

# NEMS MSO PROVIDER TRAINING

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# 2026



**NORTH EAST  
MEDICAL SERVICES**  
東北醫療中心  
**MANAGEMENT SERVICES  
ORGANIZATION (MSO)**



# Greetings NEMS Network Provider!

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The following materials should be **reviewed by all staff within your practice on an annual basis**. Please take the time to review these training materials with the **latest updates for calendar year 2026 before 12/31/2026**. If you would like a refresher training conducted by the NEMS MSO Provider Network Team, please contact us at [provider.relations@nems.org](mailto:provider.relations@nems.org).

This document contains general information and program requirements for multiple lines of business. **Please make sure to distinguish the contents and apply the information to the program(s) with which you are affiliated**. If you have any questions regarding the contents of the document, contact NEMS MSO Provider Network team at (415) 352-5186, option 3.

Thank you for partnering with NEMS and providing care to our members!

# Overview

- About NEMS MSO
- Provider Network
- Member Eligibility and Benefits
- MSO Departments and Processes
- Access to Care Standards

*Appendix: Additional Resources*



# About NEMS MSO

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- 1968 – NEMS Founded
- 2000 – Contract with San Francisco Health Plan
- 2002 – NEMS Management Services Organization
- 2019 – Contract with Health Net MA
- 2020 – NEMS PACE San Francisco
- 2021 – Contract with Anthem Blue Cross & Santa Clara Family Health Plan
- 2022 – Contract with Golden Bay Health Plan
- 2023 – Contract with CMS ACO REACH & Anthem Blue Cross MA
- 2024 – Contract with Alignment Health Plan MA
- 2025 – NEMS PACE San Jose
- 2026 – Contract with SCAN Health Plan



# Lines of Business: San Francisco County

## Medi-Cal Plans:

### **San Francisco Health Plan (SFHP)**

- SFHP-NEMS
- 54,800+ members

### **Anthem Blue Cross (ABC)**

- ABC-NEMS Medi-Cal
- 8,600+ members



## Medicare Advantage Plans:

### **Golden Bay Health Plan (GBHP)**

- GBHP-NEMS
- 4,200+ members

### **Anthem Blue Cross (ABC)**

- ABC-NEMS Medicare Advantage
- 500+ members

### **SCAN Health Plan**

- SCAN C-SNP
- 700+ members



## PACE Program:

### **NEMS Program for All-Inclusive Care for the Elderly (PACE)**

- NEMS PACE
- 180+ members



# Lines of Business: Santa Clara County

## Medi-Cal Plans:

### **Santa Clara Family Health Plan (SCFHP)**

- SCFHP-NEMS Medi-Cal
- 3,600+ members

### **Anthem Blue Cross (ABC)**

- ABC-NEMS Medi-Cal
- 5,290+ members

## Medicare Advantage Plans:

### **Alignment Health Plan (AHP)**

- AHP-NEMS Medicare Advantage
- 360+ members

### **Anthem Blue Cross (ABC)**

- ABC-NEMS Medicare Advantage
- 225+ members



## PACE Program:

### **NEMS Program for All-Inclusive Care for the Elderly (PACE)**

- NEMS PACE
- 70+ members

# Provider Network: San Francisco

- **4000+ Specialists in San Francisco**

- Sutter West Bay Medical Group (SWBMG)
- All American Medical Group (AAMG)
- Lucille Packard Children's Hospital (LPCH)
- Private Practice Community Providers

- **80+ Ancillary Providers**

- Laboratory, Imaging, DME etc.

- **Hospitals**

- SF County: CPMC, St. Mary, St. Francis and Seton Medical Center



NEMS MSO Provider Directory: <https://nemsmsso.org/doctor-directory/>

# Provider Network: Santa Clara

- **4000+ Specialists in Santa Clara County**

- Lucille Packard Children's Hospital (LPCH)
- Santa Clara Valley Medical Center (SCVMC)
- Private Practice Community Providers

- **40+ Ancillary Providers**

- Laboratory, Imaging, DME etc.

- **Hospitals**

- Regional Medical Center, O'Connor, El Camino, Good Samaritan, LPCH, Santa Clara Valley Medical Center, Stanford Medical Center\*, Saint Louise Regional\*



NEMS MSO Provider Directory: <https://nemsmsso.org/doctor-directory/>

# Member Eligibility (SF County)

## Why is it important to check eligibility?

- Checking member eligibility ensures the following:
  - Member is active with medical group or PCP affiliation
  - Ensure member is assigned to you and referral is on file
  - Ensure you will be reimbursed for services rendered.

## Verify Eligibility

### San Francisco Health Plan

- Provider Portal: [sfhpprovider.healthtrioconnect.com](http://sfhpprovider.healthtrioconnect.com)
- Phone: 1-415-547-7800

### Anthem Blue Cross

- Provider Portal: [apps.availity.com](http://apps.availity.com)
- Phone: 1-800-282-4548

### Golden Bay Health Plan

- Provider Portal: [eznet.nems.org/EZ-NET60/Login.aspx](http://eznet.nems.org/EZ-NET60/Login.aspx)
- Phone: 1-800-431-9007

### SCAN Health Plan

- Provider Portal: <https://secure-pportal.scanhealthplan.com>
- Phone: 1-800-559-3500

### NEMS PACE

- Phone: 1-833-636-7676

### Medi-Cal

- [www.medical.ca.gov/eligibility/login.asp](http://www.medical.ca.gov/eligibility/login.asp)

# Member Eligibility (SC County)

Why is it important to check eligibility?	Verify Eligibility
<ul style="list-style-type: none"><li>• Checking member eligibility ensures the following:<ul style="list-style-type: none"><li>• Member is active with medical group or PCP affiliation</li><li>• Ensure member is assigned to you and referral is on file</li><li>• Ensure you will be reimbursed for services rendered.</li></ul></li></ul>	<p><b>Santa Clara Family Health Plan</b></p> <ul style="list-style-type: none"><li>• Provider Portal: <a href="http://providerportal.scfhp.com">providerportal.scfhp.com</a></li><li>• Phone: 1-800-720-3455</li></ul> <p><b>Anthem Blue Cross</b></p> <ul style="list-style-type: none"><li>• Provider Portal: <a href="http://apps.availity.com">apps.availity.com</a></li><li>• Phone: 1-800-282-4548</li></ul> <p><b>Alignment Health Plan</b></p> <ul style="list-style-type: none"><li>• Provider Portal: <a href="http://avaprovidertools.alignmenthealth.com">avaprovidertools.alignmenthealth.com</a></li><li>• Phone: 1-844-361-4712</li></ul> <p><b>Medi-Cal</b></p> <ul style="list-style-type: none"><li>• <a href="http://www.medical.ca.gov/eligibility/login.asp">www.medical.ca.gov/eligibility/login.asp</a></li></ul>

