

ISSUE 58
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THE MOVEMENT NEWSLETTER



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The connection
that keeps us
together



SOUTH CAROLINA
PRIMARY HEALTH CARE
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Conferences and Events



2026 CLINICAL NETWORK RETREAT

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Letter from the Editor



Dear Friends of *The Movement*,

With the arrival of spring, March brings a sense of renewal and forward momentum. It's a season that invites fresh thinking, new possibilities, and a continued commitment to growth. Across our network, that energy is evident in the work underway and the shared dedication to making meaningful progress together.

In this issue of *The Movement*, we highlight stories that reflect both impact and opportunity. From innovative approaches in practice to insights from leaders across the network, each piece speaks to the strength of our community and the power of collaboration. These stories not only showcase what's happening now, but also point to what's possible in the months ahead.

As we look forward, planning continues for the 2026 Clinical Network Retreat. This gathering will offer a valuable space to reconnect, exchange ideas, and build on the relationships that fuel our work. With early registration currently open, we encourage you to secure your spot and be part of the experience.

Spring is a reminder that progress is often built step by step—through consistency, connection, and a shared vision. Thank you for the role you play in moving this work forward.

Warm Regards,

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

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

A Lesson in Leadership

10 leadership mistakes that burn out your team

1. Micromanaging

Constant oversight drains energy, destroys trust, and often causes rework.

4. Not respecting life-work alignment

Blurred boundaries and the inability to disconnect are exhausting.

6. Not providing support

Lack of knowledge, resources, or tools makes people feel inadequate and isolated.

8. Information hoarding

Operating in the dark causes constant stress, uncertainty, and preventable mistakes.

2. Constant urgency

Multiple priorities and unrealistic deadlines create chronic stress and exhaustion.



9. Impulsive decision making

Constant pivots exhaust teams and waste energy.

3. Not appreciating your team

Hard work without rewards or recognition is a top reason for burnout.

5. Ineffective communication

Lack of clarity creates constant confusion, decision paralysis, and mental fatigue.

7. Ignoring feedback

Not being heard increases frustration, destroys trust, and creates feelings of powerlessness.

10. Tolerating toxic team members

Allowing destructive behaviour signals that well-being isn't a priority.

Value-Based Care

**VALUE
BASED
CARE**



Driving Value-Based Care: Maximizing FQHC Revenue Through APCM and Integrated Behavioral Health in 2026

For Federally Qualified Health Centers (FQHCs), 2026 marks a pivotal shift in how care is delivered, documented, and reimbursed. Under the evolving framework of Centers for Medicare & Medicaid Services (CMS), Value-Based Care (VBC) is no longer a future goal—it is an operational imperative. The transition away from the legacy G0511 code has opened the door for more precise, component-based billing, placing Advanced Primary Care Management (APCM) and integrated Behavioral Health at the center of financial sustainability and improved patient outcomes.

2026 VBC Tip of the Month: Maximize Revenue via APCM + BHI

With updates in the Medicare Physician Fee Schedule for 2026, FQHCs have a significant opportunity to expand non-visit-based revenue by aligning care delivery with longitudinal, patient-centered management. The strategic integration of Behavioral Health Integration (BHI) or Psychiatric Collaborative Care Model (CoCM) alongside APCM enables health centers to capture new, higher reimbursement rates while addressing whole-person care.

The introduction of new Behavioral Health add-on G-codes (G0568, G0569, G0570) allows FQHCs to bill for behavioral health services in conjunction with monthly APCM services. This layered approach reflects CMS's recognition that complex patient populations—particularly those with chronic conditions and behavioral health needs—require coordinated, ongoing support beyond traditional face-to-face encounters.

Financially, the opportunity is substantial. APCM reimbursement rates have increased in 2026, with payments reaching approximately \$53 per month for patients with two or more chronic conditions, and up to \$117 per month for individuals with Qualified Medicare Beneficiary (QMB) status. These enhanced rates underscore the importance of accurate documentation, care planning, and patient engagement strategies that support ongoing management outside of episodic visits.

Moving Beyond the Visit-Centric Model

A critical mindset shift for FQHCs in 2026 is moving beyond the traditional face-to-face encounter as the primary driver of revenue. Value-based care rewards continuous, proactive management of patient health. By leveraging care teams, technology, and structured workflows, health centers can deliver high-quality care through phone calls, care coordination, medication management, and remote monitoring—services that are now reimbursable when properly coded and documented.

The expansion of Remote Patient Monitoring (RPM) further supports this transformation. Newly recognized codes such as 99445 and 99470 allow FQHCs to receive reimbursement for reviewing patient-generated health data and managing care remotely. This is particularly impactful for managing chronic diseases such as hypertension, diabetes, and behavioral health conditions, where consistent monitoring can prevent complications and reduce hospitalizations.

Why This Matters for 2026

The 2026 updates reflect a broader shift in reimbursement philosophy—one that prioritizes outcomes, continuity, and care coordination over volume. FQHCs that embrace APCM and integrated behavioral health models will be better positioned to thrive under these changes. Additionally, the FQHC Prospective Payment System (PPS) base rate has increased to \$207.72, representing a 2.5% rise from 2025, further supporting financial stability as organizations adapt to new care models.

Ultimately, success in 2026 will depend on how effectively FQHCs operationalize these opportunities. This includes training care teams, optimizing workflows, ensuring accurate coding, and leveraging data to identify and manage high-risk patients. By aligning clinical practice with reimbursement strategy, FQHCs can not only maximize revenue but also fulfill their mission of delivering comprehensive, high-quality care to the communities they serve.

As value-based care continues to evolve, those who invest in integration, innovation, and intentional care management will lead the way.

