

# THE MOVEMENT NEWSLETTER



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*The connection that  
keeps us together*



SOUTH CAROLINA  
PRIMARY HEALTH CARE  
ASSOCIATION



# Conferences and Events

**2026**  
**STATE**  
**POLICIES &**  
**ISSUES**  
**FORUM**

**SAVE THE DATE**

**JAN**  
**13 & 14**

**MARRIOTT COLUMBIA**  
1200 Hampton St, Columbia, SC 29201


**2026**  
**ANNUAL**  
**SEA**  
**RETREAT**

**MISSION POSSIBLE:**  
**SERVICE AND TEAMWORK IN ACTION**

**SAVE THE DATE**

**March 27-29**

**The Ellie Beach Resort**  
13200 S Ocean Blvd, Myrtle Beach, SC 29577


# Letter from the Editor



Dear Friends of *The Movement*,

As December arrives, it invites us to pause—to reflect on where we've been this year and to imagine what's possible as we move forward together. This season carries a unique mix of gratitude and anticipation, and it feels especially fitting for a community built on momentum, purpose, and collective action.

Over the past year, The Movement has evolved in powerful ways—deepening its impact as much as it has expanded its reach. Together, we've leaned into important questions, listened with intention, and taken purposeful steps—both quiet and courageous—toward the future we're working to create. This progress is only possible because of you. Your voices, your participation, and your commitment are the heartbeat of this movement.

December is also a reminder that rest is part of progress. As many of us slow down, gather with loved ones, or simply take a breath, I encourage you to honor the quiet moments. Reflection fuels clarity, and clarity fuels action.

In this final issue of the year, you'll find stories that capture the spirit of what we're building together—lessons learned, voices worth amplifying, and glimpses of what's ahead in the new year. We're entering the next chapter with renewed focus and optimism, grounded in our values and energized by our shared purpose.

Thank you for being part of The Movement. May this season bring you warmth, perspective, and inspiration. We look forward to continuing the journey with you in the year ahead.

With gratitude,

A handwritten signature in cursive script that reads "Kenya".

Kenya L. Mingo, MBA, MA, CLSSGB

Editor, The Movement

Director of Corporate Compliance and Communications



# STAFF SPOTLIGHT

## Getting to Know Elizabeth Balijepalli *Outreach Worker*



Elizabeth hails from Utah. As the third child of Lorenza and Rafael, Elizabeth is the wife of Santosh and mother to Fernando and Prasad both of whom she adores. She has been employed with the Association for four months.

**Get to know Elizabeth a little better by reading how she responded to the following:**

**Where are you from?** Born in California, grew up between California, Utah and Mexico.

**Did you attend college?** Yes, Salt Lake Community College in Utah, and I am currently enrolled at Columbia College.

**What drew you to this field, and how did you get started?** I've always had a passion for health care. After being a CNA for 10 + years, I decided to pivot into Business Health Care and ended up in this wonderful position working alongside Ag workers.

**What is your favorite part about your job and why?** Working alongside the farm workers and their families. I get to learn about them and connect them with our services and other services in the community.

**What are you looking forward to doing in this role?** Expanding my outreach and number of farm workers I am connecting with.

**What is a fun fact about you that may surprise people?** I am an adrenaline junkie, and I love adventure. Whether it is through solo traveling, scuba diving or water rafting. This surprises people as I am also shy.

**What is your favorite hobby, activity, or creative outlet?** Stand-up comedy, road trips, watching comedy movies and shows.

**What is the best piece of advice someone has given you?** If you have studies or work, it's best to do it in the morning when our brains are fresh and clear of distractions of the day. (This was said to me when I was 8 by a teacher and have followed it since.)

**If you were a vegetable, which one would you be and why?** Orange carrots because they are bright, colorful, and beautiful.



**What's a random talent you have that no one at work knows about?** I am very good at arts and crafts.

**If you had to be stuck in a TV show for a week, which one would it be?** How I Met Your Mother. It's one of my favorite shows.

**If your personality were a drink, what would it be?** Spicy Margarita

**Who would you haunt if you were a workplace ghost?** Housekeeping, just for fun as they are here after hours when the office gets quiet.

**What fictional boss would you love (or hate) to work for?** Sandra Bullock in The Proposal

**Do you prefer early mornings or late nights?** I have been an early bird since I was a young kid. My day is more productive if I wake up early.

**Would you rather sneeze but never finish or always have an itchy nose?** I already live with an itchy nose thanks to my allergies to SC trees, easy pick for me haha.

**Time travel or invisibility?** Time travel would be great. I would go back in time and see my parents and grandparents as children.

**First app you open in the morning?** Weather app

**If your life were a movie, who would play you?** A female version of Jim Carrey. Because he is serious when he needs to be, but also unserious and goofy. He would play my character very well.

**If you could have any superpower, what would it be and why?** Freezing time. It would be great to be able to pause everything, take a break, and just resume afterwards as if nothing happened.

# A Lesson in Leadership

Cor  
& Kin

Leadership isn't about presence  
that dominates—  
it's presence that invites.

The kind that makes room for  
honesty, growth, and belonging.

The kind that creates room for  
others to rise.

# BE PREPARED: A Monthly Emergency Essential

## Measles Outbreak



### Guidance Note: US Measles Outbreak

#### I. What is it?

Measles is a highly contagious viral disease. It begins with a fever that lasts for a couple of days, followed by a cough, runny nose, conjunctivitis (pink eye), and a rash.

#### II. What are the symptoms?

The rash typically appears first on the face, along the hairline, and behind the ears and then affects the rest of the body. Infected people are usually contagious from about 4 days before their rash starts to 4 days afterwards.

#### III. How is it spread?

Measles spreads easily through the air when someone infected breathes, coughs, or sneezes, and the virus can linger in the air for up to two hours after exposure. You can also become infected by touching contaminated surfaces and then touching your eyes, nose, or mouth. A non-immune person has a 90% chance of becoming infected if they are exposed to someone with measles.

#### IV. How is it treated?

There is no specific antiviral treatment for measles; therefore, management primarily involves supportive care to alleviate symptoms and prevent complications:

- Supportive care: ensure adequate fluid intake, especially if diarrhea or vomiting is present; antipyretics for fever management and discomfort (avoid aspirin in children due to the risk of Reye's syndrome) and nutritional support.
- Complication management: monitor and treat secondary infections such as pneumonia and diarrhea promptly.
- Hospitalization criteria: admit severe cases, especially those with respiratory distress, dehydration, or encephalitis.

#### V. Does treatment include Vitamin A supplementation?

Not everyone in the US needs to take vitamin A when they have measles because they get enough vitamin A through their diet. However, health care providers may provide Vitamin A to reduce the severity of measles complications in specific populations like children with severe measles, especially those who are hospitalized. Vitamin A may be harmful during pregnancy and should be avoided.



## **VI. What are the complications of measles?**

Common complications include diarrhea and vomiting, otitis media, bronchitis, pneumonia, encephalitis, subacute sclerosing panencephalitis (a rare but fatal brain disease) and death. These complications are most common among children younger than 5 and adults. Complications of measles during pregnancy include premature births, low birth weight and fetal death. About 1 in 5 unvaccinated people in the U.S. who get measles is hospitalized and nearly 1 to 3 of every 1,000 children who become infected with measles will die from respiratory and neurologic complications.

## **VII. Who is at risk?**

- Unvaccinated individuals- the majority of cases have occurred among those who have not received the measles, mumps, and rubella (MMR) vaccine. Unvaccinated individuals are at the highest risk of contracting measles, especially in areas with ongoing outbreaks.
- Children under five- young children, particularly those under the age of five, are more susceptible to severe complications from measles, including pneumonia and encephalitis.
- Immunocompromised individuals- people with weakened immune systems, such as those undergoing chemotherapy or living with HIV/AIDS, are at increased risk for severe measles infections.
- Pregnant women- pregnant women who are not immune, i.e., they are unvaccinated or never had measles, are generally at higher risk of complications from measles like pneumonia and encephalitis, preterm birth, miscarriage, or stillbirth. They cannot receive the MMR vaccine during pregnancy, so prevention is critical.
- Residents in affected areas- individuals living in or traveling to regions with active outbreaks, face a higher risk of exposure.

