



Maternal & Infant Support ROP Provider Toolkit

Community Based Organizations

Maternal & Infant Support ROP Provider Toolkit for Community Based Organizations

An Introduction

This Toolkit was created by the All MCO Collaborative as a resource guide for Community Based Organizations submitting the Report of Pregnancy (ROP) electronically through the NurtureOhio portal.

The Kit provides an overview of the Report of Pregnancy, how it functions to support pregnant women throughout the perinatal and postpartum periods and instructions for obtaining access to and submitting ROPs through the NurtureOhio portal.

For a complete guide to Community Based Submissions please consult the following resource. [NurtureOhio CBO User Guide](#)



Report of Pregnancy Training Community Based Organizations



Report of Pregnancy (ROP)



- Purpose:** Identifies Medicaid Member's pregnancy and assists with eligibility and care coordination.
- Goal:** Connecting Member to obstetrical care and other services and to ensure coverage throughout the prenatal and postpartum period.
- Timing:** Providers submit the ROP at the first positive pregnancy screening.
- Providers:** Non-OBGYN Providers may submit the report of Pregnancy
Examples: CBOs, Primary Care Providers, Urgent Care, Same Day Care Centers, Emergency Rooms, Health Departments and Doulas.
- Access:** Users must obtain access to Nurture Ohio to submit the Report of Pregnancy

Electronic Notification of Pregnancy

Nurture Ohio

Report of Pregnancy (ROP)

01

Creates Real-Time
Notification and
Engagement

02

Maintains Enrollment
and Eligibility through
Postpartum Period

03

Identifies Medical and
SDOH Needs for
Enhanced Care
Coordination

04

Creates Notification and
Referral to Resources:

- MCOs
- WIC and HV
- ODM and JFS
- ODH and DCY

ROP to PRAF

Two Forms of Pregnancy Notification for Ohio Medicaid Members

Report of Pregnancy (ROP)

- **Community and Primary Care**
*CBOs, PCP, ER, Urgent Care, Health Department and Doulas**
- **Nurture Ohio**
- **Single Submission**
Pregnancy Confirmation

Perinatal Risk Assessment (PRAF)

- **OBGYN and Prenatal Providers**
- **Nurture Ohio**
- **Up to Six (6) Submissions**
1st Prenatal, Change in Risk (Medical or SDOH), Postpartum

** Doulas eligible to Submit ROPs Effective October 1, 2025*

[ROP CBO User Guide](#)

Obtaining Access

ROP

CBO Users

Step One:

- Your organization's designated lead Hub or entity individual will complete the NurtureOhio user Change Request form for any staff member who will submit a Report of Pregnancy (ROP).
 - Requests New User Form:
MomsAndBabies@medicaid.ohio.gov
- Lead will complete Microsoft Access Form
- Confirmation Email will be sent



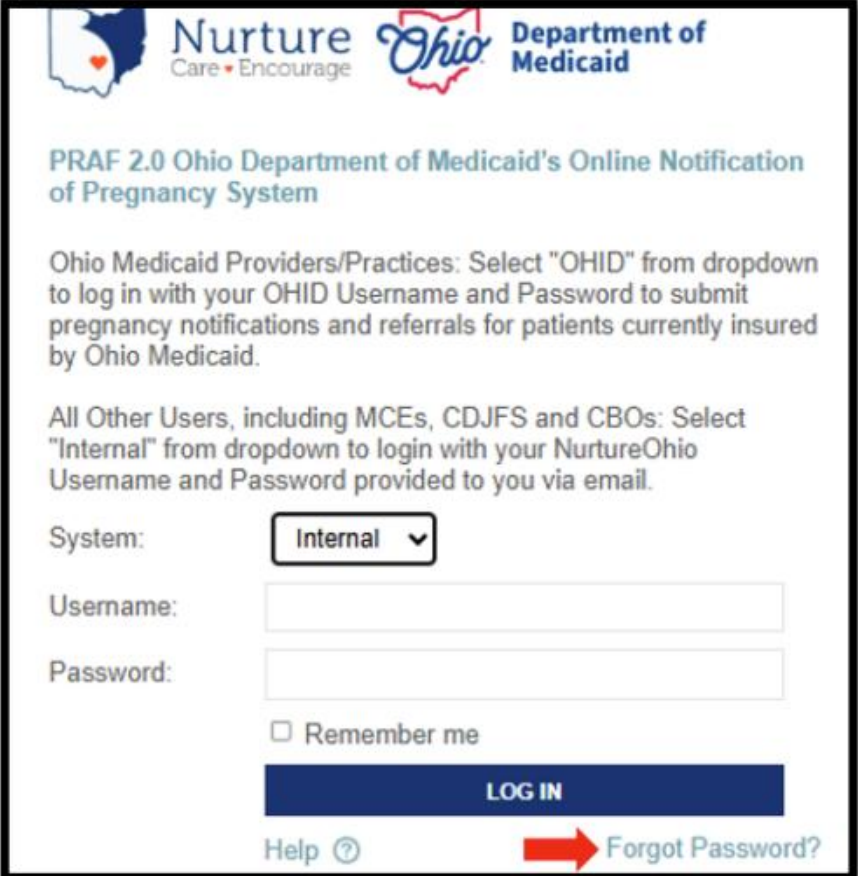
PRAF 2.0 NurtureOhio Interface: Community Based Organizations User Guide

[ROP CBO User Guide](#)

Report of Pregnancy by the Numbers

Step Two

- New User Selects
“Internal”
- Enter Email in Username
- Click “Forgot Password”
- System Password Reset
Prompt to Email



The screenshot shows the login interface for the PRAF 2.0 system. At the top, there are logos for 'Nurture Care + Encourage', 'Ohio', and 'Department of Medicaid'. The title is 'PRAF 2.0 Ohio Department of Medicaid's Online Notification of Pregnancy System'. Below this, instructions are provided for two types of users: Ohio Medicaid Providers/Practices (who select 'OHID') and All Other Users (who select 'Internal'). The 'System' dropdown menu is currently set to 'Internal'. There are input fields for 'Username' and 'Password'. A 'Remember me' checkbox is present. A blue 'LOG IN' button is at the bottom. To the right of the button is a red arrow pointing to a 'Forgot Password?' link. A 'Help' link with a question mark icon is also visible.

