

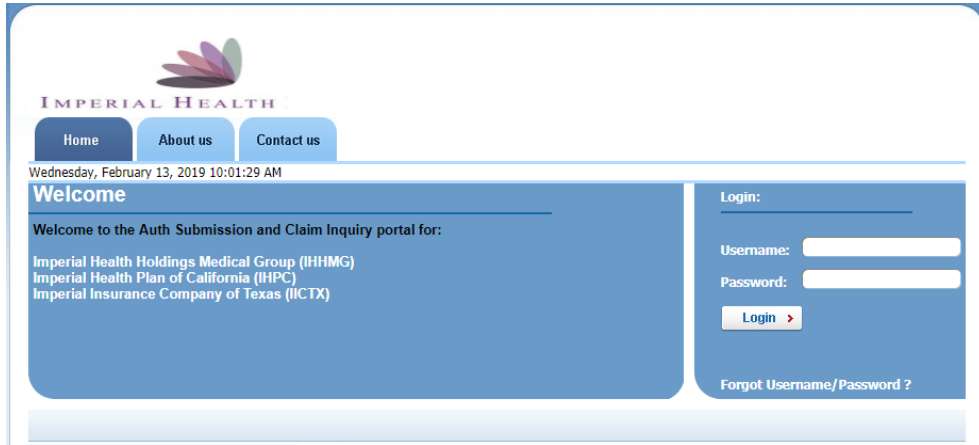


# **Imperial Health EZ-Net Portal Provider Guide**

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**Home Page:** <https://portal.imperialhealthholdings.com/EZ-NET60/Login.aspx>

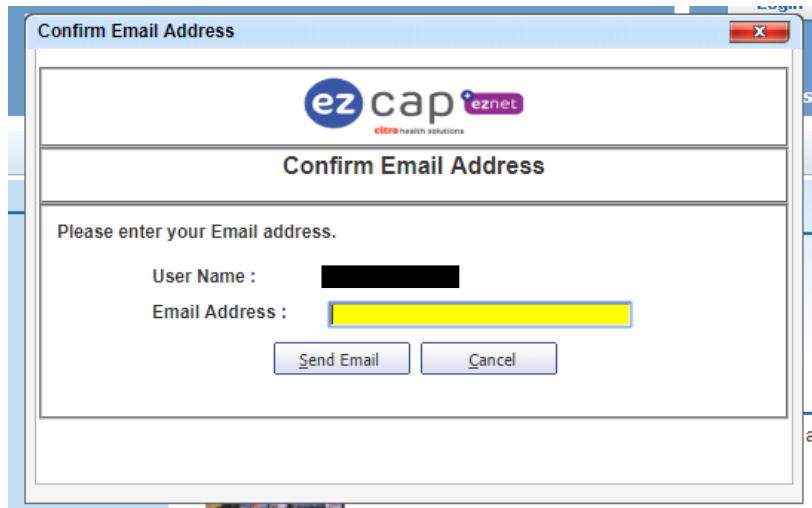


Input your username and password provided by Imperial.

Only one account will be provided for all staff in your company to use.

Select **Login**.

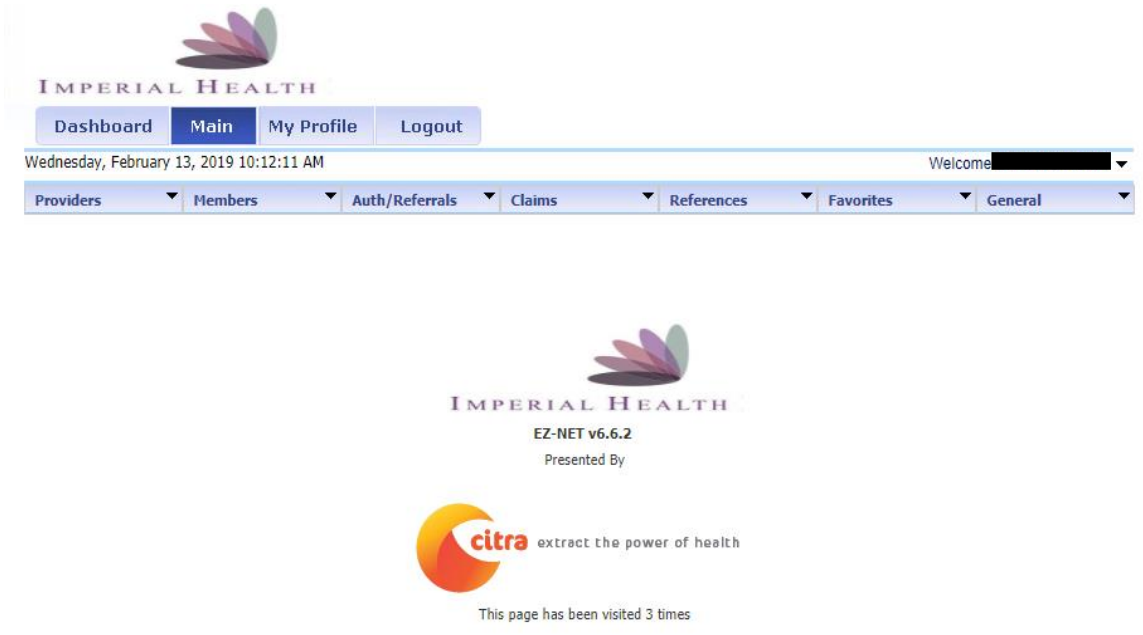
If this is the first time you are logging in, a window will pop up to confirm a valid company email address. (You can also bypass this window by selecting '**cancel**').



