



**A C M S**

*Automated Case Management Systems, Inc.*

# **PrEP/PEP MANUAL**

**March 2017**

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October 17, 2016

## **OVERVIEW**

DHSP has contracted with ten Prevention Providers to provide PrEP and PEP prevention. PrEP is short for “pre-exposure prophylaxis.” PrEP is an HIV prevention strategy whereby HIV-negative people take an oral pill once a day before coming into contact with HIV. PrEP must be taken at least seven days to reach optimal levels for protection against HIV and taken every day thereafter.

PEP is short for “post-exposure prophylaxis.” PEP is an HIV prevention strategy whereby HIV negative people take an anti-viral medication after coming into contact with HIV. PEP must be started within 72 hours of exposure and thereafter for 28 days. Ideally a person who receives PEP will be transitioned into PrEP.

As a condition of funding, awardees are required to use DHSP’s designated data management system (Casewatch®) to collect client eligibility data and demographic/resource data; enter service utilization data and outcomes (including the work of any subcontractors and/or consultants); and, if required, record linkages/referrals to other service providers, both those within and outside of the proposed biomedical HIV prevention services model and systems of care. Casewatch® will be used to support standardized tracking and reporting for each service element, support efficient billing and program evaluation processes, enable appropriate reporting of client-level data to federal funders, and provide DHSP and participating contractors with information relative to the HIV/AIDS epidemic in Los Angeles County.

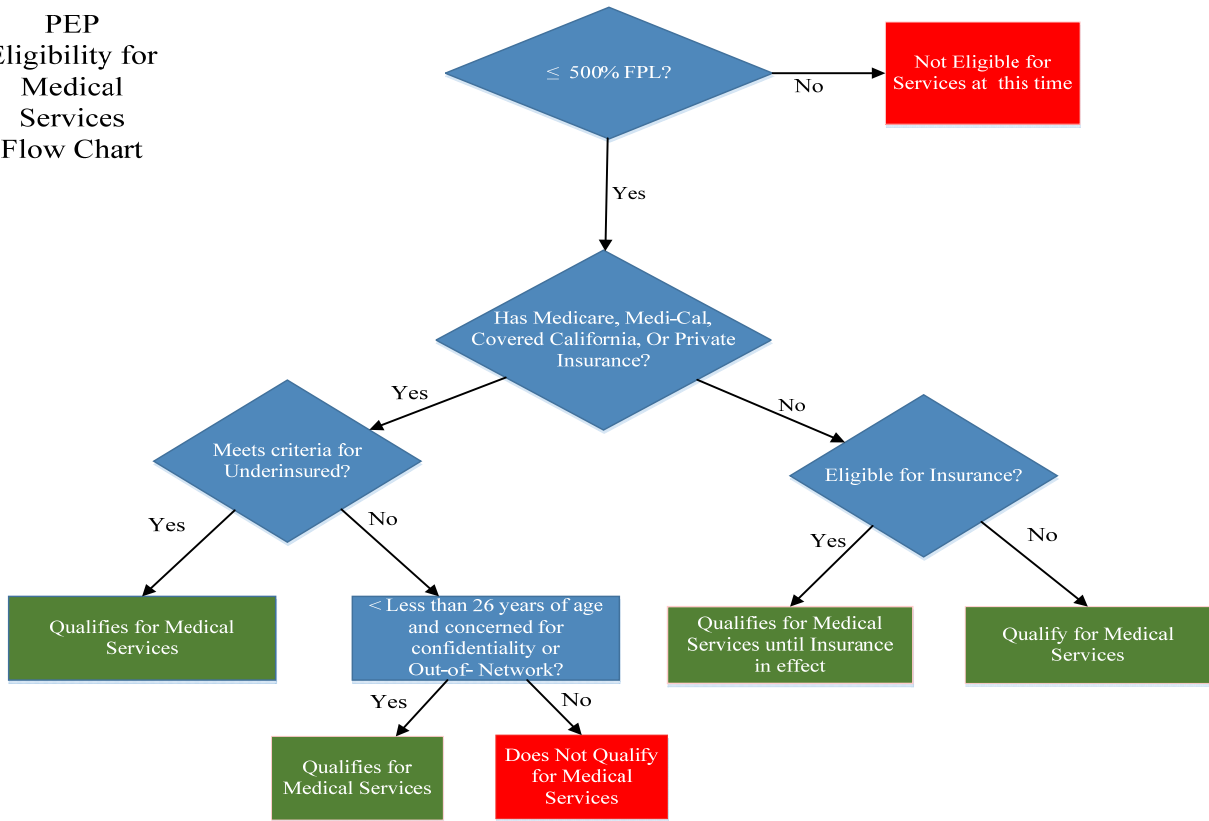
Clients participating in the project will be registered on Casewatch®. Casewatch® will determine eligibility. If the client is eligible they must go through a review of their Registration information and a Risk Assessment every time they visit the clinic.

DHSP will be reimbursing the providers for various services. Reimbursement is fee-for-service. Providers will use the standard Casewatch® billing functions to produce the invoices for DHSP. Each provider will have a PrEP/PEP contract in Casewatch®. Registration, risk assessments and services can be entered manually or through EDI.

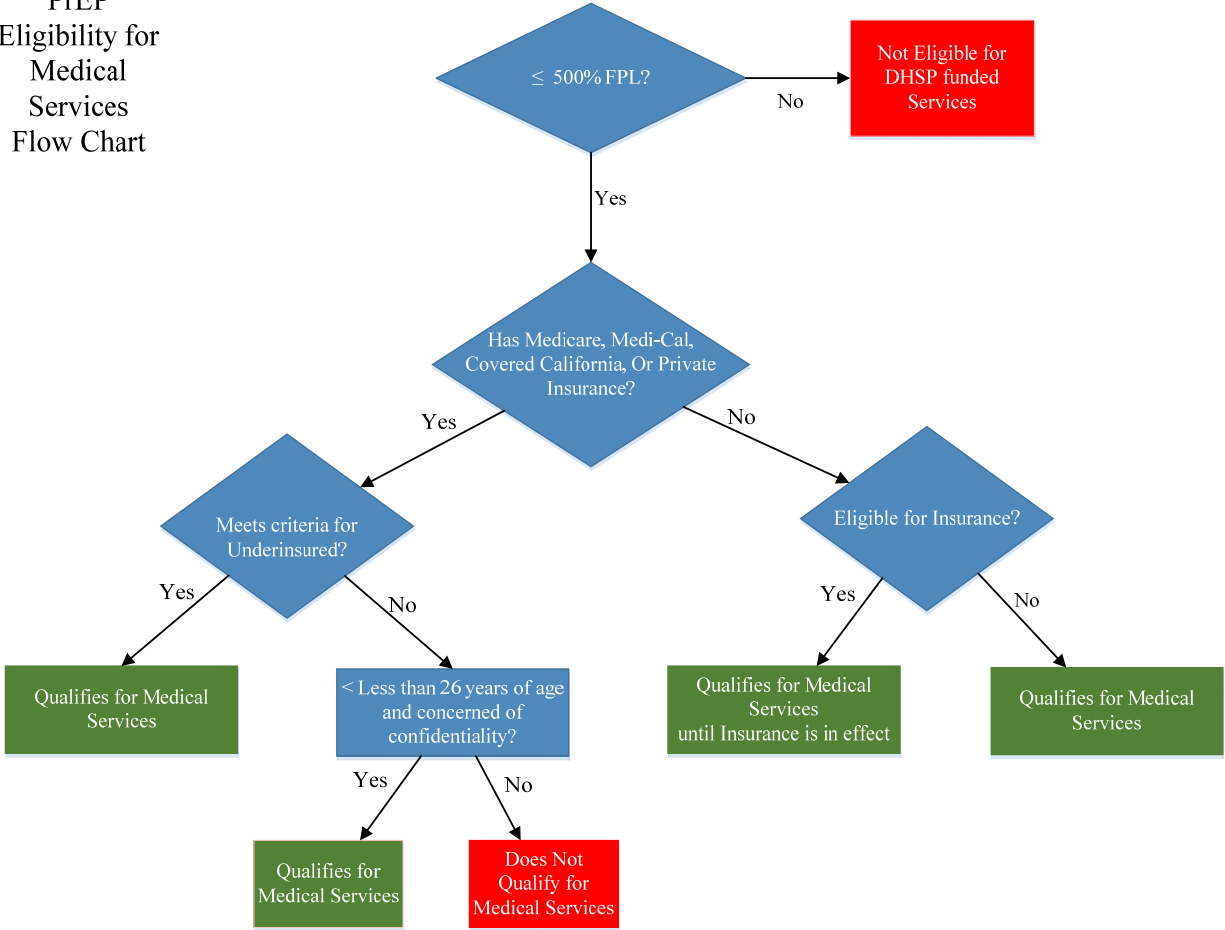
Billing will be done manually on Casewatch®.

**Contracted Providers: Anthony Mills, TTC, LA Gay & Lesbian Center, Childrens’ Hospital, Altamed, JWCH, APLA, St. John’s, City of Long Beach, and St. Mary’s.**

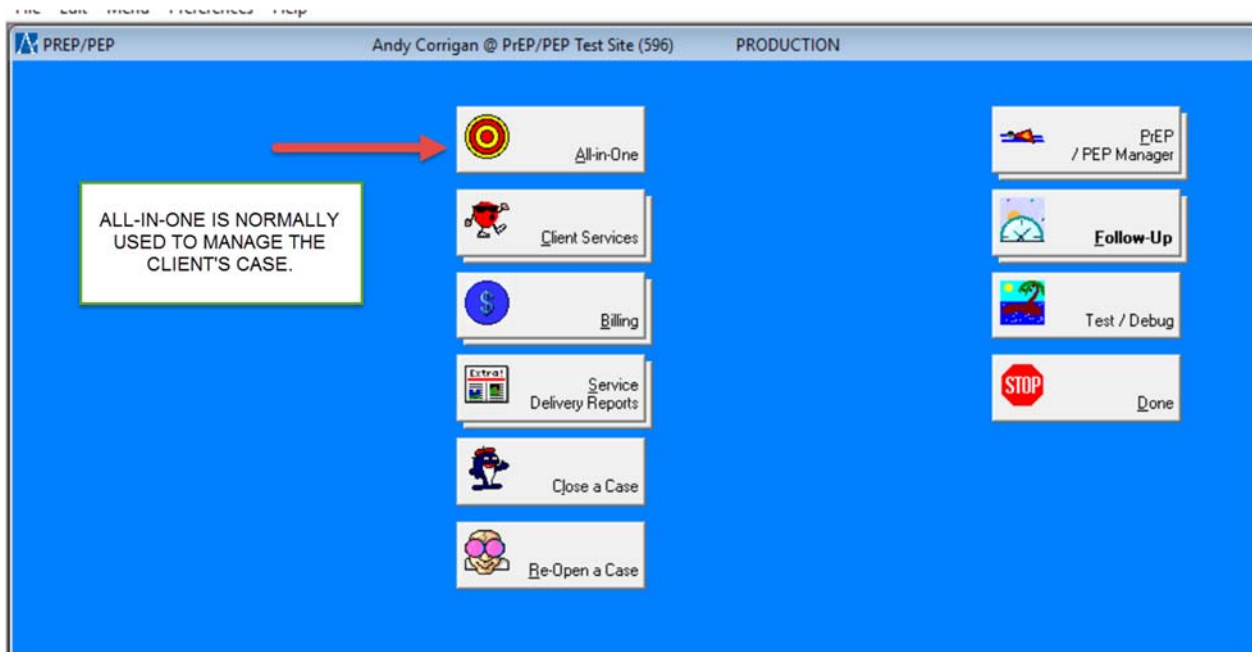
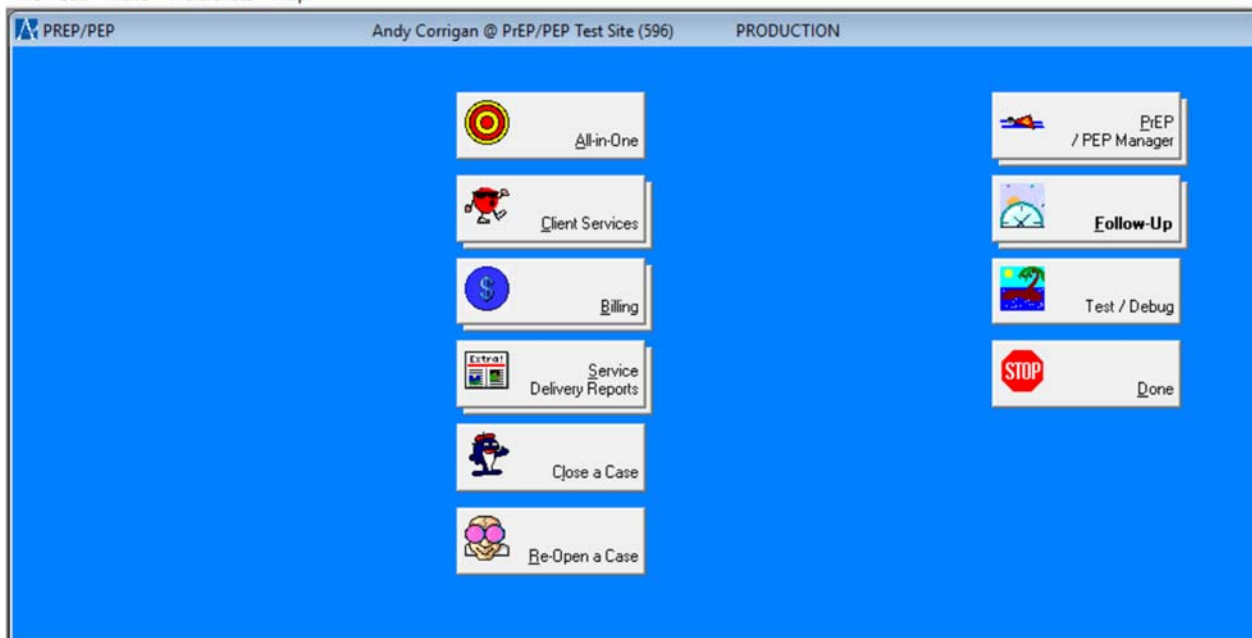
PEP  
Eligibility for  
Medical  
Services  
Flow Chart



PrEP  
Eligibility for  
Medical  
Services  
Flow Chart



## PrEP/PEP CASEWATCH USERS HAVE A SPECIAL MENU OF FUNCTIONS:



L/Name  F/Name  M/Init

DOB  Client ID

- 1) Registration
- 2) Risk Assessment
- 3) Discontinuation
- 4) Request a Follow-Up
- 5) Encounter
- 6) Change PrEP/PEP Manager
- 7) Display/Print Assessments
- 8) Display/Print Services
- 9) Informed Consent
- 10) Calendar
- 11) PrEP/PEP Summary

Select a single number or click on its hyperlink.

