



PRAF 2.0 NurtureOhio Interface: Managed Care Organizations User Guide



Nurture
Care ♥ Encourage



Department of
Medicaid

Contents

Welcome New Users!..... 4

What is NurtureOhio?..... 4

 NurtureOhio Features..... 4

 Who Should Use NurtureOhio? 5

 What is a PRAF? 5

 What is an ROP? 5

Benefits of Using NurtureOhio to Submit Pregnancy Notifications: 5

User Types 6

How to Obtain Access to NurtureOhio as a first-time MCO and Secondary MCO User..... 6

How to Log into NurtureOhio 7

Forgotten Username or Password..... 8

NurtureOhio Initial Profile Setup..... 9

Welcome Screen 9

 Updating User Information (the Edit User Profile Screen) 10

How to Submit a Report of Pregnancy (ROP) 12

 Add Patient Information 13

 Patient Validation 13

 Patient Validation Fields 13

 ROP Form 18

Processing Referrals..... 22

 Accessing Referrals 22

 Referral Reporting Screen..... 22

 Adding Additional Concerns 29

Exporting..... 33

 Exporting Referrals 33

 Exporting ROPs 33

 Exporting PRAFs..... 34

Log Out..... 35

Help Desk and User Support..... 35

 Help Form 35

Maintenance and System Outages 36

Appendix A..... 37

NurtureOhio MCO User Guide

About NurtureOhio Features 37

 Shareable Data Entry..... 37

 Same-Day Pregnancy Notification..... 37

 Ability to Retrieve and Save Previously Entered Forms..... 0

Welcome New Users!

This guide will help you navigate the NurtureOhio website. Some of the key items provided are:

- Definitions of Perinatal Risk Assessment Form (PRAF) and Report of Pregnancy (ROP) related topics
- Step by step guidance on getting access to and logging into the NurtureOhio system
- Step by step guidance on member referrals process
- Features of NurtureOhio
- Help with troubleshooting
- Additional tips and resources

What is NurtureOhio?

NurtureOhio 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. Through continued spread, the project has since grown beyond the progesterone quality improvement project, and the NurtureOhio web-based system has become the Ohio Department of Medicaid's preferred method for notification of pregnancy and the postpartum period for all Medicaid-insured individuals across the state.

NurtureOhio is a web-based system that stores and shares information about perinatal risks and health-related social needs (HRSNs). This information is collected using the electronic Perinatal Risk Assessment Form (PRAF 2.0) and the Report of Pregnancy (ROP). Once a user submits either the PRAF 2.0 or ROP in NurtureOhio, the data is seamlessly transmitted to Ohio Medicaid's eligibility system to ensure maintenance of Medicaid coverage, the Ohio Department of Health for connection to the Women and Infant Nutrition Program (WIC), the Ohio Department of Children and Youth (DCY) for evidence-based Home Visiting, and the individual's County Department of Job and Family Services and Managed Care Organization (MCO) for resources and identified needs.

NurtureOhio is used to notify the Ohio Department of Medicaid and key stakeholders of pregnancy and the start of the postpartum period for all Medicaid-insured individuals for eligibility maintenance and care coordination. Through the PRAF and ROP, NurtureOhio transmits the minimum information needed about Medicaid individuals' pregnancy and postpartum information to the appropriate stakeholders to ensure their needs are met.

NurtureOhio Features

- Shareable Data Entry
- One Time Data Entry of Practice and Provider Information
- Same-Day Pregnancy Notification
- Ability to Retrieve and Save Previously Entered Forms
- Ability to Export CSV files of submitted PRAFs

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

Who Should Use NurtureOhio?

- Clinical obstetrical providers should submit a Perinatal Risk Assessment Form (PRAF) on behalf of their patients.
- Clinical non-obstetrical providers, such as primary care providers, emergency department providers, local health department clinics, etc. (when able to positively confirm the individual's pregnancy) should submit a Report of Pregnancy (ROP).
- Community Based Organizations (CBO) and Managed Care Organizations(MCO) should also submit an ROP at the first identification of a positive pregnancy.

What is a PRAF?

The Perinatal Risk Assessment Form (PRAF) is an assessment that is intended for completion and submission by all obstetrical providers at the Medicaid patient's first prenatal visit, the start of the postpartum period, and whenever there are changes in the patient's perinatal medical, social risk factors or needs. The PRAF collects perinatal risk and health-related social needs. PRAF replaces the ODM 03535 form. The web-based version of the Perinatal Risk Assessment (PRAF 2.0) is ODM's preferred method for submission.

What is an ROP?

The purpose of the Report of Pregnancy (ROP) form is to capture a Medicaid individual's pregnancy as soon as possible to assist with eligibility and care coordination. ROPs are intended for submission at the first report of pregnancy. The ROP can be submitted by non-obstetrical Medicaid providers, Medicaid MCOs, and CBOs. For example, if a patient is on a telehealth visit with their primary care physician and reports being pregnant, an ROP should be submitted on behalf of the patient. An additional example would be 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 postpartum 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 Medicaid providers, Medicaid MCOs, Doulas, and CBOs.

Benefits of Using NurtureOhio to Submit Pregnancy Notifications:

- Updating pregnancy details in Ohio's Medicaid Eligibility System to prevent loss of Medicaid coverage during pregnancy and postpartum period.
- MCOs notification of potential members for care coordination and incentive programs to provide support and resources during pregnancy and the postpartum period.
- Enables County Department of Job and Family Services(CDJFS) users to verify that pregnancies are added to the Ohio Benefits system and coordinate care via referrals.
- Timely referrals to the Ohio Department of Health's (ODH) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- Referrals to The Ohio Department of Children and Youth's (DCY)Home Visiting Central Intake platform.

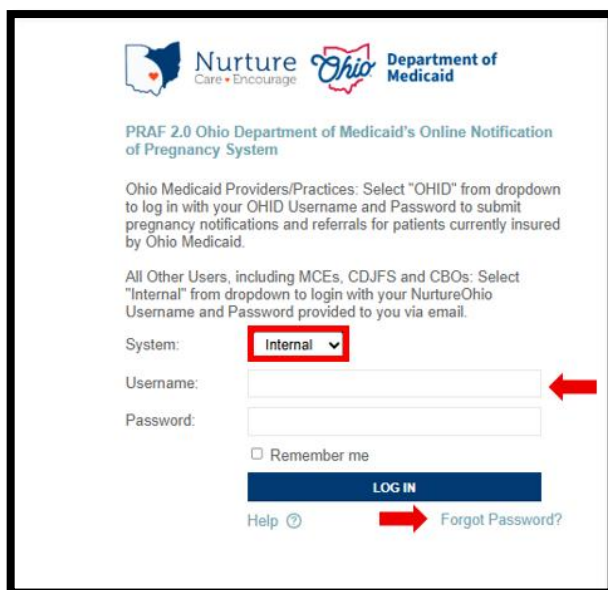
User Types

Users are classified into six different user types which impact what views they have access to and how they enter information in the NurtureOhio system. For the purposes of NurtureOhio, ODM defines the following user types:

- Practice users as those users associated with a practice that provides obstetric services.
- MCOs as those users affiliated with ODM's contracted Managed Care Organizations.
- Non-OBGYN are users associated with a clinical practice that does not provide obstetric services but can confirm an individual's pregnancy via a positive pregnancy screening such as primary care, emergency department, urgent care, community health centers, community clinics, etc., and as those users identified by ODM as doulas.
- Secondary MCOs as those users affiliated with ODMs contracted Managed Care Organizations as secondary MCOs.
- OEI Community Based Organizations(CBO) and CBO Lead Entities as those users from organizations identified by the Ohio Department of Medicaid as Ohio Equity Institute Lead Infant Mortality Entities and their corresponding Community Based Organizations.
- County Department of Job and Family Services Healthchek/PRS workers as those users specializing in pregnancy related services for CDJFS office.

