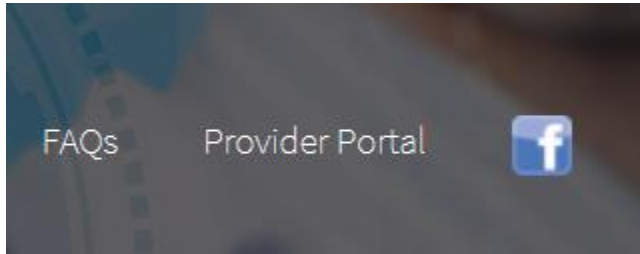




## EZNET Provider Training Notes

### Logging in to EZNET – Only to be used with the Microsoft Edge Browser

EZNET can be accessed via the AllCare website, [www.allcareipa.com](http://www.allcareipa.com). In the upper right hand side of the main page, choose Provider Portal.



You will be redirected to the following screen where you can access the following:



This page contains links to web applications (e.g. EZ-NET) & training materials used by the providers' office.

- EZ-Net Web Portal – Choosing this option will take you to the actual EZNET sign –in page where you can enter your User Name and Password.
- EZ-Net Provider Training – Choosing this option will take you to an electronic version of the latest training guide.
- Change Existing Authorization Form – Choosing this option will allow you to open and print a *Provider Request to Change Existing Authorization Form*. This form can be printed and submitted via fax with supporting documentation to the AllCare Medical Management Department for review. **Effective 1/1/2023 this form will no longer be accepted by AllCare IPA.**
- Request for Authorization Form – Choosing this option will allow you to open and print a *Request for Authorization Form* which you can completed and submit via fax with supporting documentation to the AllCare Medical Management Department for review

- AllCare Direct Referral Form – Choosing this option will allow you to open and print a *PCP Direct Referral Form* which can be completed and faxed to the specialist. This should only be used if the portal is down for an extended amount of time.

#### EZ-NET Web Portal

(Only to be used with the Microsoft Edge browser)

Note: Effective 02/01/24 EZ-Net users will be required to use 2-Factor Authentication. By default, the mode of delivery will be through the email attached to your account. If you have any questions or need help, please call Elizabeth Smith at (209) 550-5268 for assistance.

#### EZ-NET Provider Training

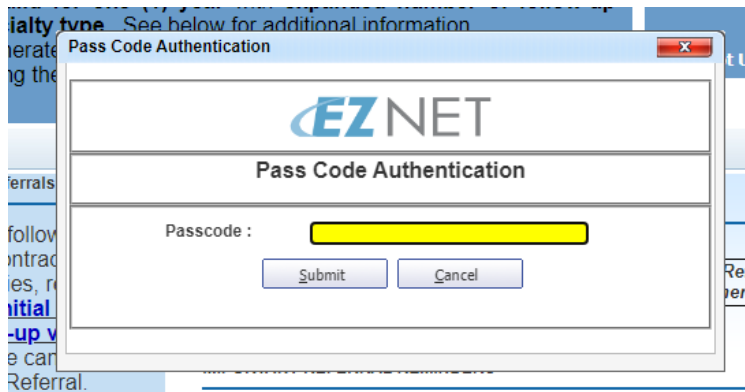
#### Change Existing Authorization Form

Note: Effective 01/01/2023 this form will no longer be accepted by AllCare IPA. Changes to existing authorizations will need to be submitted using the Request for Authorization Form and will be processed under a new number.

#### Request for Authorization Form

#### AllCare Direct Referral Form

- When logging in the *initial time*, will be prompted to verify the email address associated with the account. If the email address is correct, push send to have a system generated email sent to that address. Once received, click the link to verify the email address.
- EZNET requires a 2 Factor Authentication each time the system is logged into. A system generated code will be sent to the email address on file for the account with a 6-digit code. This code will need to be entered in order to proceed.



## Access to Member Information in EZNET

You can access member information in order to enter requests in EZNET not verify eligibility.

**Eligibility should be verified with the member's Health Plan.** You can only check status on authorizations/referrals that were requested by your provider office.

Member Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: ALLCARE - ALLCARE IPA  
Member ID:   
Last Name:   
First Name:   
Healthplan: SELECT HEALTHPLAN  
PCP ID:   
Birth Date:   
Sort By: MEMBER NAME

Search Clear

Member ID	Member Name	Gender	Birth Date	Healthplan Name	Healthplan Option	N/E	From D
-----------	-------------	--------	------------	-----------------	-------------------	-----	--------

## Auths/Referrals – Type of Request

There are two types of requests providers can submit via EZNET. They are accessed under the Auth/Referrals drop down menu:

Providers Members Auth/Referrals Claims References Favorites General

- Referral Submission – This allows you to request a direct referral electronically instead of using the existing three-part paper form, *AllCare Referral Form*. For more information on submitting Referrals, see the section below entitled “*Referrals - Office Visits and Consultations with Local, Contracted Providers*”
- Auth Submission - This allows you to request an authorization electronically instead of using the existing *Request for Authorization Form*.

