

Department of Health and Human Services
Office of Inspector General



Office of Evaluation and Inspections

June 2026 | OEI-05-24-00091

Inaccurate Medicaid Managed Care Network Lists May Compromise State Oversight of Access to Maternal Health Care



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Inaccurate Medicaid Managed Care Network Lists May Compromise State Oversight of 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.

States are responsible for ensuring that comprehensive Medicaid managed care enrollees have access to maternal health care. One way States oversee access to care is by checking whether plans have enough maternal health providers in their networks. To do this, many States use lists of in-network providers from the plans. If these network lists are inaccurate, it can make it harder for States to know whether enrollees have access to the care they need. We reviewed the accuracy of network lists for maternal health providers from Centene's, Elevance's, and UnitedHealthcare's Medicaid managed care plans in five States.

What OIG Found

Network lists from Centene, Elevance, and UnitedHealthcare Medicaid managed care plans in five States contained inaccuracies that may compromise State oversight of access to maternal health care.

- About one-quarter of maternal health providers in the network lists that plans sent to States reported to OIG that they were not in-network.
- Plans provided no accurate phone numbers for over one-quarter of providers.
- Almost half of providers from network lists were not included in the plans' online provider directories that enrollees use to find providers, further raising concerns about the accuracy of network lists.

OIG released a [companion report](#) that evaluated the accuracy of public-facing online provider directories that Medicaid managed care enrollees can use to find maternal health providers.

What OIG Recommends

1. [CMS](#) should work with States to improve the accuracy of the provider data they use to evaluate the adequacy of networks in Medicaid managed care.
2. CMS should take steps to support States in holding Medicaid managed care plans accountable for the accuracy of the network lists used for assessing network adequacy.

CMS concurred with both recommendations.

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BACKGROUND

OBJECTIVE

To evaluate the accuracy of information about maternal health providers in the network lists that Medicaid managed care plans send to States for oversight.

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.”¹ In fiscal year 2024, States paid Medicaid managed care plans over \$450 billion to provide care to Medicaid enrollees.² Medicaid managed care plans contract with providers to provide services to the plan’s enrollees.³ Generally, plans limit enrollees’ access to the providers within these networks.⁴

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.^{5, 6} 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.⁷

State Oversight of Access to Care in Medicaid Managed Care

States are responsible for overseeing enrollees’ access to care in their contracted Medicaid managed care plans, such as through the use of network adequacy standards.^{8, 9} Each State must develop and enforce its own quantitative network adequacy standards for certain categories of providers, including obstetrician/gynecology (OB/GYN) providers if OB/GYN services are covered under the contract.¹⁰

Network adequacy standards are meant to ensure that each managed care plan provider network has enough providers to meet enrollees’ needs. Common types of quantitative network adequacy standards include time and/or distance standards, and provider-enrollee ratio standards. For example, a State could have a time and distance standard that requires plans to have at least one OB/GYN provider within 30 minutes or 30 miles of all plan enrollees. Some States issue monetary or other

penalties (e.g., pausing enrollment in the plan) to plans that do not meet the State’s network adequacy standards.¹¹

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.¹² 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 network lists.

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.¹³ States or their contractors do this by using network lists to assess plans’ compliance with the State’s network adequacy standards.^{14, 15} Network lists also contain contact information for providers.



States often use **network lists** to assess and oversee 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.^{16, 17} Per CMS rules, plans must update online provider directories within 30 days of receiving updated provider information.¹⁸ 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.¹⁹ 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.²⁰

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.²¹ 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.²² Secret shopper surveys are commonly conducted via phone calls.^{23, 24, 25}

The CMS final rule requires States to improve the accuracy of online provider directories, but it does not address the accuracy of network lists.

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.^{26, 27} Most recently, OIG reviewed the accuracy of behavioral health provider information in Medicaid managed care, traditional Medicare, and Medicare Advantage.²⁸ [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.²⁹

OIG is releasing a [companion report](#) alongside this report. That report evaluated the accuracy of the public-facing online provider directories that enrollees can use to find maternal health providers.

