EDI Training for Availity EDI Submitters

Availity / El Paso First

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availity®

What We Will Cover

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

- 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

- 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

- **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)

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

- **Technology Company Partners**

   1. **Launch 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

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)

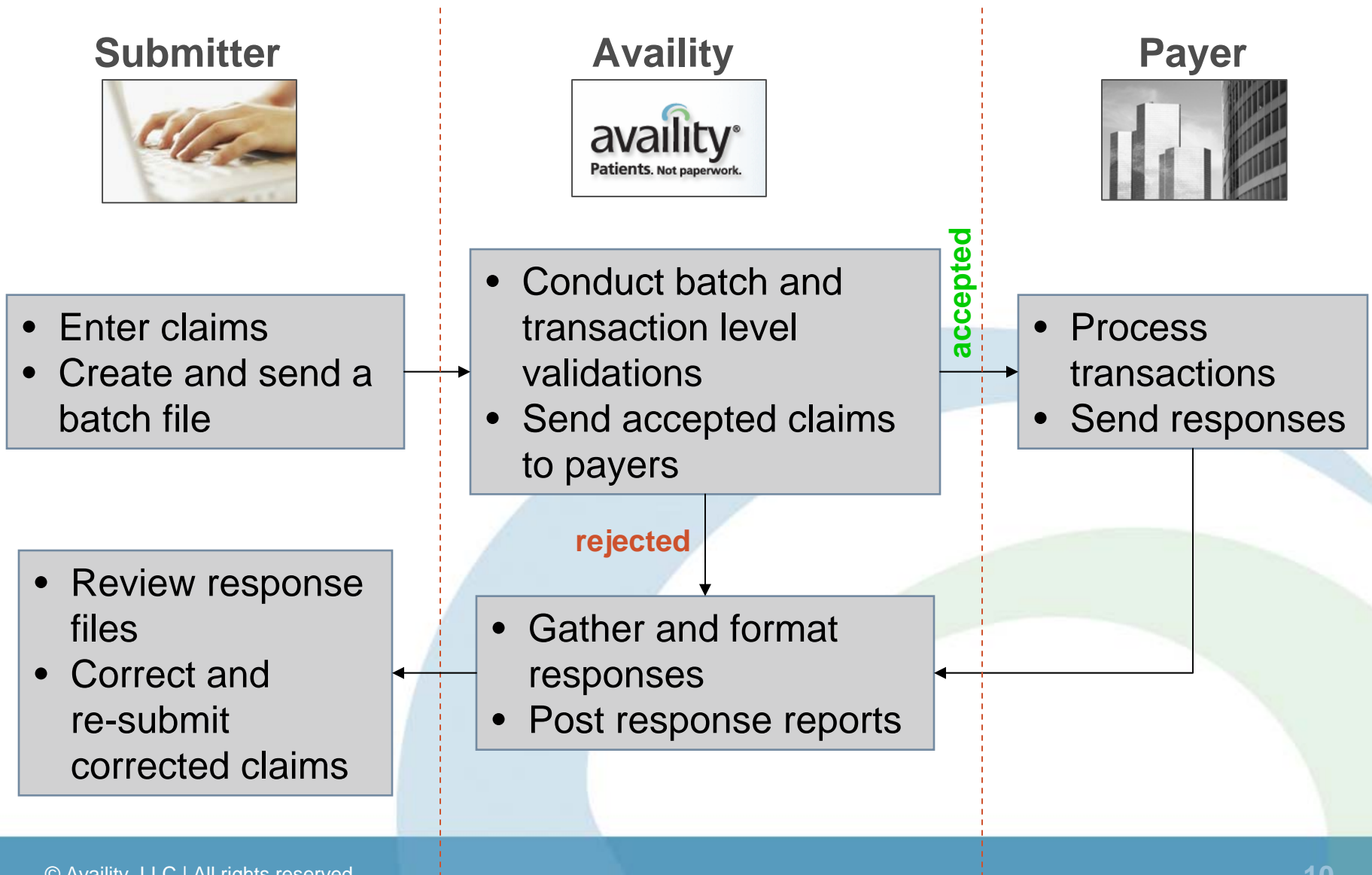Exchange batch files without logging in to Availity web portal.

