

NEMS MSO PROVIDER TRAINING

2025



NORTH EAST
MEDICAL SERVICES

東北醫療中心

**MANAGEMENT SERVICES
ORGANIZATION (MSO)**



Greetings NEMS Network Providers!

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 2025. 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 with which you are affiliated.** If you have any questions regarding the contents of the document, contact NEMS MSO Provider Network team at 1 (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



Lines of Business: San Francisco County

Medi-Cal Plans:

San Francisco Health Plan (SFHP)

- SFHP-NEMS

Anthem Blue Cross (ABC)

- ABC-NEMS Medi-Cal

Medicare Advantage Plans:

Golden Bay Health Plan (GBHP)

- GBHP-NEMS

Anthem Blue Cross (ABC)

- ABC-NEMS Medicare Advantage

PACE Program:

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

- NEMS PACE



Lines of Business: Santa Clara County

Medi-Cal Plans:

Santa Clara Family Health Plan (SCFHP)

- SCFHP-NEMS Medi-Cal

Anthem Blue Cross (ABC)

- ABC-NEMS Medi-Cal

Medicare Advantage Plans:

Alignment Health Plan (AHP)

- AHP-NEMS Medicare Advantage

Anthem Blue Cross (ABC)

- ABC-NEMS Medicare Advantage



Provider Network: San Francisco

- **2000+ 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.



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

Provider Network: Santa Clara

- **1600+ 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.



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

Member Eligibility (SF County)

| Why is it important to check eligibility? | Verify Eligibility |
|--|---|
| <ul style="list-style-type: none"> • Checking member eligibility ensures the following: <ul style="list-style-type: none"> • 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. | <p>San Francisco Health Plan</p> <ul style="list-style-type: none"> • Provider Portal: sfhpprovider.healthtrioconnect.com • Phone: 1-415-547-7800 <p>Anthem Blue Cross</p> <ul style="list-style-type: none"> • Provider Portal: apps.availity.com • Phone: 1-800-282-4548 <p>Golden Bay Health Plan</p> <ul style="list-style-type: none"> • Provider Portal: eznet.nems.org/EZ-NET60/Login.aspx • Phone: 1-800-431-9007 <p>NEMS PACE</p> <ul style="list-style-type: none"> • Phone: 1-833-636-7676 <p>Medi-Cal</p> <ul style="list-style-type: none"> • www.medical.ca.gov/eligibility/login.asp |

Member Eligibility (SC County)

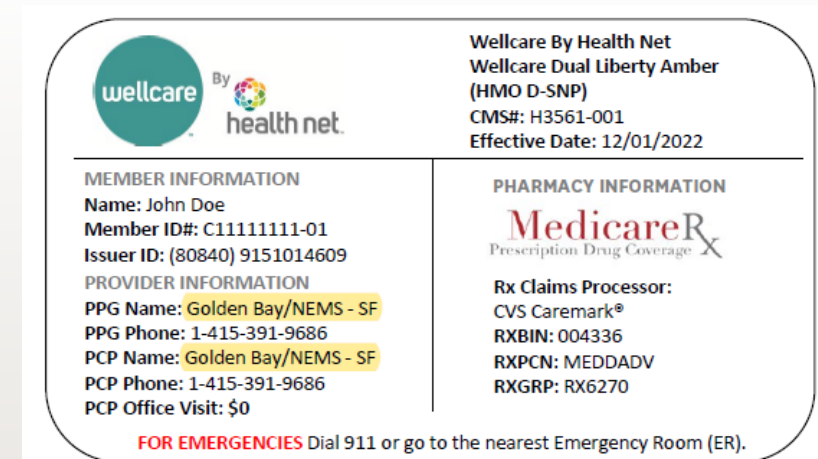
| Why is it important to check eligibility? | Verify Eligibility |
|--|---|
| <ul style="list-style-type: none"> • Checking member eligibility ensures the following: <ul style="list-style-type: none"> • Member is active with medical group or PCP affiliation • Ensure member is assigned to you and referral is on file • Ensure you will be reimbursed for services rendered. | <p>Santa Clara Family Health Plan</p> <ul style="list-style-type: none"> • Provider Portal: providerportal.scfhp.com • Phone: 1-415-547-7800 <p>Anthem Blue Cross</p> <ul style="list-style-type: none"> • Provider Portal: apps.availity.com • Phone: 1-800-282-4548 <p>Alignment Health Plan</p> <ul style="list-style-type: none"> • Provider Portal: avaprovidertools.alignmenthealth.com • Phone: 1-844-361-4712 <p>Medi-Cal</p> <ul style="list-style-type: none"> • www.medical.ca.gov/eligibility/login.asp |

