

A guide to providing services

Aetna Behavioral Health
Employee Assistance Program (EAP)

2009



We want you to know[®]



Table of contents

Introduction	1
Our philosophy	
The Aetna EAP structure	
Why participants value the Aetna EAP	
Clinical Information	2
EAP Call Center	
EAP Call Center access and hours of operation	
Referral process	
Access standards	
Performance-based referrals for job-related substance abuse issues	
Additional services available to participants	
Program quality assurance and improvement	6
Quality standards	
Confidentiality	
Participant grievances	
Provider relations	8
Provider credentialing and recredentialing	
Nondiscrimination	
Notification of status changes	
Aetna EAP website	
EAP provider satisfaction survey	
Aetna EAP plan designs	9
Descriptions	
Reimbursement	10
Forms	11

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Life Insurance Company, Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Health Administrators, LLC, Cofinity, and Strategic Resource Company. Aetna Behavioral Health refers to an internal business unit of Aetna. EAP is administered by Aetna Behavioral Health, LLC and Aetna Health of California Inc. (Aetna).

An introduction to the Aetna EAP

Aetna's EAP was developed in response to the needs of our plan sponsors (employers) and members. Our goal is to help improve productivity, increase participant satisfaction, help members achieve a more satisfactory work/life balance and better manage health costs with a new approach to providing the kinds of help people need, when they need it. We believe the Aetna EAP is an important element of our benefits plan offerings because of the unique services it offers our members.

Our philosophy

At Aetna, we believe in focusing on an integrated, holistic approach to health and wellness, where an EAP and other benefits are part of an overall continuum of care. Together, they help improve productivity, increase employee satisfaction and better manage health costs.

The EAP can serve as the early point of intervention for many problems and issues that can affect a member's physical and mental well-being. For an EAP to be most effective, members should use the program to help address work and life issues before they become unmanageable. That's why we have taken the traditional EAP concept one step further by placing an emphasis on motivating and guiding members to use this important benefit.

The Aetna EAP offers a full suite of services designed to meet the personal needs of members and the business needs of the workplace. Standard program offerings include:

- 24/7 access to trained mental health professionals
- Assessment and referral services
- Face-to-face counseling sessions delivered in a variety of program session models
- Training and education services
- Management consultation
- Critical incident support
- Interactive Web services
- Communication and promotion tool kit
- Reporting services
- Work/life services, including elder care, child care and legal/financial resources

The Aetna EAP structure

The Aetna EAP operations unit is headquartered in Hartford, CT. We have developed a national network of EAP providers to service our business across the country. We have select vendor arrangements for services such as work/life balance, crisis management and international EAP referral.

Why participants value the Aetna EAP

Our EAP is designed to be an inviting and dynamic program with features that make it a valuable resource that members will want to use. The program features easy and confidential access to both telephonic and Web-based services, so members can quickly find the resources they need.

We have leveraged our long-standing history as a leader and innovator of health-related programs and services to integrate our EAP into an overall health strategy. When members use the Aetna EAP, their needs are assessed and they are guided to resources that can best meet their needs. Our EAP may be able to help them solve a small problem early on before it becomes a major concern, as well as encourage the appropriate use of behavioral health and medical benefits.

Participant benefits

- **A supportive environment to balance work/life issues:** The Aetna EAP provides resources for members and their families to help them deal with such issues as marital difficulties, substance abuse and workplace conflicts, as well as general work/life concerns such as elder care, child care, and legal and financial concerns.
- **Easy access that saves time and effort:** Members can access the program conveniently and confidentially, 24 hours a day, 7 days a week. Whether by phone or via the Internet, they are quickly directed to the resources they need, which can help them efficiently and effectively manage issues that ordinarily would require substantial time and effort.
- **Personalized service:** One phone call to the toll-free number puts members in touch with a trained professional who can assess their needs and recommend an appropriate course of action.

Clinical information

The primary purpose of the Aetna EAP is to provide confidential and timely assistance to members and their family members who are experiencing personal problems that may affect job performance. This may include, but is not limited to:

- Family and marital discord
- Depression and stress management
- Financial problems
- Grief and bereavement
- Substance abuse
- Gambling and other compulsive behaviors

Members and their families can receive a predetermined number of counseling sessions (the number of sessions is determined by the employer) that have no direct cost to the participant, such as copayments or deductibles. If counseling beyond the predetermined number is needed, we attempt to assist providers in facilitating a smooth transition of additional counseling sessions into the participant's benefits plan.