Authorization Submission Entry

Company ID: ALLCARE - ALLCARE IPA

Master Record

Requested Date: 3/10/2020 Time: 13:39:09

Priority Status: 0 STANDARD

LOS: 0

Member ID: [Redacted]

Name: [Redacted]

Service Area: [Redacted]

Authorizing Provider ID: [Redacted]

Service Area: [Redacted]

Requested Provider ID: [Redacted]

Service Area: [Redacted]

Facility ID: [Redacted]

Place Of Service: SELECT A VALUE  From Favorites

Request Category: [Redacted]

Service Type: [Redacted]

Admit Type: [Redacted]

Patient Status: [Redacted]

Auth Action: 3/10/2020

Auth Expiration: 6/7/2020

Authorized Units: 0

Healthplan Name: [Redacted]

Gender: [Redacted] DOB: [Redacted]

Requested Units: 0

Certification Type: [Redacted]

Auth Service Pkg: [Redacted]

Admit Source: [Redacted]

Facility Type Code: [Redacted]

Additional Master Info

Diagnosis

Diagnosis Code: [Redacted]

Add Diag (Only 12 diagnosis codes allowed)

Number	Code	Version	Description	LOINC Code
--------	------	---------	-------------	------------

Auth Action: [Redacted]

Auth Expiration: [Redacted]

Service Requested

Procedure Code: [Redacted]

Service Type: PROF

Auth Procedure Group: [Redacted]

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: [Redacted] Line Rate: [Redacted]

Auth Qty: 1.0 Diag Ref: 1

Admit Date: [Redacted]

Discharge Date: [Redacted]

Number of Days: 0

Admit Type: [Redacted]

Admit Source: [Redacted]

Requested Qty: 1.0

Request Category: [Redacted]

Certification Type: [Redacted]

Service Type: [Redacted]

Facility Type Code: [Redacted]

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 Code
---------------------	-------------	-----------------	---------------	--------------	-------------	------	------	------	------	----------	----------	------------	----------------	------------	--------------	---------	----------	-----------	--------------	----------

Auth Notes

(Click to Enlarge Notes)

## Priority Status

You can choose from three statuses:

Standard – This status should be used for the majority of requests.

Expedited – This status should be used when the requesting physician/provider has determined that the services being requested are medically urgent. This status is not to be used in situations where a standard authorization could have been obtained. For example: Mr. Smith scheduled a follow up appointment three weeks ago and it is discovered on the day of his appointment that authorization was not obtained.

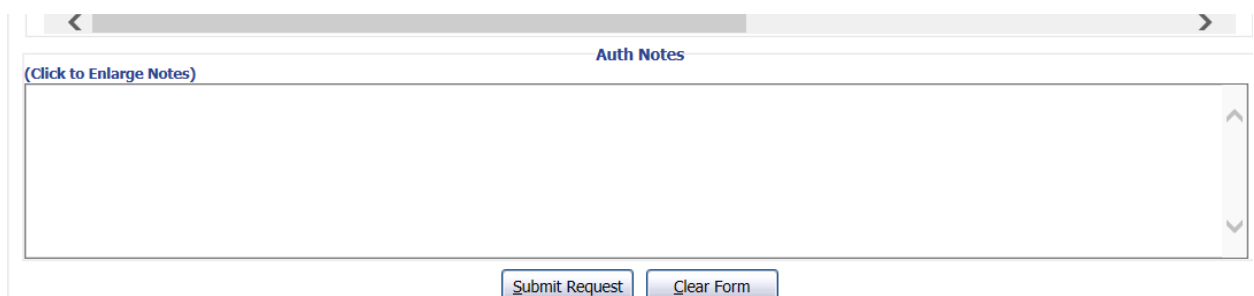
Retrospective – This status should be used when requesting authorization for services that were already rendered. It is AllCare’s policy that all services require prior authorization unless they were provided on an urgent or emergent basis. When it is necessary to request a retrospective authorization, please follow the following steps:

1. Choose Priority Status Retrospective.
2. In the section, *Auth Notes* located at the bottom of the screen, clearly indicate the date of service for which you are requesting authorization.
3. Medical records for the date of service being requested must be attached to the request.

