



# PRAF 2.0 NurtureOhio Interface:

## Medicaid Provider User Guide

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**Nurture**  
Care ♥ Encourage



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## 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 2.0) and Report of Pregnancy (ROP) related topics
- Step by step guidance on logging into the system
- Step by step guidance on submitting forms
- 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 needs during 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 the Ohio Department of 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 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 2.0) 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).
- CBOs and MCOs should also submit an ROP when notified of a pregnancy.

### What is a PRAF?

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

### 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.

**Please note:** If your practice provides obstetrical services, the PRAF 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 NurtureOhio to Submit Perinatal Notifications

- Updating pregnancy details in Ohio's Medicaid eligibility system to prevent loss of Medicaid coverage during pregnancy and postpartum period
- MCO notification of potential members for care coordination and incentive programs to provide support and resources during pregnancy and the postpartum period
- Timely referrals to the Ohio Department of Health's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Referrals to DCYs Home Visiting Central Intake platform

## User Types

Users are classified into five 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 are users associated with a practice that provides obstetric services
- MCO are users affiliated with ODM's contracted MCO
- 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 are managed care entity (MCE) users that do not oversee the primary medical coordination for the individual but could identify a pregnant member, such as Aetna OhioRISE
- OEI Community Based Organizations and CBO Lead Entities are users from organizations identified by the Ohio Department of Medicaid as Ohio Equity Institute Lead Infant Mortality Entities and their corresponding Community Based Organizations

## How to Obtain Access to NurtureOhio

All Practice and Non-OBGYN users of the NurtureOhio site must be associated with an enrolled Medicaid provider. If a practice site is not associated with an enrolled 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.

Practice and Non-OBGYN 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" to the provider agent role in the PNM. Instructions for the assignment of roles are found in [Appendix C](#).

**Please note:** The "Prenatal Visit" role should only be assigned to users who need to submit PRAFs, not ROPs. If your responsibilities include submitting both PRAFs and ROPs, you will need to use **two separate OH|IDs** to log into NurtureOhio. One OH|ID, without the Prenatal Visit role, will be used for submitting ROPs. The other OH|ID, with the Prenatal Visit role assigned, will be used for submitting PRAFs.

## How to Log into NurtureOhio

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


Ohio Medicaid Practice and Non-OBGYN users: Select "OH|ID" from the dropdown to log in with your OH|ID Username and Password to submit pregnancy notifications and referrals for patients currently insured by Ohio Medicaid. Click "LOG IN WITH OH|ID"


The screenshot shows the NurtureOhio login interface. At the top, there are logos for Nurture (Care + Encourage), Ohio, and the Department of Medicaid. Below the logos is the title "PRAF 2.0 Ohio Department of Medicaid's Online Notification of Pregnancy System". The main text instructs Ohio Medicaid Providers/Practices to select "OHID" from a dropdown and log in with their OHID Username and Password. It also mentions that all other users should select "Internal". Below this, there is a "System:" label followed by a dropdown menu currently showing "OHID". A red arrow points to this dropdown. Below the dropdown is a blue button labeled "LOG IN WITH OHID", with another red arrow pointing to it. At the bottom left, there is a "Help" link with a question mark icon.

The screenshot shows the OHID login interface. At the top, there is the OHID logo and the text "Ohio's Digital Identity. One State. One Account." Below this is a link to "Create account". The "Log In" section has two input fields: "OHID" and "Password". Red arrows point to both fields. Below the fields is a blue "Log In" button, with a red arrow pointing to it. Below the button is a link for "Forgot your OHID or password?". At the bottom, there is a link for "Having trouble? Get OHID Help >".

## New User Screen

- After logging in for the first time, submitters will be taken to the New User Profile Setup screen.
- Some of the user information is pre-populated from OH|ID and the PNM
- Complete and review editable information and hit “Save and Begin”

 Nurture
 [PRAF 2.0](#)
[Archived PRAF 2.0](#)
[Analytics](#)
[Video Library](#)
[Help](#)



[Logout](#)

[Users](#)
[Edit User Profile](#)

### New User Profile Setup

**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.

**EHR Token(s)**

**You must set up your profile.**

**USER INFORMATION (Provided by OH|ID)**

First Name

Last Name

User Type

Practice

Group(s)

Email / Username

Your user information cannot be modified on the Nurture Ohio website. If any of your information appears incorrect, please contact your OH|ID 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 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**

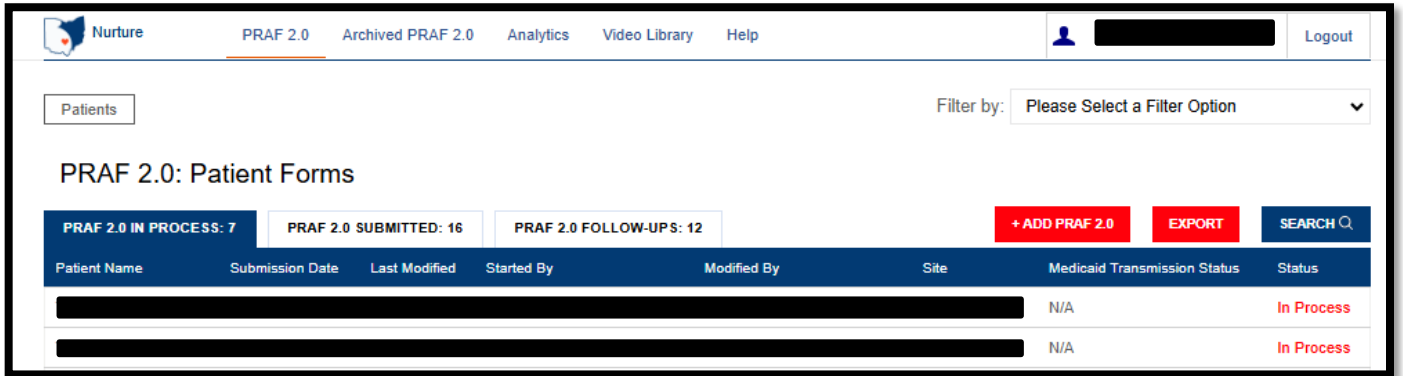
Your practice information cannot be modified on the Nurture Ohio website. If the practice information appears incorrect, please contact your PNM Administrator.

**Current Practices**

SAVE & BEGIN



## Welcome Screen



The screenshot shows the NurtureOhio interface. At the top, there's a navigation bar with links: PRAF 2.0, Archived PRAF 2.0, Analytics, Video Library, and Help. A user profile icon and a Logout button are on the right. Below the navigation bar, there's a 'Patients' tab and a 'Filter by:' dropdown menu. The main section is titled 'PRAF 2.0: Patient Forms'. It features three summary boxes: 'PRAF 2.0 IN PROCESS: 7', 'PRAF 2.0 SUBMITTED: 16', and 'PRAF 2.0 FOLLOW-UPS: 12'. To the right of these are buttons for '+ ADD PRAF 2.0', 'EXPORT', and 'SEARCH'. Below these is a table with columns: Patient Name, Submission Date, Last Modified, Started By, Modified By, Site, Medicaid Transmission Status, and Status. Two rows of data are visible, both with 'In Process' status.

## Update User Information

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

- Review user information
  - Note: If first name, last name, and email address need to be updated, update your information in OH|ID and the information will be synced to NurtureOhio automatically.
- Add Contact information to populate the urgent need portion of the form
- Review current practices
- Return to the Welcome Screen after saving by clicking on “PRAF 2.0 or ROP” at the top of the screen

**Please Note:** Some information associated with your User ID will be inserted automatically. You will not be able to edit this information. If a user needs to update, add, or delete practice information, the organization’s PNM administrator will need to make this change within the PNM system.

## NurtureOhio Provider User Guide

**Edit User Profile**

Welcome to Nurture Ohio!

This portal provides you the ability to electronically submit the Perinatal 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.

EHR Token(s)

USER INFORMATION (Provided by OHID)

First Name: [Redacted] Last Name: [Redacted]

User Type: Practice Group(s): [Redacted]

Email / Username: [Redacted]

Your user information cannot be modified on the Nurture Ohio website. If any of your information appears incorrect, please contact your OHID 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 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): [Redacted] Email Address: [Redacted]

Phone Number: [Redacted] Fax Number: [Redacted]

**PRACTICE INFORMATION**

Your practice information cannot be modified on the Nurture Ohio website. If the practice information appears incorrect, please contact your PNM Administrator.

