



PRAF 2.0 NurtureOhio Interface: Medicaid Provider User Guide



Nurture
Care ♥ Encourage

Ohio

Department of
Medicaid

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Welcome New Users!

This document will help you get started with using the NurtureOhio website.

What is NurtureOhio?

Nurture Ohio was developed in 2016, in partnership with the Ohio Perinatal Quality Collaborative, the Ohio Department of Health, 23 Medicaid Maternal and Fetal Medicine providers and the five Medicaid Managed Care Organizations (MCOs) to standardize pregnancy notification and decrease the risk of preterm birth by facilitating the provision of progesterone. Through continued spread, the project has since grown beyond the progesterone quality improvement project, and the Nurture Ohio web-based system has become Ohio Department of Medicaid's preferred method for notification of pregnancy for all Medicaid-insured individuals across the state.

Nurture Ohio is a web-based system that stores and shares information about pregnancy and related needs. This information is collected using the electronic Pregnancy Risk Assessment Form (PRAF 2.0) and the Report of Pregnancy (ROP). Once a user submits either the PRAF 2.0 or ROP form in Nurture Ohio, the data is seamlessly transmitted to Ohio Medicaid's eligibility system to ensure maintenance of Medicaid coverage, resources, the Ohio Department of Health for connection to the Women and Infant Nutrition Program and evidence-based Home Visiting, or the individual's MCO for connection with other needed services.

Nurture Ohio is used to notify the Ohio Department of Medicaid and key stakeholders of pregnancy for ALL Medicaid-insured individuals for both eligibility maintenance and care coordination. Through both the PRAF and ROP, Nurture Ohio transmits the minimum information needed about Medicaid individuals' pregnancy information to the appropriate stakeholder to ensure their needs are met. Therefore, obstetric, and non-obstetric providers of Medicaid services can use the Nurture Ohio system.

NurtureOhio Features

- Shareable Data Entry
- One Time Data Entry of Practice and Provider Information
- Same-Day Pregnancy Notification
- Prescriptions for Progesterone and Referrals for Home Health Injections
- Ability to Retrieve and Save Previously Entered Forms
- Ability to Filter Analytics by Practice

More information on these features can be find in [Appendix A](#).

Who Should Use Nurture Ohio?

Obstetric providers, non-obstetric providers, MCOs, and Ohio Equity Institute Community Based Organizations (CBOs) can submit forms in Nurture Ohio.

Obstetrical providers should submit a Pregnancy Risk Assessment Form (PRAF 2.0) on behalf of their patient.

Non – Obstetrical providers such as primary care providers, emergency department providers, local health department clinics, etc. (who would be able to positively confirm the individual’s pregnancy) should submit a ROP.

CBOs and Managed care entities (MCE) should also submit a ROP.

What is a PRAF?

The Pregnancy Risk Assessment Form (PRAF 2.0) is intended for submission at the patient’s first prenatal visit. The PRAF 2.0 replaced the ODM 03535 form and is a shorter version. The PRAF 2.0 should be submitted during the first prenatal appointment and whenever there is a change in the patient’s social or medical risk factors or needs.

What is a ROP?

The purpose of the Report of Pregnancy (ROP) form is to capture a Medicaid individuals’ pregnancy as soon as possible to assist with eligibility and care coordination. ROPs are intended for submission at the first “positive pregnancy” screening. This may occur in the primary care practice, at the emergency department, or within a local health clinic. For example, if a patient is seen at the emergency department or a local health department and is determined to be pregnant, an ROP should be submitted on behalf of the patient. The goal is to connect the individual to obstetrical care and other services and ensure coverage throughout pregnancy and the post-partum period to optimize health care access and health outcomes for the mother and infant. Again, the ROP is only intended for submission by non-obstetrical providers, Medicaid MCEs, and CBOs.

Please note: Practice sites will only submit one form type, either the ROP or the PRAF, not both. If your practice provides obstetrical services, PRAF forms should be submitted on behalf of your patients. If your practice does not provide obstetrical services, ROP forms should be submitted on behalf of your patients. These forms should only be completed for Medicaid recipients.

Benefits of Using Nurture Ohio to Submit Pregnancy Notifications:

- Updating pregnancy details in Ohio’s Medicaid eligibility system to prevent loss of Medicaid coverage during pregnancy.
- MCO enrollment of patients into care coordination and incentive programs to provide support and resources during pregnancy.
- An integrated progesterone prescription that can be printed off or faxed to the appropriate pharmacy to facilitate coordination of services and prevent delays.
- Real time referrals for Home Health delivery of progesterone.
- Timely referrals to the Ohio Department of Health’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Home Visiting Central Intake platform.

User Types

Clinical Practice Users, MCOs, and CBOs can access the NurtureOhio system to submit pregnancy notifications on behalf of Medicaid members. Users are classified into four different types which impact what views they have access to and how they enter information in the NurtureOhio system. Users are classified as one of the following types: Clinical OBGYN (Obstetric practice users), Clinical Non – OBGYN (Non-obstetric practice users), Non-Clinical Community Based Organizations, Non-Clinical Managed Care Plan users. For the purposes of NurtureOhio, ODM defines:

- Clinical OB/GYN as those users associated with a practice that provides obstetric services.
- Clinical Non – OB/GYN are users associated with a clinical practice that does not provide obstetric services, but is able to confirm an individual’s pregnancy via a positive pregnancy screening such as primary care, emergency department, urgent care, community health centers, community clinics, etc.
- Non-Clinical Community Based Organizations – Organizations identified by the Ohio Department of Medicaid as Ohio Equity Institute Lead Infant Mortality Entities
- Non – Clinical Managed Care Plans users affiliated with ODMs contracted managed care plans of both users from OBGYN and Non – OBGYN practices.

How to Obtain Access to NurtureOhio

All provider users of the NurtureOhio site must be an enrolled Medicaid provider. If a practice site is not a Medicaid provider, they will need to complete the enrollment process. Enrollment applications must be submitted using Ohio Medicaid’s Provider Network Management (PNM) module. Anyone accessing the Provider Network Management (PNM) module will need an OH|ID to log in.

Provider users will need to use their OH|ID to access the NurtureOhio system.

Instructions for setting up an OH|ID personal online user account can be found in [Appendix B](#).


Prenatal Visit Agent Role Assignment

Once an OH|ID is obtained, the provider administrator must assign the user the “Prenatal Visit” agent role the PNM. Instructions for assignment of roles is found in [Appendix C](#).

How to Log into NurtureOhio

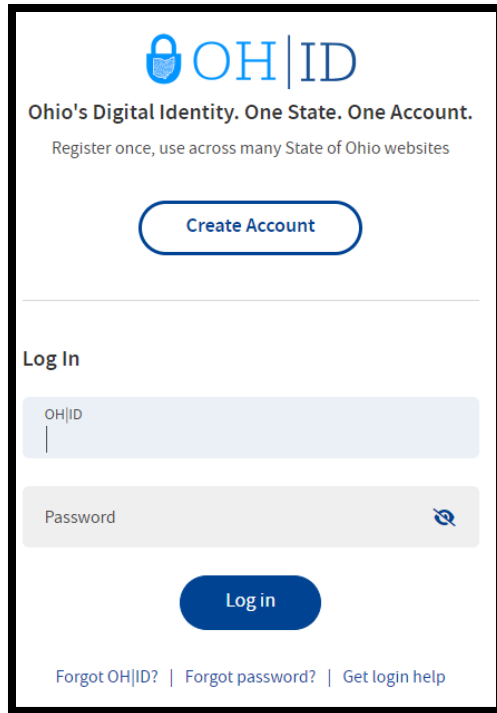
To access the NurtureOhio website, visit:

<https://www.progesterone.nurtureohio.com/login>



The screenshot shows the login interface for the PRAF 2.0 system. At the top left is the NurtureOhio logo with the tagline 'Care • Encourage'. To its right is the 'Ohio Department of Medicaid' logo. Below the logos is the title 'PRAF 2.0 Ohio Department of Medicaid's Online Notification of Pregnancy System'. Two paragraphs of instructions follow: one for Ohio Medicaid Providers/Practices and another for all other users. A 'System:' label is positioned to the left of a dropdown menu currently set to 'OHID'. Below the dropdown is a blue button labeled 'LOG IN WITH OHID'. At the bottom left of the form area is a 'Help' link with a question mark icon.

