



Maternal & Infant Support PRAF and ROP Provider Toolkit

Resources for Health Systems, Medical Groups, FQHCs, Rural Health Clinics and Health Departments

Maternal & Infant Support PRAF and ROP Provider Toolkit Resources for Health Systems, Medical Groups and FQHCs

An Introduction

This Toolkit was created by the All MCO Collaborative as a resource guide for Ohio Medicaid Providers submitting the Perinatal Risk Assessment Form (PRAF) or the Report of Pregnancy (ROP) electronically through the NurtureOhio portal.

The Kit is divided into two (2) sections, a FAQ covering both PRAF and ROP, followed by Training Materials for access and submission through NurtureOhio.



What is the Perinatal Risk Assessment Form (PRAF)?

Obstetrical providers should submit a Perinatal Risk Assessment Form (PRAF) on behalf of their patients.

What is a PRAF?

The purpose of the Perinatal Risk Assessment Form (PRAF) is to provide early pregnancy notification and engagement between the member, provider and MCO with the goal of improving birth outcomes for Ohio Medicaid enrollees and those covered by the seven Managed Care Organizations.

The PRAF should be submitted during the first prenatal appointment, whenever there is a change in the patient's social or medical risk factors or needs and at the postpartum visit and up to six PRAFs may be reported per pregnancy.

The PRAF is submitted electronically through the NurtureOhio website. [NurtureOhio](#)

What is the Report of Pregnancy Form (ROP)?

Non – Obstetrical providers such as primary care providers, emergency department providers, local health department clinics, doulas, etc. should submit a Report of Pregnancy (ROP).

What is a ROP?

The purpose of the Report of Pregnancy (ROP) form is to capture a Medicaid individual's pregnancy as soon as possible to assist with eligibility and care coordination. ROPs are intended for submission at the first “positive pregnancy” screening. The goal is to connect the individual to obstetrical care and other services and ensure coverage throughout pregnancy and the postpartum period to optimize health care access and health outcomes for the mother and infant.

Certain Community Based Organizations (CBOs) may also submit ROPs. Details regarding access and submission for CBOs are included in a separate toolkit.

What are the similarities/differences between ROP and PRAF?

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

- Both PRAF and ROP Forms are submitted through NurtureOhio, linking members to services and insulating their coverage throughout the prenatal and postpartum period.
- Non – Obstetrical providers such as primary care providers, emergency department providers, urgent care centers, doulas, local health department clinics, CBOs etc. should submit a Report of Pregnancy (ROP). Provider users who submit ROPs are required to have an OH ID that is linked to the Provider Medicaid ID in the Provider Network Management (PNM) Module. Provider ROP users are not assigned the Prenatal Visit role in PNM.
- Obstetrical providers should submit a Perinatal Risk Assessment Form (PRAF) on behalf of their patients. Users who submits PRAFs are required to have an OH ID that is linked to the Provider Medicaid ID in the Provider Network Management (PNM) module. Provider PRAF users are granted access to the Prenatal Visit Role in PNM.

What is the role of the PRAF and ROP?

Assessment of risk and access to needed services directly impacts pregnancy related outcomes including maternal and infant mortality. As tools for early notification of pregnancy, both the PRAF and ROP act as catalysts to partnership and collaboration between Providers, the MCOs, local public health agencies, and community health programs to best address each individual patient's needs and risks.

For Members:

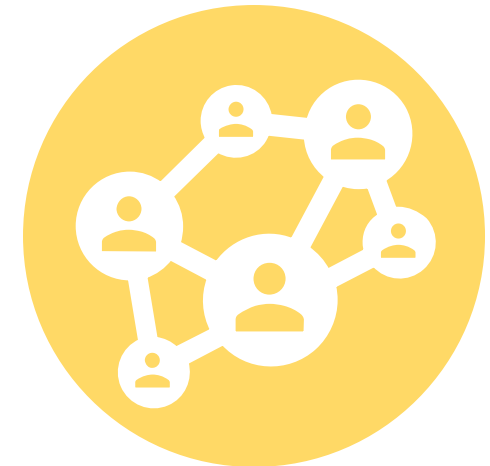
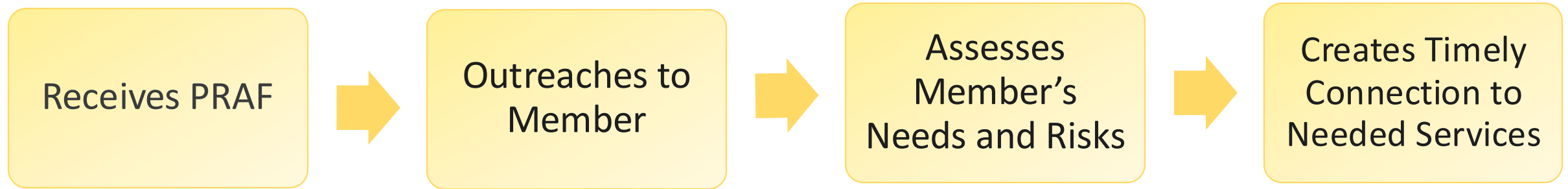
- Improves maternal and infant outcomes.
- Assists with maintenance of medicaid eligibility without disruption in coverage through the immediate post-partum period of 12 months post-delivery.
- Allows for the timely connection to added resources and care coordination.

For Providers:

- Integrates with the County Department of Job and Family Services, Managed Care Plan, WIC, ODH, DCY and Visiting Nurse Services.
- Informs the MCO and other entities of identified needs including physical, behavioral health and SDoH allowing care coordination and services.
- Maintains a pregnant woman's Medicaid eligibility without disruption in coverage-equating to prompt provider payment for services throughout mom's perinatal period.

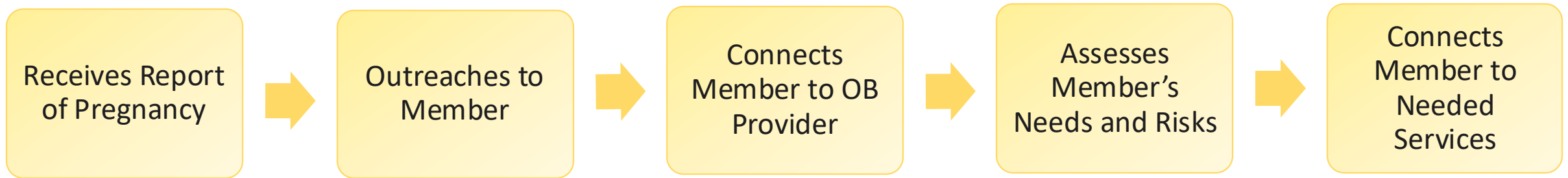
Managed Care Plan Goals & Process for PRAF

The MCO's goal is to connect the pregnant individual to needed services. Using the PRAF to ensure coverage throughout pregnancy and the post-partum period optimizes health outcomes for the mother and infant.



Managed Care Plan Goals & Process for ROP

The Managed Care Entity's goal is to connect the pregnant individual to obstetrical care and other needed services. Using the ROP to ensure coverage throughout pregnancy and the post-partum period optimizes health outcomes for the mother and infant.



How do I access the NurtureOhio system?

Nurture Ohio is a web-based system that stores and shares information about pregnancy and related needs. This information is collected using the electronic Perinatal Risk Assessment Form (PRAF 2.0) and the Report of Pregnancy (ROP).

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

- [NurtureOhio Login](#)
- [NurtureOhio Provider User Guide](#)

Note: Because Community Based Organizations (CBOs) are not affiliated with an enrolled Medicaid Provider, access to NurtureOhio is obtained through a separate process that is detailed in a separate toolkit.

How many PRAFs may be submitted during each pregnancy?

Six (6) Perinatal Risk Assessment Forms may be reimbursed during a pregnancy.

- Up to six (6) PRAFs may be submitted for each pregnancy.
 - Initial PRAF
 - Postpartum PRAF
 - Updated PRAF with a change in Medical or SDOH Condition
 - Examples*:
 - Specialist Referral
MFM, Perinatology, Endocrinology, Pediatric Specialists
 - Health condition that increases risk of preterm birth or poor birth outcome.
Preeclampsia, Gestational Diabetes, Conditions of the Cervix, Conditions of the Fetus
 - Behavioral Health Issues or Substance Use
 - SDOH Needs
Food or Housing Insecurity, Transportation, Communication Barriers

* Examples for discussion purpose only. List is not all inclusive.

Is there reimbursement for the PRAF?

Yes! There is reimbursement PRAF submissions.

The Ohio Department of Medicaid (ODM) published the Medicaid payment rule for the Perinatal Risk Assessment Form. This rule became effective on January 1, 2026. This grid provides coding and reimbursement guidelines. [MAL No 687 Payment for FFS Claims PRAF](#).

Submission Type	Coding Guidance	Rate
Electronic PRAF: Initial Submission	H1000 + 33 Modifier	\$90.00
Electronic PRAF: Subsequent Submissions	H1000 + TH modifier	\$45.00
Non-Electronic PRAF	H1000 (no modifier)	\$12.10

Is PRAF approved for Telehealth?

Yes! PRAF is included as a telehealth service effective January 1, 2026

The Ohio Department of Medicaid (ODM) has approved PRAF (HCPCS Code H1000) as a telehealth service effective on January 1, 2026.

- Tool for Prenatal Members with Barriers
- Standalone Service (may be billed independently)
- Reported with the GT modifier when performed as a telehealth service
- May satisfy the Comprehensive Maternal Care Measure – Access to Prenatal Care by Nine Weeks Gestation.

[ODM Telehealth Guide 2026](#)

How is PRAF reported as a Telehealth Service?

PRAF Telehealth Coding Guidance

- PRAF – Initial
 - H1000 33
 - H1000 33 GT (Initial Telehealth)
- PRAF – Follow-Up
 - H1000 TH
 - H1000 TH GT (Follow-up Telehealth)

How many ROPs may be submitted during each pregnancy?

The ROP is intended to be reported once during a pregnancy.

The Report of Pregnancy is submitted at the time of the first positive pregnancy screening and is reported in conjunction with an E&M not associated with a prenatal visit.

The ROP is reported once during each pregnancy and is submitted by a primary care clinician, urgent care, emergency room or county health department. A PRAF would then be reported at the time of the first prenatal encounter by the OBGYN or prenatal provider.

Effective October 2025, doulas were added to the list of providers approved to submit and receive reimbursement for ROPs. Because doulas do not report E&M services, the requirement for the ROP to be performed in conjunction with an E&M was removed for doulas.

[OAC 5160-21-04 Pregnancy Related Services](#)

[OAC 5160-8-43 Reproductive Health Services - Doula](#)

Is there reimbursement for the ROP?

