Uniform Directory Task Force Meeting Minutes

Meeting Date | Time: July 31, 2025, | 11:00 am to 12:00 pm

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

Task Force Members in Attendance:

- Ann Gillespie
- Stephanie Altman
- Kate Morthland
- Lora McDonald
- Garth Reynolds
- Greta Suss
- Susan Swart
- Anusha Thotakura
- Lila Valinoti
- Michael Welton

Absences Recorded

- Blanca Campos
- Mary Garrison
- Shami Goyal
- Jordan Powell
- Maura Quinlan
- Andi Vanderkolk

DOI staff in attendance

- Mariam Hassan
- Adam Flores
- Matt Pickett
- Matt Sebek

1. **Call to Order and Introductions**

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

2. **Roll Call**

Director Gillespie took a roll call of the Task Force Members, and a quorum was established. The meeting minutes for the June 5th and June 17th meeting were introduced and were approved. Minutes were approved unanimously.

Motion: Kate Morthland made the motion to approve the meetings, seconded by Michael Welton. No opposition or abstentions.

Motion passed via 10-0 vote.

3. **Presentation**

Susan Y Swart presented on behalf of the Illinois Society for Advanced Practice Nursing, this includes APRNs, nurse midwives, clinical nurse specialists, nurse anesthetists, and physician assistants.

1. Recognition of APPs in Directories
    a. Directories should clearly reflect all categories of licensed providers so patients know their options beyond MDs and DOs.
    b. Lack of recognition in provider directories creates gaps in patient access.
2. Credentialing & Enrollment Barriers
    a. Example: A certified nurse midwife repeatedly denied enrollment in state employee plans (2019–2021) because:
        i. She lacked a collaborating physician (not required under Illinois law once full practice authority is obtained).
        ii. She didn't have hospital admitting privileges, even though her practice was exclusively outpatient.
        iii. Two years of "circular denials," ultimately leading her to stop applying.
    b. The non-statutory hurdles creeping into credentialing checklists, like requiring admitting privileges are unnecessarily.
3. Impact on Patients
    a. These barriers create out-of-network billing surprises and missed encounters when patients cannot see qualified APPs.
    b. Patients searching for care (OB, women's health, behavioral health, etc.) should be able to see all licensed qualified providers.
4. Recommendations for Improvement
    a. Eliminate unnecessary hurdles in credentialing:
        i. Stop requiring admitting privileges for outpatient APPs.
        ii. Stop tying APRN enrollment to physician collaboration when not legally required.
    b. Standardize directory listings:
        i. Clear taxonomy mapping for APPs and PAs.
        ii. Frequent reconciliation to avoid conflicting provider status across multiple platforms.
    c. Patient-centered directory features:
        i. Filters by language, cultural competency, gender, telehealth availability, weekend/same-day appointments.
        ii. Insurance transparency (accepted plans, self-pay options, cost estimates).
5. Broader Framing
    a. Susan positioned APPs as critical to expanding access in primary care and specialty care.
    b. Noted that Illinois has full practice authority for APRNs who meet requirements, but outdated practices in credentialing still limit impact.

Mariam Hassan presented the Pilot Program introduced by Oklahoma and CMS.

The purpose of the pilot program is to improve the provider directories and credentialing processes. The form was aimed at making provider information more accurate, accessible, and patient centered.

1. Provider Reporting
    a. Providers required to list all insurance networks they participate in.
    b. Each network had to be flagged as either:
        i. Accepting new patients
        ii. Accepting new patients with limitations
        iii. Accepting existing patients
        iv. Not accepting new patients
    c. This created clarity for patients and payers instead of vague "in-network" labels.
2. Accessibility Compliance
    a. Program required detailed reporting on how providers and facilities comply with accessibility standards.
        i. Wheelchair accessibility
        ii. Hearing-impaired accommodations
        iii. Other ADA-related supports
    b. Not just a blanket "ADA-compliant" checkbox — providers had to specify exact accommodations.
3. Separate Forms for Providers vs. Facilities
    a. Provider form: captured individual provider details (networks, panel status, etc.).
    b. Facility form: captured operational details like address, hours, accessibility, and linked providers to the facility.
    c. Linking capability ensured that directories could show accurate provider–facility relationships.

4. Public Comment Period

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

5. Next Meeting

The next meeting will be on August 21st at 1 pm.

6. Adjournment.

Director Gillespie called for a motion to adjourn.

Motion: Great Suss made the motion to adjourn the meeting, seconded by Michael Welton. No opposition or abstentions.

Motion carried via 10-0 vote.

The meeting adjourned at 12:27 pm.