Aetna Better Health® of Pennsylvania
Aetna Better Health® Kids

Provider Newsletter

SPRING/SUMMER 2018

In this issue

2018 Behavioral health member satisfaction survey

Behavioral health care member experience survey coming soon

Please help us and encourage your patients to take the survey! Aetna Better Health of Pennsylvania will be conducting a survey soon to assess members' experiences with Behavioral Health (BH) providers and services.

In August, a survey will be mailed to a random sample of members who received behavioral health services in the past year.

The surveys are designed to provide feedback to Aetna Medicaid regarding the health plan's performance and our providers' performance in the delivery of BH services to health plan members. We will share the final survey results with you in a future newsletter.

Please encourage your patients to participate in the survey so we can improve our services to our members.

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Annual medical records review

Annually we review a sample of member medical records maintained by our providers to assess against the Medical Records Keeping Standards that are listed in your provider manual. We would like to thank all who participate in these reviews and welcome feedback on our processes.

While the majority of areas outlined in the standards are clearly documented, there are areas for improvement. As part of our commitment to provide feedback and education to our participating network providers, below are the annual results for key areas.

Items Reviewed	2016 MRR Results	2017 MRR Results
Member name or ID present on each page	98%	100%
Entries in the record contain author signature or initials	98%	100%
All entries are dated	100%	100%
Allergies or NKA	96%	99%
Current problem list	95%	93%
Past medical history	98%	99%
History and physical exam	100%	100%
Follow-up plan/ return visit for each encounter	98%	97%
Age appropriate immunization record present <21 yrs	91%	93%
Preventive screening/ services offered	97%	98%
Treatment plan	100%	100%
BP/WT/HT at first visit	98%	99%
Review of lab or other study results	95%	95%
Notation of referral communication from specialist; evidence of discharge summary from hospitals, HHA and SNF if applicable	74%	84%
Practitioner addresses cultural needs and linguistic competence	44%	57%
Lead screening questionnaire completed (6 mos–6yrs)	45%	68%

Areas for improvement include:

Lead Screening

For pediatric members (6 months to 6 years), there should be documentation in the medical record that the practitioner completed a lead screening questionnaire or have documentation that a venous blood lead level was performed.

- Assess if the member lives in or regularly visits a house with peeling or chipping paint that was built before 1960 or if that house (built before 1960) has recent, ongoing or planned renovation.
- Assess if the member lives with someone whose job or hobby involves any exposure to lead.

Assessment of member cultural and linguistic needs

All members should have documentation in their medical records that providers have assessed the linguistic and/or cultural needs and provide if needed, such as translation services (available through Aetna Better Health) and religious needs.

Patient satisfaction and positive health outcomes are directly related to good communication between a member and his or her provider. A culturally competent provider effectively communicates with patients and understands their individual concerns. It is incumbent on providers to make sure patients understand their care regimen.

As part of our cultural competency program we encourage providers to access information on the Office of Minority Health's website. You can also access tools and materials for professional development and easy administration provided by Aetna here.

Communication between providers

Medical records should contain notation of referral communication from specialist and evidence of discharge summary from hospitals.

For assistance with documentation requirements, please contact your Provider Relations Representative.

Want to learn more about HEDIS and learn some new tips to make HEDIS easier to understand?

Check out our free HEDIS® training webinar series

The goals of the series are 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
- Discuss HEDIS measures applicable to certain populations
- Encourage open discussion to learn how other providers are addressing HEDIS and barriers to care
- Develop strategies for improvement
- Connect you with a single point of contact at the health plan for HEDIS/ quality questions.

Takeaways from the 2018 HEDIS medical record review

Dates: June 20th @ 10:00 AM EST • June 21st @ 2:00 PM EST

The webinar this month focuses on 2018 HEDIS medical record review takeaways. Our goal is to continually improve medical record collection process for HEDIS.

