

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. In the upper right hand side of the main page, choose Provider Portal.



AllCare

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



EZ-Net Links

- 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.
- 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.
- 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 Authorization for Release of Protected Information – Member approval form to allow assigned family members to receive personal medical information.

EZ-Net Links

Providers may access or request authorizations using the materials below.

[EZ-Net Web Portal](#)

[EZ-Net Provider Training](#)

General Forms

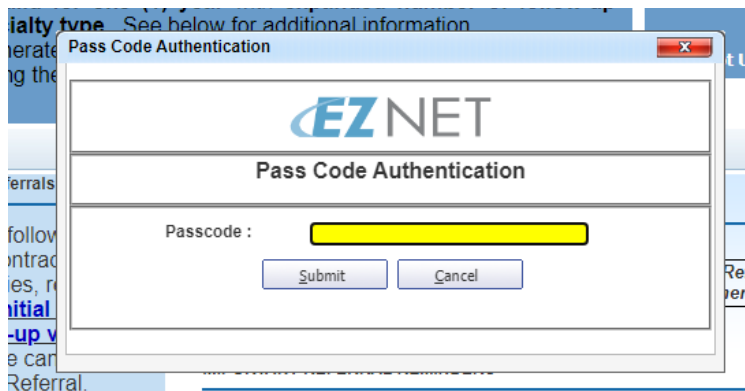
Click the links below to view and download each form.

[Direct Referral Form](#)

[Request for Authorization Form](#)

[Authorization for Release of Protected Information](#)

- 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.



These codes are system generated, and AllCare has no way of pushing an email out. Please do the following if you have issues receiving the code email:

1. Make sure you are using Microsoft Edge as your internet browser. This is the only supported browser for the portal, and I can't assist you if you are using a different browser.
2. Close the portal and clear your browser history.
3. Close the portal and relog in, this can sometimes jump start the email

4. Make sure you have IT-Webmaster added to your safe email provider list.

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.

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: ALLCARE - ALLCARE IPA Healthplan: SELECT HEALTHPLAN Member ID:

BCP ID: Last Name: Birth Date:

First Name: Sgpt By: MEMBER NAME

Search Clear

Member ID	Member Name	Gender	Birth Date	Healthplan Name	Healthplan Option	N/E	From Date	Thru Date	PCP ID	PCP Name	Company ID
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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
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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
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Auth Notes

(Click to Enlarge Notes)

Searching for information

Every required field is searchable. Click on the magnifying glass next to the field and search for the member/provider/procedure, etc., that is applicable to your request.

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

Auth Notes

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

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 should be entered under Provider ID# 794.
- Stanford Hospital & Clinics should be entered under Provider ID# 4235.
- Valley Children's Hospital should be entered 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.
- Valley Children Child Net Physicians – Use Provider ID#225087 and indicate the specific provider name in the Auth Notes.
- Adventist Health Physicians – Use Provider ID#213360 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.

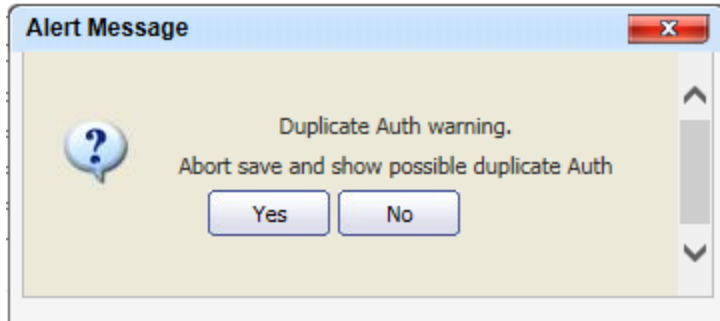
Diagnosis Codes

An* code in the ICD 10 diagnosis code description indicates that code is an unspecified 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 unspecified ICD 10 code (* code), you will be contacted and asked for a corrected code before the request can be processed.

