

Availity Readiness Checklist

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By PracticeHwy.com, Inc.

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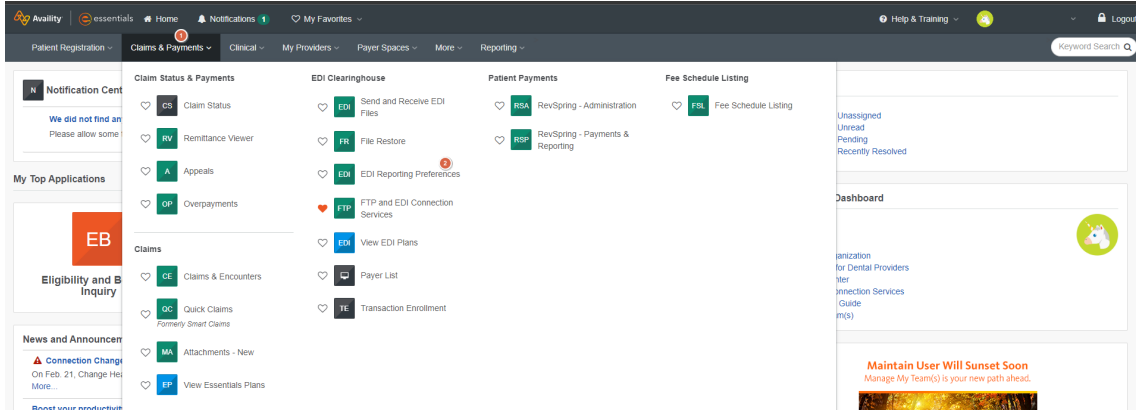
Availity Readiness Checklist

Checklist Instructions

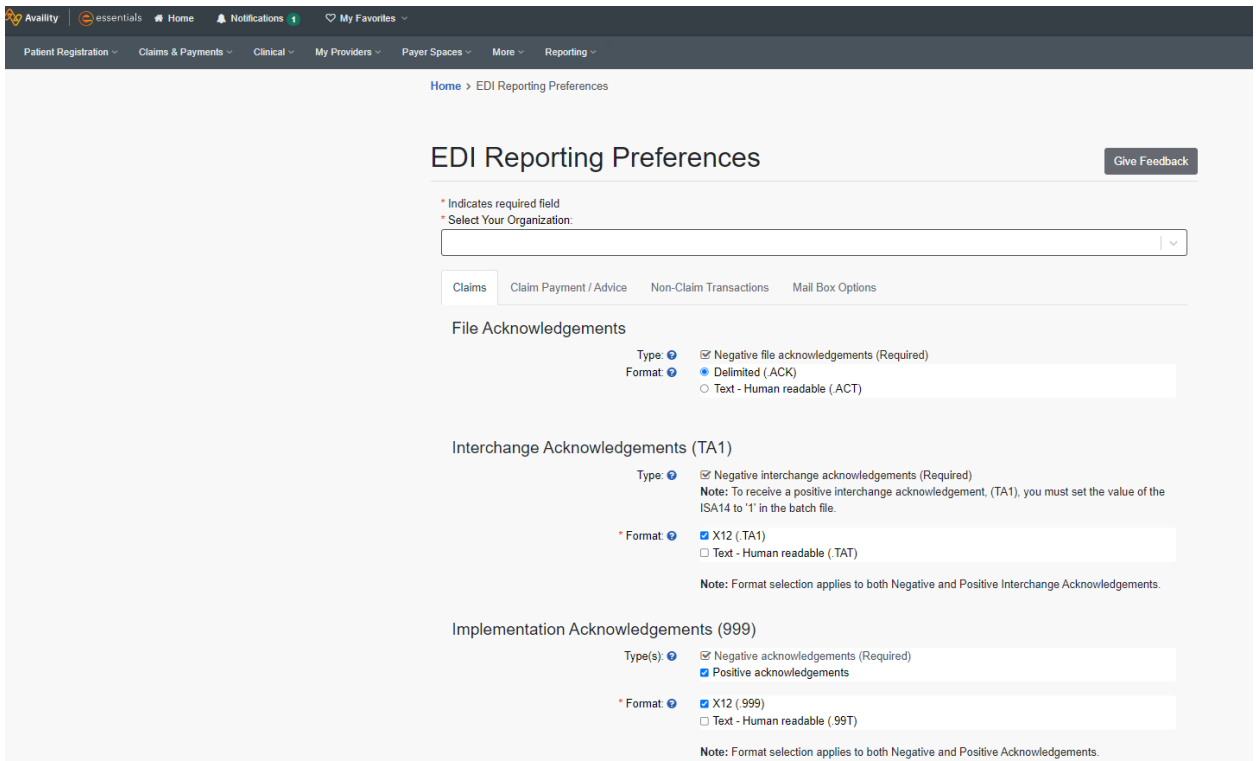
As you go through this checklist, you will need to acknowledge, check off, and provide screenshots to document that all necessary steps have been completed.

Configuration Instructions

- Login to Availity Portal <https://apps.availity.com/availity/web/public.elegant.login>
- Once inside the portal, click *Claims & Payments*, and then click *EDI Reporting Preferences*.



- You will see the below screen.



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- Be sure to match the options that are on the screenshots below, it's very important to match these exactly as shown below.

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.

Implementation Acknowledgements (999)

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

* Format: X12 (.999)
 Text - Human readable (.99T)

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

Include TA1: Include TA1 with this acknowledgement

Note: You also must set the value of the ISA14 to '1' in the batch file.

Immediate Batch Responses Plus (IBRP) Changes for this report will apply to claims received after this update.

