

# **Provider updates to account information**

Background: Providers can access their account information to make changes or updates by logging into the Amerigroup Community Care provider self-service website or via the Availity Portal.\*

#### The tools for provider updates allow you to:

- Change and update:
  - Basic information.
  - Registration information.
  - Practice information.
  - Product information.
  - Tax and payment information.
- Request termination from Amerigroup. ٠
- Update the practice roster. ٠

#### Access from the Amerigroup provider self-service website:

1. To access your account information from provider.amerigroup.com, select Login and enteryour Availity ID and password.



#### How Can We Help You?

#### Amerigroup & You

Providing care for those who need it most requires a team effort and there's no more critical person on this team than you the provider. Our challenge is to find ways to help you use your resources as efficiently and productively as possible. And that begins by listening to the problems you encounter and the ideas you have to make the system work better. Together we can find the real solutions that can make a difference in people's lives.

				Login
Join Our Network	The States We Ser	rve		
Interested in joining the	Amerigroup cu	rrently operates in 12 s	tates and is growing!	Are you a new user? Register >
Amerigroup network?	Arizona	Maryland	Tennessee	
	<u>D.C.</u>	New Jersey	Texas	
	Georgia	New Mexico	Washington	
Get Started	lowa	Western New		
		York		

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

- 2. Select the Account Management tab from the left-hand navigation of the Amerigroup provider self-service website. Then, select:
  - Changes and Updates to update provider or practice information.
  - **Request Termination** to request termination from the Amerigroup network.
  - **Update Roster** to update your practice roster.



𝚱 Claims & Disputes

∃⊟ Forms

#### Access from the Availity website:

1. To access your account information from availity.com, select Login from the homepage.

Real Launch Availity

Precertification Authorization





Training Academy



2. Enter your Availity ID and password and select Log in.



3. Select your state from the dropdown list in the top tool bar.

& Geolum			
To get the most out of the portal, you	'll need to complete these steps:		
STEP O	STEP		
A My Users	A My Providers	A My Organization	
Add User	Manage Providers	Manage My Organization	
Manage Users		PCAPAA Change Form	
STEPUS			
Additional Eventements			

4. Select **Amerigroup Provider Self-Service** from **My Payer Portals** in the left-hand navigation of either the account administrator or normal user screen.



- 5. Select the **Account Management** tab from the left-hand navigation of the Amerigroup provider self-service website. Then, select:
  - Changes and Updates to update provider or practice information.
  - **Request Termination** to request termination from the Amerigroup network.
  - **Update Roster** to update your practice roster.

Ameriga RealSolut in healthcare	roup utions 😥 📷 🚟		Provider
- A 84			Logout
Home Claims Precertification Medical Pharmacy Member Information Provider	News & Announcements Headline 1 Larcm jasum dolar sit amct, consectetuer adipiscing cit, sod diam nonummy nibh cuismod tiricidunt ut larcet dolare magna aliquam <u>Read more</u> Headline 2 the focugit null a facilia. Nan Iber tempor cum soluta nobic ciclined option congue nibili imperdict doming id quod mazim placerat. <u>Bead more</u>	Useful Publications Blast Fax & Provider Updates > Newsletters > Provider Manuals & Quick Reference Guides >	Select a Market Tentessee
Account Management Find a Doctor	Headline 3 to fougit null scilisi. Nan liker tempor cum soluta nobis cleifend option congue nihil imperdict doming id quod maxim placeral. <u>Bload mare</u> . Headline 4 to fougit null facilisi. Nan liker tempor cum soluta nobis cleifend option congue nihil imperdict doming id quod maxim placeral. <u>Bload mare</u> .		<b>_</b> £M12.002

#### Changes and updates:

1. Select the **Changes & Updates** submenu within the **Account Management** menu.

Amerigrou RealSolutio	ns			Provider
(T)(A) AF				Logout   State Links
Home Claims	Change	es & Updates		Select a Market
Precertification	Select a	TIN and Provide	r ID	
Medical	TIN *	-Select-	*]	
Pharmacy	1.00		111	
Member Information				
Provider Education				
<ul> <li>Account Management</li> </ul>				
Changes & Updates Update Roster Descent Technology				