Current Practices: [Redacted]

**SAVE** →

**Please Note:** 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. Clicking the save button will return you to the Welcome Screen.

## How to Submit a Perinatal Risk Assessment Form (PRAF 2.0)

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

**PRAF 2.0: Patient Forms**

PRAF 2.0 IN PROCESS: 2 PRAF 2.0 SUBMITTED: 5 PRAF 2.0 FOLLOW-UPS: 2

**+ ADD PRAF 2.0** **EXPORT** **SEARCH Q**

Patient Name	Submission Date	Last Modified	Started By	Modified By	Site	Medicaid Transmission Status	Status
[Redacted]	N/A	02/05/2025	[Redacted]	[Redacted]	[Redacted]	N/A	In Process
[Redacted]	N/A	02/05/2025	[Redacted]	[Redacted]	[Redacted]	N/A	In Process

## Confirm Practice Details

## NurtureOhio Provider User Guide

- Select practice information.
- If you have multiple associated practices, this is where you will select the practice for which you are entering the PRAF.

NurtureOhio Provider User Guide

PRAF 2.0 Archived PRAF 2.0 Analytics Video Library Help

Patients Add Patient

### Confirm Practice Details

**PRACTICE INFORMATION**

Select Practice

Practice information is provided by the PNM. If you have any questions, or if you would like to request an update/change, please contact your provider administrator. If you need assistance finding your provider administrator, please contact [MomsandBabies@medicaid.ohio.gov](mailto:MomsandBabies@medicaid.ohio.gov).

NurtureOhio Provider User Guide

PRAF 2.0 Archived PRAF 2.0 Analytics Video Library Help

NurtureOhio TestAccount Logout

Patients Add Patient

### Confirm Practice Details

**PRACTICE INFORMATION**

Practice Name

Street

City State Zip

Phone Number

Fax Number

Office Contact - Email

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

Provider Billing NPI

Provider Medicaid ID

Practice information is provided by the PNM. If you have any questions, or if you would like to request an update/change, please contact your provider administrator. If you need assistance finding your provider administrator, please contact [MomsandBabies@medicaid.ohio.gov](mailto:MomsandBabies@medicaid.ohio.gov).

NEXT

**Please Note:** Practice information is provided by the PNM. If you have any questions, or if you would like to request update/change, please contact your provider administrator. If you need assistance finding your provider administrator, please contact [MomsandBabies@medicaid.ohio.gov](mailto:MomsandBabies@medicaid.ohio.gov).

## Adding 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. NurtureOhio 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.

#### 1. Complete the required fields:

- Patient Medicaid ID (Patient MMIS ID) and/or Patient Social Security Number (9-Digit)
- Patient First Name
- Patient Last Name
- Patient Date of Birth
- Estimated Due Date and/or Date of Delivery

The screenshot shows the NurtureOhio web application interface. At the top is a navigation bar with the Nurture logo and links for PRAF 2.0, Archived PRAF 2.0, Forms, Users, Practice Mgmt, and Analytics. A user profile icon and a Logout button are on the right. Below the navigation bar is a 'Patients' button. The main heading is 'Patient Validation for PRAF 2.0'. A blue informational 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 several input fields: 'Patient Medicaid ID', 'Patient First Name\*', 'Patient Last Name\*', 'Patient Social Security Number (9 digit - no dashes)', 'Patient Date Of Birth\*', 'Estimated Due Date', and 'Date of Delivery'. To the right of these fields, a list of required fields for validation is provided: 'Patient Medicaid ID and/or Patient Social Security (9-digit)', 'Patient First Name', 'Patient Last Name', 'Patient Date of Birth', and 'Estimated Due Date and/or Date of Delivery'. A 'Please Note' section explains that Provider NPI or Billing NPI AND Name of Provider or Billing Entity are also required but not displayed as they come directly from the PNM. A red 'SUBMIT FOR VALIDATION' button is located at the bottom right of the form.

Nurture PRAF 2.0 Archived PRAF 2.0 Forms Users Practice Mgmt Analytics Logout

Patients

### 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 Medicaid ID

Patient First Name\*

Patient Last Name\*

Patient Social Security Number (9 digit - no dashes)

Patient Date Of Birth\*

Estimated Due Date

Date of Delivery

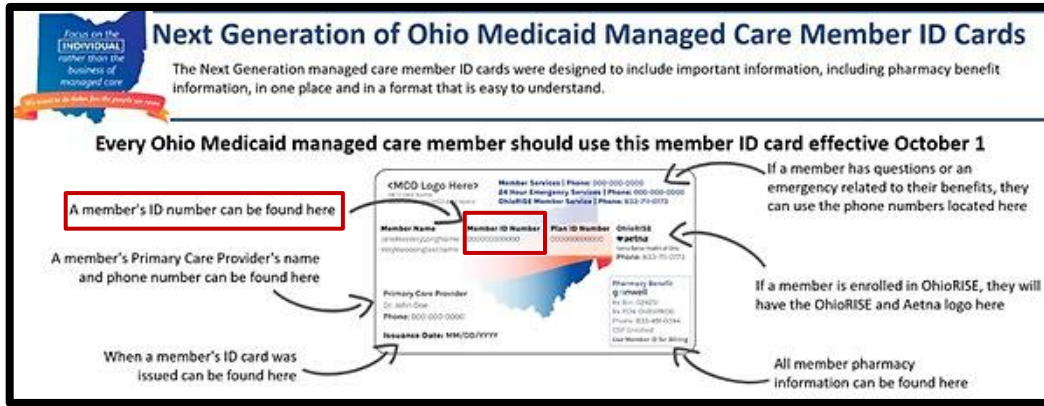
The following fields are required for Validation:

- Patient Medicaid ID and/or Patient Social Security (9-digit)
- Patient First Name
- Patient Last Name
- Patient Date of Birth
- Estimated Due Date and/or Date of Delivery

Please Note: Provider NPI or Billing NPI AND Name of Provider or Billing Entity are also required; these fields are not displayed as this information comes directly from the PNM.

SUBMIT FOR VALIDATION

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



## 2. Select Submit for Validation:

NurtureOhio will search the PRAF 2.0 system to ensure no other records from the last 30 days can be found in the system for that member.

PRAF 2.0
Archived PRAF 2.0
Forms
Users
Practice Mgmt.
Analytics

Logout

Patients

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 Medicaid ID

Patient First Name\*

Patient Last Name\*

Patient Social Security Number (9 digit - no dashes)

Patient Date Of Birth\*

Estimated Due Date

Date of Delivery

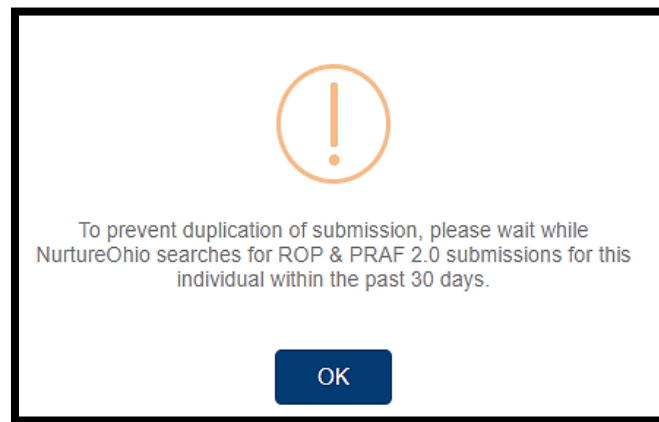
The following fields are required for Validation:

- Patient Medicaid ID and/or Patient Social Security (9-digit)
- Patient First Name
- Patient Last Name
- Patient Date of Birth
- Estimated Due Date and/or Date of Delivery

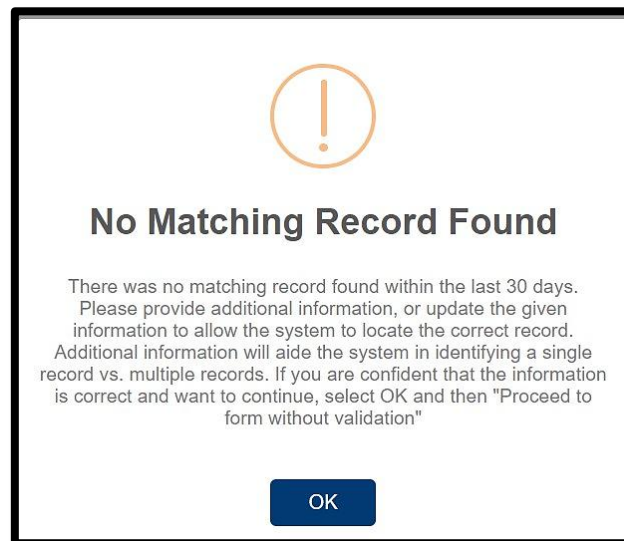
Please Note: Provider NPI or Billing NPI AND Name of Provider or Billing Entity are also required; these fields are not displayed as this information comes directly from the PNM.

