



Provider Handbook for Employee / Member EAP Programs

This handbook applies to Providers serving Anthem and Carelon Wellbeing members outside of California.

Providers seeing California members should refer to the state specific Provider Handbooks.

Providers seeing MilitaryOne Source members should refer to the MilitaryOne specific EAP Provider Handbook.

www.carelonbehavioralhealth.com

www.anthemeap.com

Revision Date: 8/1/2023

General Overview of Employee / Member EAP Programs

Many employees report that managing the demands of work and home are stressful and challenging. Studies have repeatedly demonstrated that employees who experience high levels of stress at home or work are more likely to be tardy or absent, will use more health benefits, are less productive, and are involved in more accidents.

Assistance programs, like Employee Assistance Programs (“EAP”) offered to employees by their employers are a first-line response to providing prevention, triage, and short-term problem resolution services. It is a valuable service and when properly promoted and communicated:

- Emphasizes early intervention when confronting a variety of work/life or school/life issues
- Encourages participants to take action
- Offers easy access to professional and confidential assistance
- Is offered at no charge to participants and, with EAP programs, to their immediate household family members
- Addresses personal problems that are often not covered by any other benefit programs, such as relationship problems, occupational problems, bereavement, child and eldercare concerns, and legal and financial difficulties, which are often used when participants are dealing with life challenges, as opposed to more serious clinical issues.

Assistance programs help participants clarify problems, develop an organized approach to problem solving, and identify both personal and available community resources that can be used to resolve problems. These services are often used when participants are dealing with life challenges, as opposed to more serious clinical issues.

Guidelines for Providers

These general guidelines are to help providers understand the unique requirements of assistance programs when delivering services to participants.

- Services should always begin with a thorough assessment of the presenting problem(s) to determine if a short-term intervention is appropriate or if more intensive care is indicated.
- The assessment should result in the formulation of a service plan. Service goals and plans should be objective and measurable and should be formulated in collaboration with the participant.
- For participants in crisis, short-term assistance can help restore the participant’s level of functioning through rapid linkage and follow-up with appropriate services, including the coordination of other benefits when appropriate.
- The role of the provider is active and often directive, particularly during a crisis. We recommend that sessions focus on discussing solutions, building on strengths, accessing support systems, and explaining how participants can use community resources, when appropriate.
- Counseling is typically focused on the present and does not seek extensive exploration or attempted resolution of long-term family of origin issues.
- A DSM/ICD diagnosis is not a requirement to obtain services, but such a diagnosis does not preclude a participant from accessing services. Severity and intensity of symptoms and/or presenting problems combined with the available number of sessions under the participant’s benefit design may be a better indicator of appropriateness for short-term assistance than diagnosis.

- For EAP, Anthem's EAP Consultants and Carelon Wellbeing's EAP Care Managers handle all communications with supervisors in the event of management-based referrals for job performance problems.
- When seeing a participant through his or her short-term assistance program, providers should maintain neutrality when discussing workplace or school issues, as applicable, and not verbalize opinions or judgments about workplace or school policies and procedures.
- Affiliate providers should **never** communicate directly with other persons unless authorized by Anthem or Carelon Wellbeing to do so. The only exception is when the provider is providing EAP service and is acting in a Substance Abuse Professional (SAP) capacity at the request of Anthem or Carelon Wellbeing for a Department of Transportation (DOT) drug and alcohol testing rules violation, and is communicating with the Designated Employer Representative (DER) in that capacity.
- Providers must immediately report to Anthem or Carelon Wellbeing all adverse incidents and cases that are potentially threatening to the participant, the customer organization, or the program. Examples of adverse incidents include, but are not limited to, self-inflicted harm requiring urgent or emergent treatment, violent/assaultive behaviors with physical harm to self or others requiring urgent or emergent medical intervention, or any other occurrences representing actual or potential serious harm to a participant.

Participant Rights and Responsibilities

- Participants have the right to receive services in a way that does not stigmatize, and when provided through an EAP program does not jeopardize employment or through a student program does not jeopardize continued education.
- Participants have the right to be treated equitably and without favoritism.
- Participants have the right to receive services in a manner that is sensitive to the diverse and unique needs related to age, gender, sexual orientation, physical limitations, culture, and religious preferences of each participant.
- Participants have a responsibility to notify providers if they are unable to attend a scheduled appointment.
- Participants have a responsibility to read and understand the EAP Statement of Understanding (for EAP), the provider's Notice of Privacy Practices and any equivalent statements that are issued to participants through their programs.
- Participants have a responsibility to behave in a manner that is not threatening or violent to those around them.

Problems Appropriate for Services

Participants presenting with the following problems may, after an initial assessment, be appropriate candidates for short-term assistance as the primary service option.

Psychosocial/Environmental Concerns

- Job/occupational issues
- Financial/legal problems
- Child/adult care
- Work/life issues
- School/life issues
- Career planning
- Marital/family issues
- Relationship issues
- Grief/loss
- Concern about another's substance use
- Compulsive behaviors (e.g., internet use, shopping, gambling, etc.)

Clinical Problems (related to):

- Anxiety
- Depression
- Other mood disorders
- Phobias
- Gambling and other addictive behavior
- Substance use disorders
- Eating disorders
- Hyperactivity and/or inattention
- Learning disability

After an initial assessment, participants presenting with the above concerns may be appropriate candidates for short-term counseling services, provided:

1. The purpose of the intervention is time-limited and focused on problem resolution within a given session model.
2. The purpose of the intervention is assessment, referral, and education of a participant in the process of coordinating alternative levels of sustained care.

EAP Specific Substance Use Disorder Issues

Participants presenting with certain substance use issues may be appropriate candidates for EAP as the initial service option when an employee receives a formal, mandatory, or regulatory referral depending on company policies and federal regulations into the EAP by the employer or supervisor.

The referral may result from any of the following:

- Positive random drug or alcohol screen
- Positive for-cause drug or alcohol screen
- Positive post-accident drug or alcohol screen
- Signs of impairment while on the job
- Fitness-for-duty-related issue
- Internal policy/procedure requirement of the client organization
- Self-referral

In addition, the EAP can be of assistance when a participant has relapsed and the most appropriate intervention is education and referral to appropriate support systems.