Nurture Care + Encourage Ohio Department of Medicaid

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

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

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

System:

Username:

Password:

☐ Remember me

[LOG IN](#)

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



The screenshot shows the 'Lost your password?' form. It has a title 'Lost your password?' and a prompt 'Enter the e-mail address associated with your account.' Below this is an 'Email' label followed by a text input field. A red arrow points from the input field to a red 'SUBMIT' button.

Lost your password?

Enter the e-mail address associated with your account.

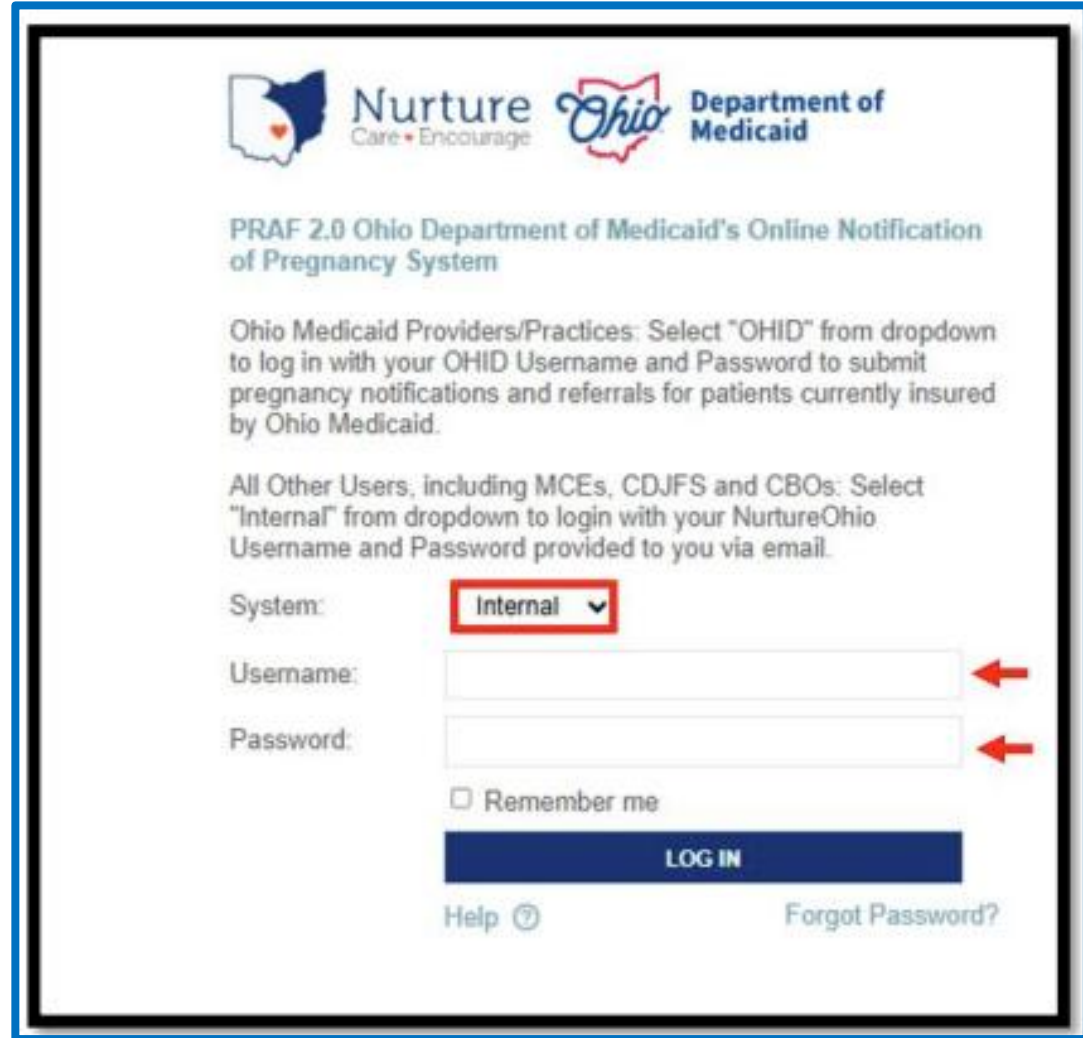
Email

[SUBMIT](#)

Report of Pregnancy by the Numbers

Step Three

- User Selects “Internal”
- Enter Email Username
- Enter Password



The screenshot shows the login interface for the PRAF 2.0 system. At the top, there are logos for Nurture Care + Encourage and the Ohio Department of Medicaid. Below the logos, the title "PRAF 2.0 Ohio Department of Medicaid's Online Notification of Pregnancy System" is displayed. Two paragraphs of instructions follow: one for Ohio Medicaid Providers/Practices (selecting "OHID") and another for all other users (selecting "Internal"). The "System:" dropdown menu is set to "Internal" and is highlighted with a red box. Below this are input fields for "Username:" and "Password:", each with a red arrow pointing to it. A "Remember me" checkbox is present below the password field. A blue "LOG IN" button is at the bottom, with "Help ?" and "Forgot Password?" links below it.

