

Installing and setting up the RelayHealthRT EDI 10 plug-in

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The RelayHealthRT EDI 10 plug-in is an auxiliary program that works with Centricity® Practice Solution 10 to enable the electronic:

- Processing of RelayHealthRT's 5010 eligibility responses
- Creation, transmission, and processing of 5010 real-time (RT) eligibility files X12N 270/271.

This document describes how to install and set up the RelayHealthRT EDI 10 plug-in and modify your existing Centricity Practice Solution database for electronic data interchange (EDI) transaction processing.

The procedures you need to perform depend on your reason for installing the plug-in, for example first-time implementation of EDI claim processing versus a simple plug-in upgrade. Refer to the appropriate checklist to determine the required procedures.

Using the documentation

Adobe® Portable Document Format (PDF) is a universal file format and standard for electronic distribution of documents. Using Adobe's Acrobat® Reader®, you can view and navigate PDF files online or print them. However, because much of this content is step-by-step instruction you may want to print relative information. See the Acrobat Reader help for more information.

To make the best use of this document, you should be aware of the conventions used, which are intended to facilitate finding, reading, understanding, and using the available information.

Text conventions	Used to indicate...
Menu > Menu Command	What you select from the menu bar; for example, "Select Edit > Companies. "
Note	A statement of general interest.
Prerequisite	A condition that must exist before you can perform a procedure.

Formatting conventions	Used to indicate...
Bold text	Software interface elements (such as tab, button, field, and checkbox) that you interact with by selecting, choosing, or clicking. Screen elements that are only referenced are in plain text.
Fixed-width fonts	Text you enter by typing, for example: 1 313 424 1120

Checklist for first time installations

If your practice is new to EDI transaction processing or if this is a first time installation of the RelayHealthRT plug-in, you need to perform the following tasks to install the plug-in and set up Centricity Practice Solution for transaction processing.

 Some tasks have more than one procedure.

- [“Enroll for EDI transaction processing” on page 5](#)
- [“Collect required information” on page 6](#)
- [“Install the RelayHealthRT EDI 10 plug-in” on page 7](#)
- [“Verify plug-in installation” on page 8](#)
- [“Set up the clearinghouse” on page 10](#)
- [“Add optional services” on page 12](#)

Checklist for upgrading only


If you want to upgrade the currently installed plug-in, you need to perform only the following procedures.

If you are changing clearinghouses, you should treat this as a new installation. See the [“Checklist for first time installations” on page 2](#).


If you want to upgrade the plug-in version and add optional services, see the following:

- [“Enroll for EDI transaction processing” on page 5](#)
- [“Install the RelayHealthRT EDI 10 plug-in” on page 7](#)
- [“Verify plug-in installation” on page 8](#)

Checklist for real-time eligibility processing

 RelayHealthRT real-time eligibility is available for Centricity Practice Solution.

If you want to upgrade a currently installed plug-in and add the optional service of real-time eligibility processing, you need to perform only the following tasks.

 Some tasks have more than one procedure.

If you are changing the clearinghouse, you need to treat this as a new installation. See the [“Checklist for first time installations” on page 2](#).

If you want to upgrade the plug-in and add real-time eligibility processing, see the [“Checklist for real-time eligibility processing” on page 4](#).

[“Enroll for EDI transaction processing” on page 5](#).

[“Collect required information” on page 6](#).

[“Install the RelayHealthRT EDI 10 plug-in” on page 7](#).

[“Verify plug-in installation” on page 8](#).

[“Set up real-time eligibility processing” on page 12](#).

Enroll for EDI transaction processing

Before you can electronically process transactions through the RelayHealthRT clearinghouse, you must enroll through GE Healthcare EDI. Separate enrollment is required for claims, remittance, and real-time eligibility.

Refer to your GE Centricity Practice Solution Welcome Kit and contact GE Healthcare EDI by phone or e-mail:

- 1-800-645-0989
- CPO-EDIMailbox@med.ge.com



Enrollment normally takes from six to eight weeks to complete.

