## USING THE OHIO MEDICAID PREGNANCY RISK ASSESSMENT FORM POPULATED BY THE PRAF ODIP API FROM THE OHIO DATA INTEGRATION PLATFORM, UTILIZING AZARA DRVS

Pregnancy Risk Assessment Form – ODIP API

User Guide for API Users

### VERSION 2.1, NOVEMBER 21, 2024



# PRAF User Guide for API Users

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## Welcome

This document is intended to help you get started using the Pregnancy Risk Assessment Form (PRAF) populated by the Ohio Data Integration Platform (ODIP) Application Programming Interface (API) in the Azara Data Reporting and Visualization System (DRVS).

#### What is the ODIP utilizing Azara DRVS?

The ODIP leverages Azara DRVS to create a centralized data reporting and analytics software for Ohio community health centers. The Ohio Association of Community Health Centers (OACHC) partnered with Azara Healthcare to create a scalable infrastructure for network expansion and statewide population health. Utilizing the data within ODIP further enhances the interoperability and automation of data flow for PRAF submissions and decreases the reporting burden.

#### What is the PRAF ODIP API?

The PRAF ODIP API is a web-based software application that extracts data daily from an Azara DRVS and uploads the data in bulk (multiple patients) to NurtureOhio, readying the patient records for processing by a user from that healthcare provider. The user can quickly review the data in <u>NurtureOhio PRAF 2.0 Ohio Department of Medicaid's Online Notification of Pregnancy System</u> <u>website</u>, edit if needed, and submit it for validation and then completion.

Currently, there is only one API available to implement this process. That is the PRAF ODIP API built by Azara Health Care, LLC for Ohio Federally Qualified Health Centers (FQHC) or FQHC Look alike (FQHC LAL) participating in the ODIP with the OACHC.

Note that other healthcare providers in Ohio that use an Epic electronic health record may participate in a similar effort to send PRAFs to NurtureOhio through the Medicaid Perinatal Risk Tool (MPRT). For information on the MPRT, contact imrp@osumc.edu.

### What do I need from Azara and OACHC?

Here are the prerequisites you will need from OACHC and Azara Healthcare before using the PRAF ODIP API.

- □ You must work at an Ohio FQHC or FQHC LAL that utilizes Azara DRVS, which gathers data from your health center's electronic health record.
- □ You must participate in an onboarding process with Azara and OACHC to:
  - Identify how to capture data from your EHR that matches the PRAF minimum dataset.
  - Standardize the workflow for identifying Medicaid-eligible pregnant women who should have their data transferred to NurtureOhio.
  - Go through an initial testing phase.

To get started with the PRAF ODIP API to populate your PRAFs, contact Joel Kauffman at jkauffman@ohiochc.org.

### What do I need from NurtureOhio?

Here are the prerequisites that you will need from NurtureOhio before using the PRAF ODIP API.

- □ Access to NurtureOhio account/login credentials
  - You must be a registered user of NurtureOhio with an OH|ID and have the prenatal visit role assigned for each OB practice for which you will submit PRAFs.
  - For information on how to gain access to NurtureOhio, see the <u>PRAF 2.0</u> <u>NurtureOhio Interface: Medicaid Provider User Guide</u>.
  - If you do not currently have access or have issues with access to NurtureOhio, please email <u>Momsandbabies@medicaid.ohio.gov</u>.

#### What is a summary of the workflow steps for using the PRAF ODIP API?

- 1. In your provider practice's electronic health record:
  - a. Make sure that the required data fields for a PRAF submission are completed, including first name, last name, Medicaid Patient ID, SSN, date of service, birth date of the patient, due date, address, telephone number, weeks, and days of gestation. This avoids unnecessary work and delays in completing a PRAF.
  - b. For patients with a missing Medicaid Patient ID, check alternative forms of identification (scanned Medicaid card, eligibility verification system).
  - c. Complete the required CPT Code (H1000) and Code Modifier (33) for the patient and date of service. This triggers the transfer of PRAF data for overnight processing by Azara.
    - i. Note: If CPT and Modifiers are not part of the initial encounter, Azara will work with FQHC's to identify what encounter types initiate the PRAF data transfer.
- 2. Data will then be transmitted to Azara DRVS.
- 3. By the next business day, Azara will transfer the patient data for all patients identified for PRAF submission to NurtureOhio.
- 4. At the NurtureOhio website, log in to view the transferred PRAFs on the next business day.
- 5. Review the PRAF on the NurtureOhio website and edit and make changes if needed.
- 6. On the NurtureOhio website, finalize the form and submit it to the Ohio Department of Medicaid within 48 hours of being uploaded by Azara.

