
Availity® Health Information Network

**Batch Electronic Data Interchange (EDI)
Standard Companion Guide**

**Refers to the Implementation Guides
Based on ASC X12 version 005010**

December 2019

Disclosure Statement

Availity provides the information in this Availity EDI Guide for education and awareness use only. While Availity believes all information in this document to be correct at the time of writing, this document is intended for educational purposes only and does not purport to provide legal advice. If you require legal advice, you should consult with an attorney. The information provided here is for reference use only and does not constitute the rendering of legal, financial, or other professional advice or recommendations by Availity.

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Preface

Rules for format, content, and data element values are listed in the HIPAA Technical Reports Type 3 (TR3s) for submitting 5010 HIPAA transactions. These guides are available on the [Washington Publishing Company](#) website.

This Availity EDI Guide supplements the HIPAA TR3s and describes the Availity Health Information Network environment, interchange requirements, transaction responses, acknowledgements, and reporting for each of the supported transactions as related to Availity. This guide also provides specific information for data elements and values required by Availity.

Important Note: As defined in the HIPAA TR3s, companion documents like this Availity EDI Guide are intended to **supplement, not replace**, the standard HIPAA TR3 for each transaction set. Information in this guide is not intended to modify the definition, data condition, or use of any data element or segment in the standard TR3s. It is also not intended to add any additional data elements or segments to the defined data set. This guide does not utilize any code or data values that are not valid in the standard TR3s. It also does not change the meaning or intent of any implementation specifications in the standard TR3s.

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1 INTRODUCTION

SCOPE

The purpose of the Availity Health Information Network EDI Guide (Availity EDI Guide, for short) is to communicate Availity-specific requirements and other information that supplements requirements and information already provided in standard EDI and HIPAA communications.

OVERVIEW

Availity, LLC., a leader in EDI healthcare technology, offers a full suite of EDI health information exchange services through a single web connection to the Availity® Health Information Network. In addition to offering an extensive array of real-time EDI transactions, we also provide near real-time processing of batch EDI transactions. The Availity® Health Information Network is your one stop on the web for secure connectivity and electronic access to an extensive list of commercial insurance payers.

The Availity® Health Information Network is operationally HIPAA compliant, accepting and processing in a secure environment all American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12N standard transactions mandated by the Health Insurance Portability and Accountability Act (HIPAA). Availity edits batches of transactions for X12N syntax compliance, and then splits the batches into the lowest transaction level possible before applying HIPAA-semantic validation rules. Depending on the payer, Availity might also apply payer-specific edits to transactions that pass HIPAA syntax validation before routing the transactions to the designated payer.

Using the Availity® Health Information Network file transfer features, users can send all files and retrieve responses through one interface.

BENEFITS

As an Availity user, you will realize the following benefits:

- Electronic access to commercial insurance payers, using a single connection and format
- The ability to submit transactions destined for multiple payers in a single batch
- Reduced administrative work and expense
- Reduced postage and material expense
- Ability to submit transactions twenty-four hours a day, seven days a week¹
- Acknowledgement of receipt for each file transmitted
- Increased accuracy of data and reduced risk of duplication
- Increased productivity
- Compliance with HIPAA mandates for electronic transactions

¹ Except for a 6 hour scheduled Saturday Maintenance window
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SUPPORTED EDI TRANSACTIONS

The table below provides information about the ANSI ASC X12N health care electronic transactions adopted for use by the Health Insurance Portability and Accountability Act (HIPAA) regulations, and supported by the Availity Health Information Network.

Format	Version(s) Supported	Transaction Type	Optimal Batch File
ASC X12N 837	005010X223A2	Institutional Claims	5,000 claims or 4 megabytes
ASC X12N 837	005010X222A1	Professional Claims	5,000 claims or 4 megabytes
ASC X12N 837	005010X224A2	Dental Claims	5,000 claims or 4 megabytes
ASC X12N 270/271	005010X279A1	Health Care Benefit Inquiry/Response (Eligibility and Benefits)	4 megabytes
ASC X12N 276/277	005010X212	Health Care Claim Status Request/Response	4 megabytes
ASC X12N 278	005010X217	Health Care Services Request (Authorization and Referral) for Review/Response	4 megabytes
ASC X12N 278	005010X216	Health Care Services Review Notification and Acknowledgement	4 megabytes
ASC X12N 835	005010X221A1	Health Care Claim Payment/Advice (ERA)	4 megabytes ²

Table 1 – Supported Transaction Formats

ACKNOWLEDGEMENTS, REPORTS, AND TRANSACTION RESPONSES

As described in detail in [Acknowledgements and Reports](#), Availity sends an acknowledgement for each batch submitted. Availity returns an ANSI ASC X12N 999 Implementation Acknowledgement for batches submitted in the 5010 format. Availity returns the acknowledgements to your organization’s ReceiveFiles folder (in your organization’s secure mailbox) within minutes after you submit your batch file. **Note:** If you use FTP/SFTP, you might access the acknowledgements directly in your ReceiveFiles folder.

All EDI acceptance/rejection reports pertain to correctness within standard X12N EDI transaction format syntax and transaction HIPAA TR3 semantic compliance. The type of report returned depends on the edit level being reported.

In the Availity menu, the administrator for your organization can click **Claims & Payments | EDI Reporting Preferences** to set preferences for the reports you want delivered to your organization’s EDI ReceiveFiles folder, such as viewable reports and delimited data responses.

[Transaction Response Aggregation](#) describes response transactions for the non-claim batches. Transactions submitted for real-time payers usually result in a response in your ReceiveFiles folder within 24 hours or less. Transactions for Blue plans outside of your home Blue plan can result in two types of transaction responses: 1) interim acknowledgement within 24 hours or less, 2) payer benefit/rejection within 72 hours. The interim response is returned in the X12 standard paired response transaction format (i.e. 271, 277, 278).

² Files over 12 megabytes with large checks might not be validated.

2 GETTING STARTED

TRADING PARTNER REGISTRATION

To start submitting transactions to the Availity Health Information Network, the Availity administrator for your organization must first register the organization with Availity by following these steps:

- Go to www.availity.com, click **REGISTER**, and then click **Let's get started!**, on the Register for Portal Access page.
- Complete the online registration application. The process involves providing demographic information about your organization and choosing a user ID for the administrator. At the end of the application, you will electronically agree to the Organization Access Agreement, which you can print for your records.
- When we have processed the application, we send a confirmation by email to the administrator. The first time you log in to the Availity Health Information Network, the system prompts you to agree to the disclaimer, set up your security questions, change your password, and verify your email.
- Once the administrator is able to log in to Availity, they can set up authorized personnel in the office as Availity users. Each user must have a unique user ID and password. Availity does not allow users to share login credentials.

3 AVAILITY TRADING PARTNER QA TESTING

Availity gives you the option of setting up an account in our QA environment so that you can do integration testing with Availity before you submit any real transactions. Integration testing ensures that your translated HIPAA ASC X12N transactions can pass HIPAA standards validation and any applicable payer-specific edits that Availity performs on the payer's behalf. During this testing, you will also become familiar with using the folders in your organization's mailbox to send files and receive acknowledgements, transaction responses, and validation results reports. This testing is coordinated through the Availity Client Services (ACS) Department (1.800.282.4548) at no charge to the sender. ACS will send your request to our Implementations area and an Implementation Analyst will contact you to begin your Availity implementation.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

FILE SUBMISSION METHODS

Availity offers several methods for you to send and receive transactions: Web upload, and Secure File Transport Protocol (SFTP). If you want to use SFTP, obtain a user ID and password from the Implementation Analyst who is assisting with testing.

- **Web Upload** – This method allows you to send files and receive reports, acknowledgements, and transactions from Availity without installing additional software. You must have internet access and an Availity user ID and password to use web upload. For more details on Sending and Receiving Files, see [File Transfers in the Availity Health Information Network](#), in Chapter 4.
- **SFTP** – The Secure File Transfer Protocol (SFTP) method involves logging in to the appropriate Availity FTP site using an SFTP client. SFTP allows you to send and receive files securely using port 9922. You do not need to log in to Availity to use SFTP. For more details on Sending and Receiving Files, see [Using SFTP to Send and Receive Files](#).
- **FTP + PGP** – For FTP, you must use the PGP encryption method to ensure security, provide a PGP key to Availity for decryption purposes, and send the encrypted file to the appropriate Availity FTP site using an FTP application. For more details, see the [Using SFTP to Send and Receive Files](#) section of this guide.

QA SETUP

The Availity QA and Production servers have different Internet Protocol (IP) addresses. Both servers use the same authentication method.

- For web upload, log in to <https://qa-apps.availity.com/availity/web/public.elegant.login>, Availity's QA environment. Log in to the Availity Health Information Network with your user ID and password and click **Claims & Payments | Send and Receive EDI Files** in the Availity menu.
- For SFTP, send the files to <https://qa-ftp.availity.com> using an SFTP client.
- For FTP+PGP, encrypt the files using PGP, provide the key to Availity, and send the encrypted files using your FTP application to <https://qa-ftp.availity.com>.
- End-to-end testing requires coordination with the payer. Not all payers support end to end testing. If you want end-to-end testing, contact us at 1.800.AVAILITY (282.4548).
- Review the specifications in this guide thoroughly. Call Availity with any questions at 1.800.AVAILITY (282.4548).
- Be sure to retrieve all acknowledgements and reports from your ReceiveFiles folder.

PRODUCTION SETUP

Once you have completed any testing you wanted to do in our QA environment, you're ready to begin using the production environment.

- For web upload, log in to <https://apps.availity.com/availity/web/public.elegant.login>, which is Availity's production environment. Log in to the Availity Health Information Network with your user ID and password and click **Claims & Payments | Send and Receive EDI Files** in the Availity menu.
- For SFTP, send the files to <https://ftp.availity.com> using an SFTP client.
- For FTP+PGP, encrypt the files using PGP, provide the key to Availity, and send the encrypted files using your FTP application to <https://ftp.availity.com>.

UPLOADING AND DOWNLOADING EDI FILES

This section describes the different methods for accessing Availity and the steps for uploading and downloading files.

In all methods, Availity uses the following folders (that are all part of your organization's secure mailbox) for uploading and downloading files and viewing announcements from Availity:

- **SendFiles** – Use this folder to upload files. This folder also stores confirmations for files you successfully uploaded to Availity. The confirmation file name is a combination of the file name you have sent, concatenated with the date/time of the transfer, and followed with the word **-success**. Unsuccessful files are followed with the word **-FAILED**.
 - To view a confirmation file, simply click the file name.
 - To download a confirmation file, right-click the file name and select **Save Target As** from the pop-up menu to save the file.
 - To delete the file from the folder, click the trash can icon in the **Delete** column across from the file name. The system archives confirmations from the SendFiles folder each night.

- **ReceiveFiles** – This folder stores responses such as acknowledgements and reports.
 - You can download response files to your computer.
 - Response files include Acknowledgements, Immediate Batch Reports, Electronic Batch Reports, and Delayed Payer Reports.
 - Acknowledgements identify file-level issues.
 - Immediate Batch Reports, Electronic Batch Reports, and Delayed Payer Reports identify claim-level issues. They contain the information needed to correct and resubmit transactions.
 - The system removes and archives response files from the ReceiveFiles folder after 30 days, whether or not they have been downloaded. You can restore archived response files yourself for up to 6 months after the report creation date. You can also request a copy of any archived response file from Availity customer service regardless of the report creation date.
 - In the event you need a response file restored, contact an Availity Client Services Representative at 1.800.AVAILITY (282.4548).
 - For more details about the response files, see [Acknowledgements and Reports](#).

- **Announcements** – This folder contains announcements from Availity.

FILE TRANSFERS IN THE AVAILITY HEALTH INFORMATION NETWORK

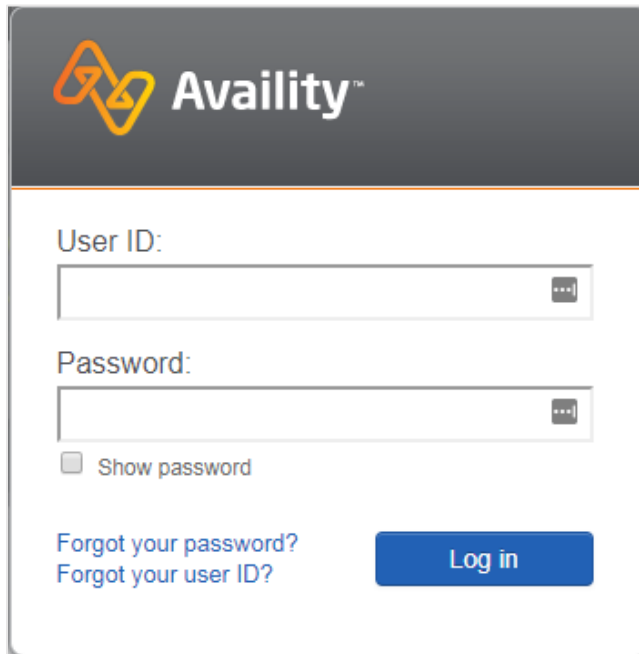
The Send and Receive EDI Files feature allows you to log in to the Availity Health Information Network using a standard internet browser, browse for a batch file on your computer, and securely upload it to Availity. It also allows secure download of transactions and responses, such as acknowledgements and electronic batch reports, to your local network server or computer.

Availity provides three features to help you manage your batch file processing using web upload and download:

- The Send and Receive Files option provides a simple, yet secure web-based service for you to upload your batch EDI files and download acknowledgements, reports, and batch EDI response files.
 - To manually upload transaction files through the Availity Portal, you'll need the EDI Management permission, which can be assigned to you by the administrator for your organization. Once you've been assigned that permission, it might take up to 24 hours before you'll be able to upload files. If you're an administrator, you'll already have this permission.
 - In order to send and receive files you'll need to have both cookies and javascript enabled in your browser.
- The EDI Reporting Preferences feature enables you to choose which reports you want delivered to your EDI ReceiveFiles folder, including viewable reports and delimited responses.
- The File Restore feature allows you to restore any files archived from your EDI receive files folder within the past 6 months without having to contact Availity client services.

Follow these steps to log in to Availity and access the Send and Receive EDI Files option:

1. Using your web browser, go to www.availity.com and click **Login** at the top of the page. Enter your Availity User ID and Password (**Figure 1**).



The image shows a screenshot of the Availity login page. At the top left, there is the Availity logo, which consists of a stylized orange and yellow 'A' followed by the word 'Availity™'. Below the logo, there is a white box containing the login form. The form has two input fields: 'User ID:' and 'Password:'. Each field has a small icon on the right side. Below the password field, there is a checkbox labeled 'Show password'. At the bottom left, there are two links: 'Forgot your password?' and 'Forgot your user ID?'. At the bottom right, there is a blue button labeled 'Log in'.

Figure 1 – Availity Login Page

- In the Availity menu, click **Claims & Payments | Send and Receive EDI Files (Figure 2)**.

Note: Your options in the navigation bar might be different from those in the example.

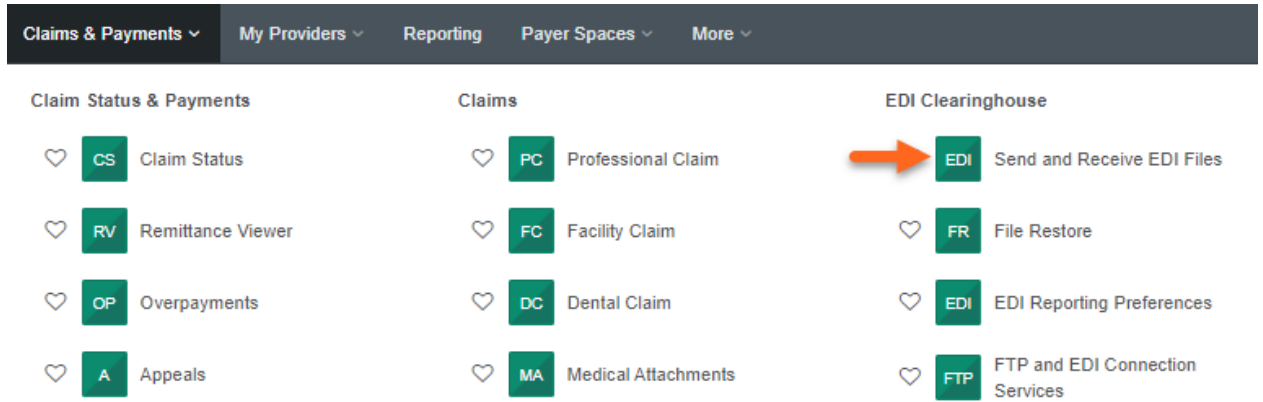


Figure 2 – Accessing Send and Receive EDI Files

- In the **Organization** field, select the appropriate organization and click **Submit (Figure 3)**. The Send and Receive Files page displays.