Yes!! There is reimbursement for ROP submissions.

The Report of Pregnancy is submitted at the time of the first positive pregnancy screening and is reported in conjunction with an E&M service not associated with a normal obstetric/gynecology or prenatal visit. The ROP may be reimbursed when reported with HCPCS Code T1023.

Code + modifier	Description	Fee Schedule Amount*
HCPCS T1023	ROP electronic submission	\$30

Is the ROP approved for Telehealth?

Yes! ROP is included as a telehealth service effective January 1, 2026

The Ohio Department of Medicaid (ODM) has approved ROP (HCPCS Code T1023) as a telehealth service effective on January 1, 2026.

- Tool for Prenatal Members with Barriers
- Billed in conjunction with a non-prenatal E&M Service that may also be delivered via telehealth.
- Reported the GT modifier when performed as a telehealth service.

[ODM Telehealth Guide 2026](#)

How is the ROP reported as a Telehealth Service?

ROP Telehealth Coding Guidance

Report of Pregnancy ROP
HCPCS Code T1023 + Modifier GT

[ODM Telehealth Guide 2026](#)

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

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

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

Assistance scheduling appointments?

Patient has a prenatal visit appointment scheduled.

☐ My patient would benefit from a referral to WIC.

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

How do I refer my patient to an Obstetrical Care Provider?

The ROP acts a referral tool, identifying Members needing timely connection to prenatal care and other resources.

How do I refer my patient to an Obstetrical Care Provider?

The Managed Care Plans do not require referrals for Members to access Obstetrical services. For Practices wishing to review options for prenatal care, Network Providers can be found in each of the Managed Care Plan's Provider Directories or by contacting our Care Management Teams or Provider Services.

Managed Care Plan	Phone	Email
AmeriHealth Caritas Ohio	1-833-644-6001	AmeriHealth Caritas Care Management
Anthem	1-844-441-1505	Anthem Case Management
Buckeye Health Plan	1-866-246-4358	Buckeye Maternal Health Team
CareSource	1-833-230-2034	mbb@Caresource.com
Humana Healthy Horizons	1-877-856-5707	Humana Healthy Horizons Care Management
Molina Healthcare	1-800-642-4168	Molina Maternal and Child Health Team
United Healthcare	1-513-814-6069	UHC Care Management

Obtaining User Access

PRAF

Perinatal Risk Assessment Form

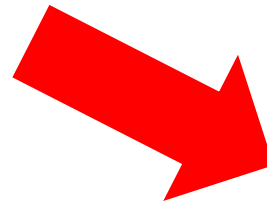


OH ID Access New Users: Getting Started

Step One: User Creates OH ID OH ID Access

The OHID is a unique ID for each user. It is tied to the user's email address.

[Quick Reference Guide: Creating OH ID for PNM](#)





Ohio's digital identity. One state. One account.

Register once, use across many State of Ohio websites.

OHID username

Password

[Forgot your OHID username or password?](#)

[Can't get your PIN for 2-step verification?](#)

Do you need an OHID? Get started here.

Log in

Create account

OH ID Access New Users: Getting Started (Cont'd)

Step Two:
Validate
Information
&
Submit

 **OHID** Create your OHID account

1

Email verification
In Progress

2

Personal information

3

Pick a username

4

Create password

5

Password recovery

6

Terms & conditions

Step 1 of 6

Email verification

Your OHID gives you a single, secure account to log into State of Ohio services and applications. We need to verify the email address you want to use for your OHID account. A one-time PIN will be sent to the email address you provide below.

Email address

Confirm email address

 You need an active email address to create an OHID account. Do you need to create one? [Google](#), [Microsoft](#), [AOL](#), and [Yahoo](#) all offer free email accounts.

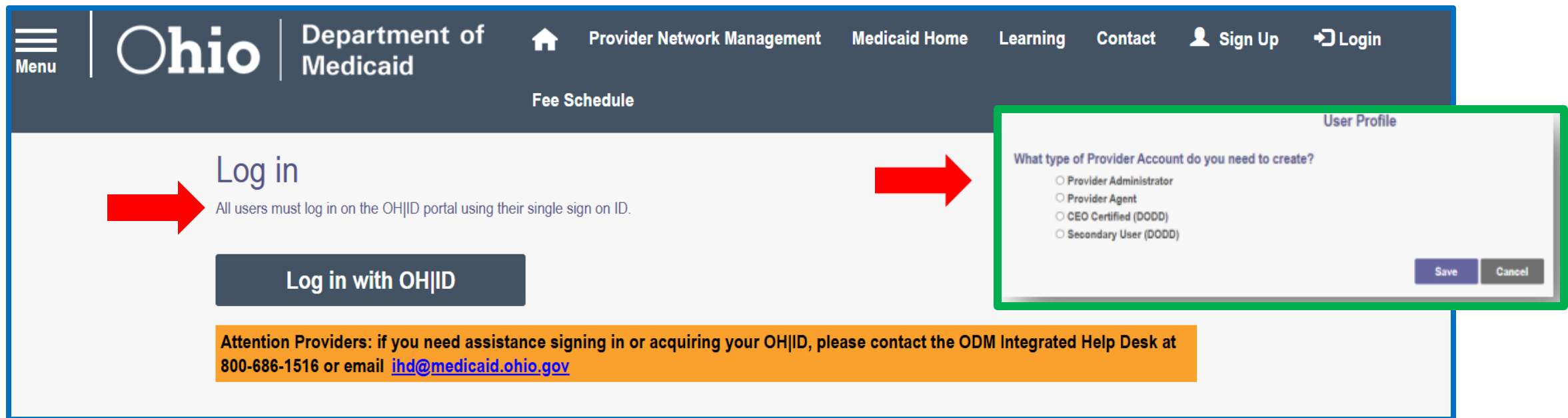
Cancel

Send PIN

OH ID Access New Users: Getting Started

OH ID Access New Users: Getting Started (Cont'd)

Step Three:
User Logs into PNM
Selects Provider Agent Role



The screenshot shows the OH Medicaid portal interface. At the top is a dark blue navigation bar with the Ohio Department of Medicaid logo, a home icon, and links for Provider Network Management, Medicaid Home, Learning, Contact, Sign Up, and Login. Below this is a light blue section with a 'Log in' heading and a red arrow pointing to it. The text states that all users must log in using their single sign on ID. A 'Log in with OH|ID' button is present. A modal window titled 'User Profile' is open, asking 'What type of Provider Account do you need to create?'. It lists four options: Provider Administrator, Provider Agent, CEO Certified (DODD), and Secondary User (DODD). The 'Provider Agent' option is selected. At the bottom of the modal are 'Save' and 'Cancel' buttons. A red arrow points from the 'Log in' section to the modal. An orange banner at the bottom provides contact information for providers needing assistance.

Menu | **Ohio** | Department of Medicaid

Home | Provider Network Management | Medicaid Home | Learning | Contact | Sign Up | Login

Fee Schedule

Log in
All users must log in on the OH|ID portal using their single sign on ID.

Log in with OH|ID

User Profile

What type of Provider Account do you need to create?

- ☒ Provider Administrator
- ☐ Provider Agent
- ☐ CEO Certified (DODD)
- ☐ Secondary User (DODD)

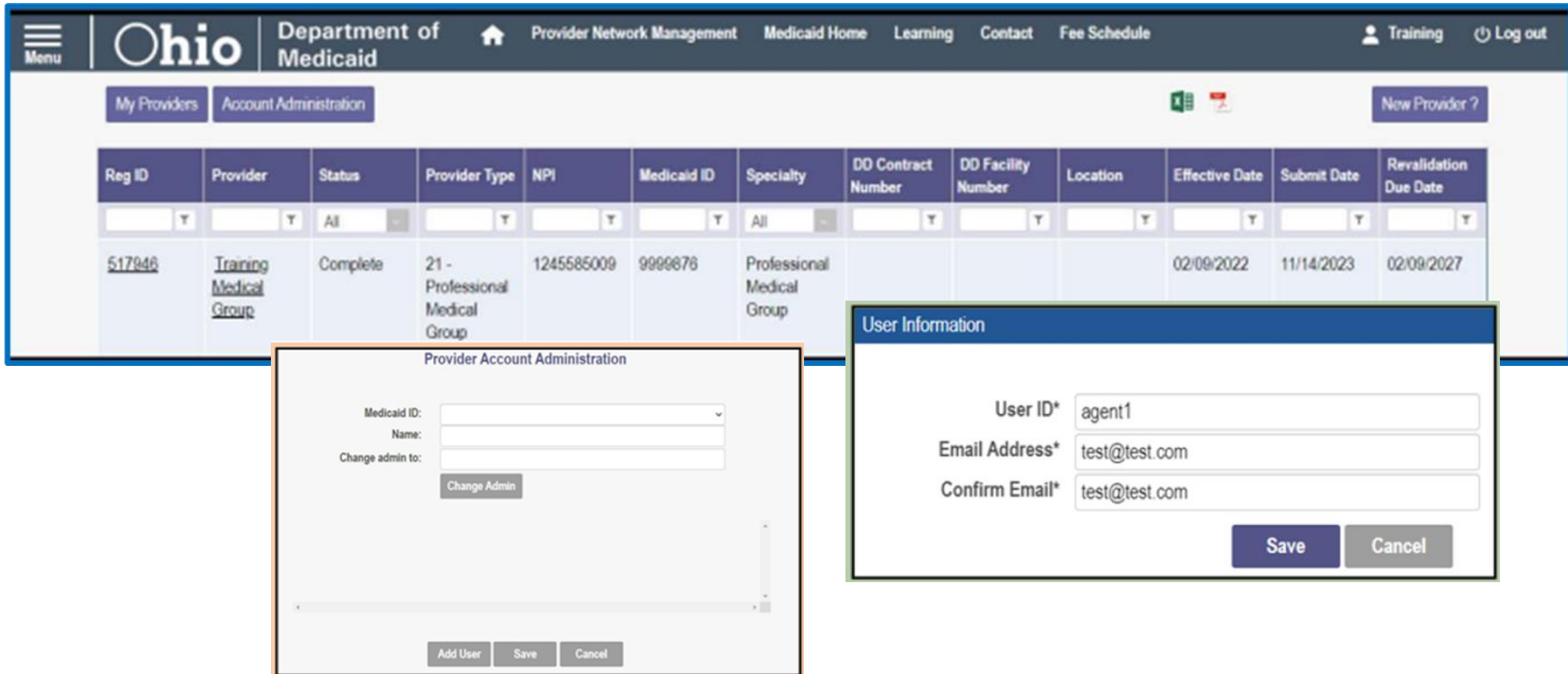
Save Cancel

Attention Providers: if you need assistance signing in or acquiring your OH|ID, please contact the ODM Integrated Help Desk at 800-686-1516 or email ihd@medicaid.ohio.gov

PRAF Submission by the Numbers

Step Four

PNM Administrator Assigns User to Group or Individual Medicaid ID(s)



The screenshot displays the Ohio Department of Medicaid PNM Administrator interface. At the top, there is a navigation bar with the Ohio Department of Medicaid logo and links for Provider Network Management, Medicaid Home, Learning, Contact, Fee Schedule, Training, and Log out. Below the navigation bar, there are tabs for 'My Providers' and 'Account Administration'. A table lists providers with columns for Reg ID, Provider, Status, Provider Type, NPI, Medicaid ID, Specialty, DO Contract Number, DO Facility Number, Location, Effective Date, Submit Date, and Revalidation Due Date. The table contains one row for a provider with Reg ID 517946, Provider Training Medical Group, Status Complete, Provider Type 21 - Professional Medical Group, NPI 1245585009, Medicaid ID 9999876, Specialty Professional Medical Group, Effective Date 02/09/2022, Submit Date 11/14/2023, and Revalidation Due Date 02/09/2027. Two modal windows are open: 'Provider Account Administration' and 'User Information'.

