



Provider Newsletter

Spring/Summer 2021



AetnaBetterHealth.com/Pennsylvania

Aetna Better Health® of Pennsylvania
Aetna Better Health® Kids

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Ensuring Use of Our Correct Payer ID – Check Your Records

Coventry Payer ID Number 25133 Is No Longer Valid

For some time now, we have allowed providers to use the outdated Coventry HealthCare payer ID number 25133 when submitting claims for Aetna Better Health of Pennsylvania members. As a courtesy to our providers, those claims have been redirected to the correct Aetna Better Health of Pennsylvania Payer ID number 23228.

We are making you aware that effective November 1, 2021 the courtesy redirects will end, and claims being sent to the invalid payer ID number will be rejected.

Avoiding Claim Rejections and Payment Delays

Please check your systems and processes to ensure you are ONLY submitting claims for Aetna Better Health of Pennsylvania members **using the Aetna Better Health of Pennsylvania Payer ID number 23228**.

If you have any questions about our claim submission process you can contact our Provider Relations Department by calling **1-866-638-1232**.



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>.



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**.



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.



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!



Our Community Health Workers Stay Engaged

The Community Health Workers (CHW) at Aetna Better Health of Pennsylvania (ABHPA) have been staying very busy, even during the pandemic. Our team of dedicated and compassionate Community Health Workers are spending a big part of their days outreaching to our members about the COVID-19 vaccine.

CHWs have been calling members in groups most at risk for COVID-19 especially persons of color in urban areas. CHWs are providing in depth vaccination education and even helping members make vaccination appointments close to where they live.

ABHPA is currently working with several vaccine providers in all five regions of Pennsylvania including CVS Pharmacy to support our members, and your patients, in the vaccination process. As of the end of April we have outreached to literally thousands of Aetna Better Health members across the Commonwealth. But be sure, our collaborative vaccination effort will continue for months!

If you are interested in collaborating with Aetna Better Health of Pennsylvania in your vaccination efforts please email Angela Kritzer, Manager of Social Determinants of Health at KritzerA@aetna.com.



The Availity Provider Portal is now open to all Aetna Better Health of Pennsylvania Providers

Easy Method, Helpful Tools

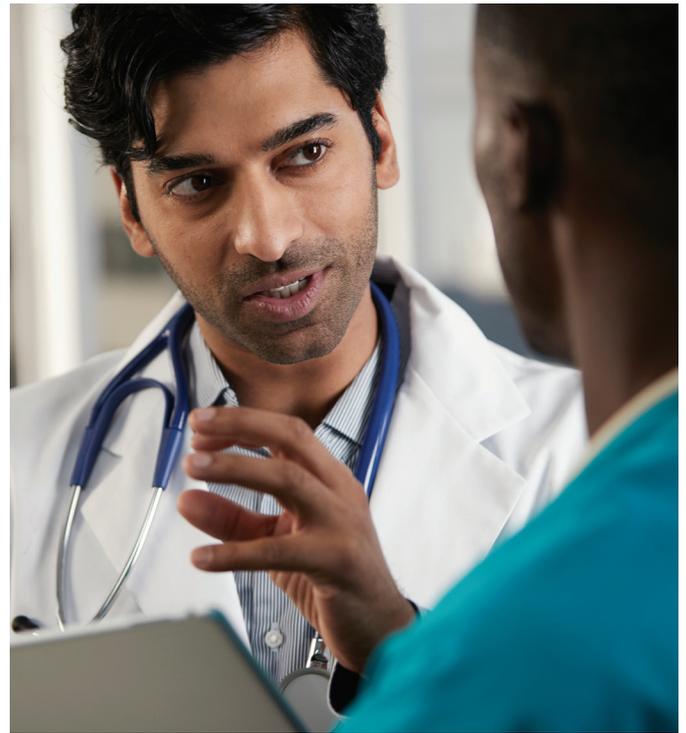
You told us you wanted one efficient workflow to communicate with payers, so we teamed up with Availity® to streamline the process. We are excited to announce that Aetna Better Health is now on the Availity Provider Portal, the same platform used by Aetna Commercial and Medicare. That means you only need access to one website to interact with all Aetna products, using your secure Availity username and password.

