

A SOLID FOUNDATION, A BRIGHT FUTURE



Regional HealthPlus

2019
Annual
Report



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Twenty-five years ago, Regional HealthPlus was founded as a financially and clinically integrated network of providers with the mission to collaborate with payers in risk arrangements. The market did not materialize as expected, so we adapted. We developed programs to make providers' work easier and more focused on patient care. Those efforts paid off. Today, we are closer to risk arrangements than ever before, and we must continue to innovate.

As the lead in value-based healthcare, Regional HealthPlus has sought to be a steady hand in an ever-changing environment—an innovative and transformative force that enables and assists our physicians in caring for their patients in the most efficient and effective ways.

Our goal has been to make the transition to value-driven healthcare as seamless as possible. Our team of dedicated professionals work to engage both providers and patients to close care gaps, improve quality of life, and quantify the results. This is much easier said than done, but we applaud their hard work, their tireless quest to reach the next level of patient care and the great strides **we have** made in improving our performance scores.

2019 began with Spartanburg Regional Healthcare System's acquisition of the Mary Black Health System, which added two hospital campuses—one in Spartanburg and one in Gaffney. That acquisition saw our network grow immediately by more than 40 physicians, which allows us to serve our community even better than before.

We rounded out our first 25 years with growth beyond our expectations. And we're ready for the challenge of the next 25.

After a quarter century, we are proud of our **solid foundation**, and look forward to a **bright future—one we will build together!**



CHRIS A. SKINNER
EXECUTIVE DIRECTOR

DEAN DAVIS, MD
EXECUTIVE COMMITTEE CHAIRMAN



Though Regional HealthPlus continues to grow financially, its true value to the hospital system, our independent physicians and the community is immeasurable. With so many things competing for our providers' precious time, the work Regional HealthPlus does behind the scenes so that physicians can maximize the time they spend with their patients and deliver the best care that's in line with payers' performance-driven indicators strengthens our regional healthcare system and the populations we serve."

Nalin K. Srivastava, MD
Cardiology Consultants





One thing that has changed in the past 25 years ... the increased pressure on our primary care physicians!

Against the backdrop of the changing healthcare landscape toward value-based healthcare and a population health management environment—two concepts that go hand-in-hand and heavily rely on data collection, collaboration, constant monitoring, and efficient processes—Regional HealthPlus has worked tirelessly to ease that transition.

Value-based healthcare sets the parameters for the quality and financial models for managing the healthcare of a **defined** population. **Then**, the population is identified, baseline data analyzed, and clinical actions can be determined to improve the health of that population. Population health management **effectiveness** can then be **measured** by improvements in cost, quality, and service for the patients.

With value-based healthcare gaining traction, risk-based contracts are on the horizon. The Regional HealthPlus team is preparing our providers for the future, building the processes and infrastructure necessary for success.

Regional HealthPlus really upped its game this past year with physician engagement, adding a bevy of new educational modules through RHP Insight and video blogs about timely topics via RHP Connect. We are particularly proud of the success garnered in the Get2Goal quality improvement initiative that played a part in us exceeding state and national quality benchmarks with our largest managed population—a first-time accomplishment for us. Initiatives like this pave the way for a bright future as we meet the challenges of population health management.”

Nick Ulmer, MD, CPC, FAAFP
Chief Medical Officer





Physician Engagement

Through targeted physician engagement, office staff training and mid-level provider training, the Regional HealthPlus Engagement and Performance Team continued its aggressive push to move forward with established quality improvement **programs** and launch new ones. The success of these initiatives gives steady footing to physicians who find themselves more and more traversing the value-based healthcare landscape.

Much of the team's efforts build on the foundation of the CarePlus care coordination model—whether that means removing obstacles to improve provider workflow, targeting specific performance indicators for improvement or focusing on medication adherence in an effort to better manage patients' chronic diseases.

In addition to providing exceptional care to patients, we as providers are also asked to focus on quality measures, improvement activities and patient satisfaction. In 2019, my office worked closely with the RHP Engagement and Performance team to ensure that we could be successful in all of these areas. The Engagement and Performance team attended on-site meetings and provided quality measure education. We worked closely with them on the Get2Goal initiative to focus on controlling blood pressure, lowering A1c results in diabetic patients and appropriate statin use in patients with cardiovascular disease. Through this collaboration and a strong team, we were able to gain significant improvements across many quality measures. We look forward to even greater achievements in 2020."

H. James Evans, MD
Engagement and
Performance Committee



- Physician scorecards are based on 18 quality measures focused on preventative care, chronic care management and medication adherence.
- Regional HealthPlus improved on the performance rate for 14 measures.
- Star measure scores improved year-over-year from 3.39 in 2018 to 3.92 in 2019.

MEASURE NAME	2019	2018
Adult BMI Assessment	98%	97%
Breast Cancer Screening	78%	77%
Care for Older Adults: Functional Status Assessment	96%	90%
Care for Older Adults: Medication Review	91%	86%
Care for Older Adults: Pain Screening	98%	98%
Colorectal Cancer Screening	81%	77%
Comprehensive Diabetes Care: Eye Exam	76%	72%
Comprehensive Diabetes Care: HbA1c Poor Control	79%	79%
Comprehensive Diabetes Care: Medical Attention for Nephropathy	96%	96%
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	77%	74%
Medication Reconciliation Post-Discharge	56%	44%
Osteoporosis Management in Women Who Had a Fracture	46%	55%
Osteoporosis Management in Women Who Had a Fracture (New Year)	32%	9%
Plan All-Cause Readmissions	11%	8%
Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy	81%	82%
Medication Adherence for Cholesterol (Statins): Statins	83%	81%
Medication Adherence for Diabetes Medications: Diabetes Medications	85%	82%
Medication Adherence for Hypertension (ACE or ARB): ACE	84%	82%
Statin Use in Persons with Diabetes	83%	79%

Source: Payer Data



Physician Engagement Score

For 2019, the Engagement and Performance Committee approved a Physician Engagement Score (PES) methodology based on the national Merit-based Incentive Payment System (MIPS) criteria and structure. A scoring methodology was developed using quality measures, improvement activities, patient satisfaction and physician education.

HIGH
100%
AVERAGE
94.91%

Provider Engagement Meetings

In 2019, the Regional HealthPlus Engagement and Performance Team conducted 72 site visits between February and June. The visits **touched** 133 physicians, 102 staff members, and 31 NP/PAs. The team provided steerage on Star **measures**, quality dashboards, quality improvement initiatives, **correct** coding, transitional care management processes, education opportunities, and medication adherence. In addition to the site visits, the Engagement and Performance team conducted 68 virtual meetings between August and November with providers as part of the Get2Goal initiative.

Performance Incentive Pool (PIP)

2019 was the second year that Regional HealthPlus offered a performance incentive pool for **primary care** physicians. The **physicians' performance improvement results** for 2019 more than doubled that of the prior year.

