your path
to quality health care

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Kate D. Barnickel, Editor
Designed by RevOne80
“I have been dealing with Access to Care for several years. They are a gift to families I know. In a society that critiques the phrase “safety net”, the blunt fact is that we have nearby many families who are less than one paycheck away from poverty. They are legitimately the ‘working poor’. Access to Care provides basic medical needs that otherwise would go unmet.”

— Pastor Joseph Mills, Westchester Community Church

MISSION STATEMENT

The mission of the Access to Care program is to facilitate access to primary health care services for residents of suburban Cook County and northwest Chicago who lack such access because of financial barriers.

In 2015, Access to Care provided access to primary health care services to 4,879 residents of suburban Cook County and northwest Chicago. From the inception of Access to Care in 1988 to the end of 2015, the program has provided primary health care services to 116,705 unduplicated individuals. Many clients have utilized the program's services for many years.
It was a year of changes and challenges as I began my tenure as President of the Suburban Primary Health Care Council in 2015. Having had the privilege to serve as the Council’s Chief Operating Officer prior to my appointment as President, I knew the great team of Board members, staff and community partners I would be working with that would help us meet the challenges ahead. I am grateful for the opportunity to lead this wonderful organization and to continue to serve our community’s health care needs. I would like to take this opportunity to welcome Venoncia Baté-Ambrus as the new Chief Operating Officer of the Council. Venoncia’s deep connection to the communities we serve will add a new dimension to our partnerships and widen our circle of members.

Like many social service agencies and non-profit groups, the most challenging issue for Access to Care was and is its ability to maintain its funding levels from both public and private sources. Given the financial obstacles faced by the various Illinois governmental agencies in 2015, it is no surprise that this was and is also an issue for the Council and its Access to Care program. Access to Care remains a vital ‘safety net’ option for many and the need for the program remains strong despite the full implementation of the Affordable Care Act. There are still approximately 9% of Cook County residents, or nearly half a million people, who have no health insurance. In addition, many who were able to purchase policies with low premiums cannot afford the high deductibles with these policies and still go without access to routine care or for episodic illnesses. These are the ‘under-insured’ in the market today. Those who are without insurance or under-insured and are below 300% of the federal poverty guidelines can continue to use Access to Care for their primary health care needs.

The challenge for Access to Care and all those in health care is to continue to educate people about the need for ongoing safety net options even in this new health care environment. The additional challenge for Access to Care is to let those in need know that the program is an option even if they have insurance but cannot afford to meet their deductibles. In an effort to let potential Access to Care clients learn about us and to also increase sources of revenue, our outreach efforts continue with our existing community partners as well as potential new ones in the health care field as well as the corporate sector. This has resulted in new organizations, businesses and individuals being aware of Access to Care, its continued relevance and ongoing benefits provided to low-income, uninsured and underinsured people living in suburban Cook County and northwest Chicago.

As we continue to serve those in need, I am grateful to all of those individuals and organizations who support us, without whom none of our work would be possible. On behalf of the patients we serve, I thank all of our donors, in the public and private sectors especially the Cook County Health and Hospital System, our major partner for all of our 28 years in existence, for its continued support, as well as many individuals. Our program is the physicians, labs, radiology departments and Walgreens pharmacies who graciously offer discounts for their services to program clients. Thank you for your care and generosity. The Access to Care program is very appreciative of the collaborative efforts from all our partners, including the many organizations who act as intake sites to enroll new clients into the program.

The healthcare landscape is rapidly changing, but one thing remains the same. As long as there are low-income, uninsured and underinsured people, Access to Care will be here to facilitate affordable primary health care services for them.

I look forward to continuing our work with all our partners and to continuing to serve those people in need of the program’s services in the years ahead.

Kathryn Franklin
President
Suburban Primary Health Care Council
This past year has been a very challenging, yet satisfying year for Access to Care. Changes within the healthcare landscape continued to challenge us and yet confirm our place as a true champion for those lacking access to quality primary health care services.

