

2025

BABY YOUR BABY *Training*



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PART 1 General Information

Section 1: What is Baby Your Baby (BYB)

- BYB is temporary Medicaid coverage for pregnant women determined presumptively eligible by a qualified BYB Provider.
- The Utah Department of Health and Human Services (DHHS) issues Memorandum of Agreements between DHHS and qualified BYB providers throughout the state to administer the program. Only BYB providers who are trained on the BYB process can determine BYB eligibility.
- The BYB program is managed and facilitated by two departments: DHHS and Department of Workforce Services (DWS).
 - Two areas within DHHS help to manage and facilitate the program:
 - The Office of Eligibility Policy oversees BYB policy, procedures, accuracy of the BYB program and acts as a resource to qualified BYB Providers for training, education, and eligibility related questions or issues.
 - The Office of Health Promotion and Prevention 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.
 - BYB providers use the Presumptive Eligibility Portal (PEP) to administer BYB. DWS enters all BYB decisions received from qualified BYB Providers into the eligibility system. DWS then uses the BYB application to determine ongoing Medicaid eligibility and stores all BYB applications received.

Section 2: Contact Information

Jeff McClellan

Program Specialist

Email: bybpolicy@utah.gov

Phone: (801) 538-6082

Utah Department of Health and Human Services, Division
of Integrated Healthcare

PO Box 143107

Salt Lake City, UT 84114-3107

Section 3: Resources

- For questions regarding eligibility, policy and procedure or to request training, email bybpolicy@utah.gov.
- For Baby Your Baby Hotline information contact:
Marie Nagata
BYB Hotline Manager
Utah Department of Health and Human Services
PO Box 142106
Salt Lake City, UT 84114-2106
Personal email: mnagata@utah.gov
Phone: (801) 538-6519
Fax: (801) 323-1577
- ❖ To order BYB printed brochures, call 800-826-9662.
- ❖ For questions regarding covered services, medical billing/payment, call Medicaid at: (801) 538-6155 or 1-800-662-9651.
- ❖ To verify client eligibility:
 - Access the Eligibility Lookup Tool: <https://medicaid.utah.gov/eligibility> or
 - Call Medicaid at (801)538-6155 or 1-800-662-9651.
 - Enter the client ID number and use the BYB determination date as the date of the medical service received. If the client is eligible, the system will give the medical program type, health plan, co-pay, mental health coverage information, and third party liability information.

PART 2 Policies and Procedures

Section 1: Terms of Agreement

- A BYB Provider must agree to follow the State's policies and procedures. DHHS will provide BYB Providers with information on all policies and procedures related to BYB.
- DHHS will monitor BYB Provider's BYB determinations. If a BYB Provider is not making BYB determinations in accordance with DHHS policies and procedures, DHHS will provide the BYB Provider with additional training or other forms of corrective action before disqualifying the BYB Provider. Performance standards require BYB Providers to achieve an accuracy rate of at least 85% of the BYB decisions made. Accuracy is measured by how accurate the determinations are based on the information provided by the client.
- All BYB Provider's must have a Memorandum of Agreement (MOA) with DHHS.
- All BYB Providers must be trained by DHHS on the BYB process before determining BYB eligibility. Training conducted by fellow staff does not meet this requirement. DHHS will keep record of completed trainings.
- All BYB Providers must notify DHHS when a new staff member is hired to determine BYB eligibility. DHHS will schedule and provide training accordingly.
- All BYB Providers must notify DHHS within five business days when any staff changes job responsibilities or terminates employment.
- All BYB Providers must use the Presumptive Eligibility Portal (PEP) to administer BYB.
- All BYB Providers are required to check current Medicaid eligibility for all BYB applicants prior to making an eligibility decision.
- Any BYB Provider who applies for BYB coverage cannot process (approve or deny) their own application.

Section 2: Services and Payment

- BYB covers Medicaid eligible, pregnancy-related services provided by any Utah Medicaid Provider including pharmacy and dental. This includes prenatal visits, prenatal lab tests, ultrasounds, prenatal vitamins. **It does not cover the delivery of the baby.**
- BYB Providers will be paid at regular Medicaid rates for covered services.

Section 3: Confidentiality

- All confidential information must be safeguarded from unauthorized disclosure and use. Staff who fail to safeguard confidential information may be subject to both civil and criminal penalties.
- Confidential information includes:
 - Identifying information, such as names, addresses, telephone numbers, social security numbers, etc.

