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Diagnosis-related group (DRG) 
transition effective 10/1/14

In order to align with Arizona Health Care Cost Containment System (AHCCCS) payment rates, Mercy Care Plan will be changing their inpatient pricing methodology from the current tier-based per diem to All Patient Refined DRGs (APR-DRGs) effective October 1, 2014.

Please refer to the AHCCCS Transition to DRG-based Payment webpage for more detailed information including the:
• AHCCCS Communication Letter
• AHCCCS Implementation of APR-DRG Payments
• Arizona APR-DRG Calculator

Continued on page 2
AHCCCS has developed a preliminary draft of the APR-DRG Payment System Design Payment Policies. Mercy Care Plan will be following these payment policies, and we wanted to provide you with pertinent information to assist you in understanding how APR-DRGs will work.

DRG payment will be applied to all inpatient claims from acute care hospitals except the following:

- Claims from a free-standing rehabilitation facility
- Claims from a free-standing long term acute care facility
- Claims from a free-standing psychiatric facility
- Claims from an Indian Health Service facility or tribally operated 638 facility
- Claims paid by Tribal/Regional Behavioral Health Authorities (T/RBHAs) for behavioral health services
- Claims for administrative days only
- Claims for transplant services
- Claims in which admit and discharge are on the same day and the discharge status does not indicate member expired
- Claim is an interim bill

As inpatient claims are received by Mercy Care Plan, they will be sent through the 3M Grouper to determine the approved DRG based on the diagnosis codes and procedure codes billed regardless of the DRG submitted. The pricing for the claim will be attached for payment finalization on an overnight basis through our claim system. While we do not anticipate any issues to this automated process, in case of any unforeseen problems, a stand-alone pricer is available to price claims on a manual basis, if needed.

For additional detail, please review our provider notification titled DRG Transition Effective October 1, 2014 - Detailed Information.

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**All Plans Corner**

**2014 – 2015 Influenza guidelines**

Mercy Care Plan would like provide you with the latest information regarding influenza vaccine coding for the 2014-2015 flu season.

A provider notification has been posted to our website with detailed code information by plan. Please refer to this notification titled 2014 - 2015 Influenza Guidelines for additional detail.

It’s important to remember that billable code can differentiate by Mercy Care Plan versus Mercy Care Advantage based on AHCCCS or Centers for Medicare & Medicaid Services (CMS) rules.

**IMPORTANT NOTE:** If the flu vaccine is given as part of the Vaccine for Children’s Program, an SL modifier must be appended to the vaccine code. In addition, administration codes should be billed with 90460-90461 or 90471-90474 codes, not G0008. For additional information regarding Vaccine for Children’s Program, please refer to our provider notification titled Vaccine for Children (VFC) - Requirements for Submission of Claims for Vaccine Administration.

For additional information concerning influenza vaccines, please refer to the Medicare Learning Network® MLN Matters® article on the CMS website titled Influenza Vaccine Payment Allowances - Annual Update for 2014-2015 Season. You may also refer to the 2014-2015 Influenza (Flu) Resources for Health Care Professionals for additional resource information.

**Arizona Vaccine News** is also available from the Arizona Department of Health Services (ADHS).

Mercy CarePlan members and Mercy Care Advantage enrollees have been informed there are several ways they can get their flu shot:

- Visit their Primary Care Physician (PCP);
- Visit a participating pharmacy that offers the flu vaccine, i.e., CVS, Walgreens, Walmart, etc. ;
- Visit an urgent care facility;
- If the member resides in a Skilled Nursing Facility, the flu shot will be provided directly to them; or
- Call their case manager.

www.MercyCarePlan.com
Credentialing

Mercy Care Plan’s Credentialing unit is responsible for provider credentialing/recredentialing activities.

