

Updating Provider Information

Step 1

Log into the online claims system at

<https://claims.eyemedvisioncare.com/claims/loginForm.emvc>

Enter your User ID and Password. If you forget your password, click the Forgot Password link.

The screenshot shows the login page for the EyeMed Online Claims Processing System. The page has a dark blue header with the EyeMed logo. Below the header, there is a section for browser updates and a main heading "Welcome to the Online Claims Processing System". The main content area contains a login form with fields for "User ID:" and "Password:". A red box highlights the "Forgot Password?" link next to the password field. Below the form, there are links for "Terms & Conditions and Privacy Policy" and "Multi-factor Authentication Job Aid". At the bottom, there is a note about health care organizations offering EyeMed plans and a disclaimer about network participation.

Quarterly CMS Attestation

CMS requires you verify your profile information every 3 months. Within the online claims system, all administrative users are now able to attest that their Provider Locator profile is current.

STEP 1:

Upon logging in to the online claims system, an attestation reminder will prompt you to verify your information if you have not yet attested to it being accurate.

The screenshot shows the "Member Search" page in the EyeMed system. The page has a dark blue header with the EyeMed logo and a "Welcome TEST COMMUNICATIONS | Log Out" message. The main content area is titled "Member Search" and contains instructions for searching for members. There are four tabs: "Name Search", "Member ID Search", "SSN Search", and "ZIP Code Search". The "Name Search" tab is selected. Below the tabs, there are input fields for "Member's Last Name:", "Member's First Name:", "Date of Birth:", and "Date of Service:". A red box highlights the "Attestation Reminder" modal, which contains the text: "CMS requires verification that the information you have on file with us is up-to-date and complete at least every 3 months. This ensures that our valuable members searching for in-network providers online are obtaining accurate details on both your location and the specific providers practicing at each location." Below the modal, there is a "Proceed to Attest" button, which is also highlighted with a red box.

STEP 2:

Upon clicking "Proceed to Attest," you'll be redirected to EyeMed's Attestation screen. If you are associated with multiple Tax IDs, you'll need to attest for each individual one.

Tax Information

Tax Entity ---Select a Tax Entity---*

Last Attested Date

Next Attestation Due Date

Tax Entity Email Save Email Update

By selecting the checkbox, I attest and acknowledge that I have reviewed all the location details

Click here to attest for Tax ID

STEP 3:

After selecting a tax entity to verify from the drop-down menu, review the location information and associated email is correct. You will need to do this for each individual location.

Tax Entity **AMERICAN OPTICAL SERVICES (****9999)**

Last Attested Date

Next Attestation Due Date **09/30/2022**

Tax Entity Email Save

By selecting the checkbox, I attest and acknowledge that I have reviewed all the location details

Attest for Tax

Location Information

Note: If you wish to add a new address to your practice click [here](#)

Location 500 N TEXAS BLVD BROWNSVILLE, TX, 77804802*

DBA	EMEAR OPTICAL	Show/Hide location	Show Save
Address:	500 N TEXAS BLVD	Phone:	936-868-6700
Mail Name:		Fax:	936-868-6260
City:	BROWNSVILLE	Email:	
State:	TX		
Zip:	77804-8002		
County:			
Doctors	Floris, Guadalupe A. (0128006124) Sullivan, Robert (0128006125) Thompson, Clay J. (0128006126) Wardem, Brock D. (0407800124)		

STEP 4:

After reviewing the information is correct, select the checkbox, "I attest and acknowledge that I have reviewed all the location details," Then click, "Attest for Tax." Please repeat for each associated location.