How to Obtain Access to NurtureOhio as a first-time MCO and Secondary MCO User

- MCOs must designate a lead individual to submit requests for new users using the NurtureOhio Microsoft Access Request Form. The link to the form can be obtained by sending a request to MomsAndBabies@medicaid.ohio.gov.
- The lead will complete the Microsoft form and submit it.
- Once the new user is added the lead and the new user will be notified via email.
- When the new user logs into NurtureOhio for the first time, they will need to choose "Internal" from the dropdown box, enter their email as the username and then click "Forget Password" to set up their password for the first time.
- The system will send a password reset to the user's email; user should check the spam folder for the email if it is not in their main folder.





The screenshot shows the login interface for the NurtureOhio system. At the top, there are logos for NurtureOhio (with the tagline 'Care + Encourage') and the Ohio Department of Medicaid. Below the logos, the text reads: 'PRAF 2.0 Ohio Department of Medicaid's Online Notification of Pregnancy System'. Two instructions are provided: one for Ohio Medicaid Providers/Practices to select 'OHID' and log in with their OHID credentials, and another for all other users (MCEs, CDJFS, CBOs) to select 'Internal' and log in with their NurtureOhio credentials. The login form includes a 'System:' dropdown menu with 'Internal' selected, a 'Username:' text field, and a 'Password:' text field. A red arrow points to the Username field. Below the password field is a 'Remember me' checkbox. A blue 'LOG IN' button is positioned below the password field. At the bottom, there is a 'Help' link with a question mark icon and a 'Forgot Password?' link with a red arrow pointing to it.

How to Log into NurtureOhio

To access the NurtureOhio website visit: <https://nurtureohio.com/login>

- Select "Internal" from the dropdown list, then enter your Username and Password. Click "LOG IN."
- Logging in allows all MCO users to submit Reports of Pregnancy for patients currently insured by Ohio Medicaid.
- Logging in allows primary MCO users to submit ROPs and review PRAF and ROP referral needs and secondary MCO users to submit ROPs

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Medicaid

PRAF 2.0 Ohio Department of Medicaid's Online Notification of Pregnancy System

Ohio Medicaid Providers/Practices: Select "OHID" from dropdown to log in with your OHID Username and Password to submit pregnancy notifications and referrals for patients currently insured by Ohio Medicaid.

All Other Users, including MCEs, CDJFS and CBOs: Select "Internal" from dropdown to login with your NurtureOhio Username and Password provided to you via email.

System: Internal ▼

Username:

Password:

☐ Remember me


LOG IN

[Help](#) [Forgot Password?](#)

Forgotten Username or Password


If you need help logging in, contact nurtureohiosupport@deliverhealth.com.

If you have forgotten your username or password, select 'Forgot Password?' and enter the email associated with your user account.



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PRAF 2.0 Ohio Department of Medicaid's Online Notification of Pregnancy System

Ohio Medicaid Providers/Practices: Select "OHID" from dropdown to log in with your OHID Username and Password to submit pregnancy notifications and referrals for patients currently insured by Ohio Medicaid.

All Other Users, including MCEs, CDJFS and CBOs: Select "Internal" from dropdown to login with your NurtureOhio Username and Password provided to you via email.

System:

Internal ▾

Username:

Password:

☐ Remember me

LOG IN

Help ?

➔ Forgot Password?

Lost your password?

Enter the e-mail address associated with your account.

Email

➔

SUBMIT

NurtureOhio Initial Profile Setup

After logging into NurtureOhio for the first time, users will be taken to “New User Profile Setup” page. Here users can update their password to something more memorable.

Once the user has updated their password, click “SAVE & BEGIN.” The user will be redirected to their welcome screen.

NurtureOhio MCO User Guide

Forms Reassigned Forms Data Uploads Analytics Video Library Help

4002 Logout

Users Edit User Profile

New User Profile Setup

Welcome to Nurture Ohio!

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

EHR Token(s)

USER INFORMATION

First Name Last Name

User Type

MCP

Email / Username

New Password

Please verify that the information in this section appears correct. Your email address will be used to send notifications from the system when new forms have been submitted.

MCP

SAVE & BEGIN

Welcome Screen

After logging in, MCO users will be taken to the Welcome Screen. The Welcome screen allows users to perform or access multiple tasks, including:

- Updating user information by clicking on the User ID
- Viewing submitted ROPs
- Viewing submitted PRAFs*
- Viewing referrals *
- Viewing reassigned forms*
- Searching for existing forms using any of the following:

- Patient Name
- Patient DOB
- Patient Medicaid transmission status
- Date of Creation (Specific date or date range)
- Date of Service (Specific date or date range)
- Viewing organization notifications
- Access to information needed to complete reports
- Downloading completed forms in PDF format or patient information in CSV format
- Exporting multiple forms at once to a CSV file

*** Secondary MCO users do not have access to these functionalities**

The screenshot shows the NurtureOhio MCO User Guide interface. At the top, there is a navigation bar with the Nurture logo and links to Forms, Reassigned Forms, Data Uploads, Analytics, Video Library, and Help. On the right, there is a user profile icon with a red notification badge showing '42' and a 'Logout' button. Below the navigation bar, there is a 'Patients' button. A light blue notification bar states: 'Notification Section: Your organization has 42 notification(s) that require attention. View Notifications'. Below this, the section is titled 'PRAF 2.0: Patient Forms'. There are three status boxes: 'PRAF 2.0 IN PROCESS: 22', 'PRAF 2.0 COMPLETED: 5', and 'FORMS SAVED: 0'. To the right of these boxes are 'EXPORT' and 'SEARCH' buttons. Below the status boxes is a table with columns: Patient Name, Date Added, Date Modified, Site, Medicaid Transmission Status, Status, and Action. The table contains one row with the following data: Patient Name: Another ReferralTest, Date Added: 06/24/2025, Date Modified: 06/24/2025, Site: A [redacted], Medicaid Transmission Status: Pending, Status: In Process (dropdown), and Action: PDF, CSV.

Updating User Information (the Edit User Profile 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 first name and last name
- Change their password
- View user type
- Verify that their managed care plan name is correct
- Click the “Save” button to save any changes and return to the Welcome Screen. If no changes have been made, click the “Users” button at the top left of the screen

Note: Some information associated with your User ID will be inserted automatically. You will not be able to edit this information. Contact your lead to submit edits if needed for prepopulated 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.

Nurture

FormsReassigned FormsData UploadsAnalyticsVideo LibraryHelp

Logout

Users

Edit User Profile

Edit User Profile

Welcome to Nurture Ohio!

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

USER INFORMATION

First Name

Last Name

User Type

MCO

Email / Username

New Password

Please verify that the information in this section appears correct. Your email address will be used to send notifications from the system when new forms have been submitted.

MCO

SAVE

Note: Secondary MCO" Edit User Profile" will look slightly different: Please see example below

Please verify that the information in this section appears correct. Your email address will be used to send notifications from the system when new forms have been submitted.

