Imperial Health EZ-Net Provider Portal Guide

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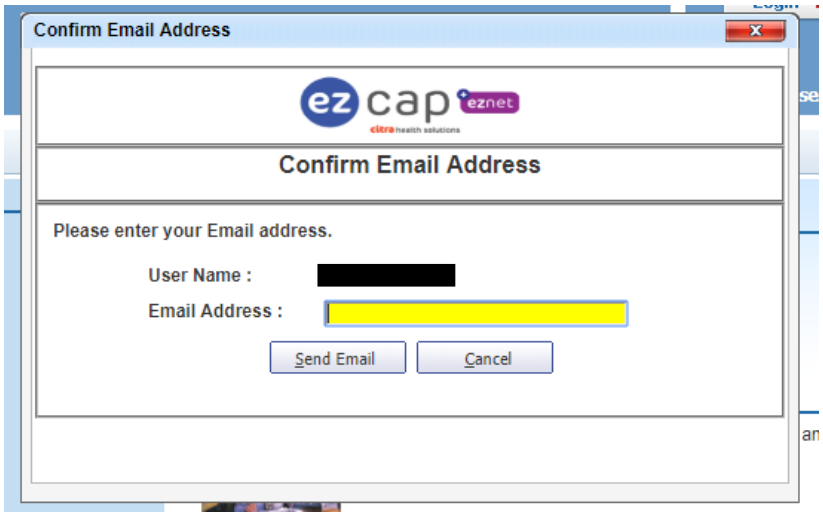
Home Page: https://portal.imperialhealthholdings.com/EZ-NET60/Login.aspx

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'**.



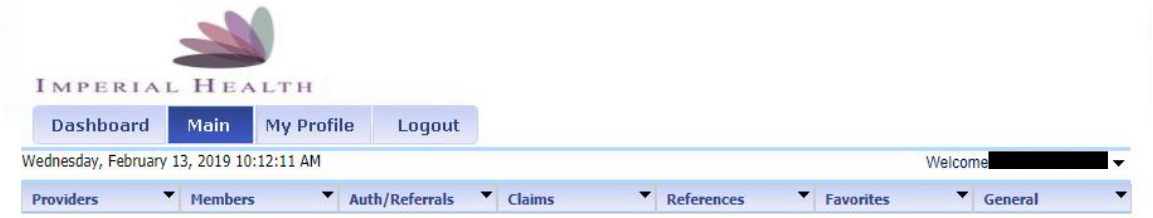
Upon logging in, if you are presented with the following message, you may bypass and continue to the '**Main**' menu tab at the top of the page. The widgets must be configured internally with Imperial and does not prevent the functionality of the portal:

Please Contact Administrator to set your widgets.

Please note the '**My Profile**' tab is <u>not required</u>. 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.**



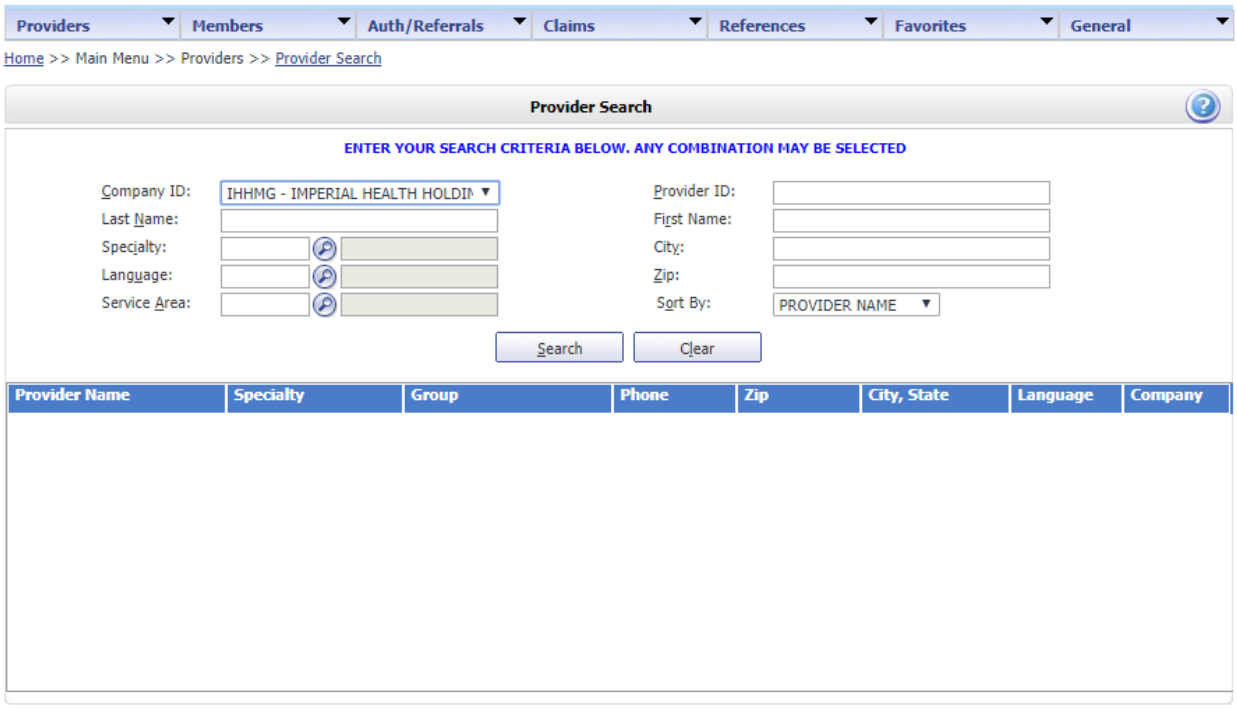
After 30 days, the portal will prompt for a password change. You may continue to use the same password initially given by retyping it in. However, please note that if you change your password entirely, you must inform all your associates who use the portal as well or it will be locked out due to too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



