

# EDI Training for Availity EDI Submitters

Availity / El Paso First

April 6, 2010



# What We Will Cover

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## Overview for EDI Submitters

- Overview
- Basic EDI Process
- Resources
- EDI Reporting Preferences
- Electronic Remittance Advice Delivery

## Availity Responses and Reports

- Availity's Send and Receive Files
- Response and Report Format and Examples
- Q&A

# Product Availability

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- An organization's Primary Access Administrator (PAA) assigns business functions (menu options) and payers to you.
- To locate contact information for your organization's PAA, log in to the Availity portal and click **Who control's my access?** from the top of any page. A page displays containing your organization's PAA and Primary Controlling Authority (PCA) information.



If you have a pop-up blocker activated, allow pop-ups related to Availity, including Availity Help topics, pop-ups from the Availity Home page, and pop-ups on third-party web sites.

# Availity EDI Claim Submission

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- Over 1300 payers
- Claim and non-claim transactions in one batch
- Multiple submission and receipt methods
- Data and text report options for most response files and reports
- Batch and transaction level validation
- Front-end and HIPAA validation
  - Standard HIPAA response messages
  - Standardized error messages for payer front-end edits
- Payer responses as returned
- Real-time claim adjudication
- Customizable reporting

# Terms to Know

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- **Segments** - Groups of related data elements that typically occur together. (i.e., street address, city, state, and zip code).
- **Loops** - The collection of segments that can repeat.
- **Transaction Set** - A collection of loops and segments that support specific business processes.
- **Syntax** - Syntax is the standardized structure and organization of information or data. This means data in an electronic file is organized and structured according to a set of industry-accepted standards and rules to ensure the computer systems sending and receiving the data can interpret it.

In simple terms, everyone in the industry agrees to organize and structure the data in a certain way so that all computer systems involved can read and understand it.

# Terms to Know (continued)

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## Your Vendor

**PMS** - Practice Management System. A computer system that professional provider offices use to manage their business, which may include billing, scheduling, and other administrative tasks.

**HIS** - Hospital Information System. A computer system that hospitals use to manage their administrative tasks, such as admissions, billing, and scheduling.

**Payer** - The insurance company or carrier responsible for paying providers and facilities for health care services.

**Implementation Guide** - A document explaining the proper use and structure of a standard for a specific business purpose. Availity's HIPAA validation is based on the ASC X12 Implementation Guide available from the Washington Publishing Company.

# Technology Company Partners

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- **Technology Company Partners**

1. **Launch [www.availity.com](http://www.availity.com). Scroll to the bottom of any page.**
2. **Click Download Library.**
3. **In the Availity Partners section, click Technology Companies. The PDF displays in a separate window.**

# Clearinghouse Partners



# Submit and Receive

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## Availity Secure Web Portal

Log on to Availity to submit batch files and review, retrieve, download, import response files and reports.

## Secure File Transfer Protocol (SFTP)

Exchange batch files without logging in to Availity web portal.

