



NEMS MSO Provider Newsletter

Quarter 1: March 2025

The Latest Updates for NEMS Medical Group!

What's Inside:

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- DHCS EPDST Provider Training
- Interpretation Services
- Sensitive Services: Chaperone Best Practices
- Authorizations & Claims Reminders
- Minor Consent to Mental Health Services
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Provider Resource Links:

NEMS EZ-NET Provider Portal
 Network Provider Update Form
 NEMS MSO Contact Information
 Interpretation Services



2025 Annual Provider Training Materials

2025 Provider Training Materials & Resources

On an annual basis, NEMS MSO network providers must review the NEMS MSO Provider Training materials. For calendar year 2025, please review the following materials with your entire practice:

- NEMS MSO Provider Training 2025
- NEMS MSO Provider Manual (March 2025)
- Medi-Cal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Training

These materials are intended to provide reeducation on topics such as NEMS MSO authorization/claims, contracted provider responsibilities and health plan,

state and federal managed care guidelines and requirements. If you would like a refresher training conducted by the NEMS MSO Provider Network Team, please contact us at provider.relations@nems.org.

DHCS EPDST Provider Training

Biannual Early and Periodic Screening, Diagnostic, and Treatment Provider Training Requirement

EPDST (or Early and Periodic Screening, Diagnostic, and Treatment) ensures children receive early screening and preventive services to diagnose, avert, and treat health problems as early as possible, regardless of whether the service is covered under Medi-Cal.

Per federal and state law, providers rendering services to Medi-Cal members under the age of 21 must inform and provide EPDST services to Medi-Cal beneficiaries including, but are not limited to, screening services, vision services, dental services, hearing services, case management and care coordination

Effective January 1, 2024, all network providers serving Medi-Cal members under the age of 21 must complete EPDST Specific Training Every two years. Training materials are provided to you:

- During New Provider Orientation, or
- On an ongoing basis via the [NEMS Provider Manual](#) and [EPDST Training](#) on our NEMS MSO website.

If your practice would like an in-person or virtual training, this can be provided by contacting the NEMS Provider Network team at provider.relations@nems.org or at 1-415-352-5186, Option 3.



Interpretation Services Reminder

Provider Requirements for Providing Interpretation Services

The use of qualified interpreters is essential to delivering equitable and effective healthcare to limited English proficiency patients. All NEMS members have the right to receive culturally competent care, including interpretation services. Professional interpretation services are offered by NEMS and our health plan partners to members at no cost. *NEMS discourages the use of friends, family members, or minors as interpreters.*

As a NEMS contracted provider, you are responsible for following the interpretation services requirements listed below.

- **Use of Interpreters:** Must be available at all points of care - intake and registration, medical history collection, exams and follow up
- **Identify Interpretation Needs:** Screening during scheduling, check prior records, or asking the patient directly.
- **Documentation Requirements:** Record interpreter type, language, name/ID, and encounter details. Also, document offering an interpreter, even if the patient declines.

Once a member's coverage is identified, please reach out to the appropriate source below for interpretation services:

- **SFHP and Alignment Health Plan:** [Online](#) or 415-352-5186, option 3
- **Anthem Blue Cross:** 800-677-6669
- **Health Net:** 866-563-1259
- **Santa Clara Family Health Plan:** 800-260-2055

Please review the memo, "**Guidelines for Use of Interpretation Services**" on page 1 of the attached document for additional guidance.

Sensitive Services: Chaperones

Best Practices for Utilizing Chaperones Requirement

Medi-Cal provides confidential sensitive services to minors and adults without referral or authorization, ensuring timely access. These services include family planning, pregnancy testing, HIV/AIDS and STI care, sexual assault care, and outpatient abortion services.