2. Select your TIN and provider number.



3. Select the tabs at the top of the screen to select the information you need to update.

Amerigr RealSolu	tions			Pro	ovider
Home Claims	Basic Info	Registration Info	Practice Info	Product Info	Tax/Payment Info
Precertification Medical Pharmacy	You may update you Want to work with a	ir name, degree, hospit nother provider from you	al, languages and sp r group or practice? I	oecialty. Manage Another Pro	vider >>
Member Information					
Provider Education					
Account Management Changes & Updates Update Roster Request Termination					
Find a Doctor					

# **Update basic information:**

- 1. Select Basic Info.
- 2. Change the information using the following methods:
  - For text fields, select in the field, delete the text, and type the new information.
  - For dropdown menus (such as Gender), select the arrow and make your selection.
  - For items in blue text (such as Add Hospital/City), select the word or phrase. A window will open, and you can update the
  - appropriate information.
- 3. Select Save when finished.

#### **Update registration information**

You may add or update the registration information for your state license, NPI, taxonomy code, Drug Enforcement Administration number, and Medicaid and Medicare numbers:

RealSolut	ions				Provider
Home Claims	You may update your Want to work with and	name, degree, hospital, languager atter provider from your group or pr	and specialt	Y. ge Another Provider >>	
Precertification Medical Pharmacy	Last Name * First Name * Middle inibal Birth Date * Gender *	Robert A Main			
Member Information Provider	SSN Ethnicity* Hospital/City*	408 Caucasian Adit Hospital/City	v		
Education	St Aude Children's H	ospital - Memphis, TN		Remove	
Account	LeBonner Children's	Hospital - Memphis TN		Remove	
Changes & Updates Update Roster Request Terminution	Enguage * Primary ENGLISH Specially *	Add Language Remove Add Specially			
Find a Doctor	Cardiology Internal Medicine	Remove			

- Select Registration Info from the Account Management menu.
- Select Add Registration
   Type to add another registration type.
- Select the individual registration row in the grid to update the information.
- 4. Select Save.

RealSoluti	ons	6		Provide
in healthcare				
Home	ADD REGISTRATI	ON TYPE		
Claims				
Precertification	Registration Type	Number	Registration Information	
Medical	Medicaid ID	-marcelet	Issued by State TN	
Pharmacy	Medicare Billing Number			
Information	DEA Number			
Provider	Disclosure Received		Issued on 9/1/2009 by State TN	
Education	Disclosure Received		Issued on 9/1/2009 by State TN	
Account Management	State License Number		Issued by State TN	
Changes & Updates Update Roster	Recruitment Tracking DB Number	22**		
Request Termination	Taxonomy			
Find a Doctor	NPI			

# **Update practice information**

Use this to add or update practice location, the remittance address, and office hours:

- 1. Select Practice Info:
  - To add a new address, select Add Address. When finished updating the information, select Save.
  - To update address information, select on the address to open the window. When finished updating the information, select Save.
  - To remove an address, select the checkbox of the address you'd like to remove and select Remove and select Save.



• To update the practice address type, select the appropriate checkbox in the *Practice Type* columns and select **Save**.

# Update product information

To update information about patients you accept:

- 1. Select Product Info.
- 2. Select the product row you want to update.
- 3. Use the **All Ages** dropdown menu to change the age range of patients accepted by the practice.
- Select the checkbox to indicate whether you are accepting new patients.
- 5. Select Save.



#### Update tax and payment information

If the fields for this function are grayed out, you cannot update your tax information using the provider website. Contact your Provider Experience representative or call our Provider Services team at **800-454-3730**:

- 1. Select Tax/Payment Info.
- 2. Select the tax ID row you want to update.

Amerigroup RealSolutions	s (200		Provider
Home	Want to work with	another provider from your group or practice? Manage Another F	Provider >>
Precertification	Payment Infor	mation :	
Medical Pharmacy	Claims paid to:	Doctor's Medical Park PO Box 12345 Anywheny TN 33333	
Member Information			
Provider Education			
Account Management Changes & Updates Update Roster Request Termination	Tax Information	28 : XXX TERMENATEON DATE 12/31/9999 EFFECTIVE DATE 1/1/199	
Find a Doctor			

3. Select the fields you want to update and delete all old information. Remember, if the fields are grayed out, you cannot update your tax information on the provider website.

