



## NEMS-MSO NEWSLETTER

June 2023

The latest updates for NEMS Medical Group!

### ALL PROVIDER UPDATES

#### UPDATED NEMS MSO PROVIDER MANUAL

The NEMS MSO Provider Manual has been updated and can be found on our NEMS MSO website [here](#). This manual contains valuable information for providers contracted with NEMS for Medi-Cal and/or Medicare. Some key components of this manual include:

- Member Eligibility Verification
- Authorization Submission
- Claims Submission
- Timely Access Standards

If you have any questions regarding the content of the NEMS MSO Provider Manual, please reach out to our Provider Relations Team at (415) 352-5186 Option 3 or at [provider.relations@nems.org](mailto:provider.relations@nems.org).

#### EVV ATTESTATION FORM

In accordance with the [DHCS All Plan Letter 22-014](#), as of January 1, 2023, electronic visit verification (EVV) is required for **ALL** Medicaid-funded personal care services (PCS) and home health care services (HHCS) when in-home visits are conducted by a provider. EVV is a federally mandated telephone and computer-based application program that electronically verifies in-home service visits.

**All** PCS and HHCS service providers must complete the [CalEVV Provider Self-Registration Form](#) as it allows providers to gain access to CalEVV and/or indicate their use of an alternate EVV system which must comply with state and technical requirements, including the ability to capture and transmit the required data to the CalEVV Aggregator.

In order to verify EVV use for all NEMS MSO contracted PCS and HHCS providers, the NEMS EVV Attestation Form was distributed and should be returned by **Friday, June 30<sup>th</sup>, 2023**. Please return the completed attestation form via email to [Provider.Relations@nems.org](mailto:Provider.Relations@nems.org) or fax to (415) 233-4891.

#### BALANCE BILLING

Balance billing, or “improper billing,” occurs when dual eligible beneficiaries (individuals with both Medi-Cal and Medicare) are billed for Medicare cost sharing. This is **illegal** under both federal and state law.

### What’s Inside?

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Dual eligible beneficiaries should never be charged for co-pay, co-insurance, or deductibles. These beneficiaries should not pay for physician visits and other medical care when they receive Medicare-covered services. For beneficiaries in a Medicare Advantage plan, including a Medi-Medi Plan, beneficiaries should not pay for medical care when they receive covered services from a provider in their provider network. This applies to both Medicare and Medi-Cal providers. Even if a Medicare provider is not enrolled in Medi-Cal, the provider may not bill the dual eligible beneficiary.

Should NEMS MSO become aware of a member experiencing balance billing, a representative from our Provider Relations Team may reach out and request that your office/organization discontinue billing the member. We kindly ask that you comply with this request since balance billing is not permitted under California state and federal law.

For further information on Balance Billing, please visit the CA DHCS website at <https://www.dhcs.ca.gov/individuals/Pages/Balanced-Billing.aspx>

## **EZ-NET PROVIDER PORTAL ACCESS**

NEMS MSO strongly encourages our partner providers and organizations to utilize the [NEMS EZ-NET Provider Portal](#) to submit treatment authorization requests and claims. The provider portal can also be utilized to view the status of submitted authorizations/claims and download and print authorization letter(s) or claim remittance advice.

All EZ-NET Provider Portal users should have their own login information and user credentials should never be shared. In order to ensure secure system access, NEMS MSO will disable all EZ-NET Provider Portal accounts that have been inactive for at least 6 months. Should your account become deactivated, you must re-submit an EZ-NET Provider Portal Access form to have your account reinstated.

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](#).

## **MEDI-CAL EPSDT REQUIREMENTS**

EPSDT, or Early and Periodic Screening, Diagnostic, and Treatment, assures that children receive early detection and care to diagnose, avert, and treat health problems as early as possible, regardless of whether the service is covered under Medi-Cal, and when medically necessary.

Per state law and regulations, providers rendering services to Medi-Cal members under the age of 21 must inform, comply, and provide EPSDT services to these Medi-Cal beneficiaries. This includes sharing [DHCS-approved material](#) that informs beneficiaries about eligible services and additional resources

EPSDT Services include but are not limited to:

- Screening Services (e.g., immunizations, physical and mental health exams, etc.);
- Vision Services;
- Dental Services;
- Hearing Services;
- Behavioral Health Treatment;
- Case Management and Care Coordination (e.g., transportation, scheduling assistance, etc.).