	2018 SCORE	2019 SCORE
Part C	3.79	3.86
Part D	3.26	4.00

Source: Payer Data

As an original member, I have been privileged to witness Regional HealthPlus shower value on the doctors, on the nurses, and on the healthcare system our organization serves. To be sure, the lives of us physicians have been made easier by RHP's educational and quality improvement initiatives and by our recent Performance Incentive Pool. 'Rewarding' is the best word to describe the physician relationship with Regional HealthPlus."

William F. James Jr., MD
Founder

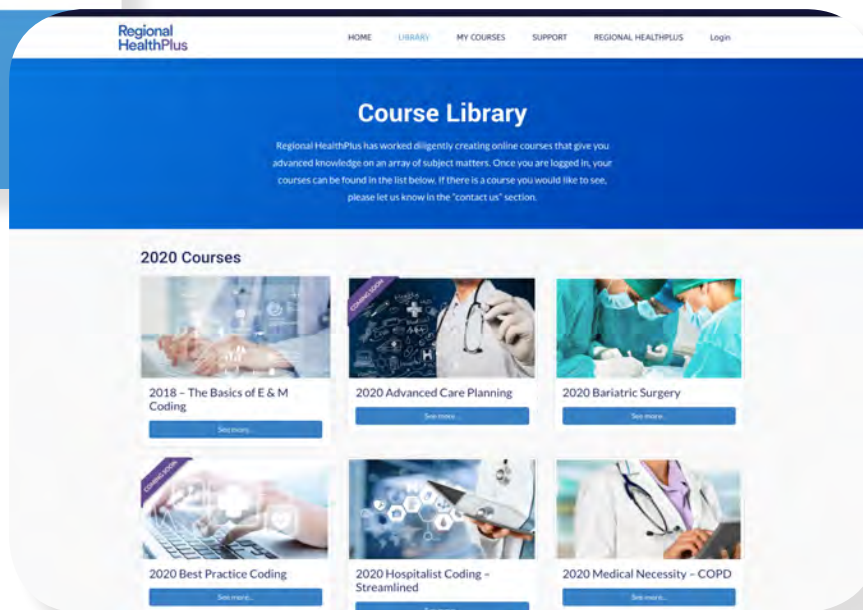




Online Education Platform: RHP Insight

We launched our online provider education platform, RHP Insight, in 2018 and added 15 new training courses last year. Providers access RHP Insight educational sessions and training materials anytime and anywhere.

The RHP Insight platform was built to strategically align education modules with current healthcare trends and organizational goals.



COURSES LAUNCHED IN 2019:

1,695

COURSES COMPLETED BY
PHYSICIANS IN 2019

- Medicare Wellness Visits
- Transitional Care Management
- Population Health Management
- Hierarchical Condition Category
- Consultation Services
- Evaluation and Management Coding
- Total Knee Arthroplasty
- Medical Necessity Heart Failure
- Get2Goal: Diabetes
- Get2Goal: Hypertension
- Get2Goal: Statin Use in the Prevention and Treatment of CV Disease and Statin Use in Diabetes
- Coding: Hospitalist History
- Coding: Hospitalist Exam
- Coding: Hospitalist Medical Decision-Making
- Coding: Hospitalist Streamlined

Patient Satisfaction

Regional HealthPlus launched a new patient satisfaction tool in 2018 for its members. This tool expanded our real-time data collection capabilities and allows patients to respond through **secure** emails and text messages.

SURVEYS SENT TO PATIENTS IN 2019

331,527

SURVEYS RETURNED IN 2019

74,472

Get2Goal Initiative

In 2019, we launched the quality improvement initiative Get2Goal to focus on three specific areas. We worked very closely with participating physicians to track the results of these measures: Hemoglobin A1c < 9, Blood Pressure < 140/90 and Statin Use in Patients with Cardiovascular Disease.

As part of the initiative, providers were required to participate in calls with the Engagement and Performance team to discuss **performance** and any barriers or questions. Along with the check-in calls, physicians completed three online education modules and clinical staff were evaluated for blood pressure competencies.

In all, 118 providers completed all of the Get2Goal criteria and received Continuing Medical Education (CME) credit hours and credit for a quality improvement project.

RESULTS WERE AS FOLLOWS:

MEASURE	BASELINE	FINAL RESULTS	% CHANGE
BP Control	61.55%	66.55%	6.33%
A1c <9*	34.41%	23.53%	10.88%
STATIN	70.22%	74.10%	3.88%

