2013

BABY YOUR BABY *Training Manual*

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

BABY YOUR BABY

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

Table of Contents

PART 1 CONTACT INFORMATION 2

PART 2 POLICIES AND PROCEDURES

Section 1: What Is Baby Your Baby? 3

Section 2: Confidentiality 3

Section 3: Fraud, Waste and Abuse 4

Section 4: Eligibility Process 4

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

Section 6: Next Steps 11

Section 7: Check List 15

PART 3 UTAH CLICKS

Section 1: What is Utah Clicks? 16

Section 2: Access to Utah Clicks 16

Section 3: How to Manage a Utah Clicks Application 18

Section 4: How to Approve a Utah Clicks Application 21

Section 5: How to Deny a Utah Clicks Application 23

Section 6: Archived Applications 24

Section 7: Reports 25

Section 8: Confidentiality 25

Section 9: Utah Clicks Application Pathway 26

PART 4 APPENDICES

Appendix A: BYB Application 27

Appendix B: BYB (Pink) Card 29

Appendix C: Income Chart 30

BABY YOUR BABY TRAINING MANUAL

PART 1 CONTACT INFORMATION

- For BYB eligibility, policy or procedural questions; or to order more BYB applications, and/or pink cards contact:

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

  OR

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

- For procedural questions, contact:

  Marie Nagata (back-up)
  BYB Hotline Manager
  Utah Department of Health
  PO Box 143107
  Salt Lake City, UT 84114-3107
  Email: mnagata@utah.gov
  Phone: (801) 538-6519
  Fax: (801) 538-9448

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

- If a Utah Clicks application has been erroneously approved, contact Cindy Page at (801) 518-1802/cindypage@utah.gov or Shelly Wykoff at (801) 538-9204/ swykoff@utah.gov

PART 2 POLICIES AND PROCEDURES

Section 1: WHAT IS BABY YOUR BABY?

- Baby Your Baby (BYB) is a Medicaid program for pregnant women. It allows low income pregnant women to receive temporary medical assistance while the Department of Workforce Service (DWS – the eligibility agency) determines eligibility for ongoing Medicaid. Self-declared information (other than pregnancy) is used to determine eligibility. This preliminary information is recorded on a two-page application (see attachment A).
- The BYB program is run by the Utah Department of Health (UDOH). Two areas within UDOH help to manage and facilitate the program. The Bureau of Eligibility Policy (BEP) oversees BYB policy, procedures, and acts as a resource to providers for training, education, and eligibility related questions or issues. The Bureau of Health Promotion (BHP) manages the BYB Hotline (1.800.826.9662) and determines eligibility on BYB applications that are received through the hotline. They also provide outreach to the public regarding the importance of early, continuous and quality prenatal care.
- UDOH contracts with Qualified Providers (QPs) throughout the state to provide onsite assistance with BYB applicants. QPs are issued a Memorandum of Agreement (MOA) between their facility and UDOH. QP staff who are trained in the BYB process determine eligibility and issue a temporary Medicaid or BYB card, also known as a pink card, (see attachment B) to qualified applicants. Information on the BYB eligibility process is described in Section 3.
- BYB covers Medicaid eligible, pregnancy-related outpatient services provided by any Utah Medicaid provider. This includes prenatal visits, prenatal lab tests, ultrasounds, prenatal vitamins. It does not cover general health care, dental care, eye care, transportation costs or delivery of the baby. For questions regarding covered services, call Medicaid at 1.800.662.9651.

Section 2: CONFIDENTIALITY

- All confidential information must be safeguarded from unauthorized disclosure and use. Staff who fails to safeguard confidential information may be subject to both civil and criminal penalties.
- Confidential information includes identifying information about applicants and recipients, such as names, addresses, telephone numbers, social security numbers, etc. Second, it includes information used to determine eligibility, such as income, assets, medical reports and data, names of persons obligated to provide financial and medical support, etc. Third, it includes information about benefits and medical services provided to individual recipients.

- Information that cannot be identified to particular applicants and recipients is not confidential information. For example, information stating the total number of BYB recipients is not confidential information because no one person can be identified by the general information.

Section 3: FRAUD, WASTE AND ABUSE

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

Section 4: ELIGIBILITY PROCESS

- Applicants can apply for BYB through any QP site, the BYB hotline, or online at Utah Clicks (www.utahclicks.org). See Part 3 for information on Utah Clicks.
- The eligibility start date begins on the date the application is completed and the client is determined eligible.
- ***NOTE:*** *EXCEPT FOR PREGNANCY, CLIENT STATEMENT (self-declaration) IS USED FOR ALL FACTORS OF ELIGIBILITY.*
- To qualify for BYB, a pregnant women must meet the following requirements based on the preliminary information:
  - Be a U.S. citizen or qualified alien.
    - If applicant declares she is a qualified alien, she must have resided in the U.S. for more than five years. Ask for her arrival date to determine if this requirement is met.
    - U.S. Citizen includes naturally born citizens and nationalized citizens. U.S. citizenship is automatic for individuals born in any of the 50 states, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, the Northern

Mariana Islands, American Samoa, and Swain's Island. Citizenship is verified by proof of the place of birth. EXCEPTION: Children born in the U.S. to foreign sovereigns or diplomatic officers are not U.S. citizens because they are not subject to the jurisdiction of the United States.
    - Be a Utah resident.
    - Have a gross household income at or below 133% of the federal poverty (see Appendix C for income chart).
    - Be pregnant.
    - Provide third party liability (TPL) information. TPL must be addressed and recorded on the BYB eligibility card. This is to ensure that providers bill other health insurances first. If the client has other health insurance, the insurance information must be collected. Without the insurance information, the client will be denied for BYB.
    - ***NOTE:*** *There is no asset test.*
- The following applicants meet the above requirements but are not qualified for BYB:
    - Clients that are already on Utah Medicaid, CHIP or PCN.
    - Clients who have already received BYB for the current pregnancy. A woman may have only one period of presumptive eligibility (PE) during her pregnancy.
    - Clients who were denied for Utah Medicaid in the last 30 days for reason(s) other than assets and not following through with her Medicaid application. If she reports her situation has not changed, she will not be eligible for BYB.

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

- See Appendix A for a sample copy of the application.
- UDOH will supply QP's with BYB paper applications.
- Applications are available in both English and Spanish.

- General Instructions:
    - Always use the most current application available.
    - Complete all information on the application, including the QP specific information at the bottom of the first page.
    - Ensure the applicant signs the application.

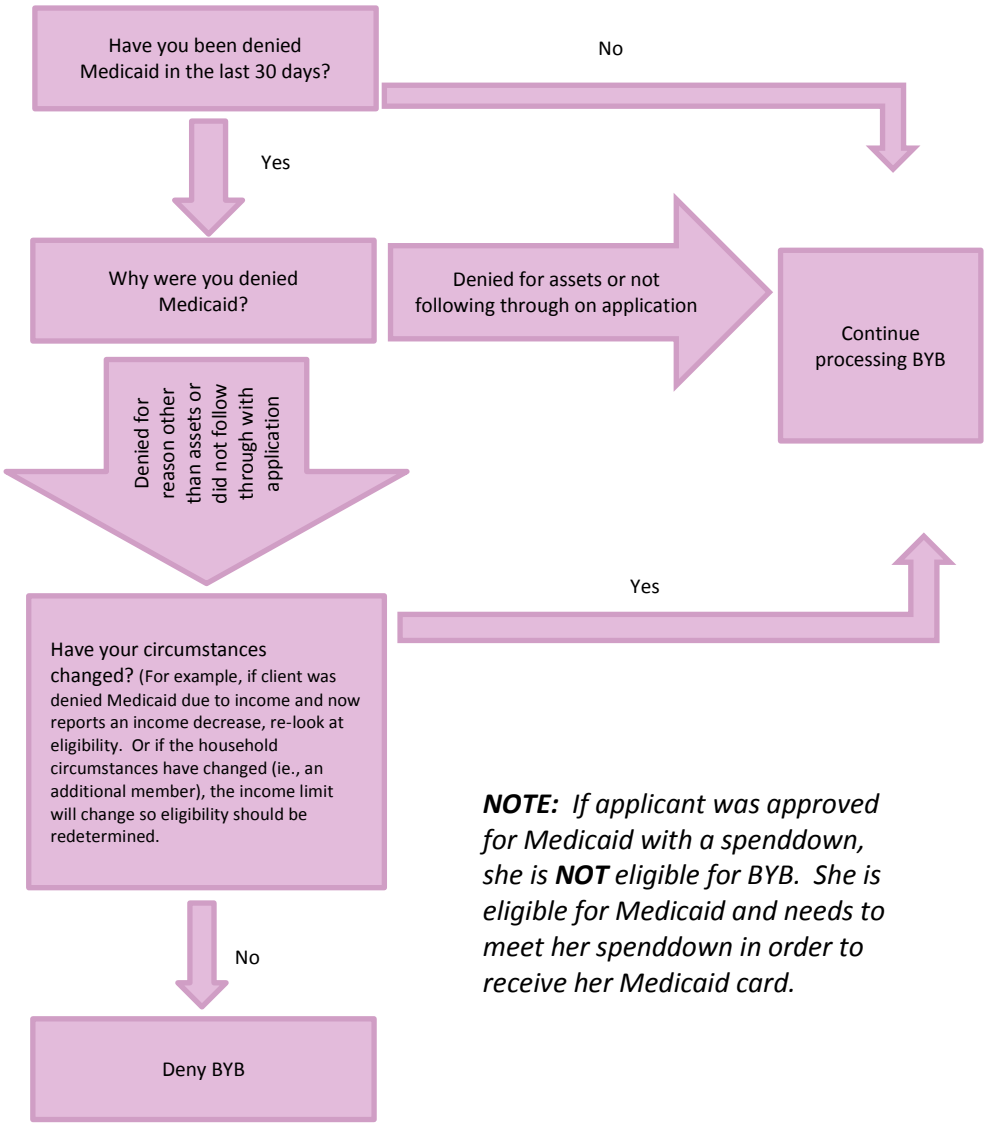
- Clarifying information for sections on the application:
    1. Applicant's name: This is the full, legal name of applicant. A hyphenated last name is acceptable.
    2. SSN: Enter the applicant's Social Security Number when known. If she does not have a Social Security Number, leave this section blank.
    3. If applicant claims to be a qualified alien who has been in the U.S. for at least five years but does not have a Social Security Number, a BYB number may be issued to

