

THE MOVEMENT NEWSLETTER



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The connection
that keeps us
together



SOUTH CAROLINA
PRIMARY HEALTH CARE
ASSOCIATION



In Memoriam

A Life Beautifully Lived, A Heart Deeply Loved



Stephen P. Williams,

Vice President & Chief Operating Officer
New Horizon Family Health Services, Inc.

Conferences and Events

2026 ANNUAL SEA RETREAT

MISSION POSSIBLE:
SERVICE AND TEAMWORK IN ACTION



March 27-29

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



2026 CLINICAL NETWORK RETREAT

Integrated by Design: One Network, One Vision

June 12-14



Charleston Marriott
170 Lockwood Drive
Charleston, SC 29403

NACHC P&I HIGHLIGHTS



NATIONAL ASSOCIATION OF
COMMUNITY HEALTH CENTERS®

P&I 2026
POLICY & ISSUES FORUM

FEBRUARY 9-12 • GAYLORD NATIONAL HARBOR • WASHINGTON, DC



Letter from the Editor



Dear Friends of *The Movement*,

As we step into February, there's a natural invitation to pause and refocus. The energy of a new year is still with us, but the noise of January has settled. This is often the month when intentions either begin to take root—or quietly fade.

February calls us to be intentional.

It is a month centered on love—not just in sentiment but in action. Love shows up in how we support one another, how we care for our communities, and how we remain committed to the work in front of us. It challenges us to move beyond words and demonstrate compassion in tangible ways.

As we honor Black History Month, we celebrate the legacy, resilience, and extraordinary contributions of Black leaders, innovators, and change-makers whose impact continues to shape our world. Their stories remind us that meaningful progress requires courage, vision, and collective resolve. They remind us that movements are sustained not by moments but by commitment.

February is also Heart Health Month, a powerful reminder to care for the organ that sustains our lives. Yet heart health extends beyond the physical. It speaks to emotional well-being, balance, and the strength of the relationships we nurture. A healthy heart – like a healthy movement – requires consistency, attention, and care.

This month, we also carry loss.

We remember Stephen Williams, whose passing has deeply affected our community. His presence, leadership, and steady encouragement will not be forgotten. In moments like this, we are reminded that our time and our connections are precious. The greatest tribute we can offer is to continue forward with the same generosity of spirit and dedication he exemplified.

If January was about setting intentions, February is about strengthening them. It is about choosing love over indifference, health over neglect, unity over division, and action over complacency.

May this month anchor us in purpose. May it deepen our compassion. And may it move us – together – toward lasting impact.

With gratitude and resolve,

A handwritten signature in black ink that reads "Kenya". The signature is written in a cursive, flowing style.

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

A Lesson in Leadership

A true leader understands that success is never achieved alone. Growth and progress happen when people work together, share ideas, and lift one another up. Leadership is not about standing above the team but standing with them.

Value-Based Care

**VALUE
BASED
CARE**



Is Your FQHC Ready for Value-Based Care?

Value-Based Care (VBC) isn't just a payment change — it's an operational shift that touches every corner of your health center. Many organizations jump into contracts focused on quality incentives, shared savings, or alternative payment models before the internal foundation is fully built. The result? Missed quality scores, documentation gaps, revenue leakage, and staff frustration.

So, the real question is: Is your health center truly ready for Value-Based Care?

VBC Readiness Is a Team Sport

One of the biggest misconceptions about Value-Based Care is that it lives only in the clinical space. While providers play a central role, VBC success depends on cross-department alignment. Health centers that perform well under VBC contracts have one thing in common: they've built a multidisciplinary VBC team.

If your center doesn't have a Value-Based Care committee, task force, or department yet — now is the time.

Who Should Be on Your Value-Based Care Team?

A strong VBC team includes representatives from every stage of the patient journey, not just clinical leadership.

📞 Call Center

Your call center is the front door to access — and access is a quality measure driver.

They impact:

- Timely appointment scheduling
- Closing preventive care gaps (annual visits, screenings, chronic follow-ups)
- Reducing no-show rates
- Outreach for care gap campaigns

Without call center workflows aligned to quality goals, patients who need care most may never make it onto the schedule.

Front Desk / Registration

Front desk staff are often overlooked in VBC planning, but they are essential to both quality data accuracy and reimbursement.

They influence:

- Accurate patient demographics (critical for measure attribution)
- Insurance verification and plan identification
- Identifying patients eligible for specific programs or quality initiatives
- Capturing social determinants of health (SDOH) screening tools when part of workflow

Inaccurate or incomplete information at check-in can derail reporting and risk adjustment efforts later.

Clinical Team

Providers, nurses, MAs, and care teams drive the clinical outcomes that VBC models reward.

Key responsibilities include:

- Consistent use of evidence-based care protocols
- Closing care gaps during visits
- Accurate documentation of chronic conditions
- Using standing orders and team-based care models
- Addressing preventive screenings and immunizations

But even the best care doesn't count if it isn't documented and coded correctly.

Coding Team

Coding is where clinical care becomes measurable, reportable, and reimbursable.

Coders ensure:

- Chronic conditions are fully captured and supported annually.
- Diagnoses align with documentation.
- Quality-related CPT II, HCPCS, or ICD-10 codes are reported when required.
- Risk adjustment and HCC capture is accurate.

In VBC, under-coding equals under-representation of patient complexity, which can reduce payments and distort performance data.

Billing Team

Billing teams close the loop between care delivered and revenue earned.

They support VBC by:

- Monitoring value-based payment arrangements and carve-outs
- Tracking quality incentive payments and shared savings
- Identifying trends in denials related to documentation or coding
- Ensuring PPS/APM billing rules align with VBC participation

They also provide critical financial feedback: *Are we actually being paid for the performance we're achieving?*

Beyond Departments: What Systems Must Be in Place?

Having the right people at the table is step one. Your VBC team should also evaluate whether these core elements are in place:

- ✓ A reliable way to identify and track care gaps
- ✓ Data dashboards that connect clinical quality and financial performance
- ✓ Workflows for outreach and patient follow-up
- ✓ Strong documentation and coding education
- ✓ Regular cross-department meetings to review performance
- ✓ Clear ownership of each quality measure and metric

If these systems aren't functioning smoothly, entering or expanding VBC contracts can put financial stability at risk.

Culture Matters as Much as Contracts

Value-Based Care thrives in organizations where staff understand how their daily work connects to patient outcomes and financial sustainability. When the call center knows they help prevent ER visits, when coders understand they support chronic care funding, and when front desk staff see how accurate registration impacts quality scores — engagement rises.

VBC is not just a reimbursement model. It's a mission model.

Ask Yourself

- Do we have a formal Value-Based Care team?
- Are all departments represented?
- Does each team member know their role in quality and cost outcomes?
- Are we reviewing both clinical and financial VBC performance regularly?

If the answer to any of these is “not yet,” that's your starting point.

Because in Value-Based Care, readiness isn't about signing a contract — it's about building a system where **every department helps drive better care, better outcomes, and sustainable funding for your mission.**

Clinical Transformation



Advancing Hypertension Control Through Quality, Data, and Value-Based Care

February is American Heart Month, a time to elevate awareness around heart disease (which is the leading cause of death in the United States) and to renew collective efforts to prevent, detect, and manage cardiovascular conditions. For health centers and safety-net providers, American Heart Month is more than a public awareness campaign; it is a call to action that aligns directly with clinical quality improvement, population health management, and the evolving demands of value-based care.

At the center of this work is hypertension. Often referred to as the “silent killer,” uncontrolled high blood pressure is one of the most significant and modifiable risk factors for heart disease, stroke, kidney failure, and premature mortality. Despite the availability of effective treatments, hypertension remains widespread and inadequately controlled, particularly among underserved populations. Addressing hypertension effectively requires more than episodic care; it demands reliable data, consistent clinical workflows, patient engagement, and accountability across the care continuum.