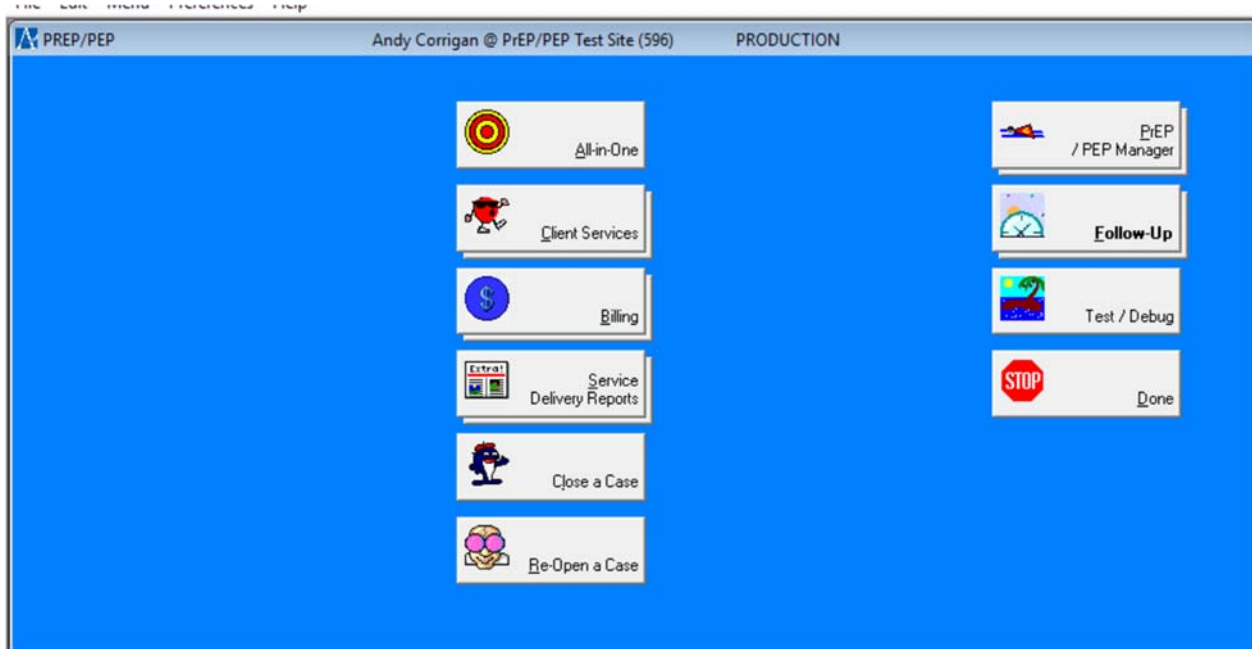
Select a Topic

**THESE ARE THE OPTIONS  
UNDER ALL-IN-ONE.**

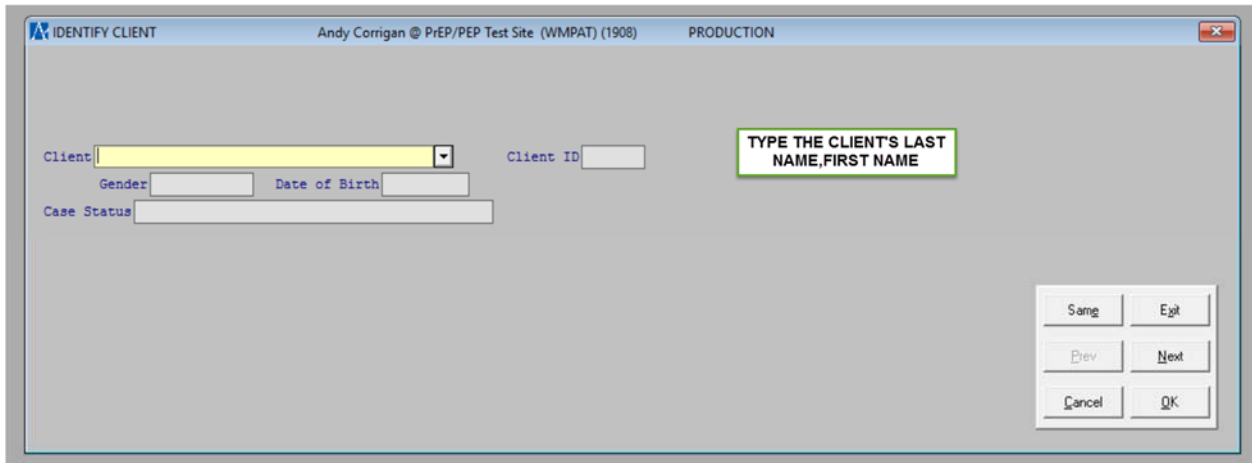
## REGISTRATION

The client must be entered into Casewatch® through All-In-One Registration.

Select All-in-One from your main menu.

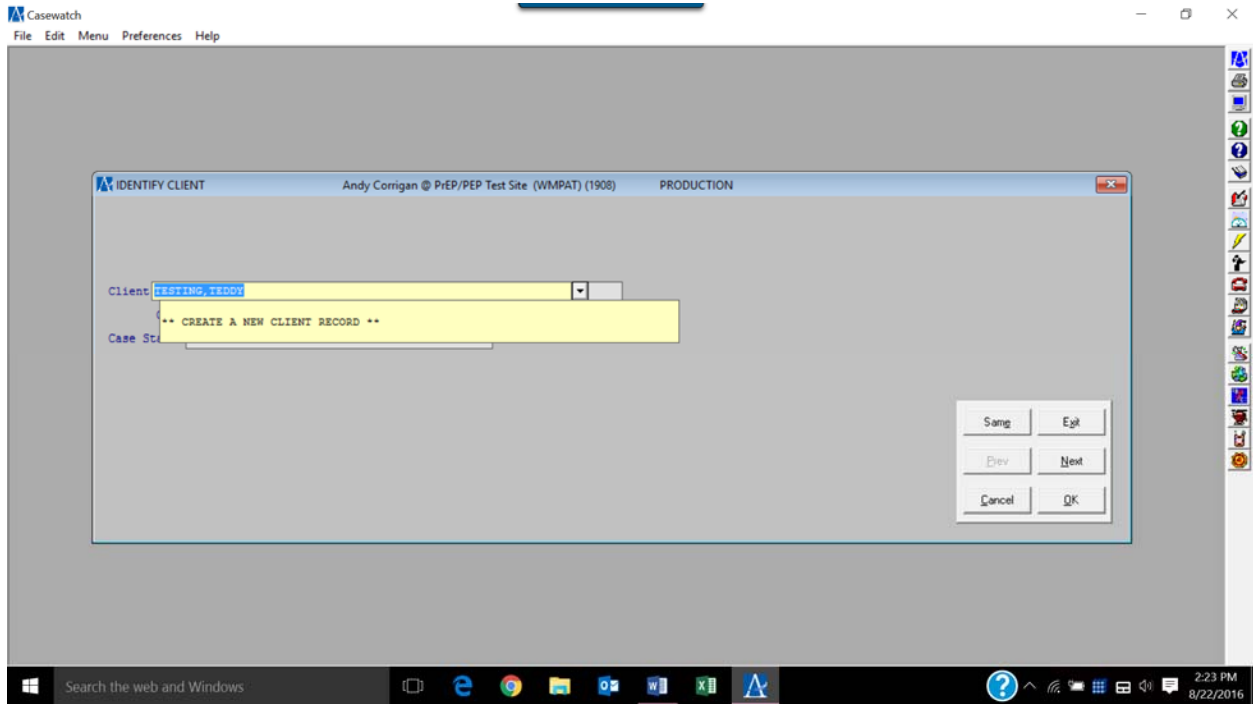


**THE SYSTEM THEN ASKS YOU TO IDENTIFY THE PERSON YOU WANT TO REGISTER:**





**THE SYSTEM SEARCHES FOR YOUR CLIENT. IF THE CLIENT DOES NOT APPEAR SELECT  
\*\* CREATE A NEW CLIENT RECORD \*\* TO BEGIN REGISTERING THE CLIENT FOR THE FIRST TIME.**



**THE FIRST TIME A CLIENT IS REGISTERED ON CASEWATCH YOU SEE THIS SCREEN. ONCE IT IS FILLED OUT YOU WILL NEVER SEE THIS SCREEN AGAIN. THIS SCREEN IS NOT PART OF FOLLOW-UP VISITS.**

L/Name **TESTING** F/Name **TEDDY** M/Init   
Date of birth  Client ID  CIS#   
Zip Code  Gender  SS#   
Race  Latino/a [Y/N/U]   
PrEP/PEP Management Site **PrEP/PEP Test Site**  
PrEP/PEP Manager **Unassigned, Case**  
Case Type **PrEP/PEP Program**  
Registration Date **10/01/2016**  
HIV/AIDS Status **HIV Negative** As of date

**ALL THE FIELDS IN YELLOW ARE REQUIRED.**

L/Name **BUDD** F/Name **ZOLA** M/Init   
Date of birth **06/21/1989** Client ID **0000076** CIS# **CIS000112**  
Zip Code **33139** Gender  SS#   
Race  Latino/a [Y/N/U]   
PrEP/PEP Management Site **PrEP/PEP Test Site**  
PrEP/PEP Manager **Unassigned, Case**  
Case Type **PrEP/PEP Program**  
Registration Date **10/04/2016**  
HIV/AIDS Status **HIV Negative** As of date **06/21**

**THE SYSTEM CHECKS THE CLIENT'S RESIDENCY BASED ON ZP CODE. THE CLIENT MUST LIVE IN LOS ANGELES COUNTY OR THE SYSTEM STOPS THE REGISTRATION.**

Message to Casewatch User  
Client must reside in Los Angeles County.  
OK Help

L/Name TESTING F/Name TEDDY M/Init T  
Date of birth 11/29/1968 Client ID 0000092 CIS# CIS000109  
Zip Code 90038  
Gender Male SS# 454-22-4444  
Race Black or African Ame: Latino/a [Y/N/U] No  
PrEP/PEP Management Site PrEP/PEP Test Site  
PrEP/PEP Manager Unassigned, Case  
Case Type PrEP/PEP Program  
Registration Date 10/01/2016  
HIV/AIDS Status HIV Negative As of date 11/29/1968

THIS IS AN EXAMPLE OF A COMPLETED SCREEN.

**YOU WILL BE ASKED FOR THE INFORMED CONSENT EVERY THREE YEARS.  
IF THE CLIENT HAS NOT SIGNED THE INFORMED CONSENT YOU CAN NOT  
PROCEED.**

**THIS IS THE CASEWATCH INFORMED CONSENT, NOT THE CLINIC'S  
INFORMED CONSENT.**

The screenshot shows a Windows-style application window titled "Casewatch" with a menu bar (File, Edit, Menu, Preferences, Help) and a toolbar. The main window contains a form with the following fields and controls:

- Has the client signed the Consent to Release and Exchange Information?  YES
- Previous Date Signed
- At Site
- New Date Signed  (New form must be signed every 3 years)
- At Site
- Informed Consent Last Updated

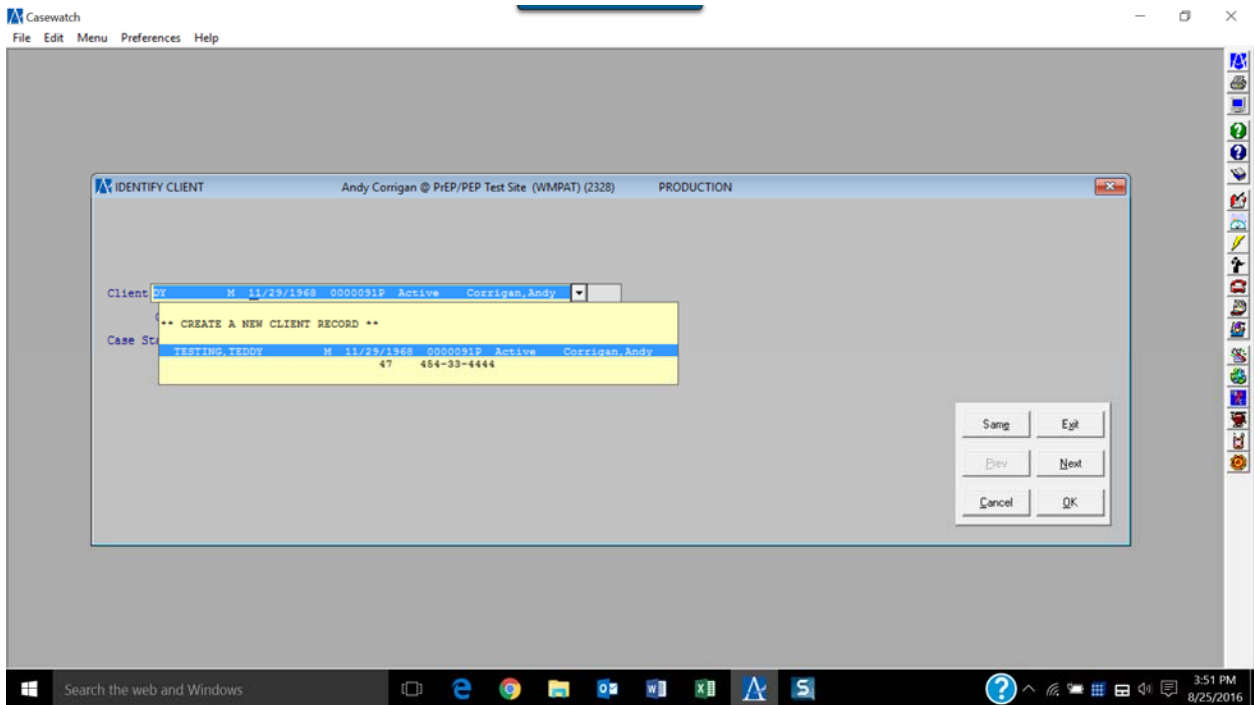
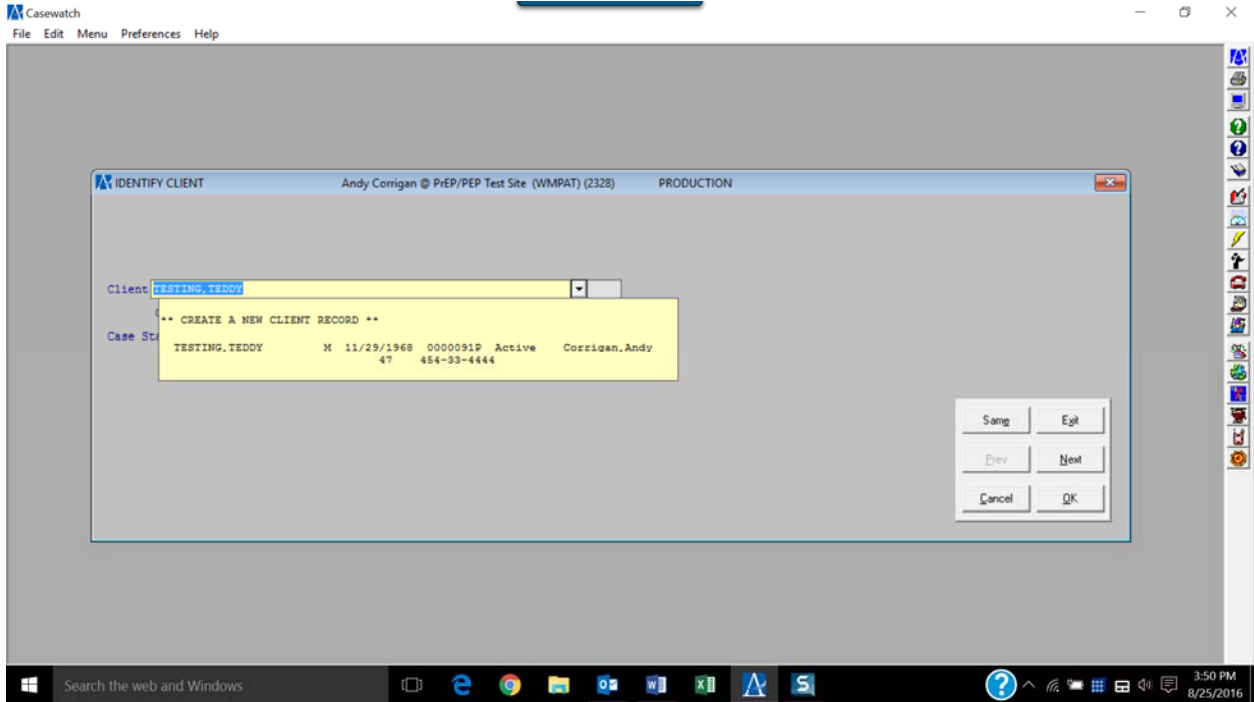
Navigation buttons are located in the bottom right corner:

Save	Exit
Prev	Next
Cancel	OK

**USE THE .PINF COMMAND ON ANY MENU SCREEN TO PRINT  
THE INFORMED CONSENT.**

**EACH TIME THE CLIENT COMES BACK FOR A FOLLOW-UP VISIT, YOU MUST GO THROUGH THESE REGISTRATION SCREENS TO UPDATE THE INFORMATION. "IDENTIFY CLIENT" WILL LOOK LIKE THIS.**

**IF YOUR CLIENT'S NAME APPEARS ON THE LIST, SELECT IT. DO NOT CREATE A NEW RECORD.**



THE FOLLOWING SCREENS ARE USED AT THE INITIAL VISIT AND EVERY VISIT THEREAFTER.