 Nurture
Care + Encourage  Ohio
Department of
Medicaid

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

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

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

System: Internal ▼

Username: 

Password: 

☐ Remember me

LOG IN

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

Update New User Profile

Nurture ROPs Video Library Help CBO One Logout

Users Edit User Profile

New User Profile Setup

Welcome to Nurture Ohio!

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

USER INFORMATION

First Name Last Name

User Type

Email / Username

New Password

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

CBO

 **SAVE & BEGIN**

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

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



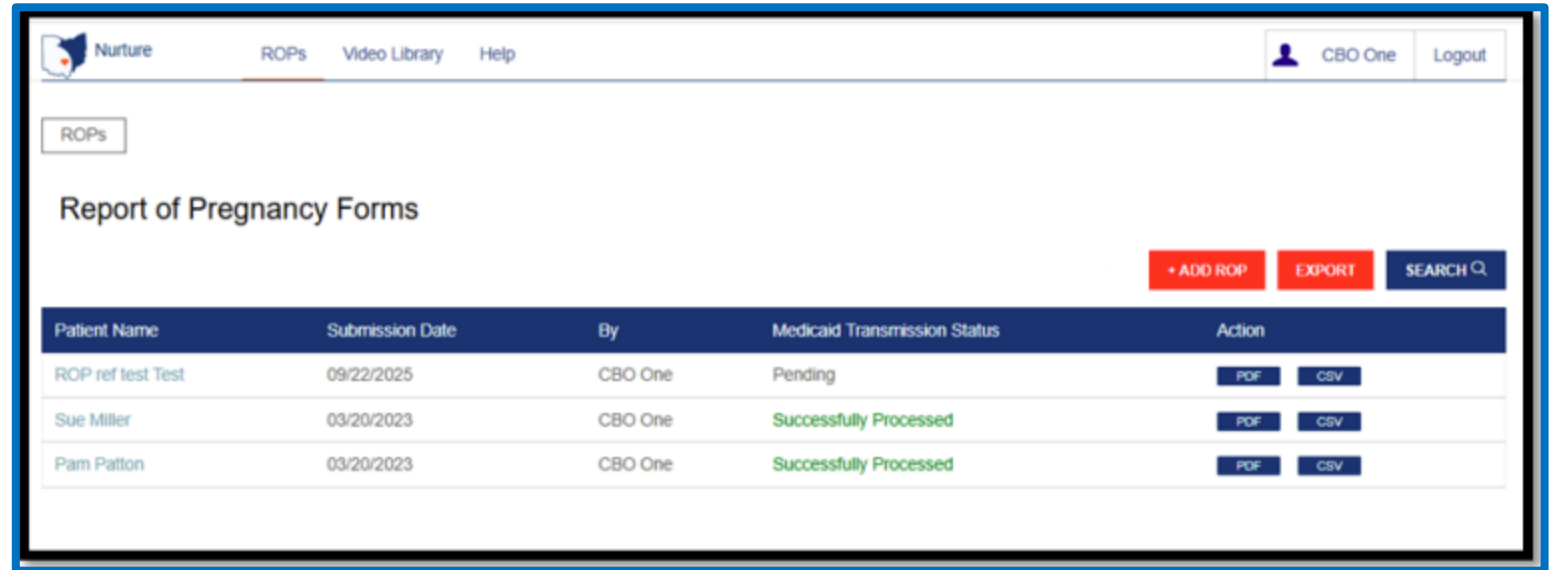
Report of Pregnancy Submission CBO



Welcome Page Report of Pregnancy (ROP)

ACTIONS

- View Submitted ROPs
- Export Forms to CSV
- Search
 - DOS
 - Date of Creation
 - DOB
 - Patient Name
 - Transmission Status
- ADD ROP