the applicant. Each clinic is assigned a specific number series. When a number is issued to applicant, the following must be recorded:

- Name of applicant
- BYB assigned number
- Date of birth
    - *This information must be recorded and kept for three years.*
    - *If you do not already have a number series for your location, call Laura Belgique at UDOH to obtain*.

4. #1b ("Are you a qualified alien, that is, have you been lawfully admitted for permanent residence by the U.S. Citizenship and Immigration Service, meaning – do you have a green card?):
    - If an applicant indicates she is a qualified alien and has been in the U.S. for more than five years, she is considered a qualified alien. Accept her statement.
5. #4a – 4c (Have you been denied Medicaid within the last 30 days?):
    - Use the flowchart on the following page for questions #4a-4c
    - Note: If applicant was approved for Medicaid with a spenddown, she is NOT eligible for BYB. She is eligible for Medicaid and needs to meet her spenddown in order to receive her Medicaid card.
6. #6 (Health insurance information):
    - Health insurance information must be addressed and recorded on the card. This is to ensure that providers bill other health insurance(s) first. If the client has other health insurance, the insurance information must be collected. Without the insurance information, the client will be denied for BYB.
7. #8 (What is the total gross income, before taxes, you expect to receive this month for all household members listed in #7?):
    - Indicate applicant's total stated, gross monthly income.
    - Compare this information to the current income limit for the specific client household size. Accept client statement as proof.
        - **INCOME GUIDELINES MAY CHANGE YEARLY. UDOH WILL EMAIL BYB PROVIDERS WITH AN UPDATED INCOME CHART EACH YEAR. PLEASE BE SURE YOU ARE USING THE MOST RECENT VERSION. SEE APPENDIX C FOR THE MARCH, 2013 INCOME CHART.**

Flow chart for Questions #4a-4c on BYB application



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

- **Determine household size by using the following chart:**

Use the chart below to figure out your 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 (whether or not she is married), include:	**If the applicant is younger than 18 (whether or not she is married), include:**
Applicant	Applicant
Legal spouse of applicant (not boyfriend)	Legal spouse of applicant (not boyfriend)
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 brothers and sisters that are younger than 18

- The following income exercises are provided as examples of how to determine gross income.
  NOTE: *When paychecks are received twice a month, multiply the gross paycheck amount by 2. If paychecks are received every other week, multiply the gross paycheck amount by 2.15. If received weekly, multiply the gross paycheck amount by 4.3.*

Exercise #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 McDonald's 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. Each person is paid weekly.

What is the household income for the month?

Household Member	***Counted in Household?***	***Income***
Jane	*Yes*	*$896.55*
Unborn	*Yes*	*N/A*
Boyfriend	*No*	*N/A*
Jane's mom	*No*	*N/A*
Jane's dad	*No*	*N/A*
Sister #1	*No*	*N/A*
Sister #2	*No*	*N/A*

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.

Total gross income: *$896.55 for the month*
($6.95 x 30 x 4.3 = $896.55)

Exercise #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. Mary's father earns $16.75/hour and works 40 hours a week. Her mother earns $8.10/hour and also works 40 hours a week. They are paid every other week. Mary's boyfriend is working 24 hours/week at $7.50/hour. Her siblings are not working.

What is the household income for the month?

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

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

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

Exercise #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 from a previous marriage. They are ages 17 and 19. Annie works 24 hours/week at $6.80/hour. She is paid weekly. Her husband earns $21,000 a year. Neither teenage children work but Annie's husband receives $200/month in child support for the 17 year old. Neither of her husband's children works.

What is the household income for the month?

Household Member	***Counted in Household?***	***Income***
Annie	*Yes*	*$701.76*
Unborn	*Yes*	*N/A*
Husband	*Yes*	*$1,750*
Child #1	*Yes*	*$0*
Child #2	*Yes*	*$0*
Child #3	*Yes*	*$0*
Step-child #1 (19 y/o)	*No*	*$0*
Step-child #2 (17 y/o)	*Yes*	*$200*

Annie's: $701.76 ($6.80/hour x 24 x 4.3 = $701.76)
Husband's: $1,750 ($21,000 / 12 = $1,750)
Child support: $200
Total gross income: $2,651.76

Exercise #4

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

What is the household income for the month?

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

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

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

8. **For Baby Your Baby Workers Only:**
   - **Letter B (Does the applicant have a medically verifiable pregnancy?):**
     - Applicant must provide proof of pregnancy from a medical provider. Home pregnancy tests are not accepted as verification of pregnancy.
   - **Letter E (Eligible From:____ Thru: ____ (#E)**
     - BYB "from" date is the day a qualified provider determines a client is eligible for BYB.
     - BYB "thru" date is the last day of the month following the month of approval.
       - Example: BYB approved November 13. "From" date is November 13, "End" date is December 31.
   - **Letter F (If the applicant has never had a Social Security Number, enter BYB assigned number issued):**
     - Each QP will be provided a BYB number sequence assigned to their location. Contact Laura Belgique for this number, if you have questions on the number series or how to assign it. If you assign a BYB number, you must document the following information and retain it for three years:
       - Applicants name, DOB and assigned number.
   - **Is the applicant on WIC?**
     - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides food, information on healthy eating and referrals to health care. Please refer all applicants to WIC. The phone number is: 1-877-WIC KIDS

Section 6: NEXT STEPS

FOR ALL APPLICATIONS (APPROVED OR DENIED)

- **Submitting all applications to UDOH:**
  - The white copy of the completed paper application for **ALL** applications (approved or denied) must be submitted to the Utah Department of Health, Bureau of Medicaid Operations, within 5 working days. Applications may be mailed or faxed to UDOH:
    - PO BOX 143106, SLC UT 84114-3106
    - FAX: (801) 237-0742
    - Applications approved online through Utah Clicks are automatically referred. See Part 2 for more details on Utah Clicks. These applications do not need to be mailed or faxed to UDOH.
  - The yellow copy of the application is given to the applicant.
  - The pink copy is to be filed at the BYB office.

