



# Training Manual

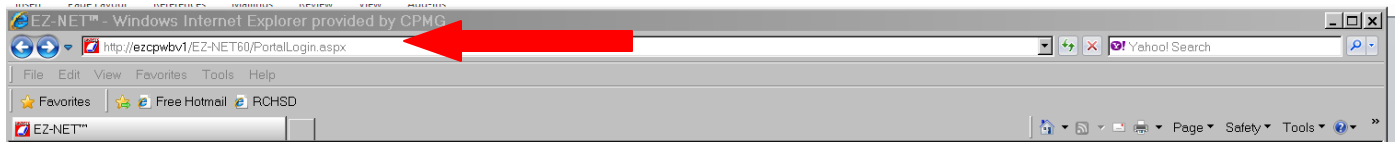
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To access the new EzNet 6x, simply click on the Internet Explorer icon on your desktop



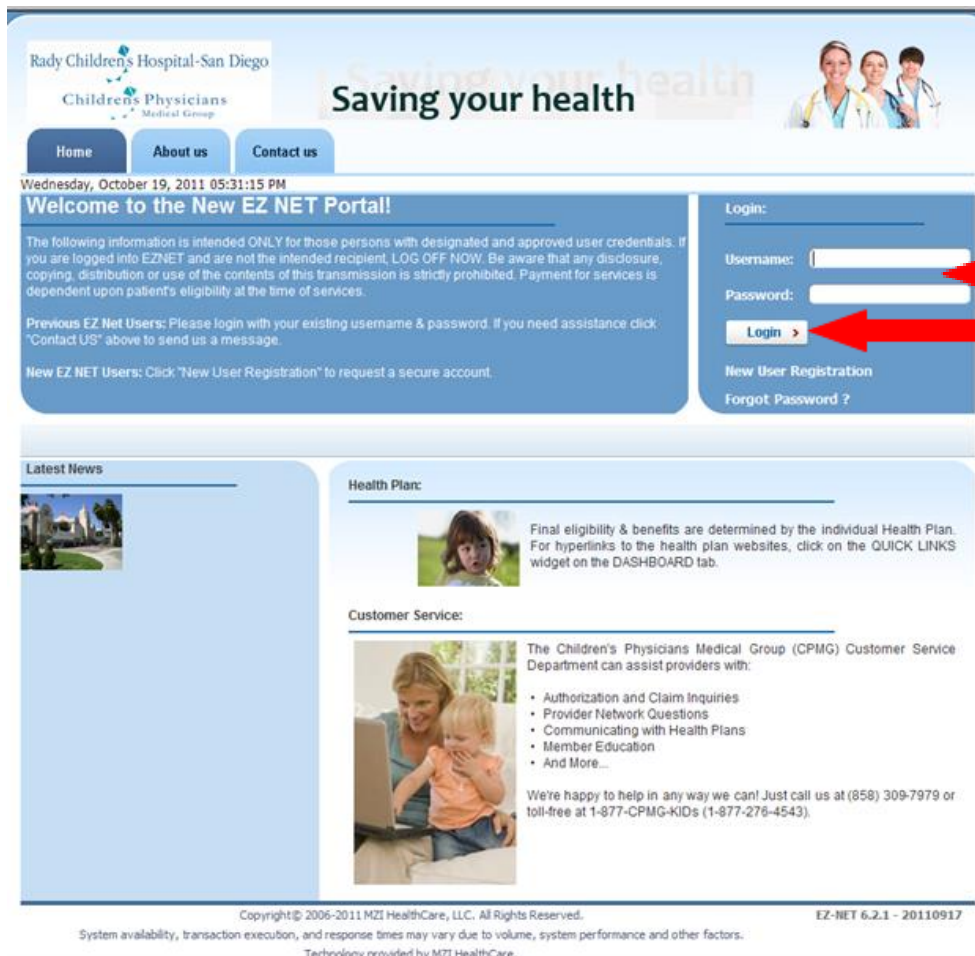
This will bring up the internet.



In the browser window, type:

<https://eznet.rchsd.org/eznet/>

You will be directed to the Login Page for EzNet 6x. Please login, using your assigned username and password. Reminder: passwords are case sensitive. Click, "Login" (New users: you were given a temporary password to login, you will be asked to change your password after you login).



## NEW USERS:

You will be prompted to change your password after logging into the system. Reminder: passwords are case sensitive and must be 8 characters long. Please set up a recovery question and answer and password recovery hint prior to clicking on "submit".

**Change Password -- Webpage Dialog** [Close]

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**Change Password**

Old Password:  Will be the temp password you were

New Password:  Create a new password that is unique to you.

ConfirmNewPassword:

[Submit]

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**Password Recovery Setup**

**Recovery Question and Answer**

Question:

Answer:

---

**Password Recovery Hint**

Hint:

[Set Hint]

