2014

BABY YOUR BABY *Training Manual*

UTAH DEPARTMENT OF HEALTH MEDICAID
A Bridge to Wellness for Utah's Vulnerable

BABY YOUR BABY

Through the Baby Your Baby program, medical assistance is available on a temporary basis for pregnant Utah women to help pay for prenatal care during the time that they are applying for Medicaid.

State of Utah

January 1, 2014

Table of Contents

Updated January 1, 2014

PART 1 CONTACT INFORMATION 2

PART 2 POLICIES AND PROCEDURES

Section 1: What Is Baby Your Baby? 3

Section 2: Confidentiality 3

Section 3: Fraud, Waste and Abuse 4

Section 4: Eligibility Process 4

Section 5: Completing Baby Your Baby (Paper) Application 5

Section 6: Next Steps 9

Section 7: Check List 12

PART 3 UTAH CLICKS

Section 1: What is Utah Clicks? 13

Section 2: Access to Utah Clicks 13

Section 3: How to Complete a Utah Clicks Application 15

Section 4: Archived Applications 20

Section 5: Reports 21

Section 6: Application History 21

Section 7: Searching for Applications 21

Section 8: Confidentiality 21

PART 4 APPENDICES

Appendix A: BYB Application 22

Appendix B: BYB Eligibility Card 24

Appendix C: BYB Approval Notice 25

Appendix D: Income Chart 26

BABY YOUR BABY TRAINING MANUAL

PART 1 CONTACT INFORMATION

- For BYB eligibility, policy or procedural questions, contact:

  Laura Belgique
  BYB Program Specialist
  Utah Department of Health, Medicaid and Health Financing
  PO Box 143107
  Salt Lake City, UT 84114-3107
  Email: lbelgique@utah.gov
  Phone: (801) 538-6241
  Fax: (801) 538-6952

  OR

  Amanda Yoshida (back-up)
  BYB Program Manager
  Email: ayoshida@utah.gov
  Phone: (801) 538-6848
  Fax: (801) 538-6952

- For procedural questions contact:

  Marie Nagata (back-up)
  BYB Hotline Manager
  Utah Department of Health
  PO Box 142106
  Salt Lake City, UT 84114-2106
  Email: mnagata@utah.gov
  Phone: (801) 538-6519
  Fax: (801) 538-9448

- To order BYB applications and Keepsakes, call 800-826-9662.

- For questions regarding covered services, medical billing/payment, call Medicaid at: (801) 538-6155 or 1-800-662-9651.

- If a Utah Clicks application has been erroneously approved, contact Lori Tuckett at (801) 538-6472/ltuckett@utah.gov.

PART 2 POLICIES AND PROCEDURES

Section 1: WHAT IS BABY YOUR BABY?

- Baby Your Baby (BYB) is a presumptive Medicaid program for pregnant women. It allows low income pregnant women to receive temporary medical assistance while the Department of Workforce Service (DWS – the eligibility agency) determines eligibility for ongoing Medicaid. Self-declared information is used to determine eligibility. This preliminary information is recorded on a two-page application (see attachment A).
- The BYB program is run by the Utah Department of Health (UDOH). Two areas within UDOH help to manage and facilitate the program. The Bureau of Eligibility Policy (BEP) oversees BYB policy, procedures, and acts as a resource to providers for training, education, and eligibility related questions or issues. The Bureau of Health Promotion (BHP) manages the BYB Hotline (1-800-826-9662) and determines eligibility on BYB applications that are received through the hotline. They also provide outreach to the public regarding the importance of early, continuous and quality prenatal care.
- UDOH contracts with Qualified Providers (QPs) throughout the state to provide onsite assistance with BYB applicants. QPs are issued a Memorandum of Agreement (MOA) between their facility and UDOH. QP staff, who are trained in the BYB process, determine BYB eligibility. Information on the BYB eligibility process is described in Section 4.
- BYB covers Medicaid eligible, pregnancy-related outpatient services provided by any Utah Medicaid provider. This includes prenatal visits, prenatal lab tests, ultrasounds, prenatal vitamins. It does **not cover delivery of the baby**, general health care, dental care, eye care or transportation costs. For questions regarding covered services, call Medicaid at 1-800-662-9651.

Section 2: CONFIDENTIALITY

- All confidential information must be safe guarded from unauthorized disclosure and use. Staff who fail to safeguard confidential information may be subject to both civil and criminal penalties.
- Confidential information includes identifying information about applicants and recipients, such as names, addresses, telephone numbers, social security numbers, etc. Second, it includes information used to determine eligibility, such as income, assets, medical reports and data, names of persons obligated to provide financial and medical support, etc. Third, it includes information about benefits and medical services provided to individual recipients.
- Information that cannot be identified to particular applicants and recipients is not confidential information. For example, information stating the total number of BYB recipients is not confidential information because no one person can be identified by the general information.

- All BYB applications must be destroyed and not kept on file.

Section 3: FRAUD, WASTE AND ABUSE

- To report suspected fraud, contact the DWS Information Fraud Hotline at 1-800-955-2210 or via email at wsinv@utah.gov.
- What you need to know when reporting fraud, waste or abuse:
  - It is helpful if you can provide any of the following information when reporting fraud, waste or abuse of the BYB Program:
    - Provider or recipient name
    - Date of birth
    - Address
    - Phone number
    - Social security number or BYB program identification number
    - Other details about what you suspect may be happening that appears to be wrong
  - You may remain anonymous when reporting suspected fraud
    - You may be requested to provide your name so that the investigator can contact you if there are questions regarding your referral. However, you may request that your name is not used in conjunction with the case.
    - You may find more information on reporting fraud, waste or abuse at: http://health.utah.gov/mpi/recipient.html

Section 4: ELIGIBILITY PROCESS

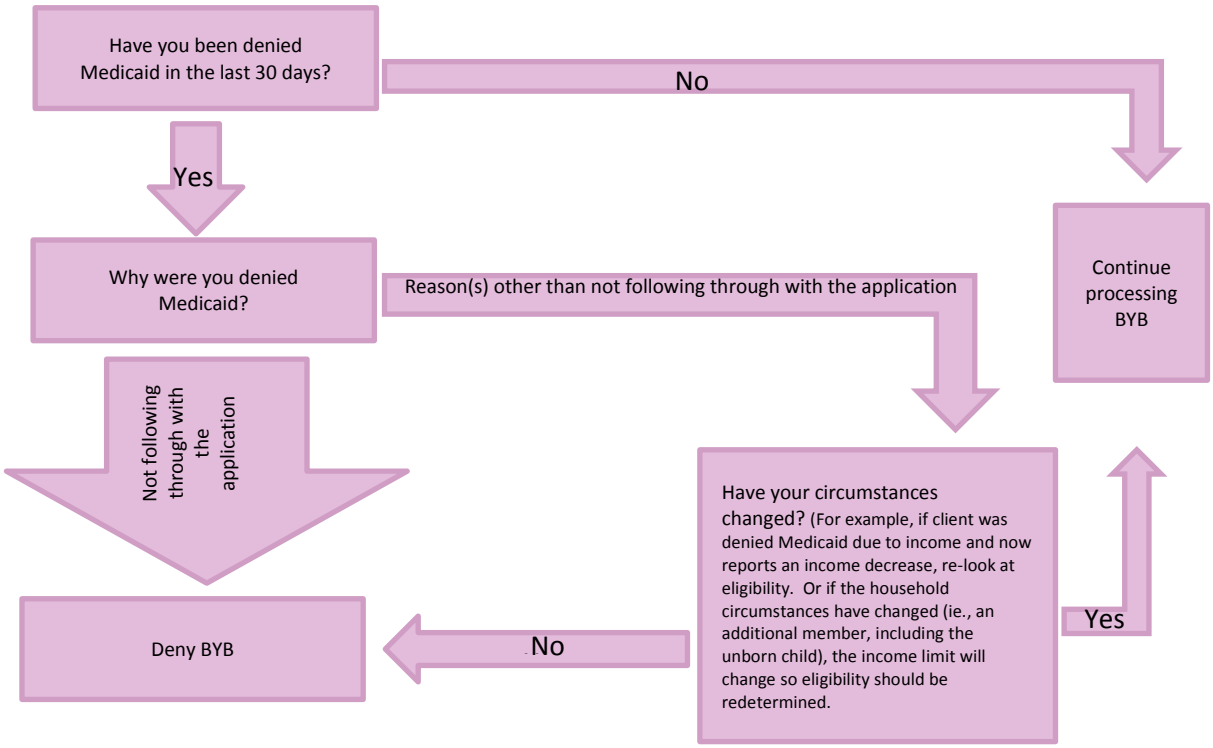
- Applicants can apply for BYB through any QP site, the BYB hotline, or online at Utah Clicks (www.utahclicks.org). See Part 3 for information on Utah Clicks.
- Eligibility begins on the date the determination is made.
- **Note:** *CLIENT STATEMENT (self-declaration) IS USED FOR ALL FACTORS OF ELIGIBILITY. AS OF JANUARY 1, 2014 PREGNANCY VERIFICATION IS NOT REQUIRED.*
- To qualify for BYB, a pregnant woman must meet the following requirements based on the preliminary information:
  - Be a U.S. citizen or qualified alien.
    - An individual who is eligible for BYB has been a lawful permanent resident for at least 5 years. Ask for the date in which the client has received the lawful permanent residency status.
    - U.S. Citizen includes naturally born citizens and nationalized citizens. U.S. citizenship is automatic for individuals born in any of the 50 states, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, American Samoa, and Swain's Island.
  - Be a Utah resident.
  - Has a gross household income at or below 139% of the federal poverty level (see Appendix D for income chart).

