

## Provider Unborn Update Spreadsheet Completion Guide

### **I. Establish a password**

Prior to submitting the first spreadsheet, providers must establish a generic password that will be used for protecting all spreadsheet submissions. This password will need to be shared by separate e-mail with call center staff in order for them to open and process each submitted spreadsheet. Once the password is submitted to the Department of Children and Families (DCF), you will not need to send it again.

- Select a password.
- Select the provider's e-mail address from which all submissions will be sent.
- E-mail the password to the appropriate DCF Customer Call Center address.  
(Click on the block in the top left corner of Excel spreadsheet. Select the appropriate DCF Customer Call Center from the drop down menu; the correct e-mail address will automatically display in the top right corner. Click on the e-mail address in the top right corner and a pre-addressed e-mail will be displayed for your use).

### **II. Complete the Excel Spreadsheet (Microsoft Excel version 97-2003)**

On the top of the spreadsheet (top row), complete the following fields:

- Provider Number: Enter the 9 digit Medicaid provider identification number of the provider/organization submitting the inquiry.
- Provider Name & Contact Info: Enter the name of the hospital, billing agency, health plan, or other medical provider submitting the request for information; include the main contact name, phone number and e-mail address of the individual submitting the request.

On the individual spreadsheet columns, complete the following fields:

- Baby's Name: Enter the newborn's name. If requesting that an unborn record for a pregnant woman be established, enter "Babyof" (mother's first name, mother's last name).
- SSN/DOB/Gender: For all known information, enter the newborn's social security number, date of birth, gender, 10 digit FLORIDA case number, and Medicaid ID number.
- Application for SSN Submitted (Y/N): Enter Y or N if known
- Mother's Name/SSN/DOB: Enter the mother's First and Last name, social security number, date of birth, and Medicaid ID number.
- Provider Comments: Enter brief comments to describe what information is needed. Also enter the exact date(s) of medical service for which there is a need for Medicaid coverage. For example – to report a Medicaid recipient's pregnancy, i.e., request an unborn record, include the estimated date of birth and notation that you are reporting a

pregnancy.

- DCF Comments: This column will be used by DCF call center staff to respond to each inquiry on the spreadsheet.

### **III. Protect the Spreadsheet**

When completed, the spreadsheet must be password protected prior to submission to comply with federal HIPAA requirements:

- Click the TOOLS menu
- Select OPTIONS
- Click the SECURITY tab
- In the PASSWORD to OPEN field, type in the generic password with will be utilized on all of your spreadsheet submissions.
- Click OK
- Save the Document

### **IV. Submit the Spreadsheet**

Route an e-mail to the Statewide email address Sr\_CCC\_Babies @ dcf.state.fl.us.

- On the pre-addressed e-mail, attach the saved and password protected spreadsheet.
- Send the e-mail.

Staff at the DCF Customer Call Center will review the spreadsheet, respond to the request, and return it via e-mail, utilizing the same password protection. Responses are generally returned within 5 work days.