## **VIII. What is the best way to prevent measles?**

The most effective way to prevent measles is by getting the measles, mumps, rubella (MMR) vaccine. Two doses of the MMR vaccine are 97% effective at preventing measles and rubella and 86% effective at preventing mumps.<sup>1</sup>

## **IX. Recommendations for Health Facilities**

Health facilities must implement strict infection control measures, rapid case identification, and proper patient management to prevent the spread of measles.

### **1. Triage and Isolation of Suspected Measles Cases**

- **Rapid Identification:** Screen patients at triage for measles symptoms (fever, cough, conjunctivitis, runny nose, and rash).

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<sup>1</sup> <https://my.clevelandclinic.org/health/procedures/mmr-vaccine>

- **Isolation Protocol:**
  - Immediately place suspected measles cases in an **airborne isolation room** (negative pressure room if available).
  - If no isolation room is available, place the patient in a well-ventilated single room.
  - If more than one suspected patient present to the health facility, group these patients together, away from other patients, especially immunocompromised individuals and young children.
  - Keep suspected cases masked (surgical mask for patients  $\geq 2$  years old) and ensure they do not stay in shared waiting areas.
- **Minimize Contact:** Limit staff interactions to essential personnel only and restrict visitors.

## 2. Infection Prevention & Control (IPC)

- **Airborne Precautions**
  - Healthcare workers must wear N95 respirators or equivalent when caring for suspected or confirmed measles patients.
  - Standard and contact precautions should also be observed (hand hygiene, gloves, and gowns as needed).
- **Cleaning and Disinfection**
  - Measles virus can remain airborne for up to 2 hours in a room after an infected person leaves.
  - Proper room cleaning with hospital-grade disinfectants is required, and rooms should remain vacant for 2 hours before reuse if possible.
- **Restrict Non-Essential Services:** Avoid unnecessary movement of suspected measles patients within the facility.

## 3. Vaccination and Post-Exposure Prophylaxis

- **Healthcare Workers:**
  - All healthcare staff should have **two doses of the MMR vaccine** or confirmed measles immunity.
  - Unvaccinated staff should receive the MMR vaccine or be reassigned away from measles patients.
- **Post-Exposure Management:**
  - Exposed, unvaccinated individuals should receive the MMR vaccine within 72 hours or immune globulin (IG) within 6 days of exposure to reduce severity.
  - High-risk groups (pregnant women, immunocompromised individuals, infants  $< 12$  months) should receive IG rather than the MMR vaccine.

## 4. Surveillance & Reporting

- **Immediate Notification:** Report suspected measles cases to public health authorities within 24 hours.



- **Testing:** Collect specimens (throat/nasopharyngeal swabs and blood for serology/PCR testing) to confirm cases.
- **Contact Tracing:** Identify and notify exposed individuals (patients, visitors, and staff) and assess their vaccination status.

## 5. Community & Patient Education

- **Prevent Spread:**
  - Instruct measles patients to self-isolate **for at least 4 days after rash onset** and avoid contact with vulnerable individuals.
  - Advise caregivers to monitor for complications and seek care if severe symptoms (e.g., difficulty breathing, dehydration, confusion) develop.
- **Public Awareness:**
  - Distribute information on measles symptoms, vaccine importance, and outbreak updates.
  - Encourage vaccination for unvaccinated individuals, especially in high-risk areas.

## X. Resources

[South Carolina Department of Health 2025 Measles Outbreak](#)

### For Providers:

- [Clinical Assessment Guide \(pdf\)](#)
- [Provider Guidance: Early MMR Vaccination for Infants \(6–11 Months\) During a Measles Outbreak \(pdf\)](#)

### General Measles Information:

[Occupational Safety and Health Administration: Measles](#)

[CDC: Measles Symptoms and Complications](#)

[Mayo Clinic: Measles](#)

[Cleveland Clinic: Measles](#)

[Harvard Health: Measles](#)

[Children's Minnesota Clinical Guidelines: Measles](#)

[Texas Department of State Health Services: Measles](#)

[University of Texas Austin: Measles](#)



# Value-Based Care

VALUE  
BASED  
CARE



## FQHC Year-End Focus: Performance, Quality, and Value-Based Reimbursement Readiness

As the year draws to a close, FQHCs face a critical window to evaluate performance, strengthen documentation, and prepare for final value-based reimbursement adjustments. Year-end activities shape not only financial outcomes but also strategic priorities for the next performance year. By proactively reviewing metrics, identifying care gaps, and ensuring clean data, health centers can position themselves for optimal incentive payments and long-term success under value-based care (VBC) models.

### Performance and Quality Evaluation

- **Review performance data:**

Analyze key metrics—including readmission rates, immunization rates, and patient experience scores—to understand how well the organization met federal, state, payer, and internal benchmarks.

- **Assess outcomes vs. costs:**

Evaluate how care quality compares to total cost-of-care benchmarks. This helps determine eligibility for bonuses and the potential risk for performance-based penalties.

- **Analyze cost of care:**

Review total patient spending to identify opportunities for preventive care, care coordination, and chronic disease management that may improve future value-based performance.

### Data Integrity and Documentation

- **Address data gaps:**

Ensure all performance-related data has been properly collected and entered. Missing documentation can lead to inaccurate calculations and reduced reimbursement.

- **Review coding accuracy:**

Confirm that coding reflects the complexity and quality of care delivered. Strong coding supports both fair payment and accurate reporting for value-based programs.

## Reimbursement and Financial Adjustments

- **Understand payment finalization:**

Year-end is when payers—including Medicaid, Medicare, and commercial plans—finalize performance data used to calculate shared savings, incentive bonuses, or penalties.

- **Plan for final payments:**

Prepare for settlements related to value-based contracts, ensuring the finance team anticipates payment variances that may impact cash flow.

- **Address payment challenges:**

Monitor claim denials, delayed payments, and unresolved issues that may hinder year-end revenue.

- **Consider appeals:**

If performance findings or payment determinations are inaccurate, be ready to submit appeals supported by clean data and documentation.

## Strategic Planning and Continuous Improvement

- **Identify areas for improvement:**

Use year-end analysis to uncover opportunities in care coordination, patient engagement, preventive screenings, and chronic disease outreach.

- **Align financial and clinical goals:**

Ensure organizational strategies support both mission-driven patient care and the operational requirements of value-based reimbursement.

## Value-Based Reimbursement and Cost Savings

Healthcare organizations operate under a variety of reimbursement models, including:

- Value-Based Care
- Fee-for-Service
- Bundled Payments
- Capitated Payments
- Population-Based Payments

Among these, **value-based care delivers the greatest long-term savings** because it focuses on coordinated care, prevention, and improved patient outcomes.

### Why VBC Reduces Costs:

- Fewer readmissions and hospitalizations
- Fewer emergency department visits
- More efficient use of staffing and resources
- Reduced duplication of services
- Integrated care that minimizes unnecessary treatments

This shift encourages providers to deliver the most appropriate care—not the most care.

## **Implementing Value-Based Care Models**

Successful adoption of VBC requires intentional design and organizational alignment. Seven key steps include:

### **1. Identify patient populations and needs**

Understanding common health conditions and care gaps helps tailor services to improve outcomes.

### **2. Design appropriate care solutions**

Build care models that support preventive care, chronic disease management, and timely follow-up.

### **3. Build integrated knowledge teams**

Coordinate multidisciplinary teams—clinical, operational, behavioral health, dental, pharmacy—to work toward shared goals.

### **4. Quantify health outcomes and cost metrics**

Measure what matters. Consistent tracking ensures accountability and guides improvement.

### **5. Develop partnerships**

Collaborate with technology vendors, specialists, hospitals, and community organizations to enhance efficiency and care continuity.

### **6. Educate providers and patients**

Ensure both staff and patients understand the value-based model, expectations, care pathways, and the role each person plays.

### **7. Measure and improve**

Continuously evaluate progress and adjust strategies to achieve higher quality and lower costs.

