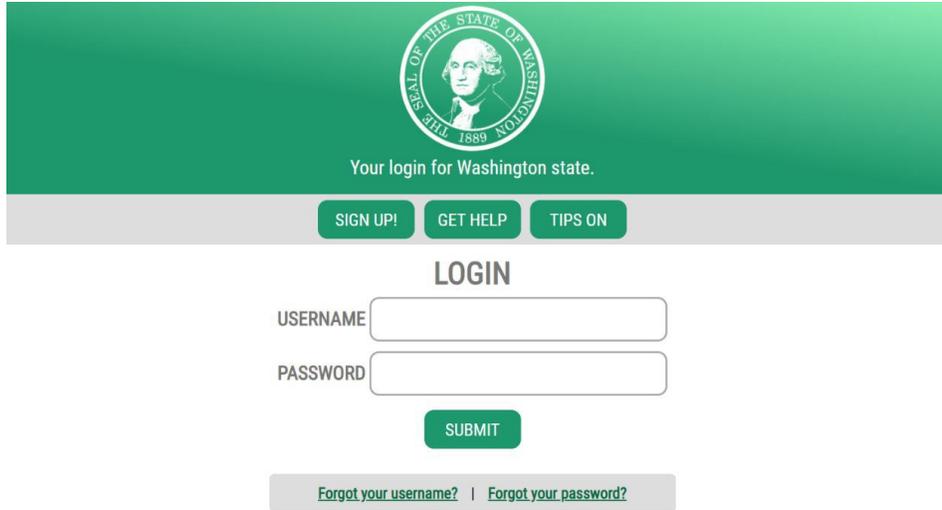


Accessing the Client Services EIP and PrEP DAP Provider Portal

These steps will get you started with using the EIP and PrEP DAP Provider Portal via Secure Access Washington (SAW) to submit claims, download remittance advices and check client eligibility.



Secure Access Washington Login Page

Step 1:

Connect to SAW here: <https://secureaccess.wa.gov>

- **Already have an account?** Log in to your existing account and skip to step **four**.
- **New SAW user?** Create an account by clicking "Sign Up!".

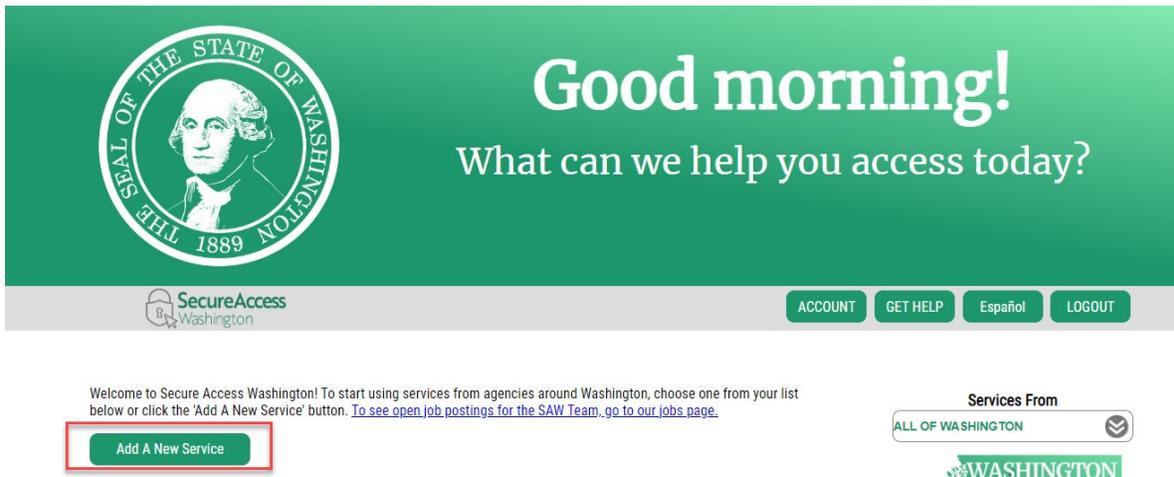
Step 2:

- a) **If you do not need to create a SAW account, please skip to step 4.** If you need to create a SAW account, please ensure your information is accurate. You will be asked to confirm your identity once you have requested access to the Provider Portal. The questions asked while confirming your identity are personal to you based on your public information, not the contracted provider's office that you work for.

Step 4:

You will now need to add the Provider Portal to your SAW account.

a) Select "Add A New Service".



