

# ANNUAL REPORT

A YEAR LIKE NO OTHER...

# Regional HealthPlus



**Better Care. Better Health.**

# 2021



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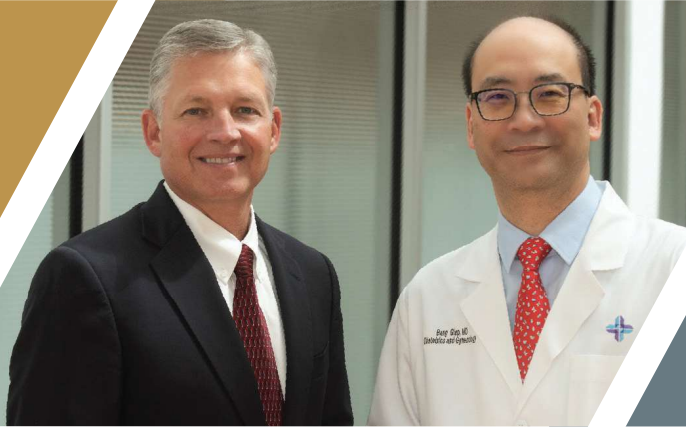
COMMITTEES

21

STAFF

Chris Skinner,  
Executive Director

Bang Giep, MD  
Executive Committee  
Chair



For many of us, 2021 was a year of the “new normal” as the emergence of the COVID-19 delta and omicron variants kept the healthcare industry in a state of hypervigilance.

Hospitals and healthcare systems navigated the ebb and flow of being at and above capacity as the pandemic and its variants surged and waned. Patients continued to forego preventative, routine and elective procedures, and virtual meetings remained the norm.

In this challenging environment, Regional HealthPlus outpaced our competitors regionally. Our quality scores continued to rise which was an anomaly. This is a testament to our providers and our clinical support teams who have pushed through the long hours and constant fatigue brought on by the pandemic's unprecedented workload.

One thing the pandemic didn't change was the ongoing shift to value-based healthcare in virtually every sector - Medicare Advantage, Medicaid, the Health Insurance Marketplace and commercial. It is moving forward at a rapid pace, even when everything else slowed down. Medicare and Medicare Advantage plans are leading the way in the space and we're ready for the challenge.

An undeniably strong shift to value-based healthcare with downside risk provided the catalyst to restructure. Regional HealthPlus continues to strengthen our foundational care management and coordination processes - adding to the clinical leadership team with additional depth in medical directors - and further developing our analytics capabilities to support data driven healthcare.

A year ago, we approached 2021 as turning a page. Now, we enter 2022 to write the first chapter in the next phase of Regional HealthPlus, and the future is bright.

*At its core, Regional HealthPlus is a collaborator, pulling together providers, payors and supporting teams to maximize patient outcomes and quality. We have, together, emerged more robust after the healthcare industry was pushed to its limits during the COVID pandemic. By working with Regional HealthPlus, our hospital system, our employed and independent physicians, and community are all stronger.*

- Donna Smith, MD  
EXECUTIVE COMMITTEE,  
VICE CHAIR



# VALUE-BASED HEALTHCARE

Regional HealthPlus has distinguished itself as an integral part of our region's healthcare ecosystem through physician engagement, patient engagement and data analysis – all of which has proven invaluable during the past two years.

Value-based healthcare is here and continues to grow, allowing more physicians to be compensated for quality rather than quantity. Models vary but may include quality incentives, shared savings, and downside risk.

Value-based healthcare is already well-established with Medicare Advantage plans, and we see the demand continuing to build in Medicaid, the Health Insurance Marketplace, and commercial plans.

Regional HealthPlus has continued to refine our infrastructure to meet the demands on our industry. We have begun aggregating and validating payer reports, and we are able to drill down to the patient and provider levels to identify – and resolve – care gaps and process issues.

The bottom line: When providers better manage their patients' healthcare, patient outcomes are improved, patient satisfaction is improved and costs decrease. And Regional HealthPlus provides the team to support patients and providers - the bedrock of success in value-based healthcare.

## UTILIZATION REVIEW

TOTAL AUTHORIZATIONS . . . . .	3,084
MEDICAL DIRECTOR REVIEWS . . . . .	477
INPATIENT REVIEWS . . . . .	808
COMPLEX CARE COORDINATION . . . . .	30

*Though not the prevailing care delivery model, we continue to see an influx of value-based care models in our market. To successfully deal with this influx, our system must be nimble, innovative, and strategic in meeting our patients' various needs. Our success will hinge on maintaining alignment of our provider base to build on the record-setting quality marks of 2021.*

- Nick Ulmer, MD, CPC, FAAFP  
CHIEF MEDICAL OFFICER



# PHYSICIAN ENGAGEMENT

As we entered the second year of the coronavirus pandemic, Regional HealthPlus honed its targeted physician engagement strategies and built on the changes implemented in 2020 to cope with COVID-19. These strategies included virtual practice visits, a redocumentation coding audit, billing/documentation audits for transitional care management, and an end-of-year initiative focused on A1c, blood pressure, and statin measures.

This resulted in a series of year-over-year quality improvements.

Star measure scores increased for the fourth consecutive year. Momentum continued with our Get2Goal Initiative, with approximately 75% of providers seeing improved A1c results in their patients, and more than 50% seeing improved BMI in their patients.

In another year of largely virtual communication, RHP Insight and RHP Connect continued to shine as an invaluable and accessible resource, with 10 new education modules launched in 2021.

