

Department of Health and Human Services  
**Office of Inspector General**



Office of Evaluation and Inspections

June 2026 | OEI-05-24-00090

# **Inaccurate Medicaid Managed Care Provider Directories May Limit Enrollees' Access to Maternal Health Care**



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## Inaccurate Medicaid Managed Care Provider Directories May Limit Enrollees’ Access to Maternal Health Care

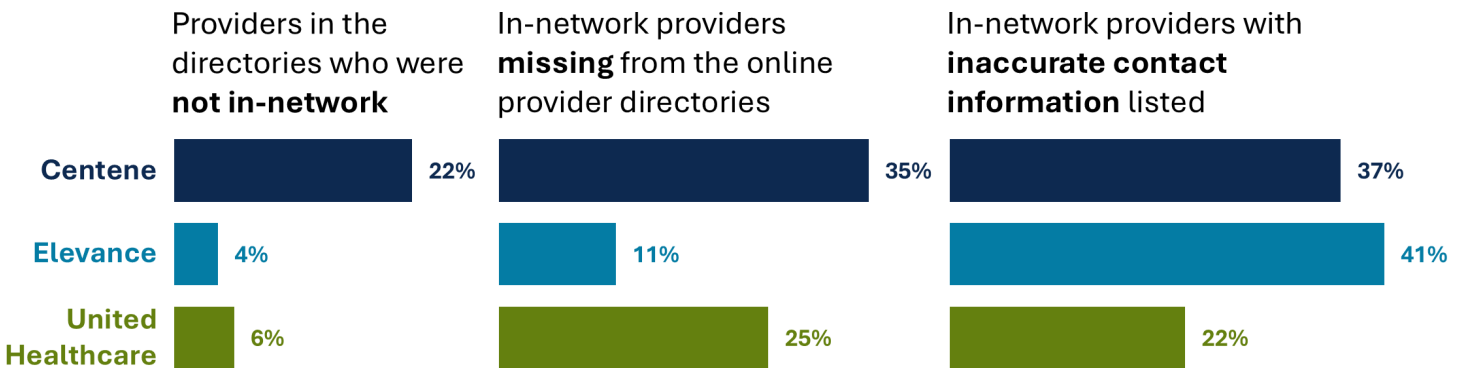
### Why OIG Did This Review

The United States is experiencing a maternal health crisis, with worse outcomes than in any other high-income country. Access to maternal health care in Medicaid managed care impacts the Nation’s overall maternal health outcomes. Medicaid pays for over 40 percent of births and most pregnant Medicaid enrollees are in managed care plans. Centene, Elevance, and UnitedHealthcare are the three largest parent companies operating in Medicaid managed care. As of 2025, these companies had plans that collectively covered over 29 million enrollees in 38 of the 42 States that have comprehensive Medicaid managed care plans.

Accurate provider directories for comprehensive Medicaid managed care plans help enrollees find and access in-network providers. We evaluated the accuracy of online provider directories for maternal health providers in Centene’s, Elevance’s, and UnitedHealthcare’s Medicaid managed care plans in five States. To do this, we selected a sample of providers from network lists that plans sent to States for assessment and oversight of managed care enrollees’ access to providers. Then, we looked up those providers in plans’ online provider directories that enrollees use to find and contact in-network providers.

### What OIG Found

Online provider directories from Medicaid managed care plans in five States contained inaccuracies that may limit enrollees’ access to maternal health care:



OIG released a [companion report](#) that evaluated the accuracy of the network lists that Medicaid managed care plans send to States for assessment and oversight of managed care enrollees’ access to providers.

### What OIG Recommends

[CMS](#) should take steps to support States in holding Medicaid managed care plans accountable for the accuracy of their online provider directories. CMS concurred with this recommendation.

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# BACKGROUND

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## OBJECTIVE

To evaluate the accuracy of information about maternal health providers in Medicaid managed care plans' online provider directories.

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## Maternal Health Care Access in Medicaid Managed Care

Many States use risk-based contracts with insurance companies to cover comprehensive health care services, including maternal health care (i.e., pregnancy and postpartum care), for Medicaid enrollees. Throughout this report, we refer to these arrangements as “Medicaid managed care plans” or simply “plans.”<sup>1</sup> In fiscal year 2024, States paid Medicaid managed care plans over \$450 billion to provide care to Medicaid enrollees.<sup>2</sup> Medicaid managed care plans contract with providers to provide services to the plan’s enrollees.<sup>3</sup> Generally, plans limit enrollees’ access to the providers within these networks.<sup>4</sup>

Access to maternal health care in Medicaid managed care impacts the Nation’s overall maternal health outcomes. Medicaid pays for over 40 percent of births in the U.S. and most pregnant Medicaid enrollees are in managed care plans.<sup>5, 6</sup> Access to timely and high-quality care is important to promote good maternal health outcomes. Receiving timely care throughout pregnancy and the postpartum period can help prevent maternal deaths and manage pregnancy and postpartum complications.<sup>7</sup>

## Provider Information in Medicaid Managed Care

In this report, we discuss two sources of provider data that Medicaid managed care plans must maintain: (1) network lists that plans submit to States for oversight and (2) online provider directories that plans publish for enrollees to use to find providers. Network lists and online provider directories should contain accurate records of in-network providers—providers who have an agreement with the plan to deliver services to enrollees.<sup>8</sup> In this report, we use the term “ghost providers” to refer to providers who are not in-network with a given plan but are listed in the network list or online provider directory for that plan.

This report focuses on the accuracy of information about certain types of maternal health providers (i.e., obstetrician/gynecologist (OB/GYN) physicians and certified nurse-midwives) in online provider directories.

