

Nurture Ohio User's Manual

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Welcome New Users!

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

What is Nurture Ohio?

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 Plans (MCPs) to standardize pregnancy notification and decrease the risk of preterm birth by facilitating the provision of progesterone. 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 individuals across the state.

Nurture Ohio is a web-based system that collects, stores and shares data for both the electronic Pregnancy Risk Assessment Form (PRAF 2.0) and the Report of Pregnancy (ROP) forms. Once a user submits either the PRAF or ROP form in Nurture Ohio the data is seamlessly transmitted to Ohio Medicaid's eligibility system for eligibility purposes, the individuals contracted managed care plan, local county job and family services and key stakeholders to assist with care coordination and other services.

Nurture Ohio is used for the notification of pregnancy to Ohio Department of Medicaid and key stakeholders for ALL Medicaid individuals for both eligibility maintenance and care coordination. Through both the PRAF and ROP, Nurture Ohio can transmit a Medicaid individuals' pregnancy to the appropriate stakeholder regardless of their point of care in the health system. Therefore, obstetric and non-obstetric providers can submit notification of pregnancies in the Nurture Ohio system. Ohio Equity Institute for Better Birth Outcomes (OEI) Infant Mortality Lead Entity Organizations may also submit a Report of Pregnancy on behalf of the individual as well.

Who should use Nurture Ohio?

Both Obstetric providers, non-obstetric providers and OEI Infant mortality lead entities can submit forms in Nurture Ohio. Obstetrical providers should submit a Pregnancy Risk Assessment Form (PRAF 2.0) on behalf of their patient and Non – Obstetrical providers (i.e. primary care providers, emergency department providers, local health department clinics, etc. anyone able to positively confirm the individuals pregnancy) should submit a Report of Pregnancy (ROP) form. OEI Infant Mortality Lead Entities (as defined by ODM) may also submit ROPs on behalf of Medicaid individuals.

When should a form be submitted on Nurture Ohio?

The purpose of the Report of Pregnancy (ROP) form is to capture a Medicaid individuals' pregnancy as soon as possible to assist with both 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 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 services, extend coverage beyond the post-partum period, and obstetrical care so the individual receives care prior to delivery. Again, the ROP only intended for submission by non-obstetrical providers and OEI IM Lead Entities.

Pregnancy Risk Assessment Forms (PRAF 2.0) is intended for submission at the patient's first prenatal visit. PRAF 2.0 replaced the ODM 03535 form and is a shorter version. Thus, the obstetrical provider will only be able to answer a portion of the questions on the PRAF during the initial prenatal appointment or during subsequent appointments. The PRAF 2.0 should be submitted during the initial prenatal appointment and subsequently thereafter if there is a change in the patient's social or medical risk factors.

Please note: Practice sites will only submit one form type, either an ROP or the PRAF, not both. If your practice provides obstetrical services PRAF forms will be submitted on behalf of your patients. If your practice does not provide obstetrical services ROP forms will be submitted on behalf of your patients.

Benefits of using this system to submit pregnancy notifications include:

- 1.) Updating pregnancy details in Ohio's Medicaid eligibility system to prevent loss of Medicaid coverage during pregnancy.
- 2.) MCP enrollment of patients into care management and incentive programs to provide support and resources during pregnancy;
- 3.) An integrated progesterone prescription that can be printed off or faxed to the appropriate pharmacy to facilitate coordination of services and prevent delays.
- 4.) Real time referrals for Home Health delivery of progesterone; &
- 5.) Timely referrals to Ohio Department of Health Home Visiting Central Intake

NurtureOhio Features

Sharable 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 managed care plans (MCPs) and local county job and family services staff address the needs of pregnant Medicaid members more quickly.

The NurtureOhio website can notify the managed care plan, Medicaid’s eligibility systems, 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:

1. First name
2. Last name
3. Date of birth
4. Social security number (full 9 digits)
5. Medicaid ID (MMIS #)

Ohio Benefits, Medicaid’s eligibility system accepts pregnancy information directly from the information you enter into the NurtureOhio website. Accuracy of the five details above are important to match the individual’s case in Ohio Benefits. The MMIS # (Medicaid 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 MMIS # is consistent across Medicaid MCPs. The MMIS # will not always be the same as the MCP ID # which varies by insurance plan. Thus, please be sure to capture the MMIS # and not mistakenly input the MCP ID #. Below is where you will locate the MMIS # on our contracted managed care plans insurance cards.

<p>The MMIS # is:</p> <ul style="list-style-type: none"> • Used to verify a patient’s eligibility and their MCP, • Consistent across all MCPs and Ohio Medicaid, and • Required for the PRAF 2.0 form to communicate with Ohio Benefits. 	<p><i>Examples of where to find a patient’s MMIS #:</i></p>
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Recipient Data Validation

As mentioned above, to assist with matching the pregnant individual’s data with a case in Ohio Medicaid’s eligibility system, key information must be entered correctly by the user. Inaccuracy of data entered directly correlates to a Medicaid Individuals case not being updated with the information provided. To increase data quality and data efficacy Nurture Ohio has incorporated a recipient data validation feature which compares the information you entered with the information in Ohio Medicaid’s eligibility system. If this data does not match, NurtureOhio will give the user a warning to correct key fields and resubmit. If this data does match Nurture Ohio will notify the user of a successful match.

Prescriptions for Progesterone and Referrals for Home Health Injections

This website can send notifications of pregnancy, progesterone candidacy, and other patient needs – all in one easy-to-use location. Users will also have the option to create progesterone prescriptions and submit home health referrals.

If a practice chooses to use this website to create a home health referral for progesterone therapy, the referral will be processed automatically, but the prescription must be printed and faxed to the appropriate pharmacy by the clinic staff.

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.

General Information

How to Obtain Access to the Nurture Website

Clinical Practice Users, Managed Care Plans, and Ohio Equity Institute Infant Mortality Lead Entities 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 Infant Mortality Lead Entities, 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 Infant Mortality Lead Entities – 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.

To obtain access to NurtureOhio each user must follow a varied process for system access. Clinical OB/GYN, Non-Clinical OB/GYN and Non-Clinical IM Lead Entity users must:

- 1) be registered in Medicaid Information Technology System (MITS)
- 2) be Registered in MITS as an Agent
- 3) Use MITS credentials to log into NurtureOhio
- 4) Select MITS from the system drop down in NurtureOhio

Non-Clinical managed care plan users must:

- 1) Submit an email to the progesterone PIP email box requesting system access
- 2) Select Internal from the system drop down menu in NurtureOhio
- 3) Use login credentials emailed from ODM

Additional login details and instructions can be found in Appendix A and the table below.

User	MITS Access	Agent Role	Login Credentials Used	NurtureOhio System selection from Drop Down	Form Type Used
Clinical OB/GYN	X	Prenatal Visit Agent	MITS	MITS	PRAF 2.0
Clinical Non – OB/GYN	X	Any associated with a provider	MITS	MITS	ROP
Non-Clinical Infant Mortality Lead Entities	X	IM LEAD Entity	MITS	MITS	ROP
Non – Clinical Managed Care Plans	N/A	N/A	Provided by ODM	Internal	ROP

After registering in MITS, a new user must login in within 30 minutes to confirm registration.

Logging into the Nurture Interface

To access the Nurture Website, visit:

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

Clinical OB/GYN, Non-Clinical OB/GYN, and IM Lead Entities must select *MITS* from the dropdown list when logging in. **Use your MITS username and password to login.** If you unselect MITS, or fail to keep MITS selected, the system will prevent you from logging in. Using your MITS username and password will allow you to share information with other users within your organization and to access the information they have entered



Nurture
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Ohio

Department of
Medicaid

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

Ohio Medicaid Providers/Practices: Select "MITS" from dropdown to log in with your MITS 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: ▼

Username:

Password:

Remember me

[Help ?](#)

What is the PRAF 2.0? -

- ODMs Preferred notification of pregnancy
- The only pregnancy notification that automatically:
 - Updates Medicaid eligibility in order to:
 - Prevent loss of coverage during pregnancy
 - Prevent payment delays
 - Notifies the managed care plan of pregnancy
 - Notifies the home health agency of the need for progesterone
 - Assesses for additional patient needs
- The progesterone RX can also be printed and faxed or taken to the pharmacy

Who Can Use it? +

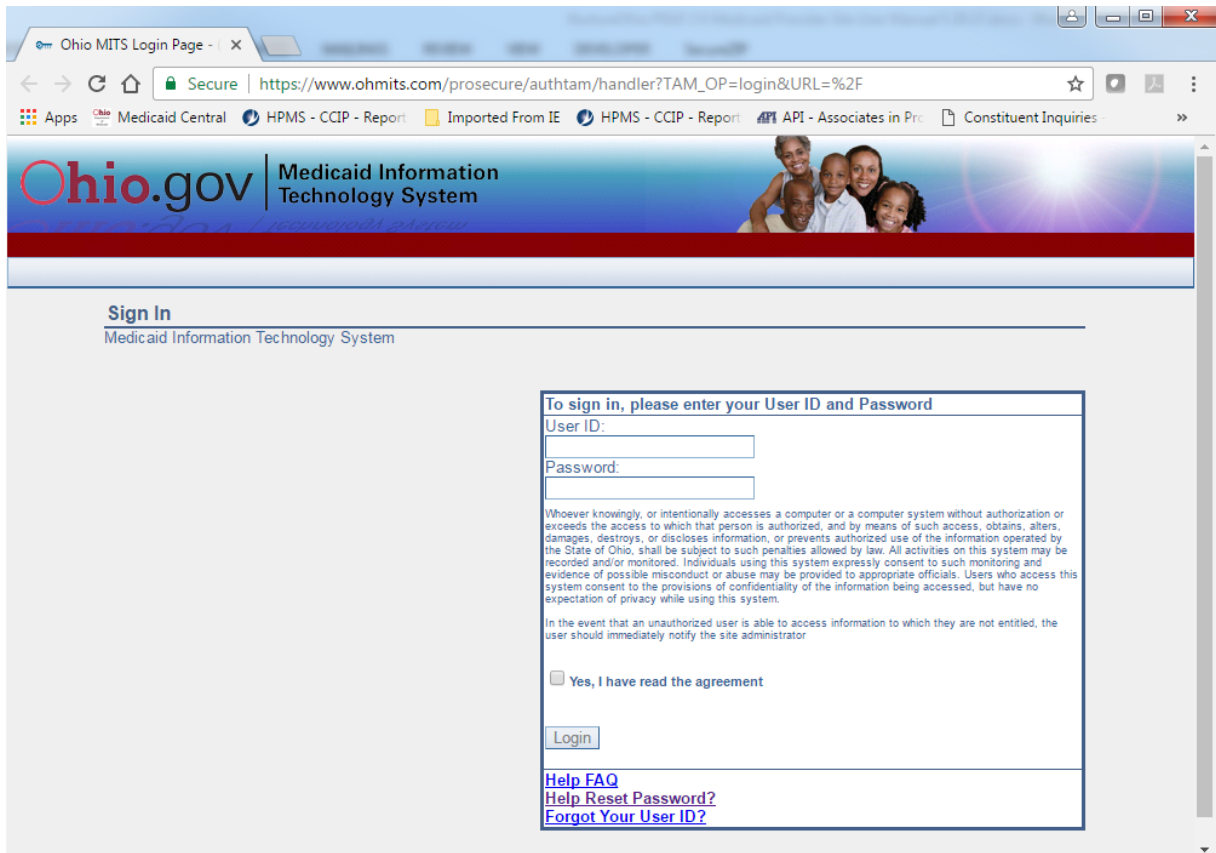
How to get access to NurtureOhio (PRAF 2.0) +

Updates

In the near future, options associated with substance use and abuse disorders in the *Patient would benefit from Managed Care and/or County Job and Family Services assistance with* section of the PRAF 2.0 will be removed. Additional questions pertaining to tobacco cessation and other social needs will be added in the weeks to come. If you have any questions please do not hesitate to contact us at:
Progesterone_PIP@medicaid.ohio.gov.