These successes and more, rest on the foundation created by the CarePlus Care Coordination Model and the hard work of our Engagement and Performance Team – work that pays off by removing obstacles our providers face, allowing them more time to focus on managing their patients' chronic conditions.

*As we faced another trying year of the global pandemic, we were once again challenged with full waiting rooms and changing circumstances. It can be difficult to keep up with the fast-paced environment of healthcare and all the documentation and coding requirements being imposed. The Regional HealthPlus team has always strived to work hand in hand with our providers to ensure we are up to date with the changes specifically around documentation. Utilizing RHP Insight has been impactful in that we can disseminate consistent, relevant, and updated information quickly to a large group of providers in a format that we can access at our convenience. I look forward to working closely with the RHP Engagement and Performance team next year as we all work together to achieve our goal of taking care of the patients in our community.*

**- Samuel Gacha, MD**  
EXECUTIVE COMMITTEE





# PERFORMANCE IMPROVEMENT

## OVERALL PHYSICIAN ENGAGEMENT SCORES (OPES)

The OPES including physicians, hospitals, and ambulatory surgery centers for 2021 was 98.19%, which was an improvement from 97.89% in 2020.

## PHYSICIAN ENGAGEMENT SCORES (PES)

The PES is the physician component of the OPES. The Engagement and Performance Committee developed the PES by specialty, based on physician education, quality improvement activities, patient satisfaction and coding initiatives.

HIGH SCORE

100%

AVERAGE SCORE

97.52%

## PERFORMANCE INCENTIVE POOL (PIP)

The preliminary results for the 2021 Performance Incentive Pool (PIP) estimates that 116 primary care physicians will meet the requirements to earn a quality incentive. Physicians maintained strong performance on preventative measures, statin use, and medication adherence.

## TARGETED PHYSICIAN ENGAGEMENT INITIATIVES

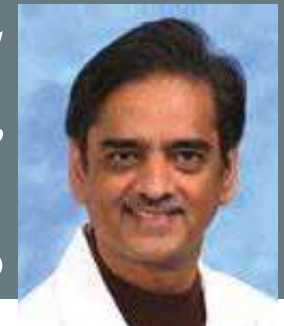
- Fifty-two practice visits were conducted in 2021
- Get2Goal 2021 A1c Control Initiative
- Coding and documentation audits, education, and reaudits
- Special project on capturing A1c and blood pressure values

### End of Year Initiative

Measure	Number of Patients	Percent Compliant by EOY
A1c Control	410	18%
BP Control	2650	28%
Statin Use in CVD	1093	10%

*It has been a pleasure and a joy to work with Dr. Nick Ulmer, Lauren Swager, and the entire coding team at Regional HealthPlus. They have been an asset throughout the COVID era, providing guidelines on telemedicine, telephone visits, and modifier usage. They have provided any requested information without delay. It amazes me how much help they provide to our practice.*

- Mukesh Gandhi, MD



# QUALITY MEASURES

- Physician scorecards are based on 16 quality measures covering preventative care, chronic care management, and medication adherence.
- Regional HealthPlus improved the performance rate for 13 of the 16 measures, with the other three measures showing minor changes.
- Overall Star measure scores have increased consistently for our largest Medicare Advantage plan from 3.39 in 2018 to 4.00 in 2021.
- Significant improvements were seen in statin therapy, medication reconciliation, medication adherence and controlling blood pressure.

Measure Trends	2017	2018	2019	2020	2021 (YTD)	Change
Breast Cancer Screening	76.0%	77.4%	77.0%	75.4%	77.8%	0.4%
Care for Older Adults - Medication Review	89.7%	86.5%	86.0%	92.1%	92.1%	5.6%
Care for Older Adults - Pain Assessment	94.5%	98.1%	98.0%	97.0%	95.8%	-2.3%
Colorectal Cancer Screening	76.3%	77.1%	79.0%	81.7%	80.5%	3.4%
Controlling Blood Pressure	NA	60.0%	63.0%	67.8%	67.8%	7.8%
Diabetes Care - Blood Sugar Controlled	70.6%	79.9%	74.0%	78.6%	81.1%	1.2%
Diabetes Care - Eye Exam	69.0%	72.8%	75.0%	75.1%	78.7%	5.9%
Diabetes Care - Kidney Disease Monitoring	97.1%	96.4%	95.0%	95.3%	96.2%	-0.2%
Medication Adherence for Cholesterol (Statins)	79.2%	81.0%	84.0%	84.9%	86.0%	5.0%
Medication Adherence for Diabetes	82.5%	82.0%	85.0%	85.2%	85.8%	3.8%
Medication Adherence for Hypertension (RAS)	82.7%	82.6%	84.0%	86.7%	87.1%	4.5%
Medication Reconciliation Post-Discharge	52.0%	49.0%	48.0%	66.0%	71.3%	22.3%
Osteoporosis Management in Women w/ Fracture	51.2%	55.2%	45.0%	51.9%	53.4%	-1.8%
Plan All-Cause Readmissions ( <i>lower is better</i> )	10.9%	8.4%	7.0%	9.3%	9.0%	0.6%
Statin Therapy for Cardiovascular Disease	NA	82.4%	81.0%	84.4%	86.7%	4.3%
Statin Use in Persons with Diabetes	NA	79.6%	82.0%	84.6%	86.9%	7.3%

\*Calculated using 2018 as compared to 2021

# RHP INSIGHT & RHP CONNECT



Providing physicians with timely, relevant information is critical for success. Regional HealthPlus uses our proprietary RHP Insight platform to provide education modules that align with current healthcare trends, coding updates, and organizational goals. Ten education modules were launched in 2021.

