BLUE ZONES™ HEALTH

EZ-NET

Provider Portal User Guide

Prepared for Blue Zones Health Providers and Clinic Staff

Effective August 1, 2026

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Welcome to the BZH Provider Portal

At Blue Zones Health, our name comes from a simple idea: that the right support, at the right time, helps people live longer, healthier lives. That's the same idea behind everything we do for the providers we work with, and it's why we're excited to introduce you to EZ-NET, your new provider portal.

We developed this guide to help your office to get the most out of EZ-NET from day one. Whether you're checking a patient's eligibility, submitting an authorization, or tracking a claim, this guide walks you through it step by step, so your team can spend less time navigating the portal and more time focused on your patients. Should your team require a deeper orientation, please contact your BZH Provider Activation Specialist. The team is ready to help you.

We're genuinely excited to bring you this new experience. It reflects our ongoing commitment to making it easier and better to work with Blue Zones Health, and we're glad to have you with us.

Thank you for all that you do.
BZH Provider Operations Support Team

1. Getting Started & Login

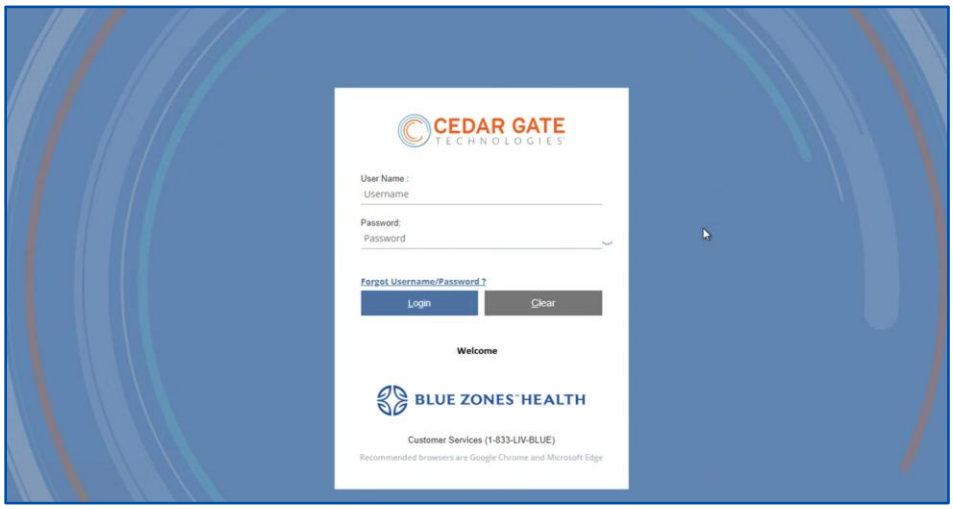
This section walks through registering for access, activating your account, logging in, and recovering a forgotten username or password.

1.1 Requesting a New Account

To request a new account, submit your information on the BZH Practice Information and Portal Registration site. You will receive an automated notification acknowledging your submission. Once your request has been verified and authenticated by our team, you will receive your username and password within 48–72 hours.

1.2 Account Log In

1. Go to the EZ-NET landing page, which can be found at: http://portal.bluezoneshealth.com
2. Enter the username and password you received by email.
3. Click Login.
4. You will be asked to update your password



EZ-NET landing page.

1.3 Account Reset

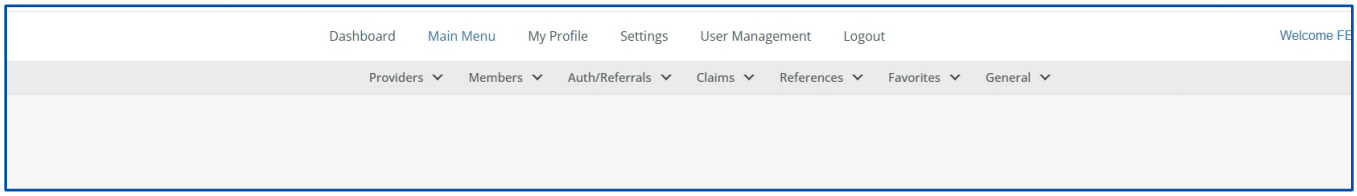
If you've forgotten your username or password, click the “Forgot Username/Password?” link on the landing page. On the screen that follows:

1. Enter your Username and the email address on file.
2. Click Next to submit the request, or Clear to clear all entries and start over.

NOTE: If you're unable to reset your password, contact BZH Customer Service at 1-833-LIV-BLUE.

2. EZ-Net Landing Page

Your EZ-Net Landing Page has the following menu options:



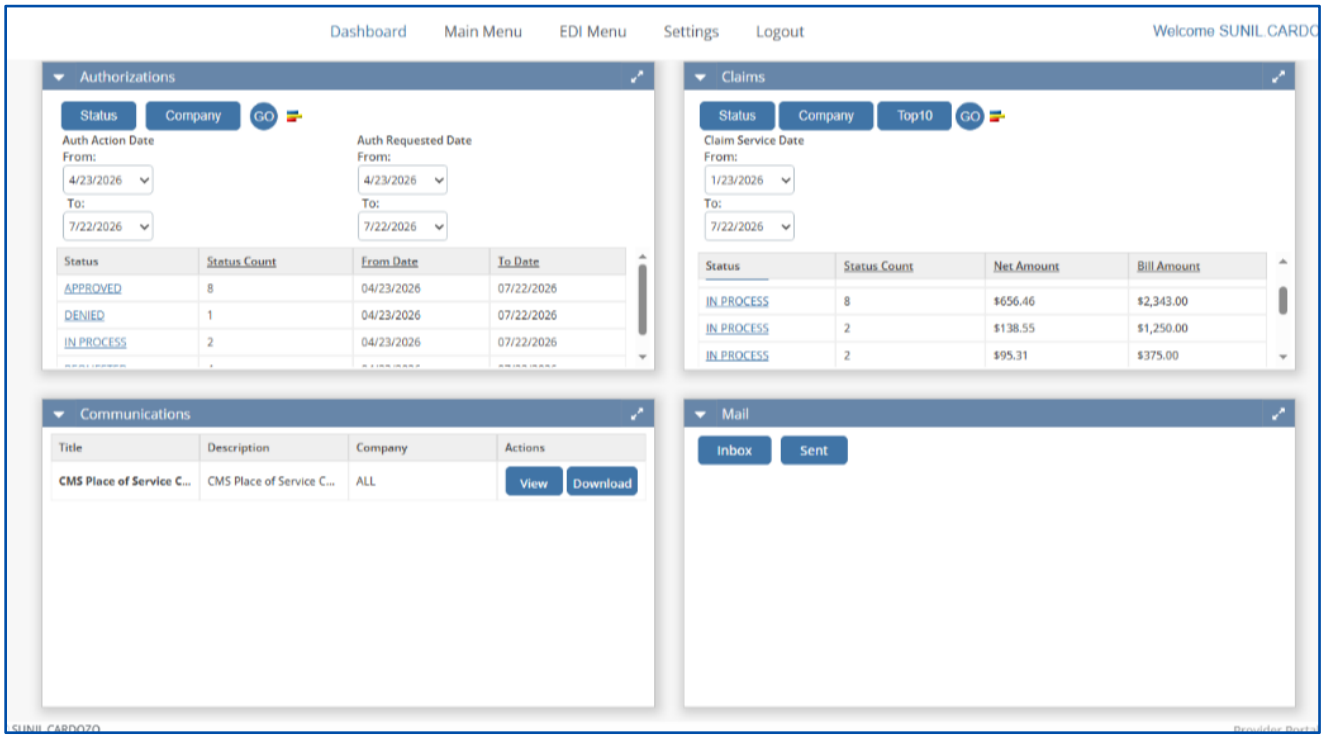
- Dashboard
- Main Menu
- My Profile
- Settings and User Management are restricted to users with administrative privileges

The remainder of this section reviews each menu option in detail.

2.1 Dashboard

Your Dashboard has already been configured for your convenience. It has the following frequently used settings:

- Authorizations
- Claims
- Communications: this stores all your PDF resources you can easily reference, including the Provider Dispute Resolution form for claims appeals.
- Mail: a messaging feature that allows you to send messages to the BZH Customer Service Representatives (CSR).



The Dashboard, with Authorizations, Claims, Communications, and Mail.

2.2 My Profile

The **My Profile** menu is intended to display and manage your individual user account information. It includes:

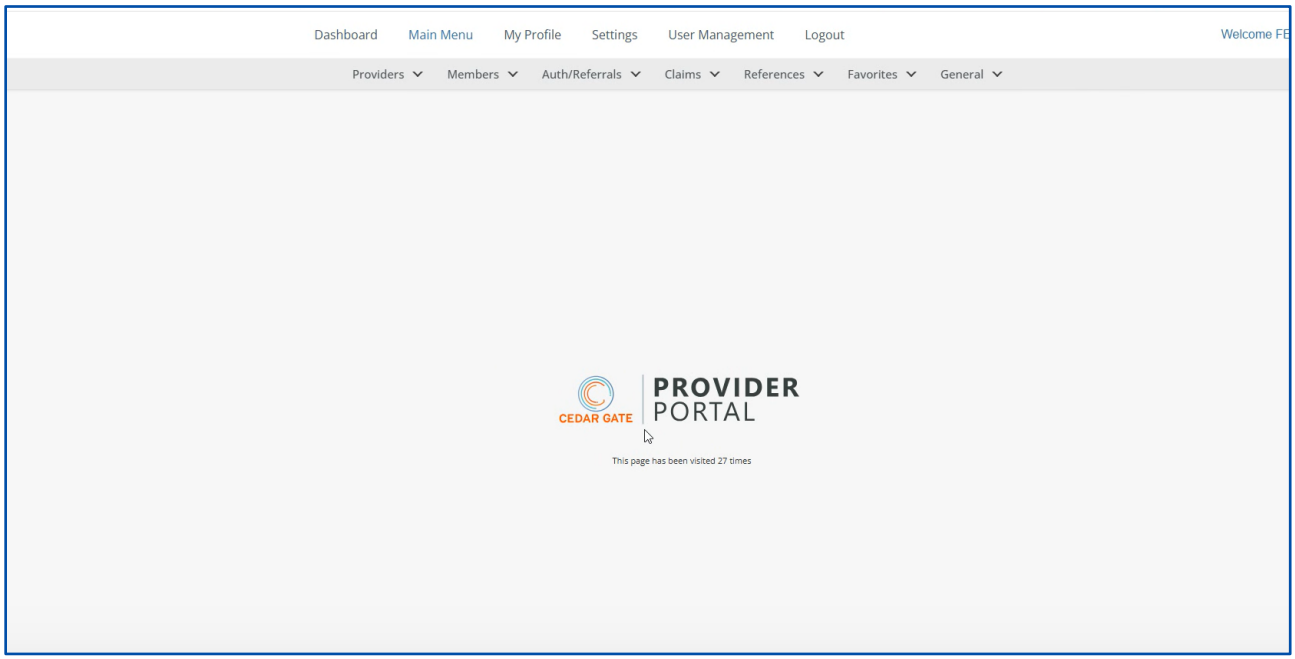
- Your name and username
- Contact information (email, phone, fax, if applicable)
- Organization or provider association(s)
- User role and permissions (often read-only)
- Password change options
- Security settings (such as security questions or multifactor authentication, depending on the implementation)

The BZH configuration allows you to:

- Edit contact information
- Change password
- Change assigned provider affiliations

2.3 The Main Menu

The Main Menu is the primary navigation area that provides access to the portal's major functional modules. Access to the Main Menu is role-based, so users only see the modules they are authorized to access. For example, a referral coordinator may see Authorizations and Member Search, while an administrator may also have access to User Management and administrative settings.