IF THE BYB APPLICATION IS APPROVED:

- Complete a BYB (Pink) card if applicant is eligible for BYB. See Part 2 for instructions on how to complete a pink card online (through Utah Clicks).
    - See Appendix B for a sample copy of the pink card.
    - Please ensure that the information printed on the card matches exactly what is listed on the application. Please complete all sections of the pink card.
    - Please use most recent version of pink card.
    - Instruct the client to show her BYB (pink card) to all providers in order to receive services.
    - Inform the woman in writing, at the time the determination is made, that:
        - If she does not file an application for Medicaid by the last day of the next month, her BYB ends; and
        - If she does file an application for Medicaid by the last day of the next month, her BYB may continue until a determination of her eligibility based on that application is made.
        - This information is provided on the pink copy of the application. Please discuss the information with the client, as well.
    - ***NOTE:*** *BYB cards should not be used after Medicaid has been approved or denied their application.*
    - BYB ends when:
        - Medicaid is approved or denied (through the "thru" date listed on the card)
        - The extension period ends.
    - BYB extension:
        - When the woman applies for Medicaid before BYB expires and more time is needed to determine their eligibility, she may contact DWS to extend her eligibility for BYB. A BYB worker cannot extend BYB.
        - Upon approval, DWS may extend at least 30 days from the date of the regular Medicaid application. An extension stamp is located in all DWS offices. If the BYB period already expired, an extension cannot be granted.
    - The DWS stamp will be placed on the lower right corner of the card and includes an extension date and approved signature from DWS worker.
- Advise all applicants to apply for Medicaid through the Department of Workforce Services (DWS) by the "thru" date on the front of the application. Medicaid applications can be submitted online, in person, mail or fax:
    - To apply online: https://jobs.utah.gov/liferay/.
    - By phone: (801)526-0950 or 1-866-435-7414
    - By fax: (801)526-9500 or 1-877-313-4717

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

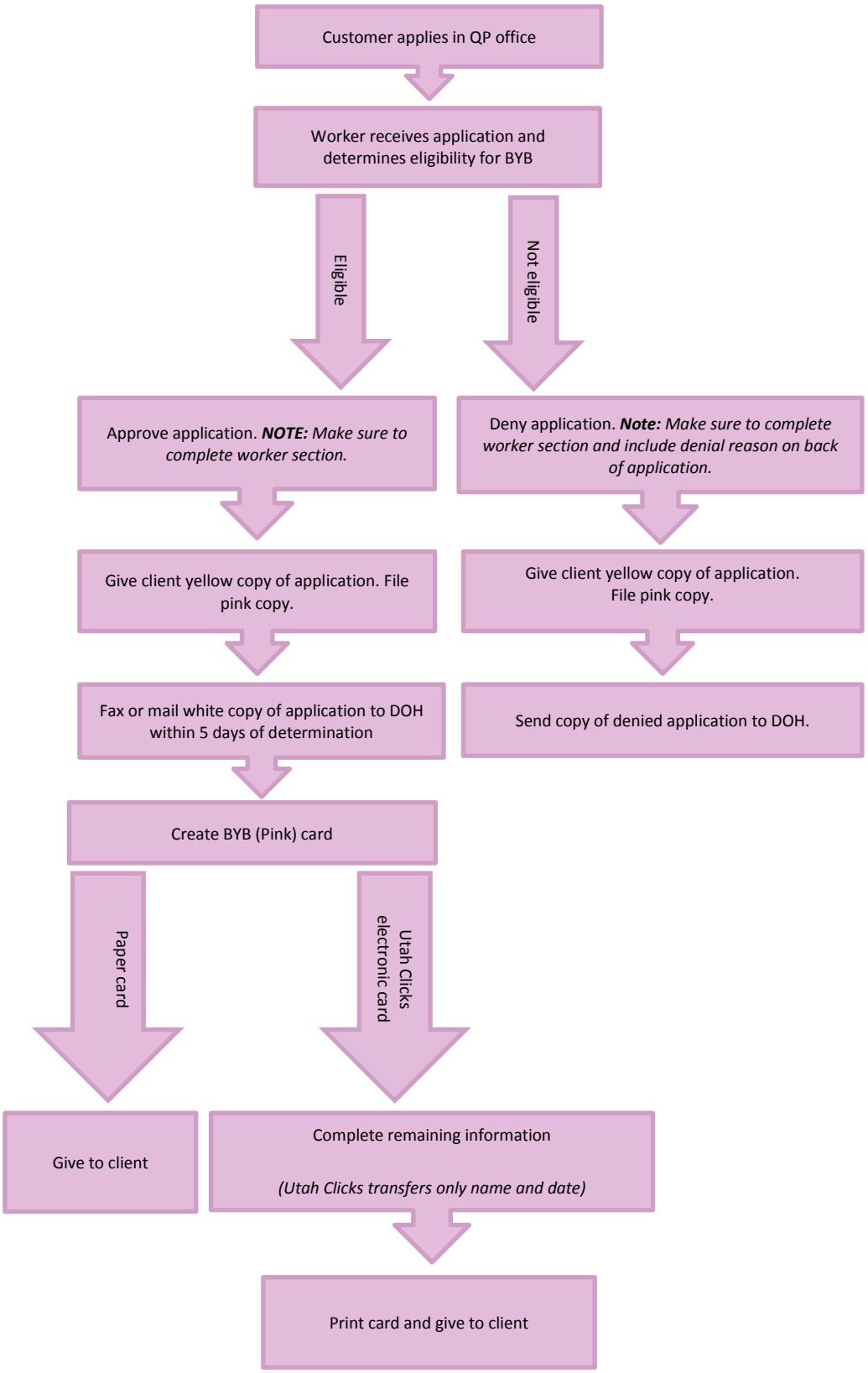
IF THE BYB APPLICATION IS DENIED:

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

IF THE BYB APPLICATION IS PENDING:

An application is in pending status if the client fails to provide all the needed information for the application, including verification of pregnancy. After 30 days from the date of application, if the client still has not provided the information, the application will be denied for "Applicant failed to follow through" (#10 on the back of the application). Do not leave the application in pending status beyond 30 days from initial application date.

BYB Paper Application Process



Section 7: CHECK LIST

- Did you:
  - ☐ Provide the client a copy of the application (front and back)
  - ☐ Educate on covered services
  - ☐ Give client the BYB (pink) card and have her sign the card
  - ☐ Sign the BYB (pink) card
  - ☐ Educate on how to extend BYB
  - ☐ Educate on the requirement to apply for Medicaid and provide information on how to apply
  - ☐ Educate the client to stop using BYB card if she is approved or denied for Medicaid

PART 3 UTAH CLICKS

Section 1: WHAT IS UTAH CLICKS?

- Utah Clicks is an online application system developed to accept applications for BYB.
  - Women can apply online in both English and Spanish.
  - When completed, the applicant can either submit online or print the application and take to a BYB office where the application process then will be completed.
  - If the applicant brings a paper copy of the application to the BYB office, the information may then be entered into Utah Clicks or treated as a paper application.
  - The start date for eligibility begins on the date the application is completed.
  - When an applicant submits an application online, she will receive a message asking her to schedule an appointment at the office where she sent her application.

