NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心
MANAGEMENT SERVICES ORGANIZATION (MSO)

Management Services Organization
2171 Junipero Serra Boulevard, Suite 600
Daly City, CA 94014
Phone: (415) 352-5186
www.nemsmso.org

NEMS-MSO BULLETIN
DECEMBER 2022

The latest updates for NEMS Medical Group!

NEMS ACO REACH PROGRAM

We are proud to announce that on January 1st, 2023, NEMS will officially begin its participation in a new CMS direct contracting model called ACO REACH (Accountable Care Organization Realizing Equity Access and Community Health). The ACO REACH program is designed to advance health equity and improve quality of care through better care coordination for Fee-For-Service (FFS) Medicare beneficiaries. The ACO REACH model will run through December 31st, 2026.

We are excited to see many specialists joined NEMS ACO REACH as a Preferred Provider. We continue to invite all our specialists to join our NEMS ACO REACH program as **Preferred Providers**. As a Preferred Provider participating in the ACO REACH model:

- There will be no changes to how you provide services to your FFS Medicare beneficiaries.
- There will be no changes to how you bill CMS for Medicare services.
- Payment will come from NEMS with a quick turnaround process.

If your office is interested in joining or would like to discuss more about our NEMS ACO REACH program, please contact the Provider Relations team by email at Provider.Relations@nems.org or by phone at (415) 352-5186 Option 3.

To learn more about the CMS ACO REACH model, you may visit the CMS Innovation Center at: https://innovation.cms.gov/innovation-models/aco-reach

Enclosed is a two-page NEMS ACO REACH Preferred Provider FAQ for your reference.

UPDATED NEMS MSO EZ-NET PROVIDER PORTAL VIDEO

The NEMS MSO EZ-Net Provider Portal video tutorials have been updated! Please review the new video tutorial to ensure you are following the most updated steps for navigating the portal, such as selecting the correct Company ID and:

- Submitting Treatment Authorization Request (TAR) online;
- Verifying TAR status;
- Verifying claim status;
- Downloading and printing authorization letter(s);
- Downloading and printing the claim remittance advice.

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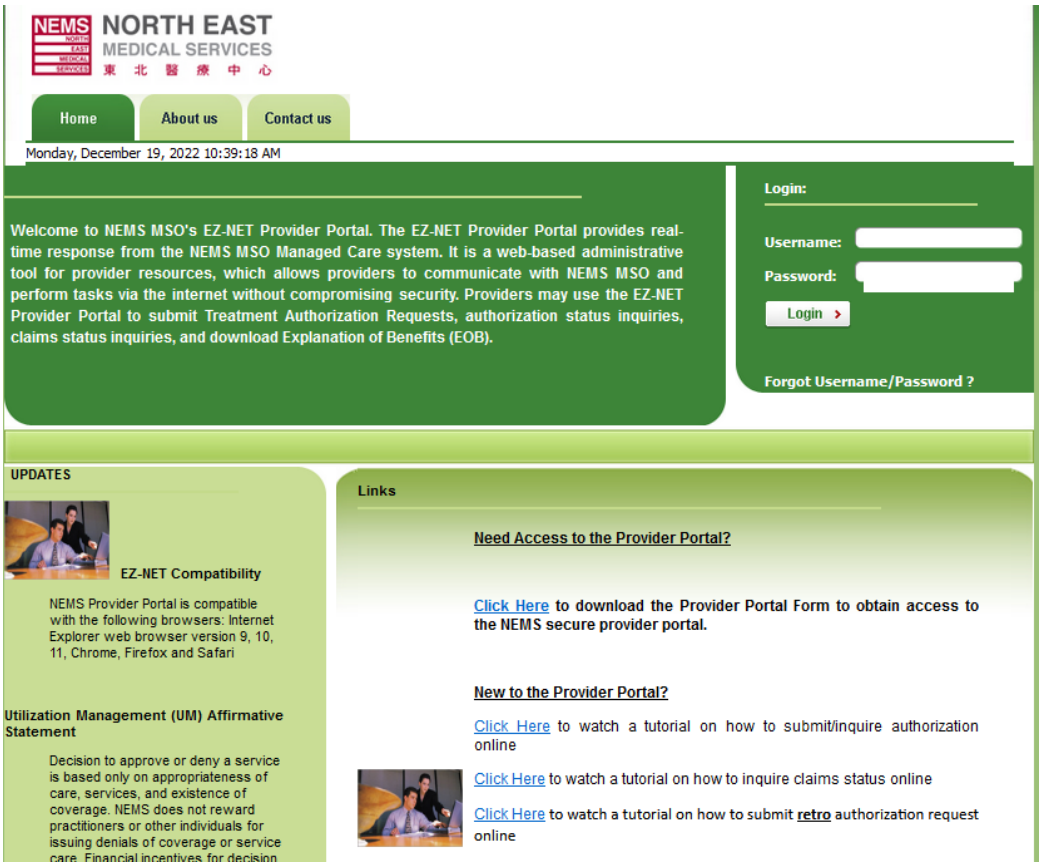
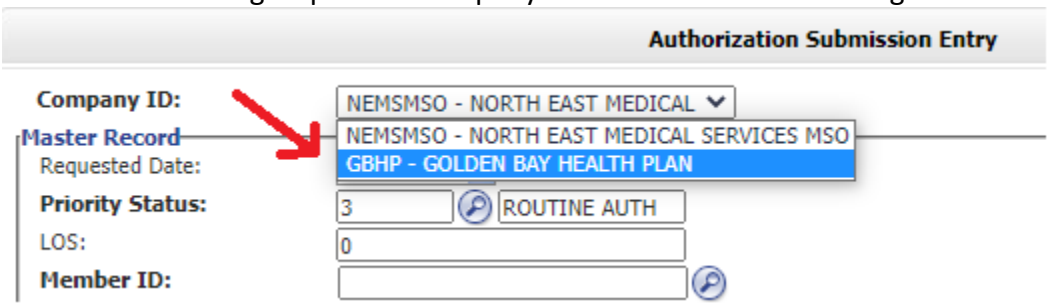


