FACT CHECK FRIDAY

WHY ARE INSURERS MANIPULATING QPAS? (HINT: FOLLOW THE MONEY)

When Congress crafted the No Surprises Act (NSA) in 2020, it rejected insurers' calls to establish payment via a benchmark. Instead, Congress created the Qualifying Payment Amount (QPA), which it required each insurer to calculate based on its median contracted rates as of January 31, 2019, adjusted annually for inflation. Importantly, Congress did not establish the QPA as a mandated reimbursement benchmark. Rather, it established the QPA as one of several reference points for arbitrators to consider when determining fair and adequate reimbursement. **There's just one problem: Big Insurance doesn't care.**

FACT: INSURERS ARE LOWBALLING THE QPA

3 of 3

Audit after audit after audit by CMS confirms this fact: Big Insurance is miscalculating the QPA

~2 in 3

QPAs are not at the median contracted rate. Instead they're far below it

9 in 10

More than 9 in 10 providers reported QPAs at or below Medicare's below-market rates

5th Circuit

Ruled QPAs are "arbitrary," "capricious," "artificially low" and "contrary to law"

SOURCE CMS QPA audit reports (Aetna TX 2024; SERS-OH and CareSource IN 2026) · AFHC/NDP Analytics QPA study (Dec 2025) · AFHC NSA Impact Survey (2024) · Texas Med. Ass'n v. HHS, 5th Cir. en banc (Aug. 11, 2026)

FACT: THE LESS INSURERS PAY, THE BIGGER THEIR PROFITS

1 Provider bills

The provider bills its standard, non-discounted rate for out-of-network care.

2 Insurer sets payment

The plan decides what to pay, often using the QPA to justify a below-market payment.

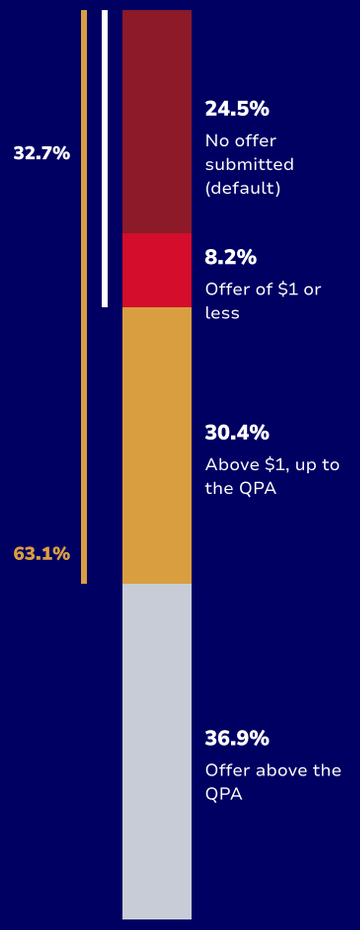
3 Insurer takes a cut

The insurer charges a "shared savings" fee of up to 50%, paid by the employer's plan.

SOURCE Health Affairs Forefront, "Hidden Incentives Drive IDR Volume and Cost" · Georgetown CHIR on TPA fees (up to 50%)

INSURERS IN IDR

Reviewing how Big Insurance behaved in 4.67M IDR disputes in 2025 reveals how they are manipulating the system.



32.7% never made a genuine offer. **63.1%** never offered more than their own QPA, the benchmark a federal court just ruled unlawful.

CMS Federal IDR Public Use Files, CY2025: 4,667,944 decided line items where the plan was the non-initiating party. Offers of $1 or less are counted within offers at or below the QPA.

FOLLOW THE MONEY

Why does Big Insurance push QPAs so low? PROFITS. Big Insurance is now spending millions to sustain this "PBM-ification" of health insurance to convince Congress to dismantle the IDR process. Without independent watchdogs, Big Insurance can reap even bigger profits by paying as little as possible for medical care. **The No Surprises Act was intended to protect patients from unexpected medical bills, not create new revenue opportunities for health insurers and claims administrators.**

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