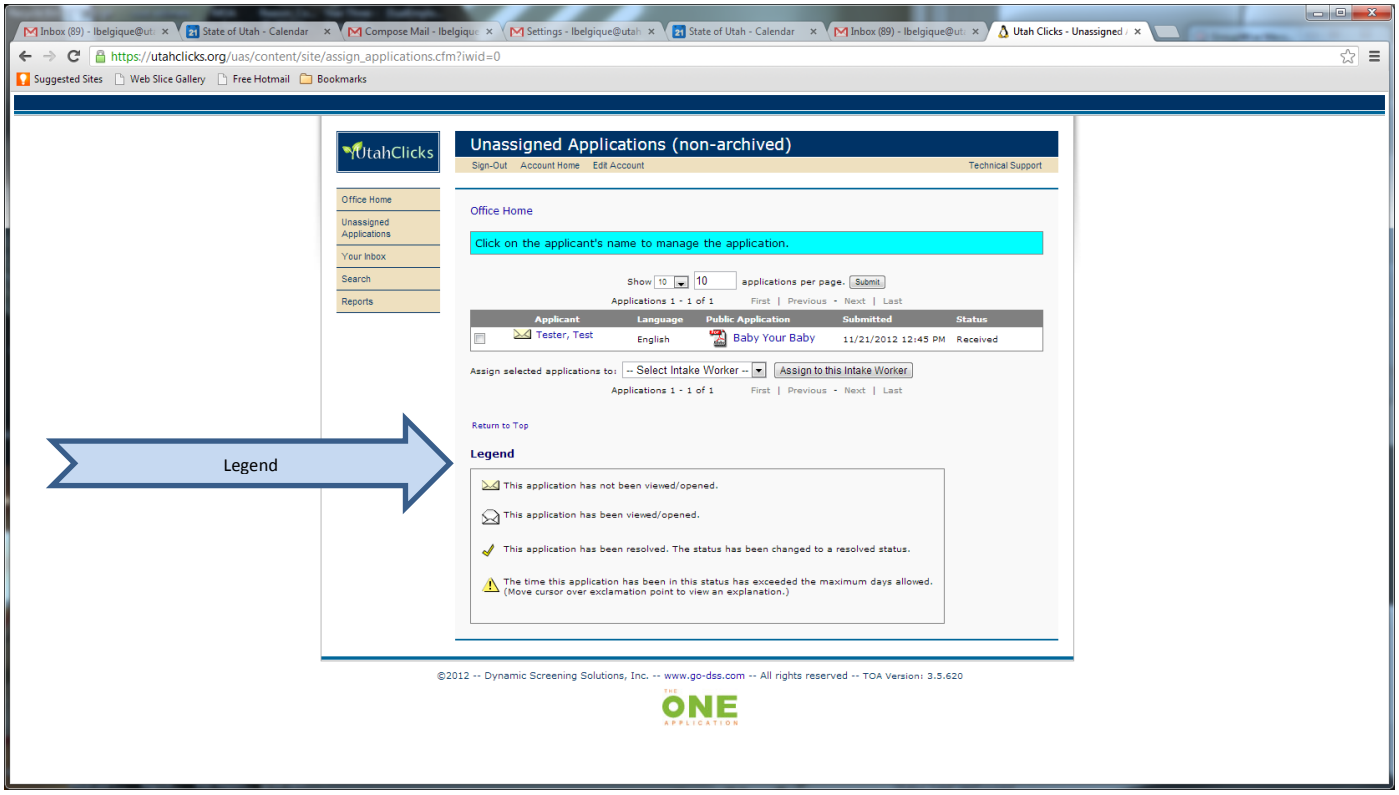
Section 2: ACCESS TO UTAH CLICKS

To obtain access to Utah Clicks:

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

Type of access:

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

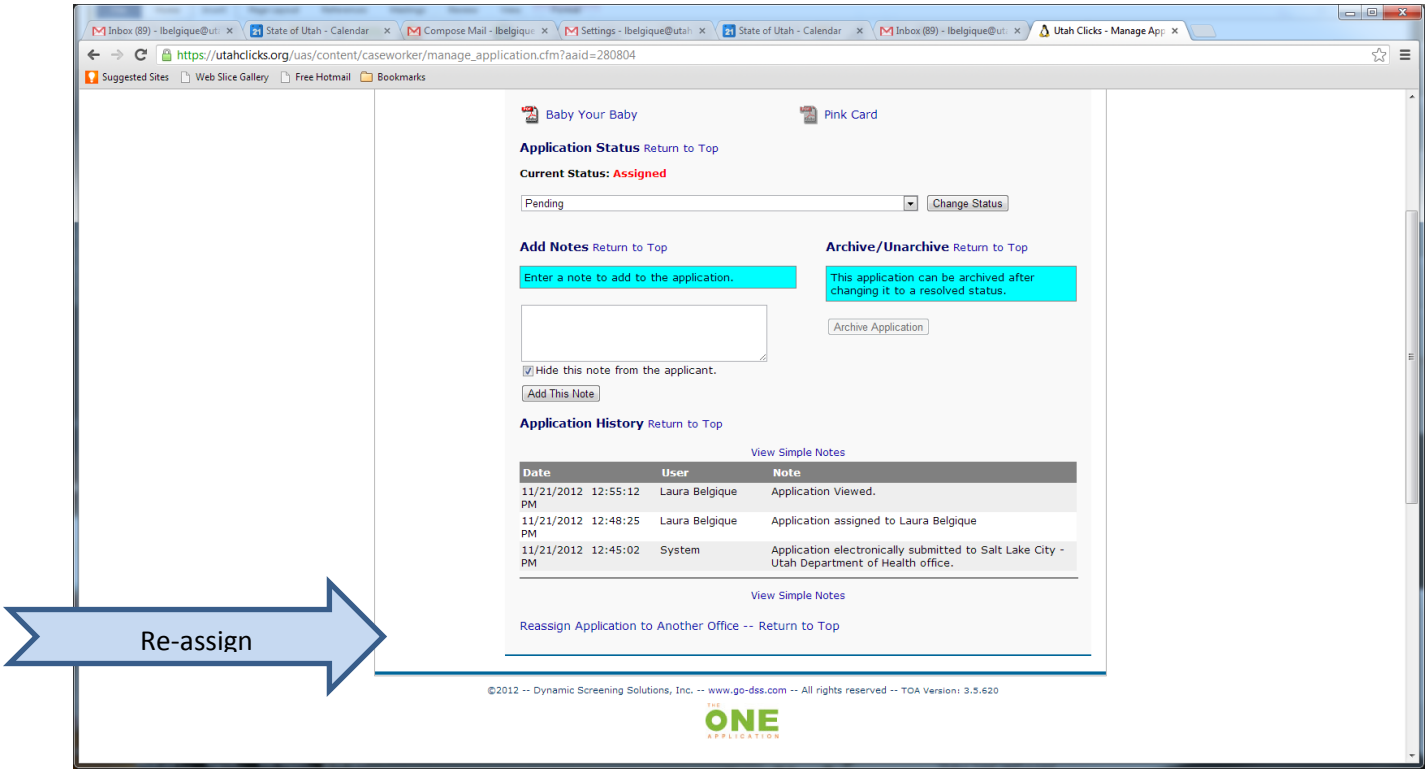


How to assign an application: (***NOTE:*** *Only Office Managers have this access*)

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

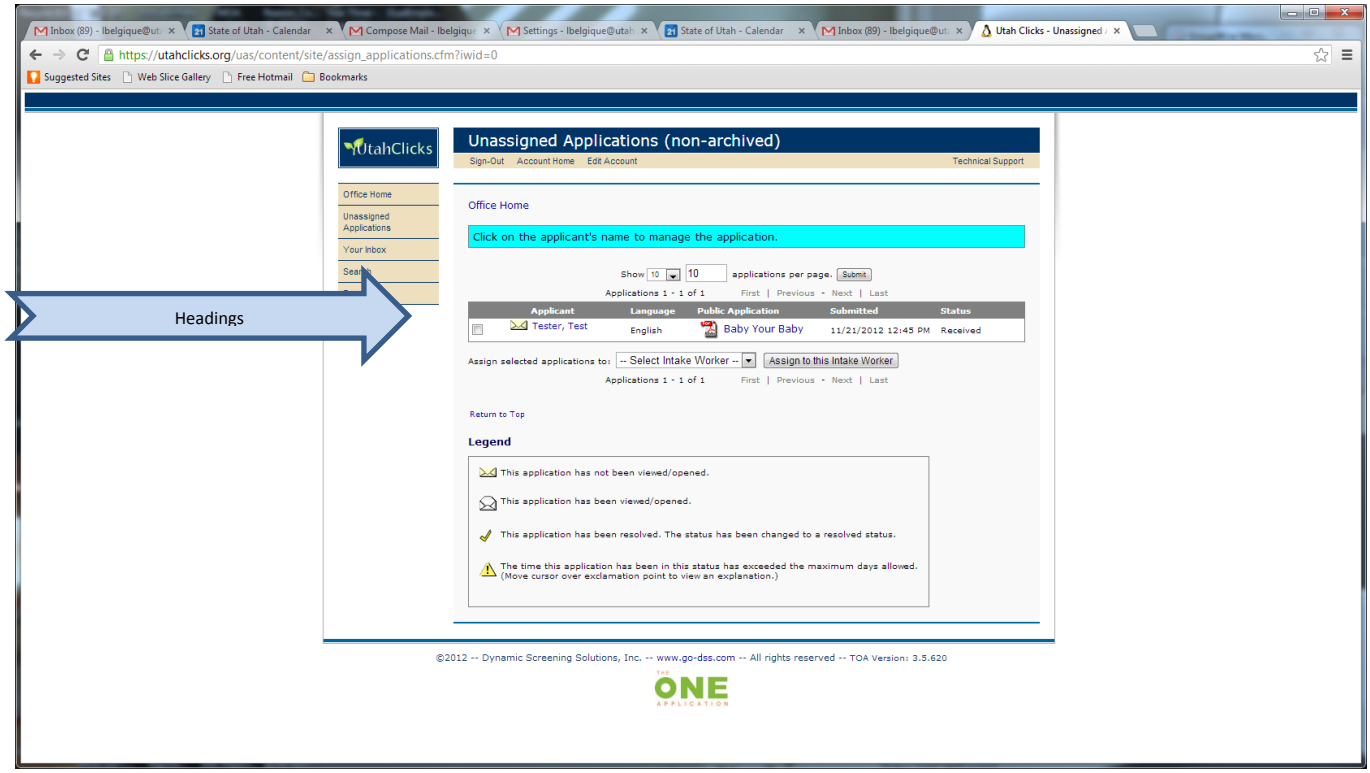
How to re-assign an application: (***NOTE:*** *Only Office Managers have this access*)