System Alert Message – Duplicates

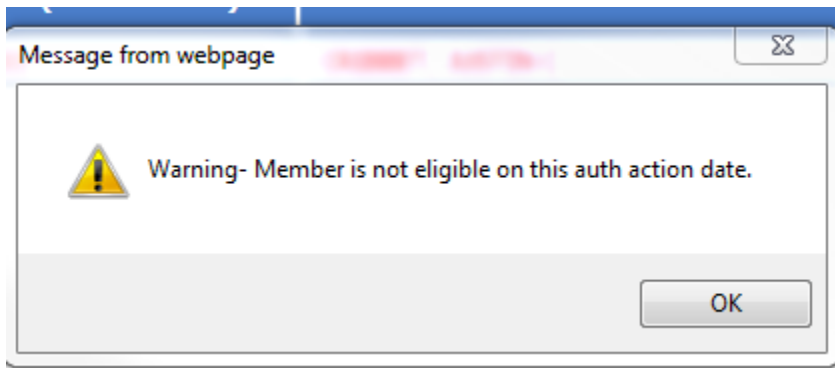
You may receive a pop-up warning message when entering requests advising that your request appears to be a duplicate request. This message is for internal AllCare use.

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.

Please include patient demographics when submitting medical records

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

Authorization Submission Entry

Company ID: ALLCARE - ALLCARE IPA

Master Record

Requested Date: 3/21/2025 Time: 12:28:33

Priority Status: 0 STANDARD

LOS: 0

Auth Action: 3/21/2025

Auth Expiration: 6/18/2025

Authorized Units: 0

- You will then click on Add New Document:

Document Management

Add New Document Close

Location : \ALLCARE23

File Name	File ID	File Version	Reference ID	Parent Folder	Description
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- Choose Browse and locate your document:

Document Management

Add New Document Close

File Upload

File: Choose File NO FILE CHOSEN

Reference ID: [Text Box]

Description: [Text Box]

Location: ALLCARE23

Upload Cancel

- Once you have located the document you want to upload, add the following:
 - Reference ID field – Members Name
 - 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:

File Name	File ID	File Version	Reference ID	Parent Folder	Description
COMPLETED-REPORT REQUEST FORM.PDF	3055764	1	MEMBER NAME	ALLCARE23	REQUEST FOR AUTH

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 request has been approved, you can print the approval letter on the portal. All other letters will be sent via mail or fax. - 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 request has been approved, you can print the approval letter on the portal. All other letters will be sent via mail or fax. – 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 request has been approved, you can print the approval letter on the portal. All other letters will be sent via mail or fax. 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 request has been approved, you can print the approval letter on the portal. All other letters will be sent via mail or fax. – 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.

Authorization Status Inquiry

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 several ways; listed below are the most common:

1. By entering the tracking number you were provided when you submitted the request.
2. By member name by clicking on the looking glass icon next to Member ID.
3. By Requested date from and date to. Put in any date frame to pull up view authorization request submitted during that time frame

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	ALLCARE - ALLCARE IPA	Request Type:	<input type="radio"/> Authorization <input type="radio"/> Referral <input checked="" type="radio"/> Both
Auth/Referral #:		Member ID:	<input type="text"/> <input type="button" value="Q"/>
Requested Date From:	<input type="text"/> To: <input type="text"/>	Status:	NONE SELECTED
Auth Action Date From:	<input type="text"/> To: <input type="text"/>	Performing Provider ID:	<input type="text"/> <input type="button" value="Q"/>
Auth Exp Date From:	<input type="text"/> To: <input type="text"/>	Referring Provider ID:	<input type="text"/> <input type="button" value="Q"/>
HP Authorization #:	<input type="text"/>	Auth Priority Status:	<input type="text"/> <input type="button" value="Q"/>
		Sort By:	AUTH #

Click on the hyperlink/authorization number to view the authorization details. From here you can print the authorization letter once services are approved. See next page for detailed instructions.

Authorization Details		Authorization Information	
Authorization # :	20250321710309900001	Company ID:	ALLCARE
Status:	APPROVED	Requested Date:	03/21/2025

Printing Approved Authorization Letters Effective 11/1/2024:

You can now print your approved authorization letters directly from the portal. To print the approved authorization letter, use the Inquiry option under the Auth/Referral drop down menu. Once you have located the authorization, click the hyperlink/authorization number to view the authorization details. Scroll down to the bottom of the page and select the auth letter button.

[Submit Request](#)

[Printable Version](#)

[Auth Letter](#)

rights Reserved. System availability, transaction execution, and response times may vary due

The approval letter will generate for your records. If the Current Authorization Status is anything other than APPROVED the authorization letter is not valid for services.



3320 Tully Road
Modesto, CA 95350
Phone (209) 572-6900
Fax: (209) 572-6909

Current Authorization Status: APPROVED

October 29, 2024

We have received the request for coverage for Office services from the above practitioner/provider. This notice is to inform you that the coverage for the requested service[s] is in a APPROVED status. Any status other than "APPROVED" above is not a valid authorization for services.

