
MYgroup EAP Provider Handbook

Founded in 1987, MYgroup 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 to objectively connect clients with the most appropriate resources for problem solution.



Dear Provider,

Thank you for your interest in MYgroup's provider network! Please read this handbook carefully, whether you are a potential provider, or you've been with MYgroup for years. The purpose of this handbook is to provide you with education on our Employee Assistance Program (EAP) and what it looks like to be a provider for MYgroup. You can also learn about more ways you can be involved with MYgroup; for example, by conducting trainings or facilitating critical incident responses.

Any provider who onboards with MYgroup is responsible for knowing the contents of this handbook. Further, should you have questions about the handbook, it is your responsibility to follow up with Provider Relations.

We look forward to working with you.

Warmly,

The MYgroup Provider Relations Team

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MYgroup EAP

Employers know that there are times when life and work can be stressful. That's why they have partnered with MYgroup to provide an Employee Assistance Program (EAP) to employees and their family members. An EAP is an *employer-sponsored*, specialized benefit that offers the support and resources needed for employees to address personal and work-related challenges and concerns. MYgroup also serves most agencies of the North Carolina State Government; those clients may refer to us as the North Carolina Employee Assistance Program (NC EAP). We also serve clients through Student Assistance Programs (SAP), First Responder Assistance Programs (FRAP), and Member Assistance Programs (MAP). All these services function like EAPs, as described in this handbook.

Design

MYgroup services include assessment, referral, brief/solution-focused therapy, crisis stabilization, and problem-solving/personal development. The number of sessions available for short-term counseling is based on the client's session model, which is determined by the organization.

Work-Life Services

In addition to counseling, some clients have Work-Life Services provided by the employer through MYgroup. These services may include Legal and Financial Counseling, Consultation, and Online Resources.

Process

The person accessing services (referred to in this Handbook as the client) may be an employee/student/member or their dependent or household family member. When a client calls in, they are briefed on their EAP benefits. In addition, a risk and needs assessment is conducted by an experienced, licensed clinician (referred to as a case manager) to determine the level of care needed. If it is determined that the concern can be addressed with a referral for further assessment and brief-therapy intervention, the MYgroup case manager will refer the client to an affiliate provider (that's you!). If you determine a further referral is needed for ongoing support, you will connect the client with the most appropriate resources for care.

The short-term model is meant to offer the client a brief assessment and 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. EAP work is short-term but far-reaching, as your work benefits both the employer and client by assisting the employee to return to optimal performance at work. In essence, you work as a clinician with the client with the ultimate intention of also assisting the workplace. This is accomplished by utilizing a solution-focused approach for problem identification and resolution. This may be a very different perspective than what you use with clients who access your services from other sources.

MYgroup Providers

"MYgroup is truly an EAP and conducts EAP business the way it was originally intended: assessment and referral or short-term problem-resolution counseling. I began my career right out of grad school in an employee assistance program, and this is the way I was trained to treat EAP clients."

-Provider since 2005

Application Process

You must have at least three years post-graduate clinical experience and be fully licensed in your 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. Please note: interns, graduate students, and associate-level clinicians are not allowed to participate in sessions (including "sitting in") with MYgroup referrals. You are required to submit the following documentation 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 W-9 form, indicating Federal Tax ID number or SSN
4. Documentation of active state clinical licensure* with expiration dates (e.g., renewal letter), and a letter stating if there was a lapse or revocation
5. Documentation of active professional clinical malpractice liability insurance.
Minimums: Individual- \$1,000,000 Aggregate- \$3,000,000
6. The signed provider handbook agreement

7. Optional: Electronic Deposit Form

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 Relations to inquire further.

Onboarding Process

Once the completed onboarding paperwork is submitted, reviewed, and accepted, a representative from Provider Relations will review MYgroup policies and procedures with you, typically in an onboarding phone call. This is an opportunity to ask questions, share additional information, and learn more about MYgroup. Once accepted, you agree to take on EAP referrals based on company and client need within a given geographic area. If any of your information changes (e.g., address, schedule) after the onboarding call, provide the information in an email (MyProvider@MYgroup.com) fill out a form ([Click here](#)), fax (**704-529-5917**), re: Provider Profile Update), or call the Provider Line (**866-850-2175**).

