



WORKPLACE WELLNESS

## Provider Guide

### EAP Overview and FAQ's

The purpose of this article is to describe the role of EAP to our providers. As well as how and when to update information, our billing process and answers to frequently asked questions.

*Please ensure you discuss how EAP works with each client we refer to you, so they have a clear understanding of the EAP service.*

#### **What is an Employee Assistance Program (EAP)?**

The EAP is an additional benefit that an employer offers their employees at no cost. Our EAP model provides assessment, referral and short term, solution-focused counseling.

#### **What an Employee Assistance Program (EAP) does not provide.**

The EAP is not meant to replace an employee's mental health or chemical dependency coverage through his/her health plan. EAP is not a treatment program for chronic problems and does not provide school testing, psychiatric testing or any psychological testing. Testing and Diagnostic services are beyond the scope of the EAP.

PLEASE KEEP THIS BOOKLET FOR YOUR RECORDS AS REFERENCE

# FREQUENTLY ASKED QUESTIONS

## **How are sessions authorized by Sand Creek?**

A verbal authorization will be given to the provider telephonically, authorizing the number of sessions authorized for the client. A populated billing form will also be sent to the provider's e-mail address or fax number on file. (Please let us know of your preference.)

## **Will the client call to schedule or do I call the client to schedule?**

The client will make initial contact with you to schedule. Please do not make initial contact with the client, unless otherwise stated by our EAP staff. To protect confidentiality, when returning a client's call please leave a generic message.

## **Do I need to call Sand Creek to confirm an appointment has been scheduled?**

There is no need to follow up with us regarding scheduling, unless we have requested confirmation that our client has been scheduled.

## **When is it appropriate to request additional sessions?**

If there is a clinical need for additional sessions please call 888-243-5744 to consult with a clinician. We will evaluate on a case by case basis.

## **Can I self-refer?**

Yes, we ask that you offer two other referral options under the client's insurance policy in addition to the self-referral.

## **When should I contact Sand Creek regarding the referred client?**

*(Any clinical related question should be addressed by our EAP clinical staff.)* In special situations, such as a

client grievances, a complaint against his/her employer or if a client requests their records. If the request is related to action against an employer, it is necessary to first consult with a Sand Creek Group clinician. In all other situations, providers should act in accordance with their state laws.

## **Can I assist clients filing for FMLA or Short-Term Disability?**

No, any requests to submit for FMLA or Short-Term Disability should be done under the client's health insurance plan.

## **How do I obtain release of information form, HIPAA Notice of Privacy Practices and Statement of Understanding form?**

Providers can use their own privacy practice form or visit our website.

The following link provides the HIPAA or Privacy Practice and Statement of Understanding:  
[www.sandcreekeap.com/current\\_providers](http://www.sandcreekeap.com/current_providers).

## **What forms do I send back to Sand Creek?**

We only require the completed billing form. We do not request case notes to be sent back to us, please retain for your records.

## **How do I obtain a billing form?**

Please visit the following link to download a blank billing form:

[www.sandcreekeap.com/current\\_providers](http://www.sandcreekeap.com/current_providers).

Or

A populated billing form can be requested by e-mailing us directly at: [info@sandcreekeap.com](mailto:info@sandcreekeap.com)

## **How long is the authorization of sessions good for?**

Sessions are good for up to one year from the initial time of contact. The start and end date are located on the populated billing form.

# PROVIDER QUESTIONS AND RESPONSIBILITIES

Notification of changes and updates allow our EAP to maintain an efficient referral and billing process. Please notify The Sand Creek Group immediately when the following occurs:

- **Changes in Scheduling and availability.**  
Instances such as:  
Out of the office, vacation, sabbatical, change in office hours, medical leave, limited availability, or not taking new referrals.
- **Office Information Updates.** Instances such as:  
Change in address, phone number, fax, office location, additional office location, billing address information, taxpayer Identification number change, or office name change.
- **Individual Provider Updates.** Instances such as:  
Adding new clinician, removing clinician, a change in licensure, additional licensure/certificate, expired licensure.  
*Please send in current copy.*
- **Changes in Liability Insurance.** *Please send in current copy*
- **Closing down of practice**

## **Where can I find the forms to update our records or make changes?**

Visit the following link for updating individual or provider practice records if you are a current credentialed provider:  
[www.sandcreekeap.com/current\\_providers](http://www.sandcreekeap.com/current_providers)

## **Who is eligible to become credentialed through The Sand Creek Group EAP?**

Visit the following link which explains our eligibility requirements for our providers:  
[www.sandcreekeap.com/eligibility\\_information](http://www.sandcreekeap.com/eligibility_information)