Collect required information

Use the following checklist to ensure you have the information required to set up the Centricity Practice Solution database for EDI transaction processing.

Site information


- Server name – name of your SQL server _____
- User name – SA (system administrator) _____
- Password – system administrator password _____
- Database name _____
- Address of the practice or billing service submitting claims – street, city, state, and zip code
- _____
- Your site's general guidelines for automatic posting of remittance files

Clearinghouse and carrier information

- Logon ID and password – contact your EDI Implementation Specialist _____
- Remittance logon ID and password – contact GE Enrollments _____
- Eligibility logon ID and password – contact GE Enrollments _____
- Payer literals (remittance only) – N1 PR segment of the X12 835 remittance file
- Test file requirements – check your payor agreements _____

Install the RelayHealthRT EDI 10 plug-in

Perform this procedure to install the RelayHealthRT EDI 10 plug-in on a workstation (local computer) or a network server.


 If you are installing the plug-in locally, you must install the plug-in on all workstations that are used to batch and transmit claims, process reports, process remittance, process real-time eligibility.

Prerequisites

- ["Enroll for EDI transaction processing" on page 5.](#)
- Have administrative privileges to the computer or be logged on as the administrator.
- Know the server name, database name, and SA password. See ["Collect required information" on page 6.](#)
- Have Centricity Practice Solution security permissions.

To install the RelayHealthRT EDI 10 plug-in

- 1 From the Centricity Practice Solution main menu, click the **Product Updates** button.
The Centricity Practice Solution Product Installer page opens.
 - 2 Click the grey button in the upper right-hand corner of the page to check for download updates.
The GE Product Updates page opens.
 - 3 Under **Status**, select the **Download Update** or **New Download** link for the desired plug-in.
The File Download page opens.
 - 4 Select the **Back to Product Update page** link, when the download is complete.
 - 5 In the **Optional** section (for a new installation), select the **RelayHealthRT96** install link to install the plug-in for the first time.
The InstallShield One-Step Install page opens.
 - 6 Click **Install**.
The InstallShield Wizard opens.
 - 7 Follow the installation instructions to complete the installation.
-

 You must configure the database the first time you install the plug-in and each time you install a new build of the plug-in. On the Setup Type window, select the **Yes, configure a new database** option. If you subsequently install the plug-in on other computers, select the **No, just install the plug-in on this workstation** option.

The installation is complete when the status bar indicates **Done**.

Verify plug-in installation


Perform this procedure to ensure the RelayHealthRT EDI 10 plug-in is successfully installed.


To verify plug-in installation

- 1 From the Centricity Practice Solution main menu, click **Administration**.
The Administration window opens.
- 2 Select **Edit > Plug-Ins**.
The Plug-ins window opens.
- 3 Select the Eligibility Files Creator tab.
- 4 Select the desired plug-in, then click **Verify**.
The File Creator window opens.
- 5 Ensure each item is "available," then click **OK**.
- 6 Select the **File Processor** tab, then repeat steps 3 and 4.
- 7 Select the **File Transmitters** tab, then repeat steps 3 and 4.
- 8 Click **Cancel** to close the Plug-in window.

Troubleshoot installation

Plug-in file settings are configured automatically when you install the plug-in. If your installation verification failed, compare your plug-in file settings with the settings in the examples that follow. If you find discrepancies, contact your VAR or GE Support.

 Do not alter these settings unless you know how to create your own plug-ins or have specific instructions from your VAR or GE Support.

 Before using EDI Submission Management, you must log out of Centricity Practice Solution and close the Internet Explorer® start screen to view recently installed plug-ins.

Procedures for comparing plug-in file settings for RelayHealthRT EDI 10 are:

- ["View RelayHealthRT EDI 10 plug-in file settings" on page 8.](#)

View RelayHealthRT EDI 10 plug-in file settings

Perform this procedure to compare your RelayHealthRT EDI 10 plug-in file settings to the settings in the examples.