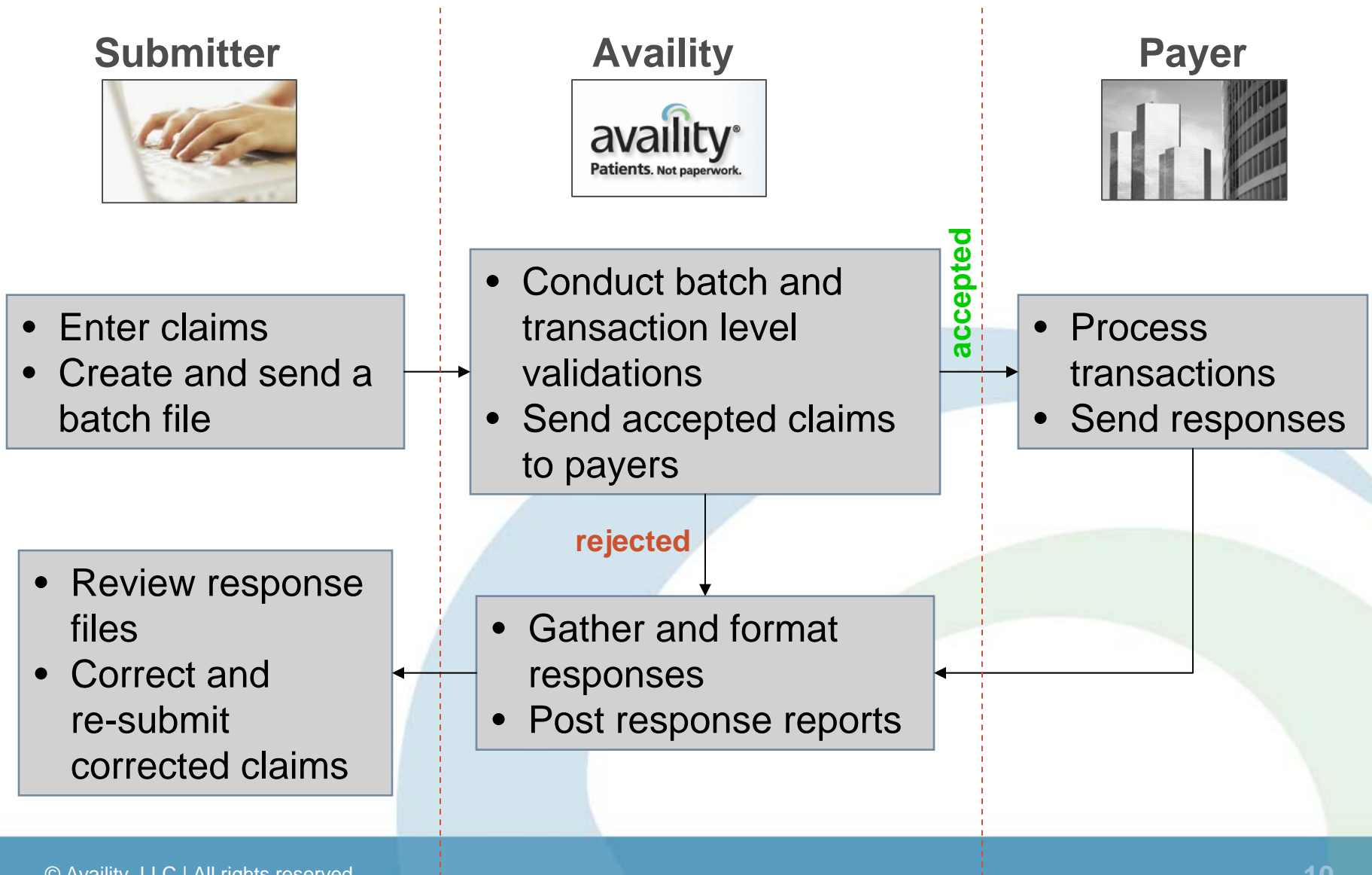
## Vendor Integration

Electronic Data Interchange (EDI)  
Business-to-Business (B2B)

Conduct transactions through own system. Although Availity receives the information, it is transparent to the user.

Please follow your vendor's guidelines for file submission and response/report review and retrieval. Refer to the Availity EDI Guide for additional information and options.

# Basic EDI Process



# Availity's Secure Portal

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Log on to Availity's Secure Portal to access the following resources:

## Availity Resources

View your organization's dashboard, including the top 10 EDI errors, and link out to EDI resources

## Payer Resources

View resources posted on behalf of some payers, including provider directories and companion documents

## Electronic Remittance Advice Delivery

On the Home page, under Availity Services, click Electronic Remittance Advice Delivery (ERA) to register for ERAs with participating payers

## EDI File Management | EDI Reporting Preferences

Set up your organization's EDI Reporting Preferences

# Availity's Secure Portal

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Log on to Availity's Secure Portal to access the following resources:

## Who controls my access?

Displays a separate window with containing organization's Primary Access Administrator (PAA) information

## Home

On the Availity Home page, view announcements, enhancements, Availity services, and training resources

## Message Center

Messages delivered to Message Center can include announcements, newsletters, and communications about upcoming releases

# Availity's Secure Portal

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Log on to Availity's Secure Portal to access the following help resources:

## Help

At the top of any page, click Help. Availity Help opens in a separate window.

To access EDI related topics, click **EDI File Management** in the contents section on the left.

Click the relevant sub-topic, content page, or link.

## Field-level Help

In the Availity portal, click the blue question mark (?) next to some fields to open field-level help.

# Response and Report Examples

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View response and report formats and examples (as returned by Availity).

## www.availity.com

1. Scroll to the bottom of any page and click **Download Library**. The page displays in a separate browser window.
2. Under **Availity Technical Guidelines**, click **Availity EDI Guidelines**. The PDF displays.
3. Click **EDI Guide**. The PDF displays.

## Availity Secure Web Portal

1. Click **Help**. The page displays in a separate browser window.
2. Under **Contents**, click **EDI File Management | Availity EDI Guide**. The PDF displays.

# Health Plan List

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View Availity Health Plan List using one or many ways, including the two options below. The PDF document includes document navigation, EDI Clearinghouse health plan list, additional payer information, NPI options, electronic remittance advice (ERA) list, and web solutions health plan list.

## www.availity.com

1. Click **Info for Providers**. The page refreshes.
2. Click **View Availity Health Plan Partners**. The PDF displays.

## Availity Secure Web Portal

1. Click **Help**. The page displays in a separate browser window.
2. Under **Contents**, click **EDI File Management | Payer IDs for Payers and Clearinghouses**. The PDF displays.

# Electronic Remittance Advice (ERA)

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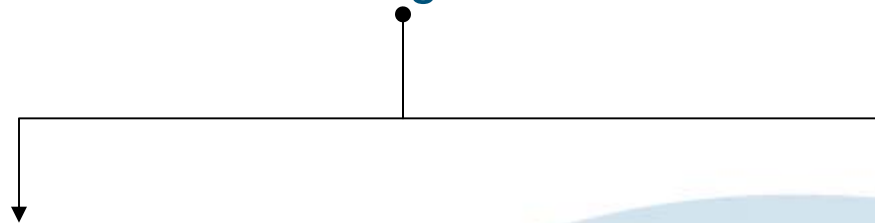
- ERAs display payment information for all claims submitted to the payer, regardless of the submission method.
- To enroll to receive electronic remittance advice (ERAs) from several payers, complete one of the following two options.
  - On the Home page, under **Availity Services**, click **Electronic Remittance Advice Delivery**.
  - You can also view the Availity Health Plan List to see a full list of participating payers and access registration information.
- To retrieve your ERAs, click **EDI File Management | Send and Receive Files**. The page displays. Click **ReceiveFiles**. The ReceiveFiles page displays. Open files with the appropriate extension.
- To change your organization's reporting preferences, click **EDI File Management | EDI Reporting Preferences**.

