

Submitting an Authorization in EZ-NET: A Step-by-Step Guide

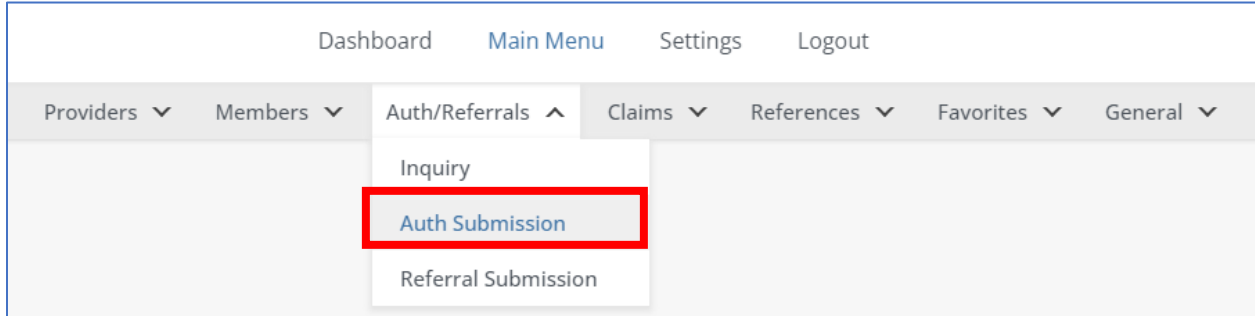
Step 1: Access EZ-NET by navigating to <https://nemsmso.org> and selecting **PROVIDER PORTAL (EZ-NET)**, then click **Login** on the upper-right hand corner of the page.

The screenshot shows the NEMS North East Medical Services website. On the left is a navigation menu with the following items: HOME, PROVIDERS, MEMBERS, CARE COORDINATION & MANAGEMENT, ABOUT US, CAREERS, CONTACT US, and FIND A DOCTOR. The 'PROVIDER PORTAL (EZ-NET)' link is highlighted with a red box. Below the menu is contact information for NEMS MSO. In the top right corner, there is a 'Login' button with a gear icon, also highlighted with a red box. A login form is overlaid on the page, featuring a 'Username' field, a 'Password' field with a visibility toggle, a 'Cancel' button, a 'Login' button, and a 'Forgot Username/Password?' link.

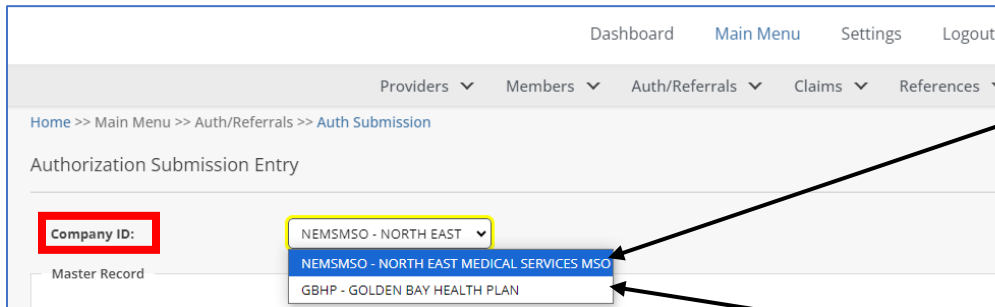
Step 2: Select **Main Menu** once you login to EZ-NET.

The screenshot shows the EZ-NET dashboard. At the top, there is a navigation bar with the following items: Dashboard, Main Menu (highlighted with a red box), Settings, and Logout. Below the navigation bar, a red message reads: "Please Contact Administrator to set your widgets."

