Overview

Introduction

This manual is for providers contracted for EAP services.

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Welcome to the Anthem EAP Network

We welcome you to our Employee Assistance Program (EAP) network of professionals. The EAP strives to help employees and their household members with personal issues, such as marital difficulties, substance abuse, legal or financial matters, stress, dependent care, and emotional issues that may impact their lives. This provider manual supplies you and your staff with the information needed to participate in our program.

Provider Manual

Our provider manual, along with your agreement, informs you of the requirements to which you have agreed. If you cannot find the answer to a question using the manual, please call our office at 888-650-5748 or email us at EAPProviderNetworks@Anthem.com. You can also refer to our website – www.AnthemEAP.com - for up-to-date information.

To navigate to the EAP Provider page follow the steps below:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Go to <a href="http://www.AnthemEAP.com">www.AnthemEAP.com</a></td>
</tr>
<tr>
<td>2</td>
<td>Click on Providers on the tool bar across the screen.</td>
</tr>
</tbody>
</table>

Result: System takes you to the Provider pages.

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Click on appropriate links.</td>
</tr>
</tbody>
</table>

Continued on next page
Introduction and Welcome, Continued

Introduction to Anthem EAP

We offer a full array of EAP products. Our programs provide employees and their household members such services as financial and legal consultations, childcare and eldercare referrals, adoption and college information, comprehensive web services at www.AnthemEAP.com and face-to-face counseling. For its corporate clients, we offer employee orientations to the EAP, supervisory training, critical incident response, case management of employer referrals, and other organizational development activities.

Delivering services to an EAP client involves providing the following: crisis intervention, evaluation, coaching, referrals, resource identification, and short-term problem resolution. The number of counseling sessions available to employees and their household members range from one to ten per issue, depending upon their EAP benefit.

A Partnership for Quality Care

It is the policy of Anthem EAP to provide efficient, quality, professional services to employees, their household members, and the organizations with which Anthem EAP contracts for services. The EAP appreciates your commitment to helping individuals and organizations meet their goals.
Purpose

The purpose of the guidelines is to offer direction to participating providers regarding aspects of EAP operations. Please note that the guidelines may refer the reader to other areas of the provider manual for more specific information.

Items in this section include:

- Access
- Scope of Services
- Other EAP Service Referrals
- Confidentiality
  - Management Referral Cases
- Payment for Services
- Meeting the Employer’s Needs
- EAP Quality Management Committee and Initiatives
- Quality Audit
- Documents and Manuals

Access

Employees, their household members, as well as employers may access the EAP in the following ways:

- Employees and their household members directly contact Anthem EAP Call Center for referrals or other services,
- Employees and their household members may use the online EAP Provider Search tool
- Employers may contact Anthem EAP Call Center and refer employees for job performance or as a condition of their continued employment
- Employers may contact their EAP Account Manager for on-site services such as Critical Incident Stress Debriefing (CISD) or training/workshop seminar. The EAP then contacts our providers to perform on-site services.

Note: See Management Referrals under Referral Policies and Procedures for more information. For more information regarding access and referrals see Confirmation Process under Referral Policies and Procedures.
Scope of Services

EAP is short-term resolution counseling. If the scope of the session requires more counseling, providers are encouraged to assess and refer to an appropriate resource.

Services **beyond** the scope of EAP may include but are not limited to:
- Psychological/Neurological testing
- Group therapy
- Court ordered treatment
- Drug testing
- Medical evaluations
- Fitness for duty

Please refer to the [Referring to Behavioral Health](#) section of this manual for procedures on how to refer to the Behavioral Health benefit of the client.

Other EAP Service Referrals

Our program offers clients other services beyond the face-to-face counseling sessions. Other areas frequently addressed by the EAP include:
- Child care and parenting
- Helping aging parents
- Financial Issues
- Legal concerns
- Work and career
- Emotional well-being
- Addiction and recovery
- Wellness and prevention
- Concierge and convenience services
- Life events

In the course of sessions, should items or the topics listed above come up, please advise the client to contact the Anthem EAP Call Center phone number on their card to inquire for further assistance. Clients may also visit our website for articles and information on such topics.

Continued on next page
Confidentiality

Confidentiality is a very sensitive and complex issue in all EAP work. The norms of professional practice required by the ethics of various behavioral health professionals, license requirements, and state and federal statues apply to EAP practice. The use of standardized Release of Information forms and other recognized confidential practices are expected. Providers are expected to follow HIPAA rules. See the CMS website for more information: http://www.cms.gov/HIPAAGenInfo/

To avoid compromising confidentiality, do not schedule two clients from the same company immediately following each other.

Cooperation

Providers are expected to cooperate with the EAP in providing services consistent with appropriate standards of professional service.