    - Be pregnant.
    - **Note:** *There is no asset test.*
    - Request third party liability (TPL) information. TPL should be recorded on the BYB eligibility card. This is to ensure that providers bill other health insurances first. Note: This information cannot be required.
- The following applicants meet the above requirements but are not qualified for BYB:
    - Clients that are already on Utah Medicaid, CHIP or PCN or UPP.
    - Clients who have been approved for Medicaid with a spenddown, but her spenddown is still pending.
    - Clients who have already received BYB for the current pregnancy. A woman may have only one period of presumptive eligibility (PE) during her pregnancy.
    - Clients who were denied for Utah Medicaid in the last 30 days for reason(s) other than not following through with her Medicaid application. If she reports her situation has not changed, she will not be eligible for BYB.

Section 5: COMPLETING BABY YOUR BABY (Paper) APPLICATION:

- See Appendix A for a sample copy of the application.
- UDOH will supply QP's with BYB paper applications.
- General Instructions:
    - Always use the most current application available. **Note:** There is a BYB application as of January 1, 2014**.** Please destroy previous application forms. ***Note:*** *Previous applications must still be accepted if received from a customer.*
    - Ensure the applicant signs the application.
    - Complete all information on the application, including the QP specific information at the bottom of the first page and be sure to sign the application.
    - Clarifying information for sections on the application:
        - Applicant's name: This is the full, legal name of applicant. A hyphenated last name is acceptable.
        - SSN: Enter the applicant's Social Security Number when known. If she does not have a Social Security Number, leave this section blank. **Note:** this information cannot be required. However, you still need to request it from the applicant. The SSN allows for efficient processing of the customer's eligibility.
        - Application question #3 (If you are not a U.S. Citizen or U.S. National, do you have a Lawful Permanent Resident card (Green Card) from U.S. Citizenship and Immigration Services?): If an applicant indicates she has been in the U.S. for more than five years since becoming a lawful permanent resident and receiving a green card, she is considered a qualified alien. Accept her statement.

- Application question #6 (Have you been denied Utah Medicaid, CHIP, PCN or UPP in the last 30 days? Use the flowchart below to help answer this question.



Note: *If the applicant was approved for Medicaid with a spenddown, she is not eligible for BYB. She is eligible for Medicaid and needs to meet her spenddown in order to receive her Medicaid card.*

- Application question #8 (How many people are in your household (including your unborn child(ren))? Use the chart below to determine household size:

Household Size Chart: Include only those people who are living with you.

(Place number in household on #8 on the front of the application).

If you are age 19 or older (whether or not you are married), include the following people in your household size:	**If you are under age 19 (whether or not you are married), include the following people in your household size:**
Yourself	Yourself
Your legal spouse (not boyfriend)	Your legal spouse (not boyfriend)
Your unborn child(ren)	Your unborn child(ren)
Your child(ren) under age 19	Your child(ren) under age 19
Your step-child(ren) under age 19	Your step-child(ren) under age 19
	Your parent(s)

	Your brother(s) and/or sister(s) that are under age 19

- Application question #9 (What is the total gross income (before taxes) for your household this month?)
  - Indicate applicant's total stated, gross monthly income.
  - Do not include child support or educational income.
  - Compare this information to the current income limit for the specific client household size. Accept client statement as proof.

Note: *Income guidelines may change yearly. UDOH will email BYB providers with an updated income chart each year. Please be sure you are using the most recent version. See Appendix D for the January 1, 2014 income chart.*

- If an applicant provides you their check stub(s), you will need to determine their monthly gross income. You will be factoring the income. The following income exercises are examples of how to determine gross income.

NOTE: *When paychecks are received twice a month, multiply the gross paycheck amount by 2. If paychecks are received every other week, multiply the gross paycheck amount by 2.15. If received weekly, multiply the gross paycheck amount by 4.3.*

Income Exercise #1

Mary is single, 17 years old and pregnant with her first baby. She lives with her boyfriend in her parent's home, along with 2 younger sisters, ages 15 and 13. Mary's father earns $16.75/hour and works 40 hours a week. Her mother earns $8.10/hour and works 40 hours a week. They are paid every other week. Mary's boyfriend is working 24 hours/week at $7.50/hour. Her siblings are not working.

What is the household income for the month?

Household Member	Counted in Household?	Income
Mary	Yes	$0
Unborn	Yes	N/A
Boyfriend	No	N/A
Mary's mom	Yes	$1,393.20
Mary's dad	Yes	$2,881
Sister #1	Yes	$0
Sister #2	Yes	$0

In this case, Mary, the unborn, both of Mary's parents (as she is a minor) and both siblings are counted as part of the household. The boyfriend's income is not counted, as he is not considered part of the household. Mary's parents' gross income is:

Father's: $16.75 x 80 x 2.15 = $2,881
Mother's: $8.10 x 80 x 2.15 = $1,393.20
Total gross income: $4,274.20

Income Exercise #2

Annie is a 28 year old married woman, pregnant with her fourth child. She and her husband live together with her 3 children ages 11, 8 and 5, plus her husband's 2 children from a previous marriage. They are ages 17 and 19. Annie works 24 hours/week at $6.80/hour. She is paid weekly. Her husband earns $21,000 a year. Neither teenage children work but Annie's husband receives $200/month in child support for the 17 year old. Neither of her husband's children works.

What is the household income for the month?

Household Member	Counted in Household?	Income
Annie	Yes	$701.76
Unborn	Yes	N/A
Husband	Yes	$1,750
Child #1	Yes	$0
Child #2	Yes	$0
Child #3	Yes	$0
Step-child #1 (19 y/o)	No	$0
Step-child #2 (17 y/o)	Yes	Not countable

Annie's: $701.76 ($6.80/hour x 24 x 4.3 = $701.76)
Husband's: $1,750 ($21,000 / 12 = $1,750)
Child support: Not countable
Total gross income: $2,451.76

Income Exercise #3

Amy is 16 and pregnant with her first child. She lives with her boyfriend at the home of one of his friends. Amy works 30 hours/week at $6.75/hour. Her boyfriend works 40 hours/week at $7.25/hour. They are paid every other week. Amy's parents gave her a check for $500 a month to help with expenses.

What is the household income for the month?

Household Member	Counted in Household?	Income
Amy	Yes	$870.75 + $500
Unborn	Yes	N/A
Boyfriend	No	N/A
Friend	No	N/A

Countable income includes Amy's gross income and the contribution from her parents. Since her boyfriend is not her legal spouse, his income is not included.

Amy's: $870.75 ($6.75 x 60 x 2.15 = $870.75)
Contribution to Amy from her parents: $500
Total gross income: $1,370.75

- #10 (Health insurance information): Health insurance information should be recorded on the BYB eligibility card. This is to ensure that providers bill other health insurances first. **Note:** this information is optional and cannot be required.