The platform is also a valuable resource for non-physician providers, care management teams, and other healthcare partners. Currently, 873 users have access to RHP Insight - 2,498 courses were completed in 2021. In addition to the RHP Insight platform, RHP created and distributed 33 video blogs (vlogs) through RHP Connect. RHP vlogs are 1- to 3-minute videos used to relay important information to RHP members and associates in a timely and efficient manner.

## RHP INSIGHT COURSES LAUNCHED IN 2021

- 2021 Ambulatory E/M Coding
- 2021 Ambulatory E/M Coding Webinar Recording –January
- 2021 HCC and Redocumentation
- 2021 Surgical Inpatient Only Changes
- 2021 Burnout 101: Addressing the Issues
- 2021 Ambulatory E/M Coding Webinar Recording –April
- 2021 HCC Connect Videos
- 2021 RHP Overview Annual Report 2020
- 2021 Get2Goal: Improving Uncontrolled Diabetic Care
- 2021 CVA Medical Necessity



# GET2GOAL 2021

In 2021, Regional HealthPlus again partnered with the Consortium for Southeast Healthcare Quality (COSEHQ) in a Get2Goal initiative focusing on diabetes and hemoglobin A1c control.

The focus of the initiative was to specifically address patients' A1c results higher than 9.0. Patients were monitored for changes in A1c results, blood pressure, and Body Mass Index (BMI).

The goal was to improve the A1c results in at least 30% of the patients - the end results being more than double the goal.

117 providers completed all of the criteria and received CME credit hours plus credit for a quality improvement project.

## RESULTS WERE AS FOLLOWS:

MGC	
Patients: 829	
Improved A1c results	75.50%
Improved or maintained BP control	74.75%
Improved BMI	57.00%
A1c showed no improvement or worsened	17.50%

Independent Practices	
Patients: 256	
Improved A1c results	79.14%
Improved or maintained BP control	14.21%
Improved BMI	52.13%
A1c showed no improvement or worsened	13.74%

## PATIENT SATISFACTION

Participating Practices

**32**

Surveys Sent

**331,133**

Surveys Returned

**69,014**

Response Rate

**20.8%**

# PATIENT ENGAGEMENT

**The CarePlus Care Coordination Model is a visual representation of the patient journey. A patient and their PCP are in the center and always supported!**

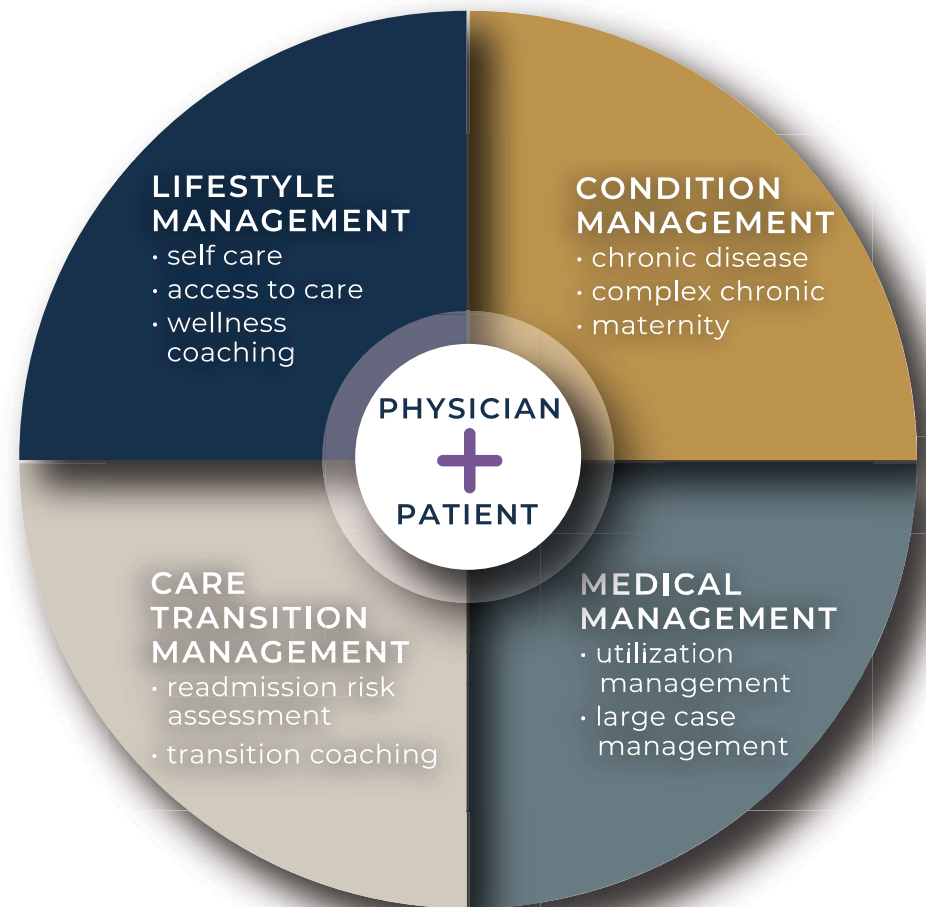
No matter where the patient is in their journey, the CarePlus team:

- Engages patients through motivational interviewing
- Educates patients on their chronic disease, medication management, and much more
- Facilitates access to care and preventative screenings
- Empowers the patients to take part in their healthcare journey

CarePlus is with the patient every step of their healthcare journey, through lifestyle and condition management, transitional care management, wellness coaching and medical management. Our goal is to engage, educate, and empower each patient, and facilitate services when needed.