- Information used to determine eligibility, such as income, assets, medical reports and data, names of persons obligated to provide financial and medical support, etc.
- Information about benefits and medical services provided to individual clients.
- Information that cannot be identified to particular applicants and clients is not confidential information. For example, information stating the total number of BYB clients is not confidential information because no one person can be identified by the general information.
- The hospital shall only access, use, or disclose data solely for the purposes of determining BYB.
- The hospital shall implement and maintain administrative, technical, and physical safeguards necessary to protect the confidentiality of the data and to prevent any unauthorized use or access. Any and all transmission or exchange of data and electronic records must take place via secure means.

Section 4: Fraud, Waste and Abuse

- To report suspected fraud, contact the DWS Information Fraud Hotline at 1-800-955-2210 or via email at wsinv@utah.gov
- When reporting fraud, waste or abuse:
 - Provide any of the following information:
 - BYB Provider, Medicaid Provider or client name
 - Date of birth
 - Address
 - Phone number
 - Medicaid ID or SSN
 - Other details about what you suspect may be happening that appears to be wrong
 - You may remain anonymous when reporting suspected fraud.
 - You may be requested to provide your name so that the investigator can contact you if there are questions regarding your referral. However, you may request that your name is not used in conjunction with the case.
- For more information on reporting fraud, waste or abuse, visit: <https://medicaid.utah.gov/reporting-fraud/>

Section 5: BYB Basics

- Clients can apply for BYB through any BYB site, the BYB hotline, or online through the PEP at medicaid.utah.gov/byb-info
- The application serves as both a BYB application and an ongoing Medicaid application. Only BYB related questions are required to be answered. We encourage clients to complete additional sections, or the entire application if they wish.

- Applying for ongoing Medicaid benefits is not a requirement for BYB. If the client chooses not to apply for ongoing benefits, they may opt-out of this service on the application.
 - Eligibility is based on client statement.
 - PEP requires the applicant to answer all BYB required questions in order to submit the application. Since you have the information you need to make an eligibility determination, use that information to make a determination as soon as possible, even if you have not talked to the client. An interview is strongly recommended, but not required.
 - Pregnant minors (under the age of 18)
 - A parent, legal guardian or representative must complete and sign the BYB application on behalf of a pregnant minor unless she is living independently.
 - If an applicant is between the ages of 18 and 19 and living with a parent, legal guardian or representative, she can apply (and sign) an application on her own behalf.
 - Review all eligibility on the PEP determination screen before making a determination (approval or denial) as soon as possible (see Part 3). Applicants must meet all factors of eligibility in order to qualify for BYB.
 - If the client is approved for BYB, the start date for eligibility is the date the application is approved by the BYB Provider.
 - BYB coverage will continue until DWS makes a decision for ongoing Medicaid. The day the decision is made for ongoing Medicaid (approved or denied) is the same day the BYB program will end.
 - If the client opted out for ongoing Medicaid, BYB coverage will end on the last day of the following month BYB was approved.
 - Denial reasons follow the eligibility criteria and are as follows:
 1. Not a U.S. citizen or eligible non-citizen
 2. Not a Utah resident
 3. Current CHIP, UPP or Medicaid client
 4. Medicaid denial in the past 30 days
 5. Already received HPE or Baby Your Baby (BYB) for the current pregnancy
 6. Over 65 years of age
 7. Over the income limit
 8. Not pregnant
 - Provide the client the Presumptive Eligibility Receipt once the determination is completed. This receipt is accessible in PEP.
 - An application is only good for 30 days. Do not leave it in pending status beyond this period. If the 30th day is a non-business day, you have until the following business day to make a decision.
 - Individuals can still receive BYB if they have other health insurance.
-

- If the client does not have a SSN or refuses to provide the SSN, the field can be blank. Although the SSN is not required, request it from the client as it allows for efficient processing of her application.
- In order to be considered for BYB, a client must submit the application to a BYB Provider. If a client completes only the BYB-required sections of the 61MED and submits to DWS instead of a BYB Provider, DWS will use that application to determine full Medicaid and not BYB.
- DWS will enter the BYB decision into the eligibility system within one or two days from the date the decision is electronically transmitted to DWS. DWS will send the approval/denial notice and medical card (if approved for BYB). DWS will then use the application to determine ongoing Medicaid eligibility, unless the client opts-out.
- A Medical Identification card is mailed to clients approved for HPE. If the client already has a card, the HPE coverage is added to that card. If the card is lost or damaged, a replacement card is sent upon request. If eligible for ongoing Medicaid, the client will not receive another card. See Appendix B for a sample of the Medical Information Card.
- DWS will deny a BYB Provider's decision if the individual is currently receiving Medicaid, CHIP, UPP or Medicaid with a spenddown, even if the spenddown has not been paid.