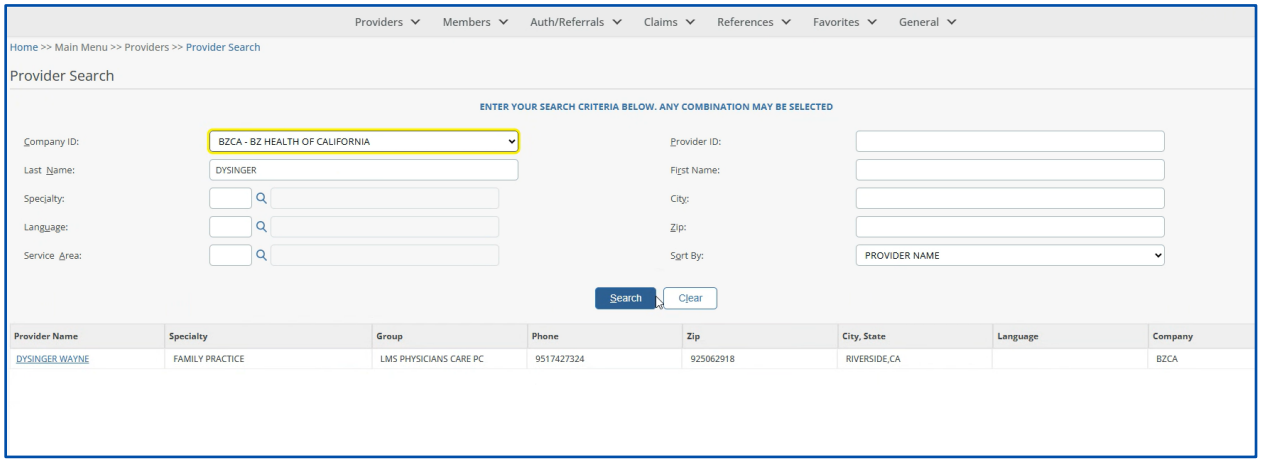
Components of the Main Menu include:

2.3.1 Providers Menu

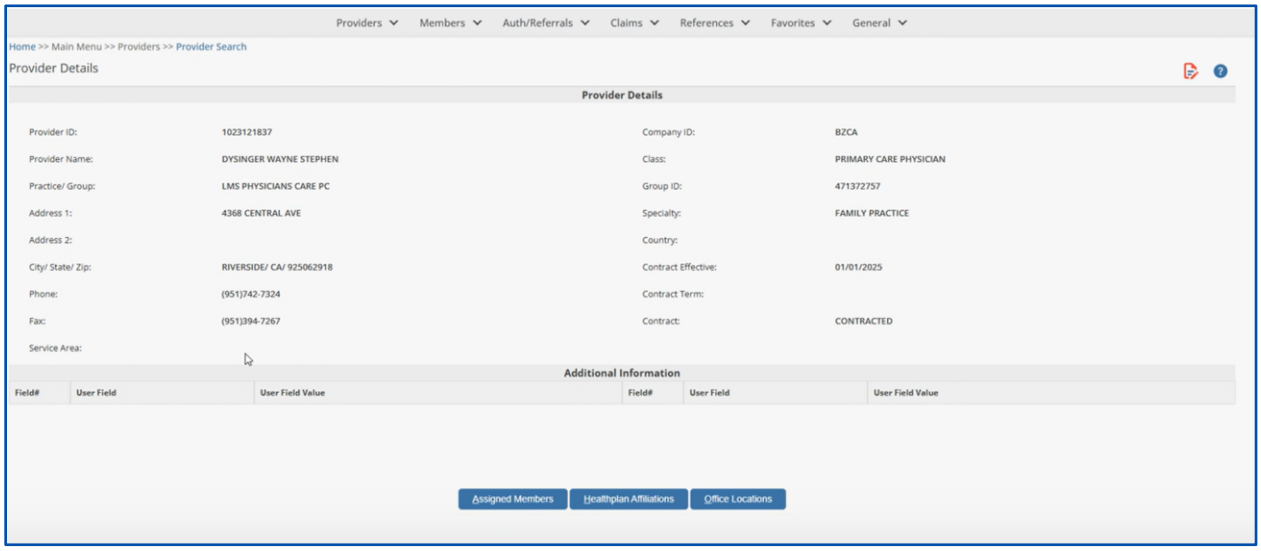
In the **Providers Menu**, you can do a provider search, and locate members assigned to your provider.

For the Provider search:

1. Select the Company ID if you know the Company Name, or alternatively you could leave it as “All Companies.”
2. Enter last name, specialty, service area, or the Provider ID (NPI) if you know it.
3. Click on search button



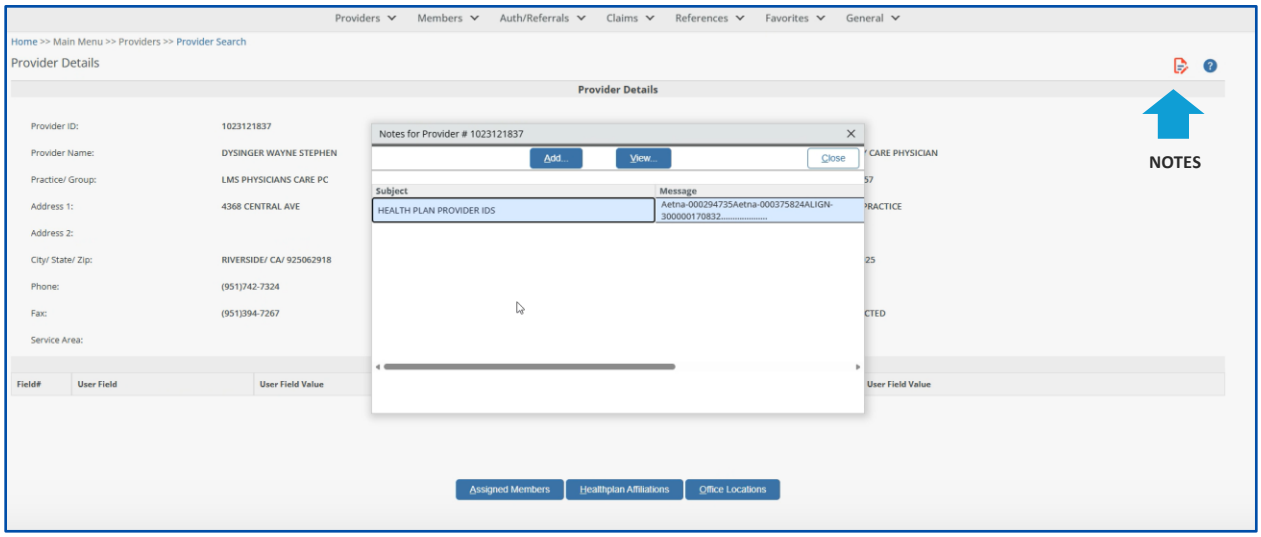
Results are presented in the window below the search window. Click on the blue hyperlink text for details (as shown below).



This module also allows you to see:

- assigned members for the provider; you will also have the ability to download the member list.
- health plan affiliations for the provider
- office location for the provider

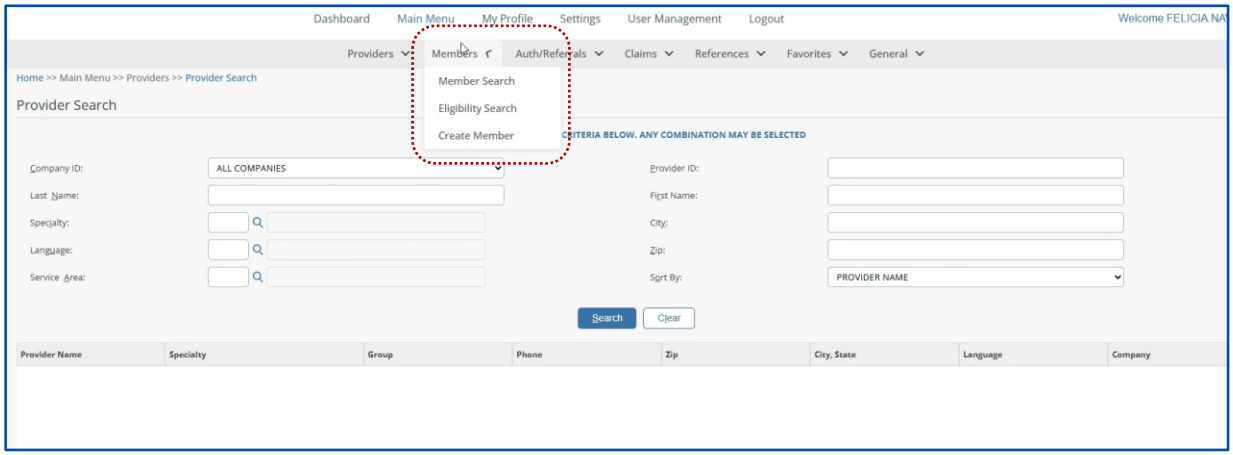
There is also a “Notes” section on the top right. In this notes section, you can click “View” and get a listing of all the Provider Health Plan IDs.



2.3.2 Members Menu

Use the Member Search menu to confirm a patient's active coverage, health plan, and benefit details before an appointment or billable service.

Here is the drop-down menu for the Members Menu:

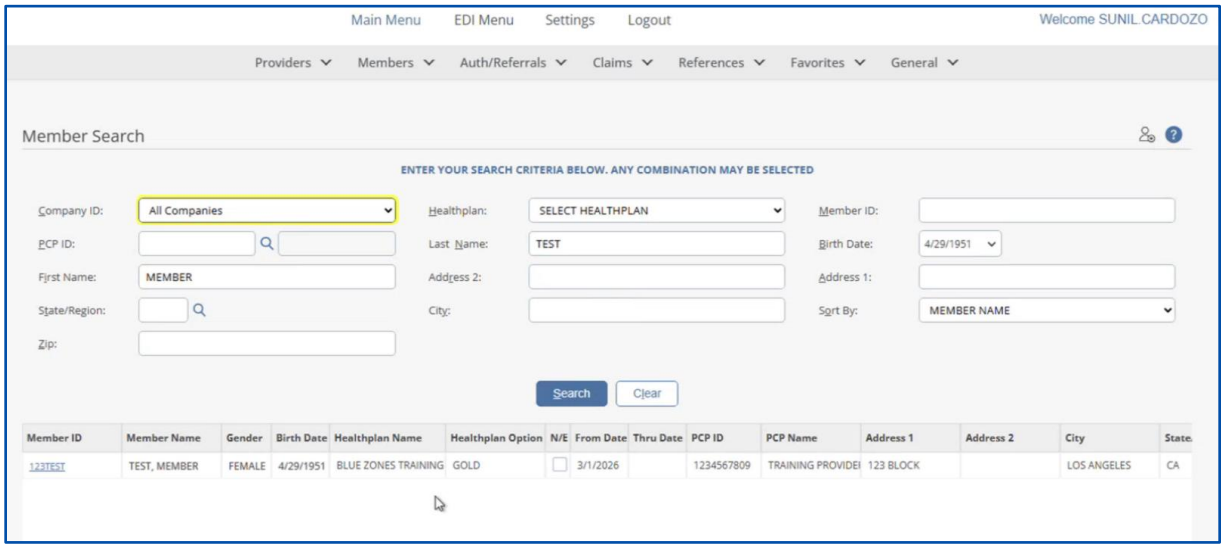


2.3.2.1 Member Search

1. Open the Members menu and select Member Search on the drop-down menu.
2. Enter any known details — Member ID, last name, first name, or date of birth. If you're not sure which BZH company the patient belongs to, leave Company ID set to All Companies.
3. Click Search. Matching records appear in the results table below, sorted by your Sort By selection.

TIP: Date of birth is required for member searches. If no records are found, double-check the DOB before adjusting other search criteria.

If the system does not locate any records that meet your search criteria, a message stating that “NO RECORDS FOUND” will display. Either replace/adjust selection criteria or click on Clear and re-enter criteria.



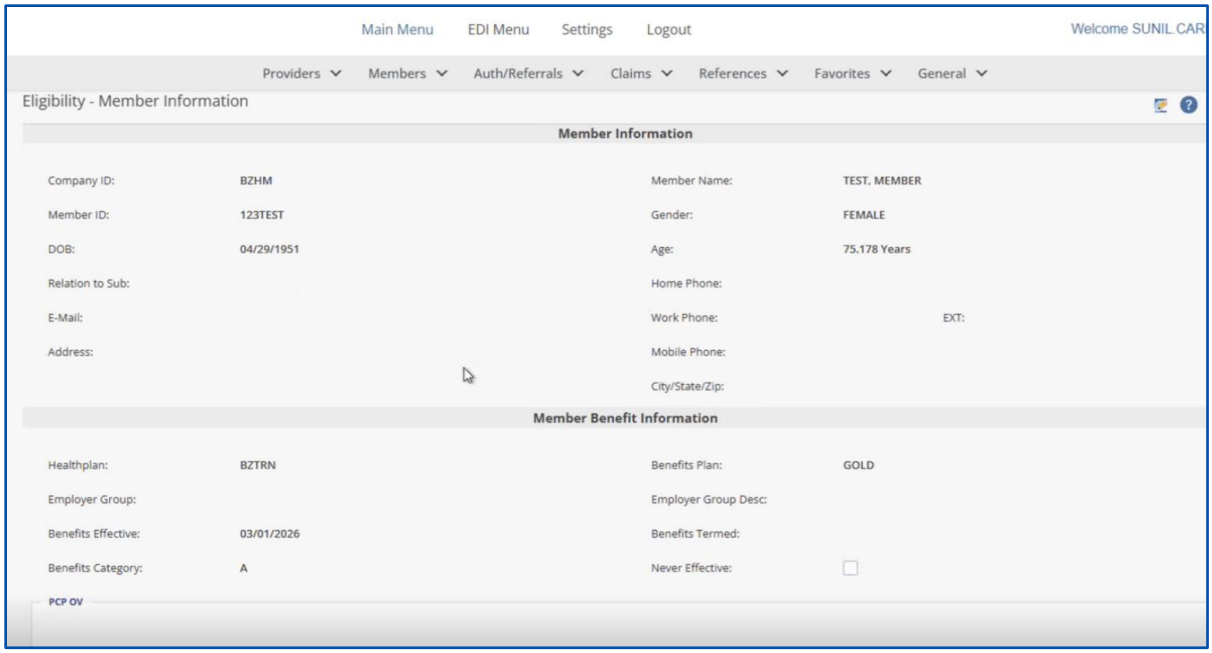
Member Search results, sorted by your chosen criteria.