Tax Information

Tax Entity ---Select a Tax Entity---*

Last Attested Date

Next Attestation Due Date

Tax Entity Email Save Email Update

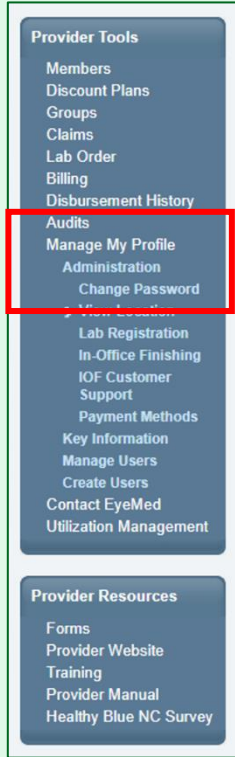
By selecting the checkbox, I attest and acknowledge that I have reviewed all the location details

Click here to attest for Tax ID

Updating Address Location Information

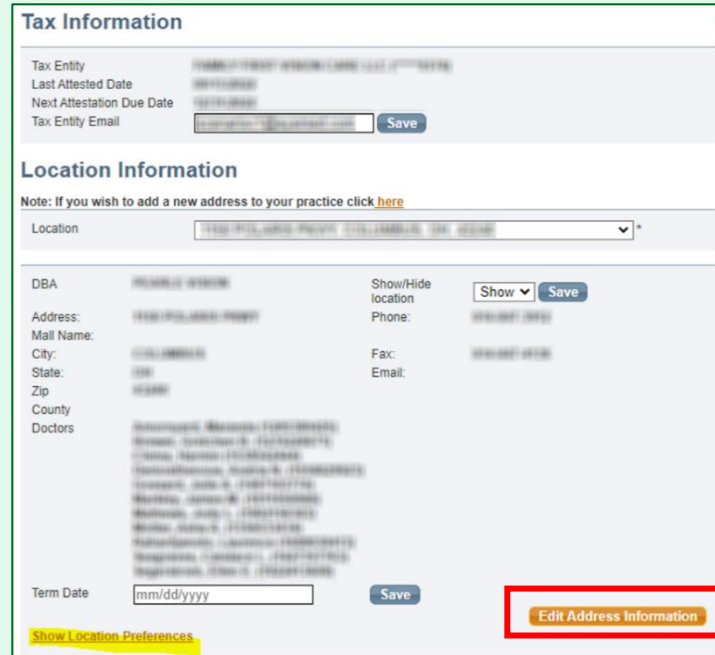
STEP 1:

To update provider information, select "Manage My Profile" from the left-hand navigation and then select "View Location."



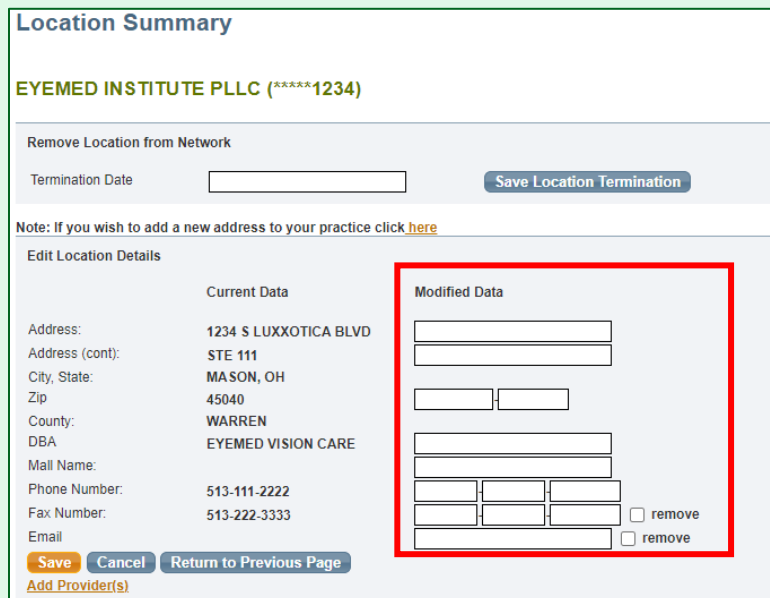
Step 2:

Once selecting the location of your choice from the location drop-down menu, you will see the option in the bottom right to "Edit Address Information."



