Aetna Better Health® of Pennsylvania
Aetna Better Health® Kids

Provider Newsletter

WINTER 2018

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NCQA Commendable Level Accreditation Earned

We are very pleased to announce that in December, Aetna Better Health of Pennsylvania completed its required NCQA health plan survey which resulted in improving our accreditation level earned to Commendable.

The NCQA survey is a comprehensive review of many areas of a health plan's quality and includes:

- Review of policies, procedures and assessment of all areas of the health plan
- Review of files such as case management and appeals
- Assessment of activities aimed at improving outcomes for members.

NCQA Commendable Health Plan accreditation status is awarded to health plans with well-established programs for service and clinical quality that meet rigorous requirements for consumer protection and quality improvement.

Achieving Commendable status demonstrates our continued commitment to improving the health and satisfaction of members.

Thanks to all of our health care providers who do so much every day to serve our members and help us fulfill our strong commitment to delivering the highest quality care to our members across the Commonwealth of Pennsylvania. We could not do it without you!

Governor Wolf's disaster declaration for the heroin and opioid epidemic

Pennsylvania Governor Wolf is taking a substantial additional step to declare the heroin and opioid epidemic a statewide disaster emergency. This expands state government's response to the heroin and opioid epidemic.

What the disaster declaration does:

- Improves state and local response to the heroin and opioid crisis
- Provides improved tools for families, first responders and others, to save lives including increased access to Naloxone
- Speeds up and expands access to treatment in Pennsylvania including waiving the face-to-face physician visit for treatment admissions.

Substance abuse resources available for all Aetna Better Health members

There are helpful resources available for Aetna Better Health members too. If an Aetna Better Health member needs help with substance use disorder, heroin addiction or opioid use disorder, we are here to help. Here are some member benefits and resources available:

- Members can receive a face-to-face evaluation from their PCP, Nurse Practitioner, Physician Assistant or Behavioral Health Provider at no cost.
- Members can contact our Special Needs Unit for help with a referral for treatment. Call 1-855-346-9828 (PA Relay: 711) 8 a.m. – 5 p.m., Monday – Friday.
- Members can contact a Case Manager for help with a referral for treatment. Call 1-866-638-1232 (PA Relay: 711) 8 a.m. – 5 p.m., Monday – Friday.
- Members can have access to Naloxone through their pharmacy benefit at no cost.
- Members can get a prescription for Naloxone from their Primary Care Provider (PCP) or other provider; or the pharmacy can dispense the Naloxone to the member using the standing order for Naloxone issued for Pennsylvania residents by PA Physician General Dr. Rachael Levine.
- Members can fill an extra prescription for Naloxone to keep on hand at no cost.

For friends or family who are not Aetna Better Health members there are resources available for them too.

- Call the 24/7 help line at 1-800-662-HELP (4357) to connect someone with substance use disorder to receive treatment.
- Get a Naloxone prescription under a standing order issued by PA Physician General Dr. Rachael Levine at participating pharmacy partner treatment organizations.
- Know that first responders are authorized to "leave behind" Naloxone.

You can find more resources for treating and preventing opioid use disorder at www.pa.gov/guides/opioid-epidemic.

What you need to know about opioids

It's tough to live with chronic pain, but millions of Americans do. That's one reason why prescription opioids are so popular.

These powerful medications are good at relieving pain in the short term. They also help people with active cancer and people receiving hospice or palliative care cope with pain.

But opioids come with some serious risks, including the risk of addiction, unintentional overdose and death.

As many as 1 in 4 people who take opioids for a long time become addicted to the drugs (a condition known as opioid use disorder). And more than 165,000 people in the U.S. died from opioid overdose between 1999 and 2014.

Finding solutions

To help curb opioid addiction and overdose deaths, the Centers for Disease Control and Prevention has issued new guidelines for prescribing the drugs to treat chronic pain. The guidelines encourage doctors to start low and go slow when prescribing opioids in order to reduce the risks linked to long-term use. (The guidelines don't apply to cancer patients or those receiving hospice or palliative care.)

Today, the majority of opioid deaths are a result of illegal street opioids. Fighting opioid addiction requires the effort and desire to overcome addiction of the person abusing the drug.

Names to know:

Well-known brand-name painkillers, like Vicodin and OxyContin, are opioids. So are generic drugs, such as:

- Buprenorphine
- Codeine
- Fentanyl
- Hydromorphone
- Methadone
- Morphine
- Oxymorphone
- Hydrocodone
- Oxycodone

If your patient is living with chronic pain, talk with them about the risks and benefits of taking opioids. Encourage them to be honest about any personal history of drug or alcohol addiction. Also, discuss other ways to help manage their pain, such as physical therapy, exercise and nonopioid medications.