Navigate to the 'Main' menu tab at the top of the page:



On the 'Main' menu page, you will have access to view **Providers, Members, Auth/Referrals, Claims, References, Favorites, General.**



**Please note that if you reset your password, you must inform all your associates who use the portal as well or it will be locked out.**

# Providers

## Search for a Provider

Click on **Provider Search** in the Providers section of the Main Menu to search for providers. To search for a provider, enter any criteria you wish to narrow the results (or leave all fields empty to search ALL providers) and then click on the button.

EZ-NET will display the search result in the window below, sorted in your specified order (“Sort By” dropdown list). If the system does not locate any records that meet your search criteria, a message stating that **“NO RECORDS FOUND”** will display. Either replace/adjust selection criteria or click on Clear and reenter criteria.

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Providers >> Provider Search

**Provider Search**

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: IHHMG - IMPERIAL HEALTH HOLDIN  
Last Name:   
Specialty:    
Language:    
Service Area:    
Provider ID:   
First Name:   
City:   
Zip:   
Sort By: PROVIDER NAME

Search Clear

Provider Name	Specialty	Group	Phone	Zip	City, State	Language	Company
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To display provider details, select a provider from the search results list by clicking on the provider name (in **BLUE** text) in search result screen.

By clicking on a provider name, the user can view the Provider Details screen which contains buttons to also view Assigned Members (Eligibility List), Health Plan Affiliations, and Office Locations.

# Members

## Search for a Member

Click on **Member Search** in the Members section in the Main Menu to search for members. To search for a member, enter any criteria you wish to narrow the results (or leave all fields empty to search ALL members) and then click on the button.

EZ-NET will display the search result in the window below, sorted in your specified order (“Sort By” dropdown list). If the system does not locate any records that meet your search criteria, a message stating that **“NO RECORDS FOUND”** will display. Either replace/adjust selection criteria or click on Clear and reenter criteria.

Providers ▾ Members ▾ Auth/Referrals ▾ Claims ▾ References ▾ Favorites ▾ General ▾

[Home](#) >> [Main Menu](#) >> [Members](#) >> [Member Search](#)

### Member Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	IHHMG - IMPERIAL HEALTH HOLDII ▾	Healthplan:	SELECT HEALTHPLAN ▾
Member ID:	<input type="text"/>	PCP ID:	<input type="text"/>
Last Name:	<input type="text"/>	Birth Date:	<input type="text"/> ▾
First Name:	<input type="text"/>	Address 2:	<input type="text"/>
Address 1:	<input type="text"/>	State/Region:	<input type="text"/>
City:	<input type="text"/>	Sort By:	MEMBER NAME ▾
Zip:	<input type="text"/>		

Member ID	Member Name	Gender	Birth Date	Healthplan Name	Healthplan Option	N/E	From Date	Thru Date	PC
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## Member Eligibility

Member eligibility is required to be checked with the member’s health plan.

# Authorizations & Referrals

Hover the mouse over the **Auth/Referral** tab and select either, 'Inquiry', 'Auth Submission' (for Specialists) or 'Referral Submission' (for PCP).

An EZ-NET user can inquire about an authorization/referral status and view an authorization/referral history.

## Inquiry

To begin an inquiry, select the **Inquiry** option under the Authorization section of the Main Menu to display the "Authorization/Referral Search" screen. EZ-NET will display the search result(s) in the window below, sorted in your specified order ("Sort By" drop-down list). If the system does not locate any records that meet your search criteria, a message stating that "**NO RECORDS FOUND**" will display. Either replace/adjust selection criteria or click Clear and re-enter criteria.

