



Quarter 3: September 2024

NEMS MSO Newsletter

The latest updates for NEMS Medical Group!

NEMS Provider Satisfaction Survey

We want to hear from you!

NEMS MSO is conducting our annual provider satisfaction survey. Your feedback will help us improve our operations and promote patient access to care.

You can complete the survey online [here](#) or complete the attached version of the survey and fax the completed document back to us at 415-233-4892.

Please reach out to MSO-info@nems.org for any questions. Thank you for your feedback!

Anthem Medicare Advantage: San Francisco

New Health Plan Partnership in SF County!

We are proud to announce that NEMS has partnered with Anthem Blue Cross (ABC) to manage their Medicare Advantage (MA) Managed Care members in San Francisco County. This partnership will begin on **November 1, 2024**. Please see the attached memo for a summary of key information related to ABC Medicare Advantage in San Francisco County.

Authorization requests 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 MA prior authorization guidelines, visit the NEMS MSO website [here](#).

Claims can be submitted electronically through a partnered clearinghouse or by paper mail. A full list of partnered clearinghouses and mail address can be found on the NEMS MSO website [here](#).

We are actively recruiting providers to join our ABC MA network in San Francisco 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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Medi-Cal Pediatric Programs

Training materials available!

Medi-Cal Managed care providers should annually review the pediatric programs available for beneficiaries. Please see below for a summary of these programs and review the [training materials](#) on the NEMS MSO website.



Comprehensive Perinatal Services Program (CPSP): CPS provides health services to low-income pregnant and postpartum women, aiming to improve health outcomes and reduce disparities in underserved communities. Services include prenatal care, nutritional counseling, and mental health support. For more information visit [CDPH CPSP](#).

California Children's Services (CCS): CCS offers medical care for children under 21 with physical disabilities and chronic conditions, improving health outcomes and quality of life. It covers diagnosis, treatment, rehabilitation, and financial assistance. For more information visit [DHCS CCS](#).

Child Health and Disability Prevention (CHDP) Program: CHDP provides preventive health services to low-income children, ensuring regular check-ups, vaccinations, and access to resources. Services include free assessments, immunizations, and health screenings. For more information visit [DHCS CHDP](#).

New NEMS Credentialing Platform

Verifiable, powered by Salesforce!

NEMS is excited to announce that our Provider Network Operations team is transitioning to a new platform called Verifiable, which is powered by Salesforce. This upgrade will enhance our communication with you during the credentialing and re-credentialing process and will allow you to complete your applications via a secure Credentialing Portal!

In the coming weeks, you may receive emails sent via Salesforce regarding your credentials. Please be sure to review these messages, as they will contain important credentialing information from NEMS. Reach out to MSO-Credentialing@nems.org with any questions!



Prior Authorization Reminder

Changes in Utilization Management Policies

Effective July 1, 2024, NEMS MSO removed existing waivers of prior authorization requirements that were in place during the Public Health Emergency (PHE) for COVID-19.

Providers are required to submit prior authorization service requests in accordance with current NEMS MSO policies and procedures. We recommend referring to the [NEMS MSO website](#) to avoid any future disputes or claims denial.





NEMS PACE: San Jose

New NEMS PACE Center Coming July 2025

Program of All-Inclusive Care for the Elderly (PACE) is a nationally recognized model of care for older adults with chronic health needs. NEMS PACE provides a wide range of health and community-based services to help participants continue living safely in their homes.

To be eligible for NEMS PACE, an individual must be:

- 55 years of age or older
- Qualified for nursing facility level of care
- Able to live safely in the community with the help of PACE services
- Living in a NEMS PACE service area

NEMS PACE offers comprehensive care services including primary and specialty medical care, rehabilitation, social activities, medications, homecare, transportation, meals and more. We will be opening a second NEMS PACE Center in July 2025, located in Vietnam Town at 939 Story Road in San Jose.

NEMS is currently accepting new providers for our PACE network in Santa Clara County. If interested, please reach out to us at provider.relations@nems.org or call us at 415-352-5186 option 3.



PACE 行健 長者照護計劃

PACE Referrals

Do you have a patient that meets the eligibility criteria and would benefit from NEMS PACE services? Contact us below!