Section 6: Eligibility Criteria

Compare the responses on the application to the eligibility criteria listed in this section.

Individuals who do not meet all criteria listed below are not eligible for BYB. Remember that self-declaration is used for all eligibility criteria.

- Be a U.S. Citizen, U.S. National, or a qualified non-citizen
 - U.S. Citizens are individuals born in any of the 50 states, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, and the Northern Mariana Islands.
 - U.S. Nationals are individuals born in American Samoa or Swain's Islands
 - Qualified non-citizens are individuals lawfully admitted into the U.S.
 - Certain individuals who entered the country after August 22, 1996 are barred from receiving BYB for five years after the date they became a qualified non-citizen. The five year bar does not include children under the age of 19 who are a qualified non-citizen or lawfully present.
 - Refer to Medicaid policy section 205-2 for a complete list and definitions of qualified non-citizen and statuses that are barred for the 5 years.
 - Refer to Medicaid policy section 205-2.1 for more information on lawfully present children under age 19.
 - Medicaid manual: https://oepmanuals.dhhs.utah.gov/#t=Whats_New.htm

Note: Deferred Action for Childhood Arrivals (DACA or dreamers) individuals are **not** eligible for BYB.

- Be a Utah resident.
- Must not have received BYB or Hospital Presumptive Eligibility (HPE) for the current pregnancy.
- Must not currently be receiving Utah Medicaid, CHIP, UPP or HPE or Medicaid with a spenddown, even if the spenddown has not been paid. **Note: Medicaid eligibility must be checked on all applicants prior to making a determination. See Appendix E for information on how to check eligibility.**
- Must not have received a denial for Medicaid, CHIP or UPP within the past 30 days, unless household circumstances have changed. **For example,** if the client was denied for Medicaid because her income was too high and now reports that her income has changed; determine if the client is eligible for BYB.
- Has a gross household income at or below the income level for her household size. Income includes both earned and unearned income. See section 8 on how to determine household size and section 9 for income information.
- Must be pregnant at the time of application.
- There is no asset test

Section 7: Determining Household Size

- Household size is determined by relationship and living arrangements. Do not include individuals who do not live in the same household. Use the chart below to determine household size.
- For joint custody situations, count a child residing in a parent's home if the client states the child resides in the home at least 50% of the time.
 - Note: If a child(ren) in a custody situation is already covered on Medicaid under a former spouse's case, they cannot be included in the BYB household size.

Household Size Chart: Only include individuals living together (in the same household)

19 or older Include:	18 or under Include:
Individual	Individual
Individual's legal spouse (not boyfriend)	Individual's legal spouse (not boyfriend)
Individual's unborn child(ren)	Individual's unborn child(ren)
Individual's child(ren) under age 19	Individual's child(ren) under age 19
Individual's step-child(ren) under age 19	Individual's step-child(ren) under age 19
	Individual's parent(s) or step-parent(s)
	Individual's siblings under age 19

Household Size Exercise #1 Mary is single, 17 years old and pregnant with her first baby. She lives with her boyfriend in her parent's home, along with 2 younger sisters, ages 15 and 13.

What is the total household size?

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

In this case, Mary, the unborn, both of Mary's parents (as she is a minor) and both siblings are counted as part of the household. The household size is 6.

Household Size Exercise #2 Amy is 16 and pregnant with her first child. She lives with her boyfriend at the home of one of his friends. What is the total household size?

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

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

Section 8: Income

❖ General Rules

- Income is cash (checks, direct deposits, etc.) and unearned income. Include both earned and unearned income for each household individual.
- For earned income, count the gross amount (before taxes and deductions) of everyone included in the household size.
- For self-employment, count the net income after business expenses.
- Unearned income
 - Unearned income is cash (checks, direct deposits, etc.) or in-kind benefits received by an individual for which a person performs no service.
 - Examples of unearned income:
 - Pensions and annuities
 - Disability benefits such as social security disability insurance, workers compensation, long-term disability insurance from an employer, and paycheck insurance.
 - Survivor benefits such as Social Security, Railroad Retirement.
 - Unemployment compensation; strike and union benefits
 - Alimony
 - Rental income, sales contracts, inheritances, life insurance benefits, personal injury settlements, medical insurance payments, cash gifts.

