



PrEP DAP Provider Billing Guide

PrEP DAP Provider Billing Guide

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Quick Tips

PrEP DAP is a state funded program – we are not insurance and we are not Medicaid. Contracted providers bill us just like insurance. If a patient is insured, you bill the primary insurance then bill us for the patient portion. An EOB must be submitted with the claim. If a patient doesn't have insurance, you just bill us. We accept the following claim forms: CMS 1500, UB 04 or UB 92

Contact Information

Billing Questions & Claims Inquiries – EIP.ClaimsPayments@doh.wa.gov or 360-236-3420

PrEP DAP Enrollee Eligibility Inquiries – Via Provider Portal, by email PrEPDAP@doh.wa.gov or 360-236-3412

Contract Questions – lori.delaney@doh.wa.gov or 360-236-3474

PrEP DAP Eligibility:

To be eligible for PrEP DAP, someone would need to:

- Submit a complete application with all required documents
- Be HIV-negative
- Be a Washington Resident
- Patient and Provider declaration of risk factor(s)

Providers will need to complete a portion of the enrollee's application. This form is call HIV and Health Status Information Form (or [HHSI](#)). <https://tinyurl.com/PrEPDAPHHSI>

Apply for PrEP DAP:

Applicants can go to www.doh.wa.gov/PrEPDAP and scroll down to "How Do I Apply". Enrollment can be done either online or by paper application.

Patient Help:

Applicants can seek assistance from a [Prevention Navigator](#) who can help them with enrollment. <https://tinyurl.com/PreventionNavigators>

PrEP DAP Coverage:

For the current [list of PrEP DAP services](#): <https://tinyurl.com/PrEPDAPServices>

PrEP DAP Formulary Medications:

For the current [list of formulary medications](#): <https://tinyurl.com/PrEPDAPFormulary>

PrEP DAP Provider Portal:

Accessible through Secure Access Washington (SAW). For instructions, see the [Provider Portal](#) section in the PrEP DAP Billing Guide.

Patients with Apple Health/Medicaid:

Apple Health/Medicaid recipients have full coverage for PrEP; medical visits, labs and pharmacy. They do not need PrEP DAP assistance. Please bill Apple Health/Medicaid accordingly.

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Medical & Lab Services

Carefully read and adhere to all of the instructions in this manual so that claims can be processed efficiently. Accuracy, completeness, and clarity are important.

We suggest you keep a copy of the [PrEP DAP Schedule of Coverage and Maximum Allowance](#) in each PrEP patient's record so they can be informed which service PrEP DAP will cover and when the enrollee will be responsible for payment. For access to the most current version, go to <https://tinyurl.com/PrEPDAPServices>.

Enrollee must be eligible for PrEP DAP and the provider must be contracted with the Department of Health on the date of service.

PrEP DAP Enrollee with Insurance

For PrEP DAP enrollees with private insurance or Medicare, PrEP DAP pays for the co-pay, co-insurance, and deductible portion determined by the enrollee's primary insurance, up to our maximum allowable fee. PrEP DAP also covers any services that are denied by the primary insurance as non-covered, but are listed on the PrEP DAP covered service list.

When billing us for services for an insured enrollee, you must attach the Explanation of Benefits (EOB) or we ***will*** deny the claim. We will not accept hand written notes that the claim is for services rendered.

PrEP DAP Enrollee with No Insurance

PrEP DAP provides 100% coverage for services listed on the PrEP DAP list of covered services and maximum allowances.

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Follow these recommendations to assure timely reimbursement:

- Submit each enrollee's services on a separate form
- Make sure the patient is enrolled in PrEP DAP on the date of service
- Make sure that the services are covered by checking the PrEP DAP list of covered services and maximum allowances
- Make sure to include all required attachments, i.e. EOB's from primary insurance coverage
- If there is not a provider assigned account number on the claim then PrEP DAP will use the enrollee PrEP DAP ID number.

PrEP DAP pays contracted providers ONLY.

It is imperative that the doctor send/refer enrollees to a contracted lab.

You may only bill the enrollee for services rendered that are not covered by PrEP DAP.

We do allow the provider to charge enrollees for non-covered services.

Some providers may bill us for co-pays and coinsurance knowing that we will not pay.