You will no longer receive a copy of the approved letter via fax or mail. The member will still receive a member notice in the mail. All denied authorization requests will continue to be sent via fax or mail.

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.

Specialists do not automatically receive copies of approved referrals. You must advise and send the approved referral to the office.

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.

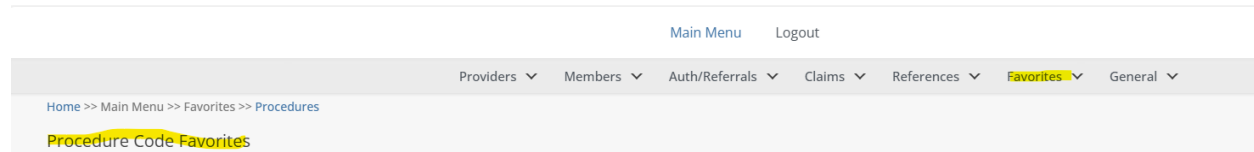
REMINDERS:

- 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.

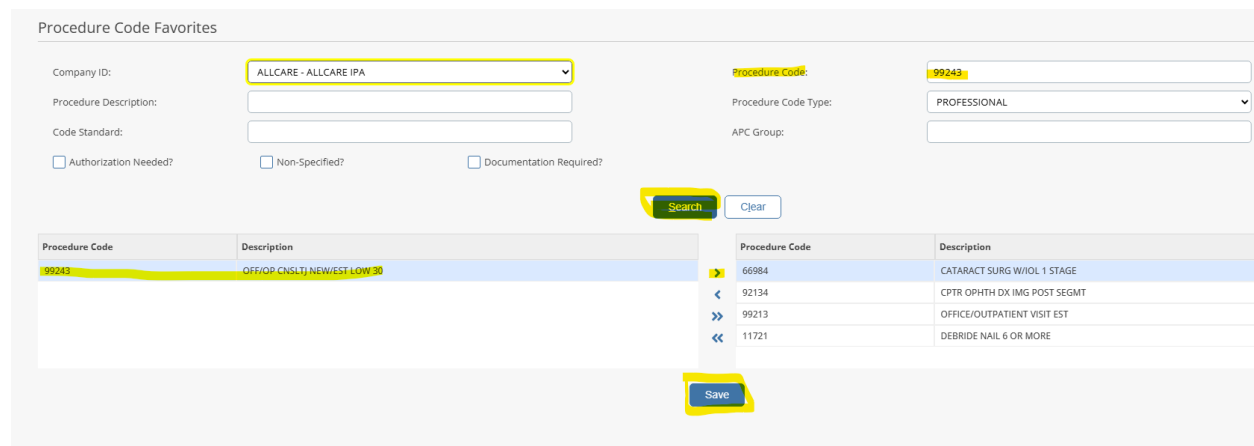
Using Favorites Feature

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.

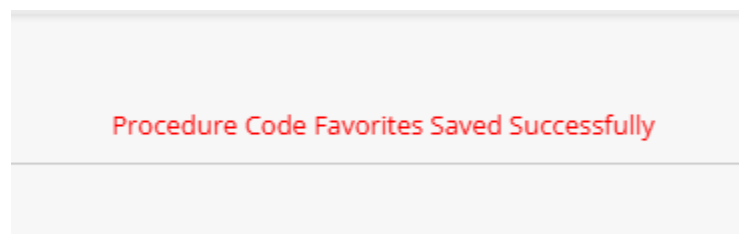
From the Main Menu screen click on the drop down arrow on Favorites and choose Procedures.



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.



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.



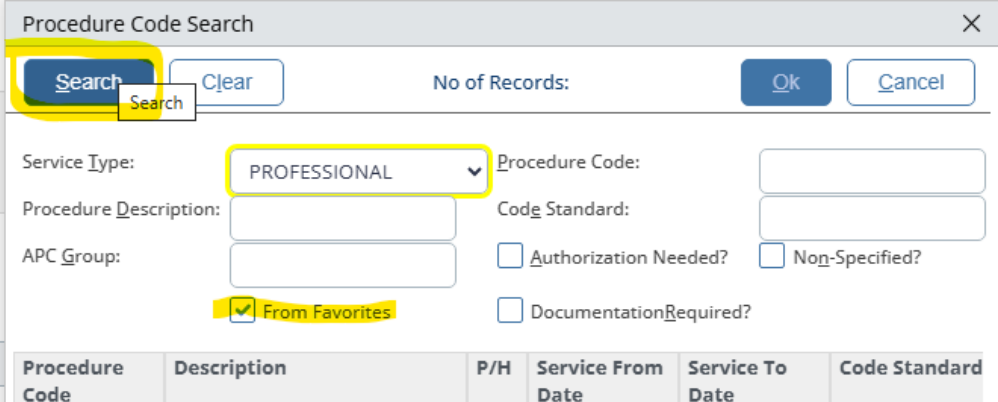
Please note: ICD 10 and CPT codes are updated annually. You will need to delete and reselect your favorite codes after each update. Providers will be notified when the codes have been updated.

