



# PRAF 2.0 NurtureOhio Interface: Medicaid Provider User Guide

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Nurture  
Care ♥ Encourage

Ohio

Department of  
Medicaid

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## Welcome New Users!

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

### What is NurtureOhio?

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

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

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

### NurtureOhio Features

- Shareable Data Entry
- One Time Data Entry of Practice and Provider Information
- Same-Day Pregnancy Notification
- Ability to Retrieve and Save Previously Entered Forms
- Ability to Filter Analytics by Practice

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

### Who Should Use Nurture Ohio?

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

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

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

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

### What is a PRAF?

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

### What is a ROP?

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

**Please note:** *If your practice provides obstetrical services, PRAF forms should be submitted on behalf of your patients. If your practice does not provide obstetrical services, ROP forms should be submitted on behalf of your patients. These forms should only be completed for Medicaid recipients.*

### Benefits of Using Nurture Ohio to Submit Pregnancy Notifications:

- Updating pregnancy details in Ohio's Medicaid eligibility system to prevent loss of Medicaid coverage during pregnancy.
- MCO notification of potential members for care coordination and incentive programs to provide support and resources 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.

### User Types

Clinical Practice Users, MCOs, and CBOs can access the NurtureOhio system to submit pregnancy notifications on behalf of Medicaid members. Users are classified into four different types which impact what views they have access to and how they enter information in the NurtureOhio system.

Users are classified as one of the following types: Clinical OBGYN (Obstetric practice users), Clinical Non – OBGYN (Non-obstetric practice users), Non-Clinical Community Based Organizations, and Non-Clinical Managed Care Plan users. For the purposes of NurtureOhio, ODM defines:

- Clinical OB/GYN as those users associated with a practice that provides obstetric services.

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

## How to Obtain Access to NurtureOhio

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

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

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

### Prenatal Visit Agent Role Assignment

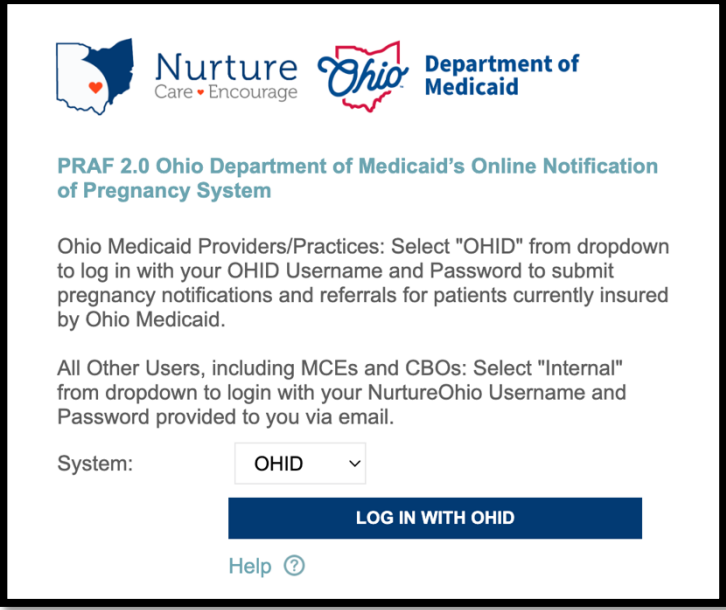
Once an OH|ID is obtained, the provider administrator must assign the user the “Prenatal Visit” agent role the PNM. Instructions for the assignment of roles is found in [Appendix C](#).

**Note:** The “Prenatal Visit” role will only need to be assigned for users who need to submit PRAFs, not ROPs.

## How to Log into NurtureOhio

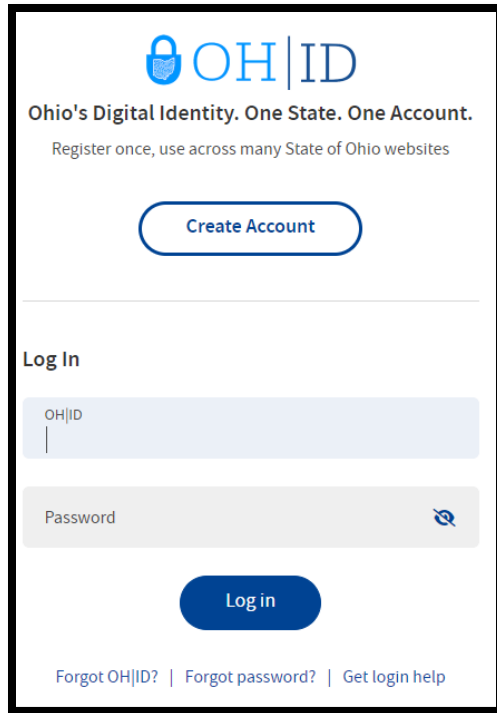
To access the NurtureOhio website, visit:

<https://nurtureohio.com/login>



The screenshot shows the login interface for the PRAF 2.0 Ohio Department of Medicaid's Online Notification of Pregnancy System. 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 menu and log in with their OHID Username and Password. It also instructs All Other Users, including MCEs and CBOs, to select "Internal" from the dropdown and log in with their NurtureOhio Username and Password. Below the text is a "System:" label followed by a dropdown menu with "OHID" selected. A blue button labeled "LOG IN WITH OHID" is positioned below the dropdown. At the bottom left, there is a "Help" link with a question mark icon.