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.³⁰ 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)³¹ from

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

Centene
Elevance
UnitedHealthcare

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.

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 that appeared in the online provider directories, we verified the contact information listed.

We conducted statistical analyses to generalize results about the accuracy of network lists for maternal health providers within the five States and three Medicaid managed care parent companies in our review. 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.

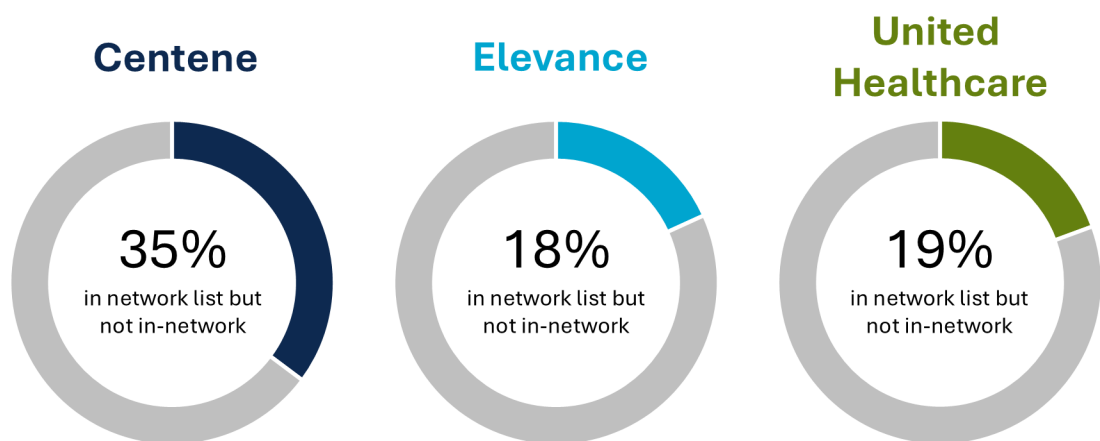
FINDINGS

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

Medicaid managed care plans sent States network lists that included many maternal health providers who were not actually in-network—nearly one in four

The network lists from the Centene, Elevance, and UnitedHealthcare Medicaid managed care plans we reviewed included “ghost providers,” providers who should not be listed because they were not an in-network provider with the plan. Overall, 24 percent of maternal health providers reported that they were not in-network for the plan that included them on the network list. The prevalence of these providers who reported that they were not in-network varied by parent company. Some of these providers reported that they retired multiple years ago, were never in-network with the plan, or practice 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 “ghost providers” who were included in network lists but reported that they were not in-network varied by parent company



Source: OIG analysis of survey data, 2025.

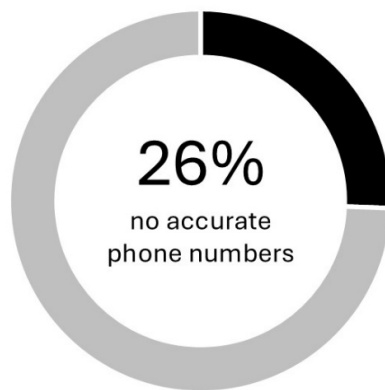
“Ghost providers” who are included in network lists may hinder States’ ability to effectively ensure that Medicaid managed care plans have enough maternal health providers in their networks to meet their enrollees’ needs. Many States and their contractors use network lists to assess plans’ compliance with State-specific network

adequacy standards. The inclusion of “ghost providers” in network lists make the networks appear larger than they are.