The Burden of Heart Disease and Hypertension

Heart disease accounts for hundreds of thousands of deaths each year in the United States and contributes substantially to preventable healthcare costs, disability, and reduced quality of life. Hypertension plays a central role in this burden. Nearly half of U.S. adults have elevated blood pressure, yet many remain undiagnosed, untreated, or inadequately controlled.

The impact of hypertension is not evenly distributed. Communities served by Federally Qualified Health Centers (FQHCs) and other community-based providers experience higher rates of uncontrolled blood pressure due to a combination of factors, including limited access to care, medication affordability, transportation challenges, food insecurity, stress, and structural inequities. These realities make hypertension control both a clinical priority and a health equity imperative.

Hypertension Control as a UDS Clinical Quality Measure

From a reporting and accountability perspective, hypertension control is a cornerstone of the Uniform Data System (UDS) clinical quality measures. The UDS Controlling High Blood Pressure measure evaluates the percentage of adult patients ages 18–85 with a diagnosis of hypertension whose blood pressure was adequately controlled during the measurement period. (eCQI Resource Center, 2025)

UDS hypertension control performance reflects the effectiveness of a health center’s chronic disease management infrastructure. It captures more than a single blood pressure reading; it signals how well care teams identify patients with hypertension, apply evidence-based treatment protocols, ensure accurate blood pressure measurement, support medication adherence, and engage patients in ongoing self-management.

Improving hypertension control rates requires deliberate and sustained strategies, including:

- Accurate diagnosis and problem list management
- Standardized blood pressure measurement protocols
- Team-based care models involving nurses, medical assistants, pharmacists, and care managers
- Regular use of data dashboards to identify patients with uncontrolled blood pressure
- Proactive outreach, follow-up visits, and home blood pressure monitoring
- Integration of lifestyle counseling addressing nutrition, physical activity, tobacco use, and stress

Health centers that excel in UDS hypertension control typically embed these practices into daily operations rather than treating them as isolated quality initiatives.

Hypertension Control and Population Health Management

Hypertension is an ideal condition through which to operationalize population health management. Unlike many acute conditions, hypertension requires longitudinal engagement, consistent monitoring, and coordinated care across multiple visits and settings. Effective population health strategies allow care teams to move from reactive treatment to proactive management.

Using registries and stratified patient lists, health centers can identify patients with newly diagnosed hypertension, those with persistently uncontrolled blood pressure, and those who have fallen out of care. Outreach efforts, such as nurse-led follow-ups, medication reconciliation calls, and community-based blood pressure checks can be tailored to patient needs and risk levels.

Importantly, hypertension management also provides a platform for addressing non-medical drivers of health. Food access, housing stability, transportation, and health literacy all influence a patient’s ability to control blood pressure. Incorporating screening, referrals, and partnerships with community organizations strengthens both clinical outcomes and patient trust.

The Role of Hypertension Control in Value-Based Care

As healthcare financing continues to shift away from volume and toward value-based care, hypertension control has become a critical performance indicator across multiple payer models. Medicaid managed care organizations, Medicare programs, commercial payers, and alternative payment models increasingly use blood pressure control as a proxy for primary care quality and cost containment.

In value-based arrangements, poorly controlled hypertension is associated with higher rates of emergency department visits, hospitalizations, strokes, myocardial infarctions, and long-term complications, all of which drive avoidable costs. Conversely, strong hypertension control is linked to improved outcomes, lower total cost of care, and better performance on quality benchmarks.

From a value-based care standpoint, hypertension control:

- Improves quality scores tied to incentive payments
- Reduces preventable hospital utilization
- Enhances performance in shared savings and pay-for-performance contracts
- Strengthens a health center's negotiating position with payers
- Demonstrates readiness for advanced alternative payment models

Health centers that invest in hypertension management infrastructure are better positioned to succeed financially while delivering higher-quality care.

Aligning UDS Performance with Value-Based Care Goals

One of the most powerful opportunities for health centers is aligning UDS hypertension control efforts with value-based care strategies. Rather than viewing UDS reporting and payer quality metrics as separate requirements, high-performing organizations treat them as mutually reinforcing.

Standardized clinical workflows, accurate data capture, and continuous performance monitoring support both UDS reporting and value-based contracts. For example, ensuring that blood pressure readings are documented correctly in the electronic health records improves measure accuracy while also guiding real-time clinical decision-making.

Similarly, investments in care coordination, clinical pharmacy services, and remote monitoring improve patient outcomes while strengthening performance across multiple quality frameworks.

Alignment reduces duplication of effort and allows care teams to focus on meaningful improvement rather than measure-specific workarounds.

Turning American Heart Month into Sustained Action

American Heart Month provides an ideal opportunity for health centers to refocus attention on hypertension control, engage staff and patients, and reinforce the importance of preventive cardiovascular care. Activities may include:

- Reviewing UDS hypertension control data and identifying improvement opportunities
- Refreshing staff training on accurate blood pressure measurement
- Launching patient education campaigns on heart health and lifestyle modification
- Conducting outreach to patients overdue for follow-up or with uncontrolled blood pressure
- Strengthening partnerships with community organizations focused on nutrition, fitness, and chronic disease support

While February serves as a spotlight, the work of hypertension control must continue year-round. Sustainable improvement requires leadership commitment, data-driven decision-making, and a culture that prioritizes prevention and equity.

Conclusion

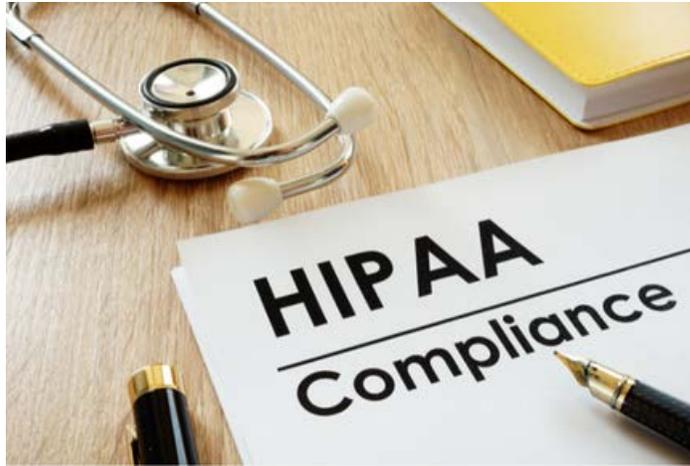
Heart disease remains the leading cause of death in the United States, and hypertension is one of its most powerful drivers. For health centers, addressing hypertension is not only a clinical responsibility but a strategic imperative tied to quality performance, UDS outcomes, and success in value-based care.

By leveraging American Heart Month as a catalyst, health centers can strengthen hypertension control efforts, improve population health, and advance their mission of delivering high-quality, patient-centered care. When hypertension is managed effectively, the benefits extend far beyond a single measure, it saves lives, reduces disparities, and creates lasting value for patients and communities alike.

Reference:

eCQI Resource Center. (2025). Controlling high blood pressure (eCQM CMS165v11). Centers for Medicare & Medicaid Services. <https://ecqi.healthit.gov/ecqm/ec/2023/cms0165v11?compare=2023to2026>

HCCN Update



HIPAA 2026 Compliance Update: What Your Health Center Needs to Know

HIPAA compliance requirements have evolved significantly in 2026. Community Health Centers (CHCs) must ensure updated privacy notices are in place and prepare for substantial modernization of the HIPAA Security Rule. Regulatory agencies are increasing scrutiny, with greater emphasis on measurable cybersecurity controls and transparent patient privacy protections.

Failure to prepare may expose CHCs to enforcement actions, financial penalties, and reputational harm.

