

March 22, 2022

Dear Mercy EAP Affiliate:

On behalf of our Mercy EAP team, thank you for your service to the employees and household members under our care. We also appreciate your feedback on our service to you, and a consistent request from our affiliate providers has been to implement a more efficient method of billing. We are happy to inform you about a new process outlined below where you can submit your own business invoices to Mercy for EAP services – we are discontinuing our Excel-based billing spreadsheet. Our hope is this change will simplify your invoicing process for our EAP clients, saving you time and money.

### **BILLING CHANGES OCCURRING**

Mercy EAP will transition away from the current EAP Billing Charge Sheets, effective April 30, 2022. Starting on **May 1, 2022** we ask you submit all EAP billing on an invoice template, hand written submission can not be processed.

We will require the following items to be on the invoice for processing (*example attached*):

- Date
- Invoice Number
- Group/Practice Name & Provider Name
- TIN
- Phone & Fax Number
- Address
- Billing Contact Name
- Email address
- Activity
- Appointment Date
- Client Name
- Mercy EAP Authorization Number
- Assessed Problem (*initial cases*)
- Closing Reason (*on case closure*)
- Rate per Mercy EAP contract
- Total Billed Amount

If you have your own invoicing system in place, please use your invoices going forward with the required items listed above.

If you do not have any form of invoicing, we have created a template for you to use. You will be required to update the invoice number before every new submission. Updating the invoice

number, allows you to know how to apply payment when received from Mercy EAP as the payment will refer to this invoice number.

You can retrieve this invoice template from our website by clicking the following link:

<https://www.mbh-eap.com/members/management-referral-form/>

Any questions regarding the new Mercy EAP invoicing system or if you need assistance, please call Lisa Willen directly at 314-729-4476.

Kindly,

The Mercy EAP Billing Team

Approved by Director of EAP, Patrick Dotson

# INVOICE

Date: [Month, Day, Year]  
INVOICE # 100

**From:** [Group/Practice Name]  
[Provider Name]  
[TIN]  
[Phone Number]

**TO:** Mercy EAP  
1630 Des Peres Road Suite 300  
St. Louis MO 63131  
P: 314-729-4650  
F: 314-729-4636

Payment Terms: Net 30

| Activity<br>(See Guide 1) | Appointment<br>Date | Client<br>Name | Authorization<br>Number | Assessed<br>Problem<br>(See Guide 2) | Closing<br>Reason<br>(See Guide 3) | Rate per<br>Mercy EAP<br>Contract |
|---------------------------|---------------------|----------------|-------------------------|--------------------------------------|------------------------------------|-----------------------------------|
|                           |                     |                |                         |                                      |                                    | \$                                |
|                           |                     |                |                         |                                      |                                    | \$                                |
|                           |                     |                |                         |                                      |                                    | \$                                |
|                           |                     |                |                         |                                      |                                    | \$                                |
|                           |                     |                |                         |                                      |                                    | \$                                |
|                           |                     |                |                         |                                      |                                    | \$                                |
|                           |                     |                |                         |                                      |                                    | \$                                |
|                           |                     |                |                         |                                      |                                    | \$                                |
|                           |                     |                |                         |                                      |                                    | \$                                |
|                           |                     |                |                         |                                      |                                    | \$                                |
|                           |                     |                |                         |                                      |                                    | \$                                |
| TOTAL:                    |                     |                |                         |                                      |                                    |                                   |

**Thank you for your service!**

[Billing Contact Name] [Street Address City, ST ZIP Code] [Phone: (000)...] [Fax: (000)...] [Email:]

## **EAP Activity/Assessed Problem/Closing Reason Guide**

### 1. Activity Key:

- I Initial Appointment
- FU Follow up Appointment
- CL Closing Appointment
- NS/CX No Show/Cancelled

### 2. Assessed Problem Key:

- AO Addictions – Other
- A Anger
- ANX Anxiety
- B Bullying
- C Coaching
- CP Critical Psych
- D Depression
- ED Eating Disorders
- EC Elder Care
- FCD Family CD
- F Financial
- G Grief
- IPV Intimate Partner Violence
- JI Job Issues
- L Legal
- M/R Martial/Relationship
- PC Parent Child
- PM Physical/Medical
- SF Social/Family
- S Stress
- SA Substance Abuse

### 3. Closing Reason Key:

- DNFR Did not follow recommendations
- I Improved
- PI Partially Improved
- R Resolved
- TER Terminated from employment
- TRAN Transferred to other care
- DECL Declined further EAP sessions

Any questions please call Mercy EAP at 314-729-4650.