Ohio Medicaid Providers/Practices: Select "OHID" from the dropdown to log in with your OHID Username and Password to submit pregnancy notifications, prescriptions for progesterone, and referrals for patients currently insured by Ohio Medicaid. Click "LOG IN WITH OHID"



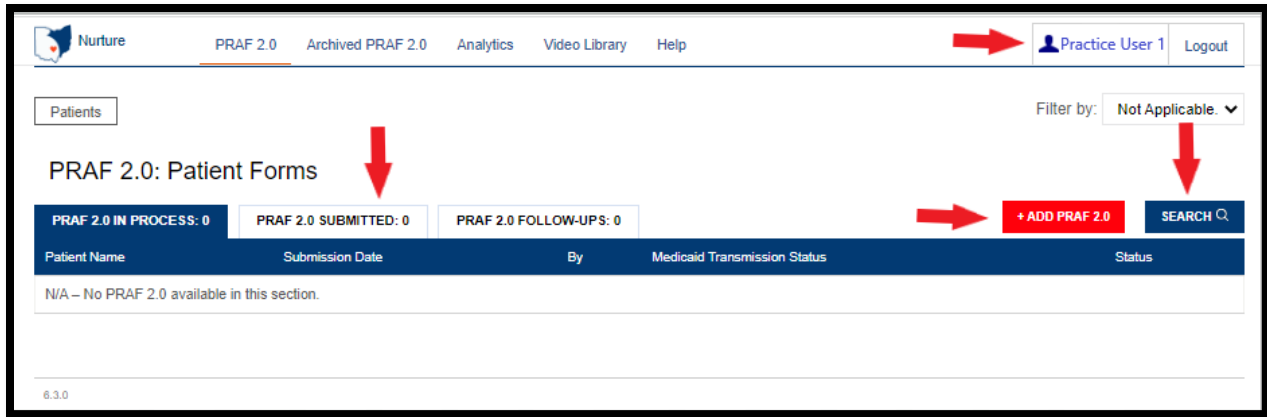
Welcome Screen

After logging in, Clinical OB/GYN users will be taken to the Welcome Screen.

The welcome screen allows users to perform or access multiple tasks, including:

- Updating practice, prescriber, and user information by clicking on the User ID (shown as “Practice User1” below in this test version).
- Entering new PRAF forms using the +Add PRAF 2.0 button.
- Reviewing a list of previously entered patients identified by name, date added, User ID of staff who entered the information, and MCO; all submitted patients available within “PRAF 2.0 Submitted” tab.
- Search for existing forms using patient name and DOB.
- Continuing or editing previous forms by clicking on Continue Form under “Action” when a form has the status of “In Process.”
- Downloading completed forms in PDF format or patient information in CSV format (available within Patients Submitted tab).

Note: Forms that are “In Process” may be edited. Completed forms have already been submitted to the patient’s county of residence and MCO (and to Home Health if this option was chosen).

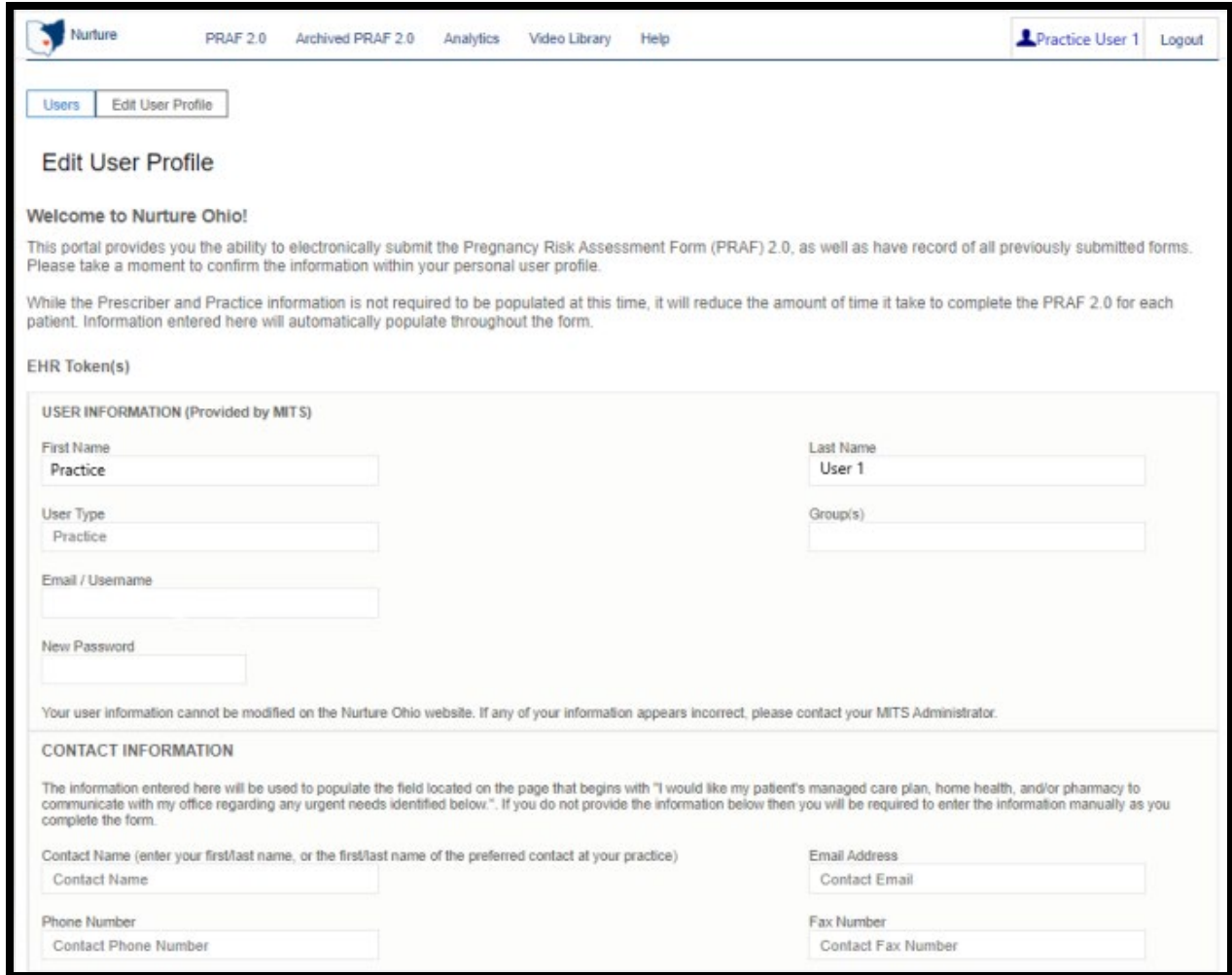


Updating, Adding, and Deleting Practice Information (the Edit User Screen)

After clicking on the User ID on the Welcome Screen, users can edit information about their user account. On this screen, users can:

- Edit user information, including contact information to populate the urgent need portion of the form.
- Review current practices and request access to new practices.
- Access the “New Practice Request” form to request the addition of a new practice; or
- Review, add, update, or remove prescriber information.
- Return to the Welcome Screen after saving by clicking on “Patients” at the top of the screen.