## Auth Notes

In the Auth Notes section at the bottom of the screen, the following information should be documented, if applicable:

1. Planned date of service, if known.
2. Surgical Assist, if required.
3. Name and phone number of person submitting request. This is needed in case there are questions regarding the request.
4. Body Part – Left, right, bilateral.
5. If requesting follow-up office visits after Referral has been used, please indicate in your note that all Referral visits have been used.



The screenshot shows a web interface for entering authorization notes. At the top, there is a navigation bar with a left arrow and a right arrow. Below this is a header area with the text "Auth Notes" and a link "(Click to Enlarge Notes)". The main content area is a large, empty text box with a vertical scrollbar on the right side. At the bottom of the text box, there are two buttons: "Submit Request" and "Clear Form".

## Place of Service Codes

There are several Place of Service Codes available in EZNET. Below is a list of the most commonly used codes:

Code	Description	Use
1	Inpatient Hospital	Precertified (planned) inpatient procedures.
11	Office	Physician's office. Free-standing Radiology providers.
12	Home	DME, Orthotics & Prosthetics, Home Health
19	Off Campus-Outpatient Hospital	Precertified procedures to be performed at a facility that is part of a hospital (same tax ID) but located at a different address. Examples include Hyperbaric treatment at Valley Wound, Manteca Imaging Center (DHM).
22	On Campus-Outpatient Hospital	Precertified procedures to be performed on outpatient basis onsite at a licensed acute facility (facility is located at the same address as the hospital).
24	Ambulatory Surgery Center	Precertified procedures to be performed at freestanding ambulatory surgical centers.
65	End Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance.
81	Independent Lab	Genetic Testing

## Tertiary Referrals

Requests for tertiary level care (a higher level of care such as UCSF Medical Center, Stanford, Valley Children's, etc.) can be submitted through EZNET. Chart notes must be attached for all requests. When entering the request, the tertiary facility should be entered in the *Requested Provider ID* field. In the *Auth Notes* section, the name of the specialty/clinic must be listed.

- UCSF Medical Center can be found under Provider ID# 794.
- Stanford Hospital & Clinics can be found under Provider ID# 4235.
- Valley Children's Hospital can be found under Provider ID# 536.

## Requests for Providers Not Found in EZNET

When you cannot locate a provider in the Requested Provider ID field, you can enter Provider ID# 999999. If you use this Provider ID#, you must enter the provider's full name, address, phone and NPI in the *Auth Notes* section located at the bottom of the screen.

## Providers Not Listed by Name in EZNET

There are some providers that are listed in EZNET under their group name and not individually:

- Retinal Consultants (Ophthalmology) – Use Provider ID# 517 and indicate the specific provider name in the Auth Notes.
- Sacramento Ear Nose Throat – Use Provider ID#214038 and indicate the specific provider name in the Auth Notes.
- Mercy Cancer Center - Use Provider ID#208789 and indicate the specific provider name in the Auth Notes.

## Requests for Home Health and Durable Medical Equipment (DME)

If you do not have a specific Home Health or DME provider to which you want to refer the member, you may use the following:

- Home Health – Use Provider ID# 214731, *Home Health*.
- DME – Use Provider ID# 214732, *Durable Medical Equipment*.

An AllCare Medical Management Nurse will review the request and determine the appropriate provider.

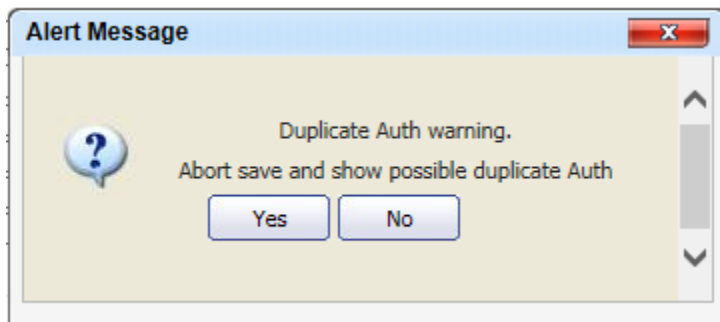
## Diagnosis Codes

An\* code in the ICD 10 diagnosis code description indicates that code is an unspecific diagnosis code. Usually, the code needs additional digits that indicate the type of illness or specific body part. Do not submit these codes. A more specific code must be identified and entered. If a request is entered with an unspecific ICD 10 code (\* code), you will be contacted and asked for a corrected code before the request can be processed.

