



## NEMS MSO Provider Newsletter

Quarter 4: December 2025

*The Latest Updates for NEMS Medical Group!*

### What's Inside:

- NEMS EZ-NET Provider Portal: Two Factor Authentication
- New! Scan Health Plan
- New! SFHP Care Plus
- Provider Update Form
- Updated CMS Guidance: Provider Notifications
- Year End Thank You!

### Provider Resource Links:

- [NEMS EZ-NET Provider Portal](#)
- [Network Provider Update Form](#)
- [NEMS MSO Contact Information](#)
- [Interpretation Services](#)



## NEMS EZ-NET Provider Portal: Two-Factor Authentication

### Two-Factor Authentication will be required in 2026

To properly secure provider and patient information, NEMS MSO will be implementing two-factor authentication for the NEMS EZ-NET Provider Portal. Doing so will prevent unauthorized access and better protect personal and organizational data.

This will occur via additional authentication through the email associated with your provider portal account and/or via an authenticator application on the account holder's smartphone. More detailed information and instructions will be provided in Q1 of 2026.

## How to Access the NEMS EZ-NET Provider Portal

- **Portal Link:** <https://eznet.nems.org/EZ-NET60/Login.aspx>
- **New Users:** If you are not yet registered, please complete the [Provider Portal User Access Form](#) and email it to [MSOEDI@nems.org](mailto:MSOEDI@nems.org).
  - Every individual in your practice must have their own login credentials. Accounts should not be shared.

## Training and Support

If you're new to the Provider Portal and need additional support, please reach out to [provider.relations@nems.org](mailto:provider.relations@nems.org).



## New! SCAN Health Plan

### New Medicare Advantage Partnership in San Francisco County

We are proud to announce that NEMS has partnered with SCAN Health Plan to manage Medicare Advantage members in San Francisco County. This partnership will begin on **January 1, 2026**.

**Eligibility:** SCAN Health Plan Medicare Advantage members' eligibility can be verified by calling Member Services at 1-800-559-3500.

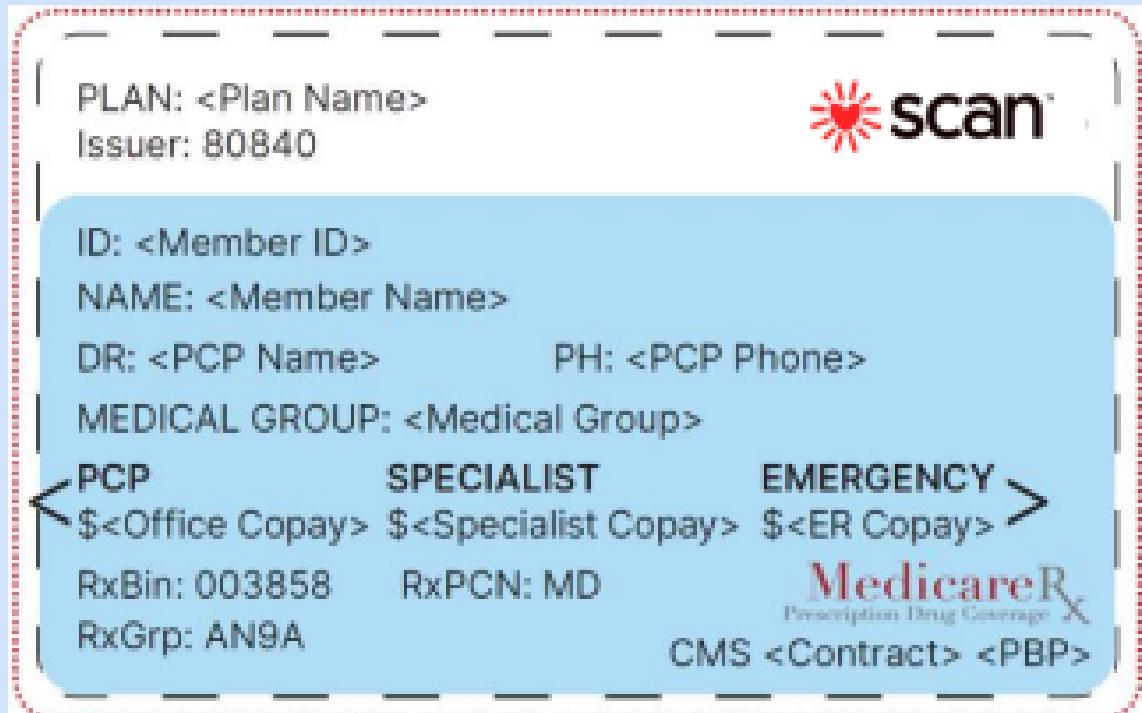
**Authorization:** For SCAN Health Plan members, both in network and out of network providers can submit authorizations through the [NEMS MSO EZ-NET Provider Portal](#). To view the Medicare Advantage prior authorization guidelines, visit the [NEMS MSO website](#).