**Ohio Medicaid Providers/Practices:** 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 OHID"



## Welcome Screen

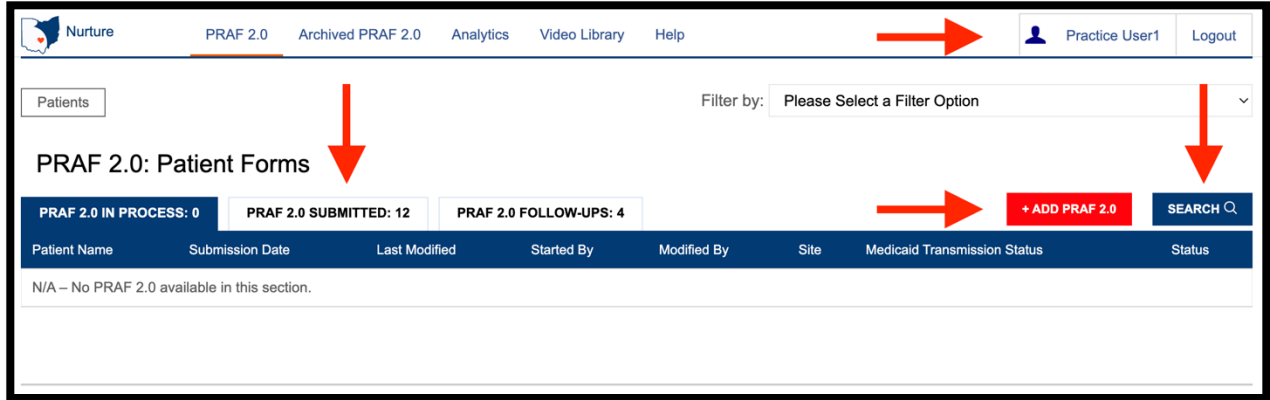
After logging in, Clinical OB/GYN users will be taken to the Welcome Screen.

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

- Entering new PRAF forms using the +Add PRAF 2.0 button.
- Reviewing a list of previously entered patients identified by name, date added, User ID of staff who entered the information, and MCO; all submitted patients available within “PRAF 2.0 Submitted” tab.
- Search for existing forms using any of the following:
  - Patient Name
  - Date of Birth
  - Medicaid Transmission Status
  - Date of Service (specific date or date range)
  - Date of Creation (specific date or date range)
- Continuing or editing previous forms by clicking on Continue Form under “Action” when a form has the status of “In Process.”
- Downloading completed forms in PDF format or patient information in CSV format (available within Patients Submitted tab).

**Note:** Forms that are “In Process” may be edited. Completed forms have already been submitted to the patient’s county of residence and MCO.





## 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, including 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 2.0” at the top of the screen

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.

The screenshot displays the 'View User Profile' page in the NurtureOhio system. At the top, there is a navigation bar with the 'Nurture' logo, a red arrow pointing to 'PRAF 2.0', and other menu items: 'Archived PRAF 2.0', 'Forms', 'Users', 'Practice Mgmt.', and 'Analytics'. On the right side of the navigation bar, there is a user profile icon labeled 'Staging User2' and a 'Logout' button. Below the navigation bar, there are two tabs: 'Users' and 'View User Profile'. The main content area is titled 'View User Profile' and contains the following sections:

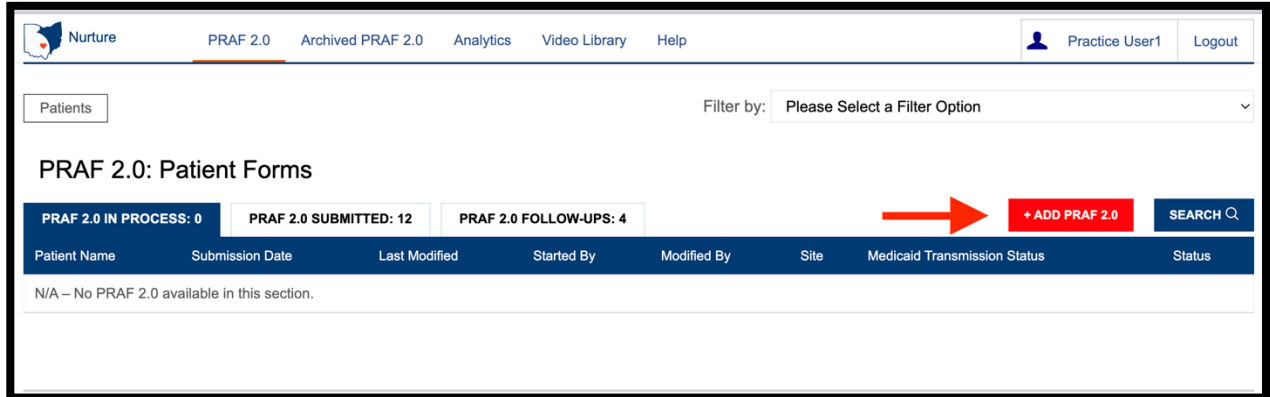
- User information provided by OH|ID**
  - USER INFORMATION**
    - First Name: Practice
    - Last Name: User1
    - Email / Username: [Redacted]
    - Group(s): None
  - A note: "Your user information cannot be modified on the Nurture Ohio website. If any of your information appears incorrect, please contact your OH|ID Administrator."
- CONTACT INFORMATION**
  - A note: "The information entered here will be used to populate the field located on the page that begins with 'I would like my patient's managed care plan, home health, and/or pharmacy to communicate with my office regarding any urgent needs identified below.'. If you do not provide the information below then you will be required to enter the information manually as you complete the form."
  - Contact Name (enter your first/last name, or the first/last name of the preferred contact at your practice): [Empty field]
  - Email Address: Contact Email
  - Phone Number: Contact Phone Number
  - Fax Number: Contact Fax Number
- PRACTICE INFORMATION**
  - Current Practices: [Empty field]

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

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

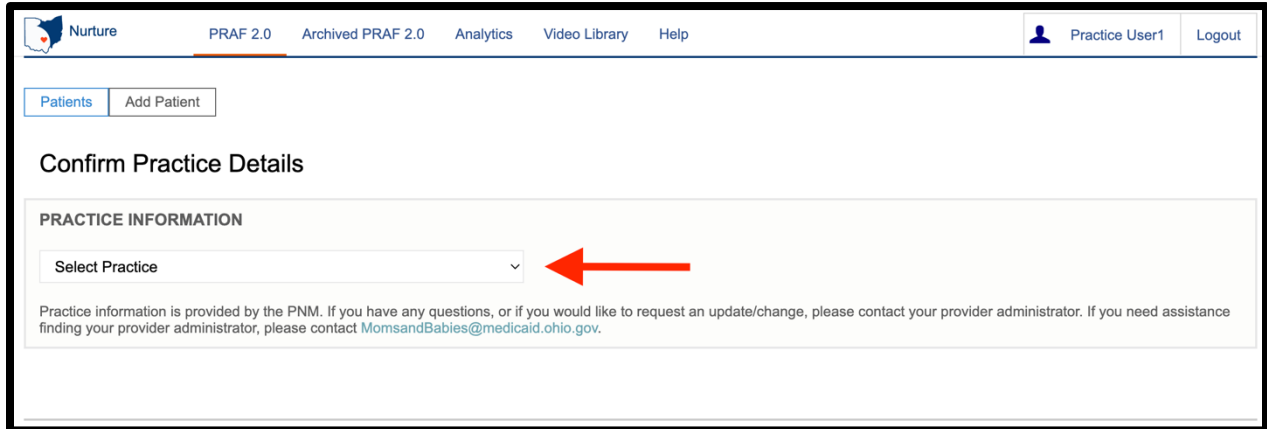
## How to Submit a Pregnancy Risk Assessment Form (PRAF)

