



Provider Newsletter

Fall/Winter 2020



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.



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.



Sister Taleah Taylor: Community Partner Spotlight

Sister Taleah Taylor is a Philadelphia Native who has dedicated her life to mentoring youth and forming partnerships with non-profits and other political organizations to push for the implementation of changes needed within Philadelphia's communities. As the President and Co-Founder of the City of Dreams Coalition, Taleah Taylor operates programs tailored to the needs of Philadelphia's communities through the operation of programs that focus on nurturing the skills and abilities of youth and others in the community through basketball, music, dance, and other youth activities.

Taleah has been diligent in her efforts in making Philadelphia a better place for its residents, with a large focus on youth. The motto she has embraced as her vision for youth outreach is to "captivate the minds of the youth by teaching them how to think, instead of telling them what to think." As a result, she has not only captured the minds of the youth, but she has also been able to transform many of their negative situations into positive and promising outcomes.

Taleah hosts memorable and life changing events and programs such as her youth music studio and job training initiative called the Fresh Start Forward Program. The program works with youth to improve their lives with training in conflict resolution to help stop violence in Philadelphia.

She is also involved in the Cypher City Spotlight initiative which hosts a global showcase highlighting the collaboration of music and technology providing a platform to highlight some of the top artists, DJ's and producers from Philadelphia. Sister Taleah assumes various active roles to help with the Cypher City Spotlight initiative, including serving as a vendor volunteer coordinator, a political liaison for the elected officials attending Cypher City Spotlight, and a provider of needed resources.

Her continued activism has can be witnessed by communities all over Philadelphia and in the tri-state area. The City of Dreams Coalition was created to work in conjunction with elected officials, community activists, and Philadelphia-based organizations.

She is often referred to as the "Networking Queen" due to her hard work and ability to gather people to work together on numerous events around Philadelphia and the tri-state area. As a result of her solid and consistent work ethic, she has received awards and citations throughout the City, and been recognized at the PA State Capital for her work ethic and leadership within Philadelphia's communities.



Avoid Duplicate Rejections On DME, HHC & Hospice Services

Recently we have been processing DME, HHC and Hospice Services claims where some providers are incorrectly billing more than one visit on the same day but on separate bills.

As a reminder, all the above services that occur on the same day must be billed on one claim. The Department of Human Services (DHS) does not recognize modifiers to determine distinct services.

Effective immediately, same day services not combined will be rejected so a corrected claim with services occurring on the same day can be resubmitted on the same claim.

These are a couple examples of claim submittals that are NOT allowed:

- Billing a 2nd visit on the same day on another claim with a modifier or without modifier
- Billing two or more dates of services combined on the same line

Each day needs to be a separate line or claim with all services associated with that service.

Questions?

If you have any questions about this update, please call Provider Relations at **1-866-638-1232**.



Billing Requirements – Rendering/Referring NPI

Under Department of Human Services (DHS) guidelines, it is important to note that the referring provider should not be the same as the rendering provider. If a referring provider is not required, then it should not be billed.

Below are some tips on how to bill properly to avoid denials:

- Rendering Provider
 - When the rendering provider is the same entity as the billing provider, the rendering provider should be omitted.
 - Rendering providers must be an individual provider and should be billed with the individual NPI and taxonomy.
 - Please refer to the Rendering Providers Must Be Individuals for Certain Provider Types notice for exceptions.
- Referring Provider
 - The referring provider should not be the same as the rendering provider.
 - If a referring provider is not required, then it should not be billed.
 - The referring provider should not be the billing or rendering provider.
- Provider Registration
 - Effective July 1, 2019, as required by the Affordable Care Act (ACA) and DHS, all Medicaid and CHIP providers who render services for Medicaid or CHIP beneficiaries, were required to be enrolled with DHS and have a valid PROMISe Identification Number (PROMISe ID) for each service location at which a provider operates.
 - DHS uses the National Provider Identification (NPI) number, ZIP+4 and taxonomy submitted on claims to validate the enrollment of providers in PROMISe.
 - Physicians and other practitioners that order, refer or prescribe items or services to MA beneficiaries should also be enrolled as participating providers.

We urge you to submit these claims properly to avoid future denials.

Questions?

If you have any questions about this update, please call Provider Relations at **1-866-638-1232**.



Aetna Better Health of Pennsylvania and Aetna Better Health Kids offers family planning services to our members!

