

NEMS MSO PROVIDER TRAINING

2026



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



Greetings NEMS Network Provider!

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**. If you would like a refresher training conducted by the NEMS MSO Provider Network Team, please contact us at 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

- 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



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

- **2500+ 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 and Seton Medical Center



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

Provider Network: Santa Clara

- **2500+ Specialists in Santa Clara County**

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

- **30+ 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
- Phone: 1-415-547-7800

Anthem Blue Cross

- Provider Portal: apps.availity.com
- Phone: 1-800-282-4548

Golden Bay Health Plan

- Provider Portal: 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

Member Eligibility (SC 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

Santa Clara Family Health Plan

- Provider Portal: providerportal.scfhp.com
- Phone: 1-800-720-3455

Anthem Blue Cross

- Provider Portal: apps.availity.com
- Phone: 1-800-282-4548

Alignment Health Plan

- Provider Portal: avaprovidertools.alignmenthealth.com
- Phone: 1-844-361-4712

Medi-Cal

- www.medical.ca.gov/eligibility/login.asp

Member ID Cards

San Francisco Health Plan: Medi-Cal



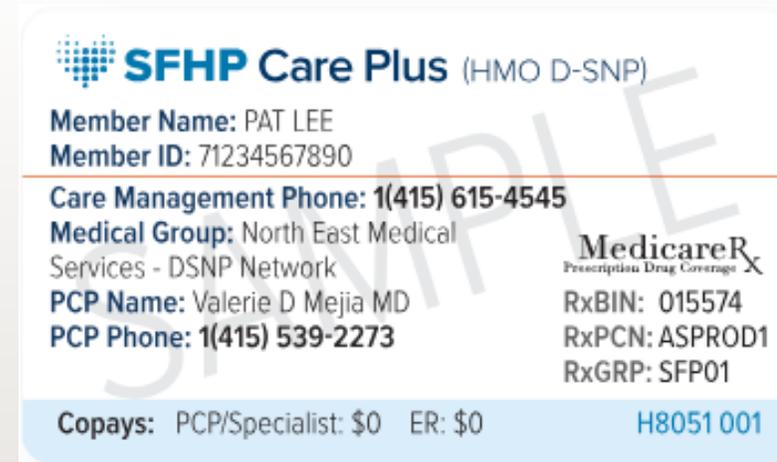
SAN FRANCISCO HEALTH PLAN 

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

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

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


 RxBIN: 015574
 RxPCN: ASPROD1
 RxGRP: SFP01

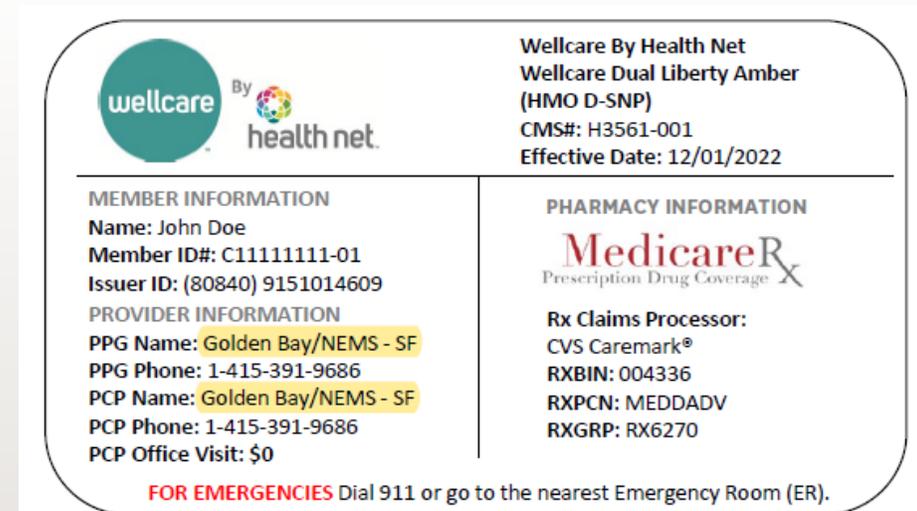
Copays: PCP/Specialist: \$0 ER: \$0 H8051 001

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 are several lines of placeholder text for member information, each starting with a label followed by a colon and a bracketed placeholder. At the bottom of the card, there are three lines of contact information, including phone numbers and a website URL. A large, light gray "Sample" watermark is oriented diagonally across the center of the card.

