



Quarter 2: July 2024

NEMS MSO Newsletter

The latest updates for NEMS Medical Group!

Changes in Utilization Management Policies

Services Requiring Prior Authorizations

During the federal Public Health Emergency (PHE) for COVID-19, NEMS MSO temporarily waived certain prior authorization (PA) requirements, for contracted and non-contracted providers, to ensure members receive medically necessary services in a timely manner.

The PHE for COVID-19 expired on May 11, 2023. Therefore, effective July 1, 2024, NEMS MSO has removed existing waivers for PA requirements that were in place during the PHE. Contracted and non-contracted providers will be required to submit PA requests in accordance with the current NEMS MSO Utilization Management (UM) policies & procedures.

We recommend providers refer to the NEMS MSO website for an overview of our UM policies & procedures and for a [list of services requiring prior authorizations](#). Providers should review this PA list, based on the line of business (i.e., Medi-Cal Managed Care Plans, HealthNet/GBHP Medicare Advantage, etc.), to avoid any future disputes or claims denial.

Urgent Care Services: Carbon Health

New Urgent Care Provider

NEMS is happy to announce our new partnership with Carbon Health for Urgent Care Services! With over 20 locations in the Bay Area, patients have the freedom to choose where to access urgent care, services closest to them.

Carbon Health provides urgent care for non-threatening conditions. Walk-in appointments are welcome, depending on availability. Same day visits, including weekends, with extended hours are available for your convenience.

To find a full list of Urgent Care locations and hours, [click here](#)!



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Provider Dispute Resolution (PDR) Submission Process

Updates to PDR Submission Requirements

NEMS MSO has allowed the submission of PDR requests via fax or email during the COVID-19 Public Health Emergency, to accommodate our providers and vendors. As the COVID-19 Public Health Emergency was lifted, **NEMS MSO will no longer accept PDR requests by fax or email, effective immediately.**

All PDR requests must be mailed to the following address:

North East Medical Services
Attn: MSO Provider Claims Dispute
1710 Gilbreth Road
Burlingame, CA 94010

Please see attached memo on the for additional information on the PDR process update.

Urgent Treatment Authorization Requests

Urgent vs. Routine

When submitting treatment authorizations, it is important that providers utilize the “Urgent” and “Routine” indicators properly. Urgently needed care means health care for a condition which requires prompt medical attention and should not be used to expedite an appointment based on member convenience. Urgent/expedited requests based on scheduling convenience could delay care for other patients who truly have clinically urgent conditions.

A member must have an urgent condition when submitting an expedited prior authorization request, such that the member faces an imminent and serious threat to his or her health, including but not limited to, potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision-making process would be detrimental to the member’s life or health, or could jeopardize the member’s ability to regain maximum function.

For urgent authorization requests, please allow for a 72-hour turnaround time. For routine authorization requests, our standard turnaround time is 5 business days, excluding holidays. The NEMS MSO UM Team will try to accommodate same day urgent authorization requests to the best of their abilities.

Please contact the NEMS MSO UM at (415) 352-5045 if there are questions regarding prior authorization submissions.



Providers Rights: Credentialing and Recredentialing

Please Review Provider Rights

NEMS MSO follows federal, state, NCQA and health plan's guidelines and standards for initial provider credentialing and re-credentialing. The credentialing cycle is every three (3) years for independently licensed practitioners and organizations.

The credentialing process includes a comprehensive screening using federal and state sanctions databases, as well as verification of required licensure and certifications.

Providers undergoing initial and recredentialing have the right to review; right to be informed of the status of credentialing/recredentialing application(s); right to be notified of discrepancy(s); and right to correct of erroneous information. Please visit our website for further details regarding [practitioner rights](#).

If you have any questions, please contact our Provider Network Operations Team at Provider.Relations@nems.org or 415-352-5186.

Sign Up for Electronic Fund Transfer (EFT)

Did You Enroll in EFT with NEMS?

Direct bank transfers will streamline the payment process between NEMS and your practice.

Many benefits of EFTs over checks include:

- Faster: Receive payment to your account in 2-3 business days.
- Safer: Lessened chance of human error or theft.
- Convenient: Completed online so there's no need for physical or paper deposit.

Don't know whether your practice has enrolled into EFT? We can help you verify!

Start enrolling in EFT by completing the EFT Request Form. Please send the completed form, along with a copy of a voided check (or a letter from your bank providing confirmation of your account information) to Provider.Relations@nems.org or via fax at 415-233-4892.

New NCQA Accreditation

NEMS is proud to add Credentialing as its newest NCQA accreditation! This will be the 3rd NCQA accreditation for NEMS, in addition to Case Management and Utilization Management.





Network Provider Update Form

All providers are strongly encouraged to use the [Network Provider Update Form](#) to easily communicate changes to NEMS, such as:

- Practice or Facility Information
- Provider Information
- Office Contact Information
- Remittance Information
- ... and more!

Questions?

Please contact us below!