Referral for Specialized Treatment

Participants presenting with the following problems may require a referral for specialized treatment due to the complexity and/or urgency of their clinical situation. If a participant presents to a provider with any of the following problems, the provider should conduct an initial assessment, and consider referring the participant for specialized treatment if necessary. An Anthem Consultant or Carelon Wellbeing Care Manager, as applicable, can assist with any referrals:

- Participants with psychotic symptoms
- Clinical conditions that require possible inpatient admission
- Psychiatric assessments needed prior to an admission to a psychiatric hospital, partial hospitalization program, or residential treatment center
- Participants presenting with substance dependence requiring stabilization in a structured program setting
- All diagnostic and/or therapeutic dilemmas and complex psychiatric conditions
- Participants with symptoms suggesting organic etiology
- Participants with unstable medical conditions with behavioral components
- Participants in need of psychotropic medication consultation or medication management
- Participants needing medication management post-hospitalization
- Participants with chronic relapsing illnesses with a history of previous hospitalization and requiring assistance beyond re-establishing existing support systems
- Participants who have recurrent illnesses and/or a pattern of going from one crisis to another and have not been responsive to short-term intervention

Regulatory and Legislative Departments

It is the responsibility of the provider to keep abreast of relevant regulatory and legislative developments impacting his or her practice.

Provider Self-Referral

Provider self-referral is defined as a situation in which a provider accepts and evaluates an eligible participant in a case originating through a short-term Anthem or Carelon Wellbeing assistance program, and then provides ongoing treatment for the participant for mental health problems as part of the participant's mental health plan managed by Carelon Wellbeing or Anthem.

As a provider, you will be notified if self-referral is prohibited by the participant's program. Carelon Wellbeing or Anthem makes determinations regarding self-referrals based on the following considerations:

- The promotion of optimal service for participants
- The promotion of objectivity of the assessment process and the highest ethical standards
- The design of the specific program
- Consideration of continuity of care issues
- Potential conflict of interest with management referrals

It is important that providers clearly understand their role when they accept a case as a counselor under the assistance program, and that they explain their role and its limitations at the *first meeting* with a participant.

Referrals Requiring More Extensive Care

Organizations offering assistance programs through Anthem or Carelon Wellbeing are typically presented with a menu of program options and select the service design that best fits the needs of their participants and the organization. This means that one participant may be eligible for a one to three-session assessment and referral model, while participants of another organization may be entitled to as many as eight sessions in a brief, short-term assistance model.

Face-to-face evaluation by the provider may uncover additional needs that clearly exceed the scope of the short-term assistance. In such cases, providers should contact Anthem or Carelon Wellbeing to facilitate a referral to the appropriate level of care. We strongly discourage Providers continuing to see participants through the short-term assistance program when it becomes clear that the participant is in need of long-term or specialized care, unless the sessions are clearly used as a bridge to the appropriate level of care or specialization or for purposes related to the program's role, while long-term services can be arranged.

Getting Started

Participant Access

One hallmark of an effective short-term counseling is timely and barrier-free access to professional support. Your role and responsiveness as a provider is essential and critical to that success.

Participants access services via a client specific dedicated toll-free number. We provide 24/7 telephone access to professional clinical staff.

Providers are expected to contact participants within 24-48 hours after being contacted in order to schedule an appointment with the participant. If for some reason the provider is unable to accept the referral or accommodate the participant's needs in any way, the provider should ask the participant to contact Anthem or Carelon Wellbeing to obtain an alternate referral.

It is critical that priority access be given to participants with urgent needs or in emergency situations.

Types of Participant Referrals to Providers

Typically, referrals to contracted providers will be made by an Anthem or Carelon Wellbeing Care Manager. In some circumstances, however, the participant may contact the provider prior to the provider being notified by Anthem or Carelon Wellbeing of the referral. In such circumstances, it is suggested that the provider contact Anthem or Carelon Wellbeing to confirm that the sessions have been authorized.

The notification will include the type of referral (defined below) and any particular information (such as client-specific protocols) that will assist the provider in the delivery of services to participants. Anthem and Carelon Wellbeing authorizations will also be viewable on their respective provider portals, however, the provider will need to know which organization is providing the participant with services.

REFERRAL TERM	DEFINITION
Self-Referral	<p>Participants can receive assistance in obtaining an appointment through their program call centers, or outreach providers independently. Participants who reach out directly to a provider should be directed to notify their program call center of an initial appointment made with provider.</p> <p>Participants' notification will prompt an authorization to be sent to the provider. This authorization will clarify whether a participant is covered under Anthem or Carelon Wellbeing, and how to submit claims to the respective system.</p>
Formal Referral – EAP only	<p>A “formal” recommendation is made by the worksite representative for an employee to access EAP services, with no potential job jeopardy for non-compliance. The formal referral is for an employee who is exhibiting job performance problems and the worksite representative is requesting feedback regarding an employee's compliance with the EAP recommendations. A signed release of information is obtained from the employee to communicate with the worksite representative. The provider conducts an assessment and discusses recommendations with the referring EAP Care Manager at Anthem or Carelon Wellbeing . Providers should never communicate directly with employers even if contacted by the employer, unless authorized to do so by the participant. If there are specific work- related issues that require attention by the EAP and/or coordination with the participant's employer, the Anthem or Carelon Wellbeing EAP Care Manager should be notified. The formulation of recommendations should be done in cooperation with the EAP Care manager, prior to communicating them to the employee.</p>

