Eye Health Manager Portal

User Guide for Providers and Office Staff

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Get Started

To sign in, enter your username and password, complete any verification prompt if presented, and select **Login**.

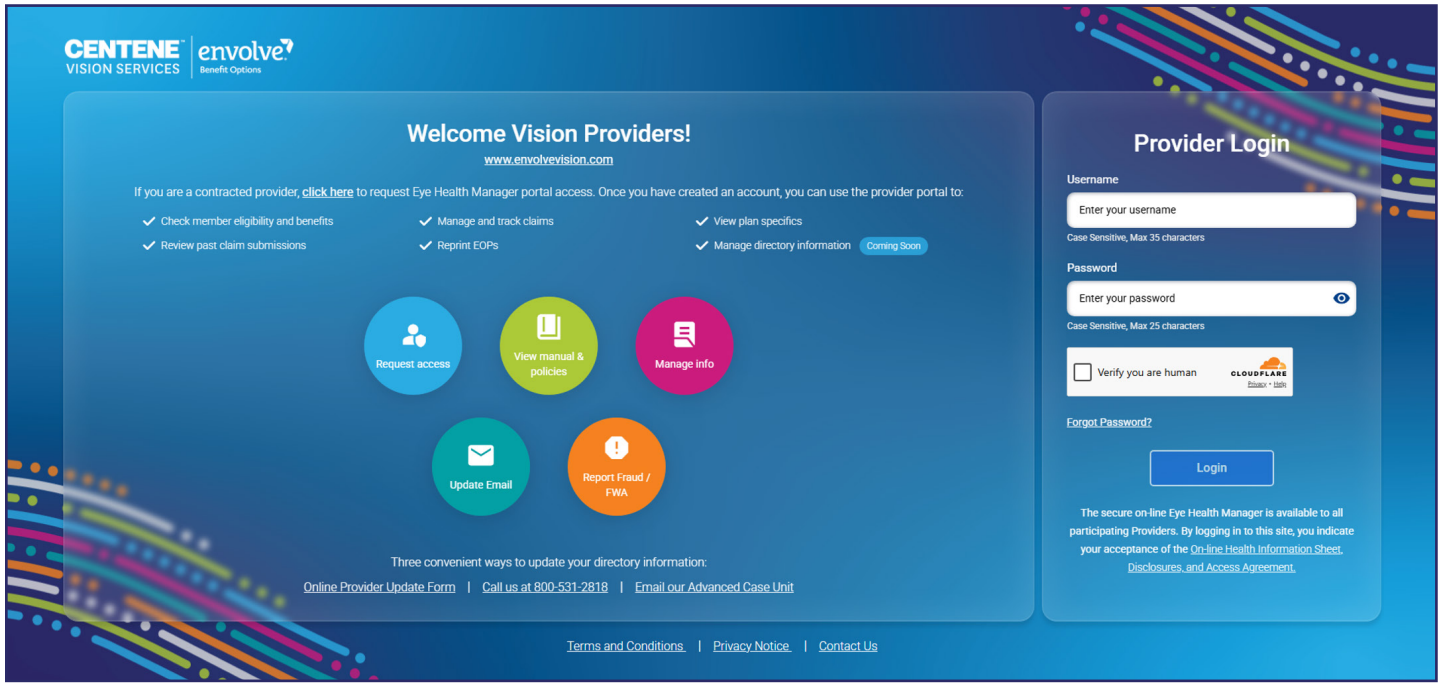

Figure 1: Login window.

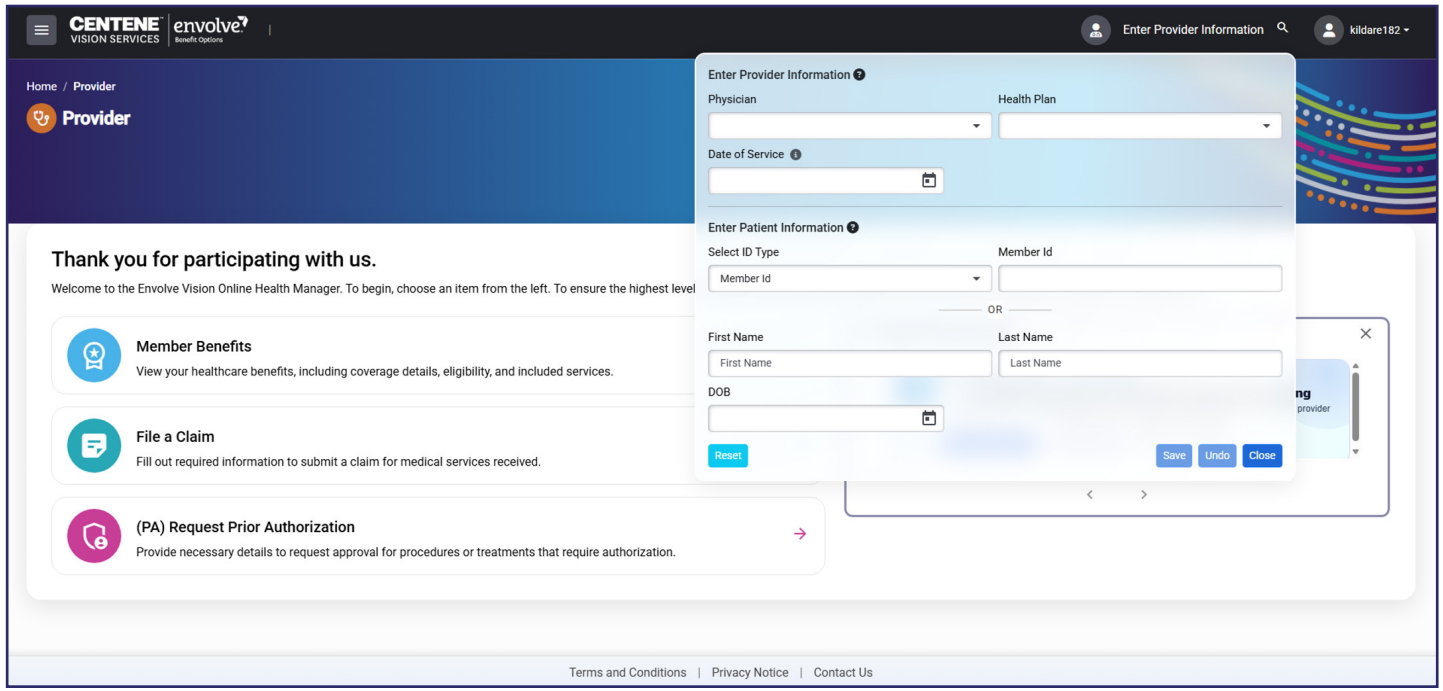

Figure 2: Portal window that shows after you login.

- The portal supports several day-to-day workflows. Two of the most frequently used are:
  1. Review member benefits
  2. Submit a claim
- To access the full menu, select the menu icon in the upper-left corner and expand the available sections.
- Check portal messages regularly for updates, notices, and system information relevant to your contracted health plans.

