McLaughlin Young Group

EAP Provider Handbook

# Founded in 1987, McLaughlin Young is an independent employee assistance program (EAP) provider, which means we are not associated with any healthcare facility or health insurance provider. We conduct a thorough assessment in order to objectively connect clients with the most appropriate resources for problem solution.

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1. **SUPPORTING HEALTHY & PRODUCTIVE EMPLOYEES**

Employers know that there are times when life and work can be stressful. That’s why they have partnered with McLaughlin Young to provide an employee assistance program to their employees. An EAP is an *employer-sponsored*, specialized benefit that offers the support and resources needed to employees to address personal and work-related challenges and concerns.

The EAP assists with workplace issues including absenteeism, presenteeism, policy violations, management consultation, formal supervisor referrals, and termination. **The overall goal for EAP support is to alleviate employees’ distress that may be negatively impacting their ability to perform at work by assessing, referring, and providing brief solution-focused treatment.** Some reasons that may be addressed include:

* + Relational & Family Concerns
  + Emotional Health
  + Work Issues & Related Concerns
  + Legal & Financial
  + Grief & Trauma
  + Physical Health
  + Transitions
  + Conflict
  + Stress
  + Death & Suicide
  + Alcohol/Substance Use/Abuse

**How our EAP Works.** McLaughlin Young provides assessment, referral, and/or brief-therapy intervention, based on the employee’s service model. When an employee calls in, the employee is briefed on their EAP benefits. In addition, a risk and needs assessment is conducted by an experienced, licensed clinician to determine the level of care needed. If it is determined that the concern can be addressed through a face-to-face assessment and brief-therapy intervention, the MYgroup case manager will refer the client to an affiliate provider for additional assistance. If it is determined that a referral is needed for ongoing support, the affiliate provider will connect them with the most appropriate resources for care. If the client is requesting additional EAP resources (e.g., legal referrals), the affiliate provider will refer them back to the EAP for additional assistance.

**EAP Design.** The employee assistance program (EAP) is designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns. Alcohol, drug abuse, emotional, marital and family issues, work related issues and many other concerns affect job performance, employee health and quality of life. The EAP provides crisis intervention, assessment and referral, short-term problem resolution, monitoring and follow up, and access to resources.

**Our EAP Process.** As a provider for McLaughlin Young, it is important to know the process of EAP and understand how to deliver service within the EAP parameters. It is vital that the provider as well as the employee understand the process. Part of the assessment must include an explanation of the parameters of EAP. This is also covered in the Explanation of EAP Services consent to treat form, which must be signed by the client before services can begin (i.e., signed during initial session).

The short-term model is meant to offer an employee a brief assessment intervention followed by referrals, if necessary. EAP is not a therapy model per se. The focus is on problem resolution with linkage into on-going, long-term therapy as an option. An EAP provider can typically complete an assessment within one to two sessions. The provider determines if short-term therapy is appropriate. If it is deemed suitable, collaboration with the MYgroup case manager is required to release the remaining available EAP sessions. If referrals are the most appropriate treatment option for the client’s presenting problem, the EAP provider makes the referral at the completion of the assessment, not at the end of brief therapy.

**Dual Client Relationships.** Providers benefit both the employer and employee by assisting the client return to optimal performance at work. In essence, providers work as a clinician for the employee with the ultimate intention of also assisting the workplace. This is accomplished by utilizing a solution-focused approach for problem identification and resolution.

**EAP Ethics & EAPA Standards.** Please click on the following link to review the EAP Ethics and Standards that as a provider, you must adhere to: EAPA Standards and Professional Guidelines for Employee Assistance Programs, located at: <http://www.eapassn.org/Portals/11/Docs/EAPAStandards10.pdf> If the link does not work, please visit <http://www.eapassn.org/> to locate the document.

## PROVIDER ON-BOARDING & CREDENTIALING

To ensure our clients receive the services agreed upon, McLaughlin Young requires providers to adhere to specific EAP services with regards to assessment, short-term counseling, and referrals, as outlined within this provider handbook.

**The Provider Role.** Providers agree to adhere to the Business Associate Agreement, as well as to the guidelines provided herein. EAP services provided include assessment, referral, brief/solution-focused therapy, crisis stabilization, and problem solving/personal development for workplace issues. The number of sessions available for short-term counseling is based on the client’s service model, which varies.

**Provider On-Boarding.** The on-boarding process for McLaughlin Young starts with Provider Management. Once the completed application is submitted, reviewed, and accepted, a representative from Provider Management will review MYgroup policies and procedures with the new provider, typically in a phone call. Once accepted, providers agree to take on EAP referrals based on company and client need within a given geographic area.