## PRAF ODIP API Submissions Finding the ODIP Transferred PRAF

ODIP PRAFs are transferred over to NurtureOhio as an in-process PRAF. These PRAFs are available to complete/submit for NurtureOhio users associated with the practice for the patient. These PRAFs are found in the in-process section of the patients' page. All PRAFs transferred via ODIP will be highlighted in light blue.



Users can select the patient's name and click "Continue Form" to finish submitting the PRAF.

Nurture	PRAF 2.0	Archived PRAF 2.0	Analytics	Video Library	Help				1	Chris Holmes	Logout
Patients Test User											
Test User								1			
Forms History											
Submission Date	Form	n Name				Sta	tus	Actio	•		
N/A	Preg	nancy Risk Assessment	Form (PRAF)	2.0		In F	Process	Continue F	Form Dele	te Form	

Once in the PRAF form, filling out the form is the same as if you were filling out a PRAF normally.

When all patient data is entered into the PRAF, the user will select "VALIDATE & SUBMIT" for PRAFs from ODIP. NurtureOhio will check the PRAF form for completion, checking if all required fields are filled in. This step is the same validation that occurs for normal PRAF submissions. Once this step is completed, the next process of submitting the PRAF will be started automatically.

*Is patient currently smoking on No ~	*Is patient currently smoking or using tobacco products? No					
Prior Pregnancy Risks. Check Tobacco/Nicotine Use Substance Use Disorder Alcohol Use	Prior Pregnancy Risks. Check all that apply.					
My office would like my particular	tient's Medicaid MCO to commu	nicate with my office about their assistance.				
My patient would benefit fr	om a referral to WIC.					
My patient would benefit fr	My patient would benefit from a referral for Home Visiting.					
Permission is given for text	Permission is given for text messages about Home Visitation (please ensure cell phone number is listed on page 2 of PRAF)					
			SAVE FOR LATER VALIDATE & SUBMIT			

## Medicaid Validation for ODIP Transfers

The next validation that occurs checks if the patient is found and covered under Medicaid. A thirdparty vendor does the validation check.

Alcot	cco Counseling/Treatment Connection to SUD Services of Use Connection to SUD Services of Counseling/Treatment	
*Current Gestational Diabetes Mellitus (GDM) Diagno No ~ *Previous diagnosis of GDM during Pregnancy? No ~	i	
*Is patient currently smoking or using tobacco product No	Validating Patient Information	
Prior Pregnancy Risks. Check all that apply.  Tobacco/Nicotine Use Substance Use Disorder Alcohol Use Gestational Diabet	<u>^</u>	
My office would like my patient's Medicaid MCO to co	mmunicate with my office about their assistance.	

If validation fails at this stage, the user will see a notification telling them the validation failed. Appropriate error messages will be displayed above the PRAF form to inform the user what needs to be addressed. **All PRAFs should pass validation before submission**.

Patient Date of Birth Does Not Match the Patie     Invalid/Missing Patient Name.	nt on File.	
Needed by county for pregnancy notification.		
Patient MMIS Number (Patient Medicaid ID)		
To process your submission, data must be entered in your request and make sure the MMIS Number and/c	$(\mathbf{X})$	nd/or Patient Social Security Number. Please review
Patient Managed Care Plan ID (Optional)		
	Validation Failed	
Patient First Name		
Test	Please address the issue(s) above the PRAF form.	
Patient Last Name User	ОК	
Estimated date of confinement (date baby is due) 05/31/2024		
Gestational Weeks		
7		

If NurtureOhio can decipher what fields need to be addressed, the user will be redirected to those fields on the form. These fields will be outlined in red.

