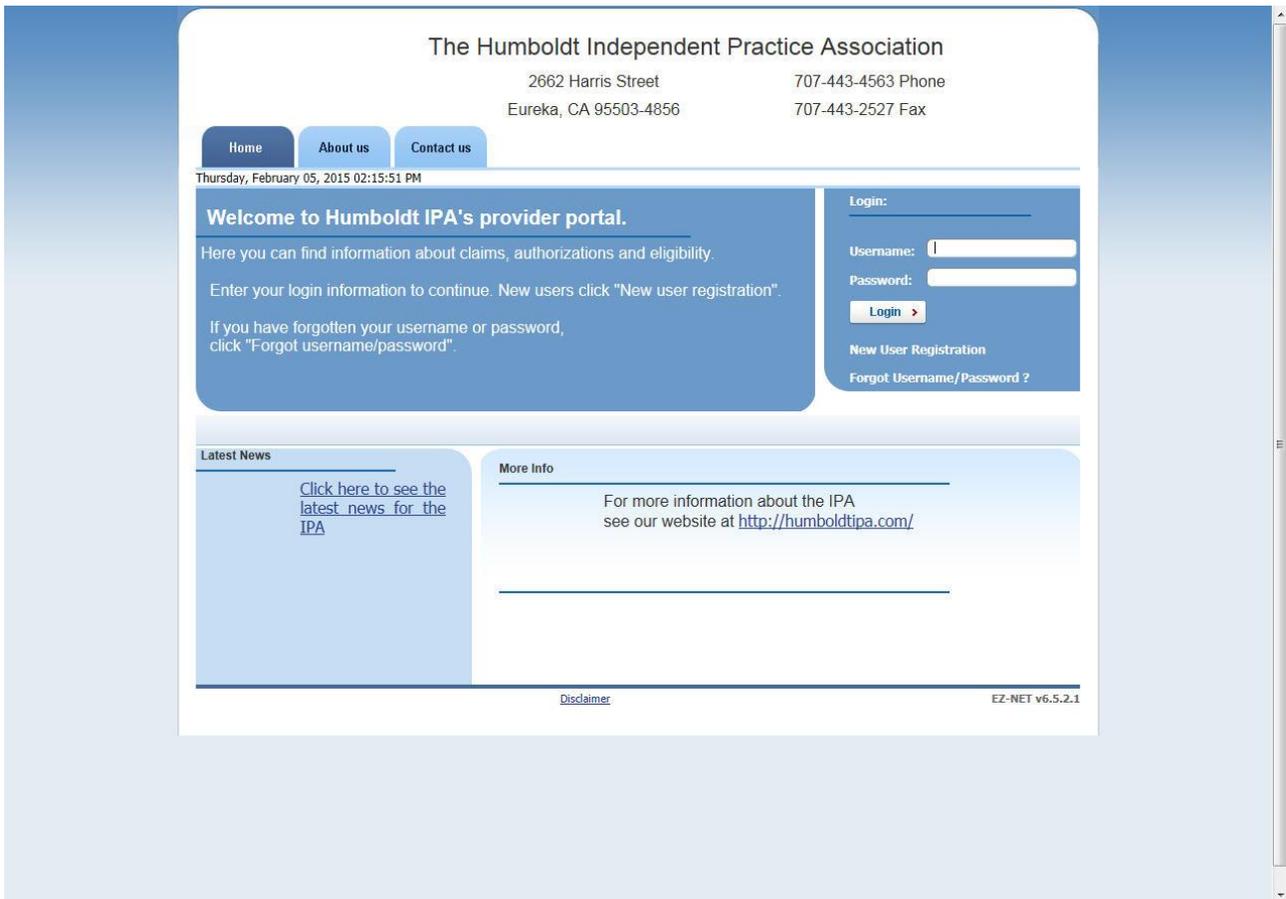


EZ-NET Claim Inquiry

1. Go to portal.humboldtipa.com You will see a login screen that should look similar to this:



The Humboldt Independent Practice Association

2662 Harris Street
Eureka, CA 95503-4856

707-443-4563 Phone
707-443-2527 Fax

Home About us Contact us

Thursday, February 05, 2015 02:15:51 PM

Welcome to Humboldt IPA's provider portal.

