UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Vanderbilt University Medical Center,

Plaintiff,

v.

Claritev Corp. f/k/a MultiPlan, Inc.; Aware Integrated, Inc.; BCBSM, Inc. d/b/a Blue Cross Blue Shield Of Minnesota; Elevance Health, Inc. f/k/a Anthem, Inc.; Highmark Health; Horizon Healthcare Services, Inc. d/b/a Horizon Blue Cross Blue Shield of New Jersey; Kaiser Foundation Health Plan, Inc.; Allied National, LLC; Central States Southeast and Southwest Areas Health and Welfare Fund; CareFirst Of Maryland; Blue Cross Blue Shield of Massachusetts,

Defendants.

Case No. 1:26-cv-07404

MDL No. 3121

COMPLAINT

JURY TRIAL DEMANDED

VANDERBILT UNIVERSITY MEDICAL CENTER'S
DIRECT ACTION PLAINTIFF SHORT-FORM COMPLAINT

The Plaintiff named below files this Short-Form Complaint and (if checked off below) Demand for Jury Trial against the Defendant(s) named below by and through the undersigned counsel. Plaintiff incorporates by reference the factual allegations, as well as the claims and relief checked off below, sought in the Consolidated Master Direct Action Plaintiff Complaint ("Consolidated Master DAP Complaint") as it relates to the named Defendant(s) (checked-off below), filed in *In re Multiplan Health Insurance Provider Litigation*, MDL No. 3121, in the United States District Court for the Northern District of Illinois. Plaintiff files this Short-Form Complaint pursuant to Case Management Order No. 6, filed on the MDL Docket (No. 1:24-cv-06795) at ECF 179.

Plaintiff indicates by checking the relevant boxes below the Parties, Designated Forum, Jurisdiction and Venue, Causes of Actions and other Relevant Information specific to Plaintiff's case. Plaintiff, by and through the undersigned counsel, alleges as follows:

I. IDENTIFICATION OF PARTIES

1. PLAINTIFF

2. Name of the Plaintiff alleging claims against Defendant(s): **Vanderbilt University Medical Center**

3. For each Plaintiff that is a corporation, list the state of incorporation and state of principal place of business. For each Plaintiff that is an LLC or partnership, list the state citizenship of each of its members. For each Plaintiff that is a natural person, list the state of residency and citizenship at the time of the filing of this Short-Form Complaint [Indicate State[s]]:

State of Incorporation and Principal Place of Business: Tennessee

4. DEFENDANT(S)

5. Plaintiff names the following Defendant(s)[1] in this action [*Check all that apply*]:

X	Claritev Corp. f/k/a MultiPlan, Inc.
	Aetna, Inc., a subsidiary of CVS Health Corporation
	Blue Shield of California Life & Health Insurance Company
	Blue Cross Blue Shield of Michigan Mutual Insurance Company
X	Aware Integrated, Inc. and BCBSM, Inc. d/b/a Blue Cross Blue Shield Of Minnesota
	Cambia Health Solutions, Inc. f/k/a The Regence Group
	Centene Corporation
	The Cigna Group

[1] Each Defendant named in this Short-Form Complaint acted directly or through each of that entity's executives, employees, directors, and majority-owned subsidiaries. For example, UnitedHealth Group Inc. acted directly or through, among others, the following majority-owned subsidiaries: United Healthcare Insurance Company, and its affiliates; United Healthcare Services Inc.; United Healthcare Service LLC; Oxford Benefit Management, Inc.; UMR, Inc.; Sierra Health and Life Insurance Company, Inc.; Sierra Health-Care Options, Inc.; Health Plan of Nevada, Inc.; and United Healthcare of Florida, Inc.

X	Elevance Health, Inc. f/k/a Anthem, Inc.
	Health Care Service Corporation
X	Highmark Health
X	Horizon Healthcare Services, Inc. d/b/a Horizon Blue Cross Blue Shield of New Jersey
	Humana Inc.
X	Kaiser Foundation Health Plan, Inc.
	Molina Healthcare, Inc.
	UnitedHealth Group Inc.
X	Allied National, LLC
	Benefit Plans Administrators of Eau Claire, LLC
X	Central States Southeast and Southwest Areas Health and Welfare Fund
	Consociate, Inc. d/b/a Consociate Health
	Healthcare Highways Health Plan (ASO), LLC
	Secure Health Plans Of Georgia, LLC d/b/a Secure Health
	Sanford Health Plan
X	CareFirst Of Maryland
X	Blue Cross Blue Shield of Massachusetts

6. OTHER DEFENDANTS

7. For each "Other Defendant" Plaintiff contends are additional parties and are liable or responsible for Plaintiff's damages alleged herein, Plaintiff must identify by name each Defendant and its citizenship, and Plaintiff must plead the specific facts supporting any claim against each "Other Defendant" in a manner complying with the requirements of the Federal Rules of Civil Procedure. In doing so, Plaintiff may attach additional pages to this Short-Form Complaint.