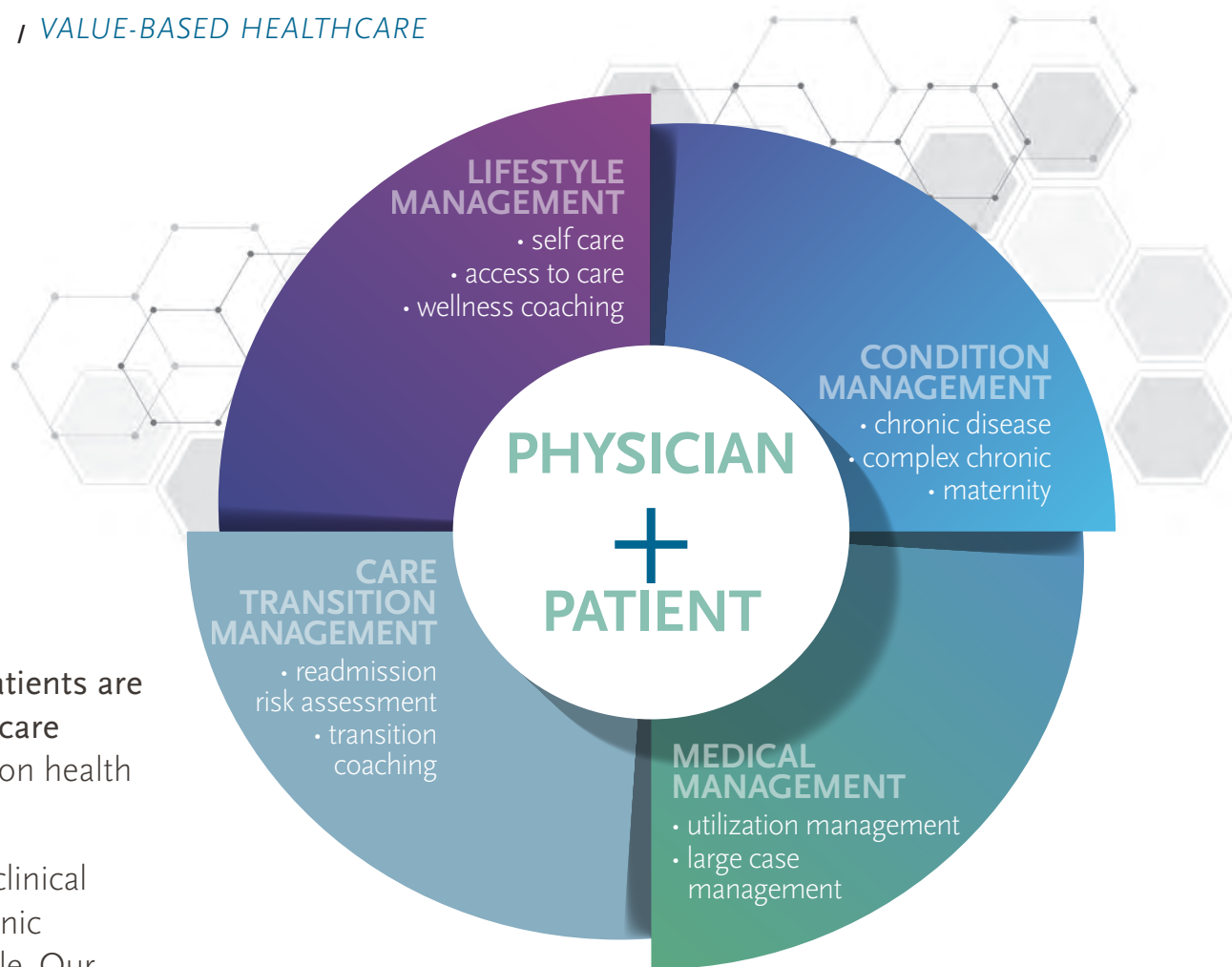
* Inverse measure

Patient Engagement

Patient-centered care is **team-based care**. Patients are **engaged by our team throughout the healthcare continuum**. It is the cornerstone of population health management.

This focus on whole-person support, not just clinical support, helps patients to better manage chronic conditions and strive toward a healthier lifestyle. Our CarePlus team makes calls in coordination with physicians to get a more thorough account of a patient's health profile, taking into account any existing conditions and social determinants that may affect their health.

This team-based care allows doctors and supporting staff to practice at the top of their training, making the most of their talents and **improving the patient experience**. And it works.



CarePlus Care Coordination Model

We've spent years honing our CarePlus model, which has at its heart the patient's relationship with their primary care physician.



23,752

HEALTH-RISK ASSESSMENTS
PERFORMED IN 2019

12,318

HEALTH-RISK ASSESSMENTS
PERFORMED IN 2018

Regional HealthPlus made big strides last year, nearly doubling the number of **health-risk assessments performed** over 2018.

Medicare Wellness Visits

Time is precious. And we're saving more of it for our patients and providers, creating an even more efficient system and making it easier for physicians to deliver higher quality care.

Our care coordinators call patients to conduct health-risk assessments, making it easier for physicians to better flag risk factors and identify preventive care for each person they serve. This saves time when patients come in for their appointments—an average of 20 minutes per visit—and facilitates **better patient encounters**.

These calls set up annual Medicare Wellness Visits, which removes much of the clerical burden from our providers and allows them to **focus and** close more care gaps. We have seen the number of Medicare Wellness Visits completed increase steadily over the last four years. This high rate of completion correlates with improved quality scores and better coding opportunities.

Complex Case Management

Care managers, utilization review nurses and health coaches present the most complex of the cases identified in their assessments to the RHP Complex Case Review Team. This team of physicians, pharmacists, social workers and nurses—led by the Chief Medical Officer—holds roundtable discussions on these cases, and the plan of care that emerges is then coordinated with the patient's physician.

The Complex Case Review Team reviewed 66 cases in 2019.

Medicare Wellness Visits
Number Completed



3,576

TRANSITIONAL CARE
HOME VISITS

3,218

PATIENTS COMPLETED
TRANSITIONAL CARE
PROGRAM WITHOUT
READMISSION

459

HIGH-RISK PATIENTS
IN CARE MANAGEMENT

UTILIZATION REVIEW

Total authorizations.....	3,387
Medical Director reviews.....	459
Inpatient reviews	804
Appeals	9
Complex care coordination ...	28

Transitional Care Management

Our CarePlus team continues working to reduce hospital readmission rates **and** close care gaps.

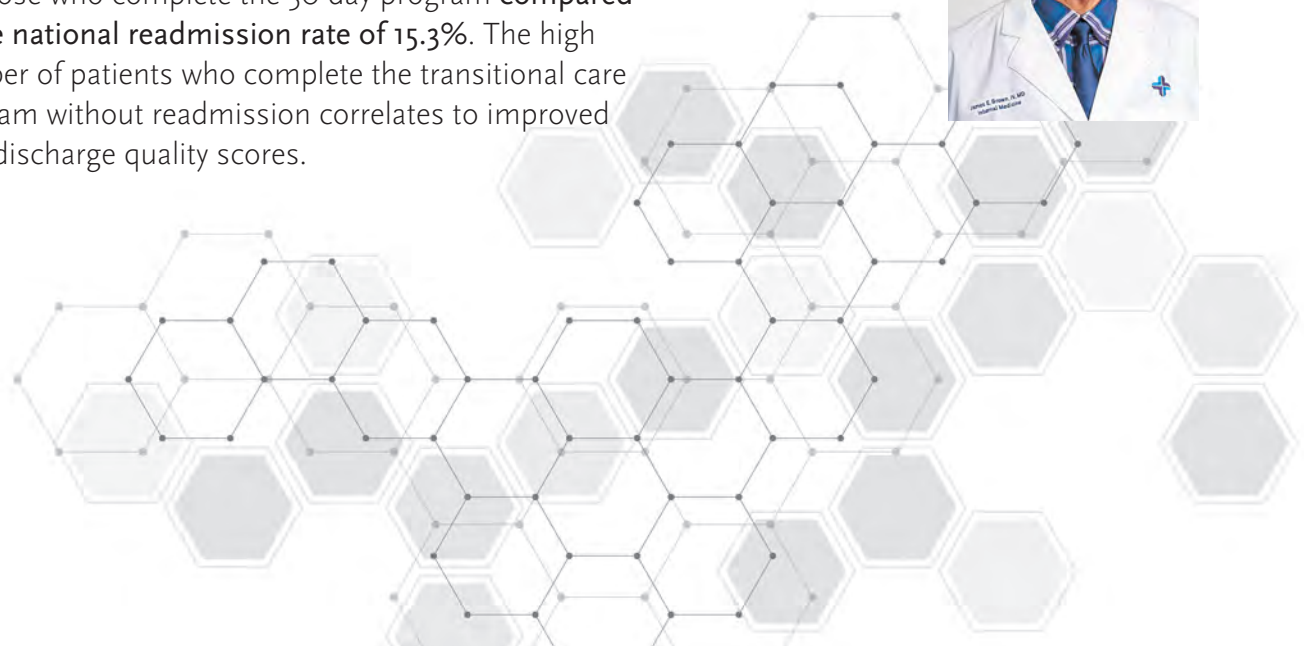
The team meets the patient while they are still in the hospital **then** reaches out to them within 48 hours of discharge; **high risk patients receive a home visit**. This crucial step helps with medication reconciliation, scheduling follow-up doctor appointments, identifies gaps in care, and connects patients with community services if they are needed. Patients with the highest risk factors are assigned a **care manager who addresses any social determinants of health and empowers them to better manage their health conditions**.

