

Medicaid Insurers Promise Lots of Doctors. Good Luck Seeing One.

Many doctors listed in insurer networks treat few or no Medicaid recipients, leaving patients with long waits; ‘Don’t get sick.’

The Wall Street Journal

By Christopher Weaver, Anna Wilde Mathews, Tom McGinty

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Late on a cold afternoon in March, a motorist in Belleville, Ill., came upon a young boy wandering down a busy street without shoes and wearing only a T-shirt and pajama bottoms.

She called the police. It was at least the fourth time in less than a year that then 8-year-old Trent Davis, who has autism and attention-deficit hyperactivity disorder, had run away from home, police reports show.

His mother, Monique McClure, who had called 911 to report Trent missing, decided after that scare that he needed to see a child psychiatrist who might consider medicine to tame his constant energy and impulsive behavior.

The boy’s insurance, a Medicaid health plan from major insurer [Centene](#), has dozens of specialists within 50 miles of her home, according to its website. Today, Trent is stuck on a waiting list with no appointment in sight.

“What is the insurance for if he can’t get the help he needs?” said McClure, who has three other children and is currently working as a ride-share driver.

Private Medicaid insurers dominate the government healthcare program that covers more than 70 million low-income and disabled Americans. But when Medicaid-plan enrollees need care, they often can’t get appointments with the doctors listed in those insurers’ networks.

A Wall Street Journal analysis of state and federal data showed that the networks of doctors that insurers listed for their Medicaid members are less robust than they appear. Some doctors are erroneously shown in states or cities where they don’t actually work. Others won’t book appointments for Medicaid patients, who typically are far less lucrative than those with employer coverage. Some medical practices limit slots allotted for Medicaid visits, or simply won’t take new Medicaid patients.

Medicaid-plan enrollees interviewed by the Journal described being unable to see listed doctors, leaving some facing long waits and others skipping care they can’t otherwise afford.

“It’s a fake system,” said Elisha Yaghami, a Kansas doctor who runs a company that provides physicians to rural hospitals. “It doesn’t actually get them care.”

Many Americans who try to book medical appointments, no matter their insurer, are frustrated by long waits and confusing provider networks. Patients and doctors say those problems are worse for people in Medicaid plans.

Insurers said they regularly audit their networks to verify accuracy and work hard to ensure members get needed medical care. They said there are various reasons some in-network doctors might not see Medicaid patients, including practice location, patient preferences and low demand for particular services.

Insurers must show robust networks of contracted doctors to win and keep state contracts that are collectively worth hundreds of billions of dollars in revenue each year. The insurers said their networks met or exceeded state requirements.

Centene claimed to have 28 child psychiatrists available to Medicaid patients within 50 miles of McClure's home, including in nearby St. Louis, in 2023, according to a list the insurer submitted to Illinois officials. Eleven didn't have a single appointment that year with a Centene Medicaid patient, the Journal's analysis of Medicaid claims records for that year showed, and nine saw 10 or fewer such patients. In many medical practices, doctors see 20 or more patients a day.

About 600,000 children live in that area, and nearly 46% of them are on Medicaid. Centene is the biggest Medicaid insurer in the region.

Centene's list of in-network doctors included one child psychiatrist it said worked weekdays at a clinic in Alton, Ill., about 35 miles from McClure's home. That doctor treated 117 of the insurer's patients—more than any other with an office in the area—but records show every one of her patients lived hours away in northern Illinois, where the doctor has a second location. The operator of the Alton clinic said that doctor hadn't worked there since 2018.

