

# THE MOVEMENT NEWSLETTER

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**The connection  
that keeps us  
together**





HAPPY  
*New Year*

2026

May the year ahead bring renewed purpose, progress, and a positive impact for the communities we serve.



# Conferences and Events



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

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

SOUTH CAROLINA  
PRIMARY HEALTH CARE  
ASSOCIATION

**March 27-29**

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



# COMEDY NIGHT



**FRIDAY, FEB. 13<sup>TH</sup>**  
**STARTING AT 6PM** at The Fickle Palate

This is a great chance to experience Chef Josh Crenshaw's epicurean delights that emphasize fresh & innovative flavors before the Fickle Palate closes its doors.

**3-COMEDIAN SHOWCASE, FEATURING  
BRANDON RAINWATER  
OF THE COMEDY ZONE**

**Tickets Include 3-Course Meal + Wine or Beer Pairing**

A cash bar will be available for additional beverages.

Proceeds benefit the Foothills Community Health Care  
**Building Bright Smiles** initiative. Join us in the cause to  
bring accessible dental care to our Anderson office.



**PURCHASE  
TICKETS:**



**BECOME A SPONSOR FOR  
A PLACE IN THE SPOTLIGHT**

Contact [cclinkscales@myfchc.org](mailto:cclinkscales@myfchc.org) for more details.

# Letter from the Editor

## The Work Continues



Dear Friends of *The Movement*,

A new year often arrives with a rush of language—reset, reinvention, transformation. January can feel like a starting gun, urging us to sprint toward resolutions before we've even caught our breath. In *The Movement*, we're choosing a different posture as we enter 2026: steady, intentional, and rooted in the understanding that meaningful change is built over time.

This moment calls for more than optimism. It calls for commitment.

The past year reminded us that movement work is rarely linear. Progress came alongside setbacks. Wins were hard-earned, and losses carried lessons we're still unpacking. Communities showed extraordinary creativity and resilience, even as the systems around them remained slow to change. Through it all, one truth became clearer: sustainable momentum is collective, not individual—and it depends on trust, patience, and shared responsibility.

In this January issue, you'll see that ethos reflected throughout. We're featuring voices from staff who stayed when the spotlight moved on, leaders who rethought strategy rather than doubling down on what wasn't working, and storytellers who captured the quieter, often unseen labor that makes visible victories possible. These are not polished success stories; they are honest accounts of people choosing to keep going.

As we look ahead to 2026, *The Movement* is deepening its commitment to substance over speed. That means fewer soundbites and more context. Fewer performative gestures and more practical tools. We want this newsletter to be a place where ideas are tested, not just celebrated—where complexity is welcomed, and disagreement handled with care.

You may notice changes in how we show up this year. We're creating space for follow-ups, reflections, and course corrections—not just announcements. And we're investing in resources that support action at multiple scales, from individual practice to collective organizing.

January is also an invitation to you. Not to do everything but to do something—thoughtfully. To ask where your energy is best spent. To reconnect with the reasons you became part of this work in the first place. Movements are sustained not by urgency alone but by people who feel seen, supported, and connected to purpose.

Thank you for continuing to read, question, share, and build alongside us. Your engagement shapes this publication more than you may realize. The Movement exists because of a community willing to think critically, act bravely, and remain open to learning.

We begin 2026 not with certainty but with resolve. The work continues—and we're grateful to be moving forward together.

With gratitude and determination,



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

# STAFF SPOTLIGHT

## T'Auna Cross - Clinical Informatics Analyst

### SC Health Center Controlled Network



T'Auna hails from Columbia, SC. As the youngest child of Tonda and Edwin, T'Auna is the mother to one daughter, La'Riyah who is the light of her life! She has been employed with the Association for one month.

Get to know T'Auna better as she shares her responses to the following.

- 1. Where are you from?** Born in Honolulu, HI but raised in Columbia, SC
- 2. Did you attend college?** If so, where? I received an associate's degree from the community college of the Air Force. I have a bachelor's degree in health sciences with a major in clinical health sciences from The George Washington University (GWU). I am currently completing a master's in health care administration at GWU.

have a bachelor's degree in health sciences with a major in clinical health sciences from The George Washington University (GWU). I am currently completing a master's in health care administration at GWU.

**3. What drew you to this field, and how did you get started?** I worked as a medic in the military. Once I separated, I worked as an LPN for MUSC. I loved my patients and getting to be a part of their care team. I became stagnant in my career and wanted to do more for my patients. When I found this position, I knew I would be an advocate for them and be able to do more at a state and national level.

**4. What quote or saying inspires you the most?** The serenity prayer: "God grant me the serenity to accept the things I cannot change, Courage to change the things I can, and the wisdom to know the difference."

**5. What is a fun fact about you that may surprise people?** I am terrified of planes (mainly take-off and turbulence), but I love riding on helicopters with the doors open.

**6. Would you rather work from the beach or a cozy cabin?** This is a hard one. I love nature just as much as I love the beach. I would rather work from a cozy cabin. I would be very unproductive at the beach.

**7. If you had to eat the same lunch every day for a month, what would it be?**  
Probably Asian food, mainly rice and different kinds of soup

**8. What's a random talent you have that no one at work knows about?** I'm not 100% sure. Lol. I guess I would say I am good at creating power points – adding transitions, effects, word art, graphics, etc.

**9. If you had to be stuck in a TV show for a week, which one would it be?** Either Bridgerton, The Resident, or NCIS (the original with Gibbs). I was going to say Greys Anatomy, but too many bad things happen to the characters in the series.

**10. If your personality were a drink, what would it be?** I would have to say any sweet wine in general. It is smooth, has a sweet taste, and is more for relaxing/ in a calm environment. Depending on the percentage, it can also sneak up on you. So, I guess my personality would be like sweet wine because I am kind and calm, but I can also switch and pack a powerful punch when need be (not actually punching).

**11. Would you rather work four 10-hour days or five 8-hour days?** Four 10 hr. days

**12. What fictional boss would you love (or hate) to work for?** Gibbs from NCIS. He has a dry sense of humor, and his gut is never wrong.

**13. Do you prefer early mornings or late nights?** Early mornings. The sunrise is beautiful and there are fewer people out early in the morning. Easier to get tasks completed.

**14. Would you rather have x-ray vision or super-hearing?** Super-hearing. There are some things I just do not need or want to see.

**15. If you could have any superpower at work, what would it be?** A photographic memory. Working with data I constantly must switch between many platforms. Being able to have a photographic memory would come in handy, especially if I had to present a presentation.

**16. If you had to describe yourself in three words, what would they be?**

Independent, analytical, and surprising

**17. What does “success” mean to you?** Achieving internal goals (happiness, purpose, resilience, etc.) and not just external achievements

**18. If you could instantly learn any language, which one would you choose?**

American Sign-Language. I have always been interested in learning how to sign.

**19. Who would play you in a movie about your life?** Who would be the supporting cast?

Teyana Taylor; Cameron Diaz, Zoe Saldana, and Rebel Wilson

**20. What is your one guilty pleasure?** Sweets. I need to stop eating them, but I cannot help it....especially cheesecake.

# A Lesson in Leadership

Teams don't need leaders who talk the most.

They need leaders who hear what's being said *and* what isn't.

**Presence is leadership in motion.**

Fix the Talk. Lead the Team.



# SPOTLIGHT: Advancing Maternal Health in South Carolina

## Advancing Maternal Health in South Carolina Through Leadership and Innovation



Maternal health remains one of South Carolina's most urgent public health challenges. The state currently ranks among the highest in the nation for maternal mortality, with nearly 90 percent of pregnancy-related deaths considered preventable. While these numbers are concerning, they do not fully reflect the growing momentum, collaboration, and innovation underway to improve outcomes for mothers and families across the state.

In recent years, health centers, providers, funders, and advocates have dedicated significant time and resources to advancing maternal health. A major focus of this work has been the implementation of systematic, evidence-based approaches across the full continuum of care—from family planning and prenatal services to postpartum and interconception care. These efforts have strengthened data-driven decision-making, improved coordination among care teams, and expanded the use of quality improvement methodologies to close gaps in care.

South Carolina's community health centers play a critical role in this progress. By delivering comprehensive, patient-centered services, they are meeting women where they are and addressing both clinical and social factors that impact maternal health. Innovative models that integrate doulas, community health workers, and family-support programs such as Parents as Teachers are helping to build trust, enhance education, and improve health outcomes for mothers and babies.

This commitment to innovation and leadership was recently highlighted during a statewide conversation on maternal health on January 22, from 7:00–9:00 p.m. hosted by South Carolina ETV in recognition of National Maternal Health Awareness Day. The panel discussion, part of a broader initiative focused on supporting providers in improving maternal health care, showcased concrete strategies and real-world solutions already making a difference in communities across South Carolina.