Here you can find information about claims, authorizations and eligibility.

Enter your login information to continue. New users click "New user registration".

If you have forgotten your username or password, click "Forgot username/password".

Latest News

[Click here to see the latest news for the IPA](#)

More Info

For more information about the IPA see our website at <http://humboldtipa.com/>

Disclaimer

EZ-NET v6.5.2.1

Login:

Username:

Password:

Login >

New User Registration

[Forgot Username/Password ?](#)

2. Go to the Login area and type in the Username and Password you were provided with. You may be prompted to change your password the first time you login. Please remember that passwords are case sensitive. Your password must be at least 8 characters long and contain at least 1 uppercase character, 1 lowercase character and 1 number.



The Humboldt Independent Practice Association

2662 Harris Street
Eureka, CA 95503-4856

707-443-4563 Phone
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Home About us Contact us

Thursday, February 05, 2015 02:17:39 PM

Welcome to Humboldt IPA's provider portal.

Here you can find information about claims, authorizations and eligibility.

Enter your login information to continue. New users click "New user registration".

If you have forgotten your username or password, click "Forgot username/password".

Latest News

[Click here to see the latest news for the IPA](#)

More Info

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Disclaimer

EZ-NET v6.5.2.1

Login:

Username:

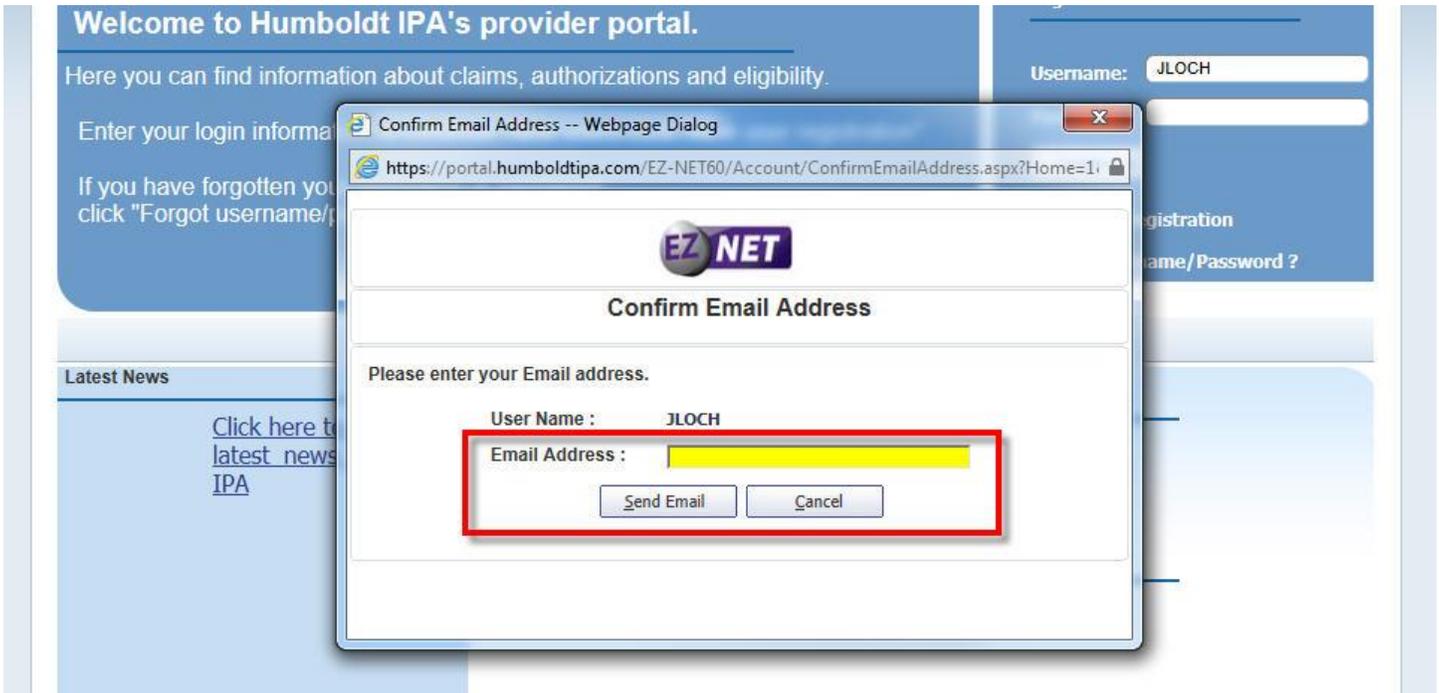
Password:

Login >

New User Registration

[Forgot Username/Password ?](#)

- Click Login after typing your Username and Password in the boxes provided.
Note: You may receive a pop-up like the one below, enter your email address and click "Send Email". You will receive an email with a link to confirm your address. Be sure to log out of EZ-NET before clicking the confirmation link. Once you have confirmed your address, you will no longer receive the pop-up. If you have trouble logging in, please go to the FAQ page at the end of this document.



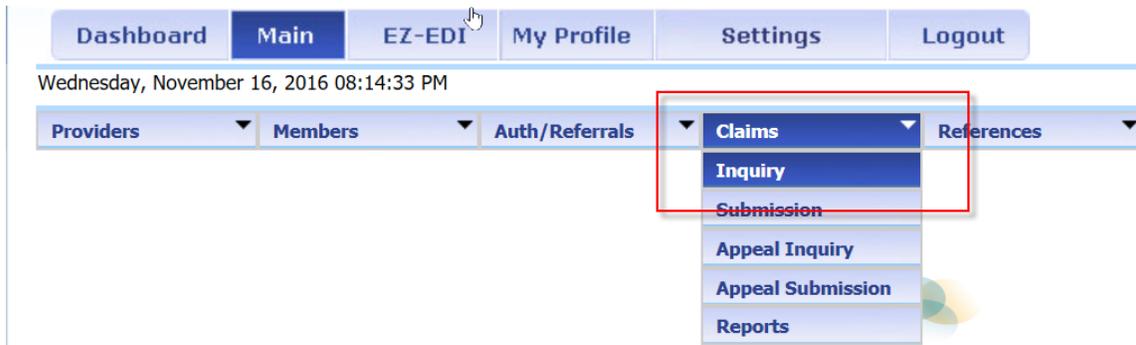
- Click on the Main tab to see options for authorizations, claims, and eligibility.



- The Main tab is where you will find all of your search and submission options available through EZ-NET.



6. Place your mouse over the Claims tab to see the list of options:



7. Click Inquiry to search for a claim that has already been submitted.



8. This will take you to the claim search page of EZ-NET:

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	<input type="text" value="ALL COMPANIES"/>	Member ID:	<input type="text"/>
Claim#:	<input type="text"/>	Status:	<input type="text" value="NONE SELECTED"/>
Provider Last Name:	<input type="text"/>	Provider First Name:	<input type="text"/>
Patient Last Name:	<input type="text"/>	Patient First Name:	<input type="text"/>
Service Date From:	<input type="text"/> To <input type="text"/>	Auth/Referral#:	<input type="text"/>
Provider Patient ID:	<input type="text"/>	Hosp Patient ID:	<input type="text"/>
Medical Record#:	<input type="text"/>	Provider Claim#:	<input type="text"/>
Cross Reference ID:	<input type="text"/>	Sort By:	<input type="text" value="CLAIM #"/>

Claim Number	Member Name	Provider Name	Provider Claim ID	Date Of Service	Status	Compan
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9. Select the health plan the member belongs to using the drop down menu available under Company ID. Depending on your access level, you may only see one option.

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	<input type="text" value="CALC - CALIFORNIACARE HEALT"/>	Member ID:	<input type="text"/>
Claim#:	<input type="text"/>	Status:	<input type="text" value="NONE SELECTED"/>
Provider Last Name:	<input type="text"/>	Provider First Name:	<input type="text"/>
Patient Last Name:	<input type="text"/>	Patient First Name:	<input type="text"/>
Service Date From:	<input type="text"/> To <input type="text"/>	Auth/Referral#:	<input type="text"/>
Provider Patient ID:	<input type="text"/>	Hosp Patient ID:	<input type="text"/>
Medical Record#:	<input type="text"/>	Provider Claim#:	<input type="text"/>
Cross Reference ID:	<input type="text"/>	Sort By:	<input type="text" value="CLAIM #"/>

10. There are several search options available to assist you in locating the claim you are looking for. The recommended search option is to search by either member name or ID number using the field highlighted below.