The screenshot shows the 'Auth/Referral Search' window. At the top, there is a navigation bar with tabs: Providers, Members, Auth/Referrals, Claims, References, Favorites, and General. Below the navigation bar is a breadcrumb trail: Home >> Main Menu >> Auth/Referrals >> Inquiry.

The main search area is titled 'Auth/Referral Search' and contains the instruction: 'ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED'. The search criteria are organized into two columns:

- Left Column:**
  - Company ID: IHHMG - IMPERIAL HEALTH HOLDI (dropdown)
  - Auth/Referral #: (text input)
  - Requested Date From: (dropdown) To: (dropdown)
  - Auth Action Date From: (dropdown) To: (dropdown)
  - Auth Exp Date From: (dropdown) To: (dropdown)
  - HP Authorization #: (text input)
- Right Column:**
  - REQUEST TYPE: Authorization (radio), Referral (radio), Both (radio)
  - Member ID: (text input with search icon)
  - Status: NONE SELECTED (dropdown)
  - Performing Provider ID: (text input with search icon)
  - Referring Provider ID: (text input with search icon)
  - Auth Priority Status: (text input with search icon)
  - Sort By: AUTH # (dropdown)

At the bottom of the search area are three buttons: Search, Clear, and View Report.

Below the search area is a table header with the following columns: Auth/Referral Number, Request Type, Status, Memb ID, Memb Name, Gender, DOB, Healthplan, and Referring Provider.

## Authorizations/Referrals

From the Authorization and/or Referral search window, the user can access additional authorization details, referral details, member details, and Referring Provider details.

**Authorization Submission Entry**

**Company ID:** IHHMG - IMPERIAL HEALTH HOLDI

**Where to attach documents**

**Master Record**

Requested Date: 2/13/2019 Time: 10:50:56  
 Priority Status: 2 OUTPATIENT  
 LOS: 0  
 Member ID:   
 Name:   
 Service Area:   
 Authorizing Provider ID:   
 Service Area:   
 Requested Provider ID:   
 Service Area:   
 Facility ID:   
 Place Of Service: SELECT A VALUE  From Favorites  
 Request Category:   
 Service Type:   
 Admit Type:   
 Patient Status:

Auth Action: 2/13/2019  
 Auth Expiration: 5/14/2019  
 Authorized Units: 0  
 Healthplan Name:   
 Gender:  DOB:

Requested Units: 0  
 Certification Type:   
 Auth Service Pkg:   
 Admit Source:   
 Facility Type Code:


[Additional Master Info](#)

**Additional Information**

RETRO DOS:   
 REFERRING PROVIDER:   
 REQUESTED PROVIDER:   
 REF PROV ADDRESS:   
 REF PROV PHONE:


REF PROV FAX #:   
 REF SPECIALTY:   
 REQ'D PROV ADDRESS:   
 REQ'D PROV PHONE #:   
 REQ'D PROV FAX #:   
 REQ'D SPECIALTY:

When the Authorization and/or Referral Details page is displayed, the user may add documents, notes, and memos (**using icons in upper right of screen**) if this has been enabled in EZ-NET Company Configuration (Authorization Details screen shot shown above/below).



Authorization requests can be submitted by the user directly through the EZ-NET system. Prior to submitting an authorization and/or referral, the user may add documents (**using document management icon in upper right of screen**)  if this has been enabled in EZ-NET Company Configuration. To begin a submission, click Submission in the Authorization section of the Main Menu to display the Authorization or Referral Submission window (Referral Submission screen shot shown below). Fill in all the required fields and click on the button to submit the request.

Be sure to fill out all required fields in **bold**. If you are not sure of which **contracted** provider to request, please search for '**Unknown Provider**' for submission. (Provider ID: 1316498447).