4. Type the new information.

Amerigroup RealSolutions			Provider
1 A M			
Home Claims	Payment Informat	liein 1 Doctor's Medical Park 4/0 Box 12245 Anywhere, TN 3333	
Precertification Medical Pharmacy	TAX DETAILS	E286 20000	
Member Information	Name * Address * Zip *	E 1993/1994 Esotar's Medical Park PO Ten 12143	
Provider Education	City * State *	Argudene Eti	
Account Management Changes & Updates Update Roster Request Termination	Tax Information :		
Find a Doctor	TAX 10 62608000	TERMONATION DATE 12/31/9999 EFFECTIVE DATE 1/1/1994	

#### **Request termination from Amerigroup:**

- 1. Select **Request Termination** from the submenu within the **Account Management** tab.
- 2. Select your TIN and your provider number.



3. Make the appropriate selection from the Term Reason dropdown menu.



Provider understands and agrees that any termination by Provider of Provider's Participation Agreement with AMEXIGROUP is subject to the terms and conditions set forth in such Agreement. AREXIGROUP reserves the right to reject any termination notes submitted via bits portal if such termination does not comply with the termination requirements under the Agreement, including without limitation, setting forth a viait basis for termination and sufficient required Provider's termination and sufficient required Provider's termination notice shall be void and of no force or effect. Upon proper indice of termination argives to comply with all applicable centruity of care requirements as set forth in the Agreement and/or as required by splicible law, and to cooperate fully with AMERIGROUP is the transition of members to other AMERIGROUP participating providers. 4. Select the calendar icon to display the calendar and select the desired termination date.



5. Select the plan(s) for which you are submitting the termination request.

General Information		
Provider ID	transfer to	
Provider Name	Case Robert N.	
TIN	1000210	
Term Reason *	Term - Quit Contracted Group	
Group Practice ID	11058952	
Group Name	Contractile Regional Physician	
Termination Date *	09/01/2010	
Product Information		
V Termessee Medicaid		
Г		
I- Select All		
r Provider understands	and agrees that any termination by Provider of	

Provider's Participation Agreement with ARELIGROUP is subject to the terms and conditions set from such Agreement. AMRELIGROUP reserves the right to reject any termination radios submitted via bit requirements in under the Agreement, including work rejection, setting forth a valid basis for termination and sufficient required advance robios of termination. In the event of such rejection, advance robios of termination. In the event of such rejection, advance robios of termination. The valider space to comply with all applicable containty of care required by applicable containty of the Agreement and/or as required by applicable to the to the study of a MERICACUP in the transition of members to other the 6. Select the checkbox to acknowledge the termination request disclaimer and select **Submit**. A grayed version of the page displays.

Termination Date *	09/01/2910
Product Information	
Tennessee Medica	id
г	
F Select All	
Provider's Particip the terms and con	ation agreement with anticitiscoup is subject to ditions set forth in such Agreement. AMERIGROUP
Provider's Particip the terms and con- reserves the right partial if exish term requirements und advance notice of Provider's terminal applicable continu Agreement and/or fully with AMERIG AMERIGROUP part	discovered Fromt, on such Approximation: Assembling Copy of the constraints of the constraints of the constraints of the invalue does not comply with the termination of the Apprement, including without limitation, d basis for termination and sufficient required in notice shall be void and of no force or effect. So notice shall be void and of no force or effect. The of commission, Provider agrees to comply with all site of the remination and the source of the effect of the source of the source of the source of the same required by applicable law, and to cooperate as required by applicable law, and to cooperate Double high providers.
Provider's Particip the terms and con- reserves the right portal if such term requirements und setting forth a val edvance notice of Provider's termina Upon proper notic applicable commu	deform age from a non-Accessment. All Efforcing to the registary termination notice submitted via this institute data not comply with the termination or the Agreement, including without limitation, d basis for termination and sufficient required to notice shall be void and of no force or effect. e of termination, Provider agrees to comply with all so of care requirements as set force in inter-