EAP Call Center

The EAP Call Center is located in Connecticut.

We staff our Call Center with customer service professionals and EAP clinicians. This group is supported by the Call Center manager, a trainer, and quality improvement and systems support personnel. One of the Aetna medical directors is available to the EAP staff 24 hours a day, 7 days a week for consultation.

EAP clinical staff must be licensed behavioral health clinicians with a minimum of three years of EAP and/or work/life experience. A master's degree in the social sciences is required, with certification in EAP and CEAP* preferred. We look for dedicated individuals who are willing to get the job done — and done well — while showing discretion and sensitivity.

We have Spanish-speaking Customer Service staff to assist members. In addition, Aetna has full use of the AT&T Language Line services. Any of the 140 languages in the AT&T repertoire can be accommodated.

The role of the Aetna EAP clinician involves functioning as a consultant to the caller regarding his/her presenting problem or issue. We wish to work closely with you to learn about your areas of specialty and specifics regarding services available to members.

The EAP team at Aetna is supported by professionals with many years of experience in the delivery of EAP services.

*The Certified Employee Assistance Professional (CEAP) credential was created in 1986 to identify those individuals who have met established standards for competent, client-centered practice and who adhere to a professional code of conduct designed to ensure the highest standards in the delivery of employee assistance services. The CEAP credential is now recognized by employers, human resources professionals, accrediting agencies and employees as the standard in employee assistance. The Employee Assistance Certification Commission (EACC) administers the CEAP credentialing process.

Aetna's EAP clinical staff and Provider Relations department work constantly to maintain information on local resources, such as 12-step meetings, support groups, community services provided through hospital systems and local health providers. We are in contact with our EAP provider network as well, and we work with them to identify the best of what is being created in the community. Occasionally, the Aetna EAP will work with providers to support the creation of a specific service if there is a significant need not being met.

The Aetna EAP offers a variety of programs to its plan sponsors (employers), geared towards meeting the unique needs of the corporate culture and employee population. The number of visits is determined by the plan sponsor, ranging from three to eight session models.

EAP Call Center access and hours of operation

Members are provided with a toll-free access number, specific to their company's coverage, by their plan sponsor. This number is available and directly staffed 24 hours a day, 365 days a year. After a brief screening by intake personnel, all callers who request or would benefit from clinical support are given access to licensed behavioral health professionals. In addition, employees can access our interactive website 24 hours a day, 365 days a year. Aetna does not use an

answering service. EAP emergency calls are always handled by Aetna's EAP behavioral health clinicians — 24 hours a day, 7 days a week.

EAP staff listen to the concerns of the member and/or their families. Calls are triaged and appropriate action is taken. Eligible members are given access to EAP face-to-face services.

As a member of the Aetna EAP network of providers, you are among providers experienced in a wide range of therapeutic specialties and skill sets. We encourage those providers doing EAP work to become Certified EAP providers (CEAPs) and to be recognized within the network as specialists.

Referral process

During the telephonic intake process, the Aetna EAP staff carefully screens the caller and identifies needed services, as well as geographic requirements. When face-to-face services are appropriate, the Aetna EAP staff will arrange referrals.

The Aetna EAP staff searches Aetna's extensive database for a suitable provider of services based on the member's service request and presentation. The participant will be offered several appropriate providers from which to select. All members must have obtained their EAP authorization prior to their first appointment. This authorization is sent directly to you. If you have not received the authorization from the Aetna EAP, please contact us.

Network providers who require additional assistance for members using the program can call us for referrals, resources or follow-up services.

Members requesting standard or routine counseling services will be offered the option to have us facilitate making the appointment with the provider, or if callers prefer, they may make that outreach/ appointment on their own.

We offer to follow up with members to ensure their needs have been met and to ascertain their satisfaction with services. Callers with emergent or urgent needs receive more immediate follow-up, based on their clinical needs.

It is important to note that if the nature of the call is for a performance-based referral/ management request, follow up with the provider will be done at specified intervals, depending upon industry need. In general, they will be done at three days and then weekly for three months, or more frequently as needed.