This screen sets up the Registration information for today's visit. As soon as you enter T (for today) or type an actual date, the system asks to create a file. To proceed click on Yes.

The visit date information must be updated at each visit. The field tracks the last visit and the Same button (or .S) may be used to identify the last visit.

If the Referral Source is an STD Clinic, the Prior MRN (the MRN from the STD Clinic) will be required. You can enter UNKNOWN if you do not know the MRN.

The screenshot displays the Casewatch software interface. The main window is titled "Biomedical HIV Prevention" and shows a registration form for a client. The form includes fields for Visit Date (set to 'T'), Last Visit Date, Visit Type, Client ID (7575757P), L/Name (LEE), F/Name (PINKY), M/Initial, DOB (05/04/1967), SSN (444-44-4444), Address, ZIP (90068), City (Los Angeles), St (CA), County (LOS ANGELES), Effective date (08/02/2016), Biological sex at birth (Female), Gender (Female), Race (Black or African Americ), and various subgroup options. It also includes fields for HIV/AIDS Status (HIV Negative), As of date (05/04/1967), PrEP Referral Source, Prior MRN, and Financial Eligibility/Insurance Information. A red arrow points to the Visit Date field.


A text box on the right side of the screen contains the following text: "EACH TIME THE CLIENT COMES TO THE CLINIC THE REGISTRATION VISIT MUST BE RECORDED. THE SYSTEM KEEPS A HISTORY OF THE VISITS. THE SYSTEM PROMPTS TO CREATE A NEW VISIT EACH TIME." A red arrow points from this text box to a dialog box titled "Message to Casewatch User".

The dialog box contains the text: "Create a Visit Date File for 08/02/2016? [Y/N]" and has four buttons: Yes, No, Cancel, and Help.

Casewatch PWRDS05.laph.local

Biomedical HIV Prevention Andy Corrigan @ PrEP/PEP Test Site (5951) (5032) TRAINING

Visit Date: 08/02/2016 Last Visit Date: 08/02/2016

Visit Type:  

Client ID: 794

L/Name:  F/Name:  M/Initial:

DOB: 05/04/1967 SSN: 444-44-4444

Address:

ZIP: 90068 City: Los Angeles St: CA

County: LOS ANGELES Effective: 08/02/2016

Biological sex at birth: Female Gender: Female

Race: Black or African Americ  Latino/a (Y/N/U)  No

Hispanic Subgroup:

Asian Subgroup:

Hawaiian/Pacific Islander Subgroup:

HIV/AIDS Status: HIV Negative As of date: 05/04/1967

PrEP Referral Source:

Prior MSM (if referred from STD Clinic):

Financial Eligibility/Insurance Information

Housing/living arrangements:

Homeless indicator:

THERE ARE TWO VISIT TYPES.  
SERVICES ARE LINKED TO VISIT  
TYPES.

**BUSINESS LOGIC EMBEDDED IN THIS SCREEN:**

If the client is a resident of L.A. County and their income is <500% FPL, PrEP and PEP Non-Medical is always eligible.

PrEP and PEP Medical will be eligible if:

Income is <500% of FPL -- and one of the following is true:

Client has No Insurance or Client is underinsured:

Out of Pocket Medical > 10% of income

Income>200% FPL and Out of Pocket Medical Expenses > 5% income

Insurance Premium > 9.5% income

Insurance Deductible >=5% income

Insurance is Medi-Cal and it is Limited or Restricted

Client is <26 and doesn't want parents' insurance

Covered CA Bronze or My Health LA

The qualification fields are determined by these eligibility rules and are non-user input.

Case# 0001111P  
L/Name PREP F/Name TEST M/Initial Z  
Financial Eligibility/Insurance Information  
Residence County LOS ANGELES  
Annual Out-of-Pocket Healthcare Expenses 1000.00  
Annual Household Income 100000.00 Household Size 1  
Income Level >500% of Federal poverty level 833 %  
Insurance [dropdown]  
If Medi-Cal: Restricted, Limited or Emergency Plan? [checkbox]  
If Insured: Annual Insurance Premium [input]  
If Insured: Annual Insurance Deductible [input]  
Confidentiality Concerns with Parents' Insurance (age <26 years)? [checkbox]  
Client qualifies for the following services  
PEP Medical Services? NO PEP Non-Medical Services? NO  
PrEP Medical Services? NO PrEP Non-Medical Services? NO

THE CLIENT'S INCOME IS OVER 500% SO HE IS NOT ELIGIBLE FOR SERVICES.



Case# 0001111P

L/Name PREP

F/Name TEST

M/Initial Z

\*\*\*\*\* Client's Income is not less than 500% \*\*\*\*\*

\*\*\*\*\* of the Federal Poverty Level (FPL) \*\*\*\*\*

THE SYSTEM DISPLAYS  
THIS MESSAGE AFTER  
YOU FILE THE SCREEN

L/Name PREP

F/Name TEST

M/Init Z

DOB 01/01/1978

Case# 0001111P

- 1) Registration
- 2) Risk Assessment
- 3) Discontinuation
- 4) Request a Follow-Up
- 5) Encounter
- 6) Change Case Manager
- 7) Display/Print Assessments
- 8) Display/Print Services
- 9) Informed Consent
- 10) Calendar
- 11) PrEP/PEP Summary

Select a single number or click on its hyperlink.

Select a Topic

THE SYSTEM TAKES YOU  
BACK TO ALL-IN-ONE.  
THIS CLIENT IS NOT  
ELIGIBLE FOR THE  
PROGRAM.

Client ID

L/Name  F/Name  M/Initial

Financial Eligibility/Insurance Information

Residence County

Annual Out-of-Pocket Healthcare Expenses

Annual Household Income  Household Size

Income Level

Insurance

If Medi-Cal: Restricted, Limited or Emergency Plan?

If Insured: Annual Insurance Premium

If Insured: Annual Insurance Deductible

Confidentiality Concerns with Parents' Insurance (age <26 years)?

Client qualifies for the following services

PEP Medical Services?  PEP Non-Medical Services?

PrEP Medical Services?  PrEP Non-Medical Services?

THIS IS AN EXAMPLE OF A CLIENT WHO IS ELIGIBLE FOR BOTH PEP AND PrEP.

CLIENT IS AN L.A. COUNTY RESIDENT

CLIENT'S INCOME IS <500% FPL

CLIENT'S INSURANCE COVERAGE/COSTS MEET ELIGIBILITY CRITERIA.

THE SYSTEM CALCULATES THE CLIENT'S ELIGIBILITY.

Client ID

L/Name  F/Name  M/Initial

PEP Indicators

High Risk Exposure in past 72 hours (or already on PEP starter pack)?

PEP Prescribed?  PEP Prescribed on Date

PrEP Indicators

Check all that apply: In the past 6 months does client report

<input type="checkbox"/> Sex with HIV+ partner	<input type="checkbox"/> Multiple partners (HIV status unknown)
<input type="checkbox"/> Condomless Anal Receptive Sex	<input type="checkbox"/> Partner has sex w/men (women only)
<input type="checkbox"/> Exchanged sex for money, drugs, or other goods	<input type="checkbox"/> Previous PEP
<input type="checkbox"/> Anogenital STD (GC or CT in rectum or genital)	<input type="checkbox"/> Early Syphilis (primary, secondary or latent)
<input type="checkbox"/> Meth use	<input type="checkbox"/> Shares injection equipment
<input type="checkbox"/> Other Risk Specify other risk <input type="text"/>	

PrEP Prescribed?  If NO: reason

Specify other reason

Information Verified and Updated?

IF THE CLIENT MEETS THE ELIGIBILITY CRITERIA, THIS SCREEN DETERMINES IF THE CLIENT NEEDS PEP OR PrEP. IT ALSO TRACKS THE CLIENT'S RISK FACTORS.

Client ID

L/Name  F/Name  M/Initial

PEP Indicators

High Risk Exposure in past 72 hours (or already on PEP starter pack)?  YES

PEP Prescribed?  Y PEP Prescribed on Date

PrEP Indicators

Check all that apply: In the past 6 months does client report

Sex with HIV+ partner  Multiple partners (HIV status unknown)

Condomless Anal Receptive Sex  Partner has sex w/men (women only)

Exchanged sex for money, drugs, or other goods

Anogenital STD (GC or CT in rectum or genital)

Meth use

Other Risk Specify other risk

PrEP Prescribed?  If NO: reason

Specify other reason

Information Verified and Updated?

THE FIRST TIME A CLIENT IS PRESCRIBED PEP YOU WILL BE ASKED THIS QUESTION. IF THE ANSWER IS NO YOU CAN'T BILL FOR THE INITIAL MEDICAL VISIT.

Message to Casewatch User

Client is NEW to PEP Service at the clinic? [Y/N]

Client ID

L/Name  F/Name  M/Initial

PEP Indicators

High Risk Exposure in past 72 hours (or already on PEP starter pack)?  NO

PEP Prescribed?  PEP Prescribed on Date

PrEP Indicators

Check all that apply: In the past 6 months does client report

YES Sex with HIV+ partner  YES Multiple partners (HIV status unknown)

Condomless Anal Receptive Sex  Partner has sex w/men (women only)

Exchanged sex for money, drugs, or other goods

Anogenital STD (GC or CT in rectum or genital)

Meth use

Other Risk Specify other risk

PrEP Prescribed?  Y If NO: reason

Specify other reason

Information Verified and Updated?

THE FIRST TIME A CLIENT IS PRESCRIBED PrEP YOU WILL BE ASKED THIS QUESTION. IF THE ANSWER IS NO YOU CAN'T BILL FOR THE INITIAL MEDICAL VISIT.

Message to Casewatch User

Client is NEW to PrEP Service at the clinic? [Y/N]

If PEP is prescribed at the visit then "PrEP Prescribed" automatically fills with NO and "Reason" fills with Client needs PEP.

File Edit Menu Preferences Help

Biomedical HIV Prevention Andy Corrigan @ PrEP/PEP Test Site (5953G) (18204) PRODUCTION

Client ID

L/Name  F/Name  M/Initial

PEP Indicators

High Risk Exposure in past 72 hours (or already on PEP starter pack)?  YES

PEP Prescribed?  YES PEP Prescribed on Date

PrEP Indicators

Check all that apply: In the past 6 months does client report

<input checked="" type="checkbox"/> Sex with HIV+ partner	<input checked="" type="checkbox"/> Multiple partners (HIV status unknown)
<input type="checkbox"/> Condomless Anal Receptive Sex	<input type="checkbox"/> Partner has sex w/men (women only)
<input type="checkbox"/> Exchanged sex for money, drugs, or other goods	<input type="checkbox"/> Previous PEP
<input type="checkbox"/> Anogenital STD (GC or CT in rectum or genital)	<input type="checkbox"/> Early Syphilis (primary, secondary or latent)
<input type="checkbox"/> Meth use	<input type="checkbox"/> Shares injection equipment
<input type="checkbox"/> Other Risk Specify other risk <input type="text"/>	

PrEP Prescribed?  NO If NO: reason

Specify other reason

Information Verified and Updated?  YES

Information Verified and Updated must be answered YES for each visit.

If PEP is not prescribed then PrEP Indicators must have a YES in at least one of the Risk Factors.

Client ID

L/Name  F/Name  M/Initial

PEP Indicators

High Risk Exposure in past 72 hours (or already on PEP starter pack)?

PEP Prescribed?  PEP Prescribed on Date

PrEP Indicators

Check all that apply: In the past 6 months does client report

<input type="checkbox"/> NO	Sex with HIV+ partner	<input checked="" type="checkbox"/> YES	Multiple partners (HIV status unknown)
<input type="checkbox"/>	Condomless Anal Receptive Sex	<input type="checkbox"/>	Partner has sex w/men (women only)
<input type="checkbox"/>	Exchanged sex for money, drugs, or other goods	<input type="checkbox"/>	Previous PEP
<input type="checkbox"/>	Anogenital STD (GC or CT in rectum or genital)	<input type="checkbox"/>	Early Syphilis (primary, secondary or latent)
<input type="checkbox"/>	Meth use	<input type="checkbox"/>	Shares injection equipment
<input type="checkbox"/>	Other Risk Specify other risk <input type="text"/>		

PrEP Prescribed?  YES If NO: reason

Specify other reason

Information Verified and Updated?  Y

Information Verified and Updated must be answered YES for each visit.

If neither PEP or PrEP is prescribed a Risk Assessment is NOT required and you can bill for your services.

Client ID

L/Name  F/Name  M/Initial

PEP Indicators

High Risk Exposure in past 72 hours (or already on PEP starter pack)?  YES

PEP Prescribed?  NO PEP Prescribed on Date

PrEP Indicators

Check all that apply: In the past 6 months does client report

<input type="checkbox"/> Sex with HIV+ partner	<input type="checkbox"/> Multiple partners (HIV status unknown)
<input type="checkbox"/> Condomless Anal Receptive Sex	<input type="checkbox"/> Partner has sex w/men (women only)
<input type="checkbox"/> Exchanged sex for money, drugs, or other goods	<input type="checkbox"/> Previous PEP
<input type="checkbox"/> Anogenital STD (GC or CT in rectum or genital)	<input type="checkbox"/> Early Syphilis (primary, secondary or latent)
<input type="checkbox"/> Meth use	<input checked="" type="checkbox"/> Shares injection equipment
<input checked="" type="checkbox"/> NO Other Risk Specify other risk <input type="text"/>	

PrEP Prescribed?  NO If NO: reason

Specify other reason

Information Verified and Updated?

Information Verified and Updated must be answered YES for each visit.