Note: *If a minor pregnant mother is living with her parent(s) or stepparent(s), the BYB application must be signed by her parent or stepparent. If she is living independently (or with her boyfriend), she may apply on her own. A minor parent is defined as a parent who is under age 18.*

How to complete "Baby Your Baby Workers Only" section:

- If eligible, check the "YES" box and complete the following:
  - Eligible From:____ Thru: _____
    - BYB "from date" is the date the determination is made.
    - BYB "thru" date is the last day of the month following the month of approval.
      - Example: BYB approved November 13. "From" date is November 13, "End" date is December 31.
  - Referred to WIC
    - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides food, information on healthy eating and referrals to health care. Please refer all applicants to WIC. The phone number is: 1-877-WIC KIDS.
- If applicant is not eligible, check the "NO" box and include the denial reason listed on the back of the application.
- BE SURE TO SIGN THE APPLICATION and include your office, written name, phone number and date.

Section 6: NEXT STEPS

FOR ALL APPLICATIONS (APPROVED OR DENIED)

- **Submitting all applications to UDOH:**
  - Submit **ALL** completed paper applications (approved or denied) to the Utah Department of Health, Bureau of Medicaid Operations, within 5 working days. Mail or fax the applications to UDOH:
    - PO BOX 143106, SLC UT 84114-3106

        - FAX: (801) 237-0742
        - Applications approved online through Utah Clicks are automatically referred. See Part 2 for more details on Utah Clicks. These applications do not need to be mailed or faxed to UDOH.
    - Please either destroy (shred) the application once you have submitted it to the Utah Department of Health or file it for a temporary (two weeks or less) period of time and then destroy it. Be sure to safe-guard the application by keeping it in a locked and secured file.

IF THE BYB APPLICATION IS APPROVED:

- The BYB medical card will be issued by our eligibility determination system. The BYB card has the same look as the current Medicaid card and will include the Medicaid ID number.
    - See Appendix B for a sample copy of the card.
    - Instruct the client to show her BYB card to all providers in order to receive services.
    - The BYB card will be entered into the eligibility system and issued within one or two days after you approve BYB. However, the eligibility start date (the date you approve the application) will be honored.
    - Providers with a valid NIP# can call and obtain the Medicaid ID number within one hour after the application is put into our eligibility system. To obtain the Medicaid ID number, call the Medicaid Hotline: (801)528-6155 or 1(800)662-9651, option #1, then option #2.
    - ***NOTE:*** *BYB cards should not be used after Medicaid has been approved or denied their application.*
    - BYB ends when:
        - Medicaid is approved or denied.
        - When the BYB card expires (through the "thru" date listed on the card).
        - The extension period ends (refer to BYB extension below for details).
    - BYB approval notices will be issued by our system and mailed to the client along with her BYB card. See appendix C for a sample of the approval notice.
    - BYB extension:
        - When the woman applies for Medicaid before BYB expires and more time is needed to determine their eligibility, she may contact DWS (Salt Lake Area (801) 526-0950 or Toll free 1 (866) 435-7414) to extend her eligibility for BYB. A BYB worker cannot extend BYB.
        - The BYB will be extended for at least 30 days. Another extension can be requested if the Medicaid application continues to pend with DWS.
- Advise all applicants to apply for Medicaid through the Department of Workforce Services (DWS) by the "thru" date on the front of the application. Medicaid applications can be submitted online, in person, mail or fax:

- To apply online: https://jobs.utah.gov/mycase/
- By phone: (801)526-0950 or 1-866-435-7414
- By fax: (801)526-9500 or 1-877-313-4717

- By mail: Download the Medical Only application at health.utah.gov/BEP. Send the completed application to:

  Department of Workforce Services
  PO Box 143245
  Salt Lake City, UT 84114-3245

- In person:
  - If applicant cannot apply online, provide the address and phone number of her nearest DWS office. A listing of DWS offices by zip code is available by going to:
    - https://jobs.utah.gov/regions/ec.html
    - Under "Information" enter client's zip code and click "Find Office"

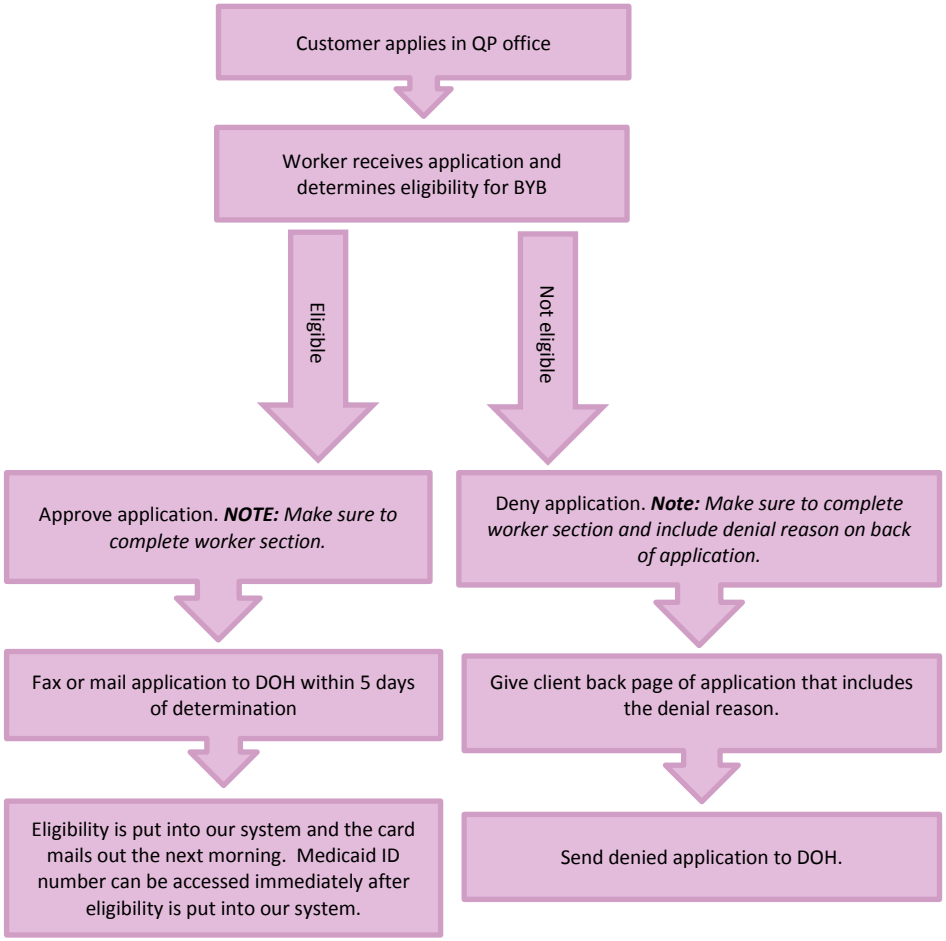
ADDITIONAL INFORMATION IF THE BYB APPLICATION IS DENIED:

- Some women may still qualify for Medicaid under other programs.
- Refer the client to DWS to complete a full Medicaid application process in order to receive a formal decision.

IF THE BYB APPLICATION IS PENDING:

After 30 days from the date of application, if the client has not followed through with the BYB application, deny the application. Do not leave it in pending status beyond 30 days from the initial application date.

BYB Paper Application Process



Section 7: CHECK LIST

- Did you:
  - ☐ Provide the client a copy of the application (front and back)?
  - ☐ Educate the client on how they will receive the BYB card by mail?
  - ☐ Educate the client on covered services?
  - ☐ Educate the client on how to extend BYB?
  - ☐ Educate the client on the requirement to apply for Medicaid and provide information on how to apply?
  - ☐ Educate the client to stop using BYB card if she is approved or denied for Medicaid?

PART 3 UTAH CLICKS

Section 1: WHAT IS UTAH CLICKS?

- Utah Clicks is an online application system developed to accept applications for BYB.
  - Women can apply online in both English and Spanish.
  - When completed, the applicant can either submit online or print the application and take to a BYB office where the application process then will be completed.
  - If the applicant brings a paper copy of the application to the BYB office, the information may then be entered into Utah Clicks or treated as a paper application.
  - Eligibility begins on the date the determination is made.