Access standards

In keeping with the commitment Aetna has made to members receiving our EAP services and your EAP Provider Agreement (contract), standards for access to provider appointments are:

- Five business days for routine requests
- Within 24 hours for urgent situations
- Same day for emergencies (or where medical or law enforcement intervention is required)
- In-office wait time shall not exceed 15 minutes past scheduled appointment time

Aetna recognizes that with respect to after-hours care, network providers have varied appointment availability. We strongly encourage providers to offer a variety of appointment options, noting that since many EAP members are actively employed, evening and weekend hours are important.

The EAP provides a holistic assessment that looks broadly across multiple areas of an individual's or family's functioning, identifies needs and opportunities, and develops, in partnership with the member(s), a plan to achieve goals. When brief short-term/solution-focused intervention is a component of this plan, the EAP provider pursues this work directly with the member. The EAP provider takes on the role of case manager when helping

the member to address needs and opportunities beyond the scope of brief short-term/solution-focused therapeutic interventions.

For these elements of the plan, the provider is expected to assist in identifying resources and linking the client.

The EAP Call Center can also assist in this process. Oftentimes, members will have a suite of services available to them through their EAP benefits, such as legal/financial and/or work/life services. They may also have access to specialized behavioral health, wellness, disease management and other programs as a part of their behavioral health and medical benefits. The EAP Call Center will identify and link members to some of these additional benefits programs and community resources.

Callers who pose an imminent threat to themselves or others are handled as emergent callers, and the interventions are made accordingly. Emphasis is placed on ensuring the safety of the caller and others. Immediate access to services will be facilitated by the EAP including, when appropriate, keeping the caller on the line while police or other emergency personnel are called. In the event that notification is appropriate, federal, state and professional regulations are followed.

In these situations where a caller is in crisis and the EAP staff has made arrangements for local area services to respond, most often the caller is

taken to the local emergency room (ER). EAP provides telephonic, Web-based and outpatient solution-focused/brief therapy services. ER and inpatient services are covered under other medical or behavioral health benefits, through self-pay or other funding options.

Coordination of care between the EAP provider and treating physicians, including PCPs or behavioral health specialists, may be critical to assuring the quality of the health services that the member receives. Relevant member information will be sent or shared by other means with appropriate health care professionals within a reasonable time frame. Providers will weigh the clinical urgency of sharing vital patient information with other professionals, including a PCP, when deciding how soon to forward the information.

The Aetna EAP does not provide inpatient treatment. Members requiring inpatient treatment are serviced through their behavioral health benefits plan. Therefore, members requiring long-term behavioral health case management are best managed through the medical/behavioral health benefits plan.

Performance-based referrals for job-related substance abuse issues

Assessment of an urgent situation and implementing the appropriate response is a very individual process that must take into account the corporate culture, worksite and work group dynamics, in addition to the nature and circumstances of the event itself. The Aetna EAP can refer to the services that are best equipped to respond effectively to the situation.

If referral to an EAP network provider is indicated, the internal EAP clinician contacts the provider to make a first appointment, and to provide a briefing on the particulars of the case and our follow-up expectations.

If an employee requires treatment because of a corporate policy violation, the Aetna EAP reviews the employer's protocols for corporate policy violation, e.g., positive drug screening, attendance problem, etc. Typically, the employee's supervisor would contact our EAP Call Center to initiate the mandatory referral process. The EAP then tracks the case from initial contact by the employee through assessment and evaluation, referral and provision of clinical services by a network provider, to monitoring of compliance with recommended interventions and case closure. All appropriate information release forms must be completed at the initiation of the referral process. If the appropriate release of information is obtained,

the EAP provider assigned to the case would maintain contact with the supervisor, Human Resources, medical or other company designee, or the state regulatory body involved (for example, DOT), as determined by the unique case needs.

In the event of a mandatory referral to the EAP, and with the proper Release of Information forms signed, the Aetna EAP will confirm compliance (or lack of compliance) with the recommended treatment.

Additional services available to participants

The Aetna EAP can offer eligible members access to their Work/Life Assistance Program. This program supports employees and eligible family and household members with resources and information to help balance work, family and personal issues.

Network providers should contact the Aetna EAP, during the course of treatment, it is determined the member would benefit from services (if eligible) such as:

- Child and adult care resource and referral
- Education loan programs
- Legal and financial consultations and referral
- Worksite education and seminars
- Access to information on numerous work and life issues

Each request is researched, and specific resources are located to meet the employee's needs. Research may include confirming the availability of the needed services, thereby saving the member a great deal of effort and not wasting valuable time.