REFERRAL TERM	DEFINITION
Mandatory Referral – EAP Only	<p>A directive is given by the worksite for an employee to access EAP services with <i>potential job jeopardy</i> for noncompliance. A signed release of information is obtained from the employee to communicate with the worksite representative regarding attendance to the EAP appointment and cooperation with the recommendations made as a result of the EAP assessment. The provider conducts an assessment and discusses recommendations with the referring EAP Care Manager. Providers <i>should never communicate directly with employers even if contacted by the employer, unless authorized to do so.</i> If there are specific work-related issues that require attention by the EAP and/or coordination with the participant's employer, the Anthem or Carelon Wellbeing EAP Care Manager should be notified. The formulation of recommendations should be done in cooperation with the EAP Care manager, prior to communicating them to the employee.</p>
Regulatory Referral – EAP Only	<p>A referral required under state or federal regulatory guidelines, such as the Department of Transportation (DOT), Nuclear Regulatory Commission (NRC), etc., with <i>potential job jeopardy for noncompliance</i>. The employee holds a safety-sensitive position and is subject to federal rules and mandates related to drug and alcohol use and a referral occurs due to a violation of these rules. In these cases, the provider may serve as a Substance Abuse Professional (SAP), in accordance with the appropriate regulatory guidelines. The provider, as the SAP, performs an assessment of the employee and reports the assessment and recommendations to the Designated Employer Representative (DER), in addition to Anthem or Carelon Wellbeing EAP Care Manager. The provider also provides any required follow- up evaluations of the employee and provides necessary documentation of their assessments and recommendations. Specific regulatory requirements and appropriate policies will be provided to the provider at the time of the referral. Follow-up calls will be required.</p>

Eligibility Information

Anthem or Carelon Wellbeing, as applicable, will determine eligibility prior to referring a participant to you. If a participant presents to your office and was not referred by Anthem or Carelon Wellbeing, please call the appropriate toll-free number prior to seeing the participant to get clarification of the participant's benefits. When calling, be prepared to provide the following information:

- Payer's (organization sponsoring the program) name
- Participant's name, date of birth, and, in the case of EAP, the employee name (if the participant is not the employee).

Additionally, providers can use the Anthem and Carelon Provider Portals to look up a participant's authorization and to request reimbursement for services rendered. The Provider Portals are <https://www.resourcecenter.workplaceoptions.com/Provider/login> or respectively.

Payer (Organization Sponsoring the Program) Information

When Anthem or Carelon Wellbeing refers a participant to a provider, the following payer-specific information is provided:

- The number of sessions available and other service specifics
- Any appropriate policies regarding substance use disorder/compliance with regulatory agency requirements, when applicable
- Information regarding the origin of the referral (i.e., self, formal or regulatory referral)
- The Anthem or Carelon Wellbeing Manager's name and toll-free number
- Information regarding other ancillary services for which the participant is eligible if the need arises (e.g., legal and financial services, work/life services, Web services, etc.)

If you are unable to provide the needed services, please promptly notify the participant and ask him or her to contact Anthem or Carelon Wellbeing to obtain an alternative referral.

Referrals for Ancillary Services

If a participant is in need of a referral for any ancillary services, when available, or needs assistance in coordinating services with their mental health/substance use disorder or medical benefit, please contact Anthem or Carelon Wellbeing or refer the participant to Anthem or Carelon Wellbeing so we can assist the participant in accessing needed resources for which they are eligible.

Achieve Solutions Website

Carelon Wellbeing's Achieve Solutions website gives providers direct access to credible clinical content and other educational information, featuring more than 6,000 content items on over 200 topics, including depression, stress, anxiety, substance use, relationships, grief, parenting/adult care, and workplace issues. The site includes articles, quizzes, videos, trainings, news, audio clips and other resources.

Providers have the option of printing out information to share with their clients during an office visit or referring participants directly to the site, when access to the site is part of the participant's program, so that each participant can address their concerns in a convenient and confidential manner. A Spanish version of the site is also available. The information on the Achieve Solutions website has been developed by experts in the industry and is regularly reviewed. The website can be accessed at www.achievesolutions.net/providers; EAP participants will have access to a customized site.

Scheduling Appointments

Routine Appointments

Routine appointments should be offered to participants within three (3) business days of the initial referral date. Providers are expected to contact participants within 24-48 hours after being contacted to schedule an appointment with the participant. If for some reason the provider is unable to accept the referral or accommodate the participant's needs in any way, the provider should ask the participant to obtain an alternative referral.

Emergent and Urgent Appointments

Providers may be asked to handle emergent and urgent appointments. These assessments should be conducted immediately.

Providers are encouraged to make available appointment times before, during, or after traditional work hours, on weekends, and at least one evening per week.

Provider Responsibilities to Participants

Notice of Privacy Practices

Providers are required to make available a Notice of Privacy Practices in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice should be in a visible area in the office, or given to each new participant contact and upon request.

EAP Participant Statement of Understanding (EAP Only)

The EAP Participant Statement of Understanding explains to the participant how EAP works and emphasizes the confidential nature of these services. The form *must* be reviewed with the EAP participant and signed at the beginning of the initial face-to-face session. If a participant refuses to sign or a signature was not obtained, the affiliate should document this on the form and in their treatment notes.

Providers conducting EAP sessions via telehealth must document review of this form during their first visit.

Collecting and Sharing Confidential Information

Confidentiality is an important professional and administrative aspect of our programs. Participating providers are responsible for ensuring that they have the necessary written consent from participants before any information is released to any third party, except as required to comply with any applicable state or federal law. A HIPAA based "Authorization to Disclose Health Information Form" is located on both Anthem and Carelon websites for your use. **Please remember that the Family Educational Rights and Privacy Act protects the privacy of student education records.**

Providers *must* obtain approval from Anthem or Carelon Wellbeing prior to releasing any information. Providers should *never* contact a participant at home, school, or at work without prior approval from the participant.

Providers must also be careful not to release information or acknowledge involvement in short-term counseling to other participants or a participant's family unless all parties have directly participated in the case. If a participant requests a copy of his or her record, the provider should follow applicable laws or statements from his or her professional society or licensing board in responding to the request.

Affiliates should tell participants that short-term counseling services are confidential, with the following exceptions:

1. If the provider learns about child, elder, or disabled adult abuse or neglect, you are required by law to report it to the proper authorities.
2. If, in the judgment of the provider, a participant presents a threat of imminent and serious bodily harm to self or others, you will disclose information in order to help prevent harm.
3. If the provider is required to present records to comply with a court order, it is your legal responsibility to comply.
4. If the provider learns about any emergency medical circumstances that require immediate medical attention, 9-1-1 should be called as appropriate.
5. If the client-specific Statement of Understanding identifies any other requirement of disclosure based on workplace policies (EAP Only).

