

2016

BABY YOUR BABY *Training Manual*



UTAH DEPARTMENT OF
HEALTH
MEDICAID

A Bridge to Wellness for Utah's Vulnerable



Through the Baby Your Baby program, medical assistance is available on a temporary basis for pregnant Utah women to help pay for prenatal care.

State of Utah

July, 2016

Table of Contents

PART 1 General Information

Section 1: What Is Baby Your Baby?	2
Section 2: Contact Information	2
Section 3: Resources	3

PART 2 Policies and Procedures

Section 1: Terms of Agreement	4
Section 2: Services and Payment	4
Section 3: Confidentiality	4
Section 4: Fraud, Waste and Abuse	5
Section 5: Completing the BYB Paper Application	5
Section 6: Eligibility Criteria	7
Section 7: Determining Household Size	7
Section 8: Income	9
Section 9: What Happens Next After an Eligibility Determination?	11
Section 10: Application Process Flow Chart	13
Section 11: Check List	14

PART 3 Utah Clicks

Section 1: What is Utah Clicks?	15
Section 2: Access to Utah Clicks	15
Section 3: How to Complete a Utah Clicks Application	17
Section 4: Archiving Applications	23
Section 5: Reports	24
Section 6: Application History	24
Section 7: Searching for Applications	24
Section 8: Confidentiality	24

PART 4 Appendices

Appendix A: BYB Application	25
Appendix B: BYB Medical Card	27
Appendix C: 172 Hour Chart	28
Appendix D: BYB Approval Notice	29
Appendix E: Presumptive Eligibility Receipt	30
Appendix F: Eligibility Lookup Tool	31
Appendix G: Income Chart	32

PART 1 General Information

Section 1: What is Baby Your Baby

- Baby Your Baby (BYB) is a program that provides temporary Medicaid coverage for low-income pregnant women who qualify based on preliminary information provided on the BYB application (see attachment A).
- The BYB program is managed and facilitated by two departments: Utah Department of Health (DOH) and Department of Workforce Services (DWS).
 - Two areas within DOH 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.
- The Department of Workforce Services (DWS) enters into the eligibility system all BYB decisions received from BYB providers. DWS stores all BYB applications received.

Section 2: Contact Information

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Utah Department of Health, Medicaid and Health Financing

PO Box 143107

Salt Lake City, UT 84114-3107

Section 3: Resources

- For questions regarding eligibility, policy and procedure, or to request training email bybpolicy@utah.gov.
- For Baby Your Baby Hotline information contact:
Marie Nagata
BYB Hotline Manager
Utah Department of Health
PO Box 142106
Salt Lake City, UT 84114-2106
Personal email: [magnata@utah.gov](mailto:magata@utah.gov)
Phone: (801) 538-6519
Fax: (801) 538-9448
- To order BYB applications and related material including Keepsakes, call 800-826-9662 or online at: <http://www.babyyourbaby.org/order-materials/>
- For questions regarding covered services, medical billing/payment, call Medicaid at: (801) 538-6155 or 1-800-662-9651.
- Unless you approve the BYB application online via Utah Clicks, fax or email all complete BYB applications to:
Department of Workforce Services
Fax: (801) 526-4399 or toll-free 1(800) 395-8999
Email: pe-baby@utah.gov
- A copy of this manual can be found online:
https://medicaid.utah.gov/Documents/pdfs/BYB_Manual5.pdf

PART 2 Policies and Procedures

Section 1: Terms of Agreement

- A BYB provider must agree to follow the State's policies and procedures. DOH will provide BYB providers with information on all policies and procedures related to BYB.
- DOH will monitor BYB provider's BYB determinations. If a BYB provider is not making BYB determinations in accordance with DOH's policies and procedures, DOH will provide the BYB provider with additional training or other forms of corrective action before disqualifying the BYB provider. Performance standards require Qualified Providers (QPs) to achieve an accuracy rate of at least 85% of the BYB decisions made. Accuracy is measured by how accurate the QPs determination is based on the information provided by the client.
- Have a Memorandum of Agreement (MOA) with DOH to determine BYB eligibility.
- Be trained by DOH on the BYB process before determining BYB eligibility. A training conducted by fellow BYB providers do not meet this requirement.
- Notify DOH when a new staff member is hired to determine BYB eligibility. DOH will schedule and provide training accordingly.
- Notify DOH within 5 business days when any staff changes job responsibilities or terminates employment.

Section 2: Services and Payment

- BYB covers Medicaid eligible, pregnancy-related ambulatory services provided by any Utah Medicaid provider including pharmacy and dental. This includes prenatal visits, prenatal lab tests, ultrasounds, prenatal vitamins. It does **not cover the delivery of the baby**. For more information on covered services, please call Medicaid at: (801) 538-6155 or 1-800-662-9651.
- During the BYB period, the applicant will also be able to receive pregnancy-related ambulatory services from other Medicaid providers.
- BYB providers will be paid at regular Medicaid rates for covered services.

