

# AGENDA

## GOVERNING COUNCIL

### Wednesday, January 7, 2026, 5:00pm

CONFERENCE ROOM - 1106 Neal Avenue, Joliet, IL 60433

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I. CALL TO ORDER / ROLL CALL	M. Glowiak
II. PLEDGE OF ALLEGIANCE	
III. MISSION STATEMENT	
<p><i>The mission of the Will County Community Health Center is to improve the health of the residents of Will County by providing access to quality integrated medical, behavioral health, and dental care through community collaboration, service and education.</i></p>	
IV. APPROVAL OF THE MINUTES	M. Glowiak
A. December 3, 2025 – <b>Motion</b> (pgs. 2-5)	
V. CHAIRMAN COMMENTS	M. Glowiak
VI. PUBLIC COMMENT - FOR AGENDA ITEMS ONLY	M. Glowiak
VII. WILL COUNTY HEALTH DEPARTMENT UPDATE	E. Bilotta / D. Bergin
VIII. WILL COUNTY COMMUNITY HEALTH CENTER STAFF PRESENTATION	Armando Reyes
IX. REPORTS FROM MANAGEMENT & COMMITTEE CHAIR:	
a. Report from the Governance Committee Chairperson	F. Sandoval
b. Chief Executive Officer (pg. 7)	S. Baumgartner
c. Chief Medical Officer (pgs. 9-12)	Dr. Byrd
d. Chief Dental Officer (pg. 14-15)	Dr. Garg
e. Revenue & Expenses Report (pgs. 17-19)	S. Baumgartner
f. Patient & Visits Report (pgs. 21-22)	P. Jass
g. Community Outreach Report (pgs. 24-29)	K. Harkins
X. OLD BUSINESS / ACTION ITEMS	
a. Discussion of the results of the 2025 Door Decorating Contest	S. Baumgartner
XI. CONSENT AGENDA	
Discussion & approval of the following:	
• Updated policy BR-0003 Fee Scheduling & sliding Fee Discount Scale (pgs. 31-33)	B. Oshin
• Updated policy BR-0022 Client Refund Policy (pgs. 35-39)	B. Oshin
• Updated policy LAB-0019 Critical Values (pg. 41)	Dr. Byrd
• Updated policy PCS-0012 Hospitalization Patients (pgs. 43-44)	Dr. Byrd
• Updated policy QRM-0005 Credentialing and Privileging (pgs. 46-54)	Dr. Byrd
• Updated policy QRM-0050 Referral Tracking (pgs. 56-57)	Dr. Byrd
• Updated policy QRM-0052 Diagnostic Testing (pgs. 59-60)	Dr. Byrd
• Updated policy QRM-0070 Claims Management (pgs. 62-64)	Dr. Byrd

**Motion** on Consent Agenda

# AGENDA

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#### XII. NEW BUSINESS / ACTION ITEMS

- a. Discussion & approval of the IL Department of Healthcare & Family Services 2026 Encounter Rates – Motion (pgs. 66-67) S. Baumgartner
- b. Discussion & approval of the renewal of Whitney Lipscomb Agreement – Motion (pgs. 69-70) Dr. Byrd

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#### XIII. APPROVAL OF CREDENTIALING / RE-CREDENTIALING OF LICENSED PROVIDERS: M. Glowiak

- a. None

#### XIV. PUBLIC CONCERNS AND COMMENTS M. Glowiak

#### XV. COUNCIL MEMBERS' CONCERNS AND COMMENTS M. Glowiak

#### XVI. EXECUTIVE SESSION M. Glowiak

- a. None

#### XVII. ADJOURNMENT - Motion M. Glowiak

Governing Council Meeting on February 4, 2026, 5pm to 6:30pm

# **MINUTES FOR APPROVAL**

**WILL COUNTY COMMUNITY HEALTH CENTER**  
**GOVERNING COUNCIL MEETING MINUTES**  
**Wednesday, December 3, 2025**

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**MEMBERS PRESENT**

Dr. Matthew Glowiaik – Chair  
Nicole Luebke – Treasurer  
Dr. Tracy Metcalf  
Nag Jaiswal  
Dr. Christopher Galloway  
Paul Lauridsen  
Frank Sandoval  
Dr. Julia Koklys  
Dr. Vernice Warren – Vice Chairperson

**MEMBERS ABSENT**

Alejandra Zamudio

**WCCHC STAFF PRESENT**

Stacy Baumgartner, Chief Executive Officer  
Dr. Jennifer Byrd, Chief Medical Officer  
Phil Jass, Quality Improvement/Risk Management Coordinator  
Dr. Garg, Chief Dental Officer  
Bose Oshin, Billing Supervisor  
June Reisner, Administrative Assistant to CEO  
Melissa Jackson – Budach, Staff Nurse III  
Kathleen Harkins, Community Outreach & Marketing Coordinator

**WCCHD STAFF PRESENT**

Elizabeth Bilotta, Executive Director  
Denise Bergin, Assistant Executive Director

**OTHERS PRESENT**

Kevin Meyers, Assistant Will County State's Attorney  
Sabrina Trevizo, Will County State's Attorney's Office  
Jenny Steinbeger - Martinez, Stepping Stones

**CALL TO ORDER:**

- Dr. Glowiaik called the meeting to order at 5:09pm
- Pledge of Allegiance
- Mission Statement: Read by Ms. Warren

**ROLL CALL AND DETERMINATION OF QUORUM:** Quorum met at 5:09pm.

**REVIEW AND APPROVAL OF THE MINUTES:**

- A motion was made by Ms. Warren, seconded by Ms. Luebke, to approve the minutes from November 5, 2025, Dr. Koklys and Dr. Galloway abstained, motion carries.

**CHAIRMAN'S COMMENTS:**

- Dr. Glowiaik thanked the council members for being here and told them how much we appreciate their service to the CHC.
- The Council were reminded it is important to attend the Governing Council and subcommittee meetings, and attendance is being tracked and, members will receive a warning letter after the fourth meeting missed in a calendar year.

**PUBLIC COMMENT FOR AGENDA ITEMS ONLY:**

- Melissa Budach – Jackson said Happy Holidays to the council.

**WILL COUNTY COMMUNITY HEALTH CENTER REPORT:**

- Ms. Bilotta gave an update on events happening in the Health Department.
- Ms. Bergin gave an update regarding grants and the agency's financial position.

**WILL COUNTY COMMUNITY HEALTH CENTER STAFF PRESENTATION:**

- Ngozi Eboru gave a presentation to the Governing Council regarding the work done in the Behavioral Health Clinic.

**REPORT FROM THE FINANCE COMMITTEE CHAIRPERSON**

- Ms. Luebke reported on the Finance Committee Meeting.

**CHIEF EXECUTIVE OFFICER REPORT:**

- Ms. Baumgartner reported on the school-based health center, the CHC has funding through a grant for the year 2026.
- The school-based health center staff have begun an outreach program with other schools within the district so to encourage them to use the school-based center as patients.
- The Beta testing for online consent for the Brooks location, this will make it easier for the parents to give consent quickly if student become ill during the school day or need urgent appointments.
- The Brooks staff and school staff are both participating in a school-based health center alliance which is a six-month program, focusing on sustainability and success.
- Part of the Health Care Controlled Network (HCCN) is a visit from Illinois Primary Healthcare Association. The visit will be focused on improving operations around cybersecurity, AI, data management, interoperability and quality.
- Several leadership staff attended the Joint Commission Ambulatory Care Conference, Stacy Baumgartner and Norma Musvibe were awarded a scholarship for that conference, which was a cost savings to the agency.
- An executive leadership team has been meeting to ensure alignment and set monthly and quarterly priorities for the management team. The current priorities are:
  - Strengthening payment and collection efforts,
  - Focus on developing a population health strategy. This has the potential to increase revenue.
    - The staff will reach out to patients that are not returning for their follow-up visits or have not returned for their chronic treatment. This will increase the number of visits to the CHC overtime.
  - Ensure the 340B compliance and program optimization, there are a lot of changes coming for this program. Phil Jass and Stacy Baumgartner are leading this task to determine what is needed to maintain compliance.

**CHIEF MEDICAL OFFICER REPORT:**

- Highlights for November being diabetes awareness month, information regarding prediabetes and diabetes was provided.
- The CHC requires staff to get a flu vaccination prior to October 31, 2025, or they will be required to wear a mask until the end of April. Years past the CHC has had 30-40% compliance, however this year we have an 86% compliance.
- The infection control policy has been updated. This will be reviewed by the Joint Commission during their next visit.

**CHIEF DENTAL OFFICER REPORT:**

- Dr. Garg reported the mobile will be parked in a garage to protect the water lines for the winter months.
- There has been an increase of oral cancer due to vaping smoking and chewing tobacco.

- The dental team created a quiz for six – eight-year-old children, their objective is to have an interactive oral and cancer prevention educational class.
- Dr. Garg and team continue to study the no show rate they believe is weather related.
- Sixty-one patients were referred to the dental clinic, they were very pleased with this number.

### **REVENUE AND EXPENSES REPORT**

- The monthly revenue report is coming in a little under target, but that is expected this time of year.
- CHC is meeting their target, which shows CHC is managing the funds in an appropriate way, the health center had much higher commodity costs this year than in years past.
- Guidance from administration has been appreciated to ensure the health center meets the revenue and expenditures target.

### **PATIENT & VISITS REPORT**

- There is no patient and visit report due to data issues when transferring systems. The legacy system did not read the old systems' report correctly and the numbers were off.
- Phil is investigating with the help of GBS, to resolve the issue prior to the next Governing Council meeting.

### **ACTION ITEMS:**

- A **motion** was made by Mr. Lauridsen **seconded** by Ms. Luebke, for approval to move Policy PCS-MM-0021 340B Outpatient Drug Definition off the table. **Motion carries.**
- A **motion** was made by Dr. Metcalf **seconded** by Mr. Jaiswal, for approval to move Policy PCS-MM-0022 340B Duplicate Discount off the table. **Motion carries.**
- A **motion** was made by Dr. Galloway **seconded** by Mr. Sandoval, for approval to move Policy QRM-0011 Patient / Visitor Complaint & Grievance Resolution off the table. **Motion carries.**
- A **motion** was made by Dr. Warren **seconded** by Ms. Koklys, for approval of updated Policy PCS-MM-0021 340B Outpatient Drug Definition. **Motion carries.**
- A **motion** was made by Dr. Metcalf **seconded** by Mr. Jaiswal, for approval of updated Policy PCS-MM-0022 340B Duplicate Discount, **Motion carries.**
- A **motion** was made by Dr. Galloway **seconded** by Mr. Sandoval, for approval of the updated Policy QRM-0011 Patient / Visitor Complaint & Grievance Resolution, **Motion carries.**
- A **motion** was made by Dr. Metcalf **seconded** by Dr. Warren, for approval of updated Policy PCS-MM-0021 340B Outpatient Drug Definition. **Motion carries.**
- A **motion** was made by Dr. Metcalf **seconded** by Dr. Warren, for approval of the Consent Agenda: Policy AD-0027, BR-0004, BR-0011, BR-0012, BR-0013, QRM-0001, **Motion carries.**
- A **motion** was made by Mr. Lauridsen, **seconded** by Mr. Jaiswal, for the approval of the November 30, 2024, Annual Comprehensive Financial Report, **Motion carries.**
- A **motion** was made by Ms. Warren, **seconded** by Dr. Koklys for approval of November 30, 2024, Report on Federal Award, **Motion carries.**
- A **motion** was made by Mr. Sandoval, **seconded** by Dr. Metcalf, for the approval of the FY2026 Budget, **Motion carries.**
- A **motion** was made by Dr. Metcalf, **seconded** by Mr. Sandoval, for the approval of the updated Strategic Plan Quarter four (4), **motion carries.**
- A **motion** was made by Dr. Warren **seconded** by Dr. Metcalf for the approval of the updated 2025 Risk Assessment Quarters One (1), two (2), third (3), and fourth (4), **motion carries.**
- A **motion** was made by Dr. Galloway **seconded** by Dr. Warren for the approval of Credentialing Lasisi Chibuzo, APRN Family Medicine, **motion carries.**

### **PUBLIC CONCERNS AND COMMENTS**

- None

### **COUNCIL MEMBER'S CONCERNS AND COMMENTS**

- None

**ADJOURNMENT:** A motion was made by Dr. Metcalf **seconded** by Ms. Luebke to adjourn the meeting, **motion carries.**

GOVERNANCE COMMITTEE MEETING WILL BE: Wednesday, January 3, 2026, 4:30pm  
GOVERNING COUNCIL MEETING WILL BE: Wednesday, January 3, 2026, 5:00pm

Prepared by:

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June Reisner, Administrative Assistant to CEO

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Vernice Warren – Vice Chairperson

# CEO REPORT



### **Illinois Primary Health Care Association (IPHCA) – Health Care Controlled Network (HCCN)**

In December, IPHCA's HCCN (ENGAGE) launched technical support related to Cybersecurity and compliance. This will prepare ITT and health center leadership to address future challenges. Health center staff will partner with the ITT staff to make the most out of this initiative and will be engaging in ongoing risk assessment and mitigation.

### **Joint Commission**

The health center is preparing for the Joint Commission Site Visit. The accreditation visit will occur between now and the middle of February. This is a great opportunity to demonstrate all the work the health center has done to ensure the quality and safety of our operation. The CHC is seeking accreditation in Ambulatory, Behavioral Health and Primary Care Medical Home. During the week of the site visit, the Governing Council members will be requested to participate in a Leadership session where we will have an opportunity to discuss governance and leadership structure and functions. Please participate if you are able. I will inform you of the time/date of the session as soon as it is determined.

### **Public Health Institute of Metropolitan Chicago Initiative**

The community health center was approached to participate in an HIV Affirming Care Program at the Northern Branch Office (Bolingbrook) to reduce staff behaviors that convey negative stigma and biases thus decreasing negative experiences and increasing the number of HIV positive people that access and remain in care. Participating organizations receive support and access to evidence-based training modules, facilitators, promotional materials and funding. This initiative is funded by Illinois Department of Public Health. During the discussion it was noted that the Joliet health center location may also be eligible for the program thus compounding the impact.

### **340B Rebate Model Pilot Program**

The 340B Rebate Model Pilot Program pilot program was designed to prevent Medicaid duplicate discounts, 340B diversion and to ensure a fair and transparent 340B rebate model for all stakeholders will begin January 1, 2026, and continue for a minimum of one year and will apply to all covered entities. Manufacturers will use the Beacon platform and will require the health center to submit data to ensure real-time reconciliation reports and then the rebate will be paid to the covered entity.

This pilot will also identify shortcomings of the rebate model and inform Office of Pharmacy Affairs (OPA) and inform future 340B rebate models.

Health Center Leadership is currently completing an assessment to determine possible financial impacts and ensure adequate resources.