Clinical Transformation



March marks National Colorectal Cancer Awareness Month, a time dedicated to raising awareness about one of the most preventable and treatable cancers when detected early. Colorectal cancer remains the second leading cause of cancer-related deaths in the United States, yet it is also among the most preventable forms of cancer because most cases begin as precancerous polyps that can be identified and removed through routine screening. When detected early, colorectal cancer has a five-year survival rate exceeding 90 percent. When detected late, survival decreases significantly. The message is clear: screening saves lives.

For community health centers and primary care organizations, colorectal cancer screening is more than a public health message, it is a measurable clinical quality priority. The Health Resources and Services Administration (HRSA) includes colorectal cancer screening as a Clinical Quality Measure in the Uniform Data System (UDS) under Table 6B. (HRSA, 2025) The measure evaluates the percentage of patients ages 45–75 who are up to date with appropriate colorectal cancer screening. (Healthy People 2030, 2021) Patients meet the measure if they have received a colonoscopy within the past 10 years, a flexible sigmoidoscopy within 5 years, CT colonography within 5 years, FIT-DNA testing within 3 years, or an annual fecal immunochemical test (FIT) or fecal occult blood test (FOBT). (USPSTF, 2021) This is a preventive measure, meaning it assesses whether eligible patients without known colorectal cancer are receiving appropriate screening before disease develops.

The emphasis on screening cannot be overstated. This measure directly reflects how effectively an organization delivers preventive care at scale. It speaks to panel management, registry use, EHR optimization, outreach workflows, standing orders, and patient navigation systems. High screening rates indicate a proactive care model; low rates signal gaps in outreach, follow-up, documentation, or access. In value-based care environments, colorectal cancer screening is frequently tied to payer incentives, Medicaid managed care scorecards, Medicare Advantage performance benchmarks, and accountable care organization metrics. Improved performance can influence shared savings opportunities, quality bonuses, and payer contract negotiations.

Beyond financial and regulatory implications, this measure is deeply tied to health equity. Colorectal cancer disproportionately affects rural populations, uninsured and underinsured individuals, and Black communities, who experience higher mortality rates. By increasing screening rates, health centers directly address disparities in cancer outcomes. Stratifying screening data by race, ethnicity, insurance status, and site location allows organizations to identify inequities and deploy targeted outreach strategies. Screening is not just prevention; it is an equity intervention.

Recent updates to national guidelines lowered the recommended starting age for routine screening from 50 to 45, significantly expanding the eligible population. (Siddique et al., 2024) Many patients aged 45–49 may not perceive themselves to be at risk and may not routinely seek preventive care, which increases the importance of deliberate outreach and visit-based prompts. Organizations that have adapted successfully have implemented standing orders for FIT distribution, mailed FIT outreach programs, pre-visit planning workflows, and active tracking of incomplete screenings. Evidence consistently shows that mailed FIT programs and structured follow-up significantly improve screening completion rates.

Equally important is ensuring timely follow-up after abnormal results. Screening without diagnostic follow-through does not achieve the intended outcome of early detection. Quality leaders should monitor the time interval between a positive FIT and completion of colonoscopy, tracking this metric alongside overall screening rates. Data validation efforts are also critical; many patients complete colonoscopies outside of the health center network, and failure to properly document these procedures in discrete EHR fields can artificially lower performance rates.

From a leadership perspective, colorectal cancer screening should be reviewed regularly in quality committees and at the board level. Monthly dashboards should display current performance rates, denominator size, outreach completion rates, and follow-up timeliness. This measure provides insight into the overall strength of preventive care infrastructure and population health management systems.

National Colorectal Cancer Awareness Month serves as a powerful reminder that early detection is one of the most impactful interventions in healthcare. For health centers, this month is an opportunity to review current UDS performance, identify patients overdue for screening, launch targeted outreach initiatives, and reinforce follow-up systems. Screening is prevention! Prevention is quality! Quality is measurable!

By committing to improved colorectal cancer screening rates, health centers not only strengthen regulatory and value-based performance, but most importantly, they save lives.

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SCAgWHP Update



3rd Annual Hydration Drive: HYDRATE THE HANDS THAT FEED US



SCAgWHP's 3RD ANNUAL FARMWORKER

HYDRATION DRIVE

The South Carolina Agricultural Worker Health Program has launched its 3rd Annual Hydration Drive. Supplies will be distributed statewide during National Health Center Week (August 2-8, 2026).

Farmworkers face extreme heat daily with limited access to shade and water. Urgent support is needed to protect their health and safety.

DEHYDRATION RISKS:

- Heat Exhaustion
- Heat stroke
- Kidney injury
- Hospitalization

DONATIONS NEEDED:

- Bottle water
- Electrolyte drinks
- Hydration packets
- Cooling towels

DONATE WATER. PROTECT LIVES.

📞 Elizabeth: (803) 319-4489 📞 Martha (803) 465-6193
✉️ elizabetha@scphca.org ✉️ marthag@scphca.org

Drop off: 3 Technology Cir Columbia, SC 29203



3ª CAMPAÑA ANUAL DE

HIDRATACIÓN

El Programa de Salud para Trabajadores Agrícolas ha lanzado su 3ª Campaña Anual de Hidratación. Las entregas se realizarán durante la Semana Nacional de los Centros de Salud (2-8 de agosto de 2026).

Los trabajadores del campo enfrentan calor extremo con acceso limitado a agua y sombra. Se necesita apoyo urgente para proteger su salud.

DESHIDRATACIÓN CAUSA:

- Agotamiento por calor
- Golpe de calor
- Daño renal
- Hospitalización

SE SOLICITA:

- Agua
- Bebidas con suero
- Sobres de sueros
- Toallas refrescantes

DONA AGUA. SALVA VIDAS.

📞 Elizabeth: (803) 319-4489 📞 Martha (803) 465-6193
✉️ elizabetha@scphca.org ✉️ marthag@scphca.org

Punto de entrega: 3 Technology Cir Columbia, SC 29203

The South Carolina Agricultural Worker Health Program is kicking off its 3rd Annual Farmworker Hydration Drive, and this year, we need your help more than ever.