February 16, 2026, Deadline: Updated Notices of Privacy Practices (NPPs)

As of February 16, 2026, covered entities—including Community Health Centers—were required to update their HIPAA Notice of Privacy Practices (NPPs).

Key Updates Required

- Integration of confidentiality protections related to substance use disorder (SUD) records.
- Alignment of HIPAA privacy practices with updated 42 CFR Part 2 requirements.
- Clear statements addressing:
 - Restrictions on certain disclosures of SUD information.
 - Patient rights related to redisclosure.
 - Fundraising communication opt-out rights when applicable.

These updates stem from federal regulatory changes finalized in 2024 and implemented in 2026

HIPAA Security Rule Modernization: Preparing for Major Changes

The U.S. Department of Health and Human Services (HHS) and the Office for Civil Rights (OCR) have proposed significant revisions to the HIPAA Security Rule. While final publication is anticipated in 2026, CHCs are strongly encouraged to begin preparation immediately.

Anticipated Focus Areas

A. Stronger Technical Safeguards

- Multi-Factor Authentication (MFA) for systems accessing electronic PHI (ePHI).
- Encryption of ePHI both at rest and in transit.
- Enhanced access controls and system monitoring.

B. Reduced Flexibility

Safeguards previously classified as “addressable” may become explicitly required, limiting discretionary implementation.

C. Formalized Risk Management

- Annual documented risk analyses.
- Comprehensive asset inventories of systems containing ePHI.
- Ongoing vulnerability management processes.
- Strengthened oversight of business associates.

The proposed modernization reflects increased federal attention to cybersecurity risks affecting healthcare entities nationwide.

What This Means for Community Health Centers

HIPAA enforcement trends show increasing expectations for:

- Demonstrable implementation of security controls.
- Evidence of testing and risk mitigation.
- Active vendor oversight and documentation.

Compliance can no longer rely solely on written policies. Regulators expect operational proof of effective safeguards.

CHC Action Checklist for 2026

Immediate Actions (If Not Completed)

- Confirm updated Notice of Privacy Practices has been implemented and distributed.
- Post revised NPPs in physical and digital locations.
- Conduct staff training on updated privacy rights and disclosure rules.

Security Preparation Steps

- Implement or expand Multi-Factor Authentication (MFA).
- Verify encryption of ePHI at rest and in transit.
- Update technology asset inventory and data flow maps.
- Conduct and document annual risk analysis.
- Review and update Business Associate Agreements (BAAs).
- Strengthen incident response and breach notification procedures.

HIPAA in 2026 marks a shift toward measurable cybersecurity safeguards and strengthened patient privacy protections. Community Health Centers that proactively update policies, strengthen technical controls, and document compliance will reduce risk and protect both patient trust and operational stability.

Sources

1. U.S. Department of Health & Human Services (HHS), Office for Civil Rights. HIPAA Security Rule Notice of Proposed Rulemaking (NPRM) Fact Sheet.
2. HR Daily Advisor. “Here’s What You Need to Know About HIPAA’s February 2026 Compliance Deadline.” February 2026.
3. The National Law Review. “Update Your HIPAA Notice of Privacy Practices by February 16, 2026.”
4. Husch Blackwell Health Law Blog. “Update Your HIPAA Notice of Privacy Practices by February 16, 2026.”
5. Eide Bailly LLP. “HIPAA Security Rule Updates for 2026.”
6. Healthcare Law Insights. “Major HIPAA Security Rule Changes on the Horizon.”
7. HIPAA Vault. “2026 HIPAA Changes: What Healthcare Organizations Should Know.”

2026 SC State Level Goals Snapshot

Reporting Date: January 2026 | Total Measures Tracked: 29

Target Achievement Overview

- ✓ Primary Goals Met: 2
- ✓ Secondary Goals Met: 3

Priority Opportunity Areas

- Depression Remission at 12 Months **4.7%**
- Engagement of SUD Treatment **5.6%**
- Annual Access to LARC **5.2%**
- Screening for SDOH **8.2%**
- Childhood Immunization Status **21.6%**
- Annual Family Planning Screening **20.8%**

2026 Focus Strategy

1. Behavioral Health Measures (Depression, SUD Engagement)
2. Preventive & Screening Services (SDOH, LARC, Immunizations)
3. Family Planning & Reproductive Health
4. Closing cancer screening gaps

Top Performing Measures (Above 80%)

- Statin Therapy for CVD **85.7%**
- IVD Aspirin Use **84.9%**
- HIV Linkage to Care **84.0%**
- Screening for SDOH **8.2%**
- Childhood Immunization Status **21.6%**
- Annual Family Planning Screening **20.8%**

Maternal & Preventive Health Snapshot

- Early Entry into Prenatal Care **52.2%**
- Low Birth Weight **18.0%**
- HIV and Pregnant **0.3%**
- Annual Pregnancy Intention Screening **35.0%**

The data presented herein reflects information and statistics gathered exclusively from the participating health centers that are part of the SCHCCN.

The Wellness Way



The Wellness Way Tips for “Springing Forward”

Daylight Saving time begins Sunday, March 8, 2026, at 2:00 a.m. This shift leads to later sunsets in the evenings, but don't let the sun set on how you maintain life and adjust to the change. *According to Tenet Health*, here a few tips to do well while “springing forward”.

1. **Maintain your schedule.** Make sure to stick to getting 7 to 9 hours of sleep every night. Getting the full amount of rest for the night will help your body adjust to the time change. Don't stay up later than usual or sleep in longer based on the time change.
2. **Get ready for the change early.** Start preparing for the time change several days in advance by going to bed earlier 15 minutes each day. This way, you can ease into the change, and your body won't experience the disruption as harshly.
3. **Get enough daylight.** Light helps increase serotonin in the brain, which helps you to wake up naturally in the morning. Try to get exposure to sunlight early in the morning or at least during an afternoon walk.
4. **Avoid eating late.** Eating late in the evening or close to bedtime can actually disrupt your sleep. So plan to finish your meals and snacks at least 2 to 3 hours before your bedtime. Also, limit caffeine intake to the morning and don't consume alcohol after early evening.
5. **Set the right environment**
 - Avoid exercise before bed
 - Put away electronic devices at least an hour before you plan to go to sleep
 - Create a relaxing bedtime ritual like taking a bath or reading a book
 - Make sure your room is dark, quiet and cool at night

Although the shift is hard, proactively managing your routine ensures your bodily rhythms align with the new time quickly.

Revenue Review



Turning Regulatory Burden into Financial Resilience: What “Good” Looks Like in 2026

How FQHC Billing, Coding, and Documentation Drive Revenue, Quality, and Value-Based Success

Federally Qualified Health Centers (FQHCs) have never operated in a simple reimbursement environment — and 2026 is no exception. Between Medicare rules, South Carolina Medicaid requirements, Value-Based Care (VBC) contracts, and documentation audits, regulatory pressure can feel overwhelming.

But here’s the shift high-performing health centers are making:

Regulatory compliance is no longer just about avoiding risk — it’s a revenue strategy.

When billing, coding, and documentation are done well, they don’t just “check boxes.” They:

- Protect Prospective Payment System (PPS) reimbursement
- Support value-based incentive payments
- Reduce denials and rework
- Strengthen cash flow
- Prove the quality-of-care FQHCs deliver every day

In short: compliance done right = financial resilience

Quality Coding: Where Clinical Care Becomes Financial Sustainability

Every diagnosis code, CPT/HCPCS code, and documentation element tells the story of the patient’s needs and the health center’s work.

For **Medicare and South Carolina Medicaid**, accurate coding ensures:

- Proper PPS encounter billing
- Justification for medical necessity
- Accurate risk and chronic condition reporting
- Protection during audits and recoupment reviews

For **Value-Based Care**, coding becomes even more powerful:

- Chronic condition capture affects risk-adjusted payments
- Preventive and chronic care documentation drives quality scores
- HEDIS, UDS, and CMS quality measures depend on correct coding and charting

Undercoding = invisible care.

