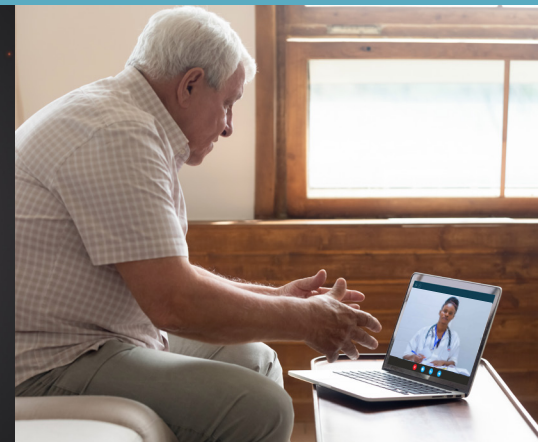
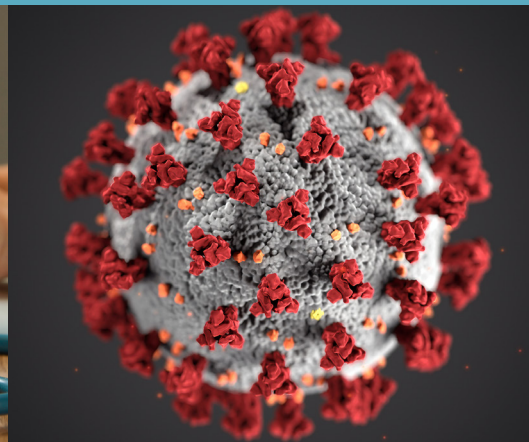
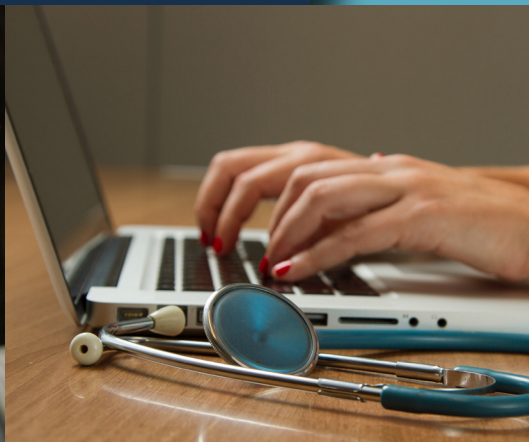


**ANNUAL REPORT**  
A YEAR IN REVIEW

2020



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*“Looking ahead, we view 2021 as turning a page. We are no longer navigating a crisis; we are facing a new reality. And we are ready.”*

## In 2020, COVID-19 changed the world –

how we learn, how we work, how we interact. It certainly changed how physicians and patients engage one another and presented a deluge of challenges for the healthcare industry. But we adapted. We survived. And we are poised for even greater success.

The pandemic negatively affected medical practices, with many patients forgoing preventative, routine or minor checkups. The government provided some stimulus funds, but those were far from enough. To support our member practices, Regional HealthPlus suspended administrative fees and Risk Pool collections for several months.

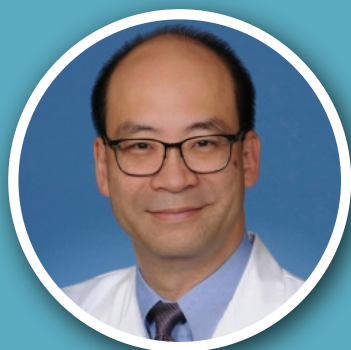
We witnessed our member providers face their challenges head-on, going above and beyond what was asked of them to deliver the best possible care. And our Regional HealthPlus staff showed its flexibility by adapting to virtual visits.

Despite our best efforts, Cigna chose not to contract with Regional HealthPlus. In our negotiations, we stuck to the terms we thought were fair to our member physicians and their patients. We will continue to do that.

## We will also continue to shift our focus more to value-based care and care management.

On this front, we are expanding. We have installed a clinical leadership team, which is developing and becoming more robust in order to manage the sickest patients and prepare for downside risk. We have added medical directors to provide depth to our physician leadership who will champion quality, correct coding and complex case management. Added a Clinical Director of Pharmacy to lead medication adherence initiatives and work complex pharmacy issues. Also added a Clinical Director of Care Management to add depth to the care management team and work to improve system wide care management.

Looking ahead, we view 2021 as turning a page. We are no longer navigating a crisis; we are facing a new reality. And we are ready.



*Regional HealthPlus is a collaborative care management organization that strengthens our hospital system, independent physicians and the community. The stark challenges the healthcare community faced last year during the global pandemic tested us all; Regional HealthPlus rose to the challenge, and that certainly benefited our primary care and other member physicians as they adjusted to a new normal. The infrastructure Regional HealthPlus has spent years honing allowed my colleagues and me in the healthcare industry to maximize the time and talent needed to directly address the coronavirus and related challenges.*

**- Bang Giep, MD**  
Executive Committee, Vice Chair

# Value-Based Healthcare

Despite its many challenges, 2020 was a year in which our primary care physicians were able to really shine.

Value-based healthcare is here. Centered on a patient's health conditions and outcomes, this departure from the old fee-for-service model generally compensates physicians for quality rather than quantity. And the patient engagement, data collection and COVID-specific physician training modules Regional HealthPlus provided helped our member physicians provide the absolute best quality.

The whole-person support outlined in the CarePlus Care Coordination model has proven invaluable to help physicians and their patients manage their health, chronic conditions and lifestyles.

Medicare Advantage is just one force driving value-based healthcare and, into risk agreements – but we also see this trend in the health insurance marketplace and with commercial plans. While risk can be more prescriptive, improved outcomes are the standard. When providers (with support from Regional HealthPlus) do a better job at managing patients' healthcare, that helps keep costs down and so our members are able to share in any savings and performance bonuses.

Risk-based contracts are becoming more common. And Regional HealthPlus will continue to be there for our providers, building and refining the infrastructure they need to be successful.