Overall, we're seeing a 10 percent readmission rate for those who complete the 30-day program **compared to the national readmission rate of 15.3%**. The high number of patients who complete the transitional care program without readmission correlates to improved post-discharge quality scores.



As a founder and 20-year chairman, I've been fortunate to watch Regional HealthPlus succeed where others have failed. A patient who is more engaged with their care team is healthier and happier. As our staff builds relationships with patients, we see them start to take initiative for improving their own health. And witnessing that improvement is simply wonderful."

Dr. James E. Brown, IV, MD
Executive Committee Emeritus





Technical Infrastructure

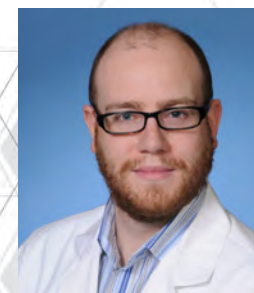
Data-driven healthcare is easier said than done, with **both** payer data and patient data necessary for success—data that needs to be streamlined, standardized and actionable.

Regional HealthPlus continued working in 2019 to create platforms to better collect, analyze and **share** this information across our network. We invested in a claims data analysis platform and are developing **more** predictive modeling **tools**.

The rapid evolution of technology presents its own challenges—in terms of both costs and operations—but we are working diligently to stay ahead of the curve to deliver the best data to our providers.

Value-based healthcare is data-driven, evidence-based healthcare. Thanks to timely access to accurate, trustworthy data, the CarePlus team is more efficiently providing data to payers. This allows CarePlus to more effectively provide care coordination, increasing patient engagement and improving outcomes, giving our providers a much needed leg up in a rapidly changing marketplace."

Vince Slater, DO, MSHI
Information Technology
Committee





Together, we succeed.

Regional HealthPlus provides subject-matter experts to help practices of all sizes compete in the healthcare market. Whether we're negotiating contracts with insurance companies on behalf of our providers, recovering dollars through our escalated claims review, or providing on-site assistance, our goal is to help providers successfully navigate the rapidly changing marketplace.

We are growing our **value-based** contracts. We are growing our network of providers. We are growing our **infrastructure**.

We share in the success that's indicative of that growth. And when we succeed, healthcare becomes more affordable and accessible for the patients in our community.

Our partnership with Regional HealthPlus is invaluable. As a practice that serves Upstate South Carolina, we rely on the expertise and behind-the-scenes work RHP does to help make our organization a leader in the rapidly changing healthcare market. We value our relationship with Regional HealthPlus and the work we do together."

Melissa Twombly, MBA, CPC
Chief Executive Officer,
Urology Center of Spartanburg



NETWORK MANAGEMENT

- Office visits: **191**
- Staff professional education classes: **6**
 - Successful Insurance Processing
 - Effective Denial Management
 - Rejection Prevention Management
 - Leadership for the Medical Office Using Modifiers to Improve Claim Accuracy
 - Medicare and Compliance Changes 2020
 - CPT Code Update 2020

ESCALATED CLAIMS RESOLUTION

- Claims Issues: **375**
- Amount Recovered: **> \$300,000**



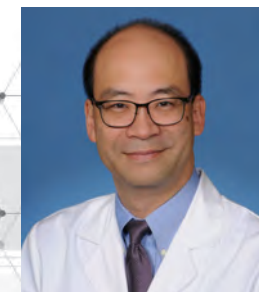
Managed Care Contracts

Quality over quantity. Value over volume. These are some of the forces that drive the Regional HealthPlus contracting team as it develops new payer engagement strategies and evaluates existing contractual models. And we do this with increasing emphasis on value-based components as we move toward an environment with more **financial** risk.

2019 brought another year of growth in our current contracts and associated claims resolution issues—taking us another step toward **a bright future**.

The world of healthcare contracting certainly is dynamic. We approach and evaluate our payer engagement strategy with the end goal of developing worthwhile ways of renegotiating or adding new contracts. The process continues to grow and evolve in this challenging environment."

Bang Giep, MD
Chair, Contracting Committee



Payer Contracts

CURRENT CONTRACTS

Commercial: 18
Medicare Advantage / MMP: 12
Medicaid Managed Care: 4
Governmental: 1
Behavioral Health: 6
Workers Compensation: 2