**MYgroup Credentialing Standards.** Providers must have 5 years post-graduate clinical experience and be fully licensed in their practicing state. Rare exceptions to post-graduate experience requirements are made by the MYgroup EAP Director on a case-by-case basis due to emergency situations and continued client care.

All providers are required to submit the following documentation to be entered into the network, and must keep all licensure/insurance information updated with MYgroup: (Non-adherence to this policy will result in cancellation of the Business Associate Agreement)

1. A completed Provider Application
2. The signed Business Associate Agreement (BAA)
3. A copy of your W-9 form, indicating your Federal Tax ID number or SSN
4. Documentation of active state clinical licensure\* with expiration dates (e.g., renewal letter), and any letter of indication of lapse or revocation.
5. Documentation of active professional clinical malpractice liability insurance. Minimums: Individual - $1,000,000, Aggregate – $3,000,000

**Note:** Group practices must credential clinicians individually.

\*Valid clinical licensures include: LMFT, LCMHC, LCSW, LPC, HSP-P. If your clinical licensure is not listed here, please contact Provider Management to inquire further.

**Updating Provider Profile Information.** To update provider profile information, please call, fax, or email changes to Provider Management. If the provider receives a referral during a time of change, please confirm contact and location information with the MYgroup case manager to ensure that the client will be able to contact and locate you reliably.

**Hold Referrals.** If the provider will be on extended leave greater than one week (i.e., vacation, surgery) or is too full to accept new clients, please advise MYgroup in advance. The provider may specify a date for the end of the hold on referrals, and MYgroup will release the hold on that date. If the provider does not give a specific date, it is the provider’s responsibility to contact MYgroup when s/he is open to referrals again. In the event circumstances permanently prevent the provider from continuing to provide services for MYgroup clients, the provider should contact Provider Management to terminate the agreement.

Changes can be emailed to: [**MyProvider@MYGroup.com**](mailto:MyProvider@MYGroup.com)

Fax changes to: **704-529-5917, RE: Provider Profile Update**

To call Provider Management, dial 1-866-850-2175, extension 7945

**Quality Assurance & HIPAA Compliance.** To ensure clients are receiving quality of service indicative of McLaughlin Young, providers may be asked to complete quality assurance measures. As an Affiliate Business Associate, providers are required to abide by privacy rules and public health guidance as indicated by the U.S. Department of Health and Human Services (DHHS) Office for Civil Rights (OCR). These safety measures are specifically identified within the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the HITECH Act, and the HIPAA Omnibus Rule. Please maintain records in compliance with HIPAA standards and state authority guidelines.

Also, to protect the privacy of the client, do not email any form or document with personal health information (PHI) unless it is encrypted and password protected according to HIPAA compliance standards. Please click on the following link for more information: [Understanding HIPAA](http://www.hhs.gov/ocr/privacy/index.html).

**Additional Trainings & Certifications.** In addition to the on-boarding process, providers may choose to complete additional trainings. These trainings are not funded or reimbursed by MYgroup EAP and do not guarantee an increased number of referrals. Below is a non-exhaustive list of specific trainings or certifications.

*CEAP*. A Certified Employee Assistance Professional (CEAP) is a clinically licensed professional who has earned the only credential that represents the employee assistance profession. The CEAP has proven mastery of the EA practice and professional standards. In addition, the CEAP adheres to a professional code of conduct, including ethics, to provide the highest standards in the delivery of employee assistance services. Please click on the following link for more information: [Becoming a CEAP](http://www.eapassn.org/Credentials/CEAP)

*SAP*. A Substance Abuse Professional is an advanced area of practice for EA professionals which involves providing services as defined by the U.S. Department of Transportation regulations. Please click on the following link for more information: [Becoming a SAP](http://www.eapassn.org/SAP)

*SBIRT Training*. Clinical skills training for substance use problems. If you’d like to improve your clinical skills in screening, brief interventions, and referral to treatment for substance use problems, click on the following link: [Learn more](http://www.sbirttraining.com/)  [about SBIRT Training](http://www.sbirttraining.com/)

*EAP Critical Incident Response Training*. This training is approved by EAPA and is based on a multi systemic resiliency approach for EAP response to critical incidents within the workplace. It includes EAP best practices and has moved beyond the Mitchell model to incorporate resiliency into response. Please click on the following link for more information: [EAP Critical Incident Response: The Multi-Systemic Resiliency Approach](https://www.eap-rda.com/). You can also learn more about critical incident stress at the following links: [The International Critical Incident Stress Foundation](http://www.icisf.org/) and [Psychological First Aid](https://learn.nctsn.org/course/index.php?categoryid=11).