- The income of a child who is under age 19:
 - Is not countable if the child is living with a parent
 - Is countable if the child is not living with a parent
- For American Indian/Alaskan Native, count wages from employment, revenues from tribal run gambling, and unearned income such as Social Security or Unemployment benefits. All other tribal income is exempt.
- Exempt income:
 - Educational income
 - Veteran's income
 - Child support
 - Do not count the income of a child to another child (sibling)
 - Do not count the income of a child to a parent
 - Do not count the income of a guardian to the child(ren)
- Compare the gross income (earned and unearned) to the current income limit for the household size. If she is at or below the income limit, she meets the income requirement.

Note: income guidelines may change yearly. DHHS will email BYB Providers with an updated income chart each year. Make sure to use the most recent version. See appendix G for the current income chart.

Determining Income

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

❖ Determining Income Without Check Stubs

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

➤ Paid "Weekly" or "Every Other Week"

- Multiply hours worked each week by the hourly rate. This will give gross weekly income.
- Multiply gross weekly income by 4.3. This will give the gross monthly income.

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

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

➤ Paid "Twice a Month" or "Monthly"

- Use the 172 hour chart (appendix C)
 - Find the weekly hours the individual states they work in the left column. This will determine the monthly hours as shown in the right column.
 - Multiply the monthly hours by the hourly rate. This will give you their gross monthly income.

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

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

❖ **Determining Income Using Check Stubs**

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

➤ **Paid “Weekly”**

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

➤ **Paid “Every Two Weeks”**

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

➤ **Paid “Twice a Month”**

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

➤ **Paid “Monthly”**

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

Section 9: Education

Educate the client on the following:

***Note:** *The education is an important part of BYB. However, do not delay making an eligibility determination in order to provide the information listed below. This education can be provided after a determination has been made.*

- ☒ Inform the client the application will be forwarded to DWS who will determine continued Medicaid eligibility.
- ☒ Inform the client that she will receive a BYB card by mail.
- ☒ Inform the client if she is approved for ongoing Medicaid, she will continue to use the same wallet-sized card that was issued for BYB. Question #1 in Section C of the application is where the client indicates whether or not they need a new card. If they still have a medical card in their possession from eligibility they received in the past, they should answer “no” to this question.
- ☒ Inform the client they can use their BYB eligibility with any Utah Medicaid Provider.
- ☒ Educate the client on covered services. BYB covers only pregnancy related outpatient services. Labor and delivery are not covered.
- ☒ Inform the client to stop using BYB benefits if they are denied for ongoing Medicaid.

- If the client continues to use BYB eligibility after being denied for ongoing medical assistance, she may be responsible to pay back any benefits received.

☒ Inform the client that she can only receive BYB once per pregnancy.

PART 3 Presumptive Eligibility Portal (PEP)

Section 1: What is the Presumptive Eligibility Portal (PEP)?

- PEP is a comprehensive application system that provides the following features:
 - Ability for clients to apply online: <https://medicaid.utah.gov/byb-info>
 - Application available in both English and Spanish
 - Application serves as both a BYB application and an ongoing Medicaid application (unless the client opts out)
 - Ability for BYB Providers to help a client complete an application. The client must electronically sign and date the application (in person) or if completed over the phone, the client must electronically sign and return the signature to the BYB Provider via email.
 - Ability for BYB Providers to process applications received through PEP.

Section 2: Access to PEP

To obtain access to PEP:

1. Contact the BYB Program Specialist (bybpolicy@utah.gov) to request access to PEP. The following information must be included with your email request:
 - BYB Provider contact information (name, phone number and email)
 - Location
 - Date the BYB Provider will begin processing BYB applications on PEP.
2. The program specialist will then provide you training on PEP.
3. After completing the training, you will go through a registration process by creating a user name (your email) and a password, then selecting your office/BYB site. You will then receive an email confirming your registration, asking to verify your registration information. UDOH will then approve your access at which point you will receive an enrollment approval email.
4. Once your account has been activated, you can manage BYB applications by logging in at: <https://medicaid.utah.gov/pep-access/>
 - You will be required to check your PEP account on a regular basis to ensure you are processing the applications. Remember that BYB eligibility starts on the date that you make an approval determination, not the application date. Clients will lose out on needed eligibility if you have enough information to process but delay the processing.
5. If you no longer work with BYB, contact the program specialist immediately to close your PEP account.
6. If you see other BYB Providers listed on PEP and they no longer administer BYB, contact the program specialist immediately to remove their names.