Dr. Faith Polkey, CEO of Beaufort Jasper Hampton Comprehensive Health Services, Inc., served as a featured panelist on Saving Mom: Part 2. During the live program, Dr. Polkey shared insights into the leadership, resources, and innovative practices driving improvements in maternal health across South Carolina. She highlighted the wide range of services offered by community health centers, including family planning, prenatal and postpartum care, and treatment for menopausal women. Dr. Polkey also emphasized the importance of quality improvement initiatives and the vital role of doulas, community health workers, and programs such as Parents as Teachers in supporting healthy families and communities.

The conversation reinforced a critical truth: meaningful progress in maternal health requires collaboration. Health centers, professional associations, policymakers, and community partners must continue working together to ensure that every mother in South Carolina has access to high-quality, impartial, and compassionate care throughout pregnancy, birth, and beyond.

By investing in proven strategies, elevating community-based solutions, and sustaining collective leadership, South Carolina can move toward a future where preventable maternal deaths are eliminated—and where every family has the opportunity to thrive.

**To view the panel discussion, please visit: [https://www.youtube.com/live/dcY72ppSl20?si=2ramTnxujcT\\_Sqwy](https://www.youtube.com/live/dcY72ppSl20?si=2ramTnxujcT_Sqwy).**

# Value-Based Care



## Cervical Health Awareness Month: Advancing Prevention Through Value-Based Care in FQHCs

Every January, Cervical Health Awareness Month reminds us that prevention is one of the most powerful tools we have in women's health. For Federally Qualified Health Centers (FQHCs), this month is more than a campaign—it is an opportunity to align mission-driven care with Value-Based Care (VBC) initiatives while improving performance on UDS Cervical Cancer Screening (CMS 124v13).

At the heart of this measure is a simple goal: ensure women receive timely, evidence-based cervical cancer screening. Yet behind that goal is a complex story of access, trust, data, and care coordination—areas where FQHCs excel and where focused effort can yield meaningful impact.

### Why Cervical Cancer Screening Matters in Value-Based Care

Cervical cancer is largely preventable with regular screening, but gaps remain—particularly among underserved populations. In a value-based care environment, these gaps translate into more than missed preventive services; they affect quality scores, incentive payments, shared savings opportunities, and, most importantly, patient outcomes.

CMS 124v13 measures the percentage of women ages 21–64 who received appropriate cervical cancer screening within recommended timeframes. Strong performance supports:

- Higher UDS quality scores
- Improved readiness for alternative payment models (APMs)
- Alignment with managed care and Medicaid quality programs
- Reduced downstream costs associated with late-stage cancer diagnoses

Cervical Health Awareness Month is an ideal time to refocus teams on proactive outreach, accurate documentation, and patient-centered engagement.

## **Key Patient Panels Requiring Focus**

To move the needle, FQHCs should prioritize specific patient panels that historically experience screening gaps:

### **1. Women Ages 21–29**

This group often has fewer routine visits and may not perceive cervical screening as urgent. Education, culturally sensitive messaging, and opportunistic screening during primary care visits are critical.

### **2. Women Ages 30–64 with Care Gaps**

Patients overdue for Pap tests or HPV co-testing represent the largest opportunity for immediate improvement in CMS 124v13 performance. Leveraging EHR gap reports and panel management tools can drive targeted outreach.

### **3. Medicaid and Uninsured Patients**

Socioeconomic barriers—transportation, childcare, work schedules—often delay preventive care. Flexible scheduling, same-day services, and care coordination can significantly improve screening rates.

### **4. Patients with Limited Visit Frequency**

Women who primarily seek care for acute needs or chronic disease management may miss preventive screenings. Embedding reminders into chronic care visits helps ensure prevention is not overlooked.

### **5. Patients with Language, Cultural, or Trust Barriers**

Community health workers, patient navigators, and trusted clinical staff play a vital role in education, follow-up, and screening completion.

## **Aligning Clinical Action with Value-Based Strategy**

Cervical cancer screening is not just a clinical task—it is a system-wide effort that touches front desk staff, care teams, quality teams, and leadership. High-performing FQHCs integrate screening into their Value-Based Care strategy by:

- Using data dashboards to identify gaps in real time
- Standardizing workflows for screening, results tracking, and follow-up
- Training staff on documentation requirements that support accurate UDS reporting
- Engaging patients through reminders, education, and culturally appropriate communication

When these efforts are aligned, cervical cancer screening becomes a shared responsibility—and a shared success.

## **Moving Forward**

Cervical Health Awareness Month is a call to action. For FQHCs, it is a reminder that prevention, equity, and value-based outcomes are deeply connected. By focusing on high-impact patient panels and strengthening care processes, health centers can protect women's health while advancing quality performance and financial sustainability.

Prevention saves lives—and in Value-Based Care, it also strengthens the future of community health.

# Clinical Transformation

## Cervical Cancer Awareness Month: Advancing Prevention Through Data, Access, and Value-Based Care



January is Cervical Cancer Awareness Month, a critical opportunity for health centers to reaffirm their commitment to preventive care, early detection, and health equity. Cervical cancer is one of the most preventable and treatable cancers when identified early, yet screening gaps persist, particularly among medically underserved populations. For health centers, improving cervical cancer screening rates is not only a public health imperative but also a key driver of quality performance, UDS outcomes, and value-based care success.

### Why Cervical Cancer Screening Matters

Routine cervical cancer screening (through Pap tests and HPV testing) has been proven to significantly reduce both incidence and mortality. However, barriers such as limited access, transportation challenges, fear, misinformation, and competing social needs continue to prevent many patients from receiving timely screenings. Federally Qualified Health Centers (FQHCs) play a vital role in closing these gaps by delivering culturally responsive, accessible, and patient-centered preventive services.

### UDS Cervical Cancer Screening: A Core Quality Measure

The UDS Cervical Cancer Screening measure tracks the percentage of women ages 21\*–64 who received appropriate cervical cancer screening during the measurement period. Performance on this measure reflects more than compliance, it signals how effectively a health center engages patients in preventive care, manages population health, and follows evidence-based clinical guidelines.

Improving UDS screening rates requires intentional strategies, including:

- Proactive patient outreach and recall systems
- Use of data dashboards to identify care gaps
- Standing orders and team-based workflows
- Extended hours, same-day appointments, and mobile or community-based screening events
- Strong referral tracking and follow-up processes

\*Use 24 as of December 31 as the initial age to include in assessment.

## **Additional guidance from the 2025 UDS Manual**

### **Cervical Cancer Screening (Line 11), CMS124v13**

Measure Description Percentage of women 21\*–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21\*–64 who had cervical cytology performed within the last 3 years
- Women age 30–64 who had human papillomavirus (HPV) testing performed within the last 5 years

\*Use 24 as of December 31 as the initial age to include in assessment. See Specification Guidance for further details.

### **Calculate as follows:**

#### **Denominator: Columns A and B**

- Women 24 through 64 years of age by the end of the measurement period with a qualifying encounter during the measurement period, as specified in the measure criteria
  - Include women with birthdate on or after January 1, 1961, and birthdate on or before December 31, 2001.

“We must accept finite disappointment but never lose infinite hope.” “We must accept finite disappointment but never lose infinite hope.”

#### **Numerator: Column C**

- Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:
  - Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women 24–64 years of age by the end of the measurement period.
  - Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test.

### **Exclusions/Exceptions**

- Denominator Exclusions:
  - Patients who were in hospice care for any part of the measurement period
  - Women who had a hysterectomy with no residual cervix or a congenital absence of cervix
  - Patients who received palliative care for any part of the measurement period
- Denominator Exceptions:
  - Not applicable

## Specification Guidance

- To ensure the measure is looking for a cervical cytology test only after a woman turns 21 years of age, the youngest age in the initial population is 23.
- The measure may include screenings performed outside the age range of patients referenced in the initial population.
- Screenings that occur prior to the measurement period are valid to meet measure criteria.
- Evidence of high-risk human papillomavirus (hrHPV) testing within the last 5 years also captures patients who had co-testing, therefore, additional methods to identify co-testing are not necessary.

## UDS Reporting Considerations

- The patient must have a countable visit reported on Table 5 of the UDS Report in the measurement period to be included in this measure.
- Include documentation in the patient health record of a cervical cytology and HPV tests performed outside of the health center with the date the test was performed, who performed it, and the result of the finding provided by the agency that conducted the test or a copy of the lab test.
- DO NOT count as CQM compliant patient health records that note the refusal of the patient to have the test. (Health Resources and Services Administration, 2025, p. 100)

## Cervical Cancer Screening and Value-Based Care

As healthcare continues to shift toward value-based care, cervical cancer screening is increasingly tied to reimbursement, incentives, and organizational sustainability. Payers and partners evaluate preventive screening performance as a marker of quality, cost avoidance, and long-term population health outcomes.

