

PALMETTO EAP
PROVIDER QUICK LIST

A Dependent is defined as: A Family Member who is **ELIGIBLE** to be covered on employee's health insurance but may or may not have elected to have coverage. Palmetto EAP covers full time employees/dependents only. Part time employees and retirees are not covered by their employer.

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| <p>Debbie Graham, CEAP 116 Main St. Chester, SC 29706 803-581-7327 (office) 803-374-0277 (cell) 803-581-7331 (fax)</p> | <p align="center"><u>Mandatory/Job Referrals</u></p> <p>Referral must come through PEAP. If Employer calls you directly, please refer them to Debbie Graham at PEAP.</p> <p>Appointment must be scheduled within 2 working days of contact unless the EAP prefers otherwise.</p> | <p align="center"><u>Self Referrals</u></p> <p>Needs no prior PEAP authorization. Employee or dependent can call on their own for appointments.</p> <p>Appointments should be scheduled within 5 working days of contact unless the patient prefers otherwise.</p> |
| <p>During intake paperwork, patient should fill out:</p> | <ol style="list-style-type: none"> Utilization Report Data Form (UR Data Form) For each individual seen – i.e. family members Management Referral PEAP Consent Form Your own in-house Consent for provider to Release information to PEAP. | <ol style="list-style-type: none"> Utilization Report Data Form For each individual seen – i.e. family members Your own in-house Consent for provider to release information to PEAP. |
| <p>Immediately after assessment is completed, Provider should fax to PEAP at 803-581-7331:</p> | <ol style="list-style-type: none"> UR Data Form Management Referral PEAP Consent Form Post Assessment Provider Update or call EAP with information Referrals Made | <p>UR Data Form</p> |
| <p>Throughout treatment, Provider should notify PEAP:</p> | <ol style="list-style-type: none"> Missed appointments, other non-compliance within 24 hrs. Additional treatment recommendations Change in diagnosis If contacted by employer Concerns of employee Referrals Made | <ol style="list-style-type: none"> Concerns of employee re: EAP services Concerns of Provider If patient expresses dissatisfaction with care |
| <p>If a substance related issue:</p> | <p>Counselor should randomly drug and/or alcohol screen employee and fax results as they occur to the EAP. Should obtain a negative AOD screen just prior to D/C.</p> | <p>Follow own in-house policies and procedures.</p> |
| <p>PRIOR TO DISCHARGE:</p> | <p>Call Palmetto EAP to provide status report as employee nears discharge so the EAP can ascertain if there are further or continuing issues in the workplace.</p> | <p>Follow own in-house policies and procedures.</p> |
| <p>At discharge, provider should report via phone, fax, or e-mail to PEAP:</p> | <p>Palmetto EAP Discharge Summary Form - or information requested on form if you have in your own format</p> | <p>NA</p> |
| <p>Billing for Services UR Data Forms and Invoices are Due by the 7th of the month following the month when services were rendered or they will not be paid.</p> | <p>PEAP must have the UR Data Forms and the Invoices by the 7th of the month following the month when services were rendered. Please check to make sure the UR Data Forms are filled out COMPLETELY.</p> | <p>PEAP must have the UR Data Forms and the Invoices by the 7th of the month following the month when services were rendered. Please check to make sure the UR Data Forms are filled out COMPLETELY.</p> |
| <p>Regarding SC National Guard ASK IF THEY ARE A "TECHNICIAN" SOLDIER</p> | <p>Only "Technicians" & Dependents Are Covered No M-Day or AGR soldiers</p> | <p>Only "Technicians" & Dependents Are Covered – No M-Day or AGR soldiers</p> |