Poor documentation = denied or downcoded care.

Missed diagnoses = lower value-based payments.

Quality coding is not about “coding more.” It’s about coding accurately, completely, and defensibly.

Documentation: The Foundation of Both Compliance and Payment

In 2026, documentation must do three things at once:

1. Support the encounter for PPS billing
2. Demonstrate medical necessity for Medicare and Medicaid
3. Capture quality and risk data for VBC programs

Strong documentation should clearly show:

- Why the patient was seen
- What conditions were addressed
- Clinical decision-making
- Follow-up plans and care coordination

When documentation is vague, incomplete, or templated without clinical specificity:

- Claims are denied or downcoded
- Audits become high-risk events
- Quality scores suffer
- Revenue is delayed or permanently lost

Good documentation isn’t extra work — it’s revenue protection.

Revenue Cycle Team Duties in the Value-Based Era

The Revenue Cycle is no longer just “billing at the back end.” Every department plays a role in both payment and performance.

Call Center & Front Desk

- Accurate demographic and insurance capture
- Medicaid and Medicare eligibility verification
- Sliding fee documentation (where applicable)
- Correct visit type and provider selection

Impact: Fewer registration errors = fewer denials and faster payment.

Coding Team

- Accurate CPT, HCPCS, and ICD-10 coding
- Chronic condition capture
- Quality measure documentation review
- Provider query process for missing specificity

Impact: Complete coding = stronger VBC performance and correct reimbursement.

Billing Team

- Timely claims submission
- Denial analysis and appeal workflows
- Medicare and SC Medicaid billing compliance
- PPS, wraparound, and crossover accuracy

Impact: Faster, cleaner payment and reduced revenue leakage.

Revenue Cycle Leadership

- KPI monitoring
- Payer trend analysis
- Audit preparedness
- Alignment of clinical, coding, and billing workflows

Impact: Turning data into operational and financial improvement.

Benchmarking Success: What “Good” Looks Like in 2026

To justify the ROI of an in-house RCM team or an outsourced medical billing partner, performance must be measured against current industry standards.

Here's what strong performance should look like:

Metric	2026 Benchmark	If Below Benchmark...
Clean Claim Rate (CCR)	≥ 95%	Higher cost to collect due to manual rework and corrections
Days in A/R	< 30 Days	Restricted cash flow and higher risk of bad debt
Denial Rate	< 5%	Permanent revenue loss if denials are not corrected and appealed
Net Collection Rate (NCR)	≥ 98%	A warning sign that services are being provided but not fully reimbursed

These numbers are more than finance metrics — they reflect:

- Front-end accuracy
- Coding quality
- Documentation strength
- Billing follow-through

When these benchmarks are consistently met, the health center is not just compliant — it is financially resilient.

From Regulatory Burden to Strategic Advantage

FQHCs that thrive in 2026 will be the ones that stop viewing regulations as obstacles and start using them as structure for excellence.

- ✓ Strong documentation supports audits and payment
- ✓ Accurate coding protects compliance and quality scores
- ✓ Revenue cycle metrics reflect both financial health and operational discipline

The result?

Stable revenue. Stronger value-based performance. More resources to serve patients.

That's not just good billing.

That's mission-driven financial stewardship.

Coding Corner



The Power of Quality Coding: How FQHC Billing, Coding & Documentation Improve Heart Health

Heart disease and hypertension remain two of the most common — and most serious — conditions affecting our patients. At FQHCs, we don't just treat these conditions... we play a major role in preventing complications, improving quality of life, and securing the funding that allows us to keep serving our communities.

And here's the key:

Accurate documentation and quality coding directly support both patient care and reimbursement under Medicare and Medicaid.

Why This Matters More Than Ever

Medicare and Medicaid are increasingly tying reimbursement to quality performance, not just visits and procedures. That means the way we document, code, and bill for heart disease and hypertension impacts:

- Patient outcomes
- Quality scores
- Value-Based Care (VBC) payments and incentives
- Risk adjustment and future funding
- Our ability to invest in staff, services, and community programs

Every department — front desk, clinical staff, coders, and billing — has a role in this.

Heart Disease & Hypertension: Small Details, Big Impact

Documentation Drives Everything

Providers must clearly document:

- **Diagnosis specificity**
 - Hypertension: essential, secondary, with heart disease, with CKD, etc.
 - Heart disease: CAD, heart failure (with type), history of MI, angina, etc.
- **Current status**
 - Stable, uncontrolled, worsening, improving
- **Treatment and management**
 - Medications prescribed or adjusted
 - Lifestyle counseling (diet, exercise, smoking cessation)
 - Referrals (cardiology, nutrition, care management)
- **Clinical values**
 - Blood pressure readings
 - BMI when relevant
 - Lab results tied to cardiac risk (lipids, A1c for comorbid patients)

If it isn't documented clearly, **it can't be coded — and it won't count for quality or risk.**

Coding Accuracy Affects Quality Scores

For Medicare and Medicaid quality programs, correct ICD-10 coding ensures patients are properly included in quality measures, such as:

- Blood pressure control for patients with hypertension
- Ischemic heart disease management
- Heart failure management
- Statin therapy for patients with cardiovascular disease

If hypertension or heart disease is not coded at least once during the measurement year, the patient may:

- Fall out of the denominator (skewing data), or
- Appear unmanaged — hurting our quality performance

Accurate coding also supports HCC (risk adjustment) under Medicare Advantage and some Medicaid managed care plans. Chronic heart conditions often carry higher risk scores, which help ensure appropriate payment for the complexity of our patient population.

Blood Pressure Documentation: A Quality Game-Changer

For hypertension measures, it's not just about taking the BP — it's about documenting it correctly.

To count toward quality:

- The most recent BP reading in the measurement year is typically used
- Both systolic and diastolic values must be documented
- Readings must come from a valid encounter (not just patient-reported without confirmation)

Front desk and clinical workflow matter here:

- Ensure patients with hypertension are flagged for vital signs at every visit
- Encourage rechecks if the first BP is elevated
- Document patient refusal or inability to obtain BP when applicable

One accurate recheck can be the difference between a patient being counted as controlled vs. uncontrolled.

Medicare & Medicaid: Why Coding Chronic Conditions Annually Matters

Under many Medicare and Medicaid models:

- Chronic conditions like hypertension, heart failure, and CAD must be documented and coded at least once per year.
- Historical diagnoses should not be carried forward without provider assessment and confirmation.

That means:

“History of CHF” is not the same as “Chronic systolic heart failure — stable on current regimen.”

Annual reassessment protects:

- Clinical accuracy
- Risk adjustment
- Compliance
- Reimbursement integrity

The Revenue Cycle Team’s Role in Heart Health

This is not “just clinical.” Revenue cycle teams are key players.

◆ **Front Desk & Call Center**

- Schedule regular follow-ups for hypertension and cardiac patients
- Close care gaps by encouraging preventive and chronic care visits

◆ **Coders**

- Ensure diagnosis codes match the **highest level of documented specificity**
- Query providers when documentation is unclear (type of heart failure, link between HTN and CKD, etc.)

◆ **Billing Staff**

- Monitor denial trends related to cardiac diagnoses
- Track quality-related payment programs and incentive opportunities

When we code and bill accurately, we help ensure the health center is paid for the true complexity of the care we deliver.

The Big Picture: Mission + Money + Meaning

Every accurate note, every specific diagnosis code, and every properly documented blood pressure reading does three things:

1. Improves patient care
2. Strengthens our quality performance
3. Supports sustainable funding for our FQHC

That's the heart of value-based care.