## Care Management

**1,241+** Patients enrolled in Regional HealthPlus Care Management Program in 2020

**1,200+** In-person visits at patient's home, physician's office or hospital in 2020

**8,000+** Contacts made via telephone or email in 2020

**\$6 million** Estimated savings from avoided inpatient stays and emergency room visits in 2020



*As we address our patients' needs in 2021 and beyond, value-based healthcare is front and center. We will continue to enhance our holistic focus on patients by providing care through our advanced primary care model and by offering support to our patients and providers with a team of nurses, care coordinators, care managers and pharmacists who use targeted data analytics to drive sustainable clinical strategies.*

**- Nick Ulmer, MD, CPC, FAAFP**  
Chief Medical Officer

# Physician Engagement

The novel coronavirus pandemic changed how Regional HealthPlus conducted targeted physician engagement, office staff training and mid-level provider training in 2020. We had to pivot, quickly, early in the year, engaging our members virtually rather than in-person.

In this light, our established online education platform, RHP Insight, and videos distributed through RHP Connect became even more crucial. Not only was much of the content tailored to what our practices needed to navigate this tumultuous year, but members were able to access these modules safely and remotely.

The year-over-year quality improvement measures our members realized are even more impressive given the onslaught of new challenges they faced with COVID-19 – Star scores improved over the prior year and we saw an increase in providers who improved or achieved or maintained a four-star rating on our Get2Goal Blood Pressure Initiative.

The strong foundation created by the CarePlus care coordination model paved the way for these successes. And the Engagement and Performance Team continues to work on removing obstacles that stymie providers' workflow, targeting specific performance indicators for improvement and focusing on medication adherence to better manage chronic diseases.



*The past year was filled with rapid change and many challenges caused by the pandemic. Having strong physician relationships was critical to success in this unprecedented time. The Engagement and Performance Committee continued to support and engage physicians through education modules, process improvement initiatives, and a focus on quality performance. Regional HealthPlus achieved high levels of performance in 2020 in spite of the pandemic, and many providers improved their quality scores year over year. The committee will continue to use targeted provider engagement to prepare for risk-based contracts and future changes in healthcare. This past year was difficult, but our physicians adapted and moved forward successfully. By using the knowledge gained in 2020, we expect even greater achievements in 2021.*

**- Robert Britanisky, MD**

Chair, Engagement and Performance Committee



# Physician Engagement

- Physician scorecards are based on 19 quality measures covering preventative care, chronic care management and medication adherence.
- Regional HealthPlus improved on the performance rate for 17 of the 19 measures, with the other two measures showing minor changes.
- Star measure scores increased from 3.84 in 2019 to 3.92 in 2020.
- This performance during the public health emergency shows the ability of Regional HealthPlus to be flexible but maintain a focus on patient outcomes, provider engagement and cost reduction during an unprecedented, challenging year.

| Measure Trends   | 2017   | 2018  | 2019  | 2020    | Change |
|--|--------|-------|-------|---------|--------|
| Adult BMI Assessment                                   | 95.0%  | 97.9% | 98.0% | Retired | 3.0%   |
| Care for Older Adults - Medication Review              | 89.7%  | 86.5% | 86.0% | 92.2%   | 2.5%   |
| Care for Older Adults - Functional Status Assessment   | 90.7%  | 90.2% | 96.0% | 95.6%   | 4.9%   |
| Care for Older Adults - Pain Assessment                | 94.48% | 98.1% | 98.0% | 97.0%   | 2.5%   |
| Medication Adherence for Diabetes                      | 82.45% | 82.0% | 85.0% | 85.2%   | 2.8%   |
| Medication Adherence for Hypertension (RAS)            | 82.73% | 82.6% | 84.0% | 86.7%   | 4.0%   |
| Medication Adherence for Cholesterol (Statins)         | 79.23% | 81.0% | 84.0% | 84.9%   | 5.7%   |
| Plan All-Cause Readmissions ( <i>lower is better</i> ) | 10.88% | 8.4%  | 7.0%  | 8.9%    | -2.0%  |
| Rheumatoid Arthritis Management                        | 79.46% | 75.0% | 76.0% | 86.9%   | 7.4%   |
| Osteoporosis Management in Women w/ Fracture           | 51.22% | 55.2% | 45.0% | 53.0%   | 1.8%   |
| Statin Use in Persons with Diabetes                    | NA     | 79.6% | 82.0% | 84.6%   | 5.0%   |
| Diabetes Care - Kidney Disease Monitoring              | 97.14% | 96.4% | 95.0% | 96.0%   | -1.1%  |
| Diabetes Care - Eye Exam                               | 69.00% | 72.8% | 75.0% | 76.0%   | 7.0%   |
| Diabetes Care - Blood Sugar Controlled                 | 70.63% | 79.9% | 74.0% | 79.3%   | 8.7%   |
| Breast Cancer Screening                                | 75.98% | 77.4% | 77.0% | 75.4%   | -0.6%  |
| Colorectal Cancer Screening                            | 76.33% | 77.1% | 79.0% | 81.7%   | 5.4%   |
| Controlling Blood Pressure                             | NA     | 60.0% | 63.0% | 67.0%   | 7.0%   |
| Medication Reconciliation Post-Discharge               | 52%    | 49.0% | 48.0% | 66.0%   | 14.0%  |
| Statin Therapy for Cardiovascular Disease              | NA     | 82.4% | 81.0% | 84.4%   | 2.0%   |

\*Change was calculated using 2017 or 2018 depending on measure

# Physician Engagement

## Physician Engagement Scores

The Engagement and Performance Committee developed the Physician Engagement Score (PES) program based on quality improvement and specialty-specific components. The criteria included metrics such as online education, improvement activities, patient satisfaction and tracking of quality metrics. In 2020, many of the improvement activities focused on actions needed to address the global pandemic and providing care in a safe environment.

