

THE MOVEMENT NEWSLETTER

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The connection
that keeps us
together



SOUTH CAROLINA
PRIMARY HEALTH CARE
ASSOCIATION

Conferences and Events



 SOUTH CAROLINA
PRIMARY HEALTH CARE
ASSOCIATION

2026 ANNUAL CONFERENCE *and* BOARD GOVERNANCE RETREAT

 **OCTOBER 23-25**

 **SONESTA RESORT
HILTON HEAD ISLAND**

 **130 Shipyard Drive
Hilton Head Island, SC 29928**

UNIFORM DATA SYSTEM TRAINING 2026

 **VIRTUAL TRAINING SESSION**

 **THURSDAY
NOVEMBER 19TH**  **FRIDAY
NOVEMBER 20TH**

12:30 pm - 4:30 pm  **HOSTED BY**

 SOUTH CAROLINA
PRIMARY HEALTH CARE
ASSOCIATION

 **NCCHCA** NORTH CAROLINA
COMMUNITY HEALTH
CENTER ASSOCIATION



 SOUTH CAROLINA
PRIMARY HEALTH CARE
ASSOCIATION

Save the Date

2027 State Policies & Issues Forum

 **JANUARY 12-13**

 **USC PASTIDES ALUMNI CENTER
900 Senate St., Columbia, SC 29201**

IN LOVING MEMORY OF

10.26.91

08.16.26



Jerome A. Corley

The South Carolina Primary Health Care Association mourns the passing of Mr. Jerome A. Corley. We are grateful for his contributions to our organization and the lasting impact he made on the people and communities we serve. Jerome will be remembered with great respect and appreciation by his colleagues and friends. We extend our deepest condolences to his family and loved ones during this difficult time.

Letter from the Editor



Dear Friends of *The Movement*,

As we step into August, I'm reminded that meaningful movement is rarely about one big moment – it's about the steady progress we make together, one conversation, one connection, and one purposeful action at a time.

This month, we have a special opportunity to reflect on National Health Center Week and the people who make community health possible every day.

It is a time to celebrate the vital role health centers play in improving access to care, strengthening communities, and meeting people where they are. More than a week of recognition, it is a reminder of the purpose behind our work: ensuring that every person has the opportunity to live a healthier, fuller life.

National Health Center Week also invites us to recognize the many individuals whose dedication often happens behind the scenes. From clinicians and care teams to administrative staff, community partners, volunteers, advocates, and leaders, each person contributes to a larger movement toward health equity and stronger communities. Their commitment demonstrates that caring for a community means more than providing services—it means building trust, creating connections, and standing alongside people through every season of life.

This month's edition of *The Movement* celebrates that spirit of service and the people, ideas, and opportunities that continue to move us forward. In these pages, you'll find stories that inspire, updates that keep you informed, and reflections that remind us why our collective work matters.

August also offers a natural opportunity to pause and take stock. What have we accomplished? Where have we made an impact? And, perhaps most importantly, where are we being called to go next?

The answers may look different for each of us, but one thing remains constant: progress is strongest when we pursue it together. Every contribution matters. Every voice has value. And every step forward creates an opportunity for someone else to move forward, too.

As we reflect on National Health Center Week, let us carry its message beyond the celebration. Let us continue to champion access, equity, compassion, and community—and remember that the movement toward better health is one we all have a role in advancing.

Thank you for being part of *The Movement* and for continuing to show up with purpose, passion, and commitment. I hope this month's newsletter informs you, encourages you, and inspires you to keep moving forward.

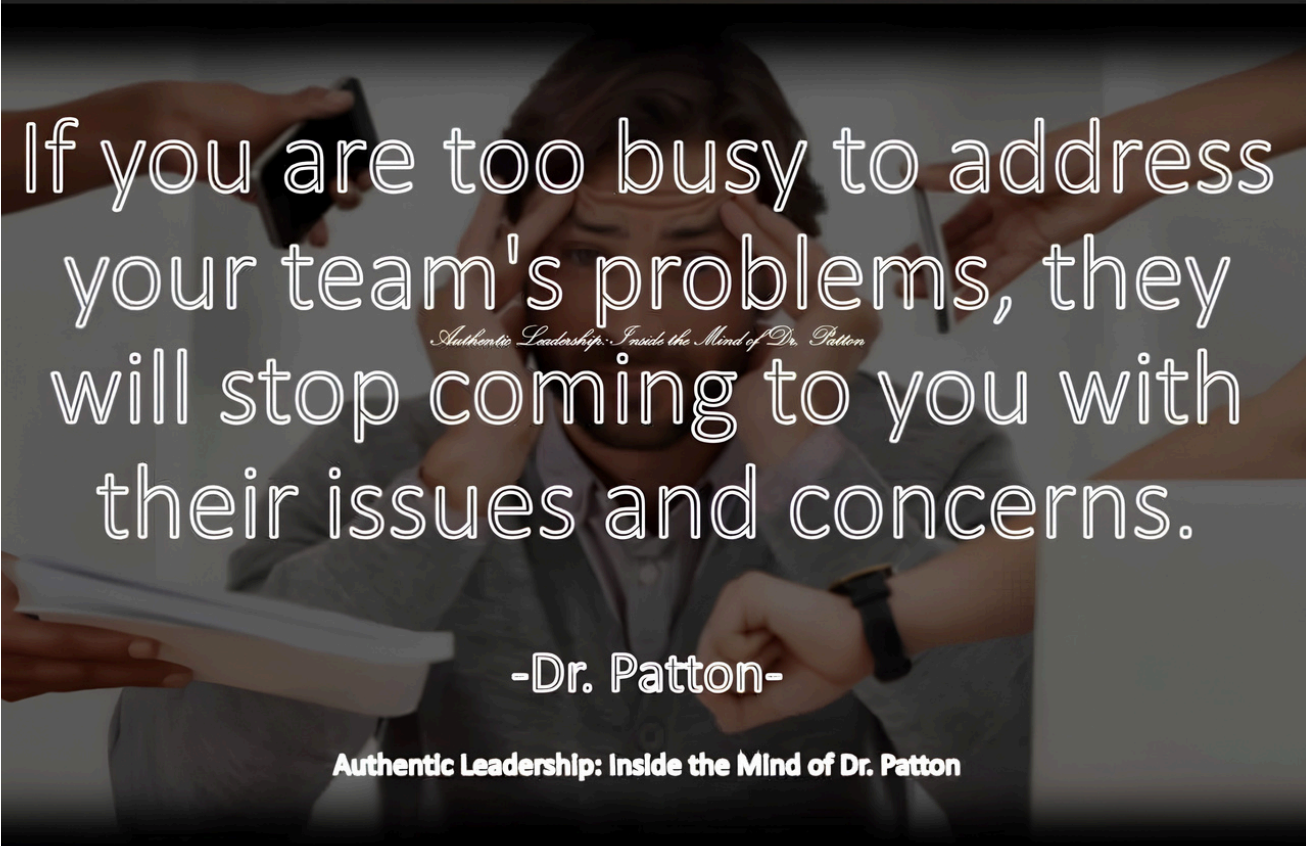
Here's to celebrating the work behind us, embracing the opportunities ahead, and continuing the movement we're creating together.

With gratitude,

A handwritten signature in black ink that reads "Kenya". The script is fluid and cursive.

Kenya L. Mingo, MBA, MA, CLSSGB
Editor, *The Movement*
Director of Corporate Compliance and Communications

A Lesson in Leadership

A man in a light-colored button-down shirt and a dark watch is shown from the chest up, looking distressed with his hands on his face. He is surrounded by several hands holding various electronic devices: a smartphone, a tablet, and a laptop. The background is a plain, light-colored wall. The entire image is overlaid with a semi-transparent dark grey filter.

If you are too busy to address
your team's problems, they
Authentic Leadership: Inside the Mind of Dr. Patton
will stop coming to you with
their issues and concerns.

-Dr. Patton-

Authentic Leadership: Inside the Mind of Dr. Patton

BE PREPARED: A Monthly Emergency Essential



Essential Small Steps, Big Difference

Emergencies rarely happen at a convenient time. That's why preparedness is about more than having a stocked emergency kit - it's about taking small, practical steps now so you're ready to act when it matters most.

August is an important month to review your emergency plans. Hot temperatures, severe thunderstorms, flooding, and hurricane activity can create unexpected challenges, including power outages, road closures, and the need to shelter in place or evacuate.

Start With the Basics

Take a few minutes to check your emergency supplies. Your kit should include essentials such as:

- Water and nonperishable food
- Prescription and essential medications
- Flashlights and extra batteries
- First-aid supplies
- Phone chargers or backup power banks
- Important documents and emergency contacts
- Personal hygiene items
- Supplies for children, older adults, or pets, if needed

Be sure to replace expired items and add anything your household may have needed during a previous emergency.

Stay Connected

During severe weather, reliable information can help you make good decisions quickly. Sign up for local emergency alerts, keep your phone charged, and know where to find trusted weather and emergency information. If the power goes out, a battery-powered or hand-crank radio can also be helpful.

It's also a good idea to identify an emergency contact outside your immediate area. If local phone networks become busy or family members are separated, having one person everyone can check in with can make communication easier.

Know Your Plan

Every household should know what to do before an emergency occurs. Talk about where you would shelter, where you would meet if you become separated, and how you would leave the area if evacuation is necessary.

If you have children, involve them in the conversation in an age-appropriate way. If you have pets, make sure your emergency plan includes their food, medications, carriers, and other needs.

Don't Forget Your Neighbors

Preparedness is stronger when communities work together. Check in with neighbors who may need additional assistance during severe weather or a power outage. Knowing who may need help—and who you can turn to for help—can make a community more resilient.

Your August Preparedness Challenge

Set aside 15 minutes this month to prepare. Check your emergency supplies, review your household plan, and make sure you can receive emergency alerts.

You don't have to do everything at once. One small step today can make a big difference when an emergency happens tomorrow.



Value-Based Care

VALUE
BASED
CARE



Value-Based Care & Reimbursement: Unlocking the Revenue Potential of FQHC Care Management Services

As Federally Qualified Health Centers (FQHCs) continue moving toward value-based care, one opportunity deserves greater attention: reimbursement for care management services.

FQHCs have long provided care coordination, patient follow-up, chronic disease management, behavioral health support, navigation, and assistance with social needs. The difference today is that many of these activities can represent separate, billable services when specific Medicare requirements are met.

For health centers, this creates an opportunity to improve patient outcomes while generating additional reimbursement beyond the traditional PPS encounter.

Beyond the PPS Visit

The traditional FQHC model is centered around the patient encounter. However, managing a patient's health does not begin and end when the patient walks into the health center.

Patients may need follow-up after a hospital discharge, assistance managing multiple chronic conditions, monitoring of vital signs from home, behavioral health integration, help addressing social needs, or navigation through a serious illness. These activities are essential to achieving better outcomes—and CMS recognizes many of them as separately reimbursable services.

FQHCs may be able to bill for a range of care management services, including:

- **Transitional Care Management (TCM)** – Supports patients during the transition from an eligible inpatient or other qualifying setting back into the community.
- **Chronic Care Management (CCM)** – Provides ongoing management for patients with multiple chronic conditions.

- **Principal Care Management (PCM)** – Focuses on management of a single complex chronic condition.
- **Chronic Pain Management (CPM)** – Supports structured management of patients experiencing chronic pain.
- **Behavioral Health Integration (BHI)** – Integrates behavioral health services into primary care.
- **Remote Physiologic Monitoring (RPM)** – Uses remotely collected physiologic data, such as blood pressure or weight, to monitor and manage patients.
- **Remote Therapeutic Monitoring (RTM)** – Monitors treatment-related data, symptoms, adherence, or response to therapy.
- **Community Health Integration (CHI)** – Addresses social and community factors that create barriers to achieving optimal health.
- **Principal Illness Navigation (PIN)** – Helps patients navigate care associated with serious or complex illnesses.

Each service has specific eligibility, documentation, consent, staffing, time, supervision, coding, and billing requirements. Health centers should carefully evaluate CMS requirements before implementing or expanding a service.

The Financial Opportunity

The most exciting aspect for health center leaders is the potential for recurring monthly reimbursement from several of these services.

Unlike a traditional encounter that generates payment when the patient is seen, qualifying care management services can create an ongoing reimbursement opportunity for work performed between visits.

Consider a health center with 500 eligible Medicare patients enrolled in a qualifying monthly care management service. If the health center generates an average of \$50 per patient per month, that represents:

$500 \text{ patients} \times \$50 = \$25,000 \text{ per month}$

or approximately:

\$300,000 annually.

At 1,000 patients, the same \$50 average would represent approximately \$50,000 per month or \$600,000 annually.

These examples are illustrative—not guaranteed reimbursement amounts. Actual payment varies by service, code, patient eligibility, payer, geography, and applicable Medicare payment rates. TCM, for example, is generally a transition-period service rather than a recurring monthly service. Health centers should use current CMS payment information and payer-specific guidance when developing their financial projections.

