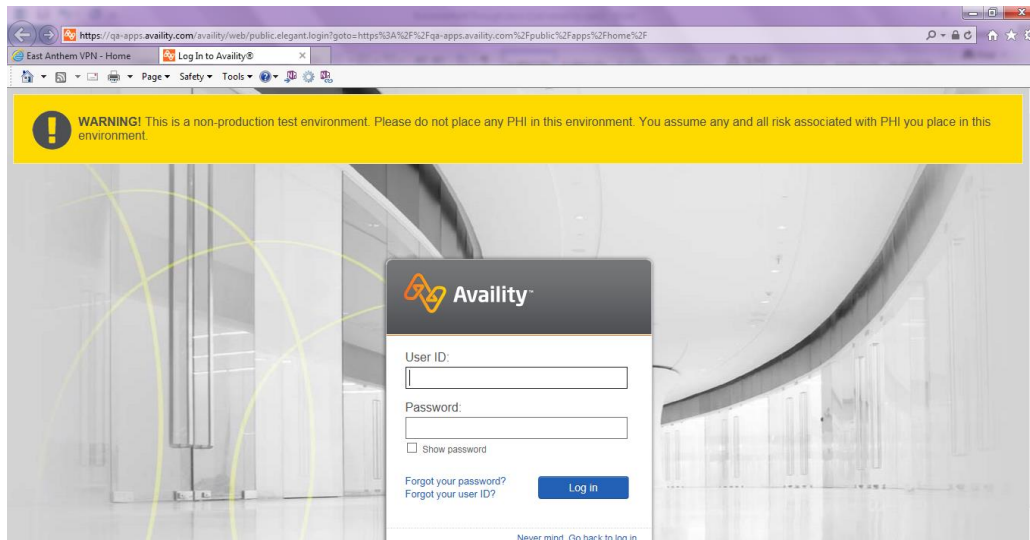![Amerigroup - An Anthem Company]

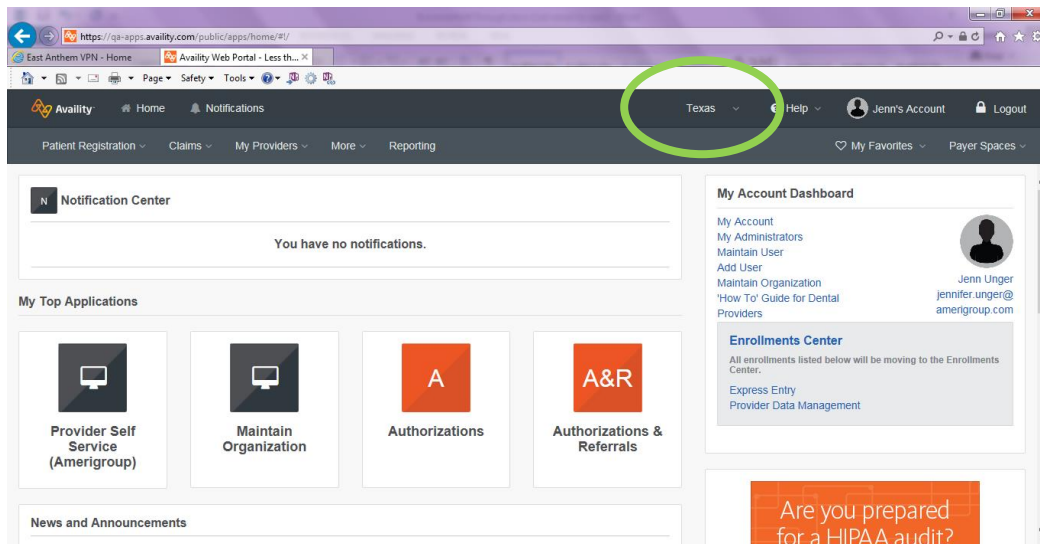# *Guide to Access Nursing Facility Reports*

Logging in to Availity

Please log in to the Availity* Portal or copy/paste the following URL into your browser window: **https://apps.availity.com/availity/web/public.elegant.login**.

After navigating to the above URL, the login screen will prompt the user to enter their username and password.

Once successfully logged in to the secure site, the page will display the *Texas* region (if not, use the drop-down to select it).

* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup.

