EAP Provider Best Practices

Purpose
The purpose of this document is to identify best practices for EAP providers.

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Before the First Visit

Questions to Ask

When a client calls for an appointment, ask the following questions:

**Are you seeking EAP services today?**

(EAP billing procedures and financial liability differs significantly from health insurance.)

- **If EAP…**
  
  Ask the client if they have a reference number.

- **Before the appointment**
  
  Verify you have a confirmation form for the client. If not, contact the EAP to verify client information and resend confirmation.

**Remember:** There are no co-pays or collection of upfront fees for EAP services. Verify you have the EAP confirmation prior to seeing the client.

**Do you have health insurance?**

Clients may choose to continue services with you after their EAP benefits are exhausted. To make the transition seamless, verify you are on the panel for the client’s health insurance.

**If the client has health insurance-** ask for:

- Subscriber’s name (policy holder)
- Client’s name (member)
- Member ID number (as it appears on the ID card)
- Customer Service number from the member’s ID card
- Client’s date of birth
  
  Subscriber’s address

You may be required to give your name as it appears on your state license, your state license number, your tax ID number and practice address.

**Note:** When you call the health insurance customer service to verify the client’s benefits and eligibility, remember to ask about co-insurance, deductibles, and co-pays that may apply.

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Medical Record Keeping

Basics
All records should be built and maintained in accordance with professional record-keeping procedures and as required by state regulatory agencies. The following sections are recommended best practices to help you and your staff maintain quality records.

Confidentiality
Consider having all personnel having access to member records sign a confidentiality statement.

Medical information may not be disclosed without the consent of the client. Clients are afforded the opportunity to consent to or deny the release of identifiable medical or other information except as required by law.

For information regarding Federal HIPAA Privacy rules, visit: http://www.hhs.gov/ocr/privacy/index.html

Note: Breaches of confidentiality are subject to Federal fines.

Organization
Build and maintain an individual record for each client. Records should be organized, secure, and individualized. Use a standardized format for all records for consistency. Please keep in mind patient records are legal documents and as such are subject to subpoena. All entries in the medical record are to be legible to someone other than the writer.

Records should contain the following elements:
- Client assessment
- Treatment
- Progress
- Discharge

Availability
Each medical record should be filed and stored in a central location (restricted from public access) utilizing a standardized and centralized tracking system. This assures ease of retrieval, availability and accessibility and confidentiality.

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Medical Record Keeping, Continued

Retention and Destruction

Client information and records should be stored in an anonymous manner, and should be disposed or destroyed in such a way that information is not identifiable.

Note: State laws differ for the period of time records must be maintained. Inquire with your state board for information specific to record retention.

Documentation Standards

Quality

Below are recommended quality documentation standards for providers:

- Personal information should include name, address, date of birth, home, work or contact phone number.
- Each page of the medical record should include a unique identifier which may include the client ID, medical record number, and first and last name.
- All entries in the medical record are dated.
- All entries in the medical record are legible to someone other than the writer.
- For clients 14 years or older, there is appropriate notation concerning the use of cigarettes, ETOH, and substances legal and illegal.
- Treatment plans are consistent with psychosocial assessment/diagnoses and care is medically appropriate. Treatment consents are appropriately documented. Risk factors for the client relevant to the particular treatment are noted.
- Encounter notes have a notation, when indicated, regarding follow-up care, calls, or visits. The specific time of return is noted in weeks, months, or as needed.
- Missed/failed appointments are tracked to ensure appropriate medical care and monitor client non-compliance. “No Show”, “Rescheduled” or “Canceled” is noted in the records, as applicable. Document intervention in the record.
- There is documentation of appropriate use of Care Managers and/or EAP Consultants, and if a consultation is requested, there is a consultant note in the medical record.

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Quality Service

Service
Anthem EAP asks our providers to render quality service to our EAP clients. Providers should make best efforts to return all calls from clients within 24 business hours.

Community Resources

Resources
It is recommended that providers become aware of the community resources in their area. Clients often have several issues to deal with and might need additional assistance. The United Way sponsors a program called 2-1-1, which may be able to offer help and service solutions in your community.

Also, for many of our clients, the EAP offers a variety of services. Refer the client back to the EAP for further assistance.

Management Referrals

Management Referral
Management referrals occur when an employer is trying to give an employee as many resources as possible to improve their workplace behavior or performance. In these cases, participation with the EAP has been recommended by the supervisor or manager to address specific work performance issues. The provider will be given as much information as possible about these issues to assist with their evaluation of the employee. In such cases, feedback to the supervisor/manager about contacts with the EAP is limited to reports of attendance and compliance with recommendations and will be handled by the EAP Consultant only.

Mandatory Referral
In other instances, employers may require an employee’s involvement with the EAP as a “condition” of continued employment. These types of referrals are called mandatory referrals or last chance agreements and often involve a positive drug test. These cases also require reports of attendance and compliance and may include more extensive case management activities. The following information is intended to help providers understand the expectations when an EAP Consultant makes such referrals to them.

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Management Referrals, Continued

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<th>Definition/Guideline</th>
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<tr>
<td>EAP Consultant</td>
<td>Acts as the case manager for management referrals. The EAP Consultant: • Handles all communication with the employer (written and verbal) • Informs the provider of relevant employer policies, procedures and requirements. • Keeps the provider updated on the employee’s progress as reported by the supervisory/manager.</td>
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<td>Drug/Alcohol Referrals</td>
<td>Recommendations following evaluations should range from a minimum of drug/alcohol education up to, and including, intensive outpatient or residential treatment. The nature of the employee’s work and whether impairment constitutes a safety risk are important considerations.</td>
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Provider Responsibilities

The items in the following sections are responsibilities of the EAP provider.

Release of Information

The provider may be responsible for getting releases of information from the employee if the employer has not. The EAP Consultant will provide any necessary releases of information forms and instructions on completion.

Note: Do not release any information until you have a signed copy of the Release of Information form.

Evaluations Checklist

Providers should:
• Verify the reporting requirements of the referral prior to seeing the employee;
• Meet with the employee face-to-face and notify EAP within 24 hours that the evaluation took place;
• Use his/her professional judgment in making recommendations and setting timeframes appropriate to the level of impairment; and
• Thoroughly discuss recommendations and timeframes with the employee by the end of the initial evaluation.

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Management Referrals, Continued

Evaluations Checklist

Below are recommendations for working with clients and explaining the EAP Service Agreement:

• Include very specific recommendations for intervention and the employee’s actions necessary for clearance for work duty (e.g. “Per company policy, two consecutive clean urinalysis are required by June 12, 2013 before return-to-duty is considered” or “Employee will supply provider documentation of having attended a minimum of 3 outpatient chemical dependency treatment groups by June 1, 2013.”)

• Clearly identify a follow-up schedule including frequency, timeframes, and modes of contact with the provider, EAP Consultant, and/or employer.

• Explain what will be communicated to the employer with relevant timeframes (e.g., “Reports of non-attendance at treatment will be reported to the employer within 48 hours.”)

• Discuss the agreement in detail with the employee prior to their signing it; answer employee’s questions.

• Fax or send the agreement to EAP with 48 hours of the successful completion of the requirements listed.

Note: The EAP Consultant will communicate compliance information to the employer. A checklist is available from the EAP Consultant.

Follow-Up

Follow-up is a very important component of the Management Referral. Follow-up provides a forum for the employee to discuss benefits from the interventions, the need to modify the intervention plan, and an opportunity to assess the factors that might impede the employee’s progress.