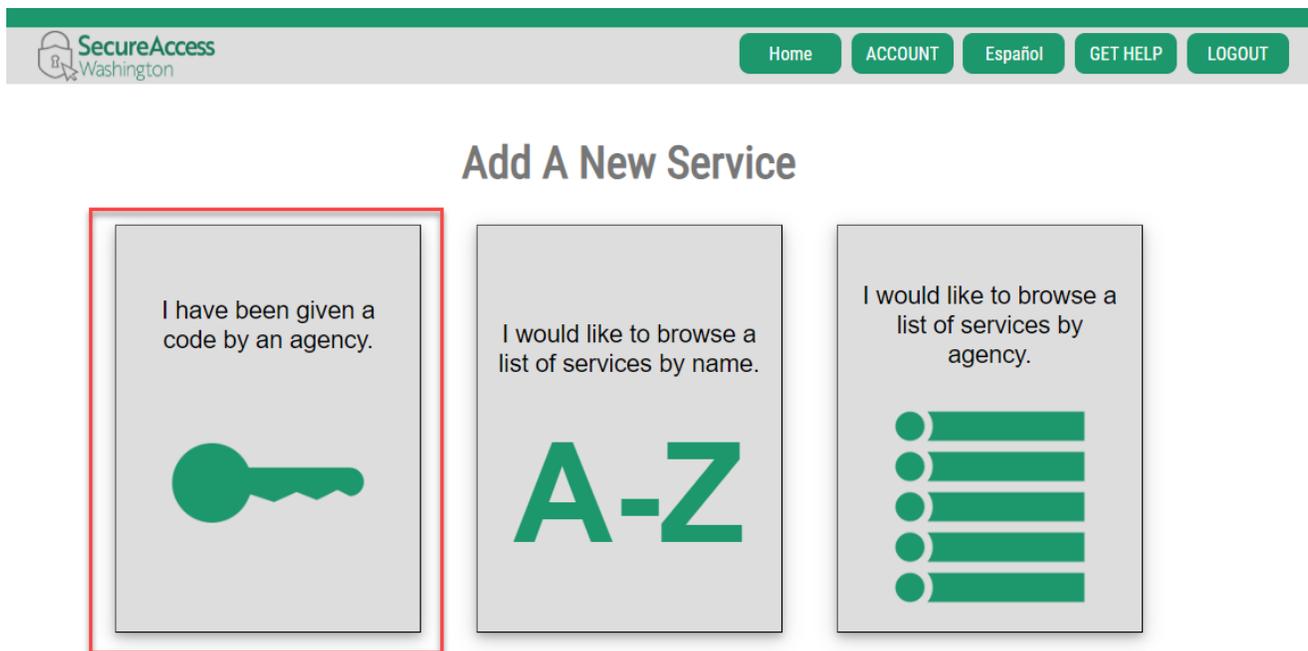
Welcome to Secure Access Washington! To start using services from agencies around Washington, choose one from your list below or click the 'Add A New Service' button. [To see open job postings for the SAW Team, go to our jobs page.](#)

Services From
ALL OF WASHINGTON

WASHINGTON

Add A New Service

b) Select "I have been given a code by an agency".



Add A New Service

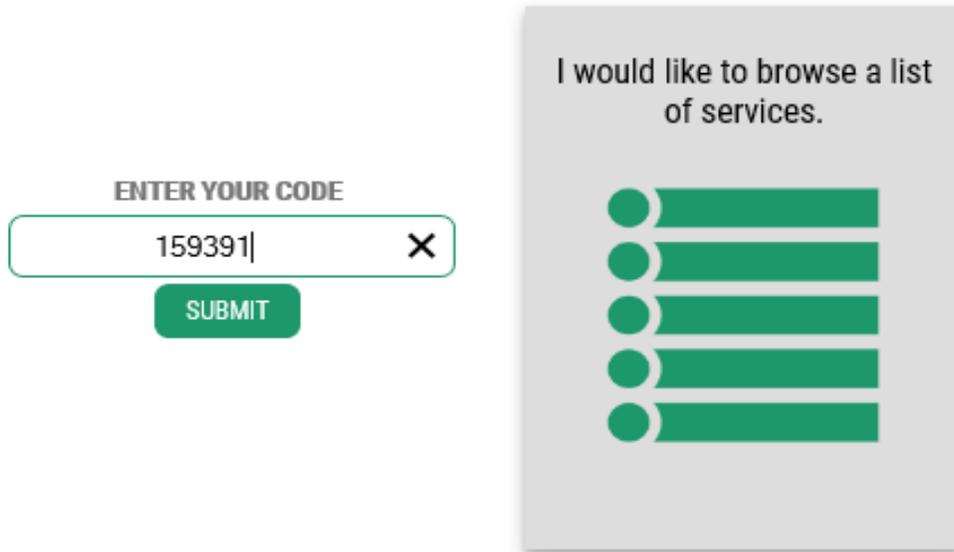
I have been given a code by an agency.