Then make your patient aware to:

- Never mix the drug with alcohol. And don't take it with other substances or medications without approval.
- Never take more of the medication than prescribed.
- Never share the medication with friends or family. And keep it locked away and well out of reach of curious children and teens.

Make your patient aware to alert you if they experience side effects from an opioid—such as constipation, nausea, vomiting, dry mouth, sleepiness, confusion or decreased sex drive—or if they need to take more of the medication to get the same pain relief.

Enhancing communication between members and providers

We are always seeking new ways to ensure members are ready for their doctor appointments and take an active role in their own care. To help with that we want to share information about a form we are including in our member newsletters. By using this form, members will be better prepared before their visit and be ready to ask questions, allowing members and providers to be even more engaged during an office visit. Here are a few highlights on the form:

- Patient name
- Provider name
- Appointment date & time
- Reason for visit
- Medications I take
- Questions I need to ask
- Instructions I was given
- Does the provider want to see me again? When?

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.

February webinar offering: The early stages of the life cycle EPSDT and HEDIS (0-11 years of age)

Dates: February 15th, 10:00 a.m. • February 22nd, 3:30 p.m.

Join us as Aetna Better Health presents a webinar focused on our young members from birth to age 11.

This presentation we will look at how HEDIS addresses childhood obesity and EPSDT for this age group. There will be an opportunity for participants to exchange ideas regarding best practices for increasing timely well care adherence.

The importance of NCQA approved coding to capture care will be included in our discussion.

Please distribute the invitation to all interested colleagues within your organization.

Agenda:

- EPSDT – Early and Periodic Screening Diagnosis and Treatment
- HEDIS measures for ages 0-11 years
- The state of childhood obesity
- Strategies to increase well care adherence
- Maximizing administrative data capture using NCQA approved coding.

Schedule

February 2018
EPSDT screenings and 0-11 year old members.

March 2018
HEDIS measures affecting 12-21 year old members.

April 2018
HEDIS measures affecting 21 and older male and female members.

May 2018
Members with serious mental illness and serious emotional disturbance.

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.

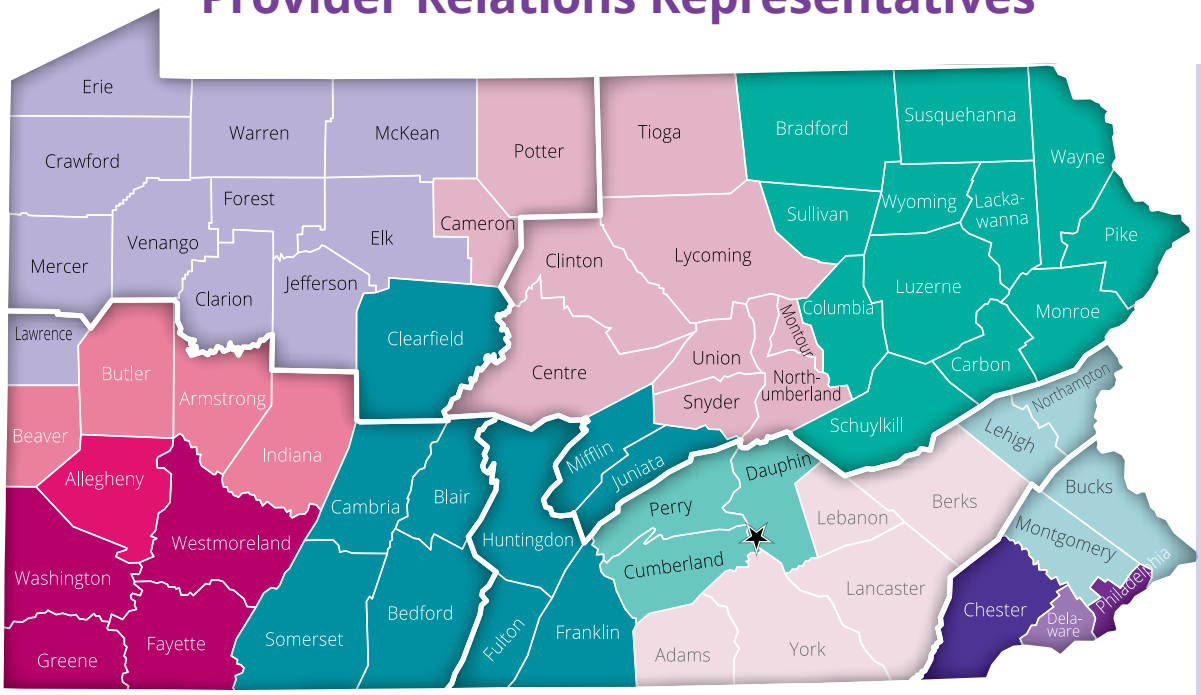
October 2018
HEDIS measures with a focus on maternity and women's care.

