



Provider Newsletter

Winter/Spring 2021



AetnaBetterHealth.com/Pennsylvania

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Aetna Better Health® of Pennsylvania

Aetna Better Health® Kids

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Need COVID-19 Resources?

Check out our [COVID-19 Resource web page](#) where you'll find answers to your billing and coding questions, Telehealth guidance, FAQ's, COVID-19 specific updates and Notices as well as State Updates and Resources.



COVID-19 Vaccine Administration Update

There has been an update to the COVID-19 fee schedule. If you have already submitted claims under the previous fee schedule, please do not resubmit the claims. We will be reviewing and reprocessing previously submitted claims.



Do We Have Your Email Address?

Several months ago we started sending your practice important communication updates via email and then to fax, then your physical address. We need your current email address to get provider updates to you quicker and more efficiently. Be sure to give your PR Rep an email for your practice. It will keep you “in the know” about Aetna Better Health of Pennsylvania!



We've Moved

Aetna Better Health of Pennsylvania and Aetna Better Health Kids have moved from our Market Street location to:

New address:

1425 Union Meeting Road
Blue Bell, PA 19422

- Our claims mailing address has not changed.
- Our phone numbers and fax numbers have not changed.

Please send ALL Complaints Grievances and Appeals communications to the NEW Blue Bell address.

For questions, call your Provider Relations representative at **1-866-638-1232**.



Important PPE Update: Providing Member PPE During Office Visits

Per DHS bulletin 99-20-07, providers may not charge Aetna Better Health members for PPE used during the delivery of a covered service. The fee for the service plus any required copayment (if applicable) is considered to be payment in full. Providers are prohibited from seeking or receiving any additional payment. Any provider who may have charged Aetna Better Health members for PPE must refund or credit the payment to the member.

Information on MA Program coverage related to COVID-19 can be found on the Department of Human Services website [here](#). The Pennsylvania Department of Health has a dedicated page for COVID-19 that provides regular updates. Click [here](#) for the most up to date information regarding COVID-19.



Did you miss an MAB?

If you missed a recent Medical Assistance Bulletin, just go to <https://www.dhs.pa.gov/docs/For-Providers/Pages/Bulletin-Search.aspx>.



Grievances Submitted by Providers

When filing a grievance on behalf of a member, please refer to Chapter 14, Member Complaints, grievances and DHS Fair Hearings Overview, in our Provider Manual. Providers can file a grievance on behalf of a member if the member provides their consent in writing to do so. Requests received without the written consent are not eligible for review. Aetna Better Health of Pennsylvania Complaint, Grievance & Appeal Department will mail the member a consent form. If the form is not returned by the member within 25 calendar days, the request will be closed as ineligible for review.

If you have any questions regarding this process, please contact your Provider Experience Representative.



Learn about our Maternal, Infant and Early Childhood Home Visiting Program

Do you have Aetna Better Health members who are expecting a baby? Whether this is her first baby, or she's delivered before, we hope you'll let her know about the Maternal Infant Home Visiting Programs that are available right in her community. High-risk and non-high risk mothers have access to the program.

Program Overview

We cover home visits conducted by nurses and other trained professionals starting during pregnancy and continuing through the child's 2nd year of life. These professionals will conduct assessments geared toward promoting positive birth outcomes, infant and early childhood development, as well as parenting education.

This family focused approach offers concrete support and encouragement at a time when it is needed most. This program assists by:

- Promoting health and well-being
- Developing a plan to meet personal and family goals
- Parenting practices and techniques
- Connecting with local community resources
- Helping coordinate care with physicians
- Reducing harmful health behaviors
- Identifying pregnancy complications
- Improving child's physical and emotional milestones
- Enhancing parent-child interactions
- Addressing child safety concerns

Here are just a few examples of programs that could be right for your patient!

- Nurse Family Partnership® (NFP)
- Maternity Care Coalition
- Healthy Families of America® (HFA)
- Parents as Teachers® (PaT)
- Early Head Start
- SafeCare Augmented
- Healthy Start
- Etc.

There may be more local programs in or near your patient's community that are not listed above.