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



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



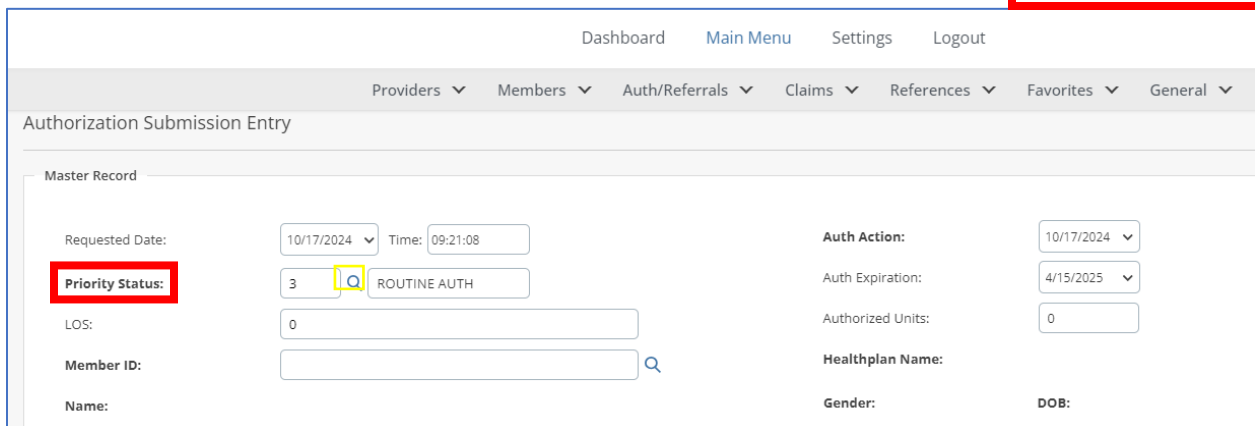
Company ID

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: Click on the **magnifying glass** next to **Priority Status**.



Step 6: On the **Priority Status** window, choose one of the three status codes.

Auth Priority Status Codes	
No of Records: 3	
Code	Description
1	URGENT AUTH
3	ROUTINE AUTH
R	RETRO AUTH

Priority Status (Authorization Turnaround Time – TAT)

The turnaround time will vary depending on the request types below:

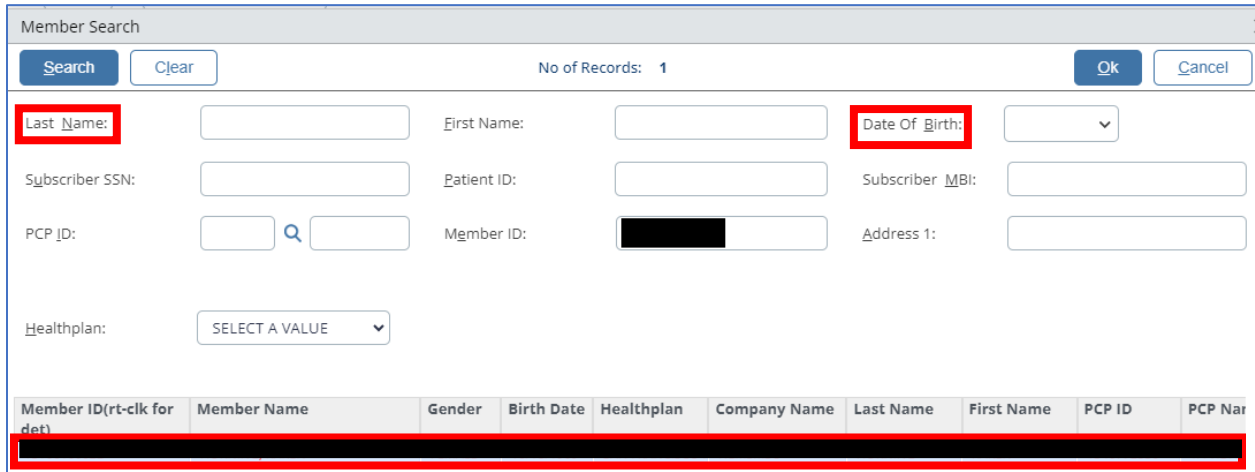
- **1: Urgent – Decision provided within 72 hours of receipt**
- **3: Routine – Decision provided within 5 business days of receipt**
- **R: Retro – Decision provided within 30 days of receipt**

Please Note: Retro requests are not applicable to Medicare Advantage members. Only accepted for Medi-Cal Managed Care members.

Step 7: Click on the **magnifying glass** next to **Member ID, Requesting Provider ID, and Requested Provider ID** to complete those sections. Please also complete the Facility ID section, if applicable.