SUBMIT FOR VALIDATION

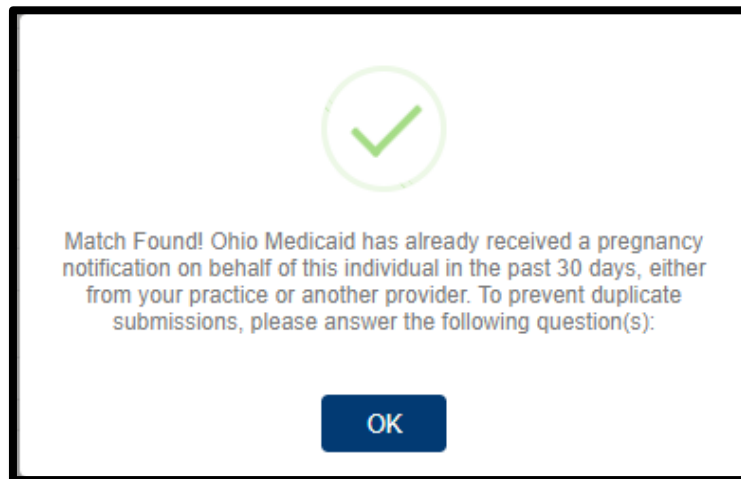
The following notification will appear after you submit, select OK to continue:



The following notification will appear when no matching PRAF 2.0 record is found, select OK to continue



The following notification will appear when a matching record is found, select OK to continue:

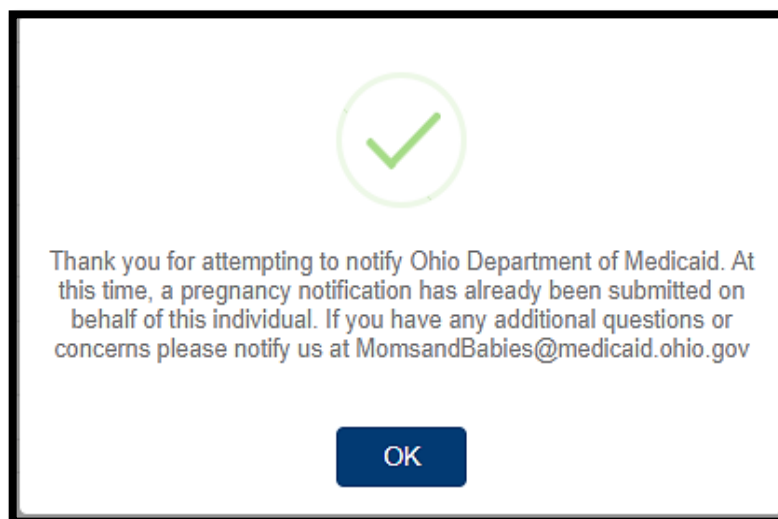


If a matching record is found, users must answer the following questions:

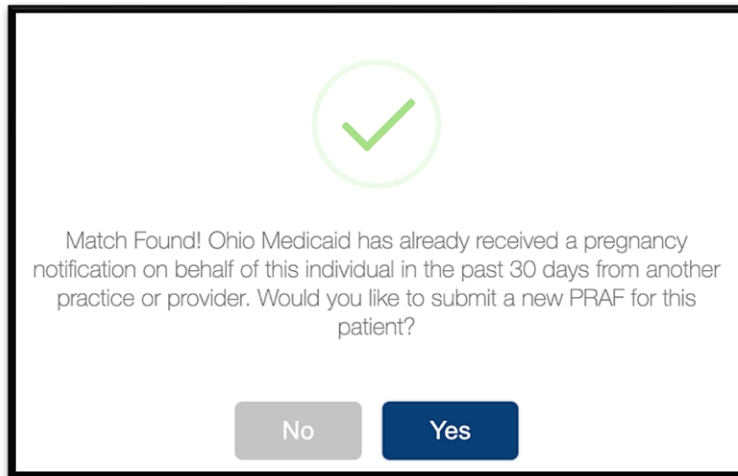
In the past 30 days have there been changes to:

- The individual's health?
- Social risk factors from the prior submission?
- Has there been changes to the individual's pregnancy due date or number of fetuses?
  - 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

You will receive the following notification if you answer no to all questions, select OK to continue:

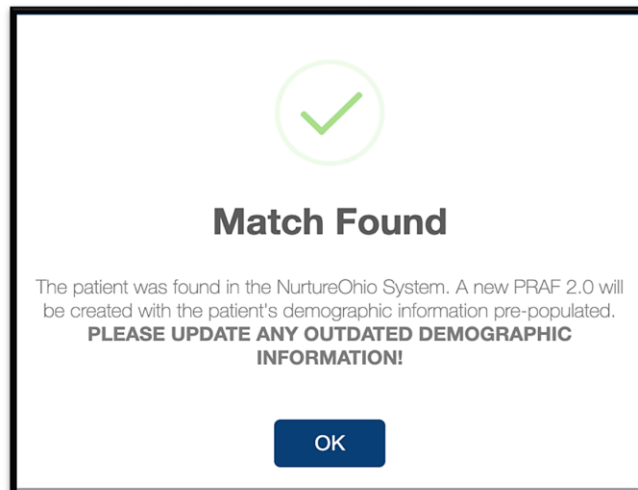


If there is a PRAF matching the individual's information, but it was submitted by another provider, the following will appear:



- Selecting "No" will stop the PRAF and send you back to the home page.
- Selecting "Yes" will create a new PRAF using your selected practice.

If there is a PRAF matching the individual's information and was submitted more than 30 days and less than 9 months ago, you will see the following prompt, select OK to continue:



- The individual's information from the previously submitted PRAF will be used to pre-populate the individual's demographic information.
- This is still creating a new PRAF for the individual.



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

NurtureOhio

PRAF 2.0 Archived PRAF 2.0 Analytics Video Library Help

Logout

Patients

### Patient Validation for PRAF 2.0

- Patient Date of Birth Does Not Match the Patient on File.
- Invalid/Missing Patient Name.

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

Date of Delivery

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

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

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

- There can be more than one error returned at once.
- Error messages will appear above the form.
- Possible error messages that you could see:
  - Patient Date of Birth Does Not Match the Patient on File.
  - Invalid/Missing Patient Medicaid ID.
  - Invalid/Missing Patient Name.
  - Patient Not Found
  - Must Provide Valid Patient Medicaid ID and/or Social Security Number.
  - Duplicate Patient ID Number.
  - Patient does not have active Medicaid coverage.
  - System is unable to respond, please contact the NurtureOhio Helpdesk.
    - This error also automatically sends an alert to NurtureOhio.

## NurtureOhio Provider User Guide

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.

The screenshot shows the 'Patient Validation for PRAF 2.0' interface. At the top, there's a navigation bar with 'Nurture', 'PRAF 2.0', 'Archived PRAF 2.0', 'Analytics', 'Video Library', and 'Help'. Below this is a 'Patients' tab. The main heading is 'Patient Validation for PRAF 2.0'. 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 seven input fields, each followed by a green checkmark icon: 'Patient Medicaid ID', 'Patient First Name\*', 'Patient Last Name\*', 'Patient Social Security Number (9 digit - no dashes)', 'Patient Date Of Birth\*', 'Estimated Due Date', and 'Date of Delivery'. To the right of these fields, a message reads: '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.' At the bottom right, there is a red button labeled 'PROCEED TO FORM'.

**Please 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 Information

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

Date of Service- Date the perinatal appointment occurred

Provider Medicaid ID- This will be populated by the PNM association.

- NurtureOhio makes sure all required information is filled in before you are allowed to go on to

the next page of the PRAF form

- All missing fields will be highlighted in **RED**.
- You can click “Save for Later” to save any information you’ve entered without completing the form or sending the information to the patient’s MCO.
- Patients saved for later will appear as “In Process” on the Welcome Screen.
- In process PRAFs will be saved for 30 days. If PRAFs are not completed within 30 days, they must be resubmitted.

