

# BABY YOUR BABY PROVIDER'S MANUAL

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## INTRODUCTION

Welcome to the Baby Your Baby Program! If you are new to the program, I hope you will find this manual helpful as you orient to the program. If you have been working with the program for many years, please take some time to look over this manual, as there are changes from time to time.

Baby Your Baby is actually a 2-pronged program. One portion of it is housed in the Health Promotion Program at the Utah Department of Health. This area is tasked with providing outreach to the public regarding the importance of early, continuous, quality prenatal care. You have probably seen or heard ads for the program on KUTV, radio stations, in various print media or even on billboards. This portion of the program houses the Baby Your Baby Hotline (1-800-826-9662), hosts the Baby Your Baby Website ([www.babyyourbaby.org](http://www.babyyourbaby.org)) and distributes various print materials including the Baby Your Baby Health Keepsake.

Baby Your Baby is also the more user-friendly name of the Presumptive Eligibility Program for Prenatal Medicaid. This portion of the program assists women needing financial assistance for prenatal care to be pre-screened for Prenatal Medicaid through use of a 2-page application. This screening process is done by numerous agencies around the state known as qualified providers (QPs) of presumptive eligibility (PE) – Baby Your Baby Offices. The Utah Department of Health, Division of Community and Family Health Services have certified these agencies via a memorandum of agreement (MOA) to provide onsite PE. However, clients may also be screened by telephone in Salt Lake County and by some local health departments in the state. Women may also submit an application to many Baby Your Baby offices via an online application system at [www.utahclicks.org](http://www.utahclicks.org) Check the website for Baby Your Baby Offices currently accepting online applications.

This manual has been developed in an attempt to provide some guidance for new Prenatal Program personnel. It is a companion guide to the 68 minute Baby Your Baby Application Instructions video dated 03-18-04. It is to serve as a basic guide to policies and procedures governing the program and for completion of program forms and applications. Directories of Department of Workforce Services Offices, WIC offices and helpful Medicaid contacts are included. Obviously, these lists can outdate quickly and policies and forms do change from time to time. Therefore, you will receive notice of updates to this manual from time to time. Please check the Utah Department of Health's Reproductive Health Program website for updates. It can be found at: [www.health.utah.gov/rhp](http://www.health.utah.gov/rhp) If you need additional information or if you have suggestions for improving this manual, please let me know.

Thank you for your work on behalf of the program's clients and best of luck!

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Revised: 01/02/08

## OVERVIEWS FOR THE BABY YOUR BABY PROGRAM

### The Presumptive Eligibility Program – Baby Your Baby

#### An Overview

The Presumptive Eligibility Program was introduced as a part of the State's Perinatal Program in 1987. This program permits early entry into quality, continuous prenatal care through provision of a "bridge" into the Medicaid Program. Its initiation was made possible through changes in the federal Medicaid Program and the successful passage of the State Perinatal Initiative allocating 1.7 million dollars of cigarette tax monies annually for perinatal care in Utah. As a result of these changes and the additional funding, women at or below 133% of the federal poverty level may qualify for prenatal medical coverage and receive other enhanced Medicaid services: perinatal care coordination (case management), pre/postnatal home visits, pre/postnatal psychosocial counseling, individual nutritional counseling for women at high nutritional risk and pre/postnatal group education.

To promote the program and educate Utah residents regarding the importance of early prenatal care and well childcare, a public outreach program known as Baby Your Baby was initiated. This program includes a hotline, public service announcements, and publication and distribution of perinatal literature including a health keepsake. This booklet, given free to all pregnant Utah women or to families with children age five and younger, helps educate them regarding the importance of regular and continuous prenatal and well child care and helps them to participate in the care.

Entry into the Presumptive Eligibility (PE) Program is facilitated by 25 Qualified Providers at approximately 55 sites throughout the state. Participation as a Qualified Provider (QP) in the program is restricted by federal mandate to sites receiving the following federal monies or participation in various federal programs as noted:

- Title V Maternal Child Health Block Grant Funds, or
- Community Health Center Funds (330), or
- Migrant Health Center Funds (329), or
- Stewart McKinney Homeless Act Funds (340), or
- Special Food Program for Women, Infants & Children (WIC), or
- Supplemental Food Program (Food Stamps), or
- Title V of the Indian Health Care Improvement Act, or
- Designation as an Indian Health Service site, or
- Designation as a health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act (PL93-638), or
- Designation as an agency participating in a statewide perinatal program

Additionally, the agency must be eligible for payment under the State Medicaid Plan and be determined by the State agency to be capable of making the determinations necessary for issuance of Presumptive Eligibility. Such sites are issued a Memorandum of Agreement (MOA) between their facility and the Utah Department of Health, Division of Community and Family Health Services. This document, while not providing direct financial support, permits the QP to receive Medicaid reimbursement for specific outpatient perinatal services. Application must be made to Medicaid as QP for both the site and appropriate personnel seeking Medicaid reimbursement for some services rendered under the PE Program.

Women generally access the system through referral to a QP site by their health care provider or via the Baby Your Baby Hotline. At the QP site, the woman is screened by appropriately trained clerical staff for program eligibility through the use of a two page form that screens for citizenship, intent to reside in Utah, gross family /household income for family size (the fetus is included as a family member), and confirmation of pregnancy.

No documentation of the above is required except verification of pregnancy. Application for the program may also be made online at: [www.utahclicks.org](http://www.utahclicks.org) After an applicant electronically submits her online application, she calls the site to schedule an appointment to complete the process either in person or via phone.

PE eligible women are issued a temporary Medicaid card, known as a Baby Your Baby or Pink Card, that is valid until the last day of the month following the month of eligibility determination or until Medicaid eligibility is determined, whichever occurs first. If denied PE, a woman may reapply any time her income or other reason for denial changes. A woman may have only one period of presumptive eligibility during her pregnancy. The Baby Your Baby Card is valid only for Medicaid eligible, outpatient pregnancy-related services provided by any willing, Utah Medicaid provider. During the time the Baby Your Baby Card is valid, the woman makes formal Medicaid application at her local Department of Workforce Services Office (DWS). The period of presumptive eligibility may not be extended unless the DWS application coordinator, intake worker or caseworker determines it is necessary to permit processing of the formal Medicaid application. While awaiting a determination of her Medicaid status, the client may receive outpatient prenatal care using her Baby Your Baby Card.

A specifically trained registered nurse, social worker, licensed practical nurse, health educator, or other trained personnel may be available at the QP site to act as a perinatal care coordinator (PCC) or case manager to assist clients throughout the application process and to assure that clients access perinatal services. (For more information regarding the qualifications for perinatal care coordinators, contact Medicaid Provider Enrollment at 801-538-6155). Provision of other enhanced services noted at the close of the first paragraph is optional.

With appropriate documentation, portions of the PCC's service are Medicaid reimbursable. Reimbursement for services rendered during the period of presumptive eligibility is via the Utah Department of Health, Division of Health Care Financing (Medicaid) at current Medicaid reimbursement rates utilizing the HCFA 1500. Even if the client is determined by DWS to be ineligible for Medicaid, claims for eligible services made using the Baby Your Baby Care prior to denial will be paid. Documentation of services and reimbursement rates, codes, etc. is established by Health Care Finance (Medicaid).

Women ineligible for PE and Medicaid due to undocumented status are encouraged to apply for Medicaid Emergency Services Program during the month preceding delivery. This program will reimburse only for hospital delivery expenses and physician/Certified Nurse Midwife services rendered at the time of delivery. No outpatient pre or postnatal services are reimbursed under the Emergency Services Program.

At the DWS, a review of the client's formal Medicaid application is made. An asset test is utilized by DWS in determining Medicaid eligibility. If the client is determined by DWS to be eligible for Medicaid, the client specifies a primary care provider, or if she resides along the Wasatch Front, a Medicaid contracted Health Program, and a permanent Medicaid card is issued. If the client's Medicaid application was for prenatal medical services only, once determined eligible, her coverage is continuous, regardless of income, until the last day of the month in which 60 days following termination of the pregnancy occurs. The infant is also Medicaid eligible for the first year of life. However, the mother will need to make application on her child's behalf following delivery. As with presumptive eligibility, clients denied Medicaid may reapply if their circumstances change. Different requirements may apply to women participating in the TANF and/or Food Stamp Program.

Sites utilizing Title V Funds are required to report data on their PE clients to the Utah Department of Health, Division of Community and Family Health Services. Consultation is available upon request from the Reproductive Health Program's nurse consultant. Agencies interested in applying as Qualified Providers in the PE Program are encouraged to contact the nurse consultant at the following address:

Reproductive Health Program Nurse Consultant  
Utah Department of Health / CFHS – RHP  
P. O. Box 142001

Salt Lake City, Utah 84114-2001  
Phone: 801-538-9946  
Fax: 801-538-9409  
e-mail: dcarapezza@utah.gov

Updated 01/08-DAC

### **Baby Your Baby and the Enhanced Perinatal Services**

Baby Your Baby (BYB) is a program of the Utah Department of Health (DOH). Initiated in the late 1980s as the result of legislative mandates at both state and federal levels, Baby Your Baby is a statewide outreach program – including a hotline – that promotes early entry into quality prenatal care. The name Baby Your Baby has also come to be applied to the DOH’s presumptive eligibility (PE) program that acts as a bridge into the Medicaid Program for expectant women and includes a package of prenatal specific services known as the enhanced perinatal services.

Any woman needing prenatal services, but lacking the financial means to obtain them, can call the Baby Your Baby Hotline at 1-800-826-9662. She is then referred to the Baby Your Baby (BYB) site closest to her residence, generally the local public health department or community health center. The client calls this site for an appointment to be screened for the PE Program. Application for the program can also be made online at: [www.utahclicks.org](http://www.utahclicks.org) The client submits her application electronically and then calls the selected site for an appointment to complete the process either by phone or in person. Eligibility is based upon her family size (including the unborn baby) and household income with the financial threshold being 133% of the federal poverty guidelines. The only documentation required at the time of application is verification of the pregnancy. This can be done by means of a urine pregnancy test at some sites or the woman can bring written verification of her pregnancy from her health care provider if she so desires. Undocumented women applying for the program are not reported to Bureau of Citizenship and Immigration Services (BCIS formerly INS), however, to be eligible, the woman must be U.S. citizen or has been lawfully admitted for permanent residence by BCIS (has a green card).

Once determined to be eligible for the program, the BYB site issues the client a temporary medical card, also known as a Baby Your Baby Card or Pink Card, which is valid for use by any willing Utah Medicaid provider. It covers outpatient, pregnancy related, Medicaid covered services such as routine antenatal visits, outpatient ultrasounds, NSTs, and emergency room visits for pregnancy related care. No in-patient services are covered by the card and no global fees can be billed using the Baby Your Baby Card. Pregnancy related pharmaceuticals are also covered but the determination of what is pregnancy related is up to the discretion of each pharmacist. The Baby Your Baby Card is not to be copied and placed in the client’s chart as one usually does with a regular Medicaid card. The client must present her Baby Your Baby Card each time she requests covered services.

During the time period the client has the card, she is to make a formal Medicaid application at the Department of Workforce Services (DWS). It is at the DWS Office that documentation of income, assets, citizenship, etc. is required. The temporary card is valid until one of the following happens: expiration of the card on the last day of the month following its receipt (the date listed on the upper right hand corner of the card) or until DWS either approves or denies the client’s formal Medicaid application - whichever of those events occurs first. Billing for the BYB Program is via Medicaid using HCFA 1500s or electronically. While using the Baby Your Baby Card a client’s Medicaid number is her social security number with a “V” at the end. Once the client has been approved for Medicaid, her Medicaid number is used for billing.

In addition to the covered services noted above, a package of “enhanced perinatal services” is also available to women during both their presumptive eligibility periods and once they have been issued regular Medicaid cards.

These services are also available to pregnant women with Medical cards who did not enter Medicaid through the BYB Program. They are: perinatal care coordination (case management), pre and postnatal home visits, individual high-risk pre and postnatal nutritional counseling, group childbirth education, and pre and postnatal psychosocial counseling. These services are defined in Medicaid Information Bulletin, “Services for Pregnant Women” updated July 2003. Each service has specific definitions and limitations as to the number and length of visits and qualifications for personnel providing these services. Enhanced services are limited to the prenatal and postpartum periods. Medicaid defines the postpartum period as ending the last day of the month in which 60 days following delivery occurs.

Upon enrollment in BYB, some clients are assigned a perinatal care coordinator - an R.N., social worker, L.P.N., or health educator approved by Medicaid who helps the client access needed perinatal and social services and assists the client as she progresses through the Medicaid system. Services for perinatal care coordination (billing code T1017 – Perinatal Care Coordination) are billed in 15 minute units to a maximum of 4 units per 30 day billing cycle. Referral to the enhanced services is the responsibility of the perinatal care coordinator (PCC). It does not require written referrals from either the care provider or the PCC but is a verbal “touch base” with the PCC to promote coordination of the client’s care. The name of the client’s PCC can be found on the reverse side of her BYB Card in the lower right hand corner. If the client no longer has her BYB Card, ask where she got on BYB and speak with a PCC at that site. Even if a pregnant Medicaid client did not enter the system through the BYB, access to the enhanced services can still be obtained through the PCC at your nearest BYB site. The Hotline can help you determine the site most convenient for your practice. For women enrolled in a Medicaid contracted Health Plan, contact the specific Health Plan to determine their policy for accessing the enhanced services.

Under the enhanced services, home visits (billing code H1004 – At risk, enhanced service; follow-up home visit) are designed mainly for assessment of the home, mother and infant, for educational purposes, emotional support, lactation support, or to encourage the woman to continue in care. These visits, when performed by eligible providers, do not require pre-authorization and, if coordinated with the PCC, may be provided by a certified home health agency. This service is limited to 6 visits during a 12-month period but may not extend beyond the postpartum period. Home visiting for rehydration therapy does require preauthorization for women on PE and should be billed under another home visiting code not covered in this section. Contact Medicaid for further information.

Nutritional counseling (billing code S9470 – Nutritional counseling, Dietitian visit [Prenatal – Postnatal]) is limited to women at high nutritional risk during their pregnancies and postpartum period. It must be performed by a Medicaid eligible, registered dietitian. It is limited to 14 units (each unit equals 30 minutes) of individual counseling during a 12-month period not to extend beyond the postpartum period.

Childbirth education (billing code S9446 – Patient education, not otherwise classified, non-physician provider, group, per session) is limited to 8 classes of at least one hour in length during a 12-month period of time not to extend beyond the postpartum period. Classes can include education on pregnancy, preparation for labor and delivery, lactation, childcare, and parenting. It must be offered by individuals approved by Medicaid. Individual patient instruction does not qualify for reimbursement under this Medicaid category of service.

Psychosocial counseling (billing code H0046 – Mental Health Services [prenatal and postnatal], Not otherwise specified) during the pre and postnatal period is provided to clients with high psychological and social risks and is limited to 10 units of counseling during a 12 month period. Medicaid defines a unit of counseling as 20 to 50 minutes of therapeutic exchange between the client and therapist. It must be provided by therapists approved by Medicaid. In some areas of the state, psychosocial counseling for Medicaid clients has been contracted to county mental health programs. Check with the county mental health program in your area regarding their policy on accepting BYB Cards as reimbursement for this service.

For more information on the Presumptive Eligibility Program or the enhanced services contact either the Baby Your Baby Hotline (1-800-826-9662) or Debby Carapezza, RN, MSN, Nurse Consultant, Reproductive Health Program; Utah Department of Health-CFHS-RHP, PO Box 142001, Salt Lake City, UT. 84114-2001 or call at 801-538-9946; Fax at 801-538-9409; or e-mail: dcarapezza@utah.gov.

Updated 01/08

## **LINE BY LINE INSTRUCTIONS FOR COMPLETING BABY YOUR BABY / PRESUMPTIVE ELIGIBILITY APPLICATIONS**

### **For March 2009 Applications**

**Those items with an asterisk denote changes from the previous applications.**

#### ***General Instructions:***

1. Before completing the Baby Your Baby / Presumptive Eligibility Application (BYB application), be sure it is the current application. The revision date is on the bottom of the back of the form. The current form was revised in March 2007. Use of older forms may result in erroneous denial of women as being over the income limits since the monthly maximum income standards are increased yearly when the federal poverty guidelines are changed.
2. If you are completing the form by hand, use a medium point black pen as this produces a better copy should the form need to be faxed.
3. Bear down; you are making 2 copies in addition to the original.
4. PRINT LEGIBLY! If Medicaid workers are unable to read BYB application and enter incorrect information into the computer, future claims for reimbursement may be denied since what was entered may not match what the billing provider reads on the applicant's Baby Your Baby Card (Pink Card).
5. If you make a mistake, either white out the error and neatly print over it or draw a single line through the error and print the correction neatly above it.
6. NEVER give the form to the applicant to complete as her handwriting may be illegible and she may answer questions inappropriately.