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



Section 3: HOW TO MANAGE A UTAH CLICKS APPLICATION

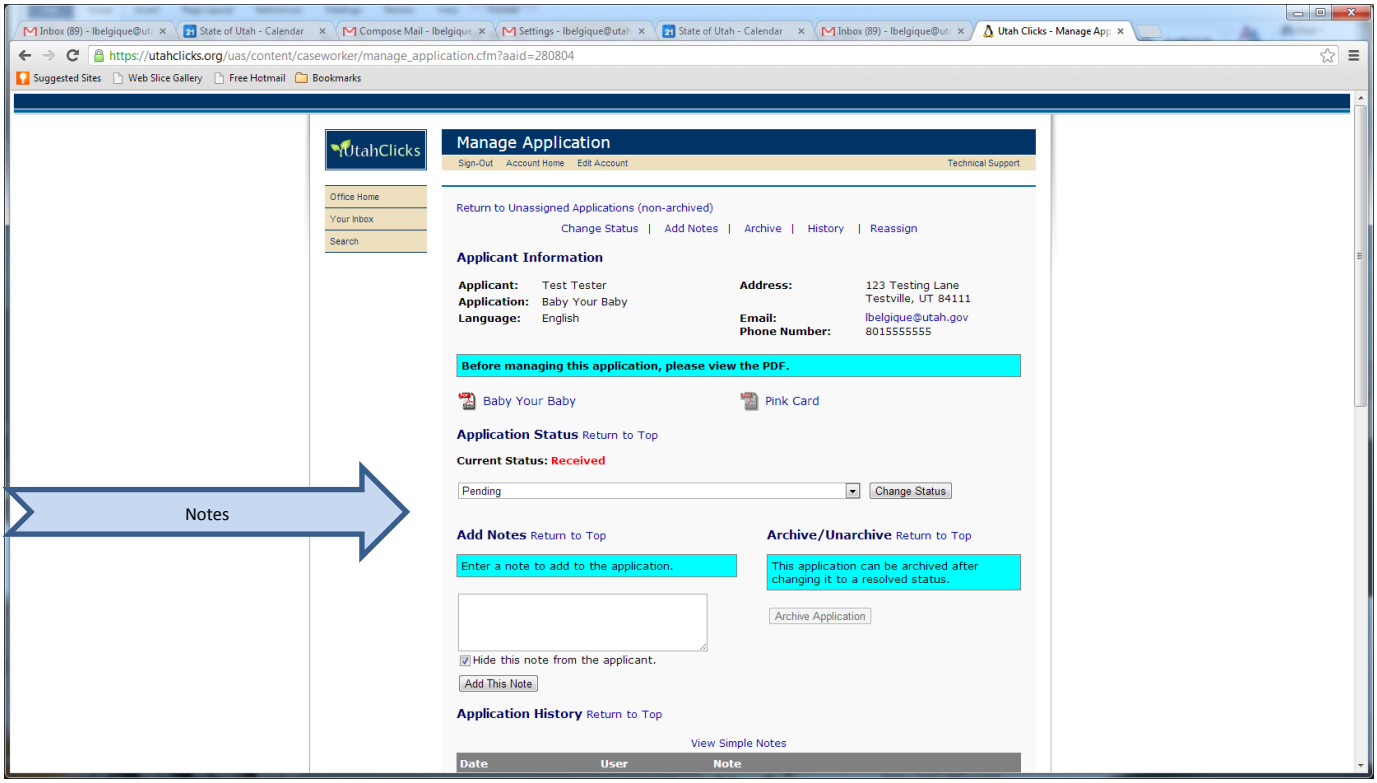
There are 5 heading tabs in the "Applications for (your name)" box: Applicant, Language, Public Application, Submitted and Status



1. Applicant Details:
   - Click on applicant's name to view the details of their application. From here, you may view the BYB application (PDF) and view the submission date/time and status. Status is either received, reviewed, assigned, pending, approved, or denied. Sometimes the applicant's email is listed, also providing a direct link (hot link) to their email.Before approving or denying the application, be sure all information is correct.

     WARNING: APPLICATION STATUS CANNOT BE CHANGED ONCE IT HAS BEEN APPROVED OR DENIED.
     - If the status must be changed:
       - For applications that have been approved incorrectly, contact Cindy Page immediately cindypage@utah.gov or 801.518.1802
       - For applications that have been denied incorrectly, contact Laura Belgique at lbelgique@utah.gov or 801.538.6241
2. Status:
   - Once an application is given a final resolution assignment, the status will appear next to "Current Status".
3. Adding Notes:
   - This section is located under "Application Status" on the "Manage Applications" page. This can be used to share information with other BYB workers, to enter eligibility dates, or to contact or share information with the applicant. For example, you may find it helpful to add a note to the applicant if she failed to call for an appointment. *Important: When sharing information with other BYB workers or with Medicaid, leave the "Hide this note from the applicant box" checked.*
   - After adding a note, select "Add this Note" to save the information.
   - To share the "note" with the applicant, unclick "Hide this note from the applicant" box.

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

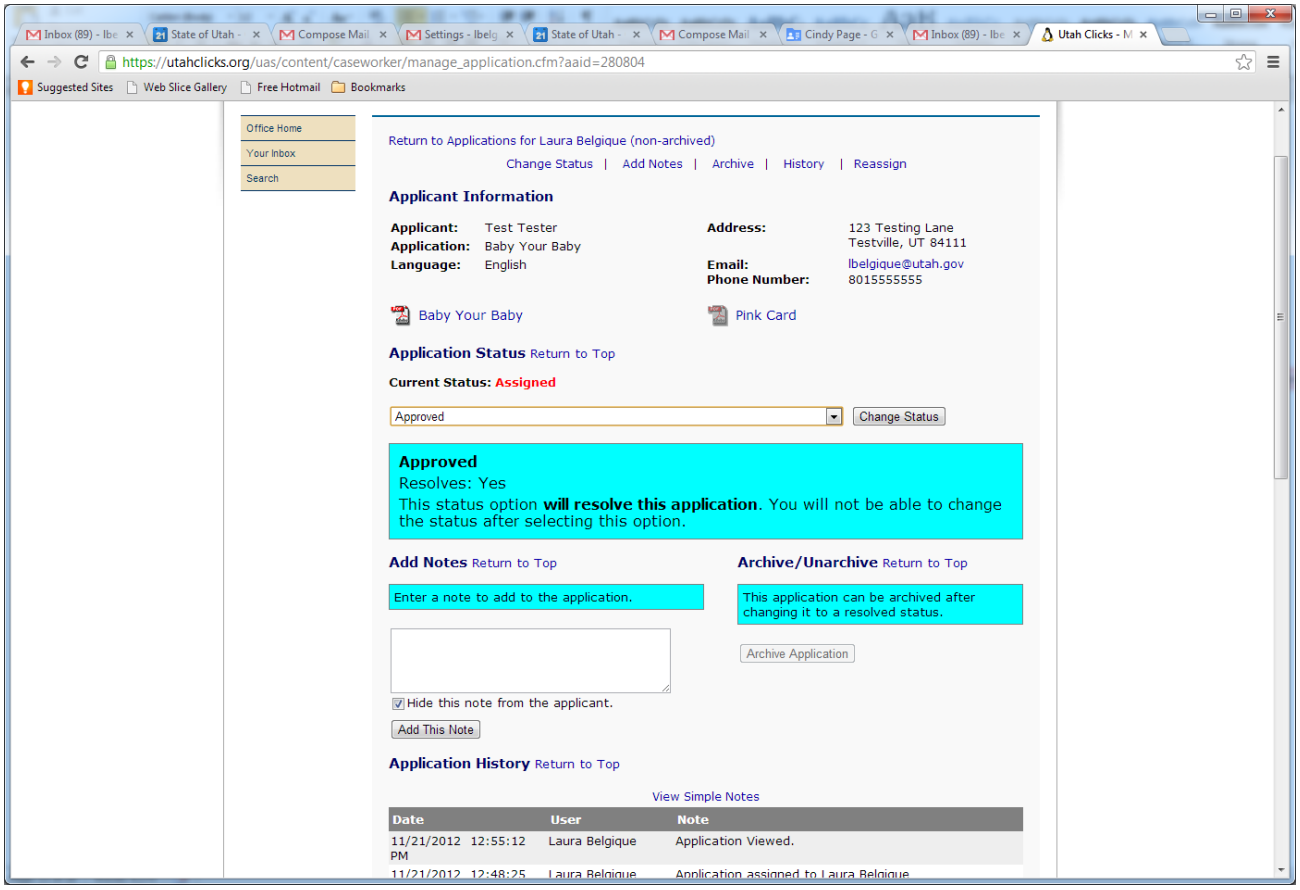


REMINDER: Unresolved applications must be processed timely. When necessary, contact the applicant to request any necessary verification needed to complete the application. If application is approved, be sure to document the BYB number (if they have one). Be sure to document the eligibility dates in the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

