

Setting Up Lytec for RelayHealth

Purpose

This is the EDI receiver setup portion of the larger ANSI manual for the purpose of quick Review.

EDI Receiver List Window

You must first set up the EDI receiver. To set up the EDI receiver, go to the **Lists** menu and select **EDI Receivers**. In the **EDI Receivers** window, click **New**.

The **EDI Receivers** window opens to the **Address** tab. After entering the necessary settings on the various tabs on this window, click **Save** to complete the EDI receiver setup.

Address Tab

Enter the following information on this tab.

- **Name** — Enter **RelayHealth**.
- **Comment** — Leave blank or for former Exchange customers, enter **EXCHANGE**.

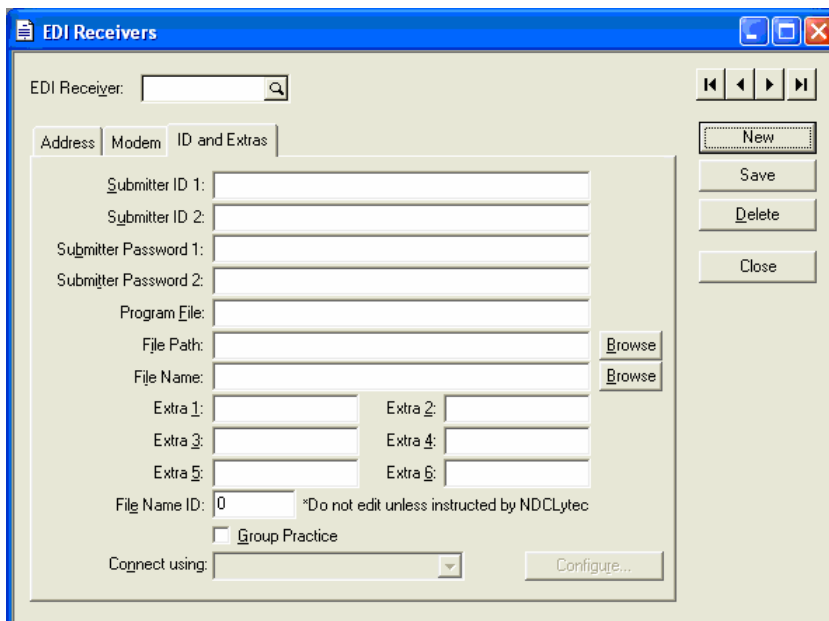
Modem Tab

If a field is not specified below, leave it blank or leave the default selection.

- **Transmission Mode** — Select **Active** unless sending test files.

ID and Extras Tab

If a field is not specified below, leave it blank or leave the default selection. Enter the following information:



The screenshot shows the 'EDI Receivers' window with the 'Address' tab selected. The window has a search bar for 'EDI Receiver' and navigation buttons. The 'Address' tab contains the following fields and controls:

- Submitter ID 1: [Text Field]
- Submitter ID 2: [Text Field]
- Submitter Password 1: [Text Field]
- Submitter Password 2: [Text Field]
- Program File: [Text Field]
- File Path: [Text Field] with a 'Browse' button
- File Name: [Text Field] with a 'Browse' button
- Extra 1: [Text Field]
- Extra 2: [Text Field]
- Extra 3: [Text Field]
- Extra 4: [Text Field]
- Extra 5: [Text Field]
- Extra 6: [Text Field]
- File Name ID: 0 [Text Field] with a note: '*Do not edit unless instructed by NDCLytec'
- Group Practice
- Connect using: [Dropdown Menu]
- Buttons: New, Save, Delete, Close, Configure...

Enter the following information in this tab.

- **Submitter ID 1** — Enter your RelayHealth **Login**.
- **Submitter ID 2** — Enter your RelayHealth **Billing ID** plus the RelayHealth **Submitter ID**. Do not put any spaces between the two series of numbers. For instance, if your Billing ID equals 9999 and your Submitter ID equals 001234, then you would enter 9999001234.

- **Submitter Password 1** — Enter the password.
- **Submitter Password 2** — Leave blank or for former Exchange customers enter your Exchange ID.
- **Program File** — Enter **RELAYH.EXE**
- **Extra 1** — Leave blank.
- **Extra 2** — Leave blank.
- **Extra 3** — Enter the name of the contact person in your office who answers electronic claims questions.
- **Extra 4** — Enter a 1 or a 2 depending on whether the practice name consists of a practice name or an individual's name. For example, if the practice name is Centertown Offices, enter 1. If the practice name is Dr. John F. Centertown, enter 2.
- **Extra 5** — You only need to fill out this field if you are a billing service or are filing for multiple practices. If you send claims for multiple practices under one client ID and password, enter a unique two-digit code for the receiver (01-99). Do not use alpha or special characters.

Group Practice — Check this box if you are a group practice.