	Patients         Test User         Pregnancy Risk Assessment Form (PRAF) 2.0
	Pregnancy Risk Assessment Form (PRAF) 2.0
$\rightarrow$	<ul> <li>Patient Date of Birth Does Not Match the Patient on File.</li> <li>Invalid/Missing Patient Name.</li> </ul>
	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 your request and make sure the MMIS Number and/or SSN are not blank. 100000000000
	Patient Managed Care Plan ID (Optional)
	Patient First Name Test
$\rightarrow$	Patient Last Name User
	Estimated date of confinement (date baby is due) 05/31/2024
	Gestational Weeks 7 ~
	Gestational Days Choose One ~

There can be more than one error at once. Error messages will appear above the form. The possible errors the user can see are as follows.

- Invalid/Missing Date(s) of Service.
- Patient Date of Birth Does Not Match the Patient on File.
- Invalid/Missing Patient Medicaid ID.
- Invalid/Missing Patient Name.
- Patient Not Found.
- Duplicate Patient ID Number.
- Must Provide Valid Patient Medicaid ID and/or Social Security Number.
- System unable to respond, please click the help button in NurtureOhio.
  - This error also automatically sends an alert to NurtureOhio.

Once the user has the patient validated, NurtureOhio will check for duplicate PRAFs for the patient in the system within the last 30 days.

## **PRAF Duplication Check**

The patient duplication check looks for the same patient within the NurtureOhio system. It checks if the first and last name match; for example, if the PRAF was submitted for a person with the first name Jo Anne and another PRAF was completed for the same person, but with the first name Joanne, that will not be caught by the duplication check.

Patient duplication looks back 30 days for PRAFs submitted for the patient.

	Acco Counseling/Treatment Connection to SUD Services	_
*Current Gestational Diabetes Mellitus (GDM) Diagno No ~ *Previous diagnosis of GDM during Pregnancy? No ~	i	
*Is patient currently smoking or using tobacco production No ·	Validating Patient Information	
Prior Pregnancy Risks. Check all that apply.  Tobacco/Nicotine Use Substance Use Disorder Alcohol Use Gestational Phpaer Gestational Diabet	<u>^</u>	
My office would like my patient's Medicaid MCO to co	ommunicate with my office about their assistance.	

If no duplicate PRAF is found in the NurtureOhio system in the past 30 days, the PRAF will be submitted as usual.



When a duplicate PRAF is found, and the user is attempting to submit the PRAF for the same practice on file, the user will be prompted with questions about whether patient information has changed since the previous submission.

to   Ak   Ak	bacco Counseling/Treatment Connection to SUD Services
*Current Gestational Diabetes Mellitus (GDM) Diagno No  *Previous diagnosis of GDM during Pregnancy? No  *	
*Is patient currently smoking or using tobacco production No ·	Match Found! Ohio Medicaid has already received a pregnancy notification on behalf of this individual in the past 30 days from your practice. To prevent duplicate submissions, please answer the following
Prior Pregnancy Risks. Check all that apply. Dobacco/Nicotine Use Opioid Use Disorde Substance Use Disorder Postpartum Depre Alcohol Use Gestational Appen	<b>OK</b>
My office would like my patient's Medicaid MCO to	communicate with my office about their assistance.

	Iobacco Counseling/Treatment Alcohol Use Alcohol Counseling/Treatment	Connection to SUD Services	1	
Current Gestational Diabetes Mellitus (0	GDM) Diagnosis?			
Previous diagnosis of GDM during Preg	nancy?			
No ~	In the past 30 days has there	been changes to the individuals he	ealth	
is patient currently smoking or using tot	or social risk factors from the	prior submission?		
No ~		YES	NO	
rior Pregnancy Risks. Check all that a	pply. d Use Disorder Preeclampsia		_	
Substance Use Disorder Opostp	artum Depression Dow Birth Weight			
Alcohol Use Gesta	tional Hypertension			
My office would like my patient's Medicaid MCO to communicate with my office about their assistance.				

