



PROVIDERfiles

WA State EAP

Provider's User Guide

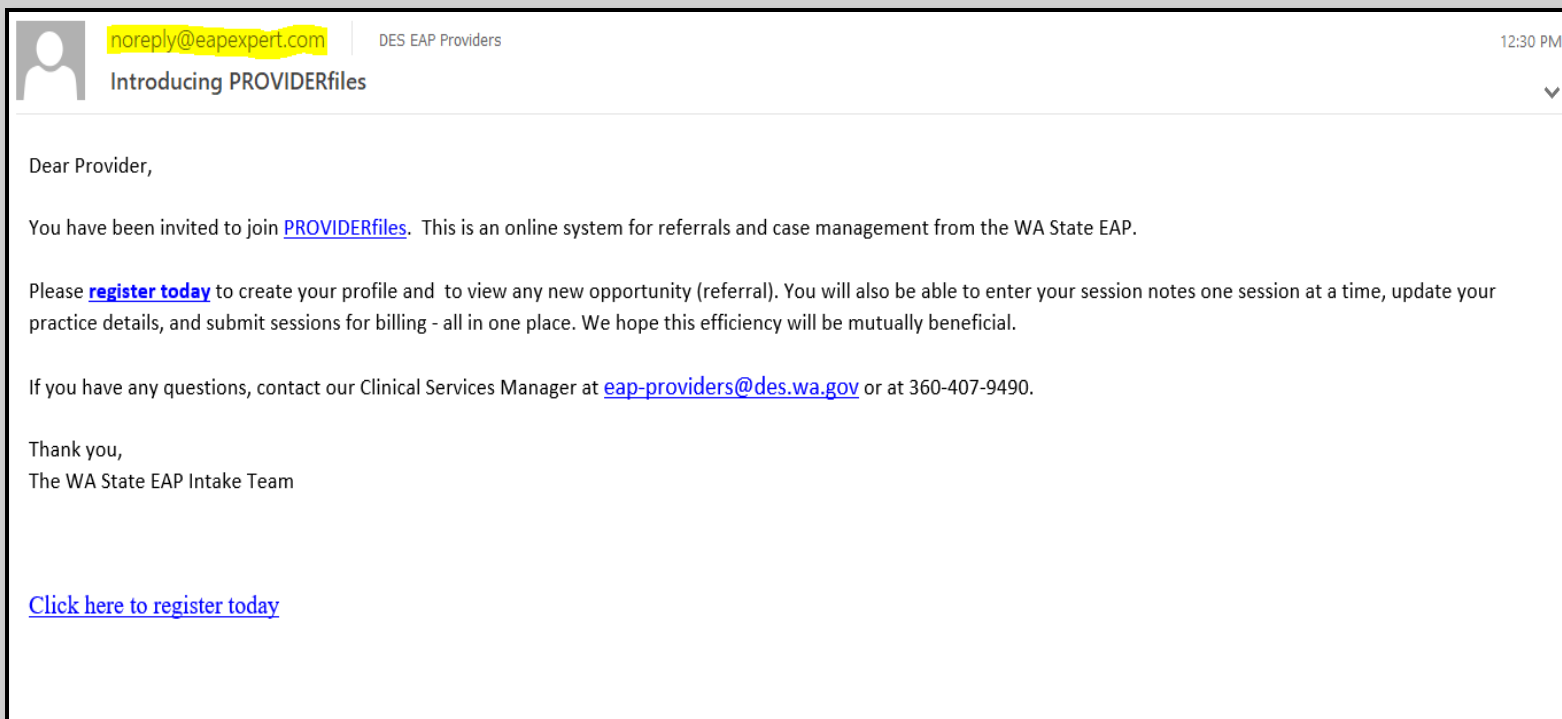


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Getting Started

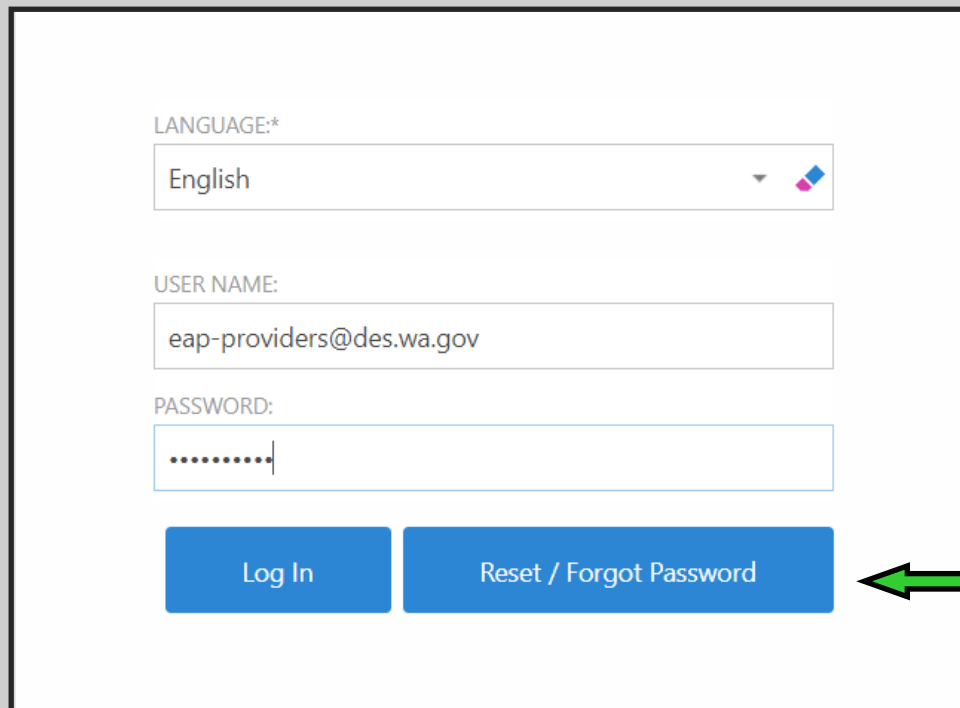
Upon receiving the email invitation from noreply@eapexpert.com, click the link to register with PROVIDERfiles. web portal.



The screenshot shows the 'Register for PROVIDERfiles' form. At the top is the PROVIDERfiles logo (Pf) and the title 'Register for PROVIDERfiles'. Below the title is the instruction: 'Use the form below to create a new account.' The form contains the following fields: 'EMAIL ADDRESS:' with a text input box, 'CONFIRM EMAIL ADDRESS:' with a text input box, 'PASSWORD:' with a text input box, and 'CONFIRM PASSWORD:' with a text input box. Below these fields is a note: 'A strong password is required. To make your password stronger: minimum 8 characters, add uppercase letters, numbers, and special characters.' At the bottom of the form are two buttons: 'Register' and 'Sign in'. A green arrow points to the 'Register' button. Below the buttons is the text 'Already have a PROVIDERfiles account?'.

Forgot Password?

If you forgot your password, click on **Forgot Password** and follow the prompts. You will receive an email to reset it.



A login and password reset form with the following fields and buttons:

- LANGUAGE:*** A dropdown menu showing "English" with a small icon to its right.
- USER NAME:** A text input field containing "eap-providers@des.wa.gov".
- PASSWORD:** A text input field with masked characters (dots).
- Log In** button: A blue button with white text.
