



Quarter 3: September 2023

# NEMS MSO Newsletter

The latest updates for NEMS Medical Group!

## New Mailing Address

### NEMS MSO is relocating to Burlingame, CA

Effective October 23, 2023, all communication documents for NEMS MSO, including claims, grievance letters, etc. should be mailed to our new address indicated below:

OLD ADDRESS	NEW ADDRESS ***Effective 10/23/2023***
North East Medical Services – MSO Attn: Claims / UM / Provider Relations / Case Management  2171 Junipero Serra Boulevard Suite #600 Daly City, CA 94014	North East Medical Services – MSO Attn: Claims / UM / Provider Relations / Case Management  1710 Gilbreth Rd, Burlingame, CA 94010

This address change will not result in any disruption to MSO services. All mail sent to the old address will be forwarded to the new mailing address. There is no need to resend any documents. Please do not send duplicate claims. A memo regarding this change, has been attached for your reference.

## PAAS Survey

### Provider Appointment Availability Study

The 2023 PAAS is underway. Surveyors will contact providers' office by phone, fax, and email (if provided). Please review the attached Access to Care Standards document to ensure your office is compliant with the timely access to care regulations set by the DHCS and DMHC.

Please note, if NEMS MSO reaches out to you regarding your PAAS results, we kindly ask that you reply in a timely manner. If you have questions, contact us at [Provider.Relations@nems.org](mailto:Provider.Relations@nems.org) or at (415) 352-5186 Option 3.

## What's Inside?

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# NCQA Accreditation

In 2023 NEMS received accreditation from the National Committee of Quality Assurance (NCQA) for Case Management and Utilization Management!



NCQA Accreditation is intended to help organizations achieve the highest level of performance possible and create an environment of continuous improvement.

## Smoking Cessation & Disease Surveillance

### Updates to NEMS MSO Provider Manual

The NEMS MSO Provider Manual has been updated to include:

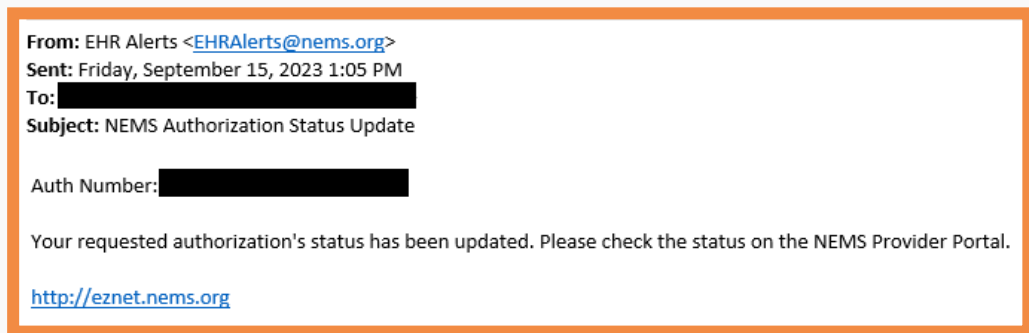
- Smoking Cessation: Did you know Tobacco use is the leading preventable cause of death in the US and Medi-Cal beneficiaries have a higher prevalence of tobacco use than the general population? To combat this, there are a wide array of tobacco cessation services available to beneficiaries including annual assessments, cessation medications and counseling. To learn more about these options and requirements for Providers, see the [NEMS MSO Provider Manual](#).
- Disease Surveillance: Title 17, California Code of Regulation (CCR) Reportable Diseases and Conditions, requires health care providers to report known or suspected cases of disease or condition. Reporting disease or condition helps public health agencies identify outbreaks before they become epidemics and guide public health decision-making. To learn more about reporting, see the [NEMS MSO Provider Manual](#).

## EZ-NET: Authorization Status Updates

### Keep an eye out for updates from EHRAlerts@nems.org

NEMS MSO is now sending authorization status updates via email for authorizations submitted to the EZ-Net Provider Portal. Below is a screenshot of the email you will receive from [EHRAlerts@nems.org](mailto:EHRAlerts@nems.org). Please ensure the email address associated with your EZ-Net account is correct so you can receive these alerts.