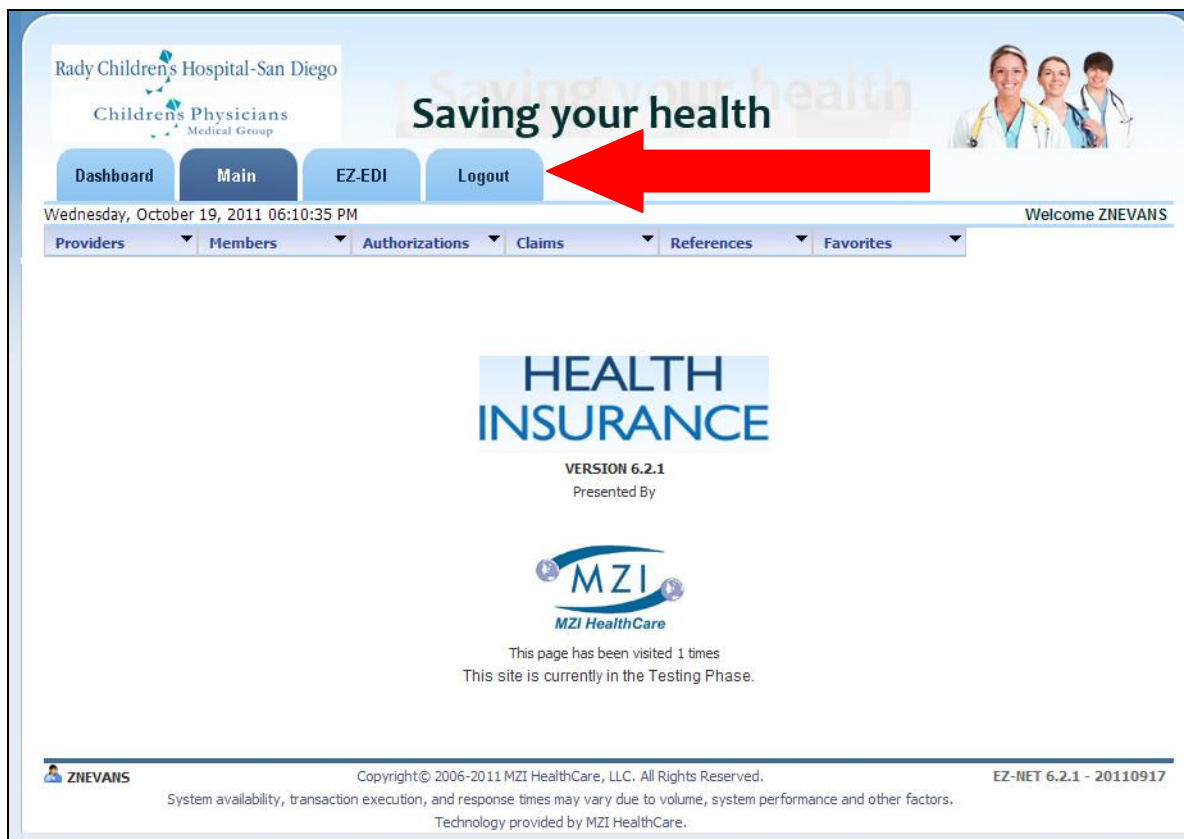
## EXISTING USERS:

Once you log into EzNet 6x, you will see several tabs on the screen:

**Dashboard Tab:** contains quick links to the various Health Plan websites.

**Main Tab:** You will be able to access several different areas (Providers, Members, Authorizations, Claims, References and Favorites). Reminder: you may not have access to all areas as access levels are configured based on role/title and business need.

**Ez-EDI Tab:** We look forward to enabling this tab in the future to accept online claims, eligibility and authorization processing.



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Saving your health

Dashboard Main EZ-EDI Logout

Wednesday, October 19, 2011 06:10:35 PM Welcome ZNEVANS

Providers Members Authorizations Claims References Favorites

HEALTH INSURANCE

VERSION 6.2.1  
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System availability, transaction execution, and response times may vary due to volume, system performance and other factors.  
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Click on the **Main Tab** to access submenus: Providers, Members, Auths, Claims, References and Favs



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Thursday, October 20, 2011 05:08:48 PM

Providers Members Authorizations Claims References Favorites

HEALTH INSURANCE

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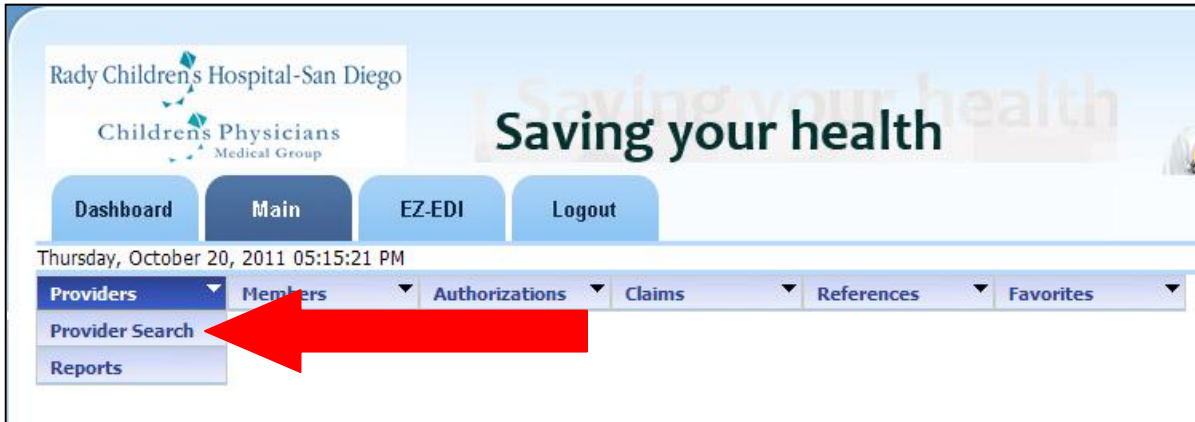
MZI  
MZI HealthCare

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This site is currently in the Testing Phase.