**IF A CLIENT WAS ON PrEP BUT DIDN'T TAKE THE MEDICATION AND COMES IN FOR PEP YOU MUST DISCONTINUE THE CLIENT IN THE PrEP PROGRAM BEFORE YOU CAN ENTER ANYTHING FOR PEP.**

Client ID 0000091P  
 L/Name TESTING F/Name TEDDY M/Initial  
 PEP Indicators  
 High Risk Exposure in past 72 hours (or already on PEP starter pack)? YES  
 PEP Prescribed? Y PEP Prescribed on Date  
 PrEP Indicators  
 Check all that apply: In the past 6 months does client report  
 Sex with HIV+ partner  Multiple partners (HIV status unknown)  
 Condomless Anal Receptive Sex  Partner has sex w/men (women only)  
 Exchanged sex for money, drugs, or other goods  
 Anogenital STD (GC or CT in rectum or genital)  
 Meth use  
 Other Risk Specify other risk HEMOPHILIAC  
 PrEP Prescribed? YES If NO: reason  
 Specify other reason  
 Information Verified and Updated? YES 08/26/2016 01:41PM Corrigan,Andy

Message to Casewatch User  
 Must have a discontinuation for PrEP before getting PEP  
 OK Help

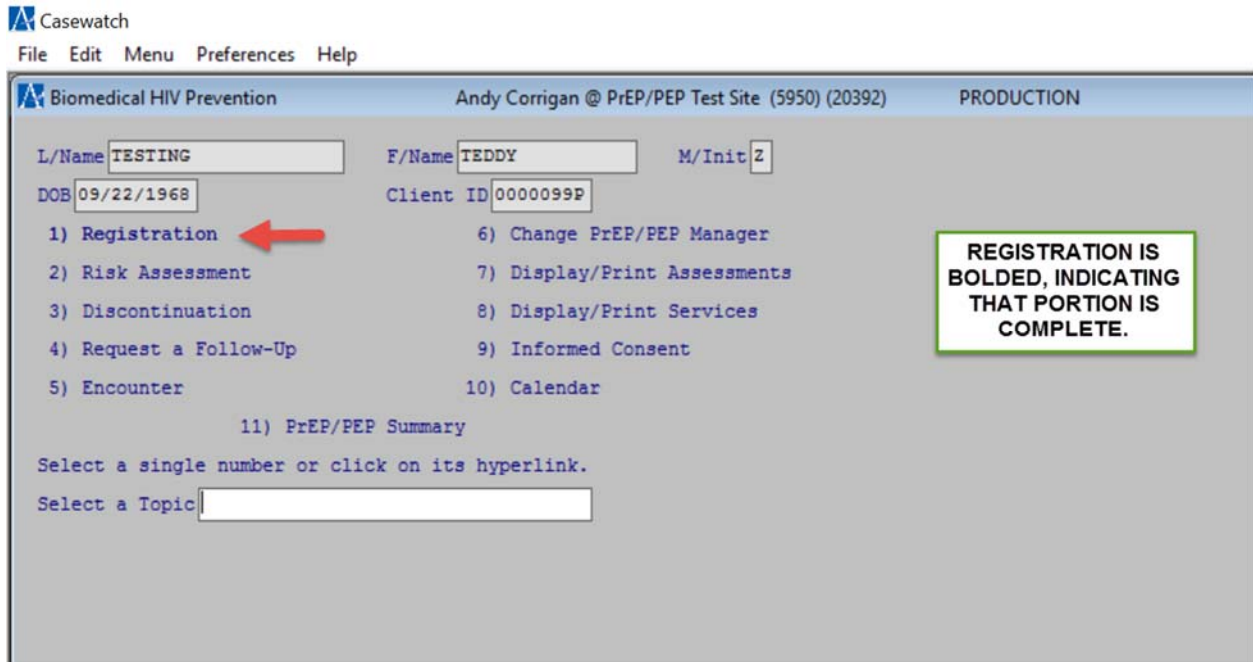
**BACK TO ALL-IN-ONE – SELECT DISCONTINUATION (SEE DETAILS BELOW IN THE DISCONTINATION SECTION.)**

L/Name TESTING F/Name TEDDY M/Init Z  
 DOB 09/22/1968 Client ID 0000099P

- 1) Registration
- 2) Risk Assessment
- 3) Discontinuation 
- 4) Request a Follow-Up
- 5) Encounter
- 6) Change PrEP/PEP Manager
- 7) Display/Print Assessments
- 8) Display/Print Services
- 9) Informed Consent
- 10) Calendar
- 11) PrEP/PEP Summary

Select a single number or click on its hyperlink.  
 Select a Topic

**AFTER REGISTRATION IS COMPLETED:**



**PLEASE NOTE: EACH PATIENT VISIT IS RECORDED IN REGISTRATION. ANY VISIT ENTERED BEFORE THE CURRENT VISIT IS LOCKED AND IS IN “DISPLAY ONLY” MODE.**



## NEXT SELECT RISK ASSESSMENT

Casewatch  
File Edit Menu Preferences Help

Biomedical HIV Prevention Andy Corrigan @ PrEP/PEP Test Site (5950) (20392) PRODUCTION

L/Name  F/Name  M/Init   
DOB  Client ID

1) Registration	6) Change PrEP/PEP Manager
2) Risk Assessment	7) Display/Print Assessments
3) Discontinuation	8) Display/Print Services
4) Request a Follow-Up	9) Informed Consent
5) Encounter	10) Calendar
11) PrEP/PEP Summary	

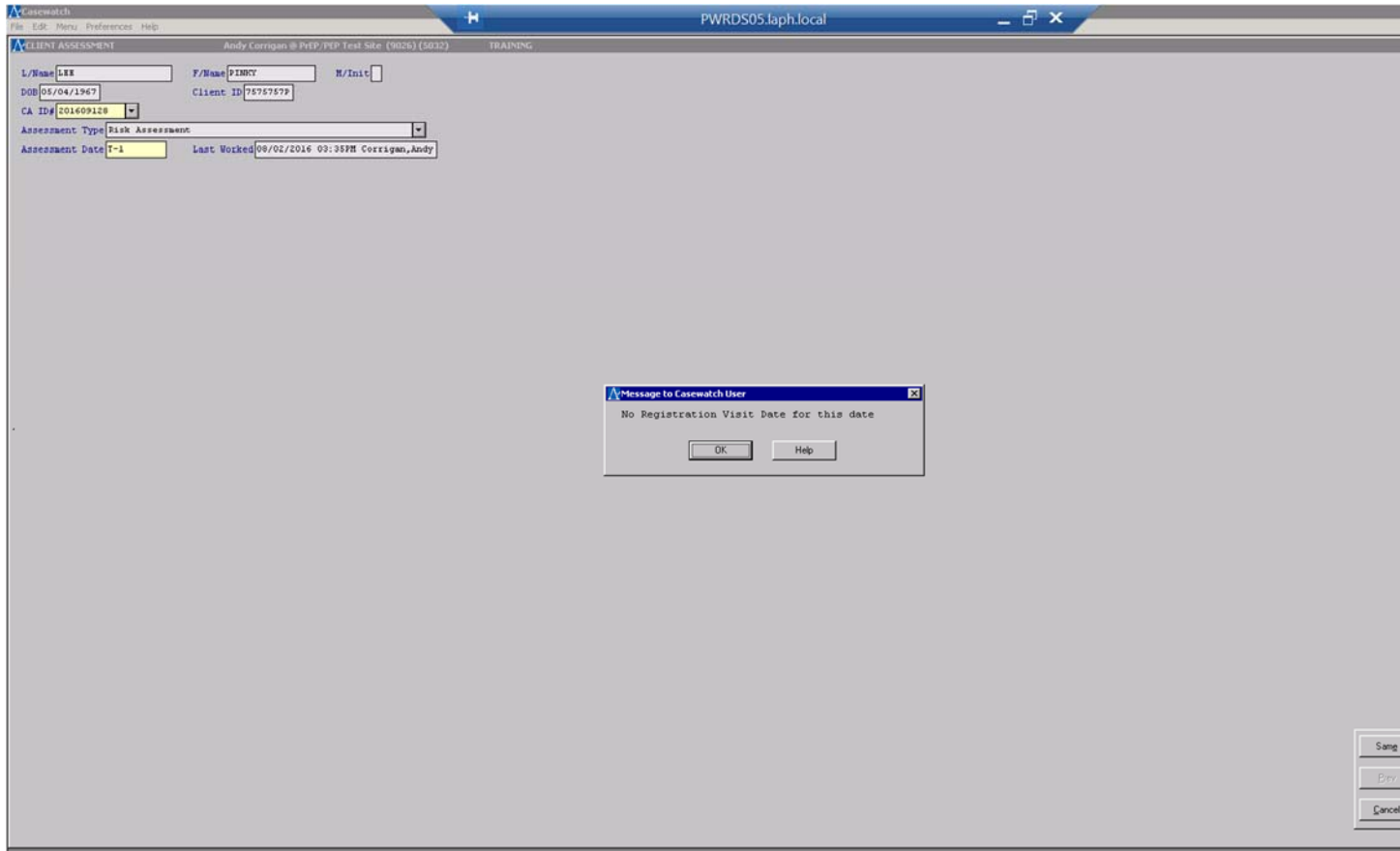
Select a single number or click on its hyperlink.  
Select a Topic

**THE RISK ASSESSMENT IS NOT ACCESSIBLE UNTIL THE REGISTRATION SCREENS ARE COMPLETED AND CONFIRMED.**

**ASSESS THE CLIENT USING THE BIOMEDICAL HIV PREVENTION FORM.**

**THE CLIENT GOES THROUGH THIS RISK ASSESSMENT EVERY TIME HE/SHE HAS A CLINIC VISIT. THE SYSTEM WON'T ALLOW YOU TO ENTER A RISK ASSESSMENT UNLESS YOU HAVE REVIEWED AND RECORDED A REGISTRATION VISIT FIRST.**

**THE REGISTRATION VISIT AND THE ASSESSMENT VISIT DATES MUST MATCH;  
OTHERWISE YOU GET THIS ERROR MESSAGE:**



**IF THE VISIT TYPE IS CORE MEDICAL / FOLLOWUP, A NEW ASSESSMENT MUST BE ENTERED. YOU CAN NOT USE THE .COPY FEATURE.**

**IF THE VISIT TYPE IS “OTHER SERVICES ONLY” YOU CAN COPY THE LAST ASSESSMENT.**

**PLEASE NOTE: ASSESSMENTS ARE LOCKED 24 HOURS AFTER BEING ENTERED. THEREAFTER THEY ARE IN “DISPLAY ONLY” MODE.**

**EXAMPLE OF ENTERING A CORE MEDICAL / FOLLOW-UP ASSESSMENT:  
ONCE YOU ENTER THE CORRECT DATE YOU WILL GET TO THE FIRST  
SCREEN:**

The screenshot shows a web-based form for a PrEP/PEP Risk Assessment. The form is titled "PrEP/PEP Risk Assessment" and is for "Andy Corrigan @ PrEP/PEP Test Site. (5961G) (5032)". The form contains several sections of input fields:

- Personal Information:** L/Name (LEE), F/Name (PINKY), M/Initial, DOB (05/04/1967), Client ID (75757579).
- Visit Information:** CA/ISP ID (201609128), Visit Date (08/02/2016), Last Worked (08/02/2016 03:35PM Corrigan, Andy).
- Visit Type:** Type of Visit (Core Medical (Initial)).
- PEP History:** Has client ever taken PEP? (checkbox), # times on PEP (input), Has client ever taken PrEP? (checkbox), # times on PrEP (input).
- Sexual History:** Days since last sex (input), Number of Partners in last 3 months (input), Of these: Number new partners (input), Number of HIV+ Partners (input), Number of partners met through dating apps (input).
- Partner Information:** Did you discuss PrEP with any partner? (checkbox).
- Sexual Activity:** Sex Act (Y/N), Sexual Partners' Gender (all that apply), Condom/Barrier Use.

A callout box on the right side of the form states: "THIS IS THE FIRST SCREEN OF THE RISK ASSESSMENT. THE SYSTEM FILLS IN THE 'TYPE OF VISIT' BASED ON THE INFORMATION ENTERED WHEN REGISTERING THE VISIT."

**There must be a Visit Date in Registration for the Visit Date of each Risk Assessment.**

**If "Days since last sex" is over 90, the remaining fields on the screen will be cleared. If "Number of Partners in last 3 months" is 0, the remaining fields will be cleared.**

**Number of new partners, HIV+ partners and partners met through dating app cannot be greater than the Number of Partners in last 3 months.**

**At least one Sex Act must be answered YES (if partners in last 3 mo.)**

**If the Sex Act is answered No, the remaining fields on the line will be cleared.**

L/Name TESTING F/Name TEDDY M/Initial

DOB 11/29/1968 Client ID 0000091P

CA/ISP ID# 201600020

Visit Date 08/26/2016 Last Worked

Type of Visit Core Medical (Initial and Follow-up)

Has client ever taken PEP? NO # times on PEP

Has client ever taken PrEP? NO # times on PrEP

Days since last sex 10

Number of Partners in last 3 months 4

Of these: Number new partners 4 Number of HIV+ Partners 0

Number of partners met through dating apps 4

Did you discuss PrEP with any partner None

Sex Act	Y/N	Sexual Partners' Gender (all that apply)	Condom/Barrier Use
Vaginal	YES	Female	Always
Anal Receptive	YES	Male	Sometimes
Anal Insertive	NO		
Oral	YES	Male	Never

EXAMPLE OF A COMPLETED SCREEN

L/Name TESTING F/Name TEDDY M/Initial

DOB 11/29/1968 Client ID 0000091P

CA/ISP ID# 201600028 Visit Date 10/01/2016

Over the past 2 weeks does client report:

Feeling Depressed

Loss of Interest in activities

Does client report alcohol/drug use in past 3 months?

Alcohol? Sex while drinking?

Average days drinking/week Average drinks/day Max drinks/day

Non Injection Drug (excluding Marijuana) Injected any drug?

Sex while high?

Mental Health Referral? NO

Linked to Previous Mental Health Referral? [Y/N/D]

Substance Abuse Referral? NO

Linked to Previous Substance Abuse Referral [Y/N/D]

Out of the last 4 days how many days did the client take PrEP

Out of the last 4 days how many days did the client take PEP

Assessment Last Worked 10/02/2016 05:16PM Corrigan,Andy

THE SYSTEM CALCULATES THE NEED FOR MENTAL HEALTH AND SUBSTANCE ABUSE REFERRALS BASED ON THE ANSWERS IN THE REQUIRED FIELDS.

