Uniform Directory Task Force Meeting Minutes

Meeting Date | Time: October 23, 2025, | 12:00 pm 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
- Patrick Besler
- Shami Goyal
- Lora McDonald
- Kate Morthland
- Maura Quinlan
- Garth Reynolds
- Lila Valinoti
- Andi Vanderkolk

Absences Recorded

- Blanca Campos
- Mary Garrison
- Jordan Powell
- Greta Suss
- Susan Swart
- Anusha Thotakura
- Michael Welton

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 October 2nd meeting were introduced and approved. Minutes were approved unanimously.

Motion: First motion made by Kate Morthland and seconded by Shami Goyal.

Motion passed via 10-0 vote.

1. **Housekeeping**
    - Patrick Besler replaced Greta Suss on the Task Force.
2. **Walk Through of the Uniform Provider Directory Template**

Mariam Hassan presented the Provider Directory Template Walk-Through.

- The user-type definition was clarified.
    - Members noted that different entities (solo providers, group practices, facilities, health systems) will also complete the form.
    - The group discussed whether the form should distinguish between individual providers vs organizations/ facilities.
    - There was an agreement that this needs a clear, standardized definition, likely with a short list of options and definitions.
- The specialties (including taxonomy) were clarified
    - There was a suggestion that the provider taxonomy code set should be used as the base since providers and billing staff are already familiar with it.
    - There was a slight concern that the taxonomy is very detailed and sometimes confusing for certain specialties.
    - Members agreed that this list would serve as a good template even with the detailed terminology.
- There was a discussion on how much detail is needed on board certification, facilities, and telehealth.
    - Members emphasized the importance of tying practice location to the correct tax ID and NPI so that data remains accurate across insurers and vendors.
    - There is also a need to distinguish between business/practice addresses, which are publishable, and home addresses, which are not public and are used when providers offer telehealth services only.
    - There were questions raised about how specific the form needs to be regarding board certification and whether it should be required for all specialties or only for areas where regulators/consumers expect it.
    - Members noted that some specialties and practice settings may not have traditional board certification pathways.
    - The group discussed how to capture telehealth information. The members agreed that the template should indicate whether telehealth is offered and what modalities are included.
- There was a discussion on hospital and facility affiliation and how providers should include all the facilities and hospitals in which they practice.
    - There was a consensus that the form should collect the necessary affiliation information but avoid overcomplication.
    - The affiliations will likely be captured at a high level, with more nuance handled by individual networks if needed.
- There was a discussion about data fields and the information that needs to be collected.

    - Staff emphasized that every insurer must collect the core data fields regardless of how they're collected. The data fields can be built into existing platforms.
    - Many stakeholders already use internal or third-party platforms to upload these fields.
    - The insurers can use their own form layout while maintaining the data fields.
- There was a discussion regarding new patients and related enrollment details.
    - The template's "accepting new patients" raised concern about whether this information should be captured at the provider, location, and/or plan/product levels.
    - Members noted that some networks might accept new patients only for specific plans or populations.
- There was a general agreement to:
    - Use the taxonomy code set as the base for specialties.
    - Standardize and clarify the "user type."
    - Telehealth will include the modalities.
    - The uniform data field list is the main product, enabling insurance companies to maintain their own form designs and capture all required fields.

3. Public Comment Period

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

4. Next Meeting

The next meeting will be announced via email. Members will reach out with additional information to Mariam.

5. Adjournment.

Director Gillespie called for a motion to adjourn.

Motion: Lila Morthland made the motion to adjourn the meeting, seconded by Garth Reynolds: no opposition or abstentions.

Motion carried via 10-0 vote.

The meeting adjourned at 1:00 pm.