I would like to browse a list of services by name.

I would like to browse a list of services by agency.

- c) Enter the service code, **159391** into the appropriate box and click submit.

ADD A NEW SERVICE



Step 5:

- a) You will then be asked a series of three questions from your public record to confirm your identity. This is to ensure client information is kept confidential by those authorized to access the information. *If you do not know the answer to a question, the system will provide additional questions.*

If you are unable to answer the second set of questions, you will be given an option to bypass them called KBA bypass. This request comes to our Client Services Staff, and we will follow up with you via email to ask some identifying questions.

IDENTITY VERIFICATION

You will be asked a series of questions based on your public record data (the state of Washington does not gather or store this data). These questions could be about things you have owned, people you know or your professional experience. If you do not wish to answer these questions, you may [request permission to skip this page](#). This choice may delay access to your service. Requests to bypass this process will send a notification to the owner of the service who may reach out to you to verify your identity manually. Once verified, you will be able to continue the registration process for this service.

NAME

Is your legal name displayed correctly below? First and Last name are required. This name should match what appears on your official documents, like your driver's license or passport. [Get your name](#) if it does not match your official documents. Once any edits are complete, please return to this page.

ADDRESS

The State of Washington does not store this address or use it for any purpose other than this transaction. If you have more than one address, enter the location where you receive bills or bank statements.

STREET ADDRESS

CITY

STATE

ZIP

Privacy Notice

Step 6:

a) After verifying your identity, you will need to register your facility with the portal.

- Please use your name for the provider first and last name
- The Taxpayer ID must match the TIN contracted with EIP or PrEP DAP
- If you do not know your Statewide Vendor ID, please email EIP.ClaimsPayments@DOH.WA.GOV and include your Tax ID as well as the address for the location you're requesting access to.