HIGH SCORE  
**100%**  
AVERAGE SCORE  
**97.89%**

## Targeted Physician Engagement

Practice visits were greatly reduced during the first two quarters of 2020 due to COVID-19. During the third quarter, 31 virtual site visits were conducted as a safer alternative to on-site visits. The team focused on Star measures, quality dashboards, coding improvement, education modules, transitional care management and medication adherence strategies. Individual meetings were also offered to assist with the Get2Goal Blood Pressure Control initiative. In addition to the site visits, 107 transitional care management audits were performed, and additional training was offered to providers scoring lower than 90 percent.

## Performance Incentive Pool (PIP)

Preliminary results for the 2020 Performance Incentive Pool (PIP) estimate that 43 physicians will meet the requirements to earn an incentive based on criteria set by the Engagement and Performance Committee. The average overall physician Star score for 2020 is 3.68, slightly lower than 2019. Physicians maintained strong performance on preventative measures and medication adherence, which was difficult during the pandemic. Specific challenges included reduced face-to-face visits during the second quarter and a reduction in mammogram and colonoscopy appointments.



*During the global pandemic, meeting quality goals and engaging patients through normal means was more difficult than ever before. It was challenging for physicians and patients because face-to face interactions were limited. I had to engage patients outside of normal office visits to ensure that quality measures and care gaps were addressed. The Regional HealthPlus Engagement and Performance team was instrumental in helping my staff and I achieve our 2020 quality goals. They provided opportunities reports and clarification on the measures. They were available to take calls and connect our team with other resources. Together we were able to ensure that patients continued to receive high-quality care. 2020 was an unprecedented year, but the lessons learned and the new processes developed will be valuable in reaching future quality goals.*

**- Walter Kucaba, DO**

Family Medicine, MGC - Family Medicine - Duncan

# RHP Insight & RHP Connect



The **RHP Insight platform** provides education modules on current healthcare trends and organizational goals. Twenty-two modules were launched in 2020. The platform is a valuable resource for physicians, care management teams and other healthcare partners.

Currently, **876 users** have access to RHP Insight, and **2,590 courses** were completed in 2020 – a significant increase over the 1,695 courses completed the year prior.

In addition to RHP Insight, Regional HealthPlus created and distributed **50 video blogs (vlogs)** through **RHP Connect**. RHP vlogs are one- to three-minute videos that relay important information to Regional HealthPlus members and associates in a timely and efficient manner.

## RHP Insight courses launched in 2020 included:

- 2020 Physician Leadership
- 2020 Medical Necessity COPD
- 2020 TCM Optimization
- 2020 TCM Enhanced
- 2020 Medicare Wellness Visits
- 2020 Hospitalist Coding – Streamlined
- 2020 Medical Necessity – Heart Failure
- 2020 Bariatric Surgery
- 2020 Virtual Healthcare Delivery COVID March
- 2020 The Basics of Business
- 2020 Two Midnight Rule
- 2020 Virtual Healthcare Delivery COVID April
- 2020 G2G Promoting Global Hypertension
- 2020 G2G Navigating the Stars with Medication Adherence
- 2020 G2G Optimal Lifestyle Management
- 2020 Compliance F/U – 24 Modifier
- 2020 CCM Pilot education for MA
- 2020 Advance Care Planning
- 2020 Pediatric Coding – Well Child Preventive Services



# Get2Goal Initiative

In 2020, Regional HealthPlus again partnered with the Consortium of Southeast Healthcare Quality (COSEHQ) and Wake Forest University in a Get2Goal initiative. Its focus was to specifically address patients with uncontrolled blood pressure.

Providers selected a cohort of patients from their patient panel with an out-of-control blood pressure greater than 140/90. Providers were required to schedule an initial office visit with the patient to discuss their elevated blood pressure. The visit had to include medication review, discussion pertaining to lifestyle modifications, and an appropriate follow-up visit.

In addition to the patient visits, physicians completed three online education modules regarding hypertension management, clinical inertia and medication adherence. In all, 112 providers completed all the criteria and received CME credit hours and credit for a quality improvement project.

## Results were as follows:

| 2020 Get2Goal Blood Pressure Initiative - Final Results |        |
|---|--------|
| 2019  | 63.38% |
| 2020  | 65.87% |
| Result  | ↑3.92% |

| 2020 Get2Goal Blood Pressure Initiative                                  |   |
|--|---|
| 2020 Blood Pressure Control Scores vs 2019 Blood Pressure Control Scores |   |
| 32 Providers   | Achieved or maintained a four-star performance score of 74% or higher                 |
| 32 Providers   | Improved YOY from their 2019 blood pressure control score but did not reach four-star |
| 34 Providers   | Stayed within 10% of their 2019 blood pressure control score                          |
| 10 Providers   | Declined from their 2019 score by more than 10%                                       |

\*Final Results - includes all patient population\*

## Patient Satisfaction

In 2020, 32 practices utilized the Regional HealthPlus patient satisfaction tool to collect patient experience results. There were 330,140 surveys sent to patients, with 71,405 surveys returned – a 21.6 percent response rate. This was a slight decrease from the 2019 response rate of 22.4 percent.