**BUSINESS LOGIC EMBEDDED IN THE SCREEN:**

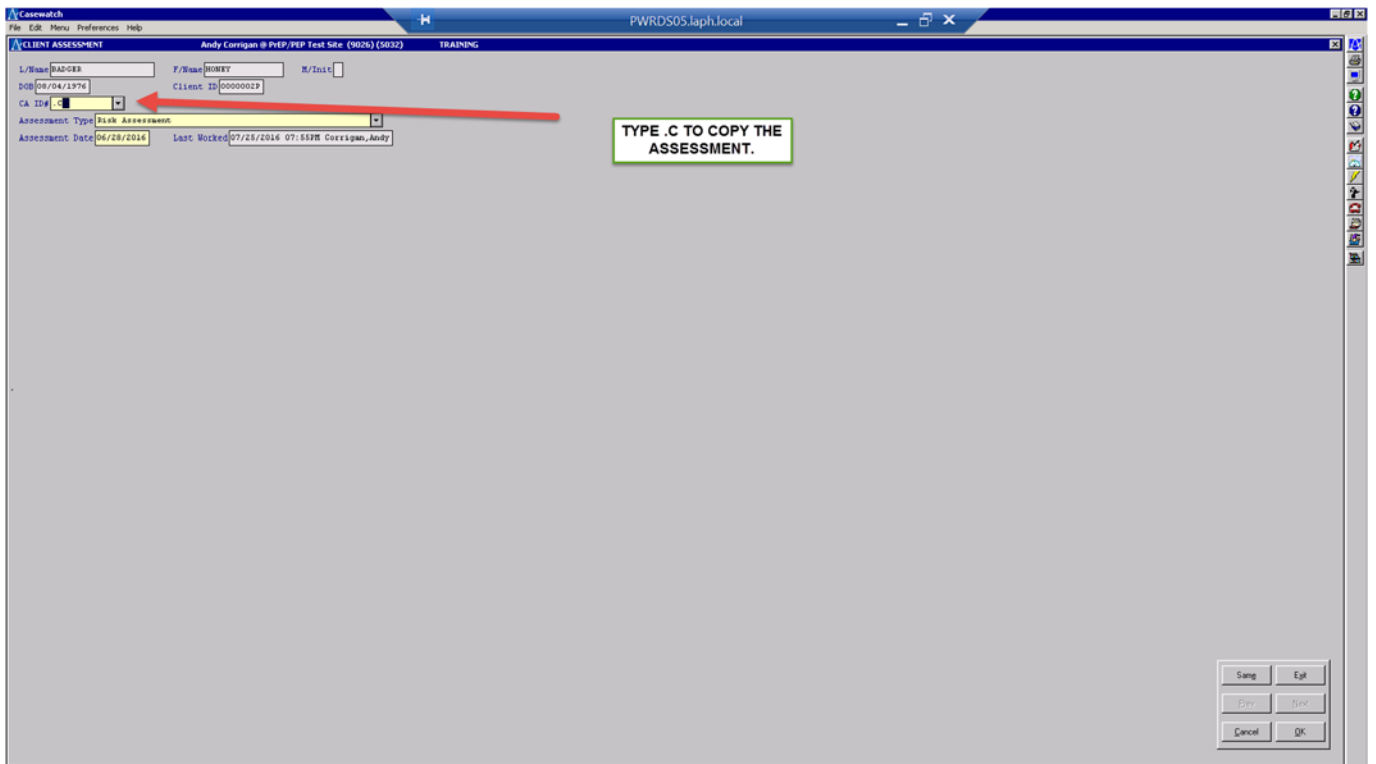
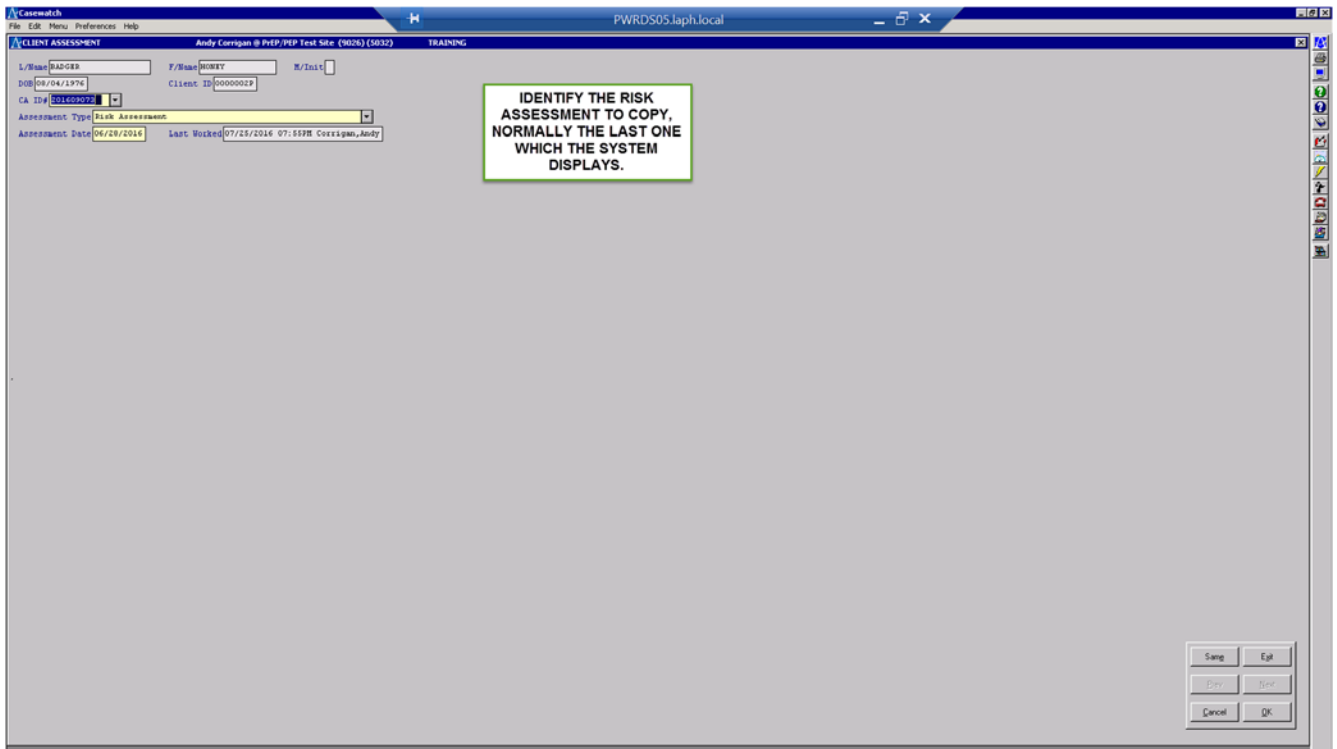
If "Alcohol" is NO then these fields are skipped: Sex while drinking, Average days Drinking/week, Average drinks/day, Max drinks/day.

"Mental Health Referral" is set to YES if: "Feeling Depressed" and "Loss of Interest in activities" are not answered NO. "Linked to Previous Mental Health Referral" will be skipped if the previous risk assessment didn't flag a referral (or this is first assessment).

"Substance Abuse Referral" is set to YES if, in Registration, the client had a Risk Factor of Meth Use or a Risk Factor of Shares injection equipment OR in this assessment Male >4 drinks per day, 14 per week or Female >3 drinks per day, 7 per week. Days per week is Average Drinks/Day times Average Days per Week. Transgender alcohol tolerance is calculated on the person's current gender.

"Linked to Previous Substance Abuse Referral" will be skipped if the previous risk assessment didn't flag a referral (or this is the first assessment). "Adherence" limited to 4 doses.

## HOW TO COPY A RISK ASSESSMENT:



L/Name  F/Name  M/Init

DOB  Client ID

CA ID#

Assessment Type

Assessment Date  Last Worked

**ENTER THE DATE OF THE NEW ASSESSMENT**

Casewatch PWRDS05.laph.local

PrEP/PEP Risk Assessment Andy Corrigan @ PrEP/PEP Test Site: (5961G) (5032) TRAINING

L/Name  F/Name  M/Initial

DOB  Client ID

CA/ISP ID#

Visit Date  Last Worked

Type of Visit

Has client ever taken PrEP?  # times on PrEP

Has client ever taken PEP?  # times on PEP

Days since last sex

Number of Partners in last 3 months

Of these: Number new partners  Number of HIV+ Partners

Number of partners met through dating apps

Did you discuss PrEP with any partner?

Sex Act	Y/N	Sexual Partners' Gender (all that apply)	Condom/Barrier Use
Vaginal	<input checked="" type="checkbox"/>	<input type="text" value="Male"/>	<input type="text" value="2"/> Always
Anal Receptive	<input type="checkbox"/>		<input type="text" value="2"/>
Anal Insertive	<input type="checkbox"/>		<input type="text" value="2"/>
Oral	<input checked="" type="checkbox"/>	<input type="text" value="Female*Transgender: M to F"/>	<input type="text" value="2"/> Sometimes

**THE SYSTEM CREATES THE "NEW" ASSESSMENT AND FILLS IN THE DATE AND VISIT TYPE. YOU NOW HAVE TO WALK THROUGH THE SCREENS TO FILE THE COPIED ASSESSMENT.**

## **REIMBURSEMENT RULES TIED TO SERVICE DELIVERY (ENCOUNTERS)**

There are two types of visits: 1) **Core Medical (initial and Follow-up)**

### **2) Other Services Only**

#### **1) Core Medical (Initial and Follow-up) rules:**

Since many types of services can be delivered during a Core Medical visit, this visit type allows billing of any service **except Vaccination Administration or STD Treatment**. Vaccination administration or STD treatment should be incorporated into an Initial or Follow-up Medical visit and thus can't be billed separately.

A client is eligible to receive a PrEP Initial Medical Visit (code 99205) if the client was registered as being new to the PrEP service.

A client is eligible to receive a PEP Initial Medical Visit (code 99204) if the client was registered as being new to the PEP service.

#### **2) Other Services Only**

An "*Other Services Only*" visit type can include any service **except: An Initial Medical Visit or a Follow-up Medical Visit**.

**3) Labs, medications, and vaccines can be billed at either visit type. (Blood draws do not require a medical visit, whereas medications and vaccines do.)**

**4) If a client was not prescribed PEP or PrEP you can bill for screening, intake, and education.**

### **Casewatch® Service Visit Rules - Services that cannot be billed as part of the same visit**

*A visit is defined as one or more services provided on a single date.*

1. Agencies cannot bill for a **PrEP** medical visit (initial or follow-up) and a **PEP** medical visit (initial or follow-up) for the same patient on the same date (even if they do switch someone from PrEP to PEP or PEP or PrEP, then they can only bill for one type of medical visit).
2. Any Initial Medical Visit or Initial Non-Medical Visit cannot be billed for on the same date as a Follow-up Medical or Follow-up Non-Medical Visit. This pertains to both **PrEP** and **PEP**.
3. Vaccination administration or STD treatment cannot be billed on the same date as an Initial or Follow-up Medical visit.
4. Any unique service can only be billed once at any given date. Dates on these services don't have to match the visit date as long as there is a valid Risk Assessment.
5. Program Intake and Assessment (PrEP/PEP) cannot be billed on the same date as a Program Reassessment (PrEP/PEP).



6. Benefits Navigation services for PrEP cannot be billed during the same date as a MAP Follow-up-PrEP.

7. If the client is registered but the client’s lab tests show the client is actually HIV+ (therefore not eligible) or the client is HIV- but not a candidate for PrEP, you can bill for services up to the point of this determination. Code 7520 is used for the medical visit in these cases as long as neither PEP nor PrEP were prescribed. Lab tests are paid for until the determination is made.

These labs are paid for even if the client is not medically eligible for either PEP or PrEP:

<b>Chlamydia Screening</b>	
CHLAMYDIA TRACH, DNA, DIR PROBE	87490
	87491
CHLAMYDIA TRACH, DNA, AMP PROBE	87110
	87270
CHLAMYDIA CULTURE	87320
	87492
CHLAMYDIA TRACHOMATIS AG, IF	
CHLAMYDIA TRACHOMATIS AG, EIA	
CHLAMYDIA DNA OR RNA, QUANT	
<b>Gonorrhea Screening</b>	
NEISSERIA GONORRHOEAE, AMPLIFIED PROBE	87591
	87070
CULTURE, BACTERIA, OTHER	87590
	87591
N.GONORRHOEAE, DNA, DIR PROB	87592
	87081
N.GONORRHOEAE, DNA, AMP PROB	87205
	87800 87801
N.GONORRHOEAE, DNA, QUANT	
CULTURE	
SMEAR, GRAM STAIN	
MULTIPLE ORGANISM NAAT	

## RECORD SERVICES FOR BILLING


Services are enter using Casewatch Codes, CPT4 codes, and NDC codes (medications and vaccines.)

The screenshot shows the Casewatch software interface. The title bar reads "Casewatch" and the address bar shows "PWRDS05.laph.local". The main header contains "Biomedical HIV Prevention", "Andy Corrigan @ PrEP/PEP Test Site (5950) (9076)", and "TRAINING".

Form fields include:

- L/Name: LEE
- F/Name: PINKY
- M/Init: [ ]
- DOB: 10/13/1995
- Client ID: 1212121P

A list of services is displayed:

- 1) Registration
- 2) Risk Assessment
- 3) Discontinuation
- 4) Request a Follow-Up
- 5) Encounter 
- 6) Change PrEP/PEP Manager
- 7) Display/Print Assessments
- 8) Display/Print Services
- 9) Informed Consent
- 10) Calendar

Below the list, it says "Select a single number or click on its hyperlink." and "Select a Topic" with a text input field.

On the right side, there is a text box that says "SELECT ENCOUNTER TO ENTER SERVICES".

Client: TESTING, TEDDY Client ID: 0000091P

Encounter With: Parlow, Jon (PrEP/PEP) Dept: PrEP/PEP

Last Edited On: 10/02/2016 at 05:40PM By: Corrigan, Andy

Date of Encounter: 10/02/2016

**IF YOU DID NOT PROVIDE THE SERVICES, ENTER THE LAST NAME OF THE ACTUAL PROVIDER OF SERVICES.**

Casewatch PWRD505.laph.local

CLIENT SERVICES INFORMATION Andy Corrigan @ PrEP/PEP Test Site (S209.11) (9076) TRAINING

Client: LEE, PINNY Client ID: 1212121P

Encounter With: Corrigan, Andy Dept: PrEP/PEP

Last Edited On: 07/15/2016 at 03:52PM By: Corrigan, Andy

Date of Encounter: 07/15/2016

SERVICES DELIVERED	UNITS	LAST DT	MTD	YTD
PREP				
BREPRE Benefits Enrollment- PrEP				
BENPRE Benefits Navigation- PrEP				
BRSPRE Risk behavior screening and Brief Intervention- PrEP				
CPREPRE Combination Prevention Education- PrEP				
FNPREPRE Follow-up Non-medical Visit- PrEP				
MFUPPRE MAP Follow-up- PrEP				
PIAPPRE Program Intake and Assessment- PrEP				
PRAPPRE Program Reassessment- PrEP				

**YOU CAN ENTER THE ACTUAL CODE OF THE SERVICE OR PREP TO SEE ALL THE SERVICES RELATED TO PREP. THIS IS NOT THE ENTIRE LIST. YOU CAN CLICK ON THE SCROLL DOWN ARROW FOR ALL THE REST.**