Note: *Disclosures must be indicated in the provider's notes and filed in the clinical record with copies of any forms relating to confidentiality and release of information. Also, the participant's refusal to sign any release or other statement must be documented by the provider. Anthem or Caredon Wellbeing, as applicable, may request a copy of a participant's case records.*

Obligation to Report/Duty-to-Warn

Participating providers must comply with all applicable state and federal laws regarding confidentiality, child/elder abuse, and other reporting or "duty-to-warn" laws. It is the provider's responsibility to understand and comply with the professional and legal requirements in their state.

The duty-to-warn may override the usual right to confidentiality of which a participant is assured when speaking to a clinician. This applies to any provider receiving information from a participant. If a provider believes that a participant represents a threat to others, the provider may need to take steps to warn a third party in accordance with local statutes or judicial interpretation of the law. It is preferable to contact the police, but the provider may need to warn the intended victim by telephone if that is the best way to assure the potential victim's safety. Threats to self should be handled in a similar manner in order to protect a person from harm.

Anthem or Caredon Wellbeing must be notified immediately of the threat and the steps taken to notify victim and/or law enforcement.

Complaints and Grievances

It is our practice to make available a standard two-step complaint resolution process for both participants and providers unless otherwise required by network-specific guidelines or regulation.

A complaint is a verbal or written communication from a participant, participant representative, or provider to Anthem or Caredon Wellbeing of dissatisfaction with some aspect of our processes or services other than a denial of invoice payments related to services.

A grievance is a written or verbal communication from a participant, participant representative, or provider to Anthem or Caredon Wellbeing of dissatisfaction with the outcome of a complaint resolution.

Additional information on complaints and grievances can be obtained by contacting Anthem or Caredon Wellbeing

Intake Protocols

The Care Manager provides the participant with information on his/her benefit including number of sessions and any enhanced services for which the participant is eligible.

The initial intake should include an assessment of any needs requiring attention. The provider should obtain necessary clinical and non-clinical information. This assessment should cover the following areas:

- a. Participant demographic information
- b. The nature of the request or presenting problem, including stressors, precipitants, and severity of symptoms
- c. Self-report of any work or school related issues (attendance, work history, problems with coworkers/fellow students/instructors, job/enrollment jeopardy, disability leave)
- d. Safety issues as a result of job classification, such as working in a safety-sensitive and/or government-regulated work environment (e.g., DOT, DOE, NRC) (EAP Only)
- e. Assessment of risk to self or others

Following the intake or initial interview, the provider should identify whether to retain the case for short-term counseling as allowable under the benefit, or refer the participant to outside resources for ongoing treatment. Providers who are unable to provide needed services should promptly notify the participant and advise Anthem or Carelon Wellbeing, as applicable.

Clinical Assessment Protocols

The assessment should focus on problem identification and an appropriate action plan. Special consideration should be taken to appropriately assess risk to self and others. If short-term counseling is to be provided, there should be a service plan, including behavioral and measurable goals, which builds on the strengths of the participant.

When the participant is a victim of abuse or neglect, the provider intervenes with more intensive services and provides more frequent monitoring and coordination with the Care Manager.

The provider is encouraged to administer standardized assessment tools as indicated and appropriate to help with the proper service provision and/or referral to meet the participant's needs.

We expect providers to have detailed procedures in place to address back-up and support in managing cases that involve threats of violence, including homicidal or suicidal ideation.

Developing Session Goals

Critical to short-term counseling service delivery is the development of session goals between the provider and participant. Session goals are objective, incremental, and measurable targets used to evaluate achievements toward problem resolution during the course of program involvement, whether the service is assessment and referral or short-term problem resolution focused.

Service planning and delivery must meet the diverse and unique needs and preferences of participants. These may be related to age, sex, gender, sexual orientation, physical limitations, ethnicity, culture, and other characteristics.

The formulation of an objective, incremental, and measurable action plan can be made easier by following the steps below in collaboration with the participant:

- **Identify the Problem** – Problem descriptions relate to the symptoms or complaint presented by the participant. A problem statement is one in which the symptom or complaint is described in behavioral terms.
- **Establish Goals that are Objective** – Describe the action required to resolve the problem in observable terms. The expected behavior will need to be measurable in observable behaviors.
- **Establish Steps to Achieve the Goal** – Short-term counseling is an action-oriented service and should include steps for the participant to take in addressing concerns and testing out behaviors to improve skills.
- **Establish Goals that are Incremental** – Be specific and detailed. Goals need to be easily attainable to encourage success. By breaking a task into its parts, participants become conscious of success.
- **Establish Goals that are Measurable** – Once the goal is described, identify where, when, and how often this behavior should occur for the goal to be completed.
- **Establish a Target Date for Achievement** – Determine how long it may take to achieve the goal or resolve the problem.
- **Review Progress and the Goal Plan** – Periodically review the session goals. Have the goals been achieved? Does the treatment plan need modification?

Follow-up Requirements

Providers must coordinate follow-up activities with Care Managers. Follow-up activities are specific to the type of referral and treatment modality. For example, for inpatient needs, a return to work or school and/or discharge planning conference may be held with the participant prior to return to work or school. Care Managers will advise affiliates of specific follow-up requirements.

Record-Keeping Requirements

Participating providers must establish a separate file for every case upon first contact with a participant. This file should reflect services provided for each session and the time and date of each session rendered. Record entries contain only the information that is necessary to properly serve the participant. All record entries for services are completed, signed, and dated by the person who provided the service.

Case records that are created and maintained by a provider are considered the property of the provider. Any records that are created and maintained by the program are considered the property of the program.

Providers should maintain records in a secure location to which only the provider has access. Carelon Wellbeing or Anthem may audit provider records as needed. The case record should be maintained in accordance with acceptable industry standards and professional guidelines.

When necessary due to the nature of participant needs and/or the type of service being provided, basic information is supplemented by psychological, medical, or biopsychosocial evaluations.