SURVEYS SENT TO PATIENTS  
IN 2020

330,140

SURVEYS RETURNED  
IN 2020

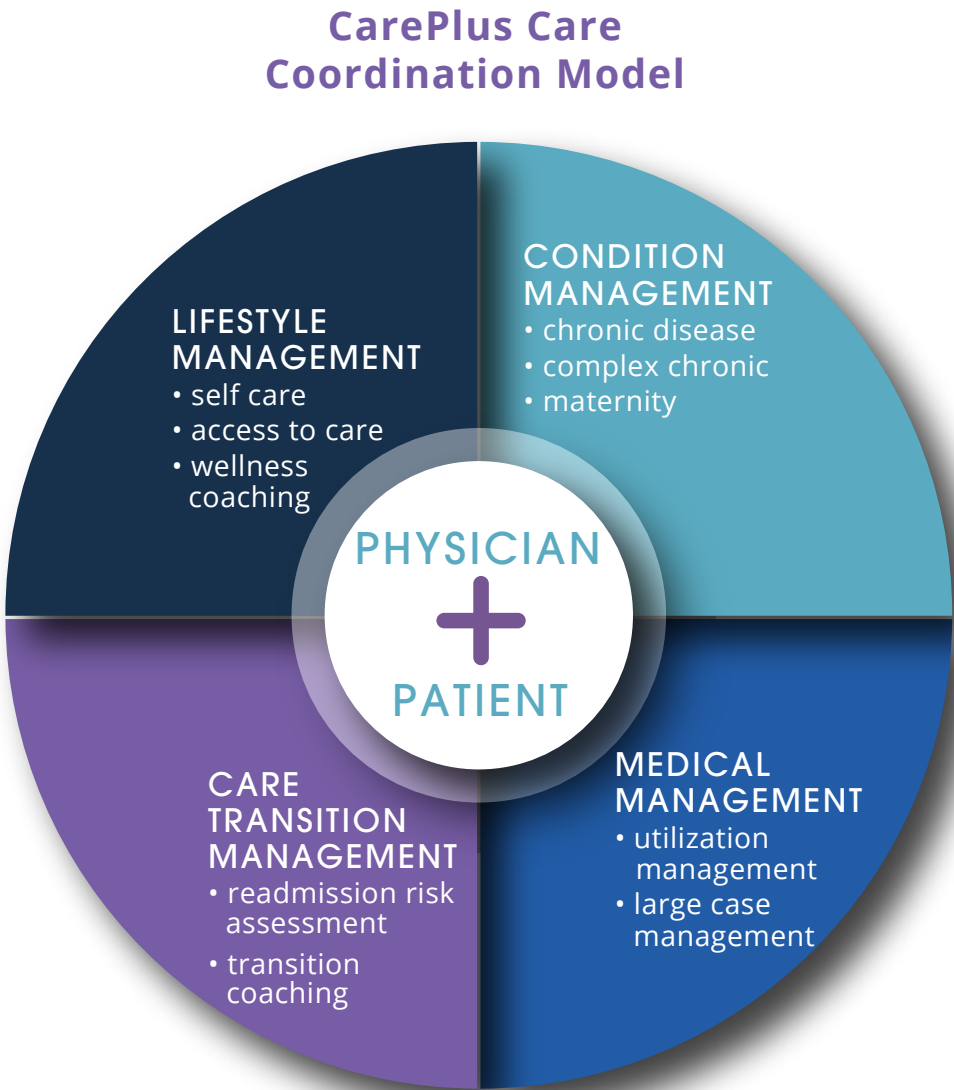
71,405

# Patient Engagement

Regional HealthPlus has spent years honing its CarePlus Care Coordination Model. And it works.

Our team engages patients through lifestyle management, condition management, care transition management and medical management. In other words, Regional HealthPlus is with the patient every step of the way. And the most complex cases receive an even more thorough review.

The model proved its flexibility as our industry pivoted to telehealth in the wake of the coronavirus. In 2020, to help with this transition, Regional HealthPlus focused on systemwide collaboration improvements. The end result, still focused on whole-person support has continued to help patients better manage chronic conditions and strive toward healthier lifestyles.



# Health Risk Assessments

Regional HealthPlus continues to see a sharp increase in Health Risk Assessments performed via telephone. These assessments help primary care offices work with patients to complete their Medicare Wellness Visits.

40,900

HEALTH RISK ASSESSMENTS  
PERFORMED IN 2020

23,752

HEALTH RISK ASSESSMENTS  
PERFORMED IN 2019

12,318

HEALTH RISK ASSESSMENTS  
PERFORMED IN 2018

## Medicare Wellness Visits

The number of Medicare Wellness Visits completed over the past five years has increased steadily in spite of the pandemic.

Our care coordinators conduct health-risk assessments with patients via telephone, flagging risk factors, and identifying preventative exams the patient is due for. Having the Health Risk Assessment done prior to the visit, saves the providers an average of 20 minutes, allowing more face time with the patients.

This infrastructure creates a more efficient system that allows physicians to deliver higher quality care and better patient encounters, which has led to better quality scores and coding opportunities.



## Complex Case Management

The Regional HealthPlus Complex Case Review committee is an interdisciplinary team that is comprised of physicians, nurses, social workers, and health coaches across all disciplines. The team discusses cases that were identified by our Care Management team through their various interventions. The committee reviews each complex case and offers input on how to eliminate many barriers each patient faces within the healthcare system.

The committee reviewed **54** cases in 2020.



*The efficiency that the Regional HealthPlus brings to scheduling Medicare Wellness Visits is deeply appreciated by Primary Care Physicians. The front-end information collected and services provided to patients is invaluable to the patient experience when they come in to complete their appointments. We appreciate how these fit into the larger CarePlus model of improving the physician-patient relationship.*

- Eric Cole, MD

Family Medicine, MGC - Family Medical Center

# Transitional Care Management

Thanks to the hard work of our CarePlus team, we are seeing reduced hospital readmission rates and care gaps being closed.

The program identifies patients who would benefit from the Care Transitions intervention within the first 24 hours they are in the hospital. Each patient receives a personalized bedside visit from a team member to engage them in the intervention. Once discharged from the hospital, the patient receives a home visit from a team member. During the visit the team engages the patient and caregivers in understanding their discharge paperwork, medication changes and adjustments, self-care for their chronic conditions, what community resources are available to them and connecting them back to their Primary Care Physician within 14 days.

The patients who are engaged in the program are the most complex, highest acuity. The outcomes for this cohort is that it outperforms the national average readmission rate which includes all patients, a lower acuity population. Throughout the program the patient is evaluated for other interventions available to them through Regional HealthPlus.