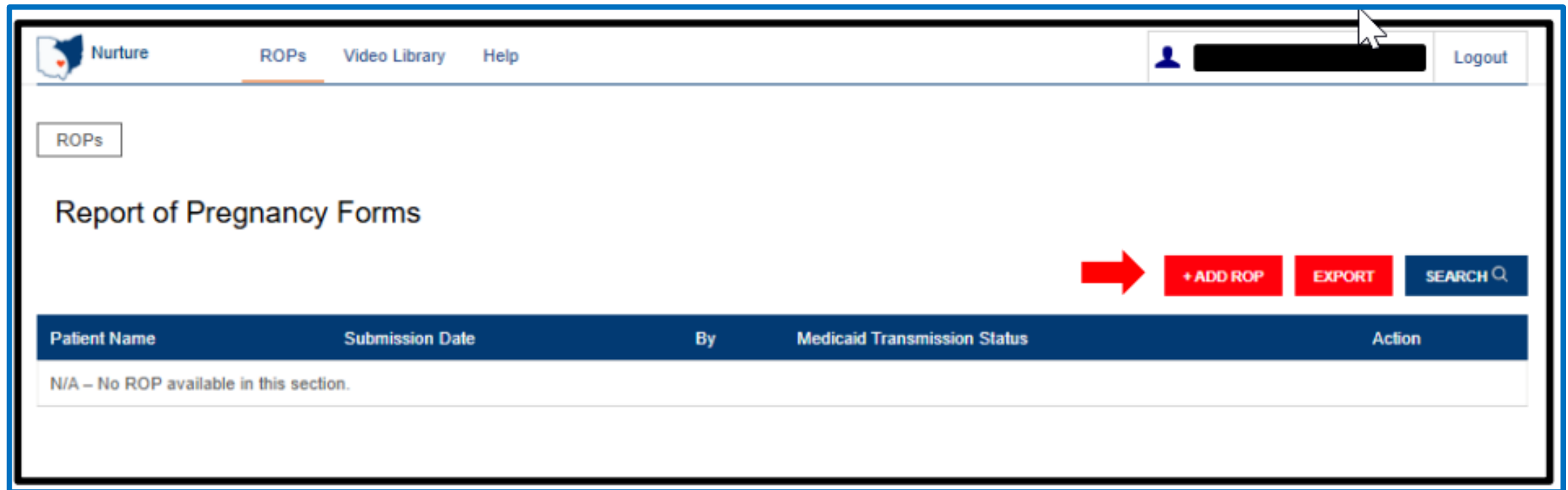


The screenshot shows the 'Report of Pregnancy Forms' page in the Nurture system. The page has a header with the Nurture logo, navigation links for ROPs, Video Library, and Help, and user information for CBO One with a Logout button. Below the header is a 'ROPs' tab and the title 'Report of Pregnancy Forms'. On the right side, there are three buttons: '+ ADD ROP' (red), 'EXPORT' (red), and 'SEARCH' (blue) with a magnifying glass icon. The main content is a table with five columns: Patient Name, Submission Date, By, Medicaid Transmission Status, and Action. The table contains three rows of data. Each row has 'PDF' and 'CSV' buttons in the Action column.

Patient Name	Submission Date	By	Medicaid Transmission Status	Action
ROP ref test Test	09/22/2025	CBO One	Pending	PDF CSV
Sue Miller	03/20/2023	CBO One	Successfully Processed	PDF CSV
Pam Patton	03/20/2023	CBO One	Successfully Processed	PDF CSV

How to Submit a Report of Pregnancy (ROP)

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



The screenshot displays the 'Nurture' application interface. The top navigation bar includes 'Nurture', 'ROPs', 'Video Library', and 'Help'. On the right, there is a user profile icon, a blacked-out username, and a 'Logout' link. Below the navigation bar, a 'ROPs' tab is selected. The main heading is 'Report of Pregnancy Forms'. To the right of this heading, a red arrow points to a red button labeled '+ ADD ROP'. Next to it are 'EXPORT' and 'SEARCH' buttons. Below these buttons is a table with the following headers: 'Patient Name', 'Submission Date', 'By', 'Medicaid Transmission Status', and 'Action'. The table body contains a single row with the text 'N/A – No ROP available in this section.'

Patient Validation

Validation Fields

- Medicaid ID
or
Social Security
Number (9-digit)
- Patient Name
- Date of Birth
- Estimated Due Date

Patient Validation for ROP

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

Patient Medicaid ID

Patient First Name*

Patient Last Name*

Patient Social Security Number (9 digit - no dashes)

Patient Date Of Birth*

Estimated Due Date*

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

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

SUBMIT FOR VALIDATION

Note: If the information entered does not match, the user will have the opportunity to correct, re-validate, and resubmit.



Validate Client Sample ID Card

- The Patient's Medicaid ID may be found on the Medicaid card as shown in the graphic below

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

Every Ohio Medicaid managed care member should use this card

Annotations:

- A member's ID number can be found here (points to Member ID Number)
- A member's primary care provider's name and phone number can be found here (points to Primary Care Provider)
- When a member's ID card was issued can be found here (points to Issuance Date)
- If a member has questions or an emergency related to their benefits, they can use the phone numbers located here (points to Member Services / 24 Hour Emergency Services / OhioRise Member Service)
- If a member is enrolled in OhioRise, they will have the OhioRise and Aetna logo here (points to OhioRise and Aetna logos)
- All member pharmacy information can be found here (points to Pharmacy Benefit section)

Card Fields:

- <MCO Logo Here>
- Member Services | Phone: 000-000-0000
- 24 Hour Emergency Services | Phone: 000-000-0000
- OhioRise Member Service | Phone: 833-711-0773
- Member Name: JaneHasVeryLongName
Veryloooooonglastname
- Member ID Number: 000000000000
- Plan ID Number: 000000000000
- OhioRise logo
- Aetna logo
- Primary Care Provider: Dr. John Doe
Phone: 000-000-0000
- Issuance Date: MM/DD/YYYY
- Pharmacy Benefit: **ganwell**
Rx: B00-004251
Rx PCN: OH000W00
Phone: 833-888-0344
CSP Enrolled
Use Member ID for Billing

