MultiPlan Health Insurance Provider Litigation

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About The MultiPlan Litigation

The MultiPlan Health Insurance Provider Litigation, MDL No. 3121, is a consolidated multidistrict litigation (MDL) currently pending before Judge Matthew F. Kennelly in the Northern District of Illinois. MultiPlan, Inc. ("MultiPlan") and several major payors, including Aetna, Cigna, UnitedHealth, and Blue Cross Blue Shield allegedly engaged in anti-competitive behavior by entering into a price-fixing conspiracy to systematically underpay out-of-network (OON) healthcare providers.

The plaintiffs seek monetary damages and injunctive relief, arguing that the MultiPlan cartel resulted in billions of dollars in underpayments to providers.

Recent Developments

In April 2025, the U.S. Department of Justice filed a Statement of Interest supporting the plaintiffs' legal theory—reinforcing that coordination among competitors through third-party intermediaries, like MultiPlan, can violate antitrust law. In June 2025, Judge Kennelly denied the defendants' motion to dismiss, and the case is proceeding to discovery.

Anticompetitive Conduct

The complaints in the MultiPlan MDL allege that this conduct constitutes a violation of antitrust laws, particularly Section 1 of the Sherman Act, by restraining trade and eliminating price competition in the market for OON healthcare services. These behaviors include:

- Instead of determining payments independently, these payors outsourced their rate-setting function to MultiPlan, which used proprietary pricing systems (e.g., Data iSight, Viant, MARS, ProPricer) to artificially lower payments across the OON healthcare market.
- By pooling sensitive pricing data and adopting common methodologies, including hard price caps or "overrides," the payors eliminated competition in the market for OON services, effectively fixing prices at levels below what would prevail in a competitive marketplace.
- In addition, MultiPlan and the payors profited off these underpayments by collecting administrative fees based on the difference between providers' billed charges and the suppressed payment rates. This allowed them to generate revenue while reducing their payment obligations.
- MultiPlan and the payors imposed these non-competitive prices on providers through a variety of means, including through one-sided "negotiations" or without explanation. Providers have had no leverage to avoid accepting these artificially low rates because nearly all major payors participated in the MultiPlan cartel, limiting providers' ability to seek better payment elsewhere.

Q. What are providers trying to get?

Providers in the case are asking for damages calculated as the difference between what they were paid and the actual fair market rate for the out-of-network services they provided. Federal antitrust statutes call for the actual damages to be tripled ("trebled") if the claims are successfully proven in court. For example, $1mm in damages would become $3mm. Plaintiffs are also asking the Court to order the defendants to cease their anti-competitive practices.

Q. How do I know if I have OON claims priced by MultiPlan?

You may not know if your claims have been priced by MultiPlan and even if you do know, it is unlikely you will know to what extent. Some ways to check include reviewing explanations of benefits and provider remittance advice to determine if MultiPlan's name appears on these documents. Common references include "MultiPlan," "Data iSight," "Viant," "NCN" (National Care Network), "ProPricer," or "MARS"—which are affiliated pricing tools and networks. If you utilize a third-party billing company, they may be able to look into these claims.

Keep in mind that all claims priced by MultiPlan, including negotiated claims and claims you think may have been paid under the No Surprises Act, are likely eligible to participate in the MDL.

Q. How do I join the case?

Providers who wish to pursue their claims directly may file as individual plaintiffs by submitting a complaint within the MDL. To file as an individual plaintiff (Direct Action Plaintiff, or DAP), our team of attorneys can assess your eligibility, review your claims history, and determine whether filing a complaint is the best course of action.

Q. What does it cost?

If your claims meet criteria for filing, your attorneys will represent you for a contingent fee, meaning the lawyers do not get paid unless you win your case. Your fee will be a percentage of the money that is collected for you minus any incidental costs.

Q. Will joining the case jeopardize my ability to receive payment for out-of-network healthcare services?

Filing a lawsuit does not change your legal entitlement to seek payment for services rendered, nor does it alter existing agreements or obligations governing out-of-network claims.