 **Santa Clara Family Health Plan™** **Medi-Cal**

Member Name: <Member First Name><Member Last Name>
Member ID: <Member ID>
Date of Birth: <Date of Birth>
Gender: <Gender>
Network: <New-Network Name>
Primary Care Provider: <New-Provider Name>
<New-Clinic Name>
<New-Provider Phone>

Customer Service: 1-800-260-2055 TTY: 711
www.scfhp.com
24-Hour Nurse Advice: 1-877-509-0294
Santa Clara County
Mental Health Services: 1-800-704-0900

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 providing information about ER services, authorizations, and cost sharing. At the bottom, there are three lines of contact information for pre-service authorizations, claims submissions, and a pharmacy help desk, each with a corresponding website URL or phone number. A large, light gray "Sample" watermark is oriented diagonally across the center of the card.

For Providers

Outpatient ER services are payable without prior authorization.
For ER admissions, see www.scfhp.com/auths
for notification requirements.

Authorizations and claims may be delegated.
Check reverse side for name of delegated network.

Member may have share of cost.

Pre-Service Authorizations: www.scfhp.com/auths
Claims Submissions: www.scfhp.com/claims
Pharmacy Help Desk: **MedImpact 1-888-807-8666**
RxBIN <003585> RxPCN <56270>

Back

Member ID Cards

Anthem Blue Cross: Medi-Cal

 Medi-Cal Program	
JOHN DOE MEMBER ID XDJ12345678F	NEMS/LUNDY/NEMS/ FQHC 1870 LUNDY AVE SAN JOSE, CA 95131
Group number Coverage code Plan code	Member effective date PCP effective date Primary language

Anthem Blue Cross: Medicare Advantage

 Anthem Full Dual Advantage Aligned (HMO D-SNP)	
Member ID: [REDACTED]	PCP: [REDACTED] PCP Phone: [REDACTED] North East Medical Svcs
Group: CAMCRWPO Plan: 332 Issuer (80840): 9101000302 RxBIN: 020115 RxPCN: IS RxGRP: WM2A 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 H4471-001-000
Dental Coverage	MEDICARE ADVANTAGE HMO Medicare Rx Prescription Drug Coverage

Member ID Cards

Alignment Health Plan: Medicare Advantage

 <p>Alignment Health Plan®</p> <p>[PLAN NAME (HMO)]</p> <p>Member: [Member Name] Member ID: [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>MedicareRx <small>Prescription Drug Coverage</small></p> <p>Primary Care: [\$0] Specialist: [\$0] ER: [\$0] Urgent Care: [\$0]</p>	 <p>ALL CLAIMS MUST BE MAILED TO: [P.O. Box 14010, Orange, CA 92863]</p>  <p>Pharmacy Technical Help Desk: (844) 227-7615 Member Pharmacy Help: (844) 227-7616 Provider Services: (888) 517-2247 Dental Benefits: (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>WWW.ALIGNMENTHEALTHPLAN.COM</p>
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Front

Back

Member Resources (SF County)

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

Member Resources (SC County)

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

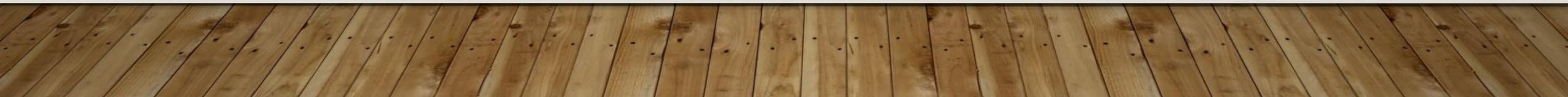
https://nemsmsso.org/prior-authorizations/	GBHP – NEMS	
Service	NEMS MSO (EZNET)	GBHP
Acupuncture (No Change)	X	X –when offered as a supplemental benefit
Chiropractic Services (No Change)	X	
Home Health	X	
Hospice*	--	--
Transportation		X –when offered as a supplemental benefit
Long Term Care & Inpatient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

***Medicare handles responsibilities**

Authorizations (SFHP MediCal-NEMS)

https://nemsmsso.org/prior-authorizations/	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)

https://nemsmsso.org/prior-authorizations/	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)

https://nemsmsso.org/prior-authorizations/	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)