**Terms of Business Associate Agreement Termination.** If a provider or MYgroup wish to terminate the signed the Business Associate Agreement, it must be done so in accordance with the signed agreement. The agreement may be terminated by either party in the event of a breach that is not corrected within thirty days following written notice thereof. The agreement may also be terminated by either party without cause at any time by providing the other party ninety days advance written notice. The agreement may be terminated immediately by MYgroup in the event the provider has his or her license or certification limited, suspended, or revoked; if the provider engages in unprofessional communication with clients or MYgroup staff; or if the provider commits a serious violation of professional ethics.

If a provider wishes to terminate the Business Associate Agreement, written notice is required. Provider Management will follow up with the provider to discuss the nature of the termination and will provide a letter of acknowledgment, which also indicates the date of notification and a summary of the reason for termination.

If MYgroup wishes to terminate the Business Associate Agreement, the following will occur:

1. Indications of providing lack of quality care to either a client or unprofessional interactions with the MYgroup case manager and staff will be noted in the provider’s network profile.
2. If a client provides feedback that his/her experience was unsatisfactory, the MYgroup case

manager will follow up with the provider to obtain a full understanding of the experience with the client.

1. If the provider is responsive, open to feedback, and willing to correct noted concerns, this will be documented in the provider’s network profile, and the provider’s status will remain intact.
2. If the provider is not responsive or willing to correct noted concerns, or if there are numerous and/or repeated occurrences of difficulty with the provider, unprofessional impressions, and recurring case management and/or billing issues, Provider Management will notify the provider verbally and in writing that s/he is being placed on Cautionary Standing.
3. Under Cautionary Standing, all interactions, referrals, and feedback will be reviewed for quality assurance to determine whether the provider is making a concerted effort to adhere to the professional business practices outlined within the MYgroup Provider Handbook and the Business Associate Agreement.
4. If after 90 days the provider has demonstrated a willingness and effort to adhere to provider guidelines, they will be placed back on standard provider status and will be able to receive referrals without review.
5. If after Cautionary Standing the provider continues to disregard policy, and/or interacts in an unprofessional manner, they will be notified verbally and in writing of MYgroup’s termination of the agreement due to noncompliance. Termination policy will stand as indicated within the business associate agreement, and the consideration for reentry into the network as a business associate will be determined based on the severity of the specific case.

## THE MYgroup INTAKE & REFERRAL PROCESS

**Session Models and Authorization Process.** Providers will be given a courtesy notification of the referral by phone or email. Case managers encourage clients to contact the provider, usually by phone, so providers must have a confidential and professional voicemail identifying themselves or their practice. The provider may choose to contact the client; contact information will be on the authorization form. The provider will respond to client communication within 24 business hours with an offer of an appointment within 3-5 days.

The total number of sessions authorized will be contingent upon the client organization’s session model. Regardless of session model, assessment should be completed within one to two sessions. The number of sessions released can be found on the Authorization of Service form provided by the MYgroup clinical case manager.

Providers should not conduct a session with a client until they have the authorization of service form, even if the client says they are covered by McLaughlin Young. MYgroup does not reimburse for sessions that have not be previously authorized.

**Scheduling Clients.** Providers may schedule sessions according to their own practice (e.g., make first contact with the client, make reminder calls).

**Virtual/Telehealth/Telephone Sessions.** Most sessions are conducted in traditional face-to-face settings, though you may provide virtual sessions if the videoconferencing platform you use is HIPAA-compliant. If you are unable to use a HIPAA-compliant virtual platform, please do face-to-face or telephone sessions instead. In cases where the client does not physically come to the therapy office, the provider is responsible for making sure all MYgroup paperwork is signed by the client and returned in a secure manner.

**Cancelled and No Show EAP appointments.** While the client is under the auspices of MYgroup (i.e., appointments are authorized by MYgroup), missed or cancelled appointments are not reimbursed by any party, including MYgroup, the client, and the client’s insurance company. Providers should indicate the date of the missed appointment on the authorization form because the session does count as an EAP session.

**Requesting Additional Sessions.** Authorization for additional sessions *must* be discussed with the case manager prior to providing further services to the client. Non-compliance may result in denial of payment for services rendered. Authorizations are not dated retroactively (i.e., back-dated).