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.

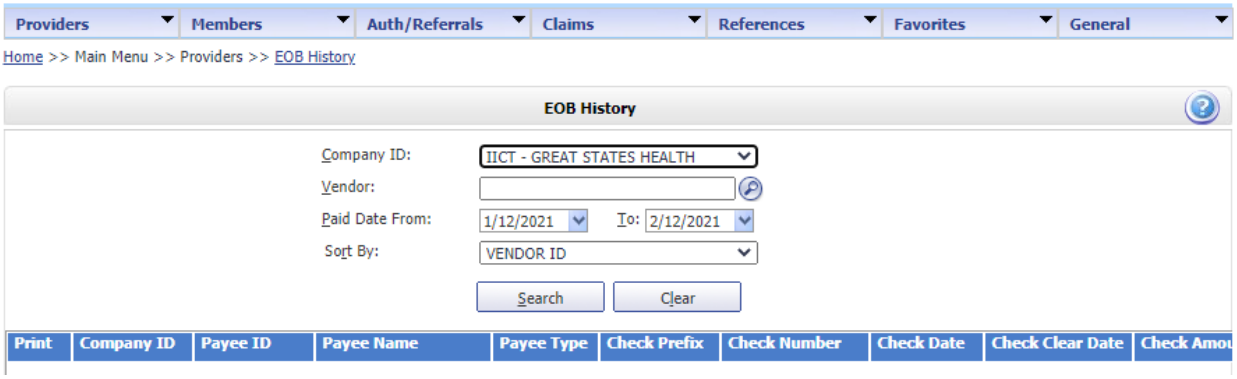
To view all other providers in network with Imperial, you can search via the Auth/Referrals tab when submitting for a member.

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.