	NAME	**CITIZENSHIP**
1		

II. DESIGNATED FORUM

8. For Direct Filed Cases: Identify the Federal District Court in which the Plaintiff would have filed in the absence of direct filing: **Northern District of Illinois**

9. For Transferred Cases: Identify the Federal District Court in which the Plaintiff originally filed and the date of filing: **Not Applicable**

III. JURISDICTION AND VENUE

10. Subject Matter Jurisdiction is based on:

☐ Diversity of Citizenship
☒ Federal Question
☐ Other (The basis of any additional grounds for jurisdiction must be pled in sufficient detail as required by the applicable Federal Rules of Civil Procedure):

_____

_____

IV. FACTS AND INJURIES ASSERTED

11. Plaintiff adopts all paragraphs of the Consolidated Master DAP Complaint by reference, except for the allegations set forth in any cause of action that Plaintiff does not adopt (as indicated below). **Plaintiff adopts all allegations in the Consolidated Master DAP Complaint.**

12. Plaintiff adopts and alleges as injuries resulting from the challenged conduct the injuries to DAPs set forth in the Consolidated Master DAP Complaint.

V. ADDITIONAL FACTS DEMONSTRATING STANDING TO BRING CAUSES OF ACTION

13. Plaintiff alleges the following additional facts in support of its standing to bring causes of action:

See attached additional pleadings.

VI. CAUSES OF ACTION ASSERTED

14. Plaintiff adopts and asserts the following Causes of Action alleged in the Consolidated

Master DAP Complaint, and the allegations with regard thereto, against the Defendants identified above (*check all that are adopted*).

Check all that apply	Count	Cause of Action	Law pursuant to which the cause of action is asserted in the Master Complaint
☐	I	Horizontal Agreements in Restraint of Trade (Section 1 of the Sherman Act, 15 U.S.C. § 1)	Federal Law
☒	II	Hub-And-Spoke Agreement in Restraint of Trade (Section 1 of the Sherman Act, 15 U.S.C. § 1)	Federal Law
☒	III	Principal-Agent Combinations in Restraint of Trade (Section 1 of the Sherman Act, 15 U.S.C. § 1)	Federal Law
☒	IV	Agreements to Unreasonably Restrain Trade (Section 1 of the Sherman Act, 15 U.S.C. § 1)	Federal Law
☒	V	Anticompetitive Information Exchange (Section 1 of the Sherman Act, 15 U.S.C. § 1)	Federal Law
☐	VI	Violation of State and D.C. Antitrust Statutes	
☐	VII	Violation of State Consumer Protection Laws	
☐	VIII	Unjust Enrichment	

NOTE

If Plaintiff wants to allege additional Causes of Action other than those selected in the preceding paragraph, which are the Causes of Action set forth in the Master Complaint, the facts supporting those additional Causes of Action, must be pled in a manner complying with the requirements of the Federal Rules of Civil Procedure. In doing so, Plaintiff may attach additional pages to this Short-Form Complaint.

VII. ADDITIONAL CAUSES OF ACTION

15. Plaintiff asserts the following additional Causes of Action and supporting allegations against the following Defendants:

See attached paragraphs of supporting allegations.

VIII. PRAYER FOR RELIEF

16. *Check all that apply*:

[X] **WHEREFORE,** Plaintiff prays for all available compensatory damages, treble damages, punitive damages in amounts to be proven at trial, and judgment against Defendant(s) and all such further relief that this Court deems equitable and just as set forth in the Master Complaint, and any additional relief to which Plaintiff may be entitled, including disgorgement.

[X] **WHEREFORE,** Plaintiff prays for declaratory and injunctive relief and judgment against Defendant(s) and all such further relief that this Court deems equitable and just as set forth in the Master Complaint, and any additional relief to which Plaintiff may be entitled.

JURY DEMAND

[*Check the applicable box*]:

[X] Plaintiff hereby demands a trial by jury as to all claims in this action.

[ ] Plaintiff **does not demand** a trial by jury as to all claims in this action.

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By signature below, Plaintiff's counsel hereby confirms their submission to the authority and jurisdiction of the United States District Court for the Northern District of Illinois and oversight of counsel's duties under Federal Rule of Civil Procedure 11, including enforcement as necessary through sanctions and/or revocation of *pro hac vice* status.

Dated: June 24, 2026

/s/ Stephen M. Medlock

Stephen M. Medlock
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Counsel for Plaintiff

CERTIFICATE OF SERVICE

The undersigned attorney certifies that on June 24, 2026, he electronically filed a copy of the attached via the CM/ECF filing system, which sent notification of such filing to all Filing Users.

/s/ Stephen M. Medlock
Stephen M. Medlock

ADDITIONAL FACTUAL ALLEGATIONS

1. Vanderbilt University Medical Center ("VUMC") is a nonprofit academic medical center headquartered in Nashville, Tennessee. Founded in 1874 through the incorporation of an existing medical school into Vanderbilt University, it has since developed into an integrated health system that provides inpatient and outpatient medical care, emergency services, surgical treatment, and specialized clinical services across hospitals, clinics, and affiliated facilities throughout Middle Tennessee. VUMC operates as a teaching and research institution, maintaining academic affiliations with Vanderbilt University and serving as a principal site for medical education, clinical training, and medical research.