Secondary MCO

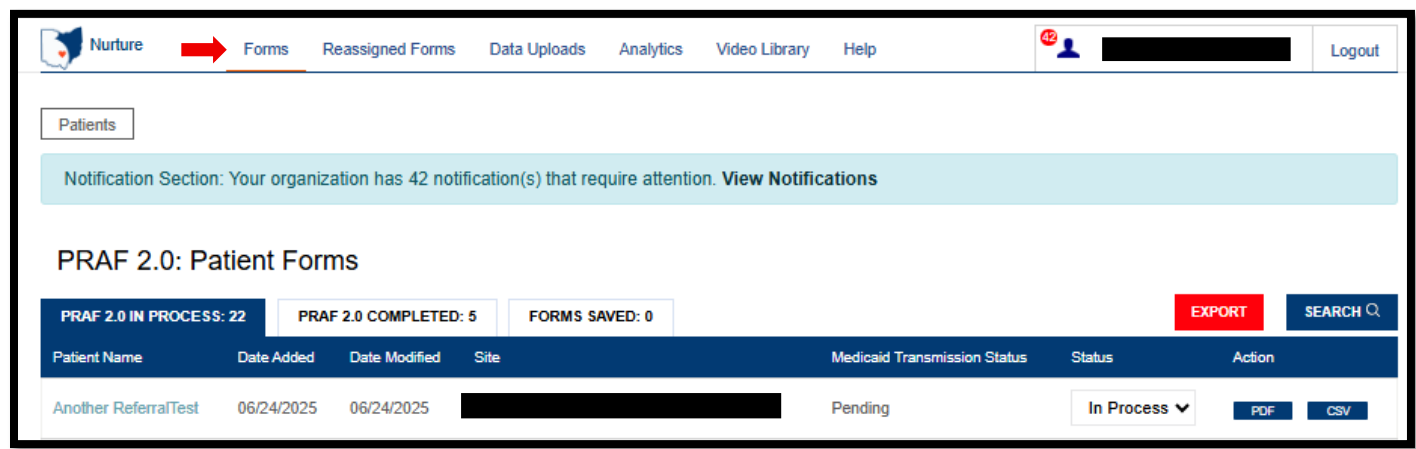
SAVE

Revised 12/1/2025

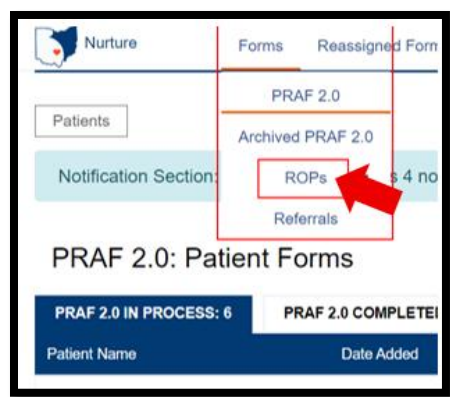
11

How to Submit a Report of Pregnancy (ROP)

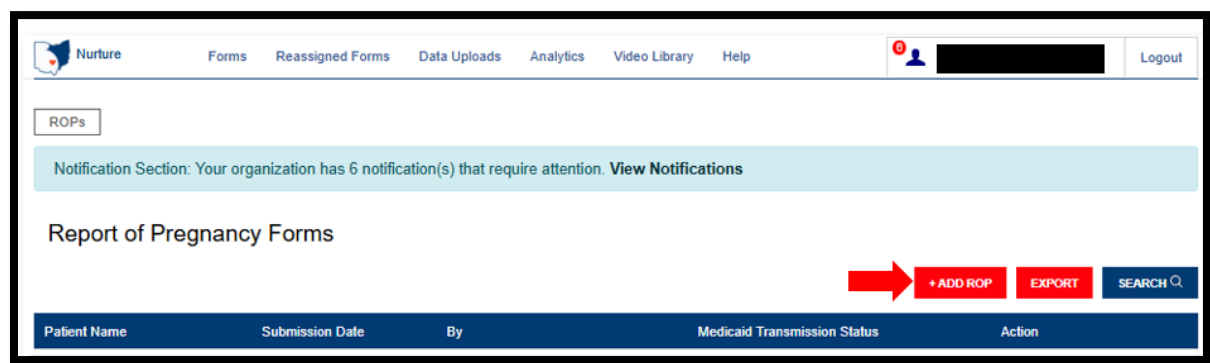
From the welcome page, the user will choose the “Forms” tab



After choosing the Forms tab, select ‘ROPs’ from the Forms menu.



After clicking the “+ ADD ROP” button on the main ROP screen, users can begin entering information.



Add Patient Information

Patient Validation

To improve data quality and ensure HIPAA protections, a patient validation feature has been added to check that the information entered is linked to an individual's Medicaid case. To complete this validation, NurtureOhio takes the information entered and searches against Ohio Medicaid's eligibility system. The user will then receive feedback based on the data entered. If the information does not match, the user will have the opportunity to correct, re-validate, and resubmit. If the information still does not match after correcting the indicated fields, the user may continue without validation but will need to verify the data after submission, complete any necessary edits to the ROP, and then resubmit. MCO users can edit ROP information within 30 days of submission if the ROP was originally submitted by an MCO user.

Patient Validation Fields

1. Complete the required fields:
 - Patient First Name
 - Patient Last Name
 - Estimated Due Date
 - Patient DOB
 - Patient Medicaid ID (MMIS number) and/or Patient Social Security Number (9-Digit)

Patient Validation for ROP

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.

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


- Patient Medicaid ID
- Patient Social Security (9-Digit)

Fields to complete:

- Patient Medicaid ID
- Patient First Name*
- Patient Last Name*
- Patient Social Security Number (9 digit - no dashes)
- Patient Date Of Birth*
- Estimated Due Date*

SUBMIT FOR VALIDATION

Note: The Patient's Medicaid ID may be found on the Medicaid card as shown in the graphic below. For more information and to view the Medicaid ID on archived Medicaid cards, see [Appendix A](#).



Next Generation 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 card

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

Member Services | Phone: 000-000-0000
24 Hour Emergency Services | Phone: 000-000-0000
OhioRISE Member Service | Phone: 833-711-0773

Member Name: James VanLanghan
Vanytoooooongtestman

Member ID Number: 0000000000000000

Plan ID Number: 0000000000000000

Primary Care Provider: Dr. John Doe
Phone: 000-000-0000

Issuance Date: MM/DD/YYYY

OhioRISE
waelna
Ohio Center Health of Ohio
Phone: 833-711-0773


Pharmacy Benefit
g:ritwell
Rx Plan: 004257
Rx PCN: 0100XPR000
Phone: 833-491-0344
CSP Enrolled
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 ROP system to ensure no other records from the last 30 days can be found in the system for that mem


Nurture
Forms
Reassigned Forms
Data Uploads
Analytics
Video Library
Help
1845
Logout

Patients

Patient Validation for ROP

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 Medicaid ID

Patient First Name*

Patient Last Name*


Patient Social Security Number (9 digit - no dashes)

Patient Date Of Birth*

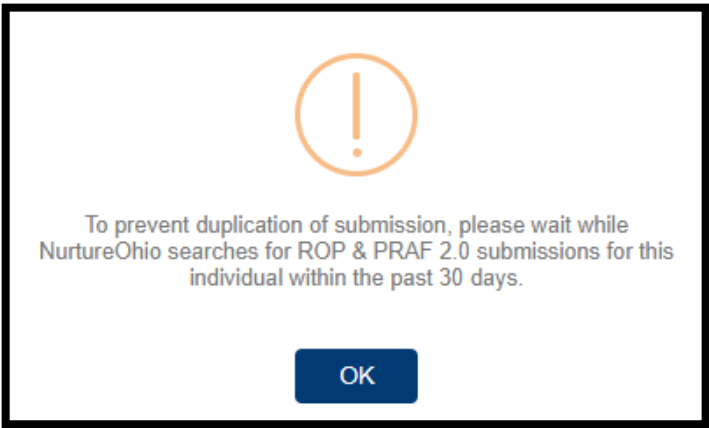
Estimated Due Date*

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

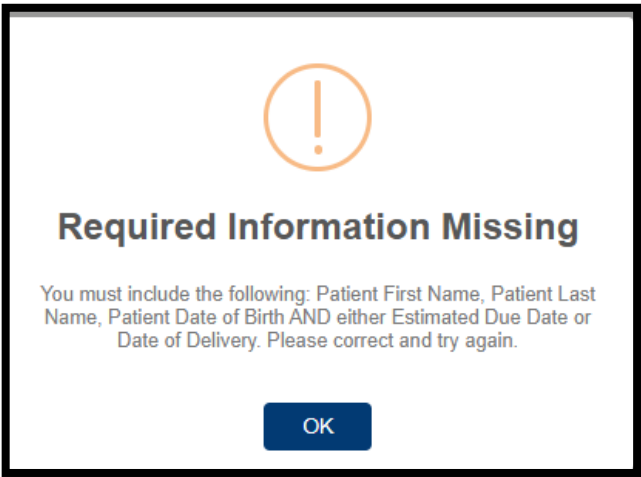
- Patient Medicaid ID
- Patient Social Security (9-Digit)