Management
Referral Cases
and the Release
of Information
Form

The EAP Consultant manages all contact with the employer in management referral cases. In most cases, the Employer asks the employee to sign a Release of Information form. On occasion, providers may have to ask the employee to sign the release. This release allows the EAP to disclose information to the employer regarding their employee’s compliance with the EAP Provider’s recommendations. Providers are asked to take special care in explaining to the employee that the EAP cannot release information to their employer without this signed release of information. In the event the employee does not sign the release form, contact the EAP Consultant. The Release of Information form enables the EAP Consultant to report the employee’s compliance or non-compliance with recommendations to the employer. If you need a Release of Information form, contact the EAP Consultant. They can generate and send you the form (this is a system generated form).

Contacting the
EAP
Consultant

If you need to speak with the EAP Consultant, call the telephone number on the first page of the Confirmation Packet (under EAP Claims) and ask to speak to an EAP Consultant. If one has already been assigned to the case, customer service will transfer you to the consultant.

Continued on next page
Effective 10/01/2007
Updated 10/03/2013

Guidelines, Continued

Payment for Services
EAP sessions are free of charge to the employee and their household members. Providers are to collect fees for EAP clinical service from the EAP directly and are not to seek payment from EAP clients or their health insurance.

Rates
Please refer to Exhibit B of your Agreement for your contracted rate information. If you are located in the states of OH, IN, and KY your rate information may be located in the EAP Professional Services Attachment. Contact Provider Networks at 888-650-5748 if you have questions about your rate.

Contractual Compliance
EAP Provider Networks strives to ensure contractual compliance with providers and the EAP. Many of the complaints we receive from clients are due to upfront billing or balance billing, both of which are prohibited.
- Upfront billing is the practice of collecting fees at the time of service.
- Balance billing is the practice of billing clients for any amounts owed on an aged account after payment has been made in an attempt to obtain full reimbursement for usual and customary fees.

Complaints and Grievances
When EAP Provider Networks is alerted to a complaint or grievance about one of our providers we investigate the issues. You will be contacted by one of our representatives. Depending on the nature of the issue, you might be asked to respond verbally or write your side of the story for review. Often, these cases are a misunderstanding and we strive to bring closure to all parties involved.

No Shows or Late Cancellations
The EAP does not pay for services which are not rendered, or for clients that do not show for the appointment or cancel within less than twenty-four (24) hours. Providers are advised to contact clients who cancel or fail to show for appointments to assess the situation. Encourage the client to utilize the EAP benefit as appropriate. Please contact the EAP if the client is unreachable as the EAP may offer resources to contact the client.

Continued on next page
Meeting the Employer's Needs

With EAP, the contracting employer is as much a client as the person receiving counseling. It is important for providers to be aware of potential role complications whenever an issue involving an employer is the focus of counseling. The EAP Consultant is available to discuss concerns with these cases. Call the phone number on the Confirmation Packet and ask to speak to the EAP Consultant for your case, to resolve questions you may have regarding your case.

Note: Do not contact the employer directly. Contact the EAP Consultant to discuss any employer issues with case.

EAP Quality Management Committee and Initiatives

The EAP Quality Management Committee supervises a variety of initiatives that support maintaining a quality network. Initiatives that affect providers directly include but are not limited to:

- Provider Satisfaction Survey
- Chart Audits
- Complaints and Grievances
- Other requests for information or data

Quality Audit

EAP Networks Quality Management Committee (QMC) may request periodic quality audits of provider records. If selected for audit, you will be contacted by an EAP Networks Staff member and given instructions on how to submit your records for review. Time is not reimbursed; however, shipping expenses can be reimbursed. After receipt of your client records, the EAP Medical Director will review the records and provide you with written feedback, suggestions, and/or recommendations for you.

Documents and Manuals

Updated EAP forms and the Provider Manual are located on the web at www.AnthemEAP.com.

Providers may request copies be mailed, emailed or faxed to them by contacting EAP Provider Network Services at 888-650-5748 or email us at EAPProviderNetworks@Anthem.com.
Online Provider Center

Location
The Online Provider Center is located on our website at www.AnthemEAP.com.

Access
The Online Provider Center is accessible to all contracted providers. You will need the following information to register on the site:

- First Initial
- Last Name
- Provider ID
- National Provider Identifier (your rendering NPI number)

If you need assistance please call us at 888-650-5748.

Continued on next page
Providers registered on the Online Provider Center can:

- Upload a photo for the Member Search
- Change profile information (e.g., add an additional language or change areas of expertise)
- Submit address changes
  
  **Note:** Changes may take up to 10 business days to be reflected in the system
- Submit Out of Office notifications

For instructions on how to use these functions, see the User Guide located within the Online Provider Center.