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](mailto:provider.relations@nems.org).



Starting January 2024, all network providers serving Medi-Cal beneficiaries under the age of 21 must review and complete [EPSDT-Specific Training](#) every two years and submit an attestation to their Managed Care Health Plans (MCPs) verifying their training completion.

Providers are encouraged to review the [Recommendations for Preventive Pediatric Health Care](#) put forth by Bright Futures and the American Academy of Pediatrics. These are recommendations for providers to access and does not serve as an exclusive course of treatment.

For more information about EPSDT, please see [DHCS APL 23-005](#) and visit the [EPSDT Webpage](#).

## SAN FRANCISCO COUNTY PROVIDER UPDATES

### SFHP: MEDI-CAL RX TRANSITION

As of January 1st, 2022, all pharmacy claims for Medi-Cal members are processed by the state via the fee-for-service pharmacy benefit system known as Medi-Cal Rx, in partnership with Magellan Medicaid Administration, Inc. As a result, prescriptions for SFHP Medi-Cal members are subject to the Medi-Cal Rx [Contract Drug List \(CDL\)](#) and Department of Health Care Services (DHCS) policies and not an SFHP formulary. As the state began to manage pharmacy claims, prior authorization (PA) requirements on some medications were temporarily waived, with the intention of reinstating PA requirements in phases. The latest PA reinstatement occurred in March 2023 and Medi-Cal Rx has enacted new PA requirements for some medications.

SFHP has analyzed the impacted classes for SFHP members and identified select drugs that may be significantly impacted by new PA requirements, listed below. The medications below will require PA. Providers who prescribe these medications may consider the alternatives (if any) listed or submit a PA for continued use.

Impacted Drugs Requiring PA	Potential Alternatives Available Without PA
Lidocaine 4% and 5% patch	Ztlido (lidocaine) 1.8% patch kit  <i>Ztlido 1.8% patch is not interchangeable with lidocaine 5% patch but has demonstrated equivalent lidocaine exposure and peak concentration to one lidocaine 5% patch per the labeling.</i>
Oxycodone IR 10 mg and 20 mg	Oxycodone IR 5 mg, 15 mg, and 30 mg tablet
Refresh Tears 0.5% eye drop, Polyvinyl alcohol 1.4% eye drop, or most other artificial tear formulations	Systane Complete or Systane Balance (propylene glycol) 0.6% eye drop
Bepotastine 1.5% eye drop	Azelastine, epinastine, olopatadine (OTC), or ketotifen (OTC) eye drops
Estradiol valerate 100 mg/5 mL and 200 mg/5 mL intramuscular injection	Estradiol tablet and patch formulations

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](mailto:provider.relations@nems.org).



Impacted Drugs Requiring PA	Potential Alternatives Available Without PA
Tacrolimus 0.1% and 0.03% ointment, or Eucrisa (crisaborole) 2% ointment	<i>No alternatives available in this class without PA</i>
Mupirocin 2% cream	Mupirocin 2% ointment
Nystatin-triamcinolone cream and ointment	Nystatin and triamcinolone cream and ointment as separate formulations
Topical steroids (multiple)	See separate covered topical steroids chart by potency
Polyethylene glycol 3350 (Miralax) powder packet (OTC)	Polyethylene glycol 3350 (Miralax) powder bulk cannister (OTC)
Gas Relief (simethicone) 125 mg chewable tablet (OTC)	Gas Relief (simethicone) 80 mg chewable tablet (OTC)
Finasteride (Propecia) 1 mg tablet	<i>No alternatives available in this class without PA</i>

NEMS has obtained reports from SFHP detailing members impacted by these PA changes. If you are a PCP in our SFHP network, please reach out to Provider Relations at (415) 352-5186 Option 3 or at [provider.relations@nems.org](mailto:provider.relations@nems.org), for a list of impacted patients.

## ANTHEM MEDI-CAL SF COUNTY

We are proud to announce that NEMS has partnered with Anthem Blue Cross (ABC) to manage their Medi-Cal Managed Care members in San Francisco County. This partnership will begin on July 1, 2023. Please see the attached memo for a summary of key information related to ABC Medi-Cal in San Francisco County.

**Authorization requests** for ABC-NEMS Medi-Cal 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 Medi-Cal prior authorization guidelines, visit the NEMS MSO website [here](#).