**Claims:** SCAN Health Plan member claims can be submitted to NEMS MSO electronically, through a partner clearinghouse, or by paper mail. A full list of

partnered clearinghouses can be found on the NEMS MSO website. All paper claims can be mailed to the address below:

NEMS MSO Claims  
PO BOX 1548  
San Leandro, CA 94577

If you have any questions about this new network, including questions about network participation, please reach out to Provider Network Operations at [provider.relations@nems.org](mailto:provider.relations@nems.org).



## New! SFHP Care Plus

### New Medicare Advantage Partnership in San Francisco County

NEMS has expanded our partnership with San Francisco Health Plan to manage members in **SFHP Care Plus**, a Medicare Advantage Dual Eligible Special Needs (D-SNP) plan, which integrates Medicare and Medi-Cal benefits. SFHP Care Plus will go live on **January 1, 2026**.

**Eligibility:** For SFHP CarePlus Members, eligibility can be verified by calling Member Services at 1-415-539-2273.

**Authorizations:** For SFHP Care Plus members, both in network and out of network providers can submit authorizations through the **NEMS MSO EZ-NET Provider Portal**. To view the Medicare Advantage prior authorization guidelines, visit the **NEMS MSO website**.

**Claims:** For SFHP Care Plus members, claims can be submitted to NEMS MSO electronically through a partner clearinghouse or by paper mail. A full list of

partnered clearinghouses can be found on the NEMS MSO website. All paper claims can be mailed to the below address:

NEMS MSO Claims  
PO BOX 1548  
San Leandro, CA 94577

If you have any questions about this new network, including questions about network participation, please reach out to Provider Network Operations at [provider.relations@nems.org](mailto:provider.relations@nems.org).

 **SFHP Care Plus (HMO D-SNP)**

**Member Name:** PAT LEE  
**Member ID:** 71234567890

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**Care Management Phone:** 1(415) 615-4545  
**Medical Group:** North East Medical Services - DSNP Network  
**PCP Name:** Valerie D Mejia MD  
**PCP Phone:** 1(415) 539-2273

**Medicare Rx Prescription Drug Coverage**  
**RxBIN:** 015574  
**RxPCN:** ASPROD1  
**RxGRP:** SFP01

**Copays:** PCP/Specialist: \$0 ER: \$0 **H8051 001**

## Provider Update Form

### Fillable Form Available on NEMS MSO Website

In order to maintain accurate and current provider data, NEMS network providers are required to use the NEMS Provider Update Form to report practice information changes to NEMS MSO, which includes but is not limited to:

- Changes in practice location and/or practice contact information
- Changes in provider specialty, panel, and/or hospital privileges
- Changes in TIN and/or remittance information

Please use the [Network Provider Update Form](#), found on the NEMS MSO website, at any time to update the information in your provider record. Contact Provider Network team at 415-352-5186, Option 3 or at [Provider.Relations@nems.org](mailto:Provider.Relations@nems.org) if you have any questions.

## Updated CMS Guidance: Provider Notifications

As part of CMS FINAL RULE 4208-F, Centers for Medicare and Medicaid Services (CMS) strengthened requirements to ensure providers receive timely notice of Medicare Advantage Organization determinations, not just enrollees. This helps providers act quickly on decisions affecting care, reduce treatment delays, and protect member appeal rights.

CMS clarifies its guidance that providers should also receive notice when they act on an enrollee's behalf. The change also reinforces recent clarifications that concurrent decisions (e.g., inpatient to outpatient downgrades, rescinded authorizations, or service reductions during treatment) are organization determinations and must include proper notice and appeal rights.

As a reminder, NEMS MSO issues provider notifications on all organization determinations (i.e. UM approval, UM denials, etc).

- Providers will receive written determinations in addition to any verbal communications provided. If NEMS MSO fails to provide timely notice to the enrollee or provider, this failure itself is an appealable adverse determination. ([42 CFR 422.568](#))
- Providers are expected to act promptly on notices (e.g. reconsideration requests)
- General questions should be directed to NEMS MSO
- Appeals should be directed to the appropriate Health Plan

Please note the above content is for informational purposes only. No action is required from your practice.

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## Year End Thank You!

### NEMS is Grateful for Your Partnership

As 2025 comes to a close, NEMS MSO would like to extend our deepest appreciation to you, our valued providers. We thank you for partnering with us this past year to provide high quality, accessible care to our diverse community. Your dedication, expertise, and steadfast commitment have been the foundation of our achievements this year.

We look forward to continuing our partnership in the new year to come!



**North East Medical Services**  
Management Services Organization  
1710 Gilbreth Rd  
Burlingame, CA 94010

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