STATE OF WASHINGTON

DEPARTMENT OF HEALTH

HIV Client Services

Early Intervention Program

Provider Billing and Resource Manual

DOH 410-064 August 2017

HIV Client Services
Early Intervention Program (EIP)
Provider Billing Guide

TABLE OF CONTENTS

HIV Client Services
Early Intervention Program (EIP)
Provider Billing Guide

Introduction
The Early Intervention Program (EIP) is a program within HIV Client Services, Washington State Department of Health. EIP's mission is to reduce the transmission and medical consequences of HIV by assuring that persons with HIV in Washington have access to health care and supportive services.

Is EIP insurance?
No. EIP is a program that assists clients with their medical bills and prescriptions. When a client has a primary insurance, EIP will act as secondary coverage for the client.

What does EIP pay for?
- Prescription medications listed on EIP's formulary
- Medical office visits and lab tests
- Certain preventative care visits
- Mental Health Services
- Dental services
- Insurance premiums
- Medical insurance deductible

Who is eligible for EIP?
Clients must:
- Be HIV+.
- Live in Washington State.
- Have a gross family monthly income under current program guidelines

Carefully read and adhere to the 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 covered services in each EIP patient's record so they can be informed which service EIP will cover and when the client will be responsible for payment.

HIV Client Services
Early Intervention Program (EIP)
Provider Billing Guide

Medical Services

EIP-Only Coverage

EIP provides 100% coverage for the following services for clients eligible for full EIP benefits:

- Specific EIP-covered services listed on the EIP Covered Service dental and medical fee schedules
- Medications on EIP formulary

Clients with full EIP eligibility are responsible for the items below.

- Cost share for prescriptions if income is above 137% FPL
- Services performed that are not covered by EIP

Clients with Insurance and EIP

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

When billing us for services, you should know:

- Must be EIP covered services
- Explanation of benefits (EOB) from primary insurance required for:
    - Deductible payments
    - Co-insurance payments
    - Co-pay payments
    - Non-covered primary insurance payments
    - Pre-existing condition/waiting period payments

You ***MUST*** attach the EOB or we ***will*** deny the claim. We will not accept hand written notes that the claim is for services rendered.

Dental Services

EIP provides 100% coverage for all services listed on our Dental Covered Services List
To be eligible for dental services, clients must:

- Have eligibility with EIP **before** they get services
- Have no dental coverage through Medicaid

EIP does not have service limits for covered dental services. EIP will cover 100% of all services on the Dental Covered Services fee schedule, without limitations, unless noted on the fee schedule.

HIV Client Services
Early Intervention Program (EIP)
Provider Billing Guide

Billing Notes

Follow these recommendations to assure timely reimbursement:

- Verify clients eligibility prior to services being rendered
- Submit each client's services on a separate form
- Make sure that the services are covered by checking our website at http://www.doh.wa.gov/HIVProviders
- Make sure to include all required attachments are included, i.e. EOB's from primary insurance coverage
- If there is not a provider assigned account number on the claim then EIP will use the client EIP ID number.

EIP pays contracted providers <u>ONLY.</u>
It is imperative that the doctor send/refer clients to a contracted lab, dental provider, radiologist or hospital.

You may bill the client for services rendered that are not covered by EIP.
We do allow the provider to charge clients 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 client.

If you treat a patient who has HIV or AIDS, please ask them if they are covered under EIP.
If they are, please make a note in the client's chart. 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 a CMS 1500, UB 04, UB 92 or ADA claim form.

EIP is NOT insurance.
We are a state funded program that is the payer of last resort. Also, 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 client for any services that are covered under this program.

HIV Client Services
Early Intervention Program (EIP)
Provider Billing Guide

Provider Portal

Introduction
In 2016, EIP adopted a new eligibility and billing system, called Provide. Part of the functionality of Provide online access for our clients and providers. Although participation in the Portal at this time is optional, it is highly recommended.

Access
In order to access the EIP Provider Portal, you must create an account through Secure Access Washington (SAW). SAW is used to ensure that client's 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.

You will always access the Provider Portal through SAW. The website is http://secureaccess.wa.gov

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

Functionality
As of the current version of this manual, you may access all remittance advices issued through EIP, without expiration. You can also verify client's current EIP eligibility. As functionality is added to the portal, you will receive a notification via the EIP email list.

Checking Client Eligibility
When you log in to the portal, you will click "Check EIP Client Eligibility". You can search by the EIP client ID plus DOB, EIP client ID plus last 4 of SSN, EIP client last name, first initial and DOB or the EIP client first name, last initial and DOB. You can check current eligibility or past eligibility.

Downloading Remittance Advice
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.

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

HIV Client Services
Early Intervention Program (EIP)
Provider Billing Guide

Prior Authorization Process

Prior authorization is not required for most services.
We recommend that the provider contact EIP prior to any service that is not listed on our lists of covered services. You may also contact EIP to verify eligibility. Services that are listed as on our Covered Service List do not require authorization and may not be billed to the client. In order for the Benefit Exception Request to be approved, medical necessity must be established and proof that the procedure is related to the clients HIV status may be required.

For all EIP clients:

- Complete the Benefit Exception Request form, DOH 410-060.
    - Form must be completed by the requesting provider or case manager
- Fax completed form, along with any supporting documentation, to the Benefit and Provider Relations Coordinator at 360-664-2216.
- If approved, submit approval letter with submitted claim for services.

The Benefit Exception Request form is available on our website at http://www.doh.wa.gov/HIVPROVIDERS

Once the authorization is approved or denied, EIP will send a letter to the client, case manager and requesting provider.