One of the most gratifying changes that occurred in 2015 was the appointment of Kathryn Franklin as President of Access to Care, replacing Victoria Bigelow. Kathi has proven to be a great leader and strategic planner whose leadership has resulted in the program reaching its enrollment capacity goals by the end of the calendar year. We are truly blessed to have Kathi and her knowledge and experience to grow this organization through the challenges that lay ahead in 2016 and beyond.

Access to Care continued to evolve along with the health care landscape and continued to align with Cook County in providing needed primary care to those citizens most in need throughout the suburbs of Cook County. The best example of this was Access to Care’s drive to be visible within the community, at local healthcare, social and religious events. Although we have a small staff, we were able to attend 250 events/meetings throughout 2015 providing information surrounding the benefits that the Access to Care program provided as well as referring those who qualify for CountyCare to the appropriate enrollment resources. Activities such as these allowed us to reach our current capacity given our available funding.

The Access to Care program is one of the Country’s most effective and respected programs, providing primary care for uninsured and under-insured individuals. It is a phenomenal public/private partnership that relies on funds from public entities such as the Cook County Health and Hospitals System and the municipalities that we serve in addition to foundation grants, contributions from corporations as well as private persons. 2016 will be especially challenging for the Access to Care program as our funding from Cook County has been cut significantly. As the Access to Care Board and staff pursue additional avenues of funding, I urge each and every one reading this report to support this program and encourage you to ask your employer, friends and family to support the program as well. We are truly making a difference in the lives of those in suburban Cook County whom, without our support, would end up without care or having to utilize urgent care or hospital emergency rooms for their basic health care needs.

On behalf of the entire Board of the Access to Care program, I would like to thank all of our donors and our very talented and devoted Access to Care staff.

Best Regards,

Mark S. Matusik
2015-16 Board Chairperson
Suburban Primary Health Care Council

“At a time when there is increasing stress on the Cook County health system, Access to Care is a great partner in relieving the pressure on Stroger and Provident hospitals and the various county clinics for basic care.” — George Borovik, Portage Park Chamber of Commerce
Access to Care is a not-for-profit primary health care program for low-income, uninsured residents of suburban Cook County and northwest Chicago.

Access to Care was created to address the problem of financial and geographic access to health care for low-income, uninsured residents of suburban Cook County. Poor public transportation resources and a large service area combined with poverty and lack of health insurance made it difficult for many people to obtain health care services. By giving care in the offices of participating physicians, the program offers a more decentralized pattern of care than that of a stand-alone clinic. Over 600 physicians have contracted with Access to Care to provide services to local, low-income patients. Laboratory services, radiology services, and prescription medications are also all available locally. People register for the program at many registrations sites located throughout suburban Cook County and northwest Chicago. In Access to Care, all services are as local as possible for the patient.

Funding for Access to Care is received from both public and private sources. The program’s primary source of funding is the Cook County Health and Hospitals System. Financial support is also received from townships, municipalities, private foundations, service and religious organizations, as well as compassionate individuals. In-kind services are provided by the network of Access to Care physicians and discounts are received from hospitals, commercial laboratories, radiology facilities and Walgreens Pharmacy. Public funding used to obtain discounts from private health care providers form the public/private partnership.

Access to Care patients pay a $20 annual enrollment fee and small co-payments to contracted providers at the time services are received. Patients pay $5 per visit to their Access to Care doctor. They can obtain medication prescribed by their Access to Care doctor for $15 (generic), $30 (preferred brand) and $40 (non-preferred brand) and receive routine laboratory and radiology tests for $5 per specimen or x-ray. These benefits are available on an unlimited, as-needed basis.

To be eligible for Access to Care a family or individual must 1) Live in suburban Cook County or northwest Chicago (north of North Ave. and west of Pulaski Rd.) 2) Have a family income below 300% of the federal poverty level 3) Not have private health insurance or have a $500 or greater deductible and be ineligible for public health insurance programs such as CountyCare, Medicare, Medicaid, All Kids and Family Care.