During the webinar, you will have the opportunity to give feedback about your experience with HEDIS Hybrid Review process via polling questions. This will also be a time that tips and recommendations will be shared as to how we can collaboratively make next year's review more successful.

Come ready for an engaging session. Register today to secure your spot!

Goals of the webinar:

- Lessons learned and takeaways as a health plan.
- Discuss the provider experience with medical record review (MRR).
- Tips and recommendations (from both provider and health plan) for future success.

Agenda:

- Provider experience with the 2018 HEDIS MRR
- Questions for the audience
- Hours spent on 2018 project this year
- Administrative data vs MRR
- Remote access and onsite review.

Schedule

June 2018

Takeaways from HEDIS season 2018

July 2018

Back to school physicals and HEDIS measures affecting 0-11 year old members and EPSDT

August 2018

Back to school physicals and HEDIS measures affecting 12-21 year old members

September 2018

HEDIS measures affecting 21 and older male and female members

October 2018

HEDIS measures with a focus on maternity and women's care

November 2018

Members with serious mental illness and serious emotional disturbance

December 2018

Reducing the burden of medical record review; preparation for HEDIS 2019

To add your email address to the invitation list, contact: Brian Clark at bdclark@aetna.com or Madison Yonlisky at mryonlisky@aetna.com.

Practicing with cultural humility

Cultural humility is the ability to foster communications by being open to others in relation to the many aspects of their culture. As healthcare professionals, the abilities to truly listen without bias and provide empathy are critical to patient interaction and good outcomes.

Understanding the culture of your patient means being open to their values, beliefs and experiences. At times, our previous experiences predispose us to an opinion or view of their lifestyles. Our predispositions may not allow us to truly understand the needs of our patient, so we need to approach communication with openness and without assumption.

Practice humility by exploring their thoughts, feelings and concerns in addition to physical symptoms. By doing so, you may learn of barriers to care that can easily be addressed like translation services or transportation. Aetna Better Health of PA members can call Member Services at 1-888-638-1232 (PA Relay: 711) for language assistance and transportation guidance.

The goals of cultural humility are to treat patients with openness, respect and empathy.

Ask your patients open-ended questions such as:

- "What do you need?"
- "What can I do for you today?
- "What do you see as good health for you and your family?"

Recent provider notices

Stay up to date with our recent provider notices.

- Asthma Medication Formulary Change
- Modifier Discounts Updates Effective June 1, 2018
- Clinical Payment and Coding Policy Changes
- More Frequent Payments Beginning March 7
- APR DRG Version 35 Update
- IVIG Steerage to Pharmacy Effective May 1, 2018.

Check our NOTICES page often to stay up to date with changes that may affect you.

Updated Provider Manual available online July 1st

Positive lead test? Next steps

Test Result	Next Steps
0–4 micrograms per deciliter (mcg/dL)	**There is very little lead in the child's blood.** • However, no safe blood lead level in children has been identified. Even low levels of lead in blood have been shown to affect a child's development.
5–9 micrograms per deciliter (mcg/dL)	**The child has a little more lead than most children.** A result of 5 or higher requires action. • Talk with the child's caregiver and refer to local health department to find out how the child might have come into contact with lead and ways the child can be protected. • Refer any child less than five years of age to Pennsylvania CONNECT for further evaluation and referral to early intervention services. • It is recommended to have the child tested again in 3 to 4 months.
10–14 micrograms per deciliter (mcg/dL)	**The child's lead level is high.** • Talk with the child's caregiver and refer to local health department to find out find sources of lead, and ways the child can be protected. • Refer any child less than five years of age to Pennsylvania CONNECT for further evaluation and referral to early intervention services. • The child should be tested again in 3 to 4 months.
15–44 micrograms per deciliter (mcg/dL)	**The child's lead level is quite high.** • Talk with the child's caregiver about diet, growth, development and possible sources of lead. • Refer to the local health department. They may visit the home to help find sources of lead. • Refer any child less than five years of age to Pennsylvania CONNECT for further evaluation and referral to early intervention services. • If results are from finger stick, child must have a follow-up venous blood test: - 15-19 mg/dL, within 1 month - 20-44 mg/dL, within 1 week.
45 or higher micrograms per deciliter (mcg/dL)	**The child needs medical treatment right away.** • Family should have been contacted as soon as result has been received. • The child may have to stay in a hospital. • If 45–69, the child must have a follow-up venous blood test within 48 hours. The child will need URGENT medical and environmental follow-up. • If ›=70, or symptoms of lead poisoning, the child has a MEDICAL EMERGENCY requiring immediate medical treatment and will have a follow-up venous blood test immediately. Local health department will conduct an environmental investigation and abatement. • Refer any child under five years of age to Pennsylvania CONNECT for further evaluation and referral to early intervention services.