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

Submitter

Availity

Payer

- Enter claims
- Create and send a batch file

- Conduct batch and transaction level validations
- Send accepted claims to payers

accepted

- Process transactions
- Send responses

rejected

- Review response files
- Correct and re-submit corrected claims

- Gather and format responses
- Post response reports

Availity's Secure Portal

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

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

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

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

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)

- 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

Send and Receive EDI Files

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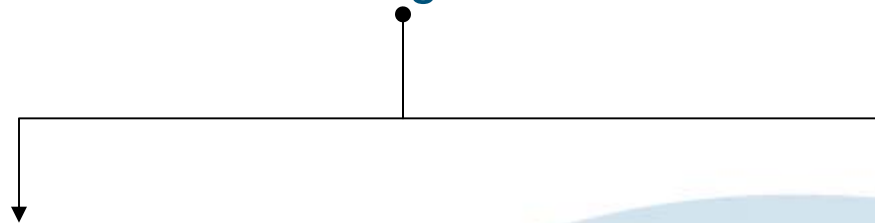
SendFiles Mail box

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

📂 Home

Files

Name	Size[B]	Date	File Options	Delete
Announcements		Jan 7 11:28		
SendFiles		Jan 7 11:28		
ReceiveFiles		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 Availity, view the batch ID, and view success or failed messages for that day's batches.

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

ReceiveFiles Mail Box

Send and Receive EDI Files

📂 Home ⊠
   📂 ReceiveFiles

Files

Name	Size[B]	Date	File Options	Delete
2009031914332832.ACK	2832	Jun 19 10:33	🛠	🗑
2009031914332832.ACK	2547	Jul 05 08:16	🛠	🗑
2009032511565830.ACT	2700	Jul		
2009040103278458.ACK	5779	Se		
2009030820054839.ACT	5844	Jul		
2008040217221400.IBR	4562	Oc		
2008111111583400.IBT	5583	No		
2007022610264300.EBR	1623	Jul		
2009040206081000.TXT	1752	Au		
2009020918114493.DPR	4031	Jur		
200705011153340005.DPT	3558	Ap		

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 AVUnknown-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	Payer: BCBS Received Claims: 3 Accepted Claims: 2 Rejected Claims: 1 -- Patient Name: DOE, JANE From Date: 20070816

File Level Validation

File-level validation

Transaction-level validation

Provider

Transmits batch files

-success or -FAILED appendix on notification file

Negative Proprietary ACK

997 ACK

Immediate Batch Response (IBR)

Electronic Batch Report (EBR)

Delayed Payer Report (DPR)

availity

Identifies file, checks file format, checks syntax

Applies enrichments

Splits file by payer

Applies PSE/ HIPAA edits

Sends claims to payers

Payers send responses to Availity

Compiles and sends responses to submitters

Sends late responses

ACKs
Within minutes;
allow up to 4 hours

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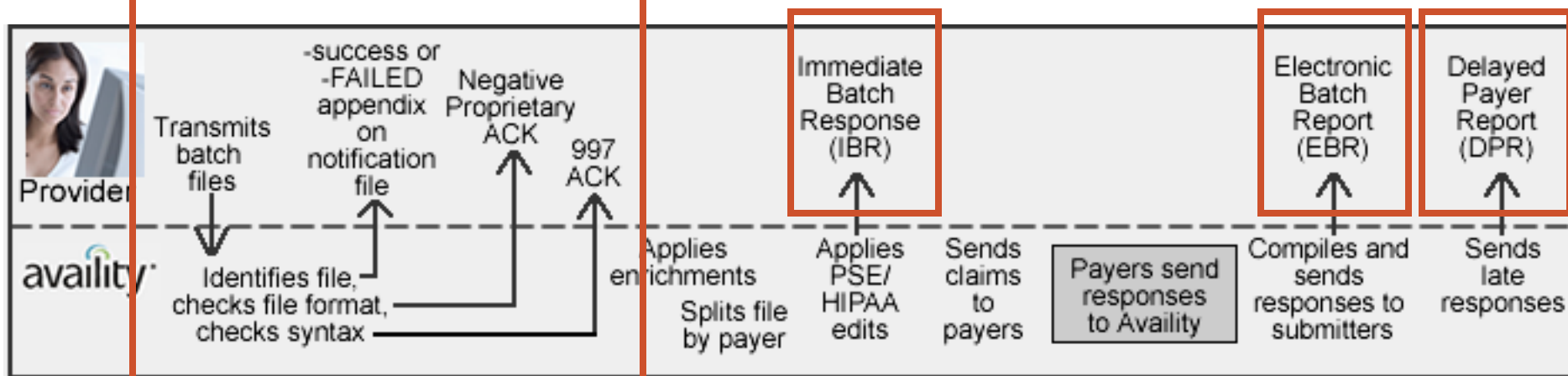
EBRs
Generally 24 to 48
hours after accepted
claims sent to payer;
allow up to 5 days