Forgotten Username or Password

If you have forgotten your username or password, contact your MITS administrator or go to <http://www.ohmits.com/> and follow the link "Help Reset Password?". Please do not use the "Forgot Password" link within the NurtureOhio application. The "Forgot Password" link is for other users with more limited access (e.g., MCPs, Home Health providers).



Helpdesk 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.

Submission Date	Form Name	Status	Action
04/02/2020	Pregnancy Risk Assessment Form (PRAF) 2.0	Completed	PDF CSV
04/15/2020	Referral Follow-Up	Referral Accepted	VIEW

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 MITS Username, Password, or Provider/Group affiliation, please contact your MITS Administrator to ensure you have been assigned the Prenatal Visit Role.

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 Progesterone_PIP@medicaid.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 MITS Credentials or progesterone access, please complete the brief feedback form below.

Please describe the issue that you encountered:

Contact Email:

Help Form

If you have any general questions regarding the PRAF form content or process, please email Progesterone_PIP@medicaid.ohio.gov with the Subject "PRAF Form".

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>

The following pages (9 -31) provide additional instructions for Clinical OB/GYN users submitting PRAF forms only.

Clinical OB/GYN Users: Walkthrough with Screen Shots

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

The Welcome Screen

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

1. updating practice, prescriber, and user information by clicking on the *User ID* (shown as “Practice User1” below in this test version);
2. entering new patient forms using the *New Patient* button;
3. reviewing a list of previously entered patients identified by name, date added, user ID of staff who entered the information, and MCP; all submitted patients available within “Patients Submitted” tab.
4. search for existing forms using patient name and DOB;
5. Note: Forms that are “In Process” may be edited. Completed forms have already been submitted to the patient’s county of residence and MCP (and to Home Health if this option was chosen).
6. continuing or editing previous forms by clicking on *Continue Form* under “Action” when a form has the status of “In Process”; and
7. downloading completed forms in PDF format or patient information in CSV format (available within Patients Submitted tab)

Adding a new PRAF: Clinical OB/GYN Users

Patients

Filter by practice location

Filter by: Please Select a Filter Option

PRAF 2.0: Patient Forms

PRAF 2.0 IN PROCESS: 1 PRAF 2.0 SUBMITTED: 4 PRAF 2.0 FOLLOW-UPS: 2 + ADD PRAF 2.0 SEARCH

Patient Name	Submission Date	By	Managed Care Plan	Action
First Last	04/20/2020	Sean Buckeye	Buckeye	PDF CSV
First Last	04/14/2020	Sean Buckeye	Molina	PDF CSV
First Last	04/14/2020	Sean Buckeye	Caresource	PDF CSV
First Last	04/02/2020	Sean Buckeye	Buckeye	PDF CSV

Users that support multiple practices within the same health system can select a specific practice location by clicking on the filter by option at the top right of the screen. By entering a few letters from the practice name all practice locations should populate in the drop down menu.

Patients

Select practice location

Filter by ✓ Please Select a Filter Option
Associates in Central OH OB/GYN, Dublin
Associates in Central OH OB/GYN, Reynoldsburg
Associates in Central OH OB/GYN, Westerville

PRAF 2.0: Patient Forms

PRAF 2.0 IN PROCESS: 1 PRAF 2.0 SUBMITTED: 4 PRAF 2.0 FOLLOW-UPS: 2 + ADD PRAF 2.0 SEARCH

Patient Name	Submission Date	By	Managed Care Plan	Action
First Last	04/20/2020	Sean Buckeye	Buckeye	PDF CSV
First Last	04/14/2020	Sean Buckeye	Molina	PDF CSV
First Last	04/14/2020	Sean Buckeye	Caresource	PDF CSV
First Last	04/02/2020	Sean Buckeye	Buckeye	PDF CSV

Updating, Adding, and Deleting Practice 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:

1. edit user information, including contact information to populate the urgent need portion of the form;
2. review current practices and request access to new practices; or
3. access the “New Practice Request” form to request the addition of a new practice; or
4. review, add, update, or remove prescriber information; or
5. return to the Welcome Screen after saving by clicking on *Patients* at the top of the screen.

Adding new practices or prescribers allows information entered on this screen to be chosen from drop-down lists in other parts of the application. Once a practice is chosen from the first screen of the PRAF 2.0, the information will populate other portions of the form automatically.

Notes:

-Some information associated with your user ID will be inserted automatically by MITS. You will not be able to edit this information using this website.

- 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.

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

Edit User Profile

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.

While the Prescriber and Practice information is not required to be populated at this time, it will reduce the amount of time it take to complete the PRAF 2.0 for each patient. Information entered here will automatically populate throughout the form.

USER INFORMATION (Provided by MITS)

<p>First Name <input type="text" value="Practice"/></p> <p>User Type <input type="text" value="Practice"/></p> <p>Email / Username <input type="text" value="sean.ohanlon+10@duethealth.com"/></p> <p>New Password <input type="password"/></p>	<p>Last Name <input type="text" value="User"/></p> <p>Group(s) <input type="text" value="NameOfPractice or MITS ADMIN"/></p>
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Your user information cannot be modified on the Nurture Ohio website. If any of your information appears incorrect, please contact your MITS 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 an urgent need." If you do not provide the information below then you will be required to enter the information manually as you complete the form.

<p>Contact Name (enter your first/last name, or the first/last name of the preferred contact at your practice) <input type="text" value="Contact Name"/></p> <p>Phone Number <input type="text" value="Contact Phone Number"/></p>	<p>Email Address <input type="text" value="Contact Email"/></p> <p>Fax Number <input type="text" value="Contact Fax Number"/></p>
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Reminder: Practice users should fill out the help form or email Progesterone_PIP@ohio.medicaid.gov if any changes are required to practice information.

PRACTICE INFORMATION

If you do not see the practice that you are looking for when using the search feature, feel free to request a new practice by visiting [New Practice Request](#) page. If you have a question or change for an existing practice, please fill out a Help form or send an email to Progesterone_PIP@Medicaid.ohio.gov.

Current Practices

- Associates in Central OH OB/GYN, Reynoldsburg (Approved)
- Associates in Central OH OB/GYN, Dublin (Approved)
- Associates in Central OH OB/GYN, Westerville (Approved)

PRESCRIBER INFORMATION

Prescribers are synced between users within your organization. Use the dropdown to add, remove, or update prescribers. If you are eligible to prescribe progesterone, please ensure that your information has been added correctly.

Please Note: Prescriber information is only necessary if the form is being used as a prescription and/or a home health referral.

Adding New Practice Information



Nurture

PRAF 2.0

Archived PRAF 2.0

Analytics

Help



Practice User

Logout

New Practice Request

PRACTICE INFORMATION

Practice Name

Street

City

State

Zip

Phone Number

Fax Number

Office Contact - Email

OPQC Site?

Choose One ▾

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

Choose One ▾

Provider Billing NPI

Practice information will not be immediately made available within NurtureOhio. If there are any issues or questions about information that is entered then we will follow-up with your practice, otherwise you can expect to see the requested practice added with 5 business days.

SUBMIT

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Adding New Provider/Prescriber Information

PRESCRIBER INFORMATION

Add New Prescriber ▾

First Name

Last Name

Credentials

Email

NPI Number

Provider Medicaid ID

SAVE

Prescribers are synced between users within your organization. Use the dropdown to add, remove, or update prescribers. If you are eligible to prescribe progesterone, please ensure that your information has been added correctly.

Please Note: Prescriber information is only necessary if the form is being used as a prescription and/or a home health referral.

Adding New Patient Information (the PRAF Form screens)

After clicking on the “+ ADD PRAF 2.0” button on the Welcome Screen, users can enter information into the PRAF form. Users begin by confirming their user account and practice information. On the first screen that appears (Confirm Prescriber Details) users can:

- select or search practice information (if user does not have assigned practices, they are given the option to search from the library of existing practices or enter in information for a new practice);
- select or add prescriber information (if you plan to use PRAF 2.0 for prescriptions or MCP-contracted home health referrals to Optum or OptionCare); and
- edit or delete existing practices or prescribers.

Notes:

- Be sure to click the *Save* button that appears when adding a new or editing an existing practice or provider on this screen, or these changes will be lost.

- If a practice chooses to use this website for progesterone home health referral, the referral will be processed automatically. However, **the prescription must be printed and faxed to the appropriate pharmacy by the clinical staff.**



Confirm Prescriber Details

PRACTICE INFORMATION

Select Practice ▾

Practice information is provided by the system administrator. If you have any questions, or if you would like to request an update/change, please contact Progesterone_PIP@medicaid.ohio.gov.

PRESCRIBER INFORMATION

Add, Update, or Remove Prescribers ▾

Prescribers are synced between users within your organization. Use the dropdown to add, remove, or update prescribers. If you are eligible to prescribe progesterone, please ensure that your information has been added correctly.

Please Note: Prescriber information is only necessary if the form is being used as a prescription and/or a home health referral.

Use these dropdowns to select, update, or add a practice or prescriber.

After proceeding from the Practice/Prescriber information page, users will be able to search/validate patient information by searching against the Ohio Department of Medicaid’s database.

After clicking the *Next* button to get to the next screen, users will be able to:

1. select the patient’s managed care plan;
2. indicate whether the practice is an OPQC site; and
3. enter the date of service.

Note:

From this screen on, you can click *Save for Later* to save any information you’ve entered so far without completing the form or sending the information to the county or the patient’s MCP. Such patients will appear as “In Process” on the Welcome Screen.



Patients | Pregnancy Risk Assessment Form (PRAF) 2.0

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 abuse, transportation, behavioral health); &
(3.) Expedite receipt of hydroxyprogesterone caproate (HPC) injections or vaginal progesterone

1: Select the patient’s managed care plan here.

The practice name and prescriber number will automatically populate based on your selections in the previous screens.

Click *Next* to continue to the next screen once you’ve selected an MCP, identified whether the service took place at an OPQC site, and entered the date of service.

2 & 3: Indicate whether the practice is an OPQC site and add the date of service using these two boxes.

Note: You can also save this patient’s information for later at this point. If you do, this patient will appear as an “in process” patient on the Welcome Screen.

After clicking *Next*, you will be taken to a screen to confirm the address of the practice. These fields will automatically populate based on the selections you made from the practice drop down earlier.

- Click *Next* if the information on this screen is correct.
- If it is not, please fill out the help form or email the Medicaid help email to request an update to practice information.

