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Aetna Better Health®
of West Virginia

Providers are prohibited from balance billing members for any service(s) covered by Aetna Better Health of West Virginia.

Aetna Better Health participating providers are prohibited from balance billing Medicaid members for covered services**.** Participating providers may not bill, charge, collect, or seek payment from a Medicaid member for any covered service beyond applicable Medicaid cost-sharing amounts, if any, as permitted by the member's benefit plan and state Medicaid requirements.

A provider may bill a member only when the service(s) is not a covered benefit and the member has provided informed written consent prior to the date of service acknowledging responsibility for all charges. Generic consent forms that do not clearly identify the non-covered service do not meet this requirement.

If a member reports that a provider is balance billing for a covered service, the provider will be contacted by an Aetna Better Health Provider Relations Representative to research the complaint. Continued inappropriate balance billing will be reported to WV Bureau for Medical Services in accordance with State and Federal Medicaid requirements.

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

- Termination from the Aetna Better Health network.
- Referral to the West Virginia Medicaid Fraud Division, under the state's Office of Attorney General, 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 Services at **1-888-348-2922 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM.

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