 HOME ACCOUNT TIPS ON GET HELP LOGOUT

ADDITIONAL INFO FOR DOH

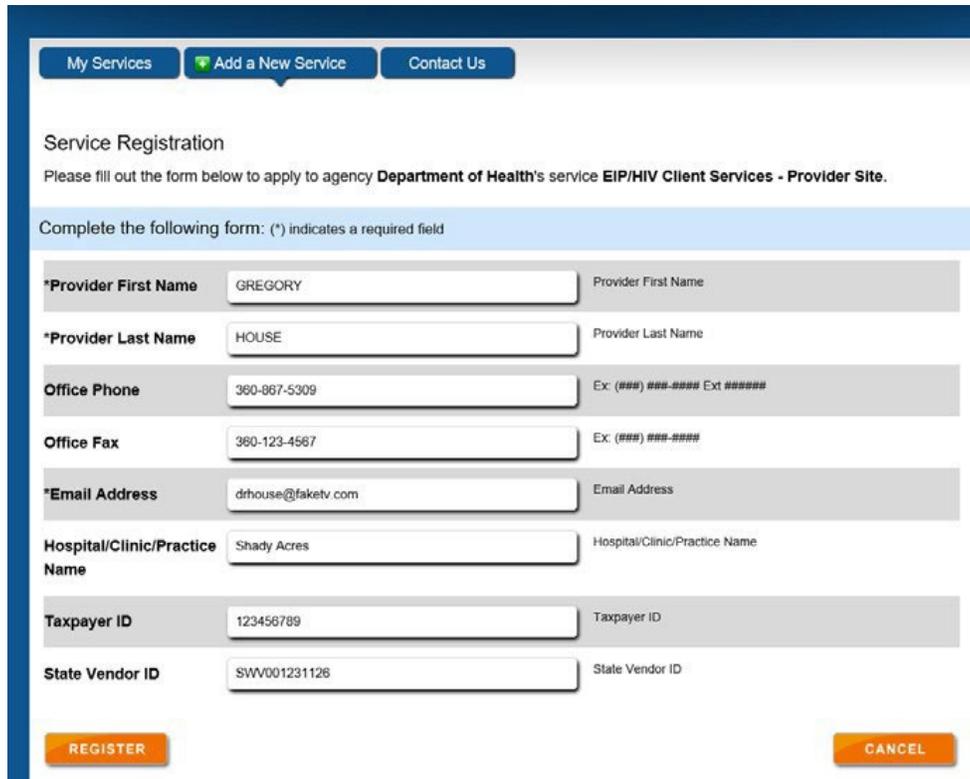


Department of Health requires some additional information before they can allow access to this service. Please fill in the form below.

*Provider First Name <i>Provider First Name</i>	Office Phone <i>Ex: (###) ###-#### Ext #####</i>
<input type="text"/>	<input type="text"/>
*Provider Last Name <i>Provider Last Name</i>	Office Fax <i>Ex: (###) ###-####</i>
<input type="text"/>	<input type="text"/>
Office Phone <i>Ex: (###) ###-#### Ext #####</i>	*Email Address <i>Email Address</i>
<input type="text"/>	<input type="text"/>
	Hospital/Clinic/Practice Name <i>Hospital/Clinic/Practice Name</i>
	<input type="text"/>
	Taxpayer ID <i>Taxpayer ID</i>
	<input type="text"/>
	State Vendor ID <i>State Vendor ID</i>
	<input type="text"/>
	<input type="button" value="SUBMIT"/>

b) Once your registration is complete, your request will be sent to Client Services.

- Please allow 1 business day for activation.
- We cannot activate your account on state holidays or weekends.
- You will receive an email when your registration has been activated.



My Services Add a New Service Contact Us

Service Registration
Please fill out the form below to apply to agency Department of Health's service **EIP/HIV Client Services - Provider Site**.

Complete the following form: (*) indicates a required field

*Provider First Name	GREGORY	Provider First Name
*Provider Last Name	HOUSE	Provider Last Name
Office Phone	360-867-5309	Ex: (###) ###-#### Ext #####
Office Fax	360-123-4567	Ex: (###) ###-####
*Email Address	dirhouse@faketv.com	Email Address
Hospital/Clinic/Practice Name	Shady Acres	Hospital/Clinic/Practice Name
Taxpayer ID	123456789	Taxpayer ID
State Vendor ID	SWV001231126	State Vendor ID

REGISTER CANCEL

Note: Due to SAW system updates, your screen may look different.

Step 7:

a) You will then access SAW and will be required to select an authentication method every time you log in. This ensures that the staff member assigned to the account is using the service, protecting client confidentiality. You will need to also agree to the DOH terms and conditions of use by pressing "ok" once you authenticate your identity.

Step 8:

You now have access to the Provider Portal. From here you can:

- Check client eligibility.
- Download remittance advices.
- Access EIP materials such as contracting documents, fee schedule and forms.
- Submit claims electronically.

To access these portions of the portal, simply click the link that you wish to see.



"The Department of Health works to protect and improve the health of people in the state of Washington."

EIP & PrEP DAP Provider Portal

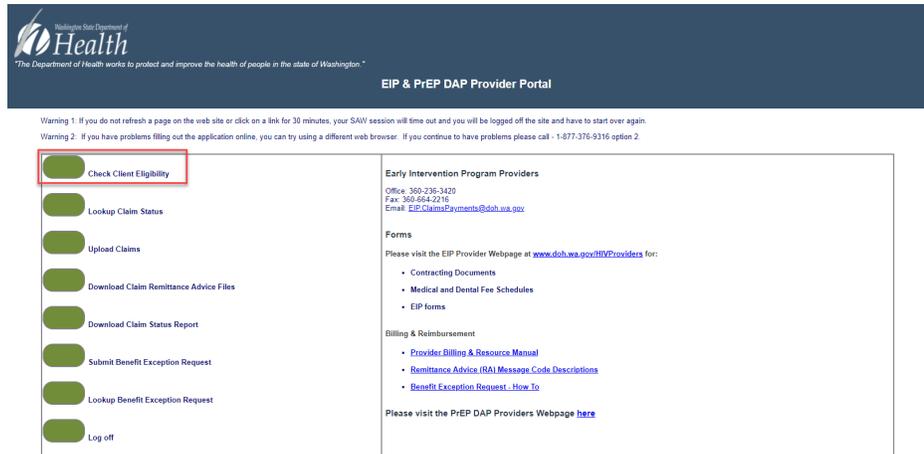
Warning 1: If you do not refresh a page on the web site or click on a link for 30 minutes, your SAW session will time out and you will be logged off the site and have to start over again.
Warning 2: If you have problems filling out the application online, you can try using a different web browser. If you continue to have problems please call - 1-877-376-9316 option 2.

