IMPORTANT CHANGES TO AUTHORIZATION REQUESTS

In compliance with new regulatory guidance, NEMS MSO has updated the system controls to ensure data integrity. This means that the NEMS MSO Utilization Management (UM) team will no longer be able to make changes over the phone to any submitted Treatment Authorization Requests (TAR). In accordance with these updates, providers must now submit a new Treatment Authorization Request (TAR) if any changes are needed and/or required information is missing. To prevent delays in the TAR process, please review the request in its entirety for completeness and accuracy. Specifically, please take note of the following when submitting TARs:

- Procedure Code(s)
- Quantity
- Diagnosis Code(s)
- Requested Facility
- Place of Service
- Requested Date. This field is to reflect the date and time the request is submitted. By default, this field is auto filled with the current date and time. **DO NOT CHANGE** the requested date and time as it will nullify the request.

### Retrospective Authorization Requests

Retrospective Treatment Authorization Requests are submitted for services that have already been rendered. Due to the enhanced system controls, the retrospective TAR submission process has been updated. To prevent delays in the TAR process, please note the changes listed below:

1) Retrospective TARs for services on different dates of services MUST be submitted in separate requests.
2) Requests for future services can no longer be combined with a request for retrospective services.
3) Date of Service must be inserted in the “admit date” and “discharge date” fields (refer to the highlights in the next page).
A new instructional video on how to submit Retrospective Authorization Requests is uploaded to the provider portal and linked here: https://www.youtube.com/watch?v=q20qRm9_XAw. If you have any questions, or need assistance with using the provider portal, contact the NEMS MSO UM team at 415-352-5186 Option 1.

ELECTRONIC DATA INTERCHANGE (EDI) PAYER INFORMATION

NEMS MSO accepts paper or electronic claim submissions. The Electronic Data Interchange (EDI) 837 electronic claims may be submitted through one of our partnering clearinghouses. Claims can be submitted to NEMS MSO through the following:

- Electronic submission:
  - EDI Partnering Clearinghouses
    - ClaimRemedi
    - Experian Health
    - eSolution, Inc.
    - Office Ally
    - nThrive, Inc.
    - Trizetto Provider Solutions, LLC
    - ViaTrack
    - WayStar
    - Zirmed, Inc.
  - Payer ID: NEMS
  - **For Office Ally only, Payer ID: NEMS1**

- Paper submission can be mailed to:
  NEMS MSO Claims Department
  2171 Junipero Serra Blvd, Suite 600
  Daly City, CA 94014

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.
ELECTRONIC FUND TRANSFER (EFT)
NEMS MSO offers Electronic Funds Transfer (EFT) to contracted vendors and providers! Providers enrolled in EFT will be able to receive payment via direct transfer to their bank instead of receiving paper checks through the mail. If your office is interested in enrolling in EFT, please complete the attached EFT Request Form and email the completed form to Provider.Relations@nems.org or fax at 415-233-4892.

NEMS NEW CALL CENTER HOURS
The Call Center hours have recently been updated for providers and patients. The new hours are Monday to Friday: 7:30 AM – 7:00 PM; Saturday: 8:00 AM – 5:00 PM; closed on Sundays. If you want to reach the Call Center and not wait in the phone queue, the Call Center offers a call back option that will allow you to leave your name and phone number and a Call Center representative will contact you back shortly.
# EFT Request Form

To enroll in, update, or cancel Electronic Funds Transfer with NEMS, please complete and return this form along with a copy of a voided check (or a letter from your bank providing confirmation of your account information) to NEMS Provider Relations by email or fax. All fields are required to be filled in.

**EMAIL:** Provider.Relations@nems.org  **FAX:** 415-233-4892.

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### A. Vendor Information

<table>
<thead>
<tr>
<th>Vendor Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Tax ID (TIN/EIN):</td>
<td>NPI(s):</td>
</tr>
<tr>
<td>Remittance Address: <em>(Street, City, State, Zip)</em></td>
<td></td>
</tr>
<tr>
<td>Contact/Agent Name:</td>
<td></td>
</tr>
<tr>
<td>Contact/Agent Phone #:</td>
<td></td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td></td>
</tr>
<tr>
<td>Reason for Submission <em>(please check only one)</em></td>
<td>☐ New Enrollment ☐ Update Enrollment ☐ Cancel Enrollment</td>
</tr>
</tbody>
</table>

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### B. Banking Information

<table>
<thead>
<tr>
<th>Vendor’s Bank Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Address: <em>(Street, City, State, Zip)</em></td>
<td></td>
</tr>
<tr>
<td>Bank Contact Name:</td>
<td></td>
</tr>
<tr>
<td>Bank Contact Phone #:</td>
<td></td>
</tr>
<tr>
<td>ABA Routing #:</td>
<td></td>
</tr>
<tr>
<td>Bank Account #:</td>
<td></td>
</tr>
<tr>
<td>Account Type <em>(please check only one)</em></td>
<td>☐ Checking ☐ Savings</td>
</tr>
<tr>
<td>Account Number Linkage to Provider Identifier</td>
<td>☐ TIN/EIN ☐ NPI(s)</td>
</tr>
<tr>
<td>Previous Bank Account # <em>(for Updating Enrollments only)</em></td>
<td></td>
</tr>
</tbody>
</table>

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### C. Vendor’s Authorization

Sign below to confirm that you are authorizing NEMS to begin transferring payments electronically to the account mentioned above.

__________________________  __________________________
Print Name  Title

__________________________  __________________________
Signature  Date

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**EOBs will no longer be mailed upon EFT Enrollment with NEMS. EOBs may be accessed 24/7 through the NEMS Provider Portal linked here: [https://eznet.nems.org/](https://eznet.nems.org/). If you do not already have a NEMS Provider Portal account, you may request for one by contacting our Provider Relations team via email at provider.relations@nems.org.**
Your Privacy

NEMS MSO is collecting your personal information on this form to authorize the setup of electronic funds transfer (EFT) between the banks of the provider and NEMS. Any personal information you provide to NEMS will be kept confidential and secure. You may ask to see what personal information (if any) NEMS MSO holds about you at any time and can seek correction if that information is wrong.

NEMS MSO will use your personal information provided on this form to authorize the setup of electronic funds transfer (EFT) between banks. Failure to provide requested information will result in delays or inability to setup.

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.

Your Responsibility

By enrolling in electronic funds transfer (EFT), vendor shall contact their financial institution to arrange for the delivery of reassociation information via ACH Cash Concentration or Disbursement plus addenda record (CCD+). It is the vendor’s responsibility to notify NEMS MSO of any changes to the vendor’s banking information.

Electronic Remittance Advice (ERA)/Explanation of Benefits (EOB)

EOBs will no longer be mailed upon EFT enrollment with NEMS. EOBS may be accessed 24/7 through the NEMS Provider Portal linked here: https://eznet.nems.org/. If you do not already have a NEMS Provider Portal account, you may request for one by contacting our Provider Relations team via email at provider.relations@nems.org. If you submit claims electronically to NEMS, ERAs may be obtained through your clearinghouse.