- Reset / Forgot Password** button: A blue button with white text. A green arrow points to this button from the right.

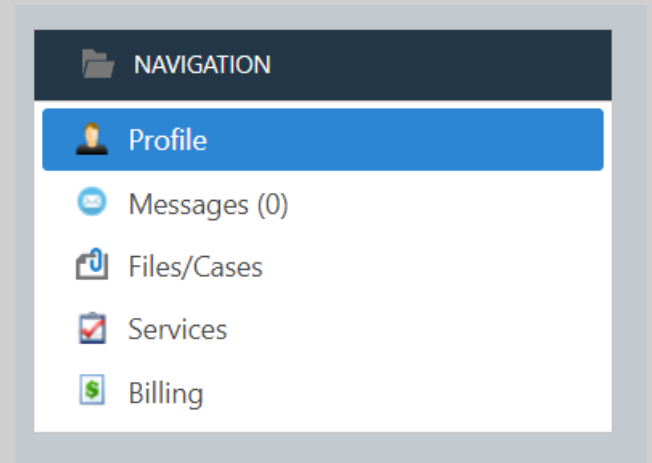
Provider Profile

Profile in PROVIDERfiles will allow you to add information about yourself and your practice. It is important to check that this is completed fully before **you can start receiving authorizations**.

After signing in, click on **Profile** in the Navigation window. Here you will see your:

- Details
- Counseling Locations
- Licensing
- Liability Insurance
- Documentation
- Availability

(You may update your information in PROVIDERfiles at any time.)



Profile Tabs

Provider Details Tab is where your general information, your billing/ mailing addresses, and your attributes are located. Please make sure to click **Save** after making any changes/ additions to your profile. Note: Your Tax ID # is your Statewide Vendor (SWV) #.

Profile for eap-providers@des.wa.gov  [Save](#) [Change My Password](#) [...](#)

SELECTED EAP: Washington State EAP SELECTED PROVIDER: EAP Provider - eap-providers@des.wa.gov

Provider Details Counseling Locations Licensing Liability Insurance Documents Knowledge Base

FIRST NAME: EAP LAST NAME: Provider

BUSINESS NAME: EAP Provider

EMAIL ADDRESS: eap-providers@des.wa.gov

SSN: SS # Not required. TAX ID: Add SWV#

DATE OF BIRTH: Thursday, February 13, 2020 GENDER: N/A

Unavailability

PROVIDERfiles allows you to notify EAP when you are not available to take referrals. Please be sure enter dates when you are unavailable, such as vacation dates.