Reminder: When submitting authorization requests in the provider portal, please make sure to choose the member's medical group in the Company ID section first before filling the rest of the request.



Please visit https://eznet.nems.org/EZ-NET60/Login.aspx to access the provider portal.

2022 PROVIDER APPOINTMENT AVAILABILITY SURVEY (PAAS)

The annual PAAS fielding continues through the month of December. Surveyors will contact providers' office by phone, fax, and email (if provided). Please review the attached Access to Care Standard document to ensure your frontline office staff and answering services are aware of the timely access to care regulations set by the Department of Health Care Services and Department of Managed Health Care.

If your office is unable to meet the requirements in the Access to Care Standards, contact NEMS Provider Relations as soon as possible and our team will work with your office. The Provider Relations team may be reached by email at Provider.Relations@nems.org or by phone at (**415) 352-5186 Option 3**.

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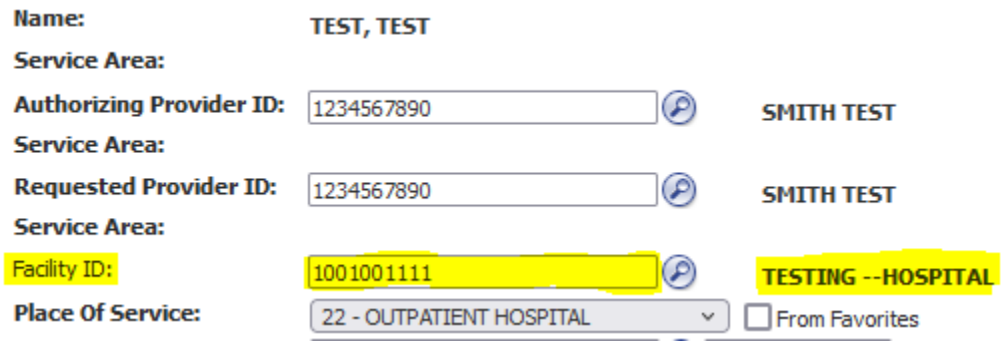
MSO CORNER - UTILIZATION MANAGEMENT (UM)

Submitting Online Authorizations: When submitting an authorization through the NEMS EZ-NET Portal, please specify the service location in the "Facility ID" field where the requested service(s) will be rendered (see example below). If the rendering provider practices at multiple locations/counties, please use the **actual** location where the service(s) will be rendered.



If you have any questions or would like to provide updates/news to future newsletters, please feel free to contact NEMS Provider Relations at provider.relations@nems.org.

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NEMS ACO REACH: Preferred Provider FAQ
December 28, 2022

1. What is ACO REACH?

ACO REACH (Accountable Care Organization Realizing Equity Access and Community Health) is a new CMS direct contracting model designed to advance health equity and improve care quality through better care coordination for the FFS Medicare beneficiaries.

2. What benefits will be available to eligible traditional Medicare beneficiaries?

Traditional Medicare beneficiaries will keep all of their current benefits and retain their freedom to see any Medicare provider, while receiving additional services through ACO REACH. Beneficiaries aligned with NEMS ACO REACH will receive comprehensive, patient-centered care coordination services and other optional services aimed to improve care quality and patient experience.

3. Would participating in the NEMS ACO REACH impact my ability to see my patients?

No, participating in the NEMS ACO REACH will not impact your ability to see patients as there will be **no change** to how you provide services to your FFS Medicare beneficiary patients.