	Iobacco Counseling/Treatment Alcohol Use Alcohol Counseling/Treatment	Connection to SUD Service	S
*Current Gestational Diabetes Mellitus (GDM) Di	agnosis?		
*Previous diagnosis of GDM during Pregnancy?			
No ~	In the past 30 days has there pregnancy due date or numbe	been changes to the individuals or of fetuses?	
*Is patient currently smoking or using tobacco pro	du t o j	YES	NO
Prior Pregnancy Risks. Check all that apply. Tobacco/Nicotine Use Opioid Use Di Alcohol Use Gestational H Gestational Di	sorder Preeclampsia opression D Low Birth Weight portension Preterm Birth abetes		
My office would like my patient's Medicaid MC	O to communicate with my office about	their assistance.	

Answering all the above questions with "NO" will result in the PRAF not being submitted.

L Tot Alc	acco Counseling/Treatment Connection to SUD Services ohol Counseling/Treatment
*Current Gestational Diabetes Mellitus (GDM) Diagno No   *Previous diagnosis of GDM during Pregnancy? No  *	
*Is patient currently smoking or using tobacco produc No	Thank you for attempting to notify Ohio Department of Medicaid. At this time, a pregnancy notification has already been submitted on behalf of this individual. If you have any additional questions or concerns please notify us at MomsandBabies@medicaid.ohio.gov
Prior Pregnancy Risks, Check all that apply.	οκ
My office would like my patient's Medicaid MCO to	communicate with my office about their assistance.

Answering either question with "YES" will prompt the user to "Update Existing PRAF Form." Choosing this option will update the previously submitted PRAF with the new PRAF information. A new PRAF submission is not created.

Selecting "Cancel" will stop the submission process and redirect the user back to the patient's page.

Alcoh	cco Counseling/Treatment Connection to SUD Services Inol Counseling/Treatment	
*Current Gestational Diabetes Mellitus (GDM) Diagno		
NO		
*Previous diagnosis of GDM during Pregnancy?		
*Is patient currently smoking or using tobacco production No	Thank you for updating our records! Please continue submitting an updated ROP or PRAF 2.0 for this individual!	
Prior Pregnancy Risks. Check all that apply. Tobacco/Nicotine Use Opioid Use Disord- Substance Use Disorder Ostgartum Depre- Alcohol Use Gestational Hypert	Cancel Update Existing PRAF Form	
☐ Gestational Diabetes	mmunicate with my office about their assistance.	

It is possible another practice submitted a PRAF for the patient in the last 30 days. In this case, a prompt will be presented to the user asking if they would like to create a new PRAF submission for the patient. Selecting "Yes" will create a new PRAF submission for the patient for the user's practice, and the previously submitted PRAF is untouched (it still exists for the other practice).



Selecting "No" simply redirects the user back to the patient's page.

After the patient duplication check is passed, the PRAF is submitted for the user's practice. Everything beyond this point will act as a regular PRAF submission.

## **Completed PRAF**

PRAF 2.0: Patient Forms							
PRAF 2.0 IN PROCESS: 8 PRAF 2.0	SUBMITTED: 15	15 PRAF 2.0 FOLLOW-UPS: 5		+ ADD PRAF 2.0	SEARCH Q		
Patient Name	Submission Date	Last Modified Started By Modified By Site		Medicaid Transmission Status	Status		
Test Cpraf	N/A	00/07/0004 Dama Hassi Dama Hassi Mushimum Mallav Hask	h Center	N/A	In Process		
1252Grapefruit Dawn Marie Imrpmaystest	N/A		n Center	N/A	In Process - MPRT		
Test Test	N/A		n Center	N/A	In Process - MPRT		
Test Test	N/A	· ·	n Center	N/A	In Process - MPRT		
Test Test	N/A		n Center	N/A	In Process - MPRT		
Test Test	N/A	Form Completed!	n Center	N/A	In Process - MPRT		
Test Test	N/A	Your form has been successfully submitted.	n Center	N/A	In Process - MPRT		
	N/A		n Center	N/A	In Process - MPRT		
		ОК					

PRAF submissions transferred over from the API will still be highlighted in light blue.