## **Please send updated information or request to update information to:**

Reyna Rios-Starr, Provider Coordinator

### **E-mail:**

reyna@sandcreekeap.com

### **Fax:**

1 (651) 430-9753

### **Mail:**

Attn: Reyna Rios-Starr  
The Sand Creek Group, Ltd.  
610 North Main St., Suite 200  
Stillwater, MN 55082

***\*We request yearly updated copies of the providers Liability insurance and clinical license\****

# FREQUENTLY ASKED BILLING AND BILLING POLICY QUESTIONS

## **What is your Billing Policy?**

Invoices received after 90 days (3 months) of the session will be reimbursed at 50% of the contracted rate. Invoices received after 120 days (4 months) of the session will be reimbursed at 25% of the contracted rate. **Invoices received after 150 days (5 months) of the last session will not be reimbursed.**

## **When should I submit the invoice?**

Invoices will be accepted after each session, half way through the authorized amount of sessions or upon completion of the sessions. Please bill according to your preferred billing cycle.

***If you anticipate a long gap between sessions, send invoices in no later than 30 days after the most recent session that the client was seen.***

## **When will I get reimbursed for services?**

We send payments out every 15<sup>th</sup> and last day of the month, 30-45 days after the invoice is received by our Provider Payables.

## **What is Sand Creek's no-show policy, and/or late cancellation policy?**

As contractually stated, Sand Creek will not reimburse for the first no-show occurrence or the first late cancellation. (If client cancels less than 24 hours before appointment). If the client continues to miss appointments or late cancels, Sand Creek will reimburse at the contracted rate for services per missed appointment. Under no circumstances should the client be billed for missed EAP sessions. Inform the client that any additional occurrence will count against their available EAP benefit. If more than one no-show occurs with the same client, please contact Sand Creek immediately at (888) 243-5744.

## **How do I invoice for a no-show or late cancellation?**

In the event of a late cancellation or no show, write the date of the cancelled or missed session on the billing form as you would for any other session. Then, in the space where the session reimbursement rate would normally go, please indicate the reason the session didn't occur (e.g., 'Late Cancel', 'No Show').

## **Why wasn't I reimbursed for a missed client session, or not fully reimbursed for client session?**

Examples of Reasons: first no-show, late invoice submission or sessions were not authorized under Sand Creek.

## **Where do I submit the completed authorization form or billing form?**

### **Please send invoices to:**

Natalie Jacobson, Provider Payables.

### **E-mail:**

natalie@sandcreekeap.com

### **Fax:**

1 (651) 430-9753

### **Mail:**


Attn: Natalie Jacobson  
The Sand Creek Group, Ltd.  
610 North Main St. Suite 200  
Stillwater, MN 55082

## How do I complete the billing form?

Please refer to the sample billing form located below:

(Sand Creek also uses a generic billing form which the questions above apply to)

888.243.0744  
www.sandcreekeap.com



### Authorized Provider Information

<b>Provider:</b> <b>Office Location:</b>	<b>Work:</b> information will be pre-populated <b>Fax:</b> information will be pre-populated <b>Email:</b>
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Information in this space will be pre-populated with provider office demographics

**Billing Address:**

Contracted Rate/Session: \$0.00

Rate will be pre-populated with contracted rate

### Primary Client Information

<b>Client Name:</b> <b>Address:</b>	<b>Employer:</b> <b>Presenting Problem:</b>	information will be pre-populated
<b>Date Of Birth:</b> <b>Gender:</b> <b>Client Type:</b>	<b>Authorized Sessions:</b> 4 <b>Start Date:</b> <b>End Date:</b>	information will be pre-populated Authorized sessions are good for 1 year

Client demographic will be pre-populated  
 information will be pre-populated  
 The session # refers to the "number" of sessions utilized by client  
 The session date refers to the date the client was seen for services  
 The Duration (hrs) refers to the amount of time session lasted (not to exceed 60 minutes)  
 The Contracted Rate refers to the EAP negotiated rate of services

Session #	Session Date	Duration (hrs)	Contracted Rate
1	MM/DD/YY	1	\$0.00
2	MM/DD/YY	1	\$0.00
3	MM/DD/YY	1	\$0.00
4	MM/DD/YY	1	\$0.00

**Case Status at Time of Billing:**

Open       Closed  
 Referral to another provider/community resource       Counseling only, no referral given  
 Transition onto health benefits for continued service

**Coverage Beyond EAP Sessions, Client was Offered:**

To adhere to HIPAA Standard Practices, please verify that you provided the following to the client. You can use your own or download the combined form from our website at [www.sandcreekeap.com](http://www.sandcreekeap.com)

HIPAA Notice of Privacy Practices       Statement of Understanding

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**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please direct any questions or concerns to Sand Creek and not the client.

We can be reached at (888) 243-5744. We appreciate your service to our clients. Thank you!