Medicaid managed care plans did not list any accurate phone numbers for over one-quarter of maternal health providers

We called each maternal health provider in our sample using the phone numbers provided in network lists from Centene’s, Elevance’s, and UnitedHealthcare’s Medicaid managed care plans. For providers who appeared in online directories, we also called any additional numbers in the directory listing.³² Overall, over one-quarter of providers did not work at any of the phone numbers in either the network lists or the provider directories. The prevalence of providers without any accurate phone numbers did not vary significantly by parent company. See Exhibit 7 in Appendix A for detailed results.

Exhibit 2: Across the parent companies, more than 1 in 4 providers had no accurate phone numbers listed



Source: OIG analysis of survey data, 2025.

We were able to complete surveys for some of these providers by searching outside sources to find working phone numbers. However, because many of these providers were still not reachable, we could not verify their participation in the plan. Some of the providers whom we could not reach for surveys may include additional “ghost providers” beyond those we identified.

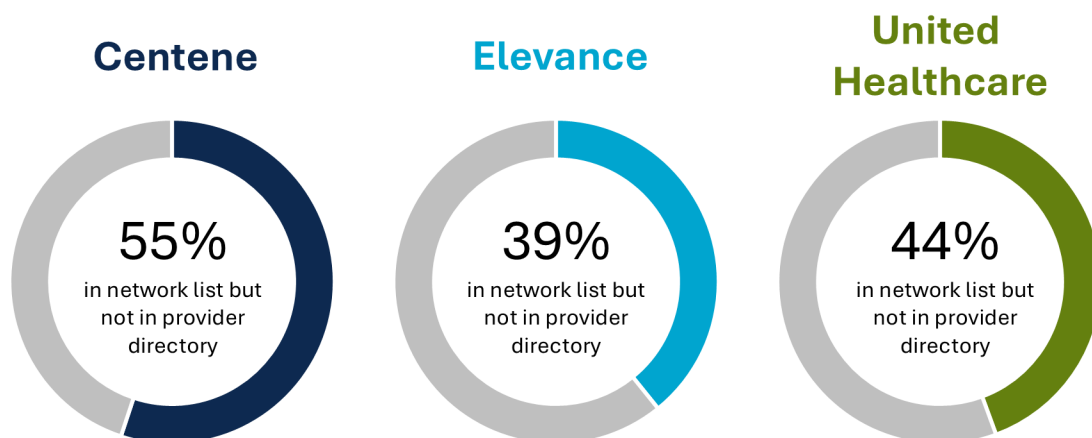
Inaccurate phone numbers can hinder State oversight of Medicaid managed care plans’ provider networks. Without accurate phone numbers, States cannot efficiently reach these providers to verify their participation in plans’ networks and to confirm their practice locations. During survey administration, we found that (1) some providers did not work at

any of the phone numbers in the network lists and online provider directories and (2) some providers appeared only in the network list but had no phone numbers listed. For some of these numbers, we reached a hospital or clinic but the staff reported that the provider did not work there. Other numbers were disconnected or did not reach a health care entity, but this was less common. Without accurate information about where providers work, States cannot know if there are enough providers located in a given area to meet State requirements. For example, if a State requires that a plan have at least one OB/GYN provider within 30 miles of all enrollees, the State needs accurate information about where OB/GYN providers are practicing.

Almost half of maternal health providers in Medicaid managed care plans' network lists did not appear in plans' online provider directories, further raising concerns about the accuracy of network lists

We found many discrepancies between the providers listed in the network lists that plans provided to States and the online provider directories that plans publish for enrollees. Overall, 46 percent of maternal health providers in network lists were not included in plans' online provider directories, with the prevalence varying by parent company.³³ These discrepancies between the data sources raise concerns about the accuracy of the network lists that plans provide to States. See Exhibit 8 in Appendix A for detailed results.

Exhibit 3: The prevalence of providers from network lists not listed in online provider directories varied by parent company



Source: OIG analysis of Medicaid managed care network lists and online provider directories, 2025.