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

***Medicare handles responsibilities**

Authorizations (ABC MA-NEMS)

https://nemsmsso.org/prior-authorizations/	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)

https://nemsmsso.org/prior-authorizations/	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)

https://nemsmsso.org/prior-authorizations/	SCFHP – NEMS	
Service	NEMS MSO (EZNET)	SCFHP
Acupuncture	X	
Chiropractic Services	X	
Home Health	X	
Hospice	X	
Transportation		SCFHP Phone: 1-800-260-2055
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
Dental	Denti-Cal Phone: 1-800-322-6384
Mental Health <i>such as specialty mental health and substance use disorder needs</i> (Outpatient)	Carelon Behavioral Health (Mild to moderate conditions) San Francisco Behavioral Health Services (Severe/complex conditions) Phone: 1-855-371-8117
Mental Health <i>such as specialty mental health and substance use disorder needs</i> (Inpatient)	San Francisco Behavioral Health Services Phone: 1-888-246-3333 Website: https://www.sf.gov/departments--department-public-health--behavioral-health
Pharmacy (Benefit Verification)	Medi-Cal Rx SFHP Phone: 1-800-260-2055 ABC Phone: 1-800-700-2541
Vision Services	Vision Service Plan (VSP) 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
Dental	Denti-Cal Phone: 1-800-322-6384	Denti-Cal Phone: 1-800-322-6384
Mental Health <i>such as specialty mental health and substance use disorder needs</i> (Outpatient)	SCFHP (Mild to moderate conditions) Santa Clara County Mental Health Services (Severe/complex conditions) Phone: 1-800-260-2055	Carelon Behavioral Health (Mild to moderate conditions) San Francisco Behavioral Health Services (Severe/complex conditions) Phone: 1-855-371-8117
Mental Health <i>such as specialty mental health and substance use disorder needs</i> (Inpatient)	Santa Clara County Mental Health Services Phone: 1-800-704-0900 Website: bhsd.sccgov.org/home	San Francisco Behavioral Health Services Phone: 1-888-246-3333 Website: https://www.sf.gov/departments--department-public-health--behavioral-health
Pharmacy (Benefit Verification)	Medi-Cal Rx Phone: 1-800-260-2055	Medi-Cal Rx Phone: 1-800-700-2541
Vision Services	Vision Service Plan (VSP) Phone: 1-800-615-1883	Vision Service Plan (VSP) Phone: 1-800-615-1883

Claims Submission & Payment

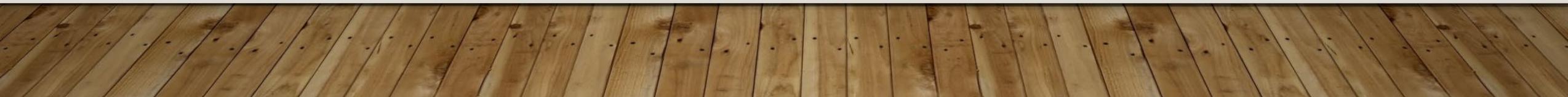
- Contracted or in-network providers - within 90 days post service.
- Clean claims - within thirty (30) business days of receipt.
 - Written notice will be provided within 30 calendar days
- Partnering Clearinghouses:

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

- 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

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

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

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 left, contact information is provided: NEMS MSO Address, 1710 Gilbreth Road, Burlingame, CA 94010; and MSO Main Phone Number: (415) 352-5186. The main content area features a header image of medical professionals and the title 'NETWORK PROVIDER UPDATE FORM'. Below the header, text explains that NEMS maintains accurate provider data and provides instructions for both contracted and non-contracted providers. A 'CURRENT PRACTICE INFORMATION *required' section is visible at the bottom, containing input fields for 'Provider Last Name:' and 'First Name: *'.

PROVIDER RESPONSIBILITIES: INITIAL HEALTH ASSESSMENT (IHA)

- 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**

- 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 and submit an attestation verifying their training completion.
- 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
ACO REACH	NEMS MSO	https://nemsmso.org/interpretation-services/
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)

Languages 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:

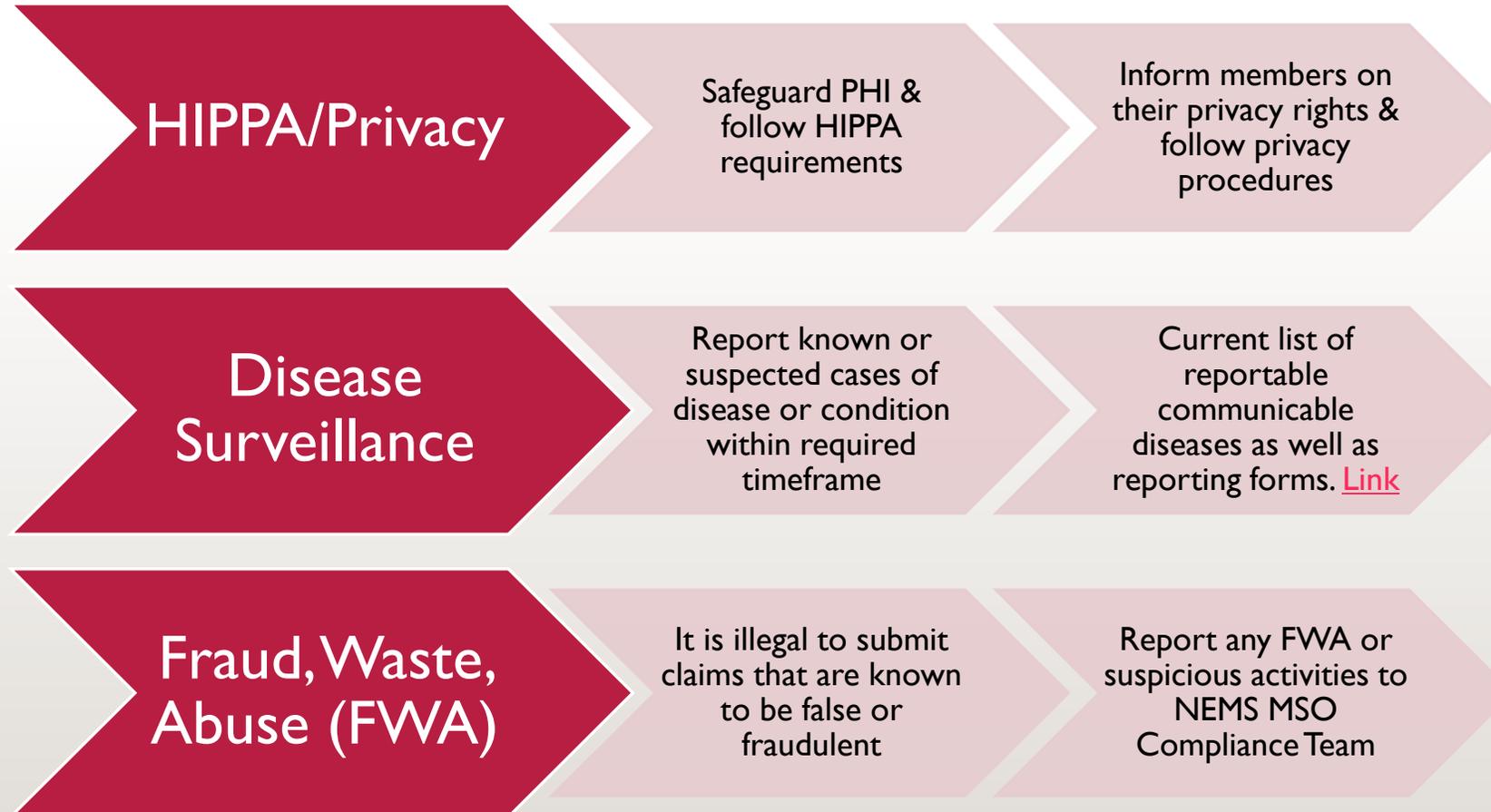
Interpretation Service Information:

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

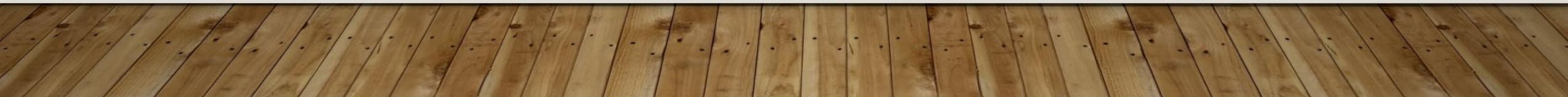
SUBMIT FORM

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



CONTACT US

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



QUESTIONS



Appendix: Additional Resources

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

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 Highlights:

- 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.

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

2. Medi-Cal Waiver Programs

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.)

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)

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

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)

- 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

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 or (415) 321-1927.