Provider Account Administration

Medicaid ID:

Name:

Change admin to:

User Information

User ID*

Email Address*

Confirm Email*

PRAF Submission by the Numbers

Step Five:

Group PNM Administrator assigns the Prenatal Visit Role in the Provider Network Management Module.

Agent OHID:

Agent Name:

Medicaid ID:



- ☐ Claim Search
- ☐ Cost Report Management Agent
- ☐ Eligibility
- ☐ Group Agent
- ☐ Hospice Enroll Search
- ☐ MCO Agent
- ☐ Prenatal Visit
- ☐ Prior Authorization Search
- ☐ Retrieve Reports
- ☐ Sign Certify FQHC Cost Report
- ☐ Sign Certify OHF Cost Report
- ☐ View FQHC Cost Report
- ☐ View LTC Cost Report
- ☐ View OHF Cost Report
- ☐ View RHC Cost Report

Access & PRAF Submission

Prenatal Visit Role Assignment – Once an OH|ID is obtained, the provider administrator must assign the user the “Prenatal Visit” role the PNM.

Once the Prenatal Visit role is assigned, the User may login, update their user profile and begin submitting the PRAF.

For additional information, please see the complete user guide [NurtureOhio Provider User Guide](#).



PRAF 2.0 NurtureOhio Interface: Medicaid Provider User Guide

PRAF Submission

Perinatal Risk Assessment Form



Accessing Nurture Ohio

Access Nurture Ohio

<https://nurtureohio.medicaid.ohio.gov/login>

Select: OHID

Enter ID and Password



Nurture
Care • Encourage



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:

[LOG IN WITH OHID](#)

[Help ?](#)

Update New User Profile

 Nurture

PRAF 2.0 Archived PRAF 2.0 Analytics Video Library Help

  Logout

Users Edit User Profile

New User Profile Setup

Welcome to Nurture Ohio!

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

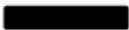
EHR Token(s)



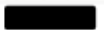
You must set up your profile.

USER INFORMATION (Provided by OH|ID)

First Name



Last Name



User Type

Practice

Group(s)



Email / Username



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

CONTACT INFORMATION

The information entered here will be used to populate the field located on the page that begins with "I would like my patient's managed care plan to communicate with my office regarding any urgent needs identified below.". If you do not provide the information below then you will be required to enter the information manually as you complete the form.

Contact Name (enter your first/last name, or the first/last name of the preferred contact at your practice)

Contact Name



Email Address

Contact Email



Phone Number

Contact Phone Number



Fax Number

Contact Fax Number



PRACTICE INFORMATION

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

Current Practices



SAVE & BEGIN

 AmeriHealth Caritas

 Anthem

 buckeye health plan.

 CareSource

 Humana

 MOLINA HEALTHCARE

 UnitedHealthcare

PRAF Training

The PRAF Welcome Screen

ACTIONS

- View Submitted PRAFs and Verify Status
- Export Previously Submitted Forms to CSV or PDF
- Search Forms by:
 - DOS
 - Date of Creation
 - DOB
 - Patient Name and Transmission Status
- Add a New PRAF

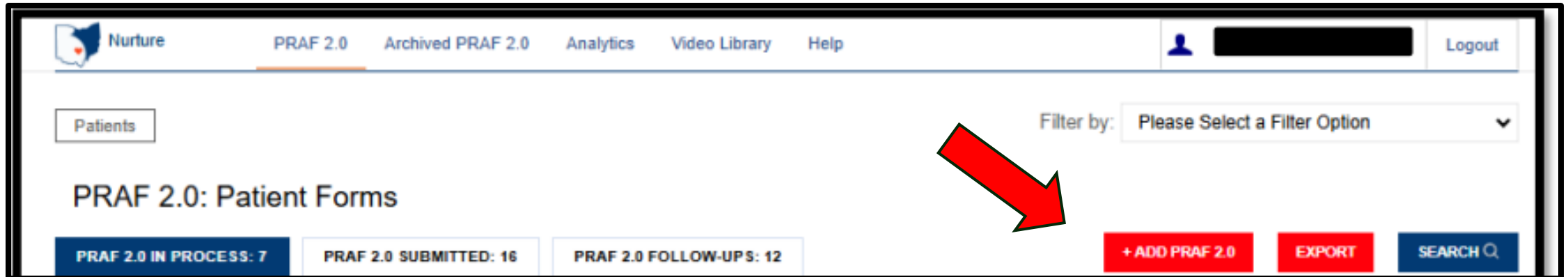
PRAF 2.0: Patient Forms

PRAF 2.0 IN PROCESS: 7 PRAF 2.0 SUBMITTED: 16 PRAF 2.0 FOLLOW-UPS: 12 + ADD PRAF 2.0 EXPORT SEARCH

Patient Name	Submission Date	Last Modified	Started By	Modified By	Site	Medicaid Transmission Status	Status
						N/A	In Process
						N/A	In Process

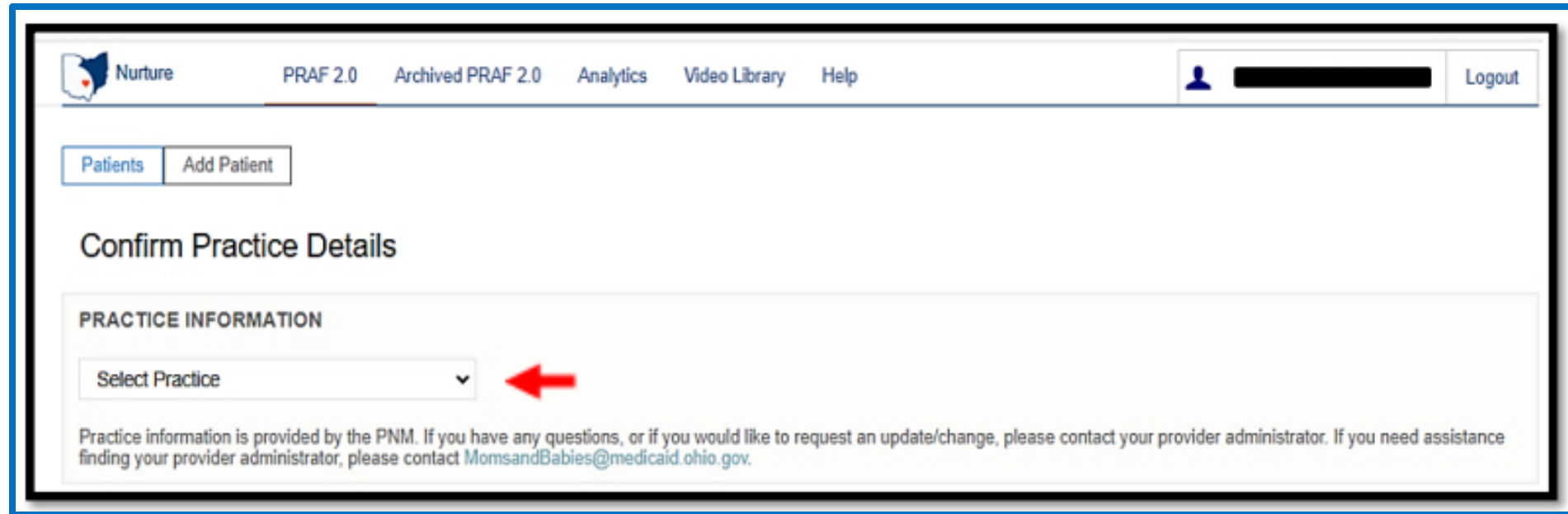
Submitting a PRAF

From the Welcome Page
Select ADD PRAF 2.0



Confirm Practice Details

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



The screenshot shows the 'Nurture' web application interface. The top navigation bar includes links for 'PRAF 2.0', 'Archived PRAF 2.0', 'Analytics', 'Video Library', and 'Help'. A user profile icon and 'Logout' button are on the right. Below the navigation bar, there are buttons for 'Patients' and 'Add Patient'. The main heading is 'Confirm Practice Details'. Underneath, a section titled 'PRACTICE INFORMATION' contains a dropdown menu labeled 'Select Practice'. A red arrow points to this dropdown menu. At the bottom of the section, there is a disclaimer: 'Practice information is provided by the PNM. If you have any questions, or if you would like to request an update/change, please contact your provider administrator. If you need assistance finding your provider administrator, please contact MomsandBabies@medicaid.ohio.gov.'

Confirm Practice Details

- Practice Name
- Address
- Fax
- Office Contact – Email
- Is Practice an FQHC?
- Provider Billing NPI
- Provider Medicaid ID

Note: Practice information is provided by PNM. To update or change information, please contact your PNM Administrator. If you need assistance finding your Administrator, please contact MomsandBabies@medicaid.ohio.gov

The screenshot shows a web application interface for 'Nurture'. The top navigation bar includes links for 'PRAF 2.0', 'Archived PRAF 2.0', 'Analytics', 'Video Library', and 'Help'. A user is logged in as 'NurtureOhio TestAccount'. Below the navigation bar, there are tabs for 'Patients' and 'Add Patient'. The main section is titled 'Confirm Practice Details' and contains a form for 'PRACTICE INFORMATION'. The form fields include: Practice Name, Street, City, State, Zip, Phone Number, Fax Number, Office Contact - Email, a dropdown for 'Is your practice considered a Federally Qualified Health Center (FQHC)?' (currently set to 'Unknown'), Provider Billing NPI, and Provider Medicaid ID. A red 'NEXT' button is located at the bottom right of the form. A footer note states: 'Practice information is provided by the PNM. If you have any questions, or if you would like to request an update/change, please contact your provider administrator. If you need assistance finding your provider administrator, please contact MomsandBabies@medicaid.ohio.gov.'