# Member ID Cards

## San Francisco Health Plan: Medi-Cal



**SAN FRANCISCO HEALTH PLAN** 

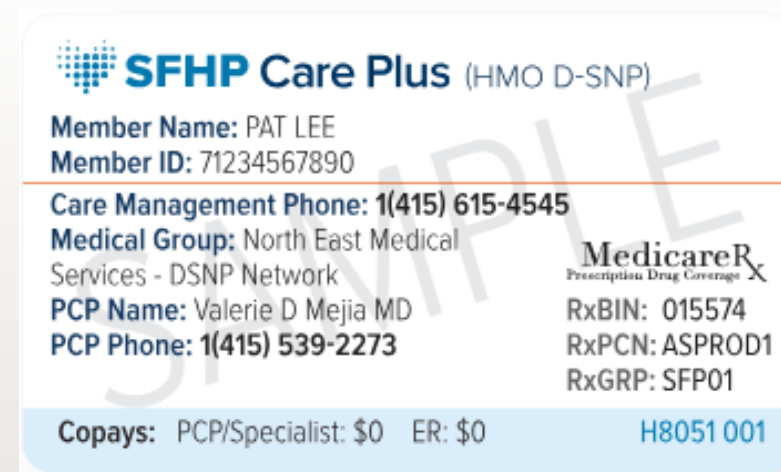
Member ID #: 12345678901  
 DOB: 28-Jan-74  
 Medical Group: North East Medical Services  
 Hospital: CPMC Hospital Group  
 Language: Chinese


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**PAT LEE**  
 Program: Medi-Cal  
 Clinic: North East Medical Services - Sunset (Noriega)  
 Primary Care Provider (PCP): North East Medical Services - Sunset (Noriega)  
 PCP Address: 1450 Noriega Street, San Francisco, CA 94122  
**PCP Phone #: 1(415) 391-9686**  
 Show this ID card when you visit the doctor, hospital or pharmacy.

**CO-PAYMENTS:**  
 NONE

## San Francisco Health Plan: Medicare Advantage




**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

**MedicareRx**  
Prescription Drug Coverage  
 RxBIN: 015574  
 RxPCN: ASPROD1  
 RxGRP: SFP01

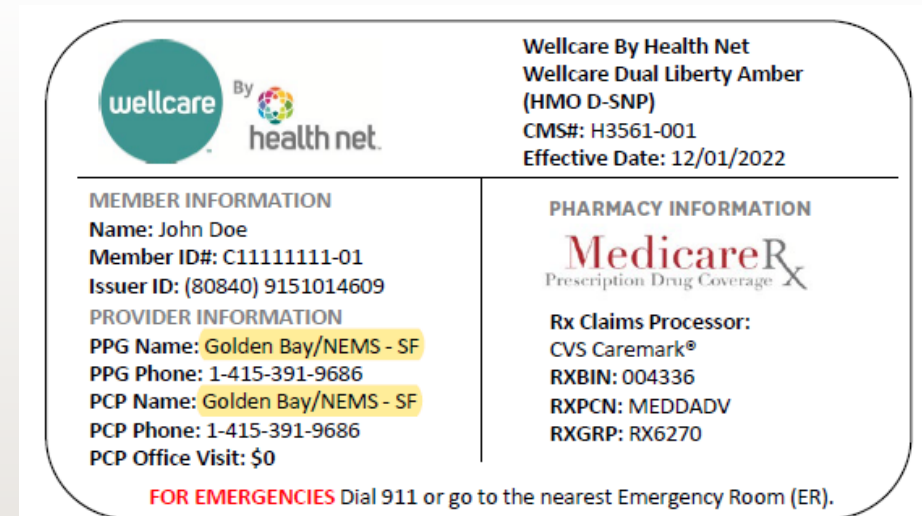
**Copays:** PCP/Specialist: \$0 ER: \$0 H8051 001

# Member ID Cards

## Golden Bay Health Plan – SCAN: Medicare Advantage



## Golden Bay Health Plan – Health Net: Medicare Advantage

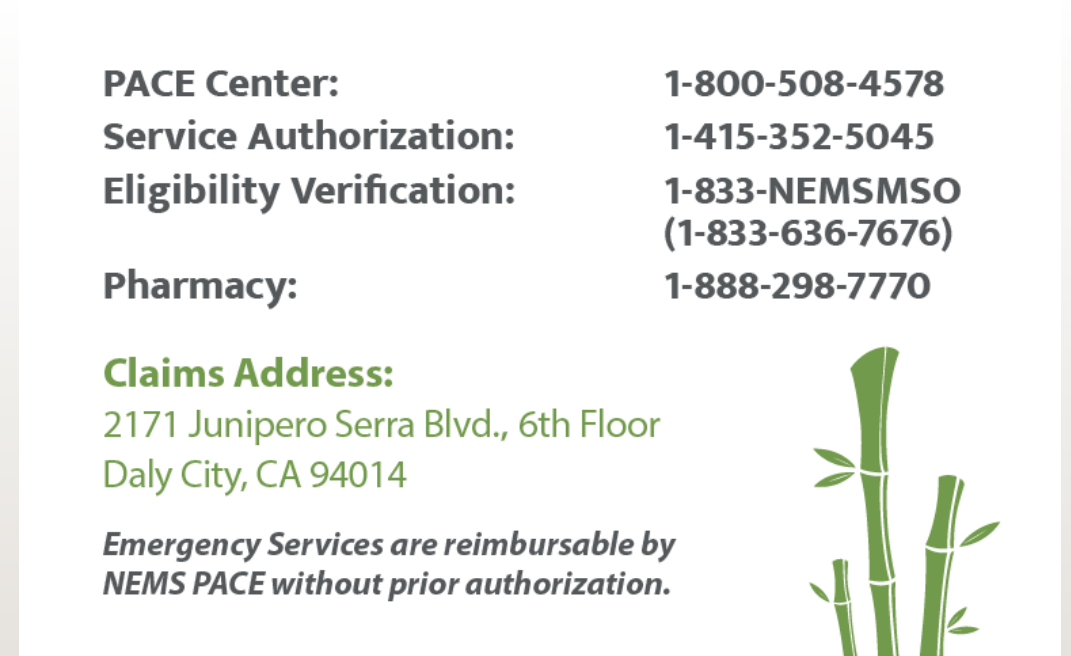


# Member ID Cards

## NEMS PACE



Front



Back

# Member ID Cards

## Santa Clara Family Health Plan: Medi-Cal



The front of the Member ID Card features the Santa Clara Family Health Plan logo on the left, which consists of a stylized sunburst icon. To the right of the logo, the text reads "Santa Clara Family Health Plan™" in a sans-serif font. Further to the right, the word "Medi-Cal" is displayed in a larger, orange-colored font. Below the logo and text, there is a list of member information fields, each followed by a placeholder in angle brackets: "Member Name: <Member First Name><Member Last Name>", "Member ID: <Member ID>", "Date of Birth: <Date of Birth>", "Gender: <Gender>", "Network: <New-Network Name>", and "Primary Care Provider: <New-Provider Name> <New-Clinic Name> <New-Provider Phone>". At the bottom of the card, there are three lines of contact information: "Customer Service: 1-800-260-2055 TTY: 711 www.scfhp.com", "24-Hour Nurse Advice: 1-877-509-0294", and "Santa Clara County Mental Health Services: 1-800-704-0900". A large, light gray "Sample" watermark is oriented diagonally across the center of the card.