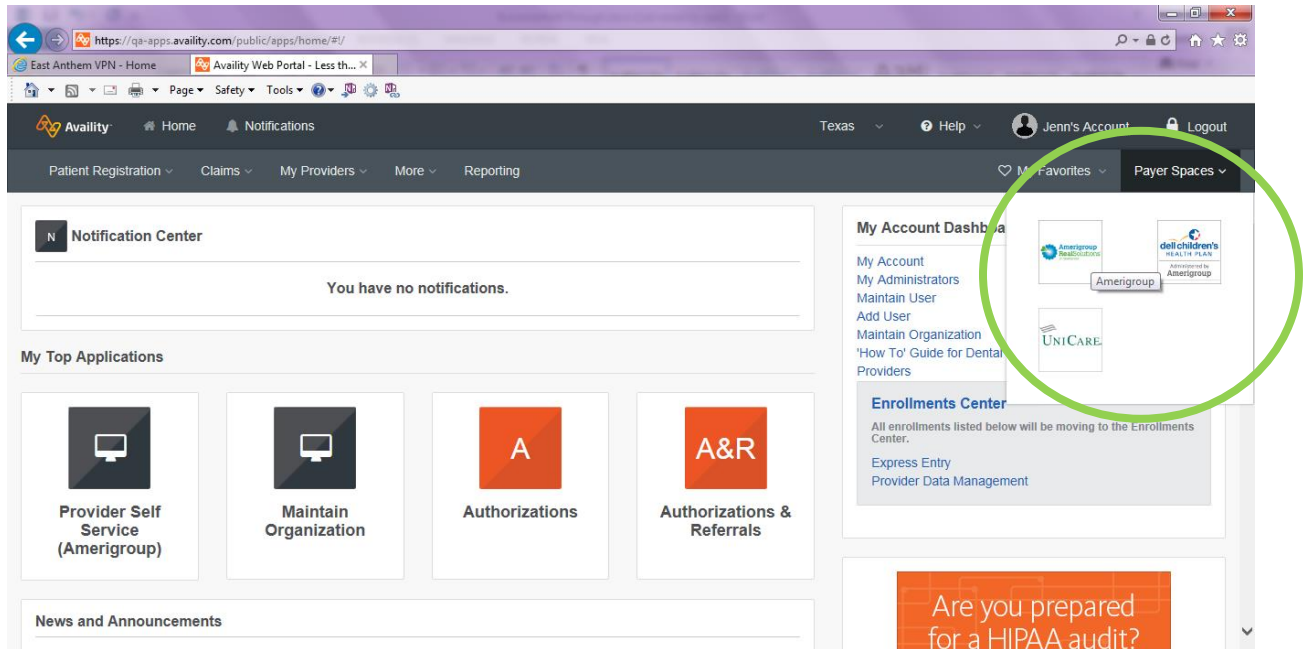**https://provider.amerigroup.com**

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.
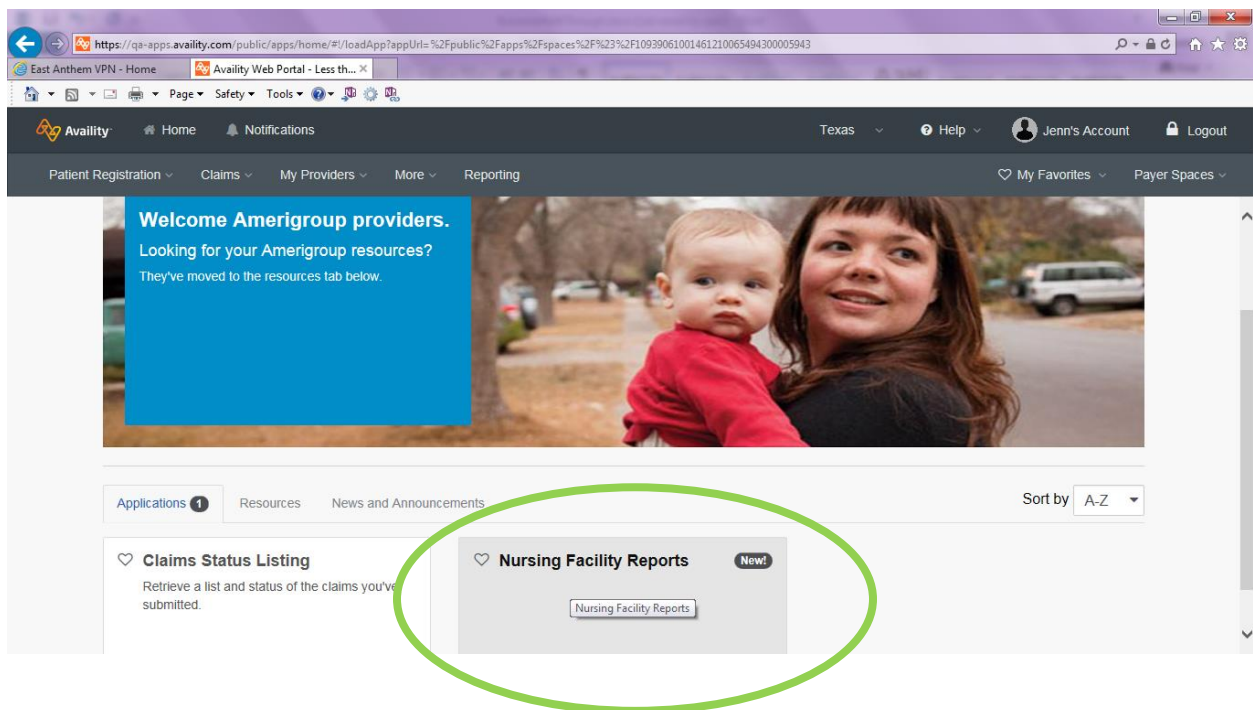
Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

