## **EZ-NET Appeal Inquiry Guide**

1. Appeals are found in the same search area as authorizations. Click on the Main Menu tab to show the drop-down menus for authorization, claim, and EOB history searches. Under the **Auth/Referrals** drop-down menu, select **Inquiry**.

Humboldt IPA Dash	board Main Menu Settings Logout Welcome AOSSELLO 🌣
Providers 🗸 Members 🗸	Auth/Referrals A Claims V References V Favorites V General V
	Inquiry
	Auth Submission
	Referral Submission

2. First select the member's health plan using the Company ID drop-down. **DO NOT** leave this as All Companies as this will omit results. CaliforniaCare is Anthem Blue Cross.

Company ID:	CALC - CALIFORNIACARE F
Master Record	CALC - CALIFORNIACARE HEALTH PLANS BLAKE - BLUE LAKE RANCHERIA MEDICAL PLAN HBS - CALPERS BLUE SHIELD HMO

3. If you know the appeal reference or tracking number you may enter that in the field under Company ID, then search. If you do not know this number, see step 4.

	ENTER YOUR SEARCH CF	RITERIA BELOW	ANY COMBINATION MAY BE SELECTED
Company ID:	HBS - CALPERS BLUE SHIEL 👻	Step 1	Request Type: <ul> <li>Authorization</li> <li>Referral</li> <li>Both</li> </ul>
Auth/Referral #:	20240613123456700001	Step 2	Member ID:
Requested Date Fro	🗸 то:	~	Status: NONE SELECTED 🗸
Auth Action Date Fro	то:	~	Performing Provider Q
Auth Exp Date From	<b>v</b> To:	~	Referring Provider II
HP Authorization #:			Auth Priority Status:
	Sten	3	Sort By: AUTH #
		ch C <u>l</u> ea	r <u>V</u> iew Report

4. If you do not know the appeal tracking number, click the magnifying glass next to the **empty** Member ID field.

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED							
Company ID:	HBS - CALPERS BLUE SHIEL 🖌	Request Type:	Authorization      Referral      Both				
Auth/Referral #:		Member ID:	Q				

Enter the member's date of birth, and the first 3 letters of their last name, then search.

Member Search									
<u>S</u> earch Clea	Enter first 3 lette	rs of last	No of R	lecords: 1				<u>O</u> k (	<u>Cancel</u>
Last <u>N</u> ame:	PAT	<u>F</u> irst Na	ame:			Date Of <u>B</u> irth	: 1/1/196	0 ~	
S <u>u</u> bscriber SSN:		<u>P</u> atient	ID:			Subscriber <u>M</u>	IBI:		
PCP <u>I</u> D:	Q	M <u>e</u> mbe	er ID:	123456789	1	<u>A</u> ddress 1:			
<u>G</u> ender:	SELECT V	Add <u>r</u> es	s 2:			Cit <u>y</u> :			
State/Region:	<b>Q</b>	<u>Z</u> ip:							
<u>H</u> ealthplan:	SELECT A VALUE								
Member ID(rt-clk for det)	Member Name	Gender	Birth Date	Healthplan	Company Name	Last Name	First Name	Address 1	Addres
1234567891	PATIENT, TEST	EEMALE	1/1/1960	CALPERS BLUE SH	HBS	PATIENT	TEST	1234 MAIN STREE	-

Double click the result showing the member's information to return to the auth search page. Now the member ID will be filled in. Click Search.

Company ID:	IBS - CALPERS BLUE SHIEL 👻	Request Type:	Authorization Referral Bot     Step 2
Auth/Referral #:		Member ID:	12345( Q PATIENT, TEST
Requested Date Fro	✓ To: ✓	Status:	NONE SELECTED
Auth Action Date Fro	▼ To: ▼	Performing Provider	Q
Auth Exp Date From	✓ To: ✓	Referring Provider II	Q
HP Authorization #:		Auth Priority Status:	Q
_		Sort By:	AUTH # 🗸

- 5. Look for entries with the **HP Auth Number** listed as **ZC**. This code denotes the entry as an appeal rather than an authorization request. Click on the **Auth/Referral Number** in the first column to see more details.
- 6. To make sure this appeal is the one you are looking for, click on the low near the top right corner of the page. This will bring up the notes for the appeal. Double click on the note with the subject **APPEAL DETAILS** to see the claim number, date of service, and billed amount.

Home >> Main Me	Click Here for				
Authorizatio	n Details	appeal details	D 🕄	?	
	Authorization I	nformation			
Authorization	Notes for Authorization # 20240614700375100002		×		
Status:	<u>A</u> dd <u>E</u> dit	<u>V</u> iew De <u>l</u> ete		Close	
Processed By:	Subject	Created By	Created Date	Last Ch	
Place Of Servie	APPEAL DETAILS	3751	6/14/2024 1:59:09 PM	3751	
LOS:	Double click to open a note. We are is added, please do not use this wing	NOT notified if a r dow to contact us	note		
Priority Status					
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Request Categ					
Service Type:					
Decision Date:				•	