

## Welcome to First Choice Health!

---

Thank you for your interest in First Choice Health Employee Assistance Program (FCH EAP). We partner with our valued network providers to resolve concerns, reduce distractions and enhance the health and well-being of employees.

This Provider Manual outlines EAP processes including the initial referral, assessment and confidentiality expectations, ongoing care and documentation and billing.

Please take time to familiarize yourself with all sections of the manual. If you have a question about EAP, please contact us at (206) 268-2340 or (800) 777-4114.

### RECEIVING A REFERRAL

FCH EAP will call the provider to discuss all potential referrals. As part of the case referral outreach you can expect the following information:

- A description of the client's statement of the problem or concern
- A case number
- The number of sessions authorized
- The name of the client's healthcare insurance provider
- Any requested preferences for scheduling or care

You can choose to **accept or decline** the referral at your discretion.

**If you can accept the referral, we ask that you contact the client directly within 24 hours to schedule an appointment** – indicating that the referral was made through First Choice Health EAP. We will then mail, fax or email you the referral paperwork.

**If a FCH EAP client contacts you directly for an appointment**, please have the client contact FCH EAP before the first session. Once we have verified EAP eligibility, our staff will provide you with a case number, the number of authorized sessions and the required billing paperwork.

If you are unable to accept the referral, contact the client, and/or offer the client an appointment within an amount of time consistent with their needs and preferences, we require that you contact us immediately so that we can re-refer the client to another provider.

### ESSENTIAL EAP FORMS & DOCUMENTS

We will fax you copies of each of these forms when you accept a new EAP referral:

- EAP Referral Form
- First Choice Health EAP Statement of Acknowledgment
- Consent for Follow-up Contact EAP Satisfaction Survey
- Client Record

**EAP Referral Form** includes client contact information, the number of authorized sessions and a brief reminder of EAP policies.

**FCH EAP Statement of Acknowledgement** form is to be reviewed with clients at the first session to ensure that the client is aware of the key aspects of the EAP assessment and referral process.

**Consent for Follow-up Contact EAP Satisfaction Survey** for future satisfaction surveys.

**Client Records** are critical and completion is required for successful payment. These documents were designed to be efficient and it is important that you complete all fields of information.

## EAP BILLING POLICIES

**Authorizations are valid for sixty (60) days after the referral was accepted.** First Choice Health asks that you submit your billing for services after the client's last session and no more than thirty (30) days after the authorization timeline has ended. You may ask for a 30-day extension when needed.

**FCH EAP will reimburse providers for one missed appointment.** This can include their initial appointment. The one missed appointment counts against authorized EAP sessions. In general, there is no reimbursement for additional missed appointments, although you are welcome to contact us to discuss individual circumstances.

**As a Network Provider for FCH EAP, you cannot bill employers (client companies), clients, or the client's healthcare insurance company for any services that you provide under this contract.**

Please submit all payment requests for authorized services to us on the appropriate FCH EAP forms provided. We do not reimburse for services that are provided without an authorization or that are billed after the date indicated on the referral packet.

## PROVIDER REFERRAL RECOMMENDATIONS

In the course of your contact and scheduled sessions with FCH EAP clients, you may determine that the client's presenting concern(s) cannot be adequately or appropriately resolved within the number of authorized sessions. **You may self-refer** as appropriate and when the client chooses to continue working with you.

If you recommend ongoing behavioral healthcare services, or if the client requests access to ongoing care, industry standards of service require that you assist the client by:

- Locating appropriate and affordable professional resources in the client's community
- Verifying insurance benefits and coverage, and pre-certifying covered services within the client's health benefit plan should you retain the client as a self-referral
- Making follow-up contact with the client to make sure that referral to another provider or program has been successful

EAP clients may not be knowledgeable about the coverage and limits of their health insurance benefits. Consistent with EAP standards of service, the EAP Network Provider is expected to assist the client in acquiring and/or verifying eligibility and authorization information for ongoing care, or in transferring clients to a new behavioral healthcare provider.

## CONFIDENTIALITY

Our staff members take the privacy and confidentiality of client information seriously. This is consistent with our expectations and service standards for providers. No information will ever be released without the signed consent of the client.

Employers will not know an employee has utilized or contacted the EAP unless:

- The employee/client chooses to inform the employer or supervisor
- The employee/client authorizes – in writing – the release of confidential information
- FCH EAP is required by law – and in the interest of public safety – to minimize the potential for harm to self or others

**As a FCH EAP provider you are instructed never to contact the employer or the employee's supervisor for the purpose of routine case consultation and case coordination, or to discuss strategies for intervention even if asked to do so by the client.**

**Network Providers should always contact a FCH EAP Account Executive when there is a need to discuss issues of client care or case coordination.**

**Should the provider determine that a FCH EAP client poses a “threat of harm to self or others,” the provider should contact FCH EAP as well as other individuals or authorities with a direct or implied safety interest.** This includes (but is not limited to) the police, the County Designated Mental Health Professional, the employer or supervisor or family member or person toward whom a threat has been made, etc. Under these circumstances, the provider's role is to avert the potential for harm and – to the extent possible – ensure public safety.

## EAP SUPPORT TO PROVIDERS

The team members of First Choice Health EAP look forward to having the opportunity to work and consult with you as part of our dedication to client care and customer service.

**Please contact us any time you have questions, need information, have clinical concerns or need our support.**