

### **PROVIDER ORIENTATION**

Welcome to the Empathia Pacific, Inc. provider network. We are dedicated to providing excellent service to our clients and support to our providers. We are happy to assist you with any questions or concerns about our services or policies, or your role as an employee assistance program ("EAP") provider. Please take the time to review the following summary about our services.

Your signature on the Provider Orientation Acknowledgement serves as acknowledgement of your review of this information.

### Who We Are

Empathia Pacific, Inc. ("Empathia") is headquartered in Agoura Hills, California and is licensed to operate as an as an EAP plan by the California Department of Managed Health Care ("DMHC") pursuant to the Knox-Keene Health Care Service Plan Act of 1975. Our company is a wholly owned subsidiary of Empathia, Inc., headquartered in Waukesha, WI. Empathia, Inc. performs certain functions on Empathia's behalf, including telephone intake and referral services, provider credentialing, and claims processing, among others. Empathia uses the service brand name "LifeMatters" for its employee assistance programs, so you will see this name on our materials and forms, including this Provider Orientation document. Also, when our counselors contact you about EAP services, including new client referrals, they may use the LifeMatters name.

## **Intake and Referral Service**

- EAP services offered by LifeMatters by Empathia includes pre-diagnostic assessment, supportive counseling, referral, and follow-up services..
- We will notify you by phone, email, and on the provider portal of new client referrals.
- New clients will be given your name and contact information at the point of intake and instructed to call you to schedule an appointment. We will attempt to warm-transfer calls to you.
- An intake summary, case number, client forms, and referral authorization letter with the number of preapproved sessions will be provided to you securely via email, fax, or mail.
- If you do not hear from a new client referred by us within three (3) business days, contact us at 1-877-8448693 and we will follow-up with the client.
- In keeping with professional standards for prompt and easy access to services, please return calls from clients within 24 hours. It is Empathia's service standard that clients will be offered appointments within 7-10 working days from the date of the request for initial, non-urgent services and within 48 hours of the request for urgent services. We only offer a client one referral. If for any reason you are unable to accommodate a client's scheduling request to their satisfaction, please notify us at your earliest opportunity by calling 1-877-844-8693 so we may redirect the client.
- Our counseling staff members offer the Empathia "Notice of Privacy Practices" to all clients during the initial intake call; therefore, it is not necessary for you to provide the Notice unless the client specifically requests it.
- When a client is presents with issues beyond the scope of LifeMatters EAP services, please follow professional guidelines established by your licensing board for appropriate clinical follow up.
- Empathia maintains a language assistance program for interpretation and document translation services at no cost to EAP clients. Please tell clients to call 1-877-844-8693 and ask to be connected to Empathia's language assistance service provider for assistance with interpretation, document translation, or other language assistance needs. Informational notices explaining how clients may contact Empathia, file a complaint with Empathia, and obtain assistance from the DMHCare available in non-English languages through the DMHC's web site at http://www.dmhc.ca.gov.

### **Approval for Sessions**

- For assessment and referral (1-3 session model) programs, Empathia will pre-approve three (3) sessions.
- For extended session model programs, Empathia will pre-approve the number of sessions available in the program model (each employer group determines the number of EAP sessions for their program). After an assessment is completed, if a client is in need of counseling beyond the pre-determined number of EAP sessions, please facilitate a referral or assist the client in making a transition to insurance. LifeMatters EAP services are intended to solely be for pre-diagnostic and short-term solution focused treatment not for ongoing care. If at any time longer term care is required, please refer the client for ongoing treatment services.

#### **Client Forms**

- Empathia providers utilize the following client forms:
  - o "Statement of Understanding and Consent to Participate"
  - o "Empathia Assessment and Outcome Form/Clinical Reimbursement Form" (on provider portal)
  - "Freedom of Choice Statement"
- At the first session and in advance of services, review the "Statement of Understanding/Consent to Participate" form with each new client and obtain the client's signature on the form as acknowledgement of his/her understanding of the scope of services.
- Use the "Empathia Assessment and Outcome Form" (complete on provider portal) to record assessment information, client contacts and all other services.