Adding new practices or prescribers allows information entered on this screen to be chosen from drop-down lists in other parts of the site. Once a practice is chosen from the first screen of the PRAF 2.0, the information will populate other portions of the form automatically.



Nurture PRAF 2.0 Archived PRAF 2.0 Analytics Video Library Help Practice User 1 Logout

Users Edit User Profile

Edit User Profile

Welcome to Nurture Ohio!

This portal provides you the ability to electronically submit the Pregnancy Risk Assessment Form (PRAF) 2.0, as well as have record of all previously submitted forms. Please take a moment to confirm the information within your personal user profile.

While the Prescriber and Practice information is not required to be populated at this time, it will reduce the amount of time it take to complete the PRAF 2.0 for each patient. Information entered here will automatically populate throughout the form.

EHR Token(s)

USER INFORMATION (Provided by MITS)

First Name Practice	Last Name User 1
User Type Practice	Group(s)
Email / Username	
New Password	

Your user information cannot be modified on the Nurture Ohio website. If any of your information appears incorrect, please contact your MITS Administrator.

CONTACT INFORMATION

The information entered here will be used to populate the field located on the page that begins with "I would like my patient's managed care plan, home health, and/or pharmacy to communicate with my office regarding any urgent needs identified below.". If you do not provide the information below then you will be required to enter the information manually as you complete the form.

Contact Name (enter your first/last name, or the first/last name of the preferred contact at your practice) Contact Name	Email Address Contact Email
Phone Number Contact Phone Number	Fax Number Contact Fax Number

PRACTICE INFORMATION

If you do not see the practice that you are looking for when using the search feature, feel free to request a new practice by visiting [New Practice Request](#) page. If you have a question or change for an existing practice, please fill out a Help form or send an email to Progesterone_PIP@Medicaid.ohio.gov.

Enter Practice Name


Current Practices

PRESCRIBER INFORMATION

Add, Update, or Remove Prescribers ▼

Prescribers are synced between users within your organization. Use the dropdown to add, remove, or update prescribers. If you are eligible to prescribe progesterone, please ensure that your information has been added correctly.

Please Note: Prescriber information is only necessary if the form is being used as a prescription and/or a home health referral.

 **SAVE**

Note: Some information associated with your User ID will be inserted automatically. You will not be able to edit this information.

Be sure to click the “Save” button at the bottom on this screen to save any changes you make on this screen, or they will be lost.


How to Submit a Pregnancy Risk Assessment Form (PRAF)

After clicking on the “+ ADD PRAF 2.0” button on the Welcome Screen, users can enter information into the PRAF form.

Nurture PRAF 2.0 Archived PRAF 2.0 Analytics Video Library Help Practice User 1 Logout

Patients Filter by: Not Applicable. ▼

PRAF 2.0: Patient Forms

PRAF 2.0 IN PROCESS: 0 **PRAF 2.0 SUBMITTED: 0** **PRAF 2.0 FOLLOW-UPS: 0**  **+ ADD PRAF 2.0** **SEARCH**

Patient Name	Submission Date	By	Medicaid Transmission Status	Status
N/A – No PRAF 2.0 available in this section.				

6.3.0

Add Practice Information

1. Select practice information.
2. If a progesterone prescription or home health referral is needed, select the prescriber information.
 - a. If progesterone prescription and home health referrals are not needed, select “Next”.

The screenshot displays the 'Confirm Prescriber Details' form in a web browser. The browser's address bar shows the URL 'https://progesterone.nurtureohio.com/patient' and the page title is 'Progesterone'. The user is logged in as 'Practice User1'. The form is titled 'Confirm Prescriber Details' and is divided into two main sections: 'PRACTICE INFORMATION' and 'PRESCRIBER INFORMATION'. Under 'PRACTICE INFORMATION', there is a dropdown menu labeled 'Add, Update, or Remove Practices'. Below this, a note states: 'Practice locations are synced between users within your organization. Use the dropdown to add, remove, or update practice information.' Under 'PRESCRIBER INFORMATION', there is a dropdown menu labeled 'Add, Update, or Remove Prescribers'. Below this, a note states: 'Prescribers are synced between users within your organization. Use the dropdown to add, remove, or update prescribers. If you are eligible to prescribe progesterone, please ensure that your information has been added correctly.' At the bottom of the form, there is a red button labeled 'NEXT'.

Add Patient Information

Patient Validation

To improve data quality and avoid HIPAA concerns, a patient validation feature has been added to check that the information entered links to a Medicaid individual’s case. This feature helps reduce “fat fingering” numbers and letters upon entry. Nurture Ohio takes the information entered and searches against Ohio Medicaid’s eligibility system. The user will receive feedback based on the data entered. If the information does not match, the user will have the opportunity to correct, re-validate and submit. If the information still does not match after correcting the fields indicated, the user may continue without validation, but verify the data after submission and resubmit. The user has up to 30 days to edit the form and resubmit. After 30 days the user will not be able to edit a form and must submit a new form.

Patient Validation cont.

1. Complete the required fields:
 - Patient First Name
 - Patient Last Name
 - Estimated Due Date
 - And one of the following combinations:
 - Patient MMIS Number (Patient Medicaid ID) + Patient Social Security Number (9- Digit)
 - Patient MMIS Number (Patient Medicaid ID) + Patient Date of Birth
 - Patient Social Security Number (9-Digit) + Patient Date of Birth

Patient Validation for PRAF 2.0

In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.

<p>Patient MMIS Number (Patient Medicaid ID) <input type="text"/></p> <p>Patient First Name* <input type="text"/></p> <p>Patient Last Name* <input type="text"/></p> <p>Patient Social Security Number (9 digit - no dashes) <input type="text"/></p> <p>Patient Date Of Birth <input type="text"/></p> <p>Estimated date of confinement (date baby is due)* <input type="text"/></p>	<p>The following fields are required for Validation: Patient First Name, Patient Last Name, Estimated Due Date, and at least one of the following combinations:</p> <ul style="list-style-type: none"> Patient MMIS Number + Patient Social Security (9-Digit) Patient MMIS Number + Patient Date of Birth Patient Social Security (9-Digit) + Patient Date of Birth <p>Please Note: Provider NPI or Billing NPI AND Name of Provider or Billing Entity are also required; these fields are not displayed if this information is saved in NurtureOhio.</p>
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SUBMIT FOR VALIDATION

Note: The Patient Medicaid ID location is shown on the Medicaid card below. For more information and to view the Medicaid ID on archive Medicaid cards, see [Appendix A](#).

Next Generation of Ohio Medicaid Managed Care Member ID Cards

The Next Generation managed care member ID cards were designed to include important information, including pharmacy benefit information, in one place and in a format that is easy to understand.