Aetna Better Health and Aetna Better Health Kids cover family planning services for women of all ages. These are the professional services provided by a PCP or OB GYN provider related to:

- Prescribing, fitting and/or insertion of birth control
- Family planning education and counseling

We encourage our provider network to continue to provide family planning options to your patients, incorporate long-acting reversible contraceptives (LARC) counseling, and support access to LARC in all clinically appropriate circumstances.

What are long-acting reversible contraceptives (LARC)?

LARC are types of birth control that offer effective contraception for an extended period—anywhere from 1 to 10 years. These methods of birth control include:

- Intrauterine devices (IUDs)
 - Mirena
 - Paragard
- Subdermal contraceptive implants
 - Nexplanon

The American College of Obstetricians and Gynecologists (ACOG) has information on LARC methods and how to access LARC.

<https://www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/medical-education/long-acting-reversible-contraception-larc>

What are the benefits of LARC?

- LARC are more effective at preventing unwanted pregnancy than pills, patches, rings, or condoms
- LARC are safe for women of all ages
 - Teenagers
 - Postpartum (LARC can be inserted immediately following delivery)
- Return to fertility is rapid following removal

LARC are considered a family planning service and are a covered benefit for both Medicaid and CHIP recipients!

LARC Reimbursement

Aetna Better Health of Pennsylvania and Aetna Better Health Kids have updated the claims payment system to comply with DHS reimbursement guidelines to pay providers for covered LARC and certain family planning services in accordance with MA and CHIP reimbursement practices.

Questions?

Reach out to your Provider Relations Representative at 1-866-638-1232 (Medicaid) or 1-800-822-2447 (CHIP). You can also reach out to Provider Relations via email at ABHProviderRelationsMailbox@Aetna.com.



Refunding of Provider Overpayments

Occasionally, we inadvertently overpay providers for claims for various reasons. We apologize for any inconvenience these overpayments may cause. At this time we would like to clarify steps provider offices should follow after verifying you have received an overpayment on a claim.

Below is the process and requirements for you to process any overpayment and submit a refund to us for the overpayment.

If you're certain you have received overpayment from us, please submit the following information:

- A check issued to Aetna Better Health in the amount of the overpayment
- The name and ID number of the member for whom we have overpaid (include a copy of the member's Aetna ID card if available)
- The date(s) of service

- Supporting documentation including but not limited to:

- A letter explaining the reason for the refund
- A copy of your Explanation of Benefits (EOB) statement
- In the case of incorrect coordination of benefits, the primary carrier's EOB statement
- Corrected bill
- Any other documentation that would assist in accurate crediting of the refund

- Refunds and supporting documentation should be mailed to:

Aetna Better Health of Pennsylvania
1425 Union Meeting Road
Blue Bell, PA 19422

If you have any questions regarding refunds of overpayments, just call Provider Relations at **1-866-638-1232**.





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**.



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!](#)



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!

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!](#)**



Pennsylvania Performance Utilization Measures – capturing discharges between 1/1/20-12/31/20

Aetna Better Health of Pennsylvania values our commitment to collaborate with our providers in managing members with chronic diseases that are often admitted for inpatient care due to exacerbations in these conditions. We capture useful data on members that are utilizing the hospital for disease management as opposed to following up with their PCP on an ambulatory basis through several Pennsylvania Performance Measures:

- Asthma in Children and Younger Adults Admission Rates -The number of discharges for asthma in enrollees ages 2 years to 39 years
- Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate - The number of discharges for chronic obstructive pulmonary disease (COPD) or asthma for Medicaid members 40 years and older
- Diabetes Short-term Complications Admission Rate- The number of discharges for diabetes short-term complications (ketoacidosis, hyperosmolarity or coma) in adults 18 years and older
- Heart Failure Admission Rate- The number of discharges for heart failure in adults 18 years and older

All these state performance measures are inverse meaning a lower rate is desirable. Members admitted to the hospital for chronic diseases that can be managed on an outpatient basis are captured.

Resources available to members with chronic diseases

Members that fall into these measures can be referred to Aetna Better Health of Pennsylvania's Care Management Department for assistance in disease management. Our care management team has a program specifically designed to assist members in overcoming barriers to care in order to avoid adverse events such as ED visits and inpatient admissions related to chronic diseases. Refer patients to this Special Needs Unit (SNU) for assistance by calling **1-855-346-9828**.

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.**

[View DHS System Notice 2020-18 on the next page](#)

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.**

Thank you for the quality care you provide our members.

