18007 IH-10 W, Ste 201
San Antonio, TX 78257
210-451-7525 Main I 210-530-1187 Fax
FullSpectrumER.com

Spectrum Healthcare

Texas Tribune,

The BCBS EOB received by the patient that reads the patient may be responsible for $6331.44 is misleading to the patient and in violation of Texas SB 1037. Spectrum Healthcare will honor the insurance allowance and not balance bill the member for the difference in the allowed amount and billed amount. Spectrum Healthcare is awaiting the response of coverage adjustments by BCBS and will continue to monitor the processing of claims by insurance companies to ensure appropriate coverage and request adjustments when needed.

BCBS processed the claim prior to billing and processing guidelines established by the CARES Act, CDC, CMS, and DHHS. The bill sent to the patient was in accordance with his health plan and the amount billed to insurance was in accordance with fair health standards. Spectrum Healthcare contacted BCBS group health plan on 6 May to adjust the claim under guidelines of the CARES act or 100% coverage of the insurance allowance. Once the adjusted claim with the correct processing is received, the account will be paid in full with no balance billing to the patient. As an operational standard, any form of an overpayment is not refunded until all claims activities are settled. In anticipation of payment settlement from BCBS, a refund has been issued in full to the patient for the amount paid. During this pandemic, both providers and insurance are required to work together if claims are not processed correctly.

The CARES ACT established a standard minimum recommendation for coverage of COVID-19. The large majority of commercial health insurers have agreed to meet or exceed this minimum standard with varying coverage dates, some retroactive. Benefit limitations and coverage vary by insurance plan. We always recommend that patients with concerns for coverage contact their health insurance provider when possible. The majority of health insurance companies have published coverage specific information on their websites regarding COVID-19 coverage benefits as well.

Any patient that feels their coverage benefits have not been applied appropriately is encouraged to appeal the claim with their insurance company or provide written authorization allowing another party to appeal on their behalf. Patients with coverage and/or billing concerns are encouraged to contact our billing department directly. Spectrum Healthcare is here to support our patients by providing clarity and resolution for any questions or concerns.

Why did the patient not receive testing if there was a concern for COVID-19?

With the initial arrival of COVID-19 to US soil and limited availability of COVID-19 tests, patients were required to meet CDC guidelines to qualify for SARS CoV-2 testing. Patients seeking evaluation for COVID related symptoms were required to be evaluated by a provider and have testing performed to rule out other potential infectious causes. Once completed, the case could then be referred to the Local Health Department for authorization to test. A patient would only receive testing for Novel SARS CoV-2 through the CDC if the case was accepted and referred by the local health department.

Due to initial testing requirements, patients being seen and evaluated for concern of COVID-19 may not have qualified for a referral to the CDC and therefore SARS CoV-2 testing may not have been performed. These patients are covered and protected by the "Prudent Layperson Standard.” Therefore claims, where the patient failed to qualify for CDC testing, should be processed to allow the maximum benefit coverage to be applied.

The release of commercialized testing due to Emergency Use Authorization (EUA) by the FDA now allows providers to order and test patients on a much broader scale, without gaining CDC approval.