Unavailability (if applicable)

UNAVAILABLE DATE START: 3/1/2020 UNAVAILABLE DATE END: 3/31/2020

Attributes

At the bottom of the Provider Details page, there are four tabs that allows you to enter your **Credentials**, **Specialties**, **Languages**, and **Associations**.

Click Add to enter your information.

Attributes

Credentials Specializations Languages Associations

Add 

NAME
No data to display

Selecting categories Specialties Tab

Attributes

Credentials Specializations Languages Associations

Add

NAME
Couples Issues
Stress/Burnout

< 1 >

20

Specialization

work

NAME
Group Work
☒ Work/Life Challenges
Worklife Balance
Workplace Conflict
Workplace Issues

OK Cancel

Click Add to list your specialties. A box will appear where you will type in a keyword that describes your specialty and a list of categories will appear. Click the category that is the best match.

Note: We ask that providers limit their profile up to **seven** of their strongest specialties.

Counseling Locations Tab

Enter all locations where you offer counseling.

To add a new or secondary office location, click "New Office Location".

Provider Details Counseling Locations Licensing Liability Insurance Documents Knowledge Base Accept Opportunity

New Office Location Remove Selected

NAME	ADDRESS	PHONE	CONTACT PERSON
No data to display			

To edit a current address, click on the pencil icon.

Provider Details Counseling Locations Licensing Liability Insurance Documents Knowledge Base

New Office Location Remove Selected

NAME	ADDRESS	PHONE	CONTACT PERSON
(WA State EAP) - Olympia	Ste 201 - 1222 State St, Olympia, WA, United States, 98501	3604079494	Colin Helsley

< 1 >

20

The Licensing Tab is where you keep your credentials up to date. Click New Licensing to add your licensure information.

Profile for eap-providers@des.wa.gov Save Change My Password ...

SELECTED EAP: Washington State EAP SELECTED PROVIDER: EAP Provider - eap-providers@des.wa.gov

Provider Details Counseling Locations **Licensing** Liability Insurance Documents Knowledge Base Accept Opportunity

[New Licensing](#)  Remove Selected 

	LICENSE TYPE	LICENSE NUMBER	EXPIRATION DATE	STATE PROVINCE
No data to display				

Enter the information below and then click OK to save and return to previous page.

Licensing  OK Cancel

LICENSE NUMBER:*
00000000123

EXPIRATION DATE:*
2/25/2022

LICENSE TYPE:
LMHC

STATE PROVINCE:
WA

To edit an existing license, click the pencil symbol.

Profile for eap-providers@des.wa.gov Save Change My Password ...

SELECTED EAP: Washington State EAP SELECTED PROVIDER: EAP Provider - eap-providers@des.wa.gov

Provider Details Counseling Locations **Licensing** Liability Insurance Documents Knowledge Base Accept Opportunity

[New Licensing](#) Remove Selected 

☐	LICENSE TYPE	LICENSE NUMBER	EXPIRATION DATE	STATE PROVINCE
☐	LCSW	0000000000123	2/28/2022	WA

< 1 > 20

Liability Insurance Tab

Click New Liability Insurance to add your liability insurance information.

Profile for eap-providers@des.wa.gov Save Change My Password ...

SELECTED EAP: Washington State EAP SELECTED PROVIDER: EAP Provider - eap-providers@des.wa.gov

Provider Details Counseling Locations Licensing **Liability Insurance** Documents Knowledge Base Accept Opportunity

[New Liability Insurance](#)  Remove Selected 

	INSURANCE CARRIER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
No data to display				

Enter the information below then click OK to save and return to previous page.

Liability Insurance OK Cancel

Liability Insurance

POLICY NUMBER: 00000000123 SINGLE OCCURRENCE: \$10,000,000.00

EFFECTIVE DATE: 2/28/2020 EXPIRATION DATE: 2/28/2022

Insurance Carrier

INSURANCE CARRIER: Blue Cross

ADDRESS: Enter a location

To edit an existing Liability Insurance, click the pencil symbol.

Profile for eap-providers@des.wa.gov Save Change My Password ...