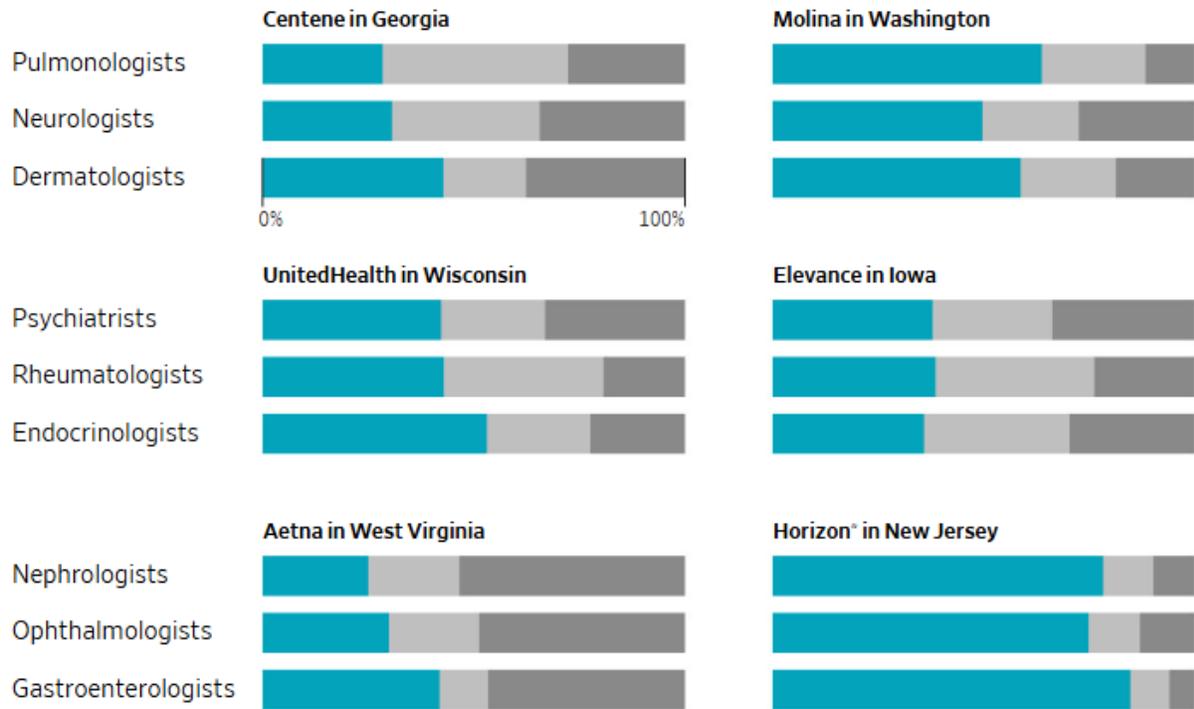
Centene declined to comment on McClure's case, citing privacy regulations. The company said its case managers try to help high-risk members find care, but that members don't always respond.

To assess private insurers' Medicaid networks, the Journal compared the insurers' lists of providers with records of Medicaid care provided across 22 states in 2023. The analysis found that more than a third of the doctors listed in the networks didn't treat the insurers' Medicaid patients that year.

Many doctors listed in insurers' Medicaid networks don't treat many of their patients.

Treatment activity by select specialists listed in network of each state's largest Medicaid insurer, 2023

■ Treated more than 10 Medicaid patients ■ One to 10 patients ■ No patients



*Horizon Blue Cross Blue Shield of New Jersey
Source: WSJ analysis of insurer filings to states and Medicaid claims

For medical specialists who diagnose and treat some complex medical conditions, the share of in-network doctors who cared for Medicaid plans' patients was even lower. In certain specialties, including psychiatrists, eye doctors and dermatologists, nearly half of the in-network providers didn't treat a single enrollee of the Medicaid plan that listed them.

A spokesman for the Department of Health and Human Services said it is increasing oversight of insurers' networks and their provider directories. State officials said their contracts require insurers to maintain accurate network data and ensure appointments are available to Medicaid patients. Some said they monitored inactive providers, and in some cases also found many providers didn't see patients.

"Every day I hear these stories: 'They hung up on me, they scheduled me a year out, they canceled my appointment right before it happened,'" said Sydney Doe, a family

physician who sees many Medicaid insurer patients at a clinic in Chicago, and struggles to get her patients in to see needed specialists.