Save Edit  
Prev Next  
Cancel Save

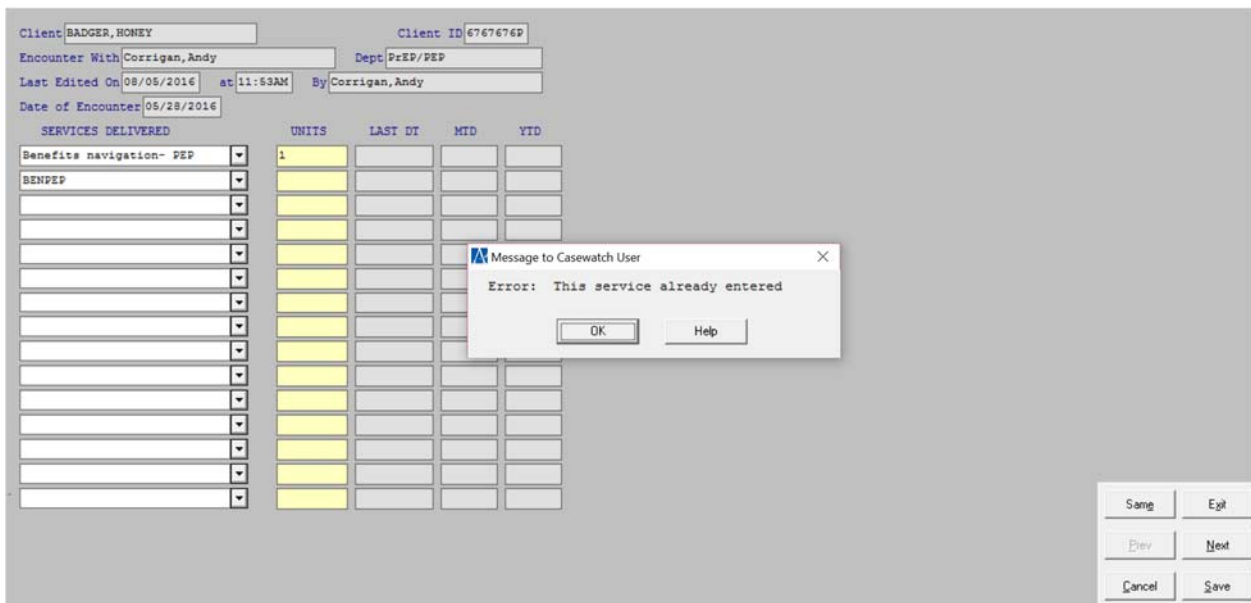
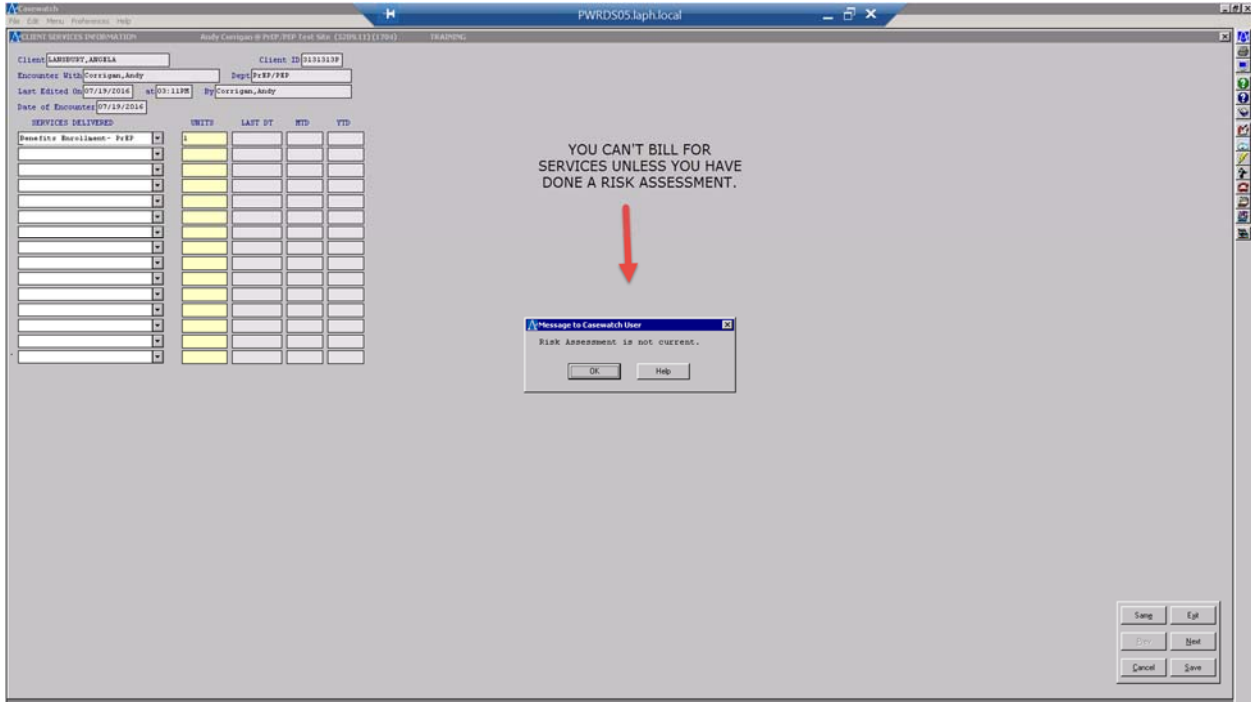
Client: LEE, PINKY Client ID: 1212121P  
Encounter With: Corrigan, Andy Dept: PrEP/PEP  
Last Edited On: 07/15/2016 at 03:52PM By: Corrigan, Andy  
Date of Encounter: 07/15/2016

SERVICES DELIVERED	UNITS	LAST DT	MTD	YTD
Program Intake and Assessment	1			

ONCE A SERVICE IS SELECTED, A COUNT OF 1 IS ENTERED. THE SYSTEM WILL FILL IN THE DATES MTD AND YTD ONCE THE SCREEN IS FILED.

Save  
Prev  
Cancel

**SERVICE DELIVERY HAS SEVERAL RULES. IF THERE IS A PROBLEM, THE SYSTEM REJECTS THE SERVICE AND DISPLAYS THE MESSAGE WHY THE SERVICE WAS REJECTED. THESE ARE A FEW EXAMPLES:**



**THE USER TRIED TO ENTER THE SAME SERVICE TWICE IN THE ENCOUNTER. YOU CAN ONLY ENTER A SERVICE ONCE PER ENCOUNTER.**

Client: BADGER, HONEY      Client ID: 6767676P

Encounter With: Corrigan, Andy      Dept: PrEP/PEP

Last Edited On: 08/05/2016 at 11:53AM      By: Corrigan, Andy

Date of Encounter: 05/28/2016

SERVICES DELIVERED	UNITS	LAST DT	MTD	YTD
Benefits Enrollment- PrEP	1			

Message to Casewatch User

Client is not eligible on this date

OK      Help

**THE USER TRIED TO ENTER A PrEP SERVICE FOR A PEP CLIENT. PrEP AND PEP SERVICES ARE TRACKED SEPERATELY. THE SYSTEM DISALLOWS ENTERING PEP SERVICES ON A PrEP CLIENT OR PrEP SERVICES ON A PEP CLIENT.**

Client:  Client ID:   
 Encounter With:  Dept:   
 Last Edited On:  at  By:   
 Date of Encounter:

SERVICES DELIVERED	UNITS	LAST DT	MTD	YTD
99205 - PrEP Initial Medical	1			
<input type="text"/>				
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<input type="text"/>				

Message to Casewatch User

Client is not new to the clinic

OK Help

**THE END USER TRIED ENTERING THE INITIAL MEDICAL VISIT (99205) ON A CLIENT WHO IS NOT NEW TO THE CLINIC AND THEREFORE IS NOT ELIGIBLE FOR THE SERVICE.**

Client: BADGER, HONEY Client ID: 6767676P  
 Encounter With: Corrigan, Andy Dept: PrEP/PEP  
 Last Edited On: 08/05/2016 at 11:53AM By: Corrigan, Andy  
 Date of Encounter: 05/28/2016

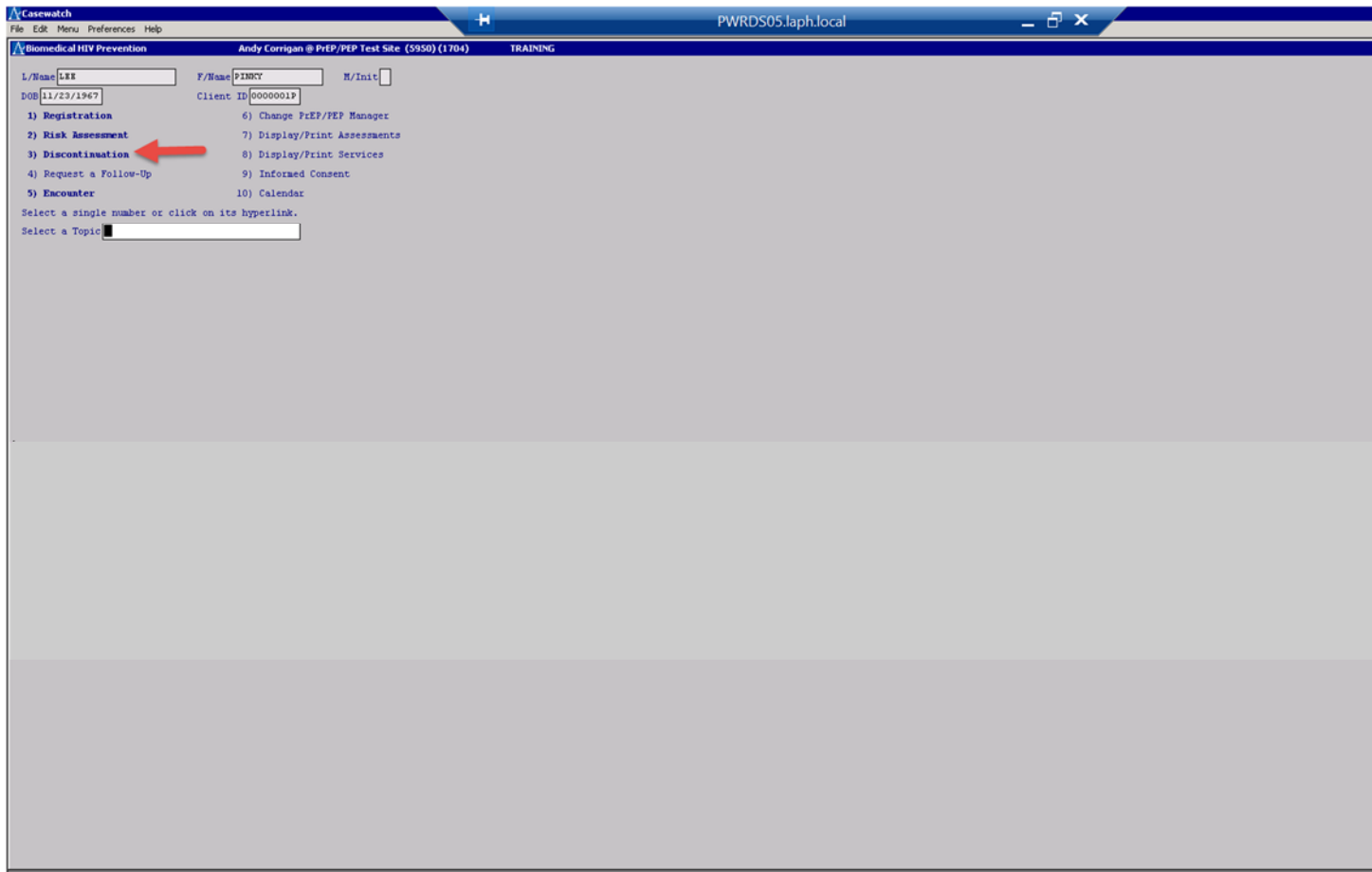
SERVICES DELIVERED	UNITS	LAST DT	MTD	YTD
Benefits navigation- PEP	1			
99211 - PrEP STD Treatment	1			

Message to Casewatch User  
 Vaccines and STD Treatment not valid at Core Medical Visit  
 OK Help



**DISCONTINUATION – WHEN A CLIENT TERMINATES SERVICES OR DOES NOT RETURN FOR SERVICES IN 6 MONTHS YOU MUST CLOSE THE CASE USING THIS FUNCTION. CASEWATCH WILL CLOSE THE CASE VIA BJP AUTO CLOSURE IF THERE IS A DISCONTINUATION FORM AND THERE IS NO OTHER ACTIVITY AFTER 6 MONTHS.**

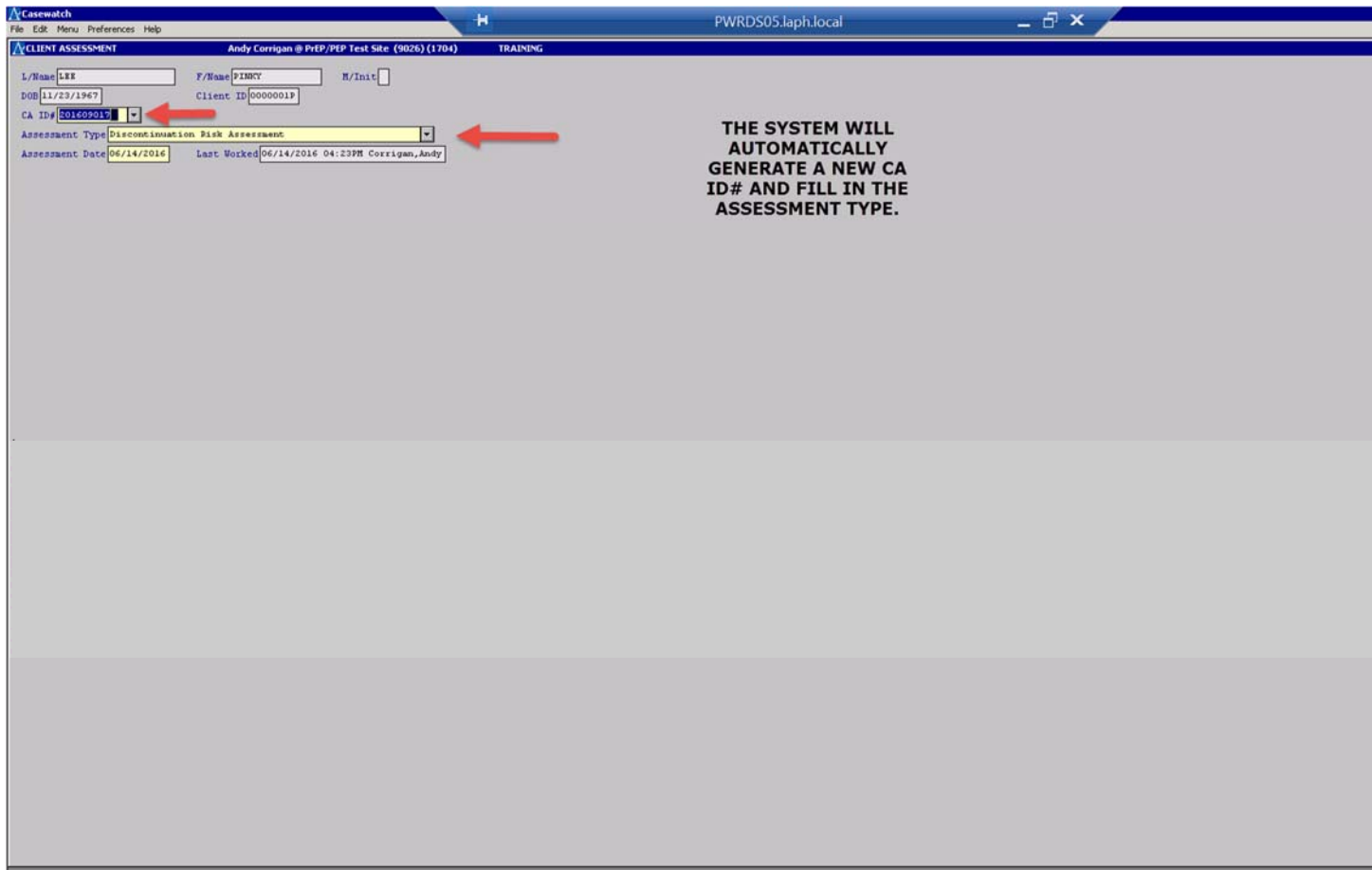
**CASEWATCH® WILL PRINT A LIST OF ALL CLIENTS WHO SHOULD BE CLOSED ON THE LAST PAGE OF THE DHSP INVOICE.**



**BUSINESS LOGIC EMBEDDED IN SCREEN:**

**"Type of Visit" automatically fills with PrEP Discontinuation. PrEP Discontinued fills with YES.**

**The Provider is a lookup to the Resource Master. If not found there is an option to create a skeleton entry or store it as free text. If not free text, the address will be filled per the Resource Master.**



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PrEP/PEP Risk Assessment Andy Corrigan @ PrEP/PEP Test Site (596.3) (1704) TRAINING

L/Name: LRR F/Name: PIRNY M/Initial:

DOB: 11/23/1987 Client ID: 0000001P

CA/ISP ID#: 201609028 Visit Date: 07/19/2016 Last Worked:

Type of Visit: PrEP Discontinuation

PrEP Discontinued: YES

Reason Discontinued:

Other, Specify:

External PrEP Provider:

Name of Provider:

Provider Address:

4 Client experienced side effects/toxicity  
 7 Client experienced worsening of underlying medical condition  
 5 Client had concerns over long term side effects  
 3 Client had difficulty with PrEP adherence  
 8 Client seroconverted  
 1 Client transitioned to another DHP funded provider for PrEP na  
 2 Client transitioned to primary care provider or other funding s  
 6 Client's HIV risk decreased


THE SYSTEM FILLS IN THE VISIT TYPE.

