

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 October 31, 2023, CMS has received over 11,406 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 \$3,018,432 in monetary relief paid to consumers or providers. Information regarding complaints that CMS has received are summarized in the table below.

Total complaints received*	11,406	
Total complaints currently open	3,141	
Total complaints closed*	8,265	
Total complaints closed with no violation found	3,020	
Total complaints closed with violation found	248	
Monetary relief resulting from closed complaints investigations	\$3,018,432	
Total MHPAEA Compliance Complaints	22	
Total ACA Compliance Complaints	213	
Total NSA Compliance Complaints	7,888	
<i>NSA complaints against non-federal governmental plans and issuers</i>	1,123	
<i>NSA complaints against providers, facilities, and providers of air ambulance services</i>	6,765	
Top 3 most common complaints against providers, facilities, and providers of air ambulance services	3,179	Surprise Billing for non-Emergency Services at an In-Network Facility
	1,971	Surprise Billing for Emergency Services
	1,573	Good-Faith Estimate
Top 3 most common complaints against non-federal governmental plans and issuers	966	Non-compliance with Qualifying Payment Amount (QPA) requirements
	305	Late Payment after IDR determination
	235	Surprise Billing for non-Emergency Services at an In-Network Facility

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.