So, the next time you review documentation, enter a code, or check a vital sign, remember — you're not just completing a task. You're helping fight heart disease in our community, and that's work to be proud of.



CareSouth Carolina CEO Ann Lewis Named to 2026 Pee Dee 50 Most Influential List

CareSouth Carolina is pleased to announce that Chief Executive Officer Ann Lewis has been named to the 2026 Pee Dee 50 Most Influential list by B2B: Pee Dee Business, recognizing leaders whose work has made a lasting impact on the Pee Dee region and beyond.

Lewis leads CareSouth Carolina, a nonprofit community health care provider serving more than 38,000 patients across 10 rural communities. Under her leadership, the organization has grown from a small clinic into a nationally recognized network of community health centers dedicated to improving access to quality care for underserved populations.

The Pee Dee 50 Most Influential recognition highlights Lewis's decades of service in health care leadership, her role as chairperson of the South Carolina Primary Health Care Association, and her longstanding involvement with numerous community organizations, including the Coker College Board of Visitors, Pee Dee Area Health Education Consortium, Darlington County Communities in Schools, the Pee Dee Alzheimer's Association, and many more.

Lewis's leadership legacy spans more than four decades. She joined CareSouth Carolina in the early 1980s and has guided the organization through periods of growth, financial uncertainty, natural disasters, and a global pandemic, all while remaining focused on the organization's mission to enhance the health and well-being of everyone it serves.

In addition to her current role, Lewis has been recognized nationally for excellence in community health leadership. In 2012, she received the John Gilbert Award from the National Association of Community Health Centers, one of the organization's highest honors for leadership and service in community health.

Lewis just recently celebrated 45 years with CareSouth Carolina. She expressed no interest in slowing down and continues to lead with great vision and heart.

"It is an honor and a privilege that God has given me every single day," Lewis shared. "I love CareSouth Carolina, and I love our communities. Let's keep doing it."

The Pee Dee 50 Most Influential list is published annually by B2B: Pee Dee Business and recognizes business, civic, and nonprofit leaders whose work shapes the economic and social future of the region.



CareSouth Carolina Community Health Fair Brings Families Together for Wellness Resources and Screenings in Bennettsville

BENNETTSVILLE, SC — CareSouth Carolina welcomed community members to its Community Health Fair on Saturday, February 21, 2026, at the Bennettsville Community Center, where families gathered for a morning focused on health, wellness, and community support.

The event provided attendees with access to health screenings, wellness resources, family support services, and educational materials, while also offering food and giveaways in a fun, welcoming atmosphere.

Throughout the event, CareSouth Carolina staff and community partners worked to connect residents with helpful resources and encourage preventive care. Guests had the opportunity to explore health and wellness services, ask questions, and learn more about programs available through CareSouth Carolina.

“At CareSouth Carolina, we believe that good health starts with education and access,” CareSouth Carolina Chief of Community Health Joe Bittle said. “Our Community Health Fair is a way for us to give back to the people we serve, offering essential health screenings, resources, and support—all in a welcoming and engaging setting. We’re excited to connect with the community and make a positive impact.”

The event also included a variety of giveaways and prize drawings. Attendees were able to enter drawings for a 55-inch Smart TV and a Samsung Galaxy Tablet, while the first 150 attendees received free items such as crock pots and gun locks, while supplies lasted.

CareSouth Carolina has hosted Community Health Fairs in communities across the Pee Dee, including Hartsville, Dillon, Bishopville, Cheraw, and others and remains committed to strengthening the health of the region by continuing to host outreach events that promote prevention, education, and access to care.

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.



February is National School-Based Health Care Awareness Month

February is National School-Based Health Care Awareness Month, a time to recognize how bringing healthcare into schools helps students stay healthy, focused, and ready to learn.

For many families in rural communities, access to routine medical and dental care isn't always easy. School-based health services help close that gap by meeting students where they are—right at school.

The school-based care program began in 2015 to address the growing need for accessible health services in rural schools. Initially launched in Chesterfield County, the program has since expanded to Lee, Dillon, Marlboro, and Darlington counties. Additionally, CareSouth Carolina's Miles of Smiles Dental Program provides critical oral health services to children across the region, ensuring that students receive the dental care they need to thrive.

Recognizing the need for even more accessible care, CareSouth Carolina launched its School-Based Telehealth Program in 2021. This innovative service allows students who become sick at school to be seen on-site through telehealth, reducing the burden on parents and guardians who may struggle to secure same-day appointments with primary care providers. By providing timely medical care directly in schools, this program helps cut down on unnecessary urgent care visits and emergency room trips for illnesses that can be treated quickly via telehealth.

Here are a few quick facts about school-based health care:

- School-based health care improves attendance by reducing the need for students to miss school for appointments.
- Early care makes a difference—routine screenings and wellness visits can catch concerns before they become bigger issues.
- Rural communities benefit the most, where access to primary and dental care may be limited.
- Telehealth expands access, allowing students who become sick at school to be evaluated quickly without leaving campus.
- Healthy students learn better, with fewer disruptions caused by untreated medical or dental needs.

CareSouth Carolina remains committed to expanding and strengthening school-based healthcare services so more students can receive the care they need, when and where they need it most.

Supporting student health today helps build healthier communities for tomorrow.



Carolina Health Centers Names Employee of the Year Award Recipients



Carolina Health Centers is proud to recognize four outstanding team members as this year's Employee of the Year Award recipients. These individuals exemplify excellence in their respective departments and reflect the very best of our organization's mission and values.

- **Family Medicine Employee of the Year:** Maria Briceno
- **Pharmacy Employee of the Year:** Shavonda Gary
- **Pediatric Employee of the Year:** Jennifer Harrison
- **Administration Employee of the Year:** NaToya Leverette

Each of these honorees has consistently gone above and beyond in their roles, demonstrating exceptional teamwork, professionalism, and an unwavering commitment to serving our patients and communities. Their leadership, positive attitude, and dedication not only strengthen our organization but also inspire colleagues across all departments.

Please join us in congratulating these remarkable team members. We are truly grateful to have them as part of the Carolina Health Centers family and thank them for the meaningful impact they make every day.





**Carolina Health Centers Welcomes Welcome
Dr. Rufus Wofford
Chief Operations Officer**



Carolina Health Centers is pleased to welcome Dr. Rufus Wofford as our new Chief Operations Officer.

Dr. Wofford brings a wealth of experience and a strong background in healthcare leadership to our organization. He holds a Ph.D. in Counselor Education and has dedicated his career to advancing patient-centered care within the community health setting. Most recently, he served at a Community Health Center in Columbia, South Carolina, where he held several key leadership roles, including Behavioral Health Counselor, Director of Behavioral Health, and Chief Experience and Strategy Officer.

Throughout his career, Dr. Wofford has demonstrated a commitment to innovation, operational excellence, and enhancing the patient experience. His diverse expertise and strategic vision will play an important role in strengthening our operations and supporting our mission.

Please join us in extending a warm welcome to Dr. Wofford. We are excited about the leadership, insight, and energy he brings to Carolina Health Centers.



Honoring a 340B Trailblazer

Remembering the trailblazers who came before us...

"[T]he 340B Drug Pricing Program has not only made it possible for health centers to provide access to affordable prescription medication for those vulnerable populations; it also enabled increased access to primary and preventive care that would otherwise be unfunded and therefore unavailable in the communities served."

-Sue Veer

A photograph of Sue Veer, a woman with short white hair, wearing a white blazer over a blue top. She is seated at a conference table with a microphone, a water bottle, and papers. The background shows other people in a conference setting.

340B COALITION
Winter Conference '26

9

Kim Anderson, Financial Analyst/Program Manager at Carolina Health Centers, recently represented our organization at the 340B Health Winter Conference—an annual gathering focused on education, advocacy, and advancement of the 340B Drug Pricing Program.

