

The Fifteen Dollar Arbitration: How the Final No Surprises Act IDR Operations Rule Cuts Dispute Fees, Rewires Provider & Payer Incentives, and Opens the Door to Arbitration-as-a-Service Business Model

MAY 29, 2026 • PAID



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The Fifteen Dollar Arbitration: How the Final No Surprises Act IDR Operations Rule Cuts Dispute Fees, Rewires Provider & Payer Incentives, and Opens the Door to Arbitration-as-a-Service Business Model

The feds just cut the No Surprises Act arbitration fee from \$115 to \$15. Most people shrugged. They shouldn't have. A thread on why this is a bigger deal than it looks...

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Abstract

- Quick read: the Federal IDR Operations final rule (CMS-9897-F) drops the party administrative fee from \$115 to \$15, caps batched disputes at 50 line items, forces standardized CARC/RARC codes onto out-of-network remittances, and stands up a permanent plan/issuer registry.
- The fee did not fall because the process got cheaper. It fell because volume exploded. The fee is self-sustaining math: ~\$119.4M in projected annual costs divided by ~6.9M expected fees equals \$15.
- Volume context: ~489,000 disputes in year one (about 14x the ~22,000 the agency expected), over 5.1M cumulative as of Jan 31 2026, ~450,000 ruled ineligible in 2025 alone.

- Provider economics are already lopsided. Providers win roughly 81% (2023), (2024), and ~88% (early 2025) of decided disputes, with median winning award around 322% of QPA in 2023 rising past 445% in 2024, and specialty outliers north of 1,000% to 1,800%.
- New business models the rule enables or accelerates: arbitration-as-a-service shops, award-collection/enforcement plays, eligibility-triage and QPA-forensics software, and the registry/code infrastructure layer.
- The catch: the agencies themselves project a 30% volume bump from the cheaper fee, and a cheaper, provider-favorable arbitration channel plausibly nudges network rates up, not down.

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The short version, for people who skim

The Departments of Treasury, Labor, and HHS, plus OPM for the federal employer plans, finalized the operations side of the No Surprises Act independent dispute resolution process, the rule carrying the label CMS-9897-F. If the fee and bench fights of the last three years were about how much an out-of-network claim is worth, this rule is about the plumbing, who has to tell whom what, when, in what form, and for how much. The headline most people will grab is that the per-party administrative fee to file a dispute drops from \$115 to \$15. That is real, and it matters more than it looks. But the rule also caps batched disputes at 50 line items, requires plans and issuers to slap standardized claim adjustment reason codes and remittance advice remark codes onto remittances sent to providers they do not contract with, builds a permanent registry where every plan, issuer, and federal carrier gets an IDR registration number, and tightens the choreography around open negotiation, initiation, conflict-of-interest checks, and withdrawals. None of that sounds thrilling. All of it changes the unit economics of a process that has already swallowed millions of disputes and minted at least one genuinely new category of healthcare company.

Why a \$115 fee became a \$15 fee, and why that is not really a discount



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