Front

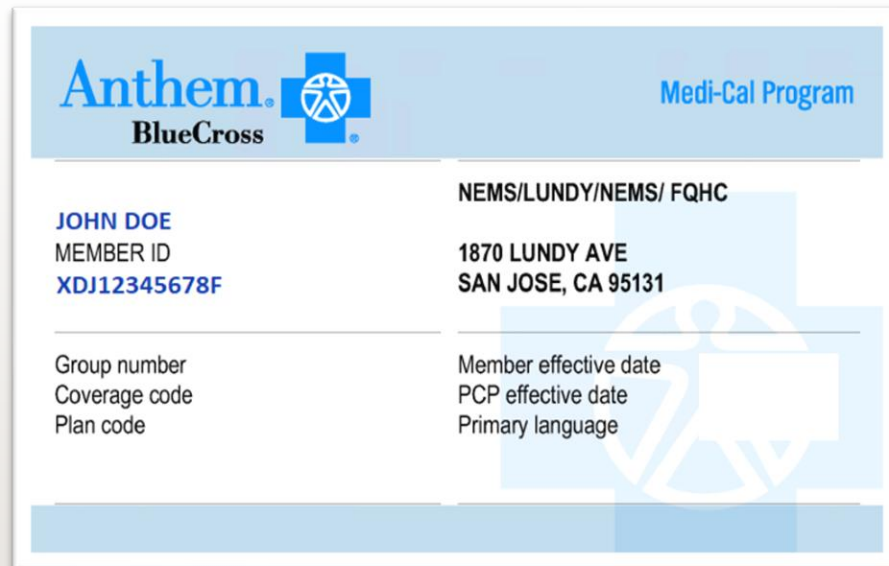


The back of the Member ID Card is titled "For Providers" in a bold, black font. Below the title, there are three paragraphs of text: "Outpatient ER services are payable without prior authorization. For ER admissions, see [www.scfhp.com/auths](http://www.scfhp.com/auths) for notification requirements.", "Authorizations and claims may be delegated. Check reverse side for name of delegated network.", and "Member may have share of cost." At the bottom of the card, there are three lines of contact information: "Pre-Service Authorizations: [www.scfhp.com/auths](http://www.scfhp.com/auths)", "Claims Submissions: [www.scfhp.com/claims](http://www.scfhp.com/claims)", and "Pharmacy Help Desk: MedImpact 1-888-807-8666 RxBIN <003585> RxPCN <56270>". A large, light gray "Sample" watermark is oriented diagonally across the center of the card.

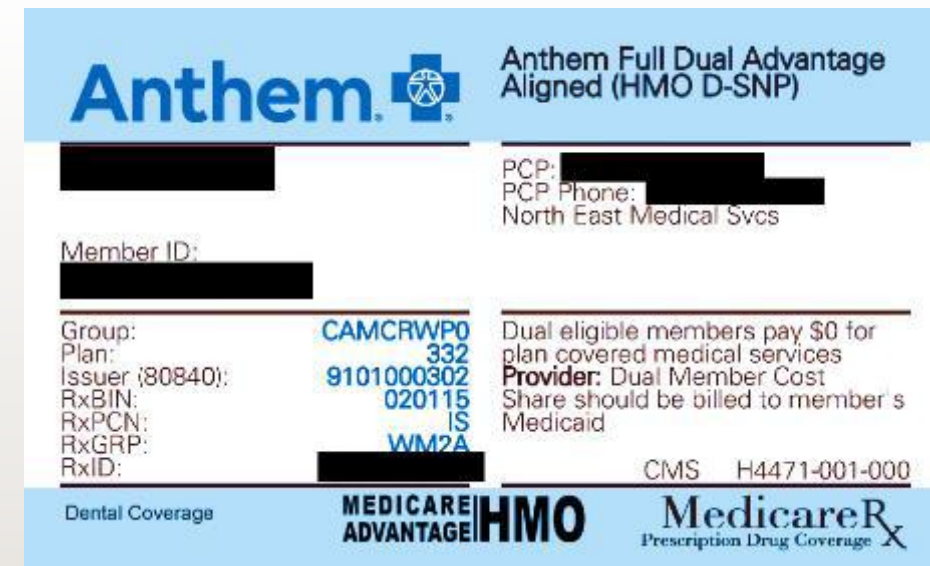
Back

# Member ID Cards

## Anthem Blue Cross: Medi-Cal






## Anthem Blue Cross: Medicare Advantage



# Member ID Cards

## Alignment Health Plan: Medicare Advantage

 <p><b>Alignment Health Plan®</b></p> <p><b>[PLAN NAME (HMO)]</b></p> <p><b>Member:</b> [Member Name]  <b>Member ID:</b> [000123456789]</p> <p>PCP Name: [Doctor Name]        PCP Phone: [(800) 100-1000]        Med Grp: [Medical Group]        Med Grp #: [(405) 888-8888]        Member Services: (866) 634-2247/TTY 711</p> <p>Member Since [2022]</p> <p><b>MedicareRx</b>  <small>Prescription Drug Coverage</small></p> <p>Primary Care: <b>[\$0]</b>    Specialist: <b>[\$0]</b>    ER: <b>[\$0]</b>    Urgent Care: <b>[\$0]</b></p>	 <p><b>ALL CLAIMS MUST BE MAILED TO:</b>        [P.O. Box 14010, Orange, CA 92863]</p>  <p><b>Pharmacy Technical Help Desk:</b> (844) 227-7615  <b>Member Pharmacy Help:</b> (844) 227-7616  <b>Provider Services:</b> (888) 517-2247  <b>Dental Benefits:</b> (866) 454-3008</p> <p>For information regarding special added benefits such as vision, hearing, etc. contact Concierge or Member Services. Pre-authorization is required for all non-emergent hospital admissions, please call 1-866-646-2247, Opt 4.</p> <p><b>WWW.ALIGNMENTHEALTHPLAN.COM</b></p>
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Front

Back

# Member Resources (SF County)

Service	Contact Information
<p><b>California Children’s Services (CCS)</b>            333 Valencia Street, 4<sup>th</sup> Floor            San Francisco, CA 94103</p>	<p>Phone: 1-628-217-6700   Fax: 1-628-217-6701            Website:  <a href="https://www.sf.gov/information--california-childrens-services-ccs-san-francisco">https://www.sf.gov/information--california-childrens-services-ccs-san-francisco</a></p>
<p><b>Golden Gate Regional Center (GGRC)</b>            1355 Market Street, Suite 220            San Francisco, CA 94103</p>	<p>Phone: 1-415-546-9222   Fax: 1-415-546-9203            Website:  <a href="https://www.ggrc.org/">https://www.ggrc.org/</a></p>
<p><b>Women, Infant, Child Program (WIC)</b>            1440 Harrison Street            San Francisco, CA 94103</p>	<p>Phone: 1-628-217-6890   E-Mail: <a href="mailto:sfwic@sfdph.org">sfwic@sfdph.org</a>            Website:  <a href="https://www.sf.gov/women-infants-children-wic-supplemental-nutrition-program">https://www.sf.gov/women-infants-children-wic-supplemental-nutrition-program</a></p>

# Member Resources (SC County)

Service	Contact Information
<p><b>California Children’s Services (CCS)</b> 720 Empey Way San Jose, CA 95128</p>	<p>Phone: 1-408-793-6200   Fax: 1-408-793-6250 Website: <a href="http://publichealth.sccgov.org/services/california-childrens-services-ccs">publichealth.sccgov.org/services/california-childrens-services-ccs</a></p>
<p><b>San Andreas Regional Center (SARC)</b> 300 Orchard City Drive, Suite 170 Campbell, CA 95008</p>	<p>Phone: 408-374-9960   Fax: 408-376-0586 Website: <a href="http://www.sanandreasregional.org/">www.sanandreasregional.org/</a></p>
<p><b>Long-Term Services and Supports (LTSS)</b></p>	<p>Phone (ABC): 1-800-407-4627 Phone (SCFHP): 1-408-874-1788</p>