HIV Client Services
Early Intervention Program (EIP)
Provider Billing Guide

Submitting claims

Completing the claim form:
CMS 1500

- Enter your EIP assigned provider agreement number in box 33 b
- Enter the EIP assigned client ID number in box 1a

UB 04/92

- Enter your EIP assigned provider agreement number in box 51
- Enter the EIP assigned client ID number in box 60

ADA forms

- Enter your EIP assigned provider agreement number in box 52a
- Enter the EIP assigned client ID number in box 15

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

Reimbursement

We can help you locate late or lost payments.
If you have not received payment for services billed 60 days ago or more please call EIP. If your warrant was lost, it can be replaced.

Department of Health processes the A-19 invoice remittance advice.
Once EIP has processed a claim, a batch for each provider is sent to the accounting office at the Department of Health 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 EIP the day after it is sent to the accounting office for processing. You may receive your remittance advice through mail, online through axway SecureTransport, or through the EIP Provider Portal. You may choose more than one method of delivery.

If you receive payment via Electronic fund transfers (EFTs) you are notified by the treasury department via e-mail when a payment is about to be transferred. The remittance advice is sent from EIP.
EIP assigns an invoice number to the remittance advice prior to sending it to accounting in order to track the payment status. This also assists EIP and providers to locate specific copies of back-up or additional documentation when needed.

HIV Client Services
Early Intervention Program (EIP)
Provider Billing Guide

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 EIP ID number
- Date of service
- EIP ID number
- Patient ID number
- EOB code
- Billed amount
- Quantity
- Payable amount
- Explanation of benefit (EOB) definition
- 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.

Explanation of benefits (EOB) definitions
P01 – Claim payable
P02 – Deductible payment
P03 – Pay: Pre-existing condition
P04 – Pay: Exception granted
D00 – Deny: Ineligible on DOS
D02 – Deny: Medicaid
D10 – Deny: Insured
D11 – Missing Primary (1˚) EOB
D12 – Deny: Co-pay/Coinsurance not covered
D13 – Deny: Insurance pd. in full
D30 – Deny: CPT code not covered
D31 – Deny: Claim over 365 days
D32 – Deny: Duplicate
D33 – Deny: No contract
D34 – Deny: No pre-authorization
D35 – Deny: Insufficient information
D36 – Deny: Duplicate service paid to other provider
D37 – Deny: Bundled service

HIV Client Services
Early Intervention Program (EIP)
Provider Billing Guide

Some denials require additional action or information from the provider. Please send this information to EIP promptly.

EOB Definition	Action
D02 – Medicaid	Client is not eligible for services. The provider may bill DSHS for these services.
D10, D11 and D16 – Insured and Missing primary EOB	*The provider must obtain a copy of the primary insurance EOB and attach it to the claim to be reprocessed. We will indicate the name of the primary insurance on record on the A-19. <u>You may not bill the client during this time.</u>
D31 – Claim over 365 days old	You may appeal this denial if you have documented proof that the client NEVER provided EIP coverage information or the primary insurance delayed payment. Otherwise, please perform a contractual write-off.
D32 – Duplicate	Contact EIP if you cannot locate a payment for the service.
D34 – No Pre-Authorization	You may not bill any service that is listed as so on our Covered Services list to the client. You may appeal this denial with proper documentation.
D35 – Insufficient Information	You must provide a copy of a detailed EOB from the primary insurance that lists the deductible and co-payment amounts applied to each service; has been completely processed by the primary insurance; and has a valid denial from the primary insurance.
D36 – Duplicate Service Paid to other provider	The same service was billed by another provider and paid. You may rebill the claim with documentation showing the services were performed separately for reconsideration. <u>You may not bill the client.</u>
D37 – Bundled service	This service is considered complimentary to another service performed on the same day. <u>You may not bill the client for this service.</u>

HIV Client Services
Early Intervention Program (EIP)
Provider Billing Guide

Refunds

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

Some examples of reasons to refund EIP are:

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

Send refunds to:

The Early Intervention Program
Attn: Krystal Sterling
PO Box 47841
Olympia WA 98504-7901

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

Client Responsibility

Clients are responsible for coordinating their health care needs and may receive assistance in doing so from their HIV case manager.
In scheduling appointments, clients and case managers should follow these guidelines. They must:

- Receive services from an EIP contracted provider
- Present their EIP ID card and insurance information at each visit
- Respect provider office policies

Clients may be billed for the following:

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

HIV Client Services
Early Intervention Program (EIP)
Provider Billing Guide

Provider/Clinic Changes

Providers should contact EIP 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

Requesting Information from EIP

Who to contact for what?

	Billing inquiries	Claim status	EOB explanation	Back up	Eligibility dates	PA	Contract Issues	Billing Problems
Benefit and Provider Relations Coordinator			•	•		•	•	•
EIP Claims Specialist	•	•		•	•			•
EIP Eligibility Specialist					•			
Office Assistant					•			

EIP eligibility status can change daily. Eligibility verification is not a guarantee of payment
To request information from EIP you will need:

- Your tax ID number
- Client ID #
- DOB
- Date of Service

Eligibility and Claims status checks
You may check claim status or verify eligibility emailing EIP.ClaimsPayments@doh.wa.gov. Please provide client ID, initials, and DOB of client. For claim status checks include the original billed amount and date of service. Never send a client's name through email. You can also verify eligibility through the EIP Provider Portal.

DOH e-mail is NOT confidential.
Do not send any confidential information in an e-mail.

EIP Provider E-mailing list
When contracting with EIP, you will automatically be added to our provider mailing list based off of the information listed on Appendix A. We highly recommend that you participate in the email list, as this is the primary source of updates for EIP. If you would like to be added to the list, please email EIP.ClaimsPayments@doh.wa.gov.

Contacting EIP on the telephone
EIP can be contacted at 360-236-3426 or toll-free 877-376-9316.