

Industry

Healthcare

Professional

REBECCA RODMAN

BOSTON:

617.279.8990

REBECCA.RODMAN@

HUSCHBLACKWELL.COM

No Surprises, New Challenges: Supreme Court Limits Provider Enforcement Under NSA

On January 12, 2026, the U.S. Supreme Court declined to review whether providers have a private right to enforce Independent Dispute Resolution (IDR) awards under the No Surprises Act (NSA). This leaves in place the June 2025 decision of the U.S. Court of Appeals for the Fifth Circuit's that limits providers' ability to seek court intervention for unpaid awards, signaling that courts may deny future private right of action claims from providers seeking to enforce unpaid IDR awards. As a result, providers in the Fifth Circuit, and potentially beyond, face an additional barrier in securing timely payment from insurers. However, recent data from the U.S. Department of Health and Human Services (HHS) indicate that the IDR process itself remains an effective tool for providers, who continue to prevail in most disputes and often secure higher payments than initially offered by insurers. This reinforces the value of the IDR process, even as legal avenues for enforcement are curtailed.

Case Background and Implications for Providers

In *Guardian Flight LLC and Med-Trans Corp. v. Health Care Service Corp.*, two providers filed a complaint against Health Care Service Corp., the insurer, for failing to timely pay 33 IDR awards, alleging a violation of the NSA. The Fifth Circuit upheld dismissal of the case, holding that the NSA does not create a private right of action for providers to enforce IDR awards in court, with enforcement authority resting exclusively with HHS. By denying certiorari, the Supreme Court allows this ruling to remain effective within the Fifth Circuit's jurisdiction, and it will likely have influence in other regions as well.

The Supreme Court's refusal to intervene means that providers cannot directly sue insurers in federal court to enforce unpaid IDR awards, at least in the Fifth Circuit. Instead, providers must rely on HHS to enforce compliance. This

creates a practical challenge because the IDR process can yield favorable payment decisions, but actual collection of those payments may be delayed or complicated if insurers do not comply promptly.

Scope of the NSA

The NSA, effective January 2022, protects patients from unexpected medical bills for certain out-of-network (OON) services, including emergency care and certain non-emergency services where patients did not knowingly consent to OON care. The NSA also creates an Independent Dispute Resolution process to resolve payment disputes between OON providers and health plans, allowing them to establish the payments for out of network charges.

Navigating the IDR Process: Key Factors and Considerations

The IDR process is a binding, final-offer arbitration system. After a 30-day open negotiation period, either party may initiate IDR within four business days. Both sides submit proposed payment amounts, and a certified IDR entity selects one.

Key factors considered by IDR entities include the Qualifying Payment Amount (QPA), provider market share, patient acuity, provider type, and good faith efforts to contract. Prior payments and government program rates are excluded from consideration. Final decisions must be issued within 30 business days, with payment due within 30 business days thereafter.

Recent Data: Provider Success in IDR

According to May 2025 data from HHS's Center for Consumer Information and Insurance Oversight (CCIIO), the IDR process remains highly effective for providers. In the last quarter of 2024, 467,268 IDR cases were initiated. Providers, facilities, and air ambulance services prevailed in 72.8% (340,537) of determinations. In 71.2% (332,860) of those cases, the final payment amount was higher than the Qualifying Payment Amount. Notably, emergency department and radiology claims represented 50% of all IDRs initiated. Moreover, only 3.9% (18,409) of disputes were found to be ineligible for the IDR process, reflecting improved understanding of eligibility criteria and process efficiency.

These trends suggest a persistent undervaluation of provider services by payers and underscore the IDR process as a vital recourse for fair reimbursement. Providers continue to prevail in most disputes, reinforcing the IDR process as a critical mechanism for ensuring equitable payment.

What this means to you

The Supreme Court's denial of certiorari in *Guardian Flight LLC and Med-Trans Corp. v. Health Care Service Corp* increases the importance of mastering the IDR process, as direct judicial enforcement is now foreclosed in the Fifth Circuit. Providers must focus on:

Meticulous Documentation: Maintaining thorough records of services rendered, communications with insurers, and payment histories to support IDR submissions and potential HHS enforcement actions.

Process Familiarity: Understand IDR eligibility, timelines, and required documentation to avoid procedural errors and maximize chances of prevailing.

Proactive Engagement with HHS: In cases of nonpayment, promptly notify HHS and provide complete documentation to facilitate enforcement.

Strategic Use of IDR: Given the high provider success rate, providers should not hesitate to pursue IDR when faced with underpayment or denial, especially for high-volume or high-value claims.

Advocacy for Regulatory Improvements: Engage with professional associations to advocate for more robust and timely HHS enforcement mechanisms, as reliance on agency action is now critical.

Contact us

If you have any questions about the IRS process, the NSA, or other healthcare compliance matters, please contact Rebecca Rodman, Taylor White, or your Husch Blackwell Attorney.