EAP provider orientation

September 2019
Agenda

- Understanding EAP referrals
- Registering an EAP case
- Obtaining an EAP registration packet
- Submitting for reimbursement
EAP referral process

**Formal / Mandatory Referral**
- Employer initiates EAP services for the member by calling Magellan EAP
- Employer instructs the member to call Magellan for more information, including a list of providers who can help.
- Member calls you to make an appointment

**Informal / Self-Referral**
- Member could get your name when they call Magellan EAP to initiate services and ask about in-network providers for their program.
- Member then calls or emails you to make an appointment.
- Depending on how the member requested services, they may or may not have a MAT (or case) number already.
- Member could find you on Magellan’s member website using the provider search.
- Member could initiate a self-referral on Magellan’s member website.

*Formal/mandatory referrals have special requirements.

When a member contacts you for EAP Services:

1. Ask the member if this is a formal/mandatory referral* or an informal/self-referral.

2. Ask the member if they have a MAT number.
   - **YES:** Proceed to step 3.
   - **NO:**
     - Call Magellan EAP. If the member doesn’t have the phone number for their program, call 1-800-523-5668.
     - Be prepared to verify some information for the EAP member, including company name, member full name (and employee name if different), date of birth, and address.
     - Ask Magellan staff if there is already a case on file, or to create a case, and provide you with a MAT number.

3. Go online to MagellanProvider.com to register the case using the MAT number and member’s last name.
Member website overview: MagellanAscend.com*

➢ EAP member logs in or creates a new account indicating the name of their company.

*Some EAP members may still use an earlier version of our member website, MagellanHealth.com/member. Requesting an EAP self referral is basically the same process on either website.
Member website overview, cont’d

EAP Self Referral

➢ Once in the website, the member selects the “Find Care” tab and chooses the provider list for the “Employee Assistance Program” to begin their provider search by location or provider info.
Member website overview, cont’d

EAP Self Referral

➢ A list of providers will populate, based on the member’s search criteria.
➢ The member will select and confirm their choice.
Once the member completes the self referral, they will get a confirmation screen that includes their MAT number and lists next steps.

- MAT Number: 0DQJP9000
- Referral Number: 201705270400672
- Submission Date: 6/27/2017
- Begin Date: 6/27/2017
- End Date: 12/27/2017

**Next Steps**
- Call the provider to schedule an appointment
- Tell the provider this is through your MLR with Magellan Behavioral Health
- Print this page for future reference
- Reference the MAT number when communicating with provider and/or Magellan Behavioral Health.
Member website overview, cont’d

Provider email

➢ A member may try to initiate contact with you using the email address listed in your provider profile (instead of calling).

➢ If you do not use email to communicate with your clients, you should set up an auto-response notifying them of this policy.
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Registering an EAP case

➢ Go to www.MagellanProvider.com and sign in.
Registering an EAP case, cont’d

➢ Select **View EAP Registrations** from the left-hand menu.
Registering an EAP case, cont’d

➢ To register a case (which will designate you as the treating provider), search by MAT Number and the member’s Last Name; both are required fields.

![Image of registration form](image-url)
On the results page, click **View Details**.
Registering an EAP case, cont’d

➢ To register the case, select “Yes” and click the **Submit** button.
Connecting with us

➢ If you have questions during the registration process, connect using our chat feature.

*If you have questions regarding a FOH member, please call the number on the member's benefit card as the Chat feature is NOT available for these members.
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EAP registration packet materials and associated forms

➢ After you register the case, you can access the EAP registration packet materials at the bottom of the page.

➢ If you leave this page, search by Last Name and MAT Number to find it again.

For additional forms, visit our EAP Forms page.
Included in the client’s customized EAP registration packet:

- EASI Form (hard copy, if required)
- Generic statement of understanding (English or Spanish)
- Client information form
- Clinical assessment form
- Counseling plan
- Progress notes
- Follow-up summary

Accessed from the Forms tab:

- EAP registration packet materials and associated forms
These documents include information about the member/client and their specific EAP.

Dear EAP Provider:

Thank you for serving the Magellan* member listed above the Program (EAP). The following information is included in the EAP Registration Packet:

* EAP Referral Sheet – The referral sheet includes demographics, the customer organization and the member’s referral packet.

* Statement of Understanding – Each member must EAP services. This form may be customer-specific with the member’s referral packet.

* Workplace Outcomes Suite (WOS) – Each member must text the five question WOS at the beginning of the information on the WOS, please see http://www.eap.

* Employee Assistance Service Information (EASI) required to generate payment for your services. This is accepted for billing CMS forms and other invoice services.

* Member Experience Survey – Give the appropriate member at the last session or mail the member at case closing services received. Because the survey is unique to the member, it should not be used for others members. For the member to either return it by mail or complete the www.MagellanHealth.com/member.