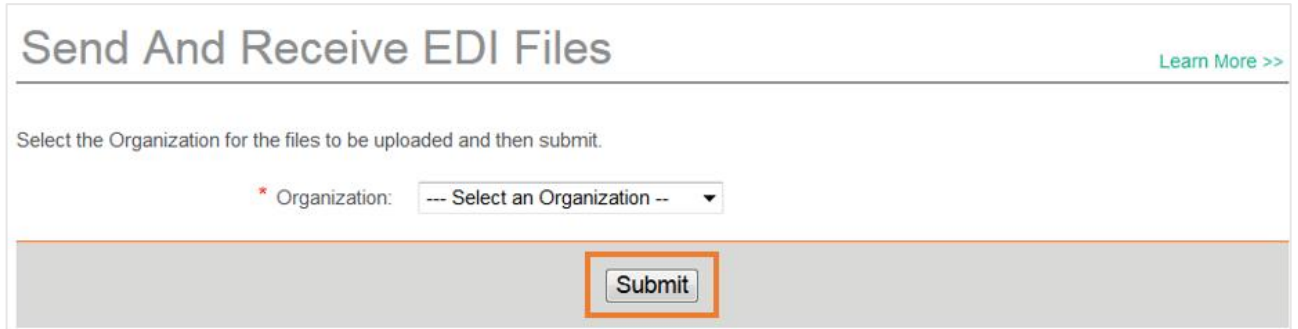


Figure 3 – Accessing Send and Receive EDI Files

Uploading Batch Files

On the Send and Receive Files page, follow these steps to upload a batch file:

1. Click **SendFiles** (Figure 4).

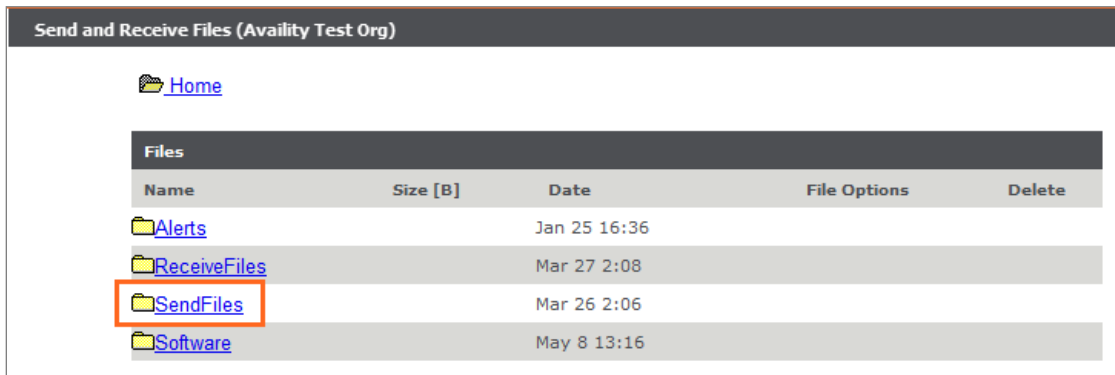


Figure 4 – Directory List

2. On the page that displays, click **Browse** and locate the file you want to upload (Figure 5 and Figure 6).
3. Click **Open**. Alternatively, type the full path of the file in the field next to the **Browse** button, if known.

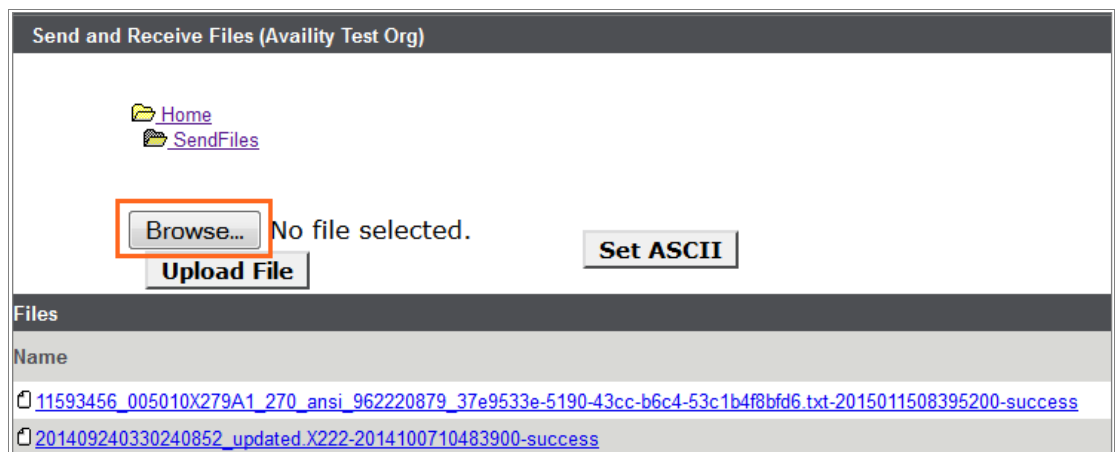


Figure 5 – SendFiles Folder

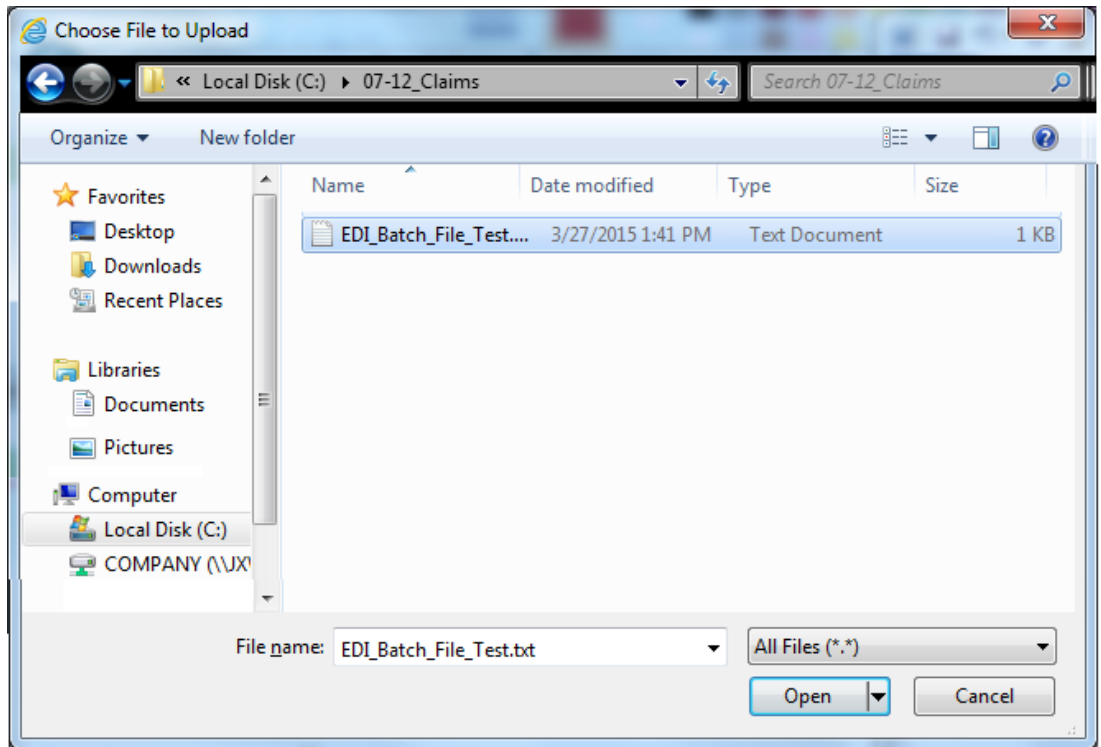


Figure 6 – File Selection Dialog Box for Browsing to Files

- Verify that the full directory path and file name display in the file name field, and then click **Upload File** (Figure 7).

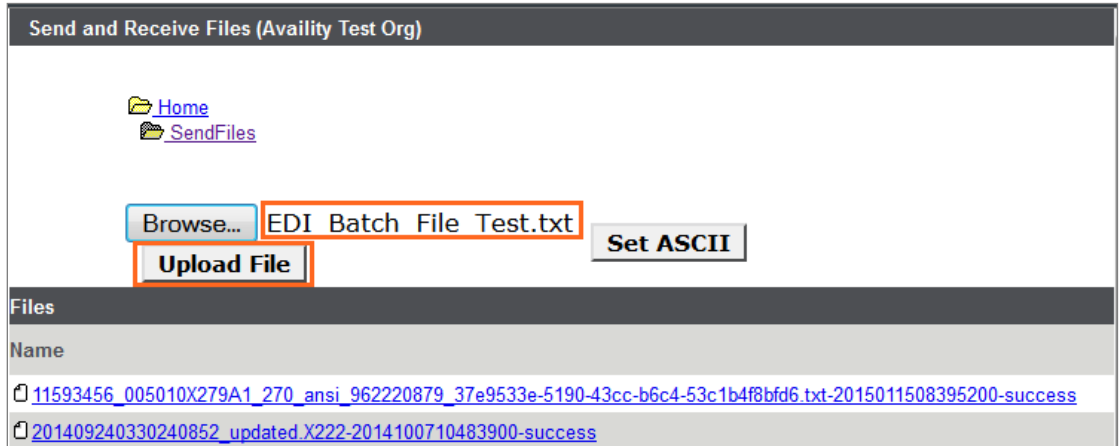


Figure 7 – Upload File Page

After you upload the file, a confirmation file displays in the file list in **SendFiles** folder (Figure 8). To identify the file, Availity adds a suffix of **-success** after the Availity Batch ID.

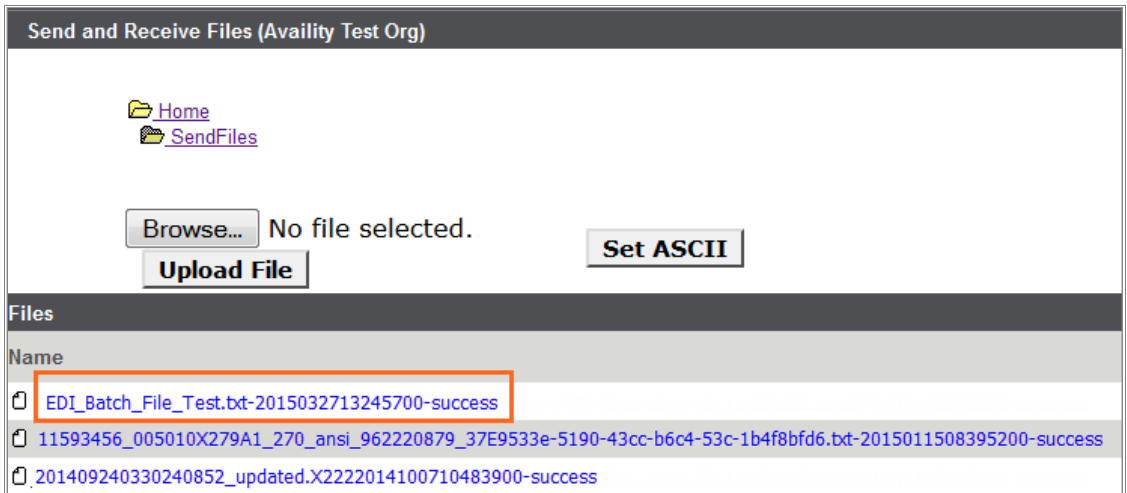


Figure 8 – Successful Upload

To identify invalid files, Availity adds a suffix of **-FAILED** after the Availity batch ID in the notification file name (**Figure 9**).

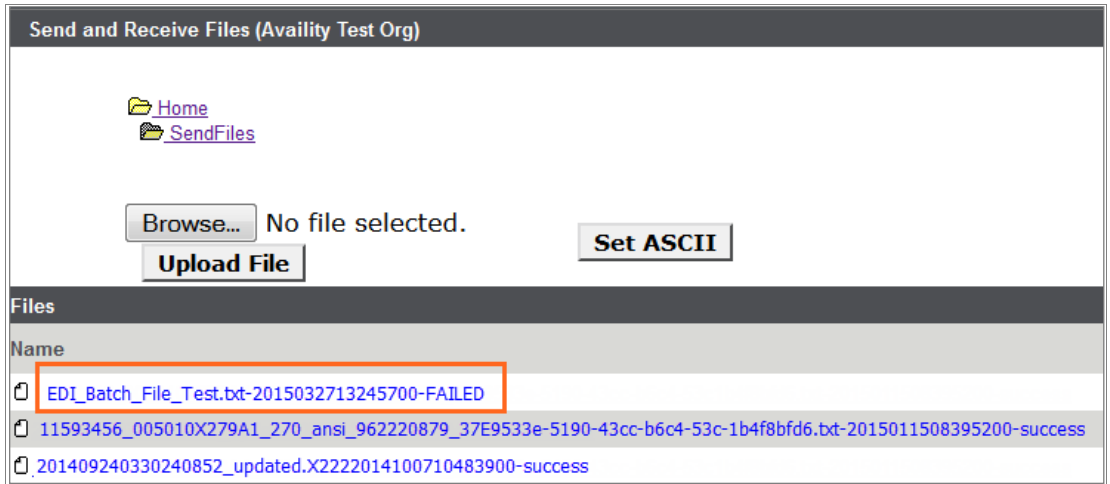


Figure 9 – Unsuccessful (Invalid) Upload

Invalid files occur for the following scenarios:

- **When an empty file is submitted** (zero bytes). The message in the notification file is 'Empty file received, please review and resubmit.'
- **When the file format is invalid** (the first three bytes are not ISA or AA0). The message in the notification file is "Availity does not recognize this EDI file or is unable to translate."
- **When a file is received with an invalid extension**, including: .exe, .jpg, tif, .tiff, .emf, .emf, .jpeg, .jff, .jpe, .png, bmp, .bid, .rle, .bmz, .gif, .gfa, .wpg. The message in the notification file is 'Invalid file type received, please correct and resubmit.'

Downloading Response Files and Reports

On the Send and Receive Files page, follow the steps to view and download response files and reports from the Availity portal. This procedure assumes you logged in to Availity and accessed the Send and Receive Files page.

1. On the Send and Receive Files page, click **ReceiveFiles (Figure 10)**. The ReceiveFiles folder includes response files for all EDI batches sent by your organization.

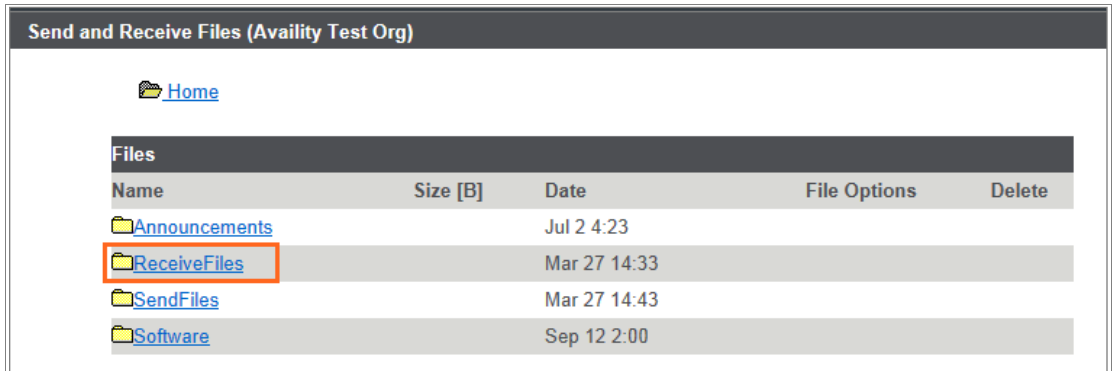


Figure 10 – Directory List

To view a response file without downloading it, click the file name.

2. When you click the name of some file types, a message displays saying your system cannot open the file (Figure 11). Click the option to select a program from a list. Use any text viewer to view response files, such as Notepad, WordPad, or TextPad.

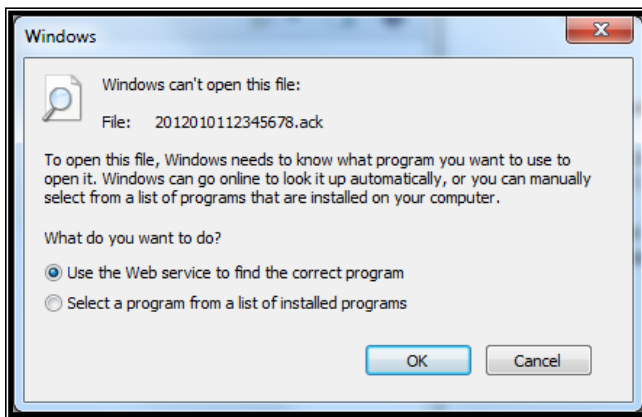


Figure 11 – Opening Response Files

3. To prevent the message from displaying each time you click a file name, pre-assign the text viewer program you want to use for each file (**Figure 12**). For example: .ACK, .ebr, .ebt.

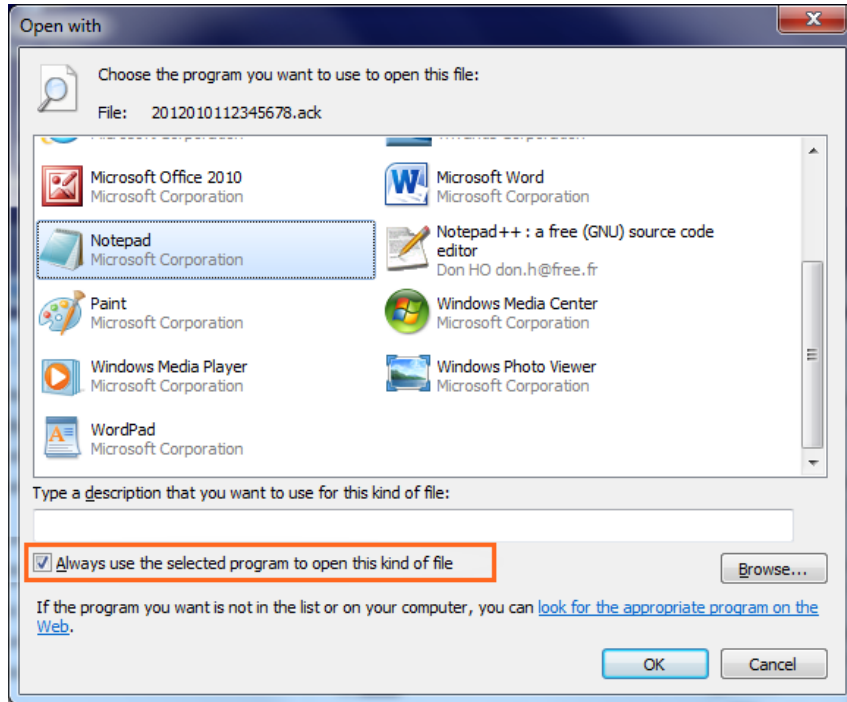


Figure 12 – Pre-assigning a Viewer Program

4. To download a response file, right-click the file name and select **Save Target As** from the menu that displays (**Figure 13**).
5. In the **Save As** dialog box that displays (**Figure 14**), click the **Save in** field and browse to the directory on your computer where you want to save the file. Do not change the file name. Click **Save**.