DPRs
Varies
by
payer

Availity Response Files

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)

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            File Status:ACCEPT
Time:2005                           Test or Prod:T
Trans ID:111114134


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

Batch Details                       Submitter ID:030240928
Group Control#:64170840             Submitter:DR JONES
Transaction Set#:1001               Receiver:BCBSTX
Batch ID:64170840                   Receiver ID:030240928
Batch Status:ACCEPT                 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   File Status:REJECTED
Time:1156   Test or Prod:T
Trans ID:111114138

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

Batch Details   Submitter ID:001234
Group Control#:3227   Submitter: JONES BILLING
Transaction Set#:3227000   Receiver:AVAILITY
Batch ID:3KDZT5   Receiver ID:030240928
Batch Status:REJECTED   Trans Type:004010X098A1

Rejected Claim Detail

Prov:THE HAND CENTER   Prov ID:742111151
Payer:COMMUNITY FIRST   Status:REJECTED
Payer ID:COMMF
Ins:TRELLIS, LENA   Ins ID:45602111301
Pat:TRELLIS, SAM   Pat ID:
PCN:56411164825020
Date of Service:01/24/2007-07/01/2007   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   File Status:PARTIAL
Time:1537   Test or Prod:T
Trans ID:111114141

****

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

Batch Details   Submitter ID:S007296
Group Control#:29755   Submitter:PATH LAB
Transaction Set#:29755001   Receiver:AVAILITY
Batch ID:025072   Receiver ID:030240928
Batch Status:ACCEPT   Trans Type:004010X098A1

Batch Details   Submitter ID:
Group Control#:29757   Submitter:
Transaction Set#:29756001   Receiver:
Batch ID: Receiver ID:
Batch Status:REJECTED   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
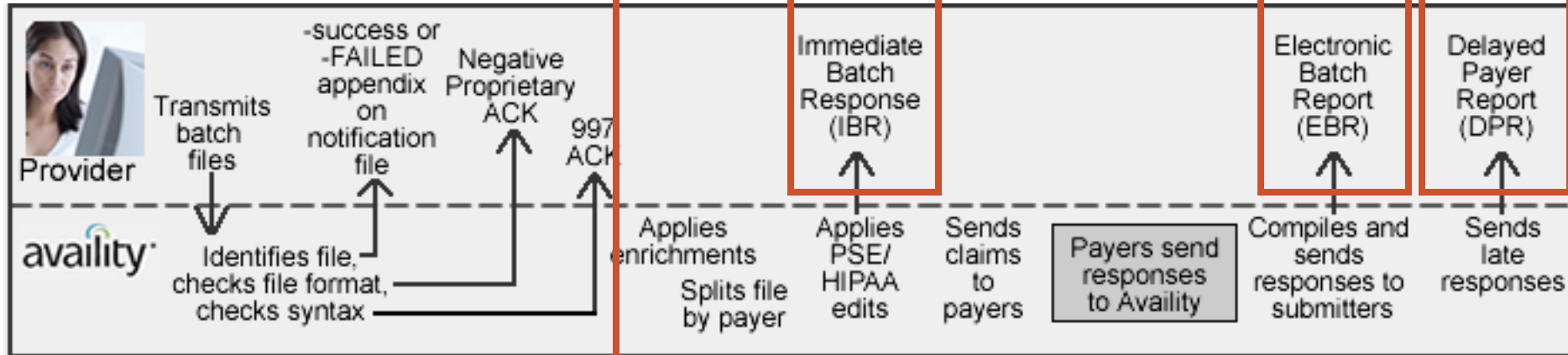
File-level validation

