



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

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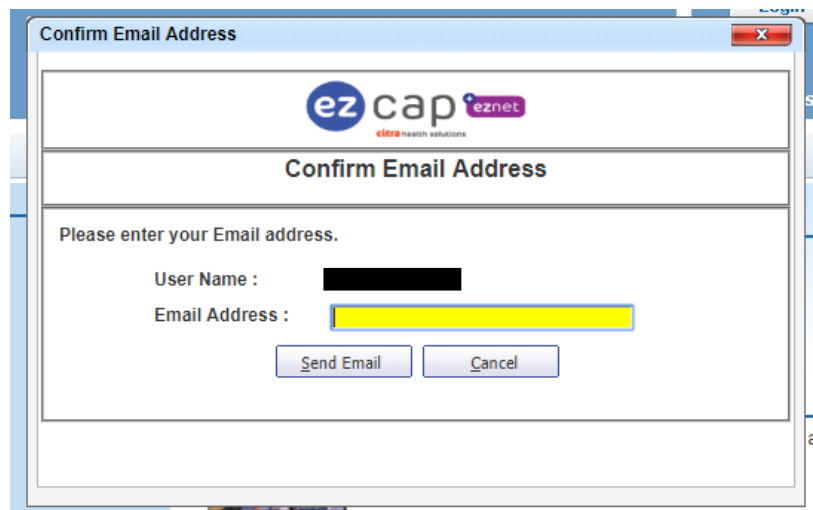
**Home Page:** <https://portal.imperialhealthholdings.com/EZ-NET60/Login.aspx>



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**').



Upon logging in, if you are presented with the following message, you may bypass and continue to the 'Main' menu tab at the top of the page. The widgets must be configured internally with Imperial and does not prevent the functionality of the portal:

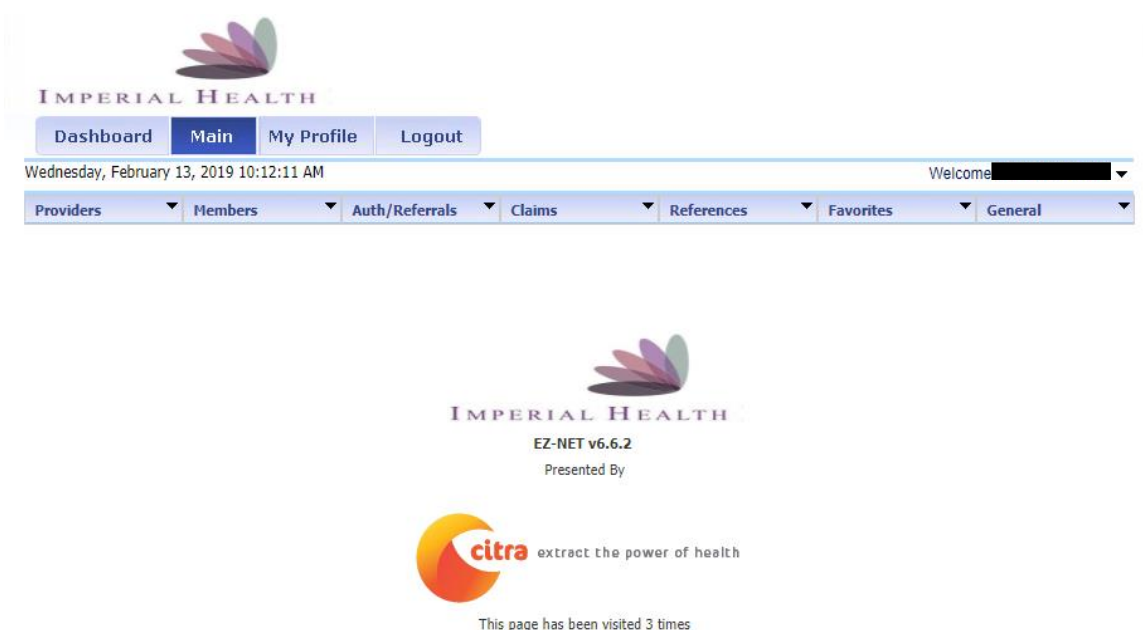
**Please Contact Administrator to set your widgets.**

Please note the 'My Profile' tab is not required. That tab is for your own reference on your group and other providers do not see what information is inputted there. Other providers see data that we have on your group from our back end system.

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.**



**After 30 days, the portal will prompt for a password change. You may continue to use the same password initially given by retying it in. However, please note that if you change your password entirely, you must inform all your associates who use the portal as well or it will be locked out due to too many failed attempts.**

# Providers

## Search for a Provider

Click on **Provider Search** in the Providers section of the Main Menu to search for providers in **your network operating under the same Tax ID**. 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 ▾ Provider ID:

Last Name:  First Name:

Specialty:  City:

Language:  Zip:

Service Area:  Sort By: PROVIDER NAME ▾

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.