*Continued on next page*
Policies and Procedures

Purpose
The purpose of the policies and procedures is to advise and answer questions providers might have regarding specific aspects of EAP operations. Items in this section include:

- Referral Policies and Procedures
  - Referral Models
  - Provider Responsibilities
  - Management Referrals
- Billing Procedures

Referral Policies and Procedures
The policies and procedures are broken into three sections:

- Confirmation Process
- Provider Responsibilities
- Management Referrals

Please review all forms and information provided by the EAP Referral in the Confirmation Packet.
Providers may receive referrals from either of our two offices: Denver and San Diego. Below is the process for confirmations (referrals):

- Client is given provider names and phone numbers
- Client contacts providers and makes provider selection
- Client identifies they are covered by Anthem EAP and sets up appointment with the provider
- Provider verifies with client; confirms EAP access as opposed to Behavioral Health access (ask for their Reference or Y#)
- Client calls and supplies EAP with which provider and date of first scheduled appointment
- EAP sends confirmation and claims forms to provider

EAP clients now have the opportunity to search for providers online and confirm their appointments to generate a confirmation. If a client has found you using our online tool, remind them to confirm the appointment online or to call back the EAP so that the Confirmation packet can be sent to you.

Note: Providers receive a Confirmation packet of forms and information from the EAP prior to the first appointment. The Confirmation does not contain the client’s name. It uses a reference number that often begins with the letter Y.

You may call the EAP to cross reference the Reference Number to the client’s name.

If the confirmation packet is not received prior to first appointment please contact EAP Provider Services at 888-650-5748 or email us at EAPProviderNetworks@Anthem.com and an associate will assist you.

We now have three ways Confirmations are delivered to you:
- U.S. Mail
- Fax
- Email

Be sure to verify we have the correct information on file for you and your desired method of receiving the Confirmation Packet.
Provider Responsibilities

The following sections document the responsibilities and the expectations of performance by the EAP provider.

Appointment Times

The table below indicates the expected appropriate time frames in which a client should be able to access a provider’s services after obtaining a referral.

<table>
<thead>
<tr>
<th>Access</th>
<th>Expected Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Threatening Emergency Care</td>
<td>Message directing clients to 911 or local emergency room</td>
</tr>
<tr>
<td>Non-Life Threatening Emergency Care</td>
<td>6 hours</td>
</tr>
<tr>
<td>Urgent Needs</td>
<td>48 hours</td>
</tr>
<tr>
<td>Routine Office Visit</td>
<td>5 business days</td>
</tr>
<tr>
<td>Access to After Hours Care</td>
<td>24/7</td>
</tr>
<tr>
<td>• Message on voicemail directing clients to 911 or local emergency room</td>
<td></td>
</tr>
<tr>
<td>• Or, live answering service providing instruction</td>
<td></td>
</tr>
</tbody>
</table>

Scheduling Appointment

Providers are expected to offer EAP appointments within five business days after receiving a referral. A client may request to be seen beyond the five business days if more convenient.

Length of Session

Face to face EAP sessions are expected to be 45-50 minutes in length.

Wait times for clients should not exceed 15 minutes.

Availability - Out of Office

Providers are requested to notify EAP Provider Services to record periods of temporary unavailability due to such occurrences as:

• medical leave of absence
• sabbatical
• maternity leave
• military deployment
• vacations
• booked schedules

You can report Out of Office periods using the Online Provider Center tool. If you need assistance, call us at 888-650-5748 and an associate can assist you.

Continued on next page
### Updating Provider Information

Providers are asked to notify EAP Provider Services to record changes to:

- physical address
- mailing/billing address
- tax ID change (W9)
- leaving a group practice
- license change
- practice/specialty change
- name changes

Most changes can be submitted using our [Online Provider Center](#) tool. Some changes such as a tax ID change require you to fax us the W9. If you need assistance, call us at 888-650-5748 and an associate can assist you.

### Confirmation Packets

Confirmation packets are generated then mailed or faxed to the provider once the first scheduled appointment date has been reported to the EAP. The confirmation packet contains all the forms needed for billing, case forms, and an orientation form the client signs.

Prior to the first session, review the services available to the client or family member and specifically review the confidentiality conditions. Have the client sign the EAP Participation Orientation Form and keep a copy for your records.

### Groups

Groups are asked to submit in writing any changes to:

- physical address
- mailing/billing address
- tax ID change (W9)
- license change
- practice/specialty change
- name changes

In addition, if a location is added, EAP Networks must be informed of which members of the group will service that location. Notify EAP Networks within 30 days of provider resignations or additions to your group. Complete pages 3-7 of the group contract for each new provider.