Section 3: Confidentiality

- All confidential information must be safe guarded from unauthorized disclosure and use. All transmission or exchange of data and electronic records must take place through secure means. Staffs who fail to safeguard confidential information may be subject to both civil and criminal penalties.
- Confidential information includes identifying information about clients 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 clients 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.
- The BYB provider shall only access, use, or disclose data solely for the purposes of determining BYB.
- Once eligibility has been determined, all BYB applications must be shredded and not kept on file.
- The BYB provider shall implement and maintain administrative, technical, and physical safeguards necessary to protect the confidentiality of the data and to prevent any unauthorized use or access. Any and all transmission or exchange of data and electronic records shall take place via secure means.

Section 4: 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
- When reporting fraud, waste or abuse:
 - Provide any of the following information:
 - Provider or recipient name, date of birth, address and phone number
 - Social Security 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.
- For more information on reporting fraud, waste or abuse, visit: <http://health.utah.gov/mpi/recipient.html>

Section 5: Completing the Baby Your Baby Paper Application

- Clients can apply for BYB through any QP site, the BYB hotline, or online through Utah Clicks at www.utahclicks.org.
- Always use the most current application form available. DOH will supply QPs with applications. These are the applications that must be used. You may **NOT** create your own application. See Appendix A for a sample copy of the application.
- Self-declaration (client statement) is used for all factors of eligibility, including pregnancy.
- Ensure the client completes all the questions and signs and dates the application. Review all questions on the application before making a determination.

- If a minor pregnant mother (under age 18) 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.
- If the applicant is approved for BYB, the start date for coverage is the date the application is approved by the BYB provider.
- Complete the "BYB Worker Section" specific information at the bottom of the first page. Follow the guidelines listed below:

If client is eligible for BYB:

- Check the "Yes" box
- In the "Eligible From: ____ Thru: ____", the "from date" is the date the determination is made and the "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.
- Include your office, written name, phone number and date.

If client is not eligible for BYB:

- Check the "NO" box and include the denial reason listed on the back of the application. The ten denial reasons follow the eligibility requirements so an application will never have a different denial reason than one of the ten that are listed on the back of the application.
- Include your office, written name, phone number and date.

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 clients to WIC. The phone number is: 1-877-WIC KIDS.
- All applications must be sent to DWS within five business days from the date of the BYB determination.
- If any required information on the application is missing, DWS will contact the BYB provider to request it. The provider must then respond and provide any missing information to DWS within two business days or DWS will not issue the BYB. Business days are Monday-Friday, 8 am-5 pm, excluding holidays.
- If the applicant already has health insurance, she can still apply for BYB.
- If the client does not have a SSN or refuses to provide the SSN, the field can be left blank. Note: SSN cannot be required. However, request it from the client and let her know that the SSN allows for efficient processing of her application. If at that point, she does not want to provide it, then the field can be left blank.

Section 6: Eligibility Criteria

Self-declaration is used for all eligibility criteria. Compare the responses on the application to the eligibility criteria listed in this section. Individuals who do not meet the criteria listed below are not eligible for HPE.

Applicants must:

- Be a U.S. citizen or a Qualified Alien.
 - Qualified aliens are individuals who are not U.S. citizens but have received a lawful permanent resident (LPR) status. Adults age 19 and older are barred from receiving PE for a period of five years from the date they became a LPR.
 - Children under age 19 are not subject to five year bar.
 - Nationalized citizens and 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 meet U.S. citizenship requirements.
 - Individuals from the Marshall Islands are not considered U.S. Nationals.
- Be a Utah resident.
- Must not have received BYB or Hospital Presumptive Eligibility (HPE) for the current pregnancy. A woman may only have one period of presumptive eligibility during her pregnancy.
- Must not currently be receiving Utah Medicaid, CHIP, UPP, PCN or HPE or Medicaid with a spenddown, even if the spenddown has not been paid.
- Must not have received a denial for Medicaid, CHIP, UPP or PCN within the past 30 days, unless household circumstances have changed. **For example**, if the applicant was denied for Medicaid because her income was too high and now reports that her income has changed; determine if the applicant is eligible for BYB.
- Has a gross household income at or below the income level for her household size. See section 8 on how to determine household size and section 9 for income information.

Section 7: Determining Household Size (Question #9)

- Household size is determined by relationship and living arrangements. Do not include individuals who do not live in the same household. Use the chart on the next page to determine household size.
- For joint custody situations, count a child residing in a parent's home if the client states the child resides in the home at least 50% of the time.

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

Household Size 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. What is the total household size?

Household Member	Counted in Household?
Mary	Yes
Unborn	Yes
Boyfriend	No
Mary’s mom	Yes
Mary’s dad	Yes
Sister #1	Yes
Sister #2	Yes

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 household size is 6.

Household Size Exercise #2

Annie is a 28 years 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. What is the total household size?

Household Member	Counted in Household?
Annie	Yes
Unborn	Yes
Husband	Yes
Child #1	Yes
Child #2	Yes
Child #3	Yes
Step-child #1 (19 y/o)	No
Step-child #2 (17 y/o)	Yes

In this case, Annie, the unborn, her husband, three children, and two step children are counted in the household. The total household size is 7.

Household Size Exercise #3

Amy is 16 and pregnant with her first child. She lives with her boyfriend at the home of one of his friends. What is the total household size?

Household Member	Counted in Household?
Amy	Yes
Unborn	Yes
Boyfriend	No
Friend	No

In this case, Amy and the unborn are counted in the household. The total household size is 2.