SELECTED EAP: Washington State EAP SELECTED PROVIDER: EAP Provider - eap-providers@des.wa.gov

Provider Details Counseling Locations Licensing **Liability Insurance** Documents Knowledge Base Accept Opportunity

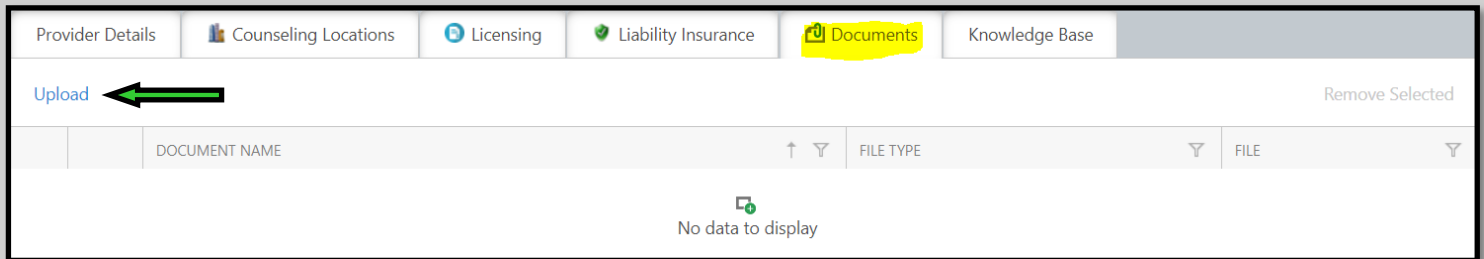
[New Liability Insurance](#) Remove Selected 

	INSURANCE CARRIER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
☐	 Blue Cross	00000000000123		2/28/2022

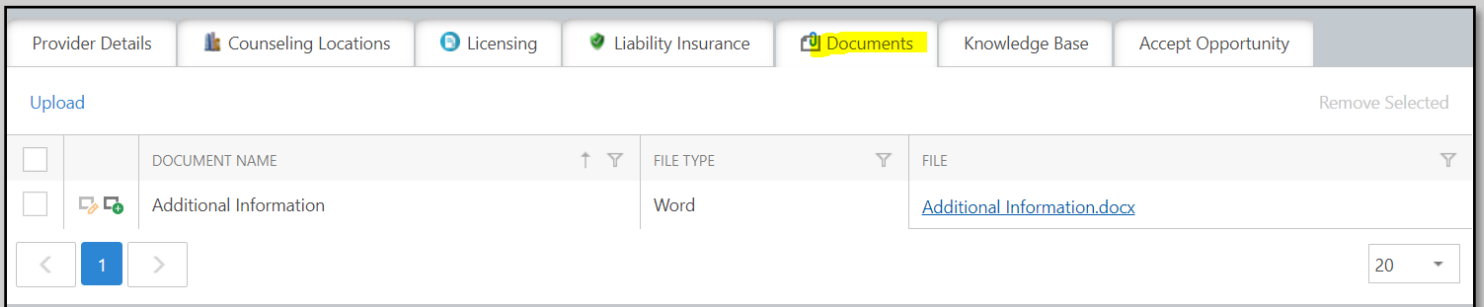
< 1 > 20

Documents Tab

You can upload documents pertaining to you as a provider that will go into your file. To upload a document, click on Upload and follow the prompts. Examples include, attaching a copy of your contract with the State of WA and your office practice disclosures documents.



The screenshot shows the top navigation bar with tabs: Provider Details, Counseling Locations, Licensing, Liability Insurance, Documents (highlighted in yellow), and Knowledge Base. Below the tabs, there is an 'Upload' button with a green arrow pointing to it. To the right of the Upload button is a 'Remove Selected' link. Below this is a table with columns: DOCUMENT NAME, FILE TYPE, and FILE. The table is currently empty, and a message 'No data to display' is shown at the bottom.



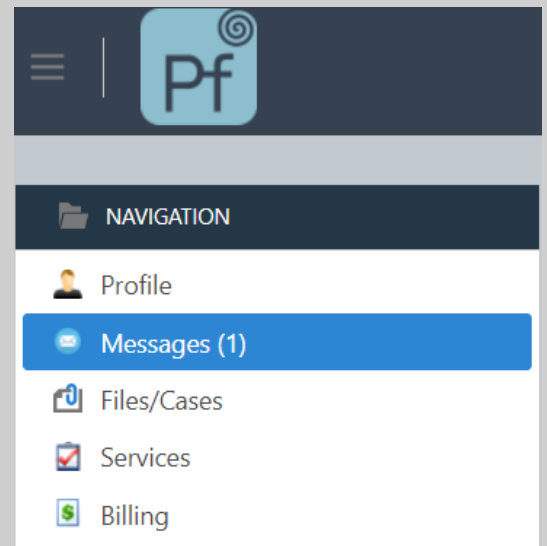
The screenshot shows the same navigation bar as the previous image, but with an additional 'Accept Opportunity' tab. The 'Upload' button is still present. The table now contains one row with the following data:

	DOCUMENT NAME	FILE TYPE	FILE
☐	Additional Information	Word	Additional Information.docx

At the bottom of the table, there is a pagination control showing '1' and a dropdown menu set to '20'.