## **Technical Assistance**

If you have general questions or need assistance regarding the PRAF from content or process, please:

- Refer to the PRAF 2.0 NurtureOhio Interface: Medicaid Provider User Guide or
- Email <u>MomsandBabies@medicaid.ohio.gov</u> with the subject "PRAF Form"

If you need assistance or experience technical difficulties with the Azara implementation, including errors in data transmission to the NurtureOhio website, please refer to the steps below to submit an electronic ticket to Azara.

#### Creating a Jira/Atlassian Portal Account

- 1. Go to: https://azara.atlassian.net/servicedesk/customer/portals
- 2. Enter your email to log in or sign up and click Next

Aza	ara	
Ente	er your email to log in or sign up	
Email a	address	
	Next	

3. Confirm your email address and click *Continue with Atlassian account* 

← Back	
Azara	
Use Atla	ssian account to log in
Email address	
paula.silvia	@azarahealthcare.com
	Continue with Atlassian account
Your Atlass	ian account
Make things your Atlassi	easier by using one account across all of an products. Learn more
Make things our Atlassi	easier by using one account across all of an products. Learn more

#### Where do I access support using my Jira account?

- □ Select the ticket type that best suits the needs for your question or request
- □ Include in the subject line: "Ohio ePRAF Question"

In the body of the ticket, please include:

- □ Center name
- □ Center's main contact details
- Detailed explanation of the issue you are seeing
- □ Patient example(s)
- □ Screenshots from the EMR that show a discrepancy in the data



#### **Support Expectations**

You will receive an automated response first. After your ticket is submitted, you will be able to access and monitor the ticket in the support portal.

A meaningful response from one of Azara's Application Support Specialists within 4 hours (during business hours)
<ul> <li>This response may ask for more details such as a patient example, or clarification on the issue reported</li> <li>The client should expect that the Application Support Specialist has read the issues and tried to reproduce the problem for better understanding of the reported issues.</li> </ul>
Once the problem is clearly identified and patient examples have been provided (when needed) the ticket is classified in one of four ways
<ul> <li>Application Support- the issue is most likely addressed with education on running a measure/report, a mapping change that can be handled through the User Interface (UI) of DRVS or some other resolution that does not require a code change. This type of issues is usually resolved within a few hours up to 1 week</li> <li>Technical Support- the issue is most likely due to a change (i.e., workflow change in the EHR) that will require a change to the existing query that is used to pull the data into DRVS. This issue could also be due to a brand-new workflow that was not available during Implementation and will now require a new query to be built and the measure/ report validated in DRVS. This type of issues is typically resolved within 1-2 weeks for simple query changes or 2-4 weeks for more complex changes.</li> </ul>
Designated Support Representative
<ul> <li>Paula will be managing all your tickets through support. You will receive an email notification that your AHS Support ticket has been updated. You will need to log into the portal to view the response.</li> </ul>

## **Appendix A - PRAF Data Values Pulled from ODIP**

Date of Service Patient MMIS Number Patient Social Security Number Patient First Name Patient Last Name Patient Date of Birth Estimated Due Date Gestational Weeks Date Gestational Age Recorded Number of Fetuses Patient Date of Birth Patient Street Patient City Patient State Patient Zip Code Patient Phone Patient Email Primary Language is English Primary Language (if not English) How does the patient describe their ethnicity? How does the patient describe their race? Screening tool used for anxiety Screening tool used for depression Screening tool used for postpartum depression Screening tool used for substance use Screening tool used for health-related social needs

## **Appendix B - PRAF Manual Entry Fields**

- Name of Medicaid Managed Care Plan
- Patient County
- Patient Cell Phone
- I would like my patient's Managed Care plan to communicate with my office regarding an urgent need.
- Patient would benefit from Managed Care and/or County Job and Family Services assistance with:
- Referral to smoking / tobacco cessation resource?
- Please select the additional resource(s) you plan to connect the patient to.
- Opioid Use Follow-Up
- Other needs: Additional needs not listed above