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



## Select Practice Information

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



The screenshot shows the NurtureOhio web application interface. At the top, there is a navigation bar with the Nurture logo, menu items for 'PRAF 2.0', 'Archived PRAF 2.0', 'Analytics', 'Video Library', and 'Help', and a user profile section for 'Practice User1' with a 'Logout' button. Below the navigation bar, there are two buttons: 'Patients' and 'Add Patient'. The main content area is titled 'Confirm Practice Details'. Underneath this title is a section labeled 'PRACTICE INFORMATION' which contains a dropdown menu with the text 'Select Practice' and a downward arrow. A red arrow points to this dropdown menu. Below the dropdown menu, there is a small text block: '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).'

## Add Patient Information

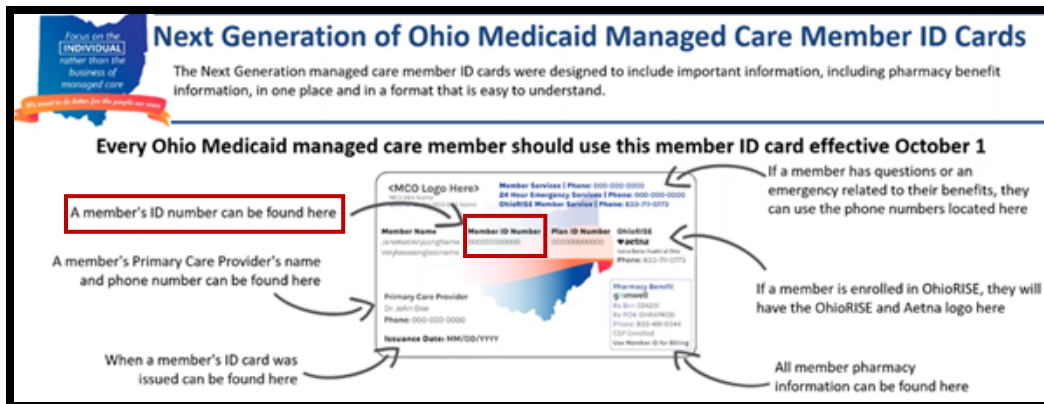
### Patient Validation

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. Nurture Ohio takes the information entered and searches against Ohio Medicaid's eligibility system. The user will receive feedback based on the data entered. If the information does not match, the user will have the opportunity to correct, re-validate and submit. If the information still does not match after correcting the fields indicated, the user may continue without validation, but verify the data after submission and resubmit. The user has up to 30 days to edit the form and resubmit. After 30 days the user will not be able to edit a form and must submit a new form.

Patient Validation cont.

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

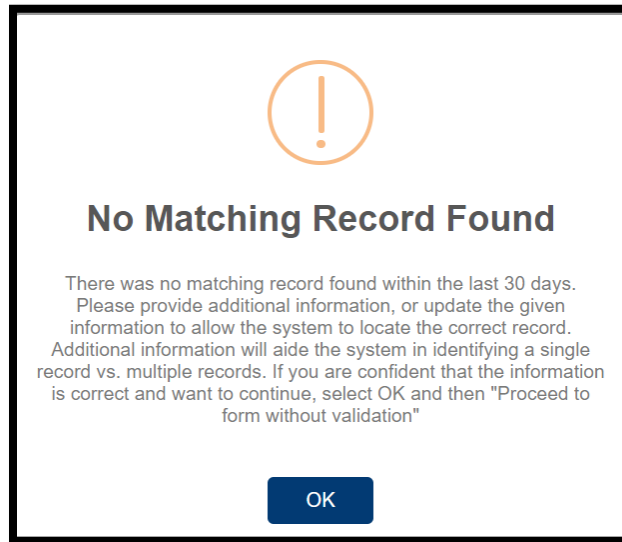
**Note:** The Patient Medicaid ID location is shown on the Medicaid card below. For more information and to view the Medicaid ID on archive Medicaid cards, see [Appendix A](#).



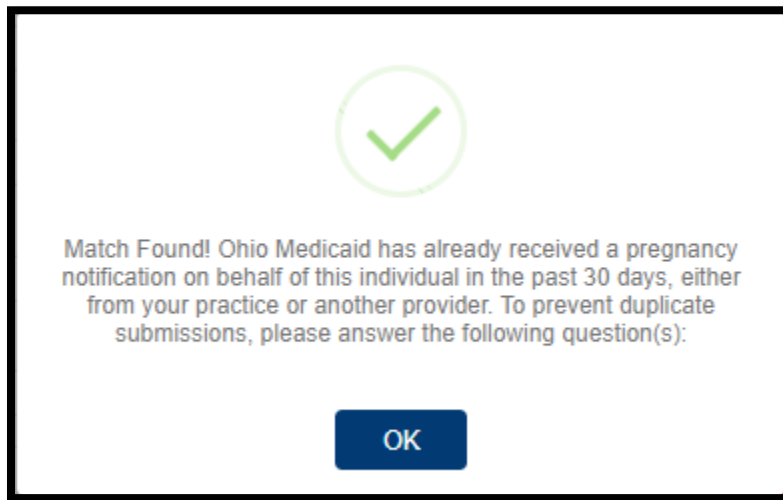
2. Select Submit for Validation.