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

Service Requested

Procedure Code: 

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



Procedure Code Search

Search Clear No of Records: Ok Cancel

Service Type: PROFESSIONAL Procedure Code:

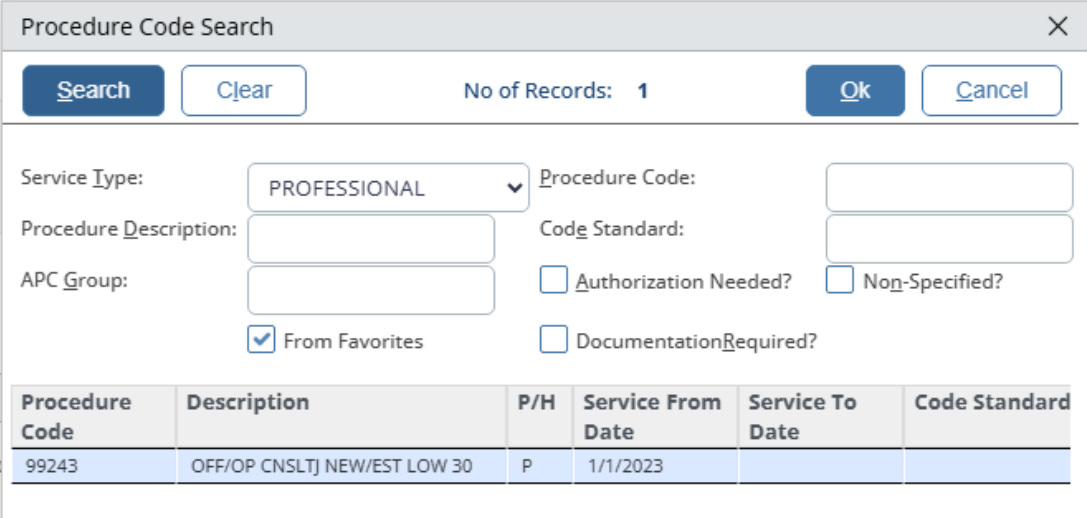
Procedure Description: Code Standard:

APC Group: Authorization Needed? Non-Specified?

From Favorites Documentation Required?

Procedure Code	Description	P/H	Service From Date	Service To Date	Code Standard
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The codes you added to your Favorites will then appear for you to select.



Procedure Code Search

Search Clear No of Records: 1 Ok Cancel

Service Type: PROFESSIONAL Procedure Code:

Procedure Description: Code Standard:

APC Group: Authorization Needed? Non-Specified?

From Favorites Documentation Required?

Procedure Code	Description	P/H	Service From Date	Service To Date	Code Standard
99243	OFF/OP CNSLTJ NEW/EST LOW 30	P	1/1/2023		

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:

SELECT A VALUE From Favorites

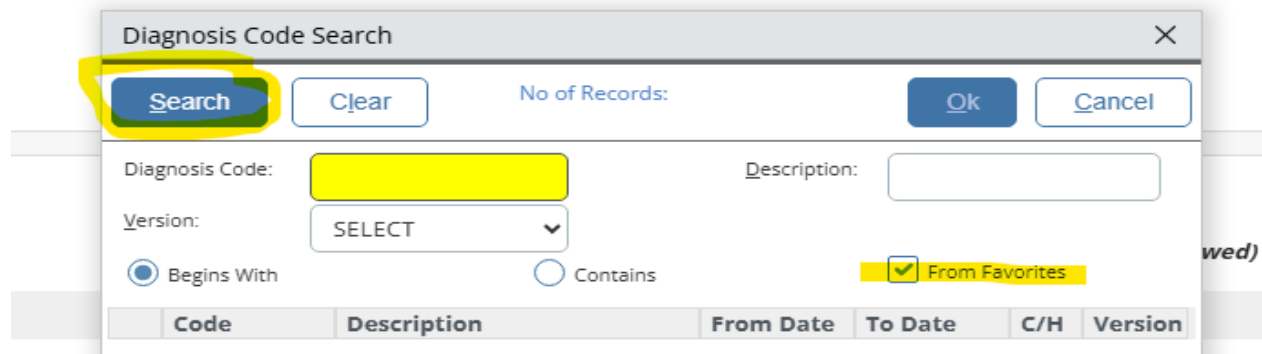
Diagnosis Favorites

To use the list, click on the magnifying glass next to the “Diagnosis Code”: field.