The proven flexibility of our team members, and the CarePlus model allows physicians to maximize the time they spend with their patients, improving health outcomes and patient experiences.

## CAREPLUS CARE COORDINATION MODEL



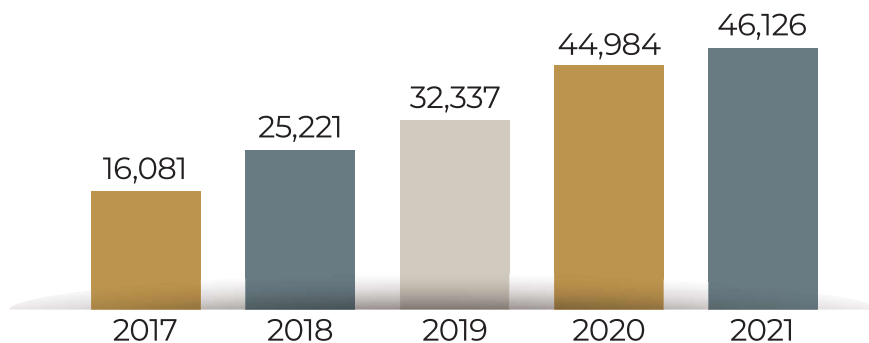
# HEALTH RISK ASSESSMENTS

Health Risk Assessments, performed via telephone prior to an office visit, helps primary care offices work more efficiently with patients to complete their Medicare Wellness Visits. The Regional HealthPlus care coordinators also facilitate any needed open care gaps. In 2021, the team closed 93,671 care gaps for patients through the Health Risk Assessment and chase lists. Conducting the assessment via phone before an office visit saves providers an average of 20 minutes, allowing physicians to spend more time with their patients. Throughout the pandemic, Regional HealthPlus has remained flexible and innovative in order to assist physician offices and their patients.

## MEDICARE WELLNESS VISITS

By making Medicare Wellness Visits more efficient, providers have more time to close care gaps and improve documentation. In addition, this process has improved patient care and experience. The total number of Medicare Wellness Visits continued its steady trend upward in 2021.

### MEDICARE WELLNESS VISITS NUMBER COMPLETED



*Regional HealthPlus continues to be an asset to the Medical Group of the Carolinas. I can reach out to Brittney or Holly with any issue, and they are always willing to help me with a plan to cover the office needs. Last year, we were working to increase our Medicare Wellness Visits, and RHP helped get our numbers up by adding those appointments to our physician assistant in the office. They were awesome at helping me keep the schedule full. Honestly, it would have been so hard on office staff to make all of the phone calls needed to meet some of the measures without the help of RHP. I am glad that we are all part of a huge team working to meet the metrics together. Thank you!*

**- Regina Edge**

SENIOR PRACTICE MANAGER FOR  
MGC INTERNAL MEDICINE – SPARTANBURG



# TRANSITIONAL CARE MANAGEMENT

**Thanks to the CarePlus team managing the riskiest patients, our hospital readmission rate is well ahead of national averages...**

The Transitional Care Management program uses predictive analytics to help identify patients who would benefit from an intervention within the first 24 hours of their hospital admission. Each patient receives a personalized hospital room visit, followed by a home visit once they have been discharged.

These visits are vital because they allow our team to help the patient and any caregivers understand discharge instructions, medication changes, self-care for chronic conditions, and available community resources. Our team member also ensures they connect with their primary care physician within two weeks.

Patients are evaluated for other interventions available through Regional HealthPlus throughout the program. These patients mark our most complex cases; the outcomes for this cohort outperform the national average.

**1,362**

TOTAL HOME VISITS

**1,144**

PATIENTS COMPLETED TRANSITIONAL CARE PROGRAM WITHOUT READMISSION

## CARE MANAGEMENT TEAM OUTCOMES

**1,254+**

Patients enrolled in Regional HealthPlus Care Management Program in 2021

**1,188+**

In-person visits at patient's home, physician's office or hospital in 2021

**6,766+**

Contacts made via telephone or email in 2021

**\$2.3 million**

Estimated savings from avoided inpatient stays and emergency room visits in 2021

*Over the last five years at Medical Group of the Carolinas - Medical Affiliates - North Grove, I have greatly benefited from working with Regional HealthPlus' nurse care managers. I have experienced first-hand patients who had care gaps, missing multiple office visits, unsure of medications they were taking, and not getting adequate home care. Through connecting with an RHP nurse care manager, especially Lisa Kirby, RN, patients have gotten back on track. Compliance has improved, follow-ups have taken place, and resources have been provided to patients in need. I am always happy to have a patient I can enroll in the RHP services. Thank you for helping me improve patient care!"*