To view the RelayHealthRT EDI 10 plug-in file settings

- 1 From the Administration window, select **Edit > Plug-ins**.
The Plug-ins window opens with the Claim File Creators tab selected.
- 2 Select the **File Processors** tab.

-
- 3 Select **RelayHealthRT File Processor-v5010**, then click **Modify**.

The Modify File Processor window opens.

Field	Setting
File Processor Plug-In Prog ID	GE.CPO.TradingPartner.RelayHealthRT.Processing
Clearinghouse Settings Prog ID	GE.CPO.TradingPartner.API.FileProcessingCH
Eligibility Settings Prog ID	GE.CPO.TradingPartner.API.FileProcessingInsCarrier
File Viewer Prog ID	MBCGenericFileViewer90.Viewer

- 4 Compare your settings with the settings in the example, then click **Cancel**.

- 5 Select the **File Transmitters** tab.

- 6 Select **RelayHealthRT File Transmitter**, then click **Modify**.

The Modify File Transmitter window opens.

Field	Setting
File Transmitter Plug-In Prog ID	McKessonRTE90.Transmission
Clearinghouse Settings Prog ID	McKessonRTE90.TransmissionCH

- 7 Compare your settings with the settings in the example, then click **Cancel**.

- 8 Select the **Eligibility File Creators** tab.

- 9 Select **RelayHealthRT Eligibility File Creator-v5010**, then click **Modify**.

The Modify Eligibility File Creator window opens.

Field	Setting
File Creator Plug-in Prog ID	GE.CPO.TradingPartner.RelayHealthRT.Eligibility
Clearinghouse Settings Prog ID	GE.CPO.TradingPartner.RelayHealthRT.ElgCreationCH
Insurance Carrier Settings Prog ID	GE.CPO.TradingPartner.API.ElgCreationInsCarrier
File Viewer Prog ID	MBCGenericFileViewer90.Viewer

- 10 Compare your settings with the settings in the example, then click **Cancel**.

- 11 Click **Cancel** to close the Plug-ins window and return to the Administration window.

Set up the clearinghouse

Before you successfully exchange (transmit and receive) EDI transactions with the RelayHealthRT clearinghouse, you must ensure the Centricity Practice Solution database is set up with the required information. For example, the database must contain clearinghouse-specific information for creating claim files, connecting and logging on, and transmitting/receiving files.

To set up the clearinghouse, see the following procedures:

- [“Select the RelayHealthRT clearinghouse and access the Edit Clearinghouse Settings window” on page 10.](#)
- [“Set up submitter information” on page 10.](#)
- [“Set up file transmission” on page 11.](#)

Select the RelayHealthRT clearinghouse and access the Edit Clearinghouse Settings window

Perform this procedure to select the RelayHealthRT clearinghouse and access the Edit Clearinghouse Settings window. From this window, you enter information that is required to create claim files, process remittance, create statements, and transmit and receive electronic files.

To select the RelayHealthRT clearinghouse and access the Edit Clearinghouse Settings window

- 1 From the Administration window, select **Edit > Clearinghouses**.
The Find Clearinghouse window opens.
- 2 Click **Search**.
- 3 In the search results, select **RelayHealthRT**, then click **Edit**.
The Edit Clearinghouse Settings window opens with the File Transmission/Processing tab selected.

Set up submitter information

Perform this procedure to enter contact information that enables two-way communication between your site and the RelayHealthRT clearinghouse.

Prerequisites

- Obtain site contact and RelayHealthRT logon information. See [“Collect required information” on page 6.](#)
- [“Select the RelayHealthRT clearinghouse and access the Edit Clearinghouse Settings window” on page 10.](#)

To set up submitter information

- ▶ On the **File Transmission/Processing** tab of the Edit Clearinghouse Settings window under **Submitter Information**, complete the fields using the following criteria:

* – indicates an entry or selection in this field or row is required.

Site specific – indicates site specifications.

Clearinghouse specific – indicates clearinghouse-specific requirements. Check with the clearinghouse to determine requirements.