## **Common Barriers to Value-Based Care Implementation**

Organizations often face challenges such as:

1. Lack of staff, technology, or resources
2. Difficulty collecting, sharing, and reporting patient data
3. Interoperability issues between internal systems and external partners

Addressing these barriers early ensures smoother VBC adoption and stronger performance outcomes.

## **Value-Based Care Is Here to Stay**

The healthcare landscape continues to shift toward accountability, quality, and integrated care. Value-based care offers FQHCs a powerful opportunity to:

- Improve patient outcomes
- Reduce overall cost of care
- Enhance patient satisfaction
- Strengthen financial performance

By focusing on performance metrics, accurate documentation, and coordinated strategies, FQHCs can lead the way in delivering high-quality, efficient, patient-centered care. The future of healthcare is value-based—and year-end preparation ensures your organization is ready to thrive.



# HCCN Update

## Guidance to Help Health Centers Strengthen EHR Selection Processes

The South Carolina Health Center Controlled Network (SCHCCN) is encouraging community health centers across the state to adopt a strategic, data-driven approach when selecting new Electronic Health Record (EHR) systems. With increasing regulatory expectations, workforce pressures, and evolving patient needs, choosing the right EHR has become one of the most critical decisions for ensuring operational efficiency and high-quality care.

The SCHCCN works closely with health centers statewide to support health information technology, data modernization, and quality improvement efforts. Based on lessons learned across the network, the organization is highlighting several best practices that can guide health centers through a successful EHR evaluation and selection process.

### **Prioritizing Usability to Support Workforce Sustainability**

Health centers consistently report that workflows, user burden, and system complexity significantly affect staff satisfaction and productivity. The SCHCCN encourages organizations to place strong emphasis on usability and workflow alignment when evaluating new systems.

Recommended considerations include:

- Offering hands-on demonstrations and allowing various staff roles to test scenarios
- Gathering structured feedback from clinical, operational, and enabling services teams
- Reviewing mobile functionality and offline capabilities for outreach and community-based care

A user-friendly system helps reduce administrative friction and contributes to better retention of clinical and operational staff.

### **Interoperability as a Foundation for Care Coordination**

Modern community health centers depend on consistent, secure data exchange across hospitals, specialists, behavioral health providers, and social service organizations. The SCHCCN stresses the importance of ensuring EHR systems support strong interoperability features.

Key capabilities to assess:

- The use of FHIR® standards and support for national interoperability frameworks
- Integrated eReferral processes and closed-loop communication
- Documentation support for medical, behavioral health, dental, and enabling services
- Compatibility with telehealth, care management, and population health platforms

Interoperability not only improves care continuity but also strengthens centers' ability to participate in value-based care initiatives.

## **Supporting Reporting, Analytics, and Value-Based Care Participation**

As reporting requirements evolve including UDS, payer quality measures, and population health indicators—health centers need EHRs that support real-time analytics and automated reporting.

The SCHCCN encourages health centers to:

- Request demonstrations of reporting tools, including dashboards and UDS-related functions
- Confirm the presence of embedded analytics for monitoring quality, patient outcomes, and care gaps
- Ensure the system integrates with external population health and care management tools

These capabilities allow centers to make data-informed decisions and improve performance in both mandatory and value-based programs.

## **Evaluating the Full Financial Picture**

Selecting an EHR requires looking beyond the initial purchase price. Many associated expenses—such as data migration, training, ongoing support, and interfaces—can significantly affect long-term cost.

The SCHCCN advises centers to examine:

- Transparent pricing for modules, interfaces, upgrades, and add-ons
- Clear implementation timelines and responsibilities
- Pricing flexibility or models that support health centers with unique funding structures
- Contract provisions related to service-level expectations and system uptime

Understanding the total cost of ownership helps organizations plan more effectively and avoid unforeseen expenses.

## **Including Patients in System Evaluation**

As patient engagement becomes increasingly central to healthcare delivery, the SCHCCN encourages centers to include patient perspectives in portal and mobile tool evaluations.

Features to review:

- Multilingual, accessible patient portal interfaces
- Clear appointment scheduling, secure messaging, and document access
- Ease of accessing lab results, immunizations, and care summaries
- Compliance with WCAG accessibility standards

Understanding how patients will interact with the system ensures that tools are user-friendly and support strong engagement.

## **Using a Structured, Inclusive Selection Process**

The SCHCCN encourages health centers to adopt a multidisciplinary approach, bringing together leadership, clinical providers, behavioral health and dental teams, enabling services, IT, billing, and patient representatives.

A structured process may include:

- Scoring tools and structured evaluation frameworks
- Reference checks with other health centers using the same EHR
- Pilot testing when feasible
- Thorough documentation of needs, goals, and decision criteria

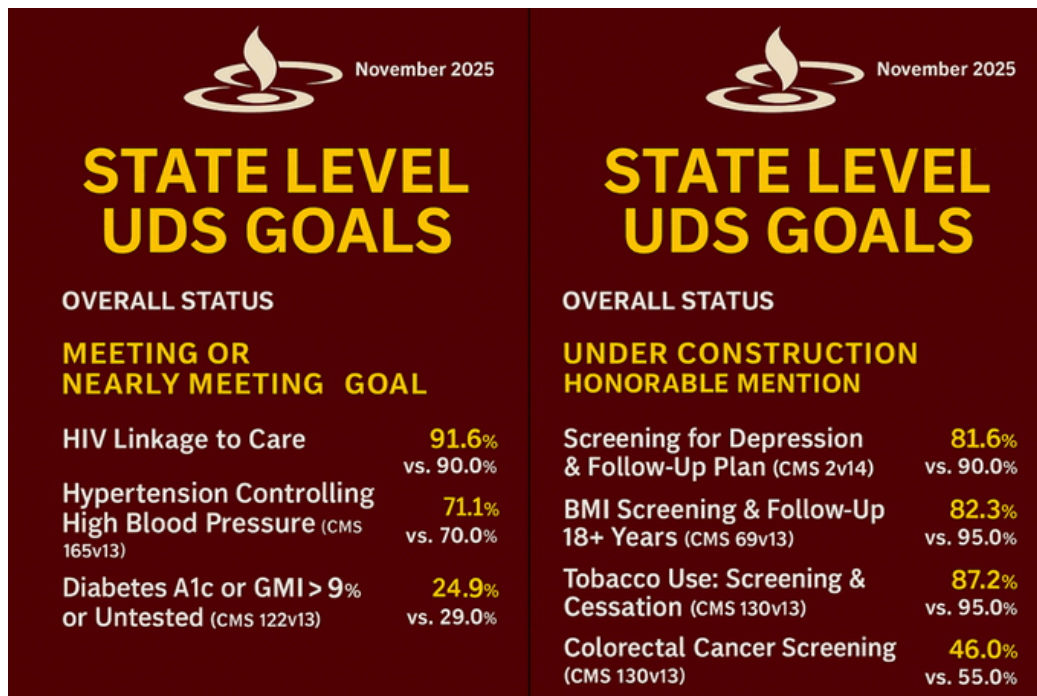
This approach ensures the final selection reflects the diverse needs within a health center. The EHR selection process is a significant opportunity for South Carolina health centers to improve efficiency, reduce burden, and strengthen patient care. By prioritizing usability, interoperability, reporting capabilities, financial transparency, vendor stability, and patient-centered design, centers can make informed decisions that support long-term success.

## **About the South Carolina Health Center Controlled Network**

The SCHCCN supports our participating health centers by improving health IT infrastructure, strengthening data capabilities, and promoting quality improvement. By offering technical support, shared learning opportunities, and strategic guidance, the network helps health centers adopt tools and practices that advance patient care and organizational resilience. For more information, please contact the team at [schccn@scphca.org](mailto:schccn@scphca.org).



