

The CMS Complaint Data and Enforcement Report presents information on complaints¹ and enforcement efforts related to the applicable provisions of title XXVII of the PHS Act with a focus on those over which CMS has jurisdiction. As of June 30, 2024, CMS has received over 16,000 of such complaints, most of which have been related to alleged violations of NSA requirements. Because CMS does not disclose information regarding open investigations, the data within the CMS Complaints Data and Enforcement Report is limited to complaints closed by CMS. This report also indicates the number of complaints that are not within CMS jurisdiction and that were subsequently referred to the appropriate enforcement entity but does not include any additional information on the outcome of those complaints.

Through the CMS investigation process, CMS has directed plans, issuers, providers, health care facilities, or providers of air ambulance services to take remedial and corrective actions to address instances of non-compliance, which has resulted in approximately \$4,183,383 in monetary relief paid to consumers or providers. Information regarding complaints that CMS has received are summarized in the table below.

CMS Complaint Data and Enforcement Report Summary

Type of Complaint Data	Number of Complaints
Total complaints received*	16,073
Total complaints currently open	3,373
Total complaints closed*	12,700
Total complaints closed with no violation found	4,438
Total complaints closed with violation found	400
Restitution reported from closed complaints investigations	\$4,183,383
Total MHPAEA Compliance Complaints	31
Total ACA Compliance Complaints	248
Total NSA Compliance Complaints	12,077
<i>NSA complaints against non-federal governmental plans and issuers</i>	1,777
<i>NSA complaints against providers, facilities, and providers of air ambulance services</i>	10,300

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

Type of Complaint	Number of Complaints
Non-compliance with Qualifying Payment Amount (QPA) requirements	1,035
Late Payment after Independent Dispute Resolution (IDR) determination	675
Non-compliance with 30-day Initial Payment or Notice of Denial of Payment requirements	390

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	4,286
Surprise Billing for Emergency Services	2,577
Good-Faith Estimate	1,922

¹ 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.

* Note: This number includes complaints CMS received that were not within the agency’s jurisdiction and that were subsequently referred to the appropriate enforcement entity.