Pregnancy Risk Assessment Form (PRAF) 2.0

Practice Address

Practice Street
6482 E. Main St

Practice City
Reynoldsburg

Practice State
OH

Practice Zip Code
43068

BACK NEXT

SAVE FOR LATER

If this information is correct, click next. If it is not, please fill out the help form or email the Medicaid help email to request an update to practice information.

If the practice information is correct, after clicking *Next* on the address screen, you will be taken to a screen to enter several patient details. This information will notify the county and MCP of the pregnancy. **The patient's MMIS # must be entered at this time. Refer to page 1 if you have difficulty locating the MMIS #.**

Adding New Practice Information



New Practice Request

PRACTICE INFORMATION

Practice Name

Street

City State Zip

Phone Number

Fax Number

Office Contact - Email

OPQC Site?

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

Provider Billing NPI

Please note that newly added practice information may not be immediately available in the NurtureOhio system.



Practice information will not be immediately made available within NurtureOhio. If there are any issues or questions about information that is entered then we will follow-up with your practice, otherwise you can expect to see the requested practice added with 5 business days.

SUBMIT

Clinical OB/GYN User Type – Patient Validation

To improve data quality, a patient validation feature has been added to check that the information entered links to a Medicaid individuals' 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 resubmit another.

Blank Patient Validation Form

Nurture PRAF 2.0 Archived PRAF 2.0 Analytics Help Practice User 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 MMIS Number (Patient Medicaid ID)

Patient First Name*

Patient Last Name*

Patient Social Security Number (9 digit - no dashes)

Patient Date Of Birth

The following fields are required for Validation: Patient First Name, Patient Last Name, and at least one of the following combinations:

- Patient MMIS Number + Patient Social Security (9-Digit)
- Patient MMIS Number + Patient Date of Birth
- Patient Social Security (9-Digit) + Patient Date of Birth

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.

SUBMIT FOR VALIDATION

ver. 4.5.0

If core fields (ex. First name, last name, provider name or billing entity) are not present, patient validation will fail.

Nurture Ohio returns a message if required fields are missing. NPI number is required for data validation. NOTE – please make sure the provider NPI and MCD ID as listed on pages 15 and 17 have both been entered and saved to prevent entering this data with every form.

If the core 4 fields ARE present, but one of the “extra” combinations has not been provided patient validation will fail.

NOTE – user must enter patient information using one of the three combinations to validate. If you do not have date to match one of these three combinations, please continue to submit without validation.

When all information is entered, the minimum needs for validation have been met. In the example below, no match was found, giving the user two options – fix the information and submit again or proceed without validation (knowing that there are instances where a member may not be identified). However, please be aware that forms that are not validated did not match to a case and will require additional action later to submit to Ohio Medicaid's

The screenshot shows the 'Patient Validation for PRAF 2.0' form. A modal dialog box is centered on the screen with a yellow warning icon and the text: 'No Matching Record Found'. Below the title, it says: 'Please provide additional information, or update the given information to allow the system to locate the correct record. Additional information will aid the system in identifying a single record vs. multiple records. If you are confident that the information is correct and want to continue, select OK and then "Proceed to form without validation".' The dialog has an 'OK' button at the bottom. In the background, the form fields are visible: Patient MMIS Number (123456789101), Patient First Name (First), Patient Last Name (Last), Patient Social Security Number (101-00-1010), and Patient Date Of Birth. A list of required fields for validation is also visible: Patient First Name, Patient Last Name, and at least one of Patient MMIS Number + Patient Social Security (9-Digit), Patient MMIS Number + Patient Date of Birth, or Patient Social Security (9-Digit) + Patient Date of Birth. There are 'SUBMIT FOR VALIDATION' and 'PROCEED TO FORM WITHOUT VALIDATION' buttons at the bottom right of the form.

This screenshot shows the same 'Patient Validation for PRAF 2.0' form, but with red 'X' marks indicating validation errors on the Patient MMIS Number, Patient First Name, Patient Last Name, and Patient Social Security Number fields. The modal dialog is no longer present. The required fields for validation are listed: Patient First Name, Patient Last Name, and at least one of the following combinations: Patient MMIS Number + Patient Social Security (9-Digit), Patient MMIS Number + Patient Date of Birth, or Patient Social Security (9-Digit) + Patient Date of Birth. A note states: '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.' At the bottom right, two buttons are highlighted with a green oval: 'PROCEED TO FORM WITHOUT VALIDATION' and 'SUBMIT FOR VALIDATION'. A red arrow points from the 'PROCEED TO FORM WITHOUT VALIDATION' button to a text box at the bottom of the page.

Select to either proceed or continue without validation. Please remember if you select to continue without validation that additional action is required after submission.

This represents a successful match – all patient information is returned and overwrites the data that was entered by the user with data confirmed in Medicaid’s eligibility system.

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 MMIS Number (Patient Medicaid ID)
123456789101 ✓

Patient First Name*
First ✓

Patient Last Name*
Last ✓

Patient Social Security Number (9 digit - no dashes)
123-41-2342 ✓

Patient Date Of Birth
03/30/2000 ✓

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

ver. 4.5.0

Once patient validation is complete, you may continue to may continue completing the PRAF 2.0 form.



Patients

Pregnancy Risk Assessment Form (PRAF) 2.0

Pregnancy Risk Assessment Form (PRAF) 2.0

Needed by county for pregnancy notification.

Patient MMIS Number (Patient Medicaid ID)

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

123456789101

Patient Managed Care Plan ID (Optional)

Patient First Name

First

Patient Last Name

Last

Estimated date of confinement (date baby is due)

MM/DD/YYYY

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.



Enter the patient's MMIS #, found on their Medicaid card, here. A graphic illustrating where to locate these numbers on each type of MCP ID card can be found on page 1 of this guide.

(Full text of screen not included in image above.)

After clicking *Next*, you will be asked whether you would like to be contacted by the patient’s MCP, progesterone home health provider, and/or pharmacy regarding any urgent needs the patient may have.

- By selecting *Yes* from the dropdown menu, you will be able to add the contact information for the person at the clinic you would like the managed care plan to follow-up with regarding the issues you’ve selected that the patient is experiencing. If the patient’s need is not included in the drop down, please select *Other Needs* from the menu and specify the particular patient need in the text box provided.

Provider Contact

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.

Choose One ▾

Practice Phone Number:
8005551234

Practice Email Address:
name@testobgyn.com

Practice Fax Number:
8005554321

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

Patient would benefit from Managed Care and/or County Job and Family Services assistance with:
Choose One or More ▾

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 ▾

Buttons: BACK, NEXT, SAVE FOR LATER

Callout Boxes:

- Users can fill out a help form or email if they want to have this information added to their practice profile.
- Practice phone number, email and fax will prefill if the information is included in the practice profile.
- If you select *Yes* here... ..you can then select the issue(s) the patient needs assistance with.
- If you select *Other Needs* here, be sure to fill out the text box that will appear below.

Practices can see the status of patients that selected yes for MCP referrals for social and health risks.

NurtureOhio

Patients | Archived Patients | Analytics | Help

Practice User | Logout

Patients

PRAF 2.0: Patient Forms

PATIENTS IN PROCESS: 0 | PATIENTS SUBMITTED: 6 | REFERRAL FOLLOW-UPS: 2

+ ADD PATIENT | SEARCH 🔍

Patient Name	Submission Date	By	Managed Care Plan	Status	Action
N/A – No forms available in this section.					

Callout Box:

- NurtureOhio will notify practices if there are patients with referrals with follow-up needed.

After clicking *Next*, you will be asked whether or not the patient is a candidate for receiving progesterone.

- By selecting *Yes* from the dropdown menu, you will be able to enter the reason and whether the patient was offered progesterone. These fields must be completed to provide OPQC and ODM with information needed to track success in increasing Progesterone use.

After clicking *Next*, you will be asked to select either the specialty pharmacy contracted with the patient's MCP or indicate that the patient is FFS.

Pregnancy Risk Assessment Form (PRAF) 2.0

Progesterone Candidate

Progesterone Candidate?

Yes (gestational age is or will be between 16 & 24 weeks, this is a singleton gestation, the patient has had a previous singleton preterm birth prior to 37 completed gestational weeks that was related to spontaneous preterm labor, preterm ruptured membranes &/or cervical insufficiency)

Yes

Due to:
Choose One or More

Was progesterone offered?
Choose One

BACK NEXT

SAVE FOR LATER

If you select Yes here...

...you can then select why the patient could receive progesterone and whether it was offered.

After clicking *Next*, the following two screens ask for information regarding the patient's first and second doses of progesterone. These screens include the date the doses will be administered, the kind of progesterone that will be used, how it will be administered, and whether it will be administered at home or in the practice's offices.

Patients Pregnancy Risk Assessment Form (PRAF) 2.0

Pregnancy Risk Assessment Form (PRAF) 2.0

Progesterone 1st Dose

Date progesterone 1st received/Anticipated Start Date
MM/DD/YYYY

Form
Choose One

Route
Choose One

Location
(Please Note: Home Health injection of Progesterone is not a covered FFS (traditional) Medicaid benefit.)
Choose One

BACK NEXT

SAVE FOR LATER

Patients Pregnancy Risk Assessment Form (PRAF) 2.0

Pregnancy Risk Assessment Form (PRAF) 2.0

Progesterone 2nd Dose - OPTIONAL

Date next dose due (Optional)
MM/DD/YYYY

Form (Optional)
Choose One

Route (Optional)
Choose One

Location (Optional)
(Please Note: Home Health injection of Progesterone is not a covered FFS (traditional) Medicaid benefit.)
Choose One

BACK NEXT

SAVE FOR LATER

After clicking *Next* on the screen for the second progesterone dose, you can enter information regarding any referrals for home health.

Patients Pregnancy Risk Assessment Form (PRAF) 2.0

Pregnancy Risk Assessment Form (PRAF) 2.0

Prescription/Home Health Referral

Order For

Please Note: If you do not intend to use this form as a home health referral or prescription, please select ONLY the third answer choice. Do not select option 3 in combination with option 1 and/or 2.

Choose One or More

- 17-hydroxyprogesterone caproate injection
- Vaginal Progesterone
- N/A - I am not completing as a home health referral or as a prescription.

NEXT

SAVE FOR LATER

After clicking *Next*, you will be asked to enter notes for the pharmacy on the following screen.

Nurture PRAF 2.0 Archived PRAF 2.0 Analytics Help Practice User Logout

Patients New Patient Pregnancy Risk Assessment Form (PRAF) 2.0

Pregnancy Risk Assessment Form (PRAF) 2.0

Note to pharmacy: 17-Hydroxyprogesterone Caproate is indicated for pregnant women between 16w, 0d and 36w, 6d gestation; discontinue therapy if patient is no longer pregnant. Please call patient or prescriber to confirm prior to shipping each month's supply.