Patient Validation

Validation Fields

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

The screenshot shows a web application interface for 'Patient Validation for PRAF 2.0'. The top navigation bar includes links for 'PRAF 2.0', 'Archived PRAF 2.0', 'Forms', 'Users', 'Practice Mgmt.', and 'Analytics'. A user profile icon and 'Logout' link are on the right. Below the navigation bar is a 'Patients' tab. The main heading is 'Patient Validation for PRAF 2.0'. A blue banner states: 'In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.' The form contains several input fields: 'Patient Medicaid ID', 'Patient First Name*', 'Patient Last Name*', 'Patient Social Security Number (9 digit - no dashes)', 'Patient Date Of Birth*', 'Estimated Due Date', and 'Date of Delivery'. To the right of these fields, a list of required fields for validation is shown: 'Patient Medicaid ID and/or Patient Social Security (9-digit)', 'Patient First Name', 'Patient Last Name', 'Patient Date of Birth', and 'Estimated Due Date and/or Date of Delivery'. A 'Please Note' section states: 'Provider NPI or Billing NPI AND Name of Provider or Billing Entity are also required; these fields are not displayed as this information comes directly from the PNM.' At the bottom right of the form is a red button labeled 'SUBMIT FOR VALIDATION'. A large red arrow points to this button from the right side of the image.

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

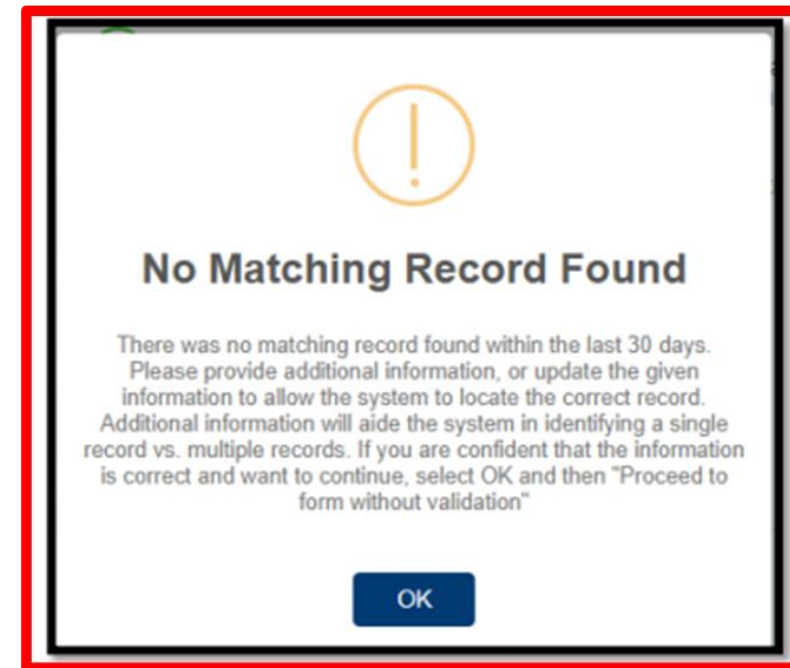
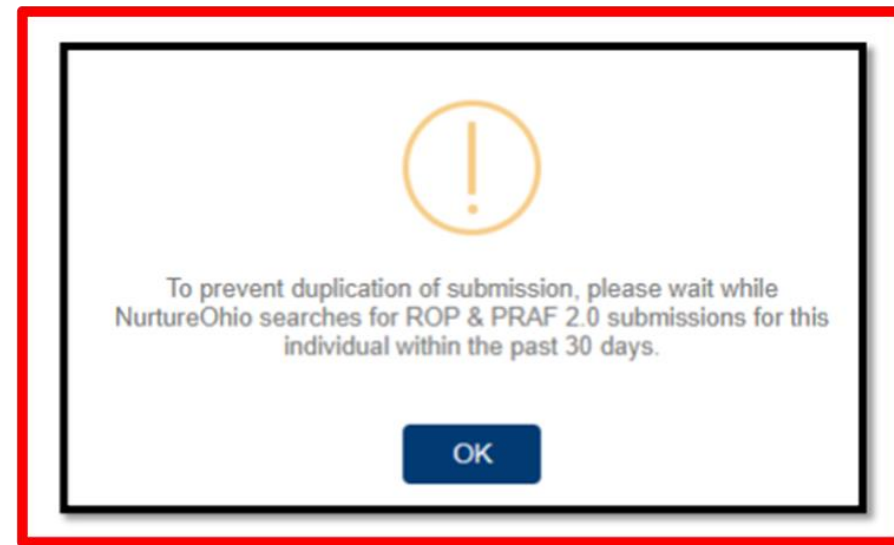
Validation

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

Select “OK”

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

Select “OK” and begin submission.



PRAF Validation

- If Nurture identifies that a PRAF has been submitted in the past 30 days, the User will receive the “Match Found” notification.

Select “YES” to Continue

Note: If a PRAF has been submitted in the past 30 day, the user must answer questions regarding a change in health or social risk in order to proceed with the submission.

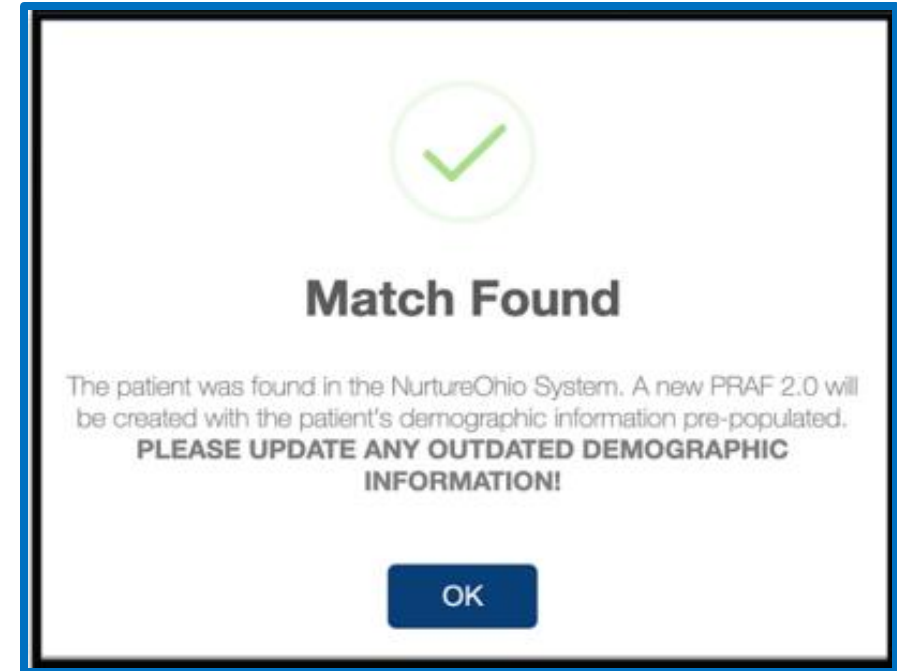


PRAF Validation

- If Nurture identifies a PRAF submitted more than 30 days and less than 9 months ago, the User will receive the following “Match Found” notification.

Select “OK” to Continue

Note: The individual’s information from the previously submitted PRAF will be used to pre-populate the individual’s demographic information, but a New PRAF will still be created. Please update any outdated demographic information.



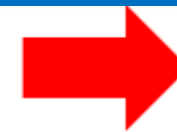
To Proceed with the Validation

- 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

The screenshot shows a web application interface for 'Patient Validation for PRAF 2.0'. At the top, there is a navigation bar with links for 'Nurture', 'PRAF 2.0', 'Archived PRAF 2.0', 'Analytics', 'Video Library', and 'Help'. A user profile icon and a 'Logout' button are on the right. Below the navigation bar, a 'Patients' tab is selected. The main heading is 'Patient Validation for PRAF 2.0'. A blue banner contains the text: 'In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.' Below this, a list of patient information fields is shown, each with a green checkmark to its right: 'Patient Medicaid ID', 'Patient First Name*', 'Patient Last Name*', 'Patient Social Security Number (9 digit - no dashes)', 'Patient Date Of Birth*', 'Estimated Due Date', and 'Date of Delivery'. To the right of these fields, a message states: 'Member Successfully Identified! Based on the information provided, we were able to locate this individual within the Ohio Department of Medicaid's records. Please proceed to complete the form by clicking on the button below.' At the bottom right of the form, there is a red button labeled 'PROCEED TO FORM'.



PROCEED TO FORM

Common Errors at Validation

- 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



Patient Details

- Estimated Due Date
- Date of Delivery
If postpartum
- Gestational Age
Gestational age at delivery if postpartum PRAF
- Number of Fetuses
- Date Information was Recorded

Nurture PRAF 2.0 Archived PRAF 2.0 Analytics Video Library Help

Patients Perinatal Risk Assessment Form (PRAF) 2.0

Perinatal Risk Assessment Form (PRAF) 2.0

Needed by county for pregnancy notification.

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

*Patient First Name

*Patient Last Name

Estimated Due Date
03/22/2025

Date of Delivery
MM/DD/YYYY

Gestational Age ⓘ
*Weeks 15

Days
Choose One

*Number of Fetuses
1

*Date Recorded
MM/DD/YYYY

Patient Social Security Number
Please enter without dashes - numbers only.

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

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

Patient Details

- Patient DOB
- Address and County
- Phone # and Alternate #
- Primary Language
- Race and Ethnicity
- Patient Email

The screenshot shows a web form for patient registration. It includes the following fields and sections:

- *Patient Date of Birth:** A date input field.
- *Patient Street:** A text input field.
- *Patient City:** A text input field.
- *Patient State:** A dropdown menu with "Choose One" selected.
- *Patient Zip Code:** A text input field.
- *Patient County:** A dropdown menu with "Choose One" selected. Below it is a note: "To protect PHI and maintain Medicaid during pregnancy, please check that you are correctly choosing the patient's current county of residence. For patients from outside the state of Ohio, please select 'Other...'"
- *Patient Phone:** A text input field with a checkbox for "Cell Phone".
- Patient Alternate Phone (Optional):** A text input field with a checkbox for "Cell Phone".
- *Primary Language is English?:** A dropdown menu with "Choose One" selected.
- *How does the patient describe their ethnicity?:** A dropdown menu with "Choose One" selected.
- *How does the patient describe their race?:** A dropdown menu with "Choose One" selected.
- Patient Email (Optional):** A text input field.

