an offer for their dispute, the provider practice or facility size is listed as “Unknown” in the table. Disputes where the provider or facility size are “Unknown” represent disputes that were initiated in the quarter and closed without offers (for example, disputes closed as ineligible, disputes withdrawn by the parties, or disputes closed for administrative reasons) or open disputes that are awaiting offers as of the date the data for the report was generated from the Federal IDR portal.</p>
Table 3: Disputes Initiated, Stratified by Health Plan Type	This table shows the number of disputes initiated, stratified by health plan type.	Notices of IDR Initiation submitted to the Federal IDR Portal during the calendar quarter.	The initiating party submits the health plan type upon dispute initiation. If the initiating party is a provider and the provider does not know the health plan type of the non-initiating party upon initiation, the health plan type is listed as “No Issuer Response.” The non-initiating party should update the health plan type during the certified IDR entity selection process or in response to outreach from the certified IDR entity. Certified IDR entities need to know the health plan type in order to determine eligibility for the Federal IDR process. Disputes listed as “No Issuer Response” in this table represent disputes that were initiated in the quarter and are awaiting information on health plan type as of the date the report was generated from the Federal IDR portal.

Table	Description	Data Source	Notes
Table 4: Dispute Eligibility Challenged by Non-Initiating Party	This table shows the number and percentage of disputes initiated during the calendar quarter for which the non-initiating party attested that the dispute is not eligible for the Federal IDR process.	Certified IDR entity selection response webforms submitted to the Federal IDR portal. The non-initiating party may attest that a dispute is not eligible for the Federal IDR process during certified IDR entity selection.	The non-initiating party does not always respond to the certified IDR entity selection response webform. When the non-initiating party does not respond, the dispute is assigned to the initiating party's preferred certified IDR entity (provided that the certified IDR entity attests that it does not have a conflict of interest). The certified IDR entity reviews the dispute to verify eligibility even if there is no challenge from the non-initiating party. If the non-initiating party does not object to the eligibility of a dispute on the certified IDR entity selection response webform, sometimes the non-initiating party objects to eligibility when submitting their offers. These objections are not captured in this table.
Table 5: Reasons for Closure of Disputes	This table shows the number of disputes closed during the calendar quarter and the reason for closure.	Data from the Federal IDR portal.	<p>The "Other" closure reason category represents disputes that were either withdrawn by disputing parties, closed due to outside settlement between the disputing parties, or were closed for administrative reasons, such as data entry errors or the failure of both parties to pay fees or submit offers.</p> <p>All disputes closed on the Federal IDR portal during the calendar quarter are included in this table regardless of date initiated. Note that there may be some lag between when a certified IDR entity sends a determination notice to parties and when the dispute is updated to closed status in the Federal IDR portal.</p>

Table	Description	Data Source	Notes
Table 6: Federal IDR Process Expenditures, Administrative Fees, and Certified IDR Entity Compensation	This table shows Federal IDR process expenditures, administrative fees collected by HHS, and total certified IDR entity compensation during the calendar quarter.	HHS expenditures and data from the Federal IDR portal.	<p>Federal IDR expenditures are defined as the costs associated with the implementation of the Federal IDR process (implementation costs) and with carrying out daily activities necessary for processing payment disputes (ongoing costs) in the reporting quarter. For 2024 calendar quarters, and moving forward, expenditures are reflected as obligated costs.</p> <p>Administrative fees collected encompasses administrative fees collected in the calendar quarter regardless of the date the disputes were initiated and excludes fees that have not yet been collected by HHS. Because disputes can be closed prior to the certified IDR entity collecting administrative fees from the parties, some disputes that are initiated do not result in full payment of administrative fees to HHS. This most commonly occurs when a dispute is deemed ineligible for the Federal IDR process.</p> <p>Certified IDR entity compensation encompasses compensation for disputes closed during the calendar quarter regardless of the date the disputes were initiated.</p>

<b>Tab 2: Initiations by State</b>			
<b>Table</b>	<b>Description</b>	<b>Data Source</b>	<b>Notes</b>
Table 7: Federal IDR Dispute Initiations by State or Territory	This table shows the number of payment disputes initiated during the calendar quarter in each state or territory based on the location where the item or service was furnished.	Notices of IDR Initiation submitted to the Federal IDR portal during the relevant calendar quarter.	Note that the sum of disputes per state is greater than the total number of disputes because some batched disputes involved items or services furnished in several states – these disputes are included in the per state total for each state. These disputes may represent incorrectly batched items and services if the items or services furnished in different states are covered by different group health plans or health insurance issuers.

