NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心

Management Services Organization
2171 Junipero Serra Boulevard, 6th Floor
Daly City, CA 94014
(415) 352-5186
www.nems.org/mso

NEMS-MSO BULLETIN

The latest updates for NEMS Medical Group!

April 2020

TOPICS

MSO CHANGES DURING THE PUBLIC HEALTH EMERGENCY

NEMS-MSO is operating with a decreased workforce during the current COVID-19 public health emergency and social distancing requirements. During this time, we have suspended specific services to ensure the safety of our staff and to maintain efficiency in primary functions. The changes include the following:

Claim Status Inquiries – NEMS-MSO has suspended responses to claims status inquiries made by phone or email. Any messages left regarding claims status inquiries will not be answered. To check for claims status, please utilize our NEMS-MSO Provider Portal. The portal provides real-time claims status updates. If you need to request access, please complete and return the form linked here: https://www.nems.org/mso/forms/Provider_Portal_User_Access_Form.pdf

Claims Processing Delays – For mailed-in paper claims, please expect a five (5) business day delay for the claim to appear in the NEMS-MSO Provider Portal. This delay is due to mail delivery delays and reduced workforce at our partnered claim scanning facilities. Please allow up to 45 working days turnaround time from received date for claim adjudication and PDR resolution.

Interpretation Services – NEMS-MSO has suspended in-person interpretation services until further notice. We encourage providers to utilize our over-the-phone (OTP) interpretation service. To request for OTP interpretation, please complete and return the form linked here: https://www.nems.org/mso/forms/Request%20for%20Interpretation%20Services%20-%20201712_fillable.pdf

TEMPORARY OFFICE CLOSURES

If you plan on temporarily closing your clinic or office for any reason during the COVID-19 public health emergency, please let us know so that we may help refer patient care accordingly. Please also let us know the approximate date your office plans to be returning.

TELEHEALTH & ADDITIONAL TELEHEALTH MODALITIES

Additional traditional telehealth services are covered, and additional telehealth modalities are now allowed in order to help reduce the risk of exposure to the novel coronavirus. Clinicians can provide these services to new or established patients. For Medicare members, providers can waive Medicare copayments for these telehealth services for beneficiaries in Original Medicare.

(Telehealth information continued next page)

If you have any questions or would like to provide updates/news to future newsletters, please feel free to contact NEMS Provider Relations at provider.relations@nems.org.

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- **Additional Services Available via Telehealth.** Due to the current public health emergency, there are additional services that clinicians can provide through telehealth. A few of the additional services are listed below. Please refer to the CMS Flexibilities to Fight COVID-19 for the full list.
  - **Emergency Department Visits, Levels 1-5** (CPT codes 99281-99285)
  - **Radiation Treatment Management Services** (CPT codes 77427)
  - **Therapy Services, Physical and Occupational Therapy, All levels** (CPT codes 97161- 97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521- 92524, 92507)
  - **Initial nursing facility visits (all levels) and nursing facility discharge day management** (CPT codes 99221-99223; CPT codes 99238- 99239)

- **Additional Telehealth Modalities.** Due to the current public health emergency, there are leniencies surrounding telehealth modalities such as allowing asynchronous telehealth and virtual/telephonic visits.

- **Same Reimbursement Rates.** Telehealth services, regardless of modality, will be reimbursed at the same rate as traditional in-person visits, given the following:
  - The modality by which the service is rendered is medically appropriate for the member and does not require physical presence of the member
  - The service is the same regardless of the modality of delivery, as determined by the provider's description of service on the claim
  - All documentation requirements are met

- **Billing Information.** When billing for services rendered in the additional telehealth modalities, bill using the appropriate and regular CPT or HCPCS codes that would correspond to the visit being done in-person and include POS 02 and Modifier 95.

- **Documentation Requirements.** Please note that for all services, the virtual/telephonic visits must meet all medical record documentation requirements in addition to documentation of the following:
  - the modality in which the virtual/telephonic visit was conducted
  - the reason a face-to-face visit was not available
  - the member's consent for visit to be administered via the telehealth modality

For more details, please refer to the following documents:

1. DHCS's Guidance on Telehealth and Virtual/Telephonic Communications Relative to COVID-19: https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth_Other_Virtual_Telephonic_Communications_V3.0.pdf
2. CMS's Guidance on Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19: https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

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TIMELY ACCESS TO CARE STANDARDS

We are required to remind our network providers of DMHC's Timely Access Standards. A copy of the Access Standards is enclosed for your reference. Health plans will be monitoring the access to care through the annual Provider Appointment Availability Surveys. We encourage providers offices to review the standards to ensure that their appointment availability meets the standards.

NEMS-MSO PROVIDER PORTAL

Tired of making phone calls for status checks and requesting for copies of your EOBs? Sign up for the NEMS-MSO Provider Portal today so that you can self-serve with the following tasks:

- Verify authorization and claims status with real-time updates
- Print Explanation of Benefits (EOB)
- Submit Treatment Authorization Requests (TARs)

If you already have access to the portal, please bookmark https://eznet.nems.org.
Request access by returning the completed form linked here:
https://www.nems.org/mso/forms/Provider_Portal_User_Access_Form.pdf

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Access to Care Standards

The California Department of Managed Health Care's Timely Access Regulations became effective in January 2011. Appointments and triage for various types of medical care should be offered within specified timeframes as follows:

PRIMARY CARE

Topic	Standard
Initial Health Assessment	Must be completed within 120 calendar days of enrollment if over the age of 18 months Must be completed within 60 calendar days of enrollment if 18 months or younger
Routine (non-urgent) PCP appointment	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
After Hours Care	Provide or arrange 24/7 coverage
Initial Prenatal Visit	Within 14 calendar days of request
In-Office Wait Time for Scheduled Appointments	Within 30 minutes
Telephone Access and Triage	Must provide 24 hour coverage with the ability to hear from a licensed clinician within 30 minutes of request when members have an urgent (non emergent) medical need. Triage must include emergency instructions to go to nearest hospital or call 911 if members experience an emergency.
Call Return Time	30 minutes
Time to Answer Call	10 minutes
Language Accessibility	Must provide 24 hour interpretive services through in-person interpretation or telephonic interpretation

SPECIALTY CARE & ANCILLARY CARE

Topic	Standard
Routine Appointment	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
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

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BEHAVIORAL HEALTH	
Topic	**Standard**
Routine Appointment (does not include MDs)	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
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

MEDICAL EMERGENCIES	
Topic	**Standard**
Emergency Care	Immediately

Exceptions to the Access to Care Standards

Preventive Care Services and Periodic Follow Up Care: Preventive care services and periodic follow up care are not subject to the appointment availability standards. These services may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of his or her practice. Periodic follow-up care includes but is not limited to, standing referrals to specialists for chronic conditions, periodic office visits to monitor and treat pregnancy, cardiac or mental health conditions, and laboratory and radiological monitoring for recurrence of disease.

Interpretation Services for Patients with Limited English Proficiency (LEP)

Language interpretation service is offered to patients with limited English proficiency, even when there is a family member or friend who can provide the interpretation. Use of family members or friends for interpretation is discouraged. Language interpretation service is offered at **NO COST** to members.

Reference(s):
Department of Managed Health Care (DMHC) Timely Access Regulations