Following each request and assessment, the member is provided with several "tailored" referrals and is given materials and Web links for more information. All EAP services are highly customized, reflecting the individuality of each caller and his/her specific requirements.

Follow-up outreach calls are conducted by the EAP unit to determine whether the information and referrals met the caller's needs and, if necessary, additional research is done.

Program quality assurance and improvement

Quality standards

Our Call Center management monitors all quality indicators and utilizes the specific process to monitor deviation from accepted standards, as well as corrective action. Additionally, by employing concepts from accepted continuous improvement (CI) strategies such as Six Sigma, we will create a premiere process to evaluate and adapt our procedures to encourage constant enhancement of our service delivery.

Confidentiality

Confidentiality is a critical predictor of EAP success. All provider contracts require that providers agree to comply with Aetna's policy on confidentiality. We have woven confidentiality into all aspects of the EAP. Some additional examples include:

- Careful selection of the exact physical location of EAP staff to eliminate others overhearing information.
- Separation of the Aetna EAP documentation system from other Aetna documentation systems so that persons outside the EAP cannot access any EAP data.
- The production of reports only at the plan sponsor level, with no information produced at the employee level.
- Extensive training for all EAP staff specifically on confidentiality.

EAP staff have access to member information limited to their need to know in order to perform their job.

While assurance of quality services delivered by network providers is the cornerstone of a successful EAP, it is crucial that complete confidentiality is maintained at all times. As such, Aetna oversees provider services in a number of ways. We have already established standard documentation guidelines for behavioral health records that also apply to EAP records.

These guidelines for providers include:

- When submitting a Provider Billing Form at the close of the requisite sessions, it must be accompanied by a Case Activity Form. This form must be filled out completely to ensure there is sufficient clinical information.
- The Billing Form and Case Activity Form should be forwarded to the EAP unit address.

In addition, Aetna-employed staff may request a blinded sample of your records and will audit them against these standards. Direct feedback will be given to the provider where opportunities for improvement can be addressed. In addition, results complaints, compliments or other comments regarding providers, will be tracked and utilized at the time of recredentialing. Of course, serious concerns will be addressed immediately.

Participant grievances

While Aetna anticipates the service provided to members to be such that the number of complaints and grievances should be very low, grievances are a source of quality improvement plans. The Aetna EAP complies with the rigorous standards of the Aetna complaint and appeal policy, which was developed to:

- Identify and manage complaints and appeals to resolution
- Collect data for reporting and evaluating member satisfaction
- Implement action plans to improve member satisfaction
- Meet requirements for legal, regulatory and accreditation standards

A goal of this policy is to offer members a means to improve access to quality services and improve customer satisfaction by providing a consistent, organized and timely system to address and resolve their concerns. We provide a mechanism for members, directly or through an authorized representative on behalf of the participant, to express and resolve concerns and disagreements regarding services, benefits, participating providers and administrative contract policies.

During the appeals process, the member is encouraged to be as specific as possible as to the desired resolution. The member will be informed of their member rights.

The process for registering receipt of and responding to oral and written complaints and appeals includes the following elements:

- Documentation of the substance of the complaint or appeal, and the action taken
- Full investigation of the substance of the complaint or appeal, including any aspect of service or quality of care involved
- Notification to the member of the disposition of the complaint or appeal and the right to appeal, as appropriate
- Standards for timeliness

When members initiate contact that includes a verbal or written expression of dissatisfaction/concern by a member (or authorized representative on behalf of the member), it will be considered a complaint, in the following circumstances:

- The member expresses dissatisfaction regarding the direct provision or quality of care by an EAP provider
- The participant expresses dissatisfaction regarding the quality of administrative service provided by the Aetna EAP

When the complaint is resolved by the EAP staff, the substance of the complaint, the investigation, including any aspects of services involved (for example, the member's concerns regarding the responsiveness or quality of the services provided), and resolution are documented in Aetna's EAP system.

If the complaint is not resolved to the member's satisfaction by the EAP staff using their own resources, Aetna will triage the concern to EAP management for further review. Member complaints are investigated and resolved with notification of the disposition of the complaint to the participant within 30 calendar days of receipt of the complaint. The member is advised of his/her right to pursue further resolution of the complaint as appropriate.