Note: Be sure to retrieve all acknowledgements and reports from your ReceiveFiles folder on a regular basis. The system archives response files remaining in the ReceiveFiles folder after 30 days. You can self-serve and restore files up to the past 6 months or request a copy from Availity customer service.

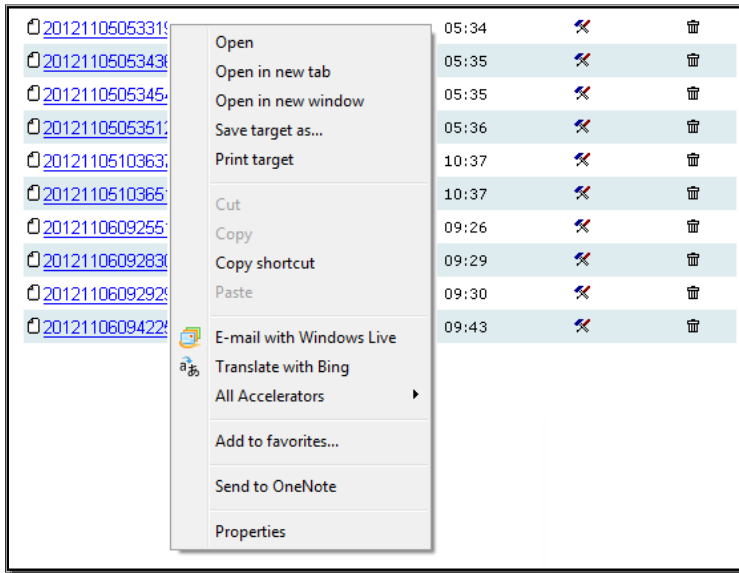


Figure 13 – Downloading Acknowledgement Files

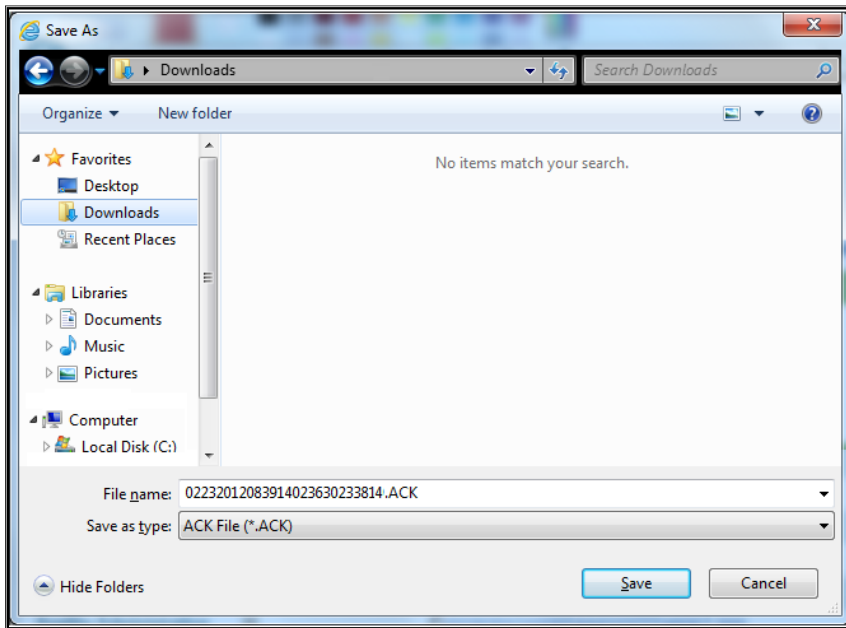


Figure 14 – Save As Dialog Box

- To delete a file from your ReceiveFiles folder, click the trash can icon in the **Delete** column. The system archives response files remaining in the ReceiveFiles folder after 30 days. You can self-serve and restore files up to the past 6 month or request a copy from Availity customer service.

Using SFTP to Send and Receive Files

The Availity SFTP solution allows you to exchange batch files without logging in to the Availity web portal. Any SFTP client software should be capable of sending and receiving data to Availity's SFTP servers.

The administrator for your organization can create the account that will be used for accessing the Availity FTP site and they can also change the password on an existing account. The content that is available from the Availity FTP site is referred to as your mailbox.

To create an account or change the password on an existing account, follow these steps:

1. Click **Claims & Payments | FTP and EDI Connection Services**, and then click **Manage Your FTP Mailbox** on the FTP and EDI Connection Services page.

Note: The FTP and EDI Connection Services page can also be accessed from the **My Account Dashboard** tab on the Home page.

2. On the Manage Your FTP Mailbox page, select the **Organization**. What's displayed next depends on whether an FTP account already exists for the selected organization, as described below:
 - **Creating a new FTP account** - If an FTP account doesn't yet exist for the selected organization, the fields for creating an account display. Enter a username and password for the new FTP account, confirm the password, and then click **Create Account**.

Create Account

Username

New FTP Password

Password must:

- Be at least 8 characters long
- Have an uppercase letter
- Have a lowercase letter
- Have at least one number

Confirm FTP Password

Figure 15 - Create FTP account

- Managing an existing FTP account** - If one (and only one) FTP account already exists for the selected organization, the fields for changing the FTP account password display. To change the password, enter and confirm the new password, and then click **Change Password**.

The screenshot shows a 'Manage Account' form. At the top, it says 'Manage Account'. Below that, there's a section for 'FTP Username' with a 'What's this?' link and the value 'tester'. The next section is 'New FTP Password' with an empty input field and a toggle icon. Below this, it says 'Password must:' followed by four requirements: 'Be at least 8 characters long', 'Have an uppercase letter', 'Have a lowercase letter', and 'Have at least one number'. The next section is 'Confirm FTP Password' with another empty input field and a toggle icon. At the bottom, there are two buttons: a grey 'Cancel' button and a blue 'Change Password' button with a pencil icon.

Figure 16 - Change FTP password

Note: After changing your FTP password, you'll need to configure your SFTP client with the new password.

- Mailboxes with multiple FTP accounts** - If more than one FTP account exists for the selected organization, you will need to contact Availity Client Services at 1.800.AVAILITY (282.4548) to administer the accounts. The ability to self-manage multiple FTP accounts associated with a single mailbox is not yet available.

Organization

Availity Test Org x ▾

We see that this organization has more than one account accessing this FTP mailbox. Please call support to administer these accounts: 1-800-AVAILITY (1-800-282-5489)

Once you've created your FTP account, you'll need to configure your SFTP client software to connect to Availity. See **Figure 17** for the values needed to configure your SFTP client software. The dialog box below might look different for your SFTP client and is displayed for demonstration purposes only.

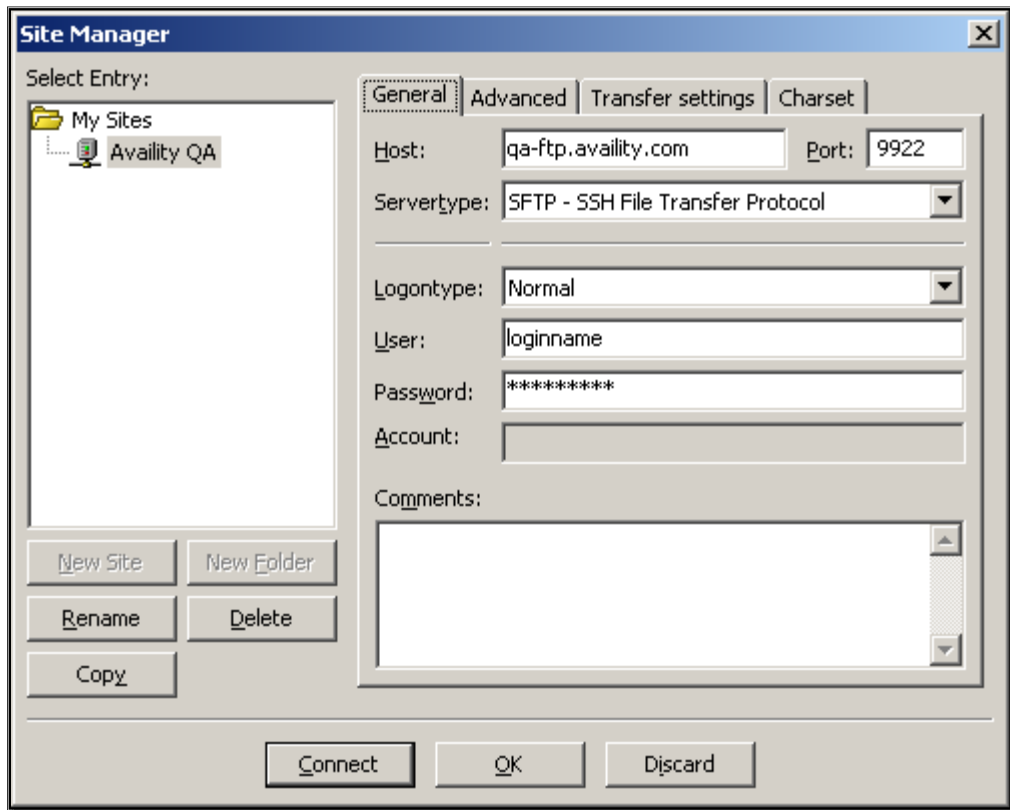


Figure 17 – Site Manager SFTP Configuration

- Name: **Availity QA³ or Availity Production**
- Host Address (Production): **ftp.availability.com**
- Host Address (QA for testing): **qa-ftp.availability.com**
- Port: **9922**
- Servertime: **SFTP – SSH File Transfer Protocol**
- Logontype: **Normal**
- User: **The user ID given to you by Availity**
- Password: **The password given to you by Availity**

Once you complete your SFTP setup and connect to Availity, enter your Availity user ID and password in the screen displayed in **Figure 18** (if your SFTP setup is automated, you will bypass the login screen in **Figure 18**).

³ Availity recommends you distinguish QA from Production.
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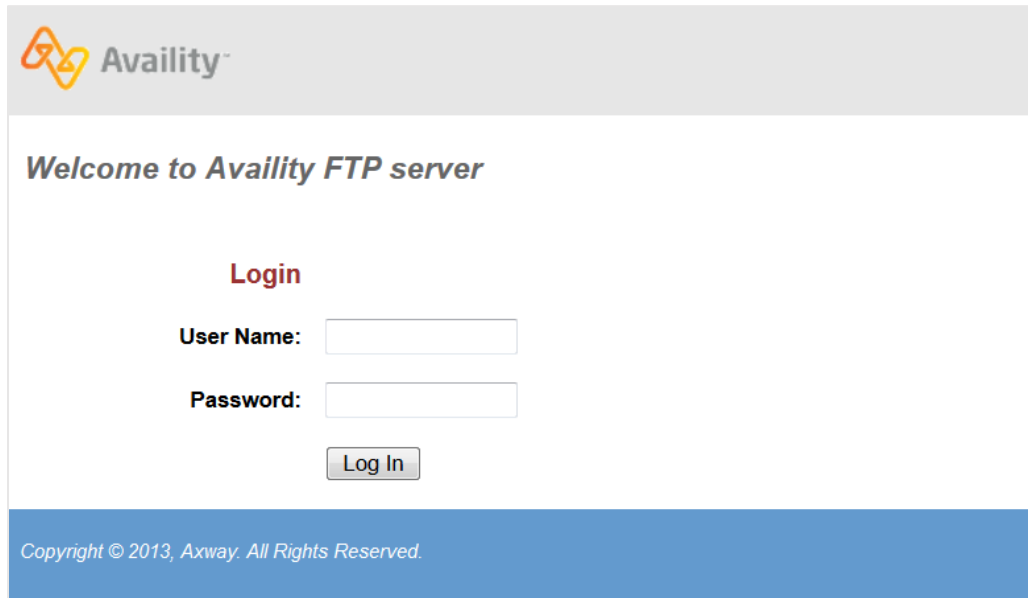


Figure 18 – Log In Screen

The Send and Receive Files page displays (**Figure 19**) and looks identical to the same page accessed through the web portal. See [Uploading Batch Files](#) and [Downloading Response Files and Reports](#) in the previous sections for information about how to upload and download files using the Send and Receives Files page.

Send and Receive Files (Availity, LLC)

[Home](#)

Files				
Name	Size [B]	Date	File Options	Delete
Alerts		Jan 25 2012 00:00		
ReceiveFiles		Feb 12 2018 04:31		
SendFiles		Feb 11 2018 03:48		

Figure 19 – Send and Receive Files: Directory List

SETTING EDI REPORTING PREFERENCES

Availity's batch EDI processing generates acknowledgements and reports for each batch file submitted. The HIPAA TR3s do not mandate the use of any specific responses, but does recommend the Functional Acknowledgement or Implementation Acknowledgement. In addition to implementing the 999 for 5010, Availity has proprietary reports to provide end-to-end tracking and accountability of each transaction submitted to Availity.

The administrator for an organization can set reporting preferences that specify which response files and reports users in the organization want to receive. To set these preferences, log in to Availity and click **Claims & Payments | EDI Reporting Preferences**. Some acknowledgements and reports are generated and sent automatically and by default, as indicated by the unavailable (gray) check boxes. Others can be selected or unselected as desired. See the illustrations of the EDI Reporting Preferences page and the available responses and reports. For more information about each option, log in to Availity, access this page, and click ? next to any option to display a help topic about it.

Notes:

- When you're done making changes on any one of the tabs on the EDI Reporting Preferences page, click **Save** before moving on to another tab. **Changes are saved on a per tab basis.**
- Changing the file format of a response file (for example, from delimited to text-human readable) only affects response files that are created after you save the change to the file format. Response files that were created prior to the file format change will remain in their original format.

Claims tab

On the **Claims** tab (**Figure 20**), displayed on the next few pages, you can set the following reporting options:

- **File Acknowledgements** – The **Negative File Acknowledgements** check box is selected by default, meaning that you always receive negative File Acknowledgements that report any file errors encountered. You can receive the file acknowledgements in either delimited or human-readable format.
- **Interchange Acknowledgements** – The **Negative Interchange Acknowledgements** check box is selected by default, meaning that you will always receive a negative Interchange Acknowledgement that reports errors encountered within the interchange header or trailer. You can receive the interchange acknowledgments in either X12 or human-readable format or both. If you wish to receive positive interchange acknowledgements, you must set the value of ISA14 = 1 (one) in the batch file.

Note: If you send ISA14 = 1 and the interchange acknowledgement is positive, it will be returned with the Functional Group Acknowledgement or Implementation Acknowledgement.

- **Implementation Acknowledgement – The Negative Implementation Acknowledgement** returned for 5010 check box is selected by default, meaning that you will always receive one of these negative acknowledgements reporting any X12 standard and/or HIPAA Implementation Guide syntax errors encountered. If you wish to receive positive 999 transactions that acknowledge the receipt and successful validation of each functional group within your batch files, select the **Positive Acknowledgements** check box. You can receive the acknowledgments in either X12 or human-readable format or both. You can include interchange acknowledgement (if one was created) within the 999.
- **Immediate Batch Response (IBR)** – The IBR is available in both a pipe-delimited data file and a formatted text report layout. The **Summary Report (.IBT)** option contains aggregations of the number of accepted and rejected claims, whereas the **Detail Report (.IBT)** option lists each claim submission and associated status. You can have all your IBRs grouped into a single file and you can schedule deliveries throughout the day. This report is optional.
- **Electronic Batch Reports (EBR)** – The EBR is available in both a pipe-delimited data file and a formatted text report layout. You must select either one data file type, one text report type, or both. You can have all your EBRs grouped by organization, payer, or provider and you can schedule deliveries throughout the day.
- **Delayed Payer Reports (DPR)** – The DPR is available in both a pipe-delimited data file and a formatted text report layout. You must select either one data file type, one text report type, or both. You can have all your DPRs grouped by organization, payer, or provider and you can schedule deliveries throughout the day.

Note: Not all payers return a DPR.

EDI Reporting Preferences

* indicates required field

*Select an Organization:

Claims
Claim Payment / Advice
Non-Claim Transactions
Mail Box Options

File Acknowledgements

Type: ? Negative file acknowledgements (Required)

Format: ? Delimited (.ACK)
 Text - Human readable (.ACT)

Interchange Acknowledgements (TA1)

Type: ? Negative interchange acknowledgements (Required)

Note: To receive a positive interchange acknowledgement, (TA1), you must set the value of the ISA14 to '1' in the batch file.

* Format: ? X12 (.TA1)
 Text - Human readable (.TAT)

Note: Format selection applies to both Negative and Positive Interchange Acknowledgements.

Functional Group Acknowledgements (997) or Implementation Acknowledgements (999)

Type(s): ? Negative acknowledgements (Required)
 Positive acknowledgements

* Format: ? X12 (.997) or (.999)
 Text - Human readable (.97T) or (.99T)

Note: Format selection applies to both Negative and Positive Acknowledgements.

Include TA1: ? Include TA1 with this acknowledgement

Immediate Batch Responses (IBR)

Format: ? Data Report (.IBR)

Text Report (.IBT)

Summary Report (.IBT)

Detail Report (.IBT)

277CA (.277IBR)

Grouped by: ? All available responses in a single file ▼

Delivery: ? Immediate

Scheduled Response

Electronic Batch Reports (EBR)

* Format: ? Data Report (.EBR)

Text Report (.EBT)

Summary Report (.EBT)

Detail Report (.EBT)

277CA (.277EBR)

Grouped by: ? All responses destined for an organization by payer ▼

Delivery: ? Immediate

Delivery Schedule: ? Scheduled Response

Available Hour(s):

Midnight
1 AM
2 AM
3 AM
4 AM
5 AM
6 AM
7 AM
8 AM
9 AM
10 AM

>

<

* Selected Hour(s):

Delayed Payer Reports (DPR)

* Format: ? Data Report (.DPR)

Text Report (.DPT)

Summary Report (.DPT)

Detail Report (.DPT)

Grouped by: ? All responses for an organization, multiple payers ▼

Delivery: ? Immediate

Delivery Schedule: ? Scheduled Response

Available Hour(s):

- Midnight ▲
- 1 AM
- 2 AM
- 3 AM
- 5 AM
- 6 AM
- 7 AM
- 8 AM
- 9 AM
- 10 AM
- 11 AM ▼

>

<

* Selected Hour(s):

4 AM

Save Restore Default Settings Cancel

Note: The Save Restore Default Settings buttons apply only to this tab.