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

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



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

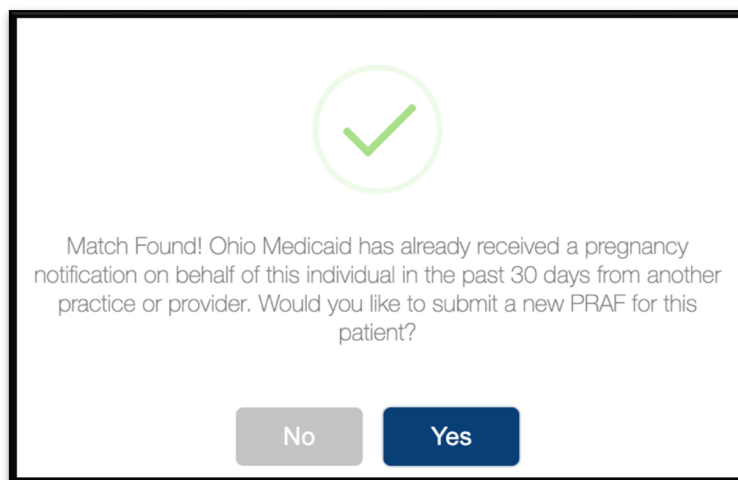


If a matching record is found, users must answer the following questions:

In the past 30 days have there been changes to:

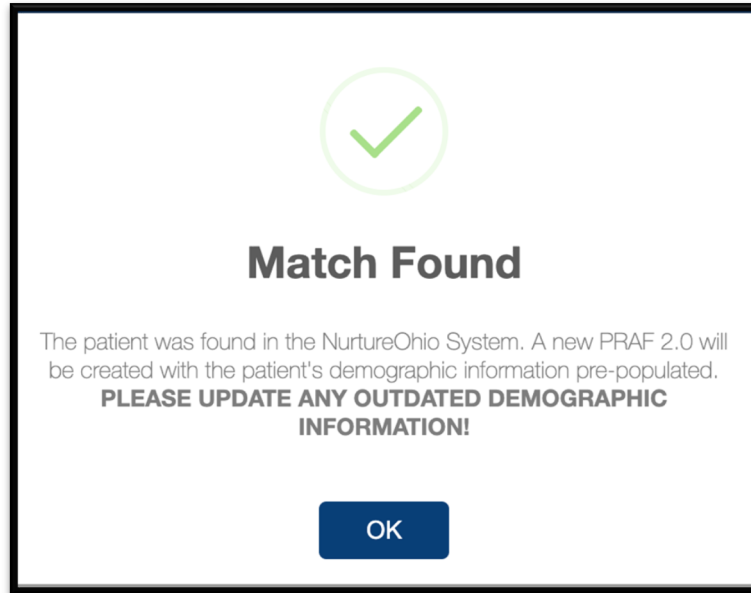
- The individual's health?
- Social risk factors from the prior submission?
  - **If yes:** the user may continue to complete a new form
  - **If no:** the user must open the previously completed form to edit with new information or the user can stop the submission

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



- The individual's information from the previous submitted PRAF will be used to pre-populate the individual's demographic information.
  - This is still creating a new PRAF for the individual.
  - Only "Successfully Processed" PRAFs are used to pre-populate the individual's demographic information.
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.



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  
[Redacted]

Patient First Name\*  
[Redacted] X

Patient Last Name\*  
[Redacted] X

Patient Social Security Number (9 digit - no dashes)  
[Redacted]

Patient Date Of Birth\*  
[Redacted] X

Estimated Due Date\*  
[Redacted]

The following fields are required for Validation: Patient First Name, Patient Last Name, Patient Date of Birth, Estimated Due Date, 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:
  - o Invalid/Missing Date(s) of Service.
  - o Patient Date of Birth Does Not Match the Patient on File.
  - o Invalid/Missing Patient Medicaid ID.
  - o Invalid/Missing Patient Name.
  - o Patient Not Found.
  - o Duplicate Patient ID Number.
  - o Must Provide Valid Patient Medicaid ID and/or Social Security Number.
  - o Patient does not have active Medicaid coverage.
  - o System unable to respond, please contact NurtureOhio Helpdesk.
    - This error also automatically sends an alert to NurtureOhio.

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.

**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 prenatal appointment occurred

**Provider Medicaid ID-** This will be populated from PNM association.


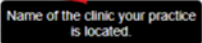
Pregnancy Risk Assessment Form (PRAF) 2.0

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

The information on this form will be used to:  
(1.) Notify the county of the individual's pregnancy so she does not lose Medicaid coverage;  
(2.) Address identified needs (smoking cessation, alcohol and drug use, transportation, behavioral health);

\*Name of Medicaid Managed Care Plan  
Choose One

(If patient was validated on previous page, this value will be pre-filled with the correct MCP from the Ohio Department of Medicaid)

\*Practice Name: Clinic Name  

\*Practice Street

\*Practice City

\*Practice State

\*Practice Zip Code

Provider Billing NPI

\*Provider Medicaid ID

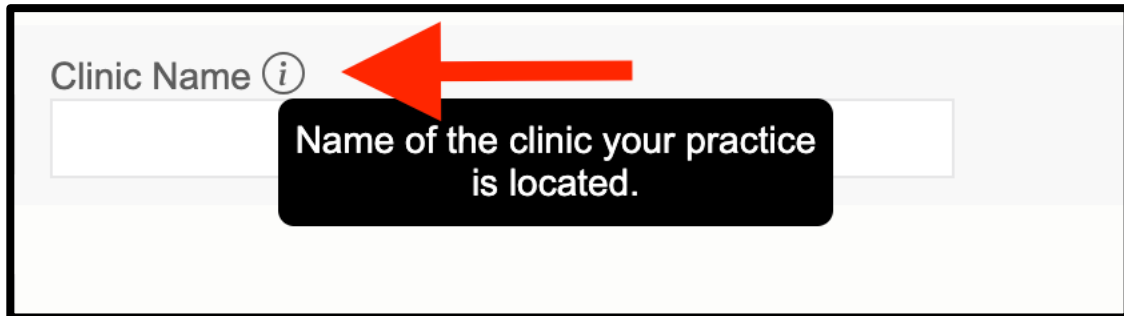
FQHC Site?  
Unknown

\*Date of Service  
MM/DD/YYYY

NEXT

SAVE FOR LATER

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



**Note:** NurtureOhio makes sure all required information is filled in before you are allowed to go on to the next page of the PRAF form.