Provider relations

Our goal is to create a collaborative relationship with you and all our other providers. We are committed to assisting you in understanding the policies and procedures to be followed in providing high-quality services to our EAP members. The Aetna EAP staff are available to assist you with authorization procedures, claims payment and other important processes, as outlined in the provider agreement/contract. From time to time, we may amend these policies or implement new policies and procedures. In such instances, you will be given a minimum of 30 days' notice regarding any new requirements.

Provider credentialing and recredentialing

Our EAP provider network is made up of licensed professionals in the fields of psychology, psychiatric nursing, clinical social work, counseling and chemical dependency who have 3,000 hours of post-license experience. The Aetna EAP network consists of licensed clinicians who may also be certified through the Employee Assistance Professional Association or the Substance Abuse Program Administrators Association, as well as other behavioral health certifications. We encourage our providers to seek Certified Employee Assistance Professional (CEAP)* credentialing whenever possible. Credentialing providers with a wide array of specialties ensures we are able to meet the diverse needs of the members and companies we serve.

Once a provider joins the Aetna network, he/she is required to be recredentialed every three years thereafter, except where state law or regulations mandate recredentialing more frequently. Credentialing information must be current and not older than 180 days at the time of the credentialing/peer review decision.

The required file documentation includes:

- Application, including information on licensure and certification
- Attestation
- Committee decision regarding results of file review
- Committee decision date
- Primary verification evidence (in the United States only)
- Malpractice history
- Information regarding loss, sanction, limitation of licensure, DEA, certification, participation in Medicare or Medicaid provider network, or Office of Personnel Management programs
- History of medical conditions or substance abuse
- Results of office assessments and any re-reviews (where applicable)
- Results of QI activities (as applicable) or other performance monitoring
- Member complaints

Nondiscrimination

In no instance would Aetna limit or deny participation to any provider due to reasons of age, gender, color, religion, national origin,

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ancestry, disability, marital status, sexual orientation or any characteristic protected under state, federal or local law. In addition, no provider would be terminated due to advocating on the member's behalf or filing a complaint. Reasons for termination are outlined in the provider agreement/contract.

Notification of status changes

You are required to notify Aetna within 14 days, either by telephone or in writing, of any changes related to the following circumstances:

- Change in professional liability insurance
- Change of practice location, billing location, telephone number or fax
- Status change of professional licensure such as suspension, restriction, revocation, probation, termination, reprimand, inactive status or any other adverse situation
- Change in tax identification number used for filing of claims
- Malpractice event
- Change in availability of office hours, after-hours coverage or vacation

Mail correspondence changes to:

Aetna Behavioral Health
1100 First Avenue, Suite 200
Mail Stop F226
King of Prussia, PA 19406

Or fax to:

Attn: Aetna EAP Provider Relations
at 610-783-4200

Your questions may be directed to:

Aetna EAP Provider Relations
Telephone Line at 1-800-999-5698
(between 8 a.m. and 5 p.m. ET)

Aetna EAP website

This manual, all EAP forms and related communications are posted on our secure provider website via NaviNet[®], available via www.aetna.com. Log in to our secure provider website through www.aetna.com. Select "Health Care Professionals," followed by "Medical." Then choose either "Register Now!" or "Log In" under Provider Secure Website. You will find simple instructions on how to register. Forms are housed in the "Forms Library" on our secure provider website, and for your convenience, also included in the back of this manual for photocopying.

EAP provider satisfaction survey

Periodically, we will conduct a provider satisfaction survey in order to help us better understand the provider experience when interfacing with our customer service, clinical, claims and provider relations staff. We will contact you by mail to ask a few questions about the Aetna EAP and its administrative and clinical aspects, giving you the opportunity to provide us with important feedback about the program.

Aetna EAP plan designs

Aetna's Employee Assistance Program is designed to provide resources to members and their families in dealing with diverse issues, such as substance abuse, workplace conflict and marital distress, as well as other work/life issues such as elder care, child care and legal and financial concerns.

Typical plan designs include:

- Telephonic assessment and referral or we offer three-, five-, six- and eight-session models for assessment, referral and short-term intervention.

