



## NEWS RELEASE

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**NY HEALTH PLAN ASSOCIATION LAUNCHES “STOP IDR ABUSE”**  
*Urges Legislature to Address Health Care Affordability &  
End Providers Exploiting the Independent Dispute Resolution Process*

Shining a spotlight on high-priced providers abusing New York’s Independent Dispute Resolution (IDR) process to manipulate the system and generate excessive reimbursement rates, today the New York Health Plan Association (HPA) launched the Stop IDR Abuse website and called on lawmakers to reform the IDR process as part of the FY27 State Budget.

“While the state’s Surprise Billing Law has protected patients from egregious surprise bills, a cottage industry of specialty providers and their middlemen are exploiting the system, leaving consumers, employers and taxpayers paying the price,” said Eric Linzer, HPA’s President & CEO. “It’s vital that lawmakers fix these abuses in the FY27 Budget to make health care more affordable for New Yorkers.”

Over the last five years, the number of claims submitted to IDR has exploded. According to data HPA collected from health plans covering more than 91% of Mainstream Medicaid program enrollees, the number of claims submitted to the IDR process grew from 778 in 2021 to 14,116 in 2024, an increase of over 1,700%. IDR payouts to providers totaled \$116.5 million in 2024, compared to \$3.2 million that Medicaid would have reimbursed for the same services without the IDR process. Recent information from the Department of Financial Services showed that nearly 47,000 cases (46,691) were received in 2025 compared to 17,870 in 2024 – a 160% increase – and a nearly 20-fold increase in cases when 2,562 were filed in 2021.

Governor Hochul’s Executive Budget proposed changes – Part T of PPGG – that would reform New York’s Surprise Billing Law to end providers’ abusive billing practices. This includes exempting Medicaid from the IDR process, changing the benchmark for dispute calculations from the 80th percentile of billed charges to the 50th percentile of allowed amounts, and establishing a cap on payments.

“These are sensible reforms that will end the arbitration jackpot that rewards high-priced specialists for manipulating the system and incentivizes a business model focused on exploiting the IDR process,” Linzer added.

*The New York Health Plan Association represents 20 managed care health plans that provide comprehensive health care services to more than 8 million New Yorkers.*

[StopIDRAbuse.com](http://StopIDRAbuse.com) will highlight instances of excessive and grossly inflated reimbursement rates, including the IDR Abuse of the Day. Examples include:

- A downstate neurosurgery group that was out-of-network performed spinal fusion surgery on an individual at an in-network hospital. The Medicaid fee schedule set a rate of \$1,757, while the group charged nearly \$81,000, which was accepted by the independent reviewer.
- An out-of-network provider disputed reimbursement for claims submitted for a spinal surgery procedure. The total charges according to the Medicaid fee schedule were \$1,289.26. Total payment made to this provider after disputing through IDR was \$177,575.81, which was accepted by the independent reviewer.
- An out-of-network provider billed \$59,750 for remote neuromonitoring of a patient, which is \$57,077 more than the plan's in-network reimbursement of \$2,673. Through IDR, the provider received \$45,372, which was accepted by the independent reviewer.
- A provider was inexplicably awarded \$315,848 for a scheduled surgery that had been approved by the plan, with an out-of-network payment of \$7,239. Despite the surgery being pre-authorized, the provider billed it as an emergency service and submitted the claim for IDR. The provider received \$308,575 in additional payment, which was accepted by the independent reviewer.