Diagnosis Code:   **Add Diag** (Only 12 diagnosis codes allowed)


Number	Code	Version	Description	LOINC Code


Auth Action:   Auth Expiration:  


**Service Requested**


Procedure Code:   Service Type: PROF

Auth Procedure Group:   From Favorites

Modifier 1:  



Modifier 2:  


Modifier 3:  


Modifier 4:  



Service Line Amount:  Line Rate:


Auth Qty: 1.0  Diag Ref: 1

Admit Date:   Discharge Date:  

Number of Days: 0  Admit Type:  

Admit Source:   Requested Qty: 1.0

Request Category:   Certification Type:  

Service Type:   Facility Type Code:

**Add Proc**

Additional Dtl Info	Auth Action	Auth Expiration	Auth Proc Grp	Service Type	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Diag Ref	Admit Date	Discharge Date	Admit Type	Admit Source	Req Qty	Req Catg	Cert Type	Service Type	Fac Type Code

[\(Click to Enlarge Notes\)](#)

**Auth Notes**

**Submit Request** **Clear Form**

Once all the information has been entered and selected, review the data entered the Authorization or Referral Submission Entry form. Submit the form by clicking the button at the bottom of the page. The notification dialog box will display the submission status. To review details of an authorization, click on the line that says “Your authorization or referral number is: #####” to display the Authorization/Referral Details screen.

Please note that all required medical record documents **MUST** be attached to the auth **prior** to submission for review. Authorizations and Referrals submitted **cannot** be modified and a new request will have to be submitted. **CPT codes/quantity adjustments cannot be modified after submission.**

**Please ensure that your request is accurate as we must process it as we receive it.**

## Turn-Around Times

**Medi-Cal Standard:** 5 Business Days

**Medicare Standard:** 14 Calendar Days

**Urgent:** 72 Hours (Medically necessary)

**Retro:** 30 Days

# Claims

## Inquiry

The Claim Inquiry screen is where a user can look up claim to inquire on the status of a submitted claim. This will provide claim submission details when the user clicks on one of the claims listed in the table at the bottom of the screen once a search is performed. To begin an inquiry, click **Inquiry** in the Claims section of the Main Menu to display the Claim Search window.

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Claims >> Inquiry

### Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	IHHMG - IMPERIAL HEALTH HOLC	Member ID:	
Claim#:		Status:	NONE SELECTED
Provider Last Name:		Provider First Name:	
Patient Last Name:		Patient First Name:	
Service Date From:		To:	
Provider Patient ID:		Auth/Referral#:	
Medical Record#:		Hosp Patient ID:	
Cross Reference ID:		Provider Claim#:	
		Sort By:	CLAIM #

Search Clear

Claim Number	Member Name	Provider Name	Provider Claim ID	Date Of Service	Status	Compa
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**Submission** Claim requests can be submitted by the user directly through the EZ-NET system. To begin a submission, click Submission in the Claims section of the Main Menu to display the Claim Submission Entry window. Fill in the all the required fields and click on the button to submit the request.

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Claims >> Submission

### Claim Submission Entry

**Company ID:** IHHMG - IMPERIAL HEALTH HOLDIN

**Master Record**

Date Received: 2/13/2019 Units: 1  
 Service Date From: 2/13/2019  
 Member ID:  Healthplan Name:  
 Member Name:  Gender: DOB:  
 Service Area:  Provider Name:  
 Provider ID:   
 Service Area:  Outcome:   
 Place Of Service: SELECT A VALUE From Favorites Auth/Referral#:   
 Provider Claim#:  Billing Provider Secondary ID:   
 Request Date: 02/13/2019

**Diagnosis**

Diagnosis Code:  Add Diag (Only 12 diagnosis codes allowed)

Number	Code	Version	Description

**Service Requested**

Procedure Code:  Service Type: PROF  
 Modifier 1: SELECT A VALUE From Favorites  
 Modifier 2: SELECT A VALUE  
 Modifier 3: SELECT A VALUE  
 Modifier 4: SELECT A VALUE  
 QTY: 1.0  
 Diag Ref1: 1  
 Diag Ref2:   
 Diag Ref3:   
 Diag Ref4:   
 Date Service From: 2/13/2019 (1030 for 10:30 AM)  
 Date Service To: 2/13/2019 (1520 for 3:20 PM)  
 Billed Charge: 0.00  
 Mammography Cert #:

**Rendering Provider ID**

Qual	ID	Qual	NPI	Last Name	First Name
XX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Taxonomy Code:

Add Proc

Service Type	Description	Mod1	Mod2	Mod3	Mod4	Qty	DiagRef1	DiagRef2	DiagRef3	DiagRef4	Date From Service	Time From Service	Date To Service	Time To Service	Billed Charge

**Claim Notes**  
 (Click to Enlarge Notes)

Submit Request Clear Form

Review data entered the Claim Submission Entry form and then submit the form by clicking the button at the bottom of the page. The notification dialog box will display the submission status. To review details of a claim, click on the line that says “Your claim number is: #####” to display the Claim/Encounter Details screen.