**- Rebecca Brenner, NP**

MEDICAL GROUP OF THE CAROLINAS - MEDICAL AFFILIATES - NORTH GROVE





# PATIENT STORY

## Path to Stability

Cynthia Lancaster, Care Coordinator for Regional HealthPlus, outreached and completed a yearly Medicare Wellness Visit Health Risk Assessment for Ms. Claudette Whitworth. During this call, Ms. Whitworth revealed she was homeless, living in a tent, and estranged from her family with no support system in place. Following the call, Cynthia referred Ms. Whitworth to a Care Manager, Lisa Kirby, RN. Lisa quickly outreached to Ms. Whitworth and found she was living in her car and was unable to stay in a shelter due to her lack of resources and the need for support animal accommodations. Unfortunately, there were no shelters within a 30-mile radius of her current location that had availability for women. The Care Manager's goals were to address the patient's housing needs while addressing her overall health. Lisa coordinated an office visit with Mindy Thompson, NP within 72 hours of her call and also attended the visit with Ms. Whitworth. Lisa customized an intervention plan that would address stable housing while working to increase her connection with local and federal resources. During the care manager's ongoing weekly coaching outreaches, Lisa was able to coordinate numerous resources, including a subsidized phone which provided her with a stable line of communication, plus Supplemental Nutrition Assistance Program (SNAP) benefits. Lisa was able to engage Ms. Whitworth with SC Medicaid assistance, which added funds back into her monthly social security payment from the Part B premium. With this new monthly benefit, the patient was able to increase her cash flow. This resulted in Ms. Whitworth applying and getting approved for her own apartment. With the help of the Care Management program, Ms Whitworth was able to relocate to stable housing within 45 days of engagement with the program. Lisa, Ms. Whitworth, and her primary care provider continue to work closely together on remaining needs.



# INFORMATION TECHNOLOGY

Value-based healthcare is data-driven healthcare! Regional HealthPlus has built the foundational technical infrastructure to succeed. We have made great strides in the last two years with dashboards and the ability to drill down from aggregate data to provider and patient levels. The further we go, the more specificity we can achieve in the data we collect and analyze, allowing providers to operate with a greater level of precision.

Efforts Regional HealthPlus has made to make payer and patient data streamlined, standardized, and actionable has paid off!

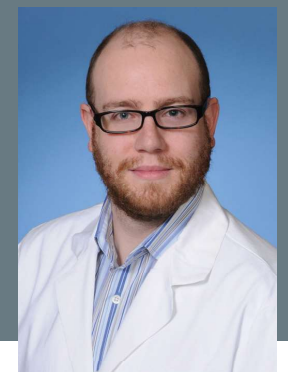
And we continue to push the boundaries of our technical infrastructure as we evolve.



*Working with Regional HealthPlus during these transformational times has been encouraging. Our team partners with the clinical and information technology teams to help put the infrastructure in place to support improving the health and wellness of our whole population.*

- Vincent Slater, DO

INFORMATION TECHNOLOGY COMMITTEE



# BUSINESS SERVICES

Regional HealthPlus is more than just managed care contracting. Today, it is absolutely necessary to have expertise in all the components of value-based healthcare. With the patient and physician at the core of our model, Regional HealthPlus is able to add value to all parties involved in a patient's healthcare journey.

## Additional Services

- Payor credentialing and enrollment
- Escalated claims issue resolution
- Staff professional development and training

Two years of operating during a pandemic has shown us all just what we are capable of – individually and working as a team.

Together, we are all working toward making our communities healthier by collaborating with physicians, staff, payers and patients.

## NETWORK MANAGEMENT INITIATIVES

Office Visits: **111**

Staff professional education classes: **6**

- Telehealth Services
- E & M Coding
- 2022 ICD 10 Coding Update
- ICD10 Code Update
- Medicare and Compliance
- CPT Code Update

Attendees: **189**

## ESCALATED CLAIMS REVIEW

Claims issues resolved: **4,700**

*“We strive to create an environment where patients feel welcome and cared for. Working with Regional HealthPlus has helped us navigate the rapidly evolving marketplace and adapt to the pandemic – giving our doctors and staff more freedom and flexibility to better serve our patients.”*

- **Tiffany Hughes**  
Practice Administrator -  
Greenville Ear, Nose, Throat and Allergy



# THE NETWORK

The number of credentialed physicians in the Regional HealthPlus network remains strong, and continues to grow. With 1,324 providers now a part of our network, we can better manage the health of growing patient populations.

The senior population, in particular, will continue to grow as baby boomers reach retirement age through 2029.

The upstate is a popular relocation destination for people across the nation. This brings new, less predictable healthcare challenges.

Our robust network includes not only physicians, but growing numbers of mid-level providers such as nurse practitioners, physician assistants, certified registered nurse anesthetists (CRNAs) and physical therapists, among others.

*The strength of the Regional HealthPlus network became all the more apparent during the last years of the pandemic. Our providers have proven that they can endure through the toughest crises, and Regional HealthPlus is proud to have helped them shoulder some of the burden. It is humbling to be a part of an organization that supports so many of our front-line doctors, nurses, assistants, and administrative staff.*

- Eric Cole, MD

MEMBERSHIP AND PARTICIPATION COMMITTEE



## MEMBERSHIP AND CREDENTIALING

New Physician Members **115**  
New Affiliates Credentialed **88**  
Physician Reappointments **326**  
Delegated Audits **9**  
**AVERAGE SCORE 100%**

**TOTAL NUMBER  
OF PROVIDERS  
1,324**

## SITE SURVEYS

Primary Practices **100**  
Satellite Sites **14**  
Total **114**

# MANAGED CARE CONTRACTS

Regional HealthPlus is the bridge between healthcare providers and health insurance companies.

