



National NSA Report

on Aggressive Provider Billing

LAST UPDATED 3/3/2026

Key Findings & Cost Impact Snapshot

The Phia Group analyzed more than 1.25 million federal arbitration disputes to understand how the No Surprises Act’s dispute process is playing out in the real world. While the law protects patients from surprise bills, the data shows certain provider billing and arbitration strategies may be quietly increasing costs for employer-sponsored health plans — often without patients ever seeing the bill.

What the Data Shows

A clear pattern is emerging:

- Higher provider bills
- Higher arbitration offers
- Higher employer payouts

Arbitration is increasingly being used as a payment maximization strategy — **not just for dispute resolution.**

By the Numbers

1,256,822

Federal IDR disputes analyzed

23,585

Unique providers reviewed

11,738

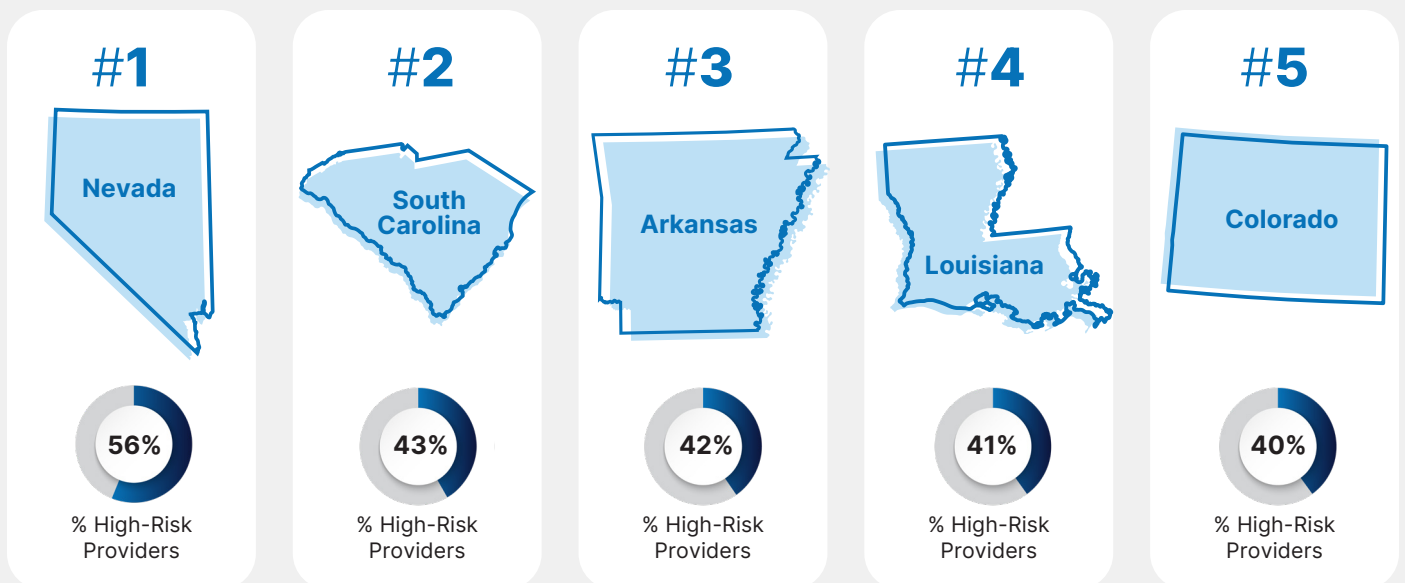
Providers mapped with complete billing data

50 States

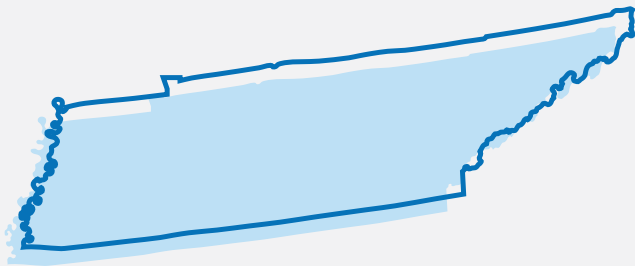
Evaluated nationwide

Highest-Risk States

Largest share of providers with aggressive billing + high arbitration offers



Volume Hotspot



Tennessee

36,116 disputes filed

147 providers

31% high-risk

High volume suggests repeat arbitration use by a small group of providers

Large Markets = Still Meaningful Exposure

Even the biggest states aren't immune:



Texas 24%



Florida 22%



New York 23%

Why This Matters for Employers, Brokers & Advisors

Elevated arbitration awards can mean:

- ✓ Higher employer health plan costs
- ✓ Increased premiums or contributions
- ✓ Budget unpredictability
- ✓ No added patient benefit

Key Insight

It's not just the number of providers. It's how aggressively a few behave.