## System Alert Message – Duplicates

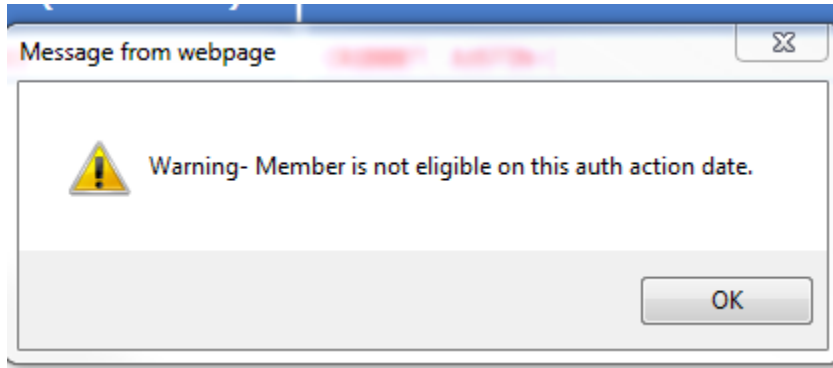
You may receive a pop-up warning message when entering requests advising that your request appears to be a duplicate request. This message is for internal AllCare use.

If you receive a Duplicate Auth Warning pop up, click on No. The system will then allow you to continue. If additional information or further action on your part is required, you will be notified by AllCare Medical Management.



## System Alert Message – Member Not Eligible

Eligibility Warning Message - If the member you are searching for in EZNET is no longer active with AllCare, their name will appear in red and you will receive the following warning message:



## Retrospective Authorization Requests

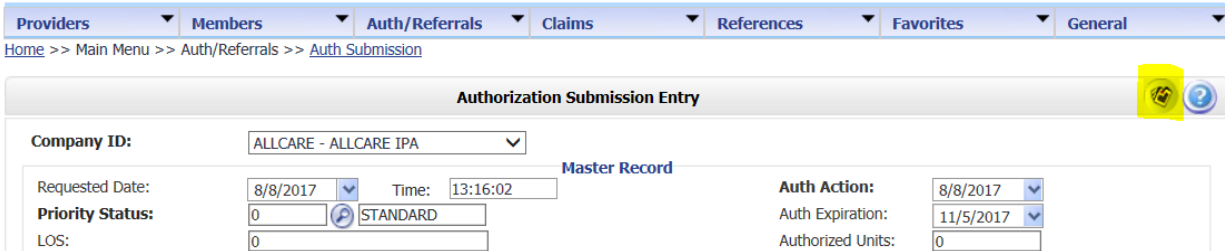
A retrospective request can be submitted for these members. You must change the Priority Status to 3 and include the retro date in your Auth Notes. See the section "Priority Status" for further instructions.



## Attaching or Uploading Documentation (Chart Notes) to a Request

When submitting a request for Authorization, you must attach the supporting documentation such as physician orders, prescriptions, office visit notes, radiology reports, etc. These documents should be attached to the request BEFORE submitting the request.

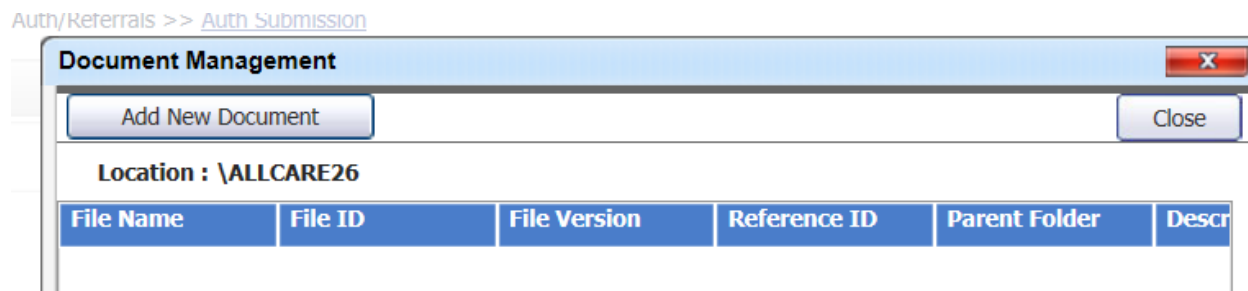
- You can access the Upload window by clicking on the icon shown below in yellow:



The screenshot shows the 'Authorization Submission Entry' form. At the top right, there is a yellow highlight on an icon representing document upload. The form contains the following fields:

- Company ID: ALLCARE - ALLCARE IPA
- Requested Date: 8/8/2017, Time: 13:16:02
- Priority Status: 0, STANDARD
- LOS: 0
- Auth Action: 8/8/2017
- Auth Expiration: 11/5/2017
- Authorized Units: 0