SELECT THE REASON FROM THE LIST.

Save Exit  
 Dev Next  
 Cancel Save

## CHECKING INFORMATION ON YOUR CLIENT:

L/Name  F/Name  M/Init   
DOB  Client ID

1) Registration	6) Change PrEP/PEP Manager
2) Risk Assessment	7) Display/Print Assessments
3) Discontinuation	8) Display/Print Services
4) Request a Follow-Up	9) Informed Consent
5) Encounter	10) Calendar
11) PrEP/PEP Summary 	

Select a single number or click on its hyperlink.  
Select a Topic

Use this option to view a summary of the client's PrEP/PEP information. You can also use the .PREP command from the main menu.

Client ID   
Client Name   
DOB  SSN   
Last Visit Date   
Last Visit Type   
Client qualifies for the following services  
PEP Medical Services?  PEP Non-Medical Services?   
PrEP Medical Services?  PrEP Non-Medical Services?   
PEP Prescribed?  PEP Prescribed on Visit Date   
PrEP Prescribed?   
Client is New to PEP at this clinic?  Entered   
Client is New to PrEP at this clinic?  Entered   
Last Core Medical Risk Assessment   
Last Other Services Risk Assessment   
Discontinuation

SUMMARY INFORMATION IS DISPLAYED.

## PEP SERVICES

Service Elements	CW Code	Eligible Clients*	Type of staff	Time/FFS Rate	Frequency/timing
<b>Risk behavior screening and Brief Intervention- PEP</b> - Identify patients with high risk exposure in past 72 hours for expedited evaluation - Engage other clinical staff to expedite visit and medication	BRSPEP	Any insurance status	BP Navigator	\$14.37	Up to twice a year
<b>Program Intake and Assessment- PEP</b> - Introduce program - Insurance screening; If uninsured, refer for <b>Benefits Navigation</b> ; If insured but not a match to clinics' covered plans, or other referral needs, refer to <b>Referral and Linkage to Primary Care</b>	PIAPEP	Any insurance status	BP Coordinator	\$17.98	Up to twice a year
<b>Combination Prevention Education- PEP</b> - Basic PEP education, pros and cons of PEP, what it entails, other HIV prevention options	CPEPEP	Any insurance status	BP Navigator	\$14.37	Up to twice a year
<b>Referral to Services- PEP</b> - Assist with referrals as needed to the following: mental health and substance abuse services, general social services; Other prevention services, including syringe exchange, substance abuse counseling and treatment.	RTSPEP	Any insurance status	BP Coordinator	\$35.96	Up to twice a year
<b>Benefits navigation- PEP</b> - Provide education about potential benefits that patient may be eligible for - Ensure clients who need PEP can get health insurance coverage - Enrollment in manufacturer MAPs and co-payment assistance for PEP	BENPEP	Any insurance status	Benefits Specialist	\$22.62	Up to twice a year
<b>Benefits enrollment- PEP</b> Enroll clients in Covered California and assist patients with Medi-cal application	BEEPEP	Any insurance status	Benefits Specialist	\$45.24	Up to twice a year
<b>Screening Medical Visit – PEP (client unable to participate due to lab results or other factors the medical provider finds)</b> - Clinical assessment and Physical Exam - HIV/STD/Hepatitis, Serum Creatinine, pregnancy (if applicable) - Assess potential need for PrEP - Adherence assessment and targeted counseling Risk screening	7520	Uninsured/underinsured only	Medical Provider	\$190.32	Once
<b>Initial Medical Visit- PEP</b> - Clinical assessment and Physical Exam - HIV/STD/Hepatitis, Serum Creatinine, pregnancy (if applicable) - Assess potential need for PrEP - Adherence assessment and targeted counseling - Risk screening, substance use and mental health needs assessment	99204	Uninsured/underinsured only	Medical Provider	\$190.32	Once
<b>Initial Non-Medical Visit- PEP</b> - PEP education regarding adherence, missed dose protocols, side effects, symptoms of seroconversion - Follow-up phone calls, appointment reminders - <b>Linkage to Services</b> based on needs such as substance use treatment, mental health referrals	INMPEP	Any insurance status	BP Navigator	\$28.74	Once
<b>Laboratory testing</b>	n/a	Uninsured/underinsured only	n/a	n/a	As indicated
<b>STD treatment- PEP**</b> - Include brief visits for STI treatment (after positive screening test)	99212	Uninsured/underinsured only	Medical Provider	\$95.16	As indicated
<b>Vaccination Administration- PEP**</b> - Hepatitis A/B, HPV, Meningococcal (as indicated)	90471	Uninsured/underinsured only	Medical Provider	\$47.58	As indicated
<b>Follow-up Medical Visit- PEP (30 day)</b> Conduct laboratory testing and assess for possible offer of PrEP - HIV/STD/Creatinine/Urine Preg - STD treatment - Adherence counseling - Discuss desire to start PrEP - Risk screening, substance use and mental health needs assessment	99213	Uninsured/underinsured only	Medical Provider	\$95.16	Up to twice a year
<b>Follow-up Medical Visit- PEP (90 day)</b> Conduct HIV/STD testing and assess for possible offer of PrEP	99214	Uninsured/underinsured only	Medical Provider	\$95.16	Up to twice a year

<b>Program Reassessment- PEP (90 days)</b> Each clients will be reassessed at three months to determine need for PrEP and insurance screening - If uninsured, refer for <b>Benefits Navigation</b> - If insured but not a match to clinics' covered plans, or other referral needs, refer to <b>Linkage Navigation</b>	PRAPEP	Any insurance status	BP Coordinator	\$17.98	Up to twice a year
<b>Referral and Linkage to Primary Care- PEP</b> - Create individualized transition plan with patient, which includes identifying their PCP or helping them identify a new one in their plan; Obtain medical release of information; Assist patient, as needed, with scheduling appointment; Send referral packet/passport to PCP	RLPPEP	Any insurance status	BP Coordinator	\$54.94	Up to three times a year
<b>Successful Linkage to Primary Care- PEP</b> Documentation of patient linkage with primary care provider for one visit	LTCPEP	Any insurance status	BP Navigator	\$50	Once
<b>Laboratory test*</b>	<b>Code</b>	<b>Eligible Clients*</b>	<b>Type of staff</b>	<b>Time/ Rate</b>	<b>Frequency/ timing rule</b>
<b>HIV Screening</b> HIV-1 DNA, QUALITATIVE, PCR HIV-1/2 Antigen and Antibodies, Fourth Generation with Reflexes HIV ANTIBODY by EIA HTLV/HIV CONFIRMATORY TEST HIV ANTIGEN TEST HIV-1 HIV-1 AG, EIA HIV-1 ANTIBODY TEST ORAL MUCOSAL F HIV-1, DNA, AMP PROBE HIV-1, DNA, DIR PROBE HIV-1, DNA, QUANT HIV-1/HIV-2, SINGLE ASSAY HIV-2 HIV-2 AG, EIA HIV-2, DNA, AMP PROBE HIV-2, DNA, DIR PROBE HIV-2, DNA, QUANT HIV-1 DNA, Qualitative, PCR	<b>87535</b> <b>87389</b> <b>86312</b> <b>86689</b> <b>86311</b> <b>86701</b> <b>87390</b> <b>S3645</b> <b>87535</b> <b>87534</b> <b>87536</b> <b>86703</b> <b>86702</b> <b>87391</b> <b>87538</b> <b>87537</b> <b>87539</b> <b>87535</b>	Uninsured Underinsured only	Nurse or Medical Provider	Per contractors actual costs	As indicated
<b>Chlamydia Screening</b> CHLAMYDIA TRACH, DNA, DIR PROBE CHLAMYDIA TRACH, DNA, AMP PROBE CHLAMYDIA CULTURE CHLAMYDIA TRACHOMATIS AG, IF CHLAMYDIA TRACHOMATIS AG, EIA CHLAMYDIA DNA OR RNA, QUANT	<b>87490</b> <b>87491</b> <b>87110</b> <b>87270</b> <b>87320</b> <b>87492</b>	Uninsured/ nderinsured only	Nurse or Medical Provider	Per contractors actual costs	As indicated
<b>Gonorrhea Screening</b> NEISSERIA GONORRHOEAE, AMPLIFIED PROBE CULTURE, BACTERIA, OTHER N.GONORRHOEAE, DNA, DIR PROB N.GONORRHOEAE, DNA, AMP PROB N.GONORRHOEAE, DNA, QUANT CULTURE SMEAR, GRAM STAIN MULTIPLE ORGANISM NAAT	<b>87591</b> <b>87070</b> <b>87590</b> <b>87591</b> <b>87592</b> <b>87081</b> <b>87205</b> <b>87800</b> <b>87801</b>	Uninsured/ nderinsured only	Nurse or Medical Provider	Per contractors actual costs	As indicated
<b>Syphilis</b> BLOOD SEROLOGY, QUALITATIVE BLOOD SEROLOGY, QUANTITATIVE ANTIBODY, TREPONEMAL PALLIDUM, CONFIRMATORY DARK FIELD WITH SPECIMEN COLLECTION DARK FIELD WITHOUT SPECIMEN COLLECTION TREPONEMA PALLIDUM ANTIGEN, IF TREPONEMA PALLIDUM PARTICLE AGGLUTINATION ASSAY	<b>86592</b> <b>86593</b> <b>86781</b> <b>87166</b> <b>87164</b> <b>87285</b> <b>86780</b>	Uninsured/ nderinsured only	Nurse or Medical Provider	Per contractors actual costs	As indicated
<b>Hepatitis A</b> HAV AB HBV CORE AB. HBV SURFACE AB	<b>86708</b> <b>86704</b> <b>86706</b>	Uninsured/ nderinsured only	n/a	Per contractors actual costs	As indicated
<b>Hepatitis B</b> HEPATITIS B SURFACE AG, EIA HEPATITIS B SURFACE, AG, EIA ACUTE HEPATITIS PANEL	<b>87340</b> <b>87341</b> <b>80074</b>	Uninsured/ nderinsured only	Nurse or Medical Provider	Per contractors actual costs	As indicated
<b>Hepatitis C</b> HEPATITIS C AB TEST ACUTE HEPATITIS PANEL HEPATITIS C AB TEST, CONFIRM	<b>86803</b> <b>80074</b> <b>86804</b>	Uninsured/ nderinsured only	Nurse or Medical Provider	Per contractors actual costs	As indicated
<b>SAFETY LABS</b>	<b>82565</b> <b>80053</b> <b>82248</b>	Uninsured/ nderinsured only	Nurse or Medical Provider	Per contractors actual costs	As indicated

	82465 82977 83540 83615 84100 84478 84550 80076 82040 82247 82248 84075 84155 84460 84450				
<b>Urine Pregnancy</b> HCG, QUALITATIVE, URINE	<b>81025</b>	Uninsured/u nderinsured only	Nurse or Medical Provider	Per contractors actual costs	As indicated
<b>Vaccinations*</b>	<b>CW Code</b>	<b>Eligible Clients*</b>	<b>Type of staff</b>	<b>Cost</b>	<b>Frequency/ timing rule</b>
<b>Meningococcal</b> Menactra Conjugate A, C, W, Y Menomune Polysaccharide A, C, W, Y	n/a	Uninsured/u nderinsured only	Nurse or Medical Provider	Per contractors actual costs	<b>Once ever</b>
<b>HPV – Cervarix, Gardasil-9,or Gardasil</b>	n/a	Uninsured/u nderinsured only	Nurse or Medical Provider	Per contractors actual costs	Up to three times per vaccination schedule
<b>Hep A and B – Twinrix</b>	n/a	Uninsured/u nderinsured only	Nurse or Medical Provider	Per contractors actual costs	Up to three times per vaccination schedule
<b>Hep A - Havrix, Vaqta</b>	n/a	Uninsured/u nderinsured only	Nurse or Medical Provider	Per contractors actual costs	Up to two times per vaccination schedule
<b>Heb B - Recombivax HB or Engerix-B</b>	n/a	Uninsured/u nderinsured only	Nurse or Medical Provider	Per contractors actual costs	Up to three times per vaccination schedule
<b>STD Treatment*</b>	<b>CW Code</b>	<b>Eligible Clients*</b>	<b>Type of staff</b>	<b>Time/ Rate</b>	<b>Frequency/ timing rule</b>
<b>Chlamydia and Gonorrhea</b> Azithromycin Ceftriaxone Doxycyline Gentamicin Gemifloxacin	n/a	Uninsured/u nderinsured only	Nurse or Medical Provider	Per contractors actual costs	As indicated
<b>Syphilis</b> Bicillin Doxycyline	n/a	Uninsured/u nderinsured only	Nurse or Medical Provider	Per contractors actual costs	As indicated
<b>PEP Medication</b>	<b>CW Code</b>	<b>Eligible Clients*</b>	<b>Type of staff</b>	<b>Cost</b>	<b>Frequency/ timing rule</b>
PEP medications should be selected in accordance to IDSA PEP guidelines	n/a	only for pts unable to obtain a full prescription. Must use PEP Starter Pack justification form	Medical Provider	Per contractors actual costs n/a	One time 5-7 day supply