**Claims** for ABC-NEMS Medi-Cal 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 Medi-Cal network in San Francisco County! If your office is interested in joining or would like to discuss more about ABC Medi-Cal, please contact the Provider Relations team by email at [Provider.Relations@nems.org](mailto:Provider.Relations@nems.org) or by phone at (415) 352-5186 Option 3.

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](mailto:provider.relations@nems.org).



**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](http://www.nemsmso.org)

## SANTA CLARA COUNTY PROVIDER UPDATES

### SCFHP UPDATED MEDICAL BENEFIT DRUG PA GRID

Effective May 1, 2023, SCFHP providers should refer to the updated Medical Benefit Drug Prior Authorization Grid, which indicates all drugs that require prior authorization to determine medical benefit coverage for SCFHP members. The grid and corresponding memo can be found [here](#).

Please note this updated grid applies to SCFHP Medi-Cal and DualConnect lines of business. This grid does not reflect or apply to members' pharmacy benefit. If you have any questions regarding this information, please contact the SCFHP Utilization Management department at 1-408-874-1821.

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](mailto:provider.relations@nems.org).



# Memorandum

DATE: June 28, 2023  
TO: NEMS MSO Provider Network  
FROM: North East Medical Services  
RE: San Francisco County Anthem Medi-Cal

Effective July 1<sup>st</sup>, 2023, North East Medical Services (NEMS) has entered into a direct contractual arrangement with **Anthem Blue Cross (ABC)** for their **managed Medi-Cal program in San Francisco County**. Medi-Cal members enrolled in this managed care plan who have selected NEMS PCP (aka: NEMS Medi-Cal Members) will be directly managed by NEMS.

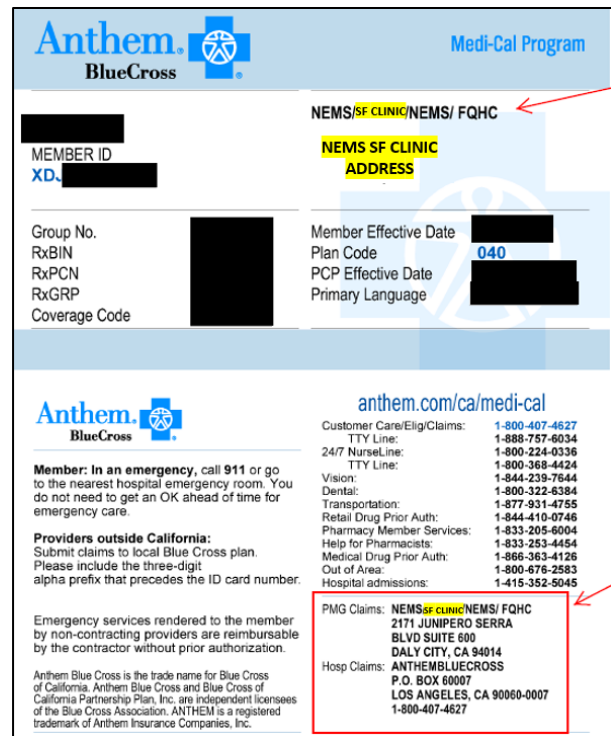
NEMS MSO will provide the medical management services to the NEMS Medi-Cal Members, including services authorization, claims processing/payment, provider credentialing, care coordination and case management services.

**Eligibility:** Please utilize the Anthem Medi-Cal ID (pictured on the right) to confirm eligibility. The 1-800 number in blue on the back of the card, can be used for eligibility inquiries/verification. Please note, the highlighted portions of the card will vary based on the specific NEMS clinic the member is assigned to.

**Claims:** Claims for Anthem Medi-Cal Members in San Francisco County can be submitted electronically or by mail to NEMS MSO via the following:

- Electronic submission:
  - ✓ EDI Clearing House: Full list [here](#).
  - ✓ Payer ID: NEMS
- Paper submission can be mailed to:
  - NEMS MSO Claims Department
  - 2171 Junipero Serra Blvd, 6<sup>th</sup> floor
  - Daly City, CA 94014

**Authorizations:** New Treatment Authorization Requests (TAR) can be submitted via the NEMS MSO Provider Portal at <https://eznet.nemsmso.org/EZ-NET60/Login.aspx>, or by fax to 415-398-2895.



For additional questions regarding this network, please contact NEMS MSO at (415) 352-5186 Option 3.

Sincerely,

NEMS MSO