

Who Are the Clients That Benefit from the MultiPlan Litigation?

This case is **completely different from consumer mass torts**. The clients here are **healthcare providers** — not patients. Specifically, any healthcare provider or facility that:

✓ **Provided out-of-network (OON) services** to patients covered by major insurers ✓ **Had their reimbursement claims repriced** by MultiPlan (now rebranded as Claritev) using tools like **Data iSight, Viant, ProPricer, or MARS** ✓ **Provided services since July 2017** (claims may go back up to 4 years)

Specific Provider Types That Qualify:

Medical Practices & Physicians

- Primary care physicians operating out-of-network
- Specialist physicians (orthopedic, neurology, cardiology, etc.)
- Surgeons who performed OON procedures
- Physical therapists (APTA is specifically named in your flyer)
- Behavioral health / mental health providers
- Chiropractors

Facilities & Centers

- Emergency departments and hospital-based physicians
- Ambulatory Surgery Centers (ASCs)
- Specialty clinics
- Rehabilitation centers
- Urgent care centers
- Behavioral health facilities

Other Healthcare Organizations

- Medical associations (e.g., Vermont Medical Society filed as a plaintiff)
- Independent physician groups
- Multi-specialty practices
- Any provider that billed out-of-network to Aetna, Cigna, UnitedHealth, Blue Cross Blue Shield, Humana, Elevance, or any of the 30+ defendant insurers

The Defendants (Who They're Suing):

The MDL is brought against over 30 defendants including UnitedHealth Group, Aetna, Cigna, Humana, Blue Cross Blue Shield, Elevance Health, Centene, and Health Care Service Corp.

What They Can Recover:

Providers are seeking damages calculated as the difference between what they were paid and the actual fair market rate. Federal antitrust law allows for **treble damages** — meaning if proven, actual damages are tripled. For example, \$1 million in damages becomes \$3 million. Providers have accused MultiPlan and the health plans of conspiring to underpay providers by approximately **\$19 billion per year**.

How to Know If a Provider Qualifies:

A provider may qualify if any of these appear on their **Explanation of Benefits (EOB) or remittance advice**:

- "MultiPlan" or "Claritev"
- "Data iSight"
- "Viant"
- "ProPricer"
- "MARS"

Providers who offered out-of-network medical services **since July 2017** may have legal options.