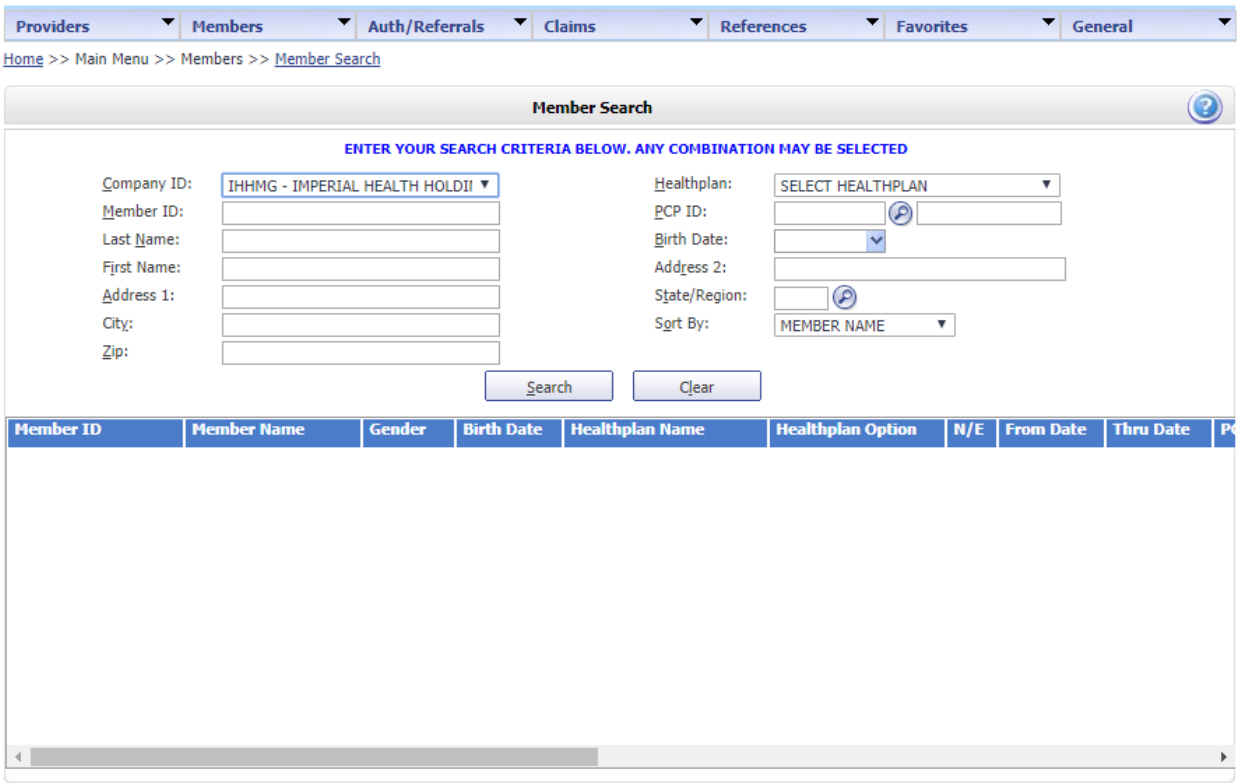


Members

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.



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.

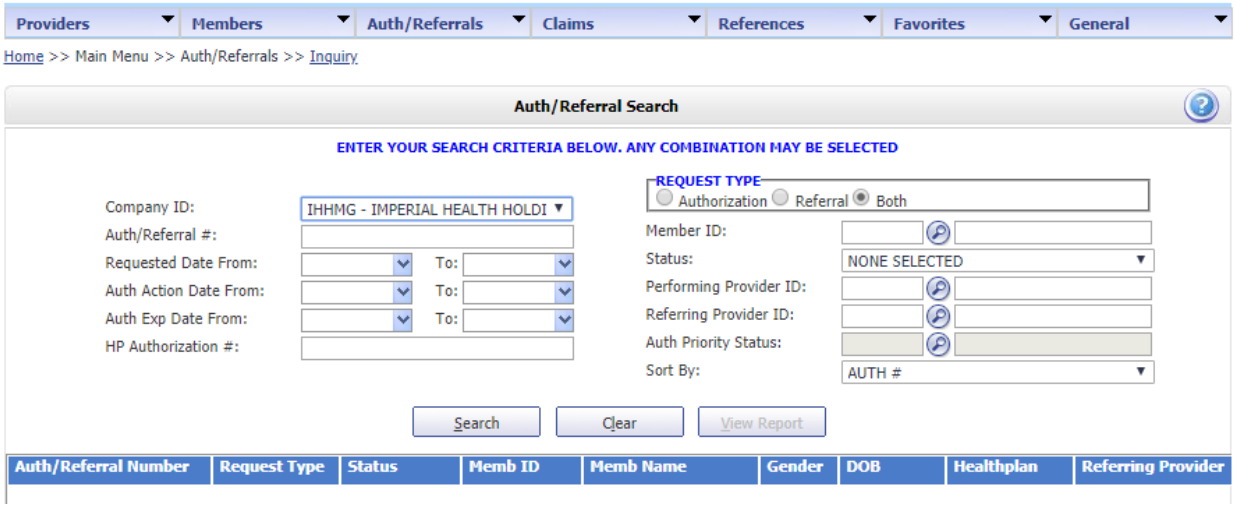
Authorizations & Referrals

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.

