



EDPMA REPORT: No Surprises Act Update—Full-Year 2025 IDR Payment Compliance

EDPMA

The Emergency Department Practice Management Association (EDPMA) is the trade association for emergency medicine focused on the sustainable delivery of high-quality, cost-effective patient care in emergency departments. Our members see or support approximately 60% of all annual emergency department visits.

The Study

In January 2026 EDPMA captured data from a member survey related to the Independent Dispute Resolution (IDR) process of the No Surprises Act (NSA). The survey period included January 1 through December 31, 2025. EDPMA has previously published extensive data from 2022, 2023, and 2024 on the same topic. This is the first survey with 2025 data; it focused specifically on member experiences related to the IDR health plan payment compliance for claims adjudicated against the payer's underpayments.

Nine EDPMA members with a collective national scope representing hundreds of emergency medicine practices ("the clinicians") answered six questions in a highly focused survey. The questions concerned the compliance of health plan payments owed to the clinicians based on IDR determinations. Such payments are due by statute within 30 days of the IDR award according to the NSA statute.

The Findings

1. The respondents reported a total of 659,600 claims (rounded) won in IDR in 2025.
2. 316,300 claims (48.0%) won by the clinicians were **not paid** within 30 days. While this is an improvement over 2024's 59.6% not paid compliantly, it still represents virtually half of the clinician's awards being unpaid within 30 days.
3. The average lag time of all claims that were paid was 67 days from the date of the IDR award to the payer's remittance being received.
4. \$245,040,100 (averaging \$27,226,700 per respondent) was unpaid as of 12/31/2025.
5. The unpaid balances at 12/31/2025 averaged \$371 per claim.
6. The awards to clinicians deemed ineligible by payers after-the-fact was 1,338.
7. The number of "Zero-Dollar Final Offers" made by health plans in IDR was 24,300 (rounded), representing very small 3.7% of claims adjudicated in 2025.

The Conclusions

1. **Health Plan Payment Non-Compliance Still Approaches 50%**
The ongoing lack of enforcement by regulatory agencies continued to allow an unacceptably high percentage of non-compliance by health plans with impunity—throughout year four of the NSA.
2. **The Only Foreseeable Resolution of Such Payment Non-Compliance is Regulatory Enforcement and Focused Legislation**

Though notified repeatedly about the health plan’s payment non-compliance, the regulatory agencies have yet to engage in meaningful enforcement. Federal courts have made clear that the Departments currently have the authority to enforce these payments, although available penalties are limited.^{iiiiiiivvi} Accordingly, the legislative solution proposed by Rep Greg Murphy (NC) - the No Surprises Enforcement Act (H.R. 4710, S. 2420), introduced July 23, 2025, remains the optimal solution for this ongoing disregard of the law by health plans.

ⁱ *Modern Orthopaedics of NJ v. Premera Blue Cross*, Case No. 2:25-cv-01087 (BRM) (JSA) (D.N.J. Nov. 3, 2025): “... the statute provides for administrative enforcement remedies. Even if those remedies are not currently being applied, as Modern Ortho alleges (ECF No. 27-1 at 13), the mere presence of “agency enforcement creates a strong presumption against implied private rights of action that must be overcome.” *Wisniewski v. Rodale, Inc.*, 510 F.3d 294, 305 (3d Cir. 2007).

ⁱⁱ *PHI Health, LLC v. Keating Auto Group Employee Benefit Plan Trust, et al.*, Case No. 4:24-cv-2832 (S.D. Tex. Nov. 4, 2025): “[Congress] took a different tack: it empowered HHS [(the Department of Health and Human Services)] to assess penalties against insurers for failure to comply with the NSA.” *Id.* at 277 (citing 42 U.S.C. § 300gg-22(b)(2)(A); 45 C.F.R. § 150.301 et seq.).

ⁱⁱⁱ *Freeman Pain Institute P.A. v. Horizon Blue Cross Blue Shield of NJ*, Case No. 25-02507 (SRC) (D.N.J. Nov. 24, 2025); *Northeast Neurosurgical Assocs. v. Horizon Blue Cross Blue Shield of NJ*, Case No. 25-06288 (SRC) (D.N.J. Nov. 25, 2025); *Garden State Pain Management v. Horizon Blue Cross Blue Shield of NJ*, Case No. 25-05679 (SRC) (D.N.J. Dec. 1, 2025); *Complete Medical Wellness LLC v. Horizon Blue Cross Blue Shield of NJ*, Case No. 25-04177 (SRC) (D.N.J. Dec. 1, 2025); *Spiel v. Horizon Blue Cross Blue Shield of NJ*, Case No. 25-14769 (SRC) (D.N.J. Dec. 2, 2025); *Tamagnini v. Horizon Blue Cross Blue Shield of NJ*, Case No. 25-02022 (SRC) (D.N.J. Dec. 2, 2025); *Interventional Pain Mgmt. v. Horizon Blue Cross Blue Shield of NJ*, Case No. 25-12032 (SRC) (D.N.J. Dec. 3, 2025): “Instead of incorporating a private right of action into the NSA, Congress chose to empower the HHS to assess penalties against insurers for failure to comply with the NSA. See *Id.* § 300gg-22(a)-(b); 45 C.F.R. § 150.301 et seq.”

^{iv} *Worldwide Aircraft Servs., Inc. v. United Healthcare*, Case No. 8:24-cv-2527-TPB-LSG (M.D. Fl. Nov. 28, 2025): “Congress empowered the Department of Health and Human Services to assess penalties for failure to comply with the NSA. *Id.* The structure of the statute thus reveals an intent to enforce the NSA through administrative measures rather than private lawsuits.”

^v *Seshan v. Blue Cross Blue Shield Ass’n*, Case Nos. 25-CV-499 (CS), 25-CV-1255 (CS), 25-CV-1264 (CS), 25-CV-2049 (CS) (S.D.N.Y. Dec. 5, 2025): “But the NSA provides for administrative enforcement remedies, including federal agency oversight over the IDR process, federal agency authority to compel payment and penalize recalcitrant companies, and state oversight of insurers. See 42 U.S.C. § 300gg-22; see also *E. Coast Advanced Plastic Surgery, LLC*, 2025 WL 2371537, at *17 & n.11 (explaining administrative remedy supplied by statute); *Guardian Flight, L.L.C.*, 140 F.4th at 277 (same).”

^{vi} *Reiter v. Horizon Blue Cross Blue Shield of NJ*, Case No. 2:25-cv-12526 (WJM) (D.N.J. Dec. 8, 2025): “Moreover, a provider that has not received payment on an IDR award is not without recourse. Rather than provide for a private right of action, “NSA’s structure conveys Congress’s policy choice to enforce the statute through administrative penalties.” *Health Care*, 140 F.4th at 277; *Modern Orthopaedics*, 2025 WL 3063648 at *9-10 (discussing enforcement mechanism under NSA). For example, HHS is empowered to assess civil monetary penalties for NSA non-compliance. *Id.* (citing 42 U.S.C. §§ 300gg-22(b)(2)). Pursuant to the NSA, the Centers for Medicare and Medicaid Services, an agency within HHS, maintains an online portal for providers and consumers to submit complaints regarding the IDR process. See *id.* (identifying No Surprises Complaint Form, CMS, <https://perma.cc/HHD2-8HW7>).”