### High screening rates:

- Reduce downstream costs associated with late-stage cancer treatment
- Improve quality scores tied to value-based contracts
- Strengthen payer, HRSA, and stakeholder confidence
- Demonstrate a commitment to prevention and equity

In value-based models, preventive care is no longer optional, it is foundational.

## Turning Awareness into Action

Cervical Cancer Awareness Month is an ideal time for health centers to review performance data, re-engage patients overdue for screening, and reinforce clinical workflows that support sustained improvement. Leveraging UDS data, aligning teams around shared quality goals, and embedding screening efforts into broader value-based strategies can lead to measurable gains that extend well beyond January.

By prioritizing cervical cancer screening, health centers are not only meeting reporting requirements, but they are also saving lives, advancing equity, and delivering on the promise of high-value, patient-centered care.

### Reference:

Health Resources and Services Administration. (2025). Uniform Data System (UDS) manual: Instructions for Table 6B – Clinical quality measures [PDF]. Bureau of Primary Health Care.  
<https://bphc.hrsa.gov/sites/default/files/bphc/compliance/2025-uds-manual.pdf>

# SCAgWHP Update

## A Season of Gratitude: Thanksgiving Support for Pee Dee Farm Workers



This Thanksgiving, the generosity of anonymous donors brought warmth and nourishment to 62 farm workers across the Pee Dee region through the distribution of Thanksgiving Meal Boxes. The recipients represented many different stories and circumstances, including a widow grieving the loss of her husband of 11 years, 12 H-2A workers and 13 H-2B workers spending the holiday far from their families, and others navigating uncertainty in their jobs and daily lives.

For many farm workers, the holiday season can be marked by loneliness, distance from loved ones, or financial stress. These meal boxes provided more than a traditional Thanksgiving dinner—they offered comfort, dignity, and a reminder that they are seen and cared for. For some, it was also a welcome taste of home during a time when home feels especially far away.

Moments like these highlight the power of compassion. Small acts of kindness, when shared collectively, can have a lasting impact. By supporting farm workers, we affirm the value of their labor and recognize the essential role they play in sustaining our communities.

We extend our heartfelt thanks to the anonymous donors whose generosity made this possible. Your kindness helped make the season brighter for those who give so much year-round.

# Community Collaboration Brings Thanksgiving Cheer to Farm Workers



Through a valued partnership with CareSouth Carolina, we were able to extend the spirit of Thanksgiving to farm workers across the region. Together, we collected 200 prepared meal plates from the Darlington County Coordinating Council's Thanksgiving Dinner Giveaway and delivered them to the hardworking agricultural workers at Pine Needle Express, along with two additional groups of farm workers.



These meals helped ensure that those who spend their days supporting our food system could enjoy a warm Thanksgiving meal of their own. More than just food, the deliveries carried appreciation, gratitude, and holiday cheer to workers who are often overlooked despite their essential contributions.

Efforts like this highlight the power of collaboration. When organizations and communities come together with a shared purpose, we can make a meaningful difference for those who give so much of themselves year-round.

# CareSouth Launches Agricultural Worker Saturday Clinics



CareSouth marked an important milestone on November 15, 2025, by hosting its first Agricultural Worker Saturday Clinic. The clinic provided primary care services and lab work to 50 hardworking agricultural workers from Pine Needle Express. In addition to medical care, each participant received hygiene supplies and sunglasses to help support their everyday needs on the job.

The commitment to serving agricultural workers continued on December 6, 2025, when nearly 50 more workers received care through a second clinic. These dedicated Saturdays reflect a simple but powerful message to agricultural workers: you are seen, you are valued, and your health and well-being matter.

We extend our sincere gratitude to the providers and staff whose compassion and dedication made these clinics possible. Their efforts help ensure that the individuals who work tirelessly to sustain our communities have access to the quality care and resources they deserve.

# SCAgWHP Shares Innovative Care Model at National Health Symposium



SCAgWHP staff, along with our outreach contractor, recently attended the National Center for Farmworker Health's Agricultural Worker Health Symposium—a multi-day gathering focused on learning, collaboration, and practical strategies to improve health access for agricultural workers nationwide.

On Friday, Elizabeth Avila, Martha Granados-Ramirez, and Ana Jimenez presented “Bridging Fields & Clinics: South Carolina’s Voucher Model for Agricultural Worker Health Care.” Their session highlighted our collaborative approach to delivering effective, flexible health care services



The presentation offered valuable insights into key operational strategies, challenges, and lessons learned, providing attendees with tools and ideas that can be adapted to support agricultural worker health in other states and regions. We are proud to contribute to national conversations that advance innovative, worker-centered health care solutions.

## Holiday Support Brings Hope to a Farmworker Family



Through a meaningful partnership with McBee High School's Multilanguage Parent Liaison, Lianabel Sanchez, and CareSouth Carolina's Agricultural Community Specialist, Iris Murillo, SCAgWHP staff were able to support a farmworker family and their children during the holiday season. At a time when the family was facing significant challenges, this collaboration helped provide much-needed assistance and stability.

Though simple in nature, this act of care offered relief, renewed hope, and a powerful reminder that the family was not alone. The support helped brighten the holiday season for both parents and children, bringing comfort during what can be an especially difficult time for families in need. We are grateful for the partnerships that made this effort possible and for the opportunity to uplift a hardworking family striving to build a better future for their children.

# SCAgWHP Convenes In-Person AgWHAC Meeting to Share Updates and Insights



On December 16, 2025, the SCAgWHP hosted an in-person meeting of the Agricultural Worker Health Advisory Council (AgWHAC), bringing together partners from across South Carolina for collaboration, reflection, and shared learning. The meeting included program updates from the SCAgWHP, along with end-of-season reports from staff and outreach contractors that highlighted key accomplishments, ongoing challenges, and emerging needs within farmworker communities.

A featured presentation was delivered by Abdalis Toro, State Monitor with the South Carolina Department of Employment and Workforce, titled “The New AEWR (Adverse Effect Wage Rates) Methodology: A New Way to Pay Farmworkers.” Her presentation offered valuable insight into upcoming changes to wage calculations and the potential implications for both agricultural workers and employers across the state.

The meeting concluded with a meaningful farewell to the AgWHAC Chair Maridolores Valentin. We extend our sincere gratitude for her leadership, dedication, and years of service. Her commitment has played an essential role in strengthening partnerships and advancing the health and well-being of agricultural workers throughout South Carolina.



# HCCN Update

## SCHCCN Closes Out 2022–2025 Grant Cycle Driving Digital Transformation Across South Carolina’s Community Health Centers

The South Carolina Health Center Controlled Network (SCHCCN) has successfully concluded Year 3 of the 2022–2025 grant cycle, marking a pivotal transition from capacity-building to full-scale implementation. This milestone reflects measurable progress in digital health adoption, data interoperability and FHIR readiness, advanced analytics (including AI-enabled use cases), and cybersecurity maturity across our network.

Today, the SCHCCN encompasses 18 Federally Qualified Health Centers (FQHCs) and two look-alike organizations, collectively serving 39 of South Carolina’s 46 counties—a testament to our growing impact on statewide health equity and innovation.

### Network Achievements At-a-Glance

- **Average Objective Achievement:** 87% (17.4 of 20 PHCs)
- **High Alignment (≥18 PHCs):** Patient Engagement, Cybersecurity, Data Utilization, Digital Health Tools, Health IT Usability
- **Moderate Alignment (14–17 PHCs):** Social Risk Factor Intervention, Interoperable Data Exchange, Health Equity
- **Developing Alignment (≤13 PHCs):** Disaggregated Patient-Level Data (UDS+)

### Key Highlights from Year 3

#### Data Modernization & Interoperability

- **FHIR Readiness:** Advanced from 0% in Year 1 to 64% in Year 3; 14 PHCs completed readiness assessments.
- **Registry Integration:** 80% of PHCs now connected to public health registries (SIMON, SCDHEC).

**Impact:** Accelerated UDS testing readiness, improved ADT exchange, and enhanced data consistency for population health.

#### Analytics & AI Integration

- **Analytics Adoption:** Jumped from 45% to 98% across the network.
- **Tools & Training:** Implemented Azara DRVS dashboards, predictive analytics via Foresight Caliber, and delivered 350+ training sessions.
- **Results:** Centers with >6 annual trainings saw ~20% improvement in data accuracy.

**Impact:** Enabled proactive care through risk stratification, automated outreach, and KPI monitoring.

## Patient Engagement & Health Equity

- **Portal Adoption:** Increased from 18% to 48%.
- **Social Needs Screening:** 90% of PHCs now use PRAPARE with closed-loop referrals.
- **Equity Outcomes:** AI dashboards helped reduce hypertension disparities by 8%.

**Impact:** Improved access, engagement, and equity through integrated outreach and CHW-enabled navigation.

## Cybersecurity & Privacy

- **Cyber Maturity:** Grew from 15% to 75%.
- **Controls & Training:** MFA, encryption, and 26 network-wide trainings deployed.