Providers who were included in the network lists but told OIG that they were not in-network commonly did not appear in the online provider directories. Among the providers who reported that they were not in-network, 77 percent were not listed in the online provider directories. This means that for the subset of providers whom we confirmed were not in-network, online provider directories more accurately reflected their network participation status than the network lists that plans sent to States. See Exhibit 9 in Appendix A for detailed results.

In contrast, some providers who were included in the plans' network lists and confirmed to be in-network were not listed in their online provider directories. These providers would be available to enrollees, but not visible to them in directories. In this situation, a plan may technically meet network adequacy standards, but enrollees may nonetheless experience barriers to care. See the [companion report](#), *Inaccurate Medicaid Managed Care Provider Directories May*

Limits Enrollees' Access to Maternal Health Care (OEI-05-24-00090), for further discussion of this issue.

It is unclear why there are discrepancies between the network lists plans sent to States and the online provider directories. Parent companies told OIG that the two lists should generally have the same providers, except that online provider directories are updated more frequently than network lists so provider directories may be more up-to-date.³⁴ Some of the differences OIG identified could be attributed to updates made to the online provider directories that were not yet reflected in network lists, because we searched online directories a few months after network lists were updated by plans. If so, the differences OIG found would reflect high turnover of plans' contracted maternal health care providers in a short period of time. As a result, enrollees might face concerning challenges in accessing continuous maternal health care with a single provider for their prenatal through postpartum care. However, some differences between these data sources cannot be accounted for by the time lag. For example, multiple providers who appeared in the network lists but not in the online provider directories reported having never been in-network with the plan or having retired multiple years ago.

CONCLUSION AND RECOMMENDATIONS

We found that the network lists from Centene, Elevance, and UnitedHealthcare Medicaid plans in five States contained inaccuracies—potential “ghost providers” who reported not being in-network, incorrect contact information, and discrepancies with online provider directories—that may compromise State oversight of access to maternal health care. States play an important oversight role in ensuring that Medicaid managed care plans maintain sufficient provider networks to provide enrollees with adequate access to care, including maternal health care. States need accurate provider data for proper oversight of plans’ provider networks. Inaccurate network lists, such as those that include “ghost providers,” could make it appear that plans meet States’ network adequacy standards when they in fact do not.

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.³⁵ The parent companies whose plans we reviewed in this study—Centene, Elevance, and UnitedHealthcare—collectively cover over 29 million Medicaid enrollees nationwide.³⁶ It is critical that States have accurate information about provider networks to ensure that plans are delivering the level of access that they are paid to provide.

CMS has taken some steps to improve the accuracy of online provider directories in Medicaid managed care, but those efforts may not improve the accuracy of plans’ network lists. For example, CMS has finalized a requirement that States conduct secret shopper surveys to verify the accuracy of certain data in online provider directories. However, the requirement does not address the accuracy of network lists that many States use to oversee compliance with time and/or distance and provider-enrollee ratio network adequacy standards. Because we found that plans’ network lists contain inaccuracies and differ from online provider directories, action is needed to improve the accuracy of network lists specifically—or any other data sources that States use to assess network adequacy standards.

We recommend that CMS:

Work with States to improve the accuracy of the provider data they use to evaluate the adequacy of networks in Medicaid managed care

CMS should take steps to support States in improving the accuracy of data used for oversight of plans’ networks. For instance, States could compare the network lists that plans send them to the provider directories that plans publish online to identify and address discrepancies in the data sources. To support States in improving the accuracy of data used for oversight, CMS could take steps such as suggesting best practices or offering technical assistance.

To support the accuracy of plans' network lists moving forward, CMS could also help States explore whether network lists are the best data source for assessing plans' network adequacy. CMS could support States in moving toward a single, common data source that could be used for both State oversight of network adequacy and online provider directories for enrollees.