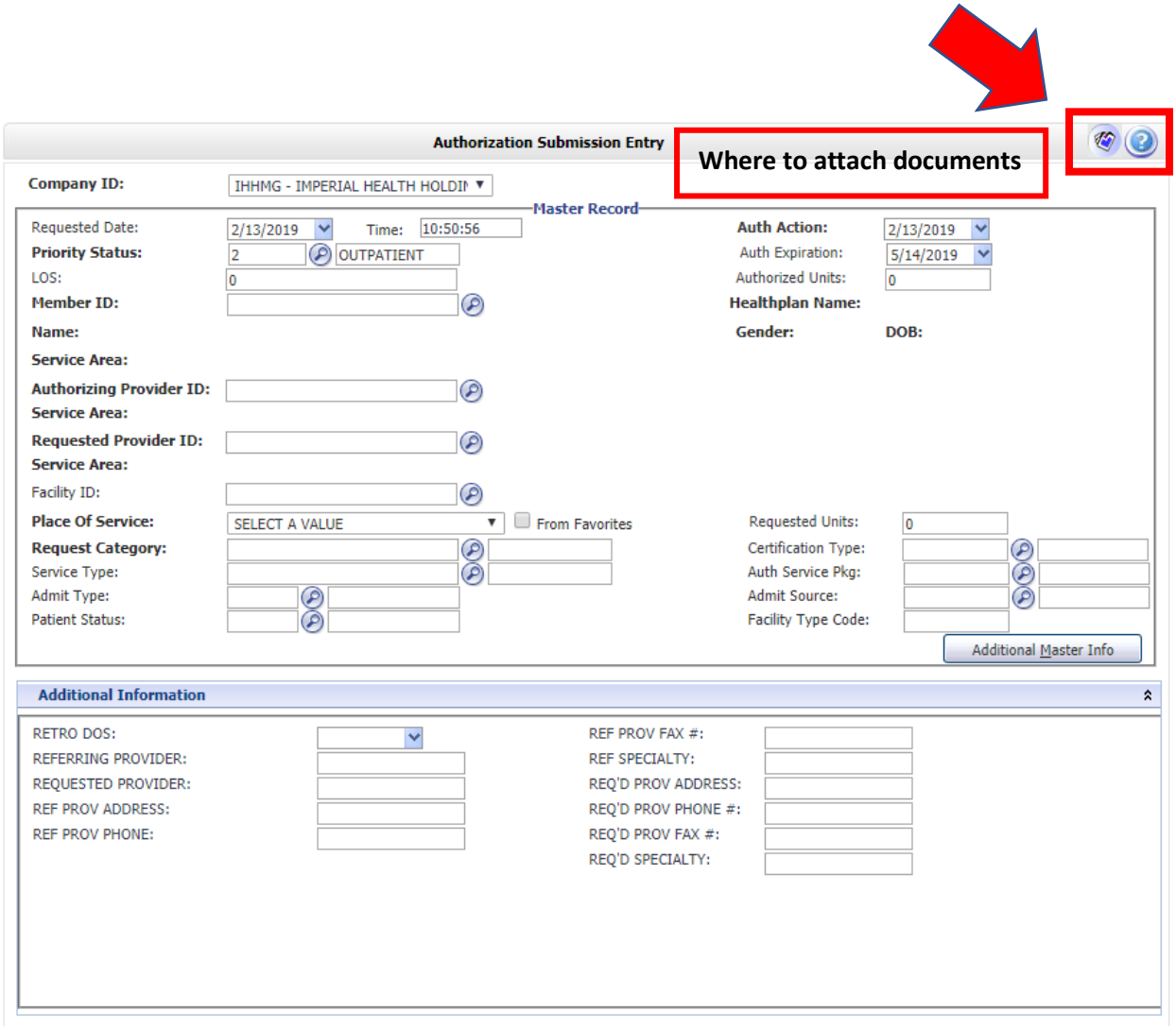
Inquiry

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.