Phone:
415-333-8909

Email:
PACEReferral@nems.org

Website:
www.NEMSPACE.org



INITIAL HEALTH APPOINTMENT

Medi-Cal Managed Care members are required to complete an Initial Health Appointment (IHA) within 120 days of enrollment. An IHA is a comprehensive assessment to ensure the acute, chronic, or preventative health needs are met.

An IHA must include all the following:

- history of the Member's physical and mental health;
- identification of risks;
- assessment of need for preventive screens or services;
- Health education; and
- diagnosis and plan for treatment of any diseases.

IHAs must be performed by a provider in a primary care setting, in a culturally and linguistically appropriate manner and be documented in the member's medical records.

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

Medi-Cal Targeted Rate Increase (TRI)

TRI Updates

Pursuant to state law and regulations, NEMS MSO will reimburse eligible providers using TRI Fee Schedule beginning January 1, 2024. The TRI Fee Schedule applies to procedure codes identified as Primary/General Care, Obstetric and Non-Specialty Mental Health services and rendered by an eligible network provider. NEMS intends to comply with this requirement by December 31, 2024.

The new TRI Fee Schedule does not replace existing Utilization Management and Claims Adjudication policies or processes. Providers must continue to follow existing NEMS claims and authorization submission processes and requirements, including but not limited to submitting prior authorization requirements as applicable, submitting claims to appropriate payors, submitting claims timely, etc. Additionally, NEMS will continue to follow our current Provider Dispute Resolution (PDR) process to receive and resolve provider disputes. Provider disputes related to TRI submitted prior to December 31, 2024 will be deemed invalid. NEMS will communicate future updates regarding the TRI Fee Schedule via our Provider Relations Newsletter and via our MSO website.

For questions regarding NEMS existing UM and Claims policies, please contact NEMS MSO at 415-352-5186 or MSO-info@nems.org.

For additional information regarding TRI Fee Schedule, please visit DHCS TRI website at <https://www.dhcs.ca.gov/Pages/Medi-Cal-Targeted-Provider-Rate-Increases.aspx>.



Contact NEMS MSO

MSO Main Phone Number:
(415) 352-5186

- Option 1:** Utilization Management
- Option 2:** Claims Processing & Payment
- Option 3:** Provider Network Operations
- Option 4:** All other MSO Inquiries



NORTH EAST MEDICAL SERVICES

東北醫療中心

MANAGEMENT SERVICES ORGANIZATION (MSO)

PROVIDER SATISFACTION SURVEY

Your office is receiving this survey because you rendered care to one or more of our members in the past 12 months. Your feedback is important to us. NEMS MSO uses the responses from this survey to assess the overall provider experience and to identify ways to improve NEMS MSO operations.

The survey takes about 5-10 minutes to complete. We appreciate your time and consideration. Please contact MSO-info@nems.org if you have any question.

PROVIDER DEMOGRAPHICS

1. Are you a: ☐ PCP ☐ Specialist (specify): _____ ☐ Other (specify): _____

2. Are you contracted with NEMS MSO: ☐ Yes ☐ No

3. Are you enrolled in:

a. NEMS MSO EZ-NET Provider Portal: ☐ Yes ☐ No

b. Electronic Fund Transfer with NEMS: ☐ Yes ☐ No

4. Has your contact information or address changed in the last 6 months? ☐ Yes ☐ No

If yes, please provide your updated information: _____



UTILIZATION MANAGEMENT (UM)

How satisfied are you with	5 – Very Satisfied	4 – Satisfied	3 – Neutral	2 – Unsatisfied	1 - Very Unsatisfied	Not Applicable
1. Access to UM staff during business hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The process for obtaining authorization information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of obtaining authorization status (e.g., notification, decision letter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. UM support/facilitation after an UM denial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Access to UM criteria and clinical guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Access to a physician reviewer for pre-decision peer-to-peer discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The availability of information to file appeal to the health plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Case Management (CM) & Care Coordination

How satisfied are you with	5 – Very Satisfied	4 – Satisfied	3 – Neutral	2 – Unsatisfied	1 - Very Unsatisfied	Not Applicable
1. Access to CM staff during business hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The availability of information about NEMS CM programs/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The process to refer patient to NEMS for case management or care coordination services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. CM support to help your patient access medical services within NEMS network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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How satisfied are you with	5 – Very Satisfied	4 – Satisfied	3 – Neutral	2 – Unsatisfied	1 - Very Unsatisfied	Not Applicable
5. CM support to help your patient access social support services (e.g., CalFresh, Housing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your patient's transition of care services (e.g., hospital discharge follow-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Network Operation (PNO)