# CMO REPORT

Jennifer Byrd, MD, FAAFP

CMO of the Community Health Center (CHC)

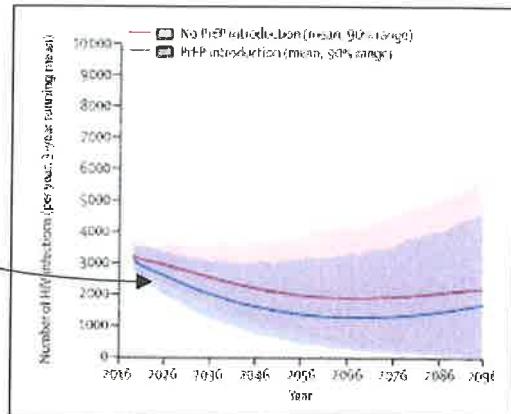
January 2026

### Patient Education & Health Promotion:

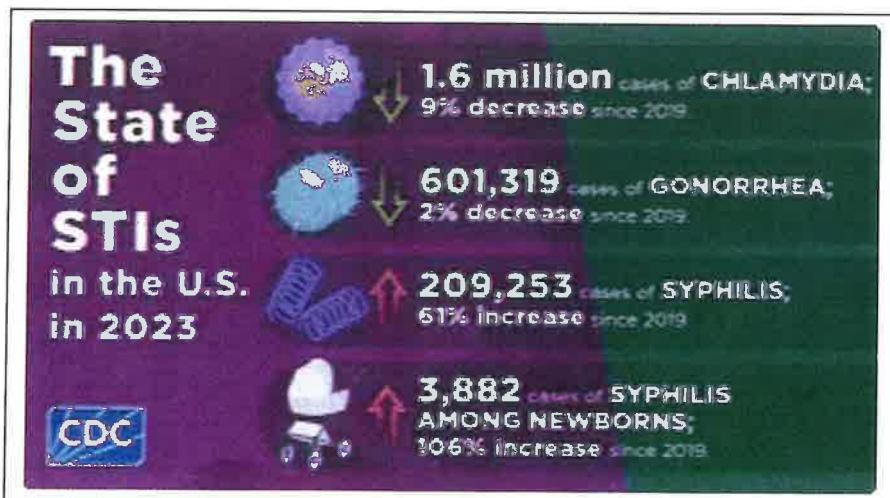
- In the month of **December Sexual Health and Awareness** was featured. To that end, our collaborating partners in the division of Family Health Services outfitted our patient education table with flyers, pamphlets, and information centering around Sexually Transmitted Infections (STIs), Pre-Exposure Prophylaxis (PreP), and Post-Exposure Prophylaxis (PEP).
- PreP and PEP are the medications that stave off contracting HIV in cases of unprotected intercourse.
- PreP was approved by the FDA in 2012

- A 2018 Lancet article showed the potential effectiveness of PreP, in that it projected from 2018 – 2098 (an 80 year period), if PreP continues to be used, there will be a \$1 billion healthcare cost savings, and will also avert 25% of new HIV cases.

Lancet; volume 18, Issue 1; P85-94 ; January 2018; Cost-effectiveness of pre-exposure prophylaxis for HIV prevention in men who have sex with men in the UK: a modelling study and health economic evaluation

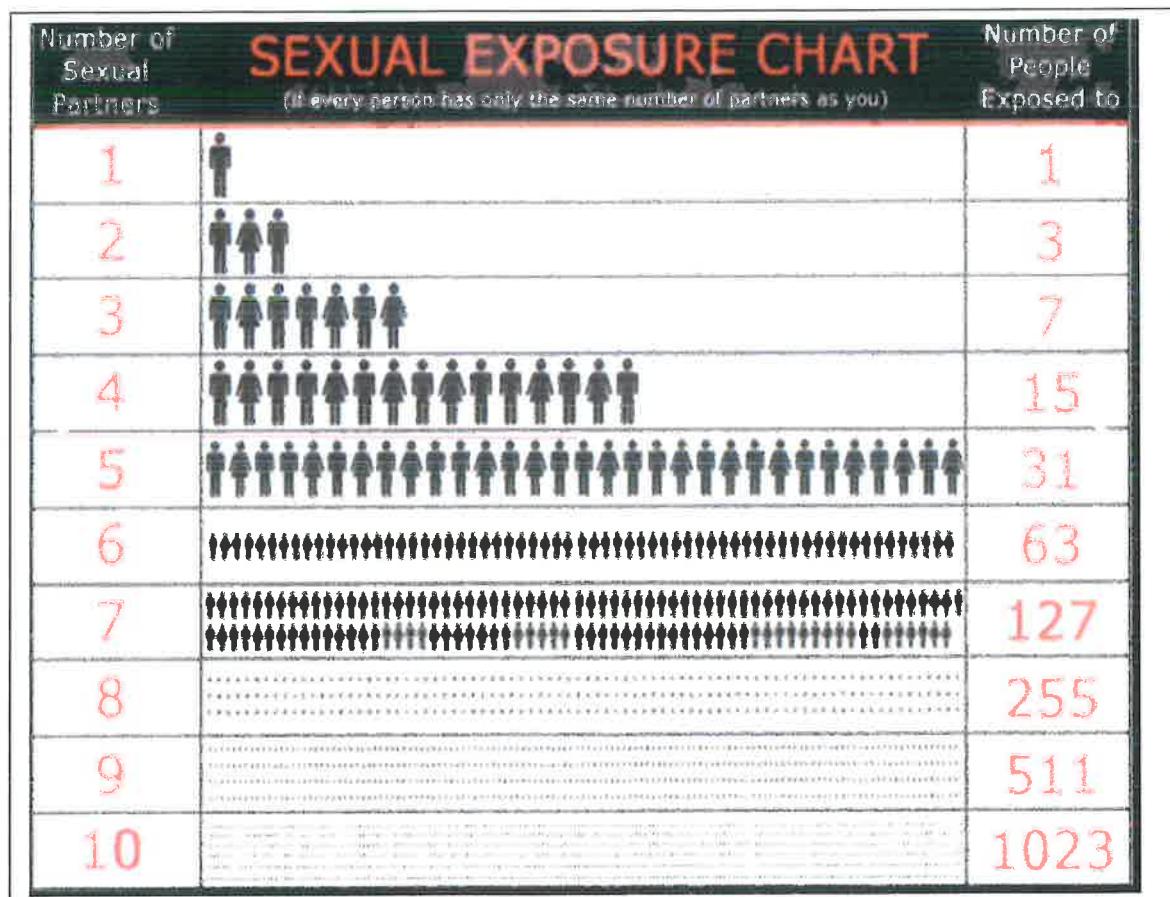


**STI Prevalence** (source: CDC.com; 2024):



- 2.2 million cases of chlamydia, gonorrhea, and syphilis were reported, representing a 9% decline from 2023; the third consecutive year of decreases in STI morbidity
- **Chlamydia:** declined by 8%, continuing a downward trend for the second year in a row
- **Gonorrhea:** decreased by 10%, marking a third consecutive year of decline.
- **Syphilis:** cases of primary and secondary syphilis, the most infectious stages, fell by 22% compared to 2023.
- **Congenital Syphilis:** Despite the overall decline in STIs, nearly 4,000 cases of congenital syphilis were reported in 2024, which is a **2% increase** from the previous year. This represents a 700% increase compared to a decade ago

***Risk of Exposure with UNPROTECTED SEX:***



### ***Prevention:***

Addressing the syphilis epidemic requires a comprehensive and multifaceted approach that includes:

- **Increased Funding for Public Health:** Restoring and increasing funding for public health programs is essential for supporting STI screening, partner notification, and education initiatives.
- **Enhanced Screening and Testing:** Expanding access to routine STI screening, particularly for high-risk populations
- **Comprehensive Sexual Health Education:** Implementing comprehensive sexual health education programs in schools and communities
- **Partner Notification Services:** Strengthening partner notification services can help identify and treat individuals who may have been exposed to syphilis
- **Treatment and Follow-Up:** Ensuring timely and effective treatment for individuals diagnosed with syphilis is essential for preventing further transmission and complications
- **Addressing Social Determinants of Health:** Addressing the underlying social determinants of health that contribute to health disparities

### **Compliance:**

- The Community Health Center (CHC) is in its "Joint Commission (JACHO) Window". The "window" is the time during which JACHO can visit and perform their triennial site visit.
- The site visit includes a three day, exhaustive review of compliance with their operational "standards".
- There are ~ 75,000 standards that the CHC is responsible to meet; a mastery of them has been achieved each time a site visit has occurred.
- The Will County Community Health Center is in the **23%** of Federally Qualified Health Centers (FQHC) in the United States that are Joint Commissioned accredited (1,400 FQHCs → 330 are accredited); this represents an elite status.
- Preparation for this site review is replete with an evaluation of administrative and clinical operations, though we do not undergo major shifts in operations as our operations are consistently and persistently in alignment with an high quality service delivery model.

**Staffing:**

- \* Medical Assistants (CMA) – one (1) open position (Obstetrics/Gynecology)
- \* Registered Nurses ~ Primary Care - **HIRED**
  - ~ Infectious Disease – open
- \* Infectious Disease Department Manager (RN) - open
- \* Psychologist – open
- \* Family Medicine Physician – open
- \* Temporary staff
  - RN Infectious Disease (contract ending soon)

# **CDO REPORT**



**Wishing you all Happy New Year, 2026 with new possibilities, strong teamwork, and continued success.**

### **Cannabis and Teens:**

The teen years are a time of growth, exploration, and risk-taking. However, some risk behaviors—such as using cannabis—can have adverse effects on a teen's Oral health and well-being.

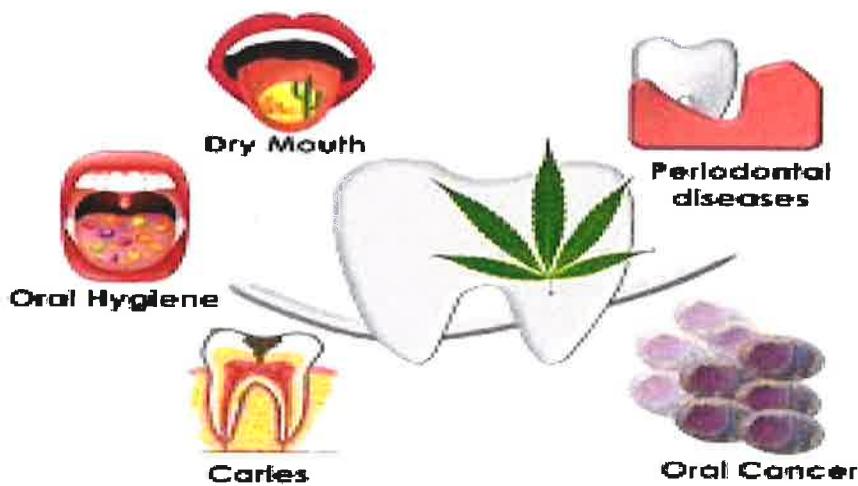
Cannabis is legal in Illinois for both medical and recreational use since 2020.

### **How many teens use cannabis?**

Cannabis is the most used recreational drug in the United States, with increasing use by children and adolescents.

Per CDC, in 2022, 30.7% of US high school 12th graders reported using cannabis in the past year, and 6.3% reported using cannabis daily in the past 30 days. 6% of eighth graders, 15% of 10th graders, and 21% of 12th graders use cannabis.

### **How can cannabis impact a teen's life:**



1. **Dry Mouth**
2. Higher Incidence of **Cavities**
3. **Gingivitis, Periodontitis and Bleeding Gums**
4. Increased Risk of **Cancers**
5. **Interactions with Medications**
6. **Increased Bleeding**
7. **Faster Heart Rate and Anxiety**
8. **Mental Confusion and Lack of Focus**

### **What parents can do?**

**Talk with your children about** the risks of using cannabis while their brains are still developing. Ask your children questions about their cannabis use.

**Know the facts about cannabis.** People that begin using cannabis in their teens are more likely to have lasting brain developmental effects and a higher potential for cannabis use disorder.

### **No- Show Dental Appointments:**

June 1-30, 2025	July 1-31, 2025	August 1-31, 2025	September 1-30, 2025	October 1-31, 2025	November 1-30, 2025
No- show 24.42%	No-show 24.69%	No-show 21.33%	No-show 24.34%	No-show 26.15%	No-show 21.32%
Cancellations 16.54%	Cancellations 15.10%	Cancellations 16.05%	Cancellations 18.66%	Cancellations 17.90 %	Cancellations 19.33 %

**Internal Referrals:** Received 61 internal referrals from our WCCHC medical providers. It includes children, pregnant women and adults referred to Dental for oral health care.

Nov. 2024	Dec. 2024	Jan. 2025	Feb. 2025	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	Sept. 2025	Oct. 2025	Nov. 2025
39	84	101	113	78	70	78	65	72	93	76	61	35

# **REVENUE & EXPENSE REPORT**

**Will County Community Health Center Monthly Revenues - FY 2025**

As of November 30, 2025 (run 12/3/25)

<b>YTD Target:</b>	<b>100.0%</b>
<b>YTD Actual:</b>	<b>83.5%</b>
<b>Variance:</b>	<b>-16.5%</b>

