Frequently Asked Questions
Medical Expenses – Insured Clients
Billing the PrEP Assistance Program (PrEP-AP)
January 2019

General FAQs

1. What medical expenses can the PrEP-AP pay for?
   The PrEP-AP will reimburse providers for all PrEP-related medical services recommended by the Centers for Disease Control and Prevention (CDC). This includes:
   - Initial assessment for PrEP clinical eligibility
   - On-going evaluation and follow-up appointments for PrEP
   - Testing for sexually transmitted infections (STIs) at multiple anatomic sites
   - HIV and pregnancy testing
   - Renal function assessment
   - Screening for Hepatitis A, B, and C
   A comprehensive list of allowable medical services is available [here].

2. Who is Pool Administrators Inc. (PAI)?
   PAI provides medical benefit management services for the PrEP-AP by processing claims for medical out-of-pocket costs. All eligible PrEP-AP clients receive a benefit ID card from PAI to present to medical providers when they receive PrEP-related medical services.

3. What information must be included on a reimbursement claim?
   All claims must have at least one diagnosis code (ICD-10) and one procedure code (CPT/HCPC) from the PrEP-AP’s list of Allowable PrEP-Related Medical Services. Claims for approved medications dispensed in a clinical setting must also include a National Drug Code (NDC). Additional requirements apply. For more details, see questions # 15 – 26.

4. How long does it take PAI to pay a claim?
   PAI will remit payment for approved claims within four business days.

5. Why was a claim I submitted denied?
   Claims are denied for a variety of reasons, which include but are not limited to:
   - Use of invalid diagnosis or procedure codes
- Client was not eligible for the PrEP-AP on the date of service
- Claim was for duplicate services
- Claim contained errors
- Claim is missing required supporting documentation (e.g., an Explanation Of Benefits)
- Multiple claims were submitted for a single date of service

PAI will send a Remittance Advice for all processed claims. A Remittance Advice is similar to an invoice. Denied claims will always include a denial reason using a standardized format (i.e., American National Standard Institute (ANSI) codes).

6. **How does the PrEP-AP work with health insurance?**
   The PrEP-AP acts as secondary insurance. The health insurance plan is the primary payer and the PrEP-AP pays for what the health plan does not (on approved medical services as listed here).

7. **What will the PrEP-AP pay if a client has not met their health plan’s deductible?**
   The PrEP-AP will pay for the full cost of all allowable PrEP-related services until the deductible has been met. Once the deductible is met, the insurance plan pays.

8. **Does PrEP-AP pay for the client’s entire medical bill if services are all PrEP-related?**
   The client’s insurance policy determines what the PrEP-AP will pay. The PrEP-AP will provide assistance with all outpatient PrEP-related medical co-payments, co-insurance, and deductibles that count towards the client’s out-of-pocket maximum. The PrEP-AP will wrap-around the client’s insurance and pay for the client’s portion of the medical claim. Please refer to question #7 for more information on how the PrEP-AP provides assistance with deductibles.

9. **What is the relationship between the PrEP-AP, insurance providers, and other third-party payers?**
   As required in state statute, the PrEP-AP is the payer of last resort. This means that the PrEP-AP wraps around coverage offered by insurance providers and other third-party payers for outpatient PrEP-related services. Please reference question #8 for more detail.

10. **How do I show my provider that I am enrolled in the PrEP-AP?**
    Clients receive a benefit ID card issued by PAI after enrolling into the PrEP-AP and present the ID card to their medical provider each time they receive approved PrEP-related medical services. The back of the ID card outlines the process provider’s use for verifying client eligibility and submitting reimbursement claims.
    Clients new to the PrEP-AP who have not yet received their benefit ID card will receive a *Provider Referral Form* from their enrollment worker after enrolling in the PrEP-AP. This form serves as a temporary benefit ID card and should be presented to the provider at the time of service. The form provides a brief overview of the PrEP-AP and outlines the process provider’s use for verifying client eligibility and submitting reimbursement claims.

11. **How long will it take PAI to send me a benefit ID card?**
    Cards are mailed within seven business days of enrolling into the PrEP-AP.

12. **What happens if my clinic uses an outside laboratory to process lab work?**
The lab can bill PAI directly for all PrEP-related lab work using approved billing codes. Clients are encouraged to present their benefit ID card at the time of service to show their enrollment in the PrEP-AP. If the lab is not willing to bill PAI directly, the client can pay for lab work at the point of service and submit a reimbursement claim to PAI. PAI will process the claim and, upon approval, remit payment to the lab. It will be the lab’s responsibility to reimburse the client. For more information about submitting claims to PAI, see questions # 15 – 26.

13. If a client is enrolled in an HMO, will the PrEP-AP reimburse for services rendered by a provider other than the client’s primary care provider?

No. State law requires the PrEP-AP to be the payer of last resort and does not include a provision for when a person has insurance but is unable to access services using the health plan’s proper channels.

14. Does the PrEP-AP have a benefit limit?

No. The PrEP-AP will remit payment on all PrEP-related claims regardless of frequency, as long as follow-up appointments conform to the health plan’s policy limits and the health plan continues to serve as the primary payer. Clients are encouraged to see their provider as often as is deemed necessary to assist in PrEP medication adherence and ongoing monitoring and evaluation of PrEP use.