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	<input type="text" value="CALC - CALIFORNIACARE HEALT"/>	Member ID:	<input type="text"/>
Claim#:	<input type="text"/>	Status:	<input type="text" value="NONE SELECTED"/>
Provider Last Name:	<input type="text"/>	Provider First Name:	<input type="text"/>
Patient Last Name:	<input type="text"/>	Patient First Name:	<input type="text"/>
Service Date From:	<input type="text"/> To <input type="text"/>	Auth/Referral#:	<input type="text"/>
Provider Patient ID:	<input type="text"/>	Hosp Patient ID:	<input type="text"/>
Medical Record#:	<input type="text"/>	Provider Claim#:	<input type="text"/>
Cross Reference ID:	<input type="text"/>	Sort By:	<input type="text" value="CLAIM #"/>

11. Click the Magnifying Glass icon next to Member ID in order to search by member name or ID number:

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	<input type="text" value="CALC - CALIFORNIACARE HEALT"/>	Member ID:	<input type="text"/>
Claim#:	<input type="text"/>	Status:	<input type="text" value="NONE SELECTED"/>
Provider Last Name:	<input type="text"/>	Provider First Name:	<input type="text"/>
Patient Last Name:	<input type="text"/>	Patient First Name:	<input type="text"/>
Service Date From:	<input type="text"/> To <input type="text"/>	Auth/Referral#:	<input type="text"/>
Provider Patient ID:	<input type="text"/>	Hosp Patient ID:	<input type="text"/>
Medical Record#:	<input type="text"/>	Provider Claim#:	<input type="text"/>
Cross Reference ID:	<input type="text"/>	Sort By:	<input type="text" value="CLAIM #"/>

12. Type in either the last name and first name, or Member ID numbers in the appropriate search boxes. You can use a partial name or ID number using these search fields.

The screenshot shows a web browser window titled "Member Search -- Webpage Dialog" with the URL <https://portal.humboldtipa.com/EZ-NET60/Webportal/MemberSearch.aspx?FomAuthSubmission=1&F2=1&memI>. The dialog box contains several search fields: Last Name (highlighted in yellow), First Name, Date Of Birth, Subscriber SSN, Patient ID, Member ID, PCP ID, Gender (SELECT dropdown), Address 1, Address 2, City, State/Region, Zip, and Healthplan (SELECT A VALUE dropdown). Below the form is a table with columns: Member ID(rt-clk for det), Member Name, Gender, Birth Date, and Healthplan. The background shows a dashboard with "Friday, February 06, 20" and "Providers" sections.