**Impact:** Strengthened resilience and compliance with HIPAA, NIST, and HRSA standards.

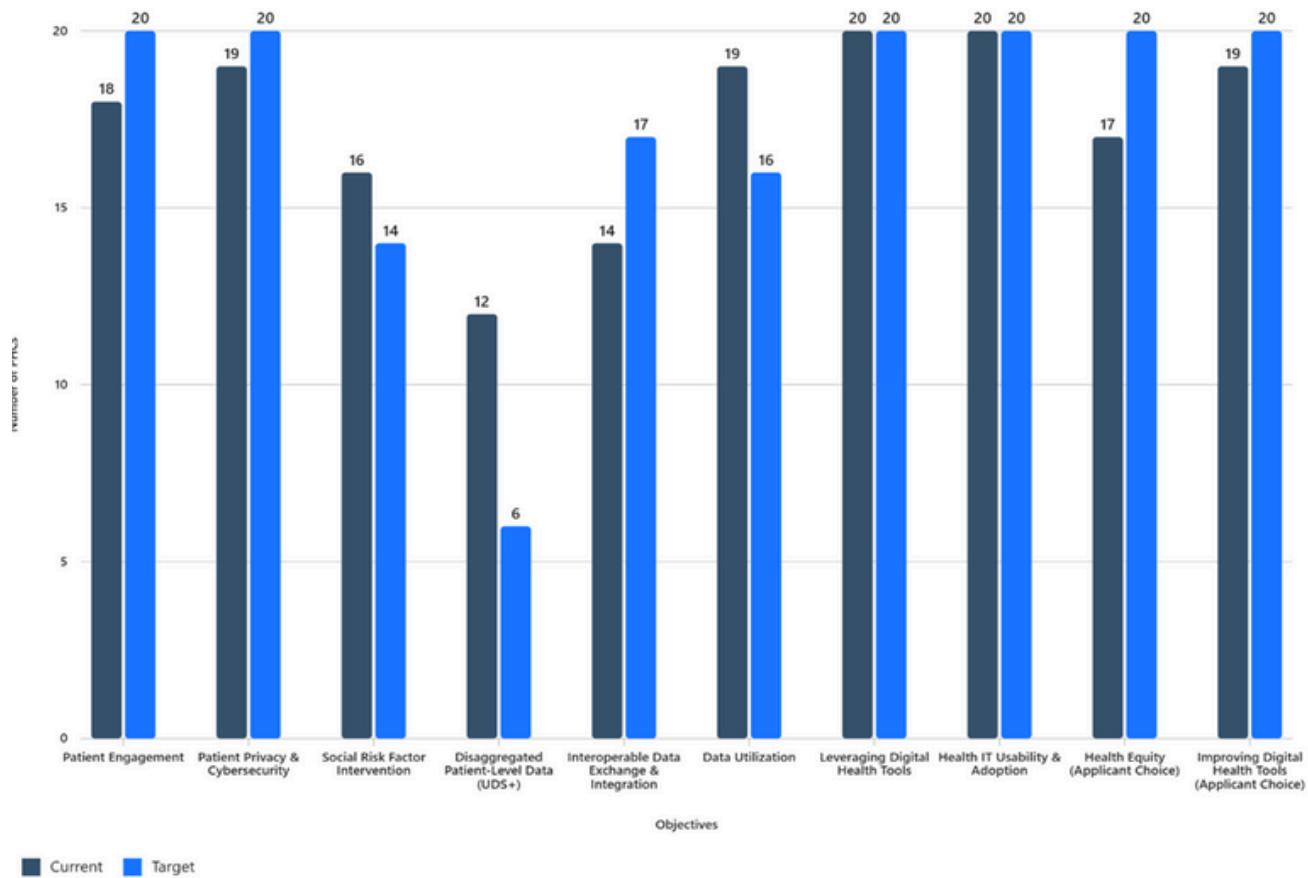
## Challenges & Adaptive Strategies

Persistent hurdles included EHR data variability, workforce turnover, AI hesitancy, and resource constraints among smaller PHCs. SCHCCN responded with:

- Flexible TA & Re-Engagement
- Shared Resource Models
- Mentorship & Peer Learning
- Vendor Co-Funding

**Outcome:** 40% resolution in EHR mapping issues, improved staff retention, and standardized dashboards for sustainability.

Here's the visual performance chart comparing Current vs Target values for each objective:



### Interpretation of Key Insights:

- **Strong Achievements:** Patient Engagement, Cybersecurity, Data Utilization, and Digital Health Tools are near or at target, reflecting high alignment across most PHCs.
- **Exceeded Goals:** Social Risk Factor Intervention and Data Utilization surpassed targets, signaling strong progress in addressing social determinants and leveraging data for care improvement.
- **Moderate Progress:** Interoperable Data Exchange and Health Equity objectives show steady advancement but remain slightly below target, indicating continued focus is needed.

This chart visually underscores SCHCCN's overall success—**87% average achievement**—while pinpointing areas for strategic improvement as we move toward the next phase of health IT modernization.

## **Collaborations Driving Success**

- **Azara Healthcare:** 100% DRVS adoption and UDS dashboard development.
- **CareMessage:** Over 1M text messages sent for patient engagement.
- **Foresight Health Solutions:** Expanded predictive analytics for risk identification.
- **BlueNovo:** Optimized EHR workflows and interoperability readiness.
- **Regional & National Partners:** Shared best practices on FHIR, UDS, and AI readiness.

## **Looking Ahead**

The SCHCCN has established a scalable statewide framework for health IT and data modernization, attracting interest from other states. Together, we are building a future where data-driven care, equity, and innovation define community health in South Carolina.

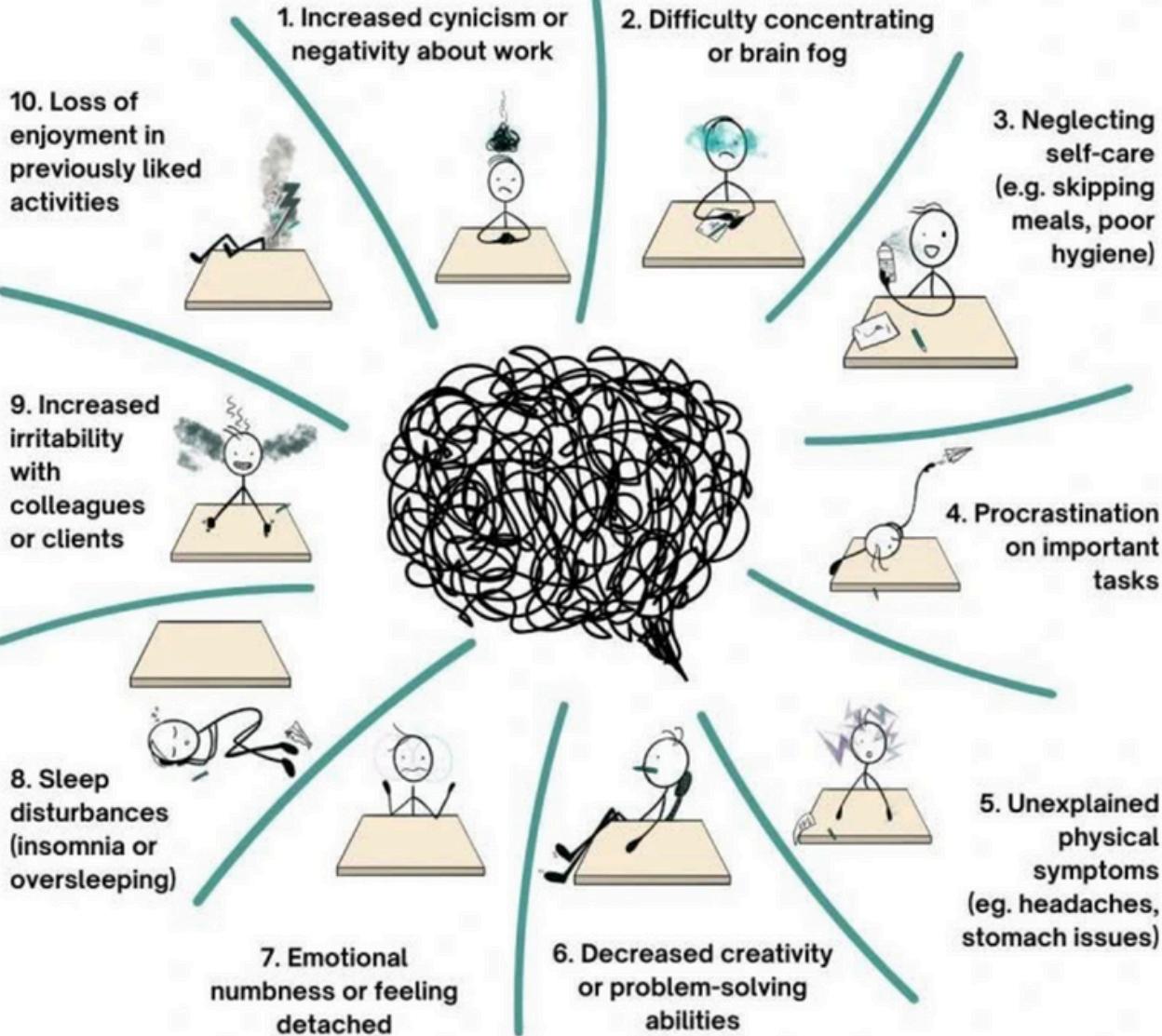
# The Wellness Way



## Burnout: Are You Experiencing It?

### SILENT BURNOUT

### 10 SIGNS YOU NEED A BREAK



# Revenue Review



## New Year, Stronger Revenue Cycle: How Every Team Member Plays a Role in FQHC Financial Health

A successful Revenue Cycle Management (RCM) strategy in an FQHC depends on more than policies, metrics, and technology—it depends on people. Revenue cycle specialists are embedded across the health center, from the call center and front desk to billing, coding, and finance. To meet New Year RCM goals, each role must actively contribute and understand how their daily work connects to the bigger picture.