Transaction-level validation

Provider — Transmits batch files — success or -FAILED appendix on notification file — Negative Proprietary ACK — 997 ACK

availity — Identifies file, checks file format, checks syntax

Applies enrichments / Splits file by payer — Applies PSE/ HIPAA edits — Sends claims to payers — Payers send responses to Availity — Compiles and sends responses to submitters — Sends late responses

Immediate Batch Response (IBR)

Electronic Batch Report (EBR)

Delayed Payer Report (DPR)

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

- 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

•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)

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

Electronic Batch Report (EBR)

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 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		
From Date:	20061231	To Date:	20061231
Patient Control Number:	0234600999	Charge:	3024.00
Provider Billing ID:	73-3559599	Clearinghouse Trace #:	456123
Payer Claim #:	123456789012345	Availity Trace #:	012345678912345

Error Initiator:	HIPAA	Message Type: R	Error Code: NA

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 #: 09

Patient Name:	DOE, JANE		
From Date:	20061231	To Date:	20061231
Patient Control Number:	0234600988	Charge:	500.00
Provider Billing ID:	73-3559599	Clearinghouse Trace #:	123456789
Payer Claim #:	123456789012345	Availity Trace #:	012345678912345

Error Initiator:	BCBSF	Message Type: I	Error Code: NA
Error Message:	Prov. ID reported from Payer is 0000123ABC		
Loop: NA		Segment ID: NA	Element #: NA

Error Initiator:	BCBSF	Message Type: W	Error Code: NA
Error Message:	Paid amt does not match service line amt		
Loop: NA		Segment ID: SVD	Element #: 02

Error Initiator:	BCBSF	Message Type: R	Error Code: NA

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 #: 09

Patient Name: DOE, JOHN

Delayed Payer Report (DPR)

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 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?

Responses and Reports	No Errors… Do nothing	With Errors… Correct and submit
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.
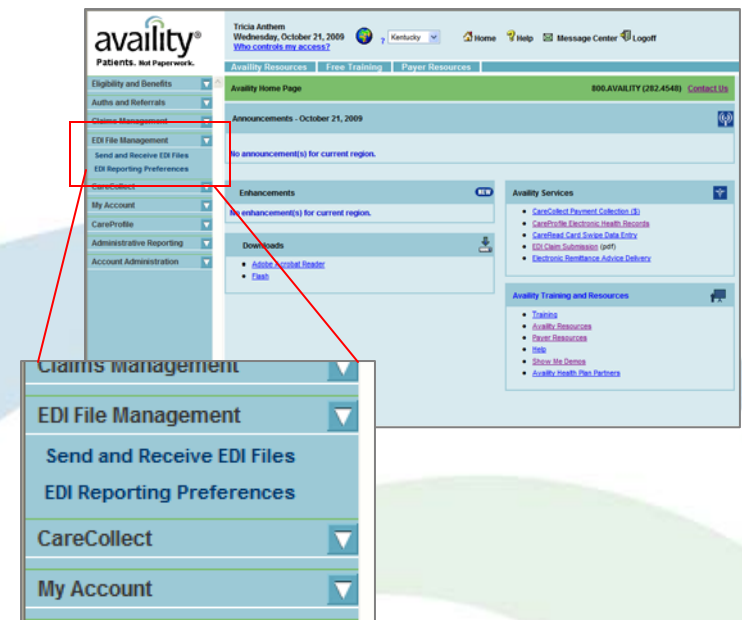
Before making changes to EDI Reporting Preferences, consult other users at your organization and your vendor.

EDI Reporting Preferences Page

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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