Additional Trainings and Certifications

In addition to the on-boarding process, you may choose to complete additional trainings. These trainings are not funded or reimbursed by MYgroup 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 EAP 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: [CEAP Certification Program](#).

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](#).

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 about SBIRT Training](#).

EAP Critical Incident Response Training. This training is approved by the Employee Assistance Professionals Association (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](#). You can also learn more about critical incident stress at the following links: [The International Critical Incident Stress Foundation](#) and [Psychological First Aid](#).

Ending Your Relationship with MYgroup

Terminating your relationship with MYgroup is done in accordance with the signed Business Associate Agreement. The agreement may be terminated by either party in the event of a breach that is not corrected within 30 days following written notice thereof. The agreement may also be terminated by either party without cause at any time by providing the other party at least 90 days advance written notice. The agreement may be terminated immediately by MYgroup in the event you had your license or certification limited, suspended, or revoked; if you engage in unprofessional communication with clients or MYgroup staff; or if you commit a serious violation of professional ethics. If you wish to terminate the Business Associate Agreement, you must provide written notice. Provider Relations will follow up with you to discuss the nature of the termination, including what will happen with any active MYgroup clients, and will communicate their acknowledgment of your decision to terminate.

If MYgroup wishes to terminate the Business Associate Agreement:

1. Evidence of providing lack of quality care to either a client or unprofessional interactions with the MYgroup case manager and staff will be noted in your profile.
2. If a client provides feedback that their experience was unsatisfactory, the MYgroup Provider Relations Manager will follow up with you to obtain a full understanding of the experience with the client.
3. If you are responsive, open to feedback, and willing to correct noted concerns, this will be documented in your profile, and an active status will remain intact.
4. If you are not responsive or willing to correct noted concerns, or if there are numerous and/or repeated occurrences of difficulty with you, unprofessional impressions, and recurring case management and/or billing issues, Provider Relations will notify you verbally and in writing that you are being placed on Cautionary Standing.
5. Under Cautionary Standing, all interactions, referrals, and feedback will be reviewed for quality assurance to determine whether you are making a concerted effort to adhere to the professional business practices outlined within the MYgroup Provider Handbook and the Business Associate Agreement.
6. If after 90 days you have demonstrated a willingness and effort to adhere to provider guidelines, you will be placed back on standard provider status and will be able to receive referrals without review.
7. If after Cautionary Standing you continue to disregard policy, and/or interact in an unprofessional manner, you 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.

Referrals from MYgroup

"Hands down, MYgroup is my very favorite EAP company. Your referrals are good, and the process is simple. I just love working for you."

-Provider since 2017

You will be given a courtesy notification of the referral by phone or email. You will also receive (through email or PROVIDERfiles) the **EAP Authorization of Service** (often referred to as the authorization form), which includes the client's name, Case ID, and contact information; case manager's name; and number of sessions released (contingent on the organization's session model). When this form is sent through email it is password-protected (since it contains confidential information); the password is always MYgroup#1 (o = zero). **You should not conduct a session with a client until you have the authorization of service form or referral via PROVIDERfiles**, even if the client says they are covered by MYgroup. **MYgroup does not reimburse for sessions that have not been previously authorized.** You also receive the **Explanation of EAP Services** and **Notice of Privacy Practices (NPP)** – usually as a single document referred to as the billing bundle. Prior to starting the first session, you should have the client review the NPP and sign the Explanation of EAP Services and keep those forms in the client's file in case they are requested in the future. Alternatively, you may use the informed consent for your practice. Case managers encourage clients to contact you, usually by phone, so you must have a confidential and professional voicemail identifying yourself or your practice. You may choose to contact the client; contact information will be on the authorization form or via PROVIDERfiles, the optional online portal (contact Provider Relations for more information). You should respond to client communication within 24 business hours with an offer of an appointment within 5 days.

Relational Cases

Referrals for couples or minors will be under the name of a single adult client. For example, a minor child's case will be listed under the parent's name. Check the "Special Instructions" section of the authorization form or PROVIDERfiles for details about a particular case.