Source: D365  
Unaudited Report

Revenue Detail	FY2024	4.2%	8.3%	16.7%	25.0%	33.3%	42%	50.0%	58.3%	66.7%	75.0%	83.3%	100%			
	BUDGET	Dec '24	JAN '25	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	TOTALS	% of Budget	
<b>Medical:</b>																
Medical Patient Self Pay	\$ 160,000	\$ 9,931	\$ 16,635	\$ 19,103	\$ 13,823	\$ 9,125	\$ 13,027	\$ 13,798	\$ 11,770	\$ 11,825	\$ 11,741	\$ 12,111	\$ (34,036)	\$ 108,853	68.0%	
Medical Medicaid	2,900,000	121,707	177,114	187,406	222,304	197,384	173,837	173,783	207,065	151,267	136,503	167,724	151,467	2,067,559	71.3%	
Medical Other Third Party	100	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	
Medical Medicare	100,000	6,389	4,773	4,488	5,908	7,451	7,562	7,962	7,389	6,246	7,852	7,349	4,210	77,578	77.6%	
Medical Medicaid -hosp fees	400,000	7,492	500	11,177	36,443	32,950	23,329	29,594	45,690	31,737	21,683	23,627	6,622	270,844	67.7%	
Medical Medicare - hosp fees	7,800	-	-	-	-	-	-	-	4,126	763	-	1,169	-	6,059	77.7%	
Medical Insurance - Private	260,000	18,192	18,925	23,965	24,208	39,424	39,072	26,578	44,340	42,242	44,187	34,420	26,012	381,566	146.8%	
<b>Medical Total:</b>	<b>\$ 3,827,900</b>	<b>\$ 163,711</b>	<b>\$ 217,947</b>	<b>\$ 246,139</b>	<b>\$ 302,685</b>	<b>\$ 286,334</b>	<b>\$ 256,827</b>	<b>\$ 251,714</b>	<b>\$ 320,380</b>	<b>\$ 244,080</b>	<b>\$ 221,966</b>	<b>\$ 246,401</b>	<b>\$ 154,274</b>	<b>\$ 2,912,458</b>	<b>76.1%</b>	
<b>Behavioral Health</b>																
Behavioral Medicaid FQHC	\$ 1,250,000	\$ 47,128	\$ 72,914	\$ 64,343	\$ 107,892	\$ 81,927	\$ 80,328	\$ 78,589	\$ 86,048	\$ 39,585	\$ 47,043	\$ 75,118	\$ 93,700	\$ 874,617	70.0%	
Behavioral Medicare FQHC	150,000	10,077	9,204	7,473	8,296	9,911	10,712	6,118	10,413	4,687	8,541	7,210	4,712	97,355	64.9%	
Behavioral Patient Pay	20,000	2,479	463	583	2,009	1,491	1,419	2,602	2,861	1,564	2,116	2,413	1,403	21,403	107.0%	
Behavioral Insurance- Private	60,000	3,613	6,903	4,194	5,156	7,074	7,029	9,323	7,941	5,461	9,512	5,188	5,298	76,692	127.8%	
<b>Behavioral Health Total:</b>	<b>\$ 1,480,000</b>	<b>\$ 63,297</b>	<b>\$ 89,484</b>	<b>\$ 76,593</b>	<b>\$ 123,354</b>	<b>\$ 100,403</b>	<b>\$ 99,488</b>	<b>\$ 96,632</b>	<b>\$ 107,262</b>	<b>\$ 51,298</b>	<b>\$ 67,212</b>	<b>\$ 89,930</b>	<b>\$ 105,113</b>	<b>\$ 1,070,066</b>	<b>72.3%</b>	
<b>Dental:</b>																
Dental Medicaid	\$ 575,000	\$ 14,473	\$ 25,377	\$ 32,526	\$ 49,242	\$ 54,655	\$ 45,542	\$ 52,046	\$ 39,605	\$ 41,514	\$ 46,762	\$ 30,108	\$ 26,895	\$ 458,744	79.8%	
Dental Medicare	1,000	-	157	81	-	-	-	-	-	173	-	112	-	524	52.4%	
Dental Insurance - Private	50,000	5,982	3,816	7,179	5,250	8,606	6,649	7,194	8,772	7,248	5,806	4,869	2,238	73,608	147.2%	
Dental Patient Self Pay	105,000	12,193	6,989	6,149	9,372	12,221	10,940	11,532	13,571	11,835	15,202	9,259	14,484	133,748	127.4%	
<b>Dental Total:</b>	<b>\$ 731,000</b>	<b>\$ 32,647</b>	<b>\$ 36,339</b>	<b>\$ 45,935</b>	<b>\$ 63,863</b>	<b>\$ 75,482</b>	<b>\$ 63,131</b>	<b>\$ 70,772</b>	<b>\$ 61,948</b>	<b>\$ 60,770</b>	<b>\$ 67,771</b>	<b>\$ 44,348</b>	<b>\$ 43,617</b>	<b>\$ 666,623</b>	<b>91.2%</b>	
<b>Miscellaneous:</b>																
340b Program	\$ 2,000,000	\$ 154,359	\$ 26,918	\$ 176,258	\$ 119,471	\$ 142,192	\$ 238,436	\$ 186,251	\$ 289,484	\$ 291,274	\$ 172,278	\$ 159,956	\$ 91,402	\$ 2,048,277	102.4%	
Medical Records fees	5,000	-	180	130	80	80	240	200	80	45	65	20	-	1,120	22.4%	
Reference Lab Fees	-	144	-	-	-	-	-	-	120	-	-	-	-	264	0.0%	
Managed Care Performance	25,000	6,472	-	-	500	-	-	960	1,425	-	-	475	2,760	12,592	50.4%	
Contracted MD Service	116,608	8,384	11,384	10,034	2,000	2,000	2,000	2,000	2,000	2,000	33,636	2,000	-	77,438	66.4%	
Rental Income - Genoa	11,628	950	950	950	969	959	969	969	969	969	969	969	969	11,552	99.3%	
Donations	450	-	-	-	-	-	-	-	-	-	-	-	-	0.0%		
Prior Years Voided AP Checks	-	-	-	-	-	-	-	-	-	-	-	-	-	400	0.0%	
<b>Miscellaneous Total:</b>	<b>\$ 2,158,686</b>	<b>\$ 170,309</b>	<b>\$ 39,432</b>	<b>\$ 187,372</b>	<b>\$ 123,001</b>	<b>\$ 145,241</b>	<b>\$ 241,645</b>	<b>\$ 190,380</b>	<b>\$ 294,077</b>	<b>\$ 294,288</b>	<b>\$ 207,498</b>	<b>\$ 166,030</b>	<b>\$ 92,371</b>	<b>\$ 2,151,643</b>	<b>99.7%</b>	
<b>TOTALS</b>	<b>\$ 8,197,586</b>	<b>\$ 429,965</b>	<b>\$ 383,202</b>	<b>\$ 556,039</b>	<b>\$ 612,903</b>	<b>\$ 607,460</b>	<b>\$ 661,090</b>	<b>\$ 609,499</b>	<b>\$ 783,668</b>	<b>\$ 650,436</b>	<b>\$ 564,446</b>	<b>\$ 546,708</b>	<b>\$ 395,375</b>	<b>\$ 6,800,790</b>	<b>83.0%</b>	
<b>Grants and Intergovernmental Agreements:</b>																
BPHC 330 Grant - HRSA	\$ 2,306,848	\$ 134,225	\$ -	\$ 417,925	\$ 181,194	\$ -	\$ -	\$ 573,071	\$ -	\$ -	\$ 624,196	\$ -	\$ -	\$ 1,952,965	84.7%	
CHC_ARP FY21	-	5,655	-	-	-	-	-	-	16,700	-	-	-	-	-		
IDPH grants-FP, Oral Health, School, SLRP	403,083	67,235	39,052	27,121	35,861	24,241	34,418	20,393	9,862	10,713	26,591	-	-	384,911	95.5%	
IDPH grants-FP, Oral Health, School, SLRP	-	68,819	-	-	-	6,250	-	-	9,375	-	-	4,980	-	-		
AFC Ryan White	151,126	31,895	-	6,605	-	-	4,949	-	-	1,471	-	-	-	3,316	100,132	66.3%
Navigator	-	12,569	4,954	4,985	4,986	46	-	17,966	5,080	1,310	-	-	-	-		
CHC Managed Care Fees	19,000	795	300	1,910	1,160	1,120	1,477	1,170	1,153	1,078	1,663	1,586	210	13,622	71.7%	
<b>GRANT &amp; IGA TOTALS</b>	<b>\$ 2,880,057</b>	<b>\$ 321,193</b>	<b>\$ 44,306</b>	<b>\$ 458,546</b>	<b>\$ 223,200</b>	<b>\$ 31,657</b>	<b>\$ 40,844</b>	<b>\$ 629,300</b>	<b>\$ 25,469</b>	<b>\$ 14,573</b>	<b>\$ 652,450</b>	<b>\$ 6,566</b>	<b>\$ 3,526</b>	<b>\$ 2,451,630</b>	<b>85.1%</b>	
<b>FY 2024 FEE AND GRANT TOTALS</b>	<b>\$ 11,077,643</b>	<b>\$ 751,158</b>	<b>\$ 427,508</b>	<b>\$ 1,014,585</b>	<b>\$ 836,103</b>	<b>\$ 639,116</b>	<b>\$ 701,935</b>	<b>\$ 1,238,799</b>	<b>\$ 809,137</b>	<b>\$ 665,009</b>	<b>\$ 1,216,897</b>	<b>\$ 553,273</b>	<b>\$ 398,901</b>	<b>\$ 9,252,421</b>	<b>83.5%</b>	

Note: These amounts may change during the lapse period of December through February, according to State Statute guidelines.  
These amounts may change during the outside audit, according to accounting guidelines.

## Will County Health Department - Community Health Center

**FY 2025**  
**Budget Comparison - Expenditures**  
**Twelve Months Ending November 2025**

<b>Expenditures</b>	<b><u>Adopted Budget</u></b>	<b><u>Revised Budget</u></b>	<b><u>Expenditures</u></b>	<b><u>Encumbrances</u></b>	<b><u>Remaining Budget</u></b>	<b><u>Percent Used</u></b>
Personnel - Salaries	9,686,140.00	9,206,140.00	8,466,566.17	-	739,573.83	92.0%
Personnel - Benefits	3,614,926.00	3,419,926.00	3,065,708.29	-	354,217.71	89.6%
Commodities	2,094,575.00	2,716,636.00	2,639,823.59	7,598.23	69,214.18	97.2%
Contractual Services	1,433,265.00	1,690,704.00	1,244,635.26	-	446,068.74	73.6%
Capital Outlay	-	11,220.00	11,201.40	-	18.60	99.8%
Other Expenditures	-	-	-	-	-	0.0%
<b>Total Expenditures</b>	<b>16,828,906.00</b>	<b>17,044,626.00</b>	<b>15,427,934.71</b>	<b>7,598.23</b>	<b>1,609,093.06</b>	<b>90.5%</b>
					<b>YTD Target:</b>	<b>100.0%</b>
					<b>Variance:</b>	<b>9.5%</b>

**Note:** These amounts may change during the lapse period of December through February, according to State Statute guidelines. These amounts may change during the outside audit, according to accounting guidelines.

# 2024 Total Number of Patient Visits and Number of Patients

This report reflects the correct number of visits and the correct number of patients for 2024. Previous reports were inaccurate due to a wrong formula inserted into the report.

## Number of Patient Visits (Legacy)- Corrected

	January	February	March	April	May	June	July	August	September	October	November	
Wrong	2024	2950	5789	8994	12452	16054	19069	22605	26039	29230	32499	34951
Corrected	2024	2950	5769	8994	12444	16021	19019	22493	25867	28996	32204	34593

## Number of Patients (Legacy)- Corrected

	January	February	March	April	May	June	July	August	September	October	November	
Wrong	2024	2950	5789	8994	12452	16054	19069	22605	26039	29230	32499	34951
Corrected	2024	2388	3877	5270	6422	7395	8170	9014	9872	10569	11319	11777

# **PATIENT VISITS REPORT**

**WILL COUNTY COMMUNITY HEALTH CENTER - Patients and Visits 1/1/2024 - 12/31/2024**  
**Revised Report - Ran 12/22/2025**

Line	Personnel by Major Service Category	2024						
		Clinic Visits	Virtual Visits	Hospital Visits	All Visits	Patients	SBHC Visits	SBHC Patients
1	Family Physicians	437	17		454	212	0	0
2	General Practitioners	0	0		0	0	0	0
3	Internists	892	3		895	389	0	0
4	Obstetrician/Gynecologists	8232	1		8,233	2805	0	0
5	Pediatricians	2616	113		2,729	1433	0	0
7	Other Specialty Physicians	0	0		0	0	0	0
8	Total Physicians (Lines 1-7)	12,177	134		12,311	4716	0	0
9a	Nurse Practitioners	8714	853		9,567	5372	537	390
9b	Physician Assistants	0	0		0	0	0	0
10	Certified Nurse Midwives	390	0		390	292	0	0
10a	Total NPs, PAs, and CNMs (Lines 9a-10)	9104	853		9,957	5566	537	390
11	Nurses	8	2		10	10	0	0
15	Total Medical (Lines 8 + 10a through 14)	21,289	989		22,278	8956	537	390
16	Dentists	6777	0		6,777	3470	0	0
17	Dental Hygienists	793	0		793	660	0	0
17a	Dental Therapists	0	0		0	0	0	0
19	Total Dental Services (Lines 16-18)	7570	0		7,570	3781	0	0
20a	Psychiatrists	1995	1118		3,113	776	0	0
20a1	Licensed Clinical Psychologists	68	1000		1,068	278	0	0
20a2	Licensed Clinical Social Workers	149	0		149	31	149	31
20b	Other Licensed Mental Health Providers	3228	6		3,234	894	132	78
20c	Other Mental Health Staff	0	0		0	0	0	0
20	Total Mental Health (Lines 20a-c)	5440	2124		7,564	1748	281	96
21	Substance Abuse Services	0	0		0	0	0	0
22	Other Professional Services (specify ____)	0	0		0	0	0	0
22a	Ophthalmologists	0	0		0	0	0	0
22b	Optometrists	468	0		468	459	0	0
22d	Total Vision Services (Lines 22a-c)	468	0		468	459	0	0
24	Case Managers	0	0		0	0	0	0
25	Patient/Community Education Specialists	0	0		0	0	0	0
29	Total Enabling Services (Lines 24-28)	0	0		0	0	0	0
34	<b>Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+33)</b>	34,767	3,113		37,880	12,335	818	458
20a01	Mental Health - Physicians other than Psychiatrists	346	5		351	280	0	0
20a02	Mental Health - Nurse Practitioner	1004	12		1,016	893	10	10
20a03	Mental Health - Physician Assistants	0	0		0	0	0	0
20a04	Mental Health - Certified Nurse Midwives	1	0		1	1	0	0
21a	SUD - Physicians other than Psychiatrists	245	11		256	88	0	0
21b	SUD - Nurse Practitioner - Medical	224	2		226	200	0	0
21c	SUD - Physician Assistants	0	0		0	0	0	0
21d	SUD - Certified Nurse Midwives	1	0		1	1	0	0
21e	SUD - Psychiatrists	358	256		614	155	0	0
21f	SUD - Licensed Clinical Psychologists	20	203		223	53	0	0
21g	SUD - Licensed Clinical Social Workers	0	0		0	0	0	0
21h	SUD - Other Licensed Mental Health Providers	547	0		547	168	5	5
	Obstetrical Deliveries				390			
	Circumcisions				62			
	Gyne Admissions including surgeries				83			
	Hospital Visits (ER & Admissions)				481			
	Dr. Flores' Newborn visits				96			
	<b>Grand Total (Lines = 34 from above)</b>	<b>34,767</b>	<b>3,113</b>		<b>37,880</b>	<b>12,335</b>	<b>818</b>	<b>458</b>