Below are five RCM focus areas for the New Year, paired with specific actions revenue cycle staff should prioritize in each area of the health center.

### 1. Increase Revenue Secured Before or at the Time of Service

**Goal:** “We will increase the percentage of revenue secured before or at the time of service by [insert number] percent.”

#### What Revenue Cycle Staff Should Focus On

##### Call Center / Scheduling

- Verify insurance eligibility and benefits at the time of scheduling.
- Confirm sliding fee scale status and identify patients needing financial assistance screening.
- Communicate copays, self-pay expectations, and documentation needs before the visit.
- Document financial conversations clearly in the patient record.

##### Front Desk / Registration

- Re-verify eligibility on the date of service.
- Collect copays, sliding fee payments, and outstanding balances at check-in.
- Ensure financial discussions are documented consistently.
- Escalate complex financial questions to patient financial counselors.

## **Billing & RCM Support Staff**

- Monitor eligibility-related denials and provide feedback to front-end teams.
- Identify trends tied to specific payers, clinics, or workflows.
- Support training efforts focused on coverage verification and patient communication.

## **Key Metrics to Monitor**

- Eligibility-related denial rate
- Percentage of visits with a documented financial discussion
- Point-of-service (POS) collection rate

## **2. Improve the Clean Claim Rate**

**Goal:** “We will improve our clean claim rate by [insert number] percent.”

### **What Revenue Cycle Staff Should Focus On**

#### **Coding Staff**

- Ensure accurate CPT, HCPCS, and ICD-10 coding supported by clinical documentation.
- Stay current on FQHC-specific billing requirements and payer nuances.
- Collaborate with clinical teams to address documentation gaps.

#### **Billing Staff**

- Scrub claims prior to submission to reduce preventable errors.
- Track denial root causes and share insights with coding and front-end teams.
- Submit appeals timely and monitor appeal outcomes.

#### **Clinical & RCM Liaisons**

- Provide education to providers on documentation trends impacting claims.
- Support workflow improvements that reduce errors at the source.

## **Key Metrics to Monitor**

- Clean claim rate
- Denial rate by root cause
- Appeal overturn rate

### **3. Ensure RCM Technology Works for Us—Not Against Us**

**Goal:** “We will ensure our revenue cycle management technology is working for us—not against us.”

#### **What Revenue Cycle Staff Should Focus On**

##### **All RCM Staff**

- Use system tools as designed (eligibility verification, claim edits, work queues).
- Report system issues, payer rule errors, or inefficiencies promptly.
- Reduce manual workarounds by leveraging automation where available.

##### **RCM Leadership & IT Partners**

- Ensure payer rules, fee schedules, and edits are updated timely.
- Evaluate productivity trends tied to system performance.
- Provide training when new tools or updates are introduced.

##### **Key Metrics to Monitor**

- Claims worked per FTE
- Days in accounts receivable (A/R)
- Timeliness of payer rule updates

### **4. Make More Data-Informed Decisions**

**Goal:** “We will make more data-informed decisions.”

#### **What Revenue Cycle Staff Should Focus On**

##### **RCM Analysts & Supervisors**

- Translate reports into actionable insights for front-end, billing, and coding teams.
- Track whether issues identified in data lead to corrective action.
- Support forecasting efforts related to volume, payer mix, and cash flow.

##### **Front-End and Billing Teams**

- Review performance dashboards and understand how individual work impacts metrics.
- Participate in performance improvement discussions.
- Adjust workflows based on documented trends and outcomes.

## **Key Metrics to Monitor**

- Action rate on reported insights
- Forecast accuracy
- Percentage of RCM decisions supported by documented data
- Time to insight

## **5. Invest in Our People**

**Goal:** “We will invest in our people.”

### **What Revenue Cycle Staff Should Focus On**

#### **All RCM Team Members**

- Participate in ongoing training and skill development.
- Follow standard workflows to reduce errors and rework.
- Share feedback on workload, tools, and training needs.

#### **Supervisors & Leadership**

- Monitor productivity and error rates by role.
- Provide coaching based on performance data.
- Crosstrain staff to support coverage and continuity.

## **Key Metrics to Monitor**

- Absenteeism rates
- Error rate by role
- Productivity per FTE
- Training hours per FTE
- Turnover rate

### **Moving Forward—One Team, One Revenue Cycle**

In the New Year, revenue cycle success in FQHCs depends on engaged staff who understand their role in the full patient and payment journey. When call center, front desk, billing, coding, IT, and leadership teams work together toward shared goals, the result is stronger financial performance, improved staff satisfaction, and better patient experiences.

A strong revenue cycle is built daily—one conversation, one claim, one data-driven decision at a time.

# Coding Corner



## Cervical Health Awareness Month: A Preventive Care Story That Continues Beyond the Exam Room

*UDS Measure: Cervical Cancer Screening (CMS 124v13)*

Every January, Cervical Health Awareness Month offers FQHCs an opportunity to reflect on how a single preventive service can change a patient's future. In exam rooms across South Carolina, cervical cancer screening is happening every day. But the full story of that care is only told when documentation, ICD-10 diagnosis coding, CPT/HCPCS procedure coding, and billing all align.

For FQHCs, this alignment is what ensures screenings count toward **UDS CMS 124v13**, meet Medicare and South Carolina Medicaid requirements, and sustain the mission of accessible, high-quality care.

### **The Clinical Moment—and What Must Follow**

A patient comes in for a well-woman visit. She's eligible for screening under national guidelines. The clinician performs a Pap test, orders an HPV test, or both. Clinically, the prevention is complete—but administratively, the work has just begun.

Without the right diagnosis code, procedure code, and supporting documentation, that screening may never be reflected in quality reports or reimbursed correctly.

### **Telling the Story with ICD-10 Diagnosis Codes**

ICD-10 codes establish why the service was performed. For cervical cancer screening, preventive diagnosis codes are essential.

## Common ICD-10-CM Codes

- **Z12.4** – Encounter for screening for malignant neoplasm of cervix
- **Z01.419** – Encounter for routine gynecological exam without abnormal findings
- **Z01.411** – Encounter for routine gynecological exam with abnormal findings
- **Z11.51** – Encounter for screening for HPV

**Important:** Using a diagnostic code (e.g., abnormal bleeding) instead of a screening code may cause the service to be treated as diagnostic, impacting coverage and UDS inclusion.

## CPT & HCPCS: Capturing the Preventive Service

### Pap Tests (Cervical Cytology)

- **CPT 88141-88175** – Cervical or vaginal cytopathology (varies by method and automation)
- **HCPCS G0123** – Screening Pap test, automated system
- **HCPCS G0124** – Screening Pap test, manual system

### HPV Testing

- **CPT 87624** – Infectious agent detection by nucleic acid (HPV, high-risk types)
- **HCPCS G0476** – HPV screening (Medicare-specific)

### Pap Collection

- **HCPCS Q0091** – Screening Pap smear; obtaining, preparing, and conveyance of cervical or vaginal smear to lab

## Medicare Billing: Preventive Care with Purpose

For Medicare beneficiaries, cervical cancer screening is a covered preventive service.

### Key Medicare Billing Considerations for FQHCs

- Bill on the **UB-04 (837I)**
- Use Revenue Code **0521**
- Include **the appropriate G-Code and Qualifying visit E/M code** that qualifies as an FQHC encounter
- Report **Q0091** when the Pap collection is performed
- Screenings may be exempt from cost-sharing when billed as preventive

Accurate pairing of **Z12.4 or Z11.51** with the appropriate HCPCS or CPT codes helps ensure the service is recognized as preventive.

## **South Carolina Medicaid: Coding with Consistency**

South Carolina Medicaid covers cervical cancer screening as part of women's preventive health services.