Our Care Managers or Community Health Workers can help answer questions and help you get our members connected and enrolled with a program that fits them best. You can also call or help mom call our Special Needs Unit at **1-855-346-9828** to speak with one of our Case Management representatives today who can locate resources.



The Oral Health and Mental Health Connection

Many psychiatric disorders are associated with dental disease such as erosion (loss of enamel due to acid), caries (cavities) and periodontal disease (gum disease). When left untreated dental diseases can often lead to tooth loss. Compared to the general population, those with severe mental illness have 2.7 times the likelihood of losing teeth.

Some possible interventions may include oral health assessments using standard checklists that can be completed by nondental personnel, guidance with oral hygiene, management of iatrogenic dry mouth, and early dental referrals that may include the following questions or steps:

- When did you last have a preventive dental visit?
- Are you having any problems with your teeth and mouth?
- Are you having any dry mouth (xerostomia) side effects from psychiatric medications? Decreased saliva, trouble speaking, or eating dry foods?
- Are you having difficulty keeping up with oral hygiene due to mental health?
- Screen the patient for eating disorders where vomiting is increased (causing increased damage to the teeth)
- Discuss if dental issues are impacting mental health
- Discuss importance of dental referrals.
 - Refer the patient to a dental professional: aetnabetterhealth.com/pennsylvania/find-provider



DHS Updated Child Immunization Update MAB

[Click here](#) to see the latest MAB regarding child immunization requirements in Pennsylvania.



ABH Pennsylvania Earns First NCQA MHC Distinction



This month, Aetna Better Health of Pennsylvania (ABHPA) and its Quality department earned The National Committee for Quality Assurance (NCQA) Multicultural Health Care Distinction (MHC). The PA plan is the first health plan in all of Aetna to earn this important distinction. Not only are we first, but we scored 100% on the evaluation.

The NCQA MHC Distinction identifies organizations — health plans, managed care organizations, managed behavioral health organizations, wellness and population health organizations, and others — that meet or exceed standards, leading the market in providing culturally and linguistically appropriate services (CLAS) and working to reduce health care disparities.

“Closing the gaps in health care disparities is no easy task,” said Alice Jefferson, ABHPA director of Quality Management. “We view our work with our members as a journey and the MHC distinction demonstrates that we are on the right path. As a person of color, myself, I am proud that CVS/Aetna made this commitment toward earning our MHC and for the work my colleagues do every day for our diverse membership. I am more than excited for what our future holds and I am thrilled that we received notice of achieving MHC at the beginning of our celebration of Black History Month!



Member Rights and Responsibilities

Aetna Better Health of Pennsylvania and Aetna Better Health Kids maintain policies and procedures that formally address a member's rights and responsibilities. The policies reflect federal and state laws as well as regulatory agency requirements.

We annually inform our members of their rights and responsibilities in the member handbook, member newsletter and other mailings. They are also posted within the For Members section on our website at aetnabetterhealth.com/pennsylvania/members.

We ensure that members can exercise their rights without adversely affecting treatment by participating providers. Members' rights and responsibilities are monitored through our quality management process for tracking grievances and appeals as well as through member surveys. Issues are reviewed by our Service Improvement Committee and reported to the Quality Management Oversight Committee.

For additional information regarding member rights and responsibilities, visit our website or call your Provider Relations Representative at **1-866-638-1232**.



Recent Provider Notices

Stay up to date with our recent provider notices.

Check our NOTICES page often to stay up to date with changes that may affect you by visiting: aetnabetterhealth.com/pennsylvania/providers/notices.

The Notices are divided into five categories to make it easier to see what you are interested in finding. Check it out today!



Need to Update Your Provider Info?

We just made changing your demographic information easier! We now have an online form you can fill out and hit submit and that's it! The process is easier, quicker and more accurate.

[Update your info today!](#)



We've Improved the Provider Enrollment and Credentialing Process

We've updated our Join our Network page on our website to make it easier to navigate and find what you're looking for easier. We even added a fillable form you can save and email to us if you are adding multiple providers to a group contract.