The screenshot shows the NurtureOhio web application interface for the Perinatal Risk Assessment Form (PRAF) 2.0. The top navigation bar includes links for PRAF 2.0, Archived PRAF 2.0, Analytics, Video Library, and Help. The main header displays the form title and a blue instruction box. The form fields are organized into a vertical list, with the Clinic Name field highlighted by a callout box. The callout box contains a tooltip icon and a note: "Note: Some questions have tooltips you can hover over and get more information about the question". Red arrows point to the "NEXT" and "SAVE FOR LATER" buttons at the bottom right of the form.

**Perinatal 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 use, transportation, behavioral health);

\*Name of Medicaid Managed Care Organization  
Choose One  
(If patient was validated on previous page, this value will be pre-filled with the correct value)

\*Practice Name: [Redacted] Clinic Name ⓘ

\*Practice Street: [Redacted]

\*Practice City: [Redacted]

\*Practice State: [Redacted]

\*Practice Zip Code: [Redacted]

Provider Billing NPI: [Redacted]

\*Provider Medicaid ID: [Redacted]

FQHC Site? [Unknown]

\*Date of Service: MM/DD/YYYY

**Note: Some questions have tooltips you can hover over and get more information about the question**

**NEXT**

**SAVE FOR LATER**

## 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.

**Perinatal Risk Assessment Form (PRAF) 2.0**

**Needed by county for pregnancy notification.**

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

\*Patient First Name

\*Patient Last Name

Estimated Due Date  
03/22/2025

Date of Delivery  
MM/DD/YYYY

Gestational Age ⓘ

\*Weeks  
15

Days  
Choose One

\*Number of Fetuses  
1

\*Date Recorded  
MM/DD/YYYY

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.

**Gestational Age ⓘ**  
\*Weeks 15  
**For postpartum PRAF enter gestational age at delivery**

**Please Note:** When completing a postpartum PRAF, enter the Gestational Age at the time of delivery.

## NurtureOhio Provider User Guide

### Patient Details, cont.

Once you have completed all required fields select “Next” to continue

\*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

☐ Cell Phone

Patient Alternate Phone (Optional)

☐ Cell Phone

\*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

## Risks and Referrals

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

- Complete Provider Contact Information
  - Choose if the patient would like the MCO to reach out to the practice for follow up about needs
  - Indicate a contact person at your site
  - Confirm Practice Phone and Email
  - Practice Fax (Optional)
- Perinatal Screeners
  - Select screening tool used. Screening tools are listed in the order of most used
  - Previously diagnosed checkbox. Check this box if the patient has an existing diagnosis
  - Enter the dates of referrals and treatments for identified diagnosis
  - Enter the date of initiating services for identified diagnosis

**Perinatal Risk Assessment Form (PRAF) 2.0**

**Provider Contact**

\*I would like my patient's managed care organization to communicate with my office regarding any urgent needs identified below.

Choose One ▾

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

Practice Phone Number:

Practice Email Address:

Practice Fax Number:

**Perinatal Screeners**

*Screening tool used for anxiety Choose One ▾	<input type="checkbox"/> Previously Diagnosed	Date of Anxiety Referral ① MM/DD/YYYY	Date of initiating Anxiety treatment ① MM/DD/YYYY
*Screening tool used for depression Choose One ▾	<input type="checkbox"/> Previously Diagnosed	Date of Depression Referral ① MM/DD/YYYY	Date of initiating Depression treatment ① MM/DD/YYYY
*Screening tool used for postpartum depression Choose One ▾	<input type="checkbox"/> Previously Diagnosed	Date of Postpartum Depression Referral ① MM/DD/YYYY	Date of initiating Postpartum Depression treatment ① MM/DD/YYYY
*Screening tool used for substance use Choose One ▾	<input type="checkbox"/> Previously Diagnosed	Date of Substance Use Referral ① MM/DD/YYYY	Date of initiating Substance Use Disorder treatment ① MM/DD/YYYY
*Screening tool used for health related social needs Choose One ▾	<input type="checkbox"/> Previously Diagnosed	Date of Health Related Social Needs Referral ① MM/DD/YYYY	Date of initiating services to address Health Related Social Needs ① MM/DD/YYYY

- Patient Risk Information
  - Complete patient risk information checklist
    - Make sure to check all that apply
      - Prior: If risk was identified in a prior pregnancy
      - Current: If risk is identified in the current pregnancy
      - Postpartum: If the risk is identified during the current postpartum period or was identified during a previous postpartum period
  - Complete Managed Care Organization and County Department of Job and Family Services support checklist
    - Check any area that your patient needs resources or assistance.

Patient Risk Information

Prior and Current Perinatal Risks. Check all that apply.

- Prior: If risk was identified in a prior pregnancy
- Current: If risk is identified in the current pregnancy
- Postpartum: If risk is identified in the current postpartum period OR was identified during a previous postpartum period

Diabetes	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Gestational Diabetes	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Chronic Hypertension	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Gestational Hypertension	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Preeclampsia	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Low Birth Weight	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Preterm Birth	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Late to Prenatal Care	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Anxiety	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Depression	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Bipolar Disorder	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Tobacco/Nicotine/Vape Use	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Substance Use	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Substance Use Disorder	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Alcohol Use	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Alcohol Use Disorder	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Opioid Use	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum
Opioid Use Disorder	<input type="checkbox"/> Prior	<input type="checkbox"/> Current	<input type="checkbox"/> Postpartum

Managed Care Organization/ County Department of Job and Family Services Assistance

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

For Medicaid Application Assistance call 1-844-640-0HIO.  
For questions about Medicaid Programs, covered services or managed care call 1-800-324-8680.

<input type="checkbox"/> Transportation	<input type="checkbox"/> Finding a behavioral health provider	<input type="checkbox"/> Other Needs
<input type="checkbox"/> Food	<input type="checkbox"/> Finding a primary care provider	<input type="checkbox"/> No Needs Identified
<input type="checkbox"/> Housing	<input type="checkbox"/> Finding a pediatrician	
<input type="checkbox"/> Utilities	<input type="checkbox"/> Baby items (diapers, crib, carseat, etc.)	
<input type="checkbox"/> Interpersonal Violence/ Safety	<input type="checkbox"/> Connection to lactation consulting	
<input type="checkbox"/> Employment	<input type="checkbox"/> Lactation supplies	
<input type="checkbox"/> Education	<input type="checkbox"/> Connection to tobacco cessation services	
	<input type="checkbox"/> Connection to substance use disorder services	
	<input type="checkbox"/> Connection to alcohol-related services	
	<input type="checkbox"/> Connection to opioid use services	

☐ My patient would benefit from a referral to WIC.

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

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.

☐ 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 (please ensure cell phone number is listed on page 2 of PRAF)

BACK

SAVE FOR LATER

SUBMIT

## Submit

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

**Managed Care Organization/ County Department of Job and Family Services Assistance**

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

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

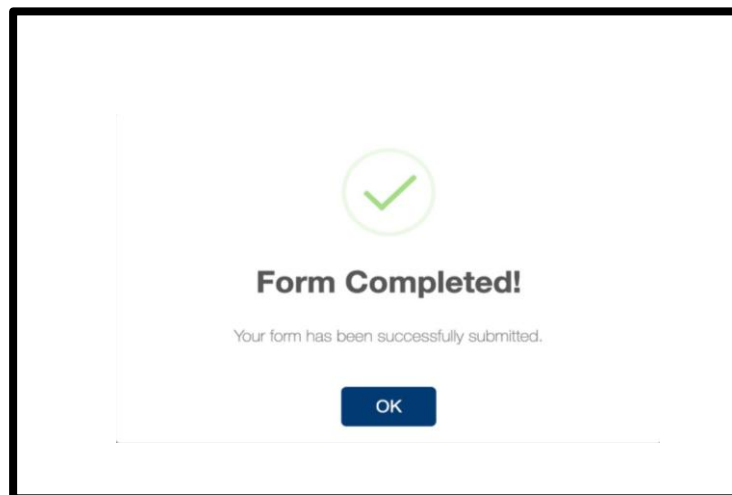
<input type="checkbox"/> Transportation	<input type="checkbox"/> Finding a behavioral health provider	<input type="checkbox"/> Other Needs
<input type="checkbox"/> Food	<input type="checkbox"/> Finding a primary care provider	<input type="checkbox"/> No Needs Identified
<input type="checkbox"/> Housing	<input type="checkbox"/> Finding a pediatrician	
<input type="checkbox"/> Utilities	<input type="checkbox"/> Baby items (diapers, crib, carseat, etc.)	
<input type="checkbox"/> Interpersonal Violence/ Safety	<input type="checkbox"/> Connection to lactation consulting	
<input type="checkbox"/> Employment	<input type="checkbox"/> Lactation supplies	
<input type="checkbox"/> Education	<input type="checkbox"/> Connection to tobacco cessation services	
	<input type="checkbox"/> Connection to substance use disorder services	
	<input type="checkbox"/> Connection to alcohol-related services	
	<input type="checkbox"/> Connection to opioid use services	

☐ My patient would benefit from a referral to WIC.