Figure 20 – EDI Reporting Preferences (Claims Tab)

Claim Payment / Advice tab

On the Claim Payment / Advice tab (Figure 21), you can set the following reporting options:

- Version – Receive your 835s in 5010 format.
- Grouping – Group your 835s by organization, provider, or payer.
- File size – Limit the maximum file size by number or check or byte size.
- Delivery – Schedule multiple deliveries throughout the day.

Note: You cannot use the 835 Save/Delivery Options to convert (up or down-convert) the 835 version for BCBSTX, BCBSIL, BCBSNM, and BCBSOK.

Claims
Claim Payment / Advice
Non-Claim Transactions
Mail Box Options

835 Save/Delivery Options

Version: ? 4010A1
 5010
 5010A1

Grouped by: ? All checks for a provider, multiple payers ▼

Payer grouping: ? One payer per interchange
 Multiple payers per interchange, one per functional group

Limit file size by: ? Number of Checks
 Bytes

Select maximum number of checks: 7,000 ▼

Delivery Schedule: ?

Available Hour(s): 1 PM 2 PM 3 PM 4 PM 5 PM 6 PM 7 PM 8 PM 9 PM 10 PM 11 PM	> <	* Selected Hour(s): 7 AM 10 AM 11 AM Noon
--	--	---

Access Options

My Organization's ERAs ?

Payer	Payee IDs	End Date
BCBSF	Other ID: 12345	Current
BCBSF	Tax ID: 123456789 NPI: 1234567890 Other ID: 123456	Current
BCBSF	Tax ID: 012345678 NPI: 0123456789 Other ID: 012345	Current

Do you want to grant another organization access to your organization's ERAs? Grant Access

Do you want to access your organization's ERAs that have been delivered through Availity? Get Access

Save
Restore Default Settings
Cancel

Note: The Save Restore Default Settings buttons apply only to 835 Save/Delivery Options

Figure 21 – EDI Reporting Preferences (Claim Payment / Advice Tab)

Non-Claim Transactions tab

On the **Non-Claim Transactions** tab (**Figure 22**), you can set the following reporting options:

- **Grouping** – Group your non-claim transaction responses by organization or payer.
- **Delivery** – For all responses, have files delivered immediately or scheduled.
- **Authorization/Referral Responses** – Availity sends data response files for non-claim batch files by default. You can receive a summary text report (.278ebr) for authorization/referral responses.

Claims
Claim Payment / Advice
Non-Claim Transactions
Mail Box Options

Claim Status Responses (.277)

Grouped By: ? All responses destined for an organization by payer ▼

Delivery: ? Immediate
 Delivery Schedule: ? Scheduled Response

Available Hour(s):

Midnight	>	* Selected Hour(s):
1 AM		
2 AM		
3 AM		
4 AM		
5 AM		
6 AM		
7 AM		
8 AM		
9 AM		
10 AM		

Eligibility & Benefits Responses (.271)

Grouped By: ? All responses destined for an organization by payer ▼

Delivery: ? Immediate
 Scheduled Response

Authorization/Referral Responses (.278)
 (Health Care Services Review Responses)

Summary text report: ? Receive batch 278 responses in a summary text report (.278ebr)

Grouped By: ? All responses destined for an organization by payer ▼

Delivery: ? Immediate
 Scheduled Response

Save
Restore Default Settings
Cancel

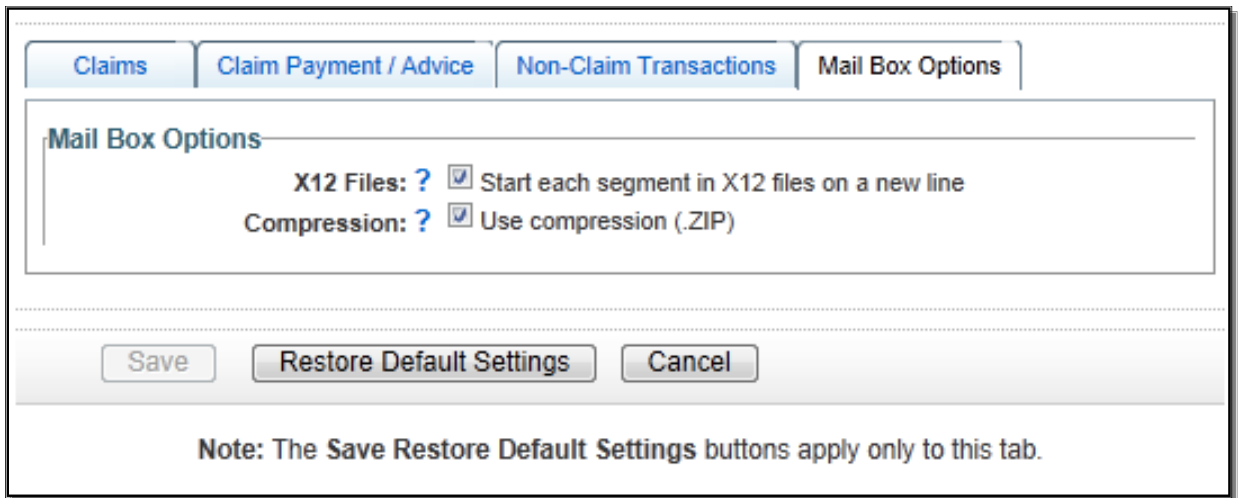
Note: The Save Restore Default Settings buttons apply only to this tab.

Figure 22 – EDI Reporting Preferences (Non-Claim Transactions Tab)

Mailbox Options tab

On the **Mail Box Options** tab (Figure 23), you can set the following reporting options:

- **Start each segment in X12 files on a new line** – Select this check box to receive X12 response files with carriage returns after each line and make the file easier to read. If your system cannot accept carriage returns and line feeds or you would like to receive one stream of data, leave this check box blank.
- **Use compression (.ZIP)** – Select this check box if you want response files delivered together in a single, compressed file.



The screenshot shows a software interface with four tabs: 'Claims', 'Claim Payment / Advice', 'Non-Claim Transactions', and 'Mail Box Options'. The 'Mail Box Options' tab is active. Below the tabs, the 'Mail Box Options' section is visible, containing two checked options: 'X12 Files: ? Start each segment in X12 files on a new line' and 'Compression: ? Use compression (.ZIP)'. Below these options are three buttons: 'Save', 'Restore Default Settings', and 'Cancel'. At the bottom of the interface, a note reads: 'Note: The Save Restore Default Settings buttons apply only to this tab.'

Figure 23 – EDI Reporting Preferences (Mail Box Options Tab)

SCHEDULED MAINTENANCE TIME

In order to keep the computer and network operations centers running smoothly, Availity periodically performs scheduled maintenance on the data center computers and network servers. Scheduled maintenance is posted on the **Scheduled Maintenance** tab on the Availity Network Outage Notification page at <https://www.availity.com/status/>.

SCHEDULED MAINTENANCE POLICY

- Availity makes every effort to complete all scheduled maintenance within the scheduled maintenance window.
- Availity schedules major upgrades during weekend hours. Major upgrades can include, but are not limited to, software upgrades, operating system upgrades, and reconfiguration of network routers.
- Availity schedules upgrades requiring more than a day's work for holiday periods.
- Some maintenance, either scheduled or emergency, might force interruptions to production services. In such cases, a notification will be posted in the **News and Announcements** section on the Home page of the Availity Portal. Outage details are also provided on the Availity Network Outage Notification page at <https://www.availity.com/status/>.
- Availity has a recovery plan for failed upgrades of software or hardware to ensure that services are unavailable for the least amount of time possible.

CUT-OFF TIMES

Most payers and/or payer contractors have a designated cut-off time for transmission files to be processed in each day's cycle. To ensure that your files are processed in a particular day's cycle, you will need to contact the payer to determine their particular cut-off time, if any. For reference, Availity edits, bundles, and forwards accepted claims daily to each payer and/or payer contractor (receiver) and has no cut-off time for submissions.

Note: Payer responses reflect the date and time that Availity received the transactions.

CONFIDENTIALITY AND ACCESS

Availity treats all EDI submissions confidentially. The information is used for internal Availity business purposes only and always within the privacy and security guidelines established by HIPAA.

TRANSACTION PLATFORMS

Availity processes all transactions submitted to the Availity Health Information Network production environment/web site and forwards them to payers for adjudication and processing, **regardless of the test/production indicator within the ISA segment** of the transaction set.

Likewise, Availity processes all transactions submitted to the Availity QA environment as test transactions. Although Availity might forward test transactions to the payer's test environment, the payer does not process them for payment.

DELETION OF TRANSACTIONS

Availity does **not** delete any production transactions accepted through the Availity Health Information Network. If your office submits any transactions in error, your office must handle the issue with the payer.

Availity rejects any transactions submitted with invalid payer identification and reports the transactions as invalid on the Availity Immediate Batch Response (IBR) (If you have chosen to receive the IBR) unless the entire file is rejected for invalid payer identification. If the entire file is rejected, an Electronic Batch Report (EBR) is generated. You must review, correct, and resubmit these transactions in a new batch file containing a unique batch control number.

TRANSACTION RESPONSE AGGREGATION

In support of the HIPAA-mandated EDI standard transactions, Availity accepts non-claim transactions (270/271, 276/277, and 278) in a batch file format, performs HIPAA compliance validation and forwards those that pass validation to the Payers. Responses to these transactions and 835 remittance advice files are also received and processed by Availity for the payers supporting this functionality as described in **Table 1**.

Within the constraints of the hierarchy (HL) and loops defined in the ANSI ASC X12N HIPAA implementation standards for a given transaction there can be a number of different ways of aggregating information. This is especially true in the paired transactions such as the 270/271 and the 276/277 and the 278. As you will see in this chapter, inbound transaction sets (ST/SE) that have many business transactions can have a single business transaction in each ST/SE in the response transactions. This is compliant and any HIPAA-compliant PMS or system translator has no problem accepting the transactions in this format.

During processing, Availity breaks down inbound transactions to the smallest logical business transaction and sends that transaction content to the payer. For example, your inbound batch 837 EDI claims file contains a total of 100 claims for 60 unique patients for services rendered by 6 different providers in your provider group. Upon receipt and validation of the inbound EDI file, the Availity Health Information Network process creates 100 individual standalone ANSI ASC X12N 837 compliant transactions, each with their own ISA/IEA, to send to the designated payers.

Select to receive transaction responses from the payer immediately or schedule responses to arrive at intervals throughout the day. In addition, you have several options for grouping your responses. Availity places all responses in your ReceiveFiles folder.

Once your organization agrees to timing and grouping of transaction responses, ask your administrator to select the options in EDI Reporting Preferences. Remember these settings apply to the organization, not just the individual user.

The HIPAA Implementation Guides for each of the ANSI ASC X12N transactions adopted by HIPAA regulations are available on the [Washington Publishing Company](#) website.

5 CONTACT INFORMATION

AVAILITY CUSTOMER SERVICE

For support, questions, or comments, please contact one of our Availity Client Service Representatives at 1.800.AVAILITY (282.4548), M-F 8:00 AM to 8:00 PM ET.

You can also open a support ticket by clicking **Help & Training** at the top of the Availity Portal, and then selecting **My Support Tickets**.

6 CONTROL SEGMENTS/ENVELOPES

This section describes requirements for the batch file submitted through Availity.

The Availity Health Information Network processing is operationally compliant with the Interchange and Application Control Structures standards defined in Appendix B of each 5010 HIPAA TR3. This section details the specific addressing and control values expected from senders in the following segments:

- Interchange Control Header and Trailer (ISA/IEA)
- Functional Group Header and Trailer (GS/GE)
- Transaction Set Header and Trailer (ST/SE)
- Loop ID – 1000A Submitter Name (claims)
- Loop ID – 1000B Receiver Name (claims)

Adherence to these specifications is necessary to provide sufficient discrimination for the payer routing and acknowledgement process to function properly and to ensure that audit trails are accurate.

ISA-IEA

The ISA segment is the only EDI segment with a fixed length. A total of 105 positions are allowed in the ISA segment, including the letters ISA; the asterisk (*) or other value used as a data element separator (also known as an element delimiter); and the colon (:) or other sub-element separator (also known as a composite element delimiter). The value in position 106 is reserved for the tilde (~) or other segment terminator character used to denote the end of each segment.

Once specified in the interchange header, the delimiters and terminators are cannot be used in a data element value elsewhere in the file. Availity can accept as a data element any value in the Basic and Extended Character Sets referenced in Appendix A.1.2.2 of any HIPAA Implementation Guide and accepted as X12 standard compliant.

When Availity processes your batch, we create a new ISA/IEA for each transaction we develop and send to the payer. Availity currently uses the following values for delimiters and terminators and request that you not use these values in any element text.

Usage	Value
Data Element Separator	"*" Asterisk
Sub-element Separator	":" Colon
Segment Terminator	"~" Tilde
Repetition Separator (5010)	"^" Caret

Table 2 – Separators and Terminators

Multiple Functional Groups (GS/GE) within an Interchange (ISA/IEA) must be numbered uniquely, using the Group Control Number data element (GS06). It is recommended that the GS06 be unique within all transmissions over a period of time.

Multiple Transaction Sets (ST/SE) within a Functional Group (GS/GE) must be numbered sequentially beginning with 1 in the first Transaction Set Control Number data element (ST02).

Table 3 defines the requirements for the Interchange Control Header segment (ISA). Below in the description column of the ISA, when a specific 'valid value' is given, that value is required in all files submitted to Availity.

Field	Usage	Description	HIPAA Element ID
Authorization Information Qualifier	Code to ID the type of information in the Authorization	<ul style="list-style-type: none"> Required Length: 2/2 Required Value: 00 = No Authorization Information Present 	ISA01
Authorization Information	Info used for identification or authorization of the sender or the data interchange	<ul style="list-style-type: none"> Required Length: 10/10 Required Value: (10 blank spaces) 	ISA02
Security Information Qualifier	Code to ID the type of information in the Security Info	<ul style="list-style-type: none"> Required Length: 2/2 Required Value: 00 = No Security Information Present 	ISA03
Security Information	Info used for identifying security information about the sender or the data interchange	<ul style="list-style-type: none"> Required Length: 10/10 Required Value: (10 blank spaces) 	ISA04
Interchange ID Qualifier	Qualifier to denote the system/method of code structure used to designate the sender	<ul style="list-style-type: none"> Required Length: 2/2 Required Value: ZZ = Mutually Defined 	ISA05
Interchange Sender ID	ID code for sender, as defined by Availity. This ID is qualified by the value in ISA05.	<ul style="list-style-type: none"> Required Length: 15/15 Required Value: AV09311993 (+5 blank spaces) 	ISA06
Interchange ID Qualifier	Qualifier to denote the system/method of code structure used to designate the receiver	<ul style="list-style-type: none"> Required Length: 2/2 Required Value: 01 = Duns (Dun & Bradstreet) 	ISA07
Interchange Receiver ID	ID code published by the receiver. This ID is qualified by the value in ISA07.	<ul style="list-style-type: none"> Required Length: 15/15 Required Value: 030240928 (+6 spaces) 	ISA08
Interchange Date	Date of the interchange	<ul style="list-style-type: none"> Required Format: YYMMDD 	ISA09
Interchange Time	Time of the interchange	<ul style="list-style-type: none"> Required Format: HHMM 	ISA10
Repetition Separator (5010)	Provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure	<ul style="list-style-type: none"> Required Length: 1/1 Recommended Value = ^ 	ISA11
Interchange Control Version Number	This version number covers the interchange control segments	<ul style="list-style-type: none"> Required Length: 5/5 Required Value: 00501 	ISA12

Interchange Control Number	A unique control number assigned by the sender	<ul style="list-style-type: none"> • Required • Length: 9/9 • Recommended Value: Must be identical to the value in IEA02 	ISA13
Acknowledgement Requested	Code sent by the sender to request an interchange acknowledgement (TA1)	<ul style="list-style-type: none"> • Required • Length: 1/1 • Recommended Value = 1 	ISA14
Usage Indicator	Code to indicate whether data enclosed is test or production. Test until all Availity validation testing is complete then set to P for Production	<ul style="list-style-type: none"> • Required • Length: 1/1 • Recommended Values = T (Testing) or P (Production) 	ISA15
Component Element Separator	The sender identifies the element separator used as a delimiter to separate the data within a composite data structure. Must be different from the data element separator and segment terminator	<ul style="list-style-type: none"> • Required • Length: 1/1 • Recommended Value: Any value from the Basic Character Set. 	ISA16
Segment Terminator	Always use tilde as segment terminator. There will be no line feed in X12 code	<ul style="list-style-type: none"> • Required • Position 106 1/1 • Required Value = "~" [Tilde] 	ISA

Table 3 – Interchange Control Header (ISA)

The IEA segment is the Interchange Control Trailer segment paired with the ISA segment. Requirements for the IEA segment are in **Table 4**.

