



# CMS Complaint Data and Enforcement Report on Health Insurance Market Reforms

The CMS Complaint Data and Enforcement Report presents information on complaints<sup>1</sup> and enforcement efforts related to the applicable provisions of title XXVII of the Public Health Service Act with a focus on those over which CMS has jurisdiction. CMS initiated its complaint intake process in 2022 for complaints related to the No Surprises Act. From January 1, 2022 to December 31, 2025, CMS received 39,999 complaints alleging potential violations of the requirements of title XXVII of the PHS Act, most of which have been related to alleged violations of the No Surprises Act (NSA). Because CMS does not disclose information regarding open investigations, the data in this report is limited to complaints closed by CMS.

Through the CMS investigation process, CMS has directed plans, issuers, providers, health care facilities, or providers of air ambulance services to take corrective actions to address instances of non-compliance and to remediate incorrectly adjudicated claims, which has resulted in approximately \$30,053,069 in direct monetary relief to consumers and providers. In addition to this direct monetary restitution to consumers for past violations, corrective actions that plans, issuers, and providers have implemented at CMS' direction have also resulted in prospective benefits to consumers by preventing future violations that would have otherwise occurred. Information regarding complaints that CMS has received is summarized in the table below.

*Please note, this report no longer includes complaints that were referred to another agency (not in CMS jurisdiction). As a result, some numbers in this report may be lower than previously reported data. Future reports will continue to be limited to information regarding complaints within CMS jurisdiction.*

**CMS Complaint Data and Enforcement Report Summary**

Type of Complaint Data	Number of Complaints
Total complaints received	39,999
Total complaints currently open	24,854
Total complaints closed <sup>2</sup>	15,145
Total complaints closed with violation found	2,086
Total complaints closed with no violation found	7,838
Monetary relief resulting from closed complaint investigations	\$30,053,069
<b>Total Closed MHPAEA Compliance Complaints</b>	53
<b>Total Closed ACA Compliance Complaints</b>	293
<b>Total Closed NSA Compliance Complaints</b>	14,799
Closed NSA complaints against issuers and non-federal governmental plans	3,219
Closed NSA complaints against providers, facilities, and providers of air ambulance services	11,417
Closed NSA complaints against other entities	163

**Top 3 most common complaints against issuers and non-federal governmental plans**

Type of Complaint	Number of Complaints
Non-compliance with Qualifying Payment Amount (QPA) requirements	844
Late Payment after 30 days from the Independent Dispute Resolution (IDR) determination	664
Non-compliance with requirements to send Initial Payment or Notice of Denial of Payment within 30 days	253

**Top 3 most common complaints against providers, facilities, and providers of air ambulance services**

Type of Complaint	Number of Complaints
Surprise Billing for non-Emergency Services at an In-Network Facility	4,806
Surprise Billing for Emergency Services	2,363
Good Faith Estimate for Uninsured (or Self-Pay) Individuals	1,646

<sup>1</sup> For purposes of this report, the term "complaints" includes information regarding potential violations of federal law, including information from stakeholder feedback; referrals from Congress, states, or territories; No Surprises Help Desk complaints; and news articles.

<sup>2</sup> Note: This number includes duplicate complaints and complaints that were withdrawn by the complainant, which are not included in the number of total complaints closed with or without violation found.