



NEMS-MSO NEWSLETTER

March 2023

The latest updates for NEMS Medical Group!

ALL PROVIDER UPDATES

CLAIMS/AUTHORIZATION STATUS ON EZ-NET PROVIDER PORTAL

Beginning May 1, 2023, NEMS MSO will no longer provide authorization and claims status over the phone or email. We kindly ask that providers use the NEMS MSO EZ-NET Provider Portal to check the status of their authorizations and claims.

The NEMS MSO EZ-Net Provider Portal contains tutorial videos with step by step guides for the following:

- Submit Treatment Authorization Request (TAR) online;
- Verify TAR or claim status;
- Download and print authorization letter(s) or claim remittance advice.

Please visit <https://eznet.nems.org/EZ-NET60/Login.aspx> to access the Provider Portal.

If you need to sign up for portal access, please complete and submit the Provider Portal User Access Form which can be found on the NEMS MSO website [here](#).

BIANNUAL PROVIDER UPDATE FORM

In order to ensure that NEMS has the most accurate provider information on file, the Biannual Provider Update Form was sent out on March 10th, 2023. Providers may use this form to update and/or to confirm that the current information NEMS has on file is accurate.

Please complete your Biannual Provider Update Form and email it to provider.relations@nems.org or fax to (415) 233-4892 by April 13, 2023.

If you have any questions about this form, please contact Provider Relations at (415) 352-5186 Option 3.

INITIAL HEALTH APPOINTMENT (IHA) UPDATES

Medi-Cal Managed Care members are required to complete an Initial Health Appointment (IHA) within 120 days of enrollment and then periodically as an existing member. An IHA is a comprehensive assessment of a patient's health status must be completed after enrolling with the health plan to ensure the patient's acute, chronic, or preventative health needs are met.

As of 01/01/2023, IHA no longer requires the IHEBA (Individual Health Education Behavioral Assessment) or the SHA (Staying healthy Assessment) form. However, an IHA must continue to include the following:

- A history of the Member's physical and mental health;

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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- An identification of risks;
- An assessment of need for preventive screens or services;
- Health education; and
- The diagnosis and plan for treatment of any diseases.

When conducting an IHA, it must be:

- Performed by a Provider within the primary care medical setting;
- Provided in a way that is culturally and linguistically appropriate for the Member; and
- Documented in the Member's medical record.

Please also note, an IHA is not necessary if the Member's Primary Care Physician (PCP) determines that the Member's medical record contains complete information that was updated within the previous 12 months.

For more information about IHA, please see [All Plan Letter 22-030, Initial Health Appointment](#).

MEDI-CAL AND MEDICARE FRAUD REPORTING

Medi-Cal Fraud causes taxpayers to pay millions of dollars every year. While most of the healthcare system follows proper billing procedures, it is important to be aware of and report fraud.

If you see any instances of fraudulent activity, waste or abuse, please report to Medi-Cal using the [Fraud Compliant Form](#). You may also contact their fraud hotline directly at 1-800-822-6222. To learn more about reporting Medi-Cal fraud, please visit <https://www.dhcs.ca.gov/individuals/Pages/stopmedi-calfraud.aspx>.

If you suspect fraud or abuse in Original Medicare, a Medicare Advantage Plan and/or a Medicare drug plan, please contact 1-800-MEDICARE (1-800-633-4227). To learn more about reporting Medicare fraud and abuse, please visit <https://www.medicare.gov/basics/reporting-medicare-fraud-and-abuse>.

SCREENING AND TRANSITION OF CARE TOOLS FOR MEDI-CAL MENTAL HEALTH SERVICES

Starting on January 1, 2023, Department of Health Care Services (DHCS) implemented the screening and transition of care tools for Medi-Cal mental health services.

- [Adult](#) and [youth screening tools](#) for Medi-Cal mental health services must be used when a member, who is not currently receiving mental health services, contacts the provider seeking mental health services.
- [Transition of care tool](#) must be used to document a member's mental health needs and facilitate a referral for a transition of care, or addition of services, from and to the member's Medi-Cal health plan or county mental health services.

Providers may administer the screening tools in person, by telephone, or by video conference. Providers cannot ask additional questions and must use the specific wording provided in the tools and in specific order the questions appear. The tools can be administered by clinical and non-clinical staff. Once a provider has determined the score of the tools, the provider will refer members to the most appropriate level of care.

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.

For additional information, please refer to [APL 22-028: Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services](#).

NEMS ACO REACH WELCOME LETTER & PARTICIPANT AGREEMENT

On January 1st, 2023, NEMS began to participate in ACO REACH (Accountable Care Organization Realizing Equity Access and Community Health) model, which 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 31, 2026.

NEMS ACO would like to welcome the Preferred Providers in the REACH program, please click [here](#) to view the NEMS ACO REACH Welcome Letter.

Please use the link below to view the NEMS ACO REACH Participant Agreement. This agreement outlines the requirements and expectations for NEMS ACO REACH and the Participant and Preferred Providers.

- [NEMS ACO REACH Model Performance Period Participation Agreement](#)

If your office is interested in joining NEMS ACO as Preferred Provider, or would like to discuss more about NEMS ACO REACH, 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>.

SAN FRANCISCO COUNTY PROVIDER UPDATES

SFHP: SAN FRANCISCO DIRECT NETWORK (SDN)

In compliance with [CalAIM Innovations](#), San Francisco Health Plan (SFHP) has established a new member network, San Francisco Direct Network (SDN). The SDN member network will be used for dual-eligible individuals and patients in long-term care (LTC) facilities. SFHP will assume responsibility for SDN members; claims and authorization requests should be sent directly to SFHP.

To learn more about this network please visit <https://www.sfhp.org/providers/> and review the Provider Manual. If you have any questions about these changes, contact San Francisco Health Plan Provider Relations at Provider.Relations@sfhp.org or 1(415) 547-7818 ext. 7084.

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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SANTA CLARA COUNTY PROVIDER UPDATES

ANTHEM MEDICARE ADVANTAGE

We are proud to announce that NEMS has partnered with Anthem Blue Cross to manage their Medicare Advantage members in Santa Clara County. This partnership began on February 1, 2023 for Medicare & Medi-Cal (Medi-Medi) dual eligible members.

Authorizations for Anthem Blue Cross Medicare Advantage (ABC MA) members can be submitted via fax or through the [NEMS MSO EZ-NET Provider Portal](#). To access a copy of the Treatment Authorization Request (TAR) Form and to view the Medicare Advantage prior authorization guidelines, visit the NEMS MSO website [here](#).

Claims for ABC MA members can be submitted electronically through a partnered clearinghouse or by paper mail. A full list of partnered clearinghouses can be found on the NEMS MSO website [here](#). All paper claims can be mailed to the below address:

NEMS MSO Claims
2171 Junipero Serra Boulevard, Suite #600
Daly City, CA 94014

We are actively recruiting providers to join our ABC MA network in Santa Clara County! If your office is interested in joining or would like to discuss more about ABC MA, 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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