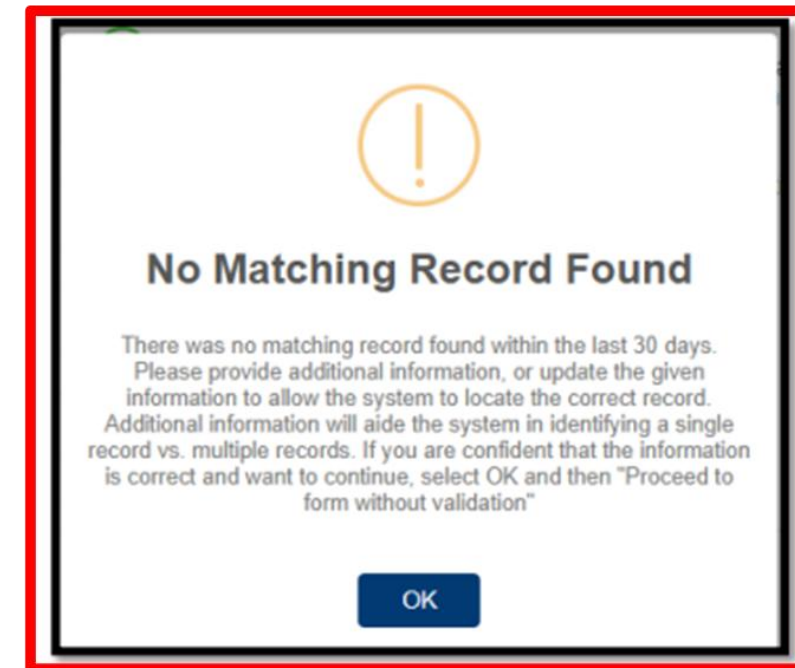
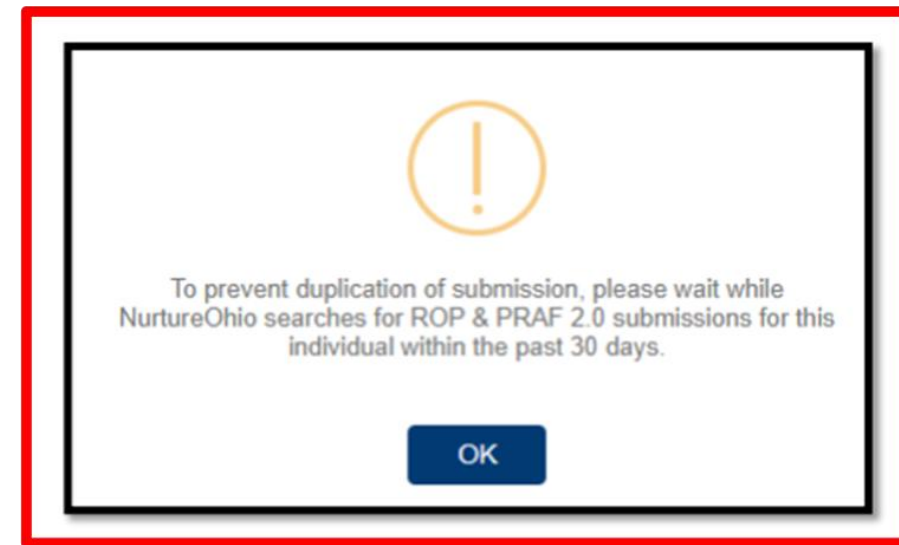
Validate Client

At validation, Nurture searches for ROP Submissions in the last 30 Days to avoid duplicate submissions.

Select “OK”

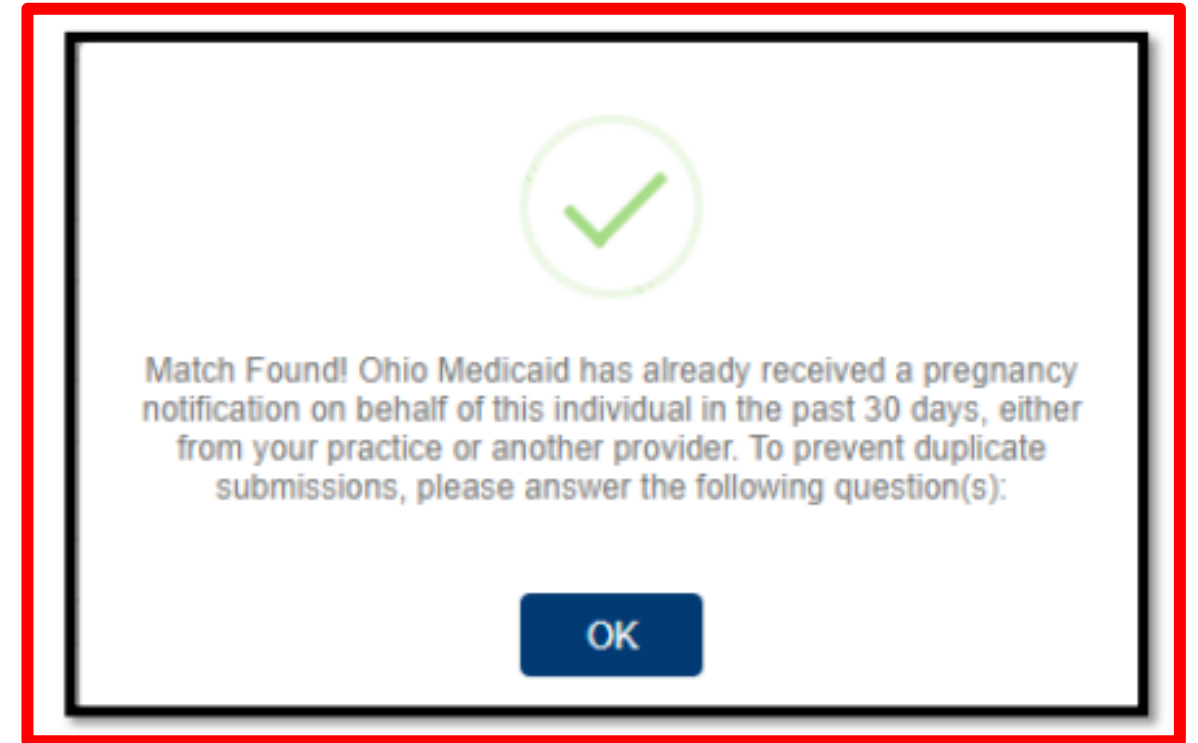
If the system does not identify an ROP submitted in past 30 days for this Member, the User will be notified that “No Matching Record Found”.

Select “OK” and begin submission.