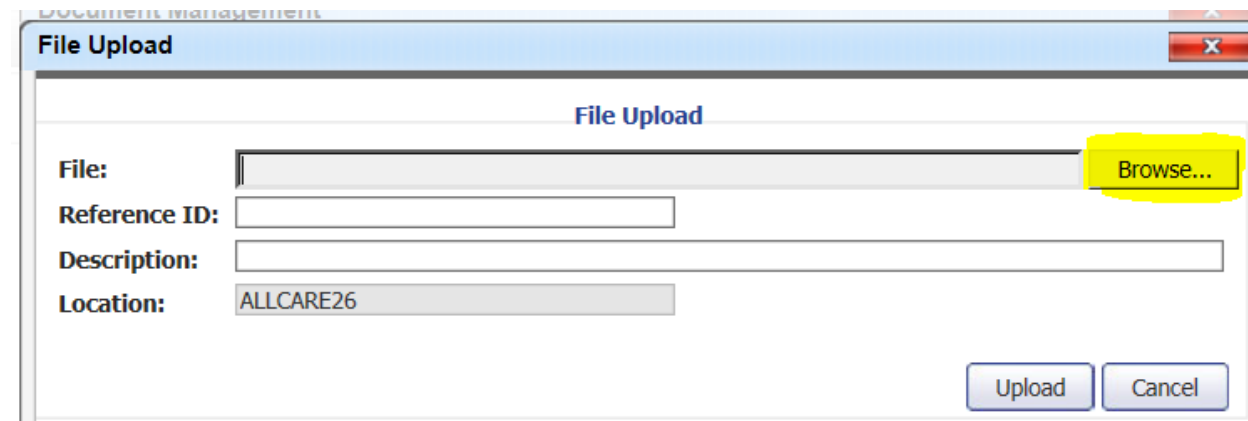
- You will then click on Add New Document:



The screenshot shows the 'Document Management' window. The 'Add New Document' button is highlighted. The window displays the following information:

- Location: \ALLCARE26
- Table with columns: File Name, File ID, File Version, Reference ID, Parent Folder, Descr

- Choose Browse and locate your document:



The screenshot shows the 'File Upload' window. The 'Browse...' button is highlighted in yellow. The window contains the following fields:

- File: [Empty text box]
- Reference ID: [Empty text box]
- Description: [Empty text box]
- Location: ALLCARE26

Buttons: Upload, Cancel

- Once you have located the document you want to upload, add the following:
  - a. Reference ID field – Member Name
  - b. Description field – Description of the document being attached.

Then click on Upload:

- You will receive a message showing that your document has been successfully uploaded:

ADD REFERENCE ID >> ADD SUBMISSION

File Name	File ID	File Version	Reference ID	Parent Folder
<a href="#">DME 201708037100047000</a>	4297	1	MEMBER NAME	ALLCARE26

**Do not upload documents to an authorization request after it has been finalized (status changed to approved, denied or cancelled).**

## Authorization Status

When you have successfully submitted a request for an authorization, you will receive a tracking number:

[Home](#) >> [Main Menu](#) >> [Auth/Referrals](#) >> [Auth Submission](#)

### Summary of Auth Submission

**Request succeeded!**

**The Authorization was successfully entered into EZ-CAP**

**Your Tracking number is: 20170808710002600002**

If you do not receive the tracking number, your request has not been accepted by the system. You can go to the Inquiry screen and look under that member to see if your request is there, and if so, get the tracking number. If not, you can call AllCare Customer Service at (209) 550-5200 for assistance.

You will receive one or more email message after you have entered your request in EZCAP. Examples include:

- Your Reference #: 20170807710002600015 has changed status from REQUESTED to SYSTEM HOLD. If you have any questions please contact AllCare IPA at 1-209-550-5200. - This message is sent when your request has been submitted but the system has changed the status to a system hold. This will not affect the processing of your request. AllCare Medical Management staff will contact you if any additional information is needed.
- Your Reference #: 20170707710002600001 has changed status from REQUESTED to APPROVED. If you have any questions please contact AllCare IPA at 1-209-550-5200. – This message is sent once your request has been reviewed by the AllCare Medical Management Department and has been approved. You will also receive a written authorization letter via fax.
- Your Reference #: 20170707710002600002 has changed status from REQUESTED to DENIED. If you have any questions please contact AllCare IPA at 1-209-550-5200. This message is sent once your request has been reviewed by the AllCare Medical Management Department and has been denied. You will also receive an initial notification of denial notice and a detailed denial letter via fax.
- Your Reference #: 20170707710002600004 has changed status from REQUESTED to CANCELLED. If you have any questions please contact AllCare IPA at 1-209-550-5200. – This message is sent once your request has been reviewed by the AllCare Medical Management Department and has been cancelled. You will receive a fax with the reason for the cancellation. Please follow the instructions in that fax.