Take steps to support States in holding Medicaid managed care plans accountable for the accuracy of the network lists used for assessing network adequacy

CMS should work with States to hold Medicaid managed care plans accountable for the accuracy of plans' network lists, or other provider data used for network adequacy reviews. CMS could take steps such as suggesting best practices or offering technical assistance to States on strategies to hold plans accountable for the accuracy of this data. States could use a variety of strategies to hold plans accountable. For example, States could establish their own performance standards, such as a specific accuracy rate that plans must meet to be deemed compliant when States assess the accuracy of network lists. States could also add or strengthen language in their plan contracts to reflect the expectation that network lists 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 data accuracy standards.

AGENCY COMMENTS AND OIG RESPONSE

CMS concurred with both of our recommendations.

In response to our first recommendation—that CMS work with States to improve the accuracy of the provider data they use to evaluate the adequacy of networks in Medicaid managed care—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 improve the accuracy of the provider data they use to evaluate the adequacy of networks in Medicaid managed care.

In response to our second recommendation—that CMS take steps to support States in holding Medicaid managed care plans accountable for the accuracy of the network lists used for assessing network adequacy—CMS said that it will support States in their efforts to hold Medicaid managed care plans accountable for the accuracy of the network lists used for assessing network adequacy.

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 from States network lists 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 2025.³⁷ 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.³⁸ 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.³⁹ 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 who 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%
Total	453	356	97	79%

Source: OIG analysis of survey data, 2025.

Data Analysis

We conducted statistical analyses to generalize results about the accuracy of network lists for maternal health providers within the five States and three Medicaid managed

care parent companies in our review. 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 United Healthcare) 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 network lists 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 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 surveyed providers	Estimated percentage of providers who were not in-network	95-percent confidence interval	
			Lower bound	Upper bound
Centene	122	35.2%	27.3%	44.0%
Elevance	110	18.2%	12.0%	26.5%
United Healthcare	124	19.4%	13.3%	27.2%
Total	356	23.8%	19.7%	28.3%

Source: OIG analysis of survey data, 2025.

Comparisons across plans were significantly different from one another ($p = 0.004153$).

Exhibit 7: Estimates and confidence intervals for providers with no accurate phone numbers from plans

We sampled 453 providers from the network lists plans submit to States. We tracked whether providers could be contacted with a phone number provided by managed care plans. Overall results and results by parent company are included below. See page 6 for further discussion.

Parent company	Number of sampled providers	Estimated percentage of providers with no accurate phone numbers	95-percent confidence interval	
			Lower bound	Upper bound
Centene	151	29.8%	23.1%	37.5%
Elevance	151	27.8%	21.3%	35.4%
United Healthcare	151	19.2%	13.7%	26.2%
Total	453	25.6%	21.8%	29.7%

Source: OIG analysis of survey data, 2025.

Comparisons across plans were not significantly different from one another ($p = 0.088632$).

Exhibit 8: Estimates and confidence intervals for providers who were not included in the online provider directory

We sampled 453 providers from the network lists plans submit to States. Only 432 providers were included in analysis because 21 providers reported that they did not accept appointments and should not be included in the plan’s online provider directory. We analyzed whether these providers were 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 sampled providers (excludes providers who do not take appointments)	Estimated percentage of providers who were not in the provider directory	95-percent confidence interval	
			Lower bound	Upper bound
Centene	147	55.1%	47.1%	62.9%
Elevance	143	39.2%	31.5%	47.3%
United Healthcare	142	44.4%	36.5%	52.6%
Total	432	45.6%	41.1%	50.3%

Source: OIG analysis of Medicaid managed care network lists and online provider directories, 2025.

Comparisons across plans were significantly different from one another ($p = 0.024234$).

