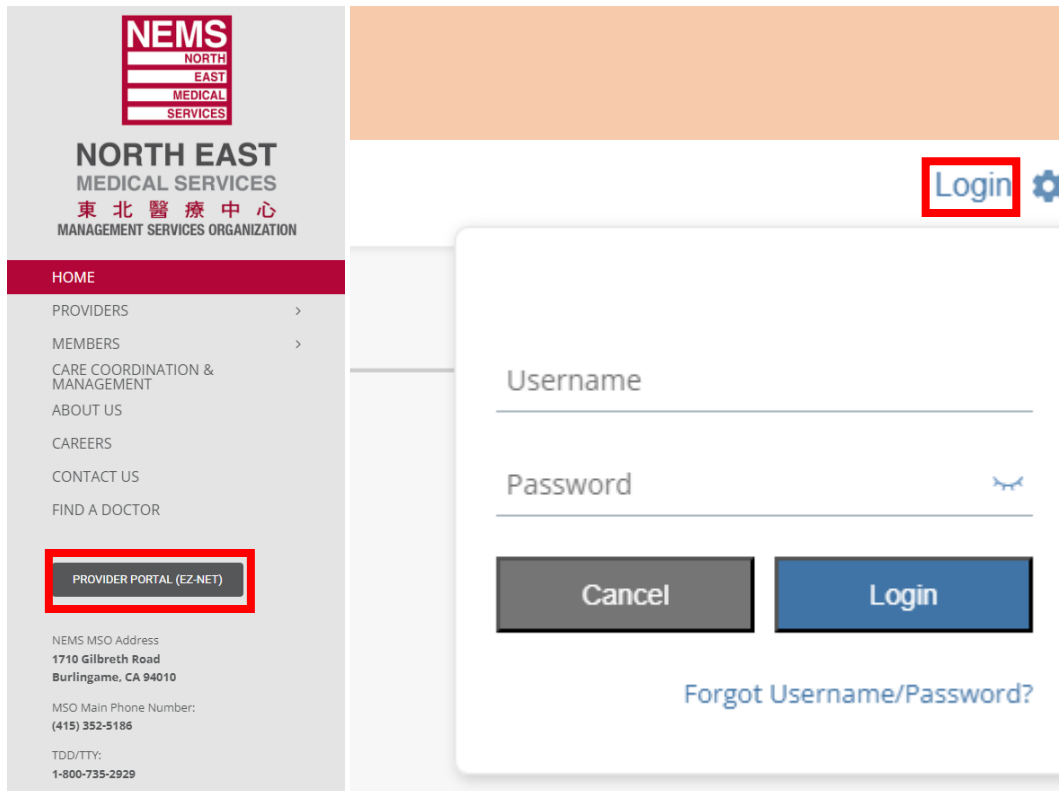
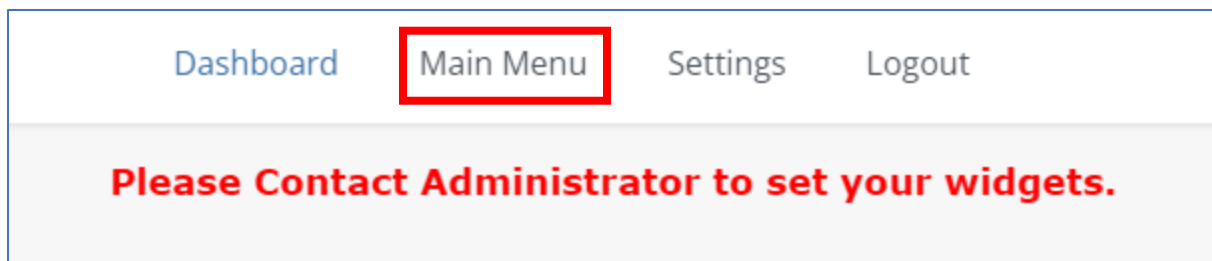