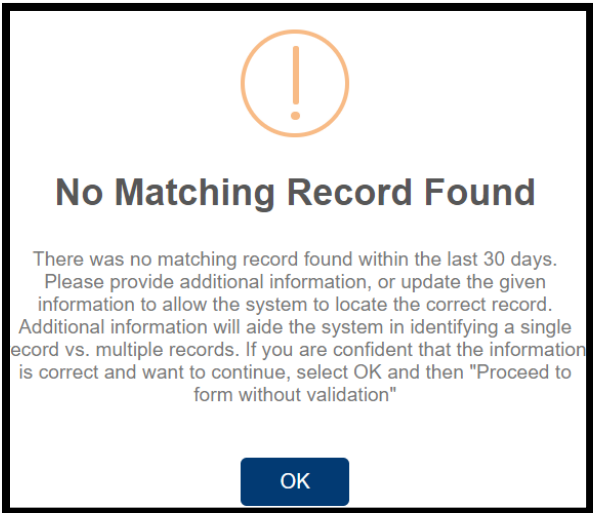
The following notification appears when you submit, select OK to proceed



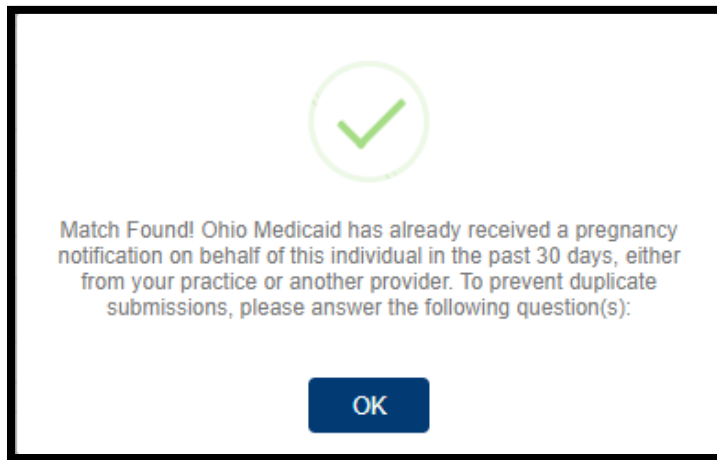
The following notification will appear if you are missing the required information



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



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



If a matching record is found, users must then 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.

In the screenshot below, the red circled X indicates that the information provided does not have a matching record in the Medicaid system and needs to be addressed.

The screenshot shows the "Patient Validation for ROP" form in the NurtureOhio system. The top navigation bar includes "Forms", "Reassigned Forms", "Data Uploads", "Analytics", "Video Library", and "Help". A user profile icon and "Logout" link are on the right. The form has a "Patients" tab selected. A red error message at the top says "Must Provide Valid Patient Medicaid ID and/or Social Security Number." Below this, a blue informational box states: "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." The form fields are: "Patient Medicaid ID" (with a red X icon), "Patient First Name*" (with "Test" entered), "Patient Last Name*" (with "Test" entered), "Patient Social Security Number (9 digit - no dashes)" (with a red X icon), "Patient Date Of Birth*" (with "01/01/1990" entered), and "Estimated Due Date*" (with "06/30/2025" entered). To the right of the SSN field, a message says: "The following fields are required for Validation: Patient First and Last Names, Patient Date of Birth, Estimated Due Date and at least one of the following: Patient Medicaid ID, Patient Social Security (9-Digit)". At the bottom right are two buttons: "PROCEED TO FORM WITHOUT VALIDATION" and "SUBMIT FOR VALIDATION".

There can be multiple errors returned at once and NurtureOhio does its best to identify the fields that need to be addressed. The common errors that can be returned 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
- Patient does not have active Medicaid coverage
- System is unable to respond, please contact NurtureOhio Helpdesk (This error also sends an alert to NurtureOhio)

To proceed the user must:

- Verify the patient's information.
- Correct errors
- Resubmit for validation

In the screenshot below, the green circled check mark means the information provided has a matching Medicaid record and the user may proceed to the form.

The screenshot displays the 'Patient Validation for ROP' interface. At the top, a navigation bar includes links for Forms, Reassigned Forms, Data Uploads, Analytics, Video Library, and Help, along with a user profile icon and a Logout button. Below the navigation bar, a 'Patients' tab is selected. The main heading is 'Patient Validation for ROP'. A blue banner states: '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.' The form contains six input fields, each with a green checkmark icon to its right:

- Patient Medicaid ID: 900090678347
- Patient First Name*: Test
- Patient Last Name*: Test
- Patient Social Security Number (9 digit - no dashes): [Empty]
- Patient Date Of Birth*: 01/01/1990
- Estimated Due Date*: 06/30/2025

On the right side of the form, the following text is displayed:

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.

A red button labeled 'PROCEED TO FORM' is located at the bottom right of the form.

Note: The ROP can be submitted without verifying eligibility by selecting “Proceed to Form Without Verification” but please note the risks below:

- Potential HIPAA violation
- System not notified of Medicaid eligibility

ROP Form

After clicking the “Proceed to Form” button, users are directed to the ROP Form (shown over the next few pages).

ROPs

Report of Pregnancy Form

*Source of Data
Choose One ▼

*Date of Service
MM/DD/YYYY

*Claims Data
Choose One ▼

*Name of Managed Care Plan
Choose One ▼
(If patient was validated on previous page, this value will be pre-filled with the correct MCO from the Ohio Department of Medicaid)

*Patient Medicaid ID
90000000009

*Patient Social Security Number
123-45-3456

*Patient Date of Birth
01/01/1990

*Patient First Name
test

*Patient Last Name
test

NurtureOhio MCO User Guide

*Estimated Due Date

07/02/2025

*Gestational Weeks

Choose One

*Gestational Days

Choose One

*Date Gestational Age Recorded

MM/DD/YYYY

*Patient Address

*Patient City

*Patient State

Choose One

*Patient Zip

*Patient County

Choose One

*Patient Phone

Patient Alternate Phone (Optional)

*Primary Language is English?

Choose One

Patient Email

Patient's Preferred Method of Contact:

Choose One

*How does the patient describe their ethnicity?

Choose One

*How does the patient describe their race?

Choose One

The name of the person at my site who should be contacted with updates/questions about this form is:

NurtureOhio MCO User Guide

Referrals

This section is where referrals are submitted to the patient’s Managed Care Organization and their County Department of Job and Family Services for follow-up.

For Medicaid Application Assistance call 1-844-640-OHIO.
For questions about Medicaid Programs, covered services or managed care call 1-800-324-8680.

For purposes of healthcare operations and care coordination, your patient/client might be contacted by someone from their managed care plan or a representative from the county department of job and family services about their pregnancy. Contact can be made by either phone, email or mailed communication. Patient would benefit from Managed Care and/or County Job and Family Services assistance with: Check all that apply.

☐ Transportation
☐ Food
☐ Housing
☐ Utilities
☐ Assistance finding an OBGYN provider

*Patient would benefit from Managed Care and/or County Job and Family Services assistance with: Check all that apply.

Assistance scheduling appointments?

Choose One ▾

Patient has a prenatal visit appointment scheduled.

Choose One ▾

☐ My patient would benefit from a referral to WIC.
☐ My patient would benefit from a referral for Home Visiting.

SUBMIT

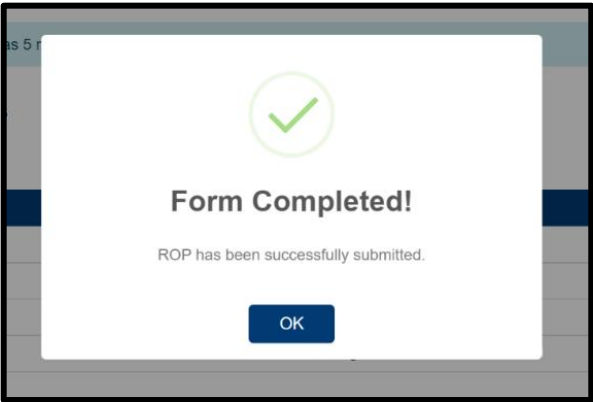
Checking “My patient would benefit from a referral for Home Visiting” will prompt you for permission to text the patient. You must ensure you have a cell phone listed for either the patient’s primary or alternate phone number listed on the form.