2.3.2.2 Member Eligibility & Benefit Details

Click a Member ID (blue hyperlink) from the search results to open the member's Eligibility - Member Information screen. This screen shows:

- Member demographics (name, date of birth, gender, age)
- Health plan and benefits plan
- Benefits effective date and benefit category
- PCP office visit co-pay and co-insurance, under PCP OV

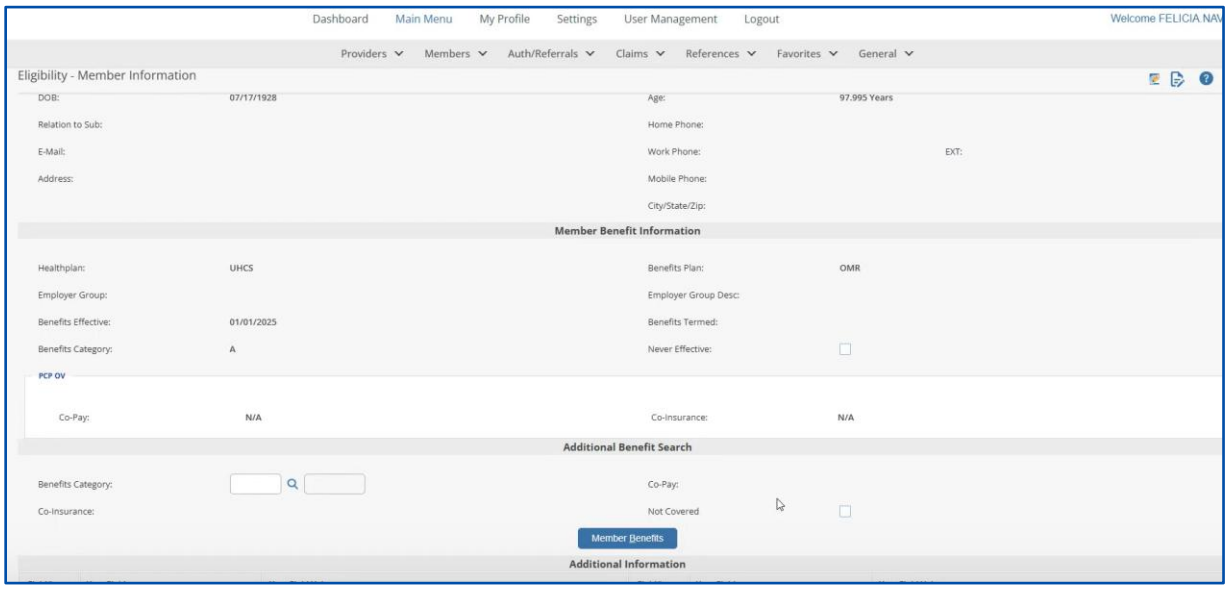
NOTE: BZH member data refreshes monthly. For real-time eligibility, especially before time-sensitive services, use the health plan's own portal or contact the health plan's Customer Service line directly.



Eligibility - Member Information, including plan, benefit category, and effective dates.

Additional Benefit Search

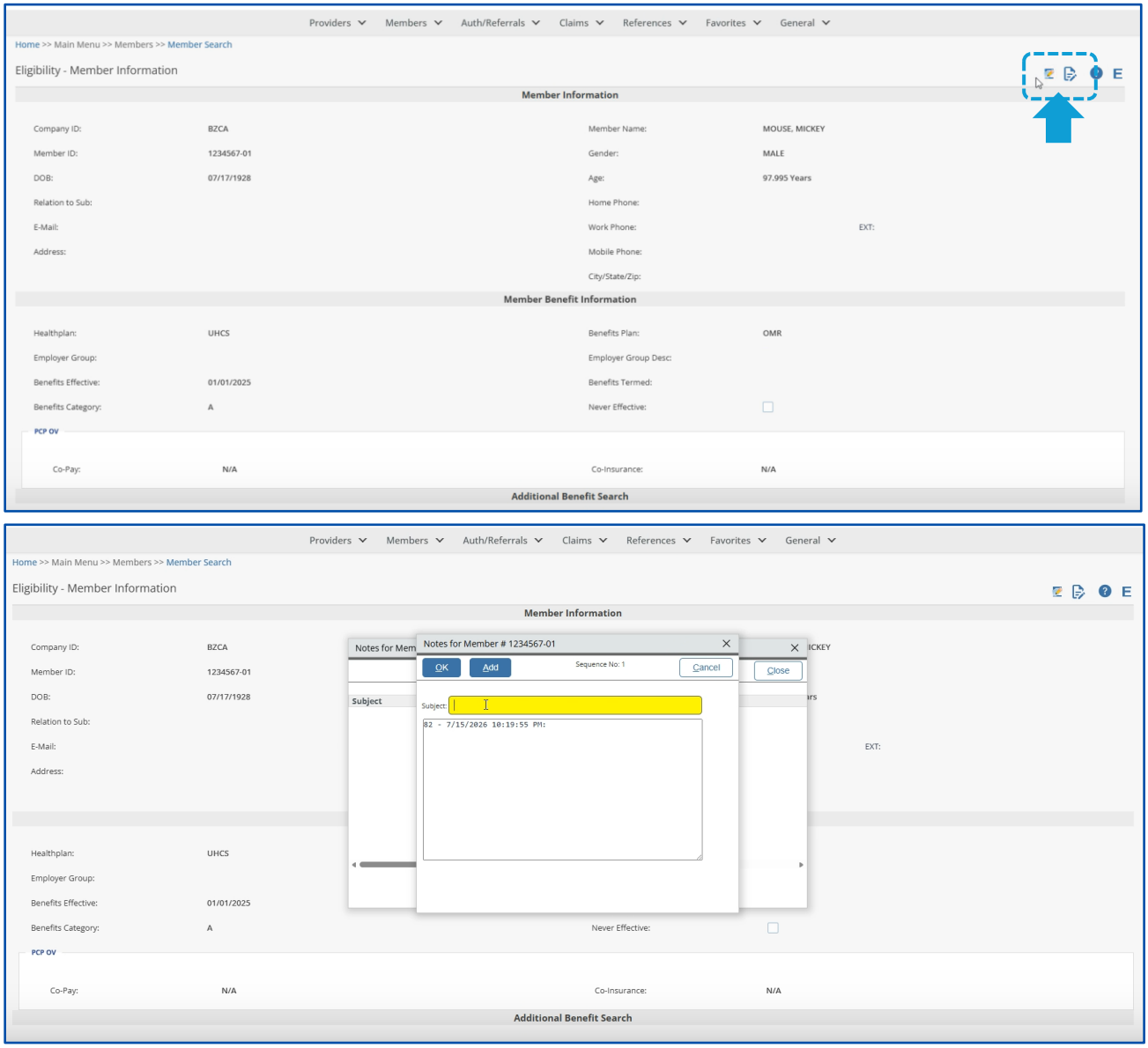
Use the Additional Benefit Search fields on the Eligibility - Member Information screen to look up a specific benefit category along with its co-pay or co-insurance amount. Enter or look up a Benefits Category, then click Member Benefits to view the details.



Additional Benefit Search fields, with the Member Benefits button.

Adding Notes to a Member

Click the notes icon in the top right corner of the Eligibility - Member Information screen to view or add a note to a member's record. If a note already exists, the icon displays a checkmark. To add a note, click Add, enter a subject, type your note, and click OK.



Adding a note to a member's record.

2.3.2.3 Member Eligibility by PCP

If you only know a PCP's name and not their PCP ID, click the magnifying glass icon next to the PCP ID field on Member Search.

- Enter the PCP's last name and search to find their PCP ID. Leave Company ID set to All Companies if you're unsure which BZH company the PCP is contracted with.
- Select the correct PCP from the results — their PCP ID will automatically populate the Member Search field.
- You can then select a specific health plan to view that PCP's full patient panel for that plan.

2.3.3 Authorizations/Referrals Menu

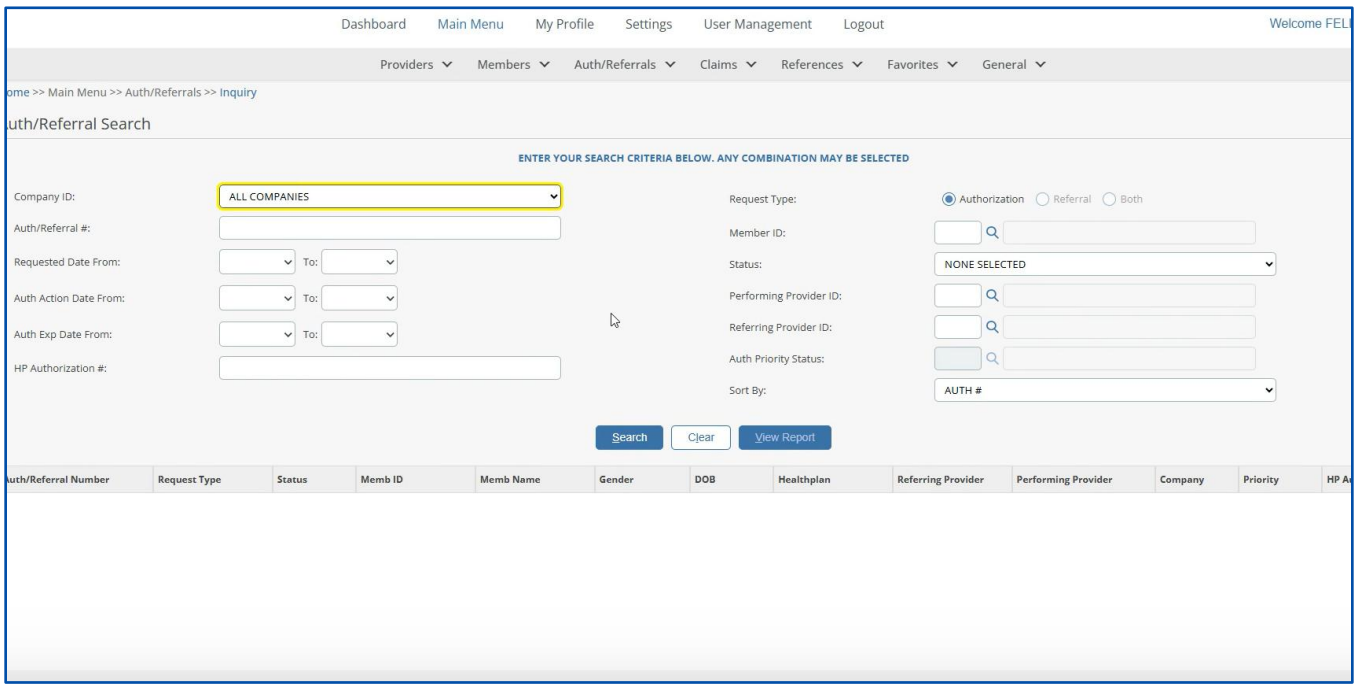
The Auths/Referrals Menu is the central workspace for the full authorization lifecycle — from submission through final determination. It is the primary area for creating, tracking, and managing authorization and referral requests. Users will only see the functions their role permits (for example, some users may only be able to view authorizations, while others can create and update them). It allows you to do the following:

- **Submit Authorization/Referral** — Create a new prior authorization or referral request.
- **Authorization Search** — Search for existing requests by member, authorization number, provider, status, or date.
- **Pending/Work Queue** — View requests that require action or are awaiting review.
- **Status Tracking** — Monitor the progress of submitted requests (e.g., Pending, Approved, Denied, Cancelled).
- **Attach Documents** — Upload clinical notes, referrals, or supporting documentation.
- **View Authorization Details** — Review request information, decision history, service details, and attached documents.
- **Print or Export** — Print authorization details or download information, where supported.

Here's the Auth/Referrals menu and drop-down menu.