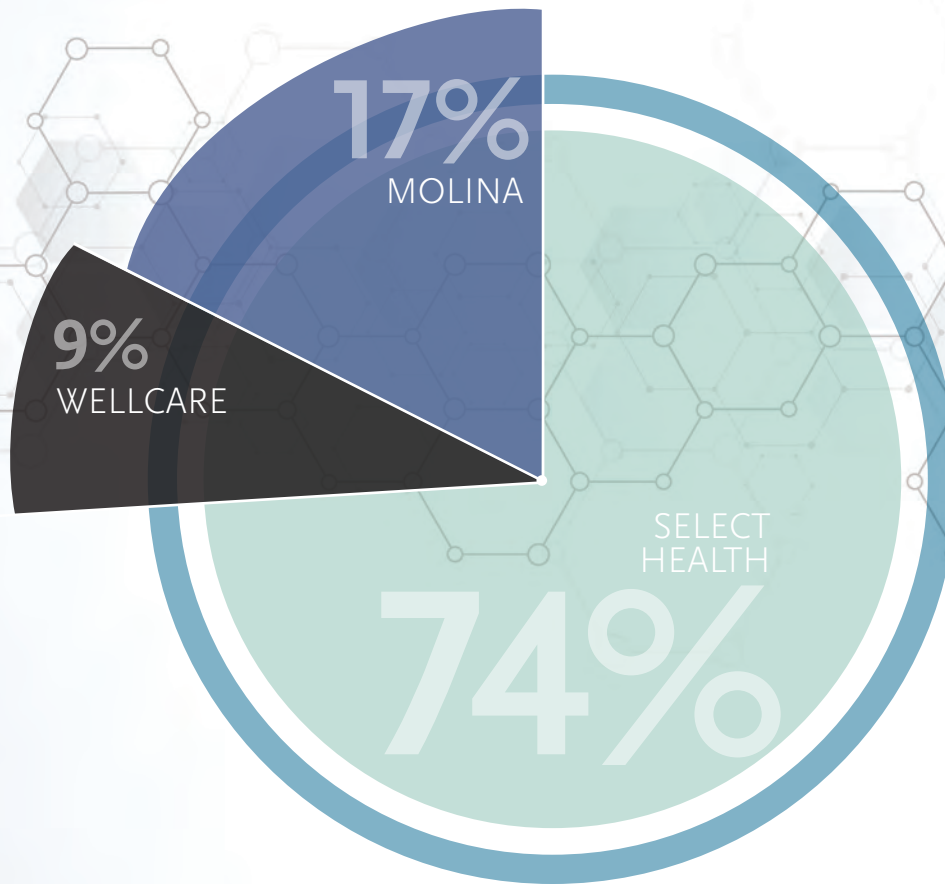
NEGOTIATED NEW CONTRACTS

Absolute Total Care
Bright Health
United Healthcare ACO

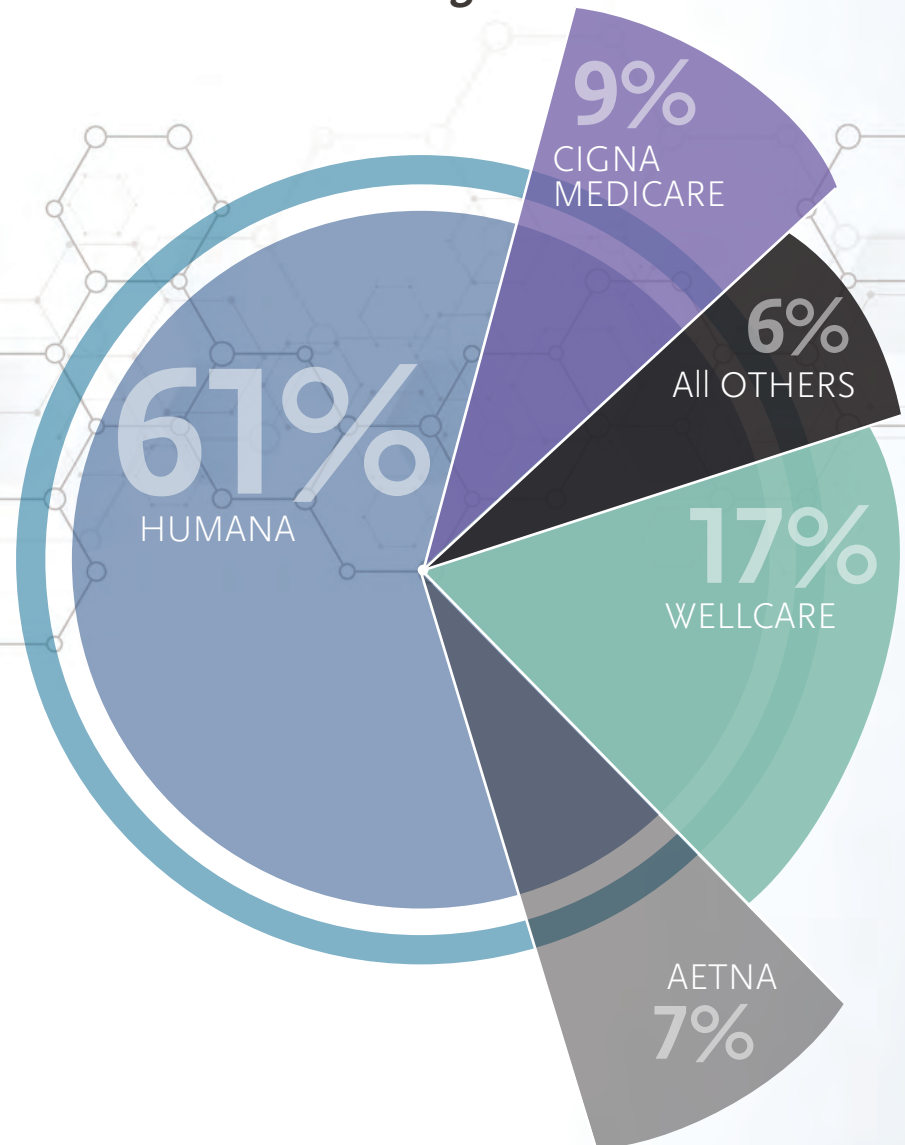
RENEGOTIATED CONTRACTS

Aetna
Aetna Medicare Advantage
Cigna
Cigna Medicare
Molina Healthcare
Select Health
Wellcare