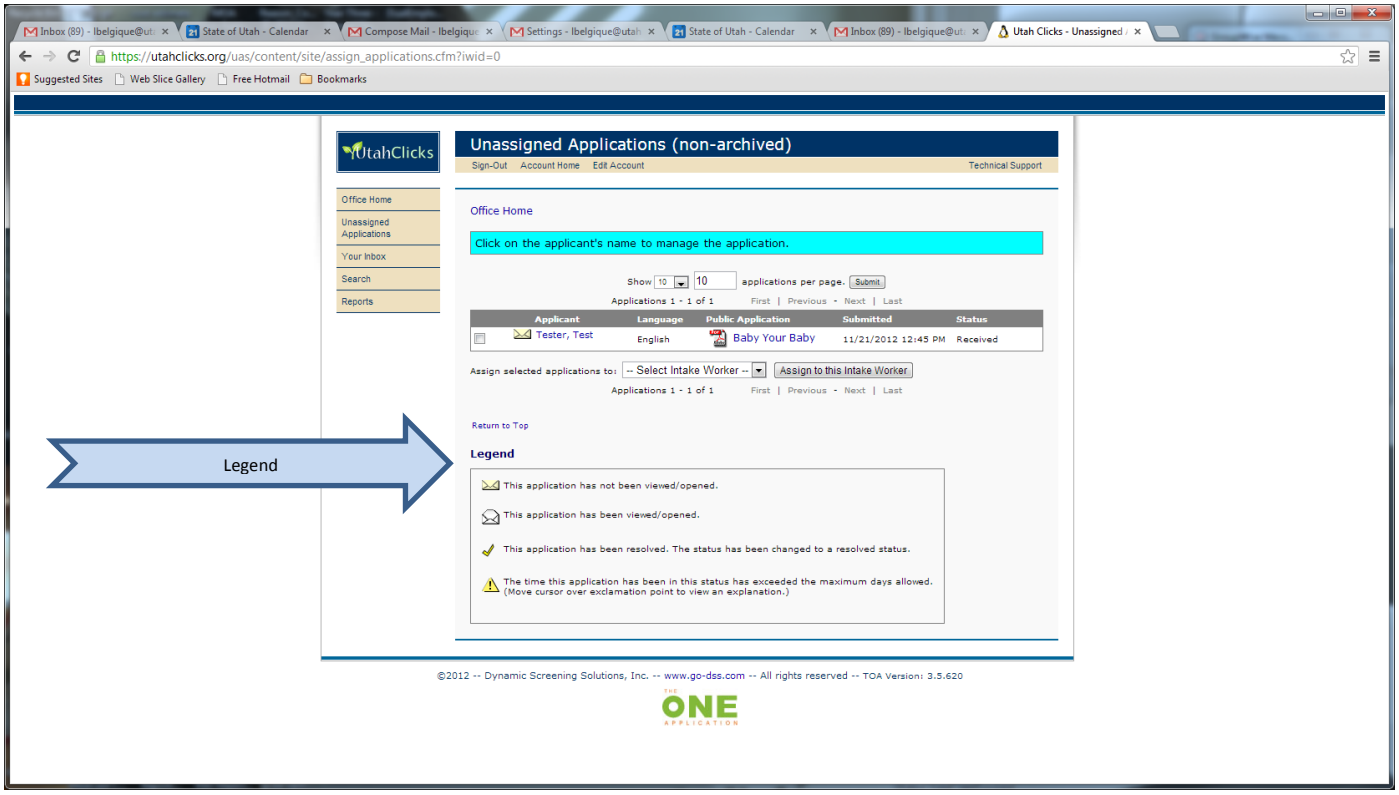
Section 2: ACCESS TO UTAH CLICKS

To obtain access to Utah Clicks:

1. Contact the BYB Program Specialist (Laura Belgique at lbelgique@utah.gov) to request access to Utah Clicks. The following information must be included with your email request:
   - Worker contact information (name, phone number and email)
   - Location
   - Date the worker will begin processing BYB applications on Utah Clicks.
2. You will then receive an email with a user name and password to activate your account. You will also receive an email from "Dynamic Screening Solutions" with a URL. Click this URL and enter the password that was sent to you. You will then be asked to change the password in order to activate your account. Passwords are case sensitive.
3. Once your account has been activated, you can manage BYB applications by logging in at: www.utahclicks.org
4. You will be assigned to either an "Intake Worker" or "Office Manager" level of access.
5. If you no longer work with BYB, contact the program specialist immediately to request your account be closed.
6. If other BYB workers are listed on Utah Clicks who no longer work for BYB, contact the program specialist immediately to request the name(s) be removed.

Type of access:

- Intake Worker access allows you to receive and work the applications that are assigned to you.
- Office Manager access allows you to assign and delete workers, assign and reassign applications, and work any application.

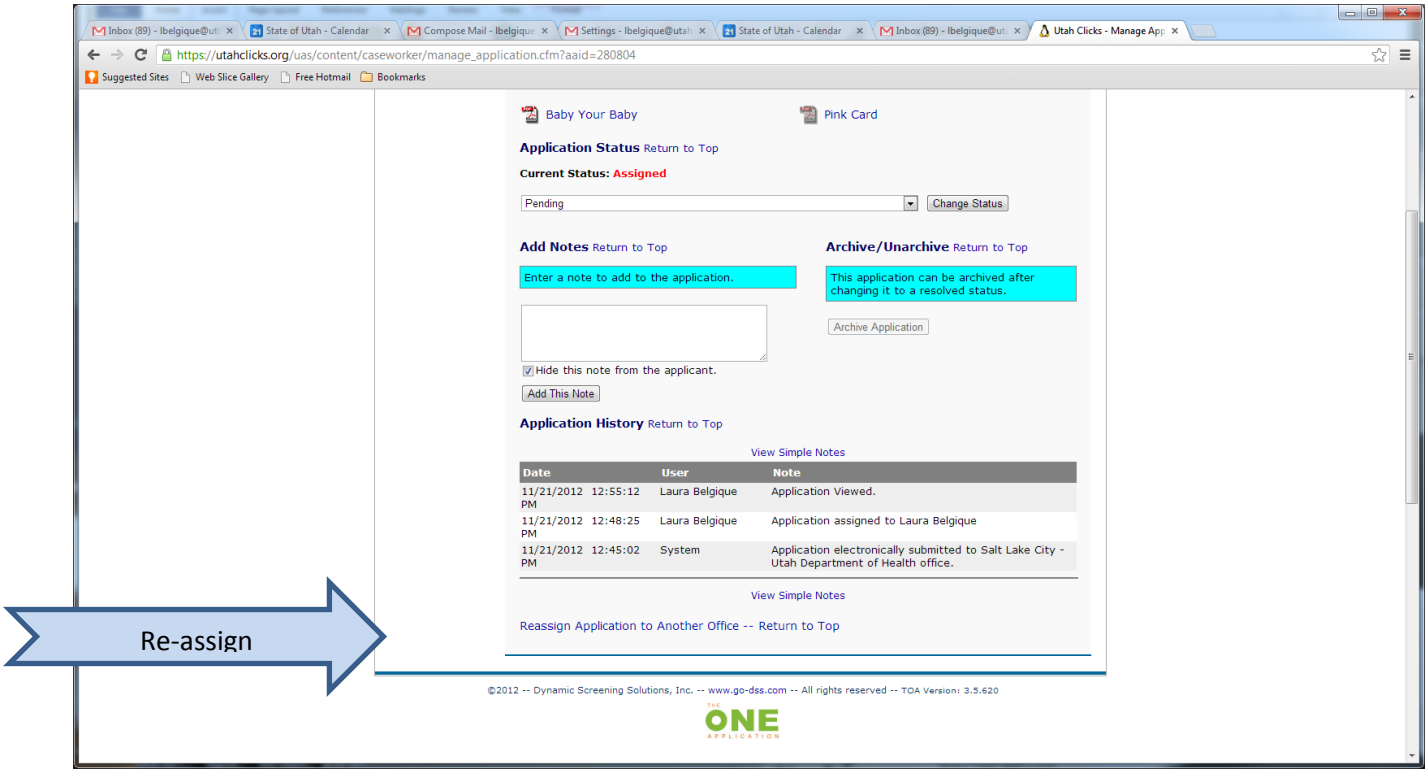


How to assign an application: (***NOTE:*** *Only Office Managers have this access*)

1. Find "Statistical Overview" and under that, "Unassigned Applications".
2. Assign an application to another Office Manager or intake worker. When this is done, the status will change from "Pending" to "Assigned".
3. Click on "Unassigned Applications" and it will provide a list of submitted applications that have not yet been assigned to a worker.
4. Click on the box in front of the applicants name to assign to a worker.
5. At the end of the list of applications is a drop down menu, "Select Intake Worker". Click on the drop box and click "Assign to Intake Worker". The application then goes to the worker's inbox.
6. A check mark indicates an application has been resolved. An exclamation point indicates the application has remained unresolved for more than five days.
7. Be sure to deny all applications that have been pending for more than 30 days.