Section 8: Income (Question #10)

- Count the gross income (before taxes) of everyone included in the household size. Client statement of income is accepted.
- If a child does not live with her parents, count her income and her spouse's, if applicable.
- Compare the gross income to the current income limit for the specific client household size. If she is at or below the income limit, she meets the income requirement.
 - Note: income guidelines may change yearly. DOH will email BYB providers with an updated income chart each year. Make sure you are using the most recent version. See appendix G for the March, 2016 income chart.
 - Exempt income:
 - Educational income
 - Veteran's income
 - Child support
 - Do not count the income of a child to another child (sibling)
 - Do not count the income of a child to a parent
 - Do not count the income of a guardian to the child(ren)
 - For American Indian/Alaskan Native, count wages from employment, revenues from tribal run gambling, and unearned income such as Social Security or Unemployment benefits. All other tribal income is exempt.

Determining Income

If the client needs assistance to determine their income, follow the steps below.

Determining Income Without Check Stubs

To determine monthly income without check stubs, you will need to know how often the individual is paid, how many hours a week they work and their hourly rate.

- **Paid "Weekly" or "Every Other Week"**
 - Multiply hours worked each week by the hourly rate. This will give you their gross weekly income.
 - Multiply gross weekly income by 4.3. This will give you their gross monthly income.

Example: Individual works 32 hours a week at \$11.25 an hour.

- 32 hours per week 'X' \$11.25 an hour = \$360 (weekly income).
- \$360 'X' 4.3 = \$1548 (monthly income).

- **Paid “Twice a Month” or “Monthly”**

- If an individual is paid twice a month or monthly, you will need to use 172 hour chart (appendix C) to determine the monthly income.
- Using this chart, find the weekly hours the individual states they work in the column on the left. This will determine the monthly hours as shown in the right column.
- Multiply the monthly hours by the hourly rate. This will give you their gross monthly income.

Example: Individual works 29 hours a week at \$10.25 an hour.

- 29 weekly hours = 126 monthly hours.
- 126 monthly hours 'X' \$10.25 = 1,291.50 (monthly income)

Determining Income Using Check Stubs

Check stubs are not required. However, if an applicant provides you with check stubs determine income as follows:

First, determine how often the applicant is paid: Weekly; every other week; twice a month; monthly. If you have two or more recent checks, first get an average of the gross income by adding the gross pay together and dividing by the number of checks you have. Then use the average and calculate a monthly total using the corresponding time frames below:

- **Paid “Weekly”**

- Multiply gross amount on the check stub by 4.3.
 - Example: Check stub shows gross income of \$512.50. Multiply \$512.50 by 4.3 = \$2203.75 (monthly income).

- **Paid “Every Two Weeks”**

- Multiply the gross paycheck amount by 2.15
 - Example: Check stub shows gross income of \$412.55. Multiply \$412.55 by 2.15 = \$886.98 (monthly income).

- **Paid “Twice a Month”**

- Multiply the gross paycheck amount by 2.
 - Example: Check stub shows gross income of \$680.01. Multiply \$680.01 by 2 = \$1360.02 (monthly income).

- **Paid “Monthly”**

- The gross amount on check is the gross monthly income.

Section 9: What Happens Next After an Eligibility Determination?