# Checking Authorization Status in EZ-NET: A Step by Step Guide

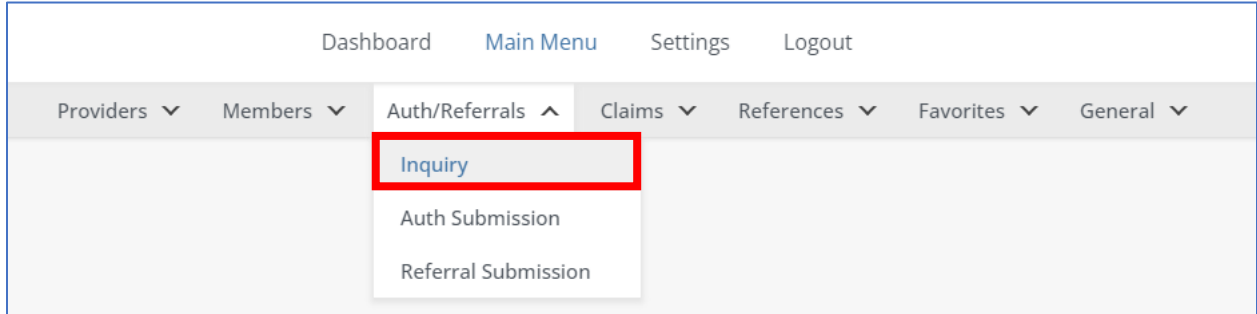
**Step 1:** Access EZ-NET by navigating to <https://nemsmso.org> and selecting **PROVIDER PORTAL (EZ-NET)**, then click **Login** on the upper-right hand corner of the page.



**Step 2:** Select **Main Menu** once you login to EZ-NET.



**Step 3:** Select the **Auth/Referrals** module and choose **Inquiry** on the drop-down menu.



**Step 4:** Select the correct **Company ID**.

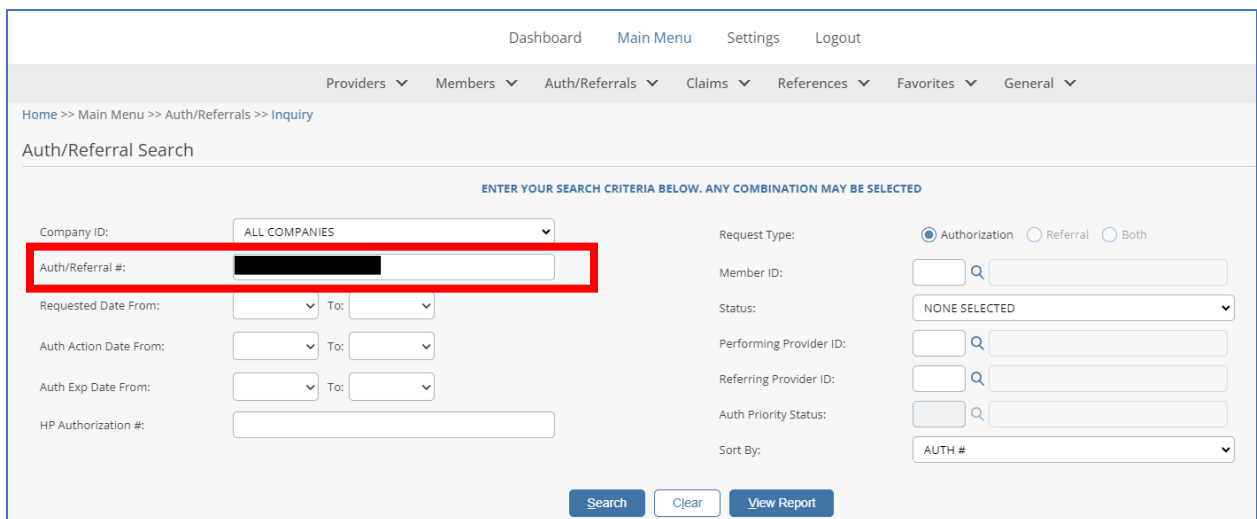
**Company ID**

NEMSMSO should be used for members of the following plans:

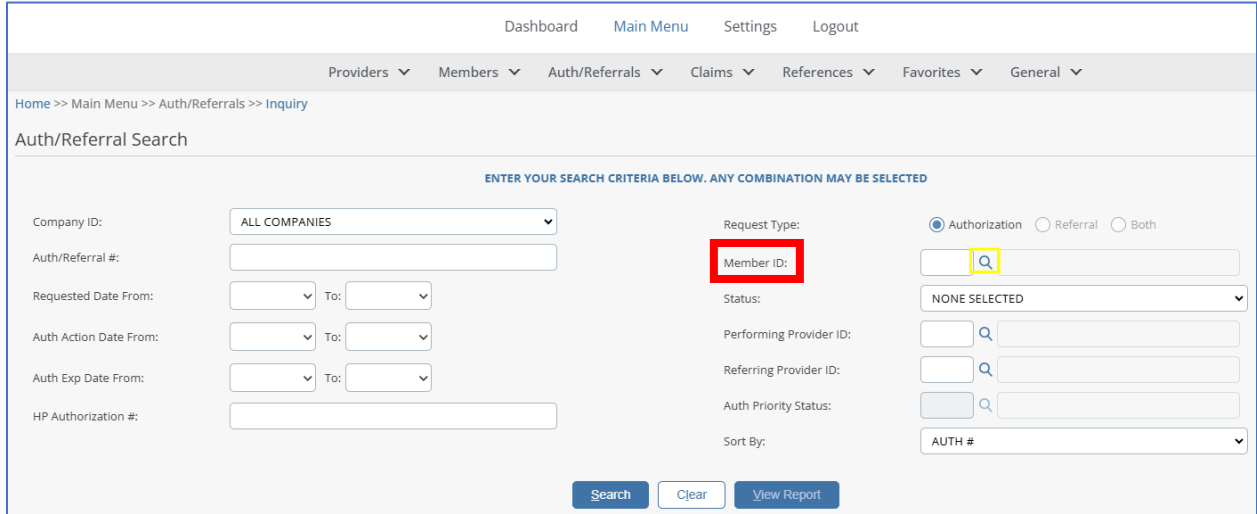
- San Francisco Health Plan
- Anthem Blue Cross
- Santa Clara Family Health Plan
- Alignment Health Plan
- PACE

GBHP should be used for members of Health Net & Golden Bay Health Plan.

**Step 5:** If you have the **Auth #**, input it in the section highlighted in red below and skip to step 10. If you do not have an auth #, proceed to step 6.



**Step 6:** Click on the magnifying glass next to **Member ID**.



Dashboard Main Menu Settings Logout

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Inquiry

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: ALL COMPANIES

Auth/Referral #: [Text Field]


Requested Date From: [Dropdown] To: [Dropdown]

Auth Action Date From: [Dropdown] To: [Dropdown]


Auth Exp Date From: [Dropdown] To: [Dropdown]


HP Authorization #: [Text Field]


Request Type:  Authorization  Referral  Both

Member ID: [Text Field] 

Status: NONE SELECTED

Performing Provider ID: [Text Field] 