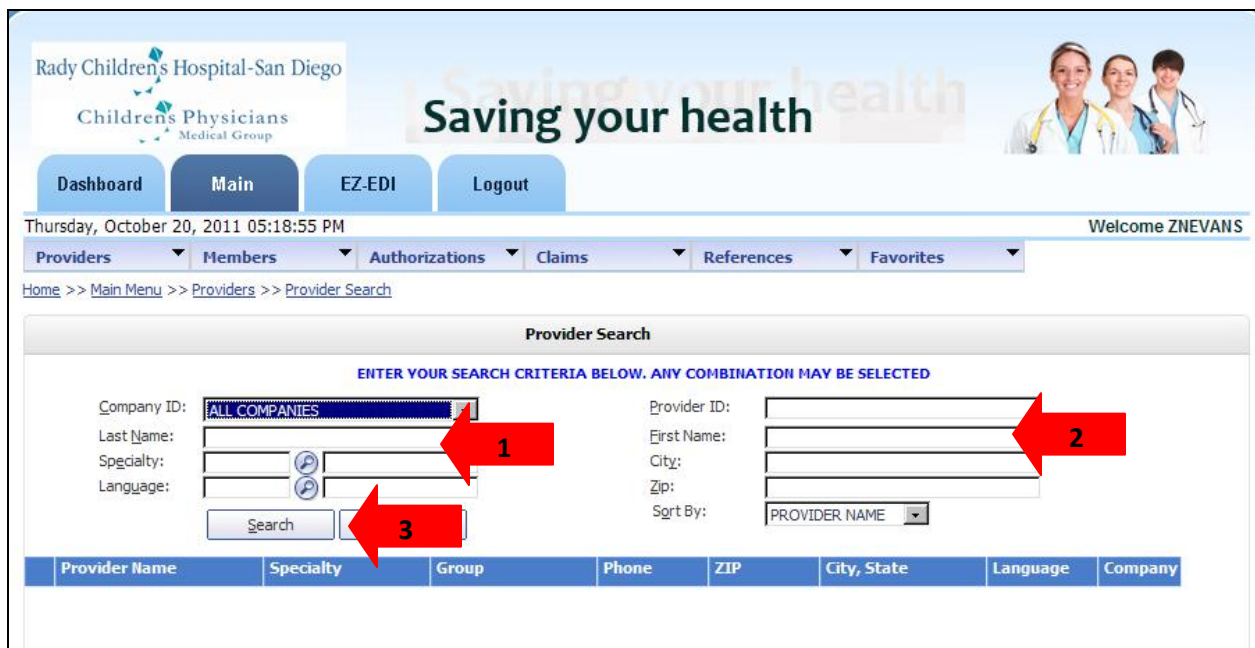
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**PROVIDERS:**

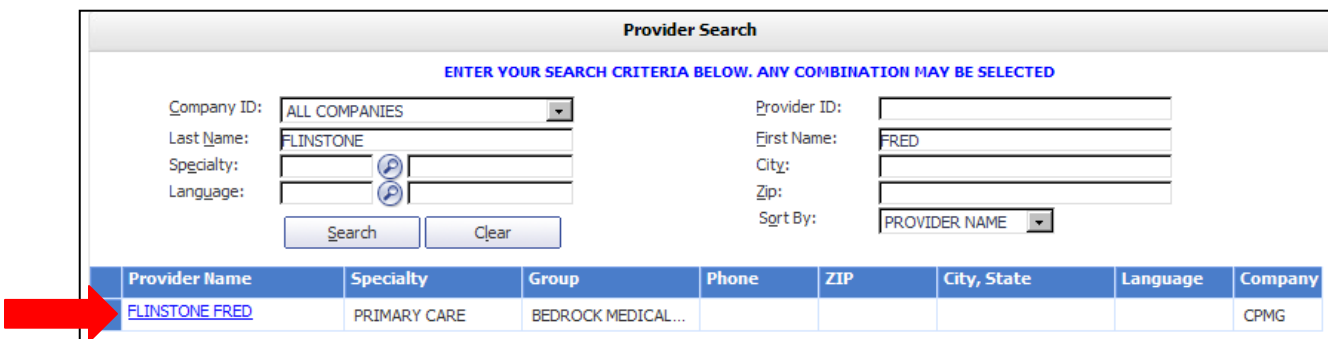
From the Providers drop-down menu you can perform Provider Searches. To access provider search, click on the drop-down arrow and then click on "Provider Search".



This will bring up the provider search screen. Enter the the Last Name and First Name of the provider and then click on the Search button. Note: the more search criteria entered, the narrower the search.

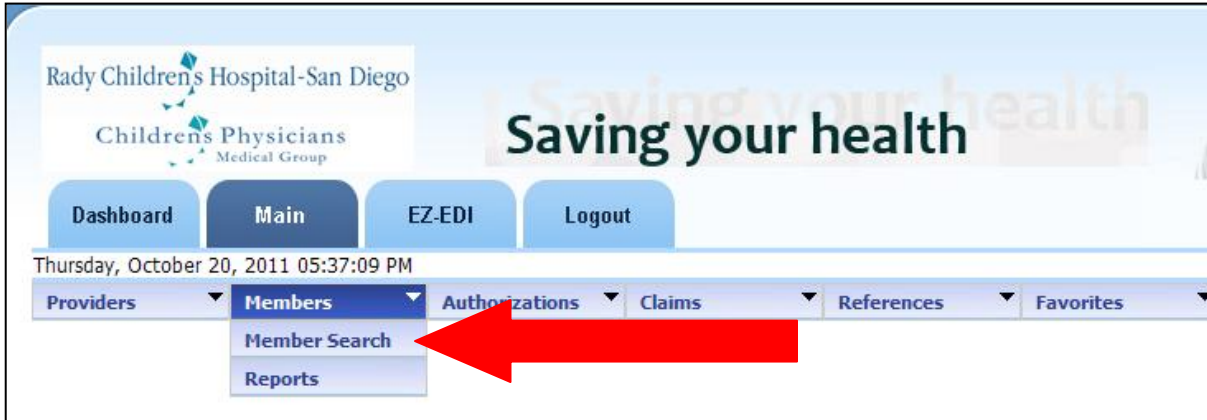


This will bring up the list of Provider Name and demographic information associated with the provider. Double-click the provider name to access more information.