To be eligible to join the Mercy Care Plan and Mercy Care Advantage networks as a provider, you must do the following:

- Correctly and completely submit the appropriate **AzAHP Form** which can be found at Mercy Care Plan’s website.
- Providers must also make sure The Council for Affordable Quality Healthcare (CAQH) is updated and all documents are current and the health plan is approved to access your CAQH application. Providers who are not currently registered with CAQH will be contacted by the plan with a CAQH ID# and encouraged to complete a credentialing application in order for the credentialing process to continue. Please click on the **CAQH** link to access their website.
- If further documentation is requested by the plan please submit in an expedited manner so that the credentialing process may continue.
- Upon completion of the primary source verification, the provider’s file will be submitted for review to the monthly Credentialing Committee for approval, pend or denial.
- New providers will receive a Participating Health Provider Agreement (contract). Providers joining an existing group must complete the applicable contract documents to be added to the existing contract.
- Sign and return all contract documents.
- Upon completion of credentialing and full execution of contract documents, the provider will receive notice from the Mercy Care Plan Network Development department with the effective date of participation, along with the fully executed contract (if it is a new contract).

**Providers should not schedule or see Mercy Care Plan members until they are notified of the participation effective date.**

After the initial credentialing process is completed, the credentialing staff continues to monitor applicable sources to determine whether the following reports identify network healthcare professionals for things such as sanctions or limitations on licensure, Medicare or Medicaid sanctions activity, and Quality issues.

Providers are re-credentialled every three years and must complete the required reappointment application. Updates on malpractice coverage, state medical licenses and Drug Enforcement Administration (DEA) certificates are also required.

Providers wishing to contract with Mercy Care Plan and Mercy Care Advantage may fax a letter of interest along with a copy of their W-9 to 860-975-3201, Attn: Network Development and Contracting. Contract requests will be reviewed and the requesting provider will be notified of contract status. To determine the status of a contract request, please call 602-453-6148.

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**Provider customer service issues**

Mercy Care Plan strives to assist you with any questions you have in the most efficient manner possible. We would like to outline appropriate contact information to assist you with any issues you may have.

Please contact our Claims Inquiry/Claims Research (CICR) department at **602-263-3000** or **800-624-3879** toll-free, Express Service Code 626. Our CICR representatives will be able to help you with the following:

- Status check of claims
- Adjustment requests for incorrectly processed claims
- General plan information
- Confirmation of benefits and benefit questions related to claims in process
- Check investigations
- Non-participating provider set-up issues
- Address and Tax ID change requests sent to the health plan for updates
- Appeal status requests

Our Provider Relations Department can be reached at **602-263-3000** or **800-624-3879** toll-free, Express Service Code 631. Our Provider Relations Representatives will be able to assist you with the following:

- Recent practice or provider updates/changes – demographic changes
- Practice or individual provider terminations
- Tax ID changes
- Provider assistance in navigating the website and current reference material located on the web
- Assistance with finding a participating provider or specialist
- Assistance in obtaining a Secure Portal Login ID
- Assistance with setting up Electronic Data Information, Electronic Fund Transfer, or Electronic Remittance Advice
- Contracting questions
- Credentialing/recredentialing concerns
- Reporting of potential system set-up issues that affect incorrect claim calculation or denials
MedSolutions partnership with Mercy Care Plan and Mercy Care Advantage

Mercy Care Plan is pleased to announce that effective November 1, 2014, we have partnered with MedSolutions to administer prior authorization services for complex radiology services for both Mercy Care Plan and Mercy Care Advantage.

Effective October 27, 2014, Mercy Care Plan and Mercy Care Advantage members will require prior authorization from MedSolutions for dates of service beginning November 1, 2014. Services requiring authorization, but performed without authorization, may be denied for payment, and you may not seek reimbursement from members.

Authorization is required for:
- CT/CTA
- MRI/MRA
- PET

Services performed in conjunction with an inpatient stay, 23 hour observation, or emergency room visit are not subject to authorization requirements.

Please refer to Mercy Care Plan's Provider Notification titled MedSolutions Partnership with Mercy Care Plan - Complex Radiology Prior Authorizations for additional detail.

Mercy Care Plan and MedSolutions will be contacting affected providers of service shortly. They will be sending you:
- An announcement letter
- Invitation to training sessions (currently underway) occurring during the month of October, 2014.

If you have any questions with regard to the above, please feel free to contact your Provider Relations Representative at 602-263-3000 or 800-624-3879.