Requested Date:	10/17/2024	Time:	09:21:08	Auth Action:	10/17/2024
Priority Status:	3	ROUTINE AUTH		Auth Expiration:	4/15/2025
LOS:	0			Authorized Units:	0
Member ID:				Healthplan Name:	
Name:				Gender:	DOB:
Service Area:					
Requesting Provider ID:					
Service Area:					
Requested Provider ID:					
Service Area:					
Facility ID:				Requested Units:	0
Place Of Service:	SELECT A VALUE		From Favorites	Certification Type:	

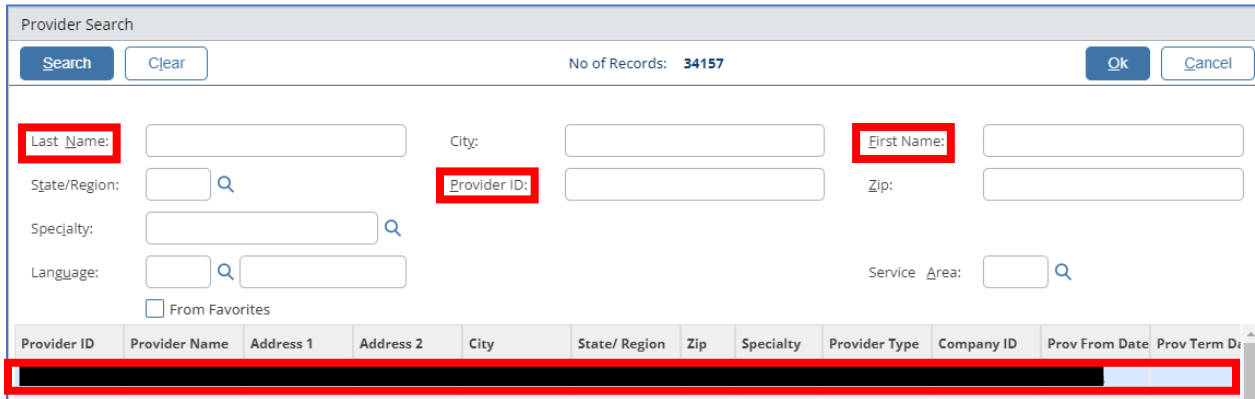
Step 8: On the **Member ID** window, input the **Date of Birth AND Last Name**. Double-click the option that matches the inputted values.



Member Search window showing search criteria and results. The 'Last Name' and 'Date Of Birth' fields are highlighted with red boxes. The results table below shows a single record with a red box around the first row.

Member ID (rt-clk for det)	Member Name	Gender	Birth Date	Healthplan	Company Name	Last Name	First Name	PCP ID	PCP Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

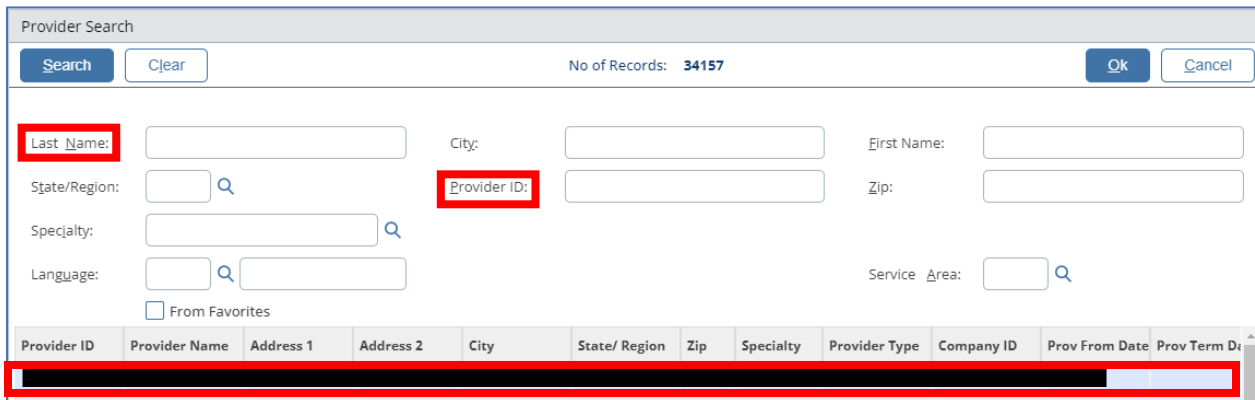
Step 9: On both **Provider ID** windows, input the **Provider ID (NPI) OR Last Name, First Name**, and any other pertinent information. Double-click the option that matches the inputted values.



Provider Search window showing search criteria and results. The 'Last Name' and 'First Name' fields are highlighted with red boxes. The results table below shows a single record with a red box around the first row.