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

**The information on this form will be used to:**  
**(1.) Notify the county of the individual's pregnancy so she does not lose Medicaid coverage;**  
**(2.) Address identified needs (smoking cessation, alcohol and drug abuse, transportation, behavioral health);**

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

\*Practice Name:  Clinic Name

\*Practice Street

\*Practice City

\*Practice State  
OH

\*Practice Zip Code  
44805

Provider Billing NPI

\*Provider Medicaid ID

FQHC Site?  
No

\*Date of Service  
MM/DD/YYYY

**NEXT**

**Note:** All missing fields will be highlighted in **RED**.

**Note:** You can click "Save for Later" to save any information you've entered without completing the form or sending the information to the county or the patient's MCO. Patients saved for later will appear as "In Process" on the Welcome Screen.

**Note:** In process PRAFs will be saved for 21 days. If PRAFs are not completed within 21 days, they will need to be resubmitted.

## Patient Details

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

**Needed by county for pregnancy notification.**

**\*Patient 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.  
[Redacted]

**\*Patient First Name**  
Test

**\*Patient Last Name**  
Praf

**\*Estimated Due Date**  
12/12/2024

**\*Gestational Weeks**  
Choose One ▾

Gestational Days  
Choose One ▾

**\*Number of Fetuses**  
Choose One ▾

**\*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.  
[Redacted]

**\*Patient Date of Birth**  
01/01/2000

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**  
(614) 555-5555  Cell Phone  Permission for MCO to text patient

**Patient Alternate Phone (Optional)**  
[Red arrows point to the "Cell Phone" and "Permission for MCO to text patient" checkboxes.]  
 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)**  
[Redacted]

**BACK** **NEXT** **SAVE FOR LATER**

**If the patient's phone number is a Cell phone, the "Cell Phone" checkbox will need to be checked as well. This will show the "Permission for MCO to text patient" checkbox that allows for connections with the patient for certain resources.**

Once all information is complete, select “Next”

## Referrals

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

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

**Provider Contact**

\*I would like my patient's Managed care plan to communicate with my office regarding an urgent need.  
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:

**Patient Risk Information**

\*Screening tool used for anxiety: Choose One ▾      Date of Anxiety Referral ①: MM/DD/YYYY       Date Anxiety Service Received: MM/DD/YYYY

\*Screening tool used for depression: Choose One ▾      Date of Depression Referral ①: MM/DD/YYYY       Date Depression Service Received: MM/DD/YYYY

\*Screening tool used for postpartum depression: Choose One ▾      Date of Postpartum Depression Referral ①: MM/DD/YYYY       Date Postpartum Depression Service Received: MM/DD/YYYY

\*Screening tool used for substance use: Choose One ▾      Date of Substance Use Referral ①: MM/DD/YYYY       Date Substance Use Service Received: MM/DD/YYYY

\*Screening tool used for health related social needs: Choose One ▾      Date of Health Related Social Needs Referral ①: MM/DD/YYYY       Date Health Related Social Needs Service Received: MM/DD/YYYY

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

**The first section of "Patient Risk Information" is for screenings used for Maternal Mental health and Behavioral health. If your patient screens positive for any of these, you will indicate by selecting the corresponding checkbox in the following section.**

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\*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"/> Anxiety	<input type="checkbox"/> Late To Prenatal Care	<input type="checkbox"/> Other Needs
<input type="checkbox"/> Food	<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Gestational Hypertension	<input type="checkbox"/> No Needs Identified
<input type="checkbox"/> Housing	<input type="checkbox"/> Depression	<input type="checkbox"/> Gestational Diabetes	
<input type="checkbox"/> Utilities	<input type="checkbox"/> Postpartum Depression	<input type="checkbox"/> Preeclampsia	
<input type="checkbox"/> Safety	<input type="checkbox"/> Opioid Use Disorder	<input type="checkbox"/> Low Birth Weight	
	<input type="checkbox"/> Substance Use	<input type="checkbox"/> Preterm Birth	
	<input type="checkbox"/> Substance Use Disorder	<input type="checkbox"/> Connection to Tobacco Cessation Services	
	<input type="checkbox"/> Health Related Social Needs	<input type="checkbox"/> Assistance with finding a BH provider	
	<input type="checkbox"/> Tobacco/Nicotine Use	<input type="checkbox"/> Assistance with finding a primary care provider	
	<input type="checkbox"/> Tobacco Counseling/Treatment	<input type="checkbox"/> Connection to SUD Services	
	<input type="checkbox"/> Alcohol Use		
	<input type="checkbox"/> Alcohol Counseling/Treatment		

\*Current Gestational Diabetes Mellitus (GDM) Diagnosis?  
Choose One

\*Previous diagnosis of GDM during Pregnancy?  
Choose One

\*Is patient currently smoking or using tobacco products?  
Choose One

Prior Pregnancy Risks. Check all that apply.

<input type="checkbox"/> Tobacco/Nicotine Use	<input type="checkbox"/> Opioid Use Disorder	<input type="checkbox"/> Preeclampsia
<input type="checkbox"/> Substance Use Disorder	<input type="checkbox"/> Postpartum Depression	<input type="checkbox"/> Low Birth Weight
<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Gestational Hypertension	<input type="checkbox"/> Preterm Birth
	<input type="checkbox"/> Gestational Diabetes	

My office would like my patient's Medicaid MCO to communicate with my office about their assistance.

My patient would benefit from a referral to WIC.

My patient would benefit from a referral for Home Visiting.

BACK

SAVE FOR LATER SUBMIT

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

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.