During the conference, Sue Veer was recognized for her pioneering contributions to the 340B Program. As a trailblazer and passionate advocate, Sue played a significant role in shaping and strengthening the program, helping expand access to affordable medications for underserved communities nationwide.

Her legacy continues to inspire our work each day at CHC. The principles she championed—equity, access, and responsible stewardship—remain deeply embedded in how our teams serve patients and manage resources. We are proud to carry that legacy forward in our ongoing commitment to accessible, high-quality care.



On the Hill with Carolina Health Centers



Leaders from Carolina Health Centers recently traveled to Washington, D.C. to participate in the National Association of Community Health Centers (NACHC) Policy & Issues Forum—an important event that brings together community health advocates from across the country to discuss key legislative priorities impacting the patients and communities we serve.

While on Capitol Hill, our team had the opportunity to meet with Tim Scott, Sheri Biggs, and Lindsey Graham to advocate for policies that strengthen access to affordable, high-quality healthcare in our region.

We extend our sincere thanks to the following leaders who represented CHC and championed the needs of our communities:

- Abby Banks, Chair of our Board of Directors and Greenwood County Public Information Officer
- Miriam Ferguson, Chief Executive Officer
- Dr. Dominic Mellette, Chief Pharmacy Officer
- Rachel Manner, Director of Development
- Jessica Jacobs, Director of Behavioral Health

Their engagement on Capitol Hill reflects our ongoing commitment to ensuring that the voices of our patients and communities are heard at the national level. We are proud of their leadership and advocacy on behalf of Carolina Health Centers.



Celebrating Excellence in Care: Dr. Sandra Stephens December 2025 Employee of the Month



Dr. Sandra Stephens exemplifies excellence, compassion, and teamwork at Family Health Centers, Inc. Through her patient-centered approach, strong clinical expertise, and unwavering commitment to access and quality care, she has made a lasting and meaningful impact on both patients and colleagues.

Known for her calm and compassionate communication style, Dr. Stephens takes the time to listen carefully, explain diagnoses clearly, and ensure every patient feels respected and understood. She consistently goes above and beyond for both scheduled and walk-in patients, guided by her belief that no one should ever be turned away from care they need.

A dedicated leader and mentor, Dr. Stephens works closely with multidisciplinary teams to deliver comprehensive, holistic pediatric care. She is deeply invested in guiding residents and nurses in best practices, fostering a collaborative and supportive environment that leads to improved outcomes for children and families alike.

Her dedication is especially evident in high-pressure situations. Dr. Stephens has repeatedly stepped in to support patients and staff during medical emergencies—all while maintaining a full patient schedule. Even while managing personal health challenges, she continues to provide exceptional care, often seeing 20–25 patients each day.

Through her professionalism, leadership, and unwavering compassion, Dr. Stephens truly embodies the Family Health Centers mission to provide quality, comprehensive care with courtesy to all. Congratulations, Dr. Stephens, and thank you for your outstanding service to our patients, our team, and our community.



Employee of the Year 2025: Krishna – Lowcountry Pediatrics



We are proud to recognize Krishna from Lowcountry Pediatrics as our Employee of the Year. A dedicated Certified Medical Assistant, Krishna truly wears many hats and exemplifies excellence in every role she takes on.

Krishna’s dedication and service to the patients at Lowcountry Pediatrics have been nothing short of remarkable. She provides unwavering support to patients, clinics, and providers alike. As Practice Manager Ashley Bowers shares, Krishna’s many talents make it easy to see why she earned this well-deserved recognition.

“As a steady presence for the children who come through our doors, she creates a safe, comforting environment—calming patients, reassuring worried parents, and making sometimes difficult visits easier with compassion and kindness,” says Bowers.

Krishna embodies the Genesis mission by delivering quality care with compassion to those who need it most. She also has an intuitive sense of how to support her colleagues and consistently leads by example. Krishna, congratulations on this well-earned honor. We are incredibly proud to have you on our team.



Employee of the Month - December



We are proud to recognize Travis as our **Employee of the Month for December 2025**.

Travis continues to set the standard for teamwork and reliability within our organization. Always willing to step in and lend a hand, he consistently supports his team and colleagues whenever needed. He has never said “no” when someone asks for assistance, and his positive attitude and readiness to help—no matter the task—make a meaningful difference in our daily operations.

Travis’s dedication, flexibility, and commitment to serving others do not go unnoticed. His contributions are truly invaluable, and we are incredibly grateful for the steady support and professionalism he brings to our workplace each day.

Congratulations, Travis, and thank you for all that you do!



Employee of the Month – January



We are proud to recognize Quenita as our **Employee of the Month for January 2026**.

Quenita exemplifies exceptional professionalism, remarkable attention to detail, and a truly compassionate approach to patient care—qualities that reflect the very highest standards of our organization. Her dedication to excellence and genuine commitment to those we serve make a meaningful and lasting impact every day.

Thank you, Quenita, for representing our team with integrity and for your continued commitment to delivering high-quality, patient-centered care. Congratulations on this well-deserved recognition!



WELCOME

To Genesis Healthcare, Inc.

Vonda Calcutt

MD - Endocrinologist

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WALTERBORO, SC
843-781-7428





Health Care Partners OF SOUTH CAROLINA

Health Care Partners of South Carolina Welcomes Dr. J. Alexander Halinski as Chief Medical Officer



Health Care Partners of South Carolina is proud to announce the appointment of J. Alexander Halinski, M.D., M.S., as Chief Medical Officer.

Dr. Halinski earned his medical degree from the University of Mississippi Medical Center, where early training experiences in rural and underserved communities shaped his commitment to expanding access to high-quality care. His passion for serving vulnerable populations has remained central throughout his career.

He completed his surgical training at Baylor College of Medicine and Orlando Regional Medical Center, followed by an advanced fellowship in wound care. Dr. Halinski has since founded and led wound care services, served rural communities in the role of Medical Director, and supported innovative care delivery models through telehealth consulting.

Raised in Vicksburg, Mississippi, Dr. Halinski comes from a family deeply rooted in community-based healthcare — a foundation that continues to guide his leadership philosophy and patient-centered approach.

As Chief Medical Officer, Dr. Halinski will play a key role in advancing clinical excellence, strengthening provider collaboration, and expanding access to comprehensive services across the communities we serve.

We are honored to welcome Dr. Halinski to Health Care Partners of South Carolina and look forward to the impact of his leadership in advancing our mission of delivering quality, compassionate care.



Health Care Partners Welcomes New Psychiatric Nurse



Health Care Partners of South Carolina is proud to welcome Edith Bostic, PMHNP, as a Psychiatric Nurse Practitioner serving patients across all HCPSC locations. A native of Longs, South Carolina, Edith is called to serve others through compassionate, patient-centered psychiatric care. Her approach is rooted in clinical excellence and a commitment to treating the whole person, creating a safe and supportive space for healing.

Edith is grateful to serve the communities of Horry, Marion, and Florence counties with empathy and integrity. She earned her Associate Degree in Nursing from Horry-Georgetown Technical College, her Bachelor of Science in Nursing from Coastal

Carolina University, completed her graduate degree at Walden University, and later obtained a post-master's degree from Regis College.

Passionate about helping individuals navigate life's challenges, Edith is dedicated to promoting emotional wellness and stability. Outside of work, she enjoys going to the beach and cheering on the Pittsburgh Steelers.

We are honored to welcome Edith to the HCPSC family and look forward to the compassionate care she will provide throughout our communities.



