

Setting Up Availity Reporting Preferences

How to set the reporting preferences in your Availity account so that TheraQuick can retrieve the necessary files for determining if the claims have been accepted or rejected.

Go to the Availity.com website and register for an account, or login if you're already registered.



availity®
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Login or Register for an Account

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Not sure yet?
Let us take you on a tour. →

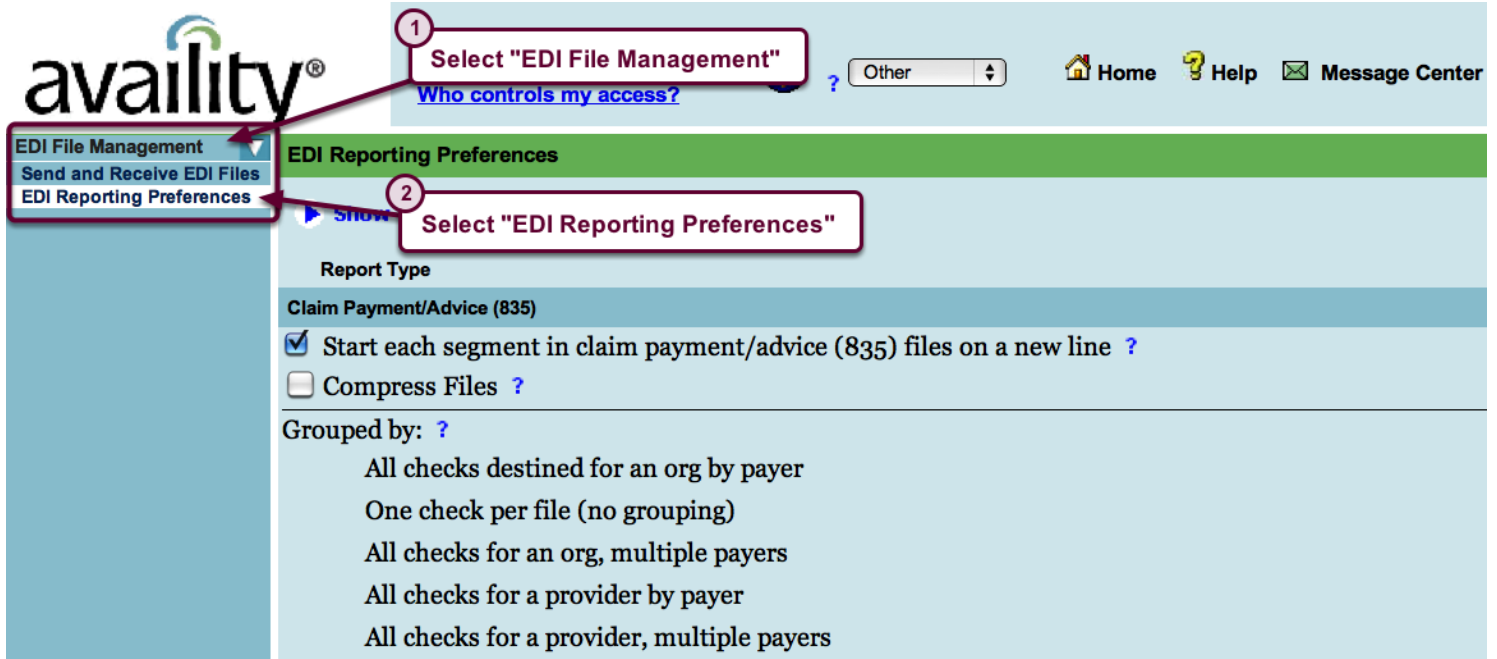
10/7/09
Availity Solution is Central to Landmark Initiative, Helps Streamline Health Care Administration and Reduce Costs for Ohio Physicians
Collaboration enables providers to improve health care quality, reduce costs and increase efficiency through automation and simplification of routine office work.
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After logging in, continue to your account home.