Every Ohio Medicaid managed care member should use this member ID card effective October 1

A member's ID number can be found here

A member's Primary Care Provider's name and phone number can be found here

When a member's ID card was issued can be found here

The diagram shows a sample member ID card with the following fields:

- CMCO Logo Here
- Member Name: Dr. John Doe
- Member ID Number: 12345678901234567890
- Plan ID Number: 00000000000000000000
- OhioRISE logo
- Aetna logo
- Primary Care Provider: Dr. John Doe, Phone: 555-555-0000
- Issuance Date: MM/DD/YYYY
- Member Services (Phone: 800-000-0000)
- 24 Hour Emergency Services (Phone: 800-000-0000)
- OhioRISE Member Services (Phone: 800-776-0079)
- Primary Benefits (United)
- Phone: 855-489-0244
- OH Medicaid
- Use Member ID for Billing

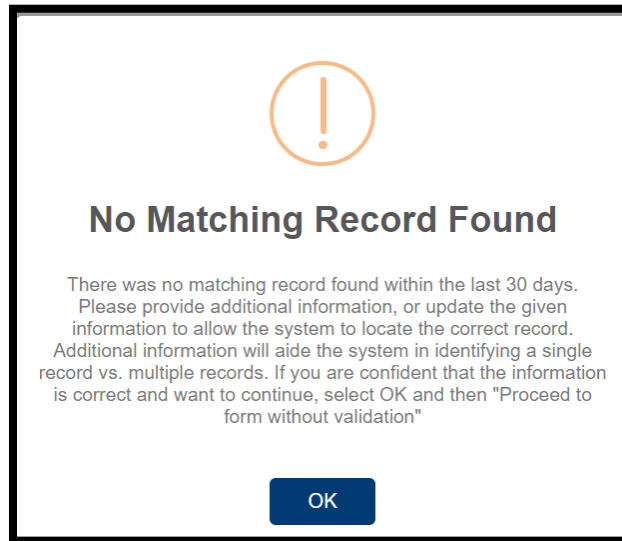
If a member has questions or an emergency related to their benefits, they can use the phone numbers located here

If a member is enrolled in OhioRISE, they will have the OhioRISE and Aetna logo here

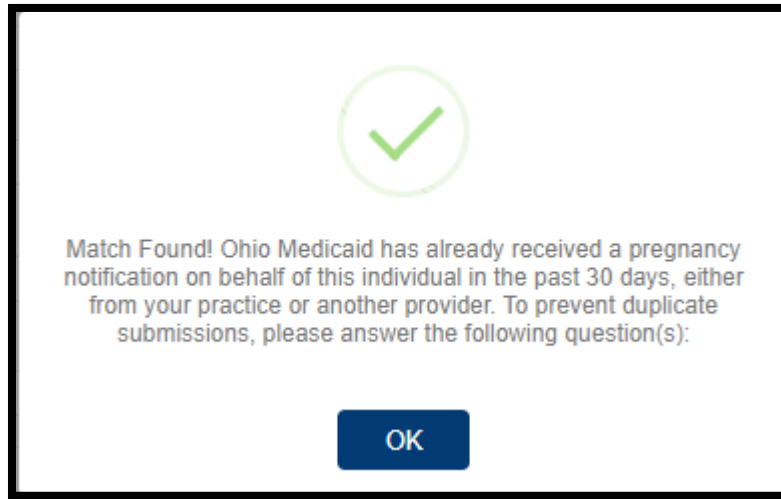
All member pharmacy information can be found here

2. Select Submit for Validation.
 - NurtureOhio will search the PRAF system to ensure no other records from the last 30 days can be found in the system for that member.

The following notification will appear when no matching PRAF record is found:



The following notification will appear when a matching record is found:



If a matching record is found, users must answer the following questions:

In the past 30 days have there been changes to:


- The individual's health?
 - Social risk factors from the prior submission?
 - **If yes:** the user may continue to complete a new form
 - **If no:** the user must open the previously completed form to edit with new information or the user can stop the submission
3. NurtureOhio then checks with the Ohio Medicaid system to ensure the patient has a profile in the Medicaid system.





Means the information provided does not have a matching record in the Medicaid system.


Patient Validation for PRAF 2.0


In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.


Patient MMIS Number (Patient Medicaid ID) 

Patient First Name* 

Patient Last Name* 

Patient Social Security Number (9 digit - no dashes) 

Patient Date Of Birth 

Estimated date of confinement (date baby is due)* 

The following fields are required for Validation: Patient First Name, Patient Last Name, Estimated Due Date, and at least one of the following combinations:

- Patient MMIS Number + Patient Social Security (9-Digit)
- Patient MMIS Number + Patient Date of Birth
- Patient Social Security (9-Digit) + Patient Date of Birth

Please Note: Provider NPI or Billing NPI AND Name of Provider or Billing Entity are also required; these fields are not displayed if this information is saved in NurtureOhio.

[PROCEED TO FORM WITHOUT VALIDATION](#) [SUBMIT FOR VALIDATION](#)

To proceed:


- The user must verify the patient's information.
- Correct errors
- Resubmit for validation





Means the information provided has a matching Medicaid record and the user may proceed to the form.


Patient Validation for PRAF 2.0


In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.


Patient MMIS Number (Patient Medicaid ID) 

Patient First Name* 

Patient Last Name* 

Patient Social Security Number (9 digit - no dashes) 

Patient Date Of Birth 

Estimated date of confinement (date baby is due)* 

Member Successfully Identified!

Based on the information provided, we were able to locate this individual within the Ohio Department of Medicaid's records.

Please proceed to complete the form by clicking on the button below.

[PROCEED TO FORM](#)

Note: The PRAF may be submitted without verifying eligibility with Medicaid by selecting “Proceed to form without verification”

- Risks of not verifying Medicaid eligibility:
 - No reimbursement for submission of PRAF
 - No follow-up of referrals
 - Potential HIPAA violation

Provider/Prescriber Information

All information on the following screen is automatically entered into the form based on the information submitted when creating a new practice except:

Name of Medicaid Managed Care Plan- Enter the patient’s Managed Care plan.

Date of Service- Date the prenatal appointment occurred

Provider Medicaid ID- ***This is only needed if prescribing progesterone. It will populate from the previous Prescriber Information screen.

Pregnancy Risk Assessment Form (PRAF) 2.0

For all Ohio Medicaid patients seen in your clinic, please completely fill out this form.

The information on this form will be used to:
(1) Notify the county of the individual's pregnancy so she does not lose Medicaid coverage;
(2) Address identified needs (smoking cessation, alcohol and drug abuse, transportation, behavioral health); &
(3) Expedite receipt of hydroxyprogesterone caproate (HPC) injections or vaginal progesterone

Name of Medicaid Managed Care Plan
Choose One

Practice Name:
[Redacted]

Provider Billing NPI
[Redacted]

Provider Medicaid ID
[Redacted]

FQHC Site?
Choose One

OPQC Site?
Yes

Date of Service
MM/DD/YYYY

NEXT

SAVE FOR LATER

Note: If unsure of OPQC status: check <https://www.opqc.net/participating-sites> for your practice.

Practice Address

Practice Street

Practice City

Practice State
OH

Practice Zip Code

BACK NEXT SAVE FOR LATER

Note: From this screen on, you can click “Save for Later” to save any information you’ve entered so far without completing the form or sending the information to the county or the patient’s MCO. Patients saved for later will appear as “In Process” on the Welcome Screen.

Patient Details

To complete the patient details, you must complete either the Patient’s Medicaid ID or Social Security number. All details on this page must be completed except where “optional” is shown.

Needed by county for pregnancy notification.

Patient MMIS Number (Patient Medicaid ID)

To process your submission, data must be entered in either or both of the following fields: Patient MMIS Number (Patient Medicaid ID) and/or Patient Social Security Number. Please review your request and make sure the MMIS Number and/or SSN are not blank.

Patient Managed Care Plan ID (Optional)

Patient First Name

Patient Last Name

Estimated date of confinement (date baby is due)

Gestational Weeks
Choose One

Gestational Days
Choose One

Number of Fetuses
Choose One

Date Recorded
MM/DD/YYYY

NurtureOhio Provider User Guide

Patient Social Security Number

Please enter without dashes - numbers only.

To process your submission, data must be entered in either or both of the following fields: Patient MMIS Number (Patient Medicaid ID) and/or Patient Social Security Number. Please review your request and make sure the MMIS Number and/or SSN are not blank.

Patient Date of Birth

Patient Street

Patient City

Patient State

Choose One ▾

Patient Zip Code

Patient County

To protect PHI and maintain Medicaid during pregnancy, please check that you are correctly choosing the patient's current county of residence. For patients from outside the state of Ohio, please select "Other."