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

**BACK** **SAVE FOR LATER** **SUBMIT**

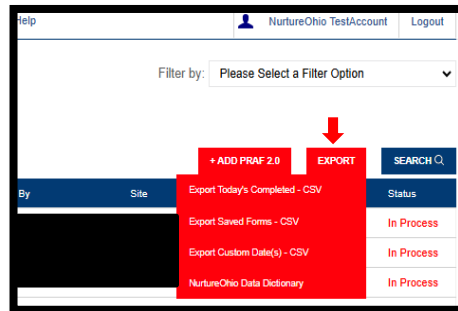
After the user submits the form, this message will appear. If all information on the form is completed correctly, the form will then be listed as “Pending” and then move to “Successfully Processed” under the Medicaid Transmission Status. For additional Transmission Status see [Appendix D](#).





## Exporting PRAFs

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



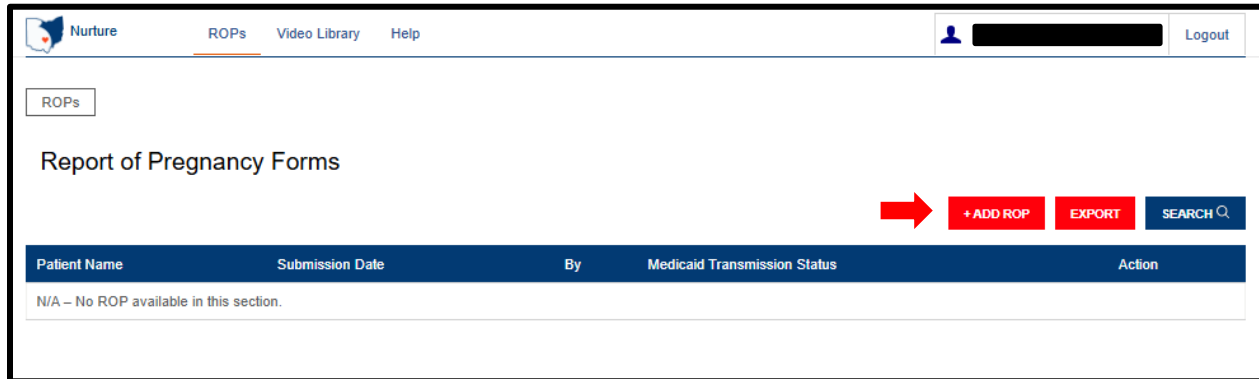
From the drop-down menu, users can choose to export “Todays Completed” forms, “Saved” forms, and “Custom Date(s) within a 30-day date range.”

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.

## How to Submit a Report of Pregnancy (ROP)

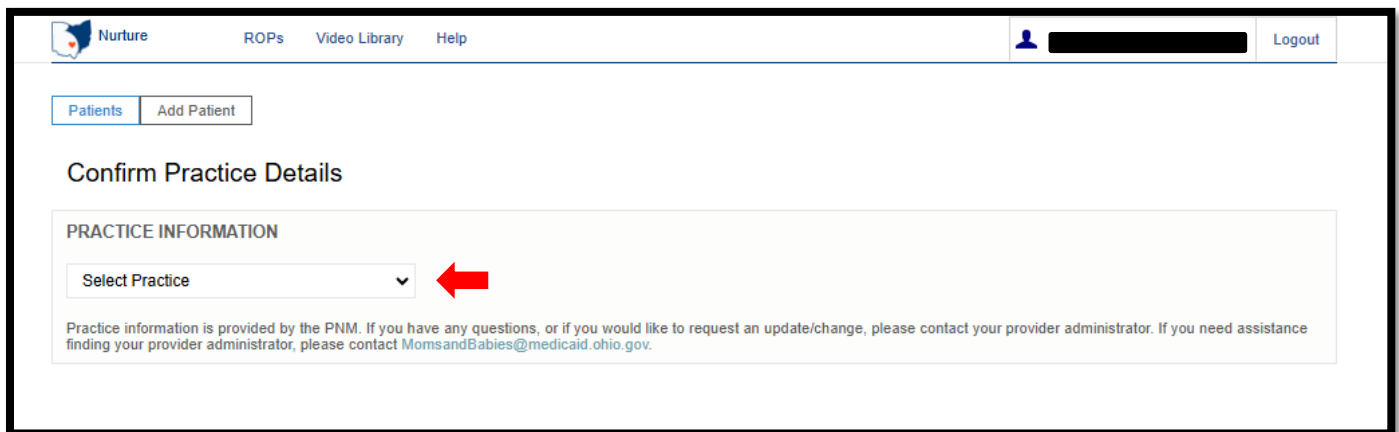
From the welcome page, the user will choose the “+ ADD ROP” button




The screenshot shows the 'Report of Pregnancy Forms' page in the NurtureOhio system. The top navigation bar includes 'Nurture', 'ROPs', 'Video Library', and 'Help'. A user profile dropdown and 'Logout' link are on the right. Below the navigation, there's a 'ROPs' tab. The main heading is 'Report of Pregnancy Forms'. To the right of this heading, a red arrow points to a red button labeled '+ ADD ROP'. Next to it are 'EXPORT' and 'SEARCH' buttons. Below these buttons is a table with columns: 'Patient Name', 'Submission Date', 'By', 'Medicaid Transmission Status', and 'Action'. The table currently shows a message: 'N/A – No ROP available in this section.'


## Confirm Practice Details

- Select practice information.
- If you have multiple associated practices, this is where you will select the practice for which you are entering the ROP



The screenshot shows the 'Confirm Practice Details' page. The top navigation bar is the same as the previous page. Below the navigation, there are 'Patients' and 'Add Patient' buttons. The main heading is 'Confirm Practice Details'. Below this, there's a section titled 'PRACTICE INFORMATION'. Inside this section, there's a dropdown menu labeled 'Select Practice' with a downward arrow. A red arrow points to this dropdown menu. Below the dropdown, there's a paragraph of text: 'Practice information is provided by the PNM. If you have any questions, or if you would like to request an update/change, please contact your provider administrator. If you need assistance finding your provider administrator, please contact [MomsandBabies@medicaid.ohio.gov](mailto:MomsandBabies@medicaid.ohio.gov).'

 Nurture
 [ROPs](#)
[Video Library](#)
[Help](#)



[Logout](#)

[Patients](#)
[Add Patient](#)

## Confirm Practice Details

PRACTICE INFORMATION

Practice Name

Street

City

State

Zip

Phone Number

Fax Number

Office Contact - Email

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

Unknown

Provider Billing NPI

Provider Medicaid ID

Practice information is provided by the PNM. If you have any questions, or if you would like to request an update/change, please contact your provider administrator. If you need assistance finding your provider administrator, please contact [MomsandBabies@medicaid.ohio.gov](mailto:MomsandBabies@medicaid.ohio.gov).

NEXT

## Add Patient Information

### Patient Validation

To improve data quality and ensure HIPPA 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. The user has up to 30 days to edit the form and resubmit. After 30 days, the user cannot edit a form and must submit a new one.

### Patient Validation Fields

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

The screenshot shows the 'Patient Validation for ROP' form within the NurtureOhio interface. The form includes a header with the NurtureOhio logo and navigation links (ROPs, Video Library, Help). A user profile icon and 'Logout' button are in the top right. A 'Patients' tab is visible on the left. 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 fields are: Patient Medicaid ID, Patient First Name\*, Patient Last Name\*, Patient Social Security Number (9 digit - no dashes), Patient Date Of Birth\*, and Estimated Due Date\*. A message on the right states: '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:' followed by a bulleted list: Patient Medicaid ID and Patient Social Security (9-Digit). A red 'SUBMIT FOR VALIDATION' button is at the bottom right.