To check the status of a requested Auth, use the Inquiry option under the Auth/Referral drop down menu. You can look up the information by entering the tracking number you were provided when you submitted the request. You can also look up authorizations by member name by clicking on the looking glass icon next to Member ID.

**Auth/Referral Search**

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

<p>Company ID: <input type="text" value="ALLCARE - ALLCARE IPA"/></p> <p>Auth/Referral #: <input type="text" value="20170808710002600001"/></p> <p>Requested Date From: <input type="text"/> To: <input type="text"/></p> <p>Auth Action Date From: <input type="text"/> To: <input type="text"/></p> <p>Auth Exp Date From: <input type="text"/> To: <input type="text"/></p> <p>HP Authorization #: <input type="text"/></p>	<p><b>REQUEST TYPE</b>  <input type="radio"/> Authorization <input type="radio"/> Referral <input checked="" type="radio"/> Both</p> <p>Member ID: <input type="text"/> </p> <p>Status: <input type="text" value="NONE SELECTED"/></p> <p>Performing Provider ID: <input type="text"/> </p> <p>Referring Provider ID: <input type="text"/> </p> <p>Auth Priority Status: <input type="text"/> </p> <p>Sort By: <input type="text" value="AUTH #"/></p>
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**Referral Details**

Referral Information			
<b>Referral # :</b>	20170808710002600001	<b>Company ID:</b>	ALLCARE
<b>Status:</b>	REQUESTED	<b>Requested Date:</b>	08/08/2017
<b>Processed By:</b>		<b>Time:</b>	08:02:07
<b>Place Of Service:</b>	OFFICE	<b>Auth Action:</b>	08/08/2017
<b>LOS:</b>	0	<b>Expiration Date:</b>	11/05/2017
<b>Priority Status:</b>	0 - STANDARD	<b>Authorized Units:</b>	0
<b>HP Authorization #:</b>		<b>Requested Units:</b>	0

Do not upload documents to an authorization request after it has been finalized (status changed to approved, denied or cancelled).

## Referrals - Initial and Follow-up Visits with Local, Contracted Providers *(formerly submitted on the paper AllCare Referral Form)*

For the following local, contracted specialties, requests for an [initial visit and additional follow-up visits](#) based on specialty type can be requested online as a Referral. You do not have to submit chart notes with Referrals.

For the following specialties, an initial visit and two (2) additional visits are allowed with a Referral:

- Physical Therapy
- Rheumatology

For the following specialties, an [initial visit](#) and [four \(4\) additional visits](#) are allowed with a Referral:

- Audiology
- **Cardiology (For Stanislaus County, this specialty is capitated to Stanislaus Cardiology)**
- Cardiac Surgery
- Colon & Rectal Surgery
- Dermatology
- Gastroenterology
- Hand Surgery
- Hematology/Oncology
- Infectious Disease
- Neurology (excluding Pain Management)
- Neurosurgery
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology (ENT)
- Pulmonary Disease
- Thoracic & Cardiac Surgery
- Urology
- Vascular Surgery

For the following specialties, an [initial visit](#) and [five \(5\) additional visits](#) are allowed with a Referral:

- Allergy & Immunology (excludes serum)
- General Surgery (excluding Bariatric)
- Nephrology
- Podiatry

For the following specialties, [an initial visit](#) and [ten \(10\) additional visits](#) are allowed with a Referral:

- Endocrinology

Within approximately 5 minutes of submitting your request, you will receive an email message indicating the status of your referral request:

- Your Reference #: 20170707710002600004 has changed status from REQUESTED to CANCELLED. If you have any questions please contact AllCare IPA at 1-209-550-5200. If you request a provider specialty not listed above, if the requested provider is not contracted or you requested a high level E/M code, you will receive an email stating your request has been cancelled. The request must be modified to match the rules listed above or the request must be entered under the Auth screen.

- Your Reference #: 20170707710002600001 has changed status from REQUESTED to APPROVED. If you have any questions please contact AllCare IPA at 1-209-550-5200. This means your referral was approved. For Initial Visits requested via the Referral process, please print out a copy of the approved referral and instruct the member to take the referral with them when seeing the Specialist.

For additional follow-up visits for the above specialties, you should enter your request under the Auth screen in EZNET.

