



NEMS-MSO BULLETIN

The latest updates for NEMS Medical Group!

December 2, 2019

REMINDERS & RESOURCES:

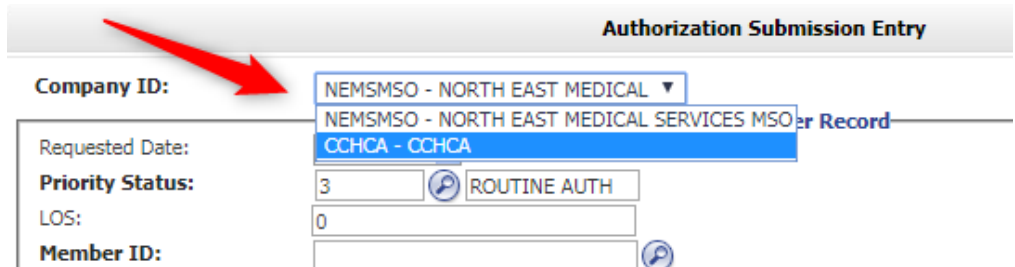
- ✓ **NEMS MSO Website is updated!**
Please visit our website at www.nems.org/mso for valuable resources!
- ✓ **NEMS MSO Contact List**
A list of NEMS MSO's contact information is attached on Page 4 and can be found in the link below:
<http://www.nems.org/mso/index.html>

NEMS MSO EZ-NET PROVIDER PORTAL

The NEMS MSO EZ-Net Provider Portal website and video tutorials have been updated! Using the provider portal saves time and there is no wait time. Please visit <https://eznet.nems.org/EZ-NET60/Login.aspx> to access the provider portal.



Reminder: When submitting authorization requests in the provider portal, please make sure to choose the member's medical group in the Company ID section first before filling the rest of the request.



The updated tutorial videos for the NEMS MSO EZ-NET Provider Portal includes how to select the Company ID and teaches how to:

- Submit Treatment Authorization Request (TAR) online;
- Verify TAR status;
- Verify claim status;
- Download and print authorization letter;
- Download and print the claim remittance advice;

If you do not have an account, please complete the attached Provider Portal User Access Form and our Provider Relations Team will set up the account for you.

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.



NEMS MSO CASE MANAGEMENT PROGRAM

Case Management strives to assist patients and families with navigating through the managed healthcare system. The MSO Nurse Case Managers provide advocacy for patients and interact with healthcare team members to find solutions in providing effective, quality, and efficient care. The objectives are 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.

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 education of disease process
- ✓ Coaching of self-management
- ✓ Medication Reconciliation
- ✓ Home visits to patient after hospital discharges
- ✓ Assist in accessing community resources (e.g.: SF Paratransit, CCS, LEA, IHSS, GGRC, etc.)

If you have patients with complex medical and/or social needs and require assistance in navigating the healthcare system, our MSO Nurse Case Managers are here to help! For more information about our Case Management program, or to refer a patient, please email us at CaseManagement@nems.org.

2020 PROVIDER APPOINTMENT AVAILABILITY SURVEY (PAAS)

On an annual basis, SFHP & Health Net administer the PAAS to measure patient access to care against Department of Managed Health Care's (DMHC) requirements. The survey period for 2019 is almost coming to an end, and the survey date period for 2020 will be announced next year. Please review the attached Timely Access Standard document, or visit the DHCS website at <http://www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessstoCare.aspx> and ensure your frontline office staff and answering service are aware of the Timely Access Regulation. If your office is at over-capacity, please notify NEMS MSO so we can communicate to the primary care physicians (PCP) and redirect new referrals to minimize access issues. You may contact NEMS Provider Relations at 415-352-5186 or email provider.relations@nems.org.



CLAIMS CORNER

Friendly reminders to help prevent delays in claims processing and to help provider billers and staff reduce time spent on claims inquiry phone calls!

➤ **Submitting Paper Claims (HCFA-1500 and UB-04)**

- When submitting paper claims, DO NOT ATTACH:
 - Authorization Request Form
 - Clinical notes if there is an authorization
 - Well-child visit notes
 - Patient information that does not match the submitted claim
- We will reach out to your office if more information is needed.
- Double check that Box 23. PRIOR AUTHORIZATION NUMBER is correct.
- Double check that Box 1a. INSURED'S ID NUMBER is the San Francisco Health Plan ID Number.

➤ **Chinese Community Health Care Association (CCHCA) Paper Claims**

- When submitting CCHCA paper claims, **do not send claims to the NEMS MSO mailing address.**
- Send all paper claims related to CCHCA to the mailing address below:
 - **CCHCA Claims Department**
PO Box 2118
San Leandro, CA 94577

➤ **Claim Status Inquiry: Save time, use the Provider Portal!**

- To obtain fast and real-time claim status, inform your billing service to use the Provider Portal
- You can also find video tutorials on the NEMS MSO EZ-NET website on how to navigate the provider portal. Provider Relations staff are available if you need further assistance.
- Contact provider.relations@nems.org, to apply for access to the provider portal.
- If you already have access to the portal, please bookmark <https://eznet.nems.org>.



東北醫療中心

North East Medical Services MSO

Provider Portal User Access Form

(A) Background

Organization/
Provider Name:

NPI

Tax ID

User First Name:

User Last Name:

Existing User? (Please Circle) YES NO

(B) What would you like to do?