### **Commonly Accepted Codes**

- **CPT 88141–88175** – Pap tests
- **CPT 87624** – High-risk HPV testing
- **HCPCS Q0091** – Pap collection (when applicable)
- **T1015 – FQHC** encounter billing for Traditional Medicaid and appropriate E/M code for the Medicaid Managed Care Organizations.

Health centers should confirm current coverage policies and fee schedules, but consistent use of preventive ICD-10 codes and correct encounter billing helps avoid denials and underreporting.

## **When Documentation, Coding, and Quality Align**

Each correctly coded cervical cancer screening strengthens more than a claim—it strengthens the health center's story of prevention. When documentation supports the service, ICD-10 codes clearly define it as preventive, and CPT/HCPCS codes accurately reflect what was done:

- Patients receive life-saving care
- Screenings count toward **UDS CMS 124v13**
- Medicare and Medicaid claims are compliant
- FQHCs protect both mission and margin

Cervical Health Awareness Month reminds us that prevention doesn't end with the test—it continues through every accurate entry, code, and claim that ensures the care truly counts.

# Health Center News



## CareSouth Carolina Celebrates CEO Ann Lewis for 45 Years of Service and Leadership



CareSouth Carolina is celebrating a historic milestone as Chief Executive Officer Ann Lewis marks 45 years with the organization—a tenure defined by growth, resilience, and an unwavering commitment to the communities she has served.

Lewis joined what was then a small clinic in the early 1980s and helped guide its transformation into CareSouth Carolina, now a nationally recognized community health organization serving thousands of patients across the Pee Dee region. Throughout her career, Lewis has led through expansion, financial uncertainty, natural disasters, and a global pandemic—never losing sight of the organization’s mission to “enhance the health and well-being of everyone.”

During a special recognition, colleagues, board members, and longtime partners shared reflections on Lewis’s leadership and impact.

Joy Gandy, Chief of Project Development at CareSouth Carolina, shared that she had interviewed with Lewis back in 1981 for a position, and recalled the intention Lewis brought to leadership from the very beginning.

“That interview was personal and intentional. Ann didn’t just want someone who could do the job—she wanted someone who would treat every patient like a human being, not a number. And that expectation has never changed,” Gandy said.

Gandy reflected on the organization’s early days, when resources were limited and staff wore many hats, noting that Lewis was never content to stop at what already existed.

“Even back then, what we had wasn’t enough for her,” she said. “She always saw what CareSouth Carolina could be. She led through budget cuts, hurricanes, snowstorms, personal hardship, and even a global pandemic—and nothing ever stopped her from leading.”

She added: “I truly believe CareSouth Carolina would not be what it is today without her vision and perseverance. If leadership were an Olympic sport, she would have won gold several times by now.”

Lathran J. Woodard, former CEO of the South Carolina Primary Health Care Association, spoke about her deep personal and professional bond with Lewis, describing her as a leader rooted in integrity and service.

“Ann always stood her ground and stood in her truth. She understood that real leadership is servitude. She knows people by name. She checks on people. She cares.”

Woodard emphasized Lewis’s approach to conflict and decision-making. “If someone came to her and said, ‘So-and-so said this,’ Ann’s response was always, ‘I’m going to that person and ask them.’ She never moved on hearsay. That taught me so much about leadership.”

She continued, “When I was going through hard times, she didn’t come to me as a CEO or a board chair—she came to me as a woman. She protected me. She supported me. And that meant everything. She has been passionate about this for many years and that’s because you are doing God’s work.”

Dr. Vicki M. Young, who currently serves as the Chief Executive Officer (CEO), highlighted Lewis’s role as a mentor and champion to emerging leaders. “She was always the cheerleader—the one saying, ‘We’re going to do this.’ Not because it benefited her, but because of her why. Her why has always been the patients and the community.”

Young credited Lewis’s longevity to a combination of compassion and curiosity. “She is always learning. Just last week she told me, ‘Put it in ChatGPT.’ And I thought—here’s someone 45 years in, still evolving, still growing.” She added: “That genuine heart is what keeps her going, and what keeps this movement growing—not just here, but across the state and the nation.”

Dr. Flossie Bartell-Jackson, Treasurer and longtime CareSouth Carolina board member, shared how Lewis reshaped her understanding of community health.

“When Ann brings something to the board, we know she has already put in the thought and the research. We trust her.” She praised Lewis’s clarity and transparency. “This is the only board I’ve served on where most of the time, you don’t even need to ask questions. And if you do, she takes the time to explain—no matter how long it takes.”

Dr. Bartell-Jackson concluded, “I am honored to serve on this board with her, and I have no intentions of stepping away.”

Board Chair Jay Hodge reflected on Lewis’s ability to lead through challenge and purpose.

“In our darkest moments, Ann has always helped us see the light. What we have here isn’t just an organization—it’s a cause.”

He added, “She still has fight in her. And as long as she does, this cause will keep moving forward.”

As CareSouth Carolina honors Ann Lewis’s 45 years of service, the voices of those who know her best tell a clear story: of a leader who never lost sight of why the work mattered, and whose

legacy is woven into every patient served, every staff member supported, and every community strengthened.

Even after 45 years, Ann Lewis is still leading the charge of the community health center movement. She continues to be a pioneer in her field and a light in the community.

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



## **CareSouth Carolina Announces Saturday Hours for CSC Community Pharmacy in Hartsville**

Hartsville, SC — CareSouth Carolina is expanding access to care with the introduction of Saturday hours at its CSC Community Pharmacy in Hartsville.

Beginning Saturday, January 10, 2026, the pharmacy will be open every Saturday from 9 a.m. to 1 p.m., with both drive-thru and inside services available. The pharmacy is located at 1280 South Fourth Street in Hartsville.

This expansion is part of CareSouth Carolina's ongoing commitment to meeting patients where they are and making essential healthcare services more accessible for working families, caregivers, and individuals with busy schedules.

“Saturday pharmacy hours ensure that care doesn’t stop when the weekday ends. They give patients vital access to medications, guidance, and support when they need it most—setting the tone for a more accessible, patient-centered healthcare future. It helps to strengthen the bridge between pharmacies and the communities they serve. Keeping the pharmacy doors open on Saturdays is more than convenience, its commitment. It shows that access to care doesn’t rest-paving the way for a more flexible and responsive healthcare system,” said Ashley Singleton, Chief of Pharmacy at CareSouth Carolina.

With the addition of Saturday hours, patients can now visit CSC Community Pharmacy in Hartsville six days a week. Whether stopping by during the workweek or on the weekend, patients can expect the same welcoming environment, personalized care, and dependable service.

This also coincides with CareSouth Carolina’s Hartsville clinic, which is open each Saturday from 9 a.m. to 1 p.m.

For more information, please call the CSC Community Pharmacy at 843.339.5530. CareSouth Carolina is a private, non-profit community health center delivering patient-centered health and life services in the Pee Dee region of South Carolina. CareSouth Carolina operates centers in Bennettsville, Bishopville, Cheraw, Chesterfield, Dillon, Hartsville, Lake View, Latta, McColl and Society Hill.

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



## CareSouth Carolina Honors SIMT With Community Partnership Award

Florence, S.C. — CareSouth Carolina is proud to announce the Southeastern Institute of Manufacturing and Technology (SIMT) as the recipient of its Community Partnership Award, recognizing the organization's ongoing dedication to supporting CareSouth staff events and fostering meaningful collaboration across the Pee Dee region.

SIMT has served as a valued partner for CareSouth Carolina for years, consistently providing flexible, well-organized, and welcoming spaces for staff trainings, meetings, and special events. From adapting to last-minute needs to navigating construction-related relocations, SIMT's Conference and Event Services team has remained a steady and reliable presence.

“Partnering with CareSouth has been a gift,” said Anna Lane Baker, Director of Conference and Event Services for SIMT. “Getting to see a small portion of how CareSouth serves patients and the communities they serve benefits us as an organization that serves many of those same communities. CareSouth events have helped my team and I grow by giving us opportunities to use our spaces in new and creative ways. Partnering with an organization as willing to try new things as CareSouth is a joy, and we genuinely get excited when we see them coming up on our schedule. Part of what makes CareSouth a great partner, not just because they treat us well, but because they treat everyone within their organization well.”

The award was presented during a CareSouth Carolina staff event, where Randy Carlyle, Chief Quality Officer for CareSouth Carolina, spoke to the behind-the-scenes work that makes each event run smoothly.

“Our team shows up and everything just works—and that doesn’t happen by accident,” Carlyle said. “Anna and the SIMT team have always gone above and beyond, accommodating our needs, helping us think creatively about our sessions, and making sure every detail is handled. That kind of planning and preparation makes a huge difference, and we’re incredibly grateful for it.”

Carlyle also recognized the broader SIMT team for their continued support and flexibility, noting that even during periods of construction, SIMT ensured CareSouth events remained a priority.