[Check it out!](#)

Inpatient Stay Readmission Policy Effective 1/1/2021

The Department of Human Services (DHS) has notified us that Systems Notice 2020-018 replaces Systems Notice 2016-014 **beginning with admission dates and dates of service on or after January 1st, 2021.**

In accordance with the recent DHS notification, Aetna Better Health is taking the necessary steps to update our Hospital Readmissions processes. Hospital readmissions with an **admission date and dates of service on or after January 1st, 2021 should no longer be combined** into a single claim.

1. Hospital readmissions should be billed separately.
2. Our system will show two separate claims, an inpatient stay that was approved and paid by Aetna Better Health and, another inpatient stay that was denied.
3. If a patient is readmitted to the hospital due to complications of the original diagnosis and this results in a different DRG with a higher payment rate, Aetna Better Health will pay the higher DRG.
4. If the combined hospital stay qualifies as an outlier, an outlier payment will be made.

Questions?

We're here to help. Just contact our Provider Relations department at **1-866-638-1232**.

Our Provider Portal Transition to Availity

Effective January 2021 the Phased Transition Begins

Aetna Better Health of Pennsylvania is excited to announce that beginning January 2021 we began a phased transition to the Availity Provider Portal. The Availity Provider Portal is a secure, real-time platform where payers and providers work together and communicate electronically.

If you currently use Availity, you have already received notification of the transition. If you do not currently use Availity, you will receive more information soon.

The transition timeline is available on the ABH here: aetnabetterhealth.com/pennsylvania/providers/portal

The Aetna Better Health Provider Portal will continue to be available until the transition is complete later this year.

For more information and training webinar dates, you must be registered on the Availity Provider Portal. For registration assistance, please call Availity Client Services at 1-800-282-4548 between the hours of 8:00 am and 8:00 pm Eastern, Monday-Friday (excluding holidays).





The Aetna Better Health Plan of Pennsylvania Portal is Getting an Upgrade!



ConnectCenter will soon replace Emdeon Office, giving you a more reliable, more complete way to submit claims and verify member information, all at no cost to you. The transition to ConnectCenter will take place over the next 3 months and will be completed by May 30, 2021.

You can **get started** TODAY!

You will be able to setup a new account in just seconds. Once you have received your new credentials, you may immediately begin checking eligibility. The claim submission feature will be available to you within one business day after setting up your account.

Be sure to bookmark the new login page:

<https://physician.connectcenter.changehealthcare.com/#/site/home?payer=214567>.

You will be able to use your ConnectCenter and Emdeon Office accounts at the same time until May 30, 2021. After May 30, most of your Emdeon Office account will be deactivated. However, we will provide continued access to old claims by allowing you to log in directly to the Reporting & Analytics feature, within Emdeon Office.

To ensure you have as much time as possible to transition to ConnectCenter, we highly recommend that you start using it immediately. User guides and similar material links are included below to help answer any questions you might have.

Here are a few of the improvements you can look forward to with ConnectCenter:

- Claims users no longer need to choose between data entry of claims and upload of 837 files. All users may do both.
- Secondary and tertiary claims can be submitted.
- Institutional claims are supported.
- Claims created online are fully validated in real-time so that you can correct them in real-time.
- Whether you upload your claims or create them online, your claim reports are integrated with the claim correction screen for ease in follow-up.
- Dashboard and work list views makes managing your billing to-do list a snap
- On-shore customer support available through online chat (as well as by phone)

Helpful Resources and Guides

- [Signing Up](#)
- [Getting Started With Claims](#)
- [Keying a Professional \(CMS1500\) Claim Online](#)
- [Keying an Institutional \(UB04\) Claim Online](#)
- [Getting Started With Eligibility](#)
- [Getting Started With Claim Status](#)
- [Getting Started with Provider Management](#)

*Tip: To save any of these guides for later use, right click on the link to the guide and choose an option such as “Save Link As.” (The name of the download command varies between different browsers.) Once the “Save As” popup window opens, be sure to note where the guideline is being saved. The default directory is often (but not always) your Downloads folder.



Provider Pay for Quality (P4Q) Program

Aetna Better Health of Pennsylvania is introducing the 2021 Medicaid Pay for Quality (P4Q) Program to our valued provider network. The goal of the program is to partner with our providers to engage members in their routine healthcare services throughout the calendar year.