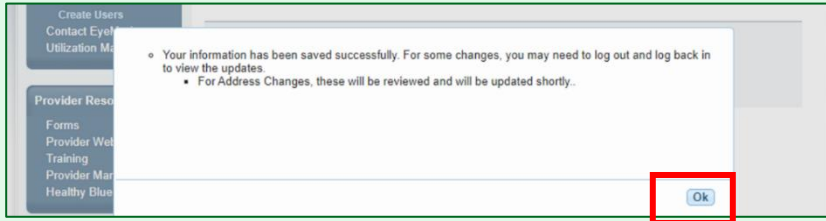
STEP 3:

You will be prompted to update any incorrect information on the location you selected.



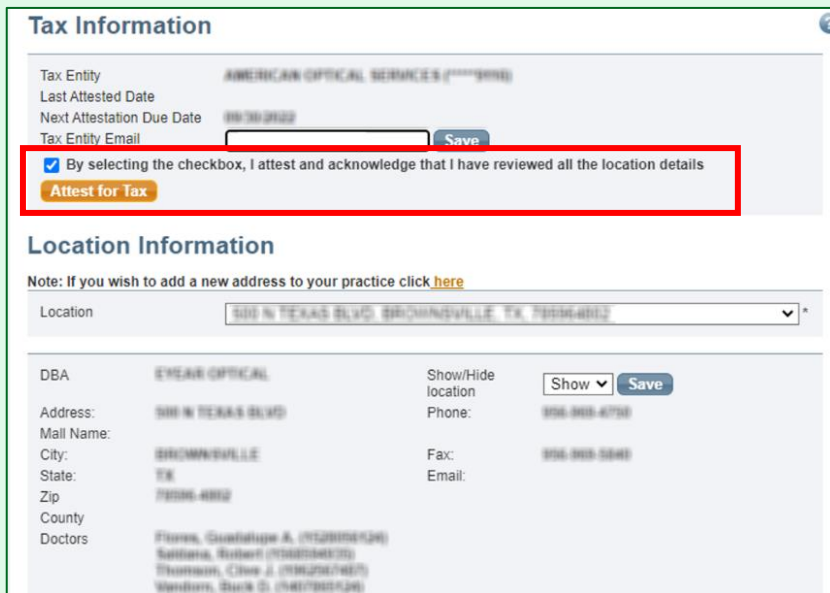
STEP 4:

Once finished entering correct data, select "save." A prompt will appear confirming your request to update information has been saved.



STEP 5:

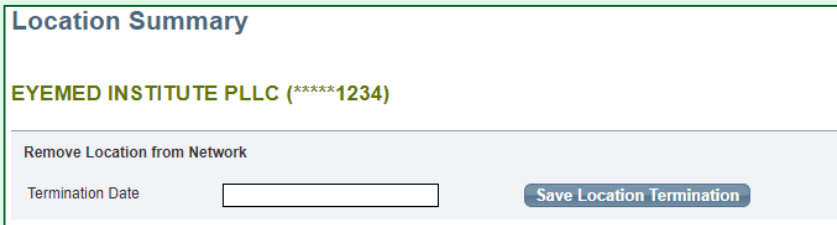
After hitting "Ok" in the prompt, select "Return to Previous Page" and select the checkbox, "I attest and acknowledge that I have reviewed all the location details." Then, click "Attest for Tax."



Termining a Location

Use the same steps shown here to select the location you would like to update. After selecting "Edit Address Information," enter the term date.

Note: you must enter a term date that is between 2 and 60 days from the current date, and not in the past.



STEP 3:

Select "Ok" the provider will then show as pending under the location.