1. Secure messages you will see after logging in:

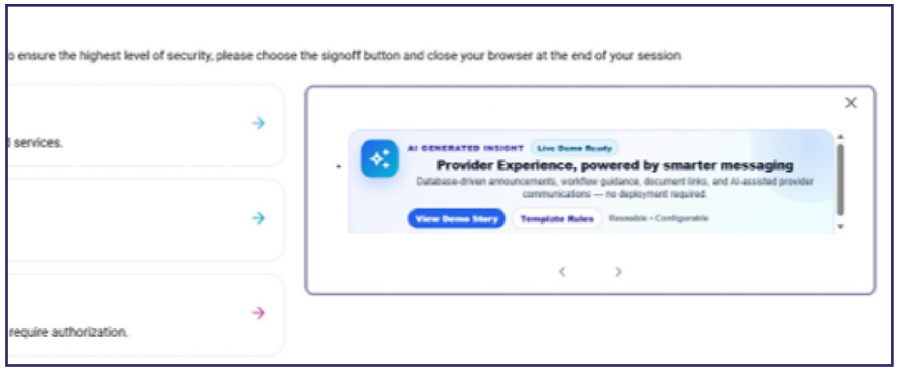

Figure 3: Relevant provider messages will show up in this area.

2. General messages for all users seen on login page:

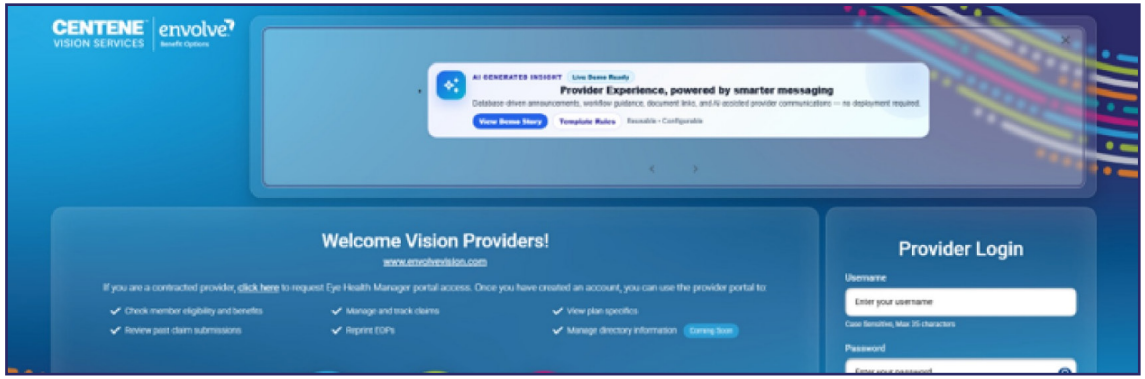

Figure 4: General provider messages will show up in this area on the login page.

Review Member Benefits

1. Start by selecting the active provider, contracted health plan, and the identifier you want to use for the member search (See Figure 5):
    a. Choose active provider
    b. Choose contracted health plan
    c. Select what you want to search member by:
        i. Member ID
        ii. Claim ID/Number
        iii. Authorization ID/Number
        iv. SSN
        v. N/A (when performing provider only functions like reprint EOP)

Hint: You can key in part of the provider or health plan name to narrow the list when working with larger groups.

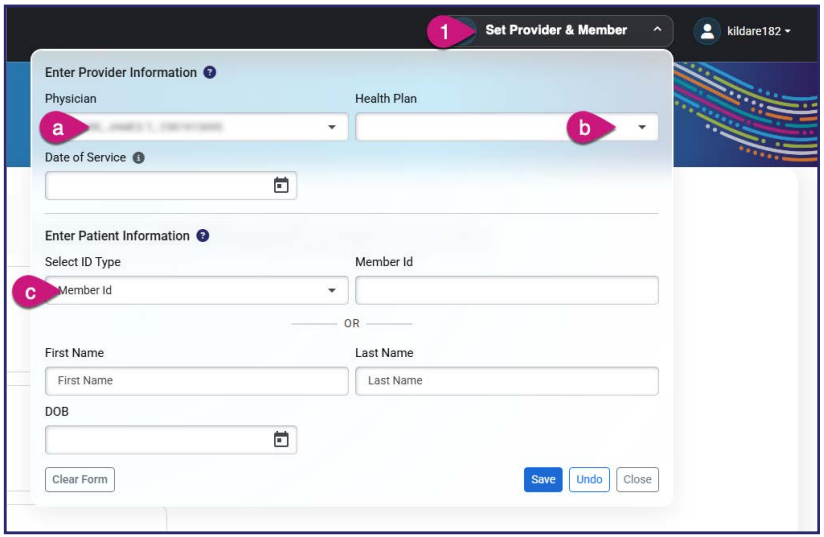

Figure 5: Arrows show which identifiers you need to change when searching for members.

Confirm Member Selection

After entering the member ID, select **Save**. Confirm that the correct account, health plan, provider, and member record appear before continuing. (See Figure 6)

1. Account in use
2. Health Plan selected
3. Provider (NPI) chosen

The member's record will be displayed in the selection banner.

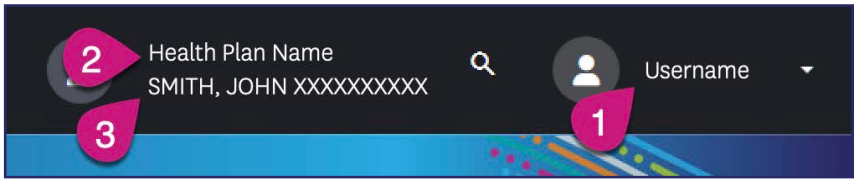

Figure 6: Highlighted areas showing the areas that need to be confirmed for each member.

Select Member Benefits or use the menu path Patients → View Member Benefits.

Select the member record you want to review.

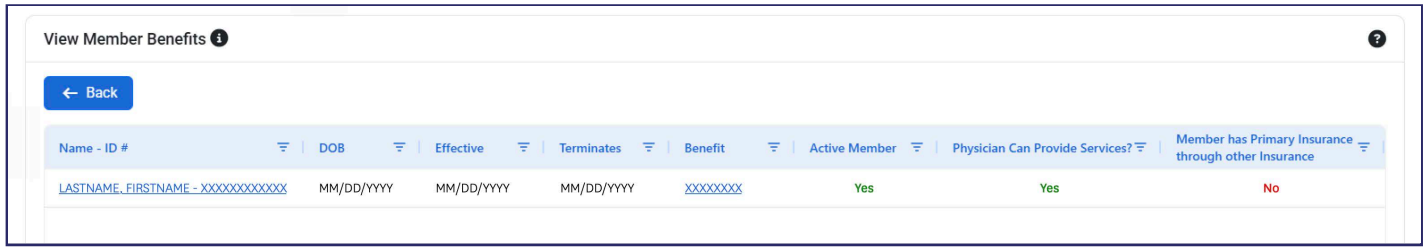

Figure 7: Sample member record.