Federal government statistics indicate that approximately 32 million people living in the US are living without the safety net of health insurance. It is estimated that nearly 500,000 in Cook County do not have health insurance Many are not eligible for public health insurance programs. Others are not able to purchase private insurance for varied reasons or it is not provided by their employers. They are at constant risk of having a medical condition affect their life and their ability to work.

Access to Care provides the connection between community-minded physicians wishing to give back to the neighborhoods in which they practice and local residents who need affordable primary health care services. The program pays physicians $68 per person/per year. Access to Care uses the existing medical infrastructure and opens it up to a new group of people, the uninsured.

WHAT IS THE SUBURBAN PRIMARY HEALTH CARE COUNCIL?

The Suburban Primary Health Care Council is the not-for-profit corporation that administers the Access to Care program. The Council was formed in 1988 by a confederation of the Community and Economic Development Association of Cook County, Inc., the Cook County Department of Public Health, the Northwest Suburban Cook County Health Care Task Force and the Park Forest Health Department.

The Council was created to address the problems facing the uninsured in suburban Cook County, where transportation resources combined with lack of insurance and poverty created barriers to receiving health care services.

The Council Board of Directors continues to make policy and oversee the administration of the Access to Care program. The Suburban Primary Health Care Council creates a partnership of the public and private sectors by using public funds to obtain private health care services.
A LOOK BACK AT 2015

2015 was a year for changes

“Access to Care has been an incredibly valuable resource for our community. There are many people who depend on it for their medical care. Without it, they would have no care at all.”

— Michael A. Corrigan, Proviso Township
STAFFING CHANGES
The average tenure of the Council employees is over 10 years. Because staffing changes do not happen often, having a new President and a new Chief Operating Officer in 2015 was a major event for the Suburban Primary Health Care Council.

The Council Board and staff said good-bye at the end of 2014 to retiring Victoria Bigelow who was at the helm of the Council for 25 years. Kathryn Franklin, the former Chief Operating Officer, was selected by the Board as the new President. She has been with the Access to Care program for 22 years so her knowledge and experience ensured a smooth transition.

The new Chief Operating Officer is Venonica Baté-Ambrus. Ms. Baté-Ambrus was already familiar with the program as a former Board member and Consultant for Access to Care. She brought with her many valuable connections which were used to benefit the program. These two important changes ensured that Access to Care will continue to serve clients and maintain its valuable relationships with experienced and knowledgeable leadership.

TRYING SOMETHING NEW
With the advent of the Affordable Care Act, it became more important to reach out to communities to make them aware of the program. Outreach was also a way to educate people about the continuing availability of the Access to Care program to the remaining uninsured and to those people with insurance but were unable to afford high deductibles on their plans. Many meetings were held with different organizations and additional publicity was initiated through public service announcements and billboards. Access to Care is grateful to those radio and TV stations that aired our public service announcements. The use of static and electronic billboards, placed to reach large volumes of commuters, helped the program reach new audiences. This was a new and fresh idea to create awareness of the Access to Care program and resulted in presentations to new organizations, in addition to new clients.

BOARD MEMBERS
Access to Care welcomed two new Board members in 2015 and saw long-time Director and immediate past Chair, Mark Grach retire from the Board and become an honorary Board member. The Council thanks him for his many years of committed service and support. The Council also welcomed new members Harold Rice and Jennifer Koehler to the Board of Directors to help Access to Care face new challenges ahead.

ANNUAL LUNCHEON
The Annual Luncheon for Access to Care was held on June 5th at the Union League Club of Chicago. The keynote speaker was Dr. Jay Shannon, CEO of Cook County Health and Hospitals System. Dr. Shannon detailed the services of the new health and hospitals system. Many local legislators were among the attendees as well as our many partners from registration sites. Representatives from other social service agencies and business executives also attended to learn about Access to Care and the County services and to show their support for the Access to Care program. It was a successful and educational event for all!
The mission of the Access to Care program is to facilitate access to primary health care services for residents of suburban Cook County and northwest Chicago who lack such access because of financial barriers.