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.

Provider Relations Representatives



Kelly Schick	Tara Dremsek	Ashley Smith	Kimberly Young	Brian Murry Teresa Washington
Teresa Sabol	Viona Ballensky	Mindy Ball	Brian Murry	**Geisinger** Viona Ballensky
Teresa Sabol Tara Dremsek	Carolyn Jacobs	Kari Heggs	Teresa Washington	**Allegheny Health Network** Tara Dremsek

Our Provider Relations Representatives are dedicated liaisons who are here to help you. We want you to have a positive experience with Aetna Better Health of PA. Your Provider Representative will work closely with you to ensure that our relationship is healthy and productive.

Provider Relation Representatives support role:

- Visiting your practice
- Training your staff on Aetna Better Health policies and procedures
- Providing ongoing education resources such as the Secure Provider Portal and Provider Manual
- Resolving operational issues to improve health care delivery
- Being available to answer your questions.

Provider Relations technology:

- Secure Provider Portal
- Administrative functions: Claims submission (EDI), Funds Transfer (EFT), Remittance Advice (ERA).

Provider Relations Representative contact:

Aetna Better Health of PA assigns every participating provider a liaison. You and/or your office staff will work with your provider liaison regularly. Call your Provider Relations Representative at the number below their name. They'll answer questions and assist you in meeting requirements and obtaining necessary information.

Mindy Ball
office: 717-525-5649
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ballm@aetna.com

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tsabol@aetna.com

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fax: 959-282-1976
washingtont5@aetna.com

Kimberly Young
office: 215-268-1298
fax: 860-907-4621
youngk7@aetna.com

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.

- New 2018 CPT Codes Effective 1/1/2018
- Codes Now Requiring Prior Authorization
- Rendering Providers Must be Individuals
- DHS Updates to 2017 EPSDT Program Periodicity Schedule
- Updated Prior Authorization Form
- New SBIRT Rates Now Covered
- Non-OB Ultrasound Change Effective 12/15/2017.

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?

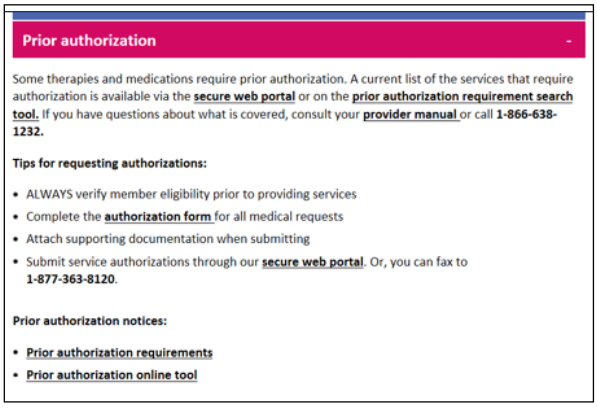
Providers are notified via phone and fax of any denials.

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**

Information required for Prior Authorization, concurrent review and retrospective review

Health care services and items must be medically necessary and provided in an appropriate, effective, timely and cost efficient manner. Generally, a member's PCP is responsible for initiating and coordinating a request for Prior Authorization. The admitting or treating practitioner or provider is responsible for making the necessary information available for concurrent review. However, specialists and other participating providers may need to contact the Prior Authorization or concurrent review department directly to obtain or confirm an authorization.

Providers are responsible for complying with our Prior Authorization policies and procedures and for securing an authorization number to ensure reimbursement of claims. Information in the Prior Authorization request or made available for concurrent review must validate the medically necessary covered care and services, procedures and level of care and medical or therapeutic items.
A request for authorization must also include the following information:

- Current, applicable codes
  - Current Procedural Terminology (CPT)
  - International Classification of Diseases, 10th Edition (ICD-10)
  - Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) codes
  - National Drug Code (NDC)
- Name, date of birth, sex and identification number of the member
- Primary care or treating provider
- Name, address, phone and fax numbers and signature of the referring provider, if applicable
- Name, address, phone and fax numbers of the consulting provider
- Problem/diagnosis, including the ICD-10 code
- Reason for the referral
- Presentation of supporting objective clinical information, such as clinical notes, laboratory and imaging studies and treatment dates, as applicable for the request
- All clinical information must be submitted with the original request.