For more information about Magellan EAP services, or to access the website at www.MagellanHealth.com/provider.
**Member Experience Survey**

Please select the answer or rating that best describes your experiences and opinions by completely filling the corresponding bubble using black ink. Correct response: 🔺 Incorrect: ✗

**IMPORTANT:** ¿Puede leer esta carta? Si no, alguien le puede ayudar a leerla. Además, es posible que reciba esta carta escrita en Español. Para obtener ayuda gratuita, llame a su número gratuito.

**About Our Services**
1. How would you rate the overall service you received through the EAP? 🔺
2. How would you rate the service you received through EAP? 🔺
3. If you required language assistance, how would you rate the assistance services (i.e., interpretation, translation services)? 🔺

**About Our Counselor(s)**
4. Ease of contacting the counselor 🔺
5. Ability to schedule an appointment at a convenient time 🔺
6. How well did your counselor(s) listen to and understand you? 🔺
7. Service you received from your counselor(s) 🔺
8. Satisfaction with the amount of time you had to wait to see a counselor? 🔺
9. The number of days you waited between the initial appointment and the outcome: 🔺
   - Same day
   - 1 - 3 days
   - 4 - 5 days
   - 6 - 7 days
10. The amount of time you were able to spend with your counselor 🔺
   - 1 Hour
   - 2 Hours
   - 3 Hours
11. How would you rate your ability to function at work? 🔺
   - Much improved
   - Improved
   - About the same
12. How much has your absence from work or school changed? 🔺
   - Much improved
   - Improved
   - About the same
13. On a scale of zero to 10, with 10 being highest, how likely are you to recommend your counselor to a colleague? 🔺
   - Not at all likely
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10

**Magellan HEALTHCARE**

**STATEMENT OF UNDERSTANDING**

You have chosen to receive employee assistance program (“EAP”) services which are provided through Magellan Healthcare (“Magellan”). EAP services may include assessment and referral or brief counseling. The EAP counselor will work with you to clarify the problem, identify choices, and develop an action plan. Magellan customer service associates and EAP consultants are available to respond to your call 24 hours a day, 365 days a year.

**FEES**

These services are provided at no direct cost to employees and family members. The employee’s company pays for the services. However, if you need longer-term counseling or a specialized service, Magellan will assist in locating a resource or service in the community. It is your responsibility to pay for services provided by any resources outside the EAP. (Your benefit plan may cover some of the cost. Check with your benefits representative before services are provided by outside resources.)

**CONFIDENTIALITY**

Magellan and the EAP counselor will maintain confidential records of your contact with the EAP and the services provided to you in order to provide continuity and coordination of your care.

No one will reveal information concerning your use of the EAP to anyone outside the program except as follows: (1) you consent in writing; or (2) life or safety is seriously threatened; or (3) disclosure is required by law; or (4) your counselor refers you to beneficiary-covered treatment and the claims payer requires information. In addition, your counselor will disclose information and records to Magellan as needed for coordination of EAP services, quality assurance, or payment. Professional auditors (not employed by the employer’s company) may also examine your file to evaluate the services. Depending on the privacy policy of the employer, the employer’s privacy official might have access to information in connection with the employer’s obligations in the Privacy Rule under HIPAA (the Health Insurance Portability and Accountability Act). Check the employer’s privacy policy to see if the privacy official or anyone else will have access to information.

In order to provide the best service to customers, members and providers, Magellan Health (including its subsidiaries) (“Magellan”) may monitor and/or record incoming calls for quality purposes. As a result of this ongoing practice, Magellan staff notifies callers of the potential for monitoring and/or recording for in-bound and out-bound calls made from their direct line.

**IF YOU HAVE BEEN REFERRED TO THE PROGRAM DUE TO A WORK PERFORMANCE PROBLEM:**

Under your employer’s policy,
1) Magellan is expected to confidentially advise the referral source whether you are participating in the EAP and
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Submitting for reimbursement:
Employee Assistance Service Information (EASI) Form

2. Select **Submit an EASI Form** from the left-hand menu.
3. Submit the online EASI Form for most EAP clients.*
4. You must submit the EASI Form within 90 days of the end date indicated on the referral sheet, found in the EAP member registration packet for each specific case.

*Some programs require that you complete the hard copy EASI Form (PDF) instead.
On the **Client Information** screen, indicate if this is an **Interim Bill** or **Final Bill**.

You can also indicate the date the member first contacted you. This helps with our quality reporting.
On the **Encounter Information** screen, record session details, including the **Session Type** (either In Person or Telehealth).
Enter **Additional Information** about the case.
Complete the Questionnaire Information screen for a Final Bill only.

* Some programs require that you complete the hard copy EASI Form instead.
The Attestation screen requires that you attest to the accuracy of information you enter on the form before you submit.

Choose Print Preview to view a PDF of the information before agreeing and continuing from this screen.
Submitting for reimbursement: EASI Form (hard copy)

➢ Some programs require that you submit the two-page hard copy EASI Form by fax or mail.