Reimbursement

Prior to the member's first visit, you should have received a member-specific authorization letter which includes the following information:

- The effective date range of the authorization
- The number of EAP sessions available

Using a copy of the EAP Provider Billing Form and clinical Aetna EAP Case Activity Form provided in this manual, and to facilitate prompt payment, please submit invoices for payment to this address:

Aetna Behavioral Health, LLC
151 Farmington Avenue
Hartford, CT 06156
Attention: EAP Service Unit,
Mail Stop RWAB

To process each claim correctly on the first pass, it is imperative that the following information be included on or with each invoice:

- Member or dependent information
 - > Name
 - > Date of birth
- Dates of service individually listed
- Contracted rate
- Authorization number if one has been provided
- Servicing provider name and tax ID number or SSN
- Provider group or practice name or tax ID number

- Remit check to address
- Change of address information
- Case Activity Form

We require that invoices be submitted with a completed clinical Aetna EAP Provider Case Activity Form and received within 90 days from the last date of service.

Please direct provider billing questions to the Aetna EAP Call Center at **1-888-238-6232**.

In conclusion

Thank you for becoming part of the Aetna EAP network. Because of the skills and experience you and our other providers offer, EAP members can receive meaningful support services that can help make a difference in their lives. Your inclusion in the Aetna EAP network gives members access to the assistance they need in helping deal with behavioral health and/or workplace issues.

Forms

In the following section, you will find six forms that can be photocopied for your practice's use. They are also available on our secure provider website in the Forms Library.

- Statement of Understanding
- Consent for Release of Information
- Consent for Release of Information to Employer
- Case Activity Form — EAP Provider
- Case Activity Form — Participant
- EAP Provider Billing Form

Aetna EAP

Statement of Understanding

Dear EAP Participant,

Utilizing the Employee Assistance services provided by your employer is an important first step towards maintaining your work/life balance. Please note the following circumstances surrounding the use of this program:

- **Confidentiality** — Confidentiality is the hallmark of any successful Employee Assistance Program (EAP). You should feel comfortable to share personal concerns with your treating provider, knowing that confidentiality will be maintained. We will not release information about your EAP sessions unless you give us permission to do so. However, there are three situations in which we cannot, by law, refuse to release information.

Those situations are:

1. If, during the course of your EAP session, information comes to light including child abuse or abuse of disabled adults, we are required by law to report it to the appropriate authorities.
2. If, during the course of your EAP session(s), the Aetna EAP or an EAP Provider determines that you are dangerous to yourself or others (suicidal or homicidal), we will disclose information in order to protect you or others from harm.
3. If we receive a court order to produce records, we are required by law to do so.

- **Treatment Plans** — Your treating provider will help you formulate an assessment of the concerns which brought you to the program, and will work with you to develop a plan of action to help with those concerns. Your active participation in your treatment is important to a successful outcome.
- **Costs** — There is no cost to you to use your EAP program, up to the limits of the program purchased by your employer. However, should you require services beyond what is provided by your EAP, and you have behavioral health services under your health benefits plan, the provisions of that plan will apply, including copayments, deductibles, etc.

EAP Participant Signature _____ **Date** _____

Witness Signature _____ **Date** _____

Aetna EAP

Consent for Release of Information

I, _____, authorize Aetna Behavioral Health LLC (EAP) and its affiliates, _____ and my treating EAP provider(s), _____ to release information to _____ for the following purposes (*please check*):

- coordination of care
- to meet conditions of employment
- other (explain reason for release) _____

Information to be released by Aetna and my provider may include:

- diagnosis
- assessment information
- treatment/care plan
- recommendations
- problem description
- prior history
- progress
- family history
- other _____

This authorization will expire ninety (90) days from the effective date or based upon the following event, _____

I may revoke this release at any time in writing, except to the extent that it has been acted upon. Information disclosed pursuant to this release may be further disclosed by the recipient and will no longer be protected by the federal privacy law, the Health Insurance Portability and Accountability Act of 1996. If I do not sign this release, it will not affect my EAP benefits.

EAP Participant Signature

Date

Aetna EAP is administered by Aetna Behavioral Health, LLC and Aetna Health of California Inc. (Aetna)

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Aetna EAP

Consent for Release of Information to Employer

I, _____, authorize Aetna Behavioral Health LLC (EAP) and its affiliates, my employer, _____ and my treating EAP provider(s), _____ to share the information identified below for the following purposes (*please check*):

- to verify EAP attendance
- to verify compliance with recommended EAP actions
- to support accurate assessment, planning, and appropriate coordination of EAP care as it relates to my job
- other (explain reason for release) _____

Information to be released by Aetna and my provider will be limited to:

- Dates of kept and not-kept EAP sessions
- EAP provider's recommendations
- Status of treatment plan, i.e. participation or non-participation, continuation or discontinuation of recommended plan of action
- Other _____

Information to be released by my employer may include:

- Job performance information
- Attendance information
- Current job expectations
- Personnel actions/employment status
- Information regarding personnel policies and practices
- Other _____

This authorization will expire ninety (90) days from the effective date or based upon the following event, _____

I may revoke this release at any time in writing, except to the extent that it has been acted upon. Information disclosed pursuant to this release may be further disclosed by the recipient and will no longer be protected by the federal privacy law, the Health Insurance Portability and Accountability Act of 1996. If I do not sign this release, it will not affect my EAP benefits.