(1) Click on the "EDI File Management" header on the left of your account home page, then (2) click on "EDI Reporting Preferences."



The screenshot shows the Availity web interface. On the left, a navigation menu is open, highlighting "EDI File Management" and its sub-items: "Send and Receive EDI Files" and "EDI Reporting Preferences". A red callout box with a circled "1" points to "EDI File Management" with the text "Select 'EDI File Management'". Another red callout box with a circled "2" points to "EDI Reporting Preferences" with the text "Select 'EDI Reporting Preferences'". The main content area shows the "EDI Reporting Preferences" page. Under the "Report Type" section, there is a sub-section for "Claim Payment/Advice (835)" with two checkboxes: "Start each segment in claim payment/advice (835) files on a new line" (checked) and "Compress Files" (unchecked). Below this is a "Grouped by:" section with a dropdown menu showing several options: "All checks destined for an org by payer", "One check per file (no grouping)", "All checks for an org, multiple payers", "All checks for a provider by payer", and "All checks for a provider, multiple payers".

You will be presented with a page of options for the different types of reports that Availity can prepare in response to a file that's been uploaded.

Scroll down to the Acknowledgements preferences, then activate the options shown below.



Paul Dacanay
Monday, September 28, 2009
[Who controls my access?](#)

Other [v] Home ? Help Message Center Logoff

Availity Resources Free Training Payer Resources

EDI File Management
Send and Receive EDI Files
EDI Reporting Preferences

Acknowledgements (997)

- Negative file acknowledgements [Required] ? .ack/.act
- Positive file acknowledgements ? .ack/.act
- 997 Acknowledgement - Text Format ? .act
- 997 Acknowledgement - X12 Format ? .ack
- Both .ack/.act

Immediate Batch Response (IBR)

- Data file with HIPAA and Availity errors ? .ibr
- Text report with HIPAA and Availity errors ? .ibt
- Receive Claims Immediate Batch Response (IBR) linked together in one data file and/or text report per day ? [Time Select] AM PM

Claims Electronic Batch Reports (EBR)
Select one data file and/or one text report.

- Data file with error reporting and pre-payment responses ? .ebr
- Data file with all claims acknowledged, including errors, clean claims, and pre-payment responses ? .ebr
- None
- Text report with error reporting and pre-payment responses ? .txt
- Text report with all claims acknowledged, including errors, clean claims, and pre-payment responses ? .txt
- None
- Receive Claims Electronic Batch Reports (EBR) linked together in one data file and/or text report per day. ? [Time Select] AM PM

Claims Delayed Payer Report (DPR)

- Data file ? .dpr
- Printable Delayed Payer Text Report ? .dpt
- Receive Delayed Payer Reports (DPR) linked together in one data file and/or text report per day ? [Time Select] AM PM

All Non-Claim Responses

- Start each segment in response files for eligibility & benefits, claim status, and authorizations/referrals on a new line ?

Authorization/Referral Responses (Health Care Services Review Responses)

- Summary text report ? .278ebr
- Data file containing 278 ANSI ASC X12N responses [Required] ? .x12
- Data file containing 278 ANSI ASC X12N delayed responses [Required] ? .x12

Eligibility & Benefits Responses

- Data file containing 271 ANSI ASC X12N responses [Required] ? .x12
- Data file containing 271 ANSI ASC X12N delayed responses [Required] ? .x12

Claims Status Responses

- Data file containing 277 ANSI ASC X12N responses [Required] ? .x12
- Data file containing 277 ANSI ASC X12N delayed responses [Required] ? .x12

Submit Reset Default Values

Select (1) Positive file acknowledgements, with (2) both file types. Check (3) Data file and (4) Text report with HIPAA and Availity errors. Select (5) Data file and (6) Text report with all claims acknowledged, including errors, clean claims, and pre-payment responses. Then you're done! Availity will now produce the necessary reports for TheraQuick to retrieve and interpret in response to your claim submissions.