## Network Lists

Medicaid managed care plans send States lists of their in-network providers (“network lists”) on a regular basis. For example, two States in our review told OIG that their managed care plans update network lists on a quarterly basis, but the expectation varies by State. Many States—including the five States that we reviewed—use these plan-provided network lists to determine whether plans have enough providers to meet enrollees’ needs.<sup>9</sup> States or their contractors do this by using network lists to assess plans’ compliance with the State’s network adequacy standards.<sup>10, 11</sup> Network lists also contain contact information for providers.



States often use **network lists** to assess and oversee managed care enrollees’ access to providers.



Enrollees often use searchable **online provider directories** to find and contact in-network providers.

## Online Provider Directories

Medicaid managed care plans must publish a public-facing searchable online provider directory, which should include all of the plan’s in-network providers and provide accurate contact information.<sup>12, 13</sup> Per CMS rules, plans must update online provider directories within 30 days of receiving updated provider information.<sup>14</sup> The parent companies of plans in this review told OIG that their plans update online provider directories every one to two days. Current enrollees can use provider directories to find and contact in-network providers.<sup>15</sup> Medicaid enrollees can also use directories to inform their selection of a managed care plan on the basis of which providers appear as in-network.<sup>16</sup>

## CMS Final Rule on Access in Medicaid Managed Care

In 2024, CMS finalized a rule related to States’ oversight of access to care in Medicaid managed care.<sup>17</sup> Starting with the first rating period beginning on or after July 10, 2028, States will be required to contract with an independent entity to conduct annual secret shopper surveys. In addition to assessing compliance with newly required appointment wait time standards, these surveys will help to validate the accuracy of certain data in plans’ online provider directories. The entities conducting the surveys will select a sample of providers for each plan. Then, they will contact providers to verify four pieces of information from the provider directories: the active network status with the plan, the street address, the telephone number, and whether the provider is accepting new patients.<sup>18</sup> Secret shopper surveys are commonly conducted via phone calls.<sup>19, 20, 21</sup> If the secret shopper calls identify any errors in the online provider directories for the sampled providers, plans must correct those individual errors so that the online information for enrollees is improved.<sup>22</sup>

States are not currently required to hold Medicaid managed care plans accountable to any specific standard for the accuracy of their provider directories. CMS’s rule includes a measurable standard for determining compliance with the appointment wait time requirements.<sup>23</sup> States should only deem a plan compliant if at least 90 percent of sampled providers have an appointment wait time within the specific State-determined maximum wait time. The maximum wait time must be no longer than 10-15 business days, depending on the specialty. However, CMS has not set a measurable standard like this for assessing the accuracy of provider directories.

## Related OIG Work

Prior OIG work has examined the accuracy of provider information in Federal health care programs. OIG has published a series of reports on access to behavioral health services in Medicaid and Medicare.<sup>24, 25</sup> Most recently, OIG reviewed the accuracy of behavioral health provider information in Medicaid managed care, traditional Medicare, and Medicare Advantage.<sup>26</sup> [The report](#) identified concerns with “ghost providers” being included in plan network lists, among other issues. It recommended that CMS work with States to improve the accuracy of network directories in Medicaid managed care and continue exploring the benefits of a nationwide provider directory.

Other OIG work has examined maternal health care in Medicaid managed care. [A prior OIG report](#) found that States could better leverage coverage and access requirements to promote maternal health care access.<sup>27</sup>

OIG is releasing a [companion report](#) alongside this report. That report evaluated the accuracy of the network lists that plans send to States for oversight.

## Methodology in Brief

We focused this report on plans from the Medicaid managed care parent companies with the largest nationwide enrollment: Centene, Elevance, and UnitedHealthcare. We selected five States that had plans from each of these companies: Louisiana, Missouri, Nevada, New Jersey, and Washington.<sup>28</sup> We collected network lists for Medicaid managed care plans from all three companies from each of the five States.

We selected a random sample of two key types of maternal health providers (OB/GYN physicians and certified nurse-midwives)<sup>29</sup> from the network lists, stratified by the three parent companies. We searched for each sampled provider in the plans’ online provider directories. We used the online provider directories to determine whether providers appear as an in-network provider when enrollees search online and to collect their contact information.

We examined plans owned by the three largest Medicaid managed care parent companies:

**Centene**  
**Elevance**  
**UnitedHealthcare**

Then, we reached out to sampled providers (or other respondents on behalf of the providers) for a short survey. We completed surveys from sampled providers who appeared in online provider directories as well as those who did not. We asked whether the providers were in-network with the plan and, for those who appeared in the online provider directories, we verified the contact information listed.

We conducted statistical analyses to generalize results about the accuracy of online provider directories for maternal health providers within the five States and three Medicaid managed care parent companies in our review. Because we reviewed a sample of providers from the network lists, our results about the accuracy of provider directories only reflect the population of providers who appear in network lists. These results cannot be generalized to other Medicaid managed care parent companies or other States. We also identified statistically significant differences between the three parent companies. See Appendix A for detailed statistical results.

For additional context about network lists and provider directories, we also spoke to representatives from Centene, Elevance, and UnitedHealthcare before we began conducting surveys.

## Limitations

Plans may have made changes to network lists and online provider directories after we collected information from them and before the survey occurred. We accounted for potential changes, where feasible. For example, we excluded providers from analysis if their office told us that they had retired in the six months prior to our survey. Additionally, survey data was self-reported by providers and their representatives.

## Standards

We conducted this study in accordance with the *Quality Standards for Inspection and Evaluation* issued in 2020 by the Council of the Inspectors General on Integrity and Efficiency.

