

# **ROP NurtureOhio Interface: Community Based Organization User Guide**



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# Welcome New Users!

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

### What is NurtureOhio?

NurtureOhio was developed in 2016, and the web-based system has become Ohio Department of Medicaid's preferred method for notification of pregnancy for all Medicaid-insured individuals across the state.

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

NurtureOhio is used to notify the Ohio Department of Medicaid and key stakeholders of pregnancy for <u>ALL</u> Medicaid-insured individuals for both eligibility maintenance and care coordination. Through both the PRAF and ROP, Nurture Ohio transmits the minimum information needed about Medicaid individuals' pregnancies to the appropriate stakeholders to ensure their needs are met.

**Note**: The PRAF 2.0 and ROP should only be completed and submitted for active Medicaid recipients.

### Benefits of Using the ROP to Submit Pregnancy Notifications

- Updating pregnancy details in Ohio's Medicaid eligibility system to prevent loss of Medicaid coverage during pregnancy.
- Timely referrals to the Ohio Department of Health's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Home Visiting Central Intake platform.
- Shareable Data Entry
- Ability to Retrieve and Save Previously Entered Forms
- One Time Data Entry of User Entity Information
- Ability to Retrieve and Save Previously Entered Forms

Information on the PRAF features can be found in Appendix A.

### Who Should Use Nurture Ohio?

Obstetric providers, non-obstetric providers, MCOs, Ohio Equity Institute Lead Entities and Community Based Organizations (CBOs), as well as Pathways HUBS can submit forms in Nurture Ohio.

When a pregnancy is identified outside of a prenatal care visit the ROP should be submitted. Non – Obstetrical providers such as primary care providers, emergency department providers, urgent care, local health department clinics, etc. (who would be able to positively confirm the individual's pregnancy) should submit a ROP.

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

The PRAF 2.0 contains in depth questions on pregnancy history and pregnancy risk factors that are assessed during a prenatal visit. Providers of prenatal care should submit a Pregnancy Risk Assessment Form (PRAF 2.0) on behalf of their patient.

### What is a ROP?

The purpose of the Report of Pregnancy (ROP) form is to provide a mechanism for individuals other than prenatal care providers to report a Medicaid individuals' pregnancy as soon as possible to assist with eligibility and care coordination. The goal of the ROP is to connect the individual to obstetrical care and other services and ensure coverage throughout pregnancy and the post-partum period to optimize health care access and health outcomes for the mother and infant. ROPs are intended for submission at the first "positive pregnancy" screening. This may occur when services are provided by a community-based organization or Pathways HUB, as well as in clinical settings such as a primary care practice, at the emergency department, or within a local health clinic. For example, if a patient is seen at the emergency department or a local health department and is determined to be pregnant, an ROP should be submitted on behalf of the patient. Again, the ROP is only intended for submission by non-obstetrical providers, Medicaid MCEs, Lead Entities and CBOs, and Pathways HUBs.

### What is a PRAF?

The Pregnancy Risk Assessment Form (PRAF 2.0) is intended for submission at the patient's first prenatal visit and whenever there is a change in the patient's social or medical risk factors or needs. The PRAF 2.0 is intended for submission by providers of obstetrical care.

**Note:** Practice sites will only submit one form type, either the ROP or the PRAF, not both.

If your practice, CBO, or Pathways HUB does not provide clinical obstetrical services, ROP forms should be submitted on behalf of your patients.

If your practice provides clinical obstetrical services, PRAF forms should be submitted on behalf of your patients.

# **User Types**

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Clinical Practice Users, MCOs, CBOs, and Pathways HUBs can access the NurtureOhio system to submit pregnancy notifications on behalf of Medicaid members. Users are classified into four different types

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which impact what views they have access to and how they enter information in the NurtureOhio system. Users are classified as one of the following types: Clinical OBGYN (Obstetric practice users), Clinical Non – OBGYN (Non-obstetric practice users), Non-Clinical Community Based Organizations, Non-Clinical Managed Care Plan users. For the purposes of NurtureOhio, ODM defines:

- ROP User Types:

  - Pathways HUB- Organizations identified by the Ohio Department of Medicaid as Pathways HUBS for enhanced pregnancy care and care coordination.
  - Clinical Non OB/GYN are users associated with a clinical practice that does not provide obstetric services, but is able to confirm an individual's pregnancy via a positive pregnancy screening such as primary care, emergency department, urgent care, community health centers, community clinics, etc.
  - Non Clinical Managed Care Plans users affiliated with ODMs contracted managed care plans of both users from OBGYN and Non – OBGYN practices.
- PRAF User Types:
  - Clinical OB/GYN and other providers of prenatal care associated with a practice that provides obstetric services.