Exhibit 9: Estimates and confidence intervals for providers who were not in-network and not included in the online provider directory

We sampled 453 providers from the network lists plans submit to States and were able to complete surveys for 356 providers. Of the 356 providers we surveyed, 87 confirmed they were not in-network for the given plan. We tracked whether providers who were not in-network were included 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 providers who were not in-network	Estimated percentage of providers who were not in-network and not included in the online provider directory	95-percent confidence interval	
			Lower bound	Upper bound
Centene	43	67.4%*	51.9%	79.9%
Elevance	20	85.0%*	60.1%	95.5%
United Healthcare	24	83.3%*	61.6%	94.0%
Total	87	76.6%	66.8%	84.3%

Source: OIG analysis of survey data, Medicaid managed care network lists, and online provider directories, 2025.

Comparisons across plans were not significantly different from one another ($p = 0.219398$).

*The 95-percent confidence interval for the estimate of the proportion of providers who were not in-network and were not in Centene’s, Elevance’s, and United Healthcare’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.

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 Network Lists May Compromise State Oversight of Access to Maternal Health Care (OEI-05-24-00091)

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' compliance 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.¹ 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.

In addition, under 42 CFR § 438.207(a) and (d), states are required to submit an assurance of compliance to CMS confirming that each of their managed care plans meet the state's requirements for availability of services, as set forth in 42 CFR §§ 438.68 and 438.206, along with documentation of an analysis that supports the assurance of network adequacy for each contracted plan. Collectively, CMS refers to this as the Network Adequacy and Access Assurances report (NAAAR), and the requirement for states to submit this information began for

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

all contracts with rating periods starting on or after July 1, 2018. Historically, states have submitted the NAAAR using a CMS-developed Excel reporting template. For rating periods beginning on or after July 9, 2025, states are required to complete the NAAAR in the Medicaid Data Collection Tool for Managed Care Reporting (MDCT-MCR) web portal. MDCT-MCR introduces a feature that enables states to reuse information from prior NAAAR submissions in MDCT-MCR, including network adequacy standards for each provider type, reducing year-over-year reporting burden. In addition, the NAAAR in MDCT-MCR further standardizes how states document network adequacy standards and analysis methods used for monitoring compliance. In February 2026, a new functionality was added to reduce administrative burden by allowing states to select the managed care program for a NAAAR from a prepopulated list, and CMS began requiring additional specificity from states related to network adequacy.

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

Work with States to improve the accuracy of the provider data they use to evaluate the adequacy of networks in Medicaid managed care.

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 improve the accuracy of the provider data they use to evaluate the adequacy of networks in Medicaid managed care.

OIG Recommendation

Take steps to support States in holding Medicaid managed care plans accountable for the accuracy of the network lists used for assessing network adequacy.

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 the network lists used for assessing network adequacy.

ENDNOTES

- ¹ 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.
- ² KFF, "[Total Medicaid MCO Spending](#)." Accessed on Oct. 14, 2025.
- ³ 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.
- ⁴ MACPAC, "[Managed Care's Effect on Outcomes](#)" (Sept. 12, 2023). Accessed on Oct. 14, 2025.
- ⁵ 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.
- ⁶ 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.
- ⁷ CDC, "[Preventing Pregnancy-Related Deaths](#)" (Sept. 25, 2024). Accessed on Oct. 10, 2025.
- ⁸ 42 CFR § 438.206(b)(1).
- ⁹ 42 CFR § 438.358(b)(1)(iv).
- ¹⁰ 42 CFR § 438.68(b)(1)(ii).
- ¹¹ KFF, "[Medicaid Managed Care Network Adequacy & Access: Current Standards and Proposed Changes](#)" (June 15, 2023). Accessed on Oct. 14, 2025.
- ¹² 42 CFR § 438.2.
- ¹³ Plans must offer sufficient access to providers for all enrollees: 42 CFR § 438.206(b).
- ¹⁴ 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.
- ¹⁵ 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).
- ¹⁶ 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.
- ¹⁷ 42 CFR § 438.10(h).
- ¹⁸ 42 CFR § 438.10(h)(3)(ii).
- ¹⁹ 81 Fed. Reg. 61018 (Oct. 7, 2022).
- ²⁰ 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).
- ²¹ 89 Fed. Reg. 41002, 41012-41014 & 41275 (May 10, 2024).
- ²² 42 CFR 438.68(f).
- ²³ Diksha Brahmabhatt 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.
- ²⁴ Senate Committee on Finance, "[Majority Study Findings: Medicare Advantage Plan Directories Haunted by Ghost Networks](#)," May 2023. Accessed on Oct. 21, 2025.

