



No Surprises Act Arbitration Lawsuits: Which Health Insurers Doctors Sue Most

Original analysis of 10,276 records from the Federal Judicial Center, FY2016–FY2025 and FY2026 through June 2026 (federal fiscal years). Published October 16, 2026. <https://settlementinsight.com/research/no-surprises-act-arbitration-award-lawsuits>

In fiscal year 2025, health care providers filed 1,000 arbitration cases in U.S. district courts against health insurers, plans and plan administrators, and 385 of them (38.5%) named Horizon Blue Cross Blue Shield of New Jersey as the first defendant. Aetna, including its subsidiary Meritain Health, followed with 186 cases and Cigna with 99. In fiscal 2016 through 2023 combined there were 19 such cases.

1K

Arbitration suits against health insurers, FY2025

39%

Of those naming Horizon BCBS of New Jersey first

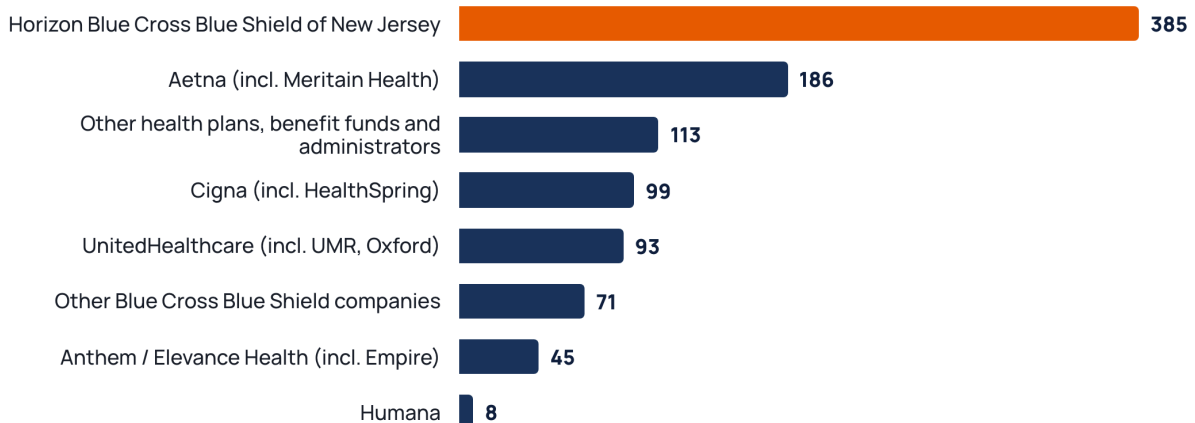
74%

Of those filed in the District of New Jersey



Federal arbitration cases against health insurers by insurer group, fiscal 2025

FY2025



Source: Settlement Insight analysis of data from the Federal Judicial Center
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What the federal court records show

- From a handful to hundreds.** Arbitration cases against health insurers rose from 46 in fiscal 2024 to 1,000 in fiscal 2025, a 21.7× increase. No fiscal year from 2016 through 2023 had more than 7.
- Three insurers account for most cases.** Horizon Blue Cross Blue Shield of New Jersey (385), Aetna (186) and Cigna (99) were the first-named defendant in 67.0% of fiscal 2025 cases. UnitedHealthcare, including UMR and Oxford, followed with 93.

3. **More than half of federal arbitration filings.** Cases against health insurers made up 54.3% of the 1,843 arbitration cases filed in federal district courts in fiscal 2025.
4. **New Jersey dominates.** The District of New Jersey received 74.1% of fiscal 2025 cases against health insurers. Connecticut ranks second across fiscal 2024 to June 2026 with 96 cases.
5. **Arbitration-coded filings against insurers fell sharply in late 2025.** After a peak of 166 cases in September 2025 and 162 in October 2025, only 30 cases against health insurers were filed from December 2025 through June 2026, while other arbitration filings continued. In the same months, providers filed suits against the same insurers under other case codes, mainly other contract and other statutory actions, which this count does not include, so the drop does not mean that providers stopped suing.
6. **Most cases end in dismissal.** Of the fiscal 2025 cases, 49.8% had been voluntarily dismissed by June 2026 and 4.5% were closed as settled. Court records do not show whether the award was paid.

How we measured

Data: the Federal Judicial Center's Integrated Database (IDB), civil file, in the release covering case filings through June 30, 2026 (retrieved in October 2026). Each row is one filing record for a civil case in a U.S. district court; 10,276 records with the arbitration nature-of-suit code (896) filed from October 2015 through June 2026 were evaluated. Every record is counted, without removing duplicates: reopened, remanded or transferred cases appear again as new records (origin code other than 1; 32 of the records against insurers since fiscal 2024). Names of plaintiffs, who are physician practices and other providers, are not used; all results are aggregated.