The important question is not simply, "How much can we bill?"

The better question is:

How much appropriate reimbursement are we currently leaving on the table for care our teams are already providing?

Every health center should be able to answer:

How many patients may qualify?

Which services are we providing?

Which services are we billing?

What are we being paid?

Where are we experiencing denials or missed opportunities?

What is the net financial impact?

The future of FQHC reimbursement will increasingly depend on the ability to connect the clinical work being performed every day with measurable outcomes and sustainable payment.

Better coordinated care. Better outcomes. Stronger revenue. Greater sustainability.

That is the promise of integrating care management into the FQHC value-based care strategy.

Clinical Transformation

National Immunization Awareness Month: Advancing Prevention Through a Value-Based Care Lens

August marks National Immunization Awareness Month (NIAM), an annual opportunity to reinforce the importance of vaccination across the lifespan. While immunizations are among the most effective tools for preventing infectious disease, their value extends well beyond the individual patient. From a value-based care (VBC) perspective, immunization is a high-impact preventive intervention that can improve population health, reduce avoidable utilization, close care gaps, and support health equity. For health centers and primary care organizations, August is also an ideal time to evaluate immunization performance through the lens of quality, access, patient engagement, and Uniform Data System (UDS) measures.

Immunization Is Value-Based Care in Action

Value-based care focuses on improving health outcomes, enhancing the patient experience, and using healthcare resources efficiently. Immunizations are a clear example of prevention in action. By reducing the risk of vaccine-preventable illness, vaccination can help prevent complications and avoidable healthcare utilization.

The VBC opportunity, however, is not simply to increase the number of vaccines administered. It is to ensure that the right patients receive the right vaccines at the right time.

This requires moving from a reactive model, vaccinating only when a patient asks or when a gap is identified during an annual visit, to a proactive population health model. Care teams should routinely identify patients who are due or overdue, engage them through multiple channels, and make vaccination convenient.

That approach aligns closely with the goals of value-based care: prevention, early intervention, improved outcomes, and closing gaps in care.

UDS Makes Immunization Performance Measurable

For Health Center Program organizations, immunization is also an important component of the Uniform Data System (UDS) quality framework. The UDS Childhood Immunization Status measure, CMS117v13, evaluates the percentage of children who turn two during the measurement year and meet specified vaccination requirements by their second birthday (Health Resources and Services Administration [HRSA], 2025).

The measure includes recommended doses of DTaP, IPV, MMR, Hib, hepatitis B, varicella, pneumococcal conjugate, hepatitis A, rotavirus, and influenza vaccines (HRSA, 2025).

From a VBC perspective, this measure is more than a reporting requirement. It provides a window into how effectively an organization manages preventive care across its pediatric population.

A missed vaccine may represent more than a missed clinical opportunity. It may indicate a broader barrier, such as limited access to appointments, transportation challenges, difficulty navigating the healthcare system, incomplete immunization records, language barriers, vaccine hesitancy, or gaps in care coordination.

“The measure tells us where the gap exists. Population health processes help us understand why.”

Don't Wait for the Well-Child Visit

One of the most important strategies for improving immunization performance is to make vaccination part of every appropriate patient touchpoint.

A patient may present for an acute visit, behavioral health appointment, medication check, or another type of encounter. When clinically appropriate, that encounter can become an opportunity to review preventive care needs.

This requires reliable workflows. Care teams should consider routinely:

- Reviewing immunization status before or during the encounter.
- Identifying vaccines that are due or overdue.
- Verifying records through the state Immunization Information System (IIS) when appropriate.
- Addressing patient and caregiver questions using clear, patient-centered communication.
- Offering vaccination during the same visit whenever possible.
- Documenting administration accurately and consistently.
- Using outreach to reconnect with patients who remain overdue.

The goal is to make the default workflow preventive, rather than dependent on the patient remembering to ask.

Data Should Drive the Conversation

A strong VBC immunization strategy starts with reliable population-level data.

Organizations should know:

Who is due? Who is overdue? Who has an upcoming appointment? Who has never responded to outreach? And which populations are experiencing the largest gaps?

Immunization Information Systems can play an important role in answering these questions. CDC describes IIS as confidential, population-based systems that consolidate immunization information and provide providers with vaccination histories that can help determine which vaccines are appropriate for patients (Centers for Disease Control and Prevention [CDC], 2026). IIS can also support population-level surveillance and targeted interventions designed to improve vaccination rates and reduce vaccine-preventable disease (CDC, 2026).

Stratifying immunization data can help organizations identify disparities that may otherwise be hidden within an overall vaccination rate.

For example, an organization may have a strong overall immunization rate but discover lower performance among patients who experience transportation barriers, have inconsistent primary care utilization, or receive care across multiple health systems.

This is where VBC and health equity intersect.

Rather than simply reporting a percentage, care teams can use the data to develop targeted interventions. Outreach resources can be directed toward populations with the greatest need, and organizations can monitor whether those interventions are actually closing the gap.

Prepare Now for Respiratory Virus Season

August also provides an opportunity to prepare patients and care teams before the fall and winter respiratory virus season.

Influenza vaccination should be incorporated into seasonal outreach and preventive care strategies. CDC's FluVaxView dashboard uses multiple data sources—including healthcare claims, electronic medical records, telephone surveys, and IIS data—to provide preliminary information about influenza vaccination coverage (CDC, 2026).

IIS data can also help organizations track influenza vaccination across populations and jurisdictions. CDC notes that IIS data can support timely identification of vaccination status and help providers determine whether patients are due or overdue for immunizations (CDC, 2026).

Organizations should begin seasonal planning before demand peaks. Waiting until respiratory illness is widespread can make it more difficult to reach patients and may create additional strain on clinical operations.

A proactive approach might include:

August: Identify gaps, clean registries, establish outreach lists, and educate staff.

September: Begin patient outreach and offer vaccination opportunities during routine visits.

October–November: Intensify outreach to patients who remain unvaccinated and leverage every appropriate encounter.

Throughout the season: Continue monitoring performance and addressing access barriers.

Make the Vaccine Conversation Part of the Culture

Improving immunization rates is not solely the responsibility of the provider. It is a team effort. Front-desk staff can identify opportunities when scheduling. Medical assistants can review immunization status. Nurses can provide education and administer vaccines within their scope of practice. Providers can make a strong recommendation. Care managers and population health teams can conduct outreach. Quality teams can monitor performance and identify trends.

Most importantly, patients should experience a consistent message across the organization.

The conversation does not need to be complicated. A clear, confident recommendation from a trusted healthcare professional can be an important component of vaccine acceptance and preventive care.

The VBC Bottom Line

National Immunization Awareness Month is more than an awareness campaign. It is a reminder that prevention is one of the most powerful forms of value-based care.

Immunization programs can help organizations improve quality, prevent illness, close care gaps, and promote health equity. UDS measures provide an important framework for measuring performance, but the ultimate goal is not the number on the report. The goal is the patient behind the number.

As we move into the fall, organizations should ask:

Are we identifying patients before they become overdue? Are we making vaccination convenient? Are we using our data to identify disparities? Are we engaging patients who are hardest to reach? And are we using every appropriate encounter as an opportunity for prevention?

When the answer is yes, immunization becomes more than a quality measure. It becomes a tangible example of what value-based care is designed to accomplish: better health outcomes, better patient experiences, and a healthier population.

References

Centers for Disease Control and Prevention. (2026, March 30). Immunization information systems resources. <https://www.cdc.gov/iis/about/index.html>

Centers for Disease Control and Prevention. (2026, May 20). Weekly flu vaccination dashboard. <https://www.cdc.gov/fluview/dashboard/index.html>

Health Resources and Services Administration. (2025). Uniform Data System (UDS) 2025 manual. U.S. Department of Health and Human Services. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/2025-uds-manual.pdf>

SCAgWHP Update



Farmworker Appreciation Day: Honoring the Hands That Feed Us



Farmworker Appreciation Day is a time to recognize and celebrate the people whose hard work helps put food on our tables.

From planting seeds and harvesting crops to caring for livestock, farm workers play an essential role in our communities and our food system. Their work often begins before sunrise and continues through long, demanding days, requiring strength, dedication, and resilience.

For many families, agricultural work is more than a job; it is part of their family story. Today, we honor farm workers who are working in the fields, as well as those who came before them. Whether you are a farmworker today, the child or grandchild of a farmworker, or once worked in the fields yourself, your contributions have helped build stronger families and communities.

On Farmworker Appreciation Day, we say thank you for your dedication, sacrifice, and the essential work you do every day.



Mobile Dental Clinic Brings Care to South Carolina Farmworkers



From August 3–5, in celebration of National Health Center Week, the SCAgWHP brought essential dental services directly to South Carolina’s agricultural community through a Mobile Dental Clinic at St. William Catholic Church in Ward.

In partnership with SC Dental Screenings and the Hispanic Farmworkers Ministry, the clinic provided dental care to 40 farmworkers and their family members. By bringing

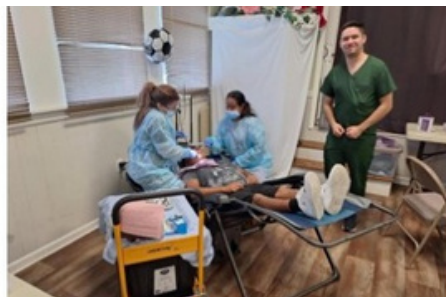
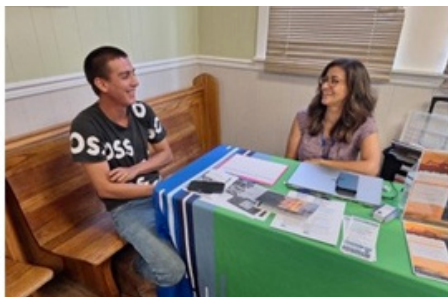
services directly into the community, the event helped reduce barriers to care and increase access to oral health services for agricultural workers and their families.

While families waited for their appointments, community partners provided information, resources, and connections to additional services and opportunities. We are grateful to Grow Early Learning, the S.C. Department of Employment and Workforce, SC Legal Services Migrant Unit, and the SC Migrant Education Program for hosting resource tables and supporting workers and their families throughout the event.

We were honored to serve workers from Big Smiles, C & E Farms, Clayton Rawl Farms, Costa Layman Farms, Dixie Belle, Forrest Fruit Farms, Lush Acres Farms, and Titan Farms.

Events like this demonstrate what is possible when organizations and individuals work together. By bringing health care providers, community organizations, growers, volunteers, and farmworker-serving programs together, we can reduce barriers to care and bring vital services directly to the communities that need them most.

We extend our sincere thanks to all of our partners, volunteers, growers, farmworkers, and families who helped make this event a success. Together, we are working to improve access to care and promote the health and well-being of South Carolina’s agricultural workers and their families.





Honoring the Voices Behind the Work

During National Health Center Week, the SCAgWHP had the privilege of sharing stories from farmworkers and agricultural communities across South Carolina.

These stories offered farmworkers an opportunity to share their experiences, journeys, and perspectives on what agricultural work means to them and their families. Farmworkers come from diverse backgrounds, cultures, and walks of life. Some are beginning their journey in agriculture, while others carry on a family tradition shaped by generations of work in the fields.

While every story is unique, together they reflect the strength, resilience, dedication, and invaluable contributions of South Carolina's farmworker community.

Throughout the week, we were reminded that behind every crop harvested and every meal on our tables are hardworking individuals and families whose efforts help sustain our communities. Their work touches all of us, and their stories help us better understand the people behind our food system.

We are deeply grateful to every farmworker who took the time to share their story and allow us to celebrate their voices. **Their stories matter. Their work matters. Their contributions matter.**

As we continue our work across South Carolina, SCAgWHP remains committed to listening to, supporting, and honoring the agricultural workers who help feed our communities.

Hear Their Stories

Want to hear directly from farmworkers across South Carolina? **Scan the QR code to visit the SCAgWHP Facebook page** and discover the stories, experiences, and voices of the people who make up our state's agricultural community.





Celebrating Farmworkers Through Community Outreach



On Thursday, in celebration of Farmworker Appreciation Day during National Health Center Week, Adilene and James from Family Health Centers, Inc. traveled across South Carolina to connect with farmworkers at three local farms: Riddle Dairy Farms in Norway, Sandifer's & Sons in Blackville, and Turf Connection Farms in Springfield.

During each visit, they distributed hygiene kits, hydration kits, snacks, and water while providing valuable health education focused on personal hygiene and heat safety. These simple but important resources helped support workers as they navigated the demands of agricultural work, particularly during the hot summer months.



Connecting With Farmworkers Where They Work

The outreach visits provided an opportunity to meet farmworkers directly, share important health and safety information, and express appreciation for the essential role they play in our communities.