**WILL COUNTY COMMUNITY HEALTH CENTER - Patients and Visits CY2025 as of 11/30/2025**

Line	Personnel by Major Service Category	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024
		Clinic Visits	Clinic Visits	Virtual Visits	Virtual Visits	SBHC Visits	SBHC Visits	Hospital Visits	Hospital Visits	All Visits	All Visits	Patients	Patients	2025 SBHC Patients	2024 SBHC Patients										
1	Family Physicians	656	395	3	17	77	0			659	412	360	198	72	0										
2	General Practitioners	0	0	0	0	0	0			0	0	0	0	0	0										
3	Internists	1377	778	0	3	0	0			1,377	781	528	359	0	0										
4	Obstetrician/Gynecologists	8007	7575	0	1	0	0			8,007	7,576	2700	2649	0	0										
5	Pediatricians	3129	2375	101	98	105	0			3,230	2,473	1710	1360	102	0										
7	Other Specialty Physicians	0	0	0	0	0	0			0	0	0	0	0	0										
8	Total Physicians (Lines 1–7)	13169	11123	104	119	182	0			13,273	11,242	5110	4457	173	0										
9a	Nurse Practitioners	6040	8197	306	813	376	492			6,346	9,010	3636	5141	321	366										
9b	Physician Assistants	0	0	0	0	0	0			0	0	0	0	0	0										
10	Certified Nurse Midwives	428	362	0	0	0	0			428	362	333	274	0	0										
10a	Total NPs, PAs, and CNMs (Lines 9a–10)	6468	8559	306	813	376	492			6,774	9,372	3886	5327	321	366										
11	Nurses	112	8	0	2	9	0			112	10	85	10	7	0										
15	Total Medical (Lines 8 + 10a through 14)	19749	19690	410	934	567	492			20,159	20,624	7918	8559	464	366										
16	Dentists	5789	6300	0	0	0	0			5,789	6,300	3215	3295	0	0										
17	Dental Hygienists	655	752	0	0	0	0			655	752	578	633	0	0										
17a	Dental Therapists	0	0	0	0	0	0			0	0	0	0	0	0										
19	Total Dental Services (Lines 16–18)	6444	7052	0	0	0	0			6,444	7,052	3477	3616	0	0										
20a	Psychiatrists	1973	1780	1302	1012	0	0			3,275	2,792	696	758	0	0										
20a1	Licensed Clinical Psychologists	18	42	18	961	0	0			36	1,003	34	267	0	0										
20a2	Licensed Clinical Social Workers	435	115	0	0	435	115			435	115	56	29	56	29										
20b	Other Licensed Mental Health Providers	3594	2928	549	6	192	110			4,143	2,934	1071	849	71	69										
20c	Other Mental Health Staff	0	0	0	0	0	0			0	0	0	0	0	0										
20	Total Mental Health (Lines 20a–c)	6020	4865	1869	1979	627	224			7,889	6,844	1798	1680	113	86										
21	Substance Abuse Services	1	0	0	0	0	0			1	0	1	0	0	0										
22	Other Professional Services (specify _____)	0	0	0	0	0	0			0	0	0	0	0	0										
22a	Ophthalmologists	0	0	0	0	0	0			0	0	0	0	0	0										
22b	Optometrists	286	431	0	0	0	0			286	431	280	422	0	0										
22d	Total Vision Services (Lines 22a–c)	286	431	0	0	0	0			286	431	280	422	0	0										
24	Case Managers	1	0	0	0	0	0			1	0	1	0	0	0										
25	Patient/Community Education Specialists	0	0	0	0	0	0			0	0	0	0	0	0										
29	Total Enabling Services (Lines 24–28)	1	0	0	0	0	0			1	0	1	0	0	0										
34	<b>Grand Total (Lines 15+19+20+21+22+22d+23+29a+33)</b>	32500	32038	2279	2913	1194	717			34,779	34,951	11414	11834	553	428										
20a01	Mental Health - Physicians other than Psychiatrists	341	320	2	5	4	0			343	325	286	259	4	0										
20a02	Mental Health - Nurse Practitioner	453	967	3	12	5	10			456	979	421	859	5	10										
20a03	Mental Health - Physician Assistants	0	0	0	0	0	0			0	0	0	0	0	0										
20a04	Mental Health - Certified Nurse Midwives	0	1	0	0	0	0			0	1	0	1	0	0										
21a	SUD - Physicians other than Psychiatrists	248	217	3	11	0	0			251	228	92	78	0	0										
21b	SUD - Nurse Practitioner - Medical	191	213	1	2	0	0			192	215	169	191	0	0										
21c	SUD - Physician Assistants	0	0	0	0	0	0			0	0	0	0	0	0										
21d	SUD - Certified Nurse Midwives	0	1	0	0	0	0			0	1	0	1	0	0										
21e	SUD - Psychiatrists	372	325	253	238	0	0			625	563	127	151	0	0										
21f	SUD - Licensed Clinical Psychologists	2	13	4	194	0	0			6	207	6	51	0	0										
21g	SUD - Licensed Clinical Social Workers	0	0	0	0	0	0			0	0	0	0	0	0										
21h	SUD - Other Licensed Mental Health Providers	653	506	123	0	6	5			776	506	226	157	4	5										
	Obstetrical Deliveries									375	324														
	Circumcisions									78	55														
	Gyne Admissions including surgeries									67	71														
	Hospital Visits (ER & Admissions)									446	419														
	Dr. Flores' Newborn visits									95	71														
	<b>Grand Total (Lines = 34 from above)</b>	<b>32,500</b>	<b>32,038</b>	<b>2,279</b>	<b>2,913</b>	<b>1,194</b>	<b>717</b>			<b>34,779</b>	<b>34,951</b>	<b>11414</b>	<b>11834</b>	<b>553</b>	<b>428</b>										

# **COMMUNITY OUTREACH REPORT**



**Will County Community Health Center Navigator Outreach and Enrollment Report: Sept-Nov 2025**  
 Kathleen Harkins, Health Promotion & Community Outreach Coordinator; Clarissa Morris, Navigator; Rosa Gomez, Navigator;  
 Lynda Larson, Navigator; Janeth Rubio-Perez, Navigator; Lisa Dioro, Community Health Educator

**Enrollment Numbers for through November**

	Medicaid	Marketplace	MPE/ Newborn	assist in person	assist by phone	CHC yes	CHC no	Possible CHC new	Follow Up Calls
January									
<b>January Total</b>	242	19	41	368	107	255	219	79	182
February									
<b>February Total</b>	219	2	25	383	57	187	228	81	101
March									
<b>March Total</b>	298	6	33	386	90	186	258	78	137
April									
<b>April Total</b>	143	8	28	285	94	173	204	39	133
May									
<b>May Total</b>	155	8	40	182	80	180	262	50	151
June									
<b>June Total</b>	141	15	36	652	76	201	430	50	131
July									
<b>July Total</b>	182	11	42	399	99	197	287	93	116
August									
<b>August Total</b>	150	9	28	444	81	231	300	93	85
September									
<b>September Total</b>	124	4	35	553	84	257	410	65	133
October									
<b>October Total</b>	76	2	24	285	41	118	144	87	70
November									
<b>November Total</b>	78	14	20	260	96	121	142	29	84
<b>Totals to Date</b>	<b>1808</b>	<b>98</b>	<b>352</b>	<b>4197</b>	<b>905</b>	<b>2106</b>	<b>2884</b>	<b>744</b>	<b>1323</b>

The Navigator Grant requires us to hold 8 outreach events per month during the non-open enrollment period, and 4 during open enrollment, which runs from November 1<sup>st</sup> until January 15th. The outreach counselors have worked tirelessly to meet this demand and have attended 18 events in many key areas of the county.

**Outreach for September, October, November**

Outreach Locations Visited Report September, October, November 2025				
Date	Event	Location	Comments	#
9/6/2025	<b>Joy Fest</b>	Community Event in Bolingbrook	Navigators interacted with community members. This took place in zip code 60440 which has a high rate of uninsured at 9.5% compared to Will County at 4.2%.	212
9/14/2025	<b>Pathways Day Parade</b>	Bolingbrook	Navigators interacted with community members and other community based organizations. This took place in zip code 60440 which has a higher rate of uninsured at 9.5% as compared to Will County at 4.2%	300
9/20/2025	<b>Hispanic Heritage Fest</b>	Lockport Park	Navigators interacted with community members. This was a new event so there was a low turnout.	8
9/20/2025	<b>National Hook Up of Black Women's Community Day</b>	Joliet	Navigators interacted with community members. This took place in Zip code 60433 which has an uninsured rate at 14.8% as compared to Will County at 4.2%. grand opening for Breastfeeding Support	61
9/23/2025	<b>DuPage Township Event</b>	Bolingbrook Township Office	Navigators interacted with township staff. This took place in zip code 60440 which has a high rate of uninsured at 9.5% compared to Will County at 4.2%.	11
9/29/2025	<b>Your Story</b>	Romeoville Elementary School	Community Health Educator interacted with parents, students and staff as well as many staff from other organizations at this suicide awareness event. This took place in zip code 60446 which has a high rate of uninsured at 9.5% compared to Will County at 4.2%.	14
10/3/2025	<b>JT Partnership Breakfast</b>	JTHS Admin Center	Community Health Educator interacted with community members and other community based organizations. This took place in zip code 60432 which has a higher rate of uninsured with 35-44 year olds (12.4%).	8
10/4/2025	<b>Speak Up Cancer Awareness Event</b>	Joliet, IL	Navigators interacted with community members and other community based organizations. This took place in zip code 60432 which has a higher rate of uninsured at 5.3% compared to the county rate of 4.2%. Also, 19-25 year olds at 10.2% uninsured, 26-34 year olds at 8.2%, and 35-44 year olds at 12.6%.	27
10/9/2025	<b>Minooka Family Fall Fest</b>	Minooka High School	Navigators interacted with parents, students and staff as well as many staff from other organizations. This took place in zip code 60440 which has a high rate of uninsured at 9.5% compared to Will County at 4.2%.	103
10/9/2025	<b>Breast &amp; Colon Cancer Awareness Event</b>	Silver Cross Hospital, Joliet	Program Coordinator and WCHD CHE interacted with community members and other community based organizations. This took place in zip code 60468 which has a higher rate of uninsured at 6.2% compared to the county at 4.2%.	14
10/16/2025	<b>JT Central Community Connections Event</b>	Joliet Central High School	Navigators interacted with community members and other community based organizations. This took place in zip code 60432 which has a higher rate of uninsured at 6.2% compared to the county at 4.2%.	12
10/18/2025	<b>Joliet Family Fun Fest Resource Fair</b>	Joliet Slammers Stadium	Navigator and CHE interacted with community members and community based organizations. Zip Code 60432	87

10/18/2025	<b>Annual Health &amp; Wellness Fair</b>	All Nations Church, Joliet	Navigators interacted with community members and community based organizations.	51
10/28/2025	<b>Justice Alliance New Day Employment Network</b>	Joliet Court House	Navigators interacted with community members and community based organizations.	32
11/1/2025	<b>Open Enrollment Event</b>	Community Health Center	Navigators interacted with community members. This took place in zip code 60433 which has a high rate of uninsured at 9.5% compared to Will County at 4.2%.	33
11/6/2025	<b>Office Hours with Representative Alevar</b>	Bolingbrook Library	Navigators interacted with community members. This took place in zip code 60440 which has a high rate of uninsured at 9.5% compared to Will County at 4.2%.	12
11/13/2025	<b>Transition Night</b>	Brooks Middle School	Navigators interacted with parents, students and staff as well as many staff from other organizations. This took place in zip code 60440 which has a high rate of uninsured at 9.5% compared to Will County at 4.2%.	121
11/19/2025	<b>Family Night</b>	Oakview Elementary, Bolingbrook	Navigators interacted with parents, students and staff as well as many staff from other organizations. This took place in zip code 60440 which has a high rate of uninsured at 9.5% compared to Will County at 4.2%.	251





Social media	Facebook	Instagram	Twitter
	Views	Views	Views
Social Media Post #1	3,480	117	N/A
Social Media Post #2	1,508	86	N/A
Social Media Post #3	371	56	40
Social Media Post #4	353	31	36
Total	5,712	290	76

**Open Enrollment: November 1<sup>st</sup> to January 15<sup>th</sup>**

Outdoor Electronic Sign for CHC.



## Two Speaking/Promotional Events with Lynda Larson, both on YouTube.

Lynda Larson did an Outreach event with the New Day Employment Network and Justice Alliance at the Will County Courthouse. She spoke with approximately 36 people, and the host recorded her speaking about Get Covered Insurance enrollment and our services and posted on Facebook and YouTube.

Link:

[https://newdayemploymentnetwork.org/?fbclid=IwY2xjawOqmCVleHRuA2FlbQlxMABicmlkETFrTElSdHQ0QXNTYRaOU1nc3J0YwZhcHBfaWQQMjlyMDM5MTc4ODIwMDg5MgABHhr7mlrxmfCPUBw72zVgeOXt-n8KHDq5R5o-k0OUg\\_BCFZTtGFg0G6JUi\\_gk\\_aem\\_2HEvPk1JaOmXO76uaA2Xag](https://newdayemploymentnetwork.org/?fbclid=IwY2xjawOqmCVleHRuA2FlbQlxMABicmlkETFrTElSdHQ0QXNTYRaOU1nc3J0YwZhcHBfaWQQMjlyMDM5MTc4ODIwMDg5MgABHhr7mlrxmfCPUBw72zVgeOXt-n8KHDq5R5o-k0OUg_BCFZTtGFg0G6JUi_gk_aem_2HEvPk1JaOmXO76uaA2Xag)

Welcome to the New Day Employment Network Reentry Resource Fair — where second chances turn into new beginnings! Today you're about to meet the powerhouse providers, partners, and changemakers who showed up to make sure nobody walks this journey alone.

From jobs to housing, mental health to mentorship — this room was full of people who are serious about breaking barriers and building futures. This isn't just a fair, it's a movement — and you're about to see the impact in real time. Let's go!



### Inaugural Justice Alliance Event

Big day for New Day Employment Network! Tuesday we officially launched our Justice Alliance — a team of community leaders, service providers, and lived experience advocates who are helping us build real pathways to jobs, wellness, stability, and second chances.

This isn't just a meeting — it's a movement. Together we are creating a support system that includes:

- Employment opportunities
- Mental health and trauma care
- Housing and transportation support
- Counseling, mentorship, and life skills
- A network of employers ready to hire people who deserve a fresh start

We believe no one should be shut out of opportunity because of their past.

A new day is possible — and we're building it together.



The Justice Alliance at Tuesday's launch inside the Will County Courthouse — ready to do the work. If you'd like to volunteer, donate, or partner with us, comment below or send us a message!

## CHC Bulletin Boards created for Open Enrollment created by Lisa Dioro, Community Health Educator (CHE).



## Partnership with Fountaintdale Library

Lisa Dioro, Community Health Educator, attended a Career Fair at Brooks Middle School as a vendor and connected with Fountaintdale Library, Outreach Service Manager, who also attended. They collaborated to create a library for children at our Northern Branch Office in Bolingbrook. Mrs. Petrov explained that they offer a “Read-While-You-Wait” program, primarily for children but materials would be available for families in general. Their program came with a standalone bookshelf that holds 30 books. Mrs. Petrov stated that staff would come to the location once a month to refill the bookshelf with new books- as patients can take the books with them. The bookshelf was set up on August 19, 2025. This library also meets an All Our Kids (AOK) grant deliverable.