# Provider Network Operations Team

Contracting

Credentialing

Provider Training

Network data  
Management and  
Reporting

Provider Newsletter,  
Memos, and Bulletins

NEMS MSO Website

NEMS MSO EZ-NET  
Provider Portal

Provider Manual

For any provider issues or complaints, you can email Provider Network Operations at [Provider.Relations@nems.org](mailto:Provider.Relations@nems.org) or call at 415-352-5186 Option 3

# Utilization Management Turn Around Time (TAT)

**Provider Responsibility:** Before submitting an authorization, please review the NEMS MSO Authorization Grid for the listing of procedures requiring PA and to identify carved out services. PA can be submitted online, using the provider portal, or via fax, with all supporting clinical documentation/ medical records

- By fax: 1-415-398-2895
- Online: [EZ-Net Provider Portal](#)

Turnaround Time: Medicare Authorizations	
Routine Requests	Seven (7) Calendar Days
Urgent/Concurrent Requests	Seventy-two (72) hours
Retroactive Requests	<u>Not Accepted for Medicare</u>
Part B Drugs (Urgent)	Twenty-four (24) hours
Part B Drugs (Routine)	Seventy-two (72) hours

Turnaround Time: Medi-Cal Authorizations	
Routine Requests	Five (5) business days
Urgent/Concurrent Requests	Seventy-two (72) hours
Retroactive Requests	Thirty (30) calendar days
Drug Requests	Twenty-four (24) hours

# Authorizations (GBHP-NEMS)

<a href="https://nemsmsso.org/prior-authorizations/">https://nemsmsso.org/prior-authorizations/</a>	GBHP – NEMS	
Service	NEMS MSO (EZNET)	GBHP
Acupuncture (No Change)	X	X –when offered as a supplemental benefit
Chiropractic Services (No Change)	X	
Home Health	X	
Hospice*	--	--
Transportation		X –when offered as a supplemental benefit
Long Term Care & Inpatient Services	X	
DME	X	
Laboratory	X	
All other medical services...	X	

**\*Medicare handles responsibilities**

# Authorizations (SFHP MediCal-NEMS)

<a href="https://nemsmsso.org/prior-authorizations/">https://nemsmsso.org/prior-authorizations/</a>	SFHP – NEMS	
Service	NEMS MSO (EZNET)	SFHP
Acupuncture	X	
Chiropractic Services	X	
Home Health	X	
Hospice	X	
Transportation	X	
Long Term Care & Inpatient Services	X	
DME	X	
Laboratory	X	
All other medical services...	X	

**\*Medicare handles responsibilities**



# Authorizations (SFHP MA-NEMS)

<a href="https://nemsmsso.org/prior-authorizations/">https://nemsmsso.org/prior-authorizations/</a>	SFHP – NEMS	
Service	NEMS MSO (EZNET)	SFHP
Acupuncture	X	X –when offered as a supplemental benefit
Chiropractic Services	X	
Home Health	--	
Hospice	--	--
Transportation	X	X –when offered as a supplemental benefit
Long Term Care & Inpatient Services	X	
DME	--	
Laboratory	X	
All other medical services...	X	

**\*Medicare handles responsibilities**

# Authorizations (SCAN-NEMS)

<a href="https://nemsmsso.org/prior-authorizations/">https://nemsmsso.org/prior-authorizations/</a>	SFHP – NEMS	
Service	NEMS MSO (EZNET)	SFHP
Acupuncture	X	X –when offered as a supplemental benefit
Chiropractic Services	X	
Home Health	X	
Hospice	X	--
Transportation	X	X –when offered as a supplemental benefit
Long Term Care & Inpatient Services	X	
DME	X	
Laboratory	X	
All other medical services...	X	

**\*Medicare handles responsibilities**

# Authorizations (ABC-NEMS)

<a href="https://nemsmsso.org/prior-authorizations/">https://nemsmsso.org/prior-authorizations/</a>	ABC – NEMS	
Service	NEMS MSO (EZNET)	Anthem
Acupuncture		<b>American Specialty Health</b> <b>Phone: 1-800-972-4226</b>
Chiropractic Services		
Home Health		<b>Anthem</b> <b>Phone: 1-866-817-5786</b>
Hospice		
Transportation		
Long Term Care & Inpatient Services		
DME	<b>X</b>	
Laboratory	<b>X</b>	
All other medical services...	<b>X</b>	

**\*Medicare handles responsibilities**

# Authorizations (ABC MA-NEMS)

<a href="https://nemsmsso.org/prior-authorizations/">https://nemsmsso.org/prior-authorizations/</a>	ABC MA – NEMS	
Service	NEMS MSO (EZNET)	ABC MA
Acupuncture	X	X –when offered as a supplemental benefit
Chiropractic Services	X	
Home Health	X	
Hospice*	--	--
Transportation		X –when offered as a supplemental benefit
Long Term Care & Inpatient Services	X	
DME	X	
Laboratory	X	
All other medical services...	X	

**\*Medicare handles responsibilities**

# Authorizations (AHP-NEMS)

<a href="https://nemsmsso.org/prior-authorizations/">https://nemsmsso.org/prior-authorizations/</a>	AHP – NEMS	
Service	NEMS MSO (EZNET)	AHP
Acupuncture	X	X –when offered as a supplemental benefit
Chiropractic Services	X	
Home Health	X	
Hospice*	--	--
Transportation		X –when offered as a supplemental benefit
Long Term Care & Inpatient Services	X	
DME	--	
Laboratory	X	
All other medical services...	X	

**\*Medicare handles responsibilities**

# Authorizations (SCFHP-NEMS)

<a href="https://nemsmsso.org/prior-authorizations/">https://nemsmsso.org/prior-authorizations/</a>	SCFHP – NEMS	
Service	NEMS MSO (EZNET)	SCFHP
Acupuncture	X	
Chiropractic Services	X	
Home Health	X	
Hospice	X	
Transportation		<p align="center"><b>SCFHP</b> Phone: 1-800-260-2055</p>
Long Term Care & Inpatient Services	X	
DME	X	
Laboratory	X	
All other medical services...	X	

**\*Medicare handles responsibilities**

# SERVICES NOT PROCESSED BY NEMS MSO

Please contact the organizations responsible for the following services:

Service	San Francisco Health Plan & Anthem Blue Cross
<b>Dental</b>	<b>Denti-Cal</b> Phone: 1-800-322-6384
<b>Mental Health</b> <i>such as specialty mental health and substance use disorder needs</i> (Outpatient)	<b>Carelon Behavioral Health</b> (Mild to moderate conditions) <b>San Francisco Behavioral Health Services</b> (Severe/complex conditions) Phone: 1-855-371-8117
<b>Mental Health</b> <i>such as specialty mental health and substance use disorder needs</i> (Inpatient)	<b>San Francisco Behavioral Health Services</b> Phone: 1-888-246-3333 Website: <a href="https://www.sf.gov/departments--department-public-health--behavioral-health">https://www.sf.gov/departments--department-public-health--behavioral-health</a>
<b>Pharmacy</b> (Benefit Verification)	<b>Medi-Cal Rx</b> SFHP Phone: 1-800-260-2055 ABC Phone: 1-800-700-2541
<b>Vision Services</b>	<b>Vision Service Plan (VSP)</b> Phone: 1-800-615-1883

# SERVICES NOT PROCESSED BY NEMS MSO

Please contact the organizations responsible for the following services:

Service	Santa Clara Health Plan	Anthem Blue Cross
<b>Dental</b>	<b>Denti-Cal</b> Phone: 1-800-322-6384	<b>Denti-Cal</b> Phone: 1-800-322-6384
<b>Mental Health</b> <i>such as specialty mental health and substance use disorder needs</i> (Outpatient)	<b>SCFHP</b> (Mild to moderate conditions) <b>Santa Clara County Mental Health Services</b> (Severe/complex conditions) Phone: 1-800-260-2055	<b>Carelon Behavioral Health</b> (Mild to moderate conditions) <b>San Francisco Behavioral Health Services</b> (Severe/complex conditions) Phone: 1-855-371-8117
<b>Mental Health</b> <i>such as specialty mental health and substance use disorder needs</i> (Inpatient)	<b>Santa Clara County Mental Health Services</b> Phone: 1-800-704-0900 Website: <a href="https://bhsd.sccgov.org/home">bhsd.sccgov.org/home</a>	<b>San Francisco Behavioral Health Services</b> Phone: 1-888-246-3333 Website: <a href="https://www.sf.gov/departments--department-public-health--behavioral-health">https://www.sf.gov/departments--department-public-health--behavioral-health</a>
<b>Pharmacy</b> (Benefit Verification)	<b>Medi-Cal Rx</b> Phone: 1-800-260-2055	<b>Medi-Cal Rx</b> Phone: 1-800-700-2541
<b>Vision Services</b>	<b>Vision Service Plan (VSP)</b> Phone: 1-800-615-1883	<b>Vision Service Plan (VSP)</b> Phone: 1-800-615-1883

# Claims Submission & Payment

- Contracted or in-network providers - within 90 days post service.
- Clean claims - within thirty (30) business days of receipt.
  - Written notice will be provided within 30 calendar days
- Partnering Clearinghouses:

ClaimRemedi	Experian Health	eSolution, Inc.
Office Ally	nThrive, Inc.	Trizetto Provider Solutions, LLC.
ViaTrack	WayStar	Zirmed, Inc

**\* We do not accept Change Healthcare**

- Payer ID: NEMS for all lines of business (For Office Ally: NEMS1)
- Electronic Funds Transfer (EFT)
- Submit paper claims to:

**NEMS MSO Claims**  
**PO BOX 1548**  
**San Leandro, CA 94577**



# Provider Dispute Resolution/ Appeals

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- Contested claims - within 365 days following the date of payment or the denial of the claim.
  - When additional information is submitted, the claim will be reprocessed within 30 calendar days of receipt of said information
  - Additional information may be submitted via fax at 1-866-930-2290.
- Submitting PDR - within 365 days from the receipt of a service or claim denial.
  - PDR acknowledge receipt - within 15 business days of receipt of the dispute.
  - Resolution - within 45 business days of receipt.
- Complete the PDR form located at <https://www.nemsmso.org/claims-pdr/> and **must** be mailed to:

**NEMS MSO**  
**Attn: Claims Department**  
**1710 Gilbreth Road**  
**Burlingame, CA 94010**

# NEMS MSO EZNET Provider Portal



## NEMS MSO EZ-NET Provider Portal

**EZ-NET Provider Portal Redesign:** The provider portal has a new layout! All the same features are available in a new and easy to use format! To log in, please click on the "Login" button in the upper right corner of the screen to check/submit authorizations and check claim status. If you experience any issues, please feel free to reach us at the contact information below.

Welcome to NEMS MSO's EZ-NET Provider Portal. The EZ-NET Provider Portal provides real-time response from the NEMS MSO Managed Care system. It is a web-based administrative tool for provider resources, which allows providers to communicate with NEMS MSO and perform tasks via the internet without compromising security. Providers may use the EZ-NET Provider Portal to submit Treatment Authorization Requests, authorization status inquiries, claims status inquiries, and download Explanation of Benefits (EOB).



**EZ-NET Compatibility**  
NEMS Provider Portal is compatible with the following browsers: Google Chrome, Microsoft Edge, Firefox, and Safari

**Utilization Management (UM) Affirmative Statement**  
Decision to approve or deny a service is based only on appropriateness of care, services, and existence of coverage. NEMS does not reward practitioners or other individuals for issuing denials of coverage or service care.

Financial incentives for decision makers do not encourage decisions that result in



**Need Access to the Provider Portal?**

[Click Here](#) to download the Provider Portal Form to obtain access to the NEMS secure provider portal.

**New to the Provider Portal?**

[Click Here](#) to watch a tutorial on how to submit/inquire authorization online  
[Click Here](#) to watch a tutorial on how to inquire claims status online  
[Click Here](#) to watch a tutorial on how to submit **retro** authorization request online

## Secure web-based platform for providers to:

1. Submit Treatment Authorization Requests
2. View real time status of authorizations and claims
3. Download and print authorization letters
4. Download and print Explanation of Benefits (EOBs)

To register, fill out the provider portal access for: [https://www.nemsmso.org/wp-content/uploads/Provider\\_Portal\\_User\\_Access\\_Form.pdf](https://www.nemsmso.org/wp-content/uploads/Provider_Portal_User_Access_Form.pdf)

Check out our Step-by-Step Guides for:

1. [Accessing EOBs](#)
2. [Searching Member Eligibility](#)
3. [Submit Authorization](#)
4. [Check Auth Status](#)
5. [Check Claims Status](#)

# Case Management

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## Case Management Program

- Goal: To facilitate timely discharges, coordinate care across the continuum, ensure prompt and efficient use of resources, and carry out quality improvement activities that lead to optimal patient outcomes. To be a resource for members with chronic conditions to address their unique needs.
- Our Case Management Program includes, but is not limited to, the following activities:
  - Assessment/reassessment and Care Plan development
  - Care coordination and Medical interpretation at critical appointments
  - Patient health education of disease process
  - Coaching of self-management
  - Medication Reconciliation
  - Home visits to patient after hospital discharges
  - Assist in accessing community resources (e.g.: CCS, LEA, IHSS, SARC, etc.)
- For more information about our Case Management program, or to refer a patient, please send email to [CaseManagement@nems.org](mailto:CaseManagement@nems.org)

# Case Management

## Enhanced Care Management (ECM)

### About Enhanced Care Management

Enhanced Care Management (ECM) provides new services to you as an eligible individual to help you stay healthy. These extra services are covered as part of your Medi-Cal benefits and are provided at no cost to you.

#### How Can Enhanced Care Management Help People?

People who enroll in ECM are given a care team of health care and social service providers that help them:

- Find doctors, including specialists, and get appointments, while coordinating care from different providers
- Arrange medical transportation
- Understand their prescription drugs
- Learn and adopt healthy behaviors
- Get support during transitions of care, including hospital discharge, follow up home visits, etc.
- Connect to community and social services, such as food and housing

#### How Do I Get Started?

- Enrolling into ECM:** A lead care manager will meet with you (in-person or by phone) to help you complete an initial assessment form.
- Working together with your ECM Lead Care Manager:** A lead care manager will be assigned to you to help you create a health action plan that is tailored to your needs.
- Following-up with your care team:** The lead care manager from your care team will meet with you in-person or over the phone to revisit your health action plan and update, as needed, to better support your needs to stay healthy.