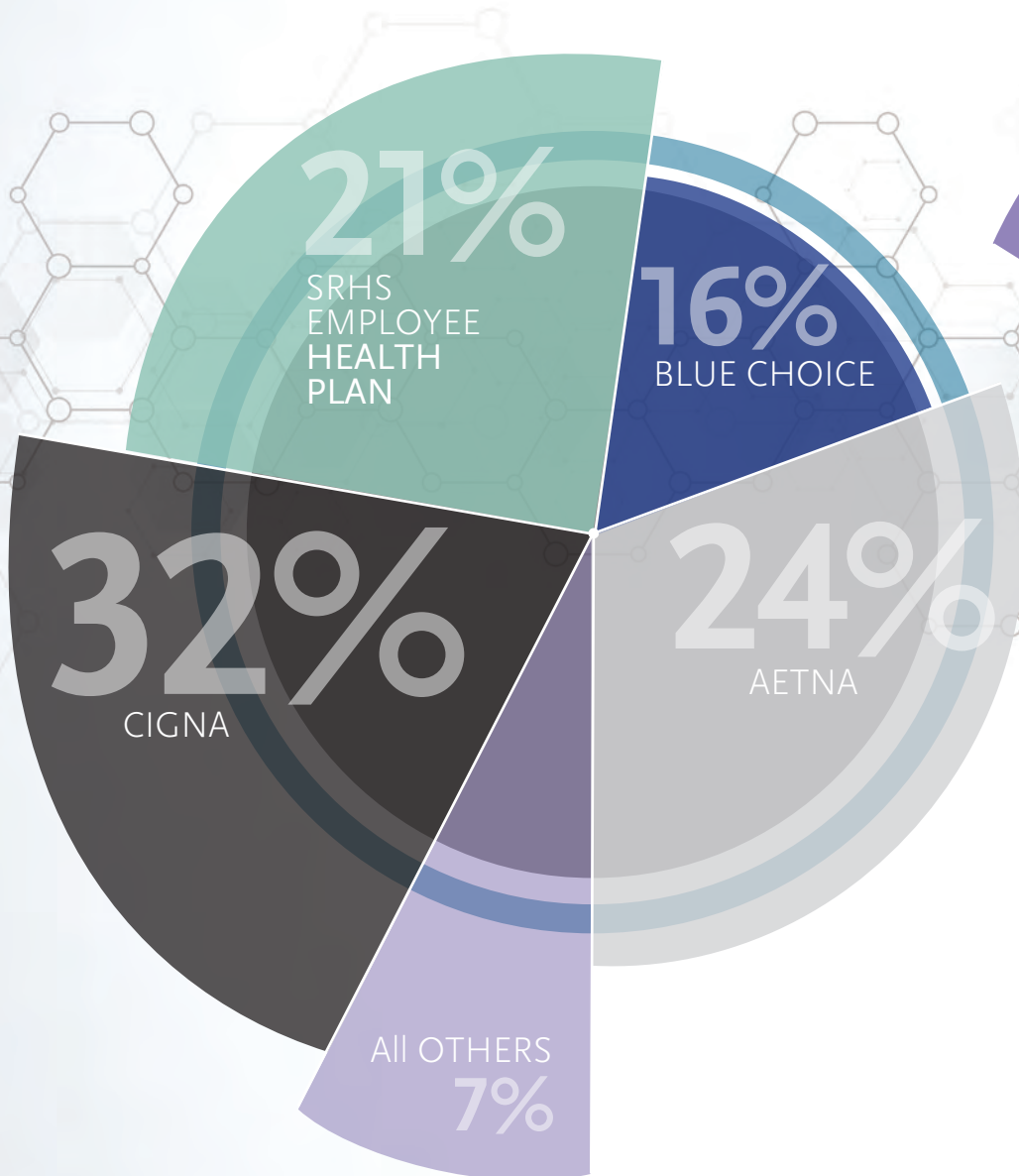
Managed Medicaid Claims 2019



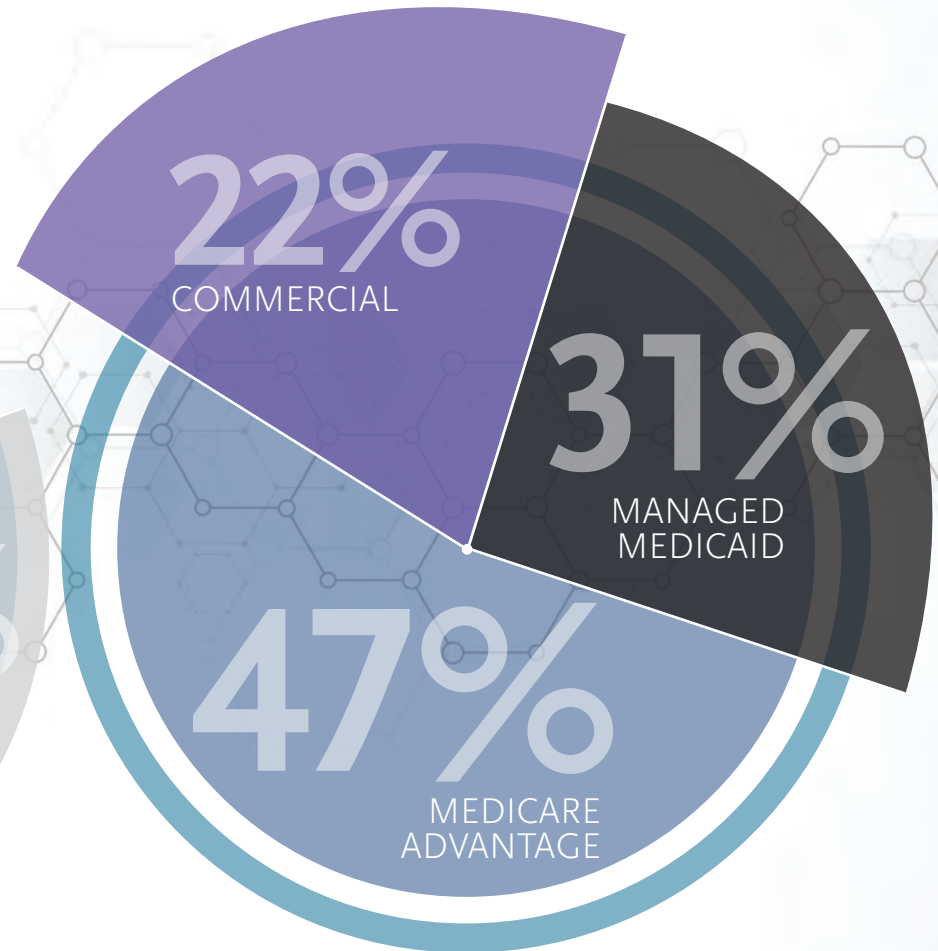
Medicare Advantage Claims 2019



Commercial Claims 2019



Total Claims 2019



2019 CONTRACTS

Commercial

- Aetna PPO/POS/EPO
- Beech Street
- BlueChoice
- Choice Care PPO (Humana)
- Cigna
- Coventry Health Care Carolinas
- Employers Health Network
- Evolutions Healthcare
- First Health PPO
- Integrated Health Plan
- MedCost/MedCost Ultra
- MultiPlan and Private Healthcare Systems
- NovaNet, Inc.
- Provider Select
- Spartanburg Regional/Apella Employee Health Plan
- Three Rivers Provider Network
- United Healthcare ACO
- USA Managed Care Organization

Medicare Advantage / Medicare Medicaid Plans

- Absolute Total Care (Healthy Connections Prime)
- Aetna Medicare Advantage
- allwell
- America's First Choice
- BlueCross BlueShield of SC – Total PPO
- Bright Health
- 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
- Wellcare

Governmental

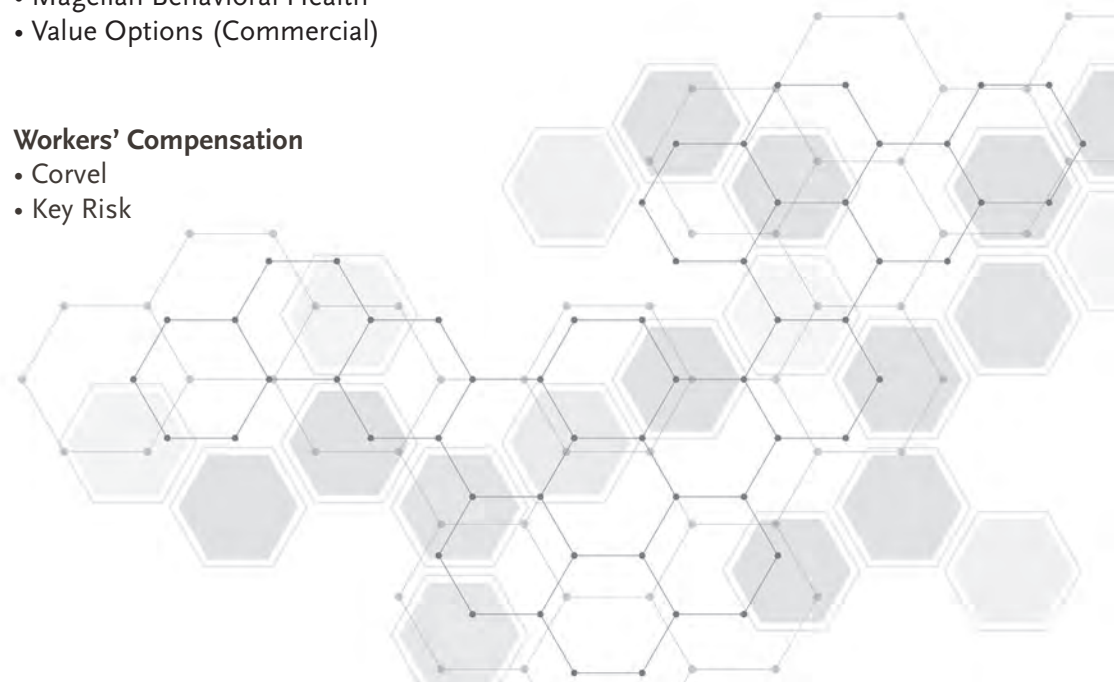
- TRICARE

Behavioral Health

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

Workers' Compensation

- Corvel
- Key Risk





The Network

With Spartanburg Regional's acquisition of Mary Black Health System on Jan. 1, 2019, more than 40 physicians immediately became a part of our network. And our overall number of credentialed physicians remains on an upward trajectory, with 1,226 providers now part of Regional HealthPlus. The Regional HealthPlus Membership and Participation Committee continues to diligently evaluate our network of providers and develop plans to further expand it. Our growing network allows us even more opportunities to better manage the health of growing patient populations.