#### ***Line-By-Line Instructions:***

**Applicant's Name:** Print the last name, first name and middle initial of the applicant.

This name is the full, legal name of the applicant on the day she is making her application. A woman can use a hyphenated last name. The name entered on the BYB application must be the name the applicant will use throughout her pregnancy at all agencies involved in her care: Medicaid, Department of Workforce Services (DWS), private provider's office, hospital, pharmacy, etc. Use of another name may result in denial of Medicaid claims since the name from the BYB application is the only one entered into the Medicaid computer. Therefore, other names or variations of that name will not be recognized and claims not exactly matching that in the computer will be denied. If the client has previously been on Medicaid under another name, place her current legal name on the BYB application. However, since the Medicaid computer will have her former name attached to her social security number, the Medicaid workers at the Utah Department of Health will not be able to enter her into their computer. The client will need to *immediately* contact the DWS application coordinator / caseworker to change her name in the Medicaid computer to match her current legal name. This change cannot be made by the Medicaid workers at the Utah Department of Health who input the BYB application into computer.

**Eligible From:** This is the date the application is completed. BYB applications cannot be backdated. If an applicant has already incurred expenses related to her pregnancy prior to her date of application for BYB, she may apply for retroactive Medicaid payment for up to 90 days at the time she makes her formal Medicaid application. For prior prenatal expenses to be paid by Medicaid, the applicant must meet all Medicaid requirements for the months for which she is requesting assistance.

**Eligible Thru:** This is the last date the card is valid if the applicant fails to file a Medicaid application. A pregnant woman may only receive BYB from the date of her BYB application through the last day of the next month. For example: If a woman applies for BYB on March 18<sup>th</sup>, the last day her BYB Card (Pink Card) will be valid is April 30<sup>th</sup>. The applicant's BYB eligibility will always expire on the last day of the following month regardless of whether she made her BYB application on the first day of the previous month or the last. The applicant's period of eligibility is, therefore, a variable period of time based on when in the month she makes application. The Baby Your Baby worker cannot extend the expiration date. In certain instances the applicant's Department of Workforce Services' caseworker can extend a BYB card. See instructions under "After You Have Made A Medicaid Application", #2 for instructions on extension of BYB cards. While the date the Baby Your Baby worker places on the card is always the last day of the month following the month of application, the applicant's card is only valid until that date OR until the Department of Workforce Services makes a final determination on the her Medicaid application – whichever of those events occurs first.

**SSN or Program Number:** Enter the applicant's social security number. This number followed by a "V" is what Medicaid enters into their computer as a unique identifier for the applicant. It is the number that providers seeking reimbursement for BYB services place on the HCFA 1500 for the applicant's ID number. Applications cannot be entered into the Medicaid system and therefore claims for the applicant cannot be paid without a number that is or "looks like" a social security number. If an applicant cannot remember or does not have a social security number, a program number ("dummy number") may be issued for her. A social security number is not required when obtaining a permanent residence card/green card. Therefore, an individual may be a qualified alien – lawfully admitted to this country - and have a "green card" but not have a social security card. Please do not use a tax ID number, the applicant's child or spouse's social security number. If unsure whether or not a non-citizen's social security number is "real", please issue a program number. A series of unique numbers has been issued to each BYB site for this purpose. They are **NOT** real social security numbers and **SHOULD NOT BE UTILIZED FOR ANY OTHER PURPOSE - TO DO SO CONSTITUTES FRAUD.** Please make sure the applicant is aware of this. The program numbers for your site should be in a folder or notebook at your agency. If you issue a program number, *immediately* record the number issued, the date and name of the applicant to whom it was issued. Failure to promptly record this information may result in one number being issued to 2 applicants. This results in denial of claims and a great deal of work to resolve billing issues. If you cannot locate your series of program numbers, please call the nurse consultant for the Reproductive Health Program at the Utah Department of Health.

**Date of Birth:** Enter the date using 2 digits, i.e., January 1, 1984 would be 01-01-84.

**Mailing Address:** Enter the applicant's street address or post office box. If applicable, note apartment number. If the applicant provides a post office box for her mailing address, please be sure she truly does reside in Utah. For example, some Wendover, Nevada residents have Utah post office boxes. Therefore, if such an individual were applying for Baby Your Baby, her mailing address would be in Utah but her physical residence would be in Nevada thereby making her ineligible for the program.

**City, State, and Zip Code:** Self-explanatory.

**Daytime Phone #:** Please indicate, if possible, where the applicant can be reached during normal working hours (8:00 AM to 5:00 PM) Monday through Friday.

- 1a. **Are you a U.S. Citizen?** If the applicant's response is "YES", continue on to #2. No written proof of this claim is required. If the applicant responds, "NO", go to 1b.
- 1b. **If you are not a U.S. citizen, are you a qualified alien – that is, have you been lawfully admitted for permanent residence by BCIS (formerly known as INS) and have a Green Card?** If the applicant responds that she does have a permanent residence card (also known as a Green Card), continue on with the screening. No written proof of this claim is required and the applicant does not need to produce her Green Card. Neither do you need to ask if the card has expired. If the applicant does not have a Green Card or admits that her Green Card has expired, then the answer to this question is "NO". *"NO", is an automatic denial* - she does not qualify for Baby Your Baby by federal regulation. There is no need to complete the remainder of the application, however, keep a copy of the application on file for verification of screening and reason for the applicant's denial. The applicant must receive a written explanation of the reason for her denial. On the back of the application under "IF YOU WERE DENIED BABY YOUR BABY", place a **U** or **"X"** on the line by #1 and enter that number on the line in #17 on the front of the application. Be sure to give the yellow copy with #17 completed to the applicant for her records. Encourage the applicant to still make an appointment with her local Department of Workforce Services to review her case in greater detail. Remember that Baby Your Baby is only a quick screening for Medicaid. Women denied Baby Your Baby might still qualify for Medicaid or other assistance programs. Do **not** issue the applicant a Baby Your Baby Card (Pink Card).
2. **Do you live in Utah and intend to continue living in Utah?** Baby Your Baby is a statewide program for women residing in Utah. No proof of residency is required. However, if the applicant has a permanent residence in another state, she will need to make application for Medicaid in her state of residence. If the applicant is only in Utah for the purpose of giving birth and adopting out her baby while maintaining her residence in another state, she is not eligible for Baby Your Baby. Applicants uncertain of residency - no residence in another state, unsure if she will remain in the state but is living here now, etc. – should be considered as Utah residents as should a woman who has been residing in Utah for an extended period of time but knows following delivery, she will be moving to another state. If the applicant responds, "NO", she is not eligible for Baby Your Baby. Note at #17 the reason for denial from the back of the application (#2 under "IF YOU WERE DENIED BABY YOUR BABY"). Do **not** issue the woman a Baby Your Baby Card (Pink Card). If you are unsure of the applicant's residency status, error on the side of placing her on Baby Your Baby, if she otherwise qualifies, and allow the Department of Workforce Services to make the final determination of residency.
3. **Are you on Utah Medicaid right now?** Women on Medicaid may erroneously believe that Baby Your Baby is in addition to Medicaid rather than a bridge into Medicaid. Women already on Medicaid have no need for Baby Your Baby and a "YES" response to this question is an automatic denial for Baby Your Baby. Note at #17 the reason for denial from the back of the application (#3 under "IF YOU WERE DENIED BABY YOUR BABY"). Do **not** issue the woman a Baby Your Baby Card (Pink Card). If the woman lives along the Wasatch Front (Utah, Salt Lake, Davis or Weber Counties), check to see what Health Plan she is enrolled in and instruct her to contact that plan regarding prenatal benefits and providers. If the woman does not wish to utilize a provider within her current health plan for her prenatal care, she can change Health Plans but must contact her Department of Workforce Services (DWS) caseworker to do so. If the woman is residing in Utah but still has an open Medicaid case in another state, she can receive Baby Your Baby. When she makes her formal Medicaid application, she will need to determine whether she wants to maintain Medicaid in the other state or receive Utah Medicaid. She cannot maintain open Medicaid cases in 2 states. However, the DWS caseworker, not her Baby Your Baby worker, will make this determination. If you are unsure of the applicant's current Medicaid status in another state, error on the side of placing her on Baby Your Baby, if she otherwise qualifies, and allow DWS to determine her status. The blank labeled "Medicaid #" to the right of this

question is for Medicaid's use only. The Baby Your Baby worker does not need to obtain the applicant's Medicaid number.

- \*4. **Are you now on the Child Health Insurance Program (CHIP) or Primary Care Network Program (PCN)?** A "YES" response to this question is an automatic denial for Baby Your Baby. Note at #17 the reason for denial from the back of the application (#7 under "IF YOU WERE DENIED BABY YOUR BABY"). Do **not** issue the woman a Baby Your Baby Card (Pink Card). CHIP does provide coverage for prenatal services. As a result, if a woman on CHIP is also placed on Baby Your Baby, claims for Baby Your Baby will be denied. CHIP does not cover the enhanced services: perinatal care coordination, pre/postnatal home visiting, pre/postnatal psychosocial counseling, pre/postnatal individual nutritional counseling or group childbirth education. Neither does enrollment in CHIP assure medical coverage for the first year of life for the newborn as Medicaid does. Therefore, a woman already on CHIP, while denied Baby Your Baby, needs to be referred back to her CHIP caseworker to determine whether enrollment in Medicaid is more advantageous for her. She does not need to complete a Medicaid application as one was completed at the time of her CHIP enrollment and can merely be updated. While this is being done, the woman can receive prenatal services under the CHIP. PCN does not cover prenatal services beyond urine pregnancy testing; however, enrollment in PCN does result in a denial for BYB. As with CHIP, have the PCN client contact her PCN caseworker to see if, now that she is pregnant, she can qualify for Medicaid.
5. **Have you been on Baby Your Baby before for this pregnancy?** By federal regulation, a woman is only permitted one period of presumptive eligibility per pregnancy – that is, she can only be on Baby Your Baby once per pregnancy. Therefore, the response, "Yes, I have been on Baby Your Baby before for this pregnancy," is an automatic denial. Note at #17 the reason for denial from the back of the application (#4 under "IF YOU WERE DENIED BABY YOUR BABY"). Do **not** issue the woman a Baby Your Baby Card (Pink Card). Check to see if the applicant has made a Medicaid application and encourage her to do so unless she had been denied and there has been no change in her status since that denial by the Department of Workforce Services. If the applicant had applied previously for Baby Your Baby but was denied, ask the reason for denial. If the applicant was previously over income or some other reason for denial that has changed since the previous application, she may now qualify. Continue with the screening process.
6. **Do you have any health insurance?** Having health insurance is NOT a reason for denial of Baby Your Baby. Medicaid is the payer of last resort. If the applicant has any insurance, it must be billed and reimbursement, if possible, or a denial of coverage obtained from that third party before Medicaid will pay. Therefore, information on insurance is included on both the Baby Your Baby Application and Baby Your Baby (Pink Card) to assist providers in billing the third party payer prior to seeking reimbursement via Medicaid. Complete as much information as possible indicated on the application regarding the applicant's insurance. An applicant's inability to provide all or even a portion of the information requested does not impact her ability to qualify for Baby Your Baby. When she makes her Medicaid application, she will be given time to obtain her insurance information.
7. **How many people are in your household?** Use the chart at the top of back of the application to determine household size. *Only people living together are counted as household members.* For example, if a 17-year old applicant does not live with her parents, they are not counted in the household. Be sure to use the correct side of the chart to determine family size. Use the left side of the chart for applicants 18 years old or older. Note that the applicant's legal spouse is counted. Even if the father of the baby lives in the household, he is not counted in that household **unless** he is the legal spouse. Use the right side of the chart for an applicant younger than 18 regardless of whether or not she is married. Enter the number in the household on the front of the application in the blank at #7.

8. **What is the total gross income (before deductions) that you expect to receive this month for all members of the household listed in question number 7?** The **gross** income must include the items listed in “A” through “H”: earnings, social security income, unemployment insurance, child support, self-employment, veteran’s benefits, workman’s compensation, and contributions or gifts. Remember, if the resident is not counted in the household, neither is the income generated by that person unless he/she provides money as a contribution or gift or if it is provided as child support from a non-household member, i.e., child support from the father who is not residing in the household. When determining the income, determine the monthly income. Monthly income must be based on 4.3 weeks per month. Therefore, if an applicant provides you with a yearly figure, simply divide it by 12. If the income figure provided is for every two weeks, divide by 2 and then multiply by 4.3. If the applicant provides an hourly income figure, compute a weekly figure and multiply by 4.3. (\$7.00 per hour X 30 hours per week X 4.3 weeks = \$903 per month.) If you simply multiply by 4 you will be under counting the applicant’s income, as you will only be calculating the income for 48 weeks of the year. Multiplying by 4.3 provides the total for the entire 52 weeks in the year.

Place the total the gross income for all members counted in the household in #7 including all monies from the sources listed in “A” through “H” for the month of application on the line at #8.

9. **Circle the household size and income below. Include the unborn child.** Under the column labeled household size, circle the number entered at question #7. Also, circle the monthly maximum income permitted for the household size. If the total gross income noted in #8 is greater than the monthly maximum income circled for the household size, the applicant is NOT eligible for Baby Your Baby. If the total gross income noted in #8 is the same as or less than the monthly maximum income circled for the household size, the applicant IS eligible for Baby Your Baby and you may continue on with the screening process.
10. **Does the applicant meet the financial requirements for presumptive eligibility?** Based on the information determined in #9, indicate whether or not the applicant met the financial requirements for Baby Your Baby. If the applicant is over the allowable income level for her household size, note at #17 the reason for denial from the back of the application (#5 under “IF YOU WERE DENIED BABY YOUR BABY”). Do **not** issue the woman a Baby Your Baby Card (Pink Card).
11. **Is the applicant on WIC?** All applicants regardless of whether or not they qualify for Baby Your Baby are to be referred to WIC if they are not already enrolled in that program. If they are already enrolled, simply respond, “YES”.

**If NO, was the applicant referred to WIC?** If the applicant is not enrolled in WIC, make her aware of the program and refer her to the office closest to her home. If you do not know where to refer the applicant, have her call the State WIC Office at 1-877-WIC KIDS. If the applicant is already enrolled in WIC, there is no need for a referral and respond “NO” to this question. If the applicant is not already enrolled in WIC, it is anticipated that the response to this question will be “YES”. Referring an applicant to WIC simply means that she has been made aware of the program. It is up to the applicant whether or not she chooses to enroll. WIC enrollment is not required to qualify for Baby Your Baby.

13. **I have provided the answers to the above questions. I swear that the answers I have given are complete and correct.** The applicant needs to read this statement or, if unable to read, have it read to her and then sign it. If she is unable to write her name, have her make her mark (X) and then sign as a witness that it was the applicant’s mark. Remember to have the applicant write in the date after her signature. A minor may sign this statement. If you are using a computerized form, simply read the statement as “Are you (applicant’s name) and do you swear that the answers you have given are complete and correct?” If she responds “Yes”, simply click the appropriate “YES” box or write “YES” in the blank on the form. Medicaid reserves the right to obtain reimbursement from the applicant if the

information she provides is knowingly false. If an interpreter was used, note his/her name and, if employed by an interpreting service, the employing agency. If the interpreter was a staff member, friend or relative note the relationship to the applicant. If the applicant denies that the information is complete and correct, she does not qualify for Baby Your Baby. Do not issue a Baby Your Baby Card (Pink Card). Note at #17 the reason for denial from the back of the application (#8 “Other” under “IF YOU WERE DENIED BABY YOUR BABY” Write in “denies answers are complete and correct”). It is doubtful that many applicants will fall in this category.

