



NORTH EAST
MEDICAL SERVICES
東北醫療中心



NEMS MSO Provider Newsletter

Quarter 2: June 2026

The Latest Updates for NEMS Medical Group!

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NEMS EZ-NET Provider Portal

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Coming Soon: Epic Tapestry Link Provider Portal

Epic Tapestry Link Provider Portal Launching January 4, 2027

NEMS MSO will transition from the EZ-Net Provider Portal to the Epic Tapestry Link Provider Portal effective January 4, 2027. The new portal will provide enhanced access to member information, referrals, authorizations, claims, and other administrative functions. The EZ-Net Provider Portal will be disabled upon go-live.

Each provider organization must designate a Site Administrator who will be responsible for managing portal access for their organization, including requesting, updating, and disabling user accounts. Site Administrators may be identified now by completing the following form:

[Site Administrator Registration Form](#)

Initial Site Administrator access will be granted beginning October 1, 2026, with additional onboarding and training information to follow.

Medi-Cal & Medicare Required Provider Trainings

Required Trainings for NEMS Network Providers

In compliance with state, federal and delegated health plan requirements, NEMS MSO network providers must complete the trainings listed below. The training materials, along with the regulatory guidance supporting each training, can be found via the below links. **Please refer to the table to identify the initial and ongoing requirements for each training.**

Please review the training materials with your practice and refer to the accompanying *Provider Notice, Required Provider Training and Documentation Requirements*, for additional details on these training requirements.

1. New Provider Orientation & Retraining

- Training Materials: **2026 NEMS MSO Provider Training**
- Reference Document: **NEMS MSO Provider Manual**

2. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

- Training Materials: **2026 Medi-Cal for Kids & Teens Provider Training**
- Reference Document: **DHCS APL 24-016**

3. Diversity, Equity, and Inclusion (DEI)

- Training Materials: **2026 Diversity, Equity, and Inclusion (DEI) Training**
- Reference Document: **DHCS APL 23-025**

4. Medicare Advantage Model of Care (MOC)

- Training Materials: **SCAN; Alignment; SFHP Care Plus**
- Reference Document: **CMS Model of Care (MOC)**

Training	Description	Initial Completion Requirement	Ongoing Requirement
1. New Provider Orientation & Retraining	Education regarding Medi-Cal & NEMS MSO policies and procedures, provider responsibilities, compliance requirements, utilization management processes, cultural and linguistic services, member rights and responsibilities, referral and authorization processes, and other Medi-Cal requirements.	Issue within ten (10) days of active network participation and complete within 30 days of issuance.	Every two (2) years
2. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	Training regarding preventive services, screenings, diagnosis, treatment, referrals, care coordination, and documentation requirements for Medi-Cal members under	Align with New Provider Training as indicated above.	Every two (2) years

	twenty-one (21) years of age.		
3. Diversity, Equity, and Inclusion (DEI)	Training supporting culturally and linguistically appropriate services, reduction of health disparities, and promotion of health equity.	Align with New Provider Training as indicated above.	At re-credentialing (every 3 years) or upon contract renewal.
4. Medicare Advantage Model of Care (MOC): - SCAN - Alignment - SFHP Care Plus	Training regarding Special Needs Plan (SNP) care coordination processes, interdisciplinary care teams, and the unique needs of SNP members. Applicable only to providers participating in Medicare Advantage SNP products.	Within ninety (90) days of participation in a SNP network.	Annually

Sterilization Claims Update

DHCS 8649 Form: Consent for Sterilization

The Department of Health Care Services (DHCS) replaced the Consent for Sterilization PM-330 form with the **Consent for Sterilization DHCS 8649 form**. Beginning September 1, 2026, the DHCS 8649 form will be the only form accepted by NEMS for Medi-Cal members' sterilization procedures. Providers are encouraged to transition to the new form as soon as possible. Failure to use the DHCS 8649 form after September 1, 2026, will result in the claim being denied.