2019 was a year of change for the Spartanburg medical community. The acquisition of the Mary Black Health System by Spartanburg Regional Healthcare System brought over 60 new providers in Spartanburg and Cherokee counties to the Regional HealthPlus network. RHP continues to promote a better quality of care for our patients and a much appreciated support system for our providers. As Chair of the Membership and Participation Committee, I look forward to our continued network expansion."

Robin Go, MD
Chair, Membership and Participation Committee

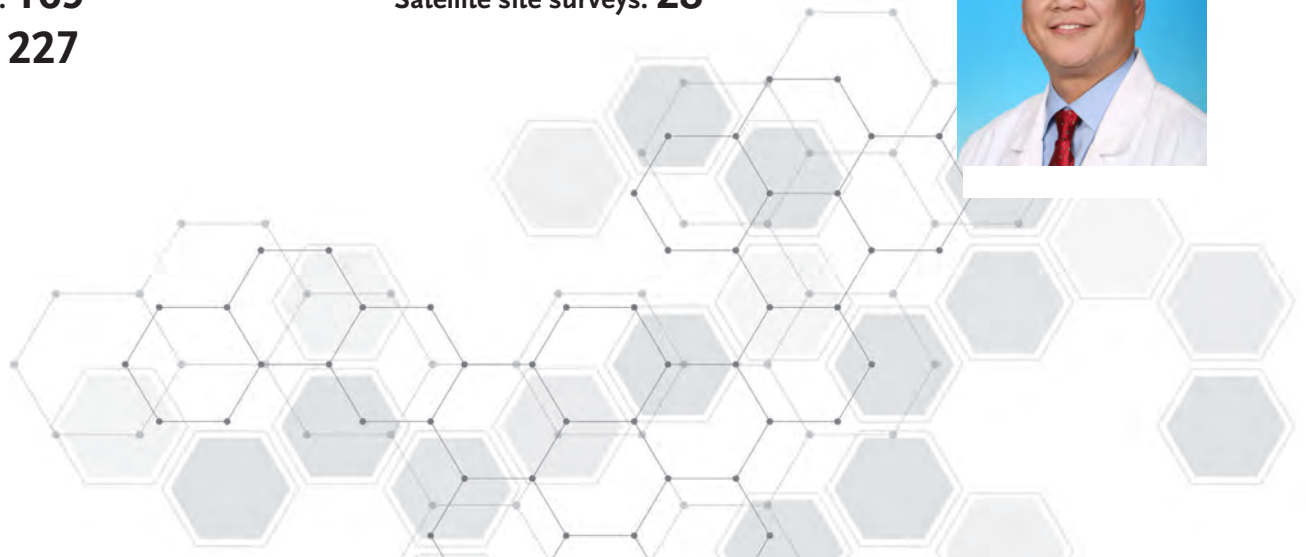


MEMBERSHIP AND CREDENTIALING

New physician members: **134**
New affiliates credentialed: **165**
Physician reappointments: **227**
Delegated audits: **14**
Average score: 99.58%

SITE SURVEY

Primary practice site surveys: **66**
Satellite site surveys: **28**





Financial Performance

2019 proved to be another strong year for Regional HealthPlus, our **third** consecutive year of net revenue and net income growth.

Our approach is working. By engaging patients outside of clinical settings and giving physicians the freedom to practice at the top of their licenses, we are able to deliver higher quality care and achieve higher quality scores. Through targeted physician engagement and specific quality improvement initiatives like Get2Goal, our providers are seeing improvements across numerous quality measures. By investing in our technical infrastructure, standardizing and streamlining data collection and sharing, our providers are able to put more reliable information in the hands of payers more quickly than ever before.

In a world of value-driven healthcare, we are providing that value. And it shows.

Change is never easy, but it's a fact of life—especially in healthcare. Thanks to Regional HealthPlus, particularly the training offered to providers and office staff, we have been able to smooth the transition to a value-driven environment. And we are navigating this disruption in a way that improves patient care while yielding tangible financial results."

Rob McDonald, MD
Finance Committee



NET REVENUE AND NET INCOME

YEAR	NET REVENUE	NET INCOME
2019	\$ 7,852,624	\$ 4,217,757
2018	\$ 7,282,415	\$ 3,937,625
2017	\$ 6,436,098	\$ 2,129,399
2016	\$ 5,201,388	\$ 1,916,432

BALANCE SHEET

Year ended December 31	2019	2018
ASSETS		
Cash and cash equivalents	\$ 10,642,515	\$ 13,612,338
Due from Spartanburg Regional Health Services District, Inc.	2,725,828	1,024,240
Due from member physicians	1,310,671	1,466,458
Prepaid expenses	5,585	5,131
Total assets	\$ 14,684,599	\$ 16,108,167
LIABILITIES, REDEEMABLE MEMBERSHIP UNITS, AND MEMBERS' CAPITAL		
Accounts payable	\$ 144,113	\$ 62,080
Due to Spartanburg Regional Health Services District, Inc.	386,864	371,109
Withholdings payable	3,780,152	6,874,255
Other liabilities	1,053,445	—
Physician incentive payable	743,283	834,008
Total liabilities	6,107,857	8,141,452
REDEEMABLE MEMBERSHIP UNITS		
Class A Units	1,808,018	1,523,080
MEMBERS' CAPITAL		
Class B units	316,500	316,500
Retained earnings	6,452,224	6,127,135
Total members' capital	6,768,724	6,443,635
Total liabilities, redeemable membership units, and members' capital	\$ 14,684,599	\$ 16,108,167