**MEMBERS:**

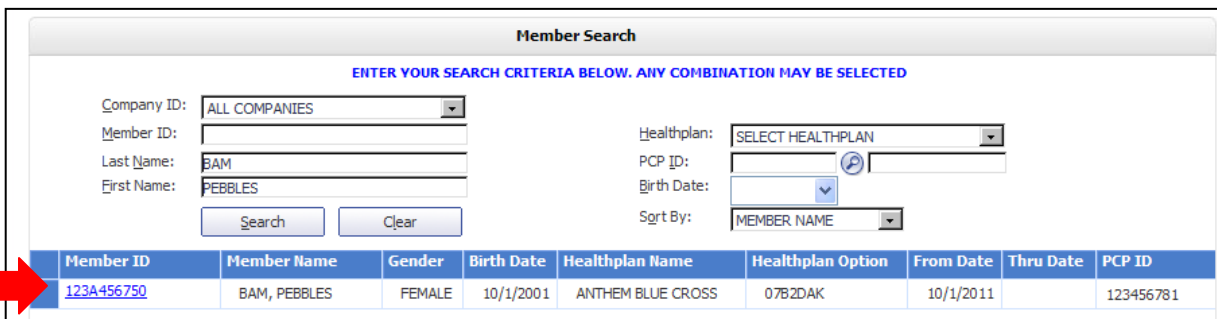
From the Members drop-down menu you can perform Member/Eligibility Searches. To access member search, click on the drop-down arrow and then click on "Member Search".



This will bring up the member search screen. Enter the the Last Name and First Name of the member and then click on the Search button. Note: the more search criteria entered, the narrower the search.



This will bring up the list of Member Name and demographic information associated with the member. Double-click the member name to access more information.



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Friday, October 21, 2011 09:13:50 AM Welcome ZNEVANS

Providers Members Authorizations Claims References Favorites

Home >> Main Menu >> Members >> Member Search

### Eligibility - Member Information

#### Member Information

Company ID:	CPMG	Member Name:	BAM PEBBLES
Member ID:	123A456750	Gender:	FEMALE
DOB:	10/01/2001	Age:	10 YEARS
Relation to Sub:	CHILD	Home Phone:	
Address:		Mobile Phone:	
City/State/Zip:		E-Mail:	

#### Member Benefit Information

Healthplan:	ABC	Benefits Plan:	0762DAK
Benefits Effective:	10/01/2011	Benefits Termed:	
Benefits Category:	A		

PCP OV

Co-Pay:	\$5.00	Co-Insurance:	0.00%
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#### Additional Benefit Search

Benefits Category:

Co-Pay:  Co-Insurance:

#### Primary Care Provider Information

PCP Name:	FLINSTONE FRED	Provider ID:	123456781
Specialty:	PRIMARY CARE	Phone:	
Fax:		PCP Effective:	10/01/2011
PCP Termination:			

By double-clicking on the member name will access the Eligibility- Member Information screen. From this page you will see member demographic information, Health Plan, PCP assignment, and PCP Office Visit copay. *Note: For full benefit information, please contact the Health Plan directly.*

### **AUTHORIZATIONS:**

From the Authorizations drop-down menu you can perform Authorization Inquiries. To access authorizations, click on the drop-down arrow and then click on "Inquiry".

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Dashboard Main EZ-EDI Logout

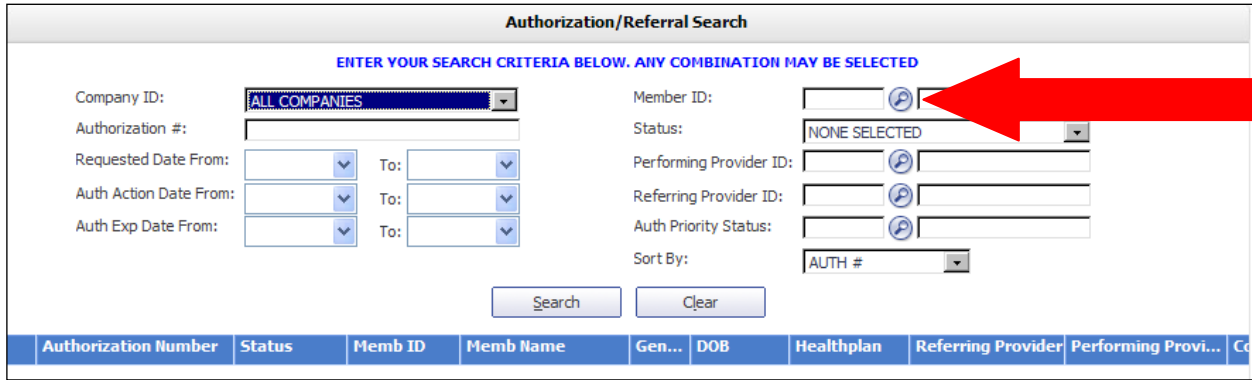
Thursday, October 20, 2011 05:12:11 PM

Providers Members Authorizations Claims References Favorites

Inquiry

Submission

This will bring up the Authorization/Referral Search screen. The easiest way to search for an authorization is by authorization #, if available, or by Member ID. If you do not know the Member ID, simply click on the magnifying glass  button next to the Member ID field to search by first and last name.



**Authorization/Referral Search**

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED


Company ID:

Authorization #:

Requested Date From:  To:

Auth Action Date From:  To:

Auth Exp Date From:  To:

Member ID:  

Status:

Performing Provider ID:

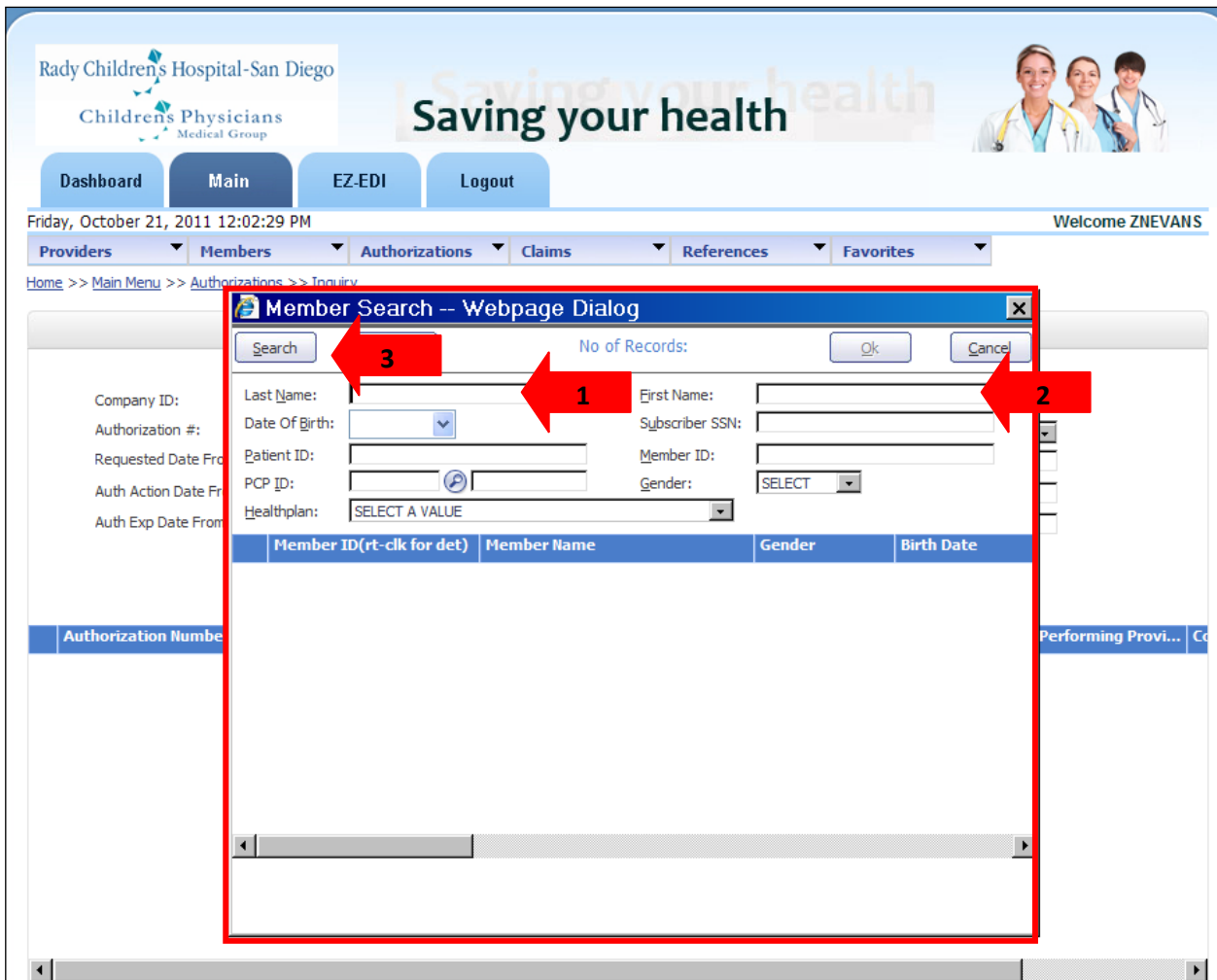
Referring Provider ID:

Auth Priority Status:

Sort By:

Authorization Number	Status	Memb ID	Memb Name	Gen...	DOB	Healthplan	Referring Provider	Performing Provi...	Co
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This will bring up the Member Search box. You may search for a member by last name, first name (partial names are accepted). Note: the more search criteria entered, the narrower the search.



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Providers Members Authorizations Claims References Favorites

Home >> Main Menu >> Authorizations >> Inquiry


**Member Search -- Webpage Dialog**

No of Records:

Last Name:  First Name:

Date Of Birth:

Patient ID:

PCP ID:  

Healthplan:

Subscriber SSN:

Member ID:

Gender:

Member ID(rt-clk for det)	Member Name	Gender	Birth Date
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Members matching your search criteria will appear in the bottom of the Member Search. Select the member that matches and click the OK button.

Member ID(rt-clk for det)	Member Name	Gender	Birth Date
123A456750	BAM,PEBBLES	FEMALE	10/1/2001

By clicking OK, the member ID field will be populated. Click the Search button to bring up the authorizations for the member. **Please note: You will only be able to view those authorizations for your office/specialist or if you are the assigned PCP.**

Authorization Number	Status	Memb ID	Memb Name	Gen...	DOB	Healthplan	Referring Provider	Performing Provi...	Co...
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Authorizations requested by your office or for your office, will appear at the bottom of the screen. Double-click on the authorization number that matches your search criteria to access more information.

**Authorization/Referral Search**

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID:	<input type="text" value="ALL COMPANIES"/>	Member ID:	<input type="text" value="123A45675"/> <input type="button" value="BAM,PEBBLES"/>
Authorization #:	<input type="text"/>	Status:	<input type="text" value="NONE SELECTED"/>
Requested Date From:	<input type="text"/> To: <input type="text"/>	Performing Provider ID:	<input type="text"/>
Auth Action Date From:	<input type="text"/> To: <input type="text"/>	Referring Provider ID:	<input type="text"/>
Auth Exp Date From:	<input type="text"/> To: <input type="text"/>	Auth Priority Status:	<input type="text"/>
		Sort By:	<input type="text" value="AUTH #"/>

Authorization Number	Status	Memb ID	Memb Name	Gen...	DOB	Healthplan	Referring Provider	Performing Provi...	Co
<a href="#">20111021700058500001</a>	SYSTEM HOLD	123A456750	<a href="#">BAM,PEBBLES</a>	FEM...	10/1/2001	ABC	<a href="#">FLINSTONE FRED</a>	<a href="#">RUBBLE BARNEY</a>	Cl

This will allow you to view the Authorization/Referral Details: Authorization, Patient, Diagnosis, Referring Physician, Performing Physician and Services Information. You have the ability to print out a copy of the authorization for your records, by clicking on the Printable Version button. **Please note: Fax Cover is not an option at this time.**

**Authorization/Referral Details**

**Authorization Information**

Authorization # :	20111021700058500001	Company ID:	CPMG
Status:	SYSTEM HOLD	Request Date:	10/21/2011
Processed By:		Auth Action Date:	10/21/2011
Place Of Service:	OFFICE	Expiration Date:	01/19/2012
LOS:	0	Units:	1
Priority Status:	2 - MEDIUM	HP Authorization # :	