Prescriber's Phone

Prescriber's Email

Date Electronically Signed
MM/DD/YYYY

DAW
Choose One ▾

Prescriber's First Name

Prescriber's Last Name

Credentials

NPI Number

Are you the Prescriber's Agent (person who normally has permission to submit prescriptions on the prescriber's behalf)?
Choose One ▾

Is the Prescriber's Address different from Practice Address
Choose One ▾

BACK **NEXT**

SAVE FOR LATER

Details regarding the prescriber will automatically populate based on your previous entries if you selected a prescriber earlier in the form.

ver. 4.5.0

After clicking *Next*, you will be asked to submit the form. Once you click *Submit*, this form will be shared, and the patient will appear as “Completed” on the welcome screen. If you were unable to complete any part of the form, you can click *Save for Later* instead and come back to this patient at another time. This patient will appear as “In Process” on the Welcome Screen if you do. Notification of the county and MCP, as well as the progesterone home health referral, will be delayed until the form has been submitted and is shown as “Completed”.



Pregnancy Risk Assessment Form (PRAF) 2.0

This is the final page of the form. Once submitted, the form cannot be modified. If you wish to modify the form at a later time before submitting it, please select the “Save for Later” button.

Selecting the “Submit” button will create a PDF prescription for progesterone, which must be printed off and faxed to the appropriate pharmacy.

-For 17-Hydroxyprogesterone Caproate the prescription will need to be sent to the patient’s MCP-contracted specialty pharmacy.

-For traditional fee for service Medicaid, the prescription can be sent to the pharmacy of choice.

-Vaginal progesterone prescriptions can either be sent to the patient’s regular pharmacy, or provided to the patient to be filled.

BACK

SAVE FOR LATER SUBMIT

Use these buttons to either submit the completed form or save what you’ve entered thus far to complete later.

Note: If you click *Submit* without having completed required parts of the form, you will be directed to the section you did not finish with the required field(s) highlighted in red.



Patients Pregnancy Risk Assessment Form (PRAF) 2.0

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 abuse, transportation, behavioral health); &
- (3.) Expedite receipt of hydroxyprogesterone caproate (HPC) injections or vaginal progesterone

Name of Medicaid Managed Care Plan

Practice Name:

Provider NPI/CTP Number

Provider Medicaid ID

FQHC Site?

OPQC Site?

Date of Service

If you click *Submit* without filling out required fields, they will appear in red for you to complete.

NEXT

SAVE FOR LATER

Clinical OB/GYN User Type: Form Editing

Users now have the option to search previously submitted PRAF 2.0 forms for edits and updates for up to 30 days post submission. Users can search by patient first and last name or date of birth.

The screenshot shows the 'PRAF 2.0: Patient Forms' interface. At the top, there is a navigation bar with the 'Nurture' logo, menu items for 'PRAF 2.0', 'Archived PRAF 2.0', 'Analytics', and 'Help', and user options for 'Practice User' and 'Logout'. Below the navigation bar, there is a 'Patients' button and a 'Filter by:' dropdown menu with the text 'Please Select a Filter Option'. The main content area is titled 'PRAF 2.0: Patient Forms' and features three summary boxes: 'PRAF 2.0 IN PROCESS: 1', 'PRAF 2.0 SUBMITTED: 689', and 'PRAF 2.0 FOLLOW-UPS: 2'. To the right of these boxes are two buttons: '+ ADD PRAF 2.0' and 'SEARCH'. A search modal window is open, titled 'Search PRAF 2.0'. It is divided into two sections: 'Search PRAF 2.0' and 'Search Date'. The 'Search PRAF 2.0' section has input fields for 'First Name' and 'Last Name', an 'OR' separator, and a 'Date of Birth' field with a calendar icon and the format 'MM/DD/YYYY'. The 'Search Date' section has two dropdown menus: 'Choose Search Type' and 'Choose Date Type'. Both sections have a red 'SEARCH' button at the bottom.

MCP User Type: Report of Pregnancy – Patient Validation

Blank Patient Validation Form

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 MMIS Number (Patient Medicaid ID)

Patient First Name*

Patient Last Name*

Patient Social Security Number (9 digit - no dashes)

Patient Date Of Birth

Provider NPI or Provider Billing NPI*

Name of Provider or Billing Entity*

Entering Information for:

Billing Entity (Organization) Provider (Individual)

The following fields are required for Validation: Patient First and Last Names, Provider NPI or Billing NPI, Name of Provider or Billing Entity, and at least one of the following combinations:

- Patient MMIS Number + Patient Social Security (9-Digit)
- Patient MMIS Number + Patient Date of Birth
- Patient Social Security (9-Digit) + Patient Date of Birth



SUBMIT FOR VALIDATION

If core fields (ex. First name, last name, provider name or billing entity) are not present, patient validation will fail.

The screenshot shows the 'Patient Validation for ROP' form in the Nurture system. A modal dialog box is displayed in the center with a yellow warning icon and the title 'Required Information Missing'. The message reads: 'You must include the following: Patient First Name, Patient Last Name, Provider NPI or Billing NPI, AND Name of Provider or Billing Entity. Please correct and try again.' Below the message is an 'OK' button. The background form is partially obscured but shows fields for Patient MMIS Number, Patient First Name, Patient Last Name, Patient Social Security Number (9 digit), Patient Date Of Birth, Provider NPI or Provider Billing NPI, and Name of Provider or Billing Entity. A 'SUBMIT FOR VALIDATION' button is visible at the bottom right of the form area.

If the core 4 fields ARE present, but one of the “extra” combinations has not been provided patient validation will fail.

The screenshot shows the 'Patient Validation for ROP' form in the Nurture system. A modal dialog box is displayed in the center with a yellow warning icon and the title 'Additional Patient Information Required'. The message reads: 'Please enter at least one of the following combinations to complete your request:'. Below the message is a list of three options: 'Patient MMIS Number (Patient Medicaid ID) + Patient Social Security (9-Digit)', 'Patient MMIS Number (Patient Medicaid ID) + Patient Date of Birth', and 'Patient Social Security (9-Digit) + Patient Date of Birth'. Below the list is an 'OK' button. The background form shows the following filled-in fields: Patient First Name: Jane, Patient Last Name: Doe, Provider NPI or Provider Billing NPI: 1234567890, and Name of Provider or Billing Entity: Test Practice. A 'SUBMIT FOR VALIDATION' button is visible at the bottom right of the form area.

When all information is entered, the minimum needs for validation have been met. In the example below, no match was found, giving the user two options – fix the information and submit again or proceed without validation (knowing that there are instances where a member may not be identified).

Nurture | PRAF 2.0 | Archived PRAF 2.0 | NOPs | Referrals | Analytics | Help | Sean Buckeye, Buckeye | Logout

Patients

Patient Validation for NOP

In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database of Medicaid Recipients. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.

Patient MMIS Number (Patient Medicaid ID): [Empty]

Patient First Name*: Jane


Patient Last Name*: Doe

Patient Social Security Number (9 digit): 111-33-2222

Patient Date Of Birth: 01/01/2000

Provider NPI or Provider Billing NPI*: 1234567890

Name of Provider or Billing Entity*: [Empty]



No Matching Record Found

Please provide additional information, or update the given information to allow the system to locate the correct record. Additional information will aid the system in identifying a single record vs. multiple records. If you are confident that the information is correct and want to continue, select OK and then "Proceed to form without validation".

OK

PROCEED TO FORM WITHOUT VALIDATION
SUBMIT FOR VALIDATION

Nurture | PRAF 2.0 | ROPs | Reassigned Forms | Referrals | Analytics | Help | Sean Buckeye, Buckeye | Logout

Patients

Patient Validation for ROP

In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.

Patient MMIS Number (Patient Medicaid ID): 123456789101

Patient First Name*: Jane

Patient Last Name*: Doe

Patient Social Security Number (9 digit - no dashes): 101-00-1010

Patient Date Of Birth: [Empty]

Provider NPI or Provider Billing NPI*: 1234567890 ✘

Name of Provider or Billing Entity*: Test Practice ✘

Entering Information for:
 Billing Entity (Organization) Provider (Individual)

The following fields are required for Validation: Patient First and Last Names, Provider NPI or Billing NPI, Name of Provider or Billing Entity, and at least one of the following combinations:

- Patient MMIS Number + Patient Social Security (9-Digit)
- Patient MMIS Number + Patient Date of Birth
- Patient Social Security (9-Digit) + Patient Date of Birth

PROCEED TO FORM WITHOUT VALIDATION
SUBMIT FOR VALIDATION

ver. 4.5.0

This example shows that the NPI number is correct however but there is no successful match.

Nurture PRAF 2.0 ROPs Reassigned Forms Referrals Analytics Help Sean Buckeye, Buckeye Logout

Patients

Patient Validation for ROP

In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.

Patient MMIS Number (Patient Medicaid ID)	123456789101	
Patient First Name*	Jane	
Patient Last Name*	Doe	
Patient Social Security Number (9 digit - no dashes)	101-00-1010	
Patient Date Of Birth		
Provider NPI or Provider Billing NPI*	1234567890	
Name of Provider or Billing Entity*	Test Practice	

Entering Information for:
 Billing Entity (Organization) Provider (Individual)

The following fields are required for Validation: Patient First and Last Names, Provider NPI or Billing NPI, Name of Provider or Billing Entity, and at least one of the following combinations:

- Patient MMIS Number + Patient Social Security (9-Digit)
- Patient MMIS Number + Patient Date of Birth
- Patient Social Security (9-Digit) + Patient Date of Birth

PROCEED TO FORM WITHOUT VALIDATION **SUBMIT FOR VALIDATION**

ver. 4.5.0

This represents a successful match – all patient information is returned via 271 message and overwrites the data that was entered by the user.

Nurture PRAF 2.0 ROPs Reassigned Forms Referrals Analytics Help Sean Buckeye, Buckeye Logout

Patients

Patient Validation for ROP

In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.

Patient MMIS Number (Patient Medicaid ID)
123456789101

Patient First Name*
First

Patient Last Name*
Last

Patient Social Security Number (9 digit - no dashes)
122-34-2344

Patient Date Of Birth
03/30/2000

Provider NPI or Provider Billing NPI*
1234567890

Name of Provider or Billing Entity*
Test Practice

Entering Information for:
 Billing Entity (Organization) Provider (Individual)

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

Just as is the case for the ROP, the PRAF 2.0 also has its own validation screen. While primarily the same, this page is able to pre-populate the Provider or Prescriber information.

Nurture PRAF 2.0 ROPs Reassigned Forms Referrals Analytics Help Sean Buckeye, Buckeye 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 MMIS Number (Patient Medicaid ID)

Patient First Name*

Patient Last Name*

Patient Social Security Number (9 digit - no dashes)

Patient Date Of Birth

The following fields are required for Validation: Patient First Name, Patient Last Name, and at least one of the following combinations:

- Patient MMIS Number + Patient Social Security (9-Digit)
- Patient MMIS Number + Patient Date of Birth
- Patient Social Security (9-Digit) + Patient Date of Birth

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.