# Availity EDI Mail Box

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## Send and Receive EDI Files

The Send and Receive EDI Files mail boxes are for an entire organization.



### SendFiles Mail box

The SendFiles mail box allows submitters to upload a batch file to Availity.

Submitters can view the batch ID and success or failed messages for batches uploaded that day.

### ReceiveFiles Mail box

The ReceiveFiles mail box includes response and data files returned for each submitted batch file.

Availity automatically deletes files from the organization's ReceiveFiles mail box after 30 days.

# Send and Receive EDI Files

Click **EDI File Management | Send and Receive Files**.

The Send and Receive EDI Files mail boxes are for the entire organization. If you are associated to more than one organization, Availity prompts you to select the organization before accessing this page.

To send a file, click **SendFiles**. To view reports and response, click **ReceiveFiles**.

## Send and Receive EDI Files



Files				
Name	Size[B]	Date	File Options	Delete
<a href="#">Announcements</a>		Jan 7 11:28		
<a href="#">SendFiles</a>		Jan 7 11:28		
<a href="#">ReceiveFiles</a>		Jan 7 11:28		

# Uploading Files

1. Click **Browse**.
2. In the **Choose File** dialog box, locate and select the file you want to upload. The file name displays in the **File name** field. Click **Open**. The dialog box closes. The file name displays in the field next to the **Browse** button.
3. Click **Upload File**.

You can upload a batch file to Avality, view the batch ID, and view success or failed messages for that day's batches.

For sent files, Avality appends the file name with the status of the transmission (success or failed).

## Send and Receive EDI Files

 Home  
 Send Files

### Files

Name	Size[B]	Date	File Options	Delete
 EDI_101-2002121810331800-success	17983	Jan 7 11:20		

# ReceiveFiles Mail Box

Send and Receive EDI Files

Home  
ReceiveFiles

Files					
Name	Size[B]	Date	File Options	Delete	
<a href="#">2009031914332832.ACK</a>	2832	Jun 19 10:33			
<a href="#">2009031914332832.ACK</a>	2547	Jul 05 08:16			
<a href="#">2009032511565830.ACT</a>	2700	Jul			
<a href="#">2009040103278458.ACK</a>	5779	Se			
<a href="#">2009030820054839.ACT</a>	5844	Jul			
<a href="#">2008040217221400.IBR</a>	4562	Oct			
<a href="#">2008111111583400.IBT</a>	5583	Nov			
<a href="#">2007022610264300.EBR</a>	1623	Jul			
<a href="#">2009040206081000.TXT</a>	1752	Aug			
<a href="#">2009020918114493.DPR</a>	4031	Jun			
<a href="#">200705011153340005.DPT</a>	3558	Apr			

For response files and reports, the file name contains the batch ID and a file extension indicating the type of response. Responses and reports are available for 30 days.

Availity reports can be seamlessly integrated with your billing system if your vendor supports it.

# Availity Response Files

Response / Report	Response Initiators / Message Source				Format and Extension		
	Availity AVUnkn own- PSE	HIPAA HIPAA	PSE PayerID- PSE	Payer Payer Name	Pipe delimited	Text	ANSI x12
Proprietary Negative Acknowledgement	X	X			.ACK		
997 Acknowledgement (positive, negative, partial)	X	X				.ACT	.ACK
Immediate Batch Response (IBR)	X	X	X		.IBR	.IBT	
Electronic Batch Report (EBR)	X	X	X	X	.EBR	.TXT	
Delayed Payer Report (DPR)				X	.DPR	.DPT	
Claim Payment Advice (835)				X			.ERA or .ZIP

# Report and Response Formats

## Format as returned by Availity

## Partial Samples as returned by Availity

### Pipe delimited

Intended to be imported into an automated system

2|BCBS/TX (HCSC)|3|3|390.00|390.00|0|0|

### ANSI X12

Standard HIPAA transaction responses intended to be imported into an automated system

ISA\*00\* \*00\* \*01\*030240928  
 \*ZZ\*AV09311993  
 \*031204\*1109\*U\*00401\*000090091\*0\*P\*::~

### Text

Contain the same information as the pipe delimited reports and ANSI X12, however they are intended to be printed or read by a person

<b>Payer:</b>	<b>BCBS</b>
<b>Received Claims:</b>	<b>3</b>
<b>Accepted Claims:</b>	<b>2</b>
<b>Rejected Claims:</b>	<b>1</b>