Field	Usage	Description	HIPAA Element ID
Number of Included Functional Groups	A count of the number of functional groups included in the interchange	<ul style="list-style-type: none"> Required Field Length: 1/5 	IEA01
Interchange Control Number	A control number assigned by the sender	<ul style="list-style-type: none"> Required Field Length: 9/9 (<i>same as ISA13</i>) 	IEA02

Table 4 – Interchange Control Trailer (IEA)

GS-GE

The Functional Group Header (GS) segment indicates the beginning of a functional group of transaction sets and provides control information for acknowledgements and other reporting. Availity can accept an interchange with multiple mixed transaction types GS/GE Functional Groups. Please review Appendices A & B in the HIPAA IGs and Appendices B & C in the HIPAA TR3s of the transaction being generated for additional details.

Table 6 and **Table 7** below list the usage and required values for each of the elements in the GS and GE segments. Below in the description column of the GS, when a specific ‘generated value’ is given, that is the value that is required in all files submitted to Availity.

Field	Usage	Description	HIPAA Element ID
Functional Identifier Code	Code identifying a group of application related transaction sets	<ul style="list-style-type: none"> Required Field Length: 2/2 Recommended Values: : [vary based on transaction type] HI = Health Care Services Review Information (278) HR = Health Care Claim Status Request (276) HN = Health Care Claim Status Notification (277) HC = Health Care Claim (837) HS = Eligibility, Coverage or Benefit Inquiry (270) HB = Eligibility, Coverage or Benefit Information (271) HP = Health Care Claim Payment/Advice (835) FA = 999 Implementation Acknowledgement (5010) 	GS01
Application Sender's Code	Code Identifying party sending transmission. Code agreed to by trading partners.	Required <ul style="list-style-type: none"> Field Length: 2/15 Recommended Value (5010): Vendor partners should enter the vendor's customer ID. 	GS02
Application Receiver's Code	Code identifying party receiving transmission. Code agreed to by trading partner.	<ul style="list-style-type: none"> Required Field Length: 2/15 Required Value: 030240928 	GS03
Date	Creation Date	<ul style="list-style-type: none"> Required Field Length: 8/8 Format: CCYYMMDD 	GS04

Time	Creation Time	<ul style="list-style-type: none"> Required Field Length: 4/8 Format: HHMM (<i>GMT/UTC Standard</i>) 	GS05
Group Control Number	Assigned number originated and maintained by the sender	<ul style="list-style-type: none"> Required Field Length: 1/9 (Please Note: Do not use leading zeroes) Must be unique within interchange Recommended to be unique over a 6-month period Must match GE02 	GS06
Responsible Agency Code	Code used to identify the issuer of the standard	<ul style="list-style-type: none"> Required Field Length: 1/2 Recommended Value: X = Accredited Standards Committee X12 	GS07
Version / Release / Industry Identifier Code	Code indicating the version, release, sub release, and industry identifier of the EDI standard being used	<ul style="list-style-type: none"> Required Field Length: 1/12 Recommended Values: [vary based on transaction type] <p> 835 –005010X221A1 270/271 –005010X279A1 276/277 –005010X212 278 –005010X217 278N –005010X216 837 Institutional – 005010X223A2 837 Professional – 005010X222A1 837 Dental – 005010X224A2 </p>	GS08

Table 5 – Functional Group Header (GS)

Field	Usage	Description	HIPAA Element ID
Number of Transaction Sets Included	Total number of transaction sets (ST/SE) included in the functional group or interchange	<ul style="list-style-type: none"> Required Field Length: 1/6 	GE01
Group Control Number	Assigned number originated and maintained by the sender. The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06	<ul style="list-style-type: none"> Required Field Length: 1/9 	GE02

Table 6 – Functional Group Trailer (GE)

LOOP ID – 1000A AND 1000B SUBMITTER/RECEIVER NAME SEGMENTS (CLAIMS)

Loop ID	Segment	Element Name	Description	Requirement
1000A	NM1	Submitter Name and ID	To supply the full name of an individual or organizational entity	Senders must submit the submitter name (NM103) and submitter Identifier (NM109) assigned by the destination payer.
1000B	NM1	Receiver Name and ID	To supply the full name of an individual or organizational entity	<p>Senders can submit the destination payer name (NM103) and payer ID (NM109).</p> <p>For BCBSF use tax ID number 592015694. For Humana, use their Dunn & Bradstreet number 049944143.</p> <p>Other Payer IDs are available in Availity Health Plan Partners list.</p> <p>Senders can also submit with NM103 equal to Availity and the Availity Dunn & Bradstreet number 030240928 in NM109</p>

Table 7 – 1000A/1000B Submitter/Receiver Name

7 CAQH CORE PHASE II CONNECTIVITY

In support of the CAQH CORE Phase II mandate, Availity offers a fully compliant connectivity solution via the following URL:

- <https://gateway.availity.com:2021/core>

Availity can receive batch files using either Envelope Standard A (HTTP MIME Multipart) or Envelope Standard B (SOAP+WSDL) and requires that Submitter Authentication Standard C (User name/Password) use the UserName and Password fields for Envelope Standard A and WS-security for Envelope Standard B. For more information, see [Phase I CORE 153: Eligibility and Benefits Connectivity Rule](#) and [Phase II CORE 270: Connectivity Rule](#).

The following table displays the CORE Phase II field level requirements:

Field	Requirement/valid values
PayloadType	Specifies the type of payload included within the request. Must be one of the following: <ul style="list-style-type: none"> • X12_270_Request_005010X279A1 • X12_276_Request_005010X212 • X12_278_Request_005010X215 • X12_278_Request_005010X216 • X12_278_Request_005010X217 • X12_837_Request_005010X223A2 • X12_837_Request_005010X222A1 • X12_837_Request_005010X224A2
ProcessingMode	RealTime or Batch
PayloadID	The unique payload identifier
Timestamp	The following is an example of a valid timestamp: <ul style="list-style-type: none"> • 20121130T22:30:06-5:00
SenderID	The submitting entity identifier
ReceiverID	The requested health plan identifier
CORERuleVersion	The CORE rule version that this envelope is using (not required)
Payload	Contains inline X12 transactions for real-time service or an attachment for batch.

Table 8 – CORE Phase II Field Level Requirements

The following table displays the CORE Phase II services supported by Availity:

Service name	Description
realTimeTransaction	Submit a real time transaction, synchronous call.
batchSubmitTransaction	Submit a file to Availity for processing as an MTOM request. The payload contains an attachment to the web service call.
batchSubmitAckRetrievalTransaction	Retrieve a list of file names available for retrieval. (the list of files, separated by a comma, is in the Response object, Payload element)
batchResultsRetrievalTransaction	Retrieve a single file (provide the file name in the payloadID) and receive the file as an MTOM attachment in the response.

Table 9 – CORE Phase II services supported by Availity

For more information on CAQH CORE Phase II Operating rules, see [CAQH CORE Phase II Operating Rules](#).

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Availity provides an acknowledgement of receipt of batched EDI transactions. HIPAA did not mandate the use of any specific response transactions, but recommended the use of the TA1 – Transaction Acknowledgement segment and the 999 Implementation Acknowledgement for 5010. Availity has adopted this recommendation and acknowledges the receipt of each batch received with a positive or negative 999 (5010).

RESPONSE FILE NAMING CONVENTIONS

File type	Naming convention
File Acknowledgement (ACK)	<<Availity Batch ID>>.ACK
File Acknowledgement-Readable (ACT)	<<Availity Batch ID>>.ACT
Interchange Acknowledgement (TA1)	<<Availity Batch ID>>.TA1
Interchange Acknowledgement-Readable (TAT)	<<Availity Batch ID>>.TAT
Implementation Acknowledgement (999)	<<Availity Batch ID>>.999
Implementation Acknowledgement (99T)	<<Availity Batch ID>>.99T
Immediate Batch Response (IBR)	IBR-<<CCYYMMDDHHMM>>-<<SEQ#>>.ibr
Immediate Batch Response-Readable (IBT)	IBT-<<CCYYMMDDHHMM>>-<<SEQ#>>.ibt
Electronic Batch Report (EBR)	One of the following based on selected grouping option: <ul style="list-style-type: none"> • Default: EBR-<<Payer Short Name>>-<<CCYYMMDDHHMM>>-<<seq#>>.ebr • EBR-MULTIPAYER-<<CCYYMMDDHHMM>>-<<seq#>>.ebr • EBR-<<Payer Short Name>>-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>.ebr • EBR-<<Payer Short Name>>-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>-<<NPI>>.ebr • EBR-MULTIPAYER-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>.ebr • EBR- MULTIPAYER-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>-<<NPI>>.ebr
Electronic Batch Report-Readable (EBT)	One of the following based on selected grouping option: <ul style="list-style-type: none"> • Default: EBT-<<Payer Short Name>>-<<CCYYMMDDHHMM>>-<<seq#>>.ebt • EBT-MULTIPAYER-<<CCYYMMDDHHMM>>-<<seq#>>.ebt • EBT-<<Payer Short Name>>-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>.ebt • EBT-<<Payer Short Name>>-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>-<<NPI>>.ebt • EBT-MULTIPAYER-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>.ebt • EBT- MULTIPAYER-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>-<<NPI>>.ebt
Delayed Payer Report (DPR)	One of the following based on selected grouping option: <ul style="list-style-type: none"> • Default: DPR-<<Payer Short Name>>-<<CCYYMMDDHHMM>>-<<seq#>>.dpr • DPR-MULTIPAYER-<<CCYYMMDDHHMM>>-<<seq#>>.dpr • DPR-<<Payer Short Name>>-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>.dpr • DPR-<<Payer Short Name>>-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>-<<NPI>>.dpr • DPR-MULTIPAYER-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>.dpr • DPR- MULTIPAYER-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>-<<NPI>>.dpr
Delayed Payer Report-Readable (DPT)	One of the following based on selected grouping option: <ul style="list-style-type: none"> • Default: DPT-<<Payer Short Name>>-<<CCYYMMDDHHMM>>-<<seq#>>.dpt • DPT-MULTIPAYER-<<CCYYMMDDHHMM>>-<<seq#>>.dpt • DPT-<<Payer Short Name>>-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>.dpt • DPT-<<Payer Short Name>>-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>-<<NPI>>.dpt • DPT-MULTIPAYER-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>.dpt • DPT- MULTIPAYER-<<CCYYMMDDHHMM>>-<<seq#>>-<<Tax ID>>-<<NPI>>.dpt

Eligibility Benefit Response (271)	One of the following based on selected grouping option: <ul style="list-style-type: none"> • Default: 271-<<Payer Short Name>>-<<CCYMMDDHHMM>>-<<SEQ#>>.271 • 271-<<Payer Short Name>>-<<CCYMMDDHHMM>>-<<SEQ#>>-<<2100B NM109>>.271
Claim Status Response (277)	One of the following based on selected grouping option: <ul style="list-style-type: none"> • Default: 277-<<Payer Short Name>>-<<CCYMMDDHHMM>>-<<SEQ#>>.277 • 277-<<Payer Short Name>>-<<CCYMMDDHHMM>>-<<SEQ#>>-<<2100B NM109>>.277
Health Care Service Review Response (278)	One of the following based on selected grouping option: <ul style="list-style-type: none"> • Default: 278-<<Payer Short Name>>-<<CCYMMDDHHMM>>-<<SEQ#>>.278 • 278-<<Payer Short Name>>-<<CCYMMDDHHMM>>-<<SEQ#>>-<<2100B NM109>>.278
Health Care Services Review Notification and Acknowledgement (278N)	One of the following based on selected grouping option: <ul style="list-style-type: none"> • Default: 278N-<<Payer Short Name>>-<<CCYMMDDHHMM>>-<<SEQ#>>.278N • 278N-<<Payer Short Name>>-<<CCYMMDDHHMM>>-<<SEQ#>>-<<2100B NM109>>.278N
Delayed HCSC Response (278ebr)	One of the following based on selected grouping option: <ul style="list-style-type: none"> • Default: 278EBR-<<Payer Short Name>>-<<CCYMMDDHHMM>>-<<SEQ#>>.278ebr • 278EBR-<<Payer Short Name>>-<<CCYMMDDHHMM>>-<<SEQ#>>-<<2100B NM109>>.278ebr

Legend:

<<Availity Batch ID>> = Availity assigned

<<CCYMMDDHHMM>> = Date-Time stamp

<<Payer Short Name>> = Representation of payer full name, up to 10-bytes

<<SEQ#>> = 3-byte sequence number starting at '001' and incrementing by 1 for each file within same CCYMMDDHHMM

ERA FILE NAMING CONVENTIONS

Grouping option	Naming convention
One check per file	ERA- <<Payer Short Name>> - <<CCYMMDDHHMM>> - <<SEQ#>> .era Example: ERA-BCBS_OF_FL-200902201240-001.era
All checks destined for an organization by payer Note: This method is the default setting for all current 835 recipients.	ERA- <<Payer Short Name>> - <<CCYMMDDHHMM>> - <<SEQ#>> .era Example: ERA-BCBS_OF_FL -200902201240-001.era
All checks for an organization from multiple payers	ERA-MULTIPAYER- <<CCYMMDDHHMM>> - <<SEQ#>> .era Example: ERA-MULTIPAYER-200902201240-001.era
All checks for a provider by payer, and where every check in the file bears the same tax ID, but not the same NPI or the NPI is missing	ERA- <<Payer Short Name>> - <<CCYMMDDHHMM>> - <<SEQ#>> - <<Tax ID>> .era Example: ERA-BCBS_OF_FL -200902201240-001-987654321.era
All checks for a provider by payer, and where every check in the file bears the same tax ID and same NPI	ERA- <<Payer Short Name>> - <<CCYMMDDHHMM>> - <<SEQ#>> - <<Tax ID>> - <<NPI>> .era Example: ERA-BCBS_OF_FL -200902201240-001-987654321-1234567890.era
All checks for a provider by payer, and where at least two different tax IDs appear in the file	ERA- <<Payer Short Name>> - <<CCYMMDDHHMM>> - <<SEQ#>> .era Example: ERA-BCBS_OF_FL-200902201240-001.era

<p>All checks for a provider from multiple payers</p>	<ul style="list-style-type: none"> • If there is a Tax ID in the file, the convention is as follows: ERA-MULTIPAYER-<<CCYYMMDDHHMM>>-<<SEQ#>>-<<Tax ID>>.era Example: ERA-MULTIPAYER-200902201240-001-987654321.era • If there isn't a Tax ID in the file, the NPI is used in place of the Tax ID, and the convention is as follows: ERA-MULTIPAYER-<<CCYYMMDDHHMM>>-<<SEQ#>>-<<NPI>>.era
---	--

Legend:

<<CCYYMMDDHHMM>> = Date-Time stamp

<<Payer Short Name>> = Representation of payer full name, up to 10-bytes

<<SEQ#>> = 3-byte sequence number starting at '001' and incrementing by 1 for each file within a set of files that otherwise would have the same name. Sequence numbers are generated for ERA files under the following conditions:

- When the system creates additional ERA files to accommodate checks that exceed the user-defined file size limit.
- When the user selects the “one check per file” aggregation method and the date-time stamp on the resulting files is the same.
- When the user selects the “all checks for a provider by payer” aggregation method and the same date-time stamp, payer short name, and ID combination occurs for multiple files.

<<Tax ID>> = The federal tax ID for the pay-to provider named in the checks.

<<NPI>> = The NPI for the pay-to provider.

Notes:

- ERA files from Blue Cross and Blue Shield plans in Illinois, New Mexico, Oklahoma, and Texas are not aggregated with other ERAs, nor do they follow the naming convention described above. Rather, all of their ERA files include the .835 file extension, which may or may not be followed by additional characters, as in the following example:

XXXXXXXX.835.XXX_XX_XXXXXX_XXXX

- If you choose to receive compressed files, the ERAs are contained in a ZIP file with file extension .zip.

As shown in tables below, proprietary reports have been developed and standard paired response transactions are used to provide reporting of the validation of HIPAA Implementation Guide semantic rules and applicable payer-specific companion guide edits.

Type of validation	Transaction/report
File structure	Negative Proprietary ACK
Interchange control envelope segments ISA/IEA and GS/GE02	Interchange Acknowledgement (TA1)
ANSI ASC X12N standards syntax (5010)	Implementation Acknowledgement Transaction (999)
HIPAA Technical Report Type 3 syntax (5010)	Implementation Acknowledgement Transaction (999)
HIPAA Implementation Guide semantic/conditional rules and payers specific edits (PSE) – claims transactions only	Immediate Batch Response (IBR)
HIPAA TR3 semantic/conditional rules – claims transactions only	Electronic Batch Report (EBR)
Non-HIPAA payer-specific front-end edits applied by Availity at payer’s request – claims transactions only	Electronic Batch Report (EBR)
Non-HIPAA payer-specific edits applied by certain payers – claim and non-claim transactions	Delayed Payer Report (DPR)
HIPAA TR3 semantic/conditional rules – 270, 276 and 278 transactions	Rejected and reported on a 271, 277 and 278 using existing codes and the Message Segment

Table 10 – Type of Transaction or Report by Validation

The type of reports generated will depend on the transaction type and the edit level being reported. This table lists each type of acknowledgement, report, and response transaction that an Availity non-payer submitter would receive, the file extension and applicable transactions.

File name	Extension	837	835	270/271	276/277	278/278	278N/278N
File Acknowledgement	.ACK	X		X	X	X	X
File Acknowledgement Readable	.ACT	X		X	X	X	X
Interchange Acknowledgement (TA1)	.TA1	X		X	X	X	X
Interchange Acknowledgement - Readable (TA1)	.TAT	X		X	X	X	X
Implementation Acknowledgement (999)	.999	X		X	X	X	X
Implementation Acknowledgement-Readable (999)	.99T	X		X	X	X	X
Immediate Batch Response-Pipe Delimited Data	.ibr	X					
Immediate Batch Response-Readable Report	.ibt	X					
Electronic Batch Report-Pipe Delimited Data	.ebr	X					
Electronic Batch Report-Readable Report	.ebt	X					
Delayed Payer Report ⁴	.dpr	X		X	X		
Delayed Payer Report	.dpt	X		X	X		
Electronic Health Care Services Review (278) Batch Report	.278ebr					X	X
Electronic Remittance Advice	.era		X				
X12 Paired Response Transaction	.271			X			
X12 Paired Response Transaction	.277				X		
X12 Paired Response Transaction	.278					X	
X12 Paired Response Transaction	.278N						X

⁴ Received from selected payers only
 DECEMBER 2019 005010 12.0

Table 11 – Acknowledgement, Reports and Response Transactions

All acknowledgements, reports and response transactions are sent to the customer’s ReceiveFiles folder. Availity archives all report files from the sender’s ReceiveFiles folder after 30 days. You can self-serve and restore files up to the past 6 months or request a copy from Availity customer service.