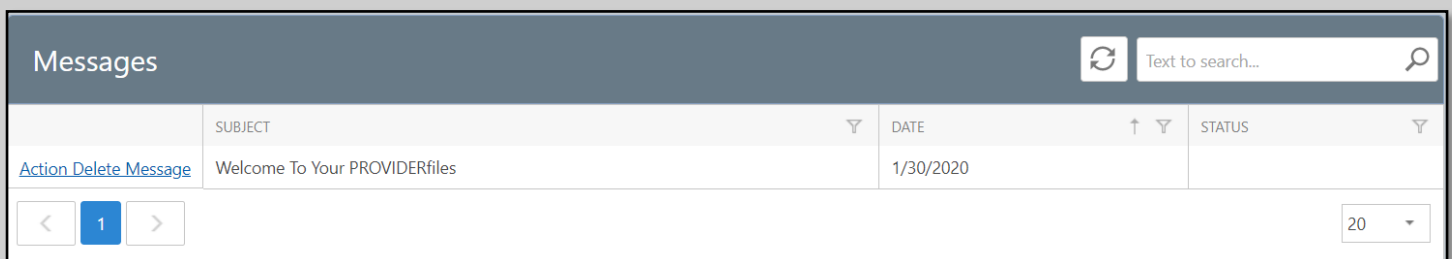
Messages

Any time the EAP sends you a new message, you can view it in **Messages** in addition to your personal email.



The screenshot shows a sidebar menu with a 'Pf' logo at the top. Below the logo is a 'NAVIGATION' section with the following items:

- Profile
- Messages (1) (highlighted in blue)
- Files/Cases
- Services
- Billing



The screenshot shows the 'Messages' list view. At the top, there is a search bar with the text 'Text to search...'. Below the search bar is a table with columns: SUBJECT, DATE, and STATUS. The table contains one message:

	SUBJECT	DATE	STATUS
Action Delete Message	Welcome To Your PROVIDERfiles	1/30/2020	

At the bottom of the table, there is a pagination control showing '1' and a dropdown menu set to '20'.

Referral Opportunities Pending

Click View from the Referrals Opportunities Pending grid.

Files/Cases								Log Off
Referral Opportunities Pending								
		DATE RECEIVED	FILE #	AUTH #	EAP	SESSIONS AUTHORIZED	READ ONLY AUTH	
	View	2/3/2020	2015	1000	Washington State EAP	3	☐	
< 1 >								5

To Accept or Reject an authorization, click on the corresponding button. When you accept the authorization, the client will now show up in your Open Files. If you reject the authorization, the EAP will be notified and the authorization will be removed from the grid.

Authorization

Elmer Fudd (Test) - Washington State EAP

OK

ORGANIZATION NAME:

Arts Commission, Wa State (ART)

SESSIONS AUTHORIZED:

3

CASE STATUS:

HOURLY RATE:

\$70.00

CASE ACTIVITY TYPE:

[Assessment - Individual](#)

EAP ORGANIZATION NAME:

Washington State EAP

ACTIVITY TYPE:

N/A

EAP CONTACT NAME:

██████████ Clinical Services Manager

PRIMARY PRESENTING PROBLEM:

Safety Concern - Physical Abuse

EAP CONTACT PHONE:

3604079490

SECONDARY PRESENTING PROBLEM:

Life Concerns - Medical/Health Issues

EAP CONTACT EMAIL:

██████████@des.wa.gov

NOTES:

Accept

Reject

SPECIAL INSTRUCTIONS:

Once you have accepted the referral, you can review the client's information in Open Files.

Open Files									
	DATE OPENED	DATE ACCEPTED	FILE #	AUTH #	AUTH END	FILE TYPE	CLIENT NAME	ORGANIZATION	EAP
Edit	1/30/2020	2/3/2020	2015	1000	5/3/2020	Authorization	Elmer Fudd (Test)	Arts Commission, Wa State (ART)	Washington State EAP

Once you open the client's file, you will see a series of tabs at the top of the page.

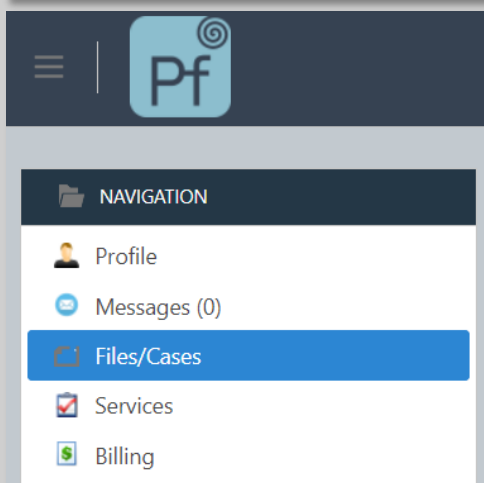
Details	Sessions	Documents / Attachments	Closing Data	Clinical Notes	EAP Details	Case Activity
DATE	NOTES	EAP RESPONSE DATE				

Files/Cases

When a client appears in your **Open Files**, you can now enter your sessions, and view/edit their client data.

Details includes their personal information (phone number, address, etc.), as well as their file details such as presenting problem.

