

BILLING

A. EAP Billing Procedure

In Network providers who have agreed to provide EAP services are prohibited from billing the participant or the TPA for these services. EAP services are FREE OF CHARGE to the participant. The provider shall accept the contracted EAP rate as payment in full. IEAP pays for these services and requires providers to follow specific billing procedures. These procedures are different from insurance claims.

IEAP mails payments for EAP services on the last business day of each month. IEAP processes correctly submitted billing forms received at IEAP by the 10th of the month. Billing forms received after the 10th of the month will be processed and payment mailed on the last business day of the following month.

Dates of service must be received at IEAP within 90-days of occurrence. Payment will not be issued for dates of service received after 90-days.

To ensure that your requests for payment are identified and processed timely:

Return IEAP Authorization/Billing form with date(s) of EAP sessions

(1) Authorization/Billing Form – EAP Treatment

- (a) Authorization for limited number of solution-focused sessions.

(2) Authorization/Billing Form – Initial EAP Session

- (a) Authorization for assessment session(s)

- (b) Additional forms are not required for initial dates of service.

- (c) Clinical information is required with billing submission for additional sessions. Date of service will not be paid without this information.

All requests for payment of EAP sessions should be submitted by mail to:

Interface EAP

ATTN: EAP BILLING DEPARTMENT

PO Box 421879

Houston, TX 77242-1879

Please note: Certified or registered mail requiring signature may delay receipt by our office

B. Private Pay Beyond EAP

In Network providers are prohibited from billing patient or TPA for FREE EAP Services. Patients may elect to self-pay, at the provider's contracted EAP rate, for continued treatment after they have exhausted their available FREE EAP Sessions.

C. No-Show Appointments

Patients who do not provide 24-hour notice of intent to miss a scheduled appointment will be considered as a no-show. IEAP considers these to be used sessions counting against the total number authorized. IEAP will pay provider \$25.00 for up to two (2) no-show occurrences per benefit year.

- a) Submit no show in space designated for "date of service" i.e. 01/01/01 - NS

IEAP will contact patient and rescind all remaining EAP authorizations after the 2nd no-show. Provider will refer participants wishing to schedule beyond that point to IEAP.

INSURANCE CLAIMS

Interface EAP does not pay claims. Interface EAP reprices claims submitted by health care providers and applies the appropriate discount or fee for service. The repriced claims are then submitted to the applicable payor for review of benefits. Interface EAP payors retain fiduciary responsibility for the funding of claims and administering the health care benefits of the applicable health care plan. Interface EAP does provide (EDI) electronic data interchange services through a clearinghouse vendor.

Interface EAP does not maintain any eligibility or benefit information. This information must be obtained from the payor.

All IEAP contracts with In-Network providers contain a provision prohibiting balance billing (see definitions section of manual). By becoming an IEAP In-Network provider, you agree to hold participants responsible only for the IEAP contracted rate of the services authorized by IEAP and to bill the participant only for any deductible, co-payment and/or co-insurance as determined by their specific insurance plan.

1. Submitting a claim for managed care services to IEAP.

In all cases that IEAP has a part in managing care, clean claims should be submitted on the appropriate billing form to IEAP via mail or electronically. ***Without the attached IEAP re-pricing sheet, a TPA will generally assume that the treatment was not authorized and may be subject to a significant reduction or denial of benefits.*** Although claims to network providers are reimbursed based on the contracted rate, provider's claims should reflect their standard fee.

- a) All clean claims requiring processing by IEAP can be submitted via mail or by electronic submission.

If sending claims via mail, claims should be submitted to:

Interface EAP

Attention: INSURANCE CLAIMS DEPARTMENT

PO Box 421879

Houston, TX 77242-1879

Please note: Certified or registered mail requiring signature may delay receipt by our office.

When submitting claims electronically, providers must use payor ID# 60280.

Upon receipt of clean claims, IEAP will attach a re-pricing sheet advising status of treatment, authorization, and negotiated rate and forward the claims to the appropriate TPA for final processing and review of benefits. IEAP's role is to:

1. Review all claims for clean claim elements
2. Review claims for repricing within 3 business days and forward to the appropriate TPA for review of benefits.