Progress notes for each contact should be legible and must include the following:

- Date and type of contact
- Duration of contact
- Current functioning and risk assessment
- Assessment of participant progress toward established goals
- Plan of action to be taken including discharge plan and follow-up
- Participant's response to presented action plan

The provider should screen his or her participant records for un-summarized notes, observations, and impressions, and other material that should be expunged at the closing of the record, at least annually and in accordance with federal and state legal record keeping mandates.

Carelon Wellbeing and Anthem staff, including auditors and third-party evaluators, are permitted access to records for the purposes of:

- a. Program oversight, evaluation, and quality improvement
- b. Destruction of records at the end of their period of maintenance, if applicable
- c. Assisting in the transfer of records from one provider to another

The provider must maintain records in accordance with federal and state legal mandates, and comply with requirements related to participant access to records, amendments to records and documentation of disclosures of protected health information.

The American with Disabilities Act

Providers are expected to comply with all provisions of the Americans with Disabilities Act (ADA) and other federal, state, or local laws or municipal codes applicable to the services. Services should be handicap-accessible for participants with physical, visual, and/or hearing impairments. The provider adapts their environment to the special needs of participants. Accessibility of services is an integral component to meeting needs equitably. The provider should attempt to deploy and adapt their facilities so that they are usable by all those in need and otherwise eligible. This includes providing or arranging for communication assistance for persons with special needs, who have difficulties making their service needs known, by providing assistance such as a computer, telephone amplification, sign language services, or other communication methods to facilitate service.

Office Environment

The physical environment of the provider office should reflect the provider's commitment to provide comfort and dignity to participants and personnel of diverse backgrounds and ages.

The provider should also maintain a service environment that is safe, clean, free of hazards, smoke free, child-friendly, and professional. Providers should ensure sufficient office space to protect participant and counselor confidentiality and maintain procedures to ensure that office, grounds and overall facilities are safe and secure for participants and personnel 24 hours a day.

For facilities, offices, and grounds that are regularly used, rented, or owned, the provider maintains a permanent file of reports, including incident reports, which demonstrate its compliance with all:

- a. Certification of occupancy requirements
- b. Zoning and building codes
- c. Occupational safety and health administration codes
- d. Health, sanitation, and fire codes
- e. All other applicable safety codes

The provider is encouraged to have procedures for responding to accidents, fire, medical emergencies, water emergencies, natural disasters, and other life threatening situations that address the needs of persons with special needs; specify evacuation procedures and appropriate responses to medical emergencies; address voluntary or involuntary closure of the office in emergency situations; and notification of participants and Carelon Wellbeing in the event of catastrophic events.

The provider is encouraged to consider the accessibility, availability and affordability of public transportation, the location of area community resources and the special needs of actual or potential participants within the provider's geographic area.

Provider Administrative Responsibilities

Recredentialing and Information Updates

Combining the Anthem and Carelon Wellbeing Assistance Program networks, included carrying over Anthem provider specific credentialing files. Carelon will be conducting all new credentialing for the Assistance Program network and will be responsible for ongoing monitoring and off-cycle reviews of all network providers.

The network will be re-credentialled by Carelon Wellbeing every three (3) years to ensure providers continue to meet credentialing criteria and quality-of-care standards. To minimize administrative burden, Carelon Wellbeing uses CAQH for both credentialing and re-credentialing. Providers must grant Carelon Wellbeing access to their CAQH practitioner specific record to allow it to be visible to Carelon Wellbeing for credentialing and re-credentialing.

Providers are also encouraged to keep the following information in their CAQH profile up to date:

Recredentialing

- Verification of current state licensure or certification (verified at initial credentialing and recredentialing and then monitored monthly as part of our ongoing monitoring of sanction process)
- Verification of current individual malpractice liability insurance with limits, dates of coverage, and provider's name
- Current resume/curriculum vitae
- Any pending legal, administrative, or licensure action not previously reported

It is critically important that providers keep their contact information, particularly email, mailing and credentialing address, updated as this is the primary method for communication.

Re-credentialing deadlines are firm. If deadlines are not met, the provider will be removed from the network. Requests for recredentialing documentation begin six months in advance of the 36 month cycle deadline through physical mailings and email notifications.

Information Updates

To ensure accurate and timely changes to our provider records, providers should keep their CAQH demographic records up to date, so Carelon Wellbeing can access this data and ensure accurate provider directories for our membership. Carelon Wellbeing down loads updated information from CAQH weekly. Information regarding a provider must be entered at the provider, and not practice, level. Providers must notify Carelon Wellbeing directly of changes to any of the information below:

- Tax identification numbers and NPI numbers
- Name changes
- Newly acquired areas of expertise
- New service sites and/or deletions of others
- Providers must notify Carelon Wellbeing immediately of any changes to their licensure or malpractice insurance.

For affiliates without a CAQH profile, the preferred method to update their Provider Profile (e.g., address) is via ProviderConnect and selecting the "Update Demographic Information" option. Providers without access to ProviderConnect should contact Carelon Wellbeing's National Provider Service Line at 800-397-1630, Monday through Friday, 8 a.m. to 8 p.m. ET.

All demographic updates sent to be Carelon Wellbeing will also be used to update the Anthem Assistance Program Provider Directories.

Disenrollment and Agreement Amendments

Either party may choose to terminate the Provider Agreement.

- As of January 1, 2021, if a provider chooses to resign from the network, Carelon Wellbeing must be notified in writing. The written notification should be sent to Carelon Wellbeing, National Provider Network Operations, P.O. Box 989, Latham NY 12110–6402. Carelon Wellbeing will acknowledge receipt of the affiliate resignation request and confirm the disenrollment date.
- If Carelon Wellbeing chooses to disenroll a provider, written notification of the disenrollment, including the effective date, will be sent as specified in your Agreement.
- Upon disenrollment, providers are obliged to continue to provide services to current participants under the terms of their Agreement. However, Anthem or Carelon Wellbeing may choose to re-assign any or all participants currently under a provider's care. Anthem or Carelon Wellbeing will notify the disenrolled provider of such an assignment.