<ul style="list-style-type: none"> <li style="margin-bottom: 5px;"> Check Client Eligibility <li style="margin-bottom: 5px;"> Lookup Claim Status <li style="margin-bottom: 5px;"> Upload Claims <li style="margin-bottom: 5px;"> Download Claim Remittance Advice Files <li style="margin-bottom: 5px;"> Download Claim Status Report <li style="margin-bottom: 5px;"> Submit Benefit Exception Request <li style="margin-bottom: 5px;"> Lookup Benefit Exception Request <li style="margin-bottom: 5px;"> Log off 	<p>Early Intervention Program Providers Office: 360-236-3420 Fax: 360-664-2216 Email: EIP.ClaimsPayments@doh.wa.gov</p> <p>Forms Please visit the EIP Provider Webpage at www.doh.wa.gov/HIVProviders for:</p> <ul style="list-style-type: none"> • Contracting Documents • Medical and Dental Fee Schedules • EIP forms <p>Billing & Reimbursement</p> <ul style="list-style-type: none"> • Provider Billing & Resource Manual • Remittance Advice (RA) Message Code Descriptions • Benefit Exception Request - How To <p>Please visit the PrEP DAP Providers Webpage here</p>
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Note: Due to SAW system updates, your screen may look different.

Verifying Client Eligibility

1. Select "Check Client Eligibility" on the portal homepage.



Washington State Department of Health
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EIP & PrEP DAP Provider Portal

Warning 1: If you do not refresh a page on the web site or click on a link for 30 minutes, your SAW session will time out and you will be logged off the site and have to start over again.
Warning 2: If you have problems filling out the application online, you can try using a different web browser. If you continue to have problems please call - 1-877-376-9316 option 2.

- Check Client Eligibility
- Lookup Claim Status
- Upload Claims
- Download Claim Remittance Advice Files
- Download Claim Status Report
- Submit Benefit Exception Request
- Lookup Benefit Exception Request
- Log off

Early Intervention Program Providers
Office: 360-236-3420
Fax: 360-664-2216
Email: EIP_ClaimsPayments@doh.wa.gov

Forms
Please visit the EIP Provider Webpage at www.doh.wa.gov/EIPProviders for:

- Contracting Documents
- Medical and Dental Fee Schedules
- EIP forms

Billing & Reimbursement

- [Provider Billing & Resource Manual](#)
- [Remittance Advice \(RA\) Message Code Descriptions](#)
- [Benefit Exception Request - How To](#)

Please visit the PrEP DAP Providers Webpage [here](#)

2. You must have two forms of client identification.

- a. EIP or PrEP DAP client ID plus DOB. EIP clients have client IDs between 0-49999 and PrEP DAP clients have client IDs 50000 and above.
- b. EIP or PrEP DAP client ID plus last 4 of SSN.
- c. EIP or PrEP DAP client last name, first initial and DOB.
- d. EIP or PrEP DAP client first name, last initial and DOB.

Search Program:

Search Type:

EIP/PrEP DAP Client ID:

Birth Date:

Date Of Service:

3. You can check past or current dates of service.

- a. The results will verify time and date of eligibility verification.
- b. Will provide client ID for your records.



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EIP & PrEP DAP Provider Portal

Eligibility Lookup Successful

Search done on 7/13/2023 9:39:31 AM

You Searched for:

Client ID: [REDACTED]

Date of Birth: [REDACTED]

Date of Service: [REDACTED]

The Clients Early Intervention Program Client ID is [REDACTED] and current eligibility settings are:

Eligible for Medical Care Cost Assistance: Yes - EOB Required
Eligible for Dental Care Cost Assistance (Thru EIP): Yes - EOB Required
Eligible for Mental Health Care Cost Assistance: Yes - EOB Required

Eligibility Effective Date: 12/01/2016
Eligibility Expiration Date: 06/30/2017

Active Health Insurance: Please remember to include Explanation of Benefits from the primary carrier with any claims submitted.