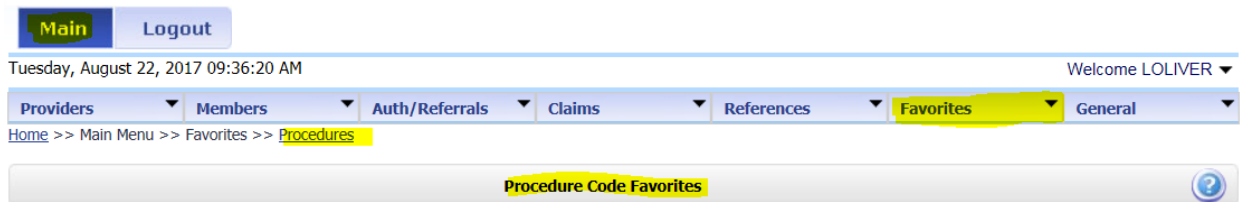
**REMINDERS:**

- Referrals are **valid for one (1) year from date of issue.**
- If the patient is being seen for a new/separate diagnosis a new referral will be allowed.
- Changes **cannot be made** to a Referral after it is submitted. If additional visits are needed, or if additional codes are needed, you must submit an Authorization request.
- Once all visits have been used for a Referral (see list above for number allowed per specialty), you should submit an authorization request for additional visits. Please indicate in the “Auth Notes” section of the Authorization entry screen that all Referral visits have been used.

## Using Favorites Feature

Favorites allow you to create lists of frequently used codes. Currently, Favorites lists can be created for Procedures (CPT Codes) and Place of Service codes.

From the Main Menu screen click on the drop down arrow on Favorites and choose Procedures.



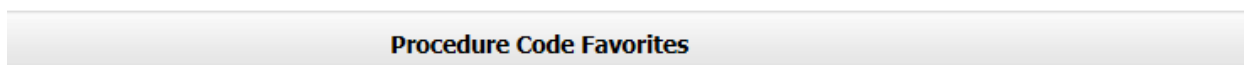
The available Procedure Codes are shown on the left side of the screen. You can choose a code and then move it to the right side of the screen by using the arrows in the middle.

The screenshot shows the 'Procedure Code Favorites' form. At the top, there is a 'Company ID' dropdown menu set to 'ALLCARE - ALLCARE IPA'. Below that is a 'Procedure Code' text input field containing '99243'. There are also fields for 'Procedure Description', 'Procedure Code Type' (set to 'PROFESSIONAL'), 'Code Standard', and 'APC Group'. At the bottom of these fields are three checkboxes: 'Authorization Needed?', 'Non-Specified?', and 'Documentation Required?'. Below the checkboxes are 'Search' and 'Clear' buttons. In the center, there are four arrow buttons: a right-pointing arrow, a left-pointing arrow, a double right-pointing arrow, and a double left-pointing arrow. On the left side, there is a table with two columns: 'Procedure Code' and 'Description'. The first row contains '99243' and 'OFFICE CONSULTATION'. On the right side, there is another table with two columns: 'Procedure Code' and 'Description'. It contains three rows: '11407' with 'EXC. BENIGN LESION', '11645' with 'LESION DIAMETER OVER 4.0 CM', and '99213' with 'OFFICE/OUTPATIENT VISIT EST'. At the bottom of the form is a 'Save' button.

You can type in a code at the top of the screen and hit search rather than scrolling through the list. Once you have added all your codes, click on SAVE. You will receive a message indicating your list was saved successfully.

Please note: ICD 10 and CPT codes are updated annually. You will need to delete and reselect your favorite codes after each update. Providers will be notified when the codes have been updated.

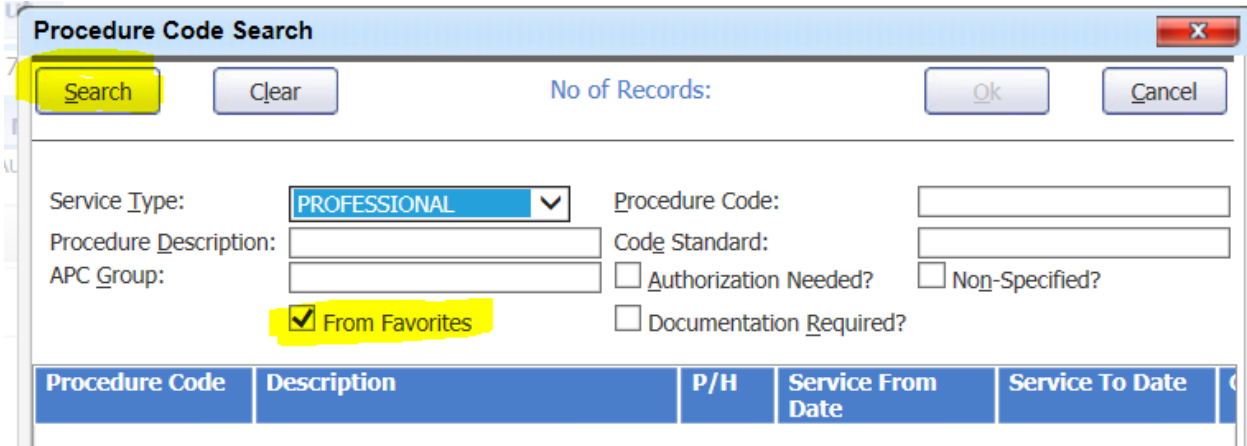
>> [Procedures](#)



To use the list, click on the search icon next to the "Procedure Code": field.