**Patient Information**

Patient Name:	BAM ,PEBBLES
DOB:	10/01/2001
Age:	10 YEARS
Gender:	FEMALE
Memb ID:	123A456750
Healthplan:	ABC
PCP OV Co-Pay:	N/A

**Diagnosis Information**

Code	Description
382.9	OTITIS MEDIA NOS

**Referring Physician Information**

Name:	FLINSTONE FRED	Provider ID:	123456781
Specialty:	PRIMARY CARE	Phone:	
Fax:			

**Performing Physician Information**

Name:	RUBBLE BARNEY	Provider ID:	ENT1234
Specialty:	OTOLARYNGOLOGY	Phone:	
Fax:			

**Services**

Service	Type	Description	Mod	Qty	Co-Pay	Admit Date	Discharge Date	Admit T
99205	P	OFFICE/OUTPATIENT VISIT N		1.0	20.00			
PRIRTN	H	PRIOR AUTH ROUTINE REF ST		1.0	0.00			
APRAUTOAPR	H	APPROVED PER AUTO-APPRVL		1.0	0.00			

To print out the authorization form, simply click on the Print button. To return to the authorization details screen, you can click on the 'back to auth details' button.

**Authorization Information**

Authorization # :20111021700058500001      Company ID:CPMG  
 Status:SYSTEM HOLD      Request Date:10/21/2011  
 Processed By:      Auth/Action Date:10/21/2011  
 Place Of Service:OFFICE      Expiration Date:01/19/2012  
 LOS:0      Units:1  
 Priority Status:2 - MEDIUM      HP Authorization #:

**Patient Mailing Address**

**Patient Information**      **Diagnosis Information**

Patient Name:BAM ,PEBBLES DOB:10/1/2001 Age:10.055 Gender:FEMALE Memb ID:123A456750 Healthplan:ABC PCP OV Co-Pay:N/A	<b>Code</b>	<b>Description</b>
	382.9	OTITIS MEDIA NOS

**Referring Physician Information**      **Performing Physician Information**

Name:FLINSTONE FRED Provider ID:123456781 Specialty:PRIMARY CARE Address:  Phone: Fax:	Name:RUBBLE BARNEY Provider ID:ENT1234 Specialty:OTOLARYNGOLOGY Address:  Phone: Fax:
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**Additional Information**

**Services**

Service	Type	Description	Mod	Qty	Co-	Admit	Discharge	Admit	Admit
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We currently do not offer on-line authorization submission but look forward to implementing this feature at a later date.

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Dashboard    Main    EZ-EDI    Logout