14. **Does the applicant have a medically verifiable pregnancy?** To this point only the attestation of the applicant (her word) has been necessary – no written proof of residency or citizenship, income, etc. has been required. However, the applicant’s pregnancy must be medically verified. Medical verification of pregnancy is a positive urine HCG, an ultrasound of the fetus or hearing the fetal heartbeat. Home pregnancy tests are not accepted as verification of pregnancy and neither is a urine specimen obtained from home. The applicant must have a positive pregnancy test from her health care provider or a qualified testing center (a CLIA certified lab or a lab that has received a waiver from CLIA) and a written statement on the agency’s letterhead with the applicant’s name, the date of the test and the positive result. If the applicant has a picture of her ultrasound with her name and the date of the test, that also may be accepted. Only appropriately trained medical staff may verify pregnancy through hearing the fetal heartbeat. Be sure to keep a copy of the positive test result and attach it to the pink copy of the application unless the urine pregnancy test part of the applicant’s medical record that is maintained in the same record with the Baby Your Baby application. Allow the applicant to retain her copy of the positive test to use as pregnancy verification at the time of her Medicaid application. Positive pregnancy tests may be billed to Medicaid if the applicant is eligible for Baby Your Baby (PE). If the applicant has proof of pregnancy with her as noted above or if it was verified onsite indicate, “YES”. If unable to verify the applicant’s pregnancy, indicate “NO” for this question. This is an automatic denial for Baby Your Baby. Note at #17 the reason for denial from the back of the application (#6 under “IF YOU WERE DENIED BABY YOUR BABY”) and do **not** issue the woman a Baby Your Baby Card (Pink Card).
15. **If YES, Estimated Date of Delivery:** This is the applicant’s due date. This information is not required but may be helpful to the applicant’s Department of Workforce Services (DWS) caseworker. If possible, enter the due date on the line. If the applicant does not know her due date it may be determined by using the first day of the applicant’s last *normal* period and determining her due date through the use of a pregnancy wheel. Spotting, very light or periods that are significantly different from the applicant’s usual periods don’t count as being a normal period. If you do not have access to a pregnancy wheel determine the applicant’s due date as follows: Take the date of the first day of the applicant’s last normal menstrual period and add 7 to it. If she has trouble remembering the date, try to have her relate it to a significant event – was it before or after Christmas? Was it before or after that big snowstorm? Was it before or after a vacation? etc. From that date count back 3 months. That is the applicant’s due date – one year later. If you are unable to determine her due date, leave the space blank. Remind the applicant that the due date that counts is the one her health care provider establishes. Ours is only an estimate to help out the DWS caseworker.
16. **I certify that the applicant IS / IS NOT eligible for Baby Your Baby.** If there have been no reasons for denial and you have verified the pregnancy, the applicant is eligible. If there have been any reasons for denial, she is NOT eligible. Place an “X” in the appropriate square. DO NOT issue a Baby Your Baby Card (Pink Card) to an ineligible applicant! Expenses incurred by the applicant through the use of a Baby Your Baby Card issued in error – especially if the pregnancy was not verified – are payable by the agency issuing the card in error.

**If NO, indicate the number of the reason for denial from the list on the back.** As previously stated, if the applicant is denied Baby Your Baby, by federal regulation, she must receive a written explanation

for that denial. Therefore, every applicant denied Baby Your Baby must receive the yellow copy of the application with the number of the reason for her denial noted. All 7 reasons have been explained. There is a #8 "Other". If the applicant is denied for a reason other than the 7 listed on the back of the application, please write in the reason in the blank on the back of the application and mark #8 on the front at question #17.

**BABY YOUR BABY OFFICE:**

At the bottom of the front of the application, PRINT the name of the agency completing the application, the name of the individual completing the application and the address and phone number where the worker completing the form can be contacted. This is a mandatory field. In case of errors, it is vital that the Medicaid workers entering the form into the computers can clarify issues and make needed corrections. Failure to complete this area results in many hours of lost time for Medicaid personnel.

**THE BACK OF THE APPLICATION:**

The Household size chart at the top of the page has already been explained. See the instructions for #7 for review if necessary.

Be sure to review the following instructions with all eligible applicants.

**IF YOU ARE ELIGIBLE FOR BABY YOUR BABY:**

- 1. You have until the last day of next month to apply for Medicaid at your local Department of Workforce Services. Please turn in your application as soon as possible. You may also apply online at : [www.utahclicks.org](http://www.utahclicks.org)**

Please see the online manual for detailed instructions for the online system, Utah Clicks.

- 2. Your Baby Your Baby Card will end the last day of the next month if you do not turn in a Medicaid application.**

If the applicant's Baby Your Baby Card (Pink Card) expires before the applicant makes her formal Medicaid application, another card cannot be issued and neither can the old card be extended. In this case, the woman will have to go to her Department of Workforce Services (DWS) to make her Medicaid application. She can try to arrange retro payment for expenses incurred in the interval between expiration of her Baby Your Baby Card and her Medicaid coverage - if she is determined eligible. Obviously, it is much easier for the applicant if she completes the Medicaid application process prior to expiration of her Baby Your Baby Card. Applicants needing only financial assistance for pregnancy-related expenses are probably best served by filing a Medical Services Only Application (Medicaid only "short form" numbered 66M) at the DWS. See "How to Order Forms" in the Table of Contents regarding this form. Applicants also needing food stamps, subsidized childcare or cash assistance (TANF) along with financial assistance for medical expenses should make application at the DWS on the Utah Department of Workforce Services Application for Financial, Medical, Food Stamp and Childcare Assistance form (DWS-OSD 61PP). You can provide these applications to your clients by downloading them from the DWS website at: <http://jobs.utah.gov/opencms/forms/61APP.pdf> for English and <http://jobs.utah.gov/opencms/forms/61APP-SP.pdf> for Spanish.

**AFTER YOU HAVE MADE A MEDICAID APPLICATION:**

- 1. You cannot use your Baby Your Baby Card after you have been approved or turned down for Medicaid.**

An applicant should be informed that once the Department of Workforce Services has made a decision on her Medicaid application she should no longer use her Baby Your Baby Card. If she has been approved for Medicaid, she should then use her Medicaid number. If it will be awhile before the Medicaid Card is mailed, the applicant's caseworker can issue a letter stating she is eligible and giving

her Medicaid number. The Baby Your Baby Card should then be mailed back to the Baby Your Baby Office whose name and address appear on the front of her Baby Your Baby Card (Pink Card).

- 2. If your Baby Your Baby Card is going to run out and you have not been told whether or not you will be able to get on Medicaid, call the application coordinator at the Department of Workforce Services before your card expires.**

An applicant, by federal regulation, may have only one period of presumptive eligibility per pregnancy - that is one Baby Your Baby Card. If an applicant loses her card, she may receive a duplicate but all of the information on it must match the original card including the dates of eligibility. If the applicant never filed a Medicaid application and her Baby Your Baby Card has run out, she will have to make a direct Medicaid application as noted above. Her expired Baby Your Baby Card cannot be extended. If she has filed her formal Medicaid application and her caseworker will be unable to make a determination on it prior to its expiration, the Department of Workforce Services (DWS) application coordinator or caseworker can extend the Baby Your Baby Card by placing the authorized stamp on the right hand side of the front of her card (see DWS Extension Stamp of BYB Cards at the end of these line-by-line instructions). The application coordinator or caseworker will only extend the Baby Your Baby Card long enough to permit final determination of Medicaid eligibility. A Baby Your Baby worker CANNOT extend a Baby Your Baby Card, as she does not know whether or not a Medicaid application has been made and what its current status is. Each Workforce Services Office has one stamp. It is usually in the possession of the agency's supervisor. If the supervisor does not have a stamp, have him/her call the Utah Department of Health's Reproductive Health Program's Nurse Consultant.

### **IF YOU WERE DENIED BABY YOUR BABY:**

These instructions were reviewed in the line-by-line instructions.

Please note that all applicants denied Baby Your Baby should be referred to the Department of Workforce Services (DWS). Baby Your Baby is only a brief screen to determine whether or not the applicant might be Medicaid eligible. There may be other factors in the applicant's case not reviewed in this application that may impact her Medicaid status. Even if a woman has not been legally admitted to this country, she should still be referred to the DWS. She may be eligible for Emergency Medicaid that will cover only the hospital and health care provider's fees for in-hospital labor and delivery. She may apply for this coverage during her last month of pregnancy. The DWS worker can also speak to the applicant regarding Medicaid coverage for the newborn if it is born in this country. Other children born in this country may also be eligible for Medicaid. Undocumented women and undocumented family members should not apply for food stamps as they will be reported to BCIS (immigration). Information obtained from Baby Your Baby applicants is confidential and not provided to BCIS.

### **Your nearest Dept. of Workforce Services Office is at:**

Please provide the applicant with as much information indicated on the form as possible. Department of Workforce Services (DWS) Offices may not permit Baby Your Baby Workers to make appointments with caseworkers. Depending on the DWS Office, the applicant may first need to make contact with the application coordinator or intake worker prior to being assigned a caseworker. Check with your local office to determine their policy regarding submission of applications and appointments. A listing of DWS Offices by zip code is available in this manual under "Department of Workforce Services Referral List by Zip Code".

### **Please take the following information to your appointment:**

If the applicant can take the information noted, she may be able to complete her application in one visit. If she does not have the information listed, it is very important that she keeps her appointment with her the application coordinator/intake worker/caseworker (the actual personnel involved at the Department of Workforce Services vary from office to office). The applicant will be given time to supply the

needed information. It is better to start the application process and provide required information later than to delay the start of the process. If the applicant has a high-risk pregnancy, she should provide the Department of Workforce Services a statement from her health care provider stating that she is high risk. The statement should be on the provider's letterhead. If the applicant has a high-risk pregnancy the asset test may be waived.

#### **DISTRIBUTION:**

Please note, BY FEDERAL REGULATION, YOU HAVE 5 WORKING DAYS TO RETURN THE WHITE COPY OF THE COMPLETED APPLICATION TO THE ADDRESS AT THE TOP OF THE FRONT PAGE. EVEN IF YOU FAX THE APPLICATION, PLEASE MAIL THE HARD COPY – FAXES DON'T ALWAYS GO THROUGH!

The **white copy** is returned to Medicaid.

The **pink copy** is the one kept by the Baby Your Baby site.

The **yellow copy** is given to the applicant whether or not she is determined to be eligible for Baby Your Baby.

Note the revision date at the bottom of the application and be sure to use the current application!

#### **BABY YOUR BABY CARDS / PINK CARDS:**

Please note! As of December 2007, the appearance of the Baby Your Baby Card (Pink Card) has changed. It is now an 8 ½" X 11" one-sided form. The information on the form is unchanged. If desired, you may fold the form along the dotted line printed in the middle of the page and tape the top of the page. This will give the card the very same appearance as the old format and may make it easier for the applicant to carry the card in her purse. The card was changed to accommodate Baby Your Baby sites utilizing the online Utah Clicks system. If your site does not utilize Utah Clicks, you will complete the Baby Your Baby Card by hand as you have in the past. For instructions on completing Baby Your Baby Cards online, please see the Utah Clicks manual.

#### **General Instructions:**

- 1) Please use a medium point black pen when completing the Baby Your Baby Card.
- 2) **PRINT LEGIBLY!** If you make a mistake while completing the card, do not white out, cross out or write over the mistake. Tear the card up and begin a new one. Changes on the card void it as it is unknown if the Baby Your Baby worker or the applicant changed the card.
- 3) NEVER give the card to applicants to complete! Their handwriting is often illegible and they may fill out the card incorrectly.
- 4) Lost cards may be replaced by the Baby Your Baby worker. Simply copy all of the information from the original Baby Your Baby application onto the new card. All information must match exactly what is on the application, including the dates of eligibility. Write duplicate across the top of the front of the card.

#### **Line-by-Line Instructions:**

**Eligibility from    Eligibility Thru**

**Client Name**

**Health insurance**

The above information MUST match exactly what is entered on the Baby Your Baby application. If the information on the Baby Your Baby Card does not match that entered into Medicaid's computer from the application, requests for reimbursement will be denied resulting in unhappy health care providers who will not be willing in the future to accept Baby Your Baby Cards and angry Baby Your Baby applicants who may end up receiving bills they were assured would be covered by the program. Please check carefully to assure you have made no copy errors!

**I.D. No.** - This is the applicant's social security number or program ("dummy" number) issued by the Baby Your Baby worker followed by a "V" that is printed on the Baby Your Baby Card. This is the number that is to be used on requests for reimbursement while the applicant is on Baby Your Baby. Once the applicant is on Medicaid, she needs to use her Medicaid number.

**Birth Date** – This must match the date on the Baby Your Baby application.

### **Baby Your Baby Office**

#### **Address**

#### **Phone #**

The above information should match what you entered at the bottom of the front side of the Baby Your Baby application.

**Signature of the Baby Your Baby Worker** – The name written here should be the same as that noted on the bottom of the Baby Your Baby application by "Worker's Name".

**Signature of Client and Date** – Have the client read the information above the signature area ("I certify that the above information is correct...") and sign the card and date it. A minor may sign her own Baby Your Baby Card.

### **What does the Baby Your Baby Card cover?**

The card covers pregnancy related, outpatient, Medicaid covered services while the card is valid. It will cover routine office visits for prenatal care from any willing Medicaid provider in the State of Utah. It will also cover outpatient ultrasounds for the pregnancy, outpatient non-stress tests, pregnancy-related lab services and emergency room visits for pregnancy-related problems. If the woman goes into an emergency room due to vaginal bleeding, contractions, etc. and is evaluated for the problem and discharged home, the card should cover the services. If the client is admitted into the hospital for the problem, the point at which she is admitted, the card ceases to cover the expenses since only outpatient costs are covered. Health care provider global fees are not covered as they include the provider's inpatient labor and delivery fees that are ineligible under Baby Your Baby. While on Baby Your Baby, only prenatal vitamins and antibiotics for infections that would negatively impact the fetus are covered. No dental, eye or transportation services are covered. If unsure whether or not a service is covered by Baby Your Baby, the applicant or her provider should contact Medicaid at 1-800-662-9651 and discuss the issue with the billing department prior to receipt of the service in question.

Please note that claims for reimbursement for services rendered while using this card must be billed to the "Send claims to" address indicated at the bottom right hand side of the Baby Your Baby Card and **NOT** to the Baby Your Baby Office's address.

Questions regarding billing or eligibility for Medicaid should be referred to the phone numbers printed on the bottom right hand side on the front of the card.

### **Please turn the card over and review the instructions under "To the client".**

- 1) **You need to apply for Medicaid at the Department of Workforce Services by the "thru" date on the front of this card. You may also apply online at [www.utahclicks.org](http://www.utahclicks.org) You need to do this as soon as possible.**

Urge the client to make her Medicaid application as quickly as possible. If the applicant's Baby Your Baby Card (Pink Card) expires before the applicant makes her formal Medicaid application, another card cannot be issued and neither can the old card be extended. In this case, the woman will have to go to her Department of Workforce Services and make a direct application. She can try to arrange retro payment for expenses incurred in the interval between expiration of her Baby Your Baby Card and her Medicaid coverage - if she is determined eligible. Obviously, it is much easier for the applicant if she completes the Medicaid application process prior to expiration of her Baby Your Baby Card.

- 2) **You must take this card with you for services to be provided.**  
The client must always take her Baby Your Baby Card (Pink Card) with her and show it to the health care provider for services to be provided – no card, no services.
- 3) **If your card is about to run out and you have not been told whether or not you will be able to get on Medicaid, call the office of the Department of Workforce Services where you are making your Medicaid application before this Baby Your Baby Card expires.**

See instructions for the Baby Your Baby application regarding extending a Baby Your Baby Card under “AFTER YOU HAVE MADE A MEDICAID APPLICATION” #2.

- 4) **This card must be returned to your Baby Your Baby Office when:**
  - A. **You have gotten on or been turned down for Medicaid, or**
  - B. **It runs out.**

Once the client has been approved or denied Medicaid instruct the client to either tear up the card or mail it back to the Baby Your Baby Office at the address on the front of the card. If the client continues to use her card following Medicaid denial, as long as it has not expired and the provider actually saw the card prior to rendering services, Medicaid will continue to reimburse covered expenses up to the last day of the month in which the denial occurred. Therefore, it is vital that providers check with the client regarding her Medicaid status each time she presents her card for prenatal services. If she has not already made her formal Medicaid application, she should be urged to do so as soon as possible. If she has already filed her Medicaid application, the provider should ask her what its status is. As soon as she is on Medicaid, all requests for reimbursement must be made using the client’s Medicaid number.

- 5) **Always take this card with you to any appointments with the Department of Workforce Services.**  
Should the client need an extension of her Baby Your Baby Card, she may save herself an extra trip to her Department of Workforce Services caseworker if she takes her Baby Your Baby Card to all of her appointments. Please note: If the client is denied Medicaid, the caseworker has the right to retain the client’s Baby Your Baby Card.

#### **To the provider:**

- 1) **Reimbursement of services will be paid through the Utah Medicaid billing system utilizing Medicaid’s reimbursement policies and payment rates. Send all claims to the address noted on the front of this card.**

These instructions remind the provider that all reimbursement for services rendered to Baby Your Baby clients are paid through the Medicaid billing system as any other request for Medicaid reimbursement would be made.