Choose One ▾

Patient Phone

Patient Alternate Phone (Optional)

Primary Language is English?

Choose One ▾

How does the patient describe their ethnicity?

Choose One ▾

How does the patient describe their race?

Choose One ▾

Patient Email (Optional)

[BACK](#) [NEXT](#) [SAVE FOR LATER](#)

Once all information is complete, select "Next"

Referrals

This section is where risks and referrals are submitted to the MCO for follow-up with the patient.

The screenshot shows a web form titled "Provider Contact" with a blue header. The form contains several sections: a dropdown menu for "Choose One" with a description "I would like my patient's Managed care plan to communicate with my office regarding an urgent need."; three text input fields for "Practice Phone Number:", "Practice Email Address:", and "Practice Fax Number:"; a text input field for "The name of the person at my site who should be contacted with updates/questions about this form is:"; a dropdown menu for "Choose One or More" with a description "Patient would benefit from Managed Care and/or County Job and Family Services assistance with:" and subtext "For Medicaid Application Assistance call 1-844-640-OHIO. For questions about Medicaid Programs, covered services or managed care call 1-800-324-8680."; three more dropdown menus for "Choose One" with questions: "Current Gestational Diabetes Mellitus (GDM) Diagnosis?", "Previous diagnosis of GDM during Pregnancy?", and "Is patient currently smoking or using tobacco products?". At the bottom, there are three buttons: "BACK", "NEXT", and "SAVE FOR LATER".

Progesterone

Prescription

If a progesterone prescription is needed the following screens allow the user to enter progesterone information.

If progesterone is not being prescribed, select "No" then submit the PRAF.

The screenshot shows a web form titled "Progesterone Candidate" with a blue header. The form contains a dropdown menu for "No" with a description "Progesterone Candidate?" and subtext "Yes (gestational age is or will be between 16 & 24 weeks, this is a singleton gestation, the patient has had a previous singleton preterm birth prior to 37 completed gestational weeks that was related to spontaneous preterm labor, preterm ruptured membranes &/or cervical insufficiency)". At the bottom, there are three buttons: "BACK", "SAVE FOR LATER", and "SUBMIT".

If progesterone is being prescribed:

- **Progesterone Candidate:** Yes
- **Due to:** Ability to select one or both- Prior spontaneous singleton birth or Short cervix (<20mm)

- **Was progesterone offered:**
 - If No is selected, explanation of why it was not offered is needed

Pregnancy Risk Assessment Form (PRAF) 2.0

Progesterone Candidate

Progesterone Candidate?
Yes (gestational age is or will be between 16 & 24 weeks, this is a singleton gestation, the patient has had a previous singleton preterm birth prior to 37 completed gestational weeks that was related to spontaneous preterm labor, preterm ruptured membranes &/or cervical insufficiency)

Yes

Due to:
Prior spontaneous singleton preterm birth, Short cervix (<20mm)

Was progesterone offered?
No

Please explain why progesterone was not offered:

BACK

SAVE FOR LATER SUBMIT

Progesterone Candidate

Progesterone Candidate?
Yes (gestational age is or will be between 16 & 24 weeks, this is a singleton gestation, the patient has had a previous singleton preterm birth prior to 37 completed gestational weeks that was related to spontaneous preterm labor, preterm ruptured membranes &/or cervical insufficiency)

Yes

Due to:
Prior spontaneous singleton preterm birth, Short cervix (<20mm)

Was progesterone offered?
Yes

Was progesterone treatment accepted?
Yes

BACK

NEXT

SAVE FOR LATER

- If yes and treatment was accepted, select “Next” to complete prescription information.

Select the Specialty Pharmacy then click “Next.”

Pregnancy Risk Assessment Form (PRAF) 2.0

Managed Care Plan and Specialty Pharmacy Confirmation

Medicaid Managed Care Plan - Specialty Pharmacy (Optional)

Choose One

- Choose One
- Buckeye - Acaria
- CareSource - Optum OB Homecare
- CareSource - OptionCare
- Molina - CVS CareMark
- Paramount Advantage - CVS CareMark
- UHC Community Plan - Briova
- Traditional Medicaid - N/A

NEXT

SAVE FOR LATER

Home Health Referral (for progesterone injection)

If progesterone is indicated on the PRAF and is being administered in the home, this PRAF may be used as a referral to home health care.

Prescription/Home Health Referral

Order For

Please Note: If you do not intend to use this form as a home health referral or prescription, please select ONLY the third answer choice. Do not select option 3 in combination with option 1 and/or 2.

Choose One or More

- 17-hydroxyprogesterone caproate injection
- Vaginal Progesterone
- N/A - I am not completing as a home health referral or as a prescription.

NEXT

SAVE FOR LATER

Submit

Once all required sections have been completed, click the “Submit” button.

This is the final page of the form. Once submitted, the form cannot be modified. If you wish to modify the form at a later time before submitting it, please select the “Save for Later” button.

Selecting the “Submit” button will create a PDF prescription for progesterone, which must be printed off and faxed to the appropriate pharmacy.

- For 17-Hydroxyprogesterone Caproate the prescription will need to be sent to the patient’s MCP-contracted specialty pharmacy.
- For traditional fee for service Medicaid, the prescription can be sent to the pharmacy of choice.
- Vaginal progesterone prescriptions can either be sent to the patient’s regular pharmacy, or provided to the patient to be filled.

BACK

SAVE FOR LATER SUBMIT

Note: If required areas are missing from the document, the user will be directed to those areas for correction or addition of information.

Missing information is outlined in red:

For all Ohio Medicaid patients seen in your clinic, please completely fill out this form.

The information on this form will be used to:
(1.) Notify the county of the individual's pregnancy so she does not lose Medicaid coverage;
(2.) Address identified needs (smoking cessation, alcohol and drug abuse, transportation, behavioral health); &
(3.) Expedite receipt of hydroxyprogesterone caproate (HPC) injections or vaginal progesterone

Name of Medicaid Managed Care Plan
[Redacted] ▼

Practice Name:
[Redacted]

Provider Billing NPI
[Redacted]

Provider Medicaid ID
[Redacted]

FQHC Site?
Choose One ▼

OPQC Site?
Yes ▼

Date of Service
MM/DD/YYYY

NEXT

SAVE FOR LATER

Once all corrected/updated information is entered, select "Submit" again.

This is the final page of the form. Once submitted, the form cannot be modified. If you wish to modify the form at a later time before submitting it, please select the "Save for Later" button.

Selecting the "Submit" button will create a PDF prescription for progesterone, which must be printed off and faxed to the appropriate pharmacy.

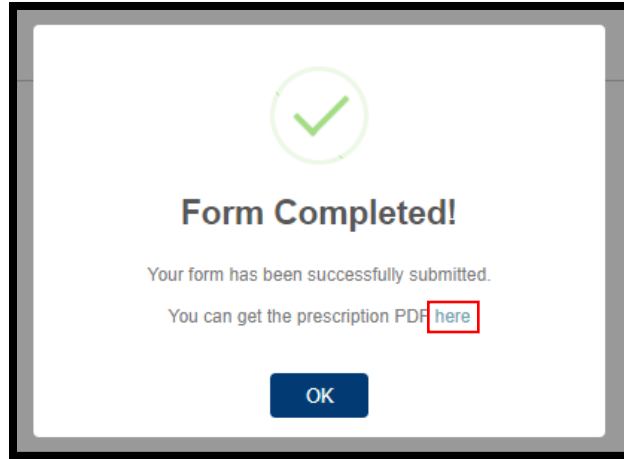
- For 17-Hydroxyprogesterone Caproate the prescription will need to be sent to the patient's MCP-contracted specialty pharmacy.
- For traditional fee for service Medicaid, the prescription can be sent to the pharmacy of choice.
- Vaginal progesterone prescriptions can either be sent to the patient's regular pharmacy, or provided to the patient to be filled.