The Affordable Care Act (ACA) was fully implemented on January 1, 2014. Everybody has insurance, right? The answer is an unequivocal NO. Unfortunately there are many people left out of the ACA, commonly referred to as ObamaCare. There are also people that are just above the income level for Medicaid. Some of these people are choosing not to purchase health insurance on the marketplace simply because they cannot afford the premiums – even with subsidies, known as advance tax credits. There are also many people who do not meet the immigration requirements of being a legal resident for at least five years. The ACA was a big step forward, but there are still many people in the United States who were uninsured in 2015, and most likely will also be uninsured in 2016.

With the beginning of the ACA, many Access to Care clients became eligible for Medicaid/CountyCare, as childless adults became eligible for the first time. Prior to the ACA, in Illinois, it was necessary to have an All Kids eligible child for adults to obtain Medicaid. Medicaid/County Care is insurance while Access to Care is a charitable primary health care program. Before the ACA, Access to Care was one of few places that provided assistance to this group of people in suburban Cook County. The move to Medicaid created many new patient slots to serve new people. This was good for the patients and good for the Access to Care program.

It is estimated that 9% of Cook County residents remain uninsured, two years after the implementation of the Affordable Care Act. Cook County is densely populated. 9% of the Cook County population equals almost a half million people. These people still need health services. In 2015, the Access to Care program served 4,879 individuals. Affordable health care is a “God-Send” to these people. Without the program these people would either go without health care or use the local emergency room for non-emergent illnesses.

In 2015, hypertension, diabetes and other chronic illnesses were common diagnoses among Access to Care patients. Without Access to Care, where would these people get regular treatment and affordable medication to manage their disease(s)? While it is not in the top five diagnoses, many patients were prescribed anti-depressants in 2015. What would happen if these people were unable to get their medication at an affordable price? The people in the Access to Care program have no or few options in the suburbs to obtain affordable primary health care services.

There are also many low-income individuals who are underinsured. There are countless individuals who purchased insurance on the marketplace. Low-income people look for the lowest price, even with subsidies. Unfortunately, the lowest price comes with very large deductibles. Deductibles can range from $3,000 to $12,000. This, essentially, leaves low-income people with catastrophic health insurance. They cannot afford the deductibles so they still “can’t afford to see a doctor”.

Access to Care has served over 100,000 people since the program began in 1988. In 2015, it served almost 5,000 individuals with affordable, primary health care services locally. The doctor to whom individuals are assigned is as local as possible. The program is grateful to have so many hospitals provide discounted radiology services, as well as numerous labs throughout the program’s catchment area. There are Walgreens stores throughout the area that offer discounted prescription medication to Access to Care patients. All services are provided to program patients locally, as transportation may be an issue.

As long as there remain low-income individuals without health insurance, or with high deductibles, the Access to Care program will continue to be here to provide affordable primary health care services.
"Many of the people in our area are dependent on Access to Care for their medical care.... A person who lives in poverty or is undocumented may not know how to access medical services, without a program like Access to Care. With Access to Care the barriers to primary care access and affordability are removed."
— Esther Scammarella, Chicago Hispanic Health Coalition

"Access to Care compliments the Affordable Care Act provision by helping people with high deductible insurance plans to see a doctor for $5. Those people with very high deductibles appreciate access to affordable primary health care services even when they have not yet met their annual deductible."
— Sharon O’Malley, Community First Medical Center
The most frequently prescribed medications for Access to Care patients in 2015 did not deviate greatly from the trends in recent years. Throughout the program’s 28 year history, medications for diabetes and hypertension have remained the most frequently prescribed medications. During 2015, this continued, as antidiabetics were 17% of all prescribed medications. Antihyperlipidemics, prescribed to treat elevated cholesterol levels, came in at 11%. Antidepressants, at 5%, became the third most prescribed medication despite having dropped from 6% from 2014. These three categories accounted for 33% of all prescribed medications. Medical devices and supplies, such as lancets for diabetic testing, were the fourth most frequent prescription at 4%. Analgesics, primarily prescribed for pain management, accounted for 2% of total medications.