Accessing the Payer Spaces Applications in Availity

For the Texas region, after selecting **Payer Spaces**, you will see the *Amerigroup* icon. Select it to get to the Payer Spaces Applications, which are specific to Amerigroup in Texas.
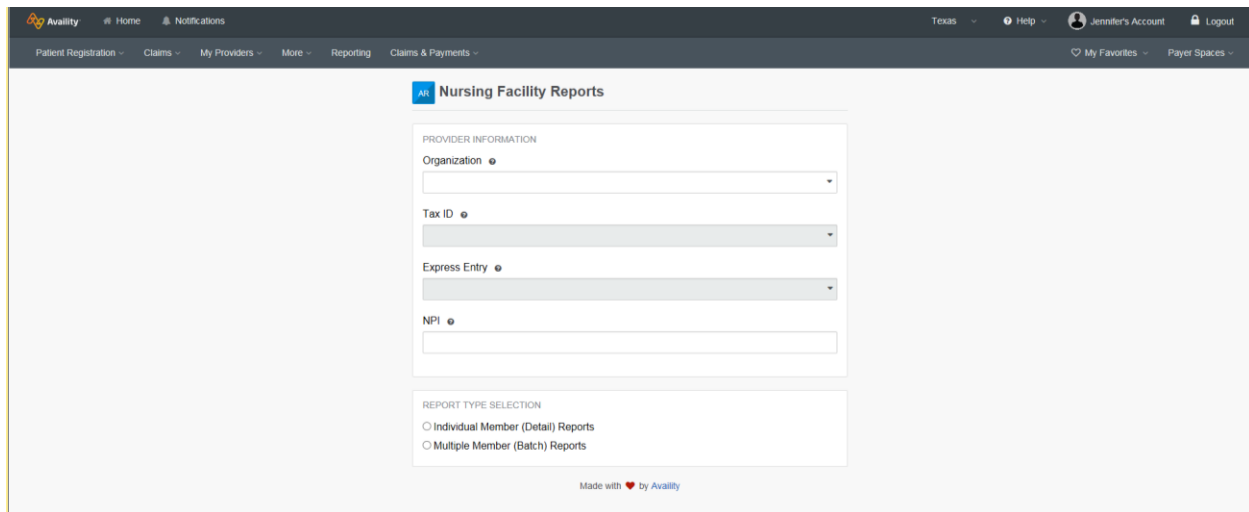

On the Amerigroup landing page, you will see the *Nursing Facility Reports* icon.

Nursing Facility Reports landing page

The main screen for the *Texas Nursing Facility Reports* prompts the user to select the **Provider Information** first. The fields listed below — organization, tax ID, express entry — are built from the provider user account on Availity and will contain only those organizations and TINs that the provider set their account up with.

Provider TIN and NPI are validated against the Amerigroup system after specific report criteria is entered on the next screen and the user has selected the **Download Report** button.

Report Type Selection

The user can select from two report type categories at the bottom of the initial screen — **Individual Member** and **Batch Reports**. After the user selects one of the options, they are presented with the specific reports available under each.

This selection will drive them to the next screen to enter the specific criteria information (dates and/or member info) to retrieve the selected report.

Selecting Member Detail Reports

After selecting the **Individual Member (Detail) Reports** type, the user will see the option to select either the *Post-Billing Audit* or the *Individual Member MESAVE* report. Descriptions of each are included with the selection buttons on the bottom of the screen.