ACKNOWLEDGEMENTS

Availity senders will receive one file acknowledgement in response to each batch file submitted. This acknowledgement file is delivered in the sender’s ReceiveFiles folder for pickup. During various peak periods, this acknowledgement might take longer to receive.

If you do not receive the acknowledgement, please contact an Availity Client Services Representative at 1.800.AVAILITY (282.4548). The file acknowledgement contains file level information only, notifying you when Availity received the file and if the file was accepted for processing. If the file was rejected, a status codes and messages will be included indicating the reject reason. The acknowledgement file has an extension of .ACK or .ACT.

A TA1 segment reports the validation of the interchange control envelope segments (ISA/IEA) and if generated will be included in the 999 Implementation Acknowledgement (5010). Any violations of X12N and HIPAA syntax rules are reported on a 999 Implementation Acknowledgement (5010) transaction. Availity will reject all transactions in the transaction set (ST/SE) when a syntax error is encountered. Transaction sets that pass syntax validation will continue to be processed.

File Acknowledgement (ACK)

Availity returns a proprietary **ACK** response file whenever a submitted batch fails for one of the following reasons:

- 1E|Availity cannot process this file due to missing or invalid data. Please contact Availity customer service at 1.800.AVAILITY (282.4548) for assistance.
- 1E|First record of the EDI file is invalid. Please correct and resubmit.
- 1E|ReceiveFile.buildEvents Exception occurred:
- 1E|java.lang.StringIndexOutOfBoundsException: String index out of range
ReceiveFile.buildEvents Exception occurred: java.lang.IllegalArgumentException:
Argument text is not valid x12 format.

These are messages returned by Availity for files that fail proprietary validation and are generated only on a proprietary **ACK** report.

```
1|2009-03-15|12.06.05.726||2009031511593700|300300557
1E|Availity cannot process this file due to missing or invalid data. Please contact Availity customer service at
1.800.AVAILITY (282.4548) for assistance.
```

Figure 24 – Proprietary ACK Record Layout

Interchange Acknowledgement (TA1)

The Interchange Acknowledgement reports errors in the interchange control header (ISA) or trailer (IEA). Availity always sends a negative interchange acknowledgement when an error is encountered in the ISA or IEA. If you want a positive TA1 returned in the 999 (5010) Functional Acknowledgement, indicate a value of '1' in the ISA14 when you submit a batch. The interchange acknowledgement is available in a machine-readable data file (**Figure 25**) or human-readable text file (**Figure 26**).

Table 12 shows the elements on the TA1 segment.

Field	Description	HIPAA Segment ID
Interchange Control Number	<ul style="list-style-type: none"> Required Field Length: 9/9 	TA101
Interchange Date	<ul style="list-style-type: none"> Required Format: YYMMDD 	TA102
Interchange Time	<ul style="list-style-type: none"> Required Format: HHMM 	TA103
Interchange Acknowledgement Code	<ul style="list-style-type: none"> Required Field Length: 1/1 	TA104
Interchange Note Code	<ul style="list-style-type: none"> Required Field Length: 3/3 	TA105

Table 12 – Transaction Acknowledgement Segment

```
ISA*00* *00* *01*030240928 *ZZ*AV09311993 *190103*1440**^*00501*185486211*0*T*::~~
TA1*219381897*181207*2204*R*025~
IEA*0*185486211~
```

Figure 25 – Interchange Acknowledgement (TA1)

```

                                AVAILITY TA1 INTERCHANGE ACKNOWLEDGEMENT

Customer ID: 0002176                                File Status: ACCEPTED
Date Received: 2010-12-07                            Time Received: 11:58:26.137
Filename: RespReport_test3.TXT
File Control Number: 000164875
*****
Interchange acknowledged: TA101
*****
*****Interchange Date: 101201                        Interchange Time: 0933
Interchange Status: A
Interchange Note: 000
-----
                                END OF REPORT
-----
```

Figure 26 – Human Readable Interchange Acknowledgement (TAT)

ANSI ASC X12N 999 Implementation Acknowledgement (5010)

The X12N EDI standard 999 Implementation Acknowledgement transaction (.999) is used to report the acceptance or rejection of each Transaction Set (ST/SE) within each Functional Group (GS/GE) contained in the inbound file of ASC X12N 5010 EDI transactions.

837 Claim	999 Acknowledgement
ISA	ISA
GS - 837	GS - 999
ST	ST
*837*0001	AK1(AK102 equals GS06 in the functional group being acknowledged)
SE	AK2 (AK202 equals ST02 in the transaction set being
ST	acknowledged)
*837*0002	IK5
SE	AK2 (AK202 equals ST02 . . .)
GE	IK5
	AK9
	SE
	GE
	GS
GS - 837	ST
ST	AK1 (AK102 equals GS06 . . .)
*837*0001	AK2 (AK202 equals ST02 . . .)
SE	IK5
GE	AK9
IEA	SE
	GE
	IEA

Table 13 – 999 Implementation Acknowledgement

As shown in **Figure 27** and **Figure 28** below, the 999 transaction is intended to be imported into an automated system such as an EDI X12N compatible practice management system, and therefore is not formatted for human readability.

```

ISA*00*      *00*      *01*030240928  *ZZ*AV09311993*031204*1109*U*00501*000090091*0*P*:~
TA1*000001732*031204*1101*A*000~
GS*FA*030240928*AV01101957*20031204*1109*80180*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*17321*005010X223A2~
AK2*837*000000001*005010X223A2~
IK3*CL1*24*2300*8~
CTX*CLM01:393931D_1310~
IK4*2*1314*5*AA~
IK5*R*5~
AK9*R*1*1*0~
SE*8*0001~
GE*1*80180~
IEA*1*000090091~
    
```

Figure 27 – 999 File Rejected

```

ISA*00*      *00*      *01*030240928  *ZZ*AV09311993*030306*1356*U*00501*00000000*0*P*:~
GS*FA*030240928*AV01101957*20030306*1356*00000000*X*005010X231A1~
ST*999*00000000*005010X231A1~
AK1*HC*103136*005010X222A1~
AK2*837*000003136*005010X222A1~
IK5*A~
AK9*A*1*1*1~
SE*6*00000000~
GE*1*00000000~
IEA*1*00000000~
    
```

Figure 28 – 999 File Accepted

Detail implementation specifications for the 999 Implementation Acknowledgement can also be found in the Implementation Acknowledgment For Health Care Insurance.

999 Implementation Acknowledgement (5010) - Readable Format (99T)

Note: Currently, this report is available only for claims.

The text 99T file has an extension of .99T after the file name.

Availity places a readable report in the sender's ReceiveFiles folder as well. This report is similar to the X12N EDI standard 999 Implementation Acknowledgement transaction described above but is formatted so the submitter can easily read and interpret.

The following layout and example show the Availity 999 Implementation Acknowledgement in its readable format.

```

                                AVAILITY 999 FUNCTIONAL ACKNOWLEDGEMENT
Date Received:06/04/2012          File Status:ACCEPT
Time:1015                        Test or Prod:T
Trans ID:010103560

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

Batch Details                    Submitter ID:1234567893
Group Control#:1                Submitter:AVAILITY TEST ORG
Transaction Set#:0001           Receiver:BCBSTX
Batch ID:10103560              Receiver ID:84980
Batch Status:ACCEPT            Trans Type:005010X222A1
-----

*****
BATCH(S) ACCEPT:1              BATCH(S) REJ:0              CLAIM(S) REJ:0
*****
                                *****END OF REPORT*****
    
```

THE IMMEDIATE BATCH RESPONSE (IBR)/(IBT)

Availity has developed a proprietary Immediate Batch Response (IBR) report that immediately acknowledges accepted claims and identifies rejected claims due to HIPAA compliance edits and payer-specific edits (PSE) that Availity conducted on behalf of payers. Availity will return the IBR to the sender's ReceiveFiles folder within minutes after transmission or up to 24 hours depending upon the volume of claims processing at that time. Availity will generate the IBR after an accepted (A), accepted with errors (E), or a partial accepted (P) ACK has been posted to your ReceiveFiles folder. Unless your administrator selected grouping options, each IBR represents one ISA – IEA. If a file contains multiple ISA – IEA, Availity generates an IBR for each ISA – IEA. The IBR is available in both a delimited and text format. The delimited IBR file has an extension of .ibr at the end of the file name, and the text IBR file has an extension of .ibt.

Availity does not generate or return an IBR in the following situations:

1. If the complete batch file rejected on a negative TA1 or 999 (5010) file.
2. If the batch file contained non-claims transactions (27x.).

Availity creates the IBR shortly after file submission. If Availity created an IBR, Availity Client Services can load another copy of the IBR to your ReceiveFiles folder if necessary.

The IBR provides transaction totals and individual claim detail for both accepted and rejected claims. The IBR identifies rejected claim data with messages explaining the nature of the error(s) and possible corrective action. Submitters must correct and resubmit all rejected claims identified in the IBR. Please contact your vendor for technical support if needed or the payer for specific transaction information.

Rejected claims on the IBR also appear as rejected claims on the Electronic Batch Report (EBR).

The IBR is an optional report and Availity generates it only if your administrator elected it on the EDI Reporting Preferences page. Availity administrators can change these preferences to receive or discontinue the delimited or the text format or to receive IBR files grouped together. Refer to the EDI Reporting Preferences in Chapter 4 of this guide for more information on selecting report preferences.

IBR Pipe Delimited Format

The delimited IBR file, intended to be imported into an automated system, has an extension of .ibr. It provides claim detail for all claims within the file (accepted and rejected).

IBR Layout

The IBR report provides claim detail for all claims (accepted and rejected) within the file (See layout in **Figure 29** and an example in **Figure 30**).

```

Line 1 - will occur once per ISA
1|CCYY-MM-DD - Date Received|HH.MM.SS.SSS - Time Received|blank - Internal Use Only|CCYMMDDXXXXXXXX - Availity
Batch ID |Inbound ISA13 value - File Control Number|99999 - Total Submitted Claims|000000.00 - Total Submitted
Charges|00000 - Total Accepted Claims| 000000.00 - Total Accepted Charges |00000 - Total Rejected Claims|0000.00
Total Rejected Charges|Availity Messages|Availity Customer ID| Availity File ID | Original File Name |
Line 2 - will occur for every payer within the ISA
2|Payer Name|NA| NA|NA| NA| NA|NA|Payer ID|
Line 3 - will occur once per claim for a payer.
3|Patient Last Name, First Name|CCYMMDD - From Date |CCYMMDD - To Date|Echo inbound CLM01 - Patient Control
Number|0000.00 - Echo inbound CLM02 Total Claim Charge |Provider Billing ID - 2010AA, NM109| Clearinghouse
Trace # |NA|Availity Trace # (will be NA in the IBR)|Submitter Batch ID|"I", "W", "A" or "R" - Status |
Line 3e - will occur if the claim is rejected by an Availity, HIPAA or Payer Specific Edit (PSE). Multiple 3e
lines per claim can occur.
3e|Error Initiator|R|Error Code - if available, otherwise NA|Error Message | Loop|Segment ID|Element # ||||
Version |
    
```

Figure 29 – Immediate Batch Response (IBR) Layout

Note: If no error message number available, field 3 will equal NA.

Sample Report Structure:

Line 1 (ISA Level)

```

Line 2 (Payer 1 Level Claim Rejects/Accepts) Repeat > 1
    Rejects => Line 3 (Claim Level) Repeat > 1
                Line 3e (Claim Level Error) Repeat > 1
    Accepts => Line 3 (Claim Level) Repeat > 1
Line 2 (Payer 2 Level Claim Rejects/Accepts) Repeat > 1
    Rejects => Line 3 (Claim Level) Repeat > 1
                Line 3e (Claim Level Error) Repeat > 1
    Accepts => Line 3 (Claim Level) Repeat > 1
    
```

Repeat by payer.....

```

1|2010-08-17|15.26.05.222|NA|2017092718492800|000001869|18|3829.00|15|2954.00|3|875.00|NA|0001815|1-
41025630|UHCtext.txt|
2|UNITED HEALTHCARE (UHC)|NA|NA|NA|NA|NA|NA|87726|
3|DUCK, DON|20170927|20170927|123456|336.00|1760438840|NA|NA|NA|1464|R|
3e|HIPAA|R|3938ed5|Claim balancing is failed: total charge amount (CLM02) '336.00' does not equal sum of line
charge amounts (SV102) '337.00'. Segment CLM is defined in the guideline at position 130. Invalid data:
336|2300|CLM|02|||5010|
2|CIGNA|NA|NA|NA|NA|NA|NA|12345|
3|STAR, RINGO|20170927|20170927|888|230.00|1760438840|NA|NA|128799450_1|1464|A|
3|KEYS, PIANO|20170927|20170927|856301|210.00|1760438840|NA|NA|128799450_2|1464|A|
3|CHILDS, JULIA|20170927|20170927|856320|337.00|1760438840|NA|NA|NA|1464|R|
3e|HIPAA|R|3939612|HCPCS Procedure Code is invalid in Professional Service. Invalid data:
90772|2400|SV1|01|||5010|
2|HUMANA|NA|NA|NA|NA|NA|NA|87726|
3|SMART, PHONE|20170927|20170927|850043|174.00|1760438840|NA|NA|128799450_4|1464|A|
3|JUNGLE, JIM|20170927|20170927|899935|117.00|1760438840|NA|NA|128799450_5|1464|A|
3|POP, MUSIC|20170927|20170927|8594|202.00|1760438840|NA|NA|128799450_6|1464|A|
    
```

Figure 30 – Immediate Batch Response (IBR)

IBR HUMAN READABLE FORMAT (IBT)

The administrator can select a readable report IBR to be generated and placed in the sender's ReceiveFiles folder as well. This report is similar to the delimited IBR report described above but is formatted so the submitter can read or print it.

The following layout (**Figure 31**) and (**Table 15**) and example (**Figure 32**) show the Availity Immediate Batch Report in its readable format.

Availity Customer ID: <<0>> Immediate Batch Text Response			
Availity Messages: <<1>>			

BATCH SUMMARY			
Date Received:	<<2>>	Time Received:	<<3>>
Availity Batch ID:	<<4>>	File Control Number:	<<5>> ISA #1
Availity File ID:	<<6>>		
File Name:	<<7>>		
Submitted Claims:	<<8>>	Total Submitted Charges:	<<9>>
Accepted Claims:	<<10>>	Total Accepted Charges:	<<11>>
Rejected Claims:	<<12>>	Total Rejected Charges:	<<13>>

Payer Name: Payer #1	<<14>>	Payer ID:	<<15>>

Submitter Batch ID:	<<16>>	Status:	<<17>>
Patient Name:	<<18>>	Patient Control Number:	<<19>>
From Date:	<<20>>	To Date:	<<21>>
Charge:	<<22>>	Provider Billing ID:	<<23>>
Clearinghouse Trace #: Claim #1		Availity Trace #:	<<25>>
Error Initiator:	<<26>>	Loop:	<<27>>
Segment ID:	<<28>>	Element #:	<<29>>
Error Message:	<<30>>	Version:	<<31>>

Submitter Batch ID:	<<16>>	Status:	<<17>>
Patient Name:	<<18>>	Patient Control Number:	<<19>>
From Date:	<<20>>	To Date:	<<21>>
Charge:	<<22>>	Provider Billing ID:	<<23>>
Clearinghouse Trace #: Claim #2		Availity Trace #:	<<25>>
Error Initiator:	<<26>>	Loop:	<<27>>
Segment ID:	<<28>>	Element #:	<<29>>
Error Message:	<<30>>	Version:	<<31>>

Payer Name: Payer #2	<<14>>	Payer ID:	<<15>>

Submitter Batch ID:	<<16>>	Status:	<<17>>
Patient Name:	<<18>>	Patient Control Number:	<<19>>
From Date:	<<20>>	To Date:	<<21>>
Charge:	<<22>>	Provider Billing ID:	<<23>>
Clearinghouse Trace #: Claim #3		Availity Trace #:	<<25>>
Error Initiator:	<<26>>	Loop:	<<27>>
Segment ID:	<<28>>	Element #:	<<29>>
Error Message:	<<30>>	Version:	<<31>>

BATCH SUMMARY			
Date Received:	<<2>>	Time Received:	<<3>>
Availity Batch ID:	<<4>>	File Control Number:	ISA #2
Availity File ID:	<<6>>		
File Name:	<<7>>		
Submitted Claims:	<<8>>	Total Submitted Charges:	<<9>>
Accepted Claims:	<<10>>	Total Accepted Charges:	<<11>>
Rejected Claims:	<<12>>	Total Rejected Charges:	<<13>>

Payer Name: Payer #1	<<14>>	Payer ID:	<<15>>

Submitter Batch ID:	<<16>>	Status:	<<17>>
Patient Name:	<<18>>	Patient Control Number:	<<19>>
From Date:	<<20>>	To Date:	<<21>>
Charge:	<<22>>	Provider Billing ID:	<<23>>
Clearinghouse Trace #: Claim #4		Availity Trace #:	<<25>>
Error Initiator:	<<26>>	Loop:	<<27>>
Segment ID:	<<28>>	Element #:	<<29>>
Error Message:	<<30>>	Version:	<<31>>

Payer Name: Payer #21	<<14>>	Payer ID:	<<15>>

Submitter Batch ID:	<<16>>	Status:	<<17>>
Patient Name:	<<18>>	Patient Control Number:	<<19>>

From Date:	<<20>>	To Date:	<<21>>
Charge:	<<22>>	Provider Billing ID:	<<23>>
Clearinghouse Trace #:	Claim #5	Availity Trace #:	<<25>>
Error Initiator:	<<26>>	Loop:	<<27>>
Segment ID:	<<28>>	Element #:	<<29>>
Error Message:	<<30>>	Version:	<<31>>

END OF REPORT			

Figure 31 – Human Readable Immediate Batch Response (IBT) Layout

Legend	Field	Note
Batch (ISA)		
0	Availity Customer ID	Entity customer ID
1	Availity Messages	At this time always 'NA'
2	Date Received	CCYY-MM-DD
3	Time Received	HH.MM.SS.SSS
4	Availity Batch ID	File name assigned by Availity: INTERNAL_FILENAME
5	File Control Number	ISA13:
6	Availity File ID	Aries assigned - DB_INSTANCE_NUM<->DOCUMENT_SEQ Example: 1-123456789
7	File Name	Original incoming file name: EXCHANGE_FILENAME
8	Submitted Claims	Count of 2300 CLM per ISA
9	Total Submitter Charges	Sum of all 2300 CLM02; 9,999.99 format
10	Accepted Claims	Count of 2300 CLM accepted per ISA
11	Total Accepted Charges	Sum of accepted 2300 CLM02; 9,999.99 format
12	Rejected Claims	Count of 2300 CLM rejected
13	Total Rejected Charges	Sum of rejected 2300 CLM02, 9,999.99
Payer		
14	Payer Name	Availity payer name UNKNOWN
15	Payer ID	2010BB NM109 (professional) 2010BC NM109 (institutional)
Claim		
16	Submitter Batch ID	BHT03
17	Status	A R W I
18	Patient Name	2010BA/CA NM103, NM104
19	Patient Control Number	2300 CLM01
20	From Date	2400 DTP03 2300 DTP03; CCYYMMDD format
21	To Date	2400 DTP03 2300 DTP03; CCYYMMDD format
22	Charge	2300 CLM02; 9,999.99 format
23	Provider Billing ID	2010AA NM109
24	Clearinghouse Trace #	2300 REF02 from inbound submitter REF*D9 NA
25	Availity Trace #	Outbound REF*D9 NA – For the rejected claims, this will always be NA in the IBT/IBR.