How satisfied are you with	5 – Very Satisfied	4 – Satisfied	3 – Neutral	2 – Unsatisfied	1 - Very Unsatisfied	Not Applicable
1. Access to PNO staff during business hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The quality of Provider Orientation and/or ongoing training and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The quality of written communications, policy bulletins and provider manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff communication during the credentialing and/or recredentialing process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Claims Processing

How satisfied are you with	5 – Very Satisfied	4 – Satisfied	3 – Neutral	2 – Unsatisfied	1 - Very Unsatisfied	Not Applicable
1. Access to Claims staff during business hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reimbursement timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ease of checking claims status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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How satisfied are you with	5 – Very Satisfied	4 – Satisfied	3 – Neutral	2 – Unsatisfied	1 - Very Unsatisfied	Not Applicable
4. Submitting and receiving information regarding Provider Dispute Resolution (PDR) process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff communication during the PDR process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEMS EZ-NET Provider Portal

How satisfied are you with	5 – Very Satisfied	4 – Satisfied	3 – Neutral	2 – Unsatisfied	1 - Very Unsatisfied	Not Applicable
1. The instruction and process to sign up for EZ-NET and/or EFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Using EZ-NET to check claim status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Using EZ-NET to retrieve claims EOB or other documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Using EZ-NET to submit authorization requests or check authorization status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Satisfaction

Would you recommend NEMS MSO to other physicians' practices?

Yes ☐

No ☐



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What is your overall satisfaction with NEMS MSO?

5 - Very Satisfied ☐

4 - Satisfied ☐

3 - Neutral ☐

2 - Unsatisfied ☐

1 - Very Unsatisfied ☐

Other Comments



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MANAGEMENT SERVICES ORGANIZATION (MSO)

Management Services Organization
1710 Gilbreth Rd
Burlingame, CA 94010
Phone: (415) 352-5186
www.nemsmso.org

Memorandum

DATE: September 30, 2024
TO: NEMS MSO Provider Network Operations
FROM: North East Medical Services
RE: San Francisco County Anthem Medicare Advantage

Effective November 1st, 2024, North East Medical Services (NEMS) has entered into a direct contractual arrangement with **Anthem Blue Cross (ABC)** for their **Medicare Advantage program in San Francisco County**. Medicare Advantage members enrolled in this managed care plan who have selected NEMS PCP will be directly managed by NEMS.

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

Eligibility: Please utilize the Anthem Medicare Advantage 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 may vary based on the specific NEMS clinic the member is assigned to.

Claims: Claims for Anthem Medicare Advantage 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
PO BOX 1548
San Leandro, CA 94577

Authorizations: New Treatment Authorization Requests (TAR) can be submitted via the NEMS MSO Provider Portal [here](#) 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

Anthem  Anthem MediBlue Full Dual Advantage (HMO D-SNP)

PCP: [REDACTED]
PCP Phone: [REDACTED]
Northeast Medical Services (NEMS)


Member ID: [REDACTED]

Group: [REDACTED]
Plan: [REDACTED]
Issuer (80840): [REDACTED]
RxBIN: [REDACTED]
RxPCN: [REDACTED]
RxGRP: [REDACTED]
RxID: [REDACTED]

Dual eligible members pay \$0 for plan covered medical services
Provider: Dual Member Cost Share should be billed to member's Medicaid

CMS H4161-001-000

Dental Coverage **MEDICARE ADVANTAGE HMO** **MedicareRx** Prescription Drug Coverage

Anthem  anthem.com/ca

Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services.
Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card.

Possession of this card does not guarantee eligibility for benefits.
Anthem Providers can submit claims to Avality.com or:
Medical: P.O. Box 60007
Pharmacy: Claims Department- Part D Services
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental: P.O. Box 26110 Santa Ana, CA 92799

Member Service: **1-833-707-3129**
TTY/TDD Line: **711**
Member Pharmacy Svcs: **1-833-460-0849**
Help for Pharmacists: **1-833-377-4266**
Provider Service: **1-800-676-2583**
Dental Customer Service: **1-888-700-0992**
24/7 NurseLine: **1-855-658-9249**
SilverSneakers: **1-855-741-4985**

Anthem Blue Cross is the trade name for Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association.

Issue Date: 12/22/2022