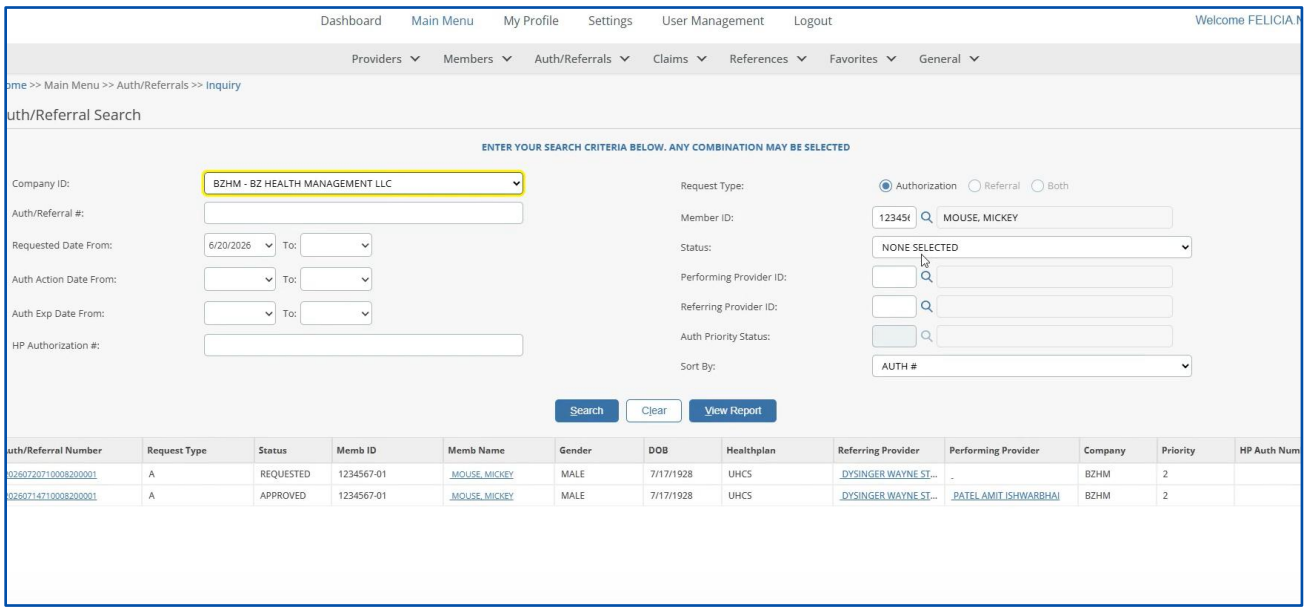
2.3.3.1 Authorization or Referral Inquiry

Referrals and authorizations can show one of the following statuses: Approved, Partially Approved, Modified, Denied, In Process, Expired, Cancelled, or Requested. You can search by Auth # or Member ID.



1. Select the Inquiry option to search for an existing authorization or referral by ID.
2. **Select the correct Company ID. You must have this selected.**
3. Enter the member ID

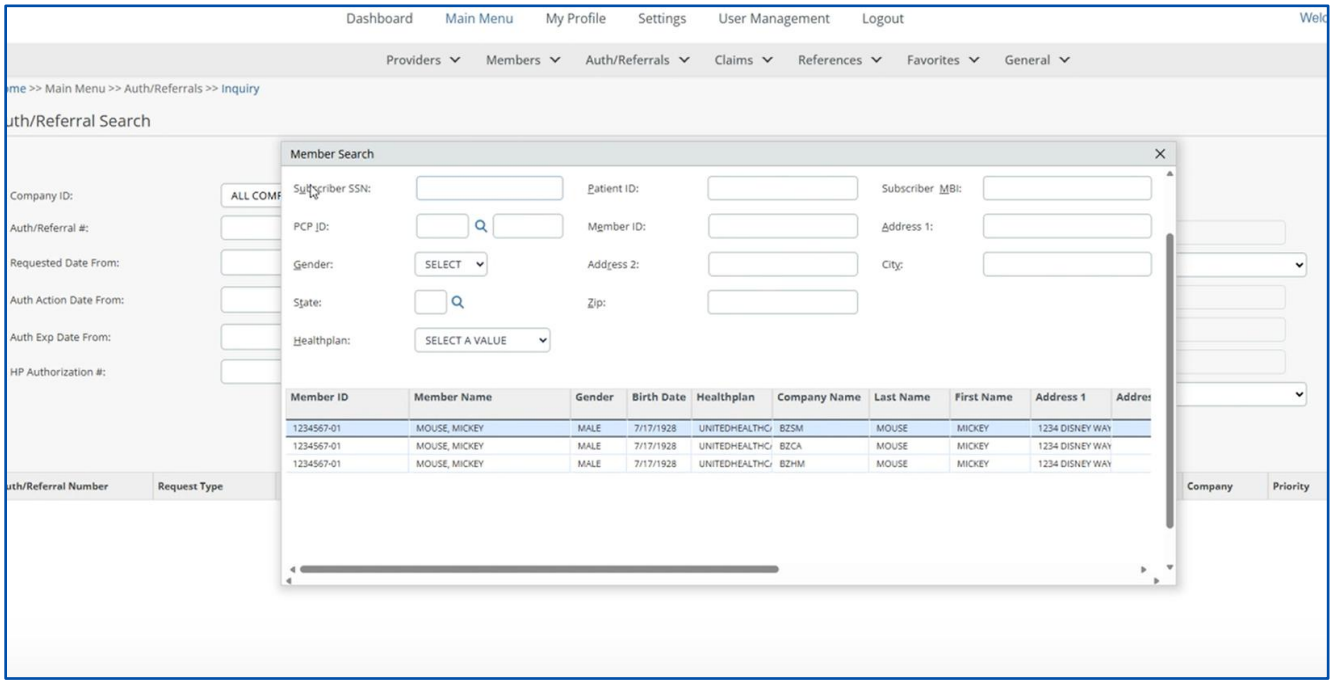
4 Click Search to view all referral statuses for that patient.



Search Results for Auths inquiry

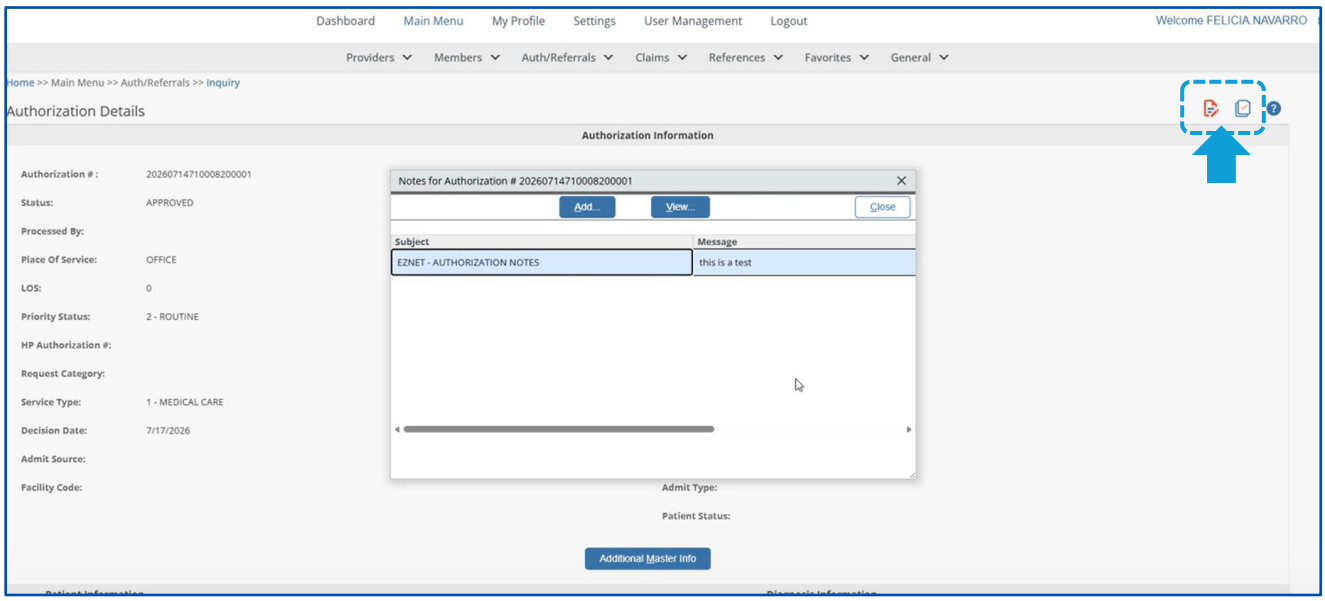
Click into the authorization to view provider and member information or to print the authorization letter.

You can also search the larger auth list directly by the patient's name to find all of their authorizations.

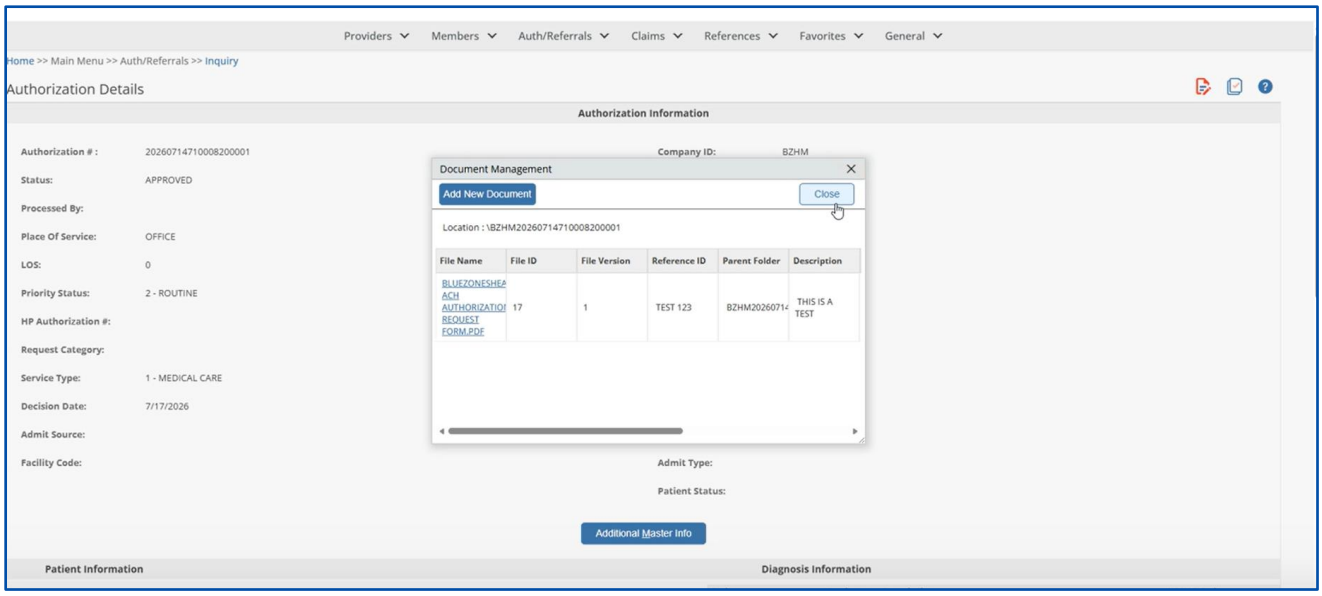


Each authorization also includes a document management icon and a notes icon on the top right (shown with the blue arrow below).

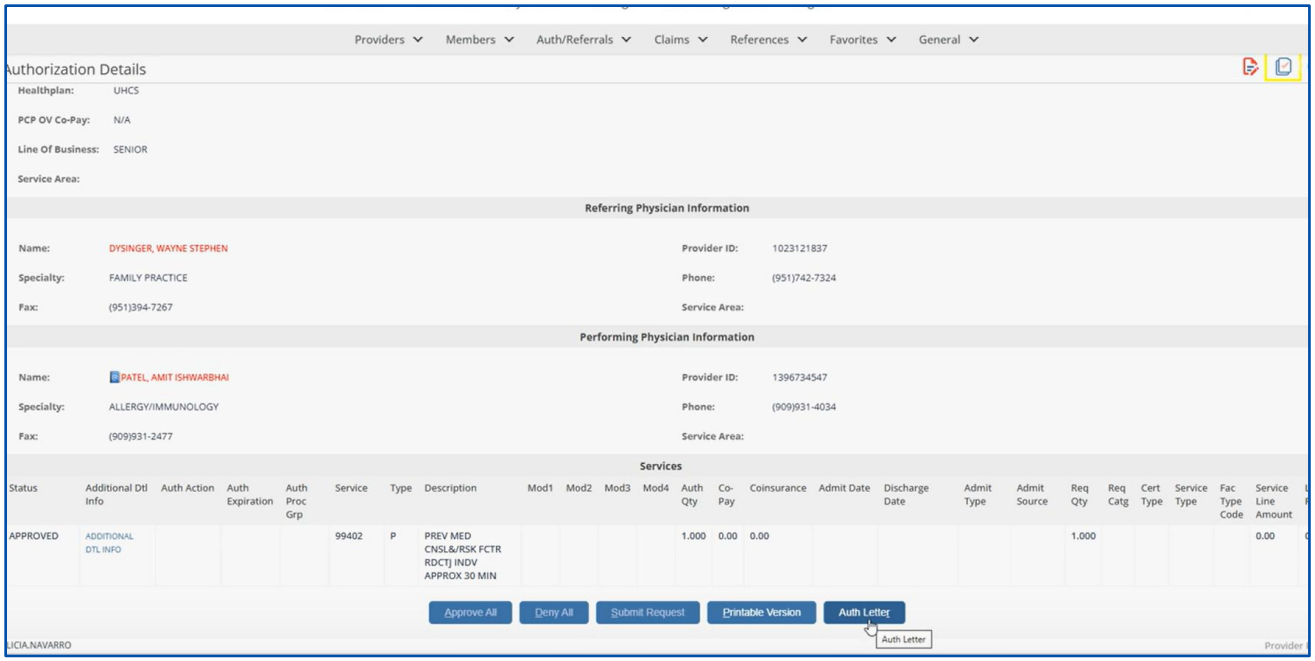
- Click the notes icon (shown in red) to view or add notes.
- Use the document icon (blue) to view attached documents, or click Add New Document to upload one — it shows a checkmark if documents are already stored.