## Community Outreach & Health Promotion Coordinator Update:

The Community Outreach & Health Promotion Program Coordinator gathered the data, wrote, and submitted the OHPP-26 Q1 report in October. She also wrote her portions of the School Based Health Center October Report covering the outreach deliverables, and the Advisory Team Quarterly Meeting updates. She wrote and submitted the monthly Navigator Reports for September, October, and November, along with the Navigator Work Plan submitted in September. She assisted with the HRSA Service Area Competition Grant, gathering large amounts of data to support this grant in October.

Along with 3 others from the management team, she attended the IPHCA Leadership Conference in October and learned useful information that she will apply towards population health, outreach, and Medicaid programs. The population health presentations were highly informative along with the Art of Managing Conflict in Community Health Centers. The speaker for the Art of Managing Conflict in Community Health Centers was excellent and is an organizational psychologist who had much insight into how to create a healthier culture starting with leadership. Presenter contact information was forwarded to the Communication and Employee Engagement Strategic Planning Team she serves on, and the CHC Management team.

The Leave no Dollars behind presentation was also very useful as it discussed the different publicly funded programs and how and in what order to use them. This included the family planning (FP), family planning presumptive eligibility (FPPE), the Ryan White program, Title X, PrEP, and IBCCP programs as alternatives to those who don't qualify for Medicaid due to income or immigration status. This information is especially important with the upcoming requirements which will cause many to lose Medicaid coverage. She is exploring ways with the Family Planning team to implement these potentially money saving Medicaid programs before tapping into funds from the other programs.



**UPDATED POLICY  
BR-0003  
FEE SCHEDULE  
AND  
SLIDING FEE  
DISCOUNT  
SCALE**

## WILL COUNTY COMMUNITY HEALTH CENTER

<b>TITLE:</b> Fee Scheduling and Sliding Fee Discount Scale	<b>SECTION:</b> Billing and Registration	<b>POLICY NO.</b> BR-0003
<b>EFFECTIVE DATE:</b> 12/18/25	<b>SUPERSEDES:</b> 5.3.17, 7.10.17, 2.8.18, 9.6.18, 3.7.19, 3.5.20, 1.11.21, 9.22.23, 4/3/24	Page 1 of 3

**POLICY:** To reduce financial barriers for individuals with incomes at or below 200% federal poverty levels, maximize revenue and ensure equitable patient contribution. It is the policy of the Will County Community Health Center (WCCHC) will have a Sliding Fee Discount Program (SFDP) compliant with the Health Resources and Services Administration's (HRSA) as defined in the HRSA Compliance Manual.

The Sliding Fee Discount Program “SFDP” is comprised of the following:

- a. A schedule of fees for the provision of services that is designed to cover reasonable costs of providing services included in the approved scope of project and that is consistent with locally prevailing rates or charges.
- b. A Sliding Fee Discount Schedule (SFDS), the amount owed for Health Center services by eligible patients are adjusted based on the patient's ability to pay.
- c. Related billing and collections policies are designed to maximize revenue from all payers.
- d. Current Fee Schedules are maintained in the fee schedule library of the practice management system and are automatically utilized at the charge entry.
- e. Current SFDS must be available to ALL patients and public of WCCHC. Patients are informed of the availability of SFDP at registration and check out, through signs posted in the clinic website.

### PROCEDURE:

- I. No individual is refused services based on inability to pay. Ability to pay is determined by a patient's annual income and family size (see Policy BR-0002) according to the most recent U.S. Department of Health and Human Services Poverty Guidelines.

The schedule of discounts:

- Are made available for all individuals and families with an annual income at or below 200% of the Federal PG (FPG),
- Assigns a nominal fee to be collected from an individual or families with an annual income at or below 100% of the poverty guidelines,
- Provides partial discounts of the full fee, based on gradations of income levels, for all individuals and families between 101-200% of the poverty guidelines,
- Provides no discount for all individuals or families above 200% of the poverty guidelines,
- Includes insured patients whose income meets the sliding fee guidelines. The sliding fee discount is applied to the patient liability portion after third-party payment. They are to be charged no more for any out-of-pocket costs than they would have paid under the applicable sliding fee discount pay class.

- II. Applies to ALL required and additional services, as listed on 5A of our Scope of Services
- III. (See Attachment F). Fee schedules are updated annually to maximize revenue and maintain currency with the local prevailing rates. Standard ICD and CPT coding is utilized, and coding references are continually updated. All services billable to an individual, an organization, or a third-party payor are recorded and billed via the practice management system.

## WILL COUNTY COMMUNITY HEALTH CENTER

<b>TITLE:</b> Fee Scheduling and Sliding Fee Discount Scale	<b>SECTION:</b> Billing and Registration	<b>POLICY NO.</b> BR-0003
<b>EFFECTIVE DATE:</b> 12/18/25	<b>SUPERSEDES:</b> 5.3.17, 7.10.17, 2.8.18, 9.6.18, 3.7.19, 3.5.20, 1.11.21, 9.22.23, 4/3/24	Page 2 of 3

III. All patients are eligible for discounted fees based upon family size and gross income (refer to Policy BR-0002). Insurance status has no bearing in the determination of eligibility. Sliding Fee Schedules are designed to ensure equitable patient contribution and are updated annually based on federal poverty levels as published in the Federal Register.

WCCHC specific sliding fee schedules parameters are detailed below.

- A. Discounted Medical Services are available to all eligible patients, with incomes at 200% FPL or less. All required and additional services as listed on SA of the Scope of Services are eligible for a sliding fee discount, regardless of insurance status.
- B. Family Planning Services including procedures, are discounted as required by state grant contract. Discounts are provided to patients with income levels through 250% of the Federal Poverty Level. No minimum encounter fee applies.
- C. Discounted Hospital Services and Medical Procedures are available to patients with income levels through 200% of the Federal Poverty Level.
- D. Dental Services are discounted for patients with income levels through 200% of the Federal Poverty Level. Discount schedules are established by procedure.
- E. Immunizations and office medical procedures are eligible for the sliding fee discount.
- F. Reference lab services are billed by the contracted laboratory vendor and are subject to contracted vendor's policies and procedures. A charity program exists for those with incomes equal to or less than 200% FPL.
- G. Nominal fees are established for those with incomeless than 100% FPL. These fees shall be reviewed annually and approved by the Governing Council. They shall be considered "nominal" from the perspective of the patient. The following shall be considered when setting these fees to ensure they do not pose a barrier to care:
  - Input from Governing Council members, and from patient Governing Council members.
  - Input from patient satisfaction surveys regarding evaluations of operating procedures and cost of Health Center services as compared to the value received / affordability assumptions of the patient.
  - Comparisons to other local FQHCs
  - Prevailing Medicare and Medicaid co-pays for patients with comparable incomes.
  - Analysis of the percent of patients with incomes < 100% FPL who have paid nominal fees in each interval.
  - Review of co-pay amount (s) associated with Medicare and Medicaid for patients with comparable incomes.
  - Collection of utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100% of the FPG, are accessing Health Center services.

## WILL COUNTY COMMUNITY HEALTH CENTER

<b>TITLE:</b> Fee Scheduling and Sliding Fee Discount Scale	<b>SECTION:</b> Billing and Registration	<b>POLICY NO.</b> BR-0003
<b>EFFECTIVE DATE:</b> 12/18/25	<b>SUPERSEDES:</b> 5.3.17, 7.10.17, 2.8.18, 9.6.18, 3.7.19, 3.5.20, 1.11.21, 9.22.23, 4/3/24	Page 3 of 3

- Other methods as considered appropriate.

H. Current fees are maintained in the fee schedule library of the practice management system and are automatically utilized at charge entry.

I. The Fee Schedule and schedule of discounts is presented to the Governing Council for annual review, update, and approval. Once approved, staff will be trained on updated fee schedules.

J. Patients are informed of the availability of sliding fees at registration and check-out, through signs posted in the clinic, and on the clinic website.

K. The Health Center's Governing Council will evaluate the Sliding Fee Discount Program Policy, at least once every three years, to ensure it is effectively minimizing and reducing financial barriers to the access of care for patients at or below 200% of the Federal Poverty Guidelines (FPG) utilizing one or more of the following methods for this review: Patient focus groups and board members.

L. All aspects of the Health Center's Sliding Fee Discount Program will be based on this written policy, approved by the Governing Council, applied uniformly to all patients, and supported by operating procedures.

CEO

Date

DOO

Date

CMO

Date

CDO

Date

Billing Supervisor

Date

Approved by Governing Council \_\_\_\_\_

**UPDATED  
POLICY  
BR-0022**

**PATIENT REFUND**

# WILL COUNTY COMMUNITY HEALTH CENTER

<b>TITLE:</b> Patient Refunds	<b>SECTION:</b> BILLING & REGISTRATION	<b>POLICY NO.</b> BR-0022
<b>EFFECTIVE DATE:</b> 12/18/25	<b>SUPERSEDES:</b> 5/7/20	Page 1 of 1

**POLICY:** WCCHC patient refunds shall be processed in a timely and appropriate manner, in accordance with established WCHD and County of Will procedures.

**PROCEDURE:**

1. Quarterly, on the first week of March, June, September, and December, the CHC Billing Manager (or designee) shall produce a report from Nextgen of patient credit balances for the preceding 3-month period.
2. Patient accounts will then be scrutinized for outstanding debt, charges and upcoming appointments.
3. A spreadsheet shall be created for refunds due with the following information:
  - a. Patient name
  - b. Account/encounter number
  - c. Amount of credit due
  - d. Reason for refund
4. Spreadsheet and corresponding account details shall be shared with CHC CEO, then forwarded to WCHD Executive Director, who will respond within one week.
5. Once approved, patients shall be sent notification of refund due with a request to complete an attached W-9 and vendor form. A “Business Reply Mail” postage paid envelope shall be included; completed forms to be returned to CHC Billing Manager.
6. A notation shall be made in Nextgen that these forms were sent to the patient: “Refund initiated”
7. Completed W-9 and approved signature from WCHD Executive Director shall be sent to WCHD Accounts Receivable staff for issuance of check.
8. WCCHC CEO confirms adequate funds in budget expense code 3900 to cover refund check.
9. Nextgen Practice Management and spreadsheets to be updated to reflect issuance of refund.
10. If no response (completed forms) from patient in the next 365 days, a notation of such shall be made in Nextgen that a refund was unable to be issued.

Attachments:

A – Form letter to patient (English and Spanish)

B - W-9 form

C – Vendor form

\_\_\_\_\_  
Chief Executive Officer/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Medical Officer/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Billing Manager/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Operations/Designee

\_\_\_\_\_  
Date

Governing Council approval: \_\_\_\_\_



Date

**Name & Address**

Dear Madam /Sir:

Enclosed with this letter please find a blank W-9 form and a blank vendor form. According to our records, we need to process a refund check to you for services from our agency. In order to process a refund check, federal tax code requires that we first have a W-9 form from you on file.

Please properly complete both forms, sign them, and return them to our office in the self-addressed stamped envelope provided. After we have received your W-9 and vendor form, we will proceed with processing your refund. If you need assistance in completing the form, general instructions are at the bottom of the form, or additional instructions can be found on the IRS website, [www.irs.gov](http://www.irs.gov). Please DO NOT complete the W-9 form on line, our agency must have the form on file prior to issuing any refund.

Regards,

Will County Health Department  
Accounts Payable Department



Date:

Estimado Sr/a

Su cuenta registrada con nosotros tiene un crédito de \$ \_\_\_\_\_, por favor llene el papeleo adjunto. Se incluye un sobre de devolución prepagado para su comodidad. Una vez recibido, comenzaremos el proceso de reembolso. Si tiene alguna pregunta o necesita más información, póngase en contacto con nuestra oficina de facturación.

Oficina de Facturación: 815-727-5934

Gracias,

Bose Oshin  
Gerente de Facturación  
Centro de Salud Comunitario del Condado de Will  
1106 Neal Avenue, Joliet, IL 60433



Will County  
Health Department &  
Community Health Center

Dear Madam /Sir:

Enclosed with this letter please find a blank W-9 form and a blank vendor form. According to our records, we need to process a refund check to you for services from our agency. In order to process a refund check, federal tax code requires that we first have a W-9 form from you on file.

Please properly complete both forms, sign them, and return them to our office in the self-addressed stamped envelope provided. After we have received your W-9 and vendor form, we will proceed with processing your refund. If you need assistance in completing the form, general instructions are at the bottom of the form, or additional instructions can be found on the IRS website, [www.irs.gov](http://www.irs.gov). Please DO NOT complete the W-9 form on line, our agency must have the form on file prior to issuing any refund.

Regards,

Will County Health Department  
Accounts Payable Department



Will County  
Health Department &  
Community Health Center

Fecha

Nombre & Dirección

Estimada Señora /Señor:

Adjunto con esta carta, por favor encuentre un formulario W-9 en blanco y un formulario de proveedor en blanco. De acuerdo con nuestros registros, necesitamos procesar un reembolso para los servicios de nuestra agencia. Para procesar una verificación de reembolso, el código de impuestos federales requiere que primero tengamos un formulario W-9 de usted en el archivo.

Por favor complete correctamente ambos formularios, firmelos y devuélvalos a nuestra oficina en el sobre sellado que proporcionamos. Después de que hayamos recibido su Formulario W-9 y de proveedor, continuaremos con el procesamiento de su reembolso. Si necesita ayuda para completar el formulario, las instrucciones generales están en la parte inferior del formulario, o se pueden encontrar instrucciones adicionales en el sitio web del IRS, [www.irs.gov](http://www.irs.gov). Por favor, NO complete el formulario W-9 en línea, nuestra agencia debe tener el formulario en el archivo antes de emitir cualquier reembolso.

Saludos

Departamento de Salud del Condado de Will

Departamento de Cuentas por Pagar

# **UPDATED POLICY**

**LAB-0019  
CRITICAL VALUES**

**WILL COUNTY COMMUNITY HEALTH CENTER**

<b>TITLE:</b> Critical Values	<b>SECTION:</b> Laboratory	<b>POLICY NO.</b> LAB-0019
<b>EFFECTIVE DATE:</b> 12/18/25	<b>SUPERSEDES:</b> 8/5/21, 6/4/19, 11/07/07, 6/9/22, 5/31/24	Page 1 of 1

**POLICY:** To provide guidelines for critical values as defined for each technical procedure and a protocol for their use.