In 2014, mammograms represented 37% of all ordered radiology procedures. While down in 2015 to 31%, mammograms continued as the most frequently ordered procedure. Chest x-rays also dropped from 15% in 2014 to 11% in 2015 but, remained the second most common x-ray. Knee x-rays overtook spine x-rays for the third most frequently prescribed procedure in 2015. Knee x-rays represented 7% which is down from 8% in 2014, and spine x-rays dropped from 14% in 2014 to just 4% in 2015. Foot x-rays decreased to 4% this year but remained the fifth most performed procedure. The five most frequently performed radiology procedures accounted for 57% of all procedures performed in 2015.

From 2014 to 2015, the list of most frequent diagnoses stayed nearly unchanged. Essential hypertension and diabetes remained the first and second most frequent diagnoses, respectively, as they have been for over 20 years among Access to Care patients. Essential hypertension remained at the 2014 level of 12%, but diabetes increased from 8% in 2014 to 10% in 2015. Disorders of the lipid metabolism dropped to 6% this year but remained as the third most frequent diagnosis. Hypothyroidism and obesity ranked fourth as they were tied at 2% of the most frequent diagnoses.

While studying the data, an apparent correlation can be drawn between the most common diagnoses, most frequently ordered lab procedures, and the most prescribed medications. Essential hypertension and diabetes, while not mutually exclusive, often accompany one another when diagnosed. A lipid panel lab test will detect disorders of the lipid metabolism, while a glycated hemoglobin (HbA1c) lab will test control of glucose levels. Antidiabetes medications and antihyperlipidemics may then be prescribed to help monitor and treat diabetes and hypertension. Medical devices and supplies may also be prescribed as part of monitoring for patients with diabetes. While not in the top five diagnoses in 2015, depression continued to be an important consideration for Access to Care patients, as 5% of all medications were antidepressants.

Each service that an Access to Care patient received corroborates the need and importance of regularly scheduled visits to a primary care physician, both for regular testing and for prescription refills. All the benefits of the program reflect Access to Care’s mission to "facilitate access to primary health care services for residents of suburban Cook County and northwest Chicago who lack such access because of financial barriers."
**PATIENT DEMOGRAPHICS**

**ETHNICITY**
In 2015, Access to Care saw a large change in ethnic statistics as the Hispanic population grew from 33.9% to 49.0% and became the largest group of patients. Caucasian enrollment dropped from 40.7% in 2014 to 31.5% in 2015. While both the Asian American and African American populations saw a drop in enrollment, they remained in the third and fourth positions, respectively. The African American population dropped from 13.7% in 2014 to 11.2% in 2015, while the African American population dropped from 11.6% to 7.8%. The increase in the Hispanic population may be a result of increased outreach efforts by the Access to Care staff.

**FAMILY SIZE**
Despite all the changes in the health care marketplace, the family sizes for Access to Care patients continued to reflect the program’s history. A family size of one continued to be the largest segment at 41.6%. The second largest group was, once again, a family of two which represented 29.4% of our patients. Family sizes of one and two represented 71% of the total population. Families of three or more in the past comprised just under a quarter of the program's total clientele; however, they rose to 29% in 2015. Though their ranking did not change, the family size did see a significant change among all Access to Care patients. A family size of one experienced a decrease from 47.5% in 2014 to 41.6% in 2015, while a family size of two rose slightly from 29.1% in 2014 to 29.4% in 2015. Family sizes of one and two dropped from over 75% in 2014 to 71% in 2015.

