What You Need to Know About Balance Billing

Providers are not allowed to balance bill Aetna Better Health Kids members for covered services.

Aetna Better Health Kids participating providers are strictly prohibited from balance billing members for covered services. Providers may not bill members beyond approved cost sharing, such as applicable co-payments.

Payment from ABH Kids must be accepted as payment in full for covered, medically necessary services. Members cannot be held financially responsible for amounts above the plan allowed payment, services denied or unpaid due to administrative or billing issues, or health plan/Department non-payment.

These protections apply to participating providers and authorized out of network providers. Providers must refund amounts incorrectly collected from CHIP members and follow applicable notification and consent requirements before billing a member for non covered services.

Improper balance billing may result in member complaints or grievances, required refunds and corrective action, sanctions or termination of the provider agreement, and enforcement action under applicable state or federal law. Aetna Better Health Kids is obligated to notify Department of Human Services (DHS) when a provider continues the inappropriate practice of balance billing a member.

Providers who balance bill Aetna Better Health Kids members could face the following consequences:

- Termination from the Aetna Better Health Kids network
- Referral to the Pennsylvania Department of Human Services (DHS) to open an investigation into the provider's action.
- Referral to the Federal Department of Health and Human Services, US Office of Inspector General (HHS-OIG)

Questions about balance billing?

Contact Provider Relations at **1-866-638-1232 (TTY: 711),** Monday through Friday, 8 AM to 5 PM or refer to the CHIP Procedures Handbook.

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Aetna Better Health® Kids
A CHIP Health Plan

https://www.aetnabetterhealth.com/pennsylvania/providers

APN 8457551-53-01