Thursday, October 20, 2011 05:12:11 PM


Providers    Members    **Authorizations**    Claims    References    Favorites

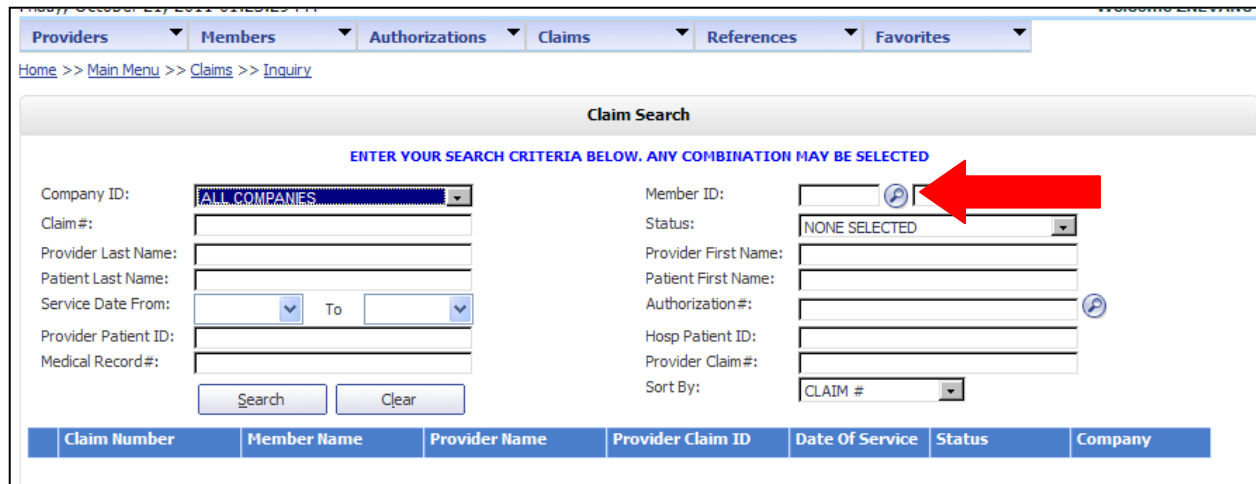
- Inquiry
- Submission

**CLAIMS:**

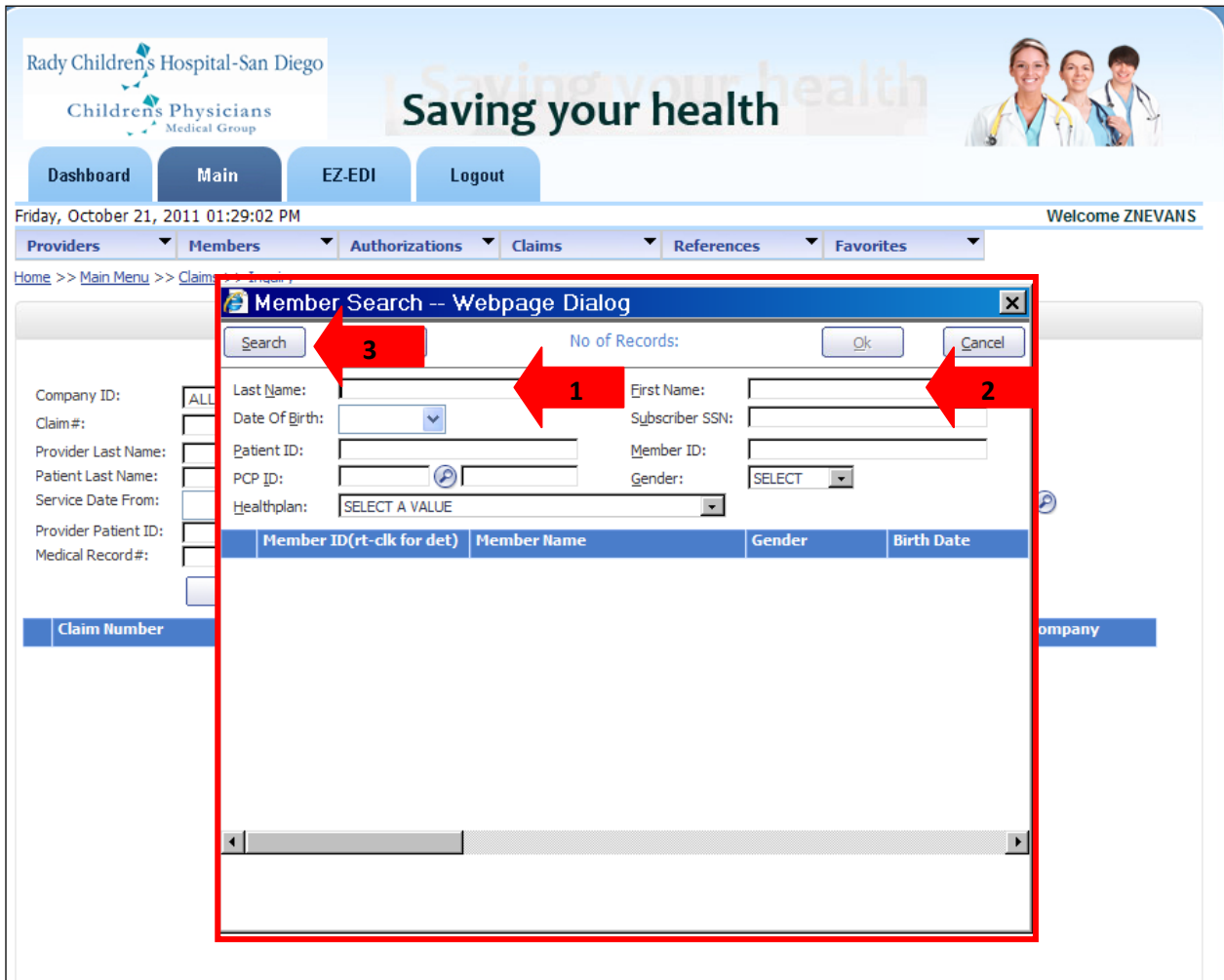
From the Claims drop-down menu you can perform Claim Inquiries. To access claims, click on the drop-down arrow and then click on "Inquiry". We currently do not offer on-line claim or appeal submission but look forward to implementing this feature at a later date.



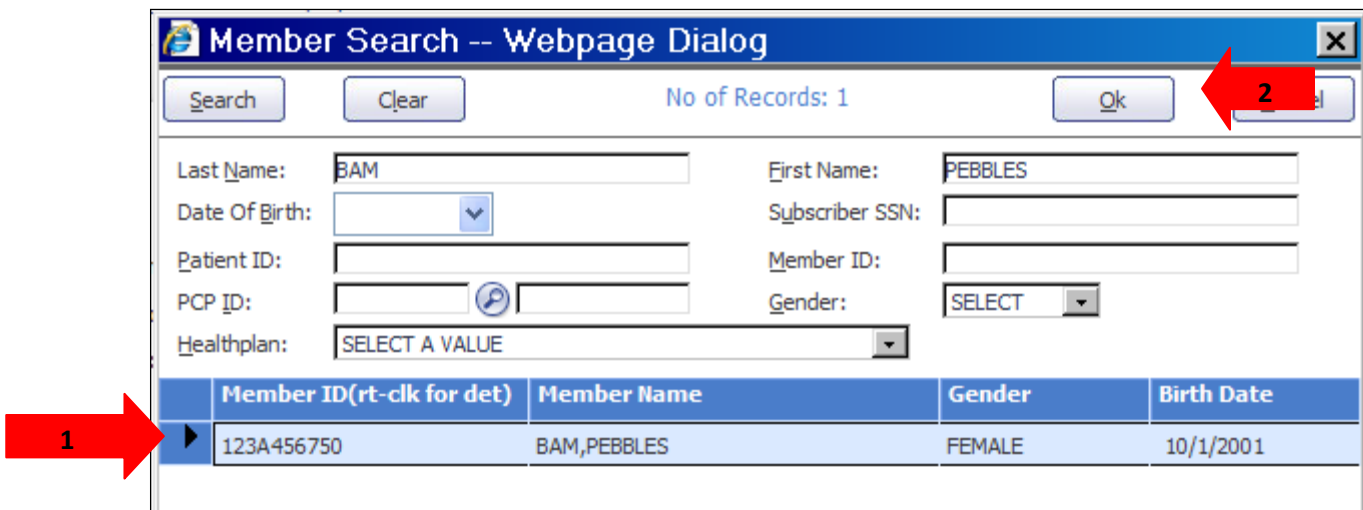
This will take you to the Claims Search screen. To check status on a claim that your office submitted for services, you can search by claim #, Provider name, or Member ID. If you do not know the Member ID, simply click on the magnifying glass  button next to the Member ID field to search by first and last name. **Please note: You will only be able to view those claims submitted by your office.**



This will bring up the Member Search box. You may search for a member by last name, first name (partial names are accepted). Note: the more search criteria entered, the narrower the search.



Members matching your search criteria will appear in the bottom of the Member Search. Select the member that matches and click the OK button.