During National Health Center Week, August 2 through August 8, 2026, health centers and community partners across the state will come together with one goal in mind: protecting farm workers from dangerous heat.

Every day, farm workers work long hours under the sun with limited access to water and shade. The risks are real and serious. Heat exhaustion. Heat stroke. Kidney injury. Hospitalization. These are not rare outcomes. They are preventable.

A single bottle of water can make the difference.

This is where YOU come in.

We are calling on health centers, organizations, and community members to come together once again. Your donation, whether large or small, directly supports the well-being of farm workers in our state. By contributing to this effort, you are not only providing supplies, but you are also offering relief, dignity, and care.

Your support helps us distribute:

- Bottled water
- Electrolyte drinks
- Hydration packets
- Cooling towels

Each donation is more than just a supply. It is relief in the heat. It is protection on the job. It is a reminder that someone cares.

Make an impact today. Help us keep workers safe, healthy, and hydrated.

Drop off donations at:

3 Technology Circle, Columbia, SC 29203

Contact:

Elizabeth: (803) 319-4489 | elizabetha@scphca.org

Martha: (803) 465-6193 | marthag@scphca.org

Donate water. Protect lives.



Bringing Essential Dental Care Directly to Farmworkers



From March 11 through March 13, 2026, Classy Smiles/SC Dental Screenings, a current voucher contractor of the SCAgWHP, provided essential dental services to agricultural workers at Chappell Farms in Barnwell. During this outreach effort, more than 50 patients received care, helping address critical oral health needs within the farmworker community.

Services included general exams, x-rays, fillings, extractions, routine cleanings, and deep cleanings. These services not only improved oral health but also helped prevent more serious conditions that can impact overall well-being and the ability to work.





Community Partnerships Bring Comprehensive Care to Farmworkers

We are especially grateful to Chappell Farms for welcoming us and to the workers who participated and entrusted us with their care. Their openness made it possible to bring essential services directly to the farm, ensuring access where it is needed most.

We also extend our sincere thanks to Low Country Health Care Systems for providing on-site health screenings and HIV testing through their mobile unit. Additional appreciation goes to the South Carolina Migrant Education Program, Grow Early Learning, and the South Carolina Department of Employment and Workforce for offering valuable resources and support throughout the event. The Migrant Education Program further enriched this effort by providing English classes, helping workers build skills that support both daily life and future opportunities.

Through this strong collaboration, we were able to deliver comprehensive care while connecting workers and their families to vital services that promote long-term health and well-being.



CareSouth Launches On-Site Patient Orientation for Farmworkers



On February 21, 2026, CareSouth kicked off a new patient orientation in partnership with CRW Resources and Pine Needle Express, bringing essential healthcare services directly to farmworkers.

During the clinic, workers received comprehensive physicals, flu vaccinations, and lab work, along with a health education session focused on preventive care, chronic disease awareness, and overall wellness. These services play a critical role in identifying health concerns early and ensuring workers are healthy and prepared for the demands of their jobs.

For many farmworkers, access to healthcare can be limited due to transportation challenges, demanding work schedules, or limited resources. By offering services on-site in a familiar and convenient environment, CareSouth helped remove these barriers and made it easier for workers to prioritize their health.

Through partnerships like these, CareSouth continues to expand access to quality care and strengthen outreach efforts, supporting the health and well-being of farmworkers across our communities.



HCCN Update

Building a Stronger Safety Net: The History of Health Center Controlled Networks and the Rise of the SCHCCN

March 2026 — Across the United States, Health Center Controlled Networks (HCCNs) are reshaping the way community health centers deliver care, share data, and strengthen the primary care safety net. From their origins in the early 2000s to today’s highly coordinated digital infrastructures, HCCNs have become mission-critical to improving quality, efficiency, and equity in underserved communities. South Carolina’s own network, the South Carolina Health Center Controlled Network (SCHCCN), has emerged as a powerful example of how these systems drive progress statewide.

A National Movement: How HCCNs Began

HCCNs were formally defined by the Health Resources and Services Administration (HRSA) as collaborative networks controlled by and acting on behalf of federally funded health centers, consisting of at least three organizations working together to enhance clinical, operational, and technological capacity.

The model grew out of necessity. As early as the mid-1990s and 2000s, community health centers sought ways to stretch limited resources, improve data reporting, and access emerging health information technologies. By 2010, HRSA described HCCNs as essential mechanisms that allow health centers to:

- Share high-cost infrastructure
- Leverage group purchasing power
- Centralize specialized expertise
- Support clinical quality improvement
- Deploy and maintain electronic health records (EHRs)
- Improve financial sustainability through coordinated systems

These goals were echoed in the 2010 “Definition and Purpose” document, which emphasized that HCCNs help health centers operate more efficiently by pooling resources and skills that are costly or impractical to maintain independently.

As networks matured, some evolved into “Operational Networks”, entities that deliver mission-critical services at the network level, reducing duplication and driving both quality and cost improvements across all member centers. These networks typically maintain:

- A formal governance structure
- Dedicated leadership and technical staff
- Integrated administrative, clinical, financial, or IT operations
- Long-term strategic planning
- Reduced reliance on federal funds over time

By creating these shared platforms, HCCNs enabled safety net providers to adopt EHR systems, expand interoperability efforts, launch population health initiatives, and modernize data reporting long before such capabilities became industry norms.

The Modern Role of HCCNs

Today, HCCNs remain central to HRSA's national strategy for improving care in medically underserved communities. They support community health centers in:

- Using data to drive decision-making
- Adopting and optimizing health IT systems
- Meeting federal quality and reporting requirements
- Expanding interoperability and data exchange
- Strengthening cybersecurity
- Implementing digital health tools
- Preparing for value-based care models
- Leveraging artificial intelligence responsibly
- Addressing non-medical risk factors using standardized data

These networks act as shared-service organizations, providing infrastructure and expertise that would be cost-prohibitive for many centers to acquire on their own. The national shift toward digital transformation has only amplified the importance of HCCNs in sustaining equitable access to primary care.