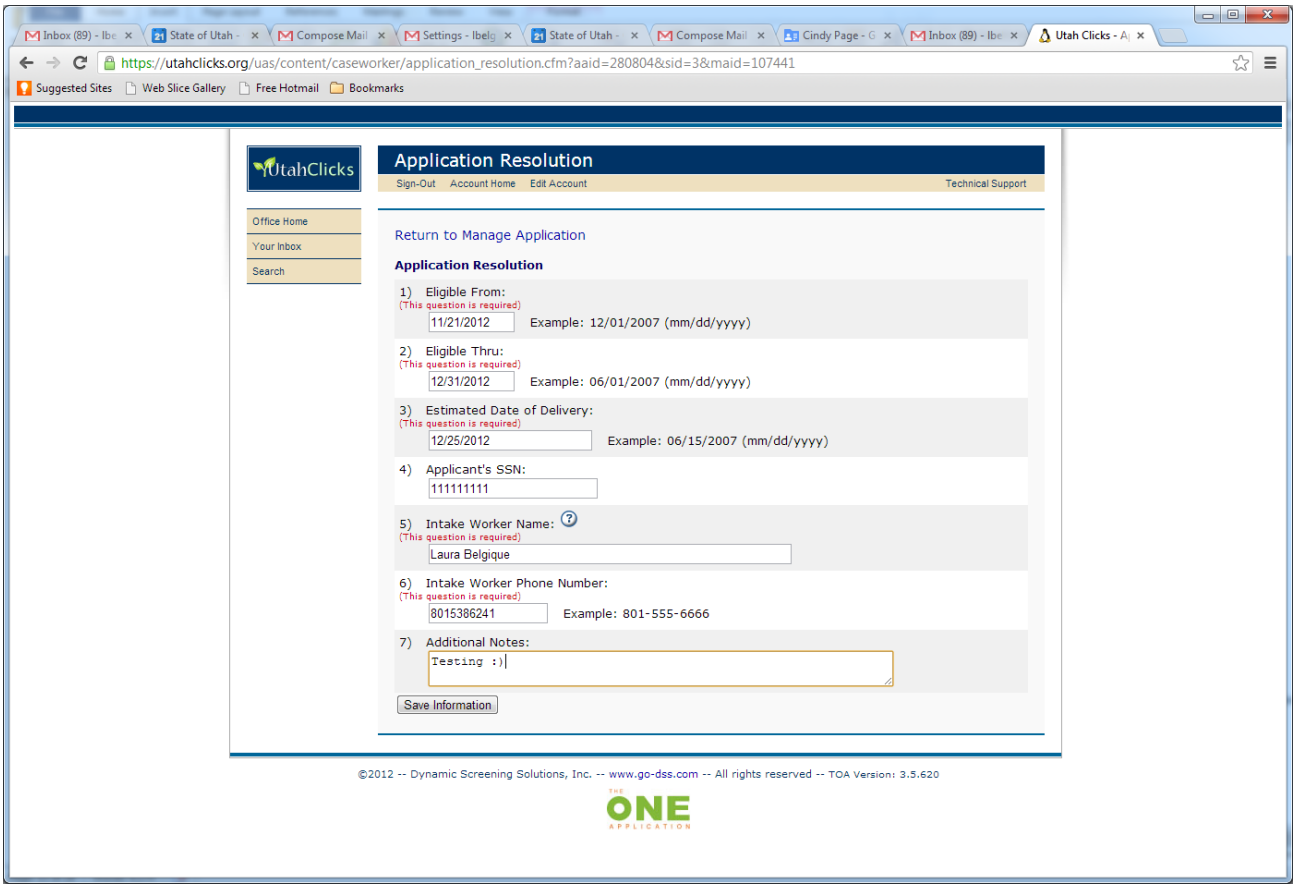
4. Application History:
   - This allows you to view notes and provides a history of all transactions completed on the application. This can be helpful when receiving an application from another BYB worker or from another site.
5. Searching for Applications:
   - To search for an unassigned application, an application in a worker's box, or for an archived application, click on "Search". From there, click "Applicant Search". From there, click on "View Applications" which will take you to the "Applications for (applicant's name)" page. Clicking on the name will take you to "Manage Application". You can also click on the PDF icon to open the application.

Section 4: HOW TO APPROVE A UTAH CLICKS APPLICATION

1. To approve an application, select “Change Status” and selected “Approved”.



2. Enter information requested in the next five text boxes.



3. Approved applications do not have to be faxed or mailed as they are automatically transmitted to Medicaid. A BYB (pink) card now needs to be issued.

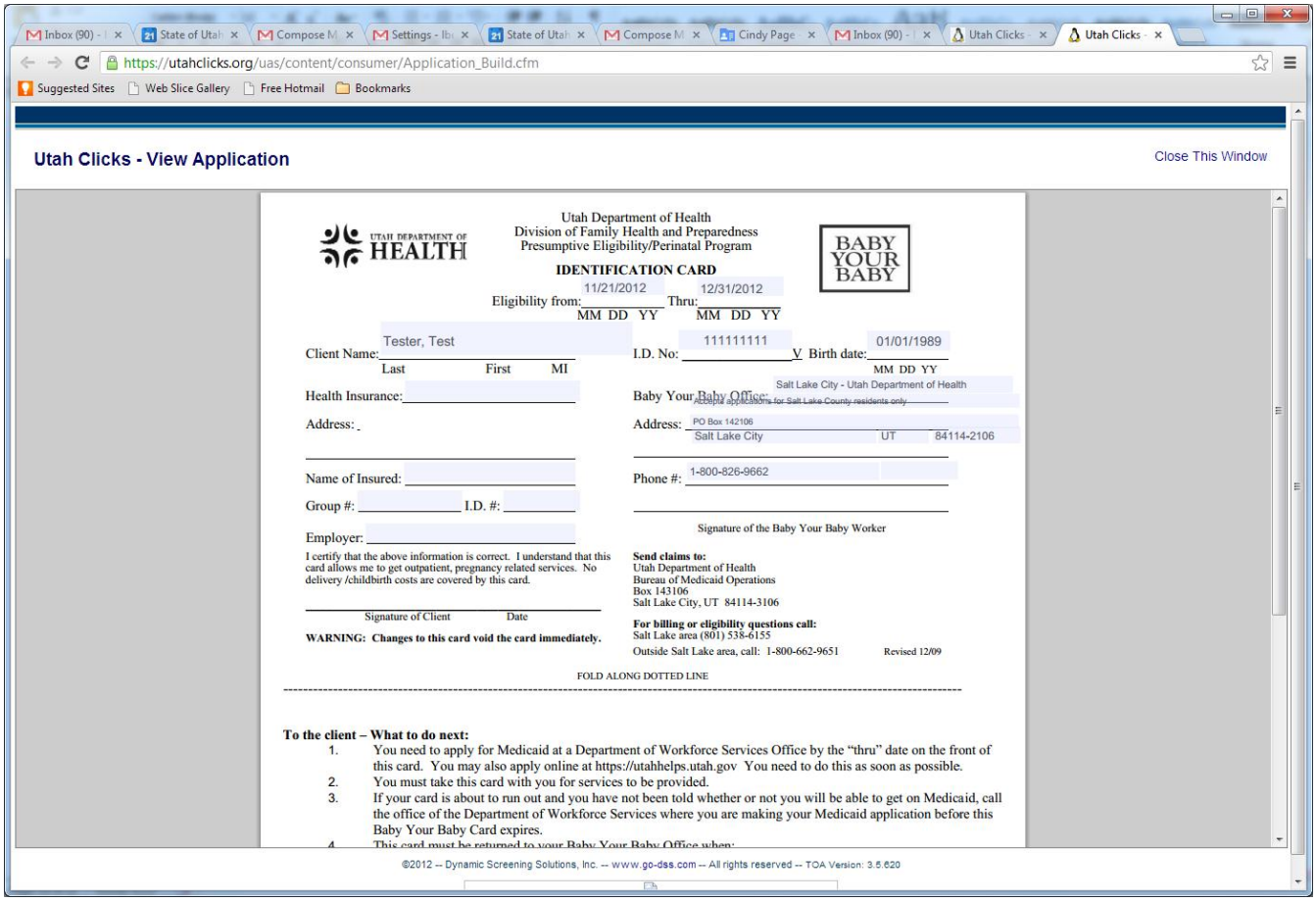
   NOTE: *If an application has been erroneously approved, contact Cindy Page at (801) 518-1802 or cindypage@utah.gov or Shelly Wykoff at (801) 538-9204 or swykoff@utah.gov to request that the application be deleted.*

4. COMPLETING THE BYB (PINK) CARD
   - On the "Manage Application-Final Resolution" page, a red PDF icon labeled "Pink Card" appears. Information entered into the system transfers automatically onto the card. The BYB office, address and telephone number also appears.
   - Check the information on the card. Before printing the card, eligibility dates and any other missing information or corrections to the card need to be added.
     - To print the BYB card:
       1. Insert pink paper properly (right side up)
          (Only the entered fields are printed, not the card itself)
       2. Once complete, print the card and double check the information.
       3. **Both applicant and BYB worker must then sign the card.**

4. Give the original to the applicant.

- Click "Close This Window."