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- ²⁵ 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.
- ²⁶ OIG, "[A Lack of Behavioral Health Providers in Medicare and Medicaid Impedes Enrollees' Access to Care \(OEI-02-22-00050\)](#)," Mar. 29, 2024.
- ²⁷ OIG, "[Availability of Surveyed Behavioral Health Providers to Treat New Patients Enrolled in Medicare and Medicaid \(OEI-09-21-00410\)](#)," June 23, 2025.
- ²⁸ 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.
- ²⁹ 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.
- ³⁰ 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.
- ³¹ While a variety of health care providers provide maternal health care, this report focuses primarily on obstetrician/gynecologist physicians and certified nurse-midwives.
- ³² We took this extra step to more closely replicate the information available to States for network oversight.
- ³³ For our analysis of online provider directories (as described on pages 7-8), 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.
- ³⁴ Parent companies also told us that some providers who do not take appointments, such as hospitalists, should be included in network lists but not in online provider directories. As noted above, we excluded providers who told us they do not take appointments from our analysis of online provider directories (as described on pages 7-8).
- ³⁵ The Federal government provides financial participation at the appropriate Federal Medical Assistance Percentage (FMAP) for capitation payments made by States.
- ³⁶ 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.
- ³⁷ 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.
- ³⁸ Social Security Act §§ 1902(a)(10)(A), 1905(a)(5)(A), and 1905(a)(17); 42 CFR §§ 440.50, 440.165, and 441.21.
- ³⁹ 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 to contact them.

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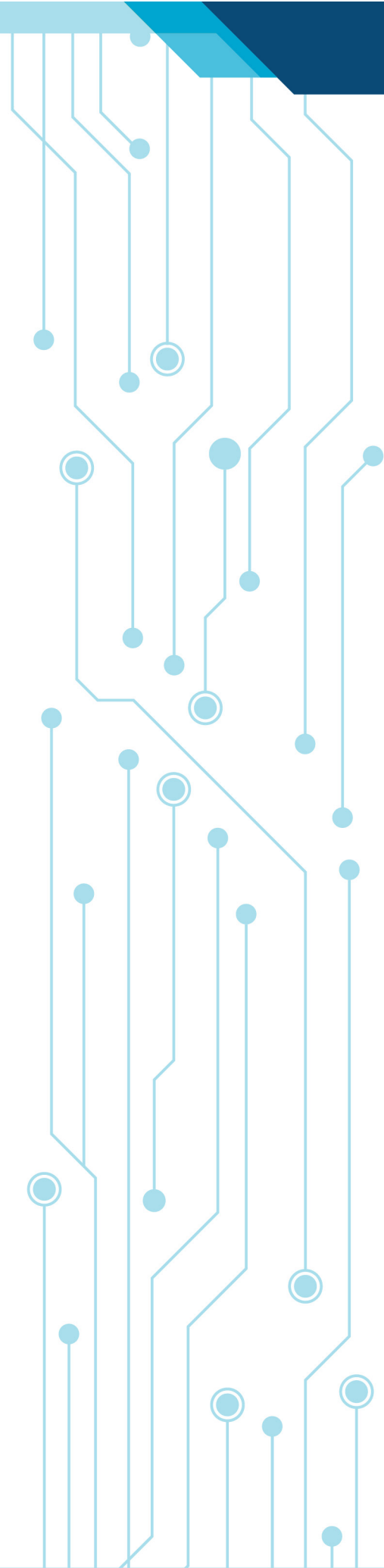
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