South Carolina's Own Network: The SCHCCN

Founded in 2016 under the South Carolina Primary Health Care Association, the South Carolina Health Center Controlled Network (SCHCCN) is one of HRSA's designated HCCNs. Its membership includes:

- 17 Community Health Centers
- 2 Look-Alike organizations
- 1 statewide Agricultural Worker Health Program

Together, these organizations serve tens of thousands of patients across urban, rural, and agricultural regions of South Carolina.

A Mission Rooted in Advancement and Equity

The SCHCCN's mission is to strengthen member health centers' use of:

- Health Information Technology (HIT)
- Data management and analytics
- Interoperability and data sharing tools
- Emerging digital solutions

In alignment with HRSA's 2025–2028 HCCN focus areas, the SCHCCN supports:

- Data Management & Analytics
- Interoperability & Data Sharing
- Data Modernization
- Value-Based Care Readiness
- Digital Health Tools
- Strengthening Cybersecurity
- Artificial Intelligence Integration
- Social Risk Factor Data Collection and Use

With centralized expertise, shared training programs, statewide data platforms, and collaborative learning environments, the SCHCCN ensures that South Carolina's safety net providers are equipped to deliver high-quality care in an increasingly digital healthcare landscape.

A Future Built on Collaboration

As the U.S. healthcare system continues to evolve, Health Center Controlled Networks (HCCNs) remain vital to lifting up underserved communities and strengthening access to care. The South Carolina Health Center Controlled Network (SCHCCN) stands at the forefront of these efforts in South Carolina, empowering local health centers with the tools, data, and partnerships needed to thrive.

From their early years focused on electronic health record (EHR) implementation to today's expansive digital transformation, analytics, and value-based care initiatives, HCCNs represent one of the most successful collaborative models in America's primary care safety net.

This spirit of collaboration continues to expand through regional partnerships such as the Region IV+ Digital Alliance, where HCCNs across multiple states work together to accelerate innovation, share best practices, and strengthen digital infrastructure that supports community health centers. Through this alliance, networks like SCHCCN can amplify their impact, leveraging shared knowledge, coordinated strategy, and collective investment to advance technology, data capabilities, and health outcomes across the region.

In South Carolina and beyond, SCHCCN continues to carry this mission forward, advancing health equity, improving outcomes, and helping community health centers deliver exceptional, patient-centered care to all.

2026 SC State Level Goals Snapshot

Reporting Date: February 2026 | Total Measures Tracked: 29

✔ Target Achievement Overview

- ✔ Primary Goals Met: 2
- ✔ Secondary Goals Met: 4

⚠ Priority Opportunity Areas

- Depression Remission at 12 Months 5.3%
- Engagement of IUD Treatment 6.3%
- Annual Access to LARC 5.4%
- Screening for SDOH 8.4% 22.1%
- Childhood Immunization Status 21.5%
- Annual Family Planning Screening 21.5%
- Early Entry into Prenatal Care 51.9%

🏆 Top Performing Measures (Above 80%)

- Statin Therapy for CVD 85.8%
- IVD Aspirin Use 85.2%
- Tobacco Use: Screening and Cessation 779.2%
- BMI Screening 75.8%
- HIV Linkage to Care

👶 Maternal & Preventive Health Snapshot

- Early Entry into Prenatal Care 51.9%
- Low Birth Weight 16.4%
- HIV and Pregnant 0.3%
- Annual Pregnancy Intention Screening 36.1%

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

Compliance Corner



A Submission from the Corporate Compliance Network
of the
South Carolina Primary Health Care Association

Beyond the Policy: What All Organizations Need to Know to Build Strong Cyber Resilience

Risk mature organizations recognize that cyber insurance is the foundation of a comprehensive cyber resilience strategy, not just a checkbox on the risk management to-do list. With data compromises reaching record numbers in 2025 — a 79% jump over five years — understanding what policies cover has become essential to protecting your business in a rapidly escalating threat environment.

The good news is that the cyber market has softened over the past three years, and carriers have eased underwriting requirements and increased capacity. This creates valuable opportunity for organizations to secure more favorable terms while proactively expanding cyber coverage and strengthening controls around exposures such as social engineering and third-party vendor cyber risk, as well as building robust response capabilities.

Common Coverage Blind Spots

1. **One of the most common cyber insurance coverage gaps is third-party vendor incidents, where a service provider's breach disrupts your operations.** Cyber policies may restrict dependent business interruption coverage to IT-related third parties or those with shared computer systems, rather than extending broadly to all supply chain vendors.

An example of this might be discovering your cloud-based payroll provider had a ransom attack, shutting down payroll processing for three weeks. Because your cyber policy only covers "IT service providers with shared computer systems," excluding this SaaS vendor, your organization will likely absorb the full loss despite having what you believed was comprehensive cyber coverage.

2. Social engineering and funds transfer fraud represent another critical coverage gap. While most cyber policies include sub limits around \$250,000, actual losses frequently exceed this threshold.

Examples often involve urgent transfer requests from a senior executive, with convincing emails, AI-generated voice cloning and even video manipulation referred to as "deepfakes" to pull off the scam

3. Business interruption coverage related to cyber incidents can also contain unexpected exclusions. While policies are typically triggered by network breaches and system failures, exclusions commonly apply to infrastructure-related outages such as internet or electrical disruptions.

Consider the scenario of an e-commerce retailer who lost power and internet connectivity because of a malicious cyber incident during the busy Black Friday holiday shopping weekend. Unable to process orders, the organization's revenue loss from that weekend alone could cause the business to close. And despite having cyber insurance, the policy explicitly excluded infrastructure-related outages.

The Incident Response Imperative

The policy limit is just the beginning. Immediate access to forensics firms and breach coaches — costly resources most businesses couldn't quickly secure on their own — is where cyber coverage proves its real value. Carriers negotiate preferred pricing and service level agreements with specialized vendors, ensuring faster response times and predictable costs. However, this access only matters if you know how to activate it.