Provider ID	Provider Name	Address 1	Address 2	City	State/Region	Zip	Specialty	Provider Type	Company ID	Prov From Date	Prov Term Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

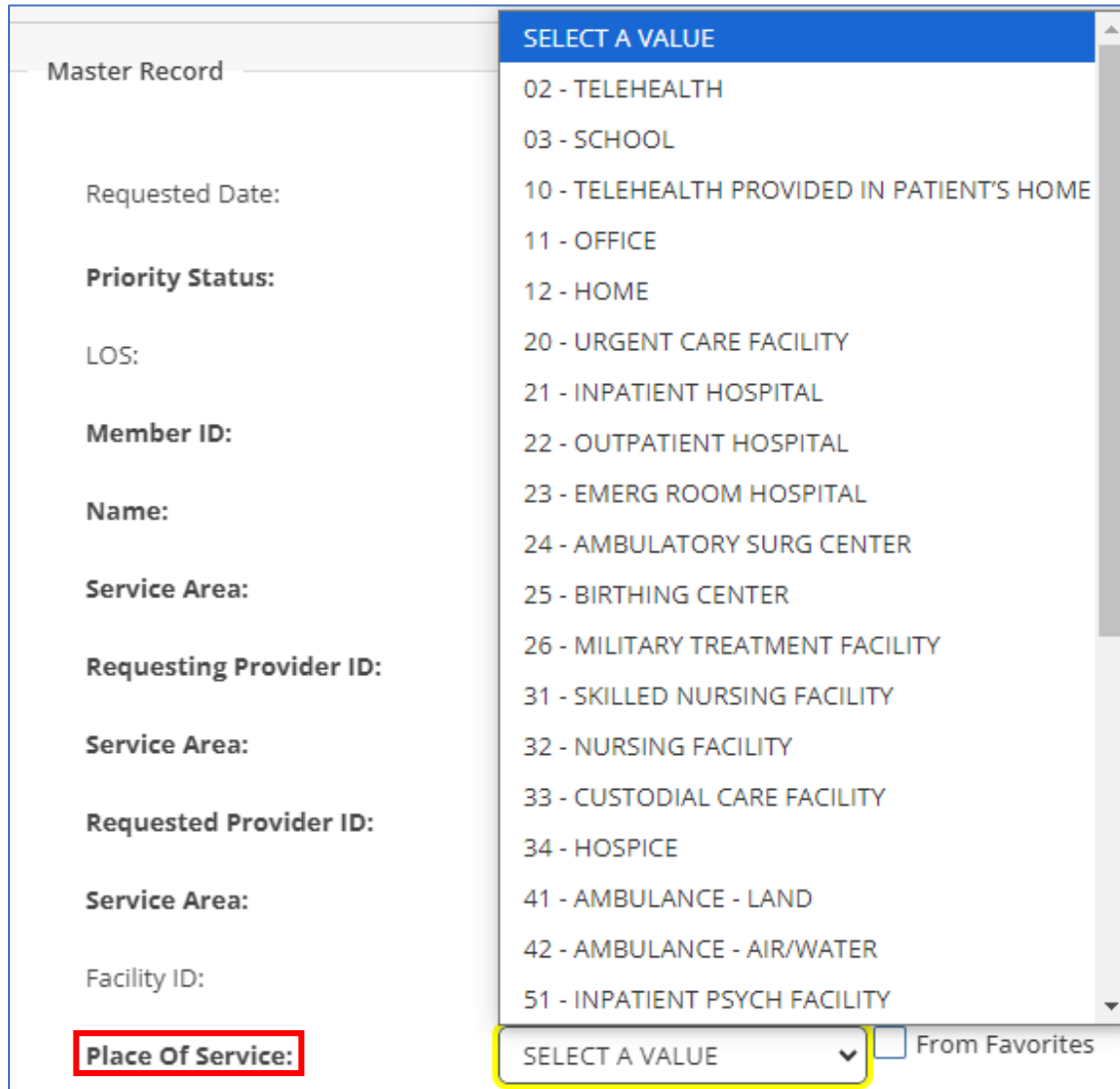
Step 10: If applicable, on the **Facility ID** window (will also be titled Provider Search window), input the **Provider ID (Facility NPI) OR Facility Name** (in the **Last Name** field) and any other pertinent information. Double-click the option that matches the inputted values.



Provider Search window showing search criteria and results. The 'Last Name' and 'Provider ID' fields are highlighted with red boxes. The results table below shows a single record with a red box around the first row.