**\*Enrolling in Enhanced Care Management will not take away or change any Medi-Cal benefits.**

**NEMS Enhanced Care Management / Case Management Contact Information:**

Hotline	415-352-5179
Email	CaseManagement@nems.org
Business Hours	Monday – Friday 8:30am – 5:30pm

**For More Information**  
Visit the DHCS Health Homes webpage at [bit.ly/EnhancedCareManagement](http://bit.ly/EnhancedCareManagement) or call the local Medi-Cal plan. To find the phone number, go to [www.dhcs.ca.gov](http://www.dhcs.ca.gov) and search for "health care directory."

NEMS complies with applicable federal and state laws and does not discriminate on the basis of race, color, national origin, sex, disability, or age. Spanish: 服務中心提供免費諮詢及協助您申請及獲得醫療服務。如有需要，請電 415-352-5179 或 415-352-5179。 Chinese: 服務中心提供免費諮詢及協助您申請及獲得醫療服務。如有需要，請電 415-352-5179 或 415-352-5179。 NEMS - Nov 11/2020

## Chronic Care Management (CCM) Program

### Chronic Care Management Program

Introduction: Healthcare can be confusing and difficult to manage on your own. If you are a Medicare beneficiary and have at least two (2) chronic conditions, such as Asthma, Diabetes, Hypertension, etc., you may be eligible for our free Chronic Care Management (CCM) Program. This covered benefit will provide you with a care team to help support you in managing your health.

Why should I join the CCM Program?  
The CCM Program gives you personalized and connected care to help you better manage your health. Members of your care team will:

- Help you keep track of your health care needs;
- Work together to find preventative care solutions to keep you healthy; and
- Meet with you in person at NEMS or over the phone regularly to keep you on track and focused on your health.

#### Provider

Your primary care provider is the leader of your care team. He/she will review your care plan to make sure your care is on track!

#### Medical Referral Assistant (MRA)

Need to see a specialist? Need a copy of your medical record? The Medical Referral Assistant will help you with referral coordination including checking the status of your referral, obtaining results, and can help with medical record requests!

#### Medical Assistant (MA)

The Medical Assistant works closely with your provider to manage your routine preventative care. This may include friendly reminders to help keep you on schedule. A Medical Assistant can help reach out to your provider when you have clarifying questions or are not feeling well.

#### Behavioral Health Specialist

Knowing how to stay emotionally healthy can help you to enjoy life, maintain good relationships, and improve physical health. Behavioral Health Providers can help you understand and deal with your chronic health issues. They can also help you cope with anxiety or depressed feelings, as well as teach you skills that promote good sleeping habits or managing pain.

#### Pharmacy

Our pharmacy team can help you manage your medications and our trained pharmacist can counsel you on the medications you are currently taking.

#### Patient Health Coach (PHC)

Do you need help achieving your weight goal, making changes to your diet, giving up smoking, or managing your medications better? A patient health coach can work with you to create goals to improve your health outcomes! Your dedicated health coach can have regular check-ins with you in the clinic or over the phone!

*You may be eligible for the CCM Program if you have Medicare and two (2) qualifying chronic conditions.*

**Want access to your care plan? Have you enrolled in patient portal? Ask the front desk how to sign-up today!**

NEMS complies with applicable federal and state laws and does not discriminate on the basis of race, color, national origin, sex, disability, or age. Spanish: 服務中心提供免費諮詢及協助您申請及獲得醫療服務。如有需要，請電 415-352-5179 或 415-352-5179。 Chinese: 服務中心提供免費諮詢及協助您申請及獲得醫療服務。如有需要，請電 415-352-5179 或 415-352-5179。 NEMS - Nov 12/2018

## Home Visit



**Health Education Resources Library:** Providers and members are encouraged to use the health education materials available. Most training materials are available in a variety of language and cover a vast array of health topics. The NEMS Health Education Resources Library can be found on our website at <https://nems.org/resources/health-education-resources/>.

# Provider Responsibilities: Data Collection and Reporting

**NEMS MSO network providers are required to update NEMS MSO of any changes to their practice, to ensure our members and contracted health plans have accurate network information.**

**Requirement:** Providers are required to update NEMS MSO of any changes to their practice, at least **90 days** prior to the effective date of the change, 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

**Submitting Provider Changes:** Providers are encouraged to utilize the [Network Provider Update Form](#) on the MSO website to update their provider record.

<https://nemsmso.org/network-provider-update-form/>

The screenshot displays the NEMS MSO website interface. On the left is a navigation menu with the following items: HOME, PROVIDERS (highlighted in red), MEMBERS, CARE COORDINATION & MANAGEMENT, ABOUT US, CAREER, CONTACT US, and FIND A DOCTOR. Below the menu is a red button labeled 'PROVIDER PORTAL (EZ-NET)'. At the bottom of the menu area, the address is listed: NEMS MSO Address, 1710 Gilbreth Road, Burlingame, CA 94010, and the phone number: MSO Main Phone Number: (415) 352-5186. The main content area features a header image of medical professionals with the text 'NETWORK PROVIDER UPDATE FORM'. Below the header, there is introductory text: 'NEMS maintains accurate provider data to ensure our members can access care timely and our compliance with federal and state laws. If you are a **contracted provider/group/organization** with a current contract, please utilize the below form to update/modify your provider record. If you are **NOT a contracted provider** and are interested in joining our network, please click [here](#). Please reach out to the 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.' At the bottom of the screenshot, a form titled 'CURRENT PRACTICE INFORMATION \*required' is visible, with fields for 'Provider Last Name: \*' and 'First Name: \*'.

# PROVIDER RESPONSIBILITIES: INITIAL HEALTH ASSESSMENT (IHA)

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- IHA is a comprehensive preventive clinical visit with a primary care practitioner. PCPs must complete an IHA with new NEMS MSO Medi-Cal Managed Care members within 120 calendar days of enrollment.
- IHA includes a history of the member's physical and mental health, an identification of risks, an assessment of need for preventive screens or services and health education, and the diagnosis and plan for treatment of any diseases.
- IHA must be performed by a provider in the primary care setting, provided in a way that is culturally and linguistically appropriate and documented in the Member's medical record.

# Provider Responsibilities: **Medi-Cal EPSDT Requirements**

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- EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) – assures children receive early detection and care to diagnose, avert, and treat health problem as early as possible. EPSDT services include but not limited to:
  - Screening Services (e.g., immunizations, physical and mental health exams, etc.);
  - Vision Services;
  - Dental Services;
  - Hearing Services;
  - Behavioral Health Treatment;
  - Case Management and Care Coordination (e.g., transportation, scheduling assistance, etc.)
- Providers rendering services to Medi-Cal members under the age of 21 must review and complete [EPSDT-Specific Training](#) every two years
- For more information about EPSDT, please see [DHCS APL 23-005](#) and visit the [EPSDT Webpage](#).

# Provider Responsibilities: Timely Access to Care Standards

DHCS and DMHC set requirements for all plans and contracted providers for maintaining availability standards. **NEMS network providers are required to provide appointments & triage care within specified timeframes** →

Annually, NEMS MSO's contracted health plans administers the **Provider Appointment Availability Survey (PAAS)** to measure patient access to care against Access to Care Standards. The survey is conducted over the phone or via fax during the third and fourth quarter of the year.