Too many organizations create response plans that sit untested with outdated contact information and no clear ownership, rendering the "plan" more of a framework than a playbook. When a security team detects suspicious late-night activity and refers to an old incident response plan, outdated emergency contacts cause delays in getting the proper response under way and allow more time for the breach to affect more people.

Effective planning must include:

- Documented procedures with current contacts for your broker, carrier and pre-approved vendors
- Clear notification protocols for insurance and regulatory requirements
- Regular cyber incident response testing through tabletop exercises
- Assigned ownership for network maintenance and repairs

Organizations should also consider where they store their incident response plan — if it lives only on the company's network, it won't be accessible when that network is breached and encrypted.

Cyber policies typically require organizations to notify carriers within 60 to 90 days of a circumstance that may lead to a claim. Missing these windows can result in coverage denials.

The HUB EDGE

A strong cyber resilience strategy requires proactive preparation and deep coverage understanding. Key actions organizations should take:

Audit third-party coverage – Review whether dependent business interruption coverage extends to all critical vendors or only IT-related third parties.

Assess social engineering limits – Compare sublimits against realistic loss scenarios and strengthen internal payment controls to reduce exposure.

Document notification requirements – Create a comprehensive checklist that includes your carrier, broker, pre-approved vendors and all regulatory bodies. Store this where it remains accessible during an incident.

Build and test response plans – Develop incident response plans with current contact information and run regular tabletop exercises.

Leverage carrier resources – Many carriers now offer complimentary tabletop exercises, incident response plan reviews and discounts on cybersecurity tools.

Working with experienced advisers who understand both coverage and operational preparedness helps organizations move beyond checkbox compliance to build genuine cyber resilience. HUB's cyber specialists combine technical expertise with risk management guidance to help clients identify coverage gaps, strengthen internal controls and develop response capabilities when they're needed most.

Source: The HUB Edge Newsletter

The Wellness Way



Mental Health Tips for Spring: Refresh Your Mind and Well-Being



Spring is a season of renewal, offering longer days, warmer temperatures, and a fresh start. Prioritizing mental health in spring is essential, as the shift in seasons can bring both positive energy and challenges. While many people experience a natural boost in their mood, others may struggle with lingering seasonal depression or the stress of transitioning from winter. Here are some effective mental health tips for spring to help you embrace the season's renewal.

1. Get Outside and Enjoy the Sunlight for Better Mental Health

Sunlight exposure helps boost serotonin levels, which can enhance mood and promote overall well-being. Try to spend at least 15-30 minutes outdoors daily. Activities like walking, jogging, or even sitting on your porch can help combat feelings of depression and anxiety.

2. Incorporate More Physical Activity to Boost Your Mood

Spring is an excellent time to engage in outdoor exercise, whether it's hiking, biking, or yoga in the park. Physical activity releases endorphins, the body's natural mood boosters, and helps reduce stress. Aim for at least 30 minutes of moderate exercise most days of the week.

3. Declutter Your Space for a Clear Mind

Spring cleaning isn't just for your home—it can also have a positive impact on your mental health. Clutter can contribute to stress and overwhelm, so take time to organize and refresh your living space. A clean and tidy environment can promote relaxation and clarity.

4. Eat Seasonal and Nutritious Foods for Mental Well-Being

Your diet plays a significant role in mental health. Spring is a great time to add fresh fruits and vegetables to your meals. Foods rich in vitamins and antioxidants, like leafy greens, berries, and citrus fruits, can help support brain function and reduce symptoms of anxiety and depression.

5. Practice Mindfulness and Stress Management Techniques

The transition into a new season can sometimes be stressful. Practicing mindfulness techniques, such as meditation, deep breathing, or journaling, can help you manage stress and stay grounded. Even taking a few minutes each day for self-reflection can make a big difference.

6. Connect with Nature to Improve Mental Health

Nature therapy, also known as ecotherapy, has been proven to reduce stress and improve mood. Spend time in green spaces, visit a botanical garden, or take a weekend trip to a nature reserve. Simply immersing yourself in nature can bring a sense of peace and rejuvenation.

7. Socialize and Strengthen Relationships for Emotional Wellness

As the weather improves, take advantage of opportunities to reconnect with friends and family. Socializing can boost happiness levels and provide a sense of belonging. Whether it's a picnic, outdoor coffee date, or group hike, meaningful interactions can greatly improve mental well-being.

8. Set New Goals and Intentions to Stay Motivated

Spring is a time of new beginnings, making it the perfect opportunity to set goals for personal growth. Whether it's picking up a new hobby, improving work-life balance, or focusing on self-care, having a goal to look forward to can provide motivation and direction.

9. Prioritize Sleep and Rest for Mental Health Stability

With longer daylight hours, it can be tempting to stay up later. However, maintaining a consistent sleep schedule is crucial for mental health. Aim for 7-9 hours of quality sleep each night to improve mood, concentration, and overall well-being.

10. Seek Professional Support if You Need Help

If you find yourself struggling with anxiety, depression, or seasonal affective disorder (SAD), don't hesitate to seek professional help. Therapists and counselors can provide guidance and coping strategies to help you navigate mental health challenges.

Final Thoughts

Spring is a season of renewal, and it's a great time to prioritize mental health. By embracing outdoor activities, staying active, practicing mindfulness, and fostering meaningful relationships, you can make the most of this season and set yourself up for a positive and fulfilling year.

Source: www.collaborativemn.com

Revenue Review



Maximize Care Management Revenue

As Federally Qualified Health Centers (FQHCs) continue adapting to evolving reimbursement models under Centers for Medicare & Medicaid Services, March 2026 presents a critical opportunity to strengthen care management billing practices and capture increased reimbursement.

