## **EZ-NET** Authorization Inquiry Guide

1. 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 Das	board Main Menu Settings Logout Welcome AOSSELLO	2
Providers $oldsymbol{ u}$ Members $oldsymbol{ u}$	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.



3. If you know the authorization 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.

Auth/Referral Search (?)							
ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED							
Company ID:	HBS - CALPERS BLUE SHIEL	✓ Step 1	Request Type:	Authorization      Referral      Both			
Auth/Referral #:	20240613123456700001	Step 2	Member ID:	Q			
Requested Date Fro	🗸 то:	~	Status:	NONE SELECTED			
Auth Action Date Fro	то:	~	Performing Provider	Q			
Auth Exp Date From	🗸 то:	~	Referring Provider II	Q			
HP Authorization #:			Auth Priority Status:				
	Ste	ep 3	Sort By:	AUTH #			
	<u>S</u> e	arch Clear	View Report				

4. If you do not know the authorization 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 V	Request Type:	Authorization      Referral      Both				
Auth/Referral #:		Member ID:	Q				

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

	Member Search						×			
5	<u>S</u> earch C <u>l</u> ea	arch Clear No of Records: 1						Cancel		
-	Last <u>N</u> ame:	PAT	<u>F</u> irst Na	me:			Date Of <u>B</u> irth	1/1/1960	) 🗸	
	S <u>u</u> bscriber SSN:		<u>P</u> atient	ID:			Subscriber <u>M</u>	BI:		
-	PCP <u>I</u> D:	<b></b> Q	M <u>e</u> mbe	r ID:	123456789	1	<u>A</u> ddress 1:			
-	<u>G</u> ender:	SELECT V	Add <u>r</u> ess	5 2:			Cit <u>y</u> :			
	S <u>t</u> ate/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	FEMALE	1/1/1960	CALPERS BLUE SH	HBS	PATIENT	TEST	1234 MAIN STRE	E

b. 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.

Auth/Referral S	earch		?					
ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED Step 1								
Company ID:	HBS - CALPERS BLUE SHIEL 🗸	Request Type:      Authorization Refe	erral 🔵 Both					
Auth/Referral #:		Member ID: 123456 Q PATIENT, TES	T					
Requested Date Fro	✓ To: ✓	Status: NONE SELECTED	•					
Auth Action Date Fre	▼ To: ▼	Performing Provide						
Auth Exp Date From	<b>v</b> To: <b>v</b>	Referring Provider II						
HP Authorization #:		Auth Priority Status:						
	Step 3	Sort By: AUTH #	•					
	<u>S</u> earch	Clear View Report						

5. Click the authorization number on a result to pull up all the details for a particular authorization request.