

Uniform Directory Task Force Meeting Minutes

Meeting Date | Time: April 24, 2025, | 1:00 pm to 2:00 pm

Location: Illinois Departments of Insurance (DOI) conference rooms in Chicago and Springfield

Task Force Members in Attendance:

- Ann Gillespie
- Stephanie Altman
- Lora McDonald
- Kate Morthland
- Maura Quinlan
- Garth Reynolds
- Anusha Thotakura
- Lila Valinoti
- Andi Vanderkolk
- Michael Welton

Absences Recorded

- Blanca Campos
- Mary Garrison
- Shami Goyal
- Jordan Powell
- Greta Suss
- Susan Swart

DOI staff in attendance

- KC Stralka
- Mariam Hassan
- Ruth Stewart
- Adam Flores
- Matt Pickett
- Matt Sebek

1. Call to Order and Introductions

Acting Director Gillespie opened the meeting and welcomed the Task Force members, staff, and guests.

2. Roll Call

Acting Director Gillespie took a roll call of the Task Force Members, and a quorum was established.

3. Housekeeping

Acting Director Gillespie discussed a few housekeeping issues. This included the schedule for the rest of the meetings and an opportunity for different task force members to present on their interest groups.

4. Approval of Meeting Minutes and Vote

Acting Director Gillespie brought up the Meeting Minutes that were sent to the members in an email. She asked if anyone had any changes, seeing that there were no changes, she asked to vote on the minutes.

Acting Director Gillespie opened a vote on the Meeting Minutes.

Motion: Kate Morthland motioned to approve the minutes and Michael Welton seconded the motion. No opposition or abstentions.

Motion Carried with a 10-0 vote.

5. Presentation

Abigail Burman, a consumer protection attorney, presented on the issue of ghost directories within health insurance networks. She began by sharing her personal experience attempting to find an in-network healthcare provider—an experience marked by disconnected phone numbers, outdated listings, and general frustration. This challenge led her to investigate ghost directories more deeply.

Abigail emphasized that ghost directories are not only a public health issue but also a significant consumer protection issue. Health insurance is a service that individuals pay for, and in many cases, consumers must negotiate with large insurance companies that possess a disproportionate amount of information—creating a clear information asymmetry. In this dynamic, insurance companies typically have far more knowledge than the individual consumer.

She highlighted that the accuracy rates of provider directories are alarmingly low, especially within mental healthcare. Even the most accurate plans struggle to reach 80% accuracy. Most consumers, when searching for a provider, may only have the time or capacity to make a single call—making any inaccuracy a potential barrier to care. Compounding the issue, most consumers are unaware of the widespread inaccuracies within these directories.

Due to these inaccuracies, consumers may face several consequences:

- **Surprise billing** when a provider listed as in-network is later determined to be out-of-network.
- **Coerced billing**, where the inability to find a timely in-network provider forces the consumer to seek out-of-network care.
- **Over-promise and under-deliver** from insurers, who appear to offer broad provider networks, but in reality, many listed providers are outdated or incorrect.

These challenges not only harm consumers but also raise broader regulatory concerns.

During the discussion, a member asked whether delays in directory updates had been considered in the research. Abigail noted that regardless of the type of error, the result for the consumer is the same—difficulty accessing care. Her research found that directory errors were often persistent over time, with

some directories rarely updated. Notably, the directories that were updated more frequently tended to be more accurate.

Another question was raised regarding the effectiveness of California's statute that allows health plans to delay payments to providers who do not verify directory information or to terminate contracts in cases of repeated failures. Abigail shared that her team analyzed data from before and after the statute was enacted and found little improvement in directory accuracy. A key takeaway was that these types of laws are often difficult to enforce. California is currently working on amending its statute to improve enforceability and regulatory oversight.

Finally, the discussion turned to the kind of data that is most useful to consumers. Abigail identified two key data points: whether a provider is currently accepting new patients and the provider's phone number. She also highlighted an accessibility concern: while directories may be available in multiple languages, the option to report incorrect information is often provided only in English, creating an additional barrier for non-English-speaking consumers.

Public Comment Period

Acting Director Gillespie opened the public comment period. There were no public comments.

6. Next Meeting

The next meeting will be on May 28th at 11 am. This meeting is tentative due to it being the last week of session. The agenda will be posted on the Task Force page on the DOI website.

7. Adjournment.

Acting Director Gillespie called for a motion to adjourn.

Motion: Stephanie Altman made the motion to adjourn the meeting. No opposition or abstentions.

Motion carried via 10-0 vote.

The meeting adjourned at 1:58 pm.