26	Error Initiator	AVAILITY PSE HIPAA – We use the 'Availity' value when we reject for unrecognized payer or submission of a test file in prod.
27	Loop	Loop ID
28	Segment ID	Segment ID
29	Element #	Element number
30	Error Message	Detailed claim error message
31	Version	5010

Table 14 – Human Readable Immediate Batch Response (IBT) Layout

Availity Customer ID: 0002176			
Immediate Batch Text Response			
Availity Messages:	NA		

BATCH SUMMARY			
Date Received:	2010-12-08	Time Received:	15.20.18.018
Availity Batch ID:	2010120815201500	File Control Number:	000100495
Availity File ID:	1-41025630		
File Name:	UHCTest.TXT		
Submitted Claims:	1	Total Submitted Charges:	251.00
Accepted Claims:	1	Total Accepted Charges:	251.00
Rejected Claims:		Total Rejected Charges:	0.00

Payer Name:	UNITED HEALTHCARE (UHC)	Payer ID:	87726

Submitter Batch ID:	AAS100494	Status:	A
Patient Name:	DOE, JOHN	Patient Control Number:	AAS0000068
From Date:	2010-05-21	To Date:	2010-05-21
Charge:	251.00	Provider Billing ID:	1164748786
Clearinghouse Trace #:	AAS100494	Availity Trace #:	27254

END OF REPORT			

Figure 32 – Human Readable Immediate Batch Response (IBT)

THE ELECTRONIC BATCH REPORT (EBR)

Availity has developed a proprietary Electronic Batch Report (EBR) to report the status for each transaction in the original submission. When a response is received from a payer, the response is delivered in the submitter's next scheduled aggregation. By default, you will receive two EBR reports for each destination payer in your batch; one with data in a pipe delimited format and the other in a readable text format.

The EBR (layout in **Figure 33** and **Table 15**) reports summary counts of transactions received and accepted and lists detailed information for rejected transactions. The EBR identifies all claim data in error with messages explaining the nature of the error(s) found and possible corrective action. You must correct and electronically resubmit all rejected claims for reprocessing. Please contact your vendor for technical support if needed or the payer for specific transaction information.

The EBR also provides information regarding accepted claims. Information returned on accepted claims includes patient name, claim service dates, patient control number, charge, provider billing id, clearinghouse trace number, payer claim number, Availity trace number, the message source (usually the payer name), and any message codes and message text.

The EBR displays rejected claim details, followed by pre-adjudicated claim details, then accepted claim details.

EBR Pipe Delimited Format

The delimited EBR file, intended to be imported into an automated system has, an extension of .ebr (example in **Figure 34** and **Figure 35**) and the readable EBR file (layout in **Figure 36** and example in **Figure 37**), intended to be viewed by a human, has a file extension of .ebt.

EBR Layout

Line 1 – File/ISA level

```
1|Date of Batch Receipt - CCYY-MM-DD|Time of Batch Receipt- HH.MM.SS.SSS|Internal Usage|Availity Batch ID|File
Control Number|Availity Customer ID|Availity File ID |Original File Name|||
```

Line 2 – Payer level

```
2|Payer Name - from Availity Payer File|Claim Responses Returned| Total Accepted Claim Count|Total Claim
Responses Returned Charges|Total Accepted Claim Charges|Total Rejected Claim Count|Total Rejected Claim
Charges|Payer ID|
```

Line 3 – will occur once per claim

```
3|Patient Last Name, First Name|From Service Date - CCYYMMDD|To Service Date - CCYYMMDD|Patient Control
Number|Total Claim Charges |Billing Provider ID| Clearinghouse Trace Number |Payer Claim Number or NA |Availity
Trace Number||
```

Note: Line 3 will always have a line 3e, 3a, or 3c following. All 3/3e lines will occur first followed by all 3/3a lines, followed by all 3/3c lines.

Line 3e – will occur minimum of once for each Availity, HIPAA or PSE reject. Multiple 3e lines per claim can occur.

```
3e|Error Initiator|R|Error Code - if available, otherwise NA|Error Message | Loop|Segment ID|Element # |||
Version |
```

Line 3c – Clean Claim without adjudication information

Note: Line 3c will occur if a claim is accepted by both Availity and the Receiver and there is no adjudication information. 3c|Error Initiator | Message Type| Error Code |Error Message | Loop|Segment ID | Element # |

```
c|Error Initiator | Message Type| Error Code |Error Message | Loop|Segment ID | Element # |
```

Figure 33 – Electronic Batch Report (EBR) Layout

Line 3a (Adjudicated Claim)

Note: Line 3a will occur if a claim is accepted by both Availity and the Receiver and the payer returns adjudication information in their response file.

3a|Bill Type|Allowed Amount|Non-Covered Amount |Deductible Amount |Co-Pay Amount |Co-insurance Amount |Withhold Amount |Estimated Payment Amount |Patient Liability|Message Code|Message Text||

Example of what we send today:

```

1|2010-08-27|14.05.33.434|NA|2010082713594600-UPL|008271053|0060000|||
2|MEDICARE B - TEXAS|2|2|200.00|200.00|0|0.00|04402|
3|DUCK, DONALD|20100728|20100728|1218|100.00|1457382525|NA|NA|230038742_0||
3c|TRAILBLAZER|NA|NA|This claim has been accepted for further processing|NA|NA|NA|
3|MOUSE, MINNIE|20100707|20100707|1262|100.00|1457382525|NA|NA|230038742_1||
3c|TRAILBLAZER|NA|NA|This claim has been accepted for further processing|NA|NA|NA|

1|2010-08-31|12.56.06.182|NA|2010083112541900|369998138|0001815|||
2|Arkansas BCBS|1|0|75.00|0.00|1|75.00|00520|
3|DOE, JOHN|20091019|20091019|GOOKA000|75.00|1225057391|155835019_0|NA|NA||
3e|HIPAA|R|3938ed5|Claim balancing is failed: total charge amount (CLM02) '75.00' does not equal sum of line charge amounts (SV102) '76.00'. Segment CLM is defined in the guideline at position 130. Invalid data:
75|2300|CLM|02|||
    
```

Figure 34 – Electronic Batch Report (EBR)

```

1|2010-12-07|11.58.23.023|NA|2010120711582200|000164875|0002176|2010120711582200|RespReport_test3.TXT|||
2|HUMANA|2|0|290.00|0.00|2|290.00|61101|
3|SMITH, JADA|20101105|20101105|16386|165.00|9876543213|467484130|NA|27080||
3e|HUMANA|R|42|Invalid use of Null|NA|NA|NA|||5010|
3|WOMAN, WONDER|20101107|20101107|16386|125.00|9876543213|467484132|NA|27081||
3e|HUMANA|R|42|Invalid use of Null|NA|NA|NA|||5010|
    
```

Figure 35 – Electronic Batch Report (EBR)

EBR Human Readable Format (EBT)

Availity places a readable report in the sender's ReceiveFiles folder as well. This report is similar to the delimited EBR report described above but is formatted so the submitter can read or print it. The following examples show the various combinations of claims reporting available on the Availity Electronic Batch Report in its readable format.

Availity Customer ID: <<0>> Availity Electronic Batch Report			
Date Received:	<<1>>	Time Received:	<<2>>
Availity Batch ID:	<<3>>	File Control Number:	<<4>>
Availity File ID:	<<5>>		
File Name:	<<6>>		
Payer:	<<7>>	Payer ID:	<<8>>
Claim Responses Returned:	<<9>>	Charges:	<<10>>
Accepted Claims:	<<11>>	Charges:	<<12>>
Rejected Claims:	<<13>>	Charges:	<<14>>
Patient Name:	<15>>	To Date:	<<17>>
From Date:	<<16>>	Charge:	<<19>>
Patient Control Number:	<<18>>	Clearinghouse Trace #:	<<21>>
Provider Billing ID:	<<20>>	Availity Trace #:	<<23>>
Payer Claim #:	<<22>>		
Error Initiator:	<<24>>	Message Type:	<<25>> Error Code: <<26>>
Error Message:	<<27>>	Segment ID:	<<29>> Element #: <<30>>
Loop:	<<28>>		
Version:	<<31>>		

Figure 36 – Human Readable Electronic Batch Report (EBT) Layout

Legend	Field	Note
Batch (ISA)		
0	Availity Customer ID	Entity customer ID
1	Date Received	CCYY-MM-DD
2	Time Received	HH.MM.SS.SSS
3	Availity Batch ID	File name assigned by Availity or Batch of One: INTERNAL_FILENAME
4	File Control Number	ISA13 on submitted file
5	Availity File ID	Aries assigned - DB_INSTANCE_NUM<->DOCUMENT_SEQ Example: 1-123456789
6	File Name	Original incoming file name: EXCHANGE_FILENAME
Payer		
7	Payer Name	Availity payer name UNKNOWN
8	Payer ID	2010BB NM109 (professional) 2010BC NM109 (institutional)
9	Claim Responses Returned	Count of responses for this payer breakdown
10	Charges	Total of related charges for this payer breakdown: 9,999.99 format
11	Accepted Claims	Count of accepted claims for this payer breakdown
12	Charges	Total of accepted charges for this payer breakdown: 9,999.99 format
13	Rejected Claims	Count of rejected claims for this payer breakdown
14	Charges	Total of rejected charges for this payer breakdown: 9,999.99 format
Claim		

15	Patient Name	2010BA/CA NM103, NM104
16	From Date	2400 DTP03 2300 DTP03; CCYYMMDD format
17	To Date	2400 DTP03 2300 DTP03; CCYYMMDD format
18	Patient Control Number	2300 CLM01
19	Charge	2300 CLM02; 9,999.99 format
20	Provider Billing ID	2010AA NM109
21	Clearinghouse Trace #	2300 REF02 from inbound submitter REF*D9 NA
22	Payer Claim #	If provided in payer response, else NA
23	Availity Trace #	Outbound REF*D9
24	Error Initiator	AVAILITY PSE HIPAA – We use the ‘Availity’ value when we reject for unrecognized payer or submission of a test file in prod.
25	Message Type	A R W I
26	Error Code	If provided, else NA
27	Loop	Loop
28	Segment ID	Segment ID
29	Element #	Element number
30	Error Message	Detailed claim error message
31	Version	5010
32	Bill Type	Adjudicated claim information returned by some real time payers.
33	Allowed Amount	Adjudicated claim information returned by some real time payers.
34	Non-Covered Amount	Adjudicated claim information returned by some real time payers.
35	Deductible Amount	Adjudicated claim information returned by some real time payers.
36	Co-Pay Amount	Adjudicated claim information returned by some real time payers.
37	Co-Insurance Amount	Adjudicated claim information returned by some real time payers.
38	Withhold Amount	Adjudicated claim information returned by some real time payers.
39	Estimated Payment Amount	Adjudicated claim information returned by some real time payers.
40	Patient Liability Amount	Adjudicated claim information returned by some real time payers.

Table 15 – Human Readable Electronic Batch Report (EBT) Layout

Availity Customer ID: 0002176			
Availity Electronic Batch Report			

Date Received:	2010-12-07	Time Received:	11.58.23.023
Availity Batch ID:	2010120711582200	File Control Number:	000164875
Availity File ID:	2010120711582200		
File Name:	RespReport_test3.TXT		

Payer:	HUMANA	Payer ID:	61101
Claim Responses Returned:	2	Charges:	290.00
Accepted Claims:	0	Charges:	0.00
Rejected Claims:	2	Charges:	290.00

Patient Name:	SMITH, JADA		
From Date:	20101105	To Date:	20101105
Patient Control Number:	16386	Charge:	165.00
Provider Billing ID:	9876543213	Clearinghouse Trace #:	467484130
Payer Claim #:	NA	Availity Trace #:	27080

Error Initiator:	HUMANA	Message Type:	R
Error Code:	42		
Error Message:	Invalid use of Null		
Version:	5010	Loop:	NA
Segment ID:	NA	Element #:	NA

Patient Name:	WOMAN, WONDER		
From Date:	20101107	To Date:	20101107
Patient Control Number:	16386	Charge:	125.00
Provider Billing ID:	9876543213	Clearinghouse Trace #:	467484132
Payer Claim #:	NA	Availity Trace #:	27081

Error Initiator:	HUMANA	Message Type:	R
Error Code:	42		
Error Message:	Invalid use of Null		
Version:	5010	Loop:	NA
Segment ID:	NA	Element #:	NA

END OF REPORT			

Figure 37 – Human Readable Electronic Batch Report (EBT)

Message Initiator

1. HIPAA – displays when a HIPAA error is encountered.
2. (Payer Name) PSE – displays when a payer specific edit is encountered.
3. Availity – displays when an Invalid Payer ID is encountered.

Invalid Payer/Receiver

Batches and/or claims received with an invalid or unrecognized payer will generate the standard EBR report. The impacted claims display in the rejected claims section of the EBR.

Viewable/Printable Format

1. Detailed error messages display. The error message field wraps within the allotted byte length 88.
 2. All fields containing monetary amounts (currency) will follow U.S. currency format standards.
 - a. The currency format display will include commas denoting thousands of dollars.
 - b. The currency format display = two decimal places denoting cents
- In the next section, we describe additional proprietary reports that you might receive depending on the type of transaction and health plan.

THE DELAYED PAYER REPORT (DPR)

Availity generates a DPR (layout in **Figure 38** and example in **Figure 39**) for each sender based on the delayed responses received daily. If Availity does not receive delayed payer responses, we do not generate a report. Not all payers return delayed responses.

Availity delivers the DPR to the sender's ReceiveFiles folder upon receipt or according to the selected delivery schedule. The DPR format quickly transmits delayed payer responses submitted to Availity. These responses include transaction receipt acknowledgement, transaction reject messaging, warning, and informational messages, as well as adjudication responses returned by the destination payer. Payers that utilize batch processing or other non-real-time adjudication processes generate the delayed responses. You might receive the Delayed Payer Responses up to 30 days after transaction submission to Availity.

DPR Pipe Delimited Format

```

Line 1 - File/Interchange level
DPR|Report Creation Date & Time|Availity Customer ID-Availity Batch ID|File Control Number|Customer ID| Availity
File ID |Original File Name|
Line 2 - will occur for each patient loop in the file
CST|Availity Batch ID|Patient Account Number|Payer ID| Billing Provider ID|Patient
Last Name, First Name| From Date|Total Charges|Process Date|Message Text|NA|Status|Payer Claim Number|Submitter
Name|Billing Provider Name| Payer Name|Trace ID||
    
```

Figure 38 – Delayed Payer Report (DPR) Layout

```

DPR|20101123133022000|0015515-2010112313302000|101019034|0015515|2010112313302000|PhysiciansHC_837P.txt|||
CST|2010112313302000|CN1975-10|PHCS1|1234567893|LOCKLEAR, HEATHER|20100930|410.00|2010-11-23|A^^This claim has
been accepted for further processing^^|NA|ACK|CLM_001|AVAILITY LLC|DOCTOR, INDIVIDUAL|PHC TEXAS|240076456_0||
    
```

Figure 39 – Delayed Payer Report (DPR)

You must correct and electronically resubmit all rejected claims for reprocessing. Please contact your vendor for technical support if needed or the payer for additional transaction information.

Note: Availity is currently in the process of transitioning all payer response files to these DPR specifications. In the interim, you might see some variance among payer responses.