- 2) **Only outpatient pregnancy related services will be reimbursed. No claims for deliveries, global fees or any inpatient services will be reimbursed under the Presumptive Eligibility (Baby Your Baby) Program.**

These instructions review services covered by Baby Your Baby.

- 3) **No reimbursement for covered Medicaid services will be made by this program if payments for such services can be obtained from other third party sources.**

Private insurance must be billed prior to seeking reimbursement through Medicaid. Medicaid is the payer of last resort.

- 4) **Any extension of eligibility can be granted only by the Department of Workforce Services and must be indicated by the authorized stamp on the front of this card.**

Extension of a Baby Your Baby Card may only be granted by the client’s caseworker at the Department of Workforce Services. If a card has been extended, there will be a stamp on the front of the card in the lower right hand side with the signature of the worker and the new expiration date.

- 5) **If you have any questions on the client’s eligibility please contact:**

Above the line labeled “Qualified Provider” print the name of the agency employing the Baby Your Baby worker, a phone number at which the worker can be reached and the name of the client’s Baby Your Baby worker. This allows both the client and provider a friendly contact to assist with any questions that might arise related to the program.

## **Department of Workforce Services Extension Stamp of Baby Your Baby Cards**

The woman on Baby Your Baby (Presumptive Eligibility [PE] for Prenatal Medicaid) is entitled to remain on PE until the Department of Workforce Services (DWS) makes a final determination regarding her Medicaid application. Therefore, a woman who's Baby Your Baby (Pink Card) is going to run out and who has not heard whether or not she has been approved for Medicaid may be eligible to have her BYB card extended. However, certain requirements for an extension must be met. The client must have submitted her Medicaid application prior to the expiration date ("Thru" date) at the top of her Baby Your Baby Card and have been following through with the submission of additional Medicaid documentation as requested by DWS. Clients qualifying for extension of their Baby Your Baby (BYB) Cards will not have their cards extended for another full period of presumptive eligibility but only until DWS has adequate time to make a final determination regarding the client's Medicaid application. A BYB worker cannot extend a BYB Card. Baby Your Baby Cards may only be extended by the Department of Workforces Services.

Below is a copy of the F Extension Stamp used by the Department of Workforce Services (DWS) to extend a client's Baby Your Baby (Pink) Card. There is one F Extension Stamp per DWS Office. If the client is approved for an extension of her presumptive eligibility (BYB), the caseworker will write the new expiration date on the line labeled "TO" and sign on the "Authorized Signature" line. The DWS worker will notify the State Medicaid Office to extend the client's expiration date in the computer. The extension stamp is placed on the front lower right hand corner of the client's Baby Your Baby Card.

Some DWS Offices do not have a caseworker on site. In those cases, there should be an application coordinator available. This individual should have the F Extension Stamp. If the application coordinator does not have the stamp, the site supervisor should. In the event that the office is unable to locate the stamp or is unfamiliar with the extension procedure, please have the DWS worker contact Debby Carapezza whose contact information is below.



Debby Carapezza, RN, MSN  
Nurse Consultant, Reproductive Health Program  
Utah Department of Health – CFHS/RHP  
P. O. Box 142001  
Salt Lake City, UT 84114-2001  
Phone: 801-538-9946  
Fax: 801-538-9409  
E-Mail: [dcarapezza@utah.gov](mailto:dcarapezza@utah.gov)

# TRAINING EXERCISES FOR COMPLETING BABY YOUR BABY APPLICATIONS

## Determining Household Size Exercise

How many are in the following households?

### **CASE #1:**

Jane is single, 18 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 number would you put in question number 7, "How many people are in your household?"

Correct answer: **2**. Use the left side of the chart on the back of the application since Jane is 18. Utilizing the criteria listed there, only Jane and her unborn baby will be counted in the household since her partner is not her legal spouse and she has no other children or step-children.

### **CASE #2:**

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 number would you put in question number 7, "How many people are in your household?"

Correct answer: **6**. Since Mary is under age 18, use the right side of the chart. Using the criteria listed there the following would be counted as household members: Mary, her unborn baby, her parents, and both of her siblings since they are under age 18. Mary's partner is not her legal spouse and, therefore, is not counted and she has no step-children.

### **CASE #3:**

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 by a previous marriage. They are ages 17 and 19.

What number would you put in question number 7, "How many people are in your household?"

Correct answer: **7**. Since Annie is married and 18 or older, use the left side of the chart. According to those criteria, count Annie, her legal spouse, her unborn child plus her 3 living children since they are all under the age of 18. Only one of her step-children is under 18 and eligible to be counted as a household member. Note that the step-children are residing with Annie and her husband.

### **CASE #4:**

Amy is 16 and pregnant with her first child. She lives with her boyfriend at the home of one of his friends. His friend is married and has 2 children ages 3 and 1 ½.

What number would you put in question number 7, "How many people are in your household?"

Correct answer: **2**. Since Amy is under 16, use the right side of the chart. By the criteria listed there, count only Amy and her unborn. Her partner is not her legal spouse and she has not other children. She does not live with her parents (count only people living together) and her boyfriend's friend and family do not fit any of the other criteria listed there.

## Calculating Monthly Income for Baby Your Baby

To determine monthly income:

- If you have a yearly figure, divide by 12.
  - $\$21,000 \text{ per year} / 12 = \$1,750 \text{ per month}$
- If you have an hourly figure, compute a weekly figure and multiply by 4.3.
  - $\$7.00 \text{ per hour} \times 30 \text{ hours per week} \times 4.3 \text{ weeks} = \$903 \text{ per month}$
- If you have a figure for every two weeks, divide by 2 then multiply by 4.3.
  - $\$500.00 \text{ every two weeks} / 2 \times 4.3 = \$1,075 \text{ per month}$

IN A NUTSHELL, COME UP WITH A MONTHLY FIGURE. MONTHLY FIGURES MUST BE BASED ON 4.3 WEEKS PER MONTH.

(There are 52 weeks per year, hence the need to multiply by 4.3. If you only multiply by 4 [4 X 12 = 48 weeks], you will under count the applicant's income.)

Revised: 03-04

### Determining Income Exercise

“WHAT IS THE TOTAL GROSS INCOME THAT YOU EXPECT TO RECEIVE THIS MONTH FOR ALL MEMBERS OF THE HOUSEHOLD LISTED IN QUESTION NUMBER 7?”

Hint: First determine the household members and then the income!

CASE #1:

Jane is single, 18 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.

Jane grosses \$6.95/hour at McDonalds and works 30 hours per week. Her boyfriend earns \$8.35/hour as a mechanic and works 40 hours per week. Jane's father earns \$21.50/hour and also works 40 hours/week. Jane's mother earns \$10.50/hour and works 24 hours/week. Jane's 15-year-old sister earns \$3.50/hour but only works 8 hours/week.

What is the household income for this month you would list in #8?

Remember to only count the income of those you listed as household members. In this case, only 2 qualify as household members – Jane and her unborn. Therefore, the gross income noted in #8 would be \$896.55 for the month. ( $\$6.95 \times 30 \times 4.3 = \$896.55$ )

CASE #2:

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. Due to hyperemesis, Mary quit her part time job at Arby's last month. Her father earns \$16.75/hour and works 40 hours/week. Her mother earns \$8.10/hour and also works

40 hours/week. Mary's boyfriend finds work when he can but currently is working on a ranch 24 hours/week at \$7.50/hour. Both of Mary's sisters are too young to work except for babysitting.

What is the household income for this month you would list in #8?

Remember to only count the income of those you listed as household members. In this case the following are counted as household members: Mary, the unborn, both of Mary's parents, and both siblings. The boyfriend is not counted in the household and, therefore, his income is not counted. Mary's income was from a previous month and is 0 for the month in which she is making application. Her siblings aren't really wage earners. Her parent's gross income is:

Father's -  $\$16.75/\text{hour} \times 40 \text{ hours/week} \times 4.3 \text{ for the month} = \$2,881$

Mother's -  $\$8.10/\text{hour} \times 40 \text{ hours/week} \times 4.3 \text{ for the month} = \$1,393.20$

The total gross income for household members listed in #7 is \$4,274.20 for the month of application.

CASE #3:

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 by a previous marriage. They are ages 17 and 19.

Annie works at a day care center 24 hours/week at \$6.80/hour. Her husband earns \$21,000/year as a worker at a steel fabrication plant. Neither of the teenage children are wage earners but Annie's husband receives \$200/month in child support for the 17 year old from his ex-wife. Both of her husband's children are currently in school and not employed.

What is the household income for this month you would list in #8?

Annie's gross income =  $\$701.76$  ( $\$6.80/\text{hour} \times 24 \text{ hrs./week} \times 4.3 = \$701.76$ )

The husband's gross income =  $\$1,750$  ( $\$21,000 / 12 = \$1,750$ )

Child support =  $\$200$

Total gross income =  $\$2,651.76$

CASE #4:

Amy is 16 and pregnant with her first child. She lives with her boyfriend at the home of one of his friends. His friend is married and has 2 children ages 3 and 1 1/2. Neither the friend nor his wife contributes money to help support Amy.

Amy works 30 hours/week at the Stop 'N Shop as a clerk at \$6.75/hour. Her boyfriend works at KFC 40 hours/week at \$7.25/hour. Amy's parents did help her out this month by giving her a check for \$500.

What is the household income for this month you would list in #8?

Remember to only count the income of those you listed as household members. Countable income only includes Amy's gross income and the contribution from her parents. Since her boyfriend is not her legal spouse, his income is not included. Also, the friend and his wife's income are not included as they are not household members and have not provided monetary support. Therefore, the household income for the month of application is:

Amy's gross income =  $\$870.75$  ( $\$6.75/\text{hr.} \times 30 \times 4.3 = \$870.75$ )

Contribution to Amy from her parents =  $\$500$

Total gross income = \$1,370.75

Revised: 01/08

### **Determination of the Estimated Date of Delivery Without a Pregnancy Wheel**

Take the date of the first day of the last NORMAL menstrual period and add 7 to it. From that date, count back three months. The applicant's estimated due date will be one year from that date.

FOR EXAMPLE: The date of the first day of the applicant's last normal menstrual period was April 11, 2007. Add 7 = 18. Then count back three months = January 18<sup>th</sup>. Add one year = January 18, 2008. Therefore, the applicant's due date is January 18, 2008.

REMEMBER! This is only an estimate. The due date that counts is the one the applicant's healthcare provider assigns.

If the applicant has difficulty remembering the date of the first day of her last normal period, try helping her to associate it with another event. For example, was her last normal period before or after a special event such as her birthday, a holiday, sports event (i.e., Super Bowl), or national event.

Reference: Eisenberg A, Murkoff HE, Hathaway SE. What to Expect When You're Expecting. 1991. Workman Publishing: NY. p. 7.

Revised: 01/08

## **SAMPLES OF THE BABY YOUR BABY APPLICATION AND BABY YOUR BABY CARD (PINK CARD)**

### **Introduction**

To follow are copies of the current Baby Your Baby Application in English and Spanish and the Baby Your Baby Card (Pink Card) in English only. These forms are provided in this manual for training purposes only. Please do not print and use these copies for clients. Both the applications and cards can be ordered through the Baby Your Baby Hotline. See "How to Order Forms" listed in the Table of Contents. The online system, Utah Clicks, is available in both English and Spanish. The Spanish version of the Baby Your Baby Application is included for those providers who work with Spanish speaking clients so they will not have to translate the application as they complete the application for their Spanish-speaking clients. Never give the application or card to clients to complete as they may respond to questions incorrectly and their handwriting is often illegible.

Every year the federal poverty guidelines change in approximately February or March. As a result the applications must be updated to reflect the new poverty levels listed in number 9. Please be sure you are using the most current application when interviewing your clients. The current application is dated March 2009 on the bottom of the back page.

Updated 1/08

# The Baby Your Baby Application in English – Front



**BABY YOUR BABY / PRESUMPTIVE ELIGIBILITY APPLICATION**  
**Utah Department of Health, Bureau of Medicaid Operations**  
**Box 143106, Salt Lake City, UT 84114-3106**  
**Fax Number 801-538-9428**



Applicant's Name: \_\_\_\_\_ Eligible From: \_\_\_\_\_ Thru: \_\_\_\_\_  
Last First MI MM DD YY MM DD YY

SSN or Program Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM DD YY

Mailing Address: \_\_\_\_\_ (Apt. Number) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

- 1a. Are you a U.S. citizen? **YES**  If "YES", go to #2. **NO**  If "NO", go to 1b.
- 1b. If you are not a U.S. citizen, are you a qualified alien – that is, have you been lawfully admitted for permanent residence by BCIS (formerly known as INS) and have a Green Card? **YES**  **NO**
2. Do you live in Utah and intend to continue living in Utah? **YES**  **NO**
3. Are you on Utah Medicaid right now? **YES**  **NO**  Medicaid # \_\_\_\_\_
4. Are you now on the Child Health Insurance Program (CHIP) or the Primary Care Network Program (PCN)? **YES**  **NO**  (For Medicaid Use Only)
5. Have you been on Baby Your Baby before for this pregnancy? **YES**  **NO**
6. Do you have any health insurance? (If **YES**, complete insurance information below.) **YES**  **NO**

Name of insurance: \_\_\_\_\_ Group #: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

If the insurance is through an employer

7. How many people are in your household? \_\_\_\_\_ Use the chart on the back to determine household size.
8. What is the total gross income (before deductions) that you expect to receive this month for all members of the household listed in question number 7? \$ \_\_\_\_\_

Gross income includes but is not limited to the following:

- |                    |                           |                           |                           |
|--------------------|---------------------------|---------------------------|---------------------------|
| A. Earnings        | B. Social Security Income | C. Unemployment Insurance | D. Child Support          |
| E. Self-Employment | F. Veteran's Benefits     | G. Workman's Compensation | H. Contributions or Gifts |

9. Circle the household size and income below. Include the unborn child.

HOUSEHOLD SIZE	MON. MAX. INCOME*	HOUSEHOLD SIZE	MON. MAX. INCOME*
2	\$1,615	6	\$3,273
3	\$2,030	7	\$3,688
4	\$2,444	8	\$4,102
5	\$2,859	Add \$415 for each additional family member.	

**\*These monthly maximum income standards change annually in March.**

Compare the gross income from #8 with the monthly maximum income allowable for the household size indicated in #7. If the gross income is greater than the monthly maximum income for household size, the applicant is **NOT** financially eligible. If the gross income listed in #8 is less than or equal to the monthly maximum income for household size, the applicant **IS** financially eligible.

10. Does the applicant meet financial requirements for presumptive eligibility? **YES**  **NO**
11. Is the applicant on WIC? **YES**  **NO**
12. If **NO**, was the applicant referred to WIC? **YES**  **NO**
13. I have provided the answers to the above questions. I swear that the answers I have given are complete and correct.

Signature or mark of applicant \_\_\_\_\_ Date \_\_\_\_\_

If an interpreter was utilized: Name: \_\_\_\_\_ Interpreter's agency or relation to applicant: \_\_\_\_\_

14. Does the applicant have a medically verifiable pregnancy? **YES**  **NO**
15. If **YES**, Estimated Date of Delivery: \_\_\_\_\_
16. I certify that the applicant **IS**  / **IS NOT**  eligible for Baby Your Baby.
17. If **NO**, indicate the number of the reason for denial from the list on the back. \_\_\_\_\_

Baby Your Baby Office \_\_\_\_\_ Worker's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## The Baby Your Baby Application in English – Back

Use The Chart Below To Determine The Household Size. *Include only people who live together.*

(Place number in household on line 7 on the front of the application.)

If the applicant is 18 or older (regardless of marital status), include:	If the applicant is younger than 18 (regardless of marital status), include:
Applicant	Applicant
Legal spouse of applicant	Legal spouse of applicant
Applicant's unborn child(ren)	Applicant's unborn child(ren)
Applicant's children that are younger than 18	Applicant's children
Applicant's step-children that are younger than 18	Applicant's step-children that are younger than 18
	Applicant's parents
	Applicant's siblings that are younger than 18

**? IF YOU ARE ELIGIBLE FOR BABY YOUR BABY:**

1. You need to apply for Medicaid at a Department of Workforce Services Office by the "thru" date on the front of this application. You may also apply online at: [www.utahelicks.org](http://www.utahelicks.org) You need to do this as soon as possible.
2. Your Baby Your Baby Card will end the last day of the next month if you do not turn in a Medicaid application.

