



Specialty Benefits Corporation

5414 Oberlin Drive, Suite 240 San Diego Ca 92121  
Phone (858) 452-1254 Fax (858) 452-7819

**Dear Provider,**

**Thank you for your interest in becoming a provider of EAP services for ACI Specialty Benefits Corporation. (dba Ann Clark Associates.) Enclosed you will find:**

- **An Independent Contractor Agreement**
- **Provider Policies & Procedures**
- **No Show Policy**
- **Billing Forms (Client Intake & Program Utilization)**
- **Provider Survey**
- **HIPAA**

**What we need back from you is:**

- **The Completed Contractor Agreement**
- **Copy of current insurance, license, and W-9**
- **Completed provider survey-to ensure that we properly refer clients to you.**

**Please keep the remaining forms for your records so that you can make copies of the billing forms as needed. Upon receiving your information, it will be entered in our database and you may receive referrals from our organization.**

**If you have any questions, please feel free to contact our offices at 800-932-0034. Thank you and we look forward to working with you.**

**Sincerely,**

**Provider Relations**

Attachments:  
Independent Contractor Agreement  
Provider Policies & Procedures  
Utilization Form  
Client Intake Form  
HIPAA

[WWW.ACISPECIALTYBENEFITS.COM](http://WWW.ACISPECIALTYBENEFITS.COM)  
A CORPORATE RESOURCE FOR EMPLOYEE ASSISTANCE PROGRAMS.

**PROPRIETARY**

Revised: 6/24/10

## PROVIDER POLICIES & PROCEDURES

### REFERRAL PROCEDURE

- 1) Each client should access the EAP by calling 1-800-932-0034. If a client contacts you directly, please ask them to use the 1-800 number to obtain a referral. They can request a specific provider.
- 2) The client will be given your name and phone number and will contact you directly to set up an appointment. Please return calls immediately and schedule clients promptly. If you are unable to schedule them within a 72-hour period please call us so that we may refer them to an available therapist.
- 3) ACI will call the provider to notify him/her of the referral and will leave the name of the client, the company name and the number of sessions approved and an authorization number. **The provider will not be paid for unauthorized sessions. Please include authorization number on the utilization form.**
- 4) Have the client fill out an *ACI Client Intake Form* during their first session.
- 5) After the final session, fill out the *Program Utilization Form* and return it, along with a copy of the *Client Intake Form* directly to ACI. Be sure to indicate session dates as well as a brief summary of the problem and what referral was made in the section, "Intake Notes." Use an additional sheet if necessary. Reimbursement will be released 60 days after receipt of the *Program Utilization Form*. **THE PROVIDER IS NEVER TO BILL THE CLIENT FOR EAP SERVICES OR COLLECT A CO-PAYMENT.**

### PROCEDURES FOR SUPERVISORY REFERRALS

- 1) The supervisor/manager calls ACI about an employee with job performance difficulties. The manager has the employee sign a release of information that allows ACI to discuss the employee's treatment with the supervisor. For such referrals ACI is designated to act as an intermediary between the provider and the referral source. **THE PROVIDER IS NOT TO CONTACT THE MANAGER OR SUPERVISOR DIRECTLY UNLESS INSTRUCTED TO DO SO BY ACI.** EAP providers do not have the authority to excuse employees from work.
- 2) The employee will call ACI to receive a referral to a provider. They will be given the provider's name and phone number and will contact the provider directly to set up an appointment.
- 3) ACI calls the provider to notify him/her of the referral and to provide background information on the employee. ACI will provide the provider with the signed release of information to allow the provider to discuss treatment with the corporation representative, as deemed appropriate.
- 4) The provider will call ACI after the first session to discuss treatment options and to verify the employee's attendance. ACI will relay pertinent information to the supervisor or referral source to inform the workplace of the employee's compliance/non-compliance with the program.
- 5) Upon completion of the assessment, the provider calls ACI to give final assessment results and treatment recommendations. ACI will relay follow-up recommendations to the workplace.
- 6) After the final session, fill out the *Program Utilization Form* and return it, along with a copy of the *Client Intake Form* directly to ACI. Be sure to indicate session dates as well as a brief summary of the problem and what referral was made in the section, "Intake Notes." Use an additional sheet if necessary. **THE PROVIDER IS NEVER TO BILL THE CLIENT FOR EAP SERVICES OR COLLECT A CO-PAYMENT.**

### NO SHOW POLICY

- 1) ACI will pay for one no-show session at one-half the contracted rate. ACI will only pay for a no-show session if the client does not receive any clinical services. If the client does receive face-to-face sessions with a provider ACI will reimburse for those services only. If a client is a no-show, it is up to the discretion of the provider to reschedule. If a provider chooses not to reschedule with a client they may refer that client back to ACI for an alternate referral.



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### INDEPENDENT CONTRACTOR AGREEMENT

The independent contractor agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by ACI ENTERPRISES, INC. (ACI) and \_\_\_\_\_ (Contractor). The Contractor will provide assessment, counseling and referral of appropriate clients referred by ACI. ACI requires that all counseling services be performed within a reasonable period of time of request for such services. Contractor represents him/herself to be licensed or certified by the State of \_\_\_\_\_ as a \_\_\_\_\_ License # \_\_\_\_\_ and shall maintain such license or certification for the duration of this agreement.

Contractor shall be paid only for **authorized services**. The payment arranged by ACI and agreed to by Contractor under the terms of this Agreement shall be payment in full to Contractor who shall not under any circumstances seek any further payment from the client for services provided. **CONTRACTOR AGREES TO FOLLOW ATTACHED PROVIDER POLICIES & PROCEDURES. PROVIDER MUST SUBMIT APPROPRIATE FORMS WITHIN 30 DAYS OF THE LAST DATE OF SERVICE.** ACI agrees to compensate Contractor at the rate of **\$50.00** (POS Rate) per clinical hour. Contractor agrees that ACI will not reimburse for any visits beyond the approved EAP visits. Any counseling beyond the EAP sessions(s) will be the responsibility of the individual employee/client. Payment for services will be processed within 60 days of receipt of Patient Utilization Review form.

Contractor shall maintain at his or her sole expense professional liability insurance with minimum coverage limits equal to \$1,000,000 per claim with a \$3,000,000 annual aggregate.

The agreement between Contractor and ACI is that of an Independent Contractor and not that of an employer-employee. Each party agrees that in all financial dealings they will consistently recognize the relationship to be that of Independent Contractor: each party holding the other harmless, and agreeing to defend the other from a violation of this paragraph.

Contractor shall notify ACI within five calendar days of the occurrence of any change of Contractor's business address and/or telephone number, any action taken to suspend or revoke Contractor's license or certification to provide the covered services, cancellation of Contractor's liability insurance, or any other situation that might materially affect the capacity of the Contractor to provide the covered services.

During the term of this agreement Contractor will not solicit an independent contract with any ACI client company, defined as: an employer contracted with ACI to provide Employee Assistance Services to such employer/corporation/company.

The parties have executed this Independent Contractor Agreement on the day and year first written above. A copy of the executed agreement will be provided upon request.

Independent Contractor

ACI ENTERPRISES, INC.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_