Validation Process

- If Nurture identifies a ROP submitted in the past 30 days, the User will receive the following notification.
 - Select “OK” to Continue
- *Note: If an ROP has been submitted in the past 30 days, the user must answer questions regarding a change in health or social risk in order to proceed with the submission.*



Common Errors

- The red “X” indicates that the information provided does not match the Medicaid Record for the client/patient and needs to be addressed
- Common Errors Include:
 - Invalid/Missing Date of Service
 - Invalid or Missing DOB, Medicaid ID or Client Name
 - Client Not Found
 - Inactive Coverage



Example: Failed Validation

Patient Validation for ROP

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

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

Patient Medicaid ID

Patient First Name*

Patient Last Name*

Patient Social Security Number (9 digit - no dashes)

Patient Date Of Birth*

Estimated Due Date*

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

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

[PROCEED TO FORM WITHOUT VALIDATION](#) [SUBMIT FOR VALIDATION](#)



To Proceed with the Validation

- 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

Patient Validation for ROP

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

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

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**



Data Fields

- Date Seen
- Infant Mortality Lead Entity or Pathway HUB Detail
- Community Based Organization Detail
- MCO Name
- Patient Medicaid ID
- Patient DOB
- Patient Full Name

Report of Pregnancy Form

*Date Seen
[Redacted]

*Infant Mortality Lead Entity or Pathway HUB
[Redacted]

*Lead Entity/HUB Street Address
[Redacted]

*Lead Entity/HUB City
[Redacted]

*Lead Entity/HUB State
[Redacted]

*Lead Entity/HUB Zip
[Redacted]

*Lead Entity/HUB Telephone Number
[Redacted]

Community Based Organization Name
[Redacted]

CBO Street Address
[Redacted]

CBO City
[Redacted]

CBO State
[Redacted]

CBO Zip
[Redacted]

CBO Phone
[Redacted]

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

Patient Medicaid ID [Redacted] ☐ Patient Medicaid ID Not Known

Patient Social Security Number
[Redacted]

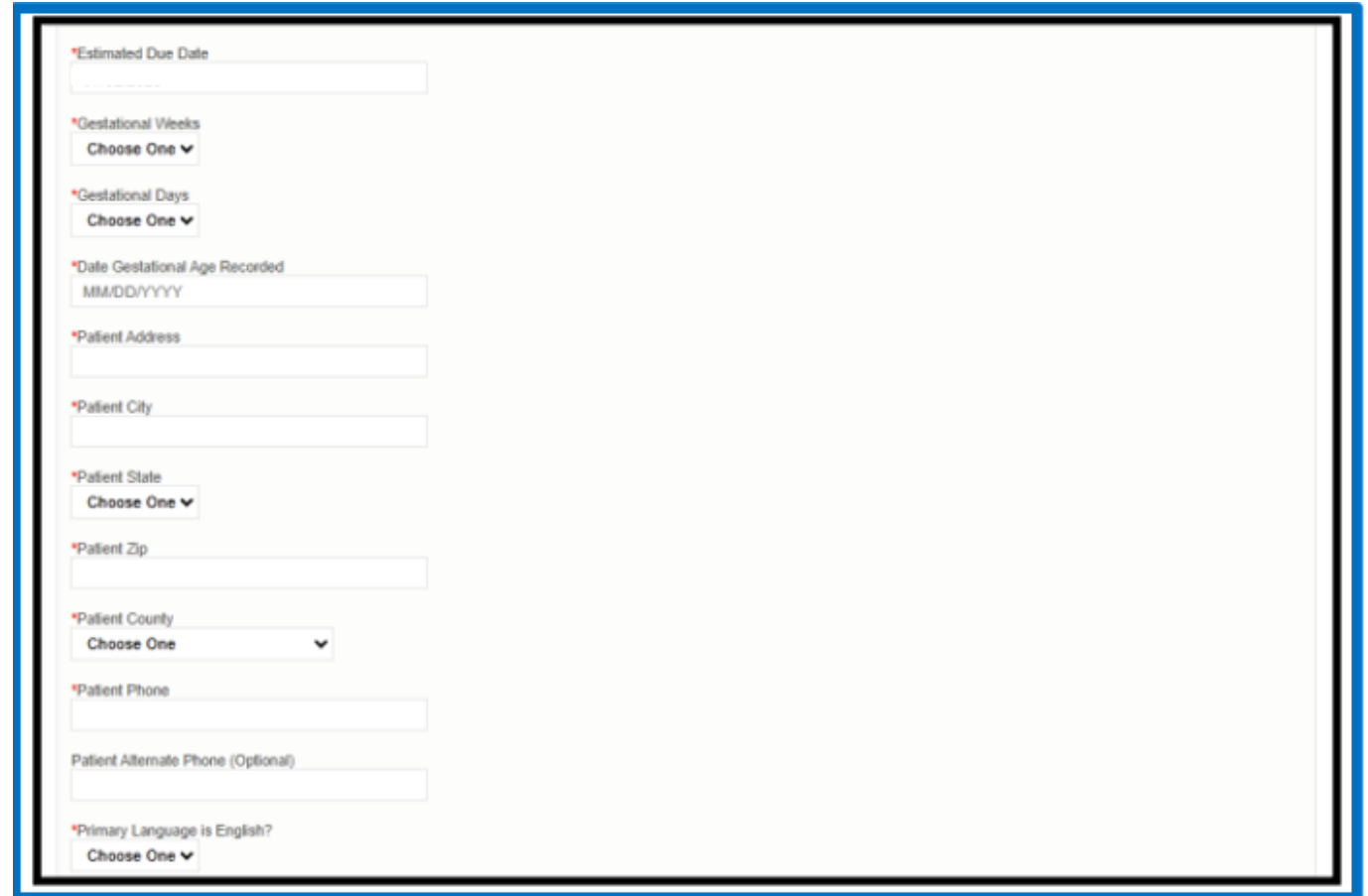
*Patient Date of Birth
[Redacted]