Use this field...	To do this...
* Name	Site specific – Enter the name of the company or office that is transmitting files.
* Contact	Site specific – Enter the name of the person the clearinghouse is to contact.
* Phone	Site specific – Enter the phone number of the contact person at this site.
* Logon ID	Clearinghouse specific – Enter the logon ID for RelayHealthRT (provided by GE Healthcare).
* Logon Password	Clearinghouse specific – Enter the logon password for RelayHealthRT (provided by GE Healthcare).

Set up file transmission

Perform this procedure on computers used to transmit files to the clearinghouse.

Prerequisites

- Obtain connection information. See [“Collect required information” on page 6](#).
- [“Select the RelayHealthRT clearinghouse and access the Edit Clearinghouse Settings window” on page 10](#).

Add optional services

Real-time eligibility is an optional services for EDI transaction processing. Before you can implement this service, you must enroll through GE Healthcare. Additionally, you will need to set up your Centricity Practice Solution database to process HIPAA-compliant electronic files.

Procedures for adding optional services are:

- [“Set up real-time eligibility processing” on page 12.](#)

Set up real-time eligibility processing

RelayHealthRT EDI 10 real-time eligibility processing enables you to send eligibility requests immediately after you request to verify eligibility. To verify eligibility in Patient Information, click the **Verify Eligibility** button in the Additional Policy Information window.

To verify eligibility in Scheduling:

- Select **Edit > Verify Eligibility for Schedule** to verify eligibility for all applicable patient appointments in a schedule.
- Select an appointment then select **Edit > Verify Eligibility** to verify eligibility for an individual.
- Right-click on an appointment and select **Verify Eligibility** to verify eligibility for an individual.



Patient details will not display in the lower screen of the EDI Submission Management window unless a guarantor is selected in Patient Information. However, the eligibility file will be created correctly.

Prior to setting up Centricity Practice Solution and the RelayHealthRT EDI 10 plug-in for real-time eligibility processing, you must:

- Enroll for real-time eligibility processing, see [“Enroll for EDI transaction processing” on page 5.](#)
- File claims through Centricity Practice Solution. See the Centricity Practice Solution online help.

Procedures for setting up real-time eligibility processing are as follows:

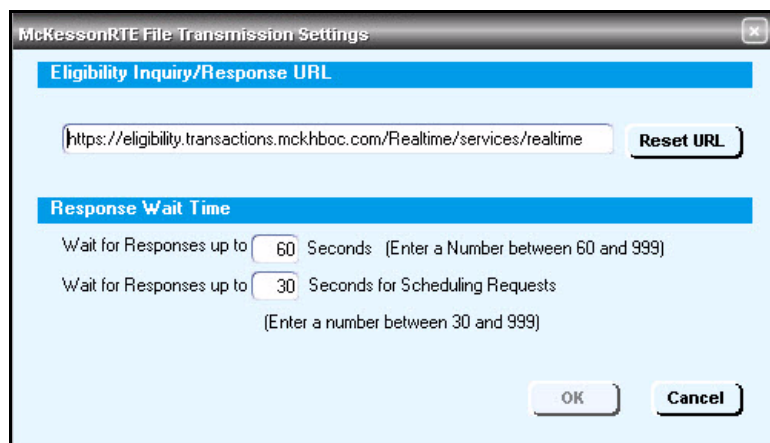
- [“Set up real-time eligibility file transmission” on page 12.](#)
- [“Set up clearinghouse real-time eligibility file criteria” on page 13.](#)
- [“Set up carrier eligibility file criteria” on page 15.](#)
- [“Set up eligibility file processing insurance carrier settings” on page 20.](#)
- [“Select the RelayHealthRT clearinghouse and access the Edit Clearinghouse Settings window” on page 10.](#)

Set up real-time eligibility file transmission

- 1 On the **File Transmission/Processing** tab of the Edit Clearinghouse Settings window under **Plugins**, select **RelayHealthRT File Transmitter** from the **File Transmission** list.


2 Click **Settings**.

The RelayHealthRT File Transmission Settings window opens.