Diagnosis Code:



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



Diagnosis Code Search

Search Clear No of Records: Ok Cancel

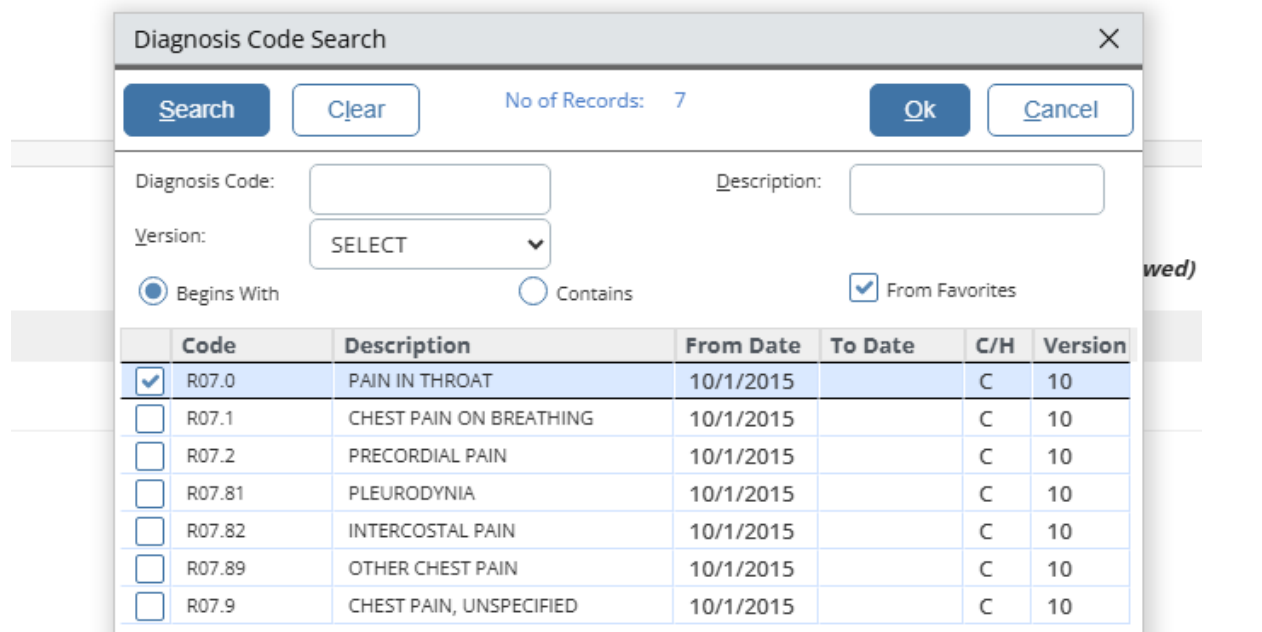
Diagnosis Code: Description:

Version: SELECT

Begins With Contains From Favorites

Code	Description	From Date	To Date	C/H	Version
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The codes you added to your Favorites will then appear for you to select.



Diagnosis Code Search

Search Clear No of Records: 7 Ok Cancel

Diagnosis Code: Description:

Version: SELECT

Begins With Contains From Favorites

	Code	Description	From Date	To Date	C/H	Version
<input checked="" type="checkbox"/>	R07.0	PAIN IN THROAT	10/1/2015		C	10
<input type="checkbox"/>	R07.1	CHEST PAIN ON BREATHING	10/1/2015		C	10
<input type="checkbox"/>	R07.2	PRECARDIAL PAIN	10/1/2015		C	10
<input type="checkbox"/>	R07.81	PLEURODYNIA	10/1/2015		C	10
<input type="checkbox"/>	R07.82	INTERCOSTAL PAIN	10/1/2015		C	10
<input type="checkbox"/>	R07.89	OTHER CHEST PAIN	10/1/2015		C	10
<input type="checkbox"/>	R07.9	CHEST PAIN, UNSPECIFIED	10/1/2015		C	10