PRIMARY CARE	
Topic	Standard
Routine (non-urgent)	Within 10 business days of request
Urgent Care	Within 48 hours of request if no authorization is required Within 96 hours of request if authorization is required
SPECIALTY CARE & ANCILLARY CARE	
Topic	Standard
Routine (non-urgent)	Within 15 business days of request
Urgent Care	Within 48 hours of request if no authorization is required Within 96 hours of request if authorization is required
ALL PROVIDER CARE	
Topic	Standard
In-Office Wait Time	Within 30 minutes
Language Accessibility	Must provide 24-hour interpretive services through in-person or telephonic interpretation
Call Return Time	30 minutes
Time to Answer Call	10 minutes

# Provider Responsibilities: Cultural and Linguistic Services/Interpretations

NEMS discourages the use of friends, family members, or minors as interpreters. Professional interpretation services are offered by NEMS to selected members at no cost.

Health Plan	Interpretation Provided by	Contact Information
Anthem Blue Cross (Medi-Cal & Medicare)	Anthem Blue Cross	800-677-6669
Golden Bay Health Plan (GBHP)/Health Net (HN)	Health Net	800-431-9007
Santa Clara Family Health Plan (SCFHP)	Santa Clara Family Health Plan	800-260-2055
SCAN Health Plan (SCAN)	SCAN Health Plan	877-778-7226
San Francisco Health Plan (SFHP) Care Plus: MA	NEMS MSO	<a href="https://nemsmso.org/interpretation-services/">https://nemsmso.org/interpretation-services/</a>
San Francisco Health Plan (SFHP): NEMS & NMS		
Alignment Health Plan (AHP)		

Requester's Information (Please provide your information so we can contact you for any questions):

Name \*  
 First:  Last:

Organization \*

Contact Phone Number \*  
 (201) 555-0123

Email \*

Patient's Information

Patient's Name \*  
 First:  Last:

Date of Birth \*  
 MM  / DD  / YYYY

Patient Contact Number \*  
 (201) 555-0123

Health Plan ID (if applicable)

Language(s) Spoken \*

Chief Medical Condition

ICD10 (if known)

Appointment Information

Date of Appointment \*  
 Date:  Time:

Length of Appointment \*

Office Name / Doctor's Name \*

Specialty \*

Office Phone Number \*  
 (201) 555-0123

Address \*  
 Address Line 1:

Address Line 2:

City:  State:

Zip Code:

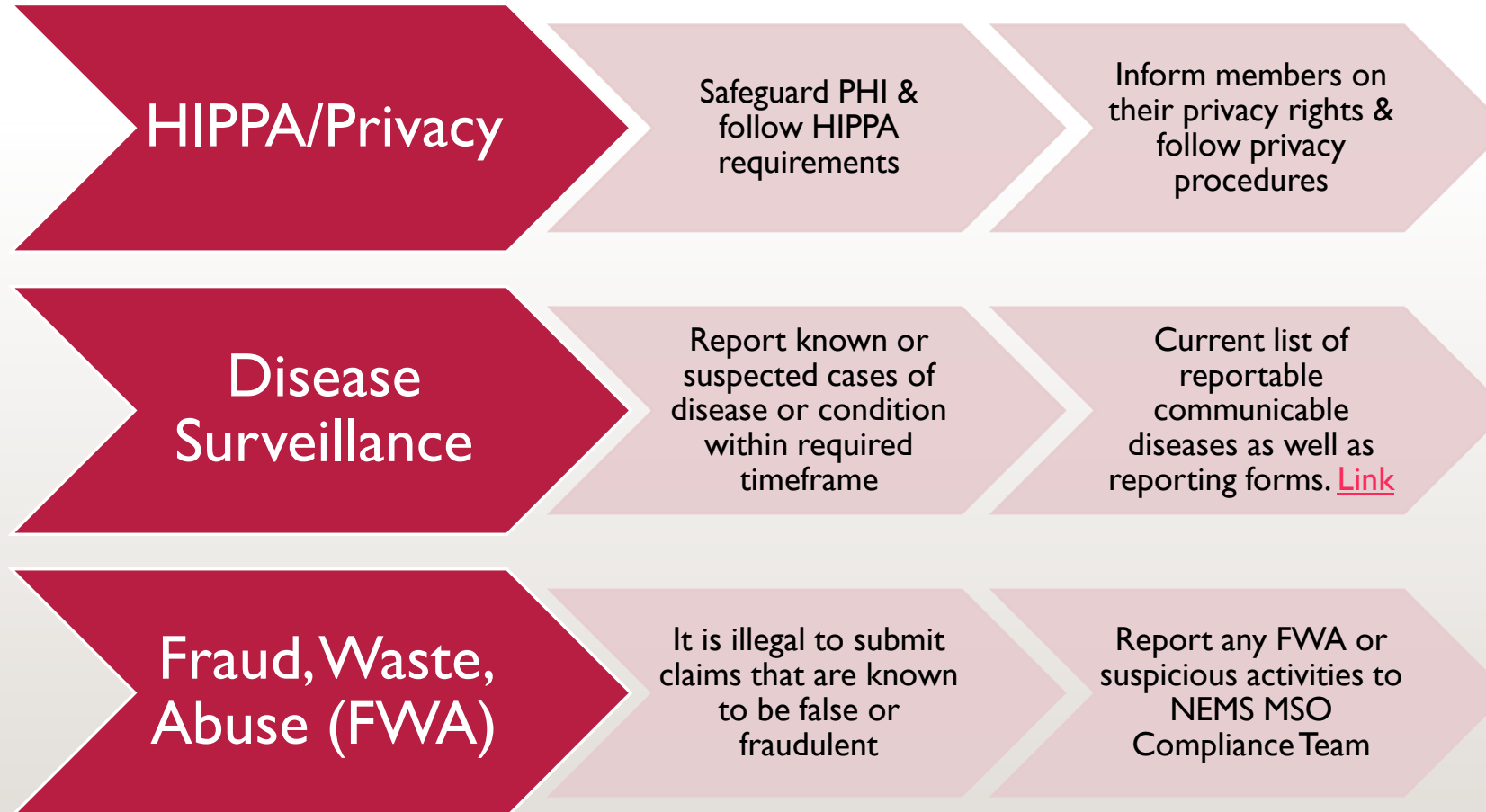
Interpretation Service Information:

Select One: \*  
 Over the Phone  In Person Sign Language ^  In Person ^ (Currently only available in Cantonese and Mandarin)

^ Please make sure to provide office address

**SUBMIT FORM**

# Provider Responsibilities: **Federal/State Compliance Requirements**



# CONTACT US

<p>MSO Main Phone Number:  <b>(415) 352-5186</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> MSO Utilization Management</li> <li>• <b>Option 2:</b> MSO Claims Processing &amp; Payment</li> <li>• <b>Option 3:</b> MSO Provider Relations</li> <li>• <b>Option 4:</b> All other MSO Inquiries</li> </ul>	<p>NEMS MSO Address:  <b>1710 Gilbreth Road</b>  <b>Burlingame, CA 94010</b></p> <p>Hours of Operation:  <b>Monday through Friday</b>  <b>8:00 a.m. to 5:30 p.m.</b></p>
<p>MSO Email Contacts:</p> <ul style="list-style-type: none"> <li>▪ UM (Inpatient): <a href="mailto:UM-Inpatient@nems.org">UM-Inpatient@nems.org</a></li> <li>▪ UM (Outpatient): <a href="mailto:UM-Outpatient@nems.org">UM-Outpatient@nems.org</a></li> <li>▪ Claims: <a href="mailto:MSO-Claims@nems.org">MSO-Claims@nems.org</a></li> <li>▪ Case Management: <a href="mailto:CaseManagement@nems.org">CaseManagement@nems.org</a></li> <li>▪ MSO QI: <a href="mailto:MSO-QI@nems.org">MSO-QI@nems.org</a></li> <li>▪ Provider Portal Support: <a href="mailto:MSOEDI@nems.org">MSOEDI@nems.org</a></li> <li>▪ PNO Team: <a href="mailto:Provider.Relations@nems.org">Provider.Relations@nems.org</a></li> </ul>	<p>North East Medical Services (NEMS)        Management Services Organization (MSO)</p> <p><a href="https://www.nemsmso.org/">https://www.nemsmso.org/</a></p>



# QUESTIONS

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# Appendix: Additional Resources

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1. Diversity, Equity, and Inclusion (DEI) Training
2. DHCS Waiver Programs
3. Health Needs of Diverse Populations
  - a) Services for Seniors and Person with Disabilities
  - b) Intellectual and Developmental Disabilities
  - c) Children and Youth with Special Health Care Needs (CYSHCN)
4. Social Determinants of Health
5. Incentive Programs



# I. Diversity, Equity, and Inclusion (DEI) Training

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## **Objective:**

Enhance cultural competency and humility to ensure responsive healthcare for Medi-Cal members.