This page displays current eligibility information available at the time of the request. If you cannot locate a member, contact Customer Relations at 800-840-7032 or refer to the contact information in the applicable plan specifications.

Submit a Claim

1. From the home page, select **File a Claim**, or use the menu path **Claims** → **Claim Entry**.
2. Confirm the correct member, then select the member record to begin claim entry. This opens the claim entry screen.
3. Select **+Add** only when you need more than the default diagnosis fields.
4. Under **Claim Details**, update **Provider COB** from **No** to **Yes** when applicable.
5. Enter the dates of service and add additional service lines only if needed.
6. To copy values from the first service line to the next line, complete Row 1 and then select **Copy Row #1** on Row 2.
7. The **Account Information** section is optional. Select **Continue** to proceed.
    a. *Patient Rx information is optional and may be skipped if not applicable.*
8. Select the address where the services were rendered, then choose **Continue**.
9. Before submission, expand each section to confirm the information entered. When all details are correct, select **Submit**.
10. After submission, a confirmation message appears and the system assigns a claim number.
11. After a claim is submitted, you can upload supporting documentation such as a primary EOB/EOP, medical records, or a statement of medical necessity. If no attachments are required, you may print the claim for your records (See Figure 8 on the next page).

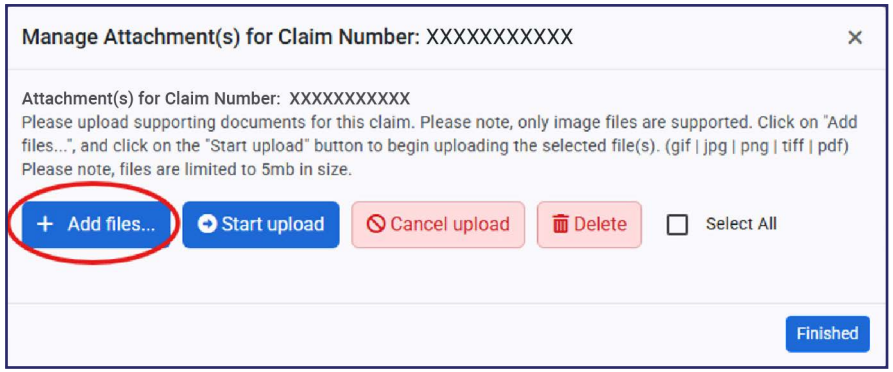

Figure 8: Click the "Add Files" button (circled) to upload supporting documentation to the claim.

To Attach a Claim:

1. After the files are added, select **Start upload**.
2. If the wrong file is uploaded, select the delete icon to remove it. After all files are validated, select **Finished** to attach them to the submitted claim.

Check Status of Claim

(available only for claims submitted through the web portal)

1. Select the provider who rendered the service on that claim
2. Select the health plan the claim was submitted under
3. Type in the member ID whose claim you are searching for (Note: you can leave the DOS empty)
4. Click on [Save]
5. Click on the top menu → Click on Claims → Click on Claim Status Check
    a. If no date of service is entered and more than one line of coverage is returned, select the active line of coverage.
    b. Select the active member record to view claim details.

Reprint Explanation of Payment (EOP)

EOPs are related to providers, so member ID is not needed for this task.

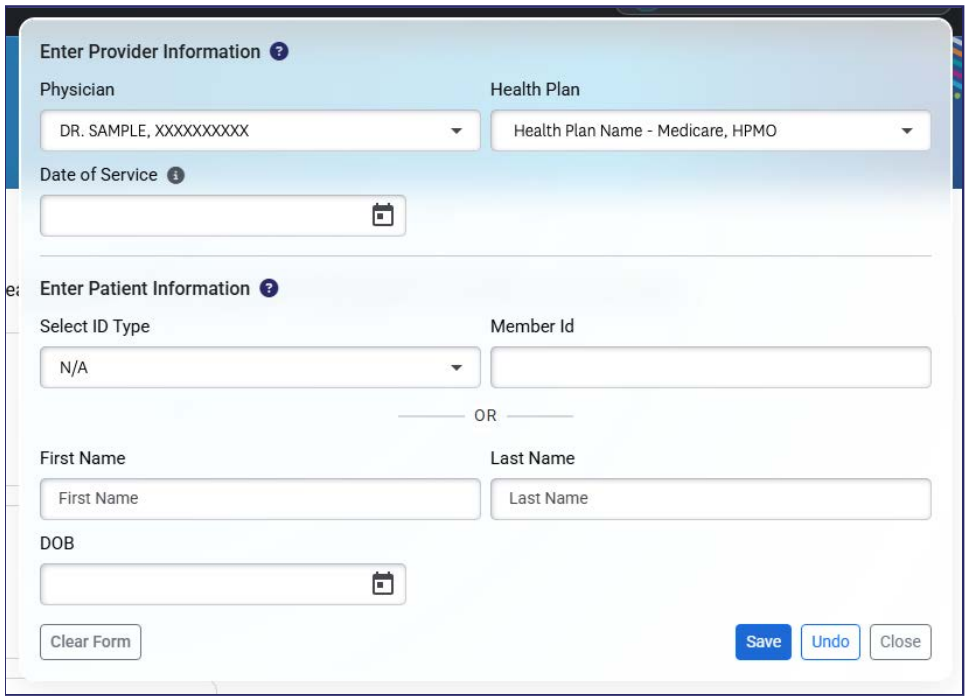

Figure 9: Menu to access Explanation of Payment (EOP)

1. Select provider and health plan, and for ID Type, select N/A and click on Save.
2. Click on the top menu and choose **Reprint EOPs**.
3. Enter the check date, select the provider, select location if there is more than one and the correct Reference number will be populated. Click on Continue to retrieve EOP from Zelis and view PDF. (See Figure 10)

Figure 10: Enter check date, provider, and location here.

The PDF is located and displayed for the selected provider and check date.