On the Availity portal for Aetna Medicaid providers, you can use:

- Payer Spaces
- Claims Submission Link (Change HealthCare)
- Contact Us messaging
- Claims status inquiry
- Appeals and Grievances
- Grievance submission
- Appeal submission
- Grievance and appeals status
 - Grievance submission
 - Appeal submission
 - Grievance and appeals status
- Panel Roster-Panel lookup
- Reports
 - PDM/ProReports (Provider Deliverables Manager)
 - Ambient (business intelligence reporting)
- Prior Authorization-Submission and status lookup

Coming soon to Availity for Aetna Medicaid providers, you will have:

- Eligibility and Benefits in Q2/2021
- Remit PDF in Q3/2021
- Enhanced Panel Roster in Q3/2021
- Enhanced G&A tool in Q3/2021



Already Registered?

If you are already registered in Availity, you will simply select Aetna Better Health from your list of payers to start using the available tools and features above.

Get registered

If you are not registered, we recommend that you do so immediately. Go to the Get Started with Availity Provider Portal microsite for free tips and training on how to register with Availity.

For registration assistance, just call Availity Client Services at **1-800-282-4548** between 8:00 am and 8:00 pm Eastern, Monday-Friday (excluding holidays). Un-registered providers should watch for the emails coming soon from Availity, there will be a wealth of information in there to assist you on what your next steps should be.

COMING SOON

Visit our Landing Page at www.availity.com/AetnaMedicaidProviders where you will find information about our new Availity Provider Portal.



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 Importance of Lead Testing

The Centers for Disease Control and Prevention (CDC) indicates that there is no safe level of lead in children. All children enrolled in Medicaid, as part of the Periodicity Schedule, are required to have blood lead level tests at ages 12 months and 24 months. Also, any child between the ages of 24 and 72 months with no previous blood lead level test, must receive one.

For children enrolled in CHIP, the Bright Futures/AAP Periodicity Schedule recommends a lead risk assessment at the following well-child visits: 6 months, 9 months, 12 months, 18 months, 24 months and at 3, 4, 5 and 6 years of age. The recommendation is to do a blood lead level test if the risk assessment comes back positive.

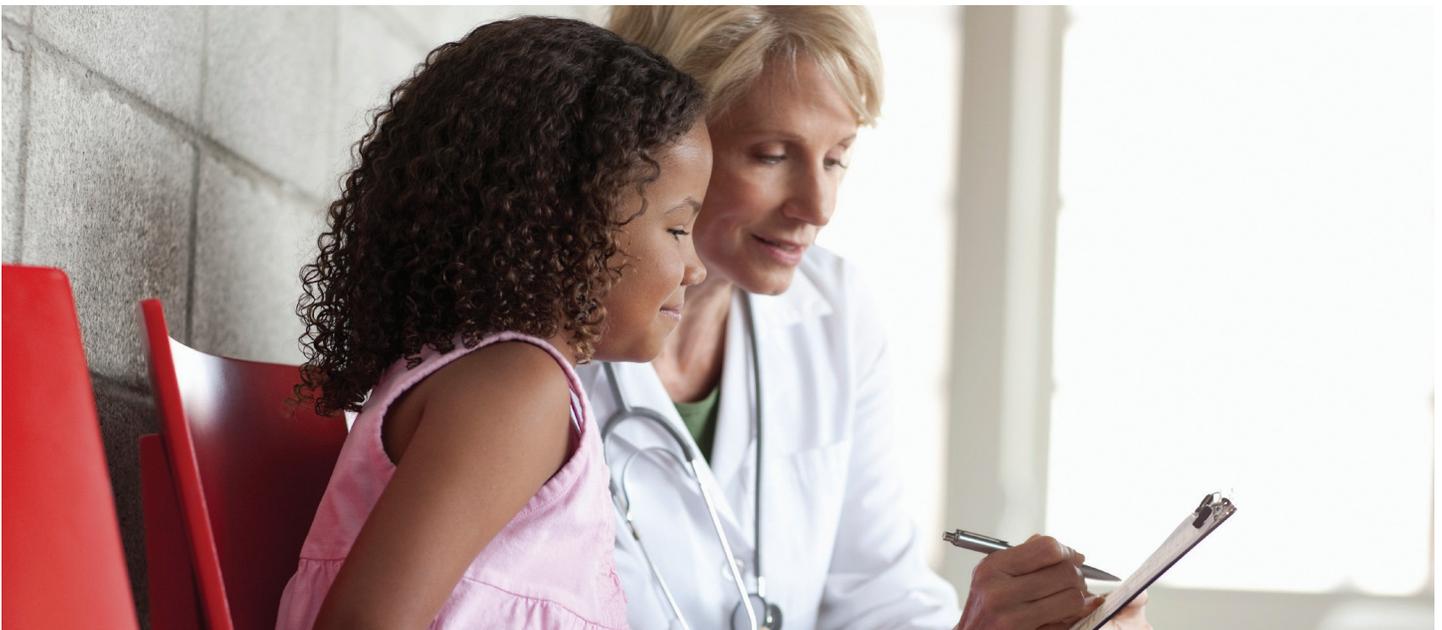
However, considering a blood lead level test on all children is commonly considered good practice. It is advised that providers offer education on sources of lead and on ways to prevent lead exposure to families with young children.