At the bottom of the form, there are three buttons: "BACK", "NEXT" (with a red arrow icon), and "SAVE FOR LATER".

Perinatal Risk Screen

Maternal Mental Health Screening Tools



 Nurture

PRAF 2.0 Archived PRAF 2.0 Analytics Video Library Help

  Logout

Patients 

Perinatal Risk Assessment Form (PRAF) 2.0

Provider Contact 

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

Choose One 

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

*Practice Phone Number:

*Practice Email Address:

Practice Fax Number:

Perinatal Screeners 

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

 AmeriHealth Caritas Ohio

 Anthem

 buckeye health plan.

 CareSource

 Humana Healthy Horizons.

 MOLINA HEALTHCARE

 United Healthcare

PRAF Training

Health Risk and Referral

Patient Risk Information

Prior and Current Perinatal Risks. Check all that apply.

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

Diabetes	☐ Prior	☐ Current	☐ Postpartum
Gestational Diabetes	☐ Prior	☐ Current	☐ Postpartum
Chronic Hypertension	☐ Prior	☐ Current	☐ Postpartum
Gestational Hypertension	☐ Prior	☐ Current	
Preeclampsia	☐ Prior	☐ Current	
Low Birth Weight	☐ Prior	☐ Current	
Preterm Birth	☐ Prior	☐ Current	☐ Postpartum
Late to Prenatal Care	☐ Prior	☐ Current	☐ Postpartum
Anxiety	☐ Prior	☐ Current	☐ Postpartum
Depression	☐ Prior	☐ Current	☐ Postpartum
Bipolar Disorder	☐ Prior	☐ Current	☐ Postpartum
Tobacco/Nicotine/Vape Use	☐ Prior	☐ Current	☐ Postpartum
Substance Use	☐ Prior	☐ Current	☐ Postpartum
Substance Use Disorder	☐ Prior	☐ Current	☐ Postpartum
Alcohol Use	☐ Prior	☐ Current	☐ Postpartum
Alcohol Use Disorder	☐ Prior	☐ Current	☐ Postpartum
Opioid Use	☐ Prior	☐ Current	☐ Postpartum
Opioid Use Disorder	☐ Prior	☐ Current	☐ Postpartum

Prior and Current Perinatal Risks. Check all that apply.

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

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

For Medicaid Application Assistance call 1-844-640-OHIO.
For questions about Medicaid Programs, covered services or managed care call 1-800-324-8600.

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

☐ My patient would benefit from a referral to WIC.

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

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

BACK

SAVE FOR LATER

SUBMIT

Visiting Nurse Referral

With Permission to Text Referral

☐ My patient would benefit from a referral to WIC.

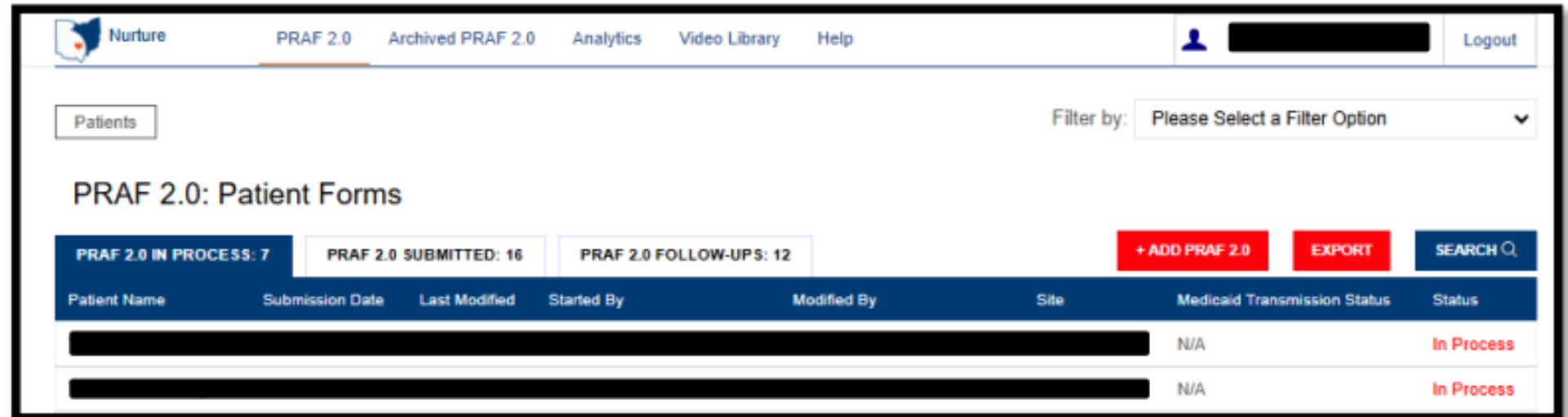
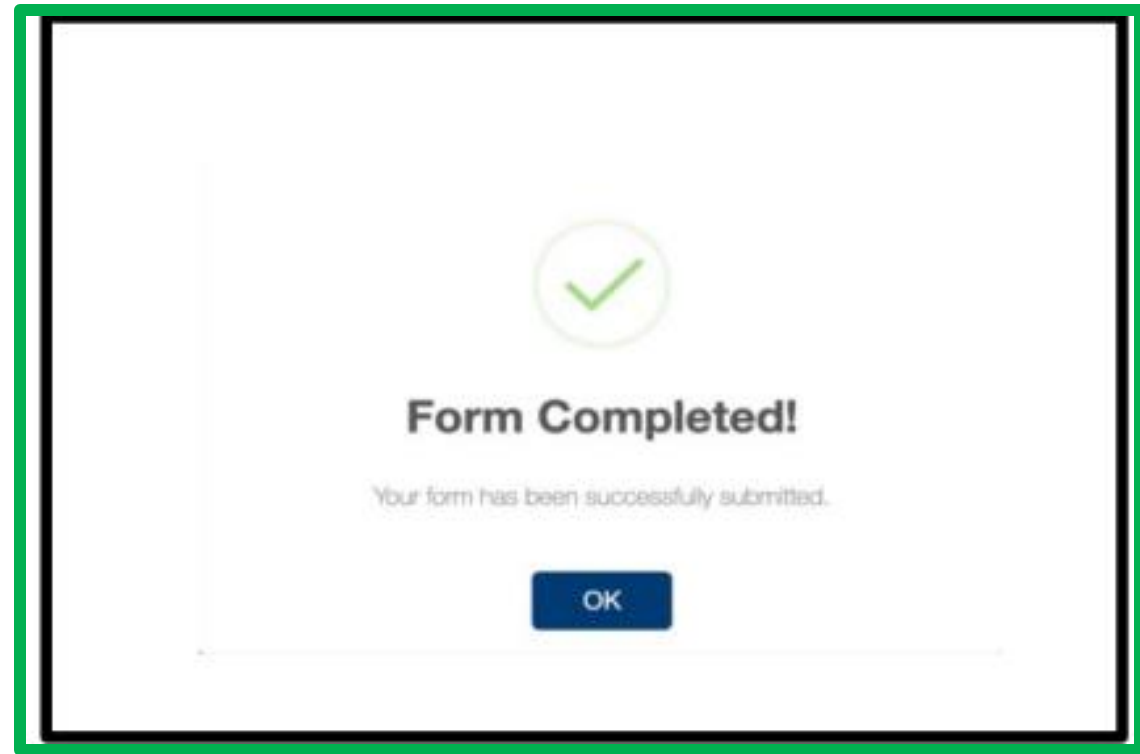
☒ My patient would benefit from a referral for Home Visiting. 

☐ Permission is given for text messages about Home Visitation (please ensure cell phone number is listed on page 2 of PRAF) 

BACK

SAVE FOR LATERSUBMIT

Successful Submission and PRAF Dashboard



The dashboard features a top navigation bar with the "Nurture" logo, tabs for "PRAF 2.0", "Archived PRAF 2.0", "Analytics", "Video Library", and "Help", a user profile icon, and a "Logout" button. Below the navigation bar is a "Patients" tab and a "Filter by:" dropdown menu. The main section is titled "PRAF 2.0: Patient Forms" and includes three summary cards: "PRAF 2.0 IN PROCESS: 7", "PRAF 2.0 SUBMITTED: 16", and "PRAF 2.0 FOLLOW-UPS: 12". To the right of these cards are buttons for "+ ADD PRAF 2.0", "EXPORT", and "SEARCH". Below the summary cards is a table with the following columns: Patient Name, Submission Date, Last Modified, Started By, Modified By, Site, Medicaid Transmission Status, and Status. The table contains two rows of data, both with "In Process" status.

Patient Name	Submission Date	Last Modified	Started By	Modified By	Site	Medicaid Transmission Status	Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N/A	In Process
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	N/A	In Process

Important Links & Contact Information

Ohio Department of Medicaid PRAF Webpage:
[Perinatal Risk Assessment | Medicaid \(ohio.gov\)](#)

General Questions about ePRAF:
MomsandBabies@medicaid.ohio.gov

NurtureOhio Webpage:
[NurtureOhio](#)

NurtureOhio User Manual:
[NurtureOhio Provider User Guide](#)

AmeriHealth Caritas		Anthem	
Kara Buell		Jennifer Braden	
614-874-1701		844-441-1505	
kbuell@amerihealthcaritasoh.com		Jennifer.Braden@Anthem.com	
Buckeye Health Plan		CareSource	Humana Healthy Horizons
Timicia Swallen		Sharon Johnston	Dallas King
513-340-5721		937-823-9733	502-885-7203
TSwallen@Centene.com		Sharon.Johnston@CareSource.com	dking68@humana.com
Molina Healthcare		United Healthcare	
Shelby Burch		Kathryn Hobson	
614-516-4402		614-356-2961	
Shelby.Burch@MolinaHealthcare.com		Kathryn.Hobson@uhc.com	