SUBMIT FOR VALIDATION

ver. 4.5.0

Clinical Non - OBGYN User

Report of Pregnancy Form



ROPs Resources

Non OBGYN User Logout

ROPs

Report of Pregnancy Form

<p>Date of Service MM/DD/YYYY</p> <p>Practice Name Associates in Central OH OB/GYN, Dublin <input type="checkbox"/> Practice Information Not Known</p> <p>Provider MCD ID</p> <p>Practice Street 7232 Sawmill Rd</p> <p>Practice City Dublin</p> <p>Practice State Choose One</p> <p>Practice Zip Code 43016</p> <p>Name of Managed Care Plan Choose One</p> <p>Patient MMIS Number (Patient Medicaid ID) <input type="checkbox"/> Practice Information Not Known</p> <p>Patient Managed Care Plan ID</p> <p>Patient Social Security Number 123-45-6677</p> <p>Patient Date of Birth 01/13/1990</p> <p>Patient First Name First</p> <p>Patient Last Name Last</p> <p>Estimated date of confinement (date baby is due) MM/DD/YYYY</p> <p>Provider Fax Number</p>	<p>Gestational Weeks Choose One</p> <p>Gestational Days Choose One</p> <p>Date Gestational Age Recorded MM/DD/YYYY</p> <p>Patient Address</p> <p>Patient City</p> <p>Patient State Choose One</p> <p>Patient Zip</p> <p>Patient County Choose One</p> <p>Patient Phone</p> <p>Patient Alternate Phone (Optional)</p> <p>Primary Language is English? Choose One</p> <p>Primary Language (if not English):</p> <p>Patient Email</p> <p>Patient's Preferred Method of Contact: Choose One</p> <p>How does the patient describe their ethnicity? Choose One</p> <p>How does the patient describe their race? Choose One</p> <p>Provider Phone Number</p> <p>Provider Email Address</p>
---	---

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

I 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

Non - Clinical Users

Report of Pregnancy Form



ROPs Resources

OEI CBO User Logout

ROPs

Report of Pregnancy Form

Date of Service
MM/DD/YYYY

Infant Mortality Lead Entity

Lead Entity Street Address

Lead Entity City

Lead Entity State

Lead Entity Zip

Lead Entity Telephone Number

Name of Managed Care Plan
Choose One

Patient MMIS Number (Patient Medicaid ID)
123456789010

Patient Managed Care Plan ID

Patient Social Security Number
123-45-6677

Patient Date of Birth
01/13/1990

Patient First Name
First

Patient Last Name
Last

Estimated date of confinement (date baby is due)
MM/DD/YYYY

Gestational Weeks
Choose One

Gestational Days
Choose One

Date Gestational Age Recorded
MM/DD/YYYY

Patient Address

Patient City

Patient State
Choose One

Patient Zip

Patient County
Choose One

Patient Phone

Patient Alternate Phone (Optional)

Primary Language is English?
Choose One

Primary Language (if not English):

Patient Email

Patient's Preferred Method of Contact:
Choose One

How does the patient describe their ethnicity?
Choose One

How does the patient describe their race?
Choose One

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

I 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

MCP Form: Report of Pregnancy Form

MCPs can enter data from faxed ROPs received, MCP Claims reports where report of pregnancies were not submitted or from OEI IM Lead Entities.

ROPs

Report of Pregnancy Form

OPQC Site?
Choose One

Is practice a federally qualified health center (FQHC)?
Choose One

Date of Service
MM/DD/YYYY

Claims Data
Choose One

Practice Name
Test Practice Practice Information Not Known

Provider Billing NPI
12345678990

Provider MCD ID

Practice Street

Practice City

Practice State
Choose One

Practice Zip Code

Name of Managed Care Plan
Molina
(If patient was validated on previous page, this value will be p

Patient MMS Number (Patient Medicaid ID)
123456789101

Patient Managed Care Plan ID

Patient Social Security Number
295-04-8832

Patient Date of Birth
03/30/2000

Patient First Name
FIRST

Patient Last Name
LAST

Estimated date of confinement (date baby is due)
MM/DD/YYYY

Gestational Weeks
Choose One

Gestational Days
Choose One

Date Gestational Age Recorded
MM/DD/YYYY

Patient Address

Patient City

Patient State
Choose One

Patient Zip

Patient County
Choose One

Patient County
Choose One

Patient Phone

Patient Alternate Phone (Optional)

Primary Language is English?
Choose One

Primary Language (if not English):

Patient Email

Patient's Preferred Method of Contact:
Choose One

How does the patient describe their ethnicity?
Choose One

How does the patient describe their race?
Choose One

Provider Phone Number

Provider Email Address

Provider Fax Number

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

I 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

v4.4.0

SUBMIT

Managed Care Plan User Type: Patient Referrals

Notification Section: Your organization has 16 notification(s) that require attention. [View Notifications](#)

PRAF 2.0

PRAF 2.0 IN PROCESS: 22 PRAF 2.0 COMPLETED: 1455 FORMS SAVED: 0 + ADD PRAF 2.0 EXPORT SEARCH

Patient Name	Date Added	Status	Action
First Last	05/28/2020	In Process	PDF CSV
First Last	05/19/2020	In Pro	PDF CSV
First Last	05/18/2020	In Pro	PDF CSV
First Last	05/18/2020	In Pro	PDF CSV

User can view pending referrals by clicking on view notifications or hovering over the profile

Notification Section: Your organization has 16 notification(s) that require attention. [View Notifications](#)

PRAF 2.0

PRAF 2.0 IN PROCESS: 22 PRAF 2.0 COMPLETED: 1455 FORMS SAVED: 0 + ADD PRAF 2.0 EXPORT SEARCH

Patient Name	Date Added	Status	Action
First Last	05/28/2020	In Process	PDF CSV
First Last	05/19/2020	In Process	PDF CSV
First Last	05/18/2020	In Process	PDF CSV
First Last	05/18/2020	In Process	PDF CSV

Notifications are presented for new PRAF 2.0 forms, new ROP forms, and incomplete Referrals. The number of notifications decrease as items are addressed.

Clicking on Referrals from the notification dropdown or from the top bar will navigate a user to this page. All forms will stay in the **“Referral Requests”** tab until some action is taken. *Note: This is a brand new page that acts as an inbox/to-do list of sorts for tracking Referral Follow-Ups.*

Followup

Referral Tracking

REFERRAL REQUESTS: 15 IN PROCESS REFERRALS: 15 COMPLETED REFERRALS: 10

Patient Name	Form Submission Date	Form Type	Identified Concerns
First Last	05/28/2020	PRAF 2.0	Anxiety, Depression
First Last	05/21/2020	ROP	Practice Contact
First Last	05/21/2020	ROP	Patient Contact, Practice Contact

Shows referrals for both the PRAF and ROP forms.

Identified concerns column helps to easily identify what the patient needs assistance with.

The second tab, **In Process Referrals**, houses all forms that have been started but not completed.

Patient Name	Form Submission Date	Form Type	Identified Concerns
First Last	05/27/2020	PRAF 2.0	Anxiety
First Last	05/21/2020	ROP	Anxiety
First Last	05/20/2020	ROP	Patient Contact, Practice Contact

“In process” scenarios include:

No responses to “Referral offered to patient?”, “Referred patient to additional resource(s)?” AND “Patient received services from referral resource(s)?”; alternatively this status also displayed when “No contact made” (see top box for new status note) is response to first question. -OR-

Yes response to “Referral offered to patient?” -OR-

Yes response to “Referred patient to additional resource(s)?”

The third tab, **Completed Referrals**, houses all forms that have been completed.

Patient Name	Form Submission Date	Form Type	Identified Concerns
First Last	05/20/2020	PRAF 2.0	Transportation, Anxiety, Bipolar Disorder
First Last	05/20/2020	ROP	Anxiety
First Last	05/20/2020	ROP	Practice Contact, Practice Contact

“Completed” scenarios include:

No response to “Referral offered to patient?” AND “Additional services not requested” response to “Referred patient to additional resource(s)?” for ALL concerns. -OR-

Yes response to “Patient received services from referral resource(s)?” for ALL concerns. -OR-

When “Unable to reach” is response to first question for ALL concerns.

Managed Care Plan User Type: New Referral Follow-Up

New Referral Follow-up Form

- Addition of Patient Information (Name, DOB, Phone, Language) at the top of the page to assist MCP User in contacting the patient.
- Ability to view the full form (both PRAF 2.0 and ROP) with the click of a button.
- Addition of the MISP and ODH HV Referral toggles at the bottom of the page.

The screenshot shows the 'New Referral Follow-Up' form. At the top, there is a navigation bar with the 'Nurture' logo and menu items: PRAF 2.0, ROPs, Reassigned Forms, Referrals, Analytics, and Help. A user profile for 'Sean Buckeye, Buckeye' is visible on the right. Below the navigation bar, there are tabs for 'Followup', 'test test', and 'New Referral Follow-Up'. The main heading is 'New Referral Follow-Up'. Patient information is displayed: Name: test test, DOB: 01/01/2000, Phone #: (393) 939-3393, and Prim. Lang: English. A 'VIEW ROP' button is located next to the patient information. Below this is a table with five columns: 'Identified Concern(s)', 'Referral offered to patient?', 'Referred patient to additional resource(s)?', 'Patient received services from referral resource(s)?', and 'Additional Notes'. The table has two rows, one for 'Patient Contact' and one for 'Practice Contact', with dropdown menus for each cell. At the bottom right of the table are 'REMOVE ROW' and 'ADD ADDITIONAL RISK' buttons. Below the table, there is an 'ODH HV Referral?' toggle with 'YES' and 'NO' options. At the bottom right are 'CANCEL' and 'SAVE REFERRAL FOLLOW-UP' buttons. The version number 'ver. 4.5.0' is at the bottom left.

Name: test test
DOB: 01/01/2000
Phone #: (393) 939-3393
Prim. Lang: English

VIEW ROP

Identified Concern(s)	Referral offered to patient?	Referred patient to additional resource(s)?	Patient received services from referral resource(s)?	Additional Notes
Patient Contact	Please select a response	Please select a response	Please select a response	Please select a response
Practice Contact	Please select a response	Please select a response	Please select a response	Please select a response

REMOVE ROW **ADD ADDITIONAL RISK**

ODH HV Referral? **YES** **NO**

CANCEL **SAVE REFERRAL FOLLOW-UP**

ver. 4.5.0

Note: The ability to manually add a referral follow-up for any form (including ROP) and identify concerns is still in development/code review.