  NOTE: *Once this window is closed, all information will be deleted!*



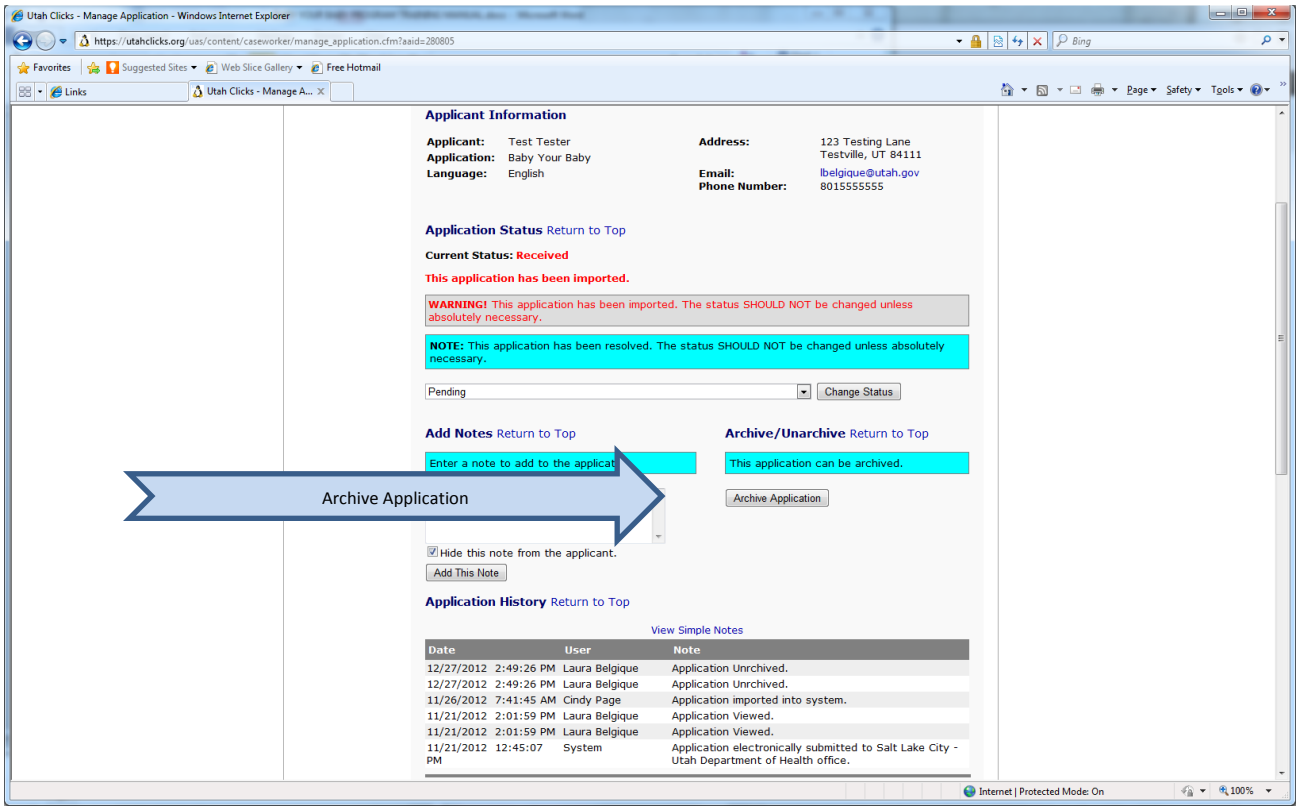
Section 5: HOW TO DENY A UTAH CLICKS APPLICATION

1. Select "Deny" from "Application Status" section on home page.
2. Print the application.
3. Indicate the denial reason on the back of the application.
4. Provide the applicant with a copy of the application.
5. Mail or fax these applications to Medicaid within five working days of determining eligibility.
6. Add notes as needed, then archive the denied application. When an application can be archived, "This application can be archived" will display. Click on "Archive Application".
7. Print out copies of the application for your records.
8. ***NOTE:*** *If you have an application that has been pending due to missing information for more than 30 days, deny the application. Follow the same steps for a denied application listed above.*

Section 6: ARCHIVED APPLICATIONS

1. **Once an application has been denied or approved, it must then be archived.**
   - To archive, go to the application and select "archive."
2. Additional archive information:
   - To unarchive an application, click "Unarchive". You may then proceed with the application process.
   - To search for an archived application, under "Search Type", click "Archive Search" on the "System Search" page. You may use partial information to search. Click "Perform Search" on the bottom of the page.
   - When information is displayed, click on the applicant's name. You will then be taken to the "Manage Application" page.

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



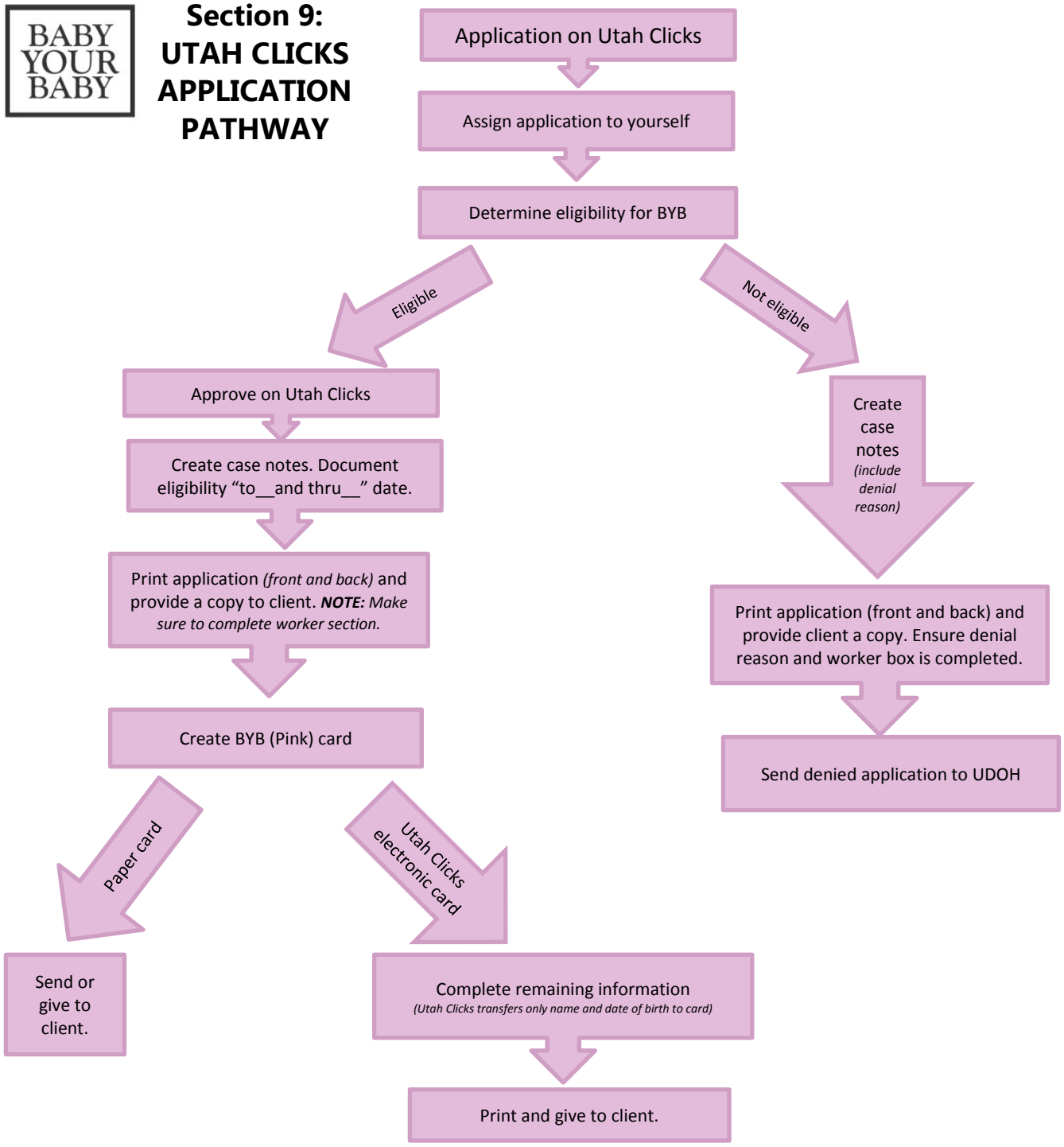
Section 7: REPORTS

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

Section 8: CONFIDENTIALITY

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

Section 9: UTAH CLICKS APPLICATION PATHWAY



Appendix A: BYB APPLICATION

BABY YOUR BABY / PRESUMPTIVE ELIGIBILITY APPLICATION
Utah Department of Health, Bureau of Medicaid Operations
P.O. Box 143106, Salt Lake City, UT 84114-3106
Fax Number 801-237-0742