# How to Obtain Access to NurtureOhio ROP

Lead Entities/Organizations and Pathways HUBs must designate an individual to submit requests for addition and maintenance of active users for their associated community-based organizations. This individual will serve as the Organization Contact and will be expected to send requests for user additions or updates to the ODM Women and Infant Health quality team (MomsandBabies@Medicaid.ohio.gov).

# How to Log into NurtureOhio

To access the NurtureOhio website, visit:

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

	rture Oh	Department of Medicaid
PRAF 2.0 Ohio I of Pregnancy Sy	Department of Me ystem	dicaid's Online Notification
Ohio Medicaid P to log in with you pregnancy notific currently insured	roviders/Practices: ir OHID Username cations, prescription by Ohio Medicaid.	Select "OHID" from dropdown and Password to submit ns, and referrals for patients
All Other Users, Select "Internal" Username and P	including MCPs, C from dropdown to l assword provided	ounty and Home Health: ogin with your NurtureOhio to you via email.
System:	Internal 🗸	
Username:		
Password:		
	C Remember m	e
		LOG IN
	Help 🕜	Forgot Password?

Select "Internal" from the dropdown to log in with your Username and Password to submit Reports of Pregnancy and referrals for patients currently insured by Ohio Medicaid. Click "LOG IN"

# Welcome Screen

Upon first login, CBO and Pathways HUB users will be taken to the Welcome Screen. Here users can update user information.

#### 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.

You must set up your profile.		
USER INFORMATION		
First Name	Last Name	
CBO Test	User	
User Type		
OEI CBO		
Email / Username		
Momsandbabies+6@medicaid.ohio.gov		
New Password		
Please verify that the information in this section ap	ears correct. Your email address will be used to send notifications from the system when new forms have been submitted.	
СВО		
Baby University		

After the first login, users see the Report of Pregnancy Forms screen when logging in.

Nurture	ROPs Video Library				Logout
ROPs					
Report of Pre	egnancy Forms				•
				+ ADD ROP	EXPORT
Patient Name	Submission Date	Ву	Medicaid Transmission Status	Action	
N/A – No ROP availabl	e in this section.				
4					

The Report of Pregnancy Forms screen allows users to perform or access multiple tasks, including:

- Updating user information by clicking on the User
- Entering new ROP forms using the +Add ROP button.
- Reviewing a list of previously entered patients identified by name, date added, User ID of staff who entered the information, and patient's Managed Care Plan
- Continuing or editing previous forms by clicking on Continue Form under "Action" when a form has the status of "In Process."
- Downloading completed forms in PDF format or a spreadsheet of patient information in CSV format

• Access the Video Library for quick videos

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

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

- Update their password
- Return to the Welcome Screen after saving by clicking on "ROPs" at the top of the screen.

Edit User Profile	
Welcome to Nurture Ohio! This portal provides you the ability to electronically rece Please take a moment to confirm the information within	ive the Pregnancy Risk Assessment Form (PRAF) 2.0, as well as have record of all previously completed forms. your personal user profile.
USER INFORMATION	
First Name	Last Name
User Type	
OEI CBO	
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.
	SAVE



# How to Submit a Report of Pregnancy (ROP)

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

Nurture	ROPs Video Library			Logout
ROPs				
Report of Preg	gnancy Forms			
				+ ADD ROP EXPORT
Patient Name	Submission Date	By	Medicaid Transmission Status	Action
N/A – No ROP available	in this section.			

# Add Patient Information

### **Patient Validation**

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

#### *Complete the required fields:*

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

(

In order to improve the quality of data, all patient inf returned from Medicaid, will be pre-populated into th	ormation will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data ne form.
Patient MMIS Number (Patient Medicaid ID)	
Patient First Name*	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 Last Name*	<ul><li>Patient MMIS Number</li><li>Patient Social Security (9-Digit)</li></ul>
Patient Social Security Number (9 digit - no dashes)	
Patient Date Of Birth*	
Estimated date of confinement (date baby is due)*	
	SUBMIT FOR VALIDATION
3.3.0	
e: The Patient Medicaid ID and to view the Medicaid	location is shown on the Medicaid card below. For more information d ID on archive Medicaid cards, see <u>Appendix A</u> .

1. Select Submit for Validation.

When a member's ID card was

issued can be found here

• 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.