Fax or email the application to:

- Fax: 888-438-7957
- Or email to: EAPProviderNetworks@Anthem.com

Attn: Provider Network Services

*Continued on next page*
No Shows or Late Cancellations

The EAP does not pay for services which are not rendered, or for clients that do not show for the appointment or cancel within less than twenty-four (24) hours. Providers are advised to contact clients who cancel or fail to show for appointments to assess the situation. Encourage the client to utilize the EAP benefit as appropriate. Please contact the EAP if the client is unreachable as the EAP may offer resources to contact the client.

Follow-Up

To assure a satisfactory outcome prior to closing a case, please make a follow-up call to the client to assess the effectiveness of services and referrals provided. Document all follow-up activities in the client record.

See the Management Referral section of this manual for more information regarding follow-up as it pertains to the “Management Referral.”

Re-Access

Clients are normally entitled to one EAP referral per year per issue. This is subject to the client’s specific EAP benefit plan.

If a client completes their confirmed EAP referral sessions and still wants to continue treatment, the provider should redirect the client to call or contact:

- the EAP
- Or refer to their Behavioral Health benefit of their health insurance policy.

See the Referring to Behavioral Health section of this manual for more information regarding accessing Behavioral Health benefits offered under an insurance policy.

Continued on next page
Critical Cases

There are two types of Critical Cases: Client at Risk and Account Sensitive Situations.

- **Clients at Risk**: suicide or homicide potential, suspected child abuse/incest/neglect, suspected spouse/elder abuse or neglect, confessions to serious crime, client threat of violence, client is gravely disabled, potential hospitalization, intentional workplace injury.

  **Note**: Providers are bound by all State and Federal regulations regarding certain situations, and as a licensed provider there are certain issues you are legally required to report.

- **Account Sensitive Situations**: management referrals, potential or actual grievances or lawsuits, potential or actual stress disability claims, direct contacts from management, subpoenas, reports of harassment, wrongful termination.

  **Please notify the EAP when such situations arise.**

Providers must not serve as an advocate for either the employee or management. The EAP provider has unique access to workplace information, therefore providers should assist employees and client companies to utilize internal systems and avoid adversarial situations.

In general, do not sign or agree to sign any forms or paperwork that the client may present to you. Contact the EAP Consultant to discuss the situation. For example, if a client gives you disability paperwork to complete, do not agree to sign any of the forms. Contact the phone number on the Confirmation form to discuss the paperwork.

Should you have clinical questions about the case, contact the EAP Consultant.

High-Risk Cases

High-Risk Cases are defined as:

- **Primary (legally required to report to authorities per applicable state or federal laws.)** For example:
  - Attempted suicide
  - Domestic violence
  - Homicide or violent threats
  - Molestation or abuse of spouse, child, or elder

- **Secondary (employment related)**
  - Intentional workers’ compensation or stress disability
  - Clinician deems clinical review is indicated

For High-Risk Cases referred to behavioral health, the EAP provider should telephone the referred provider to verify if the referral appointment has been obtained and the client is engaged in treatment. Document client contacts or if further assistance is declined prior to closing case. Notify the EAP if the client is non-compliant.
Management Referrals

Management Referrals are defined as:
Referral made by a manager/supervisor of an employee due to job performance problems and/or workplace behavioral issues.

Providers are asked to supply assessment and recommendations to the EAP Consultant.

Note: Have client sign the Release of Information form, if applicable and fax back to EAP Consultant.

Management Referral Procedures

Below are the steps and actions taken for management referrals:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Management contacts EAP Consultant with referral.</td>
</tr>
<tr>
<td>2</td>
<td>EAP Consultant contacts provider for referral.</td>
</tr>
<tr>
<td>3</td>
<td>EAP Consultant instructs provider on specifics of referral.</td>
</tr>
<tr>
<td>4</td>
<td>Client schedules an appointment with the provider.</td>
</tr>
<tr>
<td>5</td>
<td>Provider sees client.</td>
</tr>
<tr>
<td>6</td>
<td>Provider reports assessment and treatment recommendations to EAP Consultant.</td>
</tr>
<tr>
<td>7</td>
<td>EAP Consultant reports to Management progress or status of case.</td>
</tr>
<tr>
<td>8</td>
<td>Provider bills EAP for services rendered.</td>
</tr>
</tbody>
</table>
Effective 10/01/2007
Updated 10/03/2013

 Billing Procedures

Please review all materials in the confirmation packet. The confirmation packet contains an EAP Statement of Services Rendered Form you may use for billing. You may also submit claims using the CMS 1500 form (formerly known as the HCFA 1500). Verify that your Billing Address and Tax ID on your claims match what is printed on the confirmation form. Call Provider Services at 888-650-5748 if it does not match.

You may mail or fax claims to:

EAP Claims
9655 Granite Ridge Dr
6th Floor
San Diego, CA 92123

Fax number: 858-571-8102
For Claim Status: 800-728-9492 Option 3#

Note: The confirmation packet is usually sent to the provider prior to the first appointment date.