States can fine insurers that regulators determine don't offer enough doctors. Florida, for example, fined its Medicaid insurers \$3.4 million for such violations from 2018 to 2023, state data show.

But states often rely on what the insurers report. The result, industry critics said, is that giant companies have incentives to maintain what some researchers call "ghost networks."

"It's a Potemkin village," said Simon Haeder, a professor at Ohio State University who studies insurers' provider networks. "If you start digging, it gets messy for everyone."

Medicaid's annual costs of about \$900 billion are borne by state and federal taxpayers. Each state runs its own Medicaid program, though the majority of funding flows from the federal government. More than 70% of Medicaid patients get their coverage through private insurers that contract with states to oversee the benefits.

Healthcare for the poor is big business. Centene, the largest Medicaid insurer, collected about \$84 billion in payments from the program last year. UnitedHealth Group's Medicaid unit generated revenue of about \$81 billion. Other healthcare giants, including CVS's Aetna unit and Elevance Health, also are big players in Medicaid, with contracts spanning multiple states.

Insurers periodically give states lists of the providers in their Medicaid networks. The Journal made public-records requests for such records to 40 states that work with Medicaid insurers and obtained usable data from 22. The Journal then determined which doctors on the lists treated each plan's Medicaid patients, using detailed records of doctors' visits and other treatments accessed under a research agreement with the federal government.

The Medicaid data doesn't include the names of patients. The ones named in this article were identified through their doctors and other sources.

'Don't get sick'

John Whitfield, a 60-year-old Medicaid patient from Waco, Texas, said his takeaway from a recent attempt to schedule a medical appointment was: "Don't get sick."

This spring, his doctor at Waco Family Medicine, a local clinic, referred him to a rheumatologist after gout swelled his hands to the point that he struggled to sleep or eat, Whitfield said.

The staff at the clinic found that his Medicaid plan, a local Centene offering, listed seven in-network rheumatologists in the area, according to Cecelia Harris, who manages referral services for the clinic and worked on Whitfield's case. Harris's team tried all seven, but learned none was accepting new Medicaid patients, she said.

Whitfield said he can't afford to pay to see a rheumatologist with his own money. Despite the constant pain in his hands, he said in August, he is resigned to "sit and do nothing" about his condition. In September, Harris's team located a rheumatologist willing to take him—in Fort Worth, about 90 miles from his home.

Across Texas, 35% of the 208 rheumatologists in Centene's Medicaid networks didn't see any of the company's Medicaid patients in 2023, a Journal analysis of state and federal insurer data shows. Another third saw 10 or fewer such patients that year.

Centene said its lower-income members were disproportionately affected by "rural healthcare deserts, gaps in the availability of specialty care providers, and providers with full caseloads," and that it works to address those barriers, including with one-time agreements with local doctors.

The Journal's analysis showed that, in some states, the networks appeared to contain erroneous listings, such as psychologists, who don't hold medical-school degrees, being listed as psychiatric doctors.

In Texas, among the medical professionals that UnitedHealth's Medicaid plan identified as doctors between 2021 and 2023 were 59 nurse practitioners and 31 physician and anesthesiology assistants, the Journal found. Texas health officials said they took insurers at their word in their descriptions of providers.

UnitedHealth said "the information in our provider directories is only as good as the information we receive from the providers," and that the accuracy of such directories is a common problem in the industry.

In Dillon County, S.C., population 27,577, insurers, including Centene and Molina Healthcare, collectively reported more than 100 in-network neurologists. That would make the rural county one of the most neurologist-rich locations in the entire U.S., with a neurologist-to-resident ratio 35 times the national average.

The data show that only five of those neurologists treated significant numbers of South Carolina's Medicaid patients. Most of the other listed doctors no longer worked in the area or were contractors of the local hospital system, McLeod Health, which hired a Florida telemedicine company to provide emergency consultations for stroke patients.