User Access and Submission ROP

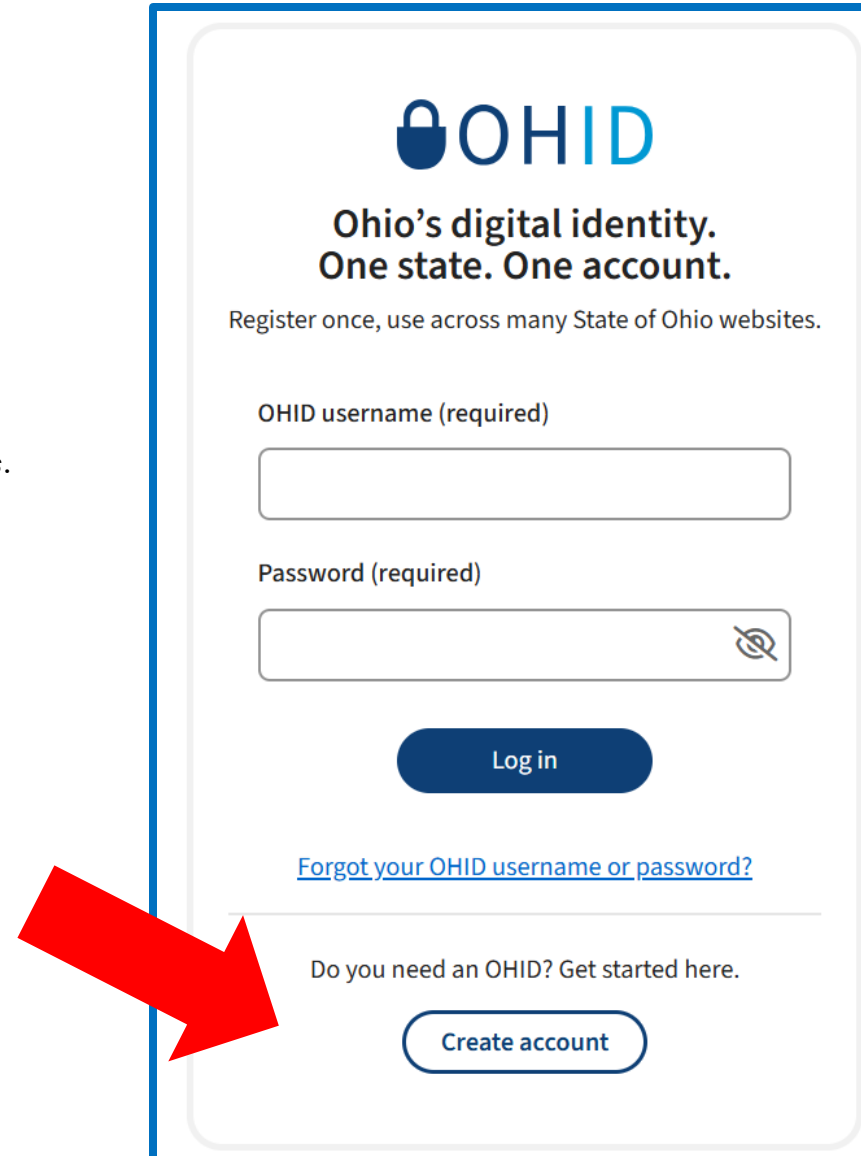
Report of Pregnancy

Medical Groups, Health Systems and FQHCs

ROP Submission

Step One: User Creates OH ID OH ID Access

The OHID is a unique ID for each user. It is tied to the user's email address.



OHID
Ohio's digital identity.
One state. One account.

Register once, use across many State of Ohio websites.

OHID username (required)

Password (required)

[Forgot your OHID username or password?](#)

Do you need an OHID? Get started here.

[Create account](#)

ROP Submission

Step Two: Validate Information & Submit

 Create your OHID account

1

Email verification
In Progress

2

Personal information

3

Pick a username

4

5

6

Step 1 of 6

Email verification

Your OHID gives you a single, secure account to log into State of Ohio services and applications. We need to verify the email address you want to use for your OHID account. A one-time PIN will be sent to the email address you provide below.

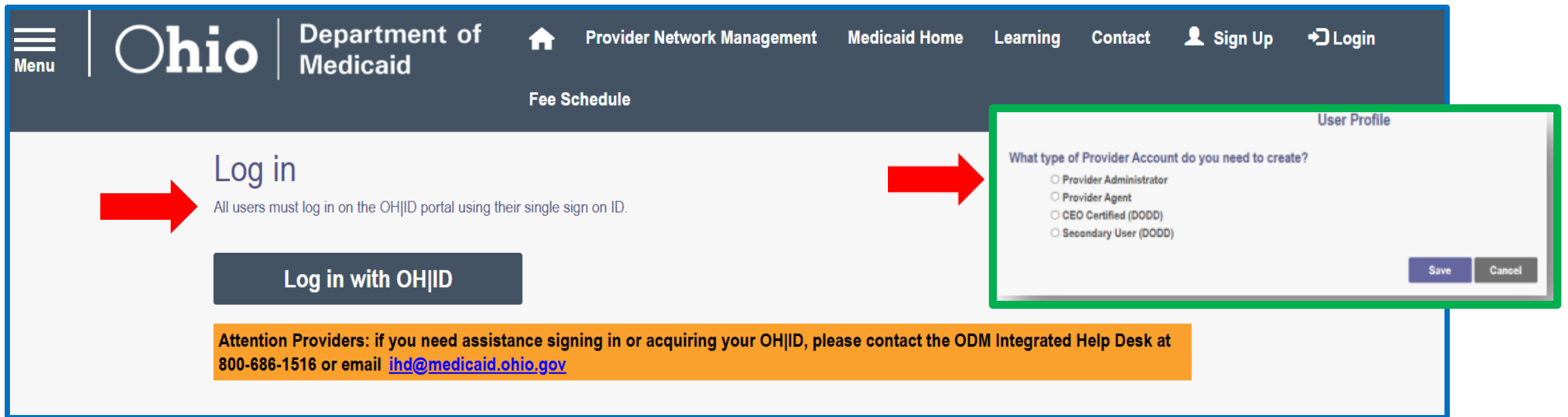
Email addressConfirm email address

 You need an active email address to create an OHID account.
Do you need to create one? [Google](#), [Microsoft](#), [AOL](#), and [Yahoo](#) all offer free email accounts.

CancelSend PIN

ROP Submission

Step Three:
Login to PNM
Select Provider Agent Role



Menu | **Ohio** | **Department of Medicaid** | **Provider Network Management** | **Medicaid Home** | **Learning** | **Contact** | **Sign Up** | **Login**

Fee Schedule

Log in
All users must log in on the OH|ID portal using their single sign on ID.

Log in with OH|ID

User Profile

What type of Provider Account do you need to create?

- ☐ Provider Administrator
- ☐ Provider Agent
- ☐ CEO Certified (DODD)
- ☐ Secondary User (DODD)

Save **Cancel**

Attention Providers: if you need assistance signing in or acquiring your OH|ID, please contact the ODM Integrated Help Desk at 800-686-1516 or email ihd@medicaid.ohio.gov

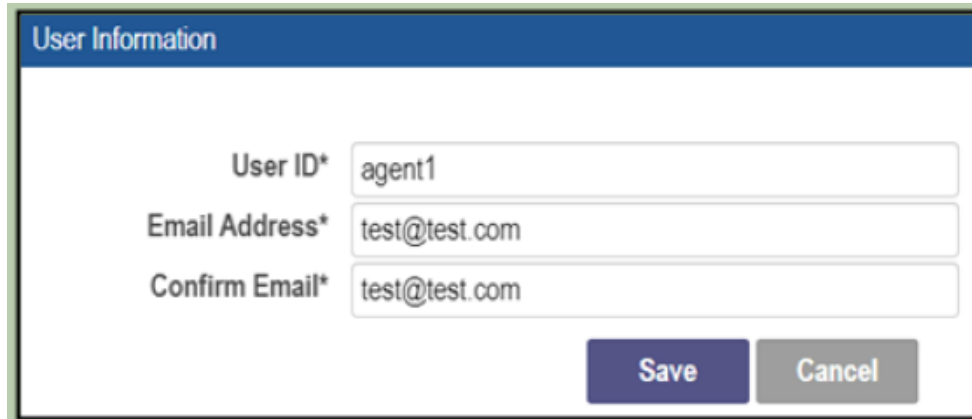
ROP Submission

Step Four:

PNM Administrator assigns the User Medicaid IDs



Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DO Contract Number	DO Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
517946	Training Medical Group	Complete	21 - Professional Medical Group	1245585009	9999876	Professional Medical Group				02/09/2022	11/14/2023	02/09/2027



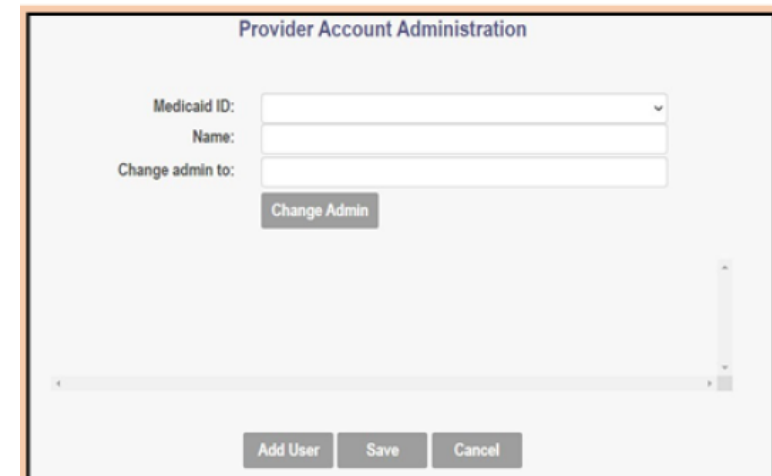
User Information

User ID* agent1

Email Address* test@test.com

Confirm Email* test@test.com

Save Cancel



Provider Account Administration

Medicaid ID:

Name:

Change admin to:

Change Admin

Add User Save Cancel

Report of Pregnancy Submission

Provider



Accessing Nurture Ohio

Access Nurture Ohio

<https://nurtureohio.medicaid.ohio.gov/login>

Select: OH ID

Enter ID and Password



Nurture
Care ♥ Encourage



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:

[LOG IN WITH OHID](#)

[Help ?](#)

Update New User Profile

The screenshot shows a web application interface for updating a new user profile. The header includes the 'Nurture' logo, navigation links for 'ROPs', 'Video Library', and 'Help', a user profile icon, and a 'Logout' button. Below the header, there are tabs for 'Patients' and 'Add Patient'. The main section is titled 'Confirm Practice Details' and contains a 'PRACTICE INFORMATION' form. The form includes fields for a dropdown menu, Practice Name, Street, City, State, Zip, Phone Number, Fax Number, Office Contact - Email, and checkboxes for 'Is your practice considered a Federally Qualified Health Center (FQHC)?' and 'Provider Billing NPI'. There are also input fields for 'Provider Medicaid ID'. A footer note states: 'Practice information is provided by the PNM. If you have any questions, or if you would like to request an update/change, please contact your provider administrator. If you need assistance finding your provider administrator, please contact MomsandBabies@medicaid.ohio.gov.' A red 'NEXT' button is located at the bottom right of the form.