**PROCEDURE:**

1. Critical values, when applicable, are defined with each technical procedure by reference lab.
2. When a critical value is obtained on a patient specimen, the ordering provider will be notified.
3. Critical values obtained at the reference laboratory will be called to the Will County Community Health Center (WCCHC) during operating hours.
4. Critical values obtained during hours of closure will be called to on-call provider
5. WCCHC staff assumes responsibility of notifying the ordering provider.
6. If the ordering provider is unavailable the result will be given to the provider's nurse, triage nurse or the provider on call will be notified by utilizing the answering service.
7. When an ordering provider/designee receives a critical value or critical test result from the reference laboratory, he/she will listen to and write down the results, and then repeat the patient's name, Date of Birth, and test results back to the laboratory- based professional to ensure accuracy of communication.
8. Every effort will be made to contact the patient for follow-up immediately within the day.
9. If patient cannot be reached and requires immediate care, law enforcement officers are requested to go to the patient's address provided and notify patient to call Health Center and/or go to nearest Emergency Room.
10. Documentation of successful and unsuccessful attempts to contact the patient shall be completed in the patient's EHR by ordering provider/designee.

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Governing Council approval: \_\_\_\_\_

# **UPDATED POLCIY**

## **PCS-0012**

# **HOSPITALIZATION**

## **PATIENT**

# WILL COUNTY COMMUNITY HEALTH CENTER

<b>TITLE:</b> Hospitalized Patients and Follow-up	<b>SECTION:</b> Patient Care Services	<b>POLICY NO.</b> PCS-0012
<b>EFFECTIVE DATE:</b>  12/18/25	<b>SUPERSEDES:</b> 5/7/20, 11/7/19, 6/4/19, 07/5/2017, 6/9/22, 6/9/22, 7/10/25	Page 1 of 2

## **POLICY:**

It is the policy of the Will County Community Health Center (WCCHC) to provide continuity of care and appropriate follow up for WCCHC patients incurring an emergency department visit or hospital admission.

## **PROCEDURE:**

### WCCHC Provider – Initiated Admission

#### A. Admissions

For WCCHC patients needing admission, the procedure is:

1. A referral is entered into the Electronic Health Records (EHR), Order Management Module (attachment A).
2. The Emergency Department (ED) Physician is contacted by the referring Provider to inform the ED Physician/staff of the clinical circumstances of the referral.
3. The Clinic Support Staff contacts the Emergency Medical Services (EMS) and the internal security guard, who in turn notify WCHD front desk personnel.
4. The Clinic Support Staff print EHR the supporting documents (demographic information, recent Labs, Patient plan, referral) to be sent with the EMS.
5. WCCHC adult patients admitted to the hospital are followed by a contracted hospitalist group at the local hospital. Pediatric patients admitted to the hospital are followed by our Pediatrician and hospital staff Pediatricians.
6. WCCHC OB/Gyne patient admissions are followed by OB/Gyne hospitalists or WCCHC OB/Gyne providers with admitting privileges at the hospital until discharge. Patients are referred for follow-up and post-partum care to their WCCHC OB/Gyne provider.
8. For those patients referred to the ED, the referral document is tracked and monitored by the nurse care coordinators (NCC).

#### B. Notification of Hospital Admission Discharges and Tracking Follow Up (WCCHC Provider or Patient Initiated Admission)

1. Discharge Transition of Care (TOC) information is sent daily to WCCHC by Silver Cross hospital via secure Health Information Exchange (HIE) platform (through NextGen Share) or by secure fax transmission from other hospitals.
2. Notification of a hospital discharge is sent via the providers' HIE platform (Nextgen Share) to the providers' EHR Provider Approval Queue (PAQ (attachment B).
3. The designated staff retrieves and reviews the hospital discharge notice for completeness of information (demographic data, dates of admission and discharge, admitting and discharge diagnoses, and follow-up plan of care).
4. If pertinent discharge information is missing, the designated staff will directly access the hospital E.H.R., if possible or contact the Medical Records Department of the hospital.
5. The NCC staff will monitor the discharge of patients via their tracking and follow-up of the WCCHC EHR "order management" system that allows them to see all outstanding referral items. These outstanding referrals are kept "open" until a discharge summary is obtained and the patient has kept the follow-up appointment. The designated staff monitors his/her order

**WILL COUNTY COMMUNITY HEALTH CENTER**

<b>TITLE:</b> Hospitalized Patients and Follow-up	<b>SECTION:</b> Patient Care Services	<b>POLICY NO.</b> PCS-0012
<b>EFFECTIVE DATE:</b>  12/18/25	<b>SUPERSEDES:</b> 5/7/20, 11/7/19, 6/4/19, 07/5/2017, 6/9/22, 6/9/22, 7/10/25	Page 2 of 2

management system multiple times per day.

6. If pertinent discharge information is missing, the designated staff will directly access the Hospital E.H.R., if possible or contact the Medical Records Department of the hospital.
7. The designated staff will arrange a follow up appointment for the patient. The post-hospital discharge follow-up appointment timeline is consistent with the health care needs of the patient and regulatory requirements for hospital discharge follow-up appointments. Should the reason for discharge be related to a Behavioral Health diagnosis, the follow up appointment will be made with a Behavioral Health provider.
8. Non-established WCCHC patients are also referred to WCCHC for clinical follow-up through NextGen Share. A WCCHC designee sends these patients an outreach letter to encourage the patient to make a follow-up appointment.
9. Prior to the patients' post-hospital follow-up appointment, the designated staff will retrieve diagnostic and laboratory data from the affiliated hospital.

Attachments:

- A. Order Management - Patient Referral
- B. PAQ (Provider approval Queue) Workflow - Patient Referral

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Governing Council Approved On: \_\_\_\_\_

**UPDATED POLICY**  
**QRM-0005**

**CREDENTIALING**  
**&**  
**PRIVILEGING**

## WILL COUNTY COMMUNITY HEALTH CENTER

<b>TITLE:</b> Credentialing and Privileging Policy	<b>SECTION:</b> Quality & Risk Management	<b>POLICY NO.:</b> QRM - 0005
<b>EFFECTIVE DATE:</b> 12/22/25	<b>SUPERSEDES:</b> 3/7/12, 5/6/15, 7/6/17, 10/31/18, 7/11/19, 2/20/20, 5/1/24	<b>PAGES:</b> 1 - 9

### **POLICY STATEMENT:**

This policy applies to all clinical staff, employed, contracted, volunteers and practitioner organizations such as locum tenens, group practices, and/or training programs. The purpose of credentialing and privileging is to ensure verification of the credentials of health center clinical staff and to define their privileges to increase the safety of patients and provide the highest quality health care to our patients.

Credentialing and privileging will be performed on all licensed, certified, or other clinical staff, if applicable, before assuming patient care activities.

Completed and verified credentialing and privileging packets will be reviewed by parties listed in the accountability and responsibility sections below and make recommendations and/or decisions to approve, modify, deny, or remove privileges the applicant (at hire) or staff member (renewal) for credentialing and privileging. The health center determines whether to use appeals process in conjunction with such determinations; and whether to implement corrective action plans in conjunction with the denial, modification, or removal of privileges.

The health center maintains files or records for all credentialed and privileged clinical staff (employees, individual contractors, volunteers) in a secure locked environment. The files contain at a minimum documentation of licensure, credentialing verification, and applicable privileges, consistent with all operating procedures.

If the health center contracts or maintains formal written referral agreements with practitioner organizations (locum tenens, group practices, training programs, etc.) that provide services within its approved scope of project the health center must ensure that such practitioners are licensed, certified, or registered as verified through a credentialing process, in accordance with application Federal, state, and local laws; and competent and fit to perform the contracted or referred services, as assessed through a privileging process. The health center makes determinations whether to disallow individual practitioners or organizations from providing health services on the health center's behalf. These determinations must be consistent with health center contracts/cooperative agreement language with individual practitioners or organizations clearly addressing health center role and responsibilities in credentialing and privileging.

Renewal of all previously credentialed and privileged staff will be performed at least every two (2) years.

### **ACCOUNTABILITY/RESPONSIBILITY:**

The Will County Community Health Center has ultimate accountability for the Credentialing and Privileging of all Licensed Independent Practitioners (LIP). The Will County Health Department has ultimate accountability for Credentialing and Privileging of other Licensed or Certified Health Care Practitioners. The Will County Health Department has ultimate accountability for Credentialing and Privileging of other Clinical Staff, as applicable.

## WILL COUNTY COMMUNITY HEALTH CENTER

<b>TITLE:</b> Credentialing and Privileging Policy	<b>SECTION:</b> Quality & Risk Management	<b>POLICY NO.:</b> QRM - 0005
<b>EFFECTIVE DATE:</b> 12/22/25	<b>SUPERSEDES:</b> 3/7/12, 5/6/15, 7/6/17, 10/31/18, 7/11/19, 2/20/20, 5/1/24	<b>PAGES:</b> 2 - 9

### DEFINITIONS:

**Licensed Independent Practitioner (LIP):** An individual permitted by law to provide care and services without the direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges. The health center defines **LIPS** as:

- Physicians
- Dentists
- Advanced Practice Nurses
- Physicians' Assistants
- Licensed Clinical Social Workers

**Other Licensed or Certified Health Care Practitioner (OLIP):** An individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision. The center credentials and privileges the following **other practitioners**:

- Nurses
- Social Workers
- Dental Hygienists
- Certified Medical Assistants
- Certified Dental Assistants

**Other Clinical Staff:** Staff that are not required by the state to be certified or licensed that provide clinical care. The health center credentials and privileges the following **other clinical staff**

- Medical Assistants
- Dental Assistants
- Community Health Workers

**Primary Source Verification (PSV)** is verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. This may be done by direct correspondence, telephone verification, internet verification, and/or reports from a credentialing verification organization.

**Secondary Source Verification (SSV)** uses methods to verify credentials when PSV is not required. This form of verification includes the original credential, notarized copy of the credential, or a copy of the credential made by a staff member of the health center.

**Privileging** is required of each practitioner specific to the services being provided. The health center verifies its clinical staff possess the requisite skills and expertise to manage and treat patients and to perform the medical procedures that are required to provide the authorized services. It is the responsibility of the health center to assure clinical staff have met standards of practice and training that enable them to manage and treat patients and/or perform procedures and practices with a level of proficiency which minimizes the risk of causing harm.

## WILL COUNTY COMMUNITY HEALTH CENTER

<b>TITLE:</b> Credentialing and Privileging Policy	<b>SECTION:</b> Quality & Risk Management	<b>POLICY NO.:</b> QRM - 0005
<b>EFFECTIVE DATE:</b> 12/22/25	<b>SUPERSEDES:</b> 3/7/12, 5/6/15, 7/6/17, 10/31/18, 7/11/19, 2/20/20, 5/1/24	<b>PAGES:</b> 3 - 9

Verification procedures are appropriate to the specialty of each practitioner, the breadth of clinical services offered by the health center and the circumstances of the center's accessibility to ancillary and tertiary medical practitioners. For other licensed or certified health care practitioners and other clinical staff privileging is completed prior to patient care delivery and when all privileging criteria are obtained, reviewed, and approved. During the orientation process of new hire competency assessments may be completed via a supervisory evaluation based on the practitioner's job description and used to determine continuation of the practitioner's privileging status. Supervisory performance evaluations are used to assess current competence for privileging at renewal.

### **IMPLEMENTATION:**

#### **Credentialing**

Initial and recurring review of credentials for all clinical staff (LIPs, OLPs, other clinical staff, if applicable) ensures the verification of, at minimum, the following documents (It is of note, that staff will receive an "Initial Applicant Packet" requesting forward going list of documents):

- Illinois Department of Professional Regulations Credentialing State of Illinois packet (LIPs only)
- Primary source verification of current licensure, registration, or certification. Primary source verification of state licensure will be performed via the Internet through the appropriate board (i.e. Board of Nursing, Board of Medicine, etc.).
- Education and training for initial credentialing only using:
  - Primary source verification for LIPs of the highest degree attained. This may be performed via the Internet through the National Student Clearinghouse or the registrar's office of the appropriate university. Residency and Board Certification will be verified through the American Medical Association and through the American Nurses Credentialing Center for ARNP's.
  - Primary or other sources (i.e., copy of original diploma) for OLPs and any other clinical staff, as applicable.
- If the applicant is not Board or Nationally Certified, competency to practice may be evaluated by a review of the past 2 years CME's or CEU's.
- The National Practitioner Data Bank (NPDB) will be queried by the Will County Health Department and Community Health Center for all clinical staff. It may be required that staff conduct his/her own NPDB query and submit a copy of the report for review.

- Curriculum Vitae or Resume

- All clinical staff members' identity for initial credentialing may use only a government-issued picture identification.

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- Drug Enforcement Administration (DEA) registration and Controlled Substance certificate, if applicable.
- State License or Certification
- Delineation of Privileges
- IMPACT electronic signature agreement
- Professional Liability Claims History Form
- Three (3) letters of reference
- Fitness for duty documentation
- Peer Reviews or Competency Testing
- Current documentation of basic life support training for all clinical staff
- Documentation of Immunizations (LIPs)
- Documentation of TB status

The credentialing date is the approval decision date made by the Governing Council and is documented in writing.

### Privileging

Initial and recurring review of privileging for all clinical staff (LIPs, OLPs, other clinical staff) to ensure the verification of at minimum the following, as applicable:

- Fitness for Duty verification to ensure all clinical staff have the physical and cognitive abilities to safely perform their duties. A completed statement or attestation of fitness for duty from the clinical staff member that is confirmed by a licensed practitioner designated by the health center.
- **For initial privileging only** verification of current clinical competence via training, education, and, as available, reference reviews. Three (3) references will be verified by phone contact with the author of the reference letter.
- For renewal of privileges, verification of current clinical competence via peer review or other comparable methods such as supervisory performance reviews.
- Specific clinical privileges are requested by all licensed independent practitioners. The privileging request is reviewed by the Chief Medical Officer (or Chief Dental Officer for Dental staff) for requisite education, training, skill and health center scope of services. The Chiefs review and make a determination in level of approval; then sign and dates the decision on the request form. Levels of approval may include, but may not be limited to,

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approval, observation/proctor, etc. Provisional privileging may be issued when requested clinical privileges are not fully approved. See provisional privileging section for additional information.

- Verification of immunizations and communicable disease status per health center protocol. The privileging date is the approval decision date made by the Governing Council and is documented in writing.

### **Changes in Privileging Status**

Privileges may be revoked or modified if the Chief Medical Officer reviews, investigates, validates and accepts a report from a patient/family member, staff person, or an external database (NPDB, PDMP, etc.).

Specific requested privileges may also be denied in instances wherein current competence is not established upon hire, if required competencies are not maintained (as identified through the reappointment/competency testing process), if adverse events occur, and/or other clinical or patient safety/risk events occur.

The Chiefs shall conduct a peer review process on a regular basis and also whenever it becomes aware of a medical/disciplinary cause or reason (i.e. an issue of professional competence and/or conduct) involving any practitioner seeking to be credentialed/re-credentialed and privileged/re-privileged.

Peer review will also be conducted during any other time that substantial issues arise concerning the quality of a practitioner's care. Whenever an adverse action is reported (through self-report or through quality improvement/monitoring mechanism/peer reviews), the Chiefs will collect and submit all relevant information to the Continuous Quality Improvement (CQI) committee for its review and determination of appropriate action.