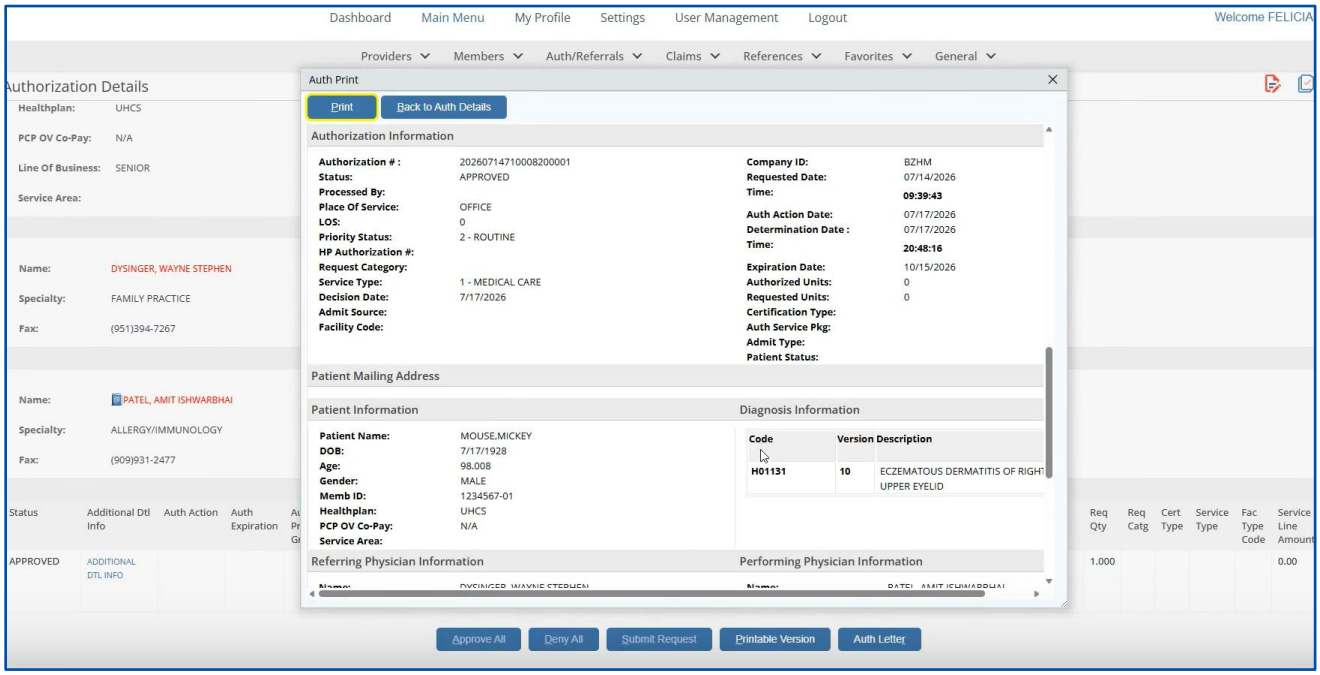
Uploaded documentation appears as shown below.



You can also print the Auth letter — scroll down on the Auth Details page to find the print option.

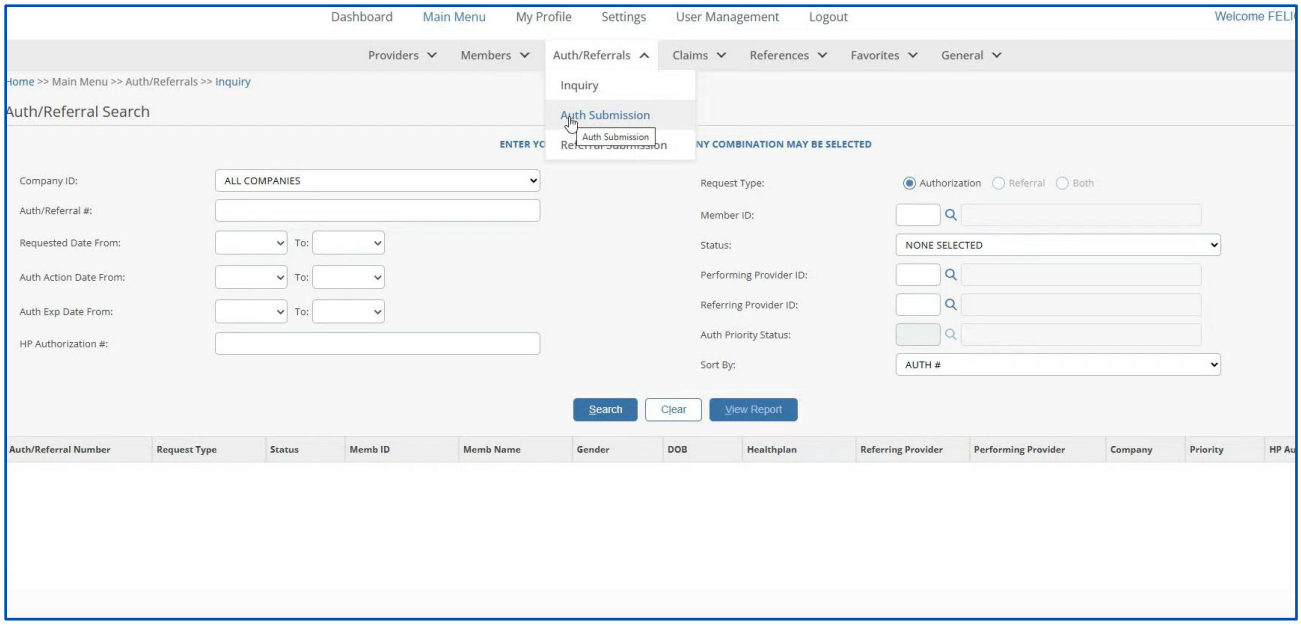


This is the Auth letter. You can print it and send it to the patient and the requested provider.



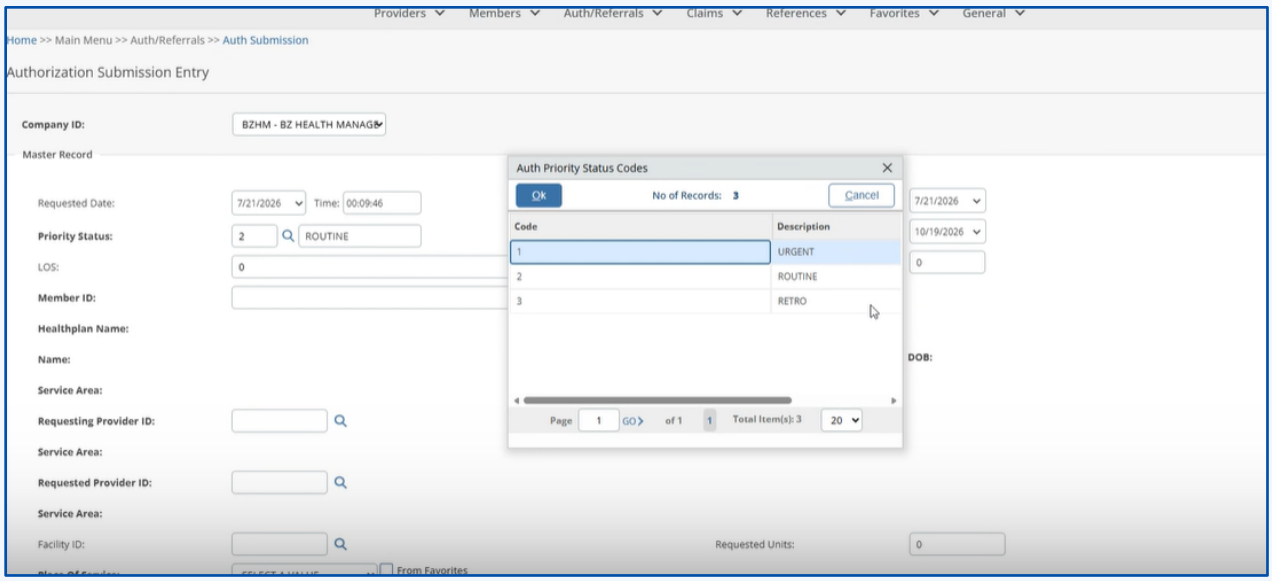
2.3.3.2 Authorization or Referral Submission

To submit a referral or authorization:



1. Select “Auth Submission” on the drop-down menu.
2. Complete all required field marked in **BOLD**
3. Confirm you have the correct **Company ID** selected. *This is a relevant field. Selecting “All Companies” won’t work.*
4. Priority status **defaults to Routine**. Use the drop-down to select Retro or Urgent instead. Urgent requests require attestation and supporting documentation demonstrating medical necessity. You won't be able to submit without it.

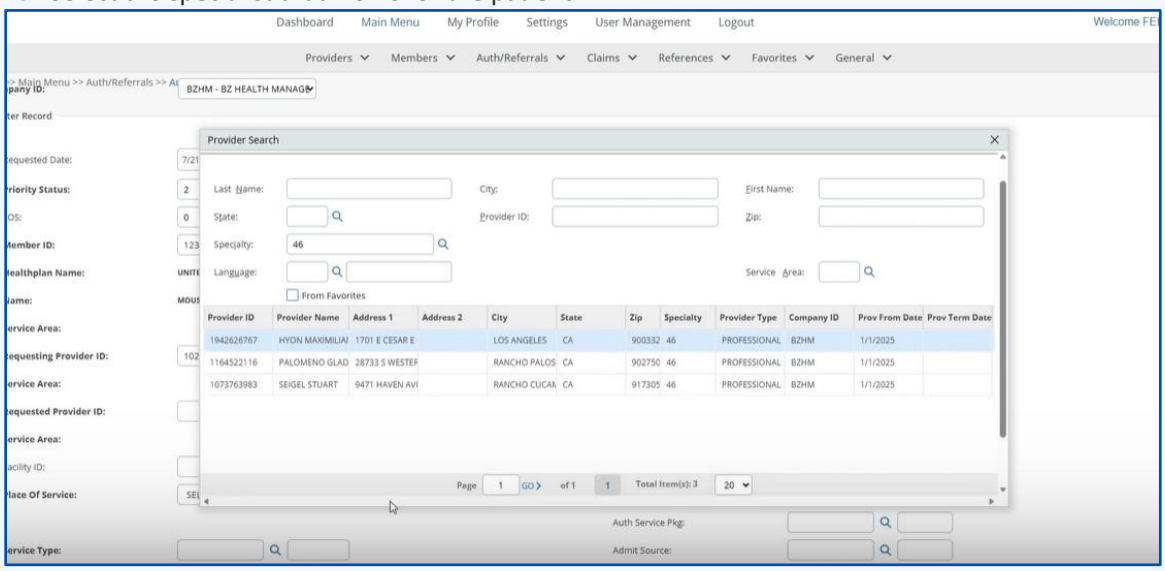
NOTE: An appointment that simply needs to happen the next day does not qualify as urgent; urgent status is reserved for *medical urgency*. If you need to expedite a referral for another reason, record it in the Notes section.



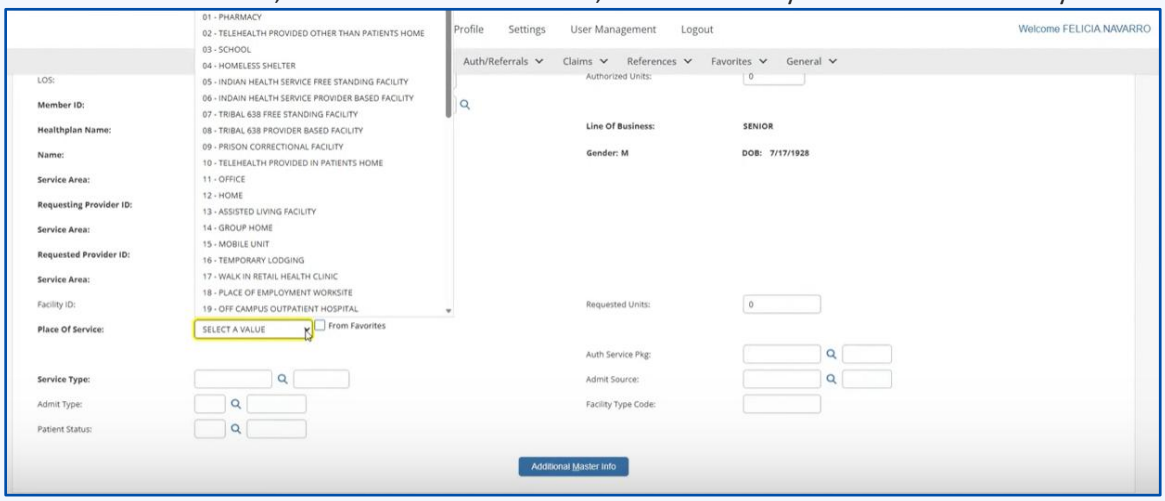
5 Enter the Member ID, or provide the patient's first name, last name, and date of birth to look up their Member ID. Once you select the member, their demographics and PCP populate automatically.

6 For the **Requested Provider**, click the search icon. If you know the provider's information, enter it directly. If you only know the specialty, look up the specialty number instead. Eg: 46 is Endocrinology, which returns all endocrinologists you can refer to.