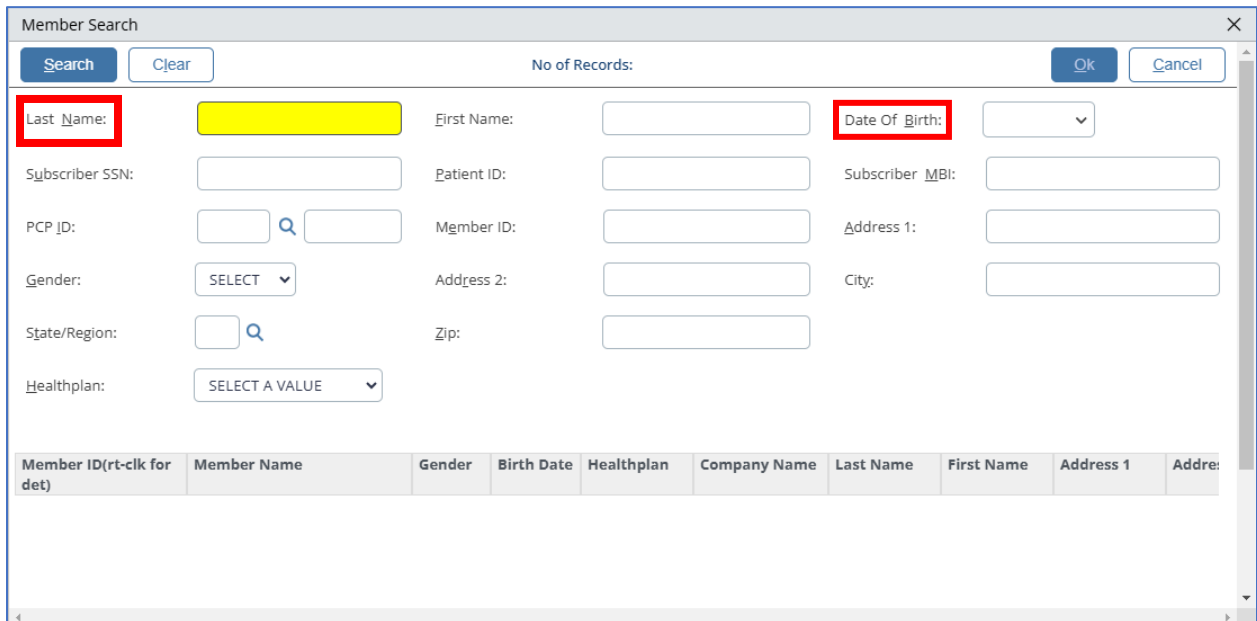
Referring Provider ID: [Text Field] 

Auth Priority Status: [Text Field] 

Sort By: AUTH #

Search Clear View Report

**Step 7:** Input the **Date of Birth AND Last Name** of the member.




Member Search


Search Clear No of Records: Ok Cancel

Last Name: [Text Field] First Name: [Text Field] Date Of Birth: [Dropdown]

Subscriber SSN: [Text Field] Patient ID: [Text Field] Subscriber MBI: [Text Field]

PCP ID: [Text Field]  Member ID: [Text Field] Address 1: [Text Field]

Gender: SELECT Address 2: [Text Field] City: [Text Field]

State/Region: [Text Field]  Zip: [Text Field]

Healthplan: SELECT A VALUE

Member ID(rt-clk for det)	Member Name	Gender	Birth Date	Healthplan	Company Name	Last Name	First Name	Address 1	Address 2

**Step 8:** Select **Search** and double-click the member option that matches the inputted values from step 7.

Member Search

**Search** Clear No of Records: 1 Ok Cancel

Last Name: [Redacted] First Name: [ ] Date Of Birth: 1/27/1960

Subscriber SSN: [ ] Patient ID: [ ] Subscriber MBI: [ ]

PCP ID: [ ] Member ID: [ ] Address 1: [ ]

Gender: SELECT Address 2: [ ] City: [ ]

State/Region: [ ] Zip: [ ]

Healthplan: SELECT A VALUE

Member ID(rt-clk for	Member Name	Gender	Birth Date	Healthplan	Company Name	Last Name	First Name	Address 1	Address 2
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

**Step 9:** Select **Search** and choose the **Auth Number** that matches.

Dashboard Main Menu Settings Logout

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Inquiry

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: ALL COMPANIES Request Type: Authorization Referral Both

Auth/Referral #: [ ] Member ID: [Redacted]

Requested Date From: [ ] To: [ ] Status: NONE SELECTED

Auth Action Date From: [ ] To: [ ] Performing Provider ID: [ ]

Auth Exp Date From: [ ] To: [ ] Referring Provider ID: [ ]

HP Authorization #: [ ] Auth Priority Status: [ ]