Member ID Cards

San Francisco Health Plan: Medi-Cal



Golden Bay Health Plan – Health Net: Medicare Advantage

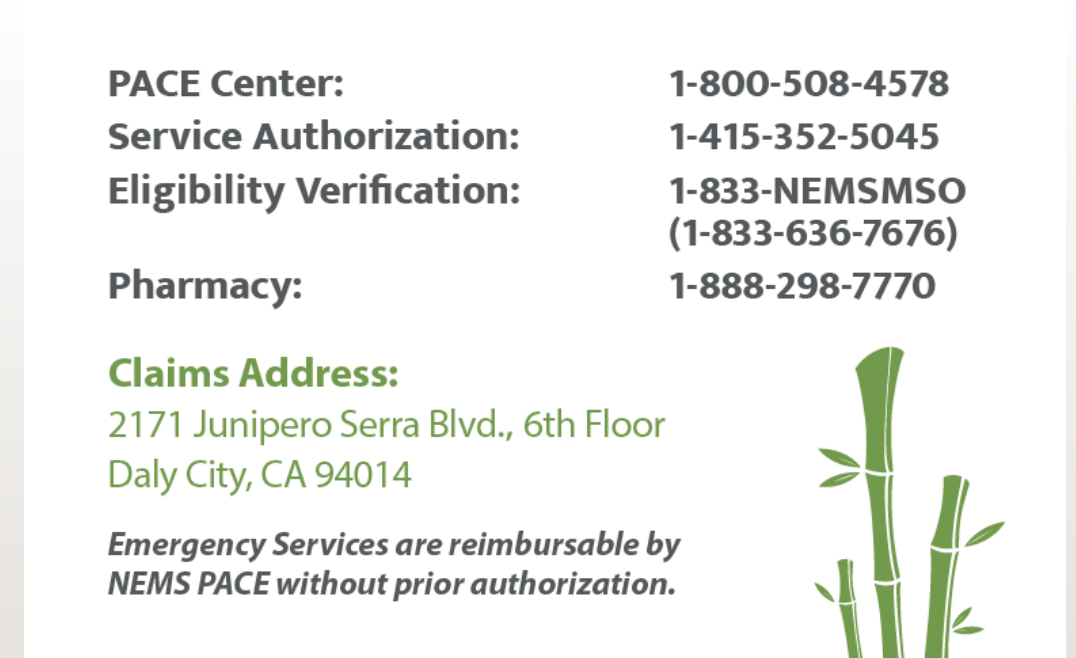


Member ID Cards

NEMS PACE



Front



Back

Member ID Cards

Santa Clara Family Health Plan: Medi-Cal



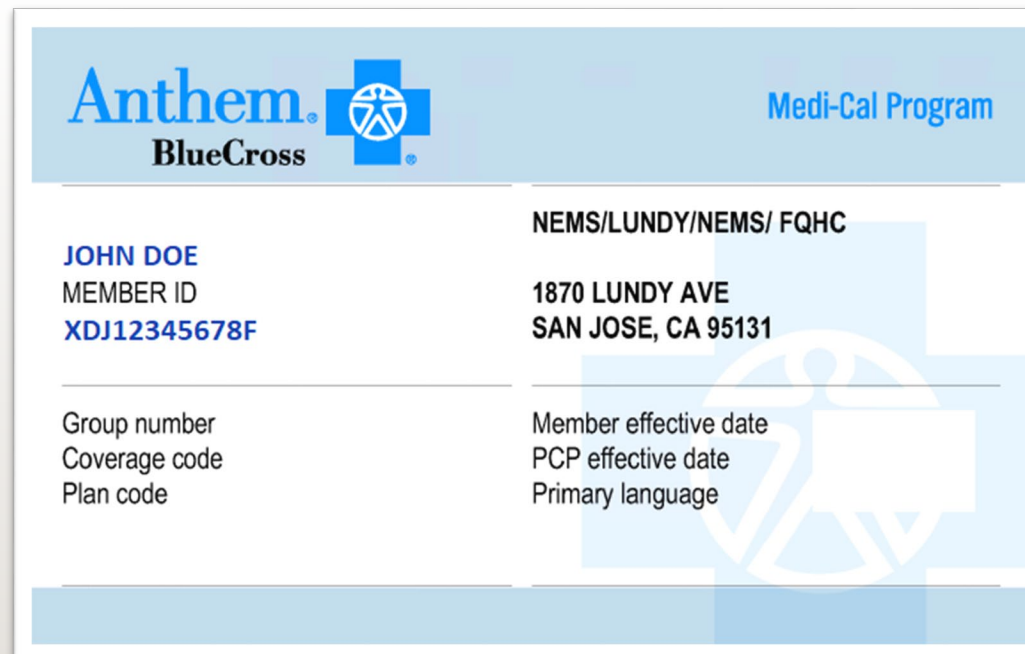
Front



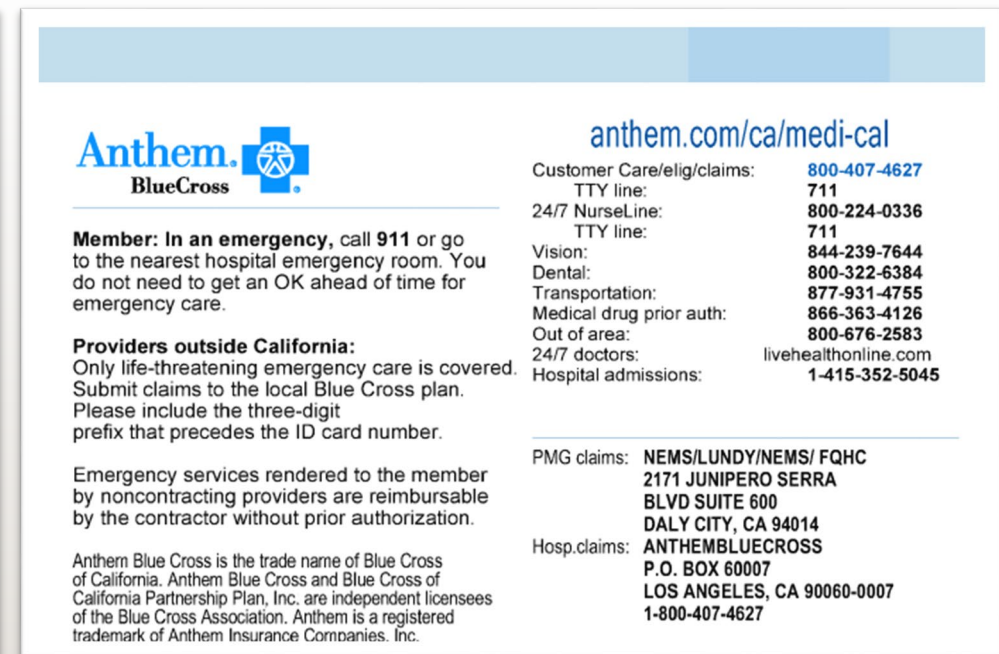
Back

Member ID Cards

Anthem Blue Cross: Medi-Cal




Front



Back

Member ID Cards

Anthem Blue Cross: Medicare Advantage

| | | | |
|---|---|---|--|
|  | | Anthem MediBlue Full Dual Advantage (HMO D-SNP) | |
| [Redacted Member Name] | | PCP: [Redacted] PCP Phone: [Redacted] Northeast Medical Services (NEMS) | |
| Member ID: [Redacted] | | | |
| Group: CAMCRWP0 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 H4161-001-000 | | |
| Dental Coverage | MEDICARE ADVANTAGE HMO MedicareRx Prescription Drug Coverage | | |