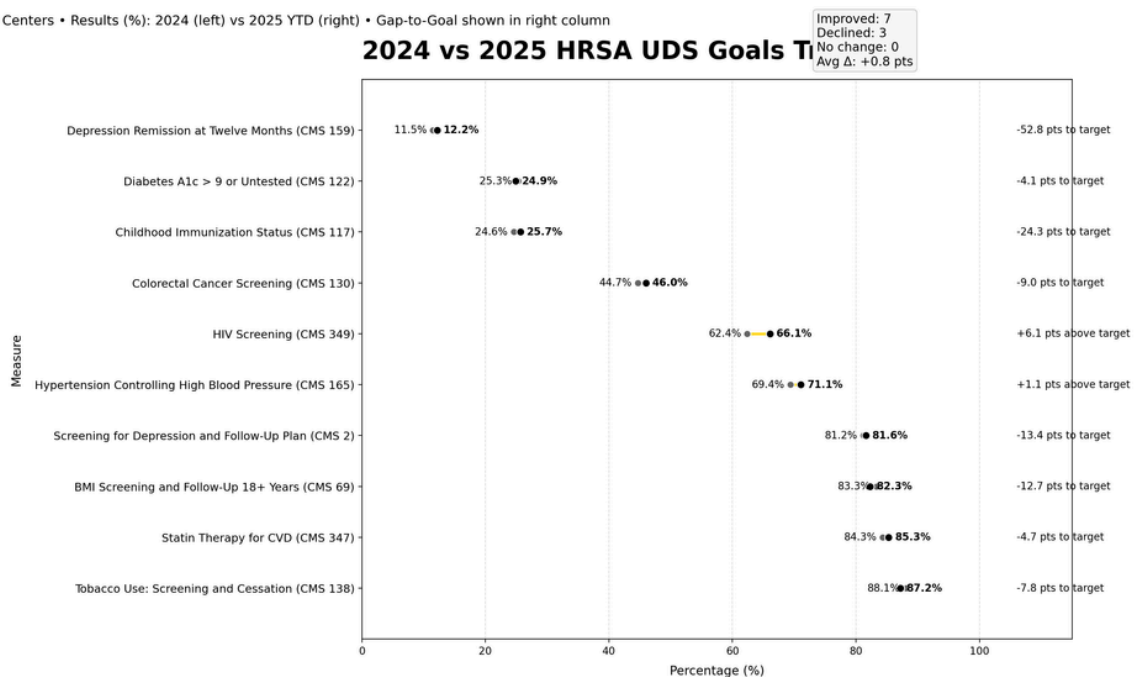
# State Level UDS Goals from January – November 2025



\*This data was gathered from Azara exclusively from the 20 SCHCCN Participating Network Members.

## 2024 vs 2025 HRSA UDS Goals Trending

All Centers • Results (%): 2024 (left) vs 2025 YTD (right) • Gap-to-Goal shown in right column



Source: UDS 2024 & 2025 CQMs scorecards • Newsletter-ready graphic (no logo)

## Top 5 Improvements — Jan-Dec 2024 → Jan-Nov 2025

1. HIV Screening (CMS 349v7)
2024: 62.4%   2025 YTD: 66.1%   Δ: +3.7 pts   Gap: +6.1 pts above target
2. Hypertension Controlling High Blood Pressure (CMS165v13)
2024: 69.4%   2025 YTD: 71.1%   Δ: +1.7 pts   Gap: +1.1 pts above target
3. Colorectal Cancer Screening (CMS 130v13)
2024: 44.7%   2025 YTD: 46.0%   Δ: +1.3 pts   Gap: -9.0 pts to target
4. Cervical Cancer Screening (CMS 124v13)
2024: 53.6%   2025 YTD: 54.8%   Δ: +1.2 pts   Gap: -5.2 pts to target
5. Childhood Immunization Status (CMS 117v13)
2024: 24.6%   2025 YTD: 25.7%   Δ: +1.1 pts   Gap: -24.3 pts to target

# The Wellness Way



To finish the year on a strong note, make rest and quality sleep a priority. Keep your body moving in gentle ways—think walks, stretching, or short workouts—while fueling yourself with balanced meals and enjoying seasonal treats with intention. Protect your energy by setting boundaries and saying “no” when needed, and tend to your mental health through mindfulness, meaningful connection, and clearing your space to create a sense of calm and clarity.

Remember, balance matters more than perfection. Celebrate small wins, give yourself grace, and savor the season without burning out—so you can step into the new year feeling rested and renewed. Let’s take a closer look at how to end the year well.

## Physical Wellness

- **Sleep:** Aim for 7-8 hours and create a calming bedtime routine (screens off, herbal tea).
- **Movement:** Go for walks, try short home workouts, or make cleaning an active task; even small amounts of movement count.
- **Nutrition:** Balance indulgence with healthy choices; don't let one "off" meal ruin your day.
- **Hydration:** Drink plenty of water.

## Mental & Emotional Wellness

- **Set Boundaries:** Learn to say "no" to events that feel overwhelming to protect your energy.
- **Practice Mindfulness:** Use deep breathing, meditation, or quiet time in nature to stay present and reduce stress.
- **Declutter:** Organize your home or office to create a clearer mental space.
- **Be Kind to Yourself:** Aim for balance, not perfection; celebrate small wins and give yourself grace for inevitable slip-ups.

## Reflection & Preparation

- **Review Goals:** Briefly look at your health goals to see what's important and what you can carry into the new year.
- **Try New Things:** Step out of your comfort zone with a new activity or hobby to find new joy.
- **Rest & Unwind:** Use the break to genuinely recharge, not just to recover from exhaustion.

# Revenue Review



## The Critical Middle: Medical, Behavioral, and Dental Providers

*AKA: The Superheroes of the Revenue Cycle (Capes Optional)*

At a FQHC, the “Critical Middle” isn’t a weird yoga pose—it’s our medical, behavioral health, and dental providers. They’re the bridge between the warm “Good morning!” at the front desk and the cha-ching of the billing department getting claims paid.

Sure, their primary mission is patient care. But their secret identity? Revenue cycle champions, armed with stethoscopes, dental mirrors, and keyboards that click like a jazz band at full swing.

Their greatest power? **Documentation**. Without it, our revenue cycle is like a Netflix show buffering forever, you know it’s supposed to be good, but nothing moves forward.

### Top Five Fun Facts About Documentation

#### 1. If It’s Not Documented, It Didn’t Happen

You could perform life-saving heroics, but if it’s not in the chart, the system will assume you were just sipping coffee in the break room.

#### 2. Time Stamps Are the All-Seeing Eye

That “finalized at 2:07 a.m.” note? Yep, the EHR saw that. And yes, your manager noticed you finally closed last Tuesday’s visit after binge-watching three episodes of your favorite show.

#### 3. Behavioral Health Notes: The Novelists of Medicine

These beauties aren’t just for billing—they’re epic chronicles of a patient’s journey. Bonus: they make great reading material for your future self—who’s trying to remember exactly what happened in 2023.

#### 4. Dental Codes: Secret Spy Language

D0120, D1110, D2740... This isn't a droid roll call from Star Wars—it's the code that makes sure your dental work gets paid. Forget it, and you've basically chewed your own paycheck.

#### 5. Your Notes Decide Your Quality Score

Think of your documentation as a report card for the whole health center. One missing blood pressure reading might mean fewer gold stars (and fewer incentive dollars).

### Documentation Hall of Fame & Oops Moments

#### Hall of Fame Entries:

- The Speedy Scribe: Finished an entire day's notes before lunch. Rumor has it they used a typewriter from 1985.
- The Sherlock: Found a missing code in the EHR that had everyone else pulling their hair out. Magnifying glass optional.
- The Poet: Turned a standard patient note into something that could almost win a Pulitzer. "Patient ambulated with grace"—we see you.

#### Oops Moments:

- The Invisible Note: Thought you documented that visit... but the EHR says it never happened. Cue dramatic gasp.
- Code Confusion: Accidentally billed a filling as a full crown. Dental drama ensued.
- Time Warp: Signed a note at 11:59 p.m., but the system stamped it 12:01 a.m. suddenly, yesterday's visit is today's problem.

Lesson Learned: Even superheroes make mistakes—but clean, timely, and accurate documentation keeps the revenue cycle flying and the audit gremlins at bay.

### Why the Critical Middle Runs the Show

Every clean claim starts with you. A missing detail in your note can send the billing team into detective mode, which sounds fun until you're the mystery they're solving.