Scheduling Clients

You may schedule sessions according to your own practice (e.g., make first contact with the client, make reminder calls).

Virtual/Telehealth/Telephone Sessions. You may conduct virtual sessions if the videoconferencing platform is utilized in a HIPAA-compliant manner. If you do not use the videoconferencing platform in a HIPAA-compliant manner, you should do in-person or telephone sessions instead. In cases where the client does not physically come to the therapy office, you are responsible for making sure all MYgroup paperwork is signed by the client and retained 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. You may indicate the date of the missed appointment on the authorization form if you wish the session to count as one of the client's EAP sessions. A provider is encouraged to set boundaries with clients and inform the client at or before the first session that if they miss or cancel their appointment, the provider cannot charge MYgroup nor the client but the provider can count the missed appointment as a session. If a client misses multiple EAP appointments, the provider can direct the client back to MYgroup for a new referral and inform the MYgroup case manager as to why the client is being asked to call MYgroup for a new referral.

Hold Referrals

If you will be on extended leave greater than one week (i.e., vacation, surgery) or are too full to accept new clients, please advise MYgroup Provider Relations in advance. You may specify a date for the end of the hold on referrals, and Provider Relations will release the hold on that date. If you do not give a specific date, it is your responsibility to contact MYgroup when you are open to referrals again. In the event circumstances permanently prevent you from continuing to provide services for MYgroup clients, you should contact Provider Relations to terminate the agreement.

Consult Case Manager

If you have any questions (e.g., how many sessions are in the client's model, can the provider accommodate client's request), contact the case manager directly. The name of the case manager is on the authorization form or located in PROVIDERfiles under the client details tab. If the case manager is unknown, call between 8am-5pm weekdays and provide the client name to be connected with the appropriate case manager. **Do not ask the client to contact MYgroup for any reason once the referral is made to you.** The client should contact MYgroup if they have a problem with you and/or want another referral. As a MYgroup provider, and per EAPA ethical guidelines, it is not appropriate to engage in litigation, FMLA, short-term disability, or court proceedings. If you receive these types of requests, 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. In general, you should not provide any documentation to clients (e.g., letter of support) beyond a simple confirmation of dates attended if requested. Do not contact the client's company, including providing written documentation. If you have any questions regarding a client requesting any documentation, please contact the assigned case manager or the EAP Director before providing anything to the client.

Treatment Guidelines

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

EAPA Ethical Code

The Employee Assistance Professionals Association (EAPA) Code of Ethics provides guidance regarding ethical conduct for employee assistance professionals, and it defines the standards of ethical behavior for the benefit of their clients, both individual employees and employer organizations" (p. 2, EAPA Code of Ethics). Review the [EAPA Code of Ethics](#) that all MYgroup providers are expected to adhere to. If the link does not work, please visit <http://www.eapassn.org/> to locate the document.

Duty to Warn

Please follow 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 others, including child, elder or disabled person, please advise the MYgroup case manager at your earliest convenience.

Recordkeeping and HIPAA Compliance

MYgroup EAP providers must comply with applicable government regulations including HIPAA and maintain retrievable documentation of all direct services and recommendations rendered. In accordance with HIPAA regulation, all electronic transmission must be confidential and protected via 128-bit encryption to minimize unauthorized access. Please notify Provider Relations 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. When you receive a referral, you will receive a copy of the Notice of Privacy Practice and Explanation of EAP Services. You should review with the client and have them sign prior to starting the first session. Alternatively, you should keep the client-signed copy of your informed consent in the client's file (e.g., upload to PROVIDERfiles if you have an account).

When you sign the authorization form (details in Billing and Reimbursement section), you "affirm that the client signed the EAP Explanation of Benefits form or the provider's own Informed Consent. MYgroup may request a copy of the form signed by the client and will deny reimbursement if a signed form is not produced upon request."

Brief Treatment

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. 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, 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.

Referral for Long-Term Treatment

You must refer the client to appropriate services when it is determined that needed assistance is beyond the scope of guidelines of the EAP or your scope of practice/training. 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. You should have an explicit, documented conversation with the client about moving out of EAP services (i.e., referral to self or other, sessions will not be reimbursed by MYgroup). You may refer the client to yourself (i.e., self-referral) or to another provider.

