

FLCTX12 SETUP CHECKLIST

* Indicates Required Field

1. EDI Receiver Setup – Medicare

- **Address Tab**
 - []* Name – **Florida Medicare**
 - [] 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

- **Modem Tab**
 - []* Data Phone – **9043560237**
 - []* 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 the Mailbox ID assigned by payer
 - []* Submitter ID 2 – Enter the Sender Number assigned by payer
 - []* Submitter Password 1 – Enter the password assigned by payer
 - [] Submitter Password 2 – Leave blank
 - []* Program File – Enter **FLCTX12**
 - [] 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, Enter **MEDBCLM00590** (uppercase)
Connecticut, Enter **00591**
- * Extra 2 –
For:
Florida, Enter **592015694**
Connecticut, Leave blank
- * 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 – Enter **C** for Medicare
- 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, Enter **00118**;
Connecticut, Enter **00591**