## PrEP SERVICES

Service Elements	Code	Eligible Clients*	Type of staff	Time/ Rate	Frequency/ timing rule
<b>Risk behavior screening and Brief Intervention- PrEP</b> - Identify patients who are potential PrEP candidates - Raise client's awareness of their risk and motivating behavior change	BRSPRE	Any insurance status	BP Navigator	\$14.37	Once annually
<b>Program Intake and Assessment- PrEP</b> - Introduce program and perform insurance screening; If uninsured, refer for <b>Benefits Navigation</b> ; If insured but not a match to clinics' covered plans, or other referral needs, refer to <b>Referral and Linkage to Primary Care</b>	PIAPRE	Any insurance status	BP Coordinator	\$17.98	Once annually
<b>Combination Prevention Education- PrEP</b> - Basic PrEP education, pros and cons of PrEP, what it entails, other HIV prevention options	CPEPRE	Any insurance status	BP Navigator	\$14.37	Once annually
<b>Referral to Services- PrEP</b> Assist with referrals as needed to the following: mental health and substance abuse services, general social services; Other prevention services, including syringe exchange, substance abuse counseling and treatment.	RTSPRE	Any insurance status	BP Coordinator	\$53.94	Up to 3 times annually (max)
<b>Benefits Navigation- PrEP</b> - Provide education about benefits that patient may be eligible for - Ensure clients who express interest in PrEP can get health insurance coverage - Enrollment in manufacturer MAPs and co-payment assistance	BENPRE	Any insurance status	Benefits Specialist	\$22.62	Up to twice a year
<b>Benefits Enrollment- PrEP</b> - Enroll clients in Covered California and assist patients with Medi-cal application	BEEPPE	Any insurance status	Benefits Specialist	\$45.24	Up to twice annually
<b>Screening Medical Visit – PEP (client unable to participate due to lab results or other factors the medical provider finds)</b> - Clinical assessment and Physical Exam - HIV/STD/Hepatitis, Serum Creatinine, pregnancy (if applicable) - Assess potential need for PrEP - Adherence assessment and targeted counseling - Risk screening	7520	Uninsured/un derinsured only	Medical Provider	\$190.32	Once
<b>Initial Medical Visit -PrEP</b> - Clinical assessment and Physical Exam - HIV/STD/Hepatitis, Serum Creatinine, pregnancy (if applicable) - Assess ongoing need for PrEP - Adherence assessment and targeted counseling - Risk screening, substance use and mental health needs assessment	99205	Uninsured/un derinsured only	Medical Provider	\$190.32	Once
<b>Initial Non-Medical Visit- PrEP</b> - PrEP education regarding adherence, missed dose protocols, side effects, symptoms of seroconversion - Follow-up phone calls, appointment reminders - <b>Linkage to Services</b> based on needs such as substance use treatment, mental health referrals	INMPRE	Any insurance status	BP Navigator	\$28.74	Once
<b>Laboratory testing</b>	n/a	Uninsured/un derinsured only	n/a	n/a	As indicated
<b>STD treatment- PrEP**</b> - Include brief visits for STI treatment (after positive screening test)	99211	Uninsured/un derinsured only	Medical Provider	\$95.16	As indicated
<b>Vaccination Administration- PrEP**</b> - Hepatitis A/B, HPV, Meningococcal (as indicated)	90471	Uninsured/un derinsured only	Nurse or Medical Provider	\$47.58	As indicated
<b>Follow-up Medical Visit- PrEP</b> - HIV/STD/Creatinine/Urine Preg - STD treatment - Adherence counseling - Discuss desire to continue PrEP - Adherence assessment and targeted counseling - Risk screening, substance use and mental health needs assessment	99215	Uninsured/un derinsured only	Medical Provider	\$190.32	5 times a year
<b>Follow-up Non-medical Visit- PrEP</b> - PrEP education regarding adherence, missed dose protocols, side effects, symptoms of seroconversion - Follow-up phone calls, appointment reminders - <b>Linkage to Services</b> based on needs such as substance use treatment, mental health referrals	FNMPRE	Any insurance status	BP Navigator	\$28.74	5 times a year



<b>MAP Follow-up- PrEP</b> - Coordinate monthly refills and medication pick up for patients on medication assistance programs	MFUPRE	Uninsured/un derinsured only	BP Navigator	\$28.74	Up to four times a year
<b>Program Reassessment- PrEP</b> Each clients will be reassessed at six months to determine ongoing need for PrEP and insurance screening - If uninsured, refer for <b>Benefits Navigation</b> - If insured but not a match to clinics' covered plans, or other referral needs, refer to <b>Linkage Navigation</b>	PRAPRE	Any insurance status	BP Coordinator	\$17.98	Every six months
<b>Referral and Linkage to Primary Care- PrEP</b> Assess needs and refer as needed, the following: - Appropriate PrEP provider covered by insurance; Create individuals transition plan with patient, which includes identifying their PCP or helping them identify a new one in their plan; Obtain medical release of information; Assist patient, as needed, with scheduling appointment; Send referral packet/passport to PCP	RLCPRE	Any insurance status	BP Coordinator	\$53.94	Three times a year
<b>Laboratory test*</b>	<b>Code</b>	<b>Eligible Clients*</b>	<b>Type of staff</b>	<b>Time/ Rate</b>	<b>Frequency/ timing rule</b>
<b>HIV Screening</b> HIV-1 DNA, QUALITATIVE, PCR HIV-1/2 Antigen and Antibodies, Fourth Generation with Reflexes HIV ANTIBODY by EIA HTLV/HIV CONFIRMATORY TEST HIV ANTIGEN TEST HIV-1 HIV-1 AG, EIA HIV-1 ANTIBODY TEST ORAL MUCOSAL F HIV-1, DNA, AMP PROBE  HIV-1, DNA, DIR PROBE HIV-1, DNA, QUANT HIV-1/HIV-2, SINGLE ASSAY HIV-2 HIV-2 AG, EIA HIV-2, DNA, AMP PROBE HIV-2, DNA, DIR PROBE HIV-2, DNA, QUANT HIV-1 DNA, Qualitative, PCR	<b>87535</b> <b>87389</b>  <b>86312</b> <b>86689</b> <b>86311</b> <b>86701</b> <b>87390</b> <b>S3645</b> <b>87535</b>  <b>87534</b> <b>87536</b> <b>86703</b> <b>86702</b> <b>87391</b> <b>87538</b> <b>87537</b> <b>87539</b> <b>87535</b>	Uninsured/Underinsured only	n/a	Per contractors actual costs	As indicated
<b>Chlamydia Screening</b> CHLAMYDIA TRACH, DNA, DIR PROBE CHLAMYDIA TRACH, DNA, AMP PROBE CHLAMYDIA CULTURE CHLAMYDIA TRACHOMATIS AG, IF CHLAMYDIA TRACHOMATIS AG, EIA CHLAMYDIA DNA OR RNA, QUANT	<b>87490</b> <b>87491</b> <b>87110</b> <b>87270</b> <b>87320</b> <b>87492</b>	Uninsured/un derinsured only	n/a	Per contractors actual costs	As indicated
<b>Gonorrhea Screening</b> NEISSERIA GONORRHOEAE, AMPLIFIED PROBE CULTURE, BACTERIA, OTHER N.GONORRHOEAE, DNA, DIR PROB N.GONORRHOEAE, DNA, AMP PROB N.GONORRHOEAE, DNA, QUANT CULTURE SMEAR, GRAM STAIN MULTIPLE ORGANISM NAAT	<b>87591</b> <b>87070</b> <b>87590</b> <b>87591</b> <b>87592</b> <b>87081</b> <b>87205</b> <b>87800</b> <b>87801</b>	Uninsured/un derinsured only	n/a	Per contractors actual costs	As indicated
<b>Syphilis</b> BLOOD SEROLOGY, QUALITATIVE BLOOD SEROLOGY, QUANTITATIVE ANTIBODY, TREPONEMAL PALLIDUM, CONFIRMATORY DARK FIELD WITH SPECIMEN COLLECTION DARK FIELD WITHOUT SPECIMEN COLLECTION TREPONEMA PALLIDUM ANTIGEN, IF TREPONEMA PALLIDUM PARTICLE AGGLUTINATION ASSAY	<b>86592</b> <b>86593</b> <b>86781</b> <b>87166</b> <b>87164</b> <b>87285</b> <b>86780</b>	Uninsured/un derinsured only	n/a	Per contractors actual costs	As indicated
<b>Hepatitis A</b> HAV AB HBV CORE AB. HBV SURFACE AB	<b>86708</b> <b>86704</b> <b>86706</b>	Uninsured/un derinsured only	n/a	Per contractors actual costs	As indicated
<b>Hepatitis B</b> HEPATITIS B SURFACE AG, EIA HEPATITIS B SURFACE, AG, EIA ACUTE HEPATITIS PANEL	<b>87340</b> <b>87341</b> <b>80074</b>	Uninsured/un derinsured only	n/a	Per contractors actual costs	As indicated

Hepatitis C HEPATITIS C AB TEST ACUTE HEPATITIS PANEL HEPATITIS C AB TEST, CONFIRM	86803 80074 86804	Uninsured/un derinsured only	n/a	Per contractors actual costs	As indicated
SAFETY LABS	82565 80053 82248 82465 82977 83540 83615 84100 84478 84550 80076 82040 82247 82248 84075 84155 84460 84450	Uninsured/un derinsured only	n/a	Per contractors actual costs	As indicated
Urine Pregnancy HCG, QUALITATIVE, URINE	81025	Uninsured/un derinsured only	n/a	Per contractors actual costs	As indicated
<b>Vaccinations*</b>	<b>CW Code</b>	<b>Eligible Clients*</b>	<b>Type of staff</b>	<b>Cost</b>	<b>Frequency/ timing rule</b>
<b>Meningococcal</b> Menactra Conjugate A, C, W, Y Menomune Polysaccharide A, C, W, Y	n/a	Uninsured/un derinsured only	Nurse or Medical Provider	Per contractors actual costs	<b>Once ever</b>
HPV – Cervarix, Gardasil-9,or Gardasil	n/a	Uninsured/un derinsured only	Nurse or Medical Provider	Per contractors actual costs	Up to three times per vaccination schedule
Hep A and B – Twinrix	n/a	Uninsured/un derinsured only	Nurse or Medical Provider	Per contractors actual costs	Up to three times per vaccination schedule
Hep A - Havrix, Vaqta	n/a	Uninsured/un derinsured only	Nurse or Medical Provider	Per contractors actual costs	Up to two times per vaccination schedule
Hep B - Recombivax HB or Engerix-B	n/a	Uninsured/un derinsured only	Nurse or Medical Provider	Per contractors actual costs	Up to three times per vaccination schedule
<b>STD Treatment*</b>	<b>CW Code</b>	<b>Eligible Clients*</b>	<b>Type of staff</b>	<b>Time/ Rate</b>	<b>Frequency/ timing rule</b>
<b>Chlamydia and Gonorrhea</b> Azithromycin Ceftriaxone Doxycyline Gentamicin Gemifloxacin	n/a	Uninsured/un derinsured only	Nurse or Medical Provider	Per contractors actual costs	As indicated
<b>Syphilis</b> Bicillin Doxycyline	n/a	Uninsured/un derinsured only	Nurse or Medical Provider	Per contractors actual costs	As indicated

**SCENARIO 1:**

**Client ID:** 1234567

**L/Name:** Doe

**F/Name:** John

**Financial Eligibility/Insurance Information**

**Annual Out-of-Pocket Healthcare Expenses:** 00.00

**Annual Household Income:** \$33,000

**Household Size:** 1

**Income Level:** >100%

277% (based on 2016 FPL of \$33,000 for a household size of 1)

**Insurance:** Private

**If Medi-Cal: Restricted, Limited or Emergency Plan?** NA

**If Insured: Annual Income Premium:** \$3,000

**If Insured Annual Insurance Deductible:** \$800

**Confidentiality Concerns with Parents' Insurance:** NA

Based on the information above, we would expect that:

**Client Qualifies for the Following Services:**

**PEP Medical Services?** NO

**PEP Non-Medical Services?** YES

**PrEP Medical Services?** NO

**PrEP Non-Medical Services?** YES

**SCENARIO 2:**

**Client ID:** 987654

**L/Name:** Smith

**F/Name:** Mayra

**Financial Eligibility/Insurance Information**

**Annual Out-of-Pocket Healthcare Expenses:** 00.00

**Annual Household Income:** \$16,000

**Household Size:** 1

**Income Level:** >100%                      134% *(based on 2016 FPL of \$16,000 for a household size of 1)*

**Insurance:** Medi-Cal

**If Medi-Cal: Restricted, Limited or Emergency Plan?** No

**If Insured: Annual Income Premium:** \$0

**If Insured Annual Insurance Deductible:** \$0

**Confidentiality Concerns with Parents' Insurance:** NA (or leave blank?)

*Based on the information above, we would expect that:*

**Client Qualifies for the Following Services:**

**PEP Medical Services?** NO      **PEP Non-Medical Services?** YES

**PrEP Medical Services?** NO      **PrEP Non-Medical Services?** YES

**SCENARIO 3:**

**Client ID:** 891011

**L/Name:** Jones

**F/Name:** Brandon

**Financial Eligibility/Insurance Information**

**Annual Out-of-Pocket Healthcare Expenses:** \$4,000

**Annual Household Income:** \$37,000

**Household Size:** 2

**Income Level:** >100%

205% *(based on 2016 FPL of \$37,000 for a household size of 2)*

**Insurance:** Private

**If Medi-Cal: Restricted, Limited or Emergency Plan?** NA

**If Insured: Annual Income Premium:** \$0

**If Insured Annual Insurance Deductible:** \$1200

**Confidentiality Concerns with Parents' Insurance:** NA

*Based on the information above, we would expect that:*

**Client Qualifies for the Following Services:**

**PEP Medical Services:** YES    **PEP Non-Medical Services?** YES

**PrEP Medical Services?** YES    **PrEP Non-Medical Services?** YES

**SCENARIO 4:**

**Client ID:** 121314

**L/Name:** Watson

**F/Name:** Jake

**Financial Eligibility/Insurance Information**

**Annual Out-of-Pocket Healthcare Expenses:** \$0

**Annual Household Income:** \$32,000      **Household Size:** 1

**Income Level:** >100%      269% (based on 2016 FPL of \$32,000 for a household size of 1)

**Insurance:** Private

**If Medi-Cal: Restricted, Limited or Emergency Plan?** NA

**If Insured: Annual Income Premium:** \$0

**If Insured Annual Insurance Deductible:** \$0

**Confidentiality Concerns with Parents' Insurance: Age <26 years:** Yes

*Based on the information above, we would expect that:*

**Client Qualifies for the Following Services:**

**PEP Medical Services?** NO      **PEP Non-Medical Services?** YES

**PrEP Medical Services?** NO      **PrEP Non-Medical Services?** YES

**SCENARIO 5:**

**Client ID:** 333435

**L/Name:** Whatley

**F/Name:** Tim

**Financial Eligibility/Insurance Information**

**Annual Out-of-Pocket Healthcare Expenses:** \$6,000

**Annual Household Income:** \$25,000

**Household Size:** 1

**Income Level:** >100% 159% *(based on 2016 FPL of \$25,000 for a household size of 1)*

**Insurance:** Private (Covered CA; Sliver Plan)

**If Medi-Cal: Restricted, Limited or Emergency Plan?** NA

**\*\*If Insured: Annual Income Premium:** NA

**\*\*If Insured Annual Insurance Deductible:** NA

**Confidentiality Concerns with Parents' Insurance:** NA

*Based on the information above, we would expect that:*

**Client Qualifies for the Following Services:**

**PEP Medical Services:** YES    **PEP Non-Medical Services?** YES

**PrEP Medical Services?** YES    **PrEP Non-Medical Services?** YES