Nurture ROPs Video Library Help

Patients Add Patient

Confirm Practice Details

PRACTICE INFORMATION

[Dropdown Menu]

Practice Name

Street

City State Zip

Phone Number

Fax Number

Office Contact - Email

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

Provider Billing NPI

Provider Medicaid ID

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

NEXT

The ROP Welcome Screen

ACTIONS

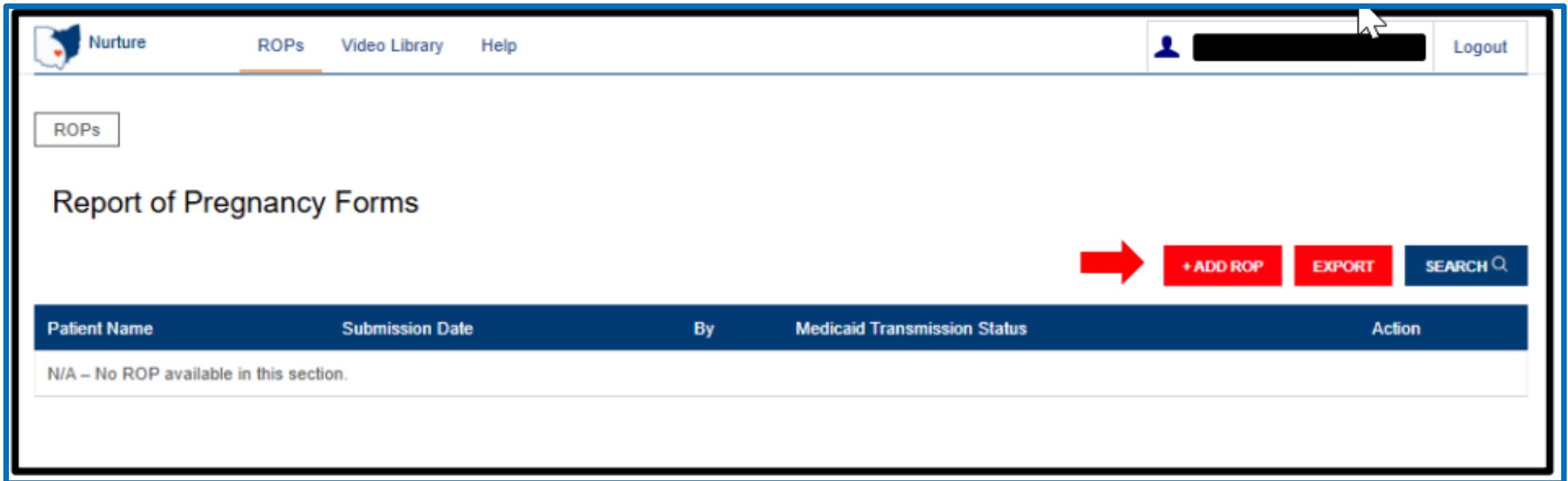
- View Submitted ROPs and Verify Status
- Export Previously Submitted Forms to CSV or PDF
- Search Forms by:
 - DOS
 - Date of Creation
 - DOB
 - Patient Name and Transmission Status
- Add a New ROP

The screenshot shows the 'Nurture' application interface. At the top, there is a navigation bar with links: Nurture, Forms (highlighted with a red arrow), Reassigned Forms, Data Uploads, Analytics, Video Library, and Help. On the right of the navigation bar, there is a user profile icon with a red notification badge showing '42', a blacked-out username, and a 'Logout' button. Below the navigation bar, there is a 'Patients' tab. A light blue notification banner states: 'Notification Section: Your organization has 42 notification(s) that require attention. View Notifications'. Below this, the main heading is 'PRAF 2.0: Patient Forms'. Under the heading, there are three status boxes: 'PRAF 2.0 IN PROCESS: 22' (highlighted in dark blue), 'PRAF 2.0 COMPLETED: 5', and 'FORMS SAVED: 0'. To the right of these boxes are 'EXPORT' and 'SEARCH' buttons. Below the status boxes is a table with the following columns: Patient Name, Date Added, Date Modified, Site, Medicaid Transmission Status, Status, and Action. The first row of data shows a blacked-out patient name, dates of '06/24/2025', a blacked-out site, a 'Pending' status, an 'In Process' dropdown menu, and 'PDF' and 'CSV' buttons.

Patient Name	Date Added	Date Modified	Site	Medicaid Transmission Status	Status	Action
[Redacted]	06/24/2025	06/24/2025	[Redacted]	Pending	In Process ▼	PDF CSV

How to Submit a Report of Pregnancy (ROP)

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

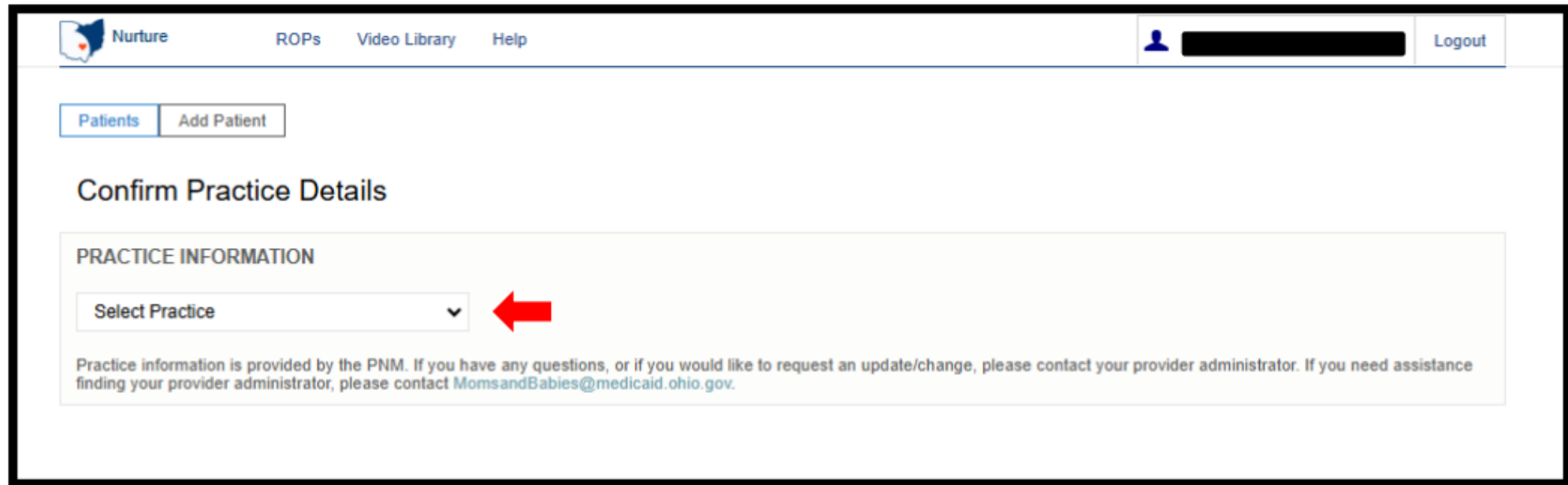


The screenshot shows the 'Nurture' application interface. At the top, there is a navigation bar with 'Nurture' logo, 'ROPs' (selected), 'Video Library', and 'Help'. On the right, there is a user profile icon and a 'Logout' button. Below the navigation bar, there is a 'ROPs' tab. The main heading is 'Report of Pregnancy Forms'. To the right of the heading, there are three buttons: '+ ADD ROP' (red), 'EXPORT' (red), and 'SEARCH' (blue). A red arrow points to the '+ ADD ROP' button. Below the 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 Name	Submission Date	By	Medicaid Transmission Status	Action
N/A – No ROP available in this section.				

Confirm Practice Details

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



Nurture ROPs Video Library Help

Patients Add Patient

Confirm Practice Details

PRACTICE INFORMATION

Select Practice ▼

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

Patient Validation

Validation Fields

- Patient Medicaid ID
- Patient Name
- Date of Birth
- Social Security Number (9-digit)
- 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 Patient Sample ID Card

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

Focus on the INDIVIDUAL rather than the business of managed care
It's about to do better for the people we serve

Next Generation managed care member ID cards

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

Every Ohio Medicaid managed care member should use this card

A member's ID number can be found here

A member's primary care provider's name and phone number can be found here

When a member's ID card was issued can be found here

If a member has questions or an emergency related to their benefits, they can use the phone numbers located here

If a member is enrolled in OhioRISE, they will have the OhioRISE and Aetna logo here

All member pharmacy information can be found here

Card Fields:

- <MCO Logo Here>
- Member Services | Phone: 000-000-0000
- 24 Hour Emergency Services | Phone: 000-000-0000
- OhioRISE Member Service | Phone: 833-711-0773
- Member Name: JaneHasVeryLongNameVeryLongName
- 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: B010 034251, Rx PCN: OH000000, Phone: 833-825-0344, CSP Enrolled, Use Member ID for Billing

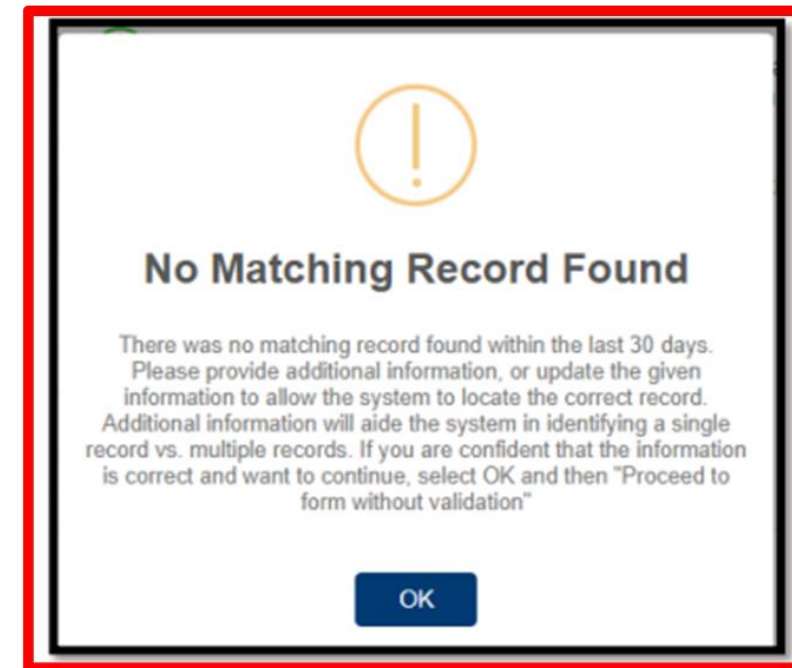
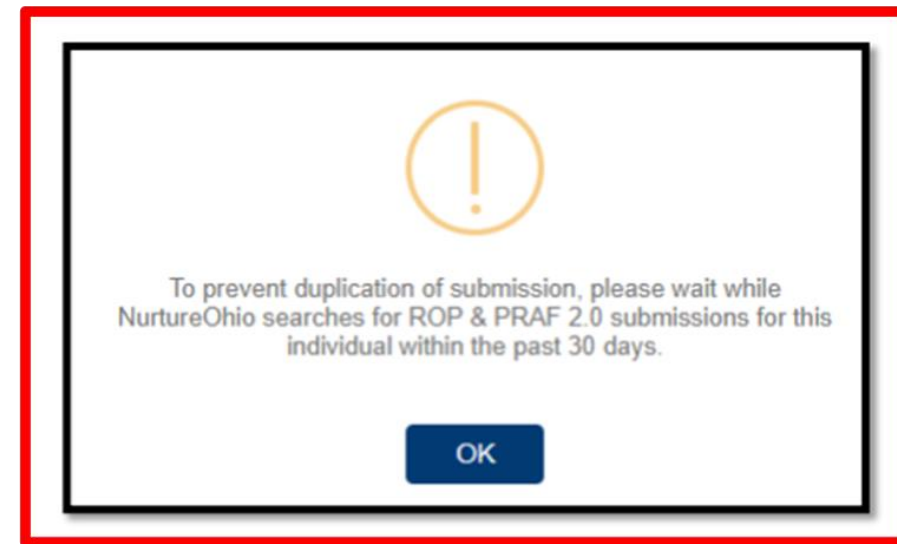
Validate Patient