To obtain additional sessions for EAP-appropriate, brief treatment, the provider must either submit the Request for Additional Sessions form or contact the case manager and describe the short-term treatment goals, objectives, and discharge criteria outlined within the client’s proposed treatment plan. It will be up to the case manager to release additional sessions, within the scope of the client’s session model.

Providers should not conduct a session with a client until they have the authorization of service form for the additional sessions. Case managers usually send (by fax or email) the authorization for additional sessions within 24 business hours of receipt of the request. If the provider has a session with a client without receiving the authorization form, they may not be reimbursed for the session. MYgroup does not reimburse for sessions that have not be previously authorized.

**Consult Case Manager.** If the provider has any questions (e.g., how many sessions are in the client’s model, can the client get additional sessions), s/he should contact the case manager directly. The name of the case manager is on the authorization form, or the provider can call between 8am-5pm weekdays and give the client ID to be connected with the appropriate case manager. The provider should not ask the client to contact MYgroup for any reason (e.g., ask for additional sessions) once the referral is made to the provider. The client should contact MYgroup if s/he has a problem with the provider and/or wants another referral.

**Clinically-Appropriate Referrals.** If on or before the second visit the provider assesses that the client will need longer-term care than the EAP can offer, the client should be referred out of the EAP, taking into consideration the client's insurance benefits. The client may be referred out of the EAP to the provider (i.e., self-referral) or to another provider. After the initial assessment session(s), the provider should have an explicit conversation with the client about moving out of EAP services (i.e., referral to self or other, sessions will not be reimbursed by MYgroup) or doing short-term therapy using additional session(s) authorized by MYgroup.

**Self-Referral.** If the provider’s long-term services are clinically the most appropriate resource available in the area, the provider may offer that service to the EAP client along with clear disclosure of the fiduciary relationship between the EAP and the long-term services the provider’s practice provides. When self-referring or referring to another professional in the provider’s practice, the provider must offer at least two additional clinically appropriate options in the same price range to the client to give them alternative options for treatment. Providers making self-referrals should complete the Self-Referral form and return it to MYgroup along with the final billing paperwork.

**Outside Referral.** If the provider’s services are not the most appropriate resource available in the area, then the referral should be to the most clinically appropriate resource. Providers should follow best practice by giving the names and contact information for at least 3 appropriate referrals, preferably to providers who accept the client’s health insurance.

**How to Handle Clients’ Legal Concerns.** As a MYgroup provider, and per EAPA ethical guidelines, it is inappropriate to engage in litigation, FMLA, short-term disability, or court proceedings. If these types of requests should arise, please refer the client back to the MYgroup case manager to discuss their options. If you have any questions pertaining to how to address involvement with legal concerns, please contact the assigned case manager or the EAP Director.

1. **THE MYgroup PROVIDER TREATMENT GUIDELINES**

**Guidelines for Treatment.** The EAP assessment should result in the formulation of an EAP Treatment Plan. Goals and discharge criteria should be objective and measurable. For employees in crisis, the goal of EAP is typically the restoration of the employee’s satisfactory level of functioning. Sessions should be focused on strategizing solutions, building on strengths, accessing support systems, and utilizing community resources when appropriate.

**Duty to Warn.** Please follow your state and professional ethical guidelines regarding breach of confidentiality and duty to warn. If there is a suspected or immediate risk to the safety of the client’s self or other, including child, elder or disabled person, please advise the MYgroup case manager at your earliest convenience.

**Brief Assessment & Referral Guidelines.** EAP counseling is typically present-centered and does not seek extensive exploration or attempted solution of long-term family of origin issues. Per EAPA guidelines, the essential components of problem identification and or assessments include identifying, documenting, and evaluating the client’s unique strengths, weaknesses, and problems, and strategizing solutions including accessing support systems and community resources to develop an appropriate action plan. Basic elements include:

1. Client statement of presenting problems
2. Level of risk to self and others
3. Any precipitating events
4. Impact on job performance
5. Impact on other life activities
6. History of issue, including attempts at resolution
7. Alcohol and drug use/abuse history
8. Relevant health concerns
9. Relevant family history
10. Observed mental/emotional state
11. Corroborating data
12. Initial impression

**Referral Guidelines.** Referrals should be made after the initial assessment session(s). Research local resources for the most appropriate referral options in the area, based on the unique needs and circumstances of the client as revealed in the assessment process and on the availability of and access to services. Also check the requirements of healthcare benefits. The EAP provider must refer the client to appropriate services when it is determined that needed assistance is beyond the scope of guidelines of the EAP. See earlier section on Clinically-Appropriate Referrals.