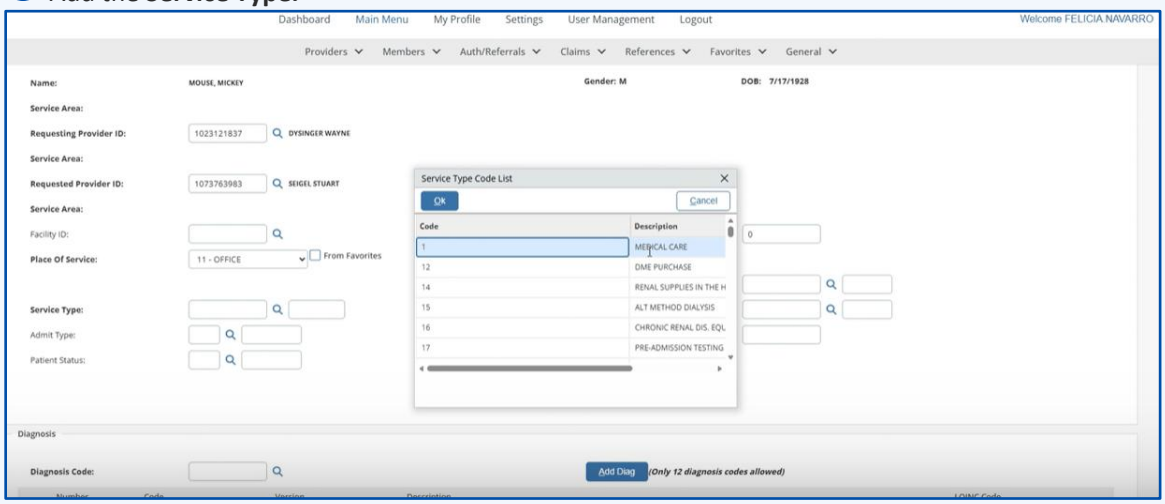
7 Select the specialist that works for the patient.



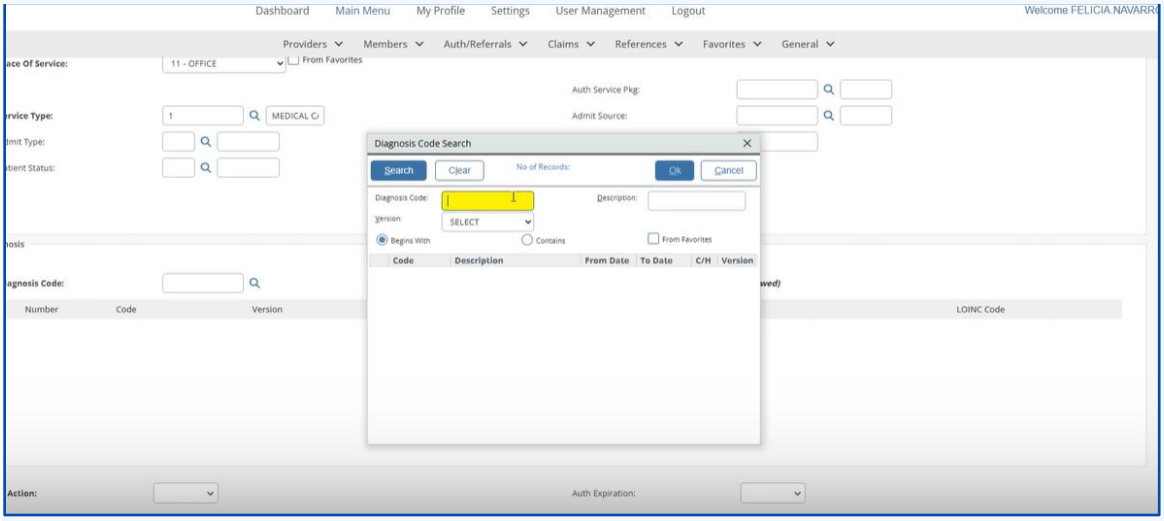
8 For **Place of Service**, choose from the list shown, or select directly from Your Favorites if you've set them up.

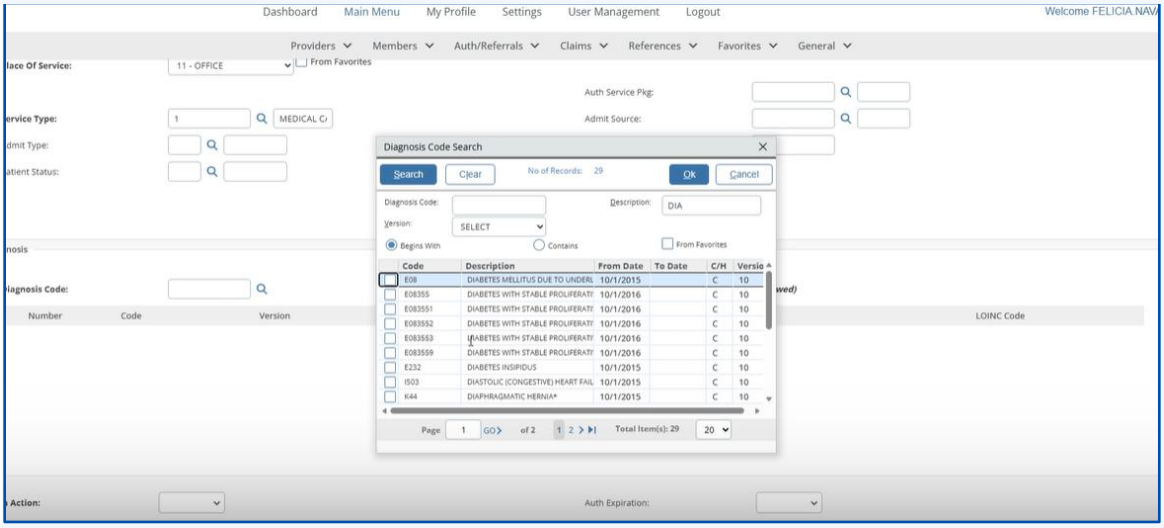


9 Add the **Service Type.**

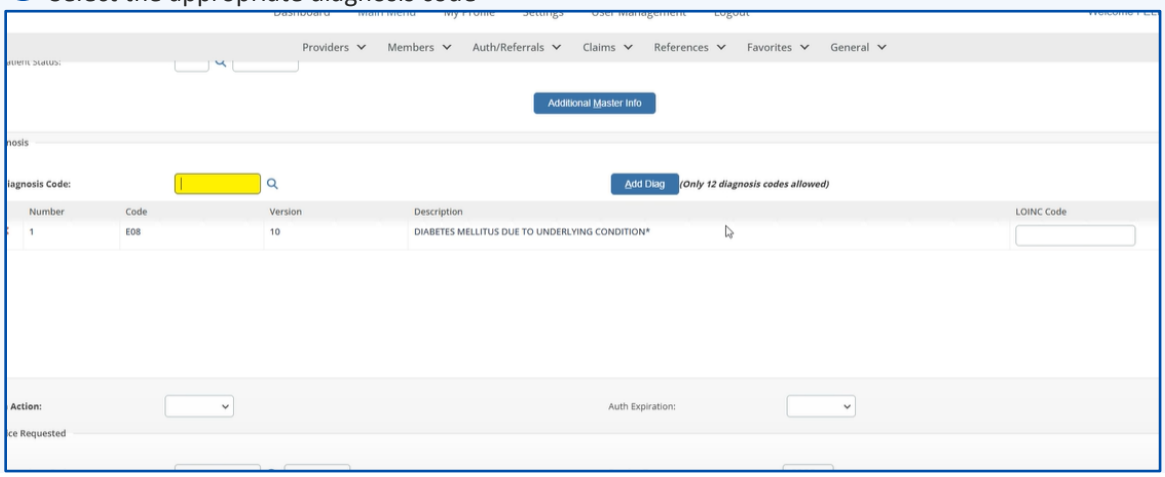


10 Select the **diagnosis code**. If you don't know it, click the search icon, enter a description, and choose from the codes it returns.