# FINDINGS

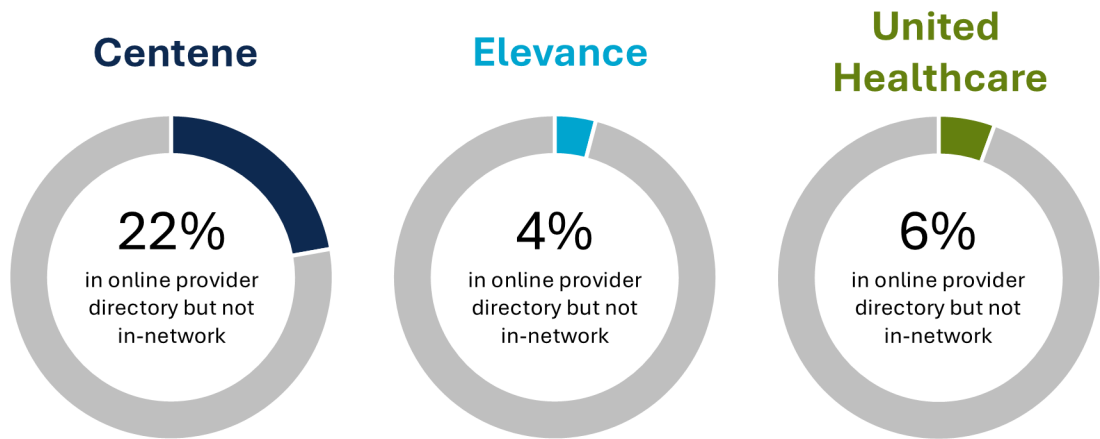
We analyzed the accuracy of provider directory listings for OB/GYN physicians and certified nurse-midwives whom we sampled from Medicaid managed care plans' network lists from three parent companies (Centene, Elevance, and UnitedHealthcare) in five States (Louisiana, Missouri, Nevada, New Jersey, and Washington).

For this report, we reviewed a sample of providers who were included on the network lists that plans sent to States; we did not sample from the online provider directories. Therefore, our results about the accuracy of provider directories only reflect the population of providers who appear in network lists that States use to assess network adequacy.

## **Online provider directories for Medicaid managed care plans included some maternal health providers who were not in-network**

The online provider directories for the Centene, Elevance, and UnitedHealthcare Medicaid managed care plans we reviewed included some “ghost providers,” providers who should not have been listed because they were not an in-network provider with the plan. Overall, 9 percent of the maternal health providers who appeared in a plan's provider directory reported that they were not in-network with that plan. The prevalence of providers who reported that they were not in-network varied by parent company. For example, 22 percent of the maternal health providers we identified in Centene's online provider directory told us that they were not in-network. Some providers reported that they were never in-network with the plan or they practiced in a different State and did not accept out-of-State Medicaid plans. See Exhibit 6 in Appendix A for detailed results.

**Exhibit 1: The prevalence of providers who appeared in the online provider directories but reported that they were not in-network varied by parent company**



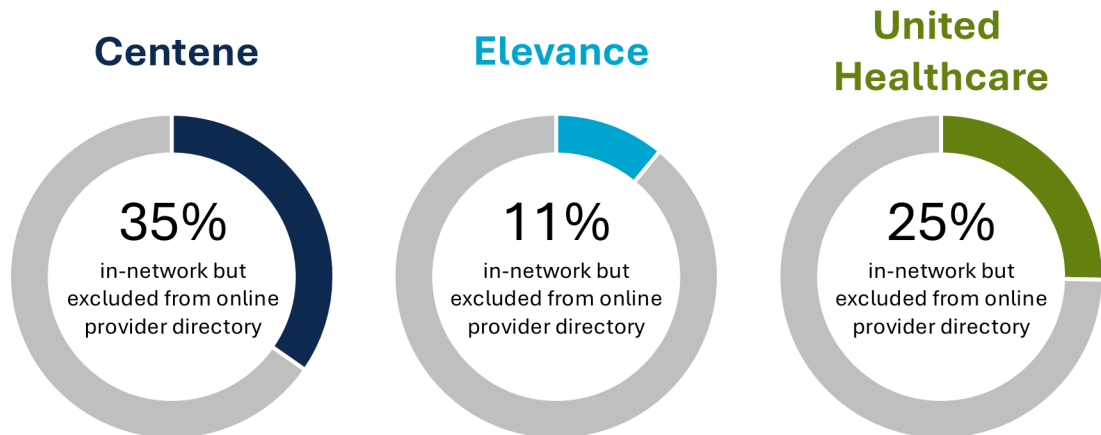
Source: OIG analysis of survey data, 2025.

“Ghost providers” can cause confusion and frustration for enrollees who use the online provider directories to find and contact in-network providers. Enrollees who contact these providers to seek care will not, in general, be able to receive insurance coverage for such care through their plan.<sup>30</sup> This may delay access to maternal health care. Timely access to prenatal and postpartum care is critical for health outcomes, so delays in access to maternal health care are concerning. In addition, some enrollees may select a Medicaid managed care plan on the basis of the providers who appear as in-network in the provider directory. “Ghost providers” could mislead enrollees in selecting a plan.

## **Online provider directories for Medicaid managed care plans left out many in-network maternal health providers**

We also identified maternal health providers who were in-network for Medicaid managed care plans from Centene, Elevance, and UnitedHealthcare but did not appear in those plans’ online provider directories.<sup>31</sup> Overall, 22 percent of providers who reported being in-network for a given plan were not listed in the plan’s online provider directory. The prevalence of in-network providers not listed in the provider directory varied by parent company. Since provider directories should include all in-network providers who take appointments, these providers would appear as out-of-network to enrollees. See Exhibit 7 in Appendix A for detailed results.