Million Hearts Initiative

The Department of Health and Human Services launched Million Hearts in December of 2013. The goal of this initiative is to prevent one million heart attacks and strokes by 2017.

According to the document:
- High blood pressure is one of the leading causes of heart disease and stroke.
- One in every three U.S. adults (67 million) has high blood pressure
- Only about half of these individuals have their condition under control.

Of the 36 million Americans who have uncontrolled hypertension:
- Most have a usual source of care (89.4%)
- Received medical care in the previous year (87.7%)
- Have health insurance (85.2%)

Million Hearts has compiled a document for clinicians to aid in their efforts related to hypertension control. The strategies include actions to:
- Improve Delivery System Design
- Improve Medication Adherence
- Optimize Patient Reminders and Supports

There are also several resources and references for more information to assist you and your staff.

Please click on the following link in order to download your Million Hearts Hypertension Control Action - Steps For Clinicians to help you in this goal. The Million Hearts webpage is available by clicking on the preceding link.

PCP change request form

Mercy Care Plan has developed a form for immediate use for providers to request a PCP change on the member’s behalf. This form will assist in expediting these changes on the member’s behalf without the member having to call in and make the request themselves.

The form is titled PCP Change Request Form and is available on Mercy Care Plan’s website under the Forms Section.
Pharmacy Restriction Program Description for Health Care Providers

Opioid analgesic utilization is increasing in the United States, and is the leading cause of injury or death for people aged 35-54 years, surpassing both firearm-related and motor vehicle-related deaths in this age group. Mercy Care Plan developed the Pharmacy Restriction Program to monitor overutilization of medications by our members, for their safety.

When we identify a member who may be misusing controlled substances, we can place them in a care coordination program called Pharmacy Restriction. The program does not limit the amount of medically necessary pain medicines, but directs the member into a comprehensive, coordinated treatment program.

Who is not eligible?
- Members with an active cancer diagnosis are not eligible.
- Medicare members are not eligible.
- Members must be eligible with Mercy Care Plan. Other plans may have different programs, and we are bound by The Health Insurance Portability and Accountability Act (HIPAA) regulations.

Warning signs of aberrant drug use behaviors:
- Lost or stolen prescriptions;
- Requests for early refills;
- Paying cash for controlled substances;
- Refusal to complete diagnostic tests or receive treatments other than medication;
- Unexplained positives on a drug screen;
- Multiple prescribers, multiple pharmacies; and/or
- Frequent Emergency Department (ED) use, medication overdose/poisoning

How does the program work?
Restricted members are locked into specific prescribers for their prescribed controlled substances which may then be filled at any of the participating Mercy Care Plan pharmacies.

Restricted members have a phone number for a Care Associate to notify if they have problems, such as a need to change the restriction doctor.

If the member needs more comprehensive assistance, then the member may be assigned to a Case Management Coordinator to:
- Find a new primary care provider;
- Find a pain management provider;
- Coordinate with the Regional Behavioral Health Association (RBHA);
- Facilitate Case Management

The Case Management Coordinators (and the Care Associates) work(s) with a Medical Director:
- To gather data on prescription history, ED visits, doctor notes;
- Review plan reports on high utilizers;
- Identify members who need restriction; and
- Identify members who are ready to “graduate”.

Do members stay in the program forever?
When the member does not require controlled substances, or they are not misusing them, then the restriction can be lifted. Most members are in the program for about one year.

Who can refer?
Any healthcare professional can refer a patient for the program.
- The Mercy Care Plan team will research to see if the program is appropriate for the member.
- You do not need to research for yourself.
- Your name will not be shared with the member, or with AHCCCS.

How do I refer someone?
Call: 602-453-8391 or 602-263-3000

You may leave a message with your callback number if it is after hours. The following information will need to be provided:
- Patient name
- ID Number
- Date of Birth

It is helpful, but NOT MANDATORY, to know why you think this person may be misusing controlled substances.

