

# Eliminating Provider Ghost Networks with a Data-First Approach

## The Challenge

Health plans are under increasing pressure from regulators, members, and providers to maintain accurate provider directories and eliminate so-called "ghost networks." These inaccuracies create significant operational and compliance risks, as well as a poor member experience. **Common issues include:**

- ✓ Incorrect network status — providers listed as in-network who no longer participate or aren't accepting new patients
- ✓ Outdated details — contact information, specialties, and practice locations often inaccurate
- ✓ Directory gaps — leading to member frustration and regulatory exposure
- ✓ Minimal provider engagement — leaving payers with the full burden of updates instead of shared accountability.



# 81%

of entries in five large insurer directories have errors

## What Causes Ghost Networks?

### Inconsistent Market Requirements

*Varying state and plan-level data update requirements lead to misalignment*

### Fragmented Ownership and Knowledge Gaps

*Lack of shared systems and process gaps result in outdated or inconsistent entries*

### Complex Cross-System Integration

*Provider data lives in multiple formats across disconnected systems*

## Why It Matters

Looking ahead, The Centers for Medicare & Medicaid Services (CMS) is developing a national provider directory to increase transparency and hold managed care organizations accountable for maintaining accurate lists of in-network physician practices, hospitals, surgery centers, and more. Health plans will be expected to align data practices accordingly, or risk falling behind evolving federal standards.

Ghost networks stem from outdated, siloed systems—and regulators are catching up. A holistic data readiness strategy enables health plans to build member trust, minimize compliance risk, engage providers, and ensure accurate, accessible information.

## THE SOLUTION

To move beyond short-term or manual fixes, health plans must implement a proactive, continuous data strategy including:

- ✓ **Real-Time Identity Resolution** - Eliminates mismatches and duplicate entries with unified provider profiles
- ✓ **Automated Data Quality** - Keeps data accurate with ongoing checks aligned with regulatory cycles.
- ✓ **Flexible Governance** - Supports compliance with HIPAA/HITRUST
- ✓ **Scalable Deployment** - Maintains data integrity and security through mergers, acquisitions or platform consolidations
- ✓ **Dynamic Provider Engagement** - Actively involves providers through reminders and campaigns, sharing ownership and reducing payer burden