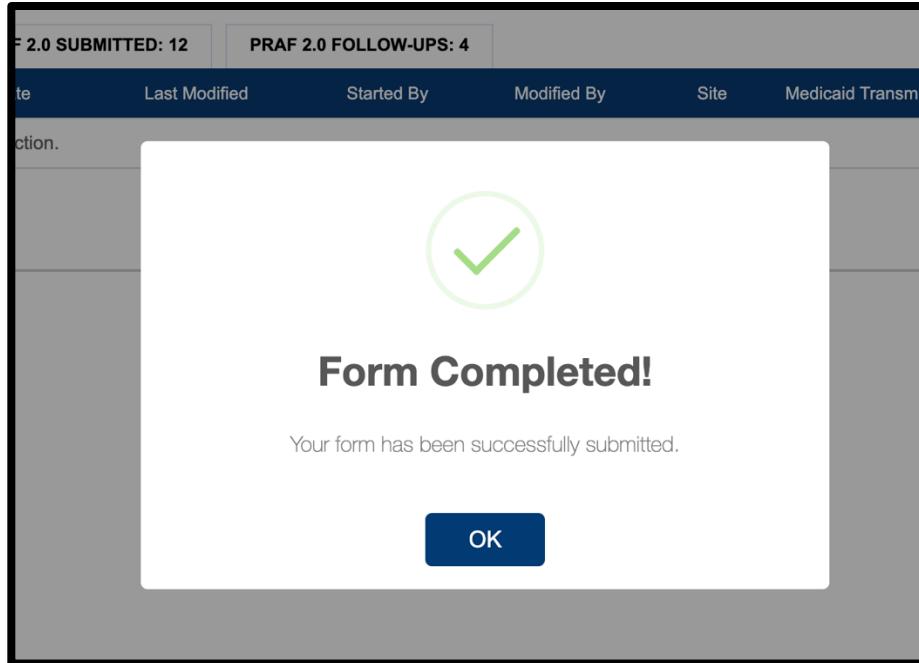
My office would like my patient's Medicaid MCO to communicate with my office about their assistance.

My patient would benefit from a referral to WIC.

My patient would benefit from a referral for Home Visiting.

BACK

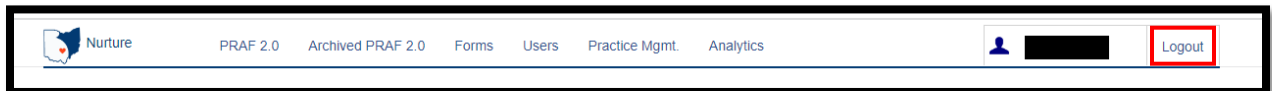
SAVE FOR LATER SUBMIT



## Log Out

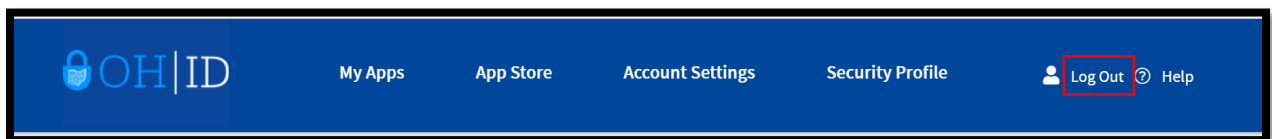
It is important to log out of the NurtureOhio and OH|ID systems when finished.

- 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”