All User Types: Analytics and Filtering



Intelligence Center

Weekly Measures

Usage

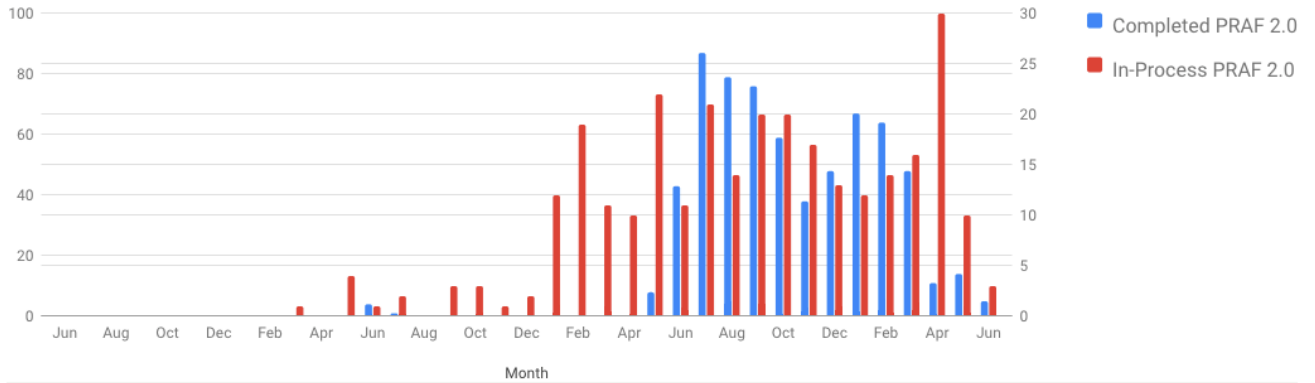
PRAF 2.0 Info

Affiliations

Social Risks

ADD FILTER

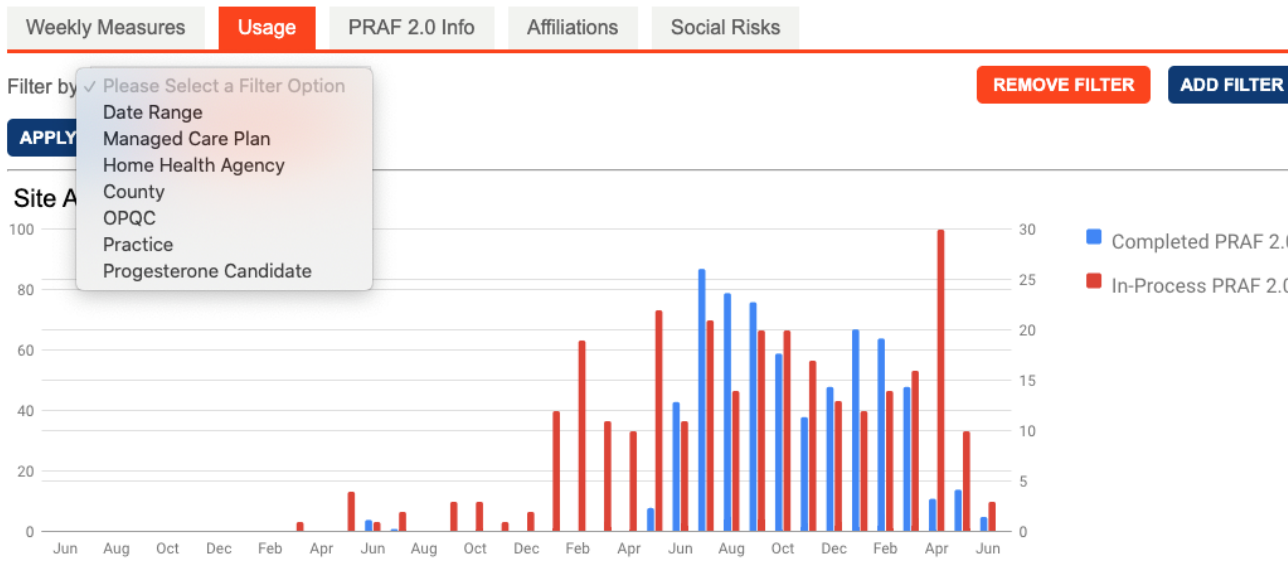
Site Activity



Summary	
Completed PRAF 2.0	652
In-Process PRAF 2.0	5
Progesterone Prescriptions	15
Total Activated Users	9
Total Activated Practice Users	383
Number of Practice Management Practices with 1 or more Submitted PRAF 2.0	5

Practices have the ability to view aggregate and site specific data analytics for information captured in the PRAF 2.0.

Intelligence Center



Users can add or remove several filters to view varying levels of specificity for their particular site or practice

Intelligence Center

Weekly Measures Usage PRAF 2.0 Info Affiliations Logins Social Risks

Filter by: Date Range 06/01/2020 06/03/2020 REMOVE FILTER ADD FILTER

APPLY FILTERS CLEAR FILTERS

PRAF 2.0 Info Overview

Total PRAF 2.0	199
Progesterone Not Required	
Progesterone Candidate	
Prescriptions	
Progesterone Candidates	
Due to: Prior spontaneous singleton preterm birth	
Due to: Short Cervix	
Due to: Both	
Progesterone Offered	
Progesterone Accepted	
Progesterone Accepted- Less than 25 weeks	
Progesterone Accepted- Less than 21 weeks	
Progesterone Accepted- Less than 19 weeks	
Total Progesterone Prescriptions	
Vaginal Progesterone	
Injection Progesterone	
Both	0.00% 0

Data covered to protect patient information

Intelligence Center

Weekly Measures Usage **PRAF 2.0 Info** Affiliations Logins Social Risks

Filter by: Date Range REMOVE FILTER ADD FILTER

Filter by: Managed Care Plan REMOVE FILTER

APPLY FILTERS CLEAR FILTERS

PRAF 2.0 Info Overview

Total PRAF 2.0		91
	Progesterone Not Required	
	Progesterone Candidate	
	Prescriptions	
Progesterone Candidates		
	Due to: Prior spontaneous singleton preterm birth	
	Due to: Short Cervix	
	Due to: Both	
	Progesterone Offered	
	Progesterone Accepted	
	Progesterone Accepted- Less than 25 weeks	
	Progesterone Accepted- Less than 21 weeks	
	Progesterone Accepted- Less than 19 weeks	
Total Progesterone Prescriptions		
	Vaginal Progesterone	
	Injection Progesterone	

Data covered to protect patient information

Intelligence Center

Weekly Measures Usage **PRAF 2.0 Info** Affiliations Logins Social Risks

Filter by: Date Range REMOVE FILTER ADD FILTER

Filter by: Managed Care Plan REMOVE FILTER

Filter by: OPQC REMOVE FILTER

APPLY FILTERS CLEAR FILTERS

PRAF 2.0 Info Overview

Total PRAF 2.0		17
	Progesterone Not Required	
	Progesterone Candidate	
	Prescriptions	
Progesterone Candidates		
	Due to: Prior spontaneous singleton preterm birth	
	Due to: Short Cervix	
	Due to: Both	
	Progesterone Offered	
	Progesterone Accepted	
	Progesterone Accepted- Less than 25 weeks	
	Progesterone Accepted- Less than 21 weeks	
	Progesterone Accepted- Less than 19 weeks	0.00% 0
Total Progesterone Prescriptions		
	Vaginal Progesterone	0.00% 0

Data covered to protect patient information

Users can filter and drill down to specific data elements.

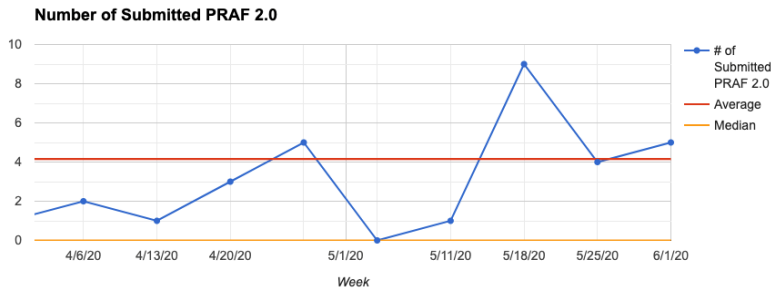
Intelligence Center

Weekly Measures Usage PRAF 2.0 Info Affiliations Social Risks

ADD FILTER

Select Measure: # of Submitted PRAF 2.0

Weekly Measures - 17P Initiation



Week of:	# of Submitted PRAF 2.0	# of 17P Candidates	% of 17P Candidates who Accepted	% 17P Accepted > 24 weeks	% 17P Accepted < 25 weeks	% 17P Accepted < 21 weeks	% 17P Accepted < 19 weeks	Avg. Gest. Age of 17P Candidates at Visit	% Accepted Vaginal	% of home injections	% of office injections	# of Unique Practice Sites
06/01/2020	5	0	0	0	0	0	0	0w 0d	0	0	0	2
05/25/2020	4	0	0	0	0	0	0	0w 0d	0	0	0	2
05/18/2020	9	0	0	0	0	0	0	0w 0d	0	0	0	1
05/11/2020	1	0	0	0	0	0	0	0w 0d	0	0	0	1

Appendix A: MITS Prenatal Visit Agent Roles

Getting Ready to use PRAF 2.0 within NurtureOhio—A step-by-step approach

1. Identify who the administrator is for your office/site. This is generally someone who is involved in claims/billing.
2. Identify who will be entering pregnancy notifications in the NurtureOhio system.
3. Have them set up an account by Accessing the MITS Portal (<https://portal.ohmits.com/public/Providers/tabid/43/Default.aspx>)
4. On the RIGHT side of the page find AGENT SETUP and click “Click here to setup your agent acct”

Agent Setup

If you are a provider employee or doing work on behalf of a provider

- [Click here to setup your agent account](#)

Note: Provider must approve.

https://portal.ohmits.com/Public/Providers/tabid/43/Default.aspx Ohio Department of Medicaid Providers

View Favorites Tools Help

rogenerone User Lists an... State of Ohio IT Customer... Home Visiting Campaign ... Suggested Sites: Web Slice Gallery Innerweb

Ohio Department of Medicaid

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Wednesday 02/01/2017 12:36:40 PM

Home Consumers **Providers** Acct Firm Setup Trading Partners Public Information Publications

enrollment enrollment tracking search long-term care account setup

Ohio Department of Medicaid

Provider Home

Using the Provider Enrollment wizard, applicants are guided through the necessary steps to complete and submit an enrollment application to become a Medicaid provider. After logging in to the Secured Site, providers can use self-service tools to manage their account, access their mailbox, update demographic information, exchange data files, request eligibility verification, and process claims, prior authorizations, and referrals.

Search Provider Directory

Allow a user to perform searches for providers and community resources by different search criteria such as county, city, state, or zip code.

Fee Schedules

View schedules based on provider types in PDF/HTML/CSV

Search Publications

Allow a user to perform a search for a publication and view the document.

Medicaid Managed Care Program

Ohio Medicaid contracts with Managed Care Plans (MCPs) to provide quality health care to many Ohio Medicaid consumers.

Login to secure site

- Click Here to Login

Provider Enrollment

To enroll as a new Medicaid Provider:

- Provider Enrollment Application
- Check Enrollment Application
- Enrollment FAQs

Provider Setup/Registration

If you have a 7 digit Ohio Medicaid Provider Number, Click here to register for MITS access.