Authorizations/Referrals

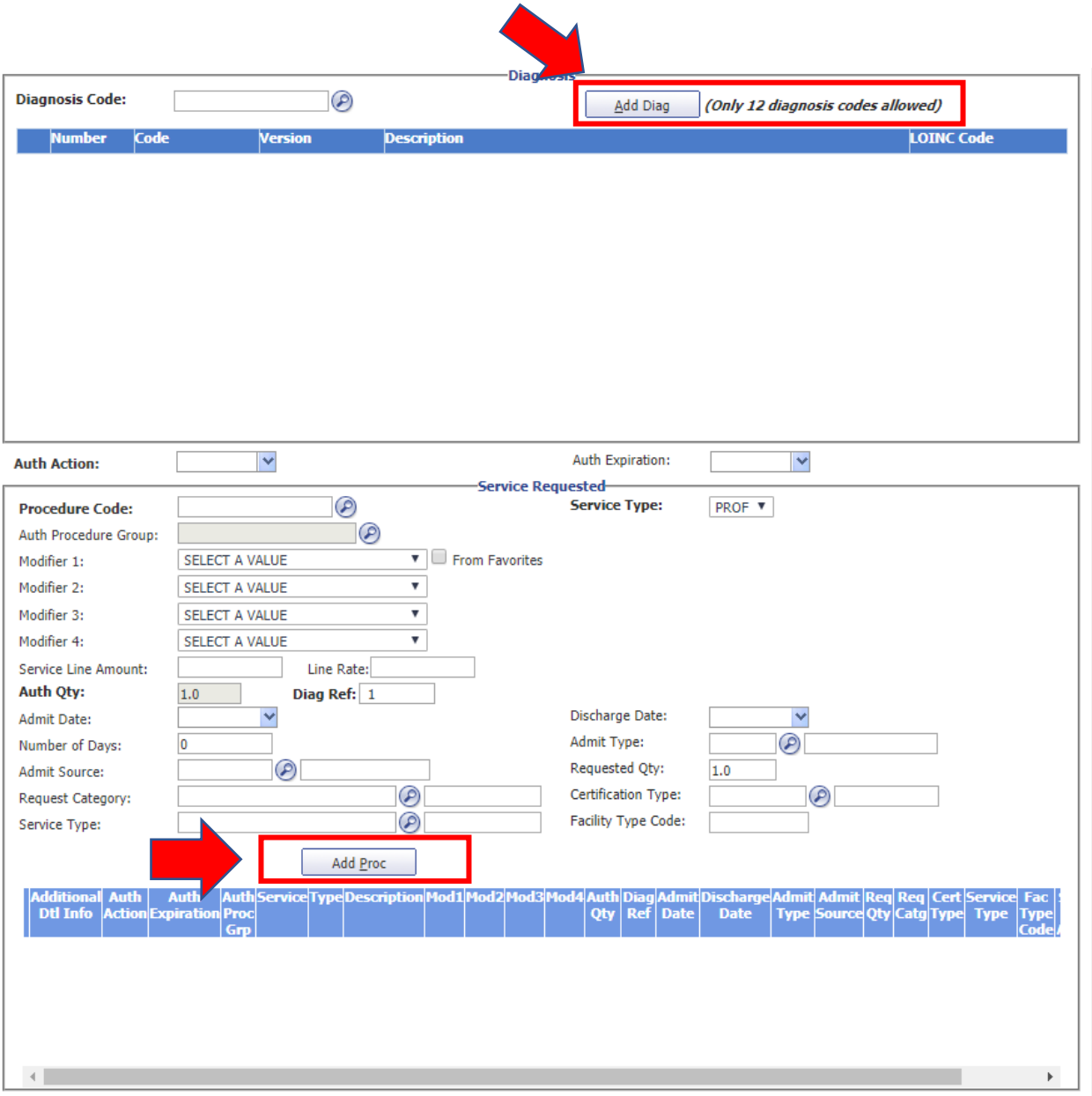
From the Authorization and/or Referral search window, the user can access additional authorization details, referral details, member details, and Referring Provider details.

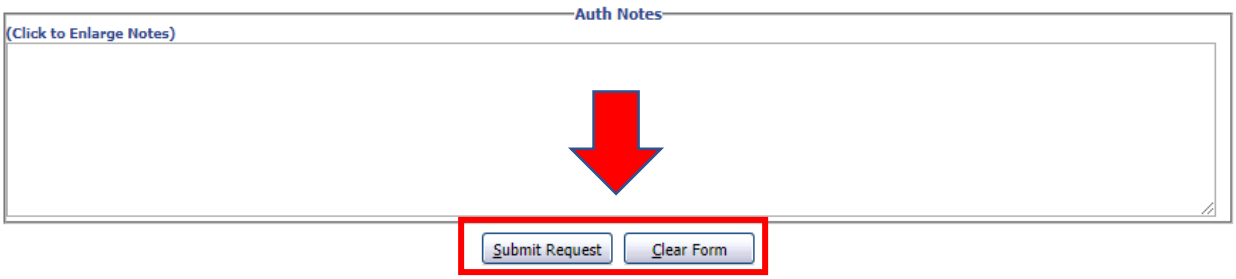


When the Authorization and/or Referral Details page is displayed, the user may add documents, notes, and memos (**using icons in upper right of screen**) if this has been enabled in EZ-NET Company Configuration (Authorization Details screen shot shown above/below).