Bringing resources directly to farms helps strengthen connections and ensures that farmworkers have access to information and support where they live and work.

We are grateful to Adilene and James for their dedication to bringing resources, education, and support directly to South Carolina's farmworker community. We also thank Riddle Dairy Farms, Sandifer's & Sons, and Turf Connection Farms for welcoming our outreach efforts.

Most importantly, we extend our heartfelt appreciation to the hardworking farmworkers who help feed our communities every day. Your work matters. Your contributions matter. And we appreciate all that you do!





Community Partners Help Bring Resources to South Carolina Farmworkers



The SCAgWHP is grateful to the community partners whose generous support helps promote the health, safety, and well-being of South Carolina's agricultural workers.

Recently, we received generous donations from Nuun Hydration, the ACLU of South Carolina, and Tandem Health. These contributions have strengthened our outreach efforts and allowed our team to provide valuable resources directly to farmworkers during field and farm visits.

With the support of these partners, we have begun distributing hydration products and other essential resources to farmworkers at Watsonia Farms, Moore Brothers Farms, Huggins Farm, Atkinson Farms, and Baxley Farms.



Pairing Resources with Health Education

These donations allow our outreach team to pair practical resources with important health education on hydration, heat safety, personal health, and recognizing the warning signs of heat-related illness. By bringing these resources directly to the fields and communities where farmworkers live and work, we can help workers stay informed, prepared, and supported.

We are especially grateful to our partners for recognizing the unique needs of agricultural workers and for helping us reach farmworker communities throughout South Carolina.

A heartfelt thank you to Nuun Hydration, the ACLU of South Carolina, and Tandem Health for supporting our mission and helping us care for the workers whose dedication helps feed our communities every day.

Together, we can make a difference—one farm, one worker, and one community at a time.





Bringing Heat-Safety Resources Closer to South Carolina Farmworkers



The SCAgWHP is honored to announce a new grant from Polaris to support the health and safety of South Carolina’s agricultural workers.

The grant is part of Polaris’s Nonechka Initiative, a project designed to reach migrant agricultural workers who may be isolated from traditional services and resources. Nonechka means “closer to you” in Nahuatl—a fitting reflection of the initiative’s goal of bringing information, support, and essential resources directly to workers.

Through this funding, the SCAgWHP will purchase and distribute practical heat-safety resources to farmworkers, including long-sleeve shirts, electrolyte drinks, sunglasses, and other supplies to help workers stay protected while working in hot conditions.

These resources will be distributed through our outreach efforts alongside education focused on hydration, heat-safety practices, and recognizing the warning signs of heat-related illness. By combining practical resources with health education, we can help agricultural workers take important steps to protect their health during the hot summer months.

We are grateful to Polaris for investing in this important work and helping the SCAgWHP bring heat-safety resources and information closer to the farmworkers and families we serve across South Carolina.

HCCN Update



2026 SC State-Level Goals Snapshot

Reporting Period: Year-to-Date 2026 | Total Measures Tracked: 29

✓ Target Achievement Overview

- ✓ Goals Met (at or above target): **5**
- ✗ Goals Not Yet Met: **24**

⚠ Priority Opportunity Areas

• Early Entry Into Prenatal Care	48.9%
• Screening for NMDOH	8.5%
• Annual Access to LARC	6.5%
• Annual Family Planning Screening	25.0%
• Annual Pregnancy Intention Screening	41.4%
• Engagement of SUD Treatment	6.6%
• Childhood Immunization Status	25.0%

🏆 Top Performing Measures (Above 80%)

• HIV Linkage to Care	92.1%
• Statin Therapy for CVD	85.1%
• BMI Screening & Follow-Up	83.6%
• IVD Aspirin Use	83.6%
• Tobacco Use: Screening & Cessation	82.9%

👤 Maternal & Preventive Health Snapshot

• Early Entry Into Prenatal Care	48.9%
• Low Birth Weight	9.7%
• HIV and Pregnant	0.4%
• Annual Pregnancy Intention Screening	41.4%

The data presented herein reflects information and statistics gathered exclusively from participating health centers that are part of the SCHCCN. NMDOH = Non-Medical Drivers of Health.



UDS 2026 Proposed Changes Cheat Sheet

What's changing from CY 2025 → CY 2026 — and what stays the same • Reflects the 30-day Federal Register / OMB submission

SOURCES

HRSA PAL 2025-05 (Dec 8, 2025); 91 FR 36146, FR Doc. 2026-12046 (Jun 16, 2026)

OMB CONTROL NO.

0915-0193 (Revision)

REPORTING YEAR

CY 2026 (Jan 1–Dec 31, 2026), reported Feb 2027

30-DAY COMMENT DEADLINE

July 16, 2026 • [reginfo.gov](https://www.reginfo.gov)

APPLIES TO

HCP awardees & look-alikes; NEPQR & ANE nursing recipients

2026 UDS MANUAL

Expected summer 2026 (final specs)

Why these changes? To align UDS measures with Administration & HRSA priorities and reduce reporting burden. The 60-day notice (Dec 10, 2025) drew 16 comments; several proposals were adjusted before this OMB submission — see the box below.

377,317

EST. BURDEN HOURS — 2025

304,616

EST. BURDEN HOURS — 2026

-72,701

FEWER HOURS (≈42 HRS / HEALTH CENTER)

UPDATED AFTER PUBLIC COMMENT**Key differences from the initial (PAL) proposal**

- **COVID measures — 2 of 5 kept:** Novel coronavirus (SARS-CoV-2) disease (6A Line 4c) and Long COVID (4d) were **added back** after comments; the other three COVID measures are still removed.
- **PMHNPs added** to Table 5, Line 20b (Other Licensed Mental Health Providers) as drop-down options.
- **Fall Risk Screening** added as a **new Table 6B measure** (Line 24, patients 65+, eCQM CMS139v14).
- **Case Management** (Table 6A, Line 35) expanded to add APCM codes **G0556, G0557, G0558** and **T1016**.
- **"Health-Related Needs" renamed "Upstream Drivers of Health"** (Table 6A, Lines 39–42).
- **New Appendix D Question 20** (added during HRSA internal review): asks whether, for patients under 19, the health center provides services using puberty blockers, sex hormones, or surgical procedures intended to alter physical appearance to align with an identity differing from the patient's sex.
- **SUD eCQM retained:** despite comments, Initiation & Engagement of SUD Treatment stays; HRSA will continue technical assistance and monitor implementation.

Removed Added Revised / Renamed

Staying the same

AT A GLANCE What Stays the Same in CY 2026

- UDS remains HRSA's **required standardized annual report** for Health Center Program awardees, look-alikes, and select NEPQR/ ANE nursing recipients.
- **COVID-19 disease (6A Line 4c) and Long COVID (4d) are retained** after stakeholder comments.
- **Mental health & substance use disorder services continue** in the core part of Table 5 (only the Selected Service Detail Addendum is removed).
- **Table 4** has no additions or revisions — only managed-care member months are removed.
- **Tables 6B & 7** keep the same clinical quality measures — re-versioned to 2026 eCQI specs; the **SUD Initiation/Engagement** measure is retained.
- Core table structure (Tables 4, 5, 6A, 6B, 7, 8A, 9D, 9E) and the overall reporting framework **continue**.
- Appendix D retains its core health-IT interoperability, patient-engagement, and PDMP questions.

These are **proposed** changes pending OMB approval; OMB may act only after the 30-day comment period closes (July 16, 2026). Final line numbers, code sets, and definitions will appear in the 2026 UDS Manual (expected summer 2026; measure stewards listed in its Appendix G). Where the PAL and the Federal Register differ, this sheet follows the later Federal Register / OMB submission. Questions: BPHC Contact Form → Uniform Data System (UDS)/UDS Reporting; paperwork@hrsa.gov.

Patient & Service Tables

TABLE 4 Selected Patient Characteristics

REMOVED

- **Managed Care Utilization** — member-month measures: Capitated, Fee-for-Service, and Total Member Months (Lines 13a–13c) removed

Removed to reduce burden given wide variation in payer structures and payment arrangements.

ADDED

No proposed changes.

REVISED

No proposed changes.

STAYING

- All other Table 4 patient-characteristic lines are **unchanged**.

TABLE 5 Staffing & Utilization and Selected Service Detail Addendum

REMOVED

- **Selected Service Detail Addendum** (Lines 20a01–21h) — detailed integrated mental-health & SUD service-delivery elements removed
- **Quality Improvement Personnel** (Line 29b) removed — QI staff now reported on **Line 30c Information Technology Personnel**

MH & SUD services continue to be reported in the core part of Table 5.

ADDED

- **NEW / POST-COMMENT** PMHNPs and other specific mental-health personnel types added as drop-down options to **Line 20b, Other Licensed Mental Health Providers**

Comment-driven: allows more accurate classification of the behavioral-health workforce.

REVISED / RENAMED

- **Line 29 Enabling Services** → **Patient Support Services**; personnel detail lines (26–29) reordered & renamed
- **Line 33 Total Facility & Non-Clinical Support Personnel** → **Total Facility & Support Services Personnel** (Lines 30a–32)

New Patient Support lines: 24 Case Managers, 25 Health Education Specialists, 26a Eligibility Assistance, 27a Outreach, 27b Transportation, 27c Language Assistance, 28a Community Health Workers, 28b Other.

TABLE 6A Selected Diagnoses & Services Rendered

REMOVED — 11 MEASURES

- **Diagnoses:** Respiratory conditions related to COVID-19 (6a), Abnormal breast findings, female (7), Abnormal cervical findings (8), Contact dermatitis & other eczema (12)
- **Services:** SARS-CoV-2 diagnostic test (21c), SARS-CoV-2 antibody test (21d), Mammogram (22), Pap test (23), Sealants (30), Oral surgery/extractions (33), Rehabilitative services (Endo/Perio/Prosth/Ortho) (34)

Streamlines reporting and removes redundancy (e.g., abnormal breast findings overlap Table 6B Breast Cancer Screening).

ADDED

- **Type 1 Diabetes** (Line 9a) — splits Type 1 out of the aggregate diabetes line
- **Intellectual & Developmental Disabilities** (Line 20g)
- **Autism Spectrum Disorder screening** (Line 26g)
- **Patient Support Services** (Lines 35–38) — case management, eligibility assistance, transportation, language assistance. **NEW / POST-COMMENT** Case Management (L35) now also includes APCM codes G0556–G0558 & T1016
- **NEW / POST-COMMENT Upstream Drivers of Health** (Lines 39–42) (formerly “Health-Related Needs”) — screening plus food insecurity, housing instability, financial insecurity; transitioned from Appendix D into the core tables

REVISED / RENAMED

- **Line 26 Health supervision of infant or child (0–11) → Well Child Visit (ages 0 through 11)**

STAYING (ADDED BACK AFTER COMMENTS)

- **Novel coronavirus (SARS-CoV-2) disease** (Line 4c) and **Long COVID** (Line 4d) are **retained** for continued surveillance.

TABLE 6B Quality of Care Measures

ADDED

- **NEW / POST-COMMENT Fall Risk Screening** (Line 24) — patients 65+ screened for future fall risk, aligned with eCQM CMS139v14

Aligns with Medicare Wellness Visit fall-risk assessment; supports the aging population served by health centers.

REVISED

- **Dental Sealants for Children 6–9 yrs** (Line 22) → **Sealant Receipt on Permanent First Molars (SFM-CH)** — (22a) ever received ≥1 sealant on a permanent first molar; (22b) sealants on all four molars
- *Per PAL 2025-05 Attachment 3; aligns with the CMS Child Core Set. The Federal Register notice does not restate this item.*

REMOVED

No proposed changes.

REVISED — 14 MEASURES RE-VERSIONED

2026 UDS eCQM (re-versioned)	Version	Key 2025 – 2026 Change
Childhood Immunization Status	CMS117v14	v13 → v14
Cervical Cancer Screening	CMS124v14	v13 → v14
Breast Cancer Screening	CMS125v14	v13 → v14; denominator age at end of period 52–74 → 42–74
Weight Assessment & Counseling — Children/Adolescents	CMS155v14	v13 → v14
Preventive Care & BMI Screening & Follow-Up	CMS69v14	v13 → v14
Tobacco Use: Screening & Cessation Intervention	CMS138v14	v13 → v14
Statin Therapy — CVD Prevention/Treatment	CMS347v9	v8 → v9; Pop. 4 — documented 10-yr ASCVD risk ≥20% qualifies for denominator even if it later changes
Colorectal Cancer Screening	CMS130v14	v13 → v14
HIV Screening	CMS349v8	v7 → v8; denominator refined to ages 15–65 w/ ≥1 outpatient visit & no prior HIV dx; POC/lab test documentation meets numerator
Screening for Depression & Follow-Up Plan	CMS2v15	v14 → v15; follow-up plan within 2 days of encounter; added guidance on tools & example interventions
Depression Remission at Twelve Months	CMS159v15	v14 → v15; new exclusion for pervasive developmental disorder (e.g., ASD)
Initiation & Engagement of SUD Treatment	CMS137v14	v13 → v14 — retained despite comments; HRSA to continue TA
Controlling High Blood Pressure	CMS165v14	v13 → v14
Diabetes: Glycemic Status Assessment > 9%	CMS122v14	v13 → v14

Existing measures re-versioned to the CMS 2026 reporting-period specs to reduce burden and keep data comparable. Separately, **NEW / POST-COMMENT** Fall Risk Screening (CMS139v14) is added as a brand-new Table 6B measure (see above).