EAP Participant Signature

Date

Aetna EAP is administered by Aetna Behavioral Health, LLC and Aetna Health of California Inc. (Aetna)

PART II: EAP PROVIDER

Provider Instructions: For payments, please submit to Aetna (1) completed EAP Case Activity Form and (2) completed EAP Provider Billing Form.

ASSESSED REASON PARTICIPANT IS SEEKING EAP SERVICES (check all that apply)

I. Substance Abuse/ Dependence

- Alcohol
- Drug
- Nicotine
- Another Substance Use/ Health Concern
- Other

II. Medical

- Medical Problem
- Change in Weight/Appetite
- Change in Sleep
- Medication Issues
- Withdrawal from Substance Abuse
- Other

III. Emotional/ Psychological

- Anxiety
- Depression/Hopelessness
- Other Mood Disorder
- Phobia/Disturbance of Thought/Unusual Fears
- Obsessions/Compulsion
- Gambling/Impulse Control Disorder
- Eating Disorder
- Psychosis
- Hyperactivity
- Learning Disability
- Sexual & Gender Disorders
- Other

IV. Psychological/ Environmental

- Job/Occupational
- Financial
- Legal
- Child Care
- Elder Care
- Career/Retirement Planning
- Disability
- Marital/Relationship/Family
- Sexual/Physical Trauma
- Grief/Loss
- Health Issue
- Other

LETHALITY

- Suicidal Ideation
 - Plan? Means?
- Suicidal Intent:
 - Mild Moderate
 - Severe
- Homicidal Ideas
 - Plan? Means?
- Homicidal Intent:
 - Mild Moderate
 - Severe

OVERALL RISK RATING:

- Routine
- Urgent
- Emergent

HISTORY:

- History of CD
- Family history of CD
- History of MH
- Family history of MH

MEMBER ACCESS TO SERVICES

For members calling to access urgent services, how soon would you be able to offer an appointment?

- 0 – 24 hours
- 25 – 48 hours
- 49 – 72 hours
- 73 or more hours

For members calling to access routine services, in how many *business* days would you be able to offer an appointment?

- 1 – 5 days
- 6 – 10 days
- 11 – 15 days
- 16 days or greater

IMPORTANT: You are solely responsible for all assessments, care and related decisions made during the course of providing EAP services to Aetna EAP Participants. If you determine that an Aetna EAP Participant has a risk rating of "Urgent" or "Emergent," you must act immediately in accordance with generally accepted standards of practice, including, where applicable, contacting "911" or referring the member to a non-EAP provider for care. Aetna does not provide health care services.

CASE INFORMATION AT CONCLUSION OF EAP SESSIONS

PROBLEM STATUS AT CONCLUSION OF EAP SESSIONS: (check one)

- Problem Resolved Problem not resolved, but functioning better Problem not resolved, and functioning worse
 No Change Not Applicable Undisclosed

GLOBAL ASSESSMENT FUNCTIONING (GAF)

GAF at Beginning: _____ GAF at Ending: _____

CASE DISPOSITION AND REFERRAL:

A. Case Disposition (check all that apply)

- EAPservices complete/no further referral EAPservices incomplete/referral declined EAPservices incomplete/referral made and accepted
 EAPparticipant did not keep initial appointment EAPparticipant withdrew before completion of services

B. Referral (check all that apply)

- SubstanceAbuse Treatment PsychiatricTreatment CommunityResources OtherType of Referral: _____

C. Resource names and address given to EAP participant:

DATE OF ANY SCHEDULED FOLLOW-UP: _____

- Statement of Understanding signed Releases of Information signed

D. Continuity and Continuation of Care (for HMO Members Covered with Aetna Health of California Inc. only)

1. Did you ask permission to speak with your patient's PCP? Yes No
2. Did you ask permission to speak with other behavioral health care providers? Yes No
3. If your patient granted permission, did you speak with the PCP? Yes No
4. Other behavioral health providers? Yes No

BRIEF SUMMARY OF INTERVENTION:

EAP Provider Name (please print)

Date

Credentials

Phone Number

EAP Provider Signature

EAP Provider Address



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All participating EAP Providers are independent contractors are neither agents nor employees of Aetna. The availability of any particular EAP Provider cannot be guaranteed and is subject to change.