A provider notification titled Pharmacy Restriction Program for Health Care Providers is also available on our website.
Provider Satisfaction Survey

We have received the provider satisfaction results from our annual provider satisfaction survey and they are great! Below is a summary from the survey:

<table>
<thead>
<tr>
<th>Plans</th>
<th>2014 Results</th>
<th>2014 All Other Plan Results</th>
<th>2013 Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy Care Plan Acute/DDD</td>
<td>85.3%</td>
<td>80.7%</td>
<td>87.9%</td>
</tr>
<tr>
<td>Mercy Care Plan LTC</td>
<td>75.8%</td>
<td>77.5%</td>
<td>84.3%</td>
</tr>
</tbody>
</table>

While our overall satisfaction dipped slightly from last year, it is important to note that results over 80% are considered world class!

Mercy Care Plan continually strives to improve our provider satisfaction rate. We take these results very seriously and will continue our efforts to improve our service to you every day.

Reclassification of hydrocodone combination products

Mercy Care Plan would like to alert you to the fact that as of October 6, 2014, hydrocodone combination products (HCP) will be reclassified from a Schedule CIII to a Schedule CII. No HCP issued on or after October 6, 2014 shall have refills authorized. In addition, a hard copy paper written prescription is required and prescriptions for HCP cannot be phoned in or faxed to pharmacies. The DEA with agreement from the Food and Drug Administration (FDA) and the U.S. Department of Health and Human Services (HHS) is moving HCP to a higher restriction level for the following reasons:

- These drugs are overprescribed;
- Addictive potential is high;
- Often diverted to black market due to abuse potential;
- Commonly causes users to seek addiction treatment; and
- Commonly seen in narcotic related overdose deaths and hospitalizations.

Although the DEA will allow refills to be dispensed for those prescriptions issued before October 6, 2014, many pharmacy systems do not have the capacity to treat the same drug as a Schedule II and III at the same time. Therefore, although many patients may have refills, at most pharmacies, the claim will reject on or after October 6, 2014.

What does this mean for your practice? Expect that your patients on HCP will be contacting your office to obtain new prescriptions. If you have any questions, please feel free to contact your Provider Relations Representative at 602-263-3000 or 800-624-3879.

We have documented this information in a Provider Notification titled Reclassification of Hydrocodone Combination Products. Please feel free to review this document at any time.

www.MercyCarePlan.com
When determining financial responsibility for a claim that contains both behavioral health diagnoses and medical diagnoses, Mercy Care Plan, in accordance with AHCCCS guidelines, determines financial responsibility by the primary diagnosis that appears on a claim. This is defined as the principal diagnosis on a UB-04 claim from a facility or the first-listed diagnosis on a 1500 (02/12) claim from a physician.

There may be times where a facility or physician claim may have a combination of both medical and behavioral health services listed on the claim. Mercy Care Plan’s determination of plan responsibility when the claim is initially submitted is as follows:

- If the primary diagnosis listed is a medical diagnosis, the financial responsibility to process the claim would be Mercy Care Plan’s.
- If the primary diagnosis listed is a behavioral health diagnosis, the financial responsibility to process the claim would be the Regional Behavioral Health Authority’s (RBHA).

There may be unusual instances where the provider has chosen to list the primary diagnosis as behavioral health, however, the provider may feel the services provided were primarily medical in nature. In order to review these claims further, a medical necessity review would need to be made in order to determine financial responsibility. This medical necessity review would be completed by clinical staff at Mercy Care Plan through review of medical records. In order for a medical necessity review to occur for this type of situation, the provider would need to submit a request through the appeal process.

For additional information regarding the above, please feel free to review the Provider Notification titled Facility and Physician Claims - Determining Health Plan Responsibility - Behavioral Health versus Medical posted to our website.

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Member education regarding Aetna Medicaid family planning for Mercy Care Plan

Family planning services are funded and contracted through Aetna Medicaid Family Planning for Mercy Care Plan. Aetna Medicaid Family Planning relies on contracted PCPs and OB/GYNs to educate members about the availability of covered family planning services. We would like to remind our providers that contractually, PCP and OB/GYN providers are required to notify and educate members of reproductive age about the availability of family planning services at least annually. This information is also outlined in our Provider Manual under Chapter 8 – Family Planning.

www.MercyCarePlan.com
In preparation for the 2014/2015 Respiratory syncytial virus (RSV) season, we would like to take this opportunity to answer some common questions regarding our approval guidelines for Synagis®. These guidelines are based on the 2012 American Academy of Pediatrics (AAP) Red Book criteria and recent updated guidance by the AAP Committee on Infectious Diseases and Bronchiolitis Guidelines Committee. RSV season typically begins on November 1st and continues through March of the following year. The end of the RSV season will be determined by rates of positive viral cultures at regional reference labs and via communication with regional specialists. The AAP recommends a maximum of 5 doses during RSV season, and some children will receive less than 5 doses.