Self-Referral. If your 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 your practice provides. When self-referring or referring to another professional in your practice, MYgroup strongly recommends the best practice of offering at least two additional clinically appropriate options in the same price range to the client to give them alternative options for treatment.

Outside Referral. MYgroup counts on you as our local representative to assist the client in finding appropriate referrals. If your services are not the most appropriate resource available in the area, then the referral should be to the most clinically appropriate resource. You 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.

Additional Services

If you are interested in participating in any of the following services, contact Provider Relations.

First Responder Assistance Program (FRAP) and Wellbeing Checks

Historically, first responders have been skeptical of counseling, so the goal of the First Responders Assistance Program (FRAP) is to change the perception that it is punitive or just for the "weak" and eliminate the stigma and barriers to entry. One way the FRAP is different from an EAP is the yearly "wellbeing checks" each first responder is required to attend. The client attends a single session which is framed as an opportunity for first responders to "check in" and make a connection with a mental health provider so they feel more comfortable asking for help if the need arises for counseling in the future. This is not a mandated visit predicated on a particular performance, substance abuse, or behavior issue. If the client decides they would like to continue in counseling, they can call MYgroup to obtain the number of sessions included in their session model.

Formal Supervisor Referrals

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" (sometimes known as "management-directed referrals" depending on company policies and federal regulations), may be part of a disciplinary process aimed at restoring an employee to acceptable levels of performance. These referrals are a vital method for companies to support employee retention and improve performance, as EAP providers can:

- Help employees gain insight regarding their problems
- Teach skills (e.g., anger management, communication) that will improve employee functioning in the 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 a Formal Supervisor Referral is to assist an employee with job performance issues as presented by the employer. The EAP always has two clients: the employee and the employer. The provider's focus in the Formal Supervisor Referral process is on the employee's role in improving their job performance or conduct, not on the role of the employer (e.g., management, policies). If the provider determines that the employer is a significant factor in the resolution of the employee's issue, providers can discuss directly with the MYgroup Formal Referrals Clinician but this should not be the primary focus of the treatment with the employee.

The Formal Supervisor Referral process requires the employee to sign a limited release of information form for MYgroup to inform the supervisor whether the employee is attending sessions through the EAP and is complying with recommendations. Typically, MYgroup obtains this information prior to making the referral to a provider.

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 employees.

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 to management

Assessment Sessions and Termination of EAP Services. The Formal Referrals Clinician, who acts as case manager for these cases, will contact the provider in advance to confirm their willingness and availability to accept a Formal Supervisor Referral. Formal Supervisor Referral clients are seen for a minimum of three sessions. The Formal Referrals Clinician is a resource for the provider to discuss any recommendations and/or short-term goals prior to discussing with client. Providers should not release the client from treatment without first consulting with the Formal Referrals Clinician. If the client refuses to attend the minimum number of sessions, providers should complete the Refusal to Comply with Formal Supervisor Referral form, provided by the Formal Referrals Clinician.

Communication with Formal Referrals Clinician. After each scheduled session, providers should inform the Formal Referrals Clinician regarding attendance, level of participation, working towards stated goals, and next appointment date. It is vital to provide this information in a timely manner. Providers are expected to thoroughly assess the client's situation and progress, indicate participation and compliance of the treatment goals and recommendations to the Formal Referrals Clinician, and consult with them prior to termination.

Communication with Employer. All communication with the client's company is through the Formal Referrals Clinician. Do not contact the client's company, including providing written documentation. If the client requests that the provider contact their employer, discuss with the Formal Referrals Clinician.

Communicating with Treatment Providers. If the provider assesses that the employee's issues warrant a referral to another treatment provider, they should assist the client and Formal Referrals Clinician with this transition by providing the following:

- A signed release for the referral treatment provider to talk to Formal Referrals Clinician
- 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, 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.

Critical Incident Response Services (CIRS)

"I'm so glad that I've been able to contribute to MYgroup and work with the clients. I've expanded my clinical skills through working with the variety of issues that these clients have presented, which is very valuable to me as I continue to hone my specialization in trauma work."