This is a common practice so that the provider has the denial on file to show to the enrollee.

If you treat a patient who is on PrEP, please ask them if they are covered under PrEP DAP.

If they are, please make a note in the patients chart. If they are not, we can supply you with applications to give to patients who are not enrolled to see if they qualify.

Our timely filing limit is 365 days from the date of service.

You may send a written appeal with proof of timely filing if your claim has been denied for that reason.

Use the proper claim forms.

All claims must be billed on either of these claim forms:

- CMS 1500
- UB 04
- UB 92

PrEP DAP is NOT insurance.

We are a state funded program that is the payer of last resort. Since we are NOT insurance, we do require that you bill us secondary or last. It is a violation of your agreement for you to bill the enrollee for any services that are covered under this program.

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Provider Portal

Introduction

PrEP DAP uses Provide for eligibility and claims adjudication. Part of the functionality of Provide allows clients online access for enrollment and online access for providers to check client eligibility, claims adjudication and access to resources. Although participation in the Portal at this time is optional, it is highly recommended.

Access

In order to access the Provider Portal, you must create an account through Secure Access Washington (SAW). SAW is used to ensure that your information is kept confidential. You may already have a SAW account if you use the online services through L&I or DSHS/Medicaid. You may use your existing SAW account or create a new account. You will be asked to answer personal questions from your public record to verify your identity. Only one person can use your SAW account. The website is <http://secureaccess.wa.gov>.

Once you have logged in or created an account, you will select “add a service” to your SAW account. You will add the Provider Portal using access code **159391**. An email will then be sent to DOH staff to approve you to use the portal.

Once my access is approved, what can I do from the Provider Portal?

Right now you are limited to what you may do in the Provider Portal. We are working on enhancements and the ability to adjudicate claims online. Until then, here are a few things you can access and do from the Provider Portal now:

Check PrEP DAP Enrollees Eligibility

When you log in to the portal, you will click “Check PrEP DAP Client Eligibility”. You can check current eligibility or past eligibility. You can search for a client by:

- PrEP DAP client ID plus DOB
- PrEP DAP client ID plus last 4 of SSN
- PrEP DAP client last name, first initial and DOB or
- PrEP DAP client first name, last initial and DOB.

Download Remittance Advice(s)

To download a remittance advice, you will click “Download Claim Remittance Files”. You will be presented with a historical list of remittance advices files to download, in PDF form.

Submit a PrEP DAP Benefit Exception Requests

To submit a PrEP DAP Benefit Exception Request, you will click “Submit Exception Request”. Please see Appendix I for detailed online submission instructions. If you prefer paper submission, see the next section below.

For further assistance, questions or comments regarding the Provider Portal, please email EIP.ClaimsPayments@doh.wa.gov or call 360-236-3420.

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PrEP DAP Benefit Exception – Paper Form

Services that are listed as on our Schedule of Coverage and Maximum Allowance do not require prior authorization and may not be billed to the enrollee. We recommend that the provider call prior to any service that is not listed on our lists of covered services to request a Benefit Exception Request form. In order for the Benefit Exception Request to be approved, medical necessity must be established and proof that the procedure is related to the enrollees PrEP initiation/monitoring may be required.

PrEP DAP Benefit Exception Request Form

- Complete the paper PrEP DAP Benefit Exception Request form
 - Form must be completed by the requesting provider
- Fax the completed form, along with any supporting documentation, ATTN: Lori Delaney, PrEP DAP Contract Manager at 360-664-2216.
- Once the PrEP DAP Benefit Exception Request form has been reviewed and either approved or denied, PrEP DAP will send a letter to the enrollee and requesting provider.
 - If approved, submit the approval letter with the claim for services.
 - If denied, any claim submitted for that service will be denied.

The [Benefit Exception Request Form](https://tinyurl.com/PrEPDAPBenefitException) is on our website at: <https://tinyurl.com/PrEPDAPBenefitException>

To submit the Benefit Exception Request online, log on to the Provider Portal through your Secure Access Washington (SAW) account. For more information, go to the [Provider Portal](#) section of this guide.