Lead Screenings are a very important part of EPSDT. Children should be tested in accordance with the Pennsylvania Department of Human Services EPSDT Periodicity schedule using a venous lead draw or a finger stick.

Children need to be tested for lead in their blood at their 9–11 month visit and again at their 24 month visit. However, there may be a need for additional testing based on blood lead testing results.

On the left is a guide to next steps your office should take based on the child's lead test results.

If an Environmental Lead Investigation (ELI) is needed, an ordering physician can contact UM to put a prior auth in the system and provide our in network ELI provider information.

How to reduce utilization review denials for missing information

What is needed when requesting a Prior Authorization of Services?

Prior Authorization form – must be completely filled out along with all documentation necessary to support request.

Why is it important to submit a complete request?

Complete requests reduce the need for Peer to Peer, resubmissions, file grievance and/or appeal.

What happens if information is missing?

Missing information could result in a request being deemed incomplete and sent back to the provider via fax.

What should I do if I receive an incomplete request fax?

Submit a new complete Prior Authorization request that includes or addresses the issues noted in the fax.

Will the date the incomplete request was sent be considered when a completed request is sent?

Services provided before the approval of a Prior Authorization request may not be approved or eligible for payment.

What information is used to make a Prior Authorization decision?

Prior Authorization decisions are based on medical necessity and established criteria/guidelines.

Is the information used in making a Prior Authorization decision available for review prior to submission of a request?

Criteria/guidelines can be found on the Aetna Better Health Website.

How do I know what services require Prior Authorization?

Links to services that require Prior Authorization are available on website and are subject to change at any time.

How am I notified of Prior Authorization denials?

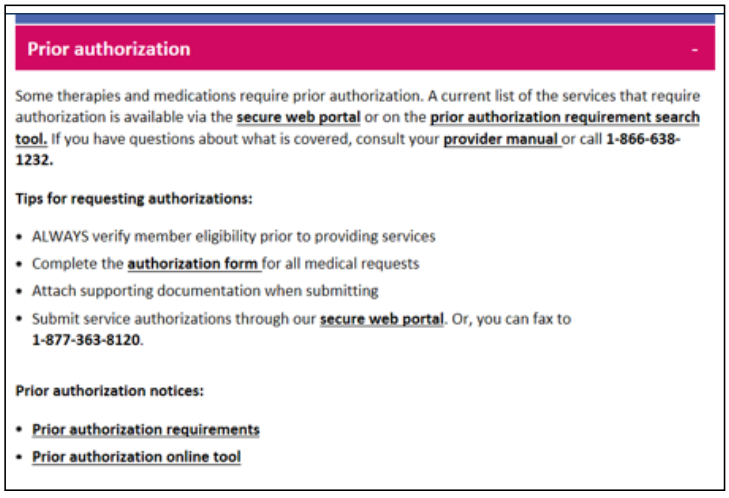
Providers are notified via phone and fax of any denials.

What are my options if services are denied?

Requesting physician may contact the Peer to Peer line within two business days to speak with a Medical Director. Office staff can contact the Peer to Peer line to set up a call back from one of our Medical Directors.