## **Key Focus Areas:**

- **Data Collection & Stratification** – Gather accurate demographic data to address health inequities.
- **Workforce Diversity & Cultural Responsiveness** – Develop a diverse workforce to provide culturally and linguistically appropriate care.
- **Eliminating Health Disparities** – Reduce disparities and support policies addressing social health needs.

## **Training Requirements:**

- Tailored to Medi-Cal member demographics.
- Covers sensitivity, diversity, cultural competency, and health equity.
- Aligns with NCQA Health Equity Accreditation Standards & implemented per [DHCS APL 23-025](#) timelines
- Review [NEMS Medi-Cal 2026 Diversity, Equity and Inclusion Training](#) during initial and recredentialing

To request additional information or training, please contact NEMS MSO Provider Network team at [provider.relations@nems.org](mailto:provider.relations@nems.org) or at 1(415) 352-5186 **Option 3**.

# 2. Medi-Cal Waiver Programs

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## What Are Medi-Cal Waivers?

Programs that:

- ✓ Provide additional services to specific groups
- ✓ Target specific geographic areas
- ✓ Cover individuals who may not qualify under traditional Medicaid

## Genetically Handicapped Persons Program (GHPP)

- Supports individuals (21+) with genetic disorders (e.g., hemophilia, cystic fibrosis, sickle cell disease, PKU).
- **More info & eligibility:** [DHCS GHPP](#)

## HIV/AIDS Waiver Program

- Provides case management, in-home skilled nursing, home-delivered meals, and transportation for Medi-Cal recipients with symptomatic HIV/AIDS.
- **Contact:** West Side Community Services (415) 355-0311 (Option 8) | [Website](#)

## Home & Community-Based Services for the Developmentally Disabled (HCBS-DD)

- In-home care & support (e.g., homemakers, nurses, respite care, transportation, family training).
- **Contact:** Golden Gate Regional Center (415) 546-9222 | [More info](#)

## 2. Medi-Cal Waiver Programs (cont.)

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### **Multi-Purpose Senior Services Program (MSSP)**

- Provides in-home care as an alternative to institutionalization.
- Serves physically disabled or aged (65+) members needing SNF/ICF-level care.
- Members stay enrolled with SFHP; PCP/medical group coordinates care.
- **Referrals & Medical Records Submission:** [Institute on Aging](#) (415) 750-4150 | (415) 750-5330

### **Nursing Facility Waiver**

- Supports Medi-Cal recipients of any age needing in-home assistance:
  - ✓ Daily living activities
  - ✓ Protective supervision
  - ✓ Private duty nursing
  - ✓ Environmental adaptations
  - ✓ Case management
- **More info:** (916) 552-9400

## 3a. Seniors and Persons with Disabilities (SPD)

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The following criteria must be met for American with Disabilities Act (ADA) compliance and is assessed during the facility site review:

- Wheelchair access
- Water availability
- Elevator with floor selection within reach
- Pedestrian ramps with a level landing at the top and bottom of the ramp
- Designated parking
- Access in waiting rooms, exam rooms and bathroom; and
- Exam table access

When providers are located at sites that do not meet the ADA requirements, NEMS MSO assists the provider and the member with special arrangements to allow access to providers to meet their health care needs or provide referral to a provider who has access.

## 3b. Intellectual and Developmental Disabilities

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An intellectual or developmental disability can affect a person's understanding, memory, language, judgment, learning and related information processing and communication functions. These disabilities include individuals with intellectual disabilities, head injury, strokes, autism, Alzheimer's disease, and emotional disabilities.

Best practices for providing care to this population include:

- Offer information in a clear, concise, concrete, and simple manner.
- If you are not being understood, modify your method of communicating. Use common words and simple sentences.
- Allow time for people to process your words, respond slowly, or in their own way.
- Make sure the person understands your message.

## 3c. Children and Youth with Special Health Care Needs (CYSHCN)

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- Children with Special Health Care Needs (CSHCN) are “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional conditions and who also require health or related services of a type or amount beyond that required by children generally.”
- Medical groups and primary care physicians are responsible for ensuring that CSHCN are identified, assessed, receive care coordination or care management, receive all medically necessary follow-up services, and have timely access to specialties, subspecialties, ancillary providers, specialized equipment and supplies and community resources to address the member's special health care needs.

# 4. Social Detriments of Health

Social Determinants of Health (SDOH) are non-medical factors influencing health, such as conditions in which people are born, grow, live, work, and age. Key categories include:

- **Economic Stability:** Employment, income, and financial security.
- **Education:** Literacy, language, and access to quality education.
- **Health Care Access:** Insurance, primary care, and health literacy.
- **Neighborhood and Environment:** Housing, transportation, and healthy food access.
- **Social Context:** Support systems, discrimination, and community ties.

Addressing SDOH improves health outcomes and equity. Key reasons:

- **Health Impact:** SDOH influence chronic disease, mental health, and life expectancy.
- **Equity:** Reduces disparities among vulnerable groups.
- **Care Efficiency:** Guides personalized treatment and referrals.
- **Cost Savings:** Reduces hospital readmissions and emergency visits.

Documenting SDOH in Medical Records:

- 1. Gather Information:**
  - Use open-ended questions or screening tools (e.g., PRAPARE).
  - Focus on housing, employment, transportation, and food security.
- 2. Record Findings:**
  - Use EHR fields for SDOH (e.g., ICD-10 Z codes).
  - Include patient-reported and observed factors.
- 3. Plan and Address:**
  - Document referrals to social services.
  - Note patient engagement with interventions.
- 4. Collaborate:**
  - Share SDOH insights in care team discussions.
  - Highlight factors affecting care plans.

# 5. Incentive Programs

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Provider Programs. NEMS MSO participates in health plans' clinical quality improvement/incentive programs to improve clinical outcomes and ensure our providers meet the minimum performance levels in the [Department of Health Care Services \(DHCS\) Managed Care Accountability Sets \(MCAS\)](#) and the [Centers for Medicare & Medicaid Services \(CMS\) 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

Patient Programs. In accordance with Federal and State regulations, NEMS and/or its health plan partners may offer nominal incentives to members for completing their preventive screenings and engaging with healthcare services.

To learn more about provider and patient incentive programs please reach out to the NEMS MSO Quality Improvement (QI) team at [MSO-QI@nems.org](mailto:MSO-QI@nems.org) or (415) 321-1927.