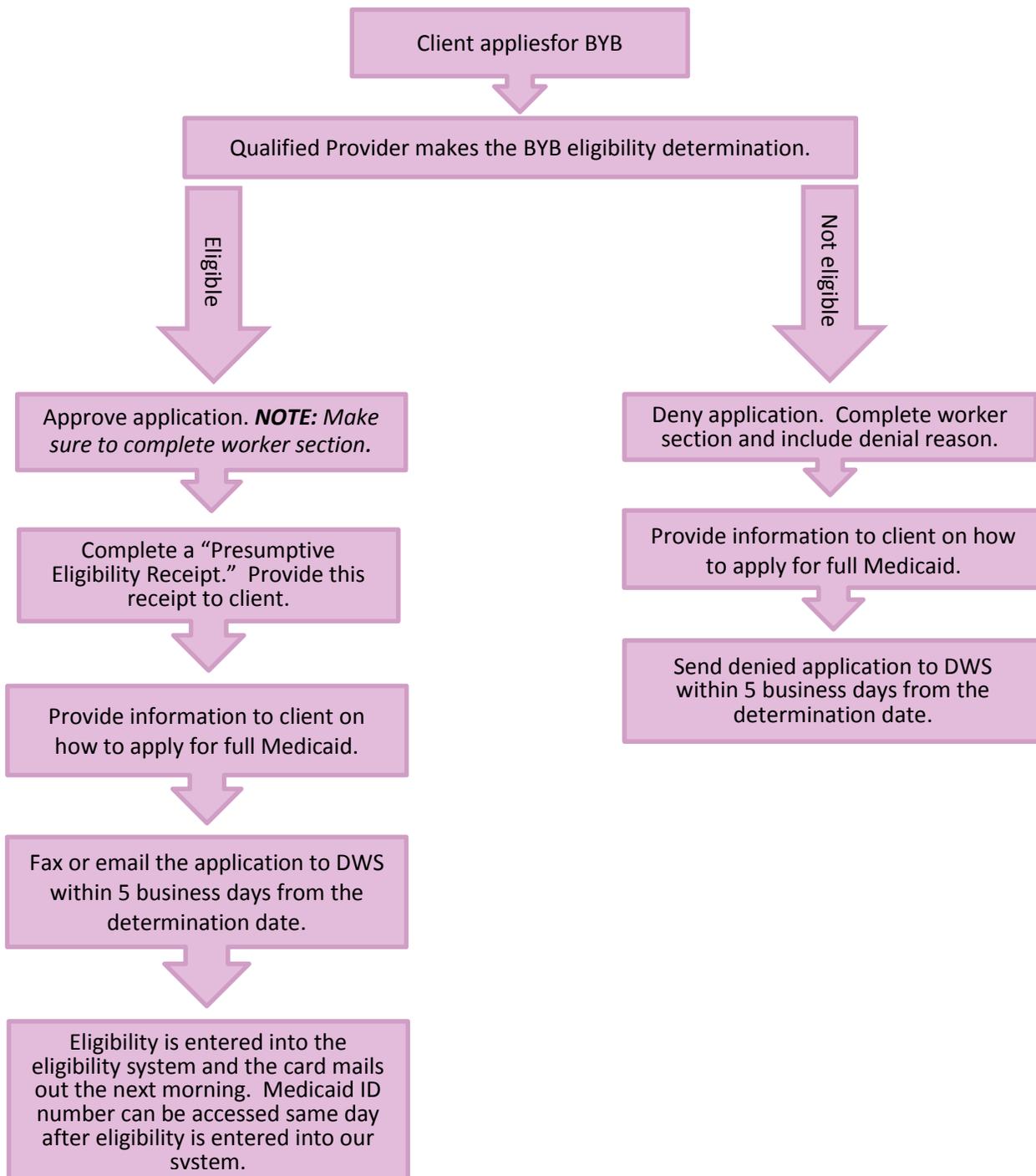
- ☑ If eligible for BYB, complete the “Presumptive Eligibility Receipt” and give it to the applicant. See Appendix E for an example of the Presumptive Eligibility Receipt. Do not keep a copy.
 - Note: For BYB, the “Number of Members” field will always be 1. The benefit start date is the day you approve the application. You will only list the name and DOB of the pregnant mother, then cross or “X” out all of the lines underneath the mother’s name so that additional names cannot be listed.
 - DOH will supply QPs with the receipts. Original (colored) receipts must be used. **DO NOT make copies of the receipts.**
- ☑ Within 5 days of making an eligibility decision, submit ALL applications (approved or denied) and e-mail to DWS at pe-baby@utah.gov or by fax: (801) 526-4399 or toll-free 1(800)395-8999. Send applications through a secured/encrypted process. If the application is not submitted within 5 working days of the decision, the determination is void and BYB will not be issued.

***Example:** Application approved Monday, April 6th, 2015. The provider must submit the application by Monday the 13th, which is 5 business days from the approval date. We do not count the 11th and 12th as Saturday and Sunday are not business days.*
- ☑ Applications approved online through Utah Clicks are automatically sent to DWS. These applications do not need to be faxed or emailed to DWS. See part 3 of this manual for more details on Utah Clicks.
 - If the application is incomplete DWS will contact the BYB provider for additional information. The BYB provider must respond to DWS within 2 business days or BYB will not be issued.
 - Only submit one application per email.
 - Shred the paper application.
- ☑ DWS will enter the BYB decision into their eligibility system within one or two days from the date you submit the application. DWS will then send the approval/denial notice and medical card (if approved for BYB).
- ☑ BYB ends on the last day of the month following the approval month unless she applies for ongoing medical assistance. If the BYB recipient applies for ongoing medical assistance, BYB coverage will continue until DWS approves or denies the application for ongoing medical assistance.
- ☑ BYB coverage will be added to a wallet-sized Medical Identification Card. If client has not received a Medical Identification Card or states she needs this card, one will be mailed out to the client through the eligibility system. Replacement cards will be issued upon request if the card is lost or damaged. See Appendix B for a sample of the Medical Information Card.
 - The client will not receive another card if she becomes eligible for ongoing Medicaid. The ongoing Medicaid coverage will be issued on the same card.
- ☑ Advise all clients to apply for full Medicaid through DWS by the “thru” date on the front of the application. Since the BYB application is only a brief look to see if a woman is eligible for Medicaid, some women may still qualify for continued Medicaid or other assistance programs.

Refer denied clients to DWS as well. 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 <https://medicaid.utah.gov/apply-medicaid> and send the completed application to:
 - Department of Workforce Services
PO Box 143245
Salt Lake City, UT 84114-3245
 - In person:
 - If client 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."
- If the client has not followed through with the BYB application, deny BYB after 30 days from the application date. Do not leave it in pending status beyond this period. If the client has answered the application questions and you therefore have the information you need to make an eligibility determination, use that information to make a decision by the 30th day even if you have not been able to talk to the client.

Section 10: Application Process Flow Chart



Section 11: Check List

Complete the following:

- Make sure all questions on the application are complete including a signature.
- If eligible for HPE, complete a "Presumptive Eligibility Receipt" and give to the client.
- If the application is denied, include a denial reason on the application.
- Send the entire application to pe-baby@utah.gov within 5 business days. This includes both approved and denied applications.
- Shred the paper application.