**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

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

**Card Fields:**  
 <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: JanitaVeryLongName  
 Member ID Number: 000000000000  
 Plan ID Number: 000000000000  
 OhioRISE and Aetna logos  
 Primary Care Provider: Dr. John Doe  
 Phone: 000-000-0000  
 Issuance Date: MM/DD/YYYY  
 Pharmacy Benefit: grmwell  
 Rx Plan: 004251  
 Rx PCN: GRXPR000  
 Phone: 833-481-0344  
 CDP Enrolled  
 Use Member ID for Billing

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 member.

**NurtureOhio** ROPs Video Library Help

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\*

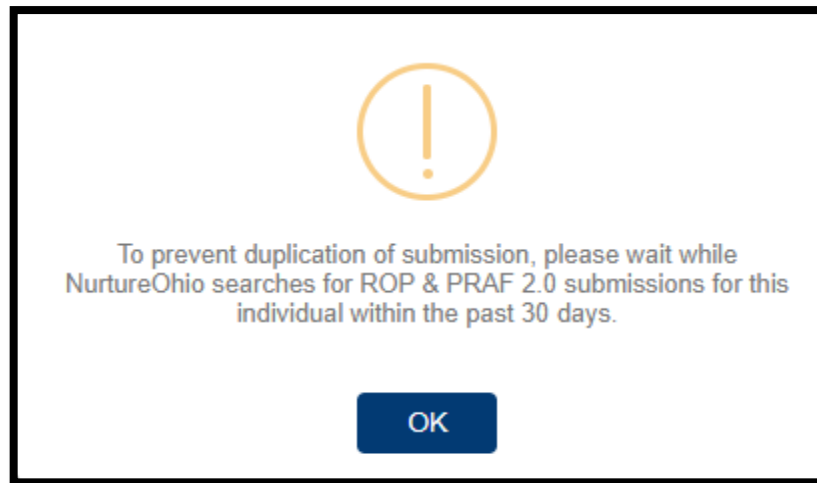
Estimated Due Date\*

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:

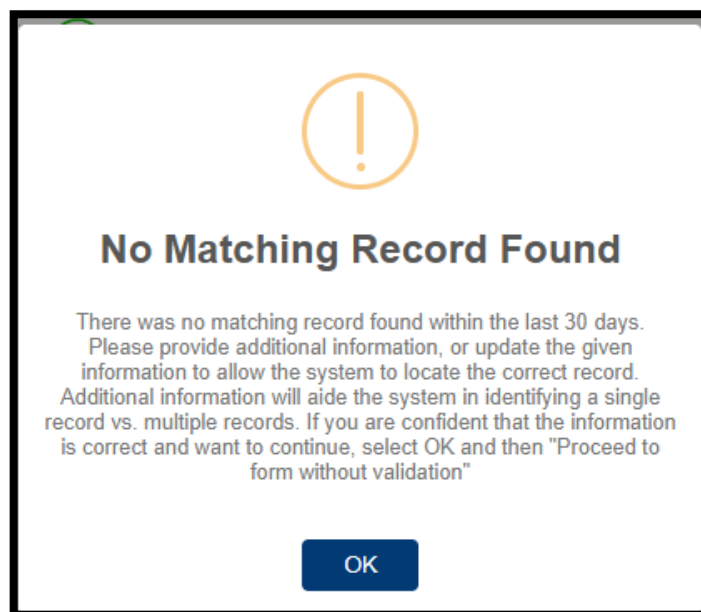
- Patient Medicaid ID
- Patient Social Security (9-Digit)

**SUBMIT FOR VALIDATION**

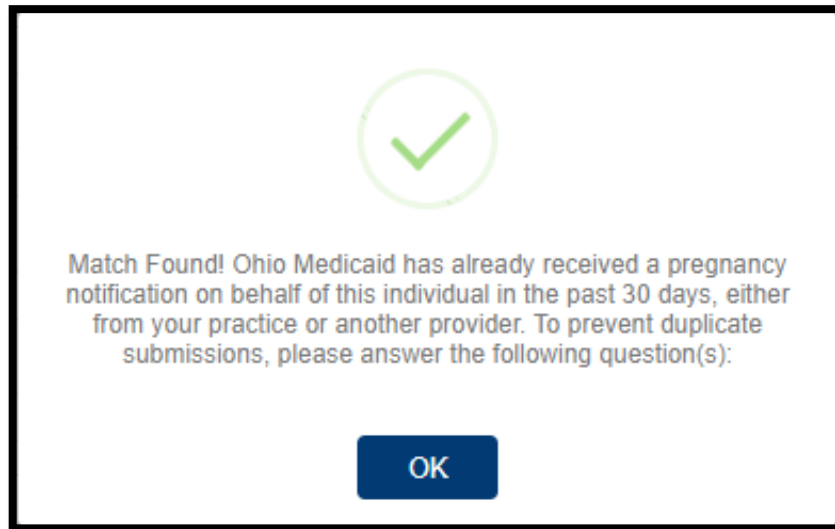
The following notification will appear, select OK to continue



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  means that the information provided does not have a matching record in the Medicaid system and needs to be addressed.

The screenshot shows a form titled "Patient Validation for ROP". At the top, there are two red error messages: "Patient Date of Birth Does Not Match the Patient on File." and "Invalid/Missing Patient Medicaid ID.", with red arrows pointing to them. Below these is a blue banner with white text: "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 several input fields: "Patient Medicaid ID", "Patient First Name\*", "Patient Last Name\*", "Patient Social Security Number (9 digit - no dashes)", "Patient Date Of Birth\*", and "Estimated Due Date\*". Red "X" icons are placed next to the "Patient Medicaid ID" and "Patient Date Of Birth" fields, with red arrows pointing to them. To the right of the form, there is a text block: "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:" followed by a bulleted list: "Patient Medicaid ID" and "Patient Social Security (9-Digit)". At the bottom right of the form are two buttons: "PROCEED TO FORM WITHOUT VALIDATION" and "SUBMIT FOR VALIDATION".

Note: 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  means the information provided has a matching Medicaid record and the user may proceed to the form.

### 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	<input type="text"/>	
Patient First Name*	<input type="text"/>	
Patient Last Name*	<input type="text"/>	
Patient Social Security Number (9 digit - no dashes)	<input type="text"/>	
Patient Date Of Birth*	<input type="text"/>	
Estimated Due Date*	<input type="text"/>	

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](#)



**Please Note:** The ROP 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 ROP
  - No follow-up of referrals
  - 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). User must complete all required fields before selecting “submit” at the bottom of the form.

The screenshot displays the 'Report of Pregnancy Form' (ROP) within the NurtureOhio web application. The interface includes a top navigation bar with the Nurture logo, links for 'ROPs', 'Video Library', and 'Help', a user profile icon, and a 'Logout' button. A 'ROPs' tab is active on the left. The form itself is titled 'Report of Pregnancy Form' and contains several input fields, some of which are highlighted with red boxes to indicate required information. These fields include: 'Date of Service' (format MM/DD/YYYY), 'Practice Name' (with a checkbox for 'Practice Information Not Known'), 'Provider MCO ID', 'Practice Street', 'Practice City', 'Practice State' (a dropdown menu), 'Practice Zip Code' (pre-filled with 41017), 'Name of Managed Care Plan' (a dropdown menu with 'Choose One' selected), 'Patient Medicaid ID' (pre-filled with 990000000009), 'Patient Managed Care Plan ID', 'Patient Social Security Number', 'Patient Date of Birth' (pre-filled with 01/01/1995), 'Patient First Name', and 'Patient Last Name'. A note below the 'Name of Managed Care Plan' dropdown 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 form is set against a light gray background with white input fields and red borders around the required fields.