Please note that Synagis® does not completely prevent RSV disease, but has been shown to reduce the risk of hospitalization attributed to RSV lower respiratory tract disease. Please continue to encourage all of your families with young children to practice good hygiene, avoid crowds during the winter season, and to obtain all of the recommended immunizations, including influenza.

Criteria for Synagis® prophylaxis:

- Infants in the first year of life born before 29 weeks 0 days’ gestation
- Children in the first year of life with chronic lung disease (CLD) of prematurity (formerly known as bronchopulmonary dysplasia or BPD) defined as birth at less than 32 weeks 0 days’ gestation and a requirement for more than 21% oxygen for at least 28 days after birth
- Children in the second year of life who have CLD of prematurity and required supplemental oxygen for at least 28 days after birth and who continue to require medical therapy (supplemental oxygen, bronchodilator, diuretic, or corticosteroids) for the CLD
- Children in the first year of life with hemodynamically significant congenital heart disease (CHD), including:
  - infants with cyanotic heart disease;
  - infants with moderate to severe pulmonary hypertension;
  - infants with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures
- Children younger than 2 years who undergo cardiac transplantation during the RSV season

Additional circumstances for which Synagis® prophylaxis may be considered:

- Children in the first year of life with anatomical abnormalities of the airways/respiratory system or neuromuscular condition that impairs the ability to clear respiratory secretions from the upper airways
- Children younger than 24 months who will be profoundly immunocompromised during the RSV season (e.g., severe combined immunodeficiency or severe acquired immunodeficiency syndrome, acute myeloid leukemia/acute lymphoblastic leukemia, hematopoietic stem cell transplant recipients

Please Note:

- All families should be educated about ways to reduce exposure, thorough hand washing, good hygiene, and avoiding overcrowded places
- CLD does NOT include children with a diagnosis of asthma
- Hemodynamically significant CHD does NOT include:
  - infants and children with hemodynamically insignificant heart disease (e.g., secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, and patent ductus arteriosus)
  - infants with lesions adequately corrected by surgery who do not continue to require medication for congestive heart failure;
  - infants with mild cardiomyopathy who are not receiving medical therapy for the condition;
  - children the second year of life not undergoing cardiac transplantation
- There has not been a recommendation established to administer RSV prophylaxis to children with cystic fibrosis (CF)
- If any infant or young child receiving monthly palivizumab prophylaxis experiences a breakthrough RSV hospitalization, monthly prophylaxis should be discontinued because of the extremely low likelihood of a second RSV hospitalization in the same season (<0.5%).

What information must be included with a request?

- The Synagis® Prior Authorization Form can also be found on the Mercy Care Plan website by clicking on the link.

Where should I submit requests for Synagis®?

- Please Fax the completed form to Los Niños at 602-424-2149 for all areas except those not located near a Los Niños Synagis® clinic. Los Niños will coordinate and administer the medication.
- For areas not near to a Los Niños Synagis® clinic, such as Sierra Vista/Douglas, please fax the completed form to CVS/Caremark Specialty Pharmacy at 1-800-323-2445 to obtain the medication for administration in your office.

If you have any questions, please call Mercy Care Plan at 602-263-3000 and follow the prompt to the Prior Authorization queue line.