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

☒ My patient would benefit from a referral to WIC.
☒ My patient would benefit from a referral for Home Visiting.
☐ Permission is given for text messages about Home Visitation

SUBMIT

Make sure you see the “Form Completed!” message



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.**

A screenshot of the "Report of Pregnancy Form" in the NurtureOhio system. The form is titled "Report of Pregnancy Form" and includes several required fields, each outlined in red: "Source of Data" (a dropdown menu with "Choose One" selected), "Date of Service" (a text field with the placeholder "MM/DD/YYYY"), "Claims Data" (a dropdown menu with "Choose One" selected), "Name of Managed Care Plan" (a dropdown menu with "Choose One" selected), and "Patient Medicaid ID" (a text field with the value "900090678347"). A note below the "Name of Managed Care Plan" field states: "(If patient was validated on previous page, this value will be pre-filled with the correct MCO from the Ohio Department of Medicaid)". The top navigation bar includes links for "Forms", "Reassigned Forms", "Data Uploads", "Analytics", "Video Library", and "Help", along with a user profile icon and a "Logout" button.

Note: If you have any general questions regarding the ROP form content or process, please email MomsandBabies@medicaid.ohio.gov with the Subject “ROP Form”.

Processing Referrals

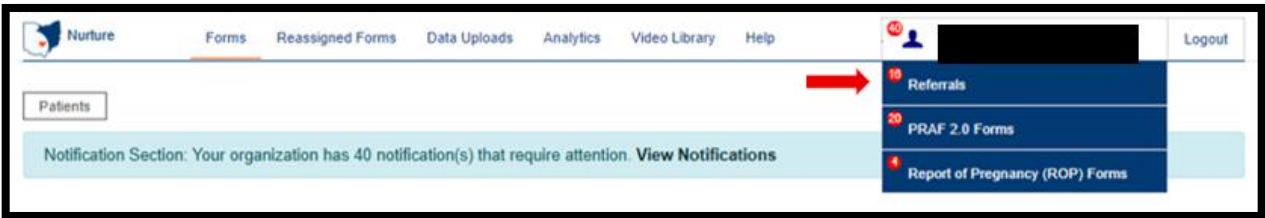
When filling out a PRAF or ROP, submitters can request the patient’s Managed Care Organization and County Department of Jobs and Family Services to follow up with the patient regarding a variety of needs. When needs are selected on the PRAF or ROP, a referral is created in NurtureOhio. MCOs can log into the NurtureOhio to process these referrals and report on the outcome of the referral. MCOs will determine internally which users are responsible for processing referrals for their plan.

Accessing Referrals

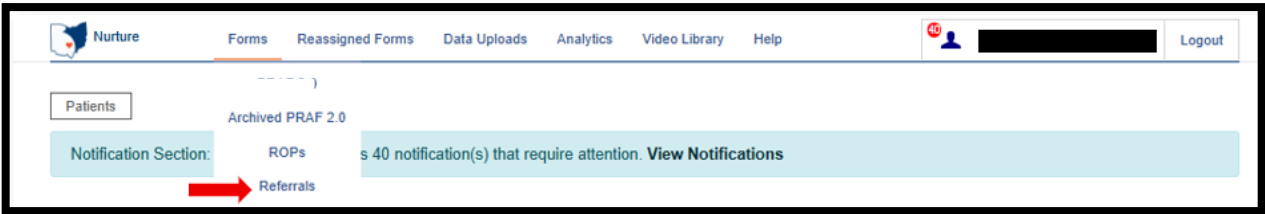
If an MCO user has any referrals that require attention, a ‘View Notification’ message will appear at the top of the screen. MCO users will receive a notification for new PRAF 2.0 forms, new ROP forms, and incomplete referrals.

A small red circle will also appear next to the User ID indicating how many notifications a user has.

Click ‘View Notifications’ to open a drop-down menu under the User ID. Click ‘Referrals’ on this menu to go to the Referral Reporting screen.



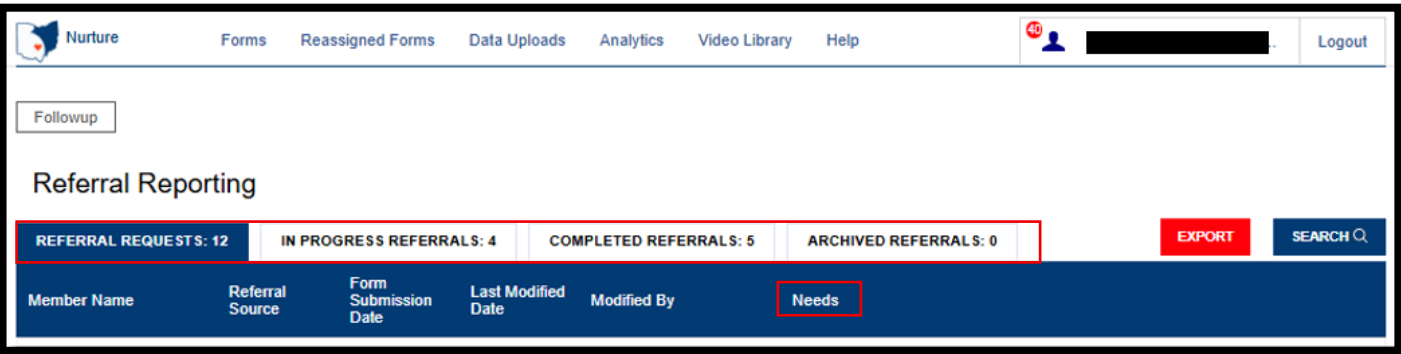
Users can also select ‘Referrals’ from the Forms menu at the top of the screen.



Referral Reporting Screen

The Referral Reporting screen shows referrals that have been indicated on both submitted PRAF and ROP forms. The ‘Needs’ column helps to easily identify what the member needs assistance with.

There are four tabs: Referral Requests, In Progress Referrals, Completed Referrals, and Archived Referrals



All forms will stay in the ‘**Referral Requests**’ tab until at least one field is completed on the referral. To start processing a referral request, click on a member’s name and the ‘Referral Follow-Up Answers’ screen will open. On this screen users can:

- Easily view the Patient Information to assist with patient contact.
- Click the ‘View Complete PRAF 2.0’ or ‘View Complete ROP’ button to view the patient’s submitted PRAF or ROP.
- View needs that have been indicated on the PRAF or ROP for referral.
- Provide information regarding the outcome of the referral.
- Add additional needs for referral that have not already been identified.

Below is the Patient Information displayed on a referral created from a PRAF submission. Fields displayed include: Name; Date of Birth; Medicaid ID; Phone; Email; Language; County; WIC Referral (Y/N); Home Visiting Referral (Y/N).

Referral Follow-Up Answers

Name:

Date of Birth: 01/30/1990

Medicaid ID: 787777612312

Phone: (614) 688-9533

Email: N/A

Language: English

County: Other - Select if Outside of Ohio

WIC Referral: No

Home Visiting Referral: No

VIEW COMPLETE PRAF 2.0

Below is the Patient Information displayed on a referral created from an ROP submission. Fields displayed include: Name; Date of Birth; Medicaid ID; Phone; Email; Language; County; WIC Referral (Y/N); Home Visiting Referral (Y/N); Prenatal Visit Scheduled (Date); Assistance Scheduling Appointments (Y/N).

Referral Follow-Up Answers

Name:

Date of Birth: 01/01/1990

Medicaid ID: 124098102983

Phone: (419) 521-3937x_____

Email: TERESA@DRBALLITCH.COM

Language: Hebrew

County: Cuyahoga

WIC Referral: Yes

Home Visiting Referral: Yes

Prenatal Visit Scheduled: 12/31/2025

Assistance Scheduling Appointment: Yes

VIEW ROP

Nurture

Forms

Reassigned Forms

Data Uploads

Analytics

Video Library

Help

40

Logout

Followup

Referral Follow-Up Answers

Referral Follow-Up Answers

Name: Testing Prafupdate

Date of Birth: 01/06/2007

Medicaid ID: 200000000000

Phone: (238) 482-9389

Email: N/A

Language: English

County: Franklin

WIC Referral: Yes

Home Visiting Referral: Yes

VIEW COMPLETE PRAF 2.0

Food

Save

* Referral Outcome ⓘ

-- Select Outcome --

resource(s)

Comments/Notes

Additional comments or notes...