3 If the **URL** field is blank, click **Reset URL**.

The RelayHealthRT real-time eligibility URL is automatically entered.

 Each time you update RelayHealthRT, you must click **Reset URL** to automatically enter the latest URL.

4 Set the maximum wait time (in seconds) for the plug-in to wait for eligibility responses.

5 Set the maximum wait time (in seconds) for scheduling requests.

6 Click **OK** to save your changes and return to the Edit Clearinghouse Settings window.

Set up clearinghouse real-time eligibility file criteria

Perform this procedure to set up the Centricity Practice Solution database with the information required to send real-time eligibility files to the RelayHealthRT clearinghouse.

Prerequisites

- Obtain connection information. See [“Collect required information” on page 6](#).
- Set up clearinghouse file transmission properties for real-time eligibility. See [“Set up real-time eligibility file transmission” on page 12](#).
- Determine if RelayHealthRT requires test files prior to going live. See [“Collect required information” on page 6](#).
- [“Select the RelayHealthRT clearinghouse and access the Edit Clearinghouse Settings window” on page 10](#).

To set up clearinghouse real-time eligibility file criteria

1 On the Edit Clearinghouse Settings window, select the **File Creator** tab.

2 From the **File Creator Plug-in** list, select **RelayHealthRT Eligibility File Creator**.

3 Click **Settings**.

The Eligibility Clearinghouse Settings window opens.

The screenshot shows a software window titled "Eligibility Clearinghouse Settings". It is divided into several sections. The "Identification" section contains three text input fields: "Login ID", "Password", and "User ID". The "Inquiry Status" section has two radio buttons: "Production" and "Test", with "Test" being the selected option. The "Transmission Status" section contains a checkbox labeled "Do NOT Automatically Send 270". Below these is a section titled "Loop 2110 EQ Segment" which includes a checkbox "Create EQ Segment(s) with Selected Service Type Code(s)" and a button labeled "Service Type Codes". At the bottom of the window are "OK" and "Cancel" buttons.

4 Complete the fields using the following criteria:


* – indicates an entry or selection in this field or row is required.

Site specific – indicates site specifications.

Clearinghouse specific – indicates clearinghouse-specific requirements. Check with the clearinghouse to determine requirements

Carrier specific – indicates carrier-specific requirements. Check with the carrier to determine requirements.


Use this field...	To do this...
Login Information	
Login ID	Clearinghouse specific – Enter the login ID for RelayHealthRT (provided by GE Healthcare)
Password	Clearinghouse specific – Enter the password for RelayHealthRT (provided by GE Healthcare)
User ID	Clearinghouse specific – Enter the user ID for RelayHealthRT (provided by GE Healthcare)
Inquiry Status	
* Test or Production	Carrier specific – Select the Test option to submit test eligibility files or the Production option to submit live eligibility files to the clearinghouse. Note: Check your payer agreements to determine if you are required to send test eligibility files prior to going into production.
Transmission Option	

Use this field...	To do this...
Do NOT Automatically Send 270	Site specific – Select to not send 270 files automatically right after their creation, so that all eligibility files can be sent manually at a later time.
Loop 2110 EQ Segment	
Create EQ Segment(s) with Selected Service Type Codes)	Select to create an EQ segment with selected service type codes. <ol style="list-style-type: none"> If you select this setting, select Service Type codes from the following Service Type categories: <ul style="list-style-type: none"> 1 – 38 39 – 74 75 – AA AB – BR BS – ON PT – UC Select the service type codes you would like to include, then click OK.
	<hr/>  The maximum number of selected service type codes is 99. If you select more than 99 service type codes, only the first 99 codes will be created in the inquiry. <hr/> <p style="text-align: center;">Each selected service type code creates one EQ segment.</p>

- Click **OK** to save your changes and return to the Edit Clearinghouse Settings window.
- On the Edit Clearinghouse Settings window, click **OK**.
- On the Find Clearinghouse window, click **OK**.

Set up carrier eligibility file criteria

Perform this procedure to select patient status, date, and inquiry criteria.