See the Reference Information section of this manual for the Customer Service number of the office that initiated the confirmation. Contact Provider Services at 888-252-2680 or email us at EAPProviderNetworks@Anthem.com if you did not receive your confirmation packet.
Referring to Behavioral Health

Purpose
The purpose of this section is to provide general guidance on how to help the client transition EAP services to certain behavioral health benefits in order to provide continuity of care.

Self Referral
Generally, an EAP Provider may make referrals to themselves where clinically indicated. The client must request the provider when seeking a behavioral health referral.

Providers cannot require or tell clients they must continue services with them. The client always has a choice. Refer to the EAP Freedom of Choice Information on the last page of the Confirmation packet.

The EAP Freedom of Choice Information form is available in English and Spanish on our website www.AnthemEAP.com

Continued on next page
Below are Steps and Actions usually taken for referral to the health insurance:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contact the phone number for customer service on the client’s health insurance card.</td>
</tr>
<tr>
<td>2</td>
<td>Verify if you are an in-network participating provider on the behavioral health panel of the health insurance for the client’s plan. <strong>Note:</strong> Panels may differ depending on the type of plan.</td>
</tr>
</tbody>
</table>

**If You Are…** | **Then…** |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network</td>
<td>Proceed to Step 6</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>Advise client you are not in-network for the behavioral health panel of their health plan. Proceed to Step 3.</td>
</tr>
</tbody>
</table>

3 Advise client of choices:
- Refer to in-network provider with little or no out-of-pocket expenses incurred by client. If client prefers this choice, then proceed to Step 4.
- **Or** continue service as out-of-network with client incurring out-of-pocket expenses. Advise client to contact the health plan’s Customer Service area to determine the out-of-pocket expenses they may incur. If client prefers this choice, then proceed to Step 5.

*Continued on next page*
### Referring to Behavioral Health, Continued

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Contact health plan Customer Service and ask for a behavioral health provider referral for client. Follow health insurance referral process. This procedure ends.</td>
</tr>
</tbody>
</table>
| 5    | Verify with the health plan’s Customer Service if client has out-of-network benefits.  
      | - If yes, obtain necessary authorizations. Follow health insurance referral process.  
      | - If no, go back to Step 3. |
| 6    | Client must obtain necessary authorizations through health plan. Follow health insurance referral process. |
California Specific Information

CA Specific
The information in this section pertains only to providers located in the state of California. If you are located anywhere else in the country, this section does not apply to you.

Notification Timeline
Participating practitioners must notify the EAP of practice updates within 30 calendar days of any change.

Changes may be submitted either via:
- Provider Center WebSite or
- Provider Update Form faxed to 888-438-7957

Health Care Provider’s Bill of Rights
Health Care Provider’s Bill of Rights (CA Health & Safety Code 1375.7) prohibits provisions in a contract between health care service plan or health insurer and a health care practitioner that would allow the plan or insurer to unilaterally change a material term of the contract without meeting specified requirements; that would require the health care practitioner to accept additional patients, and that would pertain to other specified aspects of the health care practitioner’s practice.

Therefore, Anthem Blue Cross agrees to:

Give participating practitioners at least ninety (90) days prior written notice of any change to a material term in the Agreement except changes necessary to comply with state and federal laws.

Allow a participating practitioner to terminate the Agreement as of the effective date of such change (except for the above described exclusions) upon prior written notice to Anthem Blue Cross no later than 45 business days after receipt of Anthem Blue Cross’ notice, notwithstanding the provisions of the Agreement.

In addition to the above, if the participating practitioner gives Anthem Blue Cross written notice of intent to terminate the Agreement, Anthem Blue Cross may decide not to implement the change. If Anthem Blue Cross exercises this option, Anthem Blue Cross will give written notice to the participating practitioner within 65 calendar days of the date Anthem Blue Cross initially gave the participating practitioner notice of the material change to the Agreement. If Anthem Blue Cross gives this notice, the Agreement will not terminate and the change will not be applied to the participating practitioner.