Some states show disproportionately high dispute counts driven by a small cluster of providers, signaling targeted arbitration tactics rather than market-wide trends.

Bottom Line:

The No Surprises Act protects patients. However, without transparency and active cost containment, arbitration dynamics may be shifting costs directly onto employer-sponsored plans.

What Brokers & Advisors Should Do Next

The data is clear: Arbitration trends under the No Surprises Act are creating high-cost exposure for employer-sponsored health plans, often without plan sponsors realizing it. Here's how you can proactively protect your clients.

1. Assess Your Clients' Geographic Risk

Not all markets behave the same:

- ✓ Review the states where your clients operate
- ✓ Compare them against high-risk states identified in this report
- ✓ Pay special attention to markets with concentrated provider dispute activity

2. Review NSA & IDR Strategy with Current Vendors

Ask:

- ✓ Who is handling IDR submissions and negotiations?
- ✓ Are arbitration trends being actively monitored?
- ✓ Is provider-level behavior being tracked?
- ✓ How often are IDR outcomes reviewed?

3. Evaluate Cost Containment Alignment

Traditional network discounts alone may not address arbitration-driven payment escalation. Brokers and advisors should help clients assess:

- ✓ Whether reference-based pricing strategies are defensible
- ✓ Legal positioning in disputes
- ✓ Data transparency around IDR outcomes

Arbitration requires legal, clinical, and pricing expertise.

4. Identify Concentrated Provider Risk

In many states, a small cluster of providers is driving disproportionately higher dispute volume. Brokers and advisors should ask:

- ✓ Are specific facilities repeatedly filing disputes?
- ✓ Is the plan experiencing repeat arbitration from the same NPIs?
- ✓ Are targeted strategies being deployed for high-frequency providers?

5. Start a Strategic NSA Cost Review Conversation

Use this report as a discussion tool with employer clients:

- ✓ "How is arbitration impacting your plan?"
- ✓ "Are we confident we're not overpaying in IDR?"
- ✓ "Do we have visibility into provider billing patterns in your market?"

The Opportunity for Brokers & Advisors

The No Surprises Act was designed to protect patients. But without active cost containment strategy, employer plans may absorb costs from escalating arbitration awards. Brokers and advisors who understand these dynamics can:

- ✓ Differentiate themselves in competitive RFP environments
- ✓ Strengthen renewal positioning
- ✓ Demonstrate measurable cost stewardship
- ✓ Deepen client trust

Now is the time to move from awareness to action.