Post-Billing Audit Report

The *Post-Billing Audit Report* will allow providers to pull claims and payment details for a specific member for a period of up to two years from current date. The Provider User must enter the member details — Amerigroup member ID or Medicaid ID, member last name and member date of birth — along with the date span for the report before clicking the **Download Report** button. Report data is provided in a **.csv/.xls** file download, which will appear at the bottom of the window in the download pane.

Sample *Post-Billing Audit Report*:

Report Type							
Provider NPI							
Report Span							
Resident Name							
Subscriber ID							
Medicaid/Medicare ID							
Claim number	Date of Service		Paid / Recouped	Date Paid		EOP	

Annotation (to Report Span): Report can be run for up to a two year span in the past (or any part thereof) for a specific member

Annotation (to Resident Name / Subscriber ID / Medicaid Medicare ID): Information specific to the Member entered in the search criteria

Annotation (to Claim number row): Report will contain claim information for the Member, Dates of Service which align with the report criteria and the Provider NPI entered as the Servicing Provider on the Claim.

Individual MESAV Report

The *MESAV Report* provides a compilation of member eligibility, authorization, copay/applied income, and billing information for a single member with two years of history in a **.pdf** file format. The provider user must enter member details — Amerigroup or Medicaid ID, last name, and date of birth — before selecting the **Download Report** button.

Sample *Individual MESAV Report*:

Amerigroup RealSolutions in healthcare

MESAV Inquiry Report
version 1.0

Client/Inquiry Information

Name		County			Amerigroup Subscriber ID	
Date Of Birth		Address			Gender	
Medicare ID		SSN			Medicaid ID	

Recertification Date Info

Recertification Date	

Service Authorization/Details

Effective Date	End Date	Status	Service Group	Service Code	Referral #	Units (Type)	NPI/API	Last Updated Date

Medicaid Eligibility

Effective Date	End Date

Monthly Units Information

Date	Service Group	Service Code	Max Available	Paid	Remaining

Client Levels

Effective Date	End Date	Level	LevelType	Last Processed Date

Applied Income/Co-Payment (Client Responsibility)

Effective Date	End Date	Payment Amount	Payment Type	Last Processed Date

Member's Other Insurance Policies

Subscriber Id	Insurance Type	Insurance Order	Effective Date	Termination Date	Policy Id	Insurance Name

Other Insurance Policy Details

Insurance Name	Address1	Address2	City	State	Zip	Phone

Selecting Batch Reports

Batch reports are available to give the provider user a high-level view of the entire Amerigroup member population within their facility. The report type selection of **Multiple Member (Batch) Reports** gives the user the option of either a pre-billing or post-billing batch download.

Pre-Billing Batch Report

The *Pre-Billing Batch Report* provides a high-level overview of service authorization spans, daily RUG, and monthly applied income (AI) for all members who have active authorizations associated with the entered TIN and NPI. The user must select or enter a custom date range, which can be no more than 31 days before the current date. This report is available as a **.csv/.xls** download.

Sample *Pre-Billing Batch Report*:

Report Type	Nursing Facility - Pre-Billing Batch													
Provider NPI													
As of Date Range													

The Report can be run for a max of 31 days prior to the current date

Provider NPI is the NPI which was entered in the search criteria

Resident Name	Amerigroup Subscriber ID	Member Medicaid ID	Member Medicare ID	Eligibility Begin Date	Eligibility End Date	Service Authorization Effective Date	Service Authorization End Date	Level of Service Begin Date	Level of Service End Date	Level Type	Level Amount	Applied Income Begin Date	Applied Income End Date	Monthly Applied Income Amount

Post-Billing Batch Report

The *Post-Billing Batch Report* provides a summary of all claims information to support billing reconciliation activities. The report contains a view of claim dates of service, RUG/LOS value, units and amount paid, monthly AI for the claims span, and the LOS Rate paid. The user must select or enter a custom date range not to exceed three months prior to the current date. This report is downloaded as a **.csv/.xls**.

Sample *Post-Billing Batch Report*:

Report Type	Nursing Facility Post-Billing Batch							
Provider NPI								
As of Date Range								

Report can be run for up to a 92 day (roughly three month) span prior to the current date

Resident Name	Subscriber ID	Medicaid ID	Medicare ID	Date of Service	Units Paid	LOS	LOS Rate	Monthly AI	Payment