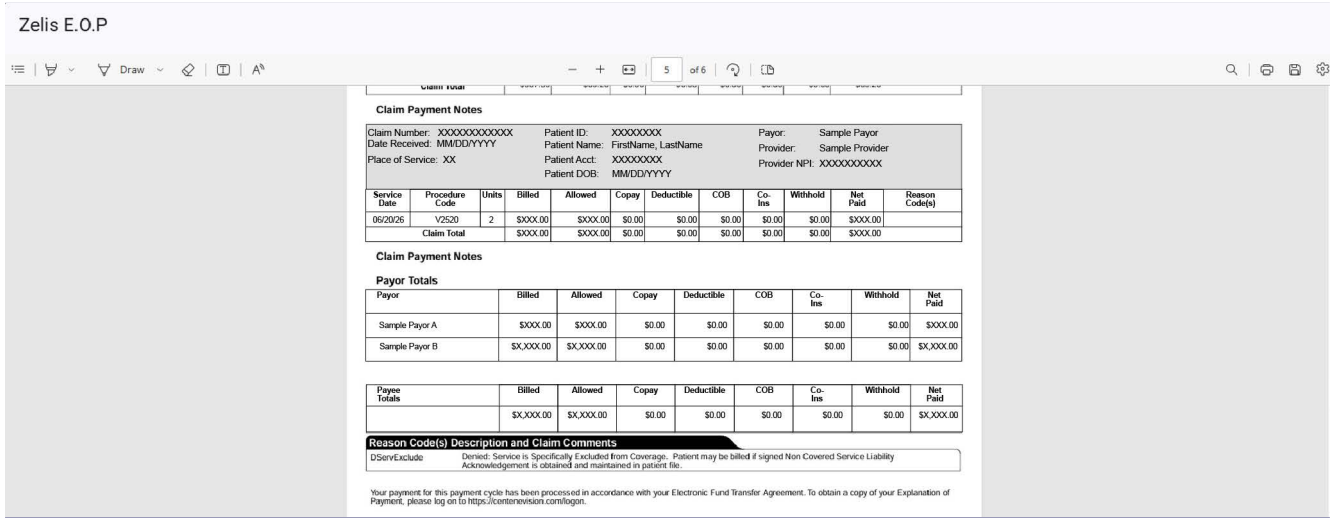

Figure 11: PDF of EOP pulled from Zelis.

Request Prior Authorization

To request prior authorization:

1. Select the servicing provider and contracted health plan, then enter the member ID or leave the date of service blank if needed.
2. From the home page, select (PA) Request Prior Authorization, or use the menu path Authorizations → Request Authorizations.

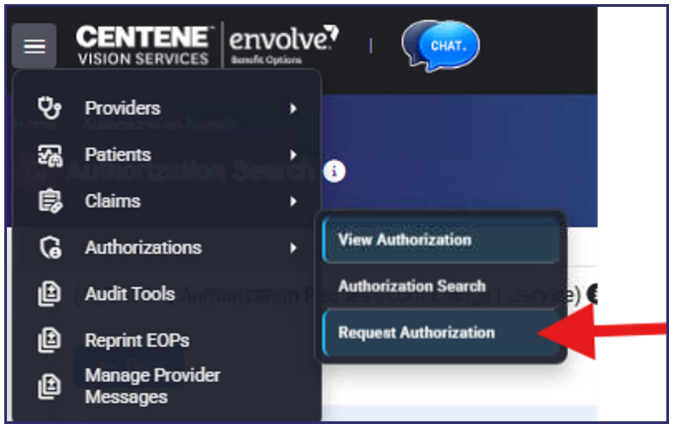

Figure 12: Arrows showing which buttons to choose when requesting Prior Authorizations.

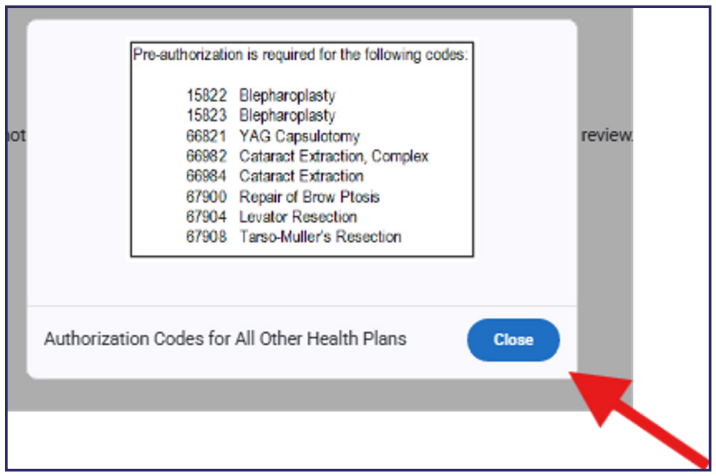

Figure 13: Example of "All Other Health Plans" being selected for Prior Authorizations.

3. This page summarizes prior authorization details and health plan options. Select the appropriate health plan to review which codes require preauthorization. In Figure 13, All Other Health Plans is selected.
4. After selecting All Other Health Plans, the authorization codes are displayed. Select Close in the lower-right corner to return to the request authorization information page.

Review the page instructions, then scroll to the bottom and select Continue to begin the request (See Figure 14).

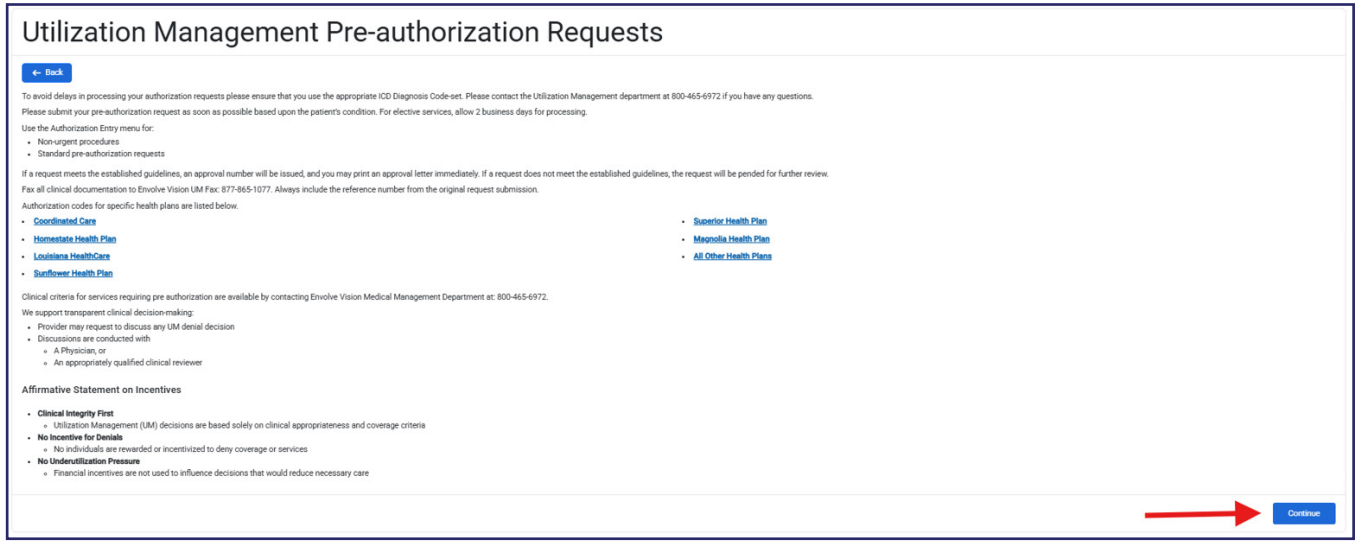

Figure 14: Arrow pointing to the "Continue" button to complete the Prior Authorization request.

The member history screen appears next. If no date of service is selected and more than one line of coverage is returned, select the active line of coverage (see Figure 15).