Inpatient admission notifications received from the facilities administrative offices, including admissions, business or finance, satisfies the requirement to notify Aetna Better Health of an admission. These notifications will be processed as an authorization once the required information to validate medically necessary outlined in this section is provided.

Treating the whole person

Our members are being encouraged to ask their providers to share treatment information to ensure providers can collaborate to provide more information and deliver the best possible care.

The flier below is being given to our members to help start the conversation.

Treating the whole person,
body and mind.

Understanding all your health needs
You can be a healthier, happier person when your doctors look at your health from both physical and mental viewpoints.

Physical health means your entire body including dental care.

Mental health means your emotional and spiritual well-being and the conditions where you live, learn, work and play.

Asking your doctors to share your health information
There are strict rules to protect your privacy. These rules may keep your physical health information separate from your mental health information.

Each of your doctors can work together to treat you as a whole person if you ask them to share information about your treatment.

Your doctors can consider all of your health goals when you ask them to share your information. Your privacy would still be protected.

Bring this card to your next visit
Talk to your doctor about all your health care providers working together as a team.

Make the choice to be treated as a whole person.

Member Services: 1-866-638-1232

Make a list of all of the health care providers you see:

Name _____
Phone _____
Address _____

Name _____
Phone _____
Address _____

Name _____
Phone _____
Address _____

Name _____
Phone _____
Address _____

Self-service coming soon

Soon you'll be able to get the information you need — anytime you need it.

Interactive Voice Technology (IVR) is coming soon. With IVR self-service, you'll have 24/7 access to information you need for your patients with Aetna Better Health® of Pennsylvania, like:

- Eligibility
- Claim status
- Benefit information.

No limits to eligibility inquiries

In the past, you may have had limits to a certain number of eligibility inquiries. Now you will have no limits, so it will be faster and easier to get the information you need.

No need to wait in queue

In a hurry? No need to speak with a representative or wait in queue. You can do it all with self-service.

No trouble connecting with a real person

Soon you will have the information you need at your fingertips, faster and easier than before. And don't worry. You can still talk with a real person when you need to. Questions? We're here to help. Just call your provider relations representative at 1-866-638-1232 to learn more.

Watch for more information in our provider newsletter about IVR in the 2nd quarter of 2018.

Increase in frequency of payments coming March 7th

As Aetna Better Health continues to enhance operational processes we are pleased to announce we are increasing our payment schedule for providers from weekly to twice weekly (semi-weekly). Our new payment days will be Tuesday and Saturday.

We thank you for and value the feedback from our network providers to enhance your experience with Aetna Better Health.

We hope this change will be a beneficial one for all providers.

For questions or concerns about provider payments, please contact Aetna Better Health of Pennsylvania Provider Relations by calling 1-866-638-1232.

2018 coding updates

The American Medical Association (AMA) along with Centers for Medicare & Medicaid Services (CMS) determines new, deleted and revised medical coding. Aetna Better Health of Pennsylvania follows the coding guidelines set by CMS. The Pennsylvania Department of Health Services (DHS) may not price the new codes until later this year.

What this means for our Aetna Better Health providers is that there is a period of time between CMS changes and when DHS determines the Medicaid pricing. Until the new codes are priced by DHS or Aetna Better Health determines interim pricing, providers will be paid at their established default rate. If a provider's contract does not have a default rate, the code will be paid at 18% of billed charges. If new rates are established for any codes, we will post the new rates on the Notices page on our website at aetnabetterhealth.com/pennsylvania/providers.

Always check ProPat to see if a Prior Authorization will be needed for the dates of service. Prior Authorization requirements can change throughout the year so it is important to always check for the current requirements.

Important PROMISe ID notice

Complete PROMISe ID and service location enrollment and revalidation

We have been advised by the Commonwealth of Pennsylvania's Department of Human Services (DHS) that DHS intends to move forward to implement the Provider Enrollment and Screening Provisions of the Affordable Care Act (ACA) (§ 455.414).

We want to make all providers aware that DHS will soon begin enforcement of **the provider enrollment and revalidation requirement**.