**Short-Term Problem Resolution (Brief Treatment) Guidelines.** Excluding chronic, long-term issues, many concerns can be identified and treated within the scope of brief treatment. To assist with this treatment planning process, please refer to [The Employee Assistance Treatment Planner,](http://www.amazon.com/The-Employee-Assistance-Treatment-Planner/dp/047124709X/ref%3Dsr_1_1?ie=UTF8&amp;qid=1402678313&amp;sr=8-1&amp;keywords=The%2BEmployee%2BAssistance%2BTreatment%2BPlanner) written by Oher, Conti, and Jongsma, Jr., which provides a step-by-step guide for common EAP concerns, which can be tailored to clients’ unique situations. This handbook can assist with identifying behavioral definitions, short-term treatment objectives, an overall treatment goal, and relevant therapeutic interventions.

**Specialized & Long-Term Treatment Guidelines.** Individuals presenting to MYgroup with the following problems may, after initial EAP assessment, require a referral for specialized treatment due to the complexity and/or urgency of their clinical situation:

* Psychotic symptoms
* Clinical conditions that require possible inpatient admission
  + Psychiatric assessments needed prior to admission to a psychiatric hospital or residential treatment center
  + All diagnostic dilemmas, therapeutic dilemmas, and complex psychiatric conditions
  + Individuals with a question of organic etiology
  + Individuals needing psychopharmacology or somatic therapies
  + Individuals with unstable medical conditions with behavioral components
  + Individuals taking psychotropic medication
  + Individuals needing medication follow-up post-hospital
  + All chronic relapsing illnesses with a history of previous hospitalization
  + Individuals who have recurrent illnesses and/or a pattern of going from one crisis to another and have not been responsive to short- term intervention

Remember, providers should not practice outside of their scope of their training or outside of the EAP standards. Provide appropriate referrals for specific resources, specialized treatment, and long-term counseling.

## FORMAL MANAGEMENT REFERRAL / MANDATED TREATMENT PROCESS

Some employers allow supervisors to mandate employees to receive counseling through the EAP to address job performance problems. These mandated referrals, known as “Formal Supervisor Referrals” or “management referrals” depending on company policies and federal regulations, are usually part of a disciplinary process aimed at restoring an employee to acceptable levels of performance. EAP clinicians can:

* + Help employees gain insight regarding their problems
  + Teach skills (e.g., anger management, communication) that will improve employee functioning in future
  + Detect early signs of more serious problems
  + Link employees with community resources that are cost-effective and helpful

**Purpose of Formal Supervisor Referrals.** The purpose of the EAP in a formal supervisor referral is to assist an employee with job performance issues as presented by the employer. The EAP has two clients, the employee and the employer. In this case, the provider’s focus is on the employee’s role in improving his/her job performance or conduct, and not on management. While management may be a factor, this may be discussed directly with the MYgroup case manager but should not be the primary focus of the treatment with the employee.

A formal supervisor referral requires the employee to sign a limited release of information form so his/her supervisor knows s/he is attending the EAP and complying with recommendations. Typically, this is done prior to your seeing the client using a form provided by McLaughlin Young.

Some formal supervisor referrals are a condition of continued employment. Typically, these cases involve substance abuse or some other serious offense and involve a last chance agreement for the employee. At this point, the HR manager or supervisor is negotiating the policies and procedures of the employer, while at the same time trying to provide support for the employee.

**Substance Abuse Issues.** Individuals presenting with certain substance abuse/dependency issues may be appropriate candidates for EAP as the initial service option when an employee receives a formal supervisor referral. In addition, EAP can be of assistance when an individual has relapsed and the most appropriate intervention is education and linkage to appropriate support systems.

The referral may result from:

* + A positive random alcohol or drug screen
  + A positive alcohol or drug screen after a for-cause test
  + A positive alcohol or drug screen post-accident
  + A fitness-for-duty related issue
  + Internal policy/procedure requirements of the client company
  + Self-referral

**Assessment Sessions and Termination of EAP Services.** In the case of formal supervisor referrals, please see the client for a minimum of two sessions, discuss any recommendations and/or short-term goals with the MYgroup case manager prior to discussing with client, and do not release the client from treatment without first consulting with the case manager.

**Communication with MYgroup Case Manager.** After each session, inform the case manager regarding attendance, level of participation, working towards stated goals, and next appointment date.

**Communication with Employer.** All communication with the client’s company is through the case manager. Do not contact the client’s company even if requested by the client. If the client requests that you contact his/her employer, contact the EAP case manager to discuss.