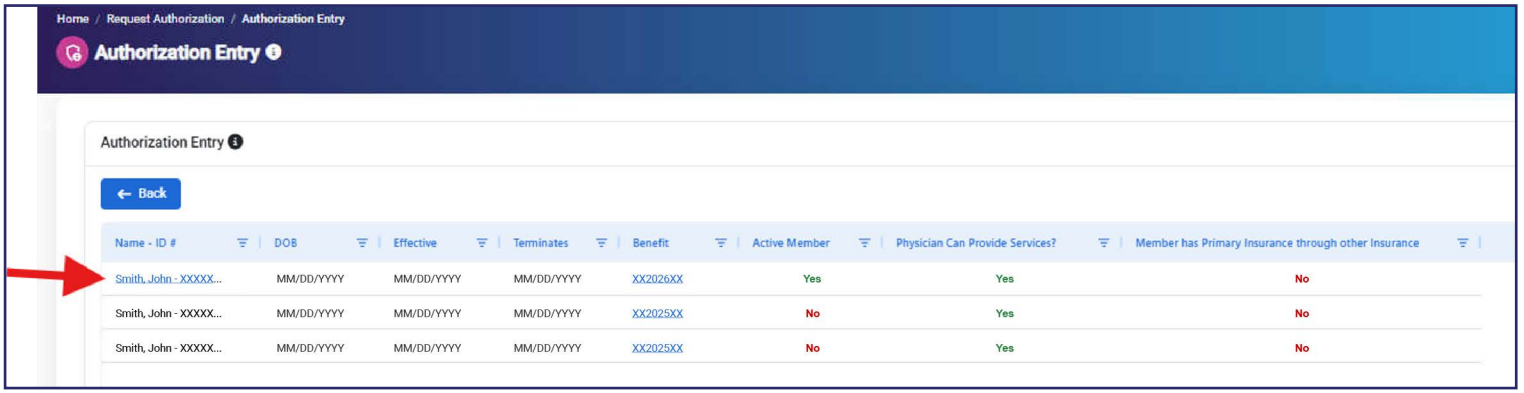

Figure 15: The red arrow is pointing to the active line of coverage.

In the **Contact Info** section, the current date populates automatically. Enter the office contact, phone number, and fax number, then select *Next* (see Figure 16).

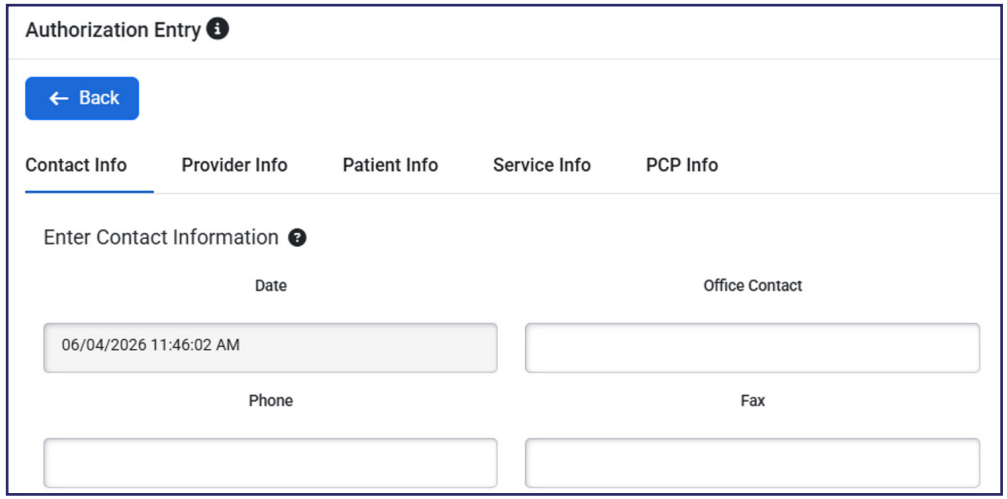

Figure 16: Contact information screen for prior authorization.

In the **Provider Info** section, the provider ID populates automatically. Select the correct provider name from the list, then choose *Next* (see Figure 17).

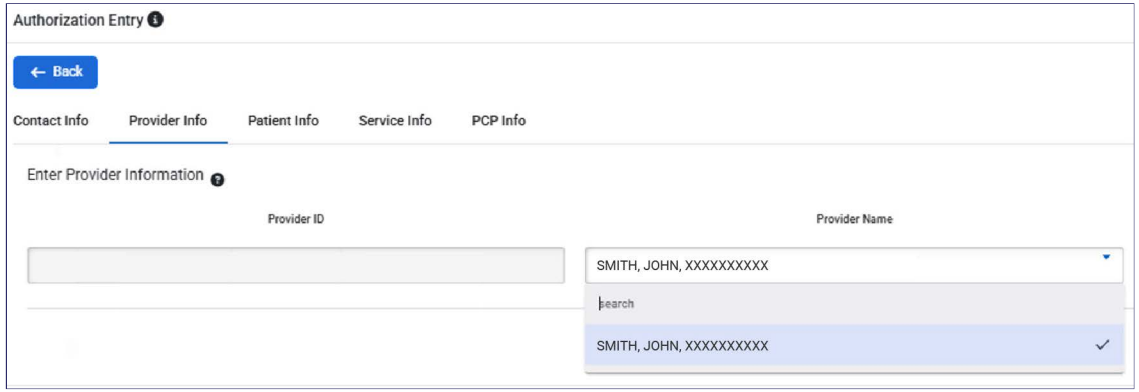

Figure 17: Provider Info screen for prior authorization.

In the **Patient Info** section, several fields populate automatically. Complete the remaining required fields, including other insurer information if applicable, date of admit, and date of service, then select *Next* (see Figure 18).

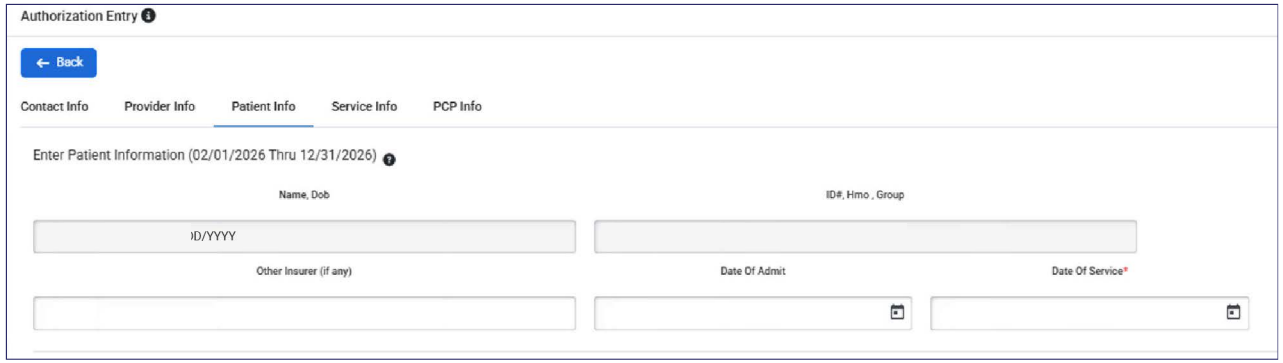

Figure 18: Patient info screen for prior authorization.