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
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:
Modifier 1:
SELECT A VALUE
From Favorites
Modifier 2:
SELECT A VALUE
Modifier 3:
SELECT A VALUE
Modifier 4:
SELECT A VALUE
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


Auth Notes
(Click to Enlarge 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

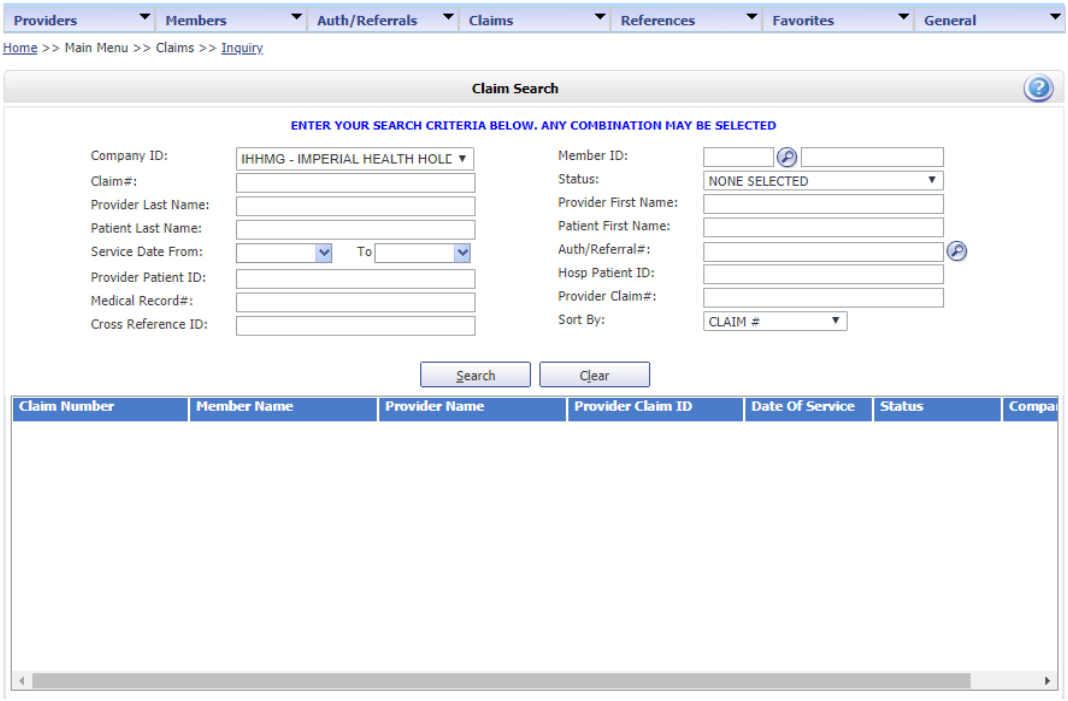
Medicare Standard: 14 Calendar Days

Urgent: 72 Hours (Medically necessary)