Routine care that you provide in your office may include services that focus on prevention, management of chronic diseases, medication education, and maternity care. By partnering with you, we can ensure members receive needed care and education so they can avoid health issues such as:

- Exacerbations in chronic conditions that include asthma, diabetes, or hypertension
- Trips to the emergency room
- Hospital admissions
- Preterm delivery
- Cavities, gum disease, periodontal disease

To be eligible for the program, providers must meet minimum panel requirements of assigned ABH-PA members and be licensed as a primary care provider, dentist, or OB/GYN. Eligible providers will be rewarded for submission of complete coding, capture of services provided, excellent care, and satisfying quality targets. In turn, this will result in healthier member outcomes and improved quality scores.

How does the P4Q program work?

- P4Q is based on practice-specific administrative data tied to a variety of clinical quality and utilization guidelines.
 - Administrative data includes claims coding or direct data feeds
 - Medical record submission will not count towards P4Q payments.
- The program measurement year is the 2021 calendar year for dates of service January 1 - December 31, 2021.
- Maternity measures include care of members with deliveries from October 8, 2020 – October 7, 2021
- Incentive payments are paid to providers at the Tax ID (TIN) level
- Payments are made on a once per year per member basis unless specified in the table below.
 - Please see the below table for payment schedules, measures in the program, panel requirements, required service, required benchmarks, and incentive amount.

Payment for the P4Q program is dependent on the funding that the Pennsylvania Department of Human Services provides. Aetna Better Health reserves the right to end the P4Q program if funding becomes unavailable.

Biannual Incentive Table

The first biannual payment for care captured in the first half of 2021 will occur by the end 2021. The second biannual payment for care captured in the second half of 2021 will occur by June 30, 2022.

Measure	Panel Requirements	Required Service	Benchmark	Incentive Amount
Child and Adolescent Well-Care Visits (WCV) – ages 3-11-year old	50 or more members	One well care visit in 2021	56%	\$40
Child and Adolescent Well-Care Visits (WCV) – ages 12-17-year old	50 or more members	One well care visit in 2021	50%	\$40
Well-Child Visits in the First 30 Months of Life, 6 or more visits by 15 months of age	50 or more members	6 or more well care visits by age 15 months	69%	\$75
Well-Child Visits in the First 30 Months of Life, 2 or more visits from 15 months through 30 months of age	50 or more members	2 or more well care visits between 15 months and 30 months of age	69%	\$75
Annual Dental Visit (ADV) Ages 6 months-5 years	No panel requirements	Preventive oral healthcare once during calendar year 2021	N/A	\$50
Annual Dental Visit (ADV) Ages 6-20 years	No panel requirements	Preventive oral healthcare once during calendar year 2021	N/A	\$25
Lead Screening for Children (LSC)	50 or more members	A venous or capillary blood draw for lead by age 2	81%	\$50
Developmental Screening in the First Three Years of Life (DVS)	50 or more members	One qualifying screen for developmental delay for members ages 1-3	56%	\$50
Prenatal Care in the First Trimester	No panel requirements	Completes a prenatal visit during the first trimester (on or before enrollment start date) or within 42 days of enrollment in to the plan	N/A	\$75
Postpartum Care	No panel requirements	Completes one postpartum visit 7-84 days post delivery	N/A	\$100

Annual Incentive Table

Payments occur will occur by June 30, 2022.

Measure	Panel Requirements	Required Service	Benchmark	Incentive Amount
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>/=9%)	50 or more members	Last HbA1c test in 2021 is <9.0	<35%	\$50
Controlling High Blood Pressure (CBP)	50 or more members	Last BP in 2021 is <140/90 mm Hg	67%	\$50
Asthma Medication Ratio (AMR)	50 or more members	Members must have a ratio of controller medications to total asthma medications of 0.50 or greater	52%	\$100
Emergency Room (ER) Utilization	250 or more members	Members who utilize the Emergency Room for ambulatory care services that do not result in an inpatient admission- providers do not want a high utilization rate	<45 visits/1000 member months	\$2500 per TIN
Plan All Cause Readmission	Primary Care Provider Groups whose total assigned members have a combined minimum of 25 eligible admissions	Members who are readmitted to the hospital within 30 days of discharge	<7.88%	\$2500 per TIN
Electronic Submission of Data	No panel requirements	Complete electronic transfer of meaningful use data from EHRs with Aetna Better Health of Pennsylvania through direct data feed		\$1500 per TIN

What resources does the health plan offer to help you reach quality goals?