Continued on next page
Effective January 1, 2009, all California health plans regulated by the Department of Managed Health Care are required to implement a Language Assistance Program to provide language assistance services to their limited English proficient (LEP) members. Also, insurers licensed by the California Department of Insurance must comply with similar regulations effective April 1, 2009. At Anthem Blue Cross, we believe in the strength and value of cultural diversity. We realize that communication with physicians and other providers of health care services is paramount to ensuring optimum health and wellness. To facilitate communication, we offer interpretation services to all of our members at no cost. In addition, translated documents will be provided to members in the languages required by the language assistance regulations.
# Glossary of Terms

<table>
<thead>
<tr>
<th>Glossary</th>
<th>In this section you will find terms used in EAP.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Americans with Disability Act (ADA)</strong></td>
<td>The ADA is a federal civil rights statue, passed in 1992, that prohibits employers with 15 or more employees from discriminating against a person who has a disability or who is perceived to have a disability in any aspect of employment. Under the ADA, a person with a disability is a person who has an impairment (physical or mental) that substantially limits one or more of the individual’s major life activities. Mental illness, recovering drug users, learning disabilities, and retardation are interpreted to be disabilities under the ADA Act. Employers are required to make “reasonable accommodations” for known physical or mental limitations or otherwise qualified individuals unless doing so imposes an “undue hardship” on the employer. The ADA also prohibits employers from refusing to hire someone with a disability. The ADA also prohibits harassment against the people described above. The ADA prohibits retaliation against people who assert their rights under the ADA.</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td>An assessment is a structured evaluation conducted by a licensed mental health provider and/or an EAP professional to identify a client’s personal issues. The assessment may conclude with recommendations and referrals that address the client’s issues.</td>
</tr>
<tr>
<td><strong>Brown Bag</strong></td>
<td>An onsite EAP Workshop or training. If delivered during a meal period, it is usually attended on the employee’s own time. If delivered at other times during the work day, employees are usually paid to attend. Might also be referred to as Wellness Seminar.</td>
</tr>
<tr>
<td><strong>Case Management</strong></td>
<td>Case Management consists of an EAP Consultant facilitating, coordinating, and monitoring an employee who is referred by their company for EAP services. The EAP offers this service in conjunction with a management referral of an employee by their company. The EAP Consultant provides feedback on the employee’s compliance with the assessment and recommendations to the company representative, after the employee has signed a Release of Information form.</td>
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*Continued on next page*
Glossary of Terms, Continued

**CEAP**
A CEAP is a Certified Employee Assistant Professional. To acquire certification an individual must hold a degree, complete course work and supervision specific to EAP services.

**Chain of Custody**
A chain of custody is a set of procedures and forms for the tracking, handling and storage of breathe, urine, blood, or hair specimens obtained by drug or alcohol testing. The chain of custody establishes proof of control of the specimen at all times, from completion of the test to the reporting of the results.

**Client**
EAP benefits apply to all members of the household of the employee. The EAP refers to these members as “clients”.

**Collection Site**
A collection site is the location where individuals provide a specimen of breath, blood, urine or hair to be analyzed for the existence of drugs or alcohol.

**Compliance**
Compliance is a term used to refer to the employee’s follow-through with an assessment and/or an EAP professional’s clinical recommendations made for resolving the employee’s issues.

**Confirmation**
A confirmation is an official approval of EAP benefit coverage for clinical services rendered.

**Consultation or Management Consultation**
A management consultation in EAP practice is the act of giving suggestions to management, human resources and/or union representatives concerning the management of behavioral and performance issues in the work place. This may include coaching the supervisor on how to refer the employee to the EAP or other appropriate resources. This service is normally performed by the EAP Consultant and not the provider.

**Continuity of Care**
Continuity of Care is usually the uninterrupted flow of services from EAP to behavioral health with minimal disruption in a client’s treatment.

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Co-Payment

There are NO co-pays for EAP Services.
A co-payment is a predetermined payment that a member in a health plan makes for an office visit with a mental health or medical provider. EAP covered services are paid for in full by the client/employee’s company, therefore EAP covered services do not have co-pays.

Crisis Intervention

Crisis intervention is an immediate, intensive process designed to help individuals experiencing a crisis. This process generally includes: engaging the individual, assessment, building employee/client support, planning, contracting, and possibly a referral for face-to-face counseling or emergency care.

Critical Incident

A critical incident is an extraordinary episode or event that interferes or has the potential of interfering with an individual’s ability to psychologically cope with an event. Natural disasters, traumatic workplace incidents, workplace accident or violence in the workplace are examples of a critical incident.

Critical Incident Stress Debriefing (CISD)

A CISD is a structured, confidential, group discussion that supports the individuals impacted by the Critical Incident. The process is designed to help normalize the symptoms and educate the individual on the process of recovery. In addition, the process identifies follow up services based upon the type of Critical Incident. A CISD is usually scheduled at the worksite following a traumatic event.

Critical Incident Management

Critical Incident Management involves assessing the critical event, its impact on the workplace, and determining the best method for responding to the individuals and the company impacted by the event. Managing the stress from the point in time that the incident occurs helps the individual maintain or achieve an increased level of wellness by decreasing stress-related illnesses, thus maintaining performance. The response can involve educating employees about trauma phases through handouts sent to the workplace, employees being individually referred to the EAP, a psycho-educational group, and/or formal de-briefing (CISD) at the workplace.

