Reducing Decision Fatigue:

Activating NSA IDR Through Strategic Partnerships

NJ HFMA and Metro Philadelphia 50th Annual Institute
October 21, 2026 | 3:20–4:10 PM | Breakout Ballroom 3

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THE MISCONCEPTION THAT'S COSTING YOU

“We’re largely in-network. NSA IDR doesn’t apply to us.”

You already know this isn't quite right.

No hospital operates at complete in-network status across every commercial carrier.

The landscape is too fragmented, the carrier count too high, and emergency care doesn't wait for network verification.

What that means in practice:

Qualifying out-of-network claims are sitting in your data right now.

The question isn't whether they exist.

It's whether anyone is capturing them before the window closes.

THE LANDSCAPE HAS CHANGED

WHEN NSA TOOK EFFECT IN 2022

The process was new.

Participation was cautious.

The rules felt unsettled.

TODAY

IDR is established, consistent, and well-litigated.

Providers prevail 80–90% of the time.

The arbitration infrastructure is mature.

The window is open. The question is whether your organization is positioned to use it.

THE AUGUST 3RD UPDATE

Effective August 3, 2026 | Final Rule Under the No Surprises Act

835 Health plans are now required to flag NSA-applicable claims on 835 remittance transactions using standardized claim adjustment reason codes and remittance advice remark codes.

2027 Full implementation applies to services furnished on or after January 1, 2027.

✓ In theory, identification just got easier.

In practice, carriers have resisted, delayed, and minimized at every stage of NSA IDR history. Expect incomplete coding. Expect system update delays. Expect continued pushback.

The 835 is a tool.
It is not a substitute for a partner who knows exactly what carriers are doing and how to respond.

HOW THE MATH WORKS

The Qualified Payment Amount, the QPA, is the benchmark carriers use to anchor their offer.

NATIONAL AVERAGE ARBITRATION AWARD

4.6× QPA

WITH THE RIGHT CLAIM SELECTION + EXPERTISE

8–12× QPA

The gap between 4.6× and 8–12× is not luck.
It is not volume. It is not which system you run.
It is partner selection.

And for a hospital with meaningful out-of-network commercial exposure, that gap has a dollar figure with a lot of zeros behind it.

WHY I'M IN THIS ROOM

ONE HOSPITAL.
ATLANTIC HEALTH,
MORRISTOWN MEMORIAL.

Born there.
Survived cancer there.
Entrusted hospice care there.

I was born there. I survived cancer there. I entrusted the care of my favorite person to the hospice professionals there as she took her last breath.

When I came to this side of the curtain, I saw the underpayments. Revenue legally owed and never collected.

I could not unknow it.

So that became the job I decided to do.

THE ECOSYSTEM BRIDGE

You do not need a new relationship to activate this. Look at who is already in your ecosystem:

RCM	**Your RCM company**	Revenue is literally in the name.
GPO	**Your GPO**	Their job is vetted solutions.
ADV	**Your consultant**	Expert advice on things you don't know yet.
DATA	**Your coding partner**	Inside your claims data every day.

One question, asked inside a relationship you already trust, is all it takes to start.

THE TIME COMPARISON

RUNNING A GALA

Six to twelve months of planning.

A committee, a venue, a caterer, sponsors, invitations, uncomfortable shoes.

Three hundred to eight hundred staff hours.

Hackensack Meridian raised $10 million at Lincoln Center. Cooper's Red Hot Gala raised nearly $4 million.

INITIATING NSA IDR RECOVERY

An onboarding conversation.

Regular check-ins as we build cadence together.

We follow your lead.

Same conversation about revenue. Completely different investment of time.

The only question is: do you know which claims are sitting in your data right now, waiting?

HOW WE INTEGRATE

IT agnostic. We follow you.

IT We work within your existing infrastructure: Epic, Cerner, whatever you run.

↔ We work alongside your existing vendors: RCM partners, GPOs, consultants, coding partners.

What we need from you:

Tell us what makes sense for your organization.

We build the activation around that.

UNIVERSITY HOSPITAL: THE DECISION

UNIVERSITY HOSPITAL

THE DECISION FROM THE INSIDE

Why we moved forward.

A deadline-sensitive process at scale
For providers, initiating a dispute involves eligibility, information, deadlines, and follow-through.

The leadership question:
Can a specialized operating model improve consistency while freeing internal capacity?

UNIVERSITY HOSPITAL: THE DECISION

UNIVERSITY HOSPITAL

THE DECISION FROM THE INSIDE

Where internal teams can feel the pressure

- Work arrives across payers, service lines, and locations.
- Staff must coordinate negotiation history, claim information, supporting details, and submission steps.
- Competing revenue cycle priorities can make it harder to maintain clear ownership and timely escalation.

UNIVERSITY HOSPITAL: THE DECISION

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THE DECISION FROM THE INSIDE

What outsourcing may enable
A specialized partner may help the organization:

- Standardize intake, tracking, and submission workflows
- Add capacity when dispute volume fluctuates.
- Create clearer handoffs, escalation paths, and status reporting
- Allow internal teams to focus on payer strategy, denials, patient financial experience, and other revenue cycle priorities.

UNIVERSITY HOSPITAL: THE DECISION

UNIVERSITY HOSPITAL

THE DECISION FROM THE INSIDE

What we would tell another revenue cycle director sitting in this room right now.

Before selecting a partner, assess:

- Experience with the organization's dispute types and applicable pathways
- Documented deadline controls, quality checks, and escalation procedures
- Data access, security safeguards, and role-based permissions
- Reporting on workload, timeliness, submission quality, exceptions, and outcomes
- Clear responsibilities, service levels, audit rights, and transition plans.

WHERE WE ARE TODAY

MAY 27, 2026 — First file submitted

130 — Total files submitted

$258,036 — Awarded and settled to date

ONE PAYER.

ONE PIPELINE.

A WELL-OILED MACHINE.

Full activation now underway: expanding across payers.

THE COST OF WAITING

30 DAYS

THE WINDOW KEEPS CLOSING

The 30-day IDR window starts at the Explanation of Benefits.

It does not pause while you evaluate.

It does not pause while you build consensus.

It does not pause while you find the right internal owner.

Every month without activation is a month of qualifying claims that cannot be recovered. Ever.

WHERE TO START

Not a system overhaul. Not a committee. Not a capital request.

One conversation. Three questions:

1. What does your out-of-network commercial claims volume look like?
2. Are you capturing the 30-day IDR window today?
3. Who on your team owns this right now?

That conversation is where it begins. What it surfaces could change your revenue picture for years.

CONTACT

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SAVE OUR CONTACT INFORMATION

SCHEDULE A STRATEGY SESSION

30-minute
strategy session

CALLAGY RECOVERY CORPORATION

THANK YOU

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