Financial Tables

TABLE 8A Financial Costs

REMOVED

- **Allocation of Facility & Non-Clinical Support Services, Column B**, and the requirement to report overhead costs — removed
- **Enabling Services cost detail** (Lines 11a–11h) consolidated into a single **Patient Support Services** line (Line 11)
- **Line 18 Value of Donated Facilities, Services & Supplies** removed
- **Line 12a Quality Improvement** removed — QI costs reported on **Line 14a Information Technology**

ADDED

- **Line 14a Information Technology** added (previously part of Line 12a)

REVISED / RENAMED

- Column a **Accrued Cost** → **Personnel (Salary + Fringe Benefits) (a1)**; new **Other Costs (a2)**; **Total Accrued Costs (a)** = a1 + a2
- **Line 11 Total Enabling Services** → **Patient Support Services**; **Line 13** → **Total Patient Support Services & Other Programs**; **Line 15 Non-Clinical Support Services** → **Other Support Costs**

Column/line detail per PAL 2025-05 Attachment 5. Commenters asked HRSA to reconsider consolidation; HRSA cites burden reduction and overlap with other grant financial reports.

TABLE 9D **Accrued Patient Service Revenue**

REMOVED

- **Retroactive Settlements/Receipts/Paybacks** (Columns c1–c4) collapsed into a single **Collections (Column B)**
- **All managed-care & non-managed-care payer subcategory lines** — Medicaid (1, 2a, 2b), Medicare (4, 5a, 5b), Other Public incl. non-Medicaid CHIP (7, 8a, 8b), Private (10, 11a, 11b) — reported instead as Total Medicaid (3), Total Medicare (6), Total Other Public (9), Total Private (12)
- **Sliding Fee** (Line 13, Col E) collapsed into the single Total Self-Pay line (Line 13) and reported as **Adjustments (Column D)**
- **Patient Bad Debt write-off** (Line 13, Col F) removed — reported with all third-party bad debt on Line 15, Col G

ADDED

- **Line 15 Bad Debt Write-Offs & Allowances (Col G)** — offset to net patient service revenue
- **Line 16 Net Patient Service Revenue** (Charges less Adjustments) (Col G)
- **Line 17 Pharmacy Net Patient Service Revenue** (Col G)
- **Line 18 Third-Party Incentive Revenue** (Col G)

REVISED

- **Cash basis → accrual basis** (table retitled “Accrued Patient Service Revenue”)

Aligns with GAAP and health centers’ financial statements; HRSA will add managed-care/copay guidance in the 2026 UDS Manual.

TABLE 9E **Other Accrued Revenue**

REMOVED

- **BPHC grant funding sources** (former Lines 1a–1e) and other BPHC detail (former Lines 1k–1q) — active grants aggregated to **Line 1 Total Health Center BPHC Grants**
- **Other Federal Grants detail** (former Lines 2, 3, 3a) → **Line 5 Total Other Federal Grants**

ADDED

No proposed changes.

REVISED

- **Cash basis → accrual basis** (table retitled “Other Accrued Revenue”)

Reflects supplemental funding rolled into base HCP funding and alignment to GAAP. Commenters asked to keep grant-level detail; HRSA cites overlap with Health Center Program Forms (OMB 0915-0285).

Appendices

APPENDIX D & E Health IT Capabilities & Other Data Elements

CONSOLIDATED

- **Appendix D + Appendix E merged** into a single Appendix D: Health Center IT Capabilities and Other Data Elements

REMOVED

- Appendix D EHR questions **1a, 1a2, 1a3, 1c, 1c1, 10**
- Appendix D upstream-drivers-of-health screening questions **11, 11a, 12, 12a, 12b** (moved into Table 6A)
- **Appendix E removed**; Outreach & enrollment assists (former E Q3) dropped (aspects → Table 6A Patient Support)

ADDED / RELOCATED

- **Alternative Payment Model (APM)** questions 17–19: VBP contract payers; types of APMs; % of revenue tied to value-based contracts
- **NEW / POST-COMMENT Question 20** (added during HRSA internal review): for patients under 19, whether the health center provides services using puberty blockers, sex hormones, or surgical procedures intended to alter physical appearance to align with an identity differing from the patient's sex
- MOUD (former E Q1a/1b) → **D Q14a/14b**; Telemedicine (former E Q2a...) → **D Q15a–15a3**; Voluntary family planning (former E Q4) → **D Q16**

STAYING

- Retained in Appendix D: EHR in use (Q1), EHR vendor (Q1a1), CHPL product ID (Q1a4), EHR switch (Q1b), electronic clinical information exchange (Q4), patient engagement via health IT (Q5), PDMP integration (Q13).

COMPLY and Thrive



Corporate Compliance: Building a Culture of Accountability and Integrity

Corporate compliance is more than a set of policies, procedures, and annual training requirements. For community health centers, an effective compliance program is an essential part of protecting patients, supporting employees, safeguarding organizational resources, and maintaining the trust of the communities we serve.

As we move through August, it is a good time to take a fresh look at what compliance means in our day-to-day work—and how each of us contributes to a culture of accountability and integrity.

Compliance Starts with All of Us

Every employee, board member, volunteer, contractor, and leader has a role in maintaining compliance. While compliance departments and designated compliance officers provide guidance and oversight, compliance is ultimately an organizational responsibility.

That means asking questions when something does not seem right, following established policies and procedures, protecting confidential information, documenting services accurately, and speaking up when there may be a concern.

A strong compliance culture is one where people feel comfortable raising questions and reporting concerns without fear of retaliation.

Three Key Areas to Keep in Focus

1. Protect Patient Information

Community health centers handle sensitive patient information every day. Protecting that information requires more than simply following HIPAA requirements—it requires consistent attention to privacy and security.

Remember to:

- Access patient information only when you have a legitimate business or clinical need.
- Avoid discussing protected health information in public or unsecured areas.
- Use appropriate safeguards when sending, storing, or sharing patient information.
- Be alert to phishing attempts and other cybersecurity threats.
- Report suspected privacy or security incidents promptly.

When in doubt, pause and ask before accessing or sharing information.

2. Document Accurately and Completely

Accurate documentation supports quality patient care, appropriate reimbursement, regulatory compliance, and the integrity of health center operations.

Whether documenting a clinical encounter, billing information, employee records, grant-related activities, or other organizational business, records should be timely, accurate, complete, and consistent with applicable requirements.

Never alter, backdate, or falsify a record. If you discover an error, follow your health center's established process for making corrections.

If it isn't documented appropriately, it can be difficult to demonstrate that the service or activity occurred as reported.

3. Speak Up About Compliance Concerns

One of the most important components of an effective compliance program is having a process for employees and others to report concerns.

Concerns may involve issues such as:

- Potential fraud, waste, or abuse
- Improper billing or coding
- Conflicts of interest
- Privacy or confidentiality concerns
- Workplace misconduct or retaliation

- Inappropriate use of organizational resources
- Violations of laws, regulations, or organizational policies

You do not have to be an expert to raise a concern. If something doesn't look or feel right, ask questions and seek guidance.

Compliance Is About Doing the Right Thing

For community health centers, compliance is closely connected to our mission. Strong compliance practices help ensure that resources are used responsibly, patients are treated with dignity, information is protected, and services are delivered in accordance with applicable requirements.

Most importantly, compliance is not about finding fault. It is about identifying risks, addressing problems early, learning from mistakes, and continuously improving how we serve our patients and communities.

August Compliance Reminder

Know. Follow. Ask. Report.

- **Know** your organization's policies and your compliance responsibilities.
- **Follow** established procedures and applicable laws and regulations.
- **Ask** questions when you are unsure about the right course of action.
- **Report** suspected compliance concerns promptly through the appropriate channels.

Every action matters. Every employee contributes to the culture. And every community health center is stronger when compliance is woven into the way we work—not treated as a separate task.

This August, let's re-commit to a culture where integrity, accountability, and patient trust are at the center of everything we do.

Revenue Review



Getting Back to the Basics for Success with Billing – South Carolina Medicaid Managed Care Organizations

In today's healthcare environment, Federally Qualified Health Centers (FQHCs) face increasing pressure to maximize reimbursement while maintaining compliance with federal and state regulations. New payment models, evolving Medicaid Managed Care requirements, and expanding value-based care initiatives can make revenue cycle management seem increasingly complex. Yet, one of the greatest opportunities for financial success comes from returning to the fundamentals.

Successful billing is not about finding new revenue—it is about ensuring your health center receives every dollar it has already earned. Accurate documentation, correct coding, understanding payer-specific requirements, verifying payment, and routinely auditing claims remain the foundation of a healthy revenue cycle.

For South Carolina FQHCs, these fundamentals are especially important when working with South Carolina Medicaid Managed Care Organizations (MCOs), including Select Health of South Carolina, Healthy Blue, Molina Healthcare, Absolute Total Care, and Humana Healthy Horizons. Although each plan follows South Carolina Medicaid policy, each also has unique reimbursement methodologies, incentive programs, and operational requirements that require close attention. Remember, Medicaid MCO plans must pay the encounter rate established through the South Carolina Department of Health & Human Services in the APM/PPS provider contracts.

Start with the FQHC Encounter

The FQHC encounter remains the cornerstone of reimbursement. Before submitting any claim, billing staff should ensure the visit meets the requirements of a qualifying FQHC encounter as defined by South Carolina Medicaid policy. The medical record should clearly demonstrate medical necessity, the services performed, the rendering provider, and complete documentation supporting all diagnosis and procedure codes submitted.

Many claim denials and payment delays begin with documentation deficiencies rather than billing errors. Providers, coders, and billing staff should work together to verify that every encounter is supported before the claim leaves the health center.

Know Which Services Can Be Billed

One of the most common missed revenue opportunities occurs when health centers fail to bill allowable services in addition to the encounter payment.

South Carolina Medicaid allows FQHCs to receive reimbursement for the PPS encounter while also billing certain "bill-above" or separately reimbursable services when applicable. These services generally include laboratory testing, vaccines and vaccine administration, family planning supplies, certain preventive services, dental procedures, behavioral health services, pharmacy-related services when applicable, and other services specifically identified by South Carolina Medicaid policy.

Likewise, Medicare and many Medicaid Managed Care plans recognize separately billable services such as care management, behavioral health integration, collaborative care, remote monitoring, preventive services, and other approved HCPCS or CPT codes when documentation requirements are met.

Too often these additional services are documented but never billed, resulting in lost revenue that can never be recovered after filing deadlines expire.

Health centers should routinely review the South Carolina Medicaid FQHC bill-above code list and ensure their billing software and charge master remain current with annual updates.

Verify Every Payment

Submitting a clean claim is only half of the revenue cycle. The second half is confirming the payment is correct.

Every payment received from Medicaid Managed Care should be compared against the contracted reimbursement methodology and the health center's expected payment amount. Staff should review electronic remittance advices (ERAs) for underpayments, overpayments, incorrect adjustments, duplicate payments, and inappropriate denials.

Questions every billing office should routinely ask include:

- Was the encounter paid correctly?
- Were all bill-above services reimbursed?
- Were contractual adjustments applied appropriately?
- Were incentive payments included when applicable?
- Were any services bundled incorrectly?
- Did the payment match the provider contract?

Many organizations assume that if a claim pays, it paid correctly. Unfortunately, payment inaccuracies occur more frequently than many realize.

Understand Your Managed Care Plans

Each South Carolina Medicaid Managed Care Organization administers claims differently while operating within state Medicaid requirements. Successful billing teams understand not only how to submit claims but also how each payer reimburses services and rewards quality performance.

Select Health of South Carolina has historically emphasized preventive care, care coordination, maternal health, childhood immunizations, and chronic disease management through quality improvement initiatives. Participating FQHCs should regularly monitor provider communications for updated incentive opportunities and value-based payment programs.

Healthy Blue continues to invest heavily in quality outcomes, including HEDIS performance, preventive screenings, childhood wellness visits, prenatal care, postpartum care, diabetes management, hypertension control, and behavioral health integration. Many of these measures directly affect value-based reimbursement opportunities.

Molina Healthcare focuses significant resources on preventive medicine, chronic disease management, member outreach, medication adherence, and care coordination. Timely documentation and accurate coding directly influence quality scores used in provider performance programs.