Client FAQs


The PrEP-AP cannot reimburse clients directly. Instead, clients can submit a reimbursement claim to PAI and, upon approval, PAI will remit payment to the medical provider. The client can then seek a refund directly from the provider.

To send a claim to PAI:

**Step One** – Obtain a detailed billing invoice for the services rendered
- The invoice must include –
  - Provider information
  - Insurance policy information
  - The cost for services
  - The dollar amount paid for by the insurance policy for services rendered
  - The dollar amount the client is liable to pay for services rendered
  - A diagnosis code from the list of Allowable PrEP-Related Medical Services found here
  - A procedure code from the list of Allowable PrEP-Related Medical Services linked above
  - A National Drug Code (NDC) if a PrEP-AP-approved vaccine or medication was administered during the appointment

Note: An invoice with an Explanation of Benefits attached may also be used if both documents combined include all of the data elements listed above.
Step Two – Send the detailed billing statement to PAI via standard mail, fax, or email
- Mail: PAI-CDPH, 628 Hebron Avenue, Suite 502, Glastonbury, CT 06033
- Fax: 860-724-4599
- Email: CDPHPPrEP@pooladmin.com

To check the status of a claim or for assistance with preparing a claim contact PAI at (877) 495-0990 (Mon – Fri, 8AM – 5 PM)

16. Can PrEP-AP reimburse clients directly if a client pays out-of-pocket at the point of service during a provider visit?
No. The PrEP-AP cannot reimburse clients directly. PrEP-AP remits payments, via PAI, to providers. It is the client’s responsibility to seek a refund directly from the provider.

17. What if my provider will not bill the PrEP-AP directly?
There are two options available:

Option One: Choose another provider in the health plan’s network that will bill the PrEP-AP. Please note: A client’s ability to do this may be impacted by the type of health plan the client is enrolled in. Clients enrolled in an HMO are required by their plan to see their primary care provider and may need to choose a new primary care provider who is willing to bill PrEP-AP directly.

Option Two: Pay the medical out-of-pocket obligation and follow the steps outlined in question # 15 to submit a claim to PAI and receive reimbursement from your provider.

18. What if a clinic does not accept my insurance?
If a specific clinic does not accept a client’s insurance, then the client must seek services from a different clinic who is in the health plan’s network in order for the PrEP-AP to pay for PrEP-related medical out-of-pocket costs. As established in state statute, the PrEP-AP is the payer of last resort. As such, clients with insurance are required to utilize their insurance to receive assistance with PrEP-related medical out-of-pocket costs. The PrEP-AP can only provide assistance as a secondary payer; the client’s insurance is considered the primary payer in this case.

19. Will PrEP-AP reimburse for telehealth services?
For insured clients, the PrEP-AP will only reimburse for telehealth services if the telehealth service is for an allowable service under the terms of the client’s insurance policy. The telehealth services rendered must also be included on the PrEP-AP list of allowable medical services located here.

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20. How will PAI remit payment to providers for valid claims?
   PAI will pay providers by check or electronically via an ACH (automated clearinghouse) payment. Providers interested in receiving electronic ACH payments should contact PAI by calling (877) 495-0990. PAI will send the provider an application, which should be completed and returned by mail, fax, or email.

21. How can I bill the PrEP-AP?
   The preferred method to bill the PrEP-AP is through the PrEP-AP’s medical claims clearinghouse. Providers can bill electronically in 837p format through the clearinghouse using payer ID PAI02 (for insured clients; uninsured clients are billed using payer ID PAI01). Claims may also be submitted in paper using CMS Form 1500. Paper claims must be accompanied by an Explanation of Benefits, and should be sent directly to PAI via the following methods:
   - Mail: PAI-CDPH, 628 Hebron Avenue, Suite 502, Glastonbury, CT 06033
   - Fax: 860-724-4599
   - Email: CDPHPrEP@pooladmin.com
   Providers submitting a paper claim to PAI for the first time must also include a completed Form W-9. This form is not required when billing electronically through the clearinghouse.

22. Does the PrEP-AP allow for STI testing at multiple anatomic sites?
   Yes, the PrEP-AP encourages STI testing at multiple anatomic sites. Claims submitted for STI testing at multiple anatomic sites must include modifier 59 to ensure CPT codes are not duplicative.

23. Do I need to have a contract with PAI to send claims?
   Providers do not need to have a contract with PAI to submit claims.

24. How do I submit reimbursement claims electronically?
   Providers submit claims in one of two ways: Through their current clearinghouse, or through PAI’s clearinghouse, Availity (preferred). Include the following information in the 837p format:
   - PrEP Insured Payer ID: PAI02
   - PAI-CDPH-02
   - 628 Hebron Ave
   - Suite 502
   - Glastonbury, CT. 06033

25. How can I verify if a client is enrolled in PrEP-AP?
   Providers are required to call the California Department of Public Health at (844) 421-7050 to confirm enrollment in the PrEP-AP prior to rendering services.

26. Does PrEP-AP pay for medications dispensed in a clinical setting?
   The PrEP-AP does allow for dispensing of select medications in a clinical setting. Medications are limited to specific manufacturer labeler codes and medications, and all medications dispensed in a clinical setting must be billed as outlined in PrEP-AP Policy Provider Memo 2018-01: Physician-Administered Medication.