The WA State EAP Intake team will collect as much data as they can prior to issuing the referral. Some of this data will appear under the Details tab.



Click on **Files/Cases** to view:

- ◆ Referral Opportunities Pending
- ◆ Open Files
- ◆ Closed Files (Read Only)

Files/Cases Log Off

Referral Opportunities Pending

	DATE RECEIVED	FILE #	AUTH #	EAP	SESSIONS AUTHORIZED	READ ONLY AUTH
View	2/6/2020	2088	1024	Washington State EAP	3	☐

< 1 > 5

Open Files

	DATE OPENED	DATE ACCEPTED	FILE #	AUTH #	AUTH END	FILE TYPE	CLIENT NAME	ORGANIZATION	EAP
Edit	1/30/2020	2/3/2020	2015	1000	5/3/2020	Authorization	Elmer Fudd (Test)	Arts Commission, Wa State (ART)	Washington State EAP

Note: EAP requires all clients to complete an on-line Client Intake Packet/Statement of Understanding in advance, before being referred to a clinician. Client Intake Packet/Statement of Understanding will be located in the **Documents/Attachments** tab.

Be sure to check to see if the Client Intake Packet has been attached **PRIOR** to seeing a new client. If a client has not yet completed an on-line Client Intake Packet, direct them to www.des.eapintake.com to complete a client intake form. Once completed, an EAP representative will contact the client and provide them needed referral information.

The Details tab includes collected client intake information.
(Be sure to Save all entries.)

Authorization

Elmer Fudd (Test) - Washington State EAP



Save

Cancel

Print Authorization

CLIENT:

Elmer Fudd (Test)

FILE #:

2015

AUTH #:

1000

SESSIONS AUTHORIZED:

3

SESSION TYPE:

N/A

Details

Sessions

Documents / Attachments

Closing Data

Clinical Notes

EAP Details

Case Activity

FIRST OFFERED APPOINTMENT DATE:

FIRST APPOINTMENT NOTE:

FIRST APPOINTMENT TIME:

FIRST APPOINTMENT INFO:

N/A

CONFIRMED FIRST CONTACT DATE:

LAST NAME*:

Fudd (Test)

FIRST NAME*:

Elmer

☐ Permission To Use Primary Address

EMAIL ADDRESS*:

HateWABBITS@wbstudios.com

PRIMARY LANGUAGE:

N/A

AGE:

79

Phone

CELL NUMBER:

2525551516

HOME NUMBER:

WORK NUMBER:

253555158725

OTHER NUMBER:

OK TO LEAVE MESSAGE AT CELL?:

N/A

OK TO LEAVE MESSAGE AT HOME?:

N/A

OK TO LEAVE MESSAGE AT WORK?:

N/A

OK TO LEAVE MESSAGE AT OTHER?:

N/A

PHONE NOTES:

Additional File Details

CLIENT DETAILS QUESTIONSET:

Question

Response

AUTHORIZATION NOTES:

SPECIAL INSTRUCTIONS



Before seeing the client, be sure to read the Special Instruction section, to see any notes made by the EAP, regarding the case.

ASSIGNED COUNSELOR:

N/A

The Sessions tab is where you enter clinical notes on each session.

EAP allows up to 3 sessions. The request additional sessions feature may be disabled.

Authorization

Alex Test - Washington State EAP

SaveCancelPrint Authorization

CLIENT:
Alex Test

FILE #:
2088

AUTH #:
1024

SESSIONS AUTHORIZED:
3

SESSION TYPE:
N/A

DetailsSessionsDocuments / AttachmentsClosing DataClinical NotesEAP DetailsCase Activity

SESSIONS AUTHORIZED:
3

SESSIONS SUBMITTED:
0

SESSIONS REMAINING:
3

SESSION #	DATE	TIME	DURATION	NO SHOW	SUBMITTED	RESPONSE
1	2/6/2020	2/6/2020 7:00:00 PM	60	☐	☐	
2			60	☐	☐	
3			60	☐	☐	

When you click Edit, you will be able to enter the session details below. Also, include the date, time, and length of session in the Notes section. Enter case notes in the Notes section. Indicate if this is a 2nd No Show / Late Cancellation.

Session

Alex Test - Washington State EAP

SaveCancel

DATE:
2/7/2020

TIME:
01:00:00 PM

DURATION (MINUTES):
60

Non Attendance

☐ No Show / Late Cancellation

☐ Cancellation

Notes

EAP Response

Please remember to include notes for each session.

Failure to add notes in the Sessions section will delay payment of services.

Session

Alex Test - Washington State EAP

OKCancel

DATE:

2/6/2020

TIME:

2/6/2020 7:00:00 PM

DURATION (MINUTES):

60

Non Attendance

☐ No Show

☐ Cancellation

Notes

CL is a 50 year old Caucasian female who arrived on for her scheduled 1st session. For the past 2 years she has felt bullied at and harassed in the workplace. She was transferred to a day shift that a long times employee was counting on getting. The team that works on this unit has united around the long-term employee and has participated in what appears to be purposefully excluding her from work as a team member. She describes trying everything in power to prove herself, but to no avail. This situation is placing a great deal of stress on her and makes getting up and going to work difficult for her, but she is trying to push through.