-Provider Since 2020

Critical Incident Response Services (CIRS), which in the past was referred to as CISD, is a vital function of MYgroup. When organizations experience a critical incident – everything from a workplace robbery to the death of an employee and everything in between – MYgroup offers support, education, and, if requested, a visible presence. When you become a MYgroup provider, you may be referred clients who experienced the incident. You also have the option of serving the organization directly on MYgroup's behalf in a virtual or onsite response. Providers are the "hands and feet" of MYgroup during a stressful time for client organizations.

Qualifications: The same as being a MYgroup provider (3 years post graduate and fully licensed, liability insurance), as well as additional experience and/or training in responding to critical/traumatic experiences.

Goal for Critical Incident Response. It can be very challenging to remain calm and focused during a time of difficulty or crisis. As a MYgroup provider, you provide consultation and guidance through the critical incident response. MYgroup strives to provide an immediate supportive response, thorough assessment, and effective intervention which addresses the long-term needs of the organization. The main goal of a critical incident response is restoring safety and fostering the pursuit of wellness. You are there to inform and empower survivors in order to help them build resiliency and return to a normal, healthy life. CIRS is not intended to be therapy/counseling.

Structure of Critical Incident Response. The "typical" CIRS is 3 consecutive hours (virtual or onsite). The first hour is spent in group debrief/process, which includes psychoeducation, normalizing and validating emotions, and some review of the facts. The next two hours are available for one-on-one meetings if requested. Again, CIRS is not intended to be therapy/counseling, so sessions tend to be brief and focused coping skills need to return to the workday. Sometimes employees do not take advantage of this opportunity, so it's ok to bring work to do just in case. Occasionally an organization will request a different response structure (e.g., less the 3 hours, multiple responses). This will be agreed upon beforehand. Contact the Critical Incident Clinician if the organization asks you for something different during the response; do not commit to anything until you talk to MYgroup.

MYgroup Critical Incident Response Process. At intake, MYgroup receives communication from our client organization informing us of a traumatic event or crisis. A Critical Incident Clinician at MYgroup will be assigned to manage the case. During the initial intake call, MYgroup assesses the needs and consults with management about a customized response. We will contact you (phone, email, or both) to discuss your willingness and availability to facilitate the response. Please reply promptly, even if the answer is no. We will provide as much information as we have at that time. You can always decline. (If you already know you do not ever want to be contacted about critical incidents, notify the Provider Relations Manager so your profile can be updated.)

When the assigned Critical Incident Clinician contacts you about a potential response, they will walk through the process and specifics with you to ensure the request is a good fit with your ability and comfort level to support the client company. The clinician will connect you with the organization representative and provide all event details. You will receive a one-page billing form; you will be paid an hourly rate and mileage. MYgroup will follow up and debrief with you and management after the response.

Critical Incident Response Training. For trainings and other educational information regarding Critical Incident Response, please refer to the resources below. You may also contact the MYgroup director or CIRS Team Lead for further guidance and support.

- [EAP Critical Incident Response: The Multi-Systemic Resiliency Approach](#)
- [The International Critical Incident Stress Foundation](#)
- [Psychological First Aid](#)

Core Training Programs

Providers should contact Provider Relations if they are interested in conducting workshops and core training programs for MYgroup client organizations. Providers who agree to do the trainings will receive a copy of the PowerPoint presentation and any necessary handouts. Training programs are 1-2 hours long and may be virtual or in person. Popular topics include Building Better Mental Health, Keys to Better Communication, Mindfulness in the Workplace, and Recognizing and Resolving Conflict.

Billing and Reimbursement

What Is Needed

The EAP Authorization of Service must be completed and returned for payment **within 60 days of last appointment client attended** to ensure reimbursement.

In addition, be sure MYgroup always has your

- Current (i.e., unexpired) licensure credentials
- Current (i.e., unexpired) liability insurance documentation
- W-9 form with Federal Tax ID number

Reimbursement will be withheld under the following circumstances*:

- Missing or expired credentials
- Missing W-9 form indicating Federal Tax ID Number
- Missing or incomplete EAP Authorization of Service form
- Late receipt of any required materials – one written warning provided

****Once MYgroup Provider Relations receives missing forms within 60 days of the last appointment the client attended, the provider will be reimbursed for services rendered.****

It is your responsibility 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 you receive reimbursement.