By clicking OK, the member ID field will be populated. Click the Search button to bring up the claims for the member. **Please note: You will only be able to view those authorizations for your office/specialist or if you are the assigned PCP.**

**Claim Search**

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

<p>Company ID: <input type="text" value="ALL COMPANIES"/></p> <p>Claim #: <input type="text"/></p> <p>Provider Last Name: <input type="text"/></p> <p>Patient Last Name: <input type="text"/></p> <p>Service Date From: <input type="text"/> To <input type="text"/></p> <p>Provider Patient ID: <input type="text"/></p> <p>Medical Record #: <input type="text"/></p> <p style="text-align: center;"><input type="button" value="Search"/> </p>	<p>Member ID: <input type="text" value="123A45675"/> <input type="button" value="OK"/> <input type="text" value="BAM,PEBBLES"/></p> <p>Status: <input type="text" value="NONE SELECTED"/></p> <p>Provider First Name: <input type="text"/></p> <p>Patient First Name: <input type="text"/></p> <p>Authorization #: <input type="text"/></p> <p>Hosp Patient ID: <input type="text"/></p> <p>Provider Claim #: <input type="text"/></p> <p>Sort By: <input type="text" value="CLAIM #"/></p>
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Claim Number	Member Name	Provider Name	Provider Claim ID	Date Of Service	Status	Company
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Claims submitted by your office, will appear at the bottom of the screen. Double-click on the claim number that matches your search criteria to access more information.

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## Saving your health

Friday, October 21, 2011 02:06:17 PM
Welcome ZNEVANS

Providers
Members
Authorizations
Claims
References
Favorites

Home >> Main Menu >> Claims >> Inquiry

**Claim Search**

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

<p>Company ID: <input type="text" value="ALL COMPANIES"/></p> <p>Claim #: <input type="text"/></p> <p>Provider Last Name: <input type="text"/></p> <p>Patient Last Name: <input type="text"/></p> <p>Service Date From: <input type="text"/> To <input type="text"/></p> <p>Provider Patient ID: <input type="text"/></p> <p>Medical Record #: <input type="text"/></p> <p style="text-align: center;"><input type="button" value="Search"/> <input type="button" value="Clear"/></p>	<p>Member ID: <input type="text" value="123A45675"/> <input type="button" value="OK"/> <input type="text" value="BAM,PEBBLES"/></p> <p>Status: <input type="text" value="NONE SELECTED"/></p> <p>Provider First Name: <input type="text"/></p> <p>Patient First Name: <input type="text"/></p> <p>Authorization #: <input type="text"/></p> <p>Hosp Patient ID: <input type="text"/></p> <p>Provider Claim #: <input type="text"/></p> <p>Sort By: <input type="text" value="CLAIM #"/></p>
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Claim Number	Member Name	Provider Name	Provider Claim ID	Date Of Service	Status	Company
<a href="#">20111021900057800001</a>	<a href="#">BAM,PEBBLES</a>	<a href="#">RUBBLE,BARNEY</a>		10/21/2011	RELEASE TO A/P	CPMG

Page  of  Total Item(s):

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From the Claim/Encounter Details screen you will be able to view Status, Provider, Additional and Services Information. You may also access additional claim line details under the Services portion.

Claim / Encounter Details														
<b>Status Information</b>														
Claim#:	20111021900057800001							Company ID:	CPMG					
Authorization#:	20111021700058500001							Status:	RELEASE TO A/P					
Date Received:								Provider Claim #:						
Date Paid:								Check:	0					
Payment Status:								Claim Type:	PROFESSIONAL					
Vendor:	246810121							Payee:	VENDOR					
<b>Patient Information</b>							<b>Diagnosis Information</b>							
Name:	BAM, PEBBLES							Code	Description					
DOB:	10/01/2001							382.9	OTITIS MEDIA NOS					
Gender:	FEMALE													
Age:	10 YEARS													
Health Plan:	ANTHEM BLUE CROSS													
Member ID:	123A456750													
Benefit Plan:	HMO ERISA													
Prov Pat ID:														
Address:	123 STONEY RIDGEWAY													
<b>Provider Information</b>														
Name:	BARNEY RUBBLE							Provider ID:	ENT1234					
Specialty:	OTOLARYNGOLOGY							Place Of Service:	OFFICE					
From Date:	01/01/2001							Through Date:						
<b>Additional Information</b>														
<b>Services</b>														
<b>Details</b>	<b>Service...</b>	<b>Service...</b>	<b>Description</b>	<b>CPT M...</b>	<b>Qty</b>	<b>Billed Amt</b>	<b>Cntc Amt</b>	<b>Co-Pay</b>	<b>WH Amt</b>	<b>Adj Amt</b>	<b>Net Paid</b>	<b>Adj Code</b>	<b>Adj Desc</b>	<b>Place Of Service</b>
<a href="#">DETAILS</a>	10/21/20...	99213	OFFICE/O...		1.0	N/A	N/A	N/A	N/A	N/A	N/A			
					T...	N/A	N/A	N/A	N/A	N/A	N/A			



From the Claim Line Item Details screen, you will be able to view status information pertaining to the specific line item. To return to the Claim/Encounter Details screen, simply click the 'Back to Claim Details' button.

Claim Line Item Details														
<b>Status Information</b>														
Claim#:	20111021900057800001							Status:	RELEASE TO A/P					
Service Code:	99213							Check:						
Service Description:	OFFICE/OUTPATIENT VISIT EST							Date Paid:						
Service Date:	10/21/2011													
Quantity:	1.0													
Billed Amount:	N/A													
Contract Amount:	N/A													
Co-pay Amount:	N/A													
Withhold Amount:	N/A													
Adjust Amount:	N/A													
Net Paid:	N/A													
Interest:	N/A													
<input type="button" value="Back to Claim Details"/>														

Additional drop menus include -

**References:** Ability to look up Procedure, Diagnosis, Place of Service and CPT Modifier Codes.

**Favorites:** Ability to store commonly used Procedure, Diagnosis, Place of Service and CPT Modifier Codes.

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Providers Members Authorizations Claims References Favorites

HEALTH INSURANCE

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This site is currently in the Testing Phase.

When Logging out of EzNet, always remember to click on the Logout Tab.

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