Exposure to lead can result in serious problems such as learning difficulties, hearing loss and developmental delays. There is a greater risk for these problems for young children as they are still developing.

The CDC estimates that there are about a half a million children between the ages of one and five years old who have blood lead levels greater than 5 micrograms per deciliter (ug/dL). (source: Medicaid.gov). This blood level of 5 micrograms per deciliter (ug/dL) is considered an elevated level and requires intervention.

For any child under the age of five years with a diagnosis of elevated blood lead level (5 mcg/dL or more), or any diagnosis indicating a developmental delay or problem, the child should be referred through Pennsylvania CONNECT for further evaluation and referral to early intervention services. You can call the CONNECT helpline at **1-800-692-7288** to initiate the evaluation.

Also, for children identified with an elevated blood lead level a provider may submit an order to an enrolled Environmental Lead Investigator (ELI) provider for a comprehensive environmental lead investigation. The ELI provider must be participating with Aetna Better Health of Pennsylvania. For assistance with processing a referral for an ELI, providers may call the Special Needs Unit at **1-855-346-9828**. Providers may also utilize the Environmental Lead Investigation (ELI) Request form which can be accessed at the link below: aetnabetterhealth.com/pennsylvania/providers/forms





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.



Calling all Dental Providers: Every Smoker, Every time Training!

To be eligible to bill tobacco cessation counseling (D1320) effective July 1, 2021 Dental Providers **must** have a Tobacco Counseling Certification.

Every Smoker, Every Time is a free online training providing entry level tobacco use-related education for behavioral and primary health care staff, pharmacists, counselors, social workers, dental providers and others. Dental Providers may take the course by visiting the following link (see the course for Dentist through the PA Coalition for Oral Health): <https://www.livehealthypa.com/data-resources/data/tobacco/every-smoker-every-time>

The Pennsylvania Department of Health (DOH) maintains an online statewide listing of tobacco cessation counseling services. To be listed on the registry, providers are required to submit an application to DOH and complete the *Every Smoker, Every Time* training program. Providers will receive a Certificate of Completion that must be included with their completed registry application.

Please visit the following link for information on being added to the registry and information on the *Every Smoker, Every Time* training program. (<https://www.health.pa.gov/topics/programs/tobacco/Pages/Registry.aspx>)

Please note, a copy of the Tobacco Counseling Certification must be sent to the SKYGEN USA Provider Services team (providerservices@skygenusa.com).

If you have any questions about this new code or associated requirements providers can contact the Provider Services team (providerservices@skygenusa.com).





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’ve 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!](#)**



DHS Updated Child Immunization Update MAB

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



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!](#)**



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.

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

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

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		