EAP Authorization of Service Form

All sessions must be preauthorized. The number of sessions authorized is indicated on the EAP Authorization of Service form, as is the timeframe sessions must occur (start date, end date). If you need more time to complete the sessions, contact the case manager indicated on the form well in advance of the end date. Any questions about how to find this information in PROVIDERfiles should be directed to Provider Relations. You may complete the form after each session (recommended; also known as interim billing) or after the final session (final billing). In either case, the form must be completed and returned for payment **within 60 days of last appointment client attended** to ensure reimbursement. On the form, enter the session number and date(s) the client was seen, whether they attended the session (see Scheduling Clients section), and the modality (IP = in-person, V = virtual, P = phone). Check the appropriate primary presenting problem area (not necessarily the same as the presenting problem), whether risk of harm to self or other was indicated in session, and sign the form. After the final session, indicate the Recommendation Upon Case Closure.

Referring Client Out of EAP

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. You are not allowed to bill insurance or the client while the client is under MYgroup.

Inquiries Regarding Payment Rendered

Payments for services rendered will be processed in a timely manner. You can expect to receive reimbursement within 4 weeks of receipt of completed billing claim forms. ***Billing may be slightly delayed around nationally observed holidays.*** If you have not received payment after 30 days from submission of billing, you can ask for details from Provider Relations. Please include the following information with your request: Provider name, client # (located on the Authorization of Service or on the portal), session dates, and date submitted. Please also include the billing address for confirmation.

Frequently Asked Questions

"It is truly my pleasure to work with MYgroup. Your referrals were instrumental in helping me build my private practice and they continue to keep me happily busy. I appreciate the trust you have in the services I can provide as we continue to work as a team to care for employers and their employees."
-Provider since 2012

Can I have additional providers within my group practice credentialed with MYgroup? Yes, as long as they meet the minimum requirements of licensure and professional liability. They will also need to complete an application and agree to uphold the Business Associate Agreement, adhere to MYgroup standards of service as outlined in the Provider Handbook, and contact Provider Relations with any questions pertaining to MYgroup services rendered. The additional providers in your practice cannot 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 approved by the EAP Director.

How do I update my information with MYgroup? You can update their information by [clicking here](#). Should you have any questions or need to share additional information with the Provider Relations Manager, please reference the Provider Onboarding Section of the Provider Handbook.



What forms do I need to return for reimbursement? You only need to return the completed Authorization of Service (client-specific) within 60 days of the last session. If you did not receive this form, please call the client's MYgroup case manager to request a copy. Be sure your current license, insurance, and W-9 are on file with MYgroup. You can also obtain the EAP Explanation of Benefits and Notice of Privacy Practices on the MYgroup website. Should you have questions about submitting billing on the portal, please contact Provider Relations.

How can I expedite payment for services? To ensure prompt payment, ensure that you have a current copy of your licensure, professional liability insurance, and Form W-9 (indicating taxpayer identification number) on file with MYgroup. Other concerns that delay payment include incomplete and illegible forms. You can also complete an electronic deposit form (contact Provider Relations).

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. Typically, rate increases are not considered until you have been with MYgroup for at least twelve months. If you want to change your rate, submit a request in writing to Provider Relations. After staffing the request, Provider Relations will let you know the final decision.

What is the log-in for the website? Note: The MYgroup website is not a billing portal.

www.mygroup.com → My Portal Login → Provider → Username: Provider

→ Password: MYgroupProvider

Can I self-refer? Yes, if you feel you are a good match with the client's presenting issue and financial situation you can self-refer. 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 "Referral for Long-Term Treatment" section of the Provider Handbook.

How do I get an account on PROVIDERfiles? Contact Provider Relations: **1-866-850-2175**.

"I love working with MYgroup! Your support over the last 4 years in helping me grow my business and achieve my goals in starting this adventure are appreciated more than I can express. I truly feel like a part of the MYgroup family!"

-Provider since 2020