One of the doctors listed at a Dillon County location of McLeod in insurers' 2023 networks is Jason Sebesto, a neurologist based in Steamboat Springs, Colo. He said he had worked for McLeod's telemedicine contractor until the summer of 2021, before moving to another job at a Florida hospital, and that he shouldn't have been listed in any South Carolina network in 2023.

Centene also listed Sebesto as part of its Iowa network. "I have never seen a patient there, ever," Sebesto said.

A spokesman for the South Carolina health department said it is investigating the Journal's findings, and that it works to identify providers who aren't available to patients, including out-of-state ones.

Centene said it didn't count Sebesto in its fulfillment of South Carolina's network requirements, and that it got that doctor's name from a local hospital system. Molina said it ensures members have access to needed care "despite the constant change occurring within the provider community."

Medicaid insurers in South Carolina listed in their networks hundreds of doctors whose practices were outside the state and treated no in-state Medicaid patients.

Insurers generally pay doctors far more to see a person with employer insurance, and hospitals often argue they need to be paid far higher rates for those with private insurance to make up for the money they lose on Medicaid patients.

Doctors "will do economic triage," said Mario Molina, a doctor and former chief executive of Molina, which his father founded. "I can take a commercial patient or I can take this Medicaid patient. Hey, I'm busy."

'Unable to help'

Earlier this year, Brittany Barnhouse, the lead referral coordinator for Cabin Creek Health Systems, a group of West Virginia clinics, handled the cases of two patients who both needed to see an ear, nose and throat specialist for chronic sinusitis.

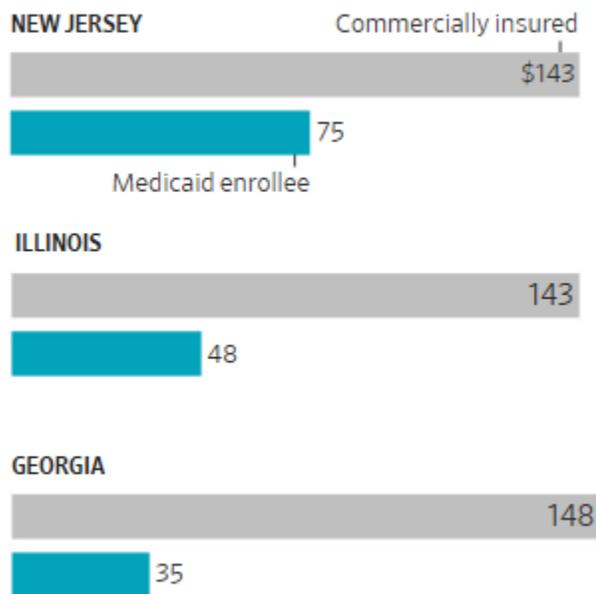
The first, who had private insurance, quickly got an appointment with a local specialist. A week later, Barnhouse recalled, the same practice said it was "unable to help at this time" when she sent over the request to see the other patient, who had a Medicaid plan.

Barnhouse kept calling until she got an appointment for the Medicaid patient, with a different doctor. It was scheduled for a year later.

Josette Palmer, a family doctor in Turnersville, N.J., who frequently sees Medicaid patients, said the low payments “get frustrating.” Horizon Blue Cross Blue Shield of New Jersey, the state’s biggest Medicaid insurer, paid her about \$50 for an office visit with a Medicaid patient, and about double that for seeing patients with employer insurance, according to data shared by Palmer, who said she intended to keep seeing Medicaid patients.

Doctors are typically paid less for treating Medicaid patients than others.

Median payment for an office visit



Note: Visit with an established patient of moderate complexity
Sources: Turquoise Health (commercially insured);
WSJ analysis of Medicaid claims

Horizon said Medicaid coverage was underfunded, limiting its ability to increase payments to doctors, and in 2021 the insurer began eliminating some inactive doctors from its online directory.

The Journal’s analysis showed only about 15% of Horizon’s in-network doctors were inactive in 2023, less than half the national average. In 2024, New Jersey’s health department changed its examination process for insurers’ networks, excluding providers who see few or no enrollees.