 You can complete the Eligibility fields only if both the Company and Filing Method fields are set to (all). Currently, patient eligibility is not specific to a company.

Prerequisites

- Obtain payer IDs. See [“Collect required information” on page 6](#).

To set up carrier eligibility file criteria

- From the Edit Insurance Carrier window, select the **EDI** tab.
- Under **File Creators**, select a row, then click **Edit**.
The Insurance Carrier EDI window opens.
- Under **Eligibility**, in the **Clearinghouse** field, select **RelayHealthRT** from the list.

- 4 In the **Payer ID** field, enter the appropriate ID for this carrier.
- 5 From the **Creator Plug-In** list, select **RelayHealthRT Eligibility Claim File Creator**, then click **Settings**.

The Eligibility Insurance Carrier Settings window opens with the **Criteria** tab selected.

- 6 Complete the fields using the following criteria:

Site specific – indicates site specifications.


Use this option...	To do this...
Date Criteria	
Appointment Date	Site specific – Select to request eligibility for all patients on the schedule who have met the selected patient status criteria.
New Calendar Month	Site specific – Select to request eligibility for all patients who have met the patient status criteria and whose eligibility was last verified in a prior month.
Last Verified Date is Older than ___ Days	Site specific – Select to request eligibility for all patients who have met the patient status criteria and whose last eligibility verification is older than the number of days specified in the days field.
Eligibility Inquiry Creation Settings	
Create one Eligibility inquiry per Patient	Site specific – Select to create one eligibility request per patient regardless of the number of appointments made with the doctors on the schedule.
Create one Eligibility inquiry per Patient per Doctor	Site specific – Select to create one eligibility request per patient per doctor regardless of the number of appointments made with the same doctor on the schedule.

- 7 Select the **Receiver Information** tab.
- 8 Complete the fields using the following criteria:

Site specific – indicates site specifications.

Use this option...	To do this...
Loop 2100B NM102 Segment	
Send Entity Qualifier "2"	Check the setting to send Entity Qualifier "2" in Loop 2100B NM102 if required by the payer.
Loop 2100B NM109 Segment	
Send NPI for Individual Doctor	Select to send the NPI for an Individual Doctor in the Loop 2100B NM109 segment.


Use this option...	To do this...
Send NPI for Group	Select to send the NPI for a Group in the Loop 2100B NM109 segment.
Send Tax ID with Qualifier	<p>Select to send the Tax ID in segment NM109. This is the default setting.</p> <p>Note: The Tax ID is pulled from one of the following fields:</p> <ul style="list-style-type: none"> ■ The Edit Provider window > Identification tab > Provider ID Numbers window > Federal Tax ID field ■ The Modify Company window > Identification tab > Company ID Numbers window > Federal Tax ID field. This is used when a company has one Federal Tax ID for all its doctors.
Send Type with Qualifier	<p>Select to send type and selected qualifier.</p> <p>If you select this setting, you must also select a qualifier from the list.</p> <p>A 270 transaction with the selected qualifier in NM108 and type in NM109 in Loop 2100B is created.</p>
Loop 2100B	
Create REF Segment with EMC and Selected Qualifier	<p>Select to create a REF segment with the EMC number and qualifier.</p> <p>If you select this setting, you must also select a qualifier from the list.</p> <p>Note: The EMC number and qualifier are pulled from one of the following fields:</p> <ul style="list-style-type: none"> ■ Administration component > Edit > Responsible Providers > Edit Provider window > Identification tab > EMC field and EMC qualifier field. ■ Administration component > Edit > Companies > Modify Company window > Identification tab > EMC field and EMC qualifier field.
Create REF Segment with Specified ID and Qualifier	<p>Select to create a REF segment with a payer specified ID and qualifier.</p> <p>Enter an ID and select a qualifier from the list.</p>
Create REF Segment with PIN and Selected Qualifier	<p>Select to create a REF segment with the PIN and qualifier.</p> <p>By default, this setting is checked and qualifier N5 is selected.</p> <p>If you select this setting, you must also select a qualifier from the list.</p> <p>Note: The PIN and qualifier are pulled from the Administration component > Edit > Responsible Providers > Edit Provider window > Identification tab > PIN field and PIN qualifier field.</p>