EAP Response

Before closing cases, be sure to review your Session notes, which can be viewed in the Clinical Notes tab.

Authorization

Alex Test - Washington State EAP

SaveCancelPrint Authorization

CLIENT:

Alex Test

FILE #:

2088

AUTH #:

1024

SESSIONS AUTHORIZED:

SESSION TYPE:

N/A

DetailsSessionsDocuments / AttachmentsClosing DataClinical NotesEAP DetailsCase Activity

DATE	NOTES	EAP RESPONSE DATE
2/6/2020	CL is a 50 year old Caucasian female who arrived on for her scheduled 1st session. For the past 2 years she has felt bullied at and harassed in the workplace. She was transferred to a day shift that a long times employee was counting on getting. The team that works on this unit has united around the long-term employee and has participated in what appears to be purposefully excluding her from work as a team member. She describes trying everything in power to prove herself, but to no avail. This situation is placing a great deal of stress on her and makes getting up and going to work difficult for her, but she is trying to push through.	

<1>

20

Documents/Attachments Tab allows providers to attach documentation to the client's file. **Note: Client Intake Packet/Statement of Understanding should located within this tab.**

DetailsSessionsDocuments / AttachmentsClosing DataClinical NotesEAP DetailsCase Activity

New

Click "New" to attach EAP documents.

DOCUMENT NAME	FILE TYPE	FILE
No data to display		

Document

OKCancel

Click "Browse" to locate documents.

FILE:*

Browse...

DOCUMENT NAME:

FILE TYPE:

Open

This PC > Desktop > PMGs > Client folder

Search Client folder

WPOCreative Cloud FilesThis PC3D ObjectsDES-DOCDES-FaxDesktop

Name	Date modified	Type
Client doc	6/22/2020 11:25 A...	Microsoft Word D...

File name: Client docCustom Files

OpenCancel

Select the document and click "Open"

Document

OKCancel

FILE:*

Client doc.docx

DOCUMENT NAME:

Client doc

When you see the document file is attached, click "OK" to attach to Providerfiles. Please include the Authorization # in the "Document Name" section.

Closing Data tab outlines the information EAP requires you to complete upon closing this client's file. Be sure to enter data in all the drop down fields, enter closing notes, closing date, additional information, and then click Save first and then click Close File. If you have not assessed or something does not apply, choose N/A.

Authorization

Alex Test - Washington State EAP



Save

Cancel

Print Authorization

CLIENT:
Alex Test

FILE #:
2088

AUTH #:
1024

SESSIONS AUTHORIZED:
3

SESSION TYPE:
N/A

Details

Sessions

Documents / Attachments

Closing Data

Clinical Notes

EAP Details

Case Activity

CLOSING INSTRUCTIONS:

In the ADDITIONAL INFO. section below, please briefly document your assessment of the client in those areas listed. Do not leave any fields blank. If you have no information to report, write D/A for did not assess or N/A for not applicable.

CLOSING RECOMMENDATION:

N/A

RESOLUTION:

N/A

Assessed Problems

PRIMARY:

N/A

SECONDARY:

N/A

Closing Notes

CLOSING DATE:

Friday, February 7, 2020

ADDITIONAL INFO:

severity, pertinent history, and mental status)

Risk Factors (note level of and type of risk including self-harm, SI, HI, DV, workplace violence, child or vulnerable adult abuse. If risk is present, document the safety plan discussed with client.)

Strengths/Protective Factors (including social supports)

Relevant Family History/Situation

Mental Health/Substance Use

Health/Medical

Legal/Financial

Impact of problem on Job Performance (including attendance/relationships at work)

Close File



Before closing the file, be sure all sessions notes have been entered.

Note: Missing or incomplete session notes will delay payment of services.

Please check to see if and all information is Saved (top of page) before clicking Close File.

Once the file is closed, the case information will be sent back to the WA State EAP for review. Once approved, your payment will be processed. You **MUST** close files within 10 business days of last session. If a case is not complete, but the client has not returned for a sessions within 60 days of their previous session, you must close the file. Standard business rules for case closing applies. (See [Provider Guidelines](#) for more details.)

EAP Details Tab provides our contact information.