BACK

SAVE FOR LATER SUBMIT

Printing the Prescription

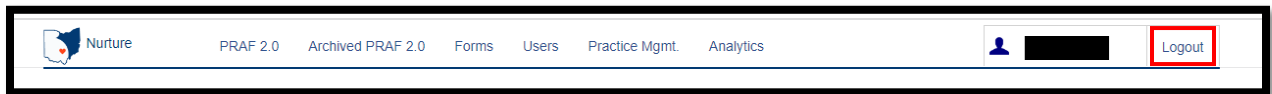
If progesterone was indicated in the PRAF a PDF prescription is available once the PRAF is submitted. A pop-up will appear with a hyperlink to download the prescription.



Log Out

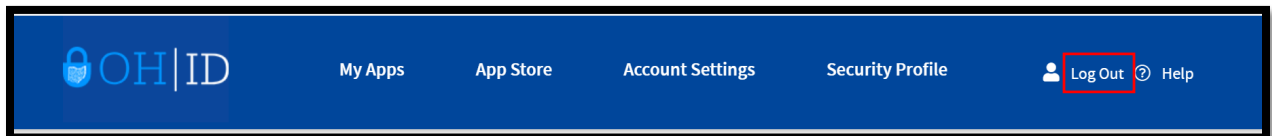
It is important to log out of the NurtureOhio and OHID systems when finished.

- Select “Logout” in the top right-hand corner of the screen.



This will direct the user to the OHID logout screen.

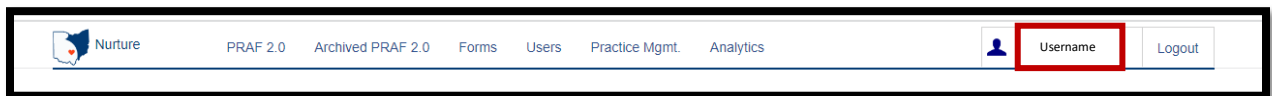
- Select “Log Out”



How to Submit a New Practice to be Added to NurtureOhio

When a new practice needs to start submitting PRAFS, a representative must submit the practice for verification and addition to the NurtureOhio system.

- Select the username in the top right of the screen to be brought to the Edit User Profile screen



Edit User Profile

Welcome to Nurture Ohio!

This portal provides you the ability to electronically submit the Pregnancy Risk Assessment Form (PRAF) 2.0, as well as have record of all previously submitted forms. Please take a moment to confirm the information within your personal user profile.

While the Prescriber and Practice information is not required to be populated at this time, it will reduce the amount of time it take to complete the PRAF 2.0 for each patient. Information entered here will automatically populate throughout the form.

EHR Token(s)

USER INFORMATION (Provided by MITS)

First Name	Last Name
<input type="text"/>	<input type="text"/>
User Type	Group(s)
Practice	None
Email / Username	
<input type="text"/>	
New Password	
<input type="text"/>	

Your user information cannot be modified on the Nurture Ohio website. If any of your information appears incorrect, please contact your MITS Administrator.

CONTACT INFORMATION

The information entered here will be used to populate the field located on the page that begins with "I would like my patient's managed care plan, home health, and/or pharmacy to communicate with my office regarding any urgent needs identified below.". If you do not provide the information below then you will be required to enter the information manually as you complete the form.

Contact Name (enter your first/last name, or the first/last name of the preferred contact at your practice)	Email Address
<input type="text"/>	Contact Email
Phone Number	Fax Number
Contact Phone Number	Contact Fax Number

PRACTICE INFORMATION

If you do not see the practice that you are looking for when using the search feature, feel free to request a new practice by visiting [New Practice Request](#) page. If you have a question or change for an existing practice, please fill out a Help form or send an email to Progesterone_PIP@Medicaid.ohio.gov.

Current Practices

PRESCRIBER INFORMATION

Prescribers are synced between users within your organization. Use the dropdown to add, remove, or update prescribers. If you are eligible to prescribe progesterone, please ensure that your information has been added correctly.

Please Note: Prescriber information is only necessary if the form is being used as a prescription and/or a home health referral.

SAVE

- Select "New Practice Request" to be brought to the New Practice Request page.

New Practice Request

PRACTICE INFORMATION

Practice Name

Street

City State Zip

Phone Number

Fax Number

Office Contact - Email

OPQC Site?
 ▼

Is your practice considered a Federally Qualified Health Center (FQHC)?
 ▼

Provider Billing NPI

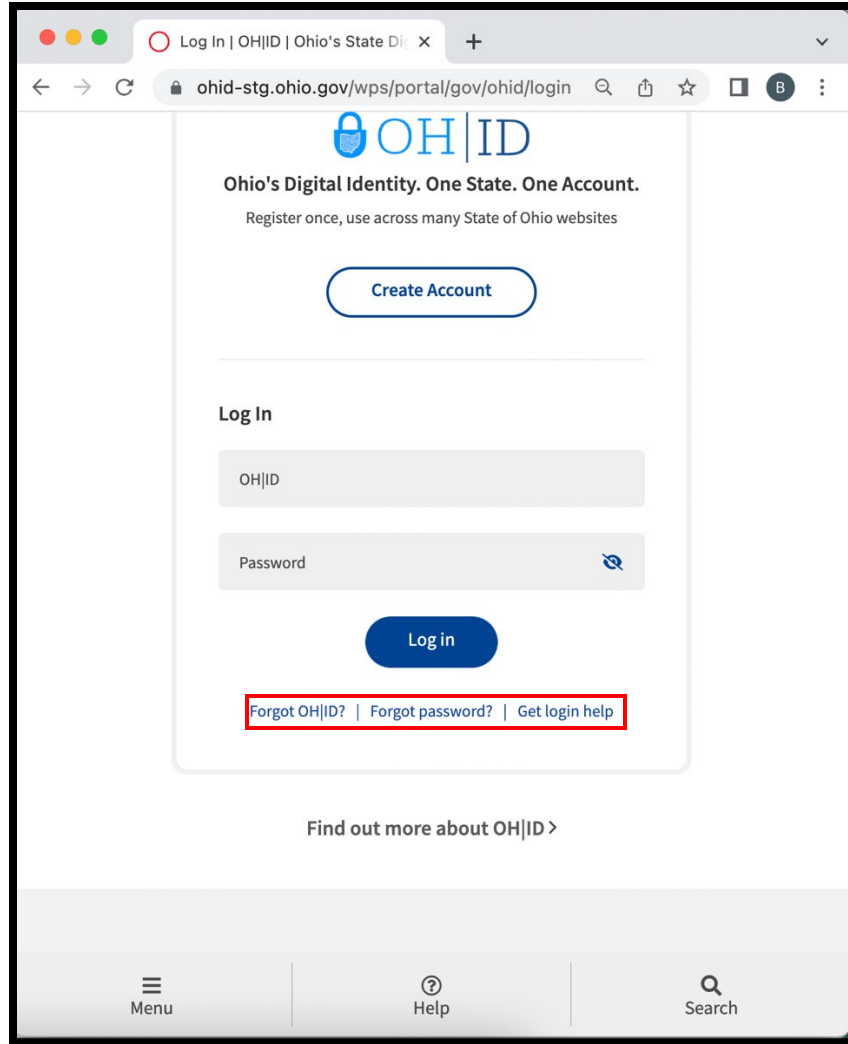
Practice information will not be immediately made available within NurtureOhio. If there are any issues or questions about information that is entered then we will follow-up with your practice, otherwise you can expect to see the requested practice added with 5 business days.