What are my options if the Peer to Peer timeframe has passed?

Provider may submit a new Prior Authorization request which includes the Prior Authorization form, original information submitted and additional information needed on our Prior Authorization web page shown below.



Prior authorization

Some therapies and medications require prior authorization. A current list of the services that require authorization is available via the **secure web portal** or on the **prior authorization requirement search tool.** If you have questions about what is covered, consult your **provider manual** or call **1-866-638-1232.**

Tips for requesting authorizations:

- ALWAYS verify member eligibility prior to providing services
- Complete the **authorization form** for all medical requests
- Attach supporting documentation when submitting
- Submit service authorizations through our **secure web portal**. Or, you can fax to **1-877-363-8120.**

Prior authorization notices:

- **Prior authorization requirements**
- **Prior authorization online tool**

Did you miss an MAB?

If you missed a recent Medical Assistance Bulletin, just click here.

Community Outreach update: First Annual Pennsylvania Latino Health Summit exceeds attendee expectations

Aetna Better Health was proud to be the title sponsor for the Latino Health Summit on April 4th in Lancaster. This important summit addressed the health needs of Latinos who reside in our state, as well as the increasing number of Latinos who are choosing Pennsylvania as their home. It is estimated that the population will top 1 million according to the Department State.

This collaborative effort helped to:

- Assess and identify the key health issues affecting the Latino and Hispanic communities in Pennsylvania
- Address ways to bridge the gap between professionals and the Hispanic community
- Identify key relationships and synergies between healthcare professionals in the community to reduce the health disparities impacting Latinos and Hispanics.

Over 400 guests attended from 5 states. In addition, local TV, radio stations and printed publications covered the summit. CMEs were offered through Penn State College of Medicine. Planning has begun for the 2019 Latino Health Summit.

Health excellence recognized

At the Latino Health Summit, Aetna Better Health recognized outstanding organizations for their excellence and innovation in addressing health disparities for Latino American families.

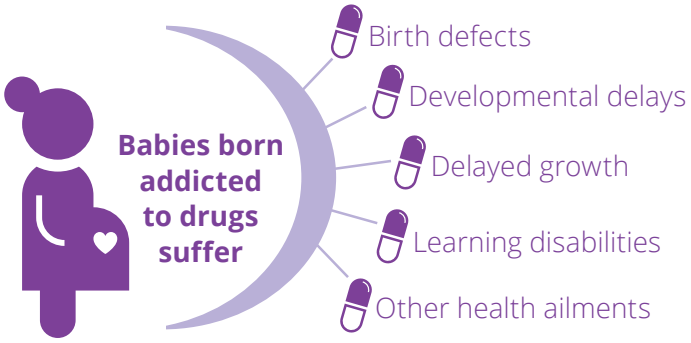
Congratulations to the Buena Salud awardees: Health Promotion Council, Hamilton Health Center and Lancaster Health Center.

Community Outreach update: "Guiding Mothers Toward Recovery" roundtable discussion was a success

Aetna Better Health of Pennsylvania collaborated with Jefferson Health and MATER (Maternal Addiction Treatment Education and Research) to host an event to discuss recovery strategies for expectant mothers with substance use disorder. This kick-off roundtable, held in Harrisburg on April 20th, was well attended by a variety of health professionals, government leaders and outreach agencies from across the state.

This interactive discussion was led by Dr. Bernard Lewin, Chief Medical Officer, Aetna Better Health. Attendees learned of the successes of the MATER Program and shared experiences and challenges of helping mothers and children.

We will conduct additional roundtables throughout the state to develop a toolkit that helps to address the unique health and well-being needs of this group. **Our next event will be hosted by Conemaugh Health System in the western part of the state in August.** Interested in joining the conversation? Email Abagail Scout at scouta@aetna.com to sign up for the workgroup and ongoing updates.



For more information on MATER visit https://hospitals.jefferson.edu/departments-and-services/maternal-fetal-medicine/maternal-addiction-treatment-education-and-research.html.