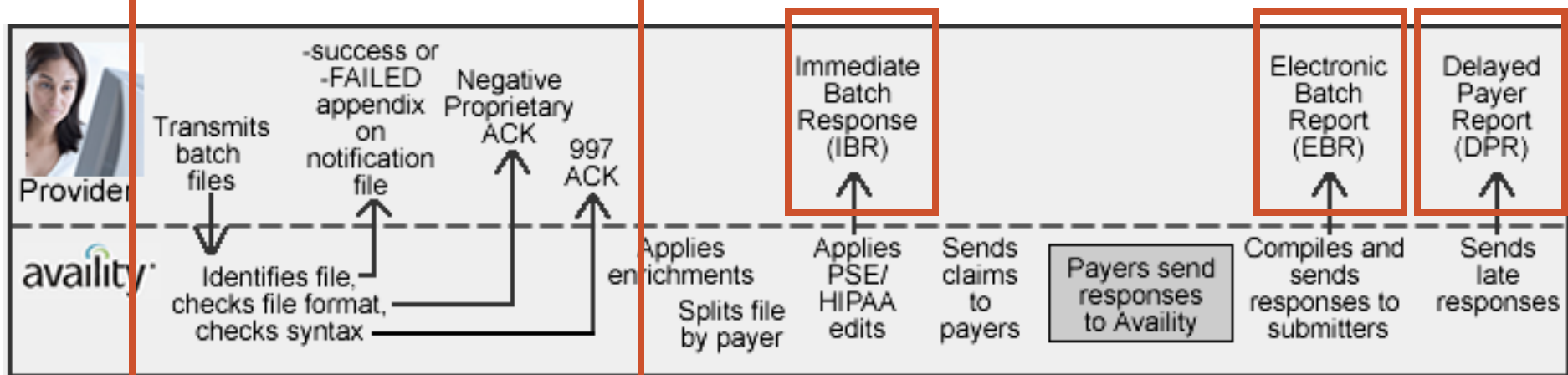
---

<b>Patient Name:</b>	<b>DOE, JANE</b>
<b>From Date:</b>	<b>20070816</b>
<b>Charge:</b>	<b>100.00</b>

# File Level Validation

File-level validation

Transaction-level validation



ACKs  
Within minutes;  
allow up to 4 hours

IBR  
Immediately after  
997 Acknowledgment;  
allow up to 24 hours

EBRs  
Generally 24 to 48  
hours after accepted  
claims sent to payer;  
allow up to 5 days

DPRs  
Varies  
by  
payer

# Availity Response Files

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## File Level Validations

### Step 1 Negative Proprietary Acknowledgement (.ACK)

Availity delivers the negative proprietary acknowledgement only when the system has rejected a file in the first step of validation.

### Step 2 997 Acknowledgement (.ACK / .ACT)

A 997 acknowledgement file contains file-level information and indicates that Availity received the file. It also indicates whether Availity accepts or rejects any transaction sets in the batch.

Note: Batch-level rejections are rare and only occur when something is wrong with the batch file itself.

# Negative Proprietary ACK

## What to Do Next?

- Look for line 1E to determine the issue.
- If needed, visit Availity Help or contact Availity Client Services to troubleshoot the issue.
- After successfully troubleshooting and correcting the problem, re-batch the entire batch file in your PMS, HIS, or other system and submit it to Availity.

### Pipe-delimited example

```
1 | Date Received | Time Received | Availity Customer ID | Availity Batch ID | File Control Number for Rejected File
```

```
1E | Reject Message Text
```

```
1 | 20109-01-15 | 12.06.05.726 | 123456 | 2010011511593700 | 300300557
```

```
1E | Duplicate file, the same control number has already been received by Availity.
```

# 997 Acknowledgements (ACK)

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## Positive

The file is considered accepted at this stage in the process and Availity forwards to the next step of processing. Look to receive the next response.

## Partial Negative

The file contained multiple transaction sets (ST/SE) and one or more rejected. Create a new batch file including all transactions in the rejected transaction set(s) and submit the new batch file.

For the accepted transaction set(s), look to receive the next response.

## Negative

The file is not processed any further. Correct the issue that caused the rejection, create a new batch file containing all transactions included in the rejected file and submit the new batch file.

# Positive 997 Text Version (.ACT)

## AVAILITY 997 FUNCTIONAL ACKNOWLEDGEMENT

Date Received:06/20/2008  
Time:2005  
Trans ID:111114134

File Status:ACCEPT  
Test or Prod:T

\*\*\*\*\*

### Batch and Claim Accept/Reject Totals at END of Report

\*\*\*\*\*

#### Batch Details

Group Control#:64170840  
Transaction Set#:1001  
Batch ID:64170840  
Batch Status:ACCEPT

Submitter ID:030240928  
Submitter:DR JONES  
Receiver:BCBSTX  
Receiver ID:030240928  
Trans Type:004010X098A1

-----

\*\*\*\*\*

**BATCH(S) ACCEPT:1      BATCH(S) REJ:0      CLAIM(S) REJ:0**

\*\*\*\*\*

\*\*\*\*\*END OF REPORT\*\*\*\*\*

# Negative 997 Text Version (.ACT)

## AVAILITY 997 FUNCTIONAL ACKNOWLEDGEMENT

Date Received:04/25/2008  
Time:1156  
Trans ID:111114138

File Status:REJECTED  
Test or Prod:T

\*\*\*\*\*  
**Batch and Claim Accept/Reject Totals at END of Report**  
\*\*\*\*\*

**Batch Details**  
Group Control#:3227  
Transaction Set#:3227000  
Batch ID:3KDZT5  
Batch Status:REJECTED

Submitter ID:001234  
Submitter: JONES BILLING  
Receiver:AVAILITY  
Receiver ID:030240928  
Trans Type:004010X098A1

**Rejected Claim Detail**

Prov:THE HAND CENTER  
Payer:COMMUNITY FIRST  
Payer ID:COMMF  
Ins:TRELLIS, LENA  
Pat:TRELLIS, SAM  
PCN:56411164825020  
Date of Service:01/24/2007-07/01/2007

Prov ID:742111151  
Status:REJECTED  
Ins ID:45602111301  
Pat ID:  
Claim Charges:\$205.00

**Reject Message:**

Element SE02 has a value of '3227001'. The expected value was '3227000'. Segment SE is defined in the guideline at position 555.