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

Select "OK"

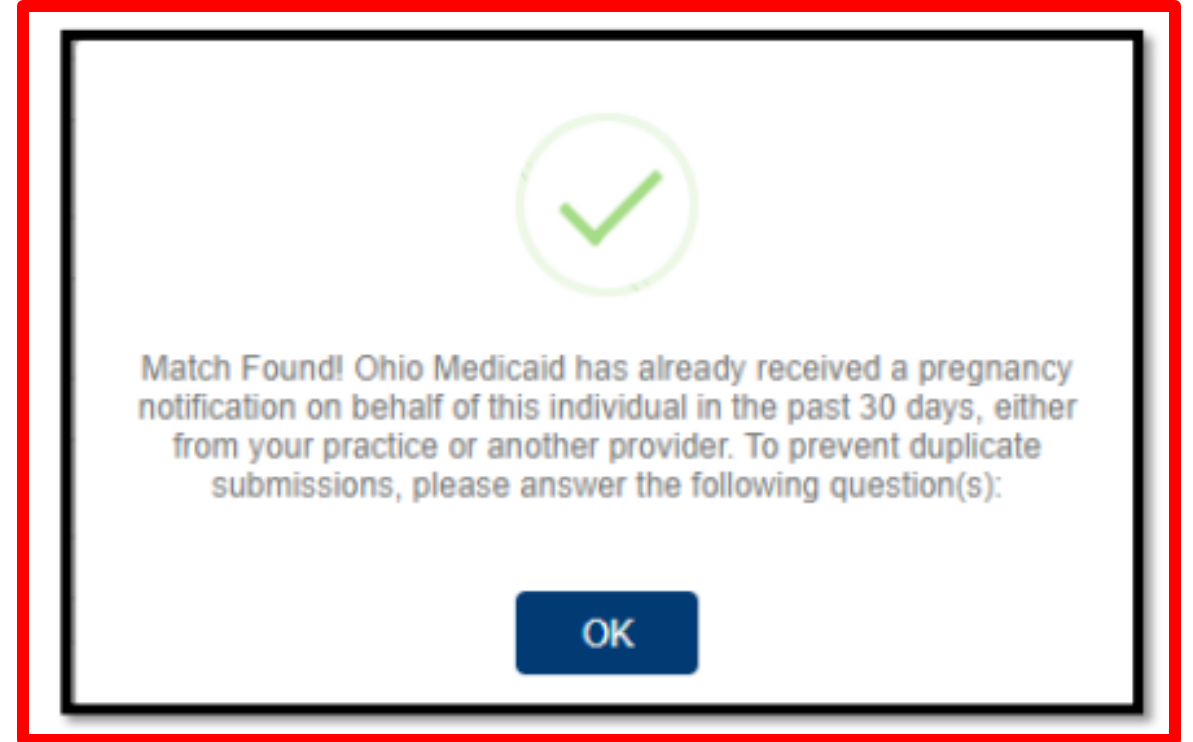
If the system does not identify an ROP submitted in past 30 day for this Member, the User will be notified that "No Matching Record Found".

Select "OK" and begin submission.



Patient Validation

- 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 day, the user must answer questions regarding a change in health or social risk in order to proceed with the submission.*



Common Validation 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 of Service
- Practice Name
- Practice Medicaid ID
- Provider Address
- MCO Name
- Client Medicaid ID or Social Security Number
- Client DOB
- Client Full Name

Note: Some information populates from PNM/Enrollment

Report of Pregnancy Form

*Date of Service
[Redacted]

Practice Name
[Redacted]

Practice Medicaid ID
[Redacted]

Practice Street
[Redacted]

Practice City
[Redacted]

Practice State
[Redacted]

Practice Zip Code
[Redacted]

*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] ☐ 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 Age (Weeks/Days)
- Date Gestational Age Recorded
- Patient Address
- Patient Phone Number
- Primary Language

Estimated Due Date	03/22/2025
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):	

Date Fields

- Patient Email
- Preferred Method for Contact
- Ethnicity and Race
- MCO Outreach
- Provider Phone Number and Email for MCO Outreach

Patient Email

Patient's Preferred Method of Contact:

*How does the patient describe their ethnicity?

*How does the patient describe their race?

I would like my patient's Managed care organization to communicate with my office regarding an urgent need.

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

Provider Phone Number

Provider Email Address

Provider Fax Number



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?

Choose One ▾

Patient has a prenatal visit appointment scheduled.

Choose One ▾

☐ My patient would benefit from a referral to WIC.

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

 **SUBMIT**

Identify Needed Supports from the Managed Care and/or County Jobs and Family Services Including: Support with Scheduling Perinatal Services, Transportation, Food, Housing and Utilities, WIC or Home Visiting

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 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

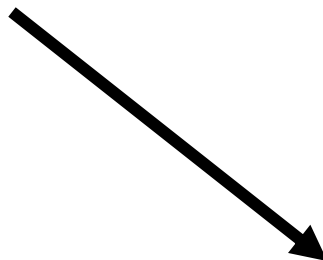
SUBMIT



Form Completed!

ROP has been successfully submitted.

OK



 Nurture ROPsVideo LibraryHelp  [Redacted] Logout				
ROPs				
Report of Pregnancy Forms				
+ ADD ROPEXPORTSEARCH				
Patient Name	Submission Date	By	Medicaid Transmission Status	Action
 [Redacted]	02/21/2025	[Redacted]	Pending	PDFCSV

Report of Pregnancy (ROP) Submission Instructions



ROP

Non-Delivering Provider

A timely electronic ROP ensures pregnant individuals covered by Medicaid are identified as early as possible so that coverage can be continued through the pregnancy and the immediate 12-month post-partum period.

Provider Benefits and purpose of submitting an electronic ROP:

- An ROP submitted via NurtureOhio updates Ohio’s eligibility system, assisting with the prevention of the postpartum period, enabling more timely receipt of and payment for Medicaid services.
- The ROP serves as pregnancy notification to managed care organizations and promotes initiation of timely health care and connection to prenatal care, as well as added resources, such as care management, WIC, and Evidenced-Based Home Visiting.
- A payment may be made for one report of a pregnancy that is diagnosed in conjunction with an E&M service not associated with a normal obstetrics/gynecology visit. *This payment is separate from the payment for the E&M service (or the encounter or visit of which the E&M service is part).*



Payment for Completing the ROP:

After completing the ROP, submit a claim based on the guidelines below:

Code + modifier	Description	Fee Schedule Amount*
HCPCS T1023	ROP electronic submission	\$30

*Reference: Medicaid rule 5160-21-04 (Pregnancy Related Services); 5160-1-60 Appendix DD fee schedule, effective 4/1/2025

Submitting the ROP using NurtureOhio is Easy!

- ROPs are submitted electronically via the NurtureOhio system at <https://nurtureohio.medicaid.ohio.gov/login>
- NutureOhio users will need a provider Medicaid ID assigned to their OH|ID by their PNM administrator.
- [How to Log In With An Existing OHID](#)
- [How To Create An OHID Account](#)

If you need technical assistance, please email the Ohio Department of Medicaid at MomsandBabies@Medicaid.ohio.gov



Additional Questions? Contact the Managed Care Plans

AmeriHealth Caritas		Anthem
Kara Buell		Jennifer Braden
614-874-1701		844-441-1505
kbuell@amerihealthcaritasoh.com		Jennifer.Braden@Anthem.com
Buckeye Health Plan	CareSource	Humana Healthy Horizons
Timicia Swallen	Sharon Johnston	Dallas King
513-340-5721	937-823-9733	502-885-7203
TSwallen@Centene.com	Sharon.Johnston@CareSource.com	dking68@humana.com
Molina Healthcare		United Healthcare
Shelby Burch		Kathryn Hobson
614-516-4402		614-356-2961
Shelby.Burch@MolinaHealthcare.com		Kathryn.Hobson@uhc.com

Important Links & Contact Information

Ohio Department of Medicaid ROP Webpage:
[Pregnancy Risk Assessment | Medicaid \(ohio.gov\)](#)

NurtureOhio Webpage:
<https://nurtureohio.medicaid.ohio.gov/login>

General Questions about ROP:
MomsandBabies@medicaid.ohio.gov

NurtureOhio User Manual:
[NurtureOhio Provider User Guide](#)

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Medicaid Managed Care Plan Provider Contact Information

You can also refer patients to their Medicaid Managed Care Plan
Care Management Team

(Member Support Section)

	AmeriHealth Caritas	Anthem	Buckeye Health Plan	CareSource	Humana Healthy Horizons	Molina Healthcare	United Healthcare
Phone	1-833-644-6001	1-844-912-0938	1-614-230-1169	1-800-488-0134	1-877-856-5707	1-855-322-4079	612-383-4849
Email	AmeriHealth Caritas Provider Services	Anthem Provider Services	Buckeye Provider Services	Not currently available	Humana Provider Services	Molina Provider Services	UHC Provider Services
Website	AmeriHealth Caritas	Anthem	Buckeye Health Plan	CareSource	Humana Healthy Horizons	Molina	United Healthcare