Format: Data Report (.IBRP)
 Text Report (.IBTP)
 277CA (.277IBRP)

Grouped by:

Delivery: Immediate
 Scheduled Response

Electronic Batch Reports (EBR) Changes for this report will apply to claims received after this update.

* Format: Data Report (.EBR)
 Summary Data Report (.EBR)
 Detail Data Report (.EBR)

Text Report (.EBT)
 277CA (.277EBR)

Grouped by:

Delivery: Immediate
 Scheduled Response

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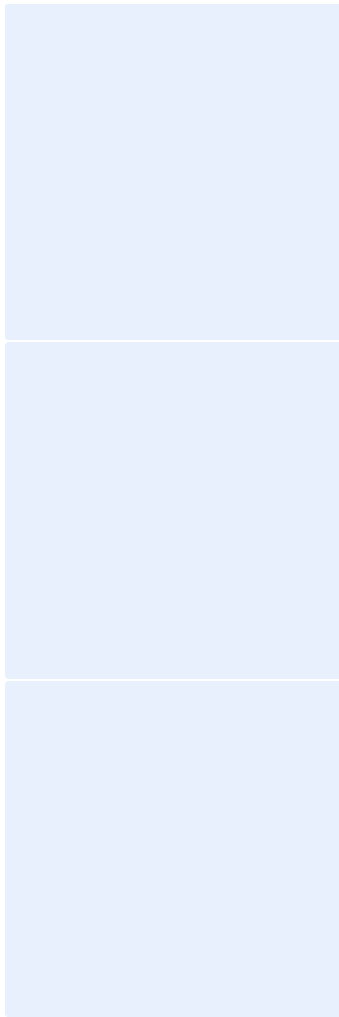
Delayed Payer Reports (DPR) Changes for this report will apply to claims received after this update.

* Format: Data Report (.DPR)
 Text Report (.DPT)
 277CA (.277DPR)

Grouped by:

Delivery: Immediate
 Scheduled Response

Please provide screenshots, showing that all options match the above screenshots.



- Once finished, click “save” and notify your eIVF contact through the assigned ticket.

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Note

Please note that the [Availity Lifeline](#) solution is a temporary solution for electronic claim submissions within eIVF. ERAs, EDI eligibility, and statements are not fully supported. Please follow the step below to make the switch over to Availity:

1. The customer is to stop submitting claims through eIVF, until you receive notification from PracticeHwy that Availity Lifeline Solution has been enabled. You will still be able to post encounters.
2. The customer must save a backup file of Change Healthcare Payer ID's. This can be done by going into System Setup > Billing > Billing Insurance > Export to Excel.
3. Then the customer will need to update the payer ID list in eIVF to Availity's Payer ID list. This can be done by going into System Setup > Billing > Billing Insurance, then you will have to update changes in the Payer ID column and then press "save".

The screenshot shows the eIVF System Setup interface. The 'Billing Insurance' section is active, displaying a table of insurance carriers. The table has columns for ID, Insurance Carrier Name, Paper, Electronically, Batch, Unclaim, Insurance Group, Payer ID, Sender ID, B2B Receiver, 270 Receiver, and RemitAddr. The Payer ID column is highlighted in yellow.

ID	Insurance Carrier Name	Paper	Electronically	Batch	Unclaim	Insurance Group	Payer ID	Sender ID	B2B Receiver	270 Receiver	RemitAddr
1	Aetna Healthcare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aetna	60054	60054	60054		<input type="checkbox"/>
3	All Savers UHC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UHC	81400	81400	81400		<input type="checkbox"/>
4	Allegiance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CIGNA	81040	81040	81040		<input type="checkbox"/>
6	Ambetter Sunshine Health - 68069	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commercial	68069	68069	68069		<input type="checkbox"/>
7	Avmed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commercial	59274	59274	59274		<input type="checkbox"/>
9	BCBS Florida	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCBS	SB590	SB590	SB590		<input type="checkbox"/>
10	Cigna Healthcare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CIGNA	62308	62308	62308		<input type="checkbox"/>
11	CRM Donor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>
12	Florida Healthcare Plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCBS	59322	59322	59322		<input type="checkbox"/>
13	GEHA UHC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UHC	39026	39026	39026		<input type="checkbox"/>
14	Golden Rule	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UHC	37602	37602	37602		<input type="checkbox"/>
15	Matrix - Health First Health Plans - 95019	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commercial	95019	95019	95019		<input type="checkbox"/>
16	Humana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humana	61101	61101	61101		<input type="checkbox"/>
17	Meritain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aetna	64157	64157	64157		<input type="checkbox"/>
18	Olympus Managed Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UHC	65074	65074	65074		<input type="checkbox"/>
19	Oscar - Oscar	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commercial	OSCAR	OSCAR	OSCAR		<input type="checkbox"/>
20	Oxford UHC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UHC	06111	06111	06111		<input type="checkbox"/>
21	Progyry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commercial	PROGY	PROGY	PROGY		<input type="checkbox"/>
22	Tricare East	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government	68299	68299	68299		<input type="checkbox"/>
23	TriWest Healthcare Alliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government					<input type="checkbox"/>
24	United Healthcare UHC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UHC	87726	87726	87726		<input type="checkbox"/>
25	United Medical Resources	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UHC	39026	39026	39026		<input type="checkbox"/>
26	United Medical Resources ORHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UHC	39026	39026	39026		<input type="checkbox"/>
27	VA CCN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government	VACCN	VACCN	VACCN		<input type="checkbox"/>

I, **Full Name**, acknowledge that this information is complete and accurate for **Clinic Name**.

Today's Date: **Click or tap to enter a date.**