*Patient First Name
[Redacted]

*Patient Last Name
[Redacted]

Data Fields

- Estimated Due Date
- Gestational Weeks/Days
- Date Gestational Age Recorded
- Client Address
- Client Phone Number
- Primary Language



*Estimated Due Date
[Text Field]

*Gestational Weeks
Choose One ▼

*Gestational Days
Choose One ▼

*Date Gestational Age Recorded
MM/DD/YYYY

*Patient Address
[Text Field]

*Patient City
[Text Field]

*Patient State
Choose One ▼

*Patient Zip
[Text Field]

*Patient County
Choose One ▼

*Patient Phone
[Text Field]

Patient Alternate Phone (Optional)
[Text Field]

*Primary Language is English?
Choose One ▼

Date Fields

- Patient Email
- Preferred Method for Contact
- Ethnicity/Race
- Name CBO Contact for MCO Outreach



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:



Referrals

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

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

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

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

Assistance scheduling appointments?

Patient has a prenatal visit appointment scheduled.

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



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

Important Note on Referrals

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

☒ My patient would benefit from a referral to WIC.

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

☐ Permission is given for text messages about Home Visitation

SUBMIT



Note: If required areas are missing from the document, the user will be directed to those areas for correction or addition of information. **Missing information is outlined in red.**

Nurture Forms Reassigned Forms Data Uploads Analytics Video Library Help MCP Caresource, Cares... Logout

ROPs

Report of Pregnancy Form

*Source of Data
Choose One ▼

*Date of Service
MM/DD/YYYY

*Claims Data
Choose One ▼

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

*Patient Medicaid ID

[Redacted]

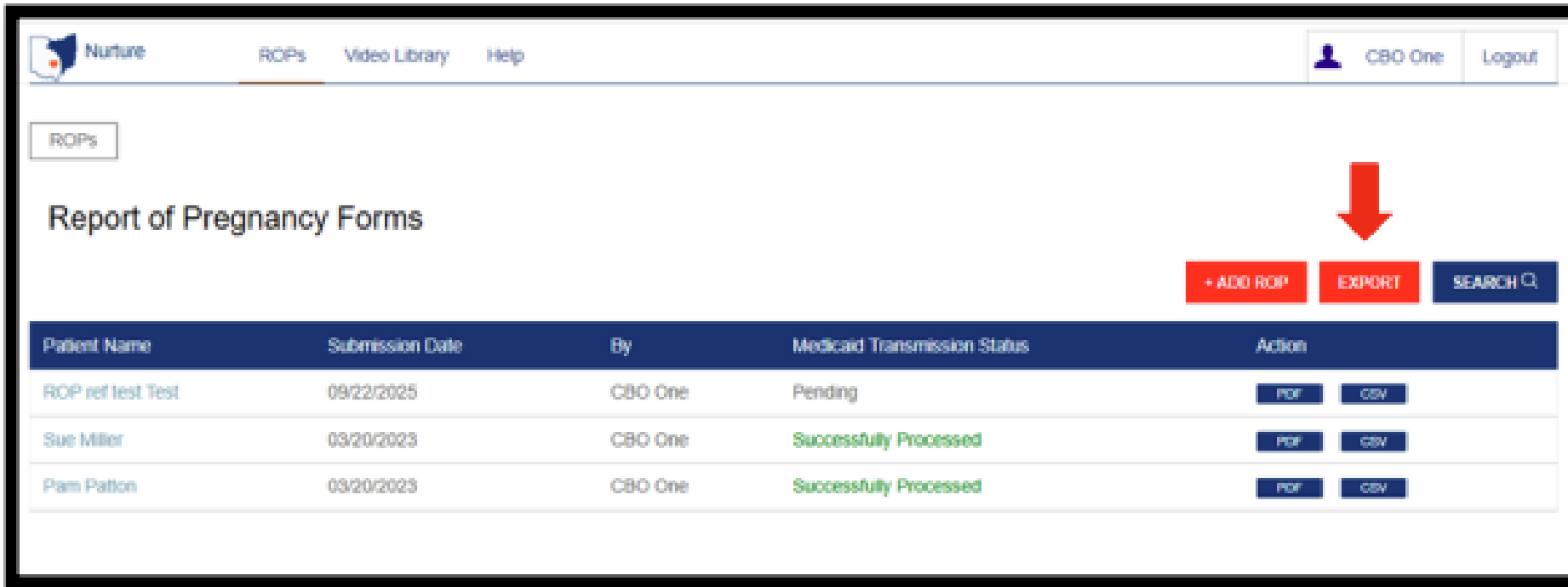


Form Completed!

ROP has been successfully submitted.

OK

Exporting the ROP



The screenshot shows the 'Report of Pregnancy Forms' page. At the top, there are navigation links: 'ROPs' (selected), 'Video Library', and 'Help'. On the right, there are user links: 'CBO One' and 'Logout'. Below the navigation, there is a red button '+ ADD ROP', a red button 'EXPORT' (highlighted with a red arrow), and a blue button 'SEARCH' with a magnifying glass icon. Below these buttons is a table with the following data:

Patient Name	Submission Date	By	Medicaid Transmission Status	Action
ROP ref test Test	09/22/2025	CBO One	Pending	PDF CSV
Sue Miller	03/20/2023	CBO One	Successfully Processed	PDF CSV
Pam Patton	03/20/2023	CBO One	Successfully Processed	PDF CSV