STATEMENTS OF OPERATIONS AND RETAINED EARNINGS

Year ended December 31	2019	2018
Revenue	\$ 7,852,624	\$ 7,282,415
Operating expenses:		
Salaries and wages	2,493,941	2,424,666
Purchased services	494,032	339,923
General and other	646,894	580,201
Total operating expenses	<u>3,634,867</u>	<u>3,344,790</u>
Net income	4,217,757	3,937,625
Change in redemption value of membership units	(284,938)	64,640
Distributions	(3,470,204)	(2,127,509)
Stock redemption	<u>(137,526)</u>	<u>(64,640)</u>
Increase (decrease) in retained earnings	325,089	1,810,116
Retained earnings at beginning of year	6,127,135	4,317,019
Retained earnings at end of year	<u>\$ 6,452,224</u>	<u>\$ 6,127,135</u>



Executive Committee

Dean Davis, MD – *Chair*
 Marc Bingham, MD
 Robert Britanisky, MD
 James Brown, MD – *Emeritus*
 Christopher Cutshall, MD
 Samuel Gacha, MD
 Bang Giep, MD
 Robin Go, MD
 Pranay Patel, MD
 J. Paul Ross III, MD
 Mark Aycock
 Paul Butler
 Kenneth Meinke, CPA
 Nick Ulmer, MD - CMO
 Deborah Yarborough
 Chris Skinner

Finance Committee

Kenneth Meinke, CPA – *Chair*
 Bogdan Gheorghiu, MD
 Bang Giep, MD
 Robert McDonald Jr., MD
 J. Paul Ross III, MD
 Amanda Herin, CPA
 Anne Key, CPA
 Travis Crocker
 Chris Skinner

Contracting Committee

Bang Giep, MD – *Chair*
 Shawn Birchenough, MD
 Preston Bishop, MD

Christopher Cutshall, MD
 Dean Davis, MD
 Joseph Mobley, MD
 Pranay Patel, MD
 Janessa Perez-Motlis, MD
 Kenneth Meinke, CPA
 Paul Butler
 Purnatoya Nayak
 Travis Crocker
 Deborah Yarborough
 Chris Skinner

Membership & Participation Committee

Robin Go, MD – *Chair*
 Brian Baghdady, MD
 Rowena DesAilly-Chanson, MD
 Robert Goodlett, MD
 Richard Weir, MD
 Leslie Kennedy, NP
 Anthony Raynor, PA
 May-Yin Suen, PA
 Becky Williams, NP
 Tammie Culbreth
 Taylor Eubanks
 Alison Rosenberger
 Chris Skinner

Collaborative Care Committee

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 Kelan Brown, MD
 Alfred Campbell, MD
 Jack Cleland, MD
 Samuel Gacha, MD

Bang Giep, MD
 E. Bert Knight III, MD
 Robert MacDonald, MD
 J. Paul Ross III, MD
 Mayte Sandrin, MD
 Henry Shugart, MD
 Vincent Slater, DO
 Amber Wallace, MD
 Karla Lamb, RN
 Angie Roberson, RN
 Holly Becker
 Chris Skinner

Population Health Management Committee

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 Frances Kunda, MD
 Christopher Lombardozzi, MD
 Bang Giep, MD
 James Harber, MD
 Mark Aycock
 Paul Butler
 Phil Feisal
 Phillip Humphrey, PharmD
 Tony Kouskolekas
 Karla Lamb, RN
 Kenneth Meinke, CPA
 Paul Newhouse
 Angie Roberson, RN
 Holly Becker
 Nick Ulmer, MD - CMO
 Kim Walker

Deborah Yarborough
 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
 Didi Lawter
 Gina Louis
 Kim Walker
 Stephanie Wall
 Chris Skinner

Information Technology Committee

Marc Bingham, MD – *Chair*
 Nivedita Bijoor, MD
 Douglas Rieth, MD
 Vincent Slater, DO
 Nick Ulmer, MD - CMO
 Scott Broome
 Steve Hester
 Harold Moore
 Holly Becker
 Travis Crocker
 Kim Walker
 Chris Skinner

Administration

Chris Skinner – *Executive Director*

Nick Ulmer, MD – *Chief Medical Officer*

CarePlus

Holly Becker – *Director of Patient Engagement/Care Coordination*

Vicki Blalock, RN – *Manager of Patient Engagement*

Brittney Frazer – *Manager of Care Coordination*

Joyce Allen, LPN – *Senior Care Coordinator*

James Curry, CMA – *Senior Care Coordinator*

Savannah Davis, RMA – *Senior Care Coordinator*

Deena Hampton, RMA, CPC – *Senior Care Coordinator*

Brenda Kelley, LPN – *Senior Care Coordinator*

Cindy Konieczny, CMA, CMOM, CMIS – *Senior Care Coordinator*

Kay Mullins, RMA – *Senior Care Coordinator*

Matt Trammell – *Senior Care Coordinator*

Beverly Varner – *Senior Care Coordinator*

Kala Wilder – *Senior Care Coordinator*

Hannah Dewart – *Care Coordinator*

Shameka Durrah – *Care Coordinator*

Traci Hurt – *Care Coordinator*

Kalee Jefferies – *Care Coordinator*

Elaine Jones – *Care Coordinator*

Latoya Martin – *Care Coordinator*

Jada Neuse – *Care Coordinator*

Cynthia Rose – *Care Coordinator*

Jennifer Walls – *Care Coordinator*

Sharon Bacchus, RN – *Care Manager II*

Jeff Ciscell, LMSW – *Care Manager II*

Catherine Creager, RN – *Care Manager II*

Susan Ford, RN – *Care Manager II*

Lisa Kirby, RN – *Care Manager II*

Lori McHugh, RN – *Care Manager II*

Margaret Jones, CHWC – *CFM Community Health Worker*

Erin Humphreys, MHA – *Health & Wellness Coach*

Beth Simmons, RN – *Medical Management Coordinator*

Donna Aarnink, RN – *Medical Management Coordinator*

Kelly Betenbaugh – *Care Transitions Coach*

Ronnie Roberson – *Care Transitions Coach*

Ashley Murphy – *Care Transitions Coach*

Donita Sims – *Care Transitions Coach*

Charlene Tiller – *Care Transitions Coach*

Amber Lenger – *Care Transitions Coach*

Carol Overman – *Care Transitions Coach*

Pat Cantrell – *Care Transitions Coach*

Network Operations

Tammie Culbreth – *Director of Network Operations*

Alison Rosenberger – *Manager of Network Operations*

Tina Camp – *Payor Credentialing Specialist*

Taylor Eubanks – *Membership and Credentialing Coordinator*

Mellisa Rice – *Payor Credentialing Specialist*

Network Relations

Barbara Gipson – *Manager of Provider Relations*

Finance & Data Analytics

Travis Crocker – *Director of Financial Operations & Data*

Analytics Angela Foster – *Data & Analysis Coordinator*

Sedale Jones – *Operational Analyst*

Deborah Yarborough – *Operations Specialist*

Performance Management

Kim Walker – *Director of Provider Engagement & Performance*

Gina Louis – *Manager of Provider Engagement & Performance*

Didi Lawter – *Provider Engagement & Performance Specialist*

Stephanie Wall – *Provider Engagement & Performance Specialist*