The discussions and deliberations conducted by the CQI committee shall be the basis of the decision-making process. These discussions shall be undertaken with appropriate materials – complaint(s), report(s), practitioner's evaluation by supervising physician, peer review results, investigations by disciplinary/regulatory agencies – reviewed by a selected group committee members.

After duly considering the information, the Chief Medical Officer will present these data to the Governing Council with a recommendation. The Governing Council shall consider the recommendation and by majority vote chose to:

- i. To sustain the practitioner's account by declining further investigation or action
- ii. To withhold decision on practitioner's status pending further investigation
- iii. To deny, reduce, suspend, or terminate practitioner's performance of a specific clinical privilege, or a set of clinical privileges.

In instances where the CQI reasonably determines that a practitioner may pose an imminent danger to the health of any individual, the Chief Medical Officer may recommend to the Governing Council to reduce clinical privileges or suspend the practitioner altogether from clinic participation effective immediately upon notice to the practitioner. Summary suspensions shall be maintained only so long as it takes to perform an investigation.

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Clinical privileges may also be revoked if an organizational decision is made to cease offering a service directly to patients. Examples of this may include provision of obstetrical services – prenatal, intrapartum and/or post-partum care. If this occurs, all practitioner staff privileged to provide the service will complete updated privileging forms, from which the service(s) have been removed.

If a privilege is revoked or denied, the affected practitioner has an opportunity for a fair hearing to appeal the decision. A letter from the affected practitioner will be written to the Chief Medical Officer requesting either re-instatement or approval of the new privilege that has been denied. A meeting with the Governing Council, the affected practitioner, the Chief Executive Officer, the Chief Medical Officer, and possibly the health center legal counsel will be arranged within two weeks of receipt of the letter. The meeting agenda includes an explanation of the revocation or denial and the applicant's response to the explanation. It may also include the practitioner's response to questions regarding his/her ability to perform a particular service or procedure.

### **Credentialing and Privileging Revision or Renewal Requirements**

At least every two (2) years for all clinical staff will be reviewed for renewal of credentialing and privileging. This process includes primary source verification of expiring or expired credentials, updated Fitness for Duty verification, review of immunization and communicable disease status and a review with summary of clinical competency through the renewal period. All renewals are reviewed by the designated parties in the Will County Health Department and Community Health center as applicable and presented to the Governing Council for determination.

The process is consistent with those performed during the initial credentialing and privileging process.

### **Temporary Credentialing & Privileging Process**

For health center providers responding to certain declared emergencies, including volunteer health professionals; health centers may, upon approval by HRSA, use temporary credentialing and privileging processes to fulfill their obligation to ensure that their clinical staff are qualified to provide quality health care services to the health center's patient population.

Our health center, by following the HRSA PAL 2017-07, may follow an expedited review and verification process and take into account signed, written findings of the Chief Medical Officer or applicable clinical department head, as to the following items:

- **Identity:** Identity verification must be done by verifying the individual's federal or state-issued identification documentation (e.g., driver's license, U.S. passport).
- **Professional Credentials/Licensure/Certification:** Licensure verification must be done by primary source verification (PSV) (preferred) or by secondary source verification (SSV), as further described below.

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**Primary source verification:** PSV is the process of verifying a credential by directly contacting or obtaining documentation from the original source that issued the specific credential to determine the accuracy of a qualification reported by an individual health care practitioner.

**Secondary source verification:** If PSV cannot be accomplished, the health center may document its attempts to obtain PSV and may then accept SSV of the provider's credentials. SSV must be obtained by a health center representative – who is not the provider – from a knowledgeable, reliable, and uninterested entity. One such secondary source could be through another HRSA-deemed health center that recently employed or contracted with the health provider (within the past 2 years of the current credentialing and privileging action), where applicable laws permit, which may include a requirement for the provider's consent to the sharing of such information.

**NOTE:**

- SSV applies only to the extent that the secondary source previously conducted PSV to obtain the credentialing or privileging information and represents that it recently relied upon such verified information during a specified time period when credentialing and privileging the provider.
- Documentation obtained and presented to the health center by the provider, who is an interested individual, does not constitute acceptable SSV and will not be used for purposes of temporary credentialing and privileging.
- Requirements that individuals adhere to state laws and requirements when performing services in a state or jurisdiction ordinarily will not be suspended by the state or jurisdiction during an emergency.
- **Claims History:** This shall be done by querying the National Practitioner Data Bank. If not possible, we will obtain a secondary source copy of the most recent National Practitioner Data Bank query or a recent health employer (e.g., another deemed health center) may attest in writing that the provider was not the subject of any medical malpractice claims filed or pending within the last 12 months, or, if such claims exist, the applicant should provide explanatory information for each such claim.
- **Fitness/References:** The health center will review privileging documentation and/or at least one reference from another recent employer that demonstrates that the individual can provide certain identified health services on behalf of the health center. The reference may be provided via email or other electronic correspondence from a recent employer (such as another deemed health center) to the current health center and must clearly state that the recent employer has verified from its existing records that the individual can competently perform the health services identified by the health center. If privileging information cannot be obtained from a recent employer (for example, if the individual is a recent graduate), secondary sources may be used to confirm the provider's competence to practice, such as a statement or other documentation from a degree-issuing institution.

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### **HEALTH CENTER RESPONSIBILITIES**

The health center will establish a health center credentialing and privileging file for the provider that includes the documentation as aforementioned, and that demonstrates the following:

- a. The provider's licensing is current and unrestricted
- b. The provider has been privileged by the current health center to provide competent health services, as further specified by the health center, on its behalf; and
- c. The health center has conducted further verification if any information is unclear or needs more investigation.
- d. Based on the information documented in its credentialing and privileging file, the health center also documents that it has approved certain health services that the provider is authorized to deliver.

### **DURATION**

- a. Temporary credentialing and privileging is limited to a period of no more than **90 days**, unless an additional extension is requested by the health center and approved by HRSA. After the initial 90-day period, or as extended (where applicable), the health center must have completed all the necessary verification for standard credentialing and privileging
- e. The health center may temporarily privilege a LIP under the following circumstances: • To fulfill an important patient care need as defined as an *emergency* by local, state, or federal authorities.
- f. When the center must fulfill an important patient care need temporary privileges can be granted on a case-by-case basis when there is an important need that mandates an immediate authorization to practice, for a limited time, while the full credentials information is verified and approved. Temporary privileging may be granted by the CEO upon recommendation of the Chief Medical Officer provided there is verification of:
  - Current licensure
  - Current competence
  - Relevant training and experience
  - Current competence
  - Ability to perform the privileges requested
  - The National Practitioner Data Bank (NPDB) query has been obtained
  - A complete application

Temporary privileges must not exceed 180 days.

### **DOCUMENTATION/MONITORING:**

Credentialing and privileging decisions are documented in the staffs' personnel file.

### **ONGOING MONITORING:**

Each health care practitioner eligible for credentialing and privileging are responsible for maintaining current and active status for licensing, DEA, immunizations, hospital privileges and life support training, as appropriate.

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Monitoring of status of expiring credentials is the responsibility of designees of the Will County Health Department and Community Health Center and carried out by maintaining and monitoring of a staff credentialing spread sheet on at least a monthly basis.

### **RECORD RETENTION:**

A credentialing file must be retained and disposed of in accordance with the Will County Health Department Policy and Procedure to dispose of local records for a period of five (5) years following the date of the staff's employment relationship ends.

If there is a legal dispute or appeal pending (upon *termination*) , the file must be retained for five (5) years plus three (3) after the closure of the legal case.

### **REFERENCES:**

- Sections 330(a)(1) and (b)(1), (2) of the PHS Act 42 CFR 51c.303(p), 42 CFR 56.303(a), and 42 CFR 56.303(p) Joint Commission Comprehensive Accreditation Manual for Ambulatory Care: HR
- HRSA Health Center Program Compliance Manual
- FTCA Compliance Manual

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CEO/Designee

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Date

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CMO/Designee

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Date

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DOO/Designee

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Date

Governing Council Approval: \_\_\_\_\_

**UPDATED  
POLICY  
QRM-0050**

**REFERRAL  
TRACKING**

# WILL COUNTY COMMUNITY HEALTH CENTER

<b>TITLE:</b> Referral/Consult Tracking	<b>SECTION:</b> Quality/Risk Management	<b>POLICY NO.</b> QRM-0050
<b>EFFECTIVE DATE:</b> 12/18/25	<b>SUPERSEDES</b> 1/25/13, 4/6/17, 6/4/19, 3/6/20, 4/3/24	<b>PAGES</b> 1 of 2

**PURPOSE:**

- It is the goal of the WCCHC to ensure all referrals are accounted for and that patients are advised of the appropriate follow-up plan.
- To create a procedure for tracking referrals to improve patient safety and improve quality of care the patient receives.
- To create a procedure for placement and follow-up of all consultations and referrals using the EHR (Electronic Health Record).

**POLICY:** Consultation and referral orders will be placed in EHR; and tracked in “Order Management” template.

**PROCEDURES:**

**A. Orders Completion**

1. Provider orders a “Referral” in the Health Center’s EHR (Electronic Health Record) (attachment A).
2. The provider explains the purpose of any referral in the details section of the referral.
3. Clinic Support Staff prints and gives the referral form to the patient.
4. Prior to exiting, patient meets with Medical Secretary or Patient Care Liaison for assistance with referral linkages.

**B. Received Reports of Consults**

1. Consults/reports from referrals are scanned/filed/sent to the EHR’s PAQ (Provider Approval Queue) by designated staff (attachment B).
2. The provider signs off on the scanned documents from their PAQ.

**C. Tasking: Provider**

1. Upon review of the scanned Referral/Consult document in his/her PAQ, the provider “tasks” their Clinic Support Staff for follow up as indicated.
2. The patient is notified according to his/her preference as indicated at registration.
3. If patient cannot be reached and results are critical and require immediate care, the police are notified to go to address provided and notify patient to call clinic and/or go to nearest Emergency room.
4. If the patient indicates on ‘Consent to Contact Patient Form (attachment C),’ they wish for the code name ‘Grace’ to be utilized, staff will identify self as ‘Grace’ or state ‘Grace’ called.

**D. Completion of Task: Clinic Support Staff**

1. The designated Clinic Support staff completes the assigned task.
  - a. All attempts to contact patient will be documented on the patient’s chart in EHR.
  - b. After 3 unsuccessful attempts to contact patient, the designated Clinic Support staff will send a certified letter with a “return receipt”. This letter will be generated in the EMR using the Documents template. Documentation of this notification shall be noted on the patient’s chart in EHR.
2. The designated Clinic Support staff goes into the EHR’s Order Management (attachment D) to document completion of task related to the Referral.

**E. Tracking: Clinical**

1. Clinic Support Staff will review all outstanding referrals and follow up with patients on a regular basis weekly.

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- a. If patient says he/she has seen the specialist but no consultation note was returned to Health Center, the specialist's office will be contacted to receive a copy.
- b. If patient says he/she has not completed the referral, patient will be reminded to schedule with the specialist.
- c. If the patient says he cannot go to the specialist and shares the reason for not being able to go, the details will be documented for the provider's information and disposition.

## **F. Monitoring: Quality Assurance**

1. Clinic Coordinator, BH Manager and Dental Manager /designee will undertake monitoring of all referrals ordered by the Providers on a monthly basis.
  - a. Generate EHR Patient Tracking Report ([attachment E](#)) on Orders Completed to identify completed vs. outstanding orders for patients of providers in the Clinic unit. Review and analyze report to identify patients with incomplete referrals.
  - b. Assign designated Clinic Support staff to follow up patients with incomplete referrals.

### **Attachments:**

A: EHR's my Plan Template

B: EHR's Provider Approval Queue

C: Consent to Contact Patient form

D. Completing an Order in EHR's Order Management

E. Generating EHR's Completed Orders Tracking Report

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CEO/Designee \_\_\_\_\_ Date \_\_\_\_\_

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CMO/Designee \_\_\_\_\_ Date \_\_\_\_\_

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DOO/Designee \_\_\_\_\_ Date \_\_\_\_\_

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Quality/Risk Management Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Approved by Governing Council \_\_\_\_\_

**UPDATED  
POLICY  
QRM-0052**

**DIAGNOSTIC  
TESTING**

**PURPOSE:** To provide for the orders completion, follow-up and disposition of all lab/diagnostics/radiology ordered for the patients.

**POLICY:** Orders will be placed in EHR using the “My Plan” template; and followed up with “Order Management” template and the appropriate use of “tasking” functionality via the “Provider Test Action” template.

## **PROCEDURES:**

### **Orders Completion**

Provider orders from the “My Plan” Template in the Health Center’s EHR (Electronic Health Record). (Attachment A)

The provider explains the purpose of tests ordered for the patient.

The order is put into the EHR under My Plan/orders and is electronically sent to the lab. After the visit is complete, the patient proceeds to the lab.

### **Labs/Diagnostics/Radiology Results Reports**

Results reports received are scanned/filed/sent to the ordering physician’s PAQ (Provider Approval Queue) in EHR either directly via the lab/EHR interface or by designated staff. (Attachment B)

The provider will review his/her PAQ and disposition the results via the Physician Action Plan template in the EHR.

It is an expectation that all provider staff will review their PAQ daily and at least disposition all abnormal lab results within 48 hours of their being scanned to the PAQ.

### **Tasking: Provider**

Provider will task disposition to his/her clinic support staff who will review and complete the task.

If the results are normal:

The clinic support staff may release this information to the patient if he/she has signed the appropriate consents. (Attachment C)

If the results are abnormal:

The clinical support staff will attempt to contact the patient to make an early appointment for follow up.

### **Completion of Task: Clinic Support Staff**

The designated Clinic Support staff complete the assigned task.

A. The Consent to Contact form of the patient will be reviewed to determine the patient’s preferred mode of communication.

All attempts to contact patient will be documented on the patient’s chart in EHR. The successful contact will be documented in synopsis form in the patient’s chart

After 3 unsuccessful attempts to contact patient, the designated Clinic Support staff will send a certified letter with a “return receipt”. This letter will be generated in the EMR using the Documents template. Documentation of this notification shall be noted on the patient’s chart in EHR.

The Center will exert effort to report test results to the patient in a timely manner: within two (2) weeks of the test date.

The designated Clinic Support staff goes into the EHR’s Order Management to document completion of task related to the order. (Attachment D)

### **Tracking: Clinical**

1. Provider/s and Clinic Support Staff will review on a regular basis at least weekly

all outstanding orders and follow up needed.

2. Clinic Support staff will follow same procedures above for contacting patients with incomplete orders.

If patient says he/she has undergone the tests but no results were received by the Center, a copy of the results will be obtained as soon as possible.

If patient says he/she has not completed the orders, patient will be reminded to undergo the tests.

If the patient says he cannot undergo the tests and shares the reason for not being able to do so, the details will be documented for the provider's information and disposition.

