

**FLMCX12 SETUP CHECKLIST**

\* Indicates Required Field

**1. EDI Receiver Setup**

- **Address Tab**
  - [ ]\* Name – **Florida (FL) or Georgia (GA) Medicaid**
  - [ ] Street – Enter the payer's address
  - [ ] City – Enter the payer's city
  - [ ] State – Enter the payer's state
  - [ ] Zip Code – Enter the payer's zip code
  - [ ] Phone 1 – Enter the payer's primary phone number
  - [ ] Extension – Enter the payer's primary phone extension
  - [ ] Phone 2 – Enter the payer's secondary phone number
  - [ ] Fax Number – Enter the payer's fax number
  - [ ] E-Mail – Enter information for the payer's email address
  - [ ] Web Address – Enter information for the payer's web address
  - [ ] Contact – Enter the name of the primary contact person in your office
  - [ ] Comment – Enter a basic comment about the payer
- **Modem Tab**
  - [ ]\* Data Phone –  
For:  
Florida, Enter **8502011200**  
Georgia, Enter **8005424930**
  - [ ]\* Dialing Prefix – Enter # (e.g. 9) for an outside line if applicable, then Enter 1 for long distance
  - [ ] Dialing Suffix – Leave blank
  - [ ]\* Serial Port – Select the correct COM port for your modem
  - [ ]\* Baud Rate – Select **28.8k**
  - [ ]\* Transmit Protocol – Select **Z-Modem**
  - [ ]\* Parity – Select **None**
  - [ ]\* Data Bits – Select **8**
  - [ ]\* Stop Bits – Select **1**
  - [ ] Modem Initialization – Leave blank
  - [ ] Modem Termination – Leave blank
  - [ ] FTP Address – Leave blank (Added for future use)
  - [ ] FTP Port Number – Leave blank (Added for future use)
  - [ ] Dialing Attempt – Enter **20**
  - [ ]\* Transmission Mode – Select **Active**, unless sending Test files
- **ID and Extra Tab**
  - [ ]\* Submitter ID 1 – Enter Sender ID assigned by payer
  - [ ]\* Submitter ID 2 – Enter your Trading Partner number.
  - [ ]\* Submitter Password 1 – Enter password assigned by payer

- [ ] Submitter Password 2 – Leave blank
- [ ]\* Program File – Enter **FLMCX12**
- [ ] File Path – Enter an alternate path for the EDI files to be stored  
**OR** leave blank to continue using the default directory  
**Note:** If you change the path, the files may not be included in the backup
- [ ] File Name – Leave Blank (Added for future use)
- [ ] Group Practice (checkbox) – For group practices, check this box to send group ID's
- [ ]\* Extra 1 –  
For:  
Florida **77027**  
Georgia **77034**
- [ ]\* Extra 2 – Enter **D**
- [ ]\* Extra 3 – Enter the name of the contact person in your office
- [ ]\* Extra 4 – The *Extra 4* field helps determine whether the information comes from practice information or provider information. The default (empty field) is to use provider information. If you want practice information sent, Enter a 2. However, if a billing service is set up in the practice information, the billing service information will be used, no matter what you put in this field.
- [ ] Extra 5 – For billing services with multiple practices, Enter a unique two-digit number
- [ ] Extra 6 – Leave blank
- [ ] File Name ID – Don't edit this field unless told to do so by NDCMedisoft

## **2. Insurance Carrier Setup**

- **EDI, Codes Tab**
  - [ ] EDI Payor Number –  
For:  
Florida **77027**  
Georgia **77034**

## **3. Referring Provider Window**

- **Default Pins Tab**
  - [ ] Medicaid – If you need to send a Medipass number, Enter **MP** immediately followed by the Medipass number in the *Medicaid* field.

Also, if you have entered the referring provider's UPIN, the program will send both of the following loops:

Medicaid Pin: Loop 2310A Ref \* 1D \* Medipass# (9 digits)

**Note:** Per FL Medicaid (ACS), this is only a temporary work around. A permanent solution will be announced at a later date. This is only required when a patient is tied to an HMO.

UPIN: Loop 2310A Ref \* 1G \* UPIN#

The **MP:** trigger for the case (*Case* window, Miscellaneous tab, *Prior Authorization Number* field) is also an option, but use this option only when each case has a separate Medipass number.