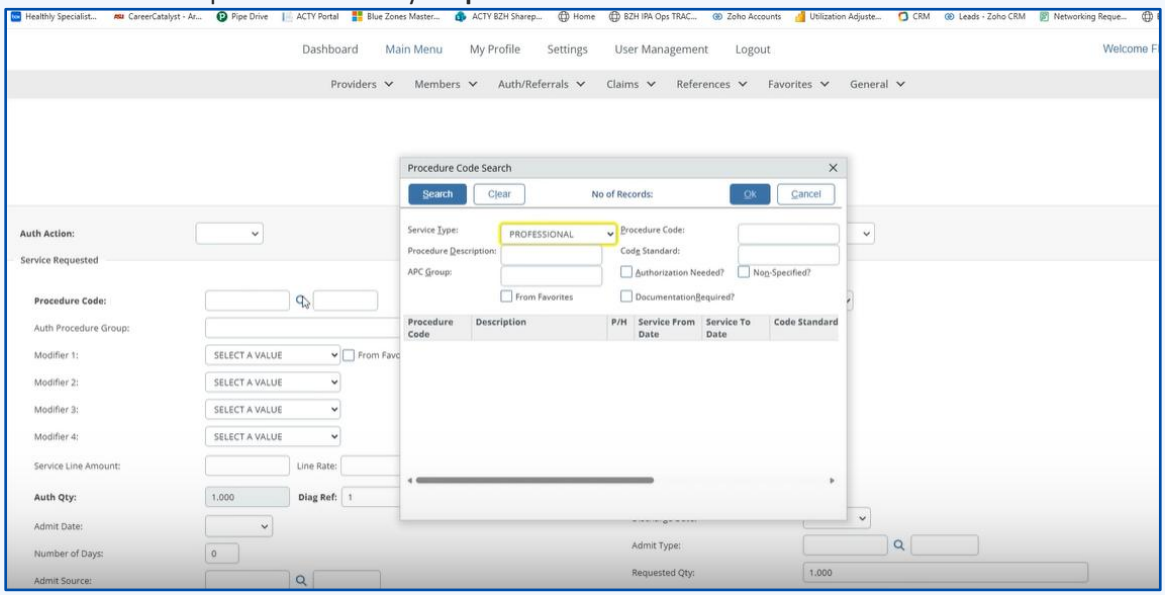


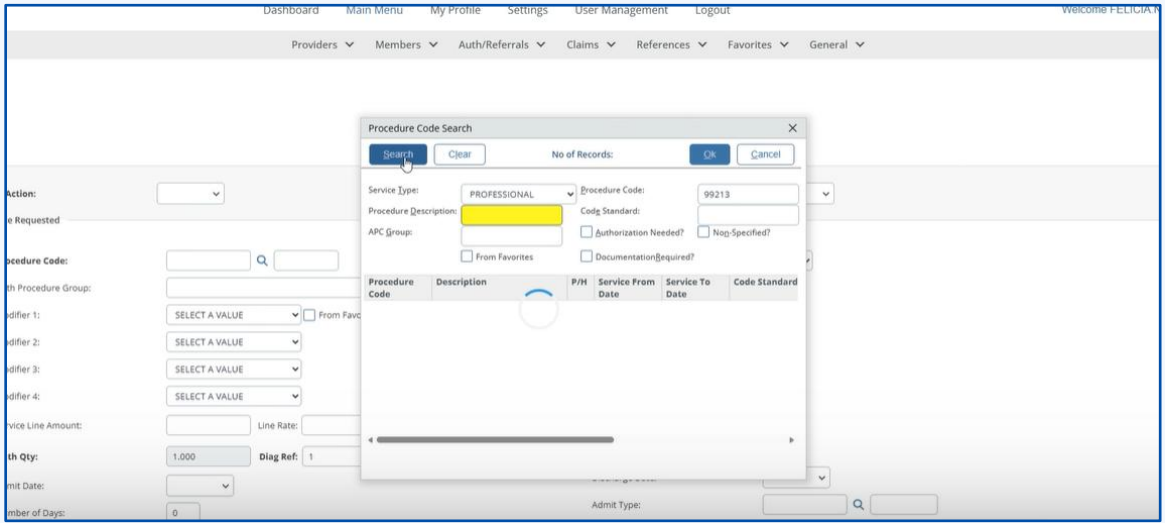


11 Select the appropriate diagnosis code

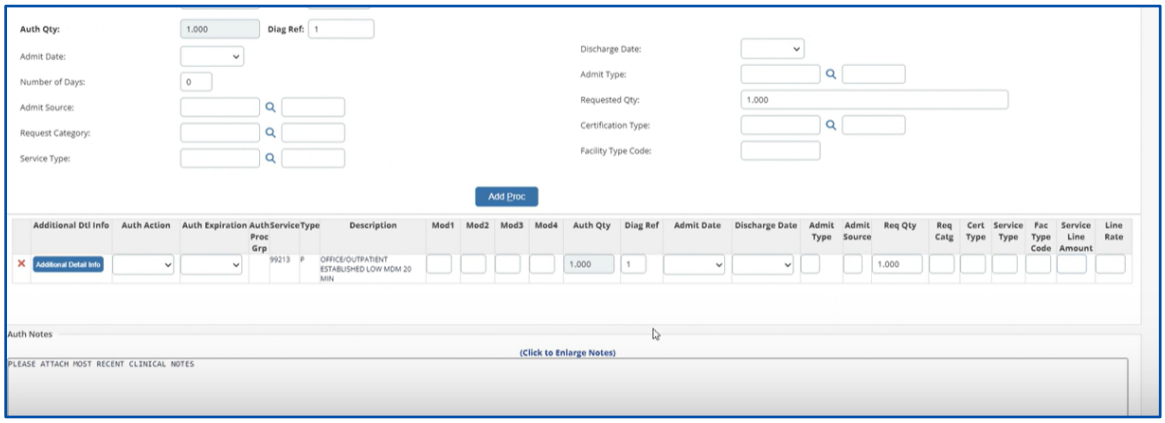


12 Use the same process to select your **procedure code.**

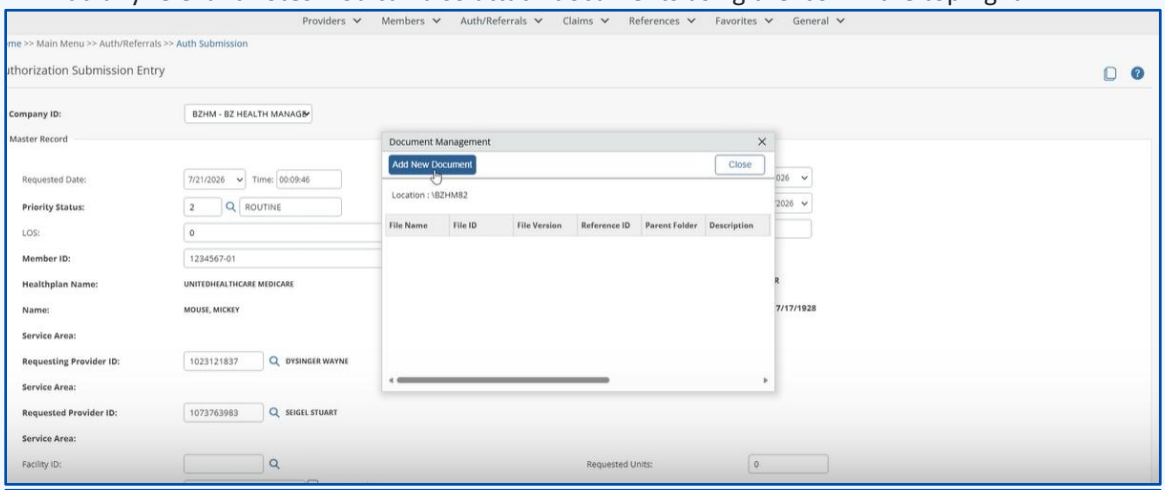


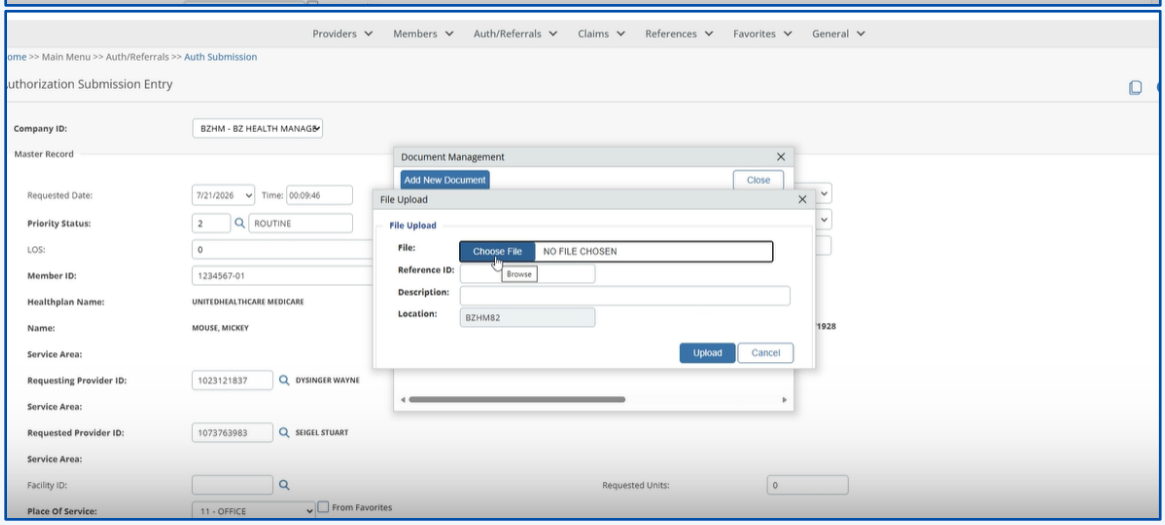


13 **Quantity** defaults to 1 — change it if needed. Click Add Procedure to add it to the request.



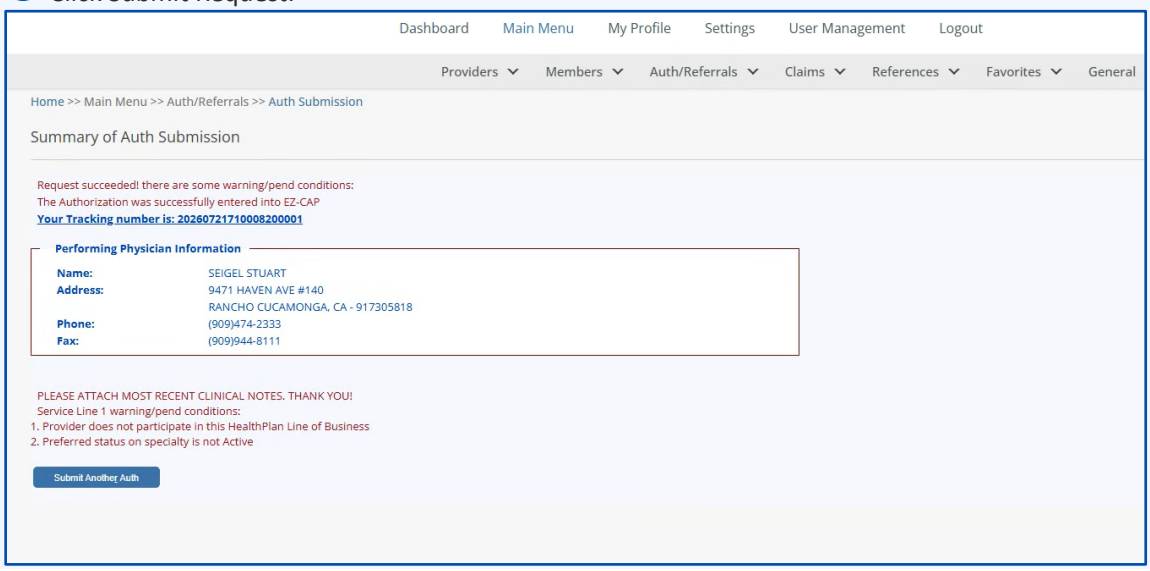
14 Add any relevant notes. You can also attach documents using the icon in the top right.





15 Confirm all the required information is complete

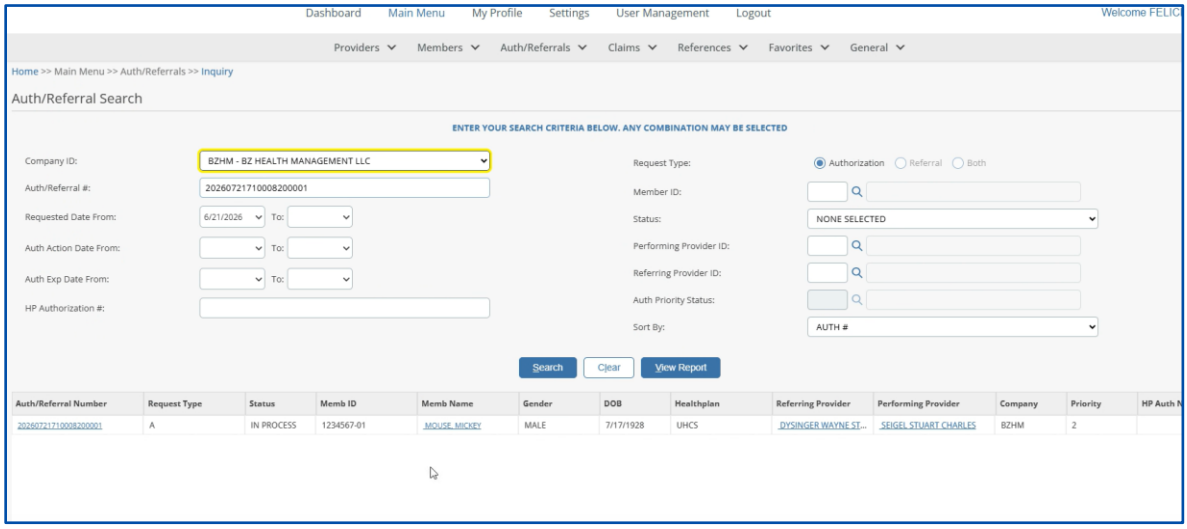
16 Click Submit Request.



Submission confirmation, with tracking information.

Upon submission, your request is added to EZCAP, and, depending on your configuration, you will receive an automatic confirmation message with tracking information.

To confirm the auth/referral was submitted, copy the tracking number and search for it under Inquiry — it will show a status of In Process.



TIP: If the Requesting PCP field doesn't auto-populate once member info is entered, click into the field and press Tab.

NOTE: Urgent authorizations will require supplemental documentation and attestation that the request is urgent.

TIP: If you need to submit both an authorization and a related referral, submit them separately — EZ-NET tracks each with its own reference number even when they're for the same visit.

2.3.3.3 Authorizations or Referral Changes

Need to make a change to an existing authorization or referral? While EZ-NET doesn't support edits directly, getting it updated is easy. Please reach out to us in one of the following ways:

1. Fax the BZH UM fax line at **1-818-921-3123** with the authorization's identifying information along with your requested changes, or
2. Call BZH Customer Service at **1-833-LIV-BLUE**, and they will route your request to our UM team
3. Send a “mail” message to BZH CSR through the provider portal

In all cases, the UM team will make the requested changes on your behalf.

2.3.3.4 Referral to BZH Well-Being Services (WBS)

Well-Being Services (WBS) is BZH's care team - an extension of your own office's care team that provides between-visit support to your patients, helping them stay on track with care plans, connect with community resources, and manage day-to-day health needs in between appointments. You can refer a patient to WBS directly from EZ-NET.

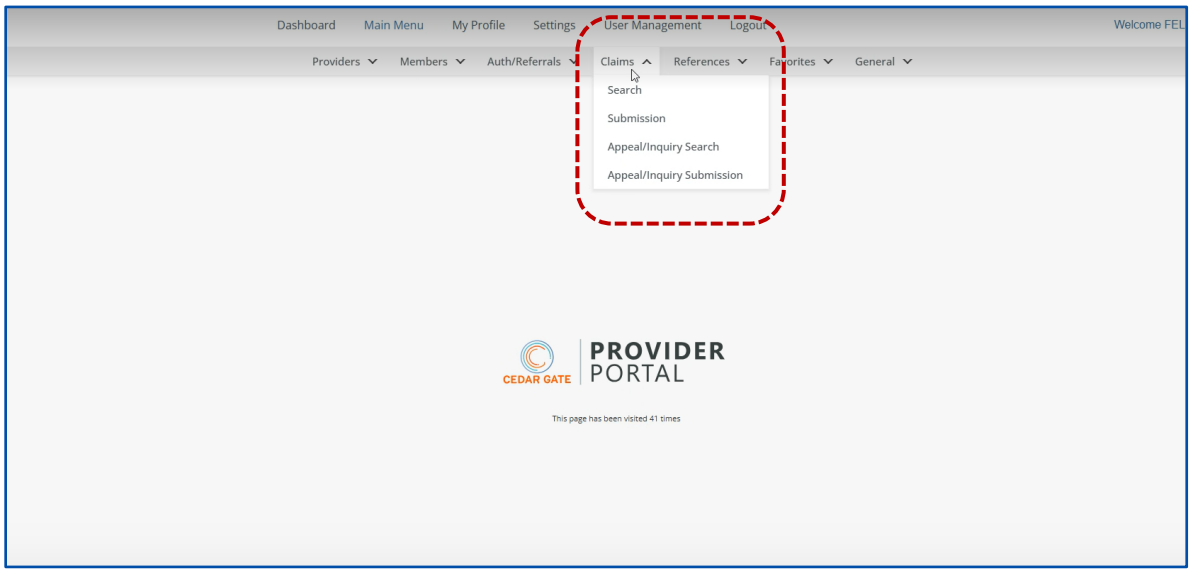
1. Open the Auth/Referrals menu and select Submission.
2. Set Request Type to Referral, then select Well-Being Services as the requested provider/service.
3. Choose the CPT code(s) that reflects the service(s) for which you're referring the patient.

Complete the rest of the referral the same way as any other referral submission — enter the patient's information, add any relevant notes, and click Submit Request. See Authorization or Referral Submission, for the full walkthrough.

2.3.4 Claims Menu

The Claims section provides access to claim inquiry and status tracking, allowing users to review the status and details of submitted claims.

Below is the Claims drop-down menu.