Key Change: Transition Away from G0511

CMS has fully eliminated the use of the bundled G0511 code for care management services. FQHCs are now required to report individual CPT/HCPCS codes that accurately reflect the type and intensity of services provided.

This shift is designed to:

- Improve transparency in reporting
- Align FQHC billing with the broader Medicare Physician Fee Schedule
- Support value-based care initiatives by tying reimbursement to service complexity

Revenue Opportunity: 10% Increase for CCM Services

Chronic Care Management (CCM) services have received an approximate **10% reimbursement increase in 2026**, making them one of the most impactful non-visit-based revenue streams for FQHCs.

Common billable services now include:

- Non-Complex CCM (20+ minutes/month)
- Complex CCM (60+ minutes/month with moderate/high complexity)
- Principal Care Management (PCM) for single high-risk conditions
- Transitional Care Management (TCM) when applicable post-discharge

Actionable Steps for FQHCs

1. Audit and Update Billing Systems

- Remove all use of G0511 from your billing workflows
- Ensure your Practice Management System (PMS) and EHR are configured for:
 - Time-based CPT coding
 - Staff role attribution (clinical vs. provider time)
- Validate fee schedules reflect the updated 2026 reimbursement rates

Pro Tip: Run a retrospective report from Q4 2025 to identify missed opportunities where bundled billing limited reimbursement.

2. Operationalize Care Management Programs

To fully capture revenue, care management must be structured—not incidental.

Key elements of a successful program:

- Patient identification through registries (chronic disease, high utilizers)
- Monthly outreach workflows (calls, care coordination, medication review)
- Dedicated staff (RNs, LPNs, care coordinators)
- Use of tracking tools within the EHR for time documentation

Best Practice: Assign care management panels to specific staff to ensure accountability and continuity.

3. Leverage Virtual Direct Supervision

The 2026 rule finalizes permanent virtual direct supervision, allowing providers to supervise clinical staff remotely via real-time audio/video technology.

This enables:

- Expanded care management services in rural and underserved areas
- Increased staffing flexibility
- Improved scalability of CCM programs without requiring onsite providers

Operational Impact:

- Providers must still be immediately available (virtually)
- Documentation should reflect supervision method when applicable

4. Strengthen Documentation for Compliance

Care management services are a **high audit risk area**, making documentation critical.

Required elements include:

- Total time spent per calendar month
- Clinical staff vs. provider time
- Patient consent (verbal or written, documented annually)
- Care plan development and updates
- Communication activities (calls, coordination, follow-ups)

Audit Tip: Ensure time is cumulative and tracked in real-time—not estimated at month-end.

Additional Key 2026 FQHC Revenue Focus Areas

Vaccine Billing Modernization

As of July 1, 2025, Medicare reimbursement for vaccines transitioned from cost-based reconciliation to **claim-based payment**.

Applicable vaccines include:

- Influenza
- Pneumococcal
- COVID-19
- Hepatitis B

What This Means for 2026:

- Submit vaccine claims promptly for direct reimbursement
- Monitor remittance advice for payment accuracy
- Reconcile vaccine inventory with billed doses

Front-End Accuracy = Revenue Protection

Front desk and intake processes remain one of the most significant drivers of revenue integrity.

Focus areas:

- Real-time eligibility verification
- Accurate payer selection (Medicare, Medicaid, MCOs)
- Collection of updated demographic and insurance information
- Copay/deductible collection (when applicable)

Goal: Reduce claim denials by **at least 20%** through front-end process improvement.

Recommended Strategies:

- Daily eligibility checks for scheduled patients
- Standardized intake checklists
- Staff training on common denial reasons

Final Takeaway

The transition to individual care management coding is more than a compliance requirement, it's a strategic revenue opportunity. FQHCs that invest in structured workflows, accurate documentation, and team-based care models will see measurable gains in both reimbursement and patient outcomes. If your organization hasn't yet transitioned fully away from G0511 or optimized CCM workflows, now is the time to act.

Coding Corner



Celebrating Oral Health Month: Optimize Care, Coding, and Reimbursement

March is **Oral Health Month**, a timely reminder for Federally Qualified Health Centers (FQHCs) to prioritize oral health screenings, preventive care, and accurate documentation for maximum impact on patient health and revenue. Oral health is more than just teeth—it affects overall wellness, including cardiovascular health, diabetes management, and maternal health. For FQHCs, this focus also aligns with **UDS reporting requirements**, helping clinics track and report critical preventive care metrics.

Key Oral Health Services and Recommended Screenings

FQHCs should ensure patients receive preventive oral health services, including:

- **Dental Risk Assessments** for children and adults
- **Oral Cancer Screenings**, particularly for adults over 18
- **Fluoride Varnish Applications** for children under age 5
- **Dental Sealants** for children at high risk of cavities
- **Patient Education** on oral hygiene and preventive care

These services support clinical quality measures in UDS, including preventive dental visits and risk assessment documentation.

Billing and Coding Tips for CMS Medicare and South Carolina Medicaid

Accurate coding and documentation are critical for reimbursement and UDS compliance. FQHCs should focus on the following:

1. CMS Medicare

- **D0150 – Comprehensive Oral Evaluation** (for new patients)
- **D0120 – Periodic Oral Evaluation** (for established patients)
- **D1110 – Prophylaxis (cleaning) Adult**
- **D1120 – Prophylaxis Child**
- **D1206 – Topical Fluoride Varnish**

Tip: For Medicare beneficiaries, document medical necessity and risk factors to support coverage.

2. South Carolina Medicaid

- **D0145 – Limited Oral Evaluation** (problem-focused)
- **D1208 – Topical Fluoride Gel or Foam**
- **D1351 – Sealant per tooth**
- **EPSDT Coverage:** Fluoride varnish, oral evaluation, and preventive education for children under 21

Tip: Always ensure proper modifier usage, include comprehensive medical history, and note parental consent for pediatric patients.