PART I: EAP PARTICIPANT

Participant Instructions: Please print and complete ALL information.

YOUR EAP AUTHORIZATION #

PLAN SPONSOR (the corporate client, employer, company/division/location/department through which EAP services are available):

PARTICIPANT INFORMATION (person using EAP services)

Last Name(s): _____ First: _____ MI: _____ DOB: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Ext: _____

Call Back Preference: Home Work No Call Back Other # _____

Participant Category: Self Spouse Child Unmarried Partner Other

Participant Gender: Female Male Undisclosed

DEMOGRAPHIC INFORMATION

Veterans' Benefits: Yes No

How did you learn about EAP? Word of Mouth Home Mailing Presentation Brochure Information Systems
 Newsletter Poster Other Undisclosed

EMPLOYMENT INFORMATION (check all that apply)

Union Member: Yes No

Employee Hire Date: ____ / ____ / ____ Worksite Location: _____

*Supervisor Name: _____ *Supervisor Phone #: (____) _____

***Mandatory for supervisory referrals. Optional for other EAP services.**

FOR WHAT REASON ARE YOU SEEKING EAP SERVICES NOW? (check all that apply)

**I. Substance Abuse/
Dependence**

- Alcohol
- Drug
- Nicotine
- Another Substance Use/
Health Concern
- Other

II. Medical

- Medical Problem
- Change in Weight/Appetite
- Change in Sleep
- Medication Issues
- Withdrawal from
Substance Abuse
- Other

**III. Emotional/
Psychological**

- Anxiety
- Depression/Hopelessness
- Other Mood Disorder
- Phobia/Disturbance of
Thought/Unusual Fears
- Obsessions/Compulsion
- Gambling/Impulse
Control Disorder
- Eating Disorder
- Psychosis
- Hyperactivity
- Learning Disability
- Sexual & Gender Disorders
- Other

**IV. Psychological/
Environmental**

- Job/Occupational
- Financial
- Legal
- Child Care
- Elder Care
- Career/Retirement Planning
- Disability
- Marital/Relationship/Family
- Sexual/Physical Trauma
- Grief/Loss
- Health Issue
- Other

**May we mail our Member Satisfaction Survey
to you?**

Yes No

**If we need to follow up with you after receiving
your survey, may we phone you?**

Yes No

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Upon completion of all EAP sessions, complete this EAP Provider Billing Form and send it along with the Aetna EAP Case Activity Form to Aetna. Use one form per participant. Note: This form does not replace documents used for payor-specific, contracted billing arrangements.

Aetna EAP EAP Provider Billing Form

INSTRUCTIONS

- Complete and mail this EAP Provider Billing Form upon completion of a full set of authorized sessions **or** after the final session, if less than that authorized.
- Or fax to 860-754-2069
- Billing address to submit this form:
Aetna Behavioral Health, LLC
151 Farmington Avenue
Hartford, CT 06156
Attention: EAP Service Unit
Mail Stop RWAB

EAP Authorization #

COUNSELOR AND/OR GROUP PRACTITIONER INFORMATION

GROUP NAME: _____ EAP COUNSELOR NAME: (if applicable) _____

PAYMENT INFORMATION

Make check payable to: _____

Payee mailing address: _____

City: _____ State: _____ Zip Code: _____

Payee SSN or Tax ID: _____

PARTICIPANT INFORMATION

Participant (person receiving service) name (Last, First, MI): _____

Participant date of birth: _____

SESSION INFORMATION (all sessions are face-to-face)

Session	Date of session (MM/DD/YY)	Rate of session
1		
2		
3		
4		
5		
6		
7		
8		

FINAL SESSION DATE: _____

TOTAL BILL: _____

FOR OFFICE USE ONLY

Session model: _____ Amount paid: _____

Svc ctr ledger code: _____ Approved by: _____

Company billing code: _____ Date approved: _____

EAP CALL CENTER: 1-888-238-6232