Note: The Provider Billing NPI should be the Organization or Practice NPI, not the Individual Provider NPI, unless the provider is in practice by themselves.

- Once all needed information is entered, select “Submit.”
 - The practice will be added to NurtureOhio within 5 business days.
 - Once in NurtureOhio, the practice information will be automatically entered where appropriate.

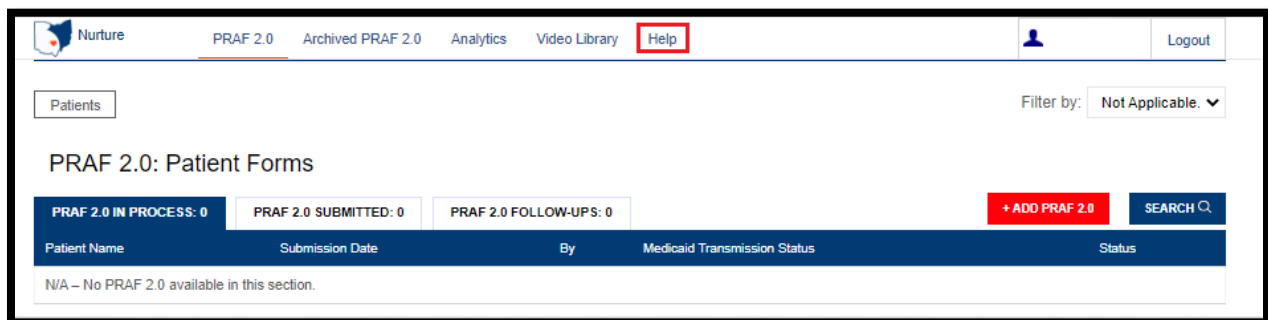
Forgotten Username or Password

If you have forgotten your username or password or need help logging in, contact the Integrated Help Desk or go to <https://ohid.ohio.gov/wps/portal/gov/ohid/login/> and follow the link “Forgot OH|ID?, Forgot password or Get login help”.



Help Desk and User Support

If you have any concerns or issues with the website, are unable to view fields or your practice did not populate please use the “HELP” button shown in the screen shot below.



Help Form

The screenshot shows the 'Nurture Ohio Help' form. At the top, there is a navigation bar with the 'Nurture' logo and links for 'PRAF 2.0', 'Archived PRAF 2.0', 'Analytics', 'Video Library', and 'Help'. A user profile icon and a 'Logout' button are also present. Below the navigation bar, the form title 'Nurture Ohio Help' is displayed. The main content area contains three paragraphs of introductory text, followed by a large text input field for describing the issue. At the bottom, there is a 'Contact Email' input field and a red 'SUBMIT' button. The version number '6.3.0' is visible in the bottom left corner.

If you have any general questions regarding the PRAF form content or process, please email MomsandBabies@medicaid.ohio.gov with the Subject "PRAF Form".

I Have a Question about the PNM module, OH|ID, or Portal Password Support

- Call the ODM Integrated Help Desk at (800) 686-1516. Representatives are available during special hours Sat. Oct. 1 - Sun. Oct. 2 (8 a.m. - 5 p.m.), Mon. Oct. 3 - Fri. Oct. 7 (7 a.m. - 7 p.m.), Sat. Oct. 8 (8 a.m. - 5 p.m.), and Mon. Oct. 10 - Fri. Oct. 14 (7 a.m. - 7 p.m.). After this, regular hours will resume (Mon. - Fri. 8 a.m. - 4:30 p.m.).
- Email the ODM Integrated Help Desk at IHD@medicaid.ohio.gov
- Visit the OH|ID self-service portal at <https://ohid.ohio.gov/wps/portal/gov/ohid/login>

Maintenance and System Outages

If the Nurture system is shut down for maintenance, you will receive an e-mail from the Nurture Helpdesk (no-reply@duethealth.com). The Ohio Department of Medicaid paper-based notification process can be used during these system outages. The paper-based form, ODM 10207, and its accompanying instructions, ODM 10207i, can be found at the URL below.

<http://medicaid.ohio.gov/RESOURCES/PUBLICATIONS/MEDICAIDFORMS.ASPX>

Appendix A

About NurtureOhio Features

Shareable Data Entry

Multiple users associated with one practice can enter data on a patient's form prior to final submission. The save feature lets one user begin a form and save it so that it can be completed later. Users can also edit a form up to 30 days after the original submission date.

One Time Data Entry of Practice and Provider Information

Clinics can set up practice and provider information so that it is readily available for all future uses. This reduces the amount of data entry needed to complete forms over time.

Same-Day Pregnancy Notification

Pregnancy notification helps patients maintain Medicaid eligibility. It also helps MCOs address the needs of pregnant Medicaid members more quickly.

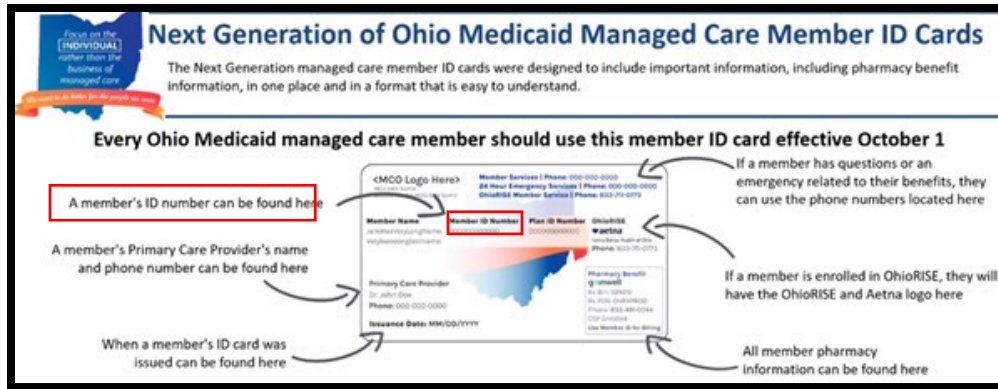
The NurtureOhio website can notify the managed care plan and the Ohio Benefits Worker Portal of the patient's pregnancy the same day it is entered into NurtureOhio. Practice users assist in this process by accurately entering the following patient information:

- First name
- Last name
- Date of birth
- Social security number (full 9 digits)
- Member ID

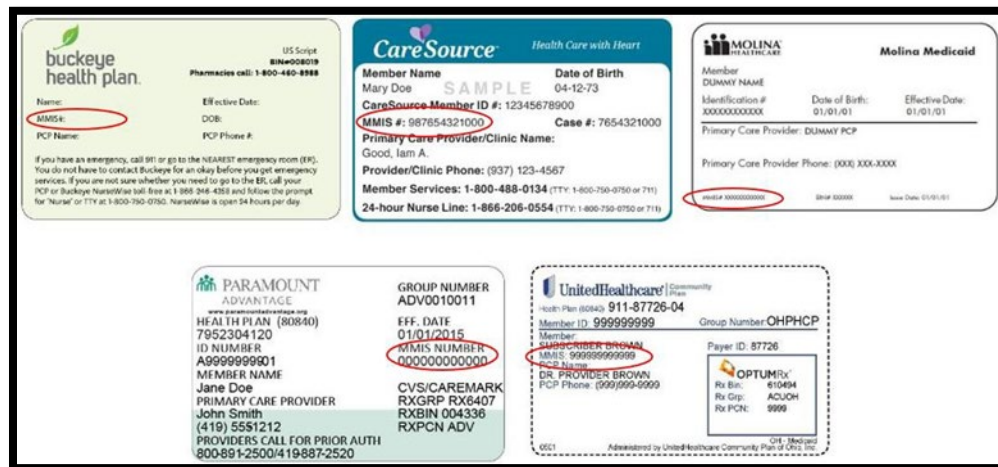
Ohio Benefits, Medicaid's eligibility system, accepts pregnancy information directly from the information users enter in NurtureOhio. Accuracy of the five details above is important to match the individual's case in Ohio Benefits. The member ID as displayed on the patient's Medicaid card and/or the patient's social security number is important as they are used to identify the member for whom pregnancy needs to be updated. The estimated pregnancy due date paired with the latter five identifiers are used to update the Ohio Benefits system. This helps prevent the loss of coverage during pregnancy. Please note the member ID number is consistent across Medicaid MCOs. The member ID number will not always be the same as the MCO ID # which varies by insurance plan. Thus, please be sure to capture the member ID number and not mistakenly input the MCO ID #. Below is where you will locate the member ID number on our contracted managed care entity insurance cards.