PLEASE USE A PEN & PRINT NEATLY!

Name of person applying for Baby Your Baby:_____
Last First MI

Applicant's Social Security Number:_____ Date of Birth: _____
Month Day Year

Mailing Address: _____
Street (Apt. #) City State Zip Code

Home Phone: _____ Work Phone: _____

1a. Are you a U.S. citizen? If "YES," go to question number 2. If "NO," read question number 1b. **YES** ☐ **NO** ☐
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 the U.S. Citizenship and Immigration Service, meaning - **do you have a green card?** **YES** ☐ **NO** ☐
1c. If 1b was "YES," in what month and year did you get your green card? _____/_____ **Month Year**
2. Do you live in Utah and intend to continue to live in Utah? **YES** ☐ **NO** ☐
3. Are you now on Utah Medicaid, CHIP (Child Health Insurance Program) or PCN (Primary Care Network)? **YES** ☐ **NO** ☐
4a. Have you been denied Medicaid within the last 30 days? If "Yes," read 4b and 4c. If "NO," skip to #5. **YES** ☐ **NO** ☐
4b. Why were you denied Medicaid? _____
Has that reason changed since you were denied? Read 4c. **YES** ☐ **NO** ☐
4c. Did you tell the caseworker that you are now pregnant? **YES** ☐ **NO** ☐
5. Have you already received a Baby Your Baby Card (Pink Card) during this pregnancy? **YES** ☐ **NO** ☐
6. Do you have any health insurance? (If "YES," complete ALL the information below.) **YES** ☐ **NO** ☐

Name of insurance: _____ Phone #: _____

Address of insurance company: _____

Policy holder's name: _____ Policy ID #: _____ Group #: _____

Employer's name: _____ Employer's phone #: _____
(If the insurance is through an employer)

7. How many people are in your household? Include your unborn child. _____ Use the chart on the back to figure out your household size. Remember to count only people who live together.
8. What is the total gross income (before deductions) you expect to receive this month for all household members listed in #7?
Gross income is: $_____ Gross income includes, but is not limited to, the following:
A. Earned income 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. I have provided the answers to the above questions. Under penalty of perjury, I swear that the answers I have given on this application are complete and correct. I understand I can be penalized by law if I give false information on this application.

Signature of applicant: _____ Date: _____

Do not write below this line—For the Baby Your Baby Worker only

A. Does the applicant meet the financial requirements for Baby Your Baby (Presumptive Eligibility)? **YES** ☐ **NO** ☐
B. Does the applicant have a medically verifiable pregnancy? **YES** ☐ **NO** ☐ If "YES," EDC: _____
C. I certify that the applicant **IS NOT** eligible for Baby Your Baby.
D. If the applicant is **not** eligible, indicate the number of the reason for the denial from the list on the reverse side. _____
E. I certify that the applicant **IS** eligible for Baby Your Baby. **Eligible From:**_____**Thru:**_____
MM DD YY MM DD YY
F. If the applicant has never had a social security number, enter BYB ID Program number issued:_____
G. Is the applicant on WIC? **YES** ☐ **NO** ☐ If "NO," check if the applicant referred to WIC. ☐

Baby Your Baby Office:_____Worker Name:_____Phone #_____

Street Address: _____City:_____State: _____Zip Code:_____

(BYB APPLICATION – back of card)

Use the chart below to figure out your 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 (whether or not she is married), include:	**If the applicant is younger than 18 (whether or not she is married), include:**
Applicant	Applicant
Legal spouse of applicant (not boyfriend)	Legal spouse of applicant (not boyfriend)
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 brothers and sisters that are younger than 18

TO THE APPLICANT

IF YOU WERE GIVEN A BABY YOUR BABY CARD:

1. You need to apply for Medicaid at a Department of Workforce Services Office by the "Thru" date on the front of this application under "E". You may also apply online at: https://utahhelps.utah.gov. 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. If you have been approved for Medicaid, you will need to use your Medicaid number and card and not your Baby Your Baby Card. **If you are denied Medicaid, even if it is before your Baby Your Baby Card expires (before the "Thru" date at the top of the card), stop using the card. If you continue to use the card after denial by Medicaid, you will need to pay back the money.**
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, before your card expires, call your caseworker or application coordinator at the Department of Workforce Services Office where you made your Medicaid Application. They may be able to extend your Baby Your Baby Card.

IF YOU WERE DENIED BABY YOUR BABY: (BYB worker: Place the denial number in the blank by #D 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 USCIS (Immigration).
2. _____ You have not had your "Green Card" long enough to qualify for Baby Your Baby.
3. _____ You do not live in Utah or intend to continue to live in Utah.
4. _____ You are already on Utah Medicaid.
5. _____ You are on CHIP or PCN. Have your CHIP/PCN caseworker review your file. You may qualify for Medicaid.
6. _____ You were denied Medicaid within the past 30 days and the reason for your denial has not changed.
7. _____ You have already had the one Baby Your Baby Card allowed per pregnancy.
8. _____ For your household size, you earn too much money to get a Baby Your Baby Card.
9. _____ You are not pregnant.
10. _____ 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 your 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:_____
Address Phone Number

Provide your caseworker with a note from your doctor if he/she considers your pregnancy to be high risk. You may also need to provide the following information: Proof of citizenship / immigration status Your Social Security Card
Proof of household income / assets (savings accounts, RVs, IRAs, etc.) Proof of pregnancy

For the Baby Your Baby Worker

Unless you have approved this application online via Utah Clicks, fax or mail the white copy of this application within 5 working days of completion to the fax number or address at the top of the front page.

Distribution of copies: White / Utah Department of Health Pink / Retain for your records Yellow / Applicant's copy

Revised May 2011

Appendix B: IDENTIFICATION CARD

Utah Department of Health
Division of Family Health and Preparedness
Presumptive Eligibility/Perinatal Program
IDENTIFICATION CARD

Eligible from:_____ Thru:_____
MM DD YY MM DD YY

Client Name:_____ I.D. #:_____ Birth Date:_____
Last First MI MM DD YY

Health Insurance:_____ Baby Your Baby Office:_____

Address:_____ Address:_____

_____ _____

Name of Insured:_____ Phone #:_____

Group #:_____ I.D.#:_____ _____
Signature of the Baby Your Baby Worker

Employer:_____

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

_____
Signature of Client Date

WARNING: Changes to this card void the card immediately.

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

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

Revised 1/11

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 top of this card. You may also apply online at https://utahhelps.utah.gov. 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. If you are denied Medicaid, even if it is before the "Thru" date, stop using this card. If you continue to use the card after denial by Medicaid, you will need to pay back the money.
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 upper portion 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 F Extension Stamp on the upper portion of this card.
5. If you have any questions on the client's Baby Your Baby eligibility please contact:

_____

Baby Your Baby Office **Phone #** **Perinatal Care Coordinator**

Appendix C: INCOME CHART

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

BABY YOUR BABY / PRESUMPTIVE ELIGIBLITY PROGRAM
MARCH 2013 MONTHLY MAXIMUM INCOME LEVELS

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

HOUSEHOLD SIZE	MONTHLY MAX. INCOME	HOUSEHOLD SIZE	MONTHLY MAX. INCOME
2	$1,720.00	6	$3,502.00
3	$2,165.00	7	$3,947.00
4	$2,611.00	8	$4,393.00
5	$3,056.00		Revised 3/13