1,877

TOTAL HOME VISITS

1,614

PATIENTS COMPLETED  
TRANSITIONAL CARE  
PROGRAM WITHOUT  
READMISSION

## UTILIZATION REVIEW

|                                     |       |
|-------------------------------------|-------|
| Total Authorizations . . . . .      | 3,733 |
| Medical Director Reviews . . . . .  | 532   |
| Inpatient Reviews . . . . .         | 74    |
| Complex Care Coordination . . . . . | 30    |



*The Regional HealthPlus CarePlus team does an incredible job engaging patients with their care team, which in turn leads to a healthier and happier patient population. The relationship that this team builds in a relatively short period of time is invaluable in empowering patients to take control of their healthcare. The success of the RHP CarePlus team is reflected in the high number of care gaps that have been closed and our low hospital readmission rate.*

**- James Harber, MD**

Population Health Management Committee

# Patient Story

Lori, one of the nurse Care Managers received a hospital referral for Mr. Booker Bigsby in September 2020. He was identified by an Epic predictive risk score analytic designed to predict a patients risk of an Emergency or Inpatient admission (EDVH). This referral prompted Lori to visit Mr. Bigsby while inpatient to present and enroll him into the Care Management program.

Once Mr. Bigsby discharged from the hospital Lori arranged a home visit within 72 hours to address and educate on his discharge instructions, chronic condition management, and social determinates of health. During the home visit Lori identified that Mr. Bigsby had multiple pieces missing from his healthcare and social routine ranging from medication management to the lack of connection to community resources.

Lori started working with Mr. Bigsby to engage, educate, and help facilitate his healthcare which are the foundation tactics of the Care Management program. The first priority was connecting the patient to a Primary Care Physician to establish healthcare goals and start a medication regimen for his chronic conditions. Once the patient was connected to a Primary Care Physician Lori would attend office visits to ensure Mr. Bigsby was receiving appropriate follow-up care and modeling good follow-up behavior. Medication management was another priority to address and Lori was able to use a medication management resource that sends medications separated and prepackaged (SimpleMeds). Once Mr. Bigsby was transitioned to a medication management program he was able to become independent and increase his medication adherence. The SRMC Congestive Heart Failure Clinic was also engaged to support Mr. Bigsby for additional support. Lori was able to connect Mr. Bigsby with multiple community resources and to the Humana OTC program for various DME items. Lori worked directly with multiple local agencies including Community Long Term Care, Mobile Meals, and Humana Mom's Meals to resume and/or start services.

With the dual approach of addressing and educating on the social determinates of health and healthcare gaps Mr. Bigsby was able to decrease his EDVH score to 74%, a 19-point decrease from his initial referral, decrease follow up at the CHF clinic from bi-weekly to monthly due to medication adherence and consistent follow-up, and has not readmitted to the hospital or emergency department since his enrollment in September of 2020. After months of follow up Lori and Mr. Bigsby worked together to create a plan of care that was patient directed and Care Manager supported. Mr. Bigsby was able to meet many of his healthcare and personal goals that were set forth at the beginning of the program. Lori and the Care Management program was instrumental for Mr. Bigsby's long term success giving him tools for beyond the Care Management program.





# Information Technology

With so much of the industry leaning more heavily on telemedicine in 2020, the technical infrastructure Regional HealthPlus has worked to put in place over the years served as the backbone for a successful transition.

Regional HealthPlus continued its efforts to make payer data and patient data streamlined, standardized and actionable. The platforms we have developed to collect, analyze and share this information across our network has proven to be crucial.

The appetite for data is insatiable. And while it is challenging to keep up with Information Technology demands, we recognize that doing so is an absolute must in order for our members to deliver the best possible care to their patients.



*Working with Regional HealthPlus to steer Information Technology initiatives is invaluable. The timely access to accurate data allows for better care coordination, patient engagement and outcomes. Providers faced so many obstacles due to COVID-19, but the solid technical infrastructure Regional HealthPlus has built helped ease that burden.*

**- Marc Bingham, MD**

Chair, Information Technology Committee

# Business Services

## We've got you covered.

Contracting is far more complex these days. Value-based contracts simply have more moving parts. They require more reporting, more monitoring, more education.

Regional HealthPlus subject-matter experts help practices of all sizes survive and thrive in this new and quickly evolving marketplace – whether that means resolving difficult claims issues, managing quality and care coordination, or providing staff and physician education.

With COVID-19 driving a sharp increase in the use of telemedicine, the continued access to Regional HealthPlus staff for solutions on how to continue caring for their patients has been critical.

Our healthcare providers have enough demands placed on them. With Regional HealthPlus helping to shoulder the burden, we are all working toward making sure our community has access to quality affordable healthcare.



*We strive to make sure our patients have the best possible experience with every visit. The pandemic created all sorts of uncertainties for our patients and our physicians. But we were able to successfully navigate these challenges thanks to the best practices and adaptation education Regional HealthPlus provided for telehealth and other services.*

**- Jennifer Winstead**

Practice Administrator, Palmetto Eye and Laser Center

## NETWORK MANAGEMENT

- Office visits: **230**
- Staff professional education classes: **6**
  - Optimizing the Patient Experience: A Team Approach (live)
  - Bridging the Gap Between Clinical Documentation and Coding (live)
  - E/M Code and Guideline Changes (virtual)
  - ICD-10-CM Coding Update (virtual)
  - CPT Code Update (virtual)
  - Medicare and Compliance Changes (virtual)

## ESCALATED CLAIMS REVIEW

- Claims issues Resolved: **920**

# Managed Care Contracts

**Regional HealthPlus is the conduit between the healthcare provider and the managed care company.**

We have and will continue to build this bridge with a focus on value-based components – quality over quantity, value over volume – to help mitigate financial risk when faced with uncertainties. We believe Regional HealthPlus members fared better in 2020 because of the groundwork we have spent years laying.