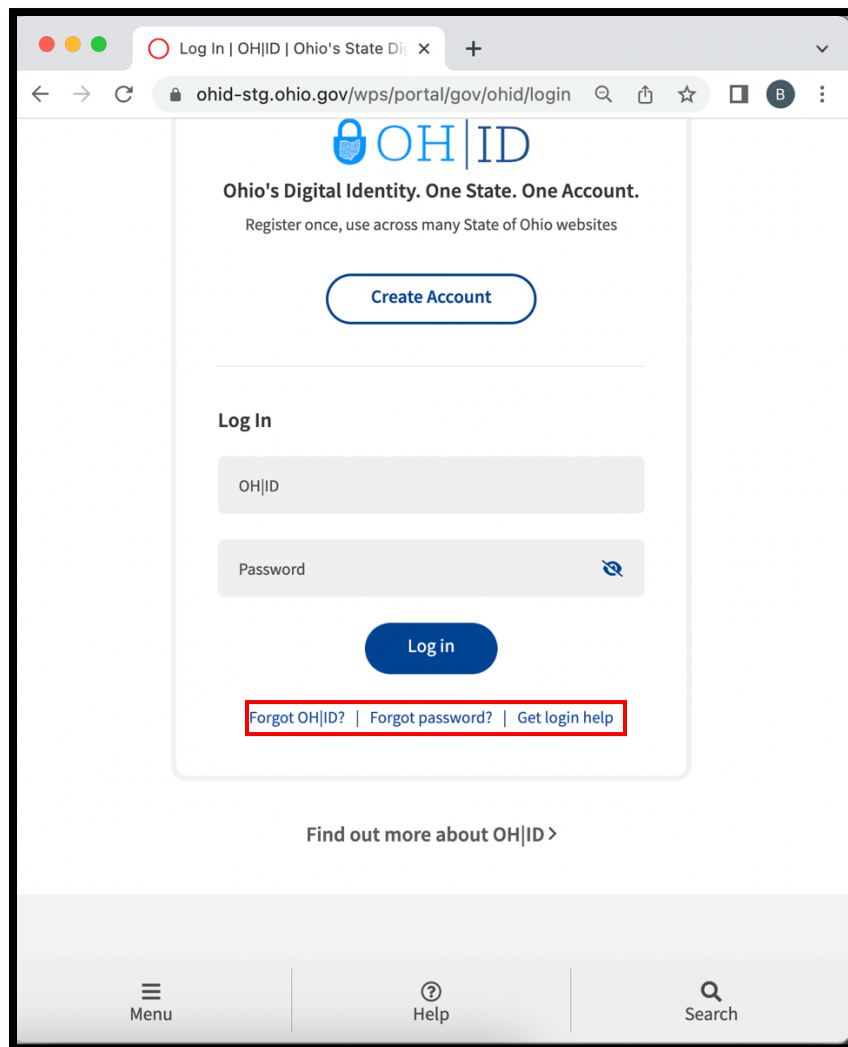
## Additional Information

### Adding a Practice

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

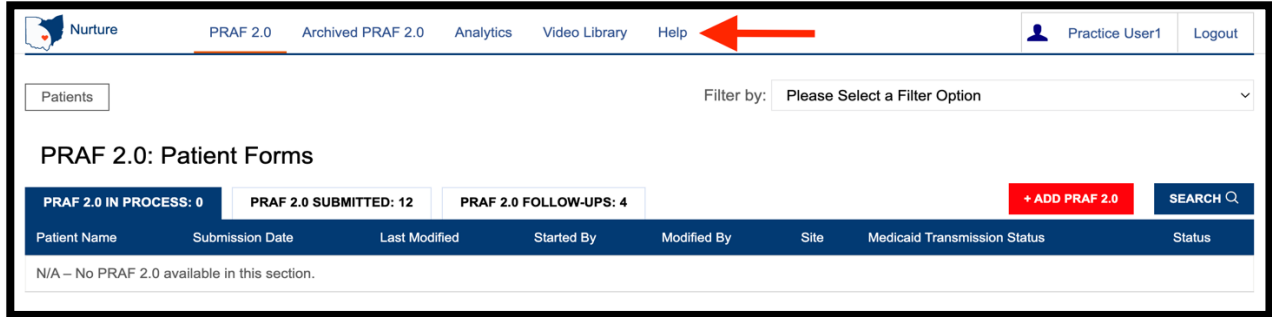
### Forgotten Username or Password

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”.

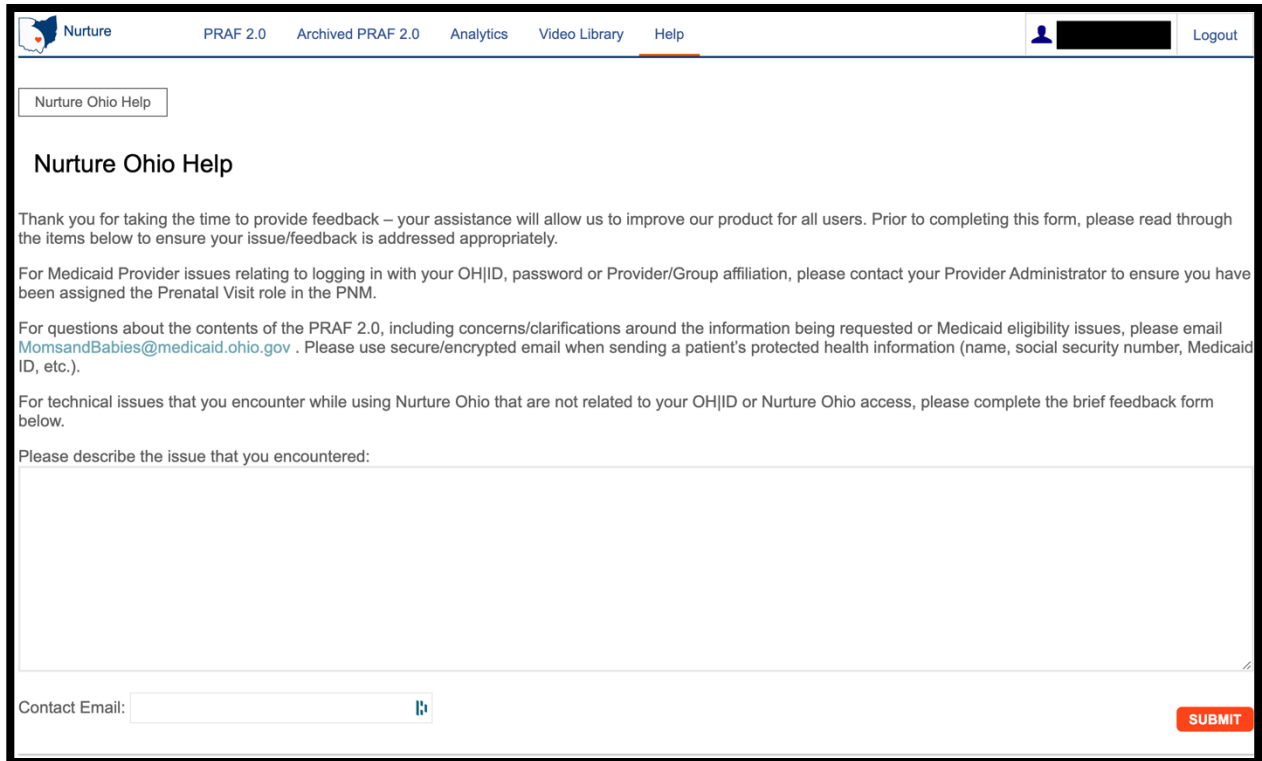


### Help Desk and User Support

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



## Help Form



***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 during special hours Sat. Oct. 1 - Sun. Oct. 2 (8 a.m. - 5 p.m.), Mon. Oct. 3 - Fri. Oct. 7 (7 a.m. - 7 p.m.), Sat. Oct. 8 (8 a.m. - 5 p.m.), and Mon. Oct. 10 - Fri. Oct. 14 (7 a.m. - 7 p.m.). After this, regular hours will resume (Mon. - Fri. 8 a.m. - 4:30 p.m.).
- Email the ODM Integrated Help Desk at [IHD@medicaid.ohio.gov](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)
- 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.

### Next Generation of Ohio Medicaid Managed Care Member ID Cards

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

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

**Member Information:**  
 Member Name: Jane Smith  
 Member ID Number: 0000000000  
 Plan ID Number: 0000000000  
 OhioRISE  
 Aetna

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

**Pharmacy Benefits:**  
 g (United)  
 Rx Bin: 02420  
 Rx PGN: 00000000  
 Phone: 833-488-0344  
 CIP: 00000000  
 Use Member ID for Billing

**Member Services / 24-hour Emergency Services / Pharmacy:**  
 Member Services / Phone: 000-000-0000  
 24-hour Emergency Services / Phone: 000-000-0000  
 OhioRISE Member Services / Phone: 833-79-0373

**Issuance Date:** MM/DD/YYYY

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

**Card 1: buckeye health plan.**  
 Name: [Redacted]  
 MMIS#: [Redacted]  
 PCP Name: [Redacted]

**Card 2: CareSource Health Care with Heart**  
 Member Name: SAMPLE  
 Date of Birth: 04-12-73  
 CareSource Member ID #: 12345678900  
 MMIS #: 987654321000  
 Case #: 7654321000  
 Primary Care Provider/Clinic Name: Good, Iam A.  
 Provider/Clinic Phone: (937) 123-4567  
 Member Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)  
 24-hour Nurse Line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)