Details	Sessions	Documents / Attachments	Closing Data	Clinical Notes	EAP Details	Case Activity
Main Contact REFERRING EAP:* Washington State EAP REFERRING EAP ADDRESS: Suite 201 - 1222 State Ave NE, Olympia, WA, USA, 98504 REFERRING EAP CONTACT NAME: [REDACTED], Clinical Services Manager REFERRING EAP CONTACT EMAIL: [REDACTED]@des.wa.gov REFERRING EAP CONTACT PHONE: 3604079490 REFERRING EAP CONTACT FAX: 3606640498		Billing Contact BILLING CONTACT: DES Accounts Payable BILLING CONTACT EMAIL: DESAccountsPayable@des.wa.gov BILLING CONTACT FAX: BILLING CONTACT PHONE:				

Case Activity Tab– Allows you to add administrative activities such as follow up calls. Click New to add an activity.

CLIENT: Elmer Fudd (Test)	FILE #: 2015	AUTH #: 1000	SESSIONS AUTHORIZED: 3	SESSION TYPE: N/A
------------------------------	-----------------	-----------------	---------------------------	----------------------

Details	Sessions	Documents / Attachments	Closing Data	Clinical Notes	EAP Details	Case Activity												
New   <table border="1"> <thead> <tr> <th></th> <th>DATE</th> <th>TIME</th> <th>DURATION</th> <th>ACTIVITY TYPE</th> <th>NOTES</th> </tr> </thead> <tbody> <tr> <td colspan="6">No data to display</td> </tr> </tbody> </table>								DATE	TIME	DURATION	ACTIVITY TYPE	NOTES	No data to display					
	DATE	TIME	DURATION	ACTIVITY TYPE	NOTES													
No data to display																		

Case Activity



OK

Cancel

DATE:
2/7/2020

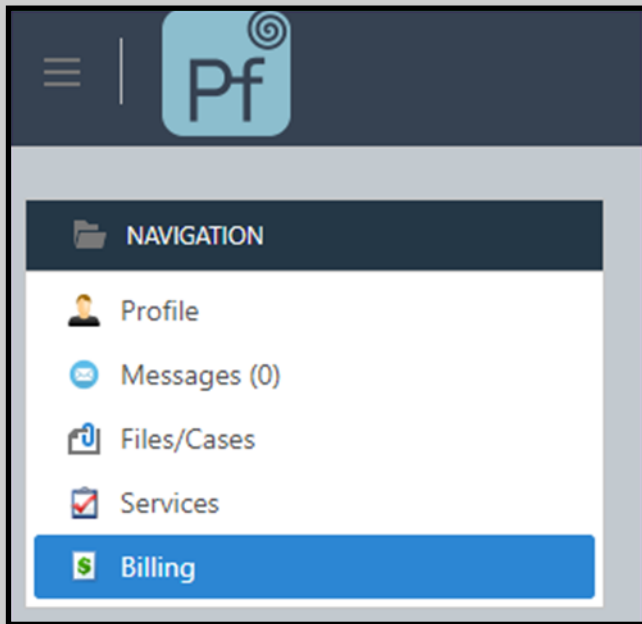
ACTIVITY TYPE:
N/A

TIME:

DURATION:
0

NOTES

Click OK to save.

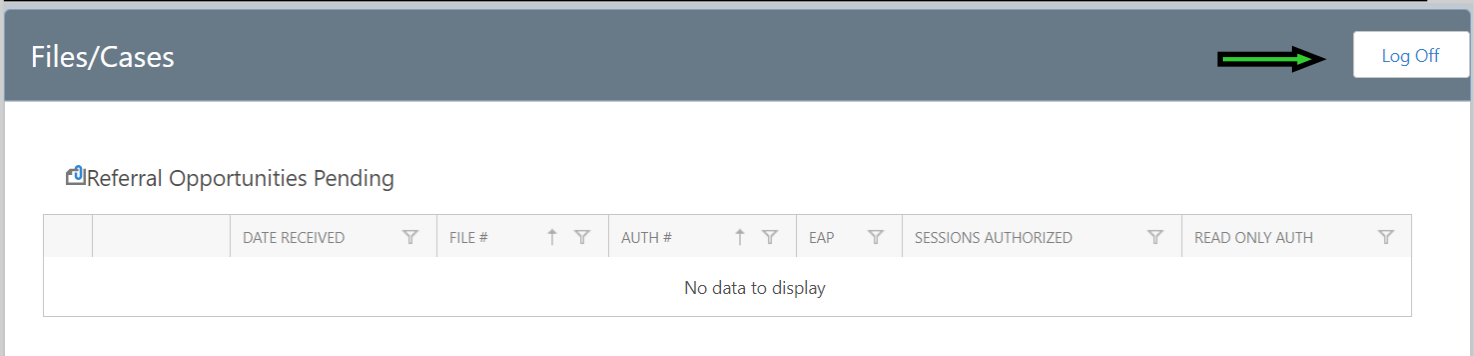


Billing:

You will be able to see on your Billing dashboard claims submitted for payment. (See sample below.)

Logging Off

To ensure confidentiality, be sure to Log Off, when you are finished using PROVIDERfiles.



Questions? Call WA State EAP: 360-407-9490 or eap-providers@des.wa.gov