Provider Availability

A network provider must notify Anthem or Carelon Wellbeing immediately regarding any situation where he or she is unable to maintain a case. In the event that a participating provider is unable to take referrals for a length of time, he or she must notify Anthem or Carelon Wellbeing by calling the Carelon National Provider Services Line at 800-397-1630 or the Anthem EAP Provider Service Line at 888-650-5748 or emailing them at EAPProviderNetworks@anthem.com. Failure to notify Anthem or Carelon Wellbeing may result in inappropriate referrals to providers and unnecessary delay for participants seeking assistance.

Clinical Considerations

Providers are encouraged to call Anthem or Carelon Wellbeing, as applicable, for case consultation as necessary. Difficult cases and all formal or mandatory referral cases should be discussed jointly to determine the most appropriate service intervention, possible service plan(s), and referral resources.

Open and Inactive Case Definitions

Cases may remain open for three months after the last contact with the participant if no other follow-up is planned. Generally, after this period of time, the case becomes inactive (except for Department of Transportation cases and some non-DOT substance use cases).

In the case of EAP, termination of the participant's employment does not remove the case from inactive status.

A participant may refuse services at any time and request that we place their case on an inactive status.

No-Show Policy

The first missed appointment should be documented as such. You may call the participant to reschedule another appointment, depending upon payer-specific preferences. Two consecutive "no shows" do not require a call to the participant but will require proper documentation. In the case of "no show" to EAP referrals, job performance and DOT referrals, the provider must document the missed appointment and also notify the Anthem or Carelon Wellbeing Case Manager. See "Billing for Missed Appointments."

Billing participants for missed appointments is considered balance billing and is not allowed, regardless of the provider's standard office practices related to billing patients for missed appointments.

Disability

The provider will not authorize disability or family medical leave (under FMLA) without review and consultation with the applicable Anthem or Carelon Wellbeing Care Manager. Exceptions may be made by Anthem or Carelon Wellbeing when the provider meets state and/or disability carrier requirements and when providing such authorization serves the best interests of the participant. When Anthem or Carelon Wellbeing authorizes the provider to authorize disability or FMLA, it is the provider's professional responsibility to complete all essential paperwork.

EAP Specific Responsibilities

Workplace Emphasis in EAP Assessment

By design, the EAP assessment is structured, brief, and very focused. What makes an EAP assessment unique and most valuable is its workplace emphasis. Therefore, in addition to the assessment of clinical factors, non-clinical problems or concerns (e.g., work related issues, job functioning, employment data, financial issues) will also be identified, defined and prioritized in the EAP assessment.

A thorough EAP assessment helps to ensure that presenting and assessed problems are recorded, compared, and reflected in aggregate reporting.

Additionally, work history information is especially important for job performance-based referrals.

Job-Performance-Based Referral Coordination

In situations in which an employee is referred to the EAP by his/her employer due to job performance concerns, the provider will receive information on EAP participant disciplinary action and other job issues through the Anthem or Carelon Wellbeing EAP Care Manager. This information must be treated as a privileged communication and should not be either shared with or referenced in communication with the employee. Any updated or previously unreported information needs to be coordinated between Anthem or Carelon Wellbeing staff and the provider. The Anthem or Carelon Wellbeing EAP Care Manager will validate any additional information or pertinent changes.

Providers should never communicate with the employer, unless authorized by Anthem or Carelon Wellbeing staff or unless acting as a SAP evaluator under the Department of Transportation (DOT) regulations.

Department of Transportation Referral Coordination

Anthem or Carelon Wellbeing may refer employees covered under the federal Department of Transportation (DOT) alcohol and drug-testing regulations to providers who are qualified Substance Abuse Professionals (SAPs) for face-to-face evaluation. Actual return to work authorization is the responsibility of the employer, not the provider. To function as a SAP, providers must be able to demonstrate having completed SAP-qualifying training and passing of the SAP examination. Additionally, they must demonstrate having completed DOT-required continuing education credit every three years subsequent to passing the SAP examination.

Provider Referral Coordination

If assistance is needed beyond EAP visits allowed in the session model, the provider should call Anthem or Carelon Wellbeing, depending on the participant's program, with the recommended service plan. Anthem or Carelon Wellbeing will provide assistance in locating a referral resource covered by the EAP participant's benefit plan or an appropriate community resource to meet the participant's unique needs. As required, exceptions to this protocol are coordinated through Anthem or Carelon Wellbeing.

Any referral made to non-credentialed providers or programs, or to a community resource, is facilitated rather than made. This is an important legal distinction that has to do with limits to liability and responsibility over the actions of others that are not contractually agreed to in advance. EAP participants should be made aware of this distinction as it may apply.

If you have any questions regarding the EAP participant's benefits through Anthem or Carelon Wellbeing, please call the Customer Service line listed on the participant's member identification card.

Coordinating Other EAP Services

Upon request, and based upon the qualifications of a credentialed provider, other EAP services provided by the affiliate may include:

- Participation in return-to-work conferences
- Supervisory/management training and employee orientations
- Telephone and in-person management consultations
- Critical incident response services
- Topical seminars (e.g., stress management, parenting skills, communications skills, etc.)
- Disability management return-to-work coordination
- Drug-free workplace training and consultation

Reimbursement

Providers will be reimbursed in accordance with their contractual agreement. Providers will be reimbursed at the same rate per session regardless of whether the participant is being managed by Anthem or Carelon Wellbeing. Until Anthem and Carelon Wellbeing operate their short-term assistance program on a common platform, providers will need to follow specific reimbursement processes delineated by the organization managing the participant's benefit (i.e., providers must use the correct reimbursement form for each organization).

Reimbursement for services rendered to Anthem Participants

The Anthem confirmation packet contains a Statement of Services Rendered Form that Providers may use for billing. These forms can be submitted via the Anthem Provider Center, www.AnthemEAP.com, for fastest reimbursement, or by mail or faxed to:

EAP Claims
9655 Granite Ridge Dr
6th Floor
San Diego, CA 92123
Fax number: 855-535-7450
Email to: EAPClaims@Anthem.com
For Claim Status: 800-728-9492 Option 3#

Additionally, providers may request reimbursement for services using the CMS 1500 form (formerly known as the HCFA 1500), and CPT Code 99404.