In Pennsylvania*

ONE in every 200 babies is born dependent on opioids

January — February 2018

217 cases Neonatal abstinence syndrome

11,912 Neonatal abstinence syndrome newborn related stays

Success Stats*

83% Of MATER's patients are not re-enrolled to treatment after discharge

98% Of Hamilton Health's Baby Love deliveries were healthy

90% Reduction in relapse rates for participants of Hamilton Health's Baby Love

*MATER Program and Hamilton Health Center

Changes to Complaints, Grievances and Appeals process

Effective July 1, 2018, The Pennsylvania Department of Human Services (DHS) will update the Complaints, Grievances and Appeals process. The update follows below. This update will also be available in the updated Provider Manual on our website on July 1.

Time frames for filing Member Complaints, Grievances, State Fair Hearing and External Review

- Complaints must be filed within 60 days of the encounter and will be eligible for one level of plan review, complaints that fall within the 60 day window include:
  - A decision by the plan (non-covered services or post service claim payment)
  - The failure of the plan to provide services timely
  - The failure of the plan to decide a Complaint or Grievance
  - Post service claim denial of services provided without authorization by a provider not enrolled in the MA Assistance Program
  - Post service claim denial because the service or item is not a covered benefit.
- Complaints regarding all other issues will have no limit on the time in which a member can submit a request for review. All other complaints will be eligible for two levels of plan review.
- Grievances must be filed within 60 days of the date the member receives a written notice from the plan denying a service. Grievances will be eligible for one level of plan review:
  - Deny in whole or in part, payment for a service or item
  - Deny or issue a limited authorization of a requested service or item
  - Reduce, suspend, or terminate a previously authorized service or item
  - Deny the requested service or item but approve an alternative service or item
  - Deny a request for a benefit limit exception.
- State Fair Hearing must be filed within 120 days of the date on written notice of 1st Level Complaint or Grievance decision.
- External Review must be filed within 15 days of receipt of the written notice of 1st Level Complaint or Grievance decision.

Time frames for deciding Complaints, Grievances, State Fair Hearing and External Review

- Complaints must be decided and decision letters sent within 30 days of receiving the Level 1 Complaint and 45 days for Level 2 Complaint.
- Grievances must be decided and decision letters sent within 30 days of receiving Grievance.
- State Fair Hearing must be decided within 90 days of the date the member filed for the 1st Level Complaint or Grievance.
- External Reviews will be decided within 60 days of filing the External Review request.

Options after 1st Level

- Complaints regarding denial of non-covered services, payment for services and failure of the plan to provide services or decide Complaint or Grievance can request a State Fair Hearing and/or External Review.
- Complaints for all other issues can request a 2nd Level plan review.
- Grievances can request a State Fair Hearing and/or External Review.

Expedited Reviews

Expedited reviews can be granted under the following circumstances:

- The plan determines the member's life, physical or mental health, or ability to attain, maintain, or regain maximum function would be place in jeopardy by following the standard process.
- The member provides written certification from their provider the member's life, physical or mental health, or ability to attain, maintain, or regain maximum function would be place in jeopardy by following the standard process.
- Decision must be issued within 48 hours of receiving the provider certification or 72 hours of receiving the member's request, whichever is shorter.
- If expedited review criteria is not met, the member will be notified of the decision to deny expedited review and decision will be made within the standard time frames

Who can file

- Member – verbally or written
- Member's Parent, Guardian or documented Legal Representative – verbally or written
- Member's Provider or non documented Representative – written authorization to act on member's behalf from the member must be supplied.

Strategic network growth means more choices

We are excited to announce more growth in our provider network. We have strategically focused the growth in specific areas across the Commonwealth. Now you will have even more choices when referring members to specialists and ancillary providers in these areas.