**Card 3: MOLINA HEALTHCARE Molina Medicaid**  
 Member: DUMMY NAME  
 Identification #: XXXXXXXXXX  
 Date of Birth: 01/01/01  
 Effective Date: 01/01/01  
 Primary Care Provider: DUMMY PCP  
 Primary Care Provider Phone: (XXX) XXX-XXXX  
 Member ID: [Redacted]

**Card 4: PARAMOUNT ADVANTAGE HEALTH PLAN (80840)**  
 ID NUMBER: A999999901  
 MEMBER NAME: Jane Doe  
 PRIMARY CARE PROVIDER: John Smith (419) 5551212  
 PROVIDERS CALL FOR PRIOR AUTH: 800-891-2500/419-887-2520  
 GROUP NUMBER: ADV0010011  
 FFF DATE: 01/01/2015  
 MMIS NUMBER: 0000000000  
 CVS/CAREMARK: RXGRP RX6407, RXBIN 004336, RXPCN ADV

**Card 5: UnitedHealthcare Community Plan**  
 Health Plan ID: 911-87726-04  
 Member ID: 999999999  
 Subscriber ID: [Redacted]  
 DR. PROVIDER BROWN  
 PCP Phone: (000)000-0000  
 Payer ID: 87726  
 OPTUMRx: Rx Bin: 810494, Rx Grp: ACUOH, Rx PCN: 9999

### Ability to Retrieve and Save Previously Entered Forms

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

### Ability to Filter Analytics by Practice

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

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

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

### Quick Reference Guide: Creating OH|ID Account for PNM

#### Steps:

1

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

2

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

3

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

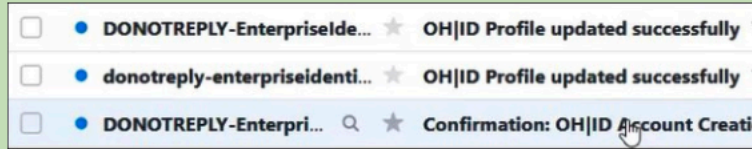
#### Create OH|ID Account

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

## Quick Reference Guide: Creating OH|ID Account for PNM

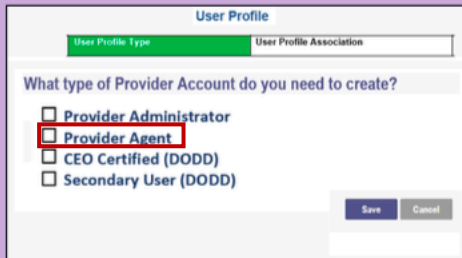
### Steps:

4



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

5



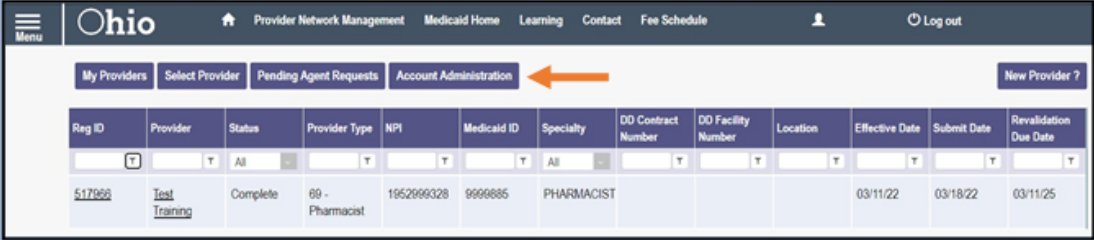
You should be automatically directed back to the PNM system.

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

## Appendix C: Adding Agent Roles in PNM

### Steps:

**1**



Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DO Contract Number	DO Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517265	Test Training	Complete	80 - Pharmacist	1952999328	9999885	PHARMACIST				03/11/22	03/18/22	03/11/25

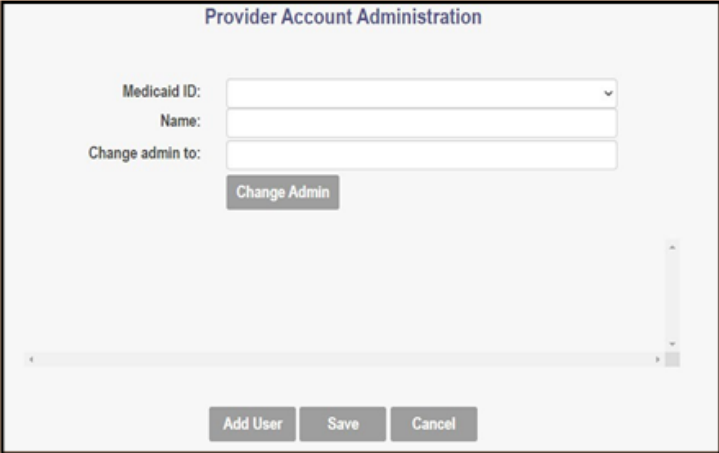
A user with an Administrator role can assign users with an [Agent role abilities](#) to complete actions for specific providers (Medicaid IDs)

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



Medicaid ID:

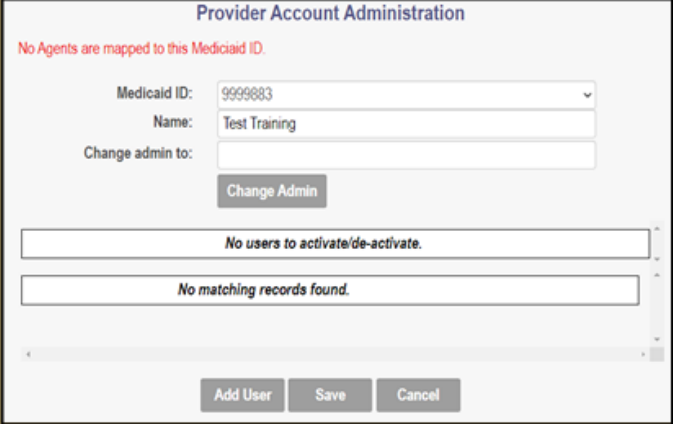
Name:

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)*



**No Agents are mapped to this Medicaid ID.**

Medicaid ID:

Name:

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

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

Click **Save** once details are entered

5

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

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

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

6

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

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

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

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

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

## Agent Roles/Actions:

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