## NurtureOhio Provider User Guide

Estimated Due Date	<input type="text" value="03/22/2025"/>
Gestational Weeks	<input type="text" value="Choose One"/>
Gestational Days	<input type="text" value="Choose One"/>
Date Gestational Age Recorded	<input type="text" value="MM/DD/YYYY"/>
Patient Address	<input type="text"/>
Patient City	<input type="text"/>
Patient State	<input type="text" value="Choose One"/>
Patient Zip	<input type="text"/>
Patient County	<input type="text" value="Choose One"/>
Patient Phone	<input type="text"/>
Patient Alternate Phone (Optional)	<input type="text"/>
Primary Language is English?	<input type="text" value="Choose One"/>
Primary Language (if not English):	<input type="text"/>

Patient Email	<input type="text"/>
Patient's Preferred Method of Contact:	<input type="text" value="Choose One"/>
*How does the patient describe their ethnicity?	<input type="text" value="Choose One"/>
*How does the patient describe their race?	<input type="text" value="Choose One"/>
I would like my patient's Managed care organization to communicate with my office regarding an urgent need.	<input type="text" value="Choose One"/>
The name of the person at my site who should be contacted with updates/questions about this form is:	<input type="text"/>
Provider Phone Number	<input type="text" value=""/>
Provider Email Address	<input type="text" value=""/>
Provider Fax Number	<input type="text"/>

## Referrals

This section in the ROP 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

Assistance scheduling appointments?

Patient has a prenatal visit appointment scheduled.


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

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



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 is listed on the form.

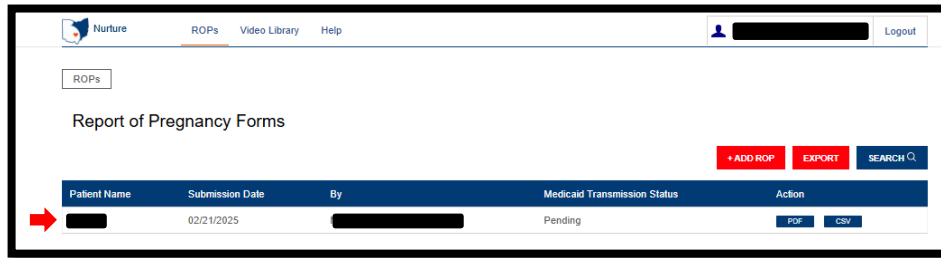
☒ My patient would benefit from a referral to WIC.  
☒ My patient would benefit from a referral for Home Visiting.  
☐ Permission is given for text messages about Home Visitation



**Form Completed!**

ROP has been successfully submitted.

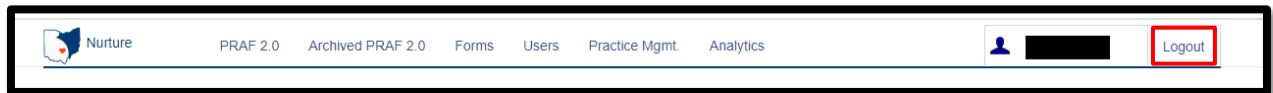
After the ROP form is submitted it will appear on the home page



## Logging Out

It is important to log out of the NurtureOhio and OH|ID systems when finished.

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



This will direct the user to the OH|ID logout screen.

- Select “Log Out”



## Additional Information

### Adding a Practice

Practices cannot be added within NurtureOhio. All practices associated to your NurtureOhio account are from the PNM. If you need to add, remove, or update practices, you must do this in the PNM. [See Appendix C](#).

### 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?”.

Log In | OH|ID | Ohio's State Digital Identity

ohid-stg.ohio.gov/wps/portal/gov/ohid/login

**OH|ID**

Ohio's Digital Identity. One State. One Account.

Register once, use across many State of Ohio websites

Create Account

Log In

OH|ID

Password

Log in

[Forgot OH|ID?](#) | [Forgot password?](#) | [Get login help](#)

[Find out more about OH|ID >](#)

Menu Help Search

## 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.

The screenshot shows the NurtureOhio dashboard. The top navigation bar includes links for 'Nurture', 'PRAF 2.0', 'Archived PRAF 2.0', 'Analytics', 'Video Library', and 'Help'. The 'Help' link is highlighted with a red arrow. Below the navigation bar, there is a 'Patients' tab and a 'Filter by:' dropdown menu. The main content area displays 'PRAF 2.0: Patient Forms' with three tabs: 'PRAF 2.0 IN PROCESS: 4', 'PRAF 2.0 SUBMITTED: 9', and 'PRAF 2.0 FOLLOW-UPS: 5'. There are three buttons: '+ ADD PRAF 2.0' (red), 'EXPORT' (red), and 'SEARCH' (blue). Below these buttons is a table with columns: Patient Name, Submission Date, Last Modified, Started By, Modified By, Site, Medicaid Transmission Status, and Status.

## Help Form

- Provide a description of the issue
- Provide contact email
- Submit to helpdesk

The screenshot shows the 'Nurture Ohio Help' form. The top navigation bar is the same as the dashboard. The form has a title 'Nurture Ohio Help' and a sub-header 'Nurture Ohio Help'. Below the header, there is a paragraph of text: 'Thank you for taking the time to provide feedback – your assistance will allow us to improve our product for all users. Prior to completing this form, please read through the items below to ensure your issue/feedback is addressed appropriately.' This is followed by two paragraphs of text providing instructions for Medicaid Provider issues and technical issues. Below the text, there is a text input field labeled 'Please describe the issue that you encountered:' with a red arrow pointing to it. Below the input field, there is a 'Contact Email:' label and an email input 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.

**Please Note:** If you have any general questions regarding the PRAF form content or process, please email [MomsandBabies@medicaid.ohio.gov](mailto: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 Mon - Fri 8 a.m. - 4:30 p.m.
- Email the ODM Integrated Help Desk at [ihd@medicaid.ohio.gov](mailto: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:

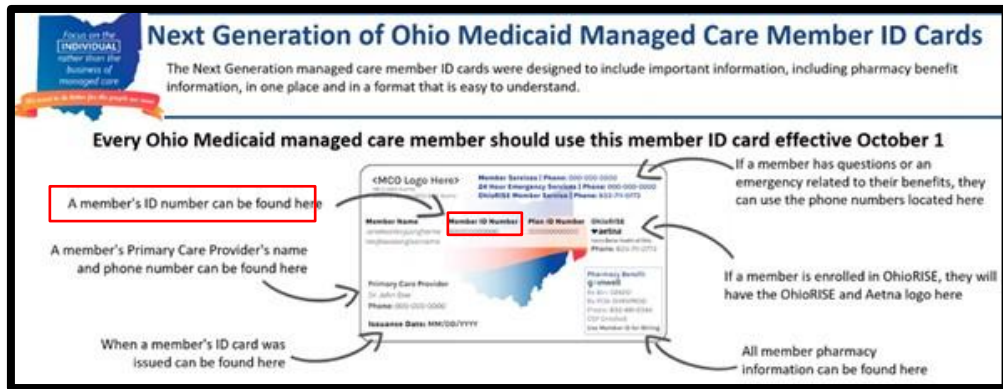
- First name
- Last name
- Date of birth
- Social security number (full 9 digits)
- Patient Medicaid ID/MCID

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 patient Medicaid ID and/or the patient's social security number are 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 patient Medicaid ID will not always be the same as the MCO ID number which varies by insurance plan. Thus, please be sure to capture the patient Medicaid ID and not mistakenly input the MCO ID number. Below is where you will locate the patient Medicaid ID 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.





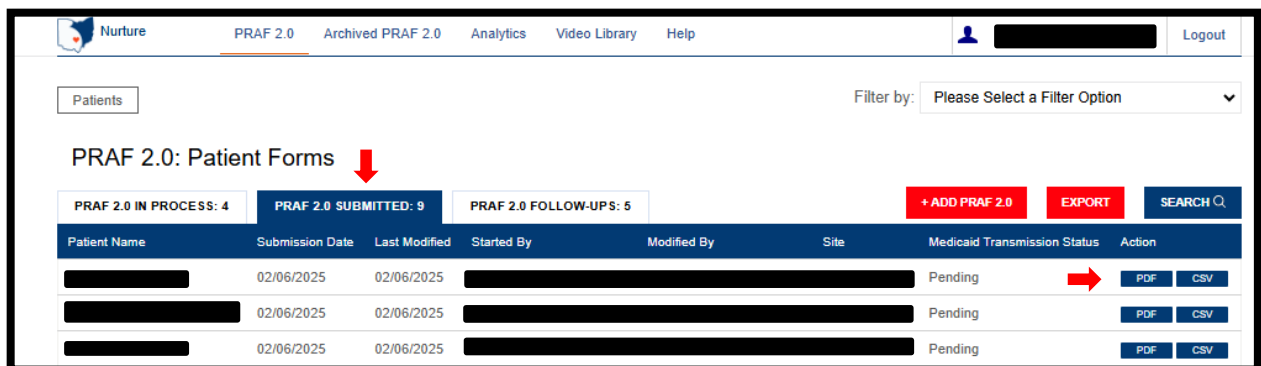
Below is where you will locate the member ID number on archived versions of the managed care organization cards.