Section 3: Summary of PEP Process

1. The primary BYB Provider(s) at each site receive an email when an application is sent to their queue.
2. While logged into to PEP, a BYB Provider also has ability to help a client complete an application. The client must electronically sign the application (in person) or if completed over the phone, have the client electronically sign and return the signature to the BYB Provider via email.
3. BYB Provider views list of all pending applications assigned to BYB site.
4. BYB Provider reviews application.
5. BYB Provider checks current Medicaid eligibility for all BYB applicants.
 - Use the Provider Lookup Tool or call the Medicaid hotline to verify eligibility. See appendix E for more information.
6. BYB Provider makes eligibility decision.
7. To access receipt:
 - Finalize application
 - Go into “search” feature and pull up approved application
 - Click on application
 - Click “receipt” button
8. DWS receives information and enters BYB Provider’s decision into the eligibility system.
9. DWS processes ongoing application (unless applicant opts out) and notifies applicant of decision.

Note: Any paper application submitted will not be considered for PE. DWS will determine full Medicaid on any paper applications submitted by a HPE provider.

Section 4: Confidentiality

- The same confidentiality and release of information requirements mentioned in Part 2, Section 3 apply to PEP.
- 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 PEP, that individual needs to set up his own account.
- Do not email any client identifying information, including Social Security Numbers.

Presumptive Eligibility Determination Receipt



Date: 06/27/2022

Dear: Receipt Example

The Medicaid presumptive eligibility program provides temporary medical coverage for members based on preliminary information. This notice provides the status of presumptive eligibility (PE) for the members listed below.

The following individuals are eligible for presumptive medical coverage:

Member's Name	Start Date	End Date*
Receipt Example	06/27/2022	07/31/2022

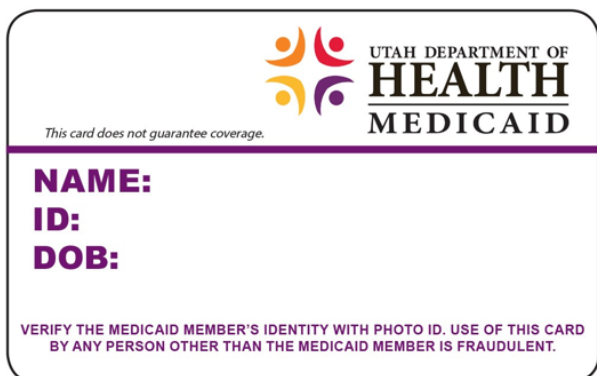
- Unless you opted out, your PE application was sent to DWS to determine if you qualify for ongoing medical assistance. DWS will contact you if any verifications are needed. Your PE coverage will continue until the date DWS approves or denies your ongoing medical application.
- A client may opt out of applying for ongoing medical assistance when applying for PE. If you opted out, your coverage will end on the last day of the month following the month your PE coverage was approved. You may reapply at any time at jobs.utah.gov/mycase.
 - You may also apply by downloading an application at Medicaid.utah.gov/apply-medicaid and:
 - Fax to 1-866-435-7414
 - Mail to the Department of Workforce Services
PO Box 143245
SLC, UT 84114
 - Or in person at any local DWS office
- All individuals determined eligible for PE and who do not already have a medical card will receive one in the mail. The card includes the individual's name, date of birth, and Medicaid ID number. Present this card at your medical appointments.
- You may present this notice at your medical appointments until you receive your card in the mail. However, not all medical providers or pharmacies will accept this notice as a guarantee of coverage.
- Please Note: There are no appeal rights on negative PE actions.

Appendix B: Medical Identification Card

Below are samples of the Medicaid member cards. Each new Medicaid member will get their own card. Existing members will continue using their old UDOH Medicaid card. Please accept both DHHS and UDOH Medicaid cards.