\*\*\*\*\*  
BATCH(S) ACCEPT:0    BATCH(S) REJ:1    CLAIM(S) REJ:SEE DETAILS  
\*\*\*\*\*

\*\*\*\*\*END OF REPORT\*\*\*\*\*

# Partial Negative 997 Text Version (.ACT)

## AVAILITY 997 FUNCTIONAL ACKNOWLEDGEMENT

Date Received:11/07/2007  
Time:1537  
Trans ID:111114141

File Status:PARTIAL  
Test or Prod:T

\*\*\*\*\*  
**Batch and Claim Accept/Reject Totals at END of Report**  
\*\*\*\*\*

**Batch Details**  
Group Control#:29755  
Transaction Set#:29755001  
Batch ID:025072  
Batch Status:ACCEPT

Submitter ID:S007296  
Submitter:PATH LAB  
Receiver:AVAILITY  
Receiver ID:030240928  
Trans Type:004010X098A1

-----  
**Batch Details**  
Group Control#:29757  
Transaction Set#:29756001  
Batch ID:  
Batch Status:REJECTED

Submitter ID:  
Submitter:  
Receiver:  
Receiver ID:  
Trans Type:004010X098A1

### Rejected Claim Detail

#### Reject Message:

Element GE02 has a value of '29756'. The expected value was 29757'. Segment GE is defined in the guideline at position N/A.

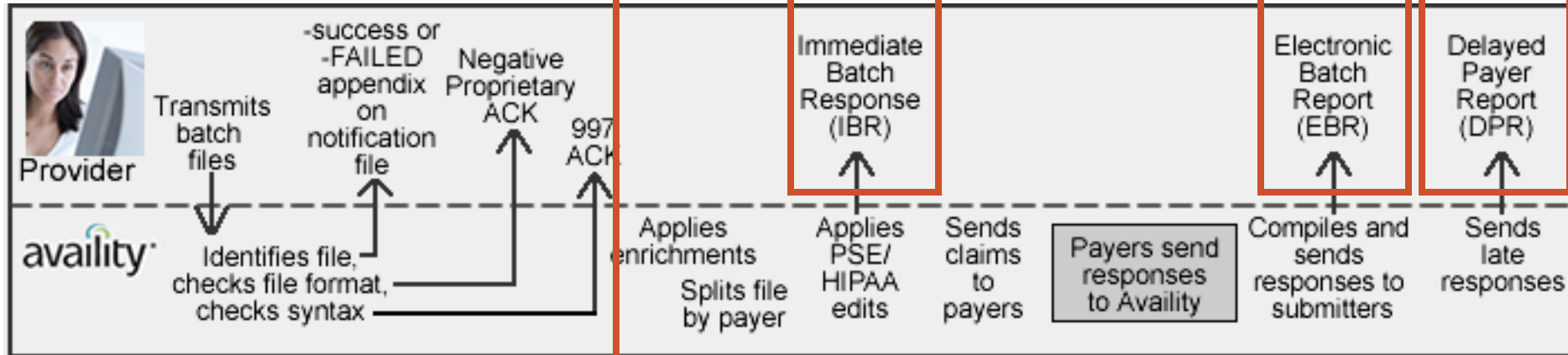
\*\*\*\*\*  
BATCH(S) ACCEPT:1    BATCH(S) REJ:1    CLAIM(S) REJ:SEE DETAILS  
\*\*\*\*\*

\*\*\*\*\***END OF REPORT**\*\*\*\*\*

# Transaction Level Validation

## File-level validation

## Transaction-level validation



ACKs  
Within minutes;  
allow up to 4 hours

IBR  
Immediately after  
997 Acknowledgment;  
allow up to 24 hours

EBRs  
Generally 24 to 48  
hours after accepted  
claims sent to payer;  
allow up to 5 days

DPRs  
Varies  
by  
payer

# Availity Claim Level Responses

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- For examples of Availity's response files, review the Availity EDI Guide.
- For interpreting errors and rejected claims, refer to the message source, error source, or error initiator included in the claim information on the response:
  - **HIPAA:** Refer to the HIPAA Implementation Guide and the Availity CMS-1500 Quick Reference.
  - **PSE:** Refer to the Availity Payer Specific Edit Guide.
  - **Availity:** Refer to the Availity Health Plans List.
  - **Payer:** Because Payer rejections and messages are returned directly from the payer, refer to the payer web site.

## Example of Front End Edits

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- On IBRs and EBRs, line 3e will occur if the claim is rejected by an Availity, HIPAA, or a payer-specific edit (PSE). Multiple 3e lines per claim can occur.

### **Example Availity Edit:**

3e|Availity|R|NA|The payer ID is not valid. Please correct and resubmit the failed transactions.  
|NA|NA|NA|||

### **Example Payer Specific Edit:**

3e|AETNA INSURANCE COMPANY-PSE|R|NA|LENGTH OF ELEMENT CLM01 CANNOT EXCEED 20  
CHARACTERS|2300|CLM|CLM01|||

### **Example HIPAA Edit:**

3e|HIPAA|R|39395df|Sub-element SV101-04 is used. It is not expected to be used when sub-element SV101-03 is  
not used. Segment SV1 is defined in the guideline at position 370. Invalid data: LT|2400|SV1|01|||

# Immediate Batch Response (IBR)

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## What is it?