Select Export ~ File Saved to Default Download Folder

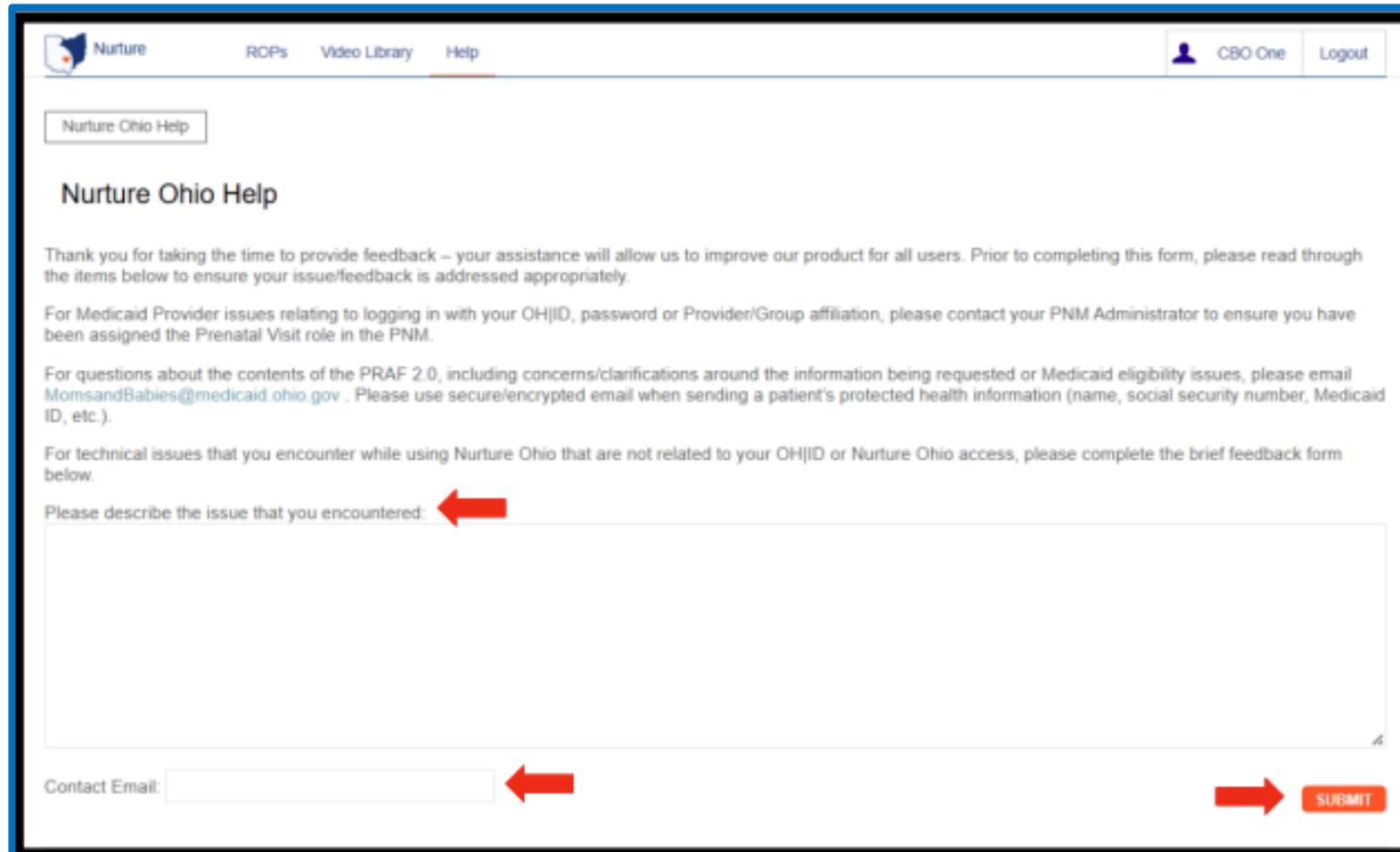


This close-up shows the 'EXPORT' button being clicked. A red dialog box appears with the text 'Export Custom Date(s) - CSV'. Below the dialog, the 'CSV' button is highlighted, indicating the file format for export.

ROP Support



This screenshot shows the top navigation bar of the Nurture Ohio application. It includes the Nurture Ohio logo on the left, followed by links for 'ROPs', 'Video Library', and 'Help'. The 'Help' link is highlighted with a red rectangular box, and a red arrow points to it from the right. On the right side of the bar, there is a user profile icon labeled 'CBO One' and a 'Logout' button.



This screenshot shows the 'Nurture Ohio Help' form. At the top, there is a 'Nurture Ohio Help' tab. The main heading is 'Nurture Ohio Help'. Below this, there is a paragraph of text: 'Thank you for taking the time to provide feedback – your assistance will allow us to improve our product for all users. Prior to completing this form, please read through the items below to ensure your issue/feedback is addressed appropriately.' This is followed by two paragraphs of instructions: 'For Medicaid Provider issues relating to logging in with your OHJID, password or Provider/Group affiliation, please contact your PNM Administrator to ensure you have been assigned the Prenatal Visit role in the PNM.' and 'For questions about the contents of the PRAF 2.0, including concerns/clarifications around the information being requested or Medicaid eligibility issues, please email MomsandBabies@medicaid.ohio.gov. Please use secure/encrypted email when sending a patient's protected health information (name, social security number, Medicaid ID, etc.).' and 'For technical issues that you encounter while using Nurture Ohio that are not related to your OHJID or Nurture Ohio access, please complete the brief feedback form below.' Below these instructions, there is a text input field with the label 'Please describe the issue that you encountered:'. A red arrow points to this field from the left. At the bottom left, there is a 'Contact Email:' label followed by a text input field. A red arrow points to this field from the left. At the bottom right, there is a red 'SUBMIT' button. A red arrow points to this button from the left.

Help Form