Documentation Best Practices

Proper documentation ensures accurate UDS reporting and maximizes reimbursement:

- Record date, type of service, and provider
- Include risk assessment findings and treatment recommendations
- Document patient education provided
- Confirm referrals or follow-ups for identified issues
- Capture all CPT/HCPCS and dental codes used, including preventive codes

FQHCs that maintain detailed, consistent documentation not only meet UDS quality measure requirements but also safeguard revenue through proper billing for both CMS and state Medicaid programs.



CareSouth Carolina Breaks Ground on Bennettsville Clinic Expansion

Bennettsville, S.C. — CareSouth Carolina officially broke ground Friday on a major renovation and expansion project at its Bennettsville clinic, marking a significant investment in improving access to healthcare services for the Marlboro County community.

The project will nearly double the size of the existing Bennettsville Clinic at 999 Cheraw Street, expanding the facility to approximately 9,940 square feet. The renovation will allow CareSouth Carolina to enhance patient care while bringing several services together under one roof for the first time.

A key feature of the expansion will be a larger pharmacy with new drive-through access, a service that has been frequently requested by patients in the Bennettsville area. The redesigned space will also allow CareSouth Carolina to relocate women's health and pediatric services—which are currently offered at separate locations—into the expanded Bennettsville clinic.

By consolidating these services, patients and families will be able to access primary care, pediatric care, women's health services, pharmacy services, and much more, all at a single location, creating a more convenient and coordinated healthcare experience.

“CareSouth Carolina is pleased to begin renovations that will significantly improve patient access in Bennettsville,” said Ann Lewis, CEO of CareSouth Carolina. “This project will bring our medical, pediatric, women's health, and pharmacy services together under one roof, creating a more coordinated and convenient experience for the patients and families we serve.”

Lewis said the redesigned facility will benefit both patients and healthcare providers by improving the flow of care and allowing clinical teams to collaborate more efficiently.

“The expanded and redesigned space will improve workflow for both patients and staff, allowing our care teams to collaborate more effectively while enhancing the overall patient experience,” Lewis said. “These improvements reflect our continued commitment to strengthening access to high-quality healthcare in the Bennettsville community.”

The project is partially funded through the Fiscal Year 2023 Capital Assistance for Hurricane Response and Recovery Efforts grant provided by the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services. The funding supports healthcare infrastructure improvements designed to strengthen community resilience and expand access to essential services.

Once completed, the expanded clinic will offer improved patient flow, additional space for clinical services, and enhanced convenience for families seeking care in the Bennettsville area. The addition of the drive-through pharmacy is expected to significantly improve medication access for patients who may face transportation or mobility challenges.

The groundbreaking ceremony on Friday brought together CareSouth Carolina leadership, community partners, and local supporters to celebrate the start of construction and the continued growth of healthcare services in Marlboro County.

“This renovation represents another step in CareSouth Carolina’s long-term commitment to expanding access to care across the Pee Dee region,” Lewis said.

The project will allow CareSouth Carolina to better meet the growing healthcare needs of the Bennettsville community while continuing its mission of providing high-quality, affordable care to patients throughout northeastern South Carolina.

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 Providers Attend SC Nurse Legislative Day to Advocate for Healthcare Workers and Patient Access

Society Hill, S.C. — Three of CareSouth Carolina’s dedicated healthcare providers recently represented the organization at South Carolina Nurse Legislative Day at the State House in Columbia.

Barbara Wright, FNP-C, Joe Reynolds, AGNP-C, and Jimmi Jones, FNP-BC attended the event on Thursday, February 26, joining hundreds of nurses and healthcare professionals from across the state. The annual gathering provides an opportunity for nurses to meet with lawmakers, discuss healthcare priorities, and advocate for policies that support both healthcare workers and the patients they serve.

This year’s legislative focus centered on two key issues affecting the healthcare community in South Carolina.

The first involves strengthening protections against workplace violence directed at healthcare workers, a growing concern across hospitals, clinics, and healthcare facilities nationwide. The second focuses on expanding the scope of practice for Advanced Practice Registered Nurses (APRNs), allowing them to provide more services independently and increasing access to care for patients, particularly in rural and underserved communities.

Wright, Reynolds, and Jones serve patients at CareSouth Carolina’s Rosa Lee Gerald Center in Society Hill, where they play an important role in delivering primary care and improving health outcomes for individuals and families throughout the region. All three providers are nurse practitioners at the location.

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HOPEHEALTH WELCOMES NEW PROVIDER



FLORENCE, S.C. (March 17, 2026) – HopeHealth welcomes clinical psychologist Will Hunter, PsyD, back to the organization.

Dr. Hunter previously served at HopeHealth from 2018 to 2021 as a clinical psychologist. He then joined Francis Marion University as Director of Counseling and Testing from 2021 to 2026. In addition to rejoining HopeHealth, he will continue teaching master’s and doctoral psychology students at FMU.

Originally from Columbia, SC, Dr. Hunter earned his Bachelor of Science in Psychology from Davidson College in North Carolina, and a Master of Science in Clinical Psychology and Doctor of Psychology in Clinical Psychology from Baylor University, Texas. Additionally, Dr. Hunter completed his fellowship for Psychosocial Rehabilitation and Severe Mental Illness at South Texas Veterans Health Care System, San Antonio, Texas.

He has also received additional training in Cognitive Processing Therapy for Post-Traumatic Stress Disorder (PTSD) and enjoys working with Veterans. His clinical interests include the diagnostic assessment of complex mental health issues, crisis intervention and risk assessment, and the treatment of severe and chronic mental illness, including schizophrenia-spectrum disorders and bipolar disorder.

He is a member of numerous professional organizations, such as the American Psychological Association, the National Register of Health Service Psychologists, the World Professional Association for Transgender Health, the South Carolina Association on Higher Education and Disability, and the Psi Chi National Psychology Honor Society.