Your documentation:

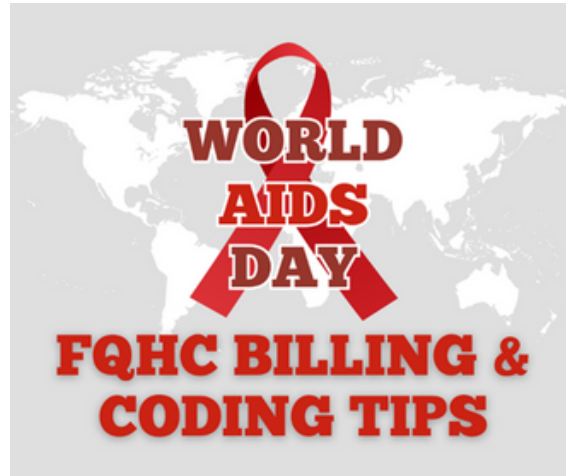
- **Speeds up payment** — because payers actually like details (shocking, right?)
- **Keeps us compliant** — aka, staying out of the auditor's "naughty list"
- **Protects our mission** — funding follows facts, and your notes are the facts
- **Maximizes reimbursement** — every diagnosis, code, and time entry matters

Next time you hit "save" on that note, give yourself a little fist pump. You just fueled our financial engine and kept our superhero team flying.

**Moral of the story:** You're not just the Critical Middle—you're the plot twist that makes the whole FQHC story work.



# Coding Corner



December 1st marks **World AIDS Day**, a time to honor those living with HIV/AIDS, remember those we've lost, and recommit to advancing access to prevention, testing, and treatment. Many of our South Carolina Federally Qualified Health Centers (FQHCs) are leading the way—hosting testing events, community education programs, and outreach efforts to ensure patients have access to compassionate and comprehensive care.

But alongside the important clinical work comes the equally important responsibility of billing, coding, and documentation, the backbone of sustainability in integrated HIV care. This month's focus includes Medicare, Medicaid, and Quality Incentives that can directly support HIV/AIDS care delivery in FQHCs.

## 1. Medicare & HIV/AIDS Services in FQHCs

- **CMS coverage updates:** Medicare covers routine HIV screening once per year for beneficiaries ages 15–65, and for those outside the range who are at increased risk. Pregnant patients are eligible for up to three screenings during pregnancy.
- **Billing Tip:** Use the correct HCPCS codes (e.g., **G0432-G0435** for HIV screening tests) to ensure full reimbursement under the FQHC Prospective Payment System (PPS).
- **Care Coordination:** Don't overlook chronic care management (CCM) and behavioral health integration (BHI) codes—these are particularly relevant for patients living with HIV who often require multidisciplinary support.

## 2. South Carolina Medicaid & HIV Services

- SC Medicaid coverage includes preventive screenings, PrEP (pre-exposure prophylaxis) services, and ongoing HIV care.
- **Billing Tip:** South Carolina Medicaid requires strict adherence to medical necessity documentation. Be sure to include risk assessments, patient counseling, and linkage-to-care notes in the EHR.
- **Claim Accuracy:** FQHCs should confirm they are using the correct **T1015 (all-inclusive encounter code)** with appropriate supporting diagnosis codes for HIV/AIDS services.

### 3. Quality Measures & Incentives

FQHCs can strengthen revenue and improve care outcomes by aligning HIV/AIDS services with national and state quality reporting programs:

- **CMS Uniform Data System (UDS) Measures:** HIV linkage to care within 30 days, and ongoing viral suppression rates.
- **Medicare Incentives:** Quality Payment Program (QPP) measures include HIV screening and care coordination—impacting incentive payments.
- **South Carolina Medicaid Incentives:** Participation in state-led quality initiatives may bring bonus payments tied to preventive screenings and chronic care outcomes.

### 4. Documentation & Compliance Tips for December

- Clearly document risk factors, screening results, and counseling provided.
- Ensure EHR problem lists are updated for patients with HIV/AIDS to reflect current care needs.
- Monitor coding for preventive vs. diagnostic services to avoid denials.
- Double-check claims for timeliness—Medicare and SC Medicaid both have strict timely filing limits.

### Why This Matters

World AIDS Day reminds us that ending the HIV epidemic requires not just clinical excellence, but also strong operational practices that keep services accessible and sustainable. By aligning **billing, coding, and quality reporting**, FQHCs ensure their programs are funded, compliant, and positioned to deliver the highest level of care.

This December, let's honor our patients and providers by getting the care—and the claims—right the first time.

# Health Center News



## CareSouth Carolina Generates More Than \$191 Million in Economic Impact in 2024

CareSouth Carolina contributed an estimated **\$191.3 million** to the local economy, fueled by job creation, direct spending, healthcare savings, and expanded support for underserved populations, according to a comprehensive assessment performed by Capital Link.

### A Major Economic Impact for the Pee Dee Region

The report shows that CareSouth Carolina's operations supported 1,128 total jobs, including 596 direct health center positions and 532 additional jobs created through indirect and induced economic activity. These roles span clinical services, administrative support, and jobs within the wider community that benefit from the center's presence.

CareSouth Carolina's economic contributions for 2024 include:

- **\$104.8 million** in direct health center spending
- **\$86.5 million** in community spending
- **\$21.9 million** in total annual tax revenues
  - **\$4.1 million** in state and local tax revenues
  - **\$17.8 million** in federal tax revenues

### Significant Healthcare Savings for South Carolina

The 2024 analysis also highlights the substantial savings CareSouth Carolina provides to Medicaid and the broader healthcare system. This year, the center helped generate:

- **24% lower costs** for Medicaid patients who received care at a community health center
- **\$30.1 million in savings to Medicaid**
- **\$61.6 million in overall health system savings**

These savings come from increased access to primary and preventive care, reduced emergency room visits, and improved long-term patient outcomes.

## Providing Care to Vulnerable Populations

CareSouth Carolina continues to serve as a vital access point for individuals who face significant barriers to healthcare. In 2024, the organization recorded:

- **230,878 total visits**, including **193,602 clinic visits** and **37,276 virtual visits**
- **37,617 patients served**
- **74.4%** of patients identified as low-income
- **61.5%** identified as an ethnic or racial minority
- Support provided to **2,598 agricultural workers**, **1,219 veterans**, and **867 individuals experiencing homelessness**

## Strengthening Community Health and Local Economies

Beyond the numbers, the 2024 report underscores how CareSouth Carolina strengthens both community health and economic resilience. Every dollar invested in the health center generates additional economic activity, supports local businesses, and contributes to a healthier population.

This year's findings align with national trends showing the value of Federally Qualified Health Centers (FQHCs) in providing cost-effective care while reducing long-term burdens on public health systems.

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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 Welcomes Dr. Valarian Bruce to Hartsville Family Practice

HARTSVILLE, S.C. — CareSouth Carolina is excited to welcome Dr. Valarian Bruce, MD, MHS, BS-PT, MRO-C, FAAFP, to Suite A of the Hartsville office. Dr. Bruce brings years of medical experience, a deep commitment to patient care, and a strong passion for serving the community.

Dr. Bruce's approach to medicine fits perfectly with CareSouth Carolina's mission as a Federally Qualified Health Center. He believes in providing quality care to individuals who might otherwise face barriers to accessing essential services. His philosophy centers on education and empowering patients with the information they need to make confident, informed choices about their health.

"The mission of CareSouth Carolina being a FQHC means we have the opportunity to provide quality care to individuals who might not otherwise have access," Dr. Bruce said. "One of my biggest goals is to help educate patients about their health so they can make informed decisions for themselves."

Dr. Bruce focuses on shared decision-making, making sure his patients feel respected and supported every step of the way.

"I like to give individuals information on what would be recommended," he explained. "People should have the ability to make decisions for themselves. I work with them in a shared decision-making fashion so they can feel confident in their care."

Beyond the clinic, Dr. Bruce is a familiar face in the community. He spends his free time volunteering with several local organizations, including South Carolina Special Olympics, Adopt a Street, Manna House, Boys and Girls Club, and The Regeneration Center Christian Men's Home. He also enjoys spending time with his wife and children.