**Communicating with Treatment Providers.** If the EAP assessment warrants a referral to another treatment provider, assist client and case manager with this transition by providing the following:

* A signed release for referral treatment provider to talk to case manager
* Name of referral treatment provider and phone number

**Remember: The EAP Serves Two Clients.** The Formal Supervisor Referral process relies on the established and impartial relationship between the provider and the employer and the employee. It is inappropriate for the provider to comment on company policy and give information about legal actions against the client’s employer. The goal is to support the employee in improving work performance, which is observable and measurable by the employer.

Providers are expected to thoroughly assess the client’s situation and progress, indicate participation and compliance of the treatment goals and recommendations to the MYgroup case manager, and consult with MYgroup prior to termination.

## CRITICAL INCIDENT RESPONSE SERVICES (aka CISD)

Upon signing the Business Associate Agreement, providers agree to be contacted by McLaughlin Young about a potential Critical Incident Response Services for client organizations. If you are interested in offering these services, please include this in an updated provider application.

**Goal for Critical Incident Response.** It can be very challenging to remain calm and focused during a time of difficulty or crisis. As an EAP provider, you provide consultation and guidance through on-site support. MYgroup strives to provide an immediate supportive response, thorough assessment, and effective intervention which addresses the long-term needs of the organization.

**MYgroup Critical Incident Response.** At intake, MYgroup receives communication from our client organization informing us of a traumatic event or crisis. A Critical Incident Clinician at the McLaughlin Young Group will be assigned to manage the case. During the initial intake call, MYgroup assesses the needs and consults with management about a customized and sensitive-based response. MYgroup contacts providers in the area to help with the response which may include psychological first aid, debriefing groups, bereavement groups, resiliency groups, and 1:1 interventions. As a provider, you may be asked to assist with these kinds of responses.

The assigned Critical Incident Clinician will walk through the process and specifics with you to ensure the response is a good fit with your ability and comfort level to support the client company. Reimbursement will be timely and based on the rate agreed upon with the Critical Incident Clinician. McLaughlin Young will follow up and debrief with management following response.

**Critical Incident Response Training.** For trainings and other educational information regarding Critical Incident Response, please refer to the following resources:

* [EAP Critical Incident Response: The Multi-Systemic Resiliency Approach](https://www.eap-rda.com/)
* [The International Critical Incident Stress Foundation](http://www.icisf.org/)
* [Psychological First Aid](https://www.ptsd.va.gov/professional/manuals/manual-pdf/pfa/PFA_2ndEditionwithappendices.pdf)

## ADDITIONAL SERVICES

**Work-Life Services for Employees Utilizing MYgroup EAP.** In addition to face-to-face affiliate counseling, some employees have Work-Life services provided by their employer through MYgroup. These services may include Legal and Financial Assistance, Consultation, and Online Resources. If your client does not know if s/he has these resources, please refer the client back to the MYgroup case manager to discuss their options and received additional assistance.

**Core Training Programs Lead by MYgroup EAP Providers.** Upon signing the Business Associate Agreement, providers agree to be contacted by McLaughlin Young about potentially conducting workshops and core training programs for client organizations. Providers who agree to do the trainings will receive a copy of the PowerPoint presentation and any necessary handouts. If you are interested in offering trainings, please include this in an updated provider application.

Potential training programs may include:

* + Compassion Fatigue
  + Coping with Change
  + Dealing with Difficult People
  + Decreasing Financial Stress
  + Effective Communication
  + Grief and Loss
  + Holiday Stress
  + Mindfulness in the Workplace
  + Recognizing a Troubled Employee
  + Stress Management
  + Time Management
  + Work-Life Fulfillment
  + Workplace Bullying
  + Workplace Violence

## THE MYgroup BILLING & REIMBURSEMENT PROCESS

MYgroup will accept interim and final billing via fax or mail. In order to comply with HIPAA regulations, electronic documentation (e.g., email) will not be accepted unless proper encryption efforts were utilized.

**Record Keeping & HIPAA Compliance.** MYgroup EAP providers must comply with applicable government regulations including HIPAA and maintain retrievable documentation of all direct services and recommendation rendered. In accordance with HIPAA regulation, all electronic transmission must be confidential and protected via 128-bit encryption to minimize unauthorized access. Please notify our office immediately of any transmission error.

Records including psychotherapy notes must be maintained in accordance with all applicable laws and regulations, for a minimum period of time as required by law. Storage, transfer, and destruction of records must be handled in a secure manner to ensure confidentiality and authorized access only. Per EAPA standards, every effort must be made to prevent involvement of EAP records in arbitration, litigation, or any other dispute. Please contact the MYgroup EAP Director with any inquiries or concerns regarding this matter.

