

# MYG EAP Provider Handbook Key Points

## Acknowledgement of Understanding

By signing this document, you hereby agree that you have read and understand McLaughlin Young Group's policies and procedures as outlined in the Provider Handbook. Please initial the following key points, sign, and return to MYG:

\_\_\_\_\_ I agree to abide by the policies described in the Provider Handbook. I understand that the contents of the Handbook are not an employment contract or implied employment contract with providers. The contents of the Provider Handbook may change at any time.

\_\_\_\_\_ I acknowledge that I can access the Provider Handbook, important forms, and training videos by visiting the Provider Portal: [www.mygroup.com](http://www.mygroup.com) → My Portal Login → Provider → Username: **Provider**  
Password: **MYgroup\_Provider**

\_\_\_\_\_ I acknowledge that the short-term EAP model is meant to offer an employee a brief assessment intervention followed by referrals, if necessary. The focus is on problem resolution with linkage into on-going, long-term therapy as an option.

\_\_\_\_\_ I acknowledge that all EAP services must be pre-authorized. If additional services are necessary, I will contact the MYG case manager and discuss prior to services being rendered to obtain an authorization. Un-authorized services cannot be reimbursed, nor will services be retroactively authorized.

\_\_\_\_\_ I acknowledge that EAP services are not a replacement for health insurance. If EAP services beyond the assessment is not the appropriate level of care, I will refer the client to the appropriate service.

\_\_\_\_\_ I acknowledge that I have availability to offer the client an appointment within 3-5 business days. If I do not have this availability, I will notify MYG as soon as possible and request that MYG put a hold on referrals for a specified duration. If I do not give an expiration date for the hold on referrals, it is my responsibility to notify MYG when I am accepting new referrals.

\_\_\_\_\_ I acknowledge that the following forms must be completed in full and returned for payment **within 90 days of last appointment seen** to ensure reimbursement: (1) Explanation of EAP Services (signed by client) and (2) Completed EAP Authorization of Service Form. To avoid reimbursement delay, I will provide current copies of my license(s) and liability as necessary.

\_\_\_\_\_ I acknowledge that all communication with the client's company is through the MYG case manager. I will not contact the client's company even if requested by the client. If the client requests that I contact his/her employer, I will contact the EAP case manager to discuss the concern.

\_\_\_\_\_ I acknowledge that as an MYG 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, I will refer the client back to the MYG case manager to discuss their options.

\_\_\_\_\_ I acknowledge that I will need to contact MYG when going on extended leave (i.e., vacation, surgery) for more than one week. If I do not give an expiration date for the hold on referrals, it is my responsibility to notify MYG when I am accepting new referrals.

\_\_\_\_\_ I acknowledge that I will not redistribute the MYG Provider Handbook, all or in part, as it is for limited use as a network provider.

Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_