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## **CareSouth Carolina Welcomes Dr. Michael Chandler to the Rosa Lee Gerald Center**

SOCIETY HILL, S.C. — CareSouth Carolina is pleased to welcome Dr. Michael Chandler, M.D., to its team of dedicated providers at the Rosa Lee Gerald Center in Society Hill.

Dr. Chandler brings more than 25 years of experience in Family Medicine, with a career that has spanned emergency care, urgent care, and family practice settings across South Carolina. Board-certified in Family Medicine since 1998 and re-certified in 2020, he has served communities throughout the Pee Dee region, dedicating his career to providing compassionate, accessible, and patient-centered care.

When asked what drew him to CareSouth Carolina, Dr. Chandler shared, “The company. The people, company, mission. Making a difference. I think it’s a well-rounded company, and I’m glad to be a part of it.”

His approach to patient care is rooted in honesty and trust. “Open, honest. All I can do is do the best I can and be honest with you,” he said. “That’s the kind of care I believe every patient deserves.”

Outside of work, Dr. Chandler enjoys spending time in the great outdoors. While he’s not a hunter, he enjoys shooting, boating, and fishing, embracing what he calls “the beautiful world that our good Lord gave us.”

CareSouth Carolina is proud to have Dr. Chandler join its mission of meeting people where they are and providing high-quality, whole-person care to communities across the Pee Dee.

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## CareSouth Carolina's Kaitlin Hughes Honored with Statewide Telehealth Award

CareSouth Carolina is proud to announce that Kaitlin Hughes, Director of Mobile and Telehealth Services, has been awarded the Telehealth Trailblazer Award from Palmetto Care Connections. This award recognizes a leader in South Carolina who is advancing telehealth innovation, strengthening partnerships, and expanding access to care for rural and underserved communities.

Hughes was selected for her strategic efforts in growing CareSouth Carolina's telehealth footprint, particularly through its School-Based Health Program and Mobile Services.

Under her direction, CareSouth Carolina has taken major steps to ensure that children and families in rural areas can receive care where they live, study, and work—removing barriers related to distance, transportation, and availability.

“We are honored to receive this recognition,” said Hughes. “Our team has worked tirelessly to make sure that children and families in rural areas have the same access to quality healthcare as anyone else. Telehealth allows us to meet people where they are—whether that's in a classroom, a community center, or a mobile unit parked right in their neighborhood.”

In recent years, CareSouth Carolina has invested in strengthening remote care offerings, including virtual medical and behavioral health visits, digital health technology, and school-based telehealth partnerships across multiple districts. These programs allow students to receive care for routine medical needs, chronic illnesses, and behavioral support without leaving school.

CareSouth Carolina's ROADS mobile initiative (Reaching Out and Delivering Services) offers comprehensive, remote medical care to the communities we serve and features fully-equipped medical exam units. The organization's continued expansion of telehealth and mobile services plays a critical role in improving outcomes for rural children and families, keeping students in the classroom, reducing emergency visits, and increasing access to preventive care across the Pee Dee region.

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## **CareSouth Carolina Expands Miles of Smiles Program Through New Partnership with BCBS and MUSC**

CareSouth Carolina is proud to announce a new partnership between its Dental Department, BlueCross BlueShield of South Carolina, and Medical University of South Carolina aimed at expanding access to early childhood oral health care.

Through this initiative, funding will support the expansion of CareSouth Carolina's Miles of Smiles program into local Head Start facilities. This effort will allow dental professionals to reach children at an even earlier age, providing vital oral health education and preventive care beginning with a child's very first tooth.

"This grant allows us to reach children sooner and make a lasting impact on their oral health," said Dr. Travis Russell, Dental Director at CareSouth Carolina. "We are passionate about helping children maintain beautiful, healthy smiles that build confidence and lifelong wellness."

The expansion doesn't stop with children. The Miles of Smiles team will also work closely with parents and caregivers, providing practical tools and education to help families establish strong oral health habits early on. By focusing on prevention during these formative years, the program aims to significantly reduce dental decay among elementary-aged children in the future.

Miles of Smiles has long been dedicated to improving oral health outcomes for children in the community through education, preventive services, and compassionate care. This new partnership strengthens that commitment, ensuring more families have access to essential dental resources and support from the very beginning.

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## **CareSouth Carolina Welcomes Teresa Ford, MSW, LISW-CP, as School-Based Behavioral Health Counselor**

Cheraw, S.C. — CareSouth Carolina is proud to welcome Teresa A. Ford, MSW, LISW-CP, EMDR-trained therapist and Licensed Clinical Social Worker, to its team of dedicated behavioral health professionals.

Teresa will serve as a School-Based Behavioral Health Counselor, supporting students at Cheraw Primary School, Chesterfield-Ruby Middle School, and Chesterfield High School in Chesterfield County.

Teresa brings a strong background in trauma-informed care, clinical counseling, and community-based service. Over the course of her career, she has provided therapy in a variety of settings, including outpatient counseling, integrated health care, and telehealth.

“I was drawn to CareSouth because of its deep commitment to community-centered care and its belief that behavioral health is an essential part of overall wellness,” Teresa shared. “After years of working through a trauma-focused lens, I felt called to serve in a setting where prevention, compassion, and collaboration come together to make care more accessible and meaningful for individuals and families. This opportunity allows me to be part of a team that is actively breaking barriers to care.”

In her new role, Teresa will provide critical mental health support directly within the school environment, ensuring students have access to care without the added challenges of transportation or stigma.

“School-based behavioral health care allows us to meet children exactly where they are, both physically and emotionally,” she explained. “By embedding mental health support within schools, we remove barriers and create opportunities for prevention and early healing. I see this work as planting seeds of resilience.”

Teresa describes counseling as both an honor and a privilege.

What I love most about counseling is walking with people through some of the most sacred journeys of their lives. It’s a privilege to witness transformation—the moment someone begins to feel heard and understood, and to believe in their own capacity to heal.”

Outside of her professional work, Teresa enjoys gardening, spending time with her grandchildren, and finding peace in nature—activities that mirror her thoughtful, nurturing approach to therapy.

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## NHFHS Healthcare for the Homeless Director on Community Health Conversations Panel



Earlier this month Jason Evans, Program Director of our Healthcare for the Homeless and Medical Respite Care, joined the [Furman Institute for the Advancement of Community Health](#) for their *Community Health Conversations* series. As part of a dynamic panel speaking on the topic of Housing Is Healthcare, Jason gave valuable insights into how the health outcomes of those experiencing homelessness dramatically improves when these individuals secure stable housing. Attendees also learned about local agencies and programs that are taking innovative approaches to assist those in need of housing.

Now in its second year, *Community Health Conversations* provides a platform for dialogue around pressing health issues facing our community. Hosted at the Crescent Innovation District on Poinsett Highway, these free evening events bring together community members, local leaders, health experts and university faculty, for meaningful discussion and collaboration.





## Welcome New Providers

We are thrilled to have two new providers join the New Horizon team!

This graphic is a vertical rectangle with a light blue background. At the top left is the New Horizon logo. Below it, the text "Welcome TO OUR TEAM!" is written in a mix of script and bold sans-serif fonts. Underneath that, a yellow box contains the text "VALERIE BEATY, LMFT" and "Clinical Counselor". At the bottom left is a line-art icon of a man and a woman with three hearts below them. On the right side, there is a black-bordered photo of Valerie Beaty, a woman with dark hair wearing a colorful patterned shirt and a yellow lanyard. A yellow line connects the photo to the text box.

Our new **Clinical Counselor, Valerie Beaty, LMFT** is a native of South Carolina. Valerie received a Master's in Business from Southern Wesleyan University and a Masters as a Licensed Marriage and Family Therapist from Touro University.

Valerie is passionate about her patients and her work, previously serving as a Clinical Counselor in the upstate in Anderson, SC. She is a proud mother of one, and she also has a grandchild. In her free time, she enjoys reading biographies. She is also an avid learner and loves spending time watching the History and Discovery channel.