2. VUMC is among the largest and most prominent health systems in the Mid-South region of the United States and serves as a major referral center for complex and specialized care. Its facilities include nationally recognized programs in pediatrics, oncology, heart transplantation, and neonatal intensive care, among others, and comprise multiple hospitals and specialty institutes dedicated to advanced diagnosis and treatment. These services are essential to the surrounding region, where VUMC provides high-acuity and tertiary care not otherwise widely available, and supports the training of physicians and other healthcare professionals.

3. VUMC's operations are substantial in both scale and scope. The system provides care to more than 3 million patients annually across a broad network of clinical locations, performs tens of thousands of surgical procedures each year, and maintains more than 1,700 licensed hospital beds. VUMC employs approximately 40,000 employees and more than 3,000 physicians, advanced practice nurses, and scientists—making it the largest non-governmental employer in Middle Tennessee. As such, VUMC plays a central role in the region's healthcare delivery infrastructure and economic activity.

4. VUMC routinely provides out-of-network ("OON") services to commercially insured patients and submits bills for those services to the third-party payors. The payors that paid the substantial majority of VUMC's OON claims used MultiPlan's OON Repricing Services.

5. VUMC was and is harmed by the MultiPlan Cartel because it submitted claims for medically necessary, OON care that were systematically repriced and underpaid by members of the MultiPlan Cartel. Those claims included both facility claims and professional claims.

6. VUMC's own claims data helps demonstrate the magnitude of this underpayment. From January 1, 2023 through December 31, 2025, VUMC submitted approximately 81,080 claims for OON services to certain major commercial third-party payors, with aggregate billed charges of approximately $189,841,926. The aggregate amount paid on those claims by all such certain major third-party payors combined was approximately $30,399,452, leaving an aggregate underpayment by those payors of approximately $159,442,474. And, these amounts understate the total underpayments to VUMC because they exclude other commercial payors that used MultiPlan's OON Repricing Services.

7. Representative individual claims illustrate the pricing pattern the MultiPlan Cartel applied to VUMC's OON services. For example, VUMC submitted an outpatient claim with billed charges of $6,305; the repriced amount paid by the payor was $1,387 — approximately 22% of billed charges. VUMC submitted another outpatient claim with billed charges of $4,218; the repriced amount paid by the payor was $867 — approximately 20% of billed charges. These claims are representative, not isolated outliers, of the pricing pattern MultiPlan and its co-conspirators applied to VUMC's OON claims throughout the relevant period. The magnitude of the resulting underpayment is staggering. Thus far, VUMC has suffered tens of millions of dollars in underpayments due to MultiPlan's Data iSight pricing formula alone.

8. VUMC's damages — measured by the difference between the lawful, but-for OON reimbursement that VUMC would have received absent the MultiPlan Cartel and the artificially suppressed amounts that VUMC actually received on both its facility claims and professional claims — are at least in the tens of millions of dollars, with the precise amount to be established at trial. These damages are a direct, foreseeable, and intended consequence of the cartel conduct alleged in the Master Complaint.

9. The systematic underpayment of VUMC's providers through MultiPlan's common pricing methodology causes cascading harm. Underpaid providers are forced to absorb the cartel-imposed shortfall, to curtail or eliminate medically necessary care, or to exit the market entirely. The result is fewer beds, longer waitlists, and narrower access to services. VUMC's injury, accordingly, is not merely an injury to itself. It is a direct and proximate consequence of an anticompetitive scheme that undermines the supply of medically necessary care to patients.

10. VUMC does not have in-network contracts with any plan offered by the Defendants named in this Complaint and has no contractual duty to arbitrate claims against any Defendant named in this Complaint.

11. **Grand Jury Investigation**. From August 2024 to June 2026, the Antitrust Division of the U.S. Department of Justice ("DOJ") conducted a criminal investigation into MultiPlan and several payor members of the MultiPlan Cartel. On May 19, 2026, the DOJ opened a civil investigation into MultiPlan and several payors and issued multiple civil investigative demands. On June 17, 2026, the DOJ informed MultiPlan that it was closing the criminal investigation. The civil investigation remains ongoing. Public reporting suggests that the DOJ investigations focus on whether MultiPlan's Data iSight pricing methodology violates Section 1 of the Sherman Act.

12. **State Attorney General Enforcement Actions**. On June 1, 2026, the State of

Arizona filed a civil enforcement action in Arizona state court against MultiPlan, Aetna, Cigna, United, Elevance, HCSC, and other payors alleging that they conspired for years to fix the prices paid for out-of-network medical care in violation of Arizona's antitrust and consumer-fraud statutes. Announcing the action, Attorney General Mayes told reporters that the MultiPlan Cartel "wasn't an accident" but rather "a coordinated deliberate scheme," and that "the more they squeezed our doctors and hospitals, the more profits they made." She explained that the MultiPlan Cartel "is an example of old-fashioned price fixing using new technology which is against the law all the same."