Managed care contracts continue to evolve from older fee-for-service models to value-based contracts. Historically, Medicare and Medicare Advantage were the focus, but commercial and Medicaid are also moving into the value-based healthcare arena.

The tenets of value-based healthcare emphasize quality over quantity and value over volume. This is more difficult particularly in unpredictable times like the pandemic over the last two years.

Our team of subject-matter experts carefully manage Regional HealthPlus contracting no matter what challenges the environment brings.

# PAYOR CONTRACTS

## Negotiated New Contracts

Healthgram

## Renegotiated Contracts

Aetna

Absolute Total Care/Wellcare

BlueChoice Health Plan

Cigna Medicare

Employers Health Network

Humana

Medcost

Molina

*The evolving landscape of medical contracts is complex and involves merging the existing challenges of managed care contracting with the new challenges of value-based healthcare. Payors are sophisticated in their analytics and approach to providers. It takes a team of diverse specialists working together to make sense of it all and navigate these challenges. We succeed by continuing to observe, evaluate and adapt to these opportunities.*



- Christopher M. Cutshall, MD  
CONTRACTING COMMITTEE

# 2021 CONTRACTS

## CURRENT CONTRACTS 34

COMMERCIAL

11

MEDICARE  
ADVANTAGE

10

MEDICAID  
MANAGED CARE

3

GOVERNMENTAL

1

HEALTH  
INSURANCE  
EXCHANGE  
MARKETPLACE

2

BEHAVIORAL  
HEALTH

6

WORKERS'  
COMPENSATION

1

### Commercial

Aetna PPO/POS/EPO  
Beech Street  
BlueChoice  
Bright Health IFP  
Choice Care PPO (Humana)  
Coventry Health Care Carolinas  
First Health PPO  
HealthGram  
MedCost/MedCost Ultra  
MultiPlan and Private Healthcare Systems  
Spartanburg Regional/Apella Employee Health Plan

### Medicare Advantage

Absolute Total Care (Healthy Connections Prime)  
Aetna Medicare Advantage  
Allwell  
BlueCross BlueShield of SC – Total PPO  
Cigna Medicare  
First Choice VIP Care PLUS (Healthy Connections Prime)  
Humana  
Molina Dual Options (Healthy Connections Prime)  
Molina Healthcare  
Wellcare

### Medicaid Managed Care

Absolute Total Care  
First Choice (Select Health)  
Molina Healthcare

### Governmental

Tricare

### Health Insurance Exchange Marketplace

Bright Health  
Molina Healthcare

### Behavioral Health

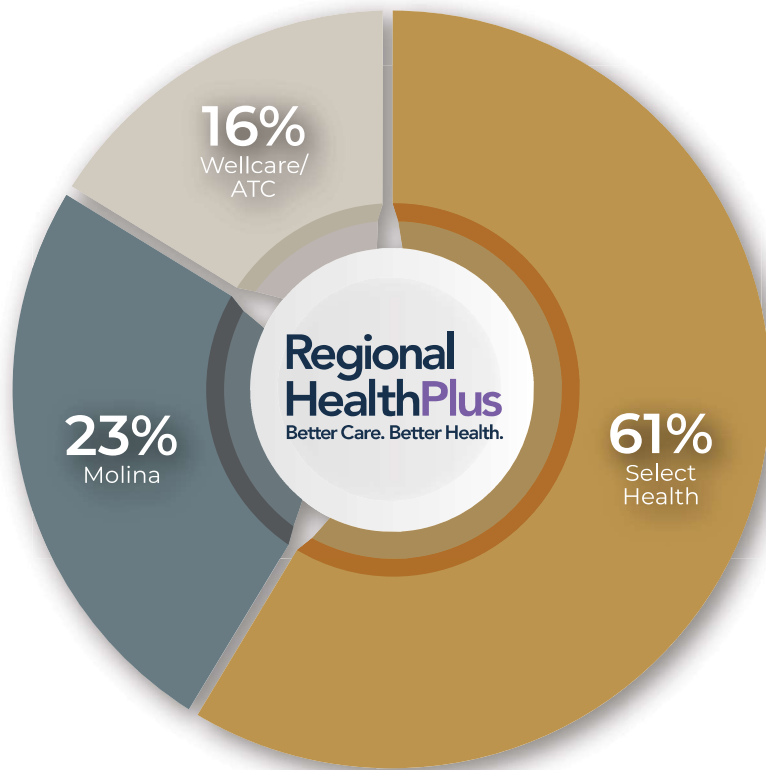
American Mental Health Network  
Beacon/PsychCare  
Companion Benefit Alternatives  
Comprehensive Behavioral Care, Inc.  
Magellan Behavioral Health  
Value Options (Commercial)