Absolute Total Care offers multiple quality improvement initiatives centered around preventive services, maternity care, behavioral health, chronic condition management, emergency department utilization reduction, and care coordination. Accurate diagnosis coding and complete documentation are critical to capturing these incentives.

Humana Healthy Horizons continues expanding value-based care initiatives emphasizing preventive medicine, chronic disease management, behavioral health integration, social determinants of health, member engagement, and care management. Proper documentation often determines whether incentive opportunities are achieved.

Because incentive programs evolve throughout the year, billing managers, finance leaders, and quality teams should regularly review provider manuals, contract amendments, payer newsletters, and provider portal updates to ensure no opportunities are overlooked.

Know What Your Payment Should Be

One of the most valuable tools every billing office can develop is an expected reimbursement worksheet.

Rather than waiting to see what a payer sends, successful organizations calculate what they expect to receive before the payment arrives. This process allows staff to quickly identify underpayments and recover lost revenue.

An effective payment verification process compares:

- PPS encounter payment
- Bill-above reimbursement
- Contractual adjustments
- Patient responsibility (if applicable)
- Incentive payments
- Value-based performance payments
- Supplemental reimbursement

When expected payments are documented in advance, identifying payment variances becomes much easier.

What To Do When Claims Are Underpaid

Underpayments should never be ignored.

Once identified, billing staff should compare the payment to the payer contract, Medicaid policy, fee schedule, and remittance advice. If an error is confirmed, the health center should promptly file a corrected claim or payment reconsideration according to the payer's requirements while maintaining documentation supporting the requested adjustment.

Organizations should also track recurring underpayment trends. If multiple claims demonstrate similar payment issues, the problem may indicate a system configuration issue, contract interpretation problem, or payer processing error requiring escalation through provider relations.

Recovering even small payment variances across hundreds of encounters can significantly improve annual revenue.

What To Do When Claims Are Overpaid

Receiving too much money may feel like good news, but overpayments create compliance risk.

Federal and state regulations require providers to report and return identified overpayments within established timeframes. Health centers should have written policies outlining how overpayments are investigated, documented, refunded, and monitored.

Promptly reporting overpayments demonstrates good faith compliance and helps avoid future audit findings, repayment demands, interest, or penalties.

Success Begins with Strong Fundamentals

Technology continues to evolve. Artificial intelligence is entering claims processing. Value-based care continues to expand. Yet the fundamentals of successful billing remain remarkably consistent.

Health centers that consistently achieve strong financial performance typically demonstrate the same characteristics. Clinical documentation supports medical necessity. Coding accurately reflects services provided. Claims are submitted timely. Payments are verified against contractual expectations. Underpayments are pursued. Overpayments are reported. Billing staff remain current on payer policies and incentive opportunities.

Getting back to the basics is not moving backward, it is strengthening the foundation that supports long-term financial sustainability.

As South Carolina FQHCs continue serving their communities, every correctly documented encounter, accurately coded claim, properly billed additional service, verified payment, and recovered underpayment contributes to the financial resources needed to fulfill the mission of providing accessible, high-quality care for every patient.



Health Center News



Celebrating Excellence in Community Health



We are proud to announce that BJHCHS, Inc. has been recognized by the Health Resources and Services Administration (HRSA) with three 2026 Community Health Quality Recognition (CHQR) badges for our performance during the 2025 reporting year.

This recognition is a meaningful reflection of our organization's ongoing commitment to providing high-quality, patient-centered health care to the communities we serve. The CHQR badges celebrate the dedication and achievements of health centers working to improve care and outcomes for their patients.

This accomplishment would not be possible without the incredible commitment of our providers and staff. Congratulations to our entire BJHCHS team! Your hard work, compassion, and dedication to excellence make achievements like this possible every day.

We are grateful for your continued commitment to our patients and proud to celebrate this recognition together.



National Health Center Week 2026 Recap



National Health Center Week 2026 was a wonderful opportunity to celebrate the people and communities at the heart of everything we do.

Throughout the week, we focused on gratitude and our vision for the future, taking time to recognize the incredible dedication of our staff and the meaningful difference they make every day. Their compassion, hard work, and commitment to our patients and communities are what make our organization strong.

As we look toward the future, we are excited about the opportunities ahead. We remain committed to serving, growing, and making a difference together—continuing to strengthen our communities and provide the high-quality care our patients deserve.

A heartfelt thank you goes to every staff member, patient, and community partner who helped make National Health Center Week 2026 so special. We are grateful to celebrate this work together and look forward to all that we will accomplish in the years ahead!





CareSouth Carolina Behavioral Health Director Amy Cook Earns Doctor of Social Work Degree

CareSouth Carolina is proud to announce that Amy Cook, DSW, LISW-CP/S, Director of Behavioral Health Services, has earned her Doctor of Social Work (DSW), marking a major professional and personal milestone.

Cook has spent 20 years with CareSouth Carolina, growing alongside the organization while helping expand behavioral health services throughout the communities it serves. She has served as Director of Behavioral Health Services since 2021 and is also a member of CareSouth Carolina's Executive Management Team.

Her Doctor of Social Work degree includes a specialization in leadership and administration. For Cook, earning the degree represents far more than adding another credential to her name.

"Earning my Doctorate in Social Work is both a personal milestone and a reflection of my commitment to serving others through leadership, advocacy, and meaningful change," Cook said. "This journey required perseverance, sacrifice, faith, and the support of so many people who believed in me along the way. I am incredibly grateful for my family, colleagues, mentors, and the CareSouth Carolina family who have supported and encouraged me throughout this process."

A Personal Connection to Alzheimer's Research

Cook's doctoral work also carries a deeply personal connection to her family. Her dissertation, which has been published, focused on Alzheimer's disease, an area inspired by her mother's experience with the disease. Her mother later passed away from Alzheimer's, and that experience helped shape the direction and purpose of Cook's doctoral research.

"This achievement also holds a deeply personal meaning for me," Cook said. "I dedicate this accomplishment in honor and loving memory of my mother, whose journey with Alzheimer's disease profoundly shaped my own. Losing her to this disease became part of the purpose behind my doctoral journey and inspired me to focus my research on Alzheimer's disease and the needs of those impacted by it."

That research also connects with Cook's work at CareSouth Carolina, where her responsibilities extend across a broad range of behavioral health and community programs.

As Director of Behavioral Health Services, Cook oversees CareSouth Carolina's outpatient behavioral health services as well as school-based behavioral health services currently provided in 18 schools. She also oversees the organization's telepsychiatry program and manages programs focused on Alzheimer's disease and the 0-3 Healthy Start program. Her work also includes helping to direct the new IRIS program.

Beyond her leadership responsibilities at CareSouth Carolina, Cook currently serves as the South Carolina Primary Health Care Association's behavioral health lead. She is also Co-Chair of the Behavioral Health Subcommittee for the National Association of Community Health Centers.

Cook has served on CareSouth Carolina's Executive Management Team for the past two years.

20 Years of Growing with CareSouth Carolina

Cook credits CareSouth Carolina with providing opportunities to grow throughout her two decades with the organization while continuing to work in a field she is passionate about.

"CareSouth Carolina provided me with the opportunity to grow in a field that I'm passionate about," Cook said. "CareSouth Carolina is my home. I love the fact that we treat the whole person and that we provide care for everyone. I've been given the opportunity to learn and grow while continuing to serve our patients and communities, and this degree gives me another opportunity to continue doing that."

Cook said she hopes to use what she gained through the doctoral program to strengthen behavioral health services, develop other professionals and continue finding new ways to serve patients and families.

"My work at CareSouth Carolina has given me the opportunity to see firsthand the difference we can make when we lead with compassion, innovation, and a genuine commitment to the communities we serve," Cook said. "I look forward to using this achievement not simply as a title, but as an opportunity to continue advancing behavioral health, developing others, strengthening the work we do at CareSouth Carolina, and creating meaningful and lasting change for the individuals, families, and communities we are privileged to serve."

Outside of her work, Cook enjoys spending time with her family, going to the beach, and watching docuseries.

CareSouth Carolina is a private, non-profit community health center delivering patient-centered health and life services in the Pee Dee region of South Carolina. CareSouth Carolina operates centers in Bennettsville, Bishopville, Cheraw, Chesterfield, Dillon, Hartsville, Lake View, Latta, McColl and Society Hill.

Services provided by CareSouth Carolina include family medicine, internal medicine, pediatrics, women's services, OB/GYN, HIV/AIDS primary care, infectious disease primary care, IV therapy, substance abuse prevention, dental, chiropractic services, pharmacy, senior support services, family support services, clinical counseling, laboratory, ultrasound, x-ray, agricultural worker health services, podiatry, and veterans' choice provider.





City of Hartsville Honors CareSouth Carolina with National Health Center Week Proclamation

HARTSVILLE, S.C. — CareSouth Carolina was honored by the City of Hartsville during the Hartsville City Council meeting on Tuesday, August 11, as Mayor Dan Askins III presented a proclamation recognizing National Health Center Week and CareSouth Carolina’s longstanding commitment to the community.

Mayor Askins officially proclaimed August 2-8, 2026, as National Health Center Week in the City of Hartsville, recognizing the important role CareSouth Carolina and its team members play in providing access to high-quality health care throughout the region.

“I, Dan Askins III, Mayor of City of Hartsville in the State of South Carolina, do hereby proclaim August 2-8, 2026 as ‘National Health Center Week’ in the City of Hartsville and encourage all our citizens to join in celebrating the dedicated professionals at CareSouth Carolina whose commitment to improving the health and well-being of our community strengthens Hartsville today and for generations to come,” Askins stated in the proclamation.

The proclamation recognized CareSouth Carolina’s work to improve community health by expanding access to primary care and helping reduce unnecessary emergency room visits. Beyond its role in providing health care, the proclamation recognized CareSouth Carolina as an important economic contributor to the communities it serves. In 2024, the organization generated \$191.3 million in economic activity and supported more than 1,128 direct and indirect jobs.

The proclamation also recognized CareSouth Carolina’s multidisciplinary approach to whole-person care and its continued efforts to meet changing community needs, including caring for veterans, addressing the opioid epidemic, and ensuring access to quality health care for those who need it most.

CareSouth Carolina CEO Ann Lewis reflected on the organization’s long relationship with Hartsville and the growth the community has experienced over the years.

“When we first came to Hartsville, we joked that we had come to the ‘big town,’” Lewis said. “We’ve still come to the big town. It’s because of your innovations, growth, development, and the ‘can do’ attitude that you all have. You really are an amazing community, and we really are privileged to be a part of it, and hope to be a part of it for a long time.”

CareSouth Carolina’s roots date back to 1980, when the organization began serving patients in Society Hill. It expanded into Bishopville, Clio and McColl in 1985 before later opening a satellite location in Hartsville in 1993. Since then, CareSouth Carolina has remained a part of the Hartsville community while continuing to expand its services and reach across the Pee Dee region.

Today, CareSouth Carolina employs more than 600 team members and operates centers across five counties: Chesterfield, Darlington, Lee, Marlboro, and Dillon.

In Hartsville, CareSouth Carolina operates a full-service center at 1268 S. Fourth Street. The center provides a wide range of services to meet the health needs of individuals and families, including primary care, pediatrics, behavioral health, chiropractic care, CareFusion services, and more. In addition, the CSC Community Pharmacy (1280 S. Fourth Street) is conveniently located beside the medical center and provides quick access to affordable medications.

National Health Center Week is an opportunity to recognize the work of community health centers and the professionals who provide accessible, comprehensive care to patients in communities across the country.

From its early days as a small health center in Society Hill to an organization with more than 600 employees serving communities throughout the Pee Dee, CareSouth Carolina continues working to ensure patients have access to high-quality and comprehensive health care close to home.

CareSouth Carolina is a private, non-profit community health center delivering patient-centered health and life services in the Pee Dee region of South Carolina. CareSouth Carolina operates centers in Bennettsville, Bishopville, Cheraw, Chesterfield, Dillon, Hartsville, Lake View, Latta, McColl and Society Hill.

Services provided by CareSouth Carolina include family medicine, internal medicine, pediatrics, women's services, OB/GYN, HIV/AIDS primary care, infectious disease primary care, IV therapy, substance abuse prevention, dental, chiropractic services, pharmacy, senior support services, family support services, clinical counseling, laboratory, ultrasound, x-ray, agricultural worker health services, podiatry, and veterans’ choice provider.



CareSouth Carolina Earns National Recognition with Five HRSA Quality Badges

CareSouth Carolina has been nationally recognized with five Community Health Quality Recognition (CHQR) badges from the Health Resources and Services Administration (HRSA), showing the organization's continued commitment to delivering high-quality, patient-centered care across the communities it serves.

The Community Health Quality Recognition badges honor Health Center Program awardees and look-alikes that have demonstrated outstanding achievements in access to care, clinical quality, health information technology, and patient health outcomes. The awards are based on data submitted through the Uniform Data System (UDS) during the most recent reporting period.