Scope: a record counts as a suit against a health insurer when its first-named defendant (the IDB defendant field, cut off at 30 characters) begins with one of the following name stems, matched in this order. Horizon: HORIZON or the misspelling HORZION followed by BLUE, CROSS, SHIELD, BCBS or HEALTH (not Horizon Pharma, not Blue Horizon). Anthem/Elevance: ANTHEM, ELEVANCE, EMPIRE BLUE, EMPIRE HEALTH. Aetna: AETNA, MERITAIN. Cigna: CIGNA, HEALTHSPRING. UnitedHealthcare: UNITED HEALTH or UNITEDHEALTH, UMR, UNITED MEDICAL RESOURCES, OXFORD HEALTH, GOLDEN RULE INS (not OptumRx, a pharmacy benefit manager, and not OptumCare, a physician group). Other Blue Cross Blue Shield companies: BLUE CROSS or BLUE SHIELD anywhere in the name, or a name beginning with BCBS, HIGHMARK, PREMIER, REGENCE, CAREFIRST, WELLMARK, HEALTH CARE SERVICE CO, CALIFORNIA PHYSICIANS or LOUISIANA HEALTH SERVIC. Humana: HUMANA. Other health plans, benefit funds and administrators: HEALTH PLAN, WELFARE FUN, BENEFIT FUN or BENEFIT PLA anywhere in the name (stems shortened because names are cut off) (this includes union and employer health funds such as the National Benefit Fund of the SEIU health care workers' union in New York, but not pension funds), or a name beginning with EMBLEM, OSCAR HEALTH, AMBETTER, CENTENE, WELLCARE, MOLINA HEALTH, KAISER FOUNDATION, KAISER PERMANENTE, HEALTHFIRST, AMERIHEALTH, HEALTH NET, SUPERIOR HEALTH, SELECTHEALTH, UNIVERA, AULTCARE, PARAMOUNT INSURANCE, SENTARA HEALTH, ASCENSION PERSONALIZED CARE, EMPOWER HEALTHCARE SOLUTIONS, FREEDOM LIFE, NIPPON LIFE, AVMED, GEISINGER, SUMMACARE, EMI HEALTH, MCLAREN HEALTH ADVANTAGE, MEDICAL MUTUAL OF OHIO, CDPHP, ALLIANCE HEALTH AND LIFE, or one of the plan administrators ALLIED BENEFIT, MEDCOST, INSURANCE DESIGN ADMIN, ALLEGIANCE BENEFIT, WEBTPA, AMERICAN PLAN ADMIN, (THE) LOOMIS COMPANY, LEADING EDGE ADMIN, INTEGRA ADMINISTRATIVE, ASR HEALTH BENEFITS, MAESTRO HEALTH, CONSOCIATE HEALTH, ELCO ADMINISTRATIVE, MAGNACARE, ASC BENEFIT, ASSURED BENEFIT, BENEFIT PLAN ADMIN, FCE BENEFIT, WH ADMINISTRATORS, HEALTHCOMP, HEALTHSMART, INDEPENDENCE ADMINISTRATORS, INSURANCE MANAGEMENT SERVICES, MARPAI, OPTIMED HEALTH, PHOENIX ADMINISTRATORS, S&S HEALTHCARE, TOTAL PLAN CONCEPTS, TRUSTMARK HEALTH. Not counted: claims repricing and payment vendors such as Zelis and MultiPlan, that union itself (its name contains UNITED HEALTHCARE but does not begin with it), people or law firms whose names merely contain an insurer's name, property, casualty, reinsurance and other life insurers, and government agencies. Matching is case-insensitive; the space inside BLUE CROSS, BLUE SHIELD, UNITED HEALTH, EMPIRE BLUE and HEALTH PLAN is optional, and repeated spaces count as one. Subsidiaries are grouped with their parent as listed above; each record counts once, in the first group it matches.

Calculation: cases are assigned to the federal fiscal year (October through September) of their filing date. To check the data against the judiciary's own statistics, we counted federal question arbitration cases in fiscal 2025: 1,577 nationwide and 987 in the District of New Jersey, which matches the published nationwide figure of the Administrative Office of the U.S. Courts and is within 0.10% of its New Jersey figure. Shares by insurer use all cases against health insurers in that fiscal year as the denominator.

Checked against published figures

- Arbitration cases among federal question civil filings, U.S. district courts, fiscal year 2025: published 1,577, our count 1,577 (exact match). [Judicial Business 2025: U.S. District Courts](#)
- Arbitration cases filed in the District of New Jersey, fiscal year 2025: published 986, our count 987 (0.10% apart). [Judicial Business 2025: U.S. District Courts](#)

Limitations

- The IDB does not record which law a case is based on. We count arbitration cases against health insurers; nearly all of them were filed after the No Surprises Act's dispute process began, but a case can concern another arbitration, and providers who sued under a different nature-of-suit code, such as ERISA or contract, are not included. The count is therefore an approximation, most likely a lower bound.
- Only the first-named defendant is recorded, cut off at 30 characters. A case against several insurers counts once, for the first one listed, and an insurer listed second is not counted.
- The counts are not adjusted for the number of people each insurer covers or for how many arbitration awards it lost, so a high rank does not by itself mean an insurer pays awards less often than others.
- Fiscal 2026 covers only October 2025 through June 2026. Courts report some filings late, so the most recent months may still rise in the next FJC release and the size of the drop after November 2025 may change. Arbitration filings against other defendants did not fall in the same months. From early 2026, many suits by providers against the same insurers were filed under other nature-of-suit codes, such as other contract and other statutory actions, and are not counted here.
- A disposition code describes how a case was closed, not whether an award was paid. Voluntary dismissals can follow payment or other outcomes.

Data files

- [Federal arbitration cases and cases against health insurers by fiscal year, FY2016–FY2026 \(Oct–Jun\)](#) (CSV, 11 rows)
- [Status of fiscal 2025 arbitration cases against health insurers as of June 30, 2026](#) (CSV, 10 rows)
- [Federal arbitration cases against health insurers by district, FY2024–FY2026 \(Oct–Jun\)](#) (CSV, 48 rows)
- [Monthly federal arbitration filings against health insurers, October 2023–June 2026](#) (CSV, 33 rows)
- [Federal arbitration cases against health insurers by insurer group, FY2024–FY2026 \(Oct–Jun\)](#) (CSV, 8 rows)

How to cite

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