Email:
Provider.Relations@nems.org

Phone: 415-352-5186

Fax: 415-233-4892

Clinical Quality Assurance & Reporting

Clinical Quality / Practice Improvement

NEMS MSO participates in health plans' clinical quality improvement programs to improve clinical outcomes and ensure our providers meet the minimum performance levels in the DHCS Managed Care Accountability Sets (MCAS) and the CMS Medicare Star Ratings.

Healthcare Effectiveness Data and Information Set (HEDIS) is one of health care's most widely used performance improvement tools created by the National Committee for Quality Assurance (NCQA).

HEDIS measures performance with more than 90 measures across 6 domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems

NEMS MSO created a [HEDIS Tip Sheet](#) to help our providers identify and close care gaps and achieve success in reporting performance.

Questions? Contact the NEMS MSO Quality Improvement Team below!

Email: MSO-QI@nems.org

Phone: (415) 321-1927

Contact NEMS MSO



MSO Main Phone Number:
(415) 352-5186

TDD/TTY:
1-800-735-2929

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



NORTH EAST
MEDICAL SERVICES
東北醫療中心

Memorandum

DATE: June 3, 2024

TO: NEMS NETWORK PROVIDERS

FROM: NEMS MSO – Utilization Management (UM)

SUBJECT: Changes in Utilization Management Policies

During the federal Public Health Emergency (PHE) for COVID-19, NEMS MSO temporarily waived certain prior authorization requirements for contracted and non-contracted providers to ensure members receive medically necessary services timely. Implementing these waivers was to align with the flexibilities for healthcare providers allowable under the federal PHE declaration.

1. Update on Prior Authorization Policy

The PHE for COVID-19 expired on May 11, 2023. Therefore, effective July 1, 2024, **NEMS MSO will remove existing waivers of prior authorization requirements** that were in place during the PHE.

Contracted and non-contracted providers will be required to submit prior authorization service requests in accordance with current UM Manual and Policies & Procedures. Services that require prior authorization include, but are not limited to, consultation, follow up office visits, and in-office procedures. Please refer to our website for a list of services that do and do not require prior authorization (<https://nemsmso.org/prior-authorizations/>).

2. Timeframe to Submit Retrospective Medical Authorization for Medi-Cal members

Retrospective review is the review of medical services after care has been rendered. Effective July 1, 2024, retrospective authorization requests must be submitted no later than 30 calendar days after the date of service and are subject to the same review criteria for medical necessity. The UM Department has 30 calendar days to respond to a retrospective request upon receipt of all necessary information. The date of service (DOS) and a copy of the visit notes must be included with all retrospective authorization requests.

Retrospective authorization requests received later than 30 calendar days after the date of service will be denied. Retrospective authorization requests are not allowed for Medicare members.

If you have any questions or concerns, please do not hesitate to contact NEMS MSO at 415-352-5186, Option 1.



NORTH EAST
MEDICAL SERVICES
東北醫療中心

MANAGEMENT SERVICES ORGANIZATION (MSO)

Memorandum

DATE: June 26, 2024
TO: All Vendors and Providers
FROM: NEMS MSO
RE: Updates to Provider Dispute Resolution (PDR) Submission Process

NEMS MSO has allowed the submission of PDR requests via fax or email during the COVID-19 Public Health Emergency to accommodate our providers and vendors. As the COVID-19 Public Health Emergency was lifted, **NEMS MSO will no longer accept PDR requests by fax or email, effective immediately.**

All PDR requests will be submitted by mailing the PDR form to the following address:

North East Medical Services
Attn: MSO Provider Claims Dispute
1710 Gilbreth Road
Burlingame, CA 94010

To ensure that your requests are processed without delay, please adhere to the following guidelines:

- **Complete Submission:** Ensure that all required documents are fully completed and included in your submission. Our PDR form can be utilized to ensure that all elements are included. A copy of the PDR form is attached to this memo and posted on our website. PDRs that do not contain all required elements will be returned to the provider.
- **Mailing Address:** Use the address provided above for all PDR submissions. Requests sent to any other address will not be processed.
- **Timeliness:** Allow sufficient time for mail delivery to ensure that your request is received within any applicable deadlines.

We understand that this change may require adjustments to your current processes, and we appreciate your cooperation in making this transition as smooth as possible. Should you have any questions or need further assistance, please do not hesitate to contact us at 415-352-5186.

Thank you for your attention to this matter and for your continued collaboration.

Sincerely,
NEMS Provider Claim Dispute Team

**NORTH EAST MEDICAL SERVICES - MSO
PROVIDER DISPUTE RESOLUTION REQUEST**

INSTRUCTIONS	
<p>1. Complete the below form. Fields with an asterisk (*) are required. 2. Mail the completed form and supporting documents to:</p> <p style="text-align: center;">North East Medical Services Attn: MSO Provider Claims Dispute 1710 Gilbreth Rd Burlingame, CA 94010</p>	<p>NEMS MSO only accepts first-level provider disputes requests. Second-level disputes or appeals must be submitted to the health plan.</p>
*Provider Name:	*Provider NPI:
*Provider Address:	*Provider Tax ID:

CLAIM INFORMATION	
*Original Claim Number:	Claim Type: <input type="checkbox"/> Professional <input type="checkbox"/> Facility/Institutional
Original Claim Amount Billed:	Original Claim Amount Paid:
* Service "To & From" Date(s):	
*Patient Name:	*Date of Birth:
*Member Health Plan ID #:	Member's Health Plan:

DISPUTE DETAILS			
<p>* Reason for Dispute:</p> <table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Claim Underpayment <input type="checkbox"/> Claim Overpayment <input type="checkbox"/> Authorization On File <input type="checkbox"/> Non-Duplicate Claim <input type="checkbox"/> Covered Services</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Retrospective Eligibility <input type="checkbox"/> Contract Dispute <input type="checkbox"/> Disputing Request for Reimbursement of Overpayment <input type="checkbox"/> Other (please indicate): _____</td></tr></table>		<input type="checkbox"/> Claim Underpayment <input type="checkbox"/> Claim Overpayment <input type="checkbox"/> Authorization On File <input type="checkbox"/> Non-Duplicate Claim <input type="checkbox"/> Covered Services	<input type="checkbox"/> Retrospective Eligibility <input type="checkbox"/> Contract Dispute <input type="checkbox"/> Disputing Request for Reimbursement of Overpayment <input type="checkbox"/> Other (please indicate): _____
<input type="checkbox"/> Claim Underpayment <input type="checkbox"/> Claim Overpayment <input type="checkbox"/> Authorization On File <input type="checkbox"/> Non-Duplicate Claim <input type="checkbox"/> Covered Services	<input type="checkbox"/> Retrospective Eligibility <input type="checkbox"/> Contract Dispute <input type="checkbox"/> Disputing Request for Reimbursement of Overpayment <input type="checkbox"/> Other (please indicate): _____		
<p>* Description of Reason for Dispute (be specific and attach necessary additional information for review):</p> 			
<p>* Expected Outcome:</p> 			

Contact Name (please print)

Title

Phone Number

Signature

Date

Fax Number

[] CHECK HERE IF ADDITIONAL
INFORMATION IS ATTACHED

Rev. 2024.06



EFT Request Form

To enroll in, update, or cancel Electronic Funds Transfer with NEMS, please complete and return this form along with a copy of a voided check (or a letter from your bank providing confirmation of your account information) to NEMS Provider Relations by email or fax. All fields are required.

EMAIL: Provider.Relations@nems.org | FAX: 415-233-4892

VENDOR INFORMATION			
Vendor Name:			
Vendor Tax ID (TIN/EIN):		NPI(s):	
Remittance Address: <i>(Street, City, State, Zip)</i>			
Contact/Agent Name:			
Contact/Agent Phone #:			
E-Mail Address:			
Reason for Submission <i>(please check only one)</i>	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Update Enrollment <input type="checkbox"/> Cancel Enrollment		
BANKING INFORMATION			
Vendor's Bank Name:			
Bank Address: <i>(Street, City, State, Zip)</i>			
Bank Contact Name:			
Bank Contact Phone #:			
ABA Routing #:			
Bank Account #:			
Account Type <i>(please check only one)</i>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Account Number Linkage to Provider Identifier	<input type="checkbox"/> TIN/EIN <input type="checkbox"/> NPI(s)		
Previous Bank Account # <i>(for Updating Enrollments only)</i>			

Vendor's Authorization

Sign below to confirm that you are authorizing NEMS to begin transferring payments electronically to the account mentioned above.

Print Name

Title

Signature

Date

EOBs will no longer be mailed upon EFT Enrollment with NEMS. EOBs may be accessed 24/7 through the NEMS Provider Portal linked here: <https://eznet.nems.org/>. If you do not already have a NEMS Provider Portal account, you may request for one by contacting our Provider Relations team via email at provider.relations@nems.org. Please note, upon termination with NEMS MSO, you will no longer be eligible for EFT and your enrollment will be cancelled. Any future payments will be sent out by paper check.

Your Privacy

NEMS MSO is collecting your personal information on this form to authorize the setup of electronic funds transfer (EFT) between the banks of the provider and NEMS. Any personal information you provide to NEMS will be kept confidential and secure. You may ask to see what personal information (if any) NEMS MSO holds about you at any time and can seek correction if that information is wrong.

NEMS MSO will use your personal information provided on this form to authorize the setup of electronic funds transfer (EFT) between banks. Failure to provide requested information will result in delays or inability to setup.

NEMS MSO will not use any of your personal information for any other purpose or disclose your personal information to any other organizations or individuals, unless authorized or required by law.

Your Responsibility

By enrolling in electronic funds transfer (EFT), vendor shall contact their financial institution to arrange for the delivery of reassociation information via ACH Cash Concentration or Disbursement plus addenda record (CCD+). It is the vendor's responsibility to notify NEMS MSO of any changes to the vendor's banking information.

Electronic Remittance Advice (ERA)/Explanation of Benefits (EOB)

EOBs will no longer be mailed upon EFT enrollment with NEMS. EOBs may be accessed 24/7 through the NEMS Provider Portal linked here: <https://eznet.nems.org/>. If you do not already have a NEMS Provider Portal account, you may request for one by contacting our Provider Relations team via email at provider.relations@nems.org. If you submit claims electronically to NEMS, ERAs may be obtained through your clearinghouse.