Sincerely,

Provider Relations
Aetna Better Health of Pennsylvania

Systems Notice #SYS-2020-018 Encounter Data Hospital Related Readmission Encounter Submission

Purpose: To provide Physical Health (PH) and Community HealthChoices (CHC) managed care organizations (MCOs) guidance in identifying and properly submitting hospital related readmission encounters.

Procedure: Identify a hospital related readmission with a clinical review of subsequent inpatient hospital admission occurring within thirty days of the initial admission's date of discharge to assess the criteria in MAB 01-11-41, Revised Payment Policy for Hospital Readmissions, is met.

For the MCO to accurately illustrate a hospital related readmission, the MCO should submit the original and readmission encounters by using the following method:

1. Ensure one encounter is MCO Paid. This may be the first admission encounter. If after a clinical review the MCO decides to pay the second related readmission encounter because of a higher payment rate, the first admission encounter must be voided.
2. Submit the MCO Paid admission encounter to PROMISE. The MCO payment should be contained within the first payor loop/CAS segment and the services paid should still be illustrated with CARC 24 which crosswalks to a carrier indicator of '9 - Service was Approved/Accepted by the MCO'.
3. Submit the MCO denied encounter to PROMISE. This denied encounter would either be for the first hospital admission after the void is complete OR the second related readmission. The MCO zero payment (denial) should be contained within the first payor loop/CAS segment and the services denied should be illustrated with CARC 249 which crosswalks to a carrier indicator of '6 - Service was Denied due to Readmission'.

Technical Guidance:

MCO Denied Admission Encounter CAS

CAS01 - Send value 'CO'.

CAS02 - Send value '249'.

CAS03 - Send the dollar value of '\$0.00'.

Voiding an MCO Paid Encounter

MCO Paid Admission Encounter CAS

CAS01 - Send value 'CO'.

CAS02 - Send value '24'.

CAS03 - Send the difference between the billed amount and MCO paid amount.

Claim Frequency Code of '8' should be contained in Loop 2300, Segment CLM, Data Element CLM05-03.

Claim Original Reference Number should be contained in Loop 2300, Segment REF, Data Element REF02 (Claim Original Reference Number) positions 1 through 13.

Next Steps:

DHS is currently taking steps to add the use of CARC 249 to PROMISE processing which will crosswalk to a newly designated carrier denied indicator of '6 - Service was Denied due to Readmission'. Use of CARC 249 should only be associated with the denied hospital related readmission encounter where the MCO has a payment illustrated of zero.

MCOs will be required to begin hospital related readmission encounter submissions as instructed in this systems notice beginning January 1, 2021.

MCOs should begin to review current processing methods and ensure they can accommodate these changes including the identifying of the respective encounters and the submission of CARC

249. As noted above, MCOs will need voiding capabilities in instances where a paid encounter needs voided and replaced with a denied encounter with CARC 249.

If you have any questions, please email PH_Encounters@pa.gov or CH_Encounters@pa.gov.

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** (MRYoulisky@aetna.com) to be added to the invite list.