- Click here to setup your account

Agent Setup

If you are a provider employee or doing work on behalf of a provider

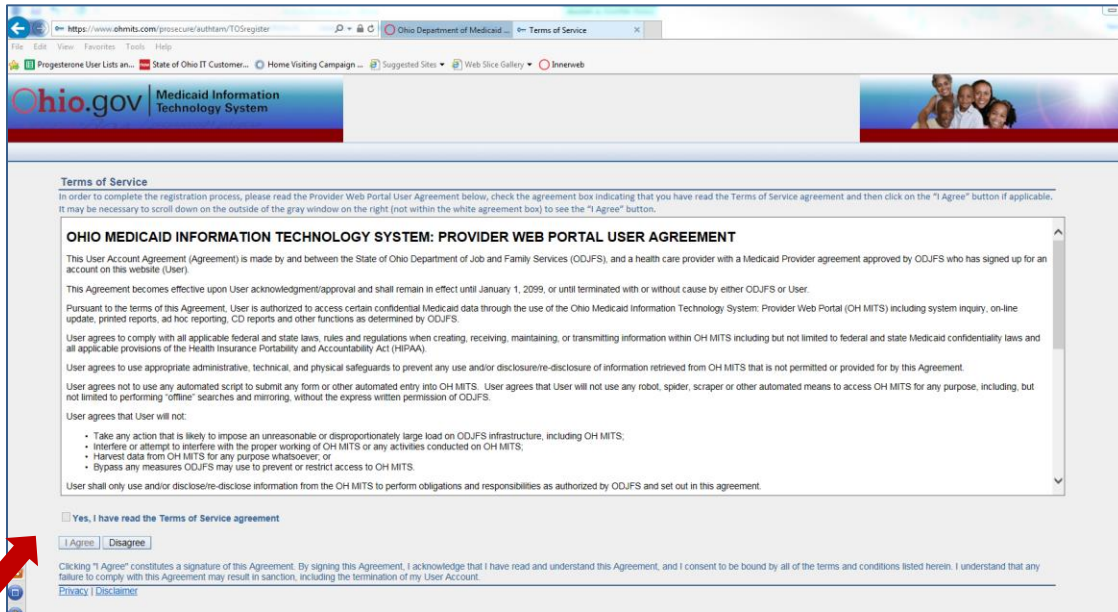
- Click here to setup your agent account

Note: Provider must approve.



5. Scroll to the bottom of the TERMS of SERVICE agreement. Check the YES box, Click AGREE

Yes, I have read the Terms of Service agreement



6. Register as an agent by completely filling out the “Register as an Agent” section (entering your first and last name, email, user id and password).

- Follow the User ID and Password guidance on the right-hand portion of the screen.
- Click “Register”.

Ohio.gov Medicaid Information Technology System

Register as an Agent
Enter your personal information and press **Register** when finished.

*First Name: test
Middle Initial:
*Last Name: test
*Email Address: test@tester.com
Telephone Number:
*User ID: dttest1
*Password: *****
*Confirm Password: *****

Your User ID must meet the following criteria:

- Minimum of 6 characters in length
- Maximum of 8 characters in length
- Mandatory 1 number (no more than or no less than, just 1 number)

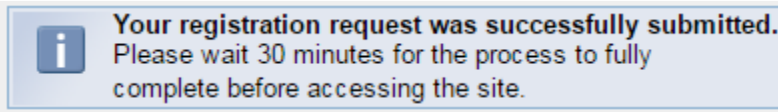
Your Password must meet the following criteria:

- Minimum of 8 characters in length
- Maximum of 15 characters in length
- Minimum of 1 alphabetic character
- Minimum of 1 numeric character
- Maximum number of sequential characters is 6
- Cannot be the same as your User ID
- Passwords are case sensitive

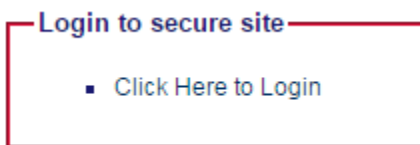
Register Cancel

* required

7. Upon successful registration you will receive a message to wait 30-minutes.



8. Close your browser
9. After the 30-minutes has elapsed go back to the site
<https://portal.ohmits.com/public/Providers/tabid/43/Default.aspx>
10. Click the LOGIN link





11. Enter the credentials you created in step 6 and check the YES box

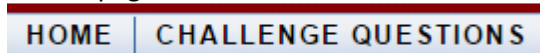
12. Enter the verification code as requested to get to the next page



13. On the next page click on MY INFORMATION



14. On this page click CHALLENGE QUESTIONS



15. Fill out the forgotten password challenge questions and click OK.

16. Click SIGN OFF on the upper right hand side of the screen

17. Create an email to your system administrator telling them you need the Prenatal Visit Agent Role to be assigned so that you can create Pregnancy Risk Assessment Forms (PRAF 2.0s) on the Nurture Ohio website for Ohio Medicaid. In the email include the following information:

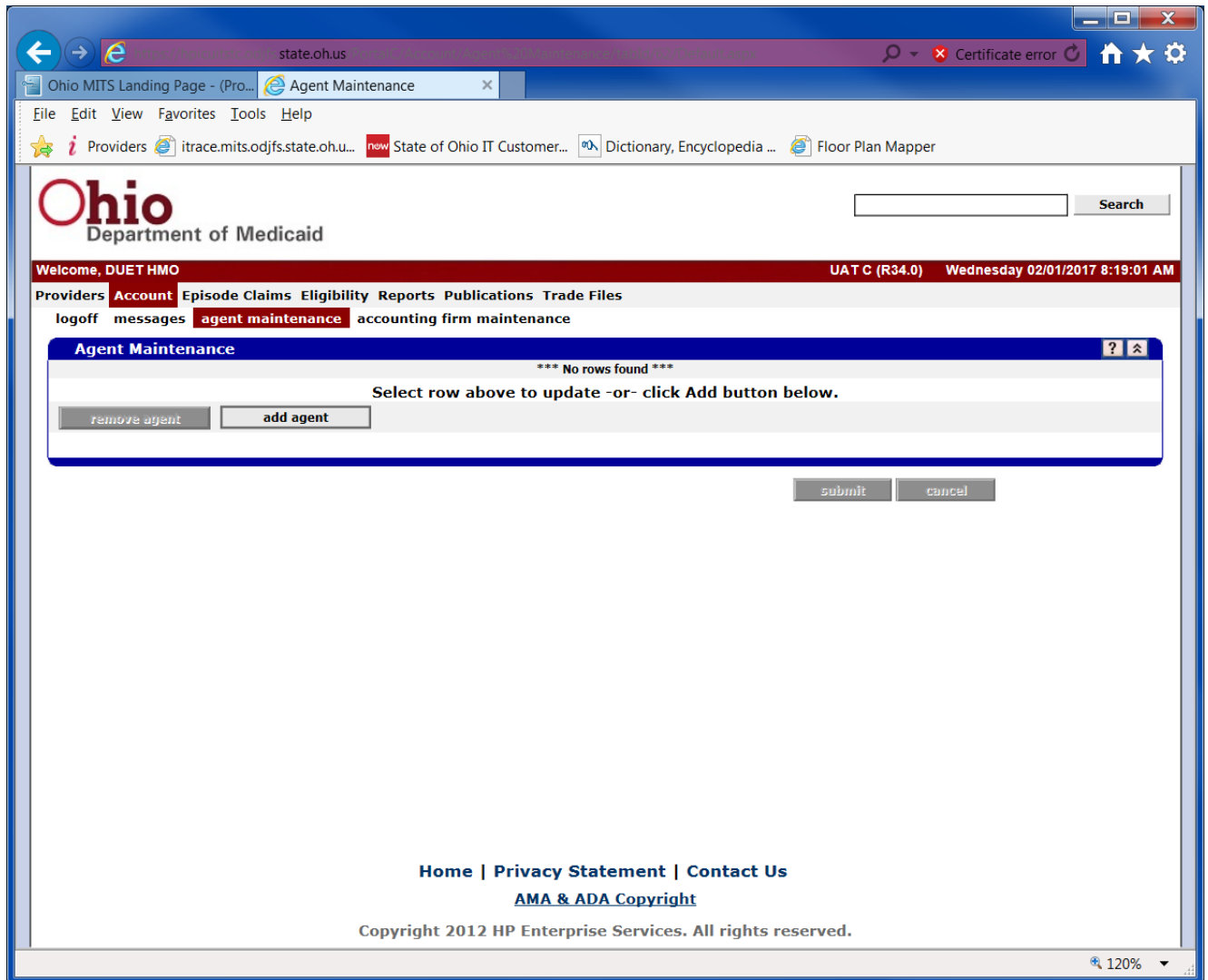
- a. MITS USER ID that you created in STEP 6
- b. Copy and Paste the TAX ID(s) that you need access to
- c. Send the email

18. Your system administrator will let you know when your access has been set up.
19. You can now use your MITS ID to log into the Nurture Ohio website (<https://www.nurtureohio.com/login>).

MITs Administrator Assignment of Prenatal Visit Role to non-Administrators

After the potential user of the NurtureOhio system has created a username and password and logged into the system, the site's MITs Administrator must assign the Prenatal Visit role to the Agent by doing the following:

1. The Administrator logs into the MITs portal (shown in step 8).
2. After an administrator logs into the MITs portal, select Account > agent maintenance. The below panel is displayed.



3. Click the " I understand that I..." check box and the add agent button becomes active.

The screenshot shows a web browser window with the URL `state.oh.us`. The page is titled "Ohio Department of Medicaid" and displays the "Agent Maintenance" section. The navigation menu includes "Providers", "Account", "Episode Claims", "Eligibility", "Reports", "Publications", and "Trade Files". The "agent maintenance" link is highlighted. Below the navigation, there are buttons for "remove agent" and "add agent". A message states: "Select row above to update -or- click Add button below." The "add agent" button is disabled. A red arrow points to the checkbox for the statement: "I understand that I may designate one or more individuals (e.g., an employee, clerk, or billing entity) to access the Ohio Medicaid portal on my behalf." Below this statement are three paragraphs of text regarding the user's understanding of the portal's use, confidentiality, and the consequences of misuse. The bottom of the page shows a scroll bar and a zoom level of 120%.