## Exhibit 2: The prevalence of providers who were in-network but not listed in online provider directories varied by parent company



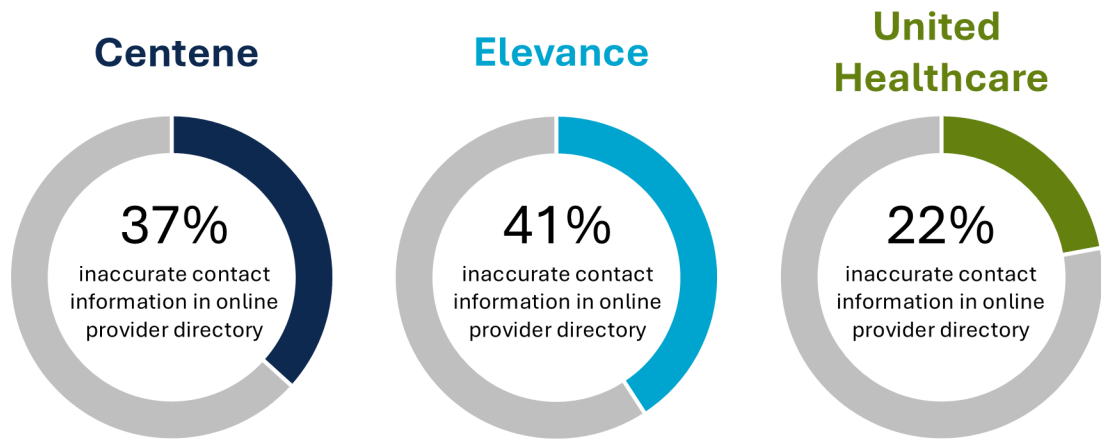
Source: OIG analysis of survey data, 2025.

In-network providers excluded from online provider directories could present a barrier to accessing maternal health care. Provider directories should allow enrollees to find and contact all in-network providers who take appointments. When in-network maternal health providers do not appear in a provider directory, enrollees searching the directory may not become aware of these providers or may mistakenly believe they are out-of-network. This could lead enrollees to delay care or travel farther than is needed, particularly in communities with maternal health provider shortages, such as many rural areas.

## Online provider directories for Medicaid managed care plans had inaccurate contact information for many maternal health providers

Finally, we identified maternal health providers for Medicaid managed care plans from Centene, Elevance, and UnitedHealthcare with incorrect contact information in those plans' online provider directories. Overall, 33 percent of providers who appeared in a plan's provider directory and reported being in-network also reported at least one inaccurate phone number and/or address listed for them in the directory. The prevalence of providers with inaccurate contact information varied by parent company. See Exhibit 8 in Appendix A for detailed results.

**Exhibit 3: The prevalence of providers with inaccurate contact information in the online provider directories varied by parent company**



Source: OIG analysis of survey data, 2025.

Inaccurate contact information may make it more difficult for enrollees to contact providers for an appointment. For instance, 21 percent of in-network maternal health providers listed in provider directories told us that they did not currently work at one or more of the locations listed. The provider directories that we examined allow enrollees to search by location to find a provider who can treat them nearby. Enrollees may experience frustration and delays in accessing care if they try to contact providers who are listed nearby but do not actually work at those locations. See Exhibit 9 in Appendix A for detailed results.

# CONCLUSION AND RECOMMENDATION

We found that the online provider directories from Centene, Elevance, and UnitedHealthcare Medicaid plans in five States contained inaccuracies—inclusion of potential “ghost providers” that reported not being in-network, exclusion of in-network providers, and incorrect contact information—that may impede or limit enrollees’ access to maternal health care. Enrollees may delay or forgo care if they experience challenges in finding an in-network provider, which can contribute to worse maternal health outcomes.

States pay Medicaid managed care plans hundreds of billions of dollars in capitation payments to provide enrollees access to needed care, and the Federal government covers a substantial portion of these costs.<sup>32</sup> The parent companies whose plans we reviewed in this study—Centene, Elevance, and UnitedHealthcare—collectively cover over 29 million Medicaid enrollees nationwide.<sup>33</sup> It is critical that managed care plans’ provider directories be accurate so that enrollees can readily identify where they can get needed care that plans are paid to provide.

CMS has finalized a requirement for States to use secret shopper surveys to help to verify the accuracy of certain data in Medicaid managed care online provider directories starting with the first rating period beginning on or after July 10, 2028. This requirement could help identify and correct some individual errors for a group of providers randomly sampled for secret shopper calls.

However, these secret shopper calls might have limited impact on systematically improving directories. CMS does not require that States enforce any specific measurable standard for provider directory accuracy, such as an accuracy rate that plans must meet to be deemed compliant. Additionally, the secret shopper call methodology would not identify in-network providers who are missing from the provider directory.

Additional strategies could be more effective in assessing the overall accuracy of provider directory data. In a previous report, [OEI-02-23-00540](#), OIG made a recommendation that is also relevant to addressing the issues raised in this report. In that report, OIG recommended that CMS:

**Work with States to improve the accuracy of network directories in Medicaid managed care.**<sup>34</sup>

More specifically, the recommendation stated that CMS should promote the use of encounter data to identify inactive providers in provider directories. Encounter data analysis could also help identify providers who may be in-network but are missing from directories.