**Billing Documentation.** It is the responsibility of the provider to maintain accurate records of service, including dates of service and case notes. In addition, MYgroup recommends maintaining a copy of billing documentation of services rendered until s/he receives reimbursement. The following forms must be completed and returned for payment **within 90 days of last appointment seen** to ensure reimbursement:

* + Explanation of EAP Services (signed by client) -or- in lieu, the Provider’s signed informed consent
  + Completed EAP Authorization of Service

Provider billing forms (excluding the client-specific Authorization of Service) can be accessed on the website: [*www.mygroup.com*](http://www.mygroup.com) *🡪 My Portal Login 🡪 Provider 🡪 Username:* ***Provider*** *Password:* ***MYgroup\_Provider*** *🡪 Payments.*

If all necessary claim forms are not received together, Provider Management will make two attempts to reach the provider by phone or email regarding the missing documentation. **Reimbursement will be withheld under the following circumstances\*:**

* + Missing or expired credentials for the participating provider
  + Missing W-9 form indicating Federal Tax ID Number
  + Missing or incomplete billing claim forms (as indicated below)
  + Late receipt of billing claim forms – one written warning provided

*\* Once MYgroup receives missing forms within 90 days of last appointment, the provider will be reimbursed for services rendered.*

**The Authorization of Service.** Providers must fill out all forms and check appropriate boxes to completion and direct any question to the corresponding case manager (located on the Authorization of Service). If you feel that you need further guidance on how to fill out the bottom portion of the EAP Authorization of Service, please contact the assigned case manager. Providers are not allowed to bill insurance while the client is under MYgroup. When the client is transitioned out of EAP by either referral to another provider or self-referral, there must be an explicit conversation explaining to the client that they (or their insurance company) will be financially responsible for those sessions.

**For Interim Billing.** Include the client’s primary assessed problem area, whether risk of harm to self or other was indicated, the short-term goals/objectives for EAP treatment, and your signature.

**For Final Billing.** Include the above as noted in interim billing, along with the summary of treatment, including the resolution, recommendation(s), and his/her problem status at closing. Final case closure is indicated by the EAP services completion date.

**Inquiries Regarding Payment Rendered.** Payments for services rendered will be processed in a timely manner. You can expect to receive reimbursement within 2-4 weeks of receipt of completed billing claim forms. *Billing may be slightly delayed around nationally observed holidays*.

If you have not received payment, you can ask for details from Provider Management. Please include the following information with your request: Provider Name, Client # (located on the Authorization of Service), Session Dates, and date submitted. Please also include the billing address for confirmation.

## FREQUENTLY ASKED QUESTIONS

**Can I have additional providers within my group practice credentialed with MYgroup?**

Yes, so long as s/he meets the minimum requirements of licensure and professional liability. S/he will also need to agree to uphold the Business Associate Agreement, adhere to MYgroup standards of service as outlined in the Provider Handbook, and contact Provider Management with any questions pertaining to MYgroup services rendered. The additional providers in your practice must not see MYgroup clients until their application materials have been received and approved, even if you believe they meet the requirements. If a provider sees a client before they are approved by MYgroup, those sessions will not be reimbursed unless previously approved by the EAP Director.

**How long does reimbursement take?**

Payment takes approximately 2-3 weeks. If you do not receive payment within two weeks, you may contact Provider Management to ensure receipt of billing claim forms; please provide the client number and billed dates of service to expedite request.

**How can I expedite payment for services?**

To ensure prompt payment, ensure that you have a current copy of your licensure, professional malpractice insurance, and Form W-9 (indicating taxpayer identification number) on file with MYgroup. Other concerns that delay payment include incomplete and illegible forms.

**What if I have a question about my reimbursement rate?**

Reimbursement rates are based on a number of factors including provider performance with MYgroup, number of providers in the geographical area, and number of requests for services in that area, among considerations. Providers who want to change their rate should submit a request in writing to Provider Management. After staffing the request, Provider Management will let the provider know the final decision.

**What forms do I need to return for reimbursement?**

Three forms are required for reimbursement: the completed Authorization of Service (client-specific) and the EAP Explanation of Benefits. If you did not receive these forms, please call the client’s MYgroup case manager to request a copy. You can also obtain the EAP Explanation of Benefits and Notice of Privacy Practices on the MYgroup website.

**How do I request additional sessions for my client?**

To request additional sessions, please contact the MYgroup case manager noted on the Authorization of Service Form. You can also submit a Request for Additional Sessions form via fax. The form is on the MYgroup website.