Schedule

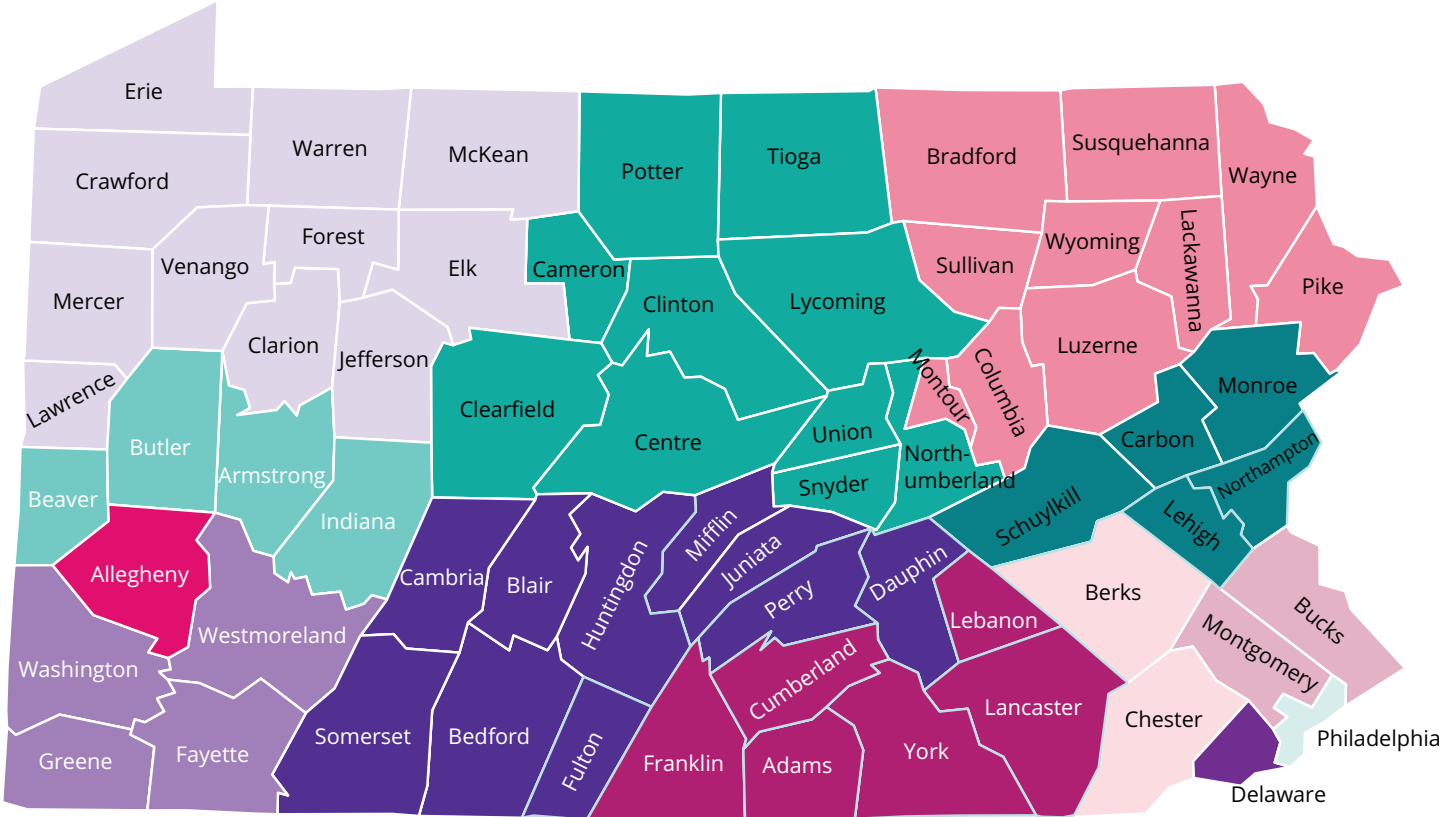
November 2020

- HEDIS Measures of care for male and female members over the age of 21

December 2020

- Reducing the burden of medical record review and preparing for HEDIS 2021

Network Relations Consultants



Sherrie Flannery

Michelle Bogard

Kimberly Young

Korey Luciow

Kim Heggenstaller

Kari Heggs

Vacant

Donna Lambert

Teresa Washington / Anna Dipietro

Melinda Roach

Michael Quinn

Teresa Washington Including FQHC/RHC

Ashley Smith
All FQHC/RHC

Large Group and Hospital Assignments

Provider Group	Representative
Advocare Pediatrics	Kari Heggs
Allegheny Health Network (All Locations)	Vacant
Children's Hospital of Philadelphia	Teresa Washington
Coordinated Health	Donna Lambert
Crozer Keystone	Teresa Washington
CVS MinuteClinic	Kari Heggs
Detweiler Family Medicine	Kimberly Young
Einstein Health Network	Anna Dipietro
FQHCs – Delaware County	Teresa Washington
FQHCs – Philadelphia County	Teresa Washington
FQHCs – All other counties	Ashley Smith
Geisinger	Kim Heggenstaller
Jefferson Health	Anna Dipietro
Lehigh Valley Health Network	Donna Lambert
Trinity (Mercy) Health	Kari Heggs
Nemours	Teresa Washington
Penn State Health	Kimberly Young
Quest Diagnostics	Kari Heggs
St. Christopher's	LaShawn Bailey
St. Mary Medical Center	Kari Heggs
Tower Health	Kimberly Young
UPMC Cole	Melinda Roach
UPMC Pinnacle	Michelle Bogard
UPMC Susquehanna	Melinda Roach
UPMC – Western PA	Melinda Roach
WellSpan Health	Michelle Bogard (interim) Michael Quinn

2020 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

2020 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		