- Delivers in response to submitted EDI claims that passed file format and structure validation at Availity.
- Contains claim counts and charges at the claim-level, including accepted and rejected claims.
- Lists HIPAA compliance errors, payer-specific errors, Availity payer ID errors. Error checking is done by Availity on behalf of the payer.

## How do we receive it?

- Your Primary Access Administrator (PAA) sets up preferences for IBR reports (optional).

## How do I understand what it is telling me?

- View format and examples in the Availity EDI Guide.
- Check out the applicable error message resources.

# IBR Text Version

## Message Types:

A = Accepted

I = Informational

W = Warning

R = Rejected

## Claim Status Codes:

A = Accepted

R = Rejected

```

Availity Customer ID: 0009999
Immediate Batch Text Response
Availity Messages: NA (date wrapped when present)
-----
BATCH SUMMARY
Date Received: 2008-06-01 Time Received: 11.28.07.473
Availity Batch ID: 2008050100280500 File Control Number: 020000517
Total Submitted Claims: 4 Total Submitted Charges: 26,832.58
Total Accepted Claims: 3 Total Accepted Charges: 13,466.42
Total Rejected Claims: 1 Total Rejected Charges: 13,366.16
-----
Payer: UNITED HEALTHCARE (UNC) Payer ID: 87726
-----
Submitter Batch ID: 550075 Status: A
Patient Name: MONTE, NICOLE Patient Control Number: 039256668880
From Date: 20070517 To Date: 20070517
Charge: 4,003.24 Provider Billing ID: 1626001588
Clearinghouse Trace #: NA Availity Trace #: 313809_0
-----
Submitter Batch ID: 550075 Status: A
Patient Name: HART, BRIAN Patient Control Number: 039146668869
From Date: 20070517 To Date: 20070517
Charge: 7,155.06 Provider Billing ID: 1626001588
Clearinghouse Trace #: NA Availity Trace #: 313809_1
-----
Payer: AETNA INSURANCE COMPANY Payer ID: 60054
-----
Submitter Batch ID: 550075 Status: A
Patient Name: ALLEN, SANDRA Patient Control Number: 034857667734
From Date: 20070517 To Date: 20070517
Charge: 2,308.12 Provider Billing ID: 1626001588
Clearinghouse Trace #: NA Availity Trace #: 313810_0
-----
Payer: CIGNA Payer ID: 62308
-----
Submitter Batch ID: 550075 Status: R
Patient Name: SAWYER, DAMIEN Patient Control Number: 010005668575
From Date: 20070517 To Date: 20070517
Charge: 13,366.16 Provider Billing ID: 1626001588
Clearinghouse Trace #: NA Availity Trace #: NA
Error Initiator: HIPAA Loop: 2300
Segment ID: HI Element #: 01
Error Message: Value of sub-element HI01-01 is incorrect. Value 'BR' (ICD-9-CM
code) may be used only on inpatient hospital claims. Segment HI is defined in the guide
line at position 231. Invalid data: BR
Error Initiator: HIPAA Loop: 2300
Segment ID: HI Element #: 01
Error Message: Value of sub-element HI01-01 is incorrect. Value 'BQ' (ICD-9-CM
code) may be used only on inpatient hospital claims. Segment HI is defined in the guide
line at position 231. Invalid data: BQ
Error Initiator: HIPAA Loop: 2400
Segment ID: SV2 Element #: 02
Error Message: HCPCS Procedure Code is invalid in Institutional Service Line.
    
```

# Electronic Batch Report (EBR)

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## What is it?

- Delivers in response to submitted and payer acknowledged EDI claims.
- Contains claim-level information, payer acceptance or rejection, and adjudication information.
- Contains the same front-end validation information in the IBR.

## How do we receive it?

- You will receive one EBR for every payer ID included in your validated file.
- Your PAA sets up additional preferences for EBR reports.

## How do I understand what it is telling me?

- View format and examples in the Availity EDI Guide.
- Check out the applicable error message resources.