Note: If you wish to add a new address to your practice click [here](#)

Current Data	Modified Data
Address: 1234-BROADWAY ST	<input type="text"/>
Address (cont):	<input type="text"/>
City, State: CHARLOTTE, NC	
Zip: 28201	<input type="text"/> <input type="text"/>
County: MECKLENBURG	
DBA: PEDIATRIC SPECIALISTS	<input type="text"/>
Mall Name:	<input type="text"/>
Phone Number: 704-252-3333	<input type="text"/> <input type="text"/> <input type="text"/>
Fax Number: 704-274-4420	<input type="text"/> <input type="text"/> <input type="text"/>
Email: info@pediatricspecialists.com	<input type="text"/>

Add Providers	Status
<input type="checkbox"/> Thompson, Michael	Pending
<input type="checkbox"/> Smith, Robert	
<input type="checkbox"/> Johnson, John A.	
<input type="checkbox"/> Williams, Thomas R.	
<input type="checkbox"/> Miller, Benjamin	
<input type="checkbox"/> Davis, James M.	
<input type="checkbox"/> Lopez, Miguel J.	
<input type="checkbox"/> Martinez, Joseph M.	
<input type="checkbox"/> Gonzalez, David	
<input type="checkbox"/> Hernandez, David	
<input type="checkbox"/> Miller, Robert	
<input type="checkbox"/> Smith, Tracy B.	
<input type="checkbox"/> Nguyen, Jonathan J.	
<input type="checkbox"/> Nguyen, Jonathan J.	
<input type="checkbox"/> Kim, David	
<input type="checkbox"/> White, Kenneth	

Note:
A provider will show as pending the day of the request only. Please allow two business days for the provider to be added to the requested location.

Removing Providers from a Location

STEP 1:

To remove or terminate a provider from a location, using the same steps above, you will select "Remove Provider(s)."

Note: If you wish to add a new address to your practice click [here](#)

Current Data	Modified Data
Address: 1234-BROADWAY ST	<input type="text"/>
Address (cont):	<input type="text"/>
City, State: CHARLOTTE, NC	
Zip: 28201	<input type="text"/> <input type="text"/>
County: MECKLENBURG	
DBA: PEDIATRIC SPECIALISTS	<input type="text"/>
Mall Name:	<input type="text"/>
Phone Number: 704-252-3333	<input type="text"/> <input type="text"/> <input type="text"/>
Fax Number: 704-274-4420	<input type="text"/> <input type="text"/> <input type="text"/>
Email: info@pediatricspecialists.com	<input type="text"/>

STEP 2:

You may then select the provider you would like to remove by clicking the checkbox to the left of the provider's name

Location Summary

PROVIDER FIRST NAME LAST NAME LLC (11/11/2016)

Note: If you wish to add a new address to your practice click [here](#)

	Current Data	Modified Data	
Address:	1001-B BROADWAY ST	<input type="text"/>	
Address (cont):		<input type="text"/>	
City, State:	CHILLICOTHE, OH		
Zip	45601	<input type="text"/>	<input type="text"/>
County:	DEWEE		
DBA	PROVIDER PRACTICE	<input type="text"/>	
Mall Name:		<input type="text"/>	
Phone Number:	740-220-2880	<input type="text"/>	<input type="text"/>
Fax Number:	740-221-6070	<input type="text"/>	<input type="text"/>
Email	info@providersummary.com	<input type="text"/>	<input type="checkbox"/> remove

[Add Provider\(s\)](#) [Remove Provider\(s\)](#)

Remove Providers	Term Date
<input type="checkbox"/> Remove Provider(s)	
<input type="checkbox"/> Remove Provider(s)	11/11/16
<input type="checkbox"/> Remove Provider(s)	

STEP 3:

After you're done with your selection click "Remove Provider(s)." You will then see the following confirmation screen.

- Your information has been saved successfully. For some changes, you may need to log out and log back in to view the updates.
 - For Address Changes, these will be reviewed and will be updated shortly..

STEP 4:

After selecting "Ok" the provider term date will show.

Remove Providers	Term Date
<input type="checkbox"/> Remove Provider(s)	
<input type="checkbox"/> Remove Provider(s)	11/11/16
<input type="checkbox"/> Remove Provider(s)	