## Reimbursement by Empathia Pacific

- Complete the "Empathia Clinical Reimbursement Form" by recording service information and service hours (on the provider portal).
- Empathia reimburses for up to two "no shows" or late cancellations (less than 24 hours notice) at a contracted "no show" rate. Please contact us at 1-877-844-8693 for any clarification. Late cancellations or no shows do not count toward the number of sessions used by the client. We reimburse for client service follow-up and case management. This time is to be billed in quarter-hour increments.

### **Self-Referrals**

Providers are allowed to self-refer for ongoing treatment services in specific situations in which the client's clinical needs, based on completion of the LifeMatters assessment, are best served by the client remaining with the provider. In such cases, the provider will discuss this with the client and provide the client with at least two alternative local treatment resources. If the client elects to remain in treatment with you, either through insurance, or a direct payment arrangement, provide the client with the "Freedom of Choice Statement" for signature. Keep this form in your client record to document that the client has been informed of the transition from LifeMatters covered services to a private practice arrangement and that alternative treatment options were offered.

# Client Records, Legal/Ethical Standards, and Anti-Fraud Efforts

- Empathia is the custodian of LifeMatters client records and all records are the property of Empathia. In signing the provider contract, you agree to provide LifeMatters client records to us, upon request, as part of our quality assurance procedures.
- Providers are not to provide written information on behalf of any LifeMatters client without our advance notice and approval, except as required by law.

- LifeMatters client records should never be released without first contacting Empathia, except as required or allowed by law. We will respond to all legal requests.
- Empathia maintains an anti-fraud plan and encourages providers to develop awareness of ethical practices in EAP service delivery. A copy of our anti-fraud plan is available upon request.

# **Quality Assurance Reviews**

- The Empathia clinical team may be in contact with you to complete required Quality Assurance Reviews. We
  would greatly appreciate your cooperation during this process. Quality Assurance is completed in the
  following ways:
  - First Assessment Review
  - o Periodic review of paperwork
  - Site visit

#### Grievances

In the event of a client's dissatisfaction with LifeMatters services, Empathia has a specific grievance procedure in place. We consider any expression of dissatisfaction with LifeMatters services to be a "grievance." Please notify us immediately of any client service concerns and ensure that you have copies of our grievance form and a description of our grievance procedure readily available for clients at your office or facility. Upon receipt of a client grievance via phone, mail or website, our Member Services Officer or Clinical Director will contact the client within 24-hours to review the complaint. It is our policy to investigate and resolve client complaints promptly. Your assistance with bringing any concerns to our attention will be appreciated.

# **Provider Practice Changes and Availability**

Empathia maintains certain standards regarding the geographic accessibility of its EAP services and the distribution of network providers to ensure clients can access services within a reasonable time and distance. In order to preserve these standards and protect clients' reasonable access to services, please notify us promptly of any changes to your practice, including change of practice location, availability of office hours, or periods of time when you are unavailable to accept referrals due to practice capacity, vacation or other absences. Updates can be given by contacting Provider Relations at 1-877-844-8693 x6, emailing <a href="mailto:fieldoperations@empathia.com">fieldoperations@empathia.com</a>, or by going to the "Availability" tab on your provider portal at paperwork.empathia.com.

Please do not hesitate to call us at 1-877-844-8693 with any questions about our service procedures, standards, forms, or provider claims. We look forward to working with you.

# PROVIDER ORIENTATION ACKNOWLEDGEMENT

My signature below acknowledges that I have read the Empathia Pacific, Inc. ("Empathia"), Provider Orientation, which provides guidelines on policies and procedures that affect my practice with regard to Empathia clients. I understand that Empathia can, at its sole discretion, modify, revise, or deviate from the guidelines and information in this orientation. I understand that material changes made by Empathia with respect to its policies and procedures will be communicated to me in advance to the effective date of the change.

I accept responsibility for familiarizing myself and my staff (if applicable) with the information in this orientation and will seek verification, clarification or guidance if needed.

| EAP PROVIDER SIGNATURE | DATE |
|------------------------|------|
|                        |      |
| NAME PRINTED           |      |

Please send this signed form to Empathia via mail at 5234 Chesebro Road, Suite 201, Agoura Hills, CA 91301; fax at (818) 707-0496; or email at <a href="mailto:claims@empathia.com">claims@empathia.com</a>.