Claims

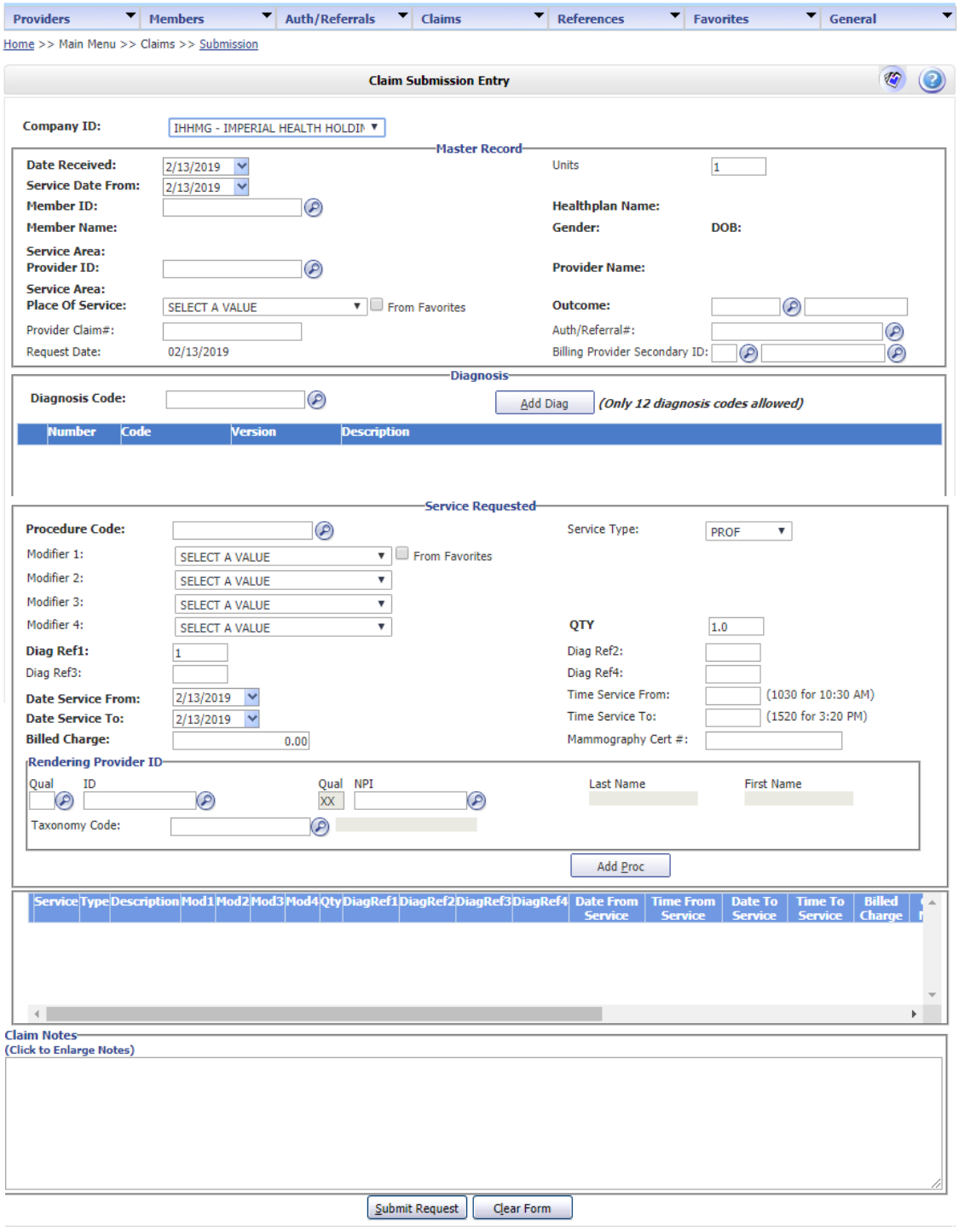
Inquiry

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.



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.

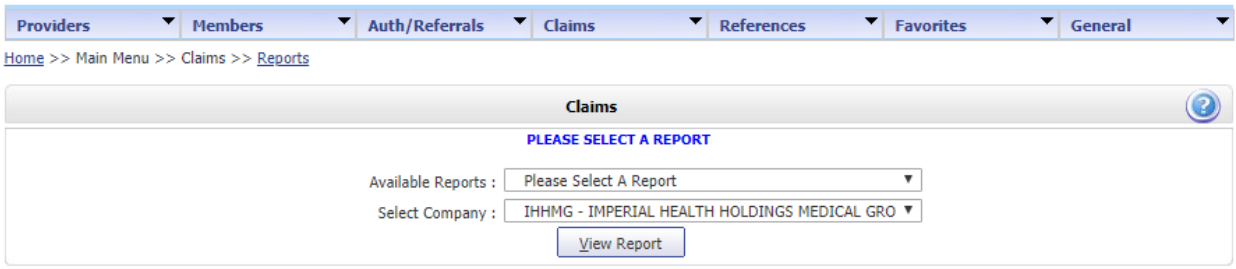


Review data entered the Claim Submission Entry form and then submit the form by clicking the button at the bottom of the page. The notification dialog box will display the submission status. To review details of a claim, click on the line that says "Your claim number is: ####################" to display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