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

All member pharmacy

information can be found here



When no matching record is found, select Proceed to Form without validation

Patient Validation for ROP	
In order to improve the quality of data, all patient in returned from Medicaid, will be pre-populated into t	formation will be validated against the Ohio Department of Medicald's database. Data from this page, as well as data he form.
Patient Medicaid ID Patient First Name* Patient Last Name*	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)
Patient Social Security Number (9 digit - no dashes) Patient Date Of Birth* Estimated date of confinement (date baby is due)*	
	PROCEED TO FORM WITHOUT VALIDATION SUBMIT FOR VALIDATION

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



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

In the past 30 days have there been changes to:

- The individual's health?
- Social risk factors from the prior submission?
  - If yes: the user may continue to complete a new form
  - If no: the user must open the previously completed form to edit with new information or the user can stop the submission

### Fields within the ROP Form

<u>\</u>\_\_\_\_.

Complete the following fields:

ite of Service		
MM/DD/YYYY		
nfant Mortality Lead Entity		
	Completed	
Lead Entity Street Address	automatically	
	based on user	
Lead Entity City	information	
Lead Entity State		
Lead Entity Zip		
Lead Entity Telephone Number		
Name of Managed Care Plan		
Choose One		
Patient MMIS Number (Patient Medicaid ID)		
Patient Managed Care Plan ID		
Patient Social Security Number		
Patiant Date of Birth		
allent Date of Dirit		
Patient First Name		
Patient Last Name		
Estimated date of confinement (date baby is due)		
Gestational Weeks		
Choose One 🗸		
Note: Some fields ma	y be automatically completed based on your user p	profile information. Th
fields cannot be	e changed by the user.	
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16 als an a a a a a	and a lange a secol Manage a Data a Madianid	1 •

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# NurtureOhio CBO User Guide

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 Langauge is English?	
Choose One 🗙	
Primary Language (if not English):	
Patient Email	
Perfords Performed Mathematical Operations	
Patient's Preferred Method of Contact:	
Choose One	
How door the entirest describe their otherisity?	
Chasse Ore	
Choose One	
How does the patient describe their race?	
Choose One 🗸 🗸	
The name of the person at my site who should be con	acted with updates/questions about this form is:

The name of the person at my site who should be contacted with updates/questions about this form is:
l would like my patient's Managed care plan to communicate with my office regarding an urgent need. Choose One ✔
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. Did the patient indicate they would like someone to contact them about Assistance locating an OB/GYN provider?
Choose One ▼ Assistance scheduling appointments? Choose One ▼
Information on additional resources, services and home visiting? Choose One ✔

SUBMIT

# Submit

Once all questions have been completed, click the "Submit" button.

Information on additional resources, services and home visiting? Choose One V	
	SUBMIT
<b>Note:</b> If required areas are missing from the d	ocument, the user will be directed to those areas for
correction or addition of information. <i>Missing</i>	information is outlined in red.

# Log Out

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

• Select "Logout" in the top right-hand corner of the screen.



# Forgotten Username or Password

If you need help logging in, contact your Organization Contact.

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

	ture O	hio Dep Med	artment of dicaid				
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, prescriptions, and referrals for patients currently insured by Ohio Medicaid.							
All Other Users, including MCPs, County and Home Health: 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 pas	sword?						
Enter the e-mail address associated with your account.							
Email							
			SUBMIT				

# Help Desk and User Support

If you have any concerns or issues with the website or are unable to view any fields, please use the "HELP" button shown in the screen shot below.

Nurture	ROPs Video Library	Help		Lead Entity Test User 2 Logout
ROPs				
Report of P	regnancy Forms			
				+ ADD ROP EXPORT
Patient Name	Submission Date	Ву	Medicaid Transmission Status	Action
Test Case	11/02/2022	CBO Test User 4	Pending	PDF CSV

# Help Form

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Nurture ROPs Video Library Help	Lead Entity Test User 2	Logout				
Nurture Ohio Help						
Nurture Ohio Help						
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.						
For Medicaid Provider issues relating to logging in with your OHID, password or Provider/Group affiliation, please contact your Provider Administrator to ensure you have been assigned the Prenatal Visit role in the PNM.						
For questions about the contents of the PRAF 2.0, including concerns/clarifications around the information being requested, Medicaid eligibility issues, or problems encountered ordering progesterone, please email MomandBabies@medciaid.ohio.gov. Please use secure/encrypted email when sending a patient's protected health information (name, social security number, Medicaid ID, etc.).						
For technical issues that you encounter while using Nurture Ohio that are not related to your OHID or progesterone access, please complete the brief feedback form below.						
Please describe the issue that you encountered:						
		11				
Contact Email:		SUBMIT				

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

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# 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 10257, 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 organization 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

Organizations can set their 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. Organization users assist in this process by accurately entering the following patient information:

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

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

The member ID # is:

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



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



# Ability to Retrieve and Save Previously Entered Forms

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

### Ability to Print Progesterone Prescriptions

 Ability to print out prescriptions for progesterone and generate referrals for in-home progesterone injections