NSA Abuse by Insurers is a Threat to Patients & Providers

Health Insurers: *Stick to the Facts!*

Misstatements and manipulation should not obscure the No Surprises Act's success.

Background

Health insurers are claiming the Independent Dispute Resolution (IDR) established by Congress in the No Surprises Act is increasing the cost of healthcare. The facts, however, tell a very different story:

- IDR-eligible claims comprise *less than 0.1%* of all health insurance claims. (CMS, Premier)
- As the insurance lobby, AHIP, admits, *less than 0.05%* of all IDR claims go to arbitration. (AHIP)
- And, IDR awards equal *just 0.125%* of the hefty premiums health insurers charge. (Georgetown, NAIC)

In addition, courts are ruling that insurers engage in "a consistent practice of submitting lowball offers" – all so they can reap record profits by manipulating the IDR process and Qualifying Payment Amounts (QPAs). As a result, No Surprises Act advocates call on corporate health insurers to ***stick to the facts.***

What Insurers Don't Want Policymakers and Reporters to Know

$0.00

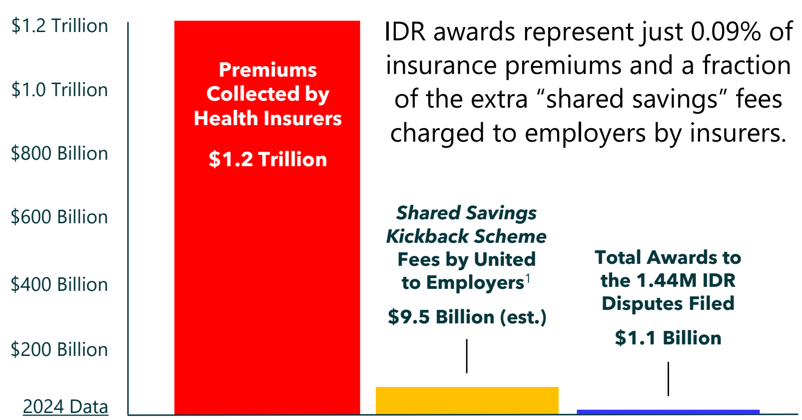
In 20,000+ disputes brought to IDR for fair resolution, insurers tried to pay *absolutely nothing* for covered medical care.

$0.10

Insurers also try to pay *less than one dime* for MRI and CT of the Cervical Spine, CT of the Head, and MRI of the Brain.

<$1.00

Insurers even try to pay *less than $1* for lifesaving ER care, including emergency treatment of heart attacks and strokes.



IDR awards represent just 0.09% of insurance premiums and a fraction of the extra "shared savings" fees charged to employers by insurers.

[1] United Health: $1.1B in 2018 grossed to 2018-2025 (Source: *How Taxpayers Are Helping Health Insurers Make Even Bigger Profits* – The New York Times)

~0.15%

An Elevance study cherry picks a tiny percent of IDR disputes – obscuring the true number and essential role of IDR awards.


The New York Times

Insurers Reap Hidden Fees by Slashing Payments. You May Get the Bill.

At the same time, insurers are imposing egregious fees on employer-funded health plans.

It's Time for a Full Review of Insurer Misstatements and Manipulation!

- Review corporate health insurers' fabricated QPAs, absurd initial payments, and cherry-picked data.
- Increase QPA transparency with full audits and public data reporting so insurers stop playing games.
- Closely examine shared savings fees and their role in underpayment and out-of-network disputes.

Government Action is Needed to Preserve NSA's Safeguards

AMERICANS FOR FAIR HEALTH CARE