For some types of doctors, including cardiologists and oncologists, far larger percentages of those listed in the networks—often more than 80%—treated Medicaid

patients. Some doctors said many of those specialists are paid salaries by hospital systems, so they pay little attention to what insurers pay.

Shruti Javali, a family physician at a clinic in Hanford, Calif., regularly treats patients with advanced cases of San Joaquin Valley fever, a fungal lung infection found mainly in that part of California and Arizona. She said the nearest pulmonologist who will see her patients is already booked into 2027.

That leaves Javali handling valley fever complications like fungal meningitis, which she said she had never seen before coming to California. Sometimes, she will send a patient to a hospital emergency room, in hopes that a pulmonologist will be called in.

Medicaid-plan reimbursement for doctors and other healthcare providers is likely to be further squeezed by changes embedded in the major Republican-backed tax and spending bill passed earlier this year, which includes cutbacks in federal funding for the program.

Alice Splinter, a pediatrician in Athens, Texas, said referring Medicaid patients to specialists has gotten more difficult as insurers cut what they pay doctors.

One of Splinter's patients, 17-month-old Genesis Dixon, has a rare genetic disorder called Joubert syndrome. It affects brain development and is typically monitored by a neurologist.

The child's Medicaid plan, Texas Children's Health Plan, includes 19 neurologists in nearby Tyler, Texas. But 12 didn't see any patients enrolled in her plan in 2023 and only two saw more than 10, according to the Journal's analysis.

The closest pediatric neurologist Splinter's team could find who would see Genesis was in Dallas, about 1½ hours away. They got her an appointment in September, about a year after Splinter started treating Genesis.

Paige Simmons, Genesis's 17-year-old mother, said she doesn't have a car and relies on a ride-share program paid for by Medicaid to get her daughter to doctors.

The day of her September appointment, Paige waited for more than an hour outside her home in Athens, with the baby's car seat and oxygen machine, which Genesis needs on long rides to manage sleep apnea. The car arrived too late to get to Dallas on time. Simmons called ahead, but the appointment was canceled. She said she hasn't yet been able to schedule another one.

"It would be so much easier if she could see someone nearby," Simmons said.

Texas Children's Health Plan said it has pediatric neurologists available in her area, and that it works to help members get appointments through care coordinators.

Psychiatric shortfall

Among the worst shortfalls are for psychiatric care, the Journal's analysis found. Fifty-four percent of psychiatrists listed in Medicaid networks didn't treat any of the plans' members. The data show insurers claimed to offer in-network psychiatrists in more than 200 counties where none actually treated their Medicaid members.

A 2022 research paper focusing on Oregon found that nearly 60% of mental-health providers listed in insurers' Medicaid plan networks didn't treat any of their Medicaid patients. An October report by the inspector general of the Department of Health and Human Services, examining a handful of counties, found 28% of mental-health providers listed in Medicaid insurers' networks didn't see their patients.

McClure, the St. Louis-area mother, said her son Trent, now 9, was born prematurely and is largely nonverbal. He was diagnosed and treated as a toddler, but for years, she was reluctant to try medication, McClure said.

For a time she took him to a St. Louis clinic run by SSM Health that offers behavioral health services. SSM Health, a large hospital system, said the clinic stopped treating Trent after McClure missed three appointments in 2023.

She decided to reconsider medication after Trent ran away that cold afternoon in March, McClure said. She had woken from a nap to find her back door open and her son missing, according to a police report. He had managed to bypass a locked door.

The officer who helped find Trent drove him home and suggested to his mother that she try an alarm system, the report said.

In early June, McClure spoke to Trent's longtime pediatrician about taking him again to a child psychiatrist. The doctor referred him back to the SSM Health clinic.

Soon after, McClure got a digital note. As a new patient, Trent would join the wait list. The note said he might get an appointment in 12 to 18 months.

SSM said it is trying to reduce wait times for child psychiatrists.