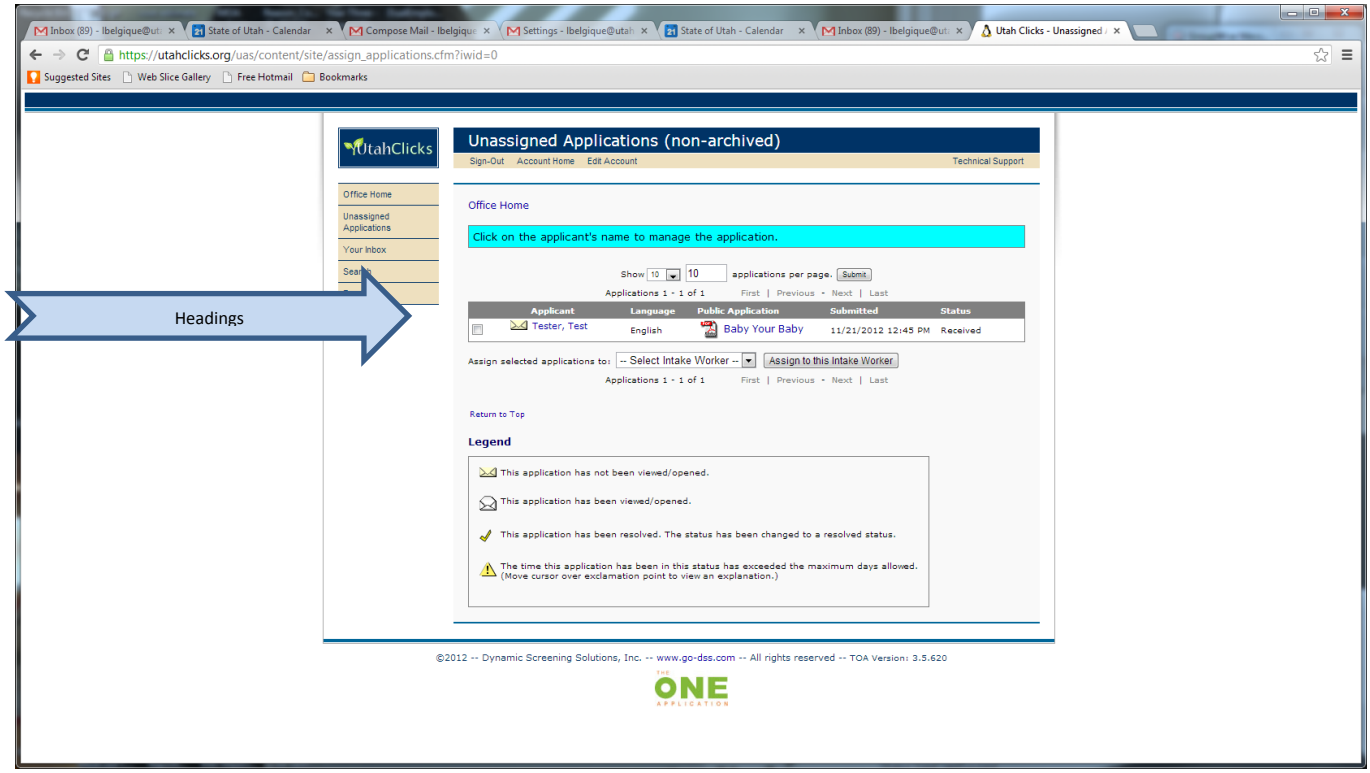
How to re-assign an application: (***NOTE:*** *Only Office Managers have this access*)

1. Sometimes an application is submitted to the wrong office. If this is the case, scroll down to "Re-assign Application to Another Office" on the "Manage Applications" page. Re-assign to the appropriate office.



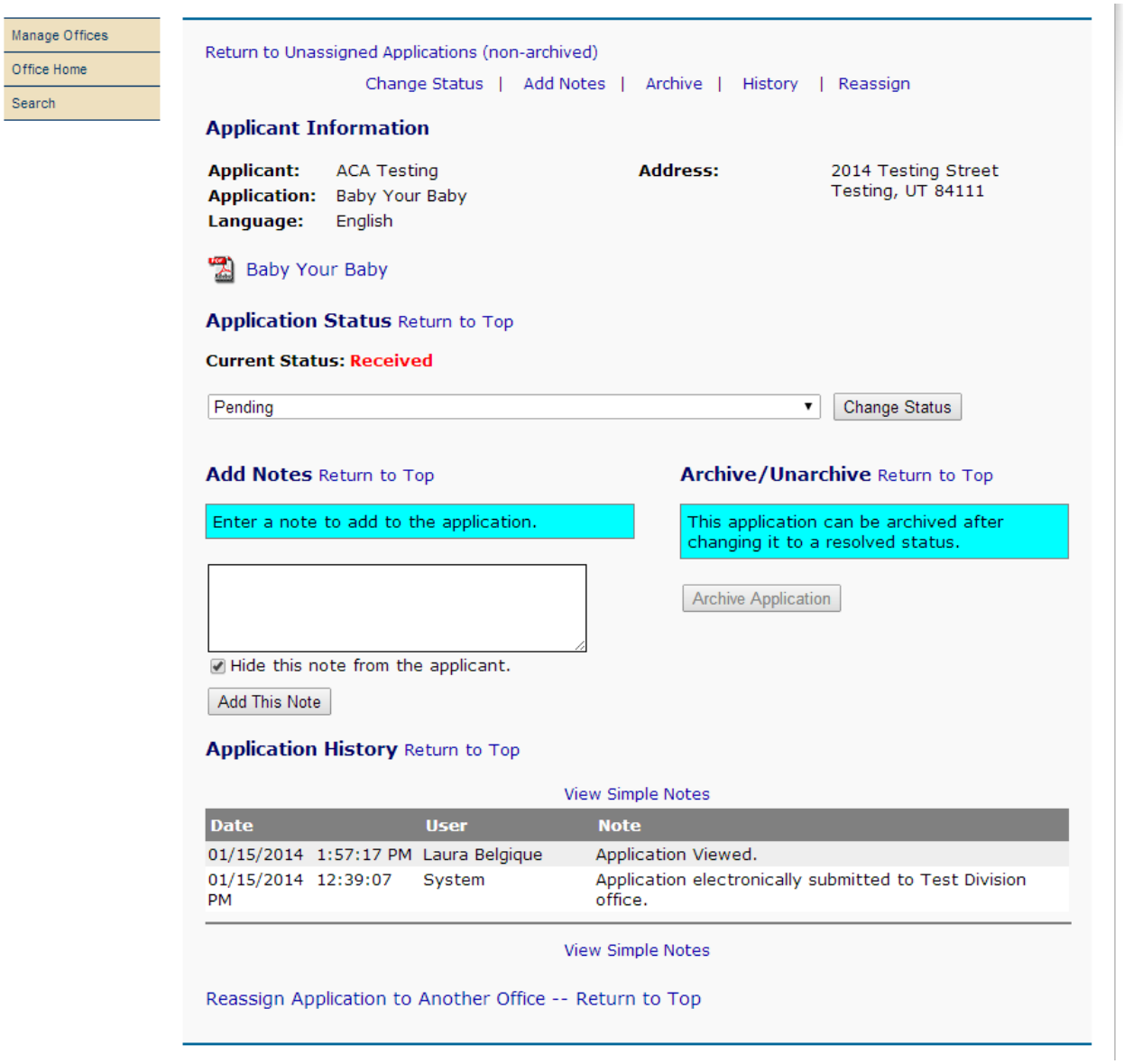
Section 3: HOW TO COMPLETE A UTAH CLICKS APPLICATION

There are 5 heading tabs in the "Applications for (your name)" box: Applicant, Language, Public Application, Submitted and Status



1. **Processing Utah Clicks applications:**

- Click on applicant's name to view the details of their application. From here, you may view the BYB application (PDF) and view the submission date/time and status. Status is either received, reviewed, assigned, pending, approved, or denied. Sometimes the applicant's email is listed, also providing a direct link (hot link) to their email. Before approving or denying the application, be sure all information is correct.
- Click on the PDF and Utah Clicks will create an application.
- Review the information on the application to determine if the applicant is eligible for BYB. Then change the status from "pending" to "approved" or "denied" in the drop down menu under "Current Status."
- Once an application is given a final resolution assignment, the status will appear next to "Current Status." Below is what you will see before you change the status:

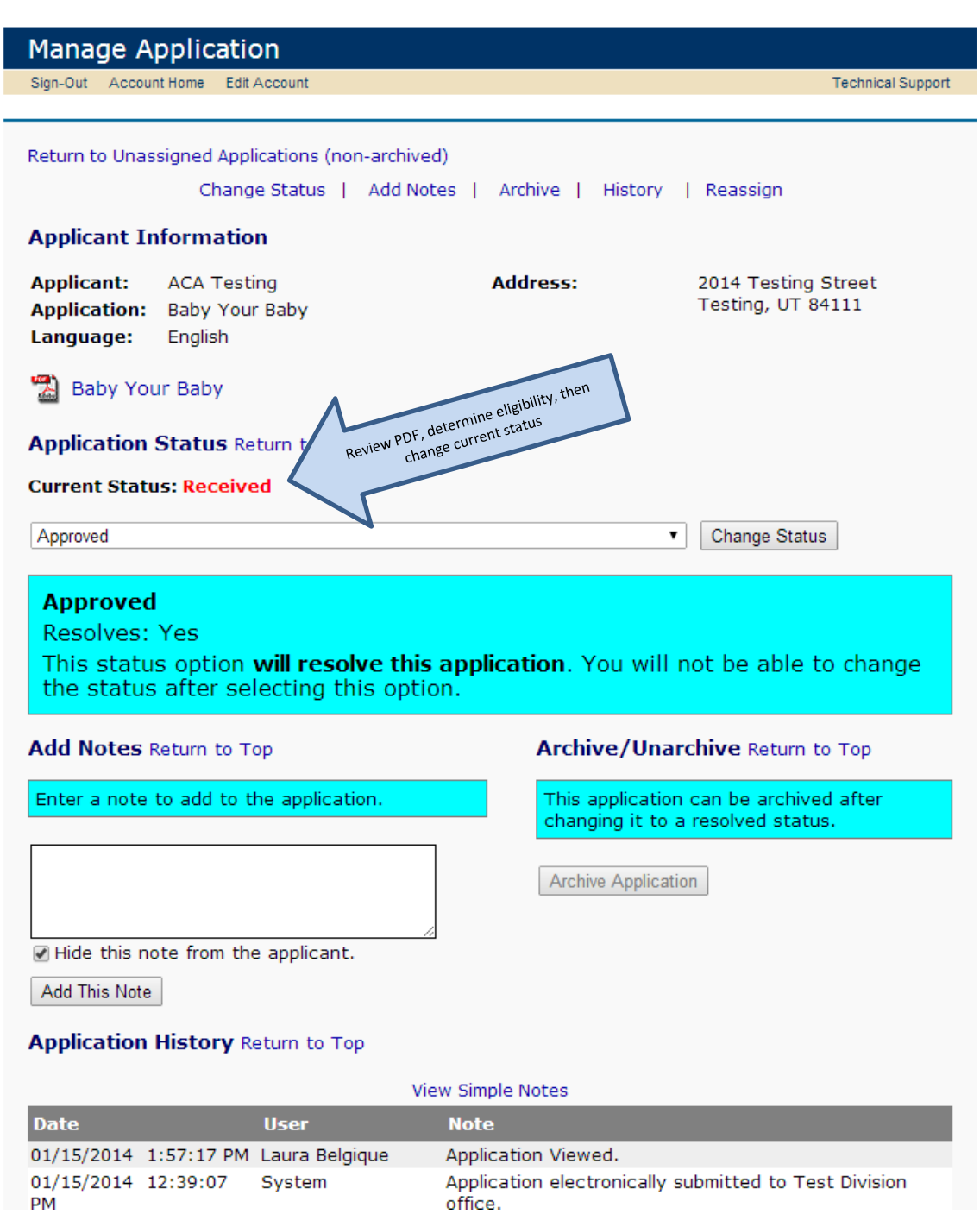


WARNING: APPLICATION STATUS CANNOT BE CHANGEDONCE IT HAS BEEN APPROVED OR DENIED.

If the status must be changed:

- For applications that have been approved incorrectly, contact Lori Tuckett immediately ltuckett@utah.gov or 801.538.6472
- For applications that have been denied incorrectly, contact Laura Belgique at lbelgique@utah.gov or 801.538.6241

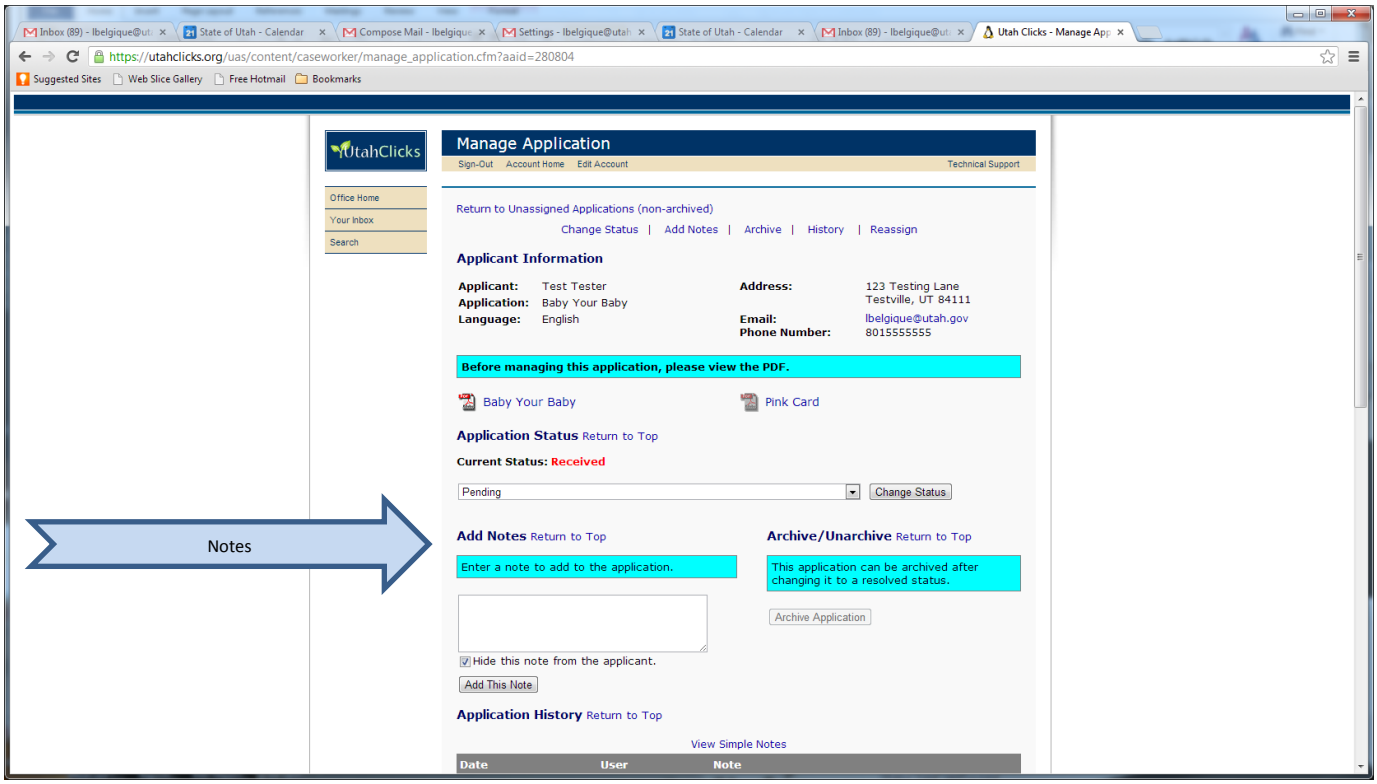
- Once you change the status, the "current status" will change to "approved" or "denied."



Adding Notes:

- This section is located under "Application Status" on the "Manage Applications" page. This can be used to share information with other BYB workers, to enter eligibility dates, or to contact or share information with the applicant. For example, you may find it helpful to add a note to the applicant if she failed to call for an appointment. *Important: When sharing information with other BYB workers or with Medicaid, leave the "Hide this note from the applicant box" checked.*
- After adding a note, select "Add this Note" to save the information.
- To share the "note" with the applicant, unclick "Hide this note from the applicant" box.

  REMINDER: All information contained in the application history will be visible to the applicant.



REMINDER: Unresolved applications must be processed timely. When necessary, contact the applicant to request any necessary verification needed to complete the application. If application is approved, be sure to document the BYB number (if they have one).