The member ID # is:

- Used to verify a patient's eligibility and their MCO,
- Consistent across all MCOs and Ohio Medicaid, and
- Required for the PRAF 2.0 form to communicate with Ohio Benefits.



Below is where you will locate the member ID number on archived versions of the managed care organization cards.



Prescriptions for Progesterone and Referrals for Home Health Injections

This website can send notifications of pregnancy, progesterone candidacy, and other patient needs – all in one easy-to-use location. Users will also have the option to create progesterone prescriptions and submit home health referrals.

Ability to Retrieve and Save Previously Entered Forms

Forms entered and saved by a practice can be viewed and downloaded in two different formats (PDF and CSV).

Ability to Filter Analytics by Practice

Practices have the ability to view aggregate and site-specific data analytics for information captured in NurtureOhio.

Appendix B: Creating an OH|ID Account for PNM as a Provider Agent

Note: Provider Administrators will need to call the integrated help desk after creating their OH|ID to complete registration within the PNM module

Quick Reference Guide: Creating OH|ID Account for PNM

Steps:

1

Access the PNM [URL](#) and select 'Sign Up' or 'Click Here' listed after "Don't have an Account?" to create an OH|ID account

2

On the OH|ID page, click 'Create Account'

3

Complete the 6-step account creation process, including the Email Verification step, where an email with a PIN will be sent to the email address listed

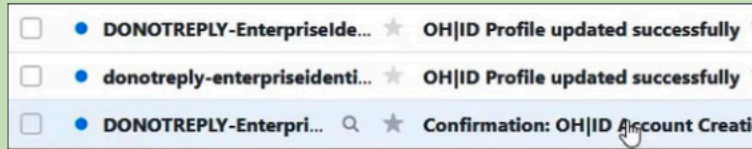
Create OH|ID Account

- 1 Email Verification
- 2 Personal Info
- 3 Pick a Username
- 4 Create Password
- 5 Account Recovery
- 6 Terms & Conditions

Quick Reference Guide: Creating OH|ID Account for PNM

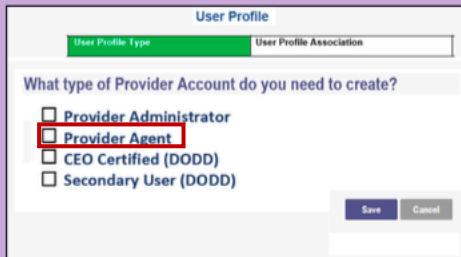
Steps:

4



Continually check the email listed on the account creation page for email updates and PIN numbers to verify your identity

5



You should be automatically directed back to the PNM system.

During your initial login, you may be asked for what type of Provider Account (role) you need to create for PNM. Select the proper option and click Save.

Appendix C: Adding Agent Roles in PNM

Steps:

1

A user with an Administrator role can assign users with an [Agent role abilities](#) to complete actions for specific providers (Medicaid IDs)

If you have an Administrator role, to begin this process, click the **Account Administration** button on your homepage/dashboard

2

From the drop-down menu, select the **Medicaid ID** of the provider for which you want the Agent to complete actions

Once a Medicaid ID is selected, the 'Name' line will populate, allowing you to confirm you have selected the correct provider

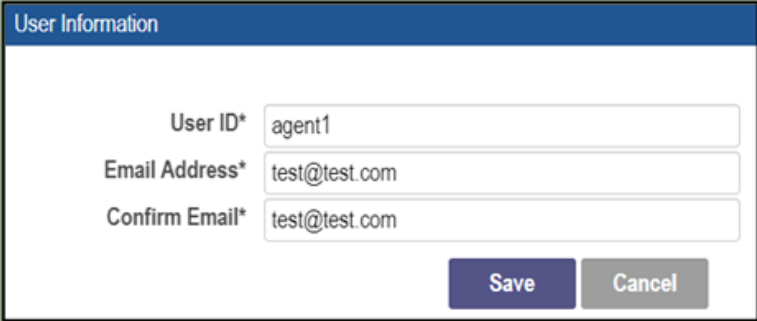
3

To add a new user with an Agent role, click the **Add User** button at the bottom of the page

Note: The message in red text at the top of the page "No Agents are mapped to this Medicaid ID" will only appear when there are no agents assigned to a provider (Medicaid ID)

Disclaimer: It is the Provider's responsibility to keep information up to date in PNM. This includes specialties, contact information, addresses, etc.

4



Enter the user ID (OH|ID) and email address (address linked with OH|ID account) for the Agent you wish to assign actions to

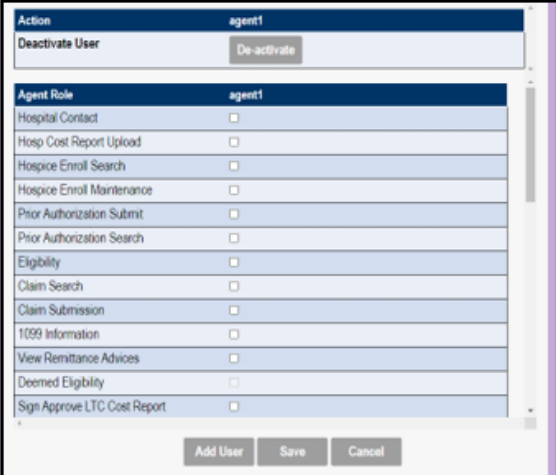
Click **Save** once details are entered

5

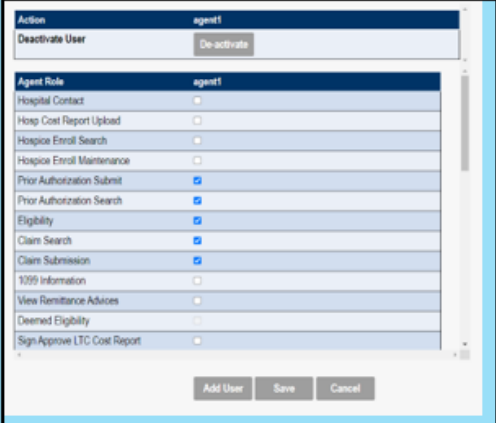
Check the check box for each action that you want the user with the Agent role to have (multiple boxes can be selected)

*A full list of available actions is listed on [Page 3](#) of this document

When all actions have been assigned, click **Save**



6



The next time this provider (Medicaid ID) is accessed through the Account Administration screen, all Agents assigned to the provider will display

To add new actions, click the check box for each action and click **Save**

To remove actions, unclick the check box for each action and click **Save**

To de-activate the Agent from accessing the provider (Medicaid ID), click **De-activate**

Disclaimer: It is the Provider's responsibility to keep information up to date in PNM. This includes specialties, contact information, addresses, etc.

Agent Roles/Actions:

Role Name	Description
Prenatal Visit	Agent role needed to authenticate with Duet's Nurture Ohio System