Educate the applicant on the following:

- Inform the applicant they can use their BYB coverage with any Utah Medicaid provider.
- Inform the client that she will receive a BYB card by mail.
- Educate the client on covered services. BYB covers only pregnancy related outpatient services. Labor and delivery are not covered.
- Educate the client on how to apply for Medicaid, regardless of whether or not she is eligible for BYB.
- Inform the applicant to stop using BYB benefits if they are denied for ongoing Medicaid.
 - If the client continues to use BYB coverage after being denied for ongoing medical assistance, she may be responsible to pay back any benefits received.
- Inform the applicant if she is approved for ongoing Medicaid, she will continue to use the same wallet-sized card that was issued for BYB.
- Inform the applicant that she can only receive BYB once per pregnancy.

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 client can either submit the application online or print it and take it to a BYB office where the application process will be completed.
 - If the client 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.

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. The program specialist will then provide you training on Utah Clicks. After completing the training, you will 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 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
 - You will be required to check your Utah Clicks account on a regular basis to ensure you are processing the applications. Remember that BYB coverage starts on the date that you make an approval determination, not the application date. Clients will lose out on needed coverage if you have enough information to process but delay the processing.
 - Applications should be processed timely and not be in pending status beyond 30 days. If the client does not provide the needed information for you to process the application within 30 days, deny the application in Utah Clicks. You will be removed from Utah Clicks if applications are not processed timely.
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 close your account.
6. If you see other BYB workers listed on Utah Clicks and they no longer work for BYB, contact the program specialist immediately to remove their names.
 - Type of access:
 - Intake Worker: This access allows you to receive and work the applications that are assigned to you.
 - Office Manager: This access allows you to assign and delete workers, assign and reassign applications, and work any application.

The screenshot shows the 'Unassigned Applications (non-archived)' page in the UtahClicks system. The page includes a sidebar with navigation options like 'Office Home', 'Unassigned Applications', 'Your Inbox', 'Search', and 'Reports'. The main content area displays a table of applications with columns for Applicant, Language, Public Application, Submitted, and Status. Below the table, there is a section for assigning applications to an intake worker, and a legend explaining the status icons used in the table.

- 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."
 - 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 client's 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.

Note: A check mark indicates an application has been resolved. An exclamation point indicates the application has remained unresolved for more than five days. 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.

The screenshot shows a web browser window with the URL https://utahclicks.org/uas/content/caseworker/manage_application.cm?aaid=280804. The page displays application details for 'Baby Your Baby' and 'Pink Card'. The current status is 'Assigned'. There are sections for 'Add Notes', 'Archive/Unarchive', and 'Application History'. A blue arrow points to the 'Reassign Application to Another Office -- Return to Top' link at the bottom of the page.

Application Status [Return to Top](#)
Current Status: Assigned
Pending

Add Notes [Return to Top](#) **Archive/Unarchive** [Return to Top](#)
Enter a note to add to the application. This application can be archived after changing it to a resolved status.

 Hide this note from the applicant.

Application History [Return to Top](#)
[View Simple Notes](#)

Date	User	Note
11/21/2012 12:55:12 PM	Laura Belgique	Application Viewed.
11/21/2012 12:48:25 PM	Laura Belgique	Application assigned to Laura Belgique
11/21/2012 12:45:02 PM	System	Application electronically submitted to Salt Lake City - Utah Department of Health office.

[View Simple Notes](#)
[Reassign Application to Another Office -- Return to Top](#)

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THE ONE APPLICATION

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
 - Status

The screenshot shows the UtahClicks interface for managing unassigned applications. The page title is "Unassigned Applications (non-archived)". A navigation menu on the left includes "Office Home", "Unassigned Applications", "Your Inbox", and "Search". The main content area displays a table of applications. A blue arrow labeled "Headings" points to the table header. Below the table is a legend explaining the status icons.

Applicant	Language	Public Application	Submitted	Status
Tester, Test	English	Baby Your Baby	11/21/2012 12:45 PM	Received

Legend

- This application has not been viewed/opened.
- This application has been viewed/opened.
- This application has been resolved. The status has been changed to a resolved status.
- The time this application has been in this status has exceeded the maximum days allowed. (Move cursor over exclamation point to view an explanation.)

- **Processing Utah Clicks applications:**

- Click on client'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 client's email is listed, providing a direct link (hot link) to her 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 client is eligible for BYB. Then change the status from "pending" to "approved," "approved paper claim" 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:

REMINDER: Unresolved applications must be processed timely.

[Return to Unassigned Applications \(non-archived\)](#)

[Change Status](#) | [Add Notes](#) | [Archive](#) | [History](#) | [Reassign](#)

Applicant Information

Applicant: ACA Testing **Address:** 2014 Testing Street
Application: Baby Your Baby Testing, UT 84111
Language: English

 [Baby Your Baby](#)



Application Status [Return to Top](#)

Current Status: **Received**

Approved ▼ [Change Status](#)

Approved
 Resolves: Yes
 This status option **will resolve this application**. You will not be able to change the status after selecting this option.