CareSouth Carolina received recognition with national badges in the following categories:

- Advancing Health Information Technology (HIT) for Quality
- Health Center Quality Leader
- National Quality Leader for Behavioral Health
- National Quality Leader for Diabetes Health
- National Quality Leader for Heart Health

"We are over the moon excited about receiving these recognitions," said CareSouth Carolina CEO Ann Lewis. "With a foundation of hard work and dedication, these badges represent the progress we've made in improving health care for our patients and communities."

The Advancing HIT for Quality badge recognizes health centers that use health information technology to support high-quality patient care and improve clinical performance. The Health Center Quality Leader badge honors organizations that rank among the highest-performing health centers nationwide for overall clinical quality.

CareSouth Carolina also earned three National Quality Leader badges, recognizing exceptional performance in behavioral health, diabetes care, and heart health.

“These five badge recognitions from HRSA are a meaningful reflection of the work our teams do every day to provide high-quality, accessible care to the communities we serve,” CareSouth Carolina Chief Medical Officer Jeri Andrews said. “Being recognized by HRSA for our outcomes in diabetes and hypertension is especially meaningful because we serve communities in the heart of the Stroke Belt, where the burden of cardiovascular disease and its risk factors is significant. These recognitions reflect the intentional work of our clinical teams to identify risk early, manage chronic disease effectively, and partner with our patients to prevent devastating outcomes like heart attack and stroke. Most importantly, this work is at the heart of our mission to improve the health and wellbeing of everyone. These badges represent not just quality measures, but healthier lives and stronger communities.”

As a federally qualified health center, CareSouth Carolina provides primary medical, dental, behavioral health, pharmacy, and many other services to patients across the Pee Dee and surrounding areas.

CareSouth Carolina operates centers in five different counties across the state of South Carolina, including Chesterfield, Darlington, Dillon, Lee, and Marlboro Counties.

CareSouth Carolina is a private, non-profit community health center delivering patient-centered health and life services in the Pee Dee region of South Carolina. CareSouth Carolina operates centers in Bennettsville, Bishopville, Cheraw, Chesterfield, Dillon, Hartsville, Lake View, Latta, McColl and Society Hill.

Services provided by CareSouth Carolina include family medicine, internal medicine, pediatrics, women's services, OB/GYN, HIV/AIDS primary care, infectious disease primary care, IV therapy, substance abuse prevention, dental, chiropractic services, pharmacy, senior support services, family support services, clinical counseling, laboratory, ultrasound, x-ray, agricultural worker health services, podiatry, and veterans' choice provider.





How CareSouth Carolina Is Transforming Healthcare in Marlboro County

Healthcare is about more than doctor's appointments. It's about making sure families can see a provider close to home, children don't miss unnecessary days of school, prescriptions arrive when they're needed, and women, seniors, and children all have access to the care they deserve.

For years, CareSouth Carolina has continued to invest in Marlboro County with one goal in mind: bringing quality healthcare closer to the people who need it.

Today, that commitment stretches far beyond the walls of a medical office.

From healthcare locations serving communities across the county to school-based telehealth services and free prescription delivery, CareSouth Carolina continues to find new ways to remove barriers that often prevent people from getting care.

Healthcare Close to Home

Residents of Marlboro County have access to CareSouth Carolina services through four convenient locations.

The Bennettsville Main Health Center offers primary care — and much more — for patients of all ages, while Bennettsville Pediatrics focuses on the unique healthcare needs of infants, children, and teenagers. Women's Services in Bennettsville provides specialized care for women at every stage of life, and the 28,992-square-foot McColl Health and Wellness Center expands access for residents throughout the county and beyond.

Whether someone needs a yearly wellness exam, management of a chronic condition, pediatric care, preventive screenings, or women's healthcare services, patients can find that care right here in Marlboro County.

In addition, CareSouth Carolina just broke ground on a major renovation and expansion project at the Bennettsville Main Health Center, which will bring the facility to more than 9,940 square feet and consolidate all these services under one roof.

Bringing Healthcare into the Classroom

Not every doctor's appointment needs to happen inside a traditional medical office.

CareSouth Carolina has spent years expanding school-based healthcare throughout the Pee Dee, including Marlboro County schools, allowing students to receive care without leaving campus.

The program exists because missing work and school can create real hardships for families. A simple illness may require a parent to leave work, lose income, and spend hours traveling to and from an appointment.

CareSouth Carolina's School-Based Telehealth Program helps eliminate many of those challenges by connecting students with healthcare providers while they're at school. The organization has continued expanding the program through grant funding, equipping additional schools in Marlboro County with permanent telehealth technology.

The program gives students access to care for many common illnesses while reducing missed classroom time and helping parents avoid unnecessary time away from work. The broader school-based initiative now serves dozens of schools across the region and continues expanding access to rural communities.

For many Marlboro County families, healthcare is now just a short walk down the hallway to the school nurse's office.

Making Medications Easier to Access

Even after a doctor visit is complete, getting medication isn't always easy.

Transportation challenges, work schedules, and other responsibilities can make pharmacy trips difficult, especially in rural communities.

To help solve that problem, CareSouth Carolina expanded its free prescription delivery service to Marlboro County, allowing eligible customers to have medications delivered directly to their homes at no cost. Prescriptions are filled through the CSC Community Pharmacy locations in Bennettsville and McColl before being delivered, with many orders arriving the same day or the next business day, depending on timing.

The service is available to anyone who fills prescriptions through CSC Community Pharmacy, regardless of whether they receive their medical care from CareSouth Carolina.

It's another example of removing obstacles that can stand between patients and better health.



A Commitment That Continues to Grow

Healthcare needs continue to evolve, and CareSouth Carolina continues evolving alongside them.

New technology has expanded access through school-based telehealth. Pharmacy delivery has made medications more convenient for rural residents. Multiple healthcare locations ensure patients throughout Marlboro County have nearby access to primary care, pediatric services, women's healthcare, and wellness services.

Each initiative is different, but they all support the same mission: To enhance the health and well-being of everyone.

Marlboro County CareSouth Carolina Locations

Bennettsville

999 Cheraw Street, Bennettsville, SC 29512

Phone: 843-479-2341

Hours: Monday-Wednesday and Friday: 8 a.m. - 5 p.m.; Thursday: 8 a.m. - 8 p.m.

Bennettsville Pediatrics

210 W. Main Street, Bennettsville, SC 29512

Phone: 843-479-1200

Hours: Monday-Friday: 8 a.m. - 5 p.m.

Bennettsville Women's Services

1076 Marlboro Way Road, Suite 1, Bennettsville, SC 29512

Phone: 843-454-2294

Hours: Monday-Thursday: 7:30 a.m. - 6 p.m.

McColl Health and Wellness

3080 Highway 15-401 E, McColl, SC 29570

Phone: 843-523-5751

Hours: Monday-Friday: 8 a.m. - 5 p.m.



Burch said the recognition reflects the collaborative effort that has grown between AMIkids Sandhills and CareSouth Carolina over the past three years.

"Receiving the Community Partnership Award is a deeply meaningful recognition, not just for myself, but for all of us at AMIkids Sandhills and the entire AMIkids organization," Burch said. "True partnership is never the work of just one person or one organization. It requires people who are willing to show up, listen, and build together. Over the last three years, we've created a relationship built on mutual trust and shared values, always focused on providing excellent healthcare services to the children at AMIkids. This award belongs to everyone who works behind the scenes to make that care possible, especially the CareSouth Carolina mobile, behavioral health, and dental teams who helped turn this vision into a reality."

The Community Partnership Award recognizes individuals and organizations whose collaboration with CareSouth Carolina has significantly expanded access to quality healthcare and strengthened the well-being of the communities they serve.

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Services provided by CareSouth Carolina include family medicine, internal medicine, pediatrics, women's services, OB/GYN, HIV/AIDS primary care, infectious disease primary care, IV therapy, substance abuse prevention, dental, chiropractic services, pharmacy, senior support services, family support services, clinical counseling, laboratory, ultrasound, x-ray, agricultural worker health services, podiatry, and veterans' choice provider.



CareSouth Carolina Announces Expansion to ROADS Program with New Mobile Optometry Unit

CareSouth Carolina is expanding access to essential healthcare services for students across the Pee Dee with the addition of a new Mobile Optometry Unit, further strengthening its ROADS Mobile Healthcare Program.

Expected to begin serving students in mid-to-late October, the new mobile unit will bring comprehensive eye care directly to schools throughout Darlington, Lee, Chesterfield, Marlboro, and Dillon counties. CareSouth Carolina has hired a dedicated optometrist who will lead a specialized team providing full eye exams, vision screenings, frame selection, and eyewear measurements.

The Mobile Optometry Unit will initially serve students within participating school districts, helping ensure children receive the vision care they need without leaving campus.

"Adding mobile optometry to the ROADS Mobile Healthcare Program is a natural extension of our commitment to delivering comprehensive, community-centered care," said Kaitlin Hughes, BS, RMA, Director of Mobile and Telehealth Services at CareSouth Carolina. "Vision problems are one of the most common yet overlooked barriers to a child's academic success, overall health, and quality of life. By bringing eye exams, vision screenings, and prescription eyewear directly to the schools and communities we already serve, we are removing barriers such as transportation, cost, and access to specialty care. Our goal is not simply to improve vision—it is to improve educational outcomes, detect disease earlier, and ensure every patient has the opportunity to thrive."

Vision plays a critical role in a child's ability to learn, yet many vision problems go undetected for years. Without regular eye exams, students may struggle in the classroom without realizing their eyesight is affecting their performance.

"Nearly 80 percent of what a child learns is processed through vision," Hughes said. "Yet countless students struggle silently because they cannot clearly see the board, read instructional materials, or recognize that their vision is impaired. These challenges are often mistaken for learning disabilities, behavioral issues, or lack of motivation when, in reality, they may simply need comprehensive eye care. Ensuring access to vision services is an investment in both health and educational success."

By bringing optometry services directly to schools, CareSouth Carolina hopes to identify vision concerns earlier, connect students with prescription eyewear when needed, and reduce the obstacles many families face in accessing specialty care.

The Mobile Optometry Unit is the latest expansion of CareSouth Carolina's ROADS (Reach Out and Deliver Services) Mobile Healthcare Program, which delivers healthcare services directly into communities across the organization's service area.

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Growing Our Carolina Health Centers Family



We are excited to welcome the newest member of the Carolina Health Centers team, Heather Seawright, NP!

Heather will rotate between Uptown Family Practice and McCormick Family Practice, bringing her experience and dedication to our patients and communities. We are thrilled to have her join us and look forward to all she will contribute to Carolina Health Centers.

Welcome to the team, Heather!

Congratulations to Our New Directors

We have also had several exciting leadership changes over the past few months. We are pleased to announce the promotions of two outstanding members of the Carolina Health Centers team:



Derek Bannister – Director of Operations



Nikki Richard – Director of Clinical
Support Services

Please join us in congratulating Derek and Nikki on their new roles!

Their leadership, hard work, and dedication have made a meaningful difference at Carolina Health Centers. We are grateful for all they do to support our teams, our providers, and most importantly, the patients we serve.

We are proud to celebrate these exciting milestones and look forward to the continued growth and success of our Carolina Health Centers family!



Celebrating Ridge Spring Family Practice and Their Commitment to Migrant Health



We recently presented Ridge Spring Family Practice with the 2026 National Center for Farmworker Health, Inc. Commemorative Artwork by Efrain Sandoval for their work with our Migrant Health Clinic.

In this beautiful piece of artwork, "Metamorfosis Campesina", Efrain Sandoval states: *"I wanted to capture a moment in the life of migratory agricultural workers through the monarch butterfly, a powerful and apt symbol evoking*

transformation, migration across "borders," and hope.

Migration is arduous and demands adaptability. For certain monarch populations, the journey can take four or five generations to complete a full cycle from central Mexico to Canada back south again for the winter. The migratory agricultural worker leaves family and loved ones behind to go navigate hard work and unfamiliar social, cultural, and linguistic environments, among other challenges.

The overarching theme of this painting is beauty, natural beauty and how that reflects on migratory agricultural workers ever-dignified work: providing humanity the very substance of life.

The foreground is dominated by a natural scenery not uncommon in late summer and early fall during apple picking season: monarch butterflies feeding on asters and golden rods, perennial wildflowers often growing together that provide crucial energy source for the long fall migration.

With the apple pickers on the background, the symbol of hope and future aspirations is further accentuated by the rays of sun and ladders pointing upwards."

We knew this piece of artwork had to go to Ridge Spring Family Practice. We are so thankful for their work in their communities!



Health Care Partners OF SOUTH CAROLINA

Health Care Partners of South Carolina Partners with Conway Nutrition for Second Year During National Health Center Week



As part of National Health Center Week 2026, Health Care Partners of South Carolina (HCPSC) once again partnered with Conway Nutrition for a community fundraising event benefiting HCPSC's Patient Care Fund.