Continued on next page
Disciplinary Process

A disciplinary process is a progressive course of corrective actions taken to improve job performance or work behavior that is based on organizational policies. There are usually four steps involved in corrective action: verbal warning, written warning, suspension and termination. At each step the manager or supervisor may refer the employee to the EAP to resolve personal issues that may be impacting them at work or for coaching on behavioral issues in the work place.

DOT

Acronym for United States Department of Transportation. For information regarding the Drug & Alcohol regulations - 49 CFR Part 40, go to http://www.dot.gov/ost/dapc/index.html. Refer also to SAP.

Drug Test

A drug test is a method companies use to identify and measure the presence of alcohol and/or illegal and legal drugs in a person’s body. A drug test is designed to identify the concentration of alcohol and specific classifications of drugs established by the company.

EAP Consultant

The EAP employs clinically trained consultants to work with providers, employers and clients in managing cases. The EAP Consultant is the liaison between contracted providers and client companies.

EAP Core Program

An EAP core program is a worksite-based program designed to help identify and resolve issues associated with employees that may affect job performance or behavior in the workplace. The EAP provides assistance for behavioral health and substance abuse assessments through face to face counseling; crisis intervention; childcare, eldercare, financial, legal and work-life referral and information; critical incident management; and training and consultation for employees and supervisors.

The core activities of an EAP include:

- expert consultation and training in the identification and resolution of job performance or workplace behavioral issues
- confidential, and timely assessment services for the employee and their household members
- referrals for treatment or support services and
- follow-up services for employees who use the service.
## Glossary of Terms, Continued

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td><strong>Employee Orientation</strong></td>
<td>An employee orientation is a meeting to inform employees about the EAP services offered by their organization. The topics discussed in the meeting include EAP procedures, information about accessing the counseling services as well as other services the EAP might provide.</td>
</tr>
</tbody>
</table>
| **Fitness for Duty**      | **Fitness for duty is NOT an EAP covered service.**  
Fitness for duty is a term used to determine an employee’s physical and mental ability to perform particular work functions. Fitness for duty procedures may entail medical and/or psychological evaluation or drug testing of an employee displaying unusual behavior.  
EAPs are often called upon to aid in the return to work process for employees and often can make a recommendation around return to work process, but do not determine fitness for duty themselves. EAPs can also assist employers in locating and setting up formal fitness for duty evaluations that are at the employer or employee’s expense. An EAP may suggest that in certain cases a formal fitness for duty is indicated. |
| **Follow-Up**             | Follow-up involves one or more contacts with an EAP client to monitor compliance with recommendations, referrals to treatment resources, progress and for determination of adequacy of treatment. Follow-up is a monitoring and case management process. It is generally conducted by telephone contacts. |
| **Harassment**            | Harassment involves unwelcome remarks or offensive behavior by one or more persons against another person (s). This unpleasant behavior can have sexual, racial or other implications.  |
| **HIPAA**                 | HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. HIPAA is a federal regulated act that governs protected health information, national standards for electronic health transactions, national provider identifiers, as well as other issues that affect the health care industry and the American public. For more information regarding HIPAA, refer to the website: [http://www.cms.gov/HIPAAGenInfo/](http://www.cms.gov/HIPAAGenInfo/)  |

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<th>Glossary of Terms, Continued</th>
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<tr>
<td><strong>Human Resource (HR)</strong></td>
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<tr>
<td>HR is a department within an organization that assists in helping increase performance and improve business results through the recruitment, employment and retention of employees.</td>
</tr>
<tr>
<td><strong>Intervention</strong></td>
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<tr>
<td>A workplace intervention refers to a process for dealing with an employee with observed and documented performance issues or inappropriate behavior in the workplace.</td>
</tr>
<tr>
<td><strong>Last-Chance Agreement</strong></td>
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<tr>
<td>Last-chance agreement is a signed agreement between an employee and management that states a specific performance plan and/or other stipulations for employment; this may include compliance with EAP recommendations. This agreement may also be referred to as Contract for Continued Employment (CCE).</td>
</tr>
<tr>
<td><strong>Management Referrals</strong></td>
</tr>
<tr>
<td>Referral made by a manager/supervisor of an employee due to job performance problems and/or workplace behavioral issues. The employee’s participation is voluntary.</td>
</tr>
<tr>
<td><strong>Mandatory Referrals</strong></td>
</tr>
<tr>
<td>Referral made by a manager/supervisor of an employee due to job performance problems and/or workplace behavioral issues and continued employment depends on compliance with referral recommendations.</td>
</tr>
<tr>
<td><strong>Medical Review Officer</strong></td>
</tr>
<tr>
<td>A Medical Review Officer (MRO) is a licensed physician trained to analyze laboratory results from alcohol and drug tests conducted as part of a company’s policy or government regulations. The MRO interprets and assesses positive test results.</td>
</tr>
<tr>
<td><strong>Monitoring</strong></td>
</tr>
<tr>
<td>Monitoring refers to the part of case management that involves the EAP Consultant contacting and documenting an employee’s progress and compliance with recommendations made following an assessment.</td>
</tr>
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Glossary of Terms, Continued