Old UDOH Medicaid Card

FRONT:



The front of the Old UDOH Medicaid Card features the Utah Department of Health Medicaid logo at the top right, which includes a stylized orange and purple flower icon. Below the logo is the text "UTAH DEPARTMENT OF HEALTH MEDICAID". A purple horizontal line separates the header from the member information section. Below the line, the fields "NAME:", "ID:", and "DOB:" are listed in purple. At the bottom, a purple-bordered box contains the text: "VERIFY THE MEDICAID MEMBER'S IDENTITY WITH PHOTO ID. USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEDICAID MEMBER IS FRAUDULENT."

UTAH DEPARTMENT OF
HEALTH
MEDICAID

This card does not guarantee coverage.

NAME:
ID:
DOB:

VERIFY THE MEDICAID MEMBER'S IDENTITY WITH PHOTO ID. USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEDICAID MEMBER IS FRAUDULENT.

BACK:

Medicaid Members:

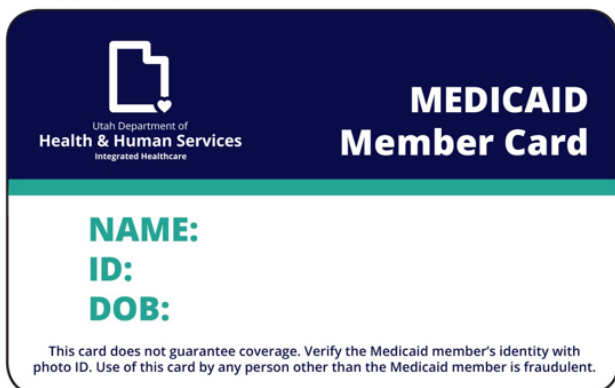
- Show this card with photo ID before getting medical care
- For information about your Medicaid benefits or claims, call toll-free 1-844-238-3091
- To verify your Medicaid eligibility, visit mybenefits.utah.gov
- For changes affecting your eligibility, visit jobs.utah.gov/mycase or call 1-866-435-7414
- If you have other insurance, report changes to ORS at 801-536-8798

Medicaid Providers:

- Most members are enrolled in a health plan
- To verify eligibility, health plan enrollment, coverage dates, and covered benefits, call *AccessNow* at 1-800-662-9651 or visit medicaid.utah.gov/eligibility

New DHHS Medicaid Card

FRONT:



The front of the New DHHS Medicaid Card has a dark blue header with a white icon of a document with a heart. Below the icon is the text "Utah Department of Health & Human Services Integrated Healthcare". To the right of the icon, the text "MEDICAID Member Card" is displayed in white. A teal horizontal line separates the header from the member information section. Below the line, the fields "NAME:", "ID:", and "DOB:" are listed in teal. At the bottom, a teal-bordered box contains the text: "This card does not guarantee coverage. Verify the Medicaid member's identity with photo ID. Use of this card by any person other than the Medicaid member is fraudulent."

Utah Department of
Health & Human Services
Integrated Healthcare

MEDICAID
Member Card

NAME:
ID:
DOB:

This card does not guarantee coverage. Verify the Medicaid member's identity with photo ID. Use of this card by any person other than the Medicaid member is fraudulent.

BACK:

Medicaid Members:

- Show this card with photo ID before you get medical care
- For information about your Medicaid benefits or claims, call toll-free 1-844-238-3091
- To verify your Medicaid eligibility, visit mybenefits.utah.gov
- For changes affecting your eligibility, visit jobs.utah.gov/mycase or call 1-866-435-7414
- If you have other insurance, report changes to ORS at 801-536-8798

Medicaid Providers:

- Most members are enrolled in a health plan
- To verify eligibility, health plan enrollment, coverage dates, and covered benefits, call *AccessNow* at 1-800-662-9651 or visit medicaid.utah.gov/eligibility

Appendix C:**172 Hour Chart**

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

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

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

Appendix D: Income Chart

➤ Income Chart: Monthly Maximum Income Levels for BYB

***Income guidelines are updated annually. DHHS will email an updated income chart every year to all BYB Providers. Be sure to use the most updated version.**

Utilizing the household size listed on the application, determine the monthly income (a total of both earned and unearned) allowable for that family size to qualify for Baby Your Baby.

Effective March 1, 2025

HH size	BABY YOUR BABY
	139% FPL Monthly gross income
2	\$2450
3	\$3087
4	\$3725
5	\$4362
6	\$4999
7	\$5636
8	\$6273
9	\$6910
10	\$7547