Conway Nutrition featured a special "Health with Heart" drink, with a portion of proceeds donated to support HCPSC patients experiencing financial hardship during medical crises. The Patient Care Fund helps provide assistance to patients when unexpected financial challenges create additional barriers to accessing care.

The event also provided an opportunity to recognize the HCPSC Board of Directors for their leadership and dedication to the organization's mission. CEO Santina Mayo joined Board members at the celebration, where they also previewed a rendering of HCPSC's upcoming 4th Avenue building, offering a glimpse into the organization's continued growth and investment in the community.

This year's event marked the second consecutive year that HCPSC and Conway Nutrition have partnered during National Health Center Week, demonstrating the power of local collaboration to make a meaningful difference in the lives of patients and families.

HCPSC extends its sincere appreciation to Conway Nutrition for its continued partnership and commitment to strengthening the community and helping ensure that patients have access to compassionate, quality care when they need it most.





Health Care Partners of South Carolina Expands Eye Care Access Through New Collaboration with Little River Medical Center



Health Care Partners of South Carolina announced a new collaboration with Little River Medical Center (LRMC) to bring its Mobile Eye Care Center directly to the Little River community, offering comprehensive eye exams without requiring patients to travel to a separate facility. The announcement was made in celebration of Partner Appreciation Day during National Health Center Week 2026, aligning with this year's national theme, "Building Innovative Care Where It Matters Most."

"At Health Care Partners of South Carolina, we believe that collaboration is the heartbeat of community health," said CEO Santina Mayo. "Eye care is essential to overall health, yet it's often one of the hardest services for busy families to access. Bringing our Mobile Eye Care Center to the Little River community is exactly the kind of innovative, community-first approach we're proud to build."

Pamela Davis, CEO of Little River Medical Center, noted the value of two Community Health Centers with a shared mission coming together, emphasizing that co-locating vision services helps create a more connected, integrated healthcare experience for patients.

By bringing services directly into patients' medical homes, the collaboration reduces transportation barriers and simplifies scheduling for families. This partnership adds to a growing list of organizations served by HCPSC's Mobile Eye Care Center, including Pee Dee Head Start, Horry County Schools, and Careteam Plus, Inc. Johanna Haynes, CEO of Careteam Plus, Inc., shared her confidence in HCPSC as a trusted referral partner for vision, dental, and behavioral health services.

Each collaboration reflects HCPSC's continued commitment to bringing the Mobile Eye Care Center directly into the communities that need it most.





Health Care Partners of South Carolina Hosts “Take Charge of Your Health” Lunch & Learn in Gresham



Health Care Partners of South Carolina (HCPSC) recently hosted a community Lunch & Learn in Gresham, bringing residents together for an informative conversation focused on chronic disease management.

The event featured presentations from Gresham Provider Seceal Davis, Director of Pharmacy Dr. Katina Richmond, and Lead Diabetes Coordinator DeAundra Shubrick. Each shared clinical insight, practical strategies, and helpful information to empower community members in managing chronic health conditions and making informed decisions about their health.



The Lunch & Learn received strong support from the local community. The Boomers Active Meetup Group (B.A.M.), Pick 42 Foundation, and PDRTA helped encourage community members to attend and take part in the discussion. Councilman Fred Gause also joined the event in support of HCPSC's efforts to promote health education and engagement in Gresham.

HCPSC also extends its appreciation to Humana representative Tymikah Wright for sponsoring the lunch and helping make the event possible.

Community events like this are an important part of HCPSC's commitment to bringing health education directly to the communities it serves. By providing accessible information and opportunities for connection, HCPSC continues to support individuals and families across the region in taking an active role in their health.





Health Care Partners OF SOUTH CAROLINA

Celebrating National Health Center Week 2026

Health Care Partners of South Carolina (HCPSC) celebrated National Health Center Week 2026 with a full week of activities recognizing the people, partnerships, and communities at the heart of its mission.

Celebrating Our Staff

Throughout the week, HCPSC leadership visited each of its locations to host ice cream and sandwich socials for staff. These gatherings provided an opportunity to thank employees for their dedication and recognize the vital role every team member plays in providing quality care and serving their communities.

Connecting with Patients and Communities

National Health Center Week also gave HCPSC an opportunity to engage with patients and community members through a variety of activities. The organization hosted a Back-to-School Drive, collecting school supplies and wellness essentials to support local students as they prepared for the new school year. Pediatric patients also participated in “Chalk the Walk,” a creative outdoor art activity that brought color and fun to HCPSC locations. In addition, Patient Appreciation Day activities were held across all HCPSC locations, giving staff the chance to celebrate and thank the patients who make their work possible.

Strengthening Community Partnerships

The week also highlighted HCPSC’s ongoing commitment to collaboration. As part of the celebration, HCPSC partnered with Conway Nutrition for the second annual “Health with Heart” drink event, with proceeds benefiting HCPSC’s Patient Care Fund. The event demonstrated how local partnerships can make a meaningful difference in helping patients access the care and support they need.

47 Years of Serving Our Communities

This year’s National Health Center Week celebration was especially meaningful as HCPSC also marked 47 years of service to the communities of Horry, Marion, and Florence Counties. From caring for patients and supporting families to partnering with local organizations, HCPSC remains committed to improving health and strengthening the communities it serves. National

Health Center Week 2026 was a celebration of that commitment—and of the staff, patients, and partners who make it possible.





Health Care Partners OF SOUTH CAROLINA

Health Care Partners of South Carolina Honored with Local Proclamations for National Health Center Week 2026



Health Care Partners of South Carolina (HSPSC) received formal proclamations from multiple municipalities and counties across its service area in recognition of National Health Center Week 2026. Throughout the week, CEO Santina Mayo, along with Leadership and Board Members, accepted proclamations on behalf of the organization.

Recognitions were received from:

- **City of Marion** — presented by Mayor Ashley Brady and the Marion Municipal Government
- **Marion County Council** — recognized in partnership with county leadership
- **City of Johnsonville** — presented by Mayor Dipen B. Khambhaita
- **City of Conway** — presented by Mayor Barbara Blain and the Conway City Council



HCPSC extends its gratitude to each of these communities for their continued partnership and for recognizing the role community health centers play in providing accessible, quality care throughout Horry, Marion, and Florence Counties.

HOPEHEALTH CELEBRATED NATIONAL HEALTH CENTER WEEK WITH PARTNERS IN IMPACT LUNCHEON



FLORENCE, S.C. (August 13, 2026) – HopeHealth celebrated National Health Center Week from August 2-8 with appreciation activities for employees and community partners, culminating in a Partners in Impact Luncheon on August 4.

Held at the Florence Country Club, the Partners in Impact Luncheon brought together community leaders, partners, advocates, and supporters to celebrate the partnerships and people who help advance health and well-being across the communities HopeHealth serves. The event offered an opportunity to connect, reflect on shared impact, and recognize the important role collaboration plays in building healthier communities.

The luncheon opened with words from Sallie King, HopeHealth Chief of Staff, who said, “We are honored to welcome leaders from health care, nonprofit organizations, education, government, business, and our faith community. Together, you represent more than 25 organizations that are making a difference in the lives of the people we serve. Today's luncheon is simply our opportunity to say thank you - for your partnership, your collaboration, and your shared commitment to building healthier communities.”

CEO Carl Humphries spoke about the critical impact of partnerships in securing the future of community health centers. He shared, “When people think about health care, they often think about doctors, nurses, clinics, and hospitals. Those things are certainly essential, but we all know that health is influenced by so much more... The truth is that none of us - not HopeHealth, not our hospital partners, not government agencies, and not nonprofit organizations - can do this work alone. Improving community health has never been the responsibility of one organization. It has always been a shared responsibility. That's why partnerships are not simply something we value; they are essential to fulfilling our mission and to building healthier communities.”

In addition to much-appreciated representation from the South Carolina Primary Care Association, HopeHealth was pleased to welcome Brandon Jones from the National Association of Community Health Centers (NACHC) to the event. On the value of this special guest, Humphries said, “It's especially fitting that you're here, because the National Association of Community Health Centers has made partnerships one of its strategic priorities. At HopeHealth, we share that commitment because we've seen firsthand what is possible when partners come together on behalf of the people we serve.”

The program continued with HopeHealth community health worker Terrance Legette sharing about the Heart Healthy Barbershop Tour, a program that provides free blood pressure screenings and health information at different barbershop locations, meeting participants where they are and helping them find a health care home.

Additionally, Jon Weiss, Jr., CEO of House of Hope, shed light on their partnership with HopeHealth. He explained, “Not only does HopeHealth provide an unbelievable workforce development partnership for us, but they also help identify the health needs of our participants, because nobody can be successful in life if they don't understand what they're dealing with from a health perspective. We are very lucky and grateful to have organizations like HopeHealth in this community.”

National Health Center Week is recognized by NACHC every August to bring awareness to the importance of community health centers like HopeHealth. This year's theme was "Building Innovative Care Where It Matters Most." Being an advocate is as simple as letting your congressional representatives know the importance of issues affecting community health centers. To learn more about advocating for HopeHealth and other centers, visit headvocacy.org.

HopeHealth is a nonprofit leader in providing affordable, expert primary and specialty health care services for all ages in Florence, Aiken (Infectious Diseases), Clarendon, Orangeburg, and Williamsburg Counties. Our federally qualified health centers are the health care home of choice for nearly 85,000 patients. To become a patient, call 843-667-9414 or visit hope-health.org.



NHFHS Community Health Summit Brings Upstate Community Together

On August 1, New Horizon Family Health Services (NHFHS) welcomed our community to the 2026 Community Health Summit - a day dedicated to connecting individuals and families with healthcare, resources, and organizations that can help them live healthier, happier lives.

Held at Greenville Technical College's Barton Campus, the Summit brought together community members, healthcare providers, local organizations, vendors, sponsors, volunteers, and NHFHS staff for a day filled with health screenings, educational resources, family activities, giveaways, and opportunities to connect with services available throughout our community.

Thanks to the generosity and support of our sponsors and community partners, attendees were able to access a wide variety of resources all in one place. NHFHS staff also provided health screenings and information, helping attendees learn more about their health and connect with appropriate care and services.

While we are still compiling statistics from the Summit, the numbers will only capture part of what made the event so special. The true success of the day was seeing our community come together - families exploring resources, organizations sharing their missions, volunteers lending a helping hand, and so many people working together to make a difference.

We are incredibly grateful to everyone who helped make the 2026 Community Health Summit possible, including our sponsors, vendors, community partners, volunteers, attendees, and the many people who worked behind the scenes. Their support helped create an event that was not only informative, but also welcoming, engaging, and centered around the health of our community.

Want to relive some of the highlights? Check out our [Community Health Summit Photo Gallery](#) for a look at some of our favorite moments from the day.

Save the Date! We're excited to announce that the Community Health Summit will return Saturday, July 24, 2027!

We invite the community to join us again as we continue connecting people with valuable resources and work toward a healthier Upstate.





NHFHS Celebrates National Health Center Week

New Horizon Family Health Services was proud to celebrate National Health Center Week, August 2–8, joining community health centers across the country in recognizing the dedicated people who make a difference in the lives of patients and communities every day. National Health Center Week is a time to highlight the commitment and passion of community health center staff, board members, supporters, and partners - and this year, we had plenty to celebrate!

We were honored to receive National Health Center Week proclamations from local leaders. Greenville City Council Member and Mayor Pro Tem Lillian Brock presented a proclamation at our Faris Road location, while Travelers Rest Mayor Brandy Amidon presented a proclamation at our Travelers Rest location. Their recognition highlighted the important role community health centers play in providing access to quality, compassionate care in the communities we serve.

On Patient Appreciation Day, all NHFHS locations welcomed patients with goodies, snacks, activities for children, New Horizon swag, information and handouts, and raffle drawings. It was a wonderful opportunity for our teams to connect with the people who trust us with their care.

Our staff were also at the center of the celebration. Community health centers thrive because of the dedication of both clinical and non-clinical employees, and Staff Appreciation Day gave us an opportunity to recognize their many contributions to patient care and the success of our organization. Our team enjoyed a catered lunch, special gifts, and raffle prizes as a small thank-you for the incredible work they do each day.

National Health Center Week was a wonderful reminder that New Horizon is more than a healthcare provider - we are part of a community built on compassion, collaboration, and a shared commitment to improving health and well-being. We are grateful to our patients, staff, partners, board members, and supporters for being part of the New Horizon family and helping us make a difference every day!



ReGenesis Health Care Celebrates Grand Opening of New Business, Administration & Training Center

Spartanburg, S.C. – ReGenesis Health Care celebrated the grand opening of its new Business, Administration & Training Center on August 7 with local leaders, patients, staff, board members, and community partners.

The celebration included a ribbon-cutting ceremony, facility tours, food and refreshments, and the opportunity to explore the new center at 2271 S. Pine St. in Spartanburg.

