

ADDENDUM B

EAPP TRAUMATIC EVENT COUNSELING PROGRAM SERVICES

THIS ADDENDUM is entered into and effective on February 1, 2019, by and between City of San Luis Employee Benefit Trust (Employer) and EAP Preferred (EAPP).

Whereas, Employer and EAPP have an existing EAP services agreement effective on January 1, 2017 and;

This Addendum is in effect only so long as the Employer maintains the EAP services agreement with EAPP. This Addendum will terminate effective the same date as the EAP services agreement terminates unless this Addendum is terminated prior to the EAP services agreement termination, and;

Now, therefore, the Employer and EAPP hereby amend the Agreement and agree as follows:

EAPP will provide and track services as outlined below in response to the requirements provisioned by House Bill (HB) 2502.

1. EAPP Traumatic Counseling Program Eligibility and Referral Process:

- A. EAPP will provide up to 36 counseling visits per incident for eligible firefighters and police officers as defined by the HB 2502 with a licensed mental health professional of their choice, paid for by the employer when the employee experiences traumatic events in the course of duty.
- B. EAPP will respond to calls received at 602-264-4600 or emails sent to EAPP's dedicated email address for this service at firstresponders@eapppreferred.com. Those using the Traumatic Event Counseling Program must identify themselves as an employee covered under HB 2502 and request assistance.
- C. Employees covered under the EAPP EAP who want to utilize their EAP sessions first and schedule with one of EAPP's EAP counselors, they have the option to do so.
- D. Employees utilizing the Traumatic Event Counseling Program that need assistance identifying a counselor that meets the requirements of HB 2502, EAPP will provide a list of counselors to the employee. If the employee needs support in scheduling an appointment, EAPP will provide appointment coordination.

- a. If utilizing the Traumatic Event Counseling Program, the participant must utilize a psychologist or a psychiatrist for their sessions.
 - b. The counselor being used must agree to the fee schedule (Arizona Industrial Commission fee schedule rates for Evaluation and Management CPT codes located at <https://www.azica.gov/arizona-physicians-fee-schedule-year-selector>) outlined in HB 2502. Should the employee independently schedule an appointment with a counselor without confirming the counselor's acceptance of the fee schedule, anything above the approved fee schedule could be subject to balance billing to the participant. Should this occur, it is the Employee's responsibility to negotiate payment terms with the counselor to resolve the matter.
 - c. If an employee wants to see a counselor who has not yet been credentialed by EAPP, EAPP will do a limited scope credentialing to ensure that the counselor is in good standing with their licensing board. In the event that there are any findings, the employee may be asked to utilize a different counselor for any unused sessions.
- E. In circumstances where accessibility to a desired counselor may be problematic, such as appointment availability being several weeks or months out, the use of telemedicine may be considered and offered as an option if it is conducive to the counselor and the participant's needs.
- F. EAPP will work with the counselors to track sessions that are utilized as part of this program.
2. Tracking, Reporting, and Provider Payment:
- A. Counselors seeing participants in this program will be required to provide to EAPP information about the sessions used by program participants, including employee name and date(s) of sessions, and employer name.
 - B. Counselors will submit billings to EAPP that meet the requirements of HB 2502, including using the appropriate fee schedule and CPT codes (Arizona Industrial Commission fee schedule rates for Evaluation and Management CPT codes located at <https://www.azica.gov/arizona-physicians-fee-schedule-year-selector>).
 - C. EAPP will review the billings, whether the counselor is in the EAPP network or not, will pull any necessary data for tracking purposes, and will pay complete and clean claims up to the amount allowed under the fee schedule provided within HB 2502 within 30 days directly to the submitting provider. A complete and clean claim will include submission of necessary paperwork such as an initial W9 and any other documents needed to set the provider up in the payment system.

- D. EAPP will submit an invoice to the Employer client initially for enrollment in the program and then monthly for the costs of this program based on the visits utilized, as well as an administrative fee for each visit or service.

- E. EAPP will report to the Employer annually so that Employer can submit their annual report to the State of Arizona by September of each year:
 - a. EAPP will track and report the following items:
 - i. The total number of participants in the program
 - ii. The average number of visits per employee
 - iii. The average number of months that an employee participated in the program
 - iv. The total number of employees deemed not fit for duty by a licensed mental health professional
 - 1. EAPP will not authorize any providers to perform fitness for duty evaluations, nor will EAPP approve or pay any claims submitted for expenses related to fitness for duty evaluations.
 - 2. Should a provider determine that a fitness for duty evaluation needs to be performed, the employer will be informed that a recommendation should be submitted that clearly states the recommendation for such an evaluation and the reasoning behind said recommendation. This recommendation will be provided to the Employer. The Employer is responsible for following up on any recommendations received.
 - v. Percentage of employees who received more than 12 visits within one year after the first visit
 - b. Employer will track the following items; EAPP will not be responsible for tracking these items as part of this program:
 - i. Amount of work missed by each category of persons who participated and how missed work was provided for (by the employer or through employee benefits, such as short-term disability, etc)
 - ii. The average number of days that an employee who participated in the program missed work
 - iii. Participants that subsequently filed a workers' compensation claim and number of claims approved or denied

- F. In order to maintain confidentiality and abide by Federal HIPAA rules, EAPP may assign unique number identifiers to each participant that could be utilized for communicating participation information with the participant's Employer.

3. Program Fees:

Employer agrees to pay EAPP:

- A. A one-time set up and program enrollment fee of \$500 due immediately upon effective date of program.
- B. All direct costs incurred by EAPP to be invoiced to the Employer on a monthly basis with payment due Net 30. Anticipated direct costs include payment to counselors for sessions. EAPP and Employer are responsible only for the reimbursement of counseling sessions as outlined by the Arizona Industrial Commission fee schedule rates for Evaluation and Management CPT codes. Should an employee select to see a counselor that has not previously agreed to these rates, EAPP is not responsible for payment of the fees above and beyond these rates and the employee is at risk to be billed by the counselor for any unpaid balances.
- C. An administrative handling fee of \$10 per counseling session used/claim submitted to be invoiced to the Employer on a monthly basis with payment due Net 30.
- D. Services provided through the Employers EAP Services Agreement are not to be billed through the Traumatic Event Counseling Program, including but not limited to EAP sessions with an EAPP EAP counselor or CISDs.

Except as modified in Addendum B, all other terms, conditions, and provisions of the EAP Services Agreement remain in full force and effect.

In WITNESS WHEREOF, the parties hereto have signed this Addendum as of the day and year noted.

EAP Preferred

By _____
 Traci Coleman
 Title: Chief Operations Officer
 Date: _____

City of San Luis Employee Benefit Trust

By _____
 Title: Trustee
 Date _____