# EBR - Text

## Message Types:

A = Accepted

I = Informational

W = Warning

R = Rejected

## Claim Status Codes:

A = Accepted

R = Rejected

Availity Customer ID: 0009999			
Availity Electronic Batch Report			
Date Received:	2007-04-04	Time Received:	16.17.07.475
Availity Batch ID:	2007121406081000	File Control Number:	000002303
Payer:	BCBSF	Payer ID:	00590
Received Claims:	4	Charges:	3,692.00
Accepted Claims:	2	Charges:	168.00
Rejected Claims:	2	Charges:	3,524.00
Patient Name:	DOE, NIDAL	To Date:	20061231
From Date:	20061231	Charge:	3024.00
Patient Control Number:	0234600999	Clearinghouse Trace #:	456123
Provider Billing ID:	73-3559599	Availity Trace #:	012345678912345
Payer Claim #:	123456789012345		
Error Initiator:	HIPAA	Message Type:	R
Error Message:	Value of element NM109 is incorrect. Expected value is National Provider ID (format is '10 digits with optional '80840' prefix and last check digit') when NM108 = 'XX'. Segment NM1 is defined in the guideline at position 250. Invalid data: 1234567890		
Loop:	2010AA	Segment ID:	NM1
Element #:		Element #:	09
Patient Name:	DOE, JANE	To Date:	20061231
From Date:	20061231	Charge:	500.00
Patient Control Number:	0234600988	Clearinghouse Trace #:	123456789
Provider Billing ID:	73-3559599	Availity Trace #:	012345678912345
Payer Claim #:	123456789012345		
Error Initiator:	BCBSF	Message Type:	I
Error Message:	Prov. ID reported from Payer is 0000123ABC		
Loop:	NA	Segment ID:	NA
Element #:		Element #:	NA
Error Initiator:	BCBSF	Message Type:	W
Error Message:	Paid amt does not match service line amt		
Loop:	NA	Segment ID:	SVD
Element #:		Element #:	02
Error Initiator:	BCBSF	Message Type:	R
Error Message:	Value of element NM109 is incorrect. Expected value is National Provider ID (format is '10 digits with optional '80840' prefix and last check digit') when NM108 = 'XX'. Segment NM1 is defined in the guideline at position 250. Invalid data: 1234567890		
Loop:	2010AA	Segment ID:	NM1
Element #:		Element #:	09
Patient Name:	DOE, JOHN		

# Delayed Payer Report (DPR)

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## What is it?

- Delivers additional responses received from payers after Availity sends the EBR.
- Contains additional payer responses, including claim acceptance and rejection messages.

## How do we receive it?

- You will receive DPRs for payers sending second-level responses.
- Your PAA sets up additional preferences for DPR reports.

## How do I understand what it is telling me?

- View format and examples in the Availity EDI Guide.
- Check out the applicable error message resources.

# DPR - Text

## Message Types:

A = Accepted

I = Informational

W = Warning

R = Rejected

## Status Codes:

ACK = Accepted

REJ = Rejected

NA = No Status  
Received

Availity Customer ID: 0009999

### Availity Delayed Payer Report

Date Received:	2007-10-08	Time Received:	10.21.0000
Availity Batch ID:	0001234-2007100413172200_0	File Control Number:	682710370
-----			
Patient Account Number:	123456789A123	Total Charges:	66.25
Patient Name:	DOE, JOHN	Process Date:	2007-10-08
From Date:	2007-05-19	Status:	ACK
Billing Provider Name:	ACME CLINIC	Billing Provider ID:	12345123456
Billing Provider NPI:	NA	Submitter Name:	ACME
Payer Name:	PAYERNAME	Payer Claim #:	NA
Payer ID:	12345	Payer Seq Number:	0
Availity Batch ID:	0001234-2007100413172200	Trace ID:	123456789_1
Claim Sequence #:	0		
Message Type:	A	Message Payer:	
Message Code:		Message Loop:	
Message Segment:		Message Element:	
Message Text:	This claim has been accepted for further processing		
-----			
Patient Account Number:	246800000A135	Total Charge:	179.75
Patient Name:	DOE, JANE	Process Date:	2007-10-08
From Date:	2007-08-17	Status:	ACK
Billing Provider Name:	ACME CLINIC	Billing Provider ID:	1234123456
Billing Provider NPI:	NA	Submitter Name:	ACME
Payer:	PAYERNAME	Payer Claim #:	NA
Payer ID:	12345	Payer Seq Number:	0
Availity Batch ID:	0001234-2007100413173300	Trace ID:	123456789_1
Claim Sequence #:	1		
Message Type:	A	Message Payer:	
Message Code:		Message Loop:	
Message Segment:		Message Element:	
Message Text:	This claim has been accepted for further processing		

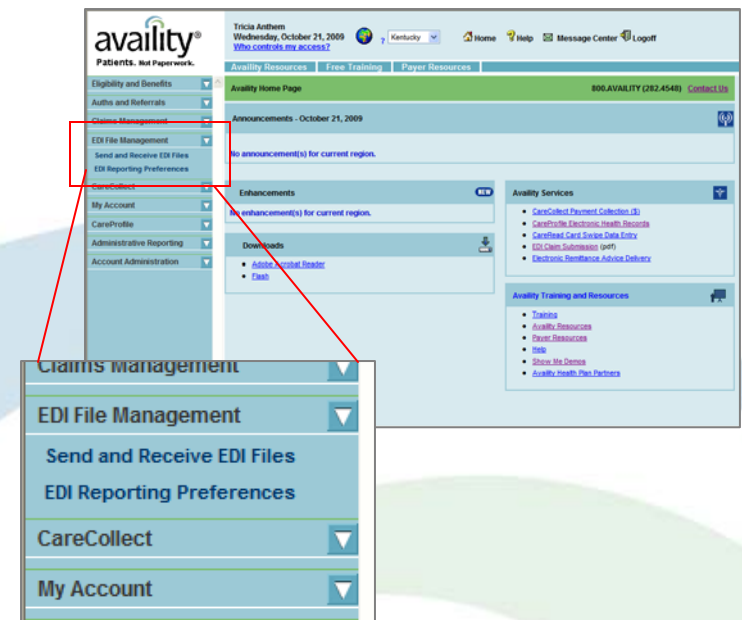
# What To Do Next?