**NPI (National Provider Identifier)**

NPI is the acronym for National Provider Identifier. This identifier is used when submitting claims. If you have not obtained your NPI please contact 800-465-3203 to apply for an NPI number or log onto [https://nppes.cms.hhs.gov/NPPES](https://nppes.cms.hhs.gov/NPPES). If you have your NPI number and have not reported it to Anthem EAP, you may report your number by faxing us at 888-438-7957 or email us at EAPProviderNetworks@Anthem.com.

**Note:** As of May 23, 2008 NPI is required for processing confirmation billing.

**PHI (Protected Health Information)**

Protected health information or PHI refers to individually identifiable health information transmitted or maintained in any form or medium by a HIPAA covered entity (e.g., health insurance company or health care provider). Individually identifiable health information contains the physical or mental health of an individual, or payment for an individual’s health services. It also has something in it, like a name or number that might identify the individual.

**Reasonable Suspicion**

Reasonable Suspicion is an alcohol and/or drug test conducted immediately after a manager suspects an employee is intoxicated or under the influence of drugs at the workplace. Specific behavioral signs of intoxication and drug use are used to help the manager determine the need for a drug test. The company may have specific guidelines or policies that determine drug test usage.

**Reentry or Reintegration**

Reentry/reintegration is the process for helping an employee, who was on leave for behavioral health or substance abuse treatment, return to the workplace and return to acceptable job performance. The EAP usually consults with both the employee and HR/manager about the reentry process.

**Referral**

Referral is the process of connecting the client asking for services (counseling, legal or financial consult, childcare, eldercare, etc.) with the service provider. An EAP staff member helps facilitate the referral and may brief the service provider on the client’s issue.

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## Glossary of Terms, Continued

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<tbody>
<tr>
<td><strong>Risk Management</strong></td>
<td>Risk Management is the function of planning and implementing strategy for reducing an organization’s risk for factors that may pose a threat to employees or the organization.</td>
</tr>
<tr>
<td><strong>Safety-Sensitive Position</strong></td>
<td>Safety-sensitive position is a job that involves high safety risk to self, property or the general public. Examples of jobs that are considered safety-sensitive include but are not limited to: ironworks, utility jobs, transportation, defense, and machinery jobs.</td>
</tr>
</tbody>
</table>
| **SAP**                   | Substance Abuse Professional. The Department of Transportation (DOT) regulation - 49 CFR Part 40 - defines the Substance Abuse Professional (SAP) as a person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.  

The DOT regulations also require that SAPs complete training and pass a nationally recognized examination to receive qualification. |
| **Sexual Harassment**     | The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as “unwelcome sexual advances, request for sexual favors, and other verbal or physical contact of a sexual nature.” It is a violation of federal law, Title VII of the 1964 Civil Rights Act as amended in 1972. |
| **Short-Term Problem Resolution** | Short-term problem resolution is a psychotherapeutic intervention used for issues indicated by the initial assessment that can be resolved in a few clinical sessions. |
| **Work-Life Referrals**   | Work-Life Referrals are non-counseling additional services that may be offered by the EAP. Examples include but are not limited to:  

- Childcare resources  
- Eldercare resources  
- Financial resources  
- Locators for pet sitters, attorneys, and alternative medicine providers.  

Not all plans include Work-Life Referrals. |
Forms

Please see the EAP provider section of our website www.AnthemEAP.com for updated forms and information.

Forms on the website include:

- EAP Freedom of Choice – English version
- EAP Freedom of Choice- Spanish version
- Practice Profile
- Provider Update form
- W9 form

Look for other helpful documents on our web site.

Please call Provider Network Services at 888-650-5748 or email us at EAPProviderNetworks@Anthem.com should you need assistance navigating the website or need forms faxed or mailed to you.
Reference Information

Customer Service
Refer to the EAP telephone number on the client’s card.
If you do not have a copy of the client’s card, call Provider Networks at 888-650-5748 or email us at EAPProviderNetworks@Anthem.com for assistance.

Claims Payment
You may submit claims via:
• our Online Provider Center
• U.S. Mail, or
• fax

Online Provider Center – www.AnthemEAP.com

EAP Claims
9655 Granite Ridge Dr
6th Floor
San Diego, CA 92123

Fax number: 858-571-8102

For Claim Status: 800-728-9492 Option 3#

Affiliations
For a complete listing of companies affiliated with Anthem visit our website: http://www.wellpoint.com/Companies/index.htm