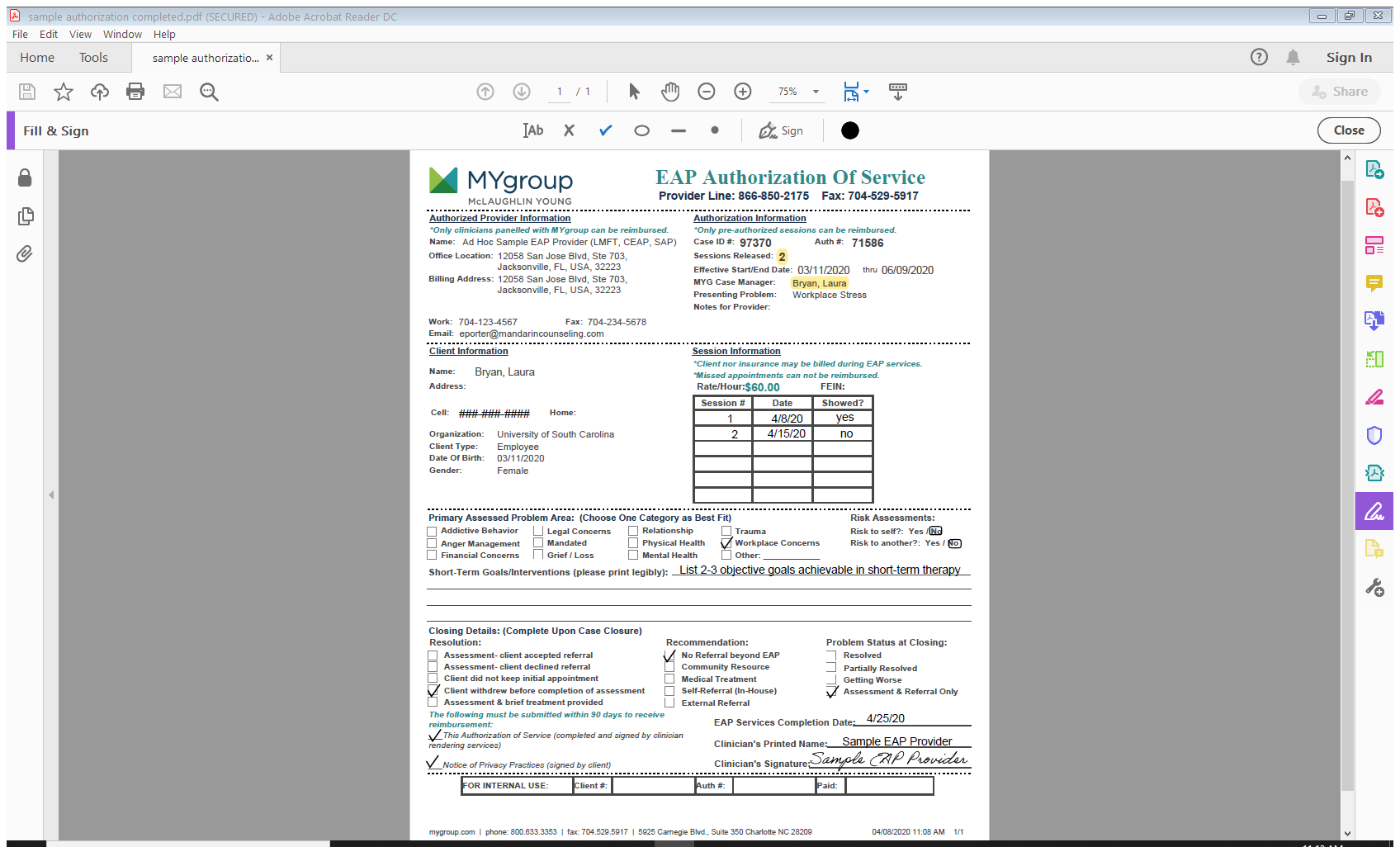
**Can I self-refer?**

Yes, you can self-refer so long as you do so after initial assessment, not at the end of brief treatment for a short-term concern. When you self-refer, be sure to provide at least two additional resources or clinicians in the same price range to give the client an alternative option for treatment. See Clinically-Appropriate Referrals section of the Provider Handbook.

**What is the log-in for the website?**

[*www.mygroup.com*](http://www.mygroup.com) *🡪 My Portal Login 🡪 Provider 🡪 Username:* ***Provider*** *Password:* ***MYgroup\_Provider***

## SAMPLE INITIAL AUTHORIZATION OF SERVICE

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**SAMPLE REQUEST FOR ADDITIONAL SESSIONS**