In the **Service Info** section, complete all required fields marked with a red asterisk, then select *Next* (see Figure 19).

Note: Procedures that require preauthorization vary by product. Refer to the applicable plan specifications. Many requests are approved immediately when criteria are met; others may be pended for review.

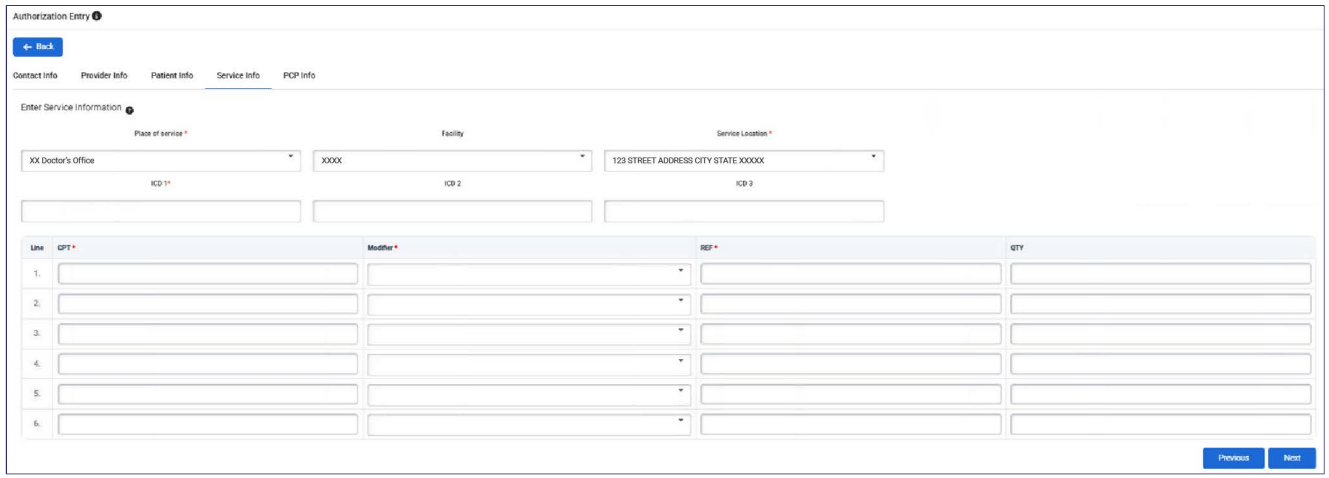

Figure 19: Service info screen for prior authorization.

In the **PCP Info** section, complete the required fields when a primary care provider applies. When finished, select *Continue* to submit the authorization request (see Figure 20).

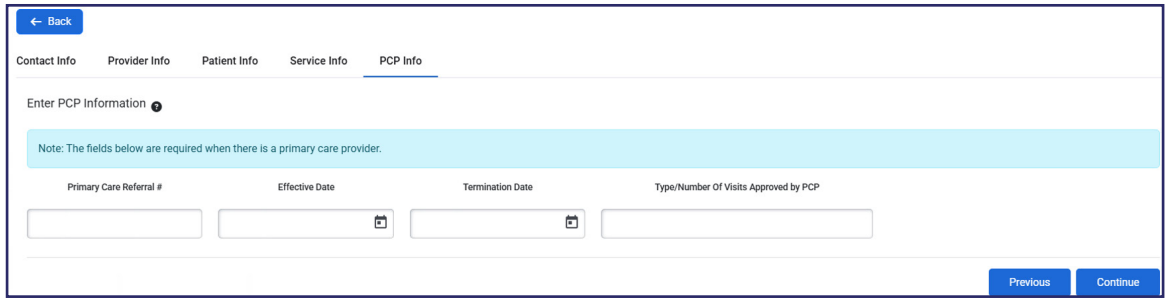

Figure 20: PCP info screen for prior authorization.

If there is an issue with the CPT or service code entered, the system may display the following message (see Figure 21).

Figure 21: Alert message that populates when there is an issue with the CPT or service code with prior authorizations.

View Authorization

(available only for prior authorizations submitted through the web portal)

1. Select the servicing provider and contracted health plan, enter the member ID if available, and save your selection.
2. Use the menu path **Authorizations** → **View Authorizations** (see Figure 22).

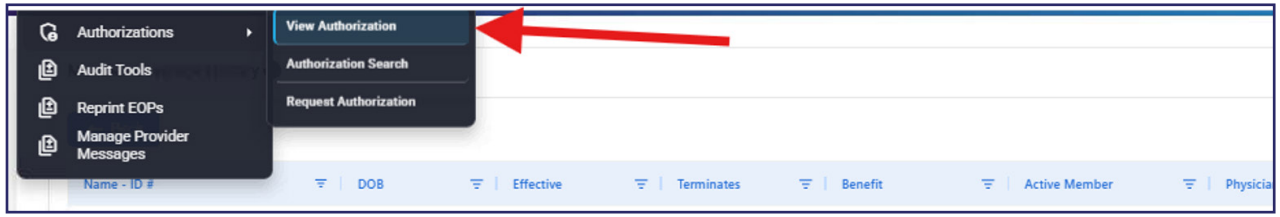

Figure 22: The menu path that allows you to view authorizations submitted through the web portal.

3. The member history screen appears. If no date of service is selected and more than one line of coverage is returned, select the active line of coverage (see Figure 23).

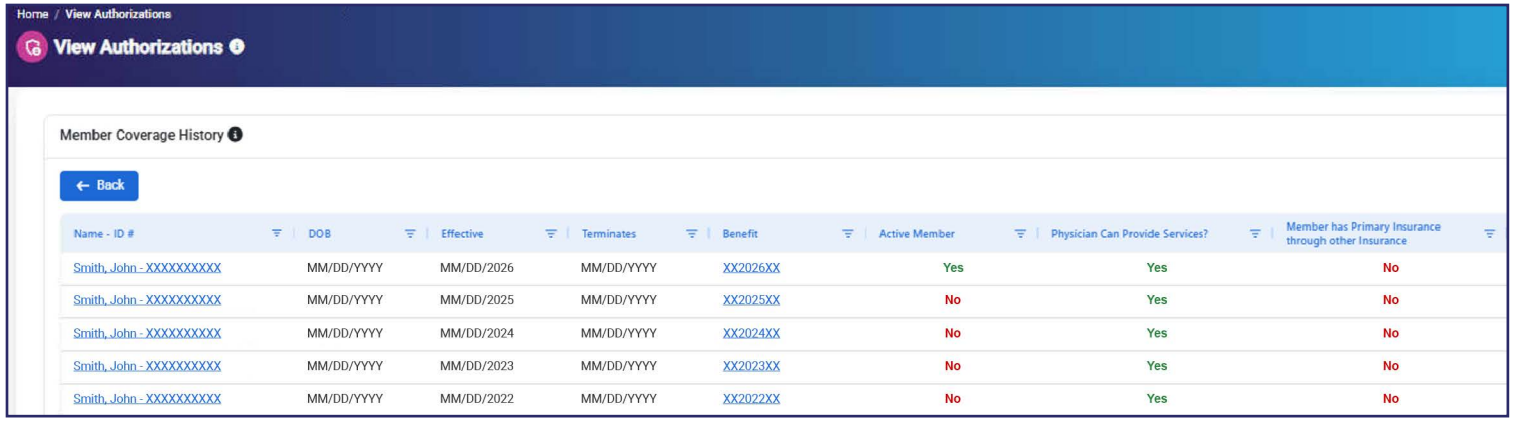

Figure 23: Member history screen, where you can select the member's active line of coverage.