**? AFTER YOU HAVE MADE A MEDICAID APPLICATION:**

1. You cannot use your Baby Your Baby Card after you have been approved or turned down for Medicaid.
2. If your Baby Your Baby Card is going to run out and you have not been told whether or not you will be able to get on Medicaid, call your caseworker or the application coordinator at the Department of Workforce Services Office where you made your Medicaid Application before your card expires.

**? IF YOU WERE DENIED BABY YOUR BABY: (Place the denial number in the blank by #17 on the front.)**

You did not get a Baby Your Baby Card because:

1.  You are not a U.S. citizen and have not been lawfully admitted for permanent residence by BCIS.
2.  You do not live in Utah or intend to continue to live in Utah.
3.  You are already on Utah Medicaid.
4.  You have already had the one Baby Your Baby Card allowed per pregnancy.
5.  For your household size, you earn too much money to get a Baby Your Baby Card.
6.  You are not pregnant.
7.  You are on CHIP or PCN. Have your CHIP/PCN caseworker review your file. You may qualify for Medicaid.
8.  Other. Please list: \_\_\_\_\_

**NOTE:** This application is only a brief look to see if you can get Medicaid. People turned down for Baby Your Baby may still be able to get on Medicaid or other assistance programs. Even if you did not get a Baby Your Baby Card, you should still make an appointment at you local Department of Workforce Services Office for a closer look at your case. Your Baby Your Baby worker can give you the address of your closest office.

**Your nearest Department of Workforce Services Office is at:**

You have an appointment with: (Caseworker)

Address: \_\_\_\_\_ On: (Date) \_\_\_\_\_ At: (Time) \_\_\_\_\_

If you cannot keep this appointment, please call the caseworker at: \_\_\_\_\_

Please take the following information to your appointment:

Proof of pregnancy                      Proof of household income / assets (savings accounts, RVs, IRAs, etc.)  
 Proof of citizenship / immigration status      Social Security Card

If your health care provider feels your pregnancy is high risk, take a note from your doctor saying this to the appointment.

If you do not have all the information in time for your appointment, **KEEP YOUR APPOINTMENT!**  
 The Department of Workforce Services will give you enough time to get the needed information.

Distribution of copies:      White/Utah Dept. of Health      Pink/Chart      Yellow/Client

Fax and mail the white copy of this application within 5 working days of completion to the address at the top of the front page.



bruto listado en # 8 es menos o igual al ingreso máximo mensual para el tamaño de su hogar, el aplicante **SI** es elegible financieramente.

10. ¿El aplicante cumple con los requerimientos financieros para elegibilidad presuntiva? **SI**  **NO**
11. ¿El aplicante esta con WIC? **SI**  **NO**
12. ¿Si responde **NO**, fue el aplicante referido a WIC? **SI**  **NO**

13. He proporcionado las respuestas a las preguntas de arriba. Yo juro que las respuestas que yo he dado son completas y correctas.

Firma del aplicante o marque con una x \_\_\_\_\_ Fecha \_\_\_\_\_

Si un intérprete fue utilizado: Nombre: \_\_\_\_\_

Agencia del intérprete o relación con el aplicante: \_\_\_\_\_

14. ¿Tiene el aplicante un embarazo médicamente comprobable? **SI**  **NO**
15. Si responde **SI**, fecha estimada del nacimiento \_\_\_\_\_
16. Yo certifico que el aplicante elegible para el programa Baby Your Baby. **SI**  **NO**
17. Si responde **NO**, indique la razón del rechazo (use el número) de la lista en la parte posterior de esta hoja. \_\_\_\_\_

Oficina de Baby Your Baby (Agencia) \_\_\_\_\_ Nombre del trabajador: \_\_\_\_\_ Teléfono # \_\_\_\_\_

Dirección \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código postal \_\_\_\_\_

### The Baby Your Baby Application in Spanish – Back

Utilice el siguiente cuadro para determinar el tamaño de su hogar. *Incluya solamente a su familia.*

**Ponga el número total de miembros de su familia en el espacio de la pregunta número 7 que esta en el frente de la aplicación.**

Si el aplicante tiene 18 años o mas (el estado matrimonial no importa) incluya:	Si el aplicante es menor de 18 años (el estado matrimonial no importa), incluya:
Aplicante	Aplicante
Esposo legal del aplicante	Esposo legal del aplicante
Hijo(s) por nacer del aplicante	Hijo(s) por nacer del aplicante
Hijo(s) del aplicante menores de 18	Hijo(s) del aplicante
Hijo(s) postizos del aplicante menores de 18	Hijo(s) postizos del aplicante menores de 18
	Padres del aplicante
	Hermano(s) del aplicante menores de 18

**SI USTED ES ELEGIBLE PARA BABY YOUR BABY (MIME A SU BEBE):**

1. Usted necesita hacer la solicitud para Medicaid en la oficina del Departamento de Workforce Services antes de la fecha que aparece en el frente de la solicitud. También puede hacer la solicitud en la página de Internet [www.utahclicks.org](http://www.utahclicks.org) Debe hacer esto lo más pronto posible.

2. Su tarjeta Baby Your Baby expirará el último día del mes siguiente, si usted no entrega su aplicación de Medicaid.

**DESPUÉS QUE USTED HA HECHO UNA APLICACIÓN DE MEDICAID:**

1. Usted no puede utilizar su tarjeta Baby Your Baby después que le hayan aprobado o negado Medicaid.

2. Si su tarjeta Baby Your Baby va a expirar y aun todavía no le han dicho que si o que no podrá conseguir

Medicaid, llame a su trabajador de caso o al coordinador de aplicaciones en el Department of Workforce

Services antes de que su tarjeta se venza.

**SI SU APLICACIÓN PARA EL PROGRAMA BABY YOUR BABY FUE NEGADA: ( en la parte de abajo, busque en la siguiente información el número que explica porque fue negada, y luego ponga ese número en el espacio de la línea #17 que está al otro lado de esta hoja.)**

Usted no consiguió una tarjeta Baby Your Baby porque:

1. \_\_\_\_\_ Usted no es un ciudadano de los E.E.U.U. y no ha sido admitido legalmente para la residencia permanente por BCIS.
2. \_\_\_\_\_ Usted no vive en Utah o no tiene la intención de continuar viviendo en Utah.
3. \_\_\_\_\_ Usted ya está con Medicaid de Utah.
4. \_\_\_\_\_ Usted ya ha tenido la única tarjeta de Baby Your Baby que se permite por el embarazo.
5. \_\_\_\_\_ Para el tamaño de su hogar, usted gana mucho dinero para calificar por la tarjeta del programa Baby Your Baby.
6. \_\_\_\_\_ Usted no está embarazada.
7. \_\_\_\_\_ Usted está con CHIP / PCN. Haga que su trabajador de su caso de CHIP / PCN revise su archivo. Usted quizás podría calificar para Medicaid.
8. \_\_\_\_\_ Otros. Por favor anote: \_\_\_\_\_

**NOTA:** Esta aplicación es solamente una breve observación para considerar si usted puede conseguir Medicaid. La gente a quien se le negó Baby Your Baby quizás puede todavía poder conseguir Medicaid u otros programas de asistencia. Incluso si usted no consiguió la tarjeta de Baby Your Baby, haga una cita usted con su Department of Workforce Services para una revisión más completa de su caso. Su trabajador de Baby Your Baby puede darle la dirección de su oficina más cercana.

**Su Department of Workforce Services más cercano está en:**

Usted tiene una cita con: (Trabajador social de su caso ): \_\_\_\_\_

Lugar: \_\_\_\_\_ Día: \_\_\_\_\_ Hora: \_\_\_\_\_

Si usted no puede venir a su cita por favor llame a su trabajador (a) social al: \_\_\_\_\_

Por favor traiga la siguiente información a su cita:

Prueba de embarazo

Tarjeta del Seguro Social

Prueba de ciudadanía / estatus inmigratorio

Prueba de ingresos / bienes de su hogar

(Cuenta de ahorros, Casa móvil recreacional con o sin motor, Cuenta individual de retiro, etc.)

Si su proveedor del cuidado médico cree que su embarazo es de alto riesgo, lleve a su cita una nota de su doctor que diga eso.

Si usted no tiene toda la información a la hora de su cita, **MANTENGA SU CITA!**

El Department of Workforce Services le dará suficiente tiempo para conseguir la información que le hace falta.

**Envíela por correo y por fax la copia blanca de esta aplicación dentro de 5 días laborales desde el día que usted terminó de llenar esta aplicación a la siguiente dirección:**

**Utah Department of Health, Bureau of Medicaid Operations**

Box 143106, Salt Lake City, UT 84114-3106

**Fax: (801) 538-9428**

Distribución de hojas: Blanca/Departamento de Salud de Utah      Rosada/Clínica Amarilla/Cliente

Revisado en Marzo 2009

# The Baby Your Baby Card (Pink Card)



Utah Department of Health  
Community and Family Health Services Division  
Presumptive Eligibility/Perinatal Program



## IDENTIFICATION CARD

Eligibility from:      -      -      Thru:      -      -       
MM DD YY MM DD YY

Client Name: \_\_\_\_\_  
Last First MI

I.D. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ V Birth date: \_\_\_\_\_  
MM DD YY

Health Insurance: \_\_\_\_\_

Baby Your Baby Office: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Phone #: \_\_\_\_\_

Group #: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Employer: \_\_\_\_\_

Signature of the Baby Your Baby Worker

I certify that the above information is correct. I understand that this card allows me to get outpatient, pregnancy related services. No delivery /childbirth costs are covered by this card.

**Send claims to:**  
Utah Department of Health  
Bureau of Medicaid Operations  
Box 143106  
Salt Lake City, UT 84114-3106

\_\_\_\_\_  
Signature of Client Date

**For billing or eligibility questions call:**  
Salt Lake area (801) 538-6155  
Outside Salt Lake area, call: 1-800-662-9651

Revised 6/07

**WARNING: Changes to this card void the card immediately.**

FOLD ALONG DOTTED LINE

### To the client – What to do next:

1. You need to apply for Medicaid at a Department of Workforce Services Office by the “thru” date on the front of this card. You may also apply online at [www.utahclicks.org](http://www.utahclicks.org) You need to do this as soon as possible.
2. You must take this card with you for services to be provided.
3. If your card is about to run out and you have not been told whether or not you will be able to get on Medicaid, call the office of the Department of Workforce Services where you are making your Medicaid application before this Baby Your Baby Card expires.
4. This card must be returned to your Baby Your Baby Office when:
  - A. You have gotten on or been turned down for Medicaid, or
  - B. It runs out.
5. Always take this card with you to any appointments with the Department of Workforce Services.

### To the provider – Billing instructions:

1. Reimbursement for services will be paid through the Utah Medicaid billing system utilizing Medicaid’s reimbursement policies and payment rates. Send all claims to the address noted on the front of this card.
2. Only outpatient pregnancy related services will be reimbursed. No claims for deliveries, global fees or any inpatient services will be reimbursed under the Presumptive Eligibility (Baby Your Baby) Program.
3. No reimbursement for covered Medicaid services will be made by this program if payments for such services can be obtained from other third party sources.
4. Any extension of eligibility can be granted only by the Department of Workforce Services and must be indicated by the authorized stamp on the front of this card.
5. If you have any questions on the client’s eligibility please contact:

\_\_\_\_\_  
Baby Your Baby Office

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Perinatal Care Coordinator

## BASIC BABY YOUR BABY POLICIES

### Policy Clarification Regarding Women of Undocumented Citizenship Status

In 1993 a question regarding citizenship status was added to the Presumptive Eligibility (PE) / Baby Your Baby application. If an applicant is not a U.S. citizen or if she has not been lawfully admitted for permanent residence by the Bureau of Citizenship and Immigration Services (BCIS formerly known as INS) and does not have a Green Card (a permanent residence card or papers), she is **not** eligible for PE (a Baby Your Baby [Pink] Card). In other words, **NO GREEN CARD, NO PINK CARD.** However, no documentation of the applicant's claim of citizenship status is required at the time of PE application. The applicant's word that she has a Green Card is sufficient. It is the responsibility of the Department of Workforce Services (DWS) to determine the applicant's citizenship status at the time the woman makes her formal Medicaid application.

The policy of the Baby Your Baby Program is one of maintaining applicant confidentiality. Therefore, **undocumented applicants applying for Baby Your Baby/Presumptive Eligibility (a Pink Card) are NOT to be reported to BCIS.** The question has been asked if DWS is required to report to BCIS undocumented women applying for services. A policy clarification was received from the DWS in November 1993. It is important for all Baby Your Baby and Perinatal Care Coordinators to be familiar with its contents. Undocumented women can apply for Medicaid, including the Emergency Services Program, and TANF without DWS reporting them to BCIS. **HOWEVER, DWS IS REQUIRED TO REPORT TO BCIS UNDOCUMENTED WOMEN APPLYING FOR FOOD STAMPS.** Failure to inform undocumented women applying for services through DWS of this policy could have a negative impact for these applicants if they attempt to apply for food stamps or file a joint application that includes food stamps. There is **NO** BCIS reporting requirement in the Women, Infants, and Children's Program (WIC).

Will the use of the Baby Your Baby Card or the Emergency Services Program jeopardize an applicant's citizenship application? No. The Department of Justice published guidelines in the May 26, 1999 Federal Register that established clear standards governing whether an alien is inadmissible to the United States, ineligible to adjust immigration status or has become deportable on the grounds that she may become or is a "public charge." These guidelines stated that the following benefits are **NOT** subject to public charge consideration:

- ✓ Medicaid
- ✓ Children's Health Insurance Program (CHIP)
- ✓ Food Stamps (See second paragraph this section on this page regarding report to BCIS)
- ✓ Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- ✓ Immunizations
- ✓ **Prenatal Care**
- ✓ Testing and Treatment of Communicable Diseases
- ✓ Emergency Medical Assistance, etc.

For the complete document and client handouts in English that explain this policy, see "Baby Your Baby and Public Charge Issues" immediately following this document for "HHS Guidance on Definition of Public Charge in Immigration Laws" and "Sample Client Handouts regarding 'Public Charge' ". Women not qualifying for PE and/or Medicaid due to undocumented status should be encouraged to apply one month prior to their due dates for the Emergency Services Program through DWS. The Emergency Services Program is for individuals not meeting regular U.S. residency requirements but who meet all other Medicaid eligibility criteria. "Emergency Services" is printed on their Medicaid Identification Card. An example of this card and information about the program can be found in the Medicaid Provider Manual. A client's early enrollment in this program enables the health care provider and the delivering hospital to expedite reimbursement for the inpatient labor and delivery portion of the cost of care.

Services to pregnant women covered by the Emergency Services Program are now limited by federal regulation. Only labor and delivery services are covered for patients in the Emergency Services Program. Neither prenatal services nor the non-emergency postpartum services are covered. Hospitals will be reimbursed only for those services associated with labor and delivery, including emergency conditions that occur with the labor and delivery. Please contact Medicaid for questions regarding covered codes.

There are no penalties or restrictions on the woman's use of Title V (Maternal Child Health) moneys that are used to fund the local health districts' Maternal Child Health Block Grant Contracts.

If born in the United States, the undocumented woman's newborn will be a U.S. citizen and possibly eligible for Medicaid. Therefore, it is important that undocumented women be encouraged to discuss making Medicaid application for their child/children with their DWS caseworkers.

If you have questions regarding issues surrounding undocumented women, please contact the nurse consultant for the Utah Department of Health, Reproductive Health Program, Debby Carapezza at 801-538-9946; fax at 801-538-9409 or e-mail [dcarapezza@utah.gov](mailto:dcarapezza@utah.gov) .

Updated 01/08-DAC

### **Baby Your Baby and Public Charge Issues**

At times a pregnant, non-citizen woman will be hesitant to apply for Baby Your Baby (BYB) if she is in the process of applying for, or intends in the future to apply for, U. S. citizenship. The fear is that by using public money she will be considered to be a “public charge” (one who becomes dependent on public money for support) and, therefore, be ineligible for citizenship. In some instances this could be true. However, non-citizen women who are in this country legally (have been lawfully admitted for permanent residency by the Bureau of Citizenship and Immigration Services [have a green card]) may be on Baby Your Baby (Presumptive Eligibility for Prenatal Medicaid) and Medicaid without fear of becoming a public charge.

Health and Human Services has provided an overview on guidance of definition of “Public Charge” in immigration laws. It can be found online at:

[http://www.aoa.gov/prof/civil\\_rights/Non\\_citizens/benefits/FSPubliccharge.asp](http://www.aoa.gov/prof/civil_rights/Non_citizens/benefits/FSPubliccharge.asp)

For a client hand-out in English on public charge go to:

<http://www.lawhelp.org/documents/1538618118.pdf?stateabbrev=/WA/>

This document is not yet available online in Spanish. For Spanish copies, contact Debby Carapezza, Nurse Consultant. See contact information below.