For more information about the new Consent for Sterilization form and for a copy of the new form, please visit DHCS website:

<https://www.dhcs.ca.gov/sterilization-materials/>

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(s)
- **Identify Interpretation Needs:** Screening during scheduling, checking prior records, and/or asking the patient directly.
- **Documentation Requirements:** Record interpreter type, language requested, name/ID of patient, and encounter details. Also, documentation of 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 (Medi-Cal and Care Plus) 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
- **SCAN C-SNP:** 877-778-7226

Well Child Visits

Ensure Your Patients Are Scheduling Well-Child Visits at All Recommended Milestones

Well-child visits are an essential part of preventive healthcare for children and adolescents. These appointments help ensure patients receive recommended screenings, immunizations, and developmental assessments at the appropriate ages. These visits also help providers identify potential health concerns early, support timely intervention, and promote healthier long-term outcomes.

We recommend following the American Academy of Pediatrics (AAP) Guidelines to conduct Well Child Visits at each of the following milestones:

- **Babies: 0 to 15 months (minimum 6 visits)**
 - Newborn
 - 1 month
 - 2 months
 - 4 months
 - 6 months
 - 9 months
 - 12 months
 - 15 months
- **Toddlers: 15 to 30 months (minimum 2 visits)**
 - 18 months

- 24 months / 2 years old
- 30 months / 2.5 years old
- Children: 3 to 21 years old
 - Annually



Initial Health Appointment

Ensure Your Patients Receive Their Initial Health Appointment

Primary care providers must provide an Initial Health Appointment (IHA) for their assigned Medi-Cal Managed Care members within 120 days of enrollment and periodically thereafter. An IHA is a comprehensive evaluation to assess and address a member's acute, chronic, and preventative health needs.

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
- Diagnosis and plan for treatment of any diseases

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

For more information about Initial Health Appointments, please see DHCS's [All](#)

Reminder: COVID-19 Testing Prior Authorization Requirement

Prior Authorization Required for COVID-19 Testing Completed at Non-PCP Office or Non-Contracted Lab

NEMS MSO requires prior authorization for any COVID-19 laboratory testing that is performed outside of a member's primary care provider's (PCP) office or a contracted laboratory. For members requiring a PCR COVID-19 test, please refer them back to their PCP's office or submit the specimen to a contracted laboratory.

For a list of our contracted laboratories, please visit our Provider Directory at <https://nemsmsso.org/doctor-directory/>.

Prior Authorization Requirements and Criteria

Reminder: Prior Authorization Submission and Turn Around Time Standards & Guidelines

Medicare Advantage UM Criteria and Hierarchy

For Medicare Advantage (MA) authorizations, NEMS MSO makes coverage determinations based on the following hierarchy of clinical criteria:

1. Medicare National Coverage Determinations (NCDs)
2. Medicare National Coverage Determinations (NCD) Manual
3. Medicare Local Coverage Determinations (LCDs)
4. Local Coverage Articles (LCAs) (Active/Retired)
5. Medicare Manuals (Internet Only Manuals)
6. State Laws, if applicable
7. Health Plan's national medical policies
8. MCG Health Guidelines
9. Other Evidenced-Based Clinical Criteria
10. Independent Medical Review

Medi-Cal UM Criteria and Hierarchy

For Medi-Cal authorizations, NEMS MSO makes determinations based on the following hierarchy of clinical criteria:

1. Federal/State mandates (CMS/Medicare/Medi-Cal) criteria
2. State law - When state requirements are more stringent and extensive than federal requirements
3. Contracted health plan's adopted guidelines (e.g., San Francisco Health Plan, Santa Clara Family Health Plan, Anthem Blue Cross – the AIM Radiology Guidelines, Anthem Medical Policy, and Anthem UM Clinical

Guidelines

4. MCG Health and other evidence-based guidelines
5. Independent Medical Review – NEMS MSO physician reviewers review the evidence in consultation with relevant external, independent specialty expertise when there are no available criteria.