Use this option...	To do this...
Create REF Segment with Tax ID	Select to create a REF segment with the tax ID. Note: The tax ID is pulled from one of the following: <ul style="list-style-type: none"> ■ Administration component > Edit > Responsible Providers > Edit Provider window > Information tab > Federal Tax ID field ■ Administration component > Edit > Companies > Modify Company window > Information tab > Federal Tax ID field
Create REF Segment with AdditionalID2 and Selected Qualifier	If the setting is checked and Qualifier is selected AND AdditionalID2 is populated, an REF segment will be created in Loop2100B.
Create REF Segment with Facility Network ID Number	Select to create a REF segment with an N7 qualifier and the Facility Network ID Number, if required by the payer.
Loop 2100B N3/N4	
Send _____Address in 2100B N3 and N4	Select from the drop-down menu to send the Company, Facility, or Responsible Provider Address in 2100B N3 and N4.
<hr/> <div style="display: flex; align-items: center;">  <p>Unless another selection is made, Responsible Provider is the default address that will be sent in Loop 2100B N3 and N4.</p> </div> <hr/>	

9 Select the **Subscriber/Dependent** tab.

10 Complete the fields using the following criteria:

Site specific – indicates site specifications.

Use this option...	To do this...
REF Segment	
Create REF Segment with Plan Number and Qualifier "18"	Select to create a REF segment with the plan number and qualifier 18. Enter a plan number.
Create REF Segment with Policy Group Number and Selected Qualifier	Select to create a REF segment with the policy group number and selected qualifier.
Create REF segment with SSN and Qualifier "SY"	Select to create a REF segment with the social security number and qualifier SY.
INS Segment	
Do Not Create INS Segment	Select to prevent the INS segment from being created in Loop 2100D. If this option is not selected, the INS segment is created by default.
DTP Segment	
Do Not Send Future Date in DTP Segment	Select to send the current date if the Date of Service From or Date of Service To field contains a future date.
Create DTP Segment with Selected Qualifier	Select to create a DTP segment with a qualifier. By default, this setting is checked and 291 is selected.
EQ Segment	
Create EQ Segment(s) with Selected Service Type Code(s)	Select to create an EQ segment with selected service type codes. <ol style="list-style-type: none">1 If you select this setting, select Service Type codes from the following Service Type categories:<ul style="list-style-type: none">• 1 – 38• 39 – 74• 75 – AA• AB – BR• BS – ON• PT – UC2 Select the service type codes you would like to include, then click OK.
<hr/> <p> The maximum number of selected service type codes is 99. If you select more than 99 service type codes, only the first 99 codes will be created in the inquiry.</p> <hr/>	
Each selected service type code creates one EQ segment.	

11 Select **OK**.

The Edit Insurance Carrier window opens. The new settings appear under File Creators.

Set up eligibility file processing insurance carrier settings

1 In the **Administration** component, select **Edit > Insurance Carriers**.

The Find Insurance Carrier window opens.

2 Search for an insurance carrier.

3 Click **Edit**.

The Edit Insurance Carrier window opens.

4 Click the **EDI** tab.

5 Click **New** in the Response Processors area.

The Insurance Carrier Response Processing window opens.

6 Click the **Clearinghouse** drop-down in the Eligibility Processor area.

7 Select RelayHealthRT from the list.

8 Click **Settings**.

The Eligibility File Processing Ins Carrier Settings window opens.