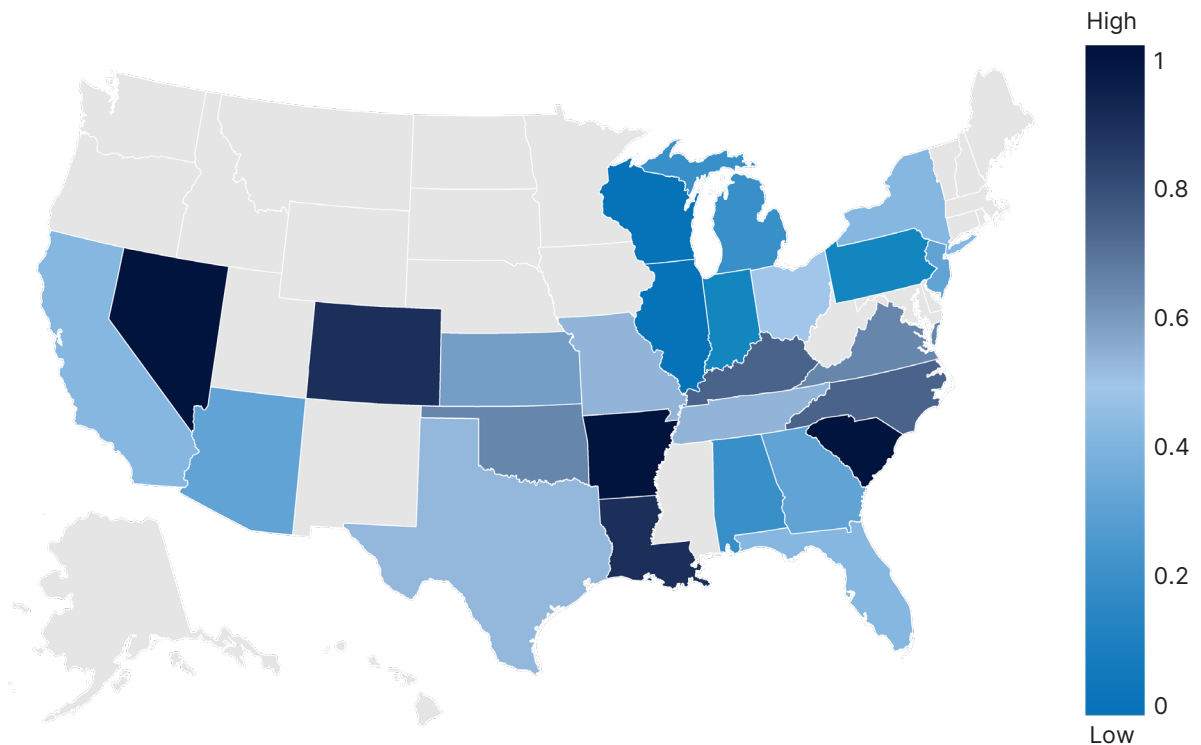
Methodology

Phia’s national No Surprises Act (NSA) report on aggressive provider billing combined publicly available CMS IDR Excel reports from 2023 and 2024, removing entries without valid provider identifiers (NPIs) or offer metrics. The data was aggregated by provider and location to calculate average IDR offer measures. The dataset was enriched with professional and facility billing ratios from other CMS public sources, with each provider’s billing normalized against their state’s median. Offer and billing metrics were converted into percentiles, providers were classified using percentile-based cutoffs, and results were mapped by ZIP code to produce a color-coded, state-level visualization of provider behavior.

To assess provider behavior under NSA, The Phia Group categorized providers using a four-tier classification system based on relative billing ratios and Independent Dispute Resolution (IDR) offer levels. Providers were classified as:

- Category 1** = relatively low billing ratio, low end of IDR offers
- Category 2** = relatively high billing ratio, low end of IDR offers
- Category 3** = relatively high billing ratio, high end of IDR offers
- Category 4** = relatively low billing ratio, high end of IDR offers

The map shows the proportion of providers with the highest offers by state (Category 3 and Category 4 combined). **Navy** indicates a higher proportion of these “strategic” providers, while **Blue** indicates a lower proportion. Gray states did not have enough available data to assess.



State list of all providers with data on their offers and billing ratios

Rank	State	Provider Count	Navy Count	Navy Proportion	Dispute Count
1	NV	75	42	56%	9327
2	SC	30	13	43%	10091
3	AR	31	13	42%	6448
4	LA	34	14	41%	5658
5	CO	35	14	40%	1546
6	NC	79	28	35%	13744
7	KY	40	14	35%	6502
8	VA	57	19	33%	18861
9	OK	36	12	33%	6059
10	KS	54	17	31%	874
11	TN	147	46	31%	36116
12	MO	87	22	25%	10554
13	TX	746	181	24%	120332
14	OH	68	16	24%	11007
15	NY	535	123	23%	16162
16	FL	1534	335	22%	51946
17	CA	255	53	21%	4200
18	AZ	588	121	21%	28830
19	NJ	603	124	21%	21488
20	GA	237	42	18%	24026
21	AL	33	5	15%	3126
22	MI	167	23	14%	1356
23	PA	130	17	13%	3850
24	IN	31	4	13%	9577
25	IL	115	11	10%	4502
26	WI	87	8	9%	1448

States not listed did not have enough available data to assess.