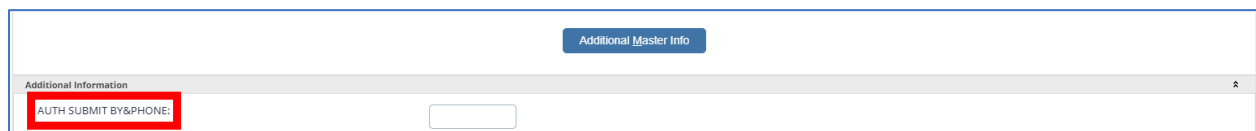
Provider ID	Provider Name	Address 1	Address 2	City	State/Region	Zip	Specialty	Provider Type	Company ID	Prov From Date	Prov Term Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Step 11: Select the correct **Place of Service**.



The screenshot shows a form titled "Master Record" with several fields: Requested Date, Priority Status, LOS, Member ID, Name, Service Area, Requesting Provider ID, Service Area, Requested Provider ID, Service Area, and Facility ID. A dropdown menu is open over the "Place Of Service" field, listing various facility types from 02 to 51. The "Place Of Service" label is highlighted with a red box, and the dropdown menu is highlighted with a yellow box. The dropdown menu includes a search bar and a "From Favorites" checkbox.

Step 12: Input the name of the person submitting the authorization.



The screenshot shows the "Additional Master Info" section of the form. It contains a field labeled "AUTH SUBMIT BY&PHONE" which is highlighted with a red box. There is also a search icon next to the field.

Step 13: Add up to 12 **Diagnosis Codes** by clicking on the **magnifying glass**.



The screenshot shows the "Diagnosis" section of the form. It contains a field labeled "Diagnosis Code:" which is highlighted with a red box. There is a search icon next to the field. To the right of the field is a button labeled "Add Diag" with the text "(Only 12 diagnosis codes allowed)" next to it.

Step 14: On the **Diagnosis Code** window, input the **Diagnosis Code** and double-click the option that matches the correct values. Then click on **Add Diag**.

Diagnosis Code

A diagnosis code is a series of letters and numbers that represent a specific diagnosis, symptom, or procedure. They are used to identify and group diseases, disorders, etc. for patient encounters.

Code	Description	From Date	To Date	C/H	Version
001.	CHOLERA*	1/1/1980		C	

Diagnosis Code: (Only 12 diagnosis codes allowed)

Step 15: Next, you will need to add a procedure code. Click on the **magnifying glass** next to **Procedure Code**.

Procedure Code:

Service Type:

Auth Procedure Group:

Modifier 1: From Favorites

Modifier 2:

Modifier 3:

Modifier 4:

Service Line Amount: Line Rate:

Auth Qty: Diag Ref:

Admit Date:

Number of Days:

Admit Source:

Request Category:

Service Type:

Discharge Date:

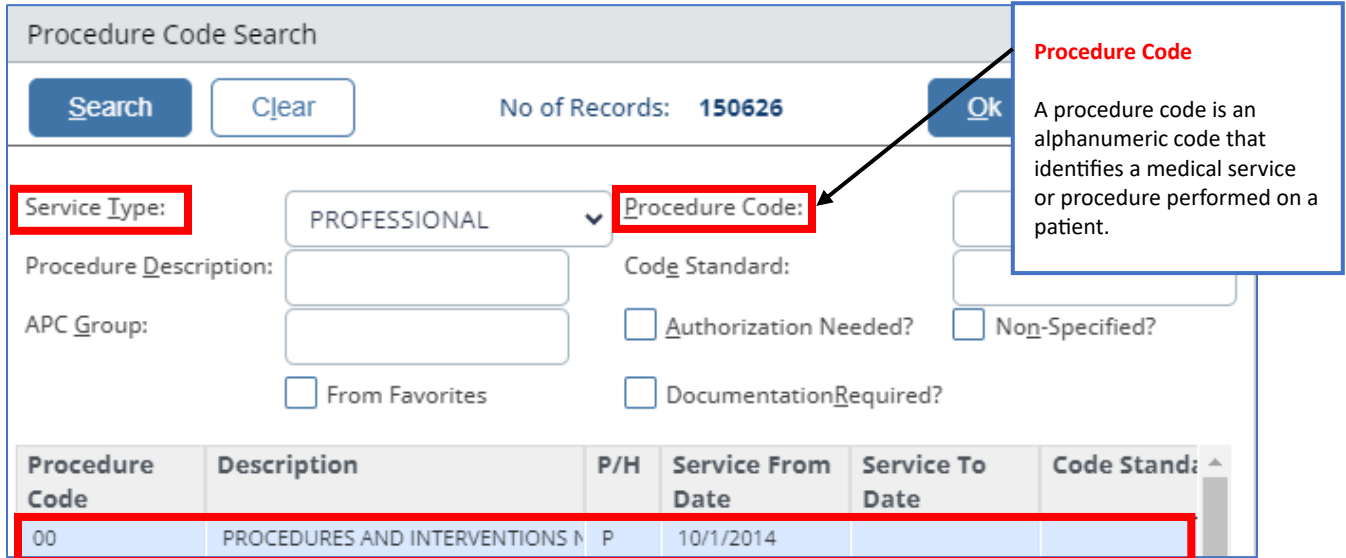
Admit Type:

Requested Qty:

Certification Type:

Facility Type Code:

Step 16: On the **Procedure Code** window, select the **Service Type** and input the **Procedure Code**. Double-click the option that matches the correct values when completed.



Procedure Code Search

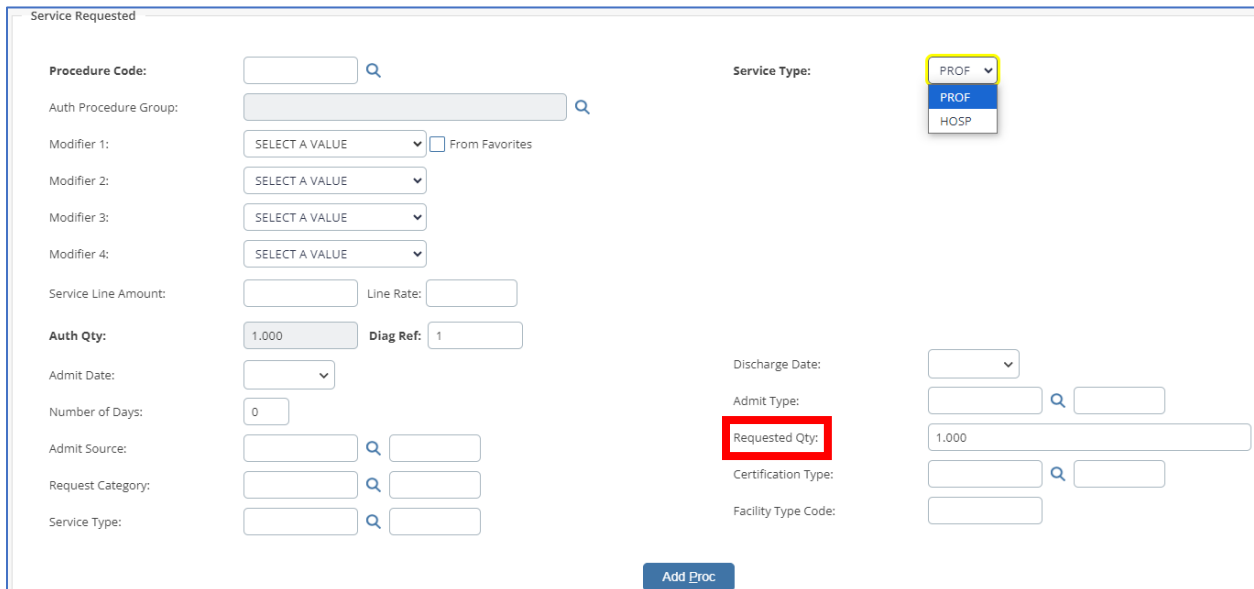
Search Clear No of Records: 150626 Ok

Service Type: PROFESSIONAL **Procedure Code:**
 Procedure Description:
 APC Group:
 From Favorites Authorization Needed? Non-Specified?
 Documentation Required?

Procedure Code	Description	P/H	Service From Date	Service To Date	Code Standard
00	PROCEDURES AND INTERVENTIONS N	P	10/1/2014		

Procedure Code
A procedure code is an alphanumeric code that identifies a medical service or procedure performed on a patient.

Step 17: Input the **Requested Qty**, which corresponds to the quantity of treatments requested. For instance, the provider would input "1" if he/she requests for a single treatment procedure.



Service Requested

Procedure Code:
 Auth Procedure Group:
 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: Line Rate:
Auth Qty: 1.000 **Diag Ref:** 1
 Admit Date:
 Number of Days: 0
 Admit Source:
 Request Category:
 Service Type:

Service Type: PROF
 Discharge Date:
 Admit Type:
Requested Qty: 1.000
 Certification Type:
 Facility Type Code:

Add Proc

Step 18: Select the correct **Service Type**.