You can search claims here. The other options shown — Submission, Appeal Search, and Appeal Submission — are not accessible from this menu.

2.3.4.1 Claims Submission

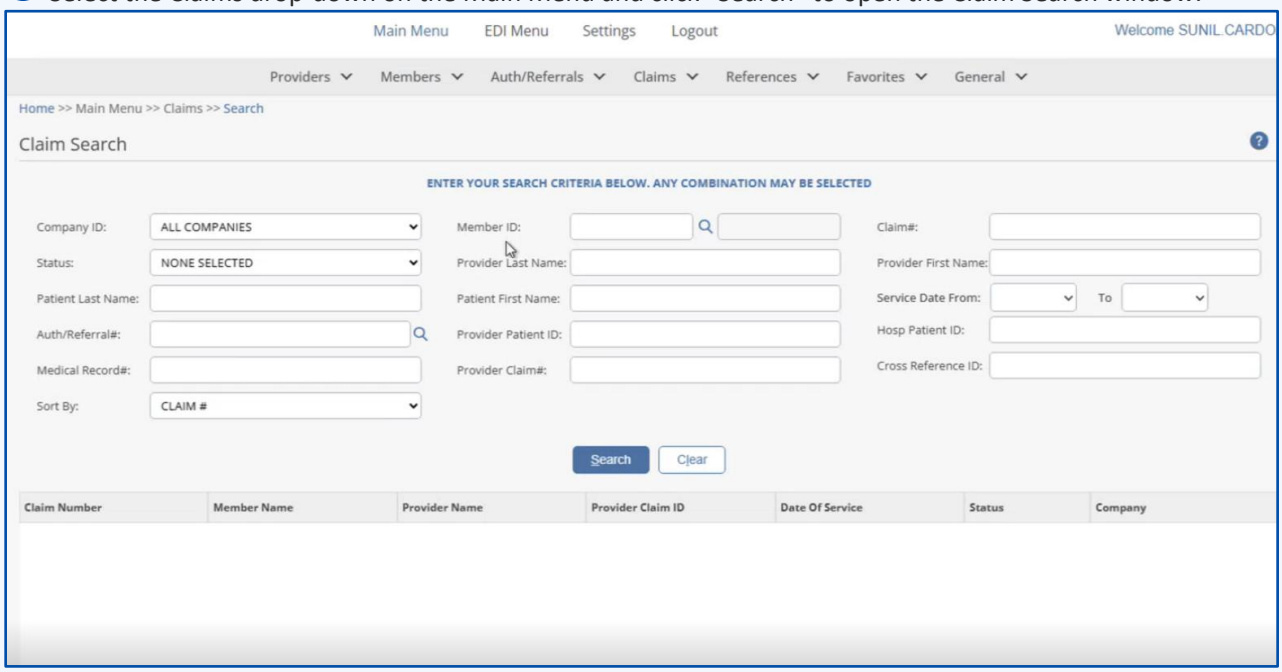
You can submit a claim through two ways:

1. Through your clearinghouse
2. Mail to BZH at: Blue Zones Health, PO Box 159, La Verne, CA 91750-0159

2.3.4.2 Claims Status Inquiry

You can check the status of a claim already submitted for one of your patients — useful for following up on payment, denials, or processing delays.

1 Select the Claims drop-down on the Main Menu and click “Search” to open the Claim Search window.



2 Enter any known criteria (Member ID, Claim #, Patient Name, Provider, or Service Date range) and click Search.

3 Click a Claim # (blue hyperlink) in the results to view full claim details, including line-level payment and adjustment information.

4 To return to the *Claim Search Results* or *Claims* window, use the navigation tool at the top of the screen by clicking on the *Claims* tab and selecting *Inquiry* from the drop-down.

2.3.4.2 Claims Appeals

Blue Zones Health maintains a fast, fair dispute resolution process to review and resolve provider disputes in accordance with regulatory guidelines. To appeal a claim, complete the Provider Dispute Resolution Request form (found in your Communications folder in the Dashboard) and mail it to the address provided. This process is handled outside EZ-NET.

When to Use This Process

The provider dispute resolution process applies to both contracted and non-contracted providers who are challenging, appealing, or requesting reconsideration of a claim — or a bundled group of substantially similar, individually numbered claims that has been denied, adjusted, or contested; seeking resolution of a billing determination or other dispute; or disputing a request for reimbursement of a claim overpayment.

Filing a Dispute

BZH providers file disputes by printing and completing the Provider Dispute Resolution Request form (*included in the Communications section of your Dashboard*), then mailing it to the address below. A dispute submitted in writing must include, at minimum:

- The provider's name
- The provider's NPI or other identification number
- The provider's contact information — mailing address and phone number
- The patient's name, when applicable

- The patient's Health Plan ID number
- The date of service, when applicable
- A clear explanation of the issue the provider believes to be incorrect, including supporting medical records when applicable

If the dispute covers multiple, substantially similar claims, complete the spreadsheet on page 2 of the Provider Dispute Resolution Request form instead of submitting separate forms for each claim.

Where to Send Dispute Resolution Requests

All provider disputes and supporting information must be submitted in writing to:

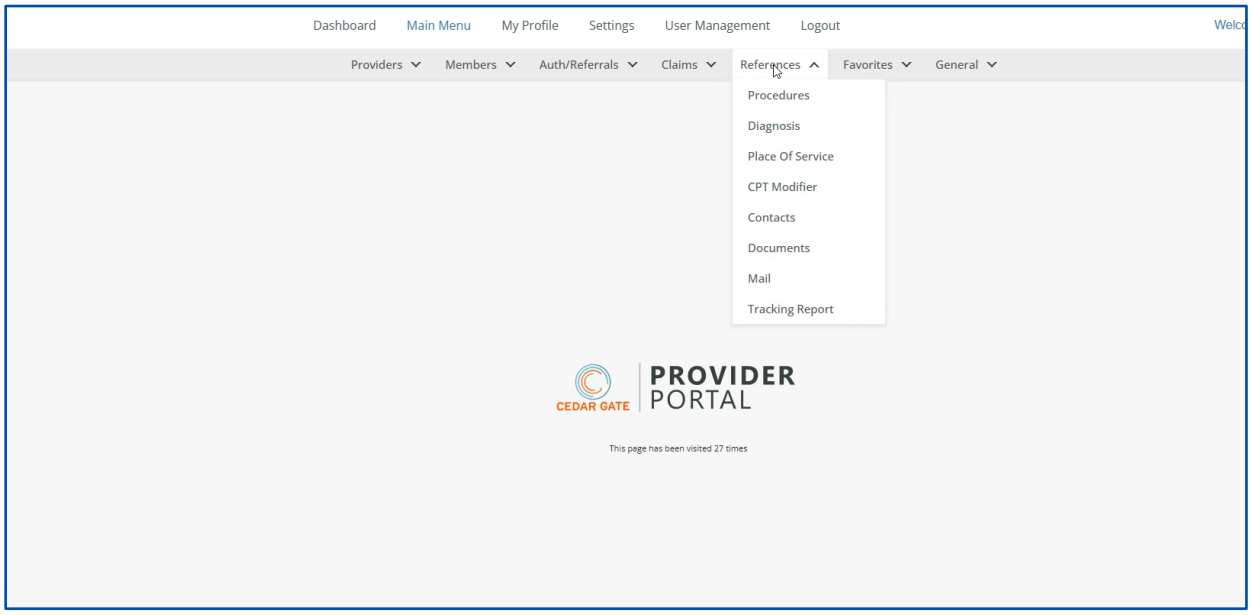
Blue Zones Health
P.O. Box 159
La Verne, CA 91750

2.3.5 References Menu

The Reference Menu allows the user to review system references.

Select one of the following options from within the “References” section on the Main Menu:

- Procedures
- Diagnosis
- Place of Service
- CPT Modifiers
- Mail – this is how you can send messages to the BZH Customer Service team. There is also a quick link to this feature through your Dashboard.
- Documents — this is not an accessible feature
- Tracking Report — this is not an accessible feature



When one of these is selected, a search criteria dialog box will be displayed.

To search a request:

1. Select the request type from the menu — the Search screen will display.
2. Enter the requested search information code in the dialog box.
3. Click the Search button.

2.3.6 Favorites Menu

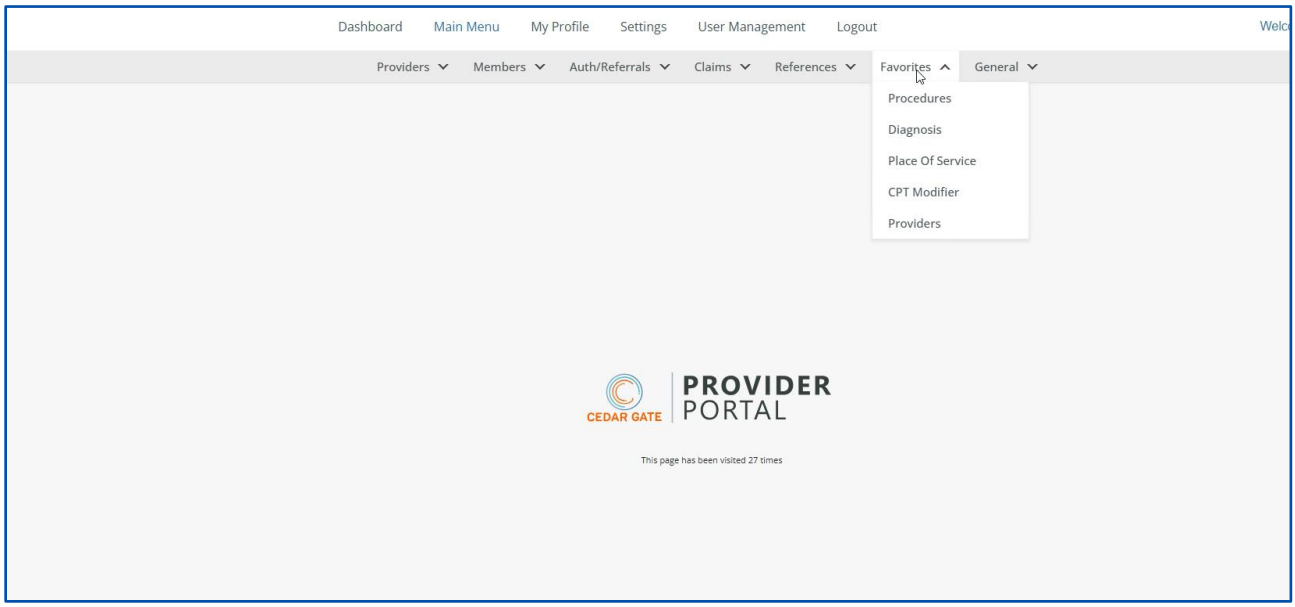
This feature allows a provider to add a repeated procedure, provider, diagnosis, place of service, or code to their favorites list, for ease of use when entering, searching, or submitting an authorization.

This section has:

- Procedures
- Diagnosis
- Place of Service
- CPT Modifier
- Providers

Log in to EZ-NET → Favorites menu → Place of Service

Search for applicable criteria (see the example for Place of Service below), then move the matching records from the left-hand box to the right-hand box and click Save.



You can do the same for Diagnosis, CPT, and Modifier codes — for example, you can search all diagnosis codes with a description of “fall” in them.

As an office manager, you can also add just the providers you work with under Providers.

3. How to Contact Us

There are multiple ways to reach BZH depending on your needs.

3.1 BZH Contacts Listing

BZH Customer Service is always ready to be the front door to any questions or concerns you might have. You can reach them at 1-833-LIV-BLUE. Additionally, for specific needs, please find our contact list below:

Department / Concern	Contact
Blue Zones Health Main Customer Service Number	1-833-LIV-BLUE
Authorizations (M–F, 8am–5pm PT)	portal.bluezoneshealth.com or 1-833-LIV-BLUE
Authorizations: (After Hours)	1-252-316-7221
Care Management (M–F, 8am–4pm PT)	caremanagementteam@bluezoneshealth.com | 1- 866-258-3966
Claims	1-833-LIV-BLUE Appeals are mailed to this address
Contracting	Your local Blue Zones Health representative
Credentialing	credentialing@bluezoneshealth.com
Eligibility	portal.bluezoneshealth.com or 1-833-LIV-BLUE
Provider Operations Issues	providerops@bluezoneshealth.com
Portal account set up and password resets	1-833-LIV-BLUE
Quality Management (M–F, 8am–5pm PT)	1-833-836-0816
Risk Adjustment (M–F, 8am–5pm PT)	1-833-574-4400
Urgent Care Search	https://bluezoneshealth.com/provider-search/
UM fax line [Anthem only] (M-F, 8am-5pm PT) UM fax line [All other plans] (M-F, 8am-5pm PT)	1-424 210 9420 1-818-921-3123
Well-Being Services (M–F, 8am–5pm PT)	careteam@bluezoneshealth.com| 1-310-295-0981

3.2 Mail Feature on EZ-Net

Mail is a messaging feature that lets you send messages directly to the BZH Customer Services team. When you click Submit, an incident is created in EZ-CAP, and a **Customer Service Representative will respond within 48 hours.**