### Workers' Compensation

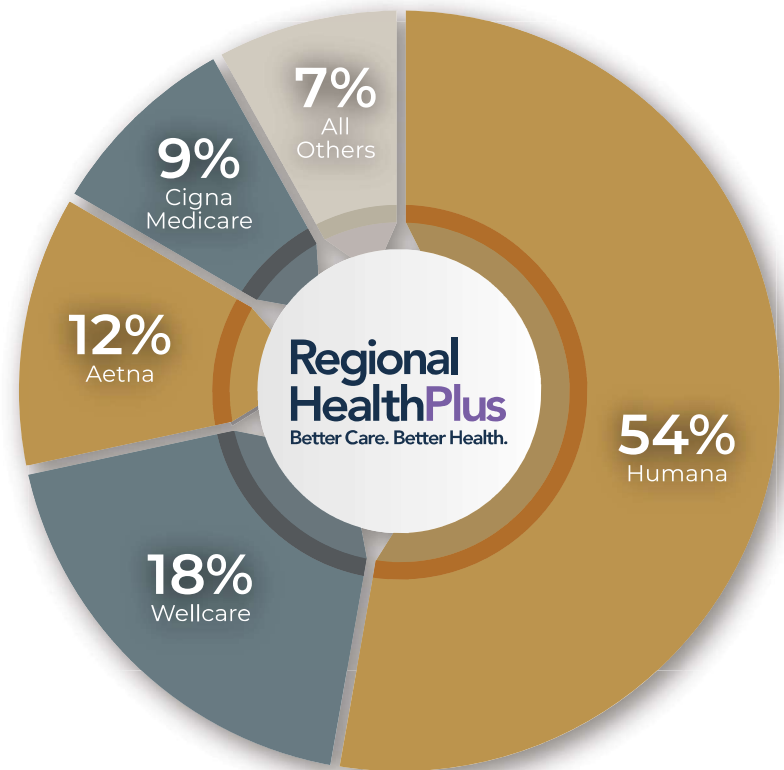
Key Risk



## 2021 Managed Medicaid Claims



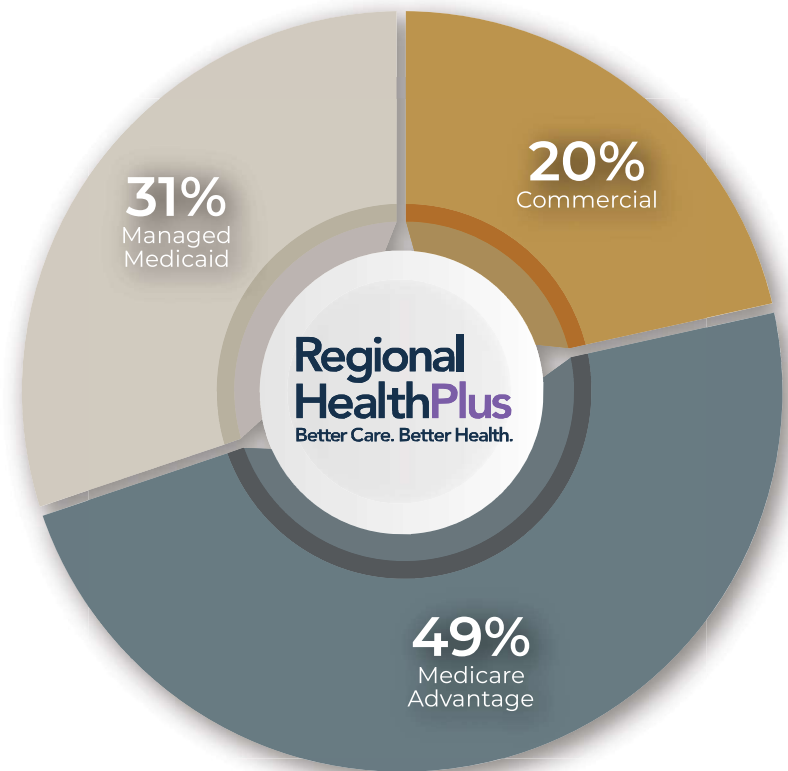
## 2021 Medicare Advantage Claims



## 2021 Commercial Claims



## 2021 Total Claims



# 2021 COMMITTEES

## **Executive Committee**

Bang Giep, MD – Chair  
Marc Bingham, MD  
Robert Britanisky, MD  
Christopher Cutshall, MD  
Dean Davis, MD  
Samuel Gacha, MD  
Robin Go, MD  
Pranay Patel, MD  
J. Paul Ross III, MD  
Donna Smith, MD  
Mark Aycock  
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Nick Ulmer, MD – CMO  
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Preston Bishop, MD  
Christopher Cutshall, MD  
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Janessa Perez-Motlis, MD  
Kenneth Meinke, CPA  
Paul Butler  
Purnatoya Nayak  
Travis Crocker  
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Robert Goodlett, MD  
Donna Smith, MD  
Richard Weir, MD  
Leslie Kennedy, NP  
Anthony Raynor, PA  
May-Yin Suen, PA  
Becky Williams, NP  
Angela Foster  
Alison Rosenberger  
Tammie Culbreth  
Chris Skinner

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Bang Giep, MD  
Robert McDonald Jr., MD  
J. Paul Ross III, MD  
Amanda Herin, CPA  
Travis Crocker  
Chris Skinner

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Dean Davis, MD  
Bang Giep, MD  
James Harber, MD  
Christopher Lombardozzi, MD  
Mark Aycock  
Paul Butler  
Bruce Davis  
Phillip Humphrey, PharmD

Tony Kouskolekas  
Karla Lamb, RN  
Kenneth Meinke, CPA  
Purnatoya Nayak  
Paul Newhouse  
Angie Roberson, RN  
Nick Ulmer, MD – CMO  
Holly Becker  
Travis Crocker  
Katherine Moore, PharmD  
Kim Walker  
Deborah Yarborough  
Chris Skinner