CMS has also started exploring the creation of a National Directory of Healthcare Providers and Services, which prior OIG work has recommended that CMS

continue.<sup>35</sup> We encourage CMS to continue to explore whether a nationwide directory could improve accuracy and efficiency and reduce patient burden.

We recommend that CMS:

## **Take steps to support States in holding Medicaid managed care plans accountable for the accuracy of their online provider directories**

CMS should work with States to hold Medicaid managed care plans accountable for the accuracy of their online provider directories. CMS could take steps such as suggesting best practices or offering technical assistance to States on strategies to hold plans accountable for provider directory accuracy. States could use a variety of strategies to hold plans accountable. For example, States could determine their own performance standards, such as a specific provider directory accuracy rate that plans must meet to be deemed compliant when States begin performing secret shopper calls. States might add or strengthen language in their plan contracts to reflect the expectation that online provider directories meet specific accuracy standards. To make data accuracy standards impactful, associated enforcement strategies should also be used; States might consider creating or strengthening penalties for noncompliance with provider directory accuracy standards.

# AGENCY COMMENTS AND OIG RESPONSE

CMS concurred with our recommendation.

In response to our recommendation—that CMS take steps to support States in holding Medicaid managed care plans accountable for the accuracy of their online provider directories—CMS stated that it is committed to strengthening the monitoring and oversight of Medicaid managed care programs. CMS said that it will support States in their efforts to hold Medicaid managed care plans accountable for the accuracy of their online provider directories.

For the full text of CMS’s comments, please see Appendix B.

# DETAILED METHODOLOGY

## Data Sources

For this review, our primary data sources were Medicaid managed care network lists, online provider directories, and a survey of maternal health care providers. Managed care plans send States network lists that should include all in-network providers for the plan. Plans publish searchable provider directories online for enrollees to find and contact in-network providers. In the survey, we asked maternal health providers whether they were in-network with the plan and verified the information listed in online provider directories.

For additional context about network lists and provider directories, we also spoke to representatives from Centene, Elevance, and UnitedHealthcare before we began conducting surveys.

## Provider Population and Sample

Our population for this report was maternal health care providers included in the network lists from Centene, Elevance, and UnitedHealthcare Medicaid managed care plans in five States. We collected network lists from States that were current as of January 2025. We selected Centene, Elevance, and UnitedHealthcare because they are the three largest Medicaid managed care parent companies by enrollment. As of 2025, when we collected data, these companies had plans that collectively covered over 29 million enrollees in 38 of the 42 States that have comprehensive Medicaid managed care plans. We selected Louisiana, Missouri, Nevada, New Jersey, and Washington for our sample because they had Medicaid managed care plans from these parent companies in 2025.<sup>36</sup> We identified two types of key maternal health providers, OB/GYN physicians and certified nurse-midwives, whose services are required to be covered under Medicaid.<sup>37</sup> We excluded maternal health providers from our population if they did not have an address in the given State or a neighboring State. For example, if a provider included on a Missouri network list had a location listed in Hawaii, we excluded that listing from the population.

### Exhibit 4: Population of maternal health providers in sampled States

Parent company	Providers
Centene	3,684
Elevance	4,760
UnitedHealthcare	4,120

Source: OIG analysis of network lists, 2025.

From this population, we selected a stratified random sample of 453 maternal health care providers: 151 maternal health care providers for each parent company.

Providers were eligible to be sampled if they were included in a parent company’s network list. Providers could be sampled more than once if they appeared in network lists for multiple parent companies.

In May 2025, we searched for each provider in the plans’ online provider directories to determine whether they appeared as an in-network provider and to collect the contact information listed there.

### Provider Survey

OIG staff conducted a provider survey in June-July 2025. We attempted to contact all sampled providers or others at the practice who could answer questions on their behalf (e.g., clinic director or billing official). We used the phone numbers and emails (where available) from the network lists managed care plans provided to States and the online provider directories that plans make available to enrollees.<sup>38</sup> We attempted multiple phone calls when necessary and left voice messages for respondents to return our calls. When we could not reach providers after these attempts, we conducted an online search for an additional phone number and attempted to contact the provider at that number. We conducted follow-up calls to providers to clarify their survey responses as needed.

Our overall survey response rate was 79 percent.

Providers who did not complete the survey include:

- 1) providers whom we could not reach to complete the survey using any phone numbers provided by the plan or whom we found through online searches;
- 2) providers who refused to complete the survey; and
- 3) providers whom we excluded from the survey because (1) they were not an OB/GYN physician or a certified nurse-midwife; or (2) they retired or ended their contract with the plan in the 6 months prior to the survey.

### Exhibit 5: Survey completion by parent company

Parent company	Selected sample	Completed survey	Did not complete survey	Response rate
Centene	151	122	29	81%
Elevance	151	110	41	73%
UnitedHealthcare	151	124	27	82%
<b>Total</b>	<b>453</b>	<b>356</b>	<b>97</b>	<b>79%</b>

Source: OIG analysis of survey data, 2025.

## Data Analysis

We conducted statistical analyses to generalize results about the accuracy of online provider directories for maternal health providers within the five States and three Medicaid managed care parent companies in our review. Because we reviewed a sample of providers from the network lists, our results about the accuracy of provider directories only reflect the population of providers who appear in network lists. We analyzed data from network lists, online provider directories, and the provider survey to calculate the results described in the report. For each result, we performed statistical analysis to generate a weighted point estimate across the three managed care parent companies and point estimates for each of the three managed care parent companies. We also conducted a chi-square test to evaluate statistically significant differences among the parent companies. We did not stratify our sample by State so we cannot report differences across States. See Appendix A for detailed statistical results.