Front

| | |
|---|---|
|  | anthem.com/ca |
| Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services. Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card. | Member Service: 1-833-707-3129 TTY/TDD Line: 711 Member Pharmacy Svcs: 1-833-460-0849 Help for Pharmacists: 1-833-377-4266 Provider Service: 1-800-676-2583 Dental Customer Service: 1-888-700-0992 24/7 NurseLine: 1-855-658-9249 SilverSneakers: 1-855-741-4985 |
| Possession of this card does not guarantee eligibility for benefits. Anthem Providers can submit claims to Availity.com or: Medical: P.O. Box 60007 Pharmacy: Claims Department- Part D Services P.O. Box 52077, Phoenix, AZ 85072-2077 Dental: P.O. Box 26110 Santa Ana, CA 92799 | |
| Issue Date: 12/22/2022 | |

Back

Member ID Cards

Alignment Health Plan: Medicare Advantage

| | |
|---|---|
|  Alignment Health Plan® | |
| [PLAN NAME (HMO)] Member: [Member Name] Member ID: [000123456789] 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 Member Since [2022] | Eff Date: [01/01/22] RxGrp: [H3815] RxBin: [610455] RxPCN: [AHPPARTD] RxID: [000123456789] Plan Code: [020] MedicareRx Prescription Drug Coverage |
| Primary Care: [\$0] Specialist: [\$0] ER: [\$0] Urgent Care: [\$0] |  ALL CLAIMS MUST BE MAILED TO: [P.O. Box 14010, Orange, CA 92863]  Pharmacy Technical Help Desk: (844) 227-7615 Member Pharmacy Help: (844) 227-7616 Provider Services: (888) 517-2247 Dental Benefits: (866) 454-3008 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. |
| | WWW.ALIGNMENTHEALTHPLAN.COM |

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

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 | Fourteen (14) 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-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 | |

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 | |

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 | X | | |
| 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 | |

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.
- Non-contracted providers or out-of-network providers - within 180 days post service.
- Clean claims - within forty-five (45) business days of receipt.
- 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

- Corrected claims - within 365 days following the date of payment or the denial of the claim.
- 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 mail to:

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

NEMS MSO EZNET Provider Portal

Home About us Contact usLogin



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

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 or call the local Medi-Cal plan. To find the phone number, go to www.dhcs.ca.gov and search for "health care directory."

NEMS complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Spanish: (714) 271-2121. Chinese: (415) 352-5179. Vietnamese: (415) 352-5179. Tagalog: (415) 352-5179. Korean: (415) 352-5179. Japanese: (415) 352-5179. Vietnamese: (415) 352-5179. Chinese: (415) 352-5179. Spanish: (714) 271-2121. NEMS - Rev. 11/2021

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 civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Spanish: (714) 271-2121. Chinese: (415) 352-5179. Vietnamese: (415) 352-5179. Tagalog: (415) 352-5179. Korean: (415) 352-5179. Japanese: (415) 352-5179. Vietnamese: (415) 352-5179. Chinese: (415) 352-5179. Spanish: (714) 271-2121. NEMS - Rev. 12/2019

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 shows the NEMS MSO website interface. On the left is a navigation menu with links: HOME, PROVIDERS (highlighted), MEMBERS, CARE COORDINATION & MANAGEMENT, ABOUT US, CAREER, CONTACT US, and FIND A DOCTOR. Below the menu is a 'PROVIDER PORTAL (EZ-NET)' button and contact information for NEMS MSO. The main content area features a header with the NEMS logo and a photo of healthcare professionals. Below this is the title 'NETWORK PROVIDER UPDATE FORM'. The text explains that NEMS maintains accurate provider data and provides instructions for both contracted and non-contracted providers. At the bottom, there is a form section titled 'CURRENT PRACTICE INFORMATION *required' with input fields for 'Provider Last Name' and 'First Name'.

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

NORTH EAST MEDICAL SERVICES 東北醫療中心

HOME
PROVIDERS >
MEMBERS >
CARE COORDINATION & MANAGEMENT
ABOUT US
CAREER
CONTACT US
FIND A DOCTOR

PROVIDER PORTAL (EZ-NET)

NEMS MSO Address
1710 Gilbreth Road
Burlingame, CA 94010
MSO Main Phone Number:
(415) 352-5186

NETWORK PROVIDER UPDATE FORM

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, if you have any questions.

