



# Frequently Asked Questions

## Medical Expenses – Insured Clients

### Billing the PrEP Assistance Program (PrEP-AP)

April 2019

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## General FAQs

### 1. What medical expenses can PrEP-AP pay for?

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 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 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 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 PrEP-AP work with health insurance?**

PrEP-AP acts as secondary insurance. The health insurance plan is the primary payer and PrEP-AP pays for what the health plan does not (on approved medical services as listed [here](#)).

#### **7. What will PrEP-AP pay if a client has not met their health plan's deductible?**

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 PrEP-AP will pay. 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. 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 PrEP-AP provides assistance with deductibles.

#### **9. What is the relationship between PrEP-AP, insurance providers, and other third-party payers?**

As required in state statute, PrEP-AP is the payer of last resort. This means that 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 PrEP-AP?**

Clients receive a benefit ID card issued by PAI after enrolling into 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 PrEP-AP who have not yet received their benefit ID card will receive a *Provider Referral Form* from their enrollment worker after enrolling in 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 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 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 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 PrEP-AP reimburse for services rendered by a provider other than the client's primary care provider?

No. State law requires 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 PrEP-AP have a benefit limit?

No. 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.

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## Client FAQs

## 15. I paid out-of-pocket for a PrEP-related medical service. How do I seek reimbursement from PrEP-AP?

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: [CDPHPrEP@pooladmin.com](mailto:CDPHPrEP@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. 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 PrEP-AP directly?**

There are two options available:

**Option One:** Choose another provider in the health plan's network that will bill 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.

Kaiser clients should follow the process as outlined in the guidance document linked [here](#).

**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 PrEP-AP to pay for PrEP-related medical out-of-pocket costs. As established in state statute, 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. 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, 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 PrEP-AP list of allowable medical services located [here](#).

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## Provider FAQs

### 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 PrEP-AP?

The preferred method to bill PrEP-AP is through 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](mailto: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 PrEP-AP allow for STI testing at multiple anatomic sites?

Yes, 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?

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](#).

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