For additional information regarding Synagis®, please review our Provider Notification titled Synagis® - Information for 2014 - 2015.
Mercy Care Advantage Corner

Medicare Advantage Part C Star Measures

Star Measures use information from member satisfaction surveys, plans, and health care providers to give overall performance star ratings to Medicare health and prescription drug plans. These ratings help to compare plans based on quality and performance. A plan can get a rating from one to five stars. A 5-star rating is considered excellent. The overall plan rating provides a single summary score that makes it easy to compare plans based on quality and performance. Mercy Care Advantage would like to remind you that we have a Provider Outreach Manual titled Medicare Advantage Part C STAR Measures available on our website for your review that provides you with details regarding these Star Measures. Our Health Care Quality Management (QM) Project Managers are available to meet with you to review the Star Measures and have the manual available on CD as well. They can be contacted as follows:
- Maricopa County: 602-361-9194
- Pima County: 520-262-5874

Mercy Care Plan Long Term Care Corner

Home and Community Based Services (HCBS) - Rate Increase Effective 10/1/14

Mercy Care Plan is happy to announce that Home and Community Based Services (HCBS) rates have increased with dates of service on or after October 1, 2014. While some codes may vary in the percent increase, overall, there is an approximate 2% increase. For additional rate detail by code, please refer to our Provider Notification titled Home and Community Based Services (HCBS) - Rate Increase Effective 10/1/14. Mercy Care Plan will be taking the opportunity at this time to update your provider agreements. Our Network Development and Contracting department is finalizing the documents and will be in contact with you shortly.

Skilled Nursing Facility - Rate Increase Effective 10/1/14

Mercy Care Plan is happy to announce that a rate increase will occur on October 1, 2014 for custodial stays in Skilled Nursing Facilities for Mercy Care Plan Long Term Care members. This involves a 2% rate increase for all custodial levels of care for contracted Skilled Nursing Facilities under Mercy Care Plan Long Term Care. Mercy Care Plan will be taking the opportunity at this time to update your provider Agreement. Our Network Development and Contracting department is finalizing the documents and will be in contact with you shortly. A provider notification regarding this rate increase has also been posted to the website titled Skilled Nursing Facility - Rate Increase Effective 10/1/14.
Mercy Care Plan is proud to introduce...

Alfonso Diaz
Network Account Manager, Provider Relations
Mercy Care Plan

Alfonso Diaz is a Network Account Manager in our Provider Relations Department. He has been with the Mercy Care Plan Provider Relations Department for six years, serving the provider community in various capacities. Alfonso has experience in handling high volume Primary Care Physicians (PCPs), specialists, Patient Centered Medical Homes (PCHMs), Skilled Nursing Facilities, Hospitals, capitated contracts and provider delegation oversight.

Alfonso is experienced in provider data/system configuration structure and set-up, customer service, electronic tool support, provider education and management of contractual and regulatory requirements. Alfonso is an active participant in various organizational committees that are geared towards providing support and issue resolution for the population we serve. In addition, he also participates in several Employee Resource Groups involving a support system that benefits both the local and national community. In his spare time he volunteers for the Phoenix AIDS Walk, Special Olympics and March of Dimes.

As a Health Plan Liaison, Alfonso’s focus has been on bridging internal departments in order to provide the best experience for our members and providers. Alfonso champions customer service and is always willing to assist providers with any issues or problems they may have - and always with a smile.

Our mission

Southwest Catholic Health Network Corporation (SCHN) d/b/a Mercy Care Plan is a not-for-profit corporation founded by Carondelet Health Network and St. Joseph’s Hospital & Medical Center, a Dignity Health facility. SCHN is committed to promoting and facilitating quality health care services with special concern for the values upheld in Catholic social teaching, especially of the poor and for persons with special needs.

Our vision

SCHN will lead the transformation of the care delivery model by:
• Enhancing care coordination and collaboration across the continuum (Sponsors, SCHN, provider network).
• Enhancing health literacy and patients’ accountability in their health.
• Seeking a long-term partnership with our provider network by offering effective and personalized services.
• Impacting the care and outcome of high risk/complex patients.
• Applying learning and capabilities to other patient populations to improve community health outcomes.

Our values
• Passion: SCHN will pursue its mission with enthusiasm, optimism and diligence.
• Stewardship: SCHN will act prudently, focusing on the interests of those we serve.
• Teamwork: SCHN will collaborate with others to create exceptional results.
• Advocacy: SCHN will work on behalf of the underserved to improve health outcomes.