Health Care Partners
OF SOUTH CAROLINA

Health Care Partners of South Carolina Earns NCQA Patient-Centered Medical Home™ Recognition

Conway, SC — Health Care Partners of South Carolina (HCPSC) is proud to announce it has earned Patient-Centered Medical Home™ (PCMH) Recognition from the National Committee for Quality Assurance (NCQA) for its primary care locations at 1608 N. Main Street, Conway, SC 29526, and 145 Palmetto Pointe Road, Marion, SC 29571.

NCQA Patient-Centered Medical Home™ Recognition is a nationally respected distinction that recognizes health care organizations for delivering coordinated, accessible, and patient-focused care.

“Achieving PCMH Recognition is a significant milestone for our organization,” said Santina Mayo, CEO of Health Care Partners of South Carolina. “It reflects the work our teams do every day to provide high-quality, compassionate care.”

As a Federally Qualified Health Center, HCPSC serves patients across Horry and Marion counties, offering comprehensive services including primary care, behavioral health, dental, and pharmacy services.

About NCQA

NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies health care organizations and manages the evolution of HEDIS®, the most widely used performance measurement tool in health care. Visit ncqa.org for more information.



Health Care Partners OF SOUTH CAROLINA

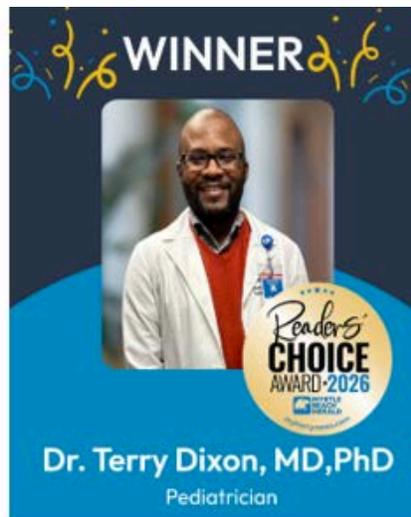
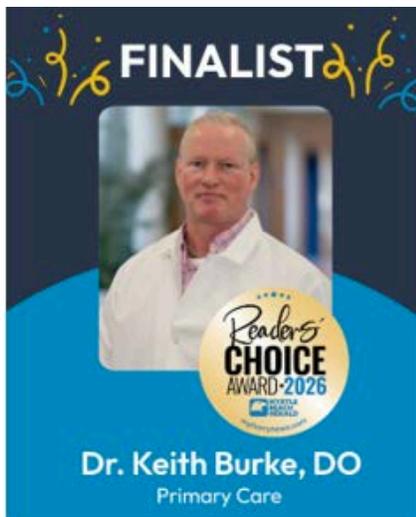
Health Care Partners of South Carolina Celebrates Myrtle Beach Herald Readers' Choice Recognition



Health Care Partners of South Carolina is proud to announce outstanding recognition in the Myrtle Beach Herald Readers' Choice Awards.

This year, our providers and programs were honored in multiple categories:

- **Dr. Terry Dixon – Winner, Best Pediatrician**
- **Dr. Keith Burke – Finalist, Best Doctor**
- **Health Care Partners of South Carolina – Finalist, Best**
- **Diabetes Center (Diabetes Prevention Program)**



These recognitions reflect the trust our patients place in us and the unwavering commitment of our providers and care teams. Being selected by community members in a readers' choice competition is a meaningful testament to the impact our organization continues to make across Horry and surrounding counties.

Dr. Terry Dixon's recognition as Best Pediatrician highlights his dedication to delivering compassionate, high-quality care to children and families. Dr. Keith Burke's placement as a Best Doctor finalist underscores his leadership and commitment to excellence in patient-centered care. Additionally, our Diabetes Prevention Program being named a finalist for Best Diabetes Center reinforces our mission to improve health outcomes through prevention, education, and comprehensive chronic disease management.

For over 45 years, Health Care Partners of South Carolina has remained committed to expanding access to quality, affordable healthcare services, including primary care, pediatrics, OB/GYN, dental, behavioral health, pharmacy services, and award-winning chronic disease programs.

We are incredibly proud of our providers and teams for this well-deserved recognition and remain dedicated to serving our communities with excellence, compassion, and innovation.



Health Care Partners OF SOUTH CAROLINA

Health Care Partners of South Carolina Goes Red for National Wear Red Day



In recognition of National Wear Red Day during American Heart Month, Health Care Partners of South Carolina proudly participated in raising awareness about cardiovascular disease — the leading cause of death among women.

Across our locations in Conway, Marion, Johnsonville, Brittons Neck, and Singleton Ridge, staff and providers wore red to help spark conversations with patients about heart health, prevention, and early detection.

Turning Awareness into Action

While National Wear Red Day serves as a visible reminder, our focus extended beyond participation.

Throughout the week, providers emphasized:

- Blood pressure screenings
- Diabetes and hypertension management
- Cholesterol monitoring
- Nutrition and lifestyle counseling
- Preventive wellness visits

Heart health education was incorporated into routine patient encounters, reinforcing the role of primary care in reducing long-term cardiovascular risk



Supporting Preventive Care in Rural Communities

As a Federally Qualified Health Center serving rural and medically underserved areas, we recognize the importance of meeting patients where they are and proactively addressing chronic disease risk factors. Observances like National Wear Red Day provide meaningful opportunities to increase awareness while strengthening our ongoing preventive care efforts.

At Health Care Partners of South Carolina, heart health remains a priority — not just in February but year-round



Remembering Stephen P. Williams NHFHS Chief Operating Officer



It is with profound sorrow that New Horizon Family Health Services announces the passing of our Chief Operating Officer, Stephen P. Williams. Mr. Williams was a Greenville, SC native and a graduate of J.L. Mann High School. He went on to Wofford College where he would become a Benjamin Wofford Scholar and graduated cum laude. He would later receive his Juris Doctor degree from the University of South Carolina School of Law. Mr. Williams joined the NHFHS Board of Directors in 2012 before transitioning to the role of COO in 2014.

As an attorney, Mr. Williams worked in a small general practice and has represented criminal defendants on death row before both the South Carolina and United States Supreme Court. He has also represented numerous not-for-profit charities and trade associations and has been a lobbyist for the South Carolina Medical Association. He has also practiced in a large law firm representing the Greenville Health System with a special interest in bioethics, human research, and end-of-life issues including care of the critically ill patient. Over the last thirty years, Mr. Williams has spoken at various medical conferences, hospital medical staff meetings, hospital association meetings, nurses' meetings, revenue cycle management meetings, and health information meetings on a variety of medicolegal and business issues.

During his leisure time, Mr. Williams was happiest surrounded by music, eating good food, spending time with friends and family, and telling jokes or stories from his past. When he didn't have a guitar or drum stick in his hand, he was likely on the road behind the wheel of his vintage Porsche Carrera.

The loss of Mr. Williams leaves a great void within our organization and the local community. His decades of experience, wisdom, and compassion touched not only our organization, but everyone fortunate enough to work alongside him. We are deeply grateful for the years he shared with us and the lasting impact he leaves behind.

Those who wish to show support may send a memorial donation to Wofford College 429 N. Church Street, Spartanburg, SC 29303 - Office of Philanthropy in Honor of Stephen P. Williams to the Frank and Madeline Logan Scholarship Fund.





A Little Sweetheart is on the Way!



Rural Health Services, Inc. is thrilled to share that our **Community Baby Shower on February 6th from 2–4 PM** was a tremendous success! We are incredibly grateful to everyone who came out to support the families we serve and helped make the day so special.

Thanks to the generosity of our amazing community, we distributed **3,900 diapers** along with essential resources and information to expecting parents and families. Events like this reflect our shared commitment to ensuring that every child has a healthy start and every parent feels supported.