CURRENT PRACTICE INFORMATION *required

Provider Last Name: * 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 | 866-563-1259 |
| Santa Clara Family Health Plan (SCFHP) | Santa Clara Family Health Plan | 800-260-2055 |
| 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)

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: California

Zip Code:

Interpretation Service Information:

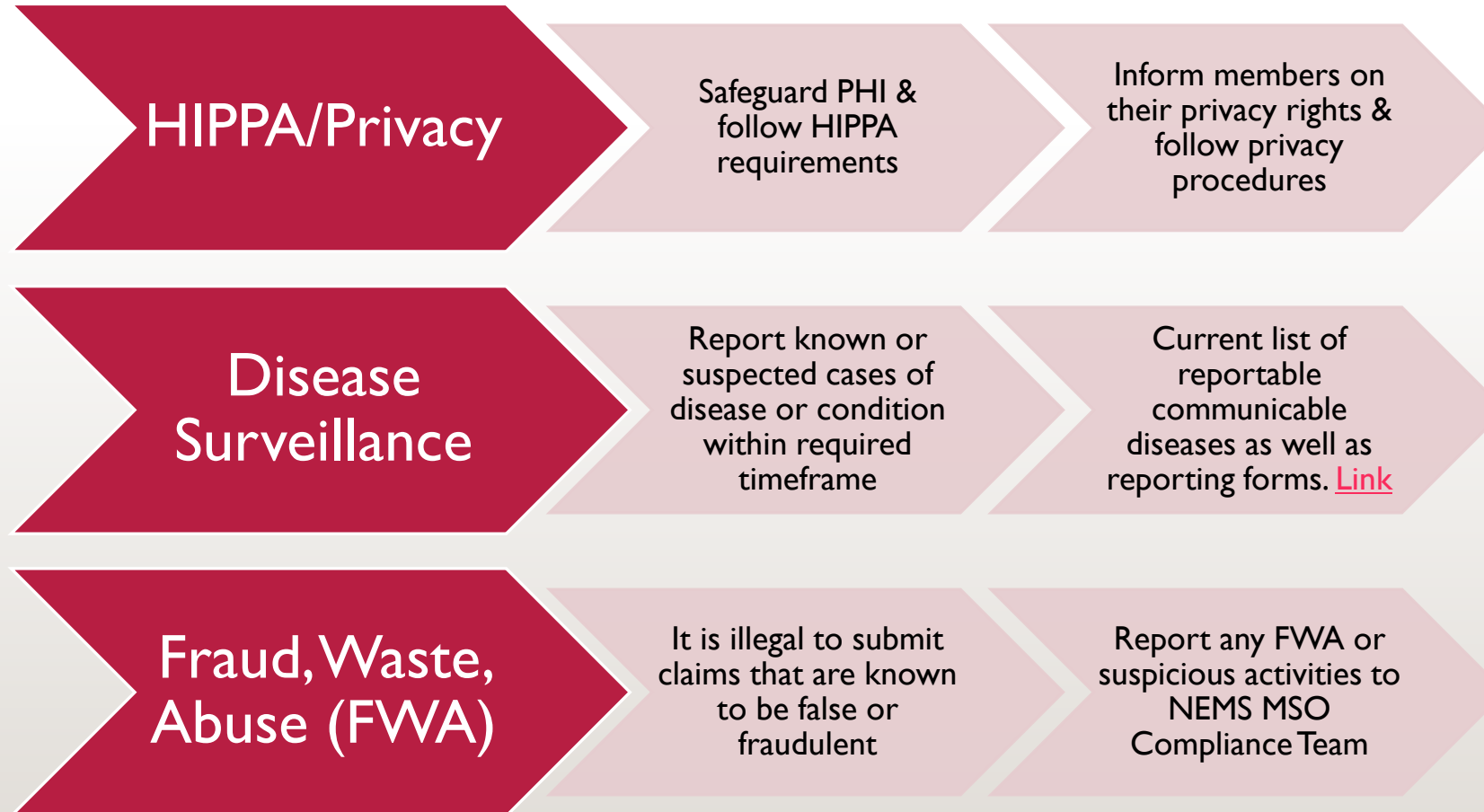
Select One: *

☐ 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.