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## CareSouth Carolina Welcomes Dr. Jane LaRoche as Internal Medicine Care Provider

CareSouth Carolina is proud to welcome Dr. Jane LaRoche, MD, FACP, to its team, where she will provide internal medicine care with a special interest in geriatrics. She will practice at the Bishopville office.

Dr. LaRoche brings decades of experience caring for adult and senior patients and is passionate about building long-term relationships that support health, independence, and quality of life. In Bishopville, she will focus on comprehensive internal medicine services, with particular attention to the unique needs of older adults.

“I like the facility. I like the people,” Dr. LaRoche. “They’re all nice people and I enjoy being part of the team.”

Dr. LaRoche says that sense of connection is what has kept her in healthcare throughout her career. “It’s nice to be able to help people feel better,” she said. “We work to come up with a solution and it’s rewarding to be able to a part of that process.”

Outside of medicine, Dr. LaRoche has a deep appreciation for the arts and community involvement. She has long enjoyed music, playing both the flute and piccolo, and has participated in community concert bands. She also has a background as an athlete and continues to enjoy theater, dance, and college sporting, as well as cultural events.

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## CareSouth Carolina Names Nick Johnson Employee of the Year

CareSouth Carolina has named Nick Johnson, Deputy Director of Maintenance, as its Employee of the Year for 2025, recognizing his consistent dedication, leadership, and genuine care for both colleagues and the communities the organization serves.

Johnson, who has been with CareSouth Carolina since 2018, was selected after first being recognized as Employee of the Month in September—an honor voted on by peers and supervisors—before ultimately earning the top distinction through board review.

“Nick's commitment was on full display recently when one of our employees was involved in a work-related incident,” his nomination read. “Upon immediate notification, Nick stopped what he was doing and rushed straight to the scene. His actions went far above and beyond his normal responsibilities. He ensured the driver's safety, managed the clean-up, and even went to the ER that evening, staying until nearly 10 p.m. to personally check on the driver's well-being. Nick's work ethic and genuine care for both CareSouth and his coworkers are truly unmatched. He never sought recognition or praise, but his compassion speaks volumes.”

In his role, Johnson supports facilities across the organization, a responsibility he says is one of the most rewarding parts of the job.

“Being in a different spot every day, and working with different people,” Johnson said, when asked what he enjoys most about his work.

Despite the recognition, Johnson remains characteristically humble about the honor. “Honestly, I feel like all I was doing was just my job,” he said. “But sometimes just doing your job, from your perspective, can be something big on somebody else's side. We had 12 people who stood out inside the company as Employees of the Month throughout the year. This company is full of good employees.”

Outside of work, Johnson keeps things simple and personal. “Working for my wife,” he joked. “She keeps me busy.”

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## **CareSouth Carolina's Rosa Lee Gerald Office Spreads Holiday Cheer to Local Families**

CareSouth Carolina's Rosa Lee Gerald office is always looking to spread cheer, especially during the holiday season.

As part of an annual tradition, CareSouth Carolina's Rosa Lee Gerald office came together to support patients and their families in meaningful and personal ways.

For the past six years, staff at the Rosa Lee Gerald office have made it a priority to give back during the holidays. This year, the team randomly selected three patients from their population and worked collectively to support and "adopt" their households. Each patient shared a list of family members and specific needs, allowing staff members to personally contribute and purchase gifts that brought comfort and relief during the season.

"Let our family take care of your family," said Barbara A. Wright, FNP-C. "It's inclusive through all seasons of the year."

The initiative focused on more than holiday gifts. Staff members aimed to meet emotional, physical, and financial needs, recognizing that the holidays can be a difficult time for many families.

"Our staff works incredibly hard and cooperatively," Wright added. "We've always done what we can for our patients, whether it's the holidays or not. If we find out they need something, we want to do what we can to help."

CareSouth Carolina remains committed to caring for the whole person—especially during the holiday season—by enhancing the health and well-being of everyone.

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## **CareSouth Carolina Announces Retirement of George General, Bishopville Site Administrator**

CareSouth Carolina announces the retirement of George General, Bishopville Site Administrator, following 21 years of dedicated service to the organization and the communities it serves.

Throughout his career, General played a key role in CareSouth Carolina's growth and evolution. When talking about his time with the organization, one word consistently comes to mind: evolution. From leadership development to staff growth and organizational change, General said he loved CareSouth's commitment to staying fresh, adaptive, and forward-thinking in an ever-changing healthcare landscape.

He took great pride in developing teams across generations, recognizing the importance of supporting baby boomers, Gen X employees, and emerging leaders alike. For General, investing in people—and helping them grow—was central to CareSouth's success.

"I will always cherish those moments and those opportunities to help develop and be with the staff," General said.

Among his many accomplishments, General was an integral part of leading staff at CareSouth Carolina over the last couple of decades. He also served in the United States Air Force.

When asked what he will miss most, General points to the people. "The staff, the patients, the challenges," he shared. "CareSouth feels like family, and being part of its continued evolution has meant everything to me."

As he enters retirement, General looks forward to spending time fishing, enjoying meaningful moments with his grandchildren, and supporting his daughter in her professional endeavors—sharing the insight gained over decades of leadership and service.

CareSouth Carolina thanks George General for his exceptional leadership, dedication, and lasting contributions. His influence will continue to shape the organization for years to come.

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## Congratulations Dr. Faith Polkey



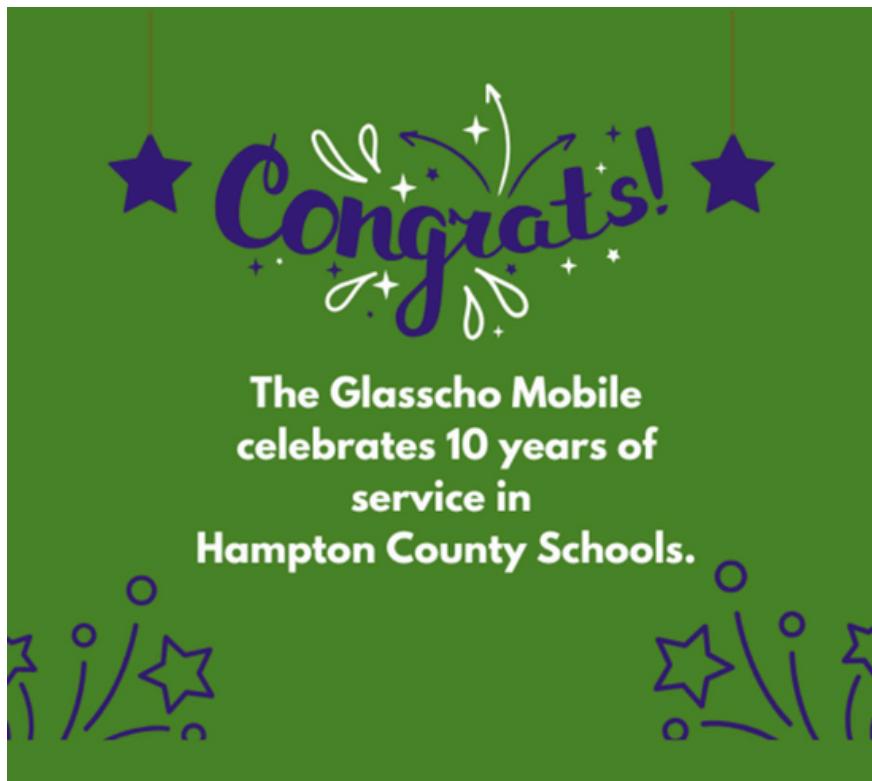
We are proud to announce that our CEO, Dr. Faith Polkey, was named a 2026 honoree at the Annual Dr. Martin Luther King Jr. Unity Breakfast. The event convened community leaders to celebrate Dr. King's enduring legacy and to reflect on the ongoing pursuit of justice, unity, and service.

Dr. Polkey was recognized for her exceptional leadership, advocacy, and longstanding commitment to advancing community health and equity. This honor is a meaningful reflection of her dedication and the lasting impact of her work on the communities we serve.

Congratulations Dr. Polkey on this well-deserved recognition



## Celebrating 10 Years of Service: BJHCHS Glasscho Mobile



Congratulations to the BJHCHS Glasscho Mobile on 10 years of dedicated service to Hampton County Schools. For the past decade, the Glasscho Mobile has played a vital role in supporting student health by delivering accessible, school-based care directly to children and families throughout the community.

This innovative program has helped remove barriers to care, promote early intervention, and strengthen partnerships between schools and healthcare providers. Its continued presence has made a meaningful difference in the lives of students across Hampton County.

We are grateful for the Glasscho Mobile team's ongoing commitment to improving student health outcomes and for the lasting, positive impact this program has had on the community.



## Celebrating a Career of Service: Inés Figueroa



We recently celebrated the retirement of Inés Figueroa, honoring her many years of dedicated service to BJCCHS. The celebration offered a meaningful opportunity to reflect on her lasting impact, express our sincere appreciation for her commitment, and recognize the strong relationships she built with colleagues and community members throughout her career.

