



Provider Information Sheet

EAP Provider Relations: 720-748-7260 or 1-800-865-1044

The following information is provided as an aid in working with PRO EAP (a separate business and legal entity from PRO Behavioral Health). *Since some of our procedures have changed, we hope you'll familiarize yourself with these new procedures.* Please call us at the numbers above if we can answer any questions you might have about working with us.

I. REFERRAL PROCESS AND PAPERWORK

At the time of referral, PRO EAP will give you the information needed to begin the referral process by telephone. In most cases, we will have asked you to call the client to set the first appointment but on occasion, we may give the client your telephone number to schedule an appointment with you directly. Then, the authorization and Provider Information Sheet will be faxed or mailed to you. If it appears that you won't have the paperwork by the time of your client's appointment, please call us and we'll fax it to you or you can download some of our forms from our website www.proeap.com on the Providers' Information page.

Important: *EAP authorizations pertain to EAP services only and do not apply to treatment services covered by PRO Behavioral Health or other insurance reimbursed provider arrangements.*

II. CLIENTS PRESENTING WITHOUT AN AUTHORIZATION

If a client contacts you directly for services, or a household member other than the person identified on the authorization is seen, please direct them to call PRO EAP for benefit approval and an authorization to see you. *Please be aware that unless a case is formally open with PRO EAP, we are unable to pay for services.*

III. SELF-REFERRALS AND REFERRALS TO OTHERS FOR SERVICES BEYOND THE EAP BENEFIT

Should a referral for additional services be made to a client, good EAP service dictates that follow-up should be done to assist in any unexpected barriers; in whatever method the Provider sees to be the most appropriate. PRO EAP's protocols require initiation of follow-up within 24 hours when intensive services are recommended and in at least five days in all other cases.

If clinically appropriate, *and all the EAP sessions have been exhausted*, Providers may refer to themselves for ongoing counseling IF clients understand this is one of several choices available to them. *It is very important that clients realize that they are under no pressure to see a PRO EAP provider for ongoing treatment.* Clients making this choice should therefore be asked to sign the form "Clinician Self-Referral Disclosure Form". The provider should work with the client to arrange authorization for treatment and payment with the client's insurance carrier.

When making a referral elsewhere for treatment, good EAP Providers will help the employee or household member understand how their insurance system works financially and operationally.

IV. UNPLANNED TERMINATIONS

For unplanned terminations, providers are encouraged to conduct and document outreach efforts appropriate to the intensity of the situation and the workplace risk factors. PRO EAP should be contacted whenever there is an issue of workplace risk factors.

V. INITIATING INTENSIVE SERVICES

Employees and/or household members who present with serious mental health and/or chemical dependency symptoms should be evaluated for appropriate levels of intervention beyond EAP services as soon as possible. Referrals should be made through the clients' insurance system or, for those who are not medically insured, to the appropriate community resource. While it is not the responsibility of an EAP Provider to provide these services directly, it is their responsibility to see that clients in acute states are provided clear and understandable information about their resources and alternatives. Furthermore, it is the responsibility of EAP Providers to utilize all the resources available in this process including family, friends, fellow employees, supervisors, and any other supportive resources available (with the appropriate signed release of information forms utilized). Obtaining medical leave from employment can frequently be facilitated by EAP, so please contact us in this event.

VI. AFTER HOURS EMERGENCY/CRISIS AND GRIEVANCE DISCLOSURE INFORMATION

While EAP clients rarely require after-hours emergency coverage, providers should notify clients of their emergency procedures when first seen and ensure that these are available to them 24 hours per day, seven days per week. Providers should also advise all EAP clients of grievance reporting procedures and regulating bodies in the state services are delivered, as required.

VII. BILLING/CLAIMS PAYMENT

NOTE: Many of our forms can be downloaded from www.proeap.com under "Provider Information".

- **All claims for services must be submitted no later than sixty (60) days after each date of service in order to be paid.**
- ***In order for payment to be made, the following forms need to be completed and returned to PRO EAP:***
 - **Provider Self-Referral Form** – To be completed only when a provider continues services after EAP sessions are exhausted.
 - **HCFA 1500** – For face-to-face EAP sessions with authorized clients. Use the CPT code 99244 for all face-to-face office visits. Unlike most insurance reimbursed services, reimbursement for "V" code diagnoses can be made.
- Please make sure to **bill under the name on the authorization.** If you have not received an authorization by the time you submit billing, bill under the name of the person that you were given at the time of the referral call or call us to clarify. *Remember that we cannot reimburse for unauthorized services.*
- Send all claims for payment to:

PRO EAP Claims
7600 East Eastman, Suite 500
Denver, Colorado 80231
Fax#: 303-695-5588