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

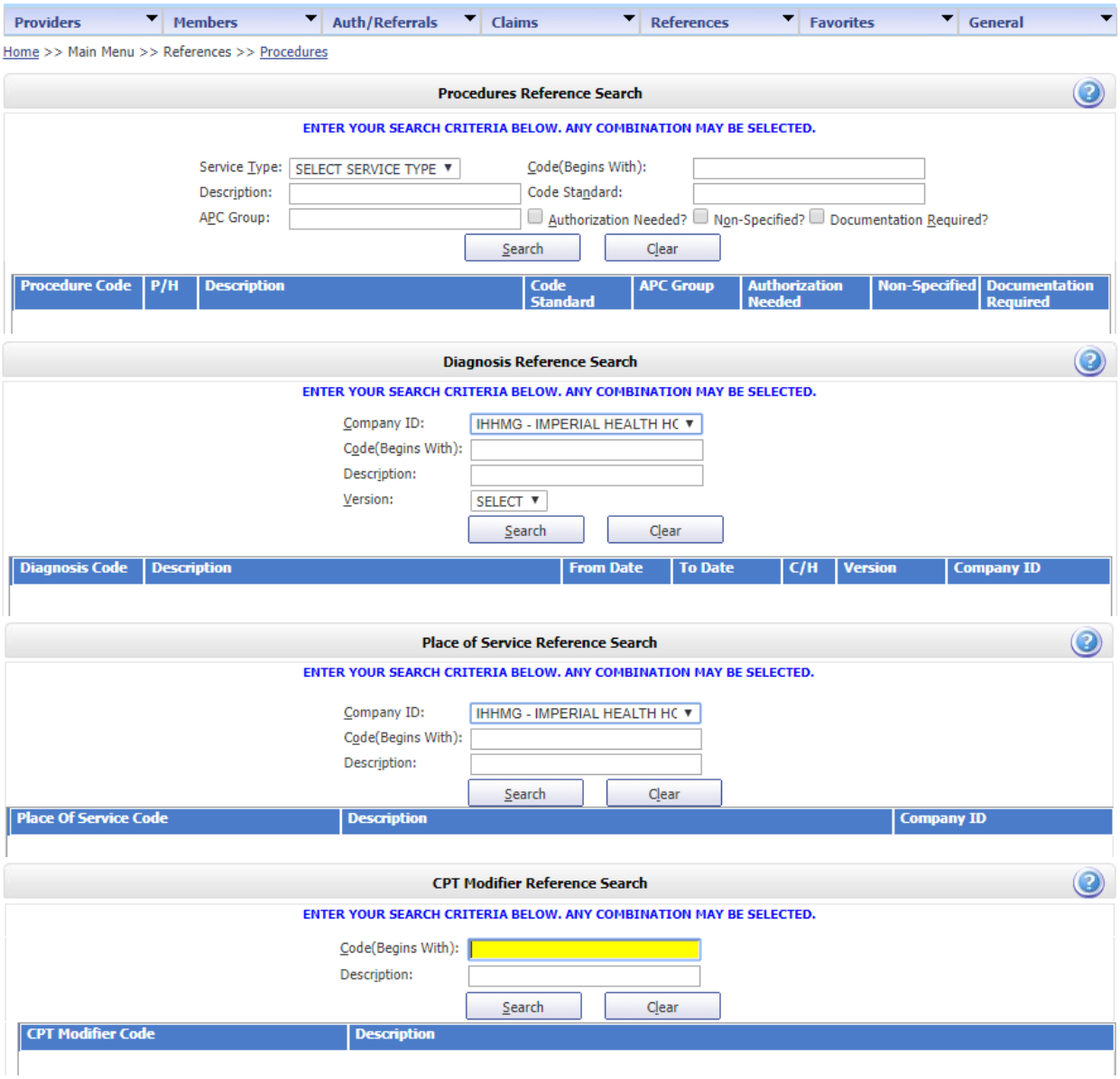
Medicare Non-contracted: 30 Calendar Days Clean Claims
Medicare Non-contracted: 60 Calendar Days Clean Unclean
Medicare Contracted: 60 Calendar Days
Medi-Cal: 30 Calendar Days
Medi-Cal: Provider Dispute Resolution: 45 working
Medicare Non-Contacted Providers: 30 calendar days
Medicare Contracted: Reconsideration-Appeals-Reopening

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.



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