Request / Verify Status of
Authorization

Submit / Verify Status of Claim

Download remittance advice

***NOTE: Eligibility must be verified with Health Plan**

(C) User Role – Select one from the following List:

Staff (Read Only)

IT Administrator (Read Only)

Manager (Read Only)

Provider (Read Only)

(D) User Personal Details

Title

Department

Contact Phone #

Email

Fax #

Effective Date

(E) User Acceptance of Terms of Use I accept the Provider Portal Responsibilities and Terms and Conditions (see overleaf) attest that the above details are correct.

Name (Please print)

Signature

Date

(F) Organization Authorized Manager or Delegate Approval (Users DO NOT sign own form, unless sole proprietor)

I approve this request and verify that these details are correct.

Full Name (Please print)

Signature

Date

Contact Number / E-mail

Organization Address

Organization City / State

Zip Code

⇒ Please send form via fax to 415-233-4891 or e-mail to wendy.miao@nems.org

NEMS MSO Use Only

Received By/Date		Approved By/Date	
Processed By/Date		USER NAME:	
USER ACCESS TERMINATION	Last Activity Date	Deactivation Date	

NEMS MSO Provider Portal User Access Form Instructions

The **Provider Portal User Access Form** allows a NEMS MSO network or approved non-network provider or vendor to access authorization, claim, or download copy of remittance advice. Below are instructions on how to complete the appropriate boxes on the Form.

Box	Requirements
(A) Background	You must complete all fields and select either Yes or No for the "Existing User Question" or your form will be rejected. The NPI and Tax ID of the Provider or organization are required.
(B) What would you like to do?	Select the check box to the right of the best option. If all check boxes remain empty the form will be rejected.
(C) User Role	At least one role must be selected. If no roles are selected the form will be rejected.
(D) Personal Details	Complete these details if you are a new user, you wish to change your personal details or reset your password.
(E) User Acceptance of Terms of Use	The Terms of Use are outlined below. This section must be completed unless a user is being removed.
(F) Organization Authorized Manager Officer or Delegate Approval (Users DO NOT sign your own form)	Please ensure all fields are completed. The address must be a street address, <u>not</u> a Post Office Box. If any of these boxes are left blank, it will delay system access. This section must be signed by someone in a position of authority in the organization.
Submission and Contact	Email: Wendy.miao@nems.org Fax: 415-233-4891 Phone: 415-352-2041

Your Privacy

NEMS MSO is collecting your personal information on this form in order to authorize Providers and delegates (provider staff or authorized business associate) to access the MSO Provider Portal. Any personal information you provide to NEMS will be kept confidential and secure. You can ask to see what personal information (if any) NEMS MSO holds about you at any time and can seek correction of that information if it is wrong.

NEMS MSO will use your personal information to authorize Providers and delegates (provider staff or business associate) to access the Provider Portal. One of the consequences of failure to provide all the information requested is that your access will be delayed or not authorized.

The NEMS MSO will not use any of your personal information for any other purpose, or disclose your personal information to any other organizations or individuals, unless authorized or required by law or you provide your consent to do so.

Provider Portal User Responsibilities

It is the responsibility of all NEMS MSO approved providers and delegates to ensure that the NEMS MSO Provider Portal is properly secured and controlled. All Users have a responsibility to ensure:

Access Privileges - Employees or Business Associates of Provider must only access information that they have been authorized to use. No attempts are to be made to bypass or defeat the security systems nor to obtain the use of privileges issued to other contracted employees of Providers (e.g. never use/share another person's User ID, never disclose your password). Individuals are personally responsible for any computer processing performed under their User ID. Should security breaches of this type occur, the offending User ID(s) will be suspended pending an investigation. Access will be monitored by NEMS MSO and NEMS IT Department. Manager or proprietor who authorizes user access is held responsible for the conduct of their user(s), and must ensure compliance with HIPAA Privacy and Security and HITECH Act.

Confidentiality of Passwords – Personal passwords including challenge questions are regarded as sensitive and must be protected from disclosure and compromise.

Software Security -The copyright of software and the integrity of system configurations and software must not be violated.

Data Transmission Security - Only approved medium may be used to transmit data, including the use of encryption where required.

Terms and Conditions of Use

These are a summary of the relevant terms and conditions for access to the Provider Portal. Any unauthorized and intentional access, destruction, alteration, addition or impediment to access or usefulness of protected health information stored in any computer in the course of system use is an offense which may attract a substantial penalty, including imprisonment.

User access termination – NEMS reserves the right to terminate User access for any reason without prior notification. User access can be deactivated when there has been no activity for ninety (90) consecutive days.

Promoting efficient, effective and ethical use of IT resources – use of the NEMS MSO's computing facilities for unauthorized purposes including illegally accessing a computing service, downloading or distribution of inappropriate, undesirable or offensive material may result in prosecution.

Reporting Lapses of Security – Any known or suspected attempts to breach the User Responsibilities specified above must be reported immediately to the NEMS Helpdesk at 1-415-352-5076

Provider Portal Helpdesk ♦ Phone 1-415-352-5076 ♦ Email Helpdesk@nems.org



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



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