[Return to Home Page](#)

- Medical Care Costs Assistance
 - **Yes** - EIP will assist with client's cost-share for EIP covered services listed on our fee schedule.
 - **No** - EIP will not assist with client's cost share.

- Eligible for Dental Care Cost Assistance (Thru EIP)
 - **Yes** - EIP will pay for client's cost-share for EIP covered dental services listed on our fee schedule.
 - **No** - EIP will not assist with client's dental costs.
- Part A
 - Eligible for Dental Care Cost Assistance (Thru Part A): Note *** We cannot confirm Part A eligibility. Please contact Lifelong at 206-957-1716 for Part A Dental Care eligibility information.***
 - Clients who reside in King, Snohomish and Island counties are not eligible for EIP dental benefits. They may be eligible for services through Lifelong, who administers Part A.
- Remaining EIP dental cap
 - Clients who are eligible for EIP dental services are entitled to \$3000 per calendar year (Jan 1-Dec 31).
 - Additional funds may be available for medically necessary procedures. Your office will need to submit a Benefit Exception Request for consideration.
- Eligible for mental health care cost assistance:
 - **Yes** - EIP will assist with client's mental health care cost- share for EIP mental health services on our fee schedule.
 - **No** - EIP will not assist with client's mental health care costs.
- Eligibility effective and end date:
 - Clients must renew EIP coverage annually. For additional dates, please choose a different date of service.
- Active Health Insurance:
 - **Active Health Insurance** - Please remember to include Explanation of Benefits from the primary carrier with any claims submitted.
 - **No** - EIP is the primary coverage for the client, they do not have health insurance.

Submitting Electronic Claims

Step 1:

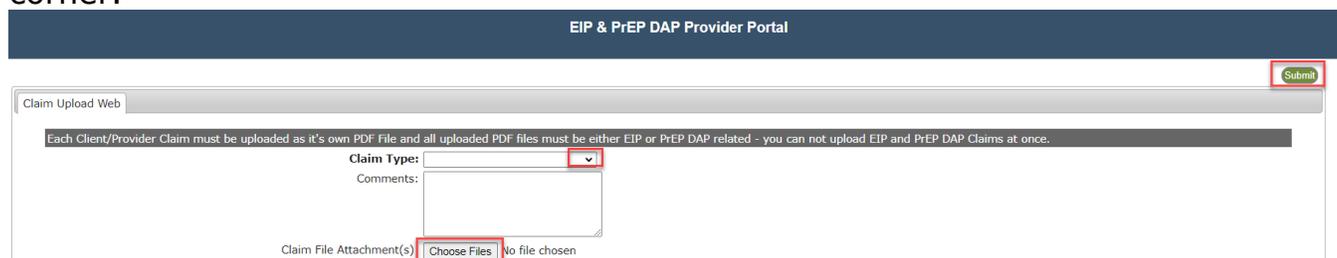
Select "Upload Claims" as shown below.



Step 2:

Below is the screen where you'll upload a **single** claim and EOB **together** (where applicable). Claim forms and EOBs **MUST** be submitted together as one document/submission, as our system is not able to keep those together when submitted separately. Please **DO NOT** submit the claim form in one submission and the EOB in another, these submissions will be denied.

You'll choose EIP or PrEP DAP, add any comments necessary, and choose the claim (and corresponding EOB if applicable) you'd like to upload for submission. The final step in this screen is the small "Submit" button in the upper right-hand corner.

A screenshot of the 'Claim Upload Web' form. The form is titled 'EIP & PrEP DAP Provider Portal' and has a 'Submit' button in the top right corner. The form contains a message: 'Each Client/Provider Claim must be uploaded as it's own PDF File and all uploaded PDF files must be either EIP or PrEP DAP related - you can not upload EIP and PrEP DAP Claims at once.' Below this message are fields for 'Claim Type:' (a dropdown menu), 'Comments:' (a text area), and 'Claim File Attachment(s)' (a file upload button labeled 'Choose Files' and 'no file chosen').

Step 3:

To submit another claim, you can choose the return to home page and repeat the previous steps.



Your Claim Upload will be reviewed and processed in the next five business days.

[Return to Home Page](#)
[Click to Print This Page](#)

If you have additional questions about the electronic claim submission process, please reach out to us via email at EIP.claimspayments@doh.wa.gov.