

MISSION STATEMENT

Interface EAP (IEAP) provides a Total Life Assistance benefit to employers. This benefit includes an Employee Assistance Program and, in many cases, Mental Health Care Management Services. It is our sincere goal to appropriately direct and effectively manage the treatment needs of our participants. We remain compassionate and caring while keeping an eye on cost savings for both the participant and employer. We work with our network providers to ensure all participants receive the highest quality of care. Providers who assist us in achieving our goals will become our preferred providers.

IEAP performs several functions in the management of care for our contracted employers that include, but are not limited to, the following:

- a) EAP Network – Network of licensed behavioral health providers who will assess and provide solution focused time limited treatment at no cost to the EAP referral. IEAP pays a pre-negotiated contracted rate for these dates of service.
- b) PPO Network – Network of licensed behavioral health providers, including psychiatrists, inpatient, and structured outpatient treatment programs that will provide quality treatment to the Managed Care Referral at a pre-negotiated contracted rate.
- c) Utilization Review – IEAP care managers and utilization review nurses provide certification and authorization for insurance-based treatment as required by employers benefit plans.
- d) Work Life Benefits – IEAP coordinates referrals for family care, free health and wellness programs, free and discounted legal services, free financial planning services, and referrals to community-based resources.
- e) PIP Network – IEAP coordinates and manages our Pharmacy Intervention Program™ for plan participants on anxiolytic or antidepressant medications using a specialized sub network of approved EAP providers.
- f) Supervisory Services – IEAP coordinates with supervisors, employees, and providers in utilizing the EAP as a tool for addressing work performance issues.
- g) SAP Network – (Network of Substance Abuse Professionals) IEAP assists employers in compliance with the Federal DOT (Department of Transportation) regulations by providing referrals and monitoring compliance
- h) CISD Network – IEAP coordinates on site debriefings in response to critical incidents and grief and loss issues.
- i) Employer Services – IEAP provides educational materials and on-site wellness training on a variety of behavioral health and wellness issues.

IEAP believes that each person's needs are different. Although an organization must operate with set policies, we believe each case must be looked at on an individual basis. The information contained in this manual is designed to assist you and your staff in working with IEAP to provide timely and appropriate treatment for participants.

CONFIDENTIALITY

IEAP is committed to ensuring the privacy and security of each individual who is the subject of Protected Health Information. "Protected Health Information" refers to information that identifies an individual or can reasonably be used to ascertain the identity of an individual and which health care providers, health plans, and /or health care clearinghouses maintain or transfer to IEAP.

IEAP receives certain Protected Health Information from health care providers, third party administrators, and health plan representatives related to a participant's treatment, payment, and other health care operations. This information is confidential and must be afforded special treatment and protection under the standards for Privacy of Individually Identifiable Health Information (Privacy Rule) and the standards for Security of Electronic Protected Health Information (Security Rule) of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act 1996 (HIPAA).

DEFINITIONS

APPEALS PROCESS	The formal process by which a utilization review agent offers a mechanism to address adverse determinations.
ASSESSMENT	The initial evaluation of a problem or condition that will lead to a diagnosis and treatment plan.
AUTHORIZED TREATMENT	Treatment approved by IEAP. Authorization must include participant case number, specific frequency, length, and number of sessions authorized. Authorizations are mailed to the provider in the form of a letter.
BALANCE BILL	Billing the participant for the difference between the rates contracted with IEAP and the provider's standard fees (found later in manual under "insurance claims").
CARE MANAGEMENT	The process of referring and coordinating treatment to achieve the optimum outcome in the most cost-effective manner.
CLEAN CLAIM	A clean claim has no defect, impropriety, or special circumstance including incomplete documentation that delays timely processing.
CRISIS	A condition of imminent threat to the safety of self or others due to a psychiatric condition that requires immediate care.
EAP SESSION	Free 45 to 50 minute counseling or professional coaching session with an EAP provider that is pre-authorized in writing by IEAP. A limited number of sessions are available. These sessions are <i>free</i> to participants (<i>Providers submit bills for EAP sessions to IEAP for payment</i>).
HEALTH CARE PROVIDER	Any person, corporation, facility, or institution, licensed by the state to provide or otherwise lawfully providing health care services that is eligible for independent reimbursement for those services
HIPAA	The Health Insurance Portability and Accountability Act of 1996 sets standards for the appropriate use and release of individuals' health information, or Private Health Information (PHI). These standards apply to the following "covered entities:" health plans, healthcare clearinghouses, and providers. Please visit the Health and Human Services website at www.hhs.gov for more information.
IN-NETWORK	Providers contracted with IEAP to provide services at a pre-negotiated contracted rate. Referral to these providers must be made by IEAP to ensure proper authorization of treatment. Some insurance plans will reimburse at a higher level for in-network providers
MANAGED CARE	Outpatient, structured outpatient, or inpatient treatment that is coordinated by IEAP and paid by a Third Party Administrator (TPA). IEAP will determine medical necessity, authorize treatment, and process claims recommending payment by the appropriate TPA.
MEDICAL NECESSITY	The determination that a specific healthcare service is medically appropriate, necessary to meet the person's health needs, consistent with the person's diagnosis, the most cost-effective option, and consistent with clinical standards of care.

DEFINITIONS

NON-NETWORK

Providers who do not have a valid contract with IEAP (also referred to as Out-of-Network. Some insurance plans will not reimburse or will reimburse at a lower rate for out-of-network providers

PATIENT

An enrollee or an eligible dependent of the enrollee under a health benefit plan or health insurance plan.

TPA (Third Party Administrator)

A non-risk-bearing company that provides claims and administrative services for a self-funded employer. TPAs verify eligibility, and provide benefit information including limitations and plan exclusions. TPAs also interpret plan design and adjudicate claims.

URGENT

Care for an illness or condition that is not a medical emergency but requires immediate medical attention.