This graphic is a vertical rectangle with a light blue background. At the top left is the New Horizon logo. Below it, the text "Welcome TO OUR TEAM!" is written in a mix of script and bold sans-serif fonts. Underneath that, a yellow box contains the text "VEENA NAIDU, MD" and "Family Medicine Physician". At the bottom left is a line-art icon of a heart with a stethoscope around it. On the right side, there is a black-bordered photo of Veena Naidu, a woman with dark hair and glasses wearing a striped shirt. A yellow line connects the photo to the text box.

**Veena Naidu, MD**, is our newest **Family Medicine Physician!** Originally from southern India, Dr. Naidu earned her medical degree there before moving to Anderson, SC, where she has lived for more than 20 years. She completed her residency at AnMed Health Family Medicine.

Passionate about community health, Dr. Naidu believes that everyone deserves equal access to quality care and is dedicated to serving those who might otherwise go without.

Outside of her work, Dr. Naidu enjoys reading, cooking, and gardening - but most of all, she treasures time with her husband (also a physician) and their two children.

We are excited for them both to join the NHFHS team!



## POPULATION HEALTH



# IMPACT



Our Agriculture team, in collaboration with Adult Medicine, Dental and Optometry, have worked hard to care for our local agriculture workers. Their impact is extensive—**90** individuals received the flu shot and **20** received **new** prescription glasses. Additionally, RHS hosted a women's health day at one of the farms, the dental department set aside specific slots for the workers to receive dental cleanings, and adult medicine performed spirometry testing. The gratitude of the agricultural workers has been felt and expressed. Thank you, RHS team for your compassion and diligence in serving our community.









### PARENTING SERIES CLASS 3: AUTISM SPECTRUM DISORDER

The final parenting series course, hosted by RHS and First Steps SC, educated parents on behaviors that indicate autism in children. Many parents and children were in attendance for this class, which resulted in community engagement during the Q&A session. RHS and First Steps SC were joined by Able Kids and Autism Society SC, providing helpful resources for the parents. In addition to the information given, parents and children received free food item, necessities, and raffle gifts. Additionally, an article was written about this course in the Aiken Standard paper! Thank you, Stacy Nick-Casey for all of your hard work in organizing the parenting series! It has made a great impact on our patients and community.







HopeHealth  
360 N. Irby Street | Florence, SC 29501  
Phone: (843) 667-9414 | Fax: (843) 667-1362  
hope-health.org

## HOPEHEALTH DRIVES \$333M ECONOMIC IMPACT IN SOUTH CAROLINA

FLORENCE, S.C. (December 1, 2025) – HopeHealth is not only an essential health care provider for thousands of South Carolinians but also a significant driver of economic growth, according to a recent study based on 2024 data. According to the report, HopeHealth had a \$333M economic impact and created 1,571 jobs while achieving meaningful savings for South Carolina’s health system and providing critical care services to vulnerable populations.

“It’s hard to believe that what started 25 years ago as a single clinic in Florence with six employees and 700 patients has grown into a network of community health centers with over 750 employees and nearly 85,000 patients across 14 counties,” said HopeHealth CEO Carl Humphries. “I would say that Florence’s investment in HopeHealth has provided significant returns for our patients, the business community, and the state.”

HopeHealth’s economic impact was measured by its \$182M in direct spending on payroll and operations, \$150M in indirect spending across its supply chain with local businesses, and labor income from employees and partners in 2024. This economic activity created a ripple effect that generated additional jobs and economic growth, as well as \$38M in local, state, and federal tax revenues.

As a nonprofit community health center, HopeHealth offers a comprehensive range of primary and specialty care services, with a sliding fee scale that helps expand access to all patients, regardless of their ability to pay. Last year, HopeHealth provided more than 270,000 clinical visits, with 15% of patients being children and adolescents.

“As a physician, I am most proud of the expansion of services and access that we have created for patients and families in South Carolina,” said HopeHealth Chief Medical Officer, Dr. Ed Behling. “This data only confirms that HopeHealth is not only a lifeline for the people we serve, but also the businesses and communities we partner with.”

By expanding access to care in underserved communities, HopeHealth achieved more than \$90M in savings for the state’s overall health system, including \$33M in Medicaid savings, by managing chronic illnesses and reducing emergency room visits that drive up health care costs. With 21 sites strategically located across Florence, Clarendon, Aiken, Orangeburg, and Williamsburg Counties, HopeHealth provides a patient-centered medical home to patients of all ages, with a single goal in mind: improved health.

[HopeHealth's 2024 Value and Impact Report](#) was created in partnership with the South Carolina Primary Health Care Association and CapitalLink, a nonprofit research organization that provides analytical services for measuring health center impact, evaluating financial and operational trends, and promoting performance improvement.

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](https://hope-health.org).



## Employee of the Month



Congratulations to November's Employee of the Month: *Betty Elmore!* 🎉

We are proud to recognize Betty for her outstanding dedication and teamwork. She consistently goes above and beyond—always willing to set aside her own tasks to support coworkers and care for patients whenever needed.

Betty's warm smile and positive attitude help create a welcoming, uplifting environment for everyone who enters our doors. Her commitment makes a meaningful difference in the lives of both her colleagues and our patients.

**Thank you, Betty, for everything you do. Congratulations on this well-deserved honor!**



## Provider Announcements

**WELCOME**

**To Genesis  
Healthcare, Inc.**

*Amanda Burnette*

Medical Doctor

OLANTA FAMILY CARE,  
A DIVISION OF GENESIS HEALTHCARE

211 SOUTH JONES ROAD  
OLANTA, SC 29114  
843-396-9730

Genesis  
Healthcare, Inc.

A graphic with a light blue background and teal geometric shapes. It features a large "WELCOME" in teal, followed by "To Genesis Healthcare, Inc." in bold black. Below is a teal banner with "Amanda Burnette" in white script and "Medical Doctor" in white sans-serif. Further down is the clinic name and address in black. A portrait of Amanda Burnette, a woman with glasses and a maroon top, is on the right. The Genesis logo is at the bottom left.



## Darlington County Thanksgiving Dinner Giveaway



It's our favorite time of year! The Darlington County Thanksgiving Dinner Giveaway event continues to grow and get better every year, showcasing teamwork at its very best. Coming together with Care South and many other groups and volunteers, we shared food, love, and respect with everyone who drove through the line, Wednesday, November 26th. Over 2,300 meals were shared.

This event would not be the same without our incredible volunteers and our hardworking outreach team. A special thank you to Kaylen Snapp and Howard Nettles for an outstanding year of connecting with our communities and for your constant, feet-on-the-ground dedication.





## **BJHCHS Ridgeland Medical Center Participates in the Reach Out and Read Program**



BJHCHS Ridgeland Medical Center welcomed a site visit to highlight our involvement with the Reach Out and Read program.

This partnership allows us to give new books to children during their well-being visits, supporting early literacy, parent engagement, and development.

The program is funded through regional fundraising and state allocations, and all BJHCHS pediatric locations are active participants.

We value every opportunity to encourage reading, connect families with resources, and place more books in the hands of young learners.





## Holiday Outreach Event Wrap Up



Our team wrapped up the year with our final holiday outreach event filled with smiles, support, and Christmas cheer.

Our outreach team, along with support from Jennie Paige's son Jaxon, helped spread joy to families in our community. Thank you to everyone who continues to help us reach the people we serve during the holiday season.

We hosted more than 60 outreach events this year. Leslie Bing, Outreach Coordinator, led these efforts with dedication and consistent teamwork from supporters across our sites.

We thank all staff members who volunteered their time, represented BJHCHS in the community, and helped our events succeed. We appreciate their involvement and look forward to an even stronger year ahead.