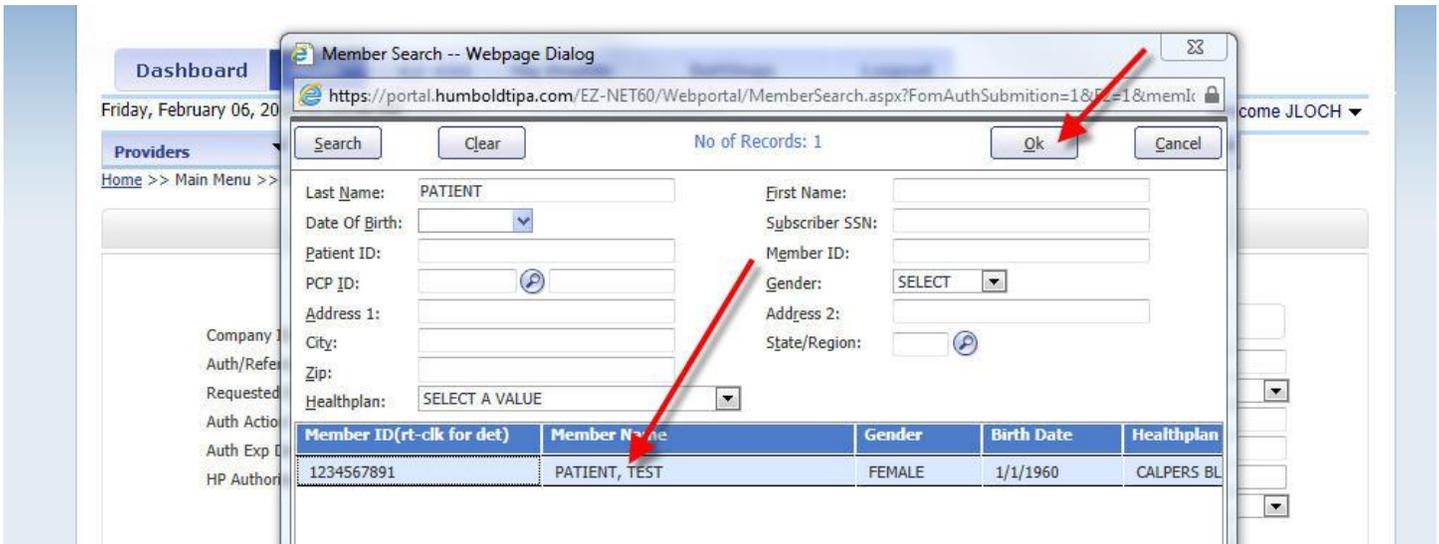
13. Click Search to see a list of members that match the criteria entered

The screenshot shows the same "Member Search -- Webpage Dialog" window. A red arrow points to the "Search" button. The "No of Records:" field now displays "1". The "Last Name" field contains "PATIENT". Below the form, the table from the previous screenshot is populated with one record, which is highlighted with a red box:

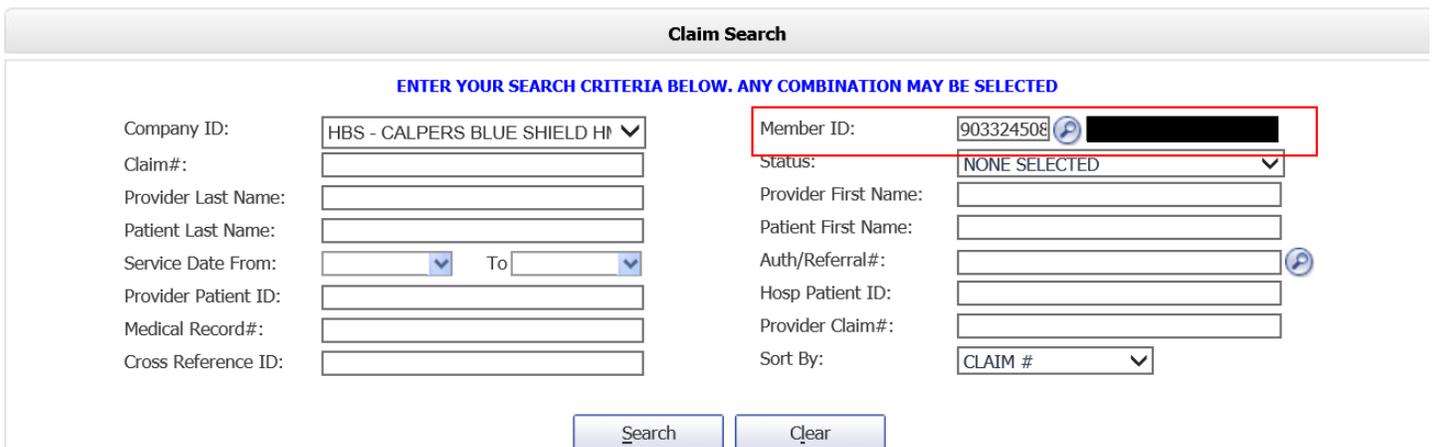
Member ID(rt-clk for det)	Member Name	Gender	Birth Date	Healthplan
1234567891	PATIENT, TEST	FEMALE	1/1/1960	CALPERS BL

The background dashboard is partially visible, showing "Friday, February 06, 20" and "Providers" sections.