Tooltips provide additional information. Hover over the tooltip to open it.

Baby items (diapers, crib, carseat, etc.)

Save

* Referral Outcome ⓘ

-- Select Outcome --

* Member received services from referral resource(s)

-- Select --

Comments/Notes

Additional comments or notes...

Lactation supplies

Save

* Referral Outcome ⓘ

-- Select Outcome --

* Member received services from referral resource(s)


-- Select --


Comments/Notes

Additional comments or notes...

ADD ADDITIONAL CONCERN

To process a referral, select an answer from each drop-down menu for each need. Complete all required fields and when finished, click “Save”.


[Forms](#)
[Reassigned Forms](#)
[Data Uploads](#)
[Analytics](#)
[Video Library](#)
[Help](#)


Logout

[Followup](#)
[Referral Follow-Up Answers](#)

Referral Follow-Up Answers

Name: Testing Prafupdate
 Date of Birth: 01/06/2007
 Medicaid ID: 200000000000
 Phone: (238) 482-9389
 Email: N/A

Language: English
 County: Franklin
 WIC Referral: Yes
 Home Visiting Referral: Yes

VIEW COMPLETE PRAF 2.0

Food

* Referral Outcome ⓘ

-- Select Outcome --

-- Select Outcome --
 MCO Provided Service
 Referred to Community Partner
 Referred to a Provider
 Referred to a care management delegate
 Member has already received services
 Needs changed/Referral no longer relevant
 Member declined service
 Referral entered in error / Referral not requested
 Unable to reach member (3 attempts made)
 Member has opted out of receiving communications
 Member is not eligible under this MCO
 Did not contact member
 Other

* Member received services from referral resource(s)

-- Select --

Save

tc.)

* Member received services from referral resource(s)

-- Select --

Save

Note: Users can enter information in the 'Comments/Notes' field to provide additional information about the member or take progress notes. This field is not required. Entering information in the 'Comments/Notes' field does not change the status (Example: Referral Requests/In Progress Referrals/Completed) of the referral. Click 'Save' after entering information in the 'Comments/Notes' field to save your data.

Referral Follow-Up Answers

Name: Referral Test

Date of Birth: 01/01/1990

Medicaid ID: 100000000000

Phone: (419) 521-3937

Email: TERESA@DRBALLITCH.COM

Language: English

County: Franklin

WIC Referral: Yes

Home Visiting Referral: Yes

VIEW COMPLETE PRAF 2.0

Last Saved: 9/23/2025, 3:25:29 PM

Save

Transportation

* Referral Outcome ⓘ

-- Select Outcome --

* Member received services from referral resource(s)

-- Select --

Comments/Notes

Called member 9/23

ADD ADDITIONAL CONCERN

Note: You must click the “Save” button on each individual need in order to save your progress. You can edit or change notes after you have saved if necessary.

Nurture

Forms Reassigned Forms Data Uploads Analytics Video Library Help

40

Logout

Followup

Referral Follow-Up Answers

Referral Follow-Up Answers

Name: July9test5 Patient

Date of Birth: 04/01/2010

Medicaid ID: ██████████

Phone: (614) 555-5555

Email: N/A

Language: English

County: Franklin

WIC Referral: Yes

Home Visiting Referral: Yes

VIEW COMPLETE PRAF 2.0

Food

* Referral Outcome ⓘ

MCO Provided Service

* Please indicate the service provided by the MCO

member scheduled for foodbank visit on 6/30/25

* Date Member Contacted for Referral

06/25/2025

* Member received services from referral resource(s)

Yes

Comments/Notes

member will need transportation to foodbank, scheduled with member services

Save

Revised 12/1/2025

26

After referrals are saved, you will see a “*Last Saved*” date and time. This will help users to keep track of the action taken on referrals.

Nurture

FormsReassigned FormsData UploadsAnalyticsVideo LibraryHelp

40

Logout

Followup

Referral Follow-Up Answers

Referral Follow-Up Answers

Name: Testing Prafulupdate
Date of Birth: 01/06/2007
Medicaid ID: 200000000000
Phone: (238) 482-9389
Email: N/A

Language: English
County: Franklin
WIC Referral: Yes
Home Visiting Referral: Yes

VIEW COMPLETE PRAF 2.0

Food

Last Saved: 6/25/2025, 1:44:06 PM

Save

* Referral Outcome ⓘ
MCO Provided Service

* Please indicate the service provided by the MCO
member scheduled for foodbank visit on 6/30/25

* Date Member Contacted for Referral
06/25/2025

Member received services from referral resource(s)
Yes

Comments/Notes
member will need transportation to foodbank, scheduled with member services

If any concerns still require completion, the referral will move to the “*In Progress Referrals*” tab. Referrals can be edited under this tab.

Nurture

FormsVideo LibraryHelp

0

Logout

Followup

Referral Reporting

REFERRAL REQUESTS: 7

IN PROGRESS REFERRALS: 2

COMPLETED REFERRALS: 0

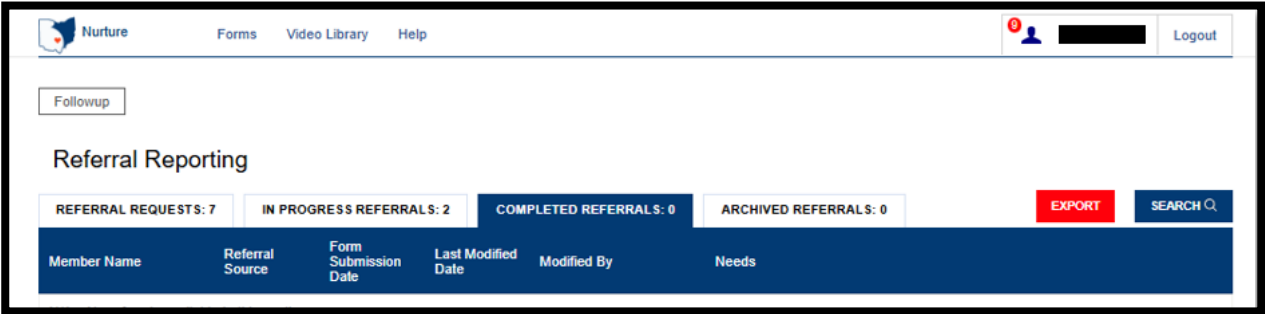
ARCHIVED REFERRALS: 0

EXPORT

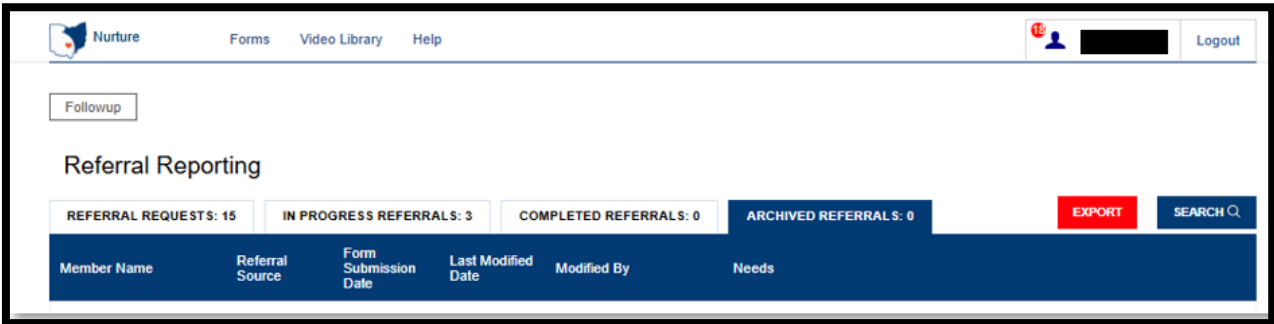
SEARCH

Member Name	Referral Source	Form Submission Date	Last Modified Date	Modified By	Needs
-------------	-----------------	----------------------	--------------------	-------------	-------

If all concerns are addressed and saved the referral will move to the “**Completed Referrals**” tab. Referrals can be edited under this tab.