## 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 "PRAF2.0 Submitted" tab
- After making your selection you can choose PDF or CSV under the Action heading to view or download forms



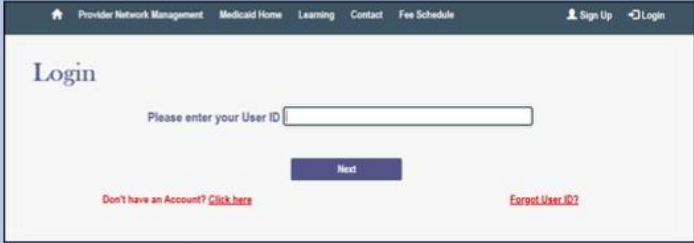
## Appendix B: Creating an OH|ID Account for PNM as a Provider Agent

**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

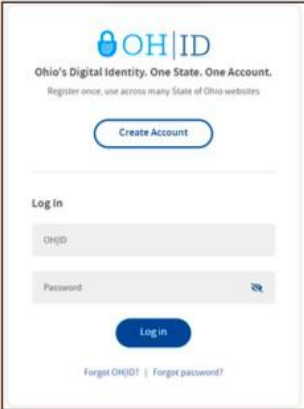
#### Steps:

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

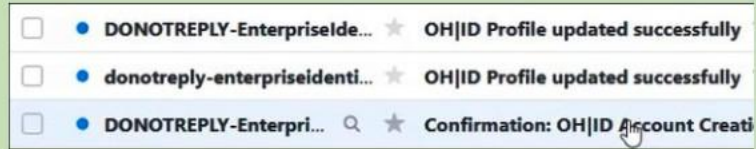
6

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

A screenshot of the 'User Profile' form. The form has two tabs: 'User Profile Type' (selected) and 'User Profile Association'. Below the tabs, the question 'What type of Provider Account do you need to create?' is displayed. There are four radio button options: 'Provider Administrator', 'Provider Agent' (which is selected and highlighted with a red box), 'CEO Certified (DODD)', and 'Secondary User (DODD)'. At the bottom right of the form are 'Save' and 'Cancel' buttons.


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**



Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DO Contract Number	DO Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517266	Test Training	Complete	80 - Pharmacist	1952999328	9999885	PHARMACIST				03/11/22	03/18/22	03/11/25

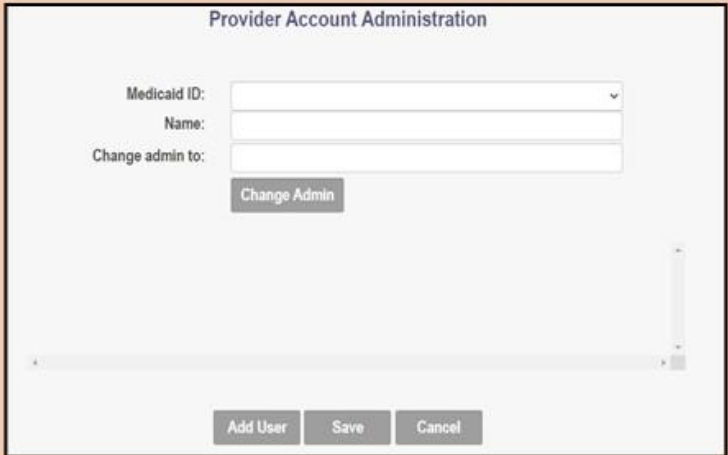
A user with an Administrator role can assign users with an [Agent role abilities](#) to complete actions for specific providers (Medicaid IDs)

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



Provider Account Administration

Medicaid ID:

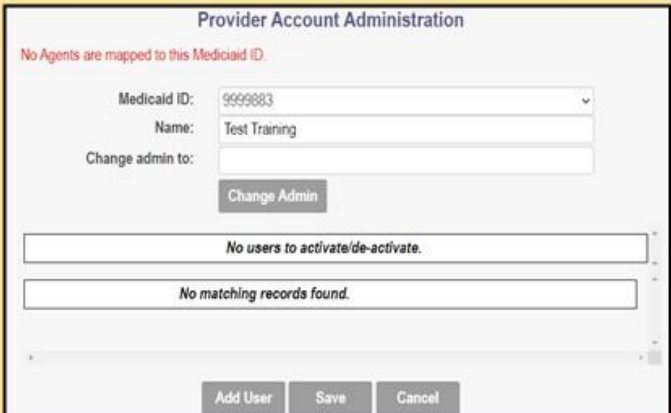
Name:

Change admin to:

**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)*



Provider Account Administration

No Agents are mapped to this Medicaid ID.

Medicaid ID: 9999883

Name: Test Training

Change admin to:

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

4

User Information

User ID\*

agent1

Email Address\*

test@test.com

Confirm Email\*

test@test.com

Save

Cancel

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**

Action

agent1

Deactivate User

De-activate

Agent Role

agent1

Hospital Contact

☐

Hosp Cost Report Upload

☐

Hospice Enroll Search

☐

Hospice Enroll Maintenance

☐

Prior Authorization Submit

☐

Prior Authorization Search

☐

Eligibility

☐

Claim Search

☐

Claim Submission

☐

1099 Information

☐

View Remittance Advices

☐

Deemed Eligibility

☐

Sign Approve LTC Cost Report

☐

Add User

Save

Cancel

6

Action

agent1

Deactivate User

De-activate

Agent Role

agent1

Hospital Contact

☐

Hosp Cost Report Upload

☐

Hospice Enroll Search

☐

Hospice Enroll Maintenance

☐

Prior Authorization Submit

☒

Prior Authorization Search

☒

Eligibility

☒

Claim Search

☒

Claim Submission

☒

1099 Information

☐

View Remittance Advices

☐

Deemed Eligibility

☐

Sign Approve LTC Cost Report

☐

Add User

Save

Cancel

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

## Appendix D: Patient Form Error Messages/Transmission Statuses

### Error Messages

During Patient Validation the following error messages may be returned:

- Invalid/Missing Date(s) of Service-Verify Date of service is entered and valid
- Patient Date of Birth Does Not Match the Patient on File- Check for DOB accuracy
- Invalid/Missing Patient Medicaid ID-Verify that Medicaid ID is entered and valid
- Invalid/Missing Patient Name- Verify that patient name is entered and spelled correctly
- Patient Not Found-Verify all Patient information, and that patient has Medicaid
- Duplicate Patient ID Number-Verify that Medicaid ID is valid
- Must Provide Valid Patient Medicaid ID and/or Social Security Number-These are required fields; you must provide one accurately to move forward with completing PRAF
- Patient does not have active Medicaid coverage-PRAF submission is only for patients with active Medicaid coverage, please verify coverage
- System unable to respond, please contact NurtureOhio Helpdesk-Contact help desk for further guidance, can be caused by sitewide system issues.

### Medicaid Transmission Statuses

PRAF 2.0: Patient Forms									
PRAF 2.0 IN PROCESS: 115		PRAF 2.0 SUBMITTED: 50,852		+ ADD PRAF 2.0		EXPORT	SEARCH 🔍		
Patient Name	Submission Date	Last Modified	Started By	Modified By	Site		Medicaid Transmission Status	Action	
							Successfully Processed	PDF	CSV

- Pending-Indicates the PRAF has yet to be processed. User does not need to take any further action.
- Successfully Processed-Indicates no errors, PRAF has been successfully processed. User does not need to take any further action.
- System Error - NurtureOhio to Resubmit, this is a system issue and NurtureOhio resubmits the following day. User does not need to take any further action.
- Processing Error - Please Contact Ohio Department of Medicaid. This indicates a "Multiple match return, record will be skipped." ODM will need to be contacted to investigate.
- Action Required - Click to edit form and resubmit. This indicates "No Match Found for Person in OBWP. Record will be skipped." This usually indicates that some identifiable member information is incorrect or doesn't match records (Check member name, SSN, Medicaid ID, and birthdate for accuracy). This requires user to update the PRAF and resubmit.
- Other Processing Error-Indicates any error that is not the above error codes.