Add Notes [Return to Top](#)

Enter a note to add to the application.

Hide this note from the applicant.

[Add This Note](#)

Archive/Unarchive [Return to Top](#)

This application can be archived after changing it to a resolved status.

[Archive Application](#)

Application History [Return to Top](#)

[View Simple Notes](#)

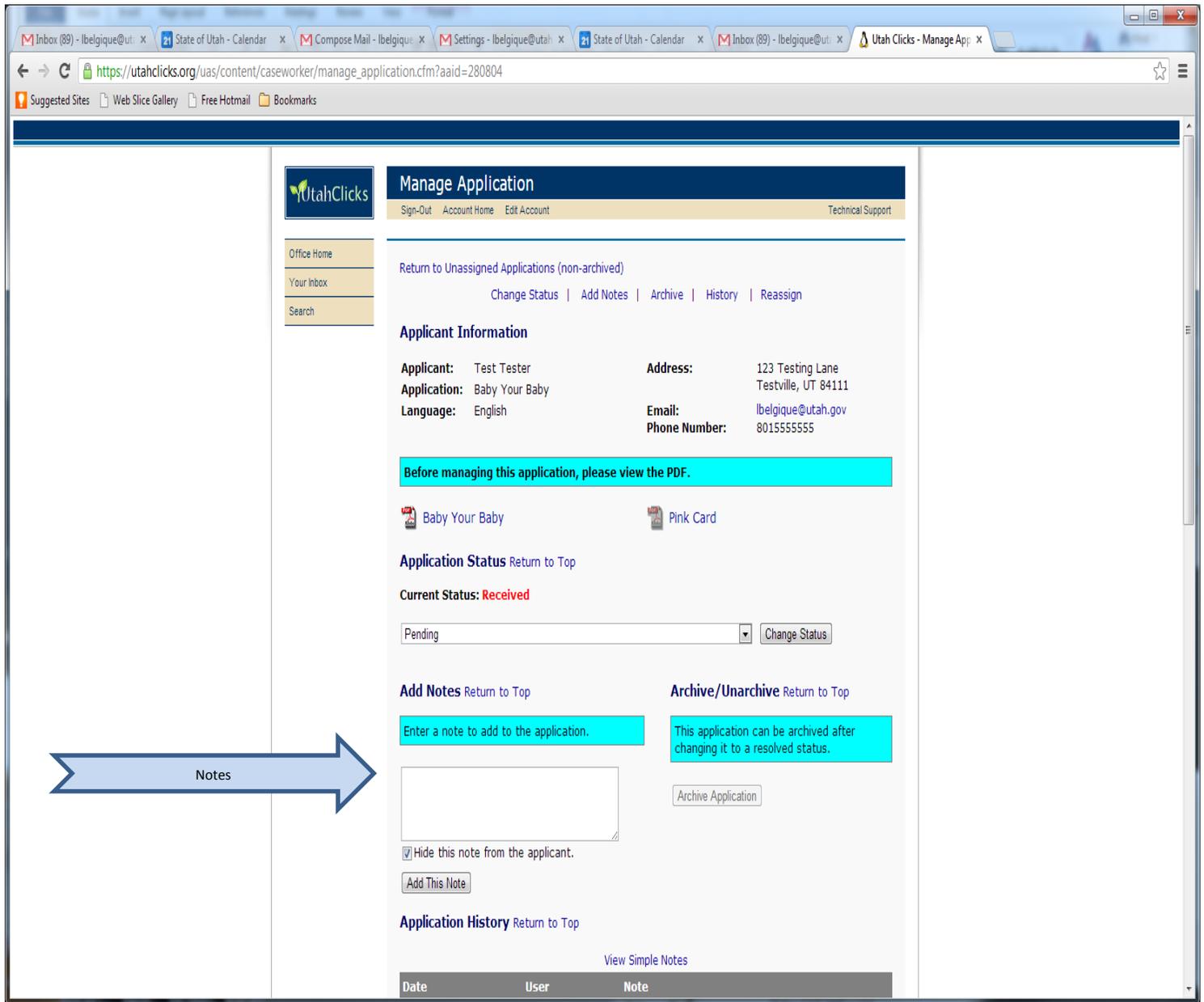
Date	User	Note
01/15/2014 1:57:17 PM	Laura Belgique	Application Viewed.
01/15/2014 12:39:07 PM	System	Application electronically submitted to Test Division office.

- **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 client. For example, you may find it helpful to add a note to the client 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 client, unclick “Hide this note from the client” box.
REMINDER: All information contained in the application history will be visible to the client.



- **If the application is approved:**
 - If you approve the application, the following page appears:
 - Enter information requested in the text boxes. Then click “Save information.

[Manage Offices](#)
[Office Home](#)
[Search](#)
[Return to Manage Application](#)

Application Resolution

1) Is this application approved or declined?

(This question is required)

- Approve
 Decline

[Clear my answer](#)

Loading additional questions...

2) Eligible From:

Example: 12/01/2007 (mm/dd/yyyy)

3) Eligible Thru:

Example: 06/01/2007 (mm/dd/yyyy)

4) Intake Worker Name: [?](#)

(This question is required)

5) Intake Worker Phone Number:

(This question is required)

Example: 801-555-6666

6) Is the applicant referred to WIC?