Providers must verify that their Billing Address and Tax ID on their reimbursement requests or claims form match what is listed on the Anthem confirmation form. If this information does not match, providers must get their information updated prior to submitting a claim by calling the Anthem Provider Services Line at 888-650-5748 or sending an email to EAPProviderNetworks@Anthem.com.

Reimbursement for services rendered to Carelon Wellbeing Participants

Providers must submit a Case Activity and Billing Form (CAF) for each Carelon Wellbeing case. There are two versions of this form, which serves as the provider's invoice:

The CAF-1 is a one-page document that is mailed out to providers along with authorization letters. The CAF-1 may only be used when services are pre-authorized. Providers are encouraged to submit CAF-1s through ProviderConnect to speed the reimbursement process.

The following are the steps for submitting the CAF via ProviderConnect:

- Log into ProviderConnect with your User ID and Password
 - If you have not already registered for ProviderConnect, please register by going to our website at www.carelonbehavioralhealth.com
 - Read the User Agreement page, and if you agree, select the "yes" button
- On your ProviderConnect Home page, select "Review an Authorization"
- Enter the participant ID, authorization number, and/or authorization dates on the "Search Authorizations" screen and select "Search"
- On the "Authorizations Search Results" page, click on the blue hyperlink for the authorization number that corresponds with the services provided; this will bring you to the "Auth Summary" page
- Select "Auth Details" tab at the top of the "Auth Summary" page
- Select the "Enter EAP CAF" button to start the CAF entry process

Carelon Wellbeing's ProviderConnect portal allows providers to review authorizations, submit CAF information, and receive prompt payment for all visits. **Network providers are expected to conduct all routine transactions electronically.**

The CAF-2 is a two-page document. The CAF-2 should be used in cases where services have not been pre-authorized. The CAF-2 may not be submitted via ProviderConnect.

Following is a list of information required on each version of the Case Activity and Billing Form:

CAF-1

- BillingType (Interim, Final or Re-Open)
- Payer (corporate client, employer, company/division, college/university, location or department, or other organization through which benefits are available)
- Participant Name
- Participant Information (name, date of birth, gender, and, for EAP, relationship to employee and whether or not the EAP Statement of Understanding was signed)
- Billing Information (dates of service)
- Provider Information (name, billing address, SSN or Tax ID number, NPI Number)
- Assessed Problem
- Risk and Functional Assessment (impairment level on eleven areas of functioning at case opening and at case closing)
- Case Closing Information (Problem Status at Closing, Disposition, Referral information)

CAF-2

- BillingType (Interim, Final or Re-Open)
- EAP Statement of Understanding signed for EAP services; Release of Information signed (if applicable)
- Payer (corporate client, employer, company/division, college/university, location or department, or other organization through which benefits are available)
- Participant Information (name, address, date of birth, home phone, relationship to employee for EAP services, ethnicity, relationship status, referral source, how they learned about the program, method of initial contact with the program, gender)
- For EAP services, employee Information, if employee is not the participant (name, Social Security Number, hire date, employment status, job dysfunction, job problem, job title category, union status)
- Billing Information (dates of service)
- Clinician Information (name, billing address, SSN or Tax ID number, NPI Number, phone number, signature, number of sessions)
- Presenting and AssessedProblem
- Risk Assessment (risk to self and others at case opening and case closing)
- Functional Assessment (impairment level on eleven areas of functioning at case opening and at case closing)
- Goals, and progress toward meeting goals
- Assessment of Psychiatric history, substance use treatment, strength, skills, aptitude and interests, supports and military history
- Case Closing Information (Problem Status at Closing, Case Disposition, Referral information)

Providers will only be reimbursed for services rendered to a Carelon Wellbeing participant when a CAF is submitted with all the required information completed

Provider Payments

Participants do not have a co-payment for Assistance Program sessions.

- Sessions are expected to last a therapeutic hour, considered 45-50 minutes of face-to-face or telehealth care.
- Providers must not exceed the number of sessions authorized for a participant.
- Providers must not bill a participant for any expense incurred.
- ***Providers must not bill participants for missed appointments or no shows.***
- Providers should not bill for telephone contacts with or on behalf of a participant unless previously authorized by a Carelon Wellbeing representative due to special circumstances.

Anthem and Carelon Wellbeing shall pay providers for rendered services according to their Agreement within 30 business days following receipt of accurate and complete billing forms.

The payment period may be extended if Anthem or Carelon Wellbeing contests all or a portion of the invoice, if the incorrect form is received or sent to the wrong entity, or if there is incomplete information on the billing form. Anthem and Carelon Wellbeing will return incomplete forms or submission of the wrong form to the provider for correction and resubmission.

Whenever there are specific questions or extenuating circumstances concerning an invoice, providers should consult the Care Manager who referred the participant.

Billing for Missed Appointments

Anthem and Carelon Wellbeing do not reimburse participating providers for missed or cancelled appointments; nor may a provider bill a participant even if standard office procedure includes the participant signing an agreement to pay for missed appointments.

Timely Filing

Anthem and Carelon Wellbeing require that the appropriate billing form be submitted within 90 days of the last authorized session for the issue or completion of course of care. Providers are prohibited from billing participants for services. Anthem and Carelon Wellbeing must receive a valid, accurate and complete billing form for services within nine (9) months of the last date of service to be eligible for payment.

Maximum Visits per Day

Anthem and Carelon Wellbeing's programs provide reimbursement for only one professional service per day. Request for exceptions may be sought prior to delivering more than one unit of service in a day—this must be obtained proactively and may be reviewed telephonically with the Anthem or Carelon Wellbeing Clinical Staff, as applicable, to determine whether an exception will be granted. These exceptions are not routinely granted.

Other Types of EAP Specific Services

The descriptions below is for reference only. The provision of such services may differ according to payer - specific EAP benefit design requirements.