All completed referrals will move to the “**Archived Referrals**” tab after 365 days of completion.



Adding Additional Concerns

Users can add additional needs not identified on the PRAF or ROP for referral. For instance, an additional concern may be added for a patient who has already had a PRAF or ROP submitted but later found to have a previously unidentified risk factor or referral service/need.


For PRAF referrals, additional concerns that can be added are:

- Transportation
- Food
- Housing
- Utilities
- Interpersonal violence/Safety
- Employment
- Education
- Finding a behavioral health provider
- Finding a primary care provider
- Finding a pediatrician
- Baby items (diapers, crib, carseat, etc.)
- Connection to lactation consulting
- Lactation supplies
- Connection to tobacco cessation services
- Connection to substance use disorder services
- Connection to alcohol-related services
- Connection to opioid use services




For ROP referrals, additional concerns that can be added are:

- Transportation
- Food
- Housing
- Utilities
- Finding an OB/GYN provider

Revised 12/1/2025

 Nurture

FormsReassigned FormsData UploadsAnalyticsVideo LibraryHelp

   Logout

FollowupTesting Prafupdate Referral Follow-UpNew Referral Answer

New Referral Follow-Up

* Identified Concern(s)

-- Select Concern --

* Referral Outcome ⓘ

-- Select Outcome --

* Member received services from referral resource(s)


-- Select --

Comments/Notes




Additional comments or notes...

Save

Select the additional identified concern from the dropdown to create a new needs referral item.

 Nurture

FormsReassigned FormsData UploadsAnalyticsVideo LibraryHelp

   Logout

FollowupTesting Prafupdate Referral Follow-UpNew Referral Answer

New Referral Follow-Up

* Identified Concern(s)

-- Select Concern --

-- Select Concern --

Food

Utilities

Interpersonal Violence/ Safety

Employment

Education

Finding a behavioral health provider

Finding a primary care provider

Finding a pediatrician

Baby items (diapers, crib, carseat, etc.)

Connection to lactation consulting

Lactation supplies

Connection to tobacco cessation services

Connection to substance use disorder services

Connection to alcohol-related services

Connection to opioid use services

Once submitted, the new concern will appear on the referral screen.

Housing

Last Saved: 6/25/2025, 1:49:00 PM

SaveDelete

* Referral Outcome ⓘ

MCO Provided Service

* Please indicate the service provided by the MCO

Provided housing resource list

* Date Member Contacted for Referral

06/25/2025

* Member received services from referral resource(s)

Yes

Comments/Notes

Additional comments or notes...

ADD ADDITIONAL CONCERN

Note: Users will only have the option to delete manually added additional concerns, all concerns submitted via the PRAF and ROP will need to be completed.

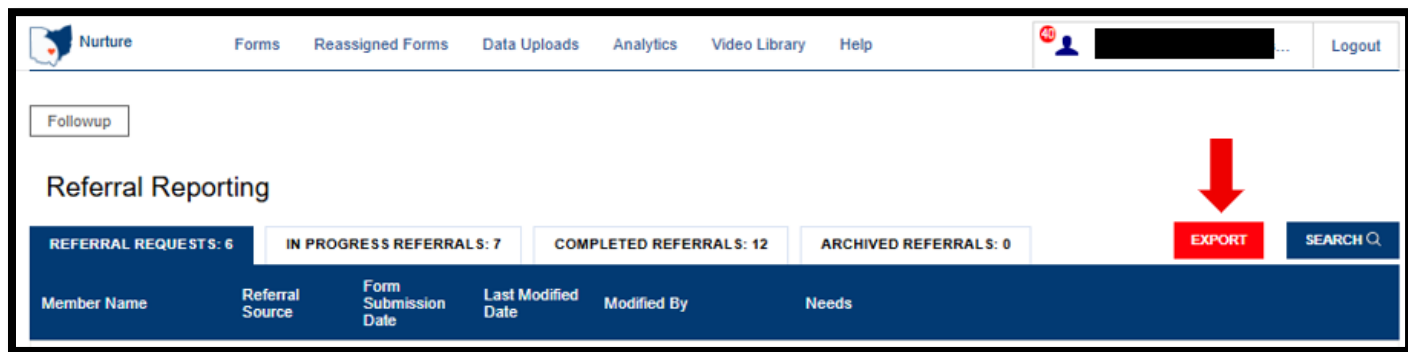
Revised 12/1/2025

32

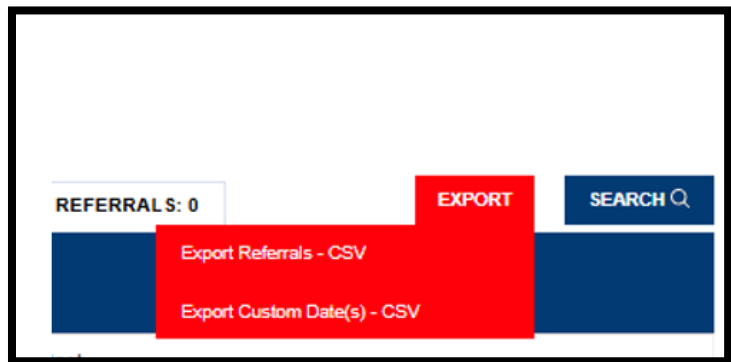
Exporting

Exporting Referrals

The Export option allows you to export all referrals associated with the logged-in MCO user to a CSV file. Click the *Export* button at the top of the Referral Reporting screen next to the search button.



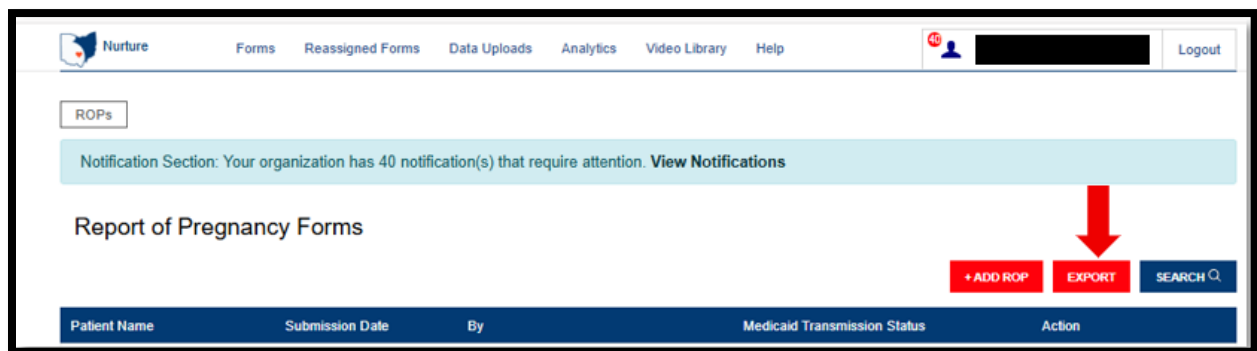
The dropdown menu will provide you with export options for referrals. Once you select an option, the file will be exported and saved to the default download folder on your local machine.



Exporting ROPs

The Export option allows you to export all forms associated with the logged-in MCO user to a CSV file.

Click the *Export* button next to the search button.