#### **Monitoring: Quality Assurance**

Clinic Supervisor/designee will undertake monitoring of all tests ordered by the Providers in the Clinic units (OB/Gyne Behavioral Health & Primary Clinic) on a weekly basis.

Generate EHR Patient Tracking Report on Orders Completed to identify completed vs. outstanding orders for patients of providers in the Clinic unit.

(Attachment E)

Review and analyze report to identify patients with incomplete orders.

- c. Assign designated Clinic Support staff to follow up patients with incomplete orders.

Attachments:

- A. EHR's My Plan Template
- B. EHR's Provider Approval Queue (PAQ)
- C. Consent to Contact Patient Form
- D. Completing an Order in EHR's Order Management
- E. Generating EHR's Completed Orders Tracking Report

Related Policy for Reference: Lab-0019 Critical Values

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CEO/Designee

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Date

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CMO/Designee

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Date

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DOO/Designee

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Date

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Quality/Risk Management Coordinator

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Date

Governing Council approval: \_\_\_\_\_

**UPDATED  
POLICY  
QRM-0070**

**CLAIMS  
MANAGEMENT**

# WILL COUNTY COMMUNITY HEALTH CENTER

<b>TITLE:</b> Managing Medical Malpractice Claims	<b>SECTION:</b> Quality/Risk Management	<b>POLICY NO.</b> QRM-0070
<b>EFFECTIVE DATE:</b> 12/18/25	<b>SUPERSEDES:</b> 3/23/20, 9/10/14, 4/13/17, 6/22/21, 4/3/24	<b>Page</b> 1 of 3

**PURPOSE:** To define the process and procedures involved in managing medical malpractice claims or lawsuits to ensure liability protection under FTCA.

**POLICY:** The WCCHC, an FTCA-deemed health center shall undertake the necessary steps to ensure that it and/or its providers are properly protected from liability under the FTCA when presented with a medical malpractice claim or lawsuit.

**BACKGROUND:** The Federally Supported Health Centers Assistance Act of 1992 and 1995 granted medical malpractice liability protection through the Federal Tort Claims Act (FTCA) to HRSA-supported health centers. Under the Act, health centers are considered Federal employees and are immune from lawsuits, with the Federal government acting as their primary insurer.

To begin the process of filing an FTCA claim, a claimant must pursue the following:

**Administrative Remedy:** A claimant must first seek an administrative remedy by presenting his or her claim to the HHS Office of the General Counsel (OGC), General Law Division (GLD), Claims and Employment Law Branch (CELB). Under the FTCA, if the claim is denied or a settlement is not reached within six months of such presentment, the claimant can sue the United States in the appropriate Federal district court. Alternatively, a claimant may request reconsideration of the denial of an administrative tort claim within six months after issuance of the denial.

- **Litigation:** Once an administrative claim has been denied by HHS, the claimant must file suit within six months in the appropriate Federal district court (or seek reconsideration by HHS/OGC) or the action will be time-barred. Cases are heard in Federal district court without a jury and are defended by the Department of Justice (DOJ) with the assistance of HHS OGC.

**REFERENCE:** PIN: 2001-01 Federal Tort Claims Act (FTCA)  
Health Center Policy Manual updates 7/21/2014

## PROCEDURES:

### A. Seeking and Obtaining Prompt Qualified Legal Advice and HRSA Guidance

Timely and appropriate action will be initiated covering the following steps:

1. Any notice, correspondence or documentation related to a medical malpractice claim or suit (including service of process, a summons, complaint or claim form) presented to the Health Center will be forwarded to the Quality Improvement and Risk Management, Program Manager.
2. Any such correspondence or legal documents will immediately be brought to the attention of the Will County Health Department Executive Director and the Health Center Chief Executive Officer.
3. A copy of the documentation will be sent via fax or email to the Office of General Counsel (OGC), General Law Division, Claims and Employment Law Branch, U.S. Department of Health and Human Services, [HHS-FTCA-Claims@hhs.gov](mailto:HHS-FTCA-Claims@hhs.gov) Fax: 202-619-2922.
4. Specific guidance and legal advice on how to proceed on issues involving malpractice liability claims and lawsuits will be sought from HHS Office of General Counsel (OGC) in coordination with the Health Center's designated legal counsel in the Will County Assistant State Attorney's Office
5. The Health Center's HRSA Project Officer and the "gap" malpractice insurance company will also be

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notified about the receipt of any such notices or documentation related to a medical malpractice claim.

### **B. Preserving Records, Documents and Witness Statements**

1. The Quality Improvement and Risk Management Program Manager will coordinate with the OGC Claims Office regarding the preparation of documentation their office requires (the claim or complaint along with documents related to the services at issue) via fax and/or express mail promptly.
2. All existing records, documents, notes and written statements relevant to the claim will be gathered and safeguarded.
3. Since documents of this nature may be subject to disclosure unless a specific legal privilege applies, no new statements or records (including declarations and/or narrative statements from the health center practitioner/s named in the complaint and other health center staff) should be created before consulting the OGC Claims Office (to verify coverage) and/or qualified legal counsel.
4. Any and all records will be preserved and routine destruction of such records will be suspended.

### **C. Ensuring Coverage and Coordination with Federal Agencies**

1. The Health Center will need to verify with the HHS OGC Claims Office that all FTCA eligibility requirements are met in the particular case, and provide HHS with required documentation documents specified by DHHS OGC Claims Office
2. In the case of a suit filed erroneously in state court (termed premature lawsuits) in lieu of filing an administrative claim with HHS or less than 6 months after filing an administrative claim with HHS, the Health Center will also consult and coordinate with the HHS OGC Claims Office and the Center's designated legal counsel in the Will County Assistant State Attorney's Office to determine whether obtaining a stay in the proceedings is necessary (to avoid a summary/default judgment) until the U.S. Department of Justice (DOJ) files for the case to be removed to Federal District Court and the United States is substituted as the defendant.
3. The Health Center will confirm with the HHS OGC Claims Office when and under what circumstances the Health Center and/or individual providers may contact and/or respond to DOJ (Department of Justice) or U.S. Attorney inquiries and requests.

### **D. Monitoring the Settlement Process and Complying with Any Reporting Obligations**

After HHS conducts a medical review and makes a final determination on the claim, the Health Center is informed of the outcome (settlement or denial).

1. Documentation of outcome is filed and appropriate parties in the Health Center are informed by Quality Improvement and Risk Management Program Manager.
2. Any additional requirements communicated to the Center will be complied with. In cases of denial of the administrative claim and if the Health Center patient may file a lawsuit in federal court, the Health Center will provide any information/documentation requested by HHS and DOJ (Department of Justice) in preparation of the defense of the case handled by DOJ.
3. Settlement of a malpractice claim or suit may have National Practitioner Data Bank (NPDB) reporting implications for the health center and provider(s) involved. Clinicians must be reported to the NPDB whenever a payment is made and HRSA determines that the standard of care was not met. In such

**WILL COUNTY COMMUNITY HEALTH CENTER**

<b>TITLE:</b> Managing Medical Malpractice Claims	<b>SECTION:</b> Quality/Risk Management	<b>POLICY NO.</b> QRM-0070
<b>EFFECTIVE DATE:</b> 12/18/25	<b>SUPERSEDES:</b> 3/23/20, 9/10/14, 4/13/17, 6/22/21, 4/3/24	<b>Page</b> 3 of 3

circumstances, the Health Center will verify reporting requirements and procedures with the HRSA Office of Quality & Data.

Attachment A: Federal Torts Claim Process for Deemed HRSA – Funded Health Center Flow Chart

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Quality Improvement Risk Program Mgr. \_\_\_\_\_

\_\_\_\_\_

Governing Council approval: \_\_\_\_\_

**ILLINOIS  
DEPARTMENT OF  
HEALTHCARE &  
FAMILY SERVICES**

**2026 ENCOUNTER  
RATES**



**HFS**

**Illinois Department of  
Healthcare and Family Services**

**J.B. Pritzker, Governor 201 South Grand Avenue East, Springfield, Illinois 62763**

**Lizzy Whitehorn, Director Telephone +1 217-782-1200, TTY: +1 800-526-5812**

December 12, 2025

Ms. Stacy Baumgartner  
Chief Executive Officer  
Will County Community Health Center  
1106 Neal Avenue  
Joliet, IL 60433

Dear Ms. Baumgartner:

To be in compliance with the provisions of (42 USC 1396a(aa)), the Department has revised encounter rates for Federally Qualified Health Centers (FQHCs) for calendar year 2026.

The attached rates have been calculated pursuant to an amendment to the reimbursement methodology for FQHCs (89 Ill. Adm. Code 140.463), using audited cost reports accompanied by independent certified financial statements. The alternative payment methodology newly effective in CY 2026 includes a 5.81% increase to the medical rate on top of the Medicare Economic Index increase of 2.7%, resulting in a total percentage increase for the medical rate of 8.67%. Attached, please find your CY 2026 rates and calculation documentation for your clinics.

The rates are in effect for medical/dental/behavioral health encounters delivered by your center(s) to eligible Medical Assistance clients for services provided on or after January 1, 2026. Claims submitted and paid prior to the entry of these rates into the Department's claims processing system shall be reconciled for each affected FQHC. Please note this rate will be paid only for encounters in which covered medical/dental/behavioral health services are delivered.

If you dispute the Department's rate calculation, you may appeal in writing in accordance with the attached description of the Department's appeal process. All questions concerning the Department's FQHC calculations, as well as any rate appeals, should be directed to the Bureau of Rate Development and Analysis at (217) 785-0710. Questions regarding cost report audits should be addressed to the Bureau of Health Finance at (217) 782-1630. All other questions should be directed to the Bureau of Professional and Ancillary Services at (217) 782-5565.

Sincerely,

*Kathleen Staley*

Kathleen Staley, Bureau Chief  
Bureau of Rate Development & Analysis

Cc: Randy Hulskoter  
Amy Moffat  
Paula Riser  
Kati Hinshaw  
Kelly Pulliam  
Cheri Hoots, IPHCA  
File

PARENTID	AgencyName	PROVIDERID	CLINIC	MEDICAL RATES	DENTAL RATES	BEHAVIORAL HEALTH RATES
363971168	Will County Community Health Center	363971168001	WILL CO COMM HEALTH CTR	\$216.54	\$150.08	\$77.83
363971168	Will County Community Health Center	363971168003	WILL CO COMM HEALTH CTR EAST	\$216.54	\$150.08	\$77.83
363971168	Will County Community Health Center	363971168005	WILL COUNTY COMMUNITY HEALTH C	\$216.54	\$150.08	\$77.83

**RENEWAL OF  
WHITNEY  
LIPSCOMB  
AGREEMENT**

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**ADDENDUM "A" COMPENSATION AND BENEFITS**  
**Whitney Lipscomb, MSN, APRN, a Nurse Practitioner**

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Addendum specific to Employment Agreement between WCHD and WCCHC and **Whitney Lipscomb, MSN, APRN, a Nurse Practitioner**, for contract period covering January 23, 2026 – January 22, 2028

**Salary:** **Year 1: (January 23, 2026 – January 22, 2027) \$127,308.00 annually. Base Salary.**  
**Year 2: (January 23, 2027 – January 22, 2028) \$131,127.24 annually. Base Salary.**

**Nurse Practitioner shall work at Brooks Middle School, North Branch Office, and Joliet Community Health Center locations.**

**Benefits:** Benefit package and paid time off through the County of Will following Will County Health Department Employee Handbook and Work Rules Manual and "Benefit Package for Full-Time Employees" on the Will County Health Department website.

**Vacation Days:** In order to utilize any vacation days, Nurse Practitioner shall provide ninety (90) business days' notice to the WCCH CMO in advance. The WCCHC CMO, based upon the needs of the FQHC, may deny requested vacation days.

**Personal Days:** In order to utilize any personal days, Nurse Practitioner shall provide thirty (30) business days' notice to the WCCHC CMO in advance. The WCCHC CMO, based upon the needs of the FQHC, may deny requested personal days.

**Sick Days:** In order to utilize any sick days, Nurse Practitioner shall provide two (2) hours' notice to the WCCH CMO and Director of Clinical Operations prior to scheduled start time.

**Continuing Medical Education (CME):** Nurse practitioner is allotted \$2000.00 a year and up to five (5) paid days a year for CME. Any CME courses or programs Nurse practitioner expects to be covered by their CME allotment must be submitted at least 90 days in advance and receive approval by the WCCHC CMO prior to registering or committing, booking, or otherwise incurring travel costs for said CME courses or programs. The WCCHC shall pay by direct invoice or reimbursement the cost of registration, lodging, travel, and meal per diems according to County travel policies for all travel designated and approved by the CMO.

**Required Immunizations & Tuberculosis Test:** Before the **start date** of this contract, **All WCCHC Providers - both Employees and Contractors**, are **required** to show proof of all 5 Immunizations, and or Titers and/or Had disease recommended by the U.S. Centers for Disease Control: Hepatitis B, MMR, Varicella, TDaP, and Influenza (during the months of September to May each Influenza Season), COVID vaccine and have a yearly PPD or IGRA blood TB screening test.

**Patient Care:** Nurse practitioner will evaluate, manage, and refer (if necessary) patients to appropriate providers and tests based on medical judgment that follows the guidelines and recommendations of the U.S. Centers for Disease Control, Preventive Task Force, Title X Family Planning Federal & State of Illinois Guidelines & Requirements.

**Electronic Medical Record:** Nurse practitioner agrees to complete each and every patient encounter, including electronically signing and completing the Master IM before she leaves the clinic the same day he/she sees the patients. Nurse practitioner agrees to manage and clear out both her Provider Approval Queue (PAQ), including, but not limited to, all lab test results, imaging results, specialist referral results, etc. and Inbox, including, but not limited to, all Med Refills and all tasks received from WCCHC Staff, every day he/she works at WCCHC.

**Peer Review:** Nurse practitioner agrees to participate in regular peer-review of charts based on a schedule and method approved by the CMO.

**Provider Meetings:** Nurse practitioner agrees to attend all Provider Meetings and Trainings if scheduled on his/her day to work.

**Meaningful Use:** Nurse practitioner agrees to participate in all Meaningful Use Activities, including

working to improve all Quality Indicators that fall within the scope of her practice.

**Quality Bonus:** Incentive bonuses for achievement of clinical quality benchmarks are available annually.

**Performance Expectations:** Nurse practitioner is expected to see a minimum of 14 patients per 7.5-hour day at Joliet and 6 patients per 7.5-hour day at NBO, monitored quarterly.

### **WILL COUNTY HEALTH DEPARTMENT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Elizabeth Bilotta, Executive Director, WCHD

### **WILL COUNTY COMMUNITY HEALTH CENTER**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Stacy Baumgartner, Chief Executive Officer, WCCHC

### **PROVIDER**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Whitney Lipscomb, MSN, APRN