- Yes
 No

[Clear my answer](#)

7) BYB Office:

(This question is required)

8) Intake Worker's Signature:

(This question is required)

- **If the application is denied, follow these steps:**

1. Select "Deny" from "Application Status" section on home page.
2. Select denial reason.
3. Print the application.
4. Provide the client 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 client'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.

The screenshot displays the 'Utah Clicks - Manage Application' web interface. The page is titled 'Utah Clicks - Manage Application' and shows the following sections:

- Applicant Information:** Applicant: Test Tester, Address: 123 Testing Lane, Testville, UT 84111, Application: Baby Your Baby, Language: English, Email: lbelgique@utah.gov, Phone Number: 8015555555.
- Application Status:** Return to Top, Current Status: Received. A warning message states: 'WARNING! This application has been imported. The status SHOULD NOT be changed unless absolutely necessary.' A note below states: 'NOTE: This application has been resolved. The status SHOULD NOT be changed unless absolutely necessary.' A dropdown menu is set to 'Pending' with a 'Change Status' button.
- Add Notes:** Return to Top, Enter a note to add to the application. A blue arrow points to the 'Archive Application' button.
- Archive/Unarchive:** Return to Top, This application can be archived. An 'Archive Application' button is visible.
- Application History:** Return to Top, View Simple Notes. A table shows the application history:

Date	User	Note
12/27/2012 2:49:26 PM	Laura Belgique	Application Unarchived.
12/27/2012 2:49:26 PM	Laura Belgique	Application Unarchived.
11/26/2012 7:41:45 AM	Cindy Page	Application imported into system.
11/21/2012 2:01:59 PM	Laura Belgique	Application Viewed.
11/21/2012 2:01:59 PM	Laura Belgique	Application Viewed.
11/21/2012 12:45:07 PM	System	Application electronically submitted to Salt Lake City - Utah Department of Health office.

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
- To view the reports and generate graphs:
 - 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, follow these steps:
 1. Click on "Search".
 2. Click on "Applicant Search".
 3. Click on "View Applications." This will take you to the "Applications for (applicant's name)" page.
 4. Click on the applicant's name. This will take you to "Manage Application".
 5. 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 his own account.
- Do not email any client identifying information, including Social Security Numbers.

PART 4 Appendices

Appendix A: BYB APPLICATION



Baby Your Baby Application



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

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

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

- Yes No 1. Do you need a medical card?
If you already have a wallet-sized medical card, your BYB eligibility will go onto the same card if you are approved.
- Yes No 2. Are you pregnant?
- Yes No 3. Are you a U.S. Citizen or U.S. National?
- Yes No 4. 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 5. Are you a Utah resident?
- Yes No 6. Are you currently receiving Utah Medicaid, CHIP (Children's Health Insurance Program), PCN (Primary Care Network), UPP (Utah's Premium Partnership for Health Insurance), Hospital Presumptive Eligibility for Pregnant Women, or have you been approved for Utah Medicaid with a spenddown?
- Yes No 7. 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 8. Have you already received Baby Your Baby or Hospital Presumptive Eligibility for Pregnant Woman for this pregnancy?
- 9. 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.
- 10. What is your total gross earned and unearned income (before taxes) for your household this month? (Do not include veteran's benefits, child support, and educational income.) \$ _____
- Yes No 11. Does anyone in your household currently have health insurance? (This information is optional.)
 If yes, complete the information below:

Health 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?	
<input type="checkbox"/> Yes, I certify that the applicant IS eligible for BYB. Eligible From: _____ Thru: _____ <small>MM DD YY MM DD YY</small> <input type="checkbox"/> Yes <input type="checkbox"/> No Referred to WIC	<input type="checkbox"/> No, I certify that the applicant is NOT eligible for BYB. Denial Reason: _____ (Indicate the denial reason# that corresponds to the reason listed on the second page.)
BYB Office: _____ Worker's Name: _____	Phone: _____
Worker's Signature: _____	Date: _____

Appendix A: 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:
 - If you have applied for continued medical assistance, your coverage under the Baby Your Baby program will continue until the date DWS approves or denies your application.
 - You cannot use your medical card if you have been denied for continued Medicaid. If you are denied for continued Medicaid even before your BYB coverage ends, stop using the card. If you continue to use the medical card after being denied, you may need to pay back for services received after that denial date.

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 or Hospital Presumptive Eligibility for Pregnant Woman.
 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 period of BYB or Hospital Presumptive Eligibility for Pregnant Woman 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:

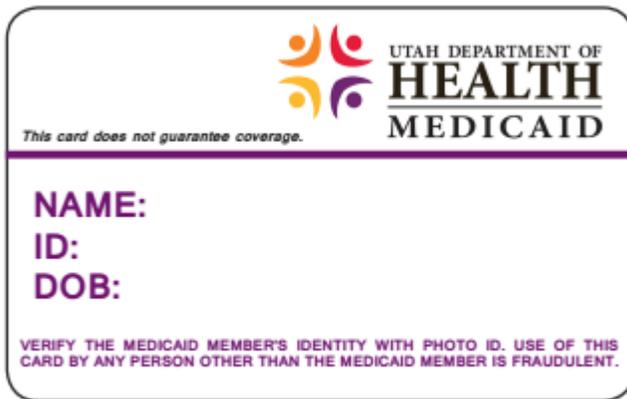
- Unless you have completed this application online via Utah Clicks, fax or email the front page of this application within 5 working days of completion to:

Department of Workforce Services
Fax Number: (801) 526-4399 or toll-free (800) 395-8999
Email: pe-baby@utah.gov

Revised April 19, 2016

Appendix B: Medical Identification Card

Front of card:



Back of card:



Appendix C:**172 Hour Chart**

Use this chart when an applicant is paid monthly or twice per month.