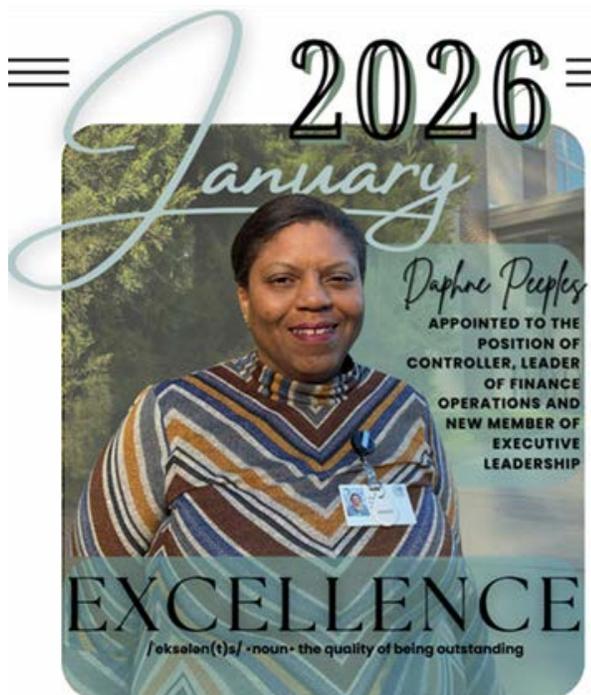
A heartfelt thank you goes out to our dedicated partners, vendors, and sponsors who made this event possible—especially Molina Healthcare of South Carolina in partnership with Bundles of Joy. Your collaboration and commitment to families in our community made a meaningful impact.

We are proud to serve such a caring and supportive community and look forward to continuing this important work together.



Meet Daphne Peeples, Controller at Rural Health Services, Inc.

Strengthening Financial Leadership and Strategic Stewardship in Community Health



Rural Health Services, Inc. (RHS) is pleased to introduce Daphne Peeples as Controller and a member of the Executive Leadership Team. In her role, Daphne provides financial leadership and strategic oversight to support the organization's mission of delivering accessible, high-quality care to the communities it serves.

Daphne holds a Bachelor of Science in Business Administration from USC Aiken and a Master of Accountancy from USC Columbia. She has earned the ARM and ARM-E designations in Risk Management and is currently pursuing a PhD in Accounting. Her professional focus includes strengthening internal controls, enhancing regulatory

compliance, improving financial processes, and supporting data-driven strategic planning within the FQHC environment.

Committed to collaboration and continuous improvement, Daphne values building strong partnerships and strengthening systems that promote accountability and long-term sustainability. She looks forward to connecting with colleagues across the network and contributing to the shared advancement of community health throughout South Carolina.



A New Era of Care: Amanda Duke Steps into the CEO Role at Sandhills Medical



McBee, SC — There is a palpable sense of excitement in the air at Sandhills Medical. Following a unanimous vote by the Board of Directors, the organization has officially named Amanda Duke as its new Chief Executive Officer.

For those who have followed Sandhills' journey, this appointment feels like a natural and powerful progression. Duke isn't just a newcomer with a resume; she is a seasoned healthcare leader who has spent her tenure as Chief Operating Officer (COO) deep in the trenches, refining the way care is delivered to our region.

Operational Mastery and Visionary Growth

During her tenure as COO, Duke was the architect of Sandhills Medical's day-to-day operations, overseeing the complexities of clinical delivery across its regional footprint. Her promotion to CEO marks a shift toward a "visionary growth" mandate, focusing on digital integration and the expansion of the Health Center Program.

"Amanda Duke is a proven leader who has spent years in the trenches refining our care delivery models," said E. Wayne Wallace, Chairman of the Board. "Her deep understanding of clinical workflows, paired with her unwavering commitment to the FQHC mission, makes her the ideal leader to guide Sandhills Medical into its next chapter of innovation."

A Mandate for Accessibility and Innovation

As CEO, Duke will oversee all clinical operations, HRSA compliance, and a multi-disciplinary team of professionals. Her strategic roadmap for 2026 emphasizes:

- **Health Equity:** Removing financial and geographic barriers for the uninsured and underinsured.
- **Digital Transformation:** Streamlining patient access through advanced scheduling and communication technology.
- **Regional Sustainability:** Ensuring the "neighbor-to-neighbor" care model scales effectively as the organization expands.

In Her Own Words

"I am honored to lead Sandhills Medical as we evolve to meet the growing needs of our communities," said Amanda Duke. "Our mission is to empower families through accessible, high-quality healthcare. I look forward to working with our talented team to achieve new heights of excellence and resilience."

About Sandhills Medical

Sandhills Medical is a Federally Qualified Health Center (FQHC) and community-based Healthcare Home dedicated to treating the whole person through comprehensive, high-quality care. Serving residents across South Carolina with nine convenient locations, Sandhills Medical provides a full spectrum of family medical services, including primary care, chronic disease management, and mental health support. As a designated FQHC, the organization is committed to increasing regional health equity through its Mobile Health Unit, on-site pharmacy services, and specialized Health Navigator Coordination to assist patients with Medicaid and Affordable Care Act coverage. Sandhills Medical empowers individuals and families to lead healthier lives by removing financial and geographic barriers to quality healthcare.

Tandem Health Adult Medicine Welcomes New Adult Medicine Physician Assistant



Tandem Health Adult Medicine welcomes Gabryel Santos, PA-C, a new Adult Medicine Physician Assistant, to the team.

Gabryel Santos, PA-C, is a dedicated Physician Assistant at Tandem Health with a clinical focus on family medicine and preventative care. A graduate of Presbyterian College, Gabby brings a thoughtful, patient-centered approach to primary care, emphasizing early intervention, education, and long-term wellness. Though early in her career, she is deeply committed to building meaningful relationships with patients and supporting them through every stage of life.

Inspired from a young age by family members in healthcare, Gabby always knew she wanted to pursue a career in medicine. She is driven by the belief that even small acts of compassion, guidance, and support can have a lasting impact on a person's life. Her goal is for every patient to feel heard, respected, and empowered in their healthcare journey.

Gabby is an active member of the American Academy of Physician Associates and the South Carolina Academy of Physician Assistants, staying engaged with the professional community and current best practices in care.

Coffee and Communication

HOW TO LEAD A CONVERSATION

(WITHOUT DOMINATING IT)

By Mo Bunnell

1. Ask Questions That Open Doors ❌ "What do you do?" ✅ "What's lighting you up at work right now?"	2. Listen for What's Unsaid ❌ Waiting for your turn to talk. ✅ Pay attention to their tone and follow what truly matters to them.	3. Share Stories, Not Credentials ❌ "I've worked with 50 companies on this." ✅ "Given what you just said, here's what helped a client in that spot."	4. Give Space for Silence ❌ Rushing to fill every pause. ✅ Pause after asking. Let them gather their thoughts.
5. Redirect to Them ❌ "That reminds me of when I..." ✅ "That's interesting. How did you feel about that?"		6. Validate Before You Advise ❌ "Here's what you should do." ✅ "That sounds challenging. What approaches have you tried?"	8. Notice When You're Talking Too Much ❌ Explaining things they didn't ask about. ✅ Read their body language: "Should I keep going, or what's on your mind?"
7. Keep It Conversational ❌ Asking rapid-fire questions. ✅ Build on what they just shared: "Tell me more about that."	9. Make Them Feel Heard ❌ "Yeah, I get it. Anyway..." ✅ "So if I'm hearing you right, you're saying X. Is that accurate?"	10. End With Curiosity ❌ "Let me know if you need anything." ✅ "What's the first thing you're thinking about exploring?"	11. Follow Their Lead ❌ Steering back to your agenda. ✅ Let the conversation flow where their interest and energy go.
12. Be Comfortable Not Knowing ❌ Pretending you have all the answers. ✅ "I don't know. Let's explore it together. What's your take?"			



Repost for others.

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Mo Bunnell to win more business (by being helpful).

BIG
Bunnell Idea Group

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