**Procedure Code:**  

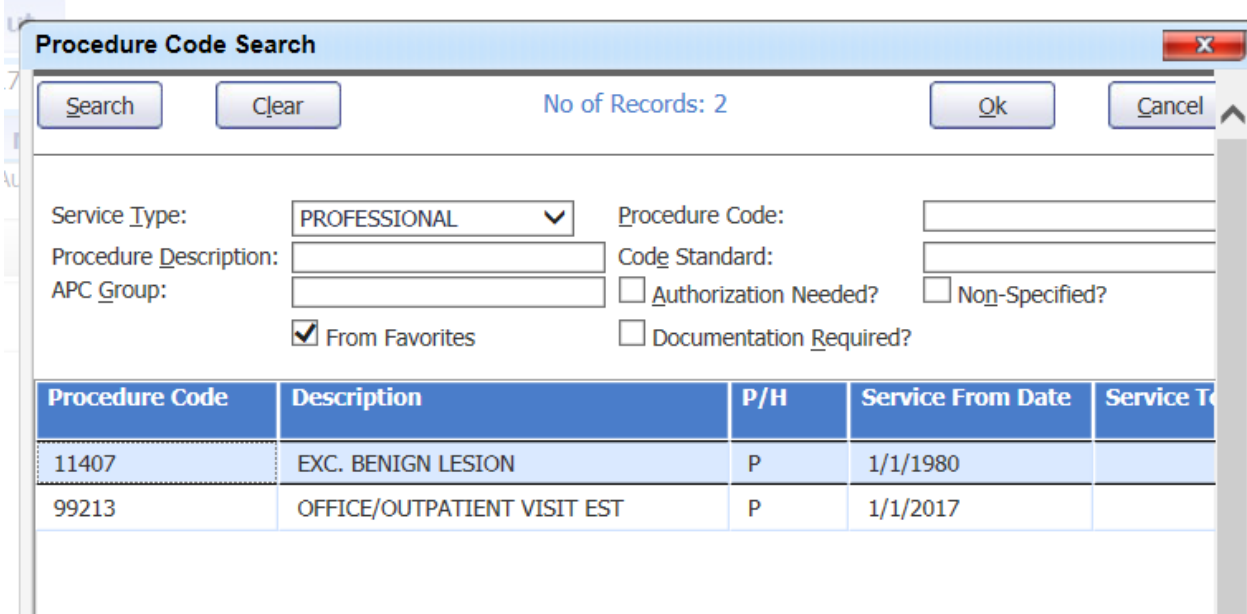
Make sure the box "From Favorites" is checked and then click on Search.



The screenshot shows the "Procedure Code Search" dialog box. The "Search" button is highlighted in yellow. The "From Favorites" checkbox is also checked and highlighted in yellow. The "Service Type" dropdown is set to "PROFESSIONAL". The "No of Records" field is empty. The "Procedure Code" field is empty. The "Code Standard" field is empty. The "Authorization Needed?" and "Documentation Required?" checkboxes are unchecked. The "Non-Specified?" checkbox is also unchecked. The table below shows the search results.

Procedure Code	Description	P/H	Service From Date	Service To Date
----------------	-------------	-----	-------------------	-----------------

The codes you added to your Favorites will then appear for you to select.



The screenshot shows the "Procedure Code Search" dialog box with search results. The "No of Records" field now shows "2". The "From Favorites" checkbox is checked. The table below shows the search results.

Procedure Code	Description	P/H	Service From Date	Service To Date
11407	EXC. BENIGN LESION	P	1/1/1980	
99213	OFFICE/OUTPATIENT VISIT EST	P	1/1/2017	



### Place of Service Favorites

When you have a Favorites list created for Place of Service, you simply need to click on the down arrow next to SELECT A VALUE and a drop down menu of your Favorites will appear for you from which to choose. If you wish to use a code that is not on your Favorites List, uncheck the "From Favorites" box and then all available codes will appear when you click on the down arrow next to SELECT A VALUE.

**Place Of Service:**   From Favorites