If a woman remains apprehensive regarding receipt of BYB after having the exemption of public charge for BYB explained, she may wish to contact an examining officer from the Bureau of Citizenship and Immigration Services (BCIS). Do not refer women in this country illegally to BCIS as they will be immediately arrested and deported.

Debby Carapezza, RN.MSN  
Nurse Consultant, Reproductive Health Program  
Utah Department of Health – CFHS/RHP  
P. O. Box 142001  
Salt Lake City, UT 84070-2001  
Phone: 801-538-9946  
E-mail: [dcarapezza@utah.gov](mailto:dcarapezza@utah.gov)

## **Presumptive Eligibility / Baby Your Baby, Child Health Insurance Program (CHIP) and Primary Care Network (PCN)**

### Baby Your Baby and CHIP:

Occasionally a pregnant teen on the Child Health Insurance Program (CHIP) will apply or be referred to the Baby Your Baby (BYB) / Presumptive Eligibility (PE) Program to make application. The question has been asked, should this teen apply for Baby Your Baby and/or Medicaid? The answer to both is no. The client should simply be referred back to her CHIP/Medicaid caseworker at the Department of Workforce Services (DWS) to have her case re-evaluated.

One of the requirements for CHIP is that the client is ineligible for Medicaid. However, the teen's pregnancy may now make her Medicaid eligible. Thus, the teen's CHIP/Medicaid caseworker needs to reassess the client's status. CHIP does cover pregnancy expenses so there is no need to use Baby Your Baby as a "bridge" to cover prenatal expenses while her caseworker re-evaluates the teen's status. The following is the appropriate procedure for BYB/PE staff in dealing with those few pregnant teens already on CHIP.

When a pregnant teen requests prenatal services:

- 1) Ask the teen if she is already on CHIP or Medicaid:
  - If she is **not**, proceed with the usual BYB/PE process
- 2) If the teen **is** on CHIP:
  - Refer her to her CHIP/Medicaid caseworker at DWS for re-evaluation of her eligibility status
  - Do **not** place the client on BYB/PE
- 3) If the teen **is** already on Medicaid:
  - Check to be sure that the provider on her Medicaid card is the provider of the client's prenatal care
  - If the client wants another prenatal care provider from the one on her card, refer her to her Medicaid caseworker at DWS
- 4) Remind the client to report her baby's birth to her caseworker as quickly as possible after she delivers.

Placement of a pregnant CHIP client on BYB/PE may result in confusion regarding reimbursement since there is an automatic delete in the Medicaid reimbursement system to exclude BYB/PE claims for clients on CHIP.

It is important that the teen be encouraged to follow-up with her CHIP/Medicaid caseworker as quickly as possible to have her case re-evaluated. It may also save the teen money. CHIP requires co-payments for office visits that are not required by Medicaid. Also, if the teen is on Medicaid the month of the birth, her infant will automatically qualify for Medicaid coverage for the first year of its life if the baby is in the custody of the mother and they continue to live in Utah. Finally, **REMEMBER**: If the teen remains on CHIP throughout her pregnancy, there will be no Medicaid reimbursement for the enhanced services: perinatal care coordination, pre/postnatal home visiting, pre/postnatal psychosocial counseling, pre/postnatal individual nutritional counseling, and group childbirth education.

### Baby Your Baby and PCN:

As of March of 2007, women on the Primary Care Network will no longer be eligible for Baby Your Baby. This change is reflected in question number four on the Baby Your Baby application: "Are you now on the Child Health Insurance Program (CHIP) or the Primary Care Network Program (PCN)?" A positive (Yes) response to this question is an automatic denial for Baby Your Baby/PE. As with the Child Health Insurance Program, women on PCN should be referred to their PCN/Medicaid caseworker at DWS for a review of their

cases. Again, the pregnancy may make the woman Medicaid eligible. Unlike CHIP, the Primary Care Network does not cover any prenatal expenses beyond reimbursement for the pregnancy test. Therefore, encourage the woman to follow-up with her PCN/Medicaid caseworker as quickly as possible.

If you have any questions regarding this protocol, please contact Debby Carapezza, Nurse Consultant, Reproductive Health Program, Utah Department of Health at 801-538-9946, fax – 801-538-9409, or e-mail: [dcarapezza@utah.gov](mailto:dcarapezza@utah.gov)

Updated 01/08-DAC

## **Pregnancy Testing of Minors and Parental Consent for Local Health Departments**

The question of pregnancy testing of unmarried minors without parental consent has arisen numerous times over the years. As a result, Lyle Odendahl, one of the attorneys at the Utah Department of Health was consulted regarding the legalities surrounding this issue.

### **The Issue:**

The provider cannot begin a teen's prenatal care and refer appropriately until it is known whether or not she is pregnant. At issue is whether or not an unmarried minor may receive pregnancy testing from a local health department (or other state agency) without parental consent. The second part of the issue is whether or not the parents are entitled to the results of their teen's pregnancy test – whether positive or negative.

### **The Response:**

1. Parental consent is not needed for pregnancy testing.
2. Parents have the right to access the medical records of an unemancipated minor.

Updated: 02/07/01

## **Information on Paternity Testing**

For information about paternity testing, refer clients to the University Genetics Lab at 581-2344. The phone message contains an option for paternity testing that leads to an individual's direct line.

If interested in Paternity establishment, call the Office of Recovery Services for information. Call 536-8500 or 1-800-662-8525 and press 2 then 6. This is a lengthy description of voluntary paternity declaration versus court ordered paternity testing. There's also information on their website [www.ors.state.ut.us](http://www.ors.state.ut.us) Click on "Paternity Matters" on the left-hand side of the home page.

Updated: 01/08-DAC

## **Job Description of a Baby Your Baby Program Representative**

A Baby Your Baby (Presumptive Eligibility) Program Representative can be any level health care provider: licensed practical nurse, registered nurse, advanced practice nurse [family nurse practitioner, women's nurse practitioner, certified nurse midwife, adult nurse practitioner] or ancillary personnel (secretary, medical assistance) who has received orientation to the program either through qualified in-house personnel or via the nurse consultant of the Reproductive Health Program, Utah Department of Health.

Duties of the Baby Your Baby (BYB) Program Representative include accurate completion of program applications either via the Internet ([www.utahclicks.org](http://www.utahclicks.org)) or paper application in a timely manner or, if unable to do so, to refer clients to another BYB site or to the Department of Workforce Services to make a direct application for Medicaid. The representative shall assure that documentation of medical verification of pregnancy is present prior to declaring eligibility and shall retain a copy of that verification along with the pink copy of the application. All clients will receive a copy of their completed application. Those women denied Baby Your Baby will have the reason for denial noted on their copy of the application. Completion of question number 17 on the Baby Your Baby / Presumptive Eligibility Application assures this requirement is met.

All applicants, regardless of their eligibility for the program, shall be referred to the WIC Program (Women, Infants and Children) for nutritional services and to the Department of Workforce Services to make a formal Medicaid Application. The Baby Your Baby representative shall provide all applicants, regardless of eligibility for the program, with either a Medicaid Application or an Application for Financial, Medical, Food Stamp and Childcare Assistance (a Joint Application). The BYB Program representative shall forward approved Baby Your Baby /Presumptive Eligibility Applications to the Utah Department of Health Bureau of Medicaid Operations within 5 working days of completion either via Utah Clicks (for online applications) or via fax and mail (for paper applications).

Following guidance in the Baby Your Baby Manual, the BYB representative shall explain use the BYB card and program coverage to eligible applicants. The representative shall encourage the applicant to seek prenatal care, if she has not already entered care, and to apply for Medicaid as soon as possible. If additional resources are needed, the representative is encouraged to refer applicants to the Baby Your Baby Hotline (1-800-826-9662).

The Baby Your Baby representative does not need to have an individual Medicaid provider number as there is no Medicaid reimbursement for completion of program applications, referral to either WIC or to the Department of Workforce Services.

For more information or training, please contact:

Debby Carapezza, RN, MSN  
Nurse Consultant, Reproductive Health Program  
Utah Department of Health  
Phone: 801-538-9946  
Fax: 801-538-9409  
E-Mail: [dcarapezza@utah.gov](mailto:dcarapezza@utah.gov)

## **MEDICAID INFORMATION**

### **Medicaid Contracted Health Plans and the Baby Your Baby / PE Program**

All Medicaid clients along the Wasatch Front (Utah, Salt Lake, Davis, and Weber Counties) are required to enroll with a Medicaid contracted Health Plan (formerly known as a health maintenance organization or HMO) for care. At this time, there is no mandate for Medicaid clients residing in rural areas to enroll with a Medicaid contracted Health Plan. However, in some rural areas there are a few contracted Health Plans that Medicaid clients may select as their primary care provider if desired. When providing perinatal services to clients, it is important, whether you are a site along Wasatch Front or elsewhere in the state, to always check the client's Medicaid card to assure that the provider on the card is one with which you are affiliated. If a Health Plan is listed on the card for which your agency does not hold a contract, unless a referral is obtained from the Health Plan prior to rendering service, payment will be denied. Health Plan clients not affiliated with your agency should be instructed to notify their Medicaid Health Plan for instructions on obtaining services. If the client wishes to change health plans, she must contact the Department of Workforce Services Medicaid caseworker.

The mandate to enroll Medicaid clients in contracted Health Plans does not alter the presumptive eligibility (PE) process (enrolling in Baby Your Baby). Clients are still screened for PE by the various Qualified Provider (QP)/Baby Your Baby (BYB) sites. Those eligible receive Baby Your Baby Cards that will cover expenses incurred for outpatient, pregnancy related, Medicaid covered services via any willing Utah Medicaid provider. During her presumptive eligibility period, the client must still file a formal Medicaid application. At the time the client is approved for Medicaid, if she resides along the Wasatch Front, she must then select a Medicaid contracted Health Plan through which she will receive her care. The client is assisted in this process at one of the offices of the Department of Workforce Services (DWS) by a Health Program Representative (HPR). There is a listing of HPR offices by region included in this manual (see "Medicaid Health Program Representative [HPR] Offices by Region" in the "Medicaid Information" section of this manual). This selection process is not the responsibility of the PE/BYB intake worker or the perinatal care coordinator (PCC). If the client knows from whom she wishes to receive care and at which hospital she prefers to deliver, she should ask her chosen provider which Medicaid contracted Health Plan(s) he / she will accept and be sure to indicate this choice to the HPR.

Those Wasatch Front QPs with Health Plan contracts to provide direct antenatal or enhanced services (Perinatal Care Coordination, Pre/postnatal BYB Home Visits, Group Pre/postnatal Education, Individual Nutritional Assessment and Counseling and Pre/postnatal Psychosocial Counseling) may make the client aware of their various service packages during the presumptive eligibility intake. However, the client should be informed that other Health Plans may also offer these services and she is free to select the Health Plan of her choice. If you are unsure which Medicaid Health Plans your agency is affiliated with, please contact your nursing director or perinatal program supervisor. Should the client accidentally enroll with a Health Plan not affiliated with your agency, she will either have to contact her Medicaid caseworker at the DWS to have her card changed or she will have to seek care from the provider listed on her Medicaid card. Obviously, this situation is frustrating to both client and provider and may delay the client's entry into care. At this time, clients may readily change the care provider on their Medicaid cards. However, for the sake of continuity of care, "doctor shopping" is discouraged.

Questions regarding Medicaid contracted Health Plans and the Perinatal Program should be directed to the Utah Department of Health, Reproductive Health Program Nurse Consultant at 801-538-9946.

**Utah Medicaid Provider Manual, Services for Pregnant Women**  
**Division of Health Care Financing (Medicaid)**  
**Updated July 2003**

This Medicaid Information Bulletin (MIB) contains information on the Enhanced Perinatal Services for pregnant women on Baby Your Baby or Medicaid. These services include: Perinatal Care Coordination, Pre/postnatal Home Visits, Group Pre/postnatal Education, Nutritional Assessment and Counseling, and Pre/postnatal Psychosocial Counseling. It describes the services, defines the providers qualified to provide the services and lists billing codes and units for each of the services. Other perinatal services are listed for physicians, certified family nurse practitioners and certified registered nurse midwives along with their billing codes.

This MIB is the “Bible” for Baby Your Baby sites, local health departments, community health centers and any other agency providing the enhanced perinatal services. It is available online at:

<http://health.utah.gov/medicaid/pdfs/pregnant/Enhanced%207-03.pdf>

**Medicaid Reimbursement Rates by Code and Provider Type**

Below are the reimbursement rates for the prenatal enhanced services. The codes are followed by the reimbursement rates and the provider types eligible for payment under that code. (See “Provider Type, Alpha and Numeric Listing” following this document to decipher the provider types.)

**T1017:** Perinatal Care Coordination, each 15 minutes. Maximum of 4 units per month.

\$8.28 for provider types 27, 29, 37, 39, 41, 42, 45, 47, 48, 52

\$18.40 for provider type 51 (public health department)

**H1004:** At Risk, Enhanced Service: Follow-up Home Visit (Prenatal and Postnatal Home Visits)

\$46.86 for provider types 29, 37, 39, 41, 42, 45, 47, 48, 52, 58

**S9446:** Patient Education, not otherwise classified, non-physician provider, group per session (Group Prenatal/Postnatal Education)

\$8.93 for provider types 37, 39, 42, 45, 47, 52

**S9470:** Nutritional Counseling, Dietitian Visit (Prenatal/Postnatal Individual Nutritional Counseling for Women at High Nutritional Risk)

\$25.00 for provider types 43, 45, 52

**H0046:** Mental Health Services), not otherwise specified (Prenatal/Postnatal Psychosocial Counseling)

\$33.47 for provider types 28, 41, 44, 45, 52

**Medicaid Provider Type  
Alpha & Numeric Listing**

Numerical Listing		Alpha Listing	
Code	Provider Type	Provider Type	Code
01	General Hospital	Adult Day Care	64
02	Mental Hospital	Agency	46
03	Chronic Disease Hospital	Alcohol and Drug Center	50
04	Institution for Mental Disease	Ambulance	81
10	Nursing Home, General	Audiologist	34
12	State Training School	Certified Nurse Midwife (CNM)	37
20	Physician (MD)	Certified Social Worker (CSW)	29
24	Osteopath (DO)	Chiropractor (DC)	69
26	QMB Only Providers	Chronic Disease Hospital	03
27	Social Service Worker (SSW)	Clinical Social Worker (LCSW)	41
28	Psychologist (PHD)	Contract Services Providers	91
29	Certified Social Worker (CSW)	Dentist (DDS, DMD)	40
30	Podiatrist (DPM)	Diabetes Self Management Educator	74
31	Optometrist (OD)	Dialysis Center (ESRD)	53
32	Speech Pathologist	Dietician	43
33	Occupational Therapist (OT)	Early Intervention	89
34	Audiologist	Emergency Response System	65
35	Physical Therapist (PT, RPT)	Federally Qualified Health Center (FQHC)	52
36	Free Standing Birthing Center	Fixed Wing Aircraft	83
37	Certified Nurse Midwife (CNM)	Free Standing Birthing Center	36
38	Nurse Anesthetist (CRNA)	Free Standing Ambulatory Surgical Center	55
39	Registered Nurse (RN)	General Hospital	01
40	Dentist (DDS, DMD)	Group Practice	45
41	Clinical Social Worker (LCSW)	Health Educator, Childbirth Educ.(CBED)	42
42	Hlth.Educator,Childbirth Educ.(CBED)	Helicopter	84
43	Dietician	HMO	90
44	Marriage/Family Therapist (MFT)	Home Health Agency	58
45	Group Practice	Home-Delivered Meals	67
46	Agency	Hospice	59
47	Nurse Practitioner (NP)	ICF/MR Day Treatment	79
48	Licensed Practical Nurse (LPN)	Independent Lab and/or X-Ray	70
49	PT/OT Rehabilitation Center	Institution for Mental Disease	04
50	Alcohol and Drug Center	Lic Residential Treatment Facility	75
51	Public Health Department	Lic Res & Day Treatment Facility	77
52	Federally Qualified Health Center (FQHC)	Lic Child Placement Agency	78
53	Dialysis Center (ESRD)	Lic Day Treatment Facility	76
54	Licensed Home Health Services	Licensed Practical Nurse (LPN)	48
55	Free Standing Ambulatory Surgical Center	Licensed Home Health Services	54
56	Mental Health Center	Marriage/Family Therapist	44
57	Rural Health Clinic	Medical Supplier	62
58	Home Health Agency	Mental Health Center	56
59	Hospice	Mental Hospital	02
60	Pharmacy	Mobile Ultrasound	71
62	Medical Supplier	Non-Medical Transportation	66
63	Optical Supplier	Nurse Anesthetist (CRNA)	38
64	Adult Day Care	Nurse Practitioner (NP)	47
65	Emergency Response System	Nursing Home, General	10
66	Non-Medical Transportation	Occupational Therapist (OT)	33
67	Home-Delivered Meals	Optical Supplier	63
68	Personal Waiver Services Agent	Optometrist (OD)	31
69	Chiropractor (DC)	Oral Surgeon	95
70	Independent Lab and/or X-Ray	Osteopath (DO)	24
71	Mobile Ultrasound	Personal Waiver Services Agent	68

74	Diabetes Self Management Educator	Pharmacy	60
	<b>Numerical Listing</b>	<b>Alpha Listing</b>	
75	Lic Residential Treatment Facility	Physical Therapist (PT, RPT)	35
76	Lic Day Treatment Facility	Physician (MD)	20
77	Lic Res & Day Treatment Facility	Podiatrist (DPM)	30
78	Lic Child Placement Agency	Psychologist (PHD)	28
79	ICF/MR Day Treatment	PT/OT Rehabilitation Center	49
81	Ambulance	Public Health Department	51
82	Servicar/Ambucar (approval required)	QMB Only Providers	26
83	Fixed Wing Aircraft	Registered Nurse (RN)	39
84	Helicopter	Rural Health Clinic	57
85	Taxi (approval required)	School Districts (Also, Fluoride Rinse Program)	88
88	School Districts (Also, Fluoride Rinse Program)	Servicar/Ambucar (approval required)	82
89	Early Intervention	Social Service Worker (SSW)	27
90	HMO	Speech Pathologist	32
91	Contract Services Providers	State Training School	12
95	Oral Surgeon	Taxi (approval required)	85

Revised: 02/13/04-HCF

## **Procedure for Requesting a Certificate of Creditable Coverage from Division of Health Care Financing Medicaid**

What is a Certificate of Creditable Coverage?