When using the 172 hour chart, find the weekly hours the client states they work in the column on the left. This will determine the monthly hours as shown in the right column in order to calculate the monthly gross income.

Average Hours Worked Per Week	Monthly Hours
40	172
39	169
38	163
37	160
36	155
35	151
34	146
33	143
32	138
31	134
30	129
29	126
28	120
27	117
26	112
25	108
24	103
23	100
22	95
21	91
20	86
19	83
18	77
17	74
16	69
15	65
14	60
13	57
12	52
11	48
10	43
9	40
8	34
7	31
6	26
5	22
4	17
3	14
2	9
1	5

Appendix D: BYB Approval Notice

Department of Workforce Services
PO BOX 143245
SALT LAKE CITY, UT 84114-3245

Date Mailed: 07-01-2014

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	07-01-2014	APPROVED	07-01-2014

IMPORTANT:

If you would like to apply for ongoing medical assistance, you will need to submit an application to the DWS in order to determine if you qualify for ongoing medical assistance. You may submit an application:

1. Online at: <https://jobs.utah.gov/mycase/>
 2. By phone: [\(801\) 526-0950](tel:8015260950) or [1-866-435-7414](tel:18664357414)
 3. By completing a paper application and submitting it by:
 - fax to: [\(801\) 526-9500](tel:8015269500) or [1-877-313-4717](tel:18773134717)
 - [mail to:](mailto:) DWS
PO Box 143245
Salt Lake City, UT 84114-3245
- Medical coverage for the Baby Your Baby program will end the last day of the month following the month your Baby Your Baby coverage was approved unless you applied for ongoing medical assistance. If you applied for ongoing medical assistance, your coverage under the Baby Your Baby program will continue until the date DWS approves or denies your application.
 - If you do not have or have not yet received a medical identification card for the Baby Your Baby program, one will be mailed to you. You will need to take the identification card, along with photo ID, to all medical appointments and pharmacy visits.
 - If you applied for ongoing medical assistance, please keep your identification card. It will be used for ongoing medical coverage. A new card will not be mailed to you unless you request it.
 - Stop using the card if you receive a notice denying your application for ongoing medical assistance or you may be responsible for the cost of any services received after the date of the notice.

Toll free: 1-866-435-7414
Phone number: 801-256-0950

Toll free FAX: 1-877-313-4717
FAX: 801-526-9200

Appendix E: Presumptive Eligibility Receipt



Presumptive Eligibility Receipt

Important: Any attempt to change information invalidates the receipt.

ATTENTION PROVIDERS:

The Medicaid presumptive eligibility program provides temporary medical coverage for members based on preliminary information. This receipt serves as proof that the following number of members have been approved for coverage.

of Members: _____

The program approval will be entered into the State's eligibility system. Each eligible member listed below will receive a member card in the mail with an activated medical ID#. Providers may verify their patient's eligibility by logging into the Eligibility Lookup Tool available online: <https://medicaid.utah.gov/eligibility-lookup-tool>

Eligibility Start Date

(MM/DD/YY)

Member Name (Last, First, M.I.)	Date of Birth (MM/DD/YYYY)

Important: Worker must complete all information below in order for this receipt to be valid.

Presumptive Eligibility Worker Information

Hospital/Clinic Name: _____ Phone: _____

Address: _____

Worker Signature: _____ Date: _____

Appendix F: Eligibility Lookup Tool

At the time of application, if an HPE applicant is already covered under Medicaid, the Children's Health Insurance Program (CHIP), the Primary Care Network (PCN), the Utah Premium Partnership (UPP), the Hospital Presumptive Eligibility Pregnant Woman Program or been approved for Medicaid with a spenddown, BYB cannot be authorized by DWS.

You can check the applicant's eligibility status by:

- Accessing the Eligibility Lookup Tool: <https://medicaid.utah.gov/eligibility>.
- Calling Medicaid at (801)538-6155 or 1-800-662-9651.
- Key in the client ID number and use the BYB determination date as the date of the medical service received. If the applicant is eligible, the system will give the medical program type, health plan, co-pay, mental health coverage information, and TPL information.

Appendix G: Income Chart: Monthly Maximum Income Levels for BYB

***Income guidelines are updated annually.
DOH will email an updated income chart every year to all BYB QP's.
Please be sure to use the most updated version.**

Utilizing the household 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.

EFFECTIVE MARCH 1, 2016

HH size	BABY YOUR BABY
	139% FPL Monthly gross income
1	1377
2	1856
3	2336
4	2815
5	3295
6	3774
7	4255
8	4737
9	5219
10	5701