**Claims Appeal Inquiry and Submission is not yet enabled.**

## Reports

To download a report on claim details, navigate to the ‘Reports’ tab under the ‘Claims’ tab and change the ‘Available Reports’ to either: **Claims Paid by PCP ID, PCP Member, Capitation EOB, Cap Payment.**

The screenshot shows a web application interface for Claims. At the top, there is a navigation menu with tabs: Providers, Members, Auth/Referrals, Claims, References, Favorites, and General. Below the menu is a breadcrumb trail: Home >> Main Menu >> Claims >> Reports. The main content area is titled 'Claims' and contains a sub-header 'PLEASE SELECT A REPORT'. Below this, there are two dropdown menus: 'Available Reports' (currently set to 'Please Select A Report') and 'Select Company' (currently set to 'IHHMG - IMPERIAL HEALTH HOLDINGS MEDICAL GRO'). A 'View Report' button is located below the dropdowns.

## P.O. Boxes

All claim mail submissions must be sent to the correct mailing addresses based on company:

### **Imperial Health Holdings**

**P.O. Box 60075, Pasadena CA 91116**

### **Imperial Health Plan of California**

**P.O. Box 60874, Pasadena CA 91116**

### **Imperial Insurance Companies, Inc.**

**P.O. Box 60160, Pasadena CA 91116**

Electronic requests must use Office Ally with Payer ID's: **IHHMG** (IPA), **IHP01** (CA Health Plan), **IICTX** (Texas).

## Turn-Around Times

**Medicare Non-contracted:** 30 Calendar Days Clean Claims

**Medicare Non-contracted:** 60 Calendar Days Clean Unclean

**Medicare Contracted:** 60 Calendar Days

**Medi-Cal:** 30 Calendar Days

**Medi-Cal: Provider Dispute Resolution:** 45 working

**Medicare Non-Contacted Providers:** 30 calendar days

**Medicare Contracted:** Reconsideration-Appeals-Reopening

### **Medi-Cal:**

2 working days of the receipt of an electronic claim

15 working days for the receipt of a paper claim

# References

## Reference Codes & Contacts

To access EZ-NET system references select one of the following options from within the “References” section on the Main Menu: **Procedures, Diagnosis, Place of Service, CPT Modifiers or Contacts**. When you select any of these, a search criteria dialog box will be displayed. For Contacts, use Contact Type = Customer Service.

Providers ▾ Members ▾ Auth/Referrals ▾ Claims ▾ References ▾ Favorites ▾ General ▾

Home >> Main Menu >> References >> Procedures

**Procedures Reference Search** ?

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED.

Service Type:  Code(Begins With):

Description:  Code Standard:

APC Group:   Authorization Needed?  Non-Specified?  Documentation Required?

Procedure Code	P/H	Description	Code Standard	APC Group	Authorization Needed	Non-Specified	Documentation Required
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**Diagnosis Reference Search** ?

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED.

Company ID:  Code(Begins With):

Description:

Version:

Diagnosis Code	Description	From Date	To Date	C/H	Version	Company ID
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**Place of Service Reference Search** ?

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED.

Company ID:  Code(Begins With):

Description:

Place Of Service Code	Description	Company ID
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**CPT Modifier Reference Search** ?

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED.

Code(Begins With):

Description:

CPT Modifier Code	Description
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# Contacts

## Corporate Office Address:

600 S Lake Ave, Suite 308, Pasadena CA 91106

## Corporate Phone Number:

**Imperial Health Holdings Medical Group:** (626) 838-5100

**Imperial Health Plan of California:** (626) 708-0333

**Imperial Insurance Company of Texas:** (626) 708-0333

## Corporate Fax Numbers:

**Main Fax:** (626) 521-6028

**Customer Services:** (626) 380-9129

**Claims:** (626) 380-9954

**Utilization Management (Outpatient):** (626) 283-5021

**Utilization Management (Inpatient):** (626) 380-9134

**Provider Network Operations:** (626) 380-9142

**Imperial Health Plan (IHP):** (626) 205-9536

**Imperial Insurance Company of Texas (IICTX) PNO:** (214) 452-1907

## Corporate Extensions:

**Utilization Management:** Ext 1

**Member Services:** Ext 2

**Claims:** Ext 3

**Contracting:** Ext 4

**Provider Services:** Ext 5

**Eligibility:** Ext 6

## Customer Service Turn-Around Times:

**Voicemail call-backs:** 48 Hours

## Portal Issues/Concerns:

**Provider Network Operations:** [pno@imperialhealthholdings.com](mailto:pno@imperialhealthholdings.com)