This page lists existing authorizations. The authorization number appears on the far right (see Figure 24).

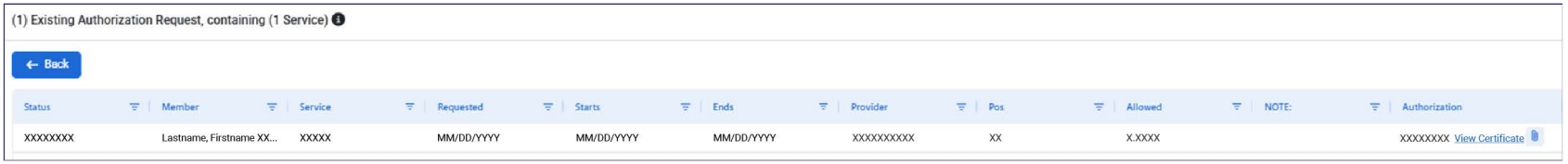

Figure 24: Existing Authorizations for selected members.

4. To open the authorization for the selected member, select **View Certificate** (see Figure 25).

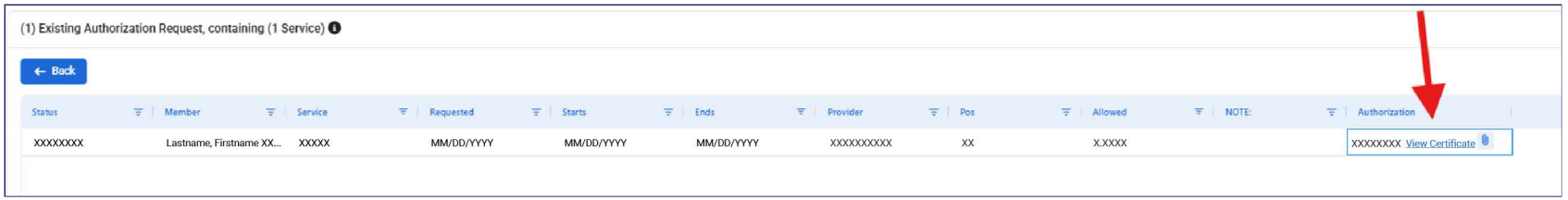

Figure 25: The red arrow shows where you can view the authorization certificate.

5. An authorization letter is displayed. You can print this letter for your records.

Search for Authorization

(available only for prior authorizations submitted through the web portal)

1. Select the servicing provider and contracted health plan, enter the member ID if needed, and save your selection.
2. Use the menu path **Authorizations** → **Authorization Search** (see Figure 26).

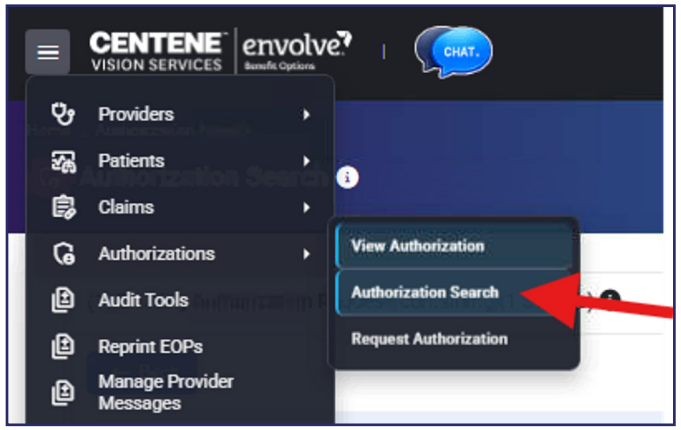

Figure 26: Menu path for Authorization Search.

All web-submitted authorizations for the selected provider will appear on this screen (See Figure 27).

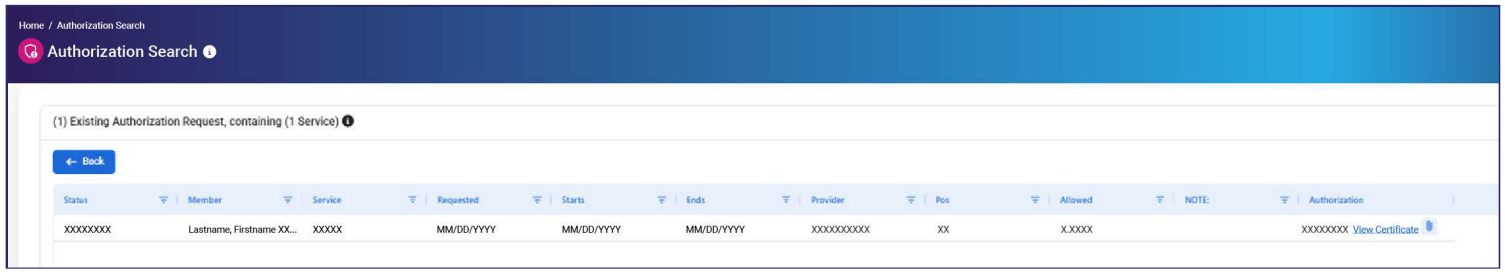

Figure 27: Image showing all web-submitted authorizations for the selected provider.

Review Office Manuals

1. Open the menu in the upper-left corner.
2. Select “Providers” and then “Provider Resources.”
3. From the drop-down menu choose “Office Manuals.”
4. From here, you can expand the “Plan Specifics” tab to locate the contracted plan manuals available to your office.