Recently added providers include:

- Mercy Health System and St. Mary Medical Center in the greater Philadelphia area
- UPMC Cole and UPMC Susquehanna in north central Pennsylvania
- WellSpan Good Samaritan Hospital

A warm welcome to all our newest providers!

We will be announcing even more provider network additions in our upcoming summer Provider Newsletter.

Quick Reference Guide

Aetna Better Health of Pennsylvania			
Administrative Office	2000 Market Street, Suite 850 Philadelphia, PA 19103 1-866-638-1232	Claims Customer Service Contact (CICR)	1-866-638-1232 Option 3, then 3
Pharmacy	CVS Caremark: 1-866-638-1232 Option 3, then 4	Provider Relations / Contracting	1-866-638-1232 Option 3, then 5
Eligibility Verification (by phone)	1-866-638-1232	Complaints & Grievances	1-866-638-1232
Claim Submission Address/Payor ID	Aetna Better Health PA P.O. Box 62198 Phoenix, AZ 85082-2198 Emdeon Payor ID: 23228	Appeals Address	Complaints Grievance and Appeals 2000 Market Street, Suite 850 Philadelphia, PA 19103
Prior Authorization Phone and Fax Numbers	P: 1-866-638-1232 Option 3, then 2 F: 1-877 363-8120	Dental	DentaQuest Provider Services: 1-800-341-8478 www.dentaquestgov.com
Website	www.aetnabetterhealth.com/pa	Vision	Superior Vision: 800-507-3800 www.superiorvision.com/provider
Provider Web Portal	www.aetnabetterhealth.com/pennsylvania/providers/portal	Language Line Services	1-866-638-1232
Member Services	1-866-638-1232	Real Time support via Emdeon: Claim Inquiry & Response (276/277), Eligibility Inquiry & Response (270/271) and Health Service Review Inquiry & Response (278)	
Pennsylvania Department of Human Services			
Department of Human Services Helpline	1-800-692-7462	Provider Inquiry Hotline	1-800-537-8862 Option 4
Behavioral Health	1-800-433-4459	Pharmacy Hotline	1-800-558-4477 Option 1
OMAP - HealthChoices Program Complaint, Grievance, & Fair Hearings PO Box 2675 Harrisburg, PA 17105-2675	1-800-798-2339	MA Provider Enrollment Applications / Changes	1-800-537-8862 Option 1
Eligibility Verification System (EVS) – Phone	1-800-766-5387	Outpatient Providers Practitioner Unit	1-800-537-8862 Option 1
Eligibility Verification System (EVS) – Website	http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/frequentlyaskedquestions/accesscardsevseligibilityquestionsandanswers/index.htm	MA Provider Compliance Hotline	1-866-379-8477

Pennsylvania County Services Referral Guide

Mental Health, Drug & Alcohol Services

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.