- The Quality Practice Liaison program that provides gaps in care reports and education on the program
- Monthly webinars that demonstrate access and use of The Aetna Better Health of Pennsylvania Website that offers a wealth of information on Pay for Quality as well as other key topics
- Pay for Quality Program webinar and educational documents
- Targeted outreach and text messaging for healthcare services such as lead screening, dental, or well childcare
- Case Management, Special Needs Unit, and Community Health Workers to assist with appointment scheduling, reminders, and navigation of the healthcare system

Questions on the program?

Call our provider relations team at **1-866-638-1232**. You can also contact the Quality Management Department via email at AetnaBetterHealthPAQM@aetna.com.

Provider HEDIS® Training Webinar Series

HEDIS Webinar Series

You're invited to attend our free HEDIS webinar series. The goal of the series is to:

- Educate about HEDIS measure specifics
- Explore ways to reduce the burden of medical record review and maximize administrative data capture
- Present NCQA HEDIS reporting codes that will help effectively capture care provided
- Encourage open discussion to learn how other providers are addressing HEDIS and barriers to care
- Strategies for improvement
- Connect you with a single point of contact at the health plan for HEDIS/ Quality questions

Be sure to check your inbox for monthly invites and class registration information.

Please cascade this information to other staff that may benefit from these free webinars.

Please email **Madison** (MRYounlisky@aetna.com) to be added to the invite list.

Schedule

January 2021

- HEDIS 101 & The CAHPS Survey
- HEDIS Measures and EPSDT/Bright Futures for 0 to 11 year old members

February 2021

- HEDIS Measures and EPSDT/Bright Futures for 12 to 20 year old members
- HEDIS Measures collected using Electronic Clinical Data Systems (ECDS)

March 2021

- Women's Health and Overcoming Racial Disparities in Maternity Care
- Caring for members with a Serious Mental Illness or Serious Emotional Disturbance

April 2021

- HEDIS Measures for male and female members in the Medicare and Medicaid Population
- Caring for members with Developmental Disabilities

May 2021

- Coding Specific Topic: How to close HEDIS Measures Administratively

June 2021

- The Correlation Between Substance Abuse and Mental Illness

July 2021

- Closing HEDIS Gaps In Care for Members 0 to 11 year old and EPSDT/Bright Futures
- HEDIS Measures of Care for Members with Developmental Disabilities

August 2021

- Closing HEDIS gaps in care for members 12 to 20 year old and EPSDT/Bright Futures
- HEDIS Measures of Care for Women and Maternity Care

September 2021

- Takeaways from the 2021 HEDIS Medical Record Review
- HEDIS Measures for Members with a Serious Mental Illness or Serious Emotional Disturbance

October 2021

- Closing HEDIS Gaps in Care for Male and Female Members in the Medicaid and Medicare Population
- HEDIS Measures collected using Electronic Clinical Data Systems (ECDS)

November 2021

- HEDIS Measures Pertaining Substance Abuse and Mental Illness
- Coding Specific Topic: Closing HEDIS Gaps In Care Before HEDIS 2022