**To view all other providers in network with Imperial, you can search via the Auth/Referrals tab when submitting for a member.**

# EOB History


## Search for Explanation of Benefits

Click on **EOB History** in the Providers section of the Main Menu to search for EOB's on file. To search for an EOB, enter the from/to date criteria to narrow the results and hit search.

Each portal account is linked to only **one** Tax ID number. If your group operates under multiple Tax ID's, a new portal application and profile is required for each entity.

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

[Home](#) >> [Main Menu](#) >> [Providers](#) >> [EOB History](#)

**EOB History** 

Company ID:

Vendor:

Paid Date From:  To:

Sort By:

Print	Company ID	Payee ID	Payee Name	Payee Type	Check Prefix	Check Number	Check Date	Check Clear Date	Check Amount
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# 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 status is required to be checked with the member’s health plan directly. You may also however navigate to the **Members>Eligibility** tab and search via **Member ID**.

# 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.

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Inquiry

**Auth/Referral Search**

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: IHHMG - IMPERIAL HEALTH HOLDI

Auth/Referral #:

Requested Date From: To:

Auth Action Date From: To:

Auth Exp Date From: To:

HP Authorization #:

REQUEST TYPE:  Authorization  Referral  Both

Member ID:

Status: NONE SELECTED

Performing Provider ID:

Referring Provider ID:

Auth Priority Status:

Sort By: AUTH #

Search Clear View Report

Auth/Referral Number	Request Type	Status	Memb ID	Memb Name	Gender	DOB	Healthplan	Referring Provider
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## 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:   Diagnosis


**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:  

Modifier 1:    From Favorites



Modifier 2:  


Modifier 3:  


Modifier 4:  



Service Line Amount:  Line Rate:


Auth Qty:  Diag Ref:

Admit Date:   Discharge Date:  

Number of Days:  Admit Type:  

Admit Source:   Requested Qty:

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

Auth Notes

(Click to Enlarge Notes)

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)

# 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 HOLT

Claim#:

Provider Last Name:

Patient Last Name:

Service Date From:  To:

Provider Patient ID:

Medical Record#:

Cross Reference ID:

Member ID:

Status: NONE SELECTED

Provider First Name:

Patient First Name:

Auth/Referral#:

Hosp Patient 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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To view an appeal in process, you will follow the same steps as above and will then see two identical claim numbers differentiated by a few digits. One claim is the original and the other is the appeal in process.

**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

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**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

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**Diagnosis**

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

Number	Code	Version	Description

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**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  
**Diag Ref1:** 1  
**Diag Ref2:**   
**Diag Ref3:**   
**Diag Ref4:**   
**Date Service From:** 2/13/2019 **Time Service From:**  (1030 for 10:30 AM)  
**Date Service To:** 2/13/2019 **Time Service To:**  (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:**

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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

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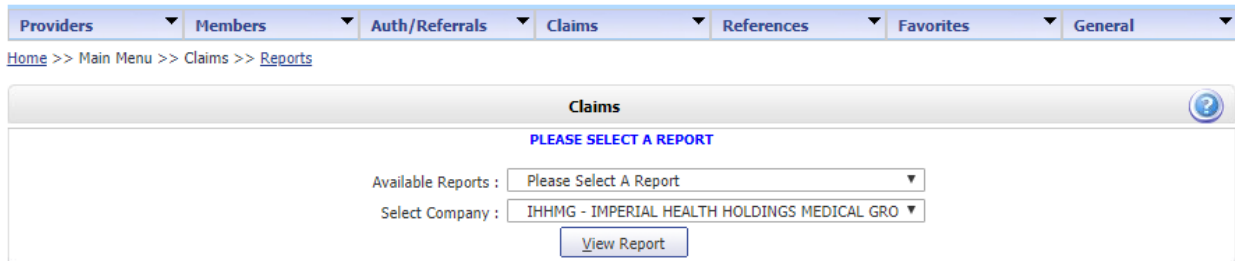
**Claim Notes**  
 (Click to Enlarge Notes)

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 Submission is not yet enabled. Our claims department requests all appeals to be sent in physically to our corresponding PO Boxes.**

## 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 bar with tabs: Providers, Members, Auth/Referrals, Claims, References, Favorites, and General. Below the navigation bar 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" with the text "Please Select A Report" and "Select Company" with the text "IHHMG - IMPERIAL HEALTH HOLDINGS MEDICAL GRO". A "View Report" button is located below the dropdown menus.

## 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:

1100 E Green St, Pasadena CA 91106

## Corporate Phone Number:

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

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

**Imperial Insurance Companies, Inc.:** (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 Companies, Inc. (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)