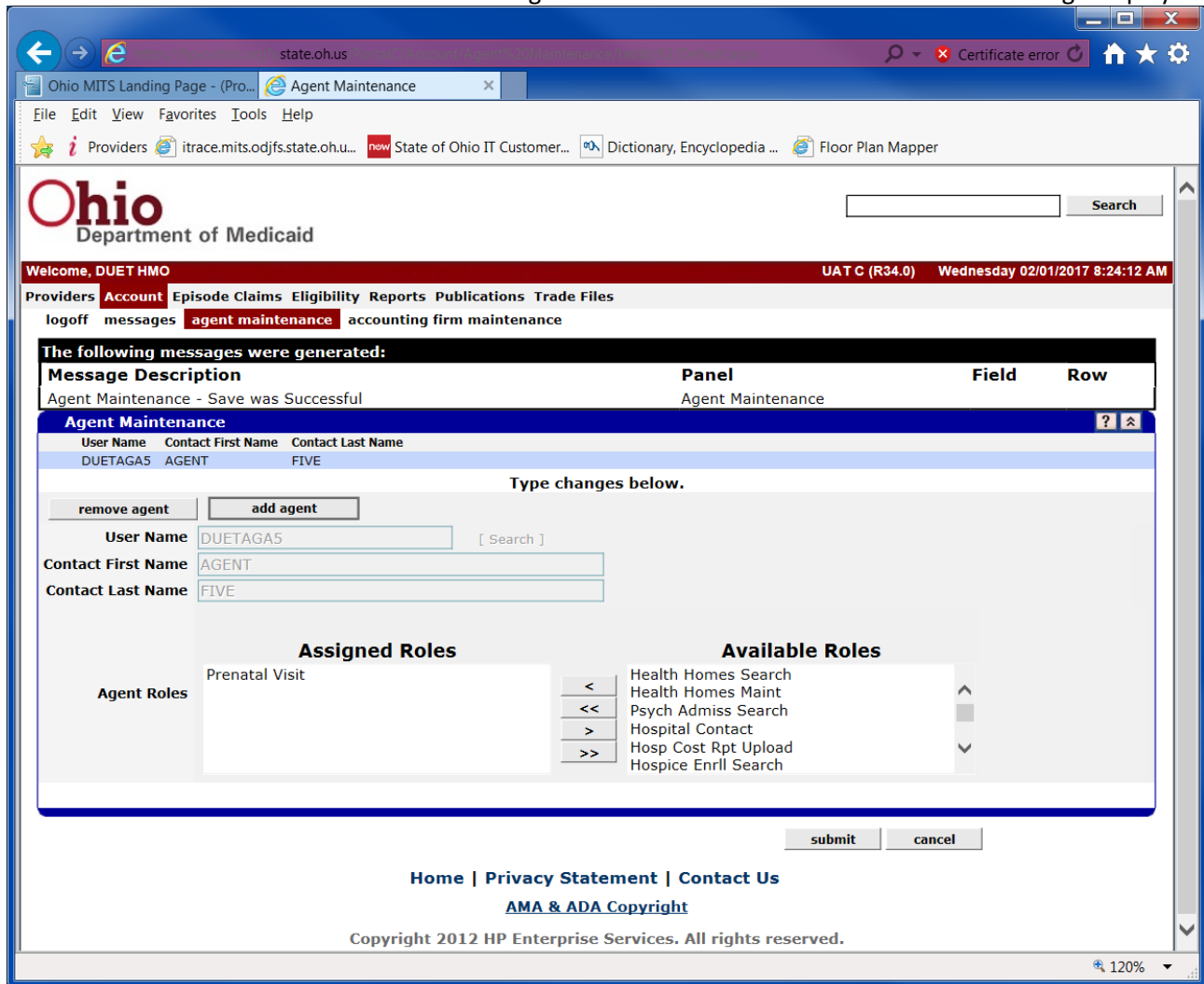
4. Click the add agent button and enter the User Name in the field

The screenshot displays the 'Agent Maintenance' interface within a web browser. The browser's address bar shows 'state.oh.us'. The page header includes the Ohio Department of Medicaid logo and a search bar. A navigation bar contains links for 'Providers', 'Account', 'Episode Claims', 'Eligibility', 'Reports', 'Publications', and 'Trade Files'. Below this, there are links for 'logoff', 'messages', 'agent maintenance', and 'accounting firm maintenance'. The main content area is titled 'Agent Maintenance' and features a table with columns for 'User Name', 'Contact First Name', and 'Contact Last Name'. Below the table, there are two buttons: 'remove agent' and 'add agent'. A red arrow points to the 'add agent' button. The form fields are filled with: '*User Name' as 'DUETAGAS', 'Contact First Name' as 'AGENT', and 'Contact Last Name' as 'FIVE'. Below the form, there are two sections: 'Assigned Roles' (currently empty) and 'Available Roles' (listing: Health Homes Search, Health Homes Maint, Psych Admiss Search, Hospital Contact, Hosp Cost Rpt Upload, and Hospice Enrll Search). At the bottom of the form, there are 'submit' and 'cancel' buttons. The footer contains links for 'Home', 'Privacy Statement', and 'Contact Us', along with 'AMA & ADA Copyright' and a copyright notice for 2012 HP Enterprise Services.

5. Scroll down on the Available Roles column, highlight the desired role “Prenatal Visit” and click the “<” button. The role show in the Assigned roles column.

The screenshot displays the 'Agent Maintenance' interface. At the top, there is a navigation bar with links for 'Providers', 'Account', 'Episode Claims', 'Eligibility Reports', 'Publications', and 'Trade Files'. The 'agent maintenance' link is currently selected. Below this, the 'Agent Maintenance' window is open, showing a form to 'Type data below for new record.' The form includes fields for '*User Name' (DUETAGAS), 'Contact First Name' (AGENT), and 'Contact Last Name' (FIVE). Below the form, there are two columns: 'Assigned Roles' and 'Available Roles'. The 'Available Roles' list contains several roles, with 'Prenatal Visit' highlighted in blue. A red arrow points to the left arrow button (<) between the two columns, indicating the action to move the selected role to the assigned list. The page also features a navigation menu, a search bar, and a footer with copyright information.

6. Click the submit button to save. The “Agent Maintenance - Save was Successful” message displays.



You are now set up to enter Notifications of Pregnancy (PRAFs) into the NurtureOhio PRAF 2.0 system.

Test your login on the MITS portal <https://ssopro.mits.odjfs.state.oh.us/>. If the login is successful, you should not receive an error message. After logging in, please make sure that you click on the “secure provider portal link”. This may take you back to the log in screen. If it does, enter your user name password again. You should then see a blank screen.

Please note, set up as a prenatal visit only allows limited access to the MITS portal. **If you only have the Prenatal Visit Agent Role and no other Agent Roles in MITS, you should not be able to access anything in the MITS portal.** Your MITS user name and password are solely for entering in pregnancy notifications into the Nurture Ohio website.

Test your login on the NurtureOhio website (www.nurtureohio.com) by selecting MITS from the drop down menu and using your MITS user id and password. If this is not successful, please check with your Administrator that the Prenatal Visit Role has been assigned.

If the Prenatal Visit Role has been assigned and you are still unable to log in. Please request your health system's provider ID and tax ID from your MITS administrator and call the Provider Call Center at: (800) 686-1516.

Appendix B : Quick Steps Guide

Quick Steps to Access the PRAF2.0/Nurture Ohio Web based System

Check box (√) to the right when step is complete	(√)																		
1. Identify individuals responsible to enter data into PRAF 2.0	<input type="checkbox"/>																		
<p>2. Create MITS User account at https://portal.ohmits.com/Public/Providers/tabId/43/Default.aspx .</p> <p>If you already have MITS account, progress to step 3.</p> <p>Note: This username and password will be used in the Nurture Ohio system/PRAF 2.0 *If you forget your username and password, return to MITS system to reset.</p> <table border="1" data-bbox="207 499 1409 1142"> <tr> <td data-bbox="207 499 1409 583">a. Locate Agent setup box – right side of screen, 4th box down. Select “click here to set up your agent account.”</td> <td data-bbox="1409 499 1502 583"></td> </tr> <tr> <td data-bbox="207 583 1409 667">b. Read terms of service and scroll to end. If you agree, click “YES, I have read agreement” and check the “I AGREE” button.</td> <td data-bbox="1409 583 1502 667"></td> </tr> <tr> <td data-bbox="207 667 1409 751">c. Register as an agent by completing all fields with “*” Also include: First Name, Last Name, and Email Address</td> <td data-bbox="1409 667 1502 751"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="207 751 1409 867">d. Enter username and password. Be sure credentials meet security criteria listed on the right side of screen. (*Remember these for future use. They will be used to log-in to Nurture Ohio website)</td> <td data-bbox="1409 751 1502 867"></td> </tr> <tr> <td data-bbox="207 867 1409 909">e. After completing all appropriate fields, click the “register” button</td> <td data-bbox="1409 867 1502 909"></td> </tr> <tr> <td data-bbox="207 909 1409 951">f. After <i>30 minutes</i>, re-access the MITS system again using URL in Step 2.</td> <td data-bbox="1409 909 1502 951"></td> </tr> <tr> <td data-bbox="207 951 1409 1035">g. Go to right side of screen under “Login to secure site” and select “click here to login”</td> <td data-bbox="1409 951 1502 1035"></td> </tr> <tr> <td data-bbox="207 1035 1409 1108">h. Use your newly created Login and Password, confirm you have read the agreement and click the “Login” button.</td> <td data-bbox="1409 1035 1502 1108"></td> </tr> <tr> <td data-bbox="207 1108 1409 1142">i. Select “My Information” and complete challenge questions</td> <td data-bbox="1409 1108 1502 1142"></td> </tr> </table>	a. Locate Agent setup box – right side of screen, 4 th box down. Select “click here to set up your agent account.”		b. Read terms of service and scroll to end. If you agree, click “YES, I have read agreement” and check the “I AGREE” button.		c. Register as an agent by completing all fields with “*” Also include: First Name, Last Name, and Email Address	<input type="checkbox"/>	d. Enter username and password. Be sure credentials meet security criteria listed on the right side of screen. (*Remember these for future use. They will be used to log-in to Nurture Ohio website)		e. After completing all appropriate fields, click the “register” button		f. After <i>30 minutes</i> , re-access the MITS system again using URL in Step 2.		g. Go to right side of screen under “Login to secure site” and select “click here to login”		h. Use your newly created Login and Password, confirm you have read the agreement and click the “Login” button.		i. Select “My Information” and complete challenge questions		<input type="checkbox"/>
a. Locate Agent setup box – right side of screen, 4 th box down. Select “click here to set up your agent account.”																			
b. Read terms of service and scroll to end. If you agree, click “YES, I have read agreement” and check the “I AGREE” button.																			
c. Register as an agent by completing all fields with “*” Also include: First Name, Last Name, and Email Address	<input type="checkbox"/>																		
d. Enter username and password. Be sure credentials meet security criteria listed on the right side of screen. (*Remember these for future use. They will be used to log-in to Nurture Ohio website)																			
e. After completing all appropriate fields, click the “register” button																			
f. After <i>30 minutes</i> , re-access the MITS system again using URL in Step 2.																			
g. Go to right side of screen under “Login to secure site” and select “click here to login”																			
h. Use your newly created Login and Password, confirm you have read the agreement and click the “Login” button.																			
i. Select “My Information” and complete challenge questions																			
<p>3. Identify MITS Administrator for your practice. <i>Please note: They are often located in the billing department. If unsure, check with office manager.</i> Get assistance with identifying this person at either:</p> <p>a. Medicaid Provider Call Center 1800-686-1516</p> <p>b. Progesterone_PIP@medicaid.ohio.gov (Have NPI#, Tax ID and Practice address available)</p> <p>*For future reference - Write in MITS Administrator Name and eMail: _____</p>	<input type="checkbox"/>																		
<p>4. Send email to MITS Administrator</p> <p>a. Provide your MITS User ID and Office Tax ID</p> <p>b. Request to be assigned the Prenatal Visit Agent Role.</p> <p>c. Ask to be notified when the role has been assigned.</p> <p>d. Advise them to follow the instructions on page 23-28 of Provider User Manual</p>	<input type="checkbox"/>																		
5. After the Prenatal Visit Role Agent is assigned, go to the Nurture Ohio website	<input type="checkbox"/>																		
<p>6. On the Nurture Ohio website – Select “MITS” from the system drop down menu and log in with your MITS user ID and Password.</p> <p><i>*If you forget your Username or Password Return to MITS site in Step 2 to reset</i></p>	<input type="checkbox"/>																		
7. Click “log-in”	<input type="checkbox"/>																		

Congratulations! You have successfully accessed the PRAF 2.0 – Nurture Ohio Website

References:

1. Ohio Department of Medicaid website: <https://www.medicaid.ohio.gov/Provider/PRAF>
2. Provider User Manual: Step by Step Screen shots at <https://medicaid.ohio.gov/Portals/0/Providers/PRAF/ProviderUserManual.pdf?ver=2017-09-18-111142-680>