The screenshot shows the 'Service Requested' form with various input fields. A red box highlights the 'Service Type' dropdown menu, which is currently set to 'PROF'. An arrow points from a callout box to this dropdown. The callout box, titled 'Service Type', contains the following information:

- Professional Services – services that will be rendered at an office setting.
- Hospital Services – services that will be rendered at an outpatient facility, i.e., hospital, SNFs, ASCs, etc.

The form includes fields for Procedure Code, Auth Procedure Group, Modifiers 1-4, Service Line Amount, Line Rate, Auth Qty, Diag Ref, Admit Date, Discharge Date, Admit Type, Number of Days, Admit Source, Request Category, and Facility Type Code. An 'Add Proc' button is located at the bottom right of the form.

Step 19: Select **Add Proc** to view details of the service.

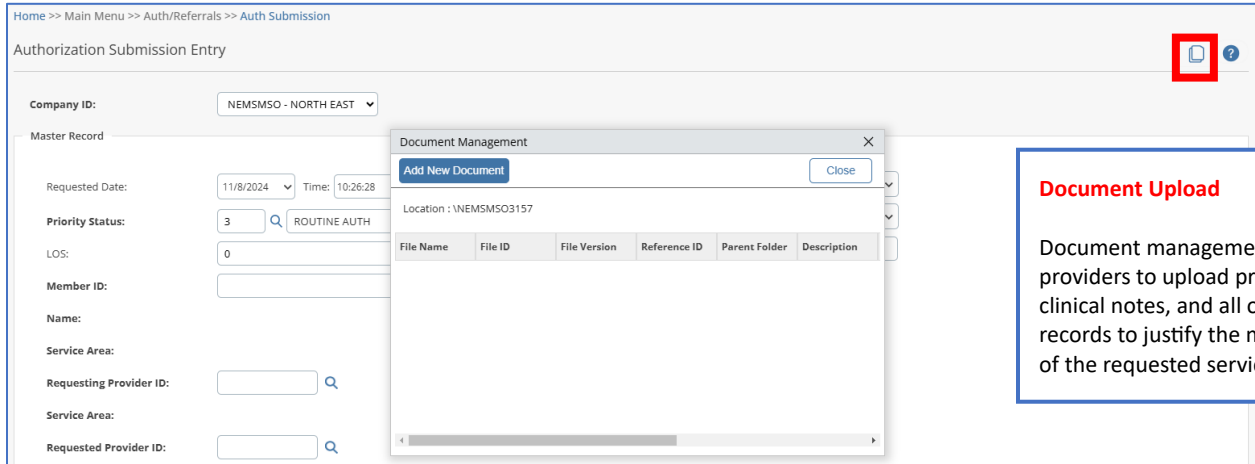
The screenshot shows a table with a red box around the 'Add Proc' button. The table has the following columns: Additional Dtl Info, Auth Action, Auth Expiration, AuthServiceType Proc, Description, Mod1, Mod2, Mod3, Mod4, Auth Qty, Diag Ref, Admit Date, Discharge Date, Admit Type, Admit Source, Req Qty, Req Catg, Cert Type, Service Type, Fac Type, Service Code, and Line Rate. The first row of data is highlighted with a red box and contains the following values: Additional Detail Info, a dropdown arrow, a dropdown arrow, a blacked-out cell, 1,000, 1, a dropdown arrow, a dropdown arrow, a dropdown arrow, 1,000, and several empty cells.

Step 20: At the very bottom, add any relevant **Auth Notes** before submitting the authorization. Notes allow providers to convey messages and medical justification direction to the UM reviewers.

The screenshot shows the 'Auth Notes' section with a large text area highlighted by a red box. At the bottom of the section are two buttons: 'Submit Request' and 'Clear Form'.

Auth Notes Example: "Patient is a 60-year-old male with a history of chronic shoulder pain, with increasing pain over the past 2 weeks. X-rays showed no acute fractures, but patient has failed 4 weeks of treatment, including ice and physical therapy. MRI is requested to evaluate for rotator cuff tears. Pain is significantly affecting daily function, including his ability to perform basic work tasks."

Step 21: REQUIRED: Upload supporting documents in relation to your authorization, select the **Document Management** button at the upper-right hand corner (highlighted in red) and a new window will open.