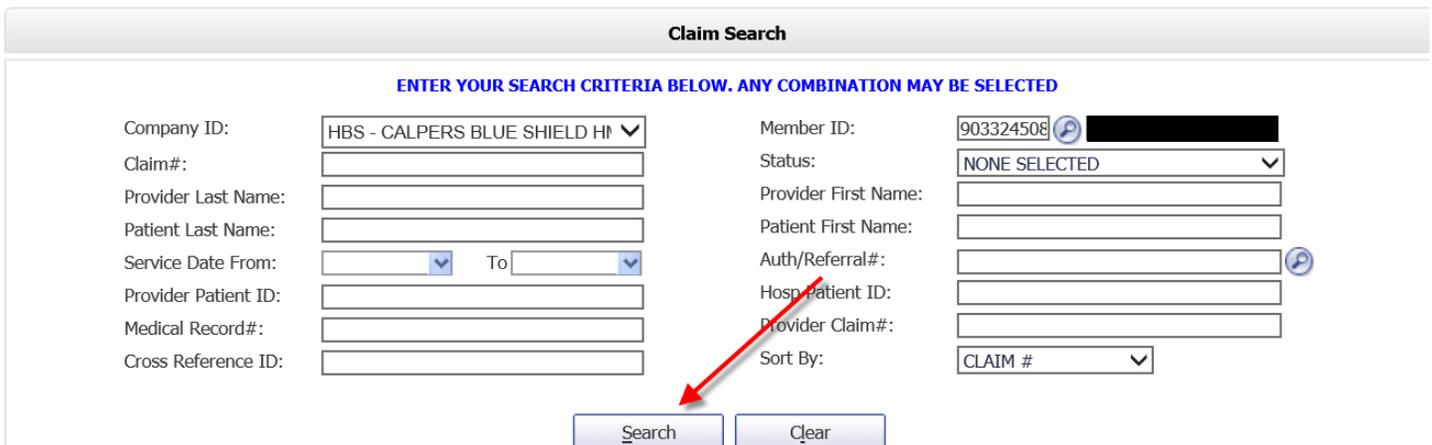
14. Double-click the correct member, or click the correct member once then click OK.



15. This will automatically take you back to the main search screen and will populate the Member ID section of the screen.



16. Next, click Search to see a list of claims for the member:



17. Claims for the member will be displayed in the lower window. You can scroll to the right to see more information that will assist you in selecting the claim you are looking for.

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	<input type="text" value="HBS - CALPERS BLUE SHIELD HI"/>	Member ID:	<input type="text" value="903324508"/>
Claim#:	<input type="text"/>	Status:	<input type="text" value="NONE SELECTED"/>
Provider Last Name:	<input type="text"/>	Provider First Name:	<input type="text"/>
Patient Last Name:	<input type="text"/>	Patient First Name:	<input type="text"/>
Service Date From:	<input type="text"/> To <input type="text"/>	Auth/Referral#:	<input type="text"/>
Provider Patient ID:	<input type="text"/>	Hosp Patient ID:	<input type="text"/>
Medical Record#:	<input type="text"/>	Provider Claim#:	<input type="text"/>
Cross Reference ID:	<input type="text"/>	Sort By:	<input type="text" value="CLAIM #"/>

Claim Number	Member Name	Provider Name	Provider Claim ID	Date Of Service	Status
20161019920011700135			89546	10/13/2016	PAID
20160825920011700074			157153V2124	7/27/2016	PAID
20160824920011700064			87670	8/19/2016	PAID
20160715920011700073			86306	7/12/2016	PAID
20160503920011700035			733776	4/28/2016	PAID

18. Select the desired claim by clicking on the Claim Number in the first column.

Claim Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	<input type="text" value="HBS - CALPERS BLUE SHIELD HI"/>	Member ID:	<input type="text" value="903324508"/>
Claim#:	<input type="text"/>	Status:	<input type="text" value="NONE SELECTED"/>
Provider Last Name:	<input type="text"/>	Provider First Name:	<input type="text"/>
Patient Last Name:	<input type="text"/>	Patient First Name:	<input type="text"/>
Service Date From:	<input type="text"/> To <input type="text"/>	Auth/Referral#:	<input type="text"/>
Provider Patient ID:	<input type="text"/>	Hosp Patient ID:	<input type="text"/>
Medical Record#:	<input type="text"/>	Provider Claim#:	<input type="text"/>
Cross Reference ID:	<input type="text"/>	Sort By:	<input type="text" value="CLAIM #"/>