7. Select **Confirm**. A file upload dialog box displays.

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Internitation Date *  Oct 100 to  Product Information  Torrowsame Medicat  Torrowsame	20 poly regards		
Product Information  Provider Understands and agreese that any termination by Provider of Provider Strategiese And Agreeses that any termination by Provider of Provider Strategieses and agreeses that strategieses the strategieses to Provider Strategieses and agreeses that strategieses the strategieses the provider Strategieses and agreeses that strategieses the strategieses the provider Strategieses and agreeses the strategieses that strategieses the provider Strategieses the strategieses the strategieses the provider Strategieses t	fermination Date *	00/01/2010	
Travessee Medical      Travessee Medical      Constraints	Product Information		
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Provider undergannta and agrees that any tarmination by Provider of Provider's Periopation agreement with AMERICATION is subject to the terms and condering set furth in auch Agreement, MARICATION is period if auch termination are under with the termination requirements under the Agreement, including without limitation, setting in the wide basis for termination and understored termination requirements under the Agreement, including without limitation, setting in the wide basis for termination and understored termination requirements under the Agreement, including without limitation, setting in the wide basis for termination and under the setting Provider's termination estimation and and on force or effect. Upon proper notice that the work and of not force or effect. Upon setting notice of termination. Provider agrees to comply affect with the advector of the agriculture is understored and and the agreement and/or as required by agriculture is to attribut Agreement and/or as required by agriculture is to attribut AlterstonCour partney partney by agriculture.	m		
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8. If you have documents you would like to upload with this request, select **Yes**. A **Documents Upload** dialog box displays.



9. Select the **Browse** button. A **Choose File** dialog box displays. Locate the appropriate file and select **Open**. The file path displays in the **Attach File** field.

Term Reason *	74	Look n	: 🔁 Documents		• + •	i 🗉 -	
Group Practice ID		0	CroupAgree	ment doc			
Group Name	8	Recent					
emination Date*	09	Desktop					
Product Information		(in			Files may	be in M	S Excel,
Tennessee Medicaid		Documents			MS Word	or Adol	e Acrobat
m		-			(005) (		ie nerobat
F Select Al		wmatha on WKS-6560			(PDF) for	mat.	
	-	•				_	_
		Ny Network Places	Flenane:	Group Agreement doo	2	Open	
			Files of type:	All Files (*.*)	2	Cance	
Utach File	_		Design				
Document Type *		244	U BOANE		_		
ATTACH							
(Construction)							

10. Select **Provider Update** for the **Document Type** dropdown menu. Select **Attach**.

	Lines and the second se	Diowae
ocument Type *	Select	4
	Select	
ATTACH	Provider Obdate	

11. If you have additional supporting documentation, repeat steps 9 and 10 until you have attached all appropriate files. When you are done, select **Confirm**. A verification notice displays.

	File	Name	Document Type	
DELETE	GroupAgn	eement.doc	Provider Update	
Attach File				Browse
Document?	Type '	Provid	er Update	~

12. Please allow 15 days for your request to be processed.

General Informatio	n
Provider ID	
Provider Name	
TIN	
Term Reason *	Term - Quit Centracted Group
Group Practice ID	
Group Name	
Termination Date*	0801/010
Product Information	
R. Tennesses Hedica	4
m	
E Select AS	
Your confirmation numb	er for this request is 153. Please allow 15 days for this request is 153. Please allow 15 days for processing.
	Please retain the confirmation number in case you
	need to discuss the request with Amerigroup.

#### Update the practice roster:

- 1. Select **Update Roster** from the submenu within the **Account Management** tab.
- 2. Select your TIN and your provider number. The **Upload Roster** page displays.



3. Select the **Browse** button. A **Choose File** dialog box displays. Locate the file containing your current roster. Select **Open**.

Attach File	Browse	
Document Type *	slect 💌	
ATTACH	Choose file	
SUBMIT CANCEL	Recert Desitop	
	My Documents	Files may be in MS Excel, MS Word or Adobe Acrol (PDF) format.
	My Network File game: Places	Current Roster xts

4. Select **Provider Roster** from the **Document Type** dropdown menu and select **Attach**.

There are currently i	no files attached to be uploaded	
Attach File	C:Documents and Settin	Browse.
Document Type *	Provider Roster	
	Select	-
ATTACH	Provider Roster	

5. If you have additional supporting documentation, repeat steps 3 and 4 until you have attached all appropriate files. When you are done, select **Submit**. A verification notice displays.

Provider Roster (REMOVE	THES)	
Attach File		Browse
Document Type *	Select	*
ATTACH		

6. Please allow 15 days for your request to be processed.

Bach File		Browne	
ocument Type *	Select	~	
Concession of the local division of the loca	( Sector		

#### What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **800-454-3730**.