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Submitting Claims

Completing the claim form:

CMS 1500

- Enter your PrEP DAP assigned provider contract number in box 33 b
- Enter the PrEP DAP enrollee ID number in box 1a

UB 04 or UB 92

- Enter your PrEP DAP assigned provider contract number in box 51
- Enter the PrEP DAP enrollee ID number in box 60

ALL SECONDARY CLAIMS MUST INCLUDE THE PRIMARY INSURANCE EOB IN ORDER TO RECEIVE REIMBURSEMENT OR THE CLAIM WILL BE DENIED.

Please mail claims to:

Client Services
PO Box 47841
Olympia WA 98504-7841

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Reimbursements

We can help you locate late or lost payments.

If you have not received payment for services billed 60 days ago or more please email Lori.Delaney@doh.wa.gov. If your warrant was lost, it can be replaced.

Department of Health (DOH) processes the A-19 invoice remittance advice.

Once we have processed a claim, a batch for each provider is sent to the accounting office at DOH for payment approval and warrant assignment.

The warrant is generated and mailed directly from the treasury department or accounting office so the A-19 remittance is not included. The remittance advice available from the billing staff at DOH the day after it is sent to the accounting office for processing. You may receive your remittance advice through the mail or via the online provider portal.

If you receive payment via Electronic Fund Transfer (EFT), you will be notified by the Treasury Department via e-mail when a payment is about to be transferred. The remittance advice is generated by DOH.

DOH staff assign an invoice number to the remittance advice prior to sending it to accounting in order to track the payment status. This also assists DOH staff and providers to locate specific copies of back-up or additional documentation when needed.

Reading the A-19 remittance advice

You must be able to identify specific information to apply your payment correctly. Every A-19 includes the following information:

- Provider billing address
- Provider PrEP DAP ID number
- Date of service
- PrEP DAP ID number
- Patient PrEP DAP ID number
- EOB code
- Billed amount
- Quantity
- Payable amount
- Explanation of Benefit (EOB)
Code Definition Guide
- Date
- HIP number
- Warrant number

You may receive payments before the A-19 remittance advice.

If you receive a payment and have not received an A-19 remittance advice it is likely because we do not have your correct contact information. When you call to request the information please provide the invoice number so we can locate your back up more efficiently. To expedite payment you can receive your payments electronically as well.

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Refunds

If you were paid for a service from PrEP DAP and later received payment from another source (excluding enrollee payments, in which case enrollee should be refunded) then you must refund PrEP DAP for the service. You must also refund PrEP DAP if the primary insurance applied payment and the amount you received from PrEP DAP is greater than the remaining allowed amount owed. PrEP DAP is the payer of last resort therefore all other coverage must be billed first.

Some examples of reasons to refund PrEP DAP are:

- Over payments
- Duplicate payments
- Payments from primary coverage or DSHS
- PrEP DAP incorrectly remitted payment to your office

Send refunds to:

Client Services
Attn: Krystal Sterling
PO Box 47841
Olympia WA 98504-7901

REFUNDS MUST INCLUDE A COPY OF THE ORIGINAL A-19 REMITTANCE ADVICE.

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PrEP DAP Enrollee Responsibility

PrEP DAP enrollees are responsible for coordinating their health care needs and may receive assistance in doing so from their Prevention Navigator.

In scheduling appointments, enrollees and Prevention Navigators should follow these guidelines. They must:

- Receive services from an PrEP DAP contracted provider
- Give the contracted provider their PrEP DAP number
- Present insurance information at each visit
- Respect provider office policies

Enrollees may be billed for the following:

- Services not covered by PrEP DAP
- No-show appointments
- Services rendered by non-contracted PrEP DAP providers

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Provider Responsibility

Providers must adhere to all the language in the contract. Please refer to the contract for clarification.

Providers must notify PrEP DAP with:

- Address changes
- Credentialing or office manager changes
- Warrant sent to the wrong location
- Contract questions
- Phone number or email address changes
- Remittance or payment delivery changes

Who to contact for what?

For Eligibility Inquiries – PrEPDAP@doh.wa.gov or 360-236-3412

For Claims Inquires – PREP.DAP.ClaimsPayments@doh.wa.gov or 360-236-XXXX

For Contract Inquiries – Lori.Delaney@doh.wa.gov or 360-236-3474

Please Note:

- **DOH e-mail is NOT confidential.**
Do not send any confidential information in an e-mail.
- **PrEP DAP eligibility status can change daily.**
Eligibility verification is not a guarantee of payment.