December 2021

- Reducing the Burden of Medical Record Review and Preparing for HEDIS

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2021 Quick Reference Guide

Aetna Better Health of Pennsylvania			
Administrative Office	1425 Union Meeting Road Blue Bell, PA 19422 1-866-638-1232 (MA) 1-800-822-2447 (CHIP)	Claims Customer Service Contact (CICR)	1-866-638-1232
Pharmacy	CVS Caremark: 1-866-638-1232	Language Line Services	1-800-385-4104
Eligibility Verification (by phone)	1-866-638-1232 (MA) 1-800-822-2447 (CHIP)	Complaints, Grievances & Appeals	Complaints Grievance and Appeals 2000 Market Street, Suite 850 Philadelphia, PA 19103 Fax: 1-860-754-1757 Email: PAMedicaidAppeals& Grievance@AETNA.com
Claim Submission Address/Payor ID	Aetna Better Health PA P.O. Box 62198 Phoenix, AZ 85082-2198 Emdeon Payor ID: 23228	eviCore [®]	Link: www.Evicore.com Radiology: 1-888-693-3211 Pain Management: 1-888-393-0989 Client Services: 1-800-575-4517
Prior Authorization Phone and Fax Numbers	P: 1-866-638-1232 F: 1-877 363-8120 Form Link: aetnabetterhealth. com/pennsylvania/assets/pdf/ provider/PriorAuthForm-PA_JF SP2_FINAL.pdf	Real Time support via Emdeon: Claim Inquiry & Response (276/277); Eligibility Inquiry & Response (270/271); and Health Service Review Inquiry & Response (278)	Emdeon Payor ID: 23228
Provider Manual	aetnabetterhealth.com/ pennsylvania/providers/manual	EFT / ERA	Form Link: aetnabetterhealth.com/ pennsylvania/assets/pdf/provider/ provider-forms/EFT-Authorization EnrollmentForm-PA.pdf
Website	aetnabetterhealth.com/ pennsylvania	Vision	Superior Vision: 1-866-819-4298 www.superiorvision.com
Provider Web Portal	aetnabetterhealth.com/ pennsylvania/providers/portal	Provider Relations, Contracting & Updates	P: 1-866-638-1232 F: 1-860-754-5435 Email: ABHProviderRelations Mailbox@AETNA.com
Peer to Peer Request	1-959-299-6960	Special Needs Unit	1-855-346-9828
Member Services	1-866-638-1232 (MA) 1-800-822-2447(CHIP)	Dental	SKYGEN Provider Services: 1-800-508-4892 Website: https://skygenusa.com
Pennsylvania Department of Human Resources			
Dept of Human Services Helpline	1-800-692-7462	Provider Inquiry Hotline	1-800-537-8862 Prompt 4
Behavioral Health	1-800-433-4459	Pharmacy Hotline	1-800-558-4477 Prompt 1
OMAP - HealthChoices Program Complaint, Grievance, & Fair Hearings	1-800-798-2339 PO Box 2675 Harrisburg, PA 17105-2675	MA Provider Enrollment Applications / Changes	1-800-537-8862 Prompt 1
Eligibility Verification System (EVS) – Phone	1-800-766-5387	Outpatient Providers Practitioner Unit	1-800-537-8862 Prompt 1
Eligibility Verification System (EVS) – Website	https://www.dhs.pa.gov/ providers/FAQs/Pages/default. aspx	MA Provider Compliance Hotline	1-800-333-0119