The increasing complexities of value-based contracting has put a strain on older fee-for-service models. As we adjust, adapt and evolve, we move forward with more financial risk in our contracting strategy.

## Payer Contracts

### Negotiated New Contracts

Healthgram

### Renegotiated Contracts

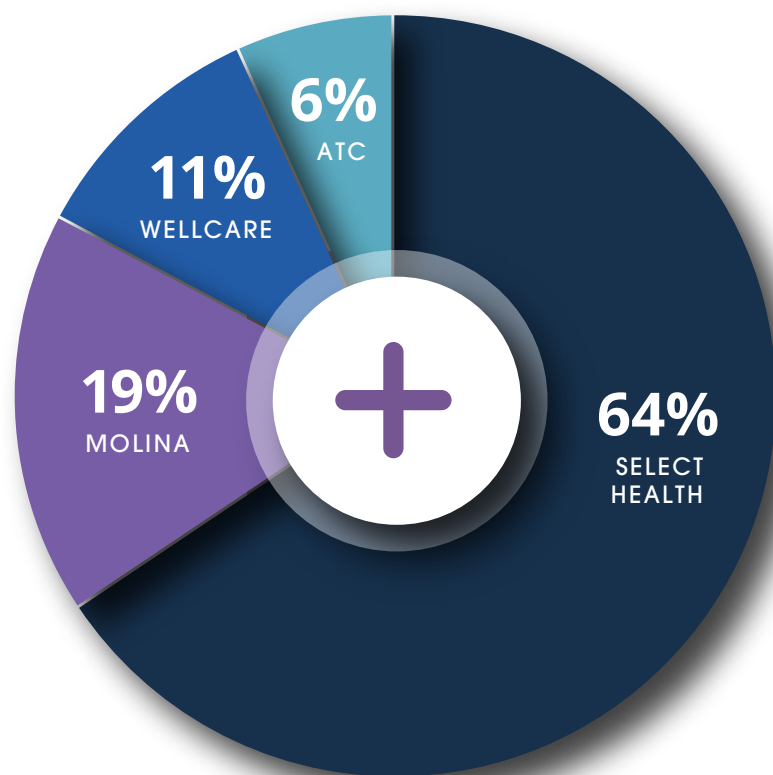
|                     |               |
|---------------------|---------------|
| Aetna               | Medcost       |
| Absolute Total Care | Multiplan     |
| Bright Health       | Select Health |
| Cigna Medicare      | Wellcare      |
| Humana              | Wellpath      |



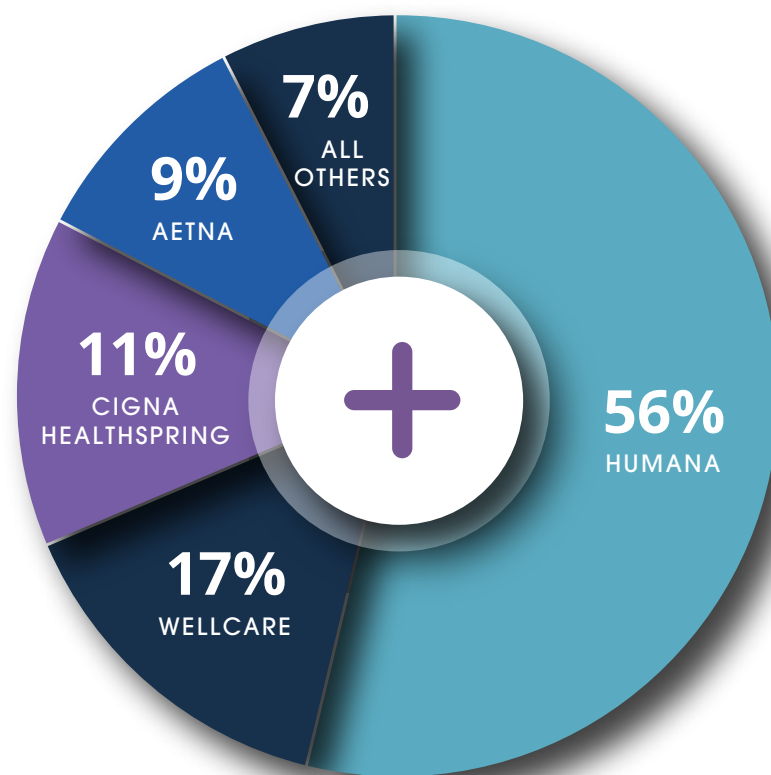
*In the midst of a global pandemic, our primary care physicians have had even less time to untangle the complexities of value-based contracting. Regional HealthPlus has been a tremendous asset to these doctors, particularly independent physicians.*