# APPENDICES

## Appendix A: Detailed Results

Overall point estimates (i.e., point estimates that combine Centene, Elevance, and UnitedHealthcare) are weighted to account for each parent company having a different number of maternal health providers.

### Exhibit 6: Estimates and confidence intervals for providers in the provider directory who were not in-network

We sampled 453 providers from the network lists plans submit to States and were able to complete surveys for 356 of those providers. We found that 209 of the surveyed providers were in the online provider directories. We asked these providers whether they were in-network. Overall results and results by parent company are included below. See pages 5-6 for further discussion.

Parent company	Number of providers in the provider directory	Estimated percentage of providers who were not in-network	95-percent confidence interval	
			Lower bound	Upper bound
Centene	63	22.2%*	13.6%	34.2%
Elevance	74	4.1%	1.3%	11.9%
United Healthcare	72	5.6%	2.1%	14.0%
<b>Total</b>	<b>209</b>	<b>9.3%</b>	<b>6.3%</b>	<b>13.7%</b>

Source: OIG analysis of survey data, 2025.

Comparisons across plans were significantly different from one another ( $p = 0.000963$ ).

\*The 95-percent confidence interval for the estimated percentage of providers listed in Centene's online provider directory who were not in-network exceeded 10-percent absolute precision. A confidence interval exceeds 10 percentage points absolute precision if either the upper or lower bound is at least 10 percentage points away from the estimated percentage.

### Exhibit 7: Estimates and confidence intervals for in-network providers who were not in the provider directory

We completed surveys for 356 providers sampled from the network lists that plans sent to States. Of the 356 providers we surveyed, 248 confirmed they were in-network for the given plan. We analyzed whether these in-network providers were included in the online provider directory. Overall results and results by parent company are included below. See pages 6-7 for further discussion.

Parent company	Number of in-network providers	Estimated percentage of in-network providers not in the provider directory	95-percent confidence interval	
			Lower bound	Upper bound
Centene	75	34.7%*	24.8%	46.1%
Elevance	82	11.0%	5.8%	19.8%
United Healthcare	91	25.3%	17.4%	35.2%
<b>Total</b>	<b>248</b>	<b>22.4%</b>	<b>17.8%</b>	<b>27.7%</b>

Source: OIG analysis of survey data, 2025.

Comparisons across plans were significantly different from one another ( $p = 0.001865$ ).

\*The 95-percent confidence interval for the estimated percentage of in-network providers excluded from Centene’s online provider directory exceeded 10-percent absolute precision. A confidence interval exceeds 10 percentage points absolute precision if either the upper or lower bound is at least 10 percentage points away from the estimated percentage.

### Exhibit 8: Estimates and confidence intervals for providers with 1+ errors in the provider directory for in-network providers in the provider directory

Of the 356 providers who completed surveys, 188 providers reported being in-network and were listed in the online provider directory. We asked these providers whether their contact information in the online provider directory was correct. Overall results and results by parent company are included below. See pages 7-8 for further discussion.

Parent company	Number of in-network providers in the provider directory	Estimated percentage of providers with 1+ error in the provider directory	95-percent confidence interval	
			Lower bound	Upper bound
Centene	49	36.7%*	24.4%	51.1%
Elevance	71	40.8%*	30.0%	52.7%
United Healthcare	68	22.1%*	13.7%	33.5%
<b>Total</b>	<b>188</b>	<b>33.3%</b>	<b>27.0%</b>	<b>40.3%</b>

Source: OIG analysis of survey data, 2025.

Comparisons across plans were significantly different from one another ( $p = 0.04897$ ).

\*The 95-percent confidence interval for the estimate of the proportion of providers with 1+ errors in online provider directories for Centene, Elevance, and UnitedHealthcare exceeded 10-percent absolute precision. A confidence interval exceeds 10 percentage points absolute precision if either the upper or lower bound is at least 10 percentage points away from the estimated percentage.

**Exhibit 9: Estimates and confidence intervals for providers who did not work at 1+ locations in the provider directory for in-network providers in the provider directory**

Of the 356 providers who completed surveys, 188 providers reported being in-network and were listed in the online provider directory. We asked these providers whether they worked at all locations listed in the online provider directory. Overall results and results by parent company are included below. See pages 7-8 for further discussion.

Parent company	Number of in-network providers in the provider directory	Estimated percentage of providers who did not work at 1+ locations	95-percent confidence interval	
			Lower bound	Upper bound
Centene	49	20.4%*	11.2%	34.2%
Elevance	71	28.2%*	18.9%	39.8%
United Healthcare	68	11.8%*	6.0%	21.9%
<b>Total</b>	<b>188</b>	<b>20.7%</b>	<b>15.5%</b>	<b>27.0%</b>

Source: OIG analysis of survey data, 2025.

Comparisons across plans were not significantly different from one another (p = 0.050421).

\*The 95-percent confidence interval for the estimate of the proportion of providers who did not work at 1+ location in online provider directories for Centene, Elevance, and UnitedHealthcare exceeded 10-percent absolute precision. A confidence interval exceeds 10 percentage points absolute precision if either the upper or lower bound is at least 10 percentage points away from the estimated percentage.

## Appendix B: Agency Comments

Following this page are the official comments from CMS.