**CLIENT AGE**
Patients aged 26 to 35 grew from 13.3% in 2014 to 16.5% in 2015. The number of patients aged 36 to 45 saw an increase from 16.6% in 2014 to 22.8% in 2015. For the second year in a row, patients aged 46 to 65 decreased. For the ages 46 to 55, the number of patients dropped from 24.3% in 2014 to 21.9% in 2015, and from age 56-65 they dropped from their 2014 total of 34% to 26%. There was a slight increase in 2015 for patients over the age of 65, from 2% to 4.8%. Even though, the overall population of program patients was getting younger, the largest age group at 26% continued to be represented by the Baby Boomers, 56 to 65 years of age. The fact that the program served nearly 5,000 people in 2015 highlights the ongoing need for the Access to Care program to the most vulnerable populations, despite the advancements made in the U.S. health care policy or in the U.S. economy. Access to Care continues to be a vital resource for those who are uninsured and underinsured of any age, even with the advent of the Affordable Care Act these individuals remain in need of affordable primary health care services.

Every year since the Access to Care program began, women were represented at a higher rate than men. In 2015, this trend continued, with 61% of patients being women. The population of Access to Care became younger in 2015 with 47% of clients being under the age of 46, while the same group accounted for 39% last year. This continued a trend that began in 2013.

**EMPLOYMENT**
2014 saw a rise in the number of actively employed Access to Care patients, an upward trend that began in 2013. In 2015, mimicking the growth in the economy and in employment statistics in the U.S., the unemployment rate dropped to 18% from 26% in 2014. The percentage of individuals who were employed rose from 63% in 2014 to 72% in 2015. During this same time, the number of Access to Care patients who were employed full time rose from 32% to 42%. These are remarkable statistics. Increased job growth may help explain this rise. The shift in the Access to Care population to a younger, employed demographic demonstrates that youth and employment does not guarantee adequate health benefits. Those patients classified as “not in work force” which includes retired or disabled persons not eligible for Medicaid or Medicare dropped slightly, from 11% in 2014 to 10% in 2015.
“Access to Care is a very efficient and much needed program. The cost of care for one person per year is $750. One visit to an emergency room will cost more than that.”

— Harold Rice Jr., Community and Economic Development Association of Cook County, Inc.
During a recent resource fair in Melrose Park, I was approached by a young Latino family that greeted me warmly and with smiles. The mother of the family began to tell me how they have been receiving Access to Care’s services for close to six years now and how it has been a tremendous help to them. She went on to tell me that she and her husband were unaware that services like Access to Care were available to undocumented people and how finding out about Access to Care changed and enriched their lives. With a happy handshake and a very appreciative “thank you”, they left me with a great sense of all the good that Access to Care has done for countless individuals and families. — Adrian González, Access to Care Staff.
REGISTRATION SITES

NORTH
Access at Northwest Community Hospital
Access Genesis Center of Health & Empowerment
Alexian Brothers Center for Mental Health
Village of Arlington Heights
Barrington Township
City of Des Plaines
Elk Grove Township
Hanover Township
Maine Township
Village of Mount Prospect
New Trier Township
Niles Township
Northfield Township
Northwest Compass
Omni Youth Services
Palatine Township
Township of Schaumburg
Village of Schaumburg
Wheeling Community Resource Center
Wheeling Township

SOUTH
Access Family Health Society
Arab American Action Network
Aunt Martha’s Health Services
- Chicago Heights Community Health Center
- Hazel Crest Community Health Center
- Harvey Community Health Center
- South Holland Community Health Center
Bremen Township
Bloom Township
Orland Township
Park Forest Health Department
Rich Township
Village of South Chicago Heights
Southland Ministerial Health Network
TCA Health Center
Thornton Township
Worth Township

WEST
Arab-American Family Services
Berwyn Township
Cicero Township
Des Plaines Valley Health Center
Illinois Welcoming Center for New Americans
Leyden Township
Lyons Township
Village of Lyons
Norwood Park Township
Oak Park Township
Oak Park Health Department
Proviso-Leyden Council for Community Action
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