Home >> Main Menu >> Auth/Referrals >> Auth Submission

Authorization Submission Entry

Company ID: NEMSMSO - NORTH EAST

Master Record

Requested Date: 11/8/2024 Time: 10:26:28

Priority Status: 3 ROUTINE AUTH

LOS: 0

Member ID:

Name:

Service Area:

Requesting Provider ID:

Service Area:

Requested Provider ID:

Document Management (highlighted in red)

Add New Document (highlighted in red)

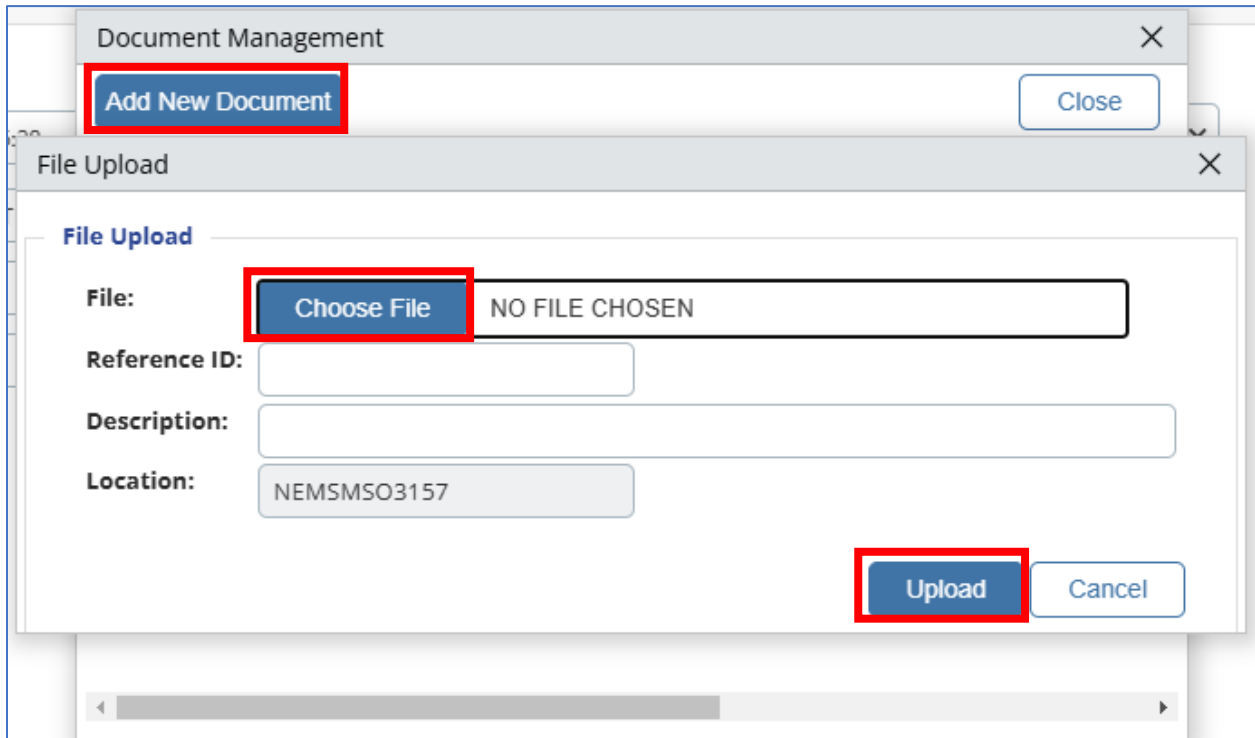
Location: \NEMSMSO3157

File Name	File ID	File Version	Reference ID	Parent Folder	Description

Document Upload

Document management enables providers to upload progress notes, clinical notes, and all other medical records to justify the medical need of the requested services.

Step 22: In the **Document Management** window, select **Add New Document**, choose the file you wish to upload, and then select **Upload** to upload the document.



Document Management

Add New Document (highlighted in red)

Close

File Upload

File Upload

File: Choose File (highlighted in red) NO FILE CHOSEN

Reference ID:

Description:

Location: NEMSMSO3157

Upload (highlighted in red) Cancel

Step 23: Lastly, select **Submit Request** at the very bottom to finalize the authorization submission.

The screenshot shows a web form titled "Auth Notes". At the top left of the form area is the text "Auth Notes". In the center of the form area is a link that says "(Click to Enlarge Notes)". Below this is a large, empty rectangular text input field. At the bottom of the form, there are two buttons: "Submit Request" and "Clear Form". The "Submit Request" button is highlighted with a red rectangular border.