PrEP DAP Provider Resource & Billing Guide

Definitions

Below are a list of definitions for terms used throughout this guide.

Adjudicate means to make a decision on a submitted claim from a PROVIDER to the DEPARTMENT for services rendered for a PrEP DAP E.

Allowed Amount means the maximum amount the DEPARTMENT will pay a PROVIDER for services allowed on the DEPARTMENT'S approved PrEP DAP Schedule of Covered Services and Maximum Allowances.

Benefit Exception Request is a request submitted by the PROVIDER requesting the DEPARTMENT cover a specific service that is not included PrEP DAP Schedule of Coverage and Maximum Allowance.

Claim means a charge submitted to the DEPARTMENT by the PROVIDER which contains complete and accurate information that allows the DEPARTMENT to adjudicate.

Clean Claim means a claim that is submitted to the DEPARTMENT from a PROVIDER that has no defect or impropriety, including any lack of required substantiating documentation or particular circumstances requiring special treatment that prevents timely payment from being made on the claim.

Client means an individual who is enrolled in the PrEP DAP

Complete and Accurate Information includes:

- Complete and accurate description of the services performed and the charges made using appropriate current industry diagnosis codes, procedural terminology and current CMS common procedure coding system;
- Other known insurance coverage, third party resources, or healthcare benefits available to the PrEP DAP Enrollee.

Contract means an agreement entered into by the PROVIDER and the DEPARTMENT for payment of services rendered to a PrEP DAP enrollee.

Covered Services means a health care service or supply that is provided under the PrEP DAP Schedule of Coverage and Maximum Allowance

Department or DEPARTMENT means WA State Department of Health Pre-Exposure Prophylaxis Drug Assistance Program.

Enrollee means an individual who is enrolled in the PrEP DAP program.

EOB means Explanation of Benefits. An EOB is generated from the Primary Insurance to be submitted to the DEPARTMENT with the claim form.

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Medically Necessary/Medical Necessity means a health care service that a PROVIDER, exercising prudent clinical judgement, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms and that are:

- In accordance with generally accepted standards of medical practice;
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for a patient illness, injury or disease; and
- Not primarily for the convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patients illness, injury or disease.

Non-Covered Services means a health care service or supply that is not provided under the PrEP DAP Schedule of Coverage and Maximum Allowance.

PrEP DAP means Pre-Exposure Prophylaxis Drug Assistance Program.

PrEP DAP EOB Code Definitions as used herein, is the list of claim adjudication codes that identifies the status of the claim submitted. The EOB Code Definitions are incorporated into and made part of this Agreement. The DEPARTMENT updates the list of codes bi-annually (February and July). It is the PROVIDER'S responsibility to check the approved list monthly to ensure that he or she has the most up to date information. The EOB Code Definition document is located on our website or is available upon request.

PrEP DAP Schedule of Coverage and Maximum Allowances, as used herein, is the approved list of services and maximum compensation allowed. The PrEP DAP Schedule of Coverage and Maximum Allowances is incorporated into and made part of this Agreement. The DEPARTMENT updates the approved list bi-annually (February and July). It is the PROVIDER'S responsibility to check the approved list monthly to ensure that he or she has the most up to date information. The approved PrEP DAP Schedule of Coverage and Maximum Allowance document is on the DEPARTMENT website or available upon request.

PrEP DAP Provider Resource & Billing Guide as used herein, is the approved guide for providers to use to submit claims to the DEPARTMENT. The DEPARTMENT updates the approved document bi-annually (February and July) or as needed to ensure instructions are up to date based on program needs. It is the PROVIDER'S responsibility to check the approved document monthly to ensure that he or she has the most up to date information. The approved PrEP DAP Provider Resource & Billing Guide is on the DEPARTMENT website or available upon request.

Provider or PROVIDER means health care provider, clinic or entity which agrees to accept payment from the DEPARTMENT for services performed for an eligible PrEP DAP Enrollee.

Refund means a PROVIDER was over paid for a service and must refund the DEPARTMENT.

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