

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 PHS Act with a focus on those over which CMS has jurisdiction. As of March 31, 2024, CMS has received over 14,324 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 \$3,460,349 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*	14,324
Total complaints currently open	3,290
Total complaints closed*	11,034
Total complaints closed with no violation found	3,860
Total complaints closed with violation found	310
Monetary relief resulting from closed complaints investigations	\$3,460,349
<b>Total MHPAEA Compliance Complaints</b>	25
<b>Total ACA Compliance Complaints</b>	237
<b>Total NSA Compliance Complaints</b>	10,532
<i>NSA complaints against non-federal governmental plans and issuers</i>	1,481
<i>NSA complaints against providers, facilities, and providers of air ambulance services</i>	9,051

**Top 3 most common complaints received 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	3,838
Surprise Billing for Emergency Services	2,330
Good-Faith Estimate	1,783

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

Type of Complaint	Number of Complaints
Non-compliance with Qualifying Payment Amount (QPA) requirements	1,011
Late Payment after Independent Dispute Resolution (IDR) determination	508
Non-compliance with 30-day Initial Payment or Notice of Denial of Payment requirements	348

<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.

\* 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.