2021 Quick Reference Guide

Mental Health, Drug & Alcohol Services				Medical Assistance Transportation Program (MATP)			
Aetna Better Health recipients receive mental health, drug, and alcohol services through Behavioral Health (BH) Managed Care Organizations (MCO) in each county. Please refer to the list below to contact the office in the member's county.				Please refer recipients needing assistance with transportation to these local county offices. Recipients can use these numbers to obtain information on how to enroll in the MATP program. For more information, visit matp.pa.gov .			
County	BH MCO / Phone	County	BH MCO / Phone	County	Phone	County	Phone
Adams	CCBHO 800-553-7499	Lackawanna	CCBHO 800-553-7499	Adams	800-632-9063	Lackawanna	570-963-6482
Allegheny	CCBHO 800-553-7499	Lancaster	PC 888-722-8646	Allegheny	888-547-6287	Lancaster	800-892-1122
Armstrong	VBH 877-615-8503	Lawrence	VBH 877-615-8503	Armstrong	800-468-7771	Lawrence	888-252-5104
Beaver	VBH 877-615-8503	Lebanon	PC 888-722-8646	Beaver	800-262-0343	Lebanon	717-273-9328
Bedford	PC 866-773-7891	Lehigh	MBH 888-207-2911	Bedford	814-643-9484	Lehigh	888-253-8333
Berks	CCBHO 800-553-7499	Luzerne	CCBHO 800-553-7499	Berks	800-383-2278	Luzerne	800-679-4135
Blair	CCBHO 800-553-7499	Lycoming	CCBHO 800-553-7499	Blair	800-458-5552	Lycoming	800-222-2468
Bradford	CCBHO 800-553-7499	McKean	CCBHO 800-553-7499	Bradford	800-242-3484	McKean	866-282-4968
Bucks	MBH 888-207-2911	Mercer	VBH 877-615-8503	Bucks	888-795-0740	Mercer	800-570-6222
Butler	VBH 877-615-8503	Mifflin	CCBHO 800-553-7499	Butler	866-638-0598	Mifflin	800-348-2277
Cambria	MBH 888-207-2911	Monroe	CCBHO 800-553-7499	Cambria	888-647-4814	Monroe	888-955-6282
Cameron	CCBHO 800-553-7499	Montgomery	MBH 888-207-2911	Cameron	866-282-4968	Montgomery	215-542-7433
Carbon	CCBHO 800-553-7499	Montour	CCBHO 800-553-7499	Carbon	800-990-4287	Montour	800-632-9063
Centre	CCBHO 800-553-7499	Northampton	MBH 888-207-2911	Centre	814-355-6807	Northampton	888-253-8333
Chester	CCBHO 800-553-7499	Northumberland	CCBHO 800-553-7499	Chester	877-873-8415	Northumberland	800-632-9063
Clarion	CCBHO 800-553-7499	Perry	PC 888-722-8646	Clarion	800-672-7116	Perry	800-632-9063
Clearfield	CCBHO 800-553-7499	Philadelphia	CBH 888-545-2600	Clearfield	800-822-2610	Philadelphia	877-835-7412
Clinton	CCBHO 800-553-7499	Pike	CCBHO 800-553-7499	Clinton	800-206-3006	Pike	866-681-4947
Columbia	CCBHO 800-553-7499	Potter	CCBHO 800-553-7499	Columbia	800-632-9063	Potter	800-800-2560
Crawford	VBH 877-615-8503	Schuylkill	CCBHO 800-553-7499	Crawford	800-210-6226	Schuylkill	888-656-0700
Cumberland	PC 888-722-8646	Snyder	CCBHO 800-553-7499	Cumberland	800-632-9063	Snyder	800-632-9063
Dauphin	PC 888-722-8646	Somerset	PC 866-773-7891	Dauphin	800-309-8905	Somerset	800-452-0241
Delaware	MBH 888-207-2911	Sullivan	CCBHO 800-553-7499	Delaware	866-450-3766	Sullivan	800-242-3484
Elk	CCBHO 800-553-7499	Susquehanna	CCBHO 800-553-7499	Elk	866-282-4968	Susquehanna	866-278-9332
Erie	CCBHO 800-553-7499	Tioga	CCBHO 800-553-7499	Erie	800-323-5579	Tioga	800-242-3484
Fayette	VBH 877-615-8503	Union	CCBHO 800-553-7499	Fayette	800-321-7433	Union	800-632-9063
Forest	CCBHO 800-553-7499	Venango	VBH 877-615-8503	Forest	800-222-1706	Venango	814-432-9767
Franklin	PC 866-773-7917	Warren	CCBHO 800-553-7499	Franklin	800-632-9063	Warren	877-723-9456
Fulton	PC 866-773-7917	Washington	VBH 877-615-8503	Fulton	800-999-0478	Washington	800-331-5058
Greene	VBH 877-615-8503	Wayne	CCBHO 800-553-7499	Greene	877-360-7433	Wayne	800-662-0780
Huntingdon	CCBHO 800-553-7499	Westmoreland	VBH 877-615-8503	Huntingdon	800-817-3383	Westmoreland	800-242-2706
Indiana	VBH 877-615-8503	Wyoming	CCBHO 800-553-7499	Indiana	888-526-6060	Wyoming	866-278-9332
Jefferson	CCBHO 800-553-7499	York	CCBHO 800-553-7499	Jefferson	800-648-3381	York	800-632-9063
Juniata	CCBHO 800-553-7499			Juniata	800-348-2277		