**- Pranay Patel, MD**  
Contracting Committee

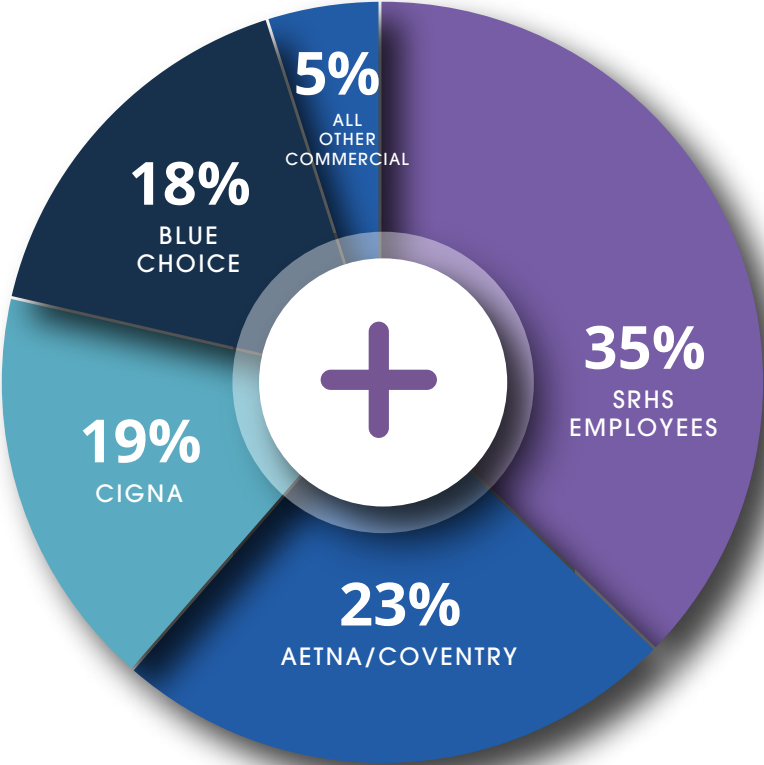
## 2020 Managed Medicaid Claims



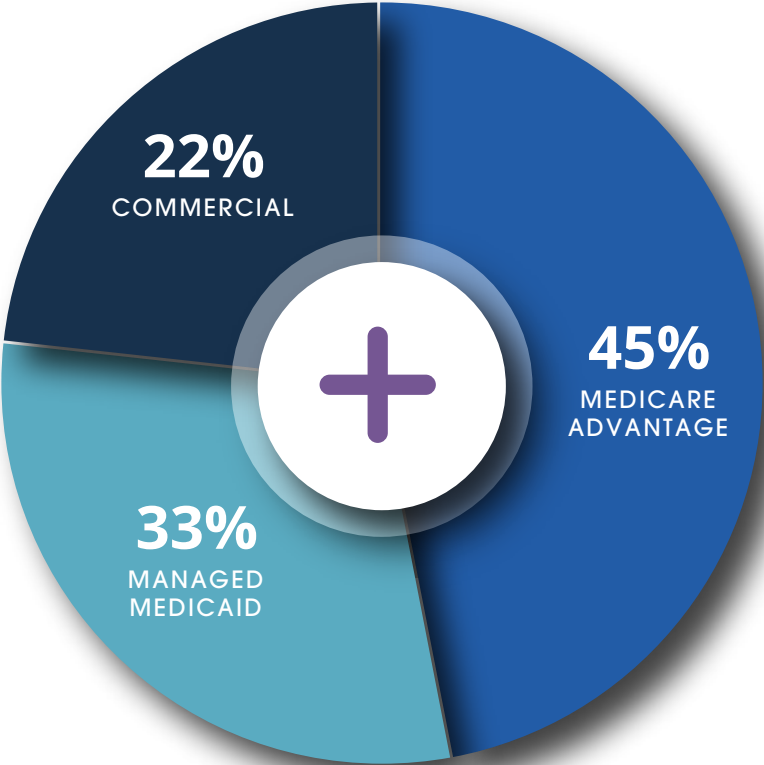
## 2020 Medicare Advantage Claims



2020 Commercial Claims



2020 Total Claims





# 2020 Contracts

| CURRENT<br>CONTRACTS | COMMERCIAL | MEDICARE<br>ADVANTAGE | MEDICAID<br>MANAGED CARE | GOVERNMENTAL | BEHAVIORAL<br>HEALTH | WORKER'S<br>COMPENSATION |
|----------------------|------------|-----------------------|--------------------------|--------------|----------------------|--------------------------|
| 36                   | 11         | 12                    | 4                        | 1            | 6                    | 2                        |

## 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 (Health 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 (Health Connections Prime)
- Humana
- Molina Due Options (Health 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

The overall number of credentialed physicians in the Regional HealthPlus network continues to grow, and we have plans to grow it further. With 1,332 providers now a part of our network, we have more opportunities to better manage the health of growing patient populations – our seniors, for example. The first baby boomers reached retirement age in 2011, while the youngest members of that generation will reach it in 2029.

Our robust network also has allowed us to better serve those who contracted coronavirus in 2020, a different kind of patient population, some of whom experienced symptoms for several months after recovering from the worst of the virus.

## Membership and Credentialing

New Physician Members **137**

New Affiliates Credentialed **96**

Physician Reappointments **287**

Delegated Audits **19**

Average Audit Score **100%**

---

## Site Surveys

Primary Practices **63**

Satellite Sites **19**

Total **82**



*The overall growth of providers in our network in a year dogged by a novel coronavirus shows just how valuable membership is. Our healthcare community needed extra support, and we were there for them. And we have seen exceptional growth in mid-level providers – nurse practitioners, physician assistants, certified registered nurse anesthetists (CRNAs) and physical therapists, among others – who help take some of the burden off of our primary care physicians.*

**- Robert Goodlett, MD**

Membership and Participation Committee

## Financial Performance

2020 saw a slight dip in Regional HealthPlus' net revenue and net income. But after four consecutive years of steady growth, the organization remains on solid financial footing.

Regional HealthPlus exists to help our member physicians shoulder the burdens they face. Last year, we took that a step further by providing financial relief in the wake of the novel coronavirus. When businesses and schools shut down at the onset of the pandemic, doctors began seeing fewer of their regular patients. So Regional HealthPlus suspended administrative fees and risk pool collections for several months.

Because it is newer, value-based healthcare models have not been tested as much as older fee-for-service models. But Regional HealthPlus rose to the challenge, and we emerge from 2020 stronger and with the data needed to make our system even more resilient.