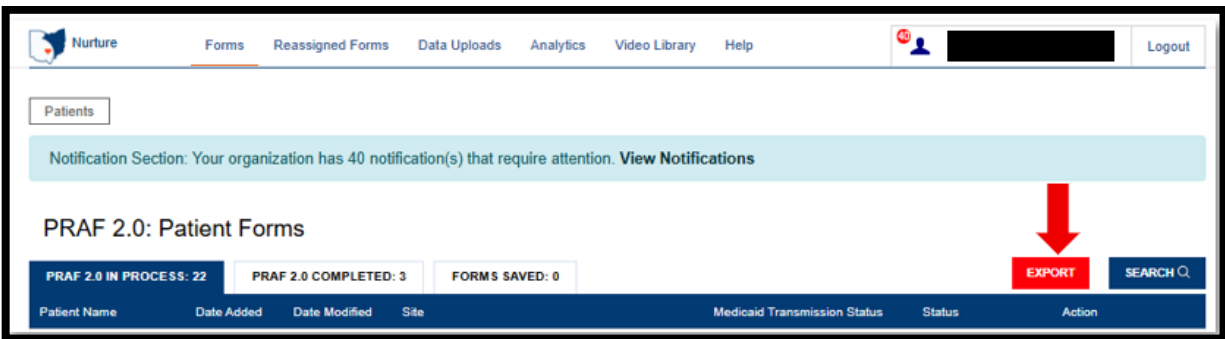


The dropdown menu will provide you with export options for ROPs. There is also an option for exporting the NurtureOhio Data Dictionary. This document describes the details of the file output. Once you select an option, the file will be exported and saved to the default download folder on your local machine.

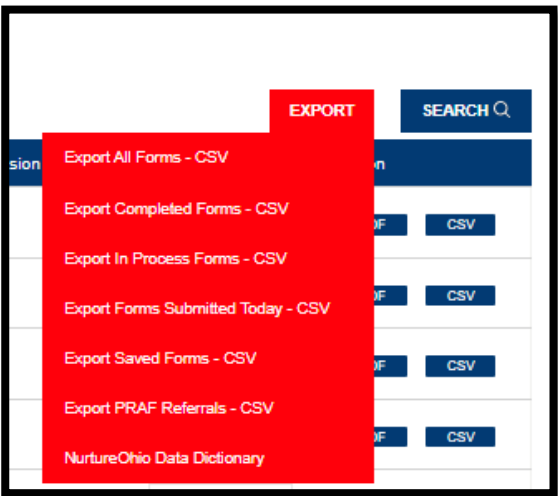


Exporting PRAFs

Users can export multiple PRAF forms to a CSV file by clicking the **EXPORT** button on the main forms screen.



The dropdown menu will provide you with export options for PRAFs. There is also an option for exporting the NurtureOhio Data Dictionary. This document describes the details of the file output. Once you select an option, the file will be exported and saved to the default download folder on your local machine.



Log Out

It is important to log out of the NurtureOhio system when finished.

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



Help Desk and User Support

If you have any concerns or issues with the website or are unable to view fields, please use the “Help” button shown in the screenshot below.



Help Form

You will then want to describe the issue that you are experiencing in the text box. Include a contact email and then click ‘Submit’.

A screenshot of the 'Nurture Ohio Help' form. The form has a title 'Nurture Ohio Help' and a paragraph of introductory text. Below this, there are three lines of instructions: one for Medicaid Provider issues, one for questions about the contents of the PRAF 2.0, and one for technical issues. The main part of the form is a large text area for describing the issue, with a red arrow pointing to it. Below the text area is a 'Contact Email:' field with a red arrow pointing to it. At the bottom right, there is a red 'SUBMIT' button with a red arrow pointing to it.

Maintenance and System Outages

If the NurtureOhio 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 102577, and its accompanying instructions, ODM 102577, can be found at the URL below.

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

Appendix A

About NurtureOhio Features

Shareable Data Entry

Users can edit a ROP form submitted by another MCO user up to 30 days after the original submission date.

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 nine digits)
- Medicaid ID/MCID

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 loss of coverage during pregnancy. Please note the member ID number is consistent across Medicaid MCOs; however, 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 #.

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 our contracted managed care entity insurance cards.



Next Generation 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 card

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

<MCO Logo Here>

Member Services | Phone: 000-000-0000
24 Hour Emergency Services | Phone: 000-000-0000
OhioRISE Member Service | Phone: 833-771-0773

Member Name
JanisHavelyLongName
VeryloooooongLastName

Member ID Number
000000000000

Plan ID Number
000000000000

OhioRISE
Aetna
New Jersey Health of Ohio
Phone: 833-771-0773

Primary Care Provider
Dr. John Doe
Phone: 000-000-0000

Issuance Date: MM/DD/YYYY

Pharmacy Benefit
g-inwell
Rx Bin: 004251
Rx PCN: OHORPCD
Phone: 833-495-0344
CSP Enrolled
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

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



US Script
BIN#008019
Pharmacies call: 1-800-460-8988

Name: MMS#: PCP Name: Effective Date: DOB: PCP Phone #:

If you have an emergency, call 911 or go to the NEAREST emergency room (ER). You do not have to contact Buckeye for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Buckeye Nurse/Wake toll-free at 1-866-346-4358 and follow the prompt for "Nurse" or TTY at 1-800-750-0750. Nurse/Wake is open 24 hours per day.



Health Care with Heart

Member Name: Mary Doe Date of Birth: 04-12-73
CareSource Member ID #: 12345678900
MMIS #: 987654321000 Case #: 7654321000
Primary Care Provider/Clinic Name: Good, I am A.
Provider/Clinic Phone: (937) 123-4567
Member Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)
24-hour Nurse Line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)



Molina Medicaid

Member: DUMMY NAME
Identification #: XXXXXXXXXX Date of Birth: 01/01/01 Effective Date: 01/01/01
Primary Care Provider: DUMMY PCP
Primary Care Provider Phone: (XXX) XXX-XXXX
PHILIP XXXXXXXXXX SHIR XXXXXX Issue Date: 01/01/01



PARAMOUNT ADVANTAGE
www.paramountadvantage.org
HEALTH PLAN (80840)
7952304120
ID NUMBER
A9999999901
MEMBER NAME
Jane Doe
PRIMARY CARE PROVIDER
John Smith
(419) 5551212
PROVIDERS CALL FOR PRIOR AUTH
800-891-2500/419-887-2520

GROUP NUMBER
ADV0010011
EFF. DATE
01/01/2015
MMIS NUMBER
000000000000
CVS/CAREMARK
RXGRP RX6407
RXBIN 004336
RXPCN ADV



UnitedHealthcare Community Plan
Health Plan 00840: 911-87726-04
Member ID: 999999999 Group Number: OHPHCP
Member: SUSAN BROWN
MMIS: 999999999999
PCP Name: DR. PROVIDER BROWN
PCP Phone: (999)999-9999
Payer ID: 57726
OPTUMRx
Rx Bin: 610494
Rx Grp: ACUOH
Rx PCN: 9999
OH - Medicaid
Administered by UnitedHealthcare Community Plan of Ohio, Inc.

Ability to Retrieve and Save Previously Entered Forms

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

- Navigate to the “Forms” tab
- Select ROPs or PRAF 2.0 depending on what type of form you are trying to retrieve
- After making your selection you can choose PDF or CSV under the Action heading to view or download forms

The screenshot displays the Nurture software interface. The top navigation bar includes tabs for Patients, PRAF 2.0, Archived PRAF 2.0, ROPs, and Referrals. The PRAF 2.0 tab is selected. Below the navigation bar, the section is titled "PRAF 2.0: Patient Forms". It features a summary bar with "PRAF 2.0 IN PROCESS: 72", "PRAF 2.0 COMPLETED: 25045", and "FORMS SAVED: 0". To the right of the summary bar are "EXPORT" and "SEARCH Q" buttons. Below the summary bar is a table with columns: Patient Name, Date Added, Date Modified, Site, Medicaid Transmission Status, Status, and Action. The first row of the table shows a patient with a blacked-out name, dates of 07/31/2024, a site with a blacked-out name, a status of "Pending", and an "In Process" dropdown menu. In the "Action" column, there are two buttons: "PDF" and "CSV". A red arrow points to the "CSV" button.

Patient Name	Date Added	Date Modified	Site	Medicaid Transmission Status	Status	Action
[Redacted]	07/31/2024	07/31/2024	[Redacted]	Pending	In Process	PDF CSV