9 Complete the fields using the following criteria:

Use this option...	To do this...
Service Type Codes	
Process ALL Service Type Codes	Select to allow the processor to process all Service Type Codes returned in the 271.
Process Selected Service Type Code(s)	Select the Service Type Codes button to open the Service Type Codes window. Select the Service Type Code(s) that you would like to process when returned in 271.
Process EB Segment When No Service Type is Returned in EB03	Select to enable 271 processing of the EB Segment when no service type is returned in EB03.
Effective Date	
Do Not Update Effective Date	Select this option to prevent the Effective Date from updating in Additional Policy Information in Patient Information.
Update Effective Date with Qualifier	Select a qualifier from the drop down list. The Effective Date will be updated when the qualifier returned in 271 matches the selected qualifier.

Use this option...	To do this...
Termination Date	
Do Not Update Termination Date	Select this option to prevent the Termination Date from updating in Additional Policy Information in Patient Information.
Update Termination Date with Qualifier	Select a qualifier from the drop down list. The Termination Date will be updated when the qualifier returned in 271 matches the selected qualifier.

The next step

After you have installed and set up the RelayHealthRT EDI 10 plug-in, you are ready to start sending real-time eligibility files. For detailed information, see the Centricity Practice Solution online help.

Glossary

(all) row	A default row used for insurance carriers that do not have specific information requirements. See also “exception row.”
Clearinghouse	A company that provides network connectivity to multiple payers. The network is an electronic gateway – routing communications back and forth between healthcare partners and payers, and automatically formatting the data into the standard format required by each payer.
Data element	The basic unit of information in the X12 standards for EDI that contains a set of values, which may be single-character codes, literal descriptions, or numeric values that represent a singular fact.
Database	A collection of information organized in such a way that a computer program can quickly select desired pieces of data.
EDI	Electronic data interchange; The computer/application to computer/application exchange of transactions between different organizations using a standardized format.
Exception row	A row set up with carrier-specific information required by the carrier to process EDI transactions.
HIPAA	Health Insurance Portability & Accountability Act; U.S. public law (104-191) enacted to protect employees' health insurance coverage when they change or lose their jobs (Title I), and provide standards for patient health, administrative and financial data interchange (Title II). The latter also governs the privacy and security of health information records and transactions.
Implementation Guide	A document explaining the proper use of a standard for a specific business purpose. The X12N HIPAA implementation guides are the primary reference documents used by those implementing the associated transactions and are incorporated into the HIPAA regulations by reference.
Insurance carrier	For the purpose of this document, an entity that pays claims, administers the insurance product or benefit, or both.
Loop	An organizational data structure specified in the X12 standards for EDI that groups related segments (two or more) for the purpose of repetition within a transaction set. For example, the N1 loop includes segments N1 to PER for name and address information.
Payer agreement	A legal contract spelling out the terms and conditions for doing business electronically. These terms and conditions take the place of the terms and conditions that were present when the two companies were exchanging paper documents.
Payer ID	A numeric identifier given to each insurance carrier by the clearinghouse.

Payer literal	An identifier provided by the insurance carrier (N1 PR segment of the X12 835 remittance file) that is used by Centricity Practice Solution to associate remittance files with the specified carrier(s).
Plug-in	An auxiliary application to a software program that is designed to enhance the functionality of the primary program. When installed, the added functionality is automatically integrated into the primary program and as a separate program, the plug-in becomes transparent.
Qualifier	A data element that contains an X12 code and a description of the code that is used to indicate the type of information transmitted. For example, the Blue Cross Blue Shield qualifier contains the 1B X12 code.
Segment	An organizational data structure specified in the X12 standards for EDI that consists of logically related data elements in a defined sequence. Every segment consists of a segment identifier, one or more data elements each preceded by an element separator, and a segment terminator.
Transaction column set	A set of customized columns that define the fields to display on the Transaction Distribution window. Transaction column sets determine the outcome of transactions and are required for every carrier. Usually you define a transaction column set to closely follow the layout of the carrier-specific EOB.
Transaction Distribution window	The window that opens the fields necessary to process transactions, for example to enter payments, make adjustments, and apply transfers. These fields are set up using transaction column sets.
X12	A group accredited by the American National Standards Institute (ANSI) that defines EDI standards for many American industries, including health care insurance. Most of the electronic transaction standards mandated or proposed under HIPAA are X12 standards.