4. Will I need to submit claims differently?

No, you will continue to submit claims to the Medicare payment system like today. There will be **no additional requirements or changes** to your claim submission.

5. Will there be any changes to how I receive payments?

If you join NEMS ACO as a Preferred Provider, CMS will process and adjudicate your claims, and forward to NEMS ACO to pay., You will receive payment directly from NEMS at the contract rate for covered services provided to NEMS ACO REACH beneficiaries.

6. Will NEMS requires prior authorization for services rendered to beneficiaries aligned to the ACO REACH program?

No. The ACO REACH Model prohibits limited networks, prior authorization, or any other means of restricting care. Medicare beneficiaries aligned to NEMS ACO will continue to have the freedom to see any Medicare-enrolled provider.

7. Why should I participate in ACO REACH?

Participating in ACO REACH will allow you to continue to care for your patients, with **no changes in billing or administrative procedures**, and take part in this new effort to improve care quality and promote health equity for the FFS Medicare Beneficiaries.

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8. If I already participate in another Medicare ACO, can I still participate in this ACO REACH?

Yes. As a Preferred Provider, participating in the NEMS ACO REACH will not preclude you from participating in other Medicare ACO programs, except for the Maryland Total Cost of Care Model.

9. What do I need to do next if I want to participate in NEMS ACO REACH?

If your office is interested in joining or would like to discuss more about our NEMS ACO REACH program, please contact the Provider Relations team by email at Provider.Relations@nems.org or by phone at (415) 352-5186 Option 3.

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Access to Care Standards

The Department of Health Care services (DHCS) and the Department of Managed Health Care (DMHC) set forth requirements for all plans and contracted providers for maintaining availability standards for appointments, telephonic triage, and language accessibility. Appointments and triage for various types of medical care should be offered within specified timeframes as follows:

PRIMARY CARE	
Topic	**Standard**
Initial Health Assessment	Must be completed within 120 calendar days of enrollment if over the age of 18 months Must be completed within 60 calendar days of enrollment if 18 months or younger
Routine (non-urgent) PCP appointment	Within 10 business days of request
Urgent Care	Within 48 hours of request if no authorization is required Within 96 hours of request if authorization is required
After Hours Care	Provide or arrange 24/7 coverage
Initial Prenatal Visit	Within 14 calendar days of request
In-Office Wait Time for Scheduled Appointments	Within 30 minutes
Telephone Access and Triage	Must provide 24 hour coverage with the ability to hear from a licensed clinician within 30 minutes of request when members have an urgent (non emergent) medical need. Triage must include emergency instructions to go to nearest hospital or call 911 if members experience an emergency.
Call Return Time	30 minutes
Time to Answer Call	10 minutes
Language Accessibility	Must provide 24 hour interpretive services through in-person interpretation or telephonic interpretation

SPECIALTY CARE & ANCILLARY CARE	
Topic	**Standard**
Routine Appointment	Within 15 business days of request
Urgent Care	Within 48 hours of request if no authorization is required Within 96 hours of request if authorization is required
In-Office Wait Time	Within 30 minutes
Language Accessibility	Must provide 24 hour interpretive services through in-person or telephonic interpretation
Call Return Time	30 minutes
Time to Answer Call	10 minutes

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BEHAVIORAL HEALTH	
Topic	**Standard**
Routine Appointment (does not include MDs)	Within 10 business days of request
Urgent Care	Within 48 hours of request if no authorization is required Within 96 hours of request if authorization is required
In-Office Wait Time	Within 30 minutes
Language Accessibility	Must provide 24 hour interpretive services through in-person or telephonic interpretation
Call Return Time	30 minutes
Time to Answer Call	10 minutes

MEDICAL EMERGENCIES	
Topic	**Standard**
Emergency Care	Immediately

Exceptions to the Access to Care Standards

Preventive Care Services and Periodic Follow Up Care: Preventive care services and periodic follow up care are not subject to the appointment availability standards. These services may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of his or her practice. Periodic follow-up care includes but is not limited to, standing referrals to specialists for chronic conditions, periodic office visits to monitor and treat pregnancy, cardiac or mental health conditions, and laboratory and radiological monitoring for recurrence of disease.

Interpretation Services for Patients with Limited English Proficiency (LEP)

Language interpretation service is offered to patients with limited English proficiency, even when there is a family member or friend who can provide the interpretation. Family members and friends shall not be asked to interpret for the member. Use of family members or friends for interpretation is discouraged. Language interpretation service is offered at **NO COST** to members.

Reference(s):

- Department of Managed Health Care (DMHC) Timely Access Regulations 1300.67.2.2 (c)
- Department of Managed Health Care (DMHC) Timely Access Regulations 1300.67.04
- DHCS Two-Plan Model, Exhibit A, Attachment 9, Provision 3-4