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](#).



# SFHP Provider Diversity Survey

## Share Important Demographic Information with SFHP

In an ongoing commitment to improve patient care and empower members, SFHP is collecting important demographic information from Healthcare Providers. SFHP kindly asks that network Providers complete the Provider Diversity Survey linked below and provide SFHP with their race and ethnicity. This information will be shared on SFHP's public Provider Directories.

To access the survey, please use the following link:

<https://www.surveymonkey.com/r/SYT8N5C>

If you require assistance or have any questions about this initiative, please do not hesitate to contact SFHP Provider Relations at [provider.relations@sfhp.org](mailto:provider.relations@sfhp.org) or 1(415) 547-7818 x7084. Thank you for your valuable time and participation

## Updated SCFHP Provider Manual

### Review Santa Clara Family Health Plan's Provider Manual

Please see Santa Clara Family Health Plan's updated Provider Manual on their website at <https://www.scfhp.com/for-providers/provider-resources/>.

This manual includes essential information and tools for both the Medi-Cal and DualConnect networks. This manual also contains contact information for SCFHP staff.

If you have any questions about the SCFHP Provider Manual please contact [ProviderServices@scfhp.com](mailto:ProviderServices@scfhp.com) or 1-408-874-1788.

## Contact Us!

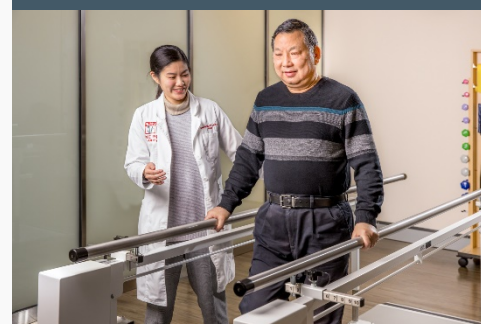


**NORTH EAST**  
MEDICAL SERVICES  
東北醫療中心  
MANAGEMENT SERVICES ORGANIZATION

MSO Main Phone Number:  
**(415) 352-5186**

TDD/TTY:  
**1-800-735-2929**

Website:  
<https://nemsmso.org/>





**DATE:** September 26, 2023  
**TO:** All Vendors and Providers  
**FROM:** NEMS MSO  
**RE:** NEMS MSO’s New Mailing Address

We would like to remind you that effective October 23, 2023, all communication documents for NEMS-MSO including claims, grievance letters, etc. should be mailed to our new address indicated below:

OLD ADDRESS	NEW ADDRESS <b>***Effective 10/23/2023***</b>
North East Medical Services – MSO Attn: Claims / UM / Provider Relations / Case Management  2171 Junipero Serra Boulevard Suite #600 Daly City, CA 94014	<b>North East Medical Services – MSO</b> <b>Attn: Claims / UM / Provider Relations / Case Management</b>  <b>1710 Gilbreth Rd,</b> <b>Burlingame, CA 94010</b>

**CLAIMS: \*\*\* Please DO NOT resubmit duplicate claims! \*\*\***

**Claims mailed to the old address will be forwarded to the new mailing address so you will NOT need to resubmit, if you have already submitted claims to the old address.**

We encourage providers to utilize the NEMS Provider Portal to check for real-time claims status, authorization status, and to submit prior authorization requests. To request access to our NEMS MSO Provider Portal, please complete and send back the Provider Portal Access Form found at [https://www.nemsmso.org/wp-content/uploads/Provider\\_Portal\\_User\\_Access\\_Form.pdf](https://www.nemsmso.org/wp-content/uploads/Provider_Portal_User_Access_Form.pdf).

If you have any questions, please feel free to contact Provider Relations at 415-352-5186 Opt. 3 or email [provider.relations@nems.org](mailto:provider.relations@nems.org).

Sincerely,  
 NEMS MSO Provider Relations

## 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 Appointment	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



<b>BEHAVIORAL HEALTH</b>	
<b>Topic</b>	<b>Standard</b>
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

<b>MEDICAL EMERGENCIES</b>	
<b>Topic</b>	<b>Standard</b>
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