1. Critical Incident Response Services

Employees involved in serious incidents (i.e. workplace violence, loss of co-worker, extraordinary events such as the terrorist attacks of September 11th, etc.) may experience emotional and physical symptoms affecting their quality of work or ability to work/return to work. A structured process of education and consultation will assist in easing the trauma and help to return personal control to the affected employee. Our comprehensive crisis management services include preparation of key personnel/stakeholders, “psychological first aid” and the availability of ongoing consultation and support.

2. Employee Orientation

Employees may not fully understand the connection between the EAP and their own needs for assistance. EAP orientation for employees helps employees quickly understand the risks associated with personal problems that may be negatively impacting their work performance, and describes how the EAP may help. This information emphasizes employee self-referral for issues or concerns that may interfere with effective functioning in the workplace or in their personal lives. This program typically consists of an onsite meeting with large groups of employees lasting between 30 to 45 minutes per orientation.

3. Supervisor/Management Training

Formal training sessions for supervisors, managers, and key leadership clearly defines respective roles and aid in facilitating referrals to the EAP to support positive change in employees with personal and job-related problems.

4. Management Consultation

Anthem and Caelon Wellbeing provide management consultation to client organizations. General guidance is provided on the management of employee performance problems, substance use identification and intervention, EAP referrals, conflict resolution, downsizing support, and assistance with design, implementation, operation, evaluation, and modification of the EAP.

5. Topical Seminars

Seminars are typically 90 minutes in length and may be customized to cover unique topics of concern to an organization's employees. Seminars may include such topics as stress management, parenting skills, or communication skills, etc.

6. Violence Prevention Consultation and Training

Preventing employee violence is the best approach to this increasingly disturbing trend and workplace risk. Anthem and Caelon Wellbeing assist client organizations by bringing the latest information and training to help prevent and manage workplace violence.

7. Drug-Free Workplace Training and Consultation

Anthem and Carelon Wellbeing provide support to employers who implement or maintain policies and guidelines regarding employee alcohol and/or drug use, for example, to comply with federal contract or the Department of Transportation (DOT) regulations. We can assist employers by providing supervisory training pertaining to identification of substance use disorder and intervention techniques as well as policy development and implementation.

8. Fitness-for-Duty Evaluation Services

Anthem and Carelon Wellbeing provide client organizations with access to forensic psychiatrists specializing in Fitness-for-Duty evaluations. We will not ask a contracted provider to determine whether or not an employee is fit for duty, and providers should not provide verbal or written information to an employer regarding an employee's fitness for duty. However, Carelon Wellbeing may refer an employee to provider for EAP services following a Fitness-for-Duty evaluation, or for an initial evaluation to help determine if a Fitness-for-Duty evaluation is needed.

Provider Frequently Asked Questions

#	QUESTION	ANSWER
1	If a participant needs ongoing treatment beyond their benefit, am I allowed to refer to myself?	Some programs do not permit providers to self-refer; with other programs this is permissible. It is best to consult with the Anthem or Carelon Wellbeing Care Manager who referred the participant before making any self-referral.
2	To whom do I submit the billing information?	<p>Until Anthem and Carelon Wellbeing operate their short-term counseling benefits on a common platform, providers will need to follow specific reimbursement processes delineated by the organization managing the participant's benefit. The authorization letter will have either the Anthem or the Carelon logo on the correspondence. Providers can also go to the Anthem and Carelon Provider Portals to check authorizations.</p> <p>Both organization's Provider Portals allow EAP Affiliates to submit requests for EAP reimbursement electronically.</p> <p>Anthem Provider Center: www.AnthemEAP.com</p> <p>Carelon Wellbeing Provider Portal: www.carelonbehavioralhealth.com</p>
3	Where can I find a copy of the CAF-1 or the CAF-2?	<p>Providers will receive a copy of the CAF-1 with authorization letters. The forms are also available on our website, www.carelonbehavioralhealth.com</p> <p>Note that the preferred way of conducting transaction with Carelon Wellbeing is through the ProviderConnect portal. This application, found on our website, allows providers to review authorizations, submit Case Activity Form information, and receive prompt payment for all visits... Network providers are expected to electronically conduct all routine transactions.</p>

#	QUESTION	ANSWER
3	How will I know the number of visits that are covered under the participant's benefit?	<p>The authorization letter will have information about the participant's session model, specifically stating the number of covered visits per concern.</p> <p>Providers can also go to the Anthem and Carelon Provider Portals to check authorizations.</p> <p>Anthem Provider Center: www.AnthemEAP.com</p> <p>Carelon Provider Portal: www.carelonbehavioralhealth.com</p>
4	If a prior participant returns for additional services after his/her case has been closed, should I call for another authorization?	<p>If a participant comes back for additional services, you should consult with Anthem or Carelon Wellbeing to determine what services are available to meet the participant's needs. Issuing a new authorization will depend upon the participant's needs and what is available under the participant's benefit at that time.</p>
5	Is it okay for me to excuse an employee from work (or request a shift change, or other change in the work environment)?	<p>No. Any concerns of this nature should be referred to Anthem or Carelon Wellbeing who will consult with the participant's employer as necessary. You should not initiate contact with the participant's employer even if requested to do so by the participant. Nor should you provide any written documentation of this nature to the participant, with the exception of a basic letter addressed to the participant confirming dates of service.</p>
6	Should I have direct contact with an employee's supervisor?	<p>You should not have contact with the participant's employer. Please feel free to consult with Anthem or Carelon Wellbeing Care Managers regarding any concerns of this nature.</p>
7	If a new problem emerges during the course of counseling, may I obtain a new set of visits based on the new problem?	<p>Short-term counseling includes assessment of problems that an individual may be experiencing and referral for ongoing counseling if needed.</p>
8	If I am not available, can I refer an individual to someone else in my practice for counseling?	<p>Authorizations are linked to a specific provider. If you are not available to accept the referral but someone else in your practice is available and is credentialed in the network, please call Anthem or Carelon Wellbeing as applicable, to obtain a new authorization for the provider rendering services. This will prevent any confusion or delays in payment for services delivered. Do not refer to another provider in your practice without consultation with Anthem or Carelon Wellbeing.</p>