<b>Tab 3: Top Disputing Parties</b>			
<b>Table</b>	<b>Description</b>	<b>Data Source</b>	<b>Notes</b>
Table 8: Top 10 Initiating Parties or their Representatives for Disputes Involving OON Emergency and Non-Emergency Items or Services	This table shows the 10 initiating parties or their representatives that submitted the most disputes involving OON emergency or non-emergency items or services during the calendar quarter. The table shows the total disputes initiated by each party in the calendar quarter, and the percentage of overall disputes submitted in the calendar quarter that each party represents.	Notices of IDR Initiation submitted to the Federal IDR portal during the relevant calendar quarter.	Parties and their representatives were identified and aggregated by email domain of the initiating party on the Notice of IDR Initiation. Certain parties use multiple email domains, such as separate email domains for individual practice affiliates. In situations where CMS has identified that multiple email domains are associated with the same party, the count of disputes initiated by that party aggregates the count of disputes across multiple email domains. However, CMS cannot confirm that it has identified all unique email domains associated with a particular party. As such, this table may undercount disputes initiated by certain parties.

Table	Description	Data Source	Notes
Table 9: Top 10 Non-Initiating Parties or their Representatives for Disputes Involving OON Emergency and Non-Emergency Items or Services	This table shows the 10 non-initiating parties or their representatives that were involved in the most disputes involving OON emergency and non-emergency services during the calendar quarter. The table shows the total disputes involving each party in the calendar quarter, and the subtotal by health plan type. The table also shows the percentage of overall disputes submitted in the calendar quarter that each party represents.	Notices of IDR Initiation submitted to the Federal IDR portal during the relevant calendar quarter.	<p>Parties and their representatives were identified and aggregated by email domain of the non-initiating party on the Notice of IDR Initiation. Certain parties use multiple email domains. In situations where CMS has identified that multiple email domains are associated with the same party, the count of disputes initiated against that party aggregates the count of disputes across multiple email domains. However, CMS cannot confirm that it has identified all unique email domains associated with a particular party. As such, this table may undercount disputes involving certain parties.</p> <p>The sum of the subtotals by health plan type may not equal total disputes initiated because certain health plan types that are less common (for example, church plans) are not included in the subtotals in 2023, and 2024 Q1 and Q2. Church plans are included in the subtotals beginning in 2024 Q3.</p>
Table 10: Top 10 Initiating Parties or their Representatives for OON Air Ambulance Services	This table shows the 10 initiating parties or their representatives that submitted the most disputes for OON air ambulance services during the calendar quarter. The table shows the total disputes initiated by each party in the calendar quarter and the percentage of overall disputes submitted in the calendar quarter that each party represents.	Notices of IDR Initiation submitted to the Federal IDR portal during the relevant calendar quarter.	Parties and their representatives were identified and aggregated by email domain of the initiating party on the Notice of IDR Initiation. Certain parties use multiple email domains. In situations where CMS has identified that multiple email domains are associated with the same party, the count of disputes initiated by that party aggregates the count of disputes across multiple email domains. However, CMS cannot confirm that it has identified all unique email domains associated with a particular party. As such, this table may undercount disputes initiated by certain parties.



Table	Description	Data Source	Notes
Table 11: Top 10 Non-Initiating Parties or their Representatives for OON Air Ambulance Services	This table shows the 10 non-initiating parties or their representatives that were involved in the most disputes initiated for OON air ambulance services during the calendar quarter. The table shows the total disputes involving each party in the calendar quarter, and the subtotal by health plan type. The table also shows the percentage of overall disputes submitted in the calendar quarter that each party represents.	Notices of IDR Initiation submitted to the Federal IDR portal during the relevant calendar quarter.	Parties and their representatives were identified and aggregated by email domain of the non-initiating party on the Notice of IDR Initiation. Certain parties use multiple email domains. In situations where CMS has identified that multiple email domains are associated with the same party, the count of disputes initiated against that party aggregates the count of disputes across multiple email domains. However, CMS cannot confirm that it has identified all unique email domains associated with a particular party. As such, this table may undercount disputes involving certain parties.

Tab 4: Payment Determination Outcomes			
Table	Description	Data Source	Notes
Table 12: Payment Determination Outcomes	This table summarizes the outcomes of payment determinations made in the calendar quarter, including the number of determinations made, the number of determinations won by the provider, facility, or air ambulance service provider vs. the health plan or issuer, the number of decisions where only one party submitted an offer or paid fees, and the number of determinations where the prevailing offer was greater than the qualifying payment amount (QPA). <sup>2</sup>	Data from the Federal IDR portal.	<p>“Split decision” refers to payment determinations for a batched dispute where each party prevailed in an equal number of line items.</p> <p>If only one party submits an offer and pays fees, the certified IDR entity rules in favor of this party.</p> <p>Note that the number of payment determinations where the prevailing offer is greater than the QPA includes only payment determinations where the QPA was reported. The QPA was not reported for some payment determinations. Please see the data disclaimer for further information.</p> <p>Note that the sum of determinations where provider or facility prevailed, health plan or issuer prevailed, and determinations resulting in split decisions may be less than the number of total payment determinations made because a small number of payment determination outcomes were not captured in the Federal IDR portal for older determinations sent outside of the portal.</p>

