

6 + 4

**DISCLOSURES: SIX WITH
PAYMENT, FOUR ON REQUEST**

45 CFR 149.140(d), as read on Cornell LII on Oct. 28, 2026.

IDR PRACTICE

Ask for the QPA: ten disclosures a plan owes you, six with payment and four on request

The plan's own statements about how it built the number are the first evidence in any dispute. Most practices never request them.

By NSA IDR Navigator October 28, 2026 4 min read

A plan that pays an out-of-network claim at the QPA, or denies it, owes the provider written disclosures. Paragraph (d) of 45 CFR 149.140 splits them in two: six that arrive with the initial payment or notice of denial, and four available on timely request. Several are conditional. They are the plan's own statements about how it built the number.

GOVERNMENT RULE

What a plan owes you under 45 CFR 149.140(d)

Exact wording where quoted. “Partial” marks a quote whose end was not captured.

WITH EACH INITIAL PAYMENT OR DENIAL: (D)(1)

- 1 “The qualifying payment amount for each item or service involved;”
- 2 If the QPA rests on a downcoded code or modifier: a statement that it was downcoded, “An explanation of why the claim was downcoded” (partial), and “The amount that would have been the qualifying payment amount had the service code or modifier not been downcoded;”
- 3 “A statement to certify that, based on the determination of the plan or issuer” the QPA applies, and that “Each qualifying payment amount shared with the provider or facility was determined in compliance with this section;”
- 4 A statement about the 30-business-day open negotiation period and the Federal IDR process
- 5 For disclosures on or after August 3, 2026: the legal business name of the plan or issuer and its sponsor, plus the registration number if registered in the Federal IDR registry (Federal Register, paragraph (d)(1)(v), as amended)
- 6 “Contact information, including a telephone number and email address, for the appropriate person or office” (partial)

ON TIMELY REQUEST: (D)(2)

- 1 “Information about whether the qualifying payment amount for items and services involved included contracted rates” and whether it “was determined using underlying fee schedule rates or a derived amount” (two partial quotes)
- 2 If an eligible database was used: “information to identify which database was used” (partial)
- 3 If a related service code was used: “information to identify the related service code” (partial)
- 4 If applicable: “a statement that the plan’s or issuer’s contracted rates include risk-sharing, bonus, penalty” and other incentive-based or retrospective payments that were excluded from the calculation (partial)

Items 2 to 4 are conditional. Item 1 applies to every QPA.

GOVERNMENT RULE 45 CFR 149.140(d)(1) and (d)(2), Cornell LII, fetched Oct. 28, 2026; Federal Register, 91 FR 33900, June 4, 2026, for the amended (d)(1)(v).

THE ON-REQUEST ITEM THAT MATTERS MOST NOW

Under (d)(2)(iv) a plan states whether its contracted rates include risk-sharing, bonus, penalty or other incentive-based payments that it excluded from the QPA. On August 11, 2026 the Fifth Circuit held: “Bonus and incentive payments fall within this text. So the agencies cannot ignore or exclude them.” **COURT RECORD** A plan that answers yes has told you its QPA was built on the excluded method. That is our reading of the two texts. Certainty: verified that both texts say this. Unknown whether the agencies have changed the disclosure rule since.

The same opinion vacated the parts of the rule that required insurers to include ghost rates, and held that “the Act limits the QPA to an ‘item or service that is provided by a provider.’” Paragraph (d) has no item asking whether ghost rates were counted. Item (d)(2)(i), on contracted rates, is the closest. The timeline for recalculating QPAs is unknown.

WHAT IS NOT IN PARAGRAPH (D)

The text we read has no standalone methodology disclosure. The (d)(2) items are the closest. It does not define “timely.” Send the request when the initial payment arrives.

CMS's fact sheet on the June 2026 rule states that "the payer must disclose to the provider important information about the claim."

GOVERNMENT RULE Why it matters: CMS reports that non-initiating parties challenged 42% of disputes in July to December 2025.

GOVERNMENT DATA Your disclosures are what you answer a challenge with.

WHAT TO DO

1. Send a written (d)(2) request on every underpaid claim. Cite each item by paragraph number.
2. Log the date sent, the date answered and the answer.
3. When a payment arrives without the QPA, the certification or the open negotiation statement, keep the remittance and note the omission with the claim.
4. Quote each answer in the offer narrative. Lead with the (d)(2)(iv) answer where it says bonus payments were excluded.
5. Match plans by the legal business name in (d)(1)(v) so the same payer is not scored under two names.

ITEMS 1 TO 5 ARE OUR RECOMMENDATIONS.

Sources: [45 CFR 149.140 \(Cornell LII\)](#) · [Federal Register, 91 FR 33900](#) · [TMA v. HHS, 5th Cir. en banc, Aug. 11, 2026](#) · [CMS final-rule fact sheet](#) · [CMS Federal IDR Supplemental Background, H2 2025](#)

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