Sort By: AUTH #

**Search** Clear View Report

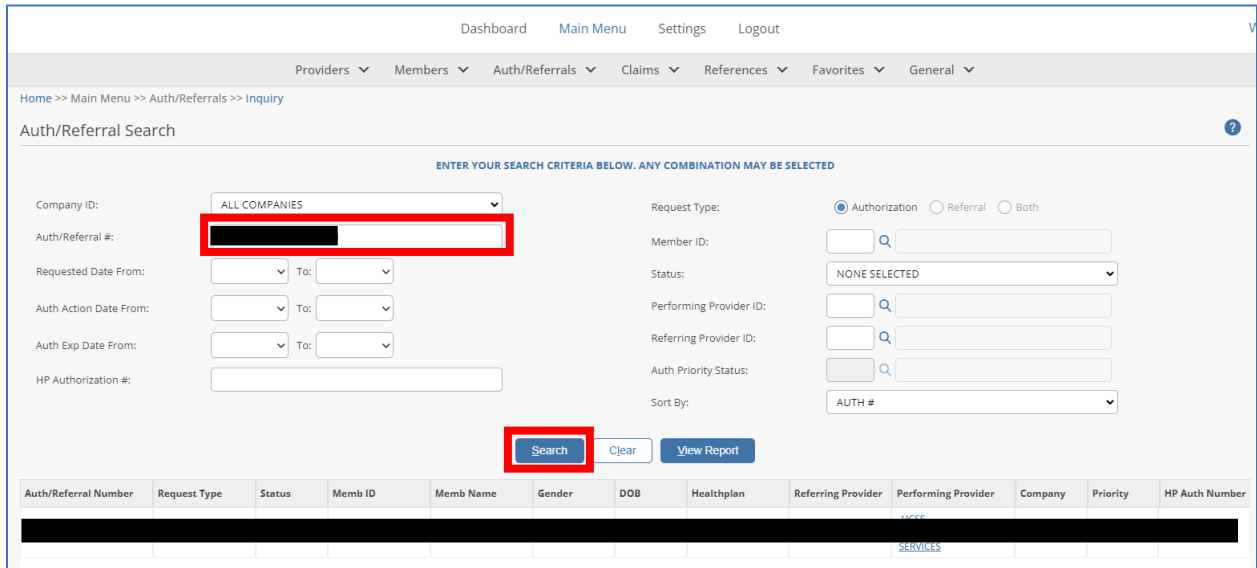
Auth/Referral Number	Request Type	Status	Member ID	Member Name	Gender	DOB	Healthplan	Referring Provider	Performing Provider	Company
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Page 1 GO of 4 1 2 Total Item(s): 33 10

**Finding A Specific Auth**

To find the specific auth you are looking for in the list, use a combination of information such as Referring Provider and Performing Provider. Additionally, you may click on the auth number (large red box) to view additional details.

**Step 10:** Input the auth number and choose **Search** to view authorization status information below.



Dashboard Main Menu Settings Logout

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Inquiry

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: ALL COMPANIES

Auth/Referral #: [Red Box]

Requested Date From: To:

Auth Action Date From: To:

Auth Exp Date From: To:

HP Authorization #:

Request Type:  Authorization  Referral  Both

Member ID: [Search]

Status: NONE SELECTED

Performing Provider ID: [Search]

Referring Provider ID: [Search]

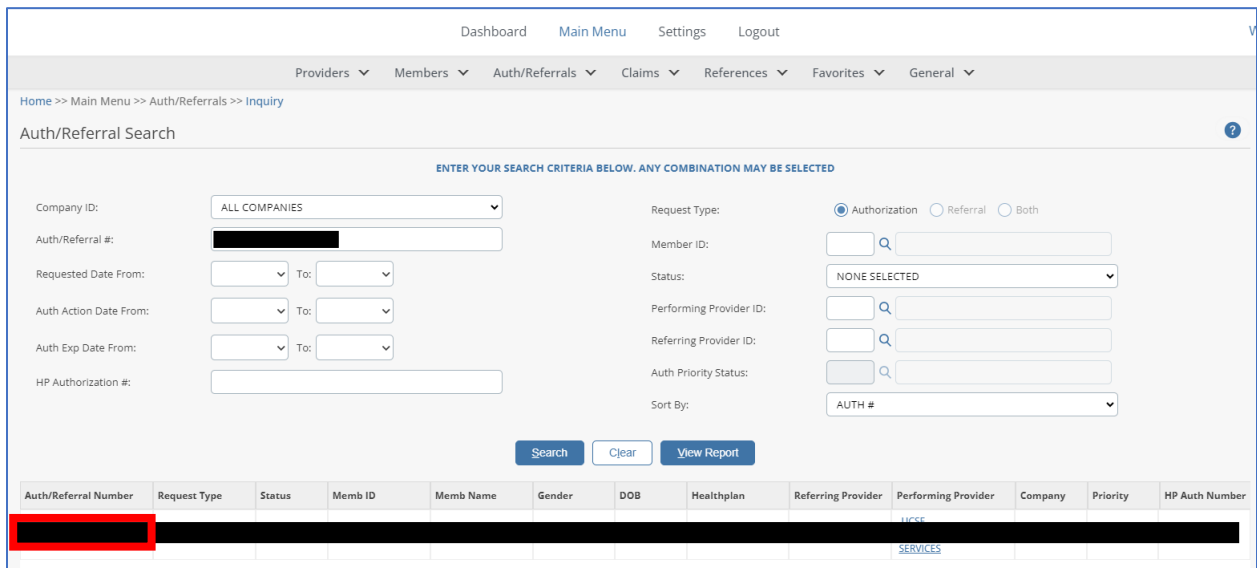
Auth Priority Status: [Search]