County		County	BH MCO /
Adams	CCBHO 866-738-9849	Lackawanna	CCBHO 866-668-4696
Allegheny	CCBHO 800-553-7499	Lancaster	CBHNP 888-722-8646
Armstrong	VBHP 877-688-5969	Lawrence	VBHP 877-688-5975
Beaver	VBHP 877-688-5970	Lebanon	CBHNP 888-722-8646
Bedford	CBHNP 866-773-7891	Lehigh	MBH 866-238-2311
Berks	CCBHO 866-292-7886	Luzerne	CCBHO 866-668-4696
Blair	CCBHO 855-520-9715	Lycoming	CCBHO 855-520-9787
Bradford	CCBHO 866-878-6046	McKean	CCBHO 866-878-6046
Bucks	MBH 877-769-9784	Mercer	VBHP 866-404-4561
Butler	VBHP 877-688-5971	Mifflin	CCBHO 866-878-6046
Cambria	VBHP 866-404-4562	Monroe	CCBHO 866-473-5862
Cameron	CCBHO 866-878-6046	Montgomery	MBH 877-769-9782
Carbon	CCBHO 866-473-5862	Montour	CCBHO 866-878-6046
Centre	CCBHO 866-878-6046	Northampton	MBH 866-238-2312
Chester	CCBHO 866-622-4228	Northumberland	CCBHO 866-878-6046
Clarion	CCBHO 866-878-6046	Perry	CBHNP 888-722-8646
Clearfield	CCBHO 866-878-6046	Pike	CCBHO 866-473-5862
Clinton	CCBHO 855-520-9787	Philadelphia	CCBHO 888-545-2600
Columbia	CCBHO 866-878-6046	Potter	CCBHO 866-878-6046
Crawford	VBHP 866-404-4561	Schuylkill	CCBHO 866-878-6046
Cumberland	CBHNP 888-722-8646	Snyder	CCBHO 866-878-6046
Dauphin	CBHNP 888-722-8646	Somerset	CBHNP 866-773-7891
Delaware	MBH 888-207-2911	Sullivan	CCBHO 866-878-6046
Elk	CCBHO 866-878-6046	Susquehanna	CCBHO 866-668-4696
Erie	VBHP 855-224-1777	Tioga	CCBHO 866-878-6046
Fayette	VBHP 877-688-5972	Union	CCBHO 866-878-6046
Forest	CCBHO 866-878-6046	Venango	VBHP 866-404-4561
Franklin	CBHNP 866-773-7917	Warren	CCBHO 866-878-6046
Fulton	CBHNP 866-773-7917	Washington	VBHP 877-688-5976
Greene	VBHP 877-688-5973	Wayne	CCBHO 866-878-6046
Huntingdon	CCBHO 866-878-6046	Westmoreland	VBHP 877-688-5977
Indiana	VBHP 877-688-5969	Wyoming	CCBHO 866-668-4696
Jefferson	CCBHO 866-878-6046	York	CCBHO 866-542-0299
Juniata	CCBHO 866-878-6046		

Medical Assistance Transportation Program (MATP)

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.

County	Phone #	County	Phone #
Adams	717-337-1345	Lackawanna	570-963-6482
Allegheny	412-350-6100	Lancaster	717-291-1243
Armstrong	724-548-3408	Lawrence	724-652-5588
Beaver	724-375-2895	Lebanon	717-273-9328
Bedford	814-623-9129	Lehigh	610-253-8333
Berks	610-921-2361	Luzerne	570-288-8420
Blair	814-946-1235	Lycoming	570-323-7575
Bradford	570-888-7330	McKean	866-282-4968
Bucks	215-794-5554	Mercer	724-662-6222
Butler	724-545-3669	Mifflin	717-242-2277
Cambria	814-536-9031	Monroe	570-839-8210
Cameron	866-282-4968	Montgomery	215-542-7433
Carbon	570-669-6380	Montour	570-271-0833
Centre	814-355-6807	Northampton	610-253-8333
Chester	610-594-3911	Northumberland	570-644-4463
Clarion	814-226-7012	Perry	717-567-2490
Clearfield	814-765-1551	Pike	570-296-3408
Clinton	570-323-7575	Philadelphia	267-515-6400
Columbia	570-784-8807	Potter	814-544-7315
Crawford	814-333-7090	Schuylkill	570-628-1425
Cumberland	717-240-6340	Snyder	570-522-1390
Dauphin	717-232-7009	Somerset	814-445-9628
Delaware	610-490-3960	Sullivan	570-888-7330
Elk	866-282-4968	Susquehanna	570-278-6140
Erie	814-455-3330	Tioga	570-659-5330
Fayette	724-628-7433	Union	570-522-1390
Forest	814-927-8266	Venango	814-432-9767
Franklin	717-264-5225	Warren	814-723-1874
Fulton	717-485-0931	Washington	724-223-8747
Greene	724-627-6778	Wayne	570-253-4280
Huntingdon	814-641-6408	Westmoreland	724-832-2706
Indiana	724-463-3235	Wyoming	570-288-8420
Jefferson	814-938-3302	York	717-845-7553
Juniata	717-242-2277		