The Certificate of Creditable Coverage is intended to establish an individual's prior creditable coverage for purposes of reducing the extent to which a plan or issuer offering health coverage in the group market can apply a pre-existing condition exclusion. The certificate of creditable coverage is a written document that reflects certain details about an individual's creditable health coverage. Staff must be sure that a person really needs a certificate of coverage before they refer them to request one.

Certificates of Coverage provide proof of continuous or previous medical coverage by a viable health plan. A Certificate of Coverage will reduce or eliminate the waiting period for pre-existing illness depending on the client's health insurance plan. It is not a factor of eligibility nor is it necessary to have a Certificate of Coverage in applying for health insurance. A Certificate of Coverage does not show closure, therefore, if the client is trying to prove that they no longer have insurance (Medicaid, CHIP, PCN) to apply for private health insurance without having to wait until the open enrollment time, then the Notice of Decision showing closure is all that is necessary. The Notice of Decision showing case closure is obtained from the Eligibility Worker. More and more insurance companies and human resource (HR) departments want a "completed" application package which would include a Certificate of Coverage. A Certificate of Coverage will be automatically generated approximately 60 days after closure. The client should go ahead and apply for the insurance and then provide the Certificate of Coverage when they receive it. Obtaining a Certificate of Coverage is not an emergency situation.

Usually a Certificate of Coverage would be requested if there is a pre-existing condition, the client or a covered family member is having surgery prior to receiving one, the client is applying for health insurance in addition to

Medicaid, the client moved, or lost the original one. The client should not be automatically referred to obtain a Certificate of Coverage at the time of closure.

A Certificate of Coverage will only go back 18 months to show the coverage. A provider cannot bill from a Certificate of Coverage, so if a client has a bill from a provider and needs to show that they had Medicaid, CHIP or PCN during the month(s) of service, then the client needs a duplicate copy of their card for the month(s) of the bill in question. Duplicate cards can be obtained from the Eligibility Worker or the office where the client's Medicaid, CHIP or PCN case is.

A Certificate of Coverage can only be requested by the Primary Informant or their representative. A Certificate of Coverage cannot be faxed to HR departments or to insurance companies without a written release from the Primary Informant or their representative.

#### Obtaining a Certificate of Credible Coverage

If a client does need a certificate of coverage, they can call the Medicaid information line at 800-662-9651. Clients should choose menu option #2 ("If you are receiving Medicaid benefits...") and then choose option #4 ("If you need to request a Certificate of Creditable Coverage"). This is a dedicated Certificate of Coverage information line. For the Salt Lake area, call directly to 538-6714. The voice message for this line briefly explains Certificates of Coverage and requests pertinent information the client can leave on voice mail. The Certificate of Coverage will be created manually (from MMCS) and mailed within approximately five working days. If the request is urgent (can't wait the five working days) or there are problems or questions contact Butch Luers at 801-538-9323.

Updated: 01/08-BL

### **Medicaid Contact Information**

#### **BYB QUESTIONS REGARDING WRONG SSNs, NAMES, ELIGIBILITY DATES, etc.:**

Jacque Illguth – 801-538-6520

#### **CLIENT QUESTIONS REGARDING MEDICAID PAYMENT / BILLING:**

Constituent services – Randa Pickle – 801-538-6417

*Note:* For problems with clients' actual Medicaid applications, call the Department of Workforce Services' Office of Constituent Affairs, Darren Rogers at 1-800-331-4341.

#### **PROVIDER PAYMENT ISSUES / QUESTIONS (Including questions from private providers, local health departments and community health centers):**

Medicaid Operations (Information Line) – 1-800-662-9651 or 801-538-6155

## HEALTH PLAN (HMO) QUESTIONS:

Health Program Representatives (HPR) –

Wasatch Front representatives - see list in the following document

Rural areas - check with the local health departments

## MEDICAID ELIGIBILITY QUESTIONS:

Jacky Stokes – 801-538-6418

*Note:* Jacky Stokes works in the area of Medicaid eligibility policy. As of July 2007, all Medicaid eligibility is determined by the Department of Workforce Services (DWS). For questions regarding a specific client's eligibility or denial for Medicaid which cannot be resolved via the DWS caseworker or supervisor at the office where the client made her Medicaid application, contact the DWS' Office of Constituent Affairs, Darren Rogers at 1-800-331-4341.

## BABY YOUR BABY POLICY OR PROCEDURAL QUESTIONS:

Debby Carapezza – 801-538-9946 or e-mail [dcarapezza@utah.gov](mailto:dcarapezza@utah.gov)

If Debby is unavailable and you need to have a final resolution status changed on Utah Clicks online application system, call the Baby Your Baby Hotline at 1-800-826-9662 and ask for Marie Nagata, Hotline Supervisor.

Updated: 02/09DAC

## Medicaid Health Program Representative Offices by Region

Following is a listing of health program representatives (HPRs) by region for Davis, Salt Lake, Utah and Weber Counties along the Wasatch Front. For HPRs in all other counties, please contact the local health department.

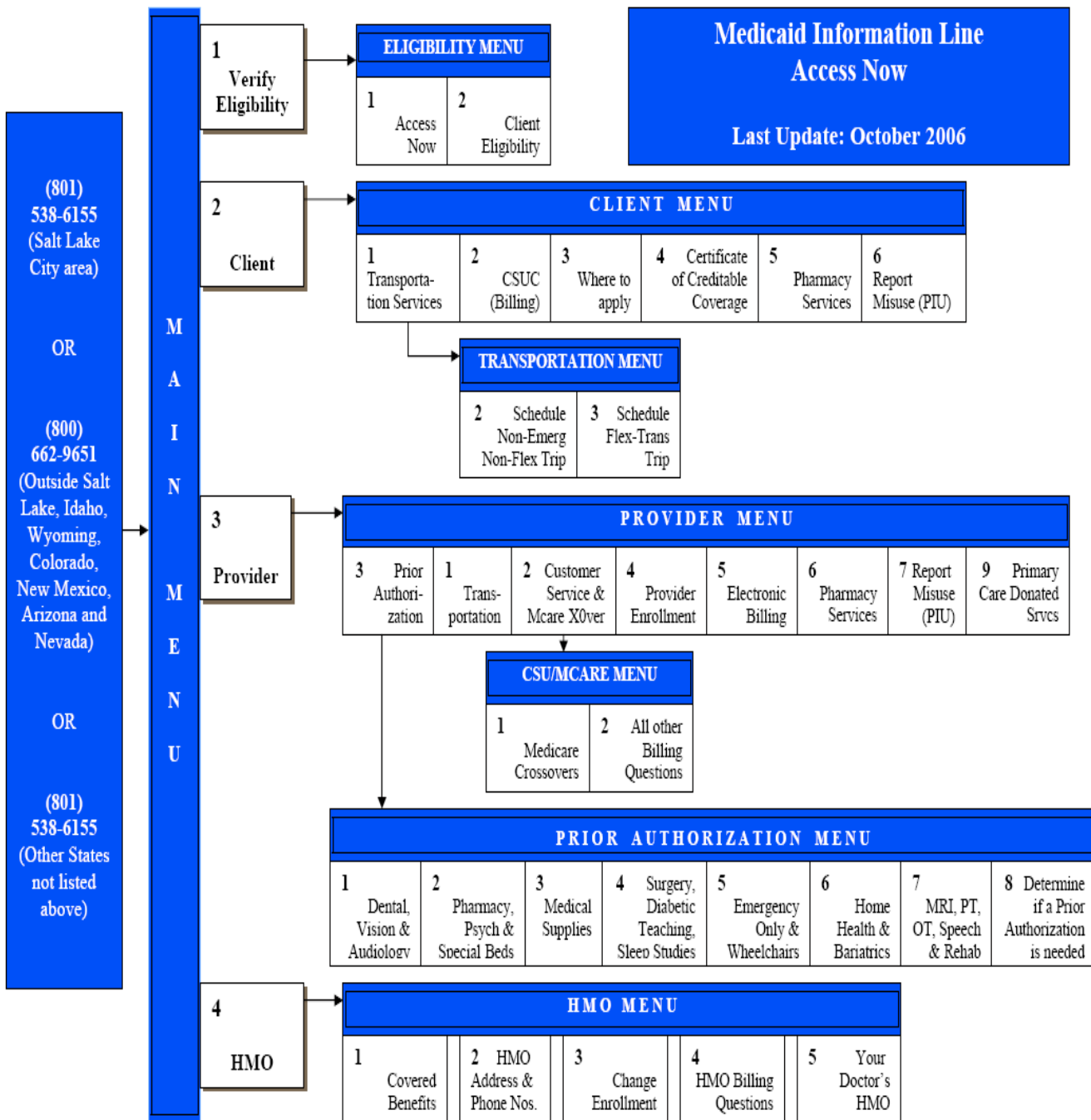
As of 12/08

REGION	OFFICE MAIN PHONE NUMBER	ADDRESS	ZIP CODES SERVED	HPR PHONE NUMBER  FAX NUMBER
Central	Downtown (Expo) WCD  801-524-9000	158 South 200 West SLC, UT 84101	84101 84104 84116	<b>Nicole &amp; Helen</b>  Phone: 801-524- 9071  Fax: 801-524- 9078

	Metro <b>WCR</b>  801-536-7000	720 South 200 East SLC, UT 84111	84102 84111 84103 84112 84105 84113 84106 84114 84108 84115 84109	<b>Connie &amp; Cindy</b>  Phone: 801-536-7112  Fax: 801-536-7140
	Midvale <b>WCM</b>  801-567-3800	7292 South State St. SLC, UT 84047	84006 84094 84020 84096 84047 84107 84070 84117 84088 84121 84092 84124 84093	<b>Jill &amp; Willow</b>  Phone: 801-567-3835  Fax: 801-567-3894
	West Valley <b>WCW</b>  801-840-4400	2750 So. 5600 W. West Valley, UT 84120	84044 84120 84128	<b>Teri &amp; Heather</b> Phone: 801-840-4456 Fax: 801-840-4496  Teri's cell 376-5397
	South County <b>WCS</b>  801-269-4700	5735 So. Redwood Rd. Taylorsville, UT 84123	84065 84084 84095 84118 84119 84123 84081	<b>Tami, Aida &amp; Chuck</b>  Phone: 801-269-4890  Fax: 801-269-4888
<b>Northern</b>	Ogden <b>WND</b>  801-626-0300	480 27 <sup>th</sup> Street Ogden, UT 84401	84018 84050 84310 84317 84401 84402 84403 84404 84406 84407 84408 84409 84412 84414	<b>Kathy, Shelba &amp; Lana</b>  Phone: 801-626-0424  Fax: 801-394-7375
	Roy <b>WNR</b>  801-776-7200	1951 W. 5400 S. Roy, UT 84067	84401 - West Haven 84015 - Clinton & Sunset only 84405 84067 84315	<b>Cathy</b>  Phone: 801-776-7232  Fax: 801-776-7264

	<p>Clearfield <b>WNC</b></p> <p>801-776-7300</p>	<p>1350 East 1450 South Clearfield, UT 84015</p>	<p>84011 84015 84016 84037 84040 84041 84075</p>	<p><b>Vicky &amp; Sandy</b></p> <p>Phone: 801-776-7377</p> <p>Fax: 801-776-7379</p>
	<p>Woods Cross <b>WNX</b></p> <p>801-298-6600</p>	<p>763 W 700 S Woods Cross, UT 84087</p>	<p>84010 84014 84025 84054 84087</p>	<p><b>Jennifer &amp; Melanie</b></p> <p>Phone: 801-298-6612</p> <p>Fax: 801-298-6652</p>
<b>Mountain-lands</b>	<p>Provo <b>WMP</b></p> <p>801-342-2600</p>	<p>1550 N 200 W Provo, UT 84604</p>	<p>84603 84058 84604 84059 84605 84097 84606 84601 84057 84602</p>	<p><b>Russell &amp; Liliana - Provo</b></p> <p>Phone: 801-342-2622</p> <p>Fax: 801-342-2671</p>
	<p>*American Fork <b>WMA</b></p> <p>801-492-4500</p>	<p>751 E Quality Dr American Fork, UT 84003</p>	<p>84003 84004 84013 84042 84043 84062</p>	<p><b>Liliana - AF</b></p> <p>Phone: 801-342-2629</p> <p>Fax: 801-492-4582</p>
	<p>*Spanish Fork <b>WMO</b></p> <p>801-794-6600</p>	<p>1185 N Chappel Dr Spanish Fork, UT 84660</p>	<p>84626 84633 84651 84653 84655 84660 84663 84664</p>	<p><b>Russell - SF</b></p> <p>Phone: 801-342-2622</p> <p>Fax: 801-794-6650</p>

## Medicaid Information Line Phone Tree – Access Now



## **DEPARTMENT OF WORKFORCE SERVICES REFERRAL LIST BY ZIP CODE**

As of July 2007, the Department of Workforce Services (DWS) is responsible for determining all Medicaid eligibility. All Bureau of Eligibility Medicaid Outreach Workers are now assigned to DWS. Therefore, women applying for Baby Your Baby must now make application for Medicaid through DWS. Please refer all Baby Your Baby clients, whether approved or denied Baby Your Baby, to a DWS office closest to them. DWS Office addresses and phone numbers can be found at: [jobs.utah.gov](http://jobs.utah.gov). On the page to which you are directed, select "Find an Employment Center" and then either enter the client's zip code or select a site from the map on that page.

Updated: 04-14-08-DAC

## **WOMEN, INFANTS AND CHILDREN PROGRAM (WIC) CLINIC LOCATOR WIC QUICK LIST**

It is required of all Baby Your Baby sites to refer all pregnant women screened for Baby Your Baby (BYB) to the WIC Program if they are not already enrolled in WIC. However, enrollment in WIC is not a requirement for enrollment in Baby. WIC income guidelines are less stringent than Baby Your Baby's. Therefore, even women ineligible for Baby Your Baby due to income that exceeds the allowable BYB limits should be referred to WIC.

To refer a woman to WIC simply provide her with a brief overview of the program and give her with the address and phone number of the WIC clinic in her area based on her zip code. For a listing of WIC Clinics by zip code, click on the following link:

[http://health.utah.gov/wic/pdf/General/clinic\\_locations\\_2006.pdf](http://health.utah.gov/wic/pdf/General/clinic_locations_2006.pdf)

If you are unable to access the website and do not know where to send the client to enroll in WIC, call the State WIC Office toll free at: 1-877-942-5437 (WIC KIDS).