*Although it is less predictable, we continue to see growth in value-based revenue. And modeling continues to improve so that we will be more prepared to face unexpected challenges in the future. The years Regional HealthPlus has spent proactively anticipating risk helped its members weather an extremely challenging year.*

**- Bogdan Gheorghio, MD**

Finance Committee

### NET REVENUE AND NET INCOME

| YEAR | NET REVENUE | NET INCOME  |
|------|-------------|-------------|
| 2020 | \$7,228,688 | \$3,277,780 |
| 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  | 2020                 | 2019                 |
|---|----------------------|----------------------|
| <b>ASSETS</b>   |                      |                      |
| Cash and cash equivalents   | \$ 13,360,406        | \$ 10,642,515        |
| Due from Spartanburg Regional Health Services District, Inc.          | 1,166,362            | 2,725,828            |
| Due from member physicians  | 837,314              | 1,310,671            |
| Prepaid expenses  | 5,933                | 5,585                |
| Total assets  | <u>\$ 15,370,015</u> | <u>\$ 14,684,599</u> |
| <b>LIABILITIES, REDEEMABLE MEMBERSHIP UNITS, AND MEMBERS' CAPITAL</b> |                      |                      |
| Accounts payable  | \$ 84,434            | \$ 144,113           |
| Due to Spartanburg Regional Health Services District, Inc.            | 365,994              | 386,864              |
| Withholdings payable  | 3,560,292            | 3,780,152            |
| Other liabilities   | 1,629,350            | 1,053,445            |
| Physician incentive payable   | 481,801              | 743,283              |
| Total liabilities   | <u>\$ 6,121,871</u>  | <u>\$ 6,107,857</u>  |
| Redeemable membership units:  |                      |                      |
| Class A units   | 1,732,792            | 1,808,018            |
| Members' capital:   |                      |                      |
| Class B units   | 316,500              | 316,500              |
| Retained earnings   | 7,198,852            | 6,452,224            |
| Total members' capital  | <u>7,515,352</u>     | <u>6,768,724</u>     |
| Total liabilities, redeemable membership units, and members' capital  | <u>\$ 15,370,015</u> | <u>\$ 14,684,599</u> |

# Statements of Operations and Retained Earnings

| Year ended December 31                         | 2020                       | 2019                       |
|--|----------------------------|----------------------------|
| Revenue  | <u>\$ 7,228,688</u>        | <u>\$ 7,852,624</u>        |
| Operating expenses:                            |                            |                            |
| Salaries and wages                             | 2,896,839                  | 2,493,941                  |
| Purchased services                             | 473,657                    | 494,032                    |
| General and other                              | <u>580,412</u>             | <u>646,894</u>             |
| Total operating expenses                       | <u>3,950,908</u>           | <u>3,634,867</u>           |
| Net Income                                     | 3,277,780                  | 4,217,757                  |
| Change in redemption value of membership units | 75,226                     | (284,938)                  |
| Distributions                                  | (2,531,152)                | (3,470,204)                |
| Stock redemption                               | <u>(75,226)</u>            | <u>(137,526)</u>           |
| Increase in retained earnings                  | 746,628                    | 325,089                    |
| Retained earnings at beginning of year         | 6,452,224                  | 6,127,135                  |
| Retained earnings at end of year               | <u><u>\$ 7,198,852</u></u> | <u><u>\$ 6,452,224</u></u> |



# 2020 Committees

## 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  
Donna Smith, MD  
Paul Butler  
Kenneth Meinke, CPA  
Nick Ulmer, MD – CMO  
Deborah Yarborough  
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

## COLLABORATIVE CARE COMMITTEE

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Howard Bean, MD  
Thomas Boyd, MD  
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  
Henry Shugart, MD  
Vincent Slater, DO  
Amber Wallace, MD  
Karla Lamb, RN  
Savannah Patel, PharmD  
Katherine Moore, PharmD  
Angie Roberson, RN  
Holly Becker  
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

## INFORMATION TECHNOLOGY COMMITTEE

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

## MEMBERSHIP & PARTICIPATION COMMITTEE

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

## ENGAGEMENT & PERFORMANCE COMMITTEE

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

## POPULATION HEALTH MANAGEMENT COMMITTEE

Pranay Patel, MD – *Chair*  
Marc Bingham, 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  
Purnatoya Nayak  
Paul Newhouse  
Angie Roberson, RN  
Holly Becker  
Nick Ulmer, MD – CMO  
Kim Walker  
Deborah Yarborough  
Chris Skinner

# 2020 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*  
Savannah Davis, RMA – *Senior Care Coordinator*  
Deena Hampton, RMA – *Senior Care Coordinator*  
Brenda Johnson, RMA – *Senior Care Coordinator*  
Brenda Kelley, LPN – *Senior Care Coordinator*  
Cindy Konieczny, CMA, CMOM, CMIS – *Senior Care Coordinator*  
Beverly Varner – *Senior Care Coordinator*  
Kala Wilder – *Senior Care Coordinator*  
Alishia Walker, CMA – *Senior Care Coordinator*  
Chatiffany Washington, CMA – *Senior Care Coordinator*  
Lynda Alexander – *Care Coordinator*  
Kristen Black-Morrison – *Care Coordinator*  
Hannah Dewart – *Care Coordinator*  
Jadell Dirton, CPHT – *Care Coordinator*  
Traci Hurt – *Care Coordinator*  
Kalee Jefferies – *Care Coordinator*  
Elaine Jones – *Care Coordinator*  
Cynthia Lancaster – *Care Coordinator*  
Latoya Martin – *Care Coordinator*  
Stephen Morgan – *Care Coordinator*  
Jada Neuse – *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*

## CAREPLUS (CONT.)

Margaret Jones, CHWC – *CFM 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 Cambell – *Care Transitions Coach*  
Ashley Murphy – *Care Transitions Coach*  
Ronnie Robertson – *Care Transitions Coach*  
Donita Sims – *Care Transitions Coach*  
Amber Lenger – *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*  
Mellisa Rice – *Payor Credentialing Specialist*  
Angela Foster – *Membership and Credentialing Coordinator*

## FINANCE AND DATA ANALYTICS

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

## PROVIDER ENGAGEMENT AND PERFORMANCE

Kim Walker – *Director of Provider Engagement & Performance*  
Gina Louis – *Manager of Provider Engagement & Performance*  
Stephanie Wall – *Provider Engagement & Performance Specialist*