Sort By: AUTH #

[Red Box] Search Clear View Report

Auth/Referral Number	Request Type	Status	Memb ID	Memb Name	Gender	DOB	Healthplan	Referring Provider	Performing Provider	Company	Priority	HP Auth Number
[Red Box]												

**Step 11:** Select the **Auth Number** (red box) to view further details on the authorization.



Dashboard Main Menu Settings Logout

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Inquiry

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: ALL COMPANIES

Auth/Referral #: [Red Box]

Requested Date From: To:

Auth Action Date From: To:

Auth Exp Date From: To:

HP Authorization #:

Request Type:  Authorization  Referral  Both

Member ID: [Search]

Status: NONE SELECTED

Performing Provider ID: [Search]

Referring Provider ID: [Search]

Auth Priority Status: [Search]

Sort By: AUTH #

Search Clear View Report

Auth/Referral Number	Request Type	Status	Memb ID	Memb Name	Gender	DOB	Healthplan	Referring Provider	Performing Provider	Company	Priority	HP Auth Number
[Red Box]												

**Step 12:** The **Authorization Details** page provides detailed information on the authorization and the status. See below for additional details on the status of the authorization.

Dashboard Main Menu Settings Logout

Providers Members Auth/Referrals Claims References Favorites General

Home >> Main Menu >> Auth/Referrals >> Inquiry

### Authorization Details

Authorization Information	
Authorization #:	[REDACTED]
<b>Status:</b>	<b>APPROVED</b>
Company ID:	NEMSMO
Requested Date:	10/10/2024
Time:	11:36:30
Place Of Service:	OFFICE
Auth Action:	10/17/2024
LOS:	0
Determination Date:	10/17/2024
Priority Status:	3 - ROUTINE AUTH
Time:	12:16:06
HP Authorization #:	
Expiration Date:	04/08/2025
Request Category:	
Authorized Units:	0
Service Type:	3 - CONSULTATION
Requested Units:	0
Decision Date:	10/17/2024
Certification Type:	
Admit Source:	
Auth Service Pkg:	
Facility Code:	
Admit Type:	
Patient Status:	

Additional Master Info

### Authorization Status Types

**1 – Approved**

- Auth has been approved.

**3 – Denied**

- Auth has been denied.
- Providers can appeal auth denials; steps are in denial letter.

**6 – Cancelled**

- Auth has been cancelled.

**7 – Requested**

- Case has not yet been reviewed.

**C – CCS**

- Auth forwarded to California Children’s Services (CCS)
- Providers can submit the request to CCS (Phone: 628-217-6700/Fax: 415-575-5790)

**L – LOA**

- Auth includes a signed a Letter of Agreement (LOA)

**O – Open**

- Case is still being reviewed. Processing time will be according to auth type.

**H – Defer**

- Member has another insurance as primary; no auth given as secondary (Medi-Cal is always the payer of last resort)