Updated: 01-08DAC

## **OTHER HELPFUL BABY YOUR BABY FORMS**

### **Introduction**

The following forms are not required for the Baby Your Baby Program but may be helpful. The first is "Important Facts about Baby Your Baby and Medicaid". It can be utilized as a handout to provide Baby Your Baby applicants a quick summary of the program, instructions about what expenses the program covers and information about what they need to do after enrolling in Baby Your Baby. This form is also available in Spanish. Each agency may insert its own contact information at the bottom of this form.

The second form, "Welcome to Baby Your Baby!" provides information to Baby Your Baby clients residing along the Wasatch Front on how to select a Health Program (HMO) once they are approved for Medicaid. The form mentions two booklets with the names of doctors and agencies affiliated with two of the Health Plans. These booklets are provider lists for the Health Plans. These provider lists change frequently and are not,

therefore, included in this manual. For the most current provider booklets, contact Marie Nagata, Baby Your Baby Hotline Coordinator, at 1-800-826-9662.

### **Important Facts about Baby Your Baby and Medicaid - English**

1. Medicaid can take up to 30 days to be approved. Baby Your Baby is a way for you to get prenatal care right away.
2. The Baby Your Baby card (a sheet of pale, pink paper) is temporary. You can use your Baby Your Baby card until the “Thru” date listed on your card or until there is a decision on your Medicaid application.  
**SIGN YOUR BABY YOUR BABY (PINK CARD) AS SOON AS YOU RECEIVE IT!**

If you get on Medicaid you can use your Medicaid card for Baby Your Baby services.

3. **Baby Your Baby will cover the following prenatal care:**
  - Prenatal visits with your doctor, prenatal lab tests, ultrasound tests, etc.
  - Prenatal vitamins
  - Dental care only for infected/abscessed teeth
  - Emergency room visits (only for your pregnancy)
4. **Baby Your Baby does not cover:**
  - General health care (cold, broken arm, etc.)
  - General dental care, eye care
  - Inpatient hospital costs
  - Delivery of your baby
  - Transportation: taxi, bus, ambulance
5. You **MUST** take your Baby Your Baby Card (Pink Card) with you for prenatal care appointments. Also take your Baby Your Baby with you when you talk with your Department of Workforce Services Worker.
6. **You need to apply for Medicaid as soon as possible!** The address to apply for Medicaid is on the back of your Baby Your Baby application. It is important that you apply for Medicaid because it covers:
  - Prenatal visits with your doctor
  - General health and preventive care
  - Delivery of your baby (doctor and hospital costs)
  - Your health care for 60 days after your baby is born
  - Health care for your baby until he/she is 1 year old
7. If the “thru” date on your Baby Your Baby Card (Pink Card) is getting close and you have not heard if you are going to get Medicaid, please call the Department of Workforces Services Office where you made your Medicaid Application before your card expires. Sometimes they can extend your Baby Your Baby Card for a short time.
8. When you are approved or denied for Medicaid or your Baby Your Baby Card (Pink Card) has expired, please mail it to the Baby Your Baby Office listed on the front of the card.
9. You may be able to get on the WIC (Women Infants and Children) program which provides health screenings, nutrition counseling and vouchers to buy food items for young children and pregnant women. For more information call toll free: 1-877-WIC-KIDS (942-5437).

Your nearest WIC Office is:

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Address

Phone Number

➔ If you have questions about your Baby Your Baby application, call: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

➔ If you have questions about applying for Medicaid call: 1-800-310-6949 (538-7088 in the Salt Lake City area)

Revision Date 09-97-07

### **Baby Your Baby Y Medicaid - Spanish**

1. La finalidad del programa Baby Your Baby es darle la posibilidad de empezar su cuidado prenatal lo más pronto posible. Medicaid es un poco complicado y puede tomar hasta 30 días para determinar si usted califica.
2. Usted puede usar su tarjeta de Baby Your Baby (la tarjeta rosada) desde el mismo día que aplica hasta el día de expiración que está indicado en la tarjeta, o hasta cuando se le apruebe o se le niege el Medicaid; cualquiera de estos que suceda primero. Usted no puede usar su tarjeta Baby Your Baby una vez que haya obtenido o se le haya negado el Medicaid. **FIRME SU TARJETA BABY YOUR BABY (LA TARJETA ROSADA) TAN PRONTO CUANDO LA RECIBA.**
3. Baby Your Baby cubre los siguientes cuidados prenatales:
  - Visitas prenatales a su doctor
  - Pruebas prenatales de laboratorio
  - Vitaminas prenatales
  - Ultrasonidos
  - Visitas al cuarto de emergencia (relacionadas únicamente con su embarazo)
4. Baby Your Baby **NO** cubre lo siguiente:
  - Cuidado de salud general (resfriados, brazos fracturados, etc.)
  - Cuidado dental o de los ojos
  - Costos de estadía en el hospital
  - Parto del bebé
  - Costos de transporte: taxi, bus, ambulancia.
5. Usted **DEBE** traer la tarjeta Baby Your Baby (la tarjeta rosada) con usted al momento de recibir los servicios. Siempre lleve su tarjeta a sus citas con el trabajador(a) de su caso en el Departamento de Trabajo y Servicios.
6. Usted necesita aplicar por Medicaid lo más pronto posible. La dirección está en la parte de atrás de su aplicación de Baby Your Baby. Es importante aplicar por Medicaid, porque éste cubre:
  - Visitas prenatales con su doctor.
  - Cuidado de salud general (incluyendo cuidado dental y de los ojos)
  - Parto de su bebé (doctor y costos del hospital)
  - Su cuidado hasta 60 días después de que su bebé a nacido
  - Cuidado para su bebé hasta que él/ella tenga 1 año de edad.



## Welcome to Baby Your Baby! - English

When you get on Baby Your Baby (BYB) you will get a pale pink Baby Your Baby Card to show to your doctor or certified nurse midwife each time you go in for prenatal care (care during your pregnancy). The doctor or nurse midwife has to be a Medicaid provider. Your Baby Your Baby Card will help you to start your prenatal care right away. **Please fill out your Medicaid application and get an appointment with a Department of Workforce Services worker as soon as possible. Your Baby Your Baby Card lasts only until the last day of next month!** After that we hope your application is approved for Medicaid.

If you get on Medicaid and you live in Davis, Salt Lake, Utah, or Weber County you must choose a Health Plan contracted with Medicaid. You must also choose a doctor or nurse midwife who works with that Health Plan. Your health program representative (HPR) can tell you which Health Plans you can choose from and which doctors and nurse midwives work with each of them. It is best to choose a doctor or nurse midwife from one of the Medicaid contracted Health Plans now so you won't have to change later if you get on Medicaid.

If you already have a doctor or midwife, check to see if he or she is with one of the Health Plans. Be sure that when you get on Medicaid you pick the Health Plan your doctor or midwife works with so you won't have to change in the middle of your pregnancy! If you don't live in Davis, Salt Lake, Utah, or Weber County you don't have to choose a Health Plan.

If you do not already have a doctor or nurse midwife and you live in Davis, Salt Lake, Utah or Weber County, please look over the 2 booklets in this envelope. One booklet is for Healthy U and the other booklet is for Molina/American Family Care (AFC). These booklets will help you find a doctor or midwife and help you choose the Health Plan that is the best for you. Each booklet lists obstetric doctors, midwives, and pediatric doctors (doctors who take care of children). You may also be able to choose the IHC Medicaid Health Plan - Select Access and find doctors or midwives in the Select Access network. A booklet for Select Access is not included. Please contact your health program representative (HPR) to find out if you can choose an IHC provider/hospital in the Select Access Program. To find the name of your HPR, call 1-800-662-9651 or 538-6155.

### Some Things to Think About

#### **If you already have a doctor or midwife ask him/her:**

- ⇒ Which Health Plan(s) do you work with?
- ⇒ Which hospitals do you use for delivering babies?

#### **If you DO NOT already have a doctor or midwife ask yourself:**

- ⇒ Which Health Plan has the type of providers you want to go to for your prenatal care?
  - Obstetricians - doctors who specialize in caring for pregnant women
  - Family Practice Physicians - doctors who take care of all family members: pregnant women, children, adults (men and women) and the elderly
  - Certified Nurse Midwives - registered nurses with special training who are accepted by the State to take care of pregnant women and deliver their babies
- ⇒ Will the Health Plan you have chosen let you deliver your baby at a hospital you can easily get to & want to use?
- ⇒ Do the doctors and nurse midwives have offices you can easily get to?
- ⇒ Which Health Plan has the prenatal program you like the best?

⇒ When your baby is on Medicaid, which Health Plan has the baby care program, pediatric doctors and nurse practitioners that best meet your needs? However, your baby does not have to be on the same Health Plan as you are.

**Once you get on Medicaid remember to tell your HPR which Health Plan you want. The Health Program or the HPR can tell you more about special prenatal care programs.**

If you have any questions about Baby Your Baby, please call us at 1-800-826-9662.

Good luck with your pregnancy!

9-14-07

### **¡Bienvenida al Programa Mime a Su Bebé! (Baby Your Baby)**

Cuando usted entra al programa Mime a su Bebé (BYB, siglas en ingles) a usted se le otorgará una “Tarjeta Rosada” para ser mostrada a su doctor o la enfermera partera certificada cada vez que usted se presente a su cuidado prenatal (cuidado durante su embarazo). El doctor o la enfermera partera tienen que ser un proveedor de Medicaid. Su Tarjeta Rosada (Su Tarjeta del programa Mime a su Bebé) le ayudará que usted empiece su cuidado prenatal de inmediato. **Por favor complete su aplicación de Medicaid y consiga una cita lo más pronto posible con su trabajador social de elegibilidad de Medicaid. ¡Su Tarjeta Rosada sólo durará hasta el último día de próximo mes!** Después de este tiempo nosotros esperamos que su aplicación sea aceptada por el Medicaid.

Si usted entra al Medicaid y usted vive en los condados Davis, Salt Lake, Utah, o en el Condado de Weber usted debe escoger un Plan de Salud contratado por el Medicaid. Usted también debe escoger a doctor o enfermera partera trabajen con ese Plan de Salud que usted escoja. Su representante de programa de salud (HPR, siglas en ingles) en su oficina de Medicaid puede decirle qué Planes de Salud puede usted escoger de y cuales doctores y enfermeras parteras trabajan con cada uno de esos planes. Es mejor escoger a doctor o enfermera de la enfermera de uno de los planes de salud contratados por el Medicaid ahora, así usted no tendrá que cambiar después si usted obtiene el Medicaid.

Si usted ya tiene doctor o partera, verifique si él o ella están afiliados a uno de los Planes de Salud. ¡Esté seguro que cuando usted obtenga el Medicaid que su doctor o partera trabajen con el plan de salud que usted escogió, así usted no tendrá que cambiar de doctor en el medio de su embarazo! Si usted no vive en el condado Davis, Salt Lake, Utah, o en el Condado de Weber, usted no tiene que escoger un Plan de Salud.

Si usted no tiene un doctor o una enfermera partera y usted vive en el condado Davis, Salt Lake, Utah o en el Condado de Weber, por favor examine los 2 folletos en este sobre. Un folleto es sobre el plan de salud Healthy U y el otro folleto sobre el plan de salud llamado Molina/American Family Care (AFC). Estos folletos le ayudarán a encontrar a doctor o partera y le ayudarán a escoger el Plan de Salud que es el mejor para usted. En cada folleto se enumeran a los doctores obstétricos, parteras, y los doctores pediatras (doctores que cuidan de niños). Usted también puede escoger el plan de salud de Medicaid IHC – llamado Select Access en ingles – y encontrar doctores o parteras en la red del plan Select Access. El folleto para el plan Select Access no está incluido. Por favor contacte a su Representante de Programa de Salud (HPR, siglas en ingles) para averiguar si usted puede escoger un proveedor/hospital de IHC en el Programa Select Access. Para encontrar el nombre de su HPR, llame al los números telefónicos 1-800-662-9651 o 538-6155.

## Algunas Cosas en las que debe Pensar - Spanish

### Si usted ya tiene un doctor o partera pregunta a el/ella:

- ¿Con cual(es) Plan(es) de Plan trabaja usted?
- ¿Cuáles hospitales usa usted para los partos de los bebés?

### Si usted aun no tiene a un doctor o partera pregúntese a usted mismo:

- ¿Qué Plan de Salud tiene el tipo de proveedores que los que usted quiere ir a para su cuidado prenatal?
  - Obstetras - doctores que se especializan en el cuidado de las mujeres embarazadas
  - Médicos de Práctica familiares - doctores que cuidan de todos los miembros familiares: las mujeres embarazadas, niños, los adultos (hombres y mujeres) y los ancianos
  - Enfermera Partera certificada - las enfermeras registradas con entrenamiento especial que son aceptadas por el Estado para cuidar de las mujeres embarazadas y ayudarlas a dar a luz a sus bebés
- ¿El Plan de Salud que usted ha escogido le permitirá dar a luz a su bebé en un hospital donde usted pueda ir fácilmente & que quiera usar?
- ¿Tienen los doctores y parteras de la enfermera oficinas a las que usted puede llegar fácilmente?
- ¿Qué Plan de Salud tiene el programa prenatal que a usted le gusta más?
- ¿Cuándo su bebé este en el Medicaid, cual Plan de Salud tiene el programa de cuidado de bebé, los doctores pediatras y las enfermeras practicantes que puedan cubrir mejor sus necesidades? Sin embargo, recuerde que su bebé no tiene que estar necesariamente en el mismo Plan de Salud que usted se encuentre.

**Una vez que usted obtenga su Medicaid recuerde decirle a su Representante de Programa de Salud del Medicaid (HPR, siglas en ingles) cual es el Plan de Salud que usted quiere. El Programa de Salud o el Representante de Programa de Salud del Medicaid (HPR, siglas en ingles) pueden darle mas información sobre los programas del cuidado prenatales especiales.**

Si usted tiene cualquier pregunta sobre el programa Míme a su Bebé (Baby your Baby), por favor llámenos a siguiente numero telefónico 1-800-826-9662.

¡Buena Suerte con su embarazo!

6-12-06

## REPRODUCTIVE HEALTH PROGRAM PATIENT EDUCATION PAMPHLETS AND OTHER PATIENT INFORMATION

The following materials are available from the Reproductive Health Program (RHP) of the Utah Department of Health. They will be provided in reasonable amounts at no cost as long as there is sufficient printing budget. Some are also on the Reproductive Health Program's website as PDFs and can be downloaded. The website is: [www.health.utah.gov/rhp](http://www.health.utah.gov/rhp) Many other materials not listed here are also available on the RHP website. A few pamphlets from other programs are also listed. These will be provided if sufficient supplies are available.

Name	Available on Website	English	Spanish
<b>Reproductive Health Program Pamphlets</b>			
Gift to Your Baby (Quit Smoking)	x	x	x
Home Free From Smoke	x	x	x
Before You Get Pregnant	x	x	x
Family Planning Resources in Utah	x	x	x
You, Your Baby and HIV		x	x
Utah Community Resources for You and Your Family During and After Pregnancy	x	x	x
Natural Family Planning-It's Not Your Mother's Rhythm Method	x	x	x
Reproductive Life Plan for Teens	x	x	x
The Breast Feeding and Working Handbook	x	x	
I just had a baby; How long will it be before I can get pregnant?	x	x	x
I breastfeed my baby; Does that act as birth control?	x	x	x
I'm Worth It (Warning Signs in Pregnancy Bookmark)		x	x
Recipe for a Healthy Pregnancy (Bookmark)		x	x
Before You Get Pregnant Ask... (Bookmark)		x	x
Reproductive Health Program Website Bookmark		x	
Utah Clicks Bookmarks		x	x
<b>March of Dimes Materials</b>			
Know the Signs of Preterm Labor		x	x
Are You Ready for a Baby?		x	x
Get the B Attitude with Folic Acid		x	
<b>Materials from Other Sources</b>			
CycleBeads-Plan or Prevent Pregnancy Naturally		x	x
Mercury and Fish			x
Healthier Babies with Folic Acid		x	
Thinking about Becoming Pregnant		x	x
Your Baby Depends on You (Dental Health in Pregnancy)		x	
All Drinks with Alcohol Can Hurt an Unborn Baby		x	

To order materials, contact:

Patrice Morley, Secretary  
Reproductive Health Program  
Utah Department of Health/CFHS-RHP  
P.O. Box 142001  
Salt Lake City, UT 84114-2001  
Phone: 801-538-6505  
Fax: 801-538-9409