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<sup>2</sup> On August 24, 2023, the U.S. District Court for the Eastern District of Texas (district court) issued an opinion and order in *Tex. Med. Ass’n, et al. v. U.S. Dep’t of Health and Human Servs.*, Case No. 6:22-cv-450-JDK (TMA III), vacating certain portions of 45 CFR 149.130 and 149.140, 26 CFR 54.9816-6T and 54.9817-1T, and 29 CFR 2590.716-6 and 2590.717-1. The district court also vacated 5 CFR 890.114(a), insofar as it requires compliance with the vacated regulations and guidance. On October 30, 2024, the Fifth Circuit issued an opinion and order in TMA III, which partially reversed the district court’s decision with respect to certain provisions in the July 2021 interim final rules and implementing guidance under the No Surprises Act related to the methodology for calculating the QPA that had been vacated by the district court in TMA III. Please refer to FAQs about Consolidated Appropriations Act, 2021 Implementation Part 62, available at <https://www.cms.gov/files/document/faqs-part-62.pdf>, FAQs about Consolidated Appropriations Act, 2021 Implementation Part 67, available at <https://www.cms.gov/files/document/faqs-part-67.pdf> and FAQs about Consolidated Appropriations Act, 2021 Implementation Part 69, available at <https://www.cms.gov/files/document/faqs-part-69.pdf>.

Table	Description	Data Source	Notes
Table 13: Prevailing Offers Relative to QPA by Cost Band	This table shows the median prevailing offer as a percentage of the QPA for different QPA cost bands. For each QPA cost band, the table also reports the total number of payment determinations and total number of items or services with a determination. <sup>3</sup>	Data from the Federal IDR portal.	<p>The prevailing offer as a percentage of the QPA is calculated by dividing the prevailing offer by the QPA for the item or service. The median prevailing offer as a percentage of the QPA is calculated as the median of this percentage across items and services with QPAs in the given cost band. Note that batched disputes have multiple items and services per payment determination.</p> <p>Note that the sum of payment determinations in Table 13 may not equal the total payment determinations in Table 12 for two reasons. First, payment determinations where the QPA or the prevailing offer was not reported are excluded from Table 13, so that the sum of payment determinations in Table 13 may be lower than the number of payment determinations in Table 12 or Table 5. Second, some batched disputes may have line items in several different QPA cost bands. For example, a batched dispute may have one line item with a QPA less than \$100, and a second line item with a QPA over \$100. This payment determination will be counted in both cost band categories, so that the sum of payment determinations in each QPA cost band may be higher than the total number of payment determinations.</p>

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<sup>3</sup> *Id.*

Table	Description	Data Source	Notes
Table 14: Prevailing Offers Relative to QPA by Specialty	This table shows the median prevailing offer as a percentage of the QPA for various specialties. <sup>4</sup> The table shows the total number of payment determinations and total number of items or services in each specialty.	Data from the Federal IDR portal	<p>The prevailing offer as a percentage of the QPA is calculated by dividing the prevailing offer by the QPA for the item or service. The median prevailing offer as a percentage of the QPA is calculated as the median of this percentage across items and services in a particular specialty. Note that batched disputes have multiple items and services per payment determination.</p> <p>For OON emergency or non-emergency items and services, specialties are defined by the Current Procedural Terminology (CPT) range.</p> <p>Air ambulance services are defined as items and services submitted as part of an air ambulance dispute regardless of the CPT range.</p> <p>Note that the sum of payment determinations in Table 14 may not equal the total payment determinations in Table 12 and Table 13 for several reasons. First, OON emergency or non-emergency items or services with service codes that are not CPT codes are excluded from Table 14. Second, specialties with fewer than 10 payment determinations are suppressed from Table 14. Third, payment determinations where the QPA or prevailing offer was not reported are excluded from Table 14.</p> <p>Finally, a small number of items and services have CPT codes that fall into overlapping categories ranges, and could be counted numerous times.</p>

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<sup>4</sup> *Id.*

#### 4. Methodology and Key Assumptions

The data in the Federal IDR Supplemental Tables file represent data from the Federal IDR portal as of the date the report was generated. The dates the report was generated for each quarter are below.

Report	Date Report Generated
2023 Supplemental Tables	Q1 & Q2: 8/31/2023 Q3 & Q4: 3/4/2024
2024 Supplemental Tables	Q1 & Q2: 12/6/2024 Q3 & Q4: 3/18/2025

Note that data in prior status updates or partial reports may vary from data in the Federal IDR Supplemental Tables file due to differences in the dates that the reports were generated from the Federal IDR portal. Data in the Federal IDR portal may change daily due to a variety of circumstances, particularly as open disputes are being actively worked and updated.

Users should also note that in limited circumstances disputes are reopened to make corrections.<sup>5</sup> These updated disputes will appear in the Federal IDR Supplemental Tables file corresponding to the quarter when the correction was made.



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<sup>5</sup> For example, some disputes are closed in error or are reopened to correct ministerial errors.