MultiPlan Out-of-Network Provider Litigation

A National Healthcare Reimbursement Matter

Overview of the MultiPlan Litigation

The MultiPlan Health Insurance Provider Litigation (MDL No. 3121) is a consolidated federal case currently pending in the Northern District of Illinois before Judge Matthew F. Kennelly.

This litigation involves allegations against MultiPlan, Inc. and several major insurance carriers, including Aetna, Cigna, UnitedHealthcare, and Blue Cross Blue Shield. The claims focus on coordinated practices that allegedly suppressed reimbursement rates for out-of-network healthcare providers.

It is alleged that these entities engaged in a structured pricing system that resulted in widespread underpayment for out-of-network services across the healthcare industry.

Plaintiffs are seeking financial compensation and court-ordered relief, asserting that MultiPlan, now operating under the name Claritev, facilitated a system that led to billions of dollars in reduced payments to providers nationwide.

Recent Case Activity

In April 2025, the U.S. Department of Justice submitted a Statement of Interest supporting the plaintiffs' position. Th2e DOJ emphasized that coordination among competitors through third-party intermediaries may violate antitrust laws.

In June 2025, the court denied the defendants' motion to dismiss. The case is now advancing into the discovery phase.

Key Legal Allegations

The complaints assert violations of federal antitrust laws, including Section 1 of the Sherman Act. The central claim is that the defendants restricted competition and manipulated pricing in the out-of-network market.

Alleged conduct includes:

- Centralized Pricing Control

Instead of independently determining reimbursement rates, insurers relied on MultiPlan's pricing tools, including Data iSight, Viant, MARS, and ProPricer, to standardize and reduce payments.

- Data Sharing and Market Coordination

Insurers allegedly shared sensitive pricing data and applied uniform pricing methodologies, including caps and overrides, which resulted in artificially low reimbursement levels.

- Revenue Generation Through Fee Structures

MultiPlan and participating payors reportedly benefited financially by collecting administrative fees tied to the gap between billed charges and reduced payments.

- Limited Provider Negotiation Power

Providers were often forced to accept reduced rates through one-sided negotiation processes, with little ability to challenge pricing due to the widespread use of the same pricing network across insurers.

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We navigate complex statutory disputes for hospitals, physician groups, and healthcare providers.



Common Questions

What are providers seeking in this case?

Healthcare providers are pursuing damages based on the difference between the amounts they were paid and the fair market value of their services. Under federal antitrust law, damages may be tripled if liability is established. For example, a one million dollar loss could result in a three million dollar recovery.
Providers are also requesting injunctive relief to prevent continued anti-competitive practices.

How can I determine if my claims were affected?

Many providers may not realize that MultiPlan pricing was applied to their claims. To assess exposure, providers should review:

- Explanation of Benefits (EOBs)
- Remittance statements
- Billing records

Common references may include MultiPlan, Data iSight, Viant, MARS, or ProPricer. If a third-party billing company is involved, they may assist in identifying impacted claims. Claims may reach back up to ten years, depending on circumstances and insurer involvement. Ged Lawyers can assist in conducting a comprehensive review of your claims history.

How do I participate in the litigation?

Providers may join the case by filing as individual plaintiffs within the MDL.
Ged Lawyers will evaluate eligibility, review claim data, and determine the most effective legal strategy for participation.

What are the costs?

Representation is typically handled on a contingency basis. This means legal fees are only paid if there is a recovery. Fees are calculated as a percentage of the amount recovered, plus any applicable case-related expenses.

Will this affect my ongoing payments?

No. Participation in the litigation does not impact your right to receive payment for current or future services, nor does it alter your contractual obligations.

Can I bring claims against MultiPlan only?

Yes. Legal strategy may involve claims against MultiPlan, insurers, or both, depending on the specific facts of your case.

How Ged Lawyers Can Help

Ged Lawyers brings decades of experience in healthcare reimbursement disputes, including out-of-network claims, PIP enforcement, and complex litigation against major payors.

We provide:

- Full claims analysis and exposure assessment
- Strategic litigation planning
- End-to-end case management
- National reach with deep industry experience