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Kelan Brown, MD  
Alfred Campbell, MD  
Jack Cleland, MD  
Dean Davis, MD  
Samuel Gacha, MD  
Bang Giep, MD  
E. Bert Knight III, MD  
Robert MacDonald, MD  
Deana McReynolds, MD  
J. Paul Ross III, MD  
Mayte Sandrin, MD  
Vincent Slater, DO  
Amber Wallace, MD  
Karla Lamb, RN  
Katherine Moore, PharmD  
Sophia Dunavant, PharmD  
Savannah Patel, PharmD

Angie Roberson, RN  
Holly Becker  
Chris Skinner

## **Engagement & Performance Committee**

Robert Britanisky, MD – Chair  
Kelan Brown, MD  
Henry Butehorn III, MD  
Dean Davis, MD  
H. James Evans, MD  
Gregory Gibson, MD  
Donna Smith, MD  
Nick Ulmer, MD – CMO  
Gina Louis  
Lauren Swager  
Kim Walker  
Stephanie Wall  
Chris Skinner

## **Information Technology Committee**

Marc Bingham, MD – Chair  
Henry Cupstid, MD  
Vincent Slater, DO  
Scott Broome  
Steve Hester  
Bailey Israel  
Harold Moore  
Nick Ulmer, MD – CMO  
Holly Becker  
Travis Crocker  
Kim Walker  
Chris Skinner

# 2021 STAFF

## Administration

**Chris Skinner** – Executive Director  
**Nick Ulmer, MD** – Chief Medical Officer

## CarePlus

**Holly Becker** – Director of Patient Engagement & Care Coordination  
**Amber Geathers, MSW, LISW-CP, ACM-SW** – Manager of Patient Engagement & Care Coordination  
**Brittney Taylor, CMOM** – Manager of Care Coordination  
**Jim Curry, CMA** – Care Coordinator Supervisor  
**Matt Trammell** – Care Coordinator Supervisor  
**Julia Babshinsky, CMA** – Senior Care Coordinator  
**Anisha Butler, CMA** – Senior Care Coordinator  
**Kristin Callaghan, CMA** – Senior Care Coordinator  
**Erica Dawkins, RMA** – Senior Care Coordinator  
**Deena Hampton, RMA** – Senior Care Coordinator  
**Brenda Kelley, LPN** – Senior Care Coordinator  
**Cindy Konieczny, CMA, CMOM, CMIS** – Senior Care Coordinator  
**Savannah Meadows, RMA** – Senior Care Coordinator  
**Beverly Varner** – Senior Care Coordinator  
**Kala Wilder** – Senior Care Coordinator  
**Latoya Woodruff, CMA** – Senior Care Coordinator  
**Celina Wright, CMA** – Senior Care Coordinator  
**Roderica Allen** – Care Coordinator  
**Lynda Alexander** – Care Coordinator  
**Kristen Black-Morrison** – Care Coordinator  
**Andrew Dixon** – Care Coordinator  
**Tracey Simpson** – Care Coordinator

## CarePlus (Cont.)

**Jadell Dirton, CPHT** – Care Coordinator  
**Traci Hurt** – Care Coordinator  
**Ka'lee Jefferies** – Care Coordinator  
**Elaine Jones** – Care Coordinator  
**Cynthia Lancaster** – Care Coordinator  
**Traci Landrum** – Care Coordinator  
**Latoya Martin** – Care Coordinator  
**Stephen Morgan** – Care Coordinator  
**Larissa Rossi** – Care Coordinator  
**Tia Smith** – Care Coordinator  
**Sharon Byrd, RN** – Care Manager RN  
**Jeff Ciscell, LMSW** – Care Manager SW  
**Susan Ford, RN** – Care Manager RN  
**Frankie Henderson, RN** – Care Manager RN  
**Lisa Kirby, RN** – Care Manager RN  
**Lori McHugh, RN** – Care Manager RN  
**Anita Robinson, RN** – Care Manager RN  
**Mydia Tate, BSW** – Care Manager SW  
**Margaret Jones, CHWC** – CFM Community Health Worker  
**Susan Overlees** – Community Health Worker  
**Tracie Mason** – Community Health Worker  
**Erin Humphreys, MHA, CHWC** – Health & Wellness Coach  
**Beth Simmons, RN** – Medical Management Coordinator  
**Donna Aarnink, RN** – Medical Management Coordinator  
**Kelly Betenbaugh** – Care Transitions Coach  
**Candi Campbell** – Care Transitions Coach  
**Amber Lenger** – Care Transitions Coach  
**Ashley Murphy** – Care Transitions Coach  
**Ronnie Roberson** – Care Transitions Coach  
**Donita Sims** – Care Transitions Coach

## Network Operations

**Tammie Culbreth** – Director of Operations  
**Alison Rosenberger** – Manager of Network Operations  
**Barbara Gipson** – Manager of Provider Relations  
**Tina Camp** – Payor Credentialing Specialist  
**Angela Foster** – Membership and Credentialing Coordinator  
**Mellisa Rice** – Payor Credentialing Specialist

## Operations & Finance

**Travis Crocker** – Director of Financial Services & Data Analytics  
**Emily Hall** – Financial Services and Data Coordinator  
**Sedale Jones** – Operations Analyst  
**Curtis Smith** – Medical Economics & Data Analytics Coordinator  
**Deborah Yarborough** – Operations Specialist

## Performance Management

**Kim Walker** – Director of Provider Engagement & Performance  
**Gina Louis** – Manager of Provider Engagement & Performance  
**Lauren Swager CPC, CCS, CRC** – Provider Engagement & Performance Specialist  
**Stephanie Wall** – Provider Engagement & Performance Specialist