Underinsurance Guidance

This guidance document will be helpful in understanding the underinsured process to decide if a client is eligible for Screen our Circle (SoC) services and site reimbursement. Please refer to the Screen our Circle manuals billing section to help navigate this process.

It is important to determine if a client has any co-pay, co-insurance, or deductible to decide if a client is underinsured. It is important to remember that SoC is not the primary insurance. The client's insurance is always primary and SoC is considered secondary or payer of last resort.

1. If a client reports as underinsured **and** has co-pays and/or deductibles, enroll the client into SoC program and document their insurance
2. The client's primary insurance needs to be billed for the services they received
3. SoC will then need to be sent a copy of the clients EOB (Explanation of Benefits) from their primary insurance. Sites will need to ensure this is uploaded on Med-It **OR** sent to SoC staff securely to ensure HIPAA compliance is met
4. If the client has a balance owed or the insurance **did not** cover at 100% for any of the CPT codes outlined in the reimbursement rates document that is provided to you from SoC the SoC staff will then look at what the insurance paid and if the payment was less than or more than the Medicare Part B rate:
   a. If the payment is more than SoC reimbursement rates, SoC will deny payment for the specified CPT codes as the max Medicare rate was paid. This client will be disenrolled from SoC
   b. If the payment was less than the Medicare Part B rate, SoC will pay the difference up to the rate. This client is considered enrolled in SoC program