*Administrator*

Washington, DC 20201

**DATE:** April 28, 2026

**TO:** Ann Maxwell  
Deputy Inspector General  
for Evaluations and Inspections

**FROM:** Dr. Mehmet Oz   
Administrator  
Centers for Medicare & Medicaid Services

**SUBJECT:** Office of Inspector General (OIG) Draft Report: Inaccurate Medicaid Managed Care Provider Directories May Limit Enrollees' Access to Maternal Health Care (OEI-05-24-00090)

The Centers for Medicare & Medicaid Services (CMS) appreciates the opportunity to review and comment on the Office of Inspector General's (OIG) draft report. CMS is committed to strengthening the monitoring and oversight of Medicaid managed care programs.

It is essential for states to monitor managed care plans' with federal requirements to ensure program and fiscal integrity in managed care, and states are required to have a monitoring system for their managed care programs.<sup>1</sup> While states have flexibility in how they design their monitoring system, it must demonstrably address all aspects of their managed care program(s) and plan performance for at least the 14 specific program areas enumerated at 42 CFR § 438.66(b), including claims management, finance, program integrity, availability and accessibility of services, appeal and grievance systems, and quality improvement. Each state is required to use the data collected from its monitoring activities to improve the performance of its managed care program(s). Federal regulations do not include an exhaustive list of performance areas in which data may be used for oversight; however, 42 CFR § 438.66(c) describes several types of data for various performance areas that are fundamental to Medicaid managed care programs.

The regulations at 42 CFR § 438.10(h) require Medicaid managed care plans and, where applicable, primary case management (PCCM) entities to make available, in a searchable electronic form and in paper form upon request, specified information about their network providers. This information must include the provider's name and group affiliation, street address, telephone number, website URL (as appropriate), specialty (as appropriate), whether the provider accepts new enrollees, cultural and linguistic capabilities (including languages offered), whether the provider offers covered services via telehealth, and whether the provider's office or

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<sup>1</sup> Managed care plans are defined for this purpose as managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), and prepaid ambulatory health plans (PAHPs)

facility has accommodations for individuals with physical disabilities. Electronic provider directories must be updated no later than 30 calendar days after the plan receives updated provider information. Paper provider directories must be updated at least monthly if the plan does not have a mobile-enabled electronic directory, or at least quarterly if it does. In addition, provider directories must be made available on the plan's website in a machine-readable format, and must include specified categories of providers, including physicians, hospitals, pharmacies, behavioral health providers, and long-term services and supports providers, as applicable.

Provider directories containing outdated network information can create significant delays and challenges for Medicaid managed care plan enrollees seeking covered services. CMS is committed to continuing to work with states to improve access to care, quality, and health outcomes for Medicaid beneficiaries while also improving program and fiscal integrity.

The OIG's recommendations and CMS's responses are below.

### **OIG Recommendation**

Take steps to support States in holding Medicaid managed care plans accountable for the accuracy of their online provider directories.

### **CMS Response**

CMS concurs with this recommendation. CMS is committed to strengthening the monitoring and oversight of Medicaid managed care programs and will support states in their efforts to hold Medicaid managed care plans accountable for the accuracy of their online provider directories.

# ENDNOTES

- <sup>1</sup> CMS refers to these arrangements in Medicaid as managed care organizations (MCOs) to distinguish them from other arrangements in Medicaid that do not use comprehensive risk contracts, such as prepaid inpatient health plans (PIHPs) and prepaid ambulatory health plans (PAHPs). See regulatory definitions at 42 CFR § 438.2.
- <sup>2</sup> KFF, "[Total Medicaid MCO Spending](#)." Accessed on Oct. 14, 2025.
- <sup>3</sup> Georgetown University McCourt School of Public Policy Center for Children and Families, "[Medicaid Managed Care, Maternal Mortality Review Committees, and Maternal Health: A 12-State Scan](#)" (Oct. 16, 2023). Accessed on Oct. 10, 2025.
- <sup>4</sup> MACPAC, "[Managed Care's Effect on Outcomes](#)" (Sept. 12, 2023). Accessed on Oct. 14, 2025.
- <sup>5</sup> Centers for Disease Control and Prevention (CDC), "[Births: Final Data for 2023](#)," *National Vital Statistics Reports*, vol. 74, no. 1 (Mar. 18, 2025), p. 1. Accessed on Oct. 10, 2025.
- <sup>6</sup> Georgetown University McCourt School of Public Policy Center for Children and Families, "[Medicaid Managed Care, Maternal Mortality Review Committees, and Maternal Health: A 12-State Scan](#)" (Oct. 16, 2023). Accessed on Oct. 10, 2025.
- <sup>7</sup> CDC, "[Preventing Pregnancy-Related Deaths](#)" (Sept. 25, 2024). Accessed on Oct. 10, 2025.
- <sup>8</sup> 42 CFR § 438.2.
- <sup>9</sup> Plans must offer sufficient access to providers for all enrollees: 42 CFR § 438.206(b).
- <sup>10</sup> CMS, [Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability](#) (April 2017), which says that many States regularly review provider network files to assess provider-to-enrollee ratio standards and time and distance standards. Accessed on Oct. 14, 2025.
- <sup>11</sup> Four out of the five States in our sample told us that they directly use the network lists they receive from plans (which we analyzed) for assessment of network adequacy standards. Nevada told us that their External Quality Review Organization reviews network adequacy standard assessments that managed care plans perform. The Nevada plans told us that the lists they use for assessing network adequacy standards are generally the same as the lists they sent to the State (which we analyzed).
- <sup>12</sup> The Consolidated Appropriations Act, 2023, Pub. L. No. 117-328, Division FF, Title V, Subtitle C, Sec. 5123, amending section 1932(a)(5) of the Social Security Act. Accessed at <https://www.govinfo.gov/content/pkg/PLAW-117publ328/pdf/PLAW-117publ328.pdf> on Oct. 14, 2025.
- <sup>13</sup> 42 CFR § 438.10(h).
- <sup>14</sup> 42 CFR § 438.10(h)(3)(ii)
- <sup>15</sup> 81 Fed. Reg. 61018 (Oct. 7, 2022).
- <sup>16</sup> If States require managed care enrollment, enrollees must have a choice of at least two managed care plans, with some exceptions. See Social Security Act § 1932(a)(3)(A).
- <sup>17</sup> 89 Fed. Reg. 41002, 41012-41014 & 41275 (May 10, 2024).
- <sup>18</sup> 42 CFR 438.68(f).
- <sup>19</sup> Diksha Brahmhatt and William L. Schpero, "[Access to Psychiatric Appointments for Medicaid Enrollees in 4 Large US Cities](#)," *JAMA*, vol. 332, no. 8 (July 31, 2024). Accessed on Oct. 21, 2025.
- <sup>20</sup> Senate Committee on Finance, [Majority Study Findings: Medicare Advantage Plan Directories Haunted by Ghost Networks](#), May 3, 2023. Accessed on Oct. 21, 2025.
- <sup>21</sup> Simon F. Haeder and Jane M. Zhu, "[Inaccuracies in Provider Directories Persist for Long Periods of Time](#)," *Health Affairs Scholar*, vol. 2, no. 6 (June 4, 2024). Accessed on Oct. 21, 2025.
- <sup>22</sup> 42 CFR § 438.68(f)(1). Plans must correct individual errors within the timelines required by 42 CFR § 438.68(f)(1)(iii) and (iv) and 42 CFR § 438.10(h)(3).
- <sup>23</sup> 42 CFR § 438.68(e); 89 Fed. Reg. 41012-41014, 41275 (May 10, 2024).