If required, you will find the hard copy version in the member’s EAP registration packet.
Getting paid: EAP reimbursement

- Access EAP reimbursement resources from the *Getting Paid* tab at [MagellanProvider.com](http://MagellanProvider.com).
Forms: EAP forms

➢ Access EAP Forms from the *Forms* tab at [MagellanProvider.com](http://MagellanProvider.com).
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**Magellan EAP Forms**

**Instructions**

- Use these forms when providing Employee Assistance Program (EAP) services.
- Retain completed clinical forms in the client's chart.
- Fill out forms completely and/or note why a section cannot be completed.
- See the [EAP provider handbook supplement](http://EAPproviderhandbook.com) for policies and procedures required for rendering services to EAP clients.

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**Important Note: EAP Registration Packets**

In most cases, Magellan does not send EAP Member Registration Packets by mail. Providers can view and print the packet documents securely online. [Read more](http://ReadMore.com).

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**Initial Session Documentation**

**Generic Standard Statement of Understanding** (PDF) (English)

**Spanish Generic Standard Statement of Understanding** (PDF)

Each client of adult age receiving services must sign a statement of understanding (SOI) indicating that they understand the nature of EAP services. For minors, a parent or legal guardian must sign the SOI, unless under applicable state law a minor can consent to treatment. A copy of the signed SOI is to be offered to the client. Use the company-specific SOI which is available in the online EAP Registration packet.

**Client Information Form** (PDF)

This form is to be completed by the client.

**Clinical Assessment** (PDF)

All clients age 12 and older are to be assessed for alcohol and other drug use, risk factors, and job/school impact. Include a risk assessment in the clinical assessment.

**Counseling Plan** (PDF)

Initiate this form during the first session based on the clinical assessment.

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**Subsequent Sessions**

**Progress Notes** (PDF)

Progress Notes need to be completed only when there is more than one session.

**Follow-Up Summary** (PDF)

After completing the EAP services, clients must receive a follow-up contact within two to four weeks after the last session. When you make a referral for continued care beyond the EAP, the follow-up call must confirm that the client has followed through with the referral.

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**Reimbursement**

To receive payment for EAP services rendered, you must complete the Employee Assistance Service Information (EASI) form.

**Online EASI Form** – Use the online application to conveniently and easily submit your EASI forms. Simply sign in with your secure username and password, and click on Submit an EASI Form on the left-hand menu (under My Claims).

**EASI Form** – hard copy for faxing or mailing (PDF)

**EASI Form Instructions** (PDF)

**EAP Reimbursement Contact Information** (PDF)

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You must submit the EASI form within 90 days of the end date indicated on the referral sheet, found in the EAP member registration packet for each specific case. Please refer to the EAP registration packet for the specific billing address.

**EAP EFT Form** (PDF 100K) – to request electronic funds transfer to your bank account

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**Auxiliary Forms (use as needed)**

**Substance Abuse/Chemical Dependency Assessment** (PDF)

If your assessment or the result of the chemical dependency (CD) screening indicates a possible CD issue, the Substance Abuse/Chemical Dependency Assessment form must be completed. This form documents that you have conducted a CD assessment.

**Depression Screening** (PDF)

This optional tool can be used to assist in the assessment of client depression.

**Case Management Notes** (PDF)

Case Management Notes are for tracking contacts with other providers (PCPs, psychiatrists, other therapists, etc.) or other interested parties such as family members contacted for supplementary information.

**Self-Referral** (PDF)

This form must be completed if, after completing all EAP sessions, the member chooses to remain with the EAP provider for ongoing treatment.

See the [EAP provider handbook supplement](http://EAPproviderhandbook.com) for policies and procedures required for rendering services to EAP members.

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If you have questions about any of the forms, call our national Provider Services Line at 1-800-788-4005.

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**Management Referrals**

Management Referral forms are specific forms required for legal and mandatory referrals. Please also refer to EAP Handbook Supplement Appendix H (PDF) to review the Workplace Support Mandatory Referral Process and Staffing Guide for Management Referrals. Your Workplace Support consultant will provide you with the Care Plan form specific for each case.

**Statement of Understanding -- Mandatory** (PDF)

**Authorization to Use of Disclose Protected Health Information -- Mandatory** (PDF)

**Statement of Understanding -- Formal** (PDF)

**Authorization to Use or Disclose Protected Health Information -- Formal** (PDF)

**Guidelines to Fill Out Mandatory and Formal AUD and SOU** (PDF)
Access the EAP Provider Handbook Supplement and appendices from MagellanProvider.com/EAP

Find answers to your frequently asked questions about being an EAP provider and more in our welcome packet.
EAP-Specific Information: EAP Provider Handbook Supplement

➢ Review the EAP Provider Handbook Supplement and appendices.

➢ You must be familiar with and follow the policies and procedures contained within all applicable supplements to Magellan’s National Provider Handbook.
The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.