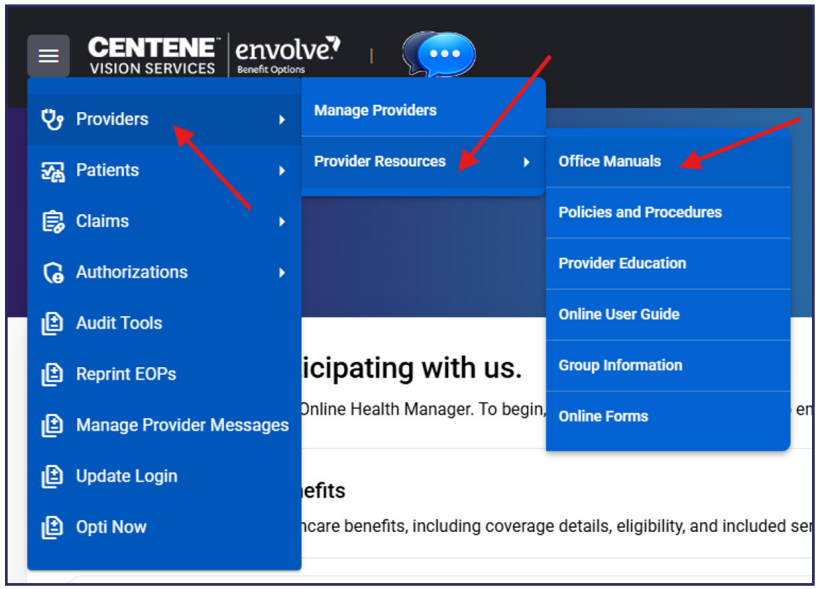

Figure 28: Path to view contracted plan manual available to your office.

Review Policies and Procedures

Open the menu and go to **Providers** → **Provider Resources** → **Policies and Procedures** to review available policy documents.

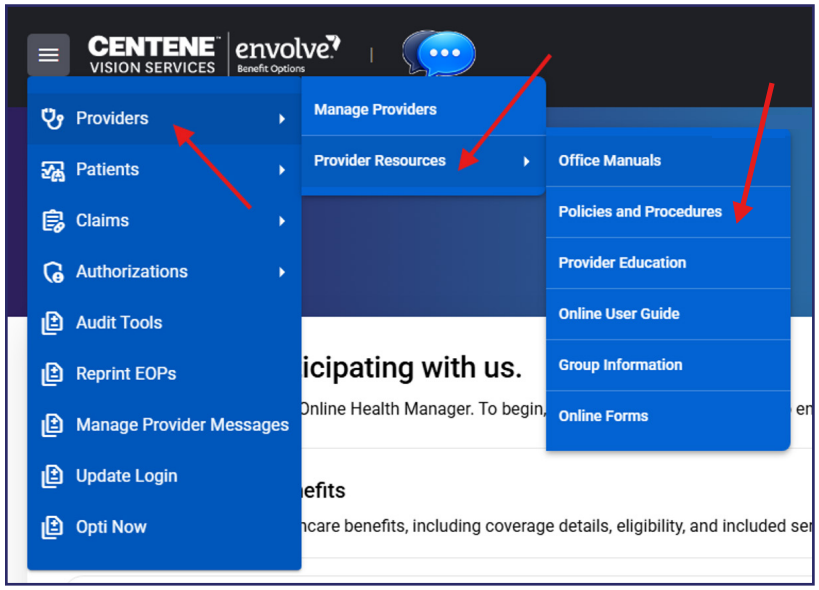

Figure 29: Path to view Policies and Procedures.

Activate/Deactivate Providers

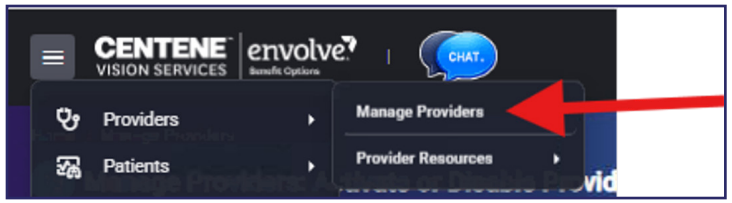

Figure 30: Arrow showing how to go to the "Manage Providers" list to activate/deactivate providers.

To activate or deactivate a provider, open the menu in the upper-left corner, select "Providers" and "Manage Providers" (see Figure 30). Select **Activate/Disable** in the *Action* column. You can also use **Activate All** or **Disable All** to update multiple providers at once. A confirmation message appears when the action is complete.

Examples

- If a provider is currently Disabled and should be made active, select the option shown for activation (See Figure 31).

Figure 31: An example of a deactivated provider and where to click in the Action column to activate the provider.

Figure 32: Pop-up that the provider has been activated.

- If a provider is currently Activated and should be made inactive, select the option shown for deactivation (see Figure 33).

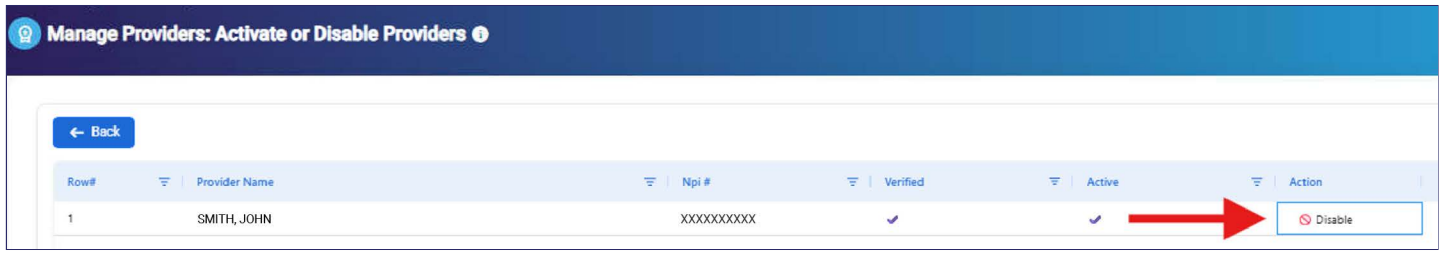

Figure 33: An example of an active provider and where to click in the Action column to deactivate the provider.

Figure 34: Pop-up that the provider has been disabled.

- To update all listed providers at once, use the bulk action options shown below (See Figure 35).

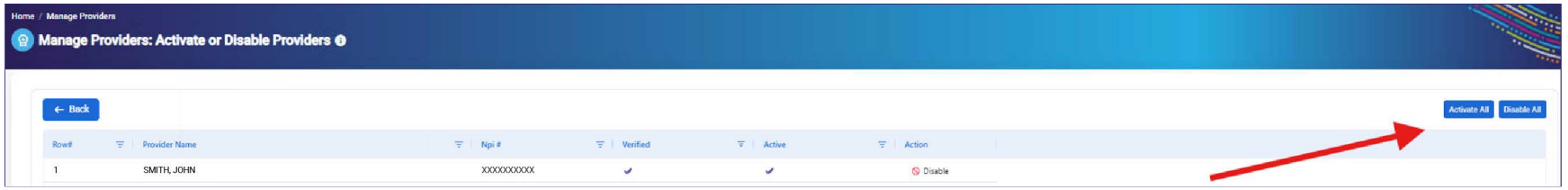

Figure 35: The arrow shows how you can bulk activate or deactivate providers.

Update Login Information

Users can update their password within the portal. Email addresses and usernames cannot be changed in the portal and require Customer Service support. To contact, please visit centenevision.com/mystate to find the appropriate phone number for your plan/market.

Revision Table

Change Description	Revision Date	Effective Date
Initial Draft	6/9/2026	
Design Completed	6/17/2026	