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- <sup>24</sup> OIG, [A Lack of Behavioral Health Providers in Medicare and Medicaid Impedes Enrollees' Access to Care \(OEI-02-22-00050\)](#), Mar. 29, 2024.
- <sup>25</sup> OIG, [Availability of Surveyed Behavioral Health Providers to Treat New Patients Enrolled in Medicare and Medicaid \(OEI-09-21-00410\)](#), June 23, 2025.
- <sup>26</sup> OIG, [Many Medicare Advantage and Medicaid Managed Care Plans Have Limited Behavioral Health Provider Networks and Inactive Providers \(OEI-02-23-00540\)](#), Oct. 2, 2025.
- <sup>27</sup> OIG, [States Could Better Leverage Coverage and Access Requirements To Promote Maternal Health Care Access in Medicaid Managed Care \(OEI-05-22-00330\)](#), Sept. 30, 2024.
- <sup>28</sup> These five States had plans from Centene, Elevance, and UnitedHealthcare in 2025, when we collected data. Starting in 2026, Louisiana is no longer contracting with UnitedHealthcare for Medicaid managed care. Louisiana Department of Health, "[LDH Announces Update to Medicaid Managed Care Contracts for 2026](#)" (Dec.12, 2025). Accessed on Dec. 18, 2025.
- <sup>29</sup> While a variety of health care providers provide maternal health care, this report focuses primarily on obstetrician/gynecologist physicians and certified nurse-midwives.
- <sup>30</sup> Generally, managed care plans limit enrollees' access to care with in-network providers. However, Federal regulations require States to ensure that if plans cannot provide necessary services covered under the contract using in-network providers, plans cover those services out-of-network instead (42 CFR § 438.206(b)(4)). Some plans require that enrollees receive prior authorization before receiving care from an out-of-network provider with limited exceptions, such as emergency care and family planning.
- <sup>31</sup> For the analysis described in this report, we excluded providers who told us that they do not take appointments. For example, OB/GYN hospitalists are physicians who attend hospital births and treat emergencies. However, they do not provide prenatal/postpartum care by appointment. The parent companies told us that they do not include these providers in online provider directories.
- <sup>32</sup> The Federal government provides financial participation at the appropriate Federal Medical Assistance Percentage (FMAP) for capitation payments made by States.
- <sup>33</sup> Georgetown University McCourt School of Public Policy Center for Children and Families, "[Medicaid Managed Care: The Big Five in Q2 2025](#)" (Aug. 15, 2025). Accessed on May 20, 2026.
- <sup>34</sup> OIG, [Many Medicare Advantage and Medicaid Managed Care Plans Have Limited Behavioral Health Provider Networks and Inactive Providers \(OEI-02-23-00540\)](#), Oct. 2, 2025.
- <sup>35</sup> See OIG, [A Lack of Behavioral Health Providers in Medicare and Medicaid Impedes Enrollees' Access to Care \(OEI-02-22-00050\)](#), Mar. 29, 2024, and OIG, [Many Medicare Advantage and Medicaid Managed Care Plans Have Limited Behavioral Health Provider Networks and Inactive Providers \(OEI-02-23-00540\)](#), Oct. 2, 2025, for more details.
- <sup>36</sup> Starting in 2026, Louisiana is no longer contracting with UnitedHealthcare for Medicaid managed care. Louisiana Department of Health, "[LDH Announces Update to Medicaid Managed Care Contracts for 2026](#)" (Dec. 12, 2025). Accessed on Dec. 18, 2025.
- <sup>37</sup> Social Security Act §§ 1902(a)(10)(A), 1905(a)(5)(A), and 1905(a)(17); 42 CFR §§ 440.50, 440.165, and 441.21.
- <sup>38</sup> A few providers did not have any phone numbers in the network list and were not included in the online provider directory. In these instances, we searched the Internet for their contact information and used those phone numbers found on the Internet to contact them.

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