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



NHFHS Earns Recognition as an Advocacy Center of Excellence



New Horizon Family Health Services (NHFHS) is proud to announce that we have been recognized as an Advocacy Center of Excellence (ACE) by the National Association of Community Health Centers (NACHC).

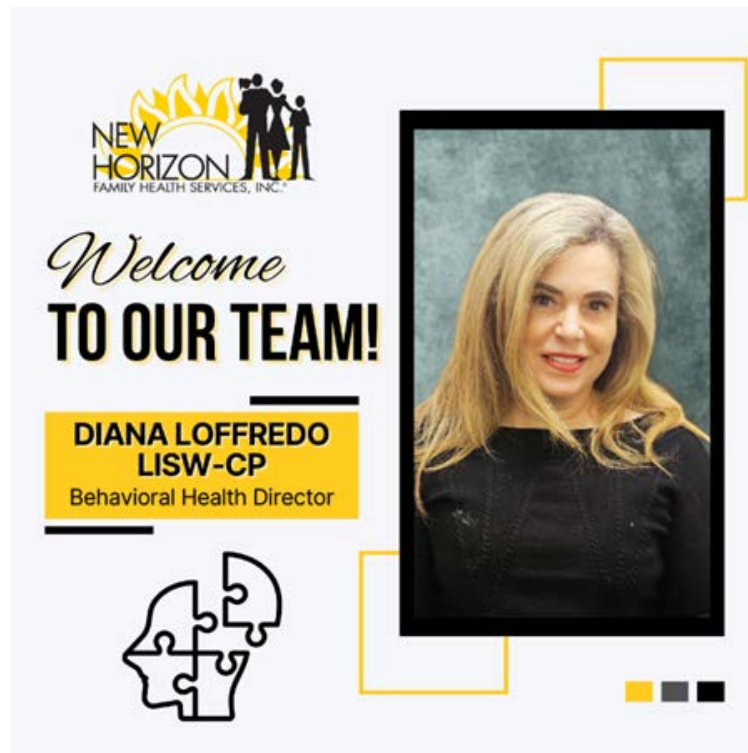
This distinguished designation highlights our organization's commitment to fostering a strong culture of advocacy - ensuring that the voices of our patients, providers, and communities are heard by policymakers at every level of government. As an ACE, NHFHS joins a select group of Community Health Centers nationwide that prioritize advocacy as a core part of their mission and daily operations. As healthcare needs evolve and federal and state priorities shift, advocacy plays a critical role in protecting and expanding access to these essential services.

Being named an Advocacy Center of Excellence reflects our ongoing dedication to ensuring that our patients and communities have a voice in the decisions that impact their health and well-being. We are honored to receive this recognition and remain committed to championing access to quality, equitable care for all.





NHFHS Welcomes New Behavioral Health Director



New Horizon Family Health Services is pleased to welcome a new Behavioral Health Director, Diana Loffredo, LISW-CP!

Originally from New Jersey, Diana, earned both her undergraduate and graduate degrees from Rutgers University. She has practiced Behavioral Health for nearly 20 years, serving in a variety of roles. Prior to that, she provided fitness and massage therapy services to cancer patients.

Diana is a proud mother of two adult children, and one precious French bulldog. In her spare time, she likes to move - taking part in exercise activities such as running, biking, yoga, and HIIT classes.

We are excited for her to join the NHFHS team!



U.S. Representative William Timmons and State Representative Patrick Haddon Visit NHFHS



As we countdown to the opening of our newest medical office in Berea (8000 White Horse Road), NHFHS was honored to host two of our legislators in February for a tour of the new facility. The approx. 5,500 square foot facility will feature six exam rooms, laboratory, immunization area, and a drive-thru pharmacy. Patients will have access to our complete array of medical services, delivered by compassionate medical providers and support staff - including medical interpreters and Spanish language liaisons.

We are grateful for continued bipartisan support of community health center priorities, initiatives, and funding. We thank U.S. Representative William Timmons and State Representative Patrick Haddon for making time to visit to meet with us.

The NHFHS Berea office is scheduled to open on Monday, May 11, 2026.

Tandem Health Earns Silver ACE Designation from National Association of Community Health Centers



Tandem Health is proud to announce that it has achieved silver status in the Advocacy Center of Excellence (ACE) Program through the National Association of Community Health Centers (NACHC).

Earning Silver ACE status reflects Tandem Health's strong and ongoing commitment to advocacy and its intentional efforts to make advocacy a priority within the organization. The ACE designation recognizes Community Health Centers that actively engage policymakers at the federal, state, and local levels to ensure continued investment in affordable, comprehensive, and innovative care.

As a Silver ACE, Tandem Health joins a distinguished group of health centers nationwide that serve as models of advocacy excellence. The designation also provides access to a national network of advocacy leaders and collaborative opportunities through NACHC, further strengthening Tandem Health's ability to elevate the voices of the patients and communities it serves.

Changing Healthcare, Enriching Lives

Coffee and Communication

Say No Without Guilt

10 Scripts for Difficult Conversations

-  **When your calendar is full** → "I'm at capacity through [date]. Which project should I deprioritize?"
-  **When asked to work late** → "I have commitments after 6pm. I'll tackle this first thing tomorrow."
-  **When pulled into meetings** → "Could we handle this via email? I'll respond within 2 hours."
-  **When asked for extra projects** → "My plate is full with [project]. Which takes priority?"
-  **When pressured to respond immediately** → "I'll review and respond by [time] tomorrow."
-  **When asked to work weekends** → "I'm unavailable weekends. What's the true priority?"
-  **When getting late-night messages** → "I'm offline after 6pm. Catching up tomorrow at 9."
-  **When asked for last-minute help** → "I can't accommodate rush requests. Let's plan ahead next time."
-  **When given unrealistic deadlines** → "This needs [X days]. Want to adjust scope or timeline?"
-  **When boundaries are ignored** → "My boundaries are non-negotiable. Let's find a solution."

Dr. Carolyn Frost



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