Claim Number	Member Name	Provider Name	Provider Claim ID	Date Of Service	Status
20161019920011700135			89546	10/13/2016	PAID
20160825920011700074			157153V2124	7/27/2016	PAID
20160824920011700064			87670	8/19/2016	PAID
20160715920011700073			86306	7/12/2016	PAID
20160503920011700035			733776	4/28/2016	PAID

19. This will display the claim detail:

Claim / Encounter Details

Status Information											
Claim#:	20161116900000200001	Company ID:	HBS								
Auth/Referral#:		Status:	RELEASE TO A/P								
Date Received:	10/19/2016	Provider Claim #:	89546								
Date Paid:		Check:									
Payment Status:		EFT Trace #:									
Vendor:	1437	Reference #:									
Payee:	VENDOR	Claim Type:	PROFESSIONAL								
		Cross Reference ID:									

Patient Information				Diagnosis Information			
Name:	PATIENT,TEST						
DOB:	01/01/1960			Code	Version	Description	
Gender:	FEMALE			Z51.81	10	ENCOUNTER FOR THERAPEUTIC DRUG	
Age:	56 YEARS			G60.9	10	HEREDITARY AND IDIOPATHIC NEUR	
Health Plan:	CALPERS BLUE SHIELD HMO						
Member ID:	1234567891						
Benefit Plan:	CALPERS BLUE SHIELD HMO						
Prov Pat ID:							
Address:							

Provider Information											
Name:	- SEE MEMO PROVIDER NOT PROGRAMMED	Provider ID:	1820								
Specialty:	NOT AVAILABLE	Place Of Service:	RURAL HEALTH CLINIC								
From Date:	05/01/2007	Through Date:									

Services											
Details	Service Date	Service Code	Description	CPT Mod	Qty	Billed Amt	Cntc Amt	Copay	Coinsuran	WH Amt	Adj Amt
DETAILS	10/13/2016	99213	OFFICE/OU...		1.0	100.00	0.00	15.00	0.00	0.00	0.00

20. Claim Status is located in the upper right corner of the screen.

Claim / Encounter Details

Status Information											
Claim#:	20161116900000200001	Company ID:	HBS								
Auth/Referral#:		Status:	RELEASE TO A/P								
Date Received:	10/19/2016	Provider Claim #:	89546								
Date Paid:		Check:									
Payment Status:		EFT Trace #:									
Vendor:	1437	Reference #:									
Payee:	VENDOR	Claim Type:	PROFESSIONAL								
		Cross Reference ID:									

21. You can click the pen-and-paper icon at the top to see notes from our staff regarding the claim.

Claim / Encounter Details

Status Information

EZ-NET FAQ's

1. EZ-NET will work with Internet Explorer 10 or 11 and Google Chrome. It will not work with Firefox. For Internet Explorer, you will need to turn on compatibility mode. To turn on compatibility mode press the Alt key to bring up the menu bar, choose Tools->Compatibility View Settings, then click the Add button, then the Close button.
2. Google Toolbar - EZ-NET is not compatible with the Google Toolbar. If you have the Google Toolbar it will need to be removed before EZ-NET will work.
3. Pop-up Blocker - Turn off the Internet Explorer Pop-up Blocker, EZ-NET may appear to be working with the Pop-Up Blocker turned on, but it will often cause errors when searching for information.
4. Passwords - Passwords are case sensitive. EZ-NET automatically converts the user name to all CAPS when entered, but will not alter passwords.
5. Magnifying Glass - Whenever you see a magnifying glass icon - It means there are further search options available. Click the icon to see all search options available for the selected field.
6. Search Options - If you are searching by name or by ID number, click the magnifying glass located in the Member ID field and then type your search criteria in the window that pops up.
7. Logout - When you have completed looking up the information you require, click the Logout tab located in the upper right side of the window. If you do not click Logout the system will lock you out. Do not close the window without clicking Logout first.