DPR Human Readable Format (DPT)

Availity will generate a DPT (layout **Figure 40** and **Table 16**; example **Figure 41**) for each sender based on the delayed responses received daily. If Availity does not receive delayed payer responses, we do not generate a report. Not all payers return delayed responses.

Availity delivers the DPT to the sender's ReceiveFiles folder upon receipt. The DPT format quickly transmits delayed payer responses submitted to Availity in a printable and readable format. These responses include transaction receipt acknowledgement, transaction reject messaging, warning, and informational messages, as well as adjudication responses returned by the destination payer. Payers that utilize batch processing or other non-real-time adjudication processes generate delayed responses. You might receive the Delayed Payer Responses up to 30 days after transaction submission to Availity.

Availity Customer ID: <<0>>		Availity Delayed Payer Report	

Date Received:	<<1>>	Time Received:	<<2>>
Availity Batch ID:	<<3>>	File Control Number:	<<4>>
Availity File ID:	<<5>>		
File Name:	<<6>>		

	5	10	15
Patient Account Number:	<<7>>	Total Charges:	<<8>>
Patient Name:	<<9>>	Process Date:	<<10>>
From Date:	<<11>>	Status:	<<12>>
Billing Provider Name:	<<13>>	Billing Provider ID:	<<14>>
Billing Provider NPI:	<<15>>	Submitter Name:	<<16>>
Payer Name:	<<17>>	Payer Claim Number:	<<18>>
Payer ID:	<<19>>	Payer Seq Number:	<<20>>
Availity Batch ID:	<<21>>	Trace ID:	<<22>>
Claim Sequence #:	<<23>>		
Message Type:	<<24>>	Message Code:	<<25>>
Message Loop:	<<26>>	Message Segment:	<<27>>
Message Element:	<<28>>		
Message Text:	<<29>>		

Figure 40 – Human Readable Delayed Payer Report (DPT) Layout

Legend	Field	Note
Batch (ISA)		
0	Availity Customer ID	Entity customer ID
1	Date Received	Date response received: CCYY-MM-DD
2	Time Received	Time response received: HH.MM.SS.SSS
3	Availity Batch ID	File name assigned by Availity or Batch of One: INTERNAL_FILENAME
4	File Control Number	ISA13 on submitted file
5	Availity File ID	Aries assigned - DB_INSTANCE_NUM<->DOCUMENT_SEQ Example: 1-123456789
6	File Name	Original incoming file name: EXCHANGE_FILENAME
Claim		
7	Patient Account Number	2300 CLM01
8	Total Charges	2300 CLM02; 9,999.99 format
9	Patient Name	2010BA/CA NM103, NM104 Max length = 25

		If Patient Loop 2010CA is present and different from the Subscriber loop, the Patient NM103, NM104 is displayed. The last name will be included in its entirety then the remaining bytes will reflect the first name.
10	Process Date	Date response was processed by Availity: CCYY-MM-DD
11	From Date	2400 DTP03 2300 DTP03; CCYYMMDD format
12	Status	ACK REJ
13	Billing Provider Name	2010BB, NM103
14	Billing Provider ID	2010BB, NM109
15	Billing Provider NPI	NA (it is provided in the above field or is absent for nontraditional providers)
16	Submitter Name	1000A, NM103
17	Payer Name	Availity database payer name associated with payer ID
18	Payer Claim Number	If provided in payer response, else NA
19	Payer ID	2010BB- NM109 - Professional 2010BC – NM109 - Institutional
20	Payer Seq Number	NA – we don't created this sequence in Aries
21	Availity Batch ID	File name assigned by Availity or Batch of One: INTERNAL_FILENAME
22	Clearinghouse Trace #	2300 REF02 from inbound submitter REF*D9 NA
23	Claim Sequence #	NA – we don't create a claim sequence number in Aries
24	Message Type	A R W I
25	Message Code	If provided, else NA
26	Message Loop	Loop
27	Message Segment	Segment ID
28	Message Element	Element number
29	Message Text	Claim error message

Table 16 – Human Readable Delayed Payer Report (DPT) Layout

Availity Customer ID: 0015515			
Availity Delayed Payer Report			
Date Received:	2010-11-23	Time Received:	13.30.22.022
Availity Batch ID:	2010112313302000	File Control Number:	101019034
Availity File ID:	2010112313302000		
File Name:	PhysiciansHC_837P.txt		
Patient Account Number:	CN1975-10	Total Charges:	410.00
Patient Name:	LOCKLEAR, HEATHER	Process Date:	2010-11-23
From Date:	20100930	Status:	ACK
Billing Provider Name:	DOCTOR, INDIVIDUAL	Billing Provider ID:	1234567893
Billing Provider NPI:	NA	Submitter Name:	AVAILITY LLC
Payer Name:	PHC TEXAS	Payer Claim Number:	NA
Payer ID:	PHCS1	Payer Seq Number:	NA
Availity Batch ID:	2010112313302000	Trace ID:	240076456_0
Claim Sequence #:	NA		
Message Type:	A	Message Code:	NA
Message Loop:	NA	Message Segment:	NA
Message Element:	NA		
Message Text:	This claim has been accepted for further processing		
END OF REPORT			

Figure 41 – Human Readable Delayed Payer Report (DPT)

Viewable/Printable Format

1. The message text field wrap within the allotted byte length 88.
2. All fields containing monetary amounts (currency) follow U.S. currency format standards.
 - a. The currency format displays commas denoting thousands of dollars.
 - b. The currency format displays two decimal places denoting cents (tenths and hundredth of a dollar). The system rounds to the nearest one cent.

ANSI ACS X12N 277 HEALTH CARE CLAIM ACKNOWLEDGEMENT (277CA)

The ASC X12 Health Care Claim Acknowledgement .277IBR (Figure 42 and Figure 43) and .277EBR (Figure 44 and Figure 45) acknowledges the validity and acceptability of claims at the pre-processing stage. Availity might pre-process claims to determine whether to introduce them to the adjudication system. This process identifies incorrectly formatted claims or missing information so the provider can correct and resubmit the claim.

Availity carries out pre-processing but pre-processing can be conducted by additional entities along the way to the final destination. Therefore, it is possible to receive more than one 277CA for each claim submitted. The level of editing varies from system to system.

Availity does not forward claims that fail the pre-adjudication editing process. Availity forwards claims that pass the pre-adjudication editing process.

277CAs received from the payer might be followed by additional notifications pertaining to the status of the claim. These subsequent notifications are available via the Electronic Batch Report and the Delayed Payer Report.

Note: Submitters who have not elected to receive the 277CA can receive the equivalent proprietary Availity report.

```

ISA*00*                *00*                *01*030240928      *ZZ*AV09311993      *110517*1305**^*00501*000356253
*0*T*:~
GS*HN*030240928*AV01101957*20110517*1305*356254*X*005010X214~
ST*277*1001*005010X214~
BHT*0085*08*356255*20110517*130522*TH~
HL*1**20*1~
NM1*AY*2*AVAILITY LLC*****46*030240928~
TRN*1*20110517130522167~
DTP*050*D8*20110517~
DTP*009*D8*20110517~
HL*2*1*21*1~
NM1*41*2*AVAILITY LLC*****46*030240928~
TRN*2*239097104~
STC*A1:20*20110517*WQ*259.5~
QTY*90*1~
AMT*YU*259.5~
HL*3*2*19*1~
NM1*85*2*PROVIDER*****XX*1234567890~
TRN*1*0~
QTY*QA*1~
AMT*YU*259.5~
HL*4*3*PT~
NM1*QC*1*LASTNAME*FIRSTNAME***MI*K11111~
TRN*2*TEST00013537401~
STC*A1:20*20110517*WQ*259.5~
REF*D9*239097104_16~
DTP*472*RD8*20100831-20100831~
SE*25*1001~
GE*1*356254~
IEA*1*000356253~
    
```

Figure 42 – 277 Positive Immediate Batch Response (IBR)

```

ISA*00*                *00*                *01*030240928      *ZZ*AV09311993      *110524*1645*^*00501*000448848
*0*T*:~
GS*HN*030240928*AV01101957*20110524*1645*448849*X*005010X214~
ST*277*1001*005010X214~
BHT*0085*08*448850*20110524*164536*TH~
HL*1**20*1~
NM1*AY*2*AVAILITY LLC*****46*030240928~
TRN*1*2011052416453672~
DTP*050*D8*20110524~
DTP*009*D8*20110524~
HL*2*1*21*1~
NM1*41*2*AVAILITY LLC*****46*030240928~
TRN*2*239745576~
STC*A1:20*20110524*WQ*75~
QTY*AA*1~
AMT*YY*75~
HL*3*2*19*1~
NM1*85*2*PROVIDER*****XX*1154374825~
TRN*1*0~
REF*TJ*561853990~
QTY*QC*1~
AMT*YY*75~
HL*4*3*PT~
NM1*QC*1*LASTNAME*FIRSTNAME***MI*W1234567890~
TRN*2*110549~
STC*A3:448*20110524*U*75*****TRANSACTION SET HEADER IS INVALID. INVALID DATA 005010X222~
REF*D9*239745576_0~
DTP*472*RD8*20101001-20101001~
SE*26*1001~
GE*1*448849~
IEA*1*000448848~
    
```

Figure 43 – 277 Negative Immediate Batch Response (IBR)

```

ISA*00*                *00*                *01*030240928      *ZZ*AV09311993      *110517*1345*^*00501*000356276
*0*T*:~
GS*HN*030240928*AV01101957*20110517*1345*356277*X*005010X214~
ST*277*1001*005010X214~
BHT*0085*08*356278*20110517*134514*TH~
HL*1**20*1~
NM1*PR*2*CORRECTCARE*****PI*CCIH~
TRN*1*20110517134514367~
DTP*050*D8*20110517~
DTP*009*D8*20110517~
HL*2*1*21*1~
NM1*41*2*AVAILITY LLC*****46*030240928~
TRN*2*239097104~
STC*A1:20*20110517*WQ*259.5~
QTY*90*1~
AMT*YU*259.5~
HL*3*2*19*1~
NM1*85*2*PROVIDER*****XX*1234567890~
TRN*1*0~
QTY*QA*1~
AMT*YU*259.5~
HL*4*3*PT~
NM1*QC*1*LASTNAME*FIRSTNAME***MI*K11111~
TRN*2*TEST00013537401~
STC*A1:20*20110517*WQ*259.5~
REF*D9*239097104_16~
DTP*472*RD8*20100831-20100831~
SE*25*1001~
GE*1*356277~
IEA*1*000356276~
    
```

Figure 44 – 277 Positive Electronic Batch Report (EBR)

```

ISA*00*          *00*          *01*030240928      *ZZ*AV09311993      *110526*1500**^*00501*000465756
*0*T*:~
GS*HN*030240928*AV01101957*20110526*1500*465757*X*005010X214~
ST*277*1001*005010X214~
BHT*0085*08*465758*20110526*150014*TH~
HL*1**20*1~
NM1*PR*2*ADVOCATE HEALTH PARTNERS*****PI*65093~
TRN*1*20110526150014602~
DTP*050*D8*20110526~
DTP*009*D8*20110526~
HL*2*1*21*1~
NM1*41*2*AVAILITY LLC*****46*UB924010THIN~
TRN*2*85371405~
STC*A1:20*20110526*WQ*11591.49~
QTY*AA*1~
AMT*YY*11591.49~
HL*3*2*19*1~
NM1*85*2*PROVIDER*****XX*1234567890~
TRN*1*0~
REF*TJ*363695814~
QTY*QC*1~
AMT*YY*11591.49~
HL*4*3*PT~
NM1*QC*1*LASTNAME*FIRSTNAME****MI*123456-000~
TRN*2*008990~
STC*A3:448*20110526*U*11591.49*****MISSING OR INVALID DATA PREVENTS CARRIER FROM PROCESSING THIS CLAIM~
REF*D9*85371405~
REF*BLT*214~
DTP*472*RD8*20100801-20100824~
SE*27*1001~
GE*1*465757~
IEA*1*000465756~
    
```

Figure 45 – 277 Negative Electronic Batch Report (EBR)

The Proprietary Payer Report

Please Note: Some payers/receivers return a proprietary payer report. These reports are direct pass through; we not do map or edit them. The report file has an .RPT extension.

The Payers/Receivers that are currently sending the .RPT reports include:

Payer Name	Payer ID
MEDICARE 'DMERC' REGION B	17003
MEDICARE 'DMERC' REGION C	18003
MEDICARE 'DMERC' REGION D	19003
UCARE	52629

ELECTRONIC REMITTANCE ADVICE (ERA OR 835)

You can receive claim payment information in an 835 electronic remittance advice (ERA) format from various payers as indicated on the [Availity Health Plan Partners List](#). The ERA files support all claims, whether submitted electronically or via paper. For your convenience, Availity delivers the ERAs to your organization's Availity ReceiveFiles folder, where claim file acknowledgments and claim electronic batch reports are delivered. Some Practice Management Systems (PMS) allow you to import the information, providing seamless data exchange. We encourage you to contact your vendor for details. Each provider must complete the 835 enrollment-registration process before you can receive 835s in your ReceiveFiles folder. Links to these payer services are available on the Availity website.

THE ELECTRONIC HEALTH CARE SERVICES REVIEW (278) BATCH REPORT

In addition to the 278 ANSI ASC X12N response transactions, Availity also produces the Electronic Health Care Services Review viewable/printable summary batch report. To access this report, click **Claims & Payments | Send and Receive EDI Files**. Select the appropriate organization if you are associated to more than one organization. Then click **ReceiveFiles**. The report displays in the list with a .278ebr extension.

When selected, the printable report displays in an active window. This screen displays a viewable/printable summary batch report when errors are received as the response to the 278 request batch transaction, in addition to the 278 ANSI responses as shown in **Table 17**. The HIPAA segment-element information displays for each element.

Availity Electronic Health Care Services Review (278) Batch Report			
Date Received:		Time Received:	
Availity Batch ID:		File Control Number:	
Payer:	2010A – NM103 (NM1_0200)	Type of Request:	2000F – UM01 (UM_1690)
Patient Tracking Number:			
Patient Name:	Sub: 2010CA – NM103, NM104, NM105, NM107 (NM1_0820) Dep: 2010DA – NM103, NM104, NM105, NM107 (NM1_1190)	Patient Date of Birth:	Sub: 2010CA – DMG02 (DMG_0960) Dep: 2010DA – DMG02 (DMG_1320)
Member ID:	Sub: 2010CA – NM109 (NM1_0820) Dep: 2010DA – NM109 (NM1_1190)	Patient Gender:	Sub: 2010CA – DMG03 (DMG_0960) Dep: 2010DA – DMG03 (DMG_1320)
Subscriber Name:	2010CA – NM103, NM104, NM105, NM107 (NM1_0820)	Supplemental ID:	Sub: 2010CA – REF02 (REF_0830) Dep: 2010DA – REF02 (REF_1200)
Error Message:			
Error Code			
Loop:			
Message: 2000E – MSG01 (MSG_1510)			

Table 17 – 278 Batch Report Layout, with Errors, with HIPAA Segment Information

When the 278 request transaction has passed all HIPAA validation it is sent to the payer. The payer responds with the 278 Health Care Services Review response transactions. This transaction is reporting in the layout shown below in **Table 18**.

Availity Electronic Health Care Services Review (278) Batch Report			
Date Received:		Time Received:	
Availity Batch ID:		File Control Number:	
HCSR(s) Received:		HCSR(s) Accepted:	
Message 2000E – MSG01 (MSG_1510)			
Payer:	2010A – NM103 (NM1_0200)	Type of Request:	2000F – UM01 (UM_1690)
Payer:	2010A – NM103 (NM1_0200)	Type of Request:	2000F – UM01 (UM_1690)
Patient Tracking Number:			
Patient Name:	Sub: 2010CA – NM103, NM104, NM105, NM107 (NM1_0820) Dep: 2010DA – NM103, NM104, NM105, NM107 (NM1_1190)	Patient Date of Birth:	Sub: 2010CA – DMG02 (DMG_0960) Dep: 2010DA – DMG02 (DMG_1320)
Member ID:	Sub: 2010CA – NM109 (NM1_0820) Dep: 2010DA – NM109 (NM1_1190)	Patient Gender:	Sub: 2010CA – DMG03 (DMG_0960) Dep: 2010DA – DMG03 (DMG_1320)
Subscriber Name:	2010CA – NM103, NM104, NM105, NM107 (NM1_0820)	Supplemental ID:	Sub: 2010CA – REF02 (REF_0830) Dep: 2010DA – REF02 (REF_1200)
Certification #:	2000F – HCR02 (HCR_1700)	Status:	2000F – HCR01 (HCR_1700)
Type of Service #1:	2000F – UM03 (UM_1690) – 1 st loop		
Type of Service #2:	2000F – UM03 (UM_1690) – 2 nd loop		
Type of Service #3:	2000F – UM03 (UM_1690) – 3 rd loop		
Type of Service #4:	2000F – UM03 (UM_1690) – 4 th loop		
Admission Date:	2000F – DTP03 (DTP_1730)	Service Date:	2000F – DTP03 (DTP_1720)
Effective Date:	2000F – DTP03 (DTP_1780)		
Expiration Date:	2000F – DTP03 (DTP_1770)	Certification Date:	2000F – DTP03 (DTP_1760)
Referred by Provider			
Name:	2010B - NM103, NM104, NM105, NM107 (NM1_0480)		
Tax ID:	2010B – NM109 (NM1_0480)		
Payer	2010B - REF02 (REF_0490)		
Assigned ID:			
Referred to Provider/Facility			
Name:	(This loop can repeat up to 10 times.) 2010E - NM103, NM104, NM105, NM107 (NM1_1520)		
Tax ID:	2010E – NM109 (NM1_1520)		
Payer	2010E - REF02 (REF_1530)		
Assigned ID:			
Lab & Clinical Information:	2000F – MSG01 (MSG_1910)		

Table 18 – 278 Batch Report Layout, no Errors, with HIPAA Segment Information

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