Chaperones are strongly recommended for sensitive services, and upon patient request, to enhance comfort, prevent misunderstandings, and improve efficiency. Licensed chaperones can streamline care. Providers should:

- maintain a protocol to ensure consistent chaperone availability and communicate this to all patients,
- honor all patient requests for chaperones,
- prioritize authorized healthcare professionals as chaperones,
- uphold patient privacy and confidentiality, and
- provide private discussions between patients and providers as needed, minimizing sensitive inquiries during chaperoned exams.

Please review, "**Sensitive Services: Best Practices**" on page 2 of the attached document for additional guidance.

Authorization and Claim Updates



Authorization Requests

Update: Effective April 1, 2025, the upload of clinical documentation will be mandatory when submitting authorization requests through EZ-Net.

This may include a summary outlining diagnosis, treatment plan, and relevant medical history. Supporting documents (e.g., test results, progress notes, imaging reports) that substantiate the need for the requested services.

Please refer our step by step user guide [here](#) to submit prior authorizations via EZ-Net, instructions to upload clinical documentation is on Page 9.

Reminder: All genetic testing requires a prior authorization (PA). Requesting providers should submit their PA request to NEMS MSO via the EZ-Net Provider Portal.

Rendering providers should ensure there is an approved authorization on file before providing services. To view the status of an authorization, please visit the EZ-NET Provider Portal and reference the step by step user guide [here](#).

Claims Submissions

Reminder: To support timely claims processing and payment, please include the authorization number on the claim forms, whenever an authorization is already on file.

Based on the claim form, please refer below for the fields where the authorization number should be indicated:

Field in Paper Claims Form

- Form 1500 Section 23
- UB 04 Section 63

Field in EDI Claims Form

- 837P & 837I – Loop 2300- Claim INFO- Prior Authorization Number

Minor Consent to Outpatient Mental Health Treatment or Counseling

State Regulations for Minor Consent to Outpatient Mental Health

Effective July 1, 2024, California law (AB 665) allows minors aged 12 and older to consent to outpatient mental health treatment or counseling without requiring a parent or guardian's consent. Previously, such consent was only permitted if the minor was deemed a danger to themselves or others or was an alleged victim of incest or child abuse. These requirements have been removed and now the only requirement for attending providers is to determine if the minor is mature enough to participate intelligently in the outpatient services.

State law requires that the parent or guardian of a minor receiving outpatient mental health treatment or counseling be involved in the treatment unless, after consulting with the minor, the provider determines that the involvement of the minor's parent or guardian would be inappropriate. Providers must note their determination, regarding the appropriateness of involvement of the parent or guardian in the Member record, stating:

- whether and when the person attempted to contact the minor's parent or guardian, and whether the attempt was successful; or
- the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian.

This change aims to improve access to mental health care for adolescents. For more detailed information, please refer to the California Department of Health Care Services' [All Plan Letter 24-019](#).

UM Staff Availability

Hours of Operation and Contact Information

NEMS UM staff is available to members and providers during regular business hours (Monday through Friday, 8:00am - 5:30pm) to discuss UM issues, including denial decisions.

After normal business hours, UM staff can receive secure voicemail, fax, and email. Messages received are returned within one business day. Our staff is identified by name, title and organization name when initiating or returning calls regarding UM issues. Inquiries can be made via methods listed contact methods below:

- For Inpatient services: um-inpatient@nems.org
- For Outpatient services: um-outpatient@nems.org
- Fax: (415) 398-2895
- Phone: (415) 352-5186, option 1; TTY: (800) 735-2929

UM Affirmative Statement

Utilization Management Determinations

NEMS makes utilization management decisions to approve or deny a service based only on appropriateness of care, service, and existence of coverage. NEMS does not reward practitioners or other individuals for issuing denials of coverage or service care. There are no financial incentives for decision makers that would result in underutilization. Members and providers may request a copy of the policies, procedures, and criteria used to decide for a specific procedure or condition by contacting NEMS UM at (415) 352-5186, option 1. TTY services (800) 735-2929 is available for the hearing impaired. NEMS provides language assistance for members whose primary language is not English.



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