Prior Authorization Turnaround Time

Authorization Processing Timeframes for Medi-Cal & Medicare Advantage *Medi-Cal Members*

The standard turnaround times for processing prior authorizations for Medi-Cal members are as follows:

- Routine requests – seven (7) calendar days
- Urgent/concurrent requests – within seventy-two (72) hours of receipt
- Retroactive requests – thirty (30) calendar days from date of receipt
- Drug requests – within twenty-four (24) hours of receipt

Medicare Members

The standard turnaround times for processing PA requests for Medicare members are as follows:

- Routine requests – seven (7) calendar days
- Urgent/concurrent requests – within seventy-two (72) hours of receipt
- Retroactive requests – thirty (30) calendar days from date of receipt*
- Part B drugs (urgent requests) – within twenty-four (24) hours of receipt

- Part B drugs (routine requests) – within seventy-two (72) hours of receipt

***Effective April 1, 2026, NEMS MSO UM began reviewing retrospective authorization requests for Medicare Advantage members.**

Retroactive Authorization

NEMS MSO UM may issue a retroactive authorization for services already rendered when the following criteria are met:

- The service was medically necessary and appropriate at the time the service was provided.
- The service was required on an urgent basis outside of NEMS MSO normal business hours, and documentation includes justification for the urgent nature of the service.
- The service is related to ensuring continuity of care.

Retrospective authorization requests must be submitted no later than thirty (30) calendar days from the date of service. All retrospective authorization requests are subject to review using established medical necessity criteria. Requests received more than thirty (30) calendar days after the date of service will be denied.

Welcome Our Newly Contracted Providers

New NEMS Network Providers: Q2 2026

We're pleased to welcome several new providers to the network this quarter. These new partners bring diverse expertise, expanded access, and a shared commitment to delivering high-quality, patient-centered care.

For more information on these providers, including network participation, please visit the [NEMS MSO Provider Directory](#).

Practice Name	Specialty	Service Area	Office Phone
Jerry Mercado, MD	PCP (Pediatrics)	Santa Clara County	408-729-0701
Fakhar Abbas, MD, PC	Rheumatology	Santa Clara County	408-763-0466
Marat Diner	Physical Therapy	San Francisco County	415-929-7677
Ralan Wong, DDS, MS	Endodontics	San Francisco & Santa Clara Counties (PACE only)	415-221-1788
Silicon Valley Medical Imaging	Radiology Imaging	Santa Clara County	510-792-9700
Advanced Respiratory, Inc	DME	San Francisco, San Mateo & Santa Clara Counties	800-426-4224
Golden State			

Dermatology Associates, Inc	Dermatology & Dermatopathology	San Francisco, San Mateo & Santa Clara Counties	650-962-4600
Rosa Lisa Dell'Oca, MS, MD	Plastic, Reconstructive and Hand Surgery	Santa Clara County	650-468-0840
Kawaljeet K. Bhatia, MD	PCP (Pediatrics)	Santa Clara County	408-848-5522
Dr. Zi Ying Li Rheumatology Clinic	Rheumatology	San Francisco & San Mateo Counties	415-841-3833
Women's Health Center of Silicon Valley	OB/GYN	Santa Clara County	408-259-3803
Peninsula Dialysis Access Center	Ambulatory Surgery Center	San Francisco, San Mateo & Santa Clara Counties	650-589-8880
NBASC LLC	Ambulatory Surgery Center	San Francisco, San Mateo & Santa Clara Counties	650-398-0671
Exact Science Laboratories, LLC	Clinical Lab	San Francisco & Santa Clara Counties	608-284-5700
Airship Electrolysis, Inc	Electrology	San Francisco County	510-812-7084
South Bay Retina, A Medical Corporation	Ophthalmology	Santa Clara County	408-613-1195
Thomas B Hazlehurst, MD	Pulmonology	San Francisco & San Mateo Counties	650-634-9599
ANX Hospice Care Nursing, Inc	Hospice Care	San Francisco, San Mateo & Santa Clara Counties	650-991-1106
ANX Home Health Care	Home Health	San Francisco, San Mateo & Santa Clara Counties	650-991-5177
Marietta Abalos-Galito, MD, Inc	PCP (Internal Medicine)	Santa Clara County	408-258-7827
Hearten Electrolysis	Electrology	San Francisco County	415-959-6956



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