Please ensure you have met all of the enrollment requirements, including revalidation of your PROMISEe ID, to avoid termination from the Aetna Better Health of Pennsylvania network. Below is helpful revalidation information that was previously sent to all providers several months ago.

Have you revalidated?

Aetna Better Health of Pennsylvania has received notification from DHS that a number of Medical Assistance (MA) providers have not enrolled or revalidated their **PROMISe ID** and **service locations** with DHS.

All **MA** providers must comply with the state-mandated requirements to enroll and revalidate their **PROMISe ID and all active and current service locations** every five years. Providers who do not complete the revalidation process every five years may have their MA provider record dis-enrolled and their claims denied.

If you have not completed enrollment or revalidation

- Claims may be denied
- Providers will be dis-enrolled from the Medical Assistance Program
- Your provider agreement with Aetna Better Health of Pennsylvania will be terminated
- Providers should immediately access the enrollment application and revalidation requirements on the DHS website at https://provider.enrollment.dpw.state.pa.us.

How does this impact you as an Aetna Better Health provider?

- All Providers must be enrolled in the Medical Assistance Program and have a valid PROMISe ID to participate in the Aetna Better Health provider network.
- **Enforcement by DHS will require that Managed Care Organizations (MCOs) terminate providers from their network who have not complied with enrollment and revalidation requirements.**

Questions?

We're here to help. Just contact our provider relations department at 1-866-638-1232, option 3. Thank you for the quality care you provide to Aetna Better Health members.

Required Enrollment of CHIP ordering, referring and prescribing providers

Pennsylvania's Children's Health Insurance Program
We Cover All Kids.

Effective January 1, 2018, as required by the Affordable Care Act (ACA) and the Department of Human Services (DHS), all providers, including those who **order, refer or prescribe** items or services for CHIP beneficiaries, must be enrolled with DHS and have a valid PROMISe™ Identification Number (PROMISe ID). DHS uses the National Provider Identification (NPI) number submitted on claims to validate the enrollment of providers in the CHIP Program.

Beginning January 1, 2018, claims may be denied if an ordering, referring or prescribing provider is not enrolled in the CHIP Program.

We strongly encourage all CHIP providers who order, refer or prescribe items or services for CHIP beneficiaries who have not yet registered, to enroll with the state as soon as possible. Many CHIP providers have already done this. If you need to verify if you or an ordering, referring or prescribing provider are enrolled, you can visit the DHS online portal.

Effective immediately, begin submitting your claims with the required ordering, referring and prescribing provider information. The ordering, referring or prescribing provider can be documented on the claim in box 17 and 17a of the CMS1500 claim form, or in loop 2310A of the 837P electronic claim transaction.

In order to report the ordering, referring, or prescribing provider on the claim, you will need to obtain the provider's NPI. If you receive a request for services from a provider and do not have his/her NPI for reporting on the claim, you will need to contact the provider to obtain the NPI.

Note: The NPI of the individual ordering, referring or prescribing provider should be reported, not the NPI of his/her organization.

For a copy of the complete DHS notice regarding the registration requirement and process, visit http://www.chipcoverspakids.com/Documents/CHIP_Communication_for_Provider_Groups.pdf.

If you have questions regarding this registration requirement notice, please call Aetna Better Health Provider Relations at 1-866-638-1232, option 3, then 5.

IMPORTANT: Responding to medical records requests for claims

PLEASE NOTE:
Each letter may have a different address specific to that claim.

You may receive a letter from Aetna Better Health of Pennsylvania requesting copies of member medical records. This letter provides the address to send the medical records.

We have noted an increase in processing delays especially for claims processed by providers' external medical records management companies who are sending their responses to the wrong address. If you use external medical records vendors for processing these record requests, please ensure your vendors use the correct address to mail us the requested records.

Sending your records to the address provided in the letter will help ensure a quicker and more efficient determination as well as preserve your right to file a formal appeal.

Title sponsor for first statewide Latino Health Summit

To foster collaboration for a healthy Latino community, Aetna Better Health is proud to be the title sponsor of the first Latino Health Summit held in partnership with PA Department of Health and the Governor's Advisory Commission on Latino Affairs. This statewide initiative addresses the health needs of this growing population and how to engage them at your practice.
Visit www.palatinohealthsummit.org.

Wednesday, April 4th
7:30 a.m. to 5:00 p.m.
Lancaster Marriott Penn Square

CME credits available through Penn State Health.
Look online for registration details.

Aetna Better Health® of PA 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 and 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 Svcs: 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			
Dept 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		

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