## Carolina Health Centers Host First Annual Healthier Holidays Cooking Class



Carolina Health Centers hosted their first Healthier Holidays Cooking Class with the Greenwood Clemson Extension office. Our Community Health Specialist, Shantate Morton, and Clemson Extension Nutrition Educator, Myia Galloway, collaborated to teach locals how to cook a healthy meal for their holiday gatherings. They had multiple recipes including a bean and collard soup and delicious fruit infused water. Attendees were able to taste the recipes, ask questions, and learn healthy alternatives





## Carolina Health Centers Welcomes New Staff

We have welcomed our new HR Generalist, Theresa Polly, to Carolina Health Centers. Theresa comes to us from Flexible Technologies, Abbeville SC and prior to that, Sizemore Inc., Greenwood SC where she held HR Generalist and HR Staffing Manager roles respectively. She comes to us with close to a decade's worth of experience and expertise in areas such as employee relations, recruitment strategies, benefits administration, and many more. Theresa obtained a BS in Business Administration from Southern Wesleyan University and MA in HR Management from Webster University. We are excited to have her!

We are also excited to welcome Polly Anna Lam, DO at The Children's Center and Jessica Segars, PA at Uptown Family Practice!







## Meet Paige Young, APRN — Bringing Hometown Heart & Expert Family Medicine to Conway



WELCOME OUR NEW PROVIDER

**Paige Young, APRN**  
Family Medicine

**Accepting New Patients**

 HCPSC - Conway location  
1608 N Main St, Conway, SC 29526

 **Health Care Partners**  
OF SOUTH CAROLINA

Health Care Partners of South Carolina is proud to welcome Paige Young, APRN, to our Family Medicine team at the Conway location (1608 N. Main St.) — and she is now accepting new patients.

Born and raised in Aynor, Paige brings a true hometown warmth to her care. She earned her Bachelor of Science in Nursing from Francis Marion University in 2019 and went on to complete her Advanced Practice Registered Nurse (APRN) degree in 2022, building a strong foundation in both clinical knowledge and compassionate patient care.

Paige began her career in the Intensive Care Unit at McLeod Hospital in Florence, where she served for three years — including throughout the COVID-19 pandemic. Her ICU experience shaped her ability to manage complex cases, think critically under pressure, and provide steady, reassuring care during some of healthcare's most challenging moments.

For the past 2.5 years, Paige has flourished in primary care, focusing on preventive health, chronic disease management, patient education, and building long-term relationships with the individuals and families she serves. Her approach is rooted in listening, understanding, and partnering with patients to help them feel their best at every stage of life.

Outside the exam room, Paige enjoys time with her husband, Brett, and their baby girl, Elizabeth. Whether at home or with extended family, she values the balance between her calling as a provider and the joy of motherhood.

We are thrilled to have Paige join the HCPSC family and serve the Conway community with excellence, empathy, and high-quality care.





## HCPSC Hosts 2nd Annual Brittons Neck Turkey Giveaway



Health Care Partners of South Carolina was proud to host our 2nd Annual Turkey Giveaway in Brittons Neck — a community event rooted in gratitude, generosity, and connection.

This year, we partnered with Pick42 Foundation to expand our impact even further. In addition to providing 100+ turkeys to families in this rural community, HCPSC proudly sponsored fresh produce boxes, ensuring households received not just a holiday meal, but nourishing ingredients to support their well-being.

We are grateful to Molina Healthcare for sponsoring this event and helping us continue our mission of meeting people where they are and improving access to healthy food options in underserved areas.

A heartfelt thank you to our outreach team, volunteers, and community partners who came together to make this day truly special. Moments like these highlight the power of collaboration and our commitment to caring for the communities we serve.





We look forward to continuing this tradition next year and expanding our efforts to support even more families across the region.





## **Health Care Partners of South Carolina Honored with Humanitarian Award**



Health Care Partners of South Carolina was honored to receive the Humanitarian Award at the Pick 42 Foundation's 10th Anniversary Gala, recognizing our organization's ongoing commitment to compassionate, community-focused care.

This award reflects the dedication of our providers, staff, and leadership team who work each day to ensure patients receive high-quality care while supporting the overall well-being of the communities we serve. Through preventive services, chronic disease management, and community outreach, our mission remains centered on meeting patients where they are with care and compassion.

Board Secretary Georgette Washington accepted the award on behalf of Health Care Partners of South Carolina, representing the collective efforts of our entire team.

We are grateful to the Pick 42 Foundation for this honor and remain committed to delivering Health with Heart in everything we do.





## HCPSC Hosts First Annual Johnsonville Turkey Giveaway



Health Care Partners of South Carolina proudly hosted our First Annual Turkey Giveaway in the Johnsonville community — an important new tradition as we continue to expand our outreach across the region.



In partnership with Lydia's Nest, we distributed 100+ turkeys, along with fresh food and produce provided by Lydia's Nest to support families during the holiday season. Together, we were able to ensure that households throughout Johnsonville received the essentials for a warm and nourishing holiday meal.

A special thank you to Molina Healthcare for sponsoring this event. Their ongoing support helps us bring meaningful resources and compassionate care directly into the communities we serve.

We are incredibly grateful to our volunteers, outreach team, and community partners for making this inaugural Johnsonville event a success. HCPSC looks forward to building on this tradition and serving even more families next year.







## HCPSC Celebrates 8th Annual Marion Turkey Giveaway



Health Care Partners of South Carolina proudly celebrated our 8th Annual Turkey Giveaway in Marion—one of our longest-standing community traditions and a highlight of the holiday season.

Thanks to the generous support of Molina Healthcare, we distributed 300 turkeys to families throughout the Marion community. This annual event is part of our ongoing commitment to addressing food insecurity and supporting the health and well-being of the communities we serve.

Each year, our outreach team, volunteers, and partners come together to ensure families have the resources they need for a warm and nourishing holiday meal. The turnout and gratitude shown by the community remind us why this event is so meaningful and why we remain dedicated to continuing it year after year.

We extend a heartfelt thank you to Molina Healthcare for sponsoring the event and to everyone who worked behind the scenes to make it a success. We look forward to returning next year to serve even more families across Marion County.





# Coffee and Communication



## FIGURES OF SPEECH



A figure of speech is a word or phrase that is used in a non-literal way to create a more vivid, impactful, or artistic effect. It deviates from the ordinary, straightforward use of language to achieve a particular meaning, emphasis, or imagery.

### METAPHOR

A figure of speech that directly compares two unlike things without using "like" or "as," stating that one thing is another.

- "Her smile was the sun that brightened my day."

### SIMILE

A figure of speech that compares two different things using the words "like" or "as" to highlight their similarities.

- "The clouds drifted across the sky like lazy sheep."

### HYPERBOLE

An exaggerated statement or claim not meant to be taken literally, used for emphasis or effect.

- "I'm so hungry I could eat a whole horse!"

### ALLITERATION

The repetition of the initial consonant sound in multiple words within a phrase or sentence.

- "Peter Piper picked a peck of pickled peppers."

### PARADOX

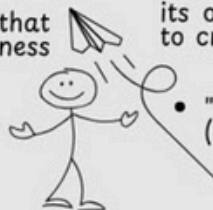
A statement that appears self-contradictory but contains a deeper truth or meaning upon closer inspection.

- "The only constant is change."

### CLICHÉ

An overused phrase, expression, or idea that has lost its original impact and freshness due to excessive repetition.

- "Every cloud has a silver lining."



### OXYMORON

A figure of speech that combines two contradictory terms or ideas for dramatic or rhetorical effect.

- "The silence in the room was deafening."

### PERSONIFICATION

Attributing human qualities, characteristics, or actions to inanimate objects, animals, or abstract ideas.

- "The old house groaned in the wind."

### ONOMATOPOEIA

A word that phonetically imitates the sound that it describes. These words sound like the noise or action they refer to.

- "The clock goes tick-tock."

### IRONY

A literary device where there's a contrast between expectation and reality, often used for humorous or emphatic effect. Verbal irony occurs when someone says one thing but means the opposite.

- "It was a lovely day for a picnic, if you enjoy blizzards." (Spoken during a snowstorm)

### PUN

A joke exploiting the different possible meanings of a word or the fact that there are words that sound alike but have different meanings; a form of wordplay.

- "I've been to the dentist many times, so I know the drill."

### LITOTES

A form of understatement in which an affirmative is expressed by the negation of its opposite. It's often used for emphasis or to create a particular effect.

- "The meal was not bad at all." (Meaning: The meal was very good)

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