<b>Responses and Reports</b>	<b>No Errors... Do nothing</b>	<b>With Errors... Correct and submit</b>
Immediate Batch Response (IBR)	Look next for the EBRs	Correct errors and submit corrected claims
Electronic Batch Report (EBR)	Look next for DPRs, EOBs, payment, etc.	Correct errors and submit corrected claims
Delayed Payer Report (DPR)	Look next for additional DPRs, EOBS, payment, etc.	Correct errors and submit corrected claims

# EDI Reporting Preferences

Use the EDI Reporting Preferences feature to specify the reports you want users at your organization to receive, the file formats, and other reporting preferences.

1. Click **EDI File Management | EDI Reporting Preferences**. The page displays.
2. Make selections appropriate for your organization's needs.
3. Click **Submit**. The page refreshes.



Before making changes to EDI Reporting Preferences, consult other users at your organization and your vendor.

# EDI Reporting Preferences Page

**EDI Reporting Preferences**

[Show Me Demo](#)

Report Type	File Extension
<b>Claim Payment/Advice (835)</b>	
<input checked="" type="checkbox"/> Start each segment in claim payment/advice (835) files on a new line ?	.era
<input type="checkbox"/> Compress Files ?	.zip (files within will be .era)

Grouped by: ?

- All checks destined for an org by payer
- One check per file (no grouping)
- All checks for an org, multiple payers
- All checks for a provider by payer
- All checks for a provider, multiple payers

Limit file size by  Number of Checks or  Bytes: ?

- 100 checks
- 700 checks
- 3,500 checks
- 7,000 checks

Delivery Schedule: ?

You've selected: 12 MIDNIGHT

12 MIDNIGHT	6 A.M.
1 A.M.	12 NOON
2 A.M.	6 P.M.
3 A.M.	
4 A.M.	
5 A.M.	

<b>Acknowledgements (997)</b>	
<input checked="" type="checkbox"/> Negative file acknowledgements [Required] ?	.ack/act
<input type="checkbox"/> Positive file acknowledgements ?	.ack/act
<input type="radio"/> 997 Acknowledgement - Text Format ?	.act
<input checked="" type="radio"/> 997 Acknowledgement - X12 Format ?	.ack
<input type="radio"/> Both	.ack/act
<b>Immediate Batch Response (IBR)</b>	
<input type="checkbox"/> Data file with HIPAA and Availity errors ?	.ibr
<input type="checkbox"/> Text report with HIPAA and Availity errors ?	.ibt
<input type="checkbox"/> Receive Claims Immediate Batch Response (IBR) linked together in one data file and/or text report per day ?	--- Select Time --- <input checked="" type="radio"/> AM <input type="radio"/> PM
<b>Claims Electronic Batch Reports (EBR)</b>	
Select one data file and/or one text report.	
<input type="radio"/> Data file with error reporting and pre-payment responses ?	.ebr
<input checked="" type="radio"/> Data file with all claims acknowledged, including errors, clean claims, and pre-payment responses ?	.ebr
<input type="radio"/> None	
<input type="radio"/> Text report with error reporting and pre-payment responses ?	.ibt
<input checked="" type="radio"/> Text report with all claims acknowledged, including errors, clean claims, and pre-payment responses ?	.ibt
<input type="radio"/> None	
<input type="checkbox"/> Receive Claims Electronic Batch Reports (EBR) linked together in one data file and/or text report per day ?	--- Select Time --- <input checked="" type="radio"/> AM <input type="radio"/> PM
<b>Claims Delayed Payer Report (DPR)</b>	
<input checked="" type="checkbox"/> Data file ?	.dpr
<input checked="" type="checkbox"/> Printable Delayed Payer Text Report ?	.dpt
<input type="checkbox"/> Receive Delayed Payer Reports (DPR) linked together in one data file and/or text report per day ?	--- Select Time --- <input checked="" type="radio"/> AM <input type="radio"/> PM

<b>All Non-Claim Responses</b>	
<input checked="" type="checkbox"/> Start each segment in response files for eligibility & benefits, claim status, and authorization/referrals on a new line ?	
<b>Authorization/Referral Responses (Health Care Services Review Responses)</b>	
<input checked="" type="checkbox"/> Summary text report ?	.278ebr
<input checked="" type="checkbox"/> Data file containing 278 ANSI ASC X12N responses [Required] ?	.x12
<input checked="" type="checkbox"/> Data file containing 278 ANSI ASC X12N delayed responses [Required] ?	.x12
<b>Eligibility &amp; Benefits Responses</b>	
<input checked="" type="checkbox"/> Data file containing 271 ANSI ASC X12N responses [Required] ?	.x12
<input checked="" type="checkbox"/> Data file containing 271 ANSI ASC X12N delayed responses [Required] ?	.x12
<b>Claims Status Responses</b>	
<input checked="" type="checkbox"/> Data file containing 277 ANSI ASC X12N responses [Required] ?	.x12
<input checked="" type="checkbox"/> Data file containing 277 ANSI ASC X12N delayed responses [Required] ?	.x12
<input type="button" value="Submit"/>	<input type="button" value="Reset Default Values"/>

Select the check box or option button beside each item you want. If a check box is inactive, Availity automatically delivers the report to you by default and you cannot change the selection.

To save changes, click **Submit** at the bottom of the page.



**Note:** Field-level help is available for most of the reporting options. Click ? to display information about a particular option.

# Questions?

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