The new center brings ReGenesis Health Care's administrative departments together while providing dedicated spaces for staff training, professional development, meetings, and community use.

Conference rooms, training spaces, and the event center will be available for community organizations, businesses, nonprofits, and other groups to reserve for meetings, trainings, workshops, and events.

During the grand opening, attendees also helped name the new event center. ReGenesis Health Care staff submitted name ideas, which were narrowed to five options for attendees to vote on. The winning name, The BridgePoint Center, reflects ReGenesis Health Care's commitment to connecting people with healthcare, resources, and opportunities.

The BridgePoint Center aligns with one of ReGenesis Health Care's core values: “Our Bridge to Access Leaves No One Out.” The space will serve as a gathering place for ReGenesis Health Care and the community.

The Business, Administration & Training Center represents ReGenesis Health Care's continued investment in its staff, operations, and the communities it serves. ReGenesis Health Care thanks everyone who joined in celebrating this milestone and looks forward to opening the new spaces to the community.

Photo of Business, Administration & Training Center:



About ReGenesis Health Care

ReGenesis Health Care is a non-profit organization that provides comprehensive health services in ten locations to residents in Spartanburg, Cherokee and Union counties. ReGenesis Health Care is one of 19 federally qualified community health centers in South Carolina and the only center of its kind in Spartanburg, Cherokee and Union counties. Mission: We increase community access to comprehensive healthcare.

Note to Editors: For media inquiries, contact Ashley Keller, Marketing Manager, using the contact methods listed above. For more information about ReGenesis Health Care, visit www.myrhc.org.

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Tandem Health Hosts Annual National Health Center Week Legislative Luncheon



In celebration of National Health Center Week (NHCW), Tandem Health proudly hosted its Annual Legislative Luncheon on Thursday, August 6, with over 60 attendees, including national, state, and local leaders.

The luncheon served as a platform for Tandem Health to highlight its ongoing commitment to providing high-quality, accessible healthcare services to the Sumter community. It also offered a moment to reflect on recent accomplishments and share future initiatives aimed at further improving public health outcomes in the community.

Among the event's notable moments was the official Mayor Proclamation, declaring the week of August 2 – 8, 2026 as National Health Center Week in Sumter. This acknowledgment reinforces the vital role that community health centers like Tandem Health play in promoting wellness and equity.

The event underscored the collaborative spirit between healthcare providers and government leaders in addressing the evolving health needs of the community. National Health Center Week is recognized annually to raise awareness about the mission and accomplishments of America's Community Health Centers.

Tandem Health Welcomes a New Clinical Pharmacist



Tandem Health Pharmacy welcomes Emily Rudisell, PharmD, a new Clinical Pharmacist, to the team.

Emily Rudisell, PharmD, is a clinical pharmacist specializing in adult medicine, with medical interests in family medicine and cardiology. She earned her Doctor of Pharmacy from the University of South Carolina College of Pharmacy and completed her residency at Prisma Health in PGY1 Ambulatory Care.

Emily is passionate about working directly with patients to improve their health and enjoys seeing the progress they make overtime. She believes in caring for the whole person and is committed to helping patients have access to the healthcare, education, and resources they need to live healthier, happier lives.

Known for her humor and empathy, she strives to make the people around her smile and feels strongly about giving back to her community. She is involved with the South Carolina Pharmacy Association and the South Carolina Society of Health-System Pharmacists.

Outside of work, she enjoys baking, making homemade pasta, reading, and spending time with her two cats, Aurora and Luna. She also hopes to learn how to make sourdough bread and take up rollerblading.

Changing Healthcare, Enriching Lives

Tandem Health Welcomes New Family Medicine Resident



Tandem Health welcomes Ali Zia Ansari, DO, one of the new Family Medicine Residents, to the team.

Ali Zia Ansari, DO is a Family Medicine resident at Tandem Health with a passion for providing compassionate, patient-centered care. He earned his Doctor of Osteopathic Medicine degree from William Carey University College of Osteopathic Medicine. He is one of the family medicine residents with the Family Medicine Residency program, a collaborative partnership between Prisma Health Tuomey Hospital, the USC School of Medicine and Tandem Health.

Dr. Ansari is committed to building strong relationships with patients while promoting health, wellness, and preventive care. He is an active member of the American Academy of Family Physicians (AAFP), reflecting his dedication to lifelong learning and excellence in patient care.

Outside of medicine, Dr. Ansari enjoys collecting Yu-Gi-Oh! cards and LEGO sets. Looking ahead, he hopes to become not only a skilled physician but also a strong clinical and medical educator who mentors and inspires future generations of physicians.

Changing Healthcare, Enriching Lives

Tandem Health Welcomes New Family Medicine Resident



Tandem Health welcomes Girma Lema, MD, one of the new Family Medicine Residents, to the team.

Girma Lema, MD, is a Family Physician at Tandem Health with a focus on family medicine and preventive care. He is an international medical graduate of Jimma University School of Medicine in Ethiopia and has been in practice for about a year. He is one of the family medicine residents with the Family Medicine Residency program, a collaborative partnership between Prisma Health Tuomey Hospital, the USC School of Medicine and Tandem Health.

Dr. Lema is committed to building strong, lasting relationships with his patients and helping them stay healthy through preventive, whole-person care. He values connecting with the diverse communities he serves, drawing on his own multilingual background to communicate with and care for a wide range of patients.

Outside of medicine, Dr. Lema enjoys playing soccer and collecting family stories and recipes from different cultures. He hopes to be remembered as a doctor who truly cared and helped improve lives in the community.

Changing Healthcare, Enriching Lives

Tandem Health Welcomes New Clinical Pharmacy Resident



Tandem Health Pharmacy welcomes Fiona Gable, PharmD, the new Pharmacy Resident, to the team.

Fiona Gable, PharmD, is a PGY1 Clinical Pharmacy Resident with the Tandem Health Pharmacy Residency Program, a collaborative partnership between Prisma Health/USC Family Medicine, the USC College of Pharmacy, and Tandem Health. She earned her Doctor of Pharmacy degree from the University of North Carolina (UNC) Eshelman School of Pharmacy.

Fiona has known she wanted to pursue pharmacy since high school and is passionate about supporting patients through education and compassionate, evidence-based care. She recently moved to Sumter and is excited to get involved in the community this year.

Outside of work, she enjoys baking banana bread and homemade pizza, walking around Swan Lake, and spending her free time reading, doing jigsaw puzzles, and embroidery. She played ultimate frisbee through high school and college, and her apartment is full of the plants she's collected along the way.

Changing Healthcare, Enriching Lives



Genesis Healthcare, Inc. Earns Prestigious 2026 Gold Health Center Quality Leader



Genesis Healthcare Inc, a leading provider of healthcare services, proudly announces that it has earned the 2026 Gold Health Center Quality Leader Award from the Health Resources and Services Administration (HRSA), placing Genesis among the top 10 percent of health centers nationwide for clinical quality performance.

The Gold Health Center Quality Leader designation is one of the Health Center Program's most significant quality distinctions and recognizes health centers demonstrating exceptional clinical quality performance. For Genesis Healthcare, this national recognition reflects the organization's

continued commitment to delivering high-quality, patient-centered care and achieving strong clinical outcomes for the communities it serves.

In addition to the Gold Health Center Quality Leader Award, Genesis Healthcare earned two additional 2026 Health Center Program recognitions: National Quality Leader - Heart Health and Improving Health Care Access Awardee. The Heart Health recognition highlights Genesis Healthcare's work to advance cardiovascular health and strengthen outcomes, while the Improving Health Care Access recognition underscores ongoing efforts to reduce barriers and connect more patients with needed healthcare services.

The 2026 Gold recognition continues Genesis Healthcare's history of national recognition for quality. Genesis received Silver Level Health Center Quality Leader recognition in 2020 and 2021 and Gold Level recognition 2022-2025. Earning Gold again in 2026 - a distinction reserved for the top 10 percent of health centers nationally - demonstrates Genesis Healthcare's sustained focus on clinical excellence and high-quality care.

Genesis Healthcare remains committed to addressing patients' immediate health needs while emphasizing preventive care, education, and access. These three 2026 recognitions demonstrate the breadth of that commitment: achieving top-tier clinical quality, advancing heart health, and improving access to care for the economically and culturally diverse communities Genesis serves across South Carolina.

The Health Center Program supports access to comprehensive, patient-centered, high-quality primary healthcare services for underserved and vulnerable populations. Genesis Healthcare's Gold Health Center Quality Leader Award, together with its Heart Health and Improving Health Care Access recognitions, reinforces its role as a national healthcare leader focused on quality, access, and healthier communities.





National Health Center Week



Genesis Healthcare proudly celebrated National Health Center Week with a week full of appreciation, fun, and team spirit! Throughout the week, team members had the chance to participate in special raffles, with exciting prizes awarded along the way. We wrapped up the celebration on Friday with T-Shirt Day, giving our team an opportunity to show their Genesis pride.

National Health Center Week is a time to recognize the important role community health centers play in providing accessible, high-quality care to the communities they serve. We're grateful for every member of the Genesis team who helps make that mission possible each day!







Olanta Back to School Bash



Genesis Healthcare joined community partners for the Olanta Back to School Bash, helping local students and families prepare for a successful school year. Our team distributed school supplies to students and served hot dogs to families, generously cooked by the Olanta Rural Fire Department.

The event was truly a community effort. Harvest Hope provided food boxes and fresh watermelons for families, while Healthy Blue and Medication Assistance Pharmacy (MAP) shared valuable health information and community resources with attendees.

The Olanta Back to School Bash was a wonderful example of what can be accomplished through collaboration. Genesis Healthcare is grateful to our community partners and everyone who helped make the event a success as we continue working together to support the health and well-being of the communities we serve.





Goose Creek High School Sports Physicals Supporting Student-Athletes On and Off the Field



Genesis recently partnered with Goose Creek High School to provide sports physicals for 45 student-athletes over the course of two days. By bringing these important preventive healthcare services directly to students, our team helped ensure athletes are healthy, safe, and prepared for the upcoming sports season.

Community partnerships like this are an important part of Genesis' commitment to making preventive healthcare more accessible and supporting the health and well-being of young people in the communities we serve.

We're proud to support the next generation both on and off the field, and we're grateful for the opportunity to help Goose Creek's student-athletes get ready for a successful season.

Coffee and Communication



Conversations That Create Connection

A cup of coffee can be more than a morning ritual. It can be an invitation to pause, connect, listen, and engage in conversations that have the power to make a difference.

In our increasingly busy world, genuine communication can sometimes take a back seat. We send quick texts instead of making a call, scroll past important conversations, and move from one responsibility to the next without taking time to truly connect. Yet meaningful communication remains one of the most powerful ways we build relationships, strengthen communities, and create understanding.

Coffee & Communication is a reminder that sometimes the most important conversations happen when we slow down.

Pull Up a Chair

Good communication begins with creating space for others. Whether you are sharing a cup of coffee with a friend, checking in with a colleague, talking with a family member, or connecting with someone in the community, being fully present can make all the difference.

Put away the distractions. Make eye contact. Listen without preparing your response. Ask questions because you genuinely want to understand – not simply because you are waiting for your turn to speak.

Sometimes people don't need us to have all the answers. They simply need someone willing to listen.

Speak With Purpose

Communication is also about finding our voice. Speaking up about our experiences, needs, concerns, and ideas can be empowering. It allows us to advocate for ourselves, encourage others, and bring attention to issues that deserve to be heard.

Your voice has value.

Your story has value.

Your perspective has value.

When we create environments where people feel safe to speak honestly and respectfully, we open the door to greater understanding and stronger relationships.

Conversations Can Create Change

Every movement begins with people willing to talk about what matters.

Conversations can challenge assumptions, build bridges, exchange knowledge, inspire action, and bring people together around a shared purpose. A simple conversation over coffee can become the beginning of a partnership, a new idea, a meaningful friendship, or even a movement for change.

That is why communication matters – not just in our personal lives, but in our communities.

This Month's Coffee Conversation

As you sit down with someone this month, try asking a question that goes a little deeper:

“What is something you wish more people understood?”

Then listen.

Don't rush to respond. Don't try to solve everything. Give the person permission to be heard.

You may discover something new about someone you thought you knew well. You may gain a different perspective. Most importantly, you may remind someone that their voice matters.

Keep the Conversation Brewing

At The Movement, we believe connection is an essential part of creating stronger, healthier, and more empowered communities. Communication gives us the opportunity to learn from one another, celebrate our differences, identify common ground, and move forward together.

So, grab your favorite cup, pull up a chair, and start a conversation.

Ask. Listen. Share. Connect. Empower.

Because sometimes change begins with something as simple as two people, a cup of coffee, and a conversation that matters.



This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award with a percentage financed with non-governmental sources. The contents are those of the South Carolina Primary Health Care Association and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

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