Thank you to everyone who joined us in celebrating Inés and wishing her continued happiness in this next chapter.





**Health Care Partners  
OF SOUTH CAROLINA**

## **Health Care Partners of South Carolina Welcomes Pediatric Nurse Practitioner Caroline Shelley**



**WELCOME OUR NEW PROVIDER**

**Caroline Shelley, PNP  
Pediatrics**

**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 (HCPSC) is pleased to welcome Caroline Shelley, PNP, to our care team. Caroline is now accepting new pediatric patients at our Conway location.

A South Carolina native, Caroline was born and raised in Mullins and brings a deep passion for caring for children and supporting families within her home state. She earned her Bachelor of Science in Nursing from the University of South Carolina and later completed her Master of Science in Nursing at the Medical University of South Carolina.

As a board-certified Pediatric Nurse Practitioner, Caroline is committed to delivering compassionate, high-quality pediatric care. She values building strong, trusting relationships with families and works closely with parents and caregivers to support children's health, growth, and development at every stage of life.

Caroline looks forward to serving children and families in the Conway community and contributing to Health Care Partners of South Carolina's mission of providing accessible, patient-centered care.



**Health Care Partners  
OF SOUTH CAROLINA**

## **Health Care Partners of South Carolina Celebrates Diabetes Prevention Program Graduates**



### **HEALTH WITH HEART**

#### **Celebrating Health, Commitment, and Success: Diabetes Prevention Program Graduates**

Health Care Partners of South Carolina (HCPSC) is proud to announce the graduation of more than 40 participants from its award-winning Diabetes Prevention Program, with graduates representing multiple HCPSC locations. While participants came from different communities, they shared one common goal: improving their health and reducing their risk of diabetes.

The Diabetes Prevention Program is a cornerstone of HCPSC's commitment to preventative, whole-person care. Through evidence-based education, lifestyle coaching, and ongoing support, participants were empowered to make sustainable changes that positively impact their long-term health outcomes. The program's success has

contributed to its recognition as an award-winning initiative within the health care community. HCPSC continues to see strong engagement and measurable impact across its service areas, reinforcing the value of accessible, community-based prevention programs. This milestone reflects not only the dedication of the participants, but also the collaborative efforts of HCPSC staff and care teams who support patients every step of the way.



**Health Care Partners**  
OF SOUTH CAROLINA

## **Health Care Partners of South Carolina Rings in the New Year with the Conway Community**



Health Care Partners of South Carolina proudly rang in the New Year as a co-sponsor of Conway's 2nd Annual Fireworks Show, helping bring an unforgettable celebration to the heart of the community. Thousands of residents and visitors gathered to welcome the New Year together, enjoying an exciting evening filled with anticipation, joy, and spectacular fireworks lighting up the night sky.

The event reflected Health Care Partners of South Carolina's continued commitment to supporting community-centered events that bring people together beyond the walls of our health centers. As families, friends, and neighbors counted down to midnight, the celebration served as a powerful reminder of the importance of connection, community, and shared moments.

We are honored to have partnered with the City of Conway to help kick off the New Year in such a vibrant and meaningful way. As we look ahead, Health Care Partners of South Carolina remains excited about what's to come in the year ahead and looks forward to continuing to serve and celebrate alongside the communities we call home.

Here's to a healthy, hopeful, and exciting New Year!

## HOPEHEALTH WELCOMES NEW PROVIDER



FLORENCE, S.C. (December 16, 2025) – HopeHealth welcomes Carson Lee, LPCA, a behavioral health consultant at the HopeHealth Medical Plaza in Florence.

She earned a Bachelor of Science degree in Psychology and a Master of Science degree in Clinical Psychology from Francis Marion University in Florence, South Carolina.

Her clinical interests are trauma-focused therapy and assisting patients with their goals.

*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](http://hope-health.org).*

## HOPEHEALTH HOSTS NINTH ANNUAL GOLF CLASSIC



FLORENCE, S.C. (December 19, 2025) – HopeHealth hosted its ninth annual Golf Classic on Thursday, November 20, at the Wyboo Golf Club in Manning (2565 Players Course Drive). Open to all, the one-day tournament was a four-man captain's choice that included 18 holes of golf, a brunch buffet, and awards.

The Championship flight team was Dr. Nadia Carey and Family. First flight was awarded to MUSC. Second flight was awarded to Southern Senior Care.

All proceeds from the tournament benefit the HopeHealth Compassionate Care Fund, which helps patients overcome barriers to health care by addressing unmet needs. This support includes preventive health screenings, emergency assistance, and more.

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## Carolina Health Centers Launches Lunch and Learn Program



Carolina Health Centers is excited to introduce a new internal Lunch and Learn program designed for all employees. Led by Kacie McCutcheon, HR Provider Specialist, the program brings engaging speakers to CHC to share insights on a wide range of healthcare topics.

Each month features a new speaker, along with a different caterer and location, ensuring variety and opportunities for staff across all CHC sites to participate. This rotating format encourages learning, connection, and collaboration while making it easier for everyone to get involved.



## New Facility to Unite Pediatric and Pharmacy Services



We're pleased to share that our new facility is scheduled for completion this fall! This move will allow HomeTown Pediatrics to relocate just down the road and join our new Carolina Community Pharmacy under one roof in Laurens County.

This combined location will offer greater convenience for families, streamlining care by providing pediatric and pharmacy services in a single, accessible space. We're excited about the enhanced experience this new site will bring to our patients and their families.



## Employee Wellness Program Sees Strong Participation and Success



Our Employee Wellness Program takes place twice each year and continues to make a positive impact. During the July–December session, an impressive 77% of participating employees successfully met their wellness goals.

We're proud of our team's commitment to health and well-being and look forward to continued success in future sessions of the program.



## Tandem Health's Strong Economic and Community Impact in 2024

Tandem Health continues to shine a light on the far-reaching value of community health centers by delivering measurable economic growth while expanding access to affordable care. At the heart of its mission is a commitment to serve as a safety net for the community's most vulnerable patients - ensuring no one is left without care. New 2024 data show that Tandem Health generated \$62.2 million in total economic impact, reinforcing the role federally qualified health centers play in strengthening both health outcomes and local economies.

The analysis highlights impact across three core pillars: economic stimulus, savings to the healthcare system, and care for vulnerable populations.

### Economic & Employment Impact (2024)

- **Total Economic Impact:** \$62.2 million
- **Direct Health Center Spending:** \$34.1 million
- **Community & Indirect Spending:** \$28.1 million
- **Total Jobs Supported:** 381
  - 208 direct health center jobs
  - 92 indirect jobs
  - 81 induced jobs

### Public Revenue Contributions

- Total Annual Tax Revenue: \$7.1 million
  - \$1.3 million in state and local taxes
  - \$5.8 million in federal taxes

These revenues are generated through employee compensation, household spending, indirect business taxes, and other related economic activity.

### Savings to the Healthcare System

By prioritizing preventive and primary care, Tandem Health helps reduce unnecessary emergency department use and hospitalizations. This approach lowers overall healthcare spending while improving access and outcomes, demonstrating the cost-effectiveness of the community health center model.

## **Advancing Care for Vulnerable Populations**

Tandem Health serves a high proportion of patients with incomes at or below 200% of the federal poverty level, ensuring access to comprehensive care regardless of ability to pay. This focus supports healthier individuals, more stable families, and stronger communities.

## **About Tandem Health**

Tandem Health's 2024 impact underscores how health centers function as both healthcare providers and economic anchors—creating jobs, generating tax revenue, lowering system-wide costs, and improving access for populations most at risk. For more information on Tandem Health, please visit [www.tandemhealthsc.org](http://www.tandemhealthsc.org).

# Coffee and Communication



## 3 WORDS OR PHRASES THAT WEAKEN YOUR CREDIBILITY AT WORK (and why you should avoid them)

CONFIDENCE TIPS by Jonathan Yabut

### 1. “ACTUALLY”

This word signals subconscious defensiveness, as if you’re preempting doubt before anyone has questioned you. Research shows that people perceive “actually” as “I’m slightly unsure” or “Promise, I’m telling the truth.” Confident speakers don’t need verbal insurance. Instead of saying, “Yes, I *actually checked the data*”, say “Yes, I *checked the data*.”

### 2. “I THINK” OR “I BELIEVE”

These phrases reframe your statement as tentative opinion, even when you’re stating a fact or recommendation. Notice how senior leaders and persuasive speakers don’t announce their thinking? They say it as it is. Instead of saying, “I think we made the right decision”, say “We made the right decision.”

### 3. “JUST”

We use this to sound humble or non-threatening, but it also makes you look apologetic. It shrinks the value of your message before the audience gets to evaluate it. Instead of “I just want to add something”, say “Here’s another point to consider.”



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

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