



### EAP Provider Instructions

The role of the EAP clinician is to assist the client toward a better understanding of their problem(s) and to assist them with locating resources to help them reach problem resolution. The EAP benefit is not a mental health or substance abuse treatment benefit but is intended as a bridge to the resources that can assist in final problem resolution.

### Reimbursement

Reimbursement will be provided upon receipt of all completed required EAP provider documents. These documents are due within 90 days of each date of service to guarantee full reimbursement. Each session can be billed individually. Late submissions may result in a reduction in reimbursement; see Reimbursement Guidelines on page two of this document. The case should be closed if the client has not used his or her authorized EAP hours within approximately a 90-day time period and have no appointments scheduled.

### EAP Provider Documents

Two forms are required for reimbursement:

#### EAP Assessment Worksheet

The clinical assessment worksheet used in your practice may be used as long as it covers what ours does. An assessment worksheet is to be included for reimbursement.

#### EAP Billing and Closing

This form serves as an invoice when accompanied by our other provider forms. The completed EAP forms must be received within 90 days of **each** date of service to guarantee full reimbursement.

#### Reimbursement Guidelines

Important: Reimbursement will not be provided for 1) incomplete forms, 2) no-shows or cancelled appointments unless previously approved, 3) indirect activities, and/or 4) unauthorized services/hours.

**Completed paperwork is due within 90 days of each date of service.** Late submissions may result in a reduction in reimbursement. Days that paperwork is received by EFR after each date of service

	<u>Fee Reduction</u>	<u>Net Fee</u>
Up to 90 days	None	100%
91 – 180 days	50%	50%
Over 180 days	100%	0%

#### Sending EFR confidential paperwork

**Option 1: Upload** confidential case paperwork via our secure web site at [www.efr.org/contact-provider-relations](http://www.efr.org/contact-provider-relations)

**Option 2: Mail** confidential case paperwork to: Employee & Family Resources  
Provider Reimbursement  
505 5th Avenue, Suite 600  
Des Moines, IA 50309

**Option 3: Fax** confidential paperwork to: (515) 284-5201

**Thank you for partnering with us in providing quality services to our clients!**