If the application is approved:

- If you approve the application, the following page appears:

Return to Manage Application

Application Resolution

1) Eligible From:
Example: 12/01/2007 (mm/dd/yyyy)

2) Eligible Thru:
Example: 06/01/2007 (mm/dd/yyyy)

3) Intake Worker Name:
(This question is required)

4) Intake Worker Phone Number:
(This question is required)
Example: 801-555-6666

5) BYB#, if applicable:

FYI: This field will soon be deleted from Utah Clicks.

6) Is the applicant reffered to WIC?
- Yes
- No

Clear my answer

7) BYB Office:
(This question is required)

8) Intake Worker's Signature:
(This question is required)

9) I certify that the applicant is NOT eligible for BYB. Denial Reason:
- 1. You are not a U.S. Citizen, U.S. National, or a Lawful Permanent Resident authorized by U.S. Citizenship and Immigration Services.
- 2. You have not been a Lawful Permanent Resident long enough to qualify for BYB.
- 3. You are not a Utah resident.
- 4. You are already on Utah Medicaid.
- 5. You are on CHIP, PCN, or UPP. Have your CHIP, PCN, or UPP caseworker review your case. You may qualify for Medicaid if your situation has changed.
- 6. You were denied Medicaid within the past 30 days and the reason for your denial has not changed.
- 7. You have already received the one BYB card allowed per pregnancy.
- 8. You are over the income limit for BYB based on your household size and reported income.
- 9. You are not pregnant.

Clear my answer

Save Information

- Enter information requested in the text boxes. Then click "Save information.

If the application is denied:

1. Select "Deny" from "Application Status" section on home page.
2. Select denial reason.
3. Print the application.
4. Provide the applicant with a copy of the application.

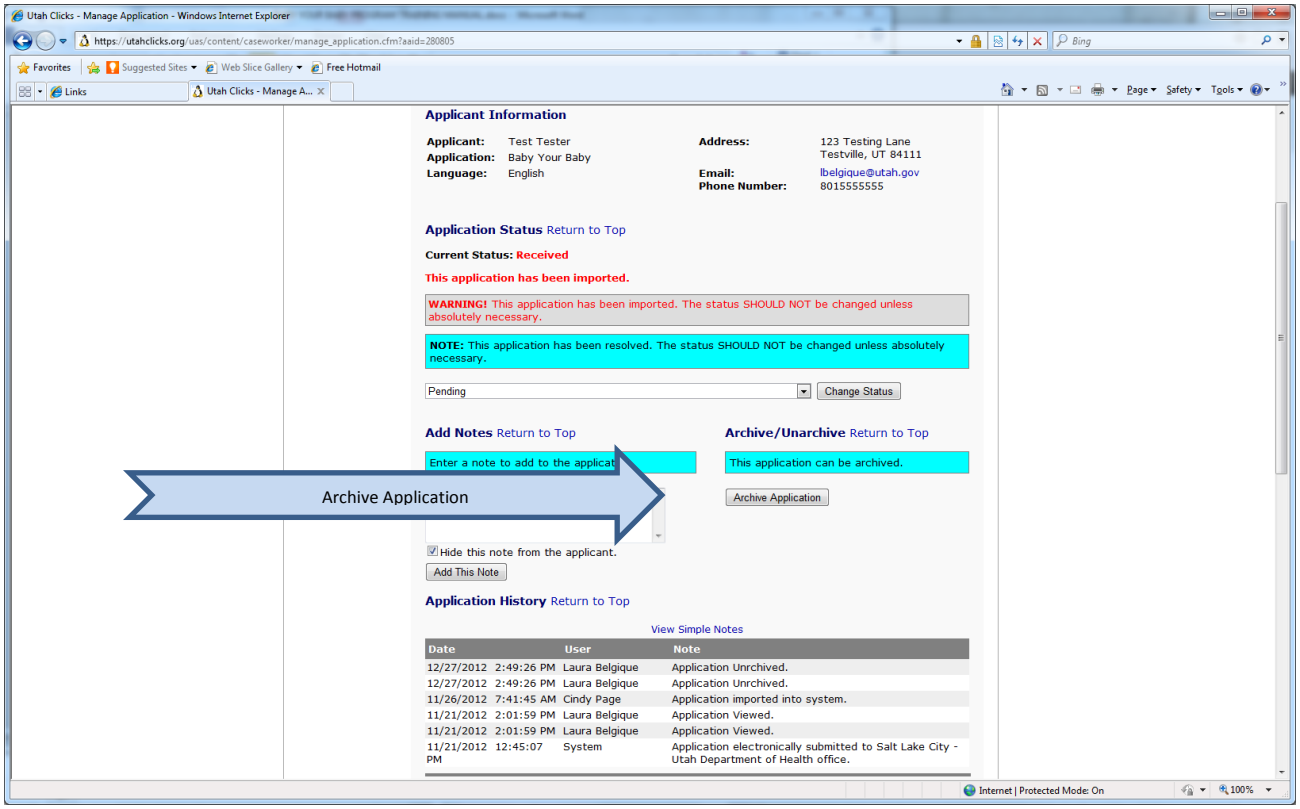
NOTE: *If you have an application that has been pending due to missing information for more than 30 days, deny the application. Follow the same steps for a denied application listed above.*

Section 4: ARCHIVING APPLICATIONS

- **Once an application has been denied or approved, it must then be archived.**
  - To archive, go to the application and select "archive."

- **Additional archive information:**
  - To unarchive an application, click "Unarchive". You may then proceed with the application process.
  - To search for an archived application, under "Search Type", click "Archive Search" on the "System Search" page. You may use partial information to search. Click "Perform Search" on the bottom of the page.
  - When information is displayed, click on the applicant's name. You will then be taken to the "Manage Application" page.

NOTE*: If the wrong resolution status is indicated on the application, it cannot be changed. Contact the BYB program specialist to request the resolution be changed to the correct status.*



Section 5: REPORTS

- For office managers, the following reports can be accessed from the Utah Clicks home page:
    - Applications by caseworker distribution
    - Application submissions by:
        - Year
        - Month
        - Day of the week
        - Date range
- Choose the desired report and click "View this report". Indicate the desired date range and click "Generate Graph".

Section 6: APPLICATION HISTORY:

- This allows you to view notes and provides a history of all transactions completed on the application. This can be helpful when receiving an application from another BYB worker or from another site.

Section 7: SEARCHING FOR APPLICATIONS:

- To search for an unassigned application, an application in a worker's box, or for an archived application, click on "Search". From there, click "Applicant Search". From there, click on "View Applications" which will take you to the "Applications for (applicant's name)" page. Clicking on the name will take you to "Manage Application". You can also click on the PDF icon to open the application.

Section 8: CONFIDENTIALITY

- The same confidentiality and release of information requirements mentioned in Part 1, Section 2 apply to Utah Clicks.
- When you are working in the system, SIGN OUT if you leave your desk at any time. You must maintain strict protection and confidentiality of the information in the system. Do NOT share your password with anyone else including co-workers. If a co-worker or anyone else needs access to Utah Clicks, that individual needs to set up their own account.
- Do not email any client identifying information, including Social Security Numbers.

Appendix A: BYB APPLICATION

UTAH DEPARTMENT OF HEALTH

Baby Your Baby Application

BABY YOUR BABY

The Baby Your Baby program is a presumptive eligibility Medicaid program for pregnant women. The program provides temporary medical coverage for pregnant women based on preliminary information.

Application Information

Name of Person Applying for Baby Your Baby:_____
first middle initial last

Social Security Number (optional): _____ Date of Birth_____

Home Address: _____
(Leave blank if you don't have one) street apt.# city state zip

MailingAddress:_____
(If different from home address) street apt.# city state zip

Home Phone: (____)_____ Cell/Other Phone: (____)_____

☐Yes ☐No 1. Are you pregnant?

☐Yes ☐No 2. Are you a U.S. Citizen or U.S. National?

☐Yes ☐No 3. If you are not a U.S. Citizen or U.S. National, do you have a Lawful Permanent Resident card (Green Card) from U.S. Citizenship and Immigration Services?
If yes, list the month and year you became a Lawful Permanent Resident: _____/_____
month year

☐Yes ☐No 4. Are you a Utah resident?

☐Yes ☐No 5. Are you currently receiving Utah Medicaid, CHIP (Children's Health Insurance Program), PCN (Primary Care Network), UPP (Utah's Premium Partnership for Health Insurance) or have you been approved for Utah Medicaid with a spenddown?

☐Yes ☐No 6. Have you been denied Utah Medicaid, CHIP, PCN, or UPP in the last 30 days?
If yes, what is the denial reason?_____
☐Yes ☐No Has that reason changed since you were denied?
☐Yes ☐No Did you tell your caseworker that you are now pregnant?

☐Yes ☐No 7. Have you already received Baby Your Baby for this pregnancy?

8. How many people are in your household (including your unborn child(ren))? _____
Use the chart on the next page to determine your household size. Include only those people living with you.

9. What is your total gross earned and unearned income (before taxes) for your household this month? *(Do not include child support income or educational income.)* $_____

☐Yes ☐No 10. Does anyone in your household currently have health insurance? (This information is optional.)
If yes, complete the information below:

Insurance

Name(s) of individual(s) covered:_____
Name of insurance company:_____ Phone #:_____
Address of insurance company:_____ Group#:_____
Policyholder name:_____ Policy #:_____

I have provided the answer to the above questions. Under penalty of perjury, I swear that the answers I have given on this application are complete and correct. I understand I can be penalized by law if I give false information on this application.

Signature of applicant:_____ Date:_____

Baby Your Baby Worker Only: Is the applicant eligible for BYB?

☐Yes	☐No
I certify that the applicant IS eligible for BYB.	I certify that the applicant is NOT eligible for BYB.
Eligible From:_____ Thru:_____	Denial Reason:_____
MM DD YY MM DD YY	(Indicate the denial reason# that corresponds to the reason listed on the second page.)
☐Yes ☐No Referred to WIC	

BYB Office:_____ Worker's Name:_____ Phone:_____
Worker's Signature:_____ Date:_____

Revised January 22, 2014

BYB Application, continued

Household Size Chart: Include only those people who are living with you.

If you are age 19 or older (whether or not you are married), include the following people in your household size:	If you are under age 19 (whether or not you are married), include the following people in your household size:
Yourself	Yourself
Your legal spouse (not boyfriend)	Your legal spouse (not boyfriend)
Your unborn child(ren)	Your unborn child(ren)
Your child(ren) under age 19	Your child(ren) under age 19
Your step-child(ren) under age 19	Your step-child(ren) under age 19
	Your parent(s)
	Your brother(s) and/or sister(s) that are under age 19

To the Applicant:

A. If you were approved for Baby Your Baby (BYB):

- If you want your Medicaid coverage to continue after the BYB period ends, you need to apply through the Department of Workforce Services (DWS) before your BYB coverage ends. You may apply online at **https://jobs.utah.gov/mycase** or at any DWS office.
- Your BYB coverage will end on the last day of the month following the initial month of BYB eligibility if you do not turn in your application for continued Medicaid through DWS.
- After you have applied for continued Medicaid through DWS:
  - You cannot use your BYB card after you have been approved or denied for continued Medicaid. If you have been approved, you will need to use your regular Medicaid card and not your BYB card. If you are denied for continued Medicaid even before your BYB coverage ends, stop using the card. If you continue to use the BYB card after being denied, you may need to pay back for services received after that denial date.
  - If your BYB coverage will soon expire and you have not yet been told by DWS whether your application is approved or denied, you may request an extension for BYB by calling (801) 526-0950 or toll free 1 (866) 435-7414.

B. If you were denied for Baby Your Baby (BYB):

- You did not get approved for BYB due to the following reason: ***(BYB Worker - Please circle the applicable denial reason below.)***
  1. You are not a U.S. Citizen, U.S. National, or a Lawful Permanent Resident authorized by U.S. Citizenship and Immigration Services.
  2. You have not been a Lawful Permanent Resident long enough to qualify for BYB.
  3. You are not a Utah resident.
  4. You are already on Utah Medicaid.
  5. You are on CHIP, PCN, or UPP. Have your CHIP, PCN, or UPP caseworker review your case. You may qualify for Medicaid if your situation has changed.
  6. You were denied Medicaid within the past 30 days and the reason for your denial has not changed.
  7. You have already received the one BYB card allowed per pregnancy.
  8. You are over the income limit for BYB based on your household size and reported income.
  9. You are not pregnant.
  10. You did not follow through with the BYB application.
- This application is only a brief look to see if you can get continued Medicaid. People denied for BYB may still be eligible for continued Medicaid or other assistance programs. Even if you did not get approved for BYB, you should still apply for continued Medicaid through DWS. You may apply online at **https://jobs.utah.gov/mycase** or at any DWS office.

To the BYB Worker:

- Unless you have approved this application online via Utah Clicks, fax or mail the front page of this application within 5 working days of completion to:

  Utah Department of Health, Bureau of Medicaid Operations
  P.O. Box 143106, Salt Lake City, UT 84114-3106
  Fax Number: (801) 237-0742

Appendix B: BYB ELIGIBILITY CARD

Manager 9 Team B CUP
PO BOX 143245
SALT LAKE CITY, UT 84114-3245

Promote Prevent Protect

Utah Department of Health

BYB Recipient's name
Address
Zip code

Special Instructions:
TO CLIENT:Stop using this card once you receive an approval or denial decision on your medical application. If you continue to use the card after the decision date, you may need to repay the cost for any services received after the decision date.
Submit claims to other insurance first, then to Medicaid

Co-Pay Codes

Case # Presumptive Eligibility - PW/BYB

Coverage is limited to outpatient pregnancy-related services only. Deliveries and inpatient services are not included in the coverage.
Eligible from: February 01, 2014 - February 28, 2014
Health Plan: None Restricted: No TPL: No
Pharmacy Billing Info: None

PROVIDER and CLIENT: Present the Medical Card before receiving services. Keep a copy of this card for your records. For insurance coverage changes, call the TPL Unit at 801-538-8798 or 1-800-821-2237. For questions about coverage or how to use this card, call Medicaid Information at 801-538-6155 or 1-800-662-9651.

It is illegal to modify this card in any way or to allow people not listed to use this card.

Name/ID	DOB/Age	Co-Pay	Provider	Restrictions	TPL/Medicare Information
Name Medicaid ID # Female	02/20/1985 28			None	

Appendix C: BYB Approval Notice

Date Mailed: 10-24-2013

Case number: 87654321
PID: 012345678

BABY YOUR BABY RECIPIENT
150 E CENTER ST
PROVO, UT 84606-3106

Presumptive Eligibility

Dear BYB RECIPIENT,

The following woman has been approved for Baby Your Baby. This program provides women with temporary medical coverage, while the Department of Workforce Services (DWS) determines their eligibility for regular Medicaid.

Member Name	Program	Application	Action Taken	Benefit Start Date
Byb RECIPEINT	Presumptive-Baby Your Baby	01-04-2014	APPROVED	01-04-2014

IMPORTANT

- You may apply for regular Medicaid through DWS.
- If you apply for regular Medicaid, your medical benefits will end on the date DWS makes a decision on your application for regular medical coverage or on the last day of the month following the initial month of Baby Your Baby coverage. If your application for regular Medicaid remains pending when your Baby Your Baby coverage is close to ending, you may call DWS to request an extension of Baby Your Baby eligibility. This must be done before your Baby Your Baby coverage ends.
- Stop using the Baby Your Baby card once you receive an approval or denial decision on your Medicaid application. If you continue to use the card after the decision date, you may need to repay the cost for any services received after the decision date.

What happens next?

- The Baby Your Baby card will be sent to you separately from this notice. Take the card to all your medical appointments and pharmacy visits.
- If you have questions, please have your case number ready and call DWS.

See Eligibility Policy 356-1.

Note: *DWS Contact information contained here*

Appendix D: INCOME CHART

***INCOME GUIDELINES ARE UPDATED ANNUALLY. UDOH WILL EMAIL BYB CLINICS AN UPDATED INCOME CHART EVERY YEAR. PLEASE BE SURE TO USE THE UPDATED VERSION.**

BABY YOUR BABY / PRESUMPTIVE ELIGIBLITY PROGRAM
JANUARY 2014 MONTHLY MAXIMUM INCOME LEVELS

Utilizing the family size noted on the Baby Your Baby/Presumptive Eligibility Application, determine the monthly income allowable for that family size to qualify for Baby Your Baby. Remember to include the unborn in the family size. These monthly maximum income standards change annually